| hospital_name | last_updated_on | version | hospital_location | hospital_address | license_number\|NJ | To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated. | | |

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ADMIN VACCINE JANSSEN	0031A	CPT	outpatient			159		Corrections	Corrections		127.2	0.8			47.7	151.05	percent of total billed charges	
ADMIN VACCINE JANSSEN	0031A	CPT	outpatient			159		First Health	First Health		111.3	0.7			47.7	151.05	percent of total billed charges	
ADMIN VACCINE JANSSEN	0031A	CPT	outpatient			159		First Trenton	First Trenton		143.1	0.9			47.7	151.05	percent of total billed charges	
ADMIN VACCINE JANSSEN	0031A	CPT	outpatient			159		Horizon	MGD		60.87	0.3828			47.7	151.05	percent of total billed charges	
ADMIN VACCINE JANSSEN	0031A	CPT	outpatient			159		Horizon	Medicare Blue		47.7	0.3			47.7	151.05	percent of total billed charges	
ADMIN VACCINE JANSSEN	0031A	CPT	outpatient			159		Horizon	Indemnity		60.87	0.3828			47.7	151.05	percent of total billed charges	
ADMIN VACCINE JANSSEN	0031A	CPT	outpatient			159		Horizon	PPO		60.87	0.3828			47.7	151.05	percent of total billed charges	
ADMIN VACCINE JANSSEN	0031A	CPT	outpatient			159		Managed Care Inc	Managed Care Inc		143.1	0.9			47.7	151.05	percent of total billed charges	
ADMIN VACCINE JANSSEN	0031A	CPT	outpatient			159		Multiplan	Multiplan		127.2	0.8			47.7	151.05	percent of total billed charges	
ADMIN VACCINE JANSSEN	0031A	CPT	outpatient			159		Qualcare	Qualcare		119.25	0.75			47.7	151.05	percent of total billed charges	
ADMIN VACCINE JANSSEN	0031A	CPT	outpatient			159		Three Rivers	Three Rivers		151.05	0.95			47.7	151.05	percent of total billed charges	
ADMIN VACCINE JANSSEN	0031A	CPT	outpatient			159		UHC	Medicaid		50.02	0.3146			47.7	151.05	percent of total billed charges	
ADMIN VACCINE JANSSEN	0031A	CPT	outpatient			159		Wellcare	Medicaid		50.02	0.3146			47.7	151.05	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723		622.14 Aetna	Medicare		540.99				516.9	1636.85	case rate	
RT- QUIC CSF	0035U	CPT	inpatient			1723		622.14 Aetna	Better Health		542.06	0.3146			516.9	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723		622.14 Aetna	Commercial		654.74	0.38			516.9	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723		622.14 Americare	Americare		1292.25	0.75			516.9	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723		622.14 WellPoint	WellPoint		552.74	0.3208			516.9	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723		622.14 Amerihealth	Medicare		540.99				516.9	1636.85	case rate	
RT- QUIC CSF	0035U	CPT	inpatient			1723		622.14 Consumer	Consumer		1636.85	0.95			516.9	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723		622.14 Corrections	Corrections		1378.4	0.8			516.9	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723		622.14 First Health	First Health		1206.1	0.7			516.9	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723		622.14 First Trenton	First Trenton		1550.7	0.9			516.9	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723		622.14 Horizon	Indemnity		659.56	0.3828			516.9	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723		622.14 Horizon	MGD		659.56	0.3828			516.9	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723		622.14 Horizon	Medicare Blue		516.9	0.3			516.9	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723		622.14 Horizon	PPO		659.56	0.3828			516.9	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723		622.14 Managed Care Inc	Managed Care Inc		1550.7	0.9			516.9	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723		622.14 Multiplan	Multiplan		1378.4	0.8			516.9	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723		622.14 Qualcare	Qualcare		1292.25	0.75			516.9	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723		622.14 Three Rivers	Three Rivers		1636.85	0.95			516.9	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723		622.14 UHC	Medicaid		542.06	0.3146			516.9	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723		622.14 UHC	Medicare		540.99				516.9	1636.85	case rate	
RT- QUIC CSF	0035U	CPT	inpatient			1723		622.14 Wellcare	Medicaid		542.06	0.3146			516.9	1636.85	percent of total billed charges	
RT- QUIC CSF	0035U	CPT	inpatient			1723		622.14 Wellcare	Medicare		540.99				516.9	1636.85	case rate	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Aetna	Medicare		948.95	0.308			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Aetna	Better Health		969.28	0.3146			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Aetna	Commercial		1170.78	0.38			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Americare	Americare		2310.75	0.75			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		WellPoint	WellPoint		988.38	0.3208			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Consumer	Consumer		2926.95	0.95			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Corrections	Corrections		2464.8	0.8			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		First Health	First Health		2156.7	0.7			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		First Trenton	First Trenton		2772.9	0.9			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Horizon	Medicare Blue		924.3	0.3			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Horizon	Indemnity		1179.41	0.3828			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Horizon	MGD		1179.41	0.3828			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Horizon	PPO		1179.41	0.3828			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Managed Care Inc	Managed Care Inc		2772.9	0.9			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Multiplan	Multiplan		2464.8	0.8			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Qualcare	Qualcare		2310.75	0.75			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Three Rivers	Three Rivers		2926.95	0.95			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		UHC	Medicaid		969.28	0.3146			924.3	2926.95	percent of total billed charges	
CT PERFUSION HEAD W CONTRAST	0042T	CPT	both			3081		Wellcare	Medicaid		969.28	0.3146			924.3	2926.95	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Aetna	Better Health		2022.56	0.3146			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Aetna	Commercial		2443.02	0.38			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Aetna	Medicare		1980.13	0.308			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Americare	Americare		4821.75	0.75			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		WellPoint	WellPoint		2062.42	0.3208			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Consumer	Consumer		6107.55	0.95			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Corrections	Corrections		5143.2	0.8			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		First Health	First Health		4500.3	0.7			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		First Trenton	First Trenton		5786.1	0.9			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Horizon	Medicare Blue		1928.7	0.3			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Horizon	PPO		2461.02	0.3828			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Horizon	MGD		2461.02	0.3828			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Horizon	Indemnity		2461.02	0.3828			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Managed Care Inc	Managed Care Inc		5786.1	0.9			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Multiplan	Multiplan		5143.2	0.8			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Qualcare	Qualcare		4821.75	0.75			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Three Rivers	Three Rivers		6107.55	0.95			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		UHC	Medicaid		2022.56	0.3146			1133.4	6107.55	percent of total billed charges	
TCAT PLMT XTRC VERTEBRAL CRTD STENT	0075T	CPT	inpatient			6429		Wellcare	Medicaid		2022.56	0.3146			1133.4	6107.55	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Aetna	Better Health		1949.58	0.3146			1240.5	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Aetna	Medicare		1908.68	0.308			1240.5	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Aetna	Commercial		2354.86	0.38			1240.5	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Americare	Americare		4647.75	0.75			1240.5	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		WellPoint	WellPoint		1988	0.3208			1240.5	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Consumer	Consumer		5887.15	0.95			1240.5	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Corrections	Corrections		4957.6	0.8			1240.5	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		First Health	First Health		4337.9	0.7			1240.5	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		First Trenton	First Trenton		5577.3	0.9			1240.5	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Horizon	MGD		2372.21	0.3828			1240.5	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Horizon	Indemnity		2372.21	0.3828			1240.5	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Horizon	Medicare Blue		1859.1	0.3			1240.5	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Horizon	PPO		2372.21	0.3828			1240.5	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Managed Care Inc	Managed Care Inc		5577.3	0.9			1240.5	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Multiplan	Multiplan		4957.6	0.8			1240.5	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Qualcare	Qualcare		4647.75	0.75			1240.5	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Three Rivers	Three Rivers		5887.15	0.95			1240.5	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		UHC	Medicaid		1949.58	0.3146			1240.5	5887.15	percent of total billed charges	
S&I STENT/CHEST VERT ART RT	0076T	CPT	outpatient			6197		Wellcare	Medicaid		1949.58	0.3146			1240.5	5887.15	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) UNIL	0200T	CPT	outpatient			24532		9409.2 Aetna	Better Health		7717.77	0.3146			7717.77	23305.4	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) UNIL	0200T	CPT	outpatient			24532		9409.2 Aetna	Commercial		13025.6	1.592			7717.77	23305.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (S/PLASTY) UNIL	0200T	CPT	outpatient			24532		9409.2 Aetna	Medicare		8181.91	1			7717.77	23305.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (S/PLASTY) UNIL	0200T	CPT	outpatient			24532		9409.2 Americare	Americare		18399	0.75			7717.77	23305.4	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) UNIL	0200T	CPT	outpatient			24532		9409.2 WellPoint	WellPoint		7869.87	0.3208			7717.77	23305.4	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) UNIL	0200T	CPT	outpatient			24532		9409.2 Amerihealth	Medicare		8181.91	1			7717.77	23305.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (S/PLASTY) UNIL	0200T	CPT	outpatient			24532		9409.2 Consumer	Consumer		23305.4	0.95			7717.77	23305.4	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) UNIL	0200T	CPT	outpatient			24532		9409.2 Corrections	Corrections		19625.6	0.8			7717.77	23305.4	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) UNIL	0200T	CPT	outpatient			24532		9409.2 First Health	First Health		17172.4	0.7			7717.77	23305.4	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) UNIL	0200T	CPT	outpatient			24532		9409.2 First Trenton	First Trenton		22078.8	0.9			7717.77	23305.4	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) UNIL	0200T	CPT	outpatient			24532		9409.2 Horizon	Medicare Blue		8181.91	1			7717.77	23305.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (S/PLASTY) UNIL	0200T	CPT	outpatient			24532		9409.2 Horizon	Indemnity		14948.35	1.827			7717.77	23305.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (S/PLASTY) UNIL	0200T	CPT	outpatient			24532		9409.2 Horizon	MGD		14948.35	1.827			7717.77	23305.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (S/PLASTY) UNIL	0200T	CPT	outpatient			24532		9409.2 Horizon	PPO		14948.35	1.827			7717.77	23305.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (S/PLASTY) UNIL	0200T	CPT	outpatient			24532		9409.2 Managed Care Inc	Managed Care Inc		22078.8	0.9			7717.77	23305.4	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) UNIL	0200T	CPT	outpatient			24532		9409.2 Multiplan	Multiplan		19625.6	0.8			7717.77	23305.4	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) UNIL	0200T	CPT	outpatient			24532		9409.2 Qualcare	Qualcare		18399	0.75			7717.77	23305.4	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) UNIL	0200T	CPT	outpatient			24532		9409.2 Three Rivers	Three Rivers		23305.4	0.95			7717.77	23305.4	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) UNIL	0200T	CPT	outpatient			24532		9409.2 UHC	Medicaid		7717.77	0.3146			7717.77	23305.4	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) UNIL	0200T	CPT	outpatient			24532		9409.2 UHC	Medicare		8181.91	1			7717.77	23305.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (S/PLASTY) UNIL	0200T	CPT	outpatient			24532		9409.2 Wellcare	Medicare		8181.91	1			7717.77	23305.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (S/PLASTY) UNIL	0200T	CPT	outpatient			24532		9409.2 Wellcare	Medicaid		7717.77	0.3146			7717.77	23305.4	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) BILAT	0201T	CPT	outpatient			11691		9409.2 Aetna	Better Health		3677.99	0.3146			3677.99	14948.35	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) BILAT	0201T	CPT	outpatient			11691		9409.2 Aetna	Medicare		8181.91	1			3677.99	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (S/PLASTY) BILAT	0201T	CPT	outpatient			11691		9409.2 Aetna	Commercial		13025.6	1.592			3677.99	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (S/PLASTY) BILAT	0201T	CPT	outpatient			11691		9409.2 Americare	Americare		8768.25	0.75			3677.99	14948.35	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) BILAT	0201T	CPT	outpatient			11691		9409.2 WellPoint	WellPoint		3750.47	0.3208			3677.99	14948.35	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) BILAT	0201T	CPT	outpatient			11691		9409.2 Amerihealth	Medicare		8181.91	1			3677.99	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (S/PLASTY) BILAT	0201T	CPT	outpatient			11691		9409.2 Consumer	Consumer		11106.45	0.95			3677.99	14948.35	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) BILAT	0201T	CPT	outpatient			11691		9409.2 Corrections	Corrections		9352.8	0.8			3677.99	14948.35	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) BILAT	0201T	CPT	outpatient			11691		9409.2 First Health	First Health		8183.7	0.7			3677.99	14948.35	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) BILAT	0201T	CPT	outpatient			11691		9409.2 First Trenton	First Trenton		10521.9	0.9			3677.99	14948.35	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) BILAT	0201T	CPT	outpatient			11691		9409.2 Horizon	Medicare Blue		8181.91	1			3677.99	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (S/PLASTY) BILAT	0201T	CPT	outpatient			11691		9409.2 Horizon	Indemnity		14948.35	1.827			3677.99	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (S/PLASTY) BILAT	0201T	CPT	outpatient			11691		9409.2 Horizon	MGD		14948.35	1.827			3677.99	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (S/PLASTY) BILAT	0201T	CPT	outpatient			11691		9409.2 Horizon	PPO		14948.35	1.827			3677.99	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (S/PLASTY) BILAT	0201T	CPT	outpatient			11691		9409.2 Managed Care Inc	Managed Care Inc		10521.9	0.9			3677.99	14948.35	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) BILAT	0201T	CPT	outpatient			11691		9409.2 Multiplan	Multiplan		9352.8	0.8			3677.99	14948.35	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) BILAT	0201T	CPT	outpatient			11691		9409.2 Qualcare	Qualcare		8768.25	0.75			3677.99	14948.35	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) BILAT	0201T	CPT	outpatient			11691		9409.2 Three Rivers	Three Rivers		11106.45	0.95			3677.99	14948.35	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) BILAT	0201T	CPT	outpatient			11691		9409.2 UHC	Medicaid		3677.99	0.3146			3677.99	14948.35	percent of total billed charges	
P/C SACR AUGM (S/PLASTY) BILAT	0201T	CPT	outpatient			11691		9409.2 UHC	Medicare		8181.91	1			3677.99	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (S/PLASTY) BILAT	0201T	CPT	outpatient			11691		9409.2 Wellcare	Medicare		8181.91	1			3677.99	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
P/C SACR AUGM (S/PLASTY) BILAT	0201T	CPT	outpatient			11691		9409.2 Wellcare	Medicaid		3677.99	0.3146			3677.99	14948.35	percent of total billed charges	
RESPIRATORY PANEL PCR V (RPB)	0202U	CPT	inpatient			1327		479.3 Aetna	Better Health		417.47	0.3146			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL PCR V (RPB)	0202U	CPT	inpatient			1327		479.3 Aetna	Medicare		416.78				398.1	1260.65	case rate	
RESPIRATORY PANEL PCR V (RPB)	0202U	CPT	inpatient			1327		479.3 Aetna	Commercial		504.26	0.38			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL PCR V (RPB)	0202U	CPT	inpatient			1327		479.3 Americare	Americare		995.25	0.75			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL PCR V (RPB)	0202U	CPT	inpatient			1327		479.3 WellPoint	WellPoint		425.7	0.3208			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL PCR V (RPB)	0202U	CPT	inpatient			1327		479.3 Amerihealth	Medicare		416.78				398.1	1260.65	case rate	
RESPIRATORY PANEL PCR V (RPB)	0202U	CPT	inpatient			1327		479.3 Consumer	Consumer		1260.65	0.95			398.1	1260.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RESPIRATORY PANEL PCR V (RPB)	0202U	CPT	inpatient			1327	479.3	Corrections	Corrections		1061.6	0.8			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL PCR V (RPB)	0202U	CPT	inpatient			1327	479.3	First Health	First Health		928.9	0.7			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL PCR V (RPB)	0202U	CPT	inpatient			1327	479.3	First Trenton	First Trenton		1194.3	0.9			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL PCR V (RPB)	0202U	CPT	inpatient			1327	479.3	Horizon	MGD		507.98	0.3828			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL PCR V (RPB)	0202U	CPT	inpatient			1327	479.3	Horizon	Medicare Blue		398.1	0.3			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL PCR V (RPB)	0202U	CPT	inpatient			1327	479.3	Horizon	Indemnity		507.98	0.3828			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL PCR V (RPB)	0202U	CPT	inpatient			1327	479.3	Horizon	PPO		507.98	0.3828			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL PCR V (RPB)	0202U	CPT	inpatient			1327	479.3	Managed Care Inc	Managed Care Inc		1194.3	0.9			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL PCR V (RPB)	0202U	CPT	inpatient			1327	479.3	Multiplan	Multiplan		1061.6	0.8			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL PCR V (RPB)	0202U	CPT	inpatient			1327	479.3	Qualcare	Qualcare		995.25	0.75			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL PCR V (RPB)	0202U	CPT	inpatient			1327	479.3	Three Rivers	Three Rivers		1260.65	0.95			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL PCR V (RPB)	0202U	CPT	inpatient			1327	479.3	UHC	Medicare		416.78				398.1	1260.65	case rate	
RESPIRATORY PANEL PCR V (RPB)	0202U	CPT	inpatient			1327	479.3	UHC	Medicaid		417.47	0.3146			398.1	1260.65	percent of total billed charges	
RESPIRATORY PANEL PCR V (RPB)	0202U	CPT	inpatient			1327	479.3	Wellcare	Medicare		416.78				398.1	1260.65	case rate	
RESPIRATORY PANEL PCR V (RPB)	0202U	CPT	inpatient			1327	479.3	Wellcare	Medicaid		417.47	0.3146			398.1	1260.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Aetna	Medicare		1042.44	1			836.21	3103.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Aetna	Commercial		1659.56	1.592			836.21	3103.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Aetna	Better Health		1027.8	0.3146			836.21	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Americare	Americare		2450.25	0.75			836.21	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	WellPoint	WellPoint		1048.05	0.3208			836.21	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Amerihealth	Medicare		1042.44	1			836.21	3103.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Consumer	Consumer		3103.65	0.95			836.21	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Corrections	Corrections		2613.6	0.8			836.21	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	First Health	First Health		2286.9	0.7			836.21	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	First Trenton	First Trenton		2940.3	0.9			836.21	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Horizon	MGD		1904.54	1.827			836.21	3103.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Horizon	PPO		1904.54	1.827			836.21	3103.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Horizon	Medicare Blue		1042.44	1			836.21	3103.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Horizon	Indemnity		1904.54	1.827			836.21	3103.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Managed Care Inc	Managed Care Inc		2940.3	0.9			836.21	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Multiplan	Multiplan		2613.6	0.8			836.21	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Qualcare	Qualcare		2450.25	0.75			836.21	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Three Rivers	Three Rivers		3103.65	0.95			836.21	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	UHC	Medicaid		1027.8	0.3146			836.21	3103.65	percent of total billed charges	
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	UHC	Medicare		1042.44	1			836.21	3103.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Wellcare	Medicare		1042.44	1			836.21	3103.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX DX/THER PARAVER FCT JNT C/T 1 LVL	0213T	CPT	outpatient			3267	1198.81	Wellcare	Medicaid		1027.8	0.3146			836.21	3103.65	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Aetna	Better Health		298.56	0.3146			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Aetna	Medicare		292.29	0.308			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Aetna	Commercial		360.62	0.38			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Americare	Americare		711.75	0.75			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		WellPoint	WellPoint		304.44	0.3208			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Consumer	Consumer		901.55	0.95			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Corrections	Corrections		759.2	0.8			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		First Health	First Health		664.3	0.7			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		First Trenton	First Trenton		854.1	0.9			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Horizon	MGD		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Horizon	Medicare Blue		284.7	0.3			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Horizon	Indemnity		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Horizon	PPO		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Managed Care Inc	Managed Care Inc		854.1	0.9			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Multiplan	Multiplan		759.2	0.8			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Qualcare	Qualcare		711.75	0.75			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Three Rivers	Three Rivers		901.55	0.95			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		UHC	Medicaid		298.56	0.3146			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 2 LEV	0214T	CPT	outpatient			949		Wellcare	Medicaid		298.56	0.3146			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Aetna	Commercial		360.62	0.38			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Aetna	Better Health		298.56	0.3146			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Aetna	Medicare		292.29	0.308			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Americare	Americare		711.75	0.75			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		WellPoint	WellPoint		304.44	0.3208			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Consumer	Consumer		901.55	0.95			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Corrections	Corrections		759.2	0.8			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		First Health	First Health		664.3	0.7			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		First Trenton	First Trenton		854.1	0.9			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Horizon	MGD		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Horizon	Indemnity		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Horizon	Medicare Blue		284.7	0.3			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Horizon	PPO		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Managed Care Inc	Managed Care Inc		854.1	0.9			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Multiplan	Multiplan		759.2	0.8			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Qualcare	Qualcare		711.75	0.75			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Three Rivers	Three Rivers		901.55	0.95			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		UHC	Medicaid		298.56	0.3146			284.7	901.55	percent of total billed charges	
INJ PAVERT F JNT C/THO ULT 3 OR MORE	0215T	CPT	outpatient			949		Wellcare	Medicaid		298.56	0.3146			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT LIDSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Aetna	Better Health		836.21	0.3146			836.21	2525.1	percent of total billed charges	
INJ PARAVERT F JNT LIDSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Aetna	Commercial		1659.56	1.592			836.21	2525.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PARAVERT F JNT LIDSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Aetna	Medicare		1042.44	1			836.21	2525.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PARAVERT F JNT LIDSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Americare	Americare		1993.5	0.75			836.21	2525.1	percent of total billed charges	
INJ PARAVERT F JNT LIDSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	WellPoint	WellPoint		852.69	0.3208			836.21	2525.1	percent of total billed charges	
INJ PARAVERT F JNT LIDSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Amerihealth	Medicare		1042.44	1			836.21	2525.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PARAVERT F JNT LIDSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Consumer	Consumer		2525.1	0.95			836.21	2525.1	percent of total billed charges	
INJ PARAVERT F JNT LIDSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Corrections	Corrections		2126.4	0.8			836.21	2525.1	percent of total billed charges	
INJ PARAVERT F JNT LIDSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	First Health	First Health		1860.6	0.7			836.21	2525.1	percent of total billed charges	
INJ PARAVERT F JNT LIDSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	First Trenton	First Trenton		2392.2	0.9			836.21	2525.1	percent of total billed charges	
INJ PARAVERT F JNT LIDSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Horizon	MGD		1904.54	1.827			836.21	2525.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PARAVERT F JNT LIDSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Horizon	Medicare Blue		1042.44	1			836.21	2525.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PARAVERT F JNT LIDSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Horizon	Indemnity		1904.54	1.827			836.21	2525.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PARAVERT F JNT LIDSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Horizon	PPO		1904.54	1.827			836.21	2525.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PARAVERT F JNT LIDSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Managed Care Inc	Managed Care Inc		2392.2	0.9			836.21	2525.1	percent of total billed charges	
INJ PARAVERT F JNT LIDSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Multiplan	Multiplan		2126.4	0.8			836.21	2525.1	percent of total billed charges	
INJ PARAVERT F JNT LIDSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Qualcare	Qualcare		1993.5	0.75			836.21	2525.1	percent of total billed charges	
INJ PARAVERT F JNT LIDSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Three Rivers	Three Rivers		2525.1	0.95			836.21	2525.1	percent of total billed charges	
INJ PARAVERT F JNT LIDSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	UHC	Medicare		1042.44	1			836.21	2525.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PARAVERT F JNT LIDSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	UHC	Medicaid		836.21	0.3146			836.21	2525.1	percent of total billed charges	
INJ PARAVERT F JNT LIDSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Wellcare	Medicaid		836.21	0.3146			836.21	2525.1	percent of total billed charges	
INJ PARAVERT F JNT LIDSULTRA 1 LEV	0216T	CPT	outpatient			2658	1198.81	Wellcare	Medicare		1042.44	1			836.21	2525.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PARAVERT F JNT LIS ULTRA 2 LEV	0217T	CPT	outpatient			949		Aetna	Better Health		298.56	0.3146			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT LIS ULTRA 2 LEV	0217T	CPT	outpatient			949		Aetna	Commercial		360.62	0.38			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT LIS ULTRA 2 LEV	0217T	CPT	outpatient			949		Aetna	Medicare		292.29	0.308			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT LIS ULTRA 2 LEV	0217T	CPT	outpatient			949		Americare	Americare		711.75	0.75			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT LIS ULTRA 2 LEV	0217T	CPT	outpatient			949		WellPoint	WellPoint		304.44	0.3208			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT LIS ULTRA 2 LEV	0217T	CPT	outpatient			949		Consumer	Consumer		901.55	0.95			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT LIS ULTRA 2 LEV	0217T	CPT	outpatient			949		Corrections	Corrections		759.2	0.8			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT LIS ULTRA 2 LEV	0217T	CPT	outpatient			949		First Health	First Health		664.3	0.7			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT LIS ULTRA 2 LEV	0217T	CPT	outpatient			949		First Trenton	First Trenton		854.1	0.9			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT LIS ULTRA 2 LEV	0217T	CPT	outpatient			949		Horizon	MGD		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT LIS ULTRA 2 LEV	0217T	CPT	outpatient			949		Horizon	PPO		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT LIS ULTRA 2 LEV	0217T	CPT	outpatient			949		Horizon	Indemnity		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT LIS ULTRA 2 LEV	0217T	CPT	outpatient			949		Horizon	Medicare Blue		284.7	0.3			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT LIS ULTRA 2 LEV	0217T	CPT	outpatient			949		Managed Care Inc	Managed Care Inc		854.1	0.9			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT LIS ULTRA 2 LEV	0217T	CPT	outpatient			949		Multiplan	Multiplan		759.2	0.8			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT LIS ULTRA 2 LEV	0217T	CPT	outpatient			949		Qualcare	Qualcare		711.75	0.75			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT LIS ULTRA 2 LEV	0217T	CPT	outpatient			949		Three Rivers	Three Rivers		901.55	0.95			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT LIS ULTRA 2 LEV	0217T	CPT	outpatient			949		UHC	Medicaid		298.56	0.3146			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT LIS ULTRA 2 LEV	0217T	CPT	outpatient			949		Wellcare	Medicaid		298.56	0.3146			284.7	901.55	percent of total billed charges	
INJ PARAVERT F LIS ULTRA 3	0218T	CPT	outpatient			949		Aetna	Commercial		360.62	0.38			284.7	901.55	percent of total billed charges	
INJ PARAVERT F LIS ULTRA 3	0218T	CPT	outpatient			949		Aetna	Better Health		298.56	0.3146			284.7	901.55	percent of total billed charges	
INJ PARAVERT F LIS ULTRA 3	0218T	CPT	outpatient			949		Aetna	Medicare		292.29	0.308			284.7	901.55	percent of total billed charges	
INJ PARAVERT F LIS ULTRA 3	0218T	CPT	outpatient			949		Americare	Americare		711.75	0.75			284.7	901.55	percent of total billed charges	
INJ PARAVERT F LIS ULTRA 3	0218T	CPT	outpatient			949		WellPoint	WellPoint		304.44	0.3208			284.7	901.55	percent of total billed charges	
INJ PARAVERT F LIS ULTRA 3	0218T	CPT	outpatient			949		Consumer	Consumer		901.55	0.95			284.7	901.55	percent of total billed charges	
INJ PARAVERT F LIS ULTRA 3	0218T	CPT	outpatient			949		Corrections	Corrections		759.2	0.8			284.7	901.55	percent of total billed charges	
INJ PARAVERT F LIS ULTRA 3	0218T	CPT	outpatient			949		First Health	First Health		664.3	0.7			284.7	901.55	percent of total billed charges	
INJ PARAVERT F LIS ULTRA 3	0218T	CPT	outpatient			949		First Trenton	First Trenton		854.1	0.9			284.7	901.55	percent of total billed charges	
INJ PARAVERT F LIS ULTRA 3	0218T	CPT	outpatient			949		Horizon	MGD		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PARAVERT F LIS ULTRA 3	0218T	CPT	outpatient			949		Horizon	Indemnity		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PARAVERT F LIS ULTRA 3	0218T	CPT	outpatient			949		Horizon	Medicare Blue		284.7	0.3			284.7	901.55	percent of total billed charges	
INJ PARAVERT F LIS ULTRA 3	0218T	CPT	outpatient			949		Horizon	PPO		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PARAVERT F LIS ULTRA 3	0218T	CPT	outpatient			949		Managed Care Inc	Managed Care Inc		854.1	0.9			284.7	901.55	percent of total billed charges	
INJ PARAVERT F LIS ULTRA 3	0218T	CPT	outpatient			949		Multiplan	Multiplan		759.2	0.8			284.7	901.55	percent of total billed charges	
INJ PARAVERT F LIS ULTRA 3	0218T	CPT	outpatient			949		Qualcare	Qualcare		711.75	0.75			284.7	901.55	percent of total billed charges	
INJ PARAVERT F LIS ULTRA 3	0218T	CPT	outpatient			949		Three Rivers	Three Rivers		901.55	0.95			284.7	901.55	percent of total billed charges	
INJ PARAVERT F LIS ULTRA 3	0218T	CPT	outpatient			949		UHC	Medicaid		298.56	0.3146			284.7	901.55	percent of total billed charges	
INJ PARAVERT F LIS ULTRA 3	0218T	CPT	outpatient			949		Wellcare	Medicaid		298.56	0.3146			284.7	901.55	percent of total billed charges	
INJ ANEST/STR TEU CRV/THR 1 LV	0228T	CPT	outpatient			2768		Aetna	Commercial		1051.84	0.38			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRV/THR 1 LV	0228T	CPT	outpatient			2768		Aetna	Better Health		870.81	0.3146			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRV/THR 1 LV	0228T	CPT	outpatient			2768		Aetna	Medicare		852.54	0.308			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRV/THR 1 LV	0228T	CPT	outpatient			2768		Americare	Americare		2076	0.75			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRV/THR 1 LV	0228T	CPT	outpatient			2768		WellPoint	WellPoint		887.97	0.3208			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRV/THR 1 LV	0228T	CPT	outpatient			2768		Consumer	Consumer		2629.6	0.95			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRV/THR 1 LV	0228T	CPT	outpatient			2768		Corrections	Corrections		2214.4	0.8			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRV/THR 1 LV	0228T	CPT	outpatient			2768		First Health	First Health		1937.6	0.7			830.4	2629.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJ ANEST/STR TEU CRV/THTR 1 LV	0228T	CPT	outpatient			2768		First Trenton	First Trenton		2491.2	0.9			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRV/THTR 1 LV	0228T	CPT	outpatient			2768		Horizon	Medicare Blue		830.4	0.3			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRV/THTR 1 LV	0228T	CPT	outpatient			2768		Horizon	Indemnity		1059.59	0.3828			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRV/THTR 1 LV	0228T	CPT	outpatient			2768		Horizon	MGD		1059.59	0.3828			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRV/THTR 1 LV	0228T	CPT	outpatient			2768		Horizon	PPO		1059.59	0.3828			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRV/THTR 1 LV	0228T	CPT	outpatient			2768		Managed Care Inc	Managed Care Inc		2491.2	0.9			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRV/THTR 1 LV	0228T	CPT	outpatient			2768		Multiplan	Multiplan		2214.4	0.8			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRV/THTR 1 LV	0228T	CPT	outpatient			2768		Qualcare	Qualcare		2076	0.75			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRV/THTR 1 LV	0228T	CPT	outpatient			2768		Three Rivers	Three Rivers		2629.6	0.95			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRV/THTR 1 LV	0228T	CPT	outpatient			2768		UHC	Medicaid		870.81	0.3146			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU CRV/THTR 1 LV	0228T	CPT	outpatient			2768		Wellcare	Medicaid		870.81	0.3146			830.4	2629.6	percent of total billed charges	
INJ ANST/STR TEU C/T ADD'L LVL	0229T	CPT	outpatient			1422		Aetna	Medicare		437.98	0.308			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADD'L LVL	0229T	CPT	outpatient			1422		Aetna	Better Health		447.36	0.3146			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADD'L LVL	0229T	CPT	outpatient			1422		Aetna	Commercial		540.36	0.38			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADD'L LVL	0229T	CPT	outpatient			1422		Americare	Americare		1066.5	0.75			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADD'L LVL	0229T	CPT	outpatient			1422		WellPoint	WellPoint		456.18	0.3208			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADD'L LVL	0229T	CPT	outpatient			1422		Consumer	Consumer		1350.9	0.95			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADD'L LVL	0229T	CPT	outpatient			1422		Corrections	Corrections		1137.6	0.8			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADD'L LVL	0229T	CPT	outpatient			1422		First Health	First Health		995.4	0.7			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADD'L LVL	0229T	CPT	outpatient			1422		First Trenton	First Trenton		1279.8	0.9			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADD'L LVL	0229T	CPT	outpatient			1422		Horizon	MGD		544.34	0.3828			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADD'L LVL	0229T	CPT	outpatient			1422		Horizon	Medicare Blue		426.6	0.3			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADD'L LVL	0229T	CPT	outpatient			1422		Horizon	Indemnity		544.34	0.3828			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADD'L LVL	0229T	CPT	outpatient			1422		Horizon	PPO		544.34	0.3828			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADD'L LVL	0229T	CPT	outpatient			1422		Managed Care Inc	Managed Care Inc		1279.8	0.9			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADD'L LVL	0229T	CPT	outpatient			1422		Multiplan	Multiplan		1137.6	0.8			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADD'L LVL	0229T	CPT	outpatient			1422		Qualcare	Qualcare		1066.5	0.75			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADD'L LVL	0229T	CPT	outpatient			1422		Three Rivers	Three Rivers		1350.9	0.95			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADD'L LVL	0229T	CPT	outpatient			1422		UHC	Medicaid		447.36	0.3146			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU C/T ADD'L LVL	0229T	CPT	outpatient			1422		Wellcare	Medicaid		447.36	0.3146			426.6	1350.9	percent of total billed charges	
INJ ANEST/STR TEU L/S 1 LVL	0230T	CPT	outpatient			2768		Aetna	Better Health		870.81	0.3146			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU L/S 1 LVL	0230T	CPT	outpatient			2768		Aetna	Medicare		852.54	0.308			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU L/S 1 LVL	0230T	CPT	outpatient			2768		Aetna	Commercial		1051.84	0.38			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU L/S 1 LVL	0230T	CPT	outpatient			2768		Americare	Americare		2076	0.75			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU L/S 1 LVL	0230T	CPT	outpatient			2768		WellPoint	WellPoint		887.97	0.3208			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU L/S 1 LVL	0230T	CPT	outpatient			2768		Consumer	Consumer		2629.6	0.95			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU L/S 1 LVL	0230T	CPT	outpatient			2768		Corrections	Corrections		2214.4	0.8			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU L/S 1 LVL	0230T	CPT	outpatient			2768		First Health	First Health		1937.6	0.7			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU L/S 1 LVL	0230T	CPT	outpatient			2768		First Trenton	First Trenton		2491.2	0.9			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU L/S 1 LVL	0230T	CPT	outpatient			2768		Horizon	Indemnity		1059.59	0.3828			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU L/S 1 LVL	0230T	CPT	outpatient			2768		Horizon	Medicare Blue		830.4	0.3			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU L/S 1 LVL	0230T	CPT	outpatient			2768		Horizon	MGD		1059.59	0.3828			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU L/S 1 LVL	0230T	CPT	outpatient			2768		Horizon	PPO		1059.59	0.3828			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU L/S 1 LVL	0230T	CPT	outpatient			2768		Managed Care Inc	Managed Care Inc		2491.2	0.9			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU L/S 1 LVL	0230T	CPT	outpatient			2768		Multiplan	Multiplan		2214.4	0.8			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU L/S 1 LVL	0230T	CPT	outpatient			2768		Qualcare	Qualcare		2076	0.75			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU L/S 1 LVL	0230T	CPT	outpatient			2768		Three Rivers	Three Rivers		2629.6	0.95			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU L/S 1 LVL	0230T	CPT	outpatient			2768		UHC	Medicaid		870.81	0.3146			830.4	2629.6	percent of total billed charges	
INJ ANEST/STR TEU L/S 1 LVL	0230T	CPT	outpatient			2768		Wellcare	Medicaid		870.81	0.3146			830.4	2629.6	percent of total billed charges	
INJ ANST/STR TEU L/S ADD'L LV	0231T	CPT	outpatient			1422		Aetna	Medicare		437.98	0.308			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU L/S ADD'L LV	0231T	CPT	outpatient			1422		Aetna	Commercial		540.36	0.38			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU L/S ADD'L LV	0231T	CPT	outpatient			1422		Aetna	Better Health		447.36	0.3146			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU L/S ADD'L LV	0231T	CPT	outpatient			1422		Americare	Americare		1066.5	0.75			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU L/S ADD'L LV	0231T	CPT	outpatient			1422		WellPoint	WellPoint		456.18	0.3208			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU L/S ADD'L LV	0231T	CPT	outpatient			1422		Consumer	Consumer		1350.9	0.95			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU L/S ADD'L LV	0231T	CPT	outpatient			1422		Corrections	Corrections		1137.6	0.8			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU L/S ADD'L LV	0231T	CPT	outpatient			1422		First Health	First Health		995.4	0.7			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU L/S ADD'L LV	0231T	CPT	outpatient			1422		First Trenton	First Trenton		1279.8	0.9			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU L/S ADD'L LV	0231T	CPT	outpatient			1422		Horizon	Indemnity		544.34	0.3828			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU L/S ADD'L LV	0231T	CPT	outpatient			1422		Horizon	MGD		544.34	0.3828			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU L/S ADD'L LV	0231T	CPT	outpatient			1422		Horizon	PPO		544.34	0.3828			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU L/S ADD'L LV	0231T	CPT	outpatient			1422		Horizon	Medicare Blue		426.6	0.3			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU L/S ADD'L LV	0231T	CPT	outpatient			1422		Managed Care Inc	Managed Care Inc		1279.8	0.9			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU L/S ADD'L LV	0231T	CPT	outpatient			1422		Multiplan	Multiplan		1137.6	0.8			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU L/S ADD'L LV	0231T	CPT	outpatient			1422		Qualcare	Qualcare		1066.5	0.75			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU L/S ADD'L LV	0231T	CPT	outpatient			1422		Three Rivers	Three Rivers		1350.9	0.95			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU L/S ADD'L LV	0231T	CPT	outpatient			1422		UHC	Medicaid		447.36	0.3146			426.6	1350.9	percent of total billed charges	
INJ ANST/STR TEU L/S ADD'L LV	0231T	CPT	outpatient			1422		Wellcare	Medicaid		447.36	0.3146			426.6	1350.9	percent of total billed charges	
INJPLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Aetna	Better Health		449.25	0.3146			138.8	1356.6	percent of total billed charges	
INJPLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Aetna	Commercial		725.46	1.592			138.8	1356.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJPLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Aetna	Medicare		455.69	1			138.8	1356.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJPLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Americare	Americare		1071	0.75			138.8	1356.6	percent of total billed charges	
INJPLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	WellPoint	WellPoint		458.1	0.3208			138.8	1356.6	percent of total billed charges	
INJPLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Amerihealth	Medicare		455.69	1			138.8	1356.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJPLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Consumer	Consumer		1356.6	0.95			138.8	1356.6	percent of total billed charges	
INJPLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Corrections	Corrections		1142.4	0.8			138.8	1356.6	percent of total billed charges	
INJPLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	First Health	First Health		999.6	0.7			138.8	1356.6	percent of total billed charges	
INJPLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	First Trenton	First Trenton		1285.2	0.9			138.8	1356.6	percent of total billed charges	
INJPLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Horizon	MGD		1827	832.55			138.8	1356.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJPLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Horizon	Medicare Blue		1	455.69			138.8	1356.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJPLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Horizon	PPO		1827	832.55			138.8	1356.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJPLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Horizon	Indemnity		1827	832.55			138.8	1356.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJPLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Horizon	NJ Health		0.1	142.8			138.8	1356.6	percent of total billed charges	
INJPLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Managed Care Inc	Managed Care Inc		1285.2	0.9			138.8	1356.6	percent of total billed charges	
INJPLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Multiplan	Multiplan		1142.4	0.8			138.8	1356.6	percent of total billed charges	
INJPLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Qualcare	Qualcare		1071	0.75			138.8	1356.6	percent of total billed charges	
INJPLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Three Rivers	Three Rivers		1356.6	0.95			138.8	1356.6	percent of total billed charges	
INJPLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	UHC	Medicaid		449.25	0.3146			138.8	1356.6	percent of total billed charges	
INJPLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	UHC	Medicare		455.69	1			138.8	1356.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJPLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Wellcare	Medicaid		449.25	0.3146			138.8	1356.6	percent of total billed charges	
INJPLATELET PLASMA	0232T	CPT	outpatient			1428	524.04	Wellcare	Medicare		455.69	1			138.8	1356.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Aetna	Medicare		12581.74	1			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Aetna	Better Health		11856.02	0.3146			11856.02	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Aetna	Commercial		20030.13	1.592			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Americare	Americare		28264.5	0.75			11856.02	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	WellPoint	WellPoint		12089.67	0.3208			11856.02	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Amerihealth	Medicare		12581.74	1			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Consumer	Consumer		35801.7	0.95			11856.02	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Corrections	Corrections		30148.8	0.8			11856.02	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	First Health	First Health		26380.2	0.7			11856.02	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	First Trenton	First Trenton		33917.4	0.9			11856.02	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Horizon	Indemnity		22986.84	1.827			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Horizon	MGD		22986.84	1.827			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Horizon	PPO		22986.84	1.827			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Horizon	Medicare Blue		12581.74	1			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Managed Care Inc	Managed Care Inc		33917.4	0.9			11856.02	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Multiplan	Multiplan		30148.8	0.8			11856.02	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Qualcare	Qualcare		28264.5	0.75			11856.02	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Three Rivers	Three Rivers		35801.7	0.95			11856.02	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	UHC	Medicaid		11856.02	0.3146			11856.02	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	UHC	Medicare		12581.74	1			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Wellcare	Medicaid		11856.02	0.3146			11856.02	35801.7	percent of total billed charges	
TRLUML PERIP ATHRC RENAL ART	0234T	CPT	outpatient			37686	14469	Wellcare	Medicare		12581.74	1			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Aetna	Commercial		20030.13	1.592			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Aetna	Better Health		11856.02	0.3146			11856.02	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Aetna	Medicare		12581.74	1			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Americare	Americare		28264.5	0.75			11856.02	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	WellPoint	WellPoint		12089.67	0.3208			11856.02	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Amerihealth	Medicare		12581.74	1			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Consumer	Consumer		35801.7	0.95			11856.02	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Corrections	Corrections		30148.8	0.8			11856.02	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	First Health	First Health		26380.2	0.7			11856.02	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	First Trenton	First Trenton		33917.4	0.9			11856.02	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Horizon	Indemnity		22986.84	1.827			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Horizon	Medicare Blue		12581.74	1			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Horizon	MGD		22986.84	1.827			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Horizon	PPO		22986.84	1.827			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Managed Care Inc	Managed Care Inc		33917.4	0.9			11856.02	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Multiplan	Multiplan		30148.8	0.8			11856.02	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Qualcare	Qualcare		28264.5	0.75			11856.02	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Three Rivers	Three Rivers		35801.7	0.95			11856.02	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	UHC	Medicare		12581.74	1			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	UHC	Medicaid		11856.02	0.3146			11856.02	35801.7	percent of total billed charges	
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Wellcare	Medicare		12581.74	1			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUM PERI ATHERECT ABD AORTA	0236T	CPT	outpatient			37686	14469	Wellcare	Medicaid		11856.02	0.3146			11856.02	35801.7	percent of total billed charges	
TL PERI ATHR BRCHIOCEP TR & BR	0237T	CPT	outpatient			37686	14469	Aetna	Commercial		20030.13	1.592			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TL PERI ATHR BRCHIOCEP TR & BR	0237T	CPT	outpatient			37686	14469	Aetna	Medicare		12581.74	1			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TL PERI ATHR BRCHIOCEP TR & BR	0237T	CPT	outpatient			37686	14469	Aetna	Better Health		11856.02	0.3146			11856.02	35801.7	percent of total billed charges	
TL PERI ATHR BRCHIOCEP TR & BR	0237T	CPT	outpatient			37686	14469	Americare	Americare		28264.5	0.75			11856.02	35801.7	percent of total billed charges	
TL PERI ATHR BRCHIOCEP TR & BR	0237T	CPT	outpatient			37686	14469	WellPoint	WellPoint		12089.67	0.3208			11856.02	35801.7	percent of total billed charges	
TL PERI ATHR BRCHIOCEP TR & BR	0237T	CPT	outpatient			37686	14469	Amerihealth	Medicare		12581.74	1			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TL PERI ATHR BRCHIOCEP TR & BR	0237T	CPT	outpatient			37686	14469	Consumer	Consumer		35801.7	0.95			11856.02	35801.7	percent of total billed charges	
TL PERI ATHR BRCHIOCEP TR & BR	0237T	CPT	outpatient			37686	14469	Corrections	Corrections		30148.8	0.8			11856.02	35801.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TL PERI ATHR BRCHIOCEP TR & BR	0237T	CPT	outpatient			37686	14469	First Health	First Health		26380.2	0.7			11856.02	35801.7	percent of total billed charges	
TL PERI ATHR BRCHIOCEP TR & BR	0237T	CPT	outpatient			37686	14469	First Trenton	First Trenton		33917.4	0.9			11856.02	35801.7	percent of total billed charges	
TL PERI ATHR BRCHIOCEP TR & BR	0237T	CPT	outpatient			37686	14469	Horizon	Medicare Blue		12581.74	1			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TL PERI ATHR BRCHIOCEP TR & BR	0237T	CPT	outpatient			37686	14469	Horizon	PPO		22986.84	1.827			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TL PERI ATHR BRCHIOCEP TR & BR	0237T	CPT	outpatient			37686	14469	Horizon	MCD		22986.84	1.827			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TL PERI ATHR BRCHIOCEP TR & BR	0237T	CPT	outpatient			37686	14469	Horizon	Indemnity		22986.84	1.827			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TL PERI ATHR BRCHIOCEP TR & BR	0237T	CPT	outpatient			37686	14469	Managed Care Inc	Managed Care Inc		33917.4	0.9			11856.02	35801.7	percent of total billed charges	
TL PERI ATHR BRCHIOCEP TR & BR	0237T	CPT	outpatient			37686	14469	Multiplan	Multiplan		30148.8	0.8			11856.02	35801.7	percent of total billed charges	
TL PERI ATHR BRCHIOCEP TR & BR	0237T	CPT	outpatient			37686	14469	Qualcare	Qualcare		26264.5	0.75			11856.02	35801.7	percent of total billed charges	
TL PERI ATHR BRCHIOCEP TR & BR	0237T	CPT	outpatient			37686	14469	Three Rivers	Three Rivers		35801.7	0.95			11856.02	35801.7	percent of total billed charges	
TL PERI ATHR BRCHIOCEP TR & BR	0237T	CPT	outpatient			37686	14469	UHC	Medicaid		11856.02	0.3146			11856.02	35801.7	percent of total billed charges	
TL PERI ATHR BRCHIOCEP TR & BR	0237T	CPT	outpatient			37686	14469	UHC	Medicare		12581.74	1			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TL PERI ATHR BRCHIOCEP TR & BR	0237T	CPT	outpatient			37686	14469	Wellcare	Medicaid		11856.02	0.3146			11856.02	35801.7	percent of total billed charges	
TL PERI ATHR BRCHIOCEP TR & BR	0237T	CPT	outpatient			37686	14469	Wellcare	Medicare		12581.74	1			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	inpatient			62583	23062.62	Aetna	Better Health		19688.61	0.3146			11856.02	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	inpatient			62583	23062.62	Aetna	Commercial		31926.68	1.592			11856.02	59453.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	inpatient			62583	23062.62	Aetna	Medicare		20054.45	1			11856.02	59453.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	inpatient			62583	23062.62	Americare	Americare		46937.25	0.75			11856.02	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	inpatient			62583	23062.62	WellPoint	WellPoint		20076.63	0.3208			11856.02	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	inpatient			62583	23062.62	Amerihealth	Medicare		20054.45	1			11856.02	59453.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	inpatient			62583	23062.62	Consumer	Consumer		59453.85	0.95			11856.02	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	inpatient			62583	23062.62	Corrections	Corrections		50066.4	0.8			11856.02	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	inpatient			62583	23062.62	First Health	First Health		43808.1	0.7			11856.02	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	inpatient			62583	23062.62	First Trenton	First Trenton		56324.7	0.9			11856.02	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	inpatient			62583	23062.62	Horizon	MCD		36639.48	1.827			11856.02	59453.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	inpatient			62583	23062.62	Horizon	Indemnity		36639.48	1.827			11856.02	59453.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	inpatient			62583	23062.62	Horizon	Medicare Blue		20054.45	1			11856.02	59453.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	inpatient			62583	23062.62	Horizon	PPO		36639.48	1.827			11856.02	59453.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	inpatient			62583	23062.62	Managed Care Inc	Managed Care Inc		56324.7	0.9			11856.02	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	inpatient			62583	23062.62	Multiplan	Multiplan		50066.4	0.8			11856.02	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	inpatient			62583	23062.62	Qualcare	Qualcare		46937.25	0.75			11856.02	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	inpatient			62583	23062.62	Three Rivers	Three Rivers		59453.85	0.95			11856.02	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	inpatient			62583	23062.62	UHC	Medicaid		19688.61	0.3146			11856.02	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	inpatient			62583	23062.62	UHC	Medicare		20054.45	1			11856.02	59453.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	inpatient			62583	23062.62	Wellcare	Medicaid		19688.61	0.3146			11856.02	59453.85	percent of total billed charges	
TRLUML PERIP ATHRC ILIAC ART	0238T	CPT	inpatient			62583	23062.62	Wellcare	Medicare		20054.45	1			11856.02	59453.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Aetna	Commercial		56537.67	1.592			24219.8	73136.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Aetna	Better Health		24219.8	0.3146			24219.8	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Aetna	Medicare		35513.61	1			24219.8	73136.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Americare	Americare		57739.5	0.75			24219.8	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	WellPoint	WellPoint		24697.11	0.3208			24219.8	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Amerihealth	Medicare		35513.61	1			24219.8	73136.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Consumer	Consumer		73136.7	0.95			24219.8	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Corrections	Corrections		61588.8	0.8			24219.8	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	First Health	First Health		53890.2	0.7			24219.8	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	First Trenton	First Trenton		69287.4	0.9			24219.8	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Horizon	PPO		64883.37	1.827			24219.8	73136.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Horizon	Indemnity		64883.37	1.827			24219.8	73136.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Horizon	MCD		64883.37	1.827			24219.8	73136.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Horizon	Medicare Blue		35513.61	1			24219.8	73136.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Managed Care Inc	Managed Care Inc		69287.4	0.9			24219.8	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Multiplan	Multiplan		61588.8	0.8			24219.8	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Qualcare	Qualcare		57739.5	0.75			24219.8	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Three Rivers	Three Rivers		73136.7	0.95			24219.8	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	UHC	Medicare		35513.61	1			24219.8	73136.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	UHC	Medicaid		24219.8	0.3146			24219.8	73136.7	percent of total billed charges	
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Wellcare	Medicare		35513.61	1			24219.8	73136.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPLT/RPL CRTD SNS DEV GEN	0268T	CPT	outpatient			76986	40840.65	Wellcare	Medicaid		24219.8	0.3146			24219.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Aetna	Better Health		24219.8	0.3146			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Aetna	Medicare		23711.69	0.308			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Aetna	Commercial		29254.68	0.38			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Americare	Americare		57739.5	0.75			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		WellPoint	WellPoint		24697.11	0.3208			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Consumer	Consumer		73136.7	0.95			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Corrections	Corrections		61588.8	0.8			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		First Health	First Health		53890.2	0.7			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		First Trenton	First Trenton		69287.4	0.9			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Horizon	MCD		29470.24	0.3828			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Horizon	Indemnity		29470.24	0.3828			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Horizon	Medicare Blue		23095.8	0.3			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Horizon	PPO		29470.24	0.3828			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Managed Care Inc	Managed Care Inc		69287.4	0.9			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Multiplan	Multiplan		61588.8	0.8			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Qualcare	Qualcare		57739.5	0.75			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Three Rivers	Three Rivers		73136.7	0.95			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		UHC	Medicaid		24219.8	0.3146			23095.8	73136.7	percent of total billed charges	
VAGUS NRVBLCK OBESE REPL PULSGEN	0316T	CPT	outpatient			76986		Wellcare	Medicaid		24219.8	0.3146			23095.8	73136.7	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Aetna	Better Health		1512.6	0.3146			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Aetna	Commercial		2585.38	1.592			1512.6	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Aetna	Medicare		1623.98	1			1512.6	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Americare	Americare		3606	0.75			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	WellPoint	WellPoint		1542.41	0.3208			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Amerihealth	Medicare		1623.98	1			1512.6	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Consumer	Consumer		4567.6	0.95			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Corrections	Corrections		3846.4	0.8			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	First Health	First Health		3365.6	0.7			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	First Trenton	First Trenton		4327.2	0.9			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Horizon	Medicare Blue		1623.98	1			1512.6	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Horizon	Indemnity		2967.01	1.827			1512.6	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Horizon	PPO		2967.01	1.827			1512.6	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Horizon	MCD		2967.01	1.827			1512.6	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Managed Care Inc	Managed Care Inc		4327.2	0.9			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Multiplan	Multiplan		3846.4	0.8			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Qualcare	Qualcare		3606	0.75			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Three Rivers	Three Rivers		4567.6	0.95			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	UHC	Medicare		1623.98	1			1512.6	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	UHC	Medicaid		1512.6	0.3146			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Wellcare	Medicaid		1512.6	0.3146			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0331T	CPT	outpatient			4808	1867.58	Wellcare	Medicare		1623.98	1			1512.6	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Aetna	Medicare		1623.98	1			1512.6	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Aetna	Commercial		2585.38	1.592			1512.6	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Aetna	Better Health		1512.6	0.3146			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Americare	Americare		3606	0.75			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	WellPoint	WellPoint		1542.41	0.3208			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Amerihealth	Medicare		1623.98	1			1512.6	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Consumer	Consumer		4567.6	0.95			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Corrections	Corrections		3846.4	0.8			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	First Health	First Health		3365.6	0.7			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	First Trenton	First Trenton		4327.2	0.9			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Horizon	MCD		2967.01	1.827			1512.6	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Horizon	Medicare Blue		1623.98	1			1512.6	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Horizon	Indemnity		2967.01	1.827			1512.6	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Horizon	PPO		2967.01	1.827			1512.6	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Managed Care Inc	Managed Care Inc		4327.2	0.9			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Multiplan	Multiplan		3846.4	0.8			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Qualcare	Qualcare		3606	0.75			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Three Rivers	Three Rivers		4567.6	0.95			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	UHC	Medicaid		1512.6	0.3146			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	UHC	Medicare		1623.98	1			1512.6	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Wellcare	Medicaid		1512.6	0.3146			1512.6	4567.6	percent of total billed charges	
NUC MED MBG MYOCARDIAL SYMPATH INNERV	0332T	CPT	outpatient			4808	1867.58	Wellcare	Medicare		1623.98	1			1512.6	4567.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION UNI	0338T	CPT	outpatient			12324	7517.39	Aetna	Commercial		10406.68	1.592			3877.13	11942.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION UNI	0338T	CPT	outpatient			12324	7517.39	Aetna	Better Health		3877.13	0.3146			3877.13	11942.84	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI	0338T	CPT	outpatient			12324	7517.39	Aetna	Medicare		6536.86	1			3877.13	11942.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION UNI	0338T	CPT	outpatient			12324	7517.39	Americare	Americare		9243	0.75			3877.13	11942.84	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI	0338T	CPT	outpatient			12324	7517.39	WellPoint	WellPoint		3953.54	0.3208			3877.13	11942.84	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI	0338T	CPT	outpatient			12324	7517.39	Amerihealth	Medicare		6536.86	1			3877.13	11942.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION UNI	0338T	CPT	outpatient			12324	7517.39	Consumer	Consumer		11707.8	0.95			3877.13	11942.84	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI	0338T	CPT	outpatient			12324	7517.39	Corrections	Corrections		9859.2	0.8			3877.13	11942.84	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI	0338T	CPT	outpatient			12324	7517.39	First Health	First Health		8626.8	0.7			3877.13	11942.84	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI	0338T	CPT	outpatient			12324	7517.39	First Trenton	First Trenton		11091.6	0.9			3877.13	11942.84	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI	0338T	CPT	outpatient			12324	7517.39	Horizon	Indemnity		11942.84	1.827			3877.13	11942.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION UNI	0338T	CPT	outpatient			12324	7517.39	Horizon	MCD		11942.84	1.827			3877.13	11942.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION UNI	0338T	CPT	outpatient			12324	7517.39	Horizon	Medicare Blue		6536.86	1			3877.13	11942.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION UNI	0338T	CPT	outpatient			12324	7517.39	Horizon	PPO		11942.84	1.827			3877.13	11942.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION UNI	0338T	CPT	outpatient			12324	7517.39	Managed Care Inc	Managed Care Inc		11091.6	0.9			3877.13	11942.84	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI	0338T	CPT	outpatient			12324	7517.39	Multiplan	Multiplan		9859.2	0.8			3877.13	11942.84	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI	0338T	CPT	outpatient			12324	7517.39	Qualcare	Qualcare		9243	0.75			3877.13	11942.84	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION UNI	0338T	CPT	outpatient			12324	7517.39	Three Rivers	Three Rivers		11707.8	0.95			3877.13	11942.84	percent of total billed charges	
TRNS

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324		7517.39 Aetna	Better Health		3877.13	0.3146			3877.13	11942.84	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324		7517.39 Aetna	Commercial		10406.68	1.592			3877.13	11942.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324		7517.39 Aetna	Medicare		6536.86	1			3877.13	11942.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324		7517.39 Americare	Americare		9243	0.75			3877.13	11942.84	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324		7517.39 WellPoint	WellPoint		3953.54	0.3208			3877.13	11942.84	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324		7517.39 Amerihealth	Medicare		6536.86	1			3877.13	11942.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324		7517.39 Consumer	Consumer		11707.8	0.95			3877.13	11942.84	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324		7517.39 Corrections	Corrections		9859.2	0.8			3877.13	11942.84	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324		7517.39 First Health	First Health		8626.8	0.7			3877.13	11942.84	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324		7517.39 First Trenton	First Trenton		11091.6	0.9			3877.13	11942.84	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324		7517.39 Horizon	MGD		11942.84	1.827			3877.13	11942.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324		7517.39 Horizon	Indemnity		11942.84	1.827			3877.13	11942.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324		7517.39 Horizon	Medicare Blue		6536.86	1			3877.13	11942.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324		7517.39 Horizon	PPO		11942.84	1.827			3877.13	11942.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324		7517.39 Managed Care Inc	Managed Care Inc		11091.6	0.9			3877.13	11942.84	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324		7517.39 Multiplan	Multiplan		9859.2	0.8			3877.13	11942.84	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324		7517.39 Qualcare	Qualcare		9243	0.75			3877.13	11942.84	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324		7517.39 Three Rivers	Three Rivers		11707.8	0.95			3877.13	11942.84	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324		7517.39 UHC	Medicare		6536.86	1			3877.13	11942.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324		7517.39 UHC	Medicaid		3877.13	0.3146			3877.13	11942.84	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324		7517.39 Wellcare	Medicaid		3877.13	0.3146			3877.13	11942.84	percent of total billed charges	
TRNSCATH RENAL SYMPATH DENERVATION BILA	0339T	CPT	outpatient			12324		7517.39 Wellcare	Medicare		6536.86	1			3877.13	11942.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200		Aetna	Better Health		3838.12	0.3146			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200		Aetna	Commercial		4636	0.38			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200		Aetna	Medicare		3757.6	0.308			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200		Americare	Americare		9150	0.75			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200		WellPoint	WellPoint		3913.76	0.3208			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200		Consumer	Consumer		11590	0.95			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200		Corrections	Corrections		9760	0.8			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200		First Health	First Health		8540	0.7			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200		First Trenton	First Trenton		10980	0.9			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200		Horizon	Indemnity		4670.16	0.3828			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200		Horizon	PPO		4670.16	0.3828			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200		Horizon	MGD		4670.16	0.3828			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200		Horizon	Medicare Blue		3660	0.3			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200		Managed Care Inc	Managed Care Inc		10980	0.9			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200		Multiplan	Multiplan		9760	0.8			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200		Qualcare	Qualcare		9150	0.75			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200		Three Rivers	Three Rivers		11590	0.95			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200		UHC	Medicaid		3838.12	0.3146			3660	11590	percent of total billed charges	
ANOSCOPY W/BULKING AGENT INJ FOR FECAL	0377T	CPT	outpatient			12200		Wellcare	Medicaid		3838.12	0.3146			3660	11590	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	inpatient			61913		Aetna	Better Health		19477.83	0.3146			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	inpatient			61913		Aetna	Medicare		19069.2	0.308			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	inpatient			61913		Aetna	Commercial		23526.94	0.38			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	inpatient			61913		Americare	Americare		46434.75	0.75			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	inpatient			61913		WellPoint	WellPoint		19861.69	0.3208			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	inpatient			61913		Consumer	Consumer		58817.35	0.95			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	inpatient			61913		Corrections	Corrections		49530.4	0.8			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	inpatient			61913		First Health	First Health		43339.1	0.7			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	inpatient			61913		First Trenton	First Trenton		55721.7	0.9			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	inpatient			61913		Horizon	Medicare Blue		18573.9	0.3			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	inpatient			61913		Horizon	Indemnity		23700.3	0.3828			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	inpatient			61913		Horizon	MGD		23700.3	0.3828			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	inpatient			61913		Horizon	PPO		23700.3	0.3828			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	inpatient			61913		Managed Care Inc	Managed Care Inc		55721.7	0.9			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	inpatient			61913		Multiplan	Multiplan		49530.4	0.8			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	inpatient			61913		Qualcare	Qualcare		46434.75	0.75			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	inpatient			61913		Three Rivers	Three Rivers		58817.35	0.95			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	inpatient			61913		UHC	Medicaid		19477.83	0.3146			18573.9	58817.35	percent of total billed charges	
TRANSCATHTER INSERTION/REPLACEMENT LEAD	0387T	CPT	inpatient			61913		Wellcare	Medicaid		19477.83	0.3146			18573.9	58817.35	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Aetna	Better Health		27762.19	0.3146			8824.6	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Aetna	Medicare		37625.83	1			8824.6	83833.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Aetna	Commercial		59900.32	1.592			8824.6	83833.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Americare	Americare		66184.5	0.75			8824.6	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	WellPoint	WellPoint		28309.32	0.3208			8824.6	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Amerihealth	Medicare		37625.83	1			8824.6	83833.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Consumer	Consumer		83833.7	0.95			8824.6	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Corrections	Corrections		70596.8	0.8			8824.6	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	First Health	First Health		61772.2	0.7			8824.6	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	First Trenton	First Trenton		79421.4	0.9			8824.6	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Horizon	PPO		68742.39	1.827			8824.6	83833.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Horizon	MGD		68742.39	1.827			8824.6	83833.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Horizon	NJ Health		8824.6	0.1			8824.6	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Horizon	Medicare Blue		37625.83	1			8824.6	83833.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Horizon	Indemnity		68742.39	1.827			8824.6	83833.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Managed Care Inc	Managed Care Inc		79421.4	0.9			8824.6	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Multiplan	Multiplan		70596.8	0.8			8824.6	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Qualcare	Qualcare		66184.5	0.75			8824.6	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Three Rivers	Three Rivers		83833.7	0.95			8824.6	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	UHC	Medicaid		27762.19	0.3146			8824.6	83833.7	percent of total billed charges	
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	UHC	Medicare		37625.83	1			8824.6	83833.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Wellcare	Medicare		37625.83	1			8824.6	83833.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ/RPLC CAR MODULJ SYS PLS GEN TRANSVN	0408T	CPT	both			88246	43269.7	Wellcare	Medicaid		27762.19	0.3146			8824.6	83833.7	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Aetna	Commercial		15468.32	1.592			3063.2	29100.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Aetna	Better Health		9636.83	0.3146			3063.2	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Aetna	Medicare		9716.28	1			3063.2	29100.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Americare	Americare		22974	0.75			3063.2	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	WellPoint	WellPoint		9826.75	0.3208			3063.2	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Amerihealth	Medicare		9716.28	1			3063.2	29100.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Consumer	Consumer		29100.4	0.95			3063.2	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Corrections	Corrections		24505.6	0.8			3063.2	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	First Health	First Health		21442.4	0.7			3063.2	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	First Trenton	First Trenton		27568.8	0.9			3063.2	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Horizon	NJ Health		3063.2	0.1			3063.2	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Horizon	Indemnity		17751.64	1.827			3063.2	29100.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Horizon	PPO		17751.64	1.827			3063.2	29100.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Horizon	Medicare Blue		9716.28	1			3063.2	29100.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Horizon	MGD		17751.64	1.827			3063.2	29100.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Managed Care Inc	Managed Care Inc		27568.8	0.9			3063.2	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Multiplan	Multiplan		24505.6	0.8			3063.2	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Qualcare	Qualcare		22974	0.75			3063.2	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Three Rivers	Three Rivers		29100.4	0.95			3063.2	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	UHC	Medicare		9716.28	1			3063.2	29100.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	UHC	Medicaid		9636.83	0.3146			3063.2	29100.4	percent of total billed charges	
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Wellcare	Medicare		9716.28	1			3063.2	29100.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/RPLC PERM CARDIO MOD SYS	0411T	CPT	outpatient			30632	11173.72	Wellcare	Medicaid		9636.83	0.3146			3063.2	29100.4	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Aetna	Commercial		68.66	1.592			15	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Aetna	Better Health		47.19	0.3146			15	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Aetna	Medicare		43.13	1			15	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Americare	Americare		112.5	0.75			15	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	WellPoint	WellPoint		48.12	0.3208			15	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Amerihealth	Medicare		43.13	1			15	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Consumer	Consumer		142.5	0.95			15	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Corrections	Corrections		120	0.8			15	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	First Health	First Health		105	0.7			15	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	First Trenton	First Trenton		135	0.9			15	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Horizon	Medicare Blue		43.13	1			15	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Horizon	Indemnity		78.8	1.827			15	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Horizon	PPO		78.8	1.827			15	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Horizon	NJ Health		15	0.1			15	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Horizon	MGD		78.8	1.827			15	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Managed Care Inc	Managed Care Inc		135	0.9			15	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Multiplan	Multiplan		120	0.8			15	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Qualcare	Qualcare		112.5	0.75			15	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Three Rivers	Three Rivers		142.5	0.95			15	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	UHC	Medicare		43.13	1			15	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	UHC	Medicaid		47.19	0.3146			15	142.5	percent of total billed charges	
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Wellcare	Medicare		43.13	1			15	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER DEV EVAL CARDIAC MOD SYS	0418T	CPT	outpatient			150	49.6	Wellcare	Medicaid		47.19	0.3146			15	142.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Aetna	Commercial		44684.2	0.38			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Aetna	Medicare		36217.72	0.308			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Aetna	Better Health		36993.81	0.3146			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Americare	Americare		88192.5	0.75			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		WellPoint	WellPoint		37722.87	0.3208			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Consumer	Consumer		111710.5	0.95			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Corrections	Corrections		94072	0.8			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		First Health	First Health		82313	0.7			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		First Trenton	First Trenton		105831	0.9			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Horizon	Indemnity		45013.45	0.3828			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Horizon	Medicare Blue		35277	0.3			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Horizon	NJ Health		11759	0.1			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Horizon	MGD		45013.45	0.3828			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Horizon	PPO		45013.45	0.3828			11759	111710.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Managed Care Inc	Managed Care Inc		105831	0.9			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Multiplan	Multiplan		94072	0.8			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Qualcare	Qualcare		88192.5	0.75			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Three Rivers	Three Rivers		111710.5	0.95			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		UHC	Medicaid		36993.81	0.3146			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP COMP.	0424T	CPT	outpatient			117590		Wellcare	Medicaid		36993.81	0.3146			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Aetna	Better Health		14117.68	0.3146			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Aetna	Medicare		13821.5	0.308			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Aetna	Commercial		17052.5	0.38			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Americare	Americare		33656.25	0.75			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		WellPoint	WellPoint		14395.9	0.3208			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Consumer	Consumer		42631.25	0.95			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Corrections	Corrections		35900	0.8			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		First Health	First Health		31412.5	0.7			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		First Trenton	First Trenton		40387.5	0.9			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Horizon	MGD		17178.15	0.3828			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Horizon	Indemnity		17178.15	0.3828			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Horizon	PPO		17178.15	0.3828			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Horizon	Medicare Blue		13462.5	0.3			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Horizon	NJ Health		4487.5	0.1			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Managed Care Inc	Managed Care Inc		40387.5	0.9			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Multiplan	Multiplan		35900	0.8			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Qualcare	Qualcare		33656.25	0.75			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Three Rivers	Three Rivers		42631.25	0.95			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		UHC	Medicaid		14117.68	0.3146			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP SEN LEAD	0425T	CPT	outpatient			44875		Wellcare	Medicaid		14117.68	0.3146			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Aetna	Better Health		14117.68	0.3146			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Aetna	Medicare		13821.5	0.308			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Aetna	Commercial		17052.5	0.38			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Americare	Americare		33656.25	0.75			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		WellPoint	WellPoint		14395.9	0.3208			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Consumer	Consumer		42631.25	0.95			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Corrections	Corrections		35900	0.8			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		First Health	First Health		31412.5	0.7			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		First Trenton	First Trenton		40387.5	0.9			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Horizon	Indemnity		17178.15	0.3828			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Horizon	MGD		17178.15	0.3828			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Horizon	NJ Health		4487.5	0.1			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Horizon	Medicare Blue		13462.5	0.3			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Horizon	PPO		17178.15	0.3828			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Managed Care Inc	Managed Care Inc		40387.5	0.9			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Multiplan	Multiplan		35900	0.8			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Qualcare	Qualcare		33656.25	0.75			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Three Rivers	Three Rivers		42631.25	0.95			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		UHC	Medicaid		14117.68	0.3146			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP STI LEAD	0426T	CPT	outpatient			44875		Wellcare	Medicaid		14117.68	0.3146			4487.5	42631.25	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Aetna	Medicare		36217.72	0.308			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Aetna	Better Health		36993.81	0.3146			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Aetna	Commercial		44684.2	0.38			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Americare	Americare		88192.5	0.75			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		WellPoint	WellPoint		37722.87	0.3208			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Consumer	Consumer		111710.5	0.95			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Corrections	Corrections		94072	0.8			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		First Health	First Health		82313	0.7			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		First Trenton	First Trenton		105831	0.9			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Horizon	Indemnity		45013.45	0.3828			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Horizon	PPO		45013.45	0.3828			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Horizon	NJ Health		11759	0.1			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Horizon	MGD		45013.45	0.3828			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Horizon	Medicare Blue		35277	0.3			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Managed Care Inc	Managed Care Inc		105831	0.9			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Multiplan	Multiplan		94072	0.8			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Qualcare	Qualcare		88192.5	0.75			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Three Rivers	Three Rivers		111710.5	0.95			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		UHC	Medicaid		36993.81	0.3146			11759	111710.5	percent of total billed charges	
INS/RPL NSTIM SYS SL AP PUL GEN	0427T	CPT	outpatient			117590		Wellcare	Medicaid		36993.81	0.3146			11759	111710.5	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Aetna	Commercial		4971.54	0.38			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Aetna	Better Health		4115.91	0.3146			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Aetna	Medicare		4029.56	0.308			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Americare	Americare		9812.25	0.75			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		WellPoint	WellPoint		4197.03	0.3208			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Consumer	Consumer		12428.85	0.95			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Corrections	Corrections		10466.4	0.8			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		First Health	First Health		9158.1	0.7			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		First Trenton	First Trenton		11774.7	0.9			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Horizon	Indemnity		5008.17	0.3828			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Horizon	MGD		5008.17	0.3828			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Horizon	NJ Health		1308.3	0.1			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Horizon	Medicare Blue		3924.9	0.3			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Horizon	PPO		5008.17	0.3828			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Managed Care Inc	Managed Care Inc		11774.7	0.9			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Multiplan	Multiplan		10466.4	0.8			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Qualcare	Qualcare		9812.25	0.75			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Three Rivers	Three Rivers		12428.85	0.95			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		UHC	Medicaid		4115.91	0.3146			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP PLS GEN	0428T	CPT	outpatient			13083		Wellcare	Medicaid		4115.91	0.3146			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Aetna	Commercial		4971.54	0.38			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Aetna	Medicare		4029.56	0.308			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Aetna	Better Health		4115.91	0.3146			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Americare	Americare		9812.25	0.75			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		WellPoint	WellPoint		4197.03	0.3208			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Consumer	Consumer		12428.85	0.95			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Corrections	Corrections		10466.4	0.8			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		First Health	First Health		9158.1	0.7			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		First Trenton	First Trenton		11774.7	0.9			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Horizon	Indemnity		5008.17	0.3828			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Horizon	Medicare Blue		3924.9	0.3			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Horizon	NJ Health		1308.3	0.1			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Horizon	MGD		5008.17	0.3828			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Horizon	PPO		5008.17	0.3828			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Managed Care Inc	Managed Care Inc		11774.7	0.9			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Multiplan	Multiplan		10466.4	0.8			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Qualcare	Qualcare		9812.25	0.75			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Three Rivers	Three Rivers		12428.85	0.95			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		UHC	Medicaid		4115.91	0.3146			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP SENSE LEAD	0429T	CPT	outpatient			13083		Wellcare	Medicaid		4115.91	0.3146			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Aetna	Better Health		4115.91	0.3146			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Aetna	Medicare		4029.56	0.308			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Aetna	Commercial		4971.54	0.38			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Americare	Americare		9812.25	0.75			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		WellPoint	WellPoint		4197.03	0.3208			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Consumer	Consumer		12428.85	0.95			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Corrections	Corrections		10466.4	0.8			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		First Health	First Health		9158.1	0.7			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		First Trenton	First Trenton		11774.7	0.9			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Horizon	Medicare Blue		3924.9	0.3			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Horizon	MGD		5008.17	0.3828			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Horizon	Indemnity		5008.17	0.3828			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Horizon	PPO		5008.17	0.3828			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Horizon	NJ Health		1308.3	0.1			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Managed Care Inc	Managed Care Inc		11774.7	0.9			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Multiplan	Multiplan		10466.4	0.8			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Qualcare	Qualcare		9812.25	0.75			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Three Rivers	Three Rivers		12428.85	0.95			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		UHC	Medicaid		4115.91	0.3146			1308.3	12428.85	percent of total billed charges	
REM NSTIM SYS SL AP STIM LEAD	0430T	CPT	outpatient			13083		Wellcare	Medicaid		4115.91	0.3146			1308.3	12428.85	percent of total billed charges	
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Aetna	Better Health		36993.81	0.3146			11759	111710.5	percent of total billed charges	
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Aetna	Commercial		44684.2	0.38			11759	111710.5	percent of total billed charges	
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Aetna	Medicare		36217.72	0.308			11759	111710.5	percent of total billed charges	
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Americare	Americare		88192.5	0.75			11759	111710.5	percent of total billed charges	
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		WellPoint	WellPoint		37722.87	0.3208			11759	111710.5	percent of total billed charges	
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Consumer	Consumer		111710.5	0.95			11759	111710.5	percent of total billed charges	
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Corrections	Corrections		94072	0.8			11759	111710.5	percent of total billed charges	
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		First Health	First Health		82313	0.7			11759	111710.5	percent of total billed charges	
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		First Trenton	First Trenton		105831	0.9			11759	111710.5	percent of total billed charges	
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Horizon	MGD		45013.45	0.3828			11759	111710.5	percent of total billed charges	
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Horizon	Indemnity		45013.45	0.3828			11759	111710.5	percent of total billed charges	
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Horizon	NJ Health		11759	0.1			11759	111710.5	percent of total billed charges	
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Horizon	PPO		45013.45	0.3828			11759	111710.5	percent of total billed charges	
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Horizon	Medicare Blue		35277	0.3			11759	111710.5	percent of total billed charges	
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Managed Care Inc	Managed Care Inc		105831	0.9			11759	111710.5	percent of total billed charges	
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Multiplan	Multiplan		94072	0.8			11759	111710.5	percent of total billed charges	
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Qualcare	Qualcare		88192.5	0.75			11759	111710.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Three Rivers	Three Rivers		111710.5	0.95			11759	111710.5	percent of total billed charges	
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		UHC	Medicaid		36993.81	0.3146			11759	111710.5	percent of total billed charges	
REM/RPLC NSTIM SYS SL AP PLS GE	0431T	CPT	outpatient			117590		Wellcare	Medicaid		36993.81	0.3146			11759	111710.5	percent of total billed charges	
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Aetna	Medicare		4029.56	0.308			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Aetna	Better Health		4115.91	0.3146			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Aetna	Commercial		4971.54	0.38			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Americare	Americare		9812.25	0.75			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		WellPoint	WellPoint		4197.03	0.3208			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Consumer	Consumer		12428.85	0.95			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Corrections	Corrections		10466.4	0.8			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		First Health	First Health		9158.1	0.7			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		First Trenton	First Trenton		11774.7	0.9			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Horizon	Medicare Blue		3924.9	0.3			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Horizon	NJ Health		1308.3	0.1			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Horizon	MGD		5008.17	0.3828			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Horizon	Indemnity		5008.17	0.3828			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Horizon	PPO		5008.17	0.3828			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Managed Care Inc	Managed Care Inc		11774.7	0.9			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Multiplan	Multiplan		10466.4	0.8			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Qualcare	Qualcare		9812.25	0.75			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Three Rivers	Three Rivers		12428.85	0.95			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		UHC	Medicaid		4115.91	0.3146			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP STIM LEAD	0432T	CPT	outpatient			13083		Wellcare	Medicaid		4115.91	0.3146			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Aetna	Better Health		4115.91	0.3146			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Aetna	Medicare		4029.56	0.308			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Aetna	Commercial		4971.54	0.38			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Americare	Americare		9812.25	0.75			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		WellPoint	WellPoint		4197.03	0.3208			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Consumer	Consumer		12428.85	0.95			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Corrections	Corrections		10466.4	0.8			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		First Health	First Health		9158.1	0.7			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		First Trenton	First Trenton		11774.7	0.9			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Horizon	MGD		5008.17	0.3828			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Horizon	Indemnity		5008.17	0.3828			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Horizon	NJ Health		1308.3	0.1			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Horizon	PPO		5008.17	0.3828			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Horizon	Medicare Blue		3924.9	0.3			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Managed Care Inc	Managed Care Inc		11774.7	0.9			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Multiplan	Multiplan		10466.4	0.8			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Qualcare	Qualcare		9812.25	0.75			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Three Rivers	Three Rivers		12428.85	0.95			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		UHC	Medicaid		4115.91	0.3146			1308.3	12428.85	percent of total billed charges	
REPO NSTIM SYS SL AP SENSE LEAD	0433T	CPT	outpatient			13083		Wellcare	Medicaid		4115.91	0.3146			1308.3	12428.85	percent of total billed charges	
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Aetna	Better Health		127.1	0.3146			40.4	383.8	percent of total billed charges	
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Aetna	Commercial		153.52	0.38			40.4	383.8	percent of total billed charges	
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Aetna	Medicare		124.43	0.308			40.4	383.8	percent of total billed charges	
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Americare	Americare		303	0.75			40.4	383.8	percent of total billed charges	
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		WellPoint	WellPoint		129.6	0.3208			40.4	383.8	percent of total billed charges	
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Consumer	Consumer		383.8	0.95			40.4	383.8	percent of total billed charges	
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Corrections	Corrections		323.2	0.8			40.4	383.8	percent of total billed charges	
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		First Health	First Health		282.8	0.7			40.4	383.8	percent of total billed charges	
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		First Trenton	First Trenton		363.6	0.9			40.4	383.8	percent of total billed charges	
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Horizon	MGD		154.65	0.3828			40.4	383.8	percent of total billed charges	
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Horizon	Indemnity		154.65	0.3828			40.4	383.8	percent of total billed charges	
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Horizon	PPO		154.65	0.3828			40.4	383.8	percent of total billed charges	
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Horizon	Medicare Blue		121.2	0.3			40.4	383.8	percent of total billed charges	
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Horizon	NJ Health		40.4	0.1			40.4	383.8	percent of total billed charges	
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Managed Care Inc	Managed Care Inc		363.6	0.9			40.4	383.8	percent of total billed charges	
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Multiplan	Multiplan		323.2	0.8			40.4	383.8	percent of total billed charges	
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Qualcare	Qualcare		303	0.75			40.4	383.8	percent of total billed charges	
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Three Rivers	Three Rivers		383.8	0.95			40.4	383.8	percent of total billed charges	
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		UHC	Medicaid		127.1	0.3146			40.4	383.8	percent of total billed charges	
INTER DEV EVAL NSTIM PLS GEN AP	0434T	CPT	outpatient			404		Wellcare	Medicaid		127.1	0.3146			40.4	383.8	percent of total billed charges	
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Aetna	Medicare		124.43	0.308			40.4	383.8	percent of total billed charges	
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Aetna	Better Health		127.1	0.3146			40.4	383.8	percent of total billed charges	
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Aetna	Commercial		153.52	0.38			40.4	383.8	percent of total billed charges	
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Americare	Americare		303	0.75			40.4	383.8	percent of total billed charges	
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		WellPoint	WellPoint		129.6	0.3208			40.4	383.8	percent of total billed charges	
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Consumer	Consumer		383.8	0.95			40.4	383.8	percent of total billed charges	
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Corrections	Corrections		323.2	0.8			40.4	383.8	percent of total billed charges	
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		First Health	First Health		282.8	0.7			40.4	383.8	percent of total billed charges	
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		First Trenton	First Trenton		363.6	0.9			40.4	383.8	percent of total billed charges	
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Horizon	Medicare Blue		121.2	0.3			40.4	383.8	percent of total billed charges	
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Horizon	Indemnity		154.65	0.3828			40.4	383.8	percent of total billed charges	
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Horizon	MGD		154.65	0.3828			40.4	383.8	percent of total billed charges	
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Horizon	NJ Health		40.4	0.1			40.4	383.8	percent of total billed charges	
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Horizon	PPO		154.65	0.3828			40.4	383.8	percent of total billed charges	
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Managed Care Inc	Managed Care Inc		363.6	0.9			40.4	383.8	percent of total billed charges	
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Multiplan	Multiplan		323.2	0.8			40.4	383.8	percent of total billed charges	
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Qualcare	Qualcare		303	0.75			40.4	383.8	percent of total billed charges	
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Three Rivers	Three Rivers		383.8	0.95			40.4	383.8	percent of total billed charges	
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		UHC	Medicaid		127.1	0.3146			40.4	383.8	percent of total billed charges	
PRG EVAL PLS GEN SL AP 1 SESS	0435T	CPT	outpatient			404		Wellcare	Medicaid		127.1	0.3146			40.4	383.8	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Aetna	Better Health		1156.16	0.3146			367.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Aetna	Medicare		1131.9	0.308			367.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Aetna	Commercial		1396.5	0.38			367.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Americare	Americare		2756.25	0.75			367.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		WellPoint	WellPoint		1178.94	0.3208			367.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Consumer	Consumer		3491.25	0.95			367.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Corrections	Corrections		2940	0.8			367.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		First Health	First Health		2572.5	0.7			367.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		First Trenton	First Trenton		3307.5	0.9			367.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Horizon	MGD		1406.79	0.3828			367.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Horizon	Indemnity		1406.79	0.3828			367.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Horizon	Medicare Blue		1102.5	0.3			367.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Horizon	PPO		1406.79	0.3828			367.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Horizon	NJ Health		367.5	0.1			367.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Managed Care Inc	Managed Care Inc		3307.5	0.9			367.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Multiplan	Multiplan		2940	0.8			367.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Qualcare	Qualcare		2756.25	0.75			367.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Three Rivers	Three Rivers		3491.25	0.95			367.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		UHC	Medicaid		1156.16	0.3146			367.5	3491.25	percent of total billed charges	
PRG EVAL PLS GEN SL AP SLEEP SES	0436T	CPT	outpatient			3675		Wellcare	Medicaid		1156.16	0.3146			367.5	3491.25	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	inpatient			92021		31001.72 Aetna	Commercial		42917.17	1.592			26958.02	87419.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	inpatient			92021		31001.72 Aetna	Medicare		26958.02	1			26958.02	87419.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	inpatient			92021		31001.72 Aetna	Better Health		28949.81	0.3146			26958.02	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	inpatient			92021		31001.72 Americare	Americare		69015.75	0.75			26958.02	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	inpatient			92021		31001.72 WellPoint	WellPoint		29520.34	0.3208			26958.02	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	inpatient			92021		31001.72 Amerihealth	Medicare		26958.02	1			26958.02	87419.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	inpatient			92021		31001.72 Consumer	Consumer		87419.95	0.95			26958.02	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	inpatient			92021		31001.72 Corrections	Corrections		73616.8	0.8			26958.02	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	inpatient			92021		31001.72 First Health	First Health		64414.7	0.7			26958.02	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	inpatient			92021		31001.72 First Trenton	First Trenton		82818.9	0.9			26958.02	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	inpatient			92021		31001.72 Horizon	MGD		49252.3	1.827			26958.02	87419.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	inpatient			92021		31001.72 Horizon	Indemnity		49252.3	1.827			26958.02	87419.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	inpatient			92021		31001.72 Horizon	Medicare Blue		26958.02	1			26958.02	87419.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	inpatient			92021		31001.72 Horizon	PPO		49252.3	1.827			26958.02	87419.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	inpatient			92021		31001.72 Managed Care Inc	Managed Care Inc		82818.9	0.9			26958.02	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	inpatient			92021		31001.72 Multiplan	Multiplan		73616.8	0.8			26958.02	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	inpatient			92021		31001.72 Qualcare	Qualcare		69015.75	0.75			26958.02	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	inpatient			92021		31001.72 Three Rivers	Three Rivers		87419.95	0.95			26958.02	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	inpatient			92021		31001.72 UHC	Medicaid		28949.81	0.3146			26958.02	87419.95	percent of total billed charges	
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	inpatient			92021		31001.72 UHC	Medicare		26958.02	1			26958.02	87419.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	inpatient			92021		31001.72 Wellcare	Medicare		26958.02	1			26958.02	87419.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV COMPLETE SYSTEM	0515T	CPT	inpatient			92021		31001.72 Wellcare	Medicaid		28949.81	0.3146			26958.02	87419.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	inpatient			32561		14044.32 Aetna	Better Health		10243.69	0.3146			10243.69	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	inpatient			32561		14044.32 Aetna	Commercial		19442.22	1.592			10243.69	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	inpatient			32561		14044.32 Aetna	Medicare		12212.45	1			10243.69	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	inpatient			32561		14044.32 Americare	Americare		24420.75	0.75			10243.69	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	inpatient			32561		14044.32 WellPoint	WellPoint		10445.57	0.3208			10243.69	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	inpatient			32561		14044.32 Amerihealth	Medicare		12212.45	1			10243.69	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	inpatient			32561		14044.32 Consumer	Consumer		30932.95	0.95			10243.69	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	inpatient			32561		14044.32 Corrections	Corrections		26048.8	0.8			10243.69	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	inpatient			32561		14044.32 First Health	First Health		22792.7	0.7			10243.69	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	inpatient			32561		14044.32 First Trenton	First Trenton		29304.9	0.9			10243.69	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	inpatient			32561		14044.32 Horizon	MGD		22312.15	1.827			10243.69	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	inpatient			32561		14044.32 Horizon	Indemnity		22312.15	1.827			10243.69	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	inpatient			32561		14044.32 Horizon	PPO		22312.15	1.827			10243.69	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	inpatient			32561		14044.32 Horizon	Medicare Blue		12212.45	1			10243.69	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	inpatient			32561		14044.32 Managed Care Inc	Managed Care Inc		29304.9	0.9			10243.69	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	inpatient			32561		14044.32 Multiplan	Multiplan		26048.8	0.8			10243.69	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	inpatient			32561		14044.32 Qualcare	Qualcare		24420.75	0.75			10243.69	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	inpatient			32561		14044.32 Three Rivers	Three Rivers		30932.95	0.95			10243.69	30932.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	inpatient			32561		14044.32 UHC	Medicare		12212.45	1			10243.69	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	inpatient			32561		14044.32 UHC	Medicaid		10243.69	0.3146			10243.69	30932.95	percent of total billed charges	
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	inpatient			32561		14044.32 Wellcare	Medicare		12212.45	1			10243.69	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTJ WCS LV ELECTRODE ONLY	0516T	CPT	inpatient			32561		14044.32 Wellcare	Medicaid		10243.69	0.3146			10243.69	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	inpatient			32561		14044.32 Aetna	Medicare		12212.45	1			10243.69	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ WCS LV PG COMPNT	0517T	CPT	inpatient			32561		14044.32 Aetna	Commercial		19442.22	1.592			10243.69	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ WCS LV PG COMPNT	0517T	CPT	inpatient			32561		14044.32 Aetna	Better Health		10243.69	0.3146			10243.69	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	inpatient			32561		14044.32 Americare	Americare		24420.75	0.75			10243.69	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	inpatient			32561		14044.32 WellPoint	WellPoint		10445.57	0.3208			10243.69	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	inpatient			32561		14044.32 Amerihealth	Medicare		12212.45	1			10243.69	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ WCS LV PG COMPNT	0517T	CPT	inpatient			32561		14044.32 Consumer	Consumer		30932.95	0.95			10243.69	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	inpatient			32561		14044.32 Corrections	Corrections		26048.8	0.8			10243.69	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	inpatient			32561		14044.32 First Health	First Health		22792.7	0.7			10243.69	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	inpatient			32561		14044.32 First Trenton	First Trenton		29304.9	0.9			10243.69	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	inpatient			32561		14044.32 Horizon	MGD		22312.15	1.827			10243.69	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ WCS LV PG COMPNT	0517T	CPT	inpatient			32561		14044.32 Horizon	Medicare Blue		12212.45	1			10243.69	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ WCS LV PG COMPNT	0517T	CPT	inpatient			32561		14044.32 Horizon	Indemnity		22312.15	1.827			10243.69	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ WCS LV PG COMPNT	0517T	CPT	inpatient			32561		14044.32 Horizon	PPO		22312.15	1.827			10243.69	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ WCS LV PG COMPNT	0517T	CPT	inpatient			32561		14044.32 Managed Care Inc	Managed Care Inc		29304.9	0.9			10243.69	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	inpatient			32561		14044.32 Multiplan	Multiplan		26048.8	0.8			10243.69	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	inpatient			32561		14044.32 Qualcare	Qualcare		24420.75	0.75			10243.69	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	inpatient			32561		14044.32 Three Rivers	Three Rivers		30932.95	0.95			10243.69	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	inpatient			32561		14044.32 UHC	Medicaid		10243.69	0.3146			10243.69	30932.95	percent of total billed charges	
INSJ WCS LV PG COMPNT	0517T	CPT	inpatient			32561		14044.32 UHC	Medicare		12212.45	1			10243.69	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ WCS LV PG COMPNT	0517T	CPT	inpatient			32561		14044.32 Wellcare	Medicare		12212.45	1			10243.69	30932.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ WCS LV PG COMPNT	0517T	CPT	inpatient			32561		14044.32 Wellcare	Medicaid		10243.69	0.3146			10243.69	30932.95	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Aetna	Better Health		6184.72	0.3146			1965.9	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Aetna	Commercial		10406.68	1.592			1965.9	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Aetna	Medicare		6536.86	1			1965.9	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Americare	Americare		14744.25	0.75			1965.9	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 WellPoint	WellPoint		6306.61	0.3208			1965.9	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Amerihealth	Medicare		6536.86	1			1965.9	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Consumer	Consumer		18676.05	0.95			1965.9	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Corrections	Corrections		15727.2	0.8			1965.9	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 First Health	First Health		13761.3	0.7			1965.9	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 First Trenton	First Trenton		17693.1	0.9			1965.9	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Horizon	MGD		11942.84	1.827			1965.9	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Horizon	Medicare Blue		6536.86	1			1965.9	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Horizon	NJ Health		1965.9	0.1			1965.9	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Horizon	Indemnity		11942.84	1.827			1965.9	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Horizon	PPO		11942.84	1.827			1965.9	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Managed Care Inc	Managed Care Inc		17693.1	0.9			1965.9	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Multiplan	Multiplan		15727.2	0.8			1965.9	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Qualcare	Qualcare		14744.25	0.75			1965.9	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Three Rivers	Three Rivers		18676.05	0.95			1965.9	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 UHC	Medicaid		6184.72	0.3146			1965.9	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 UHC	Medicare		6536.86	1			1965.9	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Wellcare	Medicaid		6184.72	0.3146			1965.9	18676.05	percent of total billed charges	
TCAT RMVL/DEBULK ICAR MASS SUCTION DEVIC	0644T	CPT	inpatient			19659		7517.39 Wellcare	Medicare		6536.86	1			1965.9	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Aetna	Better Health		137.17	0.3146			130.8	414.2	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Aetna	Commercial		165.68	0.38			130.8	414.2	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Aetna	Medicare		134.29	0.308			130.8	414.2	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Americare	Americare		327	0.75			130.8	414.2	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		WellPoint	WellPoint		139.87	0.3208			130.8	414.2	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Consumer	Consumer		414.2	0.95			130.8	414.2	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Corrections	Corrections		348.8	0.8			130.8	414.2	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		First Health	First Health		305.2	0.7			130.8	414.2	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		First Trenton	First Trenton		392.4	0.9			130.8	414.2	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Horizon	MGD		166.9	0.3828			130.8	414.2	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Horizon	Indemnity		166.9	0.3828			130.8	414.2	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Horizon	Medicare Blue		130.8	0.3			130.8	414.2	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Horizon	PPO		166.9	0.3828			130.8	414.2	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Managed Care Inc	Managed Care Inc		392.4	0.9			130.8	414.2	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Multiplan	Multiplan		348.8	0.8			130.8	414.2	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Qualcare	Qualcare		327	0.75			130.8	414.2	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Three Rivers	Three Rivers		414.2	0.95			130.8	414.2	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		UHC	Medicaid		137.17	0.3146			130.8	414.2	percent of total billed charges	
FNA ADD LESION W/O IMAG	10004	CPT	outpatient			436		Wellcare	Medicaid		137.17	0.3146			130.8	414.2	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Aetna	Medicare		804.66	1			743.71	2345.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Aetna	Better Health		776.75	0.3146			743.71	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Aetna	Commercial		1281.02	1.592			743.71	2345.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Americare	Americare		1851.75	0.75			743.71	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 WellPoint	WellPoint		792.06	0.3208			743.71	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Consumer	Consumer		2345.55	0.95			743.71	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Corrections	Corrections		1975.2	0.8			743.71	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 First Health	First Health		1728.3	0.7			743.71	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 First Trenton	First Trenton		2222.1	0.9			743.71	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Horizon	MGD		1470.11	1.827			743.71	2345.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Horizon	Medicare Blue		804.66	1			743.71	2345.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Horizon	PPO		1470.11	1.827			743.71	2345.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Horizon	Indemnity		1470.11	1.827			743.71	2345.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Managed Care Inc	Managed Care Inc		2222.1	0.9			743.71	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Multiplan	Multiplan		1975.2	0.8			743.71	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Qualcare	Qualcare		1851.75	0.75			743.71	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Three Rivers	Three Rivers		2345.55	0.95			743.71	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 UHC	Medicaid		776.75	0.3146			743.71	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 UHC	Medicare		804.66	1			743.71	2345.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Wellcare	Medicaid		776.75	0.3146			743.71	2345.55	percent of total billed charges	
FNA WITH IMAGING GUIDANCE	10005	CPT	both			2469		925.36 Wellcare	Medicare		804.66	1			743.71	2345.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA ADD LESION WITH US	10006	CPT	both			794		Aetna	Commercial		301.72	0.38			238.2	754.3	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Aetna	Better Health		249.79	0.3146			238.2	754.3	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Aetna	Medicare		244.55	0.308			238.2	754.3	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Americare	Americare		595.5	0.75			238.2	754.3	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		WellPoint	WellPoint		254.72	0.3208			238.2	754.3	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Consumer	Consumer		754.3	0.95			238.2	754.3	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Corrections	Corrections		635.2	0.8			238.2	754.3	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		First Health	First Health		555.8	0.7			238.2	754.3	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		First Trenton	First Trenton		714.6	0.9			238.2	754.3	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Horizon	Medicare Blue		238.2	0.3			238.2	754.3	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Horizon	MGD		303.94	0.3828			238.2	754.3	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Horizon	Indemnity		303.94	0.3828			238.2	754.3	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Horizon	PPO		303.94	0.3828			238.2	754.3	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Managed Care Inc	Managed Care Inc		714.6	0.9			238.2	754.3	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Multiplan	Multiplan		635.2	0.8			238.2	754.3	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Qualcare	Qualcare		595.5	0.75			238.2	754.3	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Three Rivers	Three Rivers		754.3	0.95			238.2	754.3	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		UHC	Medicaid		249.79	0.3146			238.2	754.3	percent of total billed charges	
FNA ADD LESION WITH US	10006	CPT	both			794		Wellcare	Medicaid		249.79	0.3146			238.2	754.3	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Aetna	Commercial		1281.02	1.592			747.18	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Aetna	Better Health		747.18	0.3146			747.18	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Aetna	Medicare		804.66	1			747.18	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Americare	Americare		1781.25	0.75			747.18	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 WellPoint	WellPoint		761.9	0.3208			747.18	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Consumer	Consumer		2256.25	0.95			747.18	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Corrections	Corrections		1900	0.8			747.18	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 First Health	First Health		1662.5	0.7			747.18	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 First Trenton	First Trenton		2137.5	0.9			747.18	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Horizon	MGD		1470.11	1.827			747.18	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Horizon	Indemnity		1470.11	1.827			747.18	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Horizon	PPO		1470.11	1.827			747.18	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Horizon	Medicare Blue		804.66	1			747.18	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Managed Care Inc	Managed Care Inc		2137.5	0.9			747.18	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Multiplan	Multiplan		1900	0.8			747.18	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Qualcare	Qualcare		1781.25	0.75			747.18	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Three Rivers	Three Rivers		2256.25	0.95			747.18	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 UHC	Medicare		804.66	1			747.18	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 UHC	Medicaid		747.18	0.3146			747.18	2256.25	percent of total billed charges	
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Wellcare	Medicare		804.66	1			747.18	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA 1ST LESION W/FLURO	10007	CPT	both			2375		925.36 Wellcare	Medicaid		747.18	0.3146			747.18	2256.25	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Aetna	Commercial		301.72	0.38			238.2	754.3	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Aetna	Better Health		249.79	0.3146			238.2	754.3	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Aetna	Medicare		244.55	0.308			238.2	754.3	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Americare	Americare		595.5	0.75			238.2	754.3	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		WellPoint	WellPoint		254.72	0.3208			238.2	754.3	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Consumer	Consumer		754.3	0.95			238.2	754.3	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Corrections	Corrections		635.2	0.8			238.2	754.3	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		First Health	First Health		555.8	0.7			238.2	754.3	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		First Trenton	First Trenton		714.6	0.9			238.2	754.3	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Horizon	MGD		303.94	0.3828			238.2	754.3	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Horizon	Indemnity		303.94	0.3828			238.2	754.3	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Horizon	Medicare Blue		238.2	0.3			238.2	754.3	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Horizon	PPO		303.94	0.3828			238.2	754.3	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Managed Care Inc	Managed Care Inc		714.6	0.9			238.2	754.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Multiplan	Multiplan		635.2	0.8			238.2	754.3	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Qualcare	Qualcare		595.5	0.75			238.2	754.3	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Three Rivers	Three Rivers		754.3	0.95			238.2	754.3	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		UHC	Medicaid		249.79	0.3146			238.2	754.3	percent of total billed charges	
FNA ADD LESION W/FLOURO	10008	CPT	outpatient			794		Wellcare	Medicaid		249.79	0.3146			238.2	754.3	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Aetna	Medicare		804.66	1			744.03	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Aetna	Commercial		1281.02	1.592			744.03	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Aetna	Better Health		782.72	0.3146			744.03	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Americare	Americare		1866	0.75			744.03	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 WellPoint	WellPoint		798.15	0.3208			744.03	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Consumer	Consumer		2363.6	0.95			744.03	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Corrections	Corrections		1990.4	0.8			744.03	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 First Health	First Health		1741.6	0.7			744.03	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 First Trenton	First Trenton		2239.2	0.9			744.03	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Horizon	PPO		1470.11	1.827			744.03	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Horizon	Indemnity		1470.11	1.827			744.03	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Horizon	MGD		1470.11	1.827			744.03	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Horizon	Medicare Blue		804.66	1			744.03	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Managed Care Inc	Managed Care Inc		2239.2	0.9			744.03	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Multiplan	Multiplan		1990.4	0.8			744.03	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Qualcare	Qualcare		1866	0.75			744.03	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Three Rivers	Three Rivers		2363.6	0.95			744.03	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 UHC	Medicare		804.66	1			744.03	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 UHC	Medicaid		782.72	0.3146			744.03	2363.6	percent of total billed charges	
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Wellcare	Medicare		804.66	1			744.03	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA BX W/CT GDN IST LESION	10009	CPT	both			2488		925.36 Wellcare	Medicaid		782.72	0.3146			744.03	2363.6	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	outpatient			794		Aetna	Medicare		244.55	0.308			238.2	754.3	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	outpatient			794		Aetna	Better Health		249.79	0.3146			238.2	754.3	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	outpatient			794		Aetna	Commercial		301.72	0.38			238.2	754.3	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	outpatient			794		Americare	Americare		595.5	0.75			238.2	754.3	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	outpatient			794		WellPoint	WellPoint		254.72	0.3208			238.2	754.3	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	outpatient			794		Consumer	Consumer		754.3	0.95			238.2	754.3	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	outpatient			794		Corrections	Corrections		635.2	0.8			238.2	754.3	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	outpatient			794		First Health	First Health		555.8	0.7			238.2	754.3	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	outpatient			794		First Trenton	First Trenton		714.6	0.9			238.2	754.3	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	outpatient			794		Horizon	MGD		303.94	0.3828			238.2	754.3	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	outpatient			794		Horizon	Indemnity		303.94	0.3828			238.2	754.3	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	outpatient			794		Horizon	Medicare Blue		238.2	0.3			238.2	754.3	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	outpatient			794		Horizon	PPO		303.94	0.3828			238.2	754.3	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	outpatient			794		Managed Care Inc	Managed Care Inc		714.6	0.9			238.2	754.3	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	outpatient			794		Multiplan	Multiplan		635.2	0.8			238.2	754.3	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	outpatient			794		Qualcare	Qualcare		595.5	0.75			238.2	754.3	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	outpatient			794		Three Rivers	Three Rivers		754.3	0.95			238.2	754.3	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	outpatient			794		UHC	Medicaid		249.79	0.3146			238.2	754.3	percent of total billed charges	
CT FNA EACH ADD LESION	10010	CPT	outpatient			794		Wellcare	Medicaid		249.79	0.3146			238.2	754.3	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	both			1360		524.43 Aetna	Commercial		726	1.592			184.98	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA W/O IMAGING GUIDANCE	10021	CPT	both			1360		524.43 Aetna	Better Health		427.86	0.3146			184.98	1292	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	both			1360		524.43 Aetna	Medicare		456.03	1			184.98	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA W/O IMAGING GUIDANCE	10021	CPT	both			1360		524.43 Americare	Americare		1020	0.75			184.98	1292	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	both			1360		524.43 WellPoint	WellPoint		436.29	0.3208			184.98	1292	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	both			1360		524.43 Consumer	Consumer		1292	0.95			184.98	1292	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	both			1360		524.43 Corrections	Corrections		1088	0.8			184.98	1292	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	both			1360		524.43 First Health	First Health		952	0.7			184.98	1292	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	both			1360		524.43 First Trenton	First Trenton		1224	0.9			184.98	1292	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	both			1360		524.43 Horizon	PPO		833.17	1.827			184.98	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA W/O IMAGING GUIDANCE	10021	CPT	both			1360		524.43 Horizon	MGD		833.17	1.827			184.98	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA W/O IMAGING GUIDANCE	10021	CPT	both			1360		524.43 Horizon	Indemnity		833.17	1.827			184.98	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA W/O IMAGING GUIDANCE	10021	CPT	both			1360		524.43 Horizon	Medicare Blue		456.03	1			184.98	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA W/O IMAGING GUIDANCE	10021	CPT	both			1360		524.43 Managed Care Inc	Managed Care Inc		1224	0.9			184.98	1292	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	both			1360		524.43 Multiplan	Multiplan		1088	0.8			184.98	1292	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	both			1360		524.43 Qualcare	Qualcare		1020	0.75			184.98	1292	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	both			1360		524.43 Three Rivers	Three Rivers		1292	0.95			184.98	1292	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	both			1360		524.43 UHC	Medicaid		427.86	0.3146			184.98	1292	percent of total billed charges	
FNA W/O IMAGING GUIDANCE	10021	CPT	both			1360		524.43 UHC	Medicare		456.03	1			184.98	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA W/O IMAGING GUIDANCE	10021	CPT	both			1360		524.43 Wellcare	Medicare		456.03	1			184.98	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FNA W/O IMAGING GUIDANCE	10021	CPT	both			1360		524.43 Wellcare	Medicaid		427.86	0.3146			184.98	1292	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Aetna	Medicare		792.29	0.308			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Aetna	Better Health		766.37	0.3146			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Aetna	Commercial		1281.02	1.592			728.11	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Americare	Americare		1827	0.75			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 WellPoint	WellPoint		781.47	0.3208			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Consumer	Consumer		2314.2	0.95			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Corrections	Corrections		1948.8	0.8			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 First Health	First Health		1705.2	0.7			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 First Trenton	First Trenton		2192.4	0.9			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Horizon	MGD		1470.11	1.827			728.11	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Horizon	Medicare Blue		804.66	1			728.11	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Horizon	PPO		1470.11	1.827			728.11	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Horizon	Indemnity		1470.11	1.827			728.11	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Managed Care Inc	Managed Care Inc		2192.4	0.9			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Multiplan	Multiplan		1948.8	0.8			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Qualcare	Qualcare		1827	0.75			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Three Rivers	Three Rivers		2314.2	0.95			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 UHC	Medicaid		766.37	0.3146			728.11	2314.2	percent of total billed charges	
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 UHC	Medicare		804.66	1			728.11	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Wellcare	Medicare		804.66	1			728.11	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO US GUID DRAIN ABSCES/SEROMA	10030	CPT	both			2436		925.36 Wellcare	Medicaid		766.37	0.3146			728.11	2314.2	percent of total billed charges	
PLACEMENT DEVICES EG CLIP METAL PELLET	10035	CPT	outpatient			2447		925.36 Aetna	Better Health		769.83	0.3146			683.31	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP METAL PELLET	10035	CPT	outpatient			2447		925.36 Aetna	Commercial		1281.02	1.592			683.31	2324.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT DEVICES EG CLIP METAL PELLET	10035	CPT	outpatient			2447		925.36 Aetna	Medicare		804.66	1			683.31	2324.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT DEVICES EG CLIP METAL PELLET	10035	CPT	outpatient			2447		925.36 Americare	Americare		1835.25	0.75			683.31	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP METAL PELLET	10035	CPT	outpatient			2447		925.36 WellPoint	WellPoint		785	0.3208			683.31	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP METAL PELLET	10035	CPT	outpatient			2447		925.36 Consumer	Consumer		2324.65	0.95			683.31	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP METAL PELLET	10035	CPT	outpatient			2447		925.36 Corrections	Corrections		1957.6	0.8			683.31	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP METAL PELLET	10035	CPT	outpatient			2447		925.36 First Health	First Health		1712.9	0.7			683.31	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP METAL PELLET	10035	CPT	outpatient			2447		925.36 First Trenton	First Trenton		2202.3	0.9			683.31	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP METAL PELLET	10035	CPT	outpatient			2447		925.36 Horizon	PPO		1470.11	1.827			683.31	2324.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT DEVICES EG CLIP METAL PELLET	10035	CPT	outpatient			2447		925.36 Horizon	MGD		1470.11	1.827			683.31	2324.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT DEVICES EG CLIP METAL PELLET	10035	CPT	outpatient			2447		925.36 Horizon	Indemnity		1470.11	1.827			683.31	2324.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT DEVICES EG CLIP METAL PELLET	10035	CPT	outpatient			2447		925.36 Horizon	Medicare Blue		804.66	1			683.31	2324.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT DEVICES EG CLIP METAL PELLET	10035	CPT	outpatient			2447		925.36 Managed Care Inc	Managed Care Inc		2202.3	0.9			683.31	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP METAL PELLET	10035	CPT	outpatient			2447		925.36 Multiplan	Multiplan		1957.6	0.8			683.31	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP METAL PELLET	10035	CPT	outpatient			2447		925.36 Qualcare	Qualcare		1835.25	0.75			683.31	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP METAL PELLET	10035	CPT	outpatient			2447		925.36 Three Rivers	Three Rivers		2324.65	0.95			683.31	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP METAL PELLET	10035	CPT	outpatient			2447		925.36 UHC	Medicaid		769.83	0.3146			683.31	2324.65	percent of total billed charges	
PLACEMENT DEVICES EG CLIP METAL PELLET	10035	CPT	outpatient			2447		925.36 UHC	Medicare		804.66	1			683.31	2324.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT DEVICES EG CLIP METAL PELLET	10035	CPT	outpatient			2447		925.36 Wellcare	Medicare		804.66	1			683.31	2324.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT DEVICES EG CLIP METAL PELLET	10035	CPT	outpatient			2447		925.36 Wellcare	Medicaid		769.83	0.3146			683.31	2324.65	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Aetna	Commercial		825.36	0.38			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Aetna	Better Health		683.31	0.3146			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Aetna	Medicare		668.98	0.308			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Americare	Americare		1629	0.75			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		WellPoint	WellPoint		696.78	0.3208			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Consumer	Consumer		2063.4	0.95			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Corrections	Corrections		1737.6	0.8			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		First Health	First Health		1520.4	0.7			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		First Trenton	First Trenton		1954.8	0.9			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Horizon	MGD		831.44	0.3828			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Horizon	Medicare Blue		651.6	0.3			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Horizon	Indemnity		831.44	0.3828			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Horizon	PPO		831.44	0.3828			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Managed Care Inc	Managed Care Inc		1954.8	0.9			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Multiplan	Multiplan		1737.6	0.8			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Qualcare	Qualcare		1629	0.75			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Three Rivers	Three Rivers		2063.4	0.95			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		UHC	Medicaid		683.31	0.3146			651.6	2063.4	percent of total billed charges	
EACH ADDITIONAL LESION FOR LOCALIZATION	10036	CPT	outpatient			2172		Wellcare	Medicaid		683.31	0.3146			651.6	2063.4	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Aetna	Better Health		207.32	0.3146			202.97	626.05	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Aetna	Medicare		202.97	0.308			202.97	626.05	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Aetna	Commercial		364.5	1.592			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Americare	Americare		494.25	0.75			202.97	626.05	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 WellPoint	WellPoint		211.41	0.3208			202.97	626.05	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	0.95			202.97	626.05	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	0.8			202.97	626.05	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 First Health	First Health		461.3	0.7			202.97	626.05	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	0.9			202.97	626.05	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Horizon	PPO		418.31	1.827			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Horizon	MGD		418.31	1.827			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Horizon	Indemnity		418.31	1.827			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	0.9			202.97	626.05	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	0.8			202.97	626.05	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	0.75			202.97	626.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ACNE SURGERY	10040	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			202.97	626.05	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			202.97	626.05	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACNE SURGERY	10040	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			202.97	626.05	percent of total billed charges	
ACNE SURGERY	10040	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10060	CPT	both			659	263.3	Aetna	Commercial		364.5	1.592			199.58	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10060	CPT	both			659	263.3	Aetna	Better Health		207.32	0.3146			199.58	626.05	percent of total billed charges	
L&D ABSCESS	10060	CPT	both			659	263.3	Aetna	Medicare		202.97	0.308			199.58	626.05	percent of total billed charges	
L&D ABSCESS	10060	CPT	both			659	263.3	Americare	Americare		494.25	0.75			199.58	626.05	percent of total billed charges	
L&D ABSCESS	10060	CPT	both			659	263.3	WellPoint	WellPoint		211.41	0.3208			199.58	626.05	percent of total billed charges	
I&D OF ABSCESS SIMPLE	10060	CPT	both			659	263.3	Amerihealth	Medicare		228.96	1			199.58	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10060	CPT	both			659	263.3	Consumer	Consumer		626.05	0.95			199.58	626.05	percent of total billed charges	
L&D ABSCESS	10060	CPT	both			659	263.3	Corrections	Corrections		527.2	0.8			199.58	626.05	percent of total billed charges	
L&D ABSCESS	10060	CPT	both			659	263.3	First Health	First Health		461.3	0.7			199.58	626.05	percent of total billed charges	
L&D ABSCESS	10060	CPT	both			659	263.3	First Trenton	First Trenton		593.1	0.9			199.58	626.05	percent of total billed charges	
L&D ABSCESS	10060	CPT	both			659	263.3	Horizon	Indemnity		418.31	1.827			199.58	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10060	CPT	both			659	263.3	Horizon	PPO		418.31	1.827			199.58	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10060	CPT	both			659	263.3	Horizon	MCD		418.31	1.827			199.58	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10060	CPT	both			659	263.3	Horizon	Medicare Blue		228.96	1			199.58	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10060	CPT	both			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			199.58	626.05	percent of total billed charges	
L&D ABSCESS	10060	CPT	both			659	263.3	Multiplan	Multiplan		527.2	0.8			199.58	626.05	percent of total billed charges	
L&D ABSCESS	10060	CPT	both			659	263.3	Qualcare	Qualcare		494.25	0.75			199.58	626.05	percent of total billed charges	
L&D ABSCESS	10060	CPT	both			659	263.3	Three Rivers	Three Rivers		626.05	0.95			199.58	626.05	percent of total billed charges	
L&D ABSCESS	10060	CPT	both			659	263.3	UHC	Medicaid		207.32	0.3146			199.58	626.05	percent of total billed charges	
L&D ABSCESS	10060	CPT	both			659	263.3	UHC	Medicare		228.96	1			199.58	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10060	CPT	both			659	263.3	Wellcare	Medicaid		207.32	0.3146			199.58	626.05	percent of total billed charges	
L&D ABSCESS	10060	CPT	both			659	263.3	Wellcare	Medicare		228.96	1			199.58	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10061	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10061	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
L&D ABSCESS	10061	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10061	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
L&D ABSCESS	10061	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
L&D ABSCESS	10061	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10061	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
L&D ABSCESS	10061	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
L&D ABSCESS	10061	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
L&D ABSCESS	10061	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
L&D ABSCESS	10061	CPT	outpatient			1360	524.43	Horizon	MCD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10061	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10061	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10061	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10061	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
L&D ABSCESS	10061	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
L&D ABSCESS	10061	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
L&D ABSCESS	10061	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
L&D ABSCESS	10061	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
L&D ABSCESS	10061	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L&D ABSCESS	10061	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
L&D ABSCESS	10061	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364	925.36	Aetna	Commercial		1281.02	1.592			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364	925.36	Aetna	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364	925.36	Aetna	Better Health		743.71	0.3146			743.71	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364	925.36	Americare	Americare		1773	0.75			743.71	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364	925.36	WellPoint	WellPoint		758.37	0.3208			743.71	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364	925.36	Amerihealth	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364	925.36	Consumer	Consumer		2245.8	0.95			743.71	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364	925.36	Corrections	Corrections		1891.2	0.8			743.71	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364	925.36	First Health	First Health		1654.8	0.7			743.71	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364	925.36	First Trenton	First Trenton		2127.6	0.9			743.71	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364	925.36	Horizon	MCD		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364	925.36	Horizon	Indemnity		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364	925.36	Horizon	Medicare Blue		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364	925.36	Horizon	PPO		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364	925.36	Managed Care Inc	Managed Care Inc		2127.6	0.9			743.71	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364	925.36	Multiplan	Multiplan		1891.2	0.8			743.71	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364	925.36	Qualcare	Qualcare		1773	0.75			743.71	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364	925.36	Three Rivers	Three Rivers		2245.8	0.95			743.71	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364	925.36	UHC	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364	925.36	UHC	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364	925.36	Wellcare	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
I&D PILONIDAL CYST SIMPLE	10080	CPT	outpatient			2364	925.36	Wellcare	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488	925.36	Aetna	Commercial		1281.02	1.592			766.3	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488	925.36	Aetna	Better Health		782.72	0.3146			766.3	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488	925.36	Aetna	Medicare		766.3	0.308			766.3	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488	925.36	Americare	Americare		1866	0.75			766.3	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488	925.36	WellPoint	WellPoint		798.15	0.3208			766.3	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488	925.36	Amerihealth	Medicare		804.66	1			766.3	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488	925.36	Consumer	Consumer		2363.6	0.95			766.3	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488	925.36	Corrections	Corrections		1990.4	0.8			766.3	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488	925.36	First Health	First Health		1741.6	0.7			766.3	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488	925.36	First Trenton	First Trenton		2239.2	0.9			766.3	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488	925.36	Horizon	Medicare Blue		804.66	1			766.3	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488	925.36	Horizon	MCD		1470.11	1.827			766.3	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488	925.36	Horizon	Indemnity		1470.11	1.827			766.3	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488	925.36	Horizon	PPO		1470.11	1.827			766.3	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488	925.36	Managed Care Inc	Managed Care Inc		2239.2	0.9			766.3	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488	925.36	Multiplan	Multiplan		1990.4	0.8			766.3	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488	925.36	Qualcare	Qualcare		1866	0.75			766.3	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488	925.36	Three Rivers	Three Rivers		2363.6	0.95			766.3	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488	925.36	UHC	Medicaid		782.72	0.3146			766.3	2363.6	percent of total billed charges	
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488	925.36	UHC	Medicare		804.66	1			766.3	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488	925.36	Wellcare	Medicare		804.66	1			766.3	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PILONIDAL CYST COMPLICATED	10081	CPT	outpatient			2488	925.36	Wellcare	Medicaid		782.72	0.3146			766.3	2363.6	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360	524.43	Horizon	MCD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	10120	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464	2132.36	Aetna	Better Health		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464	2132.36	Aetna	Commercial		2951.93	1.592			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464	2132.36	Aetna	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464	2132.36	Americare	Americare		4098	0.75			1718.97	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464	2132.36	WellPoint	WellPoint		1752.85	0.3208			1718.97	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464	2132.36	Amerihealth	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464	2132.36	Consumer	Consumer		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464	2132.36	Corrections	Corrections		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464	2132.36	First Health	First Health		3824.8	0.7			1718.97	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464	2132.36	First Trenton	First Trenton		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464	2132.36	Horizon	PPO		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464	2132.36	Horizon	MCD		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464	2132.36	Horizon	Indemnity		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464	2132.36	Horizon	Medicare Blue		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464	2132.36	Managed Care Inc	Managed Care Inc		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464	2132.36	Multiplan	Multiplan		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464	2132.36	Qualcare	Qualcare		4098	0.75			1718.97	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464	2132.36	Three Rivers	Three Rivers		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464	2132.36	UHC	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464	2132.36	UHC	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464	2132.36	Wellcare	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCESION&REMOVL FB COMPLICATED	10121	CPT	outpatient			5464	2132.36	Wellcare	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA SERO	10140	CPT	both			5653	2132.36	Aetna	Commercial		2951.93	1.592			1682.91	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE OF HEMATOMA SERO	10140	CPT	both			5653	2132.36	Aetna	Better Health		1778.43	0.3146			1682.91	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA SERO	10140	CPT	both			5653	2132.36	Aetna	Medicare		1741.12	0.308			1682.91	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA SERO	10140	CPT	both			5653	2132.36	Americare	Americare		4239.75	0.75			1682.91	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA SERO	10140	CPT	both			5653	2132.36	WellPoint	WellPoint		1813.48	0.3208			1682.91	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA SERO	10140	CPT	both			5653	2132.36	Amerihealth	Medicare		1854.23	1			1682.91	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INCISION AND DRAINAGE OF HEMATOMA SERO	10140	CPT	both			5653		2132.36 Consumer	Consumer		5370.35	0.95			1682.91	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA SERO	10140	CPT	both			5653		2132.36 Corrections	Corrections		4522.4	0.8			1682.91	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA SERO	10140	CPT	both			5653		2132.36 First Health	First Health		3957.1	0.7			1682.91	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA SERO	10140	CPT	both			5653		2132.36 First Trenton	First Trenton		5087.7	0.9			1682.91	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA SERO	10140	CPT	both			5653		2132.36 Horizon	PPO		3387.68	1.827			1682.91	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE OF HEMATOMA SERO	10140	CPT	both			5653		2132.36 Horizon	MGD		3387.68	1.827			1682.91	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE OF HEMATOMA SERO	10140	CPT	both			5653		2132.36 Horizon	Indemnity		3387.68	1.827			1682.91	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE OF HEMATOMA SERO	10140	CPT	both			5653		2132.36 Horizon	Medicare Blue		1854.23	1			1682.91	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE OF HEMATOMA SERO	10140	CPT	both			5653		2132.36 Managed Care Inc	Managed Care Inc		5087.7	0.9			1682.91	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA SERO	10140	CPT	both			5653		2132.36 Multiplan	Multiplan		4522.4	0.8			1682.91	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA SERO	10140	CPT	both			5653		2132.36 Qualcare	Qualcare		4239.75	0.75			1682.91	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA SERO	10140	CPT	both			5653		2132.36 Three Rivers	Three Rivers		5370.35	0.95			1682.91	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA SERO	10140	CPT	both			5653		2132.36 UHC	Medicare		1854.23	1			1682.91	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE OF HEMATOMA SERO	10140	CPT	both			5653		2132.36 UHC	Medicaid		1778.43	0.3146			1682.91	5370.35	percent of total billed charges	
INCISION AND DRAINAGE OF HEMATOMA SERO	10140	CPT	both			5653		2132.36 Wellcare	Medicare		1854.23	1			1682.91	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE OF HEMATOMA SERO	10140	CPT	both			5653		2132.36 Wellcare	Medicaid		1778.43	0.3146			1682.91	5370.35	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1360		524.43 Aetna	Medicare		456.03	1			162.96	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1360		524.43 Aetna	Better Health		427.86	0.3146			162.96	1292	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1360		524.43 Aetna	Commercial		726	1.592			162.96	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1360		524.43 Americare	Americare		1020	0.75			162.96	1292	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1360		524.43 WellPoint	WellPoint		436.29	0.3208			162.96	1292	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1360		524.43 Amerihealth	Medicare		456.03	1			162.96	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1360		524.43 Consumer	Consumer		1292	0.95			162.96	1292	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1360		524.43 Corrections	Corrections		1088	0.8			162.96	1292	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1360		524.43 First Health	First Health		952	0.7			162.96	1292	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1360		524.43 First Trenton	First Trenton		1224	0.9			162.96	1292	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1360		524.43 Horizon	MGD		833.17	1.827			162.96	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1360		524.43 Horizon	Indemnity		833.17	1.827			162.96	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1360		524.43 Horizon	Medicare Blue		456.03	1			162.96	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1360		524.43 Horizon	PPO		833.17	1.827			162.96	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1360		524.43 Managed Care Inc	Managed Care Inc		1224	0.9			162.96	1292	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1360		524.43 Multiplan	Multiplan		1088	0.8			162.96	1292	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1360		524.43 Qualcare	Qualcare		1020	0.75			162.96	1292	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1360		524.43 Three Rivers	Three Rivers		1292	0.95			162.96	1292	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1360		524.43 UHC	Medicaid		427.86	0.3146			162.96	1292	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1360		524.43 UHC	Medicare		456.03	1			162.96	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1360		524.43 Wellcare	Medicaid		427.86	0.3146			162.96	1292	percent of total billed charges	
PUNCTURE DRAINAGE OF LESION	10160	CPT	both			1360		524.43 Wellcare	Medicare		456.03	1			162.96	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PO WOUND INFECTION	10180	CPT	outpatient			9413		3737.2 Aetna	Commercial		5173.59	1.592			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PO WOUND INFECTION	10180	CPT	outpatient			9413		3737.2 Aetna	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PO WOUND INFECTION	10180	CPT	outpatient			9413		3737.2 Aetna	Better Health		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
I&D PO WOUND INFECTION	10180	CPT	outpatient			9413		3737.2 Americare	Americare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
I&D PO WOUND INFECTION	10180	CPT	outpatient			9413		3737.2 WellPoint	WellPoint		3019.69	0.3208			2961.33	8942.35	percent of total billed charges	
I&D PO WOUND INFECTION	10180	CPT	outpatient			9413		3737.2 Amerihealth	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PO WOUND INFECTION	10180	CPT	outpatient			9413		3737.2 Consumer	Consumer		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
I&D PO WOUND INFECTION	10180	CPT	outpatient			9413		3737.2 Corrections	Corrections		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
I&D PO WOUND INFECTION	10180	CPT	outpatient			9413		3737.2 First Health	First Health		6589.1	0.7			2961.33	8942.35	percent of total billed charges	
I&D PO WOUND INFECTION	10180	CPT	outpatient			9413		3737.2 First Trenton	First Trenton		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
I&D PO WOUND INFECTION	10180	CPT	outpatient			9413		3737.2 Horizon	MGD		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PO WOUND INFECTION	10180	CPT	outpatient			9413		3737.2 Horizon	PPO		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PO WOUND INFECTION	10180	CPT	outpatient			9413		3737.2 Horizon	Indemnity		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PO WOUND INFECTION	10180	CPT	outpatient			9413		3737.2 Horizon	Medicare Blue		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PO WOUND INFECTION	10180	CPT	outpatient			9413		3737.2 Managed Care Inc	Managed Care Inc		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
I&D PO WOUND INFECTION	10180	CPT	outpatient			9413		3737.2 Multiplan	Multiplan		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
I&D PO WOUND INFECTION	10180	CPT	outpatient			9413		3737.2 Qualcare	Qualcare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
I&D PO WOUND INFECTION	10180	CPT	outpatient			9413		3737.2 Three Rivers	Three Rivers		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
I&D PO WOUND INFECTION	10180	CPT	outpatient			9413		3737.2 UHC	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
I&D PO WOUND INFECTION	10180	CPT	outpatient			9413		3737.2 UHC	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PO WOUND INFECTION	10180	CPT	outpatient			9413		3737.2 Wellcare	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
I&D PO WOUND INFECTION	10180	CPT	outpatient			9413		3737.2 Wellcare	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Aetna	Commercial		1143.5	1.592			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Aetna	Better Health		666.01	0.3146			666.01	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Aetna	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Americare	Americare		1587.75	0.75			666.01	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 WellPoint	WellPoint		679.13	0.3208			666.01	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Amerihealth	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Consumer	Consumer		2011.15	0.95			666.01	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Corrections	Corrections		1693.6	0.8			666.01	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 First Health	First Health		1481.9	0.7			666.01	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 First Trenton	First Trenton		1905.3	0.9			666.01	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Horizon	MGD		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Horizon	Medicare Blue		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Horizon	Indemnity		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Horizon	PPO		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Managed Care Inc	Managed Care Inc		1905.3	0.9			666.01	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Multiplan	Multiplan		1693.6	0.8			666.01	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Qualcare	Qualcare		1587.75	0.75			666.01	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Three Rivers	Three Rivers		2011.15	0.95			666.01	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 UHC	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 UHC	Medicaid		666.01	0.3146			666.01	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Wellcare	Medicaid		666.01	0.3146			666.01	2011.15	percent of total billed charges	
DEBRIDEMENT W/SYSTEMIC DISEASE	11000	CPT	outpatient			2117		826.02 Wellcare	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN FX	11010	CPT	outpatient			2488		925.36 Aetna	Better Health		782.72	0.3146			782.72	2363.6	percent of total billed charges	
DEBRIDE SKIN FX	11010	CPT	outpatient			2488		925.36 Aetna	Commercial		1281.02	1.592			782.72	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN FX	11010	CPT	outpatient			2488		925.36 Aetna	Medicare		804.66	1			782.72	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN FX	11010	CPT	outpatient			2488		925.36 Americare	Americare		1866	0.75			782.72	2363.6	percent of total billed charges	
DEBRIDE SKIN FX	11010	CPT	outpatient			2488		925.36 WellPoint	WellPoint		798.15	0.3208			782.72	2363.6	percent of total billed charges	
DEBRIDE SKIN FX	11010	CPT	outpatient			2488		925.36 Amerihealth	Medicare		804.66	1			782.72	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN FX	11010	CPT	outpatient			2488		925.36 Consumer	Consumer		2363.6	0.95			782.72	2363.6	percent of total billed charges	
DEBRIDE SKIN FX	11010	CPT	outpatient			2488		925.36 Corrections	Corrections		1990.4	0.8			782.72	2363.6	percent of total billed charges	
DEBRIDE SKIN FX	11010	CPT	outpatient			2488		925.36 First Health	First Health		1741.6	0.7			782.72	2363.6	percent of total billed charges	
DEBRIDE SKIN FX	11010	CPT	outpatient			2488		925.36 First Trenton	First Trenton		2239.2	0.9			782.72	2363.6	percent of total billed charges	
DEBRIDE SKIN FX	11010	CPT	outpatient			2488		925.36 Horizon	Medicare Blue		804.66	1			782.72	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN FX	11010	CPT	outpatient			2488		925.36 Horizon	Indemnity		1470.11	1.827			782.72	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN FX	11010	CPT	outpatient			2488		925.36 Horizon	MGD		1470.11	1.827			782.72	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN FX	11010	CPT	outpatient			2488		925.36 Horizon	PPO		1470.11	1.827			782.72	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN FX	11010	CPT	outpatient			2488		925.36 Managed Care Inc	Managed Care Inc		2239.2	0.9			782.72	2363.6	percent of total billed charges	
DEBRIDE SKIN FX	11010	CPT	outpatient			2488		925.36 Multiplan	Multiplan		1990.4	0.8			782.72	2363.6	percent of total billed charges	
DEBRIDE SKIN FX	11010	CPT	outpatient			2488		925.36 Qualcare	Qualcare		1866	0.75			782.72	2363.6	percent of total billed charges	
DEBRIDE SKIN FX	11010	CPT	outpatient			2488		925.36 Three Rivers	Three Rivers		2363.6	0.95			782.72	2363.6	percent of total billed charges	
DEBRIDE SKIN FX	11010	CPT	outpatient			2488		925.36 UHC	Medicare		804.66	1			782.72	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN FX	11010	CPT	outpatient			2488		925.36 UHC	Medicaid		782.72	0.3146			782.72	2363.6	percent of total billed charges	
DEBRIDE SKIN FX	11010	CPT	outpatient			2488		925.36 Wellcare	Medicaid		782.72	0.3146			782.72	2363.6	percent of total billed charges	
DEBRIDE SKIN FX	11010	CPT	outpatient			2488		925.36 Wellcare	Medicare		804.66	1			782.72	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN/MUSCLE FX	11011	CPT	outpatient			2488		925.36 Aetna	Medicare		766.3	0.308			766.3	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE FX	11011	CPT	outpatient			2488		925.36 Aetna	Commercial		1281.02	1.592			766.3	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN/MUSCLE FX	11011	CPT	outpatient			2488		925.36 Aetna	Better Health		782.72	0.3146			766.3	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE FX	11011	CPT	outpatient			2488		925.36 Americare	Americare		1866	0.75			766.3	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE FX	11011	CPT	outpatient			2488		925.36 WellPoint	WellPoint		798.15	0.3208			766.3	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE FX	11011	CPT	outpatient			2488		925.36 Amerihealth	Medicare		804.66	1			766.3	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN/MUSCLE FX	11011	CPT	outpatient			2488		925.36 Consumer	Consumer		2363.6	0.95			766.3	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE FX	11011	CPT	outpatient			2488		925.36 Corrections	Corrections		1990.4	0.8			766.3	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE FX	11011	CPT	outpatient			2488		925.36 First Health	First Health		1741.6	0.7			766.3	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE FX	11011	CPT	outpatient			2488		925.36 First Trenton	First Trenton		2239.2	0.9			766.3	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE FX	11011	CPT	outpatient			2488		925.36 Horizon	MGD		1470.11	1.827			766.3	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN/MUSCLE FX	11011	CPT	outpatient			2488		925.36 Horizon	Medicare Blue		804.66	1			766.3	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN/MUSCLE FX	11011	CPT	outpatient			2488		925.36 Horizon	Indemnity		1470.11	1.827			766.3	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN/MUSCLE FX	11011	CPT	outpatient			2488		925.36 Horizon	PPO		1470.11	1.827			766.3	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN/MUSCLE FX	11011	CPT	outpatient			2488		925.36 Managed Care Inc	Managed Care Inc		2239.2	0.9			766.3	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE FX	11011	CPT	outpatient			2488		925.36 Multiplan	Multiplan		1990.4	0.8			766.3	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE FX	11011	CPT	outpatient			2488		925.36 Qualcare	Qualcare		1866	0.75			766.3	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE FX	11011	CPT	outpatient			2488		925.36 Three Rivers	Three Rivers		2363.6	0.95			766.3	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE FX	11011	CPT	outpatient			2488		925.36 UHC	Medicaid		782.72	0.3146			766.3	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE FX	11011	CPT	outpatient			2488		925.36 UHC	Medicare		804.66	1			766.3	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN/MUSCLE FX	11011	CPT	outpatient			2488		925.36 Wellcare	Medicaid		782.72	0.3146			766.3	2363.6	percent of total billed charges	
DEBRIDE SKIN/MUSCLE FX	11011	CPT	outpatient			2488		925.36 Wellcare	Medicare		804.66	1			766.3	2363.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Aetna	Commercial		5173.59	1.592			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Aetna	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Aetna	Better Health		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
DEBRIDEMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Americare	Americare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
DEBRIDEMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 WellPoint	WellPoint		3019.69	0.3208			2961.33	8942.35	percent of total billed charges	
DEBRIDEMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Amerihealth	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Consumer	Consumer		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
DEBRIDEMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Corrections	Corrections		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
DEBRIDEMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 First Health	First Health		6589.1	0.7			2961.33	8942.35	percent of total billed charges	
DEBRIDEMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 First Trenton	First Trenton		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
DEBRIDEMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Horizon	Indemnity		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Horizon	MGD		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Horizon	PPO		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Horizon	Medicare Blue		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Managed Care Inc	Managed Care Inc		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
DEBRIDEMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Multiplan	Multiplan		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
DEBRIDEMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Qualcare	Qualcare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DEBRIDEMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Three Rivers	Three Rivers		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
DEBRIDEMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 UHC	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 UHC	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
DEBRIDEMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Wellcare	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT INC REM OF FB	11012	CPT	outpatient			9413		3737.2 Wellcare	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
DEBRIDEMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	both			1360		524.43 Aetna	Commercial		726	1.592			398.6	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	both			1360		524.43 Aetna	Medicare		456.03	1			398.6	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	both			1360		524.43 Aetna	Better Health		427.86	0.3146			398.6	1292	percent of total billed charges	
DEBRIDEMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	both			1360		524.43 Americare	Americare		1020	0.75			398.6	1292	percent of total billed charges	
DEBRIDEMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	both			1360		524.43 WellPoint	WellPoint		436.29	0.3208			398.6	1292	percent of total billed charges	
DEBRIDEMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	both			1360		524.43 Amerihealth	Medicare		456.03	1			398.6	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	both			1360		524.43 Consumer	Consumer		1292	0.95			398.6	1292	percent of total billed charges	
DEBRIDEMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	both			1360		524.43 Corrections	Corrections		1088	0.8			398.6	1292	percent of total billed charges	
DEBRIDEMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	both			1360		524.43 First Health	First Health		952	0.7			398.6	1292	percent of total billed charges	
DEBRIDEMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	both			1360		524.43 First Trenton	First Trenton		1224	0.9			398.6	1292	percent of total billed charges	
DEBRIDEMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	both			1360		524.43 Horizon	Indemnity		833.17	1.827			398.6	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	both			1360		524.43 Horizon	MGD		833.17	1.827			398.6	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	both			1360		524.43 Horizon	Medicare Blue		456.03	1			398.6	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	both			1360		524.43 Horizon	PPO		833.17	1.827			398.6	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	both			1360		524.43 Managed Care Inc	Managed Care Inc		1224	0.9			398.6	1292	percent of total billed charges	
DEBRIDEMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	both			1360		524.43 Multiplan	Multiplan		1088	0.8			398.6	1292	percent of total billed charges	
DEBRIDEMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	both			1360		524.43 Qualcare	Qualcare		1020	0.75			398.6	1292	percent of total billed charges	
DEBRIDEMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	both			1360		524.43 Three Rivers	Three Rivers		1292	0.95			398.6	1292	percent of total billed charges	
DEBRIDEMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	both			1360		524.43 UHC	Medicare		456.03	1			398.6	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	both			1360		524.43 UHC	Medicaid		427.86	0.3146			398.6	1292	percent of total billed charges	
DEBRIDEMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	both			1360		524.43 Wellcare	Medicare		456.03	1			398.6	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT SUBCUTENOUS TISSUE 20SQ CM/	11042	CPT	both			1360		524.43 Wellcare	Medicaid		427.86	0.3146			398.6	1292	percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Aetna	Commercial		1143.5	1.592			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Aetna	Better Health		666.01	0.3146			666.01	2011.15	percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Aetna	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Americare	Americare		1587.75	0.75			666.01	2011.15	percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 WellPoint	WellPoint		679.13	0.3208			666.01	2011.15	percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Amerihealth	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Consumer	Consumer		2011.15	0.95			666.01	2011.15	percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Corrections	Corrections		1693.6	0.8			666.01	2011.15	percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 First Health	First Health		1481.9	0.7			666.01	2011.15	percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 First Trenton	First Trenton		1905.3	0.9			666.01	2011.15	percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Horizon	MGD		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Horizon	Medicare Blue		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Horizon	Indemnity		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Horizon	PPO		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Managed Care Inc	Managed Care Inc		1905.3	0.9			666.01	2011.15	percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Multiplan	Multiplan		1693.6	0.8			666.01	2011.15	percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Qualcare	Qualcare		1587.75	0.75			666.01	2011.15	percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Three Rivers	Three Rivers		2011.15	0.95			666.01	2011.15	percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 UHC	Medicaid		666.01	0.3146			666.01	2011.15	percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 UHC	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Wellcare	Medicaid		666.01	0.3146			666.01	2011.15	percent of total billed charges	
DEBRIDE SKIN-SUBCUT MUSCLE	11043	CPT	outpatient			2117		826.02 Wellcare	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Aetna	Better Health		1756.1	0.3146			1718.97	5302.9	percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Aetna	Commercial		2951.93	1.592			1718.97	5302.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Aetna	Medicare		1854.23	1			1718.97	5302.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Americare	Americare		4186.5	0.75			1718.97	5302.9	percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 WellPoint	WellPoint		1790.71	0.3208			1718.97	5302.9	percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Amerihealth	Medicare		1854.23	1			1718.97	5302.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Consumer	Consumer		5302.9	0.95			1718.97	5302.9	percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Corrections	Corrections		4465.6	0.8			1718.97	5302.9	percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 First Health	First Health		3907.4	0.7			1718.97	5302.9	percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 First Trenton	First Trenton		5023.8	0.9			1718.97	5302.9	percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Horizon	PPO		3387.68	1.827			1718.97	5302.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Horizon	Medicare Blue		1854.23	1			1718.97	5302.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Horizon	MGD		3387.68	1.827			1718.97	5302.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Horizon	Indemnity		3387.68	1.827			1718.97	5302.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Managed Care Inc	Managed Care Inc		5023.8	0.9			1718.97	5302.9	percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Multiplan	Multiplan		4465.6	0.8			1718.97	5302.9	percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Qualcare	Qualcare		4186.5	0.75			1718.97	5302.9	percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Three Rivers	Three Rivers		5302.9	0.95			1718.97	5302.9	percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 UHC	Medicaid		1756.1	0.3146			1718.97	5302.9	percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 UHC	Medicare		1854.23	1			1718.97	5302.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Wellcare	Medicaid		1756.1	0.3146			1718.97	5302.9	percent of total billed charges	
DEBRIDEMENT BONE MUSCLES AND FASCIA 20 S	11044	CPT	outpatient			5582		2132.36 Wellcare	Medicare		1854.23	1			1718.97	5302.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Horizon	MGD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUT BENIGN HK SNGL LESION	11055	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
PARING/CUTTING HPK; 2-4 LSNS	11056	CPT	outpatient			659		263.3 Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING HPK; 2-4 LSNS	11056	CPT	outpatient			659		263.3 Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
PARING/CUTTING HPK; 2-4 LSNS	11056	CPT	outpatient			659		263.3 Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING HPK; 2-4 LSNS	11056	CPT	outpatient			659		263.3 Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
PARING/CUTTING HPK; 2-4 LSNS	11056	CPT	outpatient			659		263.3 WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
PARING/CUTTING HPK; 2-4 LSNS	11056	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING HPK; 2-4 LSNS	11056	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
PARING/CUTTING HPK; 2-4 LSNS	11056	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
PARING/CUTTING HPK; 2-4 LSNS	11056	CPT	outpatient			659		263.3 First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
PARING/CUTTING HPK; 2-4 LSNS	11056	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
PARING/CUTTING HPK; 2-4 LSNS	11056	CPT	outpatient			659		263.3 Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING HPK; 2-4 LSNS	11056	CPT	outpatient			659		263.3 Horizon	MGD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING HPK; 2-4 LSNS	11056	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING HPK; 2-4 LSNS	11056	CPT	outpatient			659		263.3 Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING HPK; 2-4 LSNS	11056	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
PARING/CUTTING HPK; 2-4 LSNS	11056	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
PARING/CUTTING HPK; 2-4 LSNS	11056	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
PARING/CUTTING HPK; 2-4 LSNS	11056	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
PARING/CUTTING HPK; 2-4 LSNS	11056	CPT	outpatient			659		263.3 UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING/CUTTING HPK; 2-4 LSNS	11056	CPT	outpatient			659		263.3 UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
PARING/CUTTING HPK; 2-4 LSNS	11056	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
PARING/CUTTING HPK; 2-4 LSNS	11056	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING CORN/CALLUS MORE THAN 4	11057	CPT	outpatient			659		263.3 Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
PARING CORN/CALLUS MORE THAN 4	11057	CPT	outpatient			659		263.3 Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING CORN/CALLUS MORE THAN 4	11057	CPT	outpatient			659		263.3 Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING CORN/CALLUS MORE THAN 4	11057	CPT	outpatient			659		263.3 Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
PARING CORN/CALLUS MORE THAN 4	11057	CPT	outpatient			659		263.3 WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
PARING CORN/CALLUS MORE THAN 4	11057	CPT	outpatient			659		263.3 Amerihealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING CORN/CALLUS MORE THAN 4	11057	CPT	outpatient			659		263.3 Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
PARING CORN/CALLUS MORE THAN 4	11057	CPT	outpatient			659		263.3 Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
PARING CORN/CALLUS MORE THAN 4	11057	CPT	outpatient			659		263.3 First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
PARING CORN/CALLUS MORE THAN 4	11057	CPT	outpatient			659		263.3 First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
PARING CORN/CALLUS MORE THAN 4	11057	CPT	outpatient			659		263.3 Horizon	MGD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING CORN/CALLUS MORE THAN 4	11057	CPT	outpatient			659		263.3 Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING CORN/CALLUS MORE THAN 4	11057	CPT	outpatient			659		263.3 Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING CORN/CALLUS MORE THAN 4	11057	CPT	outpatient			659		263.3 Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING CORN/CALLUS MORE THAN 4	11057	CPT	outpatient			659		263.3 Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
PARING CORN/CALLUS MORE THAN 4	11057	CPT	outpatient			659		263.3 Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
PARING CORN/CALLUS MORE THAN 4	11057	CPT	outpatient			659		263.3 Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
PARING CORN/CALLUS MORE THAN 4	11057	CPT	outpatient			659		263.3 Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
PARING CORN/CALLUS MORE THAN 4	11057	CPT	outpatient			659		263.3 UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARING CORN/CALLUS MORE THAN 4	11057	CPT	outpatient			659		263.3 UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
PARING CORN/CALLUS MORE THAN 4	11057	CPT	outpatient			659		263.3 Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
PARING CORN/CALLUS MORE THAN 4	11057	CPT	outpatient			659		263.3 Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659		263.3 Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659	263.3	Horizon	MGD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TNAGENTIAL BX SKIN SINGLE LES	11102	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
PUNCH BX SKIN SINGLE LESION	11104	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			277.77	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BX SKIN SINGLE LESION	11104	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			277.77	1292	percent of total billed charges	
PUNCH BX SKIN SINGLE LESION	11104	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			277.77	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BX SKIN SINGLE LESION	11104	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			277.77	1292	percent of total billed charges	
PUNCH BX SKIN SINGLE LESION	11104	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			277.77	1292	percent of total billed charges	
PUNCH BX SKIN SINGLE LESION	11104	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			277.77	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BX SKIN SINGLE LESION	11104	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			277.77	1292	percent of total billed charges	
PUNCH BX SKIN SINGLE LESION	11104	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			277.77	1292	percent of total billed charges	
PUNCH BX SKIN SINGLE LESION	11104	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			277.77	1292	percent of total billed charges	
PUNCH BX SKIN SINGLE LESION	11104	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			277.77	1292	percent of total billed charges	
PUNCH BX SKIN SINGLE LESION	11104	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			277.77	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BX SKIN SINGLE LESION	11104	CPT	outpatient			1360	524.43	Horizon	MGD		833.17	1.827			277.77	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BX SKIN SINGLE LESION	11104	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			277.77	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BX SKIN SINGLE LESION	11104	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			277.77	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BX SKIN SINGLE LESION	11104	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			277.77	1292	percent of total billed charges	
PUNCH BX SKIN SINGLE LESION	11104	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			277.77	1292	percent of total billed charges	
PUNCH BX SKIN SINGLE LESION	11104	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			277.77	1292	percent of total billed charges	
PUNCH BX SKIN SINGLE LESION	11104	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			277.77	1292	percent of total billed charges	
PUNCH BX SKIN SINGLE LESION	11104	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			277.77	1292	percent of total billed charges	
PUNCH BX SKIN SINGLE LESION	11104	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			277.77	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCH BX SKIN SINGLE LESION	11104	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			277.77	1292	percent of total billed charges	
PUNCH BX SKIN SINGLE LESION	11104	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			277.77	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BX SKIN SINGLE LESION	11106	CPT	outpatient			2117	826.02	Aetna	Commercial		1143.5	1.592			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BX SKIN SINGLE LESION	11106	CPT	outpatient			2117	826.02	Aetna	Better Health		666.01	0.3146			666.01	2011.15	percent of total billed charges	
INCISIONAL BX SKIN SINGLE LESION	11106	CPT	outpatient			2117	826.02	Aetna	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BX SKIN SINGLE LESION	11106	CPT	outpatient			2117	826.02	Americare	Americare		1587.75	0.75			666.01	2011.15	percent of total billed charges	
INCISIONAL BX SKIN SINGLE LESION	11106	CPT	outpatient			2117	826.02	WellPoint	WellPoint		679.13	0.3208			666.01	2011.15	percent of total billed charges	
INCISIONAL BX SKIN SINGLE LESION	11106	CPT	outpatient			2117	826.02	Amerihealth	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BX SKIN SINGLE LESION	11106	CPT	outpatient			2117	826.02	Consumer	Consumer		2011.15	0.95			666.01	2011.15	percent of total billed charges	
INCISIONAL BX SKIN SINGLE LESION	11106	CPT	outpatient			2117	826.02	Corrections	Corrections		1693.6	0.8			666.01	2011.15	percent of total billed charges	
INCISIONAL BX SKIN SINGLE LESION	11106	CPT	outpatient			2117	826.02	First Health	First Health		1481.9	0.7			666.01	2011.15	percent of total billed charges	
INCISIONAL BX SKIN SINGLE LESION	11106	CPT	outpatient			2117	826.02	First Trenton	First Trenton		1905.3	0.9			666.01	2011.15	percent of total billed charges	
INCISIONAL BX SKIN SINGLE LESION	11106	CPT	outpatient			2117	826.02	Horizon	Indemnity		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BX SKIN SINGLE LESION	11106	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BX SKIN SINGLE LESION	11106	CPT	outpatient			2117	826.02	Horizon	MGD		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BX SKIN SINGLE LESION	11106	CPT	outpatient			2117	826.02	Horizon	PPO		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BX SKIN SINGLE LESION	11106	CPT	outpatient			2117	826.02	Managed Care Inc	Managed Care Inc		1905.3	0.9			666.01	2011.15	percent of total billed charges	
INCISIONAL BX SKIN SINGLE LESION	11106	CPT	outpatient			2117	826.02	Multiplan	Multiplan		1693.6	0.8			666.01	2011.15	percent of total billed charges	
INCISIONAL BX SKIN SINGLE LESION	11106	CPT	outpatient			2117	826.02	Qualcare	Qualcare		1587.75	0.75			666.01	2011.15	percent of total billed charges	
INCISIONAL BX SKIN SINGLE LESION	11106	CPT	outpatient			2117	826.02	Three Rivers	Three Rivers		2011.15	0.95			666.01	2011.15	percent of total billed charges	
INCISIONAL BX SKIN SINGLE LESION	11106	CPT	outpatient			2117	826.02	UHC	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BX SKIN SINGLE LESION	11106	CPT	outpatient			2117	826.02	UHC	Medicaid		666.01	0.3146			666.01	2011.15	percent of total billed charges	
INCISIONAL BX SKIN SINGLE LESION	11106	CPT	outpatient			2117	826.02	Wellcare	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISIONAL BX SKIN SINGLE LESION	11106	CPT	outpatient			2117	826.02	Wellcare	Medicaid		666.01	0.3146			666.01	2011.15	percent of total billed charges	
SKIN TAG REMOVAL UP TO 15 LES	11200	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
SKIN TAG REMOVAL UP TO 15 LES	11200	CPT	outpatient			659	263.3	Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TAG REMOVAL UP TO 15 LES	11200	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TAG REMOVAL UP TO 15 LES	11200	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
SKIN TAG REMOVAL UP TO 15 LES	11200	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
SKIN TAG REMOVAL UP TO 15 LES	11200	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TAG REMOVAL UP TO 15 LES	11200	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
SKIN TAG REMOVAL UP TO 15 LES	11200	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
SKIN TAG REMOVAL UP TO 15 LES	11200	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
SKIN TAG REMOVAL UP TO 15 LES	11200	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
SKIN TAG REMOVAL UP TO 15 LES	11200	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TAG REMOVAL UP TO 15 LES	11200	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TAG REMOVAL UP TO 15 LES	11200	CPT	outpatient			659	263.3	Horizon	MGD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TAG REMOVAL UP TO 15 LES	11200	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TAG REMOVAL UP TO 15 LES	11200	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
SKIN TAG REMOVAL UP TO 15 LES	11200	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
SKIN TAG REMOVAL UP TO 15 LES	11200	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
SKIN TAG REMOVAL UP TO 15 LES	11200	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
SKIN TAG REMOVAL UP TO 15 LES	11200	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
SKIN TAG REMOVAL UP TO 15 LES	11200	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TAG REMOVAL UP TO 15 LES	11200	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TAG REMOVAL UP TO 15 LES	11200	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			418.88	1292	percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360	524.43	Aetna	Medicare		418.88	0.308			418.88	1292	percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			418.88	1292	percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			418.88	1292	percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			418.88	1292	percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			418.88	1292	percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			418.88	1292	percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			418.88	1292	percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360	524.43	Horizon	MGD		833.17	1.827			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			418.88	1292	percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			418.88	1292	percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			418.88	1292	percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			418.88	1292	percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			418.88	1292	percent of total billed charges	
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 0.5CM OR LESS	11300	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			418.88	1292	percent of total billed charges	
SHVG SGL LSN, TRK ARM LEG 0.6-1CM	11301	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
SHVG SGL LSN, TRK ARM LEG 0.6-1CM	11301	CPT	outpatient			659	263.3	Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SGL LSN, TRK ARM LEG 0.6-1CM	11301	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SGL LSN, TRK ARM LEG 0.6-1CM	11301	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
SHVG SGL LSN, TRK ARM LEG 0.6-1CM	11301	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
SHVG SGL LSN, TRK ARM LEG 0.6-1CM	11301	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SGL LSN, TRK ARM LEG 0.6-1CM	11301	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
SHVG SGL LSN, TRK ARM LEG 0.6-1CM	11301	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
SHVG SGL LSN, TRK ARM LEG 0.6-1CM	11301	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
SHVG SGL LSN, TRK ARM LEG 0.6-1CM	11301	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
SHVG SGL LSN, TRK ARM LEG 0.6-1CM	11301	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SGL LSN, TRK ARM LEG 0.6-1CM	11301	CPT	outpatient			659	263.3	Horizon	MGD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SGL LSN, TRK ARM LEG 0.6-1CM	11301	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SGL LSN, TRK ARM LEG 0.6-1CM	11301	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SGL LSN, TRK ARM LEG 0.6-1CM	11301	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
SHVG SGL LSN, TRK ARM LEG 0.6-1CM	11301	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
SHVG SGL LSN, TRK ARM LEG 0.6-1CM	11301	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
SHVG SGL LSN, TRK ARM LEG 0.6-1CM	11301	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
SHVG SGL LSN, TRK ARM LEG 0.6-1CM	11301	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
SHVG SGL LSN, TRK ARM LEG 0.6-1CM	11301	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SGL LSN, TRK ARM LEG 0.6-1CM	11301	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SGL LSN, TRK ARM LEG 0.6-1CM	11301	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659	263.3	Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659	263.3	Horizon	MGD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
SHAVING LESION 1.1-2CM	11302	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360	524.43	Horizon	MCD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
SHVG SKN LSN 1 TRNK/ARM/LEG >2CM	11303	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVE SK LES 1 S/N/H/F/G 0.5CM<	11305	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
SHAVE SK LES 1 S/N/H/F/G 0.5CM<	11305	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVE SK LES 1 S/N/H/F/G 0.5CM<	11305	CPT	outpatient			659	263.3	Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVE SK LES 1 S/N/H/F/G 0.5CM<	11305	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
SHAVE SK LES 1 S/N/H/F/G 0.5CM<	11305	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
SHAVE SK LES 1 S/N/H/F/G 0.5CM<	11305	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVE SK LES 1 S/N/H/F/G 0.5CM<	11305	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
SHAVE SK LES 1 S/N/H/F/G 0.5CM<	11305	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
SHAVE SK LES 1 S/N/H/F/G 0.5CM<	11305	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
SHAVE SK LES 1 S/N/H/F/G 0.5CM<	11305	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
SHAVE SK LES 1 S/N/H/F/G 0.5CM<	11305	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVE SK LES 1 S/N/H/F/G 0.5CM<	11305	CPT	outpatient			659	263.3	Horizon	MCD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVE SK LES 1 S/N/H/F/G 0.5CM<	11305	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVE SK LES 1 S/N/H/F/G 0.5CM<	11305	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVE SK LES 1 S/N/H/F/G 0.5CM<	11305	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
SHAVE SK LES 1 S/N/H/F/G 0.5CM<	11305	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
SHAVE SK LES 1 S/N/H/F/G 0.5CM<	11305	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
SHAVE SK LES 1 S/N/H/F/G 0.5CM<	11305	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
SHAVE SK LES 1 S/N/H/F/G 0.5CM<	11305	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
SHAVE SK LES 1 S/N/H/F/G 0.5CM<	11305	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVE SK LES 1 S/N/H/F/G 0.5CM<	11305	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVE SK LES 1 S/N/H/F/G 0.5CM<	11305	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11306	CPT	outpatient			659	263.3	Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11306	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11306	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11306	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11306	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11306	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11306	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11306	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11306	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11306	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11306	CPT	outpatient			659	263.3	Horizon	MGD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11306	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11306	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11306	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11306	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11306	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11306	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11306	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11306	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11306	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11306	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11306	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11307	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11307	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11307	CPT	outpatient			659	263.3	Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11307	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11307	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11307	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11307	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11307	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11307	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11307	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11307	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11307	CPT	outpatient			659	263.3	Horizon	MCD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11307	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11307	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11307	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11307	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11307	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11307	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11307	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11307	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11307	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
EXC-S/N/H/F-	11307	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11308	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11308	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11308	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
EXC-S/N/H/F-	11308	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
EXC-S/N/H/F-	11308	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
EXC-S/N/H/F-	11308	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11308	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
EXC-S/N/H/F-	11308	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
EXC-S/N/H/F-	11308	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
EXC-S/N/H/F-	11308	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
EXC-S/N/H/F-	11308	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11308	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11308	CPT	outpatient			1360	524.43	Horizon	MGD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11308	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11308	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
EXC-S/N/H/F-	11308	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
EXC-S/N/H/F-	11308	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
EXC-S/N/H/F-	11308	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
EXC-S/N/H/F-	11308	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
EXC-S/N/H/F-	11308	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-S/N/H/F-	11308	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
EXC-S/N/H/F-	11308	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Aetna	Commercial		364.5	1.592			207.32	723.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Aetna	Better Health		239.73	0.3146			207.32	723.9	percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Aetna	Medicare		228.96	1			207.32	723.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Americare	Americare		571.5	0.75			207.32	723.9	percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	WellPoint	WellPoint		244.45	0.3208			207.32	723.9	percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Amerihealth	Medicare		228.96	1			207.32	723.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Consumer	Consumer		723.9	0.95			207.32	723.9	percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Corrections	Corrections		609.6	0.8			207.32	723.9	percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	First Health	First Health		533.4	0.7			207.32	723.9	percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	First Trenton	First Trenton		685.8	0.9			207.32	723.9	percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Horizon	Medicare Blue		228.96	1			207.32	723.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Horizon	Indemnity		418.31	1.827			207.32	723.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Horizon	MCD		418.31	1.827			207.32	723.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Horizon	PPO		418.31	1.827			207.32	723.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Managed Care Inc	Managed Care Inc		685.8	0.9			207.32	723.9	percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Multiplan	Multiplan		609.6	0.8			207.32	723.9	percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Qualcare	Qualcare		571.5	0.75			207.32	723.9	percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Three Rivers	Three Rivers		723.9	0.95			207.32	723.9	percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	UHC	Medicare		228.96	1			207.32	723.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	UHC	Medicaid		239.73	0.3146			207.32	723.9	percent of total billed charges	
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Wellcare	Medicare		228.96	1			207.32	723.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHAVING SKIN LESION 1 F/E	11310	CPT	outpatient			762	263.3	Wellcare	Medicaid		239.73	0.3146			207.32	723.9	percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Horizon	MGD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
EXC-F/E/E/N/	11311	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVNG SINGLE LESION 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVNG SINGLE LESION 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
SHVNG SINGLE LESION 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVNG SINGLE LESION 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
SHVNG SINGLE LESION 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
SHVNG SINGLE LESION 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVNG SINGLE LESION 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
SHVNG SINGLE LESION 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
SHVNG SINGLE LESION 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
SHVNG SINGLE LESION 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
SHVNG SINGLE LESION 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVNG SINGLE LESION 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVNG SINGLE LESION 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVNG SINGLE LESION 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Horizon	MGD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVNG SINGLE LESION 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
SHVNG SINGLE LESION 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
SHVNG SINGLE LESION 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
SHVNG SINGLE LESION 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
SHVNG SINGLE LESION 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVNG SINGLE LESION 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
SHVNG SINGLE LESION 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHVNG SINGLE LESION 1.1-2.0CM	11312	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Horizon	MGD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
EXC-F/E/E/N/	11313	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BENIGN TO .05CM	11400	CPT	outpatient			2364	925.36	Aetna	Better Health		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-BENIGN TO .05CM	11400	CPT	outpatient			2364	925.36	Aetna	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BENIGN TO .05CM	11400	CPT	outpatient			2364	925.36	Aetna	Commercial		1281.02	1.592			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BENIGN TO .05CM	11400	CPT	outpatient			2364	925.36	Americare	Americare		1773	0.75			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-BENIGN TO .05CM	11400	CPT	outpatient			2364	925.36	WellPoint	WellPoint		758.37	0.3208			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-BENIGN TO .05CM	11400	CPT	outpatient			2364	925.36	Amerihealth	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BENIGN TO .05CM	11400	CPT	outpatient			2364	925.36	Consumer	Consumer		2245.8	0.95			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-BENIGN TO .05CM	11400	CPT	outpatient			2364	925.36	Corrections	Corrections		1891.2	0.8			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-BENIGN TO .05CM	11400	CPT	outpatient			2364	925.36	First Health	First Health		1654.8	0.7			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-BENIGN TO .05CM	11400	CPT	outpatient			2364	925.36	First Trenton	First Trenton		2127.6	0.9			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-BENIGN TO .05CM	11400	CPT	outpatient			2364	925.36	Horizon	Medicare Blue		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BENIGN TO .05CM	11400	CPT	outpatient			2364	925.36	Horizon	Indemnity		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BENIGN TO .05CM	11400	CPT	outpatient			2364	925.36	Horizon	MGD		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BENIGN TO .05CM	11400	CPT	outpatient			2364	925.36	Horizon	PPO		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BENIGN TO .05CM	11400	CPT	outpatient			2364	925.36	Managed Care Inc	Managed Care Inc		2127.6	0.9			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-BENIGN TO .05CM	11400	CPT	outpatient			2364	925.36	Multiplan	Multiplan		1891.2	0.8			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-BENIGN TO .05CM	11400	CPT	outpatient			2364	925.36	Qualcare	Qualcare		1773	0.75			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-BENIGN TO .05CM	11400	CPT	outpatient			2364	925.36	Three Rivers	Three Rivers		2245.8	0.95			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-BENIGN TO .05CM	11400	CPT	outpatient			2364	925.36	UHC	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BENIGN TO .05CM	11400	CPT	outpatient			2364	925.36	UHC	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-BENIGN TO .05CM	11400	CPT	outpatient			2364	925.36	Wellcare	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BENIGN TO .05CM	11400	CPT	outpatient			2364	925.36	Wellcare	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-EBN 0.6 TO 1.0CM	11401	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN 0.6 TO 1.0CM	11401	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-EBN 0.6 TO 1.0CM	11401	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN 0.6 TO 1.0CM	11401	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-EBN 0.6 TO 1.0CM	11401	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-EBN 0.6 TO 1.0CM	11401	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN 0.6 TO 1.0CM	11401	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-EBN 0.6 TO 1.0CM	11401	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-EBN 0.6 TO 1.0CM	11401	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-EBN 0.6 TO 1.0CM	11401	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-EBN 0.6 TO 1.0CM	11401	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN 0.6 TO 1.0CM	11401	CPT	outpatient			1360	524.43	Horizon	MGD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN 0.6 TO 1.0CM	11401	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN 0.6 TO 1.0CM	11401	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN 0.6 TO 1.0CM	11401	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-EBN 0.6 TO 1.0CM	11401	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-EBN 0.6 TO 1.0CM	11401	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-EBN 0.6 TO 1.0CM	11401	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-EBN 0.6 TO 1.0CM	11401	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN 0.6 TO 1.0CM	11401	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-EBN 0.6 TO 1.0CM	11401	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN 0.6 TO 1.0CM	11401	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-BEN 1.1 TO 2.0CM	11402	CPT	outpatient			2364	925.36	Aetna	Commercial		1281.02	1.592			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN 1.1 TO 2.0CM	11402	CPT	outpatient			2364	925.36	Aetna	Better Health		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 1.1 TO 2.0CM	11402	CPT	outpatient			2364	925.36	Aetna	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN 1.1 TO 2.0CM	11402	CPT	outpatient			2364	925.36	Americare	Americare		1773	0.75			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 1.1 TO 2.0CM	11402	CPT	outpatient			2364	925.36	WellPoint	WellPoint		758.37	0.3208			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 1.1 TO 2.0CM	11402	CPT	outpatient			2364	925.36	Amerihealth	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN 1.1 TO 2.0CM	11402	CPT	outpatient			2364	925.36	Consumer	Consumer		2245.8	0.95			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 1.1 TO 2.0CM	11402	CPT	outpatient			2364	925.36	Corrections	Corrections		1891.2	0.8			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 1.1 TO 2.0CM	11402	CPT	outpatient			2364	925.36	First Health	First Health		1654.8	0.7			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 1.1 TO 2.0CM	11402	CPT	outpatient			2364	925.36	First Trenton	First Trenton		2127.6	0.9			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 1.1 TO 2.0CM	11402	CPT	outpatient			2364	925.36	Horizon	Indemnity		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN 1.1 TO 2.0CM	11402	CPT	outpatient			2364	925.36	Horizon	Medicare Blue		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN 1.1 TO 2.0CM	11402	CPT	outpatient			2364	925.36	Horizon	MGD		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN 1.1 TO 2.0CM	11402	CPT	outpatient			2364	925.36	Horizon	PPO		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN 1.1 TO 2.0CM	11402	CPT	outpatient			2364	925.36	Managed Care Inc	Managed Care Inc		2127.6	0.9			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 1.1 TO 2.0CM	11402	CPT	outpatient			2364	925.36	Multiplan	Multiplan		1891.2	0.8			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 1.1 TO 2.0CM	11402	CPT	outpatient			2364	925.36	Qualcare	Qualcare		1773	0.75			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 1.1 TO 2.0CM	11402	CPT	outpatient			2364	925.36	Three Rivers	Three Rivers		2245.8	0.95			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 1.1 TO 2.0CM	11402	CPT	outpatient			2364	925.36	UHC	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN 1.1 TO 2.0CM	11402	CPT	outpatient			2364	925.36	UHC	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 1.1 TO 2.0CM	11402	CPT	outpatient			2364	925.36	Wellcare	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN 1.1 TO 2.0CM	11402	CPT	outpatient			2364	925.36	Wellcare	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-EBN 2.1 TO 3.0CM	11403	CPT	outpatient			3229	925.36	Aetna	Better Health		1015.84	0.3146			743.71	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN 2.1 TO 3.0CM	11403	CPT	outpatient			3229	925.36	Aetna	Commercial		1281.02	1.592			743.71	3067.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN 2.1 TO 3.0CM	11403	CPT	outpatient			3229	925.36	Aetna	Medicare		804.66	1			743.71	3067.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN 2.1 TO 3.0CM	11403	CPT	outpatient			3229	925.36	Americare	Americare		2421.75	0.75			743.71	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN 2.1 TO 3.0CM	11403	CPT	outpatient			3229	925.36	WellPoint	WellPoint		1035.86	0.3208			743.71	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN 2.1 TO 3.0CM	11403	CPT	outpatient			3229	925.36	Amerihealth	Medicare		804.66	1			743.71	3067.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN 2.1 TO 3.0CM	11403	CPT	outpatient			3229	925.36	Consumer	Consumer		3067.55	0.95			743.71	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN 2.1 TO 3.0CM	11403	CPT	outpatient			3229	925.36	Corrections	Corrections		2583.2	0.8			743.71	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN 2.1 TO 3.0CM	11403	CPT	outpatient			3229	925.36	First Health	First Health		2260.3	0.7			743.71	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN 2.1 TO 3.0CM	11403	CPT	outpatient			3229	925.36	First Trenton	First Trenton		2906.1	0.9			743.71	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN 2.1 TO 3.0CM	11403	CPT	outpatient			3229	925.36	Horizon	PPO		1470.11	1.827			743.71	3067.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN 2.1 TO 3.0CM	11403	CPT	outpatient			3229	925.36	Horizon	Indemnity		1470.11	1.827			743.71	3067.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN 2.1 TO 3.0CM	11403	CPT	outpatient			3229	925.36	Horizon	Medicare Blue		804.66	1			743.71	3067.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN 2.1 TO 3.0CM	11403	CPT	outpatient			3229	925.36	Horizon	MGD		1470.11	1.827			743.71	3067.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN 2.1 TO 3.0CM	11403	CPT	outpatient			3229	925.36	Managed Care Inc	Managed Care Inc		2906.1	0.9			743.71	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN 2.1 TO 3.0CM	11403	CPT	outpatient			3229	925.36	Multiplan	Multiplan		2583.2	0.8			743.71	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN 2.1 TO 3.0CM	11403	CPT	outpatient			3229	925.36	Qualcare	Qualcare		2421.75	0.75			743.71	3067.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SUR-EXC-TRUNK-EBN 2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 Three Rivers	Three Rivers		3067.55	0.95			743.71	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN 2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 UHC	Medicaid		1015.84	0.3146			743.71	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-EBN 2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 UHC	Medicare		804.66	1			743.71	3067.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN 2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 Wellcare	Medicare		804.66	1			743.71	3067.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-EBN 2.1 TO 3.0CM	11403	CPT	outpatient			3229		925.36 Wellcare	Medicaid		1015.84	0.3146			743.71	3067.55	percent of total billed charges	
SUR-EXC-TRUNK-BEN 3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Aetna	Medicare		1682.91	0.308			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93	1.592			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN 3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Aetna	Better Health		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Americare	Americare		4098	0.75			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1752.85	0.3208			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN 3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	0.95			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	0.8			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	0.7			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	0.9			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN 3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN 3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Horizon	MGD		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN 3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Horizon	PPO		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN 3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	0.9			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	0.8			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	0.75			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	0.95			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 UHC	Medicaid		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-BEN 3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-BEN 3.1 TO 4.0CM	11404	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BEN VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Aetna	Better Health		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Aetna	Medicare		1682.91	0.308			1682.91	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93	1.592			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BEN VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Americare	Americare		4098	0.75			1682.91	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN VER 4.0CM	11406	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1752.85	0.3208			1682.91	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BEN VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	0.95			1682.91	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	0.8			1682.91	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN VER 4.0CM	11406	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	0.7			1682.91	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN VER 4.0CM	11406	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	0.9			1682.91	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BEN VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Horizon	PPO		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BEN VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Horizon	MGD		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BEN VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BEN VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	0.9			1682.91	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	0.8			1682.91	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	0.75			1682.91	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	0.95			1682.91	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN VER 4.0CM	11406	CPT	outpatient			5464		2132.36 UHC	Medicaid		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN VER 4.0CM	11406	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-BEN VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
SURG-EXC-TRUNK-BEN VER 4.0CM	11406	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCBENLES SCP/HND/FET <=.5CM	11420	CPT	outpatient			5464		2132.36 Aetna	Better Health		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
EXCBENLES SCP/HND/FET <=.5CM	11420	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93	1.592			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCBENLES SCP/HND/FET <=.5CM	11420	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCBENLES SCP/HND/FET <=.5CM	11420	CPT	outpatient			5464		2132.36 Americare	Americare		4098	0.75			1718.97	5190.8	percent of total billed charges	
EXCBENLES SCP/HND/FET <=.5CM	11420	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1752.85	0.3208			1718.97	5190.8	percent of total billed charges	
EXCBENLES SCP/HND/FET <=.5CM	11420	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCBENLES SCP/HND/FET <=.5CM	11420	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
EXCBENLES SCP/HND/FET <=.5CM	11420	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
EXCBENLES SCP/HND/FET <=.5CM	11420	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	0.7			1718.97	5190.8	percent of total billed charges	
EXCBENLES SCP/HND/FET <=.5CM	11420	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
EXCBENLES SCP/HND/FET <=.5CM	11420	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCBENLES SCP/HND/FET <=.5CM	11420	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCBENLES SCP/HND/FET <=.5CM	11420	CPT	outpatient			5464		2132.36 Horizon	MGD		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCBENLES SCP/HND/FET <=.5CM	11420	CPT	outpatient			5464		2132.36 Horizon	PPO		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCBENLES SCP/HND/FET <=.5CM	11420	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
EXCBENLES SCP/HND/FET <=.5CM	11420	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
EXCBENLES SCP/HND/FET <=.5CM	11420	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	0.75			1718.97	5190.8	percent of total billed charges	
EXCBENLES SCP/HND/FET <=.5CM	11420	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
EXCBENLES SCP/HND/FET <=.5CM	11420	CPT	outpatient			5464		2132.36 UHC	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
EXCBENLES SCP/HND/FET <=.5CM	11420	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCBENLES SCP/HND/FET <=.5CM	11420	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
EXCBENLES SCP/HND/FET <=.5CM	11420	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Aetna	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Aetna	Better Health		743.71	0.3146			743.71	2245.8	percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Aetna	Commercial		1281.02	1.592			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Americare	Americare		1773	0.75			743.71	2245.8	percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 WellPoint	WellPoint		758.37	0.3208			743.71	2245.8	percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Amerihealth	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Consumer	Consumer		2245.8	0.95			743.71	2245.8	percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Corrections	Corrections		1891.2	0.8			743.71	2245.8	percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 First Health	First Health		1654.8	0.7			743.71	2245.8	percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 First Trenton	First Trenton		2127.6	0.9			743.71	2245.8	percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Horizon	Medicare Blue		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Horizon	Indemnity		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Horizon	MGD		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Horizon	PPO		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	0.9			743.71	2245.8	percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	0.8			743.71	2245.8	percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Qualcare	Qualcare		1773	0.75			743.71	2245.8	percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	0.95			743.71	2245.8	percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 UHC	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 UHC	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION INCL MA	11421	CPT	outpatient			2364		925.36 Wellcare	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Aetna	Medicare		1682.91	0.308			1682.91	5190.8	percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93	1.592			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Aetna	Better Health		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Americare	Americare		4098	0.75			1682.91	5190.8	percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1752.85	0.3208			1682.91	5190.8	percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	0.95			1682.91	5190.8	percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	0.8			1682.91	5190.8	percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	0.7			1682.91	5190.8	percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	0.9			1682.91	5190.8	percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Horizon	MGD		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Horizon	PPO		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	0.9			1682.91	5190.8	percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	0.8			1682.91	5190.8	percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	0.75			1682.91	5190.8	percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	0.95			1682.91	5190.8	percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 UHC	Medicaid		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
EXCISION B9 LESION MARGIN	11422	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93	1.592			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Aetna	Better Health		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Americare	Americare		4098	0.75			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1752.85	0.3208			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	0.7			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Horizon	MGD		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Horizon	PPO		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	0.75			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 UHC	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC.2.1/3.0CM	11423	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93	1.592			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Aetna	Better Health		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23	1			1718.97	5190

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXC-SCALP HANDS ETC-3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	0.7			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Horizon	MGD		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Horizon	PPO		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	0.75			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 UHC	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-3.1/4.0CM	11424	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Aetna	Commercial		5173.59	1.592			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Aetna	Better Health		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Aetna	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Americare	Americare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 WellPoint	WellPoint		3019.69	0.3208			2961.33	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Amerihealth	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Consumer	Consumer		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Corrections	Corrections		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 First Health	First Health		6589.1	0.7			2961.33	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 First Trenton	First Trenton		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Horizon	Indemnity		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Horizon	Medicare Blue		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Horizon	PPO		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Horizon	MGD		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Managed Care Inc	Managed Care Inc		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Multiplan	Multiplan		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Qualcare	Qualcare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Three Rivers	Three Rivers		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 UHC	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 UHC	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Wellcare	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-OVER 4.0CM	11426	CPT	outpatient			9413		3737.2 Wellcare	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
SURG-EXC-FACE-BENIGN TO 0.5CM	11440	CPT	outpatient			2364		925.36 Aetna	Better Health		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN TO 0.5CM	11440	CPT	outpatient			2364		925.36 Aetna	Commercial		1281.02	1.592			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BENIGN TO 0.5CM	11440	CPT	outpatient			2364		925.36 Aetna	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BENIGN TO 0.5CM	11440	CPT	outpatient			2364		925.36 Americare	Americare		1773	0.75			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN TO 0.5CM	11440	CPT	outpatient			2364		925.36 WellPoint	WellPoint		758.37	0.3208			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN TO 0.5CM	11440	CPT	outpatient			2364		925.36 Amerihealth	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BENIGN TO 0.5CM	11440	CPT	outpatient			2364		925.36 Consumer	Consumer		2245.8	0.95			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN TO 0.5CM	11440	CPT	outpatient			2364		925.36 Corrections	Corrections		1891.2	0.8			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN TO 0.5CM	11440	CPT	outpatient			2364		925.36 First Health	First Health		1654.8	0.7			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN TO 0.5CM	11440	CPT	outpatient			2364		925.36 First Trenton	First Trenton		2127.6	0.9			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN TO 0.5CM	11440	CPT	outpatient			2364		925.36 Horizon	PPO		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BENIGN TO 0.5CM	11440	CPT	outpatient			2364		925.36 Horizon	MGD		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BENIGN TO 0.5CM	11440	CPT	outpatient			2364		925.36 Horizon	Indemnity		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BENIGN TO 0.5CM	11440	CPT	outpatient			2364		925.36 Horizon	Medicare Blue		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BENIGN TO 0.5CM	11440	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	0.9			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN TO 0.5CM	11440	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	0.8			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN TO 0.5CM	11440	CPT	outpatient			2364		925.36 Qualcare	Qualcare		1773	0.75			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN TO 0.5CM	11440	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	0.95			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN TO 0.5CM	11440	CPT	outpatient			2364		925.36 UHC	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BENIGN TO 0.5CM	11440	CPT	outpatient			2364		925.36 UHC	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BENIGN TO 0.5CM	11440	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BENIGN TO 0.5CM	11440	CPT	outpatient			2364		925.36 Wellcare	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 0.6 TO 1.0CM	11441	CPT	outpatient			2364		925.36 Aetna	Better Health		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 0.6 TO 1.0CM	11441	CPT	outpatient			2364		925.36 Aetna	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 0.6 TO 1.0CM	11441	CPT	outpatient			2364		925.36 Aetna	Commercial		1281.02	1.592			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 0.6 TO 1.0CM	11441	CPT	outpatient			2364		925.36 Americare	Americare		1773	0.75			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 0.6 TO 1.0CM	11441	CPT	outpatient			2364		925.36 WellPoint	WellPoint		758.37	0.3208			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 0.6 TO 1.0CM	11441	CPT	outpatient			2364		925.36 Amerihealth	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 0.6 TO 1.0CM	11441	CPT	outpatient			2364		925.36 Consumer	Consumer		2245.8	0.95			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 0.6 TO 1.0CM	11441	CPT	outpatient			2364		925.36 Corrections	Corrections		1891.2	0.8			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 0.6 TO 1.0CM	11441	CPT	outpatient			2364		925.36 First Health	First Health		1654.8	0.7			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 0.6 TO 1.0CM	11441	CPT	outpatient			2364		925.36 First Trenton	First Trenton		2127.6	0.9			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 0.6 TO 1.0CM	11441	CPT	outpatient			2364		925.36 Horizon	Indemnity		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 0.6 TO 1.0CM	11441	CPT	outpatient			2364		925.36 Horizon	MGD		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 0.6 TO 1.0CM	11441	CPT	outpatient			2364		925.36 Horizon	PPO		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 0.6 TO 1.0CM	11441	CPT	outpatient			2364		925.36 Horizon	Medicare Blue		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 0.6 TO 1.0CM	11441	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	0.9			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 0.6 TO 1.0CM	11441	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	0.8			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 0.6 TO 1.0CM	11441	CPT	outpatient			2364		925.36 Qualcare	Qualcare		1773	0.75			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 0.6 TO 1.0CM	11441	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	0.95			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 0.6 TO 1.0CM	11441	CPT	outpatient			2364		925.36 UHC	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 0.6 TO 1.0CM	11441	CPT	outpatient			2364		925.36 UHC	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 0.6 TO 1.0CM	11441	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 0.6 TO 1.0CM	11441	CPT	outpatient			2364		925.36 Wellcare	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364		925.36 Aetna	Better Health		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364		925.36 Aetna	Commercial		1281.02	1.592			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364		925.36 Aetna	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364		925.36 Americare	Americare		1773	0.75			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364		925.36 WellPoint	WellPoint		758.37	0.3208			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364		925.36 Amerihealth	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364		925.36 Consumer	Consumer		2245.8	0.95			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364		925.36 Corrections	Corrections		1891.2	0.8			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364		925.36 First Health	First Health		1654.8	0.7			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364		925.36 First Trenton	First Trenton		2127.6	0.9			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364		925.36 Horizon	Indemnity		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364		925.36 Horizon	MGD		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364		925.36 Horizon	PPO		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364		925.36 Horizon	Medicare Blue		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	0.9			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	0.8			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364		925.36 Qualcare	Qualcare		1773	0.75			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	0.95			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364		925.36 UHC	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364		925.36 UHC	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364		925.36 Wellcare	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN-1.1 TO 2.0CM	11442	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 2.1TO 3.0CM	11443	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 2.1TO 3.0CM	11443	CPT	outpatient			5464		2132.36 Aetna	Better Health		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO 3.0CM	11443	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93	1.592			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 2.1TO 3.0CM	11443	CPT	outpatient			5464		2132.36 Americare	Americare		4098	0.75			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO 3.0CM	11443	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1752.85	0.3208			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO 3.0CM	11443	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 2.1TO 3.0CM	11443	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO 3.0CM	11443	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO 3.0CM	11443	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	0.7			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO 3.0CM	11443	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO 3.0CM	11443	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 2.1TO 3.0CM	11443	CPT	outpatient			5464		2132.36 Horizon	PPO		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 2.1TO 3.0CM	11443	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 2.1TO 3.0CM	11443	CPT	outpatient			5464		2132.36 Horizon	MGD		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 2.1TO 3.0CM	11443	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO 3.0CM	11443	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO 3.0CM	11443	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	0.75			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO 3.0CM	11443	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO 3.0CM	11443	CPT	outpatient			5464		2132.36 UHC	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO 3.0CM	11443	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 2.1TO 3.0CM	11443	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO 3.0CM	11443	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 3.1TO4.0CM	11444	CPT	outpatient			5464		2132.36 Aetna	Better Health		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN 3.1TO4.0CM	11444	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93	1.592			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 3.1TO4.0CM	11444	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 3.1TO4.0CM	11444	CPT	outpatient			5464		2132.36 Americare	Americare		4098	0.75			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN 3.1TO4.0CM	11444	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1752.85	0.3208			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN 3.1TO4.0CM	11444	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 3.1TO4.0CM	11444	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN 3.1TO4.0CM	11444	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN 3.1TO4.0CM	11444	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	0.7			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN 3.1TO4.0CM	11444	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN 3.1TO4.0CM	11444	CPT	outp

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SURG-EXC-FACE-BEN 3.1TO4.0CM	11444	CPT	outpatient			5464	2132.36	Three Rivers	Three Rivers		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN 3.1TO4.0CM	11444	CPT	outpatient			5464	2132.36	UHC	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN 3.1TO4.0CM	11444	CPT	outpatient			5464	2132.36	UHC	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 3.1TO4.0CM	11444	CPT	outpatient			5464	2132.36	Wellcare	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-BEN 3.1TO4.0CM	11444	CPT	outpatient			5464	2132.36	Wellcare	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN >4.0CM	11446	CPT	outpatient			9413	3737.2	Aetna	Medicare		2899.2	0.3008			2899.2	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN >4.0CM	11446	CPT	outpatient			9413	3737.2	Aetna	Commercial		5173.59	1.592			2899.2	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN >4.0CM	11446	CPT	outpatient			9413	3737.2	Aetna	Better Health		2961.33	0.3146			2899.2	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN >4.0CM	11446	CPT	outpatient			9413	3737.2	Americare	Americare		7059.75	0.75			2899.2	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN >4.0CM	11446	CPT	outpatient			9413	3737.2	WellPoint	WellPoint		3019.69	0.3208			2899.2	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN >4.0CM	11446	CPT	outpatient			9413	3737.2	Amerihealth	Medicare		3249.74	1			2899.2	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN >4.0CM	11446	CPT	outpatient			9413	3737.2	Consumer	Consumer		8942.35	0.95			2899.2	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN >4.0CM	11446	CPT	outpatient			9413	3737.2	Corrections	Corrections		7530.4	0.8			2899.2	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN >4.0CM	11446	CPT	outpatient			9413	3737.2	First Health	First Health		6589.1	0.7			2899.2	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN >4.0CM	11446	CPT	outpatient			9413	3737.2	First Trenton	First Trenton		8471.7	0.9			2899.2	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN >4.0CM	11446	CPT	outpatient			9413	3737.2	Horizon	MGD		5937.27	1.827			2899.2	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN >4.0CM	11446	CPT	outpatient			9413	3737.2	Horizon	Indemnity		5937.27	1.827			2899.2	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN >4.0CM	11446	CPT	outpatient			9413	3737.2	Horizon	Medicare Blue		3249.74	1			2899.2	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN >4.0CM	11446	CPT	outpatient			9413	3737.2	Horizon	PPO		5937.27	1.827			2899.2	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN >4.0CM	11446	CPT	outpatient			9413	3737.2	Managed Care Inc	Managed Care Inc		8471.7	0.9			2899.2	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN >4.0CM	11446	CPT	outpatient			9413	3737.2	Multiplan	Multiplan		7530.4	0.8			2899.2	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN >4.0CM	11446	CPT	outpatient			9413	3737.2	Qualcare	Qualcare		7059.75	0.75			2899.2	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN >4.0CM	11446	CPT	outpatient			9413	3737.2	Three Rivers	Three Rivers		8942.35	0.95			2899.2	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN >4.0CM	11446	CPT	outpatient			9413	3737.2	UHC	Medicare		3249.74	1			2899.2	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN >4.0CM	11446	CPT	outpatient			9413	3737.2	UHC	Medicaid		2961.33	0.3146			2899.2	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN >4.0CM	11446	CPT	outpatient			9413	3737.2	Wellcare	Medicaid		2961.33	0.3146			2899.2	8942.35	percent of total billed charges	
SURG-EXC-FACE-BEN >4.0CM	11446	CPT	outpatient			9413	3737.2	Wellcare	Medicare		3249.74	1			2899.2	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC HIDRAD ING, S/I REP	11462	CPT	outpatient			9413	3737.2	Aetna	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC HIDRAD ING, S/I REP	11462	CPT	outpatient			9413	3737.2	Aetna	Better Health		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
EXC HIDRAD ING, S/I REP	11462	CPT	outpatient			9413	3737.2	Aetna	Commercial		5173.59	1.592			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC HIDRAD ING, S/I REP	11462	CPT	outpatient			9413	3737.2	Americare	Americare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
EXC HIDRAD ING, S/I REP	11462	CPT	outpatient			9413	3737.2	WellPoint	WellPoint		3019.69	0.3208			2961.33	8942.35	percent of total billed charges	
EXC HIDRAD ING, S/I REP	11462	CPT	outpatient			9413	3737.2	Amerihealth	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC HIDRAD ING, S/I REP	11462	CPT	outpatient			9413	3737.2	Consumer	Consumer		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
EXC HIDRAD ING, S/I REP	11462	CPT	outpatient			9413	3737.2	Corrections	Corrections		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
EXC HIDRAD ING, S/I REP	11462	CPT	outpatient			9413	3737.2	First Health	First Health		6589.1	0.7			2961.33	8942.35	percent of total billed charges	
EXC HIDRAD ING, S/I REP	11462	CPT	outpatient			9413	3737.2	First Trenton	First Trenton		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
EXC HIDRAD ING, S/I REP	11462	CPT	outpatient			9413	3737.2	Horizon	MGD		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC HIDRAD ING, S/I REP	11462	CPT	outpatient			9413	3737.2	Horizon	PPO		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC HIDRAD ING, S/I REP	11462	CPT	outpatient			9413	3737.2	Horizon	Medicare Blue		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC HIDRAD ING, S/I REP	11462	CPT	outpatient			9413	3737.2	Horizon	Indemnity		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC HIDRAD ING, S/I REP	11462	CPT	outpatient			9413	3737.2	Managed Care Inc	Managed Care Inc		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
EXC HIDRAD ING, S/I REP	11462	CPT	outpatient			9413	3737.2	Multiplan	Multiplan		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
EXC HIDRAD ING, S/I REP	11462	CPT	outpatient			9413	3737.2	Qualcare	Qualcare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
EXC HIDRAD ING, S/I REP	11462	CPT	outpatient			9413	3737.2	Three Rivers	Three Rivers		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
EXC HIDRAD ING, S/I REP	11462	CPT	outpatient			9413	3737.2	UHC	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
EXC HIDRAD ING, S/I REP	11462	CPT	outpatient			9413	3737.2	UHC	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC HIDRAD ING, S/I REP	11462	CPT	outpatient			9413	3737.2	Wellcare	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC HIDRAD ING, S/I REP	11462	CPT	outpatient			9413	3737.2	Wellcare	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
SURG-EXC-TRUNK-MALIG TO 0.5CM	11600	CPT	outpatient			2364	925.36	Aetna	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-MALIG TO 0.5CM	11600	CPT	outpatient			2364	925.36	Aetna	Commercial		1281.02	1.592			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-MALIG TO 0.5CM	11600	CPT	outpatient			2364	925.36	Aetna	Better Health		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG TO 0.5CM	11600	CPT	outpatient			2364	925.36	Americare	Americare		1773	0.75			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG TO 0.5CM	11600	CPT	outpatient			2364	925.36	WellPoint	WellPoint		758.37	0.3208			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG TO 0.5CM	11600	CPT	outpatient			2364	925.36	Amerihealth	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-MALIG TO 0.5CM	11600	CPT	outpatient			2364	925.36	Consumer	Consumer		2245.8	0.95			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG TO 0.5CM	11600	CPT	outpatient			2364	925.36	Corrections	Corrections		1891.2	0.8			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG TO 0.5CM	11600	CPT	outpatient			2364	925.36	First Health	First Health		1654.8	0.7			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG TO 0.5CM	11600	CPT	outpatient			2364	925.36	First Trenton	First Trenton		2127.6	0.9			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG TO 0.5CM	11600	CPT	outpatient			2364	925.36	Horizon	MGD		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-MALIG TO 0.5CM	11600	CPT	outpatient			2364	925.36	Horizon	Indemnity		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-MALIG TO 0.5CM	11600	CPT	outpatient			2364	925.36	Horizon	Medicare Blue		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-MALIG TO 0.5CM	11600	CPT	outpatient			2364	925.36	Horizon	PPO		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-MALIG TO 0.5CM	11600	CPT	outpatient			2364	925.36	Managed Care Inc	Managed Care Inc		2127.6	0.9			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG TO 0.5CM	11600	CPT	outpatient			2364	925.36	Multiplan	Multiplan		1891.2	0.8			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG TO 0.5CM	11600	CPT	outpatient			2364	925.36	Qualcare	Qualcare		1773	0.75			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG TO 0.5CM	11600	CPT	outpatient			2364	925.36	Three Rivers	Three Rivers		2245.8	0.95			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG TO 0.5CM	11600	CPT	outpatient			2364	925.36	UHC	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG TO 0.5CM	11600	CPT	outpatient			2364	925.36	UHC	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-TRUNK-MALIG TO 0.5CM	11600	CPT	outpatient			2364	925.36	Wellcare	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SURG-EXC-TRUNK-MALIG TO 0.5CM	11600	CPT	outpatient			2364	925.36	Wellcare	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 0.6TO1.0CM	11601	CPT	outpatient			2364	925.36	Aetna	Better Health		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 0.6TO1.0CM	11601	CPT	outpatient			2364	925.36	Aetna	Commercial		1281.02	1.592			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 0.6TO1.0CM	11601	CPT	outpatient			2364	925.36	Aetna	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 0.6TO1.0CM	11601	CPT	outpatient			2364	925.36	Americare	Americare		1773	0.75			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 0.6TO1.0CM	11601	CPT	outpatient			2364	925.36	WellPoint	WellPoint		758.37	0.3208			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 0.6TO1.0CM	11601	CPT	outpatient			2364	925.36	Amerihealth	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 0.6TO1.0CM	11601	CPT	outpatient			2364	925.36	Consumer	Consumer		2245.8	0.95			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 0.6TO1.0CM	11601	CPT	outpatient			2364	925.36	Corrections	Corrections		1891.2	0.8			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 0.6TO1.0CM	11601	CPT	outpatient			2364	925.36	First Health	First Health		1654.8	0.7			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 0.6TO1.0CM	11601	CPT	outpatient			2364	925.36	First Trenton	First Trenton		2127.6	0.9			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 0.6TO1.0CM	11601	CPT	outpatient			2364	925.36	Horizon	PPO		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 0.6TO1.0CM	11601	CPT	outpatient			2364	925.36	Horizon	MGD		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 0.6TO1.0CM	11601	CPT	outpatient			2364	925.36	Horizon	Indemnity		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 0.6TO1.0CM	11601	CPT	outpatient			2364	925.36	Horizon	Medicare Blue		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 0.6TO1.0CM	11601	CPT	outpatient			2364	925.36	Managed Care Inc	Managed Care Inc		2127.6	0.9			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 0.6TO1.0CM	11601	CPT	outpatient			2364	925.36	Multiplan	Multiplan		1891.2	0.8			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 0.6TO1.0CM	11601	CPT	outpatient			2364	925.36	Qualcare	Qualcare		1773	0.75			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 0.6TO1.0CM	11601	CPT	outpatient			2364	925.36	Three Rivers	Three Rivers		2245.8	0.95			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 0.6TO1.0CM	11601	CPT	outpatient			2364	925.36	UHC	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 0.6TO1.0CM	11601	CPT	outpatient			2364	925.36	UHC	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 0.6TO1.0CM	11601	CPT	outpatient			2364	925.36	Wellcare	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 0.6TO1.0CM	11601	CPT	outpatient			2364	925.36	Wellcare	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 1.1TO2.0CM	11602	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 1.1TO2.0CM	11602	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 1.1TO2.0CM	11602	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 1.1TO2.0CM	11602	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 1.1TO2.0CM	11602	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 1.1TO2.0CM	11602	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 1.1TO2.0CM	11602	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 1.1TO2.0CM	11602	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 1.1TO2.0CM	11602	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 1.1TO2.0CM	11602	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 1.1TO2.0CM	11602	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 1.1TO2.0CM	11602	CPT	outpatient			1360	524.43	Horizon	MGD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 1.1TO2.0CM	11602	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 1.1TO2.0CM	11602	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 1.1TO2.0CM	11602	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 1.1TO2.0CM	11602	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 1.1TO2.0CM	11602	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 1.1TO2.0CM	11602	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 1.1TO2.0CM	11602	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 1.1TO2.0CM	11602	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 1.1TO2.0CM	11602	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 1.1TO2.0CM	11602	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 2.1TO3.0CM	11603	CPT	both			2364	925.36	Aetna	Better Health		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 2.1TO3.0CM	11603	CPT	both			2364	925.36	Aetna	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 2.1TO3.0CM	11603	CPT	both			2364	925.36	Aetna	Commercial		1281.02	1.592			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 2.1TO3.0CM	11603	CPT	both			2364	925.36	Americare	Americare		1773	0.75			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 2.1TO3.0CM	11603	CPT	both			2364	925.36	WellPoint	WellPoint		758.37	0.3208			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 2.1TO3.0CM	11603	CPT	both			2364	925.36	Amerihealth	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 2.1TO3.0CM	11603	CPT	both			2364	925.36	Consumer	Consumer		2245.8	0.95			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 2.1TO3.0CM	11603	CPT	both			2364	925.36	Corrections	Corrections		1891.2	0.8			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 2.1TO3.0CM	11603	CPT	both			2364	925.36	First Health	First Health		1654.8	0.7			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 2.1TO3.0CM	11603	CPT	both			2364	925.36	First Trenton	First Trenton		2127.6	0.9			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 2.1TO3.0CM	11603	CPT	both			2364	925.36	Horizon	Indemnity		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 2.1TO3.0CM	11603	CPT	both			2364	925.36	Horizon	MGD		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 2.1TO3.0CM	11603	CPT	both			2364	925.36	Horizon	PPO		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 2.1TO3.0CM	11603	CPT	both			2364	925.36	Horizon	Medicare Blue		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 2.1TO3.0CM	11603	CPT	both			2364	925.36	Managed Care Inc	Managed Care Inc		2127.6	0.9			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 2.1TO3.0CM	11603	CPT	both			2364	925.36	Multiplan	Multiplan		1891.2	0.8			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 2.1TO3.0CM	11603	CPT	both			2364	925.36	Qualcare	Qualcare		1773	0.75			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 2.1TO3.0CM	11603	CPT	both			2364	925.36	Three Rivers	Three Rivers		2245.8	0.95			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 2.1TO3.0CM	11603	CPT	both			2364	925.36	UHC	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 2.1TO3.0CM	11603	CPT	both			2364	925.36	UHC	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG 2.1TO3.0CM	11603	CPT	both			2364	925.36	Wellcare	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG 2.1TO3.0CM	11603	CPT	both			2364	925.36	Wellcare	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO3.0CM	11604	CPT	outpatient			2364	925.36	Aetna	Better Health		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO3.0CM	11604	CPT	outpatient			2364	925.36	Aetna	Commercial		1281.02	1.592			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SURG-EXC-FACE-BEN 2.1TO3.0CM	11604	CPT	outpatient			2364		925.36 Consumer	Consumer		2245.8	0.95			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO3.0CM	11604	CPT	outpatient			2364		925.36 Corrections	Corrections		1891.2	0.8			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO3.0CM	11604	CPT	outpatient			2364		925.36 First Health	First Health		1654.8	0.7			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO3.0CM	11604	CPT	outpatient			2364		925.36 First Trenton	First Trenton		2127.6	0.9			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO3.0CM	11604	CPT	outpatient			2364		925.36 Horizon	Medicare Blue		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 2.1TO3.0CM	11604	CPT	outpatient			2364		925.36 Horizon	MGD		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 2.1TO3.0CM	11604	CPT	outpatient			2364		925.36 Horizon	PPO		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 2.1TO3.0CM	11604	CPT	outpatient			2364		925.36 Horizon	Indemnity		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 2.1TO3.0CM	11604	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	0.9			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO3.0CM	11604	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	0.8			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO3.0CM	11604	CPT	outpatient			2364		925.36 Qualcare	Qualcare		1773	0.75			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO3.0CM	11604	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	0.95			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO3.0CM	11604	CPT	outpatient			2364		925.36 UHC	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-BEN 2.1TO3.0CM	11604	CPT	outpatient			2364		925.36 UHC	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 2.1TO3.0CM	11604	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-BEN 2.1TO3.0CM	11604	CPT	outpatient			2364		925.36 Wellcare	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Aetna	Medicare		1682.91	0.308			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Aetna	Better Health		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93	1.592			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Americare	Americare		4098	0.75			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1752.85	0.3208			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	0.95			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	0.8			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	0.7			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	0.9			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Horizon	MGD		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Horizon	PPO		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	0.9			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	0.8			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	0.75			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	0.95			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 UHC	Medicaid		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
SUR-EXC-TRUNK-MALIG OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUR-EXC-TRUNK-MALIG OVER 4.0CM	11606	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Aetna	Better Health		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93	1.592			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Americare	Americare		4098	0.75			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1752.85	0.3208			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	0.7			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Horizon	MGD		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Horizon	PPO		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	0.75			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 UHC	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.5CM/LESS	11620	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Aetna	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Aetna	Better Health		743.71	0.3146			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Aetna	Commercial		1281.02	1.592			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Americare	Americare		1773	0.75			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 WellPoint	WellPoint		758.37	0.3208			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Amerihealth	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Consumer	Consumer		2245.8	0.95			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Corrections	Corrections		1891.2	0.8			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 First Health	First Health		1654.8	0.7			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 First Trenton	First Trenton		2127.6	0.9			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Horizon	PPO		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Horizon	MGD		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Horizon	Medicare Blue		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Horizon	Indemnity		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	0.9			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	0.8			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Qualcare	Qualcare		1773	0.75			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	0.95			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 UHC	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 UHC	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Wellcare	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-0.6/1.0CM	11621	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Aetna	Better Health		743.71	0.3146			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Aetna	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Aetna	Commercial		1281.02	1.592			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Americare	Americare		1773	0.75			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 WellPoint	WellPoint		758.37	0.3208			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Amerihealth	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Consumer	Consumer		2245.8	0.95			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Corrections	Corrections		1891.2	0.8			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 First Health	First Health		1654.8	0.7			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 First Trenton	First Trenton		2127.6	0.9			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Horizon	Indemnity		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Horizon	Medicare Blue		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Horizon	PPO		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Horizon	MGD		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	0.9			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	0.8			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Qualcare	Qualcare		1773	0.75			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	0.95			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 UHC	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 UHC	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Wellcare	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
EXC-SCALP HANDS ETC-1.1/2.0CM	11622	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Aetna	Medicare		1682.91	0.308			1682.91	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Aetna	Better Health		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93	1.592			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Americare	Americare		4098	0.75			1682.91	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1752.85	0.3208			1682.91	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	0.95			1682.91	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	0.8			1682.91	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	0.7			1682.91	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	0.9			1682.91	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Horizon	PPO		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Horizon	MGD		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	0.9			1682.91	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	0.8			1682.91	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	0.75			1682.91	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	0.95			1682.91	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 UHC	Medicaid		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-2.1/3.0CM	11623	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Aetna	Better Health		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93	1.592			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Americare	Americare		4098	0.75			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1752.85	0.3208			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	0.7			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Horizon	MGD		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Horizon	Indem

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXC-SCALP HANDS ETC- 3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC- 3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC- 3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 UHC	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC- 3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC- 3.1/4.0CM	11624	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1718.97	0.3146			1716.97	5190.8	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Aetna	Medicare		2899.2	0.308			2899.2	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Aetna	Better Health		2961.33	0.3146			2899.2	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Aetna	Commercial		5173.59	1.592			2899.2	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Americare	Americare		7059.75	0.75			2899.2	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 WellPoint	WellPoint		3019.69	0.3208			2899.2	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Amerihealth	Medicare		3249.74	1			2899.2	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Consumer	Consumer		8942.35	0.95			2899.2	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Corrections	Corrections		7530.4	0.8			2899.2	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 First Health	First Health		6589.1	0.7			2899.2	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 First Trenton	First Trenton		8471.7	0.9			2899.2	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Horizon	MGD		5937.27	1.827			2899.2	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Horizon	PPO		5937.27	1.827			2899.2	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Horizon	Indemnity		5937.27	1.827			2899.2	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Horizon	Medicare Blue		3249.74	1			2899.2	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Managed Care Inc	Managed Care Inc		8471.7	0.9			2899.2	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Multiplan	Multiplan		7530.4	0.8			2899.2	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Qualcare	Qualcare		7059.75	0.75			2899.2	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Three Rivers	Three Rivers		8942.35	0.95			2899.2	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 UHC	Medicaid		2961.33	0.3146			2899.2	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 UHC	Medicare		3249.74	1			2899.2	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC-SCALP HANDS ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Wellcare	Medicaid		2961.33	0.3146			2899.2	8942.35	percent of total billed charges	
EXC-SCALP HANDS ETC-OVER 4.0CM	11626	CPT	outpatient			9413		3737.2 Wellcare	Medicare		3249.74	1			2899.2	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG TO 0.5CM	11640	CPT	outpatient			2364		925.36 Aetna	Medicare		728.11	0.308			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG TO 0.5CM	11640	CPT	outpatient			2364		925.36 Aetna	Better Health		743.71	0.3146			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG TO 0.5CM	11640	CPT	outpatient			2364		925.36 Aetna	Commercial		1281.02	1.592			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG TO 0.5CM	11640	CPT	outpatient			2364		925.36 Americare	Americare		1773	0.75			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG TO 0.5CM	11640	CPT	outpatient			2364		925.36 WellPoint	WellPoint		758.37	0.3208			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG TO 0.5CM	11640	CPT	outpatient			2364		925.36 Amerihealth	Medicare		804.66	1			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG TO 0.5CM	11640	CPT	outpatient			2364		925.36 Consumer	Consumer		2245.8	0.95			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG TO 0.5CM	11640	CPT	outpatient			2364		925.36 Corrections	Corrections		1891.2	0.8			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG TO 0.5CM	11640	CPT	outpatient			2364		925.36 First Health	First Health		1654.8	0.7			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG TO 0.5CM	11640	CPT	outpatient			2364		925.36 First Trenton	First Trenton		2127.6	0.9			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG TO 0.5CM	11640	CPT	outpatient			2364		925.36 Horizon	MGD		1470.11	1.827			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG TO 0.5CM	11640	CPT	outpatient			2364		925.36 Horizon	Medicare Blue		804.66	1			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG TO 0.5CM	11640	CPT	outpatient			2364		925.36 Horizon	Indemnity		1470.11	1.827			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG TO 0.5CM	11640	CPT	outpatient			2364		925.36 Horizon	PPO		1470.11	1.827			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG TO 0.5CM	11640	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	0.9			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG TO 0.5CM	11640	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	0.8			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG TO 0.5CM	11640	CPT	outpatient			2364		925.36 Qualcare	Qualcare		1773	0.75			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG TO 0.5CM	11640	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	0.95			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG TO 0.5CM	11640	CPT	outpatient			2364		925.36 UHC	Medicare		804.66	1			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG TO 0.5CM	11640	CPT	outpatient			2364		925.36 UHC	Medicaid		743.71	0.3146			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG TO 0.5CM	11640	CPT	outpatient			2364		925.36 Wellcare	Medicaid		743.71	0.3146			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG TO 0.5CM	11640	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66	1			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Aetna	Better Health		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Aetna	Commercial		1281.02	1.592			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Aetna	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Americare	Americare		1773	0.75			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 WellPoint	WellPoint		758.37	0.3208			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Amerihealth	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Consumer	Consumer		2245.8	0.95			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Corrections	Corrections		1891.2	0.8			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 First Health	First Health		1654.8	0.7			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 First Trenton	First Trenton		2127.6	0.9			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Horizon	Indemnity		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Horizon	Medicare Blue		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Horizon	MGD		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Horizon	PPO		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	0.9			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	0.8			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Qualcare	Qualcare		1773	0.75			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	0.95			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 UHC	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 UHC	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Wellcare	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 0.6TO1.0CM	11641	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Aetna	Better Health		743.71	0.3146			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Aetna	Medicare		728.11	0.308			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Aetna	Commercial		1281.02	1.592			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Americare	Americare		1773	0.75			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 WellPoint	WellPoint		758.37	0.3208			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Amerihealth	Medicare		804.66	1			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Consumer	Consumer		2245.8	0.95			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Corrections	Corrections		1891.2	0.8			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 First Health	First Health		1654.8	0.7			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 First Trenton	First Trenton		2127.6	0.9			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Horizon	MGD		1470.11	1.827			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Horizon	Medicare Blue		804.66	1			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Horizon	PPO		1470.11	1.827			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Horizon	Indemnity		1470.11	1.827			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Managed Care Inc	Managed Care Inc		2127.6	0.9			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Multiplan	Multiplan		1891.2	0.8			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Qualcare	Qualcare		1773	0.75			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Three Rivers	Three Rivers		2245.8	0.95			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 UHC	Medicaid		743.71	0.3146			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 UHC	Medicare		804.66	1			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Wellcare	Medicaid		743.71	0.3146			728.11	2245.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 1.1TO2.0CM	11642	CPT	outpatient			2364		925.36 Wellcare	Medicare		804.66	1			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Aetna	Better Health		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93	1.592			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Americare	Americare		4098	0.75			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1752.85	0.3208			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	0.7			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Horizon	MGD		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Horizon	PPO		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	0.75			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 UHC	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 2.1TO3.0CM	11643	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Aetna	Better Health		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93	1.592			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Americare	Americare		4098	0.75			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1752.85	0.3208			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	0.7			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Horizon	MGD		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Horizon	PPO		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	0.75			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 UHC	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALIG 3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
SURG-EXC-FACE-MALIG 3.1TO4.0CM	11644	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23	1			1718.97	5190.8

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SURG-EXC-FACE-MALG OVER 4.0CM	11646	CPT	outpatient			9413	3737.2	Consumer	Consumer		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
SURG-EXC-FACE-MALG OVER 4.0CM	11646	CPT	outpatient			9413	3737.2	Corrections	Corrections		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
SURG-EXC-FACE-MALG OVER 4.0CM	11646	CPT	outpatient			9413	3737.2	First Health	First Health		6589.1	0.7			2961.33	8942.35	percent of total billed charges	
SURG-EXC-FACE-MALG OVER 4.0CM	11646	CPT	outpatient			9413	3737.2	First Trenton	First Trenton		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
SURG-EXC-FACE-MALG OVER 4.0CM	11646	CPT	outpatient			9413	3737.2	Horizon	Medicare Blue		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALG OVER 4.0CM	11646	CPT	outpatient			9413	3737.2	Horizon	PPO		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALG OVER 4.0CM	11646	CPT	outpatient			9413	3737.2	Horizon	MGD		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALG OVER 4.0CM	11646	CPT	outpatient			9413	3737.2	Horizon	Indemnity		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALG OVER 4.0CM	11646	CPT	outpatient			9413	3737.2	Managed Care Inc	Managed Care Inc		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
SURG-EXC-FACE-MALG OVER 4.0CM	11646	CPT	outpatient			9413	3737.2	Multiplan	Multiplan		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
SURG-EXC-FACE-MALG OVER 4.0CM	11646	CPT	outpatient			9413	3737.2	Qualcare	Qualcare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
SURG-EXC-FACE-MALG OVER 4.0CM	11646	CPT	outpatient			9413	3737.2	Three Rivers	Three Rivers		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
SURG-EXC-FACE-MALG OVER 4.0CM	11646	CPT	outpatient			9413	3737.2	UHC	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG-EXC-FACE-MALG OVER 4.0CM	11646	CPT	outpatient			9413	3737.2	UHC	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
SURG-EXC-FACE-MALG OVER 4.0CM	11646	CPT	outpatient			9413	3737.2	Wellcare	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
SURG-EXC-FACE-MALG OVER 4.0CM	11646	CPT	outpatient			9413	3737.2	Wellcare	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIMMING OF NAILS	11719	CPT	outpatient			211	80.45	Aetna	Better Health		66.38	0.3146			66.38	200.45	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211	80.45	Aetna	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIMMING OF NAILS	11719	CPT	outpatient			211	80.45	Aetna	Commercial		111.38	1.592			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIMMING OF NAILS	11719	CPT	outpatient			211	80.45	Americare	Americare		158.25	0.75			66.38	200.45	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211	80.45	WellPoint	WellPoint		67.69	0.3208			66.38	200.45	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211	80.45	Amerihealth	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIMMING OF NAILS	11719	CPT	outpatient			211	80.45	Consumer	Consumer		200.45	0.95			66.38	200.45	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211	80.45	Corrections	Corrections		168.8	0.8			66.38	200.45	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211	80.45	First Health	First Health		147.7	0.7			66.38	200.45	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211	80.45	First Trenton	First Trenton		189.9	0.9			66.38	200.45	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211	80.45	Horizon	MGD		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIMMING OF NAILS	11719	CPT	outpatient			211	80.45	Horizon	Medicare Blue		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIMMING OF NAILS	11719	CPT	outpatient			211	80.45	Horizon	PPO		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIMMING OF NAILS	11719	CPT	outpatient			211	80.45	Horizon	Indemnity		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIMMING OF NAILS	11719	CPT	outpatient			211	80.45	Managed Care Inc	Managed Care Inc		189.9	0.9			66.38	200.45	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211	80.45	Multiplan	Multiplan		168.8	0.8			66.38	200.45	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211	80.45	Qualcare	Qualcare		158.25	0.75			66.38	200.45	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211	80.45	Three Rivers	Three Rivers		200.45	0.95			66.38	200.45	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211	80.45	UHC	Medicaid		66.38	0.3146			66.38	200.45	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211	80.45	UHC	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIMMING OF NAILS	11719	CPT	outpatient			211	80.45	Wellcare	Medicaid		66.38	0.3146			66.38	200.45	percent of total billed charges	
TRIMMING OF NAILS	11719	CPT	outpatient			211	80.45	Wellcare	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OF NAIL 1-5	11720	CPT	outpatient			211	80.45	Aetna	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OF NAIL 1-5	11720	CPT	outpatient			211	80.45	Aetna	Better Health		66.38	0.3146			66.38	200.45	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	outpatient			211	80.45	Aetna	Commercial		111.38	1.592			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OF NAIL 1-5	11720	CPT	outpatient			211	80.45	Americare	Americare		158.25	0.75			66.38	200.45	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	outpatient			211	80.45	WellPoint	WellPoint		67.69	0.3208			66.38	200.45	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	outpatient			211	80.45	Amerihealth	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OF NAIL 1-5	11720	CPT	outpatient			211	80.45	Consumer	Consumer		200.45	0.95			66.38	200.45	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	outpatient			211	80.45	Corrections	Corrections		168.8	0.8			66.38	200.45	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	outpatient			211	80.45	First Health	First Health		147.7	0.7			66.38	200.45	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	outpatient			211	80.45	First Trenton	First Trenton		189.9	0.9			66.38	200.45	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	outpatient			211	80.45	Horizon	MGD		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OF NAIL 1-5	11720	CPT	outpatient			211	80.45	Horizon	Indemnity		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OF NAIL 1-5	11720	CPT	outpatient			211	80.45	Horizon	PPO		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OF NAIL 1-5	11720	CPT	outpatient			211	80.45	Horizon	Medicare Blue		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OF NAIL 1-5	11720	CPT	outpatient			211	80.45	Managed Care Inc	Managed Care Inc		189.9	0.9			66.38	200.45	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	outpatient			211	80.45	Multiplan	Multiplan		168.8	0.8			66.38	200.45	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	outpatient			211	80.45	Qualcare	Qualcare		158.25	0.75			66.38	200.45	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	outpatient			211	80.45	Three Rivers	Three Rivers		200.45	0.95			66.38	200.45	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	outpatient			211	80.45	UHC	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OF NAIL 1-5	11720	CPT	outpatient			211	80.45	UHC	Medicaid		66.38	0.3146			66.38	200.45	percent of total billed charges	
DEBRIDEMENT OF NAIL 1-5	11720	CPT	outpatient			211	80.45	Wellcare	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT OF NAIL 1-5	11720	CPT	outpatient			211	80.45	Wellcare	Medicaid		66.38	0.3146			66.38	200.45	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	outpatient			211	80.45	Aetna	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	outpatient			211	80.45	Aetna	Better Health		66.38	0.3146			66.38	200.45	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	outpatient			211	80.45	Aetna	Commercial		111.38	1.592			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	outpatient			211	80.45	Americare	Americare		158.25	0.75			66.38	200.45	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	outpatient			211	80.45	WellPoint	WellPoint		67.69	0.3208			66.38	200.45	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	outpatient			211	80.45	Amerihealth	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	outpatient			211	80.45	Consumer	Consumer		200.45	0.95			66.38	200.45	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	outpatient			211	80.45	Corrections	Corrections		168.8	0.8			66.38	200.45	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	outpatient			211	80.45	First Health	First Health		147.7	0.7			66.38	200.45	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	outpatient			211	80.45	First Trenton	First Trenton		189.9	0.9			66.38	200.45	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	outpatient			211	80.45	Horizon	MGD		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	outpatient			211	80.45	Horizon	Indemnity		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	outpatient			211	80.45	Horizon	PPO		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	outpatient			211	80.45	Horizon	Medicare Blue		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	outpatient			211	80.45	Managed Care Inc	Managed Care Inc		189.9	0.9			66.38	200.45	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	outpatient			211	80.45	Multiplan	Multiplan		168.8	0.8			66.38	200.45	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	outpatient			211	80.45	Qualcare	Qualcare		158.25	0.75			66.38	200.45	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	outpatient			211	80.45	Three Rivers	Three Rivers		200.45	0.95			66.38	200.45	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	outpatient			211	80.45	UHC	Medicaid		66.38	0.3146			66.38	200.45	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	outpatient			211	80.45	UHC	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	outpatient			211	80.45	Wellcare	Medicaid		66.38	0.3146			66.38	200.45	percent of total billed charges	
DEBRIDEMENT NAILS MORE THAN 6	11721	CPT	outpatient			211	80.45	Wellcare	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPL AVULSE NP; SGL	11730	CPT	outpatient			659	263.3	Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPL AVULSE NP; SGL	11730	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPL AVULSE NP; SGL	11730	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPL AVULSE NP; SGL	11730	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			659	263.3	Horizon	MGD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPL AVULSE NP; SGL	11730	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPL AVULSE NP; SGL	11730	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPL AVULSE NP; SGL	11730	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPL AVULSE NP; SGL	11730	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
SPL AVULSE NP; SGL	11730	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPL AVULSE NP; SGL	11730	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPL AVULSE NP; SGL	11730	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Aetna	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Aetna	Commercial		232.58	1.592			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Aetna	Better Health		133.39	0.3146			133.39	402.8	percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Americare	Americare		318	0.75			133.39	402.8	percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	WellPoint	WellPoint		136.02	0.3208			133.39	402.8	percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Amerihealth	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Consumer	Consumer		402.8	0.95			133.39	402.8	percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Corrections	Corrections		339.2	0.8			133.39	402.8	percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	First Health	First Health		296.8	0.7			133.39	402.8	percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	0.9			133.39	402.8	percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Horizon	Indemnity		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Horizon	MGD		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Horizon	PPO		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	0.9			133.39	402.8	percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	0.8			133.39	402.8	percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Qualcare	Qualcare		318	0.75			133.39	402.8	percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	0.95			133.39	402.8	percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	UHC	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	UHC	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Wellcare	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D SUBUNGUAL HEMATOMA	11740	CPT	outpatient			424	168	Wellcare	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Aetna	Commercial		726	1.592			418.88	1520.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Aetna	Better Health		503.67	0.3146			418.88	1520.95	percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Aetna	Medicare		493.11	0.308			418.88	1520.95	percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Americare	Americare		1200.75	0.75			418.88	1520.95	percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	WellPoint	WellPoint		513.6	0.3208			418.88	1520.95	percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Amerihealth	Medicare		456.03	1			418.88	1520.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Consumer	Consumer		1520.95	0.95			418.88	1520.95	percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Corrections	Corrections		1280.8	0.8			418.88	1520.95	percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	First Health	First Health		1120.7	0.7			418.88	1520.95	percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	First Trenton	First Trenton		1440.9	0.9			418.88	1520.95	percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Horizon	Medicare Blue		456.03	1			418.88	1520.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Horizon	MGD		833.17	1.827			418.88	1520.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Horizon	Indemnity		833.17	1.827			418.88	1520.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Horizon	PPO		833.17	1.827			418.88	1520.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Managed Care Inc	Managed Care Inc		1440.9	0.9			418.88	1520.95	percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Multiplan	Multiplan		1280.8	0.8			418.88	1520.95	percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Qualcare	Qualcare		1200.75	0.75			418.88	1520.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Three Rivers	Three Rivers		1520.95	0.95			418.88	1520.95	percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	UHC	Medicare		456.03	1			418.88	1520.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	UHC	Medicaid		503.67	0.3146			418.88	1520.95	percent of total billed charges	
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Wellcare	Medicare		456.03	1			418.88	1520.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF NAIL BED	11750	CPT	outpatient			1601	524.43	Wellcare	Medicaid		503.67	0.3146			418.88	1520.95	percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Aetna	Better Health		744.03	0.3146			744.03	2246.75	percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Aetna	Commercial		1281.02	1.592			744.03	2246.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Aetna	Medicare		804.66	1			744.03	2246.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Americare	Americare		1773.75	0.75			744.03	2246.75	percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	WellPoint	WellPoint		758.69	0.3208			744.03	2246.75	percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	AmeriHealth	Medicare		804.66	1			744.03	2246.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Consumer	Consumer		2246.75	0.95			744.03	2246.75	percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Corrections	Corrections		1892	0.8			744.03	2246.75	percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	First Health	First Health		1655.5	0.7			744.03	2246.75	percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	First Trenton	First Trenton		2128.5	0.9			744.03	2246.75	percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Horizon	Indemnity		1470.11	1.827			744.03	2246.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Horizon	MGD		1470.11	1.827			744.03	2246.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Horizon	Medicare Blue		804.66	1			744.03	2246.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Horizon	PPO		1470.11	1.827			744.03	2246.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Managed Care Inc	Managed Care Inc		2128.5	0.9			744.03	2246.75	percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Multiplan	Multiplan		1892	0.8			744.03	2246.75	percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Qualcare	Qualcare		1773.75	0.75			744.03	2246.75	percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Three Rivers	Three Rivers		2246.75	0.95			744.03	2246.75	percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	UHC	Medicaid		744.03	0.3146			744.03	2246.75	percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	UHC	Medicare		804.66	1			744.03	2246.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Wellcare	Medicaid		744.03	0.3146			744.03	2246.75	percent of total billed charges	
BX NAIL UNIT	11755	CPT	outpatient			2365	925.36	Wellcare	Medicare		804.66	1			744.03	2246.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Aetna	Commercial		1143.5	1.592			699.04	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Aetna	Better Health		699.04	0.3146			699.04	2110.9	percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Aetna	Medicare		718.28	1			699.04	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Americare	Americare		1666.5	0.75			699.04	2110.9	percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	WellPoint	WellPoint		712.82	0.3208			699.04	2110.9	percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	AmeriHealth	Medicare		718.28	1			699.04	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Consumer	Consumer		2110.9	0.95			699.04	2110.9	percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Corrections	Corrections		1777.6	0.8			699.04	2110.9	percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	First Health	First Health		1555.4	0.7			699.04	2110.9	percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	First Trenton	First Trenton		1999.8	0.9			699.04	2110.9	percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Horizon	MGD		1312.3	1.827			699.04	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Horizon	Medicare Blue		718.28	1			699.04	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Horizon	PPO		1312.3	1.827			699.04	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Horizon	Indemnity		1312.3	1.827			699.04	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Managed Care Inc	Managed Care Inc		1999.8	0.9			699.04	2110.9	percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Multiplan	Multiplan		1777.6	0.8			699.04	2110.9	percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Qualcare	Qualcare		1666.5	0.75			699.04	2110.9	percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Three Rivers	Three Rivers		2110.9	0.95			699.04	2110.9	percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	UHC	Medicaid		699.04	0.3146			699.04	2110.9	percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	UHC	Medicare		718.28	1			699.04	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Wellcare	Medicaid		699.04	0.3146			699.04	2110.9	percent of total billed charges	
RECONSTRUCTION OF NAIL BED	11760	CPT	outpatient			2222	826.02	Wellcare	Medicare		718.28	1			699.04	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Aetna	Medicare		1985.37	0.308			1985.37	6123.7	percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Aetna	Commercial		3320.32	1.592			1985.37	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Aetna	Better Health		2027.91	0.3146			1985.37	6123.7	percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Americare	Americare		4834.5	0.75			1985.37	6123.7	percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	WellPoint	WellPoint		2067.88	0.3208			1985.37	6123.7	percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	AmeriHealth	Medicare		2085.63	1			1985.37	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Consumer	Consumer		6123.7	0.95			1985.37	6123.7	percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Corrections	Corrections		5156.8	0.8			1985.37	6123.7	percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	First Health	First Health		4512.2	0.7			1985.37	6123.7	percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	First Trenton	First Trenton		5801.4	0.9			1985.37	6123.7	percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Horizon	MGD		3810.45	1.827			1985.37	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Horizon	PPO		3810.45	1.827			1985.37	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Horizon	Indemnity		3810.45	1.827			1985.37	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Horizon	Medicare Blue		2085.63	1			1985.37	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Managed Care Inc	Managed Care Inc		5801.4	0.9			1985.37	6123.7	percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Multiplan	Multiplan		5156.8	0.8			1985.37	6123.7	percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Qualcare	Qualcare		4834.5	0.75			1985.37	6123.7	percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Three Rivers	Three Rivers		6123.7	0.95			1985.37	6123.7	percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	UHC	Medicaid		2027.91	0.3146			1985.37	6123.7	percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	UHC	Medicare		2085.63	1			1985.37	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Wellcare	Medicaid		2027.91	0.3146			1985.37	6123.7	percent of total billed charges	
RECONSTRUCT NAIL BED W GRAFT	11762	CPT	outpatient			6446	2398.47	Wellcare	Medicare		2085.63	1			1985.37	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXC INGROWN TOENAIL	11765	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
WEDGE EXC INGROWN TOENAIL	11765	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXC INGROWN TOENAIL	11765	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXC INGROWN TOENAIL	11765	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
WEDGE EXC INGROWN TOENAIL	11765	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
WEDGE EXC INGROWN TOENAIL	11765	CPT	outpatient			1360	524.43	AmeriHealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXC INGROWN TOENAIL	11765	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
WEDGE EXC INGROWN TOENAIL	11765	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
WEDGE EXC INGROWN TOENAIL	11765	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
WEDGE EXC INGROWN TOENAIL	11765	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
WEDGE EXC INGROWN TOENAIL	11765	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXC INGROWN TOENAIL	11765	CPT	outpatient			1360	524.43	Horizon	MGD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXC INGROWN TOENAIL	11765	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXC INGROWN TOENAIL	11765	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXC INGROWN TOENAIL	11765	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
WEDGE EXC INGROWN TOENAIL	11765	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
WEDGE EXC INGROWN TOENAIL	11765	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
WEDGE EXC INGROWN TOENAIL	11765	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
WEDGE EXC INGROWN TOENAIL	11765	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXC INGROWN TOENAIL	11765	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
WEDGE EXC INGROWN TOENAIL	11765	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGE EXC INGROWN TOENAIL	11765	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	AmeriHealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Horizon	MGD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION UP TO 7	11900	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION>7	11901	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION>7	11901	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION>7	11901	CPT	outpatient			659	263.3	Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION>7	11901	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION>7	11901	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION>7	11901	CPT	outpatient			659	263.3	AmeriHealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION>7	11901	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION>7	11901	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION>7	11901	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION>7	11901	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION>7	11901	CPT	outpatient			659	263.3	Horizon	MGD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION>7	11901	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION>7	11901	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION>7	11901	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION>7	11901	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION>7	11901	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION>7	11901	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION>7	11901	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION>7	11901	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION>7	11901	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRALESION INJECTION>7	11901	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
INTRALESION INJECTION>7	11901	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Aetna	Medicare		718.28	1			649.96	1962.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Aetna	Commercial		1143.5	1.592			649.96	1962.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Aetna	Better Health		649.96	0.3146			649.96	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Americare	Americare		1549.5	0.75			649.96	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	WellPoint	WellPoint		662.77	0.3208			649.96	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	AmeriHealth	Medicare		718.28	1			649.96	1962.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Consumer	Consumer		1962.7	0.95			649.96	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Corrections	Corrections		1652.8	0.8			649.96	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	First Health	First Health		1446.2	0.7			649.96	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	First Trenton	First Trenton		1859.4	0.9			649.96	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Horizon	PPO		1312.3	1.827			649.96	1962.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Horizon	MCD		1312.3	1.827			649.96	1962.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Horizon	Indemnity		1312.3	1.827			649.96	1962.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Horizon	Medicare Blue		718.28	1			649.96	1962.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Managed Care Inc	Managed Care Inc		1859.4	0.9			649.96	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Multiplan	Multiplan		1652.8	0.8			649.96	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Qualcare	Qualcare		1549.5	0.75			649.96	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Three Rivers	Three Rivers		1962.7	0.95			649.96	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	UHC	Medicaid		649.96	0.3146			649.96	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	UHC	Medicare		718.28	1			649.96	1962.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Wellcare	Medicaid		649.96	0.3146			649.96	1962.7	percent of total billed charges	
TAT TO CORR SKN DFCTS =< 6SQCM	11920	CPT	outpatient			2066	826.02	Wellcare	Medicare		718.28	1			649.96	1962.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING; 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Aetna	Commercial		1143.5	1.592			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING; 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Aetna	Better Health		666.01	0.3146			666.01	2011.15	percent of total billed charges	
TATTOOING; 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Aetna	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING; 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Americare	Americare		1587.75	0.75			666.01	2011.15	percent of total billed charges	
TATTOOING; 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	WellPoint	WellPoint		679.13	0.3208			666.01	2011.15	percent of total billed charges	
TATTOOING; 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Amerihealth	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING; 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Consumer	Consumer		2011.15	0.95			666.01	2011.15	percent of total billed charges	
TATTOOING; 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Corrections	Corrections		1693.6	0.8			666.01	2011.15	percent of total billed charges	
TATTOOING; 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	First Health	First Health		1481.9	0.7			666.01	2011.15	percent of total billed charges	
TATTOOING; 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	First Trenton	First Trenton		1905.3	0.9			666.01	2011.15	percent of total billed charges	
TATTOOING; 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Horizon	PPO		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING; 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Horizon	Indemnity		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING; 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Horizon	MCD		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING; 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING; 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Managed Care Inc	Managed Care Inc		1905.3	0.9			666.01	2011.15	percent of total billed charges	
TATTOOING; 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Multiplan	Multiplan		1693.6	0.8			666.01	2011.15	percent of total billed charges	
TATTOOING; 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Qualcare	Qualcare		1587.75	0.75			666.01	2011.15	percent of total billed charges	
TATTOOING; 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Three Rivers	Three Rivers		2011.15	0.95			666.01	2011.15	percent of total billed charges	
TATTOOING; 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	UHC	Medicaid		666.01	0.3146			666.01	2011.15	percent of total billed charges	
TATTOOING; 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	UHC	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING; 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Wellcare	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TATTOOING; 6.1 - 20.0 SQ CM	11921	CPT	outpatient			2117	826.02	Wellcare	Medicaid		666.01	0.3146			666.01	2011.15	percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Horizon	MCD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
SUBCUTANEOUS INJECT FILLING LIP	11950	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SQ INJ FILLI	11951	CPT	outpatient			2117	826.02	Aetna	Commercial		1143.5	1.592			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SQ INJ FILLI	11951	CPT	outpatient			2117	826.02	Aetna	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SQ INJ FILLI	11951	CPT	outpatient			2117	826.02	Aetna	Better Health		666.01	0.3146			666.01	2011.15	percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117	826.02	Americare	Americare		1587.75	0.75			666.01	2011.15	percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117	826.02	WellPoint	WellPoint		679.13	0.3208			666.01	2011.15	percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117	826.02	Amerihealth	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SQ INJ FILLI	11951	CPT	outpatient			2117	826.02	Consumer	Consumer		2011.15	0.95			666.01	2011.15	percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117	826.02	Corrections	Corrections		1693.6	0.8			666.01	2011.15	percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117	826.02	First Health	First Health		1481.9	0.7			666.01	2011.15	percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117	826.02	First Trenton	First Trenton		1905.3	0.9			666.01	2011.15	percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117	826.02	Horizon	Indemnity		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SQ INJ FILLI	11951	CPT	outpatient			2117	826.02	Horizon	PPO		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SQ INJ FILLI	11951	CPT	outpatient			2117	826.02	Horizon	MCD		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SQ INJ FILLI	11951	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SQ INJ FILLI	11951	CPT	outpatient			2117	826.02	Managed Care Inc	Managed Care Inc		1905.3	0.9			666.01	2011.15	percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117	826.02	Multiplan	Multiplan		1693.6	0.8			666.01	2011.15	percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117	826.02	Qualcare	Qualcare		1587.75	0.75			666.01	2011.15	percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117	826.02	Three Rivers	Three Rivers		2011.15	0.95			666.01	2011.15	percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117	826.02	UHC	Medicaid		666.01	0.3146			666.01	2011.15	percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117	826.02	UHC	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SQ INJ FILLI	11951	CPT	outpatient			2117	826.02	Wellcare	Medicaid		666.01	0.3146			666.01	2011.15	percent of total billed charges	
SQ INJ FILLI	11951	CPT	outpatient			2117	826.02	Wellcare	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364	925.36	Aetna	Better Health		743.71	0.3146			728.11	2245.8	percent of total billed charges	
REM IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364	925.36	Aetna	Commercial		1281.02	1.592			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364	925.36	Aetna	Medicare		728.11	0.308			728.11	2245.8	percent of total billed charges	
REM IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364	925.36	Americare	Americare		1773	0.75			728.11	2245.8	percent of total billed charges	
REM IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364	925.36	WellPoint	WellPoint		758.37	0.3208			728.11	2245.8	percent of total billed charges	
REM IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364	925.36	Amerihealth	Medicare		804.66	1			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364	925.36	Consumer	Consumer		2245.8	0.95			728.11	2245.8	percent of total billed charges	
REM IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364	925.36	Corrections	Corrections		1891.2	0.8			728.11	2245.8	percent of total billed charges	
REM IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364	925.36	First Health	First Health		1654.8	0.7			728.11	2245.8	percent of total billed charges	
REM IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364	925.36	First Trenton	First Trenton		2127.6	0.9			728.11	2245.8	percent of total billed charges	
REM IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364	925.36	Horizon	PPO		1470.11	1.827			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364	925.36	Horizon	Medicare Blue		804.66	1			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364	925.36	Horizon	MCD		1470.11	1.827			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364	925.36	Horizon	Indemnity		1470.11	1.827			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364	925.36	Managed Care Inc	Managed Care Inc		2127.6	0.9			728.11	2245.8	percent of total billed charges	
REM IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364	925.36	Multiplan	Multiplan		1891.2	0.8			728.11	2245.8	percent of total billed charges	
REM IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364	925.36	Qualcare	Qualcare		1773	0.75			728.11	2245.8	percent of total billed charges	
REM IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364	925.36	Three Rivers	Three Rivers		2245.8	0.95			728.11	2245.8	percent of total billed charges	
REM IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364	925.36	UHC	Medicaid		743.71	0.3146			728.11	2245.8	percent of total billed charges	
REM IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364	925.36	UHC	Medicare		804.66	1			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364	925.36	Wellcare	Medicaid		743.71	0.3146			728.11	2245.8	percent of total billed charges	
REM IMPL CONTRACEPTIVE CAP	11976	CPT	outpatient			2364	925.36	Wellcare	Medicare		804.66	1			728.11	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			424	168	Aetna	Better Health		133.39	0.3146			133.39	402.8	percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			424	168	Aetna	Commercial		232.58	1.592			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			424	168	Aetna	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			424	168	Americare	Americare		318	0.75			133.39	402.8	percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			424	168	WellPoint	WellPoint		136.02	0.3208			133.39	402.8	percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			424	168	Amerihealth	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			424	168	Consumer	Consumer		402.8	0.95			133.39	402.8	percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			424	168	Corrections	Corrections		339.2	0.8			133.39	402.8	percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			424	168	First Health	First Health		296.8	0.7			133.39	402.8	percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	0.9			133.39	402.8	percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			424	168	Horizon	PPO		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			424	168	Horizon	MCD		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			424	168	Horizon	Indemnity		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	0.9			133.39	402.8	percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	0.8			133.39	402.8	percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			424	168	Qualcare	Qualcare		318	0.75			133.39	402.8	percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	0.95			133.39	402.8	percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			424	168	UHC	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			424	168	UHC	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			424	168	Wellcare	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT DRUG DEL IMPLANT	11981	CPT	outpatient			424	168	Wellcare	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418	524.04	Aetna	Better Health		446.1	0.3146			432.89	1347.1	percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418	524.04	Aetna	Commercial		725.46	1.592			432.89	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418	524.04	Aetna	Medicare		455.69	1			432.89	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418	524.04	Americare	Americare		1063.5	0.75			432.89	1347.1	percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418	524.04	WellPoint	WellPoint		454.89	0.3208			432.89	1347.1	percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418	524.04	Amerihealth	Medicare		455.69	1			432.89	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418	524.04	Consumer	Consumer		1347.1	0.95			432.89	1347.1	percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418	524.04	Corrections	Corrections		1134.4	0.8			432.89	1347.1	percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418	524.04	First Health	First Health		992.6	0.7			432.89	1347.1	percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418	524.04	First Trenton	First Trenton		1276.2	0.9			432.89	1347.1	percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418	524.04	Horizon	Indemnity		832.55	1.827			432.89	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418	524.04	Horizon	PPO		832.55	1.827			432.89	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418	524.04	Horizon	MCD		832.55	1.827			432.89	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418	524.04	Horizon	Medicare Blue		455.69	1			432.89	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418	524.04	Managed Care Inc	Managed Care Inc		1276.2	0.9			432.89	1347.1	percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418	524.04	Multiplan	Multiplan		1134.4	0.8			432.89	1347.1	percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418	524.04	Qualcare	Qualcare		1063.5	0.75			432.89	1347.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418	524.04	Three Rivers	Three Rivers		1347.1	0.95			432.89	1347.1	percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418	524.04	UHC	Medicaid		446.1	0.3146			432.89	1347.1	percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418	524.04	UHC	Medicare		455.69	1			432.89	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418	524.04	Wellcare	Medicaid		446.1	0.3146			432.89	1347.1	percent of total billed charges	
RMVL NON-BIODGRDBL DRUG IMPLNT	11982	CPT	outpatient			1418	524.04	Wellcare	Medicare		455.69	1			432.89	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169	524.04	Aetna	Medicare		360.05	0.308			360.05	1110.55	percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169	524.04	Aetna	Better Health		367.77	0.3146			360.05	1110.55	percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169	524.04	Aetna	Commercial		725.46	1.592			360.05	1110.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169	524.04	Americare	Americare		876.75	0.75			360.05	1110.55	percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169	524.04	WellPoint	WellPoint		375.02	0.3208			360.05	1110.55	percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169	524.04	Amerihealth	Medicare		455.69	1			360.05	1110.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169	524.04	Consumer	Consumer		1110.55	0.95			360.05	1110.55	percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169	524.04	Corrections	Corrections		935.2	0.8			360.05	1110.55	percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169	524.04	First Health	First Health		818.3	0.7			360.05	1110.55	percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169	524.04	First Trenton	First Trenton		1052.1	0.9			360.05	1110.55	percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169	524.04	Horizon	Indemnity		832.55	1.827			360.05	1110.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169	524.04	Horizon	Medicare Blue		455.69	1			360.05	1110.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169	524.04	Horizon	PPO		832.55	1.827			360.05	1110.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169	524.04	Horizon	MGD		832.55	1.827			360.05	1110.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169	524.04	Managed Care Inc	Managed Care Inc		1052.1	0.9			360.05	1110.55	percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169	524.04	Multiplan	Multiplan		935.2	0.8			360.05	1110.55	percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169	524.04	Qualcare	Qualcare		876.75	0.75			360.05	1110.55	percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169	524.04	Three Rivers	Three Rivers		1110.55	0.95			360.05	1110.55	percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169	524.04	UHC	Medicare		455.69	1			360.05	1110.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169	524.04	UHC	Medicaid		367.77	0.3146			360.05	1110.55	percent of total billed charges	
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169	524.04	Wellcare	Medicare		455.69	1			360.05	1110.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE W INS DRUG IMPLANT	11983	CPT	outpatient			1169	524.04	Wellcare	Medicaid		367.77	0.3146			360.05	1110.55	percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712	263.3	Aetna	Better Health		224	0.3146			207.32	676.4	percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712	263.3	Aetna	Medicare		228.96	1			207.32	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE LACER	12001	CPT	outpatient			712	263.3	Aetna	Commercial		364.5	1.592			207.32	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE LACER	12001	CPT	outpatient			712	263.3	Americare	Americare		534	0.75			207.32	676.4	percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712	263.3	WellPoint	WellPoint		228.41	0.3208			207.32	676.4	percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712	263.3	Amerihealth	Medicare		228.96	1			207.32	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE LACER	12001	CPT	outpatient			712	263.3	Consumer	Consumer		676.4	0.95			207.32	676.4	percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712	263.3	Corrections	Corrections		569.6	0.8			207.32	676.4	percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712	263.3	First Health	First Health		498.4	0.7			207.32	676.4	percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712	263.3	First Trenton	First Trenton		640.8	0.9			207.32	676.4	percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712	263.3	Horizon	Indemnity		418.31	1.827			207.32	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE LACER	12001	CPT	outpatient			712	263.3	Horizon	MGD		418.31	1.827			207.32	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE LACER	12001	CPT	outpatient			712	263.3	Horizon	PPO		418.31	1.827			207.32	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE LACER	12001	CPT	outpatient			712	263.3	Horizon	Medicare Blue		228.96	1			207.32	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE LACER	12001	CPT	outpatient			712	263.3	Managed Care Inc	Managed Care Inc		640.8	0.9			207.32	676.4	percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712	263.3	Multiplan	Multiplan		569.6	0.8			207.32	676.4	percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712	263.3	Qualcare	Qualcare		534	0.75			207.32	676.4	percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712	263.3	Three Rivers	Three Rivers		676.4	0.95			207.32	676.4	percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712	263.3	UHC	Medicaid		224	0.3146			207.32	676.4	percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712	263.3	UHC	Medicare		228.96	1			207.32	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE LACER	12001	CPT	outpatient			712	263.3	Wellcare	Medicaid		224	0.3146			207.32	676.4	percent of total billed charges	
SUTURE LACER	12001	CPT	outpatient			712	263.3	Wellcare	Medicare		228.96	1			207.32	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIM.SCALP ETC-2.6 TO 7.5CM	12002	CPT	both			708	263.3	Aetna	Better Health		222.74	0.3146			218.06	672.6	percent of total billed charges	
RPR-SIM.SCALP ETC-2.6 TO 7.5CM	12002	CPT	both			708	263.3	Aetna	Commercial		364.5	1.592			218.06	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIM.SCALP ETC-2.6 TO 7.5CM	12002	CPT	both			708	263.3	Aetna	Medicare		218.06	0.308			218.06	672.6	percent of total billed charges	
RPR-SIM.SCALP ETC-2.6 TO 7.5CM	12002	CPT	both			708	263.3	Americare	Americare		531	0.75			218.06	672.6	percent of total billed charges	
RPR-SIM.SCALP ETC-2.6 TO 7.5CM	12002	CPT	both			708	263.3	WellPoint	WellPoint		227.13	0.3208			218.06	672.6	percent of total billed charges	
RPR-SIM.SCALP ETC-2.6 TO 7.5CM	12002	CPT	both			708	263.3	Amerihealth	Medicare		228.96	1			218.06	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIM.SCALP ETC-2.6 TO 7.5CM	12002	CPT	both			708	263.3	Consumer	Consumer		672.6	0.95			218.06	672.6	percent of total billed charges	
RPR-SIM.SCALP ETC-2.6 TO 7.5CM	12002	CPT	both			708	263.3	Corrections	Corrections		566.4	0.8			218.06	672.6	percent of total billed charges	
RPR-SIM.SCALP ETC-2.6 TO 7.5CM	12002	CPT	both			708	263.3	First Health	First Health		495.6	0.7			218.06	672.6	percent of total billed charges	
RPR-SIM.SCALP ETC-2.6 TO 7.5CM	12002	CPT	both			708	263.3	First Trenton	First Trenton		637.2	0.9			218.06	672.6	percent of total billed charges	
RPR-SIM.SCALP ETC-2.6 TO 7.5CM	12002	CPT	both			708	263.3	Horizon	MGD		418.31	1.827			218.06	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIM.SCALP ETC-2.6 TO 7.5CM	12002	CPT	both			708	263.3	Horizon	Indemnity		418.31	1.827			218.06	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIM.SCALP ETC-2.6 TO 7.5CM	12002	CPT	both			708	263.3	Horizon	PPO		418.31	1.827			218.06	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIM.SCALP ETC-2.6 TO 7.5CM	12002	CPT	both			708	263.3	Horizon	Medicare Blue		228.96	1			218.06	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIM.SCALP ETC-2.6 TO 7.5CM	12002	CPT	both			708	263.3	Managed Care Inc	Managed Care Inc		637.2	0.9			218.06	672.6	percent of total billed charges	
RPR-SIM.SCALP ETC-2.6 TO 7.5CM	12002	CPT	both			708	263.3	Multiplan	Multiplan		566.4	0.8			218.06	672.6	percent of total billed charges	
RPR-SIM.SCALP ETC-2.6 TO 7.5CM	12002	CPT	both			708	263.3	Qualcare	Qualcare		531	0.75			218.06	672.6	percent of total billed charges	
RPR-SIM.SCALP ETC-2.6 TO 7.5CM	12002	CPT	both			708	263.3	Three Rivers	Three Rivers		672.6	0.95			218.06	672.6	percent of total billed charges	
RPR-SIM.SCALP ETC-2.6 TO 7.5CM	12002	CPT	both			708	263.3	UHC	Medicaid		222.74	0.3146			218.06	672.6	percent of total billed charges	
RPR-SIM.SCALP ETC-2.6 TO 7.5CM	12002	CPT	both			708	263.3	UHC	Medicare		228.96	1			218.06	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIM.SCALP ETC-2.6 TO 7.5CM	12002	CPT	both			708	263.3	Wellcare	Medicaid		222.74	0.3146			218.06	672.6	percent of total billed charges	
RPR-SIM.SCALP ETC-2.6 TO 7.5CM	12002	CPT	both			708	263.3	Wellcare	Medicare		228.96	1			218.06	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP NECK ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708	263.3	Aetna	Better Health		222.74	0.3146			222.74	672.6	percent of total billed charges	
RPR-SIMP.SCALP NECK ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708	263.3	Aetna	Medicare		228.96	1			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP NECK ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708	263.3	Aetna	Commercial		364.5	1.592			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP NECK ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708	263.3	Americare	Americare		531	0.75			222.74	672.6	percent of total billed charges	
RPR-SIMP.SCALP NECK ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708	263.3	WellPoint	WellPoint		227.13	0.3208			222.74	672.6	percent of total billed charges	
RPR-SIMP.SCALP NECK ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708	263.3	Amerihealth	Medicare		228.96	1			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP NECK ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708	263.3	Consumer	Consumer		672.6	0.95			222.74	672.6	percent of total billed charges	
RPR-SIMP.SCALP NECK ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708	263.3	Corrections	Corrections		566.4	0.8			222.74	672.6	percent of total billed charges	
RPR-SIMP.SCALP NECK ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708	263.3	First Health	First Health		495.6	0.7			222.74	672.6	percent of total billed charges	
RPR-SIMP.SCALP NECK ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708	263.3	First Trenton	First Trenton		637.2	0.9			222.74	672.6	percent of total billed charges	
RPR-SIMP.SCALP NECK ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708	263.3	Horizon	Indemnity		418.31	1.827			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP NECK ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708	263.3	Horizon	MGD		418.31	1.827			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP NECK ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708	263.3	Horizon	PPO		418.31	1.827			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP NECK ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708	263.3	Horizon	Medicare Blue		228.96	1			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP NECK ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708	263.3	Managed Care Inc	Managed Care Inc		637.2	0.9			222.74	672.6	percent of total billed charges	
RPR-SIMP.SCALP NECK ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708	263.3	Multiplan	Multiplan		566.4	0.8			222.74	672.6	percent of total billed charges	
RPR-SIMP.SCALP NECK ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708	263.3	Qualcare	Qualcare		531	0.75			222.74	672.6	percent of total billed charges	
RPR-SIMP.SCALP NECK ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708	263.3	Three Rivers	Three Rivers		672.6	0.95			222.74	672.6	percent of total billed charges	
RPR-SIMP.SCALP NECK ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708	263.3	UHC	Medicaid		222.74	0.3146			222.74	672.6	percent of total billed charges	
RPR-SIMP.SCALP NECK ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708	263.3	UHC	Medicare		228.96	1			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP NECK ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708	263.3	Wellcare	Medicaid		222.74	0.3146			222.74	672.6	percent of total billed charges	
RPR-SIMP.SCALP NECK ETC-7.6 TO 12.5 CM	12004	CPT	outpatient			708	263.3	Wellcare	Medicare		228.96	1			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410	524.43	Aetna	Commercial		726	1.592			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410	524.43	Aetna	Better Health		443.59	0.3146			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410	524.43	Aetna	Medicare		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410	524.43	Americare	Americare		1057.5	0.75			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410	524.43	WellPoint	WellPoint		452.33	0.3208			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410	524.43	Amerihealth	Medicare		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410	524.43	Consumer	Consumer		1339.5	0.95			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410	524.43	Corrections	Corrections		1128	0.8			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410	524.43	First Health	First Health		987	0.7			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410	524.43	First Trenton	First Trenton		1269	0.9			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410	524.43	Horizon	Indemnity		833.17	1.827			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410	524.43	Horizon	MGD		833.17	1.827			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410	524.43	Horizon	Medicare Blue		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410	524.43	Horizon	PPO		833.17	1.827			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410	524.43	Managed Care Inc	Managed Care Inc		1269	0.9			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410	524.43	Multiplan	Multiplan		1128	0.8			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410	524.43	Qualcare	Qualcare		1057.5	0.75			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410	524.43	Three Rivers	Three Rivers		1339.5	0.95			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410	524.43	UHC	Medicare		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410	524.43	UHC	Medicaid		443.59	0.3146			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410	524.43	Wellcare	Medicare		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP ETC 12.6 TO 20.0 CM	12005	CPT	outpatient			1410	524.43	Wellcare	Medicaid		443.59	0.3146			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410	524.43	Aetna	Commercial		726	1.592			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410	524.43	Aetna	Better Health		443.59	0.3146			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410	524.43	Aetna	Medicare		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410	524.43	Americare	Americare		1057.5	0.75			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410	524.43	WellPoint	WellPoint		452.33	0.3208			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410	524.43	Amerihealth	Medicare		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410	524.43	Consumer	Consumer		1339.5	0.95			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410	524.43	Corrections	Corrections		1128	0.8			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410	524.43	First Health	First Health		987	0.7			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410	524.43	First Trenton	First Trenton		1269	0.9			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410	524.43	Horizon	Medicare Blue		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410	524.43	Horizon	MGD		833.17	1.827			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410	524.43	Horizon	Indemnity		833.17	1.827			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410	524.43	Horizon	PPO		833.17	1.827			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410	524.43	Managed Care Inc	Managed Care Inc		1269	0.9			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410	524.43	Multiplan	Multiplan		1128	0.8			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410	524.43	Qualcare	Qualcare		1057.5	0.75			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410	524.43	Three Rivers	Three Rivers		1339.5	0.95			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410	524.43	UHC	Medicare		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410	524.43	UHC	Medicaid		443.59	0.3146			443.59	1339.5	percent of total billed charges	
RPR-SIMP.SCALP ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410	524.43	Wellcare	Medicare		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.SCALP ETC 20.1 TO 30 CM	12006	CPT	outpatient			1410	524.43	Wellcare	Medicaid		443.59	0.3146			443.59	1339.5	percent of total billed charges	
RPRP.SIMP.SCALP ETC.OVER 30.0CM	12007	CPT	outpatient			708	263.3	Aetna	Medicare		228.96	1			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPRP.SIMP.SCALP ETC.OVER 30.0CM	12007	CPT	outpatient			708	263.3	Aetna	Better Health		222.74	0.3146			222.74	672.6	percent of total billed charges	
RPRP.SIMP.SCALP ETC.OVER 30.0CM	12007	CPT	outpatient			708	263.3	Aetna	Commercial		364.5	1.592			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPRP.SIMP.SCALP ETC.OVER 30.0CM	12007	CPT	outpatient			708	263.3	Americare	Americare		531	0.75			222.74	672.6	percent of total billed charges	
RPRP.SIMP.SCALP ETC.OVER 30.0CM	12007	CPT	outpatient			708	263.3	WellPoint	WellPoint		227.13	0.3208			222.74	672.6	percent of total billed charges	
RPRP.SIMP.SCALP ETC.OVER 30.0CM	12007	CPT	outpatient			708	263.3	Amerihealth	Medicare		228.96	1			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version
University Hospital	2024-06-27	2.0.0

hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RPRP.SIMP.SCALP ETC.OVER 30.0CM	12007	CPT	outpatient			708	263.3	Consumer	Consumer		672.6	0.95			222.74	672.6	percent of total billed charges	
RPRP.SIMP.SCALP ETC.OVER 30.0CM	12007	CPT	outpatient			708	263.3	Corrections	Corrections		566.4	0.8			222.74	672.6	percent of total billed charges	
RPRP.SIMP.SCALP ETC.OVER 30.0CM	12007	CPT	outpatient			708	263.3	First Health	First Health		495.6	0.7			222.74	672.6	percent of total billed charges	
RPRP.SIMP.SCALP ETC.OVER 30.0CM	12007	CPT	outpatient			708	263.3	First Trenton	First Trenton		637.2	0.9			222.74	672.6	percent of total billed charges	
RPRP.SIMP.SCALP ETC.OVER 30.0CM	12007	CPT	outpatient			708	263.3	Horizon	Medicare Blue		228.96	1			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPRP.SIMP.SCALP ETC.OVER 30.0CM	12007	CPT	outpatient			708	263.3	Horizon	MGD		418.31	1.827			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPRP.SIMP.SCALP ETC.OVER 30.0CM	12007	CPT	outpatient			708	263.3	Horizon	Indemnity		418.31	1.827			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPRP.SIMP.SCALP ETC.OVER 30.0CM	12007	CPT	outpatient			708	263.3	Horizon	PPO		418.31	1.827			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPRP.SIMP.SCALP ETC.OVER 30.0CM	12007	CPT	outpatient			708	263.3	Managed Care Inc	Managed Care Inc		637.2	0.9			222.74	672.6	percent of total billed charges	
RPRP.SIMP.SCALP ETC.OVER 30.0CM	12007	CPT	outpatient			708	263.3	Multiplan	Multiplan		566.4	0.8			222.74	672.6	percent of total billed charges	
RPRP.SIMP.SCALP ETC.OVER 30.0CM	12007	CPT	outpatient			708	263.3	Qualcare	Qualcare		531	0.75			222.74	672.6	percent of total billed charges	
RPRP.SIMP.SCALP ETC.OVER 30.0CM	12007	CPT	outpatient			708	263.3	Three Rivers	Three Rivers		672.6	0.95			222.74	672.6	percent of total billed charges	
RPRP.SIMP.SCALP ETC.OVER 30.0CM	12007	CPT	outpatient			708	263.3	UHC	Medicaid		222.74	0.3146			222.74	672.6	percent of total billed charges	
RPRP.SIMP.SCALP ETC.OVER 30.0CM	12007	CPT	outpatient			708	263.3	UHC	Medicare		228.96	1			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPRP.SIMP.SCALP ETC.OVER 30.0CM	12007	CPT	outpatient			708	263.3	Wellcare	Medicare		228.96	1			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPRP.SIMP.SCALP ETC.OVER 30.0CM	12007	CPT	outpatient			708	263.3	Wellcare	Medicaid		222.74	0.3146			222.74	672.6	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659	263.3	Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659	263.3	Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659	263.3	Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659	263.3	Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659	263.3	WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659	263.3	Amerihealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659	263.3	Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659	263.3	Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659	263.3	First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659	263.3	Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659	263.3	Horizon	MGD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659	263.3	Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659	263.3	Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659	263.3	UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659	263.3	UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659	263.3	Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMP REP SUPERFIC WNDS 2.5CM<	12011	CPT	both			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659	263.3	Aetna	Commercial		364.5	1.592			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659	263.3	Aetna	Medicare		202.97	0.308			202.97	626.05	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659	263.3	Aetna	Better Health		207.32	0.3146			202.97	626.05	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659	263.3	Americare	Americare		494.25	0.75			202.97	626.05	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659	263.3	WellPoint	WellPoint		211.41	0.3208			202.97	626.05	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659	263.3	Amerihealth	Medicare		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659	263.3	Consumer	Consumer		626.05	0.95			202.97	626.05	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659	263.3	Corrections	Corrections		527.2	0.8			202.97	626.05	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659	263.3	First Health	First Health		461.3	0.7			202.97	626.05	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659	263.3	First Trenton	First Trenton		593.1	0.9			202.97	626.05	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659	263.3	Horizon	Medicare Blue		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659	263.3	Horizon	Indemnity		418.31	1.827			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659	263.3	Horizon	MGD		418.31	1.827			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659	263.3	Horizon	PPO		418.31	1.827			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			202.97	626.05	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659	263.3	Multiplan	Multiplan		527.2	0.8			202.97	626.05	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659	263.3	Qualcare	Qualcare		494.25	0.75			202.97	626.05	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659	263.3	Three Rivers	Three Rivers		626.05	0.95			202.97	626.05	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659	263.3	UHC	Medicaid		207.32	0.3146			202.97	626.05	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659	263.3	UHC	Medicare		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659	263.3	Wellcare	Medicaid		207.32	0.3146			202.97	626.05	percent of total billed charges	
SIMPLE REPAIR FACE>2.6<=5.0CM	12013	CPT	both			659	263.3	Wellcare	Medicare		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIM REP F/E/E/N/L/M 5.1-7.5CM	12014	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIM REP F/E/E/N/L/M 5.1-7.5CM	12014	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
SIM REP F/E/E/N/L/M 5.1-7.5CM	12014	CPT	outpatient			659	263.3	Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIM REP F/E/E/N/L/M 5.1-7.5CM	12014	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
SIM REP F/E/E/N/L/M 5.1-7.5CM	12014	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
SIM REP F/E/E/N/L/M 5.1-7.5CM	12014	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIM REP F/E/E/N/L/M 5.1-7.5CM	12014	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
SIM REP F/E/E/N/L/M 5.1-7.5CM	12014	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
SIM REP F/E/E/N/L/M 5.1-7.5CM	12014	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
SIM REP F/E/E/N/L/M 5.1-7.5CM	12014	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
SIM REP F/E/E/N/L/M 5.1-7.5CM	12014	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIM REP F/E/E/N/L/M 5.1-7.5CM	12014	CPT	outpatient			659	263.3	Horizon	MGD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIM REP F/E/E/N/L/M 5.1-7.5CM	12014	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIM REP F/E/E/N/L/M 5.1-7.5CM	12014	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIM REP F/E/E/N/L/M 5.1-7.5CM	12014	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
SIM REP F/E/E/N/L/M 5.1-7.5CM	12014	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
SIM REP F/E/E/N/L/M 5.1-7.5CM	12014	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
SIM REP F/E/E/N/L/M 5.1-7.5CM	12014	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
SIM REP F/E/E/N/L/M 5.1-7.5CM	12014	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIM REP F/E/E/N/L/M 5.1-7.5CM	12014	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
SIM REP F/E/E/N/L/M 5.1-7.5CM	12014	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIM REP F/E/E/N/L/M 5.1-7.5CM	12014	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659	263.3	Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659	263.3	Horizon	MGD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
SIMPL REP FACE 7.6-12.5CM	12015	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP FACE ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410	524.43	Aetna	Commercial		726	1.592			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP FACE ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410	524.43	Aetna	Better Health		443.59	0.3146			443.59	1339.5	percent of total billed charges	
RPR-SIMP FACE ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410	524.43	Aetna	Medicare		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP FACE ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410	524.43	Americare	Americare		1057.5	0.75			443.59	1339.5	percent of total billed charges	
RPR-SIMP FACE ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410	524.43	WellPoint	WellPoint		452.33	0.3208			443.59	1339.5	percent of total billed charges	
RPR-SIMP FACE ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410	524.43	Amerihealth	Medicare		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP FACE ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410	524.43	Consumer	Consumer		1339.5	0.95			443.59	1339.5	percent of total billed charges	
RPR-SIMP FACE ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410	524.43	Corrections	Corrections		1128	0.8			443.59	1339.5	percent of total billed charges	
RPR-SIMP FACE ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410	524.43	First Health	First Health		987	0.7			443.59	1339.5	percent of total billed charges	
RPR-SIMP FACE ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410	524.43	First Trenton	First Trenton		1269	0.9			443.59	1339.5	percent of total billed charges	
RPR-SIMP FACE ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410	524.43	Horizon	Indemnity		833.17	1.827			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP FACE ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410	524.43	Horizon	PPO		833.17	1.827			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP FACE ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410	524.43	Horizon	MGD		833.17	1.827			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP FACE ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410	524.43	Horizon	Medicare Blue		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP FACE ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410	524.43	Managed Care Inc	Managed Care Inc		1269	0.9			443.59	1339.5	percent of total billed charges	
RPR-SIMP FACE ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410	524.43	Multiplan	Multiplan		1128	0.8			443.59	1339.5	percent of total billed charges	
RPR-SIMP FACE ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410	524.43	Qualcare	Qualcare		1057.5	0.75			443.59	1339.5	percent of total billed charges	
RPR-SIMP FACE ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410	524.43	Three Rivers	Three Rivers		1339.5	0.95			443.59	1339.5	percent of total billed charges	
RPR-SIMP FACE ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410	524.43	UHC	Medicaid		443.59	0.3146			443.59	1339.5	percent of total billed charges	
RPR-SIMP FACE ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410	524.43	UHC	Medicare		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP FACE ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410	524.43	Wellcare	Medicaid		443.59	0.3146			443.59	1339.5	percent of total billed charges	
RPR-SIMP FACE ETC.12.6 TO 20.0CM	12016	CPT	outpatient			1410	524.43	Wellcare	Medicare		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP FACE ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410	524.43	Aetna	Medicare		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP FACE ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410	524.43	Aetna	Better Health		443.59	0.3146			443.59	1339.5	percent of total billed charges	
RPR-SIMP FACE ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410	524.43	Aetna	Commercial		726	1.592			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP FACE ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410	524.43	Americare	Americare		1057.5	0.75			443.59	1339.5	percent of total billed charges	
RPR-SIMP FACE ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410	524.43	WellPoint	WellPoint		452.33	0.3208			443.59	1339.5	percent of total billed charges	
RPR-SIMP FACE ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410	524.43	Amerihealth	Medicare		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP FACE ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410	524.43	Consumer	Consumer		1339.5	0.95			443.59	1339.5	percent of total billed charges	
RPR-SIMP FACE ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410	524.43	Corrections	Corrections		1128	0.8			443.59	1339.5	percent of total billed charges	
RPR-SIMP FACE ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410	524.43	First Health	First Health		987	0.7			443.59	1339.5	percent of total billed charges	
RPR-SIMP FACE ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410	524.43	First Trenton	First Trenton		1269	0.9			443.59	1339.5	percent of total billed charges	
RPR-SIMP FACE ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410	524.43	Horizon	Indemnity		833.17	1.827			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP FACE ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410	524.43	Horizon	Medicare Blue		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP FACE ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410	524.43	Horizon	MGD		833.17	1.827			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP FACE ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410	524.43	Horizon	PPO		833.17	1.827			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP FACE ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410	524.43	Managed Care Inc	Managed Care Inc		1269	0.9			443.59	1339.5	percent of total billed charges	
RPR-SIMP FACE ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410	524.43	Multiplan	Multiplan		1128	0.8			443.59	1339.5	percent of total billed charges	
RPR-SIMP FACE ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410	524.43	Qualcare	Qualcare		1057.5	0.75			443.59	1339.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RPR-SIMP.FACE ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 Three Rivers	Three Rivers		1339.5	0.95			443.59	1339.5	percent of total billed charges	
RPR-SIMP.FACE ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 UHC	Medicare		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.FACE ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 UHC	Medicaid		443.59	0.3146			443.59	1339.5	percent of total billed charges	
RPR-SIMP.FACE ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 Wellcare	Medicare		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-SIMP.FACE ETC.20.1 TO 30 CM	12017	CPT	outpatient			1410		524.43 Wellcare	Medicaid		443.59	0.3146			443.59	1339.5	percent of total billed charges	
RPR SIMP.FACE ETC. OVER 30.0 CM	12018	CPT	outpatient			708		263.3 Aetna	Medicare		228.96	1			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SIMP.FACE ETC. OVER 30.0 CM	12018	CPT	outpatient			708		263.3 Aetna	Commercial		364.5	1.592			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SIMP.FACE ETC. OVER 30.0 CM	12018	CPT	outpatient			708		263.3 Aetna	Better Health		222.74	0.3146			222.74	672.6	percent of total billed charges	
RPR SIMP.FACE ETC. OVER 30.0 CM	12018	CPT	outpatient			708		263.3 Americare	Americare		531	0.75			222.74	672.6	percent of total billed charges	
RPR SIMP.FACE ETC. OVER 30.0 CM	12018	CPT	outpatient			708		263.3 WellPoint	WellPoint		227.13	0.3208			222.74	672.6	percent of total billed charges	
RPR SIMP.FACE ETC. OVER 30.0 CM	12018	CPT	outpatient			708		263.3 Amerihealth	Medicare		228.96	1			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SIMP.FACE ETC. OVER 30.0 CM	12018	CPT	outpatient			708		263.3 Consumer	Consumer		672.6	0.95			222.74	672.6	percent of total billed charges	
RPR SIMP.FACE ETC. OVER 30.0 CM	12018	CPT	outpatient			708		263.3 Corrections	Corrections		566.4	0.8			222.74	672.6	percent of total billed charges	
RPR SIMP.FACE ETC. OVER 30.0 CM	12018	CPT	outpatient			708		263.3 First Health	First Health		495.6	0.7			222.74	672.6	percent of total billed charges	
RPR SIMP.FACE ETC. OVER 30.0 CM	12018	CPT	outpatient			708		263.3 First Trenton	First Trenton		637.2	0.9			222.74	672.6	percent of total billed charges	
RPR SIMP.FACE ETC. OVER 30.0 CM	12018	CPT	outpatient			708		263.3 Horizon	PPO		418.31	1.827			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SIMP.FACE ETC. OVER 30.0 CM	12018	CPT	outpatient			708		263.3 Horizon	MGD		418.31	1.827			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SIMP.FACE ETC. OVER 30.0 CM	12018	CPT	outpatient			708		263.3 Horizon	Indemnity		418.31	1.827			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SIMP.FACE ETC. OVER 30.0 CM	12018	CPT	outpatient			708		263.3 Horizon	Medicare Blue		228.96	1			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SIMP.FACE ETC. OVER 30.0 CM	12018	CPT	outpatient			708		263.3 Managed Care Inc	Managed Care Inc		637.2	0.9			222.74	672.6	percent of total billed charges	
RPR SIMP.FACE ETC. OVER 30.0 CM	12018	CPT	outpatient			708		263.3 Multiplan	Multiplan		566.4	0.8			222.74	672.6	percent of total billed charges	
RPR SIMP.FACE ETC. OVER 30.0 CM	12018	CPT	outpatient			708		263.3 Qualcare	Qualcare		531	0.75			222.74	672.6	percent of total billed charges	
RPR SIMP.FACE ETC. OVER 30.0 CM	12018	CPT	outpatient			708		263.3 Three Rivers	Three Rivers		672.6	0.95			222.74	672.6	percent of total billed charges	
RPR SIMP.FACE ETC. OVER 30.0 CM	12018	CPT	outpatient			708		263.3 UHC	Medicare		228.96	1			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SIMP.FACE ETC. OVER 30.0 CM	12018	CPT	outpatient			708		263.3 UHC	Medicaid		222.74	0.3146			222.74	672.6	percent of total billed charges	
RPR SIMP.FACE ETC. OVER 30.0 CM	12018	CPT	outpatient			708		263.3 Wellcare	Medicare		228.96	1			222.74	672.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR SIMP.FACE ETC. OVER 30.0 CM	12018	CPT	outpatient			708		263.3 Wellcare	Medicaid		222.74	0.3146			222.74	672.6	percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117		826.02 Aetna	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117		826.02 Aetna	Better Health		666.01	0.3146			666.01	2011.15	percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117		826.02 Aetna	Commercial		1143.5	1.592			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117		826.02 Americare	Americare		1587.75	0.75			666.01	2011.15	percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117		826.02 WellPoint	WellPoint		679.13	0.3208			666.01	2011.15	percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117		826.02 Amerihealth	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117		826.02 Consumer	Consumer		2011.15	0.95			666.01	2011.15	percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117		826.02 Corrections	Corrections		1693.6	0.8			666.01	2011.15	percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117		826.02 First Health	First Health		1481.9	0.7			666.01	2011.15	percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117		826.02 First Trenton	First Trenton		1905.3	0.9			666.01	2011.15	percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117		826.02 Horizon	Medicare Blue		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117		826.02 Horizon	Indemnity		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117		826.02 Horizon	MGD		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117		826.02 Horizon	PPO		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117		826.02 Managed Care Inc	Managed Care Inc		1905.3	0.9			666.01	2011.15	percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117		826.02 Multiplan	Multiplan		1693.6	0.8			666.01	2011.15	percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117		826.02 Qualcare	Qualcare		1587.75	0.75			666.01	2011.15	percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117		826.02 Three Rivers	Three Rivers		2011.15	0.95			666.01	2011.15	percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117		826.02 UHC	Medicaid		666.01	0.3146			666.01	2011.15	percent of total billed charges	
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117		826.02 UHC	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117		826.02 Wellcare	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND DEHISCENCE SIMP CLOSE	12020	CPT	outpatient			2117		826.02 Wellcare	Medicaid		666.01	0.3146			666.01	2011.15	percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360		524.43 Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360		524.43 Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360		524.43 Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360		524.43 Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360		524.43 WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360		524.43 First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360		524.43 Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360		524.43 Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360		524.43 Horizon	MGD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360		524.43 UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360		524.43 UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT SUPERFWUND DEHIS W/PACKING	12021	CPT	outpatient			1360		524.43 Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360		524.43 Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360		524.43 Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360		524.43 Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360		524.43 Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360		524.43 WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360		524.43 First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360		524.43 Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360		524.43 Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360		524.43 Horizon	MGD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360		524.43 UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360		524.43 UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.5CM OR LESS	12031	CPT	outpatient			1360		524.43 Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	both			1360		524.43 Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	both			1360		524.43 Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	both			1360		524.43 Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	both			1360		524.43 Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	both			1360		524.43 WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	both			1360		524.43 Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	both			1360		524.43 Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	both			1360		524.43 Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	both			1360		524.43 First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	both			1360		524.43 First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	both			1360		524.43 Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	both			1360		524.43 Horizon	MGD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	both			1360		524.43 Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	both			1360		524.43 Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	both			1360		524.43 Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	both			1360		524.43 Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	both			1360		524.43 Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	both			1360		524.43 Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	both			1360		524.43 UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	both			1360		524.43 UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	both			1360		524.43 Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP 2.6 TO 7.5 CM	12032	CPT	both			1360		524.43 Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
RPR-INTERM S/A/T/EXT 7.6-12.5CM	12034	CPT	outpatient			1410		524.43 Aetna	Commercial		726	1.592			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM S/A/T/EXT 7.6-12.5CM	12034	CPT	outpatient			1410		524.43 Aetna	Better Health		443.59	0.3146			443.59	1339.5	percent of total billed charges	
RPR-INTERM S/A/T/EXT 7.6-12.5CM	12034	CPT	outpatient			1410		524.43 Aetna	Medicare		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM S/A/T/EXT 7.6-12.5CM	12034	CPT	outpatient			1410		524.43 Americare	Americare		1057.5	0.75			443.59	1339.5	percent of total billed charges	
RPR-INTERM S/A/T/EXT 7.6-12.5CM	12034	CPT	outpatient			1410		524.43 WellPoint	WellPoint		452.33	0.3208			443.59	1339.5	percent of total billed charges	
RPR-INTERM S/A/T/EXT 7.6-12.5CM	12034	CPT	outpatient			1410		524.43 Amerihealth	Medicare		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM S/A/T/EXT 7.6-12.5CM	12034	CPT	outpatient			1410		524.43 Consumer	Consumer		1339.5	0.95			443.59	1339.5	percent of total billed charges	
RPR-INTERM S/A/T/EXT 7.6-12.5CM	12034	CPT	outpatient			1410		524.43 Corrections	Corrections		1128	0.8			443.59	1339.5	percent of total billed charges	
RPR-INTERM S/A/T/EXT 7.6-12.5CM	12034	CPT	outpatient			1410		524.43 First Health	First Health		987	0.7			443.59	1339.5	percent of total billed charges	
RPR-INTERM S/A/T/EXT 7.6-12.5CM	12034	CPT	outpatient			1410		524.43 First Trenton	First Trenton		1269	0.9			443.59	1339.5	percent of total billed charges	
RPR-INTERM S/A/T/EXT 7.6-12.5CM	12034	CPT	outpatient			1410		524.43 Horizon	Indemnity		833.17	1.827			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM S/A/T/EXT 7.6-12.5CM	12034	CPT	outpatient			1410		524.43 Horizon	MGD		833.17	1.827			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM S/A/T/EXT 7.6-12.5CM	12034	CPT	outpatient			1410		524.43 Horizon	Medicare Blue		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM S/A/T/EXT 7.6-12.5CM	12034	CPT	outpatient			1410		524.43 Horizon	PPO		833.17	1.827			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM S/A/T/EXT 7.6-12.5CM	12034	CPT	outpatient			1410		524.43 Managed Care Inc	Managed Care Inc		1269	0.9			443.59	1339.5	percent of total billed charges	
RPR-INTERM S/A/T/EXT 7.6-12.5CM	12034	CPT	outpatient			1410		524.43 Multiplan	Multiplan		1128	0.8			443.59	1339.5	percent of total billed charges	
RPR-INTERM S/A/T/EXT 7.6-12.5CM	12034	CPT	outpatient			1410		524.43 Qualcare	Qualcare		1057.5	0.75			443.59	1339.5	percent of total billed charges	
RPR-INTERM S/A/T/EXT 7.6-12.5CM	12034	CPT	outpatient			1410		524.43 Three Rivers	Three Rivers		1339.5	0.95			443.59	1339.5	percent of total billed charges	
RPR-INTERM S/A/T/EXT 7.6-12.5CM	12034	CPT	outpatient			1410		524.43 UHC	Medicaid		443.59	0.3146			443.59	1339.5	percent of total billed charges	
RPR-INTERM S/A/T/EXT 7.6-12.5CM	12034	CPT	outpatient			1410		524.43 UHC	Medicare		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM S/A/T/EXT 7.6-12.5CM	12034	CPT	outpatient			1410		524.43 Wellcare	Medicaid		443.59	0.3146			443.59	1339.5	percent of total billed charges	
RPR-INTERM S/A/T/EXT 7.6-12.5CM	12034	CPT	outpatient			1410		524.43 Wellcare	Medicare		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM S/A/T/EXT 12.6-20.0CM	12035	CPT	outpatient			1410		524.43 Aetna	Better Health		443.59	0.3146			443.59	1339.5	percent of total billed charges	
RPR-INTRM S/A/T/EXT 12.6-20.0CM	12035	CPT	outpatient			1410		524.43 Aetna	Medicare		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM S/A/T/EXT 12.6-20.0CM	12035	CPT	outpatient			1410		524.43 Aetna	Commercial		726	1.592			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM S/A/T/EXT 12.6-20.0CM	12035	CPT	outpatient			1410		524.43 Americare	Americare		1057.5	0.75			443.59	1339.5	percent of total billed charges	
RPR-INTRM S/A/T/EXT 12.6-20.0CM	12035	CPT	outpatient			1410		524.43 WellPoint	WellPoint		452.33	0.3208			443.59	1339.5	percent of total billed charges	
RPR-INTRM S/A/T/EXT 12.6-20.0CM	12035	CPT	outpatient			1410		524

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RPR-INTRM S/A/T/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Consumer	Consumer		1339.5	0.95			443.59		1339.5 percent of total billed charges	
RPR-INTRM S/A/T/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Corrections	Corrections		1128	0.8			443.59		1339.5 percent of total billed charges	
RPR-INTRM S/A/T/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	First Health	First Health		987	0.7			443.59		1339.5 percent of total billed charges	
RPR-INTRM S/A/T/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	First Trenton	First Trenton		1269	0.9			443.59		1339.5 percent of total billed charges	
RPR-INTRM S/A/T/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Horizon	Medicare Blue		456.03	1			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM S/A/T/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Horizon	PPO		833.17	1.827			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM S/A/T/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Horizon	MGD		833.17	1.827			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM S/A/T/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Horizon	Indemnity		833.17	1.827			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM S/A/T/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Managed Care Inc	Managed Care Inc		1269	0.9			443.59		1339.5 percent of total billed charges	
RPR-INTRM S/A/T/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Multiplan	Multiplan		1128	0.8			443.59		1339.5 percent of total billed charges	
RPR-INTRM S/A/T/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Qualcare	Qualcare		1057.5	0.75			443.59		1339.5 percent of total billed charges	
RPR-INTRM S/A/T/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Three Rivers	Three Rivers		1339.5	0.95			443.59		1339.5 percent of total billed charges	
RPR-INTRM S/A/T/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	UHC	Medicaid		443.59	0.3146			443.59		1339.5 percent of total billed charges	
RPR-INTRM S/A/T/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	UHC	Medicare		456.03	1			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM S/A/T/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Wellcare	Medicare		456.03	1			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM S/A/T/EXT 12.6-20.0CM	12035	CPT	outpatient			1410	524.43	Wellcare	Medicaid		443.59	0.3146			443.59		1339.5 percent of total billed charges	
RPR-INTERM S/A/T/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Aetna	Medicare		718.28	1			699.04		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM S/A/T/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Aetna	Better Health		699.04	0.3146			699.04		2110.9 percent of total billed charges	
RPR-INTERM S/A/T/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Aetna	Commercial		1143.5	1.592			699.04		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM S/A/T/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Americare	Americare		1666.5	0.75			699.04		2110.9 percent of total billed charges	
RPR-INTERM S/A/T/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	WellPoint	WellPoint		712.82	0.3208			699.04		2110.9 percent of total billed charges	
RPR-INTERM S/A/T/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Amerihealth	Medicare		718.28	1			699.04		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM S/A/T/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Consumer	Consumer		2110.9	0.95			699.04		2110.9 percent of total billed charges	
RPR-INTERM S/A/T/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Corrections	Corrections		1777.6	0.8			699.04		2110.9 percent of total billed charges	
RPR-INTERM S/A/T/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	First Health	First Health		1555.4	0.7			699.04		2110.9 percent of total billed charges	
RPR-INTERM S/A/T/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	First Trenton	First Trenton		1999.8	0.9			699.04		2110.9 percent of total billed charges	
RPR-INTERM S/A/T/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Horizon	Medicare Blue		718.28	1			699.04		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM S/A/T/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Horizon	Indemnity		1312.3	1.827			699.04		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM S/A/T/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Horizon	MGD		1312.3	1.827			699.04		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM S/A/T/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Horizon	PPO		1312.3	1.827			699.04		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM S/A/T/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Managed Care Inc	Managed Care Inc		1999.8	0.9			699.04		2110.9 percent of total billed charges	
RPR-INTERM S/A/T/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Multiplan	Multiplan		1777.6	0.8			699.04		2110.9 percent of total billed charges	
RPR-INTERM S/A/T/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Qualcare	Qualcare		1666.5	0.75			699.04		2110.9 percent of total billed charges	
RPR-INTERM S/A/T/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Three Rivers	Three Rivers		2110.9	0.95			699.04		2110.9 percent of total billed charges	
RPR-INTERM S/A/T/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	UHC	Medicare		718.28	1			699.04		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM S/A/T/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	UHC	Medicaid		699.04	0.3146			699.04		2110.9 percent of total billed charges	
RPR-INTERM S/A/T/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Wellcare	Medicaid		699.04	0.3146			699.04		2110.9 percent of total billed charges	
RPR-INTERM S/A/T/EXT 20.1-30 CM	12036	CPT	outpatient			2222	826.02	Wellcare	Medicare		718.28	1			699.04		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Aetna	Better Health		2027.91	0.3146			1985.37		6123.7 percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Aetna	Medicare		1985.37	0.308			1985.37		6123.7 percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Aetna	Commercial		3320.32	1.592			1985.37		6123.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Americare	Americare		4834.5	0.75			1985.37		6123.7 percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	WellPoint	WellPoint		2067.88	0.3208			1985.37		6123.7 percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Amerihealth	Medicare		2085.63	1			1985.37		6123.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Consumer	Consumer		6123.7	0.95			1985.37		6123.7 percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Corrections	Corrections		5156.8	0.8			1985.37		6123.7 percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	First Health	First Health		4512.2	0.7			1985.37		6123.7 percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	First Trenton	First Trenton		5801.4	0.9			1985.37		6123.7 percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Horizon	Medicare Blue		2085.63	1			1985.37		6123.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Horizon	Indemnity		3810.45	1.827			1985.37		6123.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Horizon	MGD		3810.45	1.827			1985.37		6123.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Horizon	PPO		3810.45	1.827			1985.37		6123.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Managed Care Inc	Managed Care Inc		5801.4	0.9			1985.37		6123.7 percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Multiplan	Multiplan		5156.8	0.8			1985.37		6123.7 percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Qualcare	Qualcare		4834.5	0.75			1985.37		6123.7 percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Three Rivers	Three Rivers		6123.7	0.95			1985.37		6123.7 percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	UHC	Medicare		2085.63	1			1985.37		6123.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	UHC	Medicaid		2027.91	0.3146			1985.37		6123.7 percent of total billed charges	
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Wellcare	Medicare		2085.63	1			1985.37		6123.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.SCALP OVER 30.0CM	12037	CPT	outpatient			6446	2398.47	Wellcare	Medicaid		2027.91	0.3146			1985.37		6123.7 percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Aetna	Better Health		443.59	0.3146			443.59		1339.5 percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Aetna	Commercial		726	1.592			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Aetna	Medicare		456.03	1			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Americare	Americare		1057.5	0.75			443.59		1339.5 percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	WellPoint	WellPoint		452.33	0.3208			443.59		1339.5 percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Amerihealth	Medicare		456.03	1			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Consumer	Consumer		1339.5	0.95			443.59		1339.5 percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Corrections	Corrections		1128	0.8			443.59		1339.5 percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	First Health	First Health		987	0.7			443.59		1339.5 percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	First Trenton	First Trenton		1269	0.9			443.59		1339.5 percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Horizon	Indemnity		833.17	1.827			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Horizon	PPO		833.17	1.827			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Horizon	MGD		833.17	1.827			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Horizon	Medicare Blue		456.03	1			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Managed Care Inc	Managed Care Inc		1269	0.9			443.59		1339.5 percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Multiplan	Multiplan		1128	0.8			443.59		1339.5 percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Qualcare	Qualcare		1057.5	0.75			443.59		1339.5 percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Three Rivers	Three Rivers		1339.5	0.95			443.59		1339.5 percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	UHC	Medicare		456.03	1			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	UHC	Medicaid		443.59	0.3146			443.59		1339.5 percent of total billed charges	
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Wellcare	Medicare		456.03	1			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM N-HF/GENIT <=2.5CM	12041	CPT	outpatient			1410	524.43	Wellcare	Medicaid		443.59	0.3146			443.59		1339.5 percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Aetna	Commercial		726	1.592			434.28		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Aetna	Medicare		434.28	0.308			434.28		1339.5 percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Aetna	Better Health		443.59	0.3146			434.28		1339.5 percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Americare	Americare		1057.5	0.75			434.28		1339.5 percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	WellPoint	WellPoint		452.33	0.3208			434.28		1339.5 percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Amerihealth	Medicare		456.03	1			434.28		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Consumer	Consumer		1339.5	0.95			434.28		1339.5 percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Corrections	Corrections		1128	0.8			434.28		1339.5 percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	First Health	First Health		987	0.7			434.28		1339.5 percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	First Trenton	First Trenton		1269	0.9			434.28		1339.5 percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Horizon	MGD		833.17	1.827			434.28		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Horizon	Medicare Blue		456.03	1			434.28		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Horizon	PPO		833.17	1.827			434.28		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Horizon	Indemnity		833.17	1.827			434.28		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Managed Care Inc	Managed Care Inc		1269	0.9			434.28		1339.5 percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Multiplan	Multiplan		1128	0.8			434.28		1339.5 percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Qualcare	Qualcare		1057.5	0.75			434.28		1339.5 percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Three Rivers	Three Rivers		1339.5	0.95			434.28		1339.5 percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	UHC	Medicare		456.03	1			434.28		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	UHC	Medicaid		443.59	0.3146			434.28		1339.5 percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Wellcare	Medicaid		443.59	0.3146			434.28		1339.5 percent of total billed charges	
RPR-INTRM N-HF/GENIT 2.6-7.5CM	12042	CPT	outpatient			1410	524.43	Wellcare	Medicare		456.03	1			434.28		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	Aetna	Medicare		718.28	1			699.04		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	Aetna	Better Health		699.04	0.3146			699.04		2110.9 percent of total billed charges	
RPR-INTRM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	Aetna	Commercial		1143.5	1.592			699.04		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	Americare	Americare		1666.5	0.75			699.04		2110.9 percent of total billed charges	
RPR-INTRM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	WellPoint	WellPoint		712.82	0.3208			699.04		2110.9 percent of total billed charges	
RPR-INTRM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	Amerihealth	Medicare		718.28	1			699.04		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	Consumer	Consumer		2110.9	0.95			699.04		2110.9 percent of total billed charges	
RPR-INTRM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	Corrections	Corrections		1777.6	0.8			699.04		2110.9 percent of total billed charges	
RPR-INTRM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	First Health	First Health		1555.4	0.7			699.04		2110.9 percent of total billed charges	
RPR-INTRM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	First Trenton	First Trenton		1999.8	0.9			699.04		2110.9 percent of total billed charges	
RPR-INTRM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	Horizon	MGD		1312.3	1.827			699.04		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	Horizon	Medicare Blue		718.28	1			699.04		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	Horizon	PPO		1312.3	1.827			699.04		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	Horizon	Indemnity		1312.3	1.827			699.04		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	Managed Care Inc	Managed Care Inc		1999.8	0.9			699.04		2110.9 percent of total billed charges	
RPR-INTRM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	Multiplan	Multiplan		1777.6	0.8			699.04		2110.9 percent of total billed charges	
RPR-INTRM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	Qualcare	Qualcare		1666.5	0.75			699.04		2110.9 percent of total billed charges	
RPR-INTRM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	Three Rivers	Three Rivers		2110.9	0.95			699.04		2110.9 percent of total billed charges	
RPR-INTRM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	UHC	Medicaid		699.04	0.3146			699.04		2110.9 percent of total billed charges	
RPR-INTRM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	UHC	Medicare		718.28	1			699.04		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	Wellcare	Medicare		718.28	1			699.04		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM N-HF/GENT 7.6-12.5CM	12044	CPT	outpatient			2222	826.02	Wellcare	Medicaid		699.04	0.3146			699.04		2110.9 percent of total billed charges	
RPR-INTERM.NECK ETC 12.6 TO 20.0 CM	12045	CPT	outpatient			2222	826.02	Aetna	Commercial		1143.5	1.592			684.38		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK ETC 12.6 TO 20.0 CM	12045	CPT	outpatient			2222	826.02	Aetna	Better Health		699.04	0.3146			684.38		2110.9 percent of total billed charges	
RPR-INTERM.NECK ETC 12.6 TO 20.0 CM	12045	CPT	outpatient			2222	826.02	Aetna	Medicare		684.38	0.308			684.38		2110.9 percent of total billed charges	
RPR-INTERM.NECK ETC 12.6 TO 20.0 CM	12045	CPT	outpatient			2222	826.02	Americare	Americare		1666.5	0.75			684.38		2110.9 percent of total billed charges	
RPR-INTERM.NECK ETC 12.6 TO 20.0 CM	12045	CPT	outpatient			2222	826.02	WellPoint	WellPoint		712.82	0.3208			684.38		2110.9 percent of total billed charges	
RPR-INTERM.NECK ETC 12.6 TO 20.0 CM	12045	CPT	outpatient			2222	826.02	Amerihealth	Medicare		718.28	1			684.38		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK ETC 12.6 TO 20.0 CM	12045	CPT	outpatient			2222	826.02	Consumer	Consumer		2110.9	0.95			684.38		2110.9 percent of total billed charges	
RPR-INTERM.NECK ETC 12.6 TO 20.0 CM	12045	CPT	outpatient			2222	826.02	Corrections	Corrections		1777.6	0.8			684.38		2110.9 percent of total billed charges	
RPR-INTERM.NECK ETC 12.6 TO 20.0 CM	12045	CPT	outpatient			2222	826.02	First Health	First Health		1555.4	0.7			684.38		2110.9 percent of total billed charges	
RPR-INTERM.NECK ETC 12.6 TO 20.0 CM	12045	CPT	outpatient			2222	826.02	First Trenton	First Trenton		1999.8	0.9			684.38		2110.9 percent of total billed charges	
RPR-INTERM.NECK ETC 12.6 TO 20.0 CM	12045	CPT	outpatient			2222	826.02	Horizon	MGD		1312.3	1.827			684.38		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK ETC 12.6 TO 20.0 CM	12045	CPT	outpatient			2222	826.02	Horizon	Indemnity		1312.3	1.827			684.38		2110.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK ETC 12.6 TO 20.0 CM	12045	CPT	outpatient			2222	826.02	Horizon	Medicare Blue		718.28	1			684.38	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RPR-INTERM.NECK ETC 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 Three Rivers	Three Rivers		2110.9	0.95			684.38	2110.9	percent of total billed charges	
RPR-INTERM.NECK ETC 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 UHC	Medicare		718.28	1			684.38	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK ETC 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 UHC	Medicaid		699.04	0.3146			684.38	2110.9	percent of total billed charges	
RPR-INTERM.NECK ETC 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 Wellcare	Medicaid		699.04	0.3146			684.38	2110.9	percent of total billed charges	
RPR-INTERM.NECK ETC 12.6 TO 20.0 CM	12045	CPT	outpatient			2222		826.02 Wellcare	Medicare		718.28	1			684.38	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK ETC 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Aetna	Commercial		1143.5	1.592			699.04	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK ETC 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Aetna	Medicare		718.28	1			699.04	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK ETC 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Aetna	Better Health		699.04	0.3146			699.04	2110.9	percent of total billed charges	
RPR-INTERM.NECK ETC 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Americare	Americare		1666.5	0.75			699.04	2110.9	percent of total billed charges	
RPR-INTERM.NECK ETC 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 WellPoint	WellPoint		712.82	0.3208			699.04	2110.9	percent of total billed charges	
RPR-INTERM.NECK ETC 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Amerihealth	Medicare		718.28	1			699.04	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK ETC 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Consumer	Consumer		2110.9	0.95			699.04	2110.9	percent of total billed charges	
RPR-INTERM.NECK ETC 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Corrections	Corrections		1777.6	0.8			699.04	2110.9	percent of total billed charges	
RPR-INTERM.NECK ETC 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 First Health	First Health		1555.4	0.7			699.04	2110.9	percent of total billed charges	
RPR-INTERM.NECK ETC 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 First Trenton	First Trenton		1999.8	0.9			699.04	2110.9	percent of total billed charges	
RPR-INTERM.NECK ETC 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Horizon	MGD		1312.3	1.827			699.04	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK ETC 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Horizon	Medicare Blue		718.28	1			699.04	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK ETC 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Horizon	Indemnity		1312.3	1.827			699.04	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK ETC 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Horizon	PPO		1312.3	1.827			699.04	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK ETC 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Managed Care Inc	Managed Care Inc		1999.8	0.9			699.04	2110.9	percent of total billed charges	
RPR-INTERM.NECK ETC 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Multiplan	Multiplan		1777.6	0.8			699.04	2110.9	percent of total billed charges	
RPR-INTERM.NECK ETC 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Qualcare	Qualcare		1666.5	0.75			699.04	2110.9	percent of total billed charges	
RPR-INTERM.NECK ETC 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Three Rivers	Three Rivers		2110.9	0.95			699.04	2110.9	percent of total billed charges	
RPR-INTERM.NECK ETC 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 UHC	Medicare		718.28	1			699.04	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK ETC 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 UHC	Medicaid		699.04	0.3146			699.04	2110.9	percent of total billed charges	
RPR-INTERM.NECK ETC 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Wellcare	Medicaid		699.04	0.3146			699.04	2110.9	percent of total billed charges	
RPR-INTERM.NECK ETC 20.1 TO 30 CM	12046	CPT	outpatient			2222		826.02 Wellcare	Medicare		718.28	1			699.04	2110.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Aetna	Better Health		2027.91	0.3146			2027.91	6123.7	percent of total billed charges	
RPR-INTERM.NECK ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Aetna	Commercial		3320.32	1.592			2027.91	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Aetna	Medicare		2085.63	1			2027.91	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Americare	Americare		4834.5	0.75			2027.91	6123.7	percent of total billed charges	
RPR-INTERM.NECK ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 WellPoint	WellPoint		2067.88	0.3208			2027.91	6123.7	percent of total billed charges	
RPR-INTERM.NECK ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Amerihealth	Medicare		2085.63	1			2027.91	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Consumer	Consumer		6123.7	0.95			2027.91	6123.7	percent of total billed charges	
RPR-INTERM.NECK ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Corrections	Corrections		5156.8	0.8			2027.91	6123.7	percent of total billed charges	
RPR-INTERM.NECK ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 First Health	First Health		4512.2	0.7			2027.91	6123.7	percent of total billed charges	
RPR-INTERM.NECK ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 First Trenton	First Trenton		5801.4	0.9			2027.91	6123.7	percent of total billed charges	
RPR-INTERM.NECK ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Horizon	Indemnity		3810.45	1.827			2027.91	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Horizon	MGD		3810.45	1.827			2027.91	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Horizon	Medicare Blue		2085.63	1			2027.91	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Horizon	PPO		3810.45	1.827			2027.91	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Managed Care Inc	Managed Care Inc		5801.4	0.9			2027.91	6123.7	percent of total billed charges	
RPR-INTERM.NECK ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Multiplan	Multiplan		5156.8	0.8			2027.91	6123.7	percent of total billed charges	
RPR-INTERM.NECK ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Qualcare	Qualcare		4834.5	0.75			2027.91	6123.7	percent of total billed charges	
RPR-INTERM.NECK ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Three Rivers	Three Rivers		6123.7	0.95			2027.91	6123.7	percent of total billed charges	
RPR-INTERM.NECK ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 UHC	Medicare		2085.63	1			2027.91	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.NECK ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 UHC	Medicaid		2027.91	0.3146			2027.91	6123.7	percent of total billed charges	
RPR-INTERM.NECK ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Wellcare	Medicaid		2027.91	0.3146			2027.91	6123.7	percent of total billed charges	
RPR-INTERM.NECK ETC.OVER 30.0 CM	12047	CPT	outpatient			6446		2398.47 Wellcare	Medicare		2085.63	1			2027.91	6123.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC 2.5 OR LESS	12051	CPT	both			1360		524.43 Aetna	Commercial		726	1.592			411.18	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC 2.5 OR LESS	12051	CPT	both			1360		524.43 Aetna	Better Health		427.86	0.3146			411.18	1292	percent of total billed charges	
RPR-INTRM.FACE ETC 2.5 OR LESS	12051	CPT	both			1360		524.43 Aetna	Medicare		456.03	1			411.18	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC 2.5 OR LESS	12051	CPT	both			1360		524.43 Americare	Americare		1020	0.75			411.18	1292	percent of total billed charges	
RPR-INTRM.FACE ETC 2.5 OR LESS	12051	CPT	both			1360		524.43 WellPoint	WellPoint		436.29	0.3208			411.18	1292	percent of total billed charges	
RPR-INTRM.FACE ETC 2.5 OR LESS	12051	CPT	both			1360		524.43 Amerihealth	Medicare		456.03	1			411.18	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC 2.5 OR LESS	12051	CPT	both			1360		524.43 Consumer	Consumer		1292	0.95			411.18	1292	percent of total billed charges	
RPR-INTRM.FACE ETC 2.5 OR LESS	12051	CPT	both			1360		524.43 Corrections	Corrections		1088	0.8			411.18	1292	percent of total billed charges	
RPR-INTRM.FACE ETC 2.5 OR LESS	12051	CPT	both			1360		524.43 First Health	First Health		952	0.7			411.18	1292	percent of total billed charges	
RPR-INTRM.FACE ETC 2.5 OR LESS	12051	CPT	both			1360		524.43 First Trenton	First Trenton		1224	0.9			411.18	1292	percent of total billed charges	
RPR-INTRM.FACE ETC 2.5 OR LESS	12051	CPT	both			1360		524.43 Horizon	PPO		833.17	1.827			411.18	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC 2.5 OR LESS	12051	CPT	both			1360		524.43 Horizon	Medicare Blue		456.03	1			411.18	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC 2.5 OR LESS	12051	CPT	both			1360		524.43 Horizon	MGD		833.17	1.827			411.18	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC 2.5 OR LESS	12051	CPT	both			1360		524.43 Horizon	Indemnity		833.17	1.827			411.18	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC 2.5 OR LESS	12051	CPT	both			1360		524.43 Managed Care Inc	Managed Care Inc		1224	0.9			411.18	1292	percent of total billed charges	
RPR-INTRM.FACE ETC 2.5 OR LESS	12051	CPT	both			1360		524.43 Multiplan	Multiplan		1088	0.8			411.18	1292	percent of total billed charges	
RPR-INTRM.FACE ETC 2.5 OR LESS	12051	CPT	both			1360		524.43 Qualcare	Qualcare		1020	0.75			411.18	1292	percent of total billed charges	
RPR-INTRM.FACE ETC 2.5 OR LESS	12051	CPT	both			1360		524.43 Three Rivers	Three Rivers		1292	0.95			411.18	1292	percent of total billed charges	
RPR-INTRM.FACE ETC 2.5 OR LESS	12051	CPT	both			1360		524.43 UHC	Medicaid		427.86	0.3146			411.18	1292	percent of total billed charges	
RPR-INTRM.FACE ETC 2.5 OR LESS	12051	CPT	both			1360		524.43 UHC	Medicare		456.03	1			411.18	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC 2.5 OR LESS	12051	CPT	both			1360		524.43 Wellcare	Medicare		456.03	1			411.18	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC 2.5 OR LESS	12051	CPT	both			1360		524.43 Wellcare	Medicaid		427.86	0.3146			411.18	1292	percent of total billed charges	
RPR-INTRM.FACE/MM 2.6 - 5.0CM	12052	CPT	both			1369		524.43 Aetna	Medicare		421.65	0.308			418.88	1300.55	percent of total billed charges	
RPR-INTRM.FACE/MM 2.6 - 5.0CM	12052	CPT	both			1369		524.43 Aetna	Commercial		726	1.592			418.88	1300.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE/MM 2.6 - 5.0CM	12052	CPT	both			1369		524.43 Aetna	Better Health		430.69	0.3146			418.88	1300.55	percent of total billed charges	
RPR-INTRM.FACE/MM 2.6 - 5.0CM	12052	CPT	both			1369		524.43 Americare	Americare		1026.75	0.75			418.88	1300.55	percent of total billed charges	
RPR-INTRM.FACE/MM 2.6 - 5.0CM	12052	CPT	both			1369		524.43 WellPoint	WellPoint		439.18	0.3208			418.88	1300.55	percent of total billed charges	
RPR-INTRM.FACE/MM 2.6 - 5.0CM	12052	CPT	both			1369		524.43 Amerihealth	Medicare		456.03	1			418.88	1300.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE/MM 2.6 - 5.0CM	12052	CPT	both			1369		524.43 Consumer	Consumer		1300.55	0.95			418.88	1300.55	percent of total billed charges	
RPR-INTRM.FACE/MM 2.6 - 5.0CM	12052	CPT	both			1369		524.43 Corrections	Corrections		1095.2	0.8			418.88	1300.55	percent of total billed charges	
RPR-INTRM.FACE/MM 2.6 - 5.0CM	12052	CPT	both			1369		524.43 First Health	First Health		958.3	0.7			418.88	1300.55	percent of total billed charges	
RPR-INTRM.FACE/MM 2.6 - 5.0CM	12052	CPT	both			1369		524.43 First Trenton	First Trenton		1232.1	0.9			418.88	1300.55	percent of total billed charges	
RPR-INTRM.FACE/MM 2.6 - 5.0CM	12052	CPT	both			1369		524.43 Horizon	MGD		833.17	1.827			418.88	1300.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE/MM 2.6 - 5.0CM	12052	CPT	both			1369		524.43 Horizon	Medicare Blue		456.03	1			418.88	1300.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE/MM 2.6 - 5.0CM	12052	CPT	both			1369		524.43 Horizon	PPO		833.17	1.827			418.88	1300.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE/MM 2.6 - 5.0CM	12052	CPT	both			1369		524.43 Horizon	Indemnity		833.17	1.827			418.88	1300.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE/MM 2.6 - 5.0CM	12052	CPT	both			1369		524.43 Managed Care Inc	Managed Care Inc		1232.1	0.9			418.88	1300.55	percent of total billed charges	
RPR-INTRM.FACE/MM 2.6 - 5.0CM	12052	CPT	both			1369		524.43 Multiplan	Multiplan		1095.2	0.8			418.88	1300.55	percent of total billed charges	
RPR-INTRM.FACE/MM 2.6 - 5.0CM	12052	CPT	both			1369		524.43 Qualcare	Qualcare		1026.75	0.75			418.88	1300.55	percent of total billed charges	
RPR-INTRM.FACE/MM 2.6 - 5.0CM	12052	CPT	both			1369		524.43 Three Rivers	Three Rivers		1300.55	0.95			418.88	1300.55	percent of total billed charges	
RPR-INTRM.FACE/MM 2.6 - 5.0CM	12052	CPT	both			1369		524.43 UHC	Medicaid		430.69	0.3146			418.88	1300.55	percent of total billed charges	
RPR-INTRM.FACE/MM 2.6 - 5.0CM	12052	CPT	both			1369		524.43 UHC	Medicare		456.03	1			418.88	1300.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE/MM 2.6 - 5.0CM	12052	CPT	both			1369		524.43 Wellcare	Medicare		456.03	1			418.88	1300.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE/MM 2.6 - 5.0CM	12052	CPT	both			1369		524.43 Wellcare	Medicaid		430.69	0.3146			418.88	1300.55	percent of total billed charges	
RPR-INTRM.FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
RPR-INTRM.FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
RPR-INTRM.FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
RPR-INTRM.FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
RPR-INTRM.FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
RPR-INTRM.FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
RPR-INTRM.FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
RPR-INTRM.FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Horizon	MGD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
RPR-INTRM.FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
RPR-INTRM.FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
RPR-INTRM.FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
RPR-INTRM.FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
RPR-INTRM.FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE/MM 5.1 - 7.5CM	12053	CPT	outpatient			1360		524.43 Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
RPR-INTRM.FACE ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Aetna	Medicare		418.88	0.308			418.88	1292	percent of total billed charges	
RPR-INTRM.FACE ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Aetna	Commercial		726	1.592			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Aetna	Better Health		427.86	0.3146			418.88	1292	percent of total billed charges	
RPR-INTRM.FACE ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Americare	Americare		1020	0.75			418.88	1292	percent of total billed charges	
RPR-INTRM.FACE ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 WellPoint	WellPoint		436.29	0.3208			418.88	1292	percent of total billed charges	
RPR-INTRM.FACE ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03	1			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	0.95			418.88	1292	percent of total billed charges	
RPR-INTRM.FACE ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	0.8			418.88	1292	percent of total billed charges	
RPR-INTRM.FACE ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 First Health	First Health		952	0.7			418.88	1292	percent of total billed charges	
RPR-INTRM.FACE ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	0.9			418.88	1292	percent of total billed charges	
RPR-INTRM.FACE ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Horizon	MGD		833.17	1.827			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03	1			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Horizon	PPO		833.17	1.827			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Horizon	Indemnity		833.17	1.827			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	0.9			418.88	1292	percent of total billed charges	
RPR-INTRM.FACE ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	0.8			418.88	1292	percent of total billed charges	
RPR-INTRM.FACE ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	0.75			418.88	1292	percent of total billed charges	
RPR-INTRM.FACE ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	0.95			418.88	1292	percent of total billed charges	
RPR-INTRM.FACE ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 UHC	Medicaid		427.86	0.3146			418.88	1292	percent of total billed charges	
RPR-INTRM.FACE ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 UHC	Medicare		456.03	1			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03	1			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC.7.6 TO 12.5 CM	12054	CPT	outpatient			1360		524.43 Wellcare	Medicaid		427.86	0.3146			418.88	1292	percent of total billed charges	
RPR-INTRM.FACE ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 Aetna	Better Health		443.59	0.3146			443.59	1339.5	percent of total billed charges	
RPR-INTRM.FACE ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 Aetna	Medicare		456.03	1			443.59	1339.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410		524.43 Aetna

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RPR-INTRM.FACE ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410	524.43	Consumer	Consumer		1339.5	0.95			443.59		1339.5 percent of total billed charges	
RPR-INTRM.FACE ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410	524.43	Corrections	Corrections		1128	0.8			443.59		1339.5 percent of total billed charges	
RPR-INTRM.FACE ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410	524.43	First Health	First Health		987	0.7			443.59		1339.5 percent of total billed charges	
RPR-INTRM.FACE ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410	524.43	First Trenton	First Trenton		1269	0.9			443.59		1339.5 percent of total billed charges	
RPR-INTRM.FACE ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410	524.43	Horizon	Medicare Blue		456.03	1			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410	524.43	Horizon	Indemnity		833.17	1.827			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410	524.43	Horizon	MGD		833.17	1.827			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410	524.43	Horizon	PPO		833.17	1.827			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410	524.43	Managed Care Inc	Managed Care Inc		1269	0.9			443.59		1339.5 percent of total billed charges	
RPR-INTRM.FACE ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410	524.43	Multiplan	Multiplan		1128	0.8			443.59		1339.5 percent of total billed charges	
RPR-INTRM.FACE ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410	524.43	Qualcare	Qualcare		1057.5	0.75			443.59		1339.5 percent of total billed charges	
RPR-INTRM.FACE ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410	524.43	Three Rivers	Three Rivers		1339.5	0.95			443.59		1339.5 percent of total billed charges	
RPR-INTRM.FACE ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410	524.43	UHC	Medicare		456.03	1			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410	524.43	UHC	Medicaid		443.59	0.3146			443.59		1339.5 percent of total billed charges	
RPR-INTRM.FACE ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410	524.43	Wellcare	Medicare		456.03	1			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTRM.FACE ETC.12.6 TO 20.0 CM	12055	CPT	outpatient			1410	524.43	Wellcare	Medicaid		443.59	0.3146			443.59		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.20.1 TO 30 CM	12056	CPT	both			1410	524.43	Aetna	Better Health		443.59	0.3146			443.59		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.20.1 TO 30 CM	12056	CPT	both			1410	524.43	Aetna	Medicare		456.03	1			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE ETC.20.1 TO 30 CM	12056	CPT	both			1410	524.43	Aetna	Commercial		726	1.592			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE ETC.20.1 TO 30 CM	12056	CPT	both			1410	524.43	Americare	Americare		1057.5	0.75			443.59		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.20.1 TO 30 CM	12056	CPT	both			1410	524.43	WellPoint	WellPoint		452.33	0.3208			443.59		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.20.1 TO 30 CM	12056	CPT	both			1410	524.43	Amerihealth	Medicare		456.03	1			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE ETC.20.1 TO 30 CM	12056	CPT	both			1410	524.43	Consumer	Consumer		1339.5	0.95			443.59		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.20.1 TO 30 CM	12056	CPT	both			1410	524.43	Corrections	Corrections		1128	0.8			443.59		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.20.1 TO 30 CM	12056	CPT	both			1410	524.43	First Health	First Health		987	0.7			443.59		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.20.1 TO 30 CM	12056	CPT	both			1410	524.43	First Trenton	First Trenton		1269	0.9			443.59		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.20.1 TO 30 CM	12056	CPT	both			1410	524.43	Horizon	PPO		833.17	1.827			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE ETC.20.1 TO 30 CM	12056	CPT	both			1410	524.43	Horizon	MGD		833.17	1.827			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE ETC.20.1 TO 30 CM	12056	CPT	both			1410	524.43	Horizon	Medicare Blue		456.03	1			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE ETC.20.1 TO 30 CM	12056	CPT	both			1410	524.43	Horizon	Indemnity		833.17	1.827			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE ETC.20.1 TO 30 CM	12056	CPT	both			1410	524.43	Managed Care Inc	Managed Care Inc		1269	0.9			443.59		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.20.1 TO 30 CM	12056	CPT	both			1410	524.43	Multiplan	Multiplan		1128	0.8			443.59		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.20.1 TO 30 CM	12056	CPT	both			1410	524.43	Qualcare	Qualcare		1057.5	0.75			443.59		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.20.1 TO 30 CM	12056	CPT	both			1410	524.43	Three Rivers	Three Rivers		1339.5	0.95			443.59		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.20.1 TO 30 CM	12056	CPT	both			1410	524.43	UHC	Medicare		456.03	1			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE ETC.20.1 TO 30 CM	12056	CPT	both			1410	524.43	UHC	Medicaid		443.59	0.3146			443.59		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.20.1 TO 30 CM	12056	CPT	both			1410	524.43	Wellcare	Medicaid		443.59	0.3146			443.59		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.20.1 TO 30 CM	12056	CPT	both			1410	524.43	Wellcare	Medicare		456.03	1			443.59		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE ETC.OVER 30.0CM	12057	CPT	outpatient			1410	524.43	Aetna	Commercial		726	1.592			434.28		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE ETC.OVER 30.0CM	12057	CPT	outpatient			1410	524.43	Aetna	Medicare		434.28	0.308			434.28		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.OVER 30.0CM	12057	CPT	outpatient			1410	524.43	Aetna	Better Health		443.59	0.3146			434.28		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.OVER 30.0CM	12057	CPT	outpatient			1410	524.43	Americare	Americare		1057.5	0.75			434.28		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.OVER 30.0CM	12057	CPT	outpatient			1410	524.43	WellPoint	WellPoint		452.33	0.3208			434.28		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.OVER 30.0CM	12057	CPT	outpatient			1410	524.43	Amerihealth	Medicare		456.03	1			434.28		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE ETC.OVER 30.0CM	12057	CPT	outpatient			1410	524.43	Consumer	Consumer		1339.5	0.95			434.28		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.OVER 30.0CM	12057	CPT	outpatient			1410	524.43	Corrections	Corrections		1128	0.8			434.28		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.OVER 30.0CM	12057	CPT	outpatient			1410	524.43	First Health	First Health		987	0.7			434.28		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.OVER 30.0CM	12057	CPT	outpatient			1410	524.43	First Trenton	First Trenton		1269	0.9			434.28		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.OVER 30.0CM	12057	CPT	outpatient			1410	524.43	Horizon	Indemnity		833.17	1.827			434.28		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE ETC.OVER 30.0CM	12057	CPT	outpatient			1410	524.43	Horizon	MGD		833.17	1.827			434.28		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE ETC.OVER 30.0CM	12057	CPT	outpatient			1410	524.43	Horizon	PPO		833.17	1.827			434.28		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE ETC.OVER 30.0CM	12057	CPT	outpatient			1410	524.43	Horizon	Medicare Blue		456.03	1			434.28		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE ETC.OVER 30.0CM	12057	CPT	outpatient			1410	524.43	Managed Care Inc	Managed Care Inc		1269	0.9			434.28		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.OVER 30.0CM	12057	CPT	outpatient			1410	524.43	Multiplan	Multiplan		1128	0.8			434.28		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.OVER 30.0CM	12057	CPT	outpatient			1410	524.43	Qualcare	Qualcare		1057.5	0.75			434.28		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.OVER 30.0CM	12057	CPT	outpatient			1410	524.43	Three Rivers	Three Rivers		1339.5	0.95			434.28		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.OVER 30.0CM	12057	CPT	outpatient			1410	524.43	UHC	Medicare		456.03	1			434.28		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE ETC.OVER 30.0CM	12057	CPT	outpatient			1410	524.43	UHC	Medicaid		443.59	0.3146			434.28		1339.5 percent of total billed charges	
RPR-INTERM.FACE ETC.OVER 30.0CM	12057	CPT	outpatient			1410	524.43	Wellcare	Medicare		456.03	1			434.28		1339.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-INTERM.FACE ETC.OVER 30.0CM	12057	CPT	outpatient			1410	524.43	Wellcare	Medicaid		443.59	0.3146			434.28		1339.5 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117	826.02	Aetna	Commercial		1143.5	1.592			652.04		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117	826.02	Aetna	Medicare		652.04	0.308			652.04		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117	826.02	Aetna	Better Health		666.01	0.3146			652.04		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117	826.02	Americare	Americare		1587.75	0.75			652.04		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117	826.02	WellPoint	WellPoint		679.13	0.3208			652.04		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117	826.02	Amerihealth	Medicare		718.28	1			652.04		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117	826.02	Consumer	Consumer		2011.15	0.95			652.04		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117	826.02	Corrections	Corrections		1693.6	0.8			652.04		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117	826.02	First Health	First Health		1481.9	0.7			652.04		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117	826.02	First Trenton	First Trenton		1905.3	0.9			652.04		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117	826.02	Horizon	Indemnity		1312.3	1.827			652.04		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117	826.02	Horizon	PPO		1312.3	1.827			652.04		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		718.28	1			652.04		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117	826.02	Horizon	MGD		1312.3	1.827			652.04		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117	826.02	Managed Care Inc	Managed Care Inc		1905.3	0.9			652.04		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117	826.02	Multiplan	Multiplan		1693.6	0.8			652.04		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117	826.02	Qualcare	Qualcare		1587.75	0.75			652.04		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117	826.02	Three Rivers	Three Rivers		2011.15	0.95			652.04		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117	826.02	UHC	Medicaid		666.01	0.3146			652.04		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117	826.02	UHC	Medicare		718.28	1			652.04		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117	826.02	Wellcare	Medicaid		666.01	0.3146			652.04		2011.15 percent of total billed charges	
RPR-CMPLX TRNK;1.1 TO 2.5 CM	13100	CPT	outpatient			2117	826.02	Wellcare	Medicare		718.28	1			652.04		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360	826.02	Aetna	Better Health		427.86	0.3146			427.86		1312.3 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360	826.02	Aetna	Commercial		1143.5	1.592			427.86		1312.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360	826.02	Aetna	Medicare		718.28	1			427.86		1312.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360	826.02	Americare	Americare		1020	0.75			427.86		1312.3 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360	826.02	WellPoint	WellPoint		436.29	0.3208			427.86		1312.3 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360	826.02	Amerihealth	Medicare		718.28	1			427.86		1312.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360	826.02	Consumer	Consumer		1292	0.95			427.86		1312.3 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360	826.02	Corrections	Corrections		1088	0.8			427.86		1312.3 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360	826.02	First Health	First Health		952	0.7			427.86		1312.3 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360	826.02	First Trenton	First Trenton		1224	0.9			427.86		1312.3 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360	826.02	Horizon	MGD		1312.3	1.827			427.86		1312.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360	826.02	Horizon	Indemnity		1312.3	1.827			427.86		1312.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360	826.02	Horizon	Medicare Blue		718.28	1			427.86		1312.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360	826.02	Horizon	PPO		1312.3	1.827			427.86		1312.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360	826.02	Managed Care Inc	Managed Care Inc		1224	0.9			427.86		1312.3 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360	826.02	Multiplan	Multiplan		1088	0.8			427.86		1312.3 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360	826.02	Qualcare	Qualcare		1020	0.75			427.86		1312.3 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360	826.02	Three Rivers	Three Rivers		1292	0.95			427.86		1312.3 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360	826.02	UHC	Medicare		718.28	1			427.86		1312.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360	826.02	UHC	Medicaid		427.86	0.3146			427.86		1312.3 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360	826.02	Wellcare	Medicaid		427.86	0.3146			427.86		1312.3 percent of total billed charges	
RPR-CMPLX TRNK;2.6 TO 7.5CM	13101	CPT	outpatient			1360	826.02	Wellcare	Medicare		718.28	1			427.86		1312.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AIL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117	826.02	Aetna	Better Health		666.01	0.3146			666.01		2011.15 percent of total billed charges	
RPR-CMPLX S/AIL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117	826.02	Aetna	Commercial		1143.5	1.592			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AIL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117	826.02	Aetna	Medicare		718.28	1			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AIL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117	826.02	Americare	Americare		1587.75	0.75			666.01		2011.15 percent of total billed charges	
RPR-CMPLX S/AIL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117	826.02	WellPoint	WellPoint		679.13	0.3208			666.01		2011.15 percent of total billed charges	
RPR-CMPLX S/AIL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117	826.02	Amerihealth	Medicare		718.28	1			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AIL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117	826.02	Consumer	Consumer		2011.15	0.95			666.01		2011.15 percent of total billed charges	
RPR-CMPLX S/AIL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117	826.02	Corrections	Corrections		1693.6	0.8			666.01		2011.15 percent of total billed charges	
RPR-CMPLX S/AIL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117	826.02	First Health	First Health		1481.9	0.7			666.01		2011.15 percent of total billed charges	
RPR-CMPLX S/AIL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117	826.02	First Trenton	First Trenton		1905.3	0.9			666.01		2011.15 percent of total billed charges	
RPR-CMPLX S/AIL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		718.28	1			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AIL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117	826.02	Horizon	Indemnity		1312.3	1.827			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AIL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117	826.02	Horizon	PPO		1312.3	1.827			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AIL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117	826.02	Horizon	MGD		1312.3	1.827			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AIL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117	826.02	Managed Care Inc	Managed Care Inc		1905.3	0.9			666.01		2011.15 percent of total billed charges	
RPR-CMPLX S/AIL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117	826.02	Multiplan	Multiplan		1693.6	0.8			666.01		2011.15 percent of total billed charges	
RPR-CMPLX S/AIL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117	826.02	Qualcare	Qualcare		1587.75	0.75			666.01		2011.15 percent of total billed charges	
RPR-CMPLX S/AIL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117	826.02	Three Rivers	Three Rivers		2011.15	0.95			666.01		2011.15 percent of total billed charges	
RPR-CMPLX S/AIL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117	826.02	UHC	Medicare		718.28	1			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AIL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117	826.02	UHC	Medicaid		666.01	0.3146			666.01		2011.15 percent of total billed charges	
RPR-CMPLX S/AIL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117	826.02	Wellcare	Medicare		718.28	1			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AIL 1.1 TO 2.5 CM	13120	CPT	outpatient			2117	826.02	Wellcare	Medicaid		666.01	0.3146			666.01		2011.15 percent of total billed charges	
RPR-CMPLX S/AIL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117	826.02	Aetna	Better Health		666.01	0.3146			666.01		2011.15 percent of total billed charges	
RPR-CMPLX S/AIL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117	826.02	Aetna	Medicare		718.28	1			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AIL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117	826.02	Aetna	Commercial		1143.5	1.592			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AIL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117	826.02	Americare	Americare		1587.75	0.75			666.01		2011.15 percent of total billed charges	
RPR-CMPLX S/AIL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117	826.02	WellPoint	WellPoint		679.13	0.3208			666.01		2011.15 percent of total billed charges	
RPR-CMPLX S/AIL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117	826.02	Amerihealth	Medicare		718.28	1			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AIL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117	826.02	Consumer	Consumer		2011.15	0.95			666.01		2011.15 percent of total billed charges	
RPR-CMPLX S/AIL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117	826.02	Corrections	Corrections		1693.6	0.8			666.01		2011.15 percent of total billed charges	
RPR-CMPLX S/AIL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117	826.02	First Health	First Health		1481.9	0.7			666.01		2011.15 percent of total billed charges	
RPR-CMPLX S/AIL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117	826.02	First Trenton	First Trenton		1905.3	0.9			666.01		2011.15 percent of total billed charges	
RPR-CMPLX S/AIL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		718.28	1			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AIL 2.6 TO 7.5 CM	13121	CPT	outpatient			2117	826.02	Horizon	Indemnity		1312.3	1.827			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/AIL

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RPR-CMPLX S/A/L 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 Three Rivers	Three Rivers		2011.15	0.95			666.01		2011.15	percent of total billed charges	
RPR-CMPLX S/A/L 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 UHC	Medicare		718.28	1			666.01		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/A/L 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 UHC	Medicaid		666.01	0.3146			666.01		2011.15	percent of total billed charges	
RPR-CMPLX S/A/L 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 Wellcare	Medicare		718.28	1			666.01		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX S/A/L 2.6 TO 7.5 CM	13121	CPT	outpatient			2117		826.02 Wellcare	Medicaid		666.01	0.3146			666.01		2011.15	percent of total billed charges	
RPR-COMPLX S/A/L EA ADDL <=5 CM	13122	CPT	outpatient			2117		Aetna	Commercial		804.46	0.38			635.1		2011.15	percent of total billed charges	
RPR-COMPLX S/A/L EA ADDL <=5 CM	13122	CPT	outpatient			2117		Aetna	Better Health		666.01	0.3146			635.1		2011.15	percent of total billed charges	
RPR-COMPLX S/A/L EA ADDL <=5 CM	13122	CPT	outpatient			2117		Aetna	Medicare		652.04	0.308			635.1		2011.15	percent of total billed charges	
RPR-COMPLX S/A/L EA ADDL <=5 CM	13122	CPT	outpatient			2117		Americare	Americare		1587.75	0.75			635.1		2011.15	percent of total billed charges	
RPR-COMPLX S/A/L EA ADDL <=5 CM	13122	CPT	outpatient			2117		WellPoint	WellPoint		679.13	0.3208			635.1		2011.15	percent of total billed charges	
RPR-COMPLX S/A/L EA ADDL <=5 CM	13122	CPT	outpatient			2117		Consumer	Consumer		2011.15	0.95			635.1		2011.15	percent of total billed charges	
RPR-COMPLX S/A/L EA ADDL <=5 CM	13122	CPT	outpatient			2117		Corrections	Corrections		1693.6	0.8			635.1		2011.15	percent of total billed charges	
RPR-COMPLX S/A/L EA ADDL <=5 CM	13122	CPT	outpatient			2117		First Health	First Health		1481.9	0.7			635.1		2011.15	percent of total billed charges	
RPR-COMPLX S/A/L EA ADDL <=5 CM	13122	CPT	outpatient			2117		First Trenton	First Trenton		1905.3	0.9			635.1		2011.15	percent of total billed charges	
RPR-COMPLX S/A/L EA ADDL <=5 CM	13122	CPT	outpatient			2117		Horizon	Indemnity		810.39	0.3828			635.1		2011.15	percent of total billed charges	
RPR-COMPLX S/A/L EA ADDL <=5 CM	13122	CPT	outpatient			2117		Horizon	Medicare Blue		635.1	0.3			635.1		2011.15	percent of total billed charges	
RPR-COMPLX S/A/L EA ADDL <=5 CM	13122	CPT	outpatient			2117		Horizon	MGD		810.39	0.3828			635.1		2011.15	percent of total billed charges	
RPR-COMPLX S/A/L EA ADDL <=5 CM	13122	CPT	outpatient			2117		Horizon	PPO		810.39	0.3828			635.1		2011.15	percent of total billed charges	
RPR-COMPLX S/A/L EA ADDL <=5 CM	13122	CPT	outpatient			2117		Managed Care Inc	Managed Care Inc		1905.3	0.9			635.1		2011.15	percent of total billed charges	
RPR-COMPLX S/A/L EA ADDL <=5 CM	13122	CPT	outpatient			2117		Multiplan	Multiplan		1693.6	0.8			635.1		2011.15	percent of total billed charges	
RPR-COMPLX S/A/L EA ADDL <=5 CM	13122	CPT	outpatient			2117		Qualcare	Qualcare		1587.75	0.75			635.1		2011.15	percent of total billed charges	
RPR-COMPLX S/A/L EA ADDL <=5 CM	13122	CPT	outpatient			2117		Three Rivers	Three Rivers		2011.15	0.95			635.1		2011.15	percent of total billed charges	
RPR-COMPLX S/A/L EA ADDL <=5 CM	13122	CPT	outpatient			2117		UHC	Medicaid		666.01	0.3146			635.1		2011.15	percent of total billed charges	
RPR-COMPLX S/A/L EA ADDL <=5 CM	13122	CPT	outpatient			2117		Wellcare	Medicaid		666.01	0.3146			635.1		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Aetna	Better Health		666.01	0.3146			456.03		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Aetna	Commercial		726	1.592			456.03		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/HF 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Aetna	Medicare		456.03	1			456.03		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/HF 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Americare	Americare		1587.75	0.75			456.03		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 WellPoint	WellPoint		679.13	0.3208			456.03		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Amerihealth	Medicare		456.03	1			456.03		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/HF 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Consumer	Consumer		2011.15	0.95			456.03		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Corrections	Corrections		1693.6	0.8			456.03		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 First Health	First Health		1481.9	0.7			456.03		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 First Trenton	First Trenton		1905.3	0.9			456.03		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Horizon	MGD		833.17	1.827			456.03		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/HF 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Horizon	Medicare Blue		456.03	1			456.03		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/HF 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Horizon	Indemnity		833.17	1.827			456.03		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/HF 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Horizon	PPO		833.17	1.827			456.03		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/HF 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Managed Care Inc	Managed Care Inc		1905.3	0.9			456.03		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Multiplan	Multiplan		1693.6	0.8			456.03		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Qualcare	Qualcare		1587.75	0.75			456.03		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Three Rivers	Three Rivers		2011.15	0.95			456.03		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 UHC	Medicaid		666.01	0.3146			456.03		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 UHC	Medicare		456.03	1			456.03		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/HF 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Wellcare	Medicaid		666.01	0.3146			456.03		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 1.1 TO 2.5CM	13131	CPT	outpatient			2117		524.43 Wellcare	Medicare		456.03	1			456.03		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/HF 2.6 TO 7.5CM	13132	CPT	both			2117		826.02 Aetna	Commercial		1143.5	1.592			652.04		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/HF 2.6 TO 7.5CM	13132	CPT	both			2117		826.02 Aetna	Medicare		652.04	0.308			652.04		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 2.6 TO 7.5CM	13132	CPT	both			2117		826.02 Aetna	Better Health		666.01	0.3146			652.04		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 2.6 TO 7.5CM	13132	CPT	both			2117		826.02 Americare	Americare		1587.75	0.75			652.04		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 2.6 TO 7.5CM	13132	CPT	both			2117		826.02 WellPoint	WellPoint		679.13	0.3208			652.04		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 2.6 TO 7.5CM	13132	CPT	both			2117		826.02 Amerihealth	Medicare		718.28	1			652.04		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/HF 2.6 TO 7.5CM	13132	CPT	both			2117		826.02 Consumer	Consumer		2011.15	0.95			652.04		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 2.6 TO 7.5CM	13132	CPT	both			2117		826.02 Corrections	Corrections		1693.6	0.8			652.04		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 2.6 TO 7.5CM	13132	CPT	both			2117		826.02 First Health	First Health		1481.9	0.7			652.04		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 2.6 TO 7.5CM	13132	CPT	both			2117		826.02 First Trenton	First Trenton		1905.3	0.9			652.04		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 2.6 TO 7.5CM	13132	CPT	both			2117		826.02 Horizon	Medicare Blue		718.28	1			652.04		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/HF 2.6 TO 7.5CM	13132	CPT	both			2117		826.02 Horizon	MGD		1312.3	1.827			652.04		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/HF 2.6 TO 7.5CM	13132	CPT	both			2117		826.02 Horizon	PPO		1312.3	1.827			652.04		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/HF 2.6 TO 7.5CM	13132	CPT	both			2117		826.02 Horizon	Indemnity		1312.3	1.827			652.04		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/HF 2.6 TO 7.5CM	13132	CPT	both			2117		826.02 Managed Care Inc	Managed Care Inc		1905.3	0.9			652.04		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 2.6 TO 7.5CM	13132	CPT	both			2117		826.02 Multiplan	Multiplan		1693.6	0.8			652.04		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 2.6 TO 7.5CM	13132	CPT	both			2117		826.02 Qualcare	Qualcare		1587.75	0.75			652.04		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 2.6 TO 7.5CM	13132	CPT	both			2117		826.02 Three Rivers	Three Rivers		2011.15	0.95			652.04		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 2.6 TO 7.5CM	13132	CPT	both			2117		826.02 UHC	Medicare		718.28	1			652.04		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/HF 2.6 TO 7.5CM	13132	CPT	both			2117		826.02 UHC	Medicaid		666.01	0.3146			652.04		2011.15	percent of total billed charges	
RPR-CMPLX F/GH/HF 2.6 TO 7.5CM	13132	CPT	both			2117		826.02 Wellcare	Medicare		718.28	1			652.04		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX F/GH/HF 2.6 TO 7.5CM	13132	CPT	both			2117		826.02 Wellcare	Medicaid		666.01	0.3146			652.04		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC.1.1 TO 2.5 CM	13151	CPT	both			2117		826.02 Aetna	Medicare		718.28	1			666.01		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS ETC.1.1 TO 2.5 CM	13151	CPT	both			2117		826.02 Aetna	Better Health		666.01	0.3146			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC.1.1 TO 2.5 CM	13151	CPT	both			2117		826.02 Aetna	Commercial		1143.5	1.592			666.01		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS ETC.1.1 TO 2.5 CM	13151	CPT	both			2117		826.02 Americare	Americare		1587.75	0.75			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC.1.1 TO 2.5 CM	13151	CPT	both			2117		826.02 WellPoint	WellPoint		679.13	0.3208			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC.1.1 TO 2.5 CM	13151	CPT	both			2117		826.02 Amerihealth	Medicare		718.28	1			666.01		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS ETC.1.1 TO 2.5 CM	13151	CPT	both			2117		826.02 Consumer	Consumer		2011.15	0.95			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC.1.1 TO 2.5 CM	13151	CPT	both			2117		826.02 Corrections	Corrections		1693.6	0.8			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC.1.1 TO 2.5 CM	13151	CPT	both			2117		826.02 First Health	First Health		1481.9	0.7			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC.1.1 TO 2.5 CM	13151	CPT	both			2117		826.02 First Trenton	First Trenton		1905.3	0.9			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC.1.1 TO 2.5 CM	13151	CPT	both			2117		826.02 Horizon	Indemnity		1312.3	1.827			666.01		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS ETC.1.1 TO 2.5 CM	13151	CPT	both			2117		826.02 Horizon	MGD		1312.3	1.827			666.01		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS ETC.1.1 TO 2.5 CM	13151	CPT	both			2117		826.02 Horizon	PPO		1312.3	1.827			666.01		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS ETC.1.1 TO 2.5 CM	13151	CPT	both			2117		826.02 Horizon	Medicare Blue		718.28	1			666.01		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS ETC.1.1 TO 2.5 CM	13151	CPT	both			2117		826.02 Managed Care Inc	Managed Care Inc		1905.3	0.9			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC.1.1 TO 2.5 CM	13151	CPT	both			2117		826.02 Multiplan	Multiplan		1693.6	0.8			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC.1.1 TO 2.5 CM	13151	CPT	both			2117		826.02 Qualcare	Qualcare		1587.75	0.75			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC.1.1 TO 2.5 CM	13151	CPT	both			2117		826.02 Three Rivers	Three Rivers		2011.15	0.95			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC.1.1 TO 2.5 CM	13151	CPT	both			2117		826.02 UHC	Medicare		718.28	1			666.01		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS ETC.1.1 TO 2.5 CM	13151	CPT	both			2117		826.02 UHC	Medicaid		666.01	0.3146			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC.1.1 TO 2.5 CM	13151	CPT	both			2117		826.02 Wellcare	Medicaid		666.01	0.3146			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC.1.1 TO 2.5 CM	13151	CPT	both			2117		826.02 Wellcare	Medicare		718.28	1			666.01		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS ETC 2.6 TO 7.5 CM	13152	CPT	outpatient			2117		826.02 Aetna	Commercial		1143.5	1.592			666.01		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS ETC 2.6 TO 7.5 CM	13152	CPT	outpatient			2117		826.02 Aetna	Medicare		718.28	1			666.01		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS ETC 2.6 TO 7.5 CM	13152	CPT	outpatient			2117		826.02 Aetna	Better Health		666.01	0.3146			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC 2.6 TO 7.5 CM	13152	CPT	outpatient			2117		826.02 Americare	Americare		1587.75	0.75			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC 2.6 TO 7.5 CM	13152	CPT	outpatient			2117		826.02 WellPoint	WellPoint		679.13	0.3208			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC 2.6 TO 7.5 CM	13152	CPT	outpatient			2117		826.02 Amerihealth	Medicare		718.28	1			666.01		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS ETC 2.6 TO 7.5 CM	13152	CPT	outpatient			2117		826.02 Consumer	Consumer		2011.15	0.95			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC 2.6 TO 7.5 CM	13152	CPT	outpatient			2117		826.02 Corrections	Corrections		1693.6	0.8			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC 2.6 TO 7.5 CM	13152	CPT	outpatient			2117		826.02 First Health	First Health		1481.9	0.7			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC 2.6 TO 7.5 CM	13152	CPT	outpatient			2117		826.02 First Trenton	First Trenton		1905.3	0.9			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC 2.6 TO 7.5 CM	13152	CPT	outpatient			2117		826.02 Horizon	Medicare Blue		718.28	1			666.01		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS ETC 2.6 TO 7.5 CM	13152	CPT	outpatient			2117		826.02 Horizon	Indemnity		1312.3	1.827			666.01		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS ETC 2.6 TO 7.5 CM	13152	CPT	outpatient			2117		826.02 Horizon	MGD		1312.3	1.827			666.01		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS ETC 2.6 TO 7.5 CM	13152	CPT	outpatient			2117		826.02 Horizon	PPO		1312.3	1.827			666.01		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS ETC 2.6 TO 7.5 CM	13152	CPT	outpatient			2117		826.02 Managed Care Inc	Managed Care Inc		1905.3	0.9			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC 2.6 TO 7.5 CM	13152	CPT	outpatient			2117		826.02 Multiplan	Multiplan		1693.6	0.8			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC 2.6 TO 7.5 CM	13152	CPT	outpatient			2117		826.02 Qualcare	Qualcare		1587.75	0.75			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC 2.6 TO 7.5 CM	13152	CPT	outpatient			2117		826.02 Three Rivers	Three Rivers		2011.15	0.95			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC 2.6 TO 7.5 CM	13152	CPT	outpatient			2117		826.02 UHC	Medicare		718.28	1			666.01		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR-CMPLX EYELIDS ETC 2.6 TO 7.5 CM	13152	CPT	outpatient			2117		826.02 UHC	Medicaid		666.01	0.3146			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC 2.6 TO 7.5 CM	13152	CPT	outpatient			2117		826.02 Wellcare	Medicaid		666.01	0.3146			666.01		2011.15	percent of total billed charges	
RPR-CMPLX EYELIDS ETC 2.6 TO 7.5 CM	13152	CPT	outpatient			2117		826.02 Wellcare	Medicare		718.28	1			666.01		2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSU SURG.WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289		2398.47 Aetna	Commercial		3320.32	1.592			1937.01		5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSU SURG.WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289		2398.47 Aetna	Medicare		1937.01	0.308			1937.01		5974.55	percent of total billed charges	
SECONDARY CLOSU SURG.WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289		2398.47 Aetna	Better Health		1978.52	0.3146			1937.01		5974.55	percent of total billed charges	
SECONDARY CLOSU SURG.WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289		2398.47 Americare	Americare		4716.75	0.75			1937.01		5974.55	percent of total billed charges	
SECONDARY CLOSU SURG.WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289		2398.47 WellPoint	WellPoint		2017.51	0.3208			1937.01		5974.55	percent of total billed charges	
SECONDARY CLOSU SURG.WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289		2398.47 Amerihealth	Medicare		2085.63	1			1937.01		5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSU SURG.WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289		2398.47 Consumer	Consumer		5974.55	0.95			1937.01		5974.55	percent of total billed charges	
SECONDARY CLOSU SURG.WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289		2398.47 Corrections	Corrections		5031.2	0.8			1937.01		5974.55	percent of total billed charges	
SECONDARY CLOSU SURG.WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289		2398.47 First Health	First Health		4402.3	0.7			1937.01		5974.55	percent of total billed charges	
SECONDARY CLOSU SURG.WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289		2398.47 First Trenton	First Trenton		5660.1	0.9			1937.01		5974.55	percent of total billed charges	
SECONDARY CLOSU SURG.WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289		2398.47 Horizon	MGD		3810.45	1.827			1937.01		5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSU SURG.WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289		2398.47 Horizon	Indemnity		3810.45	1.827			1937.01		5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSU SURG.WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289		2398.47 Horizon	PPO		3810.45	1.827			1937.01		5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSU SURG.WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289		2398.47 Horizon	Medicare Blue		2085.63	1			1937.01		5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSU SURG.WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289		2398.47 Managed Care Inc	Managed Care Inc		5660.1	0.9			1937.01		5974.55	percent of total billed charges	
SECONDARY CLOSU SURG.WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289		2398.47 Multiplan	Multiplan		5031.2	0.8			1937.01		5974.55	percent of total billed charges	
SECONDARY CLOSU SURG.WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289		2398.47 Qualcare	Qualcare		4716.75	0.75			1937.01		5974.55	percent of total billed charges	
SECONDARY CLOSU SURG.WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289		2398.47 Three Rivers	Three Rivers		5974.55	0.95			1937.01		5974.55	percent of total billed charges	
SECONDARY CLOSU SURG.WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289		2398.47 UHC	Medicaid		1978.52	0.3146			1937.01		5974.55	percent of total billed charges	
SECONDARY CLOSU SURG.WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289		2398.47 UHC	Medicare		2085.63	1			1937.01		5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECONDARY CLOSU SURG.WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289		2398.47 Wellcare	Medicaid		1978.52	0.3146			1937.01		5974.55	percent of total billed charges	
SECONDARY CLOSU SURG.WUND/DEHIS ANY AREA	13160	CPT	outpatient			6289		2398.47 Wellcare	Medicare		2085.63	1			1937.01		5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TS TRNS/RERRNG TRUNK <=10CM	14000	CPT	outpatient			6289		2398.47 Aetna	Commercial		3320.32	1.592			1978.52		5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TS TRNS/RERRNG TRUNK <=10CM

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ADJ TS TRNS/RERRNG TRUNK <= 10CM	14000	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
ADJ TS TRNS/RERRNG TRUNK <= 10CM	14000	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TS TRNS/RERRNG TRUNK <= 10CM	14000	CPT	outpatient			6289	2398.47	Horizon	MGD		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TS TRNS/RERRNG TRUNK <= 10CM	14000	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TS TRNS/RERRNG TRUNK <= 10CM	14000	CPT	outpatient			6289	2398.47	Horizon	PPO		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TS TRNS/RERRNG TRUNK <= 10CM	14000	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
ADJ TS TRNS/RERRNG TRUNK <= 10CM	14000	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
ADJ TS TRNS/RERRNG TRUNK <= 10CM	14000	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
ADJ TS TRNS/RERRNG TRUNK <= 10CM	14000	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
ADJ TS TRNS/RERRNG TRUNK <= 10CM	14000	CPT	outpatient			6289	2398.47	UHC	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
ADJ TS TRNS/RERRNG TRUNK <= 10CM	14000	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TS TRNS/RERRNG TRUNK <= 10CM	14000	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TS TRNS/RERRNG TRUNK <= 10CM	14000	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Aetna	Better Health		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Aetna	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32	1.592			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2017.51	0.3208			1978.52	5974.55	percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	0.7			1978.52	5974.55	percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Horizon	PPO		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Horizon	MGD		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	UHC	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
ADJ TISSUE TRNSFR SCALP/ARM/LEG 10CM	14020	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATT S/A/L; D 10.1-30 SQ CM	14021	CPT	outpatient			6289	2398.47	Aetna	Medicare		1937.01	0.308			1937.01	5974.55	percent of total billed charges	
ATT S/A/L; D 10.1-30 SQ CM	14021	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32	1.592			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATT S/A/L; D 10.1-30 SQ CM	14021	CPT	outpatient			6289	2398.47	Aetna	Better Health		1978.52	0.3146			1937.01	5974.55	percent of total billed charges	
ATT S/A/L; D 10.1-30 SQ CM	14021	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	0.75			1937.01	5974.55	percent of total billed charges	
ATT S/A/L; D 10.1-30 SQ CM	14021	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2017.51	0.3208			1937.01	5974.55	percent of total billed charges	
ATT S/A/L; D 10.1-30 SQ CM	14021	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATT S/A/L; D 10.1-30 SQ CM	14021	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	0.95			1937.01	5974.55	percent of total billed charges	
ATT S/A/L; D 10.1-30 SQ CM	14021	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	0.8			1937.01	5974.55	percent of total billed charges	
ATT S/A/L; D 10.1-30 SQ CM	14021	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	0.7			1937.01	5974.55	percent of total billed charges	
ATT S/A/L; D 10.1-30 SQ CM	14021	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	0.9			1937.01	5974.55	percent of total billed charges	
ATT S/A/L; D 10.1-30 SQ CM	14021	CPT	outpatient			6289	2398.47	Horizon	MGD		3810.45	1.827			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATT S/A/L; D 10.1-30 SQ CM	14021	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATT S/A/L; D 10.1-30 SQ CM	14021	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3810.45	1.827			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATT S/A/L; D 10.1-30 SQ CM	14021	CPT	outpatient			6289	2398.47	Horizon	PPO		3810.45	1.827			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATT S/A/L; D 10.1-30 SQ CM	14021	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	0.9			1937.01	5974.55	percent of total billed charges	
ATT S/A/L; D 10.1-30 SQ CM	14021	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	0.8			1937.01	5974.55	percent of total billed charges	
ATT S/A/L; D 10.1-30 SQ CM	14021	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	0.75			1937.01	5974.55	percent of total billed charges	
ATT S/A/L; D 10.1-30 SQ CM	14021	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	0.95			1937.01	5974.55	percent of total billed charges	
ATT S/A/L; D 10.1-30 SQ CM	14021	CPT	outpatient			6289	2398.47	UHC	Medicaid		1978.52	0.3146			1937.01	5974.55	percent of total billed charges	
ATT S/A/L; D 10.1-30 SQ CM	14021	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATT S/A/L; D 10.1-30 SQ CM	14021	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1978.52	0.3146			1937.01	5974.55	percent of total billed charges	
ATT S/A/L; D 10.1-30 SQ CM	14021	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289	2398.47	Aetna	Better Health		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32	1.592			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289	2398.47	Aetna	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2017.51	0.3208			1978.52	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	0.7			1978.52	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289	2398.47	Horizon	PPO		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289	2398.47	Horizon	MGD		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289	2398.47	UHC	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL TISSUE TRANSFER<10SQ.CM	14040	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289	2398.47	Aetna	Better Health		1978.52	0.3146			1937.01	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32	1.592			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289	2398.47	Aetna	Medicare		1937.01	0.308			1937.01	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	0.75			1937.01	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2017.51	0.3208			1937.01	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	0.95			1937.01	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	0.8			1937.01	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	0.7			1937.01	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	0.9			1937.01	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3810.45	1.827			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289	2398.47	Horizon	MGD		3810.45	1.827			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289	2398.47	Horizon	PPO		3810.45	1.827			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	0.9			1937.01	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	0.8			1937.01	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	0.75			1937.01	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	0.95			1937.01	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289	2398.47	UHC	Medicaid		1978.52	0.3146			1937.01	5974.55	percent of total billed charges	
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADT TIS TRN/REARRG E/N/E/L 10SQ CM	14060	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1978.52	0.3146			1937.01	5974.55	percent of total billed charges	
REP UNUSUAL/COMPLICATED>7.5CM	14301	CPT	outpatient			11854	4718.53	Aetna	Better Health		3729.27	0.3146			3651.03	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED>7.5CM	14301	CPT	outpatient			11854	4718.53	Aetna	Commercial		6532.09	1.592			3651.03	11261.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP UNUSUAL/COMPLICATED>7.5CM	14301	CPT	outpatient			11854	4718.53	Aetna	Medicare		3651.03	0.308			3651.03	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED>7.5CM	14301	CPT	outpatient			11854	4718.53	Americare	Americare		8890.5	0.75			3651.03	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED>7.5CM	14301	CPT	outpatient			11854	4718.53	WellPoint	WellPoint		3802.76	0.3208			3651.03	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED>7.5CM	14301	CPT	outpatient			11854	4718.53	Amerihealth	Medicare		4103.07	1			3651.03	11261.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP UNUSUAL/COMPLICATED>7.5CM	14301	CPT	outpatient			11854	4718.53	Consumer	Consumer		11261.3	0.95			3651.03	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED>7.5CM	14301	CPT	outpatient			11854	4718.53	Corrections	Corrections		9483.2	0.8			3651.03	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED>7.5CM	14301	CPT	outpatient			11854	4718.53	First Health	First Health		8297.8	0.7			3651.03	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED>7.5CM	14301	CPT	outpatient			11854	4718.53	First Trenton	First Trenton		10668.6	0.9			3651.03	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED>7.5CM	14301	CPT	outpatient			11854	4718.53	Horizon	Medicare Blue		4103.07	1			3651.03	11261.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP UNUSUAL/COMPLICATED>7.5CM	14301	CPT	outpatient			11854	4718.53	Horizon	MGD		7496.31	1.827			3651.03	11261.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP UNUSUAL/COMPLICATED>7.5CM	14301	CPT	outpatient			11854	4718.53	Horizon	PPO		7496.31	1.827			3651.03	11261.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP UNUSUAL/COMPLICATED>7.5CM	14301	CPT	outpatient			11854	4718.53	Horizon	Indemnity		7496.31	1.827			3651.03	11261.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP UNUSUAL/COMPLICATED>7.5CM	14301	CPT	outpatient			11854	4718.53	Managed Care Inc	Managed Care Inc		10668.6	0.9			3651.03	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED>7.5CM	14301	CPT	outpatient			11854	4718.53	Multiplan	Multiplan		9483.2	0.8			3651.03	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED>7.5CM	14301	CPT	outpatient			11854	4718.53	Qualcare	Qualcare		8890.5	0.75			3651.03	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED>7.5CM	14301	CPT	outpatient			11854	4718.53	Three Rivers	Three Rivers		11261.3	0.95			3651.03	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED>7.5CM	14301	CPT	outpatient			11854	4718.53	UHC	Medicaid		3729.27	0.3146			3651.03	11261.3	percent of total billed charges	
REP UNUSUAL/COMPLICATED>7.5CM	14301	CPT	outpatient			11854	4718.53	UHC	Medicare		4103.07	1			3651.03	11261.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP UNUSUAL/COMPLICATED>7.5CM	14301	CPT	outpatient			11854	4718.53	Wellcare	Medicare		4103.07	1			3651.03	11261.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP UNUSUAL/COMPLICATED>7.5CM	14301	CPT	outpatient			11854	4718.53	Wellcare	Medicaid		3729.27	0.3146			3651.03	11261.3	percent of total billed charges	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342	2398.47	Aetna	Medicare		2085.63	1			1995.19	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342	2398.47	Aetna	Better Health		1995.19	0.3146			1995.19	6024.9	percent of total billed charges	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342	2398.47	Aetna	Commercial		3320.32	1.592			1995.19	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342	2398.47	Americare	Americare		4756.5	0.75			1995.19	6024.9	percent of total billed charges	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342	2398.47	WellPoint	WellPoint		2034.51	0.3208			1995.19	6024.9	percent of total billed charges	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342	2398.47	Amerihealth	Medicare		2085.63	1			1995.19	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342	2398.47	Consumer	Consumer		6024.9	0.95			1995.19	6024.9	percent of total billed charges	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342	2398.47	Corrections	Corrections		5073.6	0.8			1995.19	6024.9	percent of total billed charges	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342	2398.47	First Health	First Health		4439.4	0.7			1995.19	6024.9	percent of total billed charges	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342	2398.47	First Trenton	First Trenton		5707.8	0.9			1995.19	6024.9	percent of total billed charges	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342	2398.47	Horizon	Indemnity		3810.45	1.827			1995.19	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342	2398.47	Horizon	Medicare Blue		2085.63	1			1995.19	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342	2398.47

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47 Wellcare	Medicaid		1995.19	0.3146			1995.19	6024.9	percent of total billed charges	
WOUND PREP TRK/ARM/LEG 100 SQ CM	15002	CPT	outpatient			6342		2398.47 Wellcare	Medicare		2085.63	1			1995.19	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE F/S/N/H GT 1ST 100SQCM	15004	CPT	outpatient			2117		826.02 Aetna	Better Health		666.01	0.3146			666.01	2011.15	percent of total billed charges	
PREP SITE F/S/N/H GT 1ST 100SQCM	15004	CPT	outpatient			2117		826.02 Aetna	Commercial		1143.5	1.592			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE F/S/N/H GT 1ST 100SQCM	15004	CPT	outpatient			2117		826.02 Aetna	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE F/S/N/H GT 1ST 100SQCM	15004	CPT	outpatient			2117		826.02 Americare	Americare		1587.75	0.75			666.01	2011.15	percent of total billed charges	
PREP SITE F/S/N/H GT 1ST 100SQCM	15004	CPT	outpatient			2117		826.02 WellPoint	WellPoint		679.13	0.3208			666.01	2011.15	percent of total billed charges	
PREP SITE F/S/N/H GT 1ST 100SQCM	15004	CPT	outpatient			2117		826.02 Amerihealth	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE F/S/N/H GT 1ST 100SQCM	15004	CPT	outpatient			2117		826.02 Consumer	Consumer		2011.15	0.95			666.01	2011.15	percent of total billed charges	
PREP SITE F/S/N/H GT 1ST 100SQCM	15004	CPT	outpatient			2117		826.02 Corrections	Corrections		1693.6	0.8			666.01	2011.15	percent of total billed charges	
PREP SITE F/S/N/H GT 1ST 100SQCM	15004	CPT	outpatient			2117		826.02 First Health	First Health		1481.9	0.7			666.01	2011.15	percent of total billed charges	
PREP SITE F/S/N/H GT 1ST 100SQCM	15004	CPT	outpatient			2117		826.02 First Trenton	First Trenton		1905.3	0.9			666.01	2011.15	percent of total billed charges	
PREP SITE F/S/N/H GT 1ST 100SQCM	15004	CPT	outpatient			2117		826.02 Horizon	PPO		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE F/S/N/H GT 1ST 100SQCM	15004	CPT	outpatient			2117		826.02 Horizon	Medicare Blue		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE F/S/N/H GT 1ST 100SQCM	15004	CPT	outpatient			2117		826.02 Horizon	MGD		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE F/S/N/H GT 1ST 100SQCM	15004	CPT	outpatient			2117		826.02 Horizon	Indemnity		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE F/S/N/H GT 1ST 100SQCM	15004	CPT	outpatient			2117		826.02 Managed Care Inc	Managed Care Inc		1905.3	0.9			666.01	2011.15	percent of total billed charges	
PREP SITE F/S/N/H GT 1ST 100SQCM	15004	CPT	outpatient			2117		826.02 Multiplan	Multiplan		1693.6	0.8			666.01	2011.15	percent of total billed charges	
PREP SITE F/S/N/H GT 1ST 100SQCM	15004	CPT	outpatient			2117		826.02 Qualcare	Qualcare		1587.75	0.75			666.01	2011.15	percent of total billed charges	
PREP SITE F/S/N/H GT 1ST 100SQCM	15004	CPT	outpatient			2117		826.02 Three Rivers	Three Rivers		2011.15	0.95			666.01	2011.15	percent of total billed charges	
PREP SITE F/S/N/H GT 1ST 100SQCM	15004	CPT	outpatient			2117		826.02 UHC	Medicaid		666.01	0.3146			666.01	2011.15	percent of total billed charges	
PREP SITE F/S/N/H GT 1ST 100SQCM	15004	CPT	outpatient			2117		826.02 UHC	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREP SITE F/S/N/H GT 1ST 100SQCM	15004	CPT	outpatient			2117		826.02 Wellcare	Medicaid		666.01	0.3146			666.01	2011.15	percent of total billed charges	
PREP SITE F/S/N/H GT 1ST 100SQCM	15004	CPT	outpatient			2117		826.02 Wellcare	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289		2398.47 Aetna	Better Health		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289		2398.47 Aetna	Commercial		3320.32	1.592			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289		2398.47 Aetna	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289		2398.47 Americare	Americare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289		2398.47 WellPoint	WellPoint		2017.51	0.3208			1978.52	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289		2398.47 Amerihealth	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289		2398.47 Consumer	Consumer		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289		2398.47 Corrections	Corrections		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289		2398.47 First Health	First Health		4402.3	0.7			1978.52	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289		2398.47 First Trenton	First Trenton		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289		2398.47 Horizon	Indemnity		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289		2398.47 Horizon	Medicare Blue		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289		2398.47 Horizon	PPO		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289		2398.47 Horizon	MGD		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289		2398.47 Managed Care Inc	Managed Care Inc		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289		2398.47 Multiplan	Multiplan		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289		2398.47 Qualcare	Qualcare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289		2398.47 Three Rivers	Three Rivers		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289		2398.47 UHC	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289		2398.47 UHC	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289		2398.47 Wellcare	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HARVEST SKIN TISSUE CULTURE	15040	CPT	outpatient			6289		2398.47 Wellcare	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884		826.02 Aetna	Better Health		592.71	0.3146			592.71	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884		826.02 Aetna	Commercial		1143.5	1.592			592.71	1789.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884		826.02 Aetna	Medicare		718.28	1			592.71	1789.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884		826.02 Americare	Americare		1413	0.75			592.71	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884		826.02 WellPoint	WellPoint		604.39	0.3208			592.71	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884		826.02 Amerihealth	Medicare		718.28	1			592.71	1789.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884		826.02 Consumer	Consumer		1789.8	0.95			592.71	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884		826.02 Corrections	Corrections		1507.2	0.8			592.71	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884		826.02 First Health	First Health		1318.8	0.7			592.71	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884		826.02 First Trenton	First Trenton		1695.6	0.9			592.71	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884		826.02 Horizon	Medicare Blue		718.28	1			592.71	1789.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884		826.02 Horizon	PPO		1312.3	1.827			592.71	1789.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884		826.02 Horizon	Indemnity		1312.3	1.827			592.71	1789.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884		826.02 Horizon	MGD		1312.3	1.827			592.71	1789.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884		826.02 Managed Care Inc	Managed Care Inc		1695.6	0.9			592.71	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884		826.02 Multiplan	Multiplan		1507.2	0.8			592.71	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884		826.02 Qualcare	Qualcare		1413	0.75			592.71	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884		826.02 Three Rivers	Three Rivers		1789.8	0.95			592.71	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884		826.02 UHC	Medicaid		592.71	0.3146			592.71	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884		826.02 UHC	Medicare		718.28	1			592.71	1789.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884		826.02 Wellcare	Medicaid		592.71	0.3146			592.71	1789.8	percent of total billed charges	
PINCH GRFT SING/MULT DEFECT<=2CM	15050	CPT	outpatient			1884		826.02 Wellcare	Medicare		718.28	1			592.71	1789.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289		2398.47 Aetna	Better Health		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289		2398.47 Aetna	Commercial		3320.32	1.592			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289		2398.47 Aetna	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289		2398.47 Americare	Americare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289		2398.47 WellPoint	WellPoint		2017.51	0.3208			1978.52	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289		2398.47 Amerihealth	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289		2398.47 Consumer	Consumer		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289		2398.47 Corrections	Corrections		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289		2398.47 First Health	First Health		4402.3	0.7			1978.52	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289		2398.47 First Trenton	First Trenton		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289		2398.47 Horizon	MGD		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289		2398.47 Horizon	Indemnity		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289		2398.47 Horizon	Medicare Blue		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289		2398.47 Horizon	PPO		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289		2398.47 Managed Care Inc	Managed Care Inc		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289		2398.47 Multiplan	Multiplan		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289		2398.47 Qualcare	Qualcare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289		2398.47 Three Rivers	Three Rivers		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289		2398.47 UHC	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289		2398.47 UHC	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289		2398.47 Wellcare	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
SPLINT THICK SKN GRT TRK/EXT	15100	CPT	outpatient			6289		2398.47 Wellcare	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLIT THICK SKIN GFT FACE HAND ETC..	15120	CPT	outpatient			13792		4718.53 Aetna	Medicare		4103.07	1			3728.32	13102.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLIT THICK SKIN GFT FACE HAND ETC..	15120	CPT	outpatient			13792		4718.53 Aetna	Better Health		4338.96	0.3146			3728.32	13102.4	percent of total billed charges	
SPLIT THICK SKIN GFT FACE HAND ETC..	15120	CPT	outpatient			13792		4718.53 Aetna	Commercial		6532.09	1.592			3728.32	13102.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLIT THICK SKIN GFT FACE HAND ETC..	15120	CPT	outpatient			13792		4718.53 Americare	Americare		10344	0.75			3728.32	13102.4	percent of total billed charges	
SPLIT THICK SKIN GFT FACE HAND ETC..	15120	CPT	outpatient			13792		4718.53 WellPoint	WellPoint		4424.47	0.3208			3728.32	13102.4	percent of total billed charges	
SPLIT THICK SKIN GFT FACE HAND ETC..	15120	CPT	outpatient			13792		4718.53 Amerihealth	Medicare		4103.07	1			3728.32	13102.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLIT THICK SKIN GFT FACE HAND ETC..	15120	CPT	outpatient			13792		4718.53 Consumer	Consumer		13102.4	0.95			3728.32	13102.4	percent of total billed charges	
SPLIT THICK SKIN GFT FACE HAND ETC..	15120	CPT	outpatient			13792		4718.53 Corrections	Corrections		11033.6	0.8			3728.32	13102.4	percent of total billed charges	
SPLIT THICK SKIN GFT FACE HAND ETC..	15120	CPT	outpatient			13792		4718.53 First Health	First Health		9654.4	0.7			3728.32	13102.4	percent of total billed charges	
SPLIT THICK SKIN GFT FACE HAND ETC..	15120	CPT	outpatient			13792		4718.53 First Trenton	First Trenton		12412.8	0.9			3728.32	13102.4	percent of total billed charges	
SPLIT THICK SKIN GFT FACE HAND ETC..	15120	CPT	outpatient			13792		4718.53 Horizon	Indemnity		7496.31	1.827			3728.32	13102.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLIT THICK SKIN GFT FACE HAND ETC..	15120	CPT	outpatient			13792		4718.53 Horizon	PPO		7496.31	1.827			3728.32	13102.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLIT THICK SKIN GFT FACE HAND ETC..	15120	CPT	outpatient			13792		4718.53 Horizon	MGD		7496.31	1.827			3728.32	13102.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLIT THICK SKIN GFT FACE HAND ETC..	15120	CPT	outpatient			13792		4718.53 Horizon	Medicare Blue		4103.07	1			3728.32	13102.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLIT THICK SKIN GFT FACE HAND ETC..	15120	CPT	outpatient			13792		4718.53 Managed Care Inc	Managed Care Inc		12412.8	0.9			3728.32	13102.4	percent of total billed charges	
SPLIT THICK SKIN GFT FACE HAND ETC..	15120	CPT	outpatient			13792		4718.53 Multiplan	Multiplan		11033.6	0.8			3728.32	13102.4	percent of total billed charges	
SPLIT THICK SKIN GFT FACE HAND ETC..	15120	CPT	outpatient			13792		4718.53 Qualcare	Qualcare		10344	0.75			3728.32	13102.4	percent of total billed charges	
SPLIT THICK SKIN GFT FACE HAND ETC..	15120	CPT	outpatient			13792		4718.53 Three Rivers	Three Rivers		13102.4	0.95			3728.32	13102.4	percent of total billed charges	
SPLIT THICK SKIN GFT FACE HAND ETC..	15120	CPT	outpatient			13792		4718.53 UHC	Medicaid		4338.96	0.3146			3728.32	13102.4	percent of total billed charges	
SPLIT THICK SKIN GFT FACE HAND ETC..	15120	CPT	outpatient			13792		4718.53 UHC	Medicare		4103.07	1			3728.32	13102.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLIT THICK SKIN GFT FACE HAND ETC..	15120	CPT	outpatient			13792		4718.53 Wellcare	Medicaid		4338.96	0.3146			3728.32	13102.4	percent of total billed charges	
SPLIT THICK SKIN GFT FACE HAND ETC..	15120	CPT	outpatient			13792		4718.53 Wellcare	Medicare		4103.07	1			3728.32	13102.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISS CULT SKN ATOGRFT;>< 25CM	15155	CPT	outpatient			11851		4718.53 Aetna	Commercial		6532.09	1.592			3334.45	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISS CULT SKN ATOGRFT;>< 25CM	15155	CPT	outpatient			11851		4718.53 Aetna	Better Health		3728.32	0.3146			3334.45	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT;>< 25CM	15155	CPT	outpatient			11851		4718.53 Aetna	Medicare		4103.07	1			3334.45	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISS CULT SKN ATOGRFT;>< 25CM	15155	CPT	outpatient			11851		4718.53 Americare	Americare		8888.25	0.75			3334.45	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT;>< 25CM	15155	CPT	outpatient			11851		4718.53 WellPoint	WellPoint		3801.8	0.3208			3334.45	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT;>< 25CM	15155	CPT	outpatient			11851		4718.53 Amerihealth	Medicare		4103.07	1			3334.45	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISS CULT SKN ATOGRFT;>< 25CM	15155	CPT	outpatient			11851		4718.53 Consumer	Consumer		11258.45	0.95			3334.45	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT;>< 25CM	15155	CPT	outpatient			11851		4718.53 Corrections	Corrections		9480.8	0.8			3334.45	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT;>< 25CM	15155	CPT	outpatient			11851		4718.53 First Health	First Health		8295.7	0.7			3334.45	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT;>< 25CM	15155	CPT	outpatient			11851		4718.53 First Trenton	First Trenton		10665.9	0.9			3334.45	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT;>< 25CM	15155	CPT	outpatient			11851		4718.53 Horizon	MGD		7496.31	1.827			3334.45	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISS CULT SKN ATOGRFT;>< 25CM	15155	CPT	outpatient			11851		4718.53 Horizon	Medicare Blue		4103.07	1			3334.45	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISS CULT SKN ATOGRFT;>< 25CM	15155	CPT	outpatient			11851		4718.53 Horizon	Indemnity		7496.31	1.827			3334.45	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISS CULT SKN ATOGRFT;>< 25CM	15155	CPT	outpatient			11851		4718.53 Horizon	PPO		7496.31	1.827			3334.45	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISS CULT SKN ATOGRFT;>< 25CM	15155	CPT	outpatient			11851		4718.53 Managed Care Inc	Managed Care Inc		10665.9	0.9			3334.45	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT;>< 25CM	15155	CPT	outpatient			11851		4718.53 Multiplan	Multiplan		9480.8	0.8			3334.45	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT;>< 25CM	15155	CPT	outpatient			11851		4718.53 Qualcare	Qualcare		8888.25	0.75			3334.45	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT;>< 25CM	15155	CPT	outpatient			11851		4718.53 Three Rivers	Three Rivers		11258.45	0.95			3334.45	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT;>< 25CM	15155	CPT	outpatient			11851		4718.53 UHC	Medicare		4103.07	1			3334.45	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISS CULT SKN ATOGRFT;>< 25CM	15155	CPT	outpatient			11851		4718.53 UHC	Medicaid		3728.32	0.3146			3334.45	11258.45	percent of total billed charges	
TISS CULT SKN ATOGRFT;>< 25CM	15155	CPT	outpatient			11851		4718.53 Wellcare	Medicare		4103.07	1			3334.45	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISS CULT SKN ATOGRFT;>< 25CM	15155	CPT	outpatient			11851		4718.53 Wellcare	Medicaid		3728.32	0.3146			3334.45	11258.45	percent of total billed charges	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47 Aetna	Commercial		3320.32	1.592			1588.42	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47 Aetna	Better Health		1978.52	0.3146			1588.42	5974.55	percent of total billed charges	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47 Aetna	Medicare		2085.63	1			1588.42	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47 Americare	Americare		4716.75	0.75			1588.42	5974.55	percent of total billed charges	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47 WellPoint	WellPoint		2017.51	0.3208			1588.42	5974.55	percent of total billed charges	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47 Am

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47 First Trenton	First Trenton		5660.1	0.9			1588.42	5974.55	percent of total billed charges	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47 Horizon	MGD		3810.45	1.827			1588.42	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47 Horizon	Indemnity		3810.45	1.827			1588.42	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47 Horizon	Medicare Blue		2085.63	1			1588.42	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47 Horizon	PPO		3810.45	1.827			1588.42	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47 Managed Care Inc	Managed Care Inc		5660.1	0.9			1588.42	5974.55	percent of total billed charges	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47 Multiplan	Multiplan		5031.2	0.8			1588.42	5974.55	percent of total billed charges	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47 Qualcare	Qualcare		4716.75	0.75			1588.42	5974.55	percent of total billed charges	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47 Three Rivers	Three Rivers		5974.55	0.95			1588.42	5974.55	percent of total billed charges	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47 UHC	Medicare		2085.63	1			1588.42	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47 UHC	Medicaid		1978.52	0.3146			1588.42	5974.55	percent of total billed charges	
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47 Wellcare	Medicare		2085.63	1			1588.42	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICKNESS SKIN GRAFT TRUNK	15200	CPT	outpatient			6289		2398.47 Wellcare	Medicaid		1978.52	0.3146			1588.42	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47 Aetna	Commercial		3320.32	1.592			1512.91	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47 Aetna	Medicare		2085.63	1			1512.91	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47 Aetna	Better Health		1978.52	0.3146			1512.91	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47 Americare	Americare		4716.75	0.75			1512.91	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47 WellPoint	WellPoint		2017.51	0.3208			1512.91	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47 Amerihealth	Medicare		2085.63	1			1512.91	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47 Consumer	Consumer		5974.55	0.95			1512.91	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47 Corrections	Corrections		5031.2	0.8			1512.91	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47 First Health	First Health		4402.3	0.7			1512.91	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47 First Trenton	First Trenton		5660.1	0.9			1512.91	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47 Horizon	MGD		3810.45	1.827			1512.91	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47 Horizon	Medicare Blue		2085.63	1			1512.91	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47 Horizon	Indemnity		3810.45	1.827			1512.91	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47 Horizon	PPO		3810.45	1.827			1512.91	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47 Managed Care Inc	Managed Care Inc		5660.1	0.9			1512.91	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47 Multiplan	Multiplan		5031.2	0.8			1512.91	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47 Qualcare	Qualcare		4716.75	0.75			1512.91	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47 Three Rivers	Three Rivers		5974.55	0.95			1512.91	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47 UHC	Medicaid		1978.52	0.3146			1512.91	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47 UHC	Medicare		2085.63	1			1512.91	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47 Wellcare	Medicaid		1978.52	0.3146			1512.91	5974.55	percent of total billed charges	
FULL THICK SKIN GRAFT SCALP/EXT	15220	CPT	outpatient			6289		2398.47 Wellcare	Medicare		2085.63	1			1512.91	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47 Aetna	Commercial		3320.32	1.592			1978.52	6934.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47 Aetna	Better Health		2296.27	0.3146			1978.52	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47 Aetna	Medicare		2085.63	1			1978.52	6934.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47 Americare	Americare		5474.25	0.75			1978.52	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47 WellPoint	WellPoint		2341.52	0.3208			1978.52	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47 Amerihealth	Medicare		2085.63	1			1978.52	6934.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47 Consumer	Consumer		6934.05	0.95			1978.52	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47 Corrections	Corrections		5839.2	0.8			1978.52	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47 First Health	First Health		5109.3	0.7			1978.52	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47 First Trenton	First Trenton		6569.1	0.9			1978.52	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47 Horizon	PPO		3810.45	1.827			1978.52	6934.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47 Horizon	MGD		3810.45	1.827			1978.52	6934.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47 Horizon	Indemnity		3810.45	1.827			1978.52	6934.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47 Horizon	Medicare Blue		2085.63	1			1978.52	6934.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47 Managed Care Inc	Managed Care Inc		6569.1	0.9			1978.52	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47 Multiplan	Multiplan		5839.2	0.8			1978.52	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47 Qualcare	Qualcare		5474.25	0.75			1978.52	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47 Three Rivers	Three Rivers		6934.05	0.95			1978.52	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47 UHC	Medicare		2085.63	1			1978.52	6934.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47 UHC	Medicaid		2296.27	0.3146			1978.52	6934.05	percent of total billed charges	
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47 Wellcare	Medicare		2085.63	1			1978.52	6934.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL GRFT FACE/GENIT/HF <=20SQCM	15240	CPT	outpatient			7299		2398.47 Wellcare	Medicaid		2296.27	0.3146			1978.52	6934.05	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47 Aetna	Medicare		2085.63	1			1978.52	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47 Aetna	Commercial		3320.32	1.592			1978.52	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47 Aetna	Better Health		2113.48	0.3146			1978.52	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47 Americare	Americare		5038.5	0.75			1978.52	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47 WellPoint	WellPoint		2155.13	0.3208			1978.52	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47 Amerihealth	Medicare		2085.63	1			1978.52	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47 Consumer	Consumer		6382.1	0.95			1978.52	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47 Corrections	Corrections		5374.4	0.8			1978.52	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47 First Health	First Health		4702.6	0.7			1978.52	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47 First Trenton	First Trenton		6046.2	0.9			1978.52	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47 Horizon	MGD		3810.45	1.827			1978.52	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47 Horizon	Indemnity		3810.45	1.827			1978.52	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47 Horizon	PPO		3810.45	1.827			1978.52	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47 Horizon	Medicare Blue		2085.63	1			1978.52	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47 Managed Care Inc	Managed Care Inc		6046.2	0.9			1978.52	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47 Multiplan	Multiplan		5374.4	0.8			1978.52	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47 Qualcare	Qualcare		5038.5	0.75			1978.52	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47 Three Rivers	Three Rivers		6382.1	0.95			1978.52	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47 UHC	Medicaid		2113.48	0.3146			1978.52	6382.1	percent of total billed charges	
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47 UHC	Medicare		2085.63	1			1978.52	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47 Wellcare	Medicare		2085.63	1			1978.52	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOR TUBE GRAFTING OR EXT EAR	15260	CPT	outpatient			6718		2398.47 Wellcare	Medicaid		2113.48	0.3146			1978.52	6382.1	percent of total billed charges	
APP SKIN SUB GRFT T/A/L 100 SQ C	15271	CPT	outpatient			6417		2398.47 Aetna	Medicare		2085.63	1			1978.52	6096.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APP SKIN SUB GRFT T/A/L 100 SQ C	15271	CPT	outpatient			6417		2398.47 Aetna	Better Health		2018.79	0.3146			1978.52	6096.15	percent of total billed charges	
APP SKIN SUB GRFT T/A/L 100 SQ C	15271	CPT	outpatient			6417		2398.47 Aetna	Commercial		3320.32	1.592			1978.52	6096.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APP SKIN SUB GRFT T/A/L 100 SQ C	15271	CPT	outpatient			6417		2398.47 Americare	Americare		4812.75	0.75			1978.52	6096.15	percent of total billed charges	
APP SKIN SUB GRFT T/A/L 100 SQ C	15271	CPT	outpatient			6417		2398.47 WellPoint	WellPoint		2058.57	0.3208			1978.52	6096.15	percent of total billed charges	
APP SKIN SUB GRFT T/A/L 100 SQ C	15271	CPT	outpatient			6417		2398.47 Amerihealth	Medicare		2085.63	1			1978.52	6096.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APP SKIN SUB GRFT T/A/L 100 SQ C	15271	CPT	outpatient			6417		2398.47 Consumer	Consumer		6096.15	0.95			1978.52	6096.15	percent of total billed charges	
APP SKIN SUB GRFT T/A/L 100 SQ C	15271	CPT	outpatient			6417		2398.47 Corrections	Corrections		5133.6	0.8			1978.52	6096.15	percent of total billed charges	
APP SKIN SUB GRFT T/A/L 100 SQ C	15271	CPT	outpatient			6417		2398.47 First Health	First Health		4491.9	0.7			1978.52	6096.15	percent of total billed charges	
APP SKIN SUB GRFT T/A/L 100 SQ C	15271	CPT	outpatient			6417		2398.47 First Trenton	First Trenton		5775.3	0.9			1978.52	6096.15	percent of total billed charges	
APP SKIN SUB GRFT T/A/L 100 SQ C	15271	CPT	outpatient			6417		2398.47 Horizon	MGD		3810.45	1.827			1978.52	6096.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APP SKIN SUB GRFT T/A/L 100 SQ C	15271	CPT	outpatient			6417		2398.47 Horizon	Medicare Blue		2085.63	1			1978.52	6096.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APP SKIN SUB GRFT T/A/L 100 SQ C	15271	CPT	outpatient			6417		2398.47 Horizon	Indemnity		3810.45	1.827			1978.52	6096.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APP SKIN SUB GRFT T/A/L 100 SQ C	15271	CPT	outpatient			6417		2398.47 Horizon	PPO		3810.45	1.827			1978.52	6096.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APP SKIN SUB GRFT T/A/L 100 SQ C	15271	CPT	outpatient			6417		2398.47 Managed Care Inc	Managed Care Inc		5775.3	0.9			1978.52	6096.15	percent of total billed charges	
APP SKIN SUB GRFT T/A/L 100 SQ C	15271	CPT	outpatient			6417		2398.47 Multiplan	Multiplan		5133.6	0.8			1978.52	6096.15	percent of total billed charges	
APP SKIN SUB GRFT T/A/L 100 SQ C	15271	CPT	outpatient			6417		2398.47 Qualcare	Qualcare		4812.75	0.75			1978.52	6096.15	percent of total billed charges	
APP SKIN SUB GRFT T/A/L 100 SQ C	15271	CPT	outpatient			6417		2398.47 Three Rivers	Three Rivers		6096.15	0.95			1978.52	6096.15	percent of total billed charges	
APP SKIN SUB GRFT T/A/L 100 SQ C	15271	CPT	outpatient			6417		2398.47 UHC	Medicare		2085.63	1			1978.52	6096.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APP SKIN SUB GRFT T/A/L 100 SQ C	15271	CPT	outpatient			6417		2398.47 UHC	Medicaid		2018.79	0.3146			1978.52	6096.15	percent of total billed charges	
APP SKIN SUB GRFT T/A/L 100 SQ C	15271	CPT	outpatient			6417		2398.47 Wellcare	Medicaid		2018.79	0.3146			1978.52	6096.15	percent of total billed charges	
APP SKIN SUB GRFT T/A/L 100 SQ C	15271	CPT	outpatient			6417		2398.47 Wellcare	Medicare		2085.63	1			1978.52	6096.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKINSUB GRFT T/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53 Aetna	Better Health		3561.9	0.3146			3561.9	10755.9	percent of total billed charges	
SKINSUB GRFT T/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53 Aetna	Commercial		6532.09	1.592			3561.9	10755.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKINSUB GRFT T/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53 Aetna	Medicare		4103.07	1			3561.9	10755.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKINSUB GRFT T/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53 Americare	Americare		8491.5	0.75			3561.9	10755.9	percent of total billed charges	
SKINSUB GRFT T/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53 WellPoint	WellPoint		3632.1	0.3208			3561.9	10755.9	percent of total billed charges	
SKINSUB GRFT T/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53 Amerihealth	Medicare		4103.07	1			3561.9	10755.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKINSUB GRFT T/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53 Consumer	Consumer		10755.9	0.95			3561.9	10755.9	percent of total billed charges	
SKINSUB GRFT T/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53 Corrections	Corrections		9057.6	0.8			3561.9	10755.9	percent of total billed charges	
SKINSUB GRFT T/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53 First Health	First Health		7925.4	0.7			3561.9	10755.9	percent of total billed charges	
SKINSUB GRFT T/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53 First Trenton	First Trenton		10189.8	0.9			3561.9	10755.9	percent of total billed charges	
SKINSUB GRFT T/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53 Horizon	Indemnity		7496.31	1.827			3561.9	10755.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKINSUB GRFT T/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53 Horizon	MGD		7496.31	1.827			3561.9	10755.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKINSUB GRFT T/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53 Horizon	Medicare Blue		4103.07	1			3561.9	10755.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKINSUB GRFT T/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53 Horizon	PPO		7496.31	1.827			3561.9	10755.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKINSUB GRFT T/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53 Managed Care Inc	Managed Care Inc		10189.8	0.9			3561.9	10755.9	percent of total billed charges	
SKINSUB GRFT T/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53 Multiplan	Multiplan		9057.6	0.8			3561.9	10755.9	percent of total billed charges	
SKINSUB GRFT T/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53 Qualcare	Qualcare		8491.5	0.75			3561.9	10755.9	percent of total billed charges	
SKINSUB GRFT T/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53 Three Rivers	Three Rivers		10755.9	0.95			3561.9	10755.9	percent of total billed charges	
SKINSUB GRFT T/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53 UHC	Medicare		4103.07	1			3561.9	10755.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKINSUB GRFT T/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53 UHC	Medicaid		3561.9	0.3146			3561.9	10755.9	percent of total billed charges	
SKINSUB GRFT T/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53 Wellcare	Medicaid		3561.9	0.3146			3561.9	10755.9	percent of total billed charges	
SKINSUB GRFT T/ARM/LG 1ST100SQCM	15273	CPT	outpatient			11322		4718.53 Wellcare	Medicare		4103.07	1			3561.9	10755.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47 Aetna	Better Health		2113.48	0.3146			1937.01	6382.1	percent of total billed charges	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47 Aetna	Commercial		3320.32	1.592			1937.01	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47 Aetna	Medicare		2069.14	0.308			1937.01	6382.1	percent of total billed charges	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47 Americare	Americare		5038.5	0.75			1937.01	6382.1	percent of total billed charges	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47 WellPoint	WellPoint		2155.13	0.3208			1937.01	6382.1	percent of total billed charges	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47 Amerihealth	Medicare		2085.63	1			1937.01	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47 Consumer	Consumer		6382.1	0.95			1937.01	6382.1	percent of total billed charges	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47 Corrections	Corrections		5374.4	0.8			1937.01	6382.1	percent of total billed charges	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47 First Health	First Health		4702.6	0.7			1937.01	6382.1	percent of total billed charges	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47 First Trenton	First Trenton		6046.2	0.9			1937.01	6382.1	percent of total billed charges	
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47 Horizon	MGD		3810.45	1.827			1937.01	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47 Horizon	Indemnity		3810.45	1.827			1937.01	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47 Horizon	Medicare Blue		2085.63	1			1937.01	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SB GRFT F/S/N UP TO 100 SQCM 1ST	15275	CPT	outpatient			6718		2398.47 Horizon	PPO		3810.45	1.827		

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SB GRFT F/SN UP TO 100.SQCM 1ST	15275	CPT	outpatient			6718	2398.47	Wellcare	Medicaid		2113.48	0.3146			1937.01	6382.1	percent of total billed charges	
SB GRFT F/SN UP TO 100.SQCM 1ST	15275	CPT	outpatient			6718	2398.47	Wellcare	Medicare		2085.63	1			1937.01	6382.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKNSUB GRFT F/N/HF/G 1ST 100SQCM	15277	CPT	outpatient			6342	2398.47	Aetna	Commercial		3320.32	1.592			1995.19	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKNSUB GRFT F/N/HF/G 1ST 100SQCM	15277	CPT	outpatient			6342	2398.47	Aetna	Better Health		1995.19	0.3146			1995.19	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/HF/G 1ST 100SQCM	15277	CPT	outpatient			6342	2398.47	Aetna	Medicare		2085.63	1			1995.19	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKNSUB GRFT F/N/HF/G 1ST 100SQCM	15277	CPT	outpatient			6342	2398.47	Americare	Americare		4756.5	0.75			1995.19	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/HF/G 1ST 100SQCM	15277	CPT	outpatient			6342	2398.47	WellPoint	WellPoint		2034.51	0.3208			1995.19	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/HF/G 1ST 100SQCM	15277	CPT	outpatient			6342	2398.47	Amerihealth	Medicare		2085.63	1			1995.19	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKNSUB GRFT F/N/HF/G 1ST 100SQCM	15277	CPT	outpatient			6342	2398.47	Consumer	Consumer		6024.9	0.95			1995.19	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/HF/G 1ST 100SQCM	15277	CPT	outpatient			6342	2398.47	Corrections	Corrections		5073.6	0.8			1995.19	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/HF/G 1ST 100SQCM	15277	CPT	outpatient			6342	2398.47	First Health	First Health		4439.4	0.7			1995.19	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/HF/G 1ST 100SQCM	15277	CPT	outpatient			6342	2398.47	First Trenton	First Trenton		5707.8	0.9			1995.19	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/HF/G 1ST 100SQCM	15277	CPT	outpatient			6342	2398.47	Horizon	MGD		3810.45	1.827			1995.19	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKNSUB GRFT F/N/HF/G 1ST 100SQCM	15277	CPT	outpatient			6342	2398.47	Horizon	Indemnity		3810.45	1.827			1995.19	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKNSUB GRFT F/N/HF/G 1ST 100SQCM	15277	CPT	outpatient			6342	2398.47	Horizon	Medicare Blue		2085.63	1			1995.19	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKNSUB GRFT F/N/HF/G 1ST 100SQCM	15277	CPT	outpatient			6342	2398.47	Horizon	PPO		3810.45	1.827			1995.19	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKNSUB GRFT F/N/HF/G 1ST 100SQCM	15277	CPT	outpatient			6342	2398.47	Managed Care Inc	Managed Care Inc		5707.8	0.9			1995.19	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/HF/G 1ST 100SQCM	15277	CPT	outpatient			6342	2398.47	Multiplan	Multiplan		5073.6	0.8			1995.19	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/HF/G 1ST 100SQCM	15277	CPT	outpatient			6342	2398.47	Qualcare	Qualcare		4756.5	0.75			1995.19	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/HF/G 1ST 100SQCM	15277	CPT	outpatient			6342	2398.47	Three Rivers	Three Rivers		6024.9	0.95			1995.19	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/HF/G 1ST 100SQCM	15277	CPT	outpatient			6342	2398.47	UHC	Medicaid		1995.19	0.3146			1995.19	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/HF/G 1ST 100SQCM	15277	CPT	outpatient			6342	2398.47	UHC	Medicare		2085.63	1			1995.19	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKNSUB GRFT F/N/HF/G 1ST 100SQCM	15277	CPT	outpatient			6342	2398.47	Wellcare	Medicaid		1995.19	0.3146			1995.19	6024.9	percent of total billed charges	
SKNSUB GRFT F/N/HF/G 1ST 100SQCM	15277	CPT	outpatient			6342	2398.47	Wellcare	Medicare		2085.63	1			1995.19	6024.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605	4718.53	Aetna	Commercial		6532.09	1.592			2077.93	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605	4718.53	Aetna	Better Health		2077.93	0.3146			2077.93	7496.31	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605	4718.53	Aetna	Medicare		4103.07	1			2077.93	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605	4718.53	Americare	Americare		4953.75	0.75			2077.93	7496.31	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605	4718.53	WellPoint	WellPoint		2118.88	0.3208			2077.93	7496.31	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605	4718.53	Amerihealth	Medicare		4103.07	1			2077.93	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605	4718.53	Consumer	Consumer		6274.75	0.95			2077.93	7496.31	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605	4718.53	Corrections	Corrections		5284	0.8			2077.93	7496.31	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605	4718.53	First Health	First Health		4623.5	0.7			2077.93	7496.31	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605	4718.53	First Trenton	First Trenton		5944.5	0.9			2077.93	7496.31	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605	4718.53	Horizon	Indemnity		7496.31	1.827			2077.93	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605	4718.53	Horizon	Medicare Blue		4103.07	1			2077.93	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605	4718.53	Horizon	MGD		7496.31	1.827			2077.93	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605	4718.53	Horizon	PPO		7496.31	1.827			2077.93	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605	4718.53	Managed Care Inc	Managed Care Inc		5944.5	0.9			2077.93	7496.31	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605	4718.53	Multiplan	Multiplan		5284	0.8			2077.93	7496.31	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605	4718.53	Qualcare	Qualcare		4953.75	0.75			2077.93	7496.31	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605	4718.53	Three Rivers	Three Rivers		6274.75	0.95			2077.93	7496.31	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605	4718.53	UHC	Medicaid		2077.93	0.3146			2077.93	7496.31	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605	4718.53	UHC	Medicare		4103.07	1			2077.93	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605	4718.53	Wellcare	Medicaid		2077.93	0.3146			2077.93	7496.31	percent of total billed charges	
PEDICLE FLAP; SCALP/ARM/LEG	15572	CPT	outpatient			6605	4718.53	Wellcare	Medicare		4103.07	1			2077.93	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORM DIR/TUB PEDICLE: E N E L O	15576	CPT	outpatient			6289	2398.47	Aetna	Medicare		1937.01	0.308			1937.01	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE: E N E L O	15576	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32	1.592			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORM DIR/TUB PEDICLE: E N E L O	15576	CPT	outpatient			6289	2398.47	Aetna	Better Health		1978.52	0.3146			1937.01	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE: E N E L O	15576	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	0.75			1937.01	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE: E N E L O	15576	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2017.51	0.3208			1937.01	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE: E N E L O	15576	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORM DIR/TUB PEDICLE: E N E L O	15576	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	0.95			1937.01	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE: E N E L O	15576	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	0.8			1937.01	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE: E N E L O	15576	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	0.7			1937.01	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE: E N E L O	15576	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	0.9			1937.01	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE: E N E L O	15576	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORM DIR/TUB PEDICLE: E N E L O	15576	CPT	outpatient			6289	2398.47	Horizon	MGD		3810.45	1.827			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORM DIR/TUB PEDICLE: E N E L O	15576	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3810.45	1.827			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORM DIR/TUB PEDICLE: E N E L O	15576	CPT	outpatient			6289	2398.47	Horizon	PPO		3810.45	1.827			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORM DIR/TUB PEDICLE: E N E L O	15576	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	0.9			1937.01	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE: E N E L O	15576	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	0.8			1937.01	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE: E N E L O	15576	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	0.75			1937.01	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE: E N E L O	15576	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	0.95			1937.01	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE: E N E L O	15576	CPT	outpatient			6289	2398.47	UHC	Medicaid		1978.52	0.3146			1937.01	5974.55	percent of total billed charges	
FORM DIR/TUB PEDICLE: E N E L O	15576	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORM DIR/TUB PEDICLE: E N E L O	15576	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FORM DIR/TUB PEDICLE: E N E L O	15576	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1978.52	0.3146			1937.01	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32	1.592			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289	2398.47	Aetna	Better Health		1978.52	0.3146			1937.01	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289	2398.47	Aetna	Medicare		1937.01	0.308			1937.01	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	0.75			1937.01	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2017.51	0.3208			1937.01	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	0.95			1937.01	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	0.8			1937.01	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	0.7			1937.01	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	0.9			1937.01	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289	2398.47	Horizon	MGD		3810.45	1.827			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3810.45	1.827			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289	2398.47	Horizon	PPO		3810.45	1.827			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	0.9			1937.01	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	0.8			1937.01	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	0.75			1937.01	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	0.95			1937.01	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289	2398.47	UHC	Medicaid		1978.52	0.3146			1937.01	5974.55	percent of total billed charges	
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECTIONING OF FLAP EYE	15630	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1978.52	0.3146			1937.01	5974.55	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		Aetna	Better Health		1864.63	0.3146			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		Aetna	Medicare		1825.52	0.308			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		Aetna	Commercial		2252.26	0.38			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		Americare	Americare		4445.25	0.75			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		WellPoint	WellPoint		1901.38	0.3208			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		Consumer	Consumer		5630.65	0.95			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		Corrections	Corrections		4741.6	0.8			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		First Health	First Health		4148.9	0.7			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		First Trenton	First Trenton		5334.3	0.9			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		Horizon	Medicare Blue		1778.1	0.3			1778.1	5630.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FREE SKIN FLAP	15757	CPT	outpatient			5927		Horizon	Indemnity		2268.86	0.3828			1778.1	5630.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FREE SKIN FLAP	15757	CPT	outpatient			5927		Horizon	MGD		2268.86	0.3828			1778.1	5630.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FREE SKIN FLAP	15757	CPT	outpatient			5927		Horizon	PPO		2268.86	0.3828			1778.1	5630.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FREE SKIN FLAP	15757	CPT	outpatient			5927		Managed Care Inc	Managed Care Inc		5334.3	0.9			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		Multiplan	Multiplan		4741.6	0.8			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		Qualcare	Qualcare		4445.25	0.75			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		Three Rivers	Three Rivers		5630.65	0.95			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		UHC	Medicaid		1864.63	0.3146			1778.1	5630.65	percent of total billed charges	
FREE SKIN FLAP	15757	CPT	outpatient			5927		Wellcare	Medicaid		1864.63	0.3146			1778.1	5630.65	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS DONOR AREA	15760	CPT	outpatient			5746	2398.47	Aetna	Commercial		3320.32	1.592			1807.69	5458.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W PRIM CLOS DONOR AREA	15760	CPT	outpatient			5746	2398.47	Aetna	Better Health		1807.69	0.3146			1807.69	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS DONOR AREA	15760	CPT	outpatient			5746	2398.47	Aetna	Medicare		2085.63	1			1807.69	5458.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W PRIM CLOS DONOR AREA	15760	CPT	outpatient			5746	2398.47	Americare	Americare		4309.5	0.75			1807.69	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS DONOR AREA	15760	CPT	outpatient			5746	2398.47	WellPoint	WellPoint		1843.32	0.3208			1807.69	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS DONOR AREA	15760	CPT	outpatient			5746	2398.47	Amerihealth	Medicare		2085.63	1			1807.69	5458.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W PRIM CLOS DONOR AREA	15760	CPT	outpatient			5746	2398.47	Consumer	Consumer		5458.7	0.95			1807.69	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS DONOR AREA	15760	CPT	outpatient			5746	2398.47	Corrections	Corrections		4596.8	0.8			1807.69	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS DONOR AREA	15760	CPT	outpatient			5746	2398.47	First Health	First Health		4022.2	0.7			1807.69	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS DONOR AREA	15760	CPT	outpatient			5746	2398.47	First Trenton	First Trenton		5171.4	0.9			1807.69	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS DONOR AREA	15760	CPT	outpatient			5746	2398.47	Horizon	Indemnity		3810.45	1.827			1807.69	5458.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W PRIM CLOS DONOR AREA	15760	CPT	outpatient			5746	2398.47	Horizon	MGD		3810.45	1.827			1807.69	5458.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W PRIM CLOS DONOR AREA	15760	CPT	outpatient			5746	2398.47	Horizon	PPO		3810.45	1.827			1807.69	5458.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W PRIM CLOS DONOR AREA	15760	CPT	outpatient			5746	2398.47	Horizon	Medicare Blue		2085.63	1			1807.69	5458.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W PRIM CLOS DONOR AREA	15760	CPT	outpatient			5746	2398.47	Managed Care Inc	Managed Care Inc		5171.4	0.9			1807.69	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS DONOR AREA	15760	CPT	outpatient			5746	2398.47	Multiplan	Multiplan		4596.8	0.8			1807.69	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS DONOR AREA	15760	CPT	outpatient			5746	2398.47	Qualcare	Qualcare		4309.5	0.75			1807.69	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS DONOR AREA	15760	CPT	outpatient			5746	2398.47	Three Rivers	Three Rivers		5458.7	0.95			1807.69	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS DONOR AREA	15760	CPT	outpatient			5746	2398.47	UHC	Medicaid		1807.69	0.3146			1807.69	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS DONOR AREA	15760	CPT	outpatient			5746	2398.47	UHC	Medicare		2085.63	1			1807.69	5458.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT COMPOSITE W PRIM CLOS DONOR AREA	15760	CPT	outpatient			5746	2398.47	Wellcare	Medicaid		1807.69	0.3146			1807.69	5458.7	percent of total billed charges	
GRAFT COMPOSITE W PRIM CLOS DONOR AREA	15760	CPT	outpatient			5746	2398.47	Wellcare	Medicare		2085.63	1			1807.69	5458.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Aetna	Better Health		3728.32	0.3146			3728.32	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Aetna	Commercial		6532.09	1.592			3728.32	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Aetna	Medicare		4103.07	1			3728.32	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Americare	Americare		8888.25	0.75			3728.32	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	WellPoint	WellPoint		3801.8	0.3208			3728.32	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Amerihealth	Medicare		4103.07	1			3728.32	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Consumer	Consumer		11258.45	0.95			3728.32	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Corrections	Corrections		9480.8	0.8			3728.32	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	First Health	First Health		8295.7	0.7			3728.32	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	First Trenton	First Trenton		10665.9	0.9			3728.32	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Horizon	MGD		7496.31	1.827			3728.32	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Horizon	Medicare Blue		4103.07	1			3728.32	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medic

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Horizon	Indemnity		7496.31	1.827			3728.32	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Horizon	PPO		7496.31	1.827			3728.32	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Managed Care Inc	Managed Care Inc		10665.9	0.9			3728.32	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Multiplan	Multiplan		9480.8	0.8			3728.32	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Qualcare	Qualcare		8888.25	0.75			3728.32	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Three Rivers	Three Rivers		11258.45	0.95			3728.32	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	UHC	Medicare		4103.07	1			3728.32	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	UHC	Medicaid		3728.32	0.3146			3728.32	11258.45	percent of total billed charges	
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Wellcare	Medicare		4103.07	1			3728.32	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE GRAFTS OTHERS	15769	CPT	outpatient			11851	4718.53	Wellcare	Medicaid		3728.32	0.3146			3728.32	11258.45	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Aetna	Better Health		2355.72	0.3146			2355.72	7496.31	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Aetna	Commercial		6532.09	1.592			2355.72	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Aetna	Medicare		4103.07	1			2355.72	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Americare	Americare		5616	0.75			2355.72	7496.31	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	WellPoint	WellPoint		2402.15	0.3208			2355.72	7496.31	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Amerihealth	Medicare		4103.07	1			2355.72	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Consumer	Consumer		7113.6	0.95			2355.72	7496.31	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Corrections	Corrections		5990.4	0.8			2355.72	7496.31	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	First Health	First Health		5241.6	0.7			2355.72	7496.31	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	First Trenton	First Trenton		6739.2	0.9			2355.72	7496.31	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Horizon	Indemnity		7496.31	1.827			2355.72	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Horizon	Medicare Blue		4103.07	1			2355.72	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Horizon	PPO		7496.31	1.827			2355.72	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Horizon	MGD		7496.31	1.827			2355.72	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Managed Care Inc	Managed Care Inc		6739.2	0.9			2355.72	7496.31	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Multiplan	Multiplan		5990.4	0.8			2355.72	7496.31	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Qualcare	Qualcare		5616	0.75			2355.72	7496.31	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Three Rivers	Three Rivers		7113.6	0.95			2355.72	7496.31	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	UHC	Medicare		4103.07	1			2355.72	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	UHC	Medicaid		2355.72	0.3146			2355.72	7496.31	percent of total billed charges	
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Wellcare	Medicare		4103.07	1			2355.72	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GRAFT;DERMA-FAT-FASCIA	15770	CPT	outpatient			7488	4718.53	Wellcare	Medicaid		2355.72	0.3146			2355.72	7496.31	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Aetna	Better Health		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Aetna	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Aetna	Commercial		5173.59	1.592			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Americare	Americare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	WellPoint	WellPoint		3019.69	0.3208			2961.33	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Amerihealth	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Consumer	Consumer		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Corrections	Corrections		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	First Health	First Health		6589.1	0.7			2961.33	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	First Trenton	First Trenton		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Horizon	MGD		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Horizon	Indemnity		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Horizon	Medicare Blue		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Horizon	PPO		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Managed Care Inc	Managed Care Inc		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Multiplan	Multiplan		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Qualcare	Qualcare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Three Rivers	Three Rivers		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	UHC	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	UHC	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Wellcare	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
DERMABRASION TOTAL FACE	15780	CPT	outpatient			9413	3737.2	Wellcare	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Aetna	Commercial		1281.02	1.592			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Aetna	Better Health		743.71	0.3146			743.71	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Aetna	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Americare	Americare		1773	0.75			743.71	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	WellPoint	WellPoint		758.37	0.3208			743.71	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Amerihealth	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Consumer	Consumer		2245.8	0.95			743.71	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Corrections	Corrections		1891.2	0.8			743.71	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	First Health	First Health		1654.8	0.7			743.71	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	First Trenton	First Trenton		2127.6	0.9			743.71	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Horizon	Indemnity		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Horizon	PPO		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Horizon	Medicare Blue		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Horizon	MGD		1470.11	1.827			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Managed Care Inc	Managed Care Inc		2127.6	0.9			743.71	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Multiplan	Multiplan		1891.2	0.8			743.71	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Qualcare	Qualcare		1773	0.75			743.71	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Three Rivers	Three Rivers		2245.8	0.95			743.71	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	UHC	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	UHC	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Wellcare	Medicare		804.66	1			743.71	2245.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION; SEGM FACE	15781	CPT	outpatient			2364	925.36	Wellcare	Medicaid		743.71	0.3146			743.71	2245.8	percent of total billed charges	
DERMABRASION REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Aetna	Commercial		5173.59	1.592			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Aetna	Better Health		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
DERMABRASION REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Aetna	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Americare	Americare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
DERMABRASION REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	WellPoint	WellPoint		3019.69	0.3208			2961.33	8942.35	percent of total billed charges	
DERMABRASION REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Amerihealth	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Consumer	Consumer		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
DERMABRASION REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Corrections	Corrections		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
DERMABRASION REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	First Health	First Health		6589.1	0.7			2961.33	8942.35	percent of total billed charges	
DERMABRASION REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	First Trenton	First Trenton		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
DERMABRASION REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Horizon	PPO		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Horizon	MGD		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Horizon	Medicare Blue		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Horizon	Indemnity		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Managed Care Inc	Managed Care Inc		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
DERMABRASION REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Multiplan	Multiplan		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
DERMABRASION REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Qualcare	Qualcare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
DERMABRASION REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Three Rivers	Three Rivers		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
DERMABRASION REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	UHC	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
DERMABRASION REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	UHC	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Wellcare	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION REGIONAL OTHER	15782	CPT	outpatient			9413	3737.2	Wellcare	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Horizon	MGD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DERMABRASION SUPERFICIAL ANY SITE	15783	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
CHEM FACE PEEL; EPIDERM	15788	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
CHEM FACE PEEL; EPIDERM	15788	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL; EPIDERM	15788	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL; EPIDERM	15788	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
CHEM FACE PEEL; EPIDERM	15788	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
CHEM FACE PEEL; EPIDERM	15788	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL; EPIDERM	15788	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
CHEM FACE PEEL; EPIDERM	15788	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
CHEM FACE PEEL; EPIDERM	15788	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
CHEM FACE PEEL; EPIDERM	15788	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
CHEM FACE PEEL; EPIDERM	15788	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL; EPIDERM	15788	CPT	outpatient			1360	524.43	Horizon	MGD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL; EPIDERM	15788	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL; EPIDERM	15788	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL; EPIDERM	15788	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
CHEM FACE PEEL; EPIDERM	15788	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
CHEM FACE PEEL; EPIDERM	15788	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
CHEM FACE PEEL; EPIDERM	15788	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
CHEM FACE PEEL; EPIDERM	15788	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
CHEM FACE PEEL; EPIDERM	15788	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL; EPIDERM	15788	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL; EPIDERM	15788	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
CHEM FACE PEEL; DERMA	15789	CPT	outpatient			2117	826.02	Aetna	Commercial		1143.5	1.592			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHEM FACE PEEL; DERMA	15789	CPT	outpatient			2117	826.02	Aetna	Better Health		666.01	0.3146			666.01	2011.15	percent of total billed charges	
CHEM FACE PEEL; DERMA	15789	CPT	outpatient			2117	826.02	Aetna	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL; DERMA	15789	CPT	outpatient			2117	826.02	Americare	Americare		1587.75	0.75			666.01	2011.15	percent of total billed charges	
CHEM FACE PEEL; DERMA	15789	CPT	outpatient			2117	826.02	WellPoint	WellPoint		679.13	0.3208			666.01	2011.15	percent of total billed charges	
CHEM FACE PEEL; DERMA	15789	CPT	outpatient			2117	826.02	Amerihealth	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL; DERMA	15789	CPT	outpatient			2117	826.02	Consumer	Consumer		2011.15	0.95			666.01	2011.15	percent of total billed charges	
CHEM FACE PEEL; DERMA	15789	CPT	outpatient			2117	826.02	Corrections	Corrections		1693.6	0.8			666.01	2011.15	percent of total billed charges	
CHEM FACE PEEL; DERMA	15789	CPT	outpatient			2117	826.02	First Health	First Health		1481.9	0.7			666.01	2011.15	percent of total billed charges	
CHEM FACE PEEL; DERMA	15789	CPT	outpatient			2117	826.02	First Trenton	First Trenton		1905.3	0.9			666.01	2011.15	percent of total billed charges	
CHEM FACE PEEL; DERMA	15789	CPT	outpatient			2117	826.02	Horizon	MGD		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL; DERMA	15789	CPT	outpatient			2117	826.02	Horizon	Indemnity		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL; DERMA	15789	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL; DERMA	15789	CPT	outpatient			2117	826.02	Horizon	PPO		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL; DERMA	15789	CPT	outpatient			2117	826.02	Managed Care Inc	Managed Care Inc		1905.3	0.9			666.01	2011.15	percent of total billed charges	
CHEM FACE PEEL; DERMA	15789	CPT	outpatient			2117	826.02	Multiplan	Multiplan		1693.6	0.8			666.01	2011.15	percent of total billed charges	
CHEM FACE PEEL; DERMA	15789	CPT	outpatient			2117	826.02	Qualcare	Qualcare		1587.75	0.75			666.01	2011.15	percent of total billed charges	
CHEM FACE PEEL; DERMA	15789	CPT	outpatient			2117	826.02	Three Rivers	Three Rivers		2011.15	0.95			666.01	2011.15	percent of total billed charges	
CHEM FACE PEEL; DERMA	15789	CPT	outpatient			2117	826.02	UHC	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL; DERMA	15789	CPT	outpatient			2117	826.02	UHC	Medicaid		666.01	0.3146			666.01	2011.15	percent of total billed charges	
CHEM FACE PEEL; DERMA	15789	CPT	outpatient			2117	826.02	Wellcare	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM FACE PEEL; DERMA	15789	CPT	outpatient			2117	826.02	Wellcare	Medicaid		666.01	0.3146			666.01	2011.15	percent of total billed charges	
CHEM PEEL; EPIDERM	15792	CPT	outpatient			2117	826.02	Aetna	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL; EPIDERM	15792	CPT	outpatient			2117	826.02	Aetna	Better Health		666.01	0.3146			666.01	2011.15	percent of total billed charges	
CHEM PEEL; EPIDERM	15792	CPT	outpatient			2117	826.02	Aetna	Commercial		1143.5	1.592			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL; EPIDERM	15792	CPT	outpatient			2117	826.02	Americare	Americare		1587.75	0.75			666.01	2011.15	percent of total billed charges	
CHEM PEEL; EPIDERM	15792	CPT	outpatient			2117	826.02	WellPoint	WellPoint		679.13	0.3208			666.01	2011.15	percent of total billed charges	
CHEM PEEL; EPIDERM	15792	CPT	outpatient			2117	826.02	Amerihealth	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL; EPIDERM	15792	CPT	outpatient			2117	826.02	Consumer	Consumer		2011.15	0.95			666.01	2011.15	percent of total billed charges	
CHEM PEEL; EPIDERM	15792	CPT	outpatient			2117	826.02	Corrections	Corrections		1693.6	0.8			666.01	2011.15	percent of total billed charges	
CHEM PEEL; EPIDERM	15792	CPT	outpatient			2117	826.02	First Health	First Health		1481.9	0.7			666.01	2011.15	percent of total billed charges	
CHEM PEEL; EPIDERM	15792	CPT	outpatient			2117	826.02	First Trenton	First Trenton		1905.3	0.9			666.01	2011.15	percent of total billed charges	
CHEM PEEL; EPIDERM	15792	CPT	outpatient			2117	826.02	Horizon	PPO		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL; EPIDERM	15792	CPT	outpatient			2117	826.02	Horizon	MGD		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL; EPIDERM	15792	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL; EPIDERM	15792	CPT	outpatient			2117	826.02	Horizon	Indemnity		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL; EPIDERM	15792	CPT	outpatient			2117	826.02	Managed Care Inc	Managed Care Inc		1905.3	0.9			666.01	2011.15	percent of total billed charges	
CHEM PEEL; EPIDERM	15792	CPT	outpatient			2117	826.02	Multiplan	Multiplan		1693.6	0.8			666.01	2011.15	percent of total billed charges	
CHEM PEEL; EPIDERM	15792	CPT	outpatient			2117	826.02	Qualcare	Qualcare		1587.75	0.75			666.01	2011.15	percent of total billed charges	
CHEM PEEL; EPIDERM	15792	CPT	outpatient			2117	826.02	Three Rivers	Three Rivers		2011.15	0.95			666.01	2011.15	percent of total billed charges	
CHEM PEEL; EPIDERM	15792	CPT	outpatient			2117	826.02	UHC	Medicaid		666.01	0.3146			666.01	2011.15	percent of total billed charges	
CHEM PEEL; EPIDERM	15792	CPT	outpatient			2117	826.02	UHC	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL; EPIDERM	15792	CPT	outpatient			2117	826.02	Wellcare	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL; EPIDERM	15792	CPT	outpatient			2117	826.02	Wellcare	Medicaid		666.01	0.3146			666.01	2011.15	percent of total billed charges	
CHEM PEEL; DERMAL	15793	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL; DERMAL	15793	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
CHEM PEEL; DERMAL	15793	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL; DERMAL	15793	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
CHEM PEEL; DERMAL	15793	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
CHEM PEEL; DERMAL	15793	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL; DERMAL	15793	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
CHEM PEEL; DERMAL	15793	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
CHEM PEEL; DERMAL	15793	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
CHEM PEEL; DERMAL	15793	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
CHEM PEEL; DERMAL	15793	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL; DERMAL	15793	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL; DERMAL	15793	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL; DERMAL	15793	CPT	outpatient			1360	524.43	Horizon	MGD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL; DERMAL	15793	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
CHEM PEEL; DERMAL	15793	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
CHEM PEEL; DERMAL	15793	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
CHEM PEEL; DERMAL	15793	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
CHEM PEEL; DERMAL	15793	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
CHEM PEEL; DERMAL	15793	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM PEEL; DERMAL	15793	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
CHEM PEEL; DERMAL	15793	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER LID	15820	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32	1.592			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER LID	15820	CPT	outpatient			6289	2398.47	Aetna	Better Health		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY LOWER LID	15820	CPT	outpatient			6289	2398.47	Aetna	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER LID	15820	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY LOWER LID	15820	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2017.51	0.3208			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY LOWER LID	15820	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER LID	15820	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY LOWER LID	15820	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY LOWER LID	15820	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	0.7			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY LOWER LID	15820	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY LOWER LID	15820	CPT	outpatient			6289	2398.47	Horizon	PPO		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER LID	15820	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER LID	15820	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER LID	15820	CPT	outpatient			6289	2398.47	Horizon	MGD		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER LID	15820	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY LOWER LID	15820	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY LOWER LID	15820	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY LOWER LID	15820	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY LOWER LID	15820	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER LID	15820	CPT	outpatient			6289	2398.47	UHC	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY LOWER LID	15820	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY LOWER LID	15820	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
BLEPHAROPL LL WHERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Aetna	Better Health		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
BLEPHAROPL LL WHERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32	1.592			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPL LL WHERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Aetna	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPL LL WHERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
BLEPHAROPL LL WHERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2017.51	0.3208			1978.52	5974.55	percent of total billed charges	
BLEPHAROPL LL WHERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPL LL WHERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
BLEPHAROPL LL WHERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
BLEPHAROPL LL WHERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	0.7			1978.52	5974.55	percent of total billed charges	
BLEPHAROPL LL WHERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
BLEPHAROPL LL WHERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Horizon	MGD		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPL LL WHERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPL LL WHERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPL LL WHERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Horizon	PPO		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPL LL WHERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
BLEPHAROPL LL WHERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
BLEPHAROPL LL WHERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
BLEPHAROPL LL WHERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
BLEPHAROPL LL WHERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPL LL WHERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	UHC	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
BLEPHAROPL LL WHERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
BLEPHAROPL LL WHERNIATED FAT PAD	15821	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER LID	15822	CPT	outpatient			6289	2398.47	Aetna	Better Health		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UPPER LID	15822	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32	1.592			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER LID	15822	CPT	outpatient			6289	2398.47	Aetna	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER LID	15822	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UPPER LID	15822	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2017.51	0.3208			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UPPER LID	15822	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER LID	15822	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UPPER LID	15822	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UPPER LID	15822	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	0.7			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UPPER LID	15822	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UPPER LID	15822	CPT	outpatient			6289	2398.47	Horizon	MGD		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER LID	15822	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER LID	15822	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER LID	15822	CPT	outpatient			6289	2398.47	Horizon	PPO		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER LID	15822	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UPPER LID	15822	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UPPER LID	15822	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UPPER LID	15822	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UPPER LID	15822	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UPPER LID	15822	CPT	outpatient			6289	2398.47	UHC	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UPPER LID	15822	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UPPER LID	15822	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Aetna	Better Health		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32	1.592			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Aetna	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2017.51	0.3208			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	0.7			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Horizon	MGD		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Horizon	PPO		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	UHC	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
BLEPHAROPLASTY UP W EXC SKIN	15823	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32	1.592			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Aetna	Better Health		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Aetna	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2017.51	0.3208			1978.52	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	0.7			1978.52	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Horizon	PPO		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Horizon	MGD		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	UHC	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
REM SUTURES/STAPLES W/ANESTH	15851	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Aetna	Commercial		1143.5	1.592			622.59	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Aetna	Better Health		666.01	0.3146			622.59	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Aetna	Medicare		718.28	1			622.59	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Americare	Americare		1587.75	0.75			622.59	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	WellPoint	WellPoint		679.13	0.3208			622.59	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Amerihealth	Medicare		718.28	1			622.59	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Consumer	Consumer		2011.15	0.95			622.59	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Corrections	Corrections		1693.6	0.8			622.59	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	First Health	First Health		1481.9	0.7			622.59	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	First Trenton	First Trenton		1905.3	0.9			622.59	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Horizon	MGD		1312.3	1.827			622.59	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		718.28	1			622.59	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Horizon	Indemnity		1312.3	1.827			622.59	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Horizon	PPO		1312.3	1.827			622.59	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Managed Care Inc	Managed Care Inc		1905.3	0.9			622.59	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Multiplan	Multiplan		1693.6	0.8			622.59	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Qualcare	Qualcare		1587.75	0.75			622.59	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Three Rivers	Three Rivers		2011.15	0.95			622.59	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	UHC	Medicaid		666.01	0.3146			622.59	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	UHC	Medicare		718.28	1			622.59	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Wellcare	Medicaid		666.01	0.3146			622.59	2011.15	percent of total billed charges	
DRESSING CHANGE W/GENERAL ANESTHESIA	15852	CPT	outpatient			2117	826.02	Wellcare	Medicare		718.28	1			622.59	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Aetna	Medicare		3650.11	0.308			3650.11	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Aetna	Commercial		6532.09	1.592			3650.11	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Aetna	Better Health		3728.32	0.3146			3650.11	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Americare	Americare		8688.25	0.75			3650.11	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	WellPoint	WellPoint		3801.8	0.3208			3650.11	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Amerihealth	Medicare		4103.07	1			3650.11	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Consumer	Consumer		11258.45	0.95			3650.11	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Corrections	Corrections		9480.8	0.8			3650.11	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	First Health	First Health		8295.7	0.7			3650.11	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	First Trenton	First Trenton		10665.9	0.9			3650.11	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Horizon	Indemnity		7496.31	1.827			3650.11	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Horizon	PPO		7496.31	1.827			3650.11	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Horizon	MGD		7496.31	1.827			3650.11	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Horizon	Medicare Blue		4103.07	1			3650.11	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Managed Care Inc	Managed Care Inc		10665.9	0.9			3650.11	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Multiplan	Multiplan		9480.8	0.8			3650.11	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Qualcare	Qualcare		8888.25	0.75			3650.11	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Three Rivers	Three Rivers		11258.45	0.95			3650.11	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	UHC	Medicare		4103.07	1			3650.11	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	UHC	Medicaid		3728.32	0.3146			3650.11	11258.45	percent of total billed charges	
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Wellcare	Medicare		4103.07	1			3650.11	11258.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTION LIPECTOMY; TRUNK	15877	CPT	outpatient			11851	4718.53	Wellcare	Medicaid		3728.32	0.3146			3650.11	11258.45	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Aetna	Better Health		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Aetna	Commercial		5173.59	1.592			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Aetna	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Americare	Americare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	WellPoint	WellPoint		3019.69	0.3208			2961.33	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Amerihealth	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Consumer	Consumer		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Corrections	Corrections		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	First Health	First Health		6589.1	0.7			2961.33	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	First Trenton	First Trenton		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Horizon	Indemnity		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Horizon	MGD		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Horizon	Medicare Blue		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Horizon	PPO		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Managed Care Inc	Managed Care Inc		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Multiplan	Multiplan		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Qualcare	Qualcare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Three Rivers	Three Rivers		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	UHC	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	UHC	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Wellcare	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
EXC.SACRAL PRES/DECUBIT ULCER	15931	CPT	outpatient			9413	3737.2	Wellcare	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Aetna	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Aetna	Commercial		5173.59	1.592			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Aetna	Better Health		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Americare	Americare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	WellPoint	WellPoint		3019.69	0.3208			2961.33	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Amerihealth	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Consumer	Consumer		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Corrections	Corrections		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	First Health	First Health		6589.1	0.7			2961.33	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	First Trenton	First Trenton		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Horizon	PPO		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Horizon	MGD		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Horizon	Indemnity		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Horizon	Medicare Blue		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Managed Care Inc	Managed Care Inc		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Multiplan	Multiplan		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Qualcare	Qualcare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Three Rivers	Three Rivers		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	UHC	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	UHC	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Wellcare	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
EXC ISCH PU W/PRIM SUTURE	15940	CPT	outpatient			9413	3737.2	Wellcare	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Aetna	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Aetna	Commercial		5173.59	1.592			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Aetna	Better Health		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Americare	Americare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	WellPoint	WellPoint		3019.69	0.3208			2961.33	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Amerihealth	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Consumer	Consumer		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Corrections	Corrections		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	First Health	First Health		6589.1	0.7			2961.33	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	First Trenton	First Trenton		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Horizon	Indemnity		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Horizon	Medicare Blue		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Horizon	MGD		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Horizon	PPO		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Managed Care Inc	Managed Care Inc		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Multiplan	Multiplan		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Qualcare	Qualcare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	Three Rivers	Three Rivers		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	UHC	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413	3737.2	UHC	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISC PR ULC W/PR SUTR W OSTC	15941	CPT	outpatient			9413

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			158.62	626.05	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Aetna	Medicare		202.97	0.308			158.62	626.05	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			158.62	626.05	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			158.62	626.05	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			158.62	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			158.62	626.05	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			158.62	626.05	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			158.62	626.05	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			158.62	626.05	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			158.62	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Horizon	MGD		418.31	1.827			158.62	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			158.62	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			158.62	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			158.62	626.05	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			158.62	626.05	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			158.62	626.05	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			158.62	626.05	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			158.62	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			158.62	626.05	percent of total billed charges	
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			158.62	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INITIAL TRT 1ST DEGREE BURN	16000	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			158.62	626.05	percent of total billed charges	
TREAT BURN(S) UNDER ANES SMALL	16020	CPT	outpatient			1145	263.3	Aetna	Commercial		364.5	1.592			162.02	1087.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S) UNDER ANES SMALL	16020	CPT	outpatient			1145	263.3	Aetna	Better Health		360.22	0.3146			162.02	1087.75	percent of total billed charges	
TREAT BURN(S) UNDER ANES SMALL	16020	CPT	outpatient			1145	263.3	Aetna	Medicare		228.96	1			162.02	1087.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S) UNDER ANES SMALL	16020	CPT	outpatient			1145	263.3	Americare	Americare		858.75	0.75			162.02	1087.75	percent of total billed charges	
TREAT BURN(S) UNDER ANES SMALL	16020	CPT	outpatient			1145	263.3	WellPoint	WellPoint		367.32	0.3208			162.02	1087.75	percent of total billed charges	
TREAT BURN(S) UNDER ANES SMALL	16020	CPT	outpatient			1145	263.3	Amerihealth	Medicare		228.96	1			162.02	1087.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S) UNDER ANES SMALL	16020	CPT	outpatient			1145	263.3	Consumer	Consumer		1087.75	0.95			162.02	1087.75	percent of total billed charges	
TREAT BURN(S) UNDER ANES SMALL	16020	CPT	outpatient			1145	263.3	Corrections	Corrections		916	0.8			162.02	1087.75	percent of total billed charges	
TREAT BURN(S) UNDER ANES SMALL	16020	CPT	outpatient			1145	263.3	First Health	First Health		801.5	0.7			162.02	1087.75	percent of total billed charges	
TREAT BURN(S) UNDER ANES SMALL	16020	CPT	outpatient			1145	263.3	First Trenton	First Trenton		1030.5	0.9			162.02	1087.75	percent of total billed charges	
TREAT BURN(S) UNDER ANES SMALL	16020	CPT	outpatient			1145	263.3	Horizon	PPO		418.31	1.827			162.02	1087.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S) UNDER ANES SMALL	16020	CPT	outpatient			1145	263.3	Horizon	Medicare Blue		228.96	1			162.02	1087.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S) UNDER ANES SMALL	16020	CPT	outpatient			1145	263.3	Horizon	MGD		418.31	1.827			162.02	1087.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S) UNDER ANES SMALL	16020	CPT	outpatient			1145	263.3	Horizon	Indemnity		418.31	1.827			162.02	1087.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S) UNDER ANES SMALL	16020	CPT	outpatient			1145	263.3	Managed Care Inc	Managed Care Inc		1030.5	0.9			162.02	1087.75	percent of total billed charges	
TREAT BURN(S) UNDER ANES SMALL	16020	CPT	outpatient			1145	263.3	Multiplan	Multiplan		916	0.8			162.02	1087.75	percent of total billed charges	
TREAT BURN(S) UNDER ANES SMALL	16020	CPT	outpatient			1145	263.3	Qualcare	Qualcare		858.75	0.75			162.02	1087.75	percent of total billed charges	
TREAT BURN(S) UNDER ANES SMALL	16020	CPT	outpatient			1145	263.3	Three Rivers	Three Rivers		1087.75	0.95			162.02	1087.75	percent of total billed charges	
TREAT BURN(S) UNDER ANES SMALL	16020	CPT	outpatient			1145	263.3	UHC	Medicare		228.96	1			162.02	1087.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S) UNDER ANES SMALL	16020	CPT	outpatient			1145	263.3	UHC	Medicaid		360.22	0.3146			162.02	1087.75	percent of total billed charges	
TREAT BURN(S) UNDER ANES SMALL	16020	CPT	outpatient			1145	263.3	Wellcare	Medicare		228.96	1			162.02	1087.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S) UNDER ANES SMALL	16020	CPT	outpatient			1145	263.3	Wellcare	Medicaid		360.22	0.3146			162.02	1087.75	percent of total billed charges	
TREAT BURN(S) UNDER ANES MED/LG	16025	CPT	outpatient			3643	263.3	Aetna	Commercial		364.5	1.592			207.32	3460.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S) UNDER ANES MED/LG	16025	CPT	outpatient			3643	263.3	Aetna	Better Health		1146.09	0.3146			207.32	3460.85	percent of total billed charges	
TREAT BURN(S) UNDER ANES MED/LG	16025	CPT	outpatient			3643	263.3	Aetna	Medicare		228.96	1			207.32	3460.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S) UNDER ANES MED/LG	16025	CPT	outpatient			3643	263.3	Americare	Americare		2732.25	0.75			207.32	3460.85	percent of total billed charges	
TREAT BURN(S) UNDER ANES MED/LG	16025	CPT	outpatient			3643	263.3	WellPoint	WellPoint		1168.67	0.3208			207.32	3460.85	percent of total billed charges	
TREAT BURN(S) UNDER ANES MED/LG	16025	CPT	outpatient			3643	263.3	Amerihealth	Medicare		228.96	1			207.32	3460.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S) UNDER ANES MED/LG	16025	CPT	outpatient			3643	263.3	Consumer	Consumer		3460.85	0.95			207.32	3460.85	percent of total billed charges	
TREAT BURN(S) UNDER ANES MED/LG	16025	CPT	outpatient			3643	263.3	Corrections	Corrections		2914.4	0.8			207.32	3460.85	percent of total billed charges	
TREAT BURN(S) UNDER ANES MED/LG	16025	CPT	outpatient			3643	263.3	First Health	First Health		2550.1	0.7			207.32	3460.85	percent of total billed charges	
TREAT BURN(S) UNDER ANES MED/LG	16025	CPT	outpatient			3643	263.3	First Trenton	First Trenton		3278.7	0.9			207.32	3460.85	percent of total billed charges	
TREAT BURN(S) UNDER ANES MED/LG	16025	CPT	outpatient			3643	263.3	Horizon	MGD		418.31	1.827			207.32	3460.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S) UNDER ANES MED/LG	16025	CPT	outpatient			3643	263.3	Horizon	Medicare Blue		228.96	1			207.32	3460.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S) UNDER ANES MED/LG	16025	CPT	outpatient			3643	263.3	Horizon	Indemnity		418.31	1.827			207.32	3460.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S) UNDER ANES MED/LG	16025	CPT	outpatient			3643	263.3	Horizon	PPO		418.31	1.827			207.32	3460.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S) UNDER ANES MED/LG	16025	CPT	outpatient			3643	263.3	Managed Care Inc	Managed Care Inc		3278.7	0.9			207.32	3460.85	percent of total billed charges	
TREAT BURN(S) UNDER ANES MED/LG	16025	CPT	outpatient			3643	263.3	Multiplan	Multiplan		2914.4	0.8			207.32	3460.85	percent of total billed charges	
TREAT BURN(S) UNDER ANES MED/LG	16025	CPT	outpatient			3643	263.3	Qualcare	Qualcare		2732.25	0.75			207.32	3460.85	percent of total billed charges	
TREAT BURN(S) UNDER ANES MED/LG	16025	CPT	outpatient			3643	263.3	Three Rivers	Three Rivers		3460.85	0.95			207.32	3460.85	percent of total billed charges	
TREAT BURN(S) UNDER ANES MED/LG	16025	CPT	outpatient			3643	263.3	UHC	Medicaid		1146.09	0.3146			207.32	3460.85	percent of total billed charges	
TREAT BURN(S) UNDER ANES MED/LG	16025	CPT	outpatient			3643	263.3	UHC	Medicare		228.96	1			207.32	3460.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S) UNDER ANES MED/LG	16025	CPT	outpatient			3643	263.3	Wellcare	Medicare		228.96	1			207.32	3460.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT BURN(S) UNDER ANES MED/LG	16025	CPT	outpatient			3643	263.3	Wellcare	Medicaid		1146.09	0.3146			207.32	3460.85	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194	524.43	Aetna	Better Health		690.23	0.3146			418.88	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194	524.43	Aetna	Medicare		675.75	0.308			418.88	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194	524.43	Aetna	Commercial		726	1.592			418.88	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194	524.43	Americare	Americare		1645.5	0.75			418.88	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194	524.43	WellPoint	WellPoint		703.84	0.3208			418.88	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194	524.43	Amerihealth	Medicare		456.03	1			418.88	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194	524.43	Consumer	Consumer		2084.3	0.95			418.88	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194	524.43	Corrections	Corrections		1755.2	0.8			418.88	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194	524.43	First Health	First Health		1535.8	0.7			418.88	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194	524.43	First Trenton	First Trenton		1974.6	0.9			418.88	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194	524.43	Horizon	MGD		833.17	1.827			418.88	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194	524.43	Horizon	Indemnity		833.17	1.827			418.88	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194	524.43	Horizon	Medicare Blue		456.03	1			418.88	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194	524.43	Horizon	PPO		833.17	1.827			418.88	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194	524.43	Managed Care Inc	Managed Care Inc		1974.6	0.9			418.88	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194	524.43	Multiplan	Multiplan		1755.2	0.8			418.88	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194	524.43	Qualcare	Qualcare		1645.5	0.75			418.88	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194	524.43	Three Rivers	Three Rivers		2084.3	0.95			418.88	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194	524.43	UHC	Medicaid		690.23	0.3146			418.88	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194	524.43	UHC	Medicare		456.03	1			418.88	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194	524.43	Wellcare	Medicaid		690.23	0.3146			418.88	2084.3	percent of total billed charges	
DRESS/DBRD BURN LG WO ANES	16030	CPT	outpatient			2194	524.43	Wellcare	Medicare		456.03	1			418.88	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666	263.3	Aetna	Better Health		209.52	0.3146			207.32	632.7	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666	263.3	Aetna	Commercial		364.5	1.592			207.32	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666	263.3	Aetna	Medicare		228.96	1			207.32	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666	263.3	Americare	Americare		499.5	0.75			207.32	632.7	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666	263.3	WellPoint	WellPoint		213.65	0.3208			207.32	632.7	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666	263.3	Amerihealth	Medicare		228.96	1			207.32	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666	263.3	Consumer	Consumer		632.7	0.95			207.32	632.7	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666	263.3	Corrections	Corrections		532.8	0.8			207.32	632.7	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666	263.3	First Health	First Health		466.2	0.7			207.32	632.7	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666	263.3	First Trenton	First Trenton		599.4	0.9			207.32	632.7	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666	263.3	Horizon	Medicare Blue		228.96	1			207.32	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666	263.3	Horizon	PPO		418.31	1.827			207.32	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666	263.3	Horizon	MGD		418.31	1.827			207.32	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666	263.3	Horizon	Indemnity		418.31	1.827			207.32	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666	263.3	Managed Care Inc	Managed Care Inc		599.4	0.9			207.32	632.7	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666	263.3	Multiplan	Multiplan		532.8	0.8			207.32	632.7	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666	263.3	Qualcare	Qualcare		499.5	0.75			207.32	632.7	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666	263.3	Three Rivers	Three Rivers		632.7	0.95			207.32	632.7	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666	263.3	UHC	Medicaid		209.52	0.3146			207.32	632.7	percent of total billed charges	
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666	263.3	UHC	Medicare		228.96	1			207.32	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666	263.3	Wellcare	Medicare		228.96	1			207.32	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION WART FIRST LESION	17000	CPT	outpatient			666	263.3	Wellcare	Medicaid		209.52	0.3146			207.32	632.7	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR BENIGN	17004	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR BENIGN	17004	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR BENIGN	17004	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360	524.43	Horizon	MGD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR BENIGN	17004	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR BENIGN	17004	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR BENIGN	17004	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR BENIGN	17004	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR BENIGN	17004	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR BENIGN	17004	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR BENIGN	17004	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			418.88	1292	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	Aetna	Medicare		418.88	0.308			418.88	1292	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			418.88	1292	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			418.88	1292	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			418.88	1292	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			418.88	1292	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			418.88	1292	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			418.88	1292	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	Horizon	MGD		833.17	1.827			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			418.88	1292	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			418.88	1292	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			418.88	1292	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			418.88	1292	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			418.88	1292	percent of total billed charges	
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			418.88	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CUT VASC LES:10SQ.CM/<	17106	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			418.88	1292	percent of total billed charges	
DESTR CV LESION, 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Aetna	Commercial		1143.5	1.592			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION, 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Aetna	Better Health		666.01	0.3146			666.01	2011.15	percent of total billed charges	
DESTR CV LESION, 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Aetna	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION, 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Americare	Americare		1587.75	0.75			666.01	2011.15	percent of total billed charges	
DESTR CV LESION, 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	WellPoint	WellPoint		679.13	0.3208			666.01	2011.15	percent of total billed charges	
DESTR CV LESION, 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Amerihealth	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION, 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Consumer	Consumer		2011.15	0.95			666.01	2011.15	percent of total billed charges	
DESTR CV LESION, 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Corrections	Corrections		1693.6	0.8			666.01	2011.15	percent of total billed charges	
DESTR CV LESION, 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	First Health	First Health		1481.9	0.7			666.01	2011.15	percent of total billed charges	
DESTR CV LESION, 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	First Trenton	First Trenton		1905.3	0.9			666.01	2011.15	percent of total billed charges	
DESTR CV LESION, 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Horizon	Indemnity		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION, 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION, 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Horizon	MGD		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION, 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Horizon	PPO		1312.3	1.827			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION, 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Managed Care Inc	Managed Care Inc		1905.3	0.9			666.01	2011.15	percent of total billed charges	
DESTR CV LESION, 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Multiplan	Multiplan		1693.6	0.8			666.01	2011.15	percent of total billed charges	
DESTR CV LESION, 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Qualcare	Qualcare		1587.75	0.75			666.01	2011.15	percent of total billed charges	
DESTR CV LESION, 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Three Rivers	Three Rivers		2011.15	0.95			666.01	2011.15	percent of total billed charges	
DESTR CV LESION, 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	UHC	Medicaid		666.01	0.3146			666.01	2011.15	percent of total billed charges	
DESTR CV LESION, 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	UHC	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION, 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Wellcare	Medicare		718.28	1			666.01	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION, 10-50 SQ. M	17107	CPT	outpatient			2117	826.02	Wellcare	Medicaid		666.01	0.3146			666.01	2011.15	percent of total billed charges	
DESTR CV LESION:> 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32	1.592			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION:> 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Aetna	Better Health		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
DESTR CV LESION:> 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Aetna	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION:> 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
DESTR CV LESION:> 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2017.51	0.3208			1978.52	5974.55	percent of total billed charges	
DESTR CV LESION:> 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION:> 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
DESTR CV LESION:> 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
DESTR CV LESION:> 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	0.7			1978.52	5974.55	percent of total billed charges	
DESTR CV LESION:> 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
DESTR CV LESION:> 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION:> 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Horizon	PPO		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION:> 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION:> 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Horizon	MGD		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION:> 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
DESTR CV LESION:> 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
DESTR CV LESION:> 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
DESTR CV LESION:> 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
DESTR CV LESION:> 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION:> 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	UHC	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
DESTR CV LESION:> 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR CV LESION:> 50 SQ.M.	17108	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Horizon	MGD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PODOPHYLIN TREATMENT	17110	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Aetna	Medicare		202.97	0.308			202.97	626.05	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			202.97	626.05	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			202.97	626.05	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			202.97	626.05	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			202.97	626.05	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			202.97	626.05	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			202.97	626.05	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			202.97	626.05	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Horizon	MGD		418.31	1.827			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			202.97	626.05	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			202.97	626.05	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			202.97	626.05	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			202.97	626.05	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			202.97	626.05	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			202.97	626.05	percent of total billed charges	
DESTRUCT LESION 15 OR MORE	17111	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Aetna	Commercial		364.5	1.592			207.32	631.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Aetna	Better Health		209.21	0.3146			207.32	631.75	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Aetna	Medicare		228.96	1			207.32	631.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Americare	Americare		498.75	0.75			207.32	631.75	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	WellPoint	WellPoint		213.33	0.3208			207.32	631.75	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Amerihealth	Medicare		228.96	1			207.32	631.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Consumer	Consumer		631.75	0.95			207.32	631.75	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Corrections	Corrections		532	0.8			207.32	631.75	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	First Health	First Health		465.5	0.7			207.32	631.75	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	First Trenton	First Trenton		598.5	0.9			207.32	631.75	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Horizon	MGD		418.31	1.827			207.32	631.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Horizon	PPO		418.31	1.827			207.32	631.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Horizon	Medicare Blue		228.96	1			207.32	631.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Horizon	Indemnity		418.31	1.827			207.32	631.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Managed Care Inc	Managed Care Inc		598.5	0.9			207.32	631.75	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Multiplan	Multiplan		532	0.8			207.32	631.75	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Qualcare	Qualcare		498.75	0.75			207.32	631.75	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Three Rivers	Three Rivers		631.75	0.95			207.32	631.75	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	UHC	Medicaid		209.21	0.3146			207.32	631.75	percent of total billed charges	
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	UHC	Medicare		228.96	1			207.32	631.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Wellcare	Medicare		228.96	1			207.32	631.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL CAUTERIZATION OF GRANULATION	17250	CPT	outpatient			665	263.3	Wellcare	Medicaid		209.21	0.3146			207.32	631.75	percent of total billed charges	
DESTR MLES T	17260	CPT	outpatient			659	263.3	Aetna	Medicare		202.97	0.308			202.97	626.05	percent of total billed charges	
DESTR MLES T	17260	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17260	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			202.97	626.05	percent of total billed charges	
DESTR MLES T	17260	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			202.97	626.05	percent of total billed charges	
DESTR MLES T	17260	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			202.97	626.05	percent of total billed charges	
DESTR MLES T	17260	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17260	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			202.97	626.05	percent of total billed charges	
DESTR MLES T	17260	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			202.97	626.05	percent of total billed charges	
DESTR MLES T	17260	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			202.97	626.05	percent of total billed charges	
DESTR MLES T	17260	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			202.97	626.05	percent of total billed charges	
DESTR MLES T	17260	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17260	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17260	CPT	outpatient			659	263.3	Horizon	MGD		418.31	1.827			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17260	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17260	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			202.97	626.05	percent of total billed charges	
DESTR MLES T	17260	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			202.97	626.05	percent of total billed charges	
DESTR MLES T	17260	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			202.97	626.05	percent of total billed charges	
DESTR MLES T	17260	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			202.97	626.05	percent of total billed charges	
DESTR MLES T	17260	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			202.97	626.05	percent of total billed charges	
DESTR MLES T	17260	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17260	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17260	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			202.97	626.05	percent of total billed charges	
DESTR MLES T	17261	CPT	outpatient			659	263.3	Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DESTR MLES T	17261	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
DESTR MLES T	17261	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17261	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
DESTR MLES T	17261	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
DESTR MLES T	17261	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17261	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
DESTR MLES T	17261	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
DESTR MLES T	17261	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
DESTR MLES T	17261	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
DESTR MLES T	17261	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17261	CPT	outpatient			659	263.3	Horizon	MCD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17261	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17261	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17261	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
DESTR MLES T	17261	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
DESTR MLES T	17261	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
DESTR MLES T	17261	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
DESTR MLES T	17261	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
DESTR MLES T	17261	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17261	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
DESTR MLES T	17261	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T/AIL; 1.1-2 0 CM	17262	CPT	outpatient			659	263.3	Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T/AIL; 1.1-2 0 CM	17262	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T/AIL; 1.1-2 0 CM	17262	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
DESTR MLES T/AIL; 1.1-2 0 CM	17262	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
DESTR MLES T/AIL; 1.1-2 0 CM	17262	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
DESTR MLES T/AIL; 1.1-2 0 CM	17262	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T/AIL; 1.1-2 0 CM	17262	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
DESTR MLES T/AIL; 1.1-2 0 CM	17262	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
DESTR MLES T/AIL; 1.1-2 0 CM	17262	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
DESTR MLES T/AIL; 1.1-2 0 CM	17262	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
DESTR MLES T/AIL; 1.1-2 0 CM	17262	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T/AIL; 1.1-2 0 CM	17262	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T/AIL; 1.1-2 0 CM	17262	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T/AIL; 1.1-2 0 CM	17262	CPT	outpatient			659	263.3	Horizon	MCD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T/AIL; 1.1-2 0 CM	17262	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
DESTR MLES T/AIL; 1.1-2 0 CM	17262	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
DESTR MLES T/AIL; 1.1-2 0 CM	17262	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
DESTR MLES T/AIL; 1.1-2 0 CM	17262	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
DESTR MLES T/AIL; 1.1-2 0 CM	17262	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
DESTR MLES T/AIL; 1.1-2 0 CM	17262	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T/AIL; 1.1-2 0 CM	17262	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T/AIL; 1.1-2 0 CM	17262	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
DESTR MLES T	17263	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			202.97	626.05	percent of total billed charges	
DESTR MLES T	17263	CPT	outpatient			659	263.3	Aetna	Medicare		202.97	0.308			202.97	626.05	percent of total billed charges	
DESTR MLES T	17263	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17263	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			202.97	626.05	percent of total billed charges	
DESTR MLES T	17263	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			202.97	626.05	percent of total billed charges	
DESTR MLES T	17263	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17263	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			202.97	626.05	percent of total billed charges	
DESTR MLES T	17263	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			202.97	626.05	percent of total billed charges	
DESTR MLES T	17263	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			202.97	626.05	percent of total billed charges	
DESTR MLES T	17263	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			202.97	626.05	percent of total billed charges	
DESTR MLES T	17263	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17263	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17263	CPT	outpatient			659	263.3	Horizon	MCD		418.31	1.827			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17263	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17263	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			202.97	626.05	percent of total billed charges	
DESTR MLES T	17263	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			202.97	626.05	percent of total billed charges	
DESTR MLES T	17263	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			202.97	626.05	percent of total billed charges	
DESTR MLES T	17263	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			202.97	626.05	percent of total billed charges	
DESTR MLES T	17263	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			202.97	626.05	percent of total billed charges	
DESTR MLES T	17263	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17263	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17263	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			202.97	626.05	percent of total billed charges	
DESTR MLES T	17264	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR MLES T	17264	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17264	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17264	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
DESTR MLES T	17264	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
DESTR MLES T	17264	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17264	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
DESTR MLES T	17264	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
DESTR MLES T	17264	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
DESTR MLES T	17264	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
DESTR MLES T	17264	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17264	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17264	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17264	CPT	outpatient			1360	524.43	Horizon	MCD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17264	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
DESTR MLES T	17264	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
DESTR MLES T	17264	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
DESTR MLES T	17264	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
DESTR MLES T	17264	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17264	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR MLES T	17264	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17264	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR MLES T	17266	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17266	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR MLES T	17266	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17266	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
DESTR MLES T	17266	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
DESTR MLES T	17266	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17266	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
DESTR MLES T	17266	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
DESTR MLES T	17266	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
DESTR MLES T	17266	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
DESTR MLES T	17266	CPT	outpatient			1360	524.43	Horizon	MCD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17266	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17266	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17266	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17266	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
DESTR MLES T	17266	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
DESTR MLES T	17266	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
DESTR MLES T	17266	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
DESTR MLES T	17266	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17266	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR MLES T	17266	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES T	17266	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR MLES S	17270	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
DESTR MLES S	17270	CPT	outpatient			659	263.3	Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17270	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17270	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
DESTR MLES S	17270	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
DESTR MLES S	17270	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17270	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
DESTR MLES S	17270	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
DESTR MLES S	17270	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
DESTR MLES S	17270	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
DESTR MLES S	17270	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17270	CPT	outpatient			659	263.3	Horizon	MCD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17270	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17270	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17270	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
DESTR MLES S	17270	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
DESTR MLES S	17270	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
DESTR MLES S	17270	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
DESTR MLES S	17270	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
DESTR MLES S	17270	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17270	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
DESTR MLES S	17270	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17271	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			202.97	626.05	percent of total billed charges	
DESTR MLES S	17271	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17271	CPT	outpatient			659	263.3	Aetna	Medicare		202.97	0.308			202.97	626.05	percent of total billed charges	
DESTR MLES S	17271	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			202.97	626.05	percent of total billed charges	
DESTR MLES S	17271	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			202.97	626.05	percent of total billed charges	
DESTR MLES S	17271	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17271	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			202.97	626.05	percent of total billed charges	
DESTR MLES S	17271	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			202.97	626.05	percent of total billed charges	
DESTR MLES S	17271	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			202.97	626.05	percent of total billed charges	
DESTR MLES S	17271	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			202.97	626.05	percent of total billed charges	
DESTR MLES S	17271	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17271	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DESTR MLES S	17271	CPT	outpatient			659	263.3	Horizon	MGD		418.31	1.827			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17271	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17271	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			202.97	626.05	percent of total billed charges	
DESTR MLES S	17271	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			202.97	626.05	percent of total billed charges	
DESTR MLES S	17271	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			202.97	626.05	percent of total billed charges	
DESTR MLES S	17271	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			202.97	626.05	percent of total billed charges	
DESTR MLES S	17271	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			202.97	626.05	percent of total billed charges	
DESTR MLES S	17271	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17271	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17271	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			202.97	626.05	percent of total billed charges	
DESTR MLES S	17272	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			202.97	626.05	percent of total billed charges	
DESTR MLES S	17272	CPT	outpatient			659	263.3	Aetna	Medicare		202.97	0.308			202.97	626.05	percent of total billed charges	
DESTR MLES S	17272	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17272	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			202.97	626.05	percent of total billed charges	
DESTR MLES S	17272	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			202.97	626.05	percent of total billed charges	
DESTR MLES S	17272	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17272	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			202.97	626.05	percent of total billed charges	
DESTR MLES S	17272	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			202.97	626.05	percent of total billed charges	
DESTR MLES S	17272	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			202.97	626.05	percent of total billed charges	
DESTR MLES S	17272	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			202.97	626.05	percent of total billed charges	
DESTR MLES S	17272	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17272	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17272	CPT	outpatient			659	263.3	Horizon	MGD		418.31	1.827			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17272	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17272	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			202.97	626.05	percent of total billed charges	
DESTR MLES S	17272	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			202.97	626.05	percent of total billed charges	
DESTR MLES S	17272	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			202.97	626.05	percent of total billed charges	
DESTR MLES S	17272	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			202.97	626.05	percent of total billed charges	
DESTR MLES S	17272	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			202.97	626.05	percent of total billed charges	
DESTR MLES S	17272	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17272	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			202.97	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17272	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			202.97	626.05	percent of total billed charges	
DESTR MLES S	17273	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17273	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17273	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR MLES S	17273	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
DESTR MLES S	17273	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
DESTR MLES S	17273	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17273	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
DESTR MLES S	17273	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
DESTR MLES S	17273	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
DESTR MLES S	17273	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
DESTR MLES S	17273	CPT	outpatient			1360	524.43	Horizon	MGD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17273	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17273	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17273	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17273	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
DESTR MLES S	17273	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
DESTR MLES S	17273	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
DESTR MLES S	17273	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
DESTR MLES S	17273	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17273	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR MLES S	17273	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17273	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR MLES S	17274	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR MLES S	17274	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17274	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17274	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
DESTR MLES S	17274	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
DESTR MLES S	17274	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17274	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
DESTR MLES S	17274	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
DESTR MLES S	17274	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
DESTR MLES S	17274	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
DESTR MLES S	17274	CPT	outpatient			1360	524.43	Horizon	MGD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17274	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17274	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17274	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17274	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
DESTR MLES S	17274	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
DESTR MLES S	17274	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
DESTR MLES S	17274	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
DESTR MLES S	17274	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR MLES S	17274	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17274	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17274	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR MLES S	17276	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR MLES S	17276	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17276	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17276	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
DESTR MLES S	17276	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
DESTR MLES S	17276	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17276	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
DESTR MLES S	17276	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
DESTR MLES S	17276	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
DESTR MLES S	17276	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
DESTR MLES S	17276	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17276	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17276	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17276	CPT	outpatient			1360	524.43	Horizon	MGD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17276	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
DESTR MLES S	17276	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
DESTR MLES S	17276	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
DESTR MLES S	17276	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
DESTR MLES S	17276	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17276	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR MLES S	17276	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES S	17276	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR MLES F	17280	CPT	outpatient			659	263.3	Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES F	17280	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
DESTR MLES F	17280	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES F	17280	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
DESTR MLES F	17280	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
DESTR MLES F	17280	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES F	17280	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
DESTR MLES F	17280	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
DESTR MLES F	17280	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
DESTR MLES F	17280	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
DESTR MLES F	17280	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES F	17280	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES F	17280	CPT	outpatient			659	263.3	Horizon	MGD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES F	17280	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES F	17280	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
DESTR MLES F	17280	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
DESTR MLES F	17280	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
DESTR MLES F	17280	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
DESTR MLES F	17280	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES F	17280	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
DESTR MLES F	17280	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES F	17280	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
DESTR MLES F	17281	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES F	17281	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR MLES F	17281	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES F	17281	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
DESTR MLES F	17281	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
DESTR MLES F	17281	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES F	17281	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
DESTR MLES F	17281	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
DESTR MLES F	17281	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
DESTR MLES F	17281	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
DESTR MLES F	17281	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES F	17281	CPT	outpatient			1360	524.43	Horizon	MGD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES F	17281	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES F	17281	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES F	17281	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
DESTR MLES F	17281	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
DESTR MLES F	17281	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
DESTR MLES F	17281	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
DESTR MLES F	17281	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR MLES F	17281	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES F	17281	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR MLES F	17281	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR MLES F	17282	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DESTRI MLES F	17282	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			427.86		1292 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			427.86		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17282	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			427.86		1292 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			427.86		1292 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			427.86		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17282	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			427.86		1292 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			427.86		1292 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			427.86		1292 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			427.86		1292 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			427.86		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17282	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			427.86		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17282	CPT	outpatient			1360	524.43	Horizon	MGD		833.17	1.827			427.86		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17282	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			427.86		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17282	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			427.86		1292 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			427.86		1292 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			427.86		1292 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			427.86		1292 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			427.86		1292 percent of total billed charges	
DESTRI MLES F	17282	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			427.86		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17282	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			427.86		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17282	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			427.86		1292 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			418.88		1292 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360	524.43	Aetna	Medicare		418.88	0.308			418.88		1292 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			418.88		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17283	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			418.88		1292 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			418.88		1292 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			418.88		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17283	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			418.88		1292 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			418.88		1292 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			418.88		1292 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			418.88		1292 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			418.88		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17283	CPT	outpatient			1360	524.43	Horizon	MGD		833.17	1.827			418.88		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17283	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			418.88		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17283	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			418.88		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17283	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			418.88		1292 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			418.88		1292 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			418.88		1292 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			418.88		1292 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			418.88		1292 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			418.88		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17283	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			418.88		1292 percent of total billed charges	
DESTRI MLES F	17283	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			418.88		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17284	CPT	outpatient			2117	826.02	Aetna	Better Health		666.01	0.3146			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117	826.02	Aetna	Medicare		718.28	1			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17284	CPT	outpatient			2117	826.02	Aetna	Commercial		1143.5	1.592			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17284	CPT	outpatient			2117	826.02	Americare	Americare		1587.75	0.75			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117	826.02	WellPoint	WellPoint		679.13	0.3208			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117	826.02	Amerihealth	Medicare		718.28	1			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17284	CPT	outpatient			2117	826.02	Consumer	Consumer		2011.15	0.95			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117	826.02	Corrections	Corrections		1693.6	0.8			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117	826.02	First Health	First Health		1481.9	0.7			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117	826.02	First Trenton	First Trenton		1905.3	0.9			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117	826.02	Horizon	Indemnity		1312.3	1.827			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17284	CPT	outpatient			2117	826.02	Horizon	MGD		1312.3	1.827			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17284	CPT	outpatient			2117	826.02	Horizon	PPO		1312.3	1.827			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17284	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		718.28	1			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17284	CPT	outpatient			2117	826.02	Managed Care Inc	Managed Care Inc		1905.3	0.9			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117	826.02	Multiplan	Multiplan		1693.6	0.8			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117	826.02	Qualcare	Qualcare		1587.75	0.75			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117	826.02	Three Rivers	Three Rivers		2011.15	0.95			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117	826.02	UHC	Medicaid		666.01	0.3146			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117	826.02	UHC	Medicare		718.28	1			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17284	CPT	outpatient			2117	826.02	Wellcare	Medicaid		666.01	0.3146			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17284	CPT	outpatient			2117	826.02	Wellcare	Medicare		718.28	1			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Aetna	Better Health		666.01	0.3146			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Aetna	Commercial		1143.5	1.592			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Aetna	Medicare		718.28	1			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Americare	Americare		1587.75	0.75			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	WellPoint	WellPoint		679.13	0.3208			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Amerihealth	Medicare		718.28	1			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Consumer	Consumer		2011.15	0.95			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Corrections	Corrections		1693.6	0.8			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	First Health	First Health		1481.9	0.7			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	First Trenton	First Trenton		1905.3	0.9			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		718.28	1			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Horizon	MGD		1312.3	1.827			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Horizon	Indemnity		1312.3	1.827			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Horizon	PPO		1312.3	1.827			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Managed Care Inc	Managed Care Inc		1905.3	0.9			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Multiplan	Multiplan		1693.6	0.8			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Qualcare	Qualcare		1587.75	0.75			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Three Rivers	Three Rivers		2011.15	0.95			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	UHC	Medicaid		666.01	0.3146			666.01		2011.15 percent of total billed charges	
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	UHC	Medicare		718.28	1			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Wellcare	Medicare		718.28	1			666.01		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRI MLES F	17286	CPT	outpatient			2117	826.02	Wellcare	Medicaid		666.01	0.3146			666.01		2011.15 percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Aetna	Better Health		39.01	0.3146			39.01		127.82 percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Aetna	Commercial		111.38	1.592			39.01		127.82 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Aetna	Medicare		69.96	1			39.01		127.82 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Americare	Americare		93	0.75			39.01		127.82 percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	WellPoint	WellPoint		39.78	0.3208			39.01		127.82 percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Amerihealth	Medicare		69.96	1			39.01		127.82 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Consumer	Consumer		117.8	0.95			39.01		127.82 percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Corrections	Corrections		99.2	0.8			39.01		127.82 percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	First Health	First Health		86.8	0.7			39.01		127.82 percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	First Trenton	First Trenton		111.6	0.9			39.01		127.82 percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Horizon	Medicare Blue		69.96	1			39.01		127.82 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Horizon	MGD		127.82	1.827			39.01		127.82 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Horizon	Indemnity		127.82	1.827			39.01		127.82 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Horizon	PPO		127.82	1.827			39.01		127.82 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Managed Care Inc	Managed Care Inc		111.6	0.9			39.01		127.82 percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Multiplan	Multiplan		99.2	0.8			39.01		127.82 percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Qualcare	Qualcare		93	0.75			39.01		127.82 percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Three Rivers	Three Rivers		117.8	0.95			39.01		127.82 percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	UHC	Medicaid		39.01	0.3146			39.01		127.82 percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	UHC	Medicare		69.96	1			39.01		127.82 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Wellcare	Medicaid		39.01	0.3146			39.01		127.82 percent of total billed charges	
CYROTHERAPY-	17340	CPT	outpatient			124	80.45	Wellcare	Medicare		69.96	1			39.01		127.82 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			207.32		626.05 percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Aetna	Medicare		228.96	1			207.32		626.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			207.32		626.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			207.32		626.05 percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			207.32		626.05 percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			207.32		626.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			207.32		626.05 percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			207.32		626.05 percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			207.32		626.05 percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32		626.05 percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			207.32		626.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			207.32		626.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Horizon	MGD		418.31	1.827			207.32		626.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			207.32		626.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32		626.05 percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32		626.05 percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32		626.05 percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32		626.05 percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			207.32		626.05 percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			207.32		626.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32		626.05 percent of total billed charges	
CHEM EXFOLIA	17360	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			207.32		626.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Aetna	Medicare		652.04	0.308			652.04		2011.15 percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Aetna	Commercial		1143.5	1.592			652.04		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Aetna	Better Health		666.01	0.3146			652.04		2011.15 percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Americare	Americare		1587.75	0.75			652.04		2011.15 percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	WellPoint	WellPoint		679.13	0.3208			652.04		2011.15 percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Amerihealth	Medicare		718.28	1			652.04		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Consumer	Consumer		2011.15	0.95			652.04		2011.15 percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Corrections	Corrections		1693.6	0.8			652.04		2011.15 percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	First Health	First Health		1481.9	0.7			652.04		2011.15 percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	First Trenton	First Trenton		1905.3	0.9			652.04		2011.15 percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Horizon	Indemnity		1312.3	1.827			652.04		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117	826.02	Horizon	Medicare Blue		718.28	1			652.04		2011.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117		826.02 Horizon	MGD		1312.3	1.827			652.04	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117		826.02 Horizon	PPO		1312.3	1.827			652.04	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117		826.02 Managed Care Inc	Managed Care Inc		1905.3	0.9			652.04	2011.15	percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117		826.02 Multiplan	Multiplan		1693.6	0.8			652.04	2011.15	percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117		826.02 Qualcare	Qualcare		1587.75	0.75			652.04	2011.15	percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117		826.02 Three Rivers	Three Rivers		2011.15	0.95			652.04	2011.15	percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117		826.02 UHC	Medicare		718.28	1			652.04	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117		826.02 UHC	Medicaid		666.01	0.3146			652.04	2011.15	percent of total billed charges	
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117		826.02 Wellcare	Medicare		718.28	1			652.04	2011.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROLYSIS EPILATION 1/2HR	17380	CPT	outpatient			2117		826.02 Wellcare	Medicaid		666.01	0.3146			652.04	2011.15	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666		263.3 Aetna	Commercial		364.5	1.592			207.32	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666		263.3 Aetna	Better Health		209.52	0.3146			207.32	632.7	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666		263.3 Aetna	Medicare		228.96	1			207.32	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666		263.3 Americare	Americare		499.5	0.75			207.32	632.7	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666		263.3 WellPoint	WellPoint		213.65	0.3208			207.32	632.7	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666		263.3 Amerihealth	Medicare		228.96	1			207.32	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666		263.3 Consumer	Consumer		632.7	0.95			207.32	632.7	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666		263.3 Corrections	Corrections		532.8	0.8			207.32	632.7	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666		263.3 First Health	First Health		466.2	0.7			207.32	632.7	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666		263.3 First Trenton	First Trenton		599.4	0.9			207.32	632.7	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666		263.3 Horizon	PPO		418.31	1.827			207.32	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666		263.3 Horizon	MGD		418.31	1.827			207.32	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666		263.3 Horizon	Indemnity		418.31	1.827			207.32	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666		263.3 Horizon	Medicare Blue		228.96	1			207.32	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666		263.3 Managed Care Inc	Managed Care Inc		599.4	0.9			207.32	632.7	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666		263.3 Multiplan	Multiplan		532.8	0.8			207.32	632.7	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666		263.3 Qualcare	Qualcare		499.5	0.75			207.32	632.7	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666		263.3 Three Rivers	Three Rivers		632.7	0.95			207.32	632.7	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666		263.3 UHC	Medicaid		209.52	0.3146			207.32	632.7	percent of total billed charges	
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666		263.3 UHC	Medicare		228.96	1			207.32	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666		263.3 Wellcare	Medicare		228.96	1			207.32	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC SKI MM/SQ TISS	17999	CPT	outpatient			666		263.3 Wellcare	Medicaid		209.52	0.3146			207.32	632.7	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436		925.36 Aetna	Better Health		766.37	0.3146			294.15	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436		925.36 Aetna	Commercial		1281.02	1.592			294.15	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436		925.36 Aetna	Medicare		804.66	1			294.15	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436		925.36 Americare	Americare		1827	0.75			294.15	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436		925.36 WellPoint	WellPoint		781.47	0.3208			294.15	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436		925.36 Amerihealth	Medicare		804.66	1			294.15	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436		925.36 Consumer	Consumer		2314.2	0.95			294.15	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436		925.36 Corrections	Corrections		1948.8	0.8			294.15	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436		925.36 First Health	First Health		1705.2	0.7			294.15	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436		925.36 First Trenton	First Trenton		2192.4	0.9			294.15	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436		925.36 Horizon	Medicare Blue		804.66	1			294.15	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436		925.36 Horizon	MGD		1470.11	1.827			294.15	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436		925.36 Horizon	Indemnity		1470.11	1.827			294.15	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436		925.36 Horizon	PPO		1470.11	1.827			294.15	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436		925.36 Managed Care Inc	Managed Care Inc		2192.4	0.9			294.15	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436		925.36 Multiplan	Multiplan		1948.8	0.8			294.15	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436		925.36 Qualcare	Qualcare		1827	0.75			294.15	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436		925.36 Three Rivers	Three Rivers		2314.2	0.95			294.15	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436		925.36 UHC	Medicaid		766.37	0.3146			294.15	2314.2	percent of total billed charges	
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436		925.36 UHC	Medicare		804.66	1			294.15	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436		925.36 Wellcare	Medicare		804.66	1			294.15	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ASPIRATION BREAST CYST RT	19000	CPT	outpatient			2436		925.36 Wellcare	Medicaid		766.37	0.3146			294.15	2314.2	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST;ADD'L	19001	CPT	outpatient			1333		Aetna	Commercial		506.54	0.38			176.4	1266.35	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST;ADD'L	19001	CPT	outpatient			1333		Aetna	Better Health		419.36	0.3146			176.4	1266.35	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST;ADD'L	19001	CPT	outpatient			1333		Aetna	Medicare		410.56	0.308			176.4	1266.35	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST;ADD'L	19001	CPT	outpatient			1333		Americare	Americare		999.75	0.75			176.4	1266.35	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST;ADD'L	19001	CPT	outpatient			1333		WellPoint	WellPoint		427.63	0.3208			176.4	1266.35	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST;ADD'L	19001	CPT	outpatient			1333		Consumer	Consumer		1266.35	0.95			176.4	1266.35	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST;ADD'L	19001	CPT	outpatient			1333		Corrections	Corrections		1066.4	0.8			176.4	1266.35	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST;ADD'L	19001	CPT	outpatient			1333		First Health	First Health		933.1	0.7			176.4	1266.35	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST;ADD'L	19001	CPT	outpatient			1333		First Trenton	First Trenton		1199.7	0.9			176.4	1266.35	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST;ADD'L	19001	CPT	outpatient			1333		Horizon	Indemnity		510.27	0.3828			176.4	1266.35	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST;ADD'L	19001	CPT	outpatient			1333		Horizon	Medicare Blue		399.9	0.3			176.4	1266.35	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST;ADD'L	19001	CPT	outpatient			1333		Horizon	MGD		510.27	0.3828			176.4	1266.35	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST;ADD'L	19001	CPT	outpatient			1333		Horizon	PPO		510.27	0.3828			176.4	1266.35	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST;ADD'L	19001	CPT	outpatient			1333		Managed Care Inc	Managed Care Inc		1199.7	0.9			176.4	1266.35	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST;ADD'L	19001	CPT	outpatient			1333		Multiplan	Multiplan		1066.4	0.8			176.4	1266.35	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST;ADD'L	19001	CPT	outpatient			1333		Qualcare	Qualcare		999.75	0.75			176.4	1266.35	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST;ADD'L	19001	CPT	outpatient			1333		Three Rivers	Three Rivers		1266.35	0.95			176.4	1266.35	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST;ADD'L	19001	CPT	outpatient			1333		UHC	Medicaid		419.36	0.3146			176.4	1266.35	percent of total billed charges	
PUNCTURE ASPIRATION CYST BREAST;ADD'L	19001	CPT	outpatient			1333		Wellcare	Medicaid		419.36	0.3146			176.4	1266.35	percent of total billed charges	
MASTOTOMY W/EXPLOR;DRAIN	19020	CPT	outpatient			7361		2132.36 Aetna	Better Health		2315.77	0.3146			1699.47	6992.95	percent of total billed charges	
MASTOTOMY W/EXPLOR;DRAIN	19020	CPT	outpatient			7361		2132.36 Aetna	Medicare		1854.23	1			1699.47	6992.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY W/EXPLOR;DRAIN	19020	CPT	outpatient			7361		2132.36 Aetna	Commercial		2951.93	1.592			1699.47	6992.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY W/EXPLOR;DRAIN	19020	CPT	outpatient			7361		2132.36 Americare	Americare		5520.75	0.75			1699.47	6992.95	percent of total billed charges	
MASTOTOMY W/EXPLOR;DRAIN	19020	CPT	outpatient			7361		2132.36 WellPoint	WellPoint		2361.41	0.3208			1699.47	6992.95	percent of total billed charges	
MASTOTOMY W/EXPLOR;DRAIN	19020	CPT	outpatient			7361		2132.36 Amerihealth	Medicare		1854.23	1			1699.47	6992.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY W/EXPLOR;DRAIN	19020	CPT	outpatient			7361		2132.36 Consumer	Consumer		6992.95	0.95			1699.47	6992.95	percent of total billed charges	
MASTOTOMY W/EXPLOR;DRAIN	19020	CPT	outpatient			7361		2132.36 Corrections	Corrections		5888.8	0.8			1699.47	6992.95	percent of total billed charges	
MASTOTOMY W/EXPLOR;DRAIN	19020	CPT	outpatient			7361		2132.36 First Health	First Health		5152.7	0.7			1699.47	6992.95	percent of total billed charges	
MASTOTOMY W/EXPLOR;DRAIN	19020	CPT	outpatient			7361		2132.36 First Trenton	First Trenton		6624.9	0.9			1699.47	6992.95	percent of total billed charges	
MASTOTOMY W/EXPLOR;DRAIN	19020	CPT	outpatient			7361		2132.36 Horizon	MGD		3387.68	1.827			1699.47	6992.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY W/EXPLOR;DRAIN	19020	CPT	outpatient			7361		2132.36 Horizon	Medicare Blue		1854.23	1			1699.47	6992.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY W/EXPLOR;DRAIN	19020	CPT	outpatient			7361		2132.36 Horizon	PPO		3387.68	1.827			1699.47	6992.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY W/EXPLOR;DRAIN	19020	CPT	outpatient			7361		2132.36 Horizon	Indemnity		3387.68	1.827			1699.47	6992.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY W/EXPLOR;DRAIN	19020	CPT	outpatient			7361		2132.36 Managed Care Inc	Managed Care Inc		6624.9	0.9			1699.47	6992.95	percent of total billed charges	
MASTOTOMY W/EXPLOR;DRAIN	19020	CPT	outpatient			7361		2132.36 Multiplan	Multiplan		5888.8	0.8			1699.47	6992.95	percent of total billed charges	
MASTOTOMY W/EXPLOR;DRAIN	19020	CPT	outpatient			7361		2132.36 Qualcare	Qualcare		5520.75	0.75			1699.47	6992.95	percent of total billed charges	
MASTOTOMY W/EXPLOR;DRAIN	19020	CPT	outpatient			7361		2132.36 Three Rivers	Three Rivers		6992.95	0.95			1699.47	6992.95	percent of total billed charges	
MASTOTOMY W/EXPLOR;DRAIN	19020	CPT	outpatient			7361		2132.36 UHC	Medicaid		2315.77	0.3146			1699.47	6992.95	percent of total billed charges	
MASTOTOMY W/EXPLOR;DRAIN	19020	CPT	outpatient			7361		2132.36 UHC	Medicare		1854.23	1			1699.47	6992.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY W/EXPLOR;DRAIN	19020	CPT	outpatient			7361		2132.36 Wellcare	Medicare		1854.23	1			1699.47	6992.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOTOMY W/EXPLOR;DRAIN	19020	CPT	outpatient			7361		2132.36 Wellcare	Medicaid		2315.77	0.3146			1699.47	6992.95	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Aetna	Better Health		1131.62	0.3146			540.9	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Aetna	Medicare		1107.88	0.308			540.9	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Aetna	Commercial		1366.86	0.38			540.9	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Americare	Americare		2697.75	0.75			540.9	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		WellPoint	WellPoint		1153.92	0.3208			540.9	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Consumer	Consumer		3417.15	0.95			540.9	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Corrections	Corrections		2877.6	0.8			540.9	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		First Health	First Health		2517.9	0.7			540.9	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		First Trenton	First Trenton		3237.3	0.9			540.9	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Horizon	MGD		1376.93	0.3828			540.9	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Horizon	Indemnity		1376.93	0.3828			540.9	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Horizon	Medicare Blue		1079.1	0.3			540.9	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Horizon	PPO		1376.93	0.3828			540.9	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Managed Care Inc	Managed Care Inc		3237.3	0.9			540.9	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Multiplan	Multiplan		2877.6	0.8			540.9	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Qualcare	Qualcare		2697.75	0.75			540.9	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Three Rivers	Three Rivers		3417.15	0.95			540.9	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		UHC	Medicaid		1131.62	0.3146			540.9	3417.15	percent of total billed charges	
INJECTION FOR GALACTOGRAM	19030	CPT	outpatient			3597		Wellcare	Medicaid		1131.62	0.3146			540.9	3417.15	percent of total billed charges	
STEREO BX W/CLIP 1ST LESION RIGHT	19081	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93	1.592			1058	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO BX W/CLIP 1ST LESION RIGHT	19081	CPT	outpatient			5464		2132.36 Aetna	Better Health		1718.97	0.3146			1058	5190.8	percent of total billed charges	
STEREO BX W/CLIP 1ST LESION RIGHT	19081	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23	1			1058	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO BX W/CLIP 1ST LESION RIGHT	19081	CPT	outpatient			5464		2132.36 Americare	Americare		4098	0.75			1058	5190.8	percent of total billed charges	
STEREO BX W/CLIP 1ST LESION RIGHT	19081	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1752.85	0.3208			1058	5190.8	percent of total billed charges	
STEREO BX W/CLIP 1ST LESION RIGHT	19081	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23	1			1058	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO BX W/CLIP 1ST LESION RIGHT	19081	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	0.95			1058	5190.8	percent of total billed charges	
STEREO BX W/CLIP 1ST LESION RIGHT	19081	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	0.8			1058	5190.8	percent of total billed charges	
STEREO BX W/CLIP 1ST LESION RIGHT	19081	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	0.7			1058	5190.8	percent of total billed charges	
STEREO BX W/CLIP 1ST LESION RIGHT	19081	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	0.9			1058	5190.8	percent of total billed charges	
STEREO BX W/CLIP 1ST LESION RIGHT	19081	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23	1			1058	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO BX W/CLIP 1ST LESION RIGHT	19081	CPT	outpatient			5464		2132.36 Horizon	PPO		3387.68	1.827			1058	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO BX W/CLIP 1ST LESION RIGHT	19081	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3387.68	1.827			1058	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO BX W/CLIP 1ST LESION RIGHT	19081	CPT	outpatient			5464		2132.36 Horizon	MGD		3387.68	1.827			1058	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO BX W/CLIP 1ST LESION RIGHT	19081	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	0.9			1058	5190.8	percent of total billed charges	
STEREO BX W/CLIP 1ST LESION RIGHT	19081	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	0.8			1058	5190.8	percent of total billed charges	
STEREO BX W/CLIP 1ST LESION RIGHT	19081	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	0.75			1058	5190.8	percent of total billed charges	
STEREO BX W/CLIP 1ST LESION RIGHT	19081	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	0.95			1058	5190.8	percent of total billed charges	
STEREO BX W/CLIP 1ST LESION RIGHT	19081	CPT	outpatient			5464		2132.36 UHC	Medicaid		1718.97	0.3146			1058	5190.8	percent of total billed charges	
STEREO BX W/CLIP 1ST LESION RIGHT	19081	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23	1			1058	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO BX W/CLIP 1ST LESION RIGHT	19081	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23	1			1058	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO BX W/CLIP 1ST LESION RIGHT	19081	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1718.97	0.3146			1058	5190.8	percent of total billed charges	
STEREO BX W/CLIP EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Aetna	Commercial		1277.94	0.38			1008.9	3194.85	percent of total billed charges	
STEREO BX W/CLIP EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Aetna	Medicare		1035.8	0.308			1008.9	3194.85	percent of total billed charges	
STEREO BX W/CLIP EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Aetna	Better Health		1058	0.3146			1008.9	3194.85	percent of total billed charges	
STEREO BX W/CLIP EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Americare	Americare		2522.25	0.75			1008.9	3194.85	percent of total billed charges	
STEREO BX W/CLIP EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		WellPoint	WellPoint		1078.85	0.3208			1008.9	3194.85	percent of total billed charges	
STEREO BX W/CLIP EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Consumer	Consumer		3194.85	0.95			1008.9	3194.85	percent of total billed charges	
STEREO BX W/CLIP EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Corrections	Corrections		2690.4	0.8			1008.9	3194.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
STEREO BX W/CLIP EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		First Health	First Health		2354.1	0.7			1008.9	3194.85	percent of total billed charges	
STEREO BX W/CLIP EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		First Trenton	First Trenton		3026.7	0.9			1008.9	3194.85	percent of total billed charges	
STEREO BX W/CLIP EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Horizon	MGD		1287.36	0.3828			1008.9	3194.85	percent of total billed charges	
STEREO BX W/CLIP EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Horizon	Indemnity		1287.36	0.3828			1008.9	3194.85	percent of total billed charges	
STEREO BX W/CLIP EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Horizon	Medicare Blue		1008.9	0.3			1008.9	3194.85	percent of total billed charges	
STEREO BX W/CLIP EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Horizon	PPO		1287.36	0.3828			1008.9	3194.85	percent of total billed charges	
STEREO BX W/CLIP EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Managed Care Inc	Managed Care Inc		3026.7	0.9			1008.9	3194.85	percent of total billed charges	
STEREO BX W/CLIP EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Multiplan	Multiplan		2690.4	0.8			1008.9	3194.85	percent of total billed charges	
STEREO BX W/CLIP EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Qualcare	Qualcare		2522.25	0.75			1008.9	3194.85	percent of total billed charges	
STEREO BX W/CLIP EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Three Rivers	Three Rivers		3194.85	0.95			1008.9	3194.85	percent of total billed charges	
STEREO BX W/CLIP EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		UHC	Medicaid		1058	0.3146			1008.9	3194.85	percent of total billed charges	
STEREO BX W/CLIP EACH ADD LESION RIGHT	19082	CPT	outpatient			3363		Wellcare	Medicaid		1058	0.3146			1008.9	3194.85	percent of total billed charges	
US GUID BX W/CLIP 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Aetna	Commercial		2951.93	1.592			1058	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID BX W/CLIP 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Aetna	Better Health		1770.57	0.3146			1058	5346.6	percent of total billed charges	
US GUID BX W/CLIP 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Aetna	Medicare		1854.23	1			1058	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID BX W/CLIP 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Americare	Americare		4221	0.75			1058	5346.6	percent of total billed charges	
US GUID BX W/CLIP 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	WellPoint	WellPoint		1805.46	0.3208			1058	5346.6	percent of total billed charges	
US GUID BX W/CLIP 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Amerihealth	Medicare		1854.23	1			1058	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID BX W/CLIP 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Consumer	Consumer		5346.6	0.95			1058	5346.6	percent of total billed charges	
US GUID BX W/CLIP 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Corrections	Corrections		4502.4	0.8			1058	5346.6	percent of total billed charges	
US GUID BX W/CLIP 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	First Health	First Health		3939.6	0.7			1058	5346.6	percent of total billed charges	
US GUID BX W/CLIP 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	First Trenton	First Trenton		5065.2	0.9			1058	5346.6	percent of total billed charges	
US GUID BX W/CLIP 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Horizon	Indemnity		3387.68	1.827			1058	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID BX W/CLIP 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Horizon	Medicare Blue		1854.23	1			1058	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID BX W/CLIP 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Horizon	PPO		3387.68	1.827			1058	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID BX W/CLIP 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Horizon	MGD		3387.68	1.827			1058	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID BX W/CLIP 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Managed Care Inc	Managed Care Inc		5065.2	0.9			1058	5346.6	percent of total billed charges	
US GUID BX W/CLIP 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Multiplan	Multiplan		4502.4	0.8			1058	5346.6	percent of total billed charges	
US GUID BX W/CLIP 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Qualcare	Qualcare		4221	0.75			1058	5346.6	percent of total billed charges	
US GUID BX W/CLIP 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Three Rivers	Three Rivers		5346.6	0.95			1058	5346.6	percent of total billed charges	
US GUID BX W/CLIP 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	UHC	Medicare		1854.23	1			1058	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID BX W/CLIP 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	UHC	Medicaid		1770.57	0.3146			1058	5346.6	percent of total billed charges	
US GUID BX W/CLIP 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Wellcare	Medicare		1854.23	1			1058	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID BX W/CLIP 1ST LESION RIGHT	19083	CPT	both			5628	2132.36	Wellcare	Medicaid		1770.57	0.3146			1058	5346.6	percent of total billed charges	
US GUID BX W/CLIP EACH ADD LESION RIGHT	19084	CPT	both			3363		Aetna	Better Health		1058	0.3146			1008.9	3194.85	percent of total billed charges	
US GUID BX W/CLIP EACH ADD LESION RIGHT	19084	CPT	both			3363		Aetna	Medicare		1035.8	0.308			1008.9	3194.85	percent of total billed charges	
US GUID BX W/CLIP EACH ADD LESION RIGHT	19084	CPT	both			3363		Aetna	Commercial		1277.94	0.38			1008.9	3194.85	percent of total billed charges	
US GUID BX W/CLIP EACH ADD LESION RIGHT	19084	CPT	both			3363		Americare	Americare		2522.25	0.75			1008.9	3194.85	percent of total billed charges	
US GUID BX W/CLIP EACH ADD LESION RIGHT	19084	CPT	both			3363		WellPoint	WellPoint		1078.85	0.3208			1008.9	3194.85	percent of total billed charges	
US GUID BX W/CLIP EACH ADD LESION RIGHT	19084	CPT	both			3363		Consumer	Consumer		3194.85	0.95			1008.9	3194.85	percent of total billed charges	
US GUID BX W/CLIP EACH ADD LESION RIGHT	19084	CPT	both			3363		Corrections	Corrections		2690.4	0.8			1008.9	3194.85	percent of total billed charges	
US GUID BX W/CLIP EACH ADD LESION RIGHT	19084	CPT	both			3363		First Health	First Health		2354.1	0.7			1008.9	3194.85	percent of total billed charges	
US GUID BX W/CLIP EACH ADD LESION RIGHT	19084	CPT	both			3363		First Trenton	First Trenton		3026.7	0.9			1008.9	3194.85	percent of total billed charges	
US GUID BX W/CLIP EACH ADD LESION RIGHT	19084	CPT	both			3363		Horizon	MGD		1287.36	0.3828			1008.9	3194.85	percent of total billed charges	
US GUID BX W/CLIP EACH ADD LESION RIGHT	19084	CPT	both			3363		Horizon	Indemnity		1287.36	0.3828			1008.9	3194.85	percent of total billed charges	
US GUID BX W/CLIP EACH ADD LESION RIGHT	19084	CPT	both			3363		Horizon	Medicare Blue		1008.9	0.3			1008.9	3194.85	percent of total billed charges	
US GUID BX W/CLIP EACH ADD LESION RIGHT	19084	CPT	both			3363		Horizon	PPO		1287.36	0.3828			1008.9	3194.85	percent of total billed charges	
US GUID BX W/CLIP EACH ADD LESION RIGHT	19084	CPT	both			3363		Managed Care Inc	Managed Care Inc		3026.7	0.9			1008.9	3194.85	percent of total billed charges	
US GUID BX W/CLIP EACH ADD LESION RIGHT	19084	CPT	both			3363		Multiplan	Multiplan		2690.4	0.8			1008.9	3194.85	percent of total billed charges	
US GUID BX W/CLIP EACH ADD LESION RIGHT	19084	CPT	both			3363		Qualcare	Qualcare		2522.25	0.75			1008.9	3194.85	percent of total billed charges	
US GUID BX W/CLIP EACH ADD LESION RIGHT	19084	CPT	both			3363		Three Rivers	Three Rivers		3194.85	0.95			1008.9	3194.85	percent of total billed charges	
US GUID BX W/CLIP EACH ADD LESION RIGHT	19084	CPT	both			3363		UHC	Medicaid		1058	0.3146			1008.9	3194.85	percent of total billed charges	
US GUID BX W/CLIP EACH ADD LESION RIGHT	19084	CPT	both			3363		Wellcare	Medicaid		1058	0.3146			1008.9	3194.85	percent of total billed charges	
BX BREAST W/MR GUIDANCE AND CLIP RIGH	19085	CPT	outpatient			6377	2132.36	Aetna	Commercial		2951.93	1.592			1854.23	6058.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/MR GUIDANCE AND CLIP RIGH	19085	CPT	outpatient			6377	2132.36	Aetna	Medicare		1864.12	0.308			1854.23	6058.15	percent of total billed charges	
BX BREAST W/MR GUIDANCE AND CLIP RIGH	19085	CPT	outpatient			6377	2132.36	Aetna	Better Health		2006.2	0.3146			1854.23	6058.15	percent of total billed charges	
BX BREAST W/MR GUIDANCE AND CLIP RIGH	19085	CPT	outpatient			6377	2132.36	Americare	Americare		4782.75	0.75			1854.23	6058.15	percent of total billed charges	
BX BREAST W/MR GUIDANCE AND CLIP RIGH	19085	CPT	outpatient			6377	2132.36	WellPoint	WellPoint		2045.74	0.3208			1854.23	6058.15	percent of total billed charges	
BX BREAST W/MR GUIDANCE AND CLIP RIGH	19085	CPT	outpatient			6377	2132.36	Amerihealth	Medicare		1854.23	1			1854.23	6058.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/MR GUIDANCE AND CLIP RIGH	19085	CPT	outpatient			6377	2132.36	Consumer	Consumer		6058.15	0.95			1854.23	6058.15	percent of total billed charges	
BX BREAST W/MR GUIDANCE AND CLIP RIGH	19085	CPT	outpatient			6377	2132.36	Corrections	Corrections		5101.6	0.8			1854.23	6058.15	percent of total billed charges	
BX BREAST W/MR GUIDANCE AND CLIP RIGH	19085	CPT	outpatient			6377	2132.36	First Health	First Health		4463.9	0.7			1854.23	6058.15	percent of total billed charges	
BX BREAST W/MR GUIDANCE AND CLIP RIGH	19085	CPT	outpatient			6377	2132.36	First Trenton	First Trenton		5739.3	0.9			1854.23	6058.15	percent of total billed charges	
BX BREAST W/MR GUIDANCE AND CLIP RIGH	19085	CPT	outpatient			6377	2132.36	Horizon	Indemnity		3387.68	1.827			1854.23	6058.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/MR GUIDANCE AND CLIP RIGH	19085	CPT	outpatient			6377	2132.36	Horizon	Medicare Blue		1854.23	1			1854.23	6058.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/MR GUIDANCE AND CLIP RIGH	19085	CPT	outpatient			6377	2132.36	Horizon	MGD		3387.68	1.827			1854.23	6058.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/MR GUIDANCE AND CLIP RIGH	19085	CPT	outpatient			6377	2132.36	Horizon	PPO		3387.68	1.827			1854.23	6058.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/MR GUIDANCE AND CLIP RIGH	19085	CPT	outpatient			6377	2132.36	Managed Care Inc	Managed Care Inc		5739.3	0.9			1854.23	6058.15	percent of total billed charges	
BX BREAST W/MR GUIDANCE AND CLIP RIGH	19085	CPT	outpatient			6377	2132.36	Multiplan	Multiplan		5101.6	0.8			1854.23	6058.15	percent of total billed charges	
BX BREAST W/MR GUIDANCE AND CLIP RIGH	19085	CPT	outpatient			6377	2132.36	Qualcare	Qualcare		4782.75	0.75			1854.23	6058.15	percent of total billed charges	
BX BREAST W/MR GUIDANCE AND CLIP RIGH	19085	CPT	outpatient			6377	2132.36	Three Rivers	Three Rivers		6058.15	0.95			1854.23	6058.15	percent of total billed charges	
BX BREAST W/MR GUIDANCE AND CLIP RIGH	19085	CPT	outpatient			6377	2132.36	UHC	Medicare		1854.23	1			1854.23	6058.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/MR GUIDANCE AND CLIP RIGH	19085	CPT	outpatient			6377	2132.36	UHC	Medicaid		2006.2	0.3146			1854.23	6058.15	percent of total billed charges	
BX BREAST W/MR GUIDANCE AND CLIP RIGH	19085	CPT	outpatient			6377	2132.36	Wellcare	Medicare		1854.23	1			1854.23	6058.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX BREAST W/MR GUIDANCE AND CLIP RIGH	19085	CPT	outpatient			6377	2132.36	Wellcare	Medicaid		2006.2	0.3146			1854.23	6058.15	percent of total billed charges	
BX BREAST W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Aetna	Better Health		1004.2	0.3146			957.6	3032.4	percent of total billed charges	
BX BREAST W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Aetna	Commercial		1212.96	0.38			957.6	3032.4	percent of total billed charges	
BX BREAST W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Aetna	Medicare		983.14	0.308			957.6	3032.4	percent of total billed charges	
BX BREAST W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Americare	Americare		2394	0.75			957.6	3032.4	percent of total billed charges	
BX BREAST W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		WellPoint	WellPoint		1023.99	0.3208			957.6	3032.4	percent of total billed charges	
BX BREAST W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Consumer	Consumer		3032.4	0.95			957.6	3032.4	percent of total billed charges	
BX BREAST W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Corrections	Corrections		2553.6	0.8			957.6	3032.4	percent of total billed charges	
BX BREAST W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		First Health	First Health		2234.4	0.7			957.6	3032.4	percent of total billed charges	
BX BREAST W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		First Trenton	First Trenton		2872.8	0.9			957.6	3032.4	percent of total billed charges	
BX BREAST W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Horizon	MGD		1221.9	0.3828			957.6	3032.4	percent of total billed charges	
BX BREAST W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Horizon	Indemnity		1221.9	0.3828			957.6	3032.4	percent of total billed charges	
BX BREAST W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Horizon	Medicare Blue		957.6	0.3			957.6	3032.4	percent of total billed charges	
BX BREAST W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Horizon	PPO		1221.9	0.3828			957.6	3032.4	percent of total billed charges	
BX BREAST W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Managed Care Inc	Managed Care Inc		2872.8	0.9			957.6	3032.4	percent of total billed charges	
BX BREAST W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Multiplan	Multiplan		2553.6	0.8			957.6	3032.4	percent of total billed charges	
BX BREAST W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Qualcare	Qualcare		2394	0.75			957.6	3032.4	percent of total billed charges	
BX BREAST W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Three Rivers	Three Rivers		3032.4	0.95			957.6	3032.4	percent of total billed charges	
BX BREAST W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		UHC	Medicaid		1004.2	0.3146			957.6	3032.4	percent of total billed charges	
BX BREAST W/MR GUIDE R-ADDITIONAL LES	19086	CPT	outpatient			3192		Wellcare	Medicaid		1004.2	0.3146			957.6	3032.4	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Aetna	Better Health		1778.43	0.3146			596.9	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Aetna	Medicare		1741.12	0.308			596.9	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Aetna	Commercial		2951.93	1.592			596.9	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Americare	Americare		4239.75	0.75			596.9	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	WellPoint	WellPoint		1813.48	0.3208			596.9	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Amerihealth	Medicare		1854.23	1			596.9	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Consumer	Consumer		5370.35	0.95			596.9	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Corrections	Corrections		4522.4	0.8			596.9	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	First Health	First Health		3957.1	0.7			596.9	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	First Trenton	First Trenton		5087.7	0.9			596.9	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Horizon	PPO		3387.68	1.827			596.9	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Horizon	Medicare Blue		1854.23	1			596.9	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Horizon	MGD		3387.68	1.827			596.9	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Horizon	Indemnity		3387.68	1.827			596.9	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Managed Care Inc	Managed Care Inc		5087.7	0.9			596.9	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Multiplan	Multiplan		4522.4	0.8			596.9	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Qualcare	Qualcare		4239.75	0.75			596.9	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Three Rivers	Three Rivers		5370.35	0.95			596.9	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	UHC	Medicaid		1778.43	0.3146			596.9	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	UHC	Medicare		1854.23	1			596.9	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Wellcare	Medicaid		1778.43	0.3146			596.9	5370.35	percent of total billed charges	
U/S BREAST NEEDLE BIOPSY RT	19100	CPT	outpatient			5653	2132.36	Wellcare	Medicare		1854.23	1			596.9	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Aetna	Better Health		3940.05	0.3146			2877.65	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Aetna	Commercial		6940.13	1.592			2877.65	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Aetna	Medicare		4359.38	1			2877.65	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Americare	Americare		9393	0.75			2877.65	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	WellPoint	WellPoint		4017.7	0.3208			2877.65	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Amerihealth	Medicare		4359.38	1			2877.65	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Consumer	Consumer		11897.8	0.95			2877.65	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Corrections	Corrections		10019.2	0.8			2877.65	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	First Health	First Health		8766.8	0.7			2877.65	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	First Trenton	First Trenton		11271.6	0.9			2877.65	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Horizon	PPO		7964.59	1.827			2877.65	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Horizon	Indemnity		7964.59	1.827			2877.65	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Horizon	Medicare Blue		4359.38	1			2877.65	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Horizon	MGD		7964.59	1.827			2877.65	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Managed Care Inc	Managed Care Inc		11271.6	0.9			2877.65	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Multiplan	Multiplan		10019.2	0.8			2877.65	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Qualcare	Qualcare		9393	0.75			2877.65	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Three Rivers	Three Rivers		11897.8	0.95			2877.65	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	UHC	Medicaid		3940.05	0.3146			2877.65	11897.8	percent of total billed charges	
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	UHC	Medicare		4359.38	1			2877.65	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Wellcare	Medicare		4359.38	1			2877.65	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BX OPEN	19101	CPT	outpatient			12524	5013.29	Wellcare	Medicaid		3940.05	0.3146			2877.65	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	Aetna	Commercial		6940.13	1.592			3940.05	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	Aetna	Better Health		3940.05	0.3146			3940.05	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	Aetna	Medicare		4359.38	1			3940.05	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	Americare	Americare		9393	0.75			3940.05	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524	5013.29	WellPoint	WellPoint		4017.7	0.3208			3940.05	11897.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524		5013.29 Amerihealth	Medicare		4359.38	1			3940.05	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524		5013.29 Consumer	Consumer		11897.8	0.95			3940.05	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524		5013.29 Corrections	Corrections		10019.2	0.8			3940.05	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524		5013.29 First Health	First Health		8766.8	0.7			3940.05	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524		5013.29 First Trenton	First Trenton		11271.6	0.9			3940.05	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524		5013.29 Horizon	Indemnity		7964.59	1.827			3940.05	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524		5013.29 Horizon	MGD		7964.59	1.827			3940.05	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524		5013.29 Horizon	Medicare Blue		4359.38	1			3940.05	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524		5013.29 Horizon	PPO		7964.59	1.827			3940.05	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524		5013.29 Managed Care Inc	Managed Care Inc		11271.6	0.9			3940.05	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524		5013.29 Multiplan	Multiplan		10019.2	0.8			3940.05	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524		5013.29 Qualcare	Qualcare		9393	0.75			3940.05	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524		5013.29 Three Rivers	Three Rivers		11897.8	0.95			3940.05	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524		5013.29 UHC	Medicare		4359.38	1			3940.05	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524		5013.29 UHC	Medicaid		3940.05	0.3146			3940.05	11897.8	percent of total billed charges	
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524		5013.29 Wellcare	Medicare		4359.38	1			3940.05	11897.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREAST BIOPSY EXCISIONAL	19120	CPT	outpatient			12524		5013.29 Wellcare	Medicaid		3940.05	0.3146			3940.05	11897.8	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER SNG	19125	CPT	outpatient			11526		5013.29 Aetna	Commercial		6940.13	1.592			3626.08	10949.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BREASTLESION BY PREOP MARKER SNG	19125	CPT	outpatient			11526		5013.29 Aetna	Medicare		4359.38	1			3626.08	10949.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BREASTLESION BY PREOP MARKER SNG	19125	CPT	outpatient			11526		5013.29 Aetna	Better Health		3626.08	0.3146			3626.08	10949.7	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER SNG	19125	CPT	outpatient			11526		5013.29 Americare	Americare		8644.5	0.75			3626.08	10949.7	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER SNG	19125	CPT	outpatient			11526		5013.29 WellPoint	WellPoint		3597.54	0.3208			3626.08	10949.7	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER SNG	19125	CPT	outpatient			11526		5013.29 Amerihealth	Medicare		4359.38	1			3626.08	10949.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BREASTLESION BY PREOP MARKER SNG	19125	CPT	outpatient			11526		5013.29 Consumer	Consumer		10949.7	0.95			3626.08	10949.7	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER SNG	19125	CPT	outpatient			11526		5013.29 Corrections	Corrections		9220.8	0.8			3626.08	10949.7	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER SNG	19125	CPT	outpatient			11526		5013.29 First Health	First Health		8068.2	0.7			3626.08	10949.7	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER SNG	19125	CPT	outpatient			11526		5013.29 First Trenton	First Trenton		10373.4	0.9			3626.08	10949.7	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER SNG	19125	CPT	outpatient			11526		5013.29 Horizon	Medicare Blue		4359.38	1			3626.08	10949.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BREASTLESION BY PREOP MARKER SNG	19125	CPT	outpatient			11526		5013.29 Horizon	MGD		7964.59	1.827			3626.08	10949.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BREASTLESION BY PREOP MARKER SNG	19125	CPT	outpatient			11526		5013.29 Horizon	PPO		7964.59	1.827			3626.08	10949.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BREASTLESION BY PREOP MARKER SNG	19125	CPT	outpatient			11526		5013.29 Horizon	Indemnity		7964.59	1.827			3626.08	10949.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BREASTLESION BY PREOP MARKER SNG	19125	CPT	outpatient			11526		5013.29 Managed Care Inc	Managed Care Inc		10373.4	0.9			3626.08	10949.7	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER SNG	19125	CPT	outpatient			11526		5013.29 Multiplan	Multiplan		9220.8	0.8			3626.08	10949.7	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER SNG	19125	CPT	outpatient			11526		5013.29 Qualcare	Qualcare		8644.5	0.75			3626.08	10949.7	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER SNG	19125	CPT	outpatient			11526		5013.29 Three Rivers	Three Rivers		10949.7	0.95			3626.08	10949.7	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER SNG	19125	CPT	outpatient			11526		5013.29 UHC	Medicaid		3626.08	0.3146			3626.08	10949.7	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER SNG	19125	CPT	outpatient			11526		5013.29 UHC	Medicare		4359.38	1			3626.08	10949.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BREASTLESION BY PREOP MARKER SNG	19125	CPT	outpatient			11526		5013.29 Wellcare	Medicare		4359.38	1			3626.08	10949.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BREASTLESION BY PREOP MARKER SNG	19125	CPT	outpatient			11526		5013.29 Wellcare	Medicaid		3626.08	0.3146			3626.08	10949.7	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER EACH	19126	CPT	outpatient			6796		Aetna	Commercial		2582.48	0.38			2038.8	6456.2	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER EACH	19126	CPT	outpatient			6796		Aetna	Medicare		2093.17	0.308			2038.8	6456.2	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER EACH	19126	CPT	outpatient			6796		Aetna	Better Health		2138.02	0.3146			2038.8	6456.2	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER EACH	19126	CPT	outpatient			6796		Americare	Americare		5097	0.75			2038.8	6456.2	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER EACH	19126	CPT	outpatient			6796		WellPoint	WellPoint		2180.16	0.3208			2038.8	6456.2	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER EACH	19126	CPT	outpatient			6796		Consumer	Consumer		6456.2	0.95			2038.8	6456.2	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER EACH	19126	CPT	outpatient			6796		Corrections	Corrections		5436.8	0.8			2038.8	6456.2	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER EACH	19126	CPT	outpatient			6796		First Health	First Health		4757.2	0.7			2038.8	6456.2	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER EACH	19126	CPT	outpatient			6796		First Trenton	First Trenton		6116.4	0.9			2038.8	6456.2	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER EACH	19126	CPT	outpatient			6796		Horizon	Indemnity		2601.51	0.3828			2038.8	6456.2	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER EACH	19126	CPT	outpatient			6796		Horizon	Medicare Blue		2038.8	0.3			2038.8	6456.2	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER EACH	19126	CPT	outpatient			6796		Horizon	MGD		2601.51	0.3828			2038.8	6456.2	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER EACH	19126	CPT	outpatient			6796		Horizon	PPO		2601.51	0.3828			2038.8	6456.2	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER EACH	19126	CPT	outpatient			6796		Managed Care Inc	Managed Care Inc		6116.4	0.9			2038.8	6456.2	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER EACH	19126	CPT	outpatient			6796		Multiplan	Multiplan		5436.8	0.8			2038.8	6456.2	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER EACH	19126	CPT	outpatient			6796		Qualcare	Qualcare		5097	0.75			2038.8	6456.2	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER EACH	19126	CPT	outpatient			6796		Three Rivers	Three Rivers		6456.2	0.95			2038.8	6456.2	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER EACH	19126	CPT	outpatient			6796		UHC	Medicaid		2138.02	0.3146			2038.8	6456.2	percent of total billed charges	
EXC BREASTLESION BY PREOP MARKER EACH	19126	CPT	outpatient			6796		Wellcare	Medicaid		2138.02	0.3146			2038.8	6456.2	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464		2132.36 Aetna	Medicare		1854.23	1			746.86	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464		2132.36 Aetna	Commercial		2951.93	1.592			746.86	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464		2132.36 Aetna	Better Health		1718.97	0.3146			746.86	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464		2132.36 Americare	Americare		4098	0.75			746.86	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464		2132.36 WellPoint	WellPoint		1752.85	0.3208			746.86	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464		2132.36 Amerihealth	Medicare		1854.23	1			746.86	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464		2132.36 Consumer	Consumer		5190.8	0.95			746.86	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464		2132.36 Corrections	Corrections		4371.2	0.8			746.86	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464		2132.36 First Health	First Health		3824.8	0.7			746.86	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464		2132.36 First Trenton	First Trenton		4917.6	0.9			746.86	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464		2132.36 Horizon	PPO		3387.68	1.827			746.86	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464		2132.36 Horizon	Indemnity		3387.68	1.827			746.86	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464		2132.36 Horizon	MGD		3387.68	1.827			746.86	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464		2132.36 Horizon	Medicare Blue		1854.23	1			746.86	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	0.9			746.86	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464		2132.36 Multiplan	Multiplan		4371.2	0.8			746.86	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464		2132.36 Qualcare	Qualcare		4098	0.75			746.86	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464		2132.36 Three Rivers	Three Rivers		5190.8	0.95			746.86	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464		2132.36 UHC	Medicaid		1718.97	0.3146			746.86	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464		2132.36 UHC	Medicare		1854.23	1			746.86	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464		2132.36 Wellcare	Medicare		1854.23	1			746.86	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAMMO GUID NEEDLE LOC 1ST LESION RIGHT	19281	CPT	both			5464		2132.36 Wellcare	Medicaid		1718.97	0.3146			746.86	5190.8	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Aetna	Better Health		150.06	0.3146			143.1	453.15	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Aetna	Medicare		146.92	0.308			143.1	453.15	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Aetna	Commercial		181.26	0.38			143.1	453.15	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Americare	Americare		357.75	0.75			143.1	453.15	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		WellPoint	WellPoint		153.02	0.3208			143.1	453.15	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Consumer	Consumer		453.15	0.95			143.1	453.15	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Corrections	Corrections		381.6	0.8			143.1	453.15	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		First Health	First Health		333.9	0.7			143.1	453.15	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		First Trenton	First Trenton		429.3	0.9			143.1	453.15	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Horizon	Medicare Blue		143.1	0.3			143.1	453.15	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Horizon	Indemnity		182.6	0.3828			143.1	453.15	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Horizon	MGD		182.6	0.3828			143.1	453.15	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Horizon	PPO		182.6	0.3828			143.1	453.15	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Managed Care Inc	Managed Care Inc		429.3	0.9			143.1	453.15	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Multiplan	Multiplan		381.6	0.8			143.1	453.15	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Qualcare	Qualcare		357.75	0.75			143.1	453.15	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Three Rivers	Three Rivers		453.15	0.95			143.1	453.15	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		UHC	Medicaid		150.06	0.3146			143.1	453.15	percent of total billed charges	
MAMMO GUID NEEDLE LOC EACH ADD LESION R	19282	CPT	outpatient			477		Wellcare	Medicaid		150.06	0.3146			143.1	453.15	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374		925.36 Aetna	Medicare		804.66	1			744.03	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374		925.36 Aetna	Better Health		746.86	0.3146			744.03	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374		925.36 Aetna	Commercial		1281.02	1.592			744.03	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374		925.36 Americare	Americare		1780.5	0.75			744.03	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374		925.36 WellPoint	WellPoint		761.58	0.3208			744.03	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374		925.36 Amerihealth	Medicare		804.66	1			744.03	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374		925.36 Consumer	Consumer		2255.3	0.95			744.03	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374		925.36 Corrections	Corrections		1899.2	0.8			744.03	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374		925.36 First Health	First Health		1661.8	0.7			744.03	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374		925.36 First Trenton	First Trenton		2136.6	0.9			744.03	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374		925.36 Horizon	Medicare Blue		804.66	1			744.03	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374		925.36 Horizon	Indemnity		1470.11	1.827			744.03	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374		925.36 Horizon	MGD		1470.11	1.827			744.03	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374		925.36 Horizon	PPO		1470.11	1.827			744.03	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374		925.36 Managed Care Inc	Managed Care Inc		2136.6	0.9			744.03	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374		925.36 Multiplan	Multiplan		1899.2	0.8			744.03	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374		925.36 Qualcare	Qualcare		1780.5	0.75			744.03	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374		925.36 Three Rivers	Three Rivers		2255.3	0.95			744.03	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374		925.36 UHC	Medicare		804.66	1			744.03	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374		925.36 UHC	Medicaid		746.86	0.3146			744.03	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374		925.36 Wellcare	Medicare		804.66	1			744.03	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO GUID NEEDLE LOC 1ST LESION RIGHT	19283	CPT	outpatient			2374		925.36 Wellcare	Medicaid		746.86	0.3146			744.03	2255.3	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Aetna	Better Health		150.06	0.3146			143.1	453.15	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Aetna	Medicare		146.92	0.308			143.1	453.15	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Aetna	Commercial		181.26	0.38			143.1	453.15	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Americare	Americare		357.75	0.75			143.1	453.15	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		WellPoint	WellPoint		153.02	0.3208			143.1	453.15	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Consumer	Consumer		453.15	0.95			143.1	453.15	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Corrections	Corrections		381.6	0.8			143.1	453.15	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		First Health	First Health		333.9	0.7			143.1	453.15	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		First Trenton	First Trenton		429.3	0.9			143.1	453.15	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Horizon	Medicare Blue		143.1	0.3			143.1	453.15	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Horizon	MGD		182.6	0.3828			143.1	453.15	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Horizon	Indemnity		182.6	0.3828			143.1	453.15	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Horizon	PPO		182.6	0.3828			143.1	453.15	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Managed Care Inc	Managed Care Inc		429.3	0.9			143.1	453.15	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Multiplan	Multiplan		381.6	0.8			143.1	453.15	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Qualcare	Qualcare		357.75	0.75			143.1	453.15	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Three Rivers	Three Rivers		453.15	0.95			143.1	453.15	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		UHC	Medicaid		150.06	0.3146			143.1	453.15	percent of total billed charges	
STEREO GUID NEEDLE LOC ADD LESION RIGHT	19284	CPT	outpatient			477		Wellcare	Medicaid		150.06	0.3146			143.1	453.15	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374		925.36 Aetna	Medicare		731.19	0.308			728.42	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374		925.36 Aetna	Commercial		1281.02	1.592			728.42	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374		925.36 Aetna	Better Health		746.86	0.3146			728.42	2255.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Americare	Americare		1780.5	0.75			728.42	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	WellPoint	WellPoint		761.58	0.3208			728.42	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Amerihealth	Medicare		804.66	1			728.42	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Consumer	Consumer		2255.3	0.95			728.42	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Corrections	Corrections		1899.2	0.8			728.42	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	First Health	First Health		1661.8	0.7			728.42	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	First Trenton	First Trenton		2136.6	0.9			728.42	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Horizon	PPO		1470.11	1.827			728.42	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Horizon	MGD		1470.11	1.827			728.42	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Horizon	Indemnity		1470.11	1.827			728.42	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Horizon	Medicare Blue		804.66	1			728.42	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Managed Care Inc	Managed Care Inc		2136.6	0.9			728.42	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Multiplan	Multiplan		1899.2	0.8			728.42	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Qualcare	Qualcare		1780.5	0.75			728.42	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Three Rivers	Three Rivers		2255.3	0.95			728.42	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	UHC	Medicare		804.66	1			728.42	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	UHC	Medicaid		746.86	0.3146			728.42	2255.3	percent of total billed charges	
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Wellcare	Medicare		804.66	1			728.42	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID NEEDLE LOC 1ST LESION RIGHT	19285	CPT	outpatient			2374	925.36	Wellcare	Medicaid		746.86	0.3146			728.42	2255.3	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Aetna	Better Health		150.06	0.3146			143.1	453.15	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Aetna	Commercial		181.26	0.38			143.1	453.15	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Aetna	Medicare		146.92	0.308			143.1	453.15	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Americare	Americare		357.75	0.75			143.1	453.15	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		WellPoint	WellPoint		153.02	0.3208			143.1	453.15	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Consumer	Consumer		453.15	0.95			143.1	453.15	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Corrections	Corrections		381.6	0.8			143.1	453.15	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		First Health	First Health		333.9	0.7			143.1	453.15	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		First Trenton	First Trenton		429.3	0.9			143.1	453.15	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Horizon	Indemnity		182.6	0.3828			143.1	453.15	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Horizon	MGD		182.6	0.3828			143.1	453.15	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Horizon	Medicare Blue		143.1	0.3			143.1	453.15	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Horizon	PPO		182.6	0.3828			143.1	453.15	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Managed Care Inc	Managed Care Inc		429.3	0.9			143.1	453.15	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Multiplan	Multiplan		381.6	0.8			143.1	453.15	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Qualcare	Qualcare		357.75	0.75			143.1	453.15	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Three Rivers	Three Rivers		453.15	0.95			143.1	453.15	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		UHC	Medicaid		150.06	0.3146			143.1	453.15	percent of total billed charges	
US GUID NEEDLE LOC ADD LESION RIGHT	19286	CPT	outpatient			477		Wellcare	Medicaid		150.06	0.3146			143.1	453.15	percent of total billed charges	
UNLISTED PROC BREAST RT	19499	CPT	outpatient			12812	5013.29	Aetna	Commercial		6940.13	1.592			2565.88	12171.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC BREAST RT	19499	CPT	outpatient			12812	5013.29	Aetna	Better Health		4030.66	0.3146			2565.88	12171.4	percent of total billed charges	
UNLISTED PROC BREAST RT	19499	CPT	outpatient			12812	5013.29	Aetna	Medicare		4359.38	1			2565.88	12171.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC BREAST RT	19499	CPT	outpatient			12812	5013.29	Americare	Americare		9609	0.75			2565.88	12171.4	percent of total billed charges	
UNLISTED PROC BREAST RT	19499	CPT	outpatient			12812	5013.29	WellPoint	WellPoint		4110.09	0.3208			2565.88	12171.4	percent of total billed charges	
UNLISTED PROC BREAST RT	19499	CPT	outpatient			12812	5013.29	Amerihealth	Medicare		4359.38	1			2565.88	12171.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC BREAST RT	19499	CPT	outpatient			12812	5013.29	Consumer	Consumer		12171.4	0.95			2565.88	12171.4	percent of total billed charges	
UNLISTED PROC BREAST RT	19499	CPT	outpatient			12812	5013.29	Corrections	Corrections		10249.6	0.8			2565.88	12171.4	percent of total billed charges	
UNLISTED PROC BREAST RT	19499	CPT	outpatient			12812	5013.29	First Health	First Health		8968.4	0.7			2565.88	12171.4	percent of total billed charges	
UNLISTED PROC BREAST RT	19499	CPT	outpatient			12812	5013.29	First Trenton	First Trenton		11530.8	0.9			2565.88	12171.4	percent of total billed charges	
UNLISTED PROC BREAST RT	19499	CPT	outpatient			12812	5013.29	Horizon	MGD		7964.59	1.827			2565.88	12171.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC BREAST RT	19499	CPT	outpatient			12812	5013.29	Horizon	Medicare Blue		4359.38	1			2565.88	12171.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC BREAST RT	19499	CPT	outpatient			12812	5013.29	Horizon	PPO		7964.59	1.827			2565.88	12171.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC BREAST RT	19499	CPT	outpatient			12812	5013.29	Horizon	Indemnity		7964.59	1.827			2565.88	12171.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC BREAST RT	19499	CPT	outpatient			12812	5013.29	Managed Care Inc	Managed Care Inc		11530.8	0.9			2565.88	12171.4	percent of total billed charges	
UNLISTED PROC BREAST RT	19499	CPT	outpatient			12812	5013.29	Multiplan	Multiplan		10249.6	0.8			2565.88	12171.4	percent of total billed charges	
UNLISTED PROC BREAST RT	19499	CPT	outpatient			12812	5013.29	Qualcare	Qualcare		9609	0.75			2565.88	12171.4	percent of total billed charges	
UNLISTED PROC BREAST RT	19499	CPT	outpatient			12812	5013.29	Three Rivers	Three Rivers		12171.4	0.95			2565.88	12171.4	percent of total billed charges	
UNLISTED PROC BREAST RT	19499	CPT	outpatient			12812	5013.29	UHC	Medicaid		4030.66	0.3146			2565.88	12171.4	percent of total billed charges	
UNLISTED PROC BREAST RT	19499	CPT	outpatient			12812	5013.29	UHC	Medicare		4359.38	1			2565.88	12171.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC BREAST RT	19499	CPT	outpatient			12812	5013.29	Wellcare	Medicaid		4030.66	0.3146			2565.88	12171.4	percent of total billed charges	
UNLISTED PROC BREAST RT	19499	CPT	outpatient			12812	5013.29	Wellcare	Medicare		4359.38	1			2565.88	12171.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND NECK	20100	CPT	outpatient			1913	723.64	Aetna	Better Health		601.83	0.3146			601.83	1817.35	percent of total billed charges	
EXPLORE WOUND NECK	20100	CPT	outpatient			1913	723.64	Aetna	Commercial		1001.77	1.592			601.83	1817.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND NECK	20100	CPT	outpatient			1913	723.64	Aetna	Medicare		629.25	1			601.83	1817.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND NECK	20100	CPT	outpatient			1913	723.64	Americare	Americare		1434.75	0.75			601.83	1817.35	percent of total billed charges	
EXPLORE WOUND NECK	20100	CPT	outpatient			1913	723.64	WellPoint	WellPoint		613.69	0.3208			601.83	1817.35	percent of total billed charges	
EXPLORE WOUND NECK	20100	CPT	outpatient			1913	723.64	Amerihealth	Medicare		629.25	1			601.83	1817.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND NECK	20100	CPT	outpatient			1913	723.64	Consumer	Consumer		1817.35	0.95			601.83	1817.35	percent of total billed charges	
EXPLORE WOUND NECK	20100	CPT	outpatient			1913	723.64	Corrections	Corrections		1530.4	0.8			601.83	1817.35	percent of total billed charges	
EXPLORE WOUND NECK	20100	CPT	outpatient			1913	723.64	First Health	First Health		1339.1	0.7			601.83	1817.35	percent of total billed charges	
EXPLORE WOUND NECK	20100	CPT	outpatient			1913	723.64	First Trenton	First Trenton		1721.7	0.9			601.83	1817.35	percent of total billed charges	
EXPLORE WOUND NECK	20100	CPT	outpatient			1913	723.64	Horizon	Medicare Blue		629.25	1			601.83	1817.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND NECK	20100	CPT	outpatient			1913	723.64	Horizon	PPO		1149.64	1.827			601.83	1817.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND NECK	20100	CPT	outpatient			1913	723.64	Horizon	MGD		1149.64	1.827			601.83	1817.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND NECK	20100	CPT	outpatient			1913	723.64	Horizon	Indemnity		1149.64	1.827			601.83	1817.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND NECK	20100	CPT	outpatient			1913	723.64	Managed Care Inc	Managed Care Inc		1721.7	0.9			601.83	1817.35	percent of total billed charges	
EXPLORE WOUND NECK	20100	CPT	outpatient			1913	723.64	Multiplan	Multiplan		1530.4	0.8			601.83	1817.35	percent of total billed charges	
EXPLORE WOUND NECK	20100	CPT	outpatient			1913	723.64	Qualcare	Qualcare		1434.75	0.75			601.83	1817.35	percent of total billed charges	
EXPLORE WOUND NECK	20100	CPT	outpatient			1913	723.64	Three Rivers	Three Rivers		1817.35	0.95			601.83	1817.35	percent of total billed charges	
EXPLORE WOUND NECK	20100	CPT	outpatient			1913	723.64	UHC	Medicaid		601.83	0.3146			601.83	1817.35	percent of total billed charges	
EXPLORE WOUND NECK	20100	CPT	outpatient			1913	723.64	UHC	Medicare		629.25	1			601.83	1817.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND NECK	20100	CPT	outpatient			1913	723.64	Wellcare	Medicaid		601.83	0.3146			601.83	1817.35	percent of total billed charges	
EXPLORE WOUND NECK	20100	CPT	outpatient			1913	723.64	Wellcare	Medicare		629.25	1			601.83	1817.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND CHEST	20101	CPT	outpatient			4750	2398.47	Aetna	Better Health		1494.35	0.3146			1494.35	4512.5	percent of total billed charges	
EXPLORE WOUND CHEST	20101	CPT	outpatient			4750	2398.47	Aetna	Commercial		3320.32	1.592			1494.35	4512.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND CHEST	20101	CPT	outpatient			4750	2398.47	Aetna	Medicare		2085.63	1			1494.35	4512.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND CHEST	20101	CPT	outpatient			4750	2398.47	Americare	Americare		3562.5	0.75			1494.35	4512.5	percent of total billed charges	
EXPLORE WOUND CHEST	20101	CPT	outpatient			4750	2398.47	WellPoint	WellPoint		1523.8	0.3208			1494.35	4512.5	percent of total billed charges	
EXPLORE WOUND CHEST	20101	CPT	outpatient			4750	2398.47	Amerihealth	Medicare		2085.63	1			1494.35	4512.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND CHEST	20101	CPT	outpatient			4750	2398.47	Consumer	Consumer		4512.5	0.95			1494.35	4512.5	percent of total billed charges	
EXPLORE WOUND CHEST	20101	CPT	outpatient			4750	2398.47	Corrections	Corrections		3800	0.8			1494.35	4512.5	percent of total billed charges	
EXPLORE WOUND CHEST	20101	CPT	outpatient			4750	2398.47	First Health	First Health		3325	0.7			1494.35	4512.5	percent of total billed charges	
EXPLORE WOUND CHEST	20101	CPT	outpatient			4750	2398.47	First Trenton	First Trenton		4275	0.9			1494.35	4512.5	percent of total billed charges	
EXPLORE WOUND CHEST	20101	CPT	outpatient			4750	2398.47	Horizon	PPO		3810.45	1.827			1494.35	4512.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND CHEST	20101	CPT	outpatient			4750	2398.47	Horizon	Medicare Blue		2085.63	1			1494.35	4512.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND CHEST	20101	CPT	outpatient			4750	2398.47	Horizon	MGD		3810.45	1.827			1494.35	4512.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND CHEST	20101	CPT	outpatient			4750	2398.47	Horizon	Indemnity		3810.45	1.827			1494.35	4512.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND CHEST	20101	CPT	outpatient			4750	2398.47	Managed Care Inc	Managed Care Inc		4275	0.9			1494.35	4512.5	percent of total billed charges	
EXPLORE WOUND CHEST	20101	CPT	outpatient			4750	2398.47	Multiplan	Multiplan		3800	0.8			1494.35	4512.5	percent of total billed charges	
EXPLORE WOUND CHEST	20101	CPT	outpatient			4750	2398.47	Qualcare	Qualcare		3562.5	0.75			1494.35	4512.5	percent of total billed charges	
EXPLORE WOUND CHEST	20101	CPT	outpatient			4750	2398.47	Three Rivers	Three Rivers		4512.5	0.95			1494.35	4512.5	percent of total billed charges	
EXPLORE WOUND CHEST	20101	CPT	outpatient			4750	2398.47	UHC	Medicaid		1494.35	0.3146			1494.35	4512.5	percent of total billed charges	
EXPLORE WOUND CHEST	20101	CPT	outpatient			4750	2398.47	UHC	Medicare		2085.63	1			1494.35	4512.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND CHEST	20101	CPT	outpatient			4750	2398.47	Wellcare	Medicare		2085.63	1			1494.35	4512.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND CHEST	20101	CPT	outpatient			4750	2398.47	Wellcare	Medicaid		1494.35	0.3146			1494.35	4512.5	percent of total billed charges	
EXPLORE WOUND ABDOMEN	20102	CPT	outpatient			6120	2398.47	Aetna	Commercial		3320.32	1.592			1925.35	5814	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND ABDOMEN	20102	CPT	outpatient			6120	2398.47	Aetna	Better Health		1925.35	0.3146			1925.35	5814	percent of total billed charges	
EXPLORE WOUND ABDOMEN	20102	CPT	outpatient			6120	2398.47	Aetna	Medicare		2085.63	1			1925.35	5814	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND ABDOMEN	20102	CPT	outpatient			6120	2398.47	Americare	Americare		4590	0.75			1925.35	5814	percent of total billed charges	
EXPLORE WOUND ABDOMEN	20102	CPT	outpatient			6120	2398.47	WellPoint	WellPoint		1963.3	0.3208			1925.35	5814	percent of total billed charges	
EXPLORE WOUND ABDOMEN	20102	CPT	outpatient			6120	2398.47	Amerihealth	Medicare		2085.63	1			1925.35	5814	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND ABDOMEN	20102	CPT	outpatient			6120	2398.47	Consumer	Consumer		5814	0.95			1925.35	5814	percent of total billed charges	
EXPLORE WOUND ABDOMEN	20102	CPT	outpatient			6120	2398.47	Corrections	Corrections		4896	0.8			1925.35	5814	percent of total billed charges	
EXPLORE WOUND ABDOMEN	20102	CPT	outpatient			6120	2398.47	First Health	First Health		4284	0.7			1925.35	5814	percent of total billed charges	
EXPLORE WOUND ABDOMEN	20102	CPT	outpatient			6120	2398.47	First Trenton	First Trenton		5508	0.9			1925.35	5814	percent of total billed charges	
EXPLORE WOUND ABDOMEN	20102	CPT	outpatient			6120	2398.47	Horizon	Medicare Blue		2085.63	1			1925.35	5814	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND ABDOMEN	20102	CPT	outpatient			6120	2398.47	Horizon	MGD		3810.45	1.827			1925.35	5814	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND ABDOMEN	20102	CPT	outpatient			6120	2398.47	Horizon	PPO		3810.45	1.827			1925.35	5814	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND ABDOMEN	20102	CPT	outpatient			6120	2398.47	Horizon	Indemnity		3810.45	1.827			1925.35	5814	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND ABDOMEN	20102	CPT	outpatient			6120	2398.47	Managed Care Inc	Managed Care Inc		5508	0.9			1925.35	5814	percent of total billed charges	
EXPLORE WOUND ABDOMEN	20102	CPT	outpatient			6120	2398.47	Multiplan	Multiplan		4896	0.8			1925.35	5814	percent of total billed charges	
EXPLORE WOUND ABDOMEN	20102	CPT	outpatient			6120	2398.47	Qualcare	Qualcare		4590	0.75			1925.35	5814	percent of total billed charges	
EXPLORE WOUND ABDOMEN	20102	CPT	outpatient			6120	2398.47	Three Rivers	Three Rivers		5814	0.95			1925.35	5814	percent of total billed charges	
EXPLORE WOUND ABDOMEN	20102	CPT	outpatient			6120	2398.47	UHC	Medicaid		1925.35	0.3146			1925.35	5814	percent of total billed charges	
EXPLORE WOUND ABDOMEN	20102	CPT	outpatient			6120	2398.47	UHC	Medicare		2085.63	1			1925.35	5814	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND ABDOMEN	20102	CPT	outpatient			6120	2398.47	Wellcare	Medicare		2085.63	1			1925.35	5814	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND ABDOMEN	20102	CPT	outpatient			6120	2398.47	Wellcare	Medicaid		1925.35	0.3146			1925.35	5814	percent of total billed charges	
EXPLORE WOUND EXTREMITY	20103	CPT	outpatient			5464	2132.36	Aetna	Better Health		1718.97	0.3146			732.39	5190.8	percent of total billed charges	
EXPLORE WOUND EXTREMITY	20103	CPT	outpatient			5464	2132.36	Aetna	Commercial		2951.93	1.592			732.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND EXTREMITY	20103	CPT	outpatient			5464	2132.36	Aetna	Medicare		1854.23	1			732.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND EXTREMITY	20103	CPT	outpatient			5464	2132.36	Americare	Americare		4098	0.75			732.39	5190.8	percent of total billed charges	
EXPLORE WOUND EXTREMITY	20103	CPT	outpatient			5464	2132.36	WellPoint	WellPoint		1752.85	0.3208			732.39	5190.8	percent of total billed charges	
EXPLORE WOUND EXTREMITY	20103	CPT	outpatient			5464	2132.36	Amerihealth	Medicare		1854.23	1			732.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND EXTREMITY	20103	CPT	outpatient			5464	2132.36	Consumer	Consumer		5190.8	0.95			732.39	5190.8	percent of total billed charges	
EXPLORE WOUND EXTREMITY	20103	CPT	outpatient			5464	2132.36	Corrections	Corrections		4371.2	0.8			732.39	5190.8	percent of total billed charges	
EXPLORE WOUND EXTREMITY	20103	CPT	outpatient			5464	2132.36	First Health	First Health		3824.8	0.7			732.39	5190.8	percent of total billed charges	
EXPLORE WOUND EXTREMITY	20103	CPT	outpatient			5464	2132.36	First Trenton	First Trenton		4917.6	0.9			732.39	5190.8	percent of total billed charges	
EXPLORE WOUND EXTREMITY	20103	CPT	outpatient			5464	2132.36	Horizon	Indemnity		3387.68	1.827			732.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND EXTREMITY	20103	CPT	outpatient			5464	2132.36	Horizon	Medicare Blue		1854.23	1			732.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND EXTREMITY	20103	CPT	outpatient			5464	2132.36	Horizon	MGD		3387.68	1.827			732.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND EXTREMITY	20103	CPT	outpatient			5464	2132.36	Horizon	PPO		3387.68	1.827			732.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND EXTREMITY	20103	CPT	outpatient			5464	2132.36	Managed Care Inc	Managed Care Inc		4917.6	0.9			732.39	5190.8	percent of total billed charges	
EXPLORE WOUND EXTREMITY	20103	CPT	outpatient			5464	2132.36	Multiplan	Multiplan		4371.2	0.8			732.39	5190.8	percent of total billed charges	
EXPLORE WOUND EXTREMITY	20103	CPT	outpatient			5464	2132.36	Qualcare	Qualcare		4098	0.75			732.39	5190.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXPLORE WOUND EXTREMITY	20103	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	0.95			732.39	5190.8	percent of total billed charges	
EXPLORE WOUND EXTREMITY	20103	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23	1			732.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND EXTREMITY	20103	CPT	outpatient			5464		2132.36 UHC	Medicaid		1718.97	0.3146			732.39	5190.8	percent of total billed charges	
EXPLORE WOUND EXTREMITY	20103	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23	1			732.39	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE WOUND EXTREMITY	20103	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1718.97	0.3146			732.39	5190.8	percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93	1.592			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Aetna	Better Health		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Americare	Americare		4098	0.75			1718.97	5190.8	percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1752.85	0.3208			1718.97	5190.8	percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 AmeriHealth	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	0.7			1718.97	5190.8	percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Horizon	MGD		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Horizon	PPO		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	0.75			1718.97	5190.8	percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 UHC	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY	20200	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Aetna	Better Health		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Aetna	Commercial		5173.59	1.592			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Aetna	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Americare	Americare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 WellPoint	WellPoint		3019.69	0.3208			2961.33	8942.35	percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 AmeriHealth	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Consumer	Consumer		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Corrections	Corrections		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 First Health	First Health		6589.1	0.7			2961.33	8942.35	percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 First Trenton	First Trenton		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Horizon	Indemnity		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Horizon	Medicare Blue		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Horizon	PPO		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Horizon	MGD		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Managed Care Inc	Managed Care Inc		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Multiplan	Multiplan		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Qualcare	Qualcare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Three Rivers	Three Rivers		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 UHC	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 UHC	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Wellcare	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLE BIOPSY; DEEP	20205	CPT	outpatient			9413		3737.2 Wellcare	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Aetna	Medicare		1854.23	1			923.35	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Aetna	Better Health		1772.14	0.3146			923.35	5351.35	percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Aetna	Commercial		2951.93	1.592			923.35	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Americare	Americare		4224.75	0.75			923.35	5351.35	percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 WellPoint	WellPoint		1807.07	0.3208			923.35	5351.35	percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 AmeriHealth	Medicare		1854.23	1			923.35	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Consumer	Consumer		5351.35	0.95			923.35	5351.35	percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Corrections	Corrections		4506.4	0.8			923.35	5351.35	percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 First Health	First Health		3943.1	0.7			923.35	5351.35	percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 First Trenton	First Trenton		5069.7	0.9			923.35	5351.35	percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Horizon	MGD		3387.68	1.827			923.35	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Horizon	Medicare Blue		1854.23	1			923.35	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Horizon	Indemnity		3387.68	1.827			923.35	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Horizon	PPO		3387.68	1.827			923.35	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Managed Care Inc	Managed Care Inc		5069.7	0.9			923.35	5351.35	percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Multiplan	Multiplan		4506.4	0.8			923.35	5351.35	percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Qualcare	Qualcare		4224.75	0.75			923.35	5351.35	percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Three Rivers	Three Rivers		5351.35	0.95			923.35	5351.35	percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 UHC	Medicare		1854.23	1			923.35	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 UHC	Medicaid		1772.14	0.3146			923.35	5351.35	percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Wellcare	Medicaid		1772.14	0.3146			923.35	5351.35	percent of total billed charges	
NEEDLE PERC MUSCLE BX	20206	CPT	both			5633		2132.36 Wellcare	Medicare		1854.23	1			923.35	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Aetna	Medicare		1854.23	1			937.19	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Aetna	Better Health		1778.43	0.3146			937.19	5370.35	percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Aetna	Commercial		2951.93	1.592			937.19	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Americare	Americare		4239.75	0.75			937.19	5370.35	percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 WellPoint	WellPoint		1813.48	0.3208			937.19	5370.35	percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 AmeriHealth	Medicare		1854.23	1			937.19	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Consumer	Consumer		5370.35	0.95			937.19	5370.35	percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Corrections	Corrections		4522.4	0.8			937.19	5370.35	percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 First Health	First Health		3957.1	0.7			937.19	5370.35	percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 First Trenton	First Trenton		5087.7	0.9			937.19	5370.35	percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Horizon	Indemnity		3387.68	1.827			937.19	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Horizon	PPO		3387.68	1.827			937.19	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Horizon	MGD		3387.68	1.827			937.19	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Horizon	Medicare Blue		1854.23	1			937.19	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Managed Care Inc	Managed Care Inc		5087.7	0.9			937.19	5370.35	percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Multiplan	Multiplan		4522.4	0.8			937.19	5370.35	percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Qualcare	Qualcare		4239.75	0.75			937.19	5370.35	percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Three Rivers	Three Rivers		5370.35	0.95			937.19	5370.35	percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 UHC	Medicaid		1778.43	0.3146			937.19	5370.35	percent of total billed charges	
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 UHC	Medicare		1854.23	1			937.19	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Wellcare	Medicare		1854.23	1			937.19	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY-VERTEBRAL/FEM	20220	CPT	both			5653		2132.36 Wellcare	Medicaid		1778.43	0.3146			937.19	5370.35	percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Aetna	Commercial		2951.93	1.592			1704.82	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Aetna	Better Health		1920	0.3146			1704.82	5797.85	percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Aetna	Medicare		1854.23	1			1704.82	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Americare	Americare		4577.25	0.75			1704.82	5797.85	percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 WellPoint	WellPoint		1957.84	0.3208			1704.82	5797.85	percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 AmeriHealth	Medicare		1854.23	1			1704.82	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Consumer	Consumer		5797.85	0.95			1704.82	5797.85	percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Corrections	Corrections		4882.4	0.8			1704.82	5797.85	percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 First Health	First Health		4272.1	0.7			1704.82	5797.85	percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 First Trenton	First Trenton		5492.7	0.9			1704.82	5797.85	percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Horizon	PPO		3387.68	1.827			1704.82	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Horizon	MGD		3387.68	1.827			1704.82	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Horizon	Indemnity		3387.68	1.827			1704.82	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Horizon	Medicare Blue		1854.23	1			1704.82	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Managed Care Inc	Managed Care Inc		5492.7	0.9			1704.82	5797.85	percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Multiplan	Multiplan		4882.4	0.8			1704.82	5797.85	percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Qualcare	Qualcare		4577.25	0.75			1704.82	5797.85	percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Three Rivers	Three Rivers		5797.85	0.95			1704.82	5797.85	percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 UHC	Medicare		1854.23	1			1704.82	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 UHC	Medicaid		1920	0.3146			1704.82	5797.85	percent of total billed charges	
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Wellcare	Medicare		1854.23	1			1704.82	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT/BONE BIOPSY - VERTEBRAL/FEM	20225	CPT	both			6103		2132.36 Wellcare	Medicaid		1920	0.3146			1704.82	5797.85	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Aetna	Commercial		5173.59	1.592			2775.4	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Aetna	Better Health		2775.4	0.3146			2775.4	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Aetna	Medicare		3249.74	1			2775.4	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Americare	Americare		6616.5	0.75			2775.4	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 WellPoint	WellPoint		2830.1	0.3208			2775.4	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 AmeriHealth	Medicare		3249.74	1			2775.4	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Consumer	Consumer		8380.9	0.95			2775.4	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Corrections	Corrections		7057.6	0.8			2775.4	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 First Health	First Health		6175.4	0.7			2775.4	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 First Trenton	First Trenton		7939.8	0.9			2775.4	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Horizon	Indemnity		5937.27	1.827			2775.4	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Horizon	MGD		5937.27	1.827			2775.4	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Horizon	Medicare Blue		3249.74	1			2775.4	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Horizon	PPO		5937.27	1.827			2775.4	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Managed Care Inc	Managed Care Inc		7939.8	0.9			2775.4	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Multiplan	Multiplan		7057.6	0.8			2775.4	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Qualcare	Qualcare		6616.5	0.75			2775.4	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Three Rivers	Three Rivers		8380.9	0.95			2775.4	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 UHC	Medicare		3249.74	1			2775.4	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 UHC	Medicaid		2775.4	0.3146			2775.4	8380.9	percent of total billed charges	
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Wellcare	Medicare		3249.74	1			2775.4	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY BONE SUPERFICIAL	20240	CPT	outpatient			8822		3737.2 Wellcare	Medicaid		2775.4	0.3146			2775.4	8380.9	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 Aetna	Commercial		2776.69	1.592			1550.47	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 Aetna	Better Health		1583.7	0.3146			1550.47	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 Aetna	Medicare		1550.47	0.308			1550.47	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 Americare	Americare		3775.5	0.75			1550.47	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 WellPoint	WellPoint		1614.91	0.3208			1550.47	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034		2005.77 AmeriHealth	Medicare		1744.15	1			1550.47	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034	2005.77	Consumer	Consumer		4782.3	0.95			1550.47	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034	2005.77	Corrections	Corrections		4027.2	0.8			1550.47	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034	2005.77	First Health	First Health		3523.8	0.7			1550.47	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034	2005.77	First Trenton	First Trenton		4530.6	0.9			1550.47	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034	2005.77	Horizon	MGD		3186.56	1.827			1550.47	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034	2005.77	Horizon	Medicare Blue		1744.15	1			1550.47	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034	2005.77	Horizon	PPO		3186.56	1.827			1550.47	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034	2005.77	Horizon	Indemnity		3186.56	1.827			1550.47	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034	2005.77	Managed Care Inc	Managed Care Inc		4530.6	0.9			1550.47	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034	2005.77	Multiplan	Multiplan		4027.2	0.8			1550.47	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034	2005.77	Qualcare	Qualcare		3775.5	0.75			1550.47	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034	2005.77	Three Rivers	Three Rivers		4782.3	0.95			1550.47	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034	2005.77	UHC	Medicaid		1583.7	0.3146			1550.47	4782.3	percent of total billed charges	
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034	2005.77	UHC	Medicare		1744.15	1			1550.47	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034	2005.77	Wellcare	Medicare		1744.15	1			1550.47	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUS TRACT INJ; THERAPEUTIC	20500	CPT	outpatient			5034	2005.77	Wellcare	Medicaid		1583.7	0.3146			1550.47	4782.3	percent of total billed charges	
INJECTION SINUS TRACT,DX(SINOGRAM)	20501	CPT	inpatient			2014		Aetna	Better Health		633.6	0.3146			431.7	1913.3	percent of total billed charges	
INJECTION SINUS TRACT,DX(SINOGRAM)	20501	CPT	inpatient			2014		Aetna	Medicare		620.31	0.308			431.7	1913.3	percent of total billed charges	
INJECTION SINUS TRACT,DX(SINOGRAM)	20501	CPT	inpatient			2014		Aetna	Commercial		765.32	0.38			431.7	1913.3	percent of total billed charges	
INJECTION SINUS TRACT,DX(SINOGRAM)	20501	CPT	inpatient			2014		Americare	Americare		1510.5	0.75			431.7	1913.3	percent of total billed charges	
INJECTION SINUS TRACT,DX(SINOGRAM)	20501	CPT	inpatient			2014		WellPoint	WellPoint		646.09	0.3208			431.7	1913.3	percent of total billed charges	
INJECTION SINUS TRACT,DX(SINOGRAM)	20501	CPT	inpatient			2014		Consumer	Consumer		1913.3	0.95			431.7	1913.3	percent of total billed charges	
INJECTION SINUS TRACT,DX(SINOGRAM)	20501	CPT	inpatient			2014		Corrections	Corrections		1611.2	0.8			431.7	1913.3	percent of total billed charges	
INJECTION SINUS TRACT,DX(SINOGRAM)	20501	CPT	inpatient			2014		First Health	First Health		1409.8	0.7			431.7	1913.3	percent of total billed charges	
INJECTION SINUS TRACT,DX(SINOGRAM)	20501	CPT	inpatient			2014		First Trenton	First Trenton		1812.6	0.9			431.7	1913.3	percent of total billed charges	
INJECTION SINUS TRACT,DX(SINOGRAM)	20501	CPT	inpatient			2014		Horizon	MGD		770.96	0.3828			431.7	1913.3	percent of total billed charges	
INJECTION SINUS TRACT,DX(SINOGRAM)	20501	CPT	inpatient			2014		Horizon	Indemnity		770.96	0.3828			431.7	1913.3	percent of total billed charges	
INJECTION SINUS TRACT,DX(SINOGRAM)	20501	CPT	inpatient			2014		Horizon	Medicare Blue		604.2	0.3			431.7	1913.3	percent of total billed charges	
INJECTION SINUS TRACT,DX(SINOGRAM)	20501	CPT	inpatient			2014		Horizon	PPO		770.96	0.3828			431.7	1913.3	percent of total billed charges	
INJECTION SINUS TRACT,DX(SINOGRAM)	20501	CPT	inpatient			2014		Managed Care Inc	Managed Care Inc		1812.6	0.9			431.7	1913.3	percent of total billed charges	
INJECTION SINUS TRACT,DX(SINOGRAM)	20501	CPT	inpatient			2014		Multiplan	Multiplan		1611.2	0.8			431.7	1913.3	percent of total billed charges	
INJECTION SINUS TRACT,DX(SINOGRAM)	20501	CPT	inpatient			2014		Qualcare	Qualcare		1510.5	0.75			431.7	1913.3	percent of total billed charges	
INJECTION SINUS TRACT,DX(SINOGRAM)	20501	CPT	inpatient			2014		Three Rivers	Three Rivers		1913.3	0.95			431.7	1913.3	percent of total billed charges	
INJECTION SINUS TRACT,DX(SINOGRAM)	20501	CPT	inpatient			2014		UHC	Medicaid		633.6	0.3146			431.7	1913.3	percent of total billed charges	
INJECTION SINUS TRACT,DX(SINOGRAM)	20501	CPT	inpatient			2014		Wellcare	Medicaid		633.6	0.3146			431.7	1913.3	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339	2132.36	Aetna	Commercial		2951.93	1.592			1646.93	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339	2132.36	Aetna	Better Health		1679.65	0.3146			1646.93	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339	2132.36	Aetna	Medicare		1854.23	1			1646.93	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339	2132.36	Americare	Americare		4004.25	0.75			1646.93	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339	2132.36	WellPoint	WellPoint		1712.75	0.3208			1646.93	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339	2132.36	Amerihealth	Medicare		1854.23	1			1646.93	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339	2132.36	Consumer	Consumer		5072.05	0.95			1646.93	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339	2132.36	Corrections	Corrections		4271.2	0.8			1646.93	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339	2132.36	First Health	First Health		3737.3	0.7			1646.93	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339	2132.36	First Trenton	First Trenton		4805.1	0.9			1646.93	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339	2132.36	Horizon	Indemnity		3387.68	1.827			1646.93	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339	2132.36	Horizon	Medicare Blue		1854.23	1			1646.93	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339	2132.36	Horizon	PPO		3387.68	1.827			1646.93	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339	2132.36	Horizon	MGD		3387.68	1.827			1646.93	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339	2132.36	Managed Care Inc	Managed Care Inc		4805.1	0.9			1646.93	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339	2132.36	Multiplan	Multiplan		4271.2	0.8			1646.93	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339	2132.36	Qualcare	Qualcare		4004.25	0.75			1646.93	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339	2132.36	Three Rivers	Three Rivers		5072.05	0.95			1646.93	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339	2132.36	UHC	Medicaid		1679.65	0.3146			1646.93	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339	2132.36	UHC	Medicare		1854.23	1			1646.93	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339	2132.36	Wellcare	Medicaid		1679.65	0.3146			1646.93	5072.05	percent of total billed charges	
REMOVAL OF FOREIGN BODY	20520	CPT	outpatient			5339	2132.36	Wellcare	Medicare		1854.23	1			1646.93	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP	20525	CPT	outpatient			8822	3737.2	Aetna	Commercial		5173.59	1.592			2408.87	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP	20525	CPT	outpatient			8822	3737.2	Aetna	Medicare		2717.18	0.308			2408.87	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822	3737.2	Aetna	Better Health		2775.4	0.3146			2408.87	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822	3737.2	Americare	Americare		6616.5	0.75			2408.87	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822	3737.2	WellPoint	WellPoint		2830.1	0.3208			2408.87	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822	3737.2	Amerihealth	Medicare		3249.74	1			2408.87	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP	20525	CPT	outpatient			8822	3737.2	Consumer	Consumer		8380.9	0.95			2408.87	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822	3737.2	Corrections	Corrections		7057.6	0.8			2408.87	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822	3737.2	First Health	First Health		6175.4	0.7			2408.87	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822	3737.2	First Trenton	First Trenton		7939.8	0.9			2408.87	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822	3737.2	Horizon	PPO		5937.27	1.827			2408.87	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP	20525	CPT	outpatient			8822	3737.2	Horizon	Medicare Blue		3249.74	1			2408.87	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP	20525	CPT	outpatient			8822	3737.2	Horizon	MGD		5937.27	1.827			2408.87	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP	20525	CPT	outpatient			8822	3737.2	Horizon	Indemnity		5937.27	1.827			2408.87	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP	20525	CPT	outpatient			8822	3737.2	Managed Care Inc	Managed Care Inc		7939.8	0.9			2408.87	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822	3737.2	Multiplan	Multiplan		7057.6	0.8			2408.87	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822	3737.2	Qualcare	Qualcare		6616.5	0.75			2408.87	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822	3737.2	Three Rivers	Three Rivers		8380.9	0.95			2408.87	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822	3737.2	UHC	Medicaid		2775.4	0.3146			2408.87	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822	3737.2	UHC	Medicare		3249.74	1			2408.87	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP	20525	CPT	outpatient			8822	3737.2	Wellcare	Medicaid		2775.4	0.3146			2408.87	8380.9	percent of total billed charges	
REMOVAL FB DEEP	20525	CPT	outpatient			8822	3737.2	Wellcare	Medicare		3249.74	1			2408.87	8380.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050	389.55	Aetna	Better Health		330.33	0.3146			296.04	997.5	percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050	389.55	Aetna	Commercial		539.27	1.592			296.04	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050	389.55	Aetna	Medicare		338.74	1			296.04	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050	389.55	Americare	Americare		787.5	0.75			296.04	997.5	percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050	389.55	WellPoint	WellPoint		336.84	0.3208			296.04	997.5	percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050	389.55	Amerihealth	Medicare		338.74	1			296.04	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050	389.55	Consumer	Consumer		997.5	0.95			296.04	997.5	percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050	389.55	Corrections	Corrections		840	0.8			296.04	997.5	percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050	389.55	First Health	First Health		735	0.7			296.04	997.5	percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050	389.55	First Trenton	First Trenton		945	0.9			296.04	997.5	percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050	389.55	Horizon	MGD		618.88	1.827			296.04	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050	389.55	Horizon	Indemnity		618.88	1.827			296.04	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050	389.55	Horizon	Medicare Blue		338.74	1			296.04	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050	389.55	Horizon	PPO		618.88	1.827			296.04	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050	389.55	Managed Care Inc	Managed Care Inc		945	0.9			296.04	997.5	percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050	389.55	Multiplan	Multiplan		840	0.8			296.04	997.5	percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050	389.55	Qualcare	Qualcare		787.5	0.75			296.04	997.5	percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050	389.55	Three Rivers	Three Rivers		997.5	0.95			296.04	997.5	percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050	389.55	UHC	Medicaid		330.33	0.3146			296.04	997.5	percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050	389.55	UHC	Medicare		338.74	1			296.04	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050	389.55	Wellcare	Medicaid		330.33	0.3146			296.04	997.5	percent of total billed charges	
THERAPEUTIC INJ. CARPAL TUNNEL	20526	CPT	outpatient			1050	389.55	Wellcare	Medicare		338.74	1			296.04	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974	389.55	Aetna	Commercial		539.27	1.592			306.42	925.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974	389.55	Aetna	Better Health		306.42	0.3146			306.42	925.3	percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974	389.55	Aetna	Medicare		338.74	1			306.42	925.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974	389.55	Americare	Americare		730.5	0.75			306.42	925.3	percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974	389.55	WellPoint	WellPoint		312.46	0.3208			306.42	925.3	percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974	389.55	Amerihealth	Medicare		338.74	1			306.42	925.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974	389.55	Consumer	Consumer		925.3	0.95			306.42	925.3	percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974	389.55	Corrections	Corrections		779.2	0.8			306.42	925.3	percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974	389.55	First Health	First Health		681.8	0.7			306.42	925.3	percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974	389.55	First Trenton	First Trenton		876.6	0.9			306.42	925.3	percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974	389.55	Horizon	Medicare Blue		338.74	1			306.42	925.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974	389.55	Horizon	PPO		618.88	1.827			306.42	925.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974	389.55	Horizon	MGD		618.88	1.827			306.42	925.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974	389.55	Horizon	Indemnity		618.88	1.827			306.42	925.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974	389.55	Managed Care Inc	Managed Care Inc		876.6	0.9			306.42	925.3	percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974	389.55	Multiplan	Multiplan		779.2	0.8			306.42	925.3	percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974	389.55	Qualcare	Qualcare		730.5	0.75			306.42	925.3	percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974	389.55	Three Rivers	Three Rivers		925.3	0.95			306.42	925.3	percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974	389.55	UHC	Medicare		338.74	1			306.42	925.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974	389.55	UHC	Medicaid		306.42	0.3146			306.42	925.3	percent of total billed charges	
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974	389.55	Wellcare	Medicare		338.74	1			306.42	925.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ENZYME PALMAR FASCIAL CORD	20527	CPT	outpatient			974	389.55	Wellcare	Medicaid		306.42	0.3146			306.42	925.3	percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548	389.55	Aetna	Better Health		487	0.3146			306.42	1470.6	percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548	389.55	Aetna	Commercial		539.27	1.592			306.42	1470.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548	389.55	Aetna	Medicare		338.74	1			306.42	1470.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548	389.55	Americare	Americare		1161	0.75			306.42	1470.6	percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548	389.55	WellPoint	WellPoint		496.6	0.3208			306.42	1470.6	percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548	389.55	Amerihealth	Medicare		338.74	1			306.42	1470.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548	389.55	Consumer	Consumer		1470.6	0.95			306.42	1470.6	percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548	389.55	Corrections	Corrections		1238.4	0.8			306.42	1470.6	percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548	389.55	First Health	First Health		1083.6	0.7			306.42	1470.6	percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548	389.55	First Trenton	First Trenton		1393.2	0.9			306.42	1470.6	percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548	389.55	Horizon	MGD		618.88	1.827			306.42	1470.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548	389.55	Horizon	Medicare Blue		338.74	1			306.42	1470.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548	389.55	Horizon	PPO		618.88	1.827			306.42	1470.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548	389.55	Horizon	Indemnity		618.88	1.827			306.42	1470.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548	389.55	Managed Care Inc	Managed Care Inc		1393.2	0.9			306.42	1470.6	percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548	389.55	Multiplan	Multiplan		1238.4	0.8			306.42	1470.6	percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548	389.55	Qualcare	Qualcare		1161	0.75			306.42	1470.6	percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548	389.55	Three Rivers	Three Rivers		1470.6	0.95			306.42	1470.6	percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548	389.55	UHC	Medicaid		487	0.3146			306.42	1470.6	percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548	389.55	UHC	Medicare		338.74	1			306.42	1470.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548	389.55	Wellcare	Medicaid		487	0.3146			306.42	1470.6	percent of total billed charges	
LOCAL ANESTHESIA(NERVE BLOCK)	20550	CPT	outpatient			1548	389.55	Wellcare	Medicare		338.74	1			306.42	1470.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050	389.55	Aetna	Better Health		330.33	0.3146			306.42	997.5	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050	389.55	Aetna	Commercial		539.27	1.592			306.42	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050	389.55	Aetna	Medicare		338.74	1			306.42	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050	389.55	Americare	Americare		787.5	0.75			306.42	997.5	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050	389.55	WellPoint	WellPoint		336.84	0.3208			306.42	997.5	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050	389.55	Amerihealth	Medicare		338.74	1			306.42	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050	389.55	Consumer	Consumer		997.5	0.95			306.42	997.5	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050	389.55	Corrections	Corrections		840	0.8			306.42	997.5	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050	389.55	First Health	First Health		735	0.7			306.42	997.5	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050	389.55	First Trenton	First Trenton		945	0.9			306.42	997.5	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050	389.55	Horizon	Indemnity		618.88	1.827			306.42	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050	389.55	Horizon	PPO		618.88	1.827			306.42	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050	389.55	Horizon	MGD		618.88	1.827			306.42	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050	389.55	Horizon	Medicare Blue		338.74	1			306.42	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050	389.55	Managed Care Inc	Managed Care Inc		945	0.9			306.42	997.5	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050	389.55	Multiplan	Multiplan		840	0.8			306.42	997.5	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050	389.55	Qualcare	Qualcare		787.5	0.75			306.42	997.5	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050	389.55	Three Rivers	Three Rivers		997.5	0.95			306.42	997.5	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050	389.55	UHC	Medicare		338.74	1			306.42	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050	389.55	UHC	Medicaid		330.33	0.3146			306.42	997.5	percent of total billed charges	
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050	389.55	Wellcare	Medicare		338.74	1			306.42	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION SINGLE TENDON ORIGIN/INSSERTIO	20551	CPT	outpatient			1050	389.55	Wellcare	Medicaid		330.33	0.3146			306.42	997.5	percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045	389.55	Aetna	Commercial		539.27	1.592			292.29	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045	389.55	Aetna	Better Health		328.76	0.3146			292.29	992.75	percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045	389.55	Aetna	Medicare		321.86	0.308			292.29	992.75	percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045	389.55	Americare	Americare		783.75	0.75			292.29	992.75	percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045	389.55	WellPoint	WellPoint		335.24	0.3208			292.29	992.75	percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045	389.55	Amerihealth	Medicare		338.74	1			292.29	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045	389.55	Consumer	Consumer		992.75	0.95			292.29	992.75	percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045	389.55	Corrections	Corrections		836	0.8			292.29	992.75	percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045	389.55	First Health	First Health		731.5	0.7			292.29	992.75	percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045	389.55	First Trenton	First Trenton		940.5	0.9			292.29	992.75	percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045	389.55	Horizon	PPO		618.88	1.827			292.29	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045	389.55	Horizon	MGD		618.88	1.827			292.29	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045	389.55	Horizon	Indemnity		618.88	1.827			292.29	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045	389.55	Horizon	Medicare Blue		338.74	1			292.29	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045	389.55	Managed Care Inc	Managed Care Inc		940.5	0.9			292.29	992.75	percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045	389.55	Multiplan	Multiplan		836	0.8			292.29	992.75	percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045	389.55	Qualcare	Qualcare		783.75	0.75			292.29	992.75	percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045	389.55	Three Rivers	Three Rivers		992.75	0.95			292.29	992.75	percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045	389.55	UHC	Medicare		338.74	1			292.29	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045	389.55	UHC	Medicaid		328.76	0.3146			292.29	992.75	percent of total billed charges	
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045	389.55	Wellcare	Medicare		338.74	1			292.29	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ 1OR 2 MUS GRPS	20552	CPT	outpatient			1045	389.55	Wellcare	Medicaid		328.76	0.3146			292.29	992.75	percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051	389.55	Aetna	Commercial		539.27	1.592			298.56	998.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051	389.55	Aetna	Better Health		330.64	0.3146			298.56	998.45	percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051	389.55	Aetna	Medicare		338.74	1			298.56	998.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051	389.55	Americare	Americare		788.25	0.75			298.56	998.45	percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051	389.55	WellPoint	WellPoint		337.16	0.3208			298.56	998.45	percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051	389.55	Amerihealth	Medicare		338.74	1			298.56	998.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051	389.55	Consumer	Consumer		998.45	0.95			298.56	998.45	percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051	389.55	Corrections	Corrections		840.8	0.8			298.56	998.45	percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051	389.55	First Health	First Health		735.7	0.7			298.56	998.45	percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051	389.55	First Trenton	First Trenton		945.9	0.9			298.56	998.45	percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051	389.55	Horizon	Medicare Blue		338.74	1			298.56	998.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051	389.55	Horizon	MGD		618.88	1.827			298.56	998.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051	389.55	Horizon	Indemnity		618.88	1.827			298.56	998.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051	389.55	Horizon	PPO		618.88	1.827			298.56	998.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051	389.55	Managed Care Inc	Managed Care Inc		945.9	0.9			298.56	998.45	percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051	389.55	Multiplan	Multiplan		840.8	0.8			298.56	998.45	percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051	389.55	Qualcare	Qualcare		788.25	0.75			298.56	998.45	percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051	389.55	Three Rivers	Three Rivers		998.45	0.95			298.56	998.45	percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051	389.55	UHC	Medicare		338.74	1			298.56	998.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051	389.55	UHC	Medicaid		330.64	0.3146			298.56	998.45	percent of total billed charges	
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051	389.55	Wellcare	Medicare		338.74	1			298.56	998.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGGER PT INJ >=3 MUSCLES	20553	CPT	outpatient			1051	389.55	Wellcare	Medicaid		330.64	0.3146			298.56	998.45	percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422	389.55	Aetna	Better Health		447.36	0.3146			14.79	1350.9	percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422	389.55	Aetna	Commercial		539.27	1.592			14.79	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422	389.55	Aetna	Medicare		338.74	1			14.79	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422	389.55	Americare	Americare		1066.5	0.75			14.79	1350.9	percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422	389.55	WellPoint	WellPoint		456.18	0.3208			14.79	1350.9	percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422	389.55	Amerihealth	Medicare		338.74	1			14.79	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422	389.55	Consumer	Consumer		1350.9	0.95			14.79	1350.9	percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422	389.55	Corrections	Corrections		1137.6	0.8			14.79	1350.9	percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422	389.55	First Health	First Health		995.4	0.7			14.79	1350.9	percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422	389.55	First Trenton	First Trenton		1279.8	0.9			14.79	1350.9	percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422	389.55	Horizon	Indemnity		618.88	1.827			14.79	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422	389.55	Horizon	Medicare Blue		338.74	1			14.79	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422	389.55	Horizon	MGD		618.88	1.827			14.79	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422	389.55	Horizon	PPO		618.88	1.827			14.79	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422	389.55	Managed Care Inc	Managed Care Inc		1279.8	0.9			14.79	1350.9	percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422	389.55	Multiplan	Multiplan		1137.6	0.8			14.79	1350.9	percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422	389.55	Qualcare	Qualcare		1066.5	0.75			14.79	1350.9	percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422	389.55	Three Rivers	Three Rivers		1350.9	0.95			14.79	1350.9	percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422	389.55	UHC	Medicaid		447.36	0.3146			14.79	1350.9	percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422	389.55	UHC	Medicare		338.74	1			14.79	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422	389.55	Wellcare	Medicaid		447.36	0.3146			14.79	1350.9	percent of total billed charges	
SMALL JOINT ASPIRATION/INJECTION	20600	CPT	outpatient			1422	389.55	Wellcare	Medicare		338.74	1			14.79	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			995	389.55	Aetna	Commercial		539.27	1.592			306.42	945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			995	389.55	Aetna	Better Health		313.03	0.3146			306.42	945.25	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			995	389.55	Aetna	Medicare		338.74	1			306.42	945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			995	389.55	Americare	Americare		746.25	0.75			306.42	945.25	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			995	389.55	WellPoint	WellPoint		319.2	0.3208			306.42	945.25	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			995	389.55	Amerihealth	Medicare		338.74	1			306.42	945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			995	389.55	Consumer	Consumer		945.25	0.95			306.42	945.25	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			995	389.55	Corrections	Corrections		796	0.8			306.42	945.25	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			995	389.55	First Health	First Health		696.5	0.7			306.42	945.25	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			995	389.55	First Trenton	First Trenton		895.5	0.9			306.42	945.25	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			995	389.55	Horizon	PPO		618.88	1.827			306.42	945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			995	389.55	Horizon	MGD		618.88	1.827			306.42	945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			995	389.55	Horizon	Indemnity		618.88	1.827			306.42	945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			995	389.55	Horizon	Medicare Blue		338.74	1			306.42	945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			995	389.55	Managed Care Inc	Managed Care Inc		895.5	0.9			306.42	945.25	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			995	389.55	Multiplan	Multiplan		796	0.8			306.42	945.25	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			995	389.55	Qualcare	Qualcare		746.25	0.75			306.42	945.25	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			995	389.55	Three Rivers	Three Rivers		945.25	0.95			306.42	945.25	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			995	389.55	UHC	Medicare		338.74	1			306.42	945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			995	389.55	UHC	Medicaid		313.03	0.3146			306.42	945.25	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			995	389.55	Wellcare	Medicare		338.74	1			306.42	945.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE SMALL JT	20604	CPT	outpatient			995	389.55	Wellcare	Medicaid		313.03	0.3146			306.42	945.25	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422	389.55	Aetna	Better Health		447.36	0.3146			298.56	1350.9	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422	389.55	Aetna	Commercial		539.27	1.592			298.56	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422	389.55	Aetna	Medicare		338.74	1			298.56	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422	389.55	Americare	Americare		1066.5	0.75			298.56	1350.9	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422	389.55	WellPoint	WellPoint		456.18	0.3208			298.56	1350.9	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422	389.55	Amerihealth	Medicare		338.74	1			298.56	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422	389.55	Consumer	Consumer		1350.9	0.95			298.56	1350.9	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422	389.55	Corrections	Corrections		1137.6	0.8			298.56	1350.9	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422	389.55	First Health	First Health		995.4	0.7			298.56	1350.9	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422	389.55	First Trenton	First Trenton		1279.8	0.9			298.56	1350.9	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422	389.55	Horizon	Medicare Blue		338.74	1			298.56	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422	389.55	Horizon	PPO		618.88	1.827			298.56	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422	389.55	Horizon	Indemnity		618.88	1.827			298.56	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422	389.55	Horizon	MGD		618.88	1.827			298.56	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422	389.55	Managed Care Inc	Managed Care Inc		1279.8	0.9			298.56	1350.9	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422	389.55	Multiplan	Multiplan		1137.6	0.8			298.56	1350.9	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422	389.55	Qualcare	Qualcare		1066.5	0.75			298.56	1350.9	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422	389.55	Three Rivers	Three Rivers		1350.9	0.95			298.56	1350.9	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422	389.55	UHC	Medicare		338.74	1			298.56	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422	389.55	UHC	Medicaid		447.36	0.3146			298.56	1350.9	percent of total billed charges	
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422	389.55	Wellcare	Medicare		338.74	1			298.56	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JT/BURSA INJ/ASPIRATION-INTER	20605	CPT	outpatient			1422	389.55	Wellcare	Medicaid		447.36	0.3146			298.56	1350.9	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536	909.54	Aetna	Commercial		1259.11	1.592			305.79	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536	909.54	Aetna	Better Health		797.83	0.3146			305.79	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536	909.54	Aetna	Medicare		790.9	1			305.79	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536	909.54	Americare	Americare		1902	0.75			305.79	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536	909.54	WellPoint	WellPoint		813.55	0.3208			305.79	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536	909.54	Amerihealth	Medicare		790.9	1			305.79	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536	909.54	Consumer	Consumer		2409.2	0.95			305.79	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536	909.54	Corrections	Corrections		2028.8	0.8			305.79	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536	909.54	First Health	First Health		1

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536	909.54	First Trenton	First Trenton		2282.4	0.9			305.79	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536	909.54	Horizon	MGD		1444.97	1.827			305.79	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536	909.54	Horizon	Indemnity		1444.97	1.827			305.79	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536	909.54	Horizon	Medicare Blue		790.9	1			305.79	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536	909.54	Horizon	PPO		1444.97	1.827			305.79	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536	909.54	Managed Care Inc	Managed Care Inc		2282.4	0.9			305.79	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536	909.54	Multiplan	Multiplan		2028.8	0.8			305.79	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536	909.54	Qualcare	Qualcare		1902	0.75			305.79	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536	909.54	Three Rivers	Three Rivers		2409.2	0.95			305.79	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536	909.54	UHC	Medicare		790.9	1			305.79	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536	909.54	UHC	Medicaid		797.83	0.3146			305.79	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536	909.54	Wellcare	Medicaid		797.83	0.3146			305.79	2409.2	percent of total billed charges	
PORTABLE ARTHRO ASPIRATE INTERM JT	20606	CPT	outpatient			2536	909.54	Wellcare	Medicare		790.9	1			305.79	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422	389.55	Aetna	Better Health		447.36	0.3146			292.29	1350.9	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422	389.55	Aetna	Commercial		539.27	1.592			292.29	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422	389.55	Aetna	Medicare		437.98	0.308			292.29	1350.9	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422	389.55	Americare	Americare		1066.5	0.75			292.29	1350.9	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422	389.55	WellPoint	WellPoint		456.18	0.3208			292.29	1350.9	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422	389.55	Amerihealth	Medicare		338.74	1			292.29	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422	389.55	Consumer	Consumer		1350.9	0.95			292.29	1350.9	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422	389.55	Corrections	Corrections		1137.6	0.8			292.29	1350.9	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422	389.55	First Health	First Health		995.4	0.7			292.29	1350.9	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422	389.55	First Trenton	First Trenton		1279.8	0.9			292.29	1350.9	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422	389.55	Horizon	Indemnity		618.88	1.827			292.29	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422	389.55	Horizon	Medicare Blue		338.74	1			292.29	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422	389.55	Horizon	MGD		618.88	1.827			292.29	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422	389.55	Horizon	PPO		618.88	1.827			292.29	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422	389.55	Managed Care Inc	Managed Care Inc		1279.8	0.9			292.29	1350.9	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422	389.55	Multiplan	Multiplan		1137.6	0.8			292.29	1350.9	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422	389.55	Qualcare	Qualcare		1066.5	0.75			292.29	1350.9	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422	389.55	Three Rivers	Three Rivers		1350.9	0.95			292.29	1350.9	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422	389.55	UHC	Medicaid		447.36	0.3146			292.29	1350.9	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422	389.55	UHC	Medicare		338.74	1			292.29	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422	389.55	Wellcare	Medicaid		447.36	0.3146			292.29	1350.9	percent of total billed charges	
PMR MAJ JT INJECT-SHOULDER/HIP	20610	CPT	both			1422	389.55	Wellcare	Medicare		338.74	1			292.29	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1045	389.55	Aetna	Better Health		328.76	0.3146			299.99	992.75	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1045	389.55	Aetna	Medicare		321.86	0.308			299.99	992.75	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1045	389.55	Aetna	Commercial		539.27	1.592			299.99	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1045	389.55	Americare	Americare		783.75	0.75			299.99	992.75	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1045	389.55	WellPoint	WellPoint		335.24	0.3208			299.99	992.75	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1045	389.55	Amerihealth	Medicare		338.74	1			299.99	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1045	389.55	Consumer	Consumer		992.75	0.95			299.99	992.75	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1045	389.55	Corrections	Corrections		836	0.8			299.99	992.75	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1045	389.55	First Health	First Health		731.5	0.7			299.99	992.75	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1045	389.55	First Trenton	First Trenton		940.5	0.9			299.99	992.75	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1045	389.55	Horizon	PPO		618.88	1.827			299.99	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1045	389.55	Horizon	MGD		618.88	1.827			299.99	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1045	389.55	Horizon	Medicare Blue		338.74	1			299.99	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1045	389.55	Horizon	Indemnity		618.88	1.827			299.99	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1045	389.55	Managed Care Inc	Managed Care Inc		940.5	0.9			299.99	992.75	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1045	389.55	Multiplan	Multiplan		836	0.8			299.99	992.75	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1045	389.55	Qualcare	Qualcare		783.75	0.75			299.99	992.75	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1045	389.55	Three Rivers	Three Rivers		992.75	0.95			299.99	992.75	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1045	389.55	UHC	Medicaid		328.76	0.3146			299.99	992.75	percent of total billed charges	
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1045	389.55	UHC	Medicare		338.74	1			299.99	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1045	389.55	Wellcare	Medicare		338.74	1			299.99	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED MAJOR JOINT OR BURSA STEROID	20611	CPT	both			1045	389.55	Wellcare	Medicaid		328.76	0.3146			299.99	992.75	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Aetna	Commercial		539.27	1.592			298.56	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Aetna	Better Health		447.36	0.3146			298.56	1350.9	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Aetna	Medicare		338.74	1			298.56	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Americare	Americare		1066.5	0.75			298.56	1350.9	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	WellPoint	WellPoint		456.18	0.3208			298.56	1350.9	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Amerihealth	Medicare		338.74	1			298.56	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Consumer	Consumer		1350.9	0.95			298.56	1350.9	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Corrections	Corrections		1137.6	0.8			298.56	1350.9	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	First Health	First Health		995.4	0.7			298.56	1350.9	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	First Trenton	First Trenton		1279.8	0.9			298.56	1350.9	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Horizon	MGD		618.88	1.827			298.56	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Horizon	Indemnity		618.88	1.827			298.56	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Horizon	PPO		618.88	1.827			298.56	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Horizon	Medicare Blue		338.74	1			298.56	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Managed Care Inc	Managed Care Inc		1279.8	0.9			298.56	1350.9	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Multiplan	Multiplan		1137.6	0.8			298.56	1350.9	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Qualcare	Qualcare		1066.5	0.75			298.56	1350.9	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Three Rivers	Three Rivers		1350.9	0.95			298.56	1350.9	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	UHC	Medicare		338.74	1			298.56	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	UHC	Medicaid		447.36	0.3146			298.56	1350.9	percent of total billed charges	
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Wellcare	Medicare		338.74	1			298.56	1350.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ(S) SINGLE TENDON SHEATH OR LIG.APON	20612	CPT	outpatient			1422	389.55	Wellcare	Medicaid		447.36	0.3146			298.56	1350.9	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Aetna	Medicare		804.66	1			365.25	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Aetna	Better Health		728.3	0.3146			365.25	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Aetna	Commercial		1281.02	1.592			365.25	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Americare	Americare		1736.25	0.75			365.25	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	WellPoint	WellPoint		742.65	0.3208			365.25	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Amerihealth	Medicare		804.66	1			365.25	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Consumer	Consumer		2199.25	0.95			365.25	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Corrections	Corrections		1852	0.8			365.25	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	First Health	First Health		1620.5	0.7			365.25	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	First Trenton	First Trenton		2083.5	0.9			365.25	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Horizon	MGD		1470.11	1.827			365.25	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Horizon	Medicare Blue		804.66	1			365.25	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Horizon	PPO		1470.11	1.827			365.25	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Horizon	Indemnity		1470.11	1.827			365.25	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Managed Care Inc	Managed Care Inc		2083.5	0.9			365.25	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Multiplan	Multiplan		1852	0.8			365.25	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Qualcare	Qualcare		1736.25	0.75			365.25	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Three Rivers	Three Rivers		2199.25	0.95			365.25	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	UHC	Medicaid		728.3	0.3146			365.25	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	UHC	Medicare		804.66	1			365.25	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Wellcare	Medicaid		728.3	0.3146			365.25	2199.25	percent of total billed charges	
ASPIR&INJ FOR TREAT.BONE CYST	20615	CPT	outpatient			2315	925.36	Wellcare	Medicare		804.66	1			365.25	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Aetna	Medicare		3245.4	0.308			3199.5	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Aetna	Commercial		5893.39	1.592			3199.5	10010.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Aetna	Better Health		3314.94	0.3146			3199.5	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Americare	Americare		7902.75	0.75			3199.5	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	WellPoint	WellPoint		3380.27	0.3208			3199.5	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Amerihealth	Medicare		3701.88	1			3199.5	10010.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Consumer	Consumer		10010.15	0.95			3199.5	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Corrections	Corrections		8429.6	0.8			3199.5	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	First Health	First Health		7375.9	0.7			3199.5	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	First Trenton	First Trenton		9483.3	0.9			3199.5	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Horizon	Indemnity		6763.33	1.827			3199.5	10010.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Horizon	MGD		6763.33	1.827			3199.5	10010.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Horizon	PPO		6763.33	1.827			3199.5	10010.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Horizon	Medicare Blue		3701.88	1			3199.5	10010.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Managed Care Inc	Managed Care Inc		9483.3	0.9			3199.5	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Multiplan	Multiplan		8429.6	0.8			3199.5	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Qualcare	Qualcare		7902.75	0.75			3199.5	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Three Rivers	Three Rivers		10010.15	0.95			3199.5	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	UHC	Medicare		3701.88	1			3199.5	10010.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	UHC	Medicaid		3314.94	0.3146			3199.5	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Wellcare	Medicaid		3314.94	0.3146			3199.5	10010.15	percent of total billed charges	
WIRE/PAN W/SKELETAL TRACT	20650	CPT	outpatient			10537	4257.16	Wellcare	Medicare		3701.88	1			3199.5	10010.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Aetna	Medicare		1838.12	1			1630.26	4922.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Aetna	Better Health		1630.26	0.3146			1630.26	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Aetna	Commercial		2926.29	1.592			1630.26	4922.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Americare	Americare		3886.5	0.75			1630.26	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	WellPoint	WellPoint		1662.39	0.3208			1630.26	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Amerihealth	Medicare		1838.12	1			1630.26	4922.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Consumer	Consumer		4922.9	0.95			1630.26	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Corrections	Corrections		4145.6	0.8			1630.26	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	First Health	First Health		3627.4	0.7			1630.26	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	First Trenton	First Trenton		4663.8	0.9			1630.26	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Horizon	MGD		3358.25	1.827			1630.26	4922.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Horizon	Medicare Blue		1838.12	1			1630.26	4922.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Horizon	Indemnity		3358.25	1.827			1630.26	4922.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Horizon	PPO		3358.25	1.827			1630.26	4922.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Managed Care Inc	Managed Care Inc		4663.8	0.9			1630.26	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Multiplan	Multiplan		4145.6	0.8			1630.26	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Qualcare	Qualcare		3886.5	0.75			1630.26	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Three Rivers	Three Rivers		4922.9	0.95			1630.26	4922.9	percent of total billed charges	
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	UHC	Medicare		1838.12	1			1630.26	4922.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	UHC	Medicaid		1630

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Wellcare	Medicare		1838.12	1			1630.26	4922.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION CRANIAL TONG	20660	CPT	outpatient			5182	2113.84	Wellcare	Medicaid		1630.26	0.3146						
APPLICATION CRANIAL HALO	20661	CPT	outpatient			11084		Aetna	Better Health		3487.03	0.3146			3325.2	10529.8	percent of total billed charges	
APPLICATION CRANIAL HALO	20661	CPT	outpatient			11084		Aetna	Medicare		3413.87	0.308			3325.2	10529.8	percent of total billed charges	
APPLICATION CRANIAL HALO	20661	CPT	outpatient			11084		Aetna	Commercial		4211.92	0.38			3325.2	10529.8	percent of total billed charges	
APPLICATION CRANIAL HALO	20661	CPT	outpatient			11084		Americare	Americare		8313	0.75			3325.2	10529.8	percent of total billed charges	
APPLICATION CRANIAL HALO	20661	CPT	outpatient			11084		WellPoint	WellPoint		3555.75	0.3208			3325.2	10529.8	percent of total billed charges	
APPLICATION CRANIAL HALO	20661	CPT	outpatient			11084		Consumer	Consumer		10529.8	0.95			3325.2	10529.8	percent of total billed charges	
APPLICATION CRANIAL HALO	20661	CPT	outpatient			11084		Corrections	Corrections		8867.2	0.8			3325.2	10529.8	percent of total billed charges	
APPLICATION CRANIAL HALO	20661	CPT	outpatient			11084		First Health	First Health		7758.8	0.7			3325.2	10529.8	percent of total billed charges	
APPLICATION CRANIAL HALO	20661	CPT	outpatient			11084		First Trenton	First Trenton		9975.6	0.9			3325.2	10529.8	percent of total billed charges	
APPLICATION CRANIAL HALO	20661	CPT	outpatient			11084		Horizon	Medicare Blue		3325.2	0.3			3325.2	10529.8	percent of total billed charges	
APPLICATION CRANIAL HALO	20661	CPT	outpatient			11084		Horizon	Indemnity		4242.96	0.3828			3325.2	10529.8	percent of total billed charges	
APPLICATION CRANIAL HALO	20661	CPT	outpatient			11084		Horizon	MGD		4242.96	0.3828			3325.2	10529.8	percent of total billed charges	
APPLICATION CRANIAL HALO	20661	CPT	outpatient			11084		Horizon	PPO		4242.96	0.3828			3325.2	10529.8	percent of total billed charges	
APPLICATION CRANIAL HALO	20661	CPT	outpatient			11084		Managed Care Inc	Managed Care Inc		9975.6	0.9			3325.2	10529.8	percent of total billed charges	
APPLICATION CRANIAL HALO	20661	CPT	outpatient			11084		Multiplan	Multiplan		8867.2	0.8			3325.2	10529.8	percent of total billed charges	
APPLICATION CRANIAL HALO	20661	CPT	outpatient			11084		Qualcare	Qualcare		8313	0.75			3325.2	10529.8	percent of total billed charges	
APPLICATION CRANIAL HALO	20661	CPT	outpatient			11084		Three Rivers	Three Rivers		10529.8	0.95			3325.2	10529.8	percent of total billed charges	
APPLICATION CRANIAL HALO	20661	CPT	outpatient			11084		UHC	Medicaid		3487.03	0.3146			3325.2	10529.8	percent of total billed charges	
APPLICATION CRANIAL HALO	20661	CPT	outpatient			11084		Wellcare	Medicaid		3487.03	0.3146			3325.2	10529.8	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Aetna	Better Health		318.06	0.3146			318.06	960.45	other	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Aetna	Medicare		455.69	1			318.06	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Aetna	Commercial		725.46	1.592			318.06	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Americare	Americare		758.25	0.75			318.06	960.45	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	WellPoint	WellPoint		324.33	0.3208			318.06	960.45	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Amerihealth	Medicare		455.69	1			318.06	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Consumer	Consumer		960.45	0.95			318.06	960.45	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Corrections	Corrections		808.8	0.8			318.06	960.45	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	First Health	First Health		707.7	0.7			318.06	960.45	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	First Trenton	First Trenton		909.9	0.9			318.06	960.45	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Horizon	PPO		832.55	1.827			318.06	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Horizon	Indemnity		832.55	1.827			318.06	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Horizon	MGD		832.55	1.827			318.06	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Horizon	Medicare Blue		455.69	1			318.06	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Managed Care Inc	Managed Care Inc		909.9	0.9			318.06	960.45	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Multiplan	Multiplan		808.8	0.8			318.06	960.45	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Qualcare	Qualcare		758.25	0.75			318.06	960.45	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Three Rivers	Three Rivers		960.45	0.95			318.06	960.45	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	UHC	Medicare		455.69	1			318.06	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	UHC	Medicaid		318.06	0.3146			318.06	960.45	percent of total billed charges	
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Wellcare	Medicare		455.69	1			318.06	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HALO REMOVAL	20665	CPT	outpatient			1011	524.04	Wellcare	Medicaid		318.06	0.3146			318.06	960.45	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	both			6134	2132.36	Aetna	Commercial		2951.93	1.592			1646.93	5827.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	both			6134	2132.36	Aetna	Better Health		1929.76	0.3146			1646.93	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	both			6134	2132.36	Aetna	Medicare		1854.23	1			1646.93	5827.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	both			6134	2132.36	Americare	Americare		4600.5	0.75			1646.93	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	both			6134	2132.36	WellPoint	WellPoint		1967.79	0.3208			1646.93	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	both			6134	2132.36	Amerihealth	Medicare		1854.23	1			1646.93	5827.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	both			6134	2132.36	Consumer	Consumer		5827.3	0.95			1646.93	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	both			6134	2132.36	Corrections	Corrections		4907.2	0.8			1646.93	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	both			6134	2132.36	First Health	First Health		4293.8	0.7			1646.93	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	both			6134	2132.36	First Trenton	First Trenton		5520.6	0.9			1646.93	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	both			6134	2132.36	Horizon	PPO		3387.68	1.827			1646.93	5827.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	both			6134	2132.36	Horizon	Medicare Blue		1854.23	1			1646.93	5827.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	both			6134	2132.36	Horizon	Indemnity		3387.68	1.827			1646.93	5827.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	both			6134	2132.36	Horizon	MGD		3387.68	1.827			1646.93	5827.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	both			6134	2132.36	Managed Care Inc	Managed Care Inc		5520.6	0.9			1646.93	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	both			6134	2132.36	Multiplan	Multiplan		4907.2	0.8			1646.93	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	both			6134	2132.36	Qualcare	Qualcare		4600.5	0.75			1646.93	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	both			6134	2132.36	Three Rivers	Three Rivers		5827.3	0.95			1646.93	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	both			6134	2132.36	UHC	Medicaid		1929.76	0.3146			1646.93	5827.3	percent of total billed charges	
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	both			6134	2132.36	UHC	Medicare		1854.23	1			1646.93	5827.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	both			6134	2132.36	Wellcare	Medicare		1854.23	1			1646.93	5827.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVEL OF IMPLANT: SUPERFICIAL	20670	CPT	both			6134	2132.36	Wellcare	Medicaid		1929.76	0.3146			1646.93	5827.3	percent of total billed charges	
ROMAVL OF IMPLANT DEEP	20680	CPT	outpatient			9405	3737.2	Aetna	Commercial		5173.59	1.592			2775.4	8934.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMAVL OF IMPLANT DEEP	20680	CPT	outpatient			9405	3737.2	Aetna	Better Health		2958.81	0.3146			2775.4	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT DEEP	20680	CPT	outpatient			9405	3737.2	Aetna	Medicare		3249.74	1			2775.4	8934.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMAVL OF IMPLANT DEEP	20680	CPT	outpatient			9405	3737.2	Americare	Americare		7053.75	0.75			2775.4	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT DEEP	20680	CPT	outpatient			9405	3737.2	WellPoint	WellPoint		3017.12	0.3208			2775.4	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT DEEP	20680	CPT	outpatient			9405	3737.2	Amerihealth	Medicare		3249.74	1			2775.4	8934.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMAVL OF IMPLANT DEEP	20680	CPT	outpatient			9405	3737.2	Consumer	Consumer		8934.75	0.95			2775.4	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT DEEP	20680	CPT	outpatient			9405	3737.2	Corrections	Corrections		7524	0.8			2775.4	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT DEEP	20680	CPT	outpatient			9405	3737.2	First Health	First Health		6583.5	0.7			2775.4	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT DEEP	20680	CPT	outpatient			9405	3737.2	First Trenton	First Trenton		8464.5	0.9			2775.4	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT DEEP	20680	CPT	outpatient			9405	3737.2	Horizon	Medicare Blue		3249.74	1			2775.4	8934.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMAVL OF IMPLANT DEEP	20680	CPT	outpatient			9405	3737.2	Horizon	PPO		5937.27	1.827			2775.4	8934.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMAVL OF IMPLANT DEEP	20680	CPT	outpatient			9405	3737.2	Horizon	MGD		5937.27	1.827			2775.4	8934.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMAVL OF IMPLANT DEEP	20680	CPT	outpatient			9405	3737.2	Horizon	Indemnity		5937.27	1.827			2775.4	8934.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMAVL OF IMPLANT DEEP	20680	CPT	outpatient			9405	3737.2	Managed Care Inc	Managed Care Inc		8464.5	0.9			2775.4	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT DEEP	20680	CPT	outpatient			9405	3737.2	Multiplan	Multiplan		7524	0.8			2775.4	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT DEEP	20680	CPT	outpatient			9405	3737.2	Qualcare	Qualcare		7053.75	0.75			2775.4	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT DEEP	20680	CPT	outpatient			9405	3737.2	Three Rivers	Three Rivers		8934.75	0.95			2775.4	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT DEEP	20680	CPT	outpatient			9405	3737.2	UHC	Medicaid		2958.81	0.3146			2775.4	8934.75	percent of total billed charges	
ROMAVL OF IMPLANT DEEP	20680	CPT	outpatient			9405	3737.2	UHC	Medicare		3249.74	1			2775.4	8934.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMAVL OF IMPLANT DEEP	20680	CPT	outpatient			9405	3737.2	Wellcare	Medicare		3249.74	1			2775.4	8934.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMAVL OF IMPLANT DEEP	20680	CPT	outpatient			9405	3737.2	Wellcare	Medicaid		2958.81	0.3146			2775.4	8934.75	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Aetna	Better Health		3402.4	0.3146			3402.4	14948.35	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Aetna	Commercial		13025.6	1.592			3402.4	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Aetna	Medicare		8181.91	1			3402.4	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Americare	Americare		8111.25	0.75			3402.4	14948.35	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	WellPoint	WellPoint		3469.45	0.3208			3402.4	14948.35	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Amerihealth	Medicare		8181.91	1			3402.4	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Consumer	Consumer		10274.25	0.95			3402.4	14948.35	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Corrections	Corrections		8652	0.8			3402.4	14948.35	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	First Health	First Health		7570.5	0.7			3402.4	14948.35	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	First Trenton	First Trenton		9733.5	0.9			3402.4	14948.35	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Horizon	Indemnity		14948.35	1.827			3402.4	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Horizon	Medicare Blue		8181.91	1			3402.4	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Horizon	PPO		14948.35	1.827			3402.4	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Horizon	MGD		14948.35	1.827			3402.4	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Managed Care Inc	Managed Care Inc		9733.5	0.9			3402.4	14948.35	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Multiplan	Multiplan		8652	0.8			3402.4	14948.35	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Qualcare	Qualcare		8111.25	0.75			3402.4	14948.35	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Three Rivers	Three Rivers		10274.25	0.95			3402.4	14948.35	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	UHC	Medicare		8181.91	1			3402.4	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	UHC	Medicaid		3402.4	0.3146			3402.4	14948.35	percent of total billed charges	
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Wellcare	Medicare		8181.91	1			3402.4	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY UNILAT EXT FIX SYSTEM	20690	CPT	outpatient			10815	9409.2	Wellcare	Medicaid		3402.4	0.3146			3402.4	14948.35	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Aetna	Commercial		2926.29	1.592			1630.26	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Aetna	Better Health		1653.85	0.3146			1630.26	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Aetna	Medicare		1838.12	1			1630.26	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Americare	Americare		3942.75	0.75			1630.26	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	WellPoint	WellPoint		1686.45	0.3208			1630.26	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Amerihealth	Medicare		1838.12	1			1630.26	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Consumer	Consumer		4994.15	0.95			1630.26	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Corrections	Corrections		4205.6	0.8			1630.26	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	First Health	First Health		3679.9	0.7			1630.26	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	First Trenton	First Trenton		4731.3	0.9			1630.26	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Horizon	Indemnity		3358.25	1.827			1630.26	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Horizon	Medicare Blue		1838.12	1			1630.26	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Horizon	PPO		3358.25	1.827			1630.26	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Horizon	MGD		3358.25	1.827			1630.26	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Managed Care Inc	Managed Care Inc		4731.3	0.9			1630.26	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Multiplan	Multiplan		4205.6	0.8			1630.26	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Qualcare	Qualcare		3942.75	0.75			1630.26	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Three Rivers	Three Rivers		4994.15	0.95			1630.26	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	UHC	Medicaid		1653.85	0.3146			1630.26	4994.15	percent of total billed charges	
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	UHC	Medicare		1838.12	1			1630.26	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Wellcare	Medicare		1838.12	1			1630.26	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF EXTERNAL FIXATION	20694	CPT	outpatient			5257	2113.84	Wellcare	Medicaid		1653.85	0.3146			1630.26	4994.15	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Aetna	Medicare		7555.86	0.308			7359.6	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Aetna	Better Health		7717.77	0.3146			7359.6	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Aetna	Commercial		9322.16	0.38			7359.6	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Americare	Americare		18399	0.75			7359.6	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		WellPoint	WellPoint		7869.87	0.3208			7359.6	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Consumer	Consumer		23305.4	0.95			7359.6	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Corrections	Corrections		19625.6	0.8			7359.6	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		First Health	First Health		17172.4	0.7			7359.6	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		First Trenton	First Trenton		22078.8	0.9			7359.6	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Horizon	Medicare Blue		7359.6	0.3			7359.6	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Horizon	Indemnity		9390.85	0.3828			7359.6	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Horizon	MGD		9390.85	0.3828			7359.6	23305.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Horizon	PPO		9390.85	0.3828			7359.6	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Managed Care Inc	Managed Care Inc		22078.8	0.9			7359.6	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Multiplan	Multiplan		19625.6	0.8			7359.6	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Qualcare	Qualcare		18399	0.75			7359.6	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Three Rivers	Three Rivers		23305.4	0.95			7359.6	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		UHC	Medicaid		7717.77	0.3146			7359.6	23305.4	percent of total billed charges	
REPLANT DIGIT COMPLETE AMP	20816	CPT	outpatient			24532		Wellcare	Medicaid		7717.77	0.3146			7359.6	23305.4	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	both			10522	2113.84	Aetna	Commercial		2926.29	1.592			1838.12	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLANTAT DIGIT EX THUMB	20822	CPT	both			10522	2113.84	Aetna	Better Health		3310.22	0.3146			1838.12	9995.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	both			10522	2113.84	Aetna	Medicare		1838.12	1			1838.12	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLANTAT DIGIT EX THUMB	20822	CPT	both			10522	2113.84	Americare	Americare		7891.5	0.75			1838.12	9995.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	both			10522	2113.84	WellPoint	WellPoint		3375.46	0.3208			1838.12	9995.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	both			10522	2113.84	Amerihealth	Medicare		1838.12	1			1838.12	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLANTAT DIGIT EX THUMB	20822	CPT	both			10522	2113.84	Consumer	Consumer		9995.9	0.95			1838.12	9995.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	both			10522	2113.84	Corrections	Corrections		8417.6	0.8			1838.12	9995.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	both			10522	2113.84	First Health	First Health		7365.4	0.7			1838.12	9995.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	both			10522	2113.84	First Trenton	First Trenton		9469.8	0.9			1838.12	9995.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	both			10522	2113.84	Horizon	PPO		3358.25	1.827			1838.12	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLANTAT DIGIT EX THUMB	20822	CPT	both			10522	2113.84	Horizon	Medicare Blue		1838.12	1			1838.12	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLANTAT DIGIT EX THUMB	20822	CPT	both			10522	2113.84	Horizon	MGD		3358.25	1.827			1838.12	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLANTAT DIGIT EX THUMB	20822	CPT	both			10522	2113.84	Horizon	Indemnity		3358.25	1.827			1838.12	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLANTAT DIGIT EX THUMB	20822	CPT	both			10522	2113.84	Managed Care Inc	Managed Care Inc		9469.8	0.9			1838.12	9995.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	both			10522	2113.84	Multiplan	Multiplan		8417.6	0.8			1838.12	9995.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	both			10522	2113.84	Qualcare	Qualcare		7891.5	0.75			1838.12	9995.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	both			10522	2113.84	Three Rivers	Three Rivers		9995.9	0.95			1838.12	9995.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	both			10522	2113.84	UHC	Medicaid		3310.22	0.3146			1838.12	9995.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	both			10522	2113.84	UHC	Medicare		1838.12	1			1838.12	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLANTAT DIGIT EX THUMB	20822	CPT	both			10522	2113.84	Wellcare	Medicaid		3310.22	0.3146			1838.12	9995.9	percent of total billed charges	
REPLANTAT DIGIT EX THUMB	20822	CPT	both			10522	2113.84	Wellcare	Medicare		1838.12	1			1838.12	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLANTATION THUMB	20824	CPT	outpatient			9600		Aetna	Better Health		3020.16	0.3146			2880	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600		Aetna	Medicare		2956.8	0.308			2880	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600		Aetna	Commercial		3648	0.38			2880	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600		Americare	Americare		7200	0.75			2880	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600		WellPoint	WellPoint		3079.68	0.3208			2880	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600		Consumer	Consumer		9120	0.95			2880	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600		Corrections	Corrections		7680	0.8			2880	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600		First Health	First Health		6720	0.7			2880	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600		First Trenton	First Trenton		8640	0.9			2880	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600		Horizon	MGD		3674.88	0.3828			2880	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600		Horizon	Medicare Blue		2880	0.3			2880	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600		Horizon	Indemnity		3674.88	0.3828			2880	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600		Horizon	PPO		3674.88	0.3828			2880	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600		Managed Care Inc	Managed Care Inc		8640	0.9			2880	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600		Multiplan	Multiplan		7680	0.8			2880	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600		Qualcare	Qualcare		7200	0.75			2880	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600		Three Rivers	Three Rivers		9120	0.95			2880	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600		UHC	Medicaid		3020.16	0.3146			2880	9120	percent of total billed charges	
REPLANTATION THUMB	20824	CPT	outpatient			9600		Wellcare	Medicaid		3020.16	0.3146			2880	9120	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532		Aetna	Better Health		7717.77	0.3146			7359.6	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532		Aetna	Commercial		9322.16	0.38			7359.6	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532		Aetna	Medicare		7555.86	0.308			7359.6	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532		Americare	Americare		18399	0.75			7359.6	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532		WellPoint	WellPoint		7869.87	0.3208			7359.6	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532		Consumer	Consumer		23305.4	0.95			7359.6	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532		Corrections	Corrections		19625.6	0.8			7359.6	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532		First Health	First Health		17172.4	0.7			7359.6	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532		First Trenton	First Trenton		22078.8	0.9			7359.6	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532		Horizon	MGD		9390.85	0.3828			7359.6	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532		Horizon	Indemnity		9390.85	0.3828			7359.6	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532		Horizon	PPO		9390.85	0.3828			7359.6	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532		Horizon	Medicare Blue		7359.6	0.3			7359.6	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532		Managed Care Inc	Managed Care Inc		22078.8	0.9			7359.6	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532		Multiplan	Multiplan		19625.6	0.8			7359.6	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532		Qualcare	Qualcare		18399	0.75			7359.6	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532		Three Rivers	Three Rivers		23305.4	0.95			7359.6	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532		UHC	Medicaid		7717.77	0.3146			7359.6	23305.4	percent of total billed charges	
REPLANTATION THUMB	20827	CPT	outpatient			24532		Wellcare	Medicaid		7717.77	0.3146			7359.6	23305.4	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328	925.36	Aetna	Better Health		732.39	0.3146			717.02	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328	925.36	Aetna	Commercial		1281.02	1.592			717.02	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328	925.36	Aetna	Medicare		717.02	0.308			717.02	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328	925.36	Americare	Americare		1746	0.75			717.02	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328	925.36	WellPoint	WellPoint		746.82	0.3208			717.02	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328	925.36	Amerihealth	Medicare		804.66	1			717.02	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328	925.36	Consumer	Consumer		2211.6	0.95			717.02	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328	925.36	Corrections	Corrections		1862.4	0.8			717.02	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328	925.36	First Health	First Health		1629.6	0.7			717.02	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328	925.36	First Trenton	First Trenton		2095.2	0.9			717.02	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328	925.36	Horizon	PPO		1470.11	1.827			717.02	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328	925.36	Horizon	MGD		1470.11	1.827			717.02	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328	925.36	Horizon	Indemnity		1470.11	1.827			717.02	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328	925.36	Horizon	Medicare Blue		804.66	1			717.02	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328	925.36	Managed Care Inc	Managed Care Inc		2095.2	0.9			717.02	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328	925.36	Multiplan	Multiplan		1862.4	0.8			717.02	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328	925.36	Qualcare	Qualcare		1746	0.75			717.02	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328	925.36	Three Rivers	Three Rivers		2211.6	0.95			717.02	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328	925.36	UHC	Medicare		804.66	1			717.02	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328	925.36	UHC	Medicaid		732.39	0.3146			717.02	2211.6	percent of total billed charges	
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328	925.36	Wellcare	Medicare		804.66	1			717.02	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONITOR INTERST FLD PRESSURE	20950	CPT	outpatient			2328	925.36	Wellcare	Medicaid		732.39	0.3146			717.02	2211.6	percent of total billed charges	
ABLATION BONE TUMOR 59	20982	CPT	both			17042	17309.86	Aetna	Better Health		5361.41	0.3146			5248.94	27500.1	percent of total billed charges	
ABLATION BONE TUMOR 59	20982	CPT	both			17042	17309.86	Aetna	Commercial		23962.86	1.592			5248.94	27500.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION BONE TUMOR 59	20982	CPT	both			17042	17309.86	Aetna	Medicare		5248.94	0.308			5248.94	27500.1	percent of total billed charges	
ABLATION BONE TUMOR 59	20982	CPT	both			17042	17309.86	Americare	Americare		12781.5	0.75			5248.94	27500.1	percent of total billed charges	
ABLATION BONE TUMOR 59	20982	CPT	both			17042	17309.86	WellPoint	WellPoint		5467.07	0.3208			5248.94	27500.1	percent of total billed charges	
ABLATION BONE TUMOR 59	20982	CPT	both			17042	17309.86	Amerihealth	Medicare		15052.05	1			5248.94	27500.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION BONE TUMOR 59	20982	CPT	both			17042	17309.86	Consumer	Consumer		16189.9	0.95			5248.94	27500.1	percent of total billed charges	
ABLATION BONE TUMOR 59	20982	CPT	both			17042	17309.86	Corrections	Corrections		13633.6	0.8			5248.94	27500.1	percent of total billed charges	
ABLATION BONE TUMOR 59	20982	CPT	both			17042	17309.86	First Health	First Health		11929.4	0.7			5248.94	27500.1	percent of total billed charges	
ABLATION BONE TUMOR 59	20982	CPT	both			17042	17309.86	First Trenton	First Trenton		15337.8	0.9			5248.94	27500.1	percent of total billed charges	
ABLATION BONE TUMOR 59	20982	CPT	both			17042	17309.86	Horizon	Indemnity		27500.1	1.827			5248.94	27500.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION BONE TUMOR 59	20982	CPT	both			17042	17309.86	Horizon	MGD		27500.1	1.827			5248.94	27500.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION BONE TUMOR 59	20982	CPT	both			17042	17309.86	Horizon	Medicare Blue		15052.05	1			5248.94	27500.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION BONE TUMOR 59	20982	CPT	both			17042	17309.86	Horizon	PPO		27500.1	1.827			5248.94	27500.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION BONE TUMOR 59	20982	CPT	both			17042	17309.86	Managed Care Inc	Managed Care Inc		15337.8	0.9			5248.94	27500.1	percent of total billed charges	
ABLATION BONE TUMOR 59	20982	CPT	both			17042	17309.86	Multiplan	Multiplan		13633.6	0.8			5248.94	27500.1	percent of total billed charges	
ABLATION BONE TUMOR 59	20982	CPT	both			17042	17309.86	Qualcare	Qualcare		12781.5	0.75			5248.94	27500.1	percent of total billed charges	
ABLATION BONE TUMOR 59	20982	CPT	both			17042	17309.86	Three Rivers	Three Rivers		16189.9	0.95			5248.94	27500.1	percent of total billed charges	
ABLATION BONE TUMOR 59	20982	CPT	both			17042	17309.86	UHC	Medicare		15052.05	1			5248.94	27500.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION BONE TUMOR 59	20982	CPT	both			17042	17309.86	UHC	Medicaid		5361.41	0.3146			5248.94	27500.1	percent of total billed charges	
ABLATION BONE TUMOR 59	20982	CPT	both			17042	17309.86	Wellcare	Medicare		15052.05	1			5248.94	27500.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION BONE TUMOR 59	20982	CPT	both			17042	17309.86	Wellcare	Medicaid		5361.41	0.3146			5248.94	27500.1	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	both			17650	9409.2	Aetna	Better Health		5552.69	0.3146			5552.69	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	both			17650	9409.2	Aetna	Commercial		13025.6	1.592			5552.69	16767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	both			17650	9409.2	Aetna	Medicare		8181.91	1			5552.69	16767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	both			17650	9409.2	Americare	Americare		13237.5	0.75			5552.69	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	both			17650	9409.2	WellPoint	WellPoint		5662.12	0.3208			5552.69	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	both			17650	9409.2	Amerihealth	Medicare		8181.91	1			5552.69	16767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	both			17650	9409.2	Consumer	Consumer		16767.5	0.95			5552.69	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	both			17650	9409.2	Corrections	Corrections		14120	0.8			5552.69	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	both			17650	9409.2	First Health	First Health		12355	0.7			5552.69	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	both			17650	9409.2	First Trenton	First Trenton		15885	0.9			5552.69	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	both			17650	9409.2	Horizon	MGD		14948.35	1.827			5552.69	16767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	both			17650	9409.2	Horizon	Medicare Blue		8181.91	1			5552.69	16767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	both			17650	9409.2	Horizon	PPO		14948.35	1.827			5552.69	16767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	both			17650	9409.2	Horizon	Indemnity		14948.35	1.827			5552.69	16767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	both			17650	9409.2	Managed Care Inc	Managed Care Inc		15885	0.9			5552.69	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	both			17650	9409.2	Multiplan	Multiplan		14120	0.8			5552.69	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	both			17650	9409.2	Qualcare	Qualcare		13237.5	0.75			5552.69	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	both			17650	9409.2	Three Rivers	Three Rivers		16767.5	0.95			5552.69	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	both			17650	9409.2	UHC	Medicaid		5552.69	0.3146			5552.69	16767.5	percent of total billed charges	
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	both			17650	9409.2	UHC	Medicare		8181.91	1			5552.69	16767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	both			17650	9409.2	Wellcare	Medicare		8181.91	1			5552.69	16767.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY 1 OR MORE BONE TUMORS	20983	CPT	both			17650	9409.2	Wellcare	Medicaid		5552.69	0.3146			5552.69	16767.5	percent of total billed charges	
UNLIST PROC MUSCULO SYS GEN	20999	CPT	outpatient			767	310.16	Aetna	Commercial		429.36	1.592			241.3	728.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MUSCULO SYS GEN	20999	CPT	outpatient			767	310.16	Aetna	Medicare		269.7	1			241.3	728.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MUSCULO SYS GEN	20999	CPT	outpatient			767	310.16	Aetna	Better Health		241.3	0.3146			241.3	728.65	percent of total billed charges	
UNLIST PROC MUSCULO SYS GEN	20999	CPT	outpatient			767	310.16	Americare	Americare		575.25	0.75			241.3	728.65	percent of total billed charges	
UNLIST PROC MUSCULO SYS GEN	20999	CPT	outpatient			767	310.16	WellPoint	WellPoint		246.05	0.3208			241.3	728.65	percent of total billed charges	
UNLIST PROC MUSCULO SYS GEN	20999	CPT	outpatient			767	310.16	Amerihealth	Medicare		269.7	1			241.3	728.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MUSCULO SYS GEN	20999	CPT	outpatient			767	310.16	Consumer	Consumer		728.65	0.95			241.3	728.65	percent of total billed charges	
UNLIST PROC MUSCULO SYS GEN	20999	CPT	outpatient			767	310.16	Corrections	Corrections		613.6	0.8			241.3	728.65	percent of total billed charges	
UNLIST PROC MUSCULO SYS GEN	20999	CPT	outpatient			767	310.16	First Health	First Health		536.9	0.7			241.3	728.65	percent of total billed charges	
UNLIST PROC MUSCULO SYS GEN	20999	CPT	outpatient			767	310.16	First Trenton	First Trenton		690.3	0.9			241.3	728.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLIST PROC MUSCULO SYS GEN	20999	CPT	outpatient			767	310.16	Horizon	Indemnity		492.74	1.827			241.3	728.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MUSCULO SYS GEN	20999	CPT	outpatient			767	310.16	Horizon	Medicare Blue		269.7	1			241.3	728.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MUSCULO SYS GEN	20999	CPT	outpatient			767	310.16	Horizon	PPO		492.74	1.827			241.3	728.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MUSCULO SYS GEN	20999	CPT	outpatient			767	310.16	Horizon	MGD		492.74	1.827			241.3	728.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MUSCULO SYS GEN	20999	CPT	outpatient			767	310.16	Managed Care Inc	Managed Care Inc		690.3	0.9			241.3	728.65	percent of total billed charges	
UNLIST PROC MUSCULO SYS GEN	20999	CPT	outpatient			767	310.16	Multiplan	Multiplan		613.6	0.8			241.3	728.65	percent of total billed charges	
UNLIST PROC MUSCULO SYS GEN	20999	CPT	outpatient			767	310.16	Qualcare	Qualcare		575.25	0.75			241.3	728.65	percent of total billed charges	
UNLIST PROC MUSCULO SYS GEN	20999	CPT	outpatient			767	310.16	Three Rivers	Three Rivers		728.65	0.95			241.3	728.65	percent of total billed charges	
UNLIST PROC MUSCULO SYS GEN	20999	CPT	outpatient			767	310.16	UHC	Medicare		269.7	1			241.3	728.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MUSCULO SYS GEN	20999	CPT	outpatient			767	310.16	UHC	Medicaid		241.3	0.3146			241.3	728.65	percent of total billed charges	
UNLIST PROC MUSCULO SYS GEN	20999	CPT	outpatient			767	310.16	Wellcare	Medicare		269.7	1			241.3	728.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MUSCULO SYS GEN	20999	CPT	outpatient			767	310.16	Wellcare	Medicaid		241.3	0.3146			241.3	728.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927	7702.18	Aetna	Commercial		10662.5	1.592			5829.52	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927	7702.18	Aetna	Better Health		5954.43	0.3146			5829.52	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927	7702.18	Aetna	Medicare		5829.52	0.308			5829.52	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927	7702.18	Americare	Americare		14195.25	0.75			5829.52	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927	7702.18	WellPoint	WellPoint		6071.78	0.3208			5829.52	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927	7702.18	Amerihealth	Medicare		6697.55	1			5829.52	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927	7702.18	Consumer	Consumer		17980.65	0.95			5829.52	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927	7702.18	Corrections	Corrections		15141.6	0.8			5829.52	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927	7702.18	First Health	First Health		13248.9	0.7			5829.52	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927	7702.18	First Trenton	First Trenton		17034.3	0.9			5829.52	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927	7702.18	Horizon	PPO		12236.42	1.827			5829.52	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927	7702.18	Horizon	Medicare Blue		6697.55	1			5829.52	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927	7702.18	Horizon	MGD		12236.42	1.827			5829.52	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927	7702.18	Horizon	Indemnity		12236.42	1.827			5829.52	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927	7702.18	Managed Care Inc	Managed Care Inc		17034.3	0.9			5829.52	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927	7702.18	Multiplan	Multiplan		15141.6	0.8			5829.52	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927	7702.18	Qualcare	Qualcare		14195.25	0.75			5829.52	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927	7702.18	Three Rivers	Three Rivers		17980.65	0.95			5829.52	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927	7702.18	UHC	Medicaid		5954.43	0.3146			5829.52	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927	7702.18	UHC	Medicare		6697.55	1			5829.52	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927	7702.18	Wellcare	Medicaid		5954.43	0.3146			5829.52	17980.65	percent of total billed charges	
EXCISION BONE MANDIBLE	21025	CPT	outpatient			18927	7702.18	Wellcare	Medicare		6697.55	1			5829.52	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182	4234.52	Aetna	Medicare		3682.19	1			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182	4234.52	Aetna	Commercial		5862.05	1.592			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182	4234.52	Aetna	Better Health		3203.26	0.3146			3203.26	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182	4234.52	Americare	Americare		7636.5	0.75			3203.26	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182	4234.52	WellPoint	WellPoint		3266.39	0.3208			3203.26	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182	4234.52	Amerihealth	Medicare		3682.19	1			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182	4234.52	Consumer	Consumer		9672.9	0.95			3203.26	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182	4234.52	Corrections	Corrections		8145.6	0.8			3203.26	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182	4234.52	First Health	First Health		7127.4	0.7			3203.26	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182	4234.52	First Trenton	First Trenton		9163.8	0.9			3203.26	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182	4234.52	Horizon	Indemnity		6727.36	1.827			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182	4234.52	Horizon	MGD		6727.36	1.827			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182	4234.52	Horizon	PPO		6727.36	1.827			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182	4234.52	Horizon	Medicare Blue		3682.19	1			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182	4234.52	Managed Care Inc	Managed Care Inc		9163.8	0.9			3203.26	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182	4234.52	Multiplan	Multiplan		8145.6	0.8			3203.26	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182	4234.52	Qualcare	Qualcare		7636.5	0.75			3203.26	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182	4234.52	Three Rivers	Three Rivers		9672.9	0.95			3203.26	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182	4234.52	UHC	Medicare		3682.19	1			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182	4234.52	UHC	Medicaid		3203.26	0.3146			3203.26	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182	4234.52	Wellcare	Medicaid		3203.26	0.3146			3203.26	9672.9	percent of total billed charges	
EXC OF TORUS MANDIBULARIS	21031	CPT	outpatient			10182	4234.52	Wellcare	Medicare		3682.19	1			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182	4234.52	Aetna	Better Health		3203.26	0.3146			3203.26	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182	4234.52	Aetna	Commercial		5862.05	1.592			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182	4234.52	Aetna	Medicare		3682.19	1			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182	4234.52	Americare	Americare		7636.5	0.75			3203.26	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182	4234.52	WellPoint	WellPoint		3266.39	0.3208			3203.26	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182	4234.52	Amerihealth	Medicare		3682.19	1			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182	4234.52	Consumer	Consumer		9672.9	0.95			3203.26	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182	4234.52	Corrections	Corrections		8145.6	0.8			3203.26	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182	4234.52	First Health	First Health		7127.4	0.7			3203.26	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182	4234.52	First Trenton	First Trenton		9163.8	0.9			3203.26	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182	4234.52	Horizon	PPO		6727.36	1.827			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182	4234.52	Horizon	Indemnity		6727.36	1.827			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182	4234.52	Horizon	MGD		6727.36	1.827			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182	4234.52	Horizon	Medicare Blue		3682.19	1			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182	4234.52	Managed Care Inc	Managed Care Inc		9163.8	0.9			3203.26	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182	4234.52	Multiplan	Multiplan		8145.6	0.8			3203.26	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182	4234.52	Qualcare	Qualcare		7636.5	0.75			3203.26	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182	4234.52	Three Rivers	Three Rivers		9672.9	0.95			3203.26	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182	4234.52	UHC	Medicare		3682.19	1			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182	4234.52	UHC	Medicaid		3203.26	0.3146			3203.26	9672.9	percent of total billed charges	
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182	4234.52	Wellcare	Medicare		3682.19	1			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLARY TORUS PALATINUS	21032	CPT	outpatient			10182	4234.52	Wellcare	Medicaid		3203.26	0.3146			3203.26	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182	4234.52	Aetna	Commercial		5862.05	1.592			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182	4234.52	Aetna	Better Health		3203.26	0.3146			3203.26	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182	4234.52	Aetna	Medicare		3682.19	1			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182	4234.52	Americare	Americare		7636.5	0.75			3203.26	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182	4234.52	WellPoint	WellPoint		3266.39	0.3208			3203.26	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182	4234.52	Amerihealth	Medicare		3682.19	1			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182	4234.52	Consumer	Consumer		9672.9	0.95			3203.26	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182	4234.52	Corrections	Corrections		8145.6	0.8			3203.26	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182	4234.52	First Health	First Health		7127.4	0.7			3203.26	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182	4234.52	First Trenton	First Trenton		9163.8	0.9			3203.26	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182	4234.52	Horizon	PPO		6727.36	1.827			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182	4234.52	Horizon	MGD		6727.36	1.827			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182	4234.52	Horizon	Indemnity		6727.36	1.827			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182	4234.52	Horizon	Medicare Blue		3682.19	1			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182	4234.52	Managed Care Inc	Managed Care Inc		9163.8	0.9			3203.26	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182	4234.52	Multiplan	Multiplan		8145.6	0.8			3203.26	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182	4234.52	Qualcare	Qualcare		7636.5	0.75			3203.26	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182	4234.52	Three Rivers	Three Rivers		9672.9	0.95			3203.26	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182	4234.52	UHC	Medicaid		3203.26	0.3146			3203.26	9672.9	percent of total billed charges	
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182	4234.52	UHC	Medicare		3682.19	1			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182	4234.52	Wellcare	Medicare		3682.19	1			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BENIGN CYTS/TUMOR NON ODONTO <1.25	21040	CPT	outpatient			10182	4234.52	Wellcare	Medicaid		3203.26	0.3146			3203.26	9672.9	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927	7702.18	Aetna	Medicare		6697.55	1			5954.43	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927	7702.18	Aetna	Commercial		10662.5	1.592			5954.43	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927	7702.18	Aetna	Better Health		5954.43	0.3146			5954.43	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927	7702.18	Americare	Americare		14195.25	0.75			5954.43	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927	7702.18	WellPoint	WellPoint		6071.78	0.3208			5954.43	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927	7702.18	Amerihealth	Medicare		6697.55	1			5954.43	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927	7702.18	Consumer	Consumer		17980.65	0.95			5954.43	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927	7702.18	Corrections	Corrections		15141.6	0.8			5954.43	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927	7702.18	First Health	First Health		13248.9	0.7			5954.43	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927	7702.18	First Trenton	First Trenton		17034.3	0.9			5954.43	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927	7702.18	Horizon	MGD		12236.42	1.827			5954.43	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927	7702.18	Horizon	Indemnity		12236.42	1.827			5954.43	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927	7702.18	Horizon	PPO		12236.42	1.827			5954.43	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927	7702.18	Horizon	Medicare Blue		6697.55	1			5954.43	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927	7702.18	Managed Care Inc	Managed Care Inc		17034.3	0.9			5954.43	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927	7702.18	Multiplan	Multiplan		15141.6	0.8			5954.43	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927	7702.18	Qualcare	Qualcare		14195.25	0.75			5954.43	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927	7702.18	Three Rivers	Three Rivers		17980.65	0.95			5954.43	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927	7702.18	UHC	Medicare		6697.55	1			5954.43	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927	7702.18	UHC	Medicaid		5954.43	0.3146			5954.43	17980.65	percent of total billed charges	
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927	7702.18	Wellcare	Medicare		6697.55	1			5954.43	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MAXILLA TUMOR CMPLX	21048	CPT	outpatient			18927	7702.18	Wellcare	Medicaid		5954.43	0.3146			5954.43	17980.65	percent of total billed charges	
MANIPULATION TMJ THERA W/ANES	21073	CPT	outpatient			5034	2005.77	Aetna	Commercial		2776.69	1.592			1583.7	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION TMJ THERA W/ANES	21073	CPT	outpatient			5034	2005.77	Aetna	Better Health		1583.7	0.3146			1583.7	4782.3	percent of total billed charges	
MANIPULATION TMJ THERA W/ANES	21073	CPT	outpatient			5034	2005.77	Aetna	Medicare		1744.15	1			1583.7	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION TMJ THERA W/ANES	21073	CPT	outpatient			5034	2005.77	Americare	Americare		3775.5	0.75			1583.7	4782.3	percent of total billed charges	
MANIPULATION TMJ THERA W/ANES	21073	CPT	outpatient			5034	2005.77	WellPoint	WellPoint		1614.91	0.3208			1583.7	4782.3	percent of total billed charges	
MANIPULATION TMJ THERA W/ANES	21073	CPT	outpatient			5034	2005.77	Amerihealth	Medicare		1744.15	1			1583.7	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION TMJ THERA W/ANES	21073	CPT	outpatient			5034	2005.77	Consumer	Consumer		4782.3	0.95			1583.7	4782.3	percent of total billed charges	
MANIPULATION TMJ THERA W/ANES	21073	CPT	outpatient			5034	2005.77	Corrections	Corrections		4027.2	0.8			1583.7	4782.3	percent of total billed charges	
MANIPULATION TMJ THERA W/ANES	21073	CPT	outpatient			5034	2005.77	First Health	First Health		3523.8	0.7			1583.7	4782.3	percent of total billed charges	
MANIPULATION TMJ THERA W/ANES	21073	CPT	outpatient			5034	2005.77	First Trenton	First Trenton		4530.6	0.9			1583.7	4782.3	percent of total billed charges	
MANIPULATION TMJ THERA W/ANES	21073	CPT	outpatient			5034	2005.77	Horizon	MGD		3186.56	1.827			1583.7	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION TMJ THERA W/ANES	21073	CPT	outpatient			5034	2005.77	Horizon	Medicare Blue		1744.15	1			1583.7	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION TMJ THERA W/ANES	21073	CPT	outpatient			5034	2005.77	Horizon	Indemnity		3186.56	1.827			1583.7	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION TMJ THERA W/ANES	21073	CPT	outpatient			5034	2005.77	Horizon	PPO		3186.56	1.827			1583.7	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION TMJ THERA W/ANES	21073	CPT	outpatient			5034	2005.77	Managed Care Inc	Managed Care Inc		4530.6	0.9			1583.7	4782.3	percent of total billed charges	
MANIPULATION TMJ THERA W/ANES	21073	CPT	outpatient			5034	2005.77	Multiplan	Multiplan		4027.2	0.8			1583.7	4782.3	percent of total billed charges	
MANIPULATION TMJ THERA W/ANES	21073	CPT	outpatient			5034	2005.77	Qualcare	Qualcare		3775.5	0.75			1583.7	4782.3	percent of total billed charges	
MANIPULATION TMJ THERA W/ANES	21073	CPT	outpatient			5034	2005.77	Three Rivers	Three Rivers		4782.3	0.95			1583.7	4782.3	percent of total billed charges	
MANIPULATION TMJ THERA W/ANES	21073	CPT	outpatient			5034	2005.77	UHC	Medicaid		1583.7	0.3146			1583.7	4782.3	percent of total billed charges	
MANIPULATION TMJ THERA W/ANES	21073	CPT	outpatient			5034	2005.77	UHC	Medicare		1744.15	1			1583.7	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION TMJ THERA W/ANES	21073	CPT	outpatient			5034	2005.77	Wellcare	Medicaid		1

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MANIPULATION TMJ THERA W/ANES	21073	CPT	outpatient			5034		2005.77 Wellcare	Medicare		1744.15	1			1583.7	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	21085	CPT	outpatient			5908		321.26 Aetna	Better Health		1858.66	0.3146			242.7	5612.6	percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		321.26 Aetna	Commercial		444.74	1.592			242.7	5612.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	21085	CPT	outpatient			5908		321.26 Aetna	Medicare		1819.66	0.308			242.7	5612.6	percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		321.26 Americare	Americare		4431	0.75			242.7	5612.6	percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		321.26 WellPoint	WellPoint		1895.29	0.3208			242.7	5612.6	percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		321.26 Amerihealth	Medicare		279.36	1			242.7	5612.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	21085	CPT	outpatient			5908		321.26 Consumer	Consumer		5612.6	0.95			242.7	5612.6	percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		321.26 Corrections	Corrections		4726.4	0.8			242.7	5612.6	percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		321.26 First Health	First Health		4135.6	0.7			242.7	5612.6	percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		321.26 First Trenton	First Trenton		5317.2	0.9			242.7	5612.6	percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		321.26 Horizon	Medicare Blue		279.36	1			242.7	5612.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	21085	CPT	outpatient			5908		321.26 Horizon	MGD		510.39	1.827			242.7	5612.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	21085	CPT	outpatient			5908		321.26 Horizon	PPO		510.39	1.827			242.7	5612.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	21085	CPT	outpatient			5908		321.26 Horizon	Indemnity		510.39	1.827			242.7	5612.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	21085	CPT	outpatient			5908		321.26 Managed Care Inc	Managed Care Inc		5317.2	0.9			242.7	5612.6	percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		321.26 Multiplan	Multiplan		4726.4	0.8			242.7	5612.6	percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		321.26 Qualcare	Qualcare		4431	0.75			242.7	5612.6	percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		321.26 Three Rivers	Three Rivers		5612.6	0.95			242.7	5612.6	percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		321.26 UHC	Medicaid		1858.66	0.3146			242.7	5612.6	percent of total billed charges	
SURGICAL SPLINT	21085	CPT	outpatient			5908		321.26 UHC	Medicare		279.36	1			242.7	5612.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	21085	CPT	outpatient			5908		321.26 Wellcare	Medicare		279.36	1			242.7	5612.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	21085	CPT	outpatient			5908		321.26 Wellcare	Medicaid		1858.66	0.3146			242.7	5612.6	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799		7702.18 Aetna	Commercial		10662.5	1.592			2710.09	12236.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799		7702.18 Aetna	Better Health		2768.17	0.3146			2710.09	12236.42	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799		7702.18 Aetna	Medicare		2710.09	0.308			2710.09	12236.42	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799		7702.18 Americare	Americare		6599.25	0.75			2710.09	12236.42	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799		7702.18 WellPoint	WellPoint		2822.72	0.3208			2710.09	12236.42	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799		7702.18 Amerihealth	Medicare		6697.55	1			2710.09	12236.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799		7702.18 Consumer	Consumer		8359.05	0.95			2710.09	12236.42	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799		7702.18 Corrections	Corrections		7039.2	0.8			2710.09	12236.42	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799		7702.18 First Health	First Health		6159.3	0.7			2710.09	12236.42	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799		7702.18 First Trenton	First Trenton		7919.1	0.9			2710.09	12236.42	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799		7702.18 Horizon	MGD		12236.42	1.827			2710.09	12236.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799		7702.18 Horizon	Medicare Blue		6697.55	1			2710.09	12236.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799		7702.18 Horizon	Indemnity		12236.42	1.827			2710.09	12236.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799		7702.18 Horizon	PPO		12236.42	1.827			2710.09	12236.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799		7702.18 Managed Care Inc	Managed Care Inc		7919.1	0.9			2710.09	12236.42	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799		7702.18 Multiplan	Multiplan		7039.2	0.8			2710.09	12236.42	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799		7702.18 Qualcare	Qualcare		6599.25	0.75			2710.09	12236.42	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799		7702.18 Three Rivers	Three Rivers		8359.05	0.95			2710.09	12236.42	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799		7702.18 UHC	Medicaid		2768.17	0.3146			2710.09	12236.42	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799		7702.18 UHC	Medicare		6697.55	1			2710.09	12236.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799		7702.18 Wellcare	Medicaid		2768.17	0.3146			2710.09	12236.42	percent of total billed charges	
APPL HALO FOR MAXFACIAL FIXTN	21100	CPT	outpatient			8799		7702.18 Wellcare	Medicare		6697.55	1			2710.09	12236.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDERDENTAL FIXATION	21110	CPT	outpatient			2247		2005.77 Aetna	Medicare		1744.15	1			706.91	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDERDENTAL FIXATION	21110	CPT	outpatient			2247		2005.77 Aetna	Better Health		706.91	0.3146			706.91	3186.56	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247		2005.77 Aetna	Commercial		2776.69	1.592			706.91	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDERDENTAL FIXATION	21110	CPT	outpatient			2247		2005.77 Americare	Americare		1685.25	0.75			706.91	3186.56	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247		2005.77 WellPoint	WellPoint		720.84	0.3208			706.91	3186.56	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247		2005.77 Amerihealth	Medicare		1744.15	1			706.91	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDERDENTAL FIXATION	21110	CPT	outpatient			2247		2005.77 Consumer	Consumer		2134.65	0.95			706.91	3186.56	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247		2005.77 Corrections	Corrections		1797.6	0.8			706.91	3186.56	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247		2005.77 First Health	First Health		1572.9	0.7			706.91	3186.56	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247		2005.77 First Trenton	First Trenton		2022.3	0.9			706.91	3186.56	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247		2005.77 Horizon	Indemnity		3186.56	1.827			706.91	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDERDENTAL FIXATION	21110	CPT	outpatient			2247		2005.77 Horizon	MGD		3186.56	1.827			706.91	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDERDENTAL FIXATION	21110	CPT	outpatient			2247		2005.77 Horizon	Medicare Blue		1744.15	1			706.91	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDERDENTAL FIXATION	21110	CPT	outpatient			2247		2005.77 Horizon	PPO		3186.56	1.827			706.91	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDERDENTAL FIXATION	21110	CPT	outpatient			2247		2005.77 Managed Care Inc	Managed Care Inc		2022.3	0.9			706.91	3186.56	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247		2005.77 Multiplan	Multiplan		1797.6	0.8			706.91	3186.56	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247		2005.77 Qualcare	Qualcare		1685.25	0.75			706.91	3186.56	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247		2005.77 Three Rivers	Three Rivers		2134.65	0.95			706.91	3186.56	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247		2005.77 UHC	Medicaid		706.91	0.3146			706.91	3186.56	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247		2005.77 UHC	Medicare		1744.15	1			706.91	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDERDENTAL FIXATION	21110	CPT	outpatient			2247		2005.77 Wellcare	Medicaid		706.91	0.3146			706.91	3186.56	percent of total billed charges	
INDERDENTAL FIXATION	21110	CPT	outpatient			2247		2005.77 Wellcare	Medicare		1744.15	1			706.91	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PROC TMJ ARTHRO RT	21116	CPT	outpatient			2681			Aetna	Commercial		1018.78	0.38			113.7	2546.95	percent of total billed charges	
INJECT PROC TMJ ARTHRO RT	21116	CPT	outpatient			2681			Aetna	Better Health		843.44	0.3146			113.7	2546.95	percent of total billed charges	
INJECT PROC TMJ ARTHRO RT	21116	CPT	outpatient			2681			Aetna	Medicare		825.75	0.308			113.7	2546.95	percent of total billed charges	
INJECT PROC TMJ ARTHRO RT	21116	CPT	outpatient			2681			Americare	Americare		2010.75	0.75			113.7	2546.95	percent of total billed charges	
INJECT PROC TMJ ARTHRO RT	21116	CPT	outpatient			2681			WellPoint	WellPoint		860.06	0.3208			113.7	2546.95	percent of total billed charges	
INJECT PROC TMJ ARTHRO RT	21116	CPT	outpatient			2681			Consumer	Consumer		2546.95	0.95			113.7	2546.95	percent of total billed charges	
INJECT PROC TMJ ARTHRO RT	21116	CPT	outpatient			2681			Corrections	Corrections		2144.8	0.8			113.7	2546.95	percent of total billed charges	
INJECT PROC TMJ ARTHRO RT	21116	CPT	outpatient			2681			First Health	First Health		1876.7	0.7			113.7	2546.95	percent of total billed charges	
INJECT PROC TMJ ARTHRO RT	21116	CPT	outpatient			2681			First Trenton	First Trenton		2412.9	0.9			113.7	2546.95	percent of total billed charges	
INJECT PROC TMJ ARTHRO RT	21116	CPT	outpatient			2681			Horizon	MGD		1026.29	0.3828			113.7	2546.95	percent of total billed charges	
INJECT PROC TMJ ARTHRO RT	21116	CPT	outpatient			2681			Horizon	Indemnity		1026.29	0.3828			113.7	2546.95	percent of total billed charges	
INJECT PROC TMJ ARTHRO RT	21116	CPT	outpatient			2681			Horizon	Medicare Blue		804.3	0.3			113.7	2546.95	percent of total billed charges	
INJECT PROC TMJ ARTHRO RT	21116	CPT	outpatient			2681			Horizon	PPO		1026.29	0.3828			113.7	2546.95	percent of total billed charges	
INJECT PROC TMJ ARTHRO RT	21116	CPT	outpatient			2681			Managed Care Inc	Managed Care Inc		2412.9	0.9			113.7	2546.95	percent of total billed charges	
INJECT PROC TMJ ARTHRO RT	21116	CPT	outpatient			2681			Multiplan	Multiplan		2144.8	0.8			113.7	2546.95	percent of total billed charges	
INJECT PROC TMJ ARTHRO RT	21116	CPT	outpatient			2681			Qualcare	Qualcare		2010.75	0.75			113.7	2546.95	percent of total billed charges	
INJECT PROC TMJ ARTHRO RT	21116	CPT	outpatient			2681			Three Rivers	Three Rivers		2546.95	0.95			113.7	2546.95	percent of total billed charges	
INJECT PROC TMJ ARTHRO RT	21116	CPT	outpatient			2681			UHC	Medicaid		843.44	0.3146			113.7	2546.95	percent of total billed charges	
INJECT PROC TMJ ARTHRO RT	21116	CPT	outpatient			2681			Wellcare	Medicaid		843.44	0.3146			113.7	2546.95	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927		7702.18 Aetna	Better Health		5954.43	0.3146			5829.52	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927		7702.18 Aetna	Medicare		5829.52	0.308			5829.52	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927		7702.18 Aetna	Commercial		10662.5	1.592			5829.52	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927		7702.18 Americare	Americare		14195.25	0.75			5829.52	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927		7702.18 WellPoint	WellPoint		6071.78	0.3208			5829.52	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927		7702.18 Amerihealth	Medicare		6697.55	1			5829.52	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927		7702.18 Consumer	Consumer		17980.65	0.95			5829.52	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927		7702.18 Corrections	Corrections		15141.6	0.8			5829.52	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927		7702.18 First Health	First Health		13248.9	0.7			5829.52	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927		7702.18 First Trenton	First Trenton		17034.3	0.9			5829.52	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927		7702.18 Horizon	PPO		12236.42	1.827			5829.52	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927		7702.18 Horizon	MGD		12236.42	1.827			5829.52	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927		7702.18 Horizon	Indemnity		12236.42	1.827			5829.52	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927		7702.18 Horizon	Medicare Blue		6697.55	1			5829.52	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927		7702.18 Managed Care Inc	Managed Care Inc		17034.3	0.9			5829.52	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927		7702.18 Multiplan	Multiplan		15141.6	0.8			5829.52	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927		7702.18 Qualcare	Qualcare		14195.25	0.75			5829.52	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927		7702.18 Three Rivers	Three Rivers		17980.65	0.95			5829.52	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927		7702.18 UHC	Medicare		6697.55	1			5829.52	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927		7702.18 UHC	Medicaid		5954.43	0.3146			5829.52	17980.65	percent of total billed charges	
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927		7702.18 Wellcare	Medicare		6697.55	1			5829.52	17980.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTEOPLAS FACIAL BONES W/ RED	21209	CPT	outpatient			18927		7702.18 Wellcare	Medicaid		5954.43	0.3146			5829.52	17980.65	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182		4234.52 Aetna	Better Health		3203.26	0.3146			3203.26	9672.9	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182		4234.52 Aetna	Commercial		5862.05	1.592			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182		4234.52 Aetna	Medicare		3682.19	1			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182		4234.52 Americare	Americare		7636.5	0.75			3203.26	9672.9	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182		4234.52 WellPoint	WellPoint		3266.39	0.3208			3203.26	9672.9	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182		4234.52 Amerihealth	Medicare		3682.19	1			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182		4234.52 Consumer	Consumer		9672.9	0.95			3203.26	9672.9	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182		4234.52 Corrections	Corrections		8145.6	0.8			3203.26	9672.9	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182		4234.52 First Health	First Health		7127.4	0.7			3203.26	9672.9	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182		4234.52 First Trenton	First Trenton		9163.8	0.9			3203.26	9672.9	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182		4234.52 Horizon	Indemnity		6727.36	1.827			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182		4234.52 Horizon	Medicare Blue		3682.19	1			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182		4234.52 Horizon	PPO		6727.36	1.827			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182		4234.52 Horizon	MGD		6727.36	1.827			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182		4234.52 Managed Care Inc	Managed Care Inc		9163.8	0.9			3203.26	9672.9	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182		4234.52 Multiplan	Multiplan		8145.6	0.8			3203.26	9672.9	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182		4234.52 Qualcare	Qualcare		7636.5	0.75			3203.26	9672.9	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182		4234.52 Three Rivers	Three Rivers		9672.9	0.95			3203.26	9672.9	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182		4234.52 UHC	Medicare		3682.19	1			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182		4234.52 UHC	Medicaid		3203.26	0.3146			3203.26	9672.9	percent of total billed charges	
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182		4234.52 Wellcare	Medicare		3682.19	1			3203.26	9672.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LATERAL CANTHOPEXY	21282	CPT	outpatient			10182		4234.52 Wellcare	Medicaid		3203.26	0.3146			3203.26	9672.9	percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient			5034		2005.77 Aetna	Better Health		1583.7	0.3146			1583.7	4782.3	percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient			5034		2005.77 Aetna	Medicare		1744.15	1			1583.7	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient			5034		2005.77 Aetna	Commercial		2776.69	1.592			1583.7	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient			5034		2005.77 Americare	Americare		3775.5	0.75			1583.7	4782.3	percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient			5034		2005.77 WellPoint	WellPoint		1614.91	0.3208			1583.7	4782.3	percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient			5034		2005.77 Amerihealth	Medicare		1744.15	1			1583.7	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient			5034		2005.77 Consumer	Consumer		4782.3	0.95			1583.7	4782.3	percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient			5034		2005.77 Corrections	Corrections		4027.2	0.8			1583.7	4782.3	percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient			5034		2005.77 First Health	First Health		3523.8	0.7			1583.7	4782.3	percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient			5034		2005.77 First Trenton	First Trenton		4530.6	0.9			1583.7	4782.3	percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient			5034		2005.77 Horizon	Medicare Blue		1744.15	1			1583.7	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient			5034		2005.77 Horizon	Indemnity		3186.56	1.827			1583.7	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient			5034		2005.77 Horizon	MGD		3186.56	1.827			1583.7	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient			5034	2005.77	Horizon	PPO		3186.56	1.827			1583.7	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient			5034	2005.77	Managed Care Inc	Managed Care Inc		4530.6	0.9			1583.7	4782.3	percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient			5034	2005.77	Multiplan	Multiplan		4027.2	0.8			1583.7	4782.3	percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient			5034	2005.77	Qualcare	Qualcare		3775.5	0.75			1583.7	4782.3	percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient			5034	2005.77	Three Rivers	Three Rivers		4782.3	0.95			1583.7	4782.3	percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient			5034	2005.77	UHC	Medicaid		1583.7	0.3146			1583.7	4782.3	percent of total billed charges	
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient			5034	2005.77	UHC	Medicare		1744.15	1			1583.7	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient			5034	2005.77	Wellcare	Medicare		1744.15	1			1583.7	4782.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC MASSETER MUSCLE & BONE	21295	CPT	outpatient			5034	2005.77	Wellcare	Medicaid		1583.7	0.3146			1583.7	4782.3	percent of total billed charges	
UNLSTED CRANIO/MAXILLO PROC	21299	CPT	outpatient			795	321.26	Aetna	Commercial		444.74	1.592			242.7	755.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTED CRANIO/MAXILLO PROC	21299	CPT	outpatient			795	321.26	Aetna	Medicare		244.86	0.308			242.7	755.25	percent of total billed charges	
UNLSTED CRANIO/MAXILLO PROC	21299	CPT	outpatient			795	321.26	Aetna	Better Health		250.11	0.3146			242.7	755.25	percent of total billed charges	
UNLSTED CRANIO/MAXILLO PROC	21299	CPT	outpatient			795	321.26	Americare	Americare		596.25	0.75			242.7	755.25	percent of total billed charges	
UNLSTED CRANIO/MAXILLO PROC	21299	CPT	outpatient			795	321.26	WellPoint	WellPoint		255.04	0.3208			242.7	755.25	percent of total billed charges	
UNLSTED CRANIO/MAXILLO PROC	21299	CPT	outpatient			795	321.26	Amerihealth	Medicare		279.36	1			242.7	755.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTED CRANIO/MAXILLO PROC	21299	CPT	outpatient			795	321.26	Consumer	Consumer		755.25	0.95			242.7	755.25	percent of total billed charges	
UNLSTED CRANIO/MAXILLO PROC	21299	CPT	outpatient			795	321.26	Corrections	Corrections		636	0.8			242.7	755.25	percent of total billed charges	
UNLSTED CRANIO/MAXILLO PROC	21299	CPT	outpatient			795	321.26	First Health	First Health		596.5	0.7			242.7	755.25	percent of total billed charges	
UNLSTED CRANIO/MAXILLO PROC	21299	CPT	outpatient			795	321.26	First Trenton	First Trenton		715.5	0.9			242.7	755.25	percent of total billed charges	
UNLSTED CRANIO/MAXILLO PROC	21299	CPT	outpatient			795	321.26	Horizon	Indemnity		510.39	1.827			242.7	755.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTED CRANIO/MAXILLO PROC	21299	CPT	outpatient			795	321.26	Horizon	Medicare Blue		279.36	1			242.7	755.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTED CRANIO/MAXILLO PROC	21299	CPT	outpatient			795	321.26	Horizon	PPO		510.39	1.827			242.7	755.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTED CRANIO/MAXILLO PROC	21299	CPT	outpatient			795	321.26	Horizon	MGD		510.39	1.827			242.7	755.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTED CRANIO/MAXILLO PROC	21299	CPT	outpatient			795	321.26	Managed Care Inc	Managed Care Inc		715.5	0.9			242.7	755.25	percent of total billed charges	
UNLSTED CRANIO/MAXILLO PROC	21299	CPT	outpatient			795	321.26	Multiplan	Multiplan		636	0.8			242.7	755.25	percent of total billed charges	
UNLSTED CRANIO/MAXILLO PROC	21299	CPT	outpatient			795	321.26	Qualcare	Qualcare		596.25	0.75			242.7	755.25	percent of total billed charges	
UNLSTED CRANIO/MAXILLO PROC	21299	CPT	outpatient			795	321.26	Three Rivers	Three Rivers		755.25	0.95			242.7	755.25	percent of total billed charges	
UNLSTED CRANIO/MAXILLO PROC	21299	CPT	outpatient			795	321.26	UHC	Medicare		279.36	1			242.7	755.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTED CRANIO/MAXILLO PROC	21299	CPT	outpatient			795	321.26	UHC	Medicaid		250.11	0.3146			242.7	755.25	percent of total billed charges	
UNLSTED CRANIO/MAXILLO PROC	21299	CPT	outpatient			795	321.26	Wellcare	Medicare		279.36	1			242.7	755.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTED CRANIO/MAXILLO PROC	21299	CPT	outpatient			795	321.26	Wellcare	Medicaid		250.11	0.3146			242.7	755.25	percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69	1.592			659.72	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient			5059	2005.77	Aetna	Better Health		1591.56	0.3146			659.72	4806.05	percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient			5059	2005.77	Aetna	Medicare		1744.15	1			659.72	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	0.75			659.72	4806.05	percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1622.93	0.3208			659.72	4806.05	percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient			5059	2005.77	Amerihealth	Medicare		1744.15	1			659.72	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	0.95			659.72	4806.05	percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	0.8			659.72	4806.05	percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	0.7			659.72	4806.05	percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	0.9			659.72	4806.05	percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient			5059	2005.77	Horizon	PPO		3186.56	1.827			659.72	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient			5059	2005.77	Horizon	MGD		3186.56	1.827			659.72	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3186.56	1.827			659.72	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15	1			659.72	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	0.9			659.72	4806.05	percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	0.8			659.72	4806.05	percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	0.75			659.72	4806.05	percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	0.95			659.72	4806.05	percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15	1			659.72	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient			5059	2005.77	UHC	Medicaid		1591.56	0.3146			659.72	4806.05	percent of total billed charges	
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15	1			659.72	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSED TRT NOSE FRACT WO STABL	21315	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1591.56	0.3146			659.72	4806.05	percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient			10367	4234.52	Aetna	Better Health		3261.46	0.3146			1871.24	9848.65	percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05	1.592			1871.24	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient			10367	4234.52	Aetna	Medicare		3682.19	1			1871.24	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	0.75			1871.24	9848.65	percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3325.73	0.3208			1871.24	9848.65	percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19	1			1871.24	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	0.95			1871.24	9848.65	percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	0.8			1871.24	9848.65	percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	0.7			1871.24	9848.65	percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	0.9			1871.24	9848.65	percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient			10367	4234.52	Horizon	MGD		6727.36	1.827			1871.24	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19	1			1871.24	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6727.36	1.827			1871.24	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient			10367	4234.52	Horizon	PPO		6727.36	1.827			1871.24	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	0.9			1871.24	9848.65	percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	0.8			1871.24	9848.65	percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	0.75			1871.24	9848.65	percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	0.95			1871.24	9848.65	percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient			10367	4234.52	UHC	Medicaid		3261.46	0.3146			1871.24	9848.65	percent of total billed charges	
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19	1			1871.24	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19	1			1871.24	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED NASAL FX-CLOSED INSTR	21320	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3261.46	0.3146			1871.24	9848.65	percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	Aetna	Commercial		5862.05	1.592			2889.96	8913.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	Aetna	Better Health		2951.89	0.3146			2889.96	8913.85	percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	Aetna	Medicare		2889.96	0.308			2889.96	8913.85	percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	Americare	Americare		7037.25	0.75			2889.96	8913.85	percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	WellPoint	WellPoint		3010.07	0.3208			2889.96	8913.85	percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	Amerihealth	Medicare		3682.19	1			2889.96	8913.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	Consumer	Consumer		8913.85	0.95			2889.96	8913.85	percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	Corrections	Corrections		7506.4	0.8			2889.96	8913.85	percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	First Health	First Health		6568.1	0.7			2889.96	8913.85	percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	First Trenton	First Trenton		8444.7	0.9			2889.96	8913.85	percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	Horizon	Medicare Blue		3682.19	1			2889.96	8913.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	Horizon	Indemnity		6727.36	1.827			2889.96	8913.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	Horizon	MGD		6727.36	1.827			2889.96	8913.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	Horizon	PPO		6727.36	1.827			2889.96	8913.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	Managed Care Inc	Managed Care Inc		8444.7	0.9			2889.96	8913.85	percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	Multiplan	Multiplan		7506.4	0.8			2889.96	8913.85	percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	Qualcare	Qualcare		7037.25	0.75			2889.96	8913.85	percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	Three Rivers	Three Rivers		8913.85	0.95			2889.96	8913.85	percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	UHC	Medicaid		2951.89	0.3146			2889.96	8913.85	percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	UHC	Medicare		3682.19	1			2889.96	8913.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	Wellcare	Medicaid		2951.89	0.3146			2889.96	8913.85	percent of total billed charges	
OPEN TREAT NASAL FX UNC	21325	CPT	outpatient			9383	4234.52	Wellcare	Medicare		3682.19	1			2889.96	8913.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Aetna	Better Health		2894.01	0.3146			2833.29	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Aetna	Medicare		2833.29	0.308			2833.29	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Aetna	Commercial		5893.39	1.592			2833.29	8739.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Americare	Americare		6899.25	0.75			2833.29	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	WellPoint	WellPoint		2951.04	0.3208			2833.29	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Amerihealth	Medicare		3701.88	1			2833.29	8739.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Consumer	Consumer		8739.05	0.95			2833.29	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Corrections	Corrections		7359.2	0.8			2833.29	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	First Health	First Health		6439.3	0.7			2833.29	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	First Trenton	First Trenton		8279.1	0.9			2833.29	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Horizon	MGD		6763.33	1.827			2833.29	8739.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Horizon	Indemnity		6763.33	1.827			2833.29	8739.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Horizon	Medicare Blue		3701.88	1			2833.29	8739.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Horizon	PPO		6763.33	1.827			2833.29	8739.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Managed Care Inc	Managed Care Inc		8279.1	0.9			2833.29	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Multiplan	Multiplan		7359.2	0.8			2833.29	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Qualcare	Qualcare		6899.25	0.75			2833.29	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Three Rivers	Three Rivers		8739.05	0.95			2833.29	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	UHC	Medicare		3701.88	1			2833.29	8739.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	UHC	Medicaid		2894.01	0.3146			2833.29	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Wellcare	Medicaid		2894.01	0.3146			2833.29	8739.05	percent of total billed charges	
OPEN NASAL FRACTURE	21336	CPT	outpatient			9199	4257.16	Wellcare	Medicare		3701.88	1			2833.29	8739.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Aetna	Better Health		3261.46	0.3146			2182.38	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05	1.592			2182.38	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Aetna	Medicare		3682.19	1			2182.38	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	0.75			2182.38	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3325.73	0.3208			2182.38	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19	1			2182.38	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	0.95			2182.38	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	0.8			2182.38	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	0.7			2182.38	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	0.9			2182.38	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Horizon	MGD		6727.36	1.827			2182.38	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19	1			2182.38	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6727.36	1.827			2182.38	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Horizon	PPO		6727.36	1.827			2182.38	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	0.9			2182.38	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	0.8			2182.38	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	0.75			2182.38	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	0.95			2182.38	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	UHC	Medicaid		3261.46	0.3146			2182.38	9848.65	percent of total billed charges	
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19	1			2182.38	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19	1			2182.38	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT NASAL FX	21337	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3261.46	0.3146			2182.38	9848.65	percent of total billed charges	
FX.MAX.-CLOSED SIMPLE	21345	CPT	outpatient			5059	2005.77	Aetna	Better Health		1591.56	0.3146			1410.98	4806.05	percent of total billed charges	
FX.MAX.-CLOSED SIMPLE	21345	CPT	outpatient			5059	2005.77	Aetna	Medicare		1744.15	1			1410.98	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FX.MAX.-CLOSED SIMPLE	21345	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69	1.592			1410.98	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAX.-CLOSED SIMPLE	21345	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	0.75			1410.98	4806.05	percent of total billed charges	
FX.MAX.-CLOSED SIMPLE	21345	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1622.93	0.3208			1410.98	4806.05	percent of total billed charges	
FX.MAX.-CLOSED SIMPLE	21345	CPT	outpatient			5059	2005.77	Amerihealth	Medicare		1744.15	1			1410.98	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAX.-CLOSED SIMPLE	21345	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	0.95			1410.98	4806.05	percent of total billed charges	
FX.MAX.-CLOSED SIMPLE	21345	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	0.8			1410.98	4806.05	percent of total billed charges	
FX.MAX.-CLOSED SIMPLE	21345	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	0.7			1410.98	4806.05	percent of total billed charges	
FX.MAX.-CLOSED SIMPLE	21345	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	0.9			1410.98	4806.05	percent of total billed charges	
FX.MAX.-CLOSED SIMPLE	21345	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3186.56	1.827			1410.98	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAX.-CLOSED SIMPLE	21345	CPT	outpatient			5059	2005.77	Horizon	PPO		3186.56	1.827			1410.98	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAX.-CLOSED SIMPLE	21345	CPT	outpatient			5059	2005.77	Horizon	MGD		3186.56	1.827			1410.98	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAX.-CLOSED SIMPLE	21345	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15	1			1410.98	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAX.-CLOSED SIMPLE	21345	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	0.9			1410.98	4806.05	percent of total billed charges	
FX.MAX.-CLOSED SIMPLE	21345	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	0.8			1410.98	4806.05	percent of total billed charges	
FX.MAX.-CLOSED SIMPLE	21345	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	0.75			1410.98	4806.05	percent of total billed charges	
FX.MAX.-CLOSED SIMPLE	21345	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	0.95			1410.98	4806.05	percent of total billed charges	
FX.MAX.-CLOSED SIMPLE	21345	CPT	outpatient			5059	2005.77	UHC	Medicaid		1591.56	0.3146			1410.98	4806.05	percent of total billed charges	
FX.MAX.-CLOSED SIMPLE	21345	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15	1			1410.98	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAX.-CLOSED SIMPLE	21345	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1591.56	0.3146			1410.98	4806.05	percent of total billed charges	
FX.MAX.-CLOSED SIMPLE	21345	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15	1			1410.98	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Aetna	Better Health		856.34	0.3146			629.25	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Aetna	Commercial		1001.77	1.592			629.25	2585.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Aetna	Medicare		629.25	1			629.25	2585.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Americare	Americare		2041.5	0.75			629.25	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	WellPoint	WellPoint		873.22	0.3208			629.25	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Amerihealth	Medicare		629.25	1			629.25	2585.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Consumer	Consumer		2585.9	0.95			629.25	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Corrections	Corrections		2177.6	0.8			629.25	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	First Health	First Health		1905.4	0.7			629.25	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	First Trenton	First Trenton		2449.8	0.9			629.25	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Horizon	PPO		1149.64	1.827			629.25	2585.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Horizon	MGD		1149.64	1.827			629.25	2585.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Horizon	Indemnity		1149.64	1.827			629.25	2585.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Horizon	Medicare Blue		629.25	1			629.25	2585.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Managed Care Inc	Managed Care Inc		2449.8	0.9			629.25	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Multiplan	Multiplan		2177.6	0.8			629.25	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Qualcare	Qualcare		2041.5	0.75			629.25	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Three Rivers	Three Rivers		2585.9	0.95			629.25	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	UHC	Medicaid		856.34	0.3146			629.25	2585.9	percent of total billed charges	
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	UHC	Medicare		629.25	1			629.25	2585.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Wellcare	Medicare		629.25	1			629.25	2585.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ORBIT FX W/O MAN	21400	CPT	outpatient			2722	723.64	Wellcare	Medicaid		856.34	0.3146			629.25	2585.9	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Aetna	Commercial		5862.05	1.592			2795.22	8440.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Aetna	Better Health		2795.22	0.3146			2795.22	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Aetna	Medicare		3682.19	1			2795.22	8440.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Americare	Americare		6663.75	0.75			2795.22	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	WellPoint	WellPoint		2850.31	0.3208			2795.22	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Amerihealth	Medicare		3682.19	1			2795.22	8440.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Consumer	Consumer		8440.75	0.95			2795.22	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Corrections	Corrections		7108	0.8			2795.22	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	First Health	First Health		6219.5	0.7			2795.22	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	First Trenton	First Trenton		7996.5	0.9			2795.22	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Horizon	Indemnity		6727.36	1.827			2795.22	8440.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Horizon	PPO		6727.36	1.827			2795.22	8440.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Horizon	MGD		6727.36	1.827			2795.22	8440.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Horizon	Medicare Blue		3682.19	1			2795.22	8440.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Managed Care Inc	Managed Care Inc		7996.5	0.9			2795.22	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Multiplan	Multiplan		7108	0.8			2795.22	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Qualcare	Qualcare		6663.75	0.75			2795.22	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Three Rivers	Three Rivers		8440.75	0.95			2795.22	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	UHC	Medicare		3682.19	1			2795.22	8440.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	UHC	Medicaid		2795.22	0.3146			2795.22	8440.75	percent of total billed charges	
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Wellcare	Medicare		3682.19	1			2795.22	8440.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT PALATE/MAXILL FX	21421	CPT	outpatient			8885	4234.52	Wellcare	Medicaid		2795.22	0.3146			2795.22	8440.75	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT COM	21422	CPT	outpatient			19455	7702.18	Aetna	Commercial		10662.5	1.592			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.ALVEOLUS OPEN SPLINT COM	21422	CPT	outpatient			19455	7702.18	Aetna	Better Health		6120.54	0.3146			6120.54	18482.25	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT COM	21422	CPT	outpatient			19455	7702.18	Aetna	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.ALVEOLUS OPEN SPLINT COM	21422	CPT	outpatient			19455	7702.18	Americare	Americare		14591.25	0.75			6120.54	18482.25	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT COM	21422	CPT	outpatient			19455	7702.18	WellPoint	WellPoint		6241.16	0.3208			6120.54	18482.25	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT COM	21422	CPT	outpatient			19455	7702.18	Amerihealth	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.ALVEOLUS OPEN SPLINT COM	21422	CPT	outpatient			19455	7702.18	Consumer	Consumer		18482.25	0.95			6120.54	18482.25	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT COM	21422	CPT	outpatient			19455	7702.18	Corrections	Corrections		15564	0.8			6120.54	18482.25	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT COM	21422	CPT	outpatient			19455	7702.18	First Health	First Health		13618.5	0.7			6120.54	18482.25	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT COM	21422	CPT	outpatient			19455	7702.18	First Trenton	First Trenton		17509.5	0.9			6120.54	18482.25	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT COM	21422	CPT	outpatient			19455	7702.18	Horizon	MGD		12236.42	1.827			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.ALVEOLUS OPEN SPLINT COM	21422	CPT	outpatient			19455	7702.18	Horizon	Indemnity		12236.42	1.827			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.ALVEOLUS OPEN SPLINT COM	21422	CPT	outpatient			19455	7702.18	Horizon	PPO		12236.42	1.827			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.ALVEOLUS OPEN SPLINT COM	21422	CPT	outpatient			19455	7702.18	Horizon	Medicare Blue		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.ALVEOLUS OPEN SPLINT COM	21422	CPT	outpatient			19455	7702.18	Managed Care Inc	Managed Care Inc		17509.5	0.9			6120.54	18482.25	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT COM	21422	CPT	outpatient			19455	7702.18	Multiplan	Multiplan		15564	0.8			6120.54	18482.25	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT COM	21422	CPT	outpatient			19455	7702.18	Qualcare	Qualcare		14591.25	0.75			6120.54	18482.25	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT COM	21422	CPT	outpatient			19455	7702.18	Three Rivers	Three Rivers		18482.25	0.95			6120.54	18482.25	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT COM	21422	CPT	outpatient			19455	7702.18	UHC	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.ALVEOLUS OPEN SPLINT COM	21422	CPT	outpatient			19455	7702.18	UHC	Medicaid		6120.54	0.3146			6120.54	18482.25	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT COM	21422	CPT	outpatient			19455	7702.18	Wellcare	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.ALVEOLUS OPEN SPLINT COM	21422	CPT	outpatient			19455	7702.18	Wellcare	Medicaid		6120.54	0.3146			6120.54	18482.25	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT SIM	21440	CPT	both			10367	4234.52	Aetna	Commercial		5862.05	1.592			2889.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.ALVEOLUS OPEN SPLINT SIM	21440	CPT	both			10367	4234.52	Aetna	Medicare		3193.04	0.308			2889.96	9848.65	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT SIM	21440	CPT	both			10367	4234.52	Aetna	Better Health		3261.46	0.3146			2889.96	9848.65	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT SIM	21440	CPT	both			10367	4234.52	Americare	Americare		7775.25	0.75			2889.96	9848.65	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT SIM	21440	CPT	both			10367	4234.52	WellPoint	WellPoint		3325.73	0.3208			2889.96	9848.65	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT SIM	21440	CPT	both			10367	4234.52	Amerihealth	Medicare		3682.19	1			2889.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.ALVEOLUS OPEN SPLINT SIM	21440	CPT	both			10367	4234.52	Consumer	Consumer		9848.65	0.95			2889.96	9848.65	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT SIM	21440	CPT	both			10367	4234.52	Corrections	Corrections		8293.6	0.8			2889.96	9848.65	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT SIM	21440	CPT	both			10367	4234.52	First Health	First Health		7256.9	0.7			2889.96	9848.65	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT SIM	21440	CPT	both			10367	4234.52	First Trenton	First Trenton		9330.3	0.9			2889.96	9848.65	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT SIM	21440	CPT	both			10367	4234.52	Horizon	Indemnity		6727.36	1.827			2889.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.ALVEOLUS OPEN SPLINT SIM	21440	CPT	both			10367	4234.52	Horizon	MGD		6727.36	1.827			2889.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.ALVEOLUS OPEN SPLINT SIM	21440	CPT	both			10367	4234.52	Horizon	Medicare Blue		3682.19	1			2889.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.ALVEOLUS OPEN SPLINT SIM	21440	CPT	both			10367	4234.52	Horizon	PPO		6727.36	1.827			2889.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.ALVEOLUS OPEN SPLINT SIM	21440	CPT	both			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	0.9			2889.96	9848.65	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT SIM	21440	CPT	both			10367	4234.52	Multiplan	Multiplan		8293.6	0.8			2889.96	9848.65	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT SIM	21440	CPT	both			10367	4234.52	Qualcare	Qualcare		7775.25	0.75			2889.96	9848.65	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT SIM	21440	CPT	both			10367	4234.52	Three Rivers	Three Rivers		9848.65	0.95			2889.96	9848.65	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT SIM	21440	CPT	both			10367	4234.52	UHC	Medicaid		3261.46	0.3146			2889.96	9848.65	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT SIM	21440	CPT	both			10367	4234.52	UHC	Medicare		3682.19	1			2889.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.ALVEOLUS OPEN SPLINT SIM	21440	CPT	both			10367	4234.52	Wellcare	Medicaid		3261.46	0.3146			2889.96	9848.65	percent of total billed charges	
FX.ALVEOLUS OPEN SPLINT SIM	21440	CPT	both			10367	4234.52	Wellcare	Medicare		3682.19	1			2889.96	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAND.-CLOSED SIMPLE	21450	CPT	outpatient			1666	723.64	Aetna	Better Health		524.12	0.3146			223.37	1582.7	percent of total billed charges	
FX.MAND.-CLOSED SIMPLE	21450	CPT	outpatient			1666	723.64	Aetna	Commercial		1001.77	1.592			223.37	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAND.-CLOSED SIMPLE	21450	CPT	outpatient			1666	723.64	Aetna	Medicare		629.25	1			223.37	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAND.-CLOSED SIMPLE	21450	CPT	outpatient			1666	723.64	Americare	Americare		1249.5	0.75			223.37	1582.7	percent of total billed charges	
FX.MAND.-CLOSED SIMPLE	21450	CPT	outpatient			1666	723.64	WellPoint	WellPoint		534.45	0.3208			223.37	1582.7	percent of total billed charges	
FX.MAND.-CLOSED SIMPLE	21450	CPT	outpatient			1666	723.64	Amerihealth	Medicare		629.25	1			223.37	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAND.-CLOSED SIMPLE	21450	CPT	outpatient			1666	723.64	Consumer	Consumer		1582.7	0.95			223.37	1582.7	percent of total billed charges	
FX.MAND.-CLOSED SIMPLE	21450	CPT	outpatient			1666	723.64	Corrections	Corrections		1332.8	0.8			223.37	1582.7	percent of total billed charges	
FX.MAND.-CLOSED SIMPLE	21450	CPT	outpatient			1666	723.64	First Health	First Health		1166.2	0.7			223.37	1582.7	percent of total billed charges	
FX.MAND.-CLOSED SIMPLE	21450	CPT	outpatient			1666	723.64	First Trenton	First Trenton		1499.4	0.9			223.37	1582.7	percent of total billed charges	
FX.MAND.-CLOSED SIMPLE	21450	CPT	outpatient			1666	723.64	Horizon	Medicare Blue		629.25	1			223.37	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAND.-CLOSED SIMPLE	21450	CPT	outpatient			1666	723.64	Horizon	Indemnity		1149.64	1.827			223.37	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAND.-CLOSED SIMPLE	21450	CPT	outpatient			1666	723.64	Horizon	MGD		1149.64	1.827			223.37	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAND.-CLOSED SIMPLE	21450	CPT	outpatient			1666	723.64	Horizon	PPO		1149.64	1.827			223.37	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAND.-CLOSED SIMPLE	21450	CPT	outpatient			1666	723.64	Managed Care Inc	Managed Care Inc		1499.4	0.9			223.37	1582.7	percent of total billed charges	
FX.MAND.-CLOSED SIMPLE	21450	CPT	outpatient			1666	723.64	Multiplan	Multiplan		1332.8	0.8			223.37	1582.7	percent of total billed charges	
FX.MAND.-CLOSED SIMPLE	21450	CPT	outpatient			1666	723.64	Qualcare	Qualcare		1249.5	0.75			223.37	1582.7	percent of total billed charges	
FX.MAND.-CLOSED SIMPLE	21450	CPT	outpatient			1666	723.64	Three Rivers	Three Rivers		1582.7	0.95			223.37	1582.7	percent of total billed charges	
FX.MAND.-CLOSED SIMPLE	21450	CPT	outpatient			1666	723.64	UHC	Medicare		629.25	1			223.37	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAND.-CLOSED SIMPLE	21450	CPT	outpatient			1666	723.64	UHC	Medicaid		524.12	0.3146			223.37	1582.7	percent of total billed charges	
FX.MAND.-CLOSED SIMPLE	21450	CPT	outpatient			1666	723.64	Wellcare	Medicaid		524.12	0.3146			223.37	1582.7	percent of total billed charges	
FX.MAND.-CLOSED SIMPLE	21450	CPT	outpatient			1666	723.64	Wellcare	Medicare		629.25	1			223.37	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT MANDIBULAR FX	21451	CPT	outpatient			7013	2005.77	Aetna	Better Health		2206.29	0.3146			1370.4	6662.35	percent of total billed charges	
CLOSED TREATMENT MANDIBULAR FX	21451	CPT	outpatient			7013	2005.77	Aetna	Commercial		2776.69	1.592			1370.4	6662.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT MANDIBULAR FX	21451	CPT	outpatient			7013	2005.77	Aetna	Medicare		1744.15	1			1370.4	6662.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT MANDIBULAR FX	21451	CPT	outpatient			7013	2005.77	Americare	Americare		5259.75	0.75			1370.4	6662.35	percent of total billed charges	
CLOSED TREATMENT MANDIBULAR FX	21451	CPT	outpatient			7013	2005.77	WellPoint	WellPoint		2249.77	0.3208			1370.4	6662.35	percent of total billed charges	
CLOSED TREATMENT MANDIBULAR FX	21451	CPT	outpatient			7013	2005.77	Amerihealth	Medicare		1744.15	1			1370.4	6662.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT MANDIBULAR FX	21451	CPT	outpatient			7013	2005.77	Consumer	Consumer		6662.35	0.95			1370.4	6662.35	percent of total billed charges	
CLOSED TREATMENT MANDIBULAR FX	21451	CPT	outpatient			7013	2005.77	Corrections	Corrections		5610.4	0.8			1370.4	6662.35	percent of total billed charges	
CLOSED TREATMENT MANDIBULAR FX	21451	CPT	outpatient			7013	2005.77	First Health	First Health		4909.1	0.7			1370.4	6662.35	percent of total billed charges	
CLOSED TREATMENT MANDIBULAR FX	21451	CPT	outpatient			7013	2005.77	First Trenton	First Trenton		6311.7	0.9			1370.4	6662.35	percent of total billed charges	
CLOSED TREATMENT MANDIBULAR FX	21451	CPT	outpatient			7013	2005.77	Horizon	Indemnity		3186.56	1.827			1370.4	6662.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT MANDIBULAR FX	21451	CPT	outpatient			7013	2005.77	Horizon	Medicare Blue		1744.15	1			1370.4	6662.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT MANDIBULAR FX	21451	CPT	outpatient			7013	2005.77	Horizon	MGD		3186.56	1.827			1370.4	6662.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLOSED TREATMENT MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Horizon	PPO		3186.56	1.827			1370.4	6662.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Managed Care Inc	Managed Care Inc		6311.7	0.9			1370.4	6662.35	percent of total billed charges	
CLOSED TREATMENT MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Multiplan	Multiplan		5610.4	0.8			1370.4	6662.35	percent of total billed charges	
CLOSED TREATMENT MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Qualcare	Qualcare		5259.75	0.75			1370.4	6662.35	percent of total billed charges	
CLOSED TREATMENT MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Three Rivers	Three Rivers		6662.35	0.95			1370.4	6662.35	percent of total billed charges	
CLOSED TREATMENT MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 UHC	Medicare		1744.15	1			1370.4	6662.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TREATMENT MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 UHC	Medicaid		2206.29	0.3146			1370.4	6662.35	percent of total billed charges	
CLOSED TREATMENT MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Wellcare	Medicaid		2206.29	0.3146			1370.4	6662.35	percent of total billed charges	
CLOSED TREATMENT MANDIBULAR FX	21451	CPT	outpatient			7013		2005.77 Wellcare	Medicare		1744.15	1			1370.4	6662.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Aetna	Commercial		10662.5	1.592			5608.06	16934.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Aetna	Medicare		6697.55	1			5608.06	16934.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Aetna	Better Health		5608.06	0.3146			5608.06	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Americare	Americare		13369.5	0.75			5608.06	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 WellPoint	WellPoint		5718.58	0.3208			5608.06	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Amerihealth	Medicare		6697.55	1			5608.06	16934.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Consumer	Consumer		16934.7	0.95			5608.06	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Corrections	Corrections		14260.8	0.8			5608.06	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 First Health	First Health		12478.2	0.7			5608.06	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 First Trenton	First Trenton		16043.4	0.9			5608.06	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Horizon	Indemnity		12236.42	1.827			5608.06	16934.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Horizon	MGD		12236.42	1.827			5608.06	16934.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Horizon	Medicare Blue		6697.55	1			5608.06	16934.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Horizon	PPO		12236.42	1.827			5608.06	16934.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Managed Care Inc	Managed Care Inc		16043.4	0.9			5608.06	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Multiplan	Multiplan		14260.8	0.8			5608.06	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Qualcare	Qualcare		13369.5	0.75			5608.06	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Three Rivers	Three Rivers		16934.7	0.95			5608.06	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 UHC	Medicare		6697.55	1			5608.06	16934.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 UHC	Medicaid		5608.06	0.3146			5608.06	16934.7	percent of total billed charges	
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Wellcare	Medicare		6697.55	1			5608.06	16934.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT MAND FX W FIXATION	21452	CPT	outpatient			17826		7702.18 Wellcare	Medicaid		5608.06	0.3146			5608.06	16934.7	percent of total billed charges	
FX.MAND.-CLOSED COMPOUND	21453	CPT	both			19586		7702.18 Aetna	Better Health		6161.76	0.3146			5282.2	18606.7	percent of total billed charges	
FX.MAND.-CLOSED COMPOUND	21453	CPT	both			19586		7702.18 Aetna	Medicare		6032.49	0.308			5282.2	18606.7	percent of total billed charges	
FX.MAND.-CLOSED COMPOUND	21453	CPT	both			19586		7702.18 Aetna	Commercial		10662.5	1.592			5282.2	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAND.-CLOSED COMPOUND	21453	CPT	both			19586		7702.18 Americare	Americare		14689.5	0.75			5282.2	18606.7	percent of total billed charges	
FX.MAND.-CLOSED COMPOUND	21453	CPT	both			19586		7702.18 WellPoint	WellPoint		6283.19	0.3208			5282.2	18606.7	percent of total billed charges	
FX.MAND.-CLOSED COMPOUND	21453	CPT	both			19586		7702.18 Amerihealth	Medicare		6697.55	1			5282.2	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAND.-CLOSED COMPOUND	21453	CPT	both			19586		7702.18 Consumer	Consumer		18606.7	0.95			5282.2	18606.7	percent of total billed charges	
FX.MAND.-CLOSED COMPOUND	21453	CPT	both			19586		7702.18 Corrections	Corrections		15668.8	0.8			5282.2	18606.7	percent of total billed charges	
FX.MAND.-CLOSED COMPOUND	21453	CPT	both			19586		7702.18 First Health	First Health		13710.2	0.7			5282.2	18606.7	percent of total billed charges	
FX.MAND.-CLOSED COMPOUND	21453	CPT	both			19586		7702.18 First Trenton	First Trenton		17627.4	0.9			5282.2	18606.7	percent of total billed charges	
FX.MAND.-CLOSED COMPOUND	21453	CPT	both			19586		7702.18 Horizon	Medicare Blue		6697.55	1			5282.2	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAND.-CLOSED COMPOUND	21453	CPT	both			19586		7702.18 Horizon	Indemnity		12236.42	1.827			5282.2	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAND.-CLOSED COMPOUND	21453	CPT	both			19586		7702.18 Horizon	PPO		12236.42	1.827			5282.2	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAND.-CLOSED COMPOUND	21453	CPT	both			19586		7702.18 Horizon	MGD		12236.42	1.827			5282.2	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAND.-CLOSED COMPOUND	21453	CPT	both			19586		7702.18 Managed Care Inc	Managed Care Inc		17627.4	0.9			5282.2	18606.7	percent of total billed charges	
FX.MAND.-CLOSED COMPOUND	21453	CPT	both			19586		7702.18 Multiplan	Multiplan		15668.8	0.8			5282.2	18606.7	percent of total billed charges	
FX.MAND.-CLOSED COMPOUND	21453	CPT	both			19586		7702.18 Qualcare	Qualcare		14689.5	0.75			5282.2	18606.7	percent of total billed charges	
FX.MAND.-CLOSED COMPOUND	21453	CPT	both			19586		7702.18 Three Rivers	Three Rivers		18606.7	0.95			5282.2	18606.7	percent of total billed charges	
FX.MAND.-CLOSED COMPOUND	21453	CPT	both			19586		7702.18 UHC	Medicare		6697.55	1			5282.2	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAND.-CLOSED COMPOUND	21453	CPT	both			19586		7702.18 UHC	Medicaid		6161.76	0.3146			5282.2	18606.7	percent of total billed charges	
FX.MAND.-CLOSED COMPOUND	21453	CPT	both			19586		7702.18 Wellcare	Medicare		6697.55	1			5282.2	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FX.MAND.-CLOSED COMPOUND	21453	CPT	both			19586		7702.18 Wellcare	Medicaid		6161.76	0.3146			5282.2	18606.7	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Aetna	Medicare		6697.55	1			2274.24	12236.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Aetna	Better Health		2274.24	0.3146			2274.24	12236.42	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Aetna	Commercial		10662.5	1.592			2274.24	12236.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Americare	Americare		5421.75	0.75			2274.24	12236.42	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 WellPoint	WellPoint		2319.06	0.3208			2274.24	12236.42	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Amerihealth	Medicare		6697.55	1			2274.24	12236.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Consumer	Consumer		6867.55	0.95			2274.24	12236.42	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Corrections	Corrections		5783.2	0.8			2274.24	12236.42	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 First Health	First Health		5060.3	0.7			2274.24	12236.42	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 First Trenton	First Trenton		6506.1	0.9			2274.24	12236.42	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Horizon	Medicare Blue		6697.55	1			2274.24	12236.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Horizon	Indemnity		12236.42	1.827			2274.24	12236.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Horizon	MGD		12236.42	1.827			2274.24	12236.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Horizon	PPO		12236.42	1.827			2274.24	12236.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Managed Care Inc	Managed Care Inc		6506.1	0.9			2274.24	12236.42	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Multiplan	Multiplan		5783.2	0.8			2274.24	12236.42	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Qualcare	Qualcare		5421.75	0.75			2274.24	12236.42	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Three Rivers	Three Rivers		6867.55	0.95			2274.24	12236.42	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 UHC	Medicare		6697.55	1			2274.24	12236.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 UHC	Medicaid		2274.24	0.3146			2274.24	12236.42	percent of total billed charges	
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Wellcare	Medicare		6697.55	1			2274.24	12236.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W/FLX	21454	CPT	outpatient			7229		7702.18 Wellcare	Medicaid		2274.24	0.3146			2274.24	12236.42	percent of total billed charges	
OPEN TRT MAND FX W O FIXATION	21461	CPT	outpatient			17832		7702.18 Aetna	Commercial		10662.5	1.592			5097.15	16940.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W O FIXATION	21461	CPT	outpatient			17832		7702.18 Aetna	Medicare		6697.55	1			5097.15	16940.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W O FIXATION	21461	CPT	outpatient			17832		7702.18 Aetna	Better Health		5609.95	0.3146			5097.15	16940.4	percent of total billed charges	
OPEN TRT MAND FX W O FIXATION	21461	CPT	outpatient			17832		7702.18 Americare	Americare		13374	0.75			5097.15	16940.4	percent of total billed charges	
OPEN TRT MAND FX W O FIXATION	21461	CPT	outpatient			17832		7702.18 WellPoint	WellPoint		5720.51	0.3208			5097.15	16940.4	percent of total billed charges	
OPEN TRT MAND FX W O FIXATION	21461	CPT	outpatient			17832		7702.18 Amerihealth	Medicare		6697.55	1			5097.15	16940.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W O FIXATION	21461	CPT	outpatient			17832		7702.18 Consumer	Consumer		16940.4	0.95			5097.15	16940.4	percent of total billed charges	
OPEN TRT MAND FX W O FIXATION	21461	CPT	outpatient			17832		7702.18 Corrections	Corrections		14265.6	0.8			5097.15	16940.4	percent of total billed charges	
OPEN TRT MAND FX W O FIXATION	21461	CPT	outpatient			17832		7702.18 First Health	First Health		12482.4	0.7			5097.15	16940.4	percent of total billed charges	
OPEN TRT MAND FX W O FIXATION	21461	CPT	outpatient			17832		7702.18 First Trenton	First Trenton		16048.8	0.9			5097.15	16940.4	percent of total billed charges	
OPEN TRT MAND FX W O FIXATION	21461	CPT	outpatient			17832		7702.18 Horizon	Indemnity		12236.42	1.827			5097.15	16940.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W O FIXATION	21461	CPT	outpatient			17832		7702.18 Horizon	Medicare Blue		6697.55	1			5097.15	16940.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W O FIXATION	21461	CPT	outpatient			17832		7702.18 Horizon	PPO		12236.42	1.827			5097.15	16940.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W O FIXATION	21461	CPT	outpatient			17832		7702.18 Horizon	MGD		12236.42	1.827			5097.15	16940.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W O FIXATION	21461	CPT	outpatient			17832		7702.18 Managed Care Inc	Managed Care Inc		16048.8	0.9			5097.15	16940.4	percent of total billed charges	
OPEN TRT MAND FX W O FIXATION	21461	CPT	outpatient			17832		7702.18 Multiplan	Multiplan		14265.6	0.8			5097.15	16940.4	percent of total billed charges	
OPEN TRT MAND FX W O FIXATION	21461	CPT	outpatient			17832		7702.18 Qualcare	Qualcare		13374	0.75			5097.15	16940.4	percent of total billed charges	
OPEN TRT MAND FX W O FIXATION	21461	CPT	outpatient			17832		7702.18 Three Rivers	Three Rivers		16940.4	0.95			5097.15	16940.4	percent of total billed charges	
OPEN TRT MAND FX W O FIXATION	21461	CPT	outpatient			17832		7702.18 UHC	Medicaid		5609.95	0.3146			5097.15	16940.4	percent of total billed charges	
OPEN TRT MAND FX W O FIXATION	21461	CPT	outpatient			17832		7702.18 UHC	Medicare		6697.55	1			5097.15	16940.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MAND FX W O FIXATION	21461	CPT	outpatient			17832		7702.18 Wellcare	Medicaid		5609.95	0.3146			5097.15	16940.4	percent of total billed charges	
OPEN TRT MAND FX W O FIXATION	21461	CPT	outpatient			17832		7702.18 Wellcare	Medicare		6697.55	1			5097.15	16940.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MANDIB FX; W/ IF	21462	CPT	outpatient			19455		7702.18 Aetna	Better Health		6120.54	0.3146			5097.15	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX; W/ IF	21462	CPT	outpatient			19455		7702.18 Aetna	Commercial		10662.5	1.592			5097.15	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MANDIB FX; W/ IF	21462	CPT	outpatient			19455		7702.18 Aetna	Medicare		6697.55	1			5097.15	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MANDIB FX; W/ IF	21462	CPT	outpatient			19455		7702.18 Americare	Americare		14591.25	0.75			5097.15	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX; W/ IF	21462	CPT	outpatient			19455		7702.18 WellPoint	WellPoint		6241.16	0.3208			5097.15	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX; W/ IF	21462	CPT	outpatient			19455		7702.18 Amerihealth	Medicare		6697.55	1			5097.15	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MANDIB FX; W/ IF	21462	CPT	outpatient			19455		7702.18 Consumer	Consumer		18482.25	0.95			5097.15	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX; W/ IF	21462	CPT	outpatient			19455		7702.18 Corrections	Corrections		15564	0.8			5097.15	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX; W/ IF	21462	CPT	outpatient			19455		7702.18 First Health	First Health		13618.5	0.7			5097.15	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX; W/ IF	21462	CPT	outpatient			19455		7702.18 First Trenton	First Trenton		17509.5	0.9			5097.15	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX; W/ IF	21462	CPT	outpatient			19455		7702.18 Horizon	Medicare Blue		6697.55	1			5097.15	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MANDIB FX; W/ IF	21462	CPT	outpatient			19455		7702.18 Horizon	Indemnity		12236.42	1.827			5097.15	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MANDIB FX; W/ IF	21462	CPT	outpatient			19455		7702.18 Horizon	MGD		12236.42	1.827			5097.15	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MANDIB FX; W/ IF	21462	CPT	outpatient			19455		7702.18 Horizon	PPO		12236.42	1.827			5097.15	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MANDIB FX; W/ IF	21462	CPT	outpatient			19455		7702.18 Managed Care Inc	Managed Care Inc		17509.5	0.9			5097.15	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX; W/ IF	21462	CPT	outpatient			19455		7702.18 Multiplan	Multiplan		15564	0.8			5097.15	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX; W/ IF	21462	CPT	outpatient			19455		7702.18 Qualcare	Qualcare		14591.25	0.75			5097.15	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX; W/ IF	21462	CPT	outpatient			19455		7702.18 Three Rivers	Three Rivers		18482.25	0.95			5097.15	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX; W/ IF	21462	CPT	outpatient			19455		7702.18 UHC	Medicare		6697.55	1			5097.15	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MANDIB FX; W/ IF	21462	CPT	outpatient			19455		7702.18 UHC	Medicaid		6120.54	0.3146			5097.15	18482.25	percent of total billed charges	
OPEN TRT MANDIB FX; W/ IF	21462	CPT	outpatient			19455		7702.18 Wellcare	Medicare		6697.55	1			5097.15	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT MANDIB FX; W/ IF	21462	CPT	outpatient			19455		7702.18 Wellcare	Medicaid		6120.54	0.3146			5097.15	18482.25	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Aetna	Commercial		10662.5	1.592			4067.46	12282.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Aetna	Better Health		4067.46	0.3146			4067.46	12282.55	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Aetna	Medicare		6697.55	1			4067.46	12282.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Americare	Americare		9696.75	0.75			4067.46	12282.55	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 WellPoint	WellPoint		4147.62	0.3208			4067.46	12282.55	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Amerihealth	Medicare		6697.55	1			4067.46	12282.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Consumer	Consumer		12282.55	0.95			4067.46	12282.55	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Corrections	Corrections		10343.2	0.8			4067.46	12282.55	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 First Health	First Health		9050.3	0.7			4067.46	12282.55	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 First Trenton	First Trenton		11636.1	0.9			4067.46	12282.55	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Horizon	MGD		12236.42	1.827			4067.46	12282.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Horizon	Medicare Blue		6697.55	1			4067.46	12282.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Horizon	Indemnity		12236.42	1.827			4067.46	12282.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Horizon	PPO		12236.42	1.827			4067.46	12282.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Managed Care Inc	Managed Care Inc		11636.1	0.9			4067.46	12282.55	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Multiplan	Multiplan		10343.2	0.8			4067.46	12282.55	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Qualcare	Qualcare		9696.75	0.75			4067.46	12282.55	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Three Rivers	Three Rivers		12282.55	0.95			4067.46	12282.55	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 UHC	Medicaid		4067.46	0.3146			4067.46	12282.55	percent of total billed charges	
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 UHC	Medicare		6697.55	1			4067.46	12282.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Wellcare	Medicare		6697.55	1			4067.46	12282.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN FX MAND W/FIXATION/WIRE	21470	CPT	outpatient			12929		7702.18 Wellcare	Medicaid		4067.46	0.3146			4067.46	12282.55	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 Aetna	Medicare		269.7	1			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESET DISLOCATED JAW	21480	CPT	outpatient			865		310.16 Aetna	Better Health		272.13	0.3146			237.21	821.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RESET DISLOCATED JAW	21480	CPT	outpatient			865	310.16	Aetna	Commercial		429.36	1.592			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESET DISLOCATED JAW	21480	CPT	outpatient			865	310.16	Americare	Americare		648.75	0.75			237.21	821.75	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865	310.16	WellPoint	WellPoint		277.49	0.3208			237.21	821.75	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865	310.16	AmeriHealth	Medicare		269.7	1			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESET DISLOCATED JAW	21480	CPT	outpatient			865	310.16	Consumer	Consumer		821.75	0.95			237.21	821.75	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865	310.16	Corrections	Corrections		692	0.8			237.21	821.75	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865	310.16	First Health	First Health		605.5	0.7			237.21	821.75	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865	310.16	First Trenton	First Trenton		778.5	0.9			237.21	821.75	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865	310.16	Horizon	Indemnity		492.74	1.827			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESET DISLOCATED JAW	21480	CPT	outpatient			865	310.16	Horizon	PPO		492.74	1.827			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESET DISLOCATED JAW	21480	CPT	outpatient			865	310.16	Horizon	MGD		492.74	1.827			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESET DISLOCATED JAW	21480	CPT	outpatient			865	310.16	Horizon	Medicare Blue		269.7	1			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESET DISLOCATED JAW	21480	CPT	outpatient			865	310.16	Managed Care Inc	Managed Care Inc		778.5	0.9			237.21	821.75	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865	310.16	Multiplan	Multiplan		692	0.8			237.21	821.75	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865	310.16	Qualcare	Qualcare		648.75	0.75			237.21	821.75	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865	310.16	Three Rivers	Three Rivers		821.75	0.95			237.21	821.75	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865	310.16	UHC	Medicaid		272.13	0.3146			237.21	821.75	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865	310.16	UHC	Medicare		269.7	1			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESET DISLOCATED JAW	21480	CPT	outpatient			865	310.16	Wellcare	Medicaid		272.13	0.3146			237.21	821.75	percent of total billed charges	
RESET DISLOCATED JAW	21480	CPT	outpatient			865	310.16	Wellcare	Medicare		269.7	1			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732	2005.77	Aetna	Medicare		1744.15	1			1591.56	8295.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732	2005.77	Aetna	Commercial		2776.69	1.592			1591.56	8295.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732	2005.77	Aetna	Better Health		2747.09	0.3146			1591.56	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732	2005.77	Americare	Americare		6549	0.75			1591.56	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732	2005.77	WellPoint	WellPoint		2801.23	0.3208			1591.56	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732	2005.77	AmeriHealth	Medicare		1744.15	1			1591.56	8295.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732	2005.77	Consumer	Consumer		8295.4	0.95			1591.56	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732	2005.77	Corrections	Corrections		6985.6	0.8			1591.56	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732	2005.77	First Health	First Health		6112.4	0.7			1591.56	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732	2005.77	First Trenton	First Trenton		7858.8	0.9			1591.56	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732	2005.77	Horizon	PPO		3186.56	1.827			1591.56	8295.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732	2005.77	Horizon	Medicare Blue		1744.15	1			1591.56	8295.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732	2005.77	Horizon	Indemnity		3186.56	1.827			1591.56	8295.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732	2005.77	Horizon	MGD		3186.56	1.827			1591.56	8295.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732	2005.77	Managed Care Inc	Managed Care Inc		7858.8	0.9			1591.56	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732	2005.77	Multiplan	Multiplan		6985.6	0.8			1591.56	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732	2005.77	Qualcare	Qualcare		6549	0.75			1591.56	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732	2005.77	Three Rivers	Three Rivers		8295.4	0.95			1591.56	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732	2005.77	UHC	Medicare		1744.15	1			1591.56	8295.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732	2005.77	UHC	Medicaid		2747.09	0.3146			1591.56	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732	2005.77	Wellcare	Medicaid		2747.09	0.3146			1591.56	8295.4	percent of total billed charges	
CL TX TMJ DISLOCATION; COMPLIC	21485	CPT	outpatient			8732	2005.77	Wellcare	Medicare		1744.15	1			1591.56	8295.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDENTAL WIRING	21497	CPT	outpatient			6053	2005.77	Aetna	Commercial		2776.69	1.592			1558.17	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDENTAL WIRING	21497	CPT	outpatient			6053	2005.77	Aetna	Medicare		1864.32	0.308			1558.17	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053	2005.77	Aetna	Better Health		1904.27	0.3146			1558.17	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053	2005.77	Americare	Americare		4539.75	0.75			1558.17	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053	2005.77	WellPoint	WellPoint		1941.8	0.3208			1558.17	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053	2005.77	AmeriHealth	Medicare		1744.15	1			1558.17	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDENTAL WIRING	21497	CPT	outpatient			6053	2005.77	Consumer	Consumer		5750.35	0.95			1558.17	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053	2005.77	Corrections	Corrections		4842.4	0.8			1558.17	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053	2005.77	First Health	First Health		4237.1	0.7			1558.17	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053	2005.77	First Trenton	First Trenton		5447.7	0.9			1558.17	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053	2005.77	Horizon	Medicare Blue		1744.15	1			1558.17	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDENTAL WIRING	21497	CPT	outpatient			6053	2005.77	Horizon	MGD		3186.56	1.827			1558.17	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDENTAL WIRING	21497	CPT	outpatient			6053	2005.77	Horizon	Indemnity		3186.56	1.827			1558.17	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDENTAL WIRING	21497	CPT	outpatient			6053	2005.77	Horizon	PPO		3186.56	1.827			1558.17	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDENTAL WIRING	21497	CPT	outpatient			6053	2005.77	Managed Care Inc	Managed Care Inc		5447.7	0.9			1558.17	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053	2005.77	Multiplan	Multiplan		4842.4	0.8			1558.17	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053	2005.77	Qualcare	Qualcare		4539.75	0.75			1558.17	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053	2005.77	Three Rivers	Three Rivers		5750.35	0.95			1558.17	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053	2005.77	UHC	Medicaid		1904.27	0.3146			1558.17	5750.35	percent of total billed charges	
INTERDENTAL WIRING	21497	CPT	outpatient			6053	2005.77	UHC	Medicare		1744.15	1			1558.17	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDENTAL WIRING	21497	CPT	outpatient			6053	2005.77	Wellcare	Medicare		1744.15	1			1558.17	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDENTAL WIRING	21497	CPT	outpatient			6053	2005.77	Wellcare	Medicaid		1904.27	0.3146			1558.17	5750.35	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746	3737.2	Aetna	Better Health		3066.09	0.3146			2961.33	9258.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746	3737.2	Aetna	Commercial		5173.59	1.592			2961.33	9258.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746	3737.2	Aetna	Medicare		3249.74	1			2961.33	9258.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746	3737.2	Americare	Americare		7309.5	0.75			2961.33	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746	3737.2	WellPoint	WellPoint		3126.52	0.3208			2961.33	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746	3737.2	AmeriHealth	Medicare		3249.74	1			2961.33	9258.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746	3737.2	Consumer	Consumer		9258.7	0.95			2961.33	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746	3737.2	Corrections	Corrections		7796.8	0.8			2961.33	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746	3737.2	First Health	First Health		6822.2	0.7			2961.33	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746	3737.2	First Trenton	First Trenton		8771.4	0.9			2961.33	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746	3737.2	Horizon	PPO		5937.27	1.827			2961.33	9258.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746	3737.2	Horizon	Medicare Blue		3249.74	1			2961.33	9258.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746	3737.2	Horizon	Indemnity		5937.27	1.827			2961.33	9258.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746	3737.2	Horizon	MGD		5937.27	1.827			2961.33	9258.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746	3737.2	Managed Care Inc	Managed Care Inc		8771.4	0.9			2961.33	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746	3737.2	Multiplan	Multiplan		7796.8	0.8			2961.33	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746	3737.2	Qualcare	Qualcare		7309.5	0.75			2961.33	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746	3737.2	Three Rivers	Three Rivers		9258.7	0.95			2961.33	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746	3737.2	UHC	Medicaid		3066.09	0.3146			2961.33	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746	3737.2	UHC	Medicare		3249.74	1			2961.33	9258.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746	3737.2	Wellcare	Medicaid		3066.09	0.3146			2961.33	9258.7	percent of total billed charges	
INCISION AND DRAINAGE DEEP AB	21501	CPT	outpatient			9746	3737.2	Wellcare	Medicare		3249.74	1			2961.33	9258.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SFT TISS BX - NECK/THRX	21550	CPT	both			6038	2132.36	Aetna	Commercial		2951.93	1.592			1718.97	5736.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SFT TISS BX - NECK/THRX	21550	CPT	both			6038	2132.36	Aetna	Better Health		1899.55	0.3146			1718.97	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038	2132.36	Aetna	Medicare		1854.23	1			1718.97	5736.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SFT TISS BX - NECK/THRX	21550	CPT	both			6038	2132.36	Americare	Americare		4528.5	0.75			1718.97	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038	2132.36	WellPoint	WellPoint		1936.99	0.3208			1718.97	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038	2132.36	AmeriHealth	Medicare		1854.23	1			1718.97	5736.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SFT TISS BX - NECK/THRX	21550	CPT	both			6038	2132.36	Consumer	Consumer		5736.1	0.95			1718.97	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038	2132.36	Corrections	Corrections		4830.4	0.8			1718.97	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038	2132.36	First Health	First Health		4226.6	0.7			1718.97	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038	2132.36	First Trenton	First Trenton		5434.2	0.9			1718.97	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038	2132.36	Horizon	Medicare Blue		1854.23	1			1718.97	5736.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SFT TISS BX - NECK/THRX	21550	CPT	both			6038	2132.36	Horizon	PPO		3387.68	1.827			1718.97	5736.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SFT TISS BX - NECK/THRX	21550	CPT	both			6038	2132.36	Horizon	MGD		3387.68	1.827			1718.97	5736.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SFT TISS BX - NECK/THRX	21550	CPT	both			6038	2132.36	Horizon	Indemnity		3387.68	1.827			1718.97	5736.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SFT TISS BX - NECK/THRX	21550	CPT	both			6038	2132.36	Managed Care Inc	Managed Care Inc		5434.2	0.9			1718.97	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038	2132.36	Multiplan	Multiplan		4830.4	0.8			1718.97	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038	2132.36	Qualcare	Qualcare		4528.5	0.75			1718.97	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038	2132.36	Three Rivers	Three Rivers		5736.1	0.95			1718.97	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038	2132.36	UHC	Medicaid		1899.55	0.3146			1718.97	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038	2132.36	UHC	Medicare		1854.23	1			1718.97	5736.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SFT TISS BX - NECK/THRX	21550	CPT	both			6038	2132.36	Wellcare	Medicaid		1899.55	0.3146			1718.97	5736.1	percent of total billed charges	
SFT TISS BX - NECK/THRX	21550	CPT	both			6038	2132.36	Wellcare	Medicare		1854.23	1			1718.97	5736.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464	2132.36	Aetna	Commercial		2951.93	1.592			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464	2132.36	Aetna	Better Health		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464	2132.36	Aetna	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464	2132.36	Americare	Americare		4098	0.75			1718.97	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464	2132.36	WellPoint	WellPoint		1752.85	0.3208			1718.97	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464	2132.36	AmeriHealth	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464	2132.36	Consumer	Consumer		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464	2132.36	Corrections	Corrections		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464	2132.36	First Health	First Health		3824.8	0.7			1718.97	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464	2132.36	First Trenton	First Trenton		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464	2132.36	Horizon	MGD		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464	2132.36	Horizon	Medicare Blue		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464	2132.36	Horizon	Indemnity		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464	2132.36	Horizon	PPO		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464	2132.36	Managed Care Inc	Managed Care Inc		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464	2132.36	Multiplan	Multiplan		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464	2132.36	Qualcare	Qualcare		4098	0.75			1718.97	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464	2132.36	Three Rivers	Three Rivers		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464	2132.36	UHC	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464	2132.36	UHC	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464	2132.36	Wellcare	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
EXC TMR SFT TIS NK/ANT THRX<3CM	21555	CPT	outpatient			5464	2132.36	Wellcare	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX BACK/FLNK; SUPF	21920	CPT	both			5653	2132.36	Aetna	Commercial		2951.93	1.592			893.15	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX BACK/FLNK; SUPF	21920	CPT	both			5653	2132.36	Aetna	Better Health		1778.43	0.3146			893.15	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	both			5653	2132.36	Aetna	Medicare		1854.23	1			893.15	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX BACK/FLNK; SUPF	21920	CPT	both			5653	2132.36	Americare	Americare		4239.75	0.75			893.15	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	both			5653	2132.36	WellPoint	WellPoint		1813.48	0.3208			893.15	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	both			5653	2132.36	AmeriHealth	Medicare		1854.23	1			893.15	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX BACK/FLNK; SUPF	21920	CPT	both			5653	2132.36	Consumer	Consumer		5370.35	0.95			893.15	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	both			5653	2132.36	Corrections	Corrections		4522.4	0.8			893.15	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	both			5653	2132.36	First Health	First Health		3957.1	0.7			893.15	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	both			5653	2132.36	First Trenton	First Trenton		5087.7	0.9			893.15	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	both			5653	2132.36	Horizon	PPO		3387.68	1.827			893.15	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX BACK/FLNK; SUPF	21920	CPT	both			5653	2132.36	Horizon	MGD		3387.68	1.827			893.15	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX BACK/FLNK; SUPF	21920	CPT	both			5653	2132.36	Horizon	Indemnity		3387.68	1.827			893.15	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ST BX BACK/FLNK; SUPF	21920	CPT	both			5653		2132.36 Horizon	Medicare Blue		1854.23	1			893.15	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX BACK/FLNK; SUPF	21920	CPT	both			5653		2132.36 Managed Care Inc	Managed Care Inc		5087.7	0.9			893.15	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	both			5653		2132.36 Multiplan	Multiplan		4522.4	0.8			893.15	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	both			5653		2132.36 Qualcare	Qualcare		4239.75	0.75			893.15	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	both			5653		2132.36 Three Rivers	Three Rivers		5370.35	0.95			893.15	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	both			5653		2132.36 UHC	Medicaid		1778.43	0.3146			893.15	5370.35	percent of total billed charges	
ST BX BACK/FLNK; SUPF	21920	CPT	both			5653		2132.36 UHC	Medicare		1854.23	1			893.15	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX BACK/FLNK; SUPF	21920	CPT	both			5653		2132.36 Wellcare	Medicare		1854.23	1			893.15	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX BACK/FLNK; SUPF	21920	CPT	both			5653		2132.36 Wellcare	Medicaid		1778.43	0.3146			893.15	5370.35	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Aetna	Better Health		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93	1.592			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Americare	Americare		4098	0.75			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1752.85	0.3208			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	0.7			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Horizon	MGD		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Horizon	PPO		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	0.75			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 UHC	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE BACK/FLANK DEEP	21925	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Aetna	Better Health		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93	1.592			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Americare	Americare		4098	0.75			1718.97	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1752.85	0.3208			1718.97	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	0.7			1718.97	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Horizon	MGD		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Horizon	PPO		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	0.75			1718.97	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 UHC	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC. TUMOR SOFT TIS BACK/FLANK 3CM/>	21931	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
CL TX VERTEBRAL FX WO MAN	22310	CPT	outpatient			866		310.16 Aetna	Better Health		272.44	0.3146			262.69	822.7	percent of total billed charges	
CL TX VERTEBRAL FX WO MAN	22310	CPT	outpatient			866		310.16 Aetna	Commercial		429.36	1.592			262.69	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX VERTEBRAL FX WO MAN	22310	CPT	outpatient			866		310.16 Aetna	Medicare		269.7	1			262.69	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX VERTEBRAL FX WO MAN	22310	CPT	outpatient			866		310.16 Americare	Americare		649.5	0.75			262.69	822.7	percent of total billed charges	
CL TX VERTEBRAL FX WO MAN	22310	CPT	outpatient			866		310.16 WellPoint	WellPoint		277.81	0.3208			262.69	822.7	percent of total billed charges	
CL TX VERTEBRAL FX WO MAN	22310	CPT	outpatient			866		310.16 Amerihealth	Medicare		269.7	1			262.69	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX VERTEBRAL FX WO MAN	22310	CPT	outpatient			866		310.16 Consumer	Consumer		822.7	0.95			262.69	822.7	percent of total billed charges	
CL TX VERTEBRAL FX WO MAN	22310	CPT	outpatient			866		310.16 Corrections	Corrections		692.8	0.8			262.69	822.7	percent of total billed charges	
CL TX VERTEBRAL FX WO MAN	22310	CPT	outpatient			866		310.16 First Health	First Health		606.2	0.7			262.69	822.7	percent of total billed charges	
CL TX VERTEBRAL FX WO MAN	22310	CPT	outpatient			866		310.16 First Trenton	First Trenton		779.4	0.9			262.69	822.7	percent of total billed charges	
CL TX VERTEBRAL FX WO MAN	22310	CPT	outpatient			866		310.16 Horizon	Medicare Blue		269.7	1			262.69	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX VERTEBRAL FX WO MAN	22310	CPT	outpatient			866		310.16 Horizon	MGD		492.74	1.827			262.69	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX VERTEBRAL FX WO MAN	22310	CPT	outpatient			866		310.16 Horizon	Indemnity		492.74	1.827			262.69	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX VERTEBRAL FX WO MAN	22310	CPT	outpatient			866		310.16 Horizon	PPO		492.74	1.827			262.69	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX VERTEBRAL FX WO MAN	22310	CPT	outpatient			866		310.16 Managed Care Inc	Managed Care Inc		779.4	0.9			262.69	822.7	percent of total billed charges	
CL TX VERTEBRAL FX WO MAN	22310	CPT	outpatient			866		310.16 Multiplan	Multiplan		692.8	0.8			262.69	822.7	percent of total billed charges	
CL TX VERTEBRAL FX WO MAN	22310	CPT	outpatient			866		310.16 Qualcare	Qualcare		649.5	0.75			262.69	822.7	percent of total billed charges	
CL TX VERTEBRAL FX WO MAN	22310	CPT	outpatient			866		310.16 Three Rivers	Three Rivers		822.7	0.95			262.69	822.7	percent of total billed charges	
CL TX VERTEBRAL FX WO MAN	22310	CPT	outpatient			866		310.16 UHC	Medicare		269.7	1			262.69	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX VERTEBRAL FX WO MAN	22310	CPT	outpatient			866		310.16 UHC	Medicaid		272.44	0.3146			262.69	822.7	percent of total billed charges	
CL TX VERTEBRAL FX WO MAN	22310	CPT	outpatient			866		310.16 Wellcare	Medicaid		272.44	0.3146			262.69	822.7	percent of total billed charges	
CL TX VERTEBRAL FX WO MAN	22310	CPT	outpatient			866		310.16 Wellcare	Medicare		269.7	1			262.69	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Aetna	Medicare		3701.88	1			2318.29	7000.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Aetna	Better Health		2318.29	0.3146			2318.29	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Aetna	Commercial		5893.39	1.592			2318.29	7000.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Americare	Americare		5526.75	0.75			2318.29	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 WellPoint	WellPoint		2363.98	0.3208			2318.29	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Amerihealth	Medicare		3701.88	1			2318.29	7000.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Consumer	Consumer		7000.55	0.95			2318.29	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Corrections	Corrections		5895.2	0.8			2318.29	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 First Health	First Health		5158.3	0.7			2318.29	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 First Trenton	First Trenton		6632.1	0.9			2318.29	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Horizon	Indemnity		6763.33	1.827			2318.29	7000.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Horizon	Medicare Blue		3701.88	1			2318.29	7000.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Horizon	MGD		6763.33	1.827			2318.29	7000.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Horizon	PPO		6763.33	1.827			2318.29	7000.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Managed Care Inc	Managed Care Inc		6632.1	0.9			2318.29	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Multiplan	Multiplan		5895.2	0.8			2318.29	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Qualcare	Qualcare		5526.75	0.75			2318.29	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Three Rivers	Three Rivers		7000.55	0.95			2318.29	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 UHC	Medicaid		2318.29	0.3146			2318.29	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 UHC	Medicare		3701.88	1			2318.29	7000.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Wellcare	Medicaid		2318.29	0.3146			2318.29	7000.55	percent of total billed charges	
CLTX VRT FXAND/DISLC	22315	CPT	outpatient			7369		4257.16 Wellcare	Medicare		3701.88	1			2318.29	7000.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Aetna	Better Health		3840.32	0.3146			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Aetna	Commercial		5893.39	1.592			3701.88	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Aetna	Medicare		3701.88	1			3701.88	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Americare	Americare		9155.25	0.75			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 WellPoint	WellPoint		3916.01	0.3208			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Amerihealth	Medicare		3701.88	1			3701.88	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Consumer	Consumer		11596.65	0.95			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Corrections	Corrections		9765.6	0.8			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 First Health	First Health		8544.9	0.7			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 First Trenton	First Trenton		10986.3	0.9			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Horizon	PPO		6763.33	1.827			3701.88	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Horizon	MGD		6763.33	1.827			3701.88	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Horizon	Indemnity		6763.33	1.827			3701.88	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Horizon	Medicare Blue		3701.88	1			3701.88	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Managed Care Inc	Managed Care Inc		10986.3	0.9			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Multiplan	Multiplan		9765.6	0.8			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Qualcare	Qualcare		9155.25	0.75			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Three Rivers	Three Rivers		11596.65	0.95			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 UHC	Medicare		3701.88	1			3701.88	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 UHC	Medicaid		3840.32	0.3146			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Wellcare	Medicare		3701.88	1			3701.88	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING CERVICO	22510	CPT	inpatient			12207		4257.16 Wellcare	Medicaid		3840.32	0.3146			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Aetna	Better Health		3840.32	0.3146			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Aetna	Commercial		5893.39	1.592			3701.88	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Aetna	Medicare		3701.88	1			3701.88	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Americare	Americare		9155.25	0.75			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 WellPoint	WellPoint		3916.01	0.3208			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Amerihealth	Medicare		3701.88	1			3701.88	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Consumer	Consumer		11596.65	0.95			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Corrections	Corrections		9765.6	0.8			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 First Health	First Health		8544.9	0.7			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 First Trenton	First Trenton		10986.3	0.9			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Horizon	MGD		6763.33	1.827			3701.88	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Horizon	Medicare Blue		3701.88	1			3701.88	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Horizon	Indemnity		6763.33	1.827			3701.88	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Horizon	PPO		6763.33	1.827			3701.88	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Managed Care Inc	Managed Care Inc		10986.3	0.9			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Multiplan	Multiplan		9765.6	0.8			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Qualcare	Qualcare		9155.25	0.75			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Three Rivers	Three Rivers		11596.65	0.95			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 UHC	Medicare		3701.88	1			3701.88	11596.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 UHC	Medicaid		3840.32	0.3146			3701.88	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING LUMBAR	22511	CPT	inpatient			12207		4257.16 Well

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Aetna	Medicare		3759.76	0.308			3662.1	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Americare	Americare		9155.25	0.75			3662.1	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		WellPoint	WellPoint		3916.01	0.3208			3662.1	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Consumer	Consumer		11596.65	0.95			3662.1	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Corrections	Corrections		9765.6	0.8			3662.1	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		First Health	First Health		8544.9	0.7			3662.1	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		First Trenton	First Trenton		10986.3	0.9			3662.1	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Horizon	Medicare Blue		3662.1	0.3			3662.1	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Horizon	PPO		4672.84	0.3828			3662.1	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Horizon	MGD		4672.84	0.3828			3662.1	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Horizon	Indemnity		4672.84	0.3828			3662.1	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Managed Care Inc	Managed Care Inc		10986.3	0.9			3662.1	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Multiplan	Multiplan		9765.6	0.8			3662.1	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Qualcare	Qualcare		9155.25	0.75			3662.1	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Three Rivers	Three Rivers		11596.65	0.95			3662.1	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		UHC	Medicaid		3840.32	0.3146			3662.1	11596.65	percent of total billed charges	
PERCU VERTEBROPLASTY W/IMAGING EACH ADD	22512	CPT	inpatient			12207		Wellcare	Medicaid		3840.32	0.3146			3662.1	11596.65	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING THO	22513	CPT	outpatient			29652		9409.2 Aetna	Medicare		8181.91	1			7871.61	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING THO	22513	CPT	outpatient			29652		9409.2 Aetna	Better Health		9328.52	0.3146			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING THO	22513	CPT	outpatient			29652		9409.2 Aetna	Commercial		13025.6	1.592			7871.61	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING THO	22513	CPT	outpatient			29652		9409.2 Americare	Americare		22239	0.75			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING THO	22513	CPT	outpatient			29652		9409.2 WellPoint	WellPoint		9512.36	0.3208			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING THO	22513	CPT	outpatient			29652		9409.2 Amerihealth	Medicare		8181.91	1			7871.61	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING THO	22513	CPT	outpatient			29652		9409.2 Consumer	Consumer		28169.4	0.95			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING THO	22513	CPT	outpatient			29652		9409.2 Corrections	Corrections		23721.6	0.8			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING THO	22513	CPT	outpatient			29652		9409.2 First Health	First Health		20756.4	0.7			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING THO	22513	CPT	outpatient			29652		9409.2 First Trenton	First Trenton		26686.8	0.9			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING THO	22513	CPT	outpatient			29652		9409.2 Horizon	Indemnity		14948.35	1.827			7871.61	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING THO	22513	CPT	outpatient			29652		9409.2 Horizon	MGD		14948.35	1.827			7871.61	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING THO	22513	CPT	outpatient			29652		9409.2 Horizon	PPO		14948.35	1.827			7871.61	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING THO	22513	CPT	outpatient			29652		9409.2 Horizon	Medicare Blue		8181.91	1			7871.61	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING THO	22513	CPT	outpatient			29652		9409.2 Managed Care Inc	Managed Care Inc		26686.8	0.9			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING THO	22513	CPT	outpatient			29652		9409.2 Multiplan	Multiplan		23721.6	0.8			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING THO	22513	CPT	outpatient			29652		9409.2 Qualcare	Qualcare		22239	0.75			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING THO	22513	CPT	outpatient			29652		9409.2 Three Rivers	Three Rivers		28169.4	0.95			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING THO	22513	CPT	outpatient			29652		9409.2 UHC	Medicaid		9328.52	0.3146			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING THO	22513	CPT	outpatient			29652		9409.2 UHC	Medicare		8181.91	1			7871.61	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING THO	22513	CPT	outpatient			29652		9409.2 Wellcare	Medicaid		9328.52	0.3146			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING THO	22513	CPT	outpatient			29652		9409.2 Wellcare	Medicare		8181.91	1			7871.61	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING LUM	22514	CPT	both			29652		9409.2 Aetna	Better Health		9328.52	0.3146			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING LUM	22514	CPT	both			29652		9409.2 Aetna	Commercial		13025.6	1.592			7871.61	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING LUM	22514	CPT	both			29652		9409.2 Aetna	Medicare		8181.91	1			7871.61	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING LUM	22514	CPT	both			29652		9409.2 Americare	Americare		22239	0.75			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING LUM	22514	CPT	both			29652		9409.2 WellPoint	WellPoint		9512.36	0.3208			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING LUM	22514	CPT	both			29652		9409.2 Amerihealth	Medicare		8181.91	1			7871.61	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING LUM	22514	CPT	both			29652		9409.2 Consumer	Consumer		28169.4	0.95			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING LUM	22514	CPT	both			29652		9409.2 Corrections	Corrections		23721.6	0.8			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING LUM	22514	CPT	both			29652		9409.2 First Health	First Health		20756.4	0.7			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING LUM	22514	CPT	both			29652		9409.2 First Trenton	First Trenton		26686.8	0.9			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING LUM	22514	CPT	both			29652		9409.2 Horizon	Indemnity		14948.35	1.827			7871.61	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING LUM	22514	CPT	both			29652		9409.2 Horizon	MGD		14948.35	1.827			7871.61	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING LUM	22514	CPT	both			29652		9409.2 Horizon	Medicare Blue		8181.91	1			7871.61	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING LUM	22514	CPT	both			29652		9409.2 Horizon	PPO		14948.35	1.827			7871.61	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING LUM	22514	CPT	both			29652		9409.2 Managed Care Inc	Managed Care Inc		26686.8	0.9			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING LUM	22514	CPT	both			29652		9409.2 Multiplan	Multiplan		23721.6	0.8			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING LUM	22514	CPT	both			29652		9409.2 Qualcare	Qualcare		22239	0.75			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING LUM	22514	CPT	both			29652		9409.2 Three Rivers	Three Rivers		28169.4	0.95			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING LUM	22514	CPT	both			29652		9409.2 UHC	Medicaid		9328.52	0.3146			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING LUM	22514	CPT	both			29652		9409.2 UHC	Medicare		8181.91	1			7871.61	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING LUM	22514	CPT	both			29652		9409.2 Wellcare	Medicaid		9328.52	0.3146			7871.61	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING LUM	22514	CPT	both			29652		9409.2 Wellcare	Medicare		8181.91	1			7871.61	28169.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Aetna	Better Health		9328.52	0.3146			8895.6	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Aetna	Medicare		9132.82	0.308			8895.6	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Aetna	Commercial		11267.76	0.38			8895.6	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Americare	Americare		22239	0.75			8895.6	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		WellPoint	WellPoint		9512.36	0.3208			8895.6	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Consumer	Consumer		28169.4	0.95			8895.6	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Corrections	Corrections		23721.6	0.8			8895.6	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		First Health	First Health		20756.4	0.7			8895.6	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		First Trenton	First Trenton		26686.8	0.9			8895.6	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Horizon	MGD		11350.79	0.3828			8895.6	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Horizon	Medicare Blue		8895.6	0.3			8895.6	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Horizon	Indemnity		11350.79	0.3828			8895.6	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Horizon	PPO		11350.79	0.3828			8895.6	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Managed Care Inc	Managed Care Inc		26686.8	0.9			8895.6	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Multiplan	Multiplan		23721.6	0.8			8895.6	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Qualcare	Qualcare		22239	0.75			8895.6	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Three Rivers	Three Rivers		28169.4	0.95			8895.6	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		UHC	Medicaid		9328.52	0.3146			8895.6	28169.4	percent of total billed charges	
PERCU VERTEBRAL AUGMENT W/IMAGING EACH	22515	CPT	outpatient			29652		Wellcare	Medicaid		9328.52	0.3146			8895.6	28169.4	percent of total billed charges	
UNLISTED PROCED.SPINE	22899	CPT	outpatient			8271		310.16 Aetna	Medicare		2547.47	0.308			232.23	7857.45	percent of total billed charges	
UNLISTED PROCED.SPINE	22899	CPT	outpatient			8271		310.16 Aetna	Commercial		429.36	1.592			232.23	7857.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED.SPINE	22899	CPT	outpatient			8271		310.16 Aetna	Better Health		2602.06	0.3146			232.23	7857.45	percent of total billed charges	
UNLISTED PROCED.SPINE	22899	CPT	outpatient			8271		310.16 Americare	Americare		6203.25	0.75			232.23	7857.45	percent of total billed charges	
UNLISTED PROCED.SPINE	22899	CPT	outpatient			8271		310.16 WellPoint	WellPoint		2653.34	0.3208			232.23	7857.45	percent of total billed charges	
UNLISTED PROCED.SPINE	22899	CPT	outpatient			8271		310.16 Amerihealth	Medicare		269.7	1			232.23	7857.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED.SPINE	22899	CPT	outpatient			8271		310.16 Consumer	Consumer		7857.45	0.95			232.23	7857.45	percent of total billed charges	
UNLISTED PROCED.SPINE	22899	CPT	outpatient			8271		310.16 Corrections	Corrections		6616.8	0.8			232.23	7857.45	percent of total billed charges	
UNLISTED PROCED.SPINE	22899	CPT	outpatient			8271		310.16 First Health	First Health		5789.7	0.7			232.23	7857.45	percent of total billed charges	
UNLISTED PROCED.SPINE	22899	CPT	outpatient			8271		310.16 First Trenton	First Trenton		7443.9	0.9			232.23	7857.45	percent of total billed charges	
UNLISTED PROCED.SPINE	22899	CPT	outpatient			8271		310.16 Horizon	Indemnity		492.74	1.827			232.23	7857.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED.SPINE	22899	CPT	outpatient			8271		310.16 Horizon	PPO		492.74	1.827			232.23	7857.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED.SPINE	22899	CPT	outpatient			8271		310.16 Horizon	MGD		492.74	1.827			232.23	7857.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED.SPINE	22899	CPT	outpatient			8271		310.16 Horizon	Medicare Blue		269.7	1			232.23	7857.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED.SPINE	22899	CPT	outpatient			8271		310.16 Managed Care Inc	Managed Care Inc		7443.9	0.9			232.23	7857.45	percent of total billed charges	
UNLISTED PROCED.SPINE	22899	CPT	outpatient			8271		310.16 Multiplan	Multiplan		6616.8	0.8			232.23	7857.45	percent of total billed charges	
UNLISTED PROCED.SPINE	22899	CPT	outpatient			8271		310.16 Qualcare	Qualcare		6203.25	0.75			232.23	7857.45	percent of total billed charges	
UNLISTED PROCED.SPINE	22899	CPT	outpatient			8271		310.16 Three Rivers	Three Rivers		7857.45	0.95			232.23	7857.45	percent of total billed charges	
UNLISTED PROCED.SPINE	22899	CPT	outpatient			8271		310.16 UHC	Medicaid		2602.06	0.3146			232.23	7857.45	percent of total billed charges	
UNLISTED PROCED.SPINE	22899	CPT	outpatient			8271		310.16 UHC	Medicare		269.7	1			232.23	7857.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED.SPINE	22899	CPT	outpatient			8271		310.16 Wellcare	Medicaid		2602.06	0.3146			232.23	7857.45	percent of total billed charges	
UNLISTED PROCED.SPINE	22899	CPT	outpatient			8271		310.16 Wellcare	Medicare		269.7	1			232.23	7857.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Aetna	Better Health		1202.72	0.3146			1177.48	5937.27	percent of total billed charges	
REM SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Aetna	Commercial		5173.59	1.592			1177.48	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Aetna	Medicare		1177.48	0.308			1177.48	5937.27	percent of total billed charges	
REM SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Americare	Americare		2867.25	0.75			1177.48	5937.27	percent of total billed charges	
REM SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 WellPoint	WellPoint		1226.42	0.3208			1177.48	5937.27	percent of total billed charges	
REM SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Amerihealth	Medicare		3249.74	1			1177.48	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Consumer	Consumer		3631.85	0.95			1177.48	5937.27	percent of total billed charges	
REM SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Corrections	Corrections		3058.4	0.8			1177.48	5937.27	percent of total billed charges	
REM SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 First Health	First Health		2676.1	0.7			1177.48	5937.27	percent of total billed charges	
REM SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 First Trenton	First Trenton		3440.7	0.9			1177.48	5937.27	percent of total billed charges	
REM SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Horizon	MGD		5937.27	1.827			1177.48	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Horizon	Indemnity		5937.27	1.827			1177.48	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Horizon	Medicare Blue		3249.74	1			1177.48	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Horizon	PPO		5937.27	1.827			1177.48	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Managed Care Inc	Managed Care Inc		3440.7	0.9			1177.48	5937.27	percent of total billed charges	
REM SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Multiplan	Multiplan		3058.4	0.8			1177.48	5937.27	percent of total billed charges	
REM SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Qualcare	Qualcare		2867.25	0.75			1177.48	5937.27	percent of total billed charges	
REM SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Three Rivers	Three Rivers		3631.85	0.95			1177.48	5937.27	percent of total billed charges	
REM SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 UHC	Medicare		3249.74	1			1177.48	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 UHC	Medicaid		1202.72	0.3146			1177.48	5937.27	percent of total billed charges	
REM SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Wellcare	Medicaid		1202.72	0.3146			1177.48	5937.27	percent of total billed charges	
REM SUBDELT/INTRATEND CALC	23000	CPT	outpatient			3823		3737.2 Wellcare	Medicare		3249.74	1			1177.48	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93	1.592			994.53	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Aetna	Better Health		1718.97	0.3146			994.53	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Aetna	Medicare		1682.91	0.308			994.53	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Americare	Americare		4098	0.75			994.53	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1752.85	0.3208			994.53	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23	1			994.53	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	0.95			994.53	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	0.8			994.53	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	0.7			994.53	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	0.9			994.53	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Horizon	PPO		3387.68	1.827			994.53	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Horizon	MGD		3387.68	1.827			994.53	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3387.68	1.827			994.53	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23	1			994.53	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	0.9			994.53	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	0.8			994.53	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	0.75			994.53	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	0.95			994.53	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 UHC	Medicaid		1718.97	0.3146			994.53	5190.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23	1			994.53	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23	1			994.53	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE SHOULDER	23065	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1718.97	0.3146			994.53	5190.8	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413		3737.2 Aetna	Commercial		5173.59	1.592			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISS	23066	CPT	outpatient			9413		3737.2 Aetna	Better Health		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413		3737.2 Aetna	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISS	23066	CPT	outpatient			9413		3737.2 Americare	Americare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413		3737.2 WellPoint	WellPoint		3019.69	0.3208			2961.33	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413		3737.2 Amerihealth	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISS	23066	CPT	outpatient			9413		3737.2 Consumer	Consumer		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413		3737.2 Corrections	Corrections		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413		3737.2 First Health	First Health		6589.1	0.7			2961.33	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413		3737.2 First Trenton	First Trenton		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413		3737.2 Horizon	Indemnity		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISS	23066	CPT	outpatient			9413		3737.2 Horizon	PPO		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISS	23066	CPT	outpatient			9413		3737.2 Horizon	MGD		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISS	23066	CPT	outpatient			9413		3737.2 Horizon	Medicare Blue		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISS	23066	CPT	outpatient			9413		3737.2 Managed Care Inc	Managed Care Inc		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413		3737.2 Multiplan	Multiplan		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413		3737.2 Qualcare	Qualcare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413		3737.2 Three Rivers	Three Rivers		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413		3737.2 UHC	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
BX SOFT TISS	23066	CPT	outpatient			9413		3737.2 UHC	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISS	23066	CPT	outpatient			9413		3737.2 Wellcare	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISS	23066	CPT	outpatient			9413		3737.2 Wellcare	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346		9409.2 Aetna	Commercial		13205.6	1.592			3884.05	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346		9409.2 Aetna	Better Health		3884.05	0.3146			3884.05	14948.35	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346		9409.2 Aetna	Medicare		8181.91	1			3884.05	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346		9409.2 Americare	Americare		9259.5	0.75			3884.05	14948.35	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346		9409.2 WellPoint	WellPoint		3960.6	0.3208			3884.05	14948.35	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346		9409.2 Amerihealth	Medicare		8181.91	1			3884.05	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346		9409.2 Consumer	Consumer		11728.7	0.95			3884.05	14948.35	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346		9409.2 Corrections	Corrections		9876.8	0.8			3884.05	14948.35	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346		9409.2 First Health	First Health		8642.2	0.7			3884.05	14948.35	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346		9409.2 First Trenton	First Trenton		11111.4	0.9			3884.05	14948.35	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346		9409.2 Horizon	Medicare Blue		8181.91	1			3884.05	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346		9409.2 Horizon	Indemnity		14948.35	1.827			3884.05	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346		9409.2 Horizon	MGD		14948.35	1.827			3884.05	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346		9409.2 Horizon	PPO		14948.35	1.827			3884.05	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346		9409.2 Managed Care Inc	Managed Care Inc		11111.4	0.9			3884.05	14948.35	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346		9409.2 Multiplan	Multiplan		9876.8	0.8			3884.05	14948.35	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346		9409.2 Qualcare	Qualcare		9259.5	0.75			3884.05	14948.35	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346		9409.2 Three Rivers	Three Rivers		11728.7	0.95			3884.05	14948.35	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346		9409.2 UHC	Medicare		8181.91	1			3884.05	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346		9409.2 UHC	Medicaid		3884.05	0.3146			3884.05	14948.35	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346		9409.2 Wellcare	Medicaid		3884.05	0.3146			3884.05	14948.35	percent of total billed charges	
TREAT FX HUM SUPRACOND FIX	23155	CPT	outpatient			12346		9409.2 Wellcare	Medicare		8181.91	1			3884.05	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782		2132.36 Aetna	Commercial		2951.93	1.592			560.62	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782		2132.36 Aetna	Better Health		560.62	0.3146			560.62	3387.68	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782		2132.36 Aetna	Medicare		1854.23	1			560.62	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782		2132.36 Americare	Americare		1336.5	0.75			560.62	3387.68	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782		2132.36 WellPoint	WellPoint		571.67	0.3208			560.62	3387.68	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782		2132.36 Amerihealth	Medicare		1854.23	1			560.62	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782		2132.36 Consumer	Consumer		1692.9	0.95			560.62	3387.68	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782		2132.36 Corrections	Corrections		1425.6	0.8			560.62	3387.68	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782		2132.36 First Health	First Health		1247.4	0.7			560.62	3387.68	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782		2132.36 First Trenton	First Trenton		1603.8	0.9			560.62	3387.68	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782		2132.36 Horizon	MGD		3387.68	1.827			560.62	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782		2132.36 Horizon	Indemnity		3387.68	1.827			560.62	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782		2132.36 Horizon	Medicare Blue		1854.23	1			560.62	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782		2132.36 Horizon	PPO		3387.68	1.827			560.62	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782		2132.36 Managed Care Inc	Managed Care Inc		1603.8	0.9			560.62	3387.68	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782		2132.36 Multiplan	Multiplan		1425.6	0.8			560.62	3387.68	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782		2132.36 Qualcare	Qualcare		1336.5	0.75			560.62	3387.68	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782		2132.36 Three Rivers	Three Rivers		1692.9	0.95			560.62	3387.68	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782		2132.36 UHC	Medicare		1854.23	1			560.62	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782		2132.36 UHC	Medicaid		560.62	0.3146			560.62	3387.68	percent of total billed charges	
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782		2132.36 Wellcare	Medicare		1854.23	1			560.62	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE SHOULDER FOREIGN BODY	23330	CPT	outpatient			1782		2132.36 Wellcare	Medicaid		560.62	0.3146			560.62	3387.68	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029		3737.2 Aetna	Commercial		5173.59	1.592			1896.72	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029		3737.2 Aetna	Better Health		1896.72	0.3146			1896.72	5937.27	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029		3737.2 Aetna	Medicare		3249.74	1			1896.72	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029		3737.2 Americare	Americare		4521.75	0.75			1896.72	5937.27	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029		3737.2 WellPoint	WellPoint		1934.1	0.3208			1896.72	5937.27	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029		3737.2 Amerihealth	Medicare		3249.74	1			1896.72	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029		3737.2 Consumer	Consumer		5727.55	0.95			1896.72	5937.27	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029		3737.2 Corrections	Corrections		4823.2	0.8			1896.72	5937.27	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029		3737.2 First Health	First Health		4220.3	0.7			1896.72	5937.27	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029		3737.2 First Trenton	First Trenton		5426.1	0.9			1896.72	5937.27	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029		3737.2 Horizon	PPO		5937.27	1.827			1896.72	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029		3737.2 Horizon	MGD		5937.27	1.827			1896.72	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029		3737.2 Horizon	Indemnity		5937.27	1.827			1896.72	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029		3737.2 Horizon	Medicare Blue		3249.74	1			1896.72	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029		3737.2 Managed Care Inc	Managed Care Inc		5426.1	0.9			1896.72	5937.27	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029		3737.2 Multiplan	Multiplan		4823.2	0.8			1896.72	5937.27	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029		3737.2 Qualcare	Qualcare		4521.75	0.75			1896.72	5937.27	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029		3737.2 Three Rivers	Three Rivers		5727.55	0.95			1896.72	5937.27	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029		3737.2 UHC	Medicaid		1896.72	0.3146			1896.72	5937.27	percent of total billed charges	
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029		3737.2 UHC	Medicare		3249.74	1			1896.72	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029		3737.2 Wellcare	Medicare		3249.74	1			1896.72	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM FB SHOULDER DEEP	23333	CPT	outpatient			6029		3737.2 Wellcare	Medicaid		1896.72	0.3146			1896.72	5937.27	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Aetna	Medicare		705.94	0.308			459.3	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Aetna	Commercial		870.96	0.38			459.3	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Aetna	Better Health		721.06	0.3146			459.3	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Americare	Americare		1719	0.75			459.3	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		WellPoint	WellPoint		735.27	0.3208			459.3	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Consumer	Consumer		2177.4	0.95			459.3	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Corrections	Corrections		1833.6	0.8			459.3	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		First Health	First Health		1604.4	0.7			459.3	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		First Trenton	First Trenton		2062.8	0.9			459.3	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Horizon	Indemnity		877.38	0.3828			459.3	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Horizon	Medicare Blue		687.6	0.3			459.3	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Horizon	MGD		877.38	0.3828			459.3	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Horizon	PPO		877.38	0.3828			459.3	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Managed Care Inc	Managed Care Inc		2062.8	0.9			459.3	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Multiplan	Multiplan		1833.6	0.8			459.3	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Qualcare	Qualcare		1719	0.75			459.3	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Three Rivers	Three Rivers		2177.4	0.95			459.3	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		UHC	Medicaid		721.06	0.3146			459.3	2177.4	percent of total billed charges	
SHOULDER ARTHROGRAM	23350	CPT	outpatient			2292		Wellcare	Medicaid		721.06	0.3146			459.3	2177.4	percent of total billed charges	
CLSD TRT CLAVIC FRACT WO MAN	23500	CPT	outpatient			2194		310.16 Aetna	Commercial		429.36	1.592			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT WO MAN	23500	CPT	outpatient			2194		310.16 Aetna	Medicare		675.75	0.308			232.23	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT WO MAN	23500	CPT	outpatient			2194		310.16 Aetna	Better Health		690.23	0.3146			232.23	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT WO MAN	23500	CPT	outpatient			2194		310.16 Americare	Americare		1645.5	0.75			232.23	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT WO MAN	23500	CPT	outpatient			2194		310.16 WellPoint	WellPoint		703.84	0.3208			232.23	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT WO MAN	23500	CPT	outpatient			2194		310.16 Amerihealth	Medicare		269.7	1			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT WO MAN	23500	CPT	outpatient			2194		310.16 Consumer	Consumer		2084.3	0.95			232.23	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT WO MAN	23500	CPT	outpatient			2194		310.16 Corrections	Corrections		1755.2	0.8			232.23	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT WO MAN	23500	CPT	outpatient			2194		310.16 First Health	First Health		1535.8	0.7			232.23	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT WO MAN	23500	CPT	outpatient			2194		310.16 First Trenton	First Trenton		1974.6	0.9			232.23	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT WO MAN	23500	CPT	outpatient			2194		310.16 Horizon	Medicare Blue		269.7	1			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT WO MAN	23500	CPT	outpatient			2194		310.16 Horizon	Indemnity		492.74	1.827			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT WO MAN	23500	CPT	outpatient			2194		310.16 Horizon	MGD		492.74	1.827			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT WO MAN	23500	CPT	outpatient			2194		310.16 Horizon	PPO		492.74	1.827			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT WO MAN	23500	CPT	outpatient			2194		310.16 Managed Care Inc	Managed Care Inc		1974.6	0.9			232.23	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT WO MAN	23500	CPT	outpatient			2194		310.16 Multiplan	Multiplan		1755.2	0.8			232.23	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT WO MAN	23500	CPT	outpatient			2194		310.16 Qualcare	Qualcare		1645.5	0.75			232.23	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT WO MAN	23500	CPT	outpatient			2194		310.16 Three Rivers	Three Rivers		2084.3	0.95			232.23	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT WO MAN	23500	CPT	outpatient			2194		310.16 UHC	Medicare		269.7	1			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT WO MAN	23500	CPT	outpatient			2194		310.16 UHC	Medicaid		690.23	0.3146			232.23	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT WO MAN	23500	CPT	outpatient			2194		310.16 Wellcare	Medicare		269.7	1			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT WO MAN	23500	CPT	outpatient			2194		310.16 Wellcare	Medicaid		690.23	0.3146			232.23	2084.3	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Aetna	Commercial		2926.29	1.592			675.75	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Aetna	Medicare		675.75	0.308			675.75	3358.25	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Aetna	Better Health		690.23	0.3146			675.75	3358.25	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Americare	Americare		1645.5	0.75			675.75	3358.25	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 WellPoint	WellPoint		703.84	0.3208			675.75	3358.25	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Amerihealth	Medicare		1838.12	1			675.75	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Consumer	Consumer		2084.3	0.95			675.75	3358.25	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Corrections	Corrections		1755.2	0.8			675.75	3358.25	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 First Health	First Health		1535.8	0.7			675.75	3358.25	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 First Trenton	First Trenton		1974.6	0.9			675.75	3358.25	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194		2113.84 Horizon	Indemnity		3358.25	1.827			675.75	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194	2113.84	Horizon	PPO		3358.25	1.827			675.75	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194	2113.84	Horizon	MGD		3358.25	1.827			675.75	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194	2113.84	Horizon	Medicare Blue		1838.12	1			675.75	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194	2113.84	Managed Care Inc	Managed Care Inc		1974.6	0.9			675.75	3358.25	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194	2113.84	Multiplan	Multiplan		1755.2	0.8			675.75	3358.25	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194	2113.84	Qualcare	Qualcare		1645.5	0.75			675.75	3358.25	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194	2113.84	Three Rivers	Three Rivers		2084.3	0.95			675.75	3358.25	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194	2113.84	UHC	Medicaid		690.23	0.3146			675.75	3358.25	percent of total billed charges	
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194	2113.84	UHC	Medicare		1838.12	1			675.75	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194	2113.84	Wellcare	Medicare		1838.12	1			675.75	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVIC FRACT W MAN	23505	CPT	outpatient			2194	2113.84	Wellcare	Medicaid		690.23	0.3146			675.75	3358.25	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782	310.16	Aetna	Better Health		560.62	0.3146			269.7	1692.9	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782	310.16	Aetna	Commercial		429.36	1.592			269.7	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782	310.16	Aetna	Medicare		269.7	1			269.7	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782	310.16	Americare	Americare		1336.5	0.75			269.7	1692.9	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782	310.16	WellPoint	WellPoint		571.67	0.3208			269.7	1692.9	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782	310.16	Amerihealth	Medicare		269.7	1			269.7	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782	310.16	Consumer	Consumer		1692.9	0.95			269.7	1692.9	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782	310.16	Corrections	Corrections		1425.6	0.8			269.7	1692.9	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782	310.16	First Health	First Health		1247.4	0.7			269.7	1692.9	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782	310.16	First Trenton	First Trenton		1603.8	0.9			269.7	1692.9	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782	310.16	Horizon	MGD		492.74	1.827			269.7	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782	310.16	Horizon	Medicare Blue		269.7	1			269.7	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782	310.16	Horizon	Indemnity		492.74	1.827			269.7	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782	310.16	Horizon	PPO		492.74	1.827			269.7	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782	310.16	Managed Care Inc	Managed Care Inc		1603.8	0.9			269.7	1692.9	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782	310.16	Multiplan	Multiplan		1425.6	0.8			269.7	1692.9	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782	310.16	Qualcare	Qualcare		1336.5	0.75			269.7	1692.9	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782	310.16	Three Rivers	Three Rivers		1692.9	0.95			269.7	1692.9	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782	310.16	UHC	Medicaid		560.62	0.3146			269.7	1692.9	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782	310.16	UHC	Medicare		269.7	1			269.7	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782	310.16	Wellcare	Medicaid		560.62	0.3146			269.7	1692.9	percent of total billed charges	
CLSD TRT CLAVICLE DISLOC W MAN	23525	CPT	outpatient			1782	310.16	Wellcare	Medicare		269.7	1			269.7	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326	9409.2	Aetna	Better Health		7338.36	0.3146			7338.36	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326	9409.2	Aetna	Commercial		13025.6	1.592			7338.36	22159.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326	9409.2	Aetna	Medicare		8181.91	1			7338.36	22159.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326	9409.2	Americare	Americare		17494.5	0.75			7338.36	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326	9409.2	WellPoint	WellPoint		7482.98	0.3208			7338.36	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326	9409.2	Amerihealth	Medicare		8181.91	1			7338.36	22159.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326	9409.2	Consumer	Consumer		22159.7	0.95			7338.36	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326	9409.2	Corrections	Corrections		18660.8	0.8			7338.36	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326	9409.2	First Health	First Health		16328.2	0.7			7338.36	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326	9409.2	First Trenton	First Trenton		20993.4	0.9			7338.36	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326	9409.2	Horizon	MGD		14948.35	1.827			7338.36	22159.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326	9409.2	Horizon	PPO		14948.35	1.827			7338.36	22159.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326	9409.2	Horizon	Indemnity		14948.35	1.827			7338.36	22159.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326	9409.2	Horizon	Medicare Blue		8181.91	1			7338.36	22159.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326	9409.2	Managed Care Inc	Managed Care Inc		20993.4	0.9			7338.36	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326	9409.2	Multiplan	Multiplan		18660.8	0.8			7338.36	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326	9409.2	Qualcare	Qualcare		17494.5	0.75			7338.36	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326	9409.2	Three Rivers	Three Rivers		22159.7	0.95			7338.36	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326	9409.2	UHC	Medicare		8181.91	1			7338.36	22159.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326	9409.2	UHC	Medicaid		7338.36	0.3146			7338.36	22159.7	percent of total billed charges	
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326	9409.2	Wellcare	Medicare		8181.91	1			7338.36	22159.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CLAVICLE DISLOC	23530	CPT	outpatient			23326	9409.2	Wellcare	Medicaid		7338.36	0.3146			7338.36	22159.7	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566	310.16	Aetna	Better Health		492.66	0.3146			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566	310.16	Aetna	Medicare		482.33	0.308			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566	310.16	Aetna	Commercial		429.36	1.592			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566	310.16	Americare	Americare		1174.5	0.75			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566	310.16	WellPoint	WellPoint		502.37	0.3208			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566	310.16	Amerihealth	Medicare		269.7	1			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566	310.16	Consumer	Consumer		1487.7	0.95			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566	310.16	Corrections	Corrections		1252.8	0.8			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566	310.16	First Health	First Health		1096.2	0.7			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566	310.16	First Trenton	First Trenton		1409.4	0.9			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566	310.16	Horizon	Medicare Blue		269.7	1			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566	310.16	Horizon	MGD		492.74	1.827			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566	310.16	Horizon	Indemnity		492.74	1.827			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566	310.16	Horizon	PPO		492.74	1.827			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566	310.16	Managed Care Inc	Managed Care Inc		1409.4	0.9			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566	310.16	Multiplan	Multiplan		1252.8	0.8			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566	310.16	Qualcare	Qualcare		1174.5	0.75			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566	310.16	Three Rivers	Three Rivers		1487.7	0.95			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566	310.16	UHC	Medicaid		492.66	0.3146			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566	310.16	UHC	Medicare		269.7	1			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566	310.16	Wellcare	Medicare		269.7	1			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISCL WO MAN	23540	CPT	outpatient			1566	310.16	Wellcare	Medicaid		492.66	0.3146			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISCL W MAN	23545	CPT	outpatient			1566	310.16	Aetna	Medicare		269.7	1			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISCL W MAN	23545	CPT	outpatient			1566	310.16	Aetna	Commercial		429.36	1.592			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566	310.16	Aetna	Better Health		492.66	0.3146			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566	310.16	Americare	Americare		1174.5	0.75			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566	310.16	WellPoint	WellPoint		502.37	0.3208			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566	310.16	Amerihealth	Medicare		269.7	1			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566	310.16	Consumer	Consumer		1487.7	0.95			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566	310.16	Corrections	Corrections		1252.8	0.8			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566	310.16	First Health	First Health		1096.2	0.7			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566	310.16	First Trenton	First Trenton		1409.4	0.9			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566	310.16	Horizon	Medicare Blue		269.7	1			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566	310.16	Horizon	MGD		492.74	1.827			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566	310.16	Horizon	Indemnity		492.74	1.827			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566	310.16	Horizon	PPO		492.74	1.827			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566	310.16	Managed Care Inc	Managed Care Inc		1409.4	0.9			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566	310.16	Multiplan	Multiplan		1252.8	0.8			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566	310.16	Qualcare	Qualcare		1174.5	0.75			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566	310.16	Three Rivers	Three Rivers		1487.7	0.95			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566	310.16	UHC	Medicaid		492.66	0.3146			269.7	1487.7	percent of total billed charges	
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566	310.16	UHC	Medicare		269.7	1			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566	310.16	Wellcare	Medicare		269.7	1			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ACRMCLV DISLC W MAN	23545	CPT	outpatient			1566	310.16	Wellcare	Medicaid		492.66	0.3146			269.7	1487.7	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099	9409.2	Aetna	Better Health		7581.55	0.3146			7581.55	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099	9409.2	Aetna	Medicare		8181.91	1			7581.55	22894.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099	9409.2	Aetna	Commercial		13025.6	1.592			7581.55	22894.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099	9409.2	Americare	Americare		18074.25	0.75			7581.55	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099	9409.2	WellPoint	WellPoint		7730.96	0.3208			7581.55	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099	9409.2	Amerihealth	Medicare		8181.91	1			7581.55	22894.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099	9409.2	Consumer	Consumer		22894.05	0.95			7581.55	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099	9409.2	Corrections	Corrections		19279.2	0.8			7581.55	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099	9409.2	First Health	First Health		16869.3	0.7			7581.55	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099	9409.2	First Trenton	First Trenton		21689.1	0.9			7581.55	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099	9409.2	Horizon	MGD		14948.35	1.827			7581.55	22894.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099	9409.2	Horizon	Indemnity		14948.35	1.827			7581.55	22894.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099	9409.2	Horizon	Medicare Blue		8181.91	1			7581.55	22894.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099	9409.2	Horizon	PPO		14948.35	1.827			7581.55	22894.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099	9409.2	Managed Care Inc	Managed Care Inc		21689.1	0.9			7581.55	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099	9409.2	Multiplan	Multiplan		19279.2	0.8			7581.55	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099	9409.2	Qualcare	Qualcare		18074.25	0.75			7581.55	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099	9409.2	Three Rivers	Three Rivers		22894.05	0.95			7581.55	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099	9409.2	UHC	Medicare		8181.91	1			7581.55	22894.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099	9409.2	UHC	Medicaid		7581.55	0.3146			7581.55	22894.05	percent of total billed charges	
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099	9409.2	Wellcare	Medicare		8181.91	1			7581.55	22894.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ACROMIOCLAV DISL OPEN	23550	CPT	outpatient			24099	9409.2	Wellcare	Medicaid		7581.55	0.3146			7581.55	22894.05	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194	310.16	Aetna	Medicare		675.75	0.308			269.7	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194	310.16	Aetna	Commercial		429.36	1.592			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194	310.16	Aetna	Better Health		690.23	0.3146			269.7	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194	310.16	Americare	Americare		1645.5	0.75			269.7	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194	310.16	WellPoint	WellPoint		703.84	0.3208			269.7	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194	310.16	Amerihealth	Medicare		269.7	1			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194	310.16	Consumer	Consumer		2084.3	0.95			269.7	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194	310.16	Corrections	Corrections		1755.2	0.8			269.7	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194	310.16	First Health	First Health		1535.8	0.7			269.7	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194	310.16	First Trenton	First Trenton		1974.6	0.9			269.7	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194	310.16	Horizon	Indemnity		492.74	1.827			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194	310.16	Horizon	Medicare Blue		269.7	1			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194	310.16	Horizon	MGD		492.74	1.827			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194	310.16	Horizon	PPO		492.74	1.827			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194	310.16	Managed Care Inc	Managed Care Inc		1974.6	0.9			269.7	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194	310.16	Multiplan	Multiplan		1755.2	0.8			269.7	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194	310.16	Qualcare	Qualcare		1645.5	0.75			269.7	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194	310.16	Three Rivers	Three Rivers		2084.3	0.95			269.7	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194	310.16	UHC	Medicaid		690.23	0.3146			269.7	2084.3	percent of total billed charges	
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194	310.16	UHC	Medicare		269.7	1			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194	310.16	Wellcare	Medicare		269.7	1			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACTWO MAN	23570	CPT	outpatient			2194	310.16	Wellcare	Medicaid		690.23	0.3146	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378	2113.84	Aetna	Medicare		1656.42	0.308			1656.42	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378	2113.84	Aetna	Commercial		2926.29	1.592			1656.42	5109.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378	2113.84	Aetna	Better Health		1691.92	0.3146			1656.42	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378	2113.84	Americare	Americare		4033.5	0.75			1656.42	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378	2113.84	WellPoint	WellPoint		1725.26	0.3208			1656.42	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378	2113.84	Amerihealth	Medicare		1838.12	1			1656.42	5109.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378	2113.84	Consumer	Consumer		5109.1	0.95			1656.42	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378	2113.84	Corrections	Corrections		4302.4	0.8			1656.42	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378	2113.84	First Health	First Health		3764.6	0.7			1656.42	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378	2113.84	First Trenton	First Trenton		4840.2	0.9			1656.42	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378	2113.84	Horizon	MGD		3358.25	1.827			1656.42	5109.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378	2113.84	Horizon	Medicare Blue		1838.12	1			1656.42	5109.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378	2113.84	Horizon	Indemnity		3358.25	1.827			1656.42	5109.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378	2113.84	Horizon	PPO		3358.25	1.827			1656.42	5109.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378	2113.84	Managed Care Inc	Managed Care Inc		4840.2	0.9			1656.42	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378	2113.84	Multiplan	Multiplan		4302.4	0.8			1656.42	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378	2113.84	Qualcare	Qualcare		4033.5	0.75			1656.42	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378	2113.84	Three Rivers	Three Rivers		5109.1	0.95			1656.42	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378	2113.84	UHC	Medicare		1838.12	1			1656.42	5109.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378	2113.84	UHC	Medicaid		1691.92	0.3146			1656.42	5109.1	percent of total billed charges	
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378	2113.84	Wellcare	Medicare		1838.12	1			1656.42	5109.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SCAPULAR FRACT W MAN	23575	CPT	outpatient			5378	2113.84	Wellcare	Medicaid		1691.92	0.3146			1656.42	5109.1	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194	310.16	Aetna	Commercial		429.36	1.592			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194	310.16	Aetna	Better Health		690.23	0.3146			232.23	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194	310.16	Aetna	Medicare		675.75	0.308			232.23	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194	310.16	Americare	Americare		1645.5	0.75			232.23	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194	310.16	WellPoint	WellPoint		703.84	0.3208			232.23	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194	310.16	Amerihealth	Medicare		269.7	1			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194	310.16	Consumer	Consumer		2084.3	0.95			232.23	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194	310.16	Corrections	Corrections		1755.2	0.8			232.23	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194	310.16	First Health	First Health		1535.8	0.7			232.23	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194	310.16	First Trenton	First Trenton		1974.6	0.9			232.23	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194	310.16	Horizon	MGD		492.74	1.827			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194	310.16	Horizon	Indemnity		492.74	1.827			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194	310.16	Horizon	Medicare Blue		269.7	1			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194	310.16	Horizon	PPO		492.74	1.827			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194	310.16	Managed Care Inc	Managed Care Inc		1974.6	0.9			232.23	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194	310.16	Multiplan	Multiplan		1755.2	0.8			232.23	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194	310.16	Qualcare	Qualcare		1645.5	0.75			232.23	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194	310.16	Three Rivers	Three Rivers		2084.3	0.95			232.23	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194	310.16	UHC	Medicare		269.7	1			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194	310.16	UHC	Medicaid		690.23	0.3146			232.23	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194	310.16	Wellcare	Medicaid		690.23	0.3146			232.23	2084.3	percent of total billed charges	
PROX HUMERAL FX W/O MANIPULATI	23600	CPT	outpatient			2194	310.16	Wellcare	Medicare		269.7	1			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312	2113.84	Aetna	Commercial		2926.29	1.592			1838.12	5996.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312	2113.84	Aetna	Better Health		1985.76	0.3146			1838.12	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312	2113.84	Aetna	Medicare		1838.12	1			1838.12	5996.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312	2113.84	Americare	Americare		4734	0.75			1838.12	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312	2113.84	WellPoint	WellPoint		2024.89	0.3208			1838.12	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312	2113.84	Amerihealth	Medicare		1838.12	1			1838.12	5996.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312	2113.84	Consumer	Consumer		5996.4	0.95			1838.12	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312	2113.84	Corrections	Corrections		5049.6	0.8			1838.12	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312	2113.84	First Health	First Health		4418.4	0.7			1838.12	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312	2113.84	First Trenton	First Trenton		5680.8	0.9			1838.12	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312	2113.84	Horizon	PPO		3358.25	1.827			1838.12	5996.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312	2113.84	Horizon	MGD		3358.25	1.827			1838.12	5996.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312	2113.84	Horizon	Indemnity		3358.25	1.827			1838.12	5996.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312	2113.84	Horizon	Medicare Blue		1838.12	1			1838.12	5996.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312	2113.84	Managed Care Inc	Managed Care Inc		5680.8	0.9			1838.12	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312	2113.84	Multiplan	Multiplan		5049.6	0.8			1838.12	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312	2113.84	Qualcare	Qualcare		4734	0.75			1838.12	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312	2113.84	Three Rivers	Three Rivers		5996.4	0.95			1838.12	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312	2113.84	UHC	Medicare		1838.12	1			1838.12	5996.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312	2113.84	UHC	Medicaid		1985.76	0.3146			1838.12	5996.4	percent of total billed charges	
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312	2113.84	Wellcare	Medicare		1838.12	1			1838.12	5996.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX HUM W MAN	23605	CPT	outpatient			6312	2113.84	Wellcare	Medicaid		1985.76	0.3146			1838.12	5996.4	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004	310.16	Aetna	Commercial		429.36	1.592			232.23	953.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004	310.16	Aetna	Medicare		309.23	0.308			232.23	953.8	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004	310.16	Aetna	Better Health		315.86	0.3146			232.23	953.8	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004	310.16	Americare	Americare		753	0.75			232.23	953.8	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004	310.16	WellPoint	WellPoint		322.08	0.3208			232.23	953.8	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004	310.16	Amerihealth	Medicare		269.7	1			232.23	953.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004	310.16	Consumer	Consumer		953.8	0.95			232.23	953.8	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004	310.16	Corrections	Corrections		803.2	0.8			232.23	953.8	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004	310.16	First Health	First Health		702.8	0.7			232.23	953.8	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004	310.16	First Trenton	First Trenton		903.6	0.9			232.23	953.8	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004	310.16	Horizon	Indemnity		492.74	1.827			232.23	953.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004	310.16	Horizon	Medicare Blue		269.7	1			232.23	953.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004	310.16	Horizon	MGD		492.74	1.827			232.23	953.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004	310.16	Horizon	PPO		492.74	1.827			232.23	953.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004	310.16	Managed Care Inc	Managed Care Inc		903.6	0.9			232.23	953.8	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004	310.16	Multiplan	Multiplan		803.2	0.8			232.23	953.8	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004	310.16	Qualcare	Qualcare		753	0.75			232.23	953.8	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004	310.16	Three Rivers	Three Rivers		953.8	0.95			232.23	953.8	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004	310.16	UHC	Medicare		269.7	1			232.23	953.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004	310.16	UHC	Medicaid		315.86	0.3146			232.23	953.8	percent of total billed charges	
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004	310.16	Wellcare	Medicare		269.7	1			232.23	953.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GREATER TUBEROSITY FX W/O MANI	23620	CPT	outpatient			1004	310.16	Wellcare	Medicaid		315.86	0.3146			232.23	953.8	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257	2113.84	Aetna	Better Health		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257	2113.84	Aetna	Commercial		2926.29	1.592			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257	2113.84	Aetna	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257	2113.84	Americare	Americare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257	2113.84	WellPoint	WellPoint		1686.45	0.3208			1653.85	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257	2113.84	Amerihealth	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257	2113.84	Consumer	Consumer		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257	2113.84	Corrections	Corrections		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257	2113.84	First Health	First Health		3679.9	0.7			1653.85	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257	2113.84	First Trenton	First Trenton		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257	2113.84	Horizon	MGD		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257	2113.84	Horizon	Medicare Blue		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257	2113.84	Horizon	PPO		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257	2113.84	Horizon	Indemnity		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257	2113.84	Managed Care Inc	Managed Care Inc		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257	2113.84	Multiplan	Multiplan		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257	2113.84	Qualcare	Qualcare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257	2113.84	Three Rivers	Three Rivers		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257	2113.84	UHC	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257	2113.84	UHC	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257	2113.84	Wellcare	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT GRT HUM TUBER W MAN	23625	CPT	outpatient			5257	2113.84	Wellcare	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194	310.16	Aetna	Commercial		429.36	1.592			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194	310.16	Aetna	Medicare		675.75	0.308			232.23	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194	310.16	Aetna	Better Health		690.23	0.3146			232.23	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194	310.16	Americare	Americare		1645.5	0.75			232.23	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194	310.16	WellPoint	WellPoint		703.84	0.3208			232.23	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194	310.16	Amerihealth	Medicare		269.7	1			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194	310.16	Consumer	Consumer		2084.3	0.95			232.23	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194	310.16	Corrections	Corrections		1755.2	0.8			232.23	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194	310.16	First Health	First Health		1535.8	0.7			232.23	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194	310.16	First Trenton	First Trenton		1974.6	0.9			232.23	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194	310.16	Horizon	Indemnity		492.74	1.827			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194	310.16	Horizon	MGD		492.74	1.827			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194	310.16	Horizon	Medicare Blue		269.7	1			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194	310.16	Horizon	PPO		492.74	1.827			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194	310.16	Managed Care Inc	Managed Care Inc		1974.6	0.9			232.23	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194	310.16	Multiplan	Multiplan		1755.2	0.8			232.23	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194	310.16	Qualcare	Qualcare		1645.5	0.75			232.23	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194	310.16	Three Rivers	Three Rivers		2084.3	0.95			232.23	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194	310.16	UHC	Medicaid		690.23	0.3146			232.23	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194	310.16	UHC	Medicare		269.7	1			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194	310.16	Wellcare	Medicaid		690.23	0.3146			232.23	2084.3	percent of total billed charges	
CLSD TX SH DISLC W/MAN W/O ANE	23650	CPT	outpatient			2194	310.16	Wellcare	Medicare		269.7	1			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046	2113.84	Aetna	Better Health		1902.07	0.3146			1838.12	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046	2113.84	Aetna	Commercial		2926.29	1.592			1838.12	5743.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046	2113.84	Aetna	Medicare		1838.12	1			1838.12	5743.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046	2113.84	Americare	Americare		4534.5	0.75			1838.12	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046	2113.84	WellPoint	WellPoint		1939.56	0.3208			1838.12	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046	2113.84	Amerihealth	Medicare		1838.12	1			1838.12	5743.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046	2113.84	Consumer	Consumer		5743.7	0.95			1838.12	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046	2113.84	Corrections	Corrections		4836.8	0.8			1838.12	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046	2113.84	First Health	First Health		4232.2	0.7			1838.12	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046	2113.84	First Trenton	First Trenton		5441.4	0.9			1838.12	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046	2113.84	Horizon	MGD		3358.25	1.827			1838.12	5743.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046	2113.84	Horizon	Medicare Blue		1838.12	1			1838.12	5743.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046	2113.84	Horizon	PPO		3358.25	1.827			1838.12	5743.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046	2113.84	Horizon	Indemnity		3358.25	1.827			1838.12	5743.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046	2113.84	Managed Care Inc	Managed Care Inc		5441.4	0.9			1838.12	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046	2113.84	Multiplan	Multiplan		4836.8	0.8			1838.12	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046	2113.84	Qualcare	Qualcare		4534.5	0.75			1838.12	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046	2113.84	Three Rivers	Three Rivers		5743.7	0.95			1838.12	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046	2113.84	UHC	Medicaid		1902.07	0.3146			1838.12	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046	2113.84	UHC	Medicare		1838.12	1			1838.12	5743.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046	2113.84	Wellcare	Medicaid		1902.07	0.3146			1838.12	5743.7	percent of total billed charges	
CLSD TRT SHLD FX W MAN W ANE	23655	CPT	outpatient			6046	2113.84	Wellcare	Medicare		1838.12	1			1838.12	5743.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257	2113.84	Aetna	Better Health		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257	2113.84	Aetna	Commercial		2926.29	1.592			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257	2113.84	Aetna	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257	2113.84	Americare	Americare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257	2113.84	WellPoint	WellPoint		1686.45	0.3208			1653.85	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257	2113.84	Amerihealth	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257	2113.84	Consumer	Consumer		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257	2113.84	Corrections	Corrections		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257	2113.84	First Health	First Health		3679.9	0.7			1653.85	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257	2113.84	First Trenton	First Trenton		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257	2113.84	Horizon	MGD		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257	2113.84	Horizon	Medicare Blue		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257	2113.84	Horizon	PPO		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257	2113.84	Horizon	Indemnity		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257	2113.84	Managed Care Inc	Managed Care Inc		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257	2113.84	Multiplan	Multiplan		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257	2113.84	Qualcare	Qualcare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257	2113.84	Three Rivers	Three Rivers		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257	2113.84	UHC	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257	2113.84	UHC	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257	2113.84	Wellcare	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
TRT SHLDR DISL FX MAN	23665	CPT	outpatient			5257	2113.84	Wellcare	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257	2113.84	Aetna	Commercial		2926.29	1.592			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257	2113.84	Aetna	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257	2113.84	Aetna	Better Health		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257	2113.84	Americare	Americare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257	2113.84	WellPoint	WellPoint		1686.45	0.3208			1653.85	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257	2113.84	Amerihealth	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257	2113.84	Consumer	Consumer		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257	2113.84	Corrections	Corrections		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257	2113.84	First Health	First Health		3679.9	0.7			1653.85	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257	2113.84	First Trenton	First Trenton		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257	2113.84	Horizon	MGD		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257	2113.84	Horizon	Medicare Blue		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257	2113.84	Horizon	PPO		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257	2113.84	Horizon	Indemnity		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257	2113.84	Managed Care Inc	Managed Care Inc		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257	2113.84	Multiplan	Multiplan		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257	2113.84	Qualcare	Qualcare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257	2113.84	Three Rivers	Three Rivers		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257	2113.84	UHC	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257	2113.84	UHC	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257	2113.84	Wellcare	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CL TX SHOULDER DISLOC W MAN	23675	CPT	outpatient			5257	2113.84	Wellcare	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC SHOULDER	23929	CPT	outpatient			754	310.16	Aetna	Better Health		237.21	0.3146			237.21	716.3	percent of total billed charges	
UNLISTED PROC SHOULDER	23929	CPT	outpatient			754	310.16	Aetna	Commercial		429.36	1.592			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC SHOULDER	23929	CPT	outpatient			754	310.16	Aetna	Medicare		269.7	1			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC SHOULDER	23929	CPT	outpatient			754	310.16	Americare	Americare		565.5	0.75			237.21	716.3	percent of total billed charges	
UNLISTED PROC SHOULDER	23929	CPT	outpatient			754	310.16	WellPoint	WellPoint		241.88	0.3208			237.21	716.3	percent of total billed charges	
UNLISTED PROC SHOULDER	23929	CPT	outpatient			754	310.16	Amerihealth	Medicare		269.7	1			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC SHOULDER	23929	CPT	outpatient			754	310.16	Consumer	Consumer		716.3	0.95			237.21	716.3	percent of total billed charges	
UNLISTED PROC SHOULDER	23929	CPT	outpatient			754	310.16	Corrections	Corrections		603.2	0.8			237.21	716.3	percent of total billed charges	
UNLISTED PROC SHOULDER	23929	CPT	outpatient			754	310.16	First Health	First Health		527.8	0.7			237.21	716.3	percent of total billed charges	
UNLISTED PROC SHOULDER	23929	CPT	outpatient			754	310.16	First Trenton	First Trenton		678.6	0.9			237.21	716.3	percent of total billed charges	
UNLISTED PROC SHOULDER	23929	CPT	outpatient			754	310.16	Horizon	MGD		492.74	1.827			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC SHOULDER	23929	CPT	outpatient			754	310.16	Horizon	Medicare Blue		269.7	1			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC SHOULDER	23929	CPT	outpatient			754	310.16	Horizon	Indemnity		492.74	1.827			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC SHOULDER	23929	CPT	outpatient			754	310.16	Horizon	PPO		492.74	1.827			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC SHOULDER	23929	CPT	outpatient			754	310.16	Managed Care Inc	Managed Care Inc		678.6	0.9			237.21	716.3	percent of total billed charges	
UNLISTED PROC SHOULDER	23929	CPT	outpatient			754	310.16	Multiplan	Multiplan		603.2	0.8			237.21	716.3	percent of total billed charges	
UNLISTED PROC SHOULDER	23929	CPT	outpatient			754	310.16	Qualcare	Qualcare		565.5	0.75			237.21	716.3	percent of total billed charges	
UNLISTED PROC SHOULDER	23929	CPT	outpatient			754	310.16	Three Rivers	Three Rivers		716.3	0.95			237.21	716.3	percent of total billed charges	
UNLISTED PROC SHOULDER	23929	CPT	outpatient			754	310.16	UHC	Medicaid		237.21	0.3146			237.21	716.3	percent of total billed charges	
UNLISTED PROC SHOULDER	23929	CPT	outpatient			754	310.16	UHC	Medicare		269.7	1			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC SHOULDER	23929	CPT	outpatient			754	310.16	Wellcare	Medicaid		237.21	0.3146			237.21	716.3	percent of total billed charges	
UNLISTED PROC SHOULDER	23929	CPT	outpatient			754	310.16	Wellcare	Medicare		269.7	1			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860	2132.36	Aetna	Better Health		1214.36	0.3146			1214.36	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860	2132.36	Aetna	Commercial		2951.93	1.592			1214.36	3667	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860	2132.36	Aetna	Medicare		1854.23	1			1214.36	3667	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860	2132.36	Americare	Americare		2895	0.75			1214.36	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860	2132.36	WellPoint	WellPoint		1238.29	0.3208			1214.36	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860	2132.36	Amerihealth	Medicare		1854.23	1			1214.36	3667	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860	2132.36	Consumer	Consumer		3667	0.95			1214.36	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860	2132.36	Corrections	Corrections		3088	0.8			1214.36	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860	2132.36	First Health	First Health		2702	0.7			1214.36	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860	2132.36	First Trenton	First Trenton		3474	0.9			1214.36	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860	2132.36	Horizon	Medicare Blue		1854.23	1			1214.36	3667	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860	2132.36	Horizon	Indemnity		3387.68	1.827			1214.36	3667	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860	2132.36	Horizon	PPO		3387.68	1.827			1214.36	3667	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860	2132.36	Horizon	MGD		3387.68	1.827			1214.36	3667	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860	2132.36	Managed Care Inc	Managed Care Inc		3474	0.9			1214.36	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860	2132.36	Multiplan	Multiplan		3088	0.8			1214.36	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860	2132.36	Qualcare	Qualcare		2895	0.75			1214.36	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860	2132.36	Three Rivers	Three Rivers		3667	0.95			1214.36	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860	2132.36	UHC	Medicare		1854.23	1			1214.36	3667	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860	2132.36	UHC	Medicaid		1214.36	0.3146			1214.36	3667	percent of total billed charges	
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860	2132.36	Wellcare	Medicare		1854.23	1			1214.36	3667	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D UPPER ARM BURSA	23931	CPT	outpatient			3860	2132.36	Wellcare	Medicaid		1214.36	0.3146			1214.36	3667	percent of total billed charges	
ARTHROTOMY ELBOW	24000	CPT	outpatient			11077	4257.16	Aetna	Better Health		3484.82	0.3146			3484.82	10523.15	percent of total billed charges	
ARTHROTOMY ELBOW	24000	CPT	outpatient			11077	4257.16	Aetna	Commercial		5893.39	1.592			3484.82	10523.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY ELBOW	24000	CPT	outpatient			11077	4257.16	Aetna	Medicare		3701.88	1			3484.82	10523.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY ELBOW	24000	CPT	outpatient			11077	4257.16	Americare	Americare		8307.75	0.75			3484.82	10523.15	percent of total billed charges	
ARTHROTOMY ELBOW	24000	CPT	outpatient			11077	4257.16	WellPoint	WellPoint		3553.5	0.3208			3484.82	10523.15	percent of total billed charges	
ARTHROTOMY ELBOW	24000	CPT	outpatient			11077	4257.16	Amerihealth	Medicare		3701.88	1			3484.82	10523.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY ELBOW	24000	CPT	outpatient			11077	4257.16	Consumer	Consumer		10523.15	0.95			3484.82	10523.15	percent of total billed charges	
ARTHROTOMY ELBOW	24000	CPT	outpatient			11077	4257.16	Corrections	Corrections		8861.6	0.8			3484.82	10523.15	percent of total billed charges	
ARTHROTOMY ELBOW	24000	CPT	outpatient			11077	4257.16	First Health	First Health		7753.9	0.7			3484.82	10523.15	percent of total billed charges	
ARTHROTOMY ELBOW	24000	CPT	outpatient			11077	4257.16	First Trenton	First Trenton		9969.3	0.9			3484.82	10523.15	percent of total billed charges	
ARTHROTOMY ELBOW	24000	CPT	outpatient			11077	4257.16	Horizon	MGD		6763.33	1.827			3484.82	10523.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY ELBOW	24000	CPT	outpatient			11077	4257.16	Horizon	Medicare Blue		3701.88	1			3484.82	10523.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY ELBOW	24000	CPT	outpatient			11077	4257.16	Horizon	PPO		6763.33	1.827			3484.82	10523.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY ELBOW	24000	CPT	outpatient			11077	4257.16	Horizon	Indemnity		6763.33	1.827			3484.82	10523.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY ELBOW	24000	CPT	outpatient			11077	4257.16	Managed Care Inc	Managed Care Inc		9969.3	0.9			3484.82	10523.15	percent of total billed charges	
ARTHROTOMY ELBOW	24000	CPT	outpatient			11077	4257.16	Multiplan	Multiplan		8861.6	0.8			3484.82	10523.15	percent of total billed charges	
ARTHROTOMY ELBOW	24000	CPT	outpatient			11077	4257.16	Qualcare	Qualcare		8307.75	0.75			3484.82	10523.15	percent of total billed charges	
ARTHROTOMY ELBOW	24000	CPT	outpatient			11077	4257.16	Three Rivers	Three Rivers		10523.15	0.95			3484.82	10523.15	percent of total billed charges	
ARTHROTOMY ELBOW	24000	CPT	outpatient			11077	4257.16	UHC	Medicaid		3484.82	0.3146			3484.82	10523.15	percent of total billed charges	
ARTHROTOMY ELBOW	24000	CPT	outpatient			11077	4257.16	UHC	Medicare		3701.88	1			3484.82	10523.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY ELBOW	24000	CPT	outpatient			11077	4257.16	Wellcare	Medicare		3701.88	1			3484.82	10523.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROTOMY ELBOW	24000	CPT	outpatient			11077	4257.16	Wellcare	Medicaid		3484.82	0.3146			3484.82	10523.15	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464	2132.36	Aetna	Medicare		1854.23	1			1630.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464	2132.36	Aetna	Commercial		2951.93	1.592			1630.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464	2132.36	Aetna	Better Health		1718.97	0.3146			1630.89	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464	2132.36	Americare	Americare		4098	0.75			1630.89	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464	2132.36	WellPoint	WellPoint		1752.85	0.3208			1630.89	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464	2132.36	Amerihealth	Medicare		1854.23	1			1630.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464	2132.36	Consumer	Consumer		5190.8	0.95			1630.89	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464	2132.36	Corrections	Corrections		4371.2	0.8			1630.89	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464	2132.36	First Health	First Health		3824.8	0.7			1630.89	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464	2132.36	First Trenton	First Trenton		4917.6	0.9			1630.89	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464	2132.36	Horizon	Medicare Blue		1854.23	1			1630.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464	2132.36	Horizon	MGD		3387.68	1.827			1630.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464	2132.36	Horizon	Indemnity		3387.68	1.827			1630.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464	2132.36	Horizon	PPO		3387.68	1.827			1630.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464	2132.36	Managed Care Inc	Managed Care Inc		4917.6	0.9			1630.89	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464	2132.36	Multiplan	Multiplan		4371.2	0.8			1630.89	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464	2132.36	Qualcare	Qualcare		4098	0.75			1630.89	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464	2132.36	Three Rivers	Three Rivers		5190.8	0.95			1630.89	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464	2132.36	UHC	Medicaid		1718.97	0.3146			1630.89	5190.8	percent of total billed charges	
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464	2132.36	UHC	Medicare		1854.23	1			1630.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464	2132.36	Wellcare	Medicare		1854.23	1			1630.89	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ST BX U ARM/ELB; SUPERF	24065	CPT	outpatient			5464	2132.36	Wellcare	Medicaid		1718.97	0.3146			1630.89	5190.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Aetna	Commercial		2951.93	1.592			1682.91	5352.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Aetna	Medicare		1735.27	0.308			1682.91	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Aetna	Better Health		1772.46	0.3146			1682.91	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Americare	Americare		4225.5	0.75			1682.91	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 WellPoint	WellPoint		1807.39	0.3208			1682.91	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Amerihealth	Medicare		1854.23	1			1682.91	5352.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Consumer	Consumer		5352.3	0.95			1682.91	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Corrections	Corrections		4507.2	0.8			1682.91	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 First Health	First Health		3943.8	0.7			1682.91	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 First Trenton	First Trenton		5070.6	0.9			1682.91	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Horizon	Indemnity		3387.68	1.827			1682.91	5352.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Horizon	Medicare Blue		1854.23	1			1682.91	5352.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Horizon	PPO		3387.68	1.827			1682.91	5352.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Horizon	MGD		3387.68	1.827			1682.91	5352.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Managed Care Inc	Managed Care Inc		5070.6	0.9			1682.91	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Multiplan	Multiplan		4507.2	0.8			1682.91	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Qualcare	Qualcare		4225.5	0.75			1682.91	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Three Rivers	Three Rivers		5352.3	0.95			1682.91	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 UHC	Medicare		1854.23	1			1682.91	5352.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 UHC	Medicaid		1772.46	0.3146			1682.91	5352.3	percent of total billed charges	
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Wellcare	Medicare		1854.23	1			1682.91	5352.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF ARM FOREIGN BODY	24200	CPT	outpatient			5634		2132.36 Wellcare	Medicaid		1772.46	0.3146			1682.91	5352.3	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Aetna	Medicare		797.41	0.308			518.1	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Aetna	Better Health		814.5	0.3146			518.1	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Aetna	Commercial		983.82	0.38			518.1	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Americare	Americare		1941.75	0.75			518.1	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		WellPoint	WellPoint		830.55	0.3208			518.1	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Consumer	Consumer		2459.55	0.95			518.1	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Corrections	Corrections		2071.2	0.8			518.1	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		First Health	First Health		1812.3	0.7			518.1	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		First Trenton	First Trenton		2330.1	0.9			518.1	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Horizon	Indemnity		991.07	0.3828			518.1	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Horizon	Medicare Blue		776.7	0.3			518.1	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Horizon	MGD		991.07	0.3828			518.1	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Horizon	PPO		991.07	0.3828			518.1	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Managed Care Inc	Managed Care Inc		2330.1	0.9			518.1	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Multiplan	Multiplan		2071.2	0.8			518.1	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Qualcare	Qualcare		1941.75	0.75			518.1	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Three Rivers	Three Rivers		2459.55	0.95			518.1	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		UHC	Medicaid		814.5	0.3146			518.1	2459.55	percent of total billed charges	
INJECTION FOR ELBOW X-RAY	24220	CPT	outpatient			2589		Wellcare	Medicaid		814.5	0.3146			518.1	2459.55	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Aetna	Better Health		4649.79	0.3146			4649.79	14948.35	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Aetna	Commercial		13025.6	1.592			4649.79	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Aetna	Medicare		8181.91	1			4649.79	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Americare	Americare		11085	0.75			4649.79	14948.35	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 WellPoint	WellPoint		4741.42	0.3208			4649.79	14948.35	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Amerihealth	Medicare		8181.91	1			4649.79	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Consumer	Consumer		14041	0.95			4649.79	14948.35	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Corrections	Corrections		11824	0.8			4649.79	14948.35	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 First Health	First Health		10346	0.7			4649.79	14948.35	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 First Trenton	First Trenton		13302	0.9			4649.79	14948.35	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Horizon	MGD		14948.35	1.827			4649.79	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Horizon	Medicare Blue		8181.91	1			4649.79	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Horizon	PPO		14948.35	1.827			4649.79	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Horizon	Indemnity		14948.35	1.827			4649.79	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Managed Care Inc	Managed Care Inc		13302	0.9			4649.79	14948.35	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Multiplan	Multiplan		11824	0.8			4649.79	14948.35	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Qualcare	Qualcare		11085	0.75			4649.79	14948.35	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Three Rivers	Three Rivers		14041	0.95			4649.79	14948.35	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 UHC	Medicaid		4649.79	0.3146			4649.79	14948.35	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 UHC	Medicare		8181.91	1			4649.79	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Wellcare	Medicaid		4649.79	0.3146			4649.79	14948.35	percent of total billed charges	
REPAIR TENDON/ MUSCLE ARM	24341	CPT	outpatient			14780		9409.2 Wellcare	Medicare		8181.91	1			4649.79	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ELBOW LATERAL OR MEDIAL R	24357	CPT	outpatient			12080		4257.16 Aetna	Better Health		3800.37	0.3146			3701.88	11476	percent of total billed charges	
TENOTOMY ELBOW LATERAL OR MEDIAL R	24357	CPT	outpatient			12080		4257.16 Aetna	Medicare		3701.88	1			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ELBOW LATERAL OR MEDIAL R	24357	CPT	outpatient			12080		4257.16 Aetna	Commercial		5893.39	1.592			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ELBOW LATERAL OR MEDIAL R	24357	CPT	outpatient			12080		4257.16 Americare	Americare		9060	0.75			3701.88	11476	percent of total billed charges	
TENOTOMY ELBOW LATERAL OR MEDIAL R	24357	CPT	outpatient			12080		4257.16 WellPoint	WellPoint		3875.26	0.3208			3701.88	11476	percent of total billed charges	
TENOTOMY ELBOW LATERAL OR MEDIAL R	24357	CPT	outpatient			12080		4257.16 Amerihealth	Medicare		3701.88	1			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ELBOW LATERAL OR MEDIAL R	24357	CPT	outpatient			12080		4257.16 Consumer	Consumer		11476	0.95			3701.88	11476	percent of total billed charges	
TENOTOMY ELBOW LATERAL OR MEDIAL R	24357	CPT	outpatient			12080		4257.16 Corrections	Corrections		9664	0.8			3701.88	11476	percent of total billed charges	
TENOTOMY ELBOW LATERAL OR MEDIAL R	24357	CPT	outpatient			12080		4257.16 First Health	First Health		8456	0.7			3701.88	11476	percent of total billed charges	
TENOTOMY ELBOW LATERAL OR MEDIAL R	24357	CPT	outpatient			12080		4257.16 First Trenton	First Trenton		10872	0.9			3701.88	11476	percent of total billed charges	
TENOTOMY ELBOW LATERAL OR MEDIAL R	24357	CPT	outpatient			12080		4257.16 Horizon	Medicare Blue		3701.88	1			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ELBOW LATERAL OR MEDIAL R	24357	CPT	outpatient			12080		4257.16 Horizon	MGD		6763.33	1.827			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ELBOW LATERAL OR MEDIAL R	24357	CPT	outpatient			12080		4257.16 Horizon	Indemnity		6763.33	1.827			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ELBOW LATERAL OR MEDIAL R	24357	CPT	outpatient			12080		4257.16 Horizon	PPO		6763.33	1.827			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ELBOW LATERAL OR MEDIAL R	24357	CPT	outpatient			12080		4257.16 Managed Care Inc	Managed Care Inc		10872	0.9			3701.88	11476	percent of total billed charges	
TENOTOMY ELBOW LATERAL OR MEDIAL R	24357	CPT	outpatient			12080		4257.16 Multiplan	Multiplan		9664	0.8			3701.88	11476	percent of total billed charges	
TENOTOMY ELBOW LATERAL OR MEDIAL R	24357	CPT	outpatient			12080		4257.16 Qualcare	Qualcare		9060	0.75			3701.88	11476	percent of total billed charges	
TENOTOMY ELBOW LATERAL OR MEDIAL R	24357	CPT	outpatient			12080		4257.16 Three Rivers	Three Rivers		11476	0.95			3701.88	11476	percent of total billed charges	
TENOTOMY ELBOW LATERAL OR MEDIAL R	24357	CPT	outpatient			12080		4257.16 UHC	Medicaid		3800.37	0.3146			3701.88	11476	percent of total billed charges	
TENOTOMY ELBOW LATERAL OR MEDIAL R	24357	CPT	outpatient			12080		4257.16 UHC	Medicare		3701.88	1			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ELBOW LATERAL OR MEDIAL R	24357	CPT	outpatient			12080		4257.16 Wellcare	Medicare		3701.88	1			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ELBOW LATERAL OR MEDIAL R	24357	CPT	outpatient			12080		4257.16 Wellcare	Medicaid		3800.37	0.3146			3701.88	11476	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Aetna	Better Health		690.23	0.3146			237.21	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Aetna	Commercial		429.36	1.592			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Aetna	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Americare	Americare		1645.5	0.75			237.21	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 WellPoint	WellPoint		703.84	0.3208			237.21	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Amerihealth	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Consumer	Consumer		2084.3	0.95			237.21	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Corrections	Corrections		1755.2	0.8			237.21	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 First Health	First Health		1535.8	0.7			237.21	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 First Trenton	First Trenton		1974.6	0.9			237.21	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Horizon	Medicare Blue		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Horizon	Indemnity		492.74	1.827			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Horizon	MGD		492.74	1.827			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Horizon	PPO		492.74	1.827			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Managed Care Inc	Managed Care Inc		1974.6	0.9			237.21	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Multiplan	Multiplan		1755.2	0.8			237.21	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Qualcare	Qualcare		1645.5	0.75			237.21	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Three Rivers	Three Rivers		2084.3	0.95			237.21	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 UHC	Medicaid		690.23	0.3146			237.21	2084.3	percent of total billed charges	
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 UHC	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Wellcare	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL SHAFT FX W/O MANIP	24500	CPT	outpatient			2194		310.16 Wellcare	Medicaid		690.23	0.3146			237.21	2084.3	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Aetna	Medicare		1838.12	1			1496.55	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Aetna	Better Health		1496.55	0.3146			1496.55	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Aetna	Commercial		2926.29	1.592			1496.55	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Americare	Americare		3567.75	0.75			1496.55	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 WellPoint	WellPoint		1526.05	0.3208			1496.55	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Amerihealth	Medicare		1838.12	1			1496.55	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Consumer	Consumer		4519.15	0.95			1496.55	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Corrections	Corrections		3805.6	0.8			1496.55	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 First Health	First Health		3329.9	0.7			1496.55	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 First Trenton	First Trenton		4281.3	0.9			1496.55	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Horizon	MGD		3358.25	1.827			1496.55	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Horizon	Medicare Blue		1838.12	1			1496.55	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Horizon	Indemnity		3358.25	1.827			1496.55	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Horizon	PPO		3358.25	1.827			1496.55	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Managed Care Inc	Managed Care Inc		4281.3	0.9			1496.55	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Multiplan	Multiplan		3805.6	0.8			1496.55	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Qualcare	Qualcare		3567.75	0.75			1496.55	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Three Rivers	Three Rivers		4519.15	0.95			1496.55	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 UHC	Medicaid		1496.55	0.3146			1496.55	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 UHC	Medicare		1838.12	1			1496.55	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Wellcare	Medicaid		1496.55	0.3146			1496.55	4519.15	percent of total billed charges	
CLSD TRT HUM SHAFT W MAN	24505	CPT	outpatient			4757		2113.84 Wellcare	Medicare		1838.12	1			1496.55	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Aetna	Commercial		429.36	1.592			237.21	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Aetna	Better Health		347.63	0.3146			237.21	1049.75	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Aetna	Medicare		269.7	1			237.21	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Americare	Americare		828.75	0.75			237.21	1049.75	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 WellPoint	WellPoint		354.48	0.3208			237.21	1049.75	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Amerihealth	Medicare		269.7	1			237.21	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Consumer	Consumer		1049.75	0.95			237.21	1049.75	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Corrections	Corrections		884	0.8			237.21	1049.75	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 First Health	First Health		773.5	0.7			237.21	1049.75	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 First Trenton	First Trenton		994.5	0.9			237.21	1049.75	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Horizon	MGD		492.74	1.827			237.21	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Horizon	Indemnity		492.74	1.827			237.21	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Horizon	Medicare Blue		269.7	1			237.21	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105		310.16 Horizon	PPO		492.74	1.827			237.21	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105	310.16	Managed Care Inc	Managed Care Inc		994.5	0.9			237.21	1049.75	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105	310.16	Multiplan	Multiplan		884	0.8			237.21	1049.75	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105	310.16	Qualcare	Qualcare		828.75	0.75			237.21	1049.75	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105	310.16	Three Rivers	Three Rivers		1049.75	0.95			237.21	1049.75	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105	310.16	UHC	Medicare		269.7	1			237.21	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105	310.16	UHC	Medicaid		347.63	0.3146			237.21	1049.75	percent of total billed charges	
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105	310.16	Wellcare	Medicare		269.7	1			237.21	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPR/TRANSDYLAR HUMERAL FX	24530	CPT	outpatient			1105	310.16	Wellcare	Medicaid		347.63	0.3146			237.21	1049.75	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257	2113.84	Aetna	Commercial		2926.29	1.592			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257	2113.84	Aetna	Better Health		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257	2113.84	Aetna	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257	2113.84	Americare	Americare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257	2113.84	WellPoint	WellPoint		1686.45	0.3208			1653.85	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257	2113.84	Amerihealth	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257	2113.84	Consumer	Consumer		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257	2113.84	Corrections	Corrections		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257	2113.84	First Health	First Health		3679.9	0.7			1653.85	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257	2113.84	First Trenton	First Trenton		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257	2113.84	Horizon	MGD		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257	2113.84	Horizon	Indemnity		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257	2113.84	Horizon	Medicare Blue		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257	2113.84	Horizon	PPO		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257	2113.84	Managed Care Inc	Managed Care Inc		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257	2113.84	Multiplan	Multiplan		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257	2113.84	Qualcare	Qualcare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257	2113.84	Three Rivers	Three Rivers		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257	2113.84	UHC	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257	2113.84	UHC	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257	2113.84	Wellcare	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CL TX SUPRA/TRANSCOND HUM FX W MANIP	24535	CPT	outpatient			5257	2113.84	Wellcare	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105	310.16	Aetna	Medicare		340.34	0.308			232.23	1049.75	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105	310.16	Aetna	Commercial		429.36	1.592			232.23	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105	310.16	Aetna	Better Health		347.63	0.3146			232.23	1049.75	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105	310.16	Americare	Americare		828.75	0.75			232.23	1049.75	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105	310.16	WellPoint	WellPoint		354.48	0.3208			232.23	1049.75	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105	310.16	Amerihealth	Medicare		269.7	1			232.23	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105	310.16	Consumer	Consumer		1049.75	0.95			232.23	1049.75	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105	310.16	Corrections	Corrections		884	0.8			232.23	1049.75	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105	310.16	First Health	First Health		773.5	0.7			232.23	1049.75	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105	310.16	First Trenton	First Trenton		994.5	0.9			232.23	1049.75	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105	310.16	Horizon	MGD		492.74	1.827			232.23	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105	310.16	Horizon	Indemnity		492.74	1.827			232.23	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105	310.16	Horizon	Medicare Blue		269.7	1			232.23	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105	310.16	Horizon	PPO		492.74	1.827			232.23	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105	310.16	Managed Care Inc	Managed Care Inc		994.5	0.9			232.23	1049.75	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105	310.16	Multiplan	Multiplan		884	0.8			232.23	1049.75	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105	310.16	Qualcare	Qualcare		828.75	0.75			232.23	1049.75	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105	310.16	Three Rivers	Three Rivers		1049.75	0.95			232.23	1049.75	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105	310.16	UHC	Medicaid		347.63	0.3146			232.23	1049.75	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105	310.16	UHC	Medicare		269.7	1			232.23	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105	310.16	Wellcare	Medicaid		347.63	0.3146			232.23	1049.75	percent of total billed charges	
HUMERAL EPICONDYLAR FX MED/LAT	24560	CPT	outpatient			1105	310.16	Wellcare	Medicare		269.7	1			232.23	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105	310.16	Aetna	Medicare		269.7	1			269.7	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105	310.16	Aetna	Better Health		347.63	0.3146			269.7	1049.75	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105	310.16	Aetna	Commercial		429.36	1.592			269.7	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105	310.16	Americare	Americare		828.75	0.75			269.7	1049.75	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105	310.16	WellPoint	WellPoint		354.48	0.3208			269.7	1049.75	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105	310.16	Amerihealth	Medicare		269.7	1			269.7	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105	310.16	Consumer	Consumer		1049.75	0.95			269.7	1049.75	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105	310.16	Corrections	Corrections		884	0.8			269.7	1049.75	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105	310.16	First Health	First Health		773.5	0.7			269.7	1049.75	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105	310.16	First Trenton	First Trenton		994.5	0.9			269.7	1049.75	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105	310.16	Horizon	Indemnity		492.74	1.827			269.7	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105	310.16	Horizon	MGD		492.74	1.827			269.7	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105	310.16	Horizon	PPO		492.74	1.827			269.7	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105	310.16	Horizon	Medicare Blue		269.7	1			269.7	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105	310.16	Managed Care Inc	Managed Care Inc		994.5	0.9			269.7	1049.75	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105	310.16	Multiplan	Multiplan		884	0.8			269.7	1049.75	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105	310.16	Qualcare	Qualcare		828.75	0.75			269.7	1049.75	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105	310.16	Three Rivers	Three Rivers		1049.75	0.95			269.7	1049.75	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105	310.16	UHC	Medicaid		347.63	0.3146			269.7	1049.75	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105	310.16	UHC	Medicare		269.7	1			269.7	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105	310.16	Wellcare	Medicaid		347.63	0.3146			269.7	1049.75	percent of total billed charges	
CLSD TX CONDYLAR FRACTURE	24576	CPT	outpatient			1105	310.16	Wellcare	Medicare		269.7	1			269.7	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TREAT HUM CONDYL FX W/O MANIP.	24577	CPT	outpatient			5257	2113.84	Aetna	Better Health		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX W/O MANIP.	24577	CPT	outpatient			5257	2113.84	Aetna	Commercial		2926.29	1.592			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TREAT HUM CONDYL FX W/O MANIP.	24577	CPT	outpatient			5257	2113.84	Aetna	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TREAT HUM CONDYL FX W/O MANIP.	24577	CPT	outpatient			5257	2113.84	Americare	Americare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX W/O MANIP.	24577	CPT	outpatient			5257	2113.84	WellPoint	WellPoint		1686.45	0.3208			1653.85	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX W/O MANIP.	24577	CPT	outpatient			5257	2113.84	Amerihealth	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TREAT HUM CONDYL FX W/O MANIP.	24577	CPT	outpatient			5257	2113.84	Consumer	Consumer		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX W/O MANIP.	24577	CPT	outpatient			5257	2113.84	Corrections	Corrections		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX W/O MANIP.	24577	CPT	outpatient			5257	2113.84	First Health	First Health		3679.9	0.7			1653.85	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX W/O MANIP.	24577	CPT	outpatient			5257	2113.84	First Trenton	First Trenton		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX W/O MANIP.	24577	CPT	outpatient			5257	2113.84	Horizon	Medicare Blue		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TREAT HUM CONDYL FX W/O MANIP.	24577	CPT	outpatient			5257	2113.84	Horizon	MGD		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TREAT HUM CONDYL FX W/O MANIP.	24577	CPT	outpatient			5257	2113.84	Horizon	PPO		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TREAT HUM CONDYL FX W/O MANIP.	24577	CPT	outpatient			5257	2113.84	Horizon	Indemnity		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TREAT HUM CONDYL FX W/O MANIP.	24577	CPT	outpatient			5257	2113.84	Managed Care Inc	Managed Care Inc		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX W/O MANIP.	24577	CPT	outpatient			5257	2113.84	Multiplan	Multiplan		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX W/O MANIP.	24577	CPT	outpatient			5257	2113.84	Qualcare	Qualcare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX W/O MANIP.	24577	CPT	outpatient			5257	2113.84	Three Rivers	Three Rivers		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX W/O MANIP.	24577	CPT	outpatient			5257	2113.84	UHC	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CL TREAT HUM CONDYL FX W/O MANIP.	24577	CPT	outpatient			5257	2113.84	UHC	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TREAT HUM CONDYL FX W/O MANIP.	24577	CPT	outpatient			5257	2113.84	Wellcare	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TREAT HUM CONDYL FX W/O MANIP.	24577	CPT	outpatient			5257	2113.84	Wellcare	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
TRT CLSD ELBOW DISLOC WO ANES	24600	CPT	outpatient			2194	310.16	Aetna	Better Health		690.23	0.3146			232.23	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC WO ANES	24600	CPT	outpatient			2194	310.16	Aetna	Medicare		675.75	0.308			232.23	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC WO ANES	24600	CPT	outpatient			2194	310.16	Aetna	Commercial		429.36	1.592			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLSD ELBOW DISLOC WO ANES	24600	CPT	outpatient			2194	310.16	Americare	Americare		1645.5	0.75			232.23	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC WO ANES	24600	CPT	outpatient			2194	310.16	WellPoint	WellPoint		703.84	0.3208			232.23	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC WO ANES	24600	CPT	outpatient			2194	310.16	Amerihealth	Medicare		269.7	1			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLSD ELBOW DISLOC WO ANES	24600	CPT	outpatient			2194	310.16	Consumer	Consumer		2084.3	0.95			232.23	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC WO ANES	24600	CPT	outpatient			2194	310.16	Corrections	Corrections		1755.2	0.8			232.23	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC WO ANES	24600	CPT	outpatient			2194	310.16	First Health	First Health		1535.8	0.7			232.23	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC WO ANES	24600	CPT	outpatient			2194	310.16	First Trenton	First Trenton		1974.6	0.9			232.23	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC WO ANES	24600	CPT	outpatient			2194	310.16	Horizon	Medicare Blue		269.7	1			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLSD ELBOW DISLOC WO ANES	24600	CPT	outpatient			2194	310.16	Horizon	Indemnity		492.74	1.827			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLSD ELBOW DISLOC WO ANES	24600	CPT	outpatient			2194	310.16	Horizon	PPO		492.74	1.827			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLSD ELBOW DISLOC WO ANES	24600	CPT	outpatient			2194	310.16	Horizon	MGD		492.74	1.827			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLSD ELBOW DISLOC WO ANES	24600	CPT	outpatient			2194	310.16	Managed Care Inc	Managed Care Inc		1974.6	0.9			232.23	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC WO ANES	24600	CPT	outpatient			2194	310.16	Multiplan	Multiplan		1755.2	0.8			232.23	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC WO ANES	24600	CPT	outpatient			2194	310.16	Qualcare	Qualcare		1645.5	0.75			232.23	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC WO ANES	24600	CPT	outpatient			2194	310.16	Three Rivers	Three Rivers		2084.3	0.95			232.23	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC WO ANES	24600	CPT	outpatient			2194	310.16	UHC	Medicare		269.7	1			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLSD ELBOW DISLOC WO ANES	24600	CPT	outpatient			2194	310.16	UHC	Medicaid		690.23	0.3146			232.23	2084.3	percent of total billed charges	
TRT CLSD ELBOW DISLOC WO ANES	24600	CPT	outpatient			2194	310.16	Wellcare	Medicare		269.7	1			232.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLSD ELBOW DISLOC WO ANES	24600	CPT	outpatient			2194	310.16	Wellcare	Medicaid		690.23	0.3146			232.23	2084.3	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179	2113.84	Aetna	Better Health		1943.91	0.3146			1838.12	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179	2113.84	Aetna	Medicare		1838.12	1			1838.12	5870.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179	2113.84	Aetna	Commercial		2926.29	1.592			1838.12	5870.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179	2113.84	Americare	Americare		4634.25	0.75			1838.12	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179	2113.84	WellPoint	WellPoint		1982.22	0.3208			1838.12	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179	2113.84	Amerihealth	Medicare		1838.12	1			1838.12	5870.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179	2113.84	Consumer	Consumer		5870.05	0.95			1838.12	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179	2113.84	Corrections	Corrections		4943.2	0.8			1838.12	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179	2113.84	First Health	First Health		4325.3	0.7			1838.12	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179	2113.84	First Trenton	First Trenton		5561.1	0.9			1838.12	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179	2113.84	Horizon	MGD		3358.25	1.827			1838.12	5870.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179	2113.84	Horizon	Indemnity		3358.25	1.827			1838.12	5870.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179	2113.84	Horizon	Medicare Blue		1838.12	1			1838.12	5870.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179	2113.84	Horizon	PPO		3358.25	1.827			1838.12	5870.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179	2113.84	Managed Care Inc	Managed Care Inc		5561.1	0.9			1838.12	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179	2113.84	Multiplan	Multiplan		4943.2	0.8			1838.12	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179	2113.84	Qualcare	Qualcare		4634.25	0.75			1838.12	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179	2113.84	Three Rivers	Three Rivers		5870.05	0.95			1838.12	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179	2113.84	UHC	Medicare		1838.12	1			1838.12	5870.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179	2113.84	UHC	Medicaid		1943.91	0.3146			1838.12	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179	2113.84	Wellcare	Medicaid		1943.91	0.3146			1838.12	5870.05	percent of total billed charges	
TREAT ELBOW DISLOC W/ANESTH	24605	CPT	outpatient			6179	2113.84	Wellcare	Medicare		1838.12	1			1838.12	5870.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257	2113.84	Aetna	Commercial		2926.29	1.592			1645.04	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONTEGGIA TYPE FX DISTAL ELBOW	24

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Americare	Americare		3942.75	0.75			1645.04	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1686.45	0.3208			1645.04	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Amerihealth	Medicare		1838.12	1			1645.04	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Consumer	Consumer		4994.15	0.95			1645.04	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Corrections	Corrections		4205.6	0.8			1645.04	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 First Health	First Health		3679.9	0.7			1645.04	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 First Trenton	First Trenton		4731.3	0.9			1645.04	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Horizon	Medicare Blue		1838.12	1			1645.04	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Horizon	PPO		3358.25	1.827			1645.04	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Horizon	Indemnity		3358.25	1.827			1645.04	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Horizon	MGD		3358.25	1.827			1645.04	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Managed Care Inc	Managed Care Inc		4731.3	0.9			1645.04	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Multiplan	Multiplan		4205.6	0.8			1645.04	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Qualcare	Qualcare		3942.75	0.75			1645.04	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Three Rivers	Three Rivers		4994.15	0.95			1645.04	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 UHC	Medicaid		1653.85	0.3146			1645.04	4994.15	percent of total billed charges	
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 UHC	Medicare		1838.12	1			1645.04	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12	1			1645.04	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MONTEGGIA TYPE FX DISTAL ELBOW	24620	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1653.85	0.3146			1645.04	4994.15	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Aetna	Medicare		269.7	1			237.21	982.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Aetna	Better Health		325.3	0.3146			237.21	982.3	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Aetna	Commercial		429.36	1.592			237.21	982.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Americare	Americare		775.5	0.75			237.21	982.3	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 WellPoint	WellPoint		331.71	0.3208			237.21	982.3	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Amerihealth	Medicare		269.7	1			237.21	982.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Consumer	Consumer		982.3	0.95			237.21	982.3	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Corrections	Corrections		827.2	0.8			237.21	982.3	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 First Health	First Health		723.8	0.7			237.21	982.3	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 First Trenton	First Trenton		930.6	0.9			237.21	982.3	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Horizon	Indemnity		492.74	1.827			237.21	982.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Horizon	PPO		492.74	1.827			237.21	982.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Horizon	MGD		492.74	1.827			237.21	982.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Horizon	Medicare Blue		269.7	1			237.21	982.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Managed Care Inc	Managed Care Inc		930.6	0.9			237.21	982.3	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Multiplan	Multiplan		827.2	0.8			237.21	982.3	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Qualcare	Qualcare		775.5	0.75			237.21	982.3	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Three Rivers	Three Rivers		982.3	0.95			237.21	982.3	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 UHC	Medicaid		325.3	0.3146			237.21	982.3	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 UHC	Medicare		269.7	1			237.21	982.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Wellcare	Medicaid		325.3	0.3146			237.21	982.3	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	24640	CPT	outpatient			1034		310.16 Wellcare	Medicare		269.7	1			237.21	982.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Aetna	Commercial		429.36	1.592			237.21	1472.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Aetna	Better Health		487.63	0.3146			237.21	1472.5	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Aetna	Medicare		269.7	1			237.21	1472.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Americare	Americare		1162.5	0.75			237.21	1472.5	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 WellPoint	WellPoint		497.24	0.3208			237.21	1472.5	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Amerihealth	Medicare		269.7	1			237.21	1472.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Consumer	Consumer		1472.5	0.95			237.21	1472.5	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Corrections	Corrections		1240	0.8			237.21	1472.5	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 First Health	First Health		1085	0.7			237.21	1472.5	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 First Trenton	First Trenton		1395	0.9			237.21	1472.5	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Horizon	MGD		492.74	1.827			237.21	1472.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Horizon	Medicare Blue		269.7	1			237.21	1472.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Horizon	Indemnity		492.74	1.827			237.21	1472.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Horizon	PPO		492.74	1.827			237.21	1472.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Managed Care Inc	Managed Care Inc		1395	0.9			237.21	1472.5	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Multiplan	Multiplan		1240	0.8			237.21	1472.5	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Qualcare	Qualcare		1162.5	0.75			237.21	1472.5	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Three Rivers	Three Rivers		1472.5	0.95			237.21	1472.5	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 UHC	Medicaid		487.63	0.3146			237.21	1472.5	percent of total billed charges	
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 UHC	Medicare		269.7	1			237.21	1472.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Wellcare	Medicare		269.7	1			237.21	1472.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD OR NECK FX W/O MAN	24650	CPT	outpatient			1550		310.16 Wellcare	Medicaid		487.63	0.3146			237.21	1472.5	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Aetna	Commercial		2926.29	1.592			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Aetna	Better Health		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Aetna	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Americare	Americare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1686.45	0.3208			1653.85	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Amerihealth	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Consumer	Consumer		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Corrections	Corrections		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 First Health	First Health		3679.9	0.7			1653.85	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 First Trenton	First Trenton		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Horizon	MGD		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Horizon	Medicare Blue		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Horizon	Indemnity		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Horizon	PPO		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Managed Care Inc	Managed Care Inc		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Multiplan	Multiplan		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Qualcare	Qualcare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Three Rivers	Three Rivers		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 UHC	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 UHC	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CI TX RADIAL HEAD FX W MANIP.	24655	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Aetna	Better Health		690.23	0.3146			269.7	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Aetna	Commercial		429.36	1.592			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Aetna	Medicare		269.7	1			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Americare	Americare		1645.5	0.75			269.7	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 WellPoint	WellPoint		703.84	0.3208			269.7	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Amerihealth	Medicare		269.7	1			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Consumer	Consumer		2084.3	0.95			269.7	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Corrections	Corrections		1755.2	0.8			269.7	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 First Health	First Health		1535.8	0.7			269.7	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 First Trenton	First Trenton		1974.6	0.9			269.7	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Horizon	MGD		492.74	1.827			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Horizon	PPO		492.74	1.827			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Horizon	Indemnity		492.74	1.827			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Horizon	Medicare Blue		269.7	1			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Managed Care Inc	Managed Care Inc		1974.6	0.9			269.7	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Multiplan	Multiplan		1755.2	0.8			269.7	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Qualcare	Qualcare		1645.5	0.75			269.7	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Three Rivers	Three Rivers		2084.3	0.95			269.7	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 UHC	Medicaid		690.23	0.3146			269.7	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 UHC	Medicare		269.7	1			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Wellcare	Medicare		269.7	1			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W/O MAN	24670	CPT	outpatient			2194		310.16 Wellcare	Medicaid		690.23	0.3146			269.7	2084.3	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Aetna	Better Health		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Aetna	Commercial		2926.29	1.592			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Aetna	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Americare	Americare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1686.45	0.3208			1653.85	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Amerihealth	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Consumer	Consumer		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Corrections	Corrections		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 First Health	First Health		3679.9	0.7			1653.85	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 First Trenton	First Trenton		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Horizon	Indemnity		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Horizon	MGD		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Horizon	Medicare Blue		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Horizon	PPO		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Managed Care Inc	Managed Care Inc		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Multiplan	Multiplan		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Qualcare	Qualcare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Three Rivers	Three Rivers		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 UHC	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 UHC	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ULNAR FRACT W MAN	24675	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 Aetna	Medicare		3701.88	1			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 Aetna	Better Health		3310.22	0.3146			3310.22	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 Aetna	Commercial		5893.39	1.592			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 Americare	Americare		7891.5	0.75			3310.22	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 WellPoint	WellPoint		3375.46	0.3208			3310.22	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 Amerihealth	Medicare		3701.88	1			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 Consumer	Consumer		9995.9	0.95			3310.22	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 Corrections	Corrections		8417.6	0.8			3310.22	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 First Health	First Health		7365.4	0.7			3310.22	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 First Trenton	First Trenton		9469.8	0.9			3310.22	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 Horizon	PPO		6763.33	1.827			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 Horizon	Indemnity		6763.33	1.827			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 Horizon	MGD		6763.33	1.827			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS DEEP	25

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 Managed Care Inc	Managed Care Inc		9469.8	0.9			3310.22	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 Multiplan	Multiplan		8417.6	0.8			3310.22	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 Qualcare	Qualcare		7891.5	0.75			3310.22	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 Three Rivers	Three Rivers		9995.9	0.95			3310.22	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 UHC	Medicaid		3310.22	0.3146			3310.22	9995.9	percent of total billed charges	
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 UHC	Medicare		3701.88	1			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 Wellcare	Medicare		3701.88	1			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS DEEP	25028	CPT	outpatient			10522		4257.16 Wellcare	Medicaid		3310.22	0.3146			3310.22	9995.9	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84 Aetna	Commercial		2926.29	1.592			748.43	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84 Aetna	Better Health		1838.12	0.3146			748.43	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84 Aetna	Medicare		1838.12	1			748.43	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84 Americare	Americare		1784.25	0.75			748.43	3358.25	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84 WellPoint	WellPoint		763.18	0.3208			748.43	3358.25	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84 Amerihealth	Medicare		1838.12	1			748.43	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84 Consumer	Consumer		2260.05	0.95			748.43	3358.25	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84 Corrections	Corrections		1903.2	0.8			748.43	3358.25	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84 First Health	First Health		1665.3	0.7			748.43	3358.25	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84 First Trenton	First Trenton		2141.1	0.9			748.43	3358.25	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84 Horizon	Indemnity		3358.25	1.827			748.43	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84 Horizon	MGD		3358.25	1.827			748.43	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84 Horizon	Medicare Blue		1838.12	1			748.43	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84 Horizon	PPO		3358.25	1.827			748.43	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84 Managed Care Inc	Managed Care Inc		2141.1	0.9			748.43	3358.25	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84 Multiplan	Multiplan		1903.2	0.8			748.43	3358.25	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84 Qualcare	Qualcare		1784.25	0.75			748.43	3358.25	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84 Three Rivers	Three Rivers		2260.05	0.95			748.43	3358.25	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84 UHC	Medicare		1838.12	1			748.43	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84 UHC	Medicaid		748.43	0.3146			748.43	3358.25	percent of total billed charges	
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84 Wellcare	Medicare		1838.12	1			748.43	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FOREARM ABCESS BURSA	25031	CPT	outpatient			2379		2113.84 Wellcare	Medicaid		748.43	0.3146			748.43	3358.25	percent of total billed charges	
BX SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36 Aetna	Better Health		1718.97	0.3146			967.74	5190.8	percent of total billed charges	
BX SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36 Aetna	Medicare		1682.91	0.308			967.74	5190.8	percent of total billed charges	
BX SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93	1.592			967.74	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36 Americare	Americare		4098	0.75			967.74	5190.8	percent of total billed charges	
BX SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1752.85	0.3208			967.74	5190.8	percent of total billed charges	
BX SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23	1			967.74	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	0.95			967.74	5190.8	percent of total billed charges	
BX SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	0.8			967.74	5190.8	percent of total billed charges	
BX SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	0.7			967.74	5190.8	percent of total billed charges	
BX SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	0.9			967.74	5190.8	percent of total billed charges	
BX SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23	1			967.74	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36 Horizon	MGD		3387.68	1.827			967.74	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3387.68	1.827			967.74	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36 Horizon	PPO		3387.68	1.827			967.74	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	0.9			967.74	5190.8	percent of total billed charges	
BX SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	0.8			967.74	5190.8	percent of total billed charges	
BX SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	0.75			967.74	5190.8	percent of total billed charges	
BX SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	0.95			967.74	5190.8	percent of total billed charges	
BX SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36 UHC	Medicaid		1718.97	0.3146			967.74	5190.8	percent of total billed charges	
BX SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23	1			967.74	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23	1			967.74	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE SUPERFICIAL	25065	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1718.97	0.3146			967.74	5190.8	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Aetna	Better Health		343.54	0.3146			220.5	1037.4	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Aetna	Commercial		414.96	0.38			220.5	1037.4	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Aetna	Medicare		336.34	0.308			220.5	1037.4	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Americare	Americare		819	0.75			220.5	1037.4	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		WellPoint	WellPoint		350.31	0.3208			220.5	1037.4	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Consumer	Consumer		1037.4	0.95			220.5	1037.4	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Corrections	Corrections		873.6	0.8			220.5	1037.4	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		First Health	First Health		764.4	0.7			220.5	1037.4	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		First Trenton	First Trenton		982.8	0.9			220.5	1037.4	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Horizon	MGD		418.02	0.3828			220.5	1037.4	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Horizon	Medicare Blue		327.6	0.3			220.5	1037.4	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Horizon	Indemnity		418.02	0.3828			220.5	1037.4	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Horizon	PPO		418.02	0.3828			220.5	1037.4	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Managed Care Inc	Managed Care Inc		982.8	0.9			220.5	1037.4	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Multiplan	Multiplan		873.6	0.8			220.5	1037.4	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Qualcare	Qualcare		819	0.75			220.5	1037.4	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Three Rivers	Three Rivers		1037.4	0.95			220.5	1037.4	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		UHC	Medicaid		343.54	0.3146			220.5	1037.4	percent of total billed charges	
WRIST ARTHROGRAPHY INJ	25246	CPT	outpatient			1092		Wellcare	Medicaid		343.54	0.3146			220.5	1037.4	percent of total billed charges	
EXPLOR WIREM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84 Aetna	Better Health		2361.7	0.3146			1645.04	7131.65	percent of total billed charges	
EXPLOR WIREM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84 Aetna	Commercial		2926.29	1.592			1645.04	7131.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLOR WIREM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84 Aetna	Medicare		1838.12	1			1645.04	7131.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLOR WIREM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84 Americare	Americare		5630.25	0.75			1645.04	7131.65	percent of total billed charges	
EXPLOR WIREM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84 WellPoint	WellPoint		2408.25	0.3208			1645.04	7131.65	percent of total billed charges	
EXPLOR WIREM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84 Amerihealth	Medicare		1838.12	1			1645.04	7131.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLOR WIREM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84 Consumer	Consumer		7131.65	0.95			1645.04	7131.65	percent of total billed charges	
EXPLOR WIREM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84 Corrections	Corrections		6005.6	0.8			1645.04	7131.65	percent of total billed charges	
EXPLOR WIREM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84 First Health	First Health		5254.9	0.7			1645.04	7131.65	percent of total billed charges	
EXPLOR WIREM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84 First Trenton	First Trenton		6756.3	0.9			1645.04	7131.65	percent of total billed charges	
EXPLOR WIREM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84 Horizon	MGD		3358.25	1.827			1645.04	7131.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLOR WIREM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84 Horizon	Indemnity		3358.25	1.827			1645.04	7131.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLOR WIREM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84 Horizon	Medicare Blue		1838.12	1			1645.04	7131.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLOR WIREM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84 Horizon	PPO		3358.25	1.827			1645.04	7131.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLOR WIREM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84 Managed Care Inc	Managed Care Inc		6756.3	0.9			1645.04	7131.65	percent of total billed charges	
EXPLOR WIREM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84 Multiplan	Multiplan		6005.6	0.8			1645.04	7131.65	percent of total billed charges	
EXPLOR WIREM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84 Qualcare	Qualcare		5630.25	0.75			1645.04	7131.65	percent of total billed charges	
EXPLOR WIREM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84 Three Rivers	Three Rivers		7131.65	0.95			1645.04	7131.65	percent of total billed charges	
EXPLOR WIREM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84 UHC	Medicaid		2361.7	0.3146			1645.04	7131.65	percent of total billed charges	
EXPLOR WIREM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84 UHC	Medicare		1838.12	1			1645.04	7131.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLOR WIREM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84 Wellcare	Medicaid		2361.7	0.3146			1645.04	7131.65	percent of total billed charges	
EXPLOR WIREM DEEP FB FOR/WRS	25248	CPT	outpatient			7507		2113.84 Wellcare	Medicare		1838.12	1			1645.04	7131.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16 Aetna	Better Health		3533.59	0.3146			3533.59	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16 Aetna	Commercial		5893.39	1.592			3533.59	10670.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16 Aetna	Medicare		3701.88	1			3533.59	10670.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16 Americare	Americare		8424	0.75			3533.59	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16 WellPoint	WellPoint		3603.23	0.3208			3533.59	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16 Amerihealth	Medicare		3701.88	1			3533.59	10670.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16 Consumer	Consumer		10670.4	0.95			3533.59	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16 Corrections	Corrections		8985.6	0.8			3533.59	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16 First Health	First Health		7862.4	0.7			3533.59	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16 First Trenton	First Trenton		10108.8	0.9			3533.59	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16 Horizon	MGD		6763.33	1.827			3533.59	10670.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16 Horizon	Medicare Blue		3701.88	1			3533.59	10670.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16 Horizon	Indemnity		6763.33	1.827			3533.59	10670.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16 Horizon	PPO		6763.33	1.827			3533.59	10670.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16 Managed Care Inc	Managed Care Inc		10108.8	0.9			3533.59	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16 Multiplan	Multiplan		8985.6	0.8			3533.59	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16 Qualcare	Qualcare		8424	0.75			3533.59	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16 Three Rivers	Three Rivers		10670.4	0.95			3533.59	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16 UHC	Medicaid		3533.59	0.3146			3533.59	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16 UHC	Medicare		3701.88	1			3533.59	10670.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16 Wellcare	Medicaid		3533.59	0.3146			3533.59	10670.4	percent of total billed charges	
REP FOREARM TEN/MUSC	25260	CPT	outpatient			11232		4257.16 Wellcare	Medicare		3701.88	1			3533.59	10670.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR TN/M F/ARM&/WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Aetna	Better Health		3431.03	0.3146			3431.03	10360.7	percent of total billed charges	
RPR TN/M F/ARM&/WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Aetna	Medicare		3701.88	1			3431.03	10360.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR TN/M F/ARM&/WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Aetna	Commercial		5893.39	1.592			3431.03	10360.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR TN/M F/ARM&/WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Americare	Americare		8179.5	0.75			3431.03	10360.7	percent of total billed charges	
RPR TN/M F/ARM&/WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 WellPoint	WellPoint		3498.64	0.3208			3431.03	10360.7	percent of total billed charges	
RPR TN/M F/ARM&/WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Amerihealth	Medicare		3701.88	1			3431.03	10360.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR TN/M F/ARM&/WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Consumer	Consumer		10360.7	0.95			3431.03	10360.7	percent of total billed charges	
RPR TN/M F/ARM&/WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Corrections	Corrections		8724.8	0.8			3431.03	10360.7	percent of total billed charges	
RPR TN/M F/ARM&/WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 First Health	First Health		7634.2	0.7			3431.03	10360.7	percent of total billed charges	
RPR TN/M F/ARM&/WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 First Trenton	First Trenton		9815.4	0.9			3431.03	10360.7	percent of total billed charges	
RPR TN/M F/ARM&/WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Horizon	Indemnity		6763.33	1.827			3431.03	10360.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR TN/M F/ARM&/WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Horizon	MGD		6763.33	1.827			3431.03	10360.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR TN/M F/ARM&/WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Horizon	PPO		6763.33	1.827			3431.03	10360.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR TN/M F/ARM&/WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Horizon	Medicare Blue		3701.88	1			3431.03	10360.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR TN/M F/ARM&/WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Managed Care Inc	Managed Care Inc		9815.4	0.9			3431.03	10360.7	percent of total billed charges	
RPR TN/M F/ARM&/WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Multiplan	Multiplan		8724.8	0.8			3431.03	10360.7	percent of total billed charges	
RPR TN/M F/ARM&/WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Qualcare	Qualcare		8179.5	0.75			3431.03	10360.7	percent of total billed charges	
RPR TN/M F/ARM&/WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Three Rivers	Three Rivers		10360.7	0.95			3431.03	10360.7	percent of total billed charges	
RPR TN/M F/ARM&/WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 UHC	Medicare		3701.88	1			3431.03	10360.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR TN/M F/ARM&/WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 UHC	Medicaid		3431.03	0.3146			3431.03	10360.7	percent of total billed charges	
RPR TN/M F/ARM&/WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Wellcare	Medicare		3701.88	1			3431.03	10360.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR TN/M F/ARM&/WRIST PR 1 EA TEN	25270	CPT	outpatient			10906		4257.16 Wellcare	Medicaid		3431.03	0.3146			3431.03	10360.7	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Aetna	Commercial		5893.39	1.592			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Aetna	Better Health		3800.37	0.3146			3701.88	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Aetna	Medicare		3701.88	1			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Americare	Americare		9060	0.75			3701.88	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 WellPoint	WellPoint		3875.26	0.3208			3701.88	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080		4257.16 Amerihealth	Medicare		3701.88	1			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080	4257.16	Consumer	Consumer		11476	0.95			3701.88	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080	4257.16	Corrections	Corrections		9664	0.8			3701.88	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080	4257.16	First Health	First Health		8456	0.7			3701.88	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080	4257.16	First Trenton	First Trenton		10872	0.9			3701.88	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080	4257.16	Horizon	MCD		6763.33	1.827			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080	4257.16	Horizon	Medicare Blue		3701.88	1			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080	4257.16	Horizon	Indemnity		6763.33	1.827			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080	4257.16	Horizon	PPO		6763.33	1.827			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080	4257.16	Managed Care Inc	Managed Care Inc		10872	0.9			3701.88	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080	4257.16	Multiplan	Multiplan		9664	0.8			3701.88	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080	4257.16	Qualcare	Qualcare		9060	0.75			3701.88	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080	4257.16	Three Rivers	Three Rivers		11476	0.95			3701.88	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080	4257.16	UHC	Medicaid		3800.37	0.3146			3701.88	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080	4257.16	UHC	Medicare		3701.88	1			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080	4257.16	Wellcare	Medicaid		3800.37	0.3146			3701.88	11476	percent of total billed charges	
REPAIR FOREARM TENDON/MUSCLE	25274	CPT	outpatient			12080	4257.16	Wellcare	Medicare		3701.88	1			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599	310.16	Aetna	Better Health		503.05	0.3146			237.21	1519.05	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599	310.16	Aetna	Commercial		429.36	1.592			237.21	1519.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599	310.16	Aetna	Medicare		269.7	1			237.21	1519.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599	310.16	Americare	Americare		1199.25	0.75			237.21	1519.05	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599	310.16	WellPoint	WellPoint		512.96	0.3208			237.21	1519.05	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599	310.16	Amerihealth	Medicare		269.7	1			237.21	1519.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599	310.16	Consumer	Consumer		1519.05	0.95			237.21	1519.05	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599	310.16	Corrections	Corrections		1279.2	0.8			237.21	1519.05	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599	310.16	First Health	First Health		1119.3	0.7			237.21	1519.05	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599	310.16	First Trenton	First Trenton		1439.1	0.9			237.21	1519.05	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599	310.16	Horizon	Medicare Blue		269.7	1			237.21	1519.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599	310.16	Horizon	PPO		492.74	1.827			237.21	1519.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599	310.16	Horizon	MCD		492.74	1.827			237.21	1519.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599	310.16	Horizon	Indemnity		492.74	1.827			237.21	1519.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599	310.16	Managed Care Inc	Managed Care Inc		1439.1	0.9			237.21	1519.05	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599	310.16	Multiplan	Multiplan		1279.2	0.8			237.21	1519.05	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599	310.16	Qualcare	Qualcare		1199.25	0.75			237.21	1519.05	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599	310.16	Three Rivers	Three Rivers		1519.05	0.95			237.21	1519.05	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599	310.16	UHC	Medicaid		503.05	0.3146			237.21	1519.05	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599	310.16	UHC	Medicare		269.7	1			237.21	1519.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599	310.16	Wellcare	Medicaid		503.05	0.3146			237.21	1519.05	percent of total billed charges	
RADIAL SHAFT FX W/O MANIP	25500	CPT	outpatient			1599	310.16	Wellcare	Medicare		269.7	1			237.21	1519.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229	2113.84	Aetna	Better Health		1645.04	0.3146			675.75	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229	2113.84	Aetna	Medicare		1610.53	0.308			675.75	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229	2113.84	Aetna	Commercial		2926.29	1.592			675.75	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229	2113.84	Americare	Americare		3921.75	0.75			675.75	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229	2113.84	WellPoint	WellPoint		1677.46	0.3208			675.75	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229	2113.84	Amerihealth	Medicare		1838.12	1			675.75	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229	2113.84	Consumer	Consumer		4967.55	0.95			675.75	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229	2113.84	Corrections	Corrections		4183.2	0.8			675.75	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229	2113.84	First Health	First Health		3660.3	0.7			675.75	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229	2113.84	First Trenton	First Trenton		4706.1	0.9			675.75	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229	2113.84	Horizon	Indemnity		3358.25	1.827			675.75	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229	2113.84	Horizon	MCD		3358.25	1.827			675.75	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229	2113.84	Horizon	Medicare Blue		1838.12	1			675.75	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229	2113.84	Horizon	PPO		3358.25	1.827			675.75	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229	2113.84	Managed Care Inc	Managed Care Inc		4706.1	0.9			675.75	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229	2113.84	Multiplan	Multiplan		4183.2	0.8			675.75	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229	2113.84	Qualcare	Qualcare		3921.75	0.75			675.75	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229	2113.84	Three Rivers	Three Rivers		4967.55	0.95			675.75	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229	2113.84	UHC	Medicaid		1645.04	0.3146			675.75	4967.55	percent of total billed charges	
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229	2113.84	UHC	Medicare		1838.12	1			675.75	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229	2113.84	Wellcare	Medicare		1838.12	1			675.75	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL SHAFT FX W/ MANIP	25505	CPT	outpatient			5229	2113.84	Wellcare	Medicaid		1645.04	0.3146			675.75	4967.55	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257	2113.84	Aetna	Better Health		1653.85	0.3146			1619.16	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257	2113.84	Aetna	Medicare		1619.16	0.308			1619.16	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257	2113.84	Aetna	Commercial		2926.29	1.592			1619.16	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257	2113.84	Americare	Americare		3942.75	0.75			1619.16	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257	2113.84	WellPoint	WellPoint		1686.45	0.3208			1619.16	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257	2113.84	Amerihealth	Medicare		1838.12	1			1619.16	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257	2113.84	Consumer	Consumer		4994.15	0.95			1619.16	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257	2113.84	Corrections	Corrections		4205.6	0.8			1619.16	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257	2113.84	First Health	First Health		3679.9	0.7			1619.16	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257	2113.84	First Trenton	First Trenton		4731.3	0.9			1619.16	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257	2113.84	Horizon	Medicare Blue		1838.12	1			1619.16	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257	2113.84	Horizon	MCD		3358.25	1.827			1619.16	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257	2113.84	Horizon	Indemnity		3358.25	1.827			1619.16	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257	2113.84	Horizon	PPO		3358.25	1.827			1619.16	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257	2113.84	Managed Care Inc	Managed Care Inc		4731.3	0.9			1619.16	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257	2113.84	Multiplan	Multiplan		4205.6	0.8			1619.16	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257	2113.84	Qualcare	Qualcare		3942.75	0.75			1619.16	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257	2113.84	Three Rivers	Three Rivers		4994.15	0.95			1619.16	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257	2113.84	UHC	Medicaid		1653.85	0.3146			1619.16	4994.15	percent of total billed charges	
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257	2113.84	UHC	Medicare		1838.12	1			1619.16	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257	2113.84	Wellcare	Medicare		1838.12	1			1619.16	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE TREAT FX RADIUS	25520	CPT	outpatient			5257	2113.84	Wellcare	Medicaid		1653.85	0.3146			1619.16	4994.15	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681	310.16	Aetna	Better Health		528.84	0.3146			237.21	1596.95	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681	310.16	Aetna	Medicare		269.7	1			237.21	1596.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681	310.16	Aetna	Commercial		429.36	1.592			237.21	1596.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681	310.16	Americare	Americare		1260.75	0.75			237.21	1596.95	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681	310.16	WellPoint	WellPoint		539.26	0.3208			237.21	1596.95	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681	310.16	Amerihealth	Medicare		269.7	1			237.21	1596.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681	310.16	Consumer	Consumer		1596.95	0.95			237.21	1596.95	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681	310.16	Corrections	Corrections		1344.8	0.8			237.21	1596.95	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681	310.16	First Health	First Health		1176.7	0.7			237.21	1596.95	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681	310.16	First Trenton	First Trenton		1512.9	0.9			237.21	1596.95	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681	310.16	Horizon	MCD		492.74	1.827			237.21	1596.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681	310.16	Horizon	Indemnity		492.74	1.827			237.21	1596.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681	310.16	Horizon	Medicare Blue		269.7	1			237.21	1596.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681	310.16	Horizon	PPO		492.74	1.827			237.21	1596.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681	310.16	Managed Care Inc	Managed Care Inc		1512.9	0.9			237.21	1596.95	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681	310.16	Multiplan	Multiplan		1344.8	0.8			237.21	1596.95	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681	310.16	Qualcare	Qualcare		1260.75	0.75			237.21	1596.95	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681	310.16	Three Rivers	Three Rivers		1596.95	0.95			237.21	1596.95	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681	310.16	UHC	Medicaid		528.84	0.3146			237.21	1596.95	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681	310.16	UHC	Medicare		269.7	1			237.21	1596.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681	310.16	Wellcare	Medicaid		528.84	0.3146			237.21	1596.95	percent of total billed charges	
ULNAR SHAFT FX W/O MANIP	25530	CPT	outpatient			1681	310.16	Wellcare	Medicare		269.7	1			237.21	1596.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865	310.16	Aetna	Commercial		429.36	1.592			257.66	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865	310.16	Aetna	Better Health		272.13	0.3146			257.66	821.75	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865	310.16	Aetna	Medicare		269.7	1			257.66	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865	310.16	Americare	Americare		648.75	0.75			257.66	821.75	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865	310.16	WellPoint	WellPoint		277.49	0.3208			257.66	821.75	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865	310.16	Amerihealth	Medicare		269.7	1			257.66	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865	310.16	Consumer	Consumer		821.75	0.95			257.66	821.75	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865	310.16	Corrections	Corrections		692	0.8			257.66	821.75	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865	310.16	First Health	First Health		605.5	0.7			257.66	821.75	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865	310.16	First Trenton	First Trenton		778.5	0.9			257.66	821.75	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865	310.16	Horizon	MCD		492.74	1.827			257.66	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865	310.16	Horizon	PPO		492.74	1.827			257.66	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865	310.16	Horizon	Indemnity		492.74	1.827			257.66	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865	310.16	Horizon	Medicare Blue		269.7	1			257.66	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865	310.16	Managed Care Inc	Managed Care Inc		778.5	0.9			257.66	821.75	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865	310.16	Multiplan	Multiplan		692	0.8			257.66	821.75	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865	310.16	Qualcare	Qualcare		648.75	0.75			257.66	821.75	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865	310.16	Three Rivers	Three Rivers		821.75	0.95			257.66	821.75	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865	310.16	UHC	Medicaid		272.13	0.3146			257.66	821.75	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865	310.16	UHC	Medicare		269.7	1			257.66	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865	310.16	Wellcare	Medicaid		272.13	0.3146			257.66	821.75	percent of total billed charges	
CLSD TREAT ULNAR SH FX W/MAN	25535	CPT	outpatient			865	310.16	Wellcare	Medicare		269.7	1			257.66	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530	9409.2	Aetna	Commercial		13025.6	1.592			6939.24	21403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530	9409.2	Aetna	Medicare		6939.24	0.308			6939.24	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530	9409.2	Aetna	Better Health		7087.94	0.3146			6939.24	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530	9409.2	Americare	Americare		16897.5	0.75			6939.24	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530	9409.2	WellPoint	WellPoint		7227.62	0.3208			6939.24	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530	9409.2	Amerihealth	Medicare		8181.91	1			6939.24	21403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530	9409.2	Consumer	Consumer		21403.5	0.95			6939.24	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530	9409.2	Corrections	Corrections		18024	0.8			6939.24	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530	9409.2	First Health	First Health		15771	0.7			6939.24	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530	9409.2	First Trenton	First Trenton		20277	0.9			6939.24	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530	9409.2	Horizon	Medicare Blue		8181.91	1			6939.24	21403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530	9409.2	Horizon	Indemnity		14948.35	1.827			6939.24	21403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530	9409.2	Horizon	MCD		14948.35	1.827			6939.24	21403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530	9409.2	Horizon	PPO		14948.35	1.827			6939.24	21403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530	9409.2	Managed Care Inc	Managed Care Inc		20277	0.9			6939.24	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530	9409.2	Multiplan	Multiplan		18024	0.8			6939.24	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530	9409.2	Qualcare	Qualcare		16897.5	0.75			6939.24	21403.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 Three Rivers	Three Rivers		21403.5	0.95			6939.24	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 UHC	Medicare		8181.91	1			6939.24	21403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 UHC	Medicaid		7087.94	0.3146			6939.24	21403.5	percent of total billed charges	
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 Wellcare	Medicare		8181.91	1			6939.24	21403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FRACTURE OF ULNA	25545	CPT	outpatient			22530		9409.2 Wellcare	Medicaid		7087.94	0.3146			6939.24	21403.5	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Aetna	Better Health		491.09	0.3146			232.23	1482.95	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Aetna	Medicare		480.79	0.308			232.23	1482.95	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Aetna	Commercial		429.36	1.592			232.23	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Americare	Americare		1170.75	0.75			232.23	1482.95	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 WellPoint	WellPoint		500.77	0.3208			232.23	1482.95	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 AmeriHealth	Medicare		269.7	1			232.23	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Consumer	Consumer		1482.95	0.95			232.23	1482.95	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Corrections	Corrections		1248.8	0.8			232.23	1482.95	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 First Health	First Health		1092.7	0.7			232.23	1482.95	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 First Trenton	First Trenton		1404.9	0.9			232.23	1482.95	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Horizon	MGD		492.74	1.827			232.23	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Horizon	Medicare Blue		269.7	1			232.23	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Horizon	Indemnity		492.74	1.827			232.23	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Horizon	PPO		492.74	1.827			232.23	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Managed Care Inc	Managed Care Inc		1404.9	0.9			232.23	1482.95	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Multiplan	Multiplan		1248.8	0.8			232.23	1482.95	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Qualcare	Qualcare		1170.75	0.75			232.23	1482.95	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Three Rivers	Three Rivers		1482.95	0.95			232.23	1482.95	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 UHC	Medicare		269.7	1			232.23	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 UHC	Medicaid		491.09	0.3146			232.23	1482.95	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Wellcare	Medicaid		491.09	0.3146			232.23	1482.95	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/O MAN	25560	CPT	outpatient			1561		310.16 Wellcare	Medicare		269.7	1			232.23	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Aetna	Commercial		2926.29	1.592			1496.55	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Aetna	Better Health		1645.04	0.3146			1496.55	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Aetna	Medicare		1838.12	1			1496.55	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Americare	Americare		3921.75	0.75			1496.55	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 WellPoint	WellPoint		1677.46	0.3208			1496.55	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 AmeriHealth	Medicare		1838.12	1			1496.55	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Consumer	Consumer		4967.55	0.95			1496.55	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Corrections	Corrections		4183.2	0.8			1496.55	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 First Health	First Health		3660.3	0.7			1496.55	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 First Trenton	First Trenton		4706.1	0.9			1496.55	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Horizon	Indemnity		3358.25	1.827			1496.55	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Horizon	PPO		3358.25	1.827			1496.55	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Horizon	MGD		3358.25	1.827			1496.55	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Horizon	Medicare Blue		1838.12	1			1496.55	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Managed Care Inc	Managed Care Inc		4706.1	0.9			1496.55	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Multiplan	Multiplan		4183.2	0.8			1496.55	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Qualcare	Qualcare		3921.75	0.75			1496.55	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Three Rivers	Three Rivers		4967.55	0.95			1496.55	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 UHC	Medicaid		1645.04	0.3146			1496.55	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 UHC	Medicare		1838.12	1			1496.55	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Wellcare	Medicaid		1645.04	0.3146			1496.55	4967.55	percent of total billed charges	
RADIAL/ULNAR SHAFT FXS W/ MANI	25565	CPT	outpatient			5229		2113.84 Wellcare	Medicare		1838.12	1			1496.55	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Aetna	Better Health		614.1	0.3146			237.21	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Aetna	Commercial		429.36	1.592			237.21	1854.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Aetna	Medicare		269.7	1			237.21	1854.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Americare	Americare		1464	0.75			237.21	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 WellPoint	WellPoint		626.2	0.3208			237.21	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 AmeriHealth	Medicare		269.7	1			237.21	1854.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Consumer	Consumer		1854.4	0.95			237.21	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Corrections	Corrections		1561.6	0.8			237.21	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 First Health	First Health		1366.4	0.7			237.21	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 First Trenton	First Trenton		1756.8	0.9			237.21	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Horizon	PPO		492.74	1.827			237.21	1854.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Horizon	Indemnity		492.74	1.827			237.21	1854.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Horizon	MGD		492.74	1.827			237.21	1854.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Horizon	Medicare Blue		269.7	1			237.21	1854.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Managed Care Inc	Managed Care Inc		1756.8	0.9			237.21	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Multiplan	Multiplan		1561.6	0.8			237.21	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Qualcare	Qualcare		1464	0.75			237.21	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Three Rivers	Three Rivers		1854.4	0.95			237.21	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 UHC	Medicare		269.7	1			237.21	1854.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 UHC	Medicaid		614.1	0.3146			237.21	1854.4	percent of total billed charges	
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Wellcare	Medicare		269.7	1			237.21	1854.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTLRAD FRCT W/O MAN	25600	CPT	outpatient			1952		310.16 Wellcare	Medicaid		614.1	0.3146			237.21	1854.4	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	both			5229		2113.84 Aetna	Better Health		1645.04	0.3146			1496.55	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	both			5229		2113.84 Aetna	Commercial		2926.29	1.592			1496.55	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL RADIAL FX W/MANIP	25605	CPT	both			5229		2113.84 Aetna	Medicare		1838.12	1			1496.55	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL RADIAL FX W/MANIP	25605	CPT	both			5229		2113.84 Americare	Americare		3921.75	0.75			1496.55	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	both			5229		2113.84 WellPoint	WellPoint		1677.46	0.3208			1496.55	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	both			5229		2113.84 AmeriHealth	Medicare		1838.12	1			1496.55	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL RADIAL FX W/MANIP	25605	CPT	both			5229		2113.84 Consumer	Consumer		4967.55	0.95			1496.55	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	both			5229		2113.84 Corrections	Corrections		4183.2	0.8			1496.55	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	both			5229		2113.84 First Health	First Health		3660.3	0.7			1496.55	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	both			5229		2113.84 First Trenton	First Trenton		4706.1	0.9			1496.55	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	both			5229		2113.84 Horizon	Medicare Blue		1838.12	1			1496.55	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL RADIAL FX W/MANIP	25605	CPT	both			5229		2113.84 Horizon	Indemnity		3358.25	1.827			1496.55	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL RADIAL FX W/MANIP	25605	CPT	both			5229		2113.84 Horizon	MGD		3358.25	1.827			1496.55	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL RADIAL FX W/MANIP	25605	CPT	both			5229		2113.84 Horizon	PPO		3358.25	1.827			1496.55	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL RADIAL FX W/MANIP	25605	CPT	both			5229		2113.84 Managed Care Inc	Managed Care Inc		4706.1	0.9			1496.55	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	both			5229		2113.84 Multiplan	Multiplan		4183.2	0.8			1496.55	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	both			5229		2113.84 Qualcare	Qualcare		3921.75	0.75			1496.55	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	both			5229		2113.84 Three Rivers	Three Rivers		4967.55	0.95			1496.55	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	both			5229		2113.84 UHC	Medicare		1838.12	1			1496.55	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL RADIAL FX W/MANIP	25605	CPT	both			5229		2113.84 UHC	Medicaid		1645.04	0.3146			1496.55	4967.55	percent of total billed charges	
DISTAL RADIAL FX W/MANIP	25605	CPT	both			5229		2113.84 Wellcare	Medicare		1838.12	1			1496.55	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL RADIAL FX W/MANIP	25605	CPT	both			5229		2113.84 Wellcare	Medicaid		1645.04	0.3146			1496.55	4967.55	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Aetna	Commercial		5893.39	1.592			2887.08	8718.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Aetna	Better Health		2887.08	0.3146			2887.08	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Aetna	Medicare		3701.88	1			2887.08	8718.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Americare	Americare		6882.75	0.75			2887.08	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 WellPoint	WellPoint		2943.98	0.3208			2887.08	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 AmeriHealth	Medicare		3701.88	1			2887.08	8718.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Consumer	Consumer		8718.15	0.95			2887.08	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Corrections	Corrections		7341.6	0.8			2887.08	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 First Health	First Health		6423.9	0.7			2887.08	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 First Trenton	First Trenton		8259.3	0.9			2887.08	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Horizon	PPO		6763.33	1.827			2887.08	8718.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Horizon	Indemnity		6763.33	1.827			2887.08	8718.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Horizon	Medicare Blue		3701.88	1			2887.08	8718.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Horizon	MGD		6763.33	1.827			2887.08	8718.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Managed Care Inc	Managed Care Inc		8259.3	0.9			2887.08	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Multiplan	Multiplan		7341.6	0.8			2887.08	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Qualcare	Qualcare		6882.75	0.75			2887.08	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Three Rivers	Three Rivers		8718.15	0.95			2887.08	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 UHC	Medicaid		2887.08	0.3146			2887.08	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 UHC	Medicare		3701.88	1			2887.08	8718.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Wellcare	Medicaid		2887.08	0.3146			2887.08	8718.15	percent of total billed charges	
PERCU FIXA DISTAL RADIAL FX	25606	CPT	outpatient			9177		4257.16 Wellcare	Medicare		3701.88	1			2887.08	8718.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Aetna	Better Health		6899.81	0.3146			6899.81	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Aetna	Commercial		13025.6	1.592			6899.81	20835.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Aetna	Medicare		8181.91	1			6899.81	20835.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Americare	Americare		16449	0.75			6899.81	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 WellPoint	WellPoint		7035.79	0.3208			6899.81	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 AmeriHealth	Medicare		8181.91	1			6899.81	20835.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Consumer	Consumer		20835.4	0.95			6899.81	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Corrections	Corrections		17545.6	0.8			6899.81	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 First Health	First Health		15362.4	0.7			6899.81	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 First Trenton	First Trenton		19738.8	0.9			6899.81	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Horizon	PPO		14948.35	1.827			6899.81	20835.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Horizon	Indemnity		14948.35	1.827			6899.81	20835.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Horizon	MGD		14948.35	1.827			6899.81	20835.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Horizon	Medicare Blue		8181.91	1			6899.81	20835.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Managed Care Inc	Managed Care Inc		19738.8	0.9			6899.81	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Multiplan	Multiplan		17545.6	0.8			6899.81	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Qualcare	Qualcare		16449	0.75			6899.81	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Three Rivers	Three Rivers		20835.4	0.95			6899.81	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 UHC	Medicare		8181.91	1			6899.81	20835.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 UHC	Medicaid		6899.81	0.3146			6899.81	20835.4	percent of total billed charges	
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Wellcare	Medicare		8181.91	1			6899.81	20835.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT RADI-ARTICUL FX	25607	CPT	outpatient			21932		9409.2 Wellcare	Medicaid		6899.81	0.3146			6899.81	20835.4	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 Aetna	Better Health		347.63	0.3146			232.23	1049.75	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 Aetna	Medicare		340.34	0.308			232.23	1049.75	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 Aetna	Commercial		429.36	1.592			232.23	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 Americare	Americare		828.75	0.75			232.23	1049.75	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105		310.16 WellPoint	WellPoint		354.48	0.3208			232.23	1049.75	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outp

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105	310.16	Consumer	Consumer		1049.75	0.95			232.23	1049.75	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105	310.16	Corrections	Corrections		884	0.8			232.23	1049.75	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105	310.16	First Health	First Health		773.5	0.7			232.23	1049.75	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105	310.16	First Trenton	First Trenton		994.5	0.9			232.23	1049.75	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105	310.16	Horizon	Indemnity		492.74	1.827			232.23	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105	310.16	Horizon	Medicare Blue		269.7	1			232.23	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105	310.16	Horizon	MGD		492.74	1.827			232.23	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105	310.16	Horizon	PPO		492.74	1.827			232.23	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105	310.16	Managed Care Inc	Managed Care Inc		994.5	0.9			232.23	1049.75	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105	310.16	Multiplan	Multiplan		884	0.8			232.23	1049.75	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105	310.16	Qualcare	Qualcare		828.75	0.75			232.23	1049.75	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105	310.16	Three Rivers	Three Rivers		1049.75	0.95			232.23	1049.75	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105	310.16	UHC	Medicaid		347.63	0.3146			232.23	1049.75	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105	310.16	UHC	Medicare		269.7	1			232.23	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105	310.16	Wellcare	Medicaid		347.63	0.3146			232.23	1049.75	percent of total billed charges	
CLSD TX NAVICULAR FRACTURE	25622	CPT	outpatient			1105	310.16	Wellcare	Medicare		269.7	1			232.23	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257	2113.84	Aetna	Commercial		2926.29	1.592			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257	2113.84	Aetna	Better Health		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257	2113.84	Aetna	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257	2113.84	Americare	Americare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257	2113.84	WellPoint	WellPoint		1686.45	0.3208			1653.85	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257	2113.84	Amerihealth	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257	2113.84	Consumer	Consumer		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257	2113.84	Corrections	Corrections		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257	2113.84	First Health	First Health		3679.9	0.7			1653.85	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257	2113.84	First Trenton	First Trenton		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257	2113.84	Horizon	MGD		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257	2113.84	Horizon	PPO		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257	2113.84	Horizon	Indemnity		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257	2113.84	Horizon	Medicare Blue		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257	2113.84	Managed Care Inc	Managed Care Inc		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257	2113.84	Multiplan	Multiplan		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257	2113.84	Qualcare	Qualcare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257	2113.84	Three Rivers	Three Rivers		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257	2113.84	UHC	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257	2113.84	UHC	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257	2113.84	Wellcare	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX CARPAL SCAPH W/MAN	25624	CPT	outpatient			5257	2113.84	Wellcare	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CI TX CRPL FX WO MANIP EACH BONE	25630	CPT	outpatient			858	310.16	Aetna	Commercial		429.36	1.592			237.21	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX CRPL FX WO MANIP EACH BONE	25630	CPT	outpatient			858	310.16	Aetna	Better Health		269.93	0.3146			237.21	815.1	percent of total billed charges	
CI TX CRPL FX WO MANIP EACH BONE	25630	CPT	outpatient			858	310.16	Aetna	Medicare		269.7	1			237.21	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX CRPL FX WO MANIP EACH BONE	25630	CPT	outpatient			858	310.16	Americare	Americare		643.5	0.75			237.21	815.1	percent of total billed charges	
CI TX CRPL FX WO MANIP EACH BONE	25630	CPT	outpatient			858	310.16	WellPoint	WellPoint		275.25	0.3208			237.21	815.1	percent of total billed charges	
CI TX CRPL FX WO MANIP EACH BONE	25630	CPT	outpatient			858	310.16	Amerihealth	Medicare		269.7	1			237.21	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX CRPL FX WO MANIP EACH BONE	25630	CPT	outpatient			858	310.16	Consumer	Consumer		815.1	0.95			237.21	815.1	percent of total billed charges	
CI TX CRPL FX WO MANIP EACH BONE	25630	CPT	outpatient			858	310.16	Corrections	Corrections		686.4	0.8			237.21	815.1	percent of total billed charges	
CI TX CRPL FX WO MANIP EACH BONE	25630	CPT	outpatient			858	310.16	First Health	First Health		600.6	0.7			237.21	815.1	percent of total billed charges	
CI TX CRPL FX WO MANIP EACH BONE	25630	CPT	outpatient			858	310.16	First Trenton	First Trenton		772.2	0.9			237.21	815.1	percent of total billed charges	
CI TX CRPL FX WO MANIP EACH BONE	25630	CPT	outpatient			858	310.16	Horizon	MGD		492.74	1.827			237.21	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX CRPL FX WO MANIP EACH BONE	25630	CPT	outpatient			858	310.16	Horizon	Indemnity		492.74	1.827			237.21	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX CRPL FX WO MANIP EACH BONE	25630	CPT	outpatient			858	310.16	Horizon	Medicare Blue		269.7	1			237.21	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX CRPL FX WO MANIP EACH BONE	25630	CPT	outpatient			858	310.16	Horizon	PPO		492.74	1.827			237.21	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX CRPL FX WO MANIP EACH BONE	25630	CPT	outpatient			858	310.16	Managed Care Inc	Managed Care Inc		772.2	0.9			237.21	815.1	percent of total billed charges	
CI TX CRPL FX WO MANIP EACH BONE	25630	CPT	outpatient			858	310.16	Multiplan	Multiplan		686.4	0.8			237.21	815.1	percent of total billed charges	
CI TX CRPL FX WO MANIP EACH BONE	25630	CPT	outpatient			858	310.16	Qualcare	Qualcare		643.5	0.75			237.21	815.1	percent of total billed charges	
CI TX CRPL FX WO MANIP EACH BONE	25630	CPT	outpatient			858	310.16	Three Rivers	Three Rivers		815.1	0.95			237.21	815.1	percent of total billed charges	
CI TX CRPL FX WO MANIP EACH BONE	25630	CPT	outpatient			858	310.16	UHC	Medicare		269.7	1			237.21	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX CRPL FX WO MANIP EACH BONE	25630	CPT	outpatient			858	310.16	UHC	Medicaid		269.93	0.3146			237.21	815.1	percent of total billed charges	
CI TX CRPL FX WO MANIP EACH BONE	25630	CPT	outpatient			858	310.16	Wellcare	Medicaid		269.93	0.3146			237.21	815.1	percent of total billed charges	
CI TX CRPL FX WO MANIP EACH BONE	25630	CPT	outpatient			858	310.16	Wellcare	Medicare		269.7	1			237.21	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339	2113.84	Aetna	Commercial		2926.29	1.592			735.85	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339	2113.84	Aetna	Medicare		1838.12	1			735.85	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339	2113.84	Aetna	Better Health		735.85	0.3146			735.85	3358.25	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339	2113.84	Americare	Americare		1754.25	0.75			735.85	3358.25	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339	2113.84	WellPoint	WellPoint		750.35	0.3208			735.85	3358.25	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339	2113.84	Amerihealth	Medicare		1838.12	1			735.85	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339	2113.84	Consumer	Consumer		2222.05	0.95			735.85	3358.25	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339	2113.84	Corrections	Corrections		1871.2	0.8			735.85	3358.25	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339	2113.84	First Health	First Health		1637.3	0.7			735.85	3358.25	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339	2113.84	First Trenton	First Trenton		2105.1	0.9			735.85	3358.25	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339	2113.84	Horizon	MGD		3358.25	1.827			735.85	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339	2113.84	Horizon	Indemnity		3358.25	1.827			735.85	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339	2113.84	Horizon	Medicare Blue		1838.12	1			735.85	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339	2113.84	Horizon	PPO		3358.25	1.827			735.85	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339	2113.84	Managed Care Inc	Managed Care Inc		2105.1	0.9			735.85	3358.25	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339	2113.84	Multiplan	Multiplan		1871.2	0.8			735.85	3358.25	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339	2113.84	Qualcare	Qualcare		1754.25	0.75			735.85	3358.25	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339	2113.84	Three Rivers	Three Rivers		2222.05	0.95			735.85	3358.25	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339	2113.84	UHC	Medicare		1838.12	1			735.85	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339	2113.84	UHC	Medicaid		735.85	0.3146			735.85	3358.25	percent of total billed charges	
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339	2113.84	Wellcare	Medicare		1838.12	1			735.85	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX CARPAL W/ MAN	25635	CPT	outpatient			2339	2113.84	Wellcare	Medicaid		735.85	0.3146			735.85	3358.25	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105	310.16	Aetna	Medicare		340.34	0.308			232.23	1049.75	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105	310.16	Aetna	Commercial		429.36	1.592			232.23	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR STYLOID FX	25650	CPT	outpatient			1105	310.16	Aetna	Better Health		347.63	0.3146			232.23	1049.75	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105	310.16	Americare	Americare		828.75	0.75			232.23	1049.75	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105	310.16	WellPoint	WellPoint		354.48	0.3208			232.23	1049.75	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105	310.16	Amerihealth	Medicare		269.7	1			232.23	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR STYLOID FX	25650	CPT	outpatient			1105	310.16	Consumer	Consumer		1049.75	0.95			232.23	1049.75	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105	310.16	Corrections	Corrections		884	0.8			232.23	1049.75	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105	310.16	First Health	First Health		773.5	0.7			232.23	1049.75	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105	310.16	First Trenton	First Trenton		994.5	0.9			232.23	1049.75	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105	310.16	Horizon	Indemnity		492.74	1.827			232.23	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR STYLOID FX	25650	CPT	outpatient			1105	310.16	Horizon	MGD		492.74	1.827			232.23	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR STYLOID FX	25650	CPT	outpatient			1105	310.16	Horizon	Medicare Blue		269.7	1			232.23	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR STYLOID FX	25650	CPT	outpatient			1105	310.16	Horizon	PPO		492.74	1.827			232.23	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR STYLOID FX	25650	CPT	outpatient			1105	310.16	Managed Care Inc	Managed Care Inc		994.5	0.9			232.23	1049.75	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105	310.16	Multiplan	Multiplan		884	0.8			232.23	1049.75	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105	310.16	Qualcare	Qualcare		828.75	0.75			232.23	1049.75	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105	310.16	Three Rivers	Three Rivers		1049.75	0.95			232.23	1049.75	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105	310.16	UHC	Medicaid		347.63	0.3146			232.23	1049.75	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105	310.16	UHC	Medicare		269.7	1			232.23	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULNAR STYLOID FX	25650	CPT	outpatient			1105	310.16	Wellcare	Medicaid		347.63	0.3146			232.23	1049.75	percent of total billed charges	
ULNAR STYLOID FX	25650	CPT	outpatient			1105	310.16	Wellcare	Medicare		269.7	1			232.23	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182	310.16	Aetna	Medicare		269.7	1			269.7	1122.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182	310.16	Aetna	Commercial		429.36	1.592			269.7	1122.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182	310.16	Aetna	Better Health		371.86	0.3146			269.7	1122.9	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182	310.16	Americare	Americare		886.5	0.75			269.7	1122.9	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182	310.16	WellPoint	WellPoint		379.19	0.3208			269.7	1122.9	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182	310.16	Amerihealth	Medicare		269.7	1			269.7	1122.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182	310.16	Consumer	Consumer		1122.9	0.95			269.7	1122.9	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182	310.16	Corrections	Corrections		945.6	0.8			269.7	1122.9	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182	310.16	First Health	First Health		827.4	0.7			269.7	1122.9	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182	310.16	First Trenton	First Trenton		1063.8	0.9			269.7	1122.9	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182	310.16	Horizon	Medicare Blue		269.7	1			269.7	1122.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182	310.16	Horizon	MGD		492.74	1.827			269.7	1122.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182	310.16	Horizon	PPO		492.74	1.827			269.7	1122.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182	310.16	Horizon	Indemnity		492.74	1.827			269.7	1122.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182	310.16	Managed Care Inc	Managed Care Inc		1063.8	0.9			269.7	1122.9	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182	310.16	Multiplan	Multiplan		945.6	0.8			269.7	1122.9	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182	310.16	Qualcare	Qualcare		886.5	0.75			269.7	1122.9	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182	310.16	Three Rivers	Three Rivers		1122.9	0.95			269.7	1122.9	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182	310.16	UHC	Medicaid		371.86	0.3146			269.7	1122.9	percent of total billed charges	
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182	310.16	UHC	Medicare		269.7	1			269.7	1122.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182	310.16	Wellcare	Medicare		269.7	1			269.7	1122.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT WRIST DISLOCATION	25660	CPT	outpatient			1182	310.16	Wellcare	Medicaid		371.86	0.3146			269.7	1122.9	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583	310.16	Aetna	Commercial		429.36	1.592			179.56	553.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583	310.16	Aetna	Medicare		179.56	0.308			179.56	553.85	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583	310.16	Aetna	Better Health		183.41	0.3146			179.56	553.85	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583	310.16	Americare	Americare		437.25	0.75			179.56	553.85	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583	310.16	WellPoint	WellPoint		187.03	0.3208			179.56	553.85	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583	310.16	Amerihealth	Medicare		269.7	1			179.56	553.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583	310.16	Consumer	Consumer		553.85	0.95			179.56	553.85	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583	310.16	Corrections	Corrections		466.4	0.8			179.56	553.85	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583	310.16	First Health	First Health		408.1	0.7			179.56	553.85	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583	310.16	First Trenton	First Trenton		524.7	0.9			179.56	553.85	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583	310.16	Horizon	Indemnity		492.74	1.827			179.56	553.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583	310.16	Horizon	MGD		492.74	1.827			179.56	553.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583	310.16	Horizon	Medicare Blue		269.7	1			179.56	553.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583	310.16	Horizon	PPO		492.74	1.827			179.56	553.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583	310.16	Managed Care Inc	Managed Care Inc		524.7	0.9			179.56	553.85	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583	310.16	Multiplan	Multiplan		466.4	0.8			179.56	553.85	percent of total billed charges	
TRT FX/DISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583	310.16	Qualcare	Qualcare		437.25	0.75			179.56	553.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRT FXDISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583	310.16	Three Rivers	Three Rivers		553.85	0.95			179.56	553.85	percent of total billed charges	
TRT FXDISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583	310.16	UHC	Medicare		269.7	1			179.56	553.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FXDISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583	310.16	UHC	Medicaid		183.41	0.3146			179.56	553.85	percent of total billed charges	
TRT FXDISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583	310.16	Wellcare	Medicaid		183.41	0.3146			179.56	553.85	percent of total billed charges	
TRT FXDISL TRANSSCAPHOPERIL	25680	CPT	outpatient			583	310.16	Wellcare	Medicare		269.7	1			179.56	553.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257	2113.84	Aetna	Better Health		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257	2113.84	Aetna	Commercial		2926.29	1.592			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257	2113.84	Aetna	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257	2113.84	Americare	Americare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257	2113.84	WellPoint	WellPoint		1686.45	0.3208			1653.85	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257	2113.84	AmeriHealth	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257	2113.84	Consumer	Consumer		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257	2113.84	Corrections	Corrections		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257	2113.84	First Health	First Health		3679.9	0.7			1653.85	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257	2113.84	First Trenton	First Trenton		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257	2113.84	Horizon	MGD		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257	2113.84	Horizon	Medicare Blue		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257	2113.84	Horizon	Indemnity		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257	2113.84	Horizon	PPO		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257	2113.84	Managed Care Inc	Managed Care Inc		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257	2113.84	Multiplan	Multiplan		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257	2113.84	Qualcare	Qualcare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257	2113.84	Three Rivers	Three Rivers		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257	2113.84	UHC	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257	2113.84	UHC	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257	2113.84	Wellcare	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CL TX LUNATE DISLOC W MANIP.	25690	CPT	outpatient			5257	2113.84	Wellcare	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSMET AMPUTATION	25931	CPT	outpatient			11088	4257.16	Aetna	Medicare		3701.88	1			3488.28	10533.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSMET AMPUTATION	25931	CPT	outpatient			11088	4257.16	Aetna	Commercial		5893.39	1.592			3488.28	10533.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSMET AMPUTATION	25931	CPT	outpatient			11088	4257.16	Aetna	Better Health		3488.28	0.3146			3488.28	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088	4257.16	Americare	Americare		8316	0.75			3488.28	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088	4257.16	WellPoint	WellPoint		3557.03	0.3208			3488.28	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088	4257.16	AmeriHealth	Medicare		3701.88	1			3488.28	10533.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSMET AMPUTATION	25931	CPT	outpatient			11088	4257.16	Consumer	Consumer		10533.6	0.95			3488.28	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088	4257.16	Corrections	Corrections		8870.4	0.8			3488.28	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088	4257.16	First Health	First Health		7761.6	0.7			3488.28	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088	4257.16	First Trenton	First Trenton		9979.2	0.9			3488.28	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088	4257.16	Horizon	MGD		6763.33	1.827			3488.28	10533.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSMET AMPUTATION	25931	CPT	outpatient			11088	4257.16	Horizon	Medicare Blue		3701.88	1			3488.28	10533.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSMET AMPUTATION	25931	CPT	outpatient			11088	4257.16	Horizon	Indemnity		6763.33	1.827			3488.28	10533.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSMET AMPUTATION	25931	CPT	outpatient			11088	4257.16	Horizon	PPO		6763.33	1.827			3488.28	10533.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSMET AMPUTATION	25931	CPT	outpatient			11088	4257.16	Managed Care Inc	Managed Care Inc		9979.2	0.9			3488.28	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088	4257.16	Multiplan	Multiplan		8870.4	0.8			3488.28	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088	4257.16	Qualcare	Qualcare		8316	0.75			3488.28	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088	4257.16	Three Rivers	Three Rivers		10533.6	0.95			3488.28	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088	4257.16	UHC	Medicaid		3488.28	0.3146			3488.28	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088	4257.16	UHC	Medicare		3701.88	1			3488.28	10533.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSMET AMPUTATION	25931	CPT	outpatient			11088	4257.16	Wellcare	Medicaid		3488.28	0.3146			3488.28	10533.6	percent of total billed charges	
TRANSMET AMPUTATION	25931	CPT	outpatient			11088	4257.16	Wellcare	Medicare		3701.88	1			3488.28	10533.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992	263.3	Aetna	Commercial		364.5	1.592			207.32	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992	263.3	Aetna	Medicare		228.96	1			207.32	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992	263.3	Aetna	Better Health		312.08	0.3146			207.32	942.4	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992	263.3	Americare	Americare		744	0.75			207.32	942.4	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992	263.3	WellPoint	WellPoint		318.23	0.3208			207.32	942.4	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992	263.3	AmeriHealth	Medicare		228.96	1			207.32	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992	263.3	Consumer	Consumer		942.4	0.95			207.32	942.4	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992	263.3	Corrections	Corrections		793.6	0.8			207.32	942.4	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992	263.3	First Health	First Health		694.4	0.7			207.32	942.4	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992	263.3	First Trenton	First Trenton		892.8	0.9			207.32	942.4	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992	263.3	Horizon	MGD		418.31	1.827			207.32	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992	263.3	Horizon	Medicare Blue		228.96	1			207.32	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992	263.3	Horizon	Indemnity		418.31	1.827			207.32	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992	263.3	Horizon	PPO		418.31	1.827			207.32	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992	263.3	Managed Care Inc	Managed Care Inc		892.8	0.9			207.32	942.4	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992	263.3	Multiplan	Multiplan		793.6	0.8			207.32	942.4	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992	263.3	Qualcare	Qualcare		744	0.75			207.32	942.4	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992	263.3	Three Rivers	Three Rivers		942.4	0.95			207.32	942.4	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992	263.3	UHC	Medicaid		312.08	0.3146			207.32	942.4	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992	263.3	UHC	Medicare		228.96	1			207.32	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992	263.3	Wellcare	Medicaid		312.08	0.3146			207.32	942.4	percent of total billed charges	
I&D FINGER ABSCESS SIMPLES	26010	CPT	outpatient			992	263.3	Wellcare	Medicare		228.96	1			207.32	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194	2132.36	Aetna	Better Health		690.23	0.3146			690.23	3387.68	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194	2132.36	Aetna	Commercial		2951.93	1.592			690.23	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194	2132.36	Aetna	Medicare		1854.23	1			690.23	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194	2132.36	Americare	Americare		1645.5	0.75			690.23	3387.68	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194	2132.36	WellPoint	WellPoint		703.84	0.3208			690.23	3387.68	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194	2132.36	AmeriHealth	Medicare		1854.23	1			690.23	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194	2132.36	Consumer	Consumer		2084.3	0.95			690.23	3387.68	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194	2132.36	Corrections	Corrections		1755.2	0.8			690.23	3387.68	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194	2132.36	First Health	First Health		1535.8	0.7			690.23	3387.68	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194	2132.36	First Trenton	First Trenton		1974.6	0.9			690.23	3387.68	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194	2132.36	Horizon	Indemnity		3387.68	1.827			690.23	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194	2132.36	Horizon	Medicare Blue		1854.23	1			690.23	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194	2132.36	Horizon	PPO		3387.68	1.827			690.23	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194	2132.36	Horizon	MGD		3387.68	1.827			690.23	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194	2132.36	Managed Care Inc	Managed Care Inc		1974.6	0.9			690.23	3387.68	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194	2132.36	Multiplan	Multiplan		1755.2	0.8			690.23	3387.68	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194	2132.36	Qualcare	Qualcare		1645.5	0.75			690.23	3387.68	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194	2132.36	Three Rivers	Three Rivers		2084.3	0.95			690.23	3387.68	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194	2132.36	UHC	Medicaid		690.23	0.3146			690.23	3387.68	percent of total billed charges	
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194	2132.36	UHC	Medicare		1854.23	1			690.23	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194	2132.36	Wellcare	Medicare		1854.23	1			690.23	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D FINGER ABSCESS COMPLICATED	26011	CPT	outpatient			2194	2132.36	Wellcare	Medicaid		690.23	0.3146			690.23	3387.68	percent of total billed charges	
FASCIOTOMY PALMAR PERC	26040	CPT	outpatient			5229	2113.84	Aetna	Better Health		1645.04	0.3146			1610.53	4967.55	percent of total billed charges	
FASCIOTOMY PALMAR PERC	26040	CPT	outpatient			5229	2113.84	Aetna	Medicare		1610.53	0.308			1610.53	4967.55	percent of total billed charges	
FASCIOTOMY PALMAR PERC	26040	CPT	outpatient			5229	2113.84	Aetna	Commercial		2926.29	1.592			1610.53	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY PALMAR PERC	26040	CPT	outpatient			5229	2113.84	Americare	Americare		3921.75	0.75			1610.53	4967.55	percent of total billed charges	
FASCIOTOMY PALMAR PERC	26040	CPT	outpatient			5229	2113.84	WellPoint	WellPoint		1677.46	0.3208			1610.53	4967.55	percent of total billed charges	
FASCIOTOMY PALMAR PERC	26040	CPT	outpatient			5229	2113.84	AmeriHealth	Medicare		1838.12	1			1610.53	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY PALMAR PERC	26040	CPT	outpatient			5229	2113.84	Consumer	Consumer		4967.55	0.95			1610.53	4967.55	percent of total billed charges	
FASCIOTOMY PALMAR PERC	26040	CPT	outpatient			5229	2113.84	Corrections	Corrections		4183.2	0.8			1610.53	4967.55	percent of total billed charges	
FASCIOTOMY PALMAR PERC	26040	CPT	outpatient			5229	2113.84	First Health	First Health		3660.3	0.7			1610.53	4967.55	percent of total billed charges	
FASCIOTOMY PALMAR PERC	26040	CPT	outpatient			5229	2113.84	First Trenton	First Trenton		4706.1	0.9			1610.53	4967.55	percent of total billed charges	
FASCIOTOMY PALMAR PERC	26040	CPT	outpatient			5229	2113.84	Horizon	Indemnity		3358.25	1.827			1610.53	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY PALMAR PERC	26040	CPT	outpatient			5229	2113.84	Horizon	MGD		3358.25	1.827			1610.53	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY PALMAR PERC	26040	CPT	outpatient			5229	2113.84	Horizon	Medicare Blue		1838.12	1			1610.53	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY PALMAR PERC	26040	CPT	outpatient			5229	2113.84	Horizon	PPO		3358.25	1.827			1610.53	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY PALMAR PERC	26040	CPT	outpatient			5229	2113.84	Managed Care Inc	Managed Care Inc		4706.1	0.9			1610.53	4967.55	percent of total billed charges	
FASCIOTOMY PALMAR PERC	26040	CPT	outpatient			5229	2113.84	Multiplan	Multiplan		4183.2	0.8			1610.53	4967.55	percent of total billed charges	
FASCIOTOMY PALMAR PERC	26040	CPT	outpatient			5229	2113.84	Qualcare	Qualcare		3921.75	0.75			1610.53	4967.55	percent of total billed charges	
FASCIOTOMY PALMAR PERC	26040	CPT	outpatient			5229	2113.84	Three Rivers	Three Rivers		4967.55	0.95			1610.53	4967.55	percent of total billed charges	
FASCIOTOMY PALMAR PERC	26040	CPT	outpatient			5229	2113.84	UHC	Medicare		1838.12	1			1610.53	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY PALMAR PERC	26040	CPT	outpatient			5229	2113.84	UHC	Medicaid		1645.04	0.3146			1610.53	4967.55	percent of total billed charges	
FASCIOTOMY PALMAR PERC	26040	CPT	outpatient			5229	2113.84	Wellcare	Medicare		1838.12	1			1610.53	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY PALMAR PERC	26040	CPT	outpatient			5229	2113.84	Wellcare	Medicaid		1645.04	0.3146			1610.53	4967.55	percent of total billed charges	
ARTH EXPL DRG/RMVL LO/FB MTC JT EA	26075	CPT	outpatient			11306	4257.16	Aetna	Better Health		3556.87	0.3146			3556.87	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LO/FB MTC JT EA	26075	CPT	outpatient			11306	4257.16	Aetna	Medicare		3701.88	1			3556.87	10740.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTH EXPL DRG/RMVL LO/FB MTC JT EA	26075	CPT	outpatient			11306	4257.16	Aetna	Commercial		5893.39	1.592			3556.87	10740.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTH EXPL DRG/RMVL LO/FB MTC JT EA	26075	CPT	outpatient			11306	4257.16	Americare	Americare		8479.5	0.75			3556.87	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LO/FB MTC JT EA	26075	CPT	outpatient			11306	4257.16	WellPoint	WellPoint		3626.96	0.3208			3556.87	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LO/FB MTC JT EA	26075	CPT	outpatient			11306	4257.16	AmeriHealth	Medicare		3701.88	1			3556.87	10740.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTH EXPL DRG/RMVL LO/FB MTC JT EA	26075	CPT	outpatient			11306	4257.16	Consumer	Consumer		10740.7	0.95			3556.87	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LO/FB MTC JT EA	26075	CPT	outpatient			11306	4257.16	Corrections	Corrections		9044.8	0.8			3556.87	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LO/FB MTC JT EA	26075	CPT	outpatient			11306	4257.16	First Health	First Health		7914.2	0.7			3556.87	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LO/FB MTC JT EA	26075	CPT	outpatient			11306	4257.16	First Trenton	First Trenton		10175.4	0.9			3556.87	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LO/FB MTC JT EA	26075	CPT	outpatient			11306	4257.16	Horizon	Indemnity		6763.33	1.827			3556.87	10740.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTH EXPL DRG/RMVL LO/FB MTC JT EA	26075	CPT	outpatient			11306	4257.16	Horizon	Medicare Blue		3701.88	1			3556.87	10740.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTH EXPL DRG/RMVL LO/FB MTC JT EA	26075	CPT	outpatient			11306	4257.16	Horizon	MGD		6763.33	1.827			3556.87	10740.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTH EXPL DRG/RMVL LO/FB MTC JT EA	26075	CPT	outpatient			11306	4257.16	Horizon	PPO		6763.33	1.827			3556.87	10740.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTH EXPL DRG/RMVL LO/FB MTC JT EA	26075	CPT	outpatient			11306	4257.16	Managed Care Inc	Managed Care Inc		10175.4	0.9			3556.87	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LO/FB MTC JT EA	26075	CPT	outpatient			11306	4257.16	Multiplan	Multiplan		9044.8	0.8			3556.87	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LO/FB MTC JT EA	26075	CPT	outpatient			11306	4257.16	Qualcare	Qualcare		8479.5	0.75			3556.87	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LO/FB MTC JT EA	26075	CPT	outpatient			11306	4257.16	Three Rivers	Three Rivers		10740.7	0.95			3556.87	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LO/FB MTC JT EA	26075	CPT	outpatient			11306	4257.16	UHC	Medicaid		3556.87	0.3146			3556.87	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LO/FB MTC JT EA	26075	CPT	outpatient			11306	4257.16	UHC	Medicare		3701.88	1			3556.87	10740.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTH EXPL DRG/RMVL LO/FB MTC JT EA	26075	CPT	outpatient			11306	4257.16	Wellcare	Medicaid		3556.87	0.3146			3556.87	10740.7	percent of total billed charges	
ARTH EXPL DRG/RMVL LO/FB MTC JT EA	26075	CPT	outpatient			11306	4257.16	Wellcare	Medicare		3701.88	1			3556.87	10740.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811	2113.84	Aetna	Commercial		2926.29	1.592			1828.14	5520.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811	2113.84	Aetna	Better Health		1828.14	0.3146			1828.14	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811	2113.84	Aetna	Medicare		1838.12	1			1828.14	5520.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811	2113.84	Americare	Americare		4358.25	0.75			1828.14	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811	2113.84	WellPoint	WellPoint		1864.17	0.3208			1828.14	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811	2113.84	AmeriHealth	Medicare		1838.12	1			1828.14	5520.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811	2113.84	Consumer	Consumer		5520.45	0.95			1828.14	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811	2113.84	Corrections	Corrections		4648.8	0.8			1828.14	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811	2113.84	First Health	First Health		4067.7	0.7			1828.14	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811	2113.84	First Trenton	First Trenton		5229.9	0.9			1828.14	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811	2113.84	Horizon	Indemnity		3358.25	1.827			1828.14	5520.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811	2113.84	Horizon	PPO		3358.25	1.827			1828.14	5520.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811	2113.84	Horizon	Medicare Blue		1838.12	1			1828.14	5520.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811	2113.84	Horizon	MGD		3358.25	1.827			1828.14	5520.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811	2113.84	Managed Care Inc	Managed Care Inc		5229.9	0.9			1828.14	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811	2113.84	Multiplan	Multiplan		4648.8	0.8			1828.14	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811	2113.84	Qualcare	Qualcare		4358.25	0.75			1828.14	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811	2113.84	Three Rivers	Three Rivers		5520.45	0.95			1828.14	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811	2113.84	UHC	Medicare		1838.12	1			1828.14	5520.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811	2113.84	UHC	Medicaid		1828.14	0.3146			1828.14	5520.45	percent of total billed charges	
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811	2113.84	Wellcare	Medicare		1838.12	1			1828.14	5520.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE/TREAT PP JOINT	26080	CPT	outpatient			5811	2113.84	Wellcare	Medicaid		1828.14	0.3146			1828.14	5520.45	percent of total billed charges	
EX TUMVASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464	2132.36	Aetna	Medicare		1682.91	0.308			1682.91	5190.8	percent of total billed charges	
EX TUMVASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464	2132.36	Aetna	Better Health		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
EX TUMVASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464	2132.36	Aetna	Commercial		2951.93	1.592			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EX TUMVASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464	2132.36	Americare	Americare		4098	0.75			1682.91	5190.8	percent of total billed charges	
EX TUMVASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464	2132.36	WellPoint	WellPoint		1752.85	0.3208			1682.91	5190.8	percent of total billed charges	
EX TUMVASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464	2132.36	Amerihealth	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EX TUMVASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464	2132.36	Consumer	Consumer		5190.8	0.95			1682.91	5190.8	percent of total billed charges	
EX TUMVASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464	2132.36	Corrections	Corrections		4371.2	0.8			1682.91	5190.8	percent of total billed charges	
EX TUMVASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464	2132.36	First Health	First Health		3824.8	0.7			1682.91	5190.8	percent of total billed charges	
EX TUMVASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464	2132.36	First Trenton	First Trenton		4917.6	0.9			1682.91	5190.8	percent of total billed charges	
EX TUMVASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464	2132.36	Horizon	Indemnity		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EX TUMVASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464	2132.36	Horizon	MGD		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EX TUMVASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464	2132.36	Horizon	PPO		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EX TUMVASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464	2132.36	Horizon	Medicare Blue		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EX TUMVASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464	2132.36	Managed Care Inc	Managed Care Inc		4917.6	0.9			1682.91	5190.8	percent of total billed charges	
EX TUMVASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464	2132.36	Multiplan	Multiplan		4371.2	0.8			1682.91	5190.8	percent of total billed charges	
EX TUMVASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464	2132.36	Qualcare	Qualcare		4098	0.75			1682.91	5190.8	percent of total billed charges	
EX TUMVASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464	2132.36	Three Rivers	Three Rivers		5190.8	0.95			1682.91	5190.8	percent of total billed charges	
EX TUMVASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464	2132.36	UHC	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EX TUMVASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464	2132.36	UHC	Medicaid		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
EX TUMVASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464	2132.36	Wellcare	Medicaid		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
EX TUMVASC MAL SFT TISS H/F SQ	26115	CPT	outpatient			5464	2132.36	Wellcare	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257	2113.84	Aetna	Better Health		1653.85	0.3146			1610.53	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257	2113.84	Aetna	Commercial		2926.29	1.592			1610.53	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257	2113.84	Aetna	Medicare		1619.16	0.308			1610.53	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257	2113.84	Americare	Americare		3942.75	0.75			1610.53	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257	2113.84	WellPoint	WellPoint		1686.45	0.3208			1610.53	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257	2113.84	Amerihealth	Medicare		1838.12	1			1610.53	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257	2113.84	Consumer	Consumer		4994.15	0.95			1610.53	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257	2113.84	Corrections	Corrections		4205.6	0.8			1610.53	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257	2113.84	First Health	First Health		3679.9	0.7			1610.53	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257	2113.84	First Trenton	First Trenton		4731.3	0.9			1610.53	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257	2113.84	Horizon	MGD		3358.25	1.827			1610.53	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257	2113.84	Horizon	Indemnity		3358.25	1.827			1610.53	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257	2113.84	Horizon	PPO		3358.25	1.827			1610.53	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257	2113.84	Horizon	Medicare Blue		1838.12	1			1610.53	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257	2113.84	Managed Care Inc	Managed Care Inc		4731.3	0.9			1610.53	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257	2113.84	Multiplan	Multiplan		4205.6	0.8			1610.53	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257	2113.84	Qualcare	Qualcare		3942.75	0.75			1610.53	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257	2113.84	Three Rivers	Three Rivers		4994.15	0.95			1610.53	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257	2113.84	UHC	Medicaid		1653.85	0.3146			1610.53	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257	2113.84	UHC	Medicare		1838.12	1			1610.53	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257	2113.84	Wellcare	Medicaid		1653.85	0.3146			1610.53	4994.15	percent of total billed charges	
PART EXC. BONE; DISTAL PHALANX	26236	CPT	outpatient			5257	2113.84	Wellcare	Medicare		1838.12	1			1610.53	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738	4257.16	Aetna	Commercial		5893.39	1.592			2434.37	7351.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738	4257.16	Aetna	Better Health		2434.37	0.3146			2434.37	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738	4257.16	Aetna	Medicare		3701.88	1			2434.37	7351.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738	4257.16	Americare	Americare		5803.5	0.75			2434.37	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738	4257.16	WellPoint	WellPoint		2482.35	0.3208			2434.37	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738	4257.16	Amerihealth	Medicare		3701.88	1			2434.37	7351.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738	4257.16	Consumer	Consumer		7351.1	0.95			2434.37	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738	4257.16	Corrections	Corrections		6190.4	0.8			2434.37	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738	4257.16	First Health	First Health		5416.6	0.7			2434.37	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738	4257.16	First Trenton	First Trenton		6964.2	0.9			2434.37	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738	4257.16	Horizon	Indemnity		6763.33	1.827			2434.37	7351.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738	4257.16	Horizon	MGD		6763.33	1.827			2434.37	7351.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738	4257.16	Horizon	PPO		6763.33	1.827			2434.37	7351.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738	4257.16	Horizon	Medicare Blue		3701.88	1			2434.37	7351.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738	4257.16	Managed Care Inc	Managed Care Inc		6964.2	0.9			2434.37	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738	4257.16	Multiplan	Multiplan		6190.4	0.8			2434.37	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738	4257.16	Qualcare	Qualcare		5803.5	0.75			2434.37	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738	4257.16	Three Rivers	Three Rivers		7351.1	0.95			2434.37	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738	4257.16	UHC	Medicare		3701.88	1			2434.37	7351.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738	4257.16	UHC	Medicaid		2434.37	0.3146			2434.37	7351.1	percent of total billed charges	
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738	4257.16	Wellcare	Medicare		3701.88	1			2434.37	7351.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FINGER/HAND TENDON	26350	CPT	outpatient			7738	4257.16	Wellcare	Medicaid		2434.37	0.3146			2434.37	7351.1	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274	2113.84	Aetna	Better Health		1659.2	0.3146			1440.55	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274	2113.84	Aetna	Commercial		2926.29	1.592			1440.55	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR HAND TENDON	26410	CPT	outpatient			5274	2113.84	Aetna	Medicare		1838.12	1			1440.55	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR HAND TENDON	26410	CPT	outpatient			5274	2113.84	Americare	Americare		3955.5	0.75			1440.55	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274	2113.84	WellPoint	WellPoint		1691.9	0.3208			1440.55	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274	2113.84	Amerihealth	Medicare		1838.12	1			1440.55	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR HAND TENDON	26410	CPT	outpatient			5274	2113.84	Consumer	Consumer		5010.3	0.95			1440.55	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274	2113.84	Corrections	Corrections		4219.2	0.8			1440.55	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274	2113.84	First Health	First Health		3691.8	0.7			1440.55	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274	2113.84	First Trenton	First Trenton		4746.6	0.9			1440.55	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274	2113.84	Horizon	MGD		3358.25	1.827			1440.55	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR HAND TENDON	26410	CPT	outpatient			5274	2113.84	Horizon	Indemnity		3358.25	1.827			1440.55	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR HAND TENDON	26410	CPT	outpatient			5274	2113.84	Horizon	PPO		3358.25	1.827			1440.55	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR HAND TENDON	26410	CPT	outpatient			5274	2113.84	Horizon	Medicare Blue		1838.12	1			1440.55	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR HAND TENDON	26410	CPT	outpatient			5274	2113.84	Managed Care Inc	Managed Care Inc		4746.6	0.9			1440.55	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274	2113.84	Multiplan	Multiplan		4219.2	0.8			1440.55	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274	2113.84	Qualcare	Qualcare		3955.5	0.75			1440.55	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274	2113.84	Three Rivers	Three Rivers		5010.3	0.95			1440.55	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274	2113.84	UHC	Medicare		1838.12	1			1440.55	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR HAND TENDON	26410	CPT	outpatient			5274	2113.84	UHC	Medicaid		1659.2	0.3146			1440.55	5010.3	percent of total billed charges	
REPAIR HAND TENDON	26410	CPT	outpatient			5274	2113.84	Wellcare	Medicare		1838.12	1			1440.55	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR HAND TENDON	26410	CPT	outpatient			5274	2113.84	Wellcare	Medicaid		1659.2	0.3146			1440.55	5010.3	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724	2113.84	Aetna	Medicare		2070.99	0.308			1838.12	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724	2113.84	Aetna	Better Health		2115.37	0.3146			1838.12	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724	2113.84	Aetna	Commercial		2926.29	1.592			1838.12	6387.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENDON REPAIR	26418	CPT	outpatient			6724	2113.84	Americare	Americare		5043	0.75			1838.12	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724	2113.84	WellPoint	WellPoint		2157.06	0.3208			1838.12	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724	2113.84	Amerihealth	Medicare		1838.12	1			1838.12	6387.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENDON REPAIR	26418	CPT	outpatient			6724	2113.84	Consumer	Consumer		6387.8	0.95			1838.12	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724	2113.84	Corrections	Corrections		5379.2	0.8			1838.12	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724	2113.84	First Health	First Health		4706.8	0.7			1838.12	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724	2113.84	First Trenton	First Trenton		6051.6	0.9			1838.12	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724	2113.84	Horizon	Medicare Blue		1838.12	1			1838.12	6387.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENDON REPAIR	26418	CPT	outpatient			6724	2113.84	Horizon	PPO		3358.25	1.827			1838.12	6387.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENDON REPAIR	26418	CPT	outpatient			6724	2113.84	Horizon	MGD		3358.25	1.827			1838.12	6387.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENDON REPAIR	26418	CPT	outpatient			6724	2113.84	Horizon	Indemnity		3358.25	1.827			1838.12	6387.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENDON REPAIR	26418	CPT	outpatient			6724	2113.84	Managed Care Inc	Managed Care Inc		6051.6	0.9			1838.12	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724	2113.84	Multiplan	Multiplan		5379.2	0.8			1838.12	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724	2113.84	Qualcare	Qualcare		5043	0.75			1838.12	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724	2113.84	Three Rivers	Three Rivers		6387.8	0.95			1838.12	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724	2113.84	UHC	Medicaid		2115.37	0.3146			1838.12	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724	2113.84	UHC	Medicare		1838.12	1			1838.12	6387.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENDON REPAIR	26418	CPT	outpatient			6724	2113.84	Wellcare	Medicaid		2115.37	0.3146			1838.12	6387.8	percent of total billed charges	
TENDON REPAIR	26418	CPT	outpatient			6724	2113.84	Wellcare	Medicare		1838.12	1			1838.12	6387.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYISIS FINGER	26440	CPT	outpatient			5471	2113.84	Aetna	Commercial		2926.29	1.592			1721.18	5197.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYISIS FINGER	26440	CPT	outpatient			5471	2113.84	Aetna	Better Health		1721.18	0.3146			1721.18	5197.45	percent of total billed charges	
TENOLYISIS FINGER	26440	CPT	outpatient			5471	2113.84	Aetna	Medicare		1838.12	1			1721.18	5197.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYISIS FINGER	26440	CPT	outpatient			5471	2113.84	Americare	Americare		4103.25	0.75			1721.18	5197.45	percent of total billed charges	
TENOLYISIS FINGER	26440	CPT	outpatient			5471	2113.84	WellPoint	WellPoint		1755.1	0.3208			1721.18	5197.45	percent of total billed charges	
TENOLYISIS FINGER	26440	CPT	outpatient			5471	2113.84	Amerihealth	Medicare		1838.12	1			1721.18	5197.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYISIS FINGER	26440	CPT	outpatient			5471	2113.84	Consumer	Consumer		5197.45	0.95			1721.18	5197.45	percent of total billed charges	
TENOLYISIS FINGER	26440	CPT	outpatient			5471	2113.84	Corrections	Corrections		4376.8	0.8			1721.18	5197.45	percent of total billed charges	
TENOLYISIS FINGER	26440	CPT	outpatient			5471	2113.84	First Health	First Health		3829.7	0.7			1721.18	5197.45	percent of total billed charges	
TENOLYISIS FINGER	26440	CPT	outpatient			5471	2113.84	First Trenton	First Trenton		4923.9	0.9			1721.18	5197.45	percent of total billed charges	
TENOLYISIS FINGER	26440	CPT	outpatient			5471	2113.84	Horizon	Medicare Blue		1838.12	1			1721.18	5197.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYISIS FINGER	26440	CPT	outpatient			5471	2113.84	Horizon	MGD		3358.25	1.827			1721.18	5197.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYISIS FINGER	26440	CPT	outpatient			5471	2113.84	Horizon	Indemnity		3358.25	1.827			1721.18	5197.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYISIS FINGER	26440	CPT	outpatient			5471	2113.84	Horizon	PPO		3358.25	1.827			1721.18	5197.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYISIS FINGER	26440	CPT	outpatient			5471	2113.84	Managed Care Inc	Managed Care Inc		4923.9	0.9			1721.18	5197.45	percent of total billed charges	
TENOLYISIS FINGER	26440	CPT	outpatient			5471	2113.84	Multiplan	Multiplan		4376.8	0.8			1721.18	5197.45	percent of total billed charges	
TENOLYISIS FINGER	26440	CPT	outpatient			5471	2113.84	Qualcare	Qualcare		4103.25	0.75			1721.18	5197.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TENOLYISIS FINGER	26440	CPT	outpatient			5471	2113.84	Three Rivers	Three Rivers		5197.45	0.95			1721.18	5197.45	percent of total billed charges	
TENOLYISIS FINGER	26440	CPT	outpatient			5471	2113.84	UHC	Medicaid		1721.18	0.3146			1721.18	5197.45	percent of total billed charges	
TENOLYISIS FINGER	26440	CPT	outpatient			5471	2113.84	UHC	Medicare		1838.12	1			1721.18	5197.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYISIS FINGER	26440	CPT	outpatient			5471	2113.84	Wellcare	Medicaid		1721.18	0.3146			1721.18	5197.45	percent of total billed charges	
TENOLYISIS FINGER	26440	CPT	outpatient			5471	2113.84	Wellcare	Medicare		1838.12	1			1721.18	5197.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229	2113.84	Aetna	Medicare		1838.12	1			1645.04	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229	2113.84	Aetna	Better Health		1645.04	0.3146			1645.04	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229	2113.84	Aetna	Commercial		2926.29	1.592			1645.04	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229	2113.84	Americare	Americare		3921.75	0.75			1645.04	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229	2113.84	WellPoint	WellPoint		1677.46	0.3208			1645.04	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229	2113.84	Amerihealth	Medicare		1838.12	1			1645.04	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229	2113.84	Consumer	Consumer		4967.55	0.95			1645.04	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229	2113.84	Corrections	Corrections		4183.2	0.8			1645.04	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229	2113.84	First Health	First Health		3660.3	0.7			1645.04	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229	2113.84	First Trenton	First Trenton		4706.1	0.9			1645.04	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229	2113.84	Horizon	Medicare Blue		1838.12	1			1645.04	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229	2113.84	Horizon	MGD		3358.25	1.827			1645.04	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229	2113.84	Horizon	Indemnity		3358.25	1.827			1645.04	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229	2113.84	Horizon	PPO		3358.25	1.827			1645.04	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229	2113.84	Managed Care Inc	Managed Care Inc		4706.1	0.9			1645.04	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229	2113.84	Multiplan	Multiplan		4183.2	0.8			1645.04	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229	2113.84	Qualcare	Qualcare		3921.75	0.75			1645.04	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229	2113.84	Three Rivers	Three Rivers		4967.55	0.95			1645.04	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229	2113.84	UHC	Medicare		1838.12	1			1645.04	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229	2113.84	UHC	Medicaid		1645.04	0.3146			1645.04	4967.55	percent of total billed charges	
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229	2113.84	Wellcare	Medicare		1838.12	1			1645.04	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIAL HEAD SUBLUX (NURSEMAID)	26460	CPT	outpatient			5229	2113.84	Wellcare	Medicaid		1645.04	0.3146			1645.04	4967.55	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703	4257.16	Aetna	Medicare		3701.88	1			2423.36	7317.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703	4257.16	Aetna	Commercial		5893.39	1.592			2423.36	7317.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703	4257.16	Aetna	Better Health		2423.36	0.3146			2423.36	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703	4257.16	Americare	Americare		5777.25	0.75			2423.36	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703	4257.16	WellPoint	WellPoint		2471.12	0.3208			2423.36	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703	4257.16	Amerihealth	Medicare		3701.88	1			2423.36	7317.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703	4257.16	Consumer	Consumer		7317.85	0.95			2423.36	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703	4257.16	Corrections	Corrections		6162.4	0.8			2423.36	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703	4257.16	First Health	First Health		5392.1	0.7			2423.36	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703	4257.16	First Trenton	First Trenton		6932.7	0.9			2423.36	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703	4257.16	Horizon	Indemnity		6763.33	1.827			2423.36	7317.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703	4257.16	Horizon	MGD		6763.33	1.827			2423.36	7317.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703	4257.16	Horizon	Medicare Blue		3701.88	1			2423.36	7317.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703	4257.16	Horizon	PPO		6763.33	1.827			2423.36	7317.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703	4257.16	Managed Care Inc	Managed Care Inc		6932.7	0.9			2423.36	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703	4257.16	Multiplan	Multiplan		6162.4	0.8			2423.36	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703	4257.16	Qualcare	Qualcare		5777.25	0.75			2423.36	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703	4257.16	Three Rivers	Three Rivers		7317.85	0.95			2423.36	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703	4257.16	UHC	Medicaid		2423.36	0.3146			2423.36	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703	4257.16	UHC	Medicare		3701.88	1			2423.36	7317.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703	4257.16	Wellcare	Medicaid		2423.36	0.3146			2423.36	7317.85	percent of total billed charges	
CAPSULODESIS MCP JNT; 1 DIGIT	26516	CPT	outpatient			7703	4257.16	Wellcare	Medicare		3701.88	1			2423.36	7317.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971	4257.16	Aetna	Better Health		3136.88	0.3146			3136.88	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971	4257.16	Aetna	Medicare		3701.88	1			3136.88	9472.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971	4257.16	Aetna	Commercial		5893.39	1.592			3136.88	9472.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971	4257.16	Americare	Americare		7478.25	0.75			3136.88	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971	4257.16	WellPoint	WellPoint		3198.7	0.3208			3136.88	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971	4257.16	Amerihealth	Medicare		3701.88	1			3136.88	9472.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971	4257.16	Consumer	Consumer		9472.45	0.95			3136.88	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971	4257.16	Corrections	Corrections		7976.8	0.8			3136.88	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971	4257.16	First Health	First Health		6979.7	0.7			3136.88	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971	4257.16	First Trenton	First Trenton		8973.9	0.9			3136.88	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971	4257.16	Horizon	MGD		6763.33	1.827			3136.88	9472.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971	4257.16	Horizon	Indemnity		6763.33	1.827			3136.88	9472.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971	4257.16	Horizon	Medicare Blue		3701.88	1			3136.88	9472.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971	4257.16	Horizon	PPO		6763.33	1.827			3136.88	9472.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971	4257.16	Managed Care Inc	Managed Care Inc		8973.9	0.9			3136.88	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971	4257.16	Multiplan	Multiplan		7976.8	0.8			3136.88	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971	4257.16	Qualcare	Qualcare		7478.25	0.75			3136.88	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971	4257.16	Three Rivers	Three Rivers		9472.45	0.95			3136.88	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971	4257.16	UHC	Medicare		3701.88	1			3136.88	9472.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971	4257.16	UHC	Medicaid		3136.88	0.3146			3136.88	9472.45	percent of total billed charges	
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971	4257.16	Wellcare	Medicare		3701.88	1			3136.88	9472.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP & RECNSTR FINGER VP IP JNT	26548	CPT	outpatient			9971	4257.16	Wellcare	Medicaid		3136.88	0.3146			3136.88	9472.45	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846	4257.16	Aetna	Medicare		3701.88	1			1561.05	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846	4257.16	Aetna	Commercial		5893.39	1.592			1561.05	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846	4257.16	Aetna	Better Health		3412.15	0.3146			1561.05	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846	4257.16	Americare	Americare		8134.5	0.75			1561.05	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846	4257.16	WellPoint	WellPoint		3479.4	0.3208			1561.05	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846	4257.16	Amerihealth	Medicare		3701.88	1			1561.05	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846	4257.16	Consumer	Consumer		10303.7	0.95			1561.05	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846	4257.16	Corrections	Corrections		8676.8	0.8			1561.05	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846	4257.16	First Health	First Health		7592.2	0.7			1561.05	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846	4257.16	First Trenton	First Trenton		9761.4	0.9			1561.05	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846	4257.16	Horizon	MGD		6763.33	1.827			1561.05	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846	4257.16	Horizon	Medicare Blue		3701.88	1			1561.05	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846	4257.16	Horizon	Indemnity		6763.33	1.827			1561.05	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846	4257.16	Horizon	PPO		6763.33	1.827			1561.05	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846	4257.16	Managed Care Inc	Managed Care Inc		9761.4	0.9			1561.05	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846	4257.16	Multiplan	Multiplan		8676.8	0.8			1561.05	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846	4257.16	Qualcare	Qualcare		8134.5	0.75			1561.05	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846	4257.16	Three Rivers	Three Rivers		10303.7	0.95			1561.05	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846	4257.16	UHC	Medicaid		3412.15	0.3146			1561.05	10303.7	percent of total billed charges	
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846	4257.16	UHC	Medicare		3701.88	1			1561.05	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846	4257.16	Wellcare	Medicare		3701.88	1			1561.05	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM SUPRANUMRY DGTS S & BONE	26587	CPT	outpatient			10846	4257.16	Wellcare	Medicaid		3412.15	0.3146			1561.05	10303.7	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388	4257.16	Aetna	Medicare		3199.5	0.308			3199.5	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388	4257.16	Aetna	Commercial		5893.39	1.592			3199.5	9868.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388	4257.16	Aetna	Better Health		3268.06	0.3146			3199.5	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388	4257.16	Americare	Americare		7791	0.75			3199.5	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388	4257.16	WellPoint	WellPoint		3332.47	0.3208			3199.5	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388	4257.16	Amerihealth	Medicare		3701.88	1			3199.5	9868.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388	4257.16	Consumer	Consumer		9868.6	0.95			3199.5	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388	4257.16	Corrections	Corrections		8310.4	0.8			3199.5	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388	4257.16	First Health	First Health		7271.6	0.7			3199.5	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388	4257.16	First Trenton	First Trenton		9349.2	0.9			3199.5	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388	4257.16	Horizon	PPO		6763.33	1.827			3199.5	9868.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388	4257.16	Horizon	Indemnity		6763.33	1.827			3199.5	9868.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388	4257.16	Horizon	Medicare Blue		3701.88	1			3199.5	9868.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388	4257.16	Horizon	MGD		6763.33	1.827			3199.5	9868.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388	4257.16	Managed Care Inc	Managed Care Inc		9349.2	0.9			3199.5	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388	4257.16	Multiplan	Multiplan		8310.4	0.8			3199.5	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388	4257.16	Qualcare	Qualcare		7791	0.75			3199.5	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388	4257.16	Three Rivers	Three Rivers		9868.6	0.95			3199.5	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388	4257.16	UHC	Medicaid		3268.06	0.3146			3199.5	9868.6	percent of total billed charges	
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388	4257.16	UHC	Medicare		3701.88	1			3199.5	9868.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388	4257.16	Wellcare	Medicare		3701.88	1			3199.5	9868.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR INTRIN MUSC HAND	26591	CPT	outpatient			10388	4257.16	Wellcare	Medicaid		3268.06	0.3146			3199.5	9868.6	percent of total billed charges	
METCARPL FX SNGL W/O MANIP EA	26600	CPT	outpatient			1066	310.16	Aetna	Commercial		429.36	1.592			237.21	1012.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/O MANIP EA	26600	CPT	outpatient			1066	310.16	Aetna	Better Health		335.36	0.3146			237.21	1012.7	percent of total billed charges	
METCARPL FX SNGL W/O MANIP EA	26600	CPT	outpatient			1066	310.16	Aetna	Medicare		269.7	1			237.21	1012.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/O MANIP EA	26600	CPT	outpatient			1066	310.16	Americare	Americare		799.5	0.75			237.21	1012.7	percent of total billed charges	
METCARPL FX SNGL W/O MANIP EA	26600	CPT	outpatient			1066	310.16	WellPoint	WellPoint		341.97	0.3208			237.21	1012.7	percent of total billed charges	
METCARPL FX SNGL W/O MANIP EA	26600	CPT	outpatient			1066	310.16	Amerihealth	Medicare		269.7	1			237.21	1012.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/O MANIP EA	26600	CPT	outpatient			1066	310.16	Consumer	Consumer		1012.7	0.95			237.21	1012.7	percent of total billed charges	
METCARPL FX SNGL W/O MANIP EA	26600	CPT	outpatient			1066	310.16	Corrections	Corrections		852.8	0.8			237.21	1012.7	percent of total billed charges	
METCARPL FX SNGL W/O MANIP EA	26600	CPT	outpatient			1066	310.16	First Health	First Health		746.2	0.7			237.21	1012.7	percent of total billed charges	
METCARPL FX SNGL W/O MANIP EA	26600	CPT	outpatient			1066	310.16	First Trenton	First Trenton		959.4	0.9			237.21	1012.7	percent of total billed charges	
METCARPL FX SNGL W/O MANIP EA	26600	CPT	outpatient			1066	310.16	Horizon	MGD		492.74	1.827			237.21	1012.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/O MANIP EA	26600	CPT	outpatient			1066	310.16	Horizon	Medicare Blue		269.7	1			237.21	1012.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/O MANIP EA	26600	CPT	outpatient			1066	310.16	Horizon	PPO		492.74	1.827			237.21	1012.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/O MANIP EA	26600	CPT	outpatient			1066	310.16	Horizon	Indemnity		492.74	1.827			237.21	1012.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/O MANIP EA	26600	CPT	outpatient			1066	310.16	Managed Care Inc	Managed Care Inc		959.4	0.9			237.21	1012.7	percent of total billed charges	
METCARPL FX SNGL W/O MANIP EA	26600	CPT	outpatient			1066	310.16	Multiplan	Multiplan		852.8	0.8			237.21	1012.7	percent of total billed charges	
METCARPL FX SNGL W/O MANIP EA	26600	CPT	outpatient			1066	310.16	Qualcare	Qualcare		799.5	0.75			237.21	1012.7	percent of total billed charges	
METCARPL FX SNGL W/O MANIP EA	26600	CPT	outpatient			1066	310.16	Three Rivers	Three Rivers		1012.7	0.95			237.21	1012.7	percent of total billed charges	
METCARPL FX SNGL W/O MANIP EA	26600	CPT	outpatient			1066	310.16	UHC	Medicaid		335.36	0.3146			237.21	1012.7	percent of total billed charges	
METCARPL FX SNGL W/O MANIP EA	26600	CPT	outpatient			1066	310.16	UHC	Medicare		269.7	1			237.21	1012.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/O MANIP EA	26600	CPT	outpatient			1066	310.16	Wellcare	Medicare		269.7	1			237.21	1012.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/O MANIP EA	26600	CPT	outpatient			1066	310.16	Wellcare	Medicaid		335.36	0.3146			237.21	1012.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP EA BO	26605	CPT	outpatient			2926	310.16	Aetna	Better Health		920.52	0.3146			237.21	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP EA BO	26605	CPT	outpatient			2926	310.16	Aetna	Commercial		429.36	1.592			237.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/MANIP EA BO	26605	CPT	outpatient			2926	310.16	Aetna	Medicare		269.7	1			237.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/MANIP EA BO	26605	CPT	outpatient			2926	310.16	Americare	Americare		2194.5	0.75			237.21	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP EA BO	26605	CPT	outpatient			2926	310.16	WellPoint	WellPoint		938.66	0.3208			237.21	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP EA BO	26605	CPT	outpatient			2926	310.16	Amerihealth	Medicare		269.7	1			237.21	2779.7	other	Payer-specific negotiated charge calculated as a perc

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
METCARPL FX SNGL W/MANIP EA BO	26605	CPT	outpatient			2926	310.16	Consumer	Consumer		2779.7	0.95			237.21	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP EA BO	26605	CPT	outpatient			2926	310.16	Corrections	Corrections		2340.8	0.8			237.21	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP EA BO	26605	CPT	outpatient			2926	310.16	First Health	First Health		2048.2	0.7			237.21	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP EA BO	26605	CPT	outpatient			2926	310.16	First Trenton	First Trenton		2633.4	0.9			237.21	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP EA BO	26605	CPT	outpatient			2926	310.16	Horizon	PPO		492.74	1.827			237.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/MANIP EA BO	26605	CPT	outpatient			2926	310.16	Horizon	MCD		492.74	1.827			237.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/MANIP EA BO	26605	CPT	outpatient			2926	310.16	Horizon	Medicare Blue		269.7	1			237.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/MANIP EA BO	26605	CPT	outpatient			2926	310.16	Horizon	Indemnity		492.74	1.827			237.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/MANIP EA BO	26605	CPT	outpatient			2926	310.16	Managed Care Inc	Managed Care Inc		2633.4	0.9			237.21	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP EA BO	26605	CPT	outpatient			2926	310.16	Multiplan	Multiplan		2340.8	0.8			237.21	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP EA BO	26605	CPT	outpatient			2926	310.16	Qualcare	Qualcare		2194.5	0.75			237.21	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP EA BO	26605	CPT	outpatient			2926	310.16	Three Rivers	Three Rivers		2779.7	0.95			237.21	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP EA BO	26605	CPT	outpatient			2926	310.16	UHC	Medicare		269.7	1			237.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/MANIP EA BO	26605	CPT	outpatient			2926	310.16	UHC	Medicaid		920.52	0.3146			237.21	2779.7	percent of total billed charges	
METCARPL FX SNGL W/MANIP EA BO	26605	CPT	outpatient			2926	310.16	Wellcare	Medicare		269.7	1			237.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METCARPL FX SNGL W/MANIP EA BO	26605	CPT	outpatient			2926	310.16	Wellcare	Medicaid		920.52	0.3146			237.21	2779.7	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522	4257.16	Aetna	Medicare		3701.88	1			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522	4257.16	Aetna	Better Health		3310.22	0.3146			3310.22	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522	4257.16	Aetna	Commercial		5893.39	1.592			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522	4257.16	Americare	Americare		7891.5	0.75			3310.22	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522	4257.16	WellPoint	WellPoint		3375.46	0.3208			3310.22	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522	4257.16	Amerihealth	Medicare		3701.88	1			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522	4257.16	Consumer	Consumer		9995.9	0.95			3310.22	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522	4257.16	Corrections	Corrections		8417.6	0.8			3310.22	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522	4257.16	First Health	First Health		7365.4	0.7			3310.22	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522	4257.16	First Trenton	First Trenton		9469.8	0.9			3310.22	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522	4257.16	Horizon	Indemnity		6763.33	1.827			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522	4257.16	Horizon	MGD		6763.33	1.827			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522	4257.16	Horizon	Medicare Blue		3701.88	1			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522	4257.16	Horizon	PPO		6763.33	1.827			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522	4257.16	Managed Care Inc	Managed Care Inc		9469.8	0.9			3310.22	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522	4257.16	Multiplan	Multiplan		8417.6	0.8			3310.22	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522	4257.16	Qualcare	Qualcare		7891.5	0.75			3310.22	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522	4257.16	Three Rivers	Three Rivers		9995.9	0.95			3310.22	9995.9	percent of total billed charges	
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522	4257.16	UHC	Medicare		3701.88	1			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522	4257.16	UHC	Medicaid		3310.22	0.3146			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522	4257.16	Wellcare	Medicare		3701.88	1			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCRPL FRCT W MN W FIX	26607	CPT	outpatient			10522	4257.16	Wellcare	Medicaid		3310.22	0.3146			3310.22	9995.9	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215	4257.16	Aetna	Better Health		4786.64	0.3146			3701.88	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215	4257.16	Aetna	Commercial		5893.39	1.592			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215	4257.16	Aetna	Medicare		3701.88	1			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215	4257.16	Americare	Americare		11411.25	0.75			3701.88	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215	4257.16	WellPoint	WellPoint		4880.97	0.3208			3701.88	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215	4257.16	Amerihealth	Medicare		3701.88	1			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215	4257.16	Consumer	Consumer		14454.25	0.95			3701.88	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215	4257.16	Corrections	Corrections		12172	0.8			3701.88	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215	4257.16	First Health	First Health		10650.5	0.7			3701.88	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215	4257.16	First Trenton	First Trenton		13693.5	0.9			3701.88	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215	4257.16	Horizon	Medicare Blue		3701.88	1			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215	4257.16	Horizon	MCD		6763.33	1.827			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215	4257.16	Horizon	Indemnity		6763.33	1.827			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215	4257.16	Horizon	PPO		6763.33	1.827			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215	4257.16	Managed Care Inc	Managed Care Inc		13693.5	0.9			3701.88	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215	4257.16	Multiplan	Multiplan		12172	0.8			3701.88	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215	4257.16	Qualcare	Qualcare		11411.25	0.75			3701.88	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215	4257.16	Three Rivers	Three Rivers		14454.25	0.95			3701.88	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215	4257.16	UHC	Medicaid		4786.64	0.3146			3701.88	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215	4257.16	UHC	Medicare		3701.88	1			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215	4257.16	Wellcare	Medicaid		4786.64	0.3146			3701.88	14454.25	percent of total billed charges	
PERCU FIXATION METACARPAL FX	26608	CPT	outpatient			15215	4257.16	Wellcare	Medicare		3701.88	1			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215	4257.16	Aetna	Better Health		4786.64	0.3146			3701.88	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215	4257.16	Aetna	Commercial		5893.39	1.592			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215	4257.16	Aetna	Medicare		4686.22	0.308			3701.88	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215	4257.16	Americare	Americare		11411.25	0.75			3701.88	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215	4257.16	WellPoint	WellPoint		4880.97	0.3208			3701.88	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215	4257.16	Amerihealth	Medicare		3701.88	1			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215	4257.16	Consumer	Consumer		14454.25	0.95			3701.88	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215	4257.16	Corrections	Corrections		12172	0.8			3701.88	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215	4257.16	First Health	First Health		10650.5	0.7			3701.88	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215	4257.16	First Trenton	First Trenton		13693.5	0.9			3701.88	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215	4257.16	Horizon	Medicare Blue		3701.88	1			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215	4257.16	Horizon	MGD		6763.33	1.827			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215	4257.16	Horizon	Indemnity		6763.33	1.827			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215	4257.16	Horizon	PPO		6763.33	1.827			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215	4257.16	Managed Care Inc	Managed Care Inc		13693.5	0.9			3701.88	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215	4257.16	Multiplan	Multiplan		12172	0.8			3701.88	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215	4257.16	Qualcare	Qualcare		11411.25	0.75			3701.88	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215	4257.16	Three Rivers	Three Rivers		14454.25	0.95			3701.88	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215	4257.16	UHC	Medicaid		4786.64	0.3146			3701.88	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215	4257.16	UHC	Medicare		3701.88	1			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215	4257.16	Wellcare	Medicaid		4786.64	0.3146			3701.88	14454.25	percent of total billed charges	
OPEN TRT METACARPAL FX	26615	CPT	outpatient			15215	4257.16	Wellcare	Medicare		3701.88	1			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555	310.16	Aetna	Better Health		174.6	0.3146			174.6	527.25	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555	310.16	Aetna	Commercial		429.36	1.592			174.6	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555	310.16	Aetna	Medicare		269.7	1			174.6	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555	310.16	Americare	Americare		416.25	0.75			174.6	527.25	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555	310.16	WellPoint	WellPoint		178.04	0.3208			174.6	527.25	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555	310.16	Amerihealth	Medicare		269.7	1			174.6	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555	310.16	Consumer	Consumer		527.25	0.95			174.6	527.25	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555	310.16	Corrections	Corrections		444	0.8			174.6	527.25	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555	310.16	First Health	First Health		388.5	0.7			174.6	527.25	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555	310.16	First Trenton	First Trenton		499.5	0.9			174.6	527.25	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555	310.16	Horizon	Medicare Blue		269.7	1			174.6	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555	310.16	Horizon	MGD		492.74	1.827			174.6	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555	310.16	Horizon	Indemnity		492.74	1.827			174.6	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555	310.16	Horizon	PPO		492.74	1.827			174.6	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555	310.16	Managed Care Inc	Managed Care Inc		499.5	0.9			174.6	527.25	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555	310.16	Multiplan	Multiplan		444	0.8			174.6	527.25	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555	310.16	Qualcare	Qualcare		416.25	0.75			174.6	527.25	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555	310.16	Three Rivers	Three Rivers		527.25	0.95			174.6	527.25	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555	310.16	UHC	Medicaid		174.6	0.3146			174.6	527.25	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555	310.16	UHC	Medicare		269.7	1			174.6	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555	310.16	Wellcare	Medicaid		174.6	0.3146			174.6	527.25	percent of total billed charges	
CLSDTRT CRPMET DILC THMB WMAN	26641	CPT	outpatient			555	310.16	Wellcare	Medicare		269.7	1			174.6	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257	2113.84	Aetna	Commercial		2926.29	1.592			690.23	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257	2113.84	Aetna	Better Health		1653.85	0.3146			690.23	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257	2113.84	Aetna	Medicare		1838.12	1			690.23	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257	2113.84	Americare	Americare		3942.75	0.75			690.23	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257	2113.84	WellPoint	WellPoint		1686.45	0.3208			690.23	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257	2113.84	Amerihealth	Medicare		1838.12	1			690.23	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257	2113.84	Consumer	Consumer		4994.15	0.95			690.23	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257	2113.84	Corrections	Corrections		4205.6	0.8			690.23	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257	2113.84	First Health	First Health		3679.9	0.7			690.23	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257	2113.84	First Trenton	First Trenton		4731.3	0.9			690.23	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257	2113.84	Horizon	PPO		3358.25	1.827			690.23	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257	2113.84	Horizon	MCD		3358.25	1.827			690.23	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257	2113.84	Horizon	Indemnity		3358.25	1.827			690.23	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257	2113.84	Horizon	Medicare Blue		1838.12	1			690.23	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257	2113.84	Managed Care Inc	Managed Care Inc		4731.3	0.9			690.23	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257	2113.84	Multiplan	Multiplan		4205.6	0.8			690.23	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257	2113.84	Qualcare	Qualcare		3942.75	0.75			690.23	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257	2113.84	Three Rivers	Three Rivers		4994.15	0.95			690.23	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257	2113.84	UHC	Medicare		1838.12	1			690.23	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257	2113.84	UHC	Medicaid		1653.85	0.3146			690.23	4994.15	percent of total billed charges	
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257	2113.84	Wellcare	Medicare		1838.12	1			690.23	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOLYSIS HAND/FINGER	26645	CPT	outpatient			5257	2113.84	Wellcare	Medicaid		1653.85	0.3146			690.23	4994.15	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665	310.16	Aetna	Commercial		429.36	1.592			204.82	631.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665	310.16	Aetna	Medicare		204.82	0.308			204.82	631.75	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665	310.16	Aetna	Better Health		209.21	0.3146			204.82	631.75	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665	310.16	Americare	Americare		498.75	0.75			204.82	631.75	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665	310.16	WellPoint	WellPoint		213.33	0.3208			204.82	631.75	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665	310.16	Amerihealth	Medicare		269.7	1			204.82	631.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665	310.16	Consumer	Consumer		631.75	0.95			204.82	631.75	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665	310.16	Corrections	Corrections		532	0.8			204.82	631.75	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665	310.16	First Health	First Health		465.5	0.7			204.82	631.75	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665	310.16	First Trenton	First Trenton		598.5	0.9			204.82	631.75	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665	310.16	Horizon	MCD		492.74	1.827			204.82	631.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665	310.16	Horizon	Medicare Blue		269.7	1			204.82	631.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665	310.16	Horizon	Indemnity		492.74	1.827			204.82	631.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665	310.16	Horizon	PPO		492.74	1.827			204.82	631.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665	310.16	Managed Care Inc	Managed Care Inc		598.5	0.9			204.82	631.75	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665	310.16	Multiplan	Multiplan		532	0.8			204.82	631.75	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665	310.16	Qualcare	Qualcare		498.75	0.75			204.82	631.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665	310.16	Three Rivers	Three Rivers		631.75	0.95			204.82	631.75	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665	310.16	UHC	Medicare		269.7	1			204.82	631.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665	310.16	UHC	Medicaid		209.21	0.3146			204.82	631.75	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665	310.16	Wellcare	Medicaid		209.21	0.3146			204.82	631.75	percent of total billed charges	
CLSD TRT CRPMET DISLC WO ANES	26670	CPT	outpatient			665	310.16	Wellcare	Medicare		269.7	1			204.82	631.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274	2113.84	Aetna	Better Health		1659.2	0.3146			1659.2	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274	2113.84	Aetna	Medicare		1838.12	1			1659.2	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274	2113.84	Aetna	Commercial		2926.29	1.592			1659.2	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274	2113.84	Americare	Americare		3955.5	0.75			1659.2	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274	2113.84	WellPoint	WellPoint		1691.9	0.3208			1659.2	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274	2113.84	AmeriHealth	Medicare		1838.12	1			1659.2	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274	2113.84	Consumer	Consumer		5010.3	0.95			1659.2	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274	2113.84	Corrections	Corrections		4219.2	0.8			1659.2	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274	2113.84	First Health	First Health		3691.8	0.7			1659.2	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274	2113.84	First Trenton	First Trenton		4746.6	0.9			1659.2	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274	2113.84	Horizon	MGD		3358.25	1.827			1659.2	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274	2113.84	Horizon	Indemnity		3358.25	1.827			1659.2	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274	2113.84	Horizon	PPO		3358.25	1.827			1659.2	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274	2113.84	Horizon	Medicare Blue		1838.12	1			1659.2	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274	2113.84	Managed Care Inc	Managed Care Inc		4746.6	0.9			1659.2	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274	2113.84	Multiplan	Multiplan		4219.2	0.8			1659.2	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274	2113.84	Qualcare	Qualcare		3955.5	0.75			1659.2	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274	2113.84	Three Rivers	Three Rivers		5010.3	0.95			1659.2	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274	2113.84	UHC	Medicare		1838.12	1			1659.2	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274	2113.84	UHC	Medicaid		1659.2	0.3146			1659.2	5010.3	percent of total billed charges	
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274	2113.84	Wellcare	Medicare		1838.12	1			1659.2	5010.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTX CARP/MTC DIS THUMB MANJ	26675	CPT	outpatient			5274	2113.84	Wellcare	Medicaid		1659.2	0.3146			1659.2	5010.3	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865	310.16	Aetna	Better Health		272.13	0.3146			237.21	821.75	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865	310.16	Aetna	Medicare		269.7	1			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865	310.16	Aetna	Commercial		429.36	1.592			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865	310.16	Americare	Americare		648.75	0.75			237.21	821.75	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865	310.16	WellPoint	WellPoint		277.49	0.3208			237.21	821.75	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865	310.16	AmeriHealth	Medicare		269.7	1			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865	310.16	Consumer	Consumer		821.75	0.95			237.21	821.75	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865	310.16	Corrections	Corrections		692	0.8			237.21	821.75	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865	310.16	First Health	First Health		605.5	0.7			237.21	821.75	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865	310.16	First Trenton	First Trenton		778.5	0.9			237.21	821.75	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865	310.16	Horizon	Medicare Blue		269.7	1			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865	310.16	Horizon	MGD		492.74	1.827			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865	310.16	Horizon	PPO		492.74	1.827			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865	310.16	Horizon	Indemnity		492.74	1.827			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865	310.16	Managed Care Inc	Managed Care Inc		778.5	0.9			237.21	821.75	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865	310.16	Multiplan	Multiplan		692	0.8			237.21	821.75	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865	310.16	Qualcare	Qualcare		648.75	0.75			237.21	821.75	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865	310.16	Three Rivers	Three Rivers		821.75	0.95			237.21	821.75	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865	310.16	UHC	Medicaid		272.13	0.3146			237.21	821.75	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865	310.16	UHC	Medicare		269.7	1			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865	310.16	Wellcare	Medicaid		272.13	0.3146			237.21	821.75	percent of total billed charges	
CLSD TRT MCP DISLO W/MANIP	26700	CPT	outpatient			865	310.16	Wellcare	Medicare		269.7	1			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257	2113.84	Aetna	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257	2113.84	Aetna	Better Health		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257	2113.84	Aetna	Commercial		2926.29	1.592			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257	2113.84	Americare	Americare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257	2113.84	WellPoint	WellPoint		1686.45	0.3208			1653.85	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257	2113.84	AmeriHealth	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257	2113.84	Consumer	Consumer		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257	2113.84	Corrections	Corrections		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257	2113.84	First Health	First Health		3679.9	0.7			1653.85	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257	2113.84	First Trenton	First Trenton		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257	2113.84	Horizon	Indemnity		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257	2113.84	Horizon	MGD		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257	2113.84	Horizon	Medicare Blue		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257	2113.84	Horizon	PPO		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257	2113.84	Managed Care Inc	Managed Care Inc		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257	2113.84	Multiplan	Multiplan		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257	2113.84	Qualcare	Qualcare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257	2113.84	Three Rivers	Three Rivers		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257	2113.84	UHC	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257	2113.84	UHC	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257	2113.84	Wellcare	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
TRT KNUCKLE DISLOC W/ANES	26705	CPT	outpatient			5257	2113.84	Wellcare	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	outpatient			754	310.16	Aetna	Better Health		237.21	0.3146			236.26	716.3	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	outpatient			754	310.16	Aetna	Commercial		429.36	1.592			236.26	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	outpatient			754	310.16	Aetna	Medicare		269.7	1			236.26	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	outpatient			754	310.16	Americare	Americare		565.5	0.75			236.26	716.3	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	outpatient			754	310.16	WellPoint	WellPoint		241.88	0.3208			236.26	716.3	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	outpatient			754	310.16	AmeriHealth	Medicare		269.7	1			236.26	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	outpatient			754	310.16	Consumer	Consumer		716.3	0.95			236.26	716.3	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	outpatient			754	310.16	Corrections	Corrections		603.2	0.8			236.26	716.3	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	outpatient			754	310.16	First Health	First Health		527.8	0.7			236.26	716.3	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	outpatient			754	310.16	First Trenton	First Trenton		678.6	0.9			236.26	716.3	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	outpatient			754	310.16	Horizon	PPO		492.74	1.827			236.26	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	outpatient			754	310.16	Horizon	Medicare Blue		269.7	1			236.26	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	outpatient			754	310.16	Horizon	MGD		492.74	1.827			236.26	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	outpatient			754	310.16	Horizon	Indemnity		492.74	1.827			236.26	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	outpatient			754	310.16	Managed Care Inc	Managed Care Inc		678.6	0.9			236.26	716.3	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	outpatient			754	310.16	Multiplan	Multiplan		603.2	0.8			236.26	716.3	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	outpatient			754	310.16	Qualcare	Qualcare		565.5	0.75			236.26	716.3	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	outpatient			754	310.16	Three Rivers	Three Rivers		716.3	0.95			236.26	716.3	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	outpatient			754	310.16	UHC	Medicaid		237.21	0.3146			236.26	716.3	percent of total billed charges	
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	outpatient			754	310.16	UHC	Medicare		269.7	1			236.26	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	outpatient			754	310.16	Wellcare	Medicare		269.7	1			236.26	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHALNGL SHAFT FX FNGR/THB W/O	26720	CPT	outpatient			754	310.16	Wellcare	Medicaid		237.21	0.3146			236.26	716.3	percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034	310.16	Aetna	Better Health		325.3	0.3146			237.21	982.3	percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034	310.16	Aetna	Commercial		429.36	1.592			237.21	982.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034	310.16	Aetna	Medicare		269.7	1			237.21	982.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034	310.16	Americare	Americare		775.5	0.75			237.21	982.3	percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034	310.16	WellPoint	WellPoint		331.71	0.3208			237.21	982.3	percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034	310.16	AmeriHealth	Medicare		269.7	1			237.21	982.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034	310.16	Consumer	Consumer		982.3	0.95			237.21	982.3	percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034	310.16	Corrections	Corrections		827.2	0.8			237.21	982.3	percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034	310.16	First Health	First Health		723.8	0.7			237.21	982.3	percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034	310.16	First Trenton	First Trenton		930.6	0.9			237.21	982.3	percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034	310.16	Horizon	MGD		492.74	1.827			237.21	982.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034	310.16	Horizon	Medicare Blue		269.7	1			237.21	982.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034	310.16	Horizon	PPO		492.74	1.827			237.21	982.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034	310.16	Horizon	Indemnity		492.74	1.827			237.21	982.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034	310.16	Managed Care Inc	Managed Care Inc		930.6	0.9			237.21	982.3	percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034	310.16	Multiplan	Multiplan		827.2	0.8			237.21	982.3	percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034	310.16	Qualcare	Qualcare		775.5	0.75			237.21	982.3	percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034	310.16	Three Rivers	Three Rivers		982.3	0.95			237.21	982.3	percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034	310.16	UHC	Medicare		269.7	1			237.21	982.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034	310.16	UHC	Medicaid		325.3	0.3146			237.21	982.3	percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034	310.16	Wellcare	Medicaid		325.3	0.3146			237.21	982.3	percent of total billed charges	
CLTX PHL FX PRX/MID W MANJ EA	26725	CPT	outpatient			1034	310.16	Wellcare	Medicare		269.7	1			237.21	982.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239	4257.16	Aetna	Medicare		4077.61	0.308			3701.88	12577.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239	4257.16	Aetna	Better Health		4164.99	0.3146			3701.88	12577.05	percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239	4257.16	Aetna	Commercial		5893.39	1.592			3701.88	12577.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239	4257.16	Americare	Americare		9929.25	0.75			3701.88	12577.05	percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239	4257.16	WellPoint	WellPoint		4247.07	0.3208			3701.88	12577.05	percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239	4257.16	AmeriHealth	Medicare		3701.88	1			3701.88	12577.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239	4257.16	Consumer	Consumer		12577.05	0.95			3701.88	12577.05	percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239	4257.16	Corrections	Corrections		10591.2	0.8			3701.88	12577.05	percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239	4257.16	First Health	First Health		9267.3	0.7			3701.88	12577.05	percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239	4257.16	First Trenton	First Trenton		11915.1	0.9			3701.88	12577.05	percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239	4257.16	Horizon	Indemnity		6763.33	1.827			3701.88	12577.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239	4257.16	Horizon	Medicare Blue		3701.88	1			3701.88	12577.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239	4257.16	Horizon	MGD		6763.33	1.827			3701.88	12577.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239	4257.16	Horizon	PPO		6763.33	1.827			3701.88	12577.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239	4257.16	Managed Care Inc	Managed Care Inc		11915.1	0.9			3701.88	12577.05	percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239	4257.16	Multiplan	Multiplan		10591.2	0.8			3701.88	12577.05	percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239	4257.16	Qualcare	Qualcare		9929.25	0.75			3701.88	12577.05	percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239	4257.16	Three Rivers	Three Rivers		12577.05	0.95			3701.88	12577.05	percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239	4257.16	UHC	Medicaid		4164.99	0.3146			3701.88	12577.05	percent of total billed charges	
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239	4257.16	UHC	Medicare		3701.88	1			3701.88	12577.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239	4257.16	Wellcare	Medicare		3701.88	1			3701.88	12577.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REP PHAL SHAFT FX	26735	CPT	outpatient			13239	4257.16	Wellcare	Medicaid		4164.99	0.3146			3701.88	12577.05	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430	310.16	Aetna	Better Health		449.88	0.3146			237.21	1358.5	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430	310.16	Aetna	Commercial		429.36	1.592			237.21	1358.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430	310.16	Aetna	Medicare		269.7	1			237.21	1358.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430	310.16	Americare	Americare		1072.5	0.75			237.21	1358.5	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430	310.16	WellPoint	WellPoint		458.74	0.3208			237.21	1358.5	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430	310.16	AmeriHealth	Medicare		269.7	1			237.21	1358.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430	310.16	Consumer	Consumer		1358.5	0.95			237.21	1358.5	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430	310.16	Corrections	Corrections		1144	0.8			237.21	1358.5	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430	310.16	First Health	First Health		1001	0.7			237.21	1358.5	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430	310.16	First Trenton	First Trenton		1287	0.9			237.21	1358.5	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430	310.16	Horizon	PPO		492.74	1.827			237.21	1358.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430	310.16	Horizon	MCD		492.74	1.827			237.21	1358.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430	310.16	Horizon	Indemnity		492.74	1.827			237.21	1358.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430	310.16	Horizon	Medicare Blue		269.7	1			237.21	1358.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430	310.16	Managed Care Inc	Managed Care Inc		1287	0.9			237.21	1358.5	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430	310.16	Multiplan	Multiplan		1144	0.8			237.21	1358.5	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430	310.16	Qualcare	Qualcare		1072.5	0.75			237.21	1358.5	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430	310.16	Three Rivers	Three Rivers		1358.5	0.95			237.21	1358.5	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430	310.16	UHC	Medicaid		449.88	0.3146			237.21	1358.5	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430	310.16	UHC	Medicare		269.7	1			237.21	1358.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430	310.16	Wellcare	Medicare		269.7	1			237.21	1358.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/O MAN	26740	CPT	outpatient			1430	310.16	Wellcare	Medicaid		449.88	0.3146			237.21	1358.5	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257	2113.84	Aetna	Better Health		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257	2113.84	Aetna	Commercial		2926.29	1.592			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257	2113.84	Aetna	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257	2113.84	Americare	Americare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257	2113.84	WellPoint	WellPoint		1686.45	0.3208			1653.85	4994.15	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257	2113.84	Amerihealth	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257	2113.84	Consumer	Consumer		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257	2113.84	Corrections	Corrections		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257	2113.84	First Health	First Health		3679.9	0.7			1653.85	4994.15	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257	2113.84	First Trenton	First Trenton		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257	2113.84	Horizon	Medicare Blue		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257	2113.84	Horizon	Indemnity		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257	2113.84	Horizon	MCD		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257	2113.84	Horizon	PPO		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257	2113.84	Managed Care Inc	Managed Care Inc		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257	2113.84	Multiplan	Multiplan		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257	2113.84	Qualcare	Qualcare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257	2113.84	Three Rivers	Three Rivers		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257	2113.84	UHC	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257	2113.84	UHC	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257	2113.84	Wellcare	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FX METACRPL/INTRPHL JT W/MANIP	26742	CPT	outpatient			5257	2113.84	Wellcare	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865	310.16	Aetna	Commercial		429.36	1.592			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865	310.16	Aetna	Better Health		272.13	0.3146			237.21	821.75	percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865	310.16	Aetna	Medicare		269.7	1			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865	310.16	Americare	Americare		648.75	0.75			237.21	821.75	percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865	310.16	WellPoint	WellPoint		277.49	0.3208			237.21	821.75	percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865	310.16	Amerihealth	Medicare		269.7	1			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865	310.16	Consumer	Consumer		821.75	0.95			237.21	821.75	percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865	310.16	Corrections	Corrections		692	0.8			237.21	821.75	percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865	310.16	First Health	First Health		605.5	0.7			237.21	821.75	percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865	310.16	First Trenton	First Trenton		778.5	0.9			237.21	821.75	percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865	310.16	Horizon	PPO		492.74	1.827			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865	310.16	Horizon	MCD		492.74	1.827			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865	310.16	Horizon	Indemnity		492.74	1.827			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865	310.16	Horizon	Medicare Blue		269.7	1			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865	310.16	Managed Care Inc	Managed Care Inc		778.5	0.9			237.21	821.75	percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865	310.16	Multiplan	Multiplan		692	0.8			237.21	821.75	percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865	310.16	Qualcare	Qualcare		648.75	0.75			237.21	821.75	percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865	310.16	Three Rivers	Three Rivers		821.75	0.95			237.21	821.75	percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865	310.16	UHC	Medicare		269.7	1			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865	310.16	UHC	Medicaid		272.13	0.3146			237.21	821.75	percent of total billed charges	
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865	310.16	Wellcare	Medicare		269.7	1			237.21	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL PHALNGL FX FNGR/THB W/O	26750	CPT	outpatient			865	310.16	Wellcare	Medicaid		272.13	0.3146			237.21	821.75	percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865	310.16	Aetna	Commercial		429.36	1.592			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865	310.16	Aetna	Better Health		272.13	0.3146			269.7	821.75	percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865	310.16	Aetna	Medicare		269.7	1			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865	310.16	Americare	Americare		648.75	0.75			269.7	821.75	percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865	310.16	WellPoint	WellPoint		277.49	0.3208			269.7	821.75	percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865	310.16	Amerihealth	Medicare		269.7	1			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865	310.16	Consumer	Consumer		821.75	0.95			269.7	821.75	percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865	310.16	Corrections	Corrections		692	0.8			269.7	821.75	percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865	310.16	First Health	First Health		605.5	0.7			269.7	821.75	percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865	310.16	First Trenton	First Trenton		778.5	0.9			269.7	821.75	percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865	310.16	Horizon	MCD		492.74	1.827			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865	310.16	Horizon	Medicare Blue		269.7	1			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865	310.16	Horizon	PPO		492.74	1.827			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865	310.16	Horizon	Indemnity		492.74	1.827			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865	310.16	Managed Care Inc	Managed Care Inc		778.5	0.9			269.7	821.75	percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865	310.16	Multiplan	Multiplan		692	0.8			269.7	821.75	percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865	310.16	Qualcare	Qualcare		648.75	0.75			269.7	821.75	percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865	310.16	Three Rivers	Three Rivers		821.75	0.95			269.7	821.75	percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865	310.16	UHC	Medicare		269.7	1			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865	310.16	UHC	Medicaid		272.13	0.3146			269.7	821.75	percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865	310.16	Wellcare	Medicaid		272.13	0.3146			269.7	821.75	percent of total billed charges	
CLSD TRT DISTPHLNGL FRCT W MAN	26755	CPT	outpatient			865	310.16	Wellcare	Medicare		269.7	1			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991	4257.16	Aetna	Better Health		4086.97	0.3146			3701.88	12341.45	percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991	4257.16	Aetna	Commercial		5893.39	1.592			3701.88	12341.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991	4257.16	Aetna	Medicare		3701.88	1			3701.88	12341.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991	4257.16	Americare	Americare		9743.25	0.75			3701.88	12341.45	percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991	4257.16	WellPoint	WellPoint		4167.51	0.3208			3701.88	12341.45	percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991	4257.16	Amerihealth	Medicare		3701.88	1			3701.88	12341.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991	4257.16	Consumer	Consumer		12341.45	0.95			3701.88	12341.45	percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991	4257.16	Corrections	Corrections		10392.8	0.8			3701.88	12341.45	percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991	4257.16	First Health	First Health		9093.7	0.7			3701.88	12341.45	percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991	4257.16	First Trenton	First Trenton		11691.9	0.9			3701.88	12341.45	percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991	4257.16	Horizon	MCD		6763.33	1.827			3701.88	12341.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991	4257.16	Horizon	Indemnity		6763.33	1.827			3701.88	12341.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991	4257.16	Horizon	Medicare Blue		3701.88	1			3701.88	12341.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991	4257.16	Horizon	PPO		6763.33	1.827			3701.88	12341.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991	4257.16	Managed Care Inc	Managed Care Inc		11691.9	0.9			3701.88	12341.45	percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991	4257.16	Multiplan	Multiplan		10392.8	0.8			3701.88	12341.45	percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991	4257.16	Qualcare	Qualcare		9743.25	0.75			3701.88	12341.45	percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991	4257.16	Three Rivers	Three Rivers		12341.45	0.95			3701.88	12341.45	percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991	4257.16	UHC	Medicaid		4086.97	0.3146			3701.88	12341.45	percent of total billed charges	
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991	4257.16	UHC	Medicare		3701.88	1			3701.88	12341.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991	4257.16	Wellcare	Medicare		3701.88	1			3701.88	12341.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL PHALANX W PERC	26756	CPT	outpatient			12991	4257.16	Wellcare	Medicaid		4086.97	0.3146			3701.88	12341.45	percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215	4257.16	Aetna	Better Health		4786.64	0.3146			3701.88	14454.25	percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215	4257.16	Aetna	Commercial		5893.39	1.592			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215	4257.16	Aetna	Medicare		3701.88	1			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215	4257.16	Americare	Americare		11411.25	0.75			3701.88	14454.25	percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215	4257.16	WellPoint	WellPoint		4880.97	0.3208			3701.88	14454.25	percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215	4257.16	Amerihealth	Medicare		3701.88	1			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215	4257.16	Consumer	Consumer		14454.25	0.95			3701.88	14454.25	percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215	4257.16	Corrections	Corrections		12172	0.8			3701.88	14454.25	percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215	4257.16	First Health	First Health		10650.5	0.7			3701.88	14454.25	percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215	4257.16	First Trenton	First Trenton		13693.5	0.9			3701.88	14454.25	percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215	4257.16	Horizon	Indemnity		6763.33	1.827			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215	4257.16	Horizon	Medicare Blue		3701.88	1			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215	4257.16	Horizon	MCD		6763.33	1.827			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215	4257.16	Horizon	PPO		6763.33	1.827			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215	4257.16	Managed Care Inc	Managed Care Inc		13693.5	0.9			3701.88	14454.25	percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215	4257.16	Multiplan	Multiplan		12172	0.8			3701.88	14454.25	percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215	4257.16	Qualcare	Qualcare		11411.25	0.75			3701.88	14454.25	percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215	4257.16	Three Rivers	Three Rivers		14454.25	0.95			3701.88	14454.25	percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215	4257.16	UHC	Medicaid		4786.64	0.3146			3701.88	14454.25	percent of total billed charges	
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215	4257.16	UHC	Medicare		3701.88	1			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215	4257.16	Wellcare	Medicare		3701.88	1			3701.88	14454.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT DISTAL PHAL FX	26765	CPT	outpatient			15215	4257.16	Wellcare	Medicaid		4786.64	0.3146			3701.88	14454.25	percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	both			751	310.16	Aetna	Better Health		236.26	0.3146			236.26	713.45	percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	both			751	310.16	Aetna	Medicare		269.7	1			236.26	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	both			751	310.16	Aetna	Commercial		429.36	1.592			236.26	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	both			751	310.16	Americare	Americare		563.25	0.75			236.26	713.45	percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	both			751	310.16	WellPoint	WellPoint		240.92	0.3208			236.26	713.45	percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	both			751	310.16	Amerihealth	Medicare		269.7	1			236.26	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	both			751	310.16	Consumer	Consumer		713.45	0.95			236.26	713.45	percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	both			751	310.16	Corrections	Corrections		600.8	0.8			236.26	713.45	percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	both			751	310.16	First Health	First Health		525.7	0.7			236.26	713.45	percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	both			751	310.16	First Trenton	First Trenton		675.9	0.9			236.26	713.45	percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	both			751	310.16	Horizon	Medicare Blue		269.7	1			236.26	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	both			751	310.16	Horizon	Indemnity		492.74	1.827			236.26	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	both			751	310.16	Horizon	MCD		492.74	1.827			236.26	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	both			751	310.16	Horizon	PPO		492.74	1.827			236.26	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	both			751	310.16	Managed Care Inc	Managed Care Inc		675.9	0.9			236.26	713.45	percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	both			751		310.16 Three Rivers	Three Rivers		713.45	0.95			236.26		713.45 percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	both			751		310.16 UHC	Medicare		269.7	1			236.26		713.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	both			751		310.16 UHC	Medicaid		236.26	0.3146			236.26		713.45 percent of total billed charges	
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	both			751		310.16 Wellcare	Medicare		269.7	1			236.26		713.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT IPJ DISLOC W MAN WO AN	26770	CPT	both			751		310.16 Wellcare	Medicaid		236.26	0.3146			236.26		713.45 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Aetna	Commercial		488.97	1.592			307.14		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Aetna	Better Health		1939.51	0.3146			307.14		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Aetna	Medicare		307.14	1			307.14		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Americare	Americare		4623.75	0.75			307.14		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 WellPoint	WellPoint		1977.73	0.3208			307.14		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 AmeriHealth	Medicare		307.14	1			307.14		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Consumer	Consumer		5856.75	0.95			307.14		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Corrections	Corrections		4932	0.8			307.14		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 First Health	First Health		4315.5	0.7			307.14		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 First Trenton	First Trenton		5548.5	0.9			307.14		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Horizon	Medicare Blue		307.14	1			307.14		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Horizon	PPO		561.14	1.827			307.14		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Horizon	MGD		561.14	1.827			307.14		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Horizon	Indemnity		561.14	1.827			307.14		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Managed Care Inc	Managed Care Inc		5548.5	0.9			307.14		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Multiplan	Multiplan		4932	0.8			307.14		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Qualcare	Qualcare		4623.75	0.75			307.14		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Three Rivers	Three Rivers		5856.75	0.95			307.14		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 UHC	Medicaid		1939.51	0.3146			307.14		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 UHC	Medicare		307.14	1			307.14		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Wellcare	Medicaid		1939.51	0.3146			307.14		5856.75 percent of total billed charges	
TREAT FINGER DISLOC W/ANESTH	26775	CPT	outpatient			6165		353.21 Wellcare	Medicare		307.14	1			307.14		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Aetna	Commercial		5893.39	1.592			3038.72		9176.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Aetna	Better Health		3038.72	0.3146			3038.72		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Aetna	Medicare		3701.88	1			3038.72		9176.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Americare	Americare		7244.25	0.75			3038.72		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 WellPoint	WellPoint		3098.61	0.3208			3038.72		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 AmeriHealth	Medicare		3701.88	1			3038.72		9176.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Consumer	Consumer		9176.05	0.95			3038.72		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Corrections	Corrections		7727.2	0.8			3038.72		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 First Health	First Health		6761.3	0.7			3038.72		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 First Trenton	First Trenton		8693.1	0.9			3038.72		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Horizon	PPO		6763.33	1.827			3038.72		9176.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Horizon	Medicare Blue		3701.88	1			3038.72		9176.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Horizon	MGD		6763.33	1.827			3038.72		9176.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Horizon	Indemnity		6763.33	1.827			3038.72		9176.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Managed Care Inc	Managed Care Inc		8693.1	0.9			3038.72		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Multiplan	Multiplan		7727.2	0.8			3038.72		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Qualcare	Qualcare		7244.25	0.75			3038.72		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Three Rivers	Three Rivers		9176.05	0.95			3038.72		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 UHC	Medicaid		3038.72	0.3146			3038.72		9176.05 percent of total billed charges	
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 UHC	Medicare		3701.88	1			3038.72		9176.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Wellcare	Medicare		3701.88	1			3038.72		9176.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREAT IP JOINT DISLOCATION	26785	CPT	outpatient			9659		4257.16 Wellcare	Medicaid		3038.72	0.3146			3038.72		9176.05 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Aetna	Commercial		5893.39	1.592			3268.06		9868.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Aetna	Medicare		3701.88	1			3268.06		9868.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Aetna	Better Health		3268.06	0.3146			3268.06		9868.6 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Americare	Americare		7791	0.75			3268.06		9868.6 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 WellPoint	WellPoint		3332.47	0.3208			3268.06		9868.6 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 AmeriHealth	Medicare		3701.88	1			3268.06		9868.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Consumer	Consumer		9868.6	0.95			3268.06		9868.6 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Corrections	Corrections		8310.4	0.8			3268.06		9868.6 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 First Health	First Health		7271.6	0.7			3268.06		9868.6 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 First Trenton	First Trenton		9349.2	0.9			3268.06		9868.6 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Horizon	Medicare Blue		3701.88	1			3268.06		9868.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Horizon	MGD		6763.33	1.827			3268.06		9868.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Horizon	Indemnity		6763.33	1.827			3268.06		9868.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Horizon	PPO		6763.33	1.827			3268.06		9868.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Managed Care Inc	Managed Care Inc		9349.2	0.9			3268.06		9868.6 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Multiplan	Multiplan		8310.4	0.8			3268.06		9868.6 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Qualcare	Qualcare		7791	0.75			3268.06		9868.6 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Three Rivers	Three Rivers		9868.6	0.95			3268.06		9868.6 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 UHC	Medicaid		3268.06	0.3146			3268.06		9868.6 percent of total billed charges	
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 UHC	Medicare		3701.88	1			3268.06		9868.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Wellcare	Medicare		3701.88	1			3268.06		9868.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METACARPAL	26910	CPT	outpatient			10388		4257.16 Wellcare	Medicaid		3268.06	0.3146			3268.06		9868.6 percent of total billed charges	
AMPUTATION FINGER/THUMB PRIM/SECON.SING	26951	CPT	outpatient			10522		4257.16 Aetna	Medicare		3240.78	0.308			3240.78		9995.9 percent of total billed charges	
AMPUTATION FINGER/THUMB PRIM/SECON.SING	26951	CPT	outpatient			10522		4257.16 Aetna	Better Health		3310.22	0.3146			3240.78		9995.9 percent of total billed charges	
AMPUTATION FINGER/THUMB PRIM/SECON.SING	26951	CPT	outpatient			10522		4257.16 Aetna	Commercial		5893.39	1.592			3240.78		9995.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION FINGER/THUMB PRIM/SECON.SING	26951	CPT	outpatient			10522		4257.16 Americare	Americare		7891.5	0.75			3240.78		9995.9 percent of total billed charges	
AMPUTATION FINGER/THUMB PRIM/SECON.SING	26951	CPT	outpatient			10522		4257.16 WellPoint	WellPoint		3375.46	0.3208			3240.78		9995.9 percent of total billed charges	
AMPUTATION FINGER/THUMB PRIM/SECON.SING	26951	CPT	outpatient			10522		4257.16 AmeriHealth	Medicare		3701.88	1			3240.78		9995.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION FINGER/THUMB PRIM/SECON.SING	26951	CPT	outpatient			10522		4257.16 Consumer	Consumer		9995.9	0.95			3240.78		9995.9 percent of total billed charges	
AMPUTATION FINGER/THUMB PRIM/SECON.SING	26951	CPT	outpatient			10522		4257.16 Corrections	Corrections		8417.6	0.8			3240.78		9995.9 percent of total billed charges	
AMPUTATION FINGER/THUMB PRIM/SECON.SING	26951	CPT	outpatient			10522		4257.16 First Health	First Health		7365.4	0.7			3240.78		9995.9 percent of total billed charges	
AMPUTATION FINGER/THUMB PRIM/SECON.SING	26951	CPT	outpatient			10522		4257.16 First Trenton	First Trenton		9469.8	0.9			3240.78		9995.9 percent of total billed charges	
AMPUTATION FINGER/THUMB PRIM/SECON.SING	26951	CPT	outpatient			10522		4257.16 Horizon	PPO		6763.33	1.827			3240.78		9995.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION FINGER/THUMB PRIM/SECON.SING	26951	CPT	outpatient			10522		4257.16 Horizon	Indemnity		6763.33	1.827			3240.78		9995.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION FINGER/THUMB PRIM/SECON.SING	26951	CPT	outpatient			10522		4257.16 Horizon	MGD		6763.33	1.827			3240.78		9995.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION FINGER/THUMB PRIM/SECON.SING	26951	CPT	outpatient			10522		4257.16 Horizon	Medicare Blue		3701.88	1			3240.78		9995.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION FINGER/THUMB PRIM/SECON.SING	26951	CPT	outpatient			10522		4257.16 Managed Care Inc	Managed Care Inc		9469.8	0.9			3240.78		9995.9 percent of total billed charges	
AMPUTATION FINGER/THUMB PRIM/SECON.SING	26951	CPT	outpatient			10522		4257.16 Multiplan	Multiplan		8417.6	0.8			3240.78		9995.9 percent of total billed charges	
AMPUTATION FINGER/THUMB PRIM/SECON.SING	26951	CPT	outpatient			10522		4257.16 Qualcare	Qualcare		7891.5	0.75			3240.78		9995.9 percent of total billed charges	
AMPUTATION FINGER/THUMB PRIM/SECON.SING	26951	CPT	outpatient			10522		4257.16 Three Rivers	Three Rivers		9995.9	0.95			3240.78		9995.9 percent of total billed charges	
AMPUTATION FINGER/THUMB PRIM/SECON.SING	26951	CPT	outpatient			10522		4257.16 UHC	Medicaid		3310.22	0.3146			3240.78		9995.9 percent of total billed charges	
AMPUTATION FINGER/THUMB PRIM/SECON.SING	26951	CPT	outpatient			10522		4257.16 UHC	Medicare		3701.88	1			3240.78		9995.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION FINGER/THUMB PRIM/SECON.SING	26951	CPT	outpatient			10522		4257.16 Wellcare	Medicare		3701.88	1			3240.78		9995.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION FINGER/THUMB PRIM/SECON.SING	26951	CPT	outpatient			10522		4257.16 Wellcare	Medicaid		3310.22	0.3146			3240.78		9995.9 percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16 Aetna	Commercial		5893.39	1.592			1594.39		6763.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16 Aetna	Better Health		1594.39	0.3146			1594.39		6763.33 percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16 Aetna	Medicare		3701.88	1			1594.39		6763.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16 Americare	Americare		3801	0.75			1594.39		6763.33 percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16 WellPoint	WellPoint		1625.81	0.3208			1594.39		6763.33 percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16 AmeriHealth	Medicare		3701.88	1			1594.39		6763.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16 Consumer	Consumer		4814.6	0.95			1594.39		6763.33 percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16 Corrections	Corrections		4054.4	0.8			1594.39		6763.33 percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16 First Health	First Health		3547.6	0.7			1594.39		6763.33 percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16 First Trenton	First Trenton		4561.2	0.9			1594.39		6763.33 percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16 Horizon	PPO		6763.33	1.827			1594.39		6763.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16 Horizon	MGD		6763.33	1.827			1594.39		6763.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16 Horizon	Indemnity		6763.33	1.827			1594.39		6763.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16 Horizon	Medicare Blue		3701.88	1			1594.39		6763.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16 Managed Care Inc	Managed Care Inc		4561.2	0.9			1594.39		6763.33 percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16 Multiplan	Multiplan		4054.4	0.8			1594.39		6763.33 percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16 Qualcare	Qualcare		3801	0.75			1594.39		6763.33 percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16 Three Rivers	Three Rivers		4814.6	0.95			1594.39		6763.33 percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16 UHC	Medicaid		1594.39	0.3146			1594.39		6763.33 percent of total billed charges	
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16 UHC	Medicare		3701.88	1			1594.39		6763.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16 Wellcare	Medicare		3701.88	1			1594.39		6763.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION WITH V-Y PLASTY	26952	CPT	outpatient			5068		4257.16 Wellcare	Medicaid		1594.39	0.3146			1594.39		6763.33 percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16 Aetna	Medicare		269.7	1			237.21		716.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16 Aetna	Commercial		429.36	1.592			237.21		716.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16 Aetna	Better Health		237.21	0.3146			237.21		716.3 percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16 Americare	Americare		565.5	0.75			237.21		716.3 percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16 WellPoint	WellPoint		241.88	0.3208			237.21		716.3 percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16 AmeriHealth	Medicare		269.7	1			237.21		716.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16 Consumer	Consumer		716.3	0.95			237.21		716.3 percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16 Corrections	Corrections		603.2	0.8			237.21		716.3 percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16 First Health	First Health		527.8	0.7			237.21		716.3 percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16 First Trenton	First Trenton		678.6	0.9			237.21		716.3 percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16 Horizon	MGD		492.74	1.827			237.21		716.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16 Horizon	Indemnity		492.74	1.827			237.21		716.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16 Horizon	PPO		492.74	1.827			237.21		716.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16 Horizon	Medicare Blue		269.7	1			237.21		716.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16 Managed Care Inc	Managed Care Inc		678.6	0.9			237.21		716.3 percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16 Multiplan	Multiplan		603.2	0.8			237.21		716.3 percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16 Qualcare	Qualcare		565.5	0.75			237.21		716.3 percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16 Three Rivers	Three Rivers		716.3	0.95			237.21		716.3 percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16 UHC	Medicaid		237.21	0.3146			237.21		716.3 percent of total billed charges	
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16 UHC	Medicare		269.7	1			237.21		716.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16 Wellcare	Medicare		269.7	1			237.21		716.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE HANDS/FINGERS	26989	CPT	outpatient			754		310.16 Wellcare	Medicaid		237.21	0.3146			237.21		716.3 percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532		Aetna	Commercial		9322.16	0.38			7359.6		23305.4 percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532		Aetna	Medicare		7555.86	0.308			7359.6		23305.4 percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532		Aetna	Better Health		7717.77	0.3146			7359.6		23305.4 percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532		Americare	Americare		18399	0.75			7359.6		23305.4 percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532		WellPoint	WellPoint		7869.87	0.3208			7359.6		23305.4 percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532		Consumer	Consumer		23305.4	0.95			7359.6		23305.4 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532		Corrections	Corrections		19625.6	0.8			7359.6	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532		First Health	First Health		17172.4	0.7			7359.6	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532		First Trenton	First Trenton		22078.8	0.9			7359.6	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532		Horizon	Medicare Blue		7359.6	0.3			7359.6	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532		Horizon	Indemnity		9390.85	0.3828			7359.6	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532		Horizon	MGD		9390.85	0.3828			7359.6	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532		Horizon	PPO		9390.85	0.3828			7359.6	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532		Managed Care Inc	Managed Care Inc		22078.8	0.9			7359.6	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532		Multiplan	Multiplan		19625.6	0.8			7359.6	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532		Qualcare	Qualcare		18399	0.75			7359.6	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532		Three Rivers	Three Rivers		23305.4	0.95			7359.6	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532		UHC	Medicaid		7717.77	0.3146			7359.6	23305.4	percent of total billed charges	
FASCIOTOMY HIP THIGH ANY TYPE RT	27025	CPT	outpatient			24532		Wellcare	Medicaid		7717.77	0.3146			7359.6	23305.4	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36 Aetna	Commercial		2951.93	1.592			1682.91	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36 Aetna	Medicare		1741.12	0.308			1682.91	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36 Aetna	Better Health		1778.43	0.3146			1682.91	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36 Americare	Americare		4239.75	0.75			1682.91	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36 WellPoint	WellPoint		1813.48	0.3208			1682.91	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36 Amerihealth	Medicare		1854.23	1			1682.91	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36 Consumer	Consumer		5370.35	0.95			1682.91	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36 Corrections	Corrections		4522.4	0.8			1682.91	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36 First Health	First Health		3957.1	0.7			1682.91	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36 First Trenton	First Trenton		5087.7	0.9			1682.91	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36 Horizon	MGD		3387.68	1.827			1682.91	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36 Horizon	Indemnity		3387.68	1.827			1682.91	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36 Horizon	PPO		3387.68	1.827			1682.91	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36 Horizon	Medicare Blue		1854.23	1			1682.91	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36 Managed Care Inc	Managed Care Inc		5087.7	0.9			1682.91	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36 Multiplan	Multiplan		4522.4	0.8			1682.91	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36 Qualcare	Qualcare		4239.75	0.75			1682.91	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36 Three Rivers	Three Rivers		5370.35	0.95			1682.91	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36 UHC	Medicaid		1778.43	0.3146			1682.91	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36 UHC	Medicare		1854.23	1			1682.91	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36 Wellcare	Medicare		1854.23	1			1682.91	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE BIOPSY SUPERFICIAL	27040	CPT	outpatient			5653		2132.36 Wellcare	Medicaid		1778.43	0.3146			1682.91	5370.35	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 Aetna	Better Health		1678.39	0.3146			1678.39	5068.25	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 Aetna	Medicare		1854.23	1			1678.39	5068.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 Aetna	Commercial		2951.93	1.592			1678.39	5068.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 Americare	Americare		4001.25	0.75			1678.39	5068.25	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 WellPoint	WellPoint		1711.47	0.3208			1678.39	5068.25	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 Amerihealth	Medicare		1854.23	1			1678.39	5068.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 Consumer	Consumer		5068.25	0.95			1678.39	5068.25	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 Corrections	Corrections		4268	0.8			1678.39	5068.25	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 First Health	First Health		3734.5	0.7			1678.39	5068.25	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 First Trenton	First Trenton		4801.5	0.9			1678.39	5068.25	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 Horizon	MGD		3387.68	1.827			1678.39	5068.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 Horizon	Medicare Blue		1854.23	1			1678.39	5068.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 Horizon	PPO		3387.68	1.827			1678.39	5068.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 Horizon	Indemnity		3387.68	1.827			1678.39	5068.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 Managed Care Inc	Managed Care Inc		4801.5	0.9			1678.39	5068.25	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 Multiplan	Multiplan		4268	0.8			1678.39	5068.25	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 Qualcare	Qualcare		4001.25	0.75			1678.39	5068.25	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 Three Rivers	Three Rivers		5068.25	0.95			1678.39	5068.25	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 UHC	Medicaid		1678.39	0.3146			1678.39	5068.25	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 UHC	Medicare		1854.23	1			1678.39	5068.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS SOFT TISSUE BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 Wellcare	Medicaid		1678.39	0.3146			1678.39	5068.25	percent of total billed charges	
PELVIS SOFT TISSUE BIOPSY DEE	27041	CPT	outpatient			5335		2132.36 Wellcare	Medicare		1854.23	1			1678.39	5068.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Aetna	Commercial		5173.59	1.592			1680.59	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Aetna	Better Health		2961.33	0.3146			1680.59	8942.35	percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Aetna	Medicare		3249.74	1			1680.59	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Americare	Americare		7059.75	0.75			1680.59	8942.35	percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 WellPoint	WellPoint		3019.69	0.3208			1680.59	8942.35	percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Amerihealth	Medicare		3249.74	1			1680.59	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Consumer	Consumer		8942.35	0.95			1680.59	8942.35	percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Corrections	Corrections		7530.4	0.8			1680.59	8942.35	percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 First Health	First Health		6589.1	0.7			1680.59	8942.35	percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 First Trenton	First Trenton		8471.7	0.9			1680.59	8942.35	percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Horizon	Medicare Blue		3249.74	1			1680.59	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Horizon	Indemnity		5937.27	1.827			1680.59	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Horizon	MGD		5937.27	1.827			1680.59	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Horizon	PPO		5937.27	1.827			1680.59	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Managed Care Inc	Managed Care Inc		8471.7	0.9			1680.59	8942.35	percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Multiplan	Multiplan		7530.4	0.8			1680.59	8942.35	percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Qualcare	Qualcare		7059.75	0.75			1680.59	8942.35	percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Three Rivers	Three Rivers		8942.35	0.95			1680.59	8942.35	percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 UHC	Medicare		3249.74	1			1680.59	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 UHC	Medicaid		2961.33	0.3146			1680.59	8942.35	percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Wellcare	Medicaid		2961.33	0.3146			1680.59	8942.35	percent of total billed charges	
REMOVE HIP FOREIGN BODY	27086	CPT	outpatient			9413		3737.2 Wellcare	Medicare		3249.74	1			1680.59	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJEC PROC HIP ARTHRO, W/O A	27093	CPT	outpatient			2742		Aetna	Better Health		862.63	0.3146			183.9	2604.9	percent of total billed charges	
INJEC PROC HIP ARTHRO, W/O A	27093	CPT	outpatient			2742		Aetna	Medicare		844.54	0.308			183.9	2604.9	percent of total billed charges	
INJEC PROC HIP ARTHRO, W/O A	27093	CPT	outpatient			2742		Aetna	Commercial		1041.96	0.38			183.9	2604.9	percent of total billed charges	
INJEC PROC HIP ARTHRO, W/O A	27093	CPT	outpatient			2742		Americare	Americare		2056.5	0.75			183.9	2604.9	percent of total billed charges	
INJEC PROC HIP ARTHRO, W/O A	27093	CPT	outpatient			2742		WellPoint	WellPoint		879.63	0.3208			183.9	2604.9	percent of total billed charges	
INJEC PROC HIP ARTHRO, W/O A	27093	CPT	outpatient			2742		Consumer	Consumer		2604.9	0.95			183.9	2604.9	percent of total billed charges	
INJEC PROC HIP ARTHRO, W/O A	27093	CPT	outpatient			2742		Corrections	Corrections		2193.6	0.8			183.9	2604.9	percent of total billed charges	
INJEC PROC HIP ARTHRO, W/O A	27093	CPT	outpatient			2742		First Health	First Health		1919.4	0.7			183.9	2604.9	percent of total billed charges	
INJEC PROC HIP ARTHRO, W/O A	27093	CPT	outpatient			2742		First Trenton	First Trenton		2467.8	0.9			183.9	2604.9	percent of total billed charges	
INJEC PROC HIP ARTHRO, W/O A	27093	CPT	outpatient			2742		Horizon	MGD		1049.64	0.3828			183.9	2604.9	percent of total billed charges	
INJEC PROC HIP ARTHRO, W/O A	27093	CPT	outpatient			2742		Horizon	Indemnity		1049.64	0.3828			183.9	2604.9	percent of total billed charges	
INJEC PROC HIP ARTHRO, W/O A	27093	CPT	outpatient			2742		Horizon	Medicare Blue		822.6	0.3			183.9	2604.9	percent of total billed charges	
INJEC PROC HIP ARTHRO, W/O A	27093	CPT	outpatient			2742		Horizon	PPO		1049.64	0.3828			183.9	2604.9	percent of total billed charges	
INJEC PROC HIP ARTHRO, W/O A	27093	CPT	outpatient			2742		Managed Care Inc	Managed Care Inc		2467.8	0.9			183.9	2604.9	percent of total billed charges	
INJEC PROC HIP ARTHRO, W/O A	27093	CPT	outpatient			2742		Multiplan	Multiplan		2193.6	0.8			183.9	2604.9	percent of total billed charges	
INJEC PROC HIP ARTHRO, W/O A	27093	CPT	outpatient			2742		Qualcare	Qualcare		2056.5	0.75			183.9	2604.9	percent of total billed charges	
INJEC PROC HIP ARTHRO, W/O A	27093	CPT	outpatient			2742		Three Rivers	Three Rivers		2604.9	0.95			183.9	2604.9	percent of total billed charges	
INJEC PROC HIP ARTHRO, W/O A	27093	CPT	outpatient			2742		UHC	Medicaid		862.63	0.3146			183.9	2604.9	percent of total billed charges	
INJEC PROC HIP ARTHRO, W/O A	27093	CPT	outpatient			2742		Wellcare	Medicaid		862.63	0.3146			183.9	2604.9	percent of total billed charges	
INJECTION PROC HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Aetna	Medicare		1249.56	0.308			610.5	3854.15	percent of total billed charges	
INJECTION PROC HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Aetna	Better Health		1276.33	0.3146			610.5	3854.15	percent of total billed charges	
INJECTION PROC HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Aetna	Commercial		1541.66	0.38			610.5	3854.15	percent of total billed charges	
INJECTION PROC HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Americare	Americare		3042.75	0.75			610.5	3854.15	percent of total billed charges	
INJECTION PROC HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		WellPoint	WellPoint		1301.49	0.3208			610.5	3854.15	percent of total billed charges	
INJECTION PROC HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Consumer	Consumer		3854.15	0.95			610.5	3854.15	percent of total billed charges	
INJECTION PROC HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Corrections	Corrections		3245.6	0.8			610.5	3854.15	percent of total billed charges	
INJECTION PROC HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		First Health	First Health		2839.9	0.7			610.5	3854.15	percent of total billed charges	
INJECTION PROC HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		First Trenton	First Trenton		3651.3	0.9			610.5	3854.15	percent of total billed charges	
INJECTION PROC HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Horizon	Medicare Blue		1217.1	0.3			610.5	3854.15	percent of total billed charges	
INJECTION PROC HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Horizon	Indemnity		1553.02	0.3828			610.5	3854.15	percent of total billed charges	
INJECTION PROC HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Horizon	MGD		1553.02	0.3828			610.5	3854.15	percent of total billed charges	
INJECTION PROC HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Horizon	PPO		1553.02	0.3828			610.5	3854.15	percent of total billed charges	
INJECTION PROC HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Managed Care Inc	Managed Care Inc		3651.3	0.9			610.5	3854.15	percent of total billed charges	
INJECTION PROC HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Multiplan	Multiplan		3245.6	0.8			610.5	3854.15	percent of total billed charges	
INJECTION PROC HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Qualcare	Qualcare		3042.75	0.75			610.5	3854.15	percent of total billed charges	
INJECTION PROC HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Three Rivers	Three Rivers		3854.15	0.95			610.5	3854.15	percent of total billed charges	
INJECTION PROC HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		UHC	Medicaid		1276.33	0.3146			610.5	3854.15	percent of total billed charges	
INJECTION PROC HIP ARTHROGRAPHY; W/	27095	CPT	outpatient			4057		Wellcare	Medicaid		1276.33	0.3146			610.5	3854.15	percent of total billed charges	
INJECT PROC S-I JOINT FLURO	27096	CPT	outpatient			2729		Aetna	Medicare		840.53	0.308			751.5	2592.55	percent of total billed charges	
INJECT PROC S-I JOINT FLURO	27096	CPT	outpatient			2729		Aetna	Better Health		858.54	0.3146			751.5	2592.55	percent of total billed charges	
INJECT PROC S-I JOINT FLURO	27096	CPT	outpatient			2729		Aetna	Commercial		1037.02	0.38			751.5	2592.55	percent of total billed charges	
INJECT PROC S-I JOINT FLURO	27096	CPT	outpatient			2729		Americare	Americare		2046.75	0.75			751.5	2592.55	percent of total billed charges	
INJECT PROC S-I JOINT FLURO	27096	CPT	outpatient			2729		WellPoint	WellPoint		875.46	0.3208			751.5	2592.55	percent of total billed charges	
INJECT PROC S-I JOINT FLURO	27096	CPT	outpatient			2729		Consumer	Consumer		2592.55	0.95			751.5	2592.55	percent of total billed charges	
INJECT PROC S-I JOINT FLURO	27096	CPT	outpatient			2729		Corrections	Corrections		2183.2	0.8			751.5	2592.55	percent of total billed charges	
INJECT PROC S-I JOINT FLURO	27096	CPT	outpatient			2729		First Health	First Health		1910.3	0.7			751.5	2592.55	percent of total billed charges	
INJECT PROC S-I JOINT FLURO	27096	CPT	outpatient			2729		First Trenton	First Trenton		2456.1	0.9			751.5	2592.55	percent of total billed charges	
INJECT PROC S-I JOINT FLURO	27096	CPT	outpatient			2729		Horizon	Medicare Blue		818.7	0.3			751.5	2592.55	percent of total billed charges	
INJECT PROC S-I JOINT FLURO	27096	CPT	outpatient			2729		Horizon	Indemnity		1044.66	0.3828			751.5	2592.55	percent of total billed charges	
INJECT PROC S-I JOINT FLURO	27096	CPT	outpatient			2729		Horizon	MGD		1044.66	0.3828			751.5	2592.55	percent of total billed charges	
INJECT PROC S-I JOINT FLURO	27096	CPT	outpatient			2729		Horizon	PPO		1044.66	0.3828			751.5	2592.55	percent of total billed charges	
INJECT PROC S-I JOINT FLURO	27096	CPT	outpatient			2729		Managed Care Inc	Managed Care Inc		2456.1	0.9			751.5	2592.55	percent of total billed charges	
INJECT PROC S-I JOINT FLURO	27096	CPT	outpatient			2729		Multiplan	Multiplan		2183.2	0.8			751.5	2592.55	percent of total billed charges	
INJECT PROC S-I JOINT FLURO	27096	CPT	outpatient			2729		Qualcare	Qualcare		2046.75	0.75			751.5	2592.55	percent of total billed charges	
INJECT PROC S-I JOINT FLURO	27096	CPT	outpatient			2729		Three Rivers	Three Rivers		2592.55	0.95			751.5	2592.55	percent of total billed charges	
INJECT PROC S-I JOINT FLURO	27096	CPT	outpatient			2729		UHC	Medicaid		858.54	0.3146			751.5	2592.55	percent of total billed charges	
INJECT PROC S-I JOINT FLURO	27096	CPT	outpatient			2729		Wellcare	Medicaid		858.54	0.3146			751.5	2592.55	percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Aetna	Better Health		272.13	0.3146			269.7	821.75	percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Aetna	Commercial		429.36	1.592			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Aetna	Medicare		269.7	1			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Americare	Americare		648.75	0.75			269.7	821.75	percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 WellPoint	WellPoint		277.49	0.3208			269.7	821.75	percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Amerihealth	Medicare		269.7	1			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865		310.16 Consumer	Consumer		821.75	0.95			269.7	821.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865	310.16	Corrections	Corrections		692	0.8			269.7	821.75	percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865	310.16	First Health	First Health		605.5	0.7			269.7	821.75	percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865	310.16	First Trenton	First Trenton		778.5	0.9			269.7	821.75	percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865	310.16	Horizon	Medicare Blue		269.7	1			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865	310.16	Horizon	Indemnity		492.74	1.827			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865	310.16	Horizon	MGD		492.74	1.827			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865	310.16	Horizon	PPO		492.74	1.827			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865	310.16	Managed Care Inc	Managed Care Inc		778.5	0.9			269.7	821.75	percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865	310.16	Multiplan	Multiplan		692	0.8			269.7	821.75	percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865	310.16	Qualcare	Qualcare		648.75	0.75			269.7	821.75	percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865	310.16	Three Rivers	Three Rivers		821.75	0.95			269.7	821.75	percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865	310.16	UHC	Medicare		269.7	1			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865	310.16	UHC	Medicaid		272.13	0.3146			269.7	821.75	percent of total billed charges	
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865	310.16	Wellcare	Medicare		269.7	1			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX PELVIC RING FX	27197	CPT	outpatient			865	310.16	Wellcare	Medicaid		272.13	0.3146			269.7	821.75	percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Aetna	Better Health		751.89	0.3146			717	2270.5	percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Aetna	Medicare		736.12	0.308			717	2270.5	percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Aetna	Commercial		908.2	0.38			717	2270.5	percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Americare	Amelcare		1792.5	0.75			717	2270.5	percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		WellPoint	WellPoint		766.71	0.3208			717	2270.5	percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Consumer	Consumer		2270.5	0.95			717	2270.5	percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Corrections	Corrections		1912	0.8			717	2270.5	percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		First Health	First Health		1673	0.7			717	2270.5	percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		First Trenton	First Trenton		2151	0.9			717	2270.5	percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Horizon	Medicare Blue		717	0.3			717	2270.5	percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Horizon	MGD		914.89	0.3828			717	2270.5	percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Horizon	Indemnity		914.89	0.3828			717	2270.5	percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Horizon	PPO		914.89	0.3828			717	2270.5	percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Managed Care Inc	Managed Care Inc		2151	0.9			717	2270.5	percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Multiplan	Multiplan		1912	0.8			717	2270.5	percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Qualcare	Qualcare		1792.5	0.75			717	2270.5	percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Three Rivers	Three Rivers		2270.5	0.95			717	2270.5	percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		UHC	Medicaid		751.89	0.3146			717	2270.5	percent of total billed charges	
PERCUT EXTERN.FIX.OF PELVIC RING FRACTUR	27216	CPT	outpatient			2390		Wellcare	Medicaid		751.89	0.3146			717	2270.5	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Aetna	Commercial		429.36	1.592			206.38	623.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Aetna	Medicare		269.7	1			206.38	623.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Aetna	Better Health		206.38	0.3146			206.38	623.2	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Americare	Amelcare		492	0.75			206.38	623.2	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	WellPoint	WellPoint		210.44	0.3208			206.38	623.2	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Amerihealth	Medicare		269.7	1			206.38	623.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Consumer	Consumer		623.2	0.95			206.38	623.2	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Corrections	Corrections		524.8	0.8			206.38	623.2	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	First Health	First Health		459.2	0.7			206.38	623.2	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	First Trenton	First Trenton		590.4	0.9			206.38	623.2	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Horizon	Medicare Blue		269.7	1			206.38	623.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Horizon	Indemnity		492.74	1.827			206.38	623.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Horizon	MGD		492.74	1.827			206.38	623.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Horizon	PPO		492.74	1.827			206.38	623.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Managed Care Inc	Managed Care Inc		590.4	0.9			206.38	623.2	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Multiplan	Multiplan		524.8	0.8			206.38	623.2	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Qualcare	Qualcare		492	0.75			206.38	623.2	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Three Rivers	Three Rivers		623.2	0.95			206.38	623.2	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	UHC	Medicaid		206.38	0.3146			206.38	623.2	percent of total billed charges	
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	UHC	Medicare		269.7	1			206.38	623.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Wellcare	Medicare		269.7	1			206.38	623.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX OF ACETAB W/O MAN	27220	CPT	outpatient			656	310.16	Wellcare	Medicaid		206.38	0.3146			206.38	623.2	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Aetna	Commercial		232.56	0.38			183.6	581.4	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Aetna	Better Health		192.54	0.3146			183.6	581.4	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Aetna	Medicare		188.5	0.308			183.6	581.4	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Americare	Amelcare		459	0.75			183.6	581.4	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		WellPoint	WellPoint		196.33	0.3208			183.6	581.4	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Consumer	Consumer		581.4	0.95			183.6	581.4	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Corrections	Corrections		489.6	0.8			183.6	581.4	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		First Health	First Health		428.4	0.7			183.6	581.4	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		First Trenton	First Trenton		550.8	0.9			183.6	581.4	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Horizon	MGD		234.27	0.3828			183.6	581.4	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Horizon	Indemnity		234.27	0.3828			183.6	581.4	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Horizon	PPO		234.27	0.3828			183.6	581.4	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Horizon	Medicare Blue		183.6	0.3			183.6	581.4	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Managed Care Inc	Managed Care Inc		550.8	0.9			183.6	581.4	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Multiplan	Multiplan		489.6	0.8			183.6	581.4	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Qualcare	Qualcare		459	0.75			183.6	581.4	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Three Rivers	Three Rivers		581.4	0.95			183.6	581.4	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		UHC	Medicaid		192.54	0.3146			183.6	581.4	percent of total billed charges	
TRT HIP SOCKET FX W/WO TRACT	27222	CPT	outpatient			612		Wellcare	Medicaid		192.54	0.3146			183.6	581.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Aetna	Commercial		9322.16	0.38			7359.6	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Aetna	Better Health		7717.77	0.3146			7359.6	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Aetna	Medicare		7555.86	0.308			7359.6	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Americare	Amelcare		18399	0.75			7359.6	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		WellPoint	WellPoint		7869.87	0.3208			7359.6	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Consumer	Consumer		23305.4	0.95			7359.6	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Corrections	Corrections		19625.6	0.8			7359.6	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		First Health	First Health		17172.4	0.7			7359.6	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		First Trenton	First Trenton		22078.8	0.9			7359.6	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Horizon	Medicare Blue		7359.6	0.3			7359.6	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Horizon	MGD		9390.85	0.3828			7359.6	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Horizon	Indemnity		9390.85	0.3828			7359.6	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Horizon	PPO		9390.85	0.3828			7359.6	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Managed Care Inc	Managed Care Inc		22078.8	0.9			7359.6	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Multiplan	Multiplan		19625.6	0.8			7359.6	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Qualcare	Qualcare		18399	0.75			7359.6	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Three Rivers	Three Rivers		23305.4	0.95			7359.6	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		UHC	Medicaid		7717.77	0.3146			7359.6	23305.4	percent of total billed charges	
TREAT PELVIC RING PERCU FX	27226	CPT	outpatient			24532		Wellcare	Medicaid		7717.77	0.3146			7359.6	23305.4	percent of total billed charges	
TREAT FX THIGH W/O MAN	27230	CPT	outpatient			609	310.16	Aetna	Medicare		187.57	0.308			187.57	578.55	percent of total billed charges	
TREAT FX THIGH W/O MAN	27230	CPT	outpatient			609	310.16	Aetna	Commercial		429.36	1.592			187.57	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX THIGH W/O MAN	27230	CPT	outpatient			609	310.16	Aetna	Better Health		191.59	0.3146			187.57	578.55	percent of total billed charges	
TREAT FX THIGH W/O MAN	27230	CPT	outpatient			609	310.16	Americare	Amelcare		456.75	0.75			187.57	578.55	percent of total billed charges	
TREAT FX THIGH W/O MAN	27230	CPT	outpatient			609	310.16	WellPoint	WellPoint		195.37	0.3208			187.57	578.55	percent of total billed charges	
TREAT FX THIGH W/O MAN	27230	CPT	outpatient			609	310.16	Amerihealth	Medicare		269.7	1			187.57	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX THIGH W/O MAN	27230	CPT	outpatient			609	310.16	Consumer	Consumer		578.55	0.95			187.57	578.55	percent of total billed charges	
TREAT FX THIGH W/O MAN	27230	CPT	outpatient			609	310.16	Corrections	Corrections		487.2	0.8			187.57	578.55	percent of total billed charges	
TREAT FX THIGH W/O MAN	27230	CPT	outpatient			609	310.16	First Health	First Health		426.3	0.7			187.57	578.55	percent of total billed charges	
TREAT FX THIGH W/O MAN	27230	CPT	outpatient			609	310.16	First Trenton	First Trenton		548.1	0.9			187.57	578.55	percent of total billed charges	
TREAT FX THIGH W/O MAN	27230	CPT	outpatient			609	310.16	Horizon	MGD		492.74	1.827			187.57	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX THIGH W/O MAN	27230	CPT	outpatient			609	310.16	Horizon	Indemnity		492.74	1.827			187.57	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX THIGH W/O MAN	27230	CPT	outpatient			609	310.16	Horizon	PPO		492.74	1.827			187.57	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX THIGH W/O MAN	27230	CPT	outpatient			609	310.16	Horizon	Medicare Blue		269.7	1			187.57	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX THIGH W/O MAN	27230	CPT	outpatient			609	310.16	Managed Care Inc	Managed Care Inc		548.1	0.9			187.57	578.55	percent of total billed charges	
TREAT FX THIGH W/O MAN	27230	CPT	outpatient			609	310.16	Multiplan	Multiplan		487.2	0.8			187.57	578.55	percent of total billed charges	
TREAT FX THIGH W/O MAN	27230	CPT	outpatient			609	310.16	Qualcare	Qualcare		456.75	0.75			187.57	578.55	percent of total billed charges	
TREAT FX THIGH W/O MAN	27230	CPT	outpatient			609	310.16	Three Rivers	Three Rivers		578.55	0.95			187.57	578.55	percent of total billed charges	
TREAT FX THIGH W/O MAN	27230	CPT	outpatient			609	310.16	UHC	Medicaid		191.59	0.3146			187.57	578.55	percent of total billed charges	
TREAT FX THIGH W/O MAN	27230	CPT	outpatient			609	310.16	UHC	Medicare		269.7	1			187.57	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX THIGH W/O MAN	27230	CPT	outpatient			609	310.16	Wellcare	Medicaid		191.59	0.3146			187.57	578.55	percent of total billed charges	
TREAT FX THIGH W/O MAN	27230	CPT	outpatient			609	310.16	Wellcare	Medicare		269.7	1			187.57	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FX THIGH W/MANIP	27232	CPT	outpatient			3933		Aetna	Medicare		1211.36	0.308			1179.9	3736.35	percent of total billed charges	
TREAT FX THIGH W/MANIP	27232	CPT	outpatient			3933		Aetna	Better Health		1237.32	0.3146			1179.9	3736.35	percent of total billed charges	
TREAT FX THIGH W/MANIP	27232	CPT	outpatient			3933		Aetna	Commercial		1494.54	0.38			1179.9	3736.35	percent of total billed charges	
TREAT FX THIGH W/MANIP	27232	CPT	outpatient			3933		Americare	Amelcare		2949.75	0.75			1179.9	3736.35	percent of total billed charges	
TREAT FX THIGH W/MANIP	27232	CPT	outpatient			3933		WellPoint	WellPoint		1261.71	0.3208			1179.9	3736.35	percent of total billed charges	
TREAT FX THIGH W/MANIP	27232	CPT	outpatient			3933		Consumer	Consumer		3736.35	0.95			1179.9	3736.35	percent of total billed charges	
TREAT FX THIGH W/MANIP	27232	CPT	outpatient			3933		Corrections	Corrections		3146.4	0.8			1179.9	3736.35	percent of total billed charges	
TREAT FX THIGH W/MANIP	27232	CPT	outpatient			3933		First Health	First Health		2753.1	0.7			1179.9	3736.35	percent of total billed charges	
TREAT FX THIGH W/MANIP	27232	CPT	outpatient			3933		First Trenton	First Trenton		3539.7	0.9			1179.9	3736.35	percent of total billed charges	
TREAT FX THIGH W/MANIP	27232	CPT	outpatient			3933		Horizon	Medicare Blue		1179.9	0.3			1179.9	3736.35	percent of total billed charges	
TREAT FX THIGH W/MANIP	27232	CPT	outpatient			3933		Horizon	Indemnity		1505.55	0.3828			1179.9	3736.35	percent of total billed charges	
TREAT FX THIGH W/MANIP	27232	CPT	outpatient			3933		Horizon	MGD		1505.55	0.3828			1179.9	3736.35	percent of total billed charges	
TREAT FX THIGH W/MANIP	27232	CPT	outpatient			3933		Horizon	PPO		1505.55	0.3828			1179.9	3736.35	percent of total billed charges	
TREAT FX THIGH W/MANIP	27232	CPT	outpatient			3933		Managed Care Inc	Managed Care Inc		3539.7	0.9			1179.9	3736.35	percent of total billed charges	
TREAT FX THIGH W/MANIP	27232	CPT	outpatient			3933		Multiplan	Multiplan		3146.4	0.8			1179.9	3736.35	percent of total billed charges	
TREAT FX THIGH W/MANIP	27232	CPT	outpatient			3933		Qualcare	Qualcare		2949.75	0.75			1179.9	3736.35	percent of total billed charges	
TREAT FX THIGH W/MANIP	27232	CPT	outpatient			3933		Three Rivers	Three Rivers		3736.35	0.95			1179.9	3736.35	percent of total billed charges	
TREAT FX THIGH W/MANIP	27232	CPT	outpatient			3933		UHC	Medicaid		1237.32	0.3146			1179.9	3736.35	percent of total billed charges	
TREAT FX THIGH W/MANIP	27232	CPT	outpatient			3933		Wellcare	Medicaid		1237.32	0.3146			1179.9	3736.35	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Aetna	Commercial		2926.29	1.592			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Aetna	Better Health		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Aetna	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Americare	Amelcare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	WellPoint	WellPoint		1686.45	0.3208			1653.85	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Amerihealth	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Consumer	Consumer		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Corrections	Corrections		4205.6	0.8			1653.85	4994.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	First Health	First Health		3679.9	0.7			1653.85	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	First Trenton	First Trenton		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Horizon	Indemnity		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Horizon	Medicare Blue		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Horizon	PPO		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Horizon	MGD		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Managed Care Inc	Managed Care Inc		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Multiplan	Multiplan		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Qualcare	Qualcare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Three Rivers	Three Rivers		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	UHC	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	UHC	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Wellcare	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT THIGH FX W/O MAN	27238	CPT	outpatient			5257	2113.84	Wellcare	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009	310.16	Aetna	Better Health		317.43	0.3146			269.7	958.55	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009	310.16	Aetna	Medicare		310.77	0.308			269.7	958.55	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009	310.16	Aetna	Commercial		429.36	1.592			269.7	958.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009	310.16	Americare	Americare		756.75	0.75			269.7	958.55	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009	310.16	WellPoint	WellPoint		323.69	0.3208			269.7	958.55	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009	310.16	Amerihealth	Medicare		269.7	1			269.7	958.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009	310.16	Consumer	Consumer		958.55	0.95			269.7	958.55	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009	310.16	Corrections	Corrections		807.2	0.8			269.7	958.55	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009	310.16	First Health	First Health		706.3	0.7			269.7	958.55	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009	310.16	First Trenton	First Trenton		908.1	0.9			269.7	958.55	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009	310.16	Horizon	Indemnity		492.74	1.827			269.7	958.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009	310.16	Horizon	MGD		492.74	1.827			269.7	958.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009	310.16	Horizon	Medicare Blue		269.7	1			269.7	958.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009	310.16	Horizon	PPO		492.74	1.827			269.7	958.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009	310.16	Managed Care Inc	Managed Care Inc		908.1	0.9			269.7	958.55	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009	310.16	Multiplan	Multiplan		807.2	0.8			269.7	958.55	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009	310.16	Qualcare	Qualcare		756.75	0.75			269.7	958.55	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009	310.16	Three Rivers	Three Rivers		958.55	0.95			269.7	958.55	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009	310.16	UHC	Medicaid		317.43	0.3146			269.7	958.55	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009	310.16	UHC	Medicare		269.7	1			269.7	958.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009	310.16	Wellcare	Medicaid		317.43	0.3146			269.7	958.55	percent of total billed charges	
TRT GRT TROCHANT FX W/O MAN	27246	CPT	outpatient			1009	310.16	Wellcare	Medicare		269.7	1			269.7	958.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TRAU HIP DISLO WO ANES	27250	CPT	outpatient			858	310.16	Aetna	Commercial		429.36	1.592			246.02	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TRAU HIP DISLO WO ANES	27250	CPT	outpatient			858	310.16	Aetna	Better Health		269.93	0.3146			246.02	815.1	percent of total billed charges	
CL TX TRAU HIP DISLO WO ANES	27250	CPT	outpatient			858	310.16	Aetna	Medicare		269.7	1			246.02	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TRAU HIP DISLO WO ANES	27250	CPT	outpatient			858	310.16	Americare	Americare		643.5	0.75			246.02	815.1	percent of total billed charges	
CL TX TRAU HIP DISLO WO ANES	27250	CPT	outpatient			858	310.16	WellPoint	WellPoint		275.25	0.3208			246.02	815.1	percent of total billed charges	
CL TX TRAU HIP DISLO WO ANES	27250	CPT	outpatient			858	310.16	Amerihealth	Medicare		269.7	1			246.02	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TRAU HIP DISLO WO ANES	27250	CPT	outpatient			858	310.16	Consumer	Consumer		815.1	0.95			246.02	815.1	percent of total billed charges	
CL TX TRAU HIP DISLO WO ANES	27250	CPT	outpatient			858	310.16	Corrections	Corrections		686.4	0.8			246.02	815.1	percent of total billed charges	
CL TX TRAU HIP DISLO WO ANES	27250	CPT	outpatient			858	310.16	First Health	First Health		600.6	0.7			246.02	815.1	percent of total billed charges	
CL TX TRAU HIP DISLO WO ANES	27250	CPT	outpatient			858	310.16	First Trenton	First Trenton		772.2	0.9			246.02	815.1	percent of total billed charges	
CL TX TRAU HIP DISLO WO ANES	27250	CPT	outpatient			858	310.16	Horizon	Medicare Blue		269.7	1			246.02	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TRAU HIP DISLO WO ANES	27250	CPT	outpatient			858	310.16	Horizon	MGD		492.74	1.827			246.02	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TRAU HIP DISLO WO ANES	27250	CPT	outpatient			858	310.16	Horizon	Indemnity		492.74	1.827			246.02	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TRAU HIP DISLO WO ANES	27250	CPT	outpatient			858	310.16	Horizon	PPO		492.74	1.827			246.02	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TRAU HIP DISLO WO ANES	27250	CPT	outpatient			858	310.16	Managed Care Inc	Managed Care Inc		772.2	0.9			246.02	815.1	percent of total billed charges	
CL TX TRAU HIP DISLO WO ANES	27250	CPT	outpatient			858	310.16	Multiplan	Multiplan		686.4	0.8			246.02	815.1	percent of total billed charges	
CL TX TRAU HIP DISLO WO ANES	27250	CPT	outpatient			858	310.16	Qualcare	Qualcare		643.5	0.75			246.02	815.1	percent of total billed charges	
CL TX TRAU HIP DISLO WO ANES	27250	CPT	outpatient			858	310.16	Three Rivers	Three Rivers		815.1	0.95			246.02	815.1	percent of total billed charges	
CL TX TRAU HIP DISLO WO ANES	27250	CPT	outpatient			858	310.16	UHC	Medicare		269.7	1			246.02	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TRAU HIP DISLO WO ANES	27250	CPT	outpatient			858	310.16	UHC	Medicaid		269.93	0.3146			246.02	815.1	percent of total billed charges	
CL TX TRAU HIP DISLO WO ANES	27250	CPT	outpatient			858	310.16	Wellcare	Medicare		269.7	1			246.02	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TRAU HIP DISLO WO ANES	27250	CPT	outpatient			858	310.16	Wellcare	Medicaid		269.93	0.3146			246.02	815.1	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630	2113.84	Aetna	Commercial		2926.29	1.592			1771.2	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630	2113.84	Aetna	Better Health		1771.2	0.3146			1771.2	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630	2113.84	Aetna	Medicare		1838.12	1			1771.2	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630	2113.84	Americare	Americare		4222.5	0.75			1771.2	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630	2113.84	WellPoint	WellPoint		1806.1	0.3208			1771.2	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630	2113.84	Amerihealth	Medicare		1838.12	1			1771.2	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630	2113.84	Consumer	Consumer		5348.5	0.95			1771.2	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630	2113.84	Corrections	Corrections		4504	0.8			1771.2	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630	2113.84	First Health	First Health		3941	0.7			1771.2	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630	2113.84	First Trenton	First Trenton		5067	0.9			1771.2	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630	2113.84	Horizon	Indemnity		3358.25	1.827			1771.2	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630	2113.84	Horizon	MGD		3358.25	1.827			1771.2	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630	2113.84	Horizon	PPO		3358.25	1.827			1771.2	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630	2113.84	Horizon	Medicare Blue		1838.12	1			1771.2	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630	2113.84	Managed Care Inc	Managed Care Inc		5067	0.9			1771.2	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630	2113.84	Multiplan	Multiplan		4504	0.8			1771.2	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630	2113.84	Qualcare	Qualcare		4222.5	0.75			1771.2	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630	2113.84	Three Rivers	Three Rivers		5348.5	0.95			1771.2	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630	2113.84	UHC	Medicaid		1771.2	0.3146			1771.2	5348.5	percent of total billed charges	
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630	2113.84	UHC	Medicare		1838.12	1			1771.2	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630	2113.84	Wellcare	Medicare		1838.12	1			1771.2	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT HIP DISLOCAT W/ ANESTH	27252	CPT	outpatient			5630	2113.84	Wellcare	Medicaid		1771.2	0.3146			1771.2	5348.5	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524	2113.84	Aetna	Better Health		1737.85	0.3146			1737.85	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524	2113.84	Aetna	Commercial		2926.29	1.592			1737.85	5247.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524	2113.84	Aetna	Medicare		1838.12	1			1737.85	5247.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524	2113.84	Americare	Americare		4143	0.75			1737.85	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524	2113.84	WellPoint	WellPoint		1772.1	0.3208			1737.85	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524	2113.84	Amerihealth	Medicare		1838.12	1			1737.85	5247.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524	2113.84	Consumer	Consumer		5247.8	0.95			1737.85	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524	2113.84	Corrections	Corrections		4419.2	0.8			1737.85	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524	2113.84	First Health	First Health		3866.8	0.7			1737.85	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524	2113.84	First Trenton	First Trenton		4971.6	0.9			1737.85	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524	2113.84	Horizon	PPO		3358.25	1.827			1737.85	5247.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524	2113.84	Horizon	Medicare Blue		1838.12	1			1737.85	5247.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524	2113.84	Horizon	MGD		3358.25	1.827			1737.85	5247.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524	2113.84	Horizon	Indemnity		3358.25	1.827			1737.85	5247.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524	2113.84	Managed Care Inc	Managed Care Inc		4971.6	0.9			1737.85	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524	2113.84	Multiplan	Multiplan		4419.2	0.8			1737.85	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524	2113.84	Qualcare	Qualcare		4143	0.75			1737.85	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524	2113.84	Three Rivers	Three Rivers		5247.8	0.95			1737.85	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524	2113.84	UHC	Medicaid		1737.85	0.3146			1737.85	5247.8	percent of total billed charges	
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524	2113.84	UHC	Medicare		1838.12	1			1737.85	5247.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524	2113.84	Wellcare	Medicare		1838.12	1			1737.85	5247.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX SPON HIP DISIC ABDCT SPLINT	27257	CPT	outpatient			5524	2113.84	Wellcare	Medicaid		1737.85	0.3146			1737.85	5247.8	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY WO ANES	27265	CPT	outpatient			612	310.16	Aetna	Commercial		429.36	1.592			188.5	581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX POST HIP ARTHROPLASTY WO ANES	27265	CPT	outpatient			612	310.16	Aetna	Medicare		188.5	0.308			188.5	581.4	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY WO ANES	27265	CPT	outpatient			612	310.16	Aetna	Better Health		192.54	0.3146			188.5	581.4	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY WO ANES	27265	CPT	outpatient			612	310.16	Americare	Americare		459	0.75			188.5	581.4	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY WO ANES	27265	CPT	outpatient			612	310.16	WellPoint	WellPoint		196.33	0.3208			188.5	581.4	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY WO ANES	27265	CPT	outpatient			612	310.16	Amerihealth	Medicare		269.7	1			188.5	581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX POST HIP ARTHROPLASTY WO ANES	27265	CPT	outpatient			612	310.16	Consumer	Consumer		581.4	0.95			188.5	581.4	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY WO ANES	27265	CPT	outpatient			612	310.16	Corrections	Corrections		489.6	0.8			188.5	581.4	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY WO ANES	27265	CPT	outpatient			612	310.16	First Health	First Health		428.4	0.7			188.5	581.4	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY WO ANES	27265	CPT	outpatient			612	310.16	First Trenton	First Trenton		550.8	0.9			188.5	581.4	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY WO ANES	27265	CPT	outpatient			612	310.16	Horizon	MGD		492.74	1.827			188.5	581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX POST HIP ARTHROPLASTY WO ANES	27265	CPT	outpatient			612	310.16	Horizon	Indemnity		492.74	1.827			188.5	581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX POST HIP ARTHROPLASTY WO ANES	27265	CPT	outpatient			612	310.16	Horizon	Medicare Blue		269.7	1			188.5	581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX POST HIP ARTHROPLASTY WO ANES	27265	CPT	outpatient			612	310.16	Horizon	PPO		492.74	1.827			188.5	581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX POST HIP ARTHROPLASTY WO ANES	27265	CPT	outpatient			612	310.16	Managed Care Inc	Managed Care Inc		550.8	0.9			188.5	581.4	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY WO ANES	27265	CPT	outpatient			612	310.16	Multiplan	Multiplan		489.6	0.8			188.5	581.4	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY WO ANES	27265	CPT	outpatient			612	310.16	Qualcare	Qualcare		459	0.75			188.5	581.4	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY WO ANES	27265	CPT	outpatient			612	310.16	Three Rivers	Three Rivers		581.4	0.95			188.5	581.4	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY WO ANES	27265	CPT	outpatient			612	310.16	UHC	Medicaid		192.54	0.3146			188.5	581.4	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY WO ANES	27265	CPT	outpatient			612	310.16	UHC	Medicare		269.7	1			188.5	581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX POST HIP ARTHROPLASTY WO ANES	27265	CPT	outpatient			612	310.16	Wellcare	Medicaid		192.54	0.3146			188.5	581.4	percent of total billed charges	
CL TX POST HIP ARTHROPLASTY WO ANES	27265	CPT	outpatient			612	310.16	Wellcare	Medicare		269.7	1			188.5	581.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630	2113.84	Aetna	Better Health		1771.2	0.3146			1771.2	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630	2113.84	Aetna	Commercial		2926.29	1.592			1771.2	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630	2113.84	Aetna	Medicare		1838.12	1			1771.2	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630	2113.84	Americare	Americare		4222.5	0.75			1771.2	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630	2113.84	WellPoint	WellPoint		1806.1	0.3208			1771.2	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630	2113.84	Amerihealth	Medicare		1838.12	1			1771.2	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630	2113.84	Consumer	Consumer		5348.5	0.95			1771.2	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630	2113.84	Corrections	Corrections		4504	0.8			1771.2	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630	2113.84	First Health	First Health		3941	0.7			1771.2	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630	2113.84	First Trenton	First Trenton		5067	0.9			1771.2	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630	2113.84	Horizon	Indemnity		3358.25	1.827			1771.2	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630	2113.84	Horizon	MGD		3358.25	1.827			1771.2	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630	2113.84	Horizon	PPO		3358.25	1.827			1771.2	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630	2113.84	Horizon	Medicare Blue		1838.12	1			1771.2	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630	2113.84	Managed Care Inc	Managed Care Inc		5067	0.9			1771.2	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630	2113.84	Multiplan	Multiplan		4504	0.8			1771.2	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630	2113.84	Qualcare	Qualcare		4222.5	0.75			1771.2	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630	2113.84	Three Rivers	Three Rivers		5348.5	0.95			1771.2	5348.5	percent of total billed charges	
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630	2113.84	UHC	Medicaid		1771.2	0.3146			1771.2	5348.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630	2113.84	UHC	Medicare		1838.12	1			1771.2	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630	2113.84	Wellcare	Medicare		1838.12	1			1771.2	5348.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMT HIP DISLOCAT W/ ANES	27266	CPT	outpatient			5630	2113.84	Wellcare	Medicaid		1771.2	0.3146			1771.2	5348.5	percent of total billed charges	
UNLISTED PROC PELVIS/HIP JOINT	27299	CPT	outpatient			754	310.16	Aetna	Better Health		237.21	0.3146			237.21	716.3	percent of total billed charges	
UNLISTED PROC PELVIS/HIP JOINT	27299	CPT	outpatient			754	310.16	Aetna	Medicare		269.7	1			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC PELVIS/HIP JOINT	27299	CPT	outpatient			754	310.16	Aetna	Commercial		429.36	1.592			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC PELVIS/HIP JOINT	27299	CPT	outpatient			754	310.16	Americare	Americare		565.5	0.75			237.21	716.3	percent of total billed charges	
UNLISTED PROC PELVIS/HIP JOINT	27299	CPT	outpatient			754	310.16	WellPoint	WellPoint		241.88	0.3208			237.21	716.3	percent of total billed charges	
UNLISTED PROC PELVIS/HIP JOINT	27299	CPT	outpatient			754	310.16	Amerihealth	Medicare		269.7	1			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC PELVIS/HIP JOINT	27299	CPT	outpatient			754	310.16	Consumer	Consumer		716.3	0.95			237.21	716.3	percent of total billed charges	
UNLISTED PROC PELVIS/HIP JOINT	27299	CPT	outpatient			754	310.16	Corrections	Corrections		603.2	0.8			237.21	716.3	percent of total billed charges	
UNLISTED PROC PELVIS/HIP JOINT	27299	CPT	outpatient			754	310.16	First Health	First Health		527.8	0.7			237.21	716.3	percent of total billed charges	
UNLISTED PROC PELVIS/HIP JOINT	27299	CPT	outpatient			754	310.16	First Trenton	First Trenton		678.6	0.9			237.21	716.3	percent of total billed charges	
UNLISTED PROC PELVIS/HIP JOINT	27299	CPT	outpatient			754	310.16	Horizon	Indemnity		492.74	1.827			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC PELVIS/HIP JOINT	27299	CPT	outpatient			754	310.16	Horizon	Medicare Blue		269.7	1			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC PELVIS/HIP JOINT	27299	CPT	outpatient			754	310.16	Horizon	PPO		492.74	1.827			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC PELVIS/HIP JOINT	27299	CPT	outpatient			754	310.16	Horizon	MGD		492.74	1.827			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC PELVIS/HIP JOINT	27299	CPT	outpatient			754	310.16	Managed Care Inc	Managed Care Inc		678.6	0.9			237.21	716.3	percent of total billed charges	
UNLISTED PROC PELVIS/HIP JOINT	27299	CPT	outpatient			754	310.16	Multiplan	Multiplan		603.2	0.8			237.21	716.3	percent of total billed charges	
UNLISTED PROC PELVIS/HIP JOINT	27299	CPT	outpatient			754	310.16	Qualcare	Qualcare		565.5	0.75			237.21	716.3	percent of total billed charges	
UNLISTED PROC PELVIS/HIP JOINT	27299	CPT	outpatient			754	310.16	Three Rivers	Three Rivers		716.3	0.95			237.21	716.3	percent of total billed charges	
UNLISTED PROC PELVIS/HIP JOINT	27299	CPT	outpatient			754	310.16	UHC	Medicare		269.7	1			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC PELVIS/HIP JOINT	27299	CPT	outpatient			754	310.16	UHC	Medicaid		237.21	0.3146			237.21	716.3	percent of total billed charges	
UNLISTED PROC PELVIS/HIP JOINT	27299	CPT	outpatient			754	310.16	Wellcare	Medicaid		237.21	0.3146			237.21	716.3	percent of total billed charges	
UNLISTED PROC PELVIS/HIP JOINT	27299	CPT	outpatient			754	310.16	Wellcare	Medicare		269.7	1			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134	3737.2	Aetna	Commercial		5173.59	1.592			1889.27	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134	3737.2	Aetna	Medicare		1889.27	0.308			1889.27	5937.27	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134	3737.2	Aetna	Better Health		1929.76	0.3146			1889.27	5937.27	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134	3737.2	Americare	Americare		4600.5	0.75			1889.27	5937.27	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134	3737.2	WellPoint	WellPoint		1967.79	0.3208			1889.27	5937.27	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134	3737.2	Amerihealth	Medicare		3249.74	1			1889.27	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134	3737.2	Consumer	Consumer		5827.3	0.95			1889.27	5937.27	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134	3737.2	Corrections	Corrections		4907.2	0.8			1889.27	5937.27	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134	3737.2	First Health	First Health		4293.8	0.7			1889.27	5937.27	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134	3737.2	First Trenton	First Trenton		5520.6	0.9			1889.27	5937.27	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134	3737.2	Horizon	MGD		5937.27	1.827			1889.27	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134	3737.2	Horizon	Indemnity		5937.27	1.827			1889.27	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134	3737.2	Horizon	Medicare Blue		3249.74	1			1889.27	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134	3737.2	Horizon	PPO		5937.27	1.827			1889.27	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134	3737.2	Managed Care Inc	Managed Care Inc		5520.6	0.9			1889.27	5937.27	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134	3737.2	Multiplan	Multiplan		4907.2	0.8			1889.27	5937.27	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134	3737.2	Qualcare	Qualcare		4600.5	0.75			1889.27	5937.27	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134	3737.2	Three Rivers	Three Rivers		5827.3	0.95			1889.27	5937.27	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134	3737.2	UHC	Medicaid		1929.76	0.3146			1889.27	5937.27	percent of total billed charges	
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134	3737.2	UHC	Medicare		3249.74	1			1889.27	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134	3737.2	Wellcare	Medicare		3249.74	1			1889.27	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEEP I&D THIGH/KNEE	27301	CPT	outpatient			6134	3737.2	Wellcare	Medicaid		1929.76	0.3146			1889.27	5937.27	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689	4257.16	Aetna	Medicare		3701.88	1			2418.96	7304.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689	4257.16	Aetna	Better Health		2418.96	0.3146			2418.96	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689	4257.16	Aetna	Commercial		5893.39	1.592			2418.96	7304.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689	4257.16	Americare	Americare		5766.75	0.75			2418.96	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689	4257.16	WellPoint	WellPoint		2466.63	0.3208			2418.96	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689	4257.16	Amerihealth	Medicare		3701.88	1			2418.96	7304.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689	4257.16	Consumer	Consumer		7304.55	0.95			2418.96	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689	4257.16	Corrections	Corrections		6151.2	0.8			2418.96	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689	4257.16	First Health	First Health		5382.3	0.7			2418.96	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689	4257.16	First Trenton	First Trenton		6920.1	0.9			2418.96	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689	4257.16	Horizon	Indemnity		6763.33	1.827			2418.96	7304.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689	4257.16	Horizon	MGD		6763.33	1.827			2418.96	7304.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689	4257.16	Horizon	PPO		6763.33	1.827			2418.96	7304.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689	4257.16	Horizon	Medicare Blue		3701.88	1			2418.96	7304.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689	4257.16	Managed Care Inc	Managed Care Inc		6920.1	0.9			2418.96	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689	4257.16	Multiplan	Multiplan		6151.2	0.8			2418.96	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689	4257.16	Qualcare	Qualcare		5766.75	0.75			2418.96	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689	4257.16	Three Rivers	Three Rivers		7304.55	0.95			2418.96	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689	4257.16	UHC	Medicare		3701.88	1			2418.96	7304.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689	4257.16	UHC	Medicaid		2418.96	0.3146			2418.96	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689	4257.16	Wellcare	Medicare		3701.88	1			2418.96	7304.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27306	CPT	outpatient			7689	4257.16	Wellcare	Medicaid		2418.96	0.3146			2418.96	7304.55	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080	4257.16	Aetna	Commercial		5893.39	1.592			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080	4257.16	Aetna	Medicare		3701.88	1			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080	4257.16	Aetna	Better Health		3800.37	0.3146			3701.88	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080	4257.16	Americare	Americare		9060	0.75			3701.88	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080	4257.16	WellPoint	WellPoint		3875.26	0.3208			3701.88	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080	4257.16	Amerihealth	Medicare		3701.88	1			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080	4257.16	Consumer	Consumer		11476	0.95			3701.88	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080	4257.16	Corrections	Corrections		9664	0.8			3701.88	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080	4257.16	First Health	First Health		8456	0.7			3701.88	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080	4257.16	First Trenton	First Trenton		10872	0.9			3701.88	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080	4257.16	Horizon	Medicare Blue		3701.88	1			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080	4257.16	Horizon	Indemnity		6763.33	1.827			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080	4257.16	Horizon	MGD		6763.33	1.827			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080	4257.16	Horizon	PPO		6763.33	1.827			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080	4257.16	Managed Care Inc	Managed Care Inc		10872	0.9			3701.88	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080	4257.16	Multiplan	Multiplan		9664	0.8			3701.88	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080	4257.16	Qualcare	Qualcare		9060	0.75			3701.88	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080	4257.16	Three Rivers	Three Rivers		11476	0.95			3701.88	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080	4257.16	UHC	Medicaid		3800.37	0.3146			3701.88	11476	percent of total billed charges	
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080	4257.16	UHC	Medicare		3701.88	1			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080	4257.16	Wellcare	Medicare		3701.88	1			3701.88	11476	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ADDUCTOR OR HAMSTRING PERCUT R	27307	CPT	outpatient			12080	4257.16	Wellcare	Medicaid		3800.37	0.3146			3701.88	11476	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522	4257.16	Aetna	Better Health		3310.22	0.3146			3310.22	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522	4257.16	Aetna	Medicare		3701.88	1			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522	4257.16	Aetna	Commercial		5893.39	1.592			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522	4257.16	Americare	Americare		7891.5	0.75			3310.22	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522	4257.16	WellPoint	WellPoint		3375.46	0.3208			3310.22	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522	4257.16	Amerihealth	Medicare		3701.88	1			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522	4257.16	Consumer	Consumer		9995.9	0.95			3310.22	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522	4257.16	Corrections	Corrections		8417.6	0.8			3310.22	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522	4257.16	First Health	First Health		7365.4	0.7			3310.22	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522	4257.16	First Trenton	First Trenton		9469.8	0.9			3310.22	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522	4257.16	Horizon	PPO		6763.33	1.827			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522	4257.16	Horizon	MGD		6763.33	1.827			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522	4257.16	Horizon	Medicare Blue		3701.88	1			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522	4257.16	Horizon	Indemnity		6763.33	1.827			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522	4257.16	Managed Care Inc	Managed Care Inc		9469.8	0.9			3310.22	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522	4257.16	Multiplan	Multiplan		8417.6	0.8			3310.22	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522	4257.16	Qualcare	Qualcare		7891.5	0.75			3310.22	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522	4257.16	Three Rivers	Three Rivers		9995.9	0.95			3310.22	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522	4257.16	UHC	Medicaid		3310.22	0.3146			3310.22	9995.9	percent of total billed charges	
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522	4257.16	UHC	Medicare		3701.88	1			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522	4257.16	Wellcare	Medicare		3701.88	1			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ARTHROTOMY EXPLOR REM FB	27310	CPT	outpatient			10522	4257.16	Wellcare	Medicaid		3310.22	0.3146			3310.22	9995.9	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464	2132.36	Aetna	Better Health		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464	2132.36	Aetna	Commercial		2951.93	1.592			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464	2132.36	Aetna	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464	2132.36	Americare	Americare		4098	0.75			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464	2132.36	WellPoint	WellPoint		1752.85	0.3208			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464	2132.36	Amerihealth	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464	2132.36	Consumer	Consumer		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464	2132.36	Corrections	Corrections		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464	2132.36	First Health	First Health		3824.8	0.7			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464	2132.36	First Trenton	First Trenton		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464	2132.36	Horizon	Indemnity		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464	2132.36	Horizon	Medicare Blue		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464	2132.36	Horizon	MGD		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464	2132.36	Horizon	PPO		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464	2132.36	Managed Care Inc	Managed Care Inc		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464	2132.36	Multiplan	Multiplan		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464	2132.36	Qualcare	Qualcare		4098	0.75			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464	2132.36	Three Rivers	Three Rivers		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464	2132.36	UHC	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464	2132.36	UHC	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464	2132.36	Wellcare	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE THIGH/KNEE	27323	CPT	outpatient			5464	2132.36	Wellcare	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
BIOPSY SOFT TISSUE;DEEP	27324	CPT	outpatient			9413	3737.2	Aetna	Better Health		2961.33	0.3146			2899.2	8942.35	percent of total billed charges	
BIOPSY SOFT TISSUE;DEEP	27324	CPT	outpatient			9413	3737.2	Aetna	Medicare		2899.2	0.308			2899.2	8942.35	percent of total billed charges	
BIOPSY SOFT TISSUE;DEEP	27324	CPT	outpatient			9413	3737.2	Aetna	Commercial		5173.59	1.592			2899.2	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE;DEEP	27324	CPT	outpatient			9413	3737.2	Americare	Americare		7059.75	0.75			2899.2	8942.35	percent of total billed charges	
BIOPSY SOFT TISSUE;DEEP	27324	CPT	outpatient			9413	3737.2	WellPoint	WellPoint		3019.69	0.3208			2899.2	8942.35	percent of

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BIOPSY SOFT TISSUE;DEEP	27324	CPT	outpatient			9413	3737.2	First Health	First Health		6589.1	0.7			2899.2	8942.35	percent of total billed charges	
BIOPSY SOFT TISSUE;DEEP	27324	CPT	outpatient			9413	3737.2	First Trenton	First Trenton		8471.7	0.9			2899.2	8942.35	percent of total billed charges	
BIOPSY SOFT TISSUE;DEEP	27324	CPT	outpatient			9413	3737.2	Horizon	Medicare Blue		3249.74	1			2899.2	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE;DEEP	27324	CPT	outpatient			9413	3737.2	Horizon	Indemnity		5937.27	1.827			2899.2	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE;DEEP	27324	CPT	outpatient			9413	3737.2	Horizon	MGD		5937.27	1.827			2899.2	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE;DEEP	27324	CPT	outpatient			9413	3737.2	Horizon	PPO		5937.27	1.827			2899.2	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE;DEEP	27324	CPT	outpatient			9413	3737.2	Managed Care Inc	Managed Care Inc		8471.7	0.9			2899.2	8942.35	percent of total billed charges	
BIOPSY SOFT TISSUE;DEEP	27324	CPT	outpatient			9413	3737.2	Multiplan	Multiplan		7530.4	0.8			2899.2	8942.35	percent of total billed charges	
BIOPSY SOFT TISSUE;DEEP	27324	CPT	outpatient			9413	3737.2	Qualcare	Qualcare		7059.75	0.75			2899.2	8942.35	percent of total billed charges	
BIOPSY SOFT TISSUE;DEEP	27324	CPT	outpatient			9413	3737.2	Three Rivers	Three Rivers		8942.35	0.95			2899.2	8942.35	percent of total billed charges	
BIOPSY SOFT TISSUE;DEEP	27324	CPT	outpatient			9413	3737.2	UHC	Medicare		3249.74	1			2899.2	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE;DEEP	27324	CPT	outpatient			9413	3737.2	UHC	Medicaid		2961.33	0.3146			2899.2	8942.35	percent of total billed charges	
BIOPSY SOFT TISSUE;DEEP	27324	CPT	outpatient			9413	3737.2	Wellcare	Medicare		3249.74	1			2899.2	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE;DEEP	27324	CPT	outpatient			9413	3737.2	Wellcare	Medicaid		2961.33	0.3146			2899.2	8942.35	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305	4257.16	Aetna	Better Health		3556.55	0.3146			3310.22	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305	4257.16	Aetna	Commercial		5893.39	1.592			3310.22	10739.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305	4257.16	Aetna	Medicare		3701.88	1			3310.22	10739.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305	4257.16	Americare	Americare		8478.75	0.75			3310.22	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305	4257.16	WellPoint	WellPoint		3626.64	0.3208			3310.22	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305	4257.16	Amerihealth	Medicare		3701.88	1			3310.22	10739.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305	4257.16	Consumer	Consumer		10739.75	0.95			3310.22	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305	4257.16	Corrections	Corrections		9044	0.8			3310.22	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305	4257.16	First Health	First Health		7913.5	0.7			3310.22	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305	4257.16	First Trenton	First Trenton		10174.5	0.9			3310.22	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305	4257.16	Horizon	Indemnity		6763.33	1.827			3310.22	10739.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305	4257.16	Horizon	Medicare Blue		3701.88	1			3310.22	10739.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305	4257.16	Horizon	PPO		6763.33	1.827			3310.22	10739.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305	4257.16	Horizon	MGD		6763.33	1.827			3310.22	10739.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305	4257.16	Managed Care Inc	Managed Care Inc		10174.5	0.9			3310.22	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305	4257.16	Multiplan	Multiplan		9044	0.8			3310.22	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305	4257.16	Qualcare	Qualcare		8478.75	0.75			3310.22	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305	4257.16	Three Rivers	Three Rivers		10739.75	0.95			3310.22	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305	4257.16	UHC	Medicare		3701.88	1			3310.22	10739.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305	4257.16	UHC	Medicaid		3556.55	0.3146			3310.22	10739.75	percent of total billed charges	
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305	4257.16	Wellcare	Medicare		3701.88	1			3310.22	10739.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF KNEE BAKER'S CYST	27345	CPT	outpatient			11305	4257.16	Wellcare	Medicaid		3556.55	0.3146			3310.22	10739.75	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Aetna	Medicare		255.33	0.308			248.7	787.55	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Aetna	Commercial		315.02	0.38			248.7	787.55	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Aetna	Better Health		260.8	0.3146			248.7	787.55	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Americare	Americare		621.75	0.75			248.7	787.55	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		WellPoint	WellPoint		265.94	0.3208			248.7	787.55	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Consumer	Consumer		787.55	0.95			248.7	787.55	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Corrections	Corrections		663.2	0.8			248.7	787.55	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		First Health	First Health		580.3	0.7			248.7	787.55	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		First Trenton	First Trenton		746.1	0.9			248.7	787.55	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Horizon	Indemnity		317.34	0.3828			248.7	787.55	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Horizon	MGD		317.34	0.3828			248.7	787.55	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Horizon	Medicare Blue		248.7	0.3			248.7	787.55	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Horizon	PPO		317.34	0.3828			248.7	787.55	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Managed Care Inc	Managed Care Inc		746.1	0.9			248.7	787.55	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Multiplan	Multiplan		663.2	0.8			248.7	787.55	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Qualcare	Qualcare		621.75	0.75			248.7	787.55	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Three Rivers	Three Rivers		787.55	0.95			248.7	787.55	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		UHC	Medicaid		260.8	0.3146			248.7	787.55	percent of total billed charges	
MRI ARTHROGRAP KNEE W/CONTRAST	27369	CPT	outpatient			829		Wellcare	Medicaid		260.8	0.3146			248.7	787.55	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Aetna	Better Health		1037.55	0.3146			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Aetna	Commercial		1253.24	0.38			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Aetna	Medicare		1015.78	0.308			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Americare	Americare		2473.5	0.75			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		WellPoint	WellPoint		1058	0.3208			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Consumer	Consumer		3133.1	0.95			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Corrections	Corrections		2638.4	0.8			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		First Health	First Health		2308.6	0.7			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		First Trenton	First Trenton		2968.2	0.9			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Horizon	Indemnity		1262.47	0.3828			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Horizon	MGD		1262.47	0.3828			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Horizon	Medicare Blue		989.4	0.3			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Horizon	PPO		1262.47	0.3828			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Managed Care Inc	Managed Care Inc		2968.2	0.9			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Multiplan	Multiplan		2638.4	0.8			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Qualcare	Qualcare		2473.5	0.75			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Three Rivers	Three Rivers		3133.1	0.95			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		UHC	Medicaid		1037.55	0.3146			468	3133.1	percent of total billed charges	
KNEE ARTHROGRAM	27370	CPT	outpatient			3298		Wellcare	Medicaid		1037.55	0.3146			468	3133.1	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413	3737.2	Aetna	Better Health		2961.33	0.3146			1665.18	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413	3737.2	Aetna	Commercial		5173.59	1.592			1665.18	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413	3737.2	Aetna	Medicare		3249.74	1			1665.18	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413	3737.2	Americare	Americare		7059.75	0.75			1665.18	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413	3737.2	WellPoint	WellPoint		3019.69	0.3208			1665.18	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413	3737.2	Amerihealth	Medicare		3249.74	1			1665.18	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413	3737.2	Consumer	Consumer		8942.35	0.95			1665.18	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413	3737.2	Corrections	Corrections		7530.4	0.8			1665.18	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413	3737.2	First Health	First Health		6589.1	0.7			1665.18	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413	3737.2	First Trenton	First Trenton		8471.7	0.9			1665.18	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413	3737.2	Horizon	MGD		5937.27	1.827			1665.18	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413	3737.2	Horizon	Medicare Blue		3249.74	1			1665.18	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413	3737.2	Horizon	PPO		5937.27	1.827			1665.18	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413	3737.2	Horizon	Indemnity		5937.27	1.827			1665.18	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413	3737.2	Managed Care Inc	Managed Care Inc		8471.7	0.9			1665.18	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413	3737.2	Multiplan	Multiplan		7530.4	0.8			1665.18	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413	3737.2	Qualcare	Qualcare		7059.75	0.75			1665.18	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413	3737.2	Three Rivers	Three Rivers		8942.35	0.95			1665.18	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413	3737.2	UHC	Medicaid		2961.33	0.3146			1665.18	8942.35	percent of total billed charges	
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413	3737.2	UHC	Medicare		3249.74	1			1665.18	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413	3737.2	Wellcare	Medicare		3249.74	1			1665.18	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB DEEP THIGH/KNEE	27372	CPT	outpatient			9413	3737.2	Wellcare	Medicaid		2961.33	0.3146			1665.18	8942.35	percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698	310.16	Aetna	Better Health		219.59	0.3146			219.59	663.1	percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698	310.16	Aetna	Medicare		269.7	1			219.59	663.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698	310.16	Aetna	Commercial		429.36	1.592			219.59	663.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698	310.16	Americare	Americare		523.5	0.75			219.59	663.1	percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698	310.16	WellPoint	WellPoint		223.92	0.3208			219.59	663.1	percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698	310.16	Amerihealth	Medicare		269.7	1			219.59	663.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698	310.16	Consumer	Consumer		663.1	0.95			219.59	663.1	percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698	310.16	Corrections	Corrections		558.4	0.8			219.59	663.1	percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698	310.16	First Health	First Health		488.6	0.7			219.59	663.1	percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698	310.16	First Trenton	First Trenton		628.2	0.9			219.59	663.1	percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698	310.16	Horizon	Indemnity		492.74	1.827			219.59	663.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698	310.16	Horizon	Medicare Blue		269.7	1			219.59	663.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698	310.16	Horizon	PPO		492.74	1.827			219.59	663.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698	310.16	Horizon	MGD		492.74	1.827			219.59	663.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698	310.16	Managed Care Inc	Managed Care Inc		628.2	0.9			219.59	663.1	percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698	310.16	Multiplan	Multiplan		558.4	0.8			219.59	663.1	percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698	310.16	Qualcare	Qualcare		523.5	0.75			219.59	663.1	percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698	310.16	Three Rivers	Three Rivers		663.1	0.95			219.59	663.1	percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698	310.16	UHC	Medicare		269.7	1			219.59	663.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698	310.16	UHC	Medicaid		219.59	0.3146			219.59	663.1	percent of total billed charges	
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698	310.16	Wellcare	Medicare		269.7	1			219.59	663.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TX FX TEMUR SHAFT	27500	CPT	outpatient			698	310.16	Wellcare	Medicaid		219.59	0.3146			219.59	663.1	percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545	2113.84	Aetna	Better Health		2373.66	0.3146			1838.12	7167.75	percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545	2113.84	Aetna	Commercial		2926.29	1.592			1838.12	7167.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545	2113.84	Aetna	Medicare		1838.12	1			1838.12	7167.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545	2113.84	Americare	Americare		5658.75	0.75			1838.12	7167.75	percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545	2113.84	WellPoint	WellPoint		2420.44	0.3208			1838.12	7167.75	percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545	2113.84	Amerihealth	Medicare		1838.12	1			1838.12	7167.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545	2113.84	Consumer	Consumer		7167.75	0.95			1838.12	7167.75	percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545	2113.84	Corrections	Corrections		6036	0.8			1838.12	7167.75	percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545	2113.84	First Health	First Health		5281.5	0.7			1838.12	7167.75	percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545	2113.84	First Trenton	First Trenton		6790.5	0.9			1838.12	7167.75	percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545	2113.84	Horizon	MGD		3358.25	1.827			1838.12	7167.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545	2113.84	Horizon	Indemnity		3358.25	1.827			1838.12	7167.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545	2113.84	Horizon	Medicare Blue		1838.12	1			1838.12	7167.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545	2113.84	Horizon	PPO		3358.25	1.827			1838.12	7167.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545	2113.84	Managed Care Inc	Managed Care Inc		6790.5	0.9			1838.12	7167.75	percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545	2113.84	Multiplan	Multiplan		6036	0.8			1838.12	7167.75	percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545	2113.84	Qualcare	Qualcare		5658.75	0.75			1838.12	7167.75	percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545	2113.84	Three Rivers	Three Rivers		7167.75	0.95			1838.12	7167.75	percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545	2113.84	UHC	Medicaid		2373.66	0.3146			1838.12	7167.75	percent of total billed charges	
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545	2113.84	UHC	Medicare		1838.12	1			1838.12	7167.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545	2113.84	Wellcare	Medicare		1838.12	1			1838.12	7167.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT FEM SHAFT FX W/MAN	27502	CPT	outpatient			7545	2113.84	Wellcare	Medicaid		2373.66	0.3146			1838.12	7167.75	percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813	310.16	Aetna	Commercial		429.36	1.592			255.77	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813	310.16	Aetna	Better Health		255.77	0.3146			255.77	772.35	percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813	310.16	Aetna	Medicare		269.7	1			255.77	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813	310.16	Americare	Americare		609.75	0.75			255.77	772.35	percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813	310.16	WellPoint	WellPoint		260.81	0.3208			255.77	772.35	percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813	310.16	Amerihealth	Medicare		269.7	1			255.77	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813	310.16	Consumer	Consumer		772.35	0.95			255.77	772.35	percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813	310.16	Corrections	Corrections		650.4	0.8			255.77	772.35	percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813	310.16	First Health	First Health		569.1	0.7			255.77	772.35	percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813	310.16	First Trenton	First Trenton		731.7	0.9			255.77	772.35	percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813	310.16	Horizon	MGD		492.74	1.827			255.77	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813	310.16	Horizon	Indemnity		492.74	1.827			255.77	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813	310.16	Horizon	Medicare Blue		269.7	1			255.77	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813	310.16	Horizon	PPO		492.74	1.827			255.77	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813	310.16	Managed Care Inc	Managed Care Inc		731.7	0.9			255.77	772.35	percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813	310.16	Multiplan	Multiplan		650.4	0.8			255.77	772.35	percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813	310.16	Qualcare	Qualcare		609.75	0.75			255.77	772.35	percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813	310.16	Three Rivers	Three Rivers		772.35	0.95			255.77	772.35	percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813	310.16	UHC	Medicaid		255.77	0.3146			255.77	772.35	percent of total billed charges	
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813	310.16	UHC	Medicare		269.7	1			255.77	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813	310.16	Wellcare	Medicare		269.7	1			255.77	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT FEM FX END/CONDYL W/OMAN	27508	CPT	outpatient			813	310.16	Wellcare	Medicaid		255.77	0.3146			255.77	772.35	percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541	9409.2	Aetna	Better Health		6776.8	0.3146			6776.8	20463.95	percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541	9409.2	Aetna	Commercial		13025.6	1.592			6776.8	20463.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541	9409.2	Aetna	Medicare		8181.91	1			6776.8	20463.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541	9409.2	Americare	Americare		16155.75	0.75			6776.8	20463.95	percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541	9409.2	WellPoint	WellPoint		6910.35	0.3208			6776.8	20463.95	percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541	9409.2	Amerihealth	Medicare		8181.91	1			6776.8	20463.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541	9409.2	Consumer	Consumer		20463.95	0.95			6776.8	20463.95	percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541	9409.2	Corrections	Corrections		17232.8	0.8			6776.8	20463.95	percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541	9409.2	First Health	First Health		15078.7	0.7			6776.8	20463.95	percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541	9409.2	First Trenton	First Trenton		19386.9	0.9			6776.8	20463.95	percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541	9409.2	Horizon	PPO		14948.35	1.827			6776.8	20463.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541	9409.2	Horizon	Medicare Blue		8181.91	1			6776.8	20463.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541	9409.2	Horizon	MGD		14948.35	1.827			6776.8	20463.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541	9409.2	Horizon	Indemnity		14948.35	1.827			6776.8	20463.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541	9409.2	Managed Care Inc	Managed Care Inc		19386.9	0.9			6776.8	20463.95	percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541	9409.2	Multiplan	Multiplan		17232.8	0.8			6776.8	20463.95	percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541	9409.2	Qualcare	Qualcare		16155.75	0.75			6776.8	20463.95	percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541	9409.2	Three Rivers	Three Rivers		20463.95	0.95			6776.8	20463.95	percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541	9409.2	UHC	Medicaid		6776.8	0.3146			6776.8	20463.95	percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541	9409.2	UHC	Medicare		8181.91	1			6776.8	20463.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541	9409.2	Wellcare	Medicaid		6776.8	0.3146			6776.8	20463.95	percent of total billed charges	
SKELETAL FIX FEM FX DISTAL	27509	CPT	outpatient			21541	9409.2	Wellcare	Medicare		8181.91	1			6776.8	20463.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257	2113.84	Aetna	Commercial		2926.29	1.592			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257	2113.84	Aetna	Better Health		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257	2113.84	Aetna	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257	2113.84	Americare	Americare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257	2113.84	WellPoint	WellPoint		1686.45	0.3208			1653.85	4994.15	percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257	2113.84	Amerihealth	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257	2113.84	Consumer	Consumer		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257	2113.84	Corrections	Corrections		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257	2113.84	First Health	First Health		3679.9	0.7			1653.85	4994.15	percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257	2113.84	First Trenton	First Trenton		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257	2113.84	Horizon	Medicare Blue		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257	2113.84	Horizon	PPO		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257	2113.84	Horizon	MGD		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257	2113.84	Horizon	Indemnity		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257	2113.84	Managed Care Inc	Managed Care Inc		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257	2113.84	Multiplan	Multiplan		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257	2113.84	Qualcare	Qualcare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257	2113.84	Three Rivers	Three Rivers		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257	2113.84	UHC	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257	2113.84	UHC	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257	2113.84	Wellcare	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CL TX DISTAL FEMUR FRACTURE W RED.	27510	CPT	outpatient			5257	2113.84	Wellcare	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194	310.16	Aetna	Commercial		429.36	1.592			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194	310.16	Aetna	Better Health		690.23	0.3146			237.21	2084.3	percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194	310.16	Aetna	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194	310.16	Americare	Americare		1645.5	0.75			237.21	2084.3	percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194	310.16	WellPoint	WellPoint		703.84	0.3208			237.21	2084.3	percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194	310.16	Amerihealth	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194	310.16	Consumer	Consumer		2084.3	0.95			237.21	2084.3	percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194	310.16	Corrections	Corrections		1755.2	0.8			237.21	2084.3	percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194	310.16	First Health	First Health		1535.8	0.7			237.21	2084.3	percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194	310.16	First Trenton	First Trenton		1974.6	0.9			237.21	2084.3	percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194	310.16	Horizon	Indemnity		492.74	1.827			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194	310.16	Horizon	MGD		492.74	1.827			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194	310.16	Horizon	PPO		492.74	1.827			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194	310.16	Horizon	Medicare Blue		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194	310.16	Managed Care Inc	Managed Care Inc		1974.6	0.9			237.21	2084.3	percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194	310.16	Multiplan	Multiplan		1755.2	0.8			237.21	2084.3	percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194	310.16	Qualcare	Qualcare		1645.5	0.75			237.21	2084.3	percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194	310.16	Three Rivers	Three Rivers		2084.3	0.95			237.21	2084.3	percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194	310.16	UHC	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194	310.16	UHC	Medicaid		690.23	0.3146			237.21	2084.3	percent of total billed charges	
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194	310.16	Wellcare	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATELLAR FX W/O MANIP	27520	CPT	outpatient			2194	310.16	Wellcare	Medicaid		690.23	0.3146			237.21	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194	310.16	Aetna	Commercial		429.36	1.592			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194	310.16	Aetna	Better Health		690.23	0.3146			237.21	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194	310.16	Aetna	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194	310.16	Americare	Americare		1645.5	0.75			237.21	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194	310.16	WellPoint	WellPoint		703.84	0.3208			237.21	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194	310.16	Amerihealth	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194	310.16	Consumer	Consumer		2084.3	0.95			237.21	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194	310.16	Corrections	Corrections		1755.2	0.8			237.21	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194	310.16	First Health	First Health		1535.8	0.7			237.21	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194	310.16	First Trenton	First Trenton		1974.6	0.9			237.21	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194	310.16	Horizon	Indemnity		492.74	1.827			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194	310.16	Horizon	MGD		492.74	1.827			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194	310.16	Horizon	Medicare Blue		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194	310.16	Horizon	PPO		492.74	1.827			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194	310.16	Managed Care Inc	Managed Care Inc		1974.6	0.9			237.21	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194	310.16	Multiplan	Multiplan		1755.2	0.8			237.21	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194	310.16	Qualcare	Qualcare		1645.5	0.75			237.21	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194	310.16	Three Rivers	Three Rivers		2084.3	0.95			237.21	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194	310.16	UHC	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194	310.16	UHC	Medicaid		690.23	0.3146			237.21	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194	310.16	Wellcare	Medicaid		690.23	0.3146			237.21	2084.3	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO MAN	27530	CPT	outpatient			2194	310.16	Wellcare	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	both			10522	4257.16	Aetna	Commercial		5893.39	1.592			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	both			10522	4257.16	Aetna	Medicare		3701.88	1			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	both			10522	4257.16	Aetna	Better Health		3310.22	0.3146			3310.22	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	both			10522	4257.16	Americare	Americare		7891.5	0.75			3310.22	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	both			10522	4257.16	WellPoint	WellPoint		3375.46	0.3208			3310.22	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	both			10522	4257.16	Amerihealth	Medicare		3701.88	1			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	both			10522	4257.16	Consumer	Consumer		9995.9	0.95			3310.22	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	both			10522	4257.16	Corrections	Corrections		8417.6	0.8			3310.22	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	both			10522	4257.16	First Health	First Health		7365.4	0.7			3310.22	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	both			10522	4257.16	First Trenton	First Trenton		9469.8	0.9			3310.22	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	both			10522	4257.16	Horizon	PPO		6763.33	1.827			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	both			10522	4257.16	Horizon	Indemnity		6763.33	1.827			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	both			10522	4257.16	Horizon	Medicare Blue		3701.88	1			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	both			10522	4257.16	Horizon	MGD		6763.33	1.827			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	both			10522	4257.16	Managed Care Inc	Managed Care Inc		9469.8	0.9			3310.22	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	both			10522	4257.16	Multiplan	Multiplan		8417.6	0.8			3310.22	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	both			10522	4257.16	Qualcare	Qualcare		7891.5	0.75			3310.22	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	both			10522	4257.16	Three Rivers	Three Rivers		9995.9	0.95			3310.22	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	both			10522	4257.16	UHC	Medicare		3701.88	1			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	both			10522	4257.16	UHC	Medicaid		3310.22	0.3146			3310.22	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	both			10522	4257.16	Wellcare	Medicaid		3310.22	0.3146			3310.22	9995.9	percent of total billed charges	
CLSD TRT TIBL FRCT PRX WO TRCT	27532	CPT	both			10522	4257.16	Wellcare	Medicare		3701.88	1			3310.22	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT KNEE DISLOC WO ANES	27550	CPT	outpatient			2194	310.16	Aetna	Commercial		429.36	1.592			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT KNEE DISLOC WO ANES	27550	CPT	outpatient			2194	310.16	Aetna	Medicare		269.7	1			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT KNEE DISLOC WO ANES	27550	CPT	outpatient			2194	310.16	Aetna	Better Health		690.23	0.3146			269.7	2084.3	percent of total billed charges	
CLSD TRT KNEE DISLOC WO ANES	27550	CPT	outpatient			2194	310.16	Americare	Americare		1645.5	0.75			269.7	2084.3	percent of total billed charges	
CLSD TRT KNEE DISLOC WO ANES	27550	CPT	outpatient			2194	310.16	WellPoint	WellPoint		703.84	0.3208			269.7	2084.3	percent of total billed charges	
CLSD TRT KNEE DISLOC WO ANES	27550	CPT	outpatient			2194	310.16	Amerihealth	Medicare		269.7	1			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT KNEE DISLOC WO ANES	27550	CPT	outpatient			2194	310.16	Consumer	Consumer		2084.3	0.95			269.7	2084.3	percent of total billed charges	
CLSD TRT KNEE DISLOC WO ANES	27550	CPT	outpatient			2194	310.16	Corrections	Corrections		1755.2	0.8			269.7	2084.3	percent of total billed charges	
CLSD TRT KNEE DISLOC WO ANES	27550	CPT	outpatient			2194	310.16	First Health	First Health		1535.8	0.7			269.7	2084.3	percent of total billed charges	
CLSD TRT KNEE DISLOC WO ANES	27550	CPT	outpatient			2194	310.16	First Trenton	First Trenton		1974.6	0.9			269.7	2084.3	percent of total billed charges	
CLSD TRT KNEE DISLOC WO ANES	27550	CPT	outpatient			2194	310.16	Horizon	Medicare Blue		269.7	1			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT KNEE DISLOC WO ANES	27550	CPT	outpatient			2194	310.16	Horizon	Indemnity		492.74	1.827			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT KNEE DISLOC WO ANES	27550	CPT	outpatient			2194	310.16	Horizon	MGD		492.74	1.827			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT KNEE DISLOC WO ANES	27550	CPT	outpatient			2194	310.16	Horizon	PPO		492.74	1.827			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLSD TRT KNEE DISLOC W/O ANES	27550	CPT	outpatient			2194		310.16 Managed Care Inc	Managed Care Inc		1974.6	0.9			269.7		2084.3 percent of total billed charges	
CLSD TRT KNEE DISLOC W/O ANES	27550	CPT	outpatient			2194		310.16 Multiplan	Multiplan		1755.2	0.8			269.7		2084.3 percent of total billed charges	
CLSD TRT KNEE DISLOC W/O ANES	27550	CPT	outpatient			2194		310.16 Qualcare	Qualcare		1645.5	0.75			269.7		2084.3 percent of total billed charges	
CLSD TRT KNEE DISLOC W/O ANES	27550	CPT	outpatient			2194		310.16 Three Rivers	Three Rivers		2084.3	0.95			269.7		2084.3 percent of total billed charges	
CLSD TRT KNEE DISLOC W/O ANES	27550	CPT	outpatient			2194		310.16 UHC	Medicare		269.7	1			269.7		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT KNEE DISLOC W/O ANES	27550	CPT	outpatient			2194		310.16 UHC	Medicaid		690.23	0.3146			269.7		2084.3 percent of total billed charges	
CLSD TRT KNEE DISLOC W/O ANES	27550	CPT	outpatient			2194		310.16 Wellcare	Medicaid		690.23	0.3146			269.7		2084.3 percent of total billed charges	
CLSD TRT KNEE DISLOC W/O ANES	27550	CPT	outpatient			2194		310.16 Wellcare	Medicare		269.7	1			269.7		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT KNEE DISLOC W/ ANESTH	27552	CPT	outpatient			6165		2113.84 Aetna	Commercial		2926.29	1.592			1838.12		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT KNEE DISLOC W/ ANESTH	27552	CPT	outpatient			6165		2113.84 Aetna	Better Health		1939.51	0.3146			1838.12		5856.75 percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27552	CPT	outpatient			6165		2113.84 Aetna	Medicare		1838.12	1			1838.12		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT KNEE DISLOC W/ ANESTH	27552	CPT	outpatient			6165		2113.84 Americare	Americare		4623.75	0.75			1838.12		5856.75 percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27552	CPT	outpatient			6165		2113.84 WellPoint	WellPoint		1977.73	0.3208			1838.12		5856.75 percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27552	CPT	outpatient			6165		2113.84 Amerihealth	Medicare		1838.12	1			1838.12		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT KNEE DISLOC W/ ANESTH	27552	CPT	outpatient			6165		2113.84 Consumer	Consumer		5856.75	0.95			1838.12		5856.75 percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27552	CPT	outpatient			6165		2113.84 Corrections	Corrections		4932	0.8			1838.12		5856.75 percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27552	CPT	outpatient			6165		2113.84 First Health	First Health		4315.5	0.7			1838.12		5856.75 percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27552	CPT	outpatient			6165		2113.84 First Trenton	First Trenton		5548.5	0.9			1838.12		5856.75 percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27552	CPT	outpatient			6165		2113.84 Horizon	MGD		3358.25	1.827			1838.12		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT KNEE DISLOC W/ ANESTH	27552	CPT	outpatient			6165		2113.84 Horizon	Indemnity		3358.25	1.827			1838.12		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT KNEE DISLOC W/ ANESTH	27552	CPT	outpatient			6165		2113.84 Horizon	PPO		3358.25	1.827			1838.12		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT KNEE DISLOC W/ ANESTH	27552	CPT	outpatient			6165		2113.84 Horizon	Medicare Blue		1838.12	1			1838.12		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT KNEE DISLOC W/ ANESTH	27552	CPT	outpatient			6165		2113.84 Managed Care Inc	Managed Care Inc		5548.5	0.9			1838.12		5856.75 percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27552	CPT	outpatient			6165		2113.84 Multiplan	Multiplan		4932	0.8			1838.12		5856.75 percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27552	CPT	outpatient			6165		2113.84 Qualcare	Qualcare		4623.75	0.75			1838.12		5856.75 percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27552	CPT	outpatient			6165		2113.84 Three Rivers	Three Rivers		5856.75	0.95			1838.12		5856.75 percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27552	CPT	outpatient			6165		2113.84 UHC	Medicare		1838.12	1			1838.12		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT KNEE DISLOC W/ ANESTH	27552	CPT	outpatient			6165		2113.84 UHC	Medicaid		1939.51	0.3146			1838.12		5856.75 percent of total billed charges	
TREAT KNEE DISLOC W/ ANESTH	27552	CPT	outpatient			6165		2113.84 Wellcare	Medicare		1838.12	1			1838.12		5856.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT KNEE DISLOC W/ ANESTH	27552	CPT	outpatient			6165		2113.84 Wellcare	Medicaid		1939.51	0.3146			1838.12		5856.75 percent of total billed charges	
CLSD TRT PATELLAR DILOC W/O ANE	27560	CPT	outpatient			2194		310.16 Aetna	Commercial		429.36	1.592			269.7		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PATELLAR DILOC W/O ANE	27560	CPT	outpatient			2194		310.16 Aetna	Better Health		690.23	0.3146			269.7		2084.3 percent of total billed charges	
CLSD TRT PATELLAR DILOC W/O ANE	27560	CPT	outpatient			2194		310.16 Aetna	Medicare		675.75	0.308			269.7		2084.3 percent of total billed charges	
CLSD TRT PATELLAR DILOC W/O ANE	27560	CPT	outpatient			2194		310.16 Americare	Americare		1645.5	0.75			269.7		2084.3 percent of total billed charges	
CLSD TRT PATELLAR DILOC W/O ANE	27560	CPT	outpatient			2194		310.16 WellPoint	WellPoint		703.84	0.3208			269.7		2084.3 percent of total billed charges	
CLSD TRT PATELLAR DILOC W/O ANE	27560	CPT	outpatient			2194		310.16 Amerihealth	Medicare		269.7	1			269.7		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PATELLAR DILOC W/O ANE	27560	CPT	outpatient			2194		310.16 Consumer	Consumer		2084.3	0.95			269.7		2084.3 percent of total billed charges	
CLSD TRT PATELLAR DILOC W/O ANE	27560	CPT	outpatient			2194		310.16 Corrections	Corrections		1755.2	0.8			269.7		2084.3 percent of total billed charges	
CLSD TRT PATELLAR DILOC W/O ANE	27560	CPT	outpatient			2194		310.16 First Health	First Health		1535.8	0.7			269.7		2084.3 percent of total billed charges	
CLSD TRT PATELLAR DILOC W/O ANE	27560	CPT	outpatient			2194		310.16 First Trenton	First Trenton		1974.6	0.9			269.7		2084.3 percent of total billed charges	
CLSD TRT PATELLAR DILOC W/O ANE	27560	CPT	outpatient			2194		310.16 Horizon	MGD		492.74	1.827			269.7		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PATELLAR DILOC W/O ANE	27560	CPT	outpatient			2194		310.16 Horizon	Medicare Blue		269.7	1			269.7		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PATELLAR DILOC W/O ANE	27560	CPT	outpatient			2194		310.16 Horizon	Indemnity		492.74	1.827			269.7		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PATELLAR DILOC W/O ANE	27560	CPT	outpatient			2194		310.16 Horizon	PPO		492.74	1.827			269.7		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PATELLAR DILOC W/O ANE	27560	CPT	outpatient			2194		310.16 Managed Care Inc	Managed Care Inc		1974.6	0.9			269.7		2084.3 percent of total billed charges	
CLSD TRT PATELLAR DILOC W/O ANE	27560	CPT	outpatient			2194		310.16 Multiplan	Multiplan		1755.2	0.8			269.7		2084.3 percent of total billed charges	
CLSD TRT PATELLAR DILOC W/O ANE	27560	CPT	outpatient			2194		310.16 Qualcare	Qualcare		1645.5	0.75			269.7		2084.3 percent of total billed charges	
CLSD TRT PATELLAR DILOC W/O ANE	27560	CPT	outpatient			2194		310.16 Three Rivers	Three Rivers		2084.3	0.95			269.7		2084.3 percent of total billed charges	
CLSD TRT PATELLAR DILOC W/O ANE	27560	CPT	outpatient			2194		310.16 UHC	Medicare		269.7	1			269.7		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PATELLAR DILOC W/O ANE	27560	CPT	outpatient			2194		310.16 UHC	Medicaid		690.23	0.3146			269.7		2084.3 percent of total billed charges	
CLSD TRT PATELLAR DILOC W/O ANE	27560	CPT	outpatient			2194		310.16 Wellcare	Medicaid		690.23	0.3146			269.7		2084.3 percent of total billed charges	
CLSD TRT PATELLAR DILOC W/O ANE	27560	CPT	outpatient			2194		310.16 Wellcare	Medicare		269.7	1			269.7		2084.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Aetna	Better Health		272.44	0.3146			269.7		822.7 percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Aetna	Commercial		429.36	1.592			269.7		822.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Aetna	Medicare		269.7	1			269.7		822.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Americare	Americare		649.5	0.75			269.7		822.7 percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 WellPoint	WellPoint		277.81	0.3208			269.7		822.7 percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Amerihealth	Medicare		269.7	1			269.7		822.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Consumer	Consumer		822.7	0.95			269.7		822.7 percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Corrections	Corrections		692.8	0.8			269.7		822.7 percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 First Health	First Health		606.2	0.7			269.7		822.7 percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 First Trenton	First Trenton		779.4	0.9			269.7		822.7 percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Horizon	Indemnity		492.74	1.827			269.7		822.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Horizon	Medicare Blue		269.7	1			269.7		822.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Horizon	PPO		492.74	1.827			269.7		822.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Horizon	MGD		492.74	1.827			269.7		822.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Managed Care Inc	Managed Care Inc		779.4	0.9			269.7		822.7 percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Multiplan	Multiplan		692.8	0.8			269.7		822.7 percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Qualcare	Qualcare		649.5	0.75			269.7		822.7 percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Three Rivers	Three Rivers		822.7	0.95			269.7		822.7 percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 UHC	Medicare		269.7	1			269.7		822.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 UHC	Medicaid		272.44	0.3146			269.7		822.7 percent of total billed charges	
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Wellcare	Medicare		269.7	1			269.7		822.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX PATLR DISLTN; W ANS	27562	CPT	outpatient			866		310.16 Wellcare	Medicaid		272.44	0.3146			269.7		822.7 percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746		2113.84 Aetna	Medicare		1838.12	1			1493.09		4508.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746		2113.84 Aetna	Commercial		2926.29	1.592			1493.09		4508.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746		2113.84 Aetna	Better Health		1493.09	0.3146			1493.09		4508.7 percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746		2113.84 Americare	Americare		3559.5	0.75			1493.09		4508.7 percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746		2113.84 WellPoint	WellPoint		1522.52	0.3208			1493.09		4508.7 percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746		2113.84 Amerihealth	Medicare		1838.12	1			1493.09		4508.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746		2113.84 Consumer	Consumer		4508.7	0.95			1493.09		4508.7 percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746		2113.84 Corrections	Corrections		3796.8	0.8			1493.09		4508.7 percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746		2113.84 First Health	First Health		3322.2	0.7			1493.09		4508.7 percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746		2113.84 First Trenton	First Trenton		4271.4	0.9			1493.09		4508.7 percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746		2113.84 Horizon	MGD		3358.25	1.827			1493.09		4508.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746		2113.84 Horizon	Indemnity		3358.25	1.827			1493.09		4508.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746		2113.84 Horizon	Medicare Blue		1838.12	1			1493.09		4508.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746		2113.84 Horizon	PPO		3358.25	1.827			1493.09		4508.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746		2113.84 Managed Care Inc	Managed Care Inc		4271.4	0.9			1493.09		4508.7 percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746		2113.84 Multiplan	Multiplan		3796.8	0.8			1493.09		4508.7 percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746		2113.84 Qualcare	Qualcare		3559.5	0.75			1493.09		4508.7 percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746		2113.84 Three Rivers	Three Rivers		4508.7	0.95			1493.09		4508.7 percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746		2113.84 UHC	Medicare		1838.12	1			1493.09		4508.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746		2113.84 UHC	Medicaid		1493.09	0.3146			1493.09		4508.7 percent of total billed charges	
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746		2113.84 Wellcare	Medicare		1838.12	1			1493.09		4508.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION KNEE JNOIN U/ANES	27570	CPT	outpatient			4746		2113.84 Wellcare	Medicaid		1493.09	0.3146			1493.09		4508.7 percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Aetna	Medicare		14851.76	0.308			14466		45809 percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Aetna	Better Health		15170.01	0.3146			14466		45809 percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Aetna	Commercial		18323.6	0.38			14466		45809 percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Americare	Americare		36165	0.75			14466		45809 percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		WellPoint	WellPoint		15468.98	0.3208			14466		45809 percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Consumer	Consumer		45809	0.95			14466		45809 percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Corrections	Corrections		36576	0.8			14466		45809 percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		First Health	First Health		33754	0.7			14466		45809 percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		First Trenton	First Trenton		43398	0.9			14466		45809 percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Horizon	MGD		18458.62	0.3828			14466		45809 percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Horizon	Medicare Blue		14466	0.3			14466		45809 percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Horizon	Indemnity		18458.62	0.3828			14466		45809 percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Horizon	PPO		18458.62	0.3828			14466		45809 percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Managed Care Inc	Managed Care Inc		43398	0.9			14466		45809 percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Multiplan	Multiplan		36576	0.8			14466		45809 percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Qualcare	Qualcare		36165	0.75			14466		45809 percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Three Rivers	Three Rivers		45809	0.95			14466		45809 percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		UHC	Medicaid		15170.01	0.3146			14466		45809 percent of total billed charges	
DISARTICULATION AT KNEE	27598	CPT	outpatient			48220		Wellcare	Medicaid		15170.01	0.3146			14466		45809 percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280		3737.2 Aetna	Better Health		2919.49	0.3146			2858.24		8816 percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280		3737.2 Aetna	Commercial		5173.59	1.592			2858.24		8816 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280		3737.2 Aetna	Medicare		2858.24	0.308			2858.24		8816 percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280		3737.2 Americare	Americare		6960	0.75			2858.24		8816 percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280		3737.2 WellPoint	WellPoint		2977.02	0.3208			2858.24		8816 percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280		3737.2 Amerihealth	Medicare		3249.74	1			2858.24		8816 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280		3737.2 Consumer	Consumer		8816	0.95			2858.24		8816 percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280		3737.2 Corrections	Corrections		7424	0.8			2858.24		8816 percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280		3737.2 First Health	First Health		6496	0.7			2858.24		8816 percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280		3737.2 First Trenton	First Trenton		8352	0.9			2858.24		8816 percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280		3737.2 Horizon	PPO		5937.27	1.827			2858.24		8816 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280		3737.2 Horizon	Medicare Blue		3249.74	1			2858.24		8816 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280		3737.2 Horizon	MGD		5937.27	1.827			2858.24		8816 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280		3737.2 Horizon	Indemnity		5937.27	1.827			2858.24		8816 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280		3737.2 Managed Care Inc	Managed Care Inc		8352	0.9			2858.24		8816 percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280		3737.2 Multiplan	Multiplan		7424	0.8			2858.24		8816 percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280		3737.2 Qualcare	Qualcare		6960	0.75			2858.24		8816 percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280		3737.2 Three Rivers	Three Rivers		8816	0.95			2858.24		8816 percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280		3737.2 UHC	Medicare		3249.74	1			2858.24		8816 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280		3737.2 UHC	Medicaid		2919.49	0.3146			2858.24		8816 percent of total billed charges	
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280		3737.2 Wellcare	Medicare		3249.74	1			2858.24		8816 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LEG/ANKLE DEEP ABSC/HEMATOMA	27603	CPT	outpatient			9280		3737.2 Wellcare	Medicaid		2919.49	0.3146			2858.24		8816 percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R LOCA	27605	CPT	outpatient			7898		2113.84 Aetna	Better Health		2484.71	0.3146			1645.04		7503.1 percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R LOCA	27605	CPT	outpatient			7898		2113.84 Aetna	Commercial		2926.29	1.592			1645.04		7503.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ACHILLES TENDON PERCUT R LOCA	27605	CPT	outpatient			7898		2113.84 Aetna	Medicare		1838.12	1			1645.04		7503.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ACHILLES TENDON PERCUT R LOCA	27605	CPT	outpatient			7898		2113.84 Americare	Americare		5923.5	0.75			1645.04		7503.1 percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R LOCA	27605	CPT	outpatient			7898		2113.84 WellPoint	WellPoint		2533.68	0.3208			1645.04		7503.1 percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R LOCA	27605	CPT	outpatient			7898		2113.84 Amerihealth	Medicare		1838.12	1			1645.04		7503.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TENOTOMY ACHILLES TENDON PERCUT R LOCA	27605	CPT	outpatient			7898	2113.84	Consumer	Consumer		7503.1	0.95			1645.04	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R LOCA	27605	CPT	outpatient			7898	2113.84	Corrections	Corrections		6318.4	0.8			1645.04	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R LOCA	27605	CPT	outpatient			7898	2113.84	First Health	First Health		5528.6	0.7			1645.04	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R LOCA	27605	CPT	outpatient			7898	2113.84	First Trenton	First Trenton		7108.2	0.9			1645.04	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R LOCA	27605	CPT	outpatient			7898	2113.84	Horizon	Medicare Blue		1838.12	1			1645.04	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ACHILLES TENDON PERCUT R LOCA	27605	CPT	outpatient			7898	2113.84	Horizon	PPO		3358.25	1.827			1645.04	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ACHILLES TENDON PERCUT R LOCA	27605	CPT	outpatient			7898	2113.84	Horizon	MGD		3358.25	1.827			1645.04	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ACHILLES TENDON PERCUT R LOCA	27605	CPT	outpatient			7898	2113.84	Horizon	Indemnity		3358.25	1.827			1645.04	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ACHILLES TENDON PERCUT R LOCA	27605	CPT	outpatient			7898	2113.84	Managed Care Inc	Managed Care Inc		7108.2	0.9			1645.04	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R LOCA	27605	CPT	outpatient			7898	2113.84	Multiplan	Multiplan		6318.4	0.8			1645.04	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R LOCA	27605	CPT	outpatient			7898	2113.84	Qualcare	Qualcare		5923.5	0.75			1645.04	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R LOCA	27605	CPT	outpatient			7898	2113.84	Three Rivers	Three Rivers		7503.1	0.95			1645.04	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R LOCA	27605	CPT	outpatient			7898	2113.84	UHC	Medicare		1838.12	1			1645.04	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY ACHILLES TENDON PERCUT R LOCA	27605	CPT	outpatient			7898	2113.84	UHC	Medicaid		2484.71	0.3146			1645.04	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R LOCA	27605	CPT	outpatient			7898	2113.84	Wellcare	Medicaid		2484.71	0.3146			1645.04	7503.1	percent of total billed charges	
TENOTOMY ACHILLES TENDON PERCUT R LOCA	27605	CPT	outpatient			7898	2113.84	Wellcare	Medicare		1838.12	1			1645.04	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Aetna	Commercial		2951.93	1.592			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Aetna	Better Health		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Aetna	Medicare		1682.91	0.308			1682.91	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Americare	Americare		4098	0.75			1682.91	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	WellPoint	WellPoint		1752.85	0.3208			1682.91	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Amerihealth	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Consumer	Consumer		5190.8	0.95			1682.91	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Corrections	Corrections		4371.2	0.8			1682.91	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	First Health	First Health		3824.8	0.7			1682.91	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	First Trenton	First Trenton		4917.6	0.9			1682.91	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Horizon	MGD		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Horizon	Indemnity		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Horizon	Medicare Blue		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Horizon	PPO		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Managed Care Inc	Managed Care Inc		4917.6	0.9			1682.91	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Multiplan	Multiplan		4371.2	0.8			1682.91	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Qualcare	Qualcare		4098	0.75			1682.91	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Three Rivers	Three Rivers		5190.8	0.95			1682.91	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	UHC	Medicaid		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	UHC	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Wellcare	Medicaid		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
BX SOFT TISSUE LEG/ANKLE	27613	CPT	outpatient			5464	2132.36	Wellcare	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISN TNDN SHTH/CPSL,LEG/ANKL	27630	CPT	outpatient			11171	4257.16	Aetna	Commercial		5893.39	1.592			3514.4	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISN TNDN SHTH/CPSL,LEG/ANKL	27630	CPT	outpatient			11171	4257.16	Aetna	Better Health		3514.4	0.3146			3514.4	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL,LEG/ANKL	27630	CPT	outpatient			11171	4257.16	Aetna	Medicare		3701.88	1			3514.4	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISN TNDN SHTH/CPSL,LEG/ANKL	27630	CPT	outpatient			11171	4257.16	Americare	Americare		8378.25	0.75			3514.4	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL,LEG/ANKL	27630	CPT	outpatient			11171	4257.16	WellPoint	WellPoint		3583.66	0.3208			3514.4	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL,LEG/ANKL	27630	CPT	outpatient			11171	4257.16	Amerihealth	Medicare		3701.88	1			3514.4	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISN TNDN SHTH/CPSL,LEG/ANKL	27630	CPT	outpatient			11171	4257.16	Consumer	Consumer		10612.45	0.95			3514.4	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL,LEG/ANKL	27630	CPT	outpatient			11171	4257.16	Corrections	Corrections		8936.8	0.8			3514.4	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL,LEG/ANKL	27630	CPT	outpatient			11171	4257.16	First Health	First Health		7819.7	0.7			3514.4	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL,LEG/ANKL	27630	CPT	outpatient			11171	4257.16	First Trenton	First Trenton		10053.9	0.9			3514.4	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL,LEG/ANKL	27630	CPT	outpatient			11171	4257.16	Horizon	MGD		6763.33	1.827			3514.4	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISN TNDN SHTH/CPSL,LEG/ANKL	27630	CPT	outpatient			11171	4257.16	Horizon	PPO		6763.33	1.827			3514.4	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISN TNDN SHTH/CPSL,LEG/ANKL	27630	CPT	outpatient			11171	4257.16	Horizon	Medicare Blue		3701.88	1			3514.4	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISN TNDN SHTH/CPSL,LEG/ANKL	27630	CPT	outpatient			11171	4257.16	Horizon	Indemnity		6763.33	1.827			3514.4	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISN TNDN SHTH/CPSL,LEG/ANKL	27630	CPT	outpatient			11171	4257.16	Managed Care Inc	Managed Care Inc		10053.9	0.9			3514.4	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL,LEG/ANKL	27630	CPT	outpatient			11171	4257.16	Multiplan	Multiplan		8936.8	0.8			3514.4	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL,LEG/ANKL	27630	CPT	outpatient			11171	4257.16	Qualcare	Qualcare		8378.25	0.75			3514.4	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL,LEG/ANKL	27630	CPT	outpatient			11171	4257.16	Three Rivers	Three Rivers		10612.45	0.95			3514.4	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL,LEG/ANKL	27630	CPT	outpatient			11171	4257.16	UHC	Medicaid		3514.4	0.3146			3514.4	10612.45	percent of total billed charges	
EXC ISN TNDN SHTH/CPSL,LEG/ANKL	27630	CPT	outpatient			11171	4257.16	UHC	Medicare		3701.88	1			3514.4	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISN TNDN SHTH/CPSL,LEG/ANKL	27630	CPT	outpatient			11171	4257.16	Wellcare	Medicare		3701.88	1			3514.4	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC ISN TNDN SHTH/CPSL,LEG/ANKL	27630	CPT	outpatient			11171	4257.16	Wellcare	Medicaid		3514.4	0.3146			3514.4	10612.45	percent of total billed charges	
LEG/ ANKLE JOINT STERIOD INJECTION	27648	CPT	outpatient			3060		Aetna	Better Health		962.68	0.3146			460.8	2907	percent of total billed charges	
LEG/ ANKLE JOINT STERIOD INJECTION	27648	CPT	outpatient			3060		Aetna	Commercial		1162.8	0.38			460.8	2907	percent of total billed charges	
LEG/ ANKLE JOINT STERIOD INJECTION	27648	CPT	outpatient			3060		Aetna	Medicare		942.48	0.308			460.8	2907	percent of total billed charges	
LEG/ ANKLE JOINT STERIOD INJECTION	27648	CPT	outpatient			3060		Americare	Americare		2295	0.75			460.8	2907	percent of total billed charges	
LEG/ ANKLE JOINT STERIOD INJECTION	27648	CPT	outpatient			3060		WellPoint	WellPoint		981.65	0.3208			460.8	2907	percent of total billed charges	
LEG/ ANKLE JOINT STERIOD INJECTION	27648	CPT	outpatient			3060		Consumer	Consumer		2907	0.95			460.8	2907	percent of total billed charges	
LEG/ ANKLE JOINT STERIOD INJECTION	27648	CPT	outpatient			3060		Corrections	Corrections		2448	0.8			460.8	2907	percent of total billed charges	
LEG/ ANKLE JOINT STERIOD INJECTION	27648	CPT	outpatient			3060		First Health	First Health		2142	0.7			460.8	2907	percent of total billed charges	
LEG/ ANKLE JOINT STERIOD INJECTION	27648	CPT	outpatient			3060		First Trenton	First Trenton		2754	0.9			460.8	2907	percent of total billed charges	
LEG/ ANKLE JOINT STERIOD INJECTION	27648	CPT	outpatient			3060		Horizon	Medicare Blue		918	0.3			460.8	2907	percent of total billed charges	
LEG/ ANKLE JOINT STERIOD INJECTION	27648	CPT	outpatient			3060		Horizon	Indemnity		1171.37	0.3828			460.8	2907	percent of total billed charges	
LEG/ ANKLE JOINT STERIOD INJECTION	27648	CPT	outpatient			3060		Horizon	MGD		1171.37	0.3828			460.8	2907	percent of total billed charges	
LEG/ ANKLE JOINT STERIOD INJECTION	27648	CPT	outpatient			3060		Horizon	PPO		1171.37	0.3828			460.8	2907	percent of total billed charges	
LEG/ ANKLE JOINT STERIOD INJECTION	27648	CPT	outpatient			3060		Managed Care Inc	Managed Care Inc		2754	0.9			460.8	2907	percent of total billed charges	
LEG/ ANKLE JOINT STERIOD INJECTION	27648	CPT	outpatient			3060		Multiplan	Multiplan		2448	0.8			460.8	2907	percent of total billed charges	
LEG/ ANKLE JOINT STERIOD INJECTION	27648	CPT	outpatient			3060		Qualcare	Qualcare		2295	0.75			460.8	2907	percent of total billed charges	
LEG/ ANKLE JOINT STERIOD INJECTION	27648	CPT	outpatient			3060		Three Rivers	Three Rivers		2907	0.95			460.8	2907	percent of total billed charges	
LEG/ ANKLE JOINT STERIOD INJECTION	27648	CPT	outpatient			3060		UHC	Medicaid		962.68	0.3146			460.8	2907	percent of total billed charges	
LEG/ ANKLE JOINT STERIOD INJECTION	27648	CPT	outpatient			3060		Wellcare	Medicaid		962.68	0.3146			460.8	2907	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194	310.16	Aetna	Commercial		429.36	1.592			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194	310.16	Aetna	Better Health		690.23	0.3146			237.21	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194	310.16	Aetna	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194	310.16	Americare	Americare		1645.5	0.75			237.21	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194	310.16	WellPoint	WellPoint		703.84	0.3208			237.21	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194	310.16	Amerihealth	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194	310.16	Consumer	Consumer		2084.3	0.95			237.21	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194	310.16	Corrections	Corrections		1755.2	0.8			237.21	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194	310.16	First Health	First Health		1535.8	0.7			237.21	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194	310.16	First Trenton	First Trenton		1974.6	0.9			237.21	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194	310.16	Horizon	Indemnity		492.74	1.827			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194	310.16	Horizon	MGD		492.74	1.827			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194	310.16	Horizon	PPO		492.74	1.827			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194	310.16	Horizon	Medicare Blue		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194	310.16	Managed Care Inc	Managed Care Inc		1974.6	0.9			237.21	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194	310.16	Multiplan	Multiplan		1755.2	0.8			237.21	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194	310.16	Qualcare	Qualcare		1645.5	0.75			237.21	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194	310.16	Three Rivers	Three Rivers		2084.3	0.95			237.21	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194	310.16	UHC	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194	310.16	UHC	Medicaid		690.23	0.3146			237.21	2084.3	percent of total billed charges	
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194	310.16	Wellcare	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL SHAFT FX W/O MANIP	27750	CPT	outpatient			2194	310.16	Wellcare	Medicaid		690.23	0.3146			237.21	2084.3	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757	2113.84	Aetna	Better Health		1496.55	0.3146			1496.55	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757	2113.84	Aetna	Commercial		2926.29	1.592			1496.55	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757	2113.84	Aetna	Medicare		1838.12	1			1496.55	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757	2113.84	Americare	Americare		3567.75	0.75			1496.55	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757	2113.84	WellPoint	WellPoint		1526.05	0.3208			1496.55	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757	2113.84	Amerihealth	Medicare		1838.12	1			1496.55	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757	2113.84	Consumer	Consumer		4519.15	0.95			1496.55	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757	2113.84	Corrections	Corrections		3805.6	0.8			1496.55	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757	2113.84	First Health	First Health		3329.9	0.7			1496.55	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757	2113.84	First Trenton	First Trenton		4281.3	0.9			1496.55	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757	2113.84	Horizon	Medicare Blue		1838.12	1			1496.55	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757	2113.84	Horizon	Indemnity		3358.25	1.827			1496.55	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757	2113.84	Horizon	MGD		3358.25	1.827			1496.55	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757	2113.84	Horizon	PPO		3358.25	1.827			1496.55	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757	2113.84	Managed Care Inc	Managed Care Inc		4281.3	0.9			1496.55	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757	2113.84	Multiplan	Multiplan		3805.6	0.8			1496.55	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757	2113.84	Qualcare	Qualcare		3567.75	0.75			1496.55	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757	2113.84	Three Rivers	Three Rivers		4519.15	0.95			1496.55	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757	2113.84	UHC	Medicaid		1496.55	0.3146			1496.55	4519.15	percent of total billed charges	
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757	2113.84	UHC	Medicare		1838.12	1			1496.55	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757	2113.84	Wellcare	Medicare		1838.12	1			1496.55	4519.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT TIB SHAFT FCT W MAN	27752	CPT	outpatient			4757	2113.84	Wellcare	Medicaid		1496.55	0.3146			1496.55	4519.15	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX FIX	27758	CPT	outpatient			17896	17309.86	Aetna	Medicare		5511.97	0.308			5511.97	27500.1	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX FIX	27758	CPT	outpatient			17896	17309.86	Aetna	Better Health		5630.08	0.3146			5511.97	27500.1	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX FIX	27758	CPT	outpatient			17896	17309.86	Aetna	Commercial		23962.86	1.592			5511.97	27500.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TIBIAL SHAFT FX FIX	27758	CPT	outpatient			17896	17309.86	Americare	Americare		13422	0.75			5511.97	27500.1	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX FIX	27758	CPT	outpatient			17896	17309.86	WellPoint	WellPoint		5741.04	0.3208			5511.97	27500.1	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX FIX	27758	CPT	outpatient			17896	17309.86	Amerihealth	Medicare		15052.05	1			5511.97	27500.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TIBIAL SHAFT FX FIX	27758	CPT	outpatient			17896	17309.86	Consumer	Consumer		17001.2	0.95			5511.97	27500.1	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX FIX	27758	CPT	outpatient			17896	17309.86	Corrections	Corrections		14316.8	0.8			5511.97	27500.1	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX FIX	27758	CPT	outpatient			17896	17309.86	First Health	First Health		12527.2	0.7			5511.97	27500.1	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX FIX	27758	CPT	outpatient			17896	17309.86	First Trenton	First Trenton		16106.4	0.9			5511.97	27500.1	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX FIX	27758	CPT	outpatient			17896	17309.86	Horizon	MGD		27500.1	1.827			5511.97	27500.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TIBIAL SHAFT FX FIX	27758	CPT	outpatient			17896	17309.86	Horizon	Indemnity		27500.1	1.827			5511.97	27500.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TIBIAL SHAFT FX FIX	27758	CPT	outpatient			17896	17309.86	Horizon	Medicare Blue		15052.05	1			5511.97	27500.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TIBIAL SHAFT FX FIX	27758	CPT	outpatient			17896	17309.86	Horizon	PPO		27500.1	1.827			5511.97	27500.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TIBIAL SHAFT FX FIX	27758	CPT	outpatient			17896	17309.86	Managed Care Inc	Managed Care Inc		16106.4	0.9			5511.97	27500.1	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX FIX	27758	CPT	outpatient			17896	17309.86	Multiplan	Multiplan		14316.8	0.8			5511.97	27500.1	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX FIX	27758	CPT	outpatient			17896	17309.86	Qualcare	Qualcare		13422	0.75			5511.97	27500.1	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX FIX	27758	CPT	outpatient			17896	17309.86	Three Rivers	Three Rivers		17001.2	0.95			5511.97	27500.1	percent of total billed charges	
OPEN RX TIBIAL SHAFT FX FIX	27758	CPT	outpatient			17896	17309.86	UHC	Medicare		15052.05	1			5511.97	27500.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TIBIAL SHAFT FX FI

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OPEN RX TIBIAL SHAFT FX FIX	27758	CPT	outpatient			17896	17309.86	Wellcare	Medicare		15052.05	1			5511.97	27500.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TIBIAL SHAFT FX FIX	27758	CPT	outpatient			17896	17309.86	Wellcare	Medicaid		5630.08	0.3146			5511.97	27500.1	percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Aetna	Better Health		3000.03	0.3146			237.21	9059.2	percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Aetna	Commercial		429.36	1.592			237.21	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Aetna	Medicare		269.7	1			237.21	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Americare	Americare		7152	0.75			237.21	9059.2	percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	WellPoint	WellPoint		3059.15	0.3208			237.21	9059.2	percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Amerihealth	Medicare		269.7	1			237.21	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Consumer	Consumer		9059.2	0.95			237.21	9059.2	percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Corrections	Corrections		7628.8	0.8			237.21	9059.2	percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	First Health	First Health		6675.2	0.7			237.21	9059.2	percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	First Trenton	First Trenton		8582.4	0.9			237.21	9059.2	percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Horizon	PPO		492.74	1.827			237.21	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Horizon	MGD		492.74	1.827			237.21	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Horizon	Indemnity		492.74	1.827			237.21	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Horizon	Medicare Blue		269.7	1			237.21	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Managed Care Inc	Managed Care Inc		8582.4	0.9			237.21	9059.2	percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Multiplan	Multiplan		7628.8	0.8			237.21	9059.2	percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Qualcare	Qualcare		7152	0.75			237.21	9059.2	percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Three Rivers	Three Rivers		9059.2	0.95			237.21	9059.2	percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	UHC	Medicaid		3000.03	0.3146			237.21	9059.2	percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	UHC	Medicare		269.7	1			237.21	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Wellcare	Medicaid		3000.03	0.3146			237.21	9059.2	percent of total billed charges	
MEDIAL MALLEOLUS FX W/O MANIP	27760	CPT	outpatient			9536	310.16	Wellcare	Medicare		269.7	1			237.21	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Aetna	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Aetna	Commercial		2926.29	1.592			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Aetna	Better Health		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Americare	Americare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	WellPoint	WellPoint		1686.45	0.3208			1653.85	4994.15	percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Amerihealth	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Consumer	Consumer		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Corrections	Corrections		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	First Health	First Health		3679.9	0.7			1653.85	4994.15	percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	First Trenton	First Trenton		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Horizon	MGD		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Horizon	Medicare Blue		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Horizon	Indemnity		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Horizon	PPO		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Managed Care Inc	Managed Care Inc		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Multiplan	Multiplan		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Qualcare	Qualcare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Three Rivers	Three Rivers		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	UHC	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	UHC	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Wellcare	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CI RED MED MALLEOUS FX	27762	CPT	outpatient			5257	2113.84	Wellcare	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Aetna	Commercial		429.36	1.592			179.56	553.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Aetna	Better Health		183.41	0.3146			179.56	553.85	percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Aetna	Medicare		179.56	0.308			179.56	553.85	percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Americare	Americare		437.25	0.75			179.56	553.85	percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	WellPoint	WellPoint		187.03	0.3208			179.56	553.85	percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Amerihealth	Medicare		269.7	1			179.56	553.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Consumer	Consumer		553.85	0.95			179.56	553.85	percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Corrections	Corrections		466.4	0.8			179.56	553.85	percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	First Health	First Health		408.1	0.7			179.56	553.85	percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	First Trenton	First Trenton		524.7	0.9			179.56	553.85	percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Horizon	MGD		492.74	1.827			179.56	553.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Horizon	Medicare Blue		269.7	1			179.56	553.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Horizon	Indemnity		492.74	1.827			179.56	553.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Horizon	PPO		492.74	1.827			179.56	553.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Managed Care Inc	Managed Care Inc		524.7	0.9			179.56	553.85	percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Multiplan	Multiplan		466.4	0.8			179.56	553.85	percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Qualcare	Qualcare		437.25	0.75			179.56	553.85	percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Three Rivers	Three Rivers		553.85	0.95			179.56	553.85	percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	UHC	Medicaid		183.41	0.3146			179.56	553.85	percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	UHC	Medicare		269.7	1			179.56	553.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Wellcare	Medicaid		183.41	0.3146			179.56	553.85	percent of total billed charges	
CLSD TX MALLEOLUS FX W/O MANIP	27767	CPT	outpatient			583	310.16	Wellcare	Medicare		269.7	1			179.56	553.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Aetna	Better Health		1653.85	0.3146			1619.16	4994.15	percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Aetna	Medicare		1619.16	0.308			1619.16	4994.15	percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Aetna	Commercial		2926.29	1.592			1619.16	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Americare	Americare		3942.75	0.75			1619.16	4994.15	percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	WellPoint	WellPoint		1686.45	0.3208			1619.16	4994.15	percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Amerihealth	Medicare		1838.12	1			1619.16	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Consumer	Consumer		4994.15	0.95			1619.16	4994.15	percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Corrections	Corrections		4205.6	0.8			1619.16	4994.15	percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	First Health	First Health		3679.9	0.7			1619.16	4994.15	percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	First Trenton	First Trenton		4731.3	0.9			1619.16	4994.15	percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Horizon	Indemnity		3358.25	1.827			1619.16	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Horizon	Medicare Blue		1838.12	1			1619.16	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Horizon	PPO		3358.25	1.827			1619.16	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Horizon	MGD		3358.25	1.827			1619.16	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Managed Care Inc	Managed Care Inc		4731.3	0.9			1619.16	4994.15	percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Multiplan	Multiplan		4205.6	0.8			1619.16	4994.15	percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Qualcare	Qualcare		3942.75	0.75			1619.16	4994.15	percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Three Rivers	Three Rivers		4994.15	0.95			1619.16	4994.15	percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	UHC	Medicaid		1653.85	0.3146			1619.16	4994.15	percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	UHC	Medicare		1838.12	1			1619.16	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Wellcare	Medicaid		1653.85	0.3146			1619.16	4994.15	percent of total billed charges	
CLOSED TX MALLEOLUS FX	27768	CPT	outpatient			5257	2113.84	Wellcare	Medicare		1838.12	1			1619.16	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Aetna	Better Health		690.23	0.3146			269.7	2084.3	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Aetna	Commercial		429.36	1.592			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Aetna	Medicare		269.7	1			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Americare	Americare		1645.5	0.75			269.7	2084.3	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	WellPoint	WellPoint		703.84	0.3208			269.7	2084.3	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Amerihealth	Medicare		269.7	1			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Consumer	Consumer		2084.3	0.95			269.7	2084.3	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Corrections	Corrections		1755.2	0.8			269.7	2084.3	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	First Health	First Health		1535.8	0.7			269.7	2084.3	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	First Trenton	First Trenton		1974.6	0.9			269.7	2084.3	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Horizon	Indemnity		492.74	1.827			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Horizon	MGD		492.74	1.827			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Horizon	Medicare Blue		269.7	1			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Horizon	PPO		492.74	1.827			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Managed Care Inc	Managed Care Inc		1974.6	0.9			269.7	2084.3	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Multiplan	Multiplan		1755.2	0.8			269.7	2084.3	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Qualcare	Qualcare		1645.5	0.75			269.7	2084.3	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Three Rivers	Three Rivers		2084.3	0.95			269.7	2084.3	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	UHC	Medicare		269.7	1			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	UHC	Medicaid		690.23	0.3146			269.7	2084.3	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Wellcare	Medicaid		690.23	0.3146			269.7	2084.3	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W/O MAN	27780	CPT	outpatient			2194	310.16	Wellcare	Medicare		269.7	1			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Aetna	Better Health		690.23	0.3146			690.23	3358.25	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Aetna	Commercial		2926.29	1.592			690.23	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Aetna	Medicare		1838.12	1			690.23	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Americare	Americare		1645.5	0.75			690.23	3358.25	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	WellPoint	WellPoint		703.84	0.3208			690.23	3358.25	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Amerihealth	Medicare		1838.12	1			690.23	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Consumer	Consumer		2084.3	0.95			690.23	3358.25	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Corrections	Corrections		1755.2	0.8			690.23	3358.25	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	First Health	First Health		1535.8	0.7			690.23	3358.25	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	First Trenton	First Trenton		1974.6	0.9			690.23	3358.25	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Horizon	Medicare Blue		1838.12	1			690.23	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Horizon	MGD		3358.25	1.827			690.23	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Horizon	Indemnity		3358.25	1.827			690.23	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Horizon	PPO		3358.25	1.827			690.23	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Managed Care Inc	Managed Care Inc		1974.6	0.9			690.23	3358.25	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Multiplan	Multiplan		1755.2	0.8			690.23	3358.25	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Qualcare	Qualcare		1645.5	0.75			690.23	3358.25	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Three Rivers	Three Rivers		2084.3	0.95			690.23	3358.25	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	UHC	Medicaid		690.23	0.3146			690.23	3358.25	percent of total billed charges	
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	UHC	Medicare		1838.12	1			690.23	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Wellcare	Medicare		1838.12	1			690.23	3358.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT PROX FIB/SHFT W MAN	27781	CPT	outpatient			2194	2113.84	Wellcare	Medicaid		690.23	0.3146			690.23	3358.25	percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858	310.16	Aetna	Better Health		269.93	0.3146			232.23	815.1	percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858	310.16	Aetna	Commercial		429.36	1.592			232.23	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858	310.16	Aetna	Medicare		264.26	0.308			232.23	815.1	percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858	310.16	Americare	Americare		643.5	0.75			232.23	815.1	percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858	310.16	WellPoint	WellPoint		275.25	0.3208			232.23	815.1	percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858	310.16	Amerihealth	Medicare		269.7	1			232.23	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858	310.16	Consumer	Consumer		815.1	0.95			232.23	815.1	percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858	310.16	Corrections	Corrections		686.4	0.8			232.23	815.1	percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858	310.16	First Health	First Health		600.6	0.7			232.23	815.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858	310.16	First Trenton	First Trenton		772.2	0.9			232.23	815.1	percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858	310.16	Horizon	PPO		492.74	1.827			232.23	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858	310.16	Horizon	MGD		492.74	1.827			232.23	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858	310.16	Horizon	Indemnity		492.74	1.827			232.23	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858	310.16	Horizon	Medicare Blue		269.7	1			232.23	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858	310.16	Managed Care Inc	Managed Care Inc		772.2	0.9			232.23	815.1	percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858	310.16	Multiplan	Multiplan		686.4	0.8			232.23	815.1	percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858	310.16	Qualcare	Qualcare		643.5	0.75			232.23	815.1	percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858	310.16	Three Rivers	Three Rivers		815.1	0.95			232.23	815.1	percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858	310.16	UHC	Medicare		269.7	1			232.23	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858	310.16	UHC	Medicaid		269.93	0.3146			232.23	815.1	percent of total billed charges	
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858	310.16	Wellcare	Medicare		269.7	1			232.23	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISTAL FIBULAR FX W/O MANIP	27786	CPT	outpatient			858	310.16	Wellcare	Medicaid		269.93	0.3146			232.23	815.1	percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196	310.16	Aetna	Better Health		376.26	0.3146			237.21	1136.2	percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196	310.16	Aetna	Medicare		269.7	1			237.21	1136.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196	310.16	Aetna	Commercial		429.36	1.592			237.21	1136.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196	310.16	Americare	Americare		897	0.75			237.21	1136.2	percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196	310.16	WellPoint	WellPoint		383.68	0.3208			237.21	1136.2	percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196	310.16	Amerihealth	Medicare		269.7	1			237.21	1136.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196	310.16	Consumer	Consumer		1136.2	0.95			237.21	1136.2	percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196	310.16	Corrections	Corrections		956.8	0.8			237.21	1136.2	percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196	310.16	First Health	First Health		837.2	0.7			237.21	1136.2	percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196	310.16	First Trenton	First Trenton		1076.4	0.9			237.21	1136.2	percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196	310.16	Horizon	Indemnity		492.74	1.827			237.21	1136.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196	310.16	Horizon	PPO		492.74	1.827			237.21	1136.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196	310.16	Horizon	MGD		492.74	1.827			237.21	1136.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196	310.16	Horizon	Medicare Blue		269.7	1			237.21	1136.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196	310.16	Managed Care Inc	Managed Care Inc		1076.4	0.9			237.21	1136.2	percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196	310.16	Multiplan	Multiplan		956.8	0.8			237.21	1136.2	percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196	310.16	Qualcare	Qualcare		897	0.75			237.21	1136.2	percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196	310.16	Three Rivers	Three Rivers		1136.2	0.95			237.21	1136.2	percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196	310.16	UHC	Medicaid		376.26	0.3146			237.21	1136.2	percent of total billed charges	
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196	310.16	UHC	Medicare		269.7	1			237.21	1136.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196	310.16	Wellcare	Medicare		269.7	1			237.21	1136.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX DSTL FIB FX LAT MALLS W/MANJ	27788	CPT	outpatient			1196	310.16	Wellcare	Medicaid		376.26	0.3146			237.21	1136.2	percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502	9409.2	Aetna	Commercial		13025.6	1.592			7238.62	22326.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502	9409.2	Aetna	Medicare		7238.62	0.308			7238.62	22326.9	percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502	9409.2	Aetna	Better Health		7393.73	0.3146			7238.62	22326.9	percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502	9409.2	Americare	Americare		17626.5	0.75			7238.62	22326.9	percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502	9409.2	WellPoint	WellPoint		7539.44	0.3208			7238.62	22326.9	percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502	9409.2	Amerihealth	Medicare		8181.91	1			7238.62	22326.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502	9409.2	Consumer	Consumer		22326.9	0.95			7238.62	22326.9	percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502	9409.2	Corrections	Corrections		18801.6	0.8			7238.62	22326.9	percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502	9409.2	First Health	First Health		16451.4	0.7			7238.62	22326.9	percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502	9409.2	First Trenton	First Trenton		21151.8	0.9			7238.62	22326.9	percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502	9409.2	Horizon	Indemnity		14948.35	1.827			7238.62	22326.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502	9409.2	Horizon	Medicare Blue		8181.91	1			7238.62	22326.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502	9409.2	Horizon	MGD		14948.35	1.827			7238.62	22326.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502	9409.2	Horizon	PPO		14948.35	1.827			7238.62	22326.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502	9409.2	Managed Care Inc	Managed Care Inc		21151.8	0.9			7238.62	22326.9	percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502	9409.2	Multiplan	Multiplan		18801.6	0.8			7238.62	22326.9	percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502	9409.2	Qualcare	Qualcare		17626.5	0.75			7238.62	22326.9	percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502	9409.2	Three Rivers	Three Rivers		22326.9	0.95			7238.62	22326.9	percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502	9409.2	UHC	Medicaid		7393.73	0.3146			7238.62	22326.9	percent of total billed charges	
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502	9409.2	UHC	Medicare		8181.91	1			7238.62	22326.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502	9409.2	Wellcare	Medicare		8181.91	1			7238.62	22326.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TX DISTAL FIBULAR	27792	CPT	outpatient			23502	9409.2	Wellcare	Medicaid		7393.73	0.3146			7238.62	22326.9	percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194	310.16	Aetna	Better Health		690.23	0.3146			237.21	2084.3	percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194	310.16	Aetna	Commercial		429.36	1.592			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194	310.16	Aetna	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194	310.16	Americare	Americare		1645.5	0.75			237.21	2084.3	percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194	310.16	WellPoint	WellPoint		703.84	0.3208			237.21	2084.3	percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194	310.16	Amerihealth	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194	310.16	Consumer	Consumer		2084.3	0.95			237.21	2084.3	percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194	310.16	Corrections	Corrections		1755.2	0.8			237.21	2084.3	percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194	310.16	First Health	First Health		1535.8	0.7			237.21	2084.3	percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194	310.16	First Trenton	First Trenton		1974.6	0.9			237.21	2084.3	percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194	310.16	Horizon	PPO		492.74	1.827			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194	310.16	Horizon	MGD		492.74	1.827			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194	310.16	Horizon	Indemnity		492.74	1.827			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194	310.16	Horizon	Medicare Blue		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194	310.16	Managed Care Inc	Managed Care Inc		1974.6	0.9			237.21	2084.3	percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194	310.16	Multiplan	Multiplan		1755.2	0.8			237.21	2084.3	percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194	310.16	Qualcare	Qualcare		1645.5	0.75			237.21	2084.3	percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194	310.16	Three Rivers	Three Rivers		2084.3	0.95			237.21	2084.3	percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194	310.16	UHC	Medicaid		690.23	0.3146			237.21	2084.3	percent of total billed charges	
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194	310.16	UHC	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194	310.16	Wellcare	Medicaid		690.23	0.3146			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIM WO MAN	27808	CPT	outpatient			2194	310.16	Wellcare	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257	2113.84	Aetna	Better Health		1653.85	0.3146			1645.04	4994.15	percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257	2113.84	Aetna	Commercial		2926.29	1.592			1645.04	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257	2113.84	Aetna	Medicare		1838.12	1			1645.04	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257	2113.84	Americare	Americare		3942.75	0.75			1645.04	4994.15	percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257	2113.84	WellPoint	WellPoint		1686.45	0.3208			1645.04	4994.15	percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257	2113.84	Amerihealth	Medicare		1838.12	1			1645.04	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257	2113.84	Consumer	Consumer		4994.15	0.95			1645.04	4994.15	percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257	2113.84	Corrections	Corrections		4205.6	0.8			1645.04	4994.15	percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257	2113.84	First Health	First Health		3679.9	0.7			1645.04	4994.15	percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257	2113.84	First Trenton	First Trenton		4731.3	0.9			1645.04	4994.15	percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257	2113.84	Horizon	MGD		3358.25	1.827			1645.04	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257	2113.84	Horizon	Medicare Blue		1838.12	1			1645.04	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257	2113.84	Horizon	Indemnity		3358.25	1.827			1645.04	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257	2113.84	Horizon	PPO		3358.25	1.827			1645.04	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257	2113.84	Managed Care Inc	Managed Care Inc		4731.3	0.9			1645.04	4994.15	percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257	2113.84	Multiplan	Multiplan		4205.6	0.8			1645.04	4994.15	percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257	2113.84	Qualcare	Qualcare		3942.75	0.75			1645.04	4994.15	percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257	2113.84	Three Rivers	Three Rivers		4994.15	0.95			1645.04	4994.15	percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257	2113.84	UHC	Medicaid		1653.85	0.3146			1645.04	4994.15	percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257	2113.84	UHC	Medicare		1838.12	1			1645.04	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257	2113.84	Wellcare	Medicaid		1653.85	0.3146			1645.04	4994.15	percent of total billed charges	
CLSD TRT ANKLE FRCT BIMA W MAN	27810	CPT	outpatient			5257	2113.84	Wellcare	Medicare		1838.12	1			1645.04	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566	310.16	Aetna	Commercial		429.36	1.592			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566	310.16	Aetna	Better Health		492.66	0.3146			269.7	1487.7	percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566	310.16	Aetna	Medicare		269.7	1			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566	310.16	Americare	Americare		1174.5	0.75			269.7	1487.7	percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566	310.16	WellPoint	WellPoint		502.37	0.3208			269.7	1487.7	percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566	310.16	Amerihealth	Medicare		269.7	1			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566	310.16	Consumer	Consumer		1487.7	0.95			269.7	1487.7	percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566	310.16	Corrections	Corrections		1252.8	0.8			269.7	1487.7	percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566	310.16	First Health	First Health		1096.2	0.7			269.7	1487.7	percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566	310.16	First Trenton	First Trenton		1409.4	0.9			269.7	1487.7	percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566	310.16	Horizon	Indemnity		492.74	1.827			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566	310.16	Horizon	MGD		492.74	1.827			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566	310.16	Horizon	Medicare Blue		269.7	1			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566	310.16	Horizon	PPO		492.74	1.827			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566	310.16	Managed Care Inc	Managed Care Inc		1409.4	0.9			269.7	1487.7	percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566	310.16	Multiplan	Multiplan		1252.8	0.8			269.7	1487.7	percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566	310.16	Qualcare	Qualcare		1174.5	0.75			269.7	1487.7	percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566	310.16	Three Rivers	Three Rivers		1487.7	0.95			269.7	1487.7	percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566	310.16	UHC	Medicare		269.7	1			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566	310.16	UHC	Medicaid		492.66	0.3146			269.7	1487.7	percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566	310.16	Wellcare	Medicaid		492.66	0.3146			269.7	1487.7	percent of total billed charges	
CLSD TRT ANKLE FRCT TRM WO MAN	27816	CPT	outpatient			1566	310.16	Wellcare	Medicare		269.7	1			269.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX TRIM FX WITH MANIP	27818	CPT	both			5257	2113.84	Aetna	Commercial		2926.29	1.592			1610.53	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX TRIM FX WITH MANIP	27818	CPT	both			5257	2113.84	Aetna	Medicare		1619.16	0.308			1610.53	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	both			5257	2113.84	Aetna	Better Health		1653.85	0.3146			1610.53	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	both			5257	2113.84	Americare	Americare		3942.75	0.75			1610.53	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	both			5257	2113.84	WellPoint	WellPoint		1686.45	0.3208			1610.53	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	both			5257	2113.84	Amerihealth	Medicare		1838.12	1			1610.53	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX TRIM FX WITH MANIP	27818	CPT	both			5257	2113.84	Consumer	Consumer		4994.15	0.95			1610.53	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	both			5257	2113.84	Corrections	Corrections		4205.6	0.8			1610.53	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	both			5257	2113.84	First Health	First Health		3679.9	0.7			1610.53	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	both			5257	2113.84	First Trenton	First Trenton		4731.3	0.9			1610.53	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	both			5257	2113.84	Horizon	PPO		3358.25	1.827			1610.53	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX TRIM FX WITH MANIP	27818	CPT	both			5257	2113.84	Horizon	MGD		3358.25	1.827			1610.53	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX TRIM FX WITH MANIP	27818	CPT	both			5257	2113.84	Horizon	Medicare Blue		1838.12	1			1610.53	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX TRIM FX WITH MANIP	27818	CPT	both			5257	2113.84	Horizon	Indemnity		3358.25	1.827			1610.53	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX TRIM FX WITH MANIP	27818	CPT	both			5257	2113.84	Managed Care Inc	Managed Care Inc		4731.3	0.9			1610.53	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	both			5257	2113.84	Multiplan	Multiplan		4205.6	0.8			1610.53	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	both			5257	2113.84	Qualcare	Qualcare		3942.75	0.75			1610.53	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	both			5257	2113.84	Three Rivers	Three Rivers		4994.15	0.95			1610.53	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	both			5257	2113.84	UHC	Medicaid		1653.85	0.3146			1610.53	4994.15	percent of total billed charges	
CLSD TX TRIM FX WITH MANIP	27818	CPT	both

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLSD TX TRIM FX WITH MANIP	27818	CPT	both			5257		2113.84 Wellcare	Medicare		1838.12	1			1610.53	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX TRIM FX WITH MANIP	27818	CPT	both			5257		2113.84 Wellcare	Medicaid		1653.85	0.3146			1610.53	4994.15	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Aetna	Better Health		237.21	0.3146			125.84	716.3	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Aetna	Commercial		429.36	1.592			125.84	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Aetna	Medicare		269.7	1			125.84	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Americare	Americare		565.5	0.75			125.84	716.3	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 WellPoint	WellPoint		241.88	0.3208			125.84	716.3	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Amerihealth	Medicare		269.7	1			125.84	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Consumer	Consumer		716.3	0.95			125.84	716.3	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Corrections	Corrections		603.2	0.8			125.84	716.3	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 First Health	First Health		527.8	0.7			125.84	716.3	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 First Trenton	First Trenton		678.6	0.9			125.84	716.3	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Horizon	PPO		492.74	1.827			125.84	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Horizon	Medicare Blue		269.7	1			125.84	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Horizon	MGD		492.74	1.827			125.84	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Horizon	Indemnity		492.74	1.827			125.84	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Managed Care Inc	Managed Care Inc		678.6	0.9			125.84	716.3	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Multiplan	Multiplan		603.2	0.8			125.84	716.3	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Qualcare	Qualcare		565.5	0.75			125.84	716.3	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Three Rivers	Three Rivers		716.3	0.95			125.84	716.3	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 UHC	Medicaid		237.21	0.3146			125.84	716.3	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 UHC	Medicare		269.7	1			125.84	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Wellcare	Medicaid		237.21	0.3146			125.84	716.3	percent of total billed charges	
TREAT DISTAL TIBIA FX	27824	CPT	outpatient			754		310.16 Wellcare	Medicare		269.7	1			125.84	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Aetna	Better Health		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Aetna	Commercial		2926.29	1.592			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Aetna	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Americare	Americare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 WellPoint	WellPoint		1686.45	0.3208			1653.85	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Amerihealth	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Consumer	Consumer		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Corrections	Corrections		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 First Health	First Health		3679.9	0.7			1653.85	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 First Trenton	First Trenton		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Horizon	MGD		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Horizon	Indemnity		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Horizon	Medicare Blue		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Horizon	PPO		3358.25	1.827			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Managed Care Inc	Managed Care Inc		4731.3	0.9			1653.85	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Multiplan	Multiplan		4205.6	0.8			1653.85	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Qualcare	Qualcare		3942.75	0.75			1653.85	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Three Rivers	Three Rivers		4994.15	0.95			1653.85	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 UHC	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 UHC	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Wellcare	Medicaid		1653.85	0.3146			1653.85	4994.15	percent of total billed charges	
CI TREAT DISTAL TIB/FIB W MANIPULATION	27825	CPT	outpatient			5257		2113.84 Wellcare	Medicare		1838.12	1			1653.85	4994.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Aetna	Medicare		269.7	1			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Aetna	Better Health		690.23	0.3146			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Aetna	Commercial		429.36	1.592			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Americare	Americare		1645.5	0.75			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 WellPoint	WellPoint		703.84	0.3208			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Amerihealth	Medicare		269.7	1			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Consumer	Consumer		2084.3	0.95			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Corrections	Corrections		1755.2	0.8			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 First Health	First Health		1535.8	0.7			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 First Trenton	First Trenton		1974.6	0.9			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Horizon	Indemnity		492.74	1.827			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Horizon	Medicare Blue		269.7	1			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Horizon	MGD		492.74	1.827			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Horizon	PPO		492.74	1.827			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Managed Care Inc	Managed Care Inc		1974.6	0.9			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Multiplan	Multiplan		1755.2	0.8			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Qualcare	Qualcare		1645.5	0.75			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Three Rivers	Three Rivers		2084.3	0.95			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 UHC	Medicaid		690.23	0.3146			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 UHC	Medicare		269.7	1			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Wellcare	Medicaid		690.23	0.3146			269.7	2084.3	percent of total billed charges	
CLST TRT ANKLE DISLOC W/O ANES	27840	CPT	outpatient			2194		310.16 Wellcare	Medicare		269.7	1			269.7	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Aetna	Better Health		1385.5	0.3146			1356.43	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Aetna	Medicare		1356.43	0.308			1356.43	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Aetna	Commercial		2926.29	1.592			1356.43	4183.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Americare	Americare		3303	0.75			1356.43	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 WellPoint	WellPoint		1412.8	0.3208			1356.43	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Amerihealth	Medicare		1838.12	1			1356.43	4183.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Consumer	Consumer		4183.8	0.95			1356.43	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Corrections	Corrections		3523.2	0.8			1356.43	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 First Health	First Health		3082.8	0.7			1356.43	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 First Trenton	First Trenton		3963.6	0.9			1356.43	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Horizon	Indemnity		3358.25	1.827			1356.43	4183.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Horizon	PPO		3358.25	1.827			1356.43	4183.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Horizon	MGD		3358.25	1.827			1356.43	4183.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Horizon	Medicare Blue		1838.12	1			1356.43	4183.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Managed Care Inc	Managed Care Inc		3963.6	0.9			1356.43	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Multiplan	Multiplan		3523.2	0.8			1356.43	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Qualcare	Qualcare		3303	0.75			1356.43	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Three Rivers	Three Rivers		4183.8	0.95			1356.43	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 UHC	Medicaid		1385.5	0.3146			1356.43	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 UHC	Medicare		1838.12	1			1356.43	4183.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Wellcare	Medicaid		1385.5	0.3146			1356.43	4183.8	percent of total billed charges	
TREAT ANKLE DISLOC W/ ANESTH	27842	CPT	outpatient			4404		2113.84 Wellcare	Medicare		1838.12	1			1356.43	4183.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Aetna	Medicare		1854.23	1			1679.65	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Aetna	Better Health		1679.65	0.3146			1679.65	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Aetna	Commercial		2951.93	1.592			1679.65	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Americare	Americare		4004.25	0.75			1679.65	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 WellPoint	WellPoint		1712.75	0.3208			1679.65	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Amerihealth	Medicare		1854.23	1			1679.65	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Consumer	Consumer		5072.05	0.95			1679.65	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Corrections	Corrections		4271.2	0.8			1679.65	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 First Health	First Health		3737.3	0.7			1679.65	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 First Trenton	First Trenton		4805.1	0.9			1679.65	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Horizon	Indemnity		3387.68	1.827			1679.65	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Horizon	Medicare Blue		1854.23	1			1679.65	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Horizon	MGD		3387.68	1.827			1679.65	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Horizon	PPO		3387.68	1.827			1679.65	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Managed Care Inc	Managed Care Inc		4805.1	0.9			1679.65	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Multiplan	Multiplan		4271.2	0.8			1679.65	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Qualcare	Qualcare		4004.25	0.75			1679.65	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Three Rivers	Three Rivers		5072.05	0.95			1679.65	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 UHC	Medicaid		1679.65	0.3146			1679.65	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 UHC	Medicare		1854.23	1			1679.65	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Wellcare	Medicaid		1679.65	0.3146			1679.65	5072.05	percent of total billed charges	
DRAINAGE OF BURSA OF FOOT	28001	CPT	outpatient			5339		2132.36 Wellcare	Medicare		1854.23	1			1679.65	5072.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Aetna	Better Health		2484.71	0.3146			2484.71	7503.1	percent of total billed charges	
FASCIOTOMY FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Aetna	Commercial		5893.39	1.592			2484.71	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Aetna	Medicare		3701.88	1			2484.71	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Americare	Americare		5923.5	0.75			2484.71	7503.1	percent of total billed charges	
FASCIOTOMY FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 WellPoint	WellPoint		2533.68	0.3208			2484.71	7503.1	percent of total billed charges	
FASCIOTOMY FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Amerihealth	Medicare		3701.88	1			2484.71	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Consumer	Consumer		7503.1	0.95			2484.71	7503.1	percent of total billed charges	
FASCIOTOMY FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Corrections	Corrections		6318.4	0.8			2484.71	7503.1	percent of total billed charges	
FASCIOTOMY FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 First Health	First Health		5528.6	0.7			2484.71	7503.1	percent of total billed charges	
FASCIOTOMY FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 First Trenton	First Trenton		7108.2	0.9			2484.71	7503.1	percent of total billed charges	
FASCIOTOMY FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Horizon	PPO		6763.33	1.827			2484.71	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Horizon	MGD		6763.33	1.827			2484.71	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Horizon	Indemnity		6763.33	1.827			2484.71	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Horizon	Medicare Blue		3701.88	1			2484.71	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Managed Care Inc	Managed Care Inc		7108.2	0.9			2484.71	7503.1	percent of total billed charges	
FASCIOTOMY FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Multiplan	Multiplan		6318.4	0.8			2484.71	7503.1	percent of total billed charges	
FASCIOTOMY FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Qualcare	Qualcare		5923.5	0.75			2484.71	7503.1	percent of total billed charges	
FASCIOTOMY FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Three Rivers	Three Rivers		7503.1	0.95			2484.71	7503.1	percent of total billed charges	
FASCIOTOMY FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 UHC	Medicaid		2484.71	0.3146			2484.71	7503.1	percent of total billed charges	
FASCIOTOMY FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 UHC	Medicare		3701.88	1			2484.71	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Wellcare	Medicare		3701.88	1			2484.71	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FASCIOTOMY FOOT AND OR TOE PERCU/OPEN	28008	CPT	outpatient			7898		4257.16 Wellcare	Medicaid		2484.71	0.3146			2484.71	7503.1	percent of total billed charges	
TENOTOMY TOE PERCUT R SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Aetna	Better Health		2484.71	0.3146			1693.81	7503.1	percent of total billed charges	
TENOTOMY TOE PERCUT R SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Aetna	Commercial		2926.29	1.592			1693.81	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY TOE PERCUT R SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Aetna	Medicare		1838.12	1			1693.81	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY TOE PERCUT R SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Americare	Americare		5923.5	0.75			1693.81	7503.1	percent of total billed charges	
TENOTOMY TOE PERCUT R SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 WellPoint	WellPoint		2533.68	0.3208			1693.81	7503.1	percent of total billed charges	
TENOTOMY TOE PERCUT R SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Amerihealth	Medicare		1838.12	1			1693.81	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY TOE PERCUT R SINGLE TENDON	28010	CPT	outpatient			7898		2113.84 Consumer	Consumer		7503.1	0.95			1693.81	7503.1	percent of total billed char

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TENOTOMY TOE PERCUT R SINGLE TENDON	28010	CPT	outpatient			7898	2113.84	First Trenton	First Trenton		7108.2	0.9			1693.81	7503.1	percent of total billed charges	
TENOTOMY TOE PERCUT R SINGLE TENDON	28010	CPT	outpatient			7898	2113.84	Horizon	MGD		3358.25	1.827			1693.81	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY TOE PERCUT R SINGLE TENDON	28010	CPT	outpatient			7898	2113.84	Horizon	Indemnity		3358.25	1.827			1693.81	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY TOE PERCUT R SINGLE TENDON	28010	CPT	outpatient			7898	2113.84	Horizon	PPO		3358.25	1.827			1693.81	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY TOE PERCUT R SINGLE TENDON	28010	CPT	outpatient			7898	2113.84	Horizon	Medicare Blue		1838.12	1			1693.81	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY TOE PERCUT R SINGLE TENDON	28010	CPT	outpatient			7898	2113.84	Managed Care Inc	Managed Care Inc		7108.2	0.9			1693.81	7503.1	percent of total billed charges	
TENOTOMY TOE PERCUT R SINGLE TENDON	28010	CPT	outpatient			7898	2113.84	Multiplan	Multiplan		6318.4	0.8			1693.81	7503.1	percent of total billed charges	
TENOTOMY TOE PERCUT R SINGLE TENDON	28010	CPT	outpatient			7898	2113.84	Qualcare	Qualcare		5923.5	0.75			1693.81	7503.1	percent of total billed charges	
TENOTOMY TOE PERCUT R SINGLE TENDON	28010	CPT	outpatient			7898	2113.84	Three Rivers	Three Rivers		7503.1	0.95			1693.81	7503.1	percent of total billed charges	
TENOTOMY TOE PERCUT R SINGLE TENDON	28010	CPT	outpatient			7898	2113.84	UHC	Medicaid		2484.71	0.3146			1693.81	7503.1	percent of total billed charges	
TENOTOMY TOE PERCUT R SINGLE TENDON	28010	CPT	outpatient			7898	2113.84	UHC	Medicare		1838.12	1			1693.81	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY TOE PERCUT R SINGLE TENDON	28010	CPT	outpatient			7898	2113.84	Wellcare	Medicaid		2484.71	0.3146			1693.81	7503.1	percent of total billed charges	
TENOTOMY TOE PERCUT R SINGLE TENDON	28010	CPT	outpatient			7898	2113.84	Wellcare	Medicare		1838.12	1			1693.81	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY TOE PERCUT R MULTIPLE TENDONS	28011	CPT	outpatient			7898	2113.84	Aetna	Better Health		2484.71	0.3146			1838.12	7503.1	percent of total billed charges	
TENOTOMY TOE PERCUT R MULTIPLE TENDONS	28011	CPT	outpatient			7898	2113.84	Aetna	Commercial		2926.29	1.592			1838.12	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY TOE PERCUT R MULTIPLE TENDONS	28011	CPT	outpatient			7898	2113.84	Aetna	Medicare		1838.12	1			1838.12	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY TOE PERCUT R MULTIPLE TENDONS	28011	CPT	outpatient			7898	2113.84	Americare	Americare		5923.5	0.75			1838.12	7503.1	percent of total billed charges	
TENOTOMY TOE PERCUT R MULTIPLE TENDONS	28011	CPT	outpatient			7898	2113.84	WellPoint	WellPoint		2533.68	0.3208			1838.12	7503.1	percent of total billed charges	
TENOTOMY TOE PERCUT R MULTIPLE TENDONS	28011	CPT	outpatient			7898	2113.84	Amerihealth	Medicare		1838.12	1			1838.12	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY TOE PERCUT R MULTIPLE TENDONS	28011	CPT	outpatient			7898	2113.84	Consumer	Consumer		7503.1	0.95			1838.12	7503.1	percent of total billed charges	
TENOTOMY TOE PERCUT R MULTIPLE TENDONS	28011	CPT	outpatient			7898	2113.84	Corrections	Corrections		6318.4	0.8			1838.12	7503.1	percent of total billed charges	
TENOTOMY TOE PERCUT R MULTIPLE TENDONS	28011	CPT	outpatient			7898	2113.84	First Health	First Health		5528.6	0.7			1838.12	7503.1	percent of total billed charges	
TENOTOMY TOE PERCUT R MULTIPLE TENDONS	28011	CPT	outpatient			7898	2113.84	First Trenton	First Trenton		7108.2	0.9			1838.12	7503.1	percent of total billed charges	
TENOTOMY TOE PERCUT R MULTIPLE TENDONS	28011	CPT	outpatient			7898	2113.84	Horizon	PPO		3358.25	1.827			1838.12	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY TOE PERCUT R MULTIPLE TENDONS	28011	CPT	outpatient			7898	2113.84	Horizon	MGD		3358.25	1.827			1838.12	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY TOE PERCUT R MULTIPLE TENDONS	28011	CPT	outpatient			7898	2113.84	Horizon	Medicare Blue		1838.12	1			1838.12	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY TOE PERCUT R MULTIPLE TENDONS	28011	CPT	outpatient			7898	2113.84	Horizon	Indemnity		3358.25	1.827			1838.12	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY TOE PERCUT R MULTIPLE TENDONS	28011	CPT	outpatient			7898	2113.84	Managed Care Inc	Managed Care Inc		7108.2	0.9			1838.12	7503.1	percent of total billed charges	
TENOTOMY TOE PERCUT R MULTIPLE TENDONS	28011	CPT	outpatient			7898	2113.84	Multiplan	Multiplan		6318.4	0.8			1838.12	7503.1	percent of total billed charges	
TENOTOMY TOE PERCUT R MULTIPLE TENDONS	28011	CPT	outpatient			7898	2113.84	Qualcare	Qualcare		5923.5	0.75			1838.12	7503.1	percent of total billed charges	
TENOTOMY TOE PERCUT R MULTIPLE TENDONS	28011	CPT	outpatient			7898	2113.84	Three Rivers	Three Rivers		7503.1	0.95			1838.12	7503.1	percent of total billed charges	
TENOTOMY TOE PERCUT R MULTIPLE TENDONS	28011	CPT	outpatient			7898	2113.84	UHC	Medicare		1838.12	1			1838.12	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY TOE PERCUT R MULTIPLE TENDONS	28011	CPT	outpatient			7898	2113.84	UHC	Medicaid		2484.71	0.3146			1838.12	7503.1	percent of total billed charges	
TENOTOMY TOE PERCUT R MULTIPLE TENDONS	28011	CPT	outpatient			7898	2113.84	Wellcare	Medicare		1838.12	1			1838.12	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY TOE PERCUT R MULTIPLE TENDONS	28011	CPT	outpatient			7898	2113.84	Wellcare	Medicaid		2484.71	0.3146			1838.12	7503.1	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464	2132.36	Aetna	Better Health		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464	2132.36	Aetna	Commercial		2951.93	1.592			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464	2132.36	Aetna	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464	2132.36	Americare	Americare		4098	0.75			1718.97	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464	2132.36	WellPoint	WellPoint		1752.85	0.3208			1718.97	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464	2132.36	Amerihealth	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464	2132.36	Consumer	Consumer		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464	2132.36	Corrections	Corrections		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464	2132.36	First Health	First Health		3824.8	0.7			1718.97	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464	2132.36	First Trenton	First Trenton		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464	2132.36	Horizon	Indemnity		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464	2132.36	Horizon	Medicare Blue		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464	2132.36	Horizon	PPO		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464	2132.36	Horizon	MGD		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464	2132.36	Managed Care Inc	Managed Care Inc		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464	2132.36	Multiplan	Multiplan		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464	2132.36	Qualcare	Qualcare		4098	0.75			1718.97	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464	2132.36	Three Rivers	Three Rivers		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464	2132.36	UHC	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464	2132.36	UHC	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464	2132.36	Wellcare	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
EXCISION TUMOR FOOT SUBCUT	28043	CPT	outpatient			5464	2132.36	Wellcare	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION TOE	28092	CPT	outpatient			5229	2113.84	Aetna	Better Health		1645.04	0.3146			1645.04	4967.55	percent of total billed charges	
EXCISION LESION TOE	28092	CPT	outpatient			5229	2113.84	Aetna	Commercial		2926.29	1.592			1645.04	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION TOE	28092	CPT	outpatient			5229	2113.84	Aetna	Medicare		1838.12	1			1645.04	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION TOE	28092	CPT	outpatient			5229	2113.84	Americare	Americare		3921.75	0.75			1645.04	4967.55	percent of total billed charges	
EXCISION LESION TOE	28092	CPT	outpatient			5229	2113.84	WellPoint	WellPoint		1677.46	0.3208			1645.04	4967.55	percent of total billed charges	
EXCISION LESION TOE	28092	CPT	outpatient			5229	2113.84	Amerihealth	Medicare		1838.12	1			1645.04	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION TOE	28092	CPT	outpatient			5229	2113.84	Consumer	Consumer		4967.55	0.95			1645.04	4967.55	percent of total billed charges	
EXCISION LESION TOE	28092	CPT	outpatient			5229	2113.84	Corrections	Corrections		4183.2	0.8			1645.04	4967.55	percent of total billed charges	
EXCISION LESION TOE	28092	CPT	outpatient			5229	2113.84	First Health	First Health		3660.3	0.7			1645.04	4967.55	percent of total billed charges	
EXCISION LESION TOE	28092	CPT	outpatient			5229	2113.84	First Trenton	First Trenton		4706.1	0.9			1645.04	4967.55	percent of total billed charges	
EXCISION LESION TOE	28092	CPT	outpatient			5229	2113.84	Horizon	Medicare Blue		1838.12	1			1645.04	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION TOE	28092	CPT	outpatient			5229	2113.84	Horizon	MGD		3358.25	1.827			1645.04	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION TOE	28092	CPT	outpatient			5229	2113.84	Horizon	Indemnity		3358.25	1.827			1645.04	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION TOE	28092	CPT	outpatient			5229	2113.84	Horizon	PPO		3358.25	1.827			1645.04	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION TOE	28092	CPT	outpatient			5229	2113.84	Managed Care Inc	Managed Care Inc		4706.1	0.9			1645.04	4967.55	percent of total billed charges	
EXCISION LESION TOE	28092	CPT	outpatient			5229	2113.84	Multiplan	Multiplan		4183.2	0.8			1645.04	4967.55	percent of total billed charges	
EXCISION LESION TOE	28092	CPT	outpatient			5229	2113.84	Qualcare	Qualcare		3921.75	0.75			1645.04	4967.55	percent of total billed charges	
EXCISION LESION TOE	28092	CPT	outpatient			5229	2113.84	Three Rivers	Three Rivers		4967.55	0.95			1645.04	4967.55	percent of total billed charges	
EXCISION LESION TOE	28092	CPT	outpatient			5229	2113.84	UHC	Medicare		1838.12	1			1645.04	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION TOE	28092	CPT	outpatient			5229	2113.84	UHC	Medicaid		1645.04	0.3146			1645.04	4967.55	percent of total billed charges	
EXCISION LESION TOE	28092	CPT	outpatient			5229	2113.84	Wellcare	Medicare		1838.12	1			1645.04	4967.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION TOE	28092	CPT	outpatient			5229	2113.84	Wellcare	Medicaid		1645.04	0.3146			1645.04	4967.55	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient			11171	4257.16	Aetna	Commercial		5893.39	1.592			3440.67	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient			11171	4257.16	Aetna	Better Health		3514.4	0.3146			3440.67	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient			11171	4257.16	Aetna	Medicare		3440.67	0.308			3440.67	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient			11171	4257.16	Americare	Americare		8378.25	0.75			3440.67	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient			11171	4257.16	WellPoint	WellPoint		3583.66	0.3208			3440.67	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient			11171	4257.16	Amerihealth	Medicare		3701.88	1			3440.67	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient			11171	4257.16	Consumer	Consumer		10512.45	0.95			3440.67	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient			11171	4257.16	Corrections	Corrections		8936.8	0.8			3440.67	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient			11171	4257.16	First Health	First Health		7819.7	0.7			3440.67	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient			11171	4257.16	First Trenton	First Trenton		10053.9	0.9			3440.67	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient			11171	4257.16	Horizon	MGD		6763.33	1.827			3440.67	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient			11171	4257.16	Horizon	Medicare Blue		3701.88	1			3440.67	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient			11171	4257.16	Horizon	Indemnity		6763.33	1.827			3440.67	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient			11171	4257.16	Horizon	PPO		6763.33	1.827			3440.67	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient			11171	4257.16	Managed Care Inc	Managed Care Inc		10053.9	0.9			3440.67	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient			11171	4257.16	Multiplan	Multiplan		8936.8	0.8			3440.67	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient			11171	4257.16	Qualcare	Qualcare		8378.25	0.75			3440.67	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient			11171	4257.16	Three Rivers	Three Rivers		10612.45	0.95			3440.67	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient			11171	4257.16	UHC	Medicare		3701.88	1			3440.67	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient			11171	4257.16	UHC	Medicaid		3514.4	0.3146			3440.67	10612.45	percent of total billed charges	
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient			11171	4257.16	Wellcare	Medicare		3701.88	1			3440.67	10612.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSTCTMY;CMPLT 1ST METATRSAL HD	28111	CPT	outpatient			11171	4257.16	Wellcare	Medicaid		3514.4	0.3146			3440.67	10612.45	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient			2375	925.36	Aetna	Better Health		747.18	0.3146			744.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient			2375	925.36	Aetna	Commercial		1281.02	1.592			744.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient			2375	925.36	Aetna	Medicare		804.66	1			744.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient			2375	925.36	Americare	Americare		1781.25	0.75			744.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient			2375	925.36	WellPoint	WellPoint		761.9	0.3208			744.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient			2375	925.36	Amerihealth	Medicare		804.66	1			744.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient			2375	925.36	Consumer	Consumer		2256.25	0.95			744.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient			2375	925.36	Corrections	Corrections		1900	0.8			744.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient			2375	925.36	First Health	First Health		1662.5	0.7			744.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient			2375	925.36	First Trenton	First Trenton		2137.5	0.9			744.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient			2375	925.36	Horizon	Indemnity		1470.11	1.827			744.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient			2375	925.36	Horizon	MGD		1470.11	1.827			744.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient			2375	925.36	Horizon	PPO		1470.11	1.827			744.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient			2375	925.36	Horizon	Medicare Blue		804.66	1			744.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient			2375	925.36	Managed Care Inc	Managed Care Inc		2137.5	0.9			744.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient			2375	925.36	Multiplan	Multiplan		1900	0.8			744.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient			2375	925.36	Qualcare	Qualcare		1781.25	0.75			744.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient			2375	925.36	Three Rivers	Three Rivers		2256.25	0.95			744.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient			2375	925.36	UHC	Medicare		804.66	1			744.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient			2375	925.36	UHC	Medicaid		747.18	0.3146			744.66	2256.25	percent of total billed charges	
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient			2375	925.36	Wellcare	Medicare		804.66	1			744.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB SUBCUT FOOT	28190	CPT	outpatient			2375	925.36	Wellcare	Medicaid		747.18	0.3146			744.66	2256.25	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient			5464	2132.36	Aetna	Better Health		1718.97	0.3146			920.52	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient			5464	2132.36	Aetna	Medicare		1854.23	1			920.52	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB FOOT DEEP	28192	CPT	outpatient			5464	2132.36	Aetna	Commercial		2951.93	1.592			920.52	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB FOOT DEEP	28192	CPT	outpatient			5464	2132.36	Americare	Americare		4098	0.75			920.52	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient			5464	2132.36	WellPoint	WellPoint		1752.85	0.3208			920.52	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient			5464	2132.36	Amerihealth	Medicare		1854.23	1			920.52	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB FOOT DEEP	28192	CPT	outpatient			5464	2132.36	Consumer	Consumer		5190.8	0.95			920.52	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient			5464	2132.36	Corrections	Corrections		4371.2	0.8			920.52	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient			5464	2132.36	First Health	First Health		3824.8	0.7			920.52	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient			5464	2132.36	First Trenton	First Trenton		4917.6	0.9			920.52	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient			5464	2132.36	Horizon	MGD		3387.68	1.827			920.52	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB FOOT DEEP	28192	CPT	outpatient			5464	2132.36	Horizon	Indemnity		3387.68	1.827			920.52	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB FOOT DEEP	28192	CPT	outpatient			5464	2132.36	Horizon	PPO		3387.68	1.827			920.52	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB FOOT DEEP	28192	CPT	outpatient			5464	2132.36	Horizon	Medicare Blue		1854.23	1			920.52	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB FOOT DEEP	28192	CPT	outpatient			5464	2132.36	Managed Care Inc	Managed Care Inc		4917.6	0.9			920.52	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient			5464	2132.36	Multiplan	Multiplan		4371.2	0.8			920.52	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient			5464	2132.36	Qualcare	Qualcare		4098	0.75			920.52	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient			5464	2132.36	Three Rivers	Three Rivers		5190.8	0.95			920.52	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient			5464	2132.36	UHC	Medicaid		1718.97	0.3146			920.52	5190.8	percent of total billed charges	
REMOVAL FB FOOT DEEP	28192	CPT	outpatient			5464	2132.36	UHC	Medicare		1854.23	1			920.52	5190.8	other	Payer-specific negoti

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVAL FB FOOT DEEP	28192	CPT	outpatient			5464	2132.36	Wellcare	Medicare		1854.23	1			920.52	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB FOOT DEEP	28192	CPT	outpatient			5464	2132.36	Wellcare	Medicaid		1718.97	0.3146			920.52	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient			5464	2132.36	Aetna	Medicare		1682.91	0.308			1682.91	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient			5464	2132.36	Aetna	Better Health		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient			5464	2132.36	Aetna	Commercial		2951.93	1.592			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient			5464	2132.36	Americare	Americare		4098	0.75			1682.91	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient			5464	2132.36	WellPoint	WellPoint		1752.85	0.3208			1682.91	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient			5464	2132.36	Amerihealth	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient			5464	2132.36	Consumer	Consumer		5190.8	0.95			1682.91	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient			5464	2132.36	Corrections	Corrections		4371.2	0.8			1682.91	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient			5464	2132.36	First Health	First Health		3824.8	0.7			1682.91	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient			5464	2132.36	First Trenton	First Trenton		4917.6	0.9			1682.91	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient			5464	2132.36	Horizon	PPO		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient			5464	2132.36	Horizon	MCD		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient			5464	2132.36	Horizon	Indemnity		3387.68	1.827			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient			5464	2132.36	Horizon	Medicare Blue		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient			5464	2132.36	Managed Care Inc	Managed Care Inc		4917.6	0.9			1682.91	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient			5464	2132.36	Multiplan	Multiplan		4371.2	0.8			1682.91	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient			5464	2132.36	Qualcare	Qualcare		4098	0.75			1682.91	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient			5464	2132.36	Three Rivers	Three Rivers		5190.8	0.95			1682.91	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient			5464	2132.36	UHC	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient			5464	2132.36	UHC	Medicaid		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient			5464	2132.36	Wellcare	Medicare		1854.23	1			1682.91	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB COMPLICATED FOOT	28193	CPT	outpatient			5464	2132.36	Wellcare	Medicaid		1718.97	0.3146			1682.91	5190.8	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient			6807	4257.16	Aetna	Commercial		5893.39	1.592			2141.48	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient			6807	4257.16	Aetna	Better Health		2141.48	0.3146			2141.48	6763.33	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient			6807	4257.16	Aetna	Medicare		3701.88	1			2141.48	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient			6807	4257.16	Americare	Americare		5105.25	0.75			2141.48	6763.33	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient			6807	4257.16	WellPoint	WellPoint		2183.69	0.3208			2141.48	6763.33	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient			6807	4257.16	Amerihealth	Medicare		3701.88	1			2141.48	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient			6807	4257.16	Consumer	Consumer		6466.65	0.95			2141.48	6763.33	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient			6807	4257.16	Corrections	Corrections		5445.6	0.8			2141.48	6763.33	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient			6807	4257.16	First Health	First Health		4764.9	0.7			2141.48	6763.33	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient			6807	4257.16	First Trenton	First Trenton		6126.3	0.9			2141.48	6763.33	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient			6807	4257.16	Horizon	MCD		6763.33	1.827			2141.48	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient			6807	4257.16	Horizon	PPO		6763.33	1.827			2141.48	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient			6807	4257.16	Horizon	Indemnity		6763.33	1.827			2141.48	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient			6807	4257.16	Horizon	Medicare Blue		3701.88	1			2141.48	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient			6807	4257.16	Managed Care Inc	Managed Care Inc		6126.3	0.9			2141.48	6763.33	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient			6807	4257.16	Multiplan	Multiplan		5445.6	0.8			2141.48	6763.33	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient			6807	4257.16	Qualcare	Qualcare		5105.25	0.75			2141.48	6763.33	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient			6807	4257.16	Three Rivers	Three Rivers		6466.65	0.95			2141.48	6763.33	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient			6807	4257.16	UHC	Medicaid		2141.48	0.3146			2141.48	6763.33	percent of total billed charges	
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient			6807	4257.16	UHC	Medicare		3701.88	1			2141.48	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient			6807	4257.16	Wellcare	Medicare		3701.88	1			2141.48	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP FLEX TEND 1ST W/O GRAFT	28200	CPT	outpatient			6807	4257.16	Wellcare	Medicaid		2141.48	0.3146			2141.48	6763.33	percent of total billed charges	
REP TENDON/EXT FOOT EACH	28208	CPT	outpatient			6765	4257.16	Better Health	Better Health		2128.27	0.3146			2128.27	6763.33	percent of total billed charges	
REP TENDON/EXT FOOT EACH	28208	CPT	outpatient			6765	4257.16	Aetna	Commercial		5893.39	1.592			2128.27	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TENDON/EXT FOOT EACH	28208	CPT	outpatient			6765	4257.16	Aetna	Medicare		3701.88	1			2128.27	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TENDON/EXT FOOT EACH	28208	CPT	outpatient			6765	4257.16	Americare	Americare		5073.75	0.75			2128.27	6763.33	percent of total billed charges	
REP TENDON/EXT FOOT EACH	28208	CPT	outpatient			6765	4257.16	WellPoint	WellPoint		2170.21	0.3208			2128.27	6763.33	percent of total billed charges	
REP TENDON/EXT FOOT EACH	28208	CPT	outpatient			6765	4257.16	Amerihealth	Medicare		3701.88	1			2128.27	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TENDON/EXT FOOT EACH	28208	CPT	outpatient			6765	4257.16	Consumer	Consumer		6426.75	0.95			2128.27	6763.33	percent of total billed charges	
REP TENDON/EXT FOOT EACH	28208	CPT	outpatient			6765	4257.16	Corrections	Corrections		5412	0.8			2128.27	6763.33	percent of total billed charges	
REP TENDON/EXT FOOT EACH	28208	CPT	outpatient			6765	4257.16	First Health	First Health		4735.5	0.7			2128.27	6763.33	percent of total billed charges	
REP TENDON/EXT FOOT EACH	28208	CPT	outpatient			6765	4257.16	First Trenton	First Trenton		6088.5	0.9			2128.27	6763.33	percent of total billed charges	
REP TENDON/EXT FOOT EACH	28208	CPT	outpatient			6765	4257.16	Horizon	Indemnity		6763.33	1.827			2128.27	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TENDON/EXT FOOT EACH	28208	CPT	outpatient			6765	4257.16	Horizon	Medicare Blue		3701.88	1			2128.27	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TENDON/EXT FOOT EACH	28208	CPT	outpatient			6765	4257.16	Horizon	MCD		6763.33	1.827			2128.27	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TENDON/EXT FOOT EACH	28208	CPT	outpatient			6765	4257.16	Horizon	PPO		6763.33	1.827			2128.27	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TENDON/EXT FOOT EACH	28208	CPT	outpatient			6765	4257.16	Managed Care Inc	Managed Care Inc		6088.5	0.9			2128.27	6763.33	percent of total billed charges	
REP TENDON/EXT FOOT EACH	28208	CPT	outpatient			6765	4257.16	Multiplan	Multiplan		5412	0.8			2128.27	6763.33	percent of total billed charges	
REP TENDON/EXT FOOT EACH	28208	CPT	outpatient			6765	4257.16	Qualcare	Qualcare		5073.75	0.75			2128.27	6763.33	percent of total billed charges	
REP TENDON/EXT FOOT EACH	28208	CPT	outpatient			6765	4257.16	Three Rivers	Three Rivers		6426.75	0.95			2128.27	6763.33	percent of total billed charges	
REP TENDON/EXT FOOT EACH	28208	CPT	outpatient			6765	4257.16	UHC	Medicare		3701.88	1			2128.27	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TENDON/EXT FOOT EACH	28208	CPT	outpatient			6765	4257.16	UHC	Medicaid		2128.27	0.3146			2128.27	6763.33	percent of total billed charges	
REP TENDON/EXT FOOT EACH	28208	CPT	outpatient			6765	4257.16	Wellcare	Medicare		3701.88	1			2128.27	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TENDON/EXT FOOT EACH	28208	CPT	outpatient			6765	4257.16	Wellcare	Medicaid		2128.27	0.3146			2128.27	6763.33	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Aetna	Commercial		5893.39	1.592			2141.48	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Aetna	Medicare		3701.88	1			2141.48	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Aetna	Better Health		2141.48	0.3146			2141.48	6763.33	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Americare	Americare		5105.25	0.75			2141.48	6763.33	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	WellPoint	WellPoint		2183.69	0.3208			2141.48	6763.33	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Amerihealth	Medicare		3701.88	1			2141.48	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Consumer	Consumer		6466.65	0.95			2141.48	6763.33	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Corrections	Corrections		5445.6	0.8			2141.48	6763.33	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	First Health	First Health		4764.9	0.7			2141.48	6763.33	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	First Trenton	First Trenton		6126.3	0.9			2141.48	6763.33	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Horizon	MCD		6763.33	1.827			2141.48	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Horizon	Medicare Blue		3701.88	1			2141.48	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Horizon	Indemnity		6763.33	1.827			2141.48	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Horizon	PPO		6763.33	1.827			2141.48	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Managed Care Inc	Managed Care Inc		6126.3	0.9			2141.48	6763.33	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Multiplan	Multiplan		5445.6	0.8			2141.48	6763.33	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Qualcare	Qualcare		5105.25	0.75			2141.48	6763.33	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Three Rivers	Three Rivers		6466.65	0.95			2141.48	6763.33	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	UHC	Medicaid		2141.48	0.3146			2141.48	6763.33	percent of total billed charges	
TENOTOMY	28240	CPT	outpatient			6807	4257.16	UHC	Medicare		3701.88	1			2141.48	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Wellcare	Medicare		3701.88	1			2141.48	6763.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENOTOMY	28240	CPT	outpatient			6807	4257.16	Wellcare	Medicaid		2141.48	0.3146			2141.48	6763.33	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Aetna	Better Health		690.23	0.3146			237.21	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Aetna	Commercial		429.36	1.592			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Aetna	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Americare	Americare		1645.5	0.75			237.21	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	WellPoint	WellPoint		703.84	0.3208			237.21	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Amerihealth	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Consumer	Consumer		2084.3	0.95			237.21	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Corrections	Corrections		1755.2	0.8			237.21	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	First Health	First Health		1535.8	0.7			237.21	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	First Trenton	First Trenton		1974.6	0.9			237.21	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Horizon	MCD		492.74	1.827			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Horizon	Indemnity		492.74	1.827			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Horizon	Medicare Blue		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Horizon	PPO		492.74	1.827			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Managed Care Inc	Managed Care Inc		1974.6	0.9			237.21	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Multiplan	Multiplan		1755.2	0.8			237.21	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Qualcare	Qualcare		1645.5	0.75			237.21	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Three Rivers	Three Rivers		2084.3	0.95			237.21	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	UHC	Medicaid		690.23	0.3146			237.21	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	UHC	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Wellcare	Medicare		269.7	1			237.21	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT WO MAN	28400	CPT	outpatient			2194	310.16	Wellcare	Medicaid		690.23	0.3146			237.21	2084.3	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Aetna	Better Health		748.43	0.3146			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Aetna	Commercial		429.36	1.592			269.7	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Aetna	Medicare		732.73	0.308			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Americare	Americare		1784.25	0.75			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	WellPoint	WellPoint		763.18	0.3208			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Amerihealth	Medicare		269.7	1			269.7	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Consumer	Consumer		2260.05	0.95			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Corrections	Corrections		1903.2	0.8			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	First Health	First Health		1665.3	0.7			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	First Trenton	First Trenton		2141.1	0.9			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Horizon	Indemnity		492.74	1.827			269.7	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Horizon	MCD		492.74	1.827			269.7	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Horizon	PPO		492.74	1.827			269.7	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Horizon	Medicare Blue		269.7	1			269.7	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Managed Care Inc	Managed Care Inc		2141.1	0.9			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Multiplan	Multiplan		1903.2	0.8			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Qualcare	Qualcare		1784.25	0.75			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Three Rivers	Three Rivers		2260.05	0.95			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	UHC	Medicare		269.7	1			269.7	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	UHC	Medicaid		748.43	0.3146			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Wellcare	Medicaid		748.43	0.3146			269.7	2260.05	percent of total billed charges	
CLSD TRT CLCNEAL FRCT W MAN	28405	CPT	outpatient			2379	310.16	Wellcare	Medicare		269.7	1			269.7	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Aetna	Better Health		3666.98	0.3146			3666.98	14948.35	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Aetna	Commercial		13025.6	1.592			3666.98	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Aetna	Medicare		8181.91	1			3666.98	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Americare	Americare		8742	0.75			3666.98	14948.35	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	WellPoint	WellPoint		3739.24	0.3208			3666.98	14948.35	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Amerihealth	Medicare		8181.91	1			3666.98	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Consumer	Consumer		11073.2	0.95			3666.98	14948.35	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	Corrections	Corrections		9324.8	0.8			3666.98	14948.35	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656	9409.2	First Health	First Health		8159.2	0.7			3666.98	14948.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656		9409.2 First Trenton	First Trenton		10490.4	0.9			3666.98	14948.35	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656		9409.2 Horizon	Medicare Blue		8181.91	1			3666.98	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656		9409.2 Horizon	Indemnity		14948.35	1.827			3666.98	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656		9409.2 Horizon	MGD		14948.35	1.827			3666.98	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656		9409.2 Horizon	PPO		14948.35	1.827			3666.98	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656		9409.2 Managed Care Inc	Managed Care Inc		10490.4	0.9			3666.98	14948.35	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656		9409.2 Multiplan	Multiplan		9324.8	0.8			3666.98	14948.35	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656		9409.2 Qualcare	Qualcare		8742	0.75			3666.98	14948.35	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656		9409.2 Three Rivers	Three Rivers		11073.2	0.95			3666.98	14948.35	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656		9409.2 UHC	Medicaid		3666.98	0.3146			3666.98	14948.35	percent of total billed charges	
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656		9409.2 UHC	Medicare		8181.91	1			3666.98	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656		9409.2 Wellcare	Medicare		8181.91	1			3666.98	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TRT CALCANEAL FX	28415	CPT	outpatient			11656		9409.2 Wellcare	Medicaid		3666.98	0.3146			3666.98	14948.35	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858		310.16 Aetna	Commercial		429.36	1.592			232.23	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TALUS FX W/O MANIP	28430	CPT	outpatient			858		310.16 Aetna	Better Health		269.93	0.3146			232.23	815.1	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858		310.16 Aetna	Medicare		264.26	0.308			232.23	815.1	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858		310.16 Americare	Americare		643.5	0.75			232.23	815.1	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858		310.16 WellPoint	WellPoint		275.25	0.3208			232.23	815.1	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858		310.16 Amerihealth	Medicare		269.7	1			232.23	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TALUS FX W/O MANIP	28430	CPT	outpatient			858		310.16 Consumer	Consumer		815.1	0.95			232.23	815.1	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858		310.16 Corrections	Corrections		686.4	0.8			232.23	815.1	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858		310.16 First Health	First Health		600.6	0.7			232.23	815.1	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858		310.16 First Trenton	First Trenton		772.2	0.9			232.23	815.1	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858		310.16 Horizon	Medicare Blue		269.7	1			232.23	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TALUS FX W/O MANIP	28430	CPT	outpatient			858		310.16 Horizon	Indemnity		492.74	1.827			232.23	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TALUS FX W/O MANIP	28430	CPT	outpatient			858		310.16 Horizon	MGD		492.74	1.827			232.23	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TALUS FX W/O MANIP	28430	CPT	outpatient			858		310.16 Horizon	PPO		492.74	1.827			232.23	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TALUS FX W/O MANIP	28430	CPT	outpatient			858		310.16 Managed Care Inc	Managed Care Inc		772.2	0.9			232.23	815.1	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858		310.16 Multiplan	Multiplan		686.4	0.8			232.23	815.1	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858		310.16 Qualcare	Qualcare		643.5	0.75			232.23	815.1	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858		310.16 Three Rivers	Three Rivers		815.1	0.95			232.23	815.1	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858		310.16 UHC	Medicaid		269.93	0.3146			232.23	815.1	percent of total billed charges	
TALUS FX W/O MANIP	28430	CPT	outpatient			858		310.16 UHC	Medicare		269.7	1			232.23	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TALUS FX W/O MANIP	28430	CPT	outpatient			858		310.16 Wellcare	Medicare		269.7	1			232.23	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TALUS FX W/O MANIP	28430	CPT	outpatient			858		310.16 Wellcare	Medicaid		269.93	0.3146			232.23	815.1	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Aetna	Commercial		2926.29	1.592			1838.12	5694.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Aetna	Medicare		1846.15	0.308			1838.12	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Aetna	Better Health		1885.71	0.3146			1838.12	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Americare	Americare		4495.5	0.75			1838.12	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 WellPoint	WellPoint		1922.88	0.3208			1838.12	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Amerihealth	Medicare		1838.12	1			1838.12	5694.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Consumer	Consumer		5694.3	0.95			1838.12	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Corrections	Corrections		4795.2	0.8			1838.12	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 First Health	First Health		4195.8	0.7			1838.12	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 First Trenton	First Trenton		5394.6	0.9			1838.12	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Horizon	MGD		3358.25	1.827			1838.12	5694.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Horizon	Medicare Blue		1838.12	1			1838.12	5694.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Horizon	PPO		3358.25	1.827			1838.12	5694.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Horizon	Indemnity		3358.25	1.827			1838.12	5694.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Managed Care Inc	Managed Care Inc		5394.6	0.9			1838.12	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Multiplan	Multiplan		4795.2	0.8			1838.12	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Qualcare	Qualcare		4495.5	0.75			1838.12	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Three Rivers	Three Rivers		5694.3	0.95			1838.12	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 UHC	Medicaid		1885.71	0.3146			1838.12	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 UHC	Medicare		1838.12	1			1838.12	5694.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Wellcare	Medicaid		1885.71	0.3146			1838.12	5694.3	percent of total billed charges	
CISD TRT TALUS FX W/ MANIP	28435	CPT	outpatient			5994		2113.84 Wellcare	Medicare		1838.12	1			1838.12	5694.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREATMENT TALUS FX	28445	CPT	outpatient			13493		9409.2 Aetna	Commercial		13025.6	1.592			4244.9	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREATMENT TALUS FX	28445	CPT	outpatient			13493		9409.2 Aetna	Better Health		4244.9	0.3146			4244.9	14948.35	percent of total billed charges	
OPEN TREATMENT TALUS FX	28445	CPT	outpatient			13493		9409.2 Aetna	Medicare		8181.91	1			4244.9	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREATMENT TALUS FX	28445	CPT	outpatient			13493		9409.2 Americare	Americare		10119.75	0.75			4244.9	14948.35	percent of total billed charges	
OPEN TREATMENT TALUS FX	28445	CPT	outpatient			13493		9409.2 WellPoint	WellPoint		4328.55	0.3208			4244.9	14948.35	percent of total billed charges	
OPEN TREATMENT TALUS FX	28445	CPT	outpatient			13493		9409.2 Amerihealth	Medicare		8181.91	1			4244.9	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREATMENT TALUS FX	28445	CPT	outpatient			13493		9409.2 Consumer	Consumer		12818.35	0.95			4244.9	14948.35	percent of total billed charges	
OPEN TREATMENT TALUS FX	28445	CPT	outpatient			13493		9409.2 Corrections	Corrections		10794.4	0.8			4244.9	14948.35	percent of total billed charges	
OPEN TREATMENT TALUS FX	28445	CPT	outpatient			13493		9409.2 First Health	First Health		9445.1	0.7			4244.9	14948.35	percent of total billed charges	
OPEN TREATMENT TALUS FX	28445	CPT	outpatient			13493		9409.2 First Trenton	First Trenton		12143.7	0.9			4244.9	14948.35	percent of total billed charges	
OPEN TREATMENT TALUS FX	28445	CPT	outpatient			13493		9409.2 Horizon	Medicare Blue		8181.91	1			4244.9	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREATMENT TALUS FX	28445	CPT	outpatient			13493		9409.2 Horizon	PPO		14948.35	1.827			4244.9	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREATMENT TALUS FX	28445	CPT	outpatient			13493		9409.2 Horizon	Indemnity		14948.35	1.827			4244.9	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREATMENT TALUS FX	28445	CPT	outpatient			13493		9409.2 Horizon	MGD		14948.35	1.827			4244.9	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREATMENT TALUS FX	28445	CPT	outpatient			13493		9409.2 Managed Care Inc	Managed Care Inc		12143.7	0.9			4244.9	14948.35	percent of total billed charges	
OPEN TREATMENT TALUS FX	28445	CPT	outpatient			13493		9409.2 Multiplan	Multiplan		10794.4	0.8			4244.9	14948.35	percent of total billed charges	
OPEN TREATMENT TALUS FX	28445	CPT	outpatient			13493		9409.2 Qualcare	Qualcare		10119.75	0.75			4244.9	14948.35	percent of total billed charges	
OPEN TREATMENT TALUS FX	28445	CPT	outpatient			13493		9409.2 Three Rivers	Three Rivers		12818.35	0.95			4244.9	14948.35	percent of total billed charges	
OPEN TREATMENT TALUS FX	28445	CPT	outpatient			13493		9409.2 UHC	Medicare		8181.91	1			4244.9	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREATMENT TALUS FX	28445	CPT	outpatient			13493		9409.2 UHC	Medicaid		4244.9	0.3146			4244.9	14948.35	percent of total billed charges	
OPEN TREATMENT TALUS FX	28445	CPT	outpatient			13493		9409.2 Wellcare	Medicare		8181.91	1			4244.9	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN TREATMENT TALUS FX	28445	CPT	outpatient			13493		9409.2 Wellcare	Medicaid		4244.9	0.3146			4244.9	14948.35	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Aetna	Commercial		429.36	1.592			237.21	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Aetna	Better Health		347.63	0.3146			237.21	1049.75	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Aetna	Medicare		269.7	1			237.21	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Americare	Americare		828.75	0.75			237.21	1049.75	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 WellPoint	WellPoint		354.48	0.3208			237.21	1049.75	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Amerihealth	Medicare		269.7	1			237.21	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Consumer	Consumer		1049.75	0.95			237.21	1049.75	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Corrections	Corrections		884	0.8			237.21	1049.75	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 First Health	First Health		773.5	0.7			237.21	1049.75	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 First Trenton	First Trenton		994.5	0.9			237.21	1049.75	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Horizon	MGD		492.74	1.827			237.21	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Horizon	Indemnity		492.74	1.827			237.21	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Horizon	PPO		492.74	1.827			237.21	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Horizon	Medicare Blue		269.7	1			237.21	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Managed Care Inc	Managed Care Inc		994.5	0.9			237.21	1049.75	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Multiplan	Multiplan		884	0.8			237.21	1049.75	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Qualcare	Qualcare		828.75	0.75			237.21	1049.75	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Three Rivers	Three Rivers		1049.75	0.95			237.21	1049.75	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 UHC	Medicare		269.7	1			237.21	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 UHC	Medicaid		347.63	0.3146			237.21	1049.75	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Wellcare	Medicaid		347.63	0.3146			237.21	1049.75	percent of total billed charges	
TARSAL BONE FX W/O MANIP	28450	CPT	outpatient			1105		310.16 Wellcare	Medicare		269.7	1			237.21	1049.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Aetna	Commercial		2926.29	1.592			1838.12	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Aetna	Better Health		3310.22	0.3146			1838.12	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Aetna	Medicare		1838.12	1			1838.12	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Americare	Americare		7891.5	0.75			1838.12	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 WellPoint	WellPoint		3375.46	0.3208			1838.12	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Amerihealth	Medicare		1838.12	1			1838.12	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Consumer	Consumer		9995.9	0.95			1838.12	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Corrections	Corrections		8417.6	0.8			1838.12	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 First Health	First Health		7365.4	0.7			1838.12	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 First Trenton	First Trenton		9469.8	0.9			1838.12	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Horizon	Medicare Blue		1838.12	1			1838.12	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Horizon	Indemnity		3358.25	1.827			1838.12	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Horizon	MGD		3358.25	1.827			1838.12	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Horizon	PPO		3358.25	1.827			1838.12	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Managed Care Inc	Managed Care Inc		9469.8	0.9			1838.12	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Multiplan	Multiplan		8417.6	0.8			1838.12	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Qualcare	Qualcare		7891.5	0.75			1838.12	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Three Rivers	Three Rivers		9995.9	0.95			1838.12	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 UHC	Medicaid		3310.22	0.3146			1838.12	9995.9	percent of total billed charges	
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 UHC	Medicare		1838.12	1			1838.12	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Wellcare	Medicare		1838.12	1			1838.12	9995.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TARSAL BONE FX W/MAN EA	28455	CPT	outpatient			10522		2113.84 Wellcare	Medicaid		3310.22	0.3146			1838.12	9995.9	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Aetna	Better Health		390.73	0.3146			237.21	1179.9	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Aetna	Commercial		429.36	1.592			237.21	1179.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Aetna	Medicare		269.7	1			237.21	1179.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Americare	Americare		931.5	0.75			237.21	1179.9	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 WellPoint	WellPoint		398.43	0.3208			237.21	1179.9	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Amerihealth	Medicare		269.7	1			237.21	1179.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Consumer	Consumer		1179.9	0.95			237.21	1179.9	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Corrections	Corrections		993.6	0.8			237.21	1179.9	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 First Health	First Health		869.4	0.7			237.21	1179.9	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 First Trenton	First Trenton		1117.8	0.9			237.21	1179.9	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Horizon	PPO		492.74	1.827			237.21	1179.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Horizon	MGD		492.74	1.827			237.21	1179.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Horizon	Medicare Blue		269.7	1			237.21	1179.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Horizon	Indemnity		492.74	1.827			237.21	1179.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Managed Care Inc	Managed Care Inc		1117.8	0.9			237.21	1179.9	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Multiplan	Multiplan		993.6	0.8			237.21	1179.9	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Qualcare	Qualcare		931.5	0.75			237.21	1179.9	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Three Rivers	Three Rivers		1179.9	0.95			237.21	1179.9	percent of total billed charges	
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 UHC	Medicare		269.7	1			237.21	1179.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 UHC	Medicaid		390.73	0.3146			237.21	1179.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Wellcare	Medicare		269.7				237.21	1179.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METATARSAL FX W/O MANIP	28470	CPT	outpatient			1242		310.16 Wellcare	Medicaid		390.73	0.3146			237.21	1179.9	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Aetna	Medicare		495.26	0.308			269.7	1527.6	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Aetna	Commercial		429.36	1.592			269.7	1527.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Aetna	Better Health		505.88	0.3146			269.7	1527.6	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Americare	Americare		1206	0.75			269.7	1527.6	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 WellPoint	WellPoint		515.85	0.3208			269.7	1527.6	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Amerihealth	Medicare		269.7	1			269.7	1527.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Consumer	Consumer		1527.6	0.95			269.7	1527.6	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Corrections	Corrections		1286.4	0.8			269.7	1527.6	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 First Health	First Health		1125.6	0.7			269.7	1527.6	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 First Trenton	First Trenton		1447.2	0.9			269.7	1527.6	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Horizon	MGD		492.74	1.827			269.7	1527.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Horizon	Indemnity		492.74	1.827			269.7	1527.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Horizon	Medicare Blue		269.7	1			269.7	1527.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Horizon	PPO		492.74	1.827			269.7	1527.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Managed Care Inc	Managed Care Inc		1447.2	0.9			269.7	1527.6	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Multiplan	Multiplan		1286.4	0.8			269.7	1527.6	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Qualcare	Qualcare		1206	0.75			269.7	1527.6	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Three Rivers	Three Rivers		1527.6	0.95			269.7	1527.6	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 UHC	Medicaid		505.88	0.3146			269.7	1527.6	percent of total billed charges	
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 UHC	Medicare		269.7	1			269.7	1527.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Wellcare	Medicare		269.7	1			269.7	1527.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT METTAR FRCT W MAN	28475	CPT	outpatient			1608		310.16 Wellcare	Medicaid		505.88	0.3146			269.7	1527.6	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Aetna	Commercial		13025.6	1.592			4244.9	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Aetna	Better Health		4244.9	0.3146			4244.9	14948.35	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Aetna	Medicare		8181.91	1			4244.9	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Americare	Americare		10119.75	0.75			4244.9	14948.35	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 WellPoint	WellPoint		4328.55	0.3208			4244.9	14948.35	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Amerihealth	Medicare		8181.91	1			4244.9	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Consumer	Consumer		12818.35	0.95			4244.9	14948.35	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Corrections	Corrections		10794.4	0.8			4244.9	14948.35	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 First Health	First Health		9445.1	0.7			4244.9	14948.35	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 First Trenton	First Trenton		12143.7	0.9			4244.9	14948.35	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Horizon	PPO		14948.35	1.827			4244.9	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Horizon	Indemnity		14948.35	1.827			4244.9	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Horizon	MGD		14948.35	1.827			4244.9	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Horizon	Medicare Blue		8181.91	1			4244.9	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Managed Care Inc	Managed Care Inc		12143.7	0.9			4244.9	14948.35	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Multiplan	Multiplan		10794.4	0.8			4244.9	14948.35	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Qualcare	Qualcare		10119.75	0.75			4244.9	14948.35	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Three Rivers	Three Rivers		12818.35	0.95			4244.9	14948.35	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 UHC	Medicaid		4244.9	0.3146			4244.9	14948.35	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 UHC	Medicare		8181.91	1			4244.9	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Wellcare	Medicaid		4244.9	0.3146			4244.9	14948.35	percent of total billed charges	
OPEN REPAIR METATARSAL FX	28485	CPT	outpatient			13493		9409.2 Wellcare	Medicare		8181.91	1			4244.9	14948.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Aetna	Better Health		237.21	0.3146			193.12	716.3	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Aetna	Medicare		232.23	0.308			193.12	716.3	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Aetna	Commercial		429.36	1.592			193.12	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Americare	Americare		565.5	0.75			193.12	716.3	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 WellPoint	WellPoint		241.88	0.3208			193.12	716.3	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Amerihealth	Medicare		269.7	1			193.12	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Consumer	Consumer		716.3	0.95			193.12	716.3	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Corrections	Corrections		603.2	0.8			193.12	716.3	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 First Health	First Health		527.8	0.7			193.12	716.3	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 First Trenton	First Trenton		678.6	0.9			193.12	716.3	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Horizon	Indemnity		492.74	1.827			193.12	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Horizon	MGD		492.74	1.827			193.12	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Horizon	Medicare Blue		269.7	1			193.12	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Horizon	PPO		492.74	1.827			193.12	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Managed Care Inc	Managed Care Inc		678.6	0.9			193.12	716.3	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Multiplan	Multiplan		603.2	0.8			193.12	716.3	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Qualcare	Qualcare		565.5	0.75			193.12	716.3	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Three Rivers	Three Rivers		716.3	0.95			193.12	716.3	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 UHC	Medicare		269.7	1			193.12	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 UHC	Medicaid		237.21	0.3146			193.12	716.3	percent of total billed charges	
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Wellcare	Medicare		269.7	1			193.12	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT GREAT TOE	28490	CPT	outpatient			754		310.16 Wellcare	Medicaid		237.21	0.3146			193.12	716.3	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Aetna	Better Health		198.83	0.3146			198.83	600.4	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Aetna	Commercial		429.36	1.592			198.83	600.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Aetna	Medicare		269.7	1			198.83	600.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Americare	Americare		474	0.75			198.83	600.4	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 WellPoint	WellPoint		202.75	0.3208			198.83	600.4	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Amerihealth	Medicare		269.7	1			198.83	600.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Consumer	Consumer		600.4	0.95			198.83	600.4	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Corrections	Corrections		505.6	0.8			198.83	600.4	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 First Health	First Health		442.4	0.7			198.83	600.4	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 First Trenton	First Trenton		568.8	0.9			198.83	600.4	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Horizon	MGD		492.74	1.827			198.83	600.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Horizon	Indemnity		492.74	1.827			198.83	600.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Horizon	PPO		492.74	1.827			198.83	600.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Horizon	Medicare Blue		269.7	1			198.83	600.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Managed Care Inc	Managed Care Inc		568.8	0.9			198.83	600.4	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Multiplan	Multiplan		505.6	0.8			198.83	600.4	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Qualcare	Qualcare		474	0.75			198.83	600.4	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Three Rivers	Three Rivers		600.4	0.95			198.83	600.4	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 UHC	Medicare		269.7	1			198.83	600.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 UHC	Medicaid		198.83	0.3146			198.83	600.4	percent of total billed charges	
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Wellcare	Medicare		269.7	1			198.83	600.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TRT FRCT GR TOE W MAN	28495	CPT	outpatient			632		310.16 Wellcare	Medicaid		198.83	0.3146			198.83	600.4	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Aetna	Better Health		269.61	0.3146			237.21	814.15	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Aetna	Commercial		429.36	1.592			237.21	814.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Aetna	Medicare		269.7	1			237.21	814.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Americare	Americare		642.75	0.75			237.21	814.15	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 WellPoint	WellPoint		274.93	0.3208			237.21	814.15	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Amerihealth	Medicare		269.7	1			237.21	814.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Consumer	Consumer		814.15	0.95			237.21	814.15	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Corrections	Corrections		685.6	0.8			237.21	814.15	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 First Health	First Health		599.9	0.7			237.21	814.15	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 First Trenton	First Trenton		771.3	0.9			237.21	814.15	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Horizon	MGD		492.74	1.827			237.21	814.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Horizon	Medicare Blue		269.7	1			237.21	814.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Horizon	Indemnity		492.74	1.827			237.21	814.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Horizon	PPO		492.74	1.827			237.21	814.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Managed Care Inc	Managed Care Inc		771.3	0.9			237.21	814.15	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Multiplan	Multiplan		685.6	0.8			237.21	814.15	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Qualcare	Qualcare		642.75	0.75			237.21	814.15	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Three Rivers	Three Rivers		814.15	0.95			237.21	814.15	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 UHC	Medicaid		269.61	0.3146			237.21	814.15	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 UHC	Medicare		269.7	1			237.21	814.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Wellcare	Medicaid		269.61	0.3146			237.21	814.15	percent of total billed charges	
TRT CLOSED FRACT NOT GRT TOE	28510	CPT	outpatient			857		310.16 Wellcare	Medicare		269.7	1			237.21	814.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Aetna	Commercial		429.36	1.592			269.7	1297.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Aetna	Better Health		429.74	0.3146			269.7	1297.7	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Aetna	Medicare		269.7	1			269.7	1297.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Americare	Americare		1024.5	0.75			269.7	1297.7	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 WellPoint	WellPoint		438.21	0.3208			269.7	1297.7	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Amerihealth	Medicare		269.7	1			269.7	1297.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Consumer	Consumer		1297.7	0.95			269.7	1297.7	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Corrections	Corrections		1092.8	0.8			269.7	1297.7	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 First Health	First Health		956.2	0.7			269.7	1297.7	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 First Trenton	First Trenton		1229.4	0.9			269.7	1297.7	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Horizon	Indemnity		492.74	1.827			269.7	1297.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Horizon	Medicare Blue		269.7	1			269.7	1297.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Horizon	PPO		492.74	1.827			269.7	1297.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Horizon	MGD		492.74	1.827			269.7	1297.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Managed Care Inc	Managed Care Inc		1229.4	0.9			269.7	1297.7	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Multiplan	Multiplan		1092.8	0.8			269.7	1297.7	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Qualcare	Qualcare		1024.5	0.75			269.7	1297.7	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Three Rivers	Three Rivers		1297.7	0.95			269.7	1297.7	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 UHC	Medicare		269.7	1			269.7	1297.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 UHC	Medicaid		429.74	0.3146			269.7	1297.7	percent of total billed charges	
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Wellcare	Medicare		269.7	1			269.7	1297.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSED TX FX TOE-NOT TOE W MANIP.	28515	CPT	outpatient			1366		310.16 Wellcare	Medicaid		429.74	0.3146			269.7	1297.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Aetna	Commercial		5893.39	1.592			3701.88	11728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Aetna	Medicare		3701.88	1			3701.88	11728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Aetna	Better Health		3884.05	0.3146			3701.88	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Americare	Americare		9259.5	0.75			3701.88	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 WellPoint	WellPoint		3960.6	0.3208			3701.88	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Amerihealth	Medicare		3701.88	1			3701.88	11728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Consumer	Consumer		11728.7	0.95			3701.88	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 Corrections	Corrections		9876.8	0.8			3701.88	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346		4257.16 First Health	First Health		8642.2	0.7			3701.88	11728.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346	4257.16	First Trenton	First Trenton		11111.4	0.9			3701.88	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346	4257.16	Horizon	MGD		6763.33	1.827			3701.88	11728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346	4257.16	Horizon	Indemnity		6763.33	1.827			3701.88	11728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346	4257.16	Horizon	PPO		6763.33	1.827			3701.88	11728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346	4257.16	Horizon	Medicare Blue		3701.88	1			3701.88	11728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346	4257.16	Managed Care Inc	Managed Care Inc		11111.4	0.9			3701.88	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346	4257.16	Multiplan	Multiplan		9876.8	0.8			3701.88	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346	4257.16	Qualcare	Qualcare		9259.5	0.75			3701.88	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346	4257.16	Three Rivers	Three Rivers		11728.7	0.95			3701.88	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346	4257.16	UHC	Medicaid		3884.05	0.3146			3701.88	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346	4257.16	UHC	Medicare		3701.88	1			3701.88	11728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346	4257.16	Wellcare	Medicaid		3884.05	0.3146			3701.88	11728.7	percent of total billed charges	
OPEN RX TOE FRACTURE	28525	CPT	outpatient			12346	4257.16	Wellcare	Medicare		3701.88	1			3701.88	11728.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SESAMOID FX	28530	CPT	outpatient			798	310.16	Aetna	Medicare		269.7	1			237.21	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SESAMOID FX	28530	CPT	outpatient			798	310.16	Aetna	Better Health		251.05	0.3146			237.21	758.1	percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	Aetna	Commercial		429.36	1.592			237.21	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SESAMOID FX	28530	CPT	outpatient			798	310.16	Americare	Americare		598.5	0.75			237.21	758.1	percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	WellPoint	WellPoint		256	0.3208			237.21	758.1	percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	Amerihealth	Medicare		269.7	1			237.21	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SESAMOID FX	28530	CPT	outpatient			798	310.16	Consumer	Consumer		758.1	0.95			237.21	758.1	percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	Corrections	Corrections		638.4	0.8			237.21	758.1	percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	First Health	First Health		558.6	0.7			237.21	758.1	percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	First Trenton	First Trenton		718.2	0.9			237.21	758.1	percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	Horizon	Medicare Blue		269.7	1			237.21	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SESAMOID FX	28530	CPT	outpatient			798	310.16	Horizon	MGD		492.74	1.827			237.21	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SESAMOID FX	28530	CPT	outpatient			798	310.16	Horizon	Indemnity		492.74	1.827			237.21	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SESAMOID FX	28530	CPT	outpatient			798	310.16	Horizon	PPO		492.74	1.827			237.21	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SESAMOID FX	28530	CPT	outpatient			798	310.16	Managed Care Inc	Managed Care Inc		718.2	0.9			237.21	758.1	percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	Multiplan	Multiplan		638.4	0.8			237.21	758.1	percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	Qualcare	Qualcare		598.5	0.75			237.21	758.1	percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	Three Rivers	Three Rivers		758.1	0.95			237.21	758.1	percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	UHC	Medicaid		251.05	0.3146			237.21	758.1	percent of total billed charges	
SESAMOID FX	28530	CPT	outpatient			798	310.16	UHC	Medicare		269.7	1			237.21	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SESAMOID FX	28530	CPT	outpatient			798	310.16	Wellcare	Medicare		269.7	1			237.21	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SESAMOID FX	28530	CPT	outpatient			798	310.16	Wellcare	Medicaid		251.05	0.3146			237.21	758.1	percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Aetna	Commercial		429.36	1.592			257.66	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Aetna	Better Health		257.66	0.3146			257.66	778.05	percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Aetna	Medicare		269.7	1			257.66	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Americare	Americare		614.25	0.75			257.66	778.05	percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	WellPoint	WellPoint		262.74	0.3208			257.66	778.05	percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Amerihealth	Medicare		269.7	1			257.66	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Consumer	Consumer		778.05	0.95			257.66	778.05	percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Corrections	Corrections		655.2	0.8			257.66	778.05	percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	First Health	First Health		573.3	0.7			257.66	778.05	percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	First Trenton	First Trenton		737.1	0.9			257.66	778.05	percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Horizon	MGD		492.74	1.827			257.66	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Horizon	Medicare Blue		269.7	1			257.66	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Horizon	Indemnity		492.74	1.827			257.66	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Horizon	PPO		492.74	1.827			257.66	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Managed Care Inc	Managed Care Inc		737.1	0.9			257.66	778.05	percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Multiplan	Multiplan		655.2	0.8			257.66	778.05	percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Qualcare	Qualcare		614.25	0.75			257.66	778.05	percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Three Rivers	Three Rivers		778.05	0.95			257.66	778.05	percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	UHC	Medicare		269.7	1			257.66	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	UHC	Medicaid		257.66	0.3146			257.66	778.05	percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Wellcare	Medicaid		257.66	0.3146			257.66	778.05	percent of total billed charges	
CLTX TAR DIS OTH/THN TALO W/O ANES	28540	CPT	outpatient			819	310.16	Wellcare	Medicare		269.7	1			257.66	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Aetna	Medicare		269.7	1			269.7	2114.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Aetna	Commercial		429.36	1.592			269.7	2114.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Aetna	Better Health		700.3	0.3146			269.7	2114.7	percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Americare	Americare		1669.5	0.75			269.7	2114.7	percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	WellPoint	WellPoint		714.1	0.3208			269.7	2114.7	percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Amerihealth	Medicare		269.7	1			269.7	2114.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Consumer	Consumer		2114.7	0.95			269.7	2114.7	percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Corrections	Corrections		1780.8	0.8			269.7	2114.7	percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	First Health	First Health		1558.2	0.7			269.7	2114.7	percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	First Trenton	First Trenton		2003.4	0.9			269.7	2114.7	percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Horizon	Medicare Blue		269.7	1			269.7	2114.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Horizon	MGD		492.74	1.827			269.7	2114.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Horizon	PPO		492.74	1.827			269.7	2114.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Horizon	Indemnity		492.74	1.827			269.7	2114.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Managed Care Inc	Managed Care Inc		2003.4	0.9			269.7	2114.7	percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Multiplan	Multiplan		1780.8	0.8			269.7	2114.7	percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Qualcare	Qualcare		1669.5	0.75			269.7	2114.7	percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Three Rivers	Three Rivers		2114.7	0.95			269.7	2114.7	percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	UHC	Medicaid		700.3	0.3146			269.7	2114.7	percent of total billed charges	
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	UHC	Medicare		269.7	1			269.7	2114.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Wellcare	Medicare		269.7	1			269.7	2114.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC	28570	CPT	outpatient			2226	310.16	Wellcare	Medicaid		700.3	0.3146			269.7	2114.7	percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Aetna	Better Health		3412.15	0.3146			3311.79	10303.7	percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Aetna	Commercial		5893.39	1.592			3311.79	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Aetna	Medicare		3701.88	1			3311.79	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Americare	Americare		8134.5	0.75			3311.79	10303.7	percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	WellPoint	WellPoint		3479.4	0.3208			3311.79	10303.7	percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Amerihealth	Medicare		3701.88	1			3311.79	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Consumer	Consumer		10303.7	0.95			3311.79	10303.7	percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Corrections	Corrections		8676.8	0.8			3311.79	10303.7	percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	First Health	First Health		7592.2	0.7			3311.79	10303.7	percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	First Trenton	First Trenton		9761.4	0.9			3311.79	10303.7	percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Horizon	MGD		6763.33	1.827			3311.79	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Horizon	Medicare Blue		3701.88	1			3311.79	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Horizon	Indemnity		6763.33	1.827			3311.79	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Horizon	PPO		6763.33	1.827			3311.79	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Managed Care Inc	Managed Care Inc		9761.4	0.9			3311.79	10303.7	percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Multiplan	Multiplan		8676.8	0.8			3311.79	10303.7	percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Qualcare	Qualcare		8134.5	0.75			3311.79	10303.7	percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Three Rivers	Three Rivers		10303.7	0.95			3311.79	10303.7	percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	UHC	Medicare		3701.88	1			3311.79	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	UHC	Medicaid		3412.15	0.3146			3311.79	10303.7	percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Wellcare	Medicaid		3412.15	0.3146			3311.79	10303.7	percent of total billed charges	
TRT TALOTARSAL DISLOC W/ANES	28575	CPT	outpatient			10846	4257.16	Wellcare	Medicare		3701.88	1			3311.79	10303.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Aetna	Better Health		264.89	0.3146			264.89	799.9	percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Aetna	Commercial		429.36	1.592			264.89	799.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Aetna	Medicare		269.7	1			264.89	799.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Americare	Americare		631.5	0.75			264.89	799.9	percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	WellPoint	WellPoint		270.11	0.3208			264.89	799.9	percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Amerihealth	Medicare		269.7	1			264.89	799.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Consumer	Consumer		799.9	0.95			264.89	799.9	percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Corrections	Corrections		673.6	0.8			264.89	799.9	percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	First Health	First Health		589.4	0.7			264.89	799.9	percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	First Trenton	First Trenton		757.8	0.9			264.89	799.9	percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Horizon	Medicare Blue		269.7	1			264.89	799.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Horizon	PPO		492.74	1.827			264.89	799.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Horizon	Indemnity		492.74	1.827			264.89	799.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Horizon	MGD		492.74	1.827			264.89	799.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Managed Care Inc	Managed Care Inc		757.8	0.9			264.89	799.9	percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Multiplan	Multiplan		673.6	0.8			264.89	799.9	percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Qualcare	Qualcare		631.5	0.75			264.89	799.9	percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Three Rivers	Three Rivers		799.9	0.95			264.89	799.9	percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	UHC	Medicaid		264.89	0.3146			264.89	799.9	percent of total billed charges	
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	UHC	Medicare		269.7	1			264.89	799.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Wellcare	Medicare		269.7	1			264.89	799.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX TAROMET DIS W/O ANES	28600	CPT	outpatient			842	310.16	Wellcare	Medicaid		264.89	0.3146			264.89	799.9	percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Aetna	Commercial		429.36	1.592			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Aetna	Better Health		272.13	0.3146			269.7	821.75	percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Aetna	Medicare		269.7	1			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Americare	Americare		648.75	0.75			269.7	821.75	percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	WellPoint	WellPoint		277.49	0.3208			269.7	821.75	percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Amerihealth	Medicare		269.7	1			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Consumer	Consumer		821.75	0.95			269.7	821.75	percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Corrections	Corrections		692	0.8			269.7	821.75	percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	First Health	First Health		605.5	0.7			269.7	821.75	percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	First Trenton	First Trenton		778.5	0.9			269.7	821.75	percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Horizon	MGD		492.74	1.827			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Horizon	PPO		492.74	1.827			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Horizon	Indemnity		492.74	1.827			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Horizon	Medicare Blue		269.7	1			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Managed Care Inc	Managed Care Inc		778.5	0.9			269.7	821.75	percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Multiplan	Multiplan		692	0.8			269.7	821.75	percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Qualcare	Qualcare		648.75	0.75			269.7	821.75	percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Three Rivers	Three Rivers		821.75	0.95			269.7	821.75	percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	UHC	Medicaid		272.13	0.3146			269.7	821.75	percent of total billed charges	
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	UHC	Medicare		269.7	1			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Wellcare	Medicare		269.7	1			269.7	821.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CL TX MTP DISLOC W/O ANES.	28630	CPT	outpatient			865	310.16	Wellcare	Medicaid		272.13	0.3146			269.7	821.75	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661	2113.84	Aetna	Better Health		1780.95	0.3146			1743.59	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661	2113.84	Aetna	Commercial		2926.29	1.592			1743.59	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661	2113.84	Aetna	Medicare		1743.59	0.308			1743.59	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661	2113.84	Americare	Americare		4245.75	0.75			1743.59	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661	2113.84	WellPoint	WellPoint		1816.05	0.3208			1743.59	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661	2113.84	Amerihealth	Medicare		1838.12	1			1743.59	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661	2113.84	Consumer	Consumer		5377.95	0.95			1743.59	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661	2113.84	Corrections	Corrections		4528.8	0.8			1743.59	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661	2113.84	First Health	First Health		3962.7	0.7			1743.59	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661	2113.84	First Trenton	First Trenton		5094.9	0.9			1743.59	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661	2113.84	Horizon	MGD		3358.25	1.827			1743.59	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661	2113.84	Horizon	Medicare Blue		1838.12	1			1743.59	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661	2113.84	Horizon	Indemnity		3358.25	1.827			1743.59	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661	2113.84	Horizon	PPO		3358.25	1.827			1743.59	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661	2113.84	Managed Care Inc	Managed Care Inc		5094.9	0.9			1743.59	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661	2113.84	Multiplan	Multiplan		4528.8	0.8			1743.59	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661	2113.84	Qualcare	Qualcare		4245.75	0.75			1743.59	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661	2113.84	Three Rivers	Three Rivers		5377.95	0.95			1743.59	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661	2113.84	UHC	Medicare		1838.12	1			1743.59	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661	2113.84	UHC	Medicaid		1780.95	0.3146			1743.59	5377.95	percent of total billed charges	
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661	2113.84	Wellcare	Medicare		1838.12	1			1743.59	5377.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD TX OF META JOINT LOCATION	28635	CPT	outpatient			5661	2113.84	Wellcare	Medicaid		1780.95	0.3146			1743.59	5377.95	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759	310.16	Aetna	Medicare		541.77	0.308			269.7	1671.05	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759	310.16	Aetna	Commercial		429.36	1.592			269.7	1671.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759	310.16	Aetna	Better Health		553.38	0.3146			269.7	1671.05	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759	310.16	Americare	Americare		1319.25	0.75			269.7	1671.05	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759	310.16	WellPoint	WellPoint		564.29	0.3208			269.7	1671.05	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759	310.16	Amerihealth	Medicare		269.7	1			269.7	1671.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759	310.16	Consumer	Consumer		1671.05	0.95			269.7	1671.05	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759	310.16	Corrections	Corrections		1407.2	0.8			269.7	1671.05	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759	310.16	First Health	First Health		1231.3	0.7			269.7	1671.05	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759	310.16	First Trenton	First Trenton		1583.1	0.9			269.7	1671.05	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759	310.16	Horizon	MGD		492.74	1.827			269.7	1671.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759	310.16	Horizon	Medicare Blue		269.7	1			269.7	1671.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759	310.16	Horizon	PPO		492.74	1.827			269.7	1671.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759	310.16	Horizon	Indemnity		492.74	1.827			269.7	1671.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759	310.16	Managed Care Inc	Managed Care Inc		1583.1	0.9			269.7	1671.05	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759	310.16	Multiplan	Multiplan		1407.2	0.8			269.7	1671.05	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759	310.16	Qualcare	Qualcare		1319.25	0.75			269.7	1671.05	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759	310.16	Three Rivers	Three Rivers		1671.05	0.95			269.7	1671.05	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759	310.16	UHC	Medicare		269.7	1			269.7	1671.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759	310.16	UHC	Medicaid		553.38	0.3146			269.7	1671.05	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759	310.16	Wellcare	Medicaid		553.38	0.3146			269.7	1671.05	percent of total billed charges	
DISLOCATION CL INTERPHALANGEAL	28660	CPT	outpatient			1759	310.16	Wellcare	Medicare		269.7	1			269.7	1671.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897	353.21	Aetna	Better Health		282.2	0.3146			282.2	852.15	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897	353.21	Aetna	Commercial		488.97	1.592			282.2	852.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897	353.21	Aetna	Medicare		307.14	1			282.2	852.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897	353.21	Americare	Americare		672.75	0.75			282.2	852.15	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897	353.21	WellPoint	WellPoint		287.76	0.3208			282.2	852.15	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897	353.21	Amerihealth	Medicare		307.14	1			282.2	852.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897	353.21	Consumer	Consumer		852.15	0.95			282.2	852.15	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897	353.21	Corrections	Corrections		717.6	0.8			282.2	852.15	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897	353.21	First Health	First Health		627.9	0.7			282.2	852.15	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897	353.21	First Trenton	First Trenton		807.3	0.9			282.2	852.15	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897	353.21	Horizon	Medicare Blue		307.14	1			282.2	852.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897	353.21	Horizon	PPO		561.14	1.827			282.2	852.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897	353.21	Horizon	MGD		561.14	1.827			282.2	852.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897	353.21	Horizon	Indemnity		561.14	1.827			282.2	852.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897	353.21	Managed Care Inc	Managed Care Inc		807.3	0.9			282.2	852.15	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897	353.21	Multiplan	Multiplan		717.6	0.8			282.2	852.15	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897	353.21	Qualcare	Qualcare		672.75	0.75			282.2	852.15	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897	353.21	Three Rivers	Three Rivers		852.15	0.95			282.2	852.15	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897	353.21	UHC	Medicare		307.14	1			282.2	852.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897	353.21	UHC	Medicaid		282.2	0.3146			282.2	852.15	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897	353.21	Wellcare	Medicaid		282.2	0.3146			282.2	852.15	percent of total billed charges	
CLTX INTERPH JT DISLC REQ ANES	28665	CPT	outpatient			897	353.21	Wellcare	Medicare		307.14	1			282.2	852.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METATARSAL	28810	CPT	outpatient			7818	4257.16	Aetna	Better Health		2459.54	0.3146			2459.54	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818	4257.16	Aetna	Commercial		5893.39	1.592			2459.54	7427.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METATARSAL	28810	CPT	outpatient			7818	4257.16	Aetna	Medicare		3701.88	1			2459.54	7427.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METATARSAL	28810	CPT	outpatient			7818	4257.16	Americare	Americare		5863.5	0.75			2459.54	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818	4257.16	WellPoint	WellPoint		2508.01	0.3208			2459.54	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818	4257.16	Amerihealth	Medicare		3701.88	1			2459.54	7427.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METATARSAL	28810	CPT	outpatient			7818	4257.16	Consumer	Consumer		7427.1	0.95			2459.54	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818	4257.16	Corrections	Corrections		6254.4	0.8			2459.54	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818	4257.16	First Health	First Health		5472.6	0.7			2459.54	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818	4257.16	First Trenton	First Trenton		7036.2	0.9			2459.54	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818	4257.16	Horizon	MGD		6763.33	1.827			2459.54	7427.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METATARSAL	28810	CPT	outpatient			7818	4257.16	Horizon	Indemnity		6763.33	1.827			2459.54	7427.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METATARSAL	28810	CPT	outpatient			7818	4257.16	Horizon	Medicare Blue		3701.88	1			2459.54	7427.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METATARSAL	28810	CPT	outpatient			7818	4257.16	Horizon	PPO		6763.33	1.827			2459.54	7427.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METATARSAL	28810	CPT	outpatient			7818	4257.16	Managed Care Inc	Managed Care Inc		7036.2	0.9			2459.54	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818	4257.16	Multiplan	Multiplan		6254.4	0.8			2459.54	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818	4257.16	Qualcare	Qualcare		5863.5	0.75			2459.54	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818	4257.16	Three Rivers	Three Rivers		7427.1	0.95			2459.54	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818	4257.16	UHC	Medicare		3701.88	1			2459.54	7427.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METATARSAL	28810	CPT	outpatient			7818	4257.16	UHC	Medicaid		2459.54	0.3146			2459.54	7427.1	percent of total billed charges	
AMPUTATION METATARSAL	28810	CPT	outpatient			7818	4257.16	Wellcare	Medicare		3701.88	1			2459.54	7427.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPUTATION METATARSAL	28810	CPT	outpatient			7818	4257.16	Wellcare	Medicaid		2459.54	0.3146			2459.54	7427.1	percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875	353.21	Aetna	Commercial		488.97	1.592			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BODY CAST APPLICATION	29035	CPT	outpatient			875	353.21	Aetna	Medicare		307.14	1			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BODY CAST APPLICATION	29035	CPT	outpatient			875	353.21	Aetna	Better Health		275.28	0.3146			275.28	831.25	percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875	353.21	Americare	Americare		656.25	0.75			275.28	831.25	percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875	353.21	WellPoint	WellPoint		280.7	0.3208			275.28	831.25	percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875	353.21	Amerihealth	Medicare		307.14	1			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BODY CAST APPLICATION	29035	CPT	outpatient			875	353.21	Consumer	Consumer		831.25	0.95			275.28	831.25	percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875	353.21	Corrections	Corrections		700	0.8			275.28	831.25	percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875	353.21	First Health	First Health		612.5	0.7			275.28	831.25	percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875	353.21	First Trenton	First Trenton		787.5	0.9			275.28	831.25	percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875	353.21	Horizon	Medicare Blue		307.14	1			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BODY CAST APPLICATION	29035	CPT	outpatient			875	353.21	Horizon	MGD		561.14	1.827			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BODY CAST APPLICATION	29035	CPT	outpatient			875	353.21	Horizon	Indemnity		561.14	1.827			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BODY CAST APPLICATION	29035	CPT	outpatient			875	353.21	Horizon	PPO		561.14	1.827			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BODY CAST APPLICATION	29035	CPT	outpatient			875	353.21	Managed Care Inc	Managed Care Inc		787.5	0.9			275.28	831.25	percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875	353.21	Multiplan	Multiplan		700	0.8			275.28	831.25	percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875	353.21	Qualcare	Qualcare		656.25	0.75			275.28	831.25	percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875	353.21	Three Rivers	Three Rivers		831.25	0.95			275.28	831.25	percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875	353.21	UHC	Medicare		307.14	1			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BODY CAST APPLICATION	29035	CPT	outpatient			875	353.21	UHC	Medicaid		275.28	0.3146			275.28	831.25	percent of total billed charges	
BODY CAST APPLICATION	29035	CPT	outpatient			875	353.21	Wellcare	Medicare		307.14	1			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BODY CAST APPLICATION	29035	CPT	outpatient			875	353.21	Wellcare	Medicaid		275.28	0.3146			275.28	831.25	percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682	353.21	Aetna	Better Health		214.56	0.3146			214.56	647.9	percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682	353.21	Aetna	Medicare		307.14	1			214.56	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682	353.21	Aetna	Commercial		488.97	1.592			214.56	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682	353.21	Americare	Americare		511.5	0.75			214.56	647.9	percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682	353.21	WellPoint	WellPoint		218.79	0.3208			214.56	647.9	percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682	353.21	Amerihealth	Medicare		307.14	1			214.56	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682	353.21	Consumer	Consumer		647.9	0.95			214.56	647.9	percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682	353.21	Corrections	Corrections		545.6	0.8			214.56	647.9	percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682	353.21	First Health	First Health		477.4	0.7			214.56	647.9	percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682	353.21	First Trenton	First Trenton		613.8	0.9			214.56	647.9	percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682	353.21	Horizon	MGD		561.14	1.827			214.56	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682	353.21	Horizon	Medicare Blue		307.14	1			214.56	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682	353.21	Horizon	Indemnity		561.14	1.827			214.56	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682	353.21	Horizon	PPO		561.14	1.827			214.56	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682	353.21	Managed Care Inc	Managed Care Inc		613.8	0.9			214.56	647.9	percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682	353.21	Multiplan	Multiplan		545.6	0.8			214.56	647.9	percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682	353.21	Qualcare	Qualcare		511.5	0.75			214.56	647.9	percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682	353.21	Three Rivers	Three Rivers		647.9	0.95			214.56	647.9	percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682	353.21	UHC	Medicaid		214.56	0.3146			214.56	647.9	percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682	353.21	UHC	Medicare		307.14	1			214.56	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682	353.21	Wellcare	Medicaid		214.56	0.3146			214.56	647.9	percent of total billed charges	
APPLICATION OF SHOULDER CAST	29055	CPT	outpatient			682	353.21	Wellcare	Medicare		307.14	1			214.56	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011	353.21	Aetna	Commercial		488.97	1.592			176.49	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011	353.21	Aetna	Better Health		318.06	0.3146			176.49	960.45	percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011	353.21	Aetna	Medicare		307.14	1			176.49	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011	353.21	Americare	Americare		758.25	0.75			176.49	960.45	percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011	353.21	WellPoint	WellPoint		324.33	0.3208			176.49	960.45	percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011	353.21	Amerihealth	Medicare		307.14	1			176.49	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011	353.21	Consumer	Consumer		960.45	0.95			176.49	960.45	percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011	353.21	Corrections	Corrections		808.8	0.8			176.49	960.45	percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011	353.21	First Health	First Health		707.7	0.7			176.49	960.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011	353.21	First Trenton	First Trenton		909.9	0.9			176.49	960.45	percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011	353.21	Horizon	Medicare Blue		307.14	1			176.49	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011	353.21	Horizon	Indemnity		561.14	1.827			176.49	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011	353.21	Horizon	MGD		561.14	1.827			176.49	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011	353.21	Horizon	PPO		561.14	1.827			176.49	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011	353.21	Managed Care Inc	Managed Care Inc		909.9	0.9			176.49	960.45	percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011	353.21	Multiplan	Multiplan		808.8	0.8			176.49	960.45	percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011	353.21	Qualcare	Qualcare		758.25	0.75			176.49	960.45	percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011	353.21	Three Rivers	Three Rivers		960.45	0.95			176.49	960.45	percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011	353.21	UHC	Medicaid		318.06	0.3146			176.49	960.45	percent of total billed charges	
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011	353.21	UHC	Medicare		307.14	1			176.49	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011	353.21	Wellcare	Medicare		307.14	1			176.49	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM CAST APPLICATION	29065	CPT	outpatient			1011	353.21	Wellcare	Medicaid		318.06	0.3146			176.49	960.45	percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958	353.21	Aetna	Better Health		301.39	0.3146			133.67	910.1	percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958	353.21	Aetna	Commercial		488.97	1.592			133.67	910.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958	353.21	Aetna	Medicare		295.06	0.308			133.67	910.1	percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958	353.21	Americare	Americare		718.5	0.75			133.67	910.1	percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958	353.21	WellPoint	WellPoint		307.33	0.3208			133.67	910.1	percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958	353.21	Amerihealth	Medicare		307.14	1			133.67	910.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958	353.21	Consumer	Consumer		910.1	0.95			133.67	910.1	percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958	353.21	Corrections	Corrections		766.4	0.8			133.67	910.1	percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958	353.21	First Health	First Health		670.6	0.7			133.67	910.1	percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958	353.21	First Trenton	First Trenton		862.2	0.9			133.67	910.1	percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958	353.21	Horizon	Medicare Blue		307.14	1			133.67	910.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958	353.21	Horizon	Indemnity		561.14	1.827			133.67	910.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958	353.21	Horizon	MGD		561.14	1.827			133.67	910.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958	353.21	Horizon	PPO		561.14	1.827			133.67	910.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958	353.21	Managed Care Inc	Managed Care Inc		862.2	0.9			133.67	910.1	percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958	353.21	Multiplan	Multiplan		766.4	0.8			133.67	910.1	percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958	353.21	Qualcare	Qualcare		718.5	0.75			133.67	910.1	percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958	353.21	Three Rivers	Three Rivers		910.1	0.95			133.67	910.1	percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958	353.21	UHC	Medicaid		301.39	0.3146			133.67	910.1	percent of total billed charges	
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958	353.21	UHC	Medicare		307.14	1			133.67	910.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958	353.21	Wellcare	Medicare		307.14	1			133.67	910.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM CAST APPLICATION	29075	CPT	outpatient			958	353.21	Wellcare	Medicaid		301.39	0.3146			133.67	910.1	percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555	207.24	Aetna	Better Health		174.6	0.3146			110.74	527.25	percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555	207.24	Aetna	Commercial		286.89	1.592			110.74	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555	207.24	Aetna	Medicare		180.21	1			110.74	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555	207.24	Americare	Americare		416.25	0.75			110.74	527.25	percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555	207.24	WellPoint	WellPoint		178.04	0.3208			110.74	527.25	percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555	207.24	Amerihealth	Medicare		180.21	1			110.74	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555	207.24	Consumer	Consumer		527.25	0.95			110.74	527.25	percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555	207.24	Corrections	Corrections		444	0.8			110.74	527.25	percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555	207.24	First Health	First Health		388.5	0.7			110.74	527.25	percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555	207.24	First Trenton	First Trenton		499.5	0.9			110.74	527.25	percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555	207.24	Horizon	Indemnity		329.24	1.827			110.74	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555	207.24	Horizon	PPO		329.24	1.827			110.74	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555	207.24	Horizon	MGD		329.24	1.827			110.74	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555	207.24	Horizon	Medicare Blue		180.21	1			110.74	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555	207.24	Managed Care Inc	Managed Care Inc		499.5	0.9			110.74	527.25	percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555	207.24	Multiplan	Multiplan		444	0.8			110.74	527.25	percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555	207.24	Qualcare	Qualcare		416.25	0.75			110.74	527.25	percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555	207.24	Three Rivers	Three Rivers		527.25	0.95			110.74	527.25	percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555	207.24	UHC	Medicaid		174.6	0.3146			110.74	527.25	percent of total billed charges	
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555	207.24	UHC	Medicare		180.21	1			110.74	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555	207.24	Wellcare	Medicare		180.21	1			110.74	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THUMB SPICE CAST APPLICATION	29085	CPT	outpatient			555	207.24	Wellcare	Medicaid		174.6	0.3146			110.74	527.25	percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562	207.24	Aetna	Commercial		286.89	1.592			163.86	533.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY FINGER CAST	29086	CPT	outpatient			562	207.24	Aetna	Better Health		176.81	0.3146			163.86	533.9	percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562	207.24	Aetna	Medicare		173.1	0.308			163.86	533.9	percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562	207.24	Americare	Americare		421.5	0.75			163.86	533.9	percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562	207.24	WellPoint	WellPoint		180.29	0.3208			163.86	533.9	percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562	207.24	Amerihealth	Medicare		180.21	1			163.86	533.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY FINGER CAST	29086	CPT	outpatient			562	207.24	Consumer	Consumer		533.9	0.95			163.86	533.9	percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562	207.24	Corrections	Corrections		449.6	0.8			163.86	533.9	percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562	207.24	First Health	First Health		393.4	0.7			163.86	533.9	percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562	207.24	First Trenton	First Trenton		505.8	0.9			163.86	533.9	percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562	207.24	Horizon	MGD		329.24	1.827			163.86	533.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY FINGER CAST	29086	CPT	outpatient			562	207.24	Horizon	Indemnity		329.24	1.827			163.86	533.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY FINGER CAST	29086	CPT	outpatient			562	207.24	Horizon	Medicare Blue		180.21	1			163.86	533.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY FINGER CAST	29086	CPT	outpatient			562	207.24	Horizon	PPO		329.24	1.827			163.86	533.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY FINGER CAST	29086	CPT	outpatient			562	207.24	Managed Care Inc	Managed Care Inc		505.8	0.9			163.86	533.9	percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562	207.24	Multiplan	Multiplan		449.6	0.8			163.86	533.9	percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562	207.24	Qualcare	Qualcare		421.5	0.75			163.86	533.9	percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562	207.24	Three Rivers	Three Rivers		533.9	0.95			163.86	533.9	percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562	207.24	UHC	Medicare		180.21	1			163.86	533.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY FINGER CAST	29086	CPT	outpatient			562	207.24	UHC	Medicaid		176.81	0.3146			163.86	533.9	percent of total billed charges	
APPLY FINGER CAST	29086	CPT	outpatient			562	207.24	Wellcare	Medicare		180.21	1			163.86	533.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY FINGER CAST	29086	CPT	outpatient			562	207.24	Wellcare	Medicaid		176.81	0.3146			163.86	533.9	percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605	207.24	Aetna	Commercial		286.89	1.592			110.74	574.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605	207.24	Aetna	Medicare		180.21	1			110.74	574.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605	207.24	Aetna	Better Health		190.33	0.3146			110.74	574.75	percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605	207.24	Americare	Americare		453.75	0.75			110.74	574.75	percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605	207.24	WellPoint	WellPoint		194.08	0.3208			110.74	574.75	percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605	207.24	Amerihealth	Medicare		180.21	1			110.74	574.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605	207.24	Consumer	Consumer		574.75	0.95			110.74	574.75	percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605	207.24	Corrections	Corrections		484	0.8			110.74	574.75	percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605	207.24	First Health	First Health		423.5	0.7			110.74	574.75	percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605	207.24	First Trenton	First Trenton		544.5	0.9			110.74	574.75	percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605	207.24	Horizon	MGD		329.24	1.827			110.74	574.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605	207.24	Horizon	Indemnity		329.24	1.827			110.74	574.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605	207.24	Horizon	Medicare Blue		180.21	1			110.74	574.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605	207.24	Horizon	PPO		329.24	1.827			110.74	574.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605	207.24	Managed Care Inc	Managed Care Inc		544.5	0.9			110.74	574.75	percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605	207.24	Multiplan	Multiplan		484	0.8			110.74	574.75	percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605	207.24	Qualcare	Qualcare		453.75	0.75			110.74	574.75	percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605	207.24	Three Rivers	Three Rivers		574.75	0.95			110.74	574.75	percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605	207.24	UHC	Medicare		180.21	1			110.74	574.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605	207.24	UHC	Medicaid		190.33	0.3146			110.74	574.75	percent of total billed charges	
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605	207.24	Wellcare	Medicare		180.21	1			110.74	574.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG ARM SPLINT APPLICATION	29105	CPT	outpatient			605	207.24	Wellcare	Medicaid		190.33	0.3146			110.74	574.75	percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	both			476	168	Aetna	Medicare		146.09	1			133.39	452.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT APPLICATION	29125	CPT	both			476	168	Aetna	Better Health		149.75	0.3146			133.39	452.2	percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	both			476	168	Aetna	Commercial		232.58	1.592			133.39	452.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT APPLICATION	29125	CPT	both			476	168	Americare	Americare		357	0.75			133.39	452.2	percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	both			476	168	WellPoint	WellPoint		152.7	0.3208			133.39	452.2	percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	both			476	168	Amerihealth	Medicare		146.09	1			133.39	452.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT APPLICATION	29125	CPT	both			476	168	Consumer	Consumer		452.2	0.95			133.39	452.2	percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	both			476	168	Corrections	Corrections		380.8	0.8			133.39	452.2	percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	both			476	168	First Health	First Health		333.2	0.7			133.39	452.2	percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	both			476	168	First Trenton	First Trenton		428.4	0.9			133.39	452.2	percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	both			476	168	Horizon	Indemnity		266.91	1.827			133.39	452.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT APPLICATION	29125	CPT	both			476	168	Horizon	PPO		266.91	1.827			133.39	452.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT APPLICATION	29125	CPT	both			476	168	Horizon	MGD		266.91	1.827			133.39	452.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT APPLICATION	29125	CPT	both			476	168	Horizon	Medicare Blue		146.09	1			133.39	452.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT APPLICATION	29125	CPT	both			476	168	Managed Care Inc	Managed Care Inc		428.4	0.9			133.39	452.2	percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	both			476	168	Multiplan	Multiplan		380.8	0.8			133.39	452.2	percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	both			476	168	Qualcare	Qualcare		357	0.75			133.39	452.2	percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	both			476	168	Three Rivers	Three Rivers		452.2	0.95			133.39	452.2	percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	both			476	168	UHC	Medicaid		149.75	0.3146			133.39	452.2	percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	both			476	168	UHC	Medicare		146.09	1			133.39	452.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT APPLICATION	29125	CPT	both			476	168	Wellcare	Medicaid		149.75	0.3146			133.39	452.2	percent of total billed charges	
SHORT ARM SPLINT APPLICATION	29125	CPT	both			476	168	Wellcare	Medicare		146.09	1			133.39	452.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424	168	Aetna	Better Health		133.39	0.3146			65.75	402.8	percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424	168	Aetna	Commercial		232.58	1.592			65.75	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424	168	Aetna	Medicare		146.09	1			65.75	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424	168	Americare	Americare		318	0.75			65.75	402.8	percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424	168	WellPoint	WellPoint		136.02	0.3208			65.75	402.8	percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424	168	Amerihealth	Medicare		146.09	1			65.75	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424	168	Consumer	Consumer		402.8	0.95			65.75	402.8	percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424	168	Corrections	Corrections		339.2	0.8			65.75	402.8	percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424	168	First Health	First Health		296.8	0.7			65.75	402.8	percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	0.9			65.75	402.8	percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424	168	Horizon	MGD		266.91	1.827			65.75	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424	168	Horizon	Indemnity		266.91	1.827			65.75	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424	168	Horizon	PPO		266.91	1.827			65.75	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09	1			65.75	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	0.9			65.75	402.8	percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	0.8			65.75	402.8	percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424	168	Qualcare	Qualcare		318	0.75			65.75	402.8	percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	0.95			65.75	402.8	percent of total billed charges	
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424	168	UHC	Medicare		146.09	1			65.75	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424	168	UHC	Medicaid		133.39	0.3146			65.75	402.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424	168	Wellcare	Medicare		146.09	1			65.75	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT ARM SPLINT (DYNAMIC)	29126	CPT	outpatient			424	168	Wellcare	Medicaid		146.09	0.3146			65.75	402.8	percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424	168	Aetna	Better Health		133.39	0.3146			75.5	402.8	percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424	168	Aetna	Commercial		232.58	1.592			75.5	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINTING	29130	CPT	outpatient			424	168	Aetna	Medicare		146.09	1			75.5	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINTING	29130	CPT	outpatient			424	168	Americare	Americare		318	0.75			75.5	402.8	percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424	168	WellPoint	WellPoint		136.02	0.3208			75.5	402.8	percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424	168	Amerihealth	Medicare		146.09	1			75.5	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINTING	29130	CPT	outpatient			424	168	Consumer	Consumer		402.8	0.95			75.5	402.8	percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424	168	Corrections	Corrections		339.2	0.8			75.5	402.8	percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424	168	First Health	First Health		296.8	0.7			75.5	402.8	percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	0.9			75.5	402.8	percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09	1			75.5	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINTING	29130	CPT	outpatient			424	168	Horizon	PPO		266.91	1.827			75.5	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINTING	29130	CPT	outpatient			424	168	Horizon	MGD		266.91	1.827			75.5	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINTING	29130	CPT	outpatient			424	168	Horizon	Indemnity		266.91	1.827			75.5	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINTING	29130	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	0.9			75.5	402.8	percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	0.8			75.5	402.8	percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424	168	Qualcare	Qualcare		318	0.75			75.5	402.8	percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	0.95			75.5	402.8	percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424	168	UHC	Medicare		146.09	1			75.5	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINTING	29130	CPT	outpatient			424	168	UHC	Medicaid		133.39	0.3146			75.5	402.8	percent of total billed charges	
FINGER SPLINTING	29130	CPT	outpatient			424	168	Wellcare	Medicare		146.09	1			75.5	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINTING	29130	CPT	outpatient			424	168	Wellcare	Medicaid		133.39	0.3146			75.5	402.8	percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280	80.45	Aetna	Commercial		111.38	1.592			66.38	266	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280	80.45	Aetna	Better Health		88.09	0.3146			66.38	266	percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280	80.45	Aetna	Medicare		69.96	1			66.38	266	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280	80.45	Americare	Americare		210	0.75			66.38	266	percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280	80.45	WellPoint	WellPoint		89.82	0.3208			66.38	266	percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280	80.45	Amerihealth	Medicare		69.96	1			66.38	266	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280	80.45	Consumer	Consumer		266	0.95			66.38	266	percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280	80.45	Corrections	Corrections		224	0.8			66.38	266	percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280	80.45	First Health	First Health		196	0.7			66.38	266	percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280	80.45	First Trenton	First Trenton		252	0.9			66.38	266	percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280	80.45	Horizon	Medicare Blue		69.96	1			66.38	266	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280	80.45	Horizon	Indemnity		127.82	1.827			66.38	266	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280	80.45	Horizon	MGD		127.82	1.827			66.38	266	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280	80.45	Horizon	PPO		127.82	1.827			66.38	266	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280	80.45	Managed Care Inc	Managed Care Inc		252	0.9			66.38	266	percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280	80.45	Multiplan	Multiplan		224	0.8			66.38	266	percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280	80.45	Qualcare	Qualcare		210	0.75			66.38	266	percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280	80.45	Three Rivers	Three Rivers		266	0.95			66.38	266	percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280	80.45	UHC	Medicaid		88.09	0.3146			66.38	266	percent of total billed charges	
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280	80.45	UHC	Medicare		69.96	1			66.38	266	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280	80.45	Wellcare	Medicare		69.96	1			66.38	266	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGER SPLINT (DYNAMIC)	29131	CPT	outpatient			280	80.45	Wellcare	Medicaid		88.09	0.3146			66.38	266	percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	Aetna	Better Health		174.6	0.3146			170.94	527.25	percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	Aetna	Medicare		170.94	0.308			170.94	527.25	percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	Aetna	Commercial		286.89	1.592			170.94	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	Americare	Americare		416.25	0.75			170.94	527.25	percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	WellPoint	WellPoint		178.04	0.3208			170.94	527.25	percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	Amerihealth	Medicare		180.21	1			170.94	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	Consumer	Consumer		527.25	0.95			170.94	527.25	percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	Corrections	Corrections		444	0.8			170.94	527.25	percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	First Health	First Health		388.5	0.7			170.94	527.25	percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	First Trenton	First Trenton		499.5	0.9			170.94	527.25	percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	Horizon	Indemnity		329.24	1.827			170.94	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	Horizon	PPO		329.24	1.827			170.94	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	Horizon	MGD		329.24	1.827			170.94	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	Horizon	Medicare Blue		180.21	1			170.94	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	Managed Care Inc	Managed Care Inc		499.5	0.9			170.94	527.25	percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	Multiplan	Multiplan		444	0.8			170.94	527.25	percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	Qualcare	Qualcare		416.25	0.75			170.94	527.25	percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	Three Rivers	Three Rivers		527.25	0.95			170.94	527.25	percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	UHC	Medicaid		174.6	0.3146			170.94	527.25	percent of total billed charges	
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	UHC	Medicare		180.21	1			170.94	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	Wellcare	Medicare		180.21	1			170.94	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF CHEST	29200	CPT	outpatient			555	207.24	Wellcare	Medicaid		174.6	0.3146			170.94	527.25	percent of total billed charges	
STRAPPING; SHLDR	29240	CPT	outpatient			424	168	Aetna	Commercial		232.58	1.592			50.65	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; SHLDR	29240	CPT	outpatient			424	168	Aetna	Medicare		146.09	1			50.65	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; SHLDR	29240	CPT	outpatient			424	168	Aetna	Better Health		133.39	0.3146			50.65	402.8	percent of total billed charges	
STRAPPING; SHLDR	29240	CPT	outpatient			424	168	Americare	Americare		318	0.75			50.65	402.8	percent of total billed charges	
STRAPPING; SHLDR	29240	CPT	outpatient			424	168	WellPoint	WellPoint		136.02	0.3208			50.65	402.8	percent of total billed charges	
STRAPPING; SHLDR	29240	CPT	outpatient			424	168	Amerihealth	Medicare		146.09	1			50.65	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; SHLDR	29240	CPT	outpatient			424	168	Consumer	Consumer		402.8	0.95			50.65	402.8	percent of total billed charges	
STRAPPING; SHLDR	29240	CPT	outpatient			424	168	Corrections	Corrections		339.2	0.8			50.65	402.8	percent of total billed charges	
STRAPPING; SHLDR	29240	CPT	outpatient			424	168	First Health	First Health		296.8	0.7			50.65	402.8	percent of total billed charges	
STRAPPING; SHLDR	29240	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	0.9			50.65	402.8	percent of total billed charges	
STRAPPING; SHLDR	29240	CPT	outpatient			424	168	Horizon	PPO		266.91	1.827			50.65	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; SHLDR	29240	CPT	outpatient			424	168	Horizon	MGD		266.91	1.827			50.65	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; SHLDR	29240	CPT	outpatient			424	168	Horizon	Indemnity		266.91	1.827			50.65	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; SHLDR	29240	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09	1			50.65	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; SHLDR	29240	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	0.9			50.65	402.8	percent of total billed charges	
STRAPPING; SHLDR	29240	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	0.8			50.65	402.8	percent of total billed charges	
STRAPPING; SHLDR	29240	CPT	outpatient			424	168	Qualcare	Qualcare		318	0.75			50.65	402.8	percent of total billed charges	
STRAPPING; SHLDR	29240	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	0.95			50.65	402.8	percent of total billed charges	
STRAPPING; SHLDR	29240	CPT	outpatient			424	168	UHC	Medicaid		133.39	0.3146			50.65	402.8	percent of total billed charges	
STRAPPING; SHLDR	29240	CPT	outpatient			424	168	UHC	Medicare		146.09	1			50.65	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; SHLDR	29240	CPT	outpatient			424	168	Wellcare	Medicare		146.09	1			50.65	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; SHLDR	29240	CPT	outpatient			424	168	Wellcare	Medicaid		133.39	0.3146			50.65	402.8	percent of total billed charges	
STRAPPING; ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Aetna	Better Health		66.38	0.3146			43.43	200.45	percent of total billed charges	
STRAPPING; ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Aetna	Commercial		111.38	1.592			43.43	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Aetna	Medicare		64.99	0.308			43.43	200.45	percent of total billed charges	
STRAPPING; ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Americare	Americare		158.25	0.75			43.43	200.45	percent of total billed charges	
STRAPPING; ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	WellPoint	WellPoint		67.69	0.3208			43.43	200.45	percent of total billed charges	
STRAPPING; ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Amerihealth	Medicare		69.96	1			43.43	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Consumer	Consumer		200.45	0.95			43.43	200.45	percent of total billed charges	
STRAPPING; ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Corrections	Corrections		168.8	0.8			43.43	200.45	percent of total billed charges	
STRAPPING; ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	First Health	First Health		147.7	0.7			43.43	200.45	percent of total billed charges	
STRAPPING; ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	First Trenton	First Trenton		189.9	0.9			43.43	200.45	percent of total billed charges	
STRAPPING; ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Horizon	MGD		127.82	1.827			43.43	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Horizon	Indemnity		127.82	1.827			43.43	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Horizon	Medicare Blue		69.96	1			43.43	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Horizon	PPO		127.82	1.827			43.43	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Managed Care Inc	Managed Care Inc		189.9	0.9			43.43	200.45	percent of total billed charges	
STRAPPING; ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Multiplan	Multiplan		168.8	0.8			43.43	200.45	percent of total billed charges	
STRAPPING; ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Qualcare	Qualcare		158.25	0.75			43.43	200.45	percent of total billed charges	
STRAPPING; ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Three Rivers	Three Rivers		200.45	0.95			43.43	200.45	percent of total billed charges	
STRAPPING; ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	UHC	Medicare		69.96	1			43.43	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	UHC	Medicaid		66.38	0.3146			43.43	200.45	percent of total billed charges	
STRAPPING; ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Wellcare	Medicare		69.96	1			43.43	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; ELBOW OR WRIST	29260	CPT	outpatient			211	80.45	Wellcare	Medicaid		66.38	0.3146			43.43	200.45	percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Aetna	Commercial		111.38	1.592			41.21	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Aetna	Medicare		69.96	1			41.21	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Aetna	Better Health		41.21	0.3146			41.21	127.82	percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Americare	Americare		98.25	0.75			41.21	127.82	percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	WellPoint	WellPoint		42.02	0.3208			41.21	127.82	percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Amerihealth	Medicare		69.96	1			41.21	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Consumer	Consumer		124.45	0.95			41.21	127.82	percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Corrections	Corrections		104.8	0.8			41.21	127.82	percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	First Health	First Health		91.7	0.7			41.21	127.82	percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	First Trenton	First Trenton		117.9	0.9			41.21	127.82	percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Horizon	Indemnity		127.82	1.827			41.21	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Horizon	Medicare Blue		69.96	1			41.21	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Horizon	MGD		127.82	1.827			41.21	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Horizon	PPO		127.82	1.827			41.21	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Managed Care Inc	Managed Care Inc		117.9	0.9			41.21	127.82	percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Multiplan	Multiplan		104.8	0.8			41.21	127.82	percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Qualcare	Qualcare		98.25	0.75			41.21	127.82	percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Three Rivers	Three Rivers		124.45	0.95			41.21	127.82	percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	UHC	Medicare		69.96	1			41.21	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	UHC	Medicaid		41.21	0.3146			41.21	127.82	percent of total billed charges	
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Wellcare	Medicare		69.96	1			41.21	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF HAND OR FINGER	29280	CPT	outpatient			131	80.45	Wellcare	Medicaid		41.21	0.3146			41.21	127.82	percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Aetna	Commercial		488.97	1.592			275.28	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Aetna	Better Health		297.61	0.3146			275.28	898.7	percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Aetna	Medicare		307.14	1			275.28	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Americare	Americare		709.5	0.75			275.28	898.7	percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	WellPoint	WellPoint		303.48	0.3208			275.28	898.7	percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Amerihealth	Medicare		307.14	1			275.28	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Consumer	Consumer		898.7	0.95			275.28	898.7	percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Corrections	Corrections		756.8	0.8			275.28	898.7	percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	First Health	First Health		662.2	0.7			275.28	898.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	First Trenton	First Trenton		851.4	0.9			275.28	898.7	percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Horizon	MGD		561.14	1.827			275.28	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Horizon	Medicare Blue		307.14	1			275.28	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Horizon	Indemnity		561.14	1.827			275.28	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Horizon	PPO		561.14	1.827			275.28	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Managed Care Inc	Managed Care Inc		851.4	0.9			275.28	898.7	percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Multiplan	Multiplan		756.8	0.8			275.28	898.7	percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Qualcare	Qualcare		709.5	0.75			275.28	898.7	percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Three Rivers	Three Rivers		898.7	0.95			275.28	898.7	percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	UHC	Medicaid		297.61	0.3146			275.28	898.7	percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	UHC	Medicare		307.14	1			275.28	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Wellcare	Medicaid		297.61	0.3146			275.28	898.7	percent of total billed charges	
HIP SPICA CAST	29305	CPT	outpatient			946	353.21	Wellcare	Medicare		307.14	1			275.28	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL 1 1/2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Aetna	Commercial		488.97	1.592			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL 1 1/2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Aetna	Better Health		275.28	0.3146			275.28	831.25	percent of total billed charges	
APPL 1 1/2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Aetna	Medicare		307.14	1			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL 1 1/2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Americare	Americare		656.25	0.75			275.28	831.25	percent of total billed charges	
APPL 1 1/2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	WellPoint	WellPoint		280.7	0.3208			275.28	831.25	percent of total billed charges	
APPL 1 1/2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Amerihealth	Medicare		307.14	1			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL 1 1/2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Consumer	Consumer		831.25	0.95			275.28	831.25	percent of total billed charges	
APPL 1 1/2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Corrections	Corrections		700	0.8			275.28	831.25	percent of total billed charges	
APPL 1 1/2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	First Health	First Health		612.5	0.7			275.28	831.25	percent of total billed charges	
APPL 1 1/2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	First Trenton	First Trenton		787.5	0.9			275.28	831.25	percent of total billed charges	
APPL 1 1/2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Horizon	Indemnity		561.14	1.827			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL 1 1/2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Horizon	Medicare Blue		307.14	1			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL 1 1/2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Horizon	PPO		561.14	1.827			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL 1 1/2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Horizon	MGD		561.14	1.827			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL 1 1/2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Managed Care Inc	Managed Care Inc		787.5	0.9			275.28	831.25	percent of total billed charges	
APPL 1 1/2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Multiplan	Multiplan		700	0.8			275.28	831.25	percent of total billed charges	
APPL 1 1/2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Qualcare	Qualcare		656.25	0.75			275.28	831.25	percent of total billed charges	
APPL 1 1/2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Three Rivers	Three Rivers		831.25	0.95			275.28	831.25	percent of total billed charges	
APPL 1 1/2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	UHC	Medicare		307.14	1			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL 1 1/2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	UHC	Medicaid		275.28	0.3146			275.28	831.25	percent of total billed charges	
APPL 1 1/2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Wellcare	Medicare		307.14	1			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL 1 1/2 SPICA OR BOTH LEG	29325	CPT	outpatient			875	353.21	Wellcare	Medicaid		275.28	0.3146			275.28	831.25	percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Aetna	Better Health		301.39	0.3146			220.53	910.1	percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Aetna	Medicare		295.06	0.308			220.53	910.1	percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Aetna	Commercial		488.97	1.592			220.53	910.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Americare	Americare		718.5	0.75			220.53	910.1	percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	WellPoint	WellPoint		307.33	0.3208			220.53	910.1	percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Amerihealth	Medicare		307.14	1			220.53	910.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Consumer	Consumer		910.1	0.95			220.53	910.1	percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Corrections	Corrections		766.4	0.8			220.53	910.1	percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	First Health	First Health		670.6	0.7			220.53	910.1	percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	First Trenton	First Trenton		862.2	0.9			220.53	910.1	percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Horizon	MGD		561.14	1.827			220.53	910.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Horizon	Medicare Blue		307.14	1			220.53	910.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Horizon	PPO		561.14	1.827			220.53	910.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Horizon	Indemnity		561.14	1.827			220.53	910.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Managed Care Inc	Managed Care Inc		862.2	0.9			220.53	910.1	percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Multiplan	Multiplan		766.4	0.8			220.53	910.1	percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Qualcare	Qualcare		718.5	0.75			220.53	910.1	percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Three Rivers	Three Rivers		910.1	0.95			220.53	910.1	percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	UHC	Medicaid		301.39	0.3146			220.53	910.1	percent of total billed charges	
LONG LEG CAST	29345	CPT	outpatient			958	353.21	UHC	Medicare		307.14	1			220.53	910.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Wellcare	Medicare		307.14	1			220.53	910.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST	29345	CPT	outpatient			958	353.21	Wellcare	Medicaid		301.39	0.3146			220.53	910.1	percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Aetna	Better Health		380.67	0.3146			241.93	1149.5	percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Aetna	Commercial		488.97	1.592			241.93	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Aetna	Medicare		307.14	1			241.93	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Americare	Americare		907.5	0.75			241.93	1149.5	percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	WellPoint	WellPoint		388.17	0.3208			241.93	1149.5	percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Amerihealth	Medicare		307.14	1			241.93	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Consumer	Consumer		1149.5	0.95			241.93	1149.5	percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Corrections	Corrections		968	0.8			241.93	1149.5	percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	First Health	First Health		847	0.7			241.93	1149.5	percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	First Trenton	First Trenton		1089	0.9			241.93	1149.5	percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Horizon	MGD		561.14	1.827			241.93	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Horizon	Indemnity		561.14	1.827			241.93	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Horizon	PPO		561.14	1.827			241.93	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Horizon	Medicare Blue		307.14	1			241.93	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Managed Care Inc	Managed Care Inc		1089	0.9			241.93	1149.5	percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Multiplan	Multiplan		968	0.8			241.93	1149.5	percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Qualcare	Qualcare		907.5	0.75			241.93	1149.5	percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Three Rivers	Three Rivers		1149.5	0.95			241.93	1149.5	percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	UHC	Medicaid		380.67	0.3146			241.93	1149.5	percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	UHC	Medicare		307.14	1			241.93	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Wellcare	Medicaid		380.67	0.3146			241.93	1149.5	percent of total billed charges	
LONG LEG WALKER TYPE	29355	CPT	outpatient			1210	353.21	Wellcare	Medicare		307.14	1			241.93	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Aetna	Better Health		301.07	0.3146			275.28	909.15	percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Aetna	Medicare		307.14	1			275.28	909.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Aetna	Commercial		488.97	1.592			275.28	909.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Americare	Americare		717.75	0.75			275.28	909.15	percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	WellPoint	WellPoint		307.01	0.3208			275.28	909.15	percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Amerihealth	Medicare		307.14	1			275.28	909.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Consumer	Consumer		909.15	0.95			275.28	909.15	percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Corrections	Corrections		765.6	0.8			275.28	909.15	percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	First Health	First Health		669.9	0.7			275.28	909.15	percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	First Trenton	First Trenton		861.3	0.9			275.28	909.15	percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Horizon	MGD		561.14	1.827			275.28	909.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Horizon	Indemnity		561.14	1.827			275.28	909.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Horizon	Medicare Blue		307.14	1			275.28	909.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Horizon	PPO		561.14	1.827			275.28	909.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Managed Care Inc	Managed Care Inc		861.3	0.9			275.28	909.15	percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Multiplan	Multiplan		765.6	0.8			275.28	909.15	percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Qualcare	Qualcare		717.75	0.75			275.28	909.15	percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Three Rivers	Three Rivers		909.15	0.95			275.28	909.15	percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	UHC	Medicaid		301.07	0.3146			275.28	909.15	percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	UHC	Medicare		307.14	1			275.28	909.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Wellcare	Medicaid		301.07	0.3146			275.28	909.15	percent of total billed charges	
LONG LEG CAST BRACE	29358	CPT	outpatient			957	353.21	Wellcare	Medicare		307.14	1			275.28	909.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Aetna	Medicare		307.14	1			209.84	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Aetna	Better Health		275.28	0.3146			209.84	831.25	percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Aetna	Commercial		488.97	1.592			209.84	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Americare	Americare		656.25	0.75			209.84	831.25	percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	WellPoint	WellPoint		280.7	0.3208			209.84	831.25	percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Amerihealth	Medicare		307.14	1			209.84	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Consumer	Consumer		831.25	0.95			209.84	831.25	percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Corrections	Corrections		700	0.8			209.84	831.25	percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	First Health	First Health		612.5	0.7			209.84	831.25	percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	First Trenton	First Trenton		787.5	0.9			209.84	831.25	percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Horizon	PPO		561.14	1.827			209.84	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Horizon	Indemnity		561.14	1.827			209.84	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Horizon	MGD		561.14	1.827			209.84	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Horizon	Medicare Blue		307.14	1			209.84	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Managed Care Inc	Managed Care Inc		787.5	0.9			209.84	831.25	percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Multiplan	Multiplan		700	0.8			209.84	831.25	percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Qualcare	Qualcare		656.25	0.75			209.84	831.25	percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Three Rivers	Three Rivers		831.25	0.95			209.84	831.25	percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	UHC	Medicaid		275.28	0.3146			209.84	831.25	percent of total billed charges	
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	UHC	Medicare		307.14	1			209.84	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Wellcare	Medicare		307.14	1			209.84	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYLINDER CAST APPLICATION	29365	CPT	outpatient			875	353.21	Wellcare	Medicaid		275.28	0.3146			209.84	831.25	percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Aetna	Medicare		311.7	0.308			171.25	961.4	percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Aetna	Better Health		318.38	0.3146			171.25	961.4	percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Aetna	Commercial		488.97	1.592			171.25	961.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Americare	Americare		759	0.75			171.25	961.4	percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	WellPoint	WellPoint		324.65	0.3208			171.25	961.4	percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Amerihealth	Medicare		307.14	1			171.25	961.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Consumer	Consumer		961.4	0.95			171.25	961.4	percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Corrections	Corrections		809.6	0.8			171.25	961.4	percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	First Health	First Health		708.4	0.7			171.25	961.4	percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	First Trenton	First Trenton		910.8	0.9			171.25	961.4	percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Horizon	MGD		561.14	1.827			171.25	961.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Horizon	Medicare Blue		307.14	1			171.25	961.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Horizon	Indemnity		561.14	1.827			171.25	961.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Horizon	PPO		561.14	1.827			171.25	961.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Managed Care Inc	Managed Care Inc		910.8	0.9			171.25	961.4	percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Multiplan	Multiplan		809.6	0.8			171.25	961.4	percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Qualcare	Qualcare		759	0.75			171.25	961.4	percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Three Rivers	Three Rivers		961.4	0.95			171.25	961.4	percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	UHC	Medicare		307.14	1			171.25	961.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	UHC	Medicaid		318.38	0.3146			171.25	961.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Wellcare	Medicaid		318.38	0.3146			171.25	961.4	percent of total billed charges	
SHORT LEG CAST APPLICATION	29405	CPT	outpatient			1012	353.21	Wellcare	Medicare		307.14	1			171.25	961.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Aetna	Better Health		356.44	0.3146			214.56	1076.35	percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Aetna	Commercial		488.97	1.592			214.56	1076.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Aetna	Medicare		307.14	1			214.56	1076.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Americare	Americare		849.75	0.75			214.56	1076.35	percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	WellPoint	WellPoint		363.47	0.3208			214.56	1076.35	percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Amerihealth	Medicare		307.14	1			214.56	1076.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Consumer	Consumer		1076.35	0.95			214.56	1076.35	percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Corrections	Corrections		906.4	0.8			214.56	1076.35	percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	First Health	First Health		793.1	0.7			214.56	1076.35	percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	First Trenton	First Trenton		1019.7	0.9			214.56	1076.35	percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Horizon	MGD		561.14	1.827			214.56	1076.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Horizon	Medicare Blue		307.14	1			214.56	1076.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Horizon	Indemnity		561.14	1.827			214.56	1076.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Horizon	PPO		561.14	1.827			214.56	1076.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Managed Care Inc	Managed Care Inc		1019.7	0.9			214.56	1076.35	percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Multiplan	Multiplan		906.4	0.8			214.56	1076.35	percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Qualcare	Qualcare		849.75	0.75			214.56	1076.35	percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Three Rivers	Three Rivers		1076.35	0.95			214.56	1076.35	percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	UHC	Medicaid		356.44	0.3146			214.56	1076.35	percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	UHC	Medicare		307.14	1			214.56	1076.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Wellcare	Medicaid		356.44	0.3146			214.56	1076.35	percent of total billed charges	
SHORT LEG CAST WALKING	29425	CPT	outpatient			1133	353.21	Wellcare	Medicare		307.14	1			214.56	1076.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875	353.21	Aetna	Commercial		488.97	1.592			141.06	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875	353.21	Aetna	Better Health		275.28	0.3146			141.06	831.25	percent of total billed charges	
APPLY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875	353.21	Aetna	Medicare		269.5	0.308			141.06	831.25	percent of total billed charges	
APPLY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875	353.21	Americare	Americare		656.25	0.75			141.06	831.25	percent of total billed charges	
APPLY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875	353.21	WellPoint	WellPoint		280.7	0.3208			141.06	831.25	percent of total billed charges	
APPLY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875	353.21	Amerihealth	Medicare		307.14	1			141.06	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875	353.21	Consumer	Consumer		831.25	0.95			141.06	831.25	percent of total billed charges	
APPLY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875	353.21	Corrections	Corrections		700	0.8			141.06	831.25	percent of total billed charges	
APPLY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875	353.21	First Health	First Health		612.5	0.7			141.06	831.25	percent of total billed charges	
APPLY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875	353.21	First Trenton	First Trenton		787.5	0.9			141.06	831.25	percent of total billed charges	
APPLY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875	353.21	Horizon	Medicare Blue		307.14	1			141.06	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875	353.21	Horizon	Indemnity		561.14	1.827			141.06	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875	353.21	Horizon	MGD		561.14	1.827			141.06	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875	353.21	Horizon	PPO		561.14	1.827			141.06	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875	353.21	Managed Care Inc	Managed Care Inc		787.5	0.9			141.06	831.25	percent of total billed charges	
APPLY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875	353.21	Multiplan	Multiplan		700	0.8			141.06	831.25	percent of total billed charges	
APPLY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875	353.21	Qualcare	Qualcare		656.25	0.75			141.06	831.25	percent of total billed charges	
APPLY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875	353.21	Three Rivers	Three Rivers		831.25	0.95			141.06	831.25	percent of total billed charges	
APPLY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875	353.21	UHC	Medicaid		275.28	0.3146			141.06	831.25	percent of total billed charges	
APPLY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875	353.21	UHC	Medicare		307.14	1			141.06	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875	353.21	Wellcare	Medicare		307.14	1			141.06	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY PATELLAR TENDON BEARING CAST	29435	CPT	outpatient			875	353.21	Wellcare	Medicaid		275.28	0.3146			141.06	831.25	percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875	353.21	Aetna	Better Health		275.28	0.3146			269.5	831.25	percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875	353.21	Aetna	Commercial		488.97	1.592			269.5	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOTAL CONTACT CAST	29445	CPT	outpatient			875	353.21	Aetna	Medicare		269.5	0.308			269.5	831.25	percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875	353.21	Americare	Americare		656.25	0.75			269.5	831.25	percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875	353.21	WellPoint	WellPoint		280.7	0.3208			269.5	831.25	percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875	353.21	Amerihealth	Medicare		307.14	1			269.5	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOTAL CONTACT CAST	29445	CPT	outpatient			875	353.21	Consumer	Consumer		831.25	0.95			269.5	831.25	percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875	353.21	Corrections	Corrections		700	0.8			269.5	831.25	percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875	353.21	First Health	First Health		612.5	0.7			269.5	831.25	percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875	353.21	First Trenton	First Trenton		787.5	0.9			269.5	831.25	percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875	353.21	Horizon	Indemnity		561.14	1.827			269.5	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOTAL CONTACT CAST	29445	CPT	outpatient			875	353.21	Horizon	PPO		561.14	1.827			269.5	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOTAL CONTACT CAST	29445	CPT	outpatient			875	353.21	Horizon	MGD		561.14	1.827			269.5	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOTAL CONTACT CAST	29445	CPT	outpatient			875	353.21	Horizon	Medicare Blue		307.14	1			269.5	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOTAL CONTACT CAST	29445	CPT	outpatient			875	353.21	Managed Care Inc	Managed Care Inc		787.5	0.9			269.5	831.25	percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875	353.21	Multiplan	Multiplan		700	0.8			269.5	831.25	percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875	353.21	Qualcare	Qualcare		656.25	0.75			269.5	831.25	percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875	353.21	Three Rivers	Three Rivers		831.25	0.95			269.5	831.25	percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875	353.21	UHC	Medicaid		275.28	0.3146			269.5	831.25	percent of total billed charges	
TOTAL CONTACT CAST	29445	CPT	outpatient			875	353.21	UHC	Medicare		307.14	1			269.5	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOTAL CONTACT CAST	29445	CPT	outpatient			875	353.21	Wellcare	Medicare		307.14	1			269.5	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOTAL CONTACT CAST	29445	CPT	outpatient			875	353.21	Wellcare	Medicaid		275.28	0.3146			269.5	831.25	percent of total billed charges	
APPLY CLUBFOOT CAST LONG OR SHORT LEG	29450	CPT	outpatient			532	207.24	Aetna	Better Health		167.37	0.3146			128.99	505.4	percent of total billed charges	
APPLY CLUBFOOT CAST LONG OR SHORT LEG	29450	CPT	outpatient			532	207.24	Aetna	Commercial		286.89	1.592			128.99	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY CLUBFOOT CAST LONG OR SHORT LEG	29450	CPT	outpatient			532	207.24	Aetna	Medicare		180.21	1			128.99	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY CLUBFOOT CAST LONG OR SHORT LEG	29450	CPT	outpatient			532	207.24	Americare	Americare		399	0.75			128.99	505.4	percent of total billed charges	
APPLY CLUBFOOT CAST LONG OR SHORT LEG	29450	CPT	outpatient			532	207.24	WellPoint	WellPoint		170.67	0.3208			128.99	505.4	percent of total billed charges	
APPLY CLUBFOOT CAST LONG OR SHORT LEG	29450	CPT	outpatient			532	207.24	Amerihealth	Medicare		180.21	1			128.99	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY CLUBFOOT CAST LONG OR SHORT LEG	29450	CPT	outpatient			532	207.24	Consumer	Consumer		505.4	0.95			128.99	505.4	percent of total billed charges	
APPLY CLUBFOOT CAST LONG OR SHORT LEG	29450	CPT	outpatient			532	207.24	Corrections	Corrections		425.6	0.8			128.99	505.4	percent of total billed charges	
APPLY CLUBFOOT CAST LONG OR SHORT LEG	29450	CPT	outpatient			532	207.24	First Health	First Health		372.4	0.7			128.99	505.4	percent of total billed charges	
APPLY CLUBFOOT CAST LONG OR SHORT LEG	29450	CPT	outpatient			532	207.24	First Trenton	First Trenton		478.8	0.9			128.99	505.4	percent of total billed charges	
APPLY CLUBFOOT CAST LONG OR SHORT LEG	29450	CPT	outpatient			532	207.24	Horizon	Indemnity		329.24	1.827			128.99	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY CLUBFOOT CAST LONG OR SHORT LEG	29450	CPT	outpatient			532	207.24	Horizon	Medicare Blue		180.21	1			128.99	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY CLUBFOOT CAST LONG OR SHORT LEG	29450	CPT	outpatient			532	207.24	Horizon	PPO		329.24	1.827			128.99	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY CLUBFOOT CAST LONG OR SHORT LEG	29450	CPT	outpatient			532	207.24	Horizon	MGD		329.24	1.827			128.99	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY CLUBFOOT CAST LONG OR SHORT LEG	29450	CPT	outpatient			532	207.24	Managed Care Inc	Managed Care Inc		478.8	0.9			128.99	505.4	percent of total billed charges	
APPLY CLUBFOOT CAST LONG OR SHORT LEG	29450	CPT	outpatient			532	207.24	Multiplan	Multiplan		425.6	0.8			128.99	505.4	percent of total billed charges	
APPLY CLUBFOOT CAST LONG OR SHORT LEG	29450	CPT	outpatient			532	207.24	Qualcare	Qualcare		399	0.75			128.99	505.4	percent of total billed charges	
APPLY CLUBFOOT CAST LONG OR SHORT LEG	29450	CPT	outpatient			532	207.24	Three Rivers	Three Rivers		505.4	0.95			128.99	505.4	percent of total billed charges	
APPLY CLUBFOOT CAST LONG OR SHORT LEG	29450	CPT	outpatient			532	207.24	UHC	Medicaid		167.37	0.3146			128.99	505.4	percent of total billed charges	
APPLY CLUBFOOT CAST LONG OR SHORT LEG	29450	CPT	outpatient			532	207.24	UHC	Medicare		180.21	1			128.99	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPLY CLUBFOOT CAST LONG OR SHORT LEG	29450	CPT	outpatient			532	207.24	Wellcare	Medicaid		167.37	0.3146			128.99	505.4	percent of total billed charges	
APPLY CLUBFOOT CAST LONG OR SHORT LEG	29450	CPT	outpatient			532	207.24	Wellcare	Medicare		180.21	1			128.99	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605	207.24	Aetna	Medicare		186.34	0.308			124.12	574.75	percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605	207.24	Aetna	Commercial		286.89	1.592			124.12	574.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605	207.24	Aetna	Better Health		190.33	0.3146			124.12	574.75	percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605	207.24	Americare	Americare		453.75	0.75			124.12	574.75	percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605	207.24	WellPoint	WellPoint		194.08	0.3208			124.12	574.75	percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605	207.24	Amerihealth	Medicare		180.21	1			124.12	574.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605	207.24	Consumer	Consumer		574.75	0.95			124.12	574.75	percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605	207.24	Corrections	Corrections		484	0.8			124.12	574.75	percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605	207.24	First Health	First Health		423.5	0.7			124.12	574.75	percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605	207.24	First Trenton	First Trenton		544.5	0.9			124.12	574.75	percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605	207.24	Horizon	PPO		329.24	1.827			124.12	574.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605	207.24	Horizon	Indemnity		329.24	1.827			124.12	574.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605	207.24	Horizon	MGD		329.24	1.827			124.12	574.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605	207.24	Horizon	Medicare Blue		180.21	1			124.12	574.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605	207.24	Managed Care Inc	Managed Care Inc		544.5	0.9			124.12	574.75	percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605	207.24	Multiplan	Multiplan		484	0.8			124.12	574.75	percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605	207.24	Qualcare	Qualcare		453.75	0.75			124.12	574.75	percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605	207.24	Three Rivers	Three Rivers		574.75	0.95			124.12	574.75	percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605	207.24	UHC	Medicare		180.21	1			124.12	574.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605	207.24	UHC	Medicaid		190.33	0.3146			124.12	574.75	percent of total billed charges	
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605	207.24	Wellcare	Medicare		180.21	1			124.12	574.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LONG LEG SPLINT APPLICATION	29505	CPT	outpatient			605	207.24	Wellcare	Medicaid		190.33	0.3146			124.12	574.75	percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	both			555	207.24	Aetna	Better Health		174.6	0.3146			149.75	527.25	percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	both			555	207.24	Aetna	Medicare		180.21	1			149.75	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG SPLINT APPLICATION	29515	CPT	both			555	207.24	Aetna	Commercial		286.89	1.592			149.75	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG SPLINT APPLICATION	29515	CPT	both			555	207.24	Americare	Americare		416.25	0.75			149.75	527.25	percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	both			555	207.24	WellPoint	WellPoint		178.04	0.3208			149.75	527.25	percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	both			555	207.24	Amerihealth	Medicare		180.21	1			149.75	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG SPLINT APPLICATION	29515	CPT	both			555	207.24	Consumer	Consumer		527.25	0.95			149.75	527.25	percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	both			555	207.24	Corrections	Corrections		444	0.8			149.75	527.25	percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	both			555	207.24	First Health	First Health		388.5	0.7			149.75	527.25	percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	both			555	207.24	First Trenton	First Trenton		499.5	0.9			149.75	527.25	percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	both			555	207.24	Horizon	Medicare Blue		180.21	1			149.75	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG SPLINT APPLICATION	29515	CPT	both			555	207.24	Horizon	MGD		329.24	1.827			149.75	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG SPLINT APPLICATION	29515	CPT	both			555	207.24	Horizon	PPO		329.24	1.827			149.75	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG SPLINT APPLICATION	29515	CPT	both			555	207.24	Horizon	Indemnity		329.24	1.827			149.75	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG SPLINT APPLICATION	29515	CPT	both			555	207.24	Managed Care Inc	Managed Care Inc		499.5	0.9			149.75	527.25	percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	both			555	207.24	Multiplan	Multiplan		444	0.8			149.75	527.25	percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	both			555	207.24	Qualcare	Qualcare		416.25	0.75			149.75	527.25	percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	both			555	207.24	Three Rivers	Three Rivers		527.25	0.95			149.75	527.25	percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	both			555	207.24	UHC	Medicaid		174.6	0.3146			149.75	527.25	percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	both			555	207.24	UHC	Medicare		180.21	1			149.75	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHORT LEG SPLINT APPLICATION	29515	CPT	both			555	207.24	Wellcare	Medicaid		174.6	0.3146			149.75	527.25	percent of total billed charges	
SHORT LEG SPLINT APPLICATION	29515	CPT	both			555	207.24	Wellcare	Medicare		180.21	1			149.75	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; HIP	29520	CPT	outpatient			458	168	Aetna	Commercial		232.58	1.592			144.09	435.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; HIP	29520	CPT	outpatient			458	168	Aetna	Better Health		144.09	0.3146			144.09	435.1	percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458	168	Aetna	Medicare		146.09	1			144.09	435.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; HIP	29520	CPT	outpatient			458	168	Americare	Americare		343.5	0.75			144.09	435.1	percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458	168	WellPoint	WellPoint		146.93	0.3208			144.09	435.1	percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458	168	Amerihealth	Medicare		146.09	1			144.09	435.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; HIP	29520	CPT	outpatient			458	168	Consumer	Consumer		435.1	0.95			144.09	435.1	percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458	168	Corrections	Corrections		366.4	0.8			144.09	435.1	percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458	168	First Health	First Health		320.6	0.7			144.09	435.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
STRAPPING; HIP	29520	CPT	outpatient			458	168	First Trenton	First Trenton		412.2	0.9			144.09	435.1	percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458	168	Horizon	Indemnity		266.91	1.827			144.09	435.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; HIP	29520	CPT	outpatient			458	168	Horizon	Medicare Blue		146.09	1			144.09	435.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; HIP	29520	CPT	outpatient			458	168	Horizon	MGD		266.91	1.827			144.09	435.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; HIP	29520	CPT	outpatient			458	168	Horizon	PPO		266.91	1.827			144.09	435.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; HIP	29520	CPT	outpatient			458	168	Managed Care Inc	Managed Care Inc		412.2	0.9			144.09	435.1	percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458	168	Multiplan	Multiplan		366.4	0.8			144.09	435.1	percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458	168	Qualcare	Qualcare		343.5	0.75			144.09	435.1	percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458	168	Three Rivers	Three Rivers		435.1	0.95			144.09	435.1	percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458	168	UHC	Medicare		146.09	1			144.09	435.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; HIP	29520	CPT	outpatient			458	168	UHC	Medicaid		144.09	0.3146			144.09	435.1	percent of total billed charges	
STRAPPING; HIP	29520	CPT	outpatient			458	168	Wellcare	Medicare		146.09	1			144.09	435.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING; HIP	29520	CPT	outpatient			458	168	Wellcare	Medicaid		144.09	0.3146			144.09	435.1	percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Aetna	Medicare		146.09	1			81.17	472.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Aetna	Better Health		156.36	0.3146			81.17	472.15	percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Aetna	Commercial		232.58	1.592			81.17	472.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Americare	Americare		372.75	0.75			81.17	472.15	percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	WellPoint	WellPoint		159.44	0.3208			81.17	472.15	percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Amerihealth	Medicare		146.09	1			81.17	472.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Consumer	Consumer		472.15	0.95			81.17	472.15	percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Corrections	Corrections		397.6	0.8			81.17	472.15	percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	First Health	First Health		347.9	0.7			81.17	472.15	percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	First Trenton	First Trenton		447.3	0.9			81.17	472.15	percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Horizon	Medicare Blue		146.09	1			81.17	472.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Horizon	MGD		266.91	1.827			81.17	472.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Horizon	Indemnity		266.91	1.827			81.17	472.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Horizon	PPO		266.91	1.827			81.17	472.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Managed Care Inc	Managed Care Inc		447.3	0.9			81.17	472.15	percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Multiplan	Multiplan		397.6	0.8			81.17	472.15	percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Qualcare	Qualcare		372.75	0.75			81.17	472.15	percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Three Rivers	Three Rivers		472.15	0.95			81.17	472.15	percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	UHC	Medicaid		156.36	0.3146			81.17	472.15	percent of total billed charges	
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	UHC	Medicare		146.09	1			81.17	472.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Wellcare	Medicare		146.09	1			81.17	472.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING OF KNEE	29530	CPT	outpatient			497	168	Wellcare	Medicaid		156.36	0.3146			81.17	472.15	percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Aetna	Better Health		171.46	0.3146			167.37	517.75	percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Aetna	Commercial		286.89	1.592			167.37	517.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Aetna	Medicare		180.21	1			167.37	517.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Americare	Americare		408.75	0.75			167.37	517.75	percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	WellPoint	WellPoint		174.84	0.3208			167.37	517.75	percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Amerihealth	Medicare		180.21	1			167.37	517.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Consumer	Consumer		517.75	0.95			167.37	517.75	percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Corrections	Corrections		436	0.8			167.37	517.75	percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	First Health	First Health		381.5	0.7			167.37	517.75	percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	First Trenton	First Trenton		490.5	0.9			167.37	517.75	percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Horizon	Indemnity		329.24	1.827			167.37	517.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Horizon	MGD		329.24	1.827			167.37	517.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Horizon	Medicare Blue		180.21	1			167.37	517.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Horizon	PPO		329.24	1.827			167.37	517.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Managed Care Inc	Managed Care Inc		490.5	0.9			167.37	517.75	percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Multiplan	Multiplan		436	0.8			167.37	517.75	percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Qualcare	Qualcare		408.75	0.75			167.37	517.75	percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Three Rivers	Three Rivers		517.75	0.95			167.37	517.75	percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	UHC	Medicare		180.21	1			167.37	517.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	UHC	Medicaid		171.46	0.3146			167.37	517.75	percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Wellcare	Medicaid		171.46	0.3146			167.37	517.75	percent of total billed charges	
STRAPPING;ANKLE/FOOT	29540	CPT	outpatient			545	207.24	Wellcare	Medicare		180.21	1			167.37	517.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Aetna	Medicare		69.96	1			66.38	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Aetna	Commercial		111.38	1.592			66.38	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Aetna	Better Health		77.71	0.3146			66.38	234.65	percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Americare	Americare		185.25	0.75			66.38	234.65	percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	WellPoint	WellPoint		79.24	0.3208			66.38	234.65	percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Amerihealth	Medicare		69.96	1			66.38	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Consumer	Consumer		234.65	0.95			66.38	234.65	percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Corrections	Corrections		197.6	0.8			66.38	234.65	percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	First Health	First Health		172.9	0.7			66.38	234.65	percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	First Trenton	First Trenton		222.3	0.9			66.38	234.65	percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Horizon	MGD		127.82	1.827			66.38	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Horizon	Indemnity		127.82	1.827			66.38	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Horizon	PPO		127.82	1.827			66.38	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Horizon	Medicare Blue		69.96	1			66.38	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Managed Care Inc	Managed Care Inc		222.3	0.9			66.38	234.65	percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Multiplan	Multiplan		197.6	0.8			66.38	234.65	percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Qualcare	Qualcare		185.25	0.75			66.38	234.65	percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Three Rivers	Three Rivers		234.65	0.95			66.38	234.65	percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	UHC	Medicaid		77.71	0.3146			66.38	234.65	percent of total billed charges	
STRAPPING TOES	29550	CPT	outpatient			247	80.45	UHC	Medicare		69.96	1			66.38	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Wellcare	Medicare		69.96	1			66.38	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAPPING TOES	29550	CPT	outpatient			247	80.45	Wellcare	Medicaid		77.71	0.3146			66.38	234.65	percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	outpatient			532	207.24	Aetna	Better Health		167.37	0.3146			82.43	505.4	percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	outpatient			532	207.24	Aetna	Commercial		286.89	1.592			82.43	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNNA BOOT PLACEMENT	29580	CPT	outpatient			532	207.24	Aetna	Medicare		180.21	1			82.43	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNNA BOOT PLACEMENT	29580	CPT	outpatient			532	207.24	Americare	Americare		399	0.75			82.43	505.4	percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	outpatient			532	207.24	WellPoint	WellPoint		170.67	0.3208			82.43	505.4	percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	outpatient			532	207.24	Amerihealth	Medicare		180.21	1			82.43	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNNA BOOT PLACEMENT	29580	CPT	outpatient			532	207.24	Consumer	Consumer		505.4	0.95			82.43	505.4	percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	outpatient			532	207.24	Corrections	Corrections		425.6	0.8			82.43	505.4	percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	outpatient			532	207.24	First Health	First Health		372.4	0.7			82.43	505.4	percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	outpatient			532	207.24	First Trenton	First Trenton		478.8	0.9			82.43	505.4	percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	outpatient			532	207.24	Horizon	Medicare Blue		180.21	1			82.43	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNNA BOOT PLACEMENT	29580	CPT	outpatient			532	207.24	Horizon	PPO		329.24	1.827			82.43	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNNA BOOT PLACEMENT	29580	CPT	outpatient			532	207.24	Horizon	MGD		329.24	1.827			82.43	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNNA BOOT PLACEMENT	29580	CPT	outpatient			532	207.24	Horizon	Indemnity		329.24	1.827			82.43	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNNA BOOT PLACEMENT	29580	CPT	outpatient			532	207.24	Managed Care Inc	Managed Care Inc		478.8	0.9			82.43	505.4	percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	outpatient			532	207.24	Multiplan	Multiplan		425.6	0.8			82.43	505.4	percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	outpatient			532	207.24	Qualcare	Qualcare		399	0.75			82.43	505.4	percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	outpatient			532	207.24	Three Rivers	Three Rivers		505.4	0.95			82.43	505.4	percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	outpatient			532	207.24	UHC	Medicaid		167.37	0.3146			82.43	505.4	percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	outpatient			532	207.24	UHC	Medicare		180.21	1			82.43	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNNA BOOT PLACEMENT	29580	CPT	outpatient			532	207.24	Wellcare	Medicaid		167.37	0.3146			82.43	505.4	percent of total billed charges	
UNNA BOOT PLACEMENT	29580	CPT	outpatient			532	207.24	Wellcare	Medicare		180.21	1			82.43	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Aetna	Medicare		180.21	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Aetna	Better Health		167.37	0.3146			167.37	505.4	percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Aetna	Commercial		286.89	1.592			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Americare	Americare		399	0.75			167.37	505.4	percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	WellPoint	WellPoint		170.67	0.3208			167.37	505.4	percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Amerihealth	Medicare		180.21	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Consumer	Consumer		505.4	0.95			167.37	505.4	percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Corrections	Corrections		425.6	0.8			167.37	505.4	percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	First Health	First Health		372.4	0.7			167.37	505.4	percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	First Trenton	First Trenton		478.8	0.9			167.37	505.4	percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Horizon	Medicare Blue		180.21	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Horizon	MGD		329.24	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Horizon	PPO		329.24	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Horizon	Indemnity		329.24	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Managed Care Inc	Managed Care Inc		478.8	0.9			167.37	505.4	percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Multiplan	Multiplan		425.6	0.8			167.37	505.4	percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Qualcare	Qualcare		399	0.75			167.37	505.4	percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Three Rivers	Three Rivers		505.4	0.95			167.37	505.4	percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	UHC	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	UHC	Medicare		180.21	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Wellcare	Medicare		180.21	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL VENOUS WOUND COMPRESS	29581	CPT	outpatient			532	207.24	Wellcare	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Aetna	Commercial		488.97	1.592			124.74	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Aetna	Medicare		269.5	0.308			124.74	831.25	percent of total billed charges	
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Aetna	Better Health		275.28	0.3146			124.74	831.25	percent of total billed charges	
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Americare	Americare		656.25	0.75			124.74	831.25	percent of total billed charges	
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	WellPoint	WellPoint		280.7	0.3208			124.74	831.25	percent of total billed charges	
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Amerihealth	Medicare		307.14	1			124.74	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Consumer	Consumer		831.25	0.95			124.74	831.25	percent of total billed charges	
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Corrections	Corrections		700	0.8			124.74	831.25	percent of total billed charges	
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	First Health	First Health		612.5	0.7			124.74	831.25	percent of total billed charges	
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	First Trenton	First Trenton		787.5	0.9			124.74	831.25	percent of total billed charges	
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Horizon	MGD		561.14	1.827			124.74	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Horizon	Indemnity		561.14	1.827			124.74	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Horizon	Medicare Blue		307.14	1			124.74	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Horizon	PPO		561.14	1.827			124.74	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Managed Care Inc	Managed Care Inc		787.5	0.9			124.74	831.25	percent of total billed charges	
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Multiplan	Multiplan		700	0.8			124.74	831.25	percent of total billed charges	
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Qualcare	Qualcare		656.25	0.75			124.74	831.25	percent of total billed charges	
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Three Rivers	Three Rivers		831.25	0.95			124.74	831.25	percent of total billed charges	
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	UHC	Medicaid		275.28	0.3146			124.74	831.25	percent of total billed charges	
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	UHC	Medicare		307.14	1			124.74	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Wellcare	Medicare		307.14	1			124.74	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV GAUNT/BOOT/BODY CAST	29700	CPT	outpatient			875	353.21	Wellcare	Medicaid		275.28	0.3146			124.74	831.25	percent of total billed charges	
RMVL/VIVALV;FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Aetna	Medicare		307.69	0.308			269.5	949.05	percent of total billed charges	
RMVL/VIVALV;FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Aetna	Commercial		488.97	1.592			269.5	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL/VIVALV;FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Aetna	Better Health		314.29	0.3146			269.5	949.05	percent of total billed charges	
RMVL/VIVALV;FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Americare	Americare		749.25	0.75			269.5	949.05	percent of total billed charges	
RMVL/VIVALV;FULL ARM/LEG	29705	CPT	outpatient			999	353.21	WellPoint	WellPoint		320.48	0.3208			269.5	949.05	percent of total billed charges	
RMVL/VIVALV;FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Amerihealth	Medicare		307.14	1			269.5	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL/VIVALV;FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Consumer	Consumer		949.05	0.95			269.5	949.05	percent of total billed charges	
RMVL/VIVALV;FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Corrections	Corrections		799.2	0.8			269.5	949.05	percent of total billed charges	
RMVL/VIVALV;FULL ARM/LEG	29705	CPT	outpatient			999	353.21	First Health	First Health		699.3	0.7			269.5	949.05	percent of total billed charges	
RMVL/VIVALV;FULL ARM/LEG	29705	CPT	outpatient			999	353.21	First Trenton	First Trenton		899.1	0.9			269.5	949.05	percent of total billed charges	
RMVL/VIVALV;FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Horizon	MGD		561.14	1.827			269.5	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL/VIVALV;FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Horizon	Indemnity		561.14	1.827			269.5	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL/VIVALV;FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Horizon	PPO		561.14	1.827			269.5	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL/VIVALV;FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Horizon	Medicare Blue		307.14	1			269.5	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL/VIVALV;FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Managed Care Inc	Managed Care Inc		899.1	0.9			269.5	949.05	percent of total billed charges	
RMVL/VIVALV;FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Multiplan	Multiplan		799.2	0.8			269.5	949.05	percent of total billed charges	
RMVL/VIVALV;FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Qualcare	Qualcare		749.25	0.75			269.5	949.05	percent of total billed charges	
RMVL/VIVALV;FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Three Rivers	Three Rivers		949.05	0.95			269.5	949.05	percent of total billed charges	
RMVL/VIVALV;FULL ARM/LEG	29705	CPT	outpatient			999	353.21	UHC	Medicare		307.14	1			269.5	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL/VIVALV;FULL ARM/LEG	29705	CPT	outpatient			999	353.21	UHC	Medicaid		314.29	0.3146			269.5	949.05	percent of total billed charges	
RMVL/VIVALV;FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Wellcare	Medicare		307.14	1			269.5	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL/VIVALV;FULL ARM/LEG	29705	CPT	outpatient			999	353.21	Wellcare	Medicaid		314.29	0.3146			269.5	949.05	percent of total billed charges	
RMV/BIVAL;SHLDR HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Aetna	Better Health		275.28	0.3146			275.28	831.25	percent of total billed charges	
RMV/BIVAL;SHLDR HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Aetna	Commercial		488.97	1.592			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMV/BIVAL;SHLDR HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Aetna	Medicare		307.14	1			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMV/BIVAL;SHLDR HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Americare	Americare		656.25	0.75			275.28	831.25	percent of total billed charges	
RMV/BIVAL;SHLDR HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	WellPoint	WellPoint		280.7	0.3208			275.28	831.25	percent of total billed charges	
RMV/BIVAL;SHLDR HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Amerihealth	Medicare		307.14	1			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMV/BIVAL;SHLDR HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Consumer	Consumer		831.25	0.95			275.28	831.25	percent of total billed charges	
RMV/BIVAL;SHLDR HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Corrections	Corrections		700	0.8			275.28	831.25	percent of total billed charges	
RMV/BIVAL;SHLDR HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	First Health	First Health		612.5	0.7			275.28	831.25	percent of total billed charges	
RMV/BIVAL;SHLDR HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	First Trenton	First Trenton		787.5	0.9			275.28	831.25	percent of total billed charges	
RMV/BIVAL;SHLDR HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Horizon	Medicare Blue		307.14	1			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMV/BIVAL;SHLDR HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Horizon	PPO		561.14	1.827			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMV/BIVAL;SHLDR HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Horizon	MGD		561.14	1.827			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMV/BIVAL;SHLDR HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Horizon	Indemnity		561.14	1.827			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMV/BIVAL;SHLDR HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Managed Care Inc	Managed Care Inc		787.5	0.9			275.28	831.25	percent of total billed charges	
RMV/BIVAL;SHLDR HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Multiplan	Multiplan		700	0.8			275.28	831.25	percent of total billed charges	
RMV/BIVAL;SHLDR HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Qualcare	Qualcare		656.25	0.75			275.28	831.25	percent of total billed charges	
RMV/BIVAL;SHLDR HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Three Rivers	Three Rivers		831.25	0.95			275.28	831.25	percent of total billed charges	
RMV/BIVAL;SHLDR HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	UHC	Medicaid		275.28	0.3146			275.28	831.25	percent of total billed charges	
RMV/BIVAL;SHLDR HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	UHC	Medicare		307.14	1			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMV/BIVAL;SHLDR HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Wellcare	Medicaid		275.28	0.3146			275.28	831.25	percent of total billed charges	
RMV/BIVAL;SHLDR HIP SPICA/MIN	29710	CPT	outpatient			875	353.21	Wellcare	Medicare		307.14	1			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Aetna	Commercial		286.89	1.592			124.9	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Aetna	Better Health		167.37	0.3146			124.9	505.4	percent of total billed charges	
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Aetna	Medicare		180.21	1			124.9	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Americare	Americare		399	0.75			124.9	505.4	percent of total billed charges	
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	WellPoint	WellPoint		170.67	0.3208			124.9	505.4	percent of total billed charges	
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Amerihealth	Medicare		180.21	1			124.9	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Consumer	Consumer		505.4	0.95			124.9	505.4	percent of total billed charges	
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Corrections	Corrections		425.6	0.8			124.9	505.4	percent of total billed charges	
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	First Health	First Health		372.4	0.7			124.9	505.4	percent of total billed charges	
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	First Trenton	First Trenton		478.8	0.9			124.9	505.4	percent of total billed charges	
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Horizon	Indemnity		329.24	1.827			124.9	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Horizon	Medicare Blue		180.21	1			124.9	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Horizon	PPO		329.24	1.827			124.9	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Horizon	MGD		329.24	1.827			124.9	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Managed Care Inc	Managed Care Inc		478.8	0.9			124.9	505.4	percent of total billed charges	
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Multiplan	Multiplan		425.6	0.8			124.9	505.4	percent of total billed charges	
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Qualcare	Qualcare		399	0.75			124.9	505.4	percent of total billed charges	
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Three Rivers	Three Rivers		505.4	0.95			124.9	505.4	percent of total billed charges	
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	UHC	Medicaid		167.37	0.3146			124.9	505.4	percent of total billed charges	
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	UHC	Medicare		180.21	1			124.9	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Wellcare	Medicaid		167.37	0.3146			124.9	505.4	percent of total billed charges	
REPAIR OF SPICA BODY CAST OR J	29720	CPT	outpatient			532	207.24	Wellcare	Medicare		180.21	1			124.9	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WINDOWING OF CAST	29730	CPT	both			532	207.24	Aetna	Better Health		167.37	0.3146			154.47	505.4	percent of total billed charges	
WINDOWING OF CAST	29730	CPT	both			532	207.24	Aetna	Commercial		286.89	1.592			154.47	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WINDOWING OF CAST	29730	CPT	both			532	207.24	Aetna	Medicare		180.21	1			154.47	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WINDOWING OF CAST	29730	CPT	both			532	207.24	Americare	Americare		399	0.75			154.47	505.4	percent of total billed charges	
WINDOWING OF CAST	29730	CPT	both			532	207.24	WellPoint	WellPoint		170.67	0.3208			154.47	505.4	percent of total billed charges	
WINDOWING OF CAST	29730	CPT	both			532	207.24	Amerihealth	Medicare		180.21	1			154.47	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WINDOWING OF CAST	29730	CPT	both			532	207.24	Consumer	Consumer		505.4	0.95			154.47	505.4	percent of total billed charges	
WINDOWING OF CAST	29730	CPT	both			532	207.24	Corrections	Corrections		425.6	0.8			154.47	505.4	percent of total billed charges	
WINDOWING OF CAST	29730	CPT	both			532	207.24	First Health	First Health		372.4	0.7			154.47	505.4	percent of total billed charges	
WINDOWING OF CAST	29730	CPT	both			532	207.24	First Trenton	First Trenton		478.8	0.9			154.47	505.4	percent of total billed charges	
WINDOWING OF CAST	29730	CPT	both			532	207.24	Horizon	MGD		329.24	1.827			154.47	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WINDOWING OF CAST	29730	CPT	both			532	207.24	Horizon	Indemnity		329.24	1.827			154.47	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WINDOWING OF CAST	29730	CPT	both			532	207.24	Horizon	Medicare Blue		180.21	1			154.47	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WINDOWING OF CAST	29730	CPT	both			532	207.24	Horizon	PPO		329.24	1.827			154.47	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WINDOWING OF CAST	29730	CPT	both			532	207.24	Managed Care Inc	Managed Care Inc		478.8	0.9			154.47	505.4	percent of total billed charges	
WINDOWING OF CAST	29730	CPT	both			532	207.24	Multiplan	Multiplan		425.6	0.8			154.47	505.4	percent of total billed charges	
WINDOWING OF CAST	29730	CPT	both			532	207.24	Qualcare	Qualcare		399	0.75			154.47	505.4	percent of total billed charges	
WINDOWING OF CAST	29730	CPT	both			532	207.24	Three Rivers	Three Rivers		505.4	0.95			154.47	505.4	percent of total billed charges	
WINDOWING OF CAST	29730	CPT	both			532	207.24	UHC	Medicare		180.21	1			154.47	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WINDOWING OF CAST	29730	CPT	both			532	207.24	UHC	Medicaid		167.37	0.3146			154.47	505.4	percent of total billed charges	
WINDOWING OF CAST	29730	CPT	both			532	207.24	Wellcare	Medicare		180.21	1			154.47	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WINDOWING OF CAST	29730	CPT	both			532	207.24	Wellcare	Medicaid		167.37	0.3146			154.47	505.4	percent of total billed charges	
WEDGING OF CAST(EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Aetna	Better Health		275.28	0.3146			144.09	831.25	percent of total billed charges	
WEDGING OF CAST(EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Aetna	Commercial		488.97	1.592			144.09	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CAST(EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Aetna	Medicare		307.14	1			144.09	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CAST(EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Americare	Americare		656.25	0.75			144.09	831.25	percent of total billed charges	
WEDGING OF CAST(EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	WellPoint	WellPoint		280.7	0.3208			144.09	831.25	percent of total billed charges	
WEDGING OF CAST(EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Amerihealth	Medicare		307.14	1			144.09	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CAST(EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Consumer	Consumer		831.25	0.95			144.09	831.25	percent of total billed charges	
WEDGING OF CAST(EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Corrections	Corrections		700	0.8			144.09	831.25	percent of total billed charges	
WEDGING OF CAST(EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	First Health	First Health		612.5	0.7			144.09	831.25	percent of total billed charges	
WEDGING OF CAST(EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	First Trenton	First Trenton		787.5	0.9			144.09	831.25	percent of total billed charges	
WEDGING OF CAST(EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Horizon	Indemnity		561.14	1.827			144.09	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CAST(EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Horizon	PPO		561.14	1.827			144.09	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CAST(EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Horizon	MGD		561.14	1.827			144.09	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CAST(EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Horizon	Medicare Blue		307.14	1			144.09	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CAST(EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Managed Care Inc	Managed Care Inc		787.5	0.9			144.09	831.25	percent of total billed charges	
WEDGING OF CAST(EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Multiplan	Multiplan		700	0.8			144.09	831.25	percent of total billed charges	
WEDGING OF CAST(EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Qualcare	Qualcare		656.25	0.75			144.09	831.25	percent of total billed charges	
WEDGING OF CAST(EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Three Rivers	Three Rivers		831.25	0.95			144.09	831.25	percent of total billed charges	
WEDGING OF CAST(EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	UHC	Medicare		307.14	1			144.09	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CAST(EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	UHC	Medicaid		275.28	0.3146			144.09	831.25	percent of total billed charges	
WEDGING OF CAST(EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Wellcare	Medicare		307.14	1			144.09	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CAST(EXPT.CLUBFOOT)	29740	CPT	outpatient			875	353.21	Wellcare	Medicaid		275.28	0.3146			144.09	831.25	percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Aetna	Medicare		307.14	1			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Aetna	Commercial		488.97	1.592			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Aetna	Better Health		275.28	0.3146			275.28	831.25	percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Americare	Americare		656.25	0.75			275.28	831.25	percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	WellPoint	WellPoint		280.7	0.3208			275.28	831.25	percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Amerihealth	Medicare		307.14	1			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Consumer	Consumer		831.25	0.95			275.28	831.25	percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Corrections	Corrections		700	0.8			275.28	831.25	percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	First Health	First Health		612.5	0.7			275.28	831.25	percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	First Trenton	First Trenton		787.5	0.9			275.28	831.25	percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Horizon	MGD		561.14	1.827			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Horizon	Medicare Blue		307.14	1			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Horizon	Indemnity		561.14	1.827			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Horizon	PPO		561.14	1.827			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Managed Care Inc	Managed Care Inc		787.5	0.9			275.28	831.25	percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Multiplan	Multiplan		700	0.8			275.28	831.25	percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Qualcare	Qualcare		656.25	0.75			275.28	831.25	percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Three Rivers	Three Rivers		831.25	0.95			275.28	831.25	percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	UHC	Medicaid		275.28	0.3146			275.28	831.25	percent of total billed charges	
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	UHC	Medicare		307.14	1			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Wellcare	Medicare		307.14	1			275.28	831.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WEDGING OF CLUBFOOT CAST	29750	CPT	outpatient			875	353.21	Wellcare	Medicaid		275.28	0.3146			275.28	831.25	percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Aetna	Better Health		293.84	0.3146			279.36	887.3	percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Aetna	Commercial		444.74	1.592			279.36	887.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Aetna	Medicare		279.36	1			279.36	887.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Americare	Americare		700.5	0.75			279.36	887.3	percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	WellPoint	WellPoint		299.63	0.3208			279.36	887.3	percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Amerihealth	Medicare		279.36	1			279.36	887.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Consumer	Consumer		887.3	0.95			279.36	887.3	percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Corrections	Corrections		747.2	0.8			279.36	887.3	percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	First Health	First Health		653.8	0.7			279.36	887.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	First Trenton	First Trenton		840.6	0.9			279.36	887.3	percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Horizon	Indemnity		510.39	1.827			279.36	887.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Horizon	Medicare Blue		279.36	1			279.36	887.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Horizon	MGD		510.39	1.827			279.36	887.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Horizon	PPO		510.39	1.827			279.36	887.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Managed Care Inc	Managed Care Inc		840.6	0.9			279.36	887.3	percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Multiplan	Multiplan		747.2	0.8			279.36	887.3	percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Qualcare	Qualcare		700.5	0.75			279.36	887.3	percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Three Rivers	Three Rivers		887.3	0.95			279.36	887.3	percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	UHC	Medicaid		293.84	0.3146			279.36	887.3	percent of total billed charges	
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	UHC	Medicare		279.36	1			279.36	887.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Wellcare	Medicare		279.36	1			279.36	887.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN ABSC/NASAL	30000	CPT	outpatient			934	321.26	Wellcare	Medicaid		293.84	0.3146			279.36	887.3	percent of total billed charges	
I & D SEPTIA ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Aetna	Commercial		1001.77	1.592			524.12	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D SEPTIA ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Aetna	Better Health		602.14	0.3146			524.12	1818.3	percent of total billed charges	
I & D SEPTIA ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Aetna	Medicare		629.25	1			524.12	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D SEPTIA ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Americare	Americare		1435.5	0.75			524.12	1818.3	percent of total billed charges	
I & D SEPTIA ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	WellPoint	WellPoint		614.01	0.3208			524.12	1818.3	percent of total billed charges	
I & D SEPTIA ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Amerihealth	Medicare		629.25	1			524.12	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D SEPTIA ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Consumer	Consumer		1818.3	0.95			524.12	1818.3	percent of total billed charges	
I & D SEPTIA ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Corrections	Corrections		1531.2	0.8			524.12	1818.3	percent of total billed charges	
I & D SEPTIA ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	First Health	First Health		1339.8	0.7			524.12	1818.3	percent of total billed charges	
I & D SEPTIA ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	First Trenton	First Trenton		1722.6	0.9			524.12	1818.3	percent of total billed charges	
I & D SEPTIA ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Horizon	MGD		1149.64	1.827			524.12	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D SEPTIA ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Horizon	Medicare Blue		629.25	1			524.12	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D SEPTIA ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Horizon	Indemnity		1149.64	1.827			524.12	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D SEPTIA ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Horizon	PPO		1149.64	1.827			524.12	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D SEPTIA ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Managed Care Inc	Managed Care Inc		1722.6	0.9			524.12	1818.3	percent of total billed charges	
I & D SEPTIA ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Multiplan	Multiplan		1531.2	0.8			524.12	1818.3	percent of total billed charges	
I & D SEPTIA ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Qualcare	Qualcare		1435.5	0.75			524.12	1818.3	percent of total billed charges	
I & D SEPTIA ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Three Rivers	Three Rivers		1818.3	0.95			524.12	1818.3	percent of total billed charges	
I & D SEPTIA ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	UHC	Medicaid		602.14	0.3146			524.12	1818.3	percent of total billed charges	
I & D SEPTIA ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	UHC	Medicare		629.25	1			524.12	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D SEPTIA ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Wellcare	Medicaid		602.14	0.3146			524.12	1818.3	percent of total billed charges	
I & D SEPTIA ABS/HEMATOMA	30020	CPT	outpatient			1914	723.64	Wellcare	Medicare		629.25	1			524.12	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX INTRANASAL	30100	CPT	outpatient			5059	2005.77	Aetna	Better Health		1591.56	0.3146			805.69	4806.05	percent of total billed charges	
BX INTRANASAL	30100	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69	1.592			805.69	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX INTRANASAL	30100	CPT	outpatient			5059	2005.77	Aetna	Medicare		1744.15	1			805.69	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX INTRANASAL	30100	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	0.75			805.69	4806.05	percent of total billed charges	
BX INTRANASAL	30100	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1622.93	0.3208			805.69	4806.05	percent of total billed charges	
BX INTRANASAL	30100	CPT	outpatient			5059	2005.77	Amerihealth	Medicare		1744.15	1			805.69	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX INTRANASAL	30100	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	0.95			805.69	4806.05	percent of total billed charges	
BX INTRANASAL	30100	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	0.8			805.69	4806.05	percent of total billed charges	
BX INTRANASAL	30100	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	0.7			805.69	4806.05	percent of total billed charges	
BX INTRANASAL	30100	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	0.9			805.69	4806.05	percent of total billed charges	
BX INTRANASAL	30100	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15	1			805.69	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX INTRANASAL	30100	CPT	outpatient			5059	2005.77	Horizon	PPO		3186.56	1.827			805.69	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX INTRANASAL	30100	CPT	outpatient			5059	2005.77	Horizon	MGD		3186.56	1.827			805.69	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX INTRANASAL	30100	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3186.56	1.827			805.69	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX INTRANASAL	30100	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	0.9			805.69	4806.05	percent of total billed charges	
BX INTRANASAL	30100	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	0.8			805.69	4806.05	percent of total billed charges	
BX INTRANASAL	30100	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	0.75			805.69	4806.05	percent of total billed charges	
BX INTRANASAL	30100	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	0.95			805.69	4806.05	percent of total billed charges	
BX INTRANASAL	30100	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15	1			805.69	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX INTRANASAL	30100	CPT	outpatient			5059	2005.77	UHC	Medicaid		1591.56	0.3146			805.69	4806.05	percent of total billed charges	
BX INTRANASAL	30100	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1591.56	0.3146			805.69	4806.05	percent of total billed charges	
BX INTRANASAL	30100	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15	1			805.69	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL POLYPECTOMY UNLLATERAL	30110	CPT	outpatient			5059	2005.77	Aetna	Better Health		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
NASAL POLYPECTOMY UNLLATERAL	30110	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69	1.592			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL POLYPECTOMY UNLLATERAL	30110	CPT	outpatient			5059	2005.77	Aetna	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL POLYPECTOMY UNLLATERAL	30110	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	0.75			1591.56	4806.05	percent of total billed charges	
NASAL POLYPECTOMY UNLLATERAL	30110	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1622.93	0.3208			1591.56	4806.05	percent of total billed charges	
NASAL POLYPECTOMY UNLLATERAL	30110	CPT	outpatient			5059	2005.77	Amerihealth	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL POLYPECTOMY UNLLATERAL	30110	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	0.95			1591.56	4806.05	percent of total billed charges	
NASAL POLYPECTOMY UNLLATERAL	30110	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	0.8			1591.56	4806.05	percent of total billed charges	
NASAL POLYPECTOMY UNLLATERAL	30110	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	0.7			1591.56	4806.05	percent of total billed charges	
NASAL POLYPECTOMY UNLLATERAL	30110	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	0.9			1591.56	4806.05	percent of total billed charges	
NASAL POLYPECTOMY UNLLATERAL	30110	CPT	outpatient			5059	2005.77	Horizon	MGD		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL POLYPECTOMY UNLLATERAL	30110	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL POLYPECTOMY UNLLATERAL	30110	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL POLYPECTOMY UNLLATERAL	30110	CPT	outpatient			5059	2005.77	Horizon	PPO		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL POLYPECTOMY UNLLATERAL	30110	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	0.9			1591.56	4806.05	percent of total billed charges	
NASAL POLYPECTOMY UNLLATERAL	30110	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	0.8			1591.56	4806.05	percent of total billed charges	
NASAL POLYPECTOMY UNLLATERAL	30110	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	0.75			1591.56	4806.05	percent of total billed charges	
NASAL POLYPECTOMY UNLLATERAL	30110	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	0.95			1591.56	4806.05	percent of total billed charges	
NASAL POLYPECTOMY UNLLATERAL	30110	CPT	outpatient			5059	2005.77	UHC	Medicaid		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
NASAL POLYPECTOMY UNLLATERAL	30110	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL POLYPECTOMY UNLLATERAL	30110	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
NASAL POLYPECTOMY UNLLATERAL	30110	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Aetna	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Aetna	Better Health		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05	1.592			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3325.73	0.3208			3261.46	9848.65	percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	0.7			3261.46	9848.65	percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Horizon	PPO		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Horizon	MGD		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	UHC	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM INTRANASAL LESION	30117	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Aetna	Commercial		1001.77	1.592			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Aetna	Better Health		524.12	0.3146			524.12	1582.7	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Aetna	Medicare		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Americare	Americare		1249.5	0.75			524.12	1582.7	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	WellPoint	WellPoint		534.45	0.3208			524.12	1582.7	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Amerihealth	Medicare		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Consumer	Consumer		1582.7	0.95			524.12	1582.7	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Corrections	Corrections		1332.8	0.8			524.12	1582.7	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	First Health	First Health		1166.2	0.7			524.12	1582.7	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	First Trenton	First Trenton		1499.4	0.9			524.12	1582.7	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Horizon	PPO		1149.64	1.827			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Horizon	Medicare Blue		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Horizon	Indemnity		1149.64	1.827			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Horizon	MGD		1149.64	1.827			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Managed Care Inc	Managed Care Inc		1499.4	0.9			524.12	1582.7	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Multiplan	Multiplan		1332.8	0.8			524.12	1582.7	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Qualcare	Qualcare		1249.5	0.75			524.12	1582.7	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Three Rivers	Three Rivers		1582.7	0.95			524.12	1582.7	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	UHC	Medicaid		524.12	0.3146			524.12	1582.7	percent of total billed charges	
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	UHC	Medicare		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Wellcare	Medicare		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ OF TURBINATE	30200	CPT	outpatient			1666	723.64	Wellcare	Medicaid		524.12	0.3146			524.12	1582.7	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Aetna	Commercial		232.58	1.592			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Aetna	Medicare		146.09	1			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Aetna	Better Health		133.39	0.3146			125.84	402.8	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Americare	Americare		318	0.75			125.84	402.8	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	WellPoint	WellPoint		136.02	0.3208			125.84	402.8	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Amerihealth	Medicare		146.09	1			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Consumer	Consumer		402.8	0.95			125.84	402.8	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Corrections	Corrections		339.2	0.8			125.84	402.8	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	First Health	First Health		296.8	0.7			125.84	402.8	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	0.9			125.84	402.8	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09	1			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Horizon	MGD		266.91	1.827			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Horizon	Indemnity		266.91	1.827			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Horizon	PPO		266.91	1.827			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	0.9			125.84	402.8	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	0.8			125.84	402.8	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Qualcare	Qualcare		318	0.75			125.84	402.8	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	0.95			125.84	402.8	percent of total billed charges	
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	UHC	Medicare		146.09	1			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424	168	UHC	Medicaid		133.39	0.3146			125.84	402.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424		168 Wellcare	Medicare		146.09	1			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INTRANASAL FB	30300	CPT	outpatient			424		168 Wellcare	Medicaid		133.39	0.3146			125.84	402.8	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189		4234.52 Aetna	Commercial		5862.05	1.592			3205.46	9679.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189		4234.52 Aetna	Better Health		3205.46	0.3146			3205.46	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189		4234.52 Aetna	Medicare		3682.19	1			3205.46	9679.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189		4234.52 Americare	Americare		7641.75	0.75			3205.46	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189		4234.52 WellPoint	WellPoint		3268.63	0.3208			3205.46	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189		4234.52 Amerihealth	Medicare		3682.19	1			3205.46	9679.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189		4234.52 Consumer	Consumer		9679.55	0.95			3205.46	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189		4234.52 Corrections	Corrections		8151.2	0.8			3205.46	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189		4234.52 First Health	First Health		7132.3	0.7			3205.46	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189		4234.52 First Trenton	First Trenton		9170.1	0.9			3205.46	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189		4234.52 Horizon	Indemnity		6727.36	1.827			3205.46	9679.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189		4234.52 Horizon	MGD		6727.36	1.827			3205.46	9679.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189		4234.52 Horizon	Medicare Blue		3682.19	1			3205.46	9679.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189		4234.52 Horizon	PPO		6727.36	1.827			3205.46	9679.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189		4234.52 Managed Care Inc	Managed Care Inc		9170.1	0.9			3205.46	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189		4234.52 Multiplan	Multiplan		8151.2	0.8			3205.46	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189		4234.52 Qualcare	Qualcare		7641.75	0.75			3205.46	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189		4234.52 Three Rivers	Three Rivers		9679.55	0.95			3205.46	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189		4234.52 UHC	Medicaid		3205.46	0.3146			3205.46	9679.55	percent of total billed charges	
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189		4234.52 UHC	Medicare		3682.19	1			3205.46	9679.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189		4234.52 Wellcare	Medicare		3682.19	1			3205.46	9679.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB INTRANASAL GEN ANES	30310	CPT	outpatient			10189		4234.52 Wellcare	Medicaid		3205.46	0.3146			3205.46	9679.55	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666		723.64 Aetna	Medicare		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666		723.64 Aetna	Better Health		524.12	0.3146			524.12	1582.7	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666		723.64 Aetna	Commercial		1001.77	1.592			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666		723.64 Americare	Americare		1249.5	0.75			524.12	1582.7	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666		723.64 WellPoint	WellPoint		534.45	0.3208			524.12	1582.7	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666		723.64 Amerihealth	Medicare		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666		723.64 Consumer	Consumer		1582.7	0.95			524.12	1582.7	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666		723.64 Corrections	Corrections		1332.8	0.8			524.12	1582.7	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666		723.64 First Health	First Health		1166.2	0.7			524.12	1582.7	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666		723.64 First Trenton	First Trenton		1499.4	0.9			524.12	1582.7	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666		723.64 Horizon	Indemnity		1149.64	1.827			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666		723.64 Horizon	Medicare Blue		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666		723.64 Horizon	MGD		1149.64	1.827			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666		723.64 Horizon	PPO		1149.64	1.827			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666		723.64 Managed Care Inc	Managed Care Inc		1499.4	0.9			524.12	1582.7	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666		723.64 Multiplan	Multiplan		1332.8	0.8			524.12	1582.7	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666		723.64 Qualcare	Qualcare		1249.5	0.75			524.12	1582.7	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666		723.64 Three Rivers	Three Rivers		1582.7	0.95			524.12	1582.7	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666		723.64 UHC	Medicaid		524.12	0.3146			524.12	1582.7	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666		723.64 UHC	Medicare		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666		723.64 Wellcare	Medicaid		524.12	0.3146			524.12	1582.7	percent of total billed charges	
LYSIS INTRANASAL SYNCHIA	30560	CPT	outpatient			1666		723.64 Wellcare	Medicare		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FISTULA ORAMAXILLARY	30580	CPT	outpatient			19455		7702.18 Aetna	Commercial		10662.5	1.592			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FISTULA ORAMAXILLARY	30580	CPT	outpatient			19455		7702.18 Aetna	Better Health		6120.54	0.3146			6120.54	18482.25	percent of total billed charges	
REPAIR FISTULA ORAMAXILLARY	30580	CPT	outpatient			19455		7702.18 Aetna	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FISTULA ORAMAXILLARY	30580	CPT	outpatient			19455		7702.18 Americare	Americare		14591.25	0.75			6120.54	18482.25	percent of total billed charges	
REPAIR FISTULA ORAMAXILLARY	30580	CPT	outpatient			19455		7702.18 WellPoint	WellPoint		6241.16	0.3208			6120.54	18482.25	percent of total billed charges	
REPAIR FISTULA ORAMAXILLARY	30580	CPT	outpatient			19455		7702.18 Amerihealth	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FISTULA ORAMAXILLARY	30580	CPT	outpatient			19455		7702.18 Consumer	Consumer		18482.25	0.95			6120.54	18482.25	percent of total billed charges	
REPAIR FISTULA ORAMAXILLARY	30580	CPT	outpatient			19455		7702.18 Corrections	Corrections		15564	0.8			6120.54	18482.25	percent of total billed charges	
REPAIR FISTULA ORAMAXILLARY	30580	CPT	outpatient			19455		7702.18 First Health	First Health		13618.5	0.7			6120.54	18482.25	percent of total billed charges	
REPAIR FISTULA ORAMAXILLARY	30580	CPT	outpatient			19455		7702.18 First Trenton	First Trenton		17509.5	0.9			6120.54	18482.25	percent of total billed charges	
REPAIR FISTULA ORAMAXILLARY	30580	CPT	outpatient			19455		7702.18 Horizon	MGD		12236.42	1.827			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FISTULA ORAMAXILLARY	30580	CPT	outpatient			19455		7702.18 Horizon	Medicare Blue		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FISTULA ORAMAXILLARY	30580	CPT	outpatient			19455		7702.18 Horizon	PPO		12236.42	1.827			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FISTULA ORAMAXILLARY	30580	CPT	outpatient			19455		7702.18 Horizon	Indemnity		12236.42	1.827			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FISTULA ORAMAXILLARY	30580	CPT	outpatient			19455		7702.18 Managed Care Inc	Managed Care Inc		17509.5	0.9			6120.54	18482.25	percent of total billed charges	
REPAIR FISTULA ORAMAXILLARY	30580	CPT	outpatient			19455		7702.18 Multiplan	Multiplan		15564	0.8			6120.54	18482.25	percent of total billed charges	
REPAIR FISTULA ORAMAXILLARY	30580	CPT	outpatient			19455		7702.18 Qualcare	Qualcare		14591.25	0.75			6120.54	18482.25	percent of total billed charges	
REPAIR FISTULA ORAMAXILLARY	30580	CPT	outpatient			19455		7702.18 Three Rivers	Three Rivers		18482.25	0.95			6120.54	18482.25	percent of total billed charges	
REPAIR FISTULA ORAMAXILLARY	30580	CPT	outpatient			19455		7702.18 UHC	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR FISTULA ORAMAXILLARY	30580	CPT	outpatient			19455		7702.18 UHC	Medicaid		6120.54	0.3146			6120.54	18482.25	percent of total billed charges	
REPAIR FISTULA ORAMAXILLARY	30580	CPT	outpatient			19455		7702.18 Wellcare	Medicaid		6120.54	0.3146			6120.54	18482.25	percent of total billed charges	
REPAIR FISTULA ORAMAXILLARY	30580	CPT	outpatient			19455		7702.18 Wellcare	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455		7702.18 Aetna	Better Health		6120.54	0.3146			6120.54	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455		7702.18 Aetna	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455		7702.18 Aetna	Commercial		10662.5	1.592			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455		7702.18 Americare	Americare		14591.25	0.75			6120.54	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455		7702.18 WellPoint	WellPoint		6241.16	0.3208			6120.54	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455		7702.18 Amerihealth	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455		7702.18 Consumer	Consumer		18482.25	0.95			6120.54	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455		7702.18 Corrections	Corrections		15564	0.8			6120.54	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455		7702.18 First Health	First Health		13618.5	0.7			6120.54	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455		7702.18 First Trenton	First Trenton		17509.5	0.9			6120.54	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455		7702.18 Horizon	Indemnity		12236.42	1.827			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455		7702.18 Horizon	Medicare Blue		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455		7702.18 Horizon	PPO		12236.42	1.827			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455		7702.18 Horizon	MGD		12236.42	1.827			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455		7702.18 Managed Care Inc	Managed Care Inc		17509.5	0.9			6120.54	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455		7702.18 Multiplan	Multiplan		15564	0.8			6120.54	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455		7702.18 Qualcare	Qualcare		14591.25	0.75			6120.54	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455		7702.18 Three Rivers	Three Rivers		18482.25	0.95			6120.54	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455		7702.18 UHC	Medicaid		6120.54	0.3146			6120.54	18482.25	percent of total billed charges	
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455		7702.18 UHC	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455		7702.18 Wellcare	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL ANTRAL FISTULA CLOSURE	30600	CPT	outpatient			19455		7702.18 Wellcare	Medicaid		6120.54	0.3146			6120.54	18482.25	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599		168 Aetna	Commercial		232.58	1.592			133.39	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599		168 Aetna	Medicare		146.09	1			133.39	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599		168 Aetna	Better Health		188.45	0.3146			133.39	569.05	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599		168 Americare	Americare		449.25	0.75			133.39	569.05	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599		168 WellPoint	WellPoint		192.16	0.3208			133.39	569.05	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599		168 Amerihealth	Medicare		146.09	1			133.39	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599		168 Consumer	Consumer		569.05	0.95			133.39	569.05	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599		168 Corrections	Corrections		479.2	0.8			133.39	569.05	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599		168 First Health	First Health		419.3	0.7			133.39	569.05	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599		168 First Trenton	First Trenton		539.1	0.9			133.39	569.05	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599		168 Horizon	PPO		266.91	1.827			133.39	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599		168 Horizon	Medicare Blue		146.09	1			133.39	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599		168 Horizon	MGD		266.91	1.827			133.39	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599		168 Horizon	Indemnity		266.91	1.827			133.39	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599		168 Managed Care Inc	Managed Care Inc		539.1	0.9			133.39	569.05	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599		168 Multiplan	Multiplan		479.2	0.8			133.39	569.05	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599		168 Qualcare	Qualcare		449.25	0.75			133.39	569.05	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599		168 Three Rivers	Three Rivers		569.05	0.95			133.39	569.05	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599		168 UHC	Medicaid		188.45	0.3146			133.39	569.05	percent of total billed charges	
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599		168 UHC	Medicare		146.09	1			133.39	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599		168 Wellcare	Medicare		146.09	1			133.39	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-ANTERIOR COM	30901	CPT	outpatient			599		168 Wellcare	Medicaid		188.45	0.3146			133.39	569.05	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830		168 Aetna	Commercial		232.58	1.592			130.59	788.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830		168 Aetna	Better Health		261.12	0.3146			130.59	788.5	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830		168 Aetna	Medicare		255.64	0.308			130.59	788.5	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830		168 Americare	Americare		622.5	0.75			130.59	788.5	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830		168 WellPoint	WellPoint		266.26	0.3208			130.59	788.5	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830		168 Amerihealth	Medicare		146.09	1			130.59	788.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830		168 Consumer	Consumer		788.5	0.95			130.59	788.5	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830		168 Corrections	Corrections		664	0.8			130.59	788.5	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830		168 First Health	First Health		581	0.7			130.59	788.5	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830		168 First Trenton	First Trenton		747	0.9			130.59	788.5	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830		168 Horizon	PPO		266.91	1.827			130.59	788.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830		168 Horizon	Indemnity		266.91	1.827			130.59	788.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830		168 Horizon	MGD		266.91	1.827			130.59	788.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830		168 Horizon	Medicare Blue		146.09	1			130.59	788.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830		168 Managed Care Inc	Managed Care Inc		747	0.9			130.59	788.5	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830		168 Multiplan	Multiplan		664	0.8			130.59	788.5	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830		168 Qualcare	Qualcare		622.5	0.75			130.59	788.5	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830		168 Three Rivers	Three Rivers		788.5	0.95			130.59	788.5	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830		168 UHC	Medicare		146.09	1			130.59	788.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830		168 UHC	Medicaid		261.12	0.3146			130.59	788.5	percent of total billed charges	
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830		168 Wellcare	Medicare		146.09	1			130.59	788.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAX CONTROL-ANTERIOR CONPL	30903	CPT	outpatient			830		168 Wellcare	Medicaid		261.12	0.3146			130.59	788.5	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566		168 Aetna	Better Health		492.66	0.3146			130.59	1487.7	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566		168 Aetna	Commercial		232.58	1.592			130.59	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566		168 Aetna	Medicare		482.33	0.308			130.59	1487.7	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566		168 Americare	Americare		1174.5	0.75			130.59	1487.7	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566		168 WellPoint	WellPoint		502.37	0.3208			130.59	1487.7	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566		168 Amerihealth	Medicare		146.09	1			130.59	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566		168 Consumer	Consumer		1487.7	0.95			130.59	1487.7	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566		168 Corrections	Corrections		1252.8	0.8			130.59	1487.7	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566		168 First Health	First Health		1096.2	0.7			130.59	1487.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566		168 First Trenton	First Trenton		1409.4	0.9			130.59	1487.7	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566		168 Horizon	Indemnity		266.91	1.827			130.59	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566		168 Horizon	MGD		266.91	1.827			130.59	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566		168 Horizon	Medicare Blue		146.09	1			130.59	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566		168 Horizon	PPO		266.91	1.827			130.59	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566		168 Managed Care Inc	Managed Care Inc		1409.4	0.9			130.59	1487.7	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566		168 Multiplan	Multiplan		1252.8	0.8			130.59	1487.7	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566		168 Qualcare	Qualcare		1174.5	0.75			130.59	1487.7	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566		168 Three Rivers	Three Rivers		1487.7	0.95			130.59	1487.7	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566		168 UHC	Medicare		146.09	1			130.59	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566		168 UHC	Medicaid		492.66	0.3146			130.59	1487.7	percent of total billed charges	
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566		168 Wellcare	Medicare		146.09	1			130.59	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPISTAXIX CONTROL-POSTERIOR	30905	CPT	outpatient			1566		168 Wellcare	Medicaid		492.66	0.3146			130.59	1487.7	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758		321.26 Aetna	Commercial		444.74	1.592			164.54	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758		321.26 Aetna	Better Health		238.47	0.3146			164.54	720.1	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758		321.26 Aetna	Medicare		279.36	1			164.54	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758		321.26 Americare	Americare		568.5	0.75			164.54	720.1	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758		321.26 WellPoint	WellPoint		243.17	0.3208			164.54	720.1	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758		321.26 Amerihealth	Medicare		279.36	1			164.54	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758		321.26 Consumer	Consumer		720.1	0.95			164.54	720.1	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758		321.26 Corrections	Corrections		606.4	0.8			164.54	720.1	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758		321.26 First Health	First Health		530.6	0.7			164.54	720.1	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758		321.26 First Trenton	First Trenton		682.2	0.9			164.54	720.1	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758		321.26 Horizon	Indemnity		510.39	1.827			164.54	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758		321.26 Horizon	Medicare Blue		279.36	1			164.54	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758		321.26 Horizon	PPO		510.39	1.827			164.54	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758		321.26 Horizon	MGD		510.39	1.827			164.54	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758		321.26 Managed Care Inc	Managed Care Inc		682.2	0.9			164.54	720.1	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758		321.26 Multiplan	Multiplan		606.4	0.8			164.54	720.1	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758		321.26 Qualcare	Qualcare		568.5	0.75			164.54	720.1	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758		321.26 Three Rivers	Three Rivers		720.1	0.95			164.54	720.1	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758		321.26 UHC	Medicaid		238.47	0.3146			164.54	720.1	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758		321.26 UHC	Medicare		279.36	1			164.54	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758		321.26 Wellcare	Medicaid		238.47	0.3146			164.54	720.1	percent of total billed charges	
CONTROL NOSEBLEED SUBSEQUENT	30906	CPT	outpatient			758		321.26 Wellcare	Medicare		279.36	1			164.54	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY DIAGNOSTIC	31231	CPT	outpatient			652		260.52 Aetna	Better Health		205.12	0.3146			125.53	619.4	percent of total billed charges	
NASAL ENDOSCOPY DIAGNOSTIC	31231	CPT	outpatient			652		260.52 Aetna	Medicare		226.54	1			125.53	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY DIAGNOSTIC	31231	CPT	outpatient			652		260.52 Aetna	Commercial		360.65	1.592			125.53	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY DIAGNOSTIC	31231	CPT	outpatient			652		260.52 Americare	Americare		489	0.75			125.53	619.4	percent of total billed charges	
NASAL ENDOSCOPY DIAGNOSTIC	31231	CPT	outpatient			652		260.52 WellPoint	WellPoint		209.16	0.3208			125.53	619.4	percent of total billed charges	
NASAL ENDOSCOPY DIAGNOSTIC	31231	CPT	outpatient			652		260.52 Amerihealth	Medicare		226.54	1			125.53	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY DIAGNOSTIC	31231	CPT	outpatient			652		260.52 Consumer	Consumer		619.4	0.95			125.53	619.4	percent of total billed charges	
NASAL ENDOSCOPY DIAGNOSTIC	31231	CPT	outpatient			652		260.52 Corrections	Corrections		521.6	0.8			125.53	619.4	percent of total billed charges	
NASAL ENDOSCOPY DIAGNOSTIC	31231	CPT	outpatient			652		260.52 First Health	First Health		456.4	0.7			125.53	619.4	percent of total billed charges	
NASAL ENDOSCOPY DIAGNOSTIC	31231	CPT	outpatient			652		260.52 First Trenton	First Trenton		586.8	0.9			125.53	619.4	percent of total billed charges	
NASAL ENDOSCOPY DIAGNOSTIC	31231	CPT	outpatient			652		260.52 Horizon	Medicare Blue		226.54	1			125.53	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY DIAGNOSTIC	31231	CPT	outpatient			652		260.52 Horizon	MGD		413.89	1.827			125.53	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY DIAGNOSTIC	31231	CPT	outpatient			652		260.52 Horizon	Indemnity		413.89	1.827			125.53	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY DIAGNOSTIC	31231	CPT	outpatient			652		260.52 Horizon	PPO		413.89	1.827			125.53	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY DIAGNOSTIC	31231	CPT	outpatient			652		260.52 Managed Care Inc	Managed Care Inc		586.8	0.9			125.53	619.4	percent of total billed charges	
NASAL ENDOSCOPY DIAGNOSTIC	31231	CPT	outpatient			652		260.52 Multiplan	Multiplan		521.6	0.8			125.53	619.4	percent of total billed charges	
NASAL ENDOSCOPY DIAGNOSTIC	31231	CPT	outpatient			652		260.52 Qualcare	Qualcare		489	0.75			125.53	619.4	percent of total billed charges	
NASAL ENDOSCOPY DIAGNOSTIC	31231	CPT	outpatient			652		260.52 Three Rivers	Three Rivers		619.4	0.95			125.53	619.4	percent of total billed charges	
NASAL ENDOSCOPY DIAGNOSTIC	31231	CPT	outpatient			652		260.52 UHC	Medicaid		205.12	0.3146			125.53	619.4	percent of total billed charges	
NASAL ENDOSCOPY DIAGNOSTIC	31231	CPT	outpatient			652		260.52 UHC	Medicare		226.54	1			125.53	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY DIAGNOSTIC	31231	CPT	outpatient			652		260.52 Wellcare	Medicaid		205.12	0.3146			125.53	619.4	percent of total billed charges	
NASAL ENDOSCOPY DIAGNOSTIC	31231	CPT	outpatient			652		260.52 Wellcare	Medicare		226.54	1			125.53	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSL/SNS ENDO W/BX PLPCTY DEBR	31237	CPT	outpatient			6000		2232.29 Aetna	Better Health		1887.6	0.3146			1751.06	5700	percent of total billed charges	
NSL/SNS ENDO W/BX PLPCTY DEBR	31237	CPT	outpatient			6000		2232.29 Aetna	Medicare		1941.12	1			1751.06	5700	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSL/SNS ENDO W/BX PLPCTY DEBR	31237	CPT	outpatient			6000		2232.29 Aetna	Commercial		3090.26	1.592			1751.06	5700	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSL/SNS ENDO W/BX PLPCTY DEBR	31237	CPT	outpatient			6000		2232.29 Americare	Americare		4500	0.75			1751.06	5700	percent of total billed charges	
NSL/SNS ENDO W/BX PLPCTY DEBR	31237	CPT	outpatient			6000		2232.29 WellPoint	WellPoint		1924.8	0.3208			1751.06	5700	percent of total billed charges	
NSL/SNS ENDO W/BX PLPCTY DEBR	31237	CPT	outpatient			6000		2232.29 Amerihealth	Medicare		1941.12	1			1751.06	5700	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSL/SNS ENDO W/BX PLPCTY DEBR	31237	CPT	outpatient			6000		2232.29 Consumer	Consumer		5700	0.95			1751.06	5700	percent of total billed charges	
NSL/SNS ENDO W/BX PLPCTY DEBR	31237	CPT	outpatient			6000		2232.29 Corrections	Corrections		4800	0.8			1751.06	5700	percent of total billed charges	
NSL/SNS ENDO W/BX PLPCTY DEBR	31237	CPT	outpatient			6000		2232.29 First Health	First Health		4200	0.7			1751.06	5700	percent of total billed charges	
NSL/SNS ENDO W/BX PLPCTY DEBR	31237	CPT	outpatient			6000		2232.29 First Trenton	First Trenton		5400	0.9			1751.06	5700	percent of total billed charges	
NSL/SNS ENDO W/BX PLPCTY DEBR	31237	CPT	outpatient			6000		2232.29 Horizon	Medicare Blue		1941.12	1			1751.06	5700	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSL/SNS ENDO W/BX PLPCTY DEBR	31237	CPT	outpatient			6000		2232.29 Horizon	MGD		3546.43	1.827			1751.06	5700	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSL/SNS ENDO W/BX PLPCTY DEBR	31237	CPT	outpatient			6000		2232.29 Horizon	Indemnity		3546.43	1.827			1751.06	5700	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSL/SNS ENDO W/BX PLPCTY DEBR	31237	CPT	outpatient			6000		2232.29 Horizon	PPO		3546.43	1.827			1751.06	5700	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSL/SNS ENDO W/BX PLPCTY DEBR	31237	CPT	outpatient			6000		2232.29 Managed Care Inc	Managed Care Inc		5400	0.9			1751.06	5700	percent of total billed charges	
NSL/SNS ENDO W/BX PLPCTY DEBR	31237	CPT	outpatient			6000		2232.29 Multiplan	Multiplan		4800	0.8			1751.06	5700	percent of total billed charges	
NSL/SNS ENDO W/BX PLPCTY DEBR	31237	CPT	outpatient			6000		2232.29 Qualcare	Qualcare		4500	0.75			1751.06	5700	percent of total billed charges	
NSL/SNS ENDO W/BX PLPCTY DEBR	31237	CPT	outpatient			6000		2232.29 Three Rivers	Three Rivers		5700	0.95			1751.06	5700	percent of total billed charges	
NSL/SNS ENDO W/BX PLPCTY DEBR	31237	CPT	outpatient			6000		2232.29 UHC	Medicaid		1887.6	0.3146			1751.06	5700	percent of total billed charges	
NSL/SNS ENDO W/BX PLPCTY DEBR	31237	CPT	outpatient			6000		2232.29 UHC	Medicare		1941.12	1			1751.06	5700	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSL/SNS ENDO W/BX PLPCTY DEBR	31237	CPT	outpatient			6000		2232.29 Wellcare	Medicare		1941.12	1			1751.06	5700	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSL/SNS ENDO W/BX PLPCTY DEBR	31237	CPT	outpatient			6000		2232.29 Wellcare	Medicaid		1887.6	0.3146			1751.06	5700	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Aetna	Commercial		3090.26	1.592			1832.55	7569.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Aetna	Medicare		1941.12	1			1832.55	7569.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Aetna	Better Health		2506.73	0.3146			1832.55	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Americare	Americare		5976	0.75			1832.55	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 WellPoint	WellPoint		2556.13	0.3208			1832.55	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Amerihealth	Medicare		1941.12	1			1832.55	7569.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Consumer	Consumer		7569.6	0.95			1832.55	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Corrections	Corrections		6374.4	0.8			1832.55	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 First Health	First Health		5577.6	0.7			1832.55	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 First Trenton	First Trenton		7171.2	0.9			1832.55	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Horizon	MGD		3546.43	1.827			1832.55	7569.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Horizon	Medicare Blue		1941.12	1			1832.55	7569.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Horizon	Indemnity		3546.43	1.827			1832.55	7569.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Horizon	PPO		3546.43	1.827			1832.55	7569.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Managed Care Inc	Managed Care Inc		7171.2	0.9			1832.55	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Multiplan	Multiplan		6374.4	0.8			1832.55	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Qualcare	Qualcare		5976	0.75			1832.55	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Three Rivers	Three Rivers		7569.6	0.95			1832.55	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 UHC	Medicare		1941.12	1			1832.55	7569.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 UHC	Medicaid		2506.73	0.3146			1832.55	7569.6	percent of total billed charges	
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Wellcare	Medicare		1941.12	1			1832.55	7569.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL ENDOSCOPY W EPISTAXIS	31238	CPT	outpatient			7968		2232.29 Wellcare	Medicaid		2506.73	0.3146			1832.55	7569.6	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Aetna	Commercial		12461.62	1.592			6907.21	21304.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Aetna	Medicare		6907.21	0.308			6907.21	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Aetna	Better Health		7055.22	0.3146			6907.21	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Americare	Americare		16819.5	0.75			6907.21	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 WellPoint	WellPoint		7194.26	0.3208			6907.21	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Amerihealth	Medicare		7827.65	1			6907.21	21304.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Consumer	Consumer		21304.7	0.95			6907.21	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Corrections	Corrections		17940.8	0.8			6907.21	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 First Health	First Health		15698.2	0.7			6907.21	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 First Trenton	First Trenton		20183.4	0.9			6907.21	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Horizon	MGD		14301.12	1.827			6907.21	21304.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Horizon	Medicare Blue		7827.65	1			6907.21	21304.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Horizon	PPO		14301.12	1.827			6907.21	21304.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Horizon	Indemnity		14301.12	1.827			6907.21	21304.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Managed Care Inc	Managed Care Inc		20183.4	0.9			6907.21	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Multiplan	Multiplan		17940.8	0.8			6907.21	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Qualcare	Qualcare		16819.5	0.75			6907.21	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Three Rivers	Three Rivers		21304.7	0.95			6907.21	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 UHC	Medicaid		7055.22	0.3146			6907.21	21304.7	percent of total billed charges	
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 UHC	Medicare		7827.65	1			6907.21	21304.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Wellcare	Medicare		7827.65	1			6907.21	21304.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY MAXILLARY SINUS	31267	CPT	outpatient			22426		9001.8 Wellcare	Medicaid		7055.22	0.3146			6907.21	21304.7	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 Aetna	Better Health		269.93	0.3146			188.5	815.1	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 Aetna	Commercial		444.74	1.592			188.5	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION	31500	CPT	both			858		321.26 Aetna	Medicare		264.26	0.308			188.5	815.1	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 Americare	Americare		643.5	0.75			188.5	815.1	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 WellPoint	WellPoint		275.25	0.3208			188.5	815.1	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 Amerihealth	Medicare		279.36	1			188.5	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION	31500	CPT	both			858		321.26 Consumer	Consumer		815.1	0.95			188.5	815.1	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 Corrections	Corrections		686.4	0.8			188.5	815.1	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 First Health	First Health		600.6	0.7			188.5	815.1	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 First Trenton	First Trenton		772.2	0.9			188.5	815.1	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 Horizon	MGD		510.39	1.827			188.5	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION	31500	CPT	both			858		321.26 Horizon	Medicare Blue		279.36	1			188.5	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION	31500	CPT	both			858		321.26 Horizon	PPO		510.39	1.827			188.5	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION	31500	CPT	both			858		321.26 Horizon	Indemnity		510.39	1.827			188.5	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION	31500	CPT	both			858		321.26 Managed Care Inc	Managed Care Inc		772.2	0.9			188.5	815.1	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 Multiplan	Multiplan		686.4	0.8			188.5	815.1	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 Qualcare	Qualcare		643.5	0.75			188.5	815.1	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 Three Rivers	Three Rivers		815.1	0.95			188.5	815.1	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 UHC	Medicaid		269.93	0.3146			188.5	815.1	percent of total billed charges	
INTUBATION	31500	CPT	both			858		321.26 UHC	Medicare		279.36	1			188.5	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INTUBATION	31500	CPT	both			858	321.26	Wellcare	Medicare		279.36	1			188.5	815.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTUBATION	31500	CPT	both			858	321.26	Wellcare	Medicaid		269.93	0.3146			188.5	815.1	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953	321.26	Aetna	Better Health		299.81	0.3146			186.24	905.35	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953	321.26	Aetna	Commercial		444.74	1.592			186.24	905.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953	321.26	Aetna	Medicare		279.36	1			186.24	905.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953	321.26	Americare	Americare		714.75	0.75			186.24	905.35	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953	321.26	WellPoint	WellPoint		305.72	0.3208			186.24	905.35	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953	321.26	Amerihealth	Medicare		279.36	1			186.24	905.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953	321.26	Consumer	Consumer		905.35	0.95			186.24	905.35	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953	321.26	Corrections	Corrections		762.4	0.8			186.24	905.35	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953	321.26	First Health	First Health		667.1	0.7			186.24	905.35	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953	321.26	First Trenton	First Trenton		857.7	0.9			186.24	905.35	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953	321.26	Horizon	MGD		510.39	1.827			186.24	905.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953	321.26	Horizon	Medicare Blue		279.36	1			186.24	905.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953	321.26	Horizon	Indemnity		510.39	1.827			186.24	905.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953	321.26	Horizon	PPO		510.39	1.827			186.24	905.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953	321.26	Managed Care Inc	Managed Care Inc		857.7	0.9			186.24	905.35	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953	321.26	Multiplan	Multiplan		762.4	0.8			186.24	905.35	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953	321.26	Qualcare	Qualcare		714.75	0.75			186.24	905.35	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953	321.26	Three Rivers	Three Rivers		905.35	0.95			186.24	905.35	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953	321.26	UHC	Medicare		279.36	1			186.24	905.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953	321.26	UHC	Medicaid		299.81	0.3146			186.24	905.35	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953	321.26	Wellcare	Medicaid		299.81	0.3146			186.24	905.35	percent of total billed charges	
TRACHEOSTOMY CHANGE	31502	CPT	outpatient			953	321.26	Wellcare	Medicare		279.36	1			186.24	905.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY IND;DIAGNOSTIC	31505	CPT	outpatient			652	260.52	Aetna	Better Health		205.12	0.3146			120.81	619.4	percent of total billed charges	
LARYNGOSCOPY IND;DIAGNOSTIC	31505	CPT	outpatient			652	260.52	Aetna	Commercial		360.65	1.592			120.81	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY IND;DIAGNOSTIC	31505	CPT	outpatient			652	260.52	Aetna	Medicare		226.54	1			120.81	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY IND;DIAGNOSTIC	31505	CPT	outpatient			652	260.52	Americare	Americare		489	0.75			120.81	619.4	percent of total billed charges	
LARYNGOSCOPY IND;DIAGNOSTIC	31505	CPT	outpatient			652	260.52	WellPoint	WellPoint		209.16	0.3208			120.81	619.4	percent of total billed charges	
LARYNGOSCOPY IND;DIAGNOSTIC	31505	CPT	outpatient			652	260.52	Amerihealth	Medicare		226.54	1			120.81	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY IND;DIAGNOSTIC	31505	CPT	outpatient			652	260.52	Consumer	Consumer		619.4	0.95			120.81	619.4	percent of total billed charges	
LARYNGOSCOPY IND;DIAGNOSTIC	31505	CPT	outpatient			652	260.52	Corrections	Corrections		521.6	0.8			120.81	619.4	percent of total billed charges	
LARYNGOSCOPY IND;DIAGNOSTIC	31505	CPT	outpatient			652	260.52	First Health	First Health		456.4	0.7			120.81	619.4	percent of total billed charges	
LARYNGOSCOPY IND;DIAGNOSTIC	31505	CPT	outpatient			652	260.52	First Trenton	First Trenton		586.8	0.9			120.81	619.4	percent of total billed charges	
LARYNGOSCOPY IND;DIAGNOSTIC	31505	CPT	outpatient			652	260.52	Horizon	Medicare Blue		226.54	1			120.81	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY IND;DIAGNOSTIC	31505	CPT	outpatient			652	260.52	Horizon	MGD		413.89	1.827			120.81	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY IND;DIAGNOSTIC	31505	CPT	outpatient			652	260.52	Horizon	Indemnity		413.89	1.827			120.81	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY IND;DIAGNOSTIC	31505	CPT	outpatient			652	260.52	Horizon	PPO		413.89	1.827			120.81	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY IND;DIAGNOSTIC	31505	CPT	outpatient			652	260.52	Managed Care Inc	Managed Care Inc		586.8	0.9			120.81	619.4	percent of total billed charges	
LARYNGOSCOPY IND;DIAGNOSTIC	31505	CPT	outpatient			652	260.52	Multiplan	Multiplan		521.6	0.8			120.81	619.4	percent of total billed charges	
LARYNGOSCOPY IND;DIAGNOSTIC	31505	CPT	outpatient			652	260.52	Qualcare	Qualcare		489	0.75			120.81	619.4	percent of total billed charges	
LARYNGOSCOPY IND;DIAGNOSTIC	31505	CPT	outpatient			652	260.52	Three Rivers	Three Rivers		619.4	0.95			120.81	619.4	percent of total billed charges	
LARYNGOSCOPY IND;DIAGNOSTIC	31505	CPT	outpatient			652	260.52	UHC	Medicaid		205.12	0.3146			120.81	619.4	percent of total billed charges	
LARYNGOSCOPY IND;DIAGNOSTIC	31505	CPT	outpatient			652	260.52	UHC	Medicare		226.54	1			120.81	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY IND;DIAGNOSTIC	31505	CPT	outpatient			652	260.52	Wellcare	Medicaid		205.12	0.3146			120.81	619.4	percent of total billed charges	
LARYNGOSCOPY IND;DIAGNOSTIC	31505	CPT	outpatient			652	260.52	Wellcare	Medicare		226.54	1			120.81	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Aetna	Better Health		3821.45	0.3146			3821.45	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Aetna	Medicare		4282.87	1			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Aetna	Commercial		6818.33	1.592			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Americare	Americare		9110.25	0.75			3821.45	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	WellPoint	WellPoint		3896.76	0.3208			3821.45	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Amerihealth	Medicare		4282.87	1			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Consumer	Consumer		11539.65	0.95			3821.45	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Corrections	Corrections		9717.6	0.8			3821.45	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	First Health	First Health		8502.9	0.7			3821.45	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	First Trenton	First Trenton		10932.3	0.9			3821.45	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Horizon	Indemnity		7824.8	1.827			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Horizon	MGD		7824.8	1.827			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Horizon	PPO		7824.8	1.827			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Horizon	Medicare Blue		4282.87	1			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Managed Care Inc	Managed Care Inc		10932.3	0.9			3821.45	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Multiplan	Multiplan		9717.6	0.8			3821.45	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Qualcare	Qualcare		9110.25	0.75			3821.45	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Three Rivers	Three Rivers		11539.65	0.95			3821.45	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	UHC	Medicare		4282.87	1			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	UHC	Medicaid		3821.45	0.3146			3821.45	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Wellcare	Medicaid		3821.45	0.3146			3821.45	11539.65	percent of total billed charges	
LARYNGOSCOPY W/BX	31510	CPT	outpatient			12147	4925.3	Wellcare	Medicare		4282.87	1			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W REM FOREIGN BODY	31511	CPT	outpatient			684	260.52	Aetna	Better Health		215.19	0.3146			146.6	649.8	percent of total billed charges	
LARYNGOSCOPY W REM FOREIGN BODY	31511	CPT	outpatient			684	260.52	Aetna	Commercial		360.65	1.592			146.6	649.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W REM FOREIGN BODY	31511	CPT	outpatient			684	260.52	Aetna	Medicare		226.54	1			146.6	649.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W REM FOREIGN BODY	31511	CPT	outpatient			684	260.52	Americare	Americare		513	0.75			146.6	649.8	percent of total billed charges	
LARYNGOSCOPY W REM FOREIGN BODY	31511	CPT	outpatient			684	260.52	WellPoint	WellPoint		219.43	0.3208			146.6	649.8	percent of total billed charges	
LARYNGOSCOPY W REM FOREIGN BODY	31511	CPT	outpatient			684	260.52	Amerihealth	Medicare		226.54	1			146.6	649.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W REM FOREIGN BODY	31511	CPT	outpatient			684	260.52	Consumer	Consumer		649.8	0.95			146.6	649.8	percent of total billed charges	
LARYNGOSCOPY W REM FOREIGN BODY	31511	CPT	outpatient			684	260.52	Corrections	Corrections		547.2	0.8			146.6	649.8	percent of total billed charges	
LARYNGOSCOPY W REM FOREIGN BODY	31511	CPT	outpatient			684	260.52	First Health	First Health		478.8	0.7			146.6	649.8	percent of total billed charges	
LARYNGOSCOPY W REM FOREIGN BODY	31511	CPT	outpatient			684	260.52	First Trenton	First Trenton		615.6	0.9			146.6	649.8	percent of total billed charges	
LARYNGOSCOPY W REM FOREIGN BODY	31511	CPT	outpatient			684	260.52	Horizon	MGD		413.89	1.827			146.6	649.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W REM FOREIGN BODY	31511	CPT	outpatient			684	260.52	Horizon	Indemnity		413.89	1.827			146.6	649.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W REM FOREIGN BODY	31511	CPT	outpatient			684	260.52	Horizon	Medicare Blue		226.54	1			146.6	649.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W REM FOREIGN BODY	31511	CPT	outpatient			684	260.52	Horizon	PPO		413.89	1.827			146.6	649.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W REM FOREIGN BODY	31511	CPT	outpatient			684	260.52	Managed Care Inc	Managed Care Inc		615.6	0.9			146.6	649.8	percent of total billed charges	
LARYNGOSCOPY W REM FOREIGN BODY	31511	CPT	outpatient			684	260.52	Multiplan	Multiplan		547.2	0.8			146.6	649.8	percent of total billed charges	
LARYNGOSCOPY W REM FOREIGN BODY	31511	CPT	outpatient			684	260.52	Qualcare	Qualcare		513	0.75			146.6	649.8	percent of total billed charges	
LARYNGOSCOPY W REM FOREIGN BODY	31511	CPT	outpatient			684	260.52	Three Rivers	Three Rivers		649.8	0.95			146.6	649.8	percent of total billed charges	
LARYNGOSCOPY W REM FOREIGN BODY	31511	CPT	outpatient			684	260.52	UHC	Medicare		226.54	1			146.6	649.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W REM FOREIGN BODY	31511	CPT	outpatient			684	260.52	UHC	Medicaid		215.19	0.3146			146.6	649.8	percent of total billed charges	
LARYNGOSCOPY W REM FOREIGN BODY	31511	CPT	outpatient			684	260.52	Wellcare	Medicare		226.54	1			146.6	649.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W REM FOREIGN BODY	31511	CPT	outpatient			684	260.52	Wellcare	Medicaid		215.19	0.3146			146.6	649.8	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Aetna	Commercial		743.45	1.592			466.99	5064.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Aetna	Better Health		1677.13	0.3146			466.99	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Aetna	Medicare		466.99	1			466.99	5064.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Americare	Americare		3998.25	0.75			466.99	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	WellPoint	WellPoint		1710.18	0.3208			466.99	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Amerihealth	Medicare		466.99	1			466.99	5064.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Consumer	Consumer		5064.45	0.95			466.99	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Corrections	Corrections		4264.8	0.8			466.99	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	First Health	First Health		3731.7	0.7			466.99	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	First Trenton	First Trenton		4797.9	0.9			466.99	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Horizon	Indemnity		853.19	1.827			466.99	5064.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Horizon	MGD		853.19	1.827			466.99	5064.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Horizon	Medicare Blue		466.99	1			466.99	5064.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Horizon	PPO		853.19	1.827			466.99	5064.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Managed Care Inc	Managed Care Inc		4797.9	0.9			466.99	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Multiplan	Multiplan		4264.8	0.8			466.99	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Qualcare	Qualcare		3998.25	0.75			466.99	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Three Rivers	Three Rivers		5064.45	0.95			466.99	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	UHC	Medicaid		1677.13	0.3146			466.99	5064.45	percent of total billed charges	
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	UHC	Medicare		466.99	1			466.99	5064.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Wellcare	Medicare		466.99	1			466.99	5064.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY DIRECT	31515	CPT	outpatient			5331	537.04	Wellcare	Medicaid		1677.13	0.3146			466.99	5064.45	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Aetna	Better Health		1832.55	0.3146			1341.14	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Aetna	Commercial		3090.26	1.592			1341.14	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Aetna	Medicare		1941.12	1			1341.14	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Americare	Americare		4368.75	0.75			1341.14	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	WellPoint	WellPoint		1868.66	0.3208			1341.14	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Amerihealth	Medicare		1941.12	1			1341.14	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Consumer	Consumer		5533.75	0.95			1341.14	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Corrections	Corrections		4660	0.8			1341.14	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	First Health	First Health		4077.5	0.7			1341.14	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	First Trenton	First Trenton		5242.5	0.9			1341.14	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Horizon	Medicare Blue		1941.12	1			1341.14	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Horizon	MGD		3546.43	1.827			1341.14	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Horizon	Indemnity		3546.43	1.827			1341.14	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Horizon	PPO		3546.43	1.827			1341.14	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Managed Care Inc	Managed Care Inc		5242.5	0.9			1341.14	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Multiplan	Multiplan		4660	0.8			1341.14	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Qualcare	Qualcare		4368.75	0.75			1341.14	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Three Rivers	Three Rivers		5533.75	0.95			1341.14	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	UHC	Medicaid		1832.55	0.3146			1341.14	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	UHC	Medicare		1941.12	1			1341.14	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Wellcare	Medicaid		1832.55	0.3146			1341.14	5533.75	percent of total billed charges	
LARYNGOSCOPY W/TRACHSCO DX	31525	CPT	outpatient			5825	2232.29	Wellcare	Medicare		1941.12	1			1341.14	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Aetna	Better Health		3821.45	0.3146			3821.45	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Aetna	Commercial		6818.33	1.592			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Aetna	Medicare		4282.87	1			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Americare	Americare		9110.25	0.75			3821.45	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	WellPoint	WellPoint		3896.76	0.3208			3821.45	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Amerihealth	Medicare		4282.87	1			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Consumer	Consumer		11539.65	0.95			3821.45	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	Corrections	Corrections		9717.6	0.8			3821.45	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147	4925.3	First Health	First Health		8502.9	0.7			3821.45	11539.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147		4925.3 First Trenton	First Trenton		10932.3	0.9			3821.45	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147		4925.3 Horizon	Indemnity		7824.8	1.827			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147		4925.3 Horizon	Medicare Blue		4282.87	1			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147		4925.3 Horizon	PPO		7824.8	1.827			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147		4925.3 Horizon	MGD		7824.8	1.827			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147		4925.3 Managed Care Inc	Managed Care Inc		10932.3	0.9			3821.45	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147		4925.3 Multiplan	Multiplan		9717.6	0.8			3821.45	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147		4925.3 Qualcare	Qualcare		9110.25	0.75			3821.45	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147		4925.3 Three Rivers	Three Rivers		11539.65	0.95			3821.45	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147		4925.3 UHC	Medicare		4282.87	1			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147		4925.3 UHC	Medicaid		3821.45	0.3146			3821.45	11539.65	percent of total billed charges	
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147		4925.3 Wellcare	Medicare		4282.87	1			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYN DIR INJ VOC CRD THERAPY	31570	CPT	outpatient			12147		4925.3 Wellcare	Medicaid		3821.45	0.3146			3821.45	11539.65	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 Aetna	Better Health		1832.55	0.3146			1832.55	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 Aetna	Medicare		1941.12	1			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 Aetna	Commercial		3090.26	1.592			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 Americare	Americare		4368.75	0.75			1832.55	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 WellPoint	WellPoint		1868.66	0.3208			1832.55	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 AmeriHealth	Medicare		1941.12	1			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 Consumer	Consumer		5533.75	0.95			1832.55	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 Corrections	Corrections		4660	0.8			1832.55	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 First Health	First Health		4077.5	0.7			1832.55	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 First Trenton	First Trenton		5242.5	0.9			1832.55	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 Horizon	MGD		3546.43	1.827			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 Horizon	PPO		3546.43	1.827			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 Horizon	Medicare Blue		1941.12	1			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 Horizon	Indemnity		3546.43	1.827			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 Managed Care Inc	Managed Care Inc		5242.5	0.9			1832.55	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 Multiplan	Multiplan		4660	0.8			1832.55	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 Qualcare	Qualcare		4368.75	0.75			1832.55	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 Three Rivers	Three Rivers		5533.75	0.95			1832.55	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 UHC	Medicaid		1832.55	0.3146			1832.55	5533.75	percent of total billed charges	
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 UHC	Medicare		1941.12	1			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 Wellcare	Medicare		1941.12	1			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGO FLX THERAP INJ	31573	CPT	outpatient			5825		2232.29 Wellcare	Medicaid		1832.55	0.3146			1832.55	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG UNI	31574	CPT	outpatient			5825		2232.29 Aetna	Better Health		1832.55	0.3146			1794.1	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG UNI	31574	CPT	outpatient			5825		2232.29 Aetna	Commercial		3090.26	1.592			1794.1	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYNGSCPY FLX W/INJ FOR AUG UNI	31574	CPT	outpatient			5825		2232.29 Aetna	Medicare		1794.1	0.308			1794.1	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG UNI	31574	CPT	outpatient			5825		2232.29 Americare	Americare		4368.75	0.75			1794.1	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG UNI	31574	CPT	outpatient			5825		2232.29 WellPoint	WellPoint		1868.66	0.3208			1794.1	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG UNI	31574	CPT	outpatient			5825		2232.29 AmeriHealth	Medicare		1941.12	1			1794.1	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYNGSCPY FLX W/INJ FOR AUG UNI	31574	CPT	outpatient			5825		2232.29 Consumer	Consumer		5533.75	0.95			1794.1	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG UNI	31574	CPT	outpatient			5825		2232.29 Corrections	Corrections		4660	0.8			1794.1	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG UNI	31574	CPT	outpatient			5825		2232.29 First Health	First Health		4077.5	0.7			1794.1	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG UNI	31574	CPT	outpatient			5825		2232.29 First Trenton	First Trenton		5242.5	0.9			1794.1	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG UNI	31574	CPT	outpatient			5825		2232.29 Horizon	Medicare Blue		1941.12	1			1794.1	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYNGSCPY FLX W/INJ FOR AUG UNI	31574	CPT	outpatient			5825		2232.29 Horizon	Indemnity		3546.43	1.827			1794.1	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYNGSCPY FLX W/INJ FOR AUG UNI	31574	CPT	outpatient			5825		2232.29 Horizon	MGD		3546.43	1.827			1794.1	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYNGSCPY FLX W/INJ FOR AUG UNI	31574	CPT	outpatient			5825		2232.29 Horizon	PPO		3546.43	1.827			1794.1	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYNGSCPY FLX W/INJ FOR AUG UNI	31574	CPT	outpatient			5825		2232.29 Managed Care Inc	Managed Care Inc		5242.5	0.9			1794.1	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG UNI	31574	CPT	outpatient			5825		2232.29 Multiplan	Multiplan		4660	0.8			1794.1	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG UNI	31574	CPT	outpatient			5825		2232.29 Qualcare	Qualcare		4368.75	0.75			1794.1	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG UNI	31574	CPT	outpatient			5825		2232.29 Three Rivers	Three Rivers		5533.75	0.95			1794.1	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG UNI	31574	CPT	outpatient			5825		2232.29 UHC	Medicaid		1832.55	0.3146			1794.1	5533.75	percent of total billed charges	
LYNGSCPY FLX W/INJ FOR AUG UNI	31574	CPT	outpatient			5825		2232.29 UHC	Medicare		1941.12	1			1794.1	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYNGSCPY FLX W/INJ FOR AUG UNI	31574	CPT	outpatient			5825		2232.29 Wellcare	Medicare		1941.12	1			1794.1	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYNGSCPY FLX W/INJ FOR AUG UNI	31574	CPT	outpatient			5825		2232.29 Wellcare	Medicaid		1832.55	0.3146			1794.1	5533.75	percent of total billed charges	
SCOPE FLEX/RIGID THROAT	31575	CPT	both			712		260.52 Aetna	Better Health		224	0.3146			175.56	676.4	percent of total billed charges	
SCOPE FLEX/RIGID THROAT	31575	CPT	both			712		260.52 Aetna	Commercial		360.65	1.592			175.56	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOPE FLEX/RIGID THROAT	31575	CPT	both			712		260.52 Aetna	Medicare		219.3	0.308			175.56	676.4	percent of total billed charges	
SCOPE FLEX/RIGID THROAT	31575	CPT	both			712		260.52 Americare	Americare		534	0.75			175.56	676.4	percent of total billed charges	
SCOPE FLEX/RIGID THROAT	31575	CPT	both			712		260.52 WellPoint	WellPoint		228.41	0.3208			175.56	676.4	percent of total billed charges	
SCOPE FLEX/RIGID THROAT	31575	CPT	both			712		260.52 AmeriHealth	Medicare		226.54	1			175.56	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOPE FLEX/RIGID THROAT	31575	CPT	both			712		260.52 Consumer	Consumer		676.4	0.95			175.56	676.4	percent of total billed charges	
SCOPE FLEX/RIGID THROAT	31575	CPT	both			712		260.52 Corrections	Corrections		569.6	0.8			175.56	676.4	percent of total billed charges	
SCOPE FLEX/RIGID THROAT	31575	CPT	both			712		260.52 First Health	First Health		498.4	0.7			175.56	676.4	percent of total billed charges	
SCOPE FLEX/RIGID THROAT	31575	CPT	both			712		260.52 First Trenton	First Trenton		640.8	0.9			175.56	676.4	percent of total billed charges	
SCOPE FLEX/RIGID THROAT	31575	CPT	both			712		260.52 Horizon	PPO		413.89	1.827			175.56	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOPE FLEX/RIGID THROAT	31575	CPT	both			712		260.52 Horizon	MGD		413.89	1.827			175.56	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOPE FLEX/RIGID THROAT	31575	CPT	both			712		260.52 Horizon	Medicare Blue		226.54	1			175.56	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOPE FLEX/RIGID THROAT	31575	CPT	both			712		260.52 Horizon	Indemnity		413.89	1.827			175.56	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOPE FLEX/RIGID THROAT	31575	CPT	both			712		260.52 Managed Care Inc	Managed Care Inc		640.8	0.9			175.56	676.4	percent of total billed charges	
SCOPE FLEX/RIGID THROAT	31575	CPT	both			712		260.52 Multiplan	Multiplan		569.6	0.8			175.56	676.4	percent of total billed charges	
SCOPE FLEX/RIGID THROAT	31575	CPT	both			712		260.52 Qualcare	Qualcare		534	0.75			175.56	676.4	percent of total billed charges	
SCOPE FLEX/RIGID THROAT	31575	CPT	both			712		260.52 Three Rivers	Three Rivers		676.4	0.95			175.56	676.4	percent of total billed charges	
SCOPE FLEX/RIGID THROAT	31575	CPT	both			712		260.52 UHC	Medicaid		224	0.3146			175.56	676.4	percent of total billed charges	
SCOPE FLEX/RIGID THROAT	31575	CPT	both			712		260.52 UHC	Medicare		226.54	1			175.56	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOPE FLEX/RIGID THROAT	31575	CPT	both			712		260.52 Wellcare	Medicare		226.54	1			175.56	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOPE FLEX/RIGID THROAT	31575	CPT	both			712		260.52 Wellcare	Medicaid		224	0.3146			175.56	676.4	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Aetna	Medicare		1941.12	1			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Aetna	Better Health		1832.55	0.3146			1832.55	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Aetna	Commercial		3090.26	1.592			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Americare	Americare		4368.75	0.75			1832.55	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 WellPoint	WellPoint		1868.66	0.3208			1832.55	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 AmeriHealth	Medicare		1941.12	1			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Consumer	Consumer		5533.75	0.95			1832.55	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Corrections	Corrections		4660	0.8			1832.55	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 First Health	First Health		4077.5	0.7			1832.55	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 First Trenton	First Trenton		5242.5	0.9			1832.55	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Horizon	MGD		3546.43	1.827			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Horizon	Medicare Blue		1941.12	1			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Horizon	Indemnity		3546.43	1.827			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Horizon	PPO		3546.43	1.827			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Managed Care Inc	Managed Care Inc		5242.5	0.9			1832.55	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Multiplan	Multiplan		4660	0.8			1832.55	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Qualcare	Qualcare		4368.75	0.75			1832.55	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Three Rivers	Three Rivers		5533.75	0.95			1832.55	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 UHC	Medicare		1941.12	1			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 UHC	Medicaid		1832.55	0.3146			1832.55	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Wellcare	Medicaid		1832.55	0.3146			1832.55	5533.75	percent of total billed charges	
LARYNGOSCOPY W/ BX	31576	CPT	outpatient			5825		2232.29 Wellcare	Medicare		1941.12	1			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Aetna	Better Health		438.24	0.3146			432.89	1323.35	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Aetna	Commercial		743.45	1.592			432.89	1323.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Aetna	Medicare		466.99	1			432.89	1323.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Americare	Americare		1044.75	0.75			432.89	1323.35	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 WellPoint	WellPoint		446.87	0.3208			432.89	1323.35	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 AmeriHealth	Medicare		466.99	1			432.89	1323.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Consumer	Consumer		1323.35	0.95			432.89	1323.35	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Corrections	Corrections		1114.4	0.8			432.89	1323.35	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 First Health	First Health		975.1	0.7			432.89	1323.35	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 First Trenton	First Trenton		1253.7	0.9			432.89	1323.35	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Horizon	PPO		853.19	1.827			432.89	1323.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Horizon	Medicare Blue		466.99	1			432.89	1323.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Horizon	MGD		853.19	1.827			432.89	1323.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Horizon	Indemnity		853.19	1.827			432.89	1323.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Managed Care Inc	Managed Care Inc		1253.7	0.9			432.89	1323.35	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Multiplan	Multiplan		1114.4	0.8			432.89	1323.35	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Qualcare	Qualcare		1044.75	0.75			432.89	1323.35	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Three Rivers	Three Rivers		1323.35	0.95			432.89	1323.35	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 UHC	Medicaid		438.24	0.3146			432.89	1323.35	percent of total billed charges	
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 UHC	Medicare		466.99	1			432.89	1323.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Wellcare	Medicare		466.99	1			432.89	1323.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGOSCOPY W/REM FB	31577	CPT	outpatient			1393		537.04 Wellcare	Medicaid		438.24	0.3146			432.89	1323.35	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBOSCOPY	31579	CPT	outpatient			1739		537.04 Aetna	Better Health		547.09	0.3146			432.89	1652.05	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBOSCOPY	31579	CPT	outpatient			1739		537.04 Aetna	Commercial		743.45	1.592			432.89	1652.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGSCOP FLEX/RIGID STROBOSCOPY	31579	CPT	outpatient			1739		537.04 Aetna	Medicare		466.99	1			432.89	1652.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGSCOP FLEX/RIGID STROBOSCOPY	31579	CPT	outpatient			1739		537.04 Americare	Americare		1304.25	0.75			432.89	1652.05	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBOSCOPY	31579	CPT	outpatient			1739		537.04 WellPoint	WellPoint		557.87	0.3208			432.89	1652.05	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBOSCOPY	31579	CPT	outpatient			1739		537.04 AmeriHealth	Medicare		466.99	1			432.89	1652.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGSCOP FLEX/RIGID STROBOSCOPY	31579	CPT	outpatient			1739		537.04 Consumer	Consumer		1652.05	0.95			432.89	1652.05	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBOSCOPY	31579	CPT	outpatient			1739		537.04 Corrections	Corrections		1391.2	0.8			432.89	1652.05	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBOSCOPY	31579	CPT	outpatient			1739		537.04 First Health	First Health		1217.3	0.7			432.89	1652.05	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBOSCOPY	31579	CPT	outpatient			1739		537.04 First Trenton	First Trenton		1565.1	0.9			432.89	1652.05	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBOSCOPY	31579	CPT	outpatient			1739		537.04 Horizon	PPO		853.19	1.827			432.89	1652.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGSCOP FLEX/RIGID STROBOSCOPY	31579	CPT	outpatient			1739		537.04 Horizon	MGD		853.19	1.827			432.89	1652.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGSCOP FLEX/RIGID STROBOSCOPY	31579	CPT	outpatient			1739		537.04 Horizon	Indemnity		853.19	1.827			432.89	1652.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGSCOP FLEX/RIGID STROBOSCOPY	31579	CPT	outpatient			1739		537.04 Horizon	Medicare Blue		466.99	1			432.89	1652.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGSCOP FLEX/RIGID STROBOSCOPY	31579	CPT	outpatient			1739		537.04 Managed Care Inc	Managed Care Inc		1565.1	0.9			432.89	1652.05	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBOSCOPY	31579	CPT	outpatient			1739		537.04 Multiplan	Multiplan		1391.2	0.8			432.89	1652.05	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBOSCOPY	31579	CPT	outpatient			1739		537.04 Qualcare	Qualcare		1304.25	0.75			432.89	1652.05	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBOSCOPY	31579	CPT	outpatient			1739		537.04 Three Rivers	Three Rivers		1652.05	0.95			432.89	1652.05	percent of total billed charges	
LARYNGSCOP FLEX/RIGID STROBOSCOPY	31579	CPT	outpatient			1739		537.04 UHC	Medicare		466.99	1			432.89	1652.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGSCOP FLEX/RIGID STROBOSCOPY	31579	CPT	outpatient			1739		537.04 UHC	Medicaid		547.09	0.3146			432.89	1652.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739	537.04	Wellcare	Medicare		466.99	1			432.89	1652.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LARYNGSCOP FLEX/RIGID STROBSCOPY	31579	CPT	outpatient			1739	537.04	Wellcare	Medicaid		547.09	0.3146			432.89	1652.05	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Aetna	Better Health		2888.97	0.3146			2828.36	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Aetna	Commercial		5862.05	1.592			2828.36	8723.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Aetna	Medicare		2828.36	0.308			2828.36	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Americare	Americare		6887.25	0.75			2828.36	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	WellPoint	WellPoint		2945.91	0.3208			2828.36	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Amerihealth	Medicare		3682.19	1			2828.36	8723.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Consumer	Consumer		8723.85	0.95			2828.36	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Corrections	Corrections		7346.4	0.8			2828.36	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	First Health	First Health		6428.1	0.7			2828.36	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	First Trenton	First Trenton		8264.7	0.9			2828.36	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Horizon	PPO		6727.36	1.827			2828.36	8723.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Horizon	Indemnity		6727.36	1.827			2828.36	8723.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Horizon	MGD		6727.36	1.827			2828.36	8723.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Horizon	Medicare Blue		3682.19	1			2828.36	8723.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Managed Care Inc	Managed Care Inc		8264.7	0.9			2828.36	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Multiplan	Multiplan		7346.4	0.8			2828.36	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Qualcare	Qualcare		6887.25	0.75			2828.36	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Three Rivers	Three Rivers		8723.85	0.95			2828.36	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	UHC	Medicare		3682.19	1			2828.36	8723.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	UHC	Medicaid		2888.97	0.3146			2828.36	8723.85	percent of total billed charges	
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Wellcare	Medicare		3682.19	1			2828.36	8723.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY PLANNED	31600	CPT	outpatient			9183	4234.52	Wellcare	Medicaid		2888.97	0.3146			2828.36	8723.85	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Aetna	Better Health		740.88	0.3146			740.88	3186.56	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Aetna	Commercial		2776.69	1.592			740.88	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Aetna	Medicare		1744.15	1			740.88	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Americare	Americare		1766.25	0.75			740.88	3186.56	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	WellPoint	WellPoint		755.48	0.3208			740.88	3186.56	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Amerihealth	Medicare		1744.15	1			740.88	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Consumer	Consumer		2237.25	0.95			740.88	3186.56	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Corrections	Corrections		1884	0.8			740.88	3186.56	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	First Health	First Health		1648.5	0.7			740.88	3186.56	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	First Trenton	First Trenton		2119.5	0.9			740.88	3186.56	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Horizon	Indemnity		3186.56	1.827			740.88	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Horizon	Medicare Blue		1744.15	1			740.88	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Horizon	MGD		3186.56	1.827			740.88	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Horizon	PPO		3186.56	1.827			740.88	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Managed Care Inc	Managed Care Inc		2119.5	0.9			740.88	3186.56	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Multiplan	Multiplan		1884	0.8			740.88	3186.56	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Qualcare	Qualcare		1766.25	0.75			740.88	3186.56	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Three Rivers	Three Rivers		2237.25	0.95			740.88	3186.56	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	UHC	Medicaid		740.88	0.3146			740.88	3186.56	percent of total billed charges	
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	UHC	Medicare		1744.15	1			740.88	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Wellcare	Medicare		1744.15	1			740.88	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEOSTOMY	31603	CPT	outpatient			2355	2005.77	Wellcare	Medicaid		740.88	0.3146			740.88	3186.56	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Aetna	Better Health		733.02	0.3146			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Aetna	Commercial		444.74	1.592			279.36	2213.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Aetna	Medicare		279.36	1			279.36	2213.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Americare	Americare		1747.5	0.75			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	WellPoint	WellPoint		747.46	0.3208			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Amerihealth	Medicare		279.36	1			279.36	2213.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Consumer	Consumer		2213.5	0.95			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Corrections	Corrections		1864	0.8			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	First Health	First Health		1631	0.7			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	First Trenton	First Trenton		2097	0.9			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Horizon	Medicare Blue		279.36	1			279.36	2213.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Horizon	MGD		510.39	1.827			279.36	2213.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Horizon	Indemnity		510.39	1.827			279.36	2213.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Horizon	PPO		510.39	1.827			279.36	2213.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Managed Care Inc	Managed Care Inc		2097	0.9			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Multiplan	Multiplan		1864	0.8			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Qualcare	Qualcare		1747.5	0.75			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Three Rivers	Three Rivers		2213.5	0.95			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	UHC	Medicaid		733.02	0.3146			279.36	2213.5	percent of total billed charges	
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	UHC	Medicare		279.36	1			279.36	2213.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Wellcare	Medicare		279.36	1			279.36	2213.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACHEO EMREG CRICOTHROID	31605	CPT	outpatient			2330	321.26	Wellcare	Medicaid		733.02	0.3146			279.36	2213.5	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05	1.592			3193.04	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Aetna	Better Health		3261.46	0.3146			3193.04	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Aetna	Medicare		3193.04	0.308			3193.04	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	0.75			3193.04	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3325.73	0.3208			3193.04	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19	1			3193.04	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	0.95			3193.04	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	0.8			3193.04	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	0.7			3193.04	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	0.9			3193.04	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6727.36	1.827			3193.04	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Horizon	MGD		6727.36	1.827			3193.04	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19	1			3193.04	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Horizon	PPO		6727.36	1.827			3193.04	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	0.9			3193.04	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	0.8			3193.04	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	0.75			3193.04	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	0.95			3193.04	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19	1			3193.04	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	UHC	Medicaid		3261.46	0.3146			3193.04	9848.65	percent of total billed charges	
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19	1			3193.04	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGERY/SPEECH PROSTHESIS	31611	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3261.46	0.3146			3193.04	9848.65	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Aetna	Medicare		629.25	1			492.66	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Aetna	Better Health		908.88	0.3146			492.66	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Aetna	Commercial		1001.77	1.592			492.66	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Americare	Americare		2166.75	0.75			492.66	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	WellPoint	WellPoint		926.79	0.3208			492.66	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Amerihealth	Medicare		629.25	1			492.66	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Consumer	Consumer		2744.55	0.95			492.66	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Corrections	Corrections		2311.2	0.8			492.66	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	First Health	First Health		2022.3	0.7			492.66	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	First Trenton	First Trenton		2600.1	0.9			492.66	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Horizon	Indemnity		1149.64	1.827			492.66	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Horizon	Medicare Blue		629.25	1			492.66	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Horizon	MGD		1149.64	1.827			492.66	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Horizon	PPO		1149.64	1.827			492.66	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Managed Care Inc	Managed Care Inc		2600.1	0.9			492.66	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Multiplan	Multiplan		2311.2	0.8			492.66	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Qualcare	Qualcare		2166.75	0.75			492.66	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Three Rivers	Three Rivers		2744.55	0.95			492.66	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	UHC	Medicaid		908.88	0.3146			492.66	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	UHC	Medicare		629.25	1			492.66	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Wellcare	Medicaid		908.88	0.3146			492.66	2744.55	percent of total billed charges	
VISUALIZATION OF WINDPIPE	31615	CPT	outpatient			2889	723.64	Wellcare	Medicare		629.25	1			492.66	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Aetna	Commercial		3090.26	1.592			690.23	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Aetna	Better Health		1832.55	0.3146			690.23	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Aetna	Medicare		1941.12	1			690.23	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Americare	Americare		4368.75	0.75			690.23	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	WellPoint	WellPoint		1868.66	0.3208			690.23	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Amerihealth	Medicare		1941.12	1			690.23	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Consumer	Consumer		5533.75	0.95			690.23	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Corrections	Corrections		4660	0.8			690.23	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	First Health	First Health		4077.5	0.7			690.23	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	First Trenton	First Trenton		5242.5	0.9			690.23	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Horizon	PPO		3546.43	1.827			690.23	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Horizon	MGD		3546.43	1.827			690.23	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Horizon	Indemnity		3546.43	1.827			690.23	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Horizon	Medicare Blue		1941.12	1			690.23	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Managed Care Inc	Managed Care Inc		5242.5	0.9			690.23	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Multiplan	Multiplan		4660	0.8			690.23	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Qualcare	Qualcare		4368.75	0.75			690.23	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Three Rivers	Three Rivers		5533.75	0.95			690.23	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	UHC	Medicaid		1832.55	0.3146			690.23	5533.75	percent of total billed charges	
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	UHC	Medicare		1941.12	1			690.23	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Wellcare	Medicare		1941.12	1			690.23	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAG BRONCHOSCOPE/WASH	31622	CPT	outpatient			5825	2232.29	Wellcare	Medicaid		1832.55	0.3146			690.23	5533.75	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763	2232.29	Aetna	Commercial		3090.26	1.592			1183.84	3574.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763	2232.29	Aetna	Better Health		1183.84	0.3146			1183.84	3574.85	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763	2232.29	Aetna	Medicare		1941.12	1			1183.84	3574.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763	2232.29	Americare	Americare		2822.25	0.75			1183.84	3574.85	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763	2232.29	WellPoint	WellPoint		1207.17	0.3208			1183.84	3574.85	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763	2232.29	Amerihealth	Medicare		1941.12	1			1183.84	3574.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763	2232.29	Consumer	Consumer		3574.85	0.95			1183.84	3574.85	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763	2232.29	Corrections	Corrections		3010.4	0.8			1183.84	3574.85	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763	2232.29	First Health	First Health		2634.1	0.7			1183.84	3574.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763	2232.29	First Trenton	First Trenton		3386.7	0.9			1183.84	3574.85	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763	2232.29	Horizon	Medicare Blue		1941.12	1			1183.84	3574.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763	2232.29	Horizon	PPO		3546.43	1.827			1183.84	3574.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763	2232.29	Horizon	MGD		3546.43	1.827			1183.84	3574.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763	2232.29	Horizon	Indemnity		3546.43	1.827			1183.84	3574.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763	2232.29	Managed Care Inc	Managed Care Inc		3386.7	0.9			1183.84	3574.85	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763	2232.29	Multiplan	Multiplan		3010.4	0.8			1183.84	3574.85	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763	2232.29	Qualcare	Qualcare		2822.25	0.75			1183.84	3574.85	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763	2232.29	Three Rivers	Three Rivers		3574.85	0.95			1183.84	3574.85	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763	2232.29	UHC	Medicare		1941.12	1			1183.84	3574.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763	2232.29	UHC	Medicaid		1183.84	0.3146			1183.84	3574.85	percent of total billed charges	
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763	2232.29	Wellcare	Medicare		1941.12	1			1183.84	3574.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/BRUSHING/PROTECTED BRUSH	31623	CPT	outpatient			3763	2232.29	Wellcare	Medicaid		1183.84	0.3146			1183.84	3574.85	percent of total billed charges	
BRONCHOSCOPY WITH BAL	31624	CPT	both			5935	2232.29	Aetna	Medicare		1827.98	0.308			1261.26	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	both			5935	2232.29	Aetna	Better Health		1867.15	0.3146			1261.26	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	both			5935	2232.29	Aetna	Commercial		3090.26	1.592			1261.26	5638.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHSCOPY WITH BAL	31624	CPT	both			5935	2232.29	Americare	Americare		4451.25	0.75			1261.26	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	both			5935	2232.29	WellPoint	WellPoint		1903.95	0.3208			1261.26	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	both			5935	2232.29	Amerihealth	Medicare		1941.12	1			1261.26	5638.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHSCOPY WITH BAL	31624	CPT	both			5935	2232.29	Consumer	Consumer		5638.25	0.95			1261.26	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	both			5935	2232.29	Corrections	Corrections		4748	0.8			1261.26	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	both			5935	2232.29	First Health	First Health		4154.5	0.7			1261.26	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	both			5935	2232.29	First Trenton	First Trenton		5341.5	0.9			1261.26	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	both			5935	2232.29	Horizon	Medicare Blue		1941.12	1			1261.26	5638.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHSCOPY WITH BAL	31624	CPT	both			5935	2232.29	Horizon	MGD		3546.43	1.827			1261.26	5638.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHSCOPY WITH BAL	31624	CPT	both			5935	2232.29	Horizon	Indemnity		3546.43	1.827			1261.26	5638.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHSCOPY WITH BAL	31624	CPT	both			5935	2232.29	Horizon	PPO		3546.43	1.827			1261.26	5638.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHSCOPY WITH BAL	31624	CPT	both			5935	2232.29	Managed Care Inc	Managed Care Inc		5341.5	0.9			1261.26	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	both			5935	2232.29	Multiplan	Multiplan		4748	0.8			1261.26	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	both			5935	2232.29	Qualcare	Qualcare		4451.25	0.75			1261.26	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	both			5935	2232.29	Three Rivers	Three Rivers		5638.25	0.95			1261.26	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	both			5935	2232.29	UHC	Medicaid		1867.15	0.3146			1261.26	5638.25	percent of total billed charges	
BRONCHSCOPY WITH BAL	31624	CPT	both			5935	2232.29	UHC	Medicare		1941.12	1			1261.26	5638.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHSCOPY WITH BAL	31624	CPT	both			5935	2232.29	Wellcare	Medicare		1941.12	1			1261.26	5638.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHSCOPY WITH BAL	31624	CPT	both			5935	2232.29	Wellcare	Medicaid		1867.15	0.3146			1261.26	5638.25	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825	2232.29	Aetna	Medicare		1941.12	1			659.72	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825	2232.29	Aetna	Better Health		1832.55	0.3146			659.72	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825	2232.29	Aetna	Commercial		3090.26	1.592			659.72	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825	2232.29	Americare	Americare		4368.75	0.75			659.72	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825	2232.29	WellPoint	WellPoint		1868.66	0.3208			659.72	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825	2232.29	Amerihealth	Medicare		1941.12	1			659.72	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825	2232.29	Consumer	Consumer		5533.75	0.95			659.72	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825	2232.29	Corrections	Corrections		4660	0.8			659.72	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825	2232.29	First Health	First Health		4077.5	0.7			659.72	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825	2232.29	First Trenton	First Trenton		5242.5	0.9			659.72	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825	2232.29	Horizon	MGD		3546.43	1.827			659.72	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825	2232.29	Horizon	Indemnity		3546.43	1.827			659.72	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825	2232.29	Horizon	PPO		3546.43	1.827			659.72	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825	2232.29	Horizon	Medicare Blue		1941.12	1			659.72	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825	2232.29	Managed Care Inc	Managed Care Inc		5242.5	0.9			659.72	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825	2232.29	Multiplan	Multiplan		4660	0.8			659.72	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825	2232.29	Qualcare	Qualcare		4368.75	0.75			659.72	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825	2232.29	Three Rivers	Three Rivers		5533.75	0.95			659.72	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825	2232.29	UHC	Medicaid		1832.55	0.3146			659.72	5533.75	percent of total billed charges	
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825	2232.29	UHC	Medicare		1941.12	1			659.72	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825	2232.29	Wellcare	Medicare		1941.12	1			659.72	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/BX FLEXIBLE	31625	CPT	outpatient			5825	2232.29	Wellcare	Medicaid		1832.55	0.3146			659.72	5533.75	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339		Aetna	Better Health		1050.45	0.3146			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339		Aetna	Commercial		1268.82	0.38			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339		Aetna	Medicare		1028.41	0.308			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339		Americare	Americare		2504.25	0.75			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339		WellPoint	WellPoint		1071.15	0.3208			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339		Consumer	Consumer		3172.05	0.95			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339		Corrections	Corrections		2671.2	0.8			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339		First Health	First Health		2337.3	0.7			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339		First Trenton	First Trenton		3005.1	0.9			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339		Horizon	MGD		1278.17	0.3828			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339		Horizon	Medicare Blue		1001.7	0.3			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339		Horizon	Indemnity		1278.17	0.3828			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339		Horizon	PPO		1278.17	0.3828			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339		Managed Care Inc	Managed Care Inc		3005.1	0.9			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339		Multiplan	Multiplan		2671.2	0.8			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339		Qualcare	Qualcare		2504.25	0.75			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339		Three Rivers	Three Rivers		3172.05	0.95			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339		UHC	Medicaid		1050.45	0.3146			1001.7	3172.05	percent of total billed charges	
BRONCHOSCOPY W IMAGE GUIDED NAVIGATION	31627	CPT	outpatient			3339		Wellcare	Medicaid		1050.45	0.3146			1001.7	3172.05	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147	4925.3	Aetna	Medicare		4282.87	1			3529.18	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147	4925.3	Aetna	Better Health		3821.45	0.3146			3529.18	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147	4925.3	Aetna	Commercial		6818.33	1.592			3529.18	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147	4925.3	Americare	Americare		9110.25	0.75			3529.18	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147	4925.3	WellPoint	WellPoint		3896.76	0.3208			3529.18	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147	4925.3	Amerihealth	Medicare		4282.87	1			3529.18	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147	4925.3	Consumer	Consumer		11539.65	0.95			3529.18	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147	4925.3	Corrections	Corrections		9717.6	0.8			3529.18	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147	4925.3	First Health	First Health		8502.9	0.7			3529.18	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147	4925.3	First Trenton	First Trenton		10932.3	0.9			3529.18	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147	4925.3	Horizon	MGD		7824.8	1.827			3529.18	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147	4925.3	Horizon	Indemnity		7824.8	1.827			3529.18	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147	4925.3	Horizon	Medicare Blue		4282.87	1			3529.18	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147	4925.3	Horizon	PPO		7824.8	1.827			3529.18	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147	4925.3	Managed Care Inc	Managed Care Inc		10932.3	0.9			3529.18	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147	4925.3	Multiplan	Multiplan		9717.6	0.8			3529.18	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147	4925.3	Qualcare	Qualcare		9110.25	0.75			3529.18	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147	4925.3	Three Rivers	Three Rivers		11539.65	0.95			3529.18	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147	4925.3	UHC	Medicaid		3821.45	0.3146			3529.18	11539.65	percent of total billed charges	
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147	4925.3	UHC	Medicare		4282.87	1			3529.18	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147	4925.3	Wellcare	Medicare		4282.87	1			3529.18	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/TRANS. BRONCH. LUNG BX	31628	CPT	outpatient			12147	4925.3	Wellcare	Medicaid		3821.45	0.3146			3529.18	11539.65	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218	4925.3	Aetna	Better Health		3529.18	0.3146			3529.18	10657.1	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218	4925.3	Aetna	Medicare		4282.87	1			3529.18	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218	4925.3	Aetna	Commercial		6818.33	1.592			3529.18	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218	4925.3	Americare	Americare		8413.5	0.75			3529.18	10657.1	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218	4925.3	WellPoint	WellPoint		3598.73	0.3208			3529.18	10657.1	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218	4925.3	Amerihealth	Medicare		4282.87	1			3529.18	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218	4925.3	Consumer	Consumer		10657.1	0.95			3529.18	10657.1	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218	4925.3	Corrections	Corrections		8974.4	0.8			3529.18	10657.1	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218	4925.3	First Health	First Health		7852.6	0.7			3529.18	10657.1	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218	4925.3	First Trenton	First Trenton		10096.2	0.9			3529.18	10657.1	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218	4925.3	Horizon	Indemnity		7824.8	1.827			3529.18	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218	4925.3	Horizon	Medicare Blue		4282.87	1			3529.18	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218	4925.3	Horizon	MGD		7824.8	1.827			3529.18	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218	4925.3	Horizon	PPO		7824.8	1.827			3529.18	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218	4925.3	Managed Care Inc	Managed Care Inc		10096.2	0.9			3529.18	10657.1	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218	4925.3	Multiplan	Multiplan		8974.4	0.8			3529.18	10657.1	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218	4925.3	Qualcare	Qualcare		8413.5	0.75			3529.18	10657.1	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218	4925.3	Three Rivers	Three Rivers		10657.1	0.95			3529.18	10657.1	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218	4925.3	UHC	Medicare		4282.87	1			3529.18	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218	4925.3	UHC	Medicaid		3529.18	0.3146			3529.18	10657.1	percent of total billed charges	
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218	4925.3	Wellcare	Medicare		4282.87	1			3529.18	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/TRANSBRONCH NEEDLE ASP.	31629	CPT	outpatient			11218	4925.3	Wellcare	Medicaid		3529.18	0.3146			3529.18	10657.1	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147	4925.3	Aetna	Commercial		6818.33	1.592			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/DIL	31630	CPT	outpatient			12147	4925.3	Aetna	Better Health		3821.45	0.3146			3821.45	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147	4925.3	Aetna	Medicare		4282.87	1			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/DIL	31630	CPT	outpatient			12147	4925.3	Americare	Americare		9110.25	0.75			3821.45	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147	4925.3	WellPoint	WellPoint		3896.76	0.3208			3821.45	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147	4925.3	Amerihealth	Medicare		4282.87	1			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/DIL	31630	CPT	outpatient			12147	4925.3	Consumer	Consumer		11539.65	0.95			3821.45	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147	4925.3	Corrections	Corrections		9717.6	0.8			3821.45	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147	4925.3	First Health	First Health		8502.9	0.7			3821.45	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147	4925.3	First Trenton	First Trenton		10932.3	0.9			3821.45	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147	4925.3	Horizon	PPO		7824.8	1.827			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/DIL	31630	CPT	outpatient			12147	4925.3	Horizon	MGD		7824.8	1.827			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/DIL	31630	CPT	outpatient			12147	4925.3	Horizon	Medicare Blue		4282.87	1			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/DIL	31630	CPT	outpatient			12147	4925.3	Horizon	Indemnity		7824.8	1.827			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/DIL	31630	CPT	outpatient			12147	4925.3	Managed Care Inc	Managed Care Inc		10932.3	0.9			3821.45	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147	4925.3	Multiplan	Multiplan		9717.6	0.8			3821.45	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147	4925.3	Qualcare	Qualcare		9110.25	0.75			3821.45	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147	4925.3	Three Rivers	Three Rivers		11539.65	0.95			3821.45	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147	4925.3	UHC	Medicaid		3821.45	0.3146			3821.45	11539.65	percent of total billed charges	
BRONCH W/DIL	31630	CPT	outpatient			12147	4925.3	UHC	Medicare		4282.87	1			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/DIL	31630	CPT	outpatient			12147	4925.3	Wellcare	Medicare		4282.87	1			3821.45	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/DIL	31630	CPT	outpatient			12147	4925.3	Wellcare	Medicaid		3821.45	0.3146			3821.45	11539.65	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542	9001.8	Aetna	Better Health		7091.71	0.3146			7091.71	21414.9	perc

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Aetna	Commercial		12461.62	1.592			7091.71	21414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Aetna	Medicare		7827.65	1			7091.71	21414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Americare	Americare		16906.5	0.75			7091.71	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 WellPoint	WellPoint		7231.47	0.3208			7091.71	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Amerihealth	Medicare		7827.65	1			7091.71	21414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Consumer	Consumer		21414.9	0.95			7091.71	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Corrections	Corrections		18033.6	0.8			7091.71	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 First Health	First Health		15779.4	0.7			7091.71	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 First Trenton	First Trenton		20287.8	0.9			7091.71	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Horizon	Medicare Blue		7827.65	1			7091.71	21414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Horizon	Indemnity		14301.12	1.827			7091.71	21414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Horizon	MGD		14301.12	1.827			7091.71	21414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Horizon	PPO		14301.12	1.827			7091.71	21414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Managed Care Inc	Managed Care Inc		20287.8	0.9			7091.71	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Multiplan	Multiplan		18033.6	0.8			7091.71	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Qualcare	Qualcare		16906.5	0.75			7091.71	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Three Rivers	Three Rivers		21414.9	0.95			7091.71	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 UHC	Medicare		7827.65	1			7091.71	21414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 UHC	Medicaid		7091.71	0.3146			7091.71	21414.9	percent of total billed charges	
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Wellcare	Medicare		7827.65	1			7091.71	21414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/STENT	31631	CPT	outpatient			22542		9001.8 Wellcare	Medicaid		7091.71	0.3146			7091.71	21414.9	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Aetna	Better Health		1143.89	0.3146			1090.8	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Aetna	Medicare		1119.89	0.308			1090.8	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Aetna	Commercial		1381.68	0.38			1090.8	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Americare	Americare		2727	0.75			1090.8	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		WellPoint	WellPoint		1166.43	0.3208			1090.8	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Consumer	Consumer		3454.2	0.95			1090.8	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Corrections	Corrections		2908.8	0.8			1090.8	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		First Health	First Health		2545.2	0.7			1090.8	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		First Trenton	First Trenton		3272.4	0.9			1090.8	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Horizon	Medicare Blue		1090.8	0.3			1090.8	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Horizon	Indemnity		1391.86	0.3828			1090.8	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Horizon	MGD		1391.86	0.3828			1090.8	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Horizon	PPO		1391.86	0.3828			1090.8	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Managed Care Inc	Managed Care Inc		3272.4	0.9			1090.8	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Multiplan	Multiplan		2908.8	0.8			1090.8	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Qualcare	Qualcare		2727	0.75			1090.8	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Three Rivers	Three Rivers		3454.2	0.95			1090.8	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		UHC	Medicaid		1143.89	0.3146			1090.8	3454.2	percent of total billed charges	
BRONCHOSCOPY/LUNG BX ADDL	31632	CPT	outpatient			3636		Wellcare	Medicaid		1143.89	0.3146			1090.8	3454.2	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379		2232.29 Aetna	Medicare		1941.12	1			748.43	3546.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379		2232.29 Aetna	Better Health		748.43	0.3146			748.43	3546.43	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379		2232.29 Aetna	Commercial		3090.26	1.592			748.43	3546.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379		2232.29 Americare	Americare		1784.25	0.75			748.43	3546.43	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379		2232.29 WellPoint	WellPoint		763.18	0.3208			748.43	3546.43	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379		2232.29 Amerihealth	Medicare		1941.12	1			748.43	3546.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379		2232.29 Consumer	Consumer		2260.05	0.95			748.43	3546.43	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379		2232.29 Corrections	Corrections		1903.2	0.8			748.43	3546.43	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379		2232.29 First Health	First Health		1665.3	0.7			748.43	3546.43	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379		2232.29 First Trenton	First Trenton		2141.1	0.9			748.43	3546.43	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379		2232.29 Horizon	MGD		3546.43	1.827			748.43	3546.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379		2232.29 Horizon	Indemnity		3546.43	1.827			748.43	3546.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379		2232.29 Horizon	PPO		3546.43	1.827			748.43	3546.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379		2232.29 Horizon	Medicare Blue		1941.12	1			748.43	3546.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379		2232.29 Managed Care Inc	Managed Care Inc		2141.1	0.9			748.43	3546.43	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379		2232.29 Multiplan	Multiplan		1903.2	0.8			748.43	3546.43	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379		2232.29 Qualcare	Qualcare		1784.25	0.75			748.43	3546.43	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379		2232.29 Three Rivers	Three Rivers		2260.05	0.95			748.43	3546.43	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379		2232.29 UHC	Medicaid		748.43	0.3146			748.43	3546.43	percent of total billed charges	
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379		2232.29 UHC	Medicare		1941.12	1			748.43	3546.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379		2232.29 Wellcare	Medicare		1941.12	1			748.43	3546.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/REMOVAL FB	31635	CPT	outpatient			2379		2232.29 Wellcare	Medicaid		748.43	0.3146			748.43	3546.43	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899		9001.8 Aetna	Commercial		12461.62	1.592			2485.03	14301.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899		9001.8 Aetna	Medicare		7827.65	1			2485.03	14301.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899		9001.8 Aetna	Better Health		2485.03	0.3146			2485.03	14301.12	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899		9001.8 Americare	Americare		5924.25	0.75			2485.03	14301.12	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899		9001.8 WellPoint	WellPoint		2534	0.3208			2485.03	14301.12	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899		9001.8 Amerihealth	Medicare		7827.65	1			2485.03	14301.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899		9001.8 Consumer	Consumer		7504.05	0.95			2485.03	14301.12	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899		9001.8 Corrections	Corrections		6319.2	0.8			2485.03	14301.12	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899		9001.8 First Health	First Health		5529.3	0.7			2485.03	14301.12	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899		9001.8 First Trenton	First Trenton		7109.1	0.9			2485.03	14301.12	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899		9001.8 Horizon	MGD		14301.12	1.827			2485.03	14301.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899		9001.8 Horizon	Indemnity		14301.12	1.827			2485.03	14301.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899		9001.8 Horizon	Medicare Blue		7827.65	1			2485.03	14301.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899		9001.8 Horizon	PPO		14301.12	1.827			2485.03	14301.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899		9001.8 Managed Care Inc	Managed Care Inc		7109.1	0.9			2485.03	14301.12	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899		9001.8 Multiplan	Multiplan		6319.2	0.8			2485.03	14301.12	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899		9001.8 Qualcare	Qualcare		5924.25	0.75			2485.03	14301.12	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899		9001.8 Three Rivers	Three Rivers		7504.05	0.95			2485.03	14301.12	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899		9001.8 UHC	Medicaid		2485.03	0.3146			2485.03	14301.12	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899		9001.8 UHC	Medicare		7827.65	1			2485.03	14301.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899		9001.8 Wellcare	Medicaid		2485.03	0.3146			2485.03	14301.12	percent of total billed charges	
PLC BRONCH STENT W/DIL BIL	31636	CPT	outpatient			7899		9001.8 Wellcare	Medicare		7827.65	1			2485.03	14301.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Aetna	Commercial		1361.54	0.38			1017.9	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Aetna	Better Health		1127.21	0.3146			1017.9	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Aetna	Medicare		1103.56	0.308			1017.9	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Americare	Americare		2687.25	0.75			1017.9	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		WellPoint	WellPoint		1149.43	0.3208			1017.9	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Consumer	Consumer		3403.85	0.95			1017.9	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Corrections	Corrections		2866.4	0.8			1017.9	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		First Health	First Health		2508.1	0.7			1017.9	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		First Trenton	First Trenton		3224.7	0.9			1017.9	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Horizon	Medicare Blue		1074.9	0.3			1017.9	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Horizon	Indemnity		1371.57	0.3828			1017.9	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Horizon	MGD		1371.57	0.3828			1017.9	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Horizon	PPO		1371.57	0.3828			1017.9	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Managed Care Inc	Managed Care Inc		3224.7	0.9			1017.9	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Multiplan	Multiplan		2866.4	0.8			1017.9	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Qualcare	Qualcare		2687.25	0.75			1017.9	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Three Rivers	Three Rivers		3403.85	0.95			1017.9	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		UHC	Medicaid		1127.21	0.3146			1017.9	3403.85	percent of total billed charges	
PLC BRONCH STENT ADDL W/DIL RT	31637	CPT	outpatient			3583		Wellcare	Medicaid		1127.21	0.3146			1017.9	3403.85	percent of total billed charges	
REV TRACHEAL STENT W/DIL RT	31638	CPT	outpatient			7899		9001.8 Aetna	Medicare		7827.65	0.308			2432.89	14301.12	percent of total billed charges	
REV TRACHEAL STENT W/DIL RT	31638	CPT	outpatient			7899		9001.8 Aetna	Commercial		12461.62	1.592			2432.89	14301.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV TRACHEAL STENT W/DIL RT	31638	CPT	outpatient			7899		9001.8 Aetna	Better Health		2485.03	0.3146			2432.89	14301.12	percent of total billed charges	
REV TRACHEAL STENT W/DIL RT	31638	CPT	outpatient			7899		9001.8 Americare	Americare		5924.25	0.75			2432.89	14301.12	percent of total billed charges	
REV TRACHEAL STENT W/DIL RT	31638	CPT	outpatient			7899		9001.8 WellPoint	WellPoint		2534	0.3208			2432.89	14301.12	percent of total billed charges	
REV TRACHEAL STENT W/DIL RT	31638	CPT	outpatient			7899		9001.8 Amerihealth	Medicare		7827.65	1			2432.89	14301.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV TRACHEAL STENT W/DIL RT	31638	CPT	outpatient			7899		9001.8 Consumer	Consumer		7504.05	0.95			2432.89	14301.12	percent of total billed charges	
REV TRACHEAL STENT W/DIL RT	31638	CPT	outpatient			7899		9001.8 Corrections	Corrections		6319.2	0.8			2432.89	14301.12	percent of total billed charges	
REV TRACHEAL STENT W/DIL RT	31638	CPT	outpatient			7899		9001.8 First Health	First Health		5529.3	0.7			2432.89	14301.12	percent of total billed charges	
REV TRACHEAL STENT W/DIL RT	31638	CPT	outpatient			7899		9001.8 First Trenton	First Trenton		7109.1	0.9			2432.89	14301.12	percent of total billed charges	
REV TRACHEAL STENT W/DIL RT	31638	CPT	outpatient			7899		9001.8 Horizon	Indemnity		14301.12	1.827			2432.89	14301.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV TRACHEAL STENT W/DIL RT	31638	CPT	outpatient			7899		9001.8 Horizon	Medicare Blue		7827.65	1			2432.89	14301.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV TRACHEAL STENT W/DIL RT	31638	CPT	outpatient			7899		9001.8 Horizon	PPO		14301.12	1.827			2432.89	14301.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV TRACHEAL STENT W/DIL RT	31638	CPT	outpatient			7899		9001.8 Horizon	MGD		14301.12	1.827			2432.89	14301.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV TRACHEAL STENT W/DIL RT	31638	CPT	outpatient			7899		9001.8 Managed Care Inc	Managed Care Inc		7109.1	0.9			2432.89	14301.12	percent of total billed charges	
REV TRACHEAL STENT W/DIL RT	31638	CPT	outpatient			7899		9001.8 Multiplan	Multiplan		6319.2	0.8			2432.89	14301.12	percent of total billed charges	
REV TRACHEAL STENT W/DIL RT	31638	CPT	outpatient			7899		9001.8 Qualcare	Qualcare		5924.25	0.75			2432.89	14301.12	percent of total billed charges	
REV TRACHEAL STENT W/DIL RT	31638	CPT	outpatient			7899		9001.8 Three Rivers	Three Rivers		7504.05	0.95			2432.89	14301.12	percent of total billed charges	
REV TRACHEAL STENT W/DIL RT	31638	CPT	outpatient			7899		9001.8 UHC	Medicare		7827.65	1			2432.89	14301.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV TRACHEAL STENT W/DIL RT	31638	CPT	outpatient			7899		9001.8 UHC	Medicaid		2485.03	0.3146			2432.89	14301.12	percent of total billed charges	
REV TRACHEAL STENT W/DIL RT	31638	CPT	outpatient			7899		9001.8 Wellcare	Medicare		7827.65	1			2432.89	14301.12	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV TRACHEAL STENT W/DIL RT	31638	CPT	outpatient			7899		9001.8 Wellcare	Medicaid		2485.03	0.3146			2432.89	14301.12	percent of total billed charges	
BRONCH W/LASER	31641	CPT	outpatient			12147		4925.3 Aetna	Commercial		6818.33	1.592			3005.69	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/LASER	31641	CPT	outpatient			12147		4925.3 Aetna	Better Health		3821.45	0.3146			3005.69	11539.65	percent of total billed charges	
BRONCH W/LASER	31641	CPT	outpatient			12147		4925.3 Aetna	Medicare		4282.87	1			3005.69	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/LASER	31641	CPT	outpatient			12147		4925.3 Americare	Americare		9110.25	0.75			3005.69	11539.65	percent of total billed charges	
BRONCH W/LASER	31641	CPT	outpatient			12147		4925.3 WellPoint	WellPoint		3896.76	0.3208			3005.69	11539.65	percent of total billed charges	
BRONCH W/LASER	31641	CPT	outpatient			12147		4925.3 Amerihealth	Medicare		4282.87	1			3005.69	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/LASER	31641	CPT	outpatient			12147		4925.3 Consumer	Consumer		11539.65	0.95			3005.69	11539.65	percent of total billed charges	
BRONCH W/LASER	31641	CPT	outpatient			12147		4925.3 Corrections	Corrections		9717.6	0.8			3005.69	11539.65	percent of total billed charges	
BRONCH W/LASER	31641	CPT	outpatient			12147		4925.3 First Health	First Health		8502.9	0.7			3005.69	11539.65	percent of total billed charges	
BRONCH W/LASER	31641	CPT	outpatient			12147		4925.3 First Trenton	First Trenton		10932.3	0.9			3005.69	11539.65	percent of total billed charges	
BRONCH W/LASER	31641	CPT	outpatient			12147		4925.3 Horizon	Indemnity		7824.8	1.827			3005.69	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/LASER	31641	CPT	outpatient			12147		4925.3 Horizon	PPO		7824.8	1.827			3005.69	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/LASER	31641	CPT	outpatient			12147		4925.3 Horizon	MGD		7824.8	1.827			3005.69	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/LASER	31641	CPT	outpatient			12147		4925.3 Horizon	Medicare Blue		4282.87	1			3005.69	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/LASER	31641	CPT	outpatient			12147		4925.3 Managed Care Inc	Managed Care Inc		10932.3	0.9			3005.69	11539.65	percent of total billed charges	
BRONCH W/LASER	31641	CPT	outpatient			12147		4925.3 Multiplan	Multiplan		9717.6	0.8			3005.69	11539.65	percent of total billed charges	
BRONCH W/LASER	31641	CPT	outpatient			12147		4925.3 Qualcare	Qualcare		9110.25	0.75			3005.69	11539.65	percent of total billed charges	
BRONCH W/LASER	31641	CPT	outpatient			12147		4925.3 Three Rivers	Three Rivers		11539.65	0.95			3005.69	11539.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BRONCH W/LASER	31641	CPT	outpatient			12147		4925.3 UHC	Medicare		4282.87	1			3005.69	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/LASER	31641	CPT	outpatient			12147		4925.3 UHC	Medicaid		3821.45	0.3146			3005.69	11539.65	percent of total billed charges	
BRONCH W/LASER	31641	CPT	outpatient			12147		4925.3 Wellcare	Medicare		4282.87	1			3005.69	11539.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/LASER	31641	CPT	outpatient			12147		4925.3 Wellcare	Medicaid		3821.45	0.3146			3005.69	11539.65	percent of total billed charges	
BRONCH W/THERAP, ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Aetna	Better Health		1832.55	0.3146			1746.03	5533.75	percent of total billed charges	
BRONCH W/THERAP, ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Aetna	Medicare		1941.12	1			1746.03	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAP, ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Aetna	Commercial		3090.26	1.592			1746.03	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAP, ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Americare	Americare		4368.75	0.75			1746.03	5533.75	percent of total billed charges	
BRONCH W/THERAP, ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 WellPoint	WellPoint		1868.66	0.3208			1746.03	5533.75	percent of total billed charges	
BRONCH W/THERAP, ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Amerihealth	Medicare		1941.12	1			1746.03	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAP, ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Consumer	Consumer		5533.75	0.95			1746.03	5533.75	percent of total billed charges	
BRONCH W/THERAP, ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Corrections	Corrections		4660	0.8			1746.03	5533.75	percent of total billed charges	
BRONCH W/THERAP, ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 First Health	First Health		4077.5	0.7			1746.03	5533.75	percent of total billed charges	
BRONCH W/THERAP, ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 First Trenton	First Trenton		5242.5	0.9			1746.03	5533.75	percent of total billed charges	
BRONCH W/THERAP, ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Horizon	Medicare Blue		1941.12	1			1746.03	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAP, ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Horizon	PPO		3546.43	1.827			1746.03	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAP, ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Horizon	MGD		3546.43	1.827			1746.03	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAP, ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Horizon	Indemnity		3546.43	1.827			1746.03	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAP, ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Managed Care Inc	Managed Care Inc		5242.5	0.9			1746.03	5533.75	percent of total billed charges	
BRONCH W/THERAP, ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Multiplan	Multiplan		4660	0.8			1746.03	5533.75	percent of total billed charges	
BRONCH W/THERAP, ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Qualcare	Qualcare		4368.75	0.75			1746.03	5533.75	percent of total billed charges	
BRONCH W/THERAP, ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Three Rivers	Three Rivers		5533.75	0.95			1746.03	5533.75	percent of total billed charges	
BRONCH W/THERAP, ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 UHC	Medicaid		1832.55	0.3146			1746.03	5533.75	percent of total billed charges	
BRONCH W/THERAP, ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 UHC	Medicare		1941.12	1			1746.03	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAP, ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Wellcare	Medicaid		1832.55	0.3146			1746.03	5533.75	percent of total billed charges	
BRONCH W/THERAP, ASP OF TRACHE	31645	CPT	outpatient			5825		2232.29 Wellcare	Medicare		1941.12	1			1746.03	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Aetna	Commercial		743.45	1.592			466.99	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Aetna	Better Health		492.66	0.3146			466.99	1487.7	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Aetna	Medicare		466.99	1			466.99	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Americare	Americare		1174.5	0.75			466.99	1487.7	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 WellPoint	WellPoint		502.37	0.3208			466.99	1487.7	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Amerihealth	Medicare		466.99	1			466.99	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Consumer	Consumer		1487.7	0.95			466.99	1487.7	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Corrections	Corrections		1252.8	0.8			466.99	1487.7	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 First Health	First Health		1096.2	0.7			466.99	1487.7	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 First Trenton	First Trenton		1409.4	0.9			466.99	1487.7	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Horizon	MGD		853.19	1.827			466.99	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Horizon	PPO		853.19	1.827			466.99	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Horizon	Indemnity		853.19	1.827			466.99	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Horizon	Medicare Blue		466.99	1			466.99	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Managed Care Inc	Managed Care Inc		1409.4	0.9			466.99	1487.7	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Multiplan	Multiplan		1252.8	0.8			466.99	1487.7	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Qualcare	Qualcare		1174.5	0.75			466.99	1487.7	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Three Rivers	Three Rivers		1487.7	0.95			466.99	1487.7	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 UHC	Medicaid		492.66	0.3146			466.99	1487.7	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 UHC	Medicare		466.99	1			466.99	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Wellcare	Medicaid		492.66	0.3146			466.99	1487.7	percent of total billed charges	
BRONCH W/THERAPY ASP.	31646	CPT	outpatient			1566		537.04 Wellcare	Medicare		466.99	1			466.99	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Aetna	Commercial		6818.33	1.592			2825.11	8531	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Aetna	Medicare		4282.87	1			2825.11	8531	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Aetna	Better Health		2825.11	0.3146			2825.11	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Americare	Americare		6735	0.75			2825.11	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 WellPoint	WellPoint		2880.78	0.3208			2825.11	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Amerihealth	Medicare		4282.87	1			2825.11	8531	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Consumer	Consumer		8531	0.95			2825.11	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Corrections	Corrections		7184	0.8			2825.11	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 First Health	First Health		6286	0.7			2825.11	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 First Trenton	First Trenton		8082	0.9			2825.11	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Horizon	MGD		7824.8	1.827			2825.11	8531	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Horizon	Medicare Blue		4282.87	1			2825.11	8531	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Horizon	Indemnity		7824.8	1.827			2825.11	8531	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Horizon	PPO		7824.8	1.827			2825.11	8531	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Managed Care Inc	Managed Care Inc		8082	0.9			2825.11	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Multiplan	Multiplan		7184	0.8			2825.11	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Qualcare	Qualcare		6735	0.75			2825.11	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Three Rivers	Three Rivers		8531	0.95			2825.11	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 UHC	Medicaid		2825.11	0.3146			2825.11	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 UHC	Medicare		4282.87	1			2825.11	8531	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Wellcare	Medicaid		2825.11	0.3146			2825.11	8531	percent of total billed charges	
BRONCHOSCOPY W/ENDOBRONCHIAL ULTRASOUND	31652	CPT	outpatient			8980		4925.3 Wellcare	Medicare		4282.87	1			2825.11	8531	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY EBUS GUIDED SAMPL 3> NODE	31653	CPT	outpatient			11218		4925.3 Aetna	Better Health		3529.18	0.3146			3204.2	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3> NODE	31653	CPT	outpatient			11218		4925.3 Aetna	Commercial		6818.33	1.592			3204.2	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY EBUS GUIDED SAMPL 3> NODE	31653	CPT	outpatient			11218		4925.3 Aetna	Medicare		4282.87	1			3204.2	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY EBUS GUIDED SAMPL 3> NODE	31653	CPT	outpatient			11218		4925.3 Americare	Americare		8413.5	0.75			3204.2	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3> NODE	31653	CPT	outpatient			11218		4925.3 WellPoint	WellPoint		3598.73	0.3208			3204.2	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3> NODE	31653	CPT	outpatient			11218		4925.3 Amerihealth	Medicare		4282.87	1			3204.2	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY EBUS GUIDED SAMPL 3> NODE	31653	CPT	outpatient			11218		4925.3 Consumer	Consumer		10657.1	0.95			3204.2	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3> NODE	31653	CPT	outpatient			11218		4925.3 Corrections	Corrections		8974.4	0.8			3204.2	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3> NODE	31653	CPT	outpatient			11218		4925.3 First Health	First Health		7852.6	0.7			3204.2	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3> NODE	31653	CPT	outpatient			11218		4925.3 First Trenton	First Trenton		10096.2	0.9			3204.2	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3> NODE	31653	CPT	outpatient			11218		4925.3 Horizon	Medicare Blue		4282.87	1			3204.2	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY EBUS GUIDED SAMPL 3> NODE	31653	CPT	outpatient			11218		4925.3 Horizon	MGD		7824.8	1.827			3204.2	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY EBUS GUIDED SAMPL 3> NODE	31653	CPT	outpatient			11218		4925.3 Horizon	PPO		7824.8	1.827			3204.2	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY EBUS GUIDED SAMPL 3> NODE	31653	CPT	outpatient			11218		4925.3 Horizon	Indemnity		7824.8	1.827			3204.2	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY EBUS GUIDED SAMPL 3> NODE	31653	CPT	outpatient			11218		4925.3 Managed Care Inc	Managed Care Inc		10096.2	0.9			3204.2	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3> NODE	31653	CPT	outpatient			11218		4925.3 Multiplan	Multiplan		8974.4	0.8			3204.2	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3> NODE	31653	CPT	outpatient			11218		4925.3 Qualcare	Qualcare		8413.5	0.75			3204.2	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3> NODE	31653	CPT	outpatient			11218		4925.3 Three Rivers	Three Rivers		10657.1	0.95			3204.2	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3> NODE	31653	CPT	outpatient			11218		4925.3 UHC	Medicaid		3529.18	0.3146			3204.2	10657.1	percent of total billed charges	
BRONCHOSCOPY EBUS GUIDED SAMPL 3> NODE	31653	CPT	outpatient			11218		4925.3 UHC	Medicare		4282.87	1			3204.2	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY EBUS GUIDED SAMPL 3> NODE	31653	CPT	outpatient			11218		4925.3 Wellcare	Medicare		4282.87	1			3204.2	10657.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRONCHOSCOPY EBUS GUIDED SAMPL 3> NODE	31653	CPT	outpatient			11218		4925.3 Wellcare	Medicaid		3529.18	0.3146			3204.2	10657.1	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Aetna	Medicare		243.93	1			204.8	618.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Aetna	Better Health		204.8	0.3146			204.8	618.45	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Aetna	Commercial		388.34	1.592			204.8	618.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Americare	Americare		488.25	0.75			204.8	618.45	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 WellPoint	WellPoint		208.84	0.3208			204.8	618.45	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Amerihealth	Medicare		243.93	1			204.8	618.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Consumer	Consumer		618.45	0.95			204.8	618.45	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Corrections	Corrections		520.8	0.8			204.8	618.45	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 First Health	First Health		455.7	0.7			204.8	618.45	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 First Trenton	First Trenton		585.9	0.9			204.8	618.45	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Horizon	MGD		445.66	1.827			204.8	618.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Horizon	Medicare Blue		243.93	1			204.8	618.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Horizon	Indemnity		445.66	1.827			204.8	618.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Horizon	PPO		445.66	1.827			204.8	618.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Managed Care Inc	Managed Care Inc		585.9	0.9			204.8	618.45	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Multiplan	Multiplan		520.8	0.8			204.8	618.45	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Qualcare	Qualcare		488.25	0.75			204.8	618.45	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Three Rivers	Three Rivers		618.45	0.95			204.8	618.45	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 UHC	Medicare		243.93	1			204.8	618.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 UHC	Medicaid		204.8	0.3146			204.8	618.45	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Wellcare	Medicaid		204.8	0.3146			204.8	618.45	percent of total billed charges	
SUCTIONING OF ARTIFICIAL AIRWAY(EACH)	31720	CPT	both			651		280.52 Wellcare	Medicare		243.93	1			204.8	618.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Aetna	Better Health		1832.55	0.3146			1832.55	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Aetna	Commercial		3090.26	1.592			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Aetna	Medicare		1941.12	1			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Americare	Americare		4368.75	0.75			1832.55	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 WellPoint	WellPoint		1868.66	0.3208			1832.55	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Amerihealth	Medicare		1941.12	1			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Consumer	Consumer		5533.75	0.95			1832.55	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Corrections	Corrections		4660	0.8			1832.55	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 First Health	First Health		4077.5	0.7			1832.55	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 First Trenton	First Trenton		5242.5	0.9			1832.55	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Horizon	Medicare Blue		1941.12	1			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Horizon	Indemnity		3546.43	1.827			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Horizon	MGD		3546.43	1.827			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Horizon	PPO		3546.43	1.827			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Managed Care Inc	Managed Care Inc		5242.5	0.9			1832.55	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Multiplan	Multiplan		4660	0.8			1832.55	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Qualcare	Qualcare		4368.75	0.75			1832.55	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Three Rivers	Three Rivers		5533.75	0.95			1832.55	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 UHC	Medicaid		1832.55	0.3146			1832.55	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 UHC	Medicare		1941.12	1			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Wellcare	Medicaid		1832.55	0.3146			1832.55	5533.75	percent of total billed charges	
TRACH/LARYN.TUBE CLEAN/INSERT	31730	CPT	outpatient			5825		2232.29 Wellcare	Medicare		1941.12	1			1832.55	5533.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 Aetna	Commercial		5862.05	1.592			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367		4234.52 Aetna	Better Health		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
CLOSURE OF WINDPIPE LESION	31820	CPT	out

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	0.7			3261.46	9848.65	percent of total billed charges	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367	4234.52	Horizon	PPO		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367	4234.52	Horizon	MGD		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367	4234.52	UHC	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF WINDPIPE LESION	31820	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
UNLISTED PROC,TRACH BRONCHI	31899	CPT	inpatient			2511	260.52	Aetna	Medicare		773.39	0.308			200.82	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH BRONCHI	31899	CPT	inpatient			2511	260.52	Aetna	Better Health		789.96	0.3146			200.82	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH BRONCHI	31899	CPT	inpatient			2511	260.52	Aetna	Commercial		3693.65	1.592			200.82	2385.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,TRACH BRONCHI	31899	CPT	inpatient			2511	260.52	Americare	Americare		1883.25	0.75			200.82	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH BRONCHI	31899	CPT	inpatient			2511	260.52	WellPoint	WellPoint		805.53	0.3208			200.82	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH BRONCHI	31899	CPT	inpatient			2511	260.52	Amerihealth	Medicare		226.54	1			200.82	2385.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,TRACH BRONCHI	31899	CPT	inpatient			2511	260.52	Consumer	Consumer		2385.45	0.95			200.82	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH BRONCHI	31899	CPT	inpatient			2511	260.52	Corrections	Corrections		2008.8	0.8			200.82	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH BRONCHI	31899	CPT	inpatient			2511	260.52	First Health	First Health		1757.7	0.7			200.82	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH BRONCHI	31899	CPT	inpatient			2511	260.52	First Trenton	First Trenton		2259.9	0.9			200.82	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH BRONCHI	31899	CPT	inpatient			2511	260.52	Horizon	Medicare Blue		226.54	1			200.82	2385.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,TRACH BRONCHI	31899	CPT	inpatient			2511	260.52	Horizon	MGD		413.89	1.827			200.82	2385.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,TRACH BRONCHI	31899	CPT	inpatient			2511	260.52	Horizon	PPO		413.89	1.827			200.82	2385.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,TRACH BRONCHI	31899	CPT	inpatient			2511	260.52	Horizon	Indemnity		413.89	1.827			200.82	2385.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,TRACH BRONCHI	31899	CPT	inpatient			2511	260.52	Managed Care Inc	Managed Care Inc		2259.9	0.9			200.82	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH BRONCHI	31899	CPT	inpatient			2511	260.52	Multiplan	Multiplan		2008.8	0.8			200.82	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH BRONCHI	31899	CPT	inpatient			2511	260.52	Qualcare	Qualcare		1883.25	0.75			200.82	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH BRONCHI	31899	CPT	inpatient			2511	260.52	Three Rivers	Three Rivers		2385.45	0.95			200.82	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH BRONCHI	31899	CPT	inpatient			2511	260.52	UHC	Medicaid		789.96	0.3146			200.82	2385.45	percent of total billed charges	
UNLISTED PROC,TRACH BRONCHI	31899	CPT	inpatient			2511	260.52	UHC	Medicare		226.54	1			200.82	2385.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,TRACH BRONCHI	31899	CPT	inpatient			2511	260.52	Wellcare	Medicare		226.54	1			200.82	2385.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC,TRACH BRONCHI	31899	CPT	inpatient			2511	260.52	Wellcare	Medicaid		789.96	0.3146			200.82	2385.45	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Aetna	Commercial		1877.96	0.38			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Aetna	Better Health		1554.75	0.3146			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Aetna	Medicare		1522.14	0.308			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Americare	Americare		3706.5	0.75			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		WellPoint	WellPoint		1585.39	0.3208			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Consumer	Consumer		4694.9	0.95			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Corrections	Corrections		3953.6	0.8			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		First Health	First Health		3459.4	0.7			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		First Trenton	First Trenton		4447.8	0.9			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Horizon	Indemnity		1891.8	0.3828			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Horizon	Medicare Blue		1482.6	0.3			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Horizon	MGD		1891.8	0.3828			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Horizon	PPO		1891.8	0.3828			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Managed Care Inc	Managed Care Inc		4447.8	0.9			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Multiplan	Multiplan		3953.6	0.8			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Qualcare	Qualcare		3706.5	0.75			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Three Rivers	Three Rivers		4694.9	0.95			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		UHC	Medicaid		1554.75	0.3146			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32100	CPT	outpatient			4942		Wellcare	Medicaid		1554.75	0.3146			1482.6	4694.9	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,LUNG LAC	32110	CPT	outpatient			7859		Aetna	Commercial		2986.42	0.38			2357.7	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,LUNG LAC	32110	CPT	outpatient			7859		Aetna	Better Health		2472.44	0.3146			2357.7	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,LUNG LAC	32110	CPT	outpatient			7859		Aetna	Medicare		2420.57	0.308			2357.7	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,LUNG LAC	32110	CPT	outpatient			7859		Americare	Americare		5894.25	0.75			2357.7	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,LUNG LAC	32110	CPT	outpatient			7859		WellPoint	WellPoint		2521.17	0.3208			2357.7	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,LUNG LAC	32110	CPT	outpatient			7859		Consumer	Consumer		7466.05	0.95			2357.7	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,LUNG LAC	32110	CPT	outpatient			7859		Corrections	Corrections		6287.2	0.8			2357.7	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,LUNG LAC	32110	CPT	outpatient			7859		First Health	First Health		5501.3	0.7			2357.7	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,LUNG LAC	32110	CPT	outpatient			7859		First Trenton	First Trenton		7073.1	0.9			2357.7	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,LUNG LAC	32110	CPT	outpatient			7859		Horizon	MGD		3008.43	0.3828			2357.7	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,LUNG LAC	32110	CPT	outpatient			7859		Horizon	Medicare Blue		2357.7	0.3			2357.7	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,LUNG LAC	32110	CPT	outpatient			7859		Horizon	PPO		3008.43	0.3828			2357.7	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,LUNG LAC	32110	CPT	outpatient			7859		Horizon	Indemnity		3008.43	0.3828			2357.7	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,LUNG LAC	32110	CPT	outpatient			7859		Managed Care Inc	Managed Care Inc		7073.1	0.9			2357.7	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,LUNG LAC	32110	CPT	outpatient			7859		Multiplan	Multiplan		6287.2	0.8			2357.7	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,LUNG LAC	32110	CPT	outpatient			7859		Qualcare	Qualcare		5894.25	0.75			2357.7	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,LUNG LAC	32110	CPT	outpatient			7859		Three Rivers	Three Rivers		7466.05	0.95			2357.7	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,LUNG LAC	32110	CPT	outpatient			7859		UHC	Medicaid		2472.44	0.3146			2357.7	7466.05	percent of total billed charges	
THORACOTOMY FOR TRMATIC HEMORR,LUNG LAC	32110	CPT	outpatient			7859		Wellcare	Medicaid		2472.44	0.3146			2357.7	7466.05	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Aetna	Medicare		482.33	0.308			469.8	1487.7	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Aetna	Better Health		492.66	0.3146			469.8	1487.7	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Aetna	Commercial		595.08	0.38			469.8	1487.7	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Americare	Americare		1174.5	0.75			469.8	1487.7	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		WellPoint	WellPoint		502.37	0.3208			469.8	1487.7	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Consumer	Consumer		1487.7	0.95			469.8	1487.7	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Corrections	Corrections		1252.8	0.8			469.8	1487.7	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		First Health	First Health		1096.2	0.7			469.8	1487.7	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		First Trenton	First Trenton		1409.4	0.9			469.8	1487.7	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Horizon	Indemnity		599.46	0.3828			469.8	1487.7	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Horizon	MGD		599.46	0.3828			469.8	1487.7	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Horizon	Medicare Blue		469.8	0.3			469.8	1487.7	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Horizon	PPO		599.46	0.3828			469.8	1487.7	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Managed Care Inc	Managed Care Inc		1409.4	0.9			469.8	1487.7	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Multiplan	Multiplan		1252.8	0.8			469.8	1487.7	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Qualcare	Qualcare		1174.5	0.75			469.8	1487.7	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Three Rivers	Three Rivers		1487.7	0.95			469.8	1487.7	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		UHC	Medicaid		492.66	0.3146			469.8	1487.7	percent of total billed charges	
THORACENTESIS	32124	CPT	outpatient			1566		Wellcare	Medicaid		492.66	0.3146			469.8	1487.7	percent of total billed charges	
THORACOTOMY	32160	CPT	outpatient			4942		Aetna	Commercial		1877.96	0.38			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32160	CPT	outpatient			4942		Aetna	Better Health		1554.75	0.3146			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32160	CPT	outpatient			4942		Aetna	Medicare		1522.14	0.308			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32160	CPT	outpatient			4942		Americare	Americare		3706.5	0.75			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32160	CPT	outpatient			4942		WellPoint	WellPoint		1585.39	0.3208			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32160	CPT	outpatient			4942		Consumer	Consumer		4694.9	0.95			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32160	CPT	outpatient			4942		Corrections	Corrections		3953.6	0.8			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32160	CPT	outpatient			4942		First Health	First Health		3459.4	0.7			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32160	CPT	outpatient			4942		First Trenton	First Trenton		4447.8	0.9			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32160	CPT	outpatient			4942		Horizon	Indemnity		1891.8	0.3828			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32160	CPT	outpatient			4942		Horizon	MGD		1891.8	0.3828			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32160	CPT	outpatient			4942		Horizon	PPO		1891.8	0.3828			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32160	CPT	outpatient			4942		Horizon	Medicare Blue		1482.6	0.3			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32160	CPT	outpatient			4942		Managed Care Inc	Managed Care Inc		4447.8	0.9			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32160	CPT	outpatient			4942		Multiplan	Multiplan		3953.6	0.8			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32160	CPT	outpatient			4942		Qualcare	Qualcare		3706.5	0.75			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32160	CPT	outpatient			4942		Three Rivers	Three Rivers		4694.9	0.95			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32160	CPT	outpatient			4942		UHC	Medicaid		1554.75	0.3146			1482.6	4694.9	percent of total billed charges	
THORACOTOMY	32160	CPT	outpatient			4942		Wellcare	Medicaid		1554.75	0.3146			1482.6	4694.9	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Aetna	Better Health		1778.43	0.3146			609.69	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Aetna	Commercial		2951.93	1.592			609.69	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Aetna	Medicare		1854.23	1			609.69	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Americare	Americare		4239.75	0.75			609.69	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	WellPoint	WellPoint		1813.48	0.3208			609.69	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Amerihealth	Medicare		1854.23	1			609.69	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Consumer	Consumer		5370.35	0.95			609.69	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Corrections	Corrections		4522.4	0.8			609.69	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	First Health	First Health		3957.1	0.7			609.69	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	First Trenton	First Trenton		5087.7	0.9			609.69	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Horizon	Indemnity		3387.68	1.827			609.69	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Horizon	MGD		3387.68	1.827			609.69	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Horizon	Medicare Blue		1854.23	1			609.69	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Horizon	PPO		3387.68	1.827			609.69	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Managed Care Inc	Managed Care Inc		5087.7	0.9			609.69	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Multiplan	Multiplan		4522.4	0.8			609.69	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Qualcare	Qualcare		4239.75	0.75			609.69	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Three Rivers	Three Rivers		5370.35	0.95			609.69	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	UHC	Medicaid		1778.43	0.3146			609.69	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	UHC	Medicare		1854.23	1			609.69	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Wellcare	Medicaid		1778.43	0.3146			609.69	5370.35	percent of total billed charges	
NEEDLE BIOPSY CHEST LINING	32400	CPT	outpatient			5653	2132.36	Wellcare	Medicare		1854.23	1			609.69	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	both			5653		Aetna	Commercial		2148.14	0.38			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	both			5653		Aetna	Better Health		1778.43	0.3146			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	both			5653		Aetna	Medicare		1741.12	0.308			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	both			5653		Americare	Americare		4239.75	0.75			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	both			5653		WellPoint	WellPoint		1813.48	0.3208			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	both			5653		Consumer	Consumer		5370.35	0.95			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	both			5653		Corrections	Corrections		4522.4	0.8			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	both			5653		First Health	First Health		3957.1	0.7			714.6	5370.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	both			5653		First Trenton	First Trenton		5087.7	0.9			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	both			5653		Horizon	MGD		2163.97	0.3828			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	both			5653		Horizon	Indemnity		2163.97	0.3828			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	both			5653		Horizon	Medicare Blue		1695.9	0.3			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	both			5653		Horizon	PPO		2163.97	0.3828			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	both			5653		Managed Care Inc	Managed Care Inc		5087.7	0.9			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	both			5653		Multiplan	Multiplan		4522.4	0.8			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	both			5653		Qualcare	Qualcare		4239.75	0.75			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	both			5653		Three Rivers	Three Rivers		5370.35	0.95			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	both			5653		UHC	Medicaid		1778.43	0.3146			714.6	5370.35	percent of total billed charges	
PERCUT BX LUNG/MEDIASTINUM	32405	CPT	both			5653		Wellcare	Medicaid		1778.43	0.3146			714.6	5370.35	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Aetna	Medicare		1731.27	0.308			1669.05	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Aetna	Better Health		1768.37	0.3146			1669.05	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Aetna	Commercial		2951.93	1.592			1669.05	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Americare	Americare		4215.75	0.75			1669.05	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	WellPoint	WellPoint		1803.22	0.3208			1669.05	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Amerihealth	Medicare		1854.23	1			1669.05	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Consumer	Consumer		5339.95	0.95			1669.05	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Corrections	Corrections		4496.8	0.8			1669.05	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	First Health	First Health		3934.7	0.7			1669.05	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	First Trenton	First Trenton		5058.9	0.9			1669.05	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Horizon	Indemnity		3387.68	1.827			1669.05	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Horizon	MGD		3387.68	1.827			1669.05	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Horizon	Medicare Blue		1854.23	1			1669.05	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Horizon	PPO		3387.68	1.827			1669.05	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Managed Care Inc	Managed Care Inc		5058.9	0.9			1669.05	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Multiplan	Multiplan		4496.8	0.8			1669.05	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Qualcare	Qualcare		4215.75	0.75			1669.05	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Three Rivers	Three Rivers		5339.95	0.95			1669.05	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	UHC	Medicaid		1768.37	0.3146			1669.05	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	UHC	Medicare		1854.23	1			1669.05	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Wellcare	Medicaid		1768.37	0.3146			1669.05	5339.95	percent of total billed charges	
IR CORE NDLE BIOPSY OF LUNG/MEDIASTINUM	32408	CPT	both			5621	2132.36	Wellcare	Medicare		1854.23	1			1669.05	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Aetna	Better Health		10065	0.3146			3356.15	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Aetna	Commercial		6299.11	1.592			3356.15	30393.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Aetna	Medicare		3956.73	1			3356.15	30393.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Americare	Americare		23994.75	0.75			3356.15	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	WellPoint	WellPoint		10263.35	0.3208			3356.15	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Amerihealth	Medicare		3956.73	1			3356.15	30393.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Consumer	Consumer		30393.35	0.95			3356.15	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Corrections	Corrections		25594.4	0.8			3356.15	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	First Health	First Health		22395.1	0.7			3356.15	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	First Trenton	First Trenton		28793.7	0.9			3356.15	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Horizon	MGD		7228.95	1.827			3356.15	30393.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Horizon	Indemnity		7228.95	1.827			3356.15	30393.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Horizon	Medicare Blue		3956.73	1			3356.15	30393.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Horizon	PPO		7228.95	1.827			3356.15	30393.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Managed Care Inc	Managed Care Inc		28793.7	0.9			3356.15	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Multiplan	Multiplan		25594.4	0.8			3356.15	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Qualcare	Qualcare		23994.75	0.75			3356.15	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Three Rivers	Three Rivers		30393.35	0.95			3356.15	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	UHC	Medicare		3956.73	1			3356.15	30393.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	UHC	Medicaid		10065	0.3146			3356.15	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Wellcare	Medicaid		10065	0.3146			3356.15	30393.35	percent of total billed charges	
INSRT INDWLG TUNNLD PLRAL CATH	32550	CPT	both			31993	4550.24	Wellcare	Medicare		3956.73	1			3356.15	30393.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY	32551	CPT	both			1982	2106.37	Aetna	Better Health		623.54	0.3146			608.75	3346.39	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982	2106.37	Aetna	Commercial		2915.95	1.592			608.75	3346.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY	32551	CPT	both			1982	2106.37	Aetna	Medicare		1831.63	1			608.75	3346.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY	32551	CPT	both			1982	2106.37	Americare	Americare		1486.5	0.75			608.75	3346.39	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982	2106.37	WellPoint	WellPoint		635.83	0.3208			608.75	3346.39	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982	2106.37	Amerihealth	Medicare		1831.63	1			608.75	3346.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY	32551	CPT	both			1982	2106.37	Consumer	Consumer		1882.9	0.95			608.75	3346.39	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982	2106.37	Corrections	Corrections		1585.6	0.8			608.75	3346.39	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982	2106.37	First Health	First Health		1387.4	0.7			608.75	3346.39	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982	2106.37	First Trenton	First Trenton		1783.8	0.9			608.75	3346.39	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982	2106.37	Horizon	Indemnity		3346.39	1.827			608.75	3346.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY	32551	CPT	both			1982	2106.37	Horizon	MGD		3346.39	1.827			608.75	3346.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY	32551	CPT	both			1982	2106.37	Horizon	Medicare Blue		1831.63	1			608.75	3346.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY	32551	CPT	both			1982	2106.37	Horizon	PPO		3346.39	1.827			608.75	3346.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY	32551	CPT	both			1982	2106.37	Managed Care Inc	Managed Care Inc		1783.8	0.9			608.75	3346.39	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982	2106.37	Multiplan	Multiplan		1585.6	0.8			608.75	3346.39	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982	2106.37	Qualcare	Qualcare		1486.5	0.75			608.75	3346.39	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982	2106.37	Three Rivers	Three Rivers		1882.9	0.95			608.75	3346.39	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982	2106.37	UHC	Medicaid		623.54	0.3146			608.75	3346.39	percent of total billed charges	
TUBE THORACOSTOMY	32551	CPT	both			1982	2106.37	UHC	Medicare		1831.63	1			608.75	3346.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY	32551	CPT	both			1982	2106.37	Wellcare	Medicare		1831.63	1			608.75	3346.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUBE THORACOSTOMY	32551	CPT	both			1982	2106.37	Wellcare	Medicaid		623.54	0.3146			608.75	3346.39	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956	826.23	Aetna	Commercial		1143.79	1.592			685.83	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956	826.23	Aetna	Better Health		929.96	0.3146			685.83	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956	826.23	Aetna	Medicare		718.46	1			685.83	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956	826.23	Americare	Americare		2217	0.75			685.83	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956	826.23	WellPoint	WellPoint		948.28	0.3208			685.83	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956	826.23	Amerihealth	Medicare		718.46	1			685.83	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956	826.23	Consumer	Consumer		2808.2	0.95			685.83	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956	826.23	Corrections	Corrections		2364.8	0.8			685.83	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956	826.23	First Health	First Health		2069.2	0.7			685.83	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956	826.23	First Trenton	First Trenton		2660.4	0.9			685.83	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956	826.23	Horizon	Medicare Blue		718.46	1			685.83	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956	826.23	Horizon	MGD		1312.63	1.827			685.83	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956	826.23	Horizon	Indemnity		1312.63	1.827			685.83	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956	826.23	Horizon	PPO		1312.63	1.827			685.83	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956	826.23	Managed Care Inc	Managed Care Inc		2660.4	0.9			685.83	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956	826.23	Multiplan	Multiplan		2364.8	0.8			685.83	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956	826.23	Qualcare	Qualcare		2217	0.75			685.83	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956	826.23	Three Rivers	Three Rivers		2808.2	0.95			685.83	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956	826.23	UHC	Medicaid		929.96	0.3146			685.83	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956	826.23	UHC	Medicare		718.46	1			685.83	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956	826.23	Wellcare	Medicaid		929.96	0.3146			685.83	2808.2	percent of total billed charges	
REMOVAL OF INDWELLING TUNNELED PLEURAL	32552	CPT	both			2956	826.23	Wellcare	Medicare		718.46	1			685.83	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS MARK THOR FOR RT PERQ	32553	CPT	inpatient			4779	1822.41	Aetna	Better Health		1503.47	0.3146			1503.47	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	inpatient			4779	1822.41	Aetna	Commercial		2522.84	1.592			1503.47	4540.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS MARK THOR FOR RT PERQ	32553	CPT	inpatient			4779	1822.41	Aetna	Medicare		1584.7	1			1503.47	4540.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS MARK THOR FOR RT PERQ	32553	CPT	inpatient			4779	1822.41	Americare	Americare		3584.25	0.75			1503.47	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	inpatient			4779	1822.41	WellPoint	WellPoint		1533.1	0.3208			1503.47	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	inpatient			4779	1822.41	Amerihealth	Medicare		1584.7	1			1503.47	4540.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS MARK THOR FOR RT PERQ	32553	CPT	inpatient			4779	1822.41	Consumer	Consumer		4540.05	0.95			1503.47	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	inpatient			4779	1822.41	Corrections	Corrections		3823.2	0.8			1503.47	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	inpatient			4779	1822.41	First Health	First Health		3345.3	0.7			1503.47	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	inpatient			4779	1822.41	First Trenton	First Trenton		4301.1	0.9			1503.47	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	inpatient			4779	1822.41	Horizon	Indemnity		2895.25	1.827			1503.47	4540.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS MARK THOR FOR RT PERQ	32553	CPT	inpatient			4779	1822.41	Horizon	MGD		2895.25	1.827			1503.47	4540.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS MARK THOR FOR RT PERQ	32553	CPT	inpatient			4779	1822.41	Horizon	Medicare Blue		1584.7	1			1503.47	4540.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS MARK THOR FOR RT PERQ	32553	CPT	inpatient			4779	1822.41	Horizon	PPO		2895.25	1.827			1503.47	4540.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS MARK THOR FOR RT PERQ	32553	CPT	inpatient			4779	1822.41	Managed Care Inc	Managed Care Inc		4301.1	0.9			1503.47	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	inpatient			4779	1822.41	Multiplan	Multiplan		3823.2	0.8			1503.47	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	inpatient			4779	1822.41	Qualcare	Qualcare		3584.25	0.75			1503.47	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	inpatient			4779	1822.41	Three Rivers	Three Rivers		4540.05	0.95			1503.47	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	inpatient			4779	1822.41	UHC	Medicaid		1503.47	0.3146			1503.47	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	inpatient			4779	1822.41	UHC	Medicare		1584.7	1			1503.47	4540.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS MARK THOR FOR RT PERQ	32553	CPT	inpatient			4779	1822.41	Wellcare	Medicaid		1503.47	0.3146			1503.47	4540.05	percent of total billed charges	
INS MARK THOR FOR RT PERQ	32553	CPT	inpatient			4779	1822.41	Wellcare	Medicare		1584.7	1			1503.47	4540.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTIS NDLE/CATH ASP OF PLEURA	32554	CPT	outpatient			2280	826.23	Aetna	Commercial		1143.79	1.592			631.09	2166	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTIS NDLE/CATH ASP OF PLEURA	32554	CPT	outpatient			2280	826.23	Aetna	Better Health		717.29	0.3146			631.09	2166	percent of total billed charges	
THORACENTIS NDLE/CATH ASP OF PLEURA	32554	CPT	outpatient			2280	826.23	Aetna	Medicare		718.46	1			631.09	2166	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTIS NDLE/CATH ASP OF PLEURA	32554	CPT	outpatient			2280	826.23	Americare	Americare		1710	0.75			631.09	2166	percent of total billed charges	
THORACENTIS NDLE/CATH ASP OF PLEURA	32554	CPT	outpatient			2280	826.23	WellPoint	WellPoint		731.42	0.3208			631.09	2166	percent of total billed charges	
THORACENTIS NDLE/CATH ASP OF PLEURA	32554	CPT	outpatient			2280	826.23	Amerihealth	Medicare		718.46	1			631.09	2166	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTIS NDLE/CATH ASP OF PLEURA	32554	CPT	outpatient			2280	826.23	Consumer	Consumer		2166	0.95			631.09	2166	percent of total billed charges	
THORACENTIS NDLE/CATH ASP OF PLEURA	32554	CPT	outpatient			2280	826.23	Corrections	Corrections		1824	0.8			631.09	2166	percent of total billed charges	
THORACENTIS NDLE/CATH ASP OF PLEURA	32554	CPT	outpatient			2280	826.23	First Health	First Health		1596	0.7			631.09	2166	percent of total billed charges	
THORACENTIS NDLE/CATH ASP OF PLEURA	32554	CPT	outpatient			2280	826.23	First Trenton	First Trenton		2052	0.9			631.09	2166	percent of total billed charges	
THORACENTIS NDLE/CATH ASP OF PLEURA	32554	CPT	outpatient			2280	826.23	Horizon	MGD		1312.63	1.827			631.09	2166	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTIS NDLE/CATH ASP OF PLEURA	32554	CPT	outpatient			2280	826.23	Horizon	Indemnity		1312.63	1.827			631.09	2166	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTIS NDLE/CATH ASP OF PLEURA	32554	CPT	outpatient			2280	826.23	Horizon	Medicare Blue		718.46	1			631.09	2166	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTIS NDLE/CATH ASP OF PLEURA	32554	CPT	outpatient			2280	826.23	Horizon	PPO		1312.63	1.827			631.09	2166	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTIS NDLE/CATH ASP OF PLEURA	32554	CPT	outpatient			2280	826.23	Managed Care Inc	Managed Care Inc		2052	0.9			631.09	2166	percent of total billed charges	
THORACENTIS NDLE/CATH ASP OF PLEURA	32554	CPT	outpatient			2280	826.23	Multiplan	Multiplan		1824	0.8			631.09	2166	percent of total billed charges	
THORACENTIS NDLE/CATH ASP OF PLEURA	32554	CPT	outpatient			2280	826.23	Qualcare	Qualcare		1710	0.75			631.09	2166	percent of total billed charges	
THORACENTIS NDLE/CATH ASP OF PLEURA	32554	CPT	outpatient			2280	826.23	Three Rivers	Three Rivers		2166	0.95			631.09	2166	percent of total billed charges	
THORACENTIS NDLE/CATH ASP OF PLEURA	32554	CPT	outpatient			2280	826.23	UHC	Medicare		718.46	1			631.09	2166	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACENTIS NDLE/CATH ASP OF PLEURA	32554	CPT	outpatient			2280	826.23	UHC	Medicaid		717.29	0.3146			631.09	2166	percent of total billed charges	
THORACENTIS NDLE/CATH ASP OF PLEURA	32554	CPT	outpatient			2280	826.23	Wellcare	Medicaid		717.29	0.3146			631.09	2166	percent of total billed charges	
THORACENTIS NDLE/CATH ASP OF PLEURA	32554	CPT	outpatient			2280	826.23	Wellcare	Medicare		718.46	1			631.09	2166	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Aetna	Better Health		799.08	0.3146			631.09		2413 percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Aetna	Commercial		1143.79	1.592			631.09		2413 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Aetna	Medicare		718.46	1			631.09		2413 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Americare	Americare		1905	0.75			631.09		2413 percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 WellPoint	WellPoint		814.83	0.3208			631.09		2413 percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 AmeriHealth	Medicare		718.46	1			631.09		2413 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Consumer	Consumer		2413	0.95			631.09		2413 percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Corrections	Corrections		2032	0.8			631.09		2413 percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 First Health	First Health		1778	0.7			631.09		2413 percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 First Trenton	First Trenton		2286	0.9			631.09		2413 percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Horizon	Medicare Blue		718.46	1			631.09		2413 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Horizon	Indemnity		1312.63	1.827			631.09		2413 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Horizon	MGD		1312.63	1.827			631.09		2413 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Horizon	PPO		1312.63	1.827			631.09		2413 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Managed Care Inc	Managed Care Inc		2286	0.9			631.09		2413 percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Multiplan	Multiplan		2032	0.8			631.09		2413 percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Qualcare	Qualcare		1905	0.75			631.09		2413 percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Three Rivers	Three Rivers		2413	0.95			631.09		2413 percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 UHC	Medicaid		799.08	0.3146			631.09		2413 percent of total billed charges	
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 UHC	Medicare		718.46	1			631.09		2413 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Wellcare	Medicare		718.46	1			631.09		2413 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED THORACENTESIS	32555	CPT	both			2540		826.23 Wellcare	Medicaid		799.08	0.3146			631.09		2413 percent of total billed charges	
PLURAL DRAIN PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Aetna	Medicare		1870.18	0.308			1870.18		5768.4 percent of total billed charges	
PLURAL DRAIN PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Aetna	Commercial		3464.51	1.592			1870.18		5768.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLURAL DRAIN PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Aetna	Better Health		1910.25	0.3146			1870.18		5768.4 percent of total billed charges	
PLURAL DRAIN PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Americare	Americare		4554	0.75			1870.18		5768.4 percent of total billed charges	
PLURAL DRAIN PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 WellPoint	WellPoint		1947.9	0.3208			1870.18		5768.4 percent of total billed charges	
PLURAL DRAIN PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 AmeriHealth	Medicare		2176.2	1			1870.18		5768.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLURAL DRAIN PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Consumer	Consumer		5768.4	0.95			1870.18		5768.4 percent of total billed charges	
PLURAL DRAIN PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Corrections	Corrections		4857.6	0.8			1870.18		5768.4 percent of total billed charges	
PLURAL DRAIN PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 First Health	First Health		4250.4	0.7			1870.18		5768.4 percent of total billed charges	
PLURAL DRAIN PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 First Trenton	First Trenton		5464.8	0.9			1870.18		5768.4 percent of total billed charges	
PLURAL DRAIN PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Horizon	Indemnity		3975.92	1.827			1870.18		5768.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLURAL DRAIN PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Horizon	MGD		3975.92	1.827			1870.18		5768.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLURAL DRAIN PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Horizon	Medicare Blue		2176.2	1			1870.18		5768.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLURAL DRAIN PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Horizon	PPO		3975.92	1.827			1870.18		5768.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLURAL DRAIN PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Managed Care Inc	Managed Care Inc		5464.8	0.9			1870.18		5768.4 percent of total billed charges	
PLURAL DRAIN PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Multiplan	Multiplan		4857.6	0.8			1870.18		5768.4 percent of total billed charges	
PLURAL DRAIN PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Qualcare	Qualcare		4554	0.75			1870.18		5768.4 percent of total billed charges	
PLURAL DRAIN PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Three Rivers	Three Rivers		5768.4	0.95			1870.18		5768.4 percent of total billed charges	
PLURAL DRAIN PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 UHC	Medicare		2176.2	1			1870.18		5768.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLURAL DRAIN PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 UHC	Medicaid		1910.25	0.3146			1870.18		5768.4 percent of total billed charges	
PLURAL DRAIN PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Wellcare	Medicaid		1910.25	0.3146			1870.18		5768.4 percent of total billed charges	
PLURAL DRAIN PERC WITH INSERT OF INDWELL	32556	CPT	inpatient			6072		2502.63 Wellcare	Medicare		2176.2	1			1870.18		5768.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED PLEURAL DRAINAGE INDWELLING	32557	CPT	both			4478		2106.37 Aetna	Better Health		1408.78	0.3146			631.09		4254.1 percent of total billed charges	
US GUIDED PLEURAL DRAINAGE INDWELLING	32557	CPT	both			4478		2106.37 Aetna	Commercial		2915.95	1.592			631.09		4254.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED PLEURAL DRAINAGE INDWELLING	32557	CPT	both			4478		2106.37 Aetna	Medicare		1831.63	1			631.09		4254.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED PLEURAL DRAINAGE INDWELLING	32557	CPT	both			4478		2106.37 Americare	Americare		3358.5	0.75			631.09		4254.1 percent of total billed charges	
US GUIDED PLEURAL DRAINAGE INDWELLING	32557	CPT	both			4478		2106.37 WellPoint	WellPoint		1436.54	0.3208			631.09		4254.1 percent of total billed charges	
US GUIDED PLEURAL DRAINAGE INDWELLING	32557	CPT	both			4478		2106.37 AmeriHealth	Medicare		1831.63	1			631.09		4254.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED PLEURAL DRAINAGE INDWELLING	32557	CPT	both			4478		2106.37 Consumer	Consumer		4254.1	0.95			631.09		4254.1 percent of total billed charges	
US GUIDED PLEURAL DRAINAGE INDWELLING	32557	CPT	both			4478		2106.37 Corrections	Corrections		3582.4	0.8			631.09		4254.1 percent of total billed charges	
US GUIDED PLEURAL DRAINAGE INDWELLING	32557	CPT	both			4478		2106.37 First Health	First Health		3134.6	0.7			631.09		4254.1 percent of total billed charges	
US GUIDED PLEURAL DRAINAGE INDWELLING	32557	CPT	both			4478		2106.37 First Trenton	First Trenton		4030.2	0.9			631.09		4254.1 percent of total billed charges	
US GUIDED PLEURAL DRAINAGE INDWELLING	32557	CPT	both			4478		2106.37 Horizon	MGD		3346.39	1.827			631.09		4254.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED PLEURAL DRAINAGE INDWELLING	32557	CPT	both			4478		2106.37 Horizon	Indemnity		3346.39	1.827			631.09		4254.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED PLEURAL DRAINAGE INDWELLING	32557	CPT	both			4478		2106.37 Horizon	Medicare Blue		1831.63	1			631.09		4254.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED PLEURAL DRAINAGE INDWELLING	32557	CPT	both			4478		2106.37 Horizon	PPO		3346.39	1.827			631.09		4254.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED PLEURAL DRAINAGE INDWELLING	32557	CPT	both			4478		2106.37 Managed Care Inc	Managed Care Inc		4030.2	0.9			631.09		4254.1 percent of total billed charges	
US GUIDED PLEURAL DRAINAGE INDWELLING	32557	CPT	both			4478		2106.37 Multiplan	Multiplan		3582.4	0.8			631.09		4254.1 percent of total billed charges	
US GUIDED PLEURAL DRAINAGE INDWELLING	32557	CPT	both			4478		2106.37 Qualcare	Qualcare		3358.5	0.75			631.09		4254.1 percent of total billed charges	
US GUIDED PLEURAL DRAINAGE INDWELLING	32557	CPT	both			4478		2106.37 Three Rivers	Three Rivers		4254.1	0.95			631.09		4254.1 percent of total billed charges	
US GUIDED PLEURAL DRAINAGE INDWELLING	32557	CPT	both			4478		2106.37 UHC	Medicaid		1408.78	0.3146			631.09		4254.1 percent of total billed charges	
US GUIDED PLEURAL DRAINAGE INDWELLING	32557	CPT	both			4478		2106.37 UHC	Medicare		1831.63	1			631.09		4254.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED PLEURAL DRAINAGE INDWELLING	32557	CPT	both			4478		2106.37 Wellcare	Medicare		1831.63	1			631.09		4254.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED PLEURAL DRAINAGE INDWELLING	32557	CPT	both			4478		2106.37 Wellcare	Medicaid		1408.78	0.3146			631.09		4254.1 percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Aetna	Better Health		570.37	0.3146			570.37		1722.35 percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Aetna	Medicare		718.46	1			570.37		1722.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Aetna	Commercial		1143.79	1.592			570.37		1722.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Americare	Americare		1359.75	0.75			570.37		1722.35 percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 WellPoint	WellPoint		581.61	0.3208			570.37		1722.35 percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 AmeriHealth	Medicare		718.46	1			570.37		1722.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Consumer	Consumer		1722.35	0.95			570.37		1722.35 percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Corrections	Corrections		1450.4	0.8			570.37		1722.35 percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 First Health	First Health		1269.1	0.7			570.37		1722.35 percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 First Trenton	First Trenton		1631.7	0.9			570.37		1722.35 percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Horizon	MGD		1312.63	1.827			570.37		1722.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Horizon	Indemnity		1312.63	1.827			570.37		1722.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Horizon	PPO		1312.63	1.827			570.37		1722.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Horizon	Medicare Blue		718.46	1			570.37		1722.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Managed Care Inc	Managed Care Inc		1631.7	0.9			570.37		1722.35 percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Multiplan	Multiplan		1450.4	0.8			570.37		1722.35 percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Qualcare	Qualcare		1359.75	0.75			570.37		1722.35 percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Three Rivers	Three Rivers		1722.35	0.95			570.37		1722.35 percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 UHC	Medicaid		570.37	0.3146			570.37		1722.35 percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 UHC	Medicare		718.46	1			570.37		1722.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Wellcare	Medicaid		570.37	0.3146			570.37		1722.35 percent of total billed charges	
CHEMICAL PLEURODESIS RT	32560	CPT	outpatient			1813		826.23 Wellcare	Medicare		718.46	1			570.37		1722.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB/INI	32561	CPT	outpatient			2049		826.23 Aetna	Better Health		644.62	0.3146			644.62		1946.55 percent of total billed charges	
INSTC/TUBE/CATH/FIB/INI	32561	CPT	outpatient			2049		826.23 Aetna	Commercial		1143.79	1.592			644.62		1946.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB/INI	32561	CPT	outpatient			2049		826.23 Aetna	Medicare		718.46	1			644.62		1946.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB/INI	32561	CPT	outpatient			2049		826.23 Americare	Americare		1536.75	0.75			644.62		1946.55 percent of total billed charges	
INSTC/TUBE/CATH/FIB/INI	32561	CPT	outpatient			2049		826.23 WellPoint	WellPoint		657.32	0.3208			644.62		1946.55 percent of total billed charges	
INSTC/TUBE/CATH/FIB/INI	32561	CPT	outpatient			2049		826.23 AmeriHealth	Medicare		718.46	1			644.62		1946.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB/INI	32561	CPT	outpatient			2049		826.23 Consumer	Consumer		1946.55	0.95			644.62		1946.55 percent of total billed charges	
INSTC/TUBE/CATH/FIB/INI	32561	CPT	outpatient			2049		826.23 Corrections	Corrections		1639.2	0.8			644.62		1946.55 percent of total billed charges	
INSTC/TUBE/CATH/FIB/INI	32561	CPT	outpatient			2049		826.23 First Health	First Health		1434.3	0.7			644.62		1946.55 percent of total billed charges	
INSTC/TUBE/CATH/FIB/INI	32561	CPT	outpatient			2049		826.23 First Trenton	First Trenton		1844.1	0.9			644.62		1946.55 percent of total billed charges	
INSTC/TUBE/CATH/FIB/INI	32561	CPT	outpatient			2049		826.23 Horizon	MGD		1312.63	1.827			644.62		1946.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB/INI	32561	CPT	outpatient			2049		826.23 Horizon	Medicare Blue		718.46	1			644.62		1946.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB/INI	32561	CPT	outpatient			2049		826.23 Horizon	PPO		1312.63	1.827			644.62		1946.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB/INI	32561	CPT	outpatient			2049		826.23 Horizon	Indemnity		1312.63	1.827			644.62		1946.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB/INI	32561	CPT	outpatient			2049		826.23 Managed Care Inc	Managed Care Inc		1844.1	0.9			644.62		1946.55 percent of total billed charges	
INSTC/TUBE/CATH/FIB/INI	32561	CPT	outpatient			2049		826.23 Multiplan	Multiplan		1639.2	0.8			644.62		1946.55 percent of total billed charges	
INSTC/TUBE/CATH/FIB/INI	32561	CPT	outpatient			2049		826.23 Qualcare	Qualcare		1536.75	0.75			644.62		1946.55 percent of total billed charges	
INSTC/TUBE/CATH/FIB/INI	32561	CPT	outpatient			2049		826.23 Three Rivers	Three Rivers		1946.55	0.95			644.62		1946.55 percent of total billed charges	
INSTC/TUBE/CATH/FIB/INI	32561	CPT	outpatient			2049		826.23 UHC	Medicare		718.46	1			644.62		1946.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTC/TUBE/CATH/FIB/INI	32561	CPT	outpatient			2049		826.23 UHC	Medicaid		644.62	0.3146			644.62		1946.55 percent of total billed charges	
INSTC/TUBE/CATH/FIB/INI	32561	CPT	outpatient			2049		826.23 Wellcare	Medicaid		644.62	0.3146			644.62		1946.55 percent of total billed charges	
INSTC/TUBE/CATH/FIB/INI	32561	CPT	outpatient			2049		826.23 Wellcare	Medicare		718.46	1			644.62		1946.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INST/CHTUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Aetna	Commercial		1143.79	1.592			644.62		1946.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INST/CHTUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Aetna	Better Health		644.62	0.3146			644.62		1946.55 percent of total billed charges	
INST/CHTUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Aetna	Medicare		718.46	1			644.62		1946.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INST/CHTUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Americare	Americare		1536.75	0.75			644.62		1946.55 percent of total billed charges	
INST/CHTUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 WellPoint	WellPoint		657.32	0.3208			644.62		1946.55 percent of total billed charges	
INST/CHTUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 AmeriHealth	Medicare		718.46	1			644.62		1946.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INST/CHTUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Consumer	Consumer		1946.55	0.95			644.62		1946.55 percent of total billed charges	
INST/CHTUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Corrections	Corrections		1639.2	0.8			644.62		1946.55 percent of total billed charges	
INST/CHTUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 First Health	First Health		1434.3	0.7			644.62		1946.55 percent of total billed charges	
INST/CHTUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 First Trenton	First Trenton		1844.1	0.9			644.62		1946.55 percent of total billed charges	
INST/CHTUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Horizon	MGD		1312.63	1.827			644.62		1946.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INST/CHTUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Horizon	Medicare Blue		718.46	1			644.62		1946.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INST/CHTUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Horizon	Indemnity		1312.63	1.827			644.62		1946.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INST/CHTUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Horizon	PPO		1312.63	1.827			644.62		1946.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INST/CHTUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Managed Care Inc	Managed Care Inc		1844.1	0.9			644.62		1946.55 percent of total billed charges	
INST/CHTUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Multiplan	Multiplan		1639.2	0.8			644.62		1946.55 percent of total billed charges	
INST/CHTUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Qualcare	Qualcare		1536.75	0.75			644.62		1946.55 percent of total billed charges	
INST/CHTUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Three Rivers	Three Rivers		1946.55	0.95			644.62		1946.55 percent of total billed charges	
INST/CHTUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 UHC	Medicare		718.46	1			644.62		1946.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INST/CHTUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 UHC	Medicaid		644.62	0.3146			644.62		1946.55 percent of total billed charges	
INST/CHTUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Wellcare	Medicaid		644.62	0.3146			644.62		1946.55 percent of total billed charges	
INST/CHTUBE/CATH/FIB /SUBSE	32562	CPT	outpatient			2049		826.23 Wellcare	Medicare		718.46	1			644.62		1946.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNEUMONOSTOMY; W/P/C DRAINAGE ABSCESS	32997	CPT	outpatient			1286		Aetna	Medicare		396.09	0.308			385.8		1221.7 percent of total billed charges	
PNEUMONOSTOMY; W/P/C DRAINAGE ABSCESS	32997	CPT	outpatient			1286		Aetna	Better Health		404.58	0.3146			385.8		1221.7 percent of total billed charges	
PNEUMONOSTOMY; W/P/C DRAINAGE ABSCESS	32997	CPT	outpatient			1286		Aetna	Commercial		488.68	0.38			385.8		1221.7 percent of total billed charges	
PNEUMONOSTOMY; W/P/C DRAINAGE ABSCESS	32997	CPT	outpatient			1286		Americare	Americare		964.5	0.75			385.8		1221.7 percent of total billed charges	
PNEUMONOSTOMY; W/P/C DRAINAGE ABSCESS	32997	CPT	outpatient			1286		WellPoint	WellPoint		412.55	0.3208			385.8		1221.7 percent of total billed charges	
PNEUMONOSTOMY; W/P/C DRAINAGE ABSCESS	32997	CPT	outpatient			1286		Consumer	Consumer		1221.7	0.95			385.8		1221.7 percent of total billed charges	
PNEUMONOSTOMY; W/P/C DRAINAGE ABSCESS	32997	CPT	outpatient			1286		Corrections	Corrections		1028.8	0.8			385.8		1221.7 percent of total billed charges	
PNEUMONOSTOMY; W/P/C DRAINAGE ABSCESS	32997	CPT	outpatient			1286		First Health	First Health		900.2	0.7			385.8		1221.7 percent of total billed charges	
PNEUMONOSTOMY; W/P/C DRAINAGE ABSCESS	32997	CPT	outpatient			1286		First Trenton	First Trenton		1157.4	0.9			385.8		1221.7 percent of total billed charges	
PNEUMONOSTOMY; W/P/C DRAINAGE ABSCESS	32997	CPT	outpatient			1286		Horizon	Medicare Blue		385.8	0.3			385.8		1221.7 percent of total billed charges	
PNEUMONOSTOMY; W/P/C DRAINAGE ABSCESS	32997	CPT	outpatient			1286		Horizon	Indemnity		492.28	0.3828			385.8		1221.7 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PNEUMONOSTOMY; W/P/C DRAINAGE ABSCESS	32997	CPT	outpatient			1286		Horizon	MGD		492.28	0.3828			385.8	1221.7	percent of total billed charges	
PNEUMONOSTOMY; W/P/C DRAINAGE ABSCESS	32997	CPT	outpatient			1286		Horizon	PPO		492.28	0.3828			385.8	1221.7	percent of total billed charges	
PNEUMONOSTOMY; W/P/C DRAINAGE ABSCESS	32997	CPT	outpatient			1286		Managed Care Inc	Managed Care Inc		1157.4	0.9			385.8	1221.7	percent of total billed charges	
PNEUMONOSTOMY; W/P/C DRAINAGE ABSCESS	32997	CPT	outpatient			1286		Multiplan	Multiplan		1028.8	0.8			385.8	1221.7	percent of total billed charges	
PNEUMONOSTOMY; W/P/C DRAINAGE ABSCESS	32997	CPT	outpatient			1286		Qualcare	Qualcare		964.5	0.75			385.8	1221.7	percent of total billed charges	
PNEUMONOSTOMY; W/P/C DRAINAGE ABSCESS	32997	CPT	outpatient			1286		Three Rivers	Three Rivers		1221.7	0.95			385.8	1221.7	percent of total billed charges	
PNEUMONOSTOMY; W/P/C DRAINAGE ABSCESS	32997	CPT	outpatient			1286		UHC	Medicaid		404.58	0.3146			385.8	1221.7	percent of total billed charges	
PNEUMONOSTOMY; W/P/C DRAINAGE ABSCESS	32997	CPT	outpatient			1286		Wellcare	Medicaid		404.58	0.3146			385.8	1221.7	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Aetna	Commercial		10505.58	1.592			4230.43	12774.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Aetna	Better Health		4230.43	0.3146			4230.43	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Aetna	Medicare		6598.98	1			4230.43	12774.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Americare	Americare		10085.25	0.75			4230.43	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	WellPoint	WellPoint		4313.8	0.3208			4230.43	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Amerihealth	Medicare		6598.98	1			4230.43	12774.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Consumer	Consumer		12774.65	0.95			4230.43	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Corrections	Corrections		10757.6	0.8			4230.43	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	First Health	First Health		9412.9	0.7			4230.43	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	First Trenton	First Trenton		12102.3	0.9			4230.43	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Horizon	Medicare Blue		6598.98	1			4230.43	12774.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Horizon	Indemnity		12056.34	1.827			4230.43	12774.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Horizon	MGD		12056.34	1.827			4230.43	12774.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Horizon	PPO		12056.34	1.827			4230.43	12774.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Managed Care Inc	Managed Care Inc		12102.3	0.9			4230.43	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Multiplan	Multiplan		10757.6	0.8			4230.43	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Qualcare	Qualcare		10085.25	0.75			4230.43	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Three Rivers	Three Rivers		12774.65	0.95			4230.43	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	UHC	Medicare		6598.98	1			4230.43	12774.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	UHC	Medicaid		4230.43	0.3146			4230.43	12774.65	percent of total billed charges	
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Wellcare	Medicare		6598.98	1			4230.43	12774.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABLATION THERAPY TUMOR (LUNG)	32998	CPT	outpatient			13447	7588.83	Wellcare	Medicaid		4230.43	0.3146			4230.43	12774.65	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	inpatient			1982		Aetna	Medicare		610.46	0.308			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	inpatient			1982		Aetna	Better Health		623.54	0.3146			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	inpatient			1982		Aetna	Commercial		753.16	0.38			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	inpatient			1982		Americare	Americare		1486.5	0.75			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	inpatient			1982		WellPoint	WellPoint		635.83	0.3208			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	inpatient			1982		Consumer	Consumer		1882.9	0.95			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	inpatient			1982		Corrections	Corrections		1585.6	0.8			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	inpatient			1982		First Health	First Health		1387.4	0.7			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	inpatient			1982		First Trenton	First Trenton		1783.8	0.9			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	inpatient			1982		Horizon	Medicare Blue		594.6	0.3			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	inpatient			1982		Horizon	MGD		758.71	0.3828			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	inpatient			1982		Horizon	Indemnity		758.71	0.3828			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	inpatient			1982		Horizon	PPO		758.71	0.3828			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	inpatient			1982		Managed Care Inc	Managed Care Inc		1783.8	0.9			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	inpatient			1982		Multiplan	Multiplan		1585.6	0.8			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	inpatient			1982		Qualcare	Qualcare		1486.5	0.75			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	inpatient			1982		Three Rivers	Three Rivers		1882.9	0.95			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	inpatient			1982		UHC	Medicaid		623.54	0.3146			594.6	1882.9	percent of total billed charges	
PERICARDIALCENTISIS	33010	CPT	inpatient			1982		Wellcare	Medicaid		623.54	0.3146			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Aetna	Commercial		753.16	0.38			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Aetna	Better Health		623.54	0.3146			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Aetna	Medicare		610.46	0.308			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Americare	Americare		1486.5	0.75			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		WellPoint	WellPoint		635.83	0.3208			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Consumer	Consumer		1882.9	0.95			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Corrections	Corrections		1585.6	0.8			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		First Health	First Health		1387.4	0.7			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		First Trenton	First Trenton		1783.8	0.9			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Horizon	MGD		758.71	0.3828			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Horizon	Indemnity		758.71	0.3828			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Horizon	Medicare Blue		594.6	0.3			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Horizon	PPO		758.71	0.3828			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Managed Care Inc	Managed Care Inc		1783.8	0.9			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Multiplan	Multiplan		1585.6	0.8			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Qualcare	Qualcare		1486.5	0.75			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Three Rivers	Three Rivers		1882.9	0.95			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		UHC	Medicaid		623.54	0.3146			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS; SUBS	33011	CPT	outpatient			1982		Wellcare	Medicaid		623.54	0.3146			594.6	1882.9	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Aetna	Better Health		2056.54	0.3146			1408.78	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Aetna	Commercial		2915.95	1.592			1408.78	6210.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Aetna	Medicare		1831.63	1			1408.78	6210.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Americare	Americare		4902.75	0.75			1408.78	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	WellPoint	WellPoint		2097.07	0.3208			1408.78	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Amerihealth	Medicare		1831.63	1			1408.78	6210.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Consumer	Consumer		6210.15	0.95			1408.78	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Corrections	Corrections		5229.6	0.8			1408.78	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	First Health	First Health		4575.9	0.7			1408.78	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	First Trenton	First Trenton		5883.3	0.9			1408.78	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Horizon	MGD		3346.39	1.827			1408.78	6210.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Horizon	Medicare Blue		1831.63	1			1408.78	6210.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Horizon	PPO		3346.39	1.827			1408.78	6210.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Horizon	Indemnity		3346.39	1.827			1408.78	6210.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Managed Care Inc	Managed Care Inc		5883.3	0.9			1408.78	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Multiplan	Multiplan		5229.6	0.8			1408.78	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Qualcare	Qualcare		4902.75	0.75			1408.78	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Three Rivers	Three Rivers		6210.15	0.95			1408.78	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	UHC	Medicaid		2056.54	0.3146			1408.78	6210.15	percent of total billed charges	
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	UHC	Medicare		1831.63	1			1408.78	6210.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Wellcare	Medicare		1831.63	1			1408.78	6210.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERICARDIOCENTESIS W/IMG GUIDANCE	33016	CPT	both			6537	2106.37	Wellcare	Medicaid		2056.54	0.3146			1408.78	6210.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	14044.32	Aetna	Better Health		12652.27	0.3146			12212.45	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	14044.32	Aetna	Commercial		19442.22	1.592			12212.45	38206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	14044.32	Aetna	Medicare		12212.45	1			12212.45	38206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	14044.32	Americare	Americare		30162.75	0.75			12212.45	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	14044.32	WellPoint	WellPoint		12901.61	0.3208			12212.45	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	14044.32	Amerihealth	Medicare		12212.45	1			12212.45	38206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	14044.32	Consumer	Consumer		38206.15	0.95			12212.45	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	14044.32	Corrections	Corrections		32173.6	0.8			12212.45	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	14044.32	First Health	First Health		28151.9	0.7			12212.45	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	14044.32	First Trenton	First Trenton		36195.3	0.9			12212.45	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	14044.32	Horizon	PPO		22312.15	1.827			12212.45	38206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	14044.32	Horizon	MGD		22312.15	1.827			12212.45	38206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	14044.32	Horizon	Indemnity		22312.15	1.827			12212.45	38206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	14044.32	Horizon	Medicare Blue		12212.45	1			12212.45	38206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	14044.32	Managed Care Inc	Managed Care Inc		36195.3	0.9			12212.45	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	14044.32	Multiplan	Multiplan		32173.6	0.8			12212.45	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	14044.32	Qualcare	Qualcare		30162.75	0.75			12212.45	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	14044.32	Three Rivers	Three Rivers		38206.15	0.95			12212.45	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	14044.32	UHC	Medicaid		12652.27	0.3146			12212.45	38206.15	percent of total billed charges	
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	14044.32	UHC	Medicare		12212.45	1			12212.45	38206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	14044.32	Wellcare	Medicare		12212.45	1			12212.45	38206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W/TRANS VEN ELECT ATR	33206	CPT	outpatient			40217	14044.32	Wellcare	Medicaid		12652.27	0.3146			12212.45	38206.15	percent of total billed charges	
I/R PPM W TRANS.VEN.ELECT VENT	33207	CPT	both			48455	14044.32	Aetna	Better Health		15243.94	0.3146			12212.45	46032.25	percent of total billed charges	
I/R PPM W TRANS.VEN.ELECT VENT	33207	CPT	both			48455	14044.32	Aetna	Commercial		19442.22	1.592			12212.45	46032.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W TRANS.VEN.ELECT VENT	33207	CPT	both			48455	14044.32	Aetna	Medicare		12212.45	1			12212.45	46032.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W TRANS.VEN.ELECT VENT	33207	CPT	both			48455	14044.32	Americare	Americare		36341.25	0.75			12212.45	46032.25	percent of total billed charges	
I/R PPM W TRANS.VEN.ELECT VENT	33207	CPT	both			48455	14044.32	WellPoint	WellPoint		15544.36	0.3208			12212.45	46032.25	percent of total billed charges	
I/R PPM W TRANS.VEN.ELECT VENT	33207	CPT	both			48455	14044.32	Amerihealth	Medicare		12212.45	1			12212.45	46032.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W TRANS.VEN.ELECT VENT	33207	CPT	both			48455	14044.32	Consumer	Consumer		46032.25	0.95			12212.45	46032.25	percent of total billed charges	
I/R PPM W TRANS.VEN.ELECT VENT	33207	CPT	both			48455	14044.32	Corrections	Corrections		38764	0.8			12212.45	46032.25	percent of total billed charges	
I/R PPM W TRANS.VEN.ELECT VENT	33207	CPT	both			48455	14044.32	First Health	First Health		33918.5	0.7			12212.45	46032.25	percent of total billed charges	
I/R PPM W TRANS.VEN.ELECT VENT	33207	CPT	both			48455	14044.32	First Trenton	First Trenton		43609.5	0.9			12212.45	46032.25	percent of total billed charges	
I/R PPM W TRANS.VEN.ELECT VENT	33207	CPT	both			48455	14044.32	Horizon	Indemnity		22312.15	1.827			12212.45	46032.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W TRANS.VEN.ELECT VENT	33207	CPT	both			48455	14044.32	Horizon	Medicare Blue		12212.45	1			12212.45	46032.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W TRANS.VEN.ELECT VENT	33207	CPT	both			48455	14044.32	Horizon	PPO		22312.15	1.827			12212.45	46032.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W TRANS.VEN.ELECT VENT	33207	CPT	both			48455	14044.32	Horizon	MGD		22312.15	1.827			12212.45	46032.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W TRANS.VEN.ELECT VENT	33207	CPT	both			48455	14044.32	Managed Care Inc	Managed Care Inc		43609.5	0.9			12212.45	46032.25	percent of total billed charges	
I/R PPM W TRANS.VEN.ELECT VENT	33207	CPT	both			48455	14044.32	Multiplan	Multiplan		38764	0.8			12212.45	46032.25	percent of total billed charges	
I/R PPM W TRANS.VEN.ELECT VENT	33207	CPT	both			48455	14044.32	Qualcare	Qualcare		36341.25	0.75			12212.45	46032.25	percent of total billed charges	
I/R PPM W TRANS.VEN.ELECT VENT	33207	CPT	both			48455	14044.32	Three Rivers	Three Rivers		46032.25	0.95			12212.45	46032.25	percent of total billed charges	
I/R PPM W TRANS.VEN.ELECT VENT	33207	CPT	both			48455	14044.32	UHC	Medicare		12212.45	1			12212.45	46032.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W TRANS.VEN.ELECT VENT	33207	CPT	both			48455	14044.32	UHC	Medicaid		15243.94	0.3146			12212.45	46032.25	percent of total billed charges	
I/R PPM W TRANS.VEN.ELECT VENT	33207	CPT	both			48455	14044.32	Wellcare	Medicare		12212.45	1			12212.45	46032.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM W TRANS.VEN.ELECT VENT	33207	CPT	both			48455	14044.32	Wellcare	Medicaid		15243.94	0.3146			12212.45	46032.25	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723	14044.32	Aetna	Better Health		12811.46	0.3146			12212.45	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723	14044.32	Aetna	Commercial		19442.22	1.592			12212.45	38686.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723	14044.32	Aetna	Medicare		12212.45	1			12212.45	38686.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723	14044.32	Americare	Americare		30542.25	0.75			12212.45	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723	14044.32	WellPoint	WellPoint		13063.94	0.3208			12212.45	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723	14044.32	Amerihealth	Medicare		12212.45	1			12212.45	38686.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723	14044.32	Consumer	Consumer		38686.85	0.95			12212.45	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723	14044.32	Corrections	Corrections		32578.4	0.8			12212.45	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723	14044.32	First Health	First Health		28506.1	0.7			12212.45	38686.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 First Trenton	First Trenton		36650.7	0.9			12212.45	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Horizon	MGD		22312.15	1.827			12212.45	38686.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Horizon	PPO		22312.15	1.827			12212.45	38686.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Horizon	Indemnity		22312.15	1.827			12212.45	38686.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Horizon	Medicare Blue		12212.45	1			12212.45	38686.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Managed Care Inc	Managed Care Inc		36650.7	0.9			12212.45	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Multiplan	Multiplan		32578.4	0.8			12212.45	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Qualcare	Qualcare		30542.25	0.75			12212.45	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Three Rivers	Three Rivers		36686.85	0.95			12212.45	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 UHC	Medicaid		12811.46	0.3146			12212.45	38686.85	percent of total billed charges	
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 UHC	Medicare		12212.45	1			12212.45	38686.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Wellcare	Medicare		12212.45	1			12212.45	38686.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSER/REPLA PPM W TRANS.VEN ELECT VENT	33208	CPT	both			40723		14044.32 Wellcare	Medicaid		12811.46	0.3146			12212.45	38686.85	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Aetna	Better Health		7671.84	0.3146			7671.84	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Aetna	Commercial		15468.32	1.592			7671.84	23166.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Aetna	Medicare		9716.28	1			7671.84	23166.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Americare	Americare		18289.5	0.75			7671.84	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 WellPoint	WellPoint		7823.03	0.3208			7671.84	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Amerihealth	Medicare		9716.28	1			7671.84	23166.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Consumer	Consumer		23166.7	0.95			7671.84	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Corrections	Corrections		19508.8	0.8			7671.84	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 First Health	First Health		17070.2	0.7			7671.84	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 First Trenton	First Trenton		21947.4	0.9			7671.84	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Horizon	MGD		17751.64	1.827			7671.84	23166.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Horizon	PPO		17751.64	1.827			7671.84	23166.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Horizon	Indemnity		17751.64	1.827			7671.84	23166.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Horizon	Medicare Blue		9716.28	1			7671.84	23166.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Managed Care Inc	Managed Care Inc		21947.4	0.9			7671.84	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Multiplan	Multiplan		19508.8	0.8			7671.84	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Qualcare	Qualcare		18289.5	0.75			7671.84	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Three Rivers	Three Rivers		23166.7	0.95			7671.84	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 UHC	Medicare		9716.28	1			7671.84	23166.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 UHC	Medicaid		7671.84	0.3146			7671.84	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Wellcare	Medicare		9716.28	1			7671.84	23166.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-SIN	33210	CPT	both			24386		11173.72 Wellcare	Medicaid		7671.84	0.3146			7671.84	23166.7	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Aetna	Commercial		15468.32	1.592			3959.65	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Aetna	Medicare		6095.63	0.308			3959.65	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Aetna	Better Health		6226.25	0.3146			3959.65	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Americare	Americare		14843.25	0.75			3959.65	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 WellPoint	WellPoint		6348.95	0.3208			3959.65	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Amerihealth	Medicare		9716.28	1			3959.65	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Consumer	Consumer		18801.45	0.95			3959.65	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Corrections	Corrections		15832.8	0.8			3959.65	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 First Health	First Health		13853.7	0.7			3959.65	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 First Trenton	First Trenton		17811.9	0.9			3959.65	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Horizon	PPO		17751.64	1.827			3959.65	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Horizon	Medicare Blue		9716.28	1			3959.65	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Horizon	MGD		17751.64	1.827			3959.65	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Horizon	Indemnity		17751.64	1.827			3959.65	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Managed Care Inc	Managed Care Inc		17811.9	0.9			3959.65	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Multiplan	Multiplan		15832.8	0.8			3959.65	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Qualcare	Qualcare		14843.25	0.75			3959.65	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Three Rivers	Three Rivers		18801.45	0.95			3959.65	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 UHC	Medicaid		6226.25	0.3146			3959.65	18801.45	percent of total billed charges	
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 UHC	Medicare		9716.28	1			3959.65	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Wellcare	Medicare		9716.28	1			3959.65	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP TRANSVENOUS PPM FOR ARRHYTHMIA-DUAL	33211	CPT	outpatient			19791		11173.72 Wellcare	Medicaid		6226.25	0.3146			3959.65	18801.45	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Aetna	Better Health		12596.58	0.3146			9716.28	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Aetna	Commercial		15468.32	1.592			9716.28	38038	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Aetna	Medicare		9716.28	1			9716.28	38038	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Americare	Americare		30030	0.75			9716.28	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 WellPoint	WellPoint		12844.83	0.3208			9716.28	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Amerihealth	Medicare		9716.28	1			9716.28	38038	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Consumer	Consumer		38038	0.95			9716.28	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Corrections	Corrections		32032	0.8			9716.28	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 First Health	First Health		28028	0.7			9716.28	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 First Trenton	First Trenton		36036	0.9			9716.28	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Horizon	MGD		17751.64	1.827			9716.28	38038	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Horizon	Indemnity		17751.64	1.827			9716.28	38038	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Horizon	Medicare Blue		9716.28	1			9716.28	38038	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Horizon	PPO		17751.64	1.827			9716.28	38038	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Managed Care Inc	Managed Care Inc		36036	0.9			9716.28	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Multiplan	Multiplan		32032	0.8			9716.28	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Qualcare	Qualcare		30030	0.75			9716.28	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Three Rivers	Three Rivers		38038	0.95			9716.28	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 UHC	Medicare		9716.28	1			9716.28	38038	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 UHC	Medicaid		12596.58	0.3146			9716.28	38038	percent of total billed charges	
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Wellcare	Medicare		9716.28	1			9716.28	38038	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I/R PPM GENR ONLY SGL ATR OR VENT	33212	CPT	outpatient			40040		11173.72 Wellcare	Medicaid		12596.58	0.3146			9716.28	38038	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	outpatient			54612		14044.32 Aetna	Commercial		19442.22	1.592			12212.45	51881.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONV OF SINGLE TO DUAL PPM	33214	CPT	outpatient			54612		14044.32 Aetna	Better Health		17180.94	0.3146			12212.45	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	outpatient			54612		14044.32 Aetna	Medicare		12212.45	1			12212.45	51881.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONV OF SINGLE TO DUAL PPM	33214	CPT	outpatient			54612		14044.32 Americare	Americare		40959	0.75			12212.45	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	outpatient			54612		14044.32 WellPoint	WellPoint		17519.53	0.3208			12212.45	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	outpatient			54612		14044.32 Amerihealth	Medicare		12212.45	1			12212.45	51881.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONV OF SINGLE TO DUAL PPM	33214	CPT	outpatient			54612		14044.32 Consumer	Consumer		51881.4	0.95			12212.45	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	outpatient			54612		14044.32 Corrections	Corrections		43689.6	0.8			12212.45	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	outpatient			54612		14044.32 First Health	First Health		38228.4	0.7			12212.45	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	outpatient			54612		14044.32 First Trenton	First Trenton		49150.8	0.9			12212.45	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	outpatient			54612		14044.32 Horizon	MGD		22312.15	1.827			12212.45	51881.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONV OF SINGLE TO DUAL PPM	33214	CPT	outpatient			54612		14044.32 Horizon	Medicare Blue		12212.45	1			12212.45	51881.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONV OF SINGLE TO DUAL PPM	33214	CPT	outpatient			54612		14044.32 Horizon	Indemnity		22312.15	1.827			12212.45	51881.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONV OF SINGLE TO DUAL PPM	33214	CPT	outpatient			54612		14044.32 Horizon	PPO		22312.15	1.827			12212.45	51881.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONV OF SINGLE TO DUAL PPM	33214	CPT	outpatient			54612		14044.32 Managed Care Inc	Managed Care Inc		49150.8	0.9			12212.45	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	outpatient			54612		14044.32 Multiplan	Multiplan		43689.6	0.8			12212.45	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	outpatient			54612		14044.32 Qualcare	Qualcare		40959	0.75			12212.45	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	outpatient			54612		14044.32 Three Rivers	Three Rivers		51881.4	0.95			12212.45	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	outpatient			54612		14044.32 UHC	Medicare		12212.45	1			12212.45	51881.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONV OF SINGLE TO DUAL PPM	33214	CPT	outpatient			54612		14044.32 UHC	Medicaid		17180.94	0.3146			12212.45	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	outpatient			54612		14044.32 Wellcare	Medicaid		17180.94	0.3146			12212.45	51881.4	percent of total billed charges	
CONV OF SINGLE TO DUAL PPM	33214	CPT	outpatient			54612		14044.32 Wellcare	Medicare		12212.45	1			12212.45	51881.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	outpatient			6423		4192.26 Aetna	Commercial		5803.54	1.592			2020.68	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	outpatient			6423		4192.26 Aetna	Medicare		3645.44	1			2020.68	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	outpatient			6423		4192.26 Aetna	Better Health		2020.68	0.3146			2020.68	6660.22	percent of total billed charges	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	outpatient			6423		4192.26 Americare	Americare		4817.25	0.75			2020.68	6660.22	percent of total billed charges	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	outpatient			6423		4192.26 WellPoint	WellPoint		2060.5	0.3208			2020.68	6660.22	percent of total billed charges	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	outpatient			6423		4192.26 Amerihealth	Medicare		3645.44	1			2020.68	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	outpatient			6423		4192.26 Consumer	Consumer		6101.85	0.95			2020.68	6660.22	percent of total billed charges	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	outpatient			6423		4192.26 Corrections	Corrections		5138.4	0.8			2020.68	6660.22	percent of total billed charges	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	outpatient			6423		4192.26 First Health	First Health		4496.1	0.7			2020.68	6660.22	percent of total billed charges	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	outpatient			6423		4192.26 First Trenton	First Trenton		5780.7	0.9			2020.68	6660.22	percent of total billed charges	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	outpatient			6423		4192.26 Horizon	Indemnity		6660.22	1.827			2020.68	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	outpatient			6423		4192.26 Horizon	MGD		6660.22	1.827			2020.68	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	outpatient			6423		4192.26 Horizon	Medicare Blue		3645.44	1			2020.68	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	outpatient			6423		4192.26 Horizon	PPO		6660.22	1.827			2020.68	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	outpatient			6423		4192.26 Managed Care Inc	Managed Care Inc		5780.7	0.9			2020.68	6660.22	percent of total billed charges	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	outpatient			6423		4192.26 Multiplan	Multiplan		5138.4	0.8			2020.68	6660.22	percent of total billed charges	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	outpatient			6423		4192.26 Qualcare	Qualcare		4817.25	0.75			2020.68	6660.22	percent of total billed charges	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	outpatient			6423		4192.26 Three Rivers	Three Rivers		6101.85	0.95			2020.68	6660.22	percent of total billed charges	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	outpatient			6423		4192.26 UHC	Medicare		3645.44	1			2020.68	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	outpatient			6423		4192.26 UHC	Medicaid		2020.68	0.3146			2020.68	6660.22	percent of total billed charges	
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	outpatient			6423		4192.26 Wellcare	Medicare		3645.44	1			2020.68	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT RT ATR OR RT VENT	33215	CPT	outpatient			6423		4192.26 Wellcare	Medicaid		2020.68	0.3146			2020.68	6660.22	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928		11173.72 Aetna	Commercial		15468.32	1.592			5213.82	17751.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928		11173.72 Aetna	Better Health		5325.55	0.3146			5213.82	17751.64	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928		11173.72 Aetna	Medicare		5213.82	0.308			5213.82	17751.64	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928		11173.72 Americare	Americare		12696	0.75			5213.82	17751.64	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928		11173.72 WellPoint	WellPoint		5430.5	0.3208			5213.82	17751.64	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928		11173.72 Amerihealth	Medicare		9716.28	1			5213.82	17751.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928		11173.72 Consumer	Consumer		16081.6	0.95			5213.82	17751.64	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928		11173.72 Corrections	Corrections		13542.4	0.8			5213.82	17751.64	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928		11173.72 First Health	First Health		11849.6	0.7			5213.82	17751.64	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928		11173.72 First Trenton	First Trenton		15235.2	0.9			5213.82	17751.64	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928		11173.72 Horizon	PPO		17751.64	1.827			5213.82	17751.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928		11173.72 Horizon	Indemnity		17751.64	1.827			5213.82	17751.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928		11173.72 Horizon	Medicare Blue		9716.28	1			5213.82	17751.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928		11173.72 Horizon	MGD		17751.64	1.827			5213.82	17751.64	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF PACEMAK

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	Wellcare	Medicaid		5325.55	0.3146			5213.82	17751.64	percent of total billed charges	
REPOSITION OF PACEMAKER WIRE	33216	CPT	both			16928	11173.72	Wellcare	Medicare		9716.28	1			5974.57	18041.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD	33217	CPT	outpatient			18991	11173.72	Aetna	Commercial		15468.32	1.592			5974.57	18041.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD	33217	CPT	outpatient			18991	11173.72	Aetna	Better Health		5974.57	0.3146			5974.57	18041.45	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	outpatient			18991	11173.72	Aetna	Medicare		9716.28	1			5974.57	18041.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD	33217	CPT	outpatient			18991	11173.72	Americare	Americare		14243.25	0.75			5974.57	18041.45	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	outpatient			18991	11173.72	WellPoint	WellPoint		6092.31	0.3208			5974.57	18041.45	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	outpatient			18991	11173.72	Amerihealth	Medicare		9716.28	1			5974.57	18041.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD	33217	CPT	outpatient			18991	11173.72	Consumer	Consumer		18041.45	0.95			5974.57	18041.45	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	outpatient			18991	11173.72	Corrections	Corrections		15192.8	0.8			5974.57	18041.45	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	outpatient			18991	11173.72	First Health	First Health		13293.7	0.7			5974.57	18041.45	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	outpatient			18991	11173.72	First Trenton	First Trenton		17091.9	0.9			5974.57	18041.45	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	outpatient			18991	11173.72	Horizon	MGD		17751.64	1.827			5974.57	18041.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD	33217	CPT	outpatient			18991	11173.72	Horizon	Medicare Blue		9716.28	1			5974.57	18041.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD	33217	CPT	outpatient			18991	11173.72	Horizon	PPO		17751.64	1.827			5974.57	18041.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD	33217	CPT	outpatient			18991	11173.72	Horizon	Indemnity		17751.64	1.827			5974.57	18041.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD	33217	CPT	outpatient			18991	11173.72	Managed Care Inc	Managed Care Inc		17091.9	0.9			5974.57	18041.45	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	outpatient			18991	11173.72	Multiplan	Multiplan		15192.8	0.8			5974.57	18041.45	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	outpatient			18991	11173.72	Qualcare	Qualcare		14243.25	0.75			5974.57	18041.45	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	outpatient			18991	11173.72	Three Rivers	Three Rivers		18041.45	0.95			5974.57	18041.45	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	outpatient			18991	11173.72	UHC	Medicaid		5974.57	0.3146			5974.57	18041.45	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	outpatient			18991	11173.72	UHC	Medicare		9716.28	1			5974.57	18041.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ 2 TRANSVNS ELTRD	33217	CPT	outpatient			18991	11173.72	Wellcare	Medicaid		5974.57	0.3146			5974.57	18041.45	percent of total billed charges	
INSJ 2 TRANSVNS ELTRD	33217	CPT	outpatient			18991	11173.72	Wellcare	Medicare		9716.28	1			5974.57	18041.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Aetna	Better Health		5480.65	0.3146			4030.97	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Aetna	Medicare		4491.22	1			4030.97	16549.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Aetna	Commercial		7150.02	1.592			4030.97	16549.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Americare	Americare		13065.75	0.75			4030.97	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	WellPoint	WellPoint		5588.66	0.3208			4030.97	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Amerihealth	Medicare		4491.22	1			4030.97	16549.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Consumer	Consumer		16549.95	0.95			4030.97	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Corrections	Corrections		13936.8	0.8			4030.97	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	First Health	First Health		12194.7	0.7			4030.97	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	First Trenton	First Trenton		15678.9	0.9			4030.97	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Horizon	MGD		8205.46	1.827			4030.97	16549.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Horizon	Indemnity		8205.46	1.827			4030.97	16549.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Horizon	Medicare Blue		4491.22	1			4030.97	16549.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Horizon	PPO		8205.46	1.827			4030.97	16549.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Managed Care Inc	Managed Care Inc		15678.9	0.9			4030.97	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Multiplan	Multiplan		13936.8	0.8			4030.97	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Qualcare	Qualcare		13065.75	0.75			4030.97	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Three Rivers	Three Rivers		16549.95	0.95			4030.97	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	UHC	Medicaid		5480.65	0.3146			4030.97	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	UHC	Medicare		4491.22	1			4030.97	16549.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Wellcare	Medicaid		5480.65	0.3146			4030.97	16549.95	percent of total billed charges	
REPAIR ICD GEN/OR LEADS	33218	CPT	outpatient			17421	5164.9	Wellcare	Medicare		4491.22	1			4030.97	16549.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Aetna	Better Health		6226.25	0.3146			4491.22	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Aetna	Commercial		7150.02	1.592			4491.22	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Aetna	Medicare		4491.22	1			4491.22	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Americare	Americare		14843.25	0.75			4491.22	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	WellPoint	WellPoint		6348.95	0.3208			4491.22	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Amerihealth	Medicare		4491.22	1			4491.22	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Consumer	Consumer		18801.45	0.95			4491.22	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Corrections	Corrections		15832.8	0.8			4491.22	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	First Health	First Health		13853.7	0.7			4491.22	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	First Trenton	First Trenton		17811.9	0.9			4491.22	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Horizon	Indemnity		8205.46	1.827			4491.22	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Horizon	MGD		8205.46	1.827			4491.22	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Horizon	Medicare Blue		4491.22	1			4491.22	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Horizon	PPO		8205.46	1.827			4491.22	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Managed Care Inc	Managed Care Inc		17811.9	0.9			4491.22	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Multiplan	Multiplan		15832.8	0.8			4491.22	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Qualcare	Qualcare		14843.25	0.75			4491.22	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Three Rivers	Three Rivers		18801.45	0.95			4491.22	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	UHC	Medicaid		6226.25	0.3146			4491.22	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	UHC	Medicare		4491.22	1			4491.22	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Wellcare	Medicaid		6226.25	0.3146			4491.22	18801.45	percent of total billed charges	
REPAIR TWO ELEC DUAL PPM OR ICD	33220	CPT	outpatient			19791	5164.9	Wellcare	Medicare		4491.22	1			4491.22	18801.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION POCKET PACEMAKER	33222	CPT	outpatient			4756	2398.47	Aetna	Commercial		3320.32	1.592			1496.24	4518.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION POCKET PACEMAKER	33222	CPT	outpatient			4756	2398.47	Aetna	Better Health		1496.24	0.3146			1496.24	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	outpatient			4756	2398.47	Aetna	Medicare		2085.63	1			1496.24	4518.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION POCKET PACEMAKER	33222	CPT	outpatient			4756	2398.47	Americare	Americare		3567	0.75			1496.24	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	outpatient			4756	2398.47	WellPoint	WellPoint		1525.72	0.3208			1496.24	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	outpatient			4756	2398.47	Amerihealth	Medicare		2085.63	1			1496.24	4518.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION POCKET PACEMAKER	33222	CPT	outpatient			4756	2398.47	Consumer	Consumer		4518.2	0.95			1496.24	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	outpatient			4756	2398.47	Corrections	Corrections		3804.8	0.8			1496.24	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	outpatient			4756	2398.47	First Health	First Health		3329.2	0.7			1496.24	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	outpatient			4756	2398.47	First Trenton	First Trenton		4280.4	0.9			1496.24	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	outpatient			4756	2398.47	Horizon	Indemnity		3810.45	1.827			1496.24	4518.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION POCKET PACEMAKER	33222	CPT	outpatient			4756	2398.47	Horizon	Medicare Blue		2085.63	1			1496.24	4518.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION POCKET PACEMAKER	33222	CPT	outpatient			4756	2398.47	Horizon	PPO		3810.45	1.827			1496.24	4518.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION POCKET PACEMAKER	33222	CPT	outpatient			4756	2398.47	Horizon	MGD		3810.45	1.827			1496.24	4518.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION POCKET PACEMAKER	33222	CPT	outpatient			4756	2398.47	Managed Care Inc	Managed Care Inc		4280.4	0.9			1496.24	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	outpatient			4756	2398.47	Multiplan	Multiplan		3804.8	0.8			1496.24	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	outpatient			4756	2398.47	Qualcare	Qualcare		3567	0.75			1496.24	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	outpatient			4756	2398.47	Three Rivers	Three Rivers		4518.2	0.95			1496.24	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	outpatient			4756	2398.47	UHC	Medicaid		1496.24	0.3146			1496.24	4518.2	percent of total billed charges	
RELOCATION POCKET PACEMAKER	33222	CPT	outpatient			4756	2398.47	UHC	Medicare		2085.63	1			1496.24	4518.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION POCKET PACEMAKER	33222	CPT	outpatient			4756	2398.47	Wellcare	Medicare		2085.63	1			1496.24	4518.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATION POCKET PACEMAKER	33222	CPT	outpatient			4756	2398.47	Wellcare	Medicaid		1496.24	0.3146			1496.24	4518.2	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	both			6095	2398.47	Aetna	Commercial		3320.32	1.592			1917.49	5790.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATE POCKET FOR DEFIB	33223	CPT	both			6095	2398.47	Aetna	Better Health		1917.49	0.3146			1917.49	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	both			6095	2398.47	Aetna	Medicare		2085.63	1			1917.49	5790.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATE POCKET FOR DEFIB	33223	CPT	both			6095	2398.47	Americare	Americare		4571.25	0.75			1917.49	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	both			6095	2398.47	WellPoint	WellPoint		1955.28	0.3208			1917.49	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	both			6095	2398.47	Amerihealth	Medicare		2085.63	1			1917.49	5790.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATE POCKET FOR DEFIB	33223	CPT	both			6095	2398.47	Consumer	Consumer		5790.25	0.95			1917.49	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	both			6095	2398.47	Corrections	Corrections		4876	0.8			1917.49	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	both			6095	2398.47	First Health	First Health		4266.5	0.7			1917.49	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	both			6095	2398.47	First Trenton	First Trenton		5485.5	0.9			1917.49	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	both			6095	2398.47	Horizon	MGD		3810.45	1.827			1917.49	5790.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATE POCKET FOR DEFIB	33223	CPT	both			6095	2398.47	Horizon	Indemnity		3810.45	1.827			1917.49	5790.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATE POCKET FOR DEFIB	33223	CPT	both			6095	2398.47	Horizon	Medicare Blue		2085.63	1			1917.49	5790.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATE POCKET FOR DEFIB	33223	CPT	both			6095	2398.47	Horizon	PPO		3810.45	1.827			1917.49	5790.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATE POCKET FOR DEFIB	33223	CPT	both			6095	2398.47	Managed Care Inc	Managed Care Inc		5485.5	0.9			1917.49	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	both			6095	2398.47	Multiplan	Multiplan		4876	0.8			1917.49	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	both			6095	2398.47	Qualcare	Qualcare		4571.25	0.75			1917.49	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	both			6095	2398.47	Three Rivers	Three Rivers		5790.25	0.95			1917.49	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	both			6095	2398.47	UHC	Medicaid		1917.49	0.3146			1917.49	5790.25	percent of total billed charges	
RELOCATE POCKET FOR DEFIB	33223	CPT	both			6095	2398.47	UHC	Medicare		2085.63	1			1917.49	5790.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATE POCKET FOR DEFIB	33223	CPT	both			6095	2398.47	Wellcare	Medicare		2085.63	1			1917.49	5790.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RELOCATE POCKET FOR DEFIB	33223	CPT	both			6095	2398.47	Wellcare	Medicaid		1917.49	0.3146			1917.49	5790.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	both			49375	14044.32	Aetna	Medicare		12212.45	1			12212.45	46906.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	both			49375	14044.32	Aetna	Commercial		19442.22	1.592			12212.45	46906.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	both			49375	14044.32	Aetna	Better Health		15533.38	0.3146			12212.45	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	both			49375	14044.32	Americare	Americare		37031.25	0.75			12212.45	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	both			49375	14044.32	WellPoint	WellPoint		15839.5	0.3208			12212.45	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	both			49375	14044.32	Amerihealth	Medicare		12212.45	1			12212.45	46906.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	both			49375	14044.32	Consumer	Consumer		46906.25	0.95			12212.45	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	both			49375	14044.32	Corrections	Corrections		39500	0.8			12212.45	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	both			49375	14044.32	First Health	First Health		34562.5	0.7			12212.45	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	both			49375	14044.32	First Trenton	First Trenton		44437.5	0.9			12212.45	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	both			49375	14044.32	Horizon	Indemnity		22312.15	1.827			12212.45	46906.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	both			49375	14044.32	Horizon	Medicare Blue		12212.45	1			12212.45	46906.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	both			49375	14044.32	Horizon	MGD		22312.15	1.827			12212.45	46906.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	both			49375	14044.32	Horizon	PPO		22312.15	1.827			12212.45	46906.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	both			49375	14044.32	Managed Care Inc	Managed Care Inc		44437.5	0.9			12212.45	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	both			49375	14044.32	Multiplan	Multiplan		39500	0.8			12212.45	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	both			49375	14044.32	Qualcare	Qualcare		37031.25	0.75			12212.45	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	both			49375	14044.32	Three Rivers	Three Rivers		46906.25	0.95			12212.45	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	both			49375	14044.32	UHC	Medicare		12212.45	1			12212.45	46906.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	both			49375	14044.32	UHC	Medicaid		15533.38	0.3146			12212.45	46906.25	percent of total billed charges	
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	both			49375	14044.32	Wellcare	Medicare		12212.45	1			12212.45	46906.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LV PACING W/PREVIOUS PPM OR ICD INSERT	33224	CPT	both			49375	14044.32	Wellcare	Medicaid		15533.38	0.3146			12212.45	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375		Aetna	Medicare		15207.5	0.308			14812.5	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375		Aetna	Commercial		18762.5	0.38			14812.5	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375		Aetna	Better Health		15533.38	0.3146			14812.5	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375		Americare	Americare		37031.25	0.75			14812.5	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375		WellPoint	WellPoint		15839.5	0.3208			14812.5	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375		Consumer	Consumer		46906.25	0.95			14812.5	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375		Corrections	Corrections		39500	0.8			14812.5	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375		First Health	First Health		34562.5	0.7			14812.5	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375		First Trenton	First Trenton		44437.5	0.9			14812.5	46906.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375		Horizon	PPO		18900.75	0.3828			14812.5	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375		Horizon	Medicare Blue		14812.5	0.3			14812.5	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375		Horizon	Indemnity		18900.75	0.3828			14812.5	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375		Horizon	MGD		18900.75	0.3828			14812.5	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375		Managed Care Inc	Managed Care Inc		44437.5	0.9			14812.5	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375		Multiplan	Multiplan		35500	0.8			14812.5	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375		Qualcare	Qualcare		37031.25	0.75			14812.5	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375		Three Rivers	Three Rivers		46906.25	0.95			14812.5	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375		UHC	Medicaid		15533.38	0.3146			14812.5	46906.25	percent of total billed charges	
LV PACING @ TIME OF PPM OR ICD INSERT	33225	CPT	both			49375		Wellcare	Medicaid		15533.38	0.3146			14812.5	46906.25	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913	4192.26	Aetna	Better Health		2489.43	0.3146			2489.43	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913	4192.26	Aetna	Medicare		3645.44	1			2489.43	7517.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913	4192.26	Aetna	Commercial		5803.54	1.592			2489.43	7517.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913	4192.26	Americare	Americare		5934.75	0.75			2489.43	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913	4192.26	WellPoint	WellPoint		2538.49	0.3208			2489.43	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913	4192.26	Amerihealth	Medicare		3645.44	1			2489.43	7517.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913	4192.26	Consumer	Consumer		7517.35	0.95			2489.43	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913	4192.26	Corrections	Corrections		6330.4	0.8			2489.43	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913	4192.26	First Health	First Health		5539.1	0.7			2489.43	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913	4192.26	First Trenton	First Trenton		7121.7	0.9			2489.43	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913	4192.26	Horizon	Indemnity		6660.22	1.827			2489.43	7517.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913	4192.26	Horizon	Medicare Blue		3645.44	1			2489.43	7517.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913	4192.26	Horizon	PPO		6660.22	1.827			2489.43	7517.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913	4192.26	Horizon	MGD		6660.22	1.827			2489.43	7517.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913	4192.26	Managed Care Inc	Managed Care Inc		7121.7	0.9			2489.43	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913	4192.26	Multiplan	Multiplan		6330.4	0.8			2489.43	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913	4192.26	Qualcare	Qualcare		5934.75	0.75			2489.43	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913	4192.26	Three Rivers	Three Rivers		7517.35	0.95			2489.43	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913	4192.26	UHC	Medicare		3645.44	1			2489.43	7517.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913	4192.26	UHC	Medicaid		2489.43	0.3146			2489.43	7517.35	percent of total billed charges	
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913	4192.26	Wellcare	Medicare		3645.44	1			2489.43	7517.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION ELECT LT VENT INCL GENR	33226	CPT	outpatient			7913	4192.26	Wellcare	Medicaid		2489.43	0.3146			2489.43	7517.35	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065	11173.72	Aetna	Commercial		15468.32	1.592			9716.28	30461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065	11173.72	Aetna	Better Health		10087.65	0.3146			9716.28	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065	11173.72	Aetna	Medicare		9716.28	1			9716.28	30461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065	11173.72	Americare	Americare		24048.75	0.75			9716.28	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065	11173.72	WellPoint	WellPoint		10286.45	0.3208			9716.28	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065	11173.72	Amerihealth	Medicare		9716.28	1			9716.28	30461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065	11173.72	Consumer	Consumer		30461.75	0.95			9716.28	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065	11173.72	Corrections	Corrections		25652	0.8			9716.28	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065	11173.72	First Health	First Health		22445.5	0.7			9716.28	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065	11173.72	First Trenton	First Trenton		28858.5	0.9			9716.28	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065	11173.72	Horizon	Indemnity		17751.64	1.827			9716.28	30461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065	11173.72	Horizon	Medicare Blue		9716.28	1			9716.28	30461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065	11173.72	Horizon	PPO		17751.64	1.827			9716.28	30461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065	11173.72	Horizon	MGD		17751.64	1.827			9716.28	30461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065	11173.72	Managed Care Inc	Managed Care Inc		28858.5	0.9			9716.28	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065	11173.72	Multiplan	Multiplan		25652	0.8			9716.28	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065	11173.72	Qualcare	Qualcare		24048.75	0.75			9716.28	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065	11173.72	Three Rivers	Three Rivers		30461.75	0.95			9716.28	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065	11173.72	UHC	Medicare		9716.28	1			9716.28	30461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065	11173.72	UHC	Medicaid		10087.65	0.3146			9716.28	30461.75	percent of total billed charges	
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065	11173.72	Wellcare	Medicare		9716.28	1			9716.28	30461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM&REP PM GEN SINGL LEAD	33227	CPT	outpatient			32065	11173.72	Wellcare	Medicaid		10087.65	0.3146			9716.28	30461.75	percent of total billed charges	
REM\&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070	14044.32	Aetna	Commercial		19442.22	1.592			11662.22	35216.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM\&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070	14044.32	Aetna	Better Health		11662.22	0.3146			11662.22	35216.5	percent of total billed charges	
REM\&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070	14044.32	Aetna	Medicare		12212.45	1			11662.22	35216.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM\&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070	14044.32	Americare	Americare		27802.5	0.75			11662.22	35216.5	percent of total billed charges	
REM\&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070	14044.32	WellPoint	WellPoint		11892.06	0.3208			11662.22	35216.5	percent of total billed charges	
REM\&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070	14044.32	Amerihealth	Medicare		12212.45	1			11662.22	35216.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM\&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070	14044.32	Consumer	Consumer		35216.5	0.95			11662.22	35216.5	percent of total billed charges	
REM\&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070	14044.32	Corrections	Corrections		29656	0.8			11662.22	35216.5	percent of total billed charges	
REM\&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070	14044.32	First Health	First Health		25949	0.7			11662.22	35216.5	percent of total billed charges	
REM\&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070	14044.32	First Trenton	First Trenton		33363	0.9			11662.22	35216.5	percent of total billed charges	
REM\&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070	14044.32	Horizon	PPO		22312.15	1.827			11662.22	35216.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM\&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070	14044.32	Horizon	MGD		22312.15	1.827			11662.22	35216.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM\&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070	14044.32	Horizon	Indemnity		22312.15	1.827			11662.22	35216.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM\&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070	14044.32	Horizon	Medicare Blue		12212.45	1			11662.22	35216.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM\&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070	14044.32	Managed Care Inc	Managed Care Inc		33363	0.9			11662.22	35216.5	percent of total billed charges	
REM\&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070	14044.32	Multiplan	Multiplan		29656	0.8			11662.22	35216.5	percent of total billed charges	
REM\&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070	14044.32	Qualcare	Qualcare		27802.5	0.75			11662.22	35216.5	percent of total billed charges	
REM\&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070	14044.32	Three Rivers	Three Rivers		35216.5	0.95			11662.22	35216.5	percent of total billed charges	
REM\&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070	14044.32	UHC	Medicare		12212.45	1			11662.22	35216.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM\&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070	14044.32	UHC	Medicaid		11662.22	0.3146			11662.22	35216.5	percent of total billed charges	
REM\&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070	14044.32	Wellcare	Medicare		12212.45	1			11662.22	35216.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM\&REPLC PM GEN DUAL LEAD	33228	CPT	both			37070	14044.32	Wellcare	Medicaid		11662.22	0.3146			11662.22	35216.5	percent of total billed charges	
REMV\. PERM PM PLS GEN W\RPLS PM PLS MU	33229	CPT	both			72333	25627.44	Aetna	Commercial		35477.29	1.592			22284.73	68716.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV\. PERM PM PLS GEN W\RPLS PM PLS MU	33229	CPT	both			72333	25627.44	Aetna	Better Health		22755.96	0.3146			22284.73	68716.35	percent of total billed charges	
REMV\. PERM PM PLS GEN W\RPLS PM PLS MU	33229	CPT	both			72333	25627.44	Aetna	Medicare		22284.73	1			22284.73	68716.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV\. PERM PM PLS GEN W\RPLS PM PLS MU	33229	CPT	both			72333	25627.44	Americare	Americare		54249.75	0.75			22284.73	68716.35	percent of total billed charges	
REMV\. PERM PM PLS GEN W\RPLS PM PLS MU	33229	CPT	both			72333	25627.44	WellPoint	WellPoint		23204.43	0.3208			22284.73	68716.35	percent of total billed charges	
REMV\. PERM PM PLS GEN W\RPLS PM PLS MU	33229	CPT	both			72333	25627.44	Amerihealth	Medicare		22284.73	1			22284.73	68716.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV\. PERM PM PLS GEN W\RPLS PM PLS MU	33229	CPT	both			72333	25627.44	Consumer	Consumer		68716.35	0.95			22284.73	68716.35	percent of total billed charges	
REMV\. PERM PM PLS GEN W\RPLS PM PLS MU	33229	CPT	both			72333	25627.44	Corrections	Corrections		57866.4	0.8			22284.73	68716.35	percent of total billed charges	
REMV\. PERM PM PLS GEN W\RPLS PM PLS MU	33229	CPT	both			72333	25627.44	First Health	First Health		50633.1	0.7			22284.73	68716.35	percent of total billed charges	
REMV\. PERM PM PLS GEN W\RPLS PM PLS MU	33229	CPT	both			72333	25627.44	First Trenton	First Trenton		65099.7	0.9			22284.73	68716.35	percent of total billed charges	
REMV\. PERM PM PLS GEN W\RPLS PM PLS MU	33229	CPT	both			72333	25627.44	Horizon	MGD		40714.2	1.827			22284.73	68716.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV\. PERM PM PLS GEN W\RPLS PM PLS MU	33229	CPT	both			72333	25627.44	Horizon	PPO		40714.2	1.827			22284.73	68716.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV\. PERM PM PLS GEN W\RPLS PM PLS MU	33229	CPT	both			72333	25627.44	Horizon	Medicare Blue		22284.73	1			22284.73	68716.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV\. PERM PM PLS GEN W\RPLS PM PLS MU	33229	CPT	both			72333	25627.44	Horizon	Indemnity		40714.2	1.827			22284.73	68716.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV\. PERM PM PLS GEN W\RPLS PM PLS MU	33229	CPT	both			72333	25627.44	Managed Care Inc	Managed Care Inc		65099.7	0.9			22284.73	68716.35	percent of total billed charges	
REMV\. PERM PM PLS GEN W\RPLS PM PLS MU	33229	CPT	both			72333	25627.44	Multiplan	Multiplan		57866.4	0.8			22284.73	68716.35	percent of total billed charges	
REMV\. PERM PM PLS GEN W\RPLS PM PLS MU	33229	CPT	both			72333	25627.44	Qualcare	Qualcare		54249.75	0.75			22284.73	68716.35	percent of total billed charges	
REMV\. PERM PM PLS GEN W\RPLS PM PLS MU	33229	CPT	both			72333	25627.44	Three Rivers	Three Rivers		68716.35	0.95			22284.73	68716.35	percent of total billed charges	
REMV\. PERM PM PLS GEN W\RPLS PM PLS MU	33229	CPT	both			72333	25627.44	UHC	Medicare		22284.73	1			22284.73	68716.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV\. PERM PM PLS GEN W\RPLS PM PLS MU	33229	CPT	both			72333	25627.44	UHC	Medicaid		22755.96	0.3146			22284.73	68716.35	percent of total billed charges	
REMV\. PERM PM PLS GEN W\RPLS PM PLS MU	33229	CPT	both			72333	25627.44	Wellcare	Medicare		22284.73	1			22284.73	68716.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV\. PERM PM PLS GEN W\RPLS PM PLS MU	33229	CPT	both			72333	25627.44	Wellcare	Medicaid		22755.96	0.3146			22284.73	68716.35	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL.GENERATOR	33233	CPT	both			30895	11173.72	Aetna	Better Health		9719.57	0.3146			9716.28	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL.GENERATOR	33233	CPT	both			30895	11173.72	Aetna	Commercial		15468.32	1.592			9716.28	29350.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV.OF PERM.PCKER.PUL.GENERATOR	33233	CPT	both			30895	11173.72	Aetna	Medicare		9716.28	1			9716.28	29350.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV.OF PERM.PCKER.PUL.GENERATOR	33233	CPT	both			30895	11173.72	Americare	Americare		23171.25	0.75			9716.28	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL.GENERATOR	33233	CPT	both			30895	11173.72	WellPoint	WellPoint		9911.12	0.3208			9716.28	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL.GENERATOR	33233	CPT	both			30895	11173.72	Amerihealth	Medicare		9716.28	1			9716.28	29350.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV.OF PERM.PCKER.PUL.GENERATOR	33233	CPT	both			30895	11173.72	Consumer	Consumer		29350.25	0.95			9716.28	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL.GENERATOR	33233	CPT	both			30895	11173.72	Corrections	Corrections		24716	0.8			9716.28	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL.GENERATOR	33233	CPT	both			30895	11173.72	First Health	First Health		21626.5	0.7			9716.28	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL.GENERATOR	33233	CPT	both			30895	11173.72	First Trenton	First Trenton		27805.5	0.9			9716.28	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL.GENERATOR	33233	CPT	both			30895	11173.72	Horizon	MGD		17751.64	1.827			9716.28	29350.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV.OF PERM.PCKER.PUL.GENERATOR	33233	CPT	both			30895	11173.72	Horizon	Medicare Blue		9716.28	1			9716.28	29350.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV.OF PERM.PCKER.PUL.GENERATOR	33233	CPT	both			30895	11173.72	Horizon	PPO		17751.64	1.827			9716.28	29350.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV.OF PERM.PCKER.PUL.GENERATOR	33233	CPT	both			30895	11173.72	Horizon	Indemnity		17751.64	1.827			9716.28	29350.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV.OF PERM.PCKER.PUL.GENERATOR	33233	CPT	both			30895	11173.72	Managed Care Inc	Managed Care Inc		27805.5	0.9			9716.28	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL.GENERATOR	33233	CPT	both			30895	11173.72	Multiplan	Multiplan		24716	0.8			9716.28	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL.GENERATOR	33233	CPT	both			30895	11173.72	Qualcare	Qualcare		23171.25	0.75			9716.28	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL.GENERATOR	33233	CPT	both			30895	11173.72	Three Rivers	Three Rivers		29350.25	0.95			9716.28	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL.GENERATOR	33233	CPT	both			30895	11173.72	UHC	Medicaid		9719.57	0.3146			9716.28	29350.25	percent of total billed charges	
REMOV.OF PERM.PCKER.PUL.GENERATOR	33233	CPT	both			30895	11173.72	UHC	Medicare		9716.28	1			9716.28	29350.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV.OF PERM.PCKER.PUL.GENERATOR	33233	CPT	both			30895	11173.72	Wellcare	Medicare		9716.28	1			9716.28	29350.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV.OF PERM.PCKER.PUL.GENERATOR	33233	CPT	both			30895	11173.72	Wellcare	Medicaid		9719.57	0.3146			9716.28	29350.25	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159	5164.9	Aetna	Commercial		7150.02	1.592			1623.02	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159	5164.9	Aetna	Better Health		1623.02	0.3146			1623.02	8205.46	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159	5164.9	Aetna	Medicare		4491.22	1			1623.02	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159	5164.9	Americare	Americare		3869.25	0.75			1623.02	8205.46	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159	5164.9	WellPoint	WellPoint		1655.01	0.3208			1623.02	8205.46	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159	5164.9	Amerihealth	Medicare		4491.22	1			1623.02	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159	5164.9	Consumer	Consumer		4901.05	0.95			1623.02	8205.46	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159	5164.9	Corrections	Corrections		4127.2	0.8			1623.02	8205.46	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159	5164.9	First Health	First Health		3611.3	0.7			1623.02	8205.46	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159	5164.9	First Trenton	First Trenton		4643.1	0.9			1623.02	8205.46	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159	5164.9	Horizon	MGD		8205.46	1.827			1623.02	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159	5164.9	Horizon	Indemnity		8205.46	1.827			1623.02	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159	5164.9	Horizon	Medicare Blue		4491.22	1			1623.02	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159	5164.9	Horizon	PPO		8205.46	1.827			1623.02	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159	5164.9	Managed Care Inc	Managed Care Inc		4643.1	0.9			1623.02	8205.46	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159	5164.9	Multiplan	Multiplan		4127.2	0.8			1623.02	8205.46	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159	5164.9	Qualcare	Qualcare		3869.25	0.75			1623.02	8205.46	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159	5164.9	Three Rivers	Three Rivers		4901.05	0.95			1623.02	8205.46	percent of total billed charges	
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159	5164.9	UHC	Medicare		4491.22	1			1623.02	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.OF TRANS.PCMKER.ELE.SIN.LD SYS.AORV	33234	CPT	outpatient			5159	5164.9	UHC	Medicaid		1623.02	0.3146			1623.02	8205.46	percent of total billed char

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOV./TRANS.PCMKER ELEC.W DUAL LD A/V	33235	CPT	both			6691		5164.9 Aetna	Better Health		2104.99	0.3146			2104.99	8205.46	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD A/V	33235	CPT	both			6691		5164.9 Aetna	Medicare		4491.22	1			2104.99	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV./TRANS.PCMKER ELEC.W DUAL LD A/V	33235	CPT	both			6691		5164.9 Americare	Americare		5018.25	0.75			2104.99	8205.46	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD A/V	33235	CPT	both			6691		5164.9 WellPoint	WellPoint		2146.47	0.3208			2104.99	8205.46	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD A/V	33235	CPT	both			6691		5164.9 Amerihealth	Medicare		4491.22	1			2104.99	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV./TRANS.PCMKER ELEC.W DUAL LD A/V	33235	CPT	both			6691		5164.9 Consumer	Consumer		6356.45	0.95			2104.99	8205.46	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD A/V	33235	CPT	both			6691		5164.9 Corrections	Corrections		5352.8	0.8			2104.99	8205.46	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD A/V	33235	CPT	both			6691		5164.9 First Health	First Health		4683.7	0.7			2104.99	8205.46	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD A/V	33235	CPT	both			6691		5164.9 First Trenton	First Trenton		6021.9	0.9			2104.99	8205.46	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD A/V	33235	CPT	both			6691		5164.9 Horizon	Medicare Blue		4491.22	1			2104.99	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV./TRANS.PCMKER ELEC.W DUAL LD A/V	33235	CPT	both			6691		5164.9 Horizon	PPO		8205.46	1.827			2104.99	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV./TRANS.PCMKER ELEC.W DUAL LD A/V	33235	CPT	both			6691		5164.9 Horizon	Indemnity		8205.46	1.827			2104.99	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV./TRANS.PCMKER ELEC.W DUAL LD A/V	33235	CPT	both			6691		5164.9 Horizon	MGD		8205.46	1.827			2104.99	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV./TRANS.PCMKER ELEC.W DUAL LD A/V	33235	CPT	both			6691		5164.9 Managed Care Inc	Managed Care Inc		6021.9	0.9			2104.99	8205.46	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD A/V	33235	CPT	both			6691		5164.9 Multiplan	Multiplan		5352.8	0.8			2104.99	8205.46	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD A/V	33235	CPT	both			6691		5164.9 Qualcare	Qualcare		5018.25	0.75			2104.99	8205.46	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD A/V	33235	CPT	both			6691		5164.9 Three Rivers	Three Rivers		6356.45	0.95			2104.99	8205.46	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD A/V	33235	CPT	both			6691		5164.9 UHC	Medicaid		2104.99	0.3146			2104.99	8205.46	percent of total billed charges	
REMOV./TRANS.PCMKER ELEC.W DUAL LD A/V	33235	CPT	both			6691		5164.9 UHC	Medicare		4491.22	1			2104.99	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV./TRANS.PCMKER ELEC.W DUAL LD A/V	33235	CPT	both			6691		5164.9 Wellcare	Medicare		4491.22	1			2104.99	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV./TRANS.PCMKER ELEC.W DUAL LD A/V	33235	CPT	both			6691		5164.9 Wellcare	Medicaid		2104.99	0.3146			2104.99	8205.46	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72 Aetna	Better Health		30337.19	0.3146			18922.56	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72 Aetna	Commercial		42917.17	1.592			18922.56	91609.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72 Aetna	Medicare		26958.02	1			18922.56	91609.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72 Americare	Americare		72323.25	0.75			18922.56	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72 WellPoint	WellPoint		30935.06	0.3208			18922.56	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72 Amerihealth	Medicare		26958.02	1			18922.56	91609.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72 Consumer	Consumer		91609.45	0.95			18922.56	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72 Corrections	Corrections		77144.8	0.8			18922.56	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72 First Health	First Health		67501.7	0.7			18922.56	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72 First Trenton	First Trenton		86787.9	0.9			18922.56	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72 Horizon	MGD		49252.3	1.827			18922.56	91609.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72 Horizon	Indemnity		49252.3	1.827			18922.56	91609.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72 Horizon	PPO		49252.3	1.827			18922.56	91609.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72 Horizon	Medicare Blue		26958.02	1			18922.56	91609.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72 Managed Care Inc	Managed Care Inc		86787.9	0.9			18922.56	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72 Multiplan	Multiplan		77144.8	0.8			18922.56	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72 Qualcare	Qualcare		72323.25	0.75			18922.56	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72 Three Rivers	Three Rivers		91609.45	0.95			18922.56	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72 UHC	Medicare		26958.02	1			18922.56	91609.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72 UHC	Medicaid		30337.19	0.3146			18922.56	91609.45	percent of total billed charges	
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72 Wellcare	Medicare		26958.02	1			18922.56	91609.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION/REMOVE IMPLANTABLE DEFIBRILLA	33240	CPT	outpatient			96431		31001.72 Wellcare	Medicaid		30337.19	0.3146			18922.56	91609.45	percent of total billed charges	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 Aetna	Commercial		7150.02	1.592			2937.09	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 Aetna	Better Health		3000.03	0.3146			2937.09	9059.2	percent of total billed charges	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 Aetna	Medicare		2937.09	0.308			2937.09	9059.2	percent of total billed charges	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 Americare	Americare		7152	0.75			2937.09	9059.2	percent of total billed charges	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 WellPoint	WellPoint		3059.15	0.3208			2937.09	9059.2	percent of total billed charges	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 Amerihealth	Medicare		4491.22	1			2937.09	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 Consumer	Consumer		9059.2	0.95			2937.09	9059.2	percent of total billed charges	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 Corrections	Corrections		7628.8	0.8			2937.09	9059.2	percent of total billed charges	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 First Health	First Health		6675.2	0.7			2937.09	9059.2	percent of total billed charges	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 First Trenton	First Trenton		8582.4	0.9			2937.09	9059.2	percent of total billed charges	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 Horizon	PPO		8205.46	1.827			2937.09	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 Horizon	MGD		8205.46	1.827			2937.09	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 Horizon	Medicare Blue		4491.22	1			2937.09	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 Horizon	Indemnity		8205.46	1.827			2937.09	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 Managed Care Inc	Managed Care Inc		8582.4	0.9			2937.09	9059.2	percent of total billed charges	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 Multiplan	Multiplan		7628.8	0.8			2937.09	9059.2	percent of total billed charges	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 Qualcare	Qualcare		7152	0.75			2937.09	9059.2	percent of total billed charges	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 Three Rivers	Three Rivers		9059.2	0.95			2937.09	9059.2	percent of total billed charges	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 UHC	Medicare		4491.22	1			2937.09	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 UHC	Medicaid		3000.03	0.3146			2937.09	9059.2	percent of total billed charges	
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 Wellcare	Medicare		4491.22	1			2937.09	9059.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE ICD GENERATOR ONLY	33241	CPT	both			9536		5164.9 Wellcare	Medicaid		3000.03	0.3146			2937.09	9059.2	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Aetna	Better Health		2210.69	0.3146			2210.69	8205.46	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Aetna	Commercial		7150.02	1.592			2210.69	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Aetna	Medicare		4491.22	1			2210.69	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Americare	Americare		5270.25	0.75			2210.69	8205.46	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 WellPoint	WellPoint		2254.26	0.3208			2210.69	8205.46	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Amerihealth	Medicare		4491.22	1			2210.69	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Consumer	Consumer		6675.65	0.95			2210.69	8205.46	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Corrections	Corrections		5621.6	0.8			2210.69	8205.46	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 First Health	First Health		4918.9	0.7			2210.69	8205.46	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 First Trenton	First Trenton		6324.3	0.9			2210.69	8205.46	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Horizon	Indemnity		8205.46	1.827			2210.69	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Horizon	MGD		8205.46	1.827			2210.69	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Horizon	PPO		8205.46	1.827			2210.69	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Horizon	Medicare Blue		4491.22	1			2210.69	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Managed Care Inc	Managed Care Inc		6324.3	0.9			2210.69	8205.46	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Multiplan	Multiplan		5621.6	0.8			2210.69	8205.46	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Qualcare	Qualcare		5270.25	0.75			2210.69	8205.46	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Three Rivers	Three Rivers		6675.65	0.95			2210.69	8205.46	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 UHC	Medicaid		2210.69	0.3146			2210.69	8205.46	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 UHC	Medicare		4491.22	1			2210.69	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Wellcare	Medicaid		2210.69	0.3146			2210.69	8205.46	percent of total billed charges	
REMOVE OF LEAD	33244	CPT	outpatient			7027		5164.9 Wellcare	Medicare		4491.22	1			2210.69	8205.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Aetna	Medicare		37625.83	1			25410.24	76731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Aetna	Better Health		25410.24	0.3146			25410.24	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Aetna	Commercial		59900.32	1.592			25410.24	76731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Americare	Americare		65577.5	0.75			25410.24	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 WellPoint	WellPoint		25911.02	0.3208			25410.24	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Amerihealth	Medicare		37625.83	1			25410.24	76731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Consumer	Consumer		76731.5	0.95			25410.24	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Corrections	Corrections		64616	0.8			25410.24	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 First Health	First Health		56539	0.7			25410.24	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 First Trenton	First Trenton		72693	0.9			25410.24	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Horizon	MGD		68742.39	1.827			25410.24	76731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Horizon	Indemnity		68742.39	1.827			25410.24	76731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Horizon	PPO		68742.39	1.827			25410.24	76731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Horizon	Medicare Blue		37625.83	1			25410.24	76731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Managed Care Inc	Managed Care Inc		72693	0.9			25410.24	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Multiplan	Multiplan		64616	0.8			25410.24	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Qualcare	Qualcare		65577.5	0.75			25410.24	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Three Rivers	Three Rivers		76731.5	0.95			25410.24	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 UHC	Medicaid		25410.24	0.3146			25410.24	76731.5	percent of total billed charges	
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 UHC	Medicare		37625.83	1			25410.24	76731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Wellcare	Medicare		37625.83	1			25410.24	76731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SINGLE ICD SYSTEM GEN AND LDS	33249	CPT	both			80770		43269.7 Wellcare	Medicaid		25410.24	0.3146			25410.24	76731.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	both			122510		31001.72 Aetna	Commercial		42917.17	1.592			26958.02	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	both			122510		31001.72 Aetna	Medicare		26958.02	1			26958.02	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	both			122510		31001.72 Aetna	Better Health		38541.65	0.3146			26958.02	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	both			122510		31001.72 Americare	Americare		91882.5	0.75			26958.02	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	both			122510		31001.72 WellPoint	WellPoint		39301.21	0.3208			26958.02	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	both			122510		31001.72 Amerihealth	Medicare		26958.02	1			26958.02	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	both			122510		31001.72 Consumer	Consumer		116384.5	0.95			26958.02	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	both			122510		31001.72 Corrections	Corrections		98008	0.8			26958.02	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	both			122510		31001.72 First Health	First Health		85757	0.7			26958.02	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	both			122510		31001.72 First Trenton	First Trenton		110259	0.9			26958.02	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	both			122510		31001.72 Horizon	MGD		49252.3	1.827			26958.02	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	both			122510		31001.72 Horizon	Medicare Blue		26958.02	1			26958.02	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	both			122510		31001.72 Horizon	PPO		49252.3	1.827			26958.02	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	both			122510		31001.72 Horizon	Indemnity		49252.3	1.827			26958.02	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	both			122510		31001.72 Managed Care Inc	Managed Care Inc		110259	0.9			26958.02	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	both			122510		31001.72 Multiplan	Multiplan		98008	0.8			26958.02	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	both			122510		31001.72 Qualcare	Qualcare		91882.5	0.75			26958.02	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	both			122510		31001.72 Three Rivers	Three Rivers		116384.5	0.95			26958.02	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	both			122510		31001.72 UHC	Medicaid		38541.65	0.3146			26958.02	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	both			122510		31001.72 UHC	Medicare		26958.02	1			26958.02	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	both			122510		31001.72 Wellcare	Medicaid		38541.65	0.3146			26958.02	116384.5	percent of total billed charges	
RMVL& REPLC PULSE GEN 1 LEAD	33262	CPT	both			122510		31001.72 Wellcare	Medicare		26958.02	1			26958.02	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & RPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Aetna	Better Health		38541.65	0.3146			26958.02	116384.5	percent of total billed charges	
RMVL & RPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Aetna	Medicare		26958.02	1			26958.02	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & RPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Aetna	Commercial		42917.17	1.592			26958.02	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & RPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Americare	Americare		91882.5	0.75			26958.02	116384.5	percent of total billed charges	
RMVL & RPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 WellPoint	WellPoint		39301.21	0.3208			26958.02	116384.5	percent of total billed charges	
RMVL & RPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Amerihealth	Medicare		26958.02	1			26958.02	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & RPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Consumer	Consumer		116384.5	0.95			26958.02	116384.5	percent of total billed charges	
RMVL & RPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Corrections	Corrections		98008	0.8			26958.02	116384.5	percent of total billed charges	
RMVL & RPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 First Health	First Health		85757	0.7			26958.02	116384.5	percent of total billed charges	
RMVL & RPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 First Trenton	First Trenton		110259	0.9			26958.02	116384.5	percent of total billed charges	
RMVL & RPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Horizon	PPO		49252.3	1.827			26958.02	116384.5	other	Payer

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RMVL & RPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Horizon	Medicare Blue		26958.02	1			26958.02	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & RPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Horizon	Indemnity		49252.3	1.827			26958.02	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & RPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Managed Care Inc	Managed Care Inc		110259	0.9			26958.02	116384.5	percent of total billed charges	
RMVL & RPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Multiplan	Multiplan		98008	0.8			26958.02	116384.5	percent of total billed charges	
RMVL & RPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Qualcare	Qualcare		91882.5	0.75			26958.02	116384.5	percent of total billed charges	
RMVL & RPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Three Rivers	Three Rivers		116384.5	0.95			26958.02	116384.5	percent of total billed charges	
RMVL & RPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 UHC	Medicaid		38541.65	0.3146			26958.02	116384.5	percent of total billed charges	
RMVL & RPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 UHC	Medicare		26958.02	1			26958.02	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & RPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Wellcare	Medicare		26958.02	1			26958.02	116384.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL & RPLCMT DFB GEN 2 LEAD	33263	CPT	both			122510		31001.72 Wellcare	Medicaid		38541.65	0.3146			26958.02	116384.5	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Aetna	Better Health		34337.96	0.3146			34337.96	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Aetna	Commercial		59900.32	1.592			34337.96	103690.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Aetna	Medicare		37625.83	1			34337.96	103690.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Americare	Americare		81861	0.75			34337.96	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 WellPoint	WellPoint		35014.68	0.3208			34337.96	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Amerihealth	Medicare		37625.83	1			34337.96	103690.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Consumer	Consumer		103690.6	0.95			34337.96	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Corrections	Corrections		87318.4	0.8			34337.96	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 First Health	First Health		76403.6	0.7			34337.96	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 First Trenton	First Trenton		98233.2	0.9			34337.96	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Horizon	MGD		68742.39	1.827			34337.96	103690.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Horizon	Indemnity		68742.39	1.827			34337.96	103690.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Horizon	Medicare Blue		37625.83	1			34337.96	103690.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Horizon	PPO		68742.39	1.827			34337.96	103690.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Managed Care Inc	Managed Care Inc		98233.2	0.9			34337.96	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Multiplan	Multiplan		87318.4	0.8			34337.96	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Qualcare	Qualcare		81861	0.75			34337.96	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Three Rivers	Three Rivers		103690.6	0.95			34337.96	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 UHC	Medicare		37625.83	1			34337.96	103690.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 UHC	Medicaid		34337.96	0.3146			34337.96	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Wellcare	Medicaid		34337.96	0.3146			34337.96	103690.6	percent of total billed charges	
REMV&REPLC CVD GEN	33264	CPT	both			109148		43269.7 Wellcare	Medicare		37625.83	1			34337.96	103690.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	both			123433		43269.7 Aetna	Better Health		38832.02	0.3146			37625.83	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	both			123433		43269.7 Aetna	Commercial		59900.32	1.592			37625.83	117261.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	both			123433		43269.7 Aetna	Medicare		37625.83	1			37625.83	117261.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	both			123433		43269.7 Americare	Americare		92574.75	0.75			37625.83	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	both			123433		43269.7 WellPoint	WellPoint		36597.31	0.3208			37625.83	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	both			123433		43269.7 Amerihealth	Medicare		37625.83	1			37625.83	117261.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	both			123433		43269.7 Consumer	Consumer		117261.35	0.95			37625.83	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	both			123433		43269.7 Corrections	Corrections		98746.4	0.8			37625.83	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	both			123433		43269.7 First Health	First Health		86403.1	0.7			37625.83	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	both			123433		43269.7 First Trenton	First Trenton		111089.7	0.9			37625.83	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	both			123433		43269.7 Horizon	PPO		68742.39	1.827			37625.83	117261.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	both			123433		43269.7 Horizon	Medicare Blue		37625.83	1			37625.83	117261.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	both			123433		43269.7 Horizon	Indemnity		68742.39	1.827			37625.83	117261.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	both			123433		43269.7 Horizon	MGD		68742.39	1.827			37625.83	117261.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	both			123433		43269.7 Managed Care Inc	Managed Care Inc		111089.7	0.9			37625.83	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	both			123433		43269.7 Multiplan	Multiplan		98746.4	0.8			37625.83	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	both			123433		43269.7 Qualcare	Qualcare		92574.75	0.75			37625.83	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	both			123433		43269.7 Three Rivers	Three Rivers		117261.35	0.95			37625.83	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	both			123433		43269.7 UHC	Medicaid		38832.02	0.3146			37625.83	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	both			123433		43269.7 UHC	Medicare		37625.83	1			37625.83	117261.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	both			123433		43269.7 Wellcare	Medicaid		38832.02	0.3146			37625.83	117261.35	percent of total billed charges	
INSERT/REMOVE PERMENET SUBQ IMPLANT DEFI	33270	CPT	both			123433		43269.7 Wellcare	Medicare		37625.83	1			37625.83	117261.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Aetna	Better Health		9345.19	0.3146			9345.19	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Aetna	Commercial		15468.32	1.592			9345.19	28219.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Aetna	Medicare		9716.28	1			9345.19	28219.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Americare	Americare		22278.75	0.75			9345.19	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 WellPoint	WellPoint		9529.36	0.3208			9345.19	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Amerihealth	Medicare		9716.28	1			9345.19	28219.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Consumer	Consumer		28219.75	0.95			9345.19	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Corrections	Corrections		23764	0.8			9345.19	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 First Health	First Health		20793.5	0.7			9345.19	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 First Trenton	First Trenton		26734.5	0.9			9345.19	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Horizon	Indemnity		17751.64	1.827			9345.19	28219.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Horizon	Medicare Blue		9716.28	1			9345.19	28219.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Horizon	MGD		17751.64	1.827			9345.19	28219.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Horizon	PPO		17751.64	1.827			9345.19	28219.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Managed Care Inc	Managed Care Inc		26734.5	0.9			9345.19	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Multiplan	Multiplan		23764	0.8			9345.19	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Qualcare	Qualcare		22278.75	0.75			9345.19	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Three Rivers	Three Rivers		28219.75	0.95			9345.19	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 UHC	Medicaid		9345.19	0.3146			9345.19	28219.75	percent of total billed charges	
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 UHC	Medicare		9716.28	1			9345.19	28219.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Wellcare	Medicare		9716.28	1			9345.19	28219.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ OF SUBQ IMPLANTABLE DEFIBRILLATOR E	33271	CPT	outpatient			29705		11173.72 Wellcare	Medicaid		9345.19	0.3146			9345.19	28219.75	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	both			11227		5164.9 Aetna	Commercial		7150.02	1.592			3532.01	10665.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	both			11227		5164.9 Aetna	Better Health		3532.01	0.3146			3532.01	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	both			11227		5164.9 Aetna	Medicare		4491.22	1			3532.01	10665.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	both			11227		5164.9 Americare	Americare		8420.25	0.75			3532.01	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	both			11227		5164.9 WellPoint	WellPoint		3601.62	0.3208			3532.01	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	both			11227		5164.9 Amerihealth	Medicare		4491.22	1			3532.01	10665.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	both			11227		5164.9 Consumer	Consumer		10665.65	0.95			3532.01	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	both			11227		5164.9 Corrections	Corrections		8981.6	0.8			3532.01	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	both			11227		5164.9 First Health	First Health		7858.9	0.7			3532.01	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	both			11227		5164.9 First Trenton	First Trenton		10104.3	0.9			3532.01	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	both			11227		5164.9 Horizon	MGD		8205.46	1.827			3532.01	10665.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	both			11227		5164.9 Horizon	Medicare Blue		4491.22	1			3532.01	10665.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	both			11227		5164.9 Horizon	Indemnity		8205.46	1.827			3532.01	10665.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	both			11227		5164.9 Horizon	PPO		8205.46	1.827			3532.01	10665.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	both			11227		5164.9 Managed Care Inc	Managed Care Inc		10104.3	0.9			3532.01	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	both			11227		5164.9 Multiplan	Multiplan		8981.6	0.8			3532.01	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	both			11227		5164.9 Qualcare	Qualcare		8420.25	0.75			3532.01	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	both			11227		5164.9 Three Rivers	Three Rivers		10665.65	0.95			3532.01	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	both			11227		5164.9 UHC	Medicaid		3532.01	0.3146			3532.01	10665.65	percent of total billed charges	
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	both			11227		5164.9 UHC	Medicare		4491.22	1			3532.01	10665.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	both			11227		5164.9 Wellcare	Medicare		4491.22	1			3532.01	10665.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SUBSEQUENT IMPLANTABLE DEFI	33272	CPT	both			11227		5164.9 Wellcare	Medicaid		3532.01	0.3146			3532.01	10665.65	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Aetna	Commercial		7150.02	1.592			3652.19	11028.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Aetna	Better Health		3652.19	0.3146			3652.19	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Aetna	Medicare		4491.22	1			3652.19	11028.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Americare	Americare		8706.75	0.75			3652.19	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 WellPoint	WellPoint		3724.17	0.3208			3652.19	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Amerihealth	Medicare		4491.22	1			3652.19	11028.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Consumer	Consumer		11028.55	0.95			3652.19	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Corrections	Corrections		9287.2	0.8			3652.19	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 First Health	First Health		8126.3	0.7			3652.19	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 First Trenton	First Trenton		10448.1	0.9			3652.19	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Horizon	Indemnity		8205.46	1.827			3652.19	11028.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Horizon	PPO		8205.46	1.827			3652.19	11028.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Horizon	MGD		8205.46	1.827			3652.19	11028.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Horizon	Medicare Blue		4491.22	1			3652.19	11028.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Managed Care Inc	Managed Care Inc		10448.1	0.9			3652.19	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Multiplan	Multiplan		9287.2	0.8			3652.19	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Qualcare	Qualcare		8706.75	0.75			3652.19	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Three Rivers	Three Rivers		11028.55	0.95			3652.19	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 UHC	Medicaid		3652.19	0.3146			3652.19	11028.55	percent of total billed charges	
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 UHC	Medicare		4491.22	1			3652.19	11028.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Wellcare	Medicare		4491.22	1			3652.19	11028.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOS PREVIOUSLY IMPLNATED SUBQ IMPANTAB	33273	CPT	outpatient			11609		5164.9 Wellcare	Medicaid		3652.19	0.3146			3652.19	11028.55	percent of total billed charges	
TCAT INSJ/RLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Aetna	Commercial		35477.29	1.592			19766.95	60947.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INSJ/RLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Aetna	Medicare		22284.73	1			19766.95	60947.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INSJ/RLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Aetna	Better Health		20183.16	0.3146			19766.95	60947.25	percent of total billed charges	
TCAT INSJ/RLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Americare	Americare		48116.25	0.75			19766.95	60947.25	percent of total billed charges	
TCAT INSJ/RLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 WellPoint	WellPoint		20580.92	0.3208			19766.95	60947.25	percent of total billed charges	
TCAT INSJ/RLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Amerihealth	Medicare		22284.73	1			19766.95	60947.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INSJ/RLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Consumer	Consumer		60947.25	0.95			19766.95	60947.25	percent of total billed charges	
TCAT INSJ/RLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Corrections	Corrections		51324	0.8			19766.95	60947.25	percent of total billed charges	
TCAT INSJ/RLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 First Health	First Health		44908.5	0.7			19766.95	60947.25	percent of total billed charges	
TCAT INSJ/RLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 First Trenton	First Trenton		57739.5	0.9			19766.95	60947.25	percent of total billed charges	
TCAT INSJ/RLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Horizon	Indemnity		40714.2	1.827			19766.95	60947.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INSJ/RLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Horizon	PPO		40714.2	1.827			19766.95	60947.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INSJ/RLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Horizon	Medicare Blue		22284.73	1			19766.95	60947.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INSJ/RLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Horizon	MGD		40714.2	1.827			19766.95	60947.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TCAT INSJ/RLP PERM LEEDLESS PCEMAKER RV	33274	CPT	both			64155		25627.44 Managed Care Inc	Managed Care Inc		57739.5	0.9			19766.95	60947.25	percent of total billed charges	
TCAT INSJ/RLP PERM LEEDLESS PC

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Aetna	Medicare		3645.44	1			3595.88	10858.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Aetna	Commercial		5803.54	1.592			3595.88	10858.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Americare	Americare		8572.5	0.75			3595.88	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 WellPoint	WellPoint		3666.74	0.3208			3595.88	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Amerihealth	Medicare		3645.44	1			3595.88	10858.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Consumer	Consumer		10858.5	0.95			3595.88	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Corrections	Corrections		9144	0.8			3595.88	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 First Health	First Health		8001	0.7			3595.88	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 First Trenton	First Trenton		10287	0.9			3595.88	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Horizon	Indemnity		6660.22	1.827			3595.88	10858.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Horizon	MGD		6660.22	1.827			3595.88	10858.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Horizon	PPO		6660.22	1.827			3595.88	10858.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Horizon	Medicare Blue		3645.44	1			3595.88	10858.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Managed Care Inc	Managed Care Inc		10287	0.9			3595.88	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Multiplan	Multiplan		9144	0.8			3595.88	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Qualcare	Qualcare		8572.5	0.75			3595.88	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Three Rivers	Three Rivers		10858.5	0.95			3595.88	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 UHC	Medicare		3645.44	1			3595.88	10858.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 UHC	Medicaid		3595.88	0.3146			3595.88	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Wellcare	Medicaid		3595.88	0.3146			3595.88	10858.5	percent of total billed charges	
REMOVE LEADLESS TRANSCATHETER PACING SYS	33275	CPT	outpatient			11430		4192.26 Wellcare	Medicare		3645.44	1			3595.88	10858.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299		11173.72 Aetna	Better Health		9532.07	0.3146			9351.49	28784.05	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299		11173.72 Aetna	Medicare		9716.28	1			9351.49	28784.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299		11173.72 Aetna	Commercial		15468.32	1.592			9351.49	28784.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299		11173.72 Americare	Americare		22724.25	0.75			9351.49	28784.05	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299		11173.72 WellPoint	WellPoint		9719.92	0.3208			9351.49	28784.05	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299		11173.72 Amerihealth	Medicare		9716.28	1			9351.49	28784.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299		11173.72 Consumer	Consumer		28784.05	0.95			9351.49	28784.05	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299		11173.72 Corrections	Corrections		24239.2	0.8			9351.49	28784.05	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299		11173.72 First Health	First Health		21209.3	0.7			9351.49	28784.05	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299		11173.72 First Trenton	First Trenton		27269.1	0.9			9351.49	28784.05	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299		11173.72 Horizon	Medicare Blue		9716.28	1			9351.49	28784.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299		11173.72 Horizon	PPO		17751.64	1.827			9351.49	28784.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299		11173.72 Horizon	MGD		17751.64	1.827			9351.49	28784.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299		11173.72 Horizon	Indemnity		17751.64	1.827			9351.49	28784.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299		11173.72 Managed Care Inc	Managed Care Inc		27269.1	0.9			9351.49	28784.05	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299		11173.72 Multiplan	Multiplan		24239.2	0.8			9351.49	28784.05	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299		11173.72 Qualcare	Qualcare		22724.25	0.75			9351.49	28784.05	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299		11173.72 Three Rivers	Three Rivers		28784.05	0.95			9351.49	28784.05	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299		11173.72 UHC	Medicaid		9532.07	0.3146			9351.49	28784.05	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299		11173.72 UHC	Medicare		9716.28	1			9351.49	28784.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299		11173.72 Wellcare	Medicaid		9532.07	0.3146			9351.49	28784.05	percent of total billed charges	
INSERTION SUBQ CARDIAC RHYTHM MONITOR	33285	CPT	both			30299		11173.72 Wellcare	Medicare		9716.28	1			9351.49	28784.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376		925.36 Aetna	Commercial		1281.02	1.592			746.86	2257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376		925.36 Aetna	Better Health		747.49	0.3146			746.86	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376		925.36 Aetna	Medicare		804.66	1			746.86	2257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376		925.36 Americare	Americare		1782	0.75			746.86	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376		925.36 WellPoint	WellPoint		762.22	0.3208			746.86	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376		925.36 Amerihealth	Medicare		804.66	1			746.86	2257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376		925.36 Consumer	Consumer		2257.2	0.95			746.86	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376		925.36 Corrections	Corrections		1900.8	0.8			746.86	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376		925.36 First Health	First Health		1663.2	0.7			746.86	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376		925.36 First Trenton	First Trenton		2138.4	0.9			746.86	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376		925.36 Horizon	MGD		1470.11	1.827			746.86	2257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376		925.36 Horizon	Indemnity		1470.11	1.827			746.86	2257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376		925.36 Horizon	Medicare Blue		804.66	1			746.86	2257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376		925.36 Horizon	PPO		1470.11	1.827			746.86	2257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376		925.36 Managed Care Inc	Managed Care Inc		2138.4	0.9			746.86	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376		925.36 Multiplan	Multiplan		1900.8	0.8			746.86	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376		925.36 Qualcare	Qualcare		1782	0.75			746.86	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376		925.36 Three Rivers	Three Rivers		2257.2	0.95			746.86	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376		925.36 UHC	Medicare		804.66	1			746.86	2257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376		925.36 UHC	Medicaid		747.49	0.3146			746.86	2257.2	percent of total billed charges	
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376		925.36 Wellcare	Medicare		804.66	1			746.86	2257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL SUBCUTANEOUS CARDIAC THRYTHM MO	33286	CPT	both			2376		925.36 Wellcare	Medicaid		747.49	0.3146			746.86	2257.2	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Aetna	Better Health		1819.33	0.3146			1734.9	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Aetna	Commercial		2197.54	0.38			1734.9	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Aetna	Medicare		1781.16	0.308			1734.9	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Americare	Americare		4337.25	0.75			1734.9	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		WellPoint	WellPoint		1855.19	0.3208			1734.9	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Consumer	Consumer		5493.85	0.95			1734.9	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Corrections	Corrections		4626.4	0.8			1734.9	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		First Health	First Health		4048.1	0.7			1734.9	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		First Trenton	First Trenton		5204.7	0.9			1734.9	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Horizon	Indemnity		2213.73	0.3828			1734.9	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Horizon	Medicare Blue		1734.9	0.3			1734.9	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Horizon	PPO		2213.73	0.3828			1734.9	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Horizon	MGD		2213.73	0.3828			1734.9	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Managed Care Inc	Managed Care Inc		5204.7	0.9			1734.9	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Multiplan	Multiplan		4626.4	0.8			1734.9	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Qualcare	Qualcare		4337.25	0.75			1734.9	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Three Rivers	Three Rivers		5493.85	0.95			1734.9	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		UHC	Medicaid		1819.33	0.3146			1734.9	5493.85	percent of total billed charges	
REP CARD WOUND W/O BYPASS	33300	CPT	outpatient			5783		Wellcare	Medicaid		1819.33	0.3146			1734.9	5493.85	percent of total billed charges	
SUTURE RPR AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7836		Aetna	Better Health		2465.21	0.3146			2350.8	7444.2	percent of total billed charges	
SUTURE RPR AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7836		Aetna	Commercial		2977.68	0.38			2350.8	7444.2	percent of total billed charges	
SUTURE RPR AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7836		Aetna	Medicare		2413.49	0.308			2350.8	7444.2	percent of total billed charges	
SUTURE RPR AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7836		Americare	Americare		5877	0.75			2350.8	7444.2	percent of total billed charges	
SUTURE RPR AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7836		WellPoint	WellPoint		2513.79	0.3208			2350.8	7444.2	percent of total billed charges	
SUTURE RPR AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7836		Consumer	Consumer		7444.2	0.95			2350.8	7444.2	percent of total billed charges	
SUTURE RPR AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7836		Corrections	Corrections		6268.8	0.8			2350.8	7444.2	percent of total billed charges	
SUTURE RPR AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7836		First Health	First Health		5485.2	0.7			2350.8	7444.2	percent of total billed charges	
SUTURE RPR AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7836		First Trenton	First Trenton		7052.4	0.9			2350.8	7444.2	percent of total billed charges	
SUTURE RPR AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7836		Horizon	MGD		2999.62	0.3828			2350.8	7444.2	percent of total billed charges	
SUTURE RPR AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7836		Horizon	Indemnity		2999.62	0.3828			2350.8	7444.2	percent of total billed charges	
SUTURE RPR AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7836		Horizon	Medicare Blue		2350.8	0.3			2350.8	7444.2	percent of total billed charges	
SUTURE RPR AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7836		Horizon	PPO		2999.62	0.3828			2350.8	7444.2	percent of total billed charges	
SUTURE RPR AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7836		Managed Care Inc	Managed Care Inc		7052.4	0.9			2350.8	7444.2	percent of total billed charges	
SUTURE RPR AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7836		Multiplan	Multiplan		6268.8	0.8			2350.8	7444.2	percent of total billed charges	
SUTURE RPR AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7836		Qualcare	Qualcare		5877	0.75			2350.8	7444.2	percent of total billed charges	
SUTURE RPR AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7836		Three Rivers	Three Rivers		7444.2	0.95			2350.8	7444.2	percent of total billed charges	
SUTURE RPR AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7836		UHC	Medicaid		2465.21	0.3146			2350.8	7444.2	percent of total billed charges	
SUTURE RPR AORTA OR GREAT VES W/O BYPAS	33320	CPT	outpatient			7836		Wellcare	Medicaid		2465.21	0.3146			2350.8	7444.2	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Aetna	Better Health		18420.14	0.3146			17565.3	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Aetna	Commercial		22249.38	0.38			17565.3	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Aetna	Medicare		18033.71	0.308			17565.3	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Americare	Americare		43913.25	0.75			17565.3	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		WellPoint	WellPoint		18783.16	0.3208			17565.3	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Consumer	Consumer		55623.45	0.95			17565.3	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Corrections	Corrections		46840.8	0.8			17565.3	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		First Health	First Health		40985.7	0.7			17565.3	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		First Trenton	First Trenton		52695.9	0.9			17565.3	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Horizon	Medicare Blue		17565.3	0.3			17565.3	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Horizon	MGD		22413.32	0.3828			17565.3	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Horizon	Indemnity		22413.32	0.3828			17565.3	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Horizon	PPO		22413.32	0.3828			17565.3	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Managed Care Inc	Managed Care Inc		52695.9	0.9			17565.3	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Multiplan	Multiplan		46840.8	0.8			17565.3	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Qualcare	Qualcare		43913.25	0.75			17565.3	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Three Rivers	Three Rivers		55623.45	0.95			17565.3	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		UHC	Medicaid		18420.14	0.3146			17565.3	55623.45	percent of total billed charges	
PERC LAA OCC W/ INTRALUMINAL DEVICE WATC	33340	CPT	both			58551		Wellcare	Medicaid		18420.14	0.3146			17565.3	55623.45	percent of total billed charges	
REPAIR AORTIC VALVE	33414	CPT	outpatient			2688		Aetna	Better Health		845.64	0.3146			806.4	2553.6	percent of total billed charges	
REPAIR AORTIC VALVE	33414	CPT	outpatient			2688		Aetna	Medicare		827.9	0.308			806.4	2553.6	percent of total billed charges	
REPAIR AORTIC VALVE	33414	CPT	outpatient			2688		Aetna	Commercial		1021.44	0.38			806.4	2553.6	percent of total billed charges	
REPAIR AORTIC VALVE	33414	CPT	outpatient			2688		Americare	Americare		2016	0.75			806.4	2553.6	percent of total billed charges	
REPAIR AORTIC VALVE	33414	CPT	outpatient			2688		WellPoint	WellPoint		862.31	0.3208			806.4	2553.6	percent of total billed charges	
REPAIR AORTIC VALVE	33414	CPT	outpatient			2688		Consumer	Consumer		2553.6	0.95			806.4	2553.6	percent of total billed charges	
REPAIR AORTIC VALVE	33414	CPT	outpatient			2688		Corrections	Corrections		2150.4	0.8			806.4	2553.6	percent of total billed charges	
REPAIR AORTIC VALVE	33414	CPT	outpatient			2688		First Health	First Health		1881.6	0.7			806.4	2553.6	percent of total billed charges	
REPAIR AORTIC VALVE	33414	CPT	outpatient			2688		First Trenton	First Trenton		2419.2	0.9			806.4	2553.6	percent of total billed charges	
REPAIR AORTIC VALVE	33414	CPT	outpatient			2688		Horizon	MGD		1028.97	0.3828			806.4	2553.6	percent of total billed charges	
REPAIR AORTIC VALVE	33414	CPT	outpatient			2688		Horizon	Indemnity		1028.97	0.3828			806.4	2553.6	percent of total billed charges	
REPAIR AORTIC VALVE	33414	CPT	outpatient			2688		Horizon	Medicare Blue		806.4	0.3			806.4	2553.6	percent of total billed charges	
REPAIR AORTIC VALVE	33414	CPT	outpatient			2688		Horizon	PPO		1028.97	0.3828			806.4	2553.6	percent of total billed charges	
REPAIR AORTIC VALVE	33414	CPT	outpatient			2688		Managed Care Inc	Managed Care Inc		2419.2	0.9			806.4	2553.6	percent of total billed charges	
REPAIR AORTIC VALVE	33414	CPT	outpatient			2688		Multiplan	Multiplan		2150.4	0.8			806.4	2553.6	percent of total billed charges	
REPAIR AORTIC VALVE	33414	CPT	outpatient			2688		Qualcare	Qualcare		2016	0.75			806.4	2553.6	percent of total billed charges	
REPAIR AORTIC VALVE	33414	CPT	outpatient			2688		Three Rivers	Three Rivers		2553.6	0.95			806.4	2553.6	percent of total billed charges	
REPAIR AORTIC VALVE	33414	CPT	outpatient			2688		UHC	Medicaid		845.64	0.3146			806.4	2553.6	percent of total billed charges	
REPAIR AORTIC VALVE	33414	CPT	outpatient			2688		Wellcare	Medicaid		845.64	0.3146			806.4	2553.6	percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Aetna	Better Health		327.18	0.3146			312	988	percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Aetna	Commercial		395.2	0.38			312	988	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Aetna	Medicare		320.32	0.308			312	988	percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Americare	Americare		780	0.75			312	988	percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		WellPoint	WellPoint		333.63	0.3208			312	988	percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Consumer	Consumer		988	0.95			312	988	percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Corrections	Corrections		832	0.8			312	988	percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		First Health	First Health		728	0.7			312	988	percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		First Trenton	First Trenton		936	0.9			312	988	percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Horizon	Medicare Blue		312	0.3			312	988	percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Horizon	PPO		398.11	0.3828			312	988	percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Horizon	MCD		398.11	0.3828			312	988	percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Horizon	Indemnity		398.11	0.3828			312	988	percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Managed Care Inc	Managed Care Inc		936	0.9			312	988	percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Multiplan	Multiplan		832	0.8			312	988	percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Qualcare	Qualcare		780	0.75			312	988	percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Three Rivers	Three Rivers		988	0.95			312	988	percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		UHC	Medicaid		327.18	0.3146			312	988	percent of total billed charges	
PERQ PRCRD DRG 6YR+W/O CONGENITAL CAR AN	33952	CPT	inpatient			1040		Wellcare	Medicaid		327.18	0.3146			312	988	percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Aetna	Better Health		1498.75	0.3146			1429.2	4525.8	percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Aetna	Medicare		1467.31	0.308			1429.2	4525.8	percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Aetna	Commercial		1810.32	0.38			1429.2	4525.8	percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Americare	Americare		3573	0.75			1429.2	4525.8	percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		WellPoint	WellPoint		1528.29	0.3208			1429.2	4525.8	percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Consumer	Consumer		4525.8	0.95			1429.2	4525.8	percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Corrections	Corrections		3811.2	0.8			1429.2	4525.8	percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		First Health	First Health		3334.8	0.7			1429.2	4525.8	percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		First Trenton	First Trenton		4287.6	0.9			1429.2	4525.8	percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Horizon	MGD		1823.66	0.3828			1429.2	4525.8	percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Horizon	Indemnity		1823.66	0.3828			1429.2	4525.8	percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Horizon	PPO		1823.66	0.3828			1429.2	4525.8	percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Horizon	Medicare Blue		1429.2	0.3			1429.2	4525.8	percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Managed Care Inc	Managed Care Inc		4287.6	0.9			1429.2	4525.8	percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Multiplan	Multiplan		3811.2	0.8			1429.2	4525.8	percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Qualcare	Qualcare		3573	0.75			1429.2	4525.8	percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Three Rivers	Three Rivers		4525.8	0.95			1429.2	4525.8	percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		UHC	Medicaid		1498.75	0.3146			1429.2	4525.8	percent of total billed charges	
INSERTION OF IABP	33967	CPT	both			4764		Wellcare	Medicaid		1498.75	0.3146			1429.2	4525.8	percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Aetna	Commercial		581.78	0.38			459.3	1454.45	percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Aetna	Better Health		481.65	0.3146			459.3	1454.45	percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Aetna	Medicare		471.55	0.308			459.3	1454.45	percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Americare	Americare		1148.25	0.75			459.3	1454.45	percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		WellPoint	WellPoint		491.14	0.3208			459.3	1454.45	percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Consumer	Consumer		1454.45	0.95			459.3	1454.45	percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Corrections	Corrections		1224.8	0.8			459.3	1454.45	percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		First Health	First Health		1071.7	0.7			459.3	1454.45	percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		First Trenton	First Trenton		1377.9	0.9			459.3	1454.45	percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Horizon	MGD		586.07	0.3828			459.3	1454.45	percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Horizon	Indemnity		586.07	0.3828			459.3	1454.45	percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Horizon	PPO		586.07	0.3828			459.3	1454.45	percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Horizon	Medicare Blue		459.3	0.3			459.3	1454.45	percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Managed Care Inc	Managed Care Inc		1377.9	0.9			459.3	1454.45	percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Multiplan	Multiplan		1224.8	0.8			459.3	1454.45	percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Qualcare	Qualcare		1148.25	0.75			459.3	1454.45	percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Three Rivers	Three Rivers		1454.45	0.95			459.3	1454.45	percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		UHC	Medicaid		481.65	0.3146			459.3	1454.45	percent of total billed charges	
REMOVAL OF IABP	33968	CPT	inpatient			1531		Wellcare	Medicaid		481.65	0.3146			459.3	1454.45	percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Aetna	Medicare		607.38	0.308			591.6	1873.4	percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Aetna	Better Health		620.39	0.3146			591.6	1873.4	percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Aetna	Commercial		749.36	0.38			591.6	1873.4	percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Americare	Americare		1479	0.75			591.6	1873.4	percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		WellPoint	WellPoint		632.62	0.3208			591.6	1873.4	percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Consumer	Consumer		1873.4	0.95			591.6	1873.4	percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Corrections	Corrections		1577.6	0.8			591.6	1873.4	percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		First Health	First Health		1380.4	0.7			591.6	1873.4	percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		First Trenton	First Trenton		1774.8	0.9			591.6	1873.4	percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Horizon	MGD		754.88	0.3828			591.6	1873.4	percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Horizon	Medicare Blue		591.6	0.3			591.6	1873.4	percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Horizon	Indemnity		754.88	0.3828			591.6	1873.4	percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Horizon	PPO		754.88	0.3828			591.6	1873.4	percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Managed Care Inc	Managed Care Inc		1774.8	0.9			591.6	1873.4	percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Multiplan	Multiplan		1577.6	0.8			591.6	1873.4	percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Qualcare	Qualcare		1479	0.75			591.6	1873.4	percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Three Rivers	Three Rivers		1873.4	0.95			591.6	1873.4	percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		UHC	Medicaid		620.39	0.3146			591.6	1873.4	percent of total billed charges	
INSERT VENTRICULAR ASSIST DEVICE (IMPEL	33990	CPT	inpatient			1972		Wellcare	Medicaid		620.39	0.3146			591.6	1873.4	percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Aetna	Medicare		910.45	0.308			886.8	2808.2	percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Aetna	Commercial		1123.28	0.38			886.8	2808.2	percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Aetna	Better Health		929.96	0.3146			886.8	2808.2	percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Americare	Americare		2217	0.75			886.8	2808.2	percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		WellPoint	WellPoint		948.28	0.3208			886.8	2808.2	percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Consumer	Consumer		2808.2	0.95			886.8	2808.2	percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Corrections	Corrections		2364.8	0.8			886.8	2808.2	percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		First Health	First Health		2069.2	0.7			886.8	2808.2	percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		First Trenton	First Trenton		2660.4	0.9			886.8	2808.2	percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Horizon	MGD		1131.56	0.3828			886.8	2808.2	percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Horizon	PPO		1131.56	0.3828			886.8	2808.2	percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Horizon	Indemnity		1131.56	0.3828			886.8	2808.2	percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Horizon	Medicare Blue		886.8	0.3			886.8	2808.2	percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Managed Care Inc	Managed Care Inc		2660.4	0.9			886.8	2808.2	percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Multiplan	Multiplan		2364.8	0.8			886.8	2808.2	percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Qualcare	Qualcare		2217	0.75			886.8	2808.2	percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Three Rivers	Three Rivers		2808.2	0.95			886.8	2808.2	percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		UHC	Medicaid		929.96	0.3146			886.8	2808.2	percent of total billed charges	
REMOVAL PERQ VENTRICULAR DEVICE SEPARAT	33992	CPT	inpatient			2956		Wellcare	Medicaid		929.96	0.3146			886.8	2808.2	percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Aetna	Better Health		620.39	0.3146			620.39	1873.4	percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Aetna	Commercial		1143.79	1.592			620.39	1873.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Aetna	Medicare		1	718.46			620.39	1873.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Americare	Americare		1479	0.75			620.39	1873.4	percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	WellPoint	WellPoint		632.62	0.3208			620.39	1873.4	percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Amerihealth	Medicare		1	718.46			620.39	1873.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Consumer	Consumer		1873.4	0.95			620.39	1873.4	percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Corrections	Corrections		1577.6	0.8			620.39	1873.4	percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	First Health	First Health		1380.4	0.7			620.39	1873.4	percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	First Trenton	First Trenton		1774.8	0.9			620.39	1873.4	percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Horizon	MGD		1312.63	1.827			620.39	1873.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Horizon	Medicare Blue		718.46	1			620.39	1873.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Horizon	Indemnity		1312.63	1.827			620.39	1873.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Horizon	PPO		1312.63	1.827			620.39	1873.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Managed Care Inc	Managed Care Inc		1774.8	0.9			620.39	1873.4	percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Multiplan	Multiplan		1577.6	0.8			620.39	1873.4	percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Qualcare	Qualcare		1479	0.75			620.39	1873.4	percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Three Rivers	Three Rivers		1873.4	0.95			620.39	1873.4	percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	UHC	Medicare		718.46	1			620.39	1873.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	UHC	Medicaid		620.39	0.3146			620.39	1873.4	percent of total billed charges	
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Wellcare	Medicare		718.46	1			620.39	1873.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPT 33999 USED FOR INSERT ICM DEVICE/LE	33999	CPT	inpatient			1972	826.23	Wellcare	Medicaid		620.39	0.3146			620.39	1873.4	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Aetna	Medicare		591.36	0.308			576	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Aetna	Better Health		604.03	0.3146			576	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Aetna	Commercial		729.6	0.38			576	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Americare	Americare		1440	0.75			576	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		WellPoint	WellPoint		615.94	0.3208			576	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Consumer	Consumer		1824	0.95			576	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Corrections	Corrections		1536	0.8			576	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		First Health	First Health		1344	0.7			576	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		First Trenton	First Trenton		1728	0.9			576	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Horizon	MGD		734.98	0.3828			576	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Horizon	Indemnity		734.98	0.3828			576	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Horizon	PPO		734.98	0.3828			576	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Horizon	Medicare Blue		576	0.3			576	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Managed Care Inc	Managed Care Inc		1728	0.9			576	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Multiplan	Multiplan		1536	0.8			576	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Qualcare	Qualcare		1440	0.75			576	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Three Rivers	Three Rivers		1824	0.95			576	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		UHC	Medicaid		604.03	0.3146			576	1824	percent of total billed charges	
PLACE ENDOV ILIAC A OCCL DEV	34808	CPT	outpatient			1920		Wellcare	Medicaid		604.03	0.3146			576	1824	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Aetna	Medicare		964.66	0.308			939.6	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Aetna	Better Health		985.33	0.3146			939.6	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Aetna	Commercial		1190.16	0.38			939.6	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Americare	Americare		2349	0.75			939.6	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		WellPoint	WellPoint		1004.75	0.3208			939.6	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Consumer	Consumer		2975.4	0.95			939.6	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Corrections	Corrections		2505.6	0.8			939.6	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		First Health	First Health		2192.4	0.7			939.6	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		First Trenton	First Trenton		2818.8	0.9			939.6	2975.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Horizon	Indemnity		1198.93	0.3828			939.6	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Horizon	MGD		1198.93	0.3828			939.6	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Horizon	PPO		1198.93	0.3828			939.6	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Horizon	Medicare Blue		939.6	0.3			939.6	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Managed Care Inc	Managed Care Inc		2818.8	0.9			939.6	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Multiplan	Multiplan		2926.6	0.8			939.6	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Qualcare	Qualcare		2349	0.75			939.6	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Three Rivers	Three Rivers		2975.4	0.95			939.6	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		UHC	Medicaid		985.33	0.3146			939.6	2975.4	percent of total billed charges	
EXPOSE OPEN FEM A ENDOV PRO	34812	CPT	outpatient			3132		Wellcare	Medicaid		985.33	0.3146			939.6	2975.4	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Aetna	Medicare		688.38	0.308			670.5	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Aetna	Commercial		849.3	0.38			670.5	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Aetna	Better Health		703.13	0.3146			670.5	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Americare	Americare		1676.25	0.75			670.5	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		WellPoint	WellPoint		716.99	0.3208			670.5	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Consumer	Consumer		2123.25	0.95			670.5	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Corrections	Corrections		1788	0.8			670.5	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		First Health	First Health		1564.5	0.7			670.5	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		First Trenton	First Trenton		2011.5	0.9			670.5	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Horizon	Indemnity		855.56	0.3828			670.5	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Horizon	Medicare Blue		670.5	0.3			670.5	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Horizon	MGD		855.56	0.3828			670.5	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Horizon	PPO		855.56	0.3828			670.5	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Managed Care Inc	Managed Care Inc		2011.5	0.9			670.5	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Multiplan	Multiplan		1788	0.8			670.5	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Qualcare	Qualcare		1676.25	0.75			670.5	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Three Rivers	Three Rivers		2123.25	0.95			670.5	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		UHC	Medicaid		703.13	0.3146			670.5	2123.25	percent of total billed charges	
PLACE FEM-FEM ENDOV PRO GR	34813	CPT	outpatient			2235		Wellcare	Medicaid		703.13	0.3146			670.5	2123.25	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Aetna	Better Health		1423.25	0.3146			1357.2	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Aetna	Medicare		1393.39	0.308			1357.2	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Aetna	Commercial		1719.12	0.38			1357.2	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Americare	Americare		3393	0.75			1357.2	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		WellPoint	WellPoint		1451.3	0.3208			1357.2	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Consumer	Consumer		4297.8	0.95			1357.2	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Corrections	Corrections		3619.2	0.8			1357.2	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		First Health	First Health		3166.8	0.7			1357.2	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		First Trenton	First Trenton		4071.6	0.9			1357.2	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Horizon	MGD		1731.79	0.3828			1357.2	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Horizon	Indemnity		1731.79	0.3828			1357.2	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Horizon	Medicare Blue		1357.2	0.3			1357.2	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Horizon	PPO		1731.79	0.3828			1357.2	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Managed Care Inc	Managed Care Inc		4071.6	0.9			1357.2	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Multiplan	Multiplan		3619.2	0.8			1357.2	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Qualcare	Qualcare		3393	0.75			1357.2	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Three Rivers	Three Rivers		4297.8	0.95			1357.2	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		UHC	Medicaid		1423.25	0.3146			1357.2	4297.8	percent of total billed charges	
EXPOSE OPEN ILIAC A ENDOV PR	34820	CPT	outpatient			4524		Wellcare	Medicaid		1423.25	0.3146			1357.2	4297.8	percent of total billed charges	
PSEUDOANUERYSM HEPATIC CELIAC	35121	CPT	outpatient			14059		Aetna	Medicare		4330.17	0.308			4217.7	13356.05	percent of total billed charges	
PSEUDOANUERYSM HEPATIC CELIAC	35121	CPT	outpatient			14059		Aetna	Better Health		4422.96	0.3146			4217.7	13356.05	percent of total billed charges	
PSEUDOANUERYSM HEPATIC CELIAC	35121	CPT	outpatient			14059		Aetna	Commercial		5342.42	0.38			4217.7	13356.05	percent of total billed charges	
PSEUDOANUERYSM HEPATIC CELIAC	35121	CPT	outpatient			14059		Americare	Americare		10544.25	0.75			4217.7	13356.05	percent of total billed charges	
PSEUDOANUERYSM HEPATIC CELIAC	35121	CPT	outpatient			14059		WellPoint	WellPoint		4510.13	0.3208			4217.7	13356.05	percent of total billed charges	
PSEUDOANUERYSM HEPATIC CELIAC	35121	CPT	outpatient			14059		Consumer	Consumer		13356.05	0.95			4217.7	13356.05	percent of total billed charges	
PSEUDOANUERYSM HEPATIC CELIAC	35121	CPT	outpatient			14059		Corrections	Corrections		11247.2	0.8			4217.7	13356.05	percent of total billed charges	
PSEUDOANUERYSM HEPATIC CELIAC	35121	CPT	outpatient			14059		First Health	First Health		9841.3	0.7			4217.7	13356.05	percent of total billed charges	
PSEUDOANUERYSM HEPATIC CELIAC	35121	CPT	outpatient			14059		First Trenton	First Trenton		12653.1	0.9			4217.7	13356.05	percent of total billed charges	
PSEUDOANUERYSM HEPATIC CELIAC	35121	CPT	outpatient			14059		Horizon	MGD		5381.79	0.3828			4217.7	13356.05	percent of total billed charges	
PSEUDOANUERYSM HEPATIC CELIAC	35121	CPT	outpatient			14059		Horizon	Indemnity		5381.79	0.3828			4217.7	13356.05	percent of total billed charges	
PSEUDOANUERYSM HEPATIC CELIAC	35121	CPT	outpatient			14059		Horizon	PPO		5381.79	0.3828			4217.7	13356.05	percent of total billed charges	
PSEUDOANUERYSM HEPATIC CELIAC	35121	CPT	outpatient			14059		Horizon	Medicare Blue		4217.7	0.3			4217.7	13356.05	percent of total billed charges	
PSEUDOANUERYSM HEPATIC CELIAC	35121	CPT	outpatient			14059		Managed Care Inc	Managed Care Inc		12653.1	0.9			4217.7	13356.05	percent of total billed charges	
PSEUDOANUERYSM HEPATIC CELIAC	35121	CPT	outpatient			14059		Multiplan	Multiplan		11247.2	0.8			4217.7	13356.05	percent of total billed charges	
PSEUDOANUERYSM HEPATIC CELIAC	35121	CPT	outpatient			14059		Qualcare	Qualcare		10544.25	0.75			4217.7	13356.05	percent of total billed charges	
PSEUDOANUERYSM HEPATIC CELIAC	35121	CPT	outpatient			14059		Three Rivers	Three Rivers		13356.05	0.95			4217.7	13356.05	percent of total billed charges	
PSEUDOANUERYSM HEPATIC CELIAC	35121	CPT	outpatient			14059		UHC	Medicaid		4422.96	0.3146			4217.7	13356.05	percent of total billed charges	
PSEUDOANUERYSM HEPATIC CELIAC	35121	CPT	outpatient			14059		Wellcare	Medicaid		4422.96	0.3146			4217.7	13356.05	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932	7227.61	Aetna	Medicare		6284.88	1			5326.81	16085.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932	7227.61	Aetna	Commercial		10005.53	1.592			5326.81	16085.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932	7227.61	Aetna	Better Health		5326.81	0.3146			5326.81	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932	7227.61	Americare	Americare		12699	0.75			5326.81	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932	7227.61	WellPoint	WellPoint		5431.79	0.3208			5326.81	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932	7227.61	AmeriHealth	Medicare		6284.88	1			5326.81	16085.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932	7227.61	Consumer	Consumer		16085.4	0.95			5326.81	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932	7227.61	Corrections	Corrections		13545.6	0.8			5326.81	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932	7227.61	First Health	First Health		11852.4	0.7			5326.81	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932	7227.61	First Trenton	First Trenton		15238.8	0.9			5326.81	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932	7227.61	Horizon	Indemnity		11482.48	1.827			5326.81	16085.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932	7227.61	Horizon	PPO		11482.48	1.827			5326.81	16085.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932	7227.61	Horizon	Medicare Blue		6284.88	1			5326.81	16085.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932	7227.61	Horizon	MGD		11482.48	1.827			5326.81	16085.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932	7227.61	Managed Care Inc	Managed Care Inc		15238.8	0.9			5326.81	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932	7227.61	Multiplan	Multiplan		13545.6	0.8			5326.81	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932	7227.61	Qualcare	Qualcare		12699	0.75			5326.81	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932	7227.61	Three Rivers	Three Rivers		16085.4	0.95			5326.81	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932	7227.61	UHC	Medicaid		5326.81	0.3146			5326.81	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932	7227.61	UHC	Medicare		6284.88	1			5326.81	16085.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932	7227.61	Wellcare	Medicaid		5326.81	0.3146			5326.81	16085.4	percent of total billed charges	
REPAIR ARTERY IN NECK	35201	CPT	outpatient			16932	7227.61	Wellcare	Medicare		6284.88	1			5326.81	16085.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY UPPER EXTREMITY	35206	CPT	outpatient			10188	4192.26	Aetna	Medicare		3137.9	0.308			3137.9	9678.6	percent of total billed charges	
REPAIR ARTERY UPPER EXTREMITY	35206	CPT	outpatient			10188	4192.26	Aetna	Better Health		3205.14	0.3146			3137.9	9678.6	percent of total billed charges	
REPAIR ARTERY UPPER EXTREMITY	35206	CPT	outpatient			10188	4192.26	Aetna	Commercial		5803.54	1.592			3137.9	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY UPPER EXTREMITY	35206	CPT	outpatient			10188	4192.26	Americare	Americare		7641	0.75			3137.9	9678.6	percent of total billed charges	
REPAIR ARTERY UPPER EXTREMITY	35206	CPT	outpatient			10188	4192.26	WellPoint	WellPoint		3268.31	0.3208			3137.9	9678.6	percent of total billed charges	
REPAIR ARTERY UPPER EXTREMITY	35206	CPT	outpatient			10188	4192.26	AmeriHealth	Medicare		3645.44	1			3137.9	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY UPPER EXTREMITY	35206	CPT	outpatient			10188	4192.26	Consumer	Consumer		9678.6	0.95			3137.9	9678.6	percent of total billed charges	
REPAIR ARTERY UPPER EXTREMITY	35206	CPT	outpatient			10188	4192.26	Corrections	Corrections		8150.4	0.8			3137.9	9678.6	percent of total billed charges	
REPAIR ARTERY UPPER EXTREMITY	35206	CPT	outpatient			10188	4192.26	First Health	First Health		7131.6	0.7			3137.9	9678.6	percent of total billed charges	
REPAIR ARTERY UPPER EXTREMITY	35206	CPT	outpatient			10188	4192.26	First Trenton	First Trenton		9169.2	0.9			3137.9	9678.6	percent of total billed charges	
REPAIR ARTERY UPPER EXTREMITY	35206	CPT	outpatient			10188	4192.26	Horizon	MGD		6660.22	1.827			3137.9	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY UPPER EXTREMITY	35206	CPT	outpatient			10188	4192.26	Horizon	Medicare Blue		3645.44	1			3137.9	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY UPPER EXTREMITY	35206	CPT	outpatient			10188	4192.26	Horizon	Indemnity		6660.22	1.827			3137.9	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY UPPER EXTREMITY	35206	CPT	outpatient			10188	4192.26	Horizon	PPO		6660.22	1.827			3137.9	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY UPPER EXTREMITY	35206	CPT	outpatient			10188	4192.26	Managed Care Inc	Managed Care Inc		9169.2	0.9			3137.9	9678.6	percent of total billed charges	
REPAIR ARTERY UPPER EXTREMITY	35206	CPT	outpatient			10188	4192.26	Multiplan	Multiplan		8150.4	0.8			3137.9	9678.6	percent of total billed charges	
REPAIR ARTERY UPPER EXTREMITY	35206	CPT	outpatient			10188	4192.26	Qualcare	Qualcare		7641	0.75			3137.9	9678.6	percent of total billed charges	
REPAIR ARTERY UPPER EXTREMITY	35206	CPT	outpatient			10188	4192.26	Three Rivers	Three Rivers		9678.6	0.95			3137.9	9678.6	percent of total billed charges	
REPAIR ARTERY UPPER EXTREMITY	35206	CPT	outpatient			10188	4192.26	UHC	Medicaid		3205.14	0.3146			3137.9	9678.6	percent of total billed charges	
REPAIR ARTERY UPPER EXTREMITY	35206	CPT	outpatient			10188	4192.26	UHC	Medicare		3645.44	1			3137.9	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ARTERY UPPER EXTREMITY	35206	CPT	outpatient			10188	4192.26	Wellcare	Medicaid		3205.14	0.3146			3137.9	9678.6	percent of total billed charges	
REPAIR ARTERY UPPER EXTREMITY	35206	CPT	outpatient			10188	4192.26	Wellcare	Medicare		3645.44	1			3137.9	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLOOD VESSEL DIRECT;HANDIFINGER	35207	CPT	both			12522	4192.26	Aetna	Better Health		3939.42	0.3146			3645.44	11895.9	percent of total billed charges	
REP BLOOD VESSEL DIRECT;HANDIFINGER	35207	CPT	both			12522	4192.26	Aetna	Commercial		5803.54	1.592			3645.44	11895.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLOOD VESSEL DIRECT;HANDIFINGER	35207	CPT	both			12522	4192.26	Aetna	Medicare		3856.78	0.308			3645.44	11895.9	percent of total billed charges	
REP BLOOD VESSEL DIRECT;HANDIFINGER	35207	CPT	both			12522	4192.26	Americare	Americare		9391.5	0.75			3645.44	11895.9	percent of total billed charges	
REP BLOOD VESSEL DIRECT;HANDIFINGER	35207	CPT	both			12522	4192.26	WellPoint	WellPoint		4017.06	0.3208			3645.44	11895.9	percent of total billed charges	
REP BLOOD VESSEL DIRECT;HANDIFINGER	35207	CPT	both			12522	4192.26	AmeriHealth	Medicare		3645.44	1			3645.44	11895.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLOOD VESSEL DIRECT;HANDIFINGER	35207	CPT	both			12522	4192.26	Consumer	Consumer		11895.9	0.95			3645.44	11895.9	percent of total billed charges	
REP BLOOD VESSEL DIRECT;HANDIFINGER	35207	CPT	both			12522	4192.26	Corrections	Corrections		10017.6	0.8			3645.44	11895.9	percent of total billed charges	
REP BLOOD VESSEL DIRECT;HANDIFINGER	35207	CPT	both			12522	4192.26	First Health	First Health		8765.4	0.7			3645.44	11895.9	percent of total billed charges	
REP BLOOD VESSEL DIRECT;HANDIFINGER	35207	CPT	both			12522	4192.26	First Trenton	First Trenton		11269.8	0.9			3645.44	11895.9	percent of total billed charges	
REP BLOOD VESSEL DIRECT;HANDIFINGER	35207	CPT	both			12522	4192.26	Horizon	Indemnity		6660.22	1.827			3645.44	11895.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLOOD VESSEL DIRECT;HANDIFINGER	35207	CPT	both			12522	4192.26	Horizon	Medicare Blue		3645.44	1			3645.44	11895.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLOOD VESSEL DIRECT;HANDIFINGER	35207	CPT	both			12522	4192.26	Horizon	MGD		6660.22	1.827			3645.44	11895.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLOOD VESSEL DIRECT;HANDIFINGER	35207	CPT	both			12522	4192.26	Horizon	PPO		6660.22	1.827			3645.44	11895.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLOOD VESSEL DIRECT;HANDIFINGER	35207	CPT	both			12522	4192.26	Managed Care Inc	Managed Care Inc		11269.8	0.9			3645.44	11895.9	percent of total billed charges	
REP BLOOD VESSEL DIRECT;HANDIFINGER	35207	CPT	both			12522	4192.26	Multiplan	Multiplan		10017.6	0.8			3645.44	11895.9	percent of total billed charges	
REP BLOOD VESSEL DIRECT;HANDIFINGER	35207	CPT	both			12522	4192.26	Qualcare	Qualcare		9391.5	0.75			3645.44	11895.9	percent of total billed charges	
REP BLOOD VESSEL DIRECT;HANDIFINGER	35207	CPT	both			12522	4192.26	Three Rivers	Three Rivers		11895.9	0.95			3645.44	11895.9	percent of total billed charges	
REP BLOOD VESSEL DIRECT;HANDIFINGER	35207	CPT	both			12522	4192.26	UHC	Medicaid		3939.42	0.3146			3645.44	11895.9	percent of total billed charges	
REP BLOOD VESSEL DIRECT;HANDIFINGER	35207	CPT	both			12522	4192.26	UHC	Medicare		3645.44	1			3645.44	11895.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLOOD VESSEL DIRECT;HANDIFINGER	35207	CPT	both			12522	4192.26	Wellcare	Medicaid		3939.42	0.3146			3645.44	11895.9	percent of total billed charges	
REP BLOOD VESSEL DIRECT;HANDIFINGER	35207	CPT	both			12522	4192.26	Wellcare	Medicare		3645.44	1			3645.44	11895.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702	925.36	Aetna	Better Health		1793.85	0.3146			744.66	5416.9	percent of total billed charges	
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702	925.36	Aetna	Commercial		1281.02	1.592			744.66	5416.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702	925.36	Aetna	Medicare		804.66	1			744.66	5416.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702	925.36	Americare	Americare		4276.5	0.75			744.66	5416.9	percent of total billed charges	
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702	925.36	WellPoint	WellPoint		1829.2	0.3208			744.66	5416.9	percent of total billed charges	
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702	925.36	AmeriHealth	Medicare		804.66	1			744.66	5416.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702	925.36	Consumer	Consumer		5416.9	0.95			744.66	5416.9	percent of total billed charges	
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702	925.36	Corrections	Corrections		4561.6	0.8			744.66	5416.9	percent of total billed charges	
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702	925.36	First Health	First Health		3991.4	0.7			744.66	5416.9	percent of total billed charges	
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702	925.36	First Trenton	First Trenton		5131.8	0.9			744.66	5416.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Horizon	Indemnity		1470.11	1.827			744.66	5416.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Horizon	Medicare Blue		804.66	1			744.66	5416.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Horizon	MGD		1470.11	1.827			744.66	5416.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Horizon	PPO		1470.11	1.827			744.66	5416.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Managed Care Inc	Managed Care Inc		5131.8	0.9			744.66	5416.9	percent of total billed charges	
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Multiplan	Multiplan		4561.6	0.8			744.66	5416.9	percent of total billed charges	
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Qualcare	Qualcare		4276.5	0.75			744.66	5416.9	percent of total billed charges	
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Three Rivers	Three Rivers		5416.9	0.95			744.66	5416.9	percent of total billed charges	
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 UHC	Medicaid		1793.85	0.3146			744.66	5416.9	percent of total billed charges	
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 UHC	Medicare		804.66	1			744.66	5416.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Wellcare	Medicaid		1793.85	0.3146			744.66	5416.9	percent of total billed charges	
RPR BLOOD VESSEL DIR LOW EXTREM	35226	CPT	outpatient			5702		925.36 Wellcare	Medicare		804.66	1			744.66	5416.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Aetna	Better Health		3415.3	0.3146			3415.3	10313.2	percent of total billed charges	
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Aetna	Commercial		5803.54	1.592			3415.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Aetna	Medicare		3645.44	1			3415.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Americare	Americare		8142	0.75			3415.3	10313.2	percent of total billed charges	
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 WellPoint	WellPoint		3482.6	0.3208			3415.3	10313.2	percent of total billed charges	
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Amerihealth	Medicare		3645.44	1			3415.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Consumer	Consumer		10313.2	0.95			3415.3	10313.2	percent of total billed charges	
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Corrections	Corrections		8684.8	0.8			3415.3	10313.2	percent of total billed charges	
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 First Health	First Health		7599.2	0.7			3415.3	10313.2	percent of total billed charges	
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 First Trenton	First Trenton		9770.4	0.9			3415.3	10313.2	percent of total billed charges	
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Horizon	PPO		6660.22	1.827			3415.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Horizon	Medicare Blue		3645.44	1			3415.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Horizon	MGD		6660.22	1.827			3415.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Horizon	Indemnity		6660.22	1.827			3415.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Managed Care Inc	Managed Care Inc		9770.4	0.9			3415.3	10313.2	percent of total billed charges	
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Multiplan	Multiplan		8684.8	0.8			3415.3	10313.2	percent of total billed charges	
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Qualcare	Qualcare		8142	0.75			3415.3	10313.2	percent of total billed charges	
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Three Rivers	Three Rivers		10313.2	0.95			3415.3	10313.2	percent of total billed charges	
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 UHC	Medicaid		3415.3	0.3146			3415.3	10313.2	percent of total billed charges	
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 UHC	Medicare		3645.44	1			3415.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Wellcare	Medicaid		3415.3	0.3146			3415.3	10313.2	percent of total billed charges	
RPR BLOOD VESSEL PROSTH-NECK	35261	CPT	outpatient			10856		4192.26 Wellcare	Medicare		3645.44	1			3415.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Aetna	Better Health		3159.53	0.3146			3159.53	9540.85	percent of total billed charges	
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Aetna	Commercial		5803.54	1.592			3159.53	9540.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Aetna	Medicare		3645.44	1			3159.53	9540.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Americare	Americare		7532.25	0.75			3159.53	9540.85	percent of total billed charges	
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 WellPoint	WellPoint		3221.79	0.3208			3159.53	9540.85	percent of total billed charges	
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Amerihealth	Medicare		3645.44	1			3159.53	9540.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Consumer	Consumer		9540.85	0.95			3159.53	9540.85	percent of total billed charges	
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Corrections	Corrections		8034.4	0.8			3159.53	9540.85	percent of total billed charges	
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 First Health	First Health		7030.1	0.7			3159.53	9540.85	percent of total billed charges	
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 First Trenton	First Trenton		9038.7	0.9			3159.53	9540.85	percent of total billed charges	
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Horizon	MGD		6660.22	1.827			3159.53	9540.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Horizon	Medicare Blue		3645.44	1			3159.53	9540.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Horizon	Indemnity		6660.22	1.827			3159.53	9540.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Horizon	PPO		6660.22	1.827			3159.53	9540.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Managed Care Inc	Managed Care Inc		9038.7	0.9			3159.53	9540.85	percent of total billed charges	
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Multiplan	Multiplan		8034.4	0.8			3159.53	9540.85	percent of total billed charges	
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Qualcare	Qualcare		7532.25	0.75			3159.53	9540.85	percent of total billed charges	
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Three Rivers	Three Rivers		9540.85	0.95			3159.53	9540.85	percent of total billed charges	
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 UHC	Medicaid		3159.53	0.3146			3159.53	9540.85	percent of total billed charges	
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 UHC	Medicare		3645.44	1			3159.53	9540.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Wellcare	Medicaid		3159.53	0.3146			3159.53	9540.85	percent of total billed charges	
EXPLORE LIMB VESSEL	35860	CPT	outpatient			10043		4192.26 Wellcare	Medicare		3645.44	1			3159.53	9540.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS CANNULATION	36000	CPT	outpatient			204		Aetna	Medicare		62.83	0.308			60.3	193.8	percent of total billed charges	
VENOUS CANNULATION	36000	CPT	outpatient			204		Aetna	Commercial		77.52	0.38			60.3	193.8	percent of total billed charges	
VENOUS CANNULATION	36000	CPT	outpatient			204		Aetna	Better Health		64.18	0.3146			60.3	193.8	percent of total billed charges	
VENOUS CANNULATION	36000	CPT	outpatient			204		Americare	Americare		153	0.75			60.3	193.8	percent of total billed charges	
VENOUS CANNULATION	36000	CPT	outpatient			204		WellPoint	WellPoint		65.44	0.3208			60.3	193.8	percent of total billed charges	
VENOUS CANNULATION	36000	CPT	outpatient			204		Consumer	Consumer		193.8	0.95			60.3	193.8	percent of total billed charges	
VENOUS CANNULATION	36000	CPT	outpatient			204		Corrections	Corrections		163.2	0.8			60.3	193.8	percent of total billed charges	
VENOUS CANNULATION	36000	CPT	outpatient			204		First Health	First Health		142.8	0.7			60.3	193.8	percent of total billed charges	
VENOUS CANNULATION	36000	CPT	outpatient			204		First Trenton	First Trenton		183.6	0.9			60.3	193.8	percent of total billed charges	
VENOUS CANNULATION	36000	CPT	outpatient			204		Horizon	MGD		78.09	0.3828			60.3	193.8	percent of total billed charges	
VENOUS CANNULATION	36000	CPT	outpatient			204		Horizon	Indemnity		78.09	0.3828			60.3	193.8	percent of total billed charges	
VENOUS CANNULATION	36000	CPT	outpatient			204		Horizon	Medicare Blue		61.2	0.3			60.3	193.8	percent of total billed charges	
VENOUS CANNULATION	36000	CPT	outpatient			204		Horizon	PPO		78.09	0.3828			60.3	193.8	percent of total billed charges	
VENOUS CANNULATION	36000	CPT	outpatient			204		Managed Care Inc	Managed Care Inc		183.6	0.9			60.3	193.8	percent of total billed charges	
VENOUS CANNULATION	36000	CPT	outpatient			204		Multiplan	Multiplan		163.2	0.8			60.3	193.8	percent of total billed charges	
VENOUS CANNULATION	36000	CPT	outpatient			204		Qualcare	Qualcare		153	0.75			60.3	193.8	percent of total billed charges	
VENOUS CANNULATION	36000	CPT	outpatient			204		Three Rivers	Three Rivers		193.8	0.95			60.3	193.8	percent of total billed charges	
VENOUS CANNULATION	36000	CPT	outpatient			204		UHC	Medicaid		64.18	0.3146			60.3	193.8	percent of total billed charges	
VENOUS CANNULATION	36000	CPT	outpatient			204		Wellcare	Medicaid		64.18	0.3146			60.3	193.8	percent of total billed charges	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 Aetna	Better Health		929.96	0.3146			663.18	2808.2	percent of total billed charges	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 Aetna	Commercial		1143.79	1.592			663.18	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 Aetna	Medicare		718.46	1			663.18	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 Americare	Americare		2217	0.75			663.18	2808.2	percent of total billed charges	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 WellPoint	WellPoint		948.28	0.3208			663.18	2808.2	percent of total billed charges	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 Amerihealth	Medicare		718.46	1			663.18	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 Consumer	Consumer		2808.2	0.95			663.18	2808.2	percent of total billed charges	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 Corrections	Corrections		2364.8	0.8			663.18	2808.2	percent of total billed charges	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 First Health	First Health		2069.2	0.7			663.18	2808.2	percent of total billed charges	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 First Trenton	First Trenton		2660.4	0.9			663.18	2808.2	percent of total billed charges	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 Horizon	Medicare Blue		718.46	1			663.18	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 Horizon	MGD		1312.63	1.827			663.18	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 Horizon	PPO		1312.63	1.827			663.18	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 Horizon	Indemnity		1312.63	1.827			663.18	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 Managed Care Inc	Managed Care Inc		2660.4	0.9			663.18	2808.2	percent of total billed charges	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 Multiplan	Multiplan		2364.8	0.8			663.18	2808.2	percent of total billed charges	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 Qualcare	Qualcare		2217	0.75			663.18	2808.2	percent of total billed charges	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 Three Rivers	Three Rivers		2808.2	0.95			663.18	2808.2	percent of total billed charges	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 UHC	Medicare		718.46	1			663.18	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 UHC	Medicaid		929.96	0.3146			663.18	2808.2	percent of total billed charges	
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 Wellcare	Medicare		718.46	1			663.18	2808.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSUEDO ANYSM INJECT TRT	36002	CPT	both			2956		826.23 Wellcare	Medicaid		929.96	0.3146			663.18	2808.2	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Aetna	Medicare		847.31	0.308			825.3	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Aetna	Commercial		1045.38	0.38			825.3	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Aetna	Better Health		865.46	0.3146			825.3	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Americare	Americare		2063.25	0.75			825.3	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		WellPoint	WellPoint		882.52	0.3208			825.3	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Consumer	Consumer		2613.45	0.95			825.3	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Corrections	Corrections		2200.8	0.8			825.3	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		First Health	First Health		1925.7	0.7			825.3	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		First Trenton	First Trenton		2475.9	0.9			825.3	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Horizon	Indemnity		1053.08	0.3828			825.3	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Horizon	MGD		1053.08	0.3828			825.3	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Horizon	Medicare Blue		825.3	0.3			825.3	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Horizon	PPO		1053.08	0.3828			825.3	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Managed Care Inc	Managed Care Inc		2475.9	0.9			825.3	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Multiplan	Multiplan		2200.8	0.8			825.3	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Qualcare	Qualcare		2063.25	0.75			825.3	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Three Rivers	Three Rivers		2613.45	0.95			825.3	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		UHC	Medicaid		865.46	0.3146			825.3	2613.45	percent of total billed charges	
INJECTION EXT VENOGRAPHY	36005	CPT	both			2751		Wellcare	Medicaid		865.46	0.3146			825.3	2613.45	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Aetna	Commercial		858.04	0.38			677.4	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Aetna	Medicare		695.46	0.308			677.4	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Aetna	Better Health		710.37	0.3146			677.4	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Americare	Americare		1693.5	0.75			677.4	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		WellPoint	WellPoint		724.37	0.3208			677.4	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Consumer	Consumer		2145.1	0.95			677.4	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Corrections	Corrections		1806.4	0.8			677.4	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		First Health	First Health		1580.6	0.7			677.4	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		First Trenton	First Trenton		2032.2	0.9			677.4	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Horizon	Indemnity		864.36	0.3828			677.4	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Horizon	MGD		864.36	0.3828			677.4	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Horizon	PPO		864.36	0.3828			677.4	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Horizon	Medicare Blue		677.4	0.3			677.4	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Managed Care Inc	Managed Care Inc		2032.2	0.9			677.4	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Multiplan	Multiplan		1806.4	0.8			677.4	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Qualcare	Qualcare		1693.5	0.75			677.4	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Three Rivers	Three Rivers		2145.1	0.95			677.4	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		UHC	Medicaid		710.37	0.3146			677.4	2145.1	percent of total billed charges	
VENA CAVA SUPER INFER/CATH	36010	CPT	both			2258		Wellcare	Medicaid		710.37	0.3146			677.4	2145.1	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Aetna	Better Health		786.81	0.3146			255.6	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Aetna	Medicare		770.31	0.308			255.6	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Aetna	Commercial		950.38	0.38			255.6	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Americare	Americare		1875.75	0.75			255.6	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		WellPoint	WellPoint		802.32	0.3208			255.6	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Consumer	Consumer		2375.95	0.95			255.6	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Corrections	Corrections		2000.8	0.8			255.6	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		First Health	First Health		1750.7	0.7			255.6	2375.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		First Trenton	First Trenton		2250.9	0.9			255.6	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Horizon	Indemnity		957.38	0.3828			255.6	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Horizon	PPO		957.38	0.3828			255.6	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Horizon	MGD		957.38	0.3828			255.6	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Horizon	Medicare Blue		750.3	0.3			255.6	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Managed Care Inc	Managed Care Inc		2250.9	0.9			255.6	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Multiplan	Multiplan		2000.8	0.8			255.6	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Qualcare	Qualcare		1875.75	0.75			255.6	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Three Rivers	Three Rivers		2375.95	0.95			255.6	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		UHC	Medicaid		786.81	0.3146			255.6	2375.95	percent of total billed charges	
SELECT CATH VEIN; 1ST ORD	36011	CPT	both			2501		Wellcare	Medicaid		786.81	0.3146			255.6	2375.95	percent of total billed charges	
PLACE CATH VENOUS 2ND ORDER	36012	CPT	both			3079		Aetna	Medicare		948.33	0.308			923.7	2925.05	percent of total billed charges	
PLACE CATH VENOUS 2ND ORDER	36012	CPT	both			3079		Aetna	Better Health		968.65	0.3146			923.7	2925.05	percent of total billed charges	
PLACE CATH VENOUS 2ND ORDER	36012	CPT	both			3079		Aetna	Commercial		1170.02	0.38			923.7	2925.05	percent of total billed charges	
PLACE CATH VENOUS 2ND ORDER	36012	CPT	both			3079		Americare	Americare		2309.25	0.75			923.7	2925.05	percent of total billed charges	
PLACE CATH VENOUS 2ND ORDER	36012	CPT	both			3079		WellPoint	WellPoint		987.74	0.3208			923.7	2925.05	percent of total billed charges	
PLACE CATH VENOUS 2ND ORDER	36012	CPT	both			3079		Consumer	Consumer		2925.05	0.95			923.7	2925.05	percent of total billed charges	
PLACE CATH VENOUS 2ND ORDER	36012	CPT	both			3079		Corrections	Corrections		2463.2	0.8			923.7	2925.05	percent of total billed charges	
PLACE CATH VENOUS 2ND ORDER	36012	CPT	both			3079		First Health	First Health		2155.3	0.7			923.7	2925.05	percent of total billed charges	
PLACE CATH VENOUS 2ND ORDER	36012	CPT	both			3079		First Trenton	First Trenton		2771.1	0.9			923.7	2925.05	percent of total billed charges	
PLACE CATH VENOUS 2ND ORDER	36012	CPT	both			3079		Horizon	Indemnity		1178.64	0.3828			923.7	2925.05	percent of total billed charges	
PLACE CATH VENOUS 2ND ORDER	36012	CPT	both			3079		Horizon	MGD		1178.64	0.3828			923.7	2925.05	percent of total billed charges	
PLACE CATH VENOUS 2ND ORDER	36012	CPT	both			3079		Horizon	Medicare Blue		923.7	0.3			923.7	2925.05	percent of total billed charges	
PLACE CATH VENOUS 2ND ORDER	36012	CPT	both			3079		Horizon	PPO		1178.64	0.3828			923.7	2925.05	percent of total billed charges	
PLACE CATH VENOUS 2ND ORDER	36012	CPT	both			3079		Managed Care Inc	Managed Care Inc		2771.1	0.9			923.7	2925.05	percent of total billed charges	
PLACE CATH VENOUS 2ND ORDER	36012	CPT	both			3079		Multiplan	Multiplan		2463.2	0.8			923.7	2925.05	percent of total billed charges	
PLACE CATH VENOUS 2ND ORDER	36012	CPT	both			3079		Qualcare	Qualcare		2309.25	0.75			923.7	2925.05	percent of total billed charges	
PLACE CATH VENOUS 2ND ORDER	36012	CPT	both			3079		Three Rivers	Three Rivers		2925.05	0.95			923.7	2925.05	percent of total billed charges	
PLACE CATH VENOUS 2ND ORDER	36012	CPT	both			3079		UHC	Medicaid		968.65	0.3146			923.7	2925.05	percent of total billed charges	
PLACE CATH VENOUS 2ND ORDER	36012	CPT	both			3079		Wellcare	Medicaid		968.65	0.3146			923.7	2925.05	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Aetna	Medicare		571.65	0.308			556.8	1763.2	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Aetna	Better Health		583.9	0.3146			556.8	1763.2	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Aetna	Commercial		705.28	0.38			556.8	1763.2	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Americare	Americare		1392	0.75			556.8	1763.2	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		WellPoint	WellPoint		595.4	0.3208			556.8	1763.2	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Consumer	Consumer		1763.2	0.95			556.8	1763.2	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Corrections	Corrections		1484.8	0.8			556.8	1763.2	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		First Health	First Health		1299.2	0.7			556.8	1763.2	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		First Trenton	First Trenton		1670.4	0.9			556.8	1763.2	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Horizon	Medicare Blue		556.8	0.3			556.8	1763.2	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Horizon	Indemnity		710.48	0.3828			556.8	1763.2	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Horizon	MGD		710.48	0.3828			556.8	1763.2	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Horizon	PPO		710.48	0.3828			556.8	1763.2	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Managed Care Inc	Managed Care Inc		1670.4	0.9			556.8	1763.2	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Multiplan	Multiplan		1484.8	0.8			556.8	1763.2	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Qualcare	Qualcare		1392	0.75			556.8	1763.2	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Three Rivers	Three Rivers		1763.2	0.95			556.8	1763.2	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		UHC	Medicaid		583.9	0.3146			556.8	1763.2	percent of total billed charges	
PULMONARY/RIGHT HEART OR MAIN	36013	CPT	outpatient			1856		Wellcare	Medicaid		583.9	0.3146			556.8	1763.2	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	both			2703		Aetna	Medicare		832.52	0.308			614.7	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	both			2703		Aetna	Better Health		850.36	0.3146			614.7	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	both			2703		Aetna	Commercial		1027.14	0.38			614.7	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	both			2703		Americare	Americare		2027.25	0.75			614.7	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	both			2703		WellPoint	WellPoint		867.12	0.3208			614.7	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	both			2703		Consumer	Consumer		2567.85	0.95			614.7	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	both			2703		Corrections	Corrections		2162.4	0.8			614.7	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	both			2703		First Health	First Health		1892.1	0.7			614.7	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	both			2703		First Trenton	First Trenton		2432.7	0.9			614.7	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	both			2703		Horizon	Medicare Blue		810.9	0.3			614.7	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	both			2703		Horizon	MGD		1034.71	0.3828			614.7	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	both			2703		Horizon	Indemnity		1034.71	0.3828			614.7	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	both			2703		Horizon	PPO		1034.71	0.3828			614.7	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	both			2703		Managed Care Inc	Managed Care Inc		2432.7	0.9			614.7	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	both			2703		Multiplan	Multiplan		2162.4	0.8			614.7	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	both			2703		Qualcare	Qualcare		2027.25	0.75			614.7	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	both			2703		Three Rivers	Three Rivers		2567.85	0.95			614.7	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	both			2703		UHC	Medicaid		892.36	0.3146			614.7	2567.85	percent of total billed charges	
PULMONARY/1&2 ORDER RT	36014	CPT	both			2703		Wellcare	Medicaid		850.36	0.3146			614.7	2567.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Aetna	Commercial		1353.94	0.38			879.6	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Aetna	Medicare		1097.4	0.308			879.6	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Aetna	Better Health		1120.92	0.3146			879.6	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Americare	Americare		2672.25	0.75			879.6	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		WellPoint	WellPoint		1143.01	0.3208			879.6	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Consumer	Consumer		3384.85	0.95			879.6	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Corrections	Corrections		2850.4	0.8			879.6	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		First Health	First Health		2494.1	0.7			879.6	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		First Trenton	First Trenton		3206.7	0.9			879.6	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Horizon	MGD		1363.92	0.3828			879.6	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Horizon	Medicare Blue		1068.9	0.3			879.6	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Horizon	PPO		1363.92	0.3828			879.6	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Horizon	Indemnity		1363.92	0.3828			879.6	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Managed Care Inc	Managed Care Inc		3206.7	0.9			879.6	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Multiplan	Multiplan		2850.4	0.8			879.6	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Qualcare	Qualcare		2672.25	0.75			879.6	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Three Rivers	Three Rivers		3384.85	0.95			879.6	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		UHC	Medicaid		1120.92	0.3146			879.6	3384.85	percent of total billed charges	
PULMONARY/1&2&3 ORDER RT	36015	CPT	both			3563		Wellcare	Medicaid		1120.92	0.3146			879.6	3384.85	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Aetna	Better Health		1401.86	0.3146			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Aetna	Commercial		1693.28	0.38			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Aetna	Medicare		1372.45	0.308			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Americare	Americare		3342	0.75			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		WellPoint	WellPoint		1429.48	0.3208			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Consumer	Consumer		4233.2	0.95			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Corrections	Corrections		3564.8	0.8			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		First Health	First Health		3119.2	0.7			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		First Trenton	First Trenton		4010.4	0.9			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Horizon	Medicare Blue		1336.8	0.3			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Horizon	MGD		1705.76	0.3828			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Horizon	Indemnity		1705.76	0.3828			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Horizon	PPO		1705.76	0.3828			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Managed Care Inc	Managed Care Inc		4010.4	0.9			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Multiplan	Multiplan		3564.8	0.8			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Qualcare	Qualcare		3342	0.75			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Three Rivers	Three Rivers		4233.2	0.95			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		UHC	Medicaid		1401.86	0.3146			41.7	4233.2	percent of total billed charges	
INTRONEEDLE/CATH CAROT VERTEB RT	36100	CPT	inpatient			4456		Wellcare	Medicaid		1401.86	0.3146			41.7	4233.2	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	inpatient			566		Aetna	Better Health		178.06	0.3146			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	inpatient			566		Aetna	Commercial		215.08	0.38			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	inpatient			566		Aetna	Medicare		174.33	0.308			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	inpatient			566		Americare	Americare		424.5	0.75			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	inpatient			566		WellPoint	WellPoint		181.57	0.3208			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	inpatient			566		Consumer	Consumer		537.7	0.95			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	inpatient			566		Corrections	Corrections		452.8	0.8			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	inpatient			566		First Health	First Health		396.2	0.7			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	inpatient			566		First Trenton	First Trenton		509.4	0.9			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	inpatient			566		Horizon	Medicare Blue		169.8	0.3			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	inpatient			566		Horizon	Indemnity		216.66	0.3828			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	inpatient			566		Horizon	MGD		216.66	0.3828			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	inpatient			566		Horizon	PPO		216.66	0.3828			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	inpatient			566		Managed Care Inc	Managed Care Inc		509.4	0.9			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	inpatient			566		Multiplan	Multiplan		452.8	0.8			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	inpatient			566		Qualcare	Qualcare		424.5	0.75			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	inpatient			566		Three Rivers	Three Rivers		537.7	0.95			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	inpatient			566		UHC	Medicaid		178.06	0.3146			169.8	537.7	percent of total billed charges	
INTRO NEEDL RETRO BRACH ART	36120	CPT	inpatient			566		Wellcare	Medicaid		178.06	0.3146			169.8	537.7	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Aetna	Better Health		1186.04	0.3146			174.6	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Aetna	Medicare		1161.16	0.308			174.6	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Aetna	Commercial		1432.6	0.38			174.6	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Americare	Americare		2827.5	0.75			174.6	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		WellPoint	WellPoint		1209.42	0.3208			174.6	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Consumer	Consumer		3581.5	0.95			174.6	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Corrections	Corrections		3016	0.8			174.6	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		First Health	First Health		2639	0.7			174.6	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		First Trenton	First Trenton		3393	0.9			174.6	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Horizon	Indemnity		1443.16	0.3828			174.6	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Horizon	MGD		1443.16	0.3828			174.6	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Horizon	PPO		1443.16	0.3828			174.6	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Horizon	Medicare Blue		1131	0.3			174.6	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Managed Care Inc	Managed Care Inc		3393	0.9			174.6	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Multiplan	Multiplan		3016	0.8			174.6	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Qualcare	Qualcare		2827.5	0.75			174.6	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Three Rivers	Three Rivers		3581.5	0.95			174.6	3581.5	percent of total billed charges	
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		UHC	Medicaid		1186.04	0.3146			174.6	3581.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NS CATH - ESTREMITY ARTERY	36140	CPT	both			3770		Wellcare	Medicaid		1186.04	0.3146			174.6	3581.5	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Aetna	Better Health		714.46	0.3146			681.3	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Aetna	Medicare		699.47	0.308			681.3	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Aetna	Commercial		862.98	0.38			681.3	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Americare	Americare		1703.25	0.75			681.3	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		WellPoint	WellPoint		728.54	0.3208			681.3	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Consumer	Consumer		2157.45	0.95			681.3	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Corrections	Corrections		1816.8	0.8			681.3	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		First Health	First Health		1589.7	0.7			681.3	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		First Trenton	First Trenton		2043.9	0.9			681.3	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Horizon	MGD		869.34	0.3828			681.3	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Horizon	Medicare Blue		681.3	0.3			681.3	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Horizon	Indemnity		869.34	0.3828			681.3	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Horizon	PPO		869.34	0.3828			681.3	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Managed Care Inc	Managed Care Inc		2043.9	0.9			681.3	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Multiplan	Multiplan		1816.8	0.8			681.3	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Qualcare	Qualcare		1703.25	0.75			681.3	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Three Rivers	Three Rivers		2157.45	0.95			681.3	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		UHC	Medicaid		714.46	0.3146			681.3	2157.45	percent of total billed charges	
AORTA TRANSLUMBAR	36160	CPT	outpatient			2271		Wellcare	Medicaid		714.46	0.3146			681.3	2157.45	percent of total billed charges	
AORTIC CATH	36200	CPT	both			2688		Aetna	Commercial		1021.44	0.38			806.4	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	both			2688		Aetna	Medicare		827.9	0.308			806.4	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	both			2688		Aetna	Better Health		845.64	0.3146			806.4	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	both			2688		Americare	Americare		2016	0.75			806.4	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	both			2688		WellPoint	WellPoint		862.31	0.3208			806.4	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	both			2688		Consumer	Consumer		2553.6	0.95			806.4	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	both			2688		Corrections	Corrections		2150.4	0.8			806.4	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	both			2688		First Health	First Health		1881.6	0.7			806.4	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	both			2688		First Trenton	First Trenton		2419.2	0.9			806.4	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	both			2688		Horizon	Indemnity		1028.97	0.3828			806.4	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	both			2688		Horizon	Medicare Blue		806.4	0.3			806.4	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	both			2688		Horizon	MGD		1028.97	0.3828			806.4	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	both			2688		Horizon	PPO		1028.97	0.3828			806.4	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	both			2688		Managed Care Inc	Managed Care Inc		2419.2	0.9			806.4	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	both			2688		Multiplan	Multiplan		2150.4	0.8			806.4	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	both			2688		Qualcare	Qualcare		2016	0.75			806.4	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	both			2688		Three Rivers	Three Rivers		2553.6	0.95			806.4	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	both			2688		UHC	Medicaid		845.64	0.3146			806.4	2553.6	percent of total billed charges	
AORTIC CATH	36200	CPT	both			2688		Wellcare	Medicaid		845.64	0.3146			806.4	2553.6	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1ST BIL	36215	CPT	both			5257		Aetna	Medicare		1619.16	0.308			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1ST BIL	36215	CPT	both			5257		Aetna	Better Health		1653.85	0.3146			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1ST BIL	36215	CPT	both			5257		Aetna	Commercial		1997.66	0.38			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1ST BIL	36215	CPT	both			5257		Americare	Americare		3942.75	0.75			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1ST BIL	36215	CPT	both			5257		WellPoint	WellPoint		1686.45	0.3208			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1ST BIL	36215	CPT	both			5257		Consumer	Consumer		4994.15	0.95			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1ST BIL	36215	CPT	both			5257		Corrections	Corrections		4205.6	0.8			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1ST BIL	36215	CPT	both			5257		First Health	First Health		3679.9	0.7			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1ST BIL	36215	CPT	both			5257		First Trenton	First Trenton		4731.3	0.9			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1ST BIL	36215	CPT	both			5257		Horizon	MGD		2012.38	0.3828			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1ST BIL	36215	CPT	both			5257		Horizon	Medicare Blue		1577.1	0.3			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1ST BIL	36215	CPT	both			5257		Horizon	Indemnity		2012.38	0.3828			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1ST BIL	36215	CPT	both			5257		Horizon	PPO		2012.38	0.3828			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1ST BIL	36215	CPT	both			5257		Managed Care Inc	Managed Care Inc		4731.3	0.9			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1ST BIL	36215	CPT	both			5257		Multiplan	Multiplan		4205.6	0.8			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1ST BIL	36215	CPT	both			5257		Qualcare	Qualcare		3942.75	0.75			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1ST BIL	36215	CPT	both			5257		Three Rivers	Three Rivers		4994.15	0.95			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1ST BIL	36215	CPT	both			5257		UHC	Medicaid		1653.85	0.3146			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1ST BIL	36215	CPT	both			5257		Wellcare	Medicaid		1653.85	0.3146			283.8	4994.15	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1&2 BIL	36216	CPT	both			6020		Aetna	Better Health		1893.89	0.3146			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1&2 BIL	36216	CPT	both			6020		Aetna	Commercial		2287.6	0.38			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1&2 BIL	36216	CPT	both			6020		Aetna	Medicare		1854.16	0.308			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1&2 BIL	36216	CPT	both			6020		Americare	Americare		4515	0.75			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1&2 BIL	36216	CPT	both			6020		WellPoint	WellPoint		1931.22	0.3208			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1&2 BIL	36216	CPT	both			6020		Consumer	Consumer		5719	0.95			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1&2 BIL	36216	CPT	both			6020		Corrections	Corrections		4816	0.8			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1&2 BIL	36216	CPT	both			6020		First Health	First Health		4214	0.7			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1&2 BIL	36216	CPT	both			6020		First Trenton	First Trenton		5418	0.9			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1&2 BIL	36216	CPT	both			6020		Horizon	MGD		2304.46	0.3828			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1&2 BIL	36216	CPT	both			6020		Horizon	Indemnity		2304.46	0.3828			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1&2 BIL	36216	CPT	both			6020		Horizon	PPO		2304.46	0.3828			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1&2 BIL	36216	CPT	both			6020		Horizon	Medicare Blue		1806	0.3			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1&2 BIL	36216	CPT	both			6020		Managed Care Inc	Managed Care Inc		5418	0.9			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1&2 BIL	36216	CPT	both			6020		Multiplan	Multiplan		4816	0.8			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1&2 BIL	36216	CPT	both			6020		Qualcare	Qualcare		4515	0.75			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1&2 BIL	36216	CPT	both			6020		Three Rivers	Three Rivers		5719	0.95			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1&2 BIL	36216	CPT	both			6020		UHC	Medicaid		1893.89	0.3146			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1&2 BIL	36216	CPT	both			6020		Wellcare	Medicaid		1893.89	0.3146			283.8	5719	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1 2&3 LT	36217	CPT	both			7139		Aetna	Better Health		2245.93	0.3146			732.3	6782.05	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1 2&3 LT	36217	CPT	both			7139		Aetna	Medicare		2196.81	0.308			732.3	6782.05	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1 2&3 LT	36217	CPT	both			7139		Aetna	Commercial		2712.82	0.38			732.3	6782.05	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1 2&3 LT	36217	CPT	both			7139		Americare	Americare		5354.25	0.75			732.3	6782.05	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1 2&3 LT	36217	CPT	both			7139		WellPoint	WellPoint		2290.19	0.3208			732.3	6782.05	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1 2&3 LT	36217	CPT	both			7139		Consumer	Consumer		6782.05	0.95			732.3	6782.05	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1 2&3 LT	36217	CPT	both			7139		Corrections	Corrections		5711.2	0.8			732.3	6782.05	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1 2&3 LT	36217	CPT	both			7139		First Health	First Health		4997.3	0.7			732.3	6782.05	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1 2&3 LT	36217	CPT	both			7139		First Trenton	First Trenton		6425.1	0.9			732.3	6782.05	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1 2&3 LT	36217	CPT	both			7139		Horizon	Medicare Blue		2141.7	0.3			732.3	6782.05	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1 2&3 LT	36217	CPT	both			7139		Horizon	MGD		2732.81	0.3828			732.3	6782.05	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1 2&3 LT	36217	CPT	both			7139		Horizon	Indemnity		2732.81	0.3828			732.3	6782.05	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1 2&3 LT	36217	CPT	both			7139		Horizon	PPO		2732.81	0.3828			732.3	6782.05	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1 2&3 LT	36217	CPT	both			7139		Managed Care Inc	Managed Care Inc		6425.1	0.9			732.3	6782.05	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1 2&3 LT	36217	CPT	both			7139		Multiplan	Multiplan		5711.2	0.8			732.3	6782.05	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1 2&3 LT	36217	CPT	both			7139		Qualcare	Qualcare		5354.25	0.75			732.3	6782.05	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1 2&3 LT	36217	CPT	both			7139		Three Rivers	Three Rivers		6782.05	0.95			732.3	6782.05	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1 2&3 LT	36217	CPT	both			7139		UHC	Medicaid		2245.93	0.3146			732.3	6782.05	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/1 2&3 LT	36217	CPT	both			7139		Wellcare	Medicaid		2245.93	0.3146			732.3	6782.05	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/AD LT	36218	CPT	outpatient			1347		Aetna	Commercial		511.86	0.38			270.3	1279.65	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/AD LT	36218	CPT	outpatient			1347		Aetna	Better Health		423.77	0.3146			270.3	1279.65	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/AD LT	36218	CPT	outpatient			1347		Aetna	Medicare		414.88	0.308			270.3	1279.65	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/AD LT	36218	CPT	outpatient			1347		Americare	Americare		1010.25	0.75			270.3	1279.65	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/AD LT	36218	CPT	outpatient			1347		WellPoint	WellPoint		432.12	0.3208			270.3	1279.65	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/AD LT	36218	CPT	outpatient			1347		Consumer	Consumer		1279.65	0.95			270.3	1279.65	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/AD LT	36218	CPT	outpatient			1347		Corrections	Corrections		1077.6	0.8			270.3	1279.65	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/AD LT	36218	CPT	outpatient			1347		First Health	First Health		942.9	0.7			270.3	1279.65	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/AD LT	36218	CPT	outpatient			1347		First Trenton	First Trenton		1212.3	0.9			270.3	1279.65	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/AD LT	36218	CPT	outpatient			1347		Horizon	Indemnity		515.63	0.3828			270.3	1279.65	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/AD LT	36218	CPT	outpatient			1347		Horizon	Medicare Blue		404.1	0.3			270.3	1279.65	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/AD LT	36218	CPT	outpatient			1347		Horizon	MGD		515.63	0.3828			270.3	1279.65	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/AD LT	36218	CPT	outpatient			1347		Horizon	PPO		515.63	0.3828			270.3	1279.65	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/AD LT	36218	CPT	outpatient			1347		Managed Care Inc	Managed Care Inc		1212.3	0.9			270.3	1279.65	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/AD LT	36218	CPT	outpatient			1347		Multiplan	Multiplan		1077.6	0.8			270.3	1279.65	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/AD LT	36218	CPT	outpatient			1347		Qualcare	Qualcare		1010.25	0.75			270.3	1279.65	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/AD LT	36218	CPT	outpatient			1347		Three Rivers	Three Rivers		1279.65	0.95			270.3	1279.65	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/AD LT	36218	CPT	outpatient			1347		UHC	Medicaid		423.77	0.3146			270.3	1279.65	percent of total billed charges	
THOR AORTA/BRANCHIOCEP/AD LT	36218	CPT	outpatient			1347		Wellcare	Medicaid		423.77	0.3146			270.3	1279.65	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Aetna	Commercial		5803.54	1.592			3387.61	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Aetna	Medicare		3645.44	1			3387.61	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Aetna	Better Health		3401.14	0.3146			3387.61	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Americare	Americare		8108.25	0.75			3387.61	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	WellPoint	WellPoint		3468.17	0.3208			3387.61	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	AmerihealthMedicare			3645.44	1			3387.61	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Consumer	Consumer		10270.45	0.95			3387.61	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Corrections	Corrections		8648.8	0.8			3387.61	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	First Health	First Health		7567.7	0.7			3387.61	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	First Trenton	First Trenton		9729.9	0.9			3387.61	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Horizon	Indemnity		6660.22	1.827			3387.61	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Horizon	Medicare Blue		3645.44	1			3387.61	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Horizon	MGD		6660.22	1.827			3387.61	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Horizon	PPO		6660.22	1.827			3387.61	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Managed Care Inc	Managed Care Inc		9729.9	0.9			3387.61	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Multiplan	Multiplan		8648.8	0.8			3387.61	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Qualcare	Qualcare		8108.25	0.75			3387.61	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Three Rivers	Three Rivers		10270.45	0.95			3387.61	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	UHC	Medicare		3645.44	1			3387.61	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	UHC	Medicaid		3401.14	0.3146			3387.61	10270.45	percent of total billed charges	
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Wellcare	Medicare		3645.44	1			3387.61	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NONSLCTV CATH THOR AORTA ANGIO INTA	36221	CPT	inpatient			10811	4192.26	Wellcare	Medicaid		3401.14	0.3146			3387.61	10270.45	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	inpatient			10768	4192.26	Aetna	Commercial		5803.54	1.592			2794.59	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	inpatient			10768	4192.26	Aetna	Better Health		3387.61	0.3146			2794.59	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	inpatient			10768	4192.26	Aetna	Medicare		3645.44	1			2794.59	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	inpatient			10768	4192.26	Americare	Americare		8076	0.75			2794.59	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	inpatient			10768	4192.26	WellPoint	WellPoint		3454.37	0.3208			2794.59	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	inpatient			10768	4192.26	AmerihealthMedicare			3645.44	1			2794.59	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	inpatient			10768		4192.26 Consumer	Consumer		10229.6	0.95			2794.59	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	inpatient			10768		4192.26 Corrections	Corrections		8614.4	0.8			2794.59	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	inpatient			10768		4192.26 First Health	First Health		7537.6	0.7			2794.59	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	inpatient			10768		4192.26 First Trenton	First Trenton		9691.2	0.9			2794.59	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	inpatient			10768		4192.26 Horizon	Indemnity		6660.22	1.827			2794.59	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	inpatient			10768		4192.26 Horizon	MGD		6660.22	1.827			2794.59	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	inpatient			10768		4192.26 Horizon	Medicare Blue		3645.44	1			2794.59	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	inpatient			10768		4192.26 Horizon	PPO		6660.22	1.827			2794.59	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	inpatient			10768		4192.26 Managed Care Inc	Managed Care Inc		9691.2	0.9			2794.59	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	inpatient			10768		4192.26 Multiplan	Multiplan		8614.4	0.8			2794.59	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	inpatient			10768		4192.26 Qualcare	Qualcare		8076	0.75			2794.59	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	inpatient			10768		4192.26 Three Rivers	Three Rivers		10229.6	0.95			2794.59	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	inpatient			10768		4192.26 UHC	Medicare		3645.44	1			2794.59	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	inpatient			10768		4192.26 UHC	Medicaid		3387.61	0.3146			2794.59	10229.6	percent of total billed charges	
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	inpatient			10768		4192.26 Wellcare	Medicare		3645.44	1			2794.59	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT COM/CAROTID/INNOMIN UNIL ANY	36222	CPT	inpatient			10768		4192.26 Wellcare	Medicaid		3387.61	0.3146			2794.59	10229.6	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61 Aetna	Commercial		10005.53	1.592			3387.61	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61 Aetna	Better Health		5777.31	0.3146			3387.61	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61 Aetna	Medicare		6284.88	1			3387.61	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61 Americare	Americare		13773	0.75			3387.61	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61 WellPoint	WellPoint		5891.17	0.3208			3387.61	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61 Amerihealth	Medicare		6284.88	1			3387.61	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61 Consumer	Consumer		17445.8	0.95			3387.61	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61 Corrections	Corrections		14691.2	0.8			3387.61	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61 First Health	First Health		12854.8	0.7			3387.61	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61 First Trenton	First Trenton		16527.6	0.9			3387.61	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61 Horizon	Medicare Blue		6284.88	1			3387.61	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61 Horizon	Indemnity		11482.48	1.827			3387.61	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61 Horizon	MGD		11482.48	1.827			3387.61	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61 Horizon	PPO		11482.48	1.827			3387.61	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61 Managed Care Inc	Managed Care Inc		16527.6	0.9			3387.61	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61 Multiplan	Multiplan		14691.2	0.8			3387.61	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61 Qualcare	Qualcare		13773	0.75			3387.61	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61 Three Rivers	Three Rivers		17445.8	0.95			3387.61	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61 UHC	Medicare		6284.88	1			3387.61	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61 UHC	Medicaid		5777.31	0.3146			3387.61	17445.8	percent of total billed charges	
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61 Wellcare	Medicare		6284.88	1			3387.61	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH CRTD/INOM ART	36223	CPT	both			18364		7227.61 Wellcare	Medicaid		5777.31	0.3146			3387.61	17445.8	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61 Aetna	Medicare		5671.51	0.308			5422.96	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61 Aetna	Better Health		5793.04	0.3146			5422.96	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61 Aetna	Commercial		10005.53	1.592			5422.96	17493.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61 Americare	Americare		13810.5	0.75			5422.96	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61 WellPoint	WellPoint		5907.21	0.3208			5422.96	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61 Amerihealth	Medicare		6284.88	1			5422.96	17493.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61 Consumer	Consumer		17493.3	0.95			5422.96	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61 Corrections	Corrections		14731.2	0.8			5422.96	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61 First Health	First Health		12899.8	0.7			5422.96	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61 First Trenton	First Trenton		16572.6	0.9			5422.96	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61 Horizon	PPO		11482.48	1.827			5422.96	17493.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61 Horizon	Indemnity		11482.48	1.827			5422.96	17493.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61 Horizon	MGD		11482.48	1.827			5422.96	17493.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61 Horizon	Medicare Blue		6284.88	1			5422.96	17493.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61 Managed Care Inc	Managed Care Inc		16572.6	0.9			5422.96	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61 Multiplan	Multiplan		14731.2	0.8			5422.96	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61 Qualcare	Qualcare		13810.5	0.75			5422.96	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61 Three Rivers	Three Rivers		17493.3	0.95			5422.96	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61 UHC	Medicaid		5793.04	0.3146			5422.96	17493.3	percent of total billed charges	
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61 UHC	Medicare		6284.88	1			5422.96	17493.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61 Wellcare	Medicare		6284.88	1			5422.96	17493.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH INTRNL CAROTID ART ANGIO INTR	36224	CPT	both			18414		7227.61 Wellcare	Medicaid		5793.04	0.3146			5422.96	17493.3	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26 Aetna	Better Health		3387.61	0.3146			3387.61	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26 Aetna	Commercial		5803.54	1.592			3387.61	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26 Aetna	Medicare		3645.44	1			3387.61	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26 Americare	Americare		8076	0.75			3387.61	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26 WellPoint	WellPoint		3454.37	0.3208			3387.61	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26 Amerihealth	Medicare		3645.44	1			3387.61	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26 Consumer	Consumer		10229.6	0.95			3387.61	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26 Corrections	Corrections		8614.4	0.8			3387.61	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26 First Health	First Health		7537.6	0.7			3387.61	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26 First Trenton	First Trenton		9691.2	0.9			3387.61	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26 Horizon	MGD		6660.22	1.827			3387.61	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26 Horizon	Medicare Blue		3645.44	1			3387.61	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26 Horizon	Indemnity		6660.22	1.827			3387.61	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26 Horizon	PPO		6660.22	1.827			3387.61	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26 Managed Care Inc	Managed Care Inc		9691.2	0.9			3387.61	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26 Multiplan	Multiplan		8614.4	0.8			3387.61	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26 Qualcare	Qualcare		8076	0.75			3387.61	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26 Three Rivers	Three Rivers		10229.6	0.95			3387.61	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26 UHC	Medicaid		3387.61	0.3146			3387.61	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26 UHC	Medicare		3645.44	1			3387.61	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26 Wellcare	Medicaid		3387.61	0.3146			3387.61	10229.6	percent of total billed charges	
SELECT SUBCLAVIAN/INNOM A UNILAT WITH	36225	CPT	both			10768		4192.26 Wellcare	Medicare		3645.44	1			3387.61	10229.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61 Aetna	Medicare		5825.82	0.308			5422.96	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61 Aetna	Better Health		5950.66	0.3146			5422.96	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61 Aetna	Commercial		10005.53	1.592			5422.96	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61 Americare	Americare		14186.25	0.75			5422.96	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61 WellPoint	WellPoint		6067.93	0.3208			5422.96	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61 Amerihealth	Medicare		6284.88	1			5422.96	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61 Consumer	Consumer		17969.25	0.95			5422.96	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61 Corrections	Corrections		15132	0.8			5422.96	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61 First Health	First Health		13240.5	0.7			5422.96	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61 First Trenton	First Trenton		17023.5	0.9			5422.96	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61 Horizon	MGD		11482.48	1.827			5422.96	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61 Horizon	Indemnity		11482.48	1.827			5422.96	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61 Horizon	Medicare Blue		6284.88	1			5422.96	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61 Horizon	PPO		11482.48	1.827			5422.96	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61 Managed Care Inc	Managed Care Inc		17023.5	0.9			5422.96	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61 Multiplan	Multiplan		15132	0.8			5422.96	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61 Qualcare	Qualcare		14186.25	0.75			5422.96	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61 Three Rivers	Three Rivers		17969.25	0.95			5422.96	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61 UHC	Medicare		6284.88	1			5422.96	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61 UHC	Medicaid		5950.66	0.3146			5422.96	17969.25	percent of total billed charges	
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61 Wellcare	Medicare		6284.88	1			5422.96	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT VERT A UNILAT WITH IPSILAT.VERT.	36226	CPT	both			18915		7227.61 Wellcare	Medicaid		5950.66	0.3146			5422.96	17969.25	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971		Aetna	Medicare		5227.07	0.308			5091.3	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971		Aetna	Better Health		5339.08	0.3146			5091.3	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971		Aetna	Commercial		6448.98	0.38			5091.3	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971		Americare	Americare		12728.25	0.75			5091.3	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971		WellPoint	WellPoint		5444.3	0.3208			5091.3	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971		Consumer	Consumer		16122.45	0.95			5091.3	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971		Corrections	Corrections		13576.8	0.8			5091.3	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971		First Health	First Health		11879.7	0.7			5091.3	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971		First Trenton	First Trenton		15273.9	0.9			5091.3	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971		Horizon	MGD		6496.5	0.3828			5091.3	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971		Horizon	Indemnity		6496.5	0.3828			5091.3	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971		Horizon	Medicare Blue		5091.3	0.3			5091.3	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971		Horizon	PPO		6496.5	0.3828			5091.3	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971		Managed Care Inc	Managed Care Inc		15273.9	0.9			5091.3	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971		Multiplan	Multiplan		13576.8	0.8			5091.3	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971		Qualcare	Qualcare		12728.25	0.75			5091.3	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971		Three Rivers	Three Rivers		16122.45	0.95			5091.3	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971		UHC	Medicaid		5339.08	0.3146			5091.3	16122.45	percent of total billed charges	
TRANSCATH OCCLUSION/EMBOLIZ	36227	CPT	both			16971		Wellcare	Medicaid		5339.08	0.3146			5091.3	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971		Aetna	Medicare		5227.07	0.308			5091.3	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971		Aetna	Better Health		5339.08	0.3146			5091.3	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971		Aetna	Commercial		6448.98	0.38			5091.3	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971		Americare	Americare		12728.25	0.75			5091.3	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971		WellPoint	WellPoint		5444.3	0.3208			5091.3	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971		Consumer	Consumer		16122.45	0.95			5091.3	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971		Corrections	Corrections		13576.8	0.8			5091.3	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971		First Health	First Health		11879.7	0.7			5091.3	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971		First Trenton	First Trenton		15273.9	0.9			5091.3	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971		Horizon	Medicare Blue		5091.3	0.3			5091.3	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971		Horizon	MGD		6496.5	0.3828			5091.3	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971		Horizon	Indemnity		6496.5	0.3828			5091.3	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971		Horizon	PPO		6496.5	0.3828			5091.3	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971		Managed Care Inc	Managed Care Inc		15273.9	0.9			5091.3	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971		Multiplan	Multiplan		13576.8	0.8			5091.3	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971		Qualcare	Qualcare		12728.25	0.75			5091.3	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971		Three Rivers	Three Rivers		16122.45	0.95			5091.3	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971		UHC	Medicaid		5339.08	0.3146			5091.3	16122.45	percent of total billed charges	
SELECT EACH INT CAROTID OR VERT A (EG.	36228	CPT	both			16971		Wellcare	Medicaid		5339.08	0.3146			5091.3	16122.45	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Aetna	Better Health		1728.73	0.3146			1099.8	5220.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Aetna	Commercial		2088.1	0.38			1099.8	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Aetna	Medicare		1692.46	0.308			1099.8	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Americare	Americare		4121.25	0.75			1099.8	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		WellPoint	WellPoint		1762.8	0.3208			1099.8	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Consumer	Consumer		5220.25	0.95			1099.8	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Corrections	Corrections		4396	0.8			1099.8	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		First Health	First Health		3846.5	0.7			1099.8	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		First Trenton	First Trenton		4945.5	0.9			1099.8	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Horizon	MGD		2103.49	0.3828			1099.8	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Horizon	PPO		2103.49	0.3828			1099.8	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Horizon	Indemnity		2103.49	0.3828			1099.8	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Horizon	Medicare Blue		1648.5	0.3			1099.8	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Managed Care Inc	Managed Care Inc		4945.5	0.9			1099.8	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Multiplan	Multiplan		4396	0.8			1099.8	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Qualcare	Qualcare		4121.25	0.75			1099.8	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Three Rivers	Three Rivers		5220.25	0.95			1099.8	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		UHC	Medicaid		1728.73	0.3146			1099.8	5220.25	percent of total billed charges	
RENAL/PELVIC ANGIO	36245	CPT	both			5495		Wellcare	Medicaid		1728.73	0.3146			1099.8	5220.25	percent of total billed charges	
SEL CATH PLACEMNT ARTERIAL SYS 2ND ORDE	36246	CPT	both			6035		Aetna	Better Health		1898.61	0.3146			1257	5733.25	percent of total billed charges	
SEL CATH PLACEMNT ARTERIAL SYS 2ND ORDE	36246	CPT	both			6035		Aetna	Commercial		2293.3	0.38			1257	5733.25	percent of total billed charges	
SEL CATH PLACEMNT ARTERIAL SYS 2ND ORDE	36246	CPT	both			6035		Aetna	Medicare		1858.78	0.308			1257	5733.25	percent of total billed charges	
SEL CATH PLACEMNT ARTERIAL SYS 2ND ORDE	36246	CPT	both			6035		Americare	Americare		4526.25	0.75			1257	5733.25	percent of total billed charges	
SEL CATH PLACEMNT ARTERIAL SYS 2ND ORDE	36246	CPT	both			6035		WellPoint	WellPoint		1936.03	0.3208			1257	5733.25	percent of total billed charges	
SEL CATH PLACEMNT ARTERIAL SYS 2ND ORDE	36246	CPT	both			6035		Consumer	Consumer		5733.25	0.95			1257	5733.25	percent of total billed charges	
SEL CATH PLACEMNT ARTERIAL SYS 2ND ORDE	36246	CPT	both			6035		Corrections	Corrections		4828	0.8			1257	5733.25	percent of total billed charges	
SEL CATH PLACEMNT ARTERIAL SYS 2ND ORDE	36246	CPT	both			6035		First Health	First Health		4224.5	0.7			1257	5733.25	percent of total billed charges	
SEL CATH PLACEMNT ARTERIAL SYS 2ND ORDE	36246	CPT	both			6035		First Trenton	First Trenton		5431.5	0.9			1257	5733.25	percent of total billed charges	
SEL CATH PLACEMNT ARTERIAL SYS 2ND ORDE	36246	CPT	both			6035		Horizon	MGD		2310.2	0.3828			1257	5733.25	percent of total billed charges	
SEL CATH PLACEMNT ARTERIAL SYS 2ND ORDE	36246	CPT	both			6035		Horizon	Indemnity		2310.2	0.3828			1257	5733.25	percent of total billed charges	
SEL CATH PLACEMNT ARTERIAL SYS 2ND ORDE	36246	CPT	both			6035		Horizon	PPO		2310.2	0.3828			1257	5733.25	percent of total billed charges	
SEL CATH PLACEMNT ARTERIAL SYS 2ND ORDE	36246	CPT	both			6035		Horizon	Medicare Blue		1810.5	0.3			1257	5733.25	percent of total billed charges	
SEL CATH PLACEMNT ARTERIAL SYS 2ND ORDE	36246	CPT	both			6035		Managed Care Inc	Managed Care Inc		5431.5	0.9			1257	5733.25	percent of total billed charges	
SEL CATH PLACEMNT ARTERIAL SYS 2ND ORDE	36246	CPT	both			6035		Multiplan	Multiplan		4828	0.8			1257	5733.25	percent of total billed charges	
SEL CATH PLACEMNT ARTERIAL SYS 2ND ORDE	36246	CPT	both			6035		Qualcare	Qualcare		4526.25	0.75			1257	5733.25	percent of total billed charges	
SEL CATH PLACEMNT ARTERIAL SYS 2ND ORDE	36246	CPT	both			6035		Three Rivers	Three Rivers		5733.25	0.95			1257	5733.25	percent of total billed charges	
SEL CATH PLACEMNT ARTERIAL SYS 2ND ORDE	36246	CPT	both			6035		UHC	Medicaid		1898.61	0.3146			1257	5733.25	percent of total billed charges	
SEL CATH PLACEMNT ARTERIAL SYS 2ND ORDE	36246	CPT	both			6035		Wellcare	Medicaid		1898.61	0.3146			1257	5733.25	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Aetna	Medicare		2196.35	0.308			1428	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Aetna	Better Health		2243.41	0.3146			1428	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Aetna	Commercial		2709.78	0.38			1428	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Americare	Americare		5348.25	0.75			1428	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		WellPoint	WellPoint		2287.62	0.3208			1428	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Consumer	Consumer		6774.45	0.95			1428	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Corrections	Corrections		5704.8	0.8			1428	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		First Health	First Health		4991.7	0.7			1428	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		First Trenton	First Trenton		6417.9	0.9			1428	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Horizon	MGD		2729.75	0.3828			1428	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Horizon	Indemnity		2729.75	0.3828			1428	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Horizon	PPO		2729.75	0.3828			1428	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Horizon	Medicare Blue		2139.3	0.3			1428	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Managed Care Inc	Managed Care Inc		6417.9	0.9			1428	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Multiplan	Multiplan		5704.8	0.8			1428	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Qualcare	Qualcare		5348.25	0.75			1428	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Three Rivers	Three Rivers		6774.45	0.95			1428	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		UHC	Medicaid		2243.41	0.3146			1428	6774.45	percent of total billed charges	
SICTV CATHJ 3RD+ ORD SLCTV ABDL PEL/LXTR	36247	CPT	both			7131		Wellcare	Medicaid		2243.41	0.3146			1428	6774.45	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Aetna	Medicare		414.88	0.308			281.4	1279.65	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Aetna	Better Health		423.77	0.3146			281.4	1279.65	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Aetna	Commercial		511.86	0.38			281.4	1279.65	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Americare	Americare		1010.25	0.75			281.4	1279.65	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		WellPoint	WellPoint		432.12	0.3208			281.4	1279.65	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Consumer	Consumer		1279.65	0.95			281.4	1279.65	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Corrections	Corrections		1077.6	0.8			281.4	1279.65	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		First Health	First Health		942.9	0.7			281.4	1279.65	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		First Trenton	First Trenton		1212.3	0.9			281.4	1279.65	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Horizon	Medicare Blue		404.1	0.3			281.4	1279.65	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Horizon	Indemnity		515.63	0.3828			281.4	1279.65	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Horizon	MGD		515.63	0.3828			281.4	1279.65	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Horizon	PPO		515.63	0.3828			281.4	1279.65	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Managed Care Inc	Managed Care Inc		1212.3	0.9			281.4	1279.65	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Multiplan	Multiplan		1077.6	0.8			281.4	1279.65	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Qualcare	Qualcare		1010.25	0.75			281.4	1279.65	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Three Rivers	Three Rivers		1279.65	0.95			281.4	1279.65	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		UHC	Medicaid		423.77	0.3146			281.4	1279.65	percent of total billed charges	
SLCTV CATHJ EA 2ND+	36248	CPT	both			1347		Wellcare	Medicaid		423.77	0.3146			281.4	1279.65	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Aetna	Commercial		5803.54	1.592			3355.52	11477.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Aetna	Better Health		3801	0.3146			3355.52	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Aetna	Medicare		3545.44	1			3355.52	11477.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Americare	Americare		9061.5	0.75			3355.52	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	WellPoint	WellPoint		3875.91	0.3208			3355.52	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Amerihealth	Medicare		3545.44	1			3355.52	11477.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Consumer	Consumer		11477.9	0.95			3355.52	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Corrections	Corrections		9665.6	0.8			3355.52	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	First Health	First Health		8457.4	0.7			3355.52	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	First Trenton	First Trenton		10873.8	0.9			3355.52	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Horizon	MGD		6660.22	1.827			3355.52	11477.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Horizon	Indemnity		6660.22	1.827			3355.52	11477.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Horizon	PPO		6660.22	1.827			3355.52	11477.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Horizon	Medicare Blue		3545.44	1			3355.52	11477.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Managed Care Inc	Managed Care Inc		10873.8	0.9			3355.52	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Multiplan	Multiplan		9665.6	0.8			3355.52	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Qualcare	Qualcare		9061.5	0.75			3355.52	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Three Rivers	Three Rivers		11477.9	0.95			3355.52	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	UHC	Medicare		3545.44	1			3355.52	11477.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	UHC	Medicaid		3801	0.3146			3355.52	11477.9	percent of total billed charges	
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Wellcare	Medicare		3545.44	1			3355.52	11477.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH PLCM MAIN RNL ART	36251	CPT	both			12082	4192.26	Wellcare	Medicaid		3801	0.3146			3355.52	11477.9	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	inpatient			10666	4192.26	Aetna	Medicare		3545.44	1			3355.52	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	inpatient			10666	4192.26	Aetna	Better Health		3355.52	0.3146			3355.52	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	inpatient			10666	4192.26	Aetna	Commercial		5803.54	1.592			3355.52	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	inpatient			10666	4192.26	Americare	Americare		7999.5	0.75			3355.52	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	inpatient			10666	4192.26	WellPoint	WellPoint		3421.65	0.3208			3355.52	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	inpatient			10666	4192.26	Amerihealth	Medicare		3545.44	1			3355.52	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	inpatient			10666	4192.26	Consumer	Consumer		10132.7	0.95			3355.52	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	inpatient			10666	4192.26	Corrections	Corrections		8532.8	0.8			3355.52	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	inpatient			10666	4192.26	First Health	First Health		7466.2	0.7			3355.52	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	inpatient			10666	4192.26	First Trenton	First Trenton		9599.4	0.9			3355.52	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	inpatient			10666	4192.26	Horizon	Indemnity		6660.22	1.827			3355.52	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	inpatient			10666	4192.26	Horizon	MGD		6660.22	1.827			3355.52	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	inpatient			10666	4192.26	Horizon	PPO		6660.22	1.827			3355.52	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	inpatient			10666	4192.26	Horizon	Medicare Blue		3545.44	1			3355.52	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	inpatient			10666	4192.26	Managed Care Inc	Managed Care Inc		9599.4	0.9			3355.52	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	inpatient			10666	4192.26	Multiplan	Multiplan		8532.8	0.8			3355.52	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	inpatient			10666	4192.26	Qualcare	Qualcare		7999.5	0.75			3355.52	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	inpatient			10666	4192.26	Three Rivers	Three Rivers		10132.7	0.95			3355.52	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	inpatient			10666	4192.26	UHC	Medicare		3545.44	1			3355.52	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	inpatient			10666	4192.26	UHC	Medicaid		3355.52	0.3146			3355.52	10132.7	percent of total billed charges	
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	inpatient			10666	4192.26	Wellcare	Medicare		3545.44	1			3355.52	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT CATH 1ST ORDER RENAL BILAT	36252	CPT	inpatient			10666	4192.26	Wellcare	Medicaid		3355.52	0.3146			3355.52	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Aetna	Commercial		10005.53	1.592			3355.52	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Aetna	Better Health		5624.42	0.3146			3355.52	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Aetna	Medicare		6284.88	1			3355.52	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Americare	Americare		13408.5	0.75			3355.52	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	WellPoint	WellPoint		5735.26	0.3208			3355.52	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Amerihealth	Medicare		6284.88	1			3355.52	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Consumer	Consumer		16984.1	0.95			3355.52	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Corrections	Corrections		14302.4	0.8			3355.52	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	First Health	First Health		12514.6	0.7			3355.52	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	First Trenton	First Trenton		16090.2	0.9			3355.52	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Horizon	Indemnity		11482.48	1.827			3355.52	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Horizon	MGD		11482.48	1.827			3355.52	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Horizon	Medicare Blue		6284.88	1			3355.52	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Horizon	PPO		11482.48	1.827			3355.52	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Managed Care Inc	Managed Care Inc		16090.2	0.9			3355.52	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Multiplan	Multiplan		14302.4	0.8			3355.52	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Qualcare	Qualcare		13408.5	0.75			3355.52	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Three Rivers	Three Rivers		16984.1	0.95			3355.52	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	UHC	Medicare		6284.88	1			3355.52	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	UHC	Medicaid		5624.42	0.3146			3355.52	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Wellcare	Medicare		6284.88	1			3355.52	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL &ACCESSORY	36253	CPT	both			17878	7227.61	Wellcare	Medicaid		5624.42	0.3146			3355.52	16984.1	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666	4192.26	Aetna	Better Health		3355.52	0.3146			3355.52	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666	4192.26	Aetna	Commercial		5803.54	1.592			3355.52	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Aetna	Medicare		3645.44				3355.52	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Americare	Americare		7999.5	0.75			3355.52	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 WellPoint	WellPoint		3421.65	0.3208			3355.52	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Amerihealth	Medicare		3645.44	1			3355.52	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Consumer	Consumer		10132.7	0.95			3355.52	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Corrections	Corrections		8532.8	0.8			3355.52	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 First Health	First Health		7466.2	0.7			3355.52	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 First Trenton	First Trenton		9599.4	0.9			3355.52	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Horizon	PPO		6660.22	1.827			3355.52	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Horizon	MGD		6660.22	1.827			3355.52	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Horizon	Indemnity		6660.22	1.827			3355.52	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Horizon	Medicare Blue		3645.44	1			3355.52	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Managed Care Inc	Managed Care Inc		9599.4	0.9			3355.52	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Multiplan	Multiplan		8532.8	0.8			3355.52	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Qualcare	Qualcare		7999.5	0.75			3355.52	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Three Rivers	Three Rivers		10132.7	0.95			3355.52	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 UHC	Medicare		3645.44	1			3355.52	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 UHC	Medicaid		3355.52	0.3146			3355.52	10132.7	percent of total billed charges	
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Wellcare	Medicare		3645.44	1			3355.52	10132.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPSLCTV CATH 2ND+ORD RENAL & ACCESSORY	36254	CPT	both			10666		4192.26 Wellcare	Medicaid		3355.52	0.3146			3355.52	10132.7	percent of total billed charges	
VP+3YO FEMJUGULAR SAG SINUS	36400	CPT	outpatient			164		Aetna	Medicare		50.51	0.308			17.1	155.8	percent of total billed charges	
VP+3YO FEMJUGULAR SAG SINUS	36400	CPT	outpatient			164		Aetna	Commercial		62.32	0.38			17.1	155.8	percent of total billed charges	
VP+3YO FEMJUGULAR SAG SINUS	36400	CPT	outpatient			164		Aetna	Better Health		51.59	0.3146			17.1	155.8	percent of total billed charges	
VP+3YO FEMJUGULAR SAG SINUS	36400	CPT	outpatient			164		Americare	Americare		123	0.75			17.1	155.8	percent of total billed charges	
VP+3YO FEMJUGULAR SAG SINUS	36400	CPT	outpatient			164		WellPoint	WellPoint		52.61	0.3208			17.1	155.8	percent of total billed charges	
VP+3YO FEMJUGULAR SAG SINUS	36400	CPT	outpatient			164		Consumer	Consumer		155.8	0.95			17.1	155.8	percent of total billed charges	
VP+3YO FEMJUGULAR SAG SINUS	36400	CPT	outpatient			164		Corrections	Corrections		131.2	0.8			17.1	155.8	percent of total billed charges	
VP+3YO FEMJUGULAR SAG SINUS	36400	CPT	outpatient			164		First Health	First Health		114.8	0.7			17.1	155.8	percent of total billed charges	
VP+3YO FEMJUGULAR SAG SINUS	36400	CPT	outpatient			164		First Trenton	First Trenton		147.6	0.9			17.1	155.8	percent of total billed charges	
VP+3YO FEMJUGULAR SAG SINUS	36400	CPT	outpatient			164		Horizon	Indemnity		62.78	0.3828			17.1	155.8	percent of total billed charges	
VP+3YO FEMJUGULAR SAG SINUS	36400	CPT	outpatient			164		Horizon	PPO		62.78	0.3828			17.1	155.8	percent of total billed charges	
VP+3YO FEMJUGULAR SAG SINUS	36400	CPT	outpatient			164		Horizon	MGD		62.78	0.3828			17.1	155.8	percent of total billed charges	
VP+3YO FEMJUGULAR SAG SINUS	36400	CPT	outpatient			164		Horizon	Medicare Blue		49.2	0.3			17.1	155.8	percent of total billed charges	
VP+3YO FEMJUGULAR SAG SINUS	36400	CPT	outpatient			164		Managed Care Inc	Managed Care Inc		147.6	0.9			17.1	155.8	percent of total billed charges	
VP+3YO FEMJUGULAR SAG SINUS	36400	CPT	outpatient			164		Multiplan	Multiplan		131.2	0.8			17.1	155.8	percent of total billed charges	
VP+3YO FEMJUGULAR SAG SINUS	36400	CPT	outpatient			164		Qualcare	Qualcare		123	0.75			17.1	155.8	percent of total billed charges	
VP+3YO FEMJUGULAR SAG SINUS	36400	CPT	outpatient			164		Three Rivers	Three Rivers		155.8	0.95			17.1	155.8	percent of total billed charges	
VP+3YO FEMJUGULAR SAG SINUS	36400	CPT	outpatient			164		UHC	Medicaid		51.59	0.3146			17.1	155.8	percent of total billed charges	
VP+3YO FEMJUGULAR SAG SINUS	36400	CPT	outpatient			164		Wellcare	Medicaid		51.59	0.3146			17.1	155.8	percent of total billed charges	
VP+3YO SCALP VEIN	36405	CPT	outpatient			272		Aetna	Better Health		85.57	0.3146			69.6	258.4	percent of total billed charges	
VP+3YO SCALP VEIN	36405	CPT	outpatient			272		Aetna	Commercial		103.36	0.38			69.6	258.4	percent of total billed charges	
VP+3YO SCALP VEIN	36405	CPT	outpatient			272		Aetna	Medicare		83.78	0.308			69.6	258.4	percent of total billed charges	
VP+3YO SCALP VEIN	36405	CPT	outpatient			272		Americare	Americare		204	0.75			69.6	258.4	percent of total billed charges	
VP+3YO SCALP VEIN	36405	CPT	outpatient			272		WellPoint	WellPoint		87.26	0.3208			69.6	258.4	percent of total billed charges	
VP+3YO SCALP VEIN	36405	CPT	outpatient			272		Consumer	Consumer		258.4	0.95			69.6	258.4	percent of total billed charges	
VP+3YO SCALP VEIN	36405	CPT	outpatient			272		Corrections	Corrections		217.6	0.8			69.6	258.4	percent of total billed charges	
VP+3YO SCALP VEIN	36405	CPT	outpatient			272		First Health	First Health		190.4	0.7			69.6	258.4	percent of total billed charges	
VP+3YO SCALP VEIN	36405	CPT	outpatient			272		First Trenton	First Trenton		244.8	0.9			69.6	258.4	percent of total billed charges	
VP+3YO SCALP VEIN	36405	CPT	outpatient			272		Horizon	MGD		104.12	0.3828			69.6	258.4	percent of total billed charges	
VP+3YO SCALP VEIN	36405	CPT	outpatient			272		Horizon	Indemnity		104.12	0.3828			69.6	258.4	percent of total billed charges	
VP+3YO SCALP VEIN	36405	CPT	outpatient			272		Horizon	PPO		104.12	0.3828			69.6	258.4	percent of total billed charges	
VP+3YO SCALP VEIN	36405	CPT	outpatient			272		Horizon	Medicare Blue		81.6	0.3			69.6	258.4	percent of total billed charges	
VP+3YO SCALP VEIN	36405	CPT	outpatient			272		Managed Care Inc	Managed Care Inc		244.8	0.9			69.6	258.4	percent of total billed charges	
VP+3YO SCALP VEIN	36405	CPT	outpatient			272		Multiplan	Multiplan		217.6	0.8			69.6	258.4	percent of total billed charges	
VP+3YO SCALP VEIN	36405	CPT	outpatient			272		Qualcare	Qualcare		204	0.75			69.6	258.4	percent of total billed charges	
VP+3YO SCALP VEIN	36405	CPT	outpatient			272		Three Rivers	Three Rivers		258.4	0.95			69.6	258.4	percent of total billed charges	
VP+3YO SCALP VEIN	36405	CPT	outpatient			272		UHC	Medicaid		85.57	0.3146			69.6	258.4	percent of total billed charges	
VP+3YO SCALP VEIN	36405	CPT	outpatient			272		Wellcare	Medicaid		85.57	0.3146			69.6	258.4	percent of total billed charges	
VP+3YO OTHER VEIN	36406	CPT	outpatient			175		Aetna	Better Health		55.06	0.3146			36.9	166.25	percent of total billed charges	
VP+3YO OTHER VEIN	36406	CPT	outpatient			175		Aetna	Commercial		66.5	0.38			36.9	166.25	percent of total billed charges	
VP+3YO OTHER VEIN	36406	CPT	outpatient			175		Aetna	Medicare		53.9	0.308			36.9	166.25	percent of total billed charges	
VP+3YO OTHER VEIN	36406	CPT	outpatient			175		Americare	Americare		131.25	0.75			36.9	166.25	percent of total billed charges	
VP+3YO OTHER VEIN	36406	CPT	outpatient			175		WellPoint	WellPoint		56.14	0.3208			36.9	166.25	percent of total billed charges	
VP+3YO OTHER VEIN	36406	CPT	outpatient			175		Consumer	Consumer		166.25	0.95			36.9	166.25	percent of total billed charges	
VP+3YO OTHER VEIN	36406	CPT	outpatient			175		Corrections	Corrections		140	0.8			36.9	166.25	percent of total billed charges	
VP+3YO OTHER VEIN	36406	CPT	outpatient			175		First Health	First Health		122.5	0.7			36.9	166.25	percent of total billed charges	
VP+3YO OTHER VEIN	36406	CPT	outpatient			175		First Trenton	First Trenton		157.5	0.9			36.9	166.25	percent of total billed charges	
VP+3YO OTHER VEIN	36406	CPT	outpatient			175		Horizon	Indemnity		66.99	0.3828			36.9	166.25	percent of total billed charges	
VP+3YO OTHER VEIN	36406	CPT	outpatient			175		Horizon	MGD		66.99	0.3828			36.9	166.25	percent of total billed charges	
VP+3YO OTHER VEIN	36406	CPT	outpatient			175		Horizon	Medicare Blue		52.5	0.3			36.9	166.25	percent of total billed charges	
VP+3YO OTHER VEIN	36406	CPT	outpatient			175		Horizon	PPO		66.99	0.3828			36.9	166.25	percent of total billed charges	
VP+3YO OTHER VEIN	36406	CPT	outpatient			175		Managed Care Inc	Managed Care Inc		157.5	0.9			36.9	166.25	percent of total billed charges	
VP+3YO OTHER VEIN	36406	CPT	outpatient			175		Multiplan	Multiplan		140	0.8			36.9	166.25	percent of total billed charges	
VP+3YO OTHER VEIN	36406	CPT	outpatient			175		Qualcare	Qualcare		131.25	0.75			36.9	166.25	percent of total billed charges	
VP+3YO OTHER VEIN	36406	CPT	outpatient			175		Three Rivers	Three Rivers		166.25	0.95			36.9	166.25	percent of total billed charges	
VP+3YO OTHER VEIN	36406	CPT	outpatient			175		UHC	Medicaid		55.06	0.3146			36.9	166.25	percent of total billed charges	
VP+3YO OTHER VEIN	36406	CPT	outpatient			175		Wellcare	Medicaid		55.06	0.3146			36.9	166.25	percent of total billed charges	
VP+3YO NOT ROUTINE	36410	CPT	outpatient			196		Aetna	Medicare		60.37	0.308			17.7	186.2	percent of total billed charges	
VP+3YO NOT ROUTINE	36410	CPT	outpatient			196		Aetna	Better Health		61.66	0.3146			17.7	186.2	percent of total billed charges	
VP+3YO NOT ROUTINE	36410	CPT	outpatient			196		Aetna	Commercial		74.48	0.38			17.7	186.2	percent of total billed charges	
VP+3YO NOT ROUTINE	36410	CPT	outpatient			196		Americare	Americare		147	0.75			17.7	186.2	percent of total billed charges	
VP+3YO NOT ROUTINE	36410	CPT	outpatient			196		WellPoint	WellPoint		62.88	0.3208			17.7	186.2	percent of total billed charges	
VP+3YO NOT ROUTINE	36410	CPT	outpatient			196		Consumer	Consumer		186.2	0.95			17.7	186.2	percent of total billed charges	
VP+3YO NOT ROUTINE	36410	CPT	outpatient			196		Corrections	Corrections		156.8	0.8			17.7	186.2	percent of total billed charges	
VP+3YO NOT ROUTINE	36410	CPT	outpatient			196		First Health	First Health		137.2	0.7			17.7	186.2	percent of total billed charges	
VP+3YO NOT ROUTINE	36410	CPT	outpatient			196		First Trenton	First Trenton		176.4	0.9			17.7	186.2	percent of total billed charges	
VP+3YO NOT ROUTINE	36410	CPT	outpatient			196		Horizon	Medicare Blue		58.8	0.3			17.7	186.2	percent of total billed charges	
VP+3YO NOT ROUTINE	36410	CPT	outpatient			196		Horizon	MGD		75.03	0.3828			17.7	186.2	percent of total billed charges	
VP+3YO NOT ROUTINE	36410	CPT	outpatient			196		Horizon	Indemnity		75.03	0.3828			17.7	186.2	percent of total billed charges	
VP+3YO NOT ROUTINE	36410	CPT	outpatient			196		Horizon	PPO		75.03	0.3828			17.7	186.2	percent of total billed charges	
VP+3YO NOT ROUTINE	36410	CPT	outpatient			196		Managed Care Inc	Managed Care Inc		176.4	0.9			17.7	186.2	percent of total billed charges	
VP+3YO NOT ROUTINE	36410	CPT	outpatient			196		Multiplan	Multiplan		156.8	0.8			17.7	186.2	percent of total billed charges	
VP+3YO NOT ROUTINE	36410	CPT	outpatient			196		Qualcare	Qualcare		147	0.75			17.7	186.2	percent of total billed charges	
VP+3YO NOT ROUTINE	36410	CPT	outpatient			196		Three Rivers	Three Rivers		186.2	0.95			17.7	186.2	percent of total billed charges	
VP+3YO NOT ROUTINE	36410	CPT	outpatient			196		UHC	Medicaid		61.66	0.3146			17.7	186.2	percent of total billed charges	
VP+3YO NOT ROUTINE	36410	CPT	outpatient			196		Wellcare	Medicaid		61.66	0.3146			17.7	186.2	percent of total billed charges	
VENIPUNCUTURE ROUTINE	36415	CPT	both			66		10.15 Aetna	Better Health		20.76	0.3146			1.8	62.7	percent of total billed charges	
VENIPUNCUTURE ROUTINE	36415	CPT	both			66		10.15 Aetna	Medicare		8.83				1.8	62.7	case rate	
VENIPUNCUTURE ROUTINE	36415	CPT	both			66		10.15 Aetna	Commercial		25.08	0.38			1.8	62.7	percent of total billed charges	
VENIPUNCUTURE ROUTINE	36415	CPT	both			66		10.15 Americare	Americare		49.5	0.75			1.8	62.7	percent of total billed charges	
VENIPUNCUTURE ROUTINE	36415	CPT	both			66		10.15 WellPoint	WellPoint		21.17	0.3208			1.8	62.7	percent of total billed charges	
VENIPUNCUTURE ROUTINE	36415	CPT	both			66		10.15 Amerihealth	Medicare		8.83				1.8	62.7	case rate	
VENIPUNCUTURE ROUTINE	36415	CPT	both			66		10.15 Consumer	Consumer		62.7	0.95			1.8	62.7	percent of total billed charges	
VENIPUNCUTURE ROUTINE	36415	CPT	both			66		10.15 Corrections	Corrections		52.8	0.8			1.8	62.7	percent of total billed charges	
VENIPUNCUTURE ROUTINE	36415	CPT	both			66		10.15 First Health	First Health		46.2	0.7			1.8	62.7	percent of total billed charges	
VENIPUNCUTURE ROUTINE	36415	CPT	both			66		10.15 First Trenton	First Trenton		59.4	0.9			1.8	62.7	percent of total billed charges	
VENIPUNCUTURE ROUTINE	36415	CPT	both			66		10.15 Horizon	MGD		25.26	0.3828			1.8	62.7	percent of total billed charges	
VENIPUNCUTURE ROUTINE	36415	CPT	both			66		10.15 Horizon	Indemnity		25.26	0.3828			1.8	62.7	percent of total billed charges	
VENIPUNCUTURE ROUTINE	36415	CPT	both			66		10.15 Horizon	PPO		25.26	0.3828			1.8	62.7	percent of total billed charges	
VENIPUNCUTURE ROUTINE	36415	CPT	both			66		10.15 Horizon	Medicare Blue		19.8	0.3			1.8	62.7	percent of total billed charges	
VENIPUNCUTURE ROUTINE	36415	CPT	both			66		10.15 Managed Care Inc	Managed Care Inc		59.4	0.9			1.8	62.7	percent of total billed charges	
VENIPUNCUTURE ROUTINE	36415	CPT	both			66		10.15 Multiplan	Multiplan		52.8	0.8			1.8	62.7	percent of total billed charges	
VENIPUNCUTURE ROUTINE	36415	CPT	both			66		10.15 Qualcare	Qualcare		49.5	0.75			1.8	62.7	percent of total billed charges	
VENIPUNCUTURE ROUTINE	36415	CPT	both			66		10.15 Three Rivers	Three Rivers		62.7	0.95			1.8	62.7	percent of total billed charges	
VENIPUNCUTURE ROUTINE	36415	CPT	both			66		10.15 UHC	Medicare		8.83				1.8	62.7	case rate	
VENIPUNCUTURE ROUTINE	36415	CPT	both			66		10.15 UHC	Medicaid		1.8				1.8	62.7	case rate	
VENIPUNCUTURE ROUTINE	36415	CPT	both			66		10.15 Wellcare	Medicare		8.83				1.8	62.7	case rate	
VENIPUNCUTURE ROUTINE	36415	CPT	both			66		10.15 Wellcare	Medicaid		1.8				1.8	62.7	case rate	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Aetna	Commercial		28.88	0.38			1.8	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Aetna	Better Health		23.91	0.3146			1.8	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Aetna	Medicare		23.41	0.308			1.8	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Americare	Americare		57	0.75			1.8	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		WellPoint	WellPoint		24.38	0.3208			1.8	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Consumer	Consumer		72.2	0.95			1.8	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Corrections	Corrections		60.8	0.8			1.8	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		First Health	First Health		53.2	0.7			1.8	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		First Trenton	First Trenton		68.4	0.9			1.8	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Horizon	MGD		29.09	0.3828			1.8	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Horizon	Indemnity		29.09	0.3828			1.8	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Horizon	PPO		29.09	0.3828			1.8	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Horizon	Medicare Blue		22.8	0.3			1.8	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Managed Care Inc	Managed Care Inc		68.4	0.9			1.8	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Multiplan	Multiplan		60.8	0.8			1.8	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Qualcare	Qualcare		57	0.75			1.8	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Three Rivers	Three Rivers		72.2	0.95			1.8	72.2	percent of total billed charges	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		UHC	Medicaid		1.8				1.8	72.2	case rate	
FINGER OR HEEL STICK	36416	CPT	outpatient			76		Wellcare	Medicaid		1.8				1.8	72.2	case rate	
VP CUTDOWN < 1 YO	36420	CPT	outpatient			604		168 Aetna	Better Health		190.02	0.3146			82.11	573.8	percent of total billed charges	
VP CUTDOWN < 1 YO	36420	CPT	outpatient			604		168 Aetna	Commercial		232.58	1.592			82.11	573.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN < 1 YO	36420	CPT	outpatient			604		168 Aetna	Medicare		146.09	1			82.11	573.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN < 1 YO	36420	CPT	outpatient			604		168 Americare	Americare		453	0.75			82.11	573.8	percent of total billed charges	
VP CUTDOWN < 1 YO	36420	CPT	outpatient			604		168 WellPoint	WellPoint		193.76	0.3208			82.11	573.8	percent of total billed charges	
VP CUTDOWN < 1 YO	36420	CPT	outpatient			604		168 Amerihealth	Medicare		146.09	1			82.11	573.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VP CUTDOWN < 1 YO	36420	CPT	outpatient			604		168 Consumer	Consumer		573.8	0.95			82.11		573.8 percent of total billed charges	
VP CUTDOWN < 1 YO	36420	CPT	outpatient			604		168 Corrections	Corrections		483.2	0.8			82.11		573.8 percent of total billed charges	
VP CUTDOWN < 1 YO	36420	CPT	outpatient			604		168 First Health	First Health		422.8	0.7			82.11		573.8 percent of total billed charges	
VP CUTDOWN < 1 YO	36420	CPT	outpatient			604		168 First Trenton	First Trenton		543.6	0.9			82.11		573.8 percent of total billed charges	
VP CUTDOWN < 1 YO	36420	CPT	outpatient			604		168 Horizon	MCD		266.91	1.827			82.11		573.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN < 1 YO	36420	CPT	outpatient			604		168 Horizon	Indemnity		266.91	1.827			82.11		573.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN < 1 YO	36420	CPT	outpatient			604		168 Horizon	Medicare Blue		146.09	1			82.11		573.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN < 1 YO	36420	CPT	outpatient			604		168 Horizon	PPO		266.91	1.827			82.11		573.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN < 1 YO	36420	CPT	outpatient			604		168 Managed Care Inc	Managed Care Inc		543.6	0.9			82.11		573.8 percent of total billed charges	
VP CUTDOWN < 1 YO	36420	CPT	outpatient			604		168 Multiplan	Multiplan		483.2	0.8			82.11		573.8 percent of total billed charges	
VP CUTDOWN < 1 YO	36420	CPT	outpatient			604		168 Qualcare	Qualcare		453	0.75			82.11		573.8 percent of total billed charges	
VP CUTDOWN < 1 YO	36420	CPT	outpatient			604		168 Three Rivers	Three Rivers		573.8	0.95			82.11		573.8 percent of total billed charges	
VP CUTDOWN < 1 YO	36420	CPT	outpatient			604		168 UHC	Medicaid		190.02	0.3146			82.11		573.8 percent of total billed charges	
VP CUTDOWN < 1 YO	36420	CPT	outpatient			604		168 UHC	Medicare		146.09	1			82.11		573.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN < 1 YO	36420	CPT	outpatient			604		168 Wellcare	Medicare		146.09	1			82.11		573.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN < 1 YO	36420	CPT	outpatient			604		168 Wellcare	Medicaid		190.02	0.3146			82.11		573.8 percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142		524.04 Aetna	Better Health		359.27	0.3146			183.1		1084.9 percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142		524.04 Aetna	Commercial		725.46	1.592			183.1		1084.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142		524.04 Aetna	Medicare		455.69	1			183.1		1084.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142		524.04 Americare	Americare		856.5	0.75			183.1		1084.9 percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142		524.04 WellPoint	WellPoint		366.35	0.3208			183.1		1084.9 percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142		524.04 Amerihealth	Medicare		455.69	1			183.1		1084.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142		524.04 Consumer	Consumer		1084.9	0.95			183.1		1084.9 percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142		524.04 Corrections	Corrections		913.6	0.8			183.1		1084.9 percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142		524.04 First Health	First Health		799.4	0.7			183.1		1084.9 percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142		524.04 First Trenton	First Trenton		1027.8	0.9			183.1		1084.9 percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142		524.04 Horizon	Indemnity		832.55	1.827			183.1		1084.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142		524.04 Horizon	Medicare Blue		455.69	1			183.1		1084.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142		524.04 Horizon	MCD		832.55	1.827			183.1		1084.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142		524.04 Horizon	PPO		832.55	1.827			183.1		1084.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142		524.04 Managed Care Inc	Managed Care Inc		1027.8	0.9			183.1		1084.9 percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142		524.04 Multiplan	Multiplan		913.6	0.8			183.1		1084.9 percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142		524.04 Qualcare	Qualcare		856.5	0.75			183.1		1084.9 percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142		524.04 Three Rivers	Three Rivers		1084.9	0.95			183.1		1084.9 percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142		524.04 UHC	Medicare		455.69	1			183.1		1084.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142		524.04 UHC	Medicaid		359.27	0.3146			183.1		1084.9 percent of total billed charges	
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142		524.04 Wellcare	Medicare		455.69	1			183.1		1084.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VP CUTDOWN > 1 YO	36425	CPT	outpatient			1142		524.04 Wellcare	Medicaid		359.27	0.3146			183.1		1084.9 percent of total billed charges	
TRANSFUSION BLOOD/BLOOD COMPON	36430	CPT	both			1536		570.94 Aetna	Commercial		790.38	1.592			13		1459.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFUSION BLOOD/BLOOD COMPON	36430	CPT	both			1536		570.94 Aetna	Better Health		483.23	0.3146			13		1459.2 percent of total billed charges	
TRANSFUSION BLOOD/BLOOD COMPON	36430	CPT	both			1536		570.94 Aetna	Medicare		496.47	1			13		1459.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFUSION BLOOD/BLOOD COMPON	36430	CPT	both			1536		570.94 Americare	Americare		1152	0.75			13		1459.2 percent of total billed charges	
TRANSFUSION BLOOD/BLOOD COMPON	36430	CPT	both			1536		570.94 WellPoint	WellPoint		492.75	0.3208			13		1459.2 percent of total billed charges	
TRANSFUSION BLOOD/BLOOD COMPON	36430	CPT	both			1536		570.94 Amerihealth	Medicare		496.47	1			13		1459.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFUSION BLOOD/BLOOD COMPON	36430	CPT	both			1536		570.94 Consumer	Consumer		1459.2	0.95			13		1459.2 percent of total billed charges	
TRANSFUSION BLOOD/BLOOD COMPON	36430	CPT	both			1536		570.94 Corrections	Corrections		1228.8	0.8			13		1459.2 percent of total billed charges	
TRANSFUSION BLOOD/BLOOD COMPON	36430	CPT	both			1536		570.94 First Health	First Health		1075.2	0.7			13		1459.2 percent of total billed charges	
TRANSFUSION BLOOD/BLOOD COMPON	36430	CPT	both			1536		570.94 First Trenton	First Trenton		1382.4	0.9			13		1459.2 percent of total billed charges	
TRANSFUSION BLOOD/BLOOD COMPON	36430	CPT	both			1536		570.94 Horizon	MCD		907.05	1.827			13		1459.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFUSION BLOOD/BLOOD COMPON	36430	CPT	both			1536		570.94 Horizon	Medicare Blue		496.47	1			13		1459.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFUSION BLOOD/BLOOD COMPON	36430	CPT	both			1536		570.94 Horizon	PPO		907.05	1.827			13		1459.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFUSION BLOOD/BLOOD COMPON	36430	CPT	both			1536		570.94 Horizon	Indemnity		907.05	1.827			13		1459.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFUSION BLOOD/BLOOD COMPON	36430	CPT	both			1536		570.94 Managed Care Inc	Managed Care Inc		1382.4	0.9			13		1459.2 percent of total billed charges	
TRANSFUSION BLOOD/BLOOD COMPON	36430	CPT	both			1536		570.94 Multiplan	Multiplan		1228.8	0.8			13		1459.2 percent of total billed charges	
TRANSFUSION BLOOD/BLOOD COMPON	36430	CPT	both			1536		570.94 Qualcare	Qualcare		1152	0.75			13		1459.2 percent of total billed charges	
TRANSFUSION BLOOD/BLOOD COMPON	36430	CPT	both			1536		570.94 Three Rivers	Three Rivers		1459.2	0.95			13		1459.2 percent of total billed charges	
TRANSFUSION BLOOD/BLOOD COMPON	36430	CPT	both			1536		570.94 UHC	Medicaid		13				13		1459.2 case rate	
TRANSFUSION BLOOD/BLOOD COMPON	36430	CPT	both			1536		570.94 UHC	Medicare		496.47	1			13		1459.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFUSION BLOOD/BLOOD COMPON	36430	CPT	both			1536		570.94 Wellcare	Medicare		496.47	1			13		1459.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFUSION BLOOD/BLOOD COMPON	36430	CPT	both			1536		570.94 Wellcare	Medicaid		13				13		1459.2 case rate	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054		570.94 Aetna	Commercial		790.38	1.592			30		1001.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054		570.94 Aetna	Better Health		331.59	0.3146			30		1001.3 percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054		570.94 Aetna	Medicare		496.47	1			30		1001.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054		570.94 Americare	Americare		790.5	0.75			30		1001.3 percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054		570.94 WellPoint	WellPoint		338.12	0.3208			30		1001.3 percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054		570.94 Amerihealth	Medicare		496.47	1			30		1001.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054		570.94 Consumer	Consumer		1001.3	0.95			30		1001.3 percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054		570.94 Corrections	Corrections		843.2	0.8			30		1001.3 percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054		570.94 First Health	First Health		737.8	0.7			30		1001.3 percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054		570.94 First Trenton	First Trenton		948.6	0.9			30		1001.3 percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054		570.94 Horizon	Indemnity		907.05	1.827			30		1001.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054		570.94 Horizon	MCD		907.05	1.827			30		1001.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054		570.94 Horizon	Medicare Blue		496.47	1			30		1001.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054		570.94 Horizon	PPO		907.05	1.827			30		1001.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054		570.94 Managed Care Inc	Managed Care Inc		948.6	0.9			30		1001.3 percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054		570.94 Multiplan	Multiplan		843.2	0.8			30		1001.3 percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054		570.94 Qualcare	Qualcare		790.5	0.75			30		1001.3 percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054		570.94 Three Rivers	Three Rivers		1001.3	0.95			30		1001.3 percent of total billed charges	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054		570.94 UHC	Medicaid		30				30		1001.3 case rate	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054		570.94 UHC	Medicare		496.47	1			30		1001.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054		570.94 Wellcare	Medicaid		30				30		1001.3 case rate	
BLOOD PUSH TRANSFUSE <=2 YRS	36440	CPT	outpatient			1054		570.94 Wellcare	Medicare		496.47	1			30		1001.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNLG/MIX INJ	36468	CPT	outpatient			1360		524.43 Aetna	Better Health		427.86	0.3146			419.05		1292 percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360		524.43 Aetna	Medicare		456.03	1			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNLG/MIX INJ	36468	CPT	outpatient			1360		524.43 Aetna	Commercial		726	1.592			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNLG/MIX INJ	36468	CPT	outpatient			1360		524.43 Americare	Americare		1020	0.75			419.05		1292 percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360		524.43 WellPoint	WellPoint		436.29	0.3208			419.05		1292 percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03	1			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNLG/MIX INJ	36468	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	0.95			419.05		1292 percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	0.8			419.05		1292 percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360		524.43 First Health	First Health		952	0.7			419.05		1292 percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	0.9			419.05		1292 percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360		524.43 Horizon	Indemnity		833.17	1.827			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNLG/MIX INJ	36468	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03	1			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNLG/MIX INJ	36468	CPT	outpatient			1360		524.43 Horizon	MCD		833.17	1.827			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNLG/MIX INJ	36468	CPT	outpatient			1360		524.43 Horizon	PPO		833.17	1.827			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNLG/MIX INJ	36468	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	0.9			419.05		1292 percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	0.8			419.05		1292 percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	0.75			419.05		1292 percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	0.95			419.05		1292 percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360		524.43 UHC	Medicaid		427.86	0.3146			419.05		1292 percent of total billed charges	
SNLG/MIX INJ	36468	CPT	outpatient			1360		524.43 UHC	Medicare		456.03	1			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNLG/MIX INJ	36468	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03	1			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SNLG/MIX INJ	36468	CPT	outpatient			1360		524.43 Wellcare	Medicaid		427.86	0.3146			419.05		1292 percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360		524.43 Aetna	Better Health		427.86	0.3146			419.05		1292 percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360		524.43 Aetna	Commercial		726	1.592			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360		524.43 Aetna	Medicare		456.03	1			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360		524.43 Americare	Americare		1020	0.75			419.05		1292 percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360		524.43 WellPoint	WellPoint		436.29	0.3208			419.05		1292 percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03	1			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	0.95			419.05		1292 percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	0.8			419.05		1292 percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360		524.43 First Health	First Health		952	0.7			419.05		1292 percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	0.9			419.05		1292 percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03	1			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360		524.43 Horizon	Indemnity		833.17	1.827			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360		524.43 Horizon	MCD		833.17	1.827			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360		524.43 Horizon	PPO		833.17	1.827			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	0.9			419.05		1292 percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	0.8			419.05		1292 percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	0.75			419.05		1292 percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360		524.43 Three Rivers	Three Rivers		1292	0.95			419.05		1292 percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360		524.43 UHC	Medicaid		427.86	0.3146			419.05		1292 percent of total billed charges	
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360		524.43 UHC	Medicare		456.03	1			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360		524.43 Wellcare	Medicare		456.03	1			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT ONE INCOMPETENT VEIN	36470	CPT	outpatient			1360		524.43 Wellcare	Medicaid		427.86	0.3146			419.05		1292 percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360		524.43 Aetna	Medicare		456.03	1			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360		524.43 Aetna	Commercial		726	1.592			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360		524.43 Aetna	Better Health		427.86	0.3146			419.05		1292 percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360		524.43 Americare	Americare		1020	0.75			419.05		1292 percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360		524.43 WellPoint	WellPoint		436.29	0.3208			419.05		1292 percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360		524.43 Amerihealth	Medicare		456.03	1			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360		524.43 Consumer	Consumer		1292	0.95			419.05		1292 percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360		524.43 Corrections	Corrections		1088	0.8			419.05		1292 percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360		524.43 First Health	First Health		952	0.7			419.05		1292 percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360		524.43 First Trenton	First Trenton		1224	0.9			419.05		1292 percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360		524.43 Horizon	MCD		833.17	1.827			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360		524.43 Horizon	Indemnity		833.17	1.827			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360		524.43 Horizon	Medicare Blue		456.03	1			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360		524.43 Horizon	PPO		833.17	1.827			419.05		1292 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360		524.43 Managed Care Inc	Managed Care Inc		1224	0.9			419.05		1292 percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360		524.43 Multiplan	Multiplan		1088	0.8			419.05		1292 percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360		524.43 Qualcare	Qualcare		1020	0.75			419.05		1292 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			419.05	1292	percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			419.05	1292	percent of total billed charges	
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			419.05	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			419.05	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT SCLEROSANT MULTIPLE INCOMPETENT	36471	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			419.05	1292	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Aetna	Better Health		3415.3	0.3146			3343.65	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Aetna	Medicare		3343.65	0.308			3343.65	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Aetna	Commercial		5803.54	1.592			3343.65	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Americare	Americare		8142	0.75			3343.65	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	WellPoint	WellPoint		3482.6	0.3208			3343.65	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Amerihealth	Medicare		3645.44	1			3343.65	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Consumer	Consumer		10313.2	0.95			3343.65	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Corrections	Corrections		8684.8	0.8			3343.65	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	First Health	First Health		7599.2	0.7			3343.65	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	First Trenton	First Trenton		9770.4	0.9			3343.65	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Horizon	MGD		6660.22	1.827			3343.65	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Horizon	Indemnity		6660.22	1.827			3343.65	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Horizon	Medicare Blue		3645.44	1			3343.65	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Horizon	PPO		6660.22	1.827			3343.65	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Managed Care Inc	Managed Care Inc		9770.4	0.9			3343.65	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Multiplan	Multiplan		8684.8	0.8			3343.65	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Qualcare	Qualcare		8142	0.75			3343.65	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Three Rivers	Three Rivers		10313.2	0.95			3343.65	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	UHC	Medicaid		3415.3	0.3146			3343.65	10313.2	percent of total billed charges	
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	UHC	Medicare		3645.44	1			3343.65	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Wellcare	Medicare		3645.44	1			3343.65	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLTJ INC VEIN 1ST VEIN	36473	CPT	outpatient			10856	4192.26	Wellcare	Medicaid		3415.3	0.3146			3343.65	10313.2	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Aetna	Medicare		3645.44	1			3049.42	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Aetna	Better Health		4992.07	0.3146			3049.42	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Aetna	Commercial		5803.54	1.592			3049.42	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Americare	Americare		11901	0.75			3049.42	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	WellPoint	WellPoint		5090.45	0.3208			3049.42	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Amerihealth	Medicare		3645.44	1			3049.42	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Consumer	Consumer		15074.6	0.95			3049.42	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Corrections	Corrections		12694.4	0.8			3049.42	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	First Health	First Health		11107.6	0.7			3049.42	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	First Trenton	First Trenton		14281.2	0.9			3049.42	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Horizon	Medicare Blue		3645.44	1			3049.42	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Horizon	MGD		6660.22	1.827			3049.42	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Horizon	Indemnity		6660.22	1.827			3049.42	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Horizon	PPO		6660.22	1.827			3049.42	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Managed Care Inc	Managed Care Inc		14281.2	0.9			3049.42	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Multiplan	Multiplan		12694.4	0.8			3049.42	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Qualcare	Qualcare		11901	0.75			3049.42	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Three Rivers	Three Rivers		15074.6	0.95			3049.42	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	UHC	Medicaid		4992.07	0.3146			3049.42	15074.6	percent of total billed charges	
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	UHC	Medicare		3645.44	1			3049.42	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Wellcare	Medicare		3645.44	1			3049.42	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVEN ABLTJ INCOMPETENT VEI	36475	CPT	outpatient			15868	4192.26	Wellcare	Medicaid		4992.07	0.3146			3049.42	15074.6	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Aetna	Better Health		3049.42	0.3146			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Aetna	Medicare		2985.44	0.308			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Aetna	Commercial		3683.34	0.38			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Americare	Americare		7269.75	0.75			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		WellPoint	WellPoint		3109.51	0.3208			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Consumer	Consumer		9208.35	0.95			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Corrections	Corrections		7754.4	0.8			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		First Health	First Health		6785.1	0.7			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		First Trenton	First Trenton		8723.7	0.9			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Horizon	Medicare Blue		2907.9	0.3			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Horizon	Indemnity		3710.48	0.3828			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Horizon	MGD		3710.48	0.3828			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Horizon	PPO		3710.48	0.3828			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Managed Care Inc	Managed Care Inc		8723.7	0.9			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Multiplan	Multiplan		7754.4	0.8			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Qualcare	Qualcare		7269.75	0.75			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Three Rivers	Three Rivers		9208.35	0.95			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		UHC	Medicaid		3049.42	0.3146			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C RF 2ND VEIN+RT	36476	CPT	outpatient			9693		Wellcare	Medicaid		3049.42	0.3146			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Aetna	Commercial		5803.54	1.592			3049.42	9208.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Aetna	Better Health		3049.42	0.3146			3049.42	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Aetna	Medicare		3645.44	1			3049.42	9208.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Americare	Americare		7269.75	0.75			3049.42	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	WellPoint	WellPoint		3109.51	0.3208			3049.42	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Amerihealth	Medicare		3645.44	1			3049.42	9208.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Consumer	Consumer		9208.35	0.95			3049.42	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Corrections	Corrections		7754.4	0.8			3049.42	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	First Health	First Health		6785.1	0.7			3049.42	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	First Trenton	First Trenton		8723.7	0.9			3049.42	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Horizon	Medicare Blue		3645.44	1			3049.42	9208.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Horizon	Indemnity		6660.22	1.827			3049.42	9208.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Horizon	MGD		6660.22	1.827			3049.42	9208.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Horizon	PPO		6660.22	1.827			3049.42	9208.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Managed Care Inc	Managed Care Inc		8723.7	0.9			3049.42	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Multiplan	Multiplan		7754.4	0.8			3049.42	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Qualcare	Qualcare		7269.75	0.75			3049.42	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Three Rivers	Three Rivers		9208.35	0.95			3049.42	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	UHC	Medicare		3645.44	1			3049.42	9208.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	UHC	Medicaid		3049.42	0.3146			3049.42	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Wellcare	Medicaid		3049.42	0.3146			3049.42	9208.35	percent of total billed charges	
ENDO ABLA P/C 1ST VEIN RT	36478	CPT	outpatient			9693	4192.26	Wellcare	Medicare		3645.44	1			3049.42	9208.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Aetna	Medicare		2985.44	0.308			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Aetna	Commercial		3683.34	0.38			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Aetna	Better Health		3049.42	0.3146			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Americare	Americare		7269.75	0.75			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		WellPoint	WellPoint		3109.51	0.3208			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Consumer	Consumer		9208.35	0.95			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Corrections	Corrections		7754.4	0.8			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		First Health	First Health		6785.1	0.7			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		First Trenton	First Trenton		8723.7	0.9			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Horizon	Medicare Blue		2907.9	0.3			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Horizon	Indemnity		3710.48	0.3828			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Horizon	MGD		3710.48	0.3828			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Horizon	PPO		3710.48	0.3828			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Managed Care Inc	Managed Care Inc		8723.7	0.9			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Multiplan	Multiplan		7754.4	0.8			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Qualcare	Qualcare		7269.75	0.75			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Three Rivers	Three Rivers		9208.35	0.95			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		UHC	Medicaid		3049.42	0.3146			2907.9	9208.35	percent of total billed charges	
ENDO ABLA P/C 2ND+VEIN RT	36479	CPT	outpatient			9693		Wellcare	Medicaid		3049.42	0.3146			2907.9	9208.35	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Aetna	Medicare		1791.64	0.308			1662.3	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Aetna	Better Health		1830.03	0.3146			1662.3	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Aetna	Commercial		2210.46	0.38			1662.3	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Americare	Americare		4362.75	0.75			1662.3	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		WellPoint	WellPoint		1866.09	0.3208			1662.3	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Consumer	Consumer		5526.15	0.95			1662.3	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Corrections	Corrections		4653.6	0.8			1662.3	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		First Health	First Health		4071.9	0.7			1662.3	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		First Trenton	First Trenton		5235.3	0.9			1662.3	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Horizon	Medicare Blue		1745.1	0.3			1662.3	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Horizon	Indemnity		2226.75	0.3828			1662.3	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Horizon	MGD		2226.75	0.3828			1662.3	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Horizon	PPO		2226.75	0.3828			1662.3	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Managed Care Inc	Managed Care Inc		5235.3	0.9			1662.3	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Multiplan	Multiplan		4653.6	0.8			1662.3	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Qualcare	Qualcare		4362.75	0.75			1662.3	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Three Rivers	Three Rivers		5526.15	0.95			1662.3	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		UHC	Medicaid		1830.03	0.3146			1662.3	5526.15	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	36481	CPT	both			5817		Wellcare	Medicaid		1830.03	0.3146			1662.3	5526.15	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726	7227.61	Aetna	Medicare		5767.61	0.308			5767.61	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726	7227.61	Aetna	Better Health		5891.2	0.3146			5767.61	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726	7227.61	Aetna	Commercial		10005.53	1.592			5767.61	17789.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726	7227.61	Americare	Americare		14044.5	0.75			5767.61	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726	7227.61	WellPoint	WellPoint		6007.3	0.3208			5767.61	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726	7227.61	Amerihealth	Medicare		6284.88	1			5767.61	17789.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726	7227.61	Consumer	Consumer		17789.7	0.95			5767.61	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726	7227.61	Corrections	Corrections		14980.8	0.8			5767.61	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726	7227.61	First Health	First Health		13108.2	0.7			5767.61	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726	7227.61	First Trenton	First Trenton		16853.4	0.9			5767.61	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726	7227.61	Horizon	Medicare Blue		6284.88	1			5767.61	17789.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726	7227.61	Horizon	Indemnity		11482.48	1.827			5767.61	17789.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726	7227.61	Horizon	MGD		11482.48	1.827			5767.61	17789.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726	7227.61	Horizon	PPO		11482.48	1.827			5767.61	17789.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726	7227.61	Managed Care Inc	Managed Care Inc		16853.4	0.9			5767.61	17789.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726	7227.61	Multiplan	Multiplan		14980.8	0.8			5767.61	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726	7227.61	Qualcare	Qualcare		14044.5	0.75			5767.61	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726	7227.61	Three Rivers	Three Rivers		17789.7	0.95			5767.61	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726	7227.61	UHC	Medicare		6284.88	1			5767.61	17789.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726	7227.61	UHC	Medicaid		5891.2	0.3146			5767.61	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726	7227.61	Wellcare	Medicaid		5891.2	0.3146			5767.61	17789.7	percent of total billed charges	
VENASEAL 1ST VEIN	36482	CPT	outpatient			18726	7227.61	Wellcare	Medicare		6284.88	1			5767.61	17789.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Aetna	Better Health		76.13	0.3146			72.6	229.9	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Aetna	Commercial		91.96	0.38			72.6	229.9	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Aetna	Medicare		74.54	0.308			72.6	229.9	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Americare	Americare		181.5	0.75			72.6	229.9	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		WellPoint	WellPoint		77.63	0.3208			72.6	229.9	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Consumer	Consumer		229.9	0.95			72.6	229.9	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Corrections	Corrections		193.6	0.8			72.6	229.9	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		First Health	First Health		169.4	0.7			72.6	229.9	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		First Trenton	First Trenton		217.8	0.9			72.6	229.9	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Horizon	MGD		92.64	0.3828			72.6	229.9	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Horizon	Indemnity		92.64	0.3828			72.6	229.9	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Horizon	PPO		92.64	0.3828			72.6	229.9	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Horizon	Medicare Blue		72.6	0.3			72.6	229.9	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Managed Care Inc	Managed Care Inc		217.8	0.9			72.6	229.9	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Multiplan	Multiplan		193.6	0.8			72.6	229.9	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Qualcare	Qualcare		181.5	0.75			72.6	229.9	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Three Rivers	Three Rivers		229.9	0.95			72.6	229.9	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		UHC	Medicaid		76.13	0.3146			72.6	229.9	percent of total billed charges	
VENOUS CATH SEL ORGAN BLD	36500	CPT	outpatient			242		Wellcare	Medicaid		76.13	0.3146			72.6	229.9	percent of total billed charges	
APHERESIS WBC	36511	CPT	outpatient			4761	2017.99	Aetna	Better Health		1497.81	0.3146			1497.81	4522.95	percent of total billed charges	
APHERESIS WBC	36511	CPT	outpatient			4761	2017.99	Aetna	Medicare		1754.77	1			1497.81	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS WBC	36511	CPT	outpatient			4761	2017.99	Aetna	Commercial		2793.59	1.592			1497.81	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS WBC	36511	CPT	outpatient			4761	2017.99	Americare	Americare		3570.75	0.75			1497.81	4522.95	percent of total billed charges	
APHERESIS WBC	36511	CPT	outpatient			4761	2017.99	WellPoint	WellPoint		1527.33	0.3208			1497.81	4522.95	percent of total billed charges	
APHERESIS WBC	36511	CPT	outpatient			4761	2017.99	Amerihealth	Medicare		1754.77	1			1497.81	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS WBC	36511	CPT	outpatient			4761	2017.99	Consumer	Consumer		4522.95	0.95			1497.81	4522.95	percent of total billed charges	
APHERESIS WBC	36511	CPT	outpatient			4761	2017.99	Corrections	Corrections		3808.8	0.8			1497.81	4522.95	percent of total billed charges	
APHERESIS WBC	36511	CPT	outpatient			4761	2017.99	First Health	First Health		3332.7	0.7			1497.81	4522.95	percent of total billed charges	
APHERESIS WBC	36511	CPT	outpatient			4761	2017.99	First Trenton	First Trenton		4284.9	0.9			1497.81	4522.95	percent of total billed charges	
APHERESIS WBC	36511	CPT	outpatient			4761	2017.99	Horizon	Indemnity		3205.96	1.827			1497.81	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS WBC	36511	CPT	outpatient			4761	2017.99	Horizon	MGD		3205.96	1.827			1497.81	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS WBC	36511	CPT	outpatient			4761	2017.99	Horizon	PPO		3205.96	1.827			1497.81	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS WBC	36511	CPT	outpatient			4761	2017.99	Horizon	Medicare Blue		1754.77	1			1497.81	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS WBC	36511	CPT	outpatient			4761	2017.99	Managed Care Inc	Managed Care Inc		4284.9	0.9			1497.81	4522.95	percent of total billed charges	
APHERESIS WBC	36511	CPT	outpatient			4761	2017.99	Multiplan	Multiplan		3808.8	0.8			1497.81	4522.95	percent of total billed charges	
APHERESIS WBC	36511	CPT	outpatient			4761	2017.99	Qualcare	Qualcare		3570.75	0.75			1497.81	4522.95	percent of total billed charges	
APHERESIS WBC	36511	CPT	outpatient			4761	2017.99	Three Rivers	Three Rivers		4522.95	0.95			1497.81	4522.95	percent of total billed charges	
APHERESIS WBC	36511	CPT	outpatient			4761	2017.99	UHC	Medicare		1754.77	1			1497.81	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS WBC	36511	CPT	outpatient			4761	2017.99	UHC	Medicaid		1497.81	0.3146			1497.81	4522.95	percent of total billed charges	
APHERESIS WBC	36511	CPT	outpatient			4761	2017.99	Wellcare	Medicare		1754.77	1			1497.81	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS WBC	36511	CPT	outpatient			4761	2017.99	Wellcare	Medicaid		1497.81	0.3146			1497.81	4522.95	percent of total billed charges	
APHERESIS RBC	36512	CPT	both			5866	2017.99	Aetna	Commercial		2793.59	1.592			1754.77	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS RBC	36512	CPT	both			5866	2017.99	Aetna	Better Health		1845.44	0.3146			1754.77	5572.7	percent of total billed charges	
APHERESIS RBC	36512	CPT	both			5866	2017.99	Aetna	Medicare		1754.77	1			1754.77	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS RBC	36512	CPT	both			5866	2017.99	Americare	Americare		4399.5	0.75			1754.77	5572.7	percent of total billed charges	
APHERESIS RBC	36512	CPT	both			5866	2017.99	WellPoint	WellPoint		1881.81	0.3208			1754.77	5572.7	percent of total billed charges	
APHERESIS RBC	36512	CPT	both			5866	2017.99	Amerihealth	Medicare		1754.77	1			1754.77	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS RBC	36512	CPT	both			5866	2017.99	Consumer	Consumer		5572.7	0.95			1754.77	5572.7	percent of total billed charges	
APHERESIS RBC	36512	CPT	both			5866	2017.99	Corrections	Corrections		4692.8	0.8			1754.77	5572.7	percent of total billed charges	
APHERESIS RBC	36512	CPT	both			5866	2017.99	First Health	First Health		4106.2	0.7			1754.77	5572.7	percent of total billed charges	
APHERESIS RBC	36512	CPT	both			5866	2017.99	First Trenton	First Trenton		5279.4	0.9			1754.77	5572.7	percent of total billed charges	
APHERESIS RBC	36512	CPT	both			5866	2017.99	Horizon	Medicare Blue		1754.77	1			1754.77	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS RBC	36512	CPT	both			5866	2017.99	Horizon	MGD		3205.96	1.827			1754.77	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS RBC	36512	CPT	both			5866	2017.99	Horizon	Indemnity		3205.96	1.827			1754.77	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS RBC	36512	CPT	both			5866	2017.99	Horizon	PPO		3205.96	1.827			1754.77	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS RBC	36512	CPT	both			5866	2017.99	Managed Care Inc	Managed Care Inc		5279.4	0.9			1754.77	5572.7	percent of total billed charges	
APHERESIS RBC	36512	CPT	both			5866	2017.99	Multiplan	Multiplan		4692.8	0.8			1754.77	5572.7	percent of total billed charges	
APHERESIS RBC	36512	CPT	both			5866	2017.99	Qualcare	Qualcare		4399.5	0.75			1754.77	5572.7	percent of total billed charges	
APHERESIS RBC	36512	CPT	both			5866	2017.99	Three Rivers	Three Rivers		5572.7	0.95			1754.77	5572.7	percent of total billed charges	
APHERESIS RBC	36512	CPT	both			5866	2017.99	UHC	Medicaid		1845.44	0.3146			1754.77	5572.7	percent of total billed charges	
APHERESIS RBC	36512	CPT	both			5866	2017.99	UHC	Medicare		1754.77	1			1754.77	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS RBC	36512	CPT	both			5866	2017.99	Wellcare	Medicare		1754.77	1			1754.77	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS RBC	36512	CPT	both			5866	2017.99	Wellcare	Medicaid		1845.44	0.3146			1754.77	5572.7	percent of total billed charges	
APHERESIS PLATELETS	36513	CPT	outpatient			4761	570.94	Aetna	Commercial		790.38	1.592			496.47	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS PLATELETS	36513	CPT	outpatient			4761	570.94	Aetna	Better Health		1497.81	0.3146			496.47	4522.95	percent of total billed charges	
APHERESIS PLATELETS	36513	CPT	outpatient			4761	570.94	Aetna	Medicare		496.47	1			496.47	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS PLATELETS	36513	CPT	outpatient			4761	570.94	Americare	Americare		3570.75	0.75			496.47	4522.95	percent of total billed charges	
APHERESIS PLATELETS	36513	CPT	outpatient			4761	570.94	WellPoint	WellPoint		1527.33	0.3208			496.47	4522.95	percent of total billed charges	
APHERESIS PLATELETS	36513	CPT	outpatient			4761	570.94	Amerihealth	Medicare		496.47	1			496.47	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS PLATELETS	36513	CPT	outpatient			4761	570.94	Consumer	Consumer		4522.95	0.95			496.47	4522.95	percent of total billed charges	
APHERESIS PLATELETS	36513	CPT	outpatient			4761	570.94	Corrections	Corrections		3808.8	0.8			496.47	4522.95	percent of total billed charges	
APHERESIS PLATELETS	36513	CPT	outpatient			4761	570.94	First Health	First Health		3332.7	0.7			496.47	4522.95	percent of total billed charges	
APHERESIS PLATELETS	36513	CPT	outpatient			4761	570.94	First Trenton	First Trenton		4284.9	0.9			496.47	4522.95	percent of total billed charges	
APHERESIS PLATELETS	36513	CPT	outpatient			4761	570.94	Horizon	MGD		907.05	1.827			496.47	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS PLATELETS	36513	CPT	outpatient			4761	570.94	Horizon	PPO		907.05	1.827			496.47	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS PLATELETS	36513	CPT	outpatient			4761	570.94	Horizon	Indemnity		907.05	1.827			496.47	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS PLATELETS	36513	CPT	outpatient			4761	570.94	Horizon	Medicare Blue		496.47	1			496.47	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS PLATELETS	36513	CPT	outpatient			4761	570.94	Managed Care Inc	Managed Care Inc		4284.9	0.9			496.47	4522.95	percent of total billed charges	
APHERESIS PLATELETS	36513	CPT	outpatient			4761	570.94	Multiplan	Multiplan		3808.8	0.8			496.47	4522.95	percent of total billed charges	
APHERESIS PLATELETS	36513	CPT	outpatient			4761	570.94	Qualcare	Qualcare		3570.75	0.75			496.47	4522.95	percent of total billed charges	
APHERESIS PLATELETS	36513	CPT	outpatient			4761	570.94	Three Rivers	Three Rivers		4522.95	0.95			496.47	4522.95	percent of total billed charges	
APHERESIS PLATELETS	36513	CPT	outpatient			4761	570.94	UHC	Medicaid		1497.81	0.3146			496.47	4522.95	percent of total billed charges	
APHERESIS PLATELETS	36513	CPT	outpatient			4761	570.94	UHC	Medicare		496.47	1			496.47	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS PLATELETS	36513	CPT	outpatient			4761	570.94	Wellcare	Medicare		496.47	1			496.47	4522.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APHERESIS PLATELETS	36513	CPT	outpatient			4761	570.94	Wellcare	Medicaid		1497.81	0.3146			496.47	4522.95	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	both			5866	2017.99	Aetna	Better Health		1845.44	0.3146			1559.47	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	both			5866	2017.99	Aetna	Medicare		1754.77	1			1559.47	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA PHERESIS	36514	CPT	both			5866	2017.99	Aetna	Commercial		2793.59	1.592			1559.47	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA PHERESIS	36514	CPT	both			5866	2017.99	Americare	Americare		4399.5	0.75			1559.47	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	both			5866	2017.99	WellPoint	WellPoint		1881.81	0.3208			1559.47	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	both			5866	2017.99	Amerihealth	Medicare		1754.77	1			1559.47	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA PHERESIS	36514	CPT	both			5866	2017.99	Consumer	Consumer		5572.7	0.95			1559.47	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	both			5866	2017.99	Corrections	Corrections		4692.8	0.8			1559.47	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	both			5866	2017.99	First Health	First Health		4106.2	0.7			1559.47	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	both			5866	2017.99	First Trenton	First Trenton		5279.4	0.9			1559.47	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	both			5866	2017.99	Horizon	Medicare Blue		1754.77	1			1559.47	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA PHERESIS	36514	CPT	both			5866	2017.99	Horizon	MGD		3205.96	1.827			1559.47	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA PHERESIS	36514	CPT	both			5866	2017.99	Horizon	Indemnity		3205.96	1.827			1559.47	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA PHERESIS	36514	CPT	both			5866	2017.99	Horizon	PPO		3205.96	1.827			1559.47	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA PHERESIS	36514	CPT	both			5866	2017.99	Managed Care Inc	Managed Care Inc		5279.4	0.9			1559.47	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	both			5866	2017.99	Multiplan	Multiplan		4692.8	0.8			1559.47	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	both			5866	2017.99	Qualcare	Qualcare		4399.5	0.75			1559.47	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	both			5866	2017.99	Three Rivers	Three Rivers		5572.7	0.95			1559.47	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	both			5866	2017.99	UHC	Medicaid		1845.44	0.3146			1559.47	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	both			5866	2017.99	UHC	Medicare		1754.77	1			1559.47	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA PHERESIS	36514	CPT	both			5866	2017.99	Wellcare	Medicaid		1845.44	0.3146			1559.47	5572.7	percent of total billed charges	
PLASMA PHERESIS	36514	CPT	both			5866	2017.99	Wellcare	Medicare		1754.77	1			1559.47	5572.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811	6086.62	Aetna	Commercial		8425.99	1.592			49	15020.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811	6086.62	Aetna	Better Health		4974.14	0.3146			49	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811	6086.62	Aetna	Medicare		5292.71	1			49	15020.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811	6086.62	Americare	Americare		11858.25	0.75			49	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811	6086.62	WellPoint	WellPoint		5072.17	0.3208			49	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811	6086.62	Amerihealth	Medicare		5292.71	1			49	15020.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811	6086.62	Consumer	Consumer		15020.45	0.95			49	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811	6086.62	Corrections	Corrections		12648.8	0.8			49	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811	6086.62	First Health	First Health		11067.7	0.7			49	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811	6086.62	First Trenton	First Trenton		14229.9	0.9			49	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811	6086.62	Horizon	Indemnity		9669.78	1.827			49	15020.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811	6086.62	Horizon	MGD		9669.78	1.827			49	15020.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811	6086.62	Horizon	Medicare Blue		5292.71	1			49	15020.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811	6086.62	Horizon	PPO		9669.78	1.827			49	15020.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811	6086.62	Managed Care Inc	Managed Care Inc		14229.9	0.9			49	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811	6086.62	Multiplan	Multiplan		12648.8	0.8			49	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811	6086.62	Qualcare	Qualcare		11858.25	0.75			49	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811	6086.62	Three Rivers	Three Rivers		15020.45	0.95			49	15020.45	percent of total billed charges	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811	6086.62	UHC	Medicaid		49				49	15020.45	case rate	
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811	6086.62	UHC	Medicare		5292.71	1			49	15020.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811	6086.62	Wellcare	Medicare		5292.71	1			49	15020.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TA W/COLUMN & PLASMA REINFUSIO	36516	CPT	outpatient			15811	6086.62	Wellcare	Medicaid		49				49	15020.45	case rate	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206	4192.26	Aetna	Commercial		5803.54	1.592			1280.05	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206	4192.26	Aetna	Better Health		3525.41	0.3146			1280.05	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206	4192.26	Aetna	Medicare		3451.45	0.308			1280.05	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206	4192.26	Americare	Americare		8404.5	0.75			1280.05	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206	4192.26	WellPoint	WellPoint		3594.88	0.3208			1280.05	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206	4192.26	Amerihealth	Medicare		3645.44	1			1280.05	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206	4192.26	Consumer	Consumer		10645.7	0.95			1280.05	10645.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Corrections	Corrections		8964.8	0.8			1280.05	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 First Health	First Health		7844.2	0.7			1280.05	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 First Trenton	First Trenton		10085.4	0.9			1280.05	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Horizon	Indemnity		6660.22	1.827			1280.05	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Horizon	MCD		6660.22	1.827			1280.05	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Horizon	Medicare Blue		3645.44	1			1280.05	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Horizon	PPO		6660.22	1.827			1280.05	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Managed Care Inc	Managed Care Inc		10085.4	0.9			1280.05	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Multiplan	Multiplan		8964.8	0.8			1280.05	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Qualcare	Qualcare		8404.5	0.75			1280.05	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Three Rivers	Three Rivers		10645.7	0.95			1280.05	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 UHC	Medicaid		3525.41	0.3146			1280.05	10645.7	percent of total billed charges	
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 UHC	Medicare		3645.44	1			1280.05	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Wellcare	Medicare		3645.44	1			1280.05	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL CEN VEN CATHETER PERC CHILD	36555	CPT	outpatient			11206		4192.26 Wellcare	Medicaid		3525.41	0.3146			1280.05	10645.7	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Aetna	Commercial		5803.54	1.592			1247.07	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Aetna	Medicare		3645.44	1			1247.07	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Aetna	Better Health		1609.18	0.3146			1247.07	6660.22	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Americare	Americare		3836.25	0.75			1247.07	6660.22	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 WellPoint	WellPoint		1640.89	0.3208			1247.07	6660.22	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Amerihealth	Medicare		3645.44	1			1247.07	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Consumer	Consumer		4859.25	0.95			1247.07	6660.22	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Corrections	Corrections		4092	0.8			1247.07	6660.22	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 First Health	First Health		3580.5	0.7			1247.07	6660.22	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 First Trenton	First Trenton		4603.5	0.9			1247.07	6660.22	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Horizon	MCD		6660.22	1.827			1247.07	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Horizon	Medicare Blue		3645.44	1			1247.07	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Horizon	Indemnity		6660.22	1.827			1247.07	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Horizon	PPO		6660.22	1.827			1247.07	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Managed Care Inc	Managed Care Inc		4603.5	0.9			1247.07	6660.22	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Multiplan	Multiplan		4092	0.8			1247.07	6660.22	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Qualcare	Qualcare		3836.25	0.75			1247.07	6660.22	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Three Rivers	Three Rivers		4859.25	0.95			1247.07	6660.22	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 UHC	Medicare		3645.44	1			1247.07	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 UHC	Medicaid		1609.18	0.3146			1247.07	6660.22	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Wellcare	Medicaid		1609.18	0.3146			1247.07	6660.22	percent of total billed charges	
US GUIDED CVC INSERT	36556	CPT	both			5115		4192.26 Wellcare	Medicare		3645.44	1			1247.07	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT TUNN CVC <5 Y.O.	59	36557	CPT	outpatient		8933		7227.61 Aetna	Better Health		2810.32	0.3146			2337.48	11482.48	percent of total billed charges	
INSERT TUNN CVC <5 Y.O.	59	36557	CPT	outpatient		8933		7227.61 Aetna	Medicare		6284.88	1			2337.48	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT TUNN CVC <5 Y.O.	59	36557	CPT	outpatient		8933		7227.61 Aetna	Commercial		10005.53	1.592			2337.48	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT TUNN CVC <5 Y.O.	59	36557	CPT	outpatient		8933		7227.61 Americare	Americare		6699.75	0.75			2337.48	11482.48	percent of total billed charges	
INSERT TUNN CVC <5 Y.O.	59	36557	CPT	outpatient		8933		7227.61 WellPoint	WellPoint		2865.71	0.3208			2337.48	11482.48	percent of total billed charges	
INSERT TUNN CVC <5 Y.O.	59	36557	CPT	outpatient		8933		7227.61 Amerihealth	Medicare		6284.88	1			2337.48	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT TUNN CVC <5 Y.O.	59	36557	CPT	outpatient		8933		7227.61 Consumer	Consumer		8486.35	0.95			2337.48	11482.48	percent of total billed charges	
INSERT TUNN CVC <5 Y.O.	59	36557	CPT	outpatient		8933		7227.61 Corrections	Corrections		7146.4	0.8			2337.48	11482.48	percent of total billed charges	
INSERT TUNN CVC <5 Y.O.	59	36557	CPT	outpatient		8933		7227.61 First Health	First Health		6253.1	0.7			2337.48	11482.48	percent of total billed charges	
INSERT TUNN CVC <5 Y.O.	59	36557	CPT	outpatient		8933		7227.61 First Trenton	First Trenton		8039.7	0.9			2337.48	11482.48	percent of total billed charges	
INSERT TUNN CVC <5 Y.O.	59	36557	CPT	outpatient		8933		7227.61 Horizon	Medicare Blue		6284.88	1			2337.48	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT TUNN CVC <5 Y.O.	59	36557	CPT	outpatient		8933		7227.61 Horizon	MCD		11482.48	1.827			2337.48	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT TUNN CVC <5 Y.O.	59	36557	CPT	outpatient		8933		7227.61 Horizon	Indemnity		11482.48	1.827			2337.48	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT TUNN CVC <5 Y.O.	59	36557	CPT	outpatient		8933		7227.61 Horizon	PPO		11482.48	1.827			2337.48	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT TUNN CVC <5 Y.O.	59	36557	CPT	outpatient		8933		7227.61 Managed Care Inc	Managed Care Inc		8039.7	0.9			2337.48	11482.48	percent of total billed charges	
INSERT TUNN CVC <5 Y.O.	59	36557	CPT	outpatient		8933		7227.61 Multiplan	Multiplan		7146.4	0.8			2337.48	11482.48	percent of total billed charges	
INSERT TUNN CVC <5 Y.O.	59	36557	CPT	outpatient		8933		7227.61 Qualcare	Qualcare		6699.75	0.75			2337.48	11482.48	percent of total billed charges	
INSERT TUNN CVC <5 Y.O.	59	36557	CPT	outpatient		8933		7227.61 Three Rivers	Three Rivers		8486.35	0.95			2337.48	11482.48	percent of total billed charges	
INSERT TUNN CVC <5 Y.O.	59	36557	CPT	outpatient		8933		7227.61 UHC	Medicaid		2810.32	0.3146			2337.48	11482.48	percent of total billed charges	
INSERT TUNN CVC <5 Y.O.	59	36557	CPT	outpatient		8933		7227.61 UHC	Medicare		6284.88	1			2337.48	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT TUNN CVC <5 Y.O.	59	36557	CPT	outpatient		8933		7227.61 Wellcare	Medicare		6284.88	1			2337.48	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT TUNN CVC <5 Y.O.	59	36557	CPT	outpatient		8933		7227.61 Wellcare	Medicaid		2810.32	0.3146			2337.48	11482.48	percent of total billed charges	
REMOVAL IVAD		36558	CPT	both		10856		4192.26 Aetna	Medicare		3343.65	0.308			2288.44	10313.2	percent of total billed charges	
REMOVAL IVAD		36558	CPT	both		10856		4192.26 Aetna	Commercial		5803.54	1.592			2288.44	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IVAD		36558	CPT	both		10856		4192.26 Aetna	Better Health		3415.3	0.3146			2288.44	10313.2	percent of total billed charges	
REMOVAL IVAD		36558	CPT	both		10856		4192.26 Americare	Americare		8142	0.75			2288.44	10313.2	percent of total billed charges	
REMOVAL IVAD		36558	CPT	both		10856		4192.26 WellPoint	WellPoint		3482.6	0.3208			2288.44	10313.2	percent of total billed charges	
REMOVAL IVAD		36558	CPT	both		10856		4192.26 Amerihealth	Medicare		3645.44	1			2288.44	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IVAD		36558	CPT	both		10856		4192.26 Consumer	Consumer		10313.2	0.95			2288.44	10313.2	percent of total billed charges	
REMOVAL IVAD		36558	CPT	both		10856		4192.26 Corrections	Corrections		8684.8	0.8			2288.44	10313.2	percent of total billed charges	
REMOVAL IVAD		36558	CPT	both		10856		4192.26 First Health	First Health		7599.2	0.7			2288.44	10313.2	percent of total billed charges	
REMOVAL IVAD		36558	CPT	both		10856		4192.26 First Trenton	First Trenton		9770.4	0.9			2288.44	10313.2	percent of total billed charges	
REMOVAL IVAD		36558	CPT	both		10856		4192.26 Horizon	PPO		6660.22	1.827			2288.44	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IVAD		36558	CPT	both		10856		4192.26 Horizon	Medicare Blue		3645.44	1			2288.44	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IVAD		36558	CPT	both		10856		4192.26 Horizon	Indemnity		6660.22	1.827			2288.44	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IVAD		36558	CPT	both		10856		4192.26 Horizon	MCD		6660.22	1.827			2288.44	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IVAD		36558	CPT	both		10856		4192.26 Managed Care Inc	Managed Care Inc		9770.4	0.9			2288.44	10313.2	percent of total billed charges	
REMOVAL IVAD		36558	CPT	both		10856		4192.26 Multiplan	Multiplan		8684.8	0.8			2288.44	10313.2	percent of total billed charges	
REMOVAL IVAD		36558	CPT	both		10856		4192.26 Qualcare	Qualcare		8142	0.75			2288.44	10313.2	percent of total billed charges	
REMOVAL IVAD		36558	CPT	both		10856		4192.26 Three Rivers	Three Rivers		10313.2	0.95			2288.44	10313.2	percent of total billed charges	
REMOVAL IVAD		36558	CPT	both		10856		4192.26 UHC	Medicare		3645.44	1			2288.44	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL IVAD		36558	CPT	both		10856		4192.26 UHC	Medicaid		3415.3	0.3146			2288.44	10313.2	percent of total billed charges	
REMOVAL IVAD		36558	CPT	both		10856		4192.26 Wellcare	Medicaid		3415.3	0.3146			2288.44	10313.2	percent of total billed charges	
REMOVAL IVAD		36558	CPT	both		10856		4192.26 Wellcare	Medicare		3645.44	1			2288.44	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT <5	59	36560	CPT	outpatient		10891		4192.26 Aetna	Better Health		3426.31	0.3146			2912.25	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5	59	36560	CPT	outpatient		10891		4192.26 Aetna	Commercial		5803.54	1.592			2912.25	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT <5	59	36560	CPT	outpatient		10891		4192.26 Aetna	Medicare		3645.44	1			2912.25	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT <5	59	36560	CPT	outpatient		10891		4192.26 Americare	Americare		8168.25	0.75			2912.25	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5	59	36560	CPT	outpatient		10891		4192.26 WellPoint	WellPoint		3493.83	0.3208			2912.25	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5	59	36560	CPT	outpatient		10891		4192.26 Amerihealth	Medicare		3645.44	1			2912.25	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT <5	59	36560	CPT	outpatient		10891		4192.26 Consumer	Consumer		10346.45	0.95			2912.25	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5	59	36560	CPT	outpatient		10891		4192.26 Corrections	Corrections		8712.8	0.8			2912.25	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5	59	36560	CPT	outpatient		10891		4192.26 First Health	First Health		7623.7	0.7			2912.25	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5	59	36560	CPT	outpatient		10891		4192.26 First Trenton	First Trenton		9801.9	0.9			2912.25	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5	59	36560	CPT	outpatient		10891		4192.26 Horizon	MCD		6660.22	1.827			2912.25	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT <5	59	36560	CPT	outpatient		10891		4192.26 Horizon	Medicare Blue		3645.44	1			2912.25	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT <5	59	36560	CPT	outpatient		10891		4192.26 Horizon	Indemnity		6660.22	1.827			2912.25	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT <5	59	36560	CPT	outpatient		10891		4192.26 Horizon	PPO		6660.22	1.827			2912.25	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT <5	59	36560	CPT	outpatient		10891		4192.26 Managed Care Inc	Managed Care Inc		9801.9	0.9			2912.25	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5	59	36560	CPT	outpatient		10891		4192.26 Multiplan	Multiplan		8712.8	0.8			2912.25	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5	59	36560	CPT	outpatient		10891		4192.26 Qualcare	Qualcare		8168.25	0.75			2912.25	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5	59	36560	CPT	outpatient		10891		4192.26 Three Rivers	Three Rivers		10346.45	0.95			2912.25	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5	59	36560	CPT	outpatient		10891		4192.26 UHC	Medicare		3645.44	1			2912.25	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT <5	59	36560	CPT	outpatient		10891		4192.26 UHC	Medicaid		3426.31	0.3146			2912.25	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5	59	36560	CPT	outpatient		10891		4192.26 Wellcare	Medicaid		3426.31	0.3146			2912.25	10346.45	percent of total billed charges	
INSRT TUN DEVICE W/PORT <5	59	36560	CPT	outpatient		10891		4192.26 Wellcare	Medicare		3645.44	1			2912.25	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT >5 Y.O.		36561	CPT	both		11408		4192.26 Aetna	Better Health		3588.96	0.3146			3263.98	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.		36561	CPT	both		11408		4192.26 Aetna	Commercial		5803.54	1.592			3263.98	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT >5 Y.O.		36561	CPT	both		11408		4192.26 Aetna	Medicare		3645.44	1			3263.98	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT >5 Y.O.		36561	CPT	both		11408		4192.26 Americare	Americare		8556	0.75			3263.98	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.		36561	CPT	both		11408		4192.26 WellPoint	WellPoint		3659.69	0.3208			3263.98	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.		36561	CPT	both		11408		4192.26 Amerihealth	Medicare		3645.44	1			3263.98	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT >5 Y.O.		36561	CPT	both		11408		4192.26 Consumer	Consumer		10837.6	0.95			3263.98	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.		36561	CPT	both		11408		4192.26 Corrections	Corrections		9126.4	0.8			3263.98	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.		36561	CPT	both		11408		4192.26 First Health	First Health		7985.6	0.7			3263.98	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.		36561	CPT	both		11408		4192.26 First Trenton	First Trenton		10267.2	0.9			3263.98	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.		36561	CPT	both		11408		4192.26 Horizon	MCD		6660.22	1.827			3263.98	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT >5 Y.O.		36561	CPT	both		11408		4192.26 Horizon	Medicare Blue		3645.44	1			3263.98	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT >5 Y.O.		36561	CPT	both		11408		4192.26 Horizon	Indemnity		6660.22	1.827			3263.98	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT >5 Y.O.		36561	CPT	both		11408		4192.26 Horizon	PPO		6660.22	1.827			3263.98	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT >5 Y.O.		36561	CPT	both		11408		4192.26 Managed Care Inc	Managed Care Inc		10267.2	0.9			3263.98	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.		36561	CPT	both		11408		4192.26 Multiplan	Multiplan		9126.4	0.8			3263.98	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.		36561	CPT	both		11408		4192.26 Qualcare	Qualcare		8556	0.75			3263.98	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.		36561	CPT	both		11408		4192.26 Three Rivers	Three Rivers		10837.6	0.95			3263.98	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.		36561	CPT	both		11408		4192.26 UHC	Medicare		3645.44	1			3263.98	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUN DEVICE W/PORT >5 Y.O.		36561	CPT	both		11408		4192.26 UHC	Medicaid		3588.96	0.3146			3263.98	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.		36561	CPT	both		11408		4192.26 Wellcare	Medicaid		3588.96	0.3146			3263.98	10837.6	percent of total billed charges	
INSRT TUN DEVICE W/PORT >5 Y.O.		36561	CPT	both		11408		4192.26 Wellcare	Medicare		3645.44	1			3263.98	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUNN DEVICE W/PUMP	59	36563	CPT	inpatient		17878		7227.61 Aetna	Better Health		5624.42	0.3146			2564.3	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP	59	36563	CPT	inpatient		17878		7227.61 Aetna	Medicare		6284.88	1			2564.3	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUNN DEVICE W/PUMP	59	36563	CPT	inpatient		17878		7227.61 Aetna	Commercial		10005.53	1.592			2564.3	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUNN DEVICE W/PUMP	59	36563	CPT	inpatient		17878		7227.61 Americare	Americare		13408.5	0.75			2564.3	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP	59	36563	CPT	inpatient		17878		7227.61 WellPoint	WellPoint		5735.26	0.3208			2564.3	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP	59	36563	CPT	inpatient		17878		7227.61 Amerihealth	Medicare		6284.88	1			2564.3	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUNN DEVICE W/PUMP	59	36563	CPT	inpatient		17878		7227.61 Consumer	Consumer		16984.1	0.95			2564.3	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP	59	36563	CPT	inpatient		17878		7227.61 Corrections	Corrections		14302.4	0.8			2564.3	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP	59	36563	CPT	inpatient		17878		7227.61 First Health	First Health		12514.6	0.7			2564.3	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP	59	36563	CPT	inpatient		17878		7227.61 First Trenton	First Trenton		16090.2	0.9			2564.3	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP	59	36563	CPT	inpatient		17878		7227.61 Horizon	MCD		11482.48	1.827			2564.3	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUNN DEVICE W/PUMP	59	36563	CPT	inpatient		17878		7227.61 Horizon	Indemnity		11482.48	1.827			2564.3	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUNN DEVICE W/PUMP	59	36563	CPT	inpatient		17878		7227.61 Horizon	Medicare Blue		6284.88	1			2564.3	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUNN DEVICE W/PUMP	59	36563	CPT	inpatient		17878		7227.61 Horizon	PPO		11482.48	1.827			2564.3	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUNN DEVICE W/PUMP	59	36563	CPT	inpatient		17878		7227.61 Managed Care Inc	Managed Care Inc		16090.2	0.9			2564.3	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP	59	36563	CPT	inpatient		17878		7227.61 Multiplan	Multiplan		14302.4	0.8			2564.3	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP	59	36563	CPT	inpatient		17878		7227.61 Qualcare	Qualcare		13408.5	0.75			2564.3	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP	59	36563	CPT	inpatient		17878		7227.61 Three Rivers	Three Rivers		16984.1	0.95			2564.3	16984.1	percent of total billed charges	

hospital_name	last_updated_on	version
University Hospital	2024-06-27	2.0.0

hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INSRT TUNN DEVICE W/PUMP 59	36563	CPT	inpatient			17878	7227.61	UHC	Medicaid		5624.42	0.3146			2564.3	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP 59	36563	CPT	inpatient			17878	7227.61	UHC	Medicare		6284.88	1			2564.3	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TUNN DEVICE W/PUMP 59	36563	CPT	inpatient			17878	7227.61	Wellcare	Medicaid		5624.42	0.3146			2564.3	16984.1	percent of total billed charges	
INSRT TUNN DEVICE W/PUMP 59	36563	CPT	inpatient			17878	7227.61	Wellcare	Medicare		6284.88	1			2564.3	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUNN DEVICE 2 CATH 2 SITE 59	36565	CPT	outpatient			11408	4192.26	Aetna	Better Health		3588.96	0.3146			2510.51	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE 59	36565	CPT	outpatient			11408	4192.26	Aetna	Medicare		3513.66	0.308			2510.51	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE 59	36565	CPT	outpatient			11408	4192.26	Aetna	Commercial		5803.54	1.592			2510.51	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUNN DEVICE 2 CATH 2 SITE 59	36565	CPT	outpatient			11408	4192.26	Americare	Americare		8556	0.75			2510.51	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE 59	36565	CPT	outpatient			11408	4192.26	WellPoint	WellPoint		3559.69	0.3208			2510.51	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE 59	36565	CPT	outpatient			11408	4192.26	Amerihealth	Medicare		3645.44	1			2510.51	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUNN DEVICE 2 CATH 2 SITE 59	36565	CPT	outpatient			11408	4192.26	Consumer	Consumer		10837.6	0.95			2510.51	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE 59	36565	CPT	outpatient			11408	4192.26	Corrections	Corrections		9126.4	0.8			2510.51	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE 59	36565	CPT	outpatient			11408	4192.26	First Health	First Health		7985.6	0.7			2510.51	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE 59	36565	CPT	outpatient			11408	4192.26	First Trenton	First Trenton		10267.2	0.9			2510.51	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE 59	36565	CPT	outpatient			11408	4192.26	Horizon	MGD		6660.22	1.827			2510.51	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUNN DEVICE 2 CATH 2 SITE 59	36565	CPT	outpatient			11408	4192.26	Horizon	Indemnity		6660.22	1.827			2510.51	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUNN DEVICE 2 CATH 2 SITE 59	36565	CPT	outpatient			11408	4192.26	Horizon	PPO		6660.22	1.827			2510.51	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUNN DEVICE 2 CATH 2 SITE 59	36565	CPT	outpatient			11408	4192.26	Horizon	Medicare Blue		3645.44	1			2510.51	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUNN DEVICE 2 CATH 2 SITE 59	36565	CPT	outpatient			11408	4192.26	Managed Care Inc	Managed Care Inc		10267.2	0.9			2510.51	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE 59	36565	CPT	outpatient			11408	4192.26	Multiplan	Multiplan		9126.4	0.8			2510.51	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE 59	36565	CPT	outpatient			11408	4192.26	Qualcare	Qualcare		8556	0.75			2510.51	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE 59	36565	CPT	outpatient			11408	4192.26	Three Rivers	Three Rivers		10837.6	0.95			2510.51	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE 59	36565	CPT	outpatient			11408	4192.26	UHC	Medicaid		3588.96	0.3146			2510.51	10837.6	percent of total billed charges	
TUNN DEVICE 2 CATH 2 SITE 59	36565	CPT	outpatient			11408	4192.26	UHC	Medicare		3645.44	1			2510.51	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUNN DEVICE 2 CATH 2 SITE 59	36565	CPT	outpatient			11408	4192.26	Wellcare	Medicare		3645.44	1			2510.51	10837.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUNN DEVICE 2 CATH 2 SITE 59	36565	CPT	outpatient			11408	4192.26	Wellcare	Medicaid		3588.96	0.3146			2510.51	10837.6	percent of total billed charges	
TUN DEVICE 2 CATH2 SITE 59	36566	CPT	outpatient			31405	7227.61	Aetna	Commercial		10005.53	1.592			5624.42	29834.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUN DEVICE 2 CATH2 SITE 59	36566	CPT	outpatient			31405	7227.61	Aetna	Medicare		6284.88	1			5624.42	29834.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUN DEVICE 2 CATH2 SITE 59	36566	CPT	outpatient			31405	7227.61	Aetna	Better Health		9880.01	0.3146			5624.42	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH2 SITE 59	36566	CPT	outpatient			31405	7227.61	Americare	Americare		23553.75	0.75			5624.42	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH2 SITE 59	36566	CPT	outpatient			31405	7227.61	WellPoint	WellPoint		10074.72	0.3208			5624.42	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH2 SITE 59	36566	CPT	outpatient			31405	7227.61	Amerihealth	Medicare		6284.88	1			5624.42	29834.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUN DEVICE 2 CATH2 SITE 59	36566	CPT	outpatient			31405	7227.61	Consumer	Consumer		29834.75	0.95			5624.42	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH2 SITE 59	36566	CPT	outpatient			31405	7227.61	Corrections	Corrections		25124	0.8			5624.42	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH2 SITE 59	36566	CPT	outpatient			31405	7227.61	First Health	First Health		21983.5	0.7			5624.42	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH2 SITE 59	36566	CPT	outpatient			31405	7227.61	First Trenton	First Trenton		28264.5	0.9			5624.42	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH2 SITE 59	36566	CPT	outpatient			31405	7227.61	Horizon	MGD		11482.48	1.827			5624.42	29834.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUN DEVICE 2 CATH2 SITE 59	36566	CPT	outpatient			31405	7227.61	Horizon	Indemnity		11482.48	1.827			5624.42	29834.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUN DEVICE 2 CATH2 SITE 59	36566	CPT	outpatient			31405	7227.61	Horizon	Medicare Blue		6284.88	1			5624.42	29834.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUN DEVICE 2 CATH2 SITE 59	36566	CPT	outpatient			31405	7227.61	Horizon	PPO		11482.48	1.827			5624.42	29834.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUN DEVICE 2 CATH2 SITE 59	36566	CPT	outpatient			31405	7227.61	Managed Care Inc	Managed Care Inc		28264.5	0.9			5624.42	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH2 SITE 59	36566	CPT	outpatient			31405	7227.61	Multiplan	Multiplan		25124	0.8			5624.42	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH2 SITE 59	36566	CPT	outpatient			31405	7227.61	Qualcare	Qualcare		23553.75	0.75			5624.42	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH2 SITE 59	36566	CPT	outpatient			31405	7227.61	Three Rivers	Three Rivers		29834.75	0.95			5624.42	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH2 SITE 59	36566	CPT	outpatient			31405	7227.61	UHC	Medicaid		9880.01	0.3146			5624.42	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH2 SITE 59	36566	CPT	outpatient			31405	7227.61	UHC	Medicare		6284.88	1			5624.42	29834.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUN DEVICE 2 CATH2 SITE 59	36566	CPT	outpatient			31405	7227.61	Wellcare	Medicaid		9880.01	0.3146			5624.42	29834.75	percent of total billed charges	
TUN DEVICE 2 CATH2 SITE 59	36566	CPT	outpatient			31405	7227.61	Wellcare	Medicare		6284.88	1			5624.42	29834.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT CVC <5 YEARS	36568	CPT	both			8539	2106.37	Aetna	Better Health		3586.37	0.3146			798.77	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	both			8539	2106.37	Aetna	Commercial		2915.95	1.592			798.77	8112.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT CVC <5 YEARS	36568	CPT	both			8539	2106.37	Aetna	Medicare		1831.63	1			798.77	8112.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT CVC <5 YEARS	36568	CPT	both			8539	2106.37	Americare	Americare		6404.25	0.75			798.77	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	both			8539	2106.37	WellPoint	WellPoint		2739.31	0.3208			798.77	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	both			8539	2106.37	Amerihealth	Medicare		1831.63	1			798.77	8112.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT CVC <5 YEARS	36568	CPT	both			8539	2106.37	Consumer	Consumer		8112.05	0.95			798.77	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	both			8539	2106.37	Corrections	Corrections		6831.2	0.8			798.77	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	both			8539	2106.37	First Health	First Health		5977.3	0.7			798.77	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	both			8539	2106.37	First Trenton	First Trenton		7685.1	0.9			798.77	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	both			8539	2106.37	Horizon	Indemnity		3346.39	1.827			798.77	8112.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT CVC <5 YEARS	36568	CPT	both			8539	2106.37	Horizon	MGD		3346.39	1.827			798.77	8112.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT CVC <5 YEARS	36568	CPT	both			8539	2106.37	Horizon	Medicare Blue		1831.63	1			798.77	8112.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT CVC <5 YEARS	36568	CPT	both			8539	2106.37	Horizon	PPO		3346.39	1.827			798.77	8112.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT CVC <5 YEARS	36568	CPT	both			8539	2106.37	Managed Care Inc	Managed Care Inc		7685.1	0.9			798.77	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	both			8539	2106.37	Multiplan	Multiplan		6831.2	0.8			798.77	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	both			8539	2106.37	Qualcare	Qualcare		6404.25	0.75			798.77	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	both			8539	2106.37	Three Rivers	Three Rivers		8112.05	0.95			798.77	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	both			8539	2106.37	UHC	Medicare		1831.63	1			798.77	8112.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT CVC <5 YEARS	36568	CPT	both			8539	2106.37	UHC	Medicaid		2686.37	0.3146			798.77	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	both			8539	2106.37	Wellcare	Medicaid		2686.37	0.3146			798.77	8112.05	percent of total billed charges	
PLACEMENT CVC <5 YEARS	36568	CPT	both			8539	2106.37	Wellcare	Medicare		1831.63	1			798.77	8112.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC NO PORT <5 Y.O 59	36569	CPT	both			5115	2106.37	Aetna	Commercial		2915.95	1.592			1151.12	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC NO PORT <5 Y.O 59	36569	CPT	both			5115	2106.37	Aetna	Better Health		1609.18	0.3146			1151.12	4859.25	percent of total billed charges	
INSRT PICC NO PORT <5 Y.O 59	36569	CPT	both			5115	2106.37	Aetna	Medicare		1831.63	1			1151.12	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC NO PORT <5 Y.O 59	36569	CPT	both			5115	2106.37	Americare	Americare		3836.25	0.75			1151.12	4859.25	percent of total billed charges	
INSRT PICC NO PORT <5 Y.O 59	36569	CPT	both			5115	2106.37	WellPoint	WellPoint		1640.89	0.3208			1151.12	4859.25	percent of total billed charges	
INSRT PICC NO PORT <5 Y.O 59	36569	CPT	both			5115	2106.37	Amerihealth	Medicare		1831.63	1			1151.12	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC NO PORT <5 Y.O 59	36569	CPT	both			5115	2106.37	Consumer	Consumer		4859.25	0.95			1151.12	4859.25	percent of total billed charges	
INSRT PICC NO PORT <5 Y.O 59	36569	CPT	both			5115	2106.37	Corrections	Corrections		4092	0.8			1151.12	4859.25	percent of total billed charges	
INSRT PICC NO PORT <5 Y.O 59	36569	CPT	both			5115	2106.37	First Health	First Health		3580.5	0.7			1151.12	4859.25	percent of total billed charges	
INSRT PICC NO PORT <5 Y.O 59	36569	CPT	both			5115	2106.37	First Trenton	First Trenton		4603.5	0.9			1151.12	4859.25	percent of total billed charges	
INSRT PICC NO PORT <5 Y.O 59	36569	CPT	both			5115	2106.37	Horizon	MGD		3346.39	1.827			1151.12	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC NO PORT <5 Y.O 59	36569	CPT	both			5115	2106.37	Horizon	Medicare Blue		1831.63	1			1151.12	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC NO PORT <5 Y.O 59	36569	CPT	both			5115	2106.37	Horizon	Indemnity		3346.39	1.827			1151.12	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC NO PORT <5 Y.O 59	36569	CPT	both			5115	2106.37	Horizon	PPO		3346.39	1.827			1151.12	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC NO PORT <5 Y.O 59	36569	CPT	both			5115	2106.37	Managed Care Inc	Managed Care Inc		4603.5	0.9			1151.12	4859.25	percent of total billed charges	
INSRT PICC NO PORT <5 Y.O 59	36569	CPT	both			5115	2106.37	Multiplan	Multiplan		4092	0.8			1151.12	4859.25	percent of total billed charges	
INSRT PICC NO PORT <5 Y.O 59	36569	CPT	both			5115	2106.37	Qualcare	Qualcare		3836.25	0.75			1151.12	4859.25	percent of total billed charges	
INSRT PICC NO PORT <5 Y.O 59	36569	CPT	both			5115	2106.37	Three Rivers	Three Rivers		4859.25	0.95			1151.12	4859.25	percent of total billed charges	
INSRT PICC NO PORT <5 Y.O 59	36569	CPT	both			5115	2106.37	UHC	Medicare		1831.63	1			1151.12	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC NO PORT <5 Y.O 59	36569	CPT	both			5115	2106.37	UHC	Medicaid		1609.18	0.3146			1151.12	4859.25	percent of total billed charges	
INSRT PICC NO PORT <5 Y.O 59	36569	CPT	both			5115	2106.37	Wellcare	Medicaid		1609.18	0.3146			1151.12	4859.25	percent of total billed charges	
INSRT PICC NO PORT <5 Y.O 59	36569	CPT	both			5115	2106.37	Wellcare	Medicare		1831.63	1			1151.12	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT <5 Y.O. 59	36570	CPT	outpatient			11206	4192.26	Aetna	Medicare		3645.44	1			1307.48	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT <5 Y.O. 59	36570	CPT	outpatient			11206	4192.26	Aetna	Commercial		5803.54	1.592			1307.48	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT <5 Y.O. 59	36570	CPT	outpatient			11206	4192.26	Aetna	Better Health		3525.41	0.3146			1307.48	10645.7	percent of total billed charges	
INSRT PICC W/PORT <5 Y.O. 59	36570	CPT	outpatient			11206	4192.26	Americare	Americare		8404.5	0.75			1307.48	10645.7	percent of total billed charges	
INSRT PICC W/PORT <5 Y.O. 59	36570	CPT	outpatient			11206	4192.26	WellPoint	WellPoint		3594.88	0.3208			1307.48	10645.7	percent of total billed charges	
INSRT PICC W/PORT <5 Y.O. 59	36570	CPT	outpatient			11206	4192.26	Amerihealth	Medicare		3645.44	1			1307.48	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT <5 Y.O. 59	36570	CPT	outpatient			11206	4192.26	Consumer	Consumer		10645.7	0.95			1307.48	10645.7	percent of total billed charges	
INSRT PICC W/PORT <5 Y.O. 59	36570	CPT	outpatient			11206	4192.26	Corrections	Corrections		8964.8	0.8			1307.48	10645.7	percent of total billed charges	
INSRT PICC W/PORT <5 Y.O. 59	36570	CPT	outpatient			11206	4192.26	First Health	First Health		7844.2	0.7			1307.48	10645.7	percent of total billed charges	
INSRT PICC W/PORT <5 Y.O. 59	36570	CPT	outpatient			11206	4192.26	First Trenton	First Trenton		10085.4	0.9			1307.48	10645.7	percent of total billed charges	
INSRT PICC W/PORT <5 Y.O. 59	36570	CPT	outpatient			11206	4192.26	Horizon	MGD		6660.22	1.827			1307.48	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT <5 Y.O. 59	36570	CPT	outpatient			11206	4192.26	Horizon	Medicare Blue		3645.44	1			1307.48	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT <5 Y.O. 59	36570	CPT	outpatient			11206	4192.26	Horizon	PPO		6660.22	1.827			1307.48	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT <5 Y.O. 59	36570	CPT	outpatient			11206	4192.26	Horizon	Indemnity		6660.22	1.827			1307.48	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT <5 Y.O. 59	36570	CPT	outpatient			11206	4192.26	Managed Care Inc	Managed Care Inc		10085.4	0.9			1307.48	10645.7	percent of total billed charges	
INSRT PICC W/PORT <5 Y.O. 59	36570	CPT	outpatient			11206	4192.26	Multiplan	Multiplan		8964.8	0.8			1307.48	10645.7	percent of total billed charges	
INSRT PICC W/PORT <5 Y.O. 59	36570	CPT	outpatient			11206	4192.26	Qualcare	Qualcare		8404.5	0.75			1307.48	10645.7	percent of total billed charges	
INSRT PICC W/PORT <5 Y.O. 59	36570	CPT	outpatient			11206	4192.26	Three Rivers	Three Rivers		10645.7	0.95			1307.48	10645.7	percent of total billed charges	
INSRT PICC W/PORT <5 Y.O. 59	36570	CPT	outpatient			11206	4192.26	UHC	Medicaid		3525.41	0.3146			1307.48	10645.7	percent of total billed charges	
INSRT PICC W/PORT <5 Y.O. 59	36570	CPT	outpatient			11206	4192.26	UHC	Medicare		3645.44	1			1307.48	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT <5 Y.O. 59	36570	CPT	outpatient			11206	4192.26	Wellcare	Medicare		3645.44	1			1307.48	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT <5 Y.O. 59	36570	CPT	outpatient			11206	4192.26	Wellcare	Medicaid		3525.41	0.3146			1307.48	10645.7	percent of total billed charges	
INSRT PICC W/PORT >5 Y.O. 59	36571	CPT	outpatient			5115	4192.26	Aetna	Medicare		1575.42	0.308			1435.9	6660.22	percent of total billed charges	
INSRT PICC W/PORT >5 Y.O. 59	36571	CPT	outpatient			5115	4192.26	Aetna	Better Health		1609.18	0.3146			1435.9	6660.22	percent of total billed charges	
INSRT PICC W/PORT >5 Y.O. 59	36571	CPT	outpatient			5115	4192.26	Aetna	Commercial		5803.54	1.592			1435.9	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT >5 Y.O. 59	36571	CPT	outpatient			5115	4192.26	Americare	Americare		3836.25	0.75			1435.9	6660.22	percent of total billed charges	
INSRT PICC W/PORT >5 Y.O. 59	36571	CPT	outpatient			5115	4192.26	WellPoint	WellPoint		1640.89	0.3208			1435.9	6660.22	percent of total billed charges	
INSRT PICC W/PORT >5 Y.O. 59	36571	CPT	outpatient			5115	4192.26	Amerihealth	Medicare		3645.44	1			1435.9	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT >5 Y.O. 59	36571	CPT	outpatient			5115	4192.26	Consumer	Consumer		4859.25	0.95			1435.9	6660.22	percent of total billed charges	
INSRT PICC W/PORT >5 Y.O. 59	36571	CPT	outpatient			5115	4192.26	Corrections	Corrections		4092	0.8			1435.9	6660.22	percent of total billed charges	
INSRT PICC W/PORT >5 Y.O. 59	36571	CPT	outpatient			5115	4192.26	First Health	First Health		3580.5	0.7			1435.9	6660.22	percent of total billed charges	
INSRT PICC W/PORT >5 Y.O. 59	36571	CPT	outpatient			5115	4192.26	First Trenton	First Trenton		4603.5	0.9			1435.9	6660.22	percent of total billed charges	
INSRT PICC W/PORT >5 Y.O. 59	36571	CPT	outpatient			5115	4192.26	Horizon	MGD		6660.22	1.827			1435.9	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT >5 Y.O. 59	36571	CPT	outpatient			5115	4192.26	Horizon	Medicare Blue		3645.44	1			1435.9	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT >5 Y.O. 59	36571	CPT	outpatient			5115	4192.26	Horizon	Indemnity		6660.22	1.827			1435.9	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT >5 Y.O. 59	36571	CPT	outpatient			5115	4192.26	Horizon	PPO		6660.22	1.827			1435.9	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT >5 Y.O. 59	36571	CPT	outpatient			5115	4192.26	Managed Care Inc	Managed Care Inc		4603.5	0.9			1435.9	6660.22	percent of total billed charges	
INSRT PICC W/PORT >5 Y.O. 59	36571	CPT	outpatient			5115	4192.26	Multiplan	Multiplan		4092	0.8			1435.9	6660.22	percent of total billed charges	
INSRT PICC W/PORT >5 Y.O. 59	36571	CPT	outpatient			5115	4192.26	Qualcare	Qualcare		3836.25	0.75			1435.9	6660.22	percent of total billed charges	
INSRT PICC W/PORT >5 Y.O. 59	36571	CPT	outpatient			5115	4192.26	Three Rivers	Three Rivers		4859.25	0.95			1435.9	6660.22	percent of total billed charges	
INSRT PICC W/PORT >5 Y.O. 59	36571	CPT	outpatient			5115	4192.26	UHC	Medicaid		1609.18	0.3146			1435.9	6660.22	percent of total billed charges	
INSRT PICC W/PORT >5 Y.O. 59	36571	CPT	outpatient			5115	4192.26	UHC	Medicare		3645.44	1			1435.9	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT PICC W/PORT >5 Y.O. 59	36571	CPT	outpatient			5115	4192.26	Wellcare	Medicaid		1609.18	0.3146			1435.9	6660.22	percent of total billed charges	
INSRT PICC W/PORT >5 Y.O. 59	36571	CPT	outpatient			5115	4192.26	Wellcare	Medicare		3645.44	1			1435.9	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	inpatient			2540	826.23	Aetna	Better Health		799.08	0.3146			718.46	2413	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	inpatient			2540	826.23	Aetna	Commercial		1143.79	1.592			718.46	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	inpatient			2540	826.23	Aetna	Medicare		718.46	1			718.46	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	inpatient			2540	826.23	Americare	Americare		1905	0.75			718.46	2413	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	inpatient			2540	826.23	WellPoint	WellPoint		814.83	0.3208			718.46	2413	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	inpatient			2540	826.23	Amerihealth	Medicare		718.46	1			718.46	2413	other	Payer-specific negotiated charge calculated as a percent

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	inpatient			2540		826.23 Corrections	Corrections		2032	0.8			718.46	2413	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	inpatient			2540		826.23 First Health	First Health		1778	0.7			718.46	2413	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	inpatient			2540		826.23 First Trenton	First Trenton		2286	0.9			718.46	2413	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	inpatient			2540		826.23 Horizon	PPO		1312.63	1.827			718.46	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	inpatient			2540		826.23 Horizon	Medicare Blue		718.46	1			718.46	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	inpatient			2540		826.23 Horizon	MCD		1312.63	1.827			718.46	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	inpatient			2540		826.23 Horizon	Indemnity		1312.63	1.827			718.46	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	inpatient			2540		826.23 Managed Care Inc	Managed Care Inc		2286	0.9			718.46	2413	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	inpatient			2540		826.23 Multiplan	Multiplan		2032	0.8			718.46	2413	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	inpatient			2540		826.23 Qualcare	Qualcare		1905	0.75			718.46	2413	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	inpatient			2540		826.23 Three Rivers	Three Rivers		2413	0.95			718.46	2413	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	inpatient			2540		826.23 UHC	Medicaid		799.08	0.3146			718.46	2413	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	inpatient			2540		826.23 UHC	Medicare		718.46	1			718.46	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	inpatient			2540		826.23 Wellcare	Medicaid		799.08	0.3146			718.46	2413	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36572	CPT	inpatient			2540		826.23 Wellcare	Medicare		718.46	1			718.46	2413	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36573	CPT	both			4478		2106.37 Aetna	Commercial		2915.95	1.592			1379.22	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36573	CPT	both			4478		2106.37 Aetna	Medicare		1379.22	0.308			1379.22	4254.1	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36573	CPT	both			4478		2106.37 Aetna	Better Health		1408.78	0.3146			1379.22	4254.1	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36573	CPT	both			4478		2106.37 Americare	Americare		3358.5	0.75			1379.22	4254.1	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36573	CPT	both			4478		2106.37 WellPoint	WellPoint		1436.54	0.3208			1379.22	4254.1	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36573	CPT	both			4478		2106.37 Amerihealth	Medicare		1831.63	1			1379.22	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36573	CPT	both			4478		2106.37 Consumer	Consumer		4254.1	0.95			1379.22	4254.1	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36573	CPT	both			4478		2106.37 Corrections	Corrections		3582.4	0.8			1379.22	4254.1	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36573	CPT	both			4478		2106.37 First Health	First Health		3134.6	0.7			1379.22	4254.1	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36573	CPT	both			4478		2106.37 First Trenton	First Trenton		4030.2	0.9			1379.22	4254.1	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36573	CPT	both			4478		2106.37 Horizon	MCD		3346.39	1.827			1379.22	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36573	CPT	both			4478		2106.37 Horizon	Indemnity		3346.39	1.827			1379.22	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36573	CPT	both			4478		2106.37 Horizon	PPO		3346.39	1.827			1379.22	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36573	CPT	both			4478		2106.37 Horizon	Medicare Blue		1831.63	1			1379.22	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36573	CPT	both			4478		2106.37 Managed Care Inc	Managed Care Inc		4030.2	0.9			1379.22	4254.1	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36573	CPT	both			4478		2106.37 Multiplan	Multiplan		3582.4	0.8			1379.22	4254.1	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36573	CPT	both			4478		2106.37 Qualcare	Qualcare		3358.5	0.75			1379.22	4254.1	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36573	CPT	both			4478		2106.37 Three Rivers	Three Rivers		4254.1	0.95			1379.22	4254.1	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36573	CPT	both			4478		2106.37 UHC	Medicaid		1408.78	0.3146			1379.22	4254.1	percent of total billed charges	
INSERT PICC LINE<5YRS W/IMAGING	36573	CPT	both			4478		2106.37 UHC	Medicare		1831.63	1			1379.22	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36573	CPT	both			4478		2106.37 Wellcare	Medicare		1831.63	1			1379.22	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT PICC LINE<5YRS W/IMAGING	36573	CPT	both			4478		2106.37 Wellcare	Medicaid		1408.78	0.3146			1379.22	4254.1	percent of total billed charges	
REVISION IVAD	36575	CPT	both			2319		826.23 Aetna	Medicare		718.46	1			429.11	2203.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36575	CPT	both			2319		826.23 Aetna	Commercial		1143.79	1.592			429.11	2203.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36575	CPT	both			2319		826.23 Aetna	Better Health		729.56	0.3146			429.11	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	both			2319		826.23 Americare	Americare		1739.25	0.75			429.11	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	both			2319		826.23 WellPoint	WellPoint		743.94	0.3208			429.11	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	both			2319		826.23 Amerihealth	Medicare		718.46	1			429.11	2203.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36575	CPT	both			2319		826.23 Consumer	Consumer		2203.05	0.95			429.11	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	both			2319		826.23 Corrections	Corrections		1855.2	0.8			429.11	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	both			2319		826.23 First Health	First Health		1623.3	0.7			429.11	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	both			2319		826.23 First Trenton	First Trenton		2087.1	0.9			429.11	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	both			2319		826.23 Horizon	MCD		1312.63	1.827			429.11	2203.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36575	CPT	both			2319		826.23 Horizon	Medicare Blue		718.46	1			429.11	2203.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36575	CPT	both			2319		826.23 Horizon	Indemnity		1312.63	1.827			429.11	2203.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36575	CPT	both			2319		826.23 Horizon	PPO		1312.63	1.827			429.11	2203.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36575	CPT	both			2319		826.23 Managed Care Inc	Managed Care Inc		2087.1	0.9			429.11	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	both			2319		826.23 Multiplan	Multiplan		1855.2	0.8			429.11	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	both			2319		826.23 Qualcare	Qualcare		1739.25	0.75			429.11	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	both			2319		826.23 Three Rivers	Three Rivers		2203.05	0.95			429.11	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	both			2319		826.23 UHC	Medicare		718.46	1			429.11	2203.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36575	CPT	both			2319		826.23 UHC	Medicaid		729.56	0.3146			429.11	2203.05	percent of total billed charges	
REVISION IVAD	36575	CPT	both			2319		826.23 Wellcare	Medicare		718.46	1			429.11	2203.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36575	CPT	both			2319		826.23 Wellcare	Medicaid		729.56	0.3146			429.11	2203.05	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507		2106.37 Aetna	Better Health		1732.5	0.3146			1732.5	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507		2106.37 Aetna	Commercial		2915.95	1.592			1732.5	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507		2106.37 Aetna	Medicare		1831.63	1			1732.5	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507		2106.37 Americare	Americare		4130.25	0.75			1732.5	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507		2106.37 WellPoint	WellPoint		1766.65	0.3208			1732.5	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507		2106.37 Amerihealth	Medicare		1831.63	1			1732.5	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507		2106.37 Consumer	Consumer		5231.65	0.95			1732.5	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507		2106.37 Corrections	Corrections		4405.6	0.8			1732.5	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507		2106.37 First Health	First Health		3854.9	0.7			1732.5	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507		2106.37 First Trenton	First Trenton		4956.3	0.9			1732.5	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507		2106.37 Horizon	MCD		3346.39	1.827			1732.5	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507		2106.37 Horizon	Indemnity		3346.39	1.827			1732.5	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507		2106.37 Horizon	Medicare Blue		1831.63	1			1732.5	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507		2106.37 Horizon	PPO		3346.39	1.827			1732.5	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507		2106.37 Managed Care Inc	Managed Care Inc		4956.3	0.9			1732.5	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507		2106.37 Multiplan	Multiplan		4405.6	0.8			1732.5	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507		2106.37 Qualcare	Qualcare		4130.25	0.75			1732.5	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507		2106.37 Three Rivers	Three Rivers		5231.65	0.95			1732.5	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507		2106.37 UHC	Medicaid		1732.5	0.3146			1732.5	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507		2106.37 UHC	Medicare		1831.63	1			1732.5	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507		2106.37 Wellcare	Medicaid		1732.5	0.3146			1732.5	5231.65	percent of total billed charges	
REPR CVA DEVICE W/PORT OR PUMP	36576	CPT	outpatient			5507		2106.37 Wellcare	Medicare		1831.63	1			1732.5	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC CATH OF CVA DEVICE 59	36578	CPT	outpatient			11356		4192.26 Aetna	Better Health		3572.6	0.3146			2852.48	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE 59	36578	CPT	outpatient			11356		4192.26 Aetna	Commercial		5803.54	1.592			2852.48	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC CATH OF CVA DEVICE 59	36578	CPT	outpatient			11356		4192.26 Aetna	Medicare		3645.44	1			2852.48	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC CATH OF CVA DEVICE 59	36578	CPT	outpatient			11356		4192.26 Americare	Americare		8517	0.75			2852.48	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE 59	36578	CPT	outpatient			11356		4192.26 WellPoint	WellPoint		3643	0.3208			2852.48	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE 59	36578	CPT	outpatient			11356		4192.26 Amerihealth	Medicare		3645.44	1			2852.48	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC CATH OF CVA DEVICE 59	36578	CPT	outpatient			11356		4192.26 Consumer	Consumer		10788.2	0.95			2852.48	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE 59	36578	CPT	outpatient			11356		4192.26 Corrections	Corrections		9084.8	0.8			2852.48	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE 59	36578	CPT	outpatient			11356		4192.26 First Health	First Health		7949.2	0.7			2852.48	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE 59	36578	CPT	outpatient			11356		4192.26 First Trenton	First Trenton		10220.4	0.9			2852.48	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE 59	36578	CPT	outpatient			11356		4192.26 Horizon	MCD		6660.22	1.827			2852.48	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC CATH OF CVA DEVICE 59	36578	CPT	outpatient			11356		4192.26 Horizon	Indemnity		6660.22	1.827			2852.48	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC CATH OF CVA DEVICE 59	36578	CPT	outpatient			11356		4192.26 Horizon	PPO		6660.22	1.827			2852.48	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC CATH OF CVA DEVICE 59	36578	CPT	outpatient			11356		4192.26 Horizon	Medicare Blue		3645.44	1			2852.48	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC CATH OF CVA DEVICE 59	36578	CPT	outpatient			11356		4192.26 Managed Care Inc	Managed Care Inc		10220.4	0.9			2852.48	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE 59	36578	CPT	outpatient			11356		4192.26 Multiplan	Multiplan		9084.8	0.8			2852.48	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE 59	36578	CPT	outpatient			11356		4192.26 Qualcare	Qualcare		8517	0.75			2852.48	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE 59	36578	CPT	outpatient			11356		4192.26 Three Rivers	Three Rivers		10788.2	0.95			2852.48	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE 59	36578	CPT	outpatient			11356		4192.26 UHC	Medicaid		3572.6	0.3146			2852.48	10788.2	percent of total billed charges	
REPLC CATH OF CVA DEVICE 59	36578	CPT	outpatient			11356		4192.26 UHC	Medicare		3645.44	1			2852.48	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC CATH OF CVA DEVICE 59	36578	CPT	outpatient			11356		4192.26 Wellcare	Medicare		3645.44	1			2852.48	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC CATH OF CVA DEVICE 59	36578	CPT	outpatient			11356		4192.26 Wellcare	Medicaid		3572.6	0.3146			2852.48	10788.2	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	both			4478		2106.37 Aetna	Better Health		1408.78	0.3146			902.27	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	both			4478		2106.37 Aetna	Commercial		2915.95	1.592			902.27	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC NON-TUNN CVC W/O PORT	36580	CPT	both			4478		2106.37 Aetna	Medicare		1831.63	1			902.27	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC NON-TUNN CVC W/O PORT	36580	CPT	both			4478		2106.37 Americare	Americare		3358.5	0.75			902.27	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	both			4478		2106.37 WellPoint	WellPoint		1436.54	0.3208			902.27	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	both			4478		2106.37 Amerihealth	Medicare		1831.63	1			902.27	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC NON-TUNN CVC W/O PORT	36580	CPT	both			4478		2106.37 Consumer	Consumer		4254.1	0.95			902.27	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	both			4478		2106.37 Corrections	Corrections		3582.4	0.8			902.27	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	both			4478		2106.37 First Health	First Health		3134.6	0.7			902.27	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	both			4478		2106.37 First Trenton	First Trenton		4030.2	0.9			902.27	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	both			4478		2106.37 Horizon	Medicare Blue		1831.63	1			902.27	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC NON-TUNN CVC W/O PORT	36580	CPT	both			4478		2106.37 Horizon	MCD		3346.39	1.827			902.27	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC NON-TUNN CVC W/O PORT	36580	CPT	both			4478		2106.37 Horizon	Indemnity		3346.39	1.827			902.27	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC NON-TUNN CVC W/O PORT	36580	CPT	both			4478		2106.37 Horizon	PPO		3346.39	1.827			902.27	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC NON-TUNN CVC W/O PORT	36580	CPT	both			4478		2106.37 Managed Care Inc	Managed Care Inc		4030.2	0.9			902.27	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	both			4478		2106.37 Multiplan	Multiplan		3582.4	0.8			902.27	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	both			4478		2106.37 Qualcare	Qualcare		3358.5	0.75			902.27	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	both			4478		2106.37 Three Rivers	Three Rivers		4254.1	0.95			902.27	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	both			4478		2106.37 UHC	Medicaid		1408.78	0.3146			902.27	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	both			4478		2106.37 UHC	Medicare		1831.63	1			902.27	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC NON-TUNN CVC W/O PORT	36580	CPT	both			4478		2106.37 Wellcare	Medicaid		1408.78	0.3146			902.27	4254.1	percent of total billed charges	
REPLC NON-TUNN CVC W/O PORT	36580	CPT	both			4478		2106.37 Wellcare	Medicare		1831.63	1			902.27	4254.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26 Aetna	Commercial		5803.54	1.592			1609.18	10473.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26 Aetna	Better Health		3468.47	0.3146			1609.18	10473.75	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26 Aetna	Medicare		3645.44	1			1609.18	10473.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26 Americare	Americare		8268.75	0.75			1609.18	10473.75	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26 WellPoint	WellPoint		3536.82	0.3208			1609.18	10473.75	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26 Amerihealth	Medicare		3645.44	1			1609.18	10473.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26 Consumer	Consumer		10473.75	0.95			1609.18	10473.75	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26 Corrections	Corrections		8820	0.8			1609.18	10473.75	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26 First Health	First Health		7717.5	0.7			1609.18	10473.75	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26 First Trenton	First Trenton		9922.5	0.9			1609.18	10473.75	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26 Horizon	MCD		6660.22	1.827			1609.18	10473.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26 Horizon	Medicare Blue		3645.44	1			1609.18	10473.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26 Horizon	Indemnity		6660.22	1.827			1609.18	10473.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26 Horizon	PPO		6660.22	1.827			1609.18	10473.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26 Managed Care Inc	Managed Care Inc		9922.5	0.9			1609.18	10473.75	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26 Multiplan	Multiplan		8820	0.8			1609.18	10473.75	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26 Qualcare	Qualcare		8268.75	0.75			1609.18	10473.75	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26 Three Rivers	Three Rivers		10473.75	0.95			1609.18	10473.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26 UHC	Medicaid		3468.47	0.3146			1609.18	10473.75	percent of total billed charges	
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26 UHC	Medicare		3645.44	1			1609.18	10473.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26 Wellcare	Medicare		3645.44	1			1609.18	10473.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC CMPLT TUN CVC W/O PRT/PMP	36581	CPT	both			11025		4192.26 Wellcare	Medicaid		3468.47	0.3146			1609.18	10473.75	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26 Aetna	Commercial		5803.54	1.592			2912.25	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26 Aetna	Better Health		3572.6	0.3146			2912.25	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26 Aetna	Medicare		3645.44	1			2912.25	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26 Americare	Americare		8517	0.75			2912.25	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26 WellPoint	WellPoint		3643	0.3208			2912.25	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26 Amerihealth	Medicare		3645.44	1			2912.25	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26 Consumer	Consumer		10788.2	0.95			2912.25	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26 Corrections	Corrections		9084.8	0.8			2912.25	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26 First Health	First Health		7949.2	0.7			2912.25	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26 First Trenton	First Trenton		10220.4	0.9			2912.25	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26 Horizon	Indemnity		6660.22	1.827			2912.25	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26 Horizon	MGD		6660.22	1.827			2912.25	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26 Horizon	Medicare Blue		3645.44	1			2912.25	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26 Horizon	PPO		6660.22	1.827			2912.25	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26 Managed Care Inc	Managed Care Inc		10220.4	0.9			2912.25	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26 Multiplan	Multiplan		9084.8	0.8			2912.25	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26 Qualcare	Qualcare		8517	0.75			2912.25	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26 Three Rivers	Three Rivers		10788.2	0.95			2912.25	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26 UHC	Medicaid		3572.6	0.3146			2912.25	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26 UHC	Medicare		3645.44	1			2912.25	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26 Wellcare	Medicaid		3572.6	0.3146			2912.25	10788.2	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PORT	36582	CPT	both			11356		4192.26 Wellcare	Medicare		3645.44	1			2912.25	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	outpatient			9257		7227.61 Aetna	Commercial		10005.53	1.592			2912.25	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	outpatient			9257		7227.61 Aetna	Better Health		2912.25	0.3146			2912.25	11482.48	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	outpatient			9257		7227.61 Aetna	Medicare		6284.88	1			2912.25	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	outpatient			9257		7227.61 Americare	Americare		6942.75	0.75			2912.25	11482.48	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	outpatient			9257		7227.61 WellPoint	WellPoint		2969.65	0.3208			2912.25	11482.48	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	outpatient			9257		7227.61 Amerihealth	Medicare		6284.88	1			2912.25	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	outpatient			9257		7227.61 Consumer	Consumer		8794.15	0.95			2912.25	11482.48	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	outpatient			9257		7227.61 Corrections	Corrections		7405.6	0.8			2912.25	11482.48	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	outpatient			9257		7227.61 First Health	First Health		6479.9	0.7			2912.25	11482.48	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	outpatient			9257		7227.61 First Trenton	First Trenton		8331.3	0.9			2912.25	11482.48	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	outpatient			9257		7227.61 Horizon	Medicare Blue		6284.88	1			2912.25	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	outpatient			9257		7227.61 Horizon	Indemnity		11482.48	1.827			2912.25	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	outpatient			9257		7227.61 Horizon	MGD		11482.48	1.827			2912.25	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	outpatient			9257		7227.61 Horizon	PPO		11482.48	1.827			2912.25	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	outpatient			9257		7227.61 Managed Care Inc	Managed Care Inc		8331.3	0.9			2912.25	11482.48	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	outpatient			9257		7227.61 Multiplan	Multiplan		7405.6	0.8			2912.25	11482.48	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	outpatient			9257		7227.61 Qualcare	Qualcare		6942.75	0.75			2912.25	11482.48	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	outpatient			9257		7227.61 Three Rivers	Three Rivers		8794.15	0.95			2912.25	11482.48	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	outpatient			9257		7227.61 UHC	Medicaid		2912.25	0.3146			2912.25	11482.48	percent of total billed charges	
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	outpatient			9257		7227.61 UHC	Medicare		6284.88	1			2912.25	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	outpatient			9257		7227.61 Wellcare	Medicare		6284.88	1			2912.25	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC TUNN CVA DEVICE W/PUMP	36583	CPT	outpatient			9257		7227.61 Wellcare	Medicaid		2912.25	0.3146			2912.25	11482.48	percent of total billed charges	
REPLC PICC NO PORT/PUMP 59	36584	CPT	both			5115		2106.37 Aetna	Better Health		1609.18	0.3146			1117.14	4859.25	percent of total billed charges	
REPLC PICC NO PORT/PUMP 59	36584	CPT	both			5115		2106.37 Aetna	Commercial		2915.95	1.592			1117.14	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC PICC NO PORT/PUMP 59	36584	CPT	both			5115		2106.37 Aetna	Medicare		1831.63	1			1117.14	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC PICC NO PORT/PUMP 59	36584	CPT	both			5115		2106.37 Americare	Americare		3836.25	0.75			1117.14	4859.25	percent of total billed charges	
REPLC PICC NO PORT/PUMP 59	36584	CPT	both			5115		2106.37 WellPoint	WellPoint		1640.89	0.3208			1117.14	4859.25	percent of total billed charges	
REPLC PICC NO PORT/PUMP 59	36584	CPT	both			5115		2106.37 Amerihealth	Medicare		1831.63	1			1117.14	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC PICC NO PORT/PUMP 59	36584	CPT	both			5115		2106.37 Consumer	Consumer		4859.25	0.95			1117.14	4859.25	percent of total billed charges	
REPLC PICC NO PORT/PUMP 59	36584	CPT	both			5115		2106.37 Corrections	Corrections		4092	0.8			1117.14	4859.25	percent of total billed charges	
REPLC PICC NO PORT/PUMP 59	36584	CPT	both			5115		2106.37 First Health	First Health		3580.5	0.7			1117.14	4859.25	percent of total billed charges	
REPLC PICC NO PORT/PUMP 59	36584	CPT	both			5115		2106.37 First Trenton	First Trenton		4603.5	0.9			1117.14	4859.25	percent of total billed charges	
REPLC PICC NO PORT/PUMP 59	36584	CPT	both			5115		2106.37 Horizon	MGD		3346.39	1.827			1117.14	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC PICC NO PORT/PUMP 59	36584	CPT	both			5115		2106.37 Horizon	Medicare Blue		1831.63	1			1117.14	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC PICC NO PORT/PUMP 59	36584	CPT	both			5115		2106.37 Horizon	Indemnity		3346.39	1.827			1117.14	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC PICC NO PORT/PUMP 59	36584	CPT	both			5115		2106.37 Horizon	PPO		3346.39	1.827			1117.14	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC PICC NO PORT/PUMP 59	36584	CPT	both			5115		2106.37 Managed Care Inc	Managed Care Inc		4603.5	0.9			1117.14	4859.25	percent of total billed charges	
REPLC PICC NO PORT/PUMP 59	36584	CPT	both			5115		2106.37 Multiplan	Multiplan		4092	0.8			1117.14	4859.25	percent of total billed charges	
REPLC PICC NO PORT/PUMP 59	36584	CPT	both			5115		2106.37 Qualcare	Qualcare		3836.25	0.75			1117.14	4859.25	percent of total billed charges	
REPLC PICC NO PORT/PUMP 59	36584	CPT	both			5115		2106.37 Three Rivers	Three Rivers		4859.25	0.95			1117.14	4859.25	percent of total billed charges	
REPLC PICC NO PORT/PUMP 59	36584	CPT	both			5115		2106.37 UHC	Medicaid		1609.18	0.3146			1117.14	4859.25	percent of total billed charges	
REPLC PICC NO PORT/PUMP 59	36584	CPT	both			5115		2106.37 UHC	Medicare		1831.63	1			1117.14	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLC PICC NO PORT/PUMP 59	36584	CPT	both			5115		2106.37 Wellcare	Medicaid		1609.18	0.3146			1117.14	4859.25	percent of total billed charges	
REPLC PICC NO PORT/PUMP 59	36584	CPT	both			5115		2106.37 Wellcare	Medicare		1831.63	1			1117.14	4859.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36585	CPT	both			11206		4192.26 Aetna	Better Health		3525.41	0.3146			2852.48	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	both			11206		4192.26 Aetna	Medicare		3645.44	1			2852.48	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36585	CPT	both			11206		4192.26 Aetna	Commercial		5803.54	1.592			2852.48	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36585	CPT	both			11206		4192.26 Americare	Americare		8404.5	0.75			2852.48	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	both			11206		4192.26 WellPoint	WellPoint		3594.88	0.3208			2852.48	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	both			11206		4192.26 Amerihealth	Medicare		3645.44	1			2852.48	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36585	CPT	both			11206		4192.26 Consumer	Consumer		10645.7	0.95			2852.48	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	both			11206		4192.26 Corrections	Corrections		8964.8	0.8			2852.48	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	both			11206		4192.26 First Health	First Health		7844.2	0.7			2852.48	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	both			11206		4192.26 First Trenton	First Trenton		10085.4	0.9			2852.48	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	both			11206		4192.26 Horizon	Indemnity		6660.22	1.827			2852.48	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36585	CPT	both			11206		4192.26 Horizon	MGD		6660.22	1.827			2852.48	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36585	CPT	both			11206		4192.26 Horizon	PPO		6660.22	1.827			2852.48	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36585	CPT	both			11206		4192.26 Horizon	Medicare Blue		3645.44	1			2852.48	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36585	CPT	both			11206		4192.26 Managed Care Inc	Managed Care Inc		10085.4	0.9			2852.48	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	both			11206		4192.26 Multiplan	Multiplan		8964.8	0.8			2852.48	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	both			11206		4192.26 Qualcare	Qualcare		8404.5	0.75			2852.48	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	both			11206		4192.26 Three Rivers	Three Rivers		10645.7	0.95			2852.48	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	both			11206		4192.26 UHC	Medicare		3645.44	1			2852.48	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION IVAD	36585	CPT	both			11206		4192.26 UHC	Medicaid		3525.41	0.3146			2852.48	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	both			11206		4192.26 Wellcare	Medicaid		3525.41	0.3146			2852.48	10645.7	percent of total billed charges	
REVISION IVAD	36585	CPT	both			11206		4192.26 Wellcare	Medicare		3645.44	1			2852.48	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TUNNEL CENTRAL CATH W/O SUBQ	36589	CPT	both			2651		826.23 Aetna	Medicare		816.51	0.308			554.09	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH W/O SUBQ	36589	CPT	both			2651		826.23 Aetna	Better Health		834	0.3146			554.09	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH W/O SUBQ	36589	CPT	both			2651		826.23 Aetna	Commercial		1143.79	1.592			554.09	2518.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TUNNEL CENTRAL CATH W/O SUBQ	36589	CPT	both			2651		826.23 Americare	Americare		1988.25	0.75			554.09	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH W/O SUBQ	36589	CPT	both			2651		826.23 WellPoint	WellPoint		850.44	0.3208			554.09	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH W/O SUBQ	36589	CPT	both			2651		826.23 Amerihealth	Medicare		718.46	1			554.09	2518.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TUNNEL CENTRAL CATH W/O SUBQ	36589	CPT	both			2651		826.23 Consumer	Consumer		2518.45	0.95			554.09	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH W/O SUBQ	36589	CPT	both			2651		826.23 Corrections	Corrections		2120.8	0.8			554.09	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH W/O SUBQ	36589	CPT	both			2651		826.23 First Health	First Health		1855.7	0.7			554.09	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH W/O SUBQ	36589	CPT	both			2651		826.23 First Trenton	First Trenton		2385.9	0.9			554.09	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH W/O SUBQ	36589	CPT	both			2651		826.23 Horizon	Indemnity		1312.63	1.827			554.09	2518.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TUNNEL CENTRAL CATH W/O SUBQ	36589	CPT	both			2651		826.23 Horizon	Medicare Blue		718.46	1			554.09	2518.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TUNNEL CENTRAL CATH W/O SUBQ	36589	CPT	both			2651		826.23 Horizon	PPO		1312.63	1.827			554.09	2518.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TUNNEL CENTRAL CATH W/O SUBQ	36589	CPT	both			2651		826.23 Horizon	MGD		1312.63	1.827			554.09	2518.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TUNNEL CENTRAL CATH W/O SUBQ	36589	CPT	both			2651		826.23 Managed Care Inc	Managed Care Inc		2385.9	0.9			554.09	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH W/O SUBQ	36589	CPT	both			2651		826.23 Multiplan	Multiplan		2120.8	0.8			554.09	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH W/O SUBQ	36589	CPT	both			2651		826.23 Qualcare	Qualcare		1988.25	0.75			554.09	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH W/O SUBQ	36589	CPT	both			2651		826.23 Three Rivers	Three Rivers		2518.45	0.95			554.09	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH W/O SUBQ	36589	CPT	both			2651		826.23 UHC	Medicare		718.46	1			554.09	2518.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TUNNEL CENTRAL CATH W/O SUBQ	36589	CPT	both			2651		826.23 UHC	Medicaid		834	0.3146			554.09	2518.45	percent of total billed charges	
REMOVE TUNNEL CENTRAL CATH W/O SUBQ	36589	CPT	both			2651		826.23 Wellcare	Medicare		718.46	1			554.09	2518.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TUNNEL CENTRAL CATH W/O SUBQ	36589	CPT	both			2651		826.23 Wellcare	Medicaid		834	0.3146			554.09	2518.45	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Aetna	Commercial		2915.95	1.592			749.38	5151.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Aetna	Better Health		1706.08	0.3146			749.38	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Aetna	Medicare		1831.63	1			749.38	5151.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Americare	Americare		4067.25	0.75			749.38	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 WellPoint	WellPoint		1739.7	0.3208			749.38	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Amerihealth	Medicare		1831.63	1			749.38	5151.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Consumer	Consumer		5151.85	0.95			749.38	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Corrections	Corrections		4338.4	0.8			749.38	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 First Health	First Health		3796.1	0.7			749.38	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 First Trenton	First Trenton		4880.7	0.9			749.38	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Horizon	MGD		3346.39	1.827			749.38	5151.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Horizon	Medicare Blue		1831.63	1			749.38	5151.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Horizon	Indemnity		3346.39	1.827			749.38	5151.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Horizon	PPO		3346.39	1.827			749.38	5151.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Managed Care Inc	Managed Care Inc		4880.7	0.9			749.38	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Multiplan	Multiplan		4338.4	0.8			749.38	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Qualcare	Qualcare		4067.25	0.75			749.38	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Three Rivers	Three Rivers		5151.85	0.95			749.38	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 UHC	Medicare		1831.63	1			749.38	5151.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 UHC	Medicaid		1706.08	0.3146			749.38	5151.85	percent of total billed charges	
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Wellcare	Medicare		1831.63	1			749.38	5151.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRP	36590	CPT	both			5423		2106.37 Wellcare	Medicaid		1706.08	0.3146			749.38	5151.85	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Aetna	Better Health		467.18	0.3146			69.84	1410.75	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Aetna	Commercial		232.58	1.592			69.84	1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Aetna	Medicare		146.09	1			69.84	1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Americare	Americare		1113.75	0.75			69.84	1410.75	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 WellPoint	WellPoint		476.39	0.3208			69.84	1410.75	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Amerihealth	Medicare		146.09	1			69.84	1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Consumer	Consumer		1410.75	0.95			69.84	1410.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Corrections	Corrections		1188	0.8			69.84	1410.75	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 First Health	First Health		1039.5	0.7			69.84	1410.75	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 First Trenton	First Trenton		1336.5	0.9			69.84	1410.75	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Horizon	Medicare Blue		146.09	1			69.84	1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Horizon	PPO		266.91	1.827			69.84	1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Horizon	MCD		266.91	1.827			69.84	1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Horizon	Indemnity		266.91	1.827			69.84	1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Managed Care Inc	Managed Care Inc		1336.5	0.9			69.84	1410.75	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Multiplan	Multiplan		1188	0.8			69.84	1410.75	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Qualcare	Qualcare		1113.75	0.75			69.84	1410.75	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Three Rivers	Three Rivers		1410.75	0.95			69.84	1410.75	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 UHC	Medicare		146.09	1			69.84	1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 UHC	Medicaid		457.18	0.3146			69.84	1410.75	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Wellcare	Medicaid		457.18	0.3146			69.84	1410.75	percent of total billed charges	
COLLECTION BLOOD VAD	36591	CPT	outpatient			1485		168 Wellcare	Medicare		146.09	1			69.84	1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Aetna	Medicare		382.54	0.308			72.07	1179.9	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Aetna	Commercial		232.58	1.592			72.07	1179.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Aetna	Better Health		390.73	0.3146			72.07	1179.9	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Americare	Americare		931.5	0.75			72.07	1179.9	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 WellPoint	WellPoint		398.43	0.3208			72.07	1179.9	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Amerihealth	Medicare		146.09	1			72.07	1179.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Consumer	Consumer		1179.9	0.95			72.07	1179.9	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Corrections	Corrections		993.6	0.8			72.07	1179.9	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 First Health	First Health		869.4	0.7			72.07	1179.9	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 First Trenton	First Trenton		1117.8	0.9			72.07	1179.9	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Horizon	MCD		266.91	1.827			72.07	1179.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Horizon	Medicare Blue		146.09	1			72.07	1179.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Horizon	Indemnity		266.91	1.827			72.07	1179.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Horizon	PPO		266.91	1.827			72.07	1179.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Managed Care Inc	Managed Care Inc		1117.8	0.9			72.07	1179.9	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Multiplan	Multiplan		993.6	0.8			72.07	1179.9	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Qualcare	Qualcare		931.5	0.75			72.07	1179.9	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Three Rivers	Three Rivers		1179.9	0.95			72.07	1179.9	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 UHC	Medicaid		390.73	0.3146			72.07	1179.9	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 UHC	Medicare		146.09	1			72.07	1179.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Wellcare	Medicaid		390.73	0.3146			72.07	1179.9	percent of total billed charges	
COLLECT BLOOD FROM PICC	36592	CPT	outpatient			1242		168 Wellcare	Medicare		146.09	1			72.07	1179.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Aetna	Better Health		382.24	0.3146			262.38	1154.25	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Aetna	Commercial		616.63	1.592			262.38	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Aetna	Medicare		387.33	1			262.38	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Americare	Americare		911.25	0.75			262.38	1154.25	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 WellPoint	WellPoint		389.77	0.3208			262.38	1154.25	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Amerihealth	Medicare		387.33	1			262.38	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Consumer	Consumer		1154.25	0.95			262.38	1154.25	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Corrections	Corrections		972	0.8			262.38	1154.25	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 First Health	First Health		650.5	0.7			262.38	1154.25	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 First Trenton	First Trenton		1093.5	0.9			262.38	1154.25	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Horizon	PPO		707.65	1.827			262.38	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Horizon	Medicare Blue		387.33	1			262.38	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Horizon	MCD		707.65	1.827			262.38	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Horizon	Indemnity		707.65	1.827			262.38	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Managed Care Inc	Managed Care Inc		1093.5	0.9			262.38	1154.25	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Multiplan	Multiplan		972	0.8			262.38	1154.25	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Qualcare	Qualcare		911.25	0.75			262.38	1154.25	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Three Rivers	Three Rivers		1154.25	0.95			262.38	1154.25	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 UHC	Medicaid		382.24	0.3146			262.38	1154.25	percent of total billed charges	
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 UHC	Medicare		387.33	1			262.38	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Wellcare	Medicare		387.33	1			262.38	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCTMY P/C AVFIST GRAFT MEC	36593	CPT	both			1215		445.43 Wellcare	Medicaid		382.24	0.3146			262.38	1154.25	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Aetna	Medicare		3645.44	1			2975.17	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Aetna	Better Health		3401.14	0.3146			2975.17	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Aetna	Commercial		5803.54	1.592			2975.17	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Americare	Americare		8108.25	0.75			2975.17	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 WellPoint	WellPoint		3468.17	0.3208			2975.17	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Amerihealth	Medicare		3645.44	1			2975.17	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Consumer	Consumer		10270.45	0.95			2975.17	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Corrections	Corrections		8648.8	0.8			2975.17	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 First Health	First Health		7567.7	0.7			2975.17	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 First Trenton	First Trenton		9729.9	0.9			2975.17	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Horizon	PPO		6660.22	1.827			2975.17	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Horizon	MCD		6660.22	1.827			2975.17	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Horizon	Medicare Blue		3645.44	1			2975.17	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Horizon	Indemnity		6660.22	1.827			2975.17	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Managed Care Inc	Managed Care Inc		9729.9	0.9			2975.17	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Multiplan	Multiplan		8648.8	0.8			2975.17	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Qualcare	Qualcare		8108.25	0.75			2975.17	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Three Rivers	Three Rivers		10270.45	0.95			2975.17	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 UHC	Medicaid		3401.14	0.3146			2975.17	10270.45	percent of total billed charges	
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 UHC	Medicare		3645.44	1			2975.17	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Wellcare	Medicare		3645.44	1			2975.17	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV PERICATH OBSTR	36595	CPT	outpatient			10811		4192.26 Wellcare	Medicaid		3401.14	0.3146			2975.17	10270.45	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Aetna	Commercial		2915.95	1.592			630.48	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Aetna	Medicare		1696.16	0.308			630.48	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Aetna	Better Health		1732.5	0.3146			630.48	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Americare	Americare		4130.25	0.75			630.48	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 WellPoint	WellPoint		1766.65	0.3208			630.48	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Amerihealth	Medicare		1831.63	1			630.48	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Consumer	Consumer		5231.65	0.95			630.48	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Corrections	Corrections		4405.6	0.8			630.48	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 First Health	First Health		3854.9	0.7			630.48	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 First Trenton	First Trenton		4956.3	0.9			630.48	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Horizon	MCD		3346.39	1.827			630.48	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Horizon	PPO		3346.39	1.827			630.48	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Horizon	Indemnity		3346.39	1.827			630.48	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Horizon	Medicare Blue		1831.63	1			630.48	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Managed Care Inc	Managed Care Inc		4956.3	0.9			630.48	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Multiplan	Multiplan		4405.6	0.8			630.48	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Qualcare	Qualcare		4130.25	0.75			630.48	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Three Rivers	Three Rivers		5231.65	0.95			630.48	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 UHC	Medicaid		1732.5	0.3146			630.48	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 UHC	Medicare		1831.63	1			630.48	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Wellcare	Medicaid		1732.5	0.3146			630.48	5231.65	percent of total billed charges	
MECH REMOV INTRALUM OBSTR	36596	CPT	outpatient			5507		2106.37 Wellcare	Medicare		1831.63	1			630.48	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Aetna	Medicare		1831.63	1			607.49	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Aetna	Better Health		1732.5	0.3146			607.49	5231.65	percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Aetna	Commercial		2915.95	1.592			607.49	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Americare	Americare		4130.25	0.75			607.49	5231.65	percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 WellPoint	WellPoint		1766.65	0.3208			607.49	5231.65	percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Amerihealth	Medicare		1831.63	1			607.49	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Consumer	Consumer		5231.65	0.95			607.49	5231.65	percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Corrections	Corrections		4405.6	0.8			607.49	5231.65	percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 First Health	First Health		3854.9	0.7			607.49	5231.65	percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 First Trenton	First Trenton		4956.3	0.9			607.49	5231.65	percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Horizon	PPO		3346.39	1.827			607.49	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Horizon	Indemnity		3346.39	1.827			607.49	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Horizon	MCD		3346.39	1.827			607.49	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Horizon	Medicare Blue		1831.63	1			607.49	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Managed Care Inc	Managed Care Inc		4956.3	0.9			607.49	5231.65	percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Multiplan	Multiplan		4405.6	0.8			607.49	5231.65	percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Qualcare	Qualcare		4130.25	0.75			607.49	5231.65	percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Three Rivers	Three Rivers		5231.65	0.95			607.49	5231.65	percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 UHC	Medicaid		1732.5	0.3146			607.49	5231.65	percent of total billed charges	
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 UHC	Medicare		1831.63	1			607.49	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Wellcare	Medicare		1831.63	1			607.49	5231.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSIT CVC W FLUORO	36597	CPT	both			5507		2106.37 Wellcare	Medicaid		1732.5	0.3146			607.49	5231.65	percent of total billed charges	
INJ WIFLUOR EVAL CV DEVICE	36598	CPT	both			936		281.9 Aetna	Medicare		288.29	0.308			245.13	889.2	percent of total billed charges	
INJ WIFLUOR EVAL CV DEVICE	36598	CPT	both			936		281.9 Aetna	Commercial		390.25	1.592			245.13	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ WIFLUOR EVAL CV DEVICE	36598	CPT	both			936		281.9 Aetna	Better Health		294.47	0.3146			245.13	889.2	percent of total billed charges	
INJ WIFLUOR EVAL CV DEVICE	36598	CPT	both			936		281.9 Americare	Americare		702	0.75			245.13	889.2	percent of total billed charges	
INJ WIFLUOR EVAL CV DEVICE	36598	CPT	both			936		281.9 WellPoint	WellPoint		300.27	0.3208			245.13	889.2	percent of total billed charges	
INJ WIFLUOR EVAL CV DEVICE	36598	CPT	both			936		281.9 Amerihealth	Medicare		245.13	1			245.13	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ WIFLUOR EVAL CV DEVICE	36598	CPT	both			936		281.9 Consumer	Consumer		889.2	0.95			245.13	889.2	percent of total billed charges	
INJ WIFLUOR EVAL CV DEVICE	36598	CPT	both			936		281.9 Corrections	Corrections		748.8	0.8			245.13	889.2	percent of total billed charges	
INJ WIFLUOR EVAL CV DEVICE	36598	CPT	both			936		281.9 First Health	First Health		655.2	0.7			245.13	889.2	percent of total billed charges	
INJ WIFLUOR EVAL CV DEVICE	36598	CPT	both			936		281.9 First Trenton	First Trenton		842.4	0.9			245.13	889.2	percent of total billed charges	
INJ WIFLUOR EVAL CV DEVICE	36598	CPT	both			936		281.9 Horizon	Indemnity		447.85	1.827			245.13	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ WIFLUOR EVAL CV DEVICE	36598	CPT	both			936		281.9 Horizon	MCD		447.85	1.827			245.13	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ WIFLUOR EVAL CV DEVICE	36598	CPT	both			936		281.9 Horizon	PPO		447.85	1.827			245.13	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ WIFLUOR EVAL CV DEVICE	36598	CPT	both			936		281.9 Horizon	Medicare Blue		245.13	1			245.13	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ WIFLUOR EVAL CV DEVICE	36598	CPT	both			936		281.9 Managed Care Inc	Managed Care Inc		842.4	0.9			245.13	889.2	percent of total billed charges	
INJ WIFLUOR EVAL CV DEVICE	36598	CPT	both			936		281.9 Multiplan	Multiplan		748.8	0.8			245.13	889.2	percent of total billed charges	
INJ WIFLUOR EVAL CV DEVICE	36598	CPT	both			936		281.9 Qualcare	Qualcare		702	0.75			245.13	889.2	percent of total billed charges	
INJ WIFLUOR EVAL CV DEVICE	36598	CPT	both			936		281.9 Three Rivers	Three Rivers		889.2	0.95			245.13	889.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJ WIFLUOR EVAL CV DEVICE	36598	CPT	both			936	281.9	UHC	Medicare		245.13	1			245.13	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ WIFLUOR EVAL CV DEVICE	36598	CPT	both			936	281.9	UHC	Medicaid		294.47	0.3146			245.13	889.2	percent of total billed charges	
INJ WIFLUOR EVAL CV DEVICE	36598	CPT	both			936	281.9	Wellcare	Medicare		245.13	1			245.13	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ WIFLUOR EVAL CV DEVICE	36598	CPT	both			936	281.9	Wellcare	Medicaid		294.47	0.3146			245.13	889.2	percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625	168	Aetna	Commercial		232.58	1.592			48.45	593.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625	168	Aetna	Better Health		196.63	0.3146			48.45	593.75	percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625	168	Aetna	Medicare		146.09	1			48.45	593.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625	168	Americare	Americare		468.75	0.75			48.45	593.75	percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625	168	WellPoint	WellPoint		200.5	0.3208			48.45	593.75	percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625	168	Amerihealth	Medicare		146.09	1			48.45	593.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625	168	Consumer	Consumer		593.75	0.95			48.45	593.75	percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625	168	Corrections	Corrections		500	0.8			48.45	593.75	percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625	168	First Health	First Health		437.5	0.7			48.45	593.75	percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625	168	First Trenton	First Trenton		562.5	0.9			48.45	593.75	percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625	168	Horizon	Indemnity		266.91	1.827			48.45	593.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625	168	Horizon	Medicare Blue		146.09	1			48.45	593.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625	168	Horizon	MGD		266.91	1.827			48.45	593.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625	168	Horizon	PPO		266.91	1.827			48.45	593.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625	168	Managed Care Inc	Managed Care Inc		562.5	0.9			48.45	593.75	percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625	168	Multiplan	Multiplan		500	0.8			48.45	593.75	percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625	168	Qualcare	Qualcare		468.75	0.75			48.45	593.75	percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625	168	Three Rivers	Three Rivers		593.75	0.95			48.45	593.75	percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625	168	UHC	Medicare		146.09	1			48.45	593.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625	168	UHC	Medicaid		196.63	0.3146			48.45	593.75	percent of total billed charges	
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625	168	Wellcare	Medicare		146.09	1			48.45	593.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID VENO ACC MID/PER/ABG	36600	CPT	both			625	168	Wellcare	Medicaid		196.63	0.3146			48.45	593.75	percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Aetna	Commercial		126.16	0.38			99.6	315.4	percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Aetna	Better Health		104.45	0.3146			99.6	315.4	percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Aetna	Medicare		102.26	0.308			99.6	315.4	percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Americare	Americare		249	0.75			99.6	315.4	percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		WellPoint	WellPoint		106.51	0.3208			99.6	315.4	percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Consumer	Consumer		315.4	0.95			99.6	315.4	percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Corrections	Corrections		265.6	0.8			99.6	315.4	percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		First Health	First Health		232.4	0.7			99.6	315.4	percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		First Trenton	First Trenton		298.8	0.9			99.6	315.4	percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Horizon	Medicare Blue		99.6	0.3			99.6	315.4	percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Horizon	Indemnity		127.09	0.3828			99.6	315.4	percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Horizon	MGD		127.09	0.3828			99.6	315.4	percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Horizon	PPO		127.09	0.3828			99.6	315.4	percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Managed Care Inc	Managed Care Inc		298.8	0.9			99.6	315.4	percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Multiplan	Multiplan		265.6	0.8			99.6	315.4	percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Qualcare	Qualcare		249	0.75			99.6	315.4	percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Three Rivers	Three Rivers		315.4	0.95			99.6	315.4	percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		UHC	Medicaid		104.45	0.3146			99.6	315.4	percent of total billed charges	
INSERT ARTER CATHETER PERQ	36620	CPT	both			332		Wellcare	Medicaid		104.45	0.3146			99.6	315.4	percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Aetna	Better Health		136.54	0.3146			130.2	412.3	percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Aetna	Commercial		164.92	0.38			130.2	412.3	percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Aetna	Medicare		133.67	0.308			130.2	412.3	percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Americare	Americare		325.5	0.75			130.2	412.3	percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		WellPoint	WellPoint		139.23	0.3208			130.2	412.3	percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Consumer	Consumer		412.3	0.95			130.2	412.3	percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Corrections	Corrections		347.2	0.8			130.2	412.3	percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		First Health	First Health		303.8	0.7			130.2	412.3	percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		First Trenton	First Trenton		390.6	0.9			130.2	412.3	percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Horizon	Indemnity		166.14	0.3828			130.2	412.3	percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Horizon	PPO		166.14	0.3828			130.2	412.3	percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Horizon	MGD		166.14	0.3828			130.2	412.3	percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Horizon	Medicare Blue		130.2	0.3			130.2	412.3	percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Managed Care Inc	Managed Care Inc		390.6	0.9			130.2	412.3	percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Multiplan	Multiplan		347.2	0.8			130.2	412.3	percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Qualcare	Qualcare		325.5	0.75			130.2	412.3	percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Three Rivers	Three Rivers		412.3	0.95			130.2	412.3	percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		UHC	Medicaid		136.54	0.3146			130.2	412.3	percent of total billed charges	
ARTERIAL CUTDOWN	36625	CPT	outpatient			434		Wellcare	Medicaid		136.54	0.3146			130.2	412.3	percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Aetna	Commercial		725.46	1.592			190.04	832.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Aetna	Medicare		190.04	0.308			190.04	832.55	percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Aetna	Better Health		194.11	0.3146			190.04	832.55	percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Americare	Americare		462.75	0.75			190.04	832.55	percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	WellPoint	WellPoint		197.93	0.3208			190.04	832.55	percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Amerihealth	Medicare		455.69	1			190.04	832.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Consumer	Consumer		586.15	0.95			190.04	832.55	percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Corrections	Corrections		493.6	0.8			190.04	832.55	percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	First Health	First Health		431.9	0.7			190.04	832.55	percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	First Trenton	First Trenton		555.3	0.9			190.04	832.55	percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Horizon	Indemnity		832.55	1.827			190.04	832.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Horizon	Medicare Blue		455.69	1			190.04	832.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Horizon	PPO		832.55	1.827			190.04	832.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Horizon	MGD		832.55	1.827			190.04	832.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Managed Care Inc	Managed Care Inc		555.3	0.9			190.04	832.55	percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Multiplan	Multiplan		493.6	0.8			190.04	832.55	percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Qualcare	Qualcare		462.75	0.75			190.04	832.55	percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Three Rivers	Three Rivers		586.15	0.95			190.04	832.55	percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	UHC	Medicare		455.69	1			190.04	832.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	UHC	Medicaid		194.11	0.3146			190.04	832.55	percent of total billed charges	
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Wellcare	Medicare		455.69	1			190.04	832.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOSSEOUS INFUSION	36680	CPT	outpatient			617	524.04	Wellcare	Medicaid		194.11	0.3146			190.04	832.55	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024	7227.61	Aetna	Better Health		2838.95	0.3146			2500.44	11482.48	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024	7227.61	Aetna	Commercial		10005.53	1.592			2500.44	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024	7227.61	Aetna	Medicare		6284.88	1			2500.44	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024	7227.61	Americare	Americare		6768	0.75			2500.44	11482.48	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024	7227.61	WellPoint	WellPoint		2894.9	0.3208			2500.44	11482.48	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024	7227.61	Amerihealth	Medicare		6284.88	1			2500.44	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024	7227.61	Consumer	Consumer		8572.8	0.95			2500.44	11482.48	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024	7227.61	Corrections	Corrections		7219.2	0.8			2500.44	11482.48	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024	7227.61	First Health	First Health		6316.8	0.7			2500.44	11482.48	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024	7227.61	First Trenton	First Trenton		8121.6	0.9			2500.44	11482.48	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024	7227.61	Horizon	Medicare Blue		6284.88	1			2500.44	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024	7227.61	Horizon	MGD		11482.48	1.827			2500.44	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024	7227.61	Horizon	Indemnity		11482.48	1.827			2500.44	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024	7227.61	Horizon	PPO		11482.48	1.827			2500.44	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024	7227.61	Managed Care Inc	Managed Care Inc		8121.6	0.9			2500.44	11482.48	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024	7227.61	Multiplan	Multiplan		7219.2	0.8			2500.44	11482.48	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024	7227.61	Qualcare	Qualcare		6768	0.75			2500.44	11482.48	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024	7227.61	Three Rivers	Three Rivers		8572.8	0.95			2500.44	11482.48	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024	7227.61	UHC	Medicaid		2838.95	0.3146			2500.44	11482.48	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024	7227.61	UHC	Medicare		6284.88	1			2500.44	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024	7227.61	Wellcare	Medicaid		2838.95	0.3146			2500.44	11482.48	percent of total billed charges	
INS CANNULA AV EXTERN CLOSE	36815	CPT	outpatient			9024	7227.61	Wellcare	Medicare		6284.88	1			2500.44	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTL ANAST OPN UPR ARM	36818	CPT	outpatient			18364	7227.61	Aetna	Better Health		5777.31	0.3146			5624.42	17445.8	percent of total billed charges	
ARTL ANAST OPN UPR ARM	36818	CPT	outpatient			18364	7227.61	Aetna	Commercial		10005.53	1.592			5624.42	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTL ANAST OPN UPR ARM	36818	CPT	outpatient			18364	7227.61	Aetna	Medicare		6284.88	1			5624.42	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTL ANAST OPN UPR ARM	36818	CPT	outpatient			18364	7227.61	Americare	Americare		13773	0.75			5624.42	17445.8	percent of total billed charges	
ARTL ANAST OPN UPR ARM	36818	CPT	outpatient			18364	7227.61	WellPoint	WellPoint		5891.17	0.3208			5624.42	17445.8	percent of total billed charges	
ARTL ANAST OPN UPR ARM	36818	CPT	outpatient			18364	7227.61	Amerihealth	Medicare		6284.88	1			5624.42	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTL ANAST OPN UPR ARM	36818	CPT	outpatient			18364	7227.61	Consumer	Consumer		17445.8	0.95			5624.42	17445.8	percent of total billed charges	
ARTL ANAST OPN UPR ARM	36818	CPT	outpatient			18364	7227.61	Corrections	Corrections		14891.2	0.8			5624.42	17445.8	percent of total billed charges	
ARTL ANAST OPN UPR ARM	36818	CPT	outpatient			18364	7227.61	First Health	First Health		12854.8	0.7			5624.42	17445.8	percent of total billed charges	
ARTL ANAST OPN UPR ARM	36818	CPT	outpatient			18364	7227.61	First Trenton	First Trenton		16527.6	0.9			5624.42	17445.8	percent of total billed charges	
ARTL ANAST OPN UPR ARM	36818	CPT	outpatient			18364	7227.61	Horizon	MGD		11482.48	1.827			5624.42	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTL ANAST OPN UPR ARM	36818	CPT	outpatient			18364	7227.61	Horizon	Indemnity		11482.48	1.827			5624.42	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTL ANAST OPN UPR ARM	36818	CPT	outpatient			18364	7227.61	Horizon	PPO		11482.48	1.827			5624.42	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTL ANAST OPN UPR ARM	36818	CPT	outpatient			18364	7227.61	Horizon	Medicare Blue		6284.88	1			5624.42	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTL ANAST OPN UPR ARM	36818	CPT	outpatient			18364	7227.61	Managed Care Inc	Managed Care Inc		16527.6	0.9			5624.42	17445.8	percent of total billed charges	
ARTL ANAST OPN UPR ARM	36818	CPT	outpatient			18364	7227.61	Multiplan	Multiplan		14891.2	0.8			5624.42	17445.8	percent of total billed charges	
ARTL ANAST OPN UPR ARM	36818	CPT	outpatient			18364	7227.61	Qualcare	Qualcare		13773	0.75			5624.42	17445.8	percent of total billed charges	
ARTL ANAST OPN UPR ARM	36818	CPT	outpatient			18364	7227.61	Three Rivers	Three Rivers		17445.8	0.95			5624.42	17445.8	percent of total billed charges	
ARTL ANAST OPN UPR ARM	36818	CPT	outpatient			18364	7227.61	UHC	Medicare		6284.88	1			5624.42	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTL ANAST OPN UPR ARM	36818	CPT	outpatient			18364	7227.61	UHC	Medicaid		5777.31	0.3146			5624.42	17445.8	percent of total billed charges	
ARTL ANAST OPN UPR ARM	36818	CPT	outpatient			18364	7227.61	Wellcare	Medicare		6284.88	1			5624.42	17445.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTL ANAST OPN UPR ARM	36818	CPT	outpatient			18364	7227.61	Wellcare	Medicaid		5777.31	0.3146			5624.42	17445.8	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180	4192.26	Aetna	Better Health		3517.23	0.3146			3468.47	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180	4192.26	Aetna	Commercial		5803.54	1.592			3468.47	10621	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180	4192.26	Aetna	Medicare		3645.44	1			3468.47	10621	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180	4192.26	Americare	Americare		8385	0.75			3468.47	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180	4192.26	WellPoint	WellPoint		3586.54	0.3208			3468.47	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180	4192.26	Amerihealth	Medicare		3645.44	1			3468.47	10621	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180	4192.26	Consumer	Consumer		10621	0.95			3468.47	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180	4192.26	Corrections	Corrections		8944	0.8			3468.47	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180	4192.26	First Health	First Health		7826	0.7			3468.47	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180	4192.26	First Trenton	First Trenton		10062	0.9			3468.47	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180	4192.26	Horizon	MGD		6660.22	1.827			3468.47	10621	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180	4192.26	Horizon	Medicare Blue		3645.44	1			3468.47	10621	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180	4192.26	Horizon	Indemnity		6660.22	1.827			3468.47	10621	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Horizon	PPO		6660.22	1.827			3468.47	10621	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Managed Care Inc	Managed Care Inc		10062	0.9			3468.47	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Multiplan	Multiplan		8944	0.8			3468.47	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Qualcare	Qualcare		8385	0.75			3468.47	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Three Rivers	Three Rivers		10621	0.95			3468.47	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 UHC	Medicare		3645.44	1			3468.47	10621	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 UHC	Medicaid		3517.23	0.3146			3468.47	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Wellcare	Medicaid		3517.23	0.3146			3468.47	10621	percent of total billed charges	
ARTVNS ANSTMOSIS OPN DIRECTOR	36821	CPT	outpatient			11180		4192.26 Wellcare	Medicare		3645.44	1			3468.47	10621	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING SINGLE ACCESS FOR AR	36836	CPT	outpatient					23062.62 Aetna	Commercial		31926.68	1.592			20054.45	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING SINGLE ACCESS FOR AR	36836	CPT	outpatient					23062.62 Aetna	Medicare		20054.45	1			20054.45	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING SINGLE ACCESS FOR AR	36836	CPT	outpatient					23062.62 AmeriHealth	Medicare		20054.45	1			20054.45	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING SINGLE ACCESS FOR AR	36836	CPT	outpatient					23062.62 Horizon	Indemnity		36639.48	1.827			20054.45	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING SINGLE ACCESS FOR AR	36836	CPT	outpatient					23062.62 Horizon	MGD		36639.48	1.827			20054.45	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING SINGLE ACCESS FOR AR	36836	CPT	outpatient					23062.62 Horizon	Medicare Blue		20054.45	1			20054.45	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING SINGLE ACCESS FOR AR	36836	CPT	outpatient					23062.62 Horizon	PPO		36639.48	1.827			20054.45	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING SINGLE ACCESS FOR AR	36836	CPT	outpatient					23062.62 UHC	Medicare		20054.45	1			20054.45	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING SINGLE ACCESS FOR AR	36836	CPT	outpatient					23062.62 Wellcare	Medicare		20054.45	1			20054.45	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC FISTULA CREATION UPR EXT	36837	CPT	outpatient			64461		23062.62 Aetna	Better Health		20279.43	0.3146			20054.45	61237.95	percent of total billed charges	
PERCUT AVF CREATING DOUBLE ACCESS AR/VE	36837	CPT	outpatient			64461		23062.62 Aetna	Medicare		20054.45	1			20054.45	61237.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING DOUBLE ACCESS AR/VE	36837	CPT	outpatient			64461		23062.62 Aetna	Commercial		31926.68	1.592			20054.45	61237.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC FISTULA CREATION UPR EXT	36837	CPT	outpatient			64461		23062.62 Americare	Americare		48345.75	0.75			20054.45	61237.95	percent of total billed charges	
PERC FISTULA CREATION UPR EXT	36837	CPT	outpatient			64461		23062.62 WellPoint	WellPoint		20679.09	0.3208			20054.45	61237.95	percent of total billed charges	
PERCUT AVF CREATING DOUBLE ACCESS AR/VE	36837	CPT	outpatient			64461		23062.62 AmeriHealth	Medicare		20054.45	1			20054.45	61237.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC FISTULA CREATION UPR EXT	36837	CPT	outpatient			64461		23062.62 Consumer	Consumer		61237.95	0.95			20054.45	61237.95	percent of total billed charges	
PERC FISTULA CREATION UPR EXT	36837	CPT	outpatient			64461		23062.62 Corrections	Corrections		51568.8	0.8			20054.45	61237.95	percent of total billed charges	
PERC FISTULA CREATION UPR EXT	36837	CPT	outpatient			64461		23062.62 First Health	First Health		45122.7	0.7			20054.45	61237.95	percent of total billed charges	
PERC FISTULA CREATION UPR EXT	36837	CPT	outpatient			64461		23062.62 First Trenton	First Trenton		58014.9	0.9			20054.45	61237.95	percent of total billed charges	
PERCUT AVF CREATING DOUBLE ACCESS AR/VE	36837	CPT	outpatient			64461		23062.62 Horizon	MGD		36639.48	1.827			20054.45	61237.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING DOUBLE ACCESS AR/VE	36837	CPT	outpatient			64461		23062.62 Horizon	Indemnity		36639.48	1.827			20054.45	61237.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING DOUBLE ACCESS AR/VE	36837	CPT	outpatient			64461		23062.62 Horizon	Medicare Blue		20054.45	1			20054.45	61237.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT AVF CREATING DOUBLE ACCESS AR/VE	36837	CPT	outpatient			64461		23062.62 Horizon	PPO		36639.48	1.827			20054.45	61237.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC FISTULA CREATION UPR EXT	36837	CPT	outpatient			64461		23062.62 Managed Care Inc	Managed Care Inc		58014.9	0.9			20054.45	61237.95	percent of total billed charges	
PERC FISTULA CREATION UPR EXT	36837	CPT	outpatient			64461		23062.62 Multiplan	Multiplan		51568.8	0.8			20054.45	61237.95	percent of total billed charges	
PERC FISTULA CREATION UPR EXT	36837	CPT	outpatient			64461		23062.62 Qualcare	Qualcare		48345.75	0.75			20054.45	61237.95	percent of total billed charges	
PERC FISTULA CREATION UPR EXT	36837	CPT	outpatient			64461		23062.62 Three Rivers	Three Rivers		61237.95	0.95			20054.45	61237.95	percent of total billed charges	
PERC FISTULA CREATION UPR EXT	36837	CPT	outpatient			64461		23062.62 UHC	Medicaid		20279.43	0.3146			20054.45	61237.95	percent of total billed charges	
PERCUT AVF CREATING DOUBLE ACCESS AR/VE	36837	CPT	outpatient			64461		23062.62 UHC	Medicare		20054.45	1			20054.45	61237.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC FISTULA CREATION UPR EXT	36837	CPT	outpatient			64461		23062.62 Wellcare	Medicaid		20279.43	0.3146			20054.45	61237.95	percent of total billed charges	
PERCUT AVF CREATING DOUBLE ACCESS AR/VE	36837	CPT	outpatient			64461		23062.62 Wellcare	Medicare		20054.45	1			20054.45	61237.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Aetna	Commercial		2915.95	1.592			929.96	5145.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Aetna	Better Health		1703.87	0.3146			929.96	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Aetna	Medicare		1831.63	1			929.96	5145.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Americare	Americare		4062	0.75			929.96	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 WellPoint	WellPoint		1737.45	0.3208			929.96	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 AmeriHealth	Medicare		1831.63	1			929.96	5145.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Consumer	Consumer		5145.2	0.95			929.96	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Corrections	Corrections		4332.8	0.8			929.96	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 First Health	First Health		3791.2	0.7			929.96	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 First Trenton	First Trenton		4874.4	0.9			929.96	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Horizon	Medicare Blue		1831.63	1			929.96	5145.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Horizon	MGD		3346.39	1.827			929.96	5145.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Horizon	Indemnity		3346.39	1.827			929.96	5145.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Horizon	PPO		3346.39	1.827			929.96	5145.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Managed Care Inc	Managed Care Inc		4874.4	0.9			929.96	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Multiplan	Multiplan		4332.8	0.8			929.96	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Qualcare	Qualcare		4062	0.75			929.96	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Three Rivers	Three Rivers		5145.2	0.95			929.96	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 UHC	Medicaid		1703.87	0.3146			929.96	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 UHC	Medicare		1831.63	1			929.96	5145.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Wellcare	Medicare		1831.63	1			929.96	5145.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT DX ANGRPH	36901	CPT	both			5416		2106.37 Wellcare	Medicaid		1703.87	0.3146			929.96	5145.2	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUML	36902	CPT	both			20819		7517.39 Aetna	Medicare		6536.86	1			6157.35	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/ TRMUML	36902	CPT	both			20819		7517.39 Aetna	Better Health		6549.66	0.3146			6157.35	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUML	36902	CPT	both			20819		7517.39 Aetna	Commercial		10406.68	1.592			6157.35	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/ TRMUML	36902	CPT	both			20819		7517.39 Americare	Americare		15614.25	0.75			6157.35	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUML	36902	CPT	both			20819		7517.39 WellPoint	WellPoint		6678.74	0.3208			6157.35	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUML	36902	CPT	both			20819		7517.39 AmeriHealth	Medicare		6536.86	1			6157.35	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/ TRMUML	36902	CPT	both			20819		7517.39 Consumer	Consumer		19778.05	0.95			6157.35	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUML	36902	CPT	both			20819		7517.39 Corrections	Corrections		16655.2	0.8			6157.35	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUML	36902	CPT	both			20819		7517.39 First Health	First Health		14573.3	0.7			6157.35	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUML	36902	CPT	both			20819		7517.39 First Trenton	First Trenton		18737.1	0.9			6157.35	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUML	36902	CPT	both			20819		7517.39 Horizon	Indemnity		11942.84	1.827			6157.35	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/ TRMUML	36902	CPT	both			20819		7517.39 Horizon	PPO		11942.84	1.827			6157.35	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/ TRMUML	36902	CPT	both			20819		7517.39 Horizon	MGD		11942.84	1.827			6157.35	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/ TRMUML	36902	CPT	both			20819		7517.39 Horizon	Medicare Blue		6536.86	1			6157.35	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/ TRMUML	36902	CPT	both			20819		7517.39 Managed Care Inc	Managed Care Inc		18737.1	0.9			6157.35	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUML	36902	CPT	both			20819		7517.39 Multiplan	Multiplan		16655.2	0.8			6157.35	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUML	36902	CPT	both			20819		7517.39 Qualcare	Qualcare		15614.25	0.75			6157.35	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUML	36902	CPT	both			20819		7517.39 Three Rivers	Three Rivers		19778.05	0.95			6157.35	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUML	36902	CPT	both			20819		7517.39 UHC	Medicaid		6549.66	0.3146			6157.35	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUML	36902	CPT	both			20819		7517.39 UHC	Medicare		6536.86	1			6157.35	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRCUIT W/ TRMUML	36902	CPT	both			20819		7517.39 Wellcare	Medicaid		6549.66	0.3146			6157.35	19778.05	percent of total billed charges	
INTRO CATH DIALYSIS CIRCUIT W/ TRMUML	36902	CPT	both			20819		7517.39 Wellcare	Medicare		6536.86	1			6157.35	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRC W/CAT PLMT	36903	CPT	outpatient			42074		14469 Aetna	Better Health		13236.48	0.3146			12581.74	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/CAT PLMT	36903	CPT	outpatient			42074		14469 Aetna	Medicare		12581.74	1			12581.74	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRC W/CAT PLMT	36903	CPT	outpatient			42074		14469 Aetna	Commercial		20030.13	1.592			12581.74	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRC W/CAT PLMT	36903	CPT	outpatient			42074		14469 Americare	Americare		31555.5	0.75			12581.74	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/CAT PLMT	36903	CPT	outpatient			42074		14469 WellPoint	WellPoint		13497.34	0.3208			12581.74	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/CAT PLMT	36903	CPT	outpatient			42074		14469 AmeriHealth	Medicare		12581.74	1			12581.74	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRC W/CAT PLMT	36903	CPT	outpatient			42074		14469 Consumer	Consumer		39970.3	0.95			12581.74	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/CAT PLMT	36903	CPT	outpatient			42074		14469 Corrections	Corrections		33659.2	0.8			12581.74	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/CAT PLMT	36903	CPT	outpatient			42074		14469 First Health	First Health		29451.8	0.7			12581.74	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/CAT PLMT	36903	CPT	outpatient			42074		14469 First Trenton	First Trenton		37866.6	0.9			12581.74	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/CAT PLMT	36903	CPT	outpatient			42074		14469 Horizon	Indemnity		22986.84	1.827			12581.74	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRC W/CAT PLMT	36903	CPT	outpatient			42074		14469 Horizon	PPO		22986.84	1.827			12581.74	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRC W/CAT PLMT	36903	CPT	outpatient			42074		14469 Horizon	Medicare Blue		12581.74	1			12581.74	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRC W/CAT PLMT	36903	CPT	outpatient			42074		14469 Horizon	MGD		22986.84	1.827			12581.74	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRC W/CAT PLMT	36903	CPT	outpatient			42074		14469 Managed Care Inc	Managed Care Inc		37866.6	0.9			12581.74	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/CAT PLMT	36903	CPT	outpatient			42074		14469 Multiplan	Multiplan		33659.2	0.8			12581.74	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/CAT PLMT	36903	CPT	outpatient			42074		14469 Qualcare	Qualcare		31555.5	0.75			12581.74	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/CAT PLMT	36903	CPT	outpatient			42074		14469 Three Rivers	Three Rivers		39970.3	0.95			12581.74	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/CAT PLMT	36903	CPT	outpatient			42074		14469 UHC	Medicaid		13236.48	0.3146			12581.74	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/CAT PLMT	36903	CPT	outpatient			42074		14469 UHC	Medicare		12581.74	1			12581.74	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRO CATH DIALYSIS CIRC W/CAT PLMT	36903	CPT	outpatient			42074		14469 Wellcare	Medicaid		13236.48	0.3146			12581.74	39970.3	percent of total billed charges	
INTRO CATH DIALYSIS CIRC W/CAT PLMT	36903	CPT	outpatient			42074		14469 Wellcare	Medicare		12581.74	1			12581.74	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819		7517.39 Aetna	Better Health		6549.66	0.3146			6536.86	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819		7517.39 Aetna	Commercial		10406.68	1.592			6536.86	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819		7517.39 Aetna	Medicare		6536.86	1			6536.86	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819		7517.39 Americare	Americare		15614.25	0.75			6536.86	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819		7517.39 WellPoint	WellPoint		6678.74	0.3208			6536.86	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819		7517.39 AmeriHealth	Medicare		6536.86	1			6536.86	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819		7517.39 Consumer	Consumer		19778.05	0.95			6536.86	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819		7517.39 Corrections	Corrections		16655.2	0.8			6536.86	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819		7517.39 First Health	First Health		14573.3	0.7			6536.86	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819		7517.39 First Trenton	First Trenton		18737.1	0.9			6536.86	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819		7517.39 Horizon	PPO		11942.84	1.827			6536.86	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819		7517.39 Horizon	Indemnity		11942.84	1.827			6536.86	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819		7517.39 Horizon	MGD		11942.84	1.827			6536.86	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819		7517.39 Horizon	Medicare Blue		6536.86	1			6536.86	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819		7517.39 Managed Care Inc	Managed Care Inc		18737.1	0.9			6536.86	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819		7517.39 Multiplan	Multiplan		16655.2	0.8			6536.86	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819		7517.39 Qualcare	Qualcare		15614.25	0.75			6536.86	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819		7517.39 Three Rivers	Three Rivers		19778.05	0.95			6536.86	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819		7517.39 UHC	Medicaid		6549.66	0.3146			6536.86	19778.05	percent of total billed charges	
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819		7517.39 UHC	Medicare		6536.86	1			6536.86	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819		7517.39 Wellcare	Medicare		6536.86	1			6536.86	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRMBCINFS DIALYSIS CIRCUIT	36904	CPT	both			20819		7517.39 Wellcare	Medicaid		6549.66	0.3146			6536.86	19778.05	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUML B	36905	CPT	both			42074		14469 Aetna	Commercial		20030.13	1.592			12581.74	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCUIT TRLUML B	36905	CPT	both			42074		14469 Aetna	Better Health		13236.48	0.3146			12581.74	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUML B	36905	CPT	both			42074		14469 Aetna	Medicare		12581.74	1			12581.74	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCUIT TRLUML B	36905	CPT	both			42074		14469 Americare	Americare		31555.5	0.75			12581.74	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUML B	36905	CPT	both			42074		14469 WellPoint	WellPoint		13497.34	0.3208			12581.74	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUML B	36905	CPT	both			42074		14469 AmeriHealth	Medicare		12581.74	1			12581.74	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCUIT TRLUML B	36905	CPT	both			42074		14469 Consumer	Consumer		39970.3	0.95			12581.74	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUML B	36905	CPT	both			42074		14469 Corrections	Corrections		33659.2	0.8			12581.74	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUML B	36905	CPT	both			42074		14469 First Health	First Health		29451.8	0.7			12581.74	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUML B	36905	CPT	both			42074		14469 First Trenton

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERQ THROMBCINFS DIAL CIRCUIT TRLUML B	36905	CPT	both			42074	14469	Multiplan	Multiplan		33659.2	0.8			12581.74	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUML B	36905	CPT	both			42074	14469	Qualcare	Qualcare		31555.5	0.75			12581.74	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUML B	36905	CPT	both			42074	14469	Three Rivers	Three Rivers		39970.3	0.95			12581.74	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUML B	36905	CPT	both			42074	14469	UHC	Medicaid		13236.48	0.3146			12581.74	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUML B	36905	CPT	both			42074	14469	UHC	Medicare		12581.74	1			12581.74	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCUIT TRLUML B	36905	CPT	both			42074	14469	Wellcare	Medicaid		13236.48	0.3146			12581.74	39970.3	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCUIT TRLUML B	36905	CPT	both			42074	14469	Wellcare	Medicare		12581.74	1			12581.74	39970.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Aetna	Better Health		20062.99	0.3146			20054.45	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Aetna	Commercial		31926.68	1.592			20054.45	60584.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Aetna	Medicare		20054.45	1			20054.45	60584.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Americare	Americare		47829.75	0.75			20054.45	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	WellPoint	WellPoint		20458.38	0.3208			20054.45	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Amerihealth	Medicare		20054.45	1			20054.45	60584.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Consumer	Consumer		60584.35	0.95			20054.45	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Corrections	Corrections		51018.4	0.8			20054.45	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	First Health	First Health		44641.1	0.7			20054.45	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	First Trenton	First Trenton		57395.7	0.9			20054.45	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Horizon	MGD		36639.48	1.827			20054.45	60584.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Horizon	Medicare Blue		20054.45	1			20054.45	60584.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Horizon	PPO		36639.48	1.827			20054.45	60584.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Horizon	Indemnity		36639.48	1.827			20054.45	60584.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Managed Care Inc	Managed Care Inc		57395.7	0.9			20054.45	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Multiplan	Multiplan		51018.4	0.8			20054.45	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Qualcare	Qualcare		47829.75	0.75			20054.45	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Three Rivers	Three Rivers		60584.35	0.95			20054.45	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	UHC	Medicaid		20062.99	0.3146			20054.45	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	UHC	Medicare		20054.45	1			20054.45	60584.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Wellcare	Medicaid		20062.99	0.3146			20054.45	60584.35	percent of total billed charges	
PERQ THROMBCINFS DIAL CIRCT TCAT PLMT	36906	CPT	both			63773	23062.62	Wellcare	Medicare		20054.45	1			20054.45	60584.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	both			10412		Aetna	Better Health		3275.62	0.3146			3123.6	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	both			10412		Aetna	Commercial		3956.56	0.38			3123.6	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	both			10412		Aetna	Medicare		3206.9	0.308			3123.6	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	both			10412		Americare	Americare		7809	0.75			3123.6	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	both			10412		WellPoint	WellPoint		3340.17	0.3208			3123.6	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	both			10412		Consumer	Consumer		9891.4	0.95			3123.6	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	both			10412		Corrections	Corrections		8329.6	0.8			3123.6	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	both			10412		First Health	First Health		7288.4	0.7			3123.6	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	both			10412		First Trenton	First Trenton		9370.8	0.9			3123.6	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	both			10412		Horizon	MGD		3985.71	0.3828			3123.6	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	both			10412		Horizon	PPO		3985.71	0.3828			3123.6	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	both			10412		Horizon	Indemnity		3985.71	0.3828			3123.6	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	both			10412		Horizon	Medicare Blue		3123.6	0.3			3123.6	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	both			10412		Managed Care Inc	Managed Care Inc		9370.8	0.9			3123.6	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	both			10412		Multiplan	Multiplan		8329.6	0.8			3123.6	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	both			10412		Qualcare	Qualcare		7809	0.75			3123.6	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	both			10412		Three Rivers	Three Rivers		9891.4	0.95			3123.6	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	both			10412		UHC	Medicaid		3275.62	0.3146			3123.6	9891.4	percent of total billed charges	
TRLUML BAL ANIOP CTR DIALYSIS SEG	36907	CPT	both			10412		Wellcare	Medicaid		3275.62	0.3146			3123.6	9891.4	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	both			21039		Aetna	Better Health		6618.87	0.3146			6311.7	19987.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	both			21039		Aetna	Commercial		7994.82	0.38			6311.7	19987.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	both			21039		Aetna	Medicare		6480.01	0.308			6311.7	19987.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	both			21039		Americare	Americare		15779.25	0.75			6311.7	19987.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	both			21039		WellPoint	WellPoint		6749.31	0.3208			6311.7	19987.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	both			21039		Consumer	Consumer		19987.05	0.95			6311.7	19987.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	both			21039		Corrections	Corrections		16831.2	0.8			6311.7	19987.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	both			21039		First Health	First Health		14727.3	0.7			6311.7	19987.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	both			21039		First Trenton	First Trenton		18935.1	0.9			6311.7	19987.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	both			21039		Horizon	MGD		8053.73	0.3828			6311.7	19987.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	both			21039		Horizon	PPO		8053.73	0.3828			6311.7	19987.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	both			21039		Horizon	Indemnity		8053.73	0.3828			6311.7	19987.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	both			21039		Horizon	Medicare Blue		6311.7	0.3			6311.7	19987.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	both			21039		Managed Care Inc	Managed Care Inc		18935.1	0.9			6311.7	19987.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	both			21039		Multiplan	Multiplan		16831.2	0.8			6311.7	19987.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	both			21039		Qualcare	Qualcare		15779.25	0.75			6311.7	19987.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	both			21039		Three Rivers	Three Rivers		19987.05	0.95			6311.7	19987.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	both			21039		UHC	Medicaid		6618.87	0.3146			6311.7	19987.05	percent of total billed charges	
TCAT PLM IV STENT CTR DIALYSIS SEG W/	36908	CPT	both			21039		Wellcare	Medicaid		6618.87	0.3146			6311.7	19987.05	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	outpatient			10412		Aetna	Medicare		3206.9	0.308			3123.6	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	outpatient			10412		Aetna	Better Health		3275.62	0.3146			3123.6	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	outpatient			10412		Aetna	Commercial		3956.56	0.38			3123.6	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	outpatient			10412		Americare	Americare		7809	0.75			3123.6	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	outpatient			10412		WellPoint	WellPoint		3340.17	0.3208			3123.6	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	outpatient			10412		Consumer	Consumer		9891.4	0.95			3123.6	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	outpatient			10412		Corrections	Corrections		8329.6	0.8			3123.6	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	outpatient			10412		First Health	First Health		7288.4	0.7			3123.6	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	outpatient			10412		First Trenton	First Trenton		9370.8	0.9			3123.6	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	outpatient			10412		Horizon	MGD		3985.71	0.3828			3123.6	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	outpatient			10412		Horizon	Indemnity		3985.71	0.3828			3123.6	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	outpatient			10412		Horizon	Medicare Blue		3123.6	0.3			3123.6	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	outpatient			10412		Horizon	PPO		3985.71	0.3828			3123.6	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	outpatient			10412		Managed Care Inc	Managed Care Inc		9370.8	0.9			3123.6	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	outpatient			10412		Multiplan	Multiplan		8329.6	0.8			3123.6	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	outpatient			10412		Qualcare	Qualcare		7809	0.75			3123.6	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	outpatient			10412		Three Rivers	Three Rivers		9891.4	0.95			3123.6	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	outpatient			10412		UHC	Medicaid		3275.62	0.3146			3123.6	9891.4	percent of total billed charges	
DIALYSIS CIRCUIT VASC EMBOLI OCCLS EVAS	36909	CPT	outpatient			10412		Wellcare	Medicaid		3275.62	0.3146			3123.6	9891.4	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Aetna	Commercial		2384.88	0.38			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Aetna	Better Health		1974.43	0.3146			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Aetna	Medicare		1933.01	0.308			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Americare	Americare		4707	0.75			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		WellPoint	WellPoint		2013.34	0.3208			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Consumer	Consumer		5962.2	0.95			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Corrections	Corrections		5020.8	0.8			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		First Health	First Health		4393.2	0.7			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		First Trenton	First Trenton		5648.4	0.9			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Horizon	MGD		2402.45	0.3828			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Horizon	Indemnity		2402.45	0.3828			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Horizon	PPO		2402.45	0.3828			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Horizon	Medicare Blue		1882.8	0.3			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Managed Care Inc	Managed Care Inc		5648.4	0.9			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Multiplan	Multiplan		5020.8	0.8			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Qualcare	Qualcare		4707	0.75			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Three Rivers	Three Rivers		5962.2	0.95			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		UHC	Medicaid		1974.43	0.3146			1444.2	5962.2	percent of total billed charges	
VENOUS ANASTOMOSIS PORTOCAVAL	37140	CPT	outpatient			6276		Wellcare	Medicaid		1974.43	0.3146			1444.2	5962.2	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Aetna	Medicare		11479.47	0.308			10649.1	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Aetna	Commercial		14162.98	0.38			10649.1	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Aetna	Better Health		11725.46	0.3146			10649.1	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Americare	Americare		27953.25	0.75			10649.1	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		WellPoint	WellPoint		11956.54	0.3208			10649.1	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Consumer	Consumer		35407.45	0.95			10649.1	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Corrections	Corrections		29816.8	0.8			10649.1	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		First Health	First Health		26089.7	0.7			10649.1	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		First Trenton	First Trenton		33543.9	0.9			10649.1	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Horizon	Indemnity		14267.34	0.3828			10649.1	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Horizon	MGD		14267.34	0.3828			10649.1	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Horizon	Medicare Blue		11181.3	0.3			10649.1	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Horizon	PPO		14267.34	0.3828			10649.1	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Managed Care Inc	Managed Care Inc		33543.9	0.9			10649.1	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Multiplan	Multiplan		29816.8	0.8			10649.1	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Qualcare	Qualcare		27953.25	0.75			10649.1	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Three Rivers	Three Rivers		35407.45	0.95			10649.1	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		UHC	Medicaid		11725.46	0.3146			10649.1	35407.45	percent of total billed charges	
T.I.P.S.	37182	CPT	both			37271		Wellcare	Medicaid		11725.46	0.3146			10649.1	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	Aetna	Medicare		11479.47	0.308			5897.28	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	Aetna	Commercial		10406.68	1.592			5897.28	35407.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIPS REVISION	37183	CPT	both			37271	7517.39	Aetna	Better Health		11725.46	0.3146			5897.28	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	Americare	Americare		27953.25	0.75			5897.28	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	WellPoint	WellPoint		11956.54	0.3208			5897.28	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	Amerihealth	Medicare		6536.86	1			5897.28	35407.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIPS REVISION	37183	CPT	both			37271	7517.39	Consumer	Consumer		35407.45	0.95			5897.28	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	Corrections	Corrections		29816.8	0.8			5897.28	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	First Health	First Health		26089.7	0.7			5897.28	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	First Trenton	First Trenton		33543.9	0.9			5897.28	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	Horizon	Medicare Blue		6536.86	1			5897.28	35407.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIPS REVISION	37183	CPT	both			37271	7517.39	Horizon	MGD		11942.84	1.827			5897.28	35407.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIPS REVISION	37183	CPT	both			37271	7517.39	Horizon	PPO		11942.84	1.827			5897.28	35407.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIPS REVISION	37183	CPT	both			37271	7517.39	Horizon	Indemnity		11942.84	1.827			5897.28	35407.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIPS REVISION	37183	CPT	both			37271	7517.39	Managed Care Inc	Managed Care Inc		33543.9	0.9			5897.28	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	Multiplan	Multiplan		29816.8	0.8			5897.28	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	Qualcare	Qualcare		27953.25	0.75			5897.28	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	Three Rivers	Three Rivers		35407.45	0.95			5897.28	35407.45	percent of total billed charges	
TIPS REVISION	37183	CPT	both			37271	7517.39	UHC	Medicaid		11725.46	0.3146			5897.28	35407.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TIPS REVISION	37183	CPT	both			37271	7517.39	UHC	Medicare		6536.86	1			5897.28	35407.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIPS REVISION	37183	CPT	both			37271	7517.39	Wellcare	Medicare		6536.86	1			5897.28	35407.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIPS REVISION	37183	CPT	both			37271	7517.39	Wellcare	Medicaid		11725.46	0.3146			5897.28	35407.45	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Aetna	Better Health		12371.33	0.3146			4632.49	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Aetna	Medicare		20054.45	1			4632.49	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Aetna	Commercial		31926.68	1.592			4632.49	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Americare	Americare		29493	0.75			4632.49	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	WellPoint	WellPoint		12615.14	0.3208			4632.49	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Amerihealth	Medicare		20054.45	1			4632.49	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Consumer	Consumer		37357.8	0.95			4632.49	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Corrections	Corrections		31459.2	0.8			4632.49	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	First Health	First Health		27526.8	0.7			4632.49	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	First Trenton	First Trenton		35391.6	0.9			4632.49	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Horizon	Medicare Blue		20054.45	1			4632.49	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Horizon	Indemnity		36639.48	1.827			4632.49	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Horizon	MGD		36639.48	1.827			4632.49	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Horizon	PPO		36639.48	1.827			4632.49	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Managed Care Inc	Managed Care Inc		35391.6	0.9			4632.49	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Multiplan	Multiplan		31459.2	0.8			4632.49	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Qualcare	Qualcare		29493	0.75			4632.49	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Three Rivers	Three Rivers		37357.8	0.95			4632.49	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	UHC	Medicaid		12371.33	0.3146			4632.49	37357.8	percent of total billed charges	
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	UHC	Medicare		20054.45	1			4632.49	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Wellcare	Medicare		20054.45	1			4632.49	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIM PRQ TRANSTHROM 1 VES	37184	CPT	both			39324	23062.62	Wellcare	Medicaid		12371.33	0.3146			4632.49	37357.8	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Aetna	Commercial		2059.6	0.38			1626	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Aetna	Better Health		1705.13	0.3146			1626	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Aetna	Medicare		1669.36	0.308			1626	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Americare	Americare		4065	0.75			1626	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		WellPoint	WellPoint		1738.74	0.3208			1626	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Consumer	Consumer		5149	0.95			1626	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Corrections	Corrections		4336	0.8			1626	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		First Health	First Health		3794	0.7			1626	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		First Trenton	First Trenton		4878	0.9			1626	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Horizon	Indemnity		2074.78	0.3828			1626	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Horizon	MGD		2074.78	0.3828			1626	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Horizon	Medicare Blue		1626	0.3			1626	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Horizon	PPO		2074.78	0.3828			1626	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Managed Care Inc	Managed Care Inc		4878	0.9			1626	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Multiplan	Multiplan		4336	0.8			1626	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Qualcare	Qualcare		4065	0.75			1626	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Three Rivers	Three Rivers		5149	0.95			1626	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		UHC	Medicaid		1705.13	0.3146			1626	5149	percent of total billed charges	
PRIM PRQ TRANSLUML MECHNL THROMBECT SB	37185	CPT	inpatient			5420		Wellcare	Medicaid		1705.13	0.3146			1626	5149	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	outpatient			15296		Aetna	Commercial		5812.48	0.38			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	outpatient			15296		Aetna	Better Health		4812.12	0.3146			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	outpatient			15296		Aetna	Medicare		4711.17	0.308			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	outpatient			15296		Americare	Americare		11472	0.75			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	outpatient			15296		WellPoint	WellPoint		4906.96	0.3208			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	outpatient			15296		Consumer	Consumer		14531.2	0.95			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	outpatient			15296		Corrections	Corrections		12236.8	0.8			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	outpatient			15296		First Health	First Health		10707.2	0.7			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	outpatient			15296		First Trenton	First Trenton		13766.4	0.9			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	outpatient			15296		Horizon	MGD		5855.31	0.3828			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	outpatient			15296		Horizon	Indemnity		5855.31	0.3828			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	outpatient			15296		Horizon	Medicare Blue		4588.8	0.3			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	outpatient			15296		Horizon	PPO		5855.31	0.3828			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	outpatient			15296		Managed Care Inc	Managed Care Inc		13766.4	0.9			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	outpatient			15296		Multiplan	Multiplan		12236.8	0.8			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	outpatient			15296		Qualcare	Qualcare		11472	0.75			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	outpatient			15296		Three Rivers	Three Rivers		14531.2	0.95			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	outpatient			15296		UHC	Medicaid		4812.12	0.3146			1626	14531.2	percent of total billed charges	
SEC ART M-THROMBECT ADD-ON '59'	37186	CPT	outpatient			15296		Wellcare	Medicaid		4812.12	0.3146			1626	14531.2	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	both			39324	14469	Aetna	Commercial		20030.13	1.592			6273.75	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS MECH THROMBECTOMY '59'	37187	CPT	both			39324	14469	Aetna	Better Health		12371.33	0.3146			6273.75	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	both			39324	14469	Aetna	Medicare		12581.74	1			6273.75	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS MECH THROMBECTOMY '59'	37187	CPT	both			39324	14469	Americare	Americare		29493	0.75			6273.75	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	both			39324	14469	WellPoint	WellPoint		12615.14	0.3208			6273.75	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	both			39324	14469	Amerihealth	Medicare		12581.74	1			6273.75	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS MECH THROMBECTOMY '59'	37187	CPT	both			39324	14469	Consumer	Consumer		37357.8	0.95			6273.75	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	both			39324	14469	Corrections	Corrections		31459.2	0.8			6273.75	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	both			39324	14469	First Health	First Health		27526.8	0.7			6273.75	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	both			39324	14469	First Trenton	First Trenton		35391.6	0.9			6273.75	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	both			39324	14469	Horizon	PPO		22986.84	1.827			6273.75	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS MECH THROMBECTOMY '59'	37187	CPT	both			39324	14469	Horizon	MGD		22986.84	1.827			6273.75	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS MECH THROMBECTOMY '59'	37187	CPT	both			39324	14469	Horizon	Indemnity		22986.84	1.827			6273.75	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS MECH THROMBECTOMY '59'	37187	CPT	both			39324	14469	Horizon	Medicare Blue		12581.74	1			6273.75	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS MECH THROMBECTOMY '59'	37187	CPT	both			39324	14469	Managed Care Inc	Managed Care Inc		35391.6	0.9			6273.75	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	both			39324	14469	Multiplan	Multiplan		31459.2	0.8			6273.75	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	both			39324	14469	Qualcare	Qualcare		29493	0.75			6273.75	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	both			39324	14469	Three Rivers	Three Rivers		37357.8	0.95			6273.75	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	both			39324	14469	UHC	Medicare		12581.74	1			6273.75	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS MECH THROMBECTOMY '59'	37187	CPT	both			39324	14469	UHC	Medicaid		12371.33	0.3146			6273.75	37357.8	percent of total billed charges	
VENOUS MECH THROMBECTOMY '59'	37187	CPT	both			39324	14469	Wellcare	Medicare		12581.74	1			6273.75	37357.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS MECH THROMBECTOMY '59'	37187	CPT	both			39324	14469	Wellcare	Medicaid		12371.33	0.3146			6273.75	37357.8	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Aetna	Better Health		6273.75	0.3146			3645.44	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Aetna	Commercial		5803.54	1.592			3645.44	18944.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Aetna	Medicare		3645.44	1			3645.44	18944.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Americare	Americare		14956.5	0.75			3645.44	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	WellPoint	WellPoint		6397.39	0.3208			3645.44	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Amerihealth	Medicare		3645.44	1			3645.44	18944.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Consumer	Consumer		18944.9	0.95			3645.44	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Corrections	Corrections		15953.6	0.8			3645.44	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	First Health	First Health		13959.4	0.7			3645.44	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	First Trenton	First Trenton		17947.8	0.9			3645.44	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Horizon	MGD		6660.22	1.827			3645.44	18944.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Horizon	Indemnity		6660.22	1.827			3645.44	18944.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Horizon	Medicare Blue		3645.44	1			3645.44	18944.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Horizon	PPO		6660.22	1.827			3645.44	18944.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Managed Care Inc	Managed Care Inc		17947.8	0.9			3645.44	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Multiplan	Multiplan		15953.6	0.8			3645.44	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Qualcare	Qualcare		14956.5	0.75			3645.44	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Three Rivers	Three Rivers		18944.9	0.95			3645.44	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	UHC	Medicare		3645.44	1			3645.44	18944.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	UHC	Medicaid		6273.75	0.3146			3645.44	18944.9	percent of total billed charges	
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Wellcare	Medicare		3645.44	1			3645.44	18944.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS M-THROBECT ADD-ON '59'	37188	CPT	outpatient			19942	4192.26	Wellcare	Medicaid		4992.07	0.3146			2323.64	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Aetna	Better Health		4992.07	0.3146			2323.64	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Aetna	Commercial		10005.53	1.592			2323.64	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Aetna	Medicare		6284.88	1			2323.64	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Americare	Americare		11901	0.75			2323.64	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	WellPoint	WellPoint		5090.45	0.3208			2323.64	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Amerihealth	Medicare		6284.88	1			2323.64	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Consumer	Consumer		15074.6	0.95			2323.64	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Corrections	Corrections		12694.4	0.8			2323.64	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	First Health	First Health		11107.6	0.7			2323.64	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	First Trenton	First Trenton		14281.2	0.9			2323.64	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Horizon	Indemnity		11482.48	1.827			2323.64	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Horizon	Medicare Blue		6284.88	1			2323.64	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Horizon	PPO		11482.48	1.827			2323.64	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Horizon	MGD		11482.48	1.827			2323.64	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Managed Care Inc	Managed Care Inc		14281.2	0.9			2323.64	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Multiplan	Multiplan		12694.4	0.8			2323.64	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Qualcare	Qualcare		11901	0.75			2323.64	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Three Rivers	Three Rivers		15074.6	0.95			2323.64	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	UHC	Medicare		6284.88	1			2323.64	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	UHC	Medicaid		4992.07	0.3146			2323.64	15074.6	percent of total billed charges	
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Wellcare	Medicare		6284.88	1			2323.64	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NS INTRVAS VC FILTR W/WO VAS ACS VSL S	37191	CPT	both			15868	7227.61	Wellcare	Medicaid		4992.07	0.3146			2323.64	15074.6	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	inpatient			10891	4192.26	Aetna	Medicare		3354.43	0.308			3354.43	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	inpatient			10891	4192.26	Aetna	Commercial		5803.54	1.592			3354.43	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF IVC FILTER	37192	CPT	inpatient			10891	4192.26	Aetna	Better Health		3426.31	0.3146			3354.43	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	inpatient			10891	4192.26	Americare	Americare		8168.25	0.75			3354.43	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	inpatient			10891	4192.26	WellPoint	WellPoint		3493.83	0.3208			3354.43	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	inpatient			10891	4192.26	Amerihealth	Medicare		3645.44	1			3354.43	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF IVC FILTER	37192	CPT	inpatient			10891	4192.26	Consumer	Consumer		10346.45	0.95			3354.43	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	inpatient			10891	4192.26	Corrections	Corrections		8712.8	0.8			3354.43	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	inpatient			10891	4192.26	First Health	First Health		7623.7	0.7			3354.43	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	inpatient			10891	4192.26	First Trenton	First Trenton		9801.9	0.9			3354.43	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	inpatient			10891	4192.26	Horizon	Indemnity		6660.22	1.827			3354.43	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF IVC FILTER	37192	CPT	inpatient			10891	4192.26	Horizon	MGD		6660.22	1.827			3354.43	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF IVC FILTER	37192	CPT	inpatient			10891	4192.26	Horizon	Medicare Blue		3645.44	1			3354.43	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF IVC FILTER	37192	CPT	inpatient			10891	4192.26	Horizon	PPO		6660.22	1.827			3354.43	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPOSITION OF IVC FILTER	37192	CPT	inpatient			10891		4192.26 Managed Care Inc	Managed Care Inc		9801.9	0.9			3354.43	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	inpatient			10891		4192.26 Multiplan	Multiplan		8712.8	0.8			3354.43	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	inpatient			10891		4192.26 Qualcare	Qualcare		8168.25	0.75			3354.43	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	inpatient			10891		4192.26 Three Rivers	Three Rivers		10346.45	0.95			3354.43	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	inpatient			10891		4192.26 UHC	Medicare		3645.44	1			3354.43	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF IVC FILTER	37192	CPT	inpatient			10891		4192.26 UHC	Medicaid		3426.31	0.3146			3354.43	10346.45	percent of total billed charges	
REPOSITION OF IVC FILTER	37192	CPT	inpatient			10891		4192.26 Wellcare	Medicare		3645.44	1			3354.43	10346.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION OF IVC FILTER	37192	CPT	inpatient			10891		4192.26 Wellcare	Medicaid		3426.31	0.3146			3354.43	10346.45	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Aetna	Better Health		3572.6	0.3146			3426.31	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Aetna	Medicare		3645.44	1			3426.31	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Aetna	Commercial		5803.54	1.592			3426.31	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Americare	Americare		8517	0.75			3426.31	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 WellPoint	WellPoint		3643	0.3208			3426.31	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Amerihealth	Medicare		3645.44	1			3426.31	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Consumer	Consumer		10788.2	0.95			3426.31	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Corrections	Corrections		9084.8	0.8			3426.31	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 First Health	First Health		7949.2	0.7			3426.31	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 First Trenton	First Trenton		10220.4	0.9			3426.31	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Horizon	Indemnity		6660.22	1.827			3426.31	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Horizon	MGD		6660.22	1.827			3426.31	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Horizon	PPO		6660.22	1.827			3426.31	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Horizon	Medicare Blue		3645.44	1			3426.31	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Managed Care Inc	Managed Care Inc		10220.4	0.9			3426.31	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Multiplan	Multiplan		9084.8	0.8			3426.31	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Qualcare	Qualcare		8517	0.75			3426.31	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Three Rivers	Three Rivers		10788.2	0.95			3426.31	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 UHC	Medicare		3645.44	1			3426.31	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 UHC	Medicaid		3572.6	0.3146			3426.31	10788.2	percent of total billed charges	
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Wellcare	Medicare		3645.44	1			3426.31	10788.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RTRVL INTRVAS VC FILTR	37193	CPT	both			11356		4192.26 Wellcare	Medicaid		3572.6	0.3146			3426.31	10788.2	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	both			10809		4192.26 Aetna	Commercial		5803.54	1.592			3207.35	10268.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	both			10809		4192.26 Aetna	Better Health		3400.51	0.3146			3207.35	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	both			10809		4192.26 Aetna	Medicare		3645.44	1			3207.35	10268.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	both			10809		4192.26 Americare	Americare		8106.75	0.75			3207.35	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	both			10809		4192.26 WellPoint	WellPoint		3467.53	0.3208			3207.35	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	both			10809		4192.26 Amerihealth	Medicare		3645.44	1			3207.35	10268.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	both			10809		4192.26 Consumer	Consumer		10268.55	0.95			3207.35	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	both			10809		4192.26 Corrections	Corrections		8647.2	0.8			3207.35	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	both			10809		4192.26 First Health	First Health		7566.3	0.7			3207.35	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	both			10809		4192.26 First Trenton	First Trenton		9728.1	0.9			3207.35	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	both			10809		4192.26 Horizon	MGD		6660.22	1.827			3207.35	10268.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	both			10809		4192.26 Horizon	Medicare Blue		3645.44	1			3207.35	10268.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	both			10809		4192.26 Horizon	PPO		6660.22	1.827			3207.35	10268.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	both			10809		4192.26 Horizon	Indemnity		6660.22	1.827			3207.35	10268.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	both			10809		4192.26 Managed Care Inc	Managed Care Inc		9728.1	0.9			3207.35	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	both			10809		4192.26 Multiplan	Multiplan		8647.2	0.8			3207.35	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	both			10809		4192.26 Qualcare	Qualcare		8106.75	0.75			3207.35	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	both			10809		4192.26 Three Rivers	Three Rivers		10268.55	0.95			3207.35	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	both			10809		4192.26 UHC	Medicaid		3400.51	0.3146			3207.35	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	both			10809		4192.26 UHC	Medicare		3645.44	1			3207.35	10268.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	both			10809		4192.26 Wellcare	Medicaid		3400.51	0.3146			3207.35	10268.55	percent of total billed charges	
TRANSCATH RETRIEVAL OF INTRAVASCULAR	37197	CPT	both			10809		4192.26 Wellcare	Medicare		3645.44	1			3207.35	10268.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Aetna	Commercial		10005.53	1.592			3551.52	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Aetna	Medicare		6284.88	1			3551.52	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Aetna	Better Health		5950.66	0.3146			3551.52	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Americare	Americare		14186.25	0.75			3551.52	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 WellPoint	WellPoint		6067.93	0.3208			3551.52	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Amerihealth	Medicare		6284.88	1			3551.52	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Consumer	Consumer		17969.25	0.95			3551.52	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Corrections	Corrections		15132	0.8			3551.52	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 First Health	First Health		13240.5	0.7			3551.52	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 First Trenton	First Trenton		17023.5	0.9			3551.52	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Horizon	Indemnity		11482.48	1.827			3551.52	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Horizon	MGD		11482.48	1.827			3551.52	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Horizon	Medicare Blue		6284.88	1			3551.52	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Horizon	PPO		11482.48	1.827			3551.52	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Managed Care Inc	Managed Care Inc		17023.5	0.9			3551.52	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Multiplan	Multiplan		15132	0.8			3551.52	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Qualcare	Qualcare		14186.25	0.75			3551.52	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Three Rivers	Three Rivers		17969.25	0.95			3551.52	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 UHC	Medicare		6284.88	1			3551.52	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 UHC	Medicaid		5950.66	0.3146			3551.52	17969.25	percent of total billed charges	
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Wellcare	Medicare		6284.88	1			3551.52	17969.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER BIOPSY	37200	CPT	both			18915		7227.61 Wellcare	Medicaid		5950.66	0.3146			3551.52	17969.25	percent of total billed charges	
TRANSCATH THERA ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Aetna	Better Health		5867.29	0.3146			5624.42	17717.5	percent of total billed charges	
TRANSCATH THERA ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Aetna	Commercial		10005.53	1.592			5624.42	17717.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Aetna	Medicare		6284.88	1			5624.42	17717.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Americare	Americare		13987.5	0.75			5624.42	17717.5	percent of total billed charges	
TRANSCATH THERA ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 WellPoint	WellPoint		5982.92	0.3208			5624.42	17717.5	percent of total billed charges	
TRANSCATH THERA ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Amerihealth	Medicare		6284.88	1			5624.42	17717.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Consumer	Consumer		17717.5	0.95			5624.42	17717.5	percent of total billed charges	
TRANSCATH THERA ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Corrections	Corrections		14920	0.8			5624.42	17717.5	percent of total billed charges	
TRANSCATH THERA ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 First Health	First Health		13055	0.7			5624.42	17717.5	percent of total billed charges	
TRANSCATH THERA ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 First Trenton	First Trenton		16785	0.9			5624.42	17717.5	percent of total billed charges	
TRANSCATH THERA ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Horizon	PPO		11482.48	1.827			5624.42	17717.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Horizon	Medicare Blue		6284.88	1			5624.42	17717.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Horizon	MGD		11482.48	1.827			5624.42	17717.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Horizon	Indemnity		11482.48	1.827			5624.42	17717.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Managed Care Inc	Managed Care Inc		16785	0.9			5624.42	17717.5	percent of total billed charges	
TRANSCATH THERA ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Multiplan	Multiplan		14920	0.8			5624.42	17717.5	percent of total billed charges	
TRANSCATH THERA ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Qualcare	Qualcare		13987.5	0.75			5624.42	17717.5	percent of total billed charges	
TRANSCATH THERA ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Three Rivers	Three Rivers		17717.5	0.95			5624.42	17717.5	percent of total billed charges	
TRANSCATH THERA ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 UHC	Medicaid		5867.29	0.3146			5624.42	17717.5	percent of total billed charges	
TRANSCATH THERA ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 UHC	Medicare		6284.88	1			5624.42	17717.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Wellcare	Medicaid		5867.29	0.3146			5624.42	17717.5	percent of total billed charges	
TRANSCATH THERA ART INFUS THOMBO OTHER	37211	CPT	inpatient			18650		7227.61 Wellcare	Medicare		6284.88	1			5624.42	17717.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCAT THERA VEN INFUS THOMBO OTHER	37212	CPT	inpatient			10188		4192.26 Aetna	Medicare		3645.44	1			1201.14	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCAT THERA VEN INFUS THOMBO OTHER	37212	CPT	inpatient			10188		4192.26 Aetna	Better Health		3205.14	0.3146			1201.14	9678.6	percent of total billed charges	
TRANSCAT THERA VEN INFUS THOMBO OTHER	37212	CPT	inpatient			10188		4192.26 Aetna	Commercial		5803.54	1.592			1201.14	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCAT THERA VEN INFUS THOMBO OTHER	37212	CPT	inpatient			10188		4192.26 Americare	Americare		7641	0.75			1201.14	9678.6	percent of total billed charges	
TRANSCAT THERA VEN INFUS THOMBO OTHER	37212	CPT	inpatient			10188		4192.26 WellPoint	WellPoint		3268.31	0.3208			1201.14	9678.6	percent of total billed charges	
TRANSCAT THERA VEN INFUS THOMBO OTHER	37212	CPT	inpatient			10188		4192.26 Amerihealth	Medicare		3645.44	1			1201.14	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCAT THERA VEN INFUS THOMBO OTHER	37212	CPT	inpatient			10188		4192.26 Consumer	Consumer		9678.6	0.95			1201.14	9678.6	percent of total billed charges	
TRANSCAT THERA VEN INFUS THOMBO OTHER	37212	CPT	inpatient			10188		4192.26 Corrections	Corrections		8150.4	0.8			1201.14	9678.6	percent of total billed charges	
TRANSCAT THERA VEN INFUS THOMBO OTHER	37212	CPT	inpatient			10188		4192.26 First Health	First Health		7131.6	0.7			1201.14	9678.6	percent of total billed charges	
TRANSCAT THERA VEN INFUS THOMBO OTHER	37212	CPT	inpatient			10188		4192.26 First Trenton	First Trenton		9169.2	0.9			1201.14	9678.6	percent of total billed charges	
TRANSCAT THERA VEN INFUS THOMBO OTHER	37212	CPT	inpatient			10188		4192.26 Horizon	Indemnity		6660.22	1.827			1201.14	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCAT THERA VEN INFUS THOMBO OTHER	37212	CPT	inpatient			10188		4192.26 Horizon	MGD		6660.22	1.827			1201.14	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCAT THERA VEN INFUS THOMBO OTHER	37212	CPT	inpatient			10188		4192.26 Horizon	Medicare Blue		3645.44	1			1201.14	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCAT THERA VEN INFUS THOMBO OTHER	37212	CPT	inpatient			10188		4192.26 Horizon	PPO		6660.22	1.827			1201.14	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCAT THERA VEN INFUS THOMBO OTHER	37212	CPT	inpatient			10188		4192.26 Managed Care Inc	Managed Care Inc		9169.2	0.9			1201.14	9678.6	percent of total billed charges	
TRANSCAT THERA VEN INFUS THOMBO OTHER	37212	CPT	inpatient			10188		4192.26 Multiplan	Multiplan		8150.4	0.8			1201.14	9678.6	percent of total billed charges	
TRANSCAT THERA VEN INFUS THOMBO OTHER	37212	CPT	inpatient			10188		4192.26 Qualcare	Qualcare		7641	0.75			1201.14	9678.6	percent of total billed charges	
TRANSCAT THERA VEN INFUS THOMBO OTHER	37212	CPT	inpatient			10188		4192.26 Three Rivers	Three Rivers		9678.6	0.95			1201.14	9678.6	percent of total billed charges	
TRANSCAT THERA VEN INFUS THOMBO OTHER	37212	CPT	inpatient			10188		4192.26 UHC	Medicaid		3205.14	0.3146			1201.14	9678.6	percent of total billed charges	
TRANSCAT THERA VEN INFUS THOMBO OTHER	37212	CPT	inpatient			10188		4192.26 UHC	Medicare		3645.44	1			1201.14	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCAT THERA VEN INFUS THOMBO OTHER	37212	CPT	inpatient			10188		4192.26 Wellcare	Medicaid		3205.14	0.3146			1201.14	9678.6	percent of total billed charges	
TRANSCAT THERA VEN INFUS THOMBO OTHER	37212	CPT	inpatient			10188		4192.26 Wellcare	Medicare		3645.44	1			1201.14	9678.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Aetna	Better Health		2577.56	0.3146			1297.41	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Aetna	Commercial		5803.54	1.592			1297.41	8085.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Aetna	Medicare		3645.44	1			1297.41	8085.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Americare	Americare		6383.25	0.75			1297.41	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 WellPoint	WellPoint		2730.33	0.3208			1297.41	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Amerihealth	Medicare		3645.44	1			1297.41	8085.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Consumer	Consumer		8085.45	0.95			1297.41	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Corrections	Corrections		6808.8	0.8			1297.41	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 First Health	First Health		5957.7	0.7			1297.41	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 First Trenton	First Trenton		7659.9	0.9			1297.41	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Horizon	MGD		6660.22	1.827			1297.41	8085.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Horizon	Medicare Blue		3645.44	1			1297.41	8085.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Horizon	Indemnity		6660.22	1.827			1297.41	8085.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Horizon	PPO		6660.22	1.827			1297.41	8085.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Managed Care Inc	Managed Care Inc		7659.9	0.9			1297.41	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Multiplan	Multiplan		6808.8	0.8			1297.41	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Qualcare	Qualcare		6383.25	0.75			1297.41	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Three Rivers	Three Rivers		8085.45	0.95			1297.41	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 UHC	Medicaid		2577.56	0.3146			1297.41	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 UHC	Medicare		3645.44	1			1297.41	8085.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Wellcare	Medicaid		2577.56	0.3146			1297.41	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THAN	37213	CPT	outpatient			8511		4192.26 Wellcare	Medicare		3645.44	1			1297.41	8085.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA AR/VEN INFUS THRO OTHER	37214	CPT	inpatient			8511		4192.26 Aetna	Medicare		2621.39	0.308			2621.39	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THRO OTHER	37214	CPT	inpatient			8511		4192.26 Aetna	Better Health		2577.56	0.3146			2621.39	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THRO OTH

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRANSCATH THERA AR/VEN INFUS THRO OTHER	37214	CPT	inpatient			8511		4192.26 Americare	Americare		6383.25	0.75			2621.39	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THRO OTHER	37214	CPT	inpatient			8511		4192.26 WellPoint	WellPoint		2730.33	0.3208			2621.39	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THRO OTHER	37214	CPT	inpatient			8511		4192.26 Amerihealth	Medicare		3645.44	1			2621.39	8085.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA AR/VEN INFUS THRO OTHER	37214	CPT	inpatient			8511		4192.26 Consumer	Consumer		8085.45	0.95			2621.39	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THRO OTHER	37214	CPT	inpatient			8511		4192.26 Corrections	Corrections		6808.8	0.8			2621.39	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THRO OTHER	37214	CPT	inpatient			8511		4192.26 First Health	First Health		5957.7	0.7			2621.39	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THRO OTHER	37214	CPT	inpatient			8511		4192.26 First Trenton	First Trenton		7659.9	0.9			2621.39	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THRO OTHER	37214	CPT	inpatient			8511		4192.26 Horizon	Indemnity		6660.22	1.827			2621.39	8085.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA AR/VEN INFUS THRO OTHER	37214	CPT	inpatient			8511		4192.26 Horizon	MGD		6660.22	1.827			2621.39	8085.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA AR/VEN INFUS THRO OTHER	37214	CPT	inpatient			8511		4192.26 Horizon	Medicare Blue		3645.44	1			2621.39	8085.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA AR/VEN INFUS THRO OTHER	37214	CPT	inpatient			8511		4192.26 Horizon	PPO		6660.22	1.827			2621.39	8085.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA AR/VEN INFUS THRO OTHER	37214	CPT	inpatient			8511		4192.26 Managed Care Inc	Managed Care Inc		7659.9	0.9			2621.39	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THRO OTHER	37214	CPT	inpatient			8511		4192.26 Multiplan	Multiplan		6808.8	0.8			2621.39	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THRO OTHER	37214	CPT	inpatient			8511		4192.26 Qualcare	Qualcare		6383.25	0.75			2621.39	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THRO OTHER	37214	CPT	inpatient			8511		4192.26 Three Rivers	Three Rivers		8085.45	0.95			2621.39	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THRO OTHER	37214	CPT	inpatient			8511		4192.26 UHC	Medicaid		2577.56	0.3146			2621.39	8085.45	percent of total billed charges	
TRANSCATH THERA AR/VEN INFUS THRO OTHER	37214	CPT	inpatient			8511		4192.26 UHC	Medicare		3645.44	1			2621.39	8085.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA AR/VEN INFUS THRO OTHER	37214	CPT	inpatient			8511		4192.26 Wellcare	Medicare		3645.44	1			2621.39	8085.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH THERA AR/VEN INFUS THRO OTHER	37214	CPT	inpatient			8511		4192.26 Wellcare	Medicaid		2577.56	0.3146			2621.39	8085.45	percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	both			13012		Aetna	Commercial		4944.56	0.38			1502.7	12361.4	percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	both			13012		Aetna	Better Health		4093.58	0.3146			1502.7	12361.4	percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	both			13012		Aetna	Medicare		4007.7	0.308			1502.7	12361.4	percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	both			13012		Americare	Americare		9759	0.75			1502.7	12361.4	percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	both			13012		WellPoint	WellPoint		4174.25	0.3208			1502.7	12361.4	percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	both			13012		Consumer	Consumer		12361.4	0.95			1502.7	12361.4	percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	both			13012		Corrections	Corrections		10409.6	0.8			1502.7	12361.4	percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	both			13012		First Health	First Health		9108.4	0.7			1502.7	12361.4	percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	both			13012		First Trenton	First Trenton		11710.8	0.9			1502.7	12361.4	percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	both			13012		Horizon	Medicare Blue		3903.6	0.3			1502.7	12361.4	percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	both			13012		Horizon	MGD		4980.99	0.3828			1502.7	12361.4	percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	both			13012		Horizon	Indemnity		4980.99	0.3828			1502.7	12361.4	percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	both			13012		Horizon	PPO		4980.99	0.3828			1502.7	12361.4	percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	both			13012		Managed Care Inc	Managed Care Inc		11710.8	0.9			1502.7	12361.4	percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	both			13012		Multiplan	Multiplan		10409.6	0.8			1502.7	12361.4	percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	both			13012		Qualcare	Qualcare		9759	0.75			1502.7	12361.4	percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	both			13012		Three Rivers	Three Rivers		12361.4	0.95			1502.7	12361.4	percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	both			13012		UHC	Medicaid		4093.58	0.3146			1502.7	12361.4	percent of total billed charges	
TRANCERV CAROSTNT W/DIS EMB LT	37215	CPT	both			13012		Wellcare	Medicaid		4093.58	0.3146			1502.7	12361.4	percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Aetna	Better Health		1773.4	0.3146			1578.6	5355.15	percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Aetna	Commercial		2142.06	0.38			1578.6	5355.15	percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Aetna	Medicare		1736.2	0.308			1578.6	5355.15	percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Americare	Americare		4227.75	0.75			1578.6	5355.15	percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		WellPoint	WellPoint		1808.35	0.3208			1578.6	5355.15	percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Consumer	Consumer		5355.15	0.95			1578.6	5355.15	percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Corrections	Corrections		4509.6	0.8			1578.6	5355.15	percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		First Health	First Health		3945.9	0.7			1578.6	5355.15	percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		First Trenton	First Trenton		5073.3	0.9			1578.6	5355.15	percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Horizon	Indemnity		2157.84	0.3828			1578.6	5355.15	percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Horizon	MGD		2157.84	0.3828			1578.6	5355.15	percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Horizon	Medicare Blue		1691.1	0.3			1578.6	5355.15	percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Horizon	PPO		2157.84	0.3828			1578.6	5355.15	percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Managed Care Inc	Managed Care Inc		5073.3	0.9			1578.6	5355.15	percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Multiplan	Multiplan		4509.6	0.8			1578.6	5355.15	percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Qualcare	Qualcare		4227.75	0.75			1578.6	5355.15	percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Three Rivers	Three Rivers		5355.15	0.95			1578.6	5355.15	percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		UHC	Medicaid		1773.4	0.3146			1578.6	5355.15	percent of total billed charges	
TRAN CERV CARO W/O DIS EMB RT	37216	CPT	inpatient			5637		Wellcare	Medicaid		1773.4	0.3146			1578.6	5355.15	percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	Aetna	Better Health		6280.67	0.3146			6280.67	18965.8	percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	Aetna	Medicare		6536.86	1			6280.67	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC	37220	CPT	both			19964	7517.39	Aetna	Commercial		10406.68	1.592			6280.67	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC	37220	CPT	both			19964	7517.39	Americare	Americare		14973	0.75			6280.67	18965.8	percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	WellPoint	WellPoint		6404.45	0.3208			6280.67	18965.8	percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	Amerihealth	Medicare		6536.86	1			6280.67	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC	37220	CPT	both			19964	7517.39	Consumer	Consumer		18965.8	0.95			6280.67	18965.8	percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	Corrections	Corrections		15971.2	0.8			6280.67	18965.8	percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	First Health	First Health		13974.8	0.7			6280.67	18965.8	percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	First Trenton	First Trenton		17967.6	0.9			6280.67	18965.8	percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	Horizon	MGD		11942.84	1.827			6280.67	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC	37220	CPT	both			19964	7517.39	Horizon	Medicare Blue		6536.86	1			6280.67	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC	37220	CPT	both			19964	7517.39	Horizon	Indemnity		11942.84	1.827			6280.67	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC	37220	CPT	both			19964	7517.39	Horizon	PPO		11942.84	1.827			6280.67	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC	37220	CPT	both			19964	7517.39	Managed Care Inc	Managed Care Inc		17967.6	0.9			6280.67	18965.8	percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	Multiplan	Multiplan		15971.2	0.8			6280.67	18965.8	percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	Qualcare	Qualcare		14973	0.75			6280.67	18965.8	percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	Three Rivers	Three Rivers		18965.8	0.95			6280.67	18965.8	percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	UHC	Medicaid		6280.67	0.3146			6280.67	18965.8	percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	UHC	Medicare		6536.86	1			6280.67	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC	37220	CPT	both			19964	7517.39	Wellcare	Medicaid		6280.67	0.3146			6280.67	18965.8	percent of total billed charges	
LLIAC REVASC	37220	CPT	both			19964	7517.39	Wellcare	Medicare		6536.86	1			6280.67	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Aetna	Better Health		6280.67	0.3146			6280.67	22986.84	percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Aetna	Commercial		20030.13	1.592			6280.67	22986.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Aetna	Medicare		12581.74	1			6280.67	22986.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Americare	Americare		14973	0.75			6280.67	22986.84	percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	WellPoint	WellPoint		6404.45	0.3208			6280.67	22986.84	percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Amerihealth	Medicare		12581.74	1			6280.67	22986.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Consumer	Consumer		18965.8	0.95			6280.67	22986.84	percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Corrections	Corrections		15971.2	0.8			6280.67	22986.84	percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	First Health	First Health		13974.8	0.7			6280.67	22986.84	percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	First Trenton	First Trenton		17967.6	0.9			6280.67	22986.84	percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Horizon	Indemnity		22986.84	1.827			6280.67	22986.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Horizon	Medicare Blue		12581.74	1			6280.67	22986.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Horizon	MGD		22986.84	1.827			6280.67	22986.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Horizon	PPO		22986.84	1.827			6280.67	22986.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Managed Care Inc	Managed Care Inc		17967.6	0.9			6280.67	22986.84	percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Multiplan	Multiplan		15971.2	0.8			6280.67	22986.84	percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Qualcare	Qualcare		14973	0.75			6280.67	22986.84	percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Three Rivers	Three Rivers		18965.8	0.95			6280.67	22986.84	percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	UHC	Medicaid		6280.67	0.3146			6280.67	22986.84	percent of total billed charges	
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	UHC	Medicare		12581.74	1			6280.67	22986.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Wellcare	Medicare		12581.74	1			6280.67	22986.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LLIAC REVASC W/STENT	37221	CPT	both			19964	14469	Wellcare	Medicaid		6280.67	0.3146			6280.67	22986.84	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Aetna	Medicare		6369.44	0.308			5989.2	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Aetna	Better Health		6505.93	0.3146			5989.2	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Aetna	Commercial		7858.4	0.38			5989.2	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Americare	Americare		15510	0.75			5989.2	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		WellPoint	WellPoint		6634.14	0.3208			5989.2	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Consumer	Consumer		19646	0.95			5989.2	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Corrections	Corrections		16544	0.8			5989.2	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		First Health	First Health		14476	0.7			5989.2	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		First Trenton	First Trenton		18612	0.9			5989.2	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Horizon	MGD		7916.3	0.3828			5989.2	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Horizon	Indemnity		7916.3	0.3828			5989.2	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Horizon	Medicare Blue		6204	0.3			5989.2	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Horizon	PPO		7916.3	0.3828			5989.2	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Managed Care Inc	Managed Care Inc		18612	0.9			5989.2	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Multiplan	Multiplan		16544	0.8			5989.2	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Qualcare	Qualcare		15510	0.75			5989.2	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Three Rivers	Three Rivers		19646	0.95			5989.2	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		UHC	Medicaid		6505.93	0.3146			5989.2	19646	percent of total billed charges	
ILIAC REVASC W/ PTA ADD ON	37222	CPT	outpatient			20680		Wellcare	Medicaid		6505.93	0.3146			5989.2	19646	percent of total billed charges	
LLIAC REVASC W/STENT ADD-ON	37223	CPT	outpatient			19964		Aetna	Better Health		6280.67	0.3146			5989.2	18965.8	percent of total billed charges	
LLIAC REVASC W/STENT ADD-ON	37223	CPT	outpatient			19964		Aetna	Commercial		7586.32	0.38			5989.2	18965.8	percent of total billed charges	
LLIAC REVASC W/STENT ADD-ON	37223	CPT	outpatient			19964		Aetna	Medicare		6148.91	0.308			5989.2	18965.8	percent of total billed charges	
LLIAC REVASC W/STENT ADD-ON	37223	CPT	outpatient			19964		Americare	Americare		14973	0.75			5989.2	18965.8	percent of total billed charges	
LLIAC REVASC W/STENT ADD-ON	37223	CPT	outpatient			19964		WellPoint	WellPoint		6404.45	0.3208			5989.2	18965.8	percent of total billed charges	
LLIAC REVASC W/STENT ADD-ON	37223	CPT	outpatient			19964		Consumer	Consumer		18965.8	0.95			5989.2	18965.8	percent of total billed charges	
LLIAC REVASC W/STENT ADD-ON	37223	CPT	outpatient			19964		Corrections	Corrections		15971.2	0.8			5989.2	18965.8	percent of total billed charges	
LLIAC REVASC W/STENT ADD-ON	37223	CPT	outpatient			19964		First Health	First Health		13974.8	0.7			5989.2	18965.8	percent of total billed charges	
LLIAC REVASC W/STENT ADD-ON	37223	CPT	outpatient			19964		First Trenton	First Trenton		17967.6	0.9			5989.2	18965.8	percent of total billed charges	
LLIAC REVASC W/STENT ADD-ON	37223	CPT	outpatient			19964		Horizon	MGD		7642.22	0.3828			5989.2	18965.8	percent of total billed charges	
LLIAC REVASC W/STENT ADD-ON	37223	CPT	outpatient			19964		Horizon	PPO		7642.22	0.3828			5989.2	18965.8	percent of total billed charges	
LLIAC REVASC W/STENT ADD-ON	37223	CPT	outpatient			19964		Horizon	Indemnity		7642.22	0.3828			5989.2	18965.8	percent of total billed charges	
LLIAC REVASC W/STENT ADD-ON	37223	CPT	outpatient			19964		Horizon	Medicare Blue		5989.2	0.3			5989.2	18965.8	percent of total billed charges	
LLIAC REVASC W/STENT ADD-ON	37223	CPT	outpatient			19964		Managed Care Inc	Managed Care Inc		17967.6	0.9			5989.2	18965.8	percent of total billed charges	
LLIAC REVASC W/STENT ADD-ON	37223	CPT	outpatient			19964		Multiplan	Multiplan		15971.2	0.8			5989.2	18965.8	percent of total billed charges	
LLIAC REVASC W/STENT ADD-ON	37223	CPT	outpatient			19964		Qualcare	Qualcare		14973	0.75			5989.2	18965.8	percent of total billed charges	
LLIAC REVASC W/STENT ADD-ON	37223	CPT	outpatient			19964		Three Rivers	Three Rivers		18965.8	0.95			5989.2	18965.8	percent of total billed charges	
LLIAC REVASC W/STENT ADD-ON	37223	CPT	outpatient			19964		UHC	Medicaid		6280.67	0.3146			5989.2	18965.8	percent of total billed charges	
LLIAC REVASC W/STENT ADD-ON	37223	CPT	outpatient			19964		Wellcare	Medicaid		6280.67	0.3146			5989.2	18965.8	percent of total billed charges	
FEM/POPL REVAS W/TLA	37224	CPT	both			19964	7517.39	Aetna	Better Health		6280.67	0.3146			6148.91	18965.8	percent of total billed charges	
FEM/POPL REVAS W/TLA	37224	CPT	both			19964	7517.39	Aetna	Medicare		6148.91	0.308			6148.91	18965.8	percent of total billed charges	
FEM/POPL REVAS W/TLA	37224	CPT	both			19964	7517.39	Aetna	Commercial		10406.68	1.592			6148.91	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVAS W/TLA	37224	CPT	both			19964	7517.39	Americare	Americare		14973	0.75			6148.91	18965.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FEM/POPL REVAS W/TLA	37224	CPT	both			19964	7517.39	WellPoint	WellPoint		6404.45	0.3208			6148.91	18965.8	percent of total billed charges	
FEM/POPL REVAS W/TLA	37224	CPT	both			19964	7517.39	Amerihealth	Medicare		6536.86	1			6148.91	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVAS W/TLA	37224	CPT	both			19964	7517.39	Consumer	Consumer		18965.8	0.95			6148.91	18965.8	percent of total billed charges	
FEM/POPL REVAS W/TLA	37224	CPT	both			19964	7517.39	Corrections	Corrections		15971.2	0.8			6148.91	18965.8	percent of total billed charges	
FEM/POPL REVAS W/TLA	37224	CPT	both			19964	7517.39	First Health	First Health		13974.8	0.7			6148.91	18965.8	percent of total billed charges	
FEM/POPL REVAS W/TLA	37224	CPT	both			19964	7517.39	First Trenton	First Trenton		17967.6	0.9			6148.91	18965.8	percent of total billed charges	
FEM/POPL REVAS W/TLA	37224	CPT	both			19964	7517.39	Horizon	Indemnity		11942.84	1.827			6148.91	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVAS W/TLA	37224	CPT	both			19964	7517.39	Horizon	PPO		11942.84	1.827			6148.91	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVAS W/TLA	37224	CPT	both			19964	7517.39	Horizon	MGD		11942.84	1.827			6148.91	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVAS W/TLA	37224	CPT	both			19964	7517.39	Horizon	Medicare Blue		6536.86	1			6148.91	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVAS W/TLA	37224	CPT	both			19964	7517.39	Managed Care Inc	Managed Care Inc		17967.6	0.9			6148.91	18965.8	percent of total billed charges	
FEM/POPL REVAS W/TLA	37224	CPT	both			19964	7517.39	Multiplan	Multiplan		15971.2	0.8			6148.91	18965.8	percent of total billed charges	
FEM/POPL REVAS W/TLA	37224	CPT	both			19964	7517.39	Qualcare	Qualcare		14973	0.75			6148.91	18965.8	percent of total billed charges	
FEM/POPL REVAS W/TLA	37224	CPT	both			19964	7517.39	Three Rivers	Three Rivers		18965.8	0.95			6148.91	18965.8	percent of total billed charges	
FEM/POPL REVAS W/TLA	37224	CPT	both			19964	7517.39	UHC	Medicaid		6280.67	0.3146			6148.91	18965.8	percent of total billed charges	
FEM/POPL REVAS W/TLA	37224	CPT	both			19964	7517.39	UHC	Medicare		6536.86	1			6148.91	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVAS W/TLA	37224	CPT	both			19964	7517.39	Wellcare	Medicaid		6280.67	0.3146			6148.91	18965.8	percent of total billed charges	
FEM/POPL REVAS W/TLA	37224	CPT	both			19964	7517.39	Wellcare	Medicare		6536.86	1			6148.91	18965.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVAS W/ATHER	37225	CPT	both			42376	23062.62	Aetna	Commercial		31926.68	1.592			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVAS W/ATHER	37225	CPT	both			42376	23062.62	Aetna	Better Health		13331.49	0.3146			13331.49	40257.2	percent of total billed charges	
FEM/POPL REVAS W/ATHER	37225	CPT	both			42376	23062.62	Aetna	Medicare		20054.45	1			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVAS W/ATHER	37225	CPT	both			42376	23062.62	Americare	Americare		31782	0.75			13331.49	40257.2	percent of total billed charges	
FEM/POPL REVAS W/ATHER	37225	CPT	both			42376	23062.62	WellPoint	WellPoint		13594.22	0.3208			13331.49	40257.2	percent of total billed charges	
FEM/POPL REVAS W/ATHER	37225	CPT	both			42376	23062.62	Amerihealth	Medicare		20054.45	1			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVAS W/ATHER	37225	CPT	both			42376	23062.62	Consumer	Consumer		40257.2	0.95			13331.49	40257.2	percent of total billed charges	
FEM/POPL REVAS W/ATHER	37225	CPT	both			42376	23062.62	Corrections	Corrections		33900.8	0.8			13331.49	40257.2	percent of total billed charges	
FEM/POPL REVAS W/ATHER	37225	CPT	both			42376	23062.62	First Health	First Health		29663.2	0.7			13331.49	40257.2	percent of total billed charges	
FEM/POPL REVAS W/ATHER	37225	CPT	both			42376	23062.62	First Trenton	First Trenton		38138.4	0.9			13331.49	40257.2	percent of total billed charges	
FEM/POPL REVAS W/ATHER	37225	CPT	both			42376	23062.62	Horizon	Indemnity		36639.48	1.827			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVAS W/ATHER	37225	CPT	both			42376	23062.62	Horizon	MGD		36639.48	1.827			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVAS W/ATHER	37225	CPT	both			42376	23062.62	Horizon	Medicare Blue		20054.45	1			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVAS W/ATHER	37225	CPT	both			42376	23062.62	Horizon	PPO		36639.48	1.827			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVAS W/ATHER	37225	CPT	both			42376	23062.62	Managed Care Inc	Managed Care Inc		38138.4	0.9			13331.49	40257.2	percent of total billed charges	
FEM/POPL REVAS W/ATHER	37225	CPT	both			42376	23062.62	Multiplan	Multiplan		33900.8	0.8			13331.49	40257.2	percent of total billed charges	
FEM/POPL REVAS W/ATHER	37225	CPT	both			42376	23062.62	Qualcare	Qualcare		31782	0.75			13331.49	40257.2	percent of total billed charges	
FEM/POPL REVAS W/ATHER	37225	CPT	both			42376	23062.62	Three Rivers	Three Rivers		40257.2	0.95			13331.49	40257.2	percent of total billed charges	
FEM/POPL REVAS W/ATHER	37225	CPT	both			42376	23062.62	UHC	Medicaid		13331.49	0.3146			13331.49	40257.2	percent of total billed charges	
FEM/POPL REVAS W/ATHER	37225	CPT	both			42376	23062.62	UHC	Medicare		20054.45	1			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVAS W/ATHER	37225	CPT	both			42376	23062.62	Wellcare	Medicaid		13331.49	0.3146			13331.49	40257.2	percent of total billed charges	
FEM/POPL REVAS W/ATHER	37225	CPT	both			42376	23062.62	Wellcare	Medicare		20054.45	1			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVASC W/STENT	37226	CPT	both			42376	14469	Aetna	Better Health		13331.49	0.3146			12581.74	40257.2	percent of total billed charges	
FEM/POPL REVASC W/STENT	37226	CPT	both			42376	14469	Aetna	Medicare		12581.74	1			12581.74	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVASC W/STENT	37226	CPT	both			42376	14469	Aetna	Commercial		20030.13	1.592			12581.74	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVASC W/STENT	37226	CPT	both			42376	14469	Americare	Americare		31782	0.75			12581.74	40257.2	percent of total billed charges	
FEM/POPL REVASC W/STENT	37226	CPT	both			42376	14469	WellPoint	WellPoint		13594.22	0.3208			12581.74	40257.2	percent of total billed charges	
FEM/POPL REVASC W/STENT	37226	CPT	both			42376	14469	Amerihealth	Medicare		12581.74	1			12581.74	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVASC W/STENT	37226	CPT	both			42376	14469	Consumer	Consumer		40257.2	0.95			12581.74	40257.2	percent of total billed charges	
FEM/POPL REVASC W/STENT	37226	CPT	both			42376	14469	Corrections	Corrections		33900.8	0.8			12581.74	40257.2	percent of total billed charges	
FEM/POPL REVASC W/STENT	37226	CPT	both			42376	14469	First Health	First Health		29663.2	0.7			12581.74	40257.2	percent of total billed charges	
FEM/POPL REVASC W/STENT	37226	CPT	both			42376	14469	First Trenton	First Trenton		38138.4	0.9			12581.74	40257.2	percent of total billed charges	
FEM/POPL REVASC W/STENT	37226	CPT	both			42376	14469	Horizon	PPO		22986.84	1.827			12581.74	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVASC W/STENT	37226	CPT	both			42376	14469	Horizon	Medicare Blue		12581.74	1			12581.74	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVASC W/STENT	37226	CPT	both			42376	14469	Horizon	MGD		22986.84	1.827			12581.74	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVASC W/STENT	37226	CPT	both			42376	14469	Horizon	Indemnity		22986.84	1.827			12581.74	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVASC W/STENT	37226	CPT	both			42376	14469	Managed Care Inc	Managed Care Inc		38138.4	0.9			12581.74	40257.2	percent of total billed charges	
FEM/POPL REVASC W/STENT	37226	CPT	both			42376	14469	Multiplan	Multiplan		33900.8	0.8			12581.74	40257.2	percent of total billed charges	
FEM/POPL REVASC W/STENT	37226	CPT	both			42376	14469	Qualcare	Qualcare		31782	0.75			12581.74	40257.2	percent of total billed charges	
FEM/POPL REVASC W/STENT	37226	CPT	both			42376	14469	Three Rivers	Three Rivers		40257.2	0.95			12581.74	40257.2	percent of total billed charges	
FEM/POPL REVASC W/STENT	37226	CPT	both			42376	14469	UHC	Medicaid		13331.49	0.3146			12581.74	40257.2	percent of total billed charges	
FEM/POPL REVASC W/STENT	37226	CPT	both			42376	14469	UHC	Medicare		12581.74	1			12581.74	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVASC W/STENT	37226	CPT	both			42376	14469	Wellcare	Medicaid		13331.49	0.3146			12581.74	40257.2	percent of total billed charges	
FEM/POPL REVASC W/STENT	37226	CPT	both			42376	14469	Wellcare	Medicare		12581.74	1			12581.74	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Aetna	Medicare		20054.45	1			20054.45	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Aetna	Better Health		23084.72	0.3146			20054.45	69709.1	percent of total billed charges	
FEM/POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Aetna	Commercial		31926.68	1.592			20054.45	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Americare	Americare		55033.5	0.75			20054.45	69709.1	percent of total billed charges	
FEM/POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	WellPoint	WellPoint		23539.66	0.3208			20054.45	69709.1	percent of total billed charges	
FEM/POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Amerihealth	Medicare		20054.45	1			20054.45	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Consumer	Consumer		69709.1	0.95			20054.45	69709.1	percent of total billed charges	
FEM/POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Corrections	Corrections		58702.4	0.8			20054.45	69709.1	percent of total billed charges	
FEM/POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	First Health	First Health		51364.6	0.7			20054.45	69709.1	percent of total billed charges	
FEM/POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	First Trenton	First Trenton		66040.2	0.9			20054.45	69709.1	percent of total billed charges	
FEM/POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Horizon	Medicare Blue		20054.45	1			20054.45	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Horizon	Indemnity		36639.48	1.827			20054.45	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Horizon	MGD		36639.48	1.827			20054.45	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Horizon	PPO		36639.48	1.827			20054.45	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Managed Care Inc	Managed Care Inc		66040.2	0.9			20054.45	69709.1	percent of total billed charges	
FEM/POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Multiplan	Multiplan		58702.4	0.8			20054.45	69709.1	percent of total billed charges	
FEM/POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Qualcare	Qualcare		55033.5	0.75			20054.45	69709.1	percent of total billed charges	
FEM/POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Three Rivers	Three Rivers		69709.1	0.95			20054.45	69709.1	percent of total billed charges	
FEM/POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	UHC	Medicare		20054.45	1			20054.45	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	UHC	Medicaid		23084.72	0.3146			20054.45	69709.1	percent of total billed charges	
FEM/POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Wellcare	Medicare		20054.45	1			20054.45	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEM/POPL REVASC STNT & ATHER	37227	CPT	both			73378	23062.62	Wellcare	Medicaid		23084.72	0.3146			20054.45	69709.1	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964	14469	Aetna	Commercial		20030.13	1.592			6280.67	22986.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/TLA	37228	CPT	both			19964	14469	Aetna	Better Health		6280.67	0.3146			6280.67	22986.84	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964	14469	Aetna	Medicare		12581.74	1			6280.67	22986.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/TLA	37228	CPT	both			19964	14469	Americare	Americare		14973	0.75			6280.67	22986.84	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964	14469	WellPoint	WellPoint		6404.45	0.3208			6280.67	22986.84	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964	14469	Amerihealth	Medicare		12581.74	1			6280.67	22986.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/TLA	37228	CPT	both			19964	14469	Consumer	Consumer		18965.8	0.95			6280.67	22986.84	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964	14469	Corrections	Corrections		15971.2	0.8			6280.67	22986.84	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964	14469	First Health	First Health		13974.8	0.7			6280.67	22986.84	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964	14469	First Trenton	First Trenton		17967.6	0.9			6280.67	22986.84	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964	14469	Horizon	Indemnity		22986.84	1.827			6280.67	22986.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/TLA	37228	CPT	both			19964	14469	Horizon	MGD		22986.84	1.827			6280.67	22986.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/TLA	37228	CPT	both			19964	14469	Horizon	Medicare Blue		12581.74	1			6280.67	22986.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/TLA	37228	CPT	both			19964	14469	Horizon	PPO		22986.84	1.827			6280.67	22986.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/TLA	37228	CPT	both			19964	14469	Managed Care Inc	Managed Care Inc		17967.6	0.9			6280.67	22986.84	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964	14469	Multiplan	Multiplan		15971.2	0.8			6280.67	22986.84	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964	14469	Qualcare	Qualcare		14973	0.75			6280.67	22986.84	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964	14469	Three Rivers	Three Rivers		18965.8	0.95			6280.67	22986.84	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964	14469	UHC	Medicaid		6280.67	0.3146			6280.67	22986.84	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964	14469	UHC	Medicare		12581.74	1			6280.67	22986.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/TLA	37228	CPT	both			19964	14469	Wellcare	Medicaid		6280.67	0.3146			6280.67	22986.84	percent of total billed charges	
TIB/PER REVASC W/TLA	37228	CPT	both			19964	14469	Wellcare	Medicare		12581.74	1			6280.67	22986.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376	23062.62	Aetna	Medicare		20054.45	1			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376	23062.62	Aetna	Commercial		31926.68	1.592			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376	23062.62	Aetna	Better Health		13331.49	0.3146			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376	23062.62	Americare	Americare		31782	0.75			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376	23062.62	WellPoint	WellPoint		13594.22	0.3208			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376	23062.62	Amerihealth	Medicare		20054.45	1			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376	23062.62	Consumer	Consumer		40257.2	0.95			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376	23062.62	Corrections	Corrections		33900.8	0.8			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376	23062.62	First Health	First Health		29663.2	0.7			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376	23062.62	First Trenton	First Trenton		38138.4	0.9			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376	23062.62	Horizon	Medicare Blue		20054.45	1			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376	23062.62	Horizon	PPO		36639.48	1.827			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376	23062.62	Horizon	MGD		36639.48	1.827			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376	23062.62	Horizon	Indemnity		36639.48	1.827			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376	23062.62	Managed Care Inc	Managed Care Inc		38138.4	0.9			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376	23062.62	Multiplan	Multiplan		33900.8	0.8			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376	23062.62	Qualcare	Qualcare		31782	0.75			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376	23062.62	Three Rivers	Three Rivers		40257.2	0.95			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376	23062.62	UHC	Medicaid		13331.49	0.3146			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376	23062.62	UHC	Medicare		20054.45	1			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376	23062.62	Wellcare	Medicaid		13331.49	0.3146			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHERECTOMY	37229	CPT	both			42376	23062.62	Wellcare	Medicare		20054.45	1			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/STENT	37230	CPT	inpatient			42376	23062.62	Aetna	Better Health		13331.49	0.3146			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	inpatient			42376	23062.62	Aetna	Commercial		31926.68	1.592			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/STENT	37230	CPT	inpatient			42376	23062.62	Aetna	Medicare		20054.45	1			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/STENT	37230	CPT	inpatient			42376	23062.62	Americare	Americare		31782	0.75			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	inpatient			42376	23062.62	WellPoint	WellPoint		13594.22	0.3208			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	inpatient			42376	23062.62	Amerihealth	Medicare		20054.45	1			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/STENT	37230	CPT	inpatient			42376	23062.62	Consumer	Consumer		40257.2	0.95			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	inpatient			42376	23062.62	Corrections	Corrections		33900.8	0.8			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	inpatient			42376	23062.62	First Health	First Health		29663.2	0.7			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	inpatient			42376	23062.62	First Trenton	First Trenton		38138.4	0.9			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	inpatient			42376	23062.62	Horizon	Indemnity		36639.48	1.827			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/STENT	37230	CPT	inpatient			42376	23062.62	Horizon	MGD		36639.48	1.827			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/STENT	37230	CPT	inpatient			42376	23062.62	Horizon	Medicare Blue		20054.45	1			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/STENT	37230	CPT	inpatient			42376	23062.62	Horizon	PPO		36639.48	1.827			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/STENT	37230	CPT	inpatient			42376	23062.62	Managed Care Inc	Managed Care Inc		38138.4	0.9			13331.49	40257.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TIB/PER REVASC W/STENT	37230	CPT	inpatient			42376		23062.62 Multiplan	Multiplan		33900.8	0.8			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	inpatient			42376		23062.62 Qualcare	Qualcare		31782	0.75			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	inpatient			42376		23062.62 Three Rivers	Three Rivers		40257.2	0.95			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	inpatient			42376		23062.62 UHC	Medicaid		13331.49	0.3146			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC W/STENT	37230	CPT	inpatient			42376		23062.62 UHC	Medicare		20054.45	1			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/STENT	37230	CPT	inpatient			42376		23062.62 Wellcare	Medicare		20054.45	1			13331.49	40257.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/STENT	37230	CPT	inpatient			42376		23062.62 Wellcare	Medicaid		13331.49	0.3146			13331.49	40257.2	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Aetna	Medicare		22600.42	0.308			20054.45	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Aetna	Commercial		31926.68	1.592			20054.45	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Aetna	Better Health		23084.72	0.3146			20054.45	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Americare	Americare		55033.5	0.75			20054.45	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 WellPoint	WellPoint		23539.66	0.3208			20054.45	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Amerihealth	Medicare		20054.45	1			20054.45	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Consumer	Consumer		69709.1	0.95			20054.45	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Corrections	Corrections		58702.4	0.8			20054.45	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 First Health	First Health		51364.6	0.7			20054.45	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 First Trenton	First Trenton		66040.2	0.9			20054.45	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Horizon	PPO		36639.48	1.827			20054.45	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Horizon	MGD		36639.48	1.827			20054.45	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Horizon	Indemnity		36639.48	1.827			20054.45	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Horizon	Medicare Blue		20054.45	1			20054.45	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Managed Care Inc	Managed Care Inc		66040.2	0.9			20054.45	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Multiplan	Multiplan		58702.4	0.8			20054.45	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Qualcare	Qualcare		55033.5	0.75			20054.45	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Three Rivers	Three Rivers		69709.1	0.95			20054.45	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 UHC	Medicaid		23084.72	0.3146			20054.45	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 UHC	Medicare		20054.45	1			20054.45	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Wellcare	Medicaid		23084.72	0.3146			20054.45	69709.1	percent of total billed charges	
TIB/PER REVASC STNT/ATHERECTMY	37231	CPT	both			73378		23062.62 Wellcare	Medicare		20054.45	1			20054.45	69709.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	inpatient			19964		Aetna	Better Health		6280.67	0.3146			5989.2	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	inpatient			19964		Aetna	Commercial		7586.32	0.38			5989.2	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	inpatient			19964		Aetna	Medicare		6148.91	0.308			5989.2	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	inpatient			19964		Americare	Americare		14973	0.75			5989.2	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	inpatient			19964		WellPoint	WellPoint		6404.45	0.3208			5989.2	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	inpatient			19964		Consumer	Consumer		18965.8	0.95			5989.2	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	inpatient			19964		Corrections	Corrections		15971.2	0.8			5989.2	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	inpatient			19964		First Health	First Health		13974.8	0.7			5989.2	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	inpatient			19964		First Trenton	First Trenton		17967.6	0.9			5989.2	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	inpatient			19964		Horizon	MGD		7642.22	0.3828			5989.2	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	inpatient			19964		Horizon	Medicare Blue		5989.2	0.3			5989.2	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	inpatient			19964		Horizon	Indemnity		7642.22	0.3828			5989.2	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	inpatient			19964		Horizon	PPO		7642.22	0.3828			5989.2	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	inpatient			19964		Managed Care Inc	Managed Care Inc		17967.6	0.9			5989.2	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	inpatient			19964		Multiplan	Multiplan		15971.2	0.8			5989.2	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	inpatient			19964		Qualcare	Qualcare		14973	0.75			5989.2	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	inpatient			19964		Three Rivers	Three Rivers		18965.8	0.95			5989.2	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	inpatient			19964		UHC	Medicaid		6280.67	0.3146			5989.2	18965.8	percent of total billed charges	
TIB/PER REVASC W/PTA ADD-ON	37232	CPT	inpatient			19964		Wellcare	Medicaid		6280.67	0.3146			5989.2	18965.8	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	outpatient			42376		Aetna	Better Health		13331.49	0.3146			12712.8	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	outpatient			42376		Aetna	Medicare		13051.81	0.308			12712.8	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	outpatient			42376		Aetna	Commercial		16102.88	0.38			12712.8	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	outpatient			42376		Americare	Americare		31782	0.75			12712.8	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	outpatient			42376		WellPoint	WellPoint		13594.22	0.3208			12712.8	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	outpatient			42376		Consumer	Consumer		40257.2	0.95			12712.8	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	outpatient			42376		Corrections	Corrections		33900.8	0.8			12712.8	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	outpatient			42376		First Health	First Health		29663.2	0.7			12712.8	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	outpatient			42376		First Trenton	First Trenton		38138.4	0.9			12712.8	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	outpatient			42376		Horizon	Medicare Blue		12712.8	0.3			12712.8	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	outpatient			42376		Horizon	Indemnity		16221.53	0.3828			12712.8	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	outpatient			42376		Horizon	MGD		16221.53	0.3828			12712.8	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	outpatient			42376		Horizon	PPO		16221.53	0.3828			12712.8	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	outpatient			42376		Managed Care Inc	Managed Care Inc		38138.4	0.9			12712.8	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	outpatient			42376		Multiplan	Multiplan		33900.8	0.8			12712.8	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	outpatient			42376		Qualcare	Qualcare		31782	0.75			12712.8	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	outpatient			42376		Three Rivers	Three Rivers		40257.2	0.95			12712.8	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	outpatient			42376		UHC	Medicaid		13331.49	0.3146			12712.8	40257.2	percent of total billed charges	
TIB/PER REVASC W/ATHER ADD-ON	37233	CPT	outpatient			42376		Wellcare	Medicaid		13331.49	0.3146			12712.8	40257.2	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Aetna	Better Health		6280.67	0.3146			5989.2	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Aetna	Commercial		7586.32	0.38			5989.2	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Aetna	Medicare		6148.91	0.308			5989.2	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Americare	Americare		14973	0.75			5989.2	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		WellPoint	WellPoint		6404.45	0.3208			5989.2	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Consumer	Consumer		18965.8	0.95			5989.2	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Corrections	Corrections		15971.2	0.8			5989.2	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		First Health	First Health		13974.8	0.7			5989.2	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		First Trenton	First Trenton		17967.6	0.9			5989.2	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Horizon	Medicare Blue		5989.2	0.3			5989.2	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Horizon	MGD		7642.22	0.3828			5989.2	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Horizon	Indemnity		7642.22	0.3828			5989.2	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Horizon	PPO		7642.22	0.3828			5989.2	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Managed Care Inc	Managed Care Inc		17967.6	0.9			5989.2	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Multiplan	Multiplan		15971.2	0.8			5989.2	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Qualcare	Qualcare		14973	0.75			5989.2	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Three Rivers	Three Rivers		18965.8	0.95			5989.2	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		UHC	Medicaid		6280.67	0.3146			5989.2	18965.8	percent of total billed charges	
REVSC OPN/PRQ TIB/PERO STENT	37234	CPT	inpatient			19964		Wellcare	Medicaid		6280.67	0.3146			5989.2	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Aetna	Commercial		7586.32	0.38			5989.2	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Aetna	Better Health		6280.67	0.3146			5989.2	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Aetna	Medicare		6148.91	0.308			5989.2	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Americare	Americare		14973	0.75			5989.2	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		WellPoint	WellPoint		6404.45	0.3208			5989.2	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Consumer	Consumer		18965.8	0.95			5989.2	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Corrections	Corrections		15971.2	0.8			5989.2	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		First Health	First Health		13974.8	0.7			5989.2	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		First Trenton	First Trenton		17967.6	0.9			5989.2	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Horizon	MGD		7642.22	0.3828			5989.2	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Horizon	Indemnity		7642.22	0.3828			5989.2	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Horizon	PPO		7642.22	0.3828			5989.2	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Horizon	Medicare Blue		5989.2	0.3			5989.2	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Managed Care Inc	Managed Care Inc		17967.6	0.9			5989.2	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Multiplan	Multiplan		15971.2	0.8			5989.2	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Qualcare	Qualcare		14973	0.75			5989.2	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Three Rivers	Three Rivers		18965.8	0.95			5989.2	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		UHC	Medicaid		6280.67	0.3146			5989.2	18965.8	percent of total billed charges	
TIB/PER REVSC STNT/ATHR ADD-ON	37235	CPT	outpatient			19964		Wellcare	Medicaid		6280.67	0.3146			5989.2	18965.8	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Aetna	Better Health		13720.02	0.3146			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Aetna	Commercial		20030.13	1.592			12581.74	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Aetna	Medicare		13432.19	0.308			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Americare	Americare		32708.25	0.75			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 WellPoint	WellPoint		13990.41	0.3208			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Amerihealth	Medicare		12581.74	1			12581.74	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Consumer	Consumer		41430.45	0.95			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Corrections	Corrections		34888.8	0.8			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 First Health	First Health		30527.7	0.7			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 First Trenton	First Trenton		39249.9	0.9			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Horizon	Indemnity		22986.84	1.827			12581.74	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Horizon	PPO		22986.84	1.827			12581.74	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Horizon	Medicare Blue		12581.74	1			12581.74	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Horizon	MGD		22986.84	1.827			12581.74	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Managed Care Inc	Managed Care Inc		39249.9	0.9			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Multiplan	Multiplan		34888.8	0.8			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Qualcare	Qualcare		32708.25	0.75			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Three Rivers	Three Rivers		41430.45	0.95			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 UHC	Medicare		12581.74	1			12581.74	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 UHC	Medicaid		13720.02	0.3146			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Wellcare	Medicaid		13720.02	0.3146			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37236	CPT	both			43611		14469 Wellcare	Medicare		12581.74	1			12581.74	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO-TMS CATH PLACE EACH ADDED ART STE	37237	CPT	outpatient			21095		Aetna	Better Health		6636.49	0.3146			6328.5	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE EACH ADDED ART STE	37237	CPT	outpatient			21095		Aetna	Medicare		6497.26	0.308			6328.5	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE EACH ADDED ART STE	37237	CPT	outpatient			21095		Aetna	Commercial		8016.1	0.38			6328.5	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE EACH ADDED ART STE	37237	CPT	outpatient			21095		Americare	Americare		15821.25	0.75			6328.5	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE EACH ADDED ART STE	37237	CPT	outpatient			21095		WellPoint	WellPoint		6767.28	0.3208			6328.5	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE EACH ADDED ART STE	37237	CPT	outpatient			21095		Consumer	Consumer		20040.25	0.95			6328.5	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE EACH ADDED ART STE	37237	CPT	outpatient			21095		Corrections	Corrections		16876	0.8			6328.5	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE EACH ADDED ART STE	37237	CPT	outpatient			21095		First Health	First Health		14766.5	0.7			6328.5	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE EACH ADDED ART STE	37237	CPT	outpatient			21095		First Trenton	First Trenton		18985.5	0.9			6328.5	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE EACH ADDED ART STE	37237	CPT	outpatient			21095		Horizon	Medicare Blue		6328.5	0.3			6328.5	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE EACH ADDED ART STE	37237	CPT	outpatient			21095		Horizon	Indemnity		8075.17	0.3828			6328.5	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE EACH ADDED ART STE	37237	CPT	outpatient			21095		Horizon	MGD		8075.17	0.3828			6328.5	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE EACH ADDED ART STE	37237	CPT	outpatient			21095		Horizon	PPO		8075.17	0.3828			6328.5	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE EACH ADDED ART STE	37237	CPT	outpatient			21095		Managed Care Inc	Managed Care Inc		18985.5	0.9			6328.5	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE EACH ADDED ART STE	37237	CPT	outpatient			21095		Multiplan	Multiplan		16876	0.8			6328.5	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE EACH ADDED ART STE	37237	CPT	outpatient			21095		Qualcare	Qualcare		15821.25	0.75			6328.5	20040.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANGIO-TMS CATH PLACE EACH ADDED ART STE	37237	CPT	outpatient			21095		Three Rivers	Three Rivers		20040.25	0.95			6328.5	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE EACH ADDED ART STE	37237	CPT	outpatient			21095		UHC	Medicaid		6636.49	0.3146			6328.5	20040.25	percent of total billed charges	
ANGIO-TMS CATH PLACE EACH ADDED ART STE	37237	CPT	outpatient			21095		Wellcare	Medicaid		6636.49	0.3146			6328.5	20040.25	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Aetna	Better Health		13720.02	0.3146			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Aetna	Medicare		13432.19	0.308			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Aetna	Commercial		20030.13	1.592			12581.74	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Americare	Americare		32708.25	0.75			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 WellPoint	WellPoint		13990.41	0.3208			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Amerihealth	Medicare		12581.74	1			12581.74	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Consumer	Consumer		41430.45	0.95			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Corrections	Corrections		34888.8	0.8			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 First Health	First Health		30527.7	0.7			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 First Trenton	First Trenton		39249.9	0.9			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Horizon	MGD		22986.84	1.827			12581.74	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Horizon	PPO		22986.84	1.827			12581.74	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Horizon	Indemnity		22986.84	1.827			12581.74	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Horizon	Medicare Blue		12581.74	1			12581.74	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Managed Care Inc	Managed Care Inc		39249.9	0.9			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Multiplan	Multiplan		34888.8	0.8			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Qualcare	Qualcare		32708.25	0.75			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Three Rivers	Three Rivers		41430.45	0.95			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 UHC	Medicare		12581.74	1			12581.74	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 UHC	Medicaid		13720.02	0.3146			12581.74	41430.45	percent of total billed charges	
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Wellcare	Medicare		12581.74	1			12581.74	41430.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPEN/PERQ PLACEMENT INTRAVASCULAR STENT	37238	CPT	both			43611		14469 Wellcare	Medicaid		13720.02	0.3146			12581.74	41430.45	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095		Aetna	Commercial		8016.1	0.38			1918.2	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095		Aetna	Better Health		6636.49	0.3146			1918.2	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095		Aetna	Medicare		6497.26	0.308			1918.2	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095		Americare	Americare		15821.25	0.75			1918.2	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095		WellPoint	WellPoint		6767.28	0.3208			1918.2	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095		Consumer	Consumer		20040.25	0.95			1918.2	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095		Corrections	Corrections		16876	0.8			1918.2	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095		First Health	First Health		14766.5	0.7			1918.2	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095		First Trenton	First Trenton		18985.5	0.9			1918.2	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095		Horizon	Indemnity		8075.17	0.3828			1918.2	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095		Horizon	MGD		8075.17	0.3828			1918.2	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095		Horizon	Medicare Blue		6328.5	0.3			1918.2	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095		Horizon	PPO		8075.17	0.3828			1918.2	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095		Managed Care Inc	Managed Care Inc		18985.5	0.9			1918.2	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095		Multiplan	Multiplan		16876	0.8			1918.2	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095		Qualcare	Qualcare		15821.25	0.75			1918.2	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095		Three Rivers	Three Rivers		20040.25	0.95			1918.2	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095		UHC	Medicaid		6636.49	0.3146			1918.2	20040.25	percent of total billed charges	
SUPERVISION OF STENT NON-CORONARY	37239	CPT	both			21095		Wellcare	Medicaid		6636.49	0.3146			1918.2	20040.25	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Aetna	Better Health		13661.19	0.3146			12532.41	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Aetna	Commercial		20030.13	1.592			12532.41	41252.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Aetna	Medicare		12581.74	1			12532.41	41252.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Americare	Americare		32568	0.75			12532.41	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 WellPoint	WellPoint		13930.42	0.3208			12532.41	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Amerihealth	Medicare		12581.74	1			12532.41	41252.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Consumer	Consumer		41252.8	0.95			12532.41	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Corrections	Corrections		34739.2	0.8			12532.41	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 First Health	First Health		30396.8	0.7			12532.41	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 First Trenton	First Trenton		39081.6	0.9			12532.41	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Horizon	Indemnity		22986.84	1.827			12532.41	41252.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Horizon	PPO		22986.84	1.827			12532.41	41252.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Horizon	MGD		22986.84	1.827			12532.41	41252.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Horizon	Medicare Blue		12581.74	1			12532.41	41252.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Managed Care Inc	Managed Care Inc		39081.6	0.9			12532.41	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Multiplan	Multiplan		34739.2	0.8			12532.41	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Qualcare	Qualcare		32568	0.75			12532.41	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Three Rivers	Three Rivers		41252.8	0.95			12532.41	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 UHC	Medicaid		13661.19	0.3146			12532.41	41252.8	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 UHC	Medicare		12581.74	1			12532.41	41252.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Wellcare	Medicare		12581.74	1			12532.41	41252.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN VENOUS	37241	CPT	both			43424		14469 Wellcare	Medicaid		13661.19	0.3146			12532.41	41252.8	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283		23062.62 Aetna	Commercial		31926.68	1.592			12168.73	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283		23062.62 Aetna	Better Health		13302.23	0.3146			12168.73	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283		23062.62 Aetna	Medicare		20054.45	1			12168.73	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283		23062.62 Americare	Americare		31712.25	0.75			12168.73	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283		23062.62 WellPoint	WellPoint		13564.39	0.3208			12168.73	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283		23062.62 Amerihealth	Medicare		20054.45	1			12168.73	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283		23062.62 Consumer	Consumer		40168.85	0.95			12168.73	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283		23062.62 Corrections	Corrections		33826.4	0.8			12168.73	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283		23062.62 First Health	First Health		29598.1	0.7			12168.73	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283		23062.62 First Trenton	First Trenton		38054.7	0.9			12168.73	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283		23062.62 Horizon	MGD		36639.48	1.827			12168.73	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283		23062.62 Horizon	Indemnity		36639.48	1.827			12168.73	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283		23062.62 Horizon	PPO		36639.48	1.827			12168.73	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283		23062.62 Horizon	Medicare Blue		20054.45	1			12168.73	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283		23062.62 Managed Care Inc	Managed Care Inc		38054.7	0.9			12168.73	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283		23062.62 Multiplan	Multiplan		33826.4	0.8			12168.73	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283		23062.62 Qualcare	Qualcare		31712.25	0.75			12168.73	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283		23062.62 Three Rivers	Three Rivers		40168.85	0.95			12168.73	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283		23062.62 UHC	Medicaid		13302.23	0.3146			12168.73	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283		23062.62 UHC	Medicare		20054.45	1			12168.73	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283		23062.62 Wellcare	Medicaid		13302.23	0.3146			12168.73	40168.85	percent of total billed charges	
VASCULAR EMBOLIZATION OR OCCLUSION ARTE	37242	CPT	both			42283		23062.62 Wellcare	Medicare		20054.45	1			12168.73	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCLUDED ORGAN TUMOR	37243	CPT	both			42283		14469 Aetna	Better Health		13302.23	0.3146			12203.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCLUDED ORGAN TUMOR	37243	CPT	both			42283		14469 Aetna	Medicare		12581.74	1			12203.65	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCLUDED ORGAN TUMOR	37243	CPT	both			42283		14469 Aetna	Commercial		20030.13	1.592			12203.65	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCLUDED ORGAN TUMOR	37243	CPT	both			42283		14469 Americare	Americare		31712.25	0.75			12203.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCLUDED ORGAN TUMOR	37243	CPT	both			42283		14469 WellPoint	WellPoint		13564.39	0.3208			12203.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCLUDED ORGAN TUMOR	37243	CPT	both			42283		14469 Amerihealth	Medicare		12581.74	1			12203.65	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCLUDED ORGAN TUMOR	37243	CPT	both			42283		14469 Consumer	Consumer		40168.85	0.95			12203.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCLUDED ORGAN TUMOR	37243	CPT	both			42283		14469 Corrections	Corrections		33826.4	0.8			12203.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCLUDED ORGAN TUMOR	37243	CPT	both			42283		14469 First Health	First Health		29598.1	0.7			12203.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCLUDED ORGAN TUMOR	37243	CPT	both			42283		14469 First Trenton	First Trenton		38054.7	0.9			12203.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCLUDED ORGAN TUMOR	37243	CPT	both			42283		14469 Horizon	MGD		22986.84	1.827			12203.65	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCLUDED ORGAN TUMOR	37243	CPT	both			42283		14469 Horizon	Medicare Blue		12581.74	1			12203.65	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCLUDED ORGAN TUMOR	37243	CPT	both			42283		14469 Horizon	PPO		22986.84	1.827			12203.65	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCLUDED ORGAN TUMOR	37243	CPT	both			42283		14469 Horizon	Indemnity		22986.84	1.827			12203.65	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCLUDED ORGAN TUMOR	37243	CPT	both			42283		14469 Managed Care Inc	Managed Care Inc		38054.7	0.9			12203.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCLUDED ORGAN TUMOR	37243	CPT	both			42283		14469 Multiplan	Multiplan		33826.4	0.8			12203.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCLUDED ORGAN TUMOR	37243	CPT	both			42283		14469 Qualcare	Qualcare		31712.25	0.75			12203.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCLUDED ORGAN TUMOR	37243	CPT	both			42283		14469 Three Rivers	Three Rivers		40168.85	0.95			12203.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCLUDED ORGAN TUMOR	37243	CPT	both			42283		14469 UHC	Medicaid		13302.23	0.3146			12203.65	40168.85	percent of total billed charges	
VASCULAR EMBOLIZE/OCCLUDED ORGAN TUMOR	37243	CPT	both			42283		14469 UHC	Medicare		12581.74	1			12203.65	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCLUDED ORGAN TUMOR	37243	CPT	both			42283		14469 Wellcare	Medicare		12581.74	1			12203.65	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR EMBOLIZE/OCCLUDED ORGAN TUMOR	37243	CPT	both			42283		14469 Wellcare	Medicaid		13302.23	0.3146			12203.65	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283		14469 Aetna	Medicare		12581.74	1			12532.41	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283		14469 Aetna	Better Health		13302.23	0.3146			12532.41	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283		14469 Aetna	Commercial		20030.13	1.592			12532.41	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283		14469 Americare	Americare		31712.25	0.75			12532.41	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283		14469 WellPoint	WellPoint		13564.39	0.3208			12532.41	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283		14469 Amerihealth	Medicare		12581.74	1			12532.41	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283		14469 Consumer	Consumer		40168.85	0.95			12532.41	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283		14469 Corrections	Corrections		33826.4	0.8			12532.41	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283		14469 First Health	First Health		29598.1	0.7			12532.41	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283		14469 First Trenton	First Trenton		38054.7	0.9			12532.41	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283		14469 Horizon	Indemnity		22986.84	1.827			12532.41	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283		14469 Horizon	MGD		22986.84	1.827			12532.41	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283		14469 Horizon	Medicare Blue		12581.74	1			12532.41	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283		14469 Horizon	PPO		22986.84	1.827			12532.41	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283		14469 Managed Care Inc	Managed Care Inc		38054.7	0.9			12532.41	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283		14469 Multiplan	Multiplan		33826.4	0.8			12532.41	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283		14469 Qualcare	Qualcare		31712.25	0.75			12532.41	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283		14469 Three Rivers	Three Rivers		40168.85	0.95			12532.41	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283		14469 UHC	Medicare		12581.74	1			12532.41	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283		14469 UHC	Medicaid		13302.23	0.3146			12532.41	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283		14469 Wellcare	Medicaid		13302.23	0.3146			12532.41	40168.85	percent of total billed charges	
VSCLR EMBLZTN/OCCLSN ART/VNUS	37244	CPT	both			42283		14469 Wellcare	Medicare		12581.74	1			12532.41	40168.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819		7517.39 Aetna	Medicare		6536.86	1			6023.65	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819		7517.39 Aetna	Better Health		6549.66	0.3146			6023.65	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819		7517.39 Aetna	Commercial		10406.68	1.592			6023.65	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819		7517.39 Americare	Americare		15614.25	0.75			6023.65	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819		7517.39 WellPoint	WellPoint		6678.74	0.3208			6023.65	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819		7517.39 Amerihealth	Medicare		6536.86	1			6023.65	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819		7517.39 Consumer	Consumer		19778.05	0.95			6023.65	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819		7517.39 Corrections	Corrections		16655.2	0.8			6023.65	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819		7517.39 First Health	First Health		14573.3	0.7			6023.65	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819		7517.39 First Trenton	First Trenton		18737.1	0.9		

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819		7517.39 Horizon	PPO		11942.84	1.827			6023.65	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819		7517.39 Horizon	MCD		11942.84	1.827			6023.65	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819		7517.39 Horizon	Medicare Blue		6536.86	1			6023.65	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819		7517.39 Managed Care Inc	Managed Care Inc		18737.1	0.9			6023.65	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819		7517.39 Multiplan	Multiplan		16655.2	0.8			6023.65	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819		7517.39 Qualcare	Qualcare		15614.25	0.75			6023.65	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819		7517.39 Three Rivers	Three Rivers		19778.05	0.95			6023.65	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819		7517.39 UHC	Medicaid		6549.66	0.3146			6023.65	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819		7517.39 UHC	Medicare		6536.86	1			6023.65	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819		7517.39 Wellcare	Medicaid		6549.66	0.3146			6023.65	19778.05	percent of total billed charges	
TRANLUMINAL BALLOON ANGIOPLASTY OPEN/PE	37246	CPT	both			20819		7517.39 Wellcare	Medicare		6536.86	1			6023.65	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Aetna	Better Health		7431.8	0.3146			7086.9	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Aetna	Medicare		7275.88	0.308			7086.9	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Aetna	Commercial		8976.74	0.38			7086.9	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Americare	Amelcare		17717.25	0.75			7086.9	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		WellPoint	WellPoint		7578.26	0.3208			7086.9	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Consumer	Consumer		22441.85	0.95			7086.9	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Corrections	Corrections		18898.4	0.8			7086.9	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		First Health	First Health		16536.1	0.7			7086.9	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		First Trenton	First Trenton		21260.7	0.9			7086.9	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Horizon	Indemnity		9042.88	0.3828			7086.9	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Horizon	PPO		9042.88	0.3828			7086.9	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Horizon	MCD		9042.88	0.3828			7086.9	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Horizon	Medicare Blue		7086.9	0.3			7086.9	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Managed Care Inc	Managed Care Inc		21260.7	0.9			7086.9	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Multiplan	Multiplan		18898.4	0.8			7086.9	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Qualcare	Qualcare		17717.25	0.75			7086.9	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Three Rivers	Three Rivers		22441.85	0.95			7086.9	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		UHC	Medicaid		7431.8	0.3146			7086.9	22441.85	percent of total billed charges	
PTA RENAL OR VISCERAL ARTERY	37247	CPT	outpatient			23623		Wellcare	Medicaid		7431.8	0.3146			7086.9	22441.85	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819		7517.39 Aetna	Medicare		6536.86	1			6023.65	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819		7517.39 Aetna	Commercial		10406.68	1.592			6023.65	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819		7517.39 Aetna	Better Health		6549.66	0.3146			6023.65	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819		7517.39 Americare	Amelcare		15614.25	0.75			6023.65	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819		7517.39 WellPoint	WellPoint		6678.74	0.3208			6023.65	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819		7517.39 Amerihealth	Medicare		6536.86	1			6023.65	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819		7517.39 Consumer	Consumer		19778.05	0.95			6023.65	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819		7517.39 Corrections	Corrections		16655.2	0.8			6023.65	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819		7517.39 First Health	First Health		14573.3	0.7			6023.65	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819		7517.39 First Trenton	First Trenton		18737.1	0.9			6023.65	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819		7517.39 Horizon	Indemnity		11942.84	1.827			6023.65	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819		7517.39 Horizon	Medicare Blue		6536.86	1			6023.65	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819		7517.39 Horizon	MCD		11942.84	1.827			6023.65	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819		7517.39 Horizon	PPO		11942.84	1.827			6023.65	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819		7517.39 Managed Care Inc	Managed Care Inc		18737.1	0.9			6023.65	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819		7517.39 Multiplan	Multiplan		16655.2	0.8			6023.65	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819		7517.39 Qualcare	Qualcare		15614.25	0.75			6023.65	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819		7517.39 Three Rivers	Three Rivers		19778.05	0.95			6023.65	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819		7517.39 UHC	Medicare		6536.86	1			6023.65	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819		7517.39 UHC	Medicaid		6549.66	0.3146			6023.65	19778.05	percent of total billed charges	
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819		7517.39 Wellcare	Medicare		6536.86	1			6023.65	19778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSLUMINAL BALLOON ANGIOPLASTY OPEN	37248	CPT	both			20819		7517.39 Wellcare	Medicaid		6549.66	0.3146			6023.65	19778.05	percent of total billed charges	
PTA VENOUS	37249	CPT	both			40848		Aetna	Commercial		15522.24	0.38			12254.4	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	both			40848		Aetna	Better Health		12850.78	0.3146			12254.4	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	both			40848		Aetna	Medicare		12581.18	0.308			12254.4	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	both			40848		Americare	Amelcare		30636	0.75			12254.4	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	both			40848		WellPoint	WellPoint		13104.04	0.3208			12254.4	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	both			40848		Consumer	Consumer		38805.6	0.95			12254.4	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	both			40848		Corrections	Corrections		32678.4	0.8			12254.4	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	both			40848		First Health	First Health		28593.6	0.7			12254.4	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	both			40848		First Trenton	First Trenton		36763.2	0.9			12254.4	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	both			40848		Horizon	Medicare Blue		12254.4	0.3			12254.4	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	both			40848		Horizon	PPO		15636.61	0.3828			12254.4	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	both			40848		Horizon	MCD		15636.61	0.3828			12254.4	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	both			40848		Horizon	Indemnity		15636.61	0.3828			12254.4	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	both			40848		Managed Care Inc	Managed Care Inc		36763.2	0.9			12254.4	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	both			40848		Multiplan	Multiplan		32678.4	0.8			12254.4	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	both			40848		Qualcare	Qualcare		30636	0.75			12254.4	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	both			40848		Three Rivers	Three Rivers		38805.6	0.95			12254.4	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	both			40848		UHC	Medicaid		12850.78	0.3146			12254.4	38805.6	percent of total billed charges	
PTA VENOUS	37249	CPT	both			40848		Wellcare	Medicaid		12850.78	0.3146			12254.4	38805.6	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	outpatient			1909		Aetna	Medicare		587.97	0.308			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	outpatient			1909		Aetna	Better Health		600.57	0.3146			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	outpatient			1909		Aetna	Commercial		725.42	0.38			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	outpatient			1909		Americare	Amelcare		1431.75	0.75			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	outpatient			1909		WellPoint	WellPoint		612.41	0.3208			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	outpatient			1909		Consumer	Consumer		1813.55	0.95			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	outpatient			1909		Corrections	Corrections		1527.2	0.8			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	outpatient			1909		First Health	First Health		1336.3	0.7			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	outpatient			1909		First Trenton	First Trenton		1718.1	0.9			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	outpatient			1909		Horizon	MGD		730.77	0.3828			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	outpatient			1909		Horizon	Indemnity		730.77	0.3828			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	outpatient			1909		Horizon	Medicare Blue		572.7	0.3			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	outpatient			1909		Horizon	PPO		730.77	0.3828			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	outpatient			1909		Managed Care Inc	Managed Care Inc		1718.1	0.9			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	outpatient			1909		Multiplan	Multiplan		1527.2	0.8			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	outpatient			1909		Qualcare	Qualcare		1431.75	0.75			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	outpatient			1909		Three Rivers	Three Rivers		1813.55	0.95			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	outpatient			1909		UHC	Medicaid		600.57	0.3146			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY	37252	CPT	outpatient			1909		Wellcare	Medicaid		600.57	0.3146			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADDL VESSEL	37253	CPT	outpatient			1909		Aetna	Better Health		600.57	0.3146			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADDL VESSEL	37253	CPT	outpatient			1909		Aetna	Medicare		587.97	0.308			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADDL VESSEL	37253	CPT	outpatient			1909		Aetna	Commercial		725.42	0.38			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADDL VESSEL	37253	CPT	outpatient			1909		Americare	Amelcare		1431.75	0.75			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADDL VESSEL	37253	CPT	outpatient			1909		WellPoint	WellPoint		612.41	0.3208			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADDL VESSEL	37253	CPT	outpatient			1909		Consumer	Consumer		1813.55	0.95			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADDL VESSEL	37253	CPT	outpatient			1909		Corrections	Corrections		1527.2	0.8			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADDL VESSEL	37253	CPT	outpatient			1909		First Health	First Health		1336.3	0.7			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADDL VESSEL	37253	CPT	outpatient			1909		First Trenton	First Trenton		1718.1	0.9			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADDL VESSEL	37253	CPT	outpatient			1909		Horizon	Medicare Blue		572.7	0.3			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADDL VESSEL	37253	CPT	outpatient			1909		Horizon	Indemnity		730.77	0.3828			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADDL VESSEL	37253	CPT	outpatient			1909		Horizon	MGD		730.77	0.3828			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADDL VESSEL	37253	CPT	outpatient			1909		Horizon	PPO		730.77	0.3828			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADDL VESSEL	37253	CPT	outpatient			1909		Managed Care Inc	Managed Care Inc		1718.1	0.9			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADDL VESSEL	37253	CPT	outpatient			1909		Multiplan	Multiplan		1527.2	0.8			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADDL VESSEL	37253	CPT	outpatient			1909		Qualcare	Qualcare		1431.75	0.75			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADDL VESSEL	37253	CPT	outpatient			1909		Three Rivers	Three Rivers		1813.55	0.95			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADDL VESSEL	37253	CPT	outpatient			1909		UHC	Medicaid		600.57	0.3146			572.7	1813.55	percent of total billed charges	
IVUS NON-CORONARY ADDL VESSEL	37253	CPT	outpatient			1909		Wellcare	Medicaid		600.57	0.3146			572.7	1813.55	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268		7227.61 Aetna	Medicare		2854.54	0.308			2854.54	11482.48	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268		7227.61 Aetna	Better Health		2915.71	0.3146			2854.54	11482.48	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268		7227.61 Aetna	Commercial		10005.53	1.592			2854.54	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268		7227.61 Americare	Amelcare		6951	0.75			2854.54	11482.48	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268		7227.61 WellPoint	WellPoint		2973.17	0.3208			2854.54	11482.48	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268		7227.61 Amerihealth	Medicare		6284.88	1			2854.54	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268		7227.61 Consumer	Consumer		8804.6	0.95			2854.54	11482.48	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268		7227.61 Corrections	Corrections		7414.4	0.8			2854.54	11482.48	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268		7227.61 First Health	First Health		6487.6	0.7			2854.54	11482.48	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268		7227.61 First Trenton	First Trenton		8341.2	0.9			2854.54	11482.48	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268		7227.61 Horizon	MGD		11482.48	1.827			2854.54	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268		7227.61 Horizon	Medicare Blue		6284.88	1			2854.54	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268		7227.61 Horizon	Indemnity		11482.48	1.827			2854.54	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268		7227.61 Horizon	PPO		11482.48	1.827			2854.54	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268		7227.61 Managed Care Inc	Managed Care Inc		8341.2	0.9			2854.54	11482.48	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268		7227.61 Multiplan	Multiplan		7414.4	0.8			2854.54	11482.48	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268		7227.61 Qualcare	Qualcare		6951	0.75			2854.54	11482.48	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268		7227.61 Three Rivers	Three Rivers		8804.6	0.95			2854.54	11482.48	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268		7227.61 UHC	Medicaid		2915.71	0.3146			2854.54	11482.48	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268		7227.61 UHC	Medicare		6284.88	1			2854.54	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268		7227.61 Wellcare	Medicaid		2915.71	0.3146			2854.54	11482.48	percent of total billed charges	
ENOSCOPY LIGATE PERF VEINS	37500	CPT	outpatient			9268		7227.61 Wellcare	Medicare		6284.88	1			2854.54	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268		826.23 Aetna	Commercial		1143.79	1.592			718.46	8804.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268		826.23 Aetna	Medicare		718.46	1			718.46	8804.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268		826.23 Aetna	Better Health		2915.71	0.3146			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268		826.23 Americare	Amelcare		6951	0.75			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268		826.23 WellPoint	WellPoint		2973.17	0.3208			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268		826.23 Amerihealth	Medicare		718.46	1			718.46	8804.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268		826.23 Consumer	Consumer		8804.6	0.95			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268		826.23 Corrections	Corrections		7414.4	0.8			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268		826.23 First Health	First Health		6487.6	0.7			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268		826.23 First Trenton	First Trenton		8341.2	0.9			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268		826.23 Horizon	MGD		1312.63	1.827			718.46	8804.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268		826.23 Horizon	PPO		1312.63	1.827			718.46	8804.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Horizon	Indemnity		1312.63	1.827			718.46	8804.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Horizon	Medicare Blue		718.46	1			718.46	8804.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Managed Care Inc	Managed Care Inc		8341.2	0.9			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Multiplan	Multiplan		7414.4	0.8			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Qualcare	Qualcare		6951	0.75			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Three Rivers	Three Rivers		8804.6	0.95			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	UHC	Medicaid		2915.71	0.3146			718.46	8804.6	percent of total billed charges	
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	UHC	Medicare		718.46	1			718.46	8804.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Wellcare	Medicare		718.46	1			718.46	8804.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR ENDOSCOPY PROCEDURE	37501	CPT	outpatient			9268	826.23	Wellcare	Medicaid		2915.71	0.3146			718.46	8804.6	percent of total billed charges	
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	Aetna	Commercial		5803.54	1.592			3206.72	9683.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	Aetna	Better Health		3206.72	0.3146			3206.72	9683.35	percent of total billed charges	
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	Aetna	Medicare		3645.44	1			3206.72	9683.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	Americare	Americare		7644.75	0.75			3206.72	9683.35	percent of total billed charges	
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	WellPoint	WellPoint		3269.91	0.3208			3206.72	9683.35	percent of total billed charges	
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	Amerihealth	Medicare		3645.44	1			3206.72	9683.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	Consumer	Consumer		9683.35	0.95			3206.72	9683.35	percent of total billed charges	
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	Corrections	Corrections		8154.4	0.8			3206.72	9683.35	percent of total billed charges	
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	First Health	First Health		7135.1	0.7			3206.72	9683.35	percent of total billed charges	
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	First Trenton	First Trenton		9173.7	0.9			3206.72	9683.35	percent of total billed charges	
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	Horizon	MGD		6660.22	1.827			3206.72	9683.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	Horizon	Medicare Blue		3645.44	1			3206.72	9683.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	Horizon	Indemnity		6660.22	1.827			3206.72	9683.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	Horizon	PPO		6660.22	1.827			3206.72	9683.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	Managed Care Inc	Managed Care Inc		9173.7	0.9			3206.72	9683.35	percent of total billed charges	
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	Multiplan	Multiplan		8154.4	0.8			3206.72	9683.35	percent of total billed charges	
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	Qualcare	Qualcare		7644.75	0.75			3206.72	9683.35	percent of total billed charges	
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	Three Rivers	Three Rivers		9683.35	0.95			3206.72	9683.35	percent of total billed charges	
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	UHC	Medicare		3645.44	1			3206.72	9683.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	UHC	Medicaid		3206.72	0.3146			3206.72	9683.35	percent of total billed charges	
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	Wellcare	Medicaid		3206.72	0.3146			3206.72	9683.35	percent of total billed charges	
LIGTN/BND ANGACSS AV FIS	37607	CPT	outpatient			10193	4192.26	Wellcare	Medicare		3645.44	1			3206.72	9683.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442	2132.36	Aetna	Medicare		1854.23	1			1718.97	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442	2132.36	Aetna	Better Health		2026.65	0.3146			1718.97	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442	2132.36	Aetna	Commercial		2951.93	1.592			1718.97	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442	2132.36	Americare	Americare		4831.5	0.75			1718.97	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442	2132.36	WellPoint	WellPoint		2066.59	0.3208			1718.97	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442	2132.36	Amerihealth	Medicare		1854.23	1			1718.97	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442	2132.36	Consumer	Consumer		6119.9	0.95			1718.97	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442	2132.36	Corrections	Corrections		5153.6	0.8			1718.97	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442	2132.36	First Health	First Health		4509.4	0.7			1718.97	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442	2132.36	First Trenton	First Trenton		5797.8	0.9			1718.97	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442	2132.36	Horizon	Indemnity		3387.68	1.827			1718.97	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442	2132.36	Horizon	PPO		3387.68	1.827			1718.97	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442	2132.36	Horizon	MGD		3387.68	1.827			1718.97	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442	2132.36	Horizon	Medicare Blue		1854.23	1			1718.97	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442	2132.36	Managed Care Inc	Managed Care Inc		5797.8	0.9			1718.97	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442	2132.36	Multiplan	Multiplan		5153.6	0.8			1718.97	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442	2132.36	Qualcare	Qualcare		4831.5	0.75			1718.97	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442	2132.36	Three Rivers	Three Rivers		6119.9	0.95			1718.97	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442	2132.36	UHC	Medicaid		2026.65	0.3146			1718.97	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442	2132.36	UHC	Medicare		1854.23	1			1718.97	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442	2132.36	Wellcare	Medicaid		2026.65	0.3146			1718.97	6119.9	percent of total billed charges	
TEMPORAL ARTERY-BIOSPY	37609	CPT	outpatient			6442	2132.36	Wellcare	Medicare		1854.23	1			1718.97	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Aetna	Medicare		726.88	0.308			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Aetna	Better Health		742.46	0.3146			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Aetna	Commercial		896.8	0.38			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Americare	Americare		1770	0.75			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		WellPoint	WellPoint		757.09	0.3208			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Consumer	Consumer		2242	0.95			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Corrections	Corrections		1888	0.8			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		First Health	First Health		1652	0.7			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		First Trenton	First Trenton		2124	0.9			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Horizon	MGD		903.41	0.3828			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Horizon	Medicare Blue		708	0.3			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Horizon	Indemnity		903.41	0.3828			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Horizon	PPO		903.41	0.3828			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Managed Care Inc	Managed Care Inc		2124	0.9			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Multiplan	Multiplan		1888	0.8			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Qualcare	Qualcare		1770	0.75			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Three Rivers	Three Rivers		2242	0.95			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		UHC	Medicaid		742.46	0.3146			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; CHEST	37616	CPT	outpatient			2360		Wellcare	Medicaid		742.46	0.3146			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Aetna	Better Health		742.46	0.3146			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Aetna	Medicare		726.88	0.308			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Aetna	Commercial		896.8	0.38			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Americare	Americare		1770	0.75			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		WellPoint	WellPoint		757.09	0.3208			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Consumer	Consumer		2242	0.95			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Corrections	Corrections		1888	0.8			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		First Health	First Health		1652	0.7			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		First Trenton	First Trenton		2124	0.9			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Horizon	Medicare Blue		708	0.3			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Horizon	Indemnity		903.41	0.3828			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Horizon	MGD		903.41	0.3828			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Horizon	PPO		903.41	0.3828			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Managed Care Inc	Managed Care Inc		2124	0.9			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Multiplan	Multiplan		1888	0.8			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Qualcare	Qualcare		1770	0.75			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Three Rivers	Three Rivers		2242	0.95			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		UHC	Medicaid		742.46	0.3146			708	2242	percent of total billed charges	
LIGATION MAJOR ARTERY; EXTREMITY	37618	CPT	outpatient			2360		Wellcare	Medicaid		742.46	0.3146			708	2242	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868	7227.61	Aetna	Better Health		4992.07	0.3146			4992.07	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868	7227.61	Aetna	Medicare		6284.88	1			4992.07	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868	7227.61	Aetna	Commercial		10005.53	1.592			4992.07	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868	7227.61	Americare	Americare		11901	0.75			4992.07	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868	7227.61	WellPoint	WellPoint		5090.45	0.3208			4992.07	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868	7227.61	Amerihealth	Medicare		6284.88	1			4992.07	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868	7227.61	Consumer	Consumer		15074.6	0.95			4992.07	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868	7227.61	Corrections	Corrections		12694.4	0.8			4992.07	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868	7227.61	First Health	First Health		11107.6	0.7			4992.07	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868	7227.61	First Trenton	First Trenton		14281.2	0.9			4992.07	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868	7227.61	Horizon	MGD		11482.48	1.827			4992.07	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868	7227.61	Horizon	Indemnity		11482.48	1.827			4992.07	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868	7227.61	Horizon	PPO		11482.48	1.827			4992.07	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868	7227.61	Horizon	Medicare Blue		6284.88	1			4992.07	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868	7227.61	Managed Care Inc	Managed Care Inc		14281.2	0.9			4992.07	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868	7227.61	Multiplan	Multiplan		12694.4	0.8			4992.07	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868	7227.61	Qualcare	Qualcare		11901	0.75			4992.07	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868	7227.61	Three Rivers	Three Rivers		15074.6	0.95			4992.07	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868	7227.61	UHC	Medicaid		4992.07	0.3146			4992.07	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868	7227.61	UHC	Medicare		6284.88	1			4992.07	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868	7227.61	Wellcare	Medicaid		4992.07	0.3146			4992.07	15074.6	percent of total billed charges	
LIGATION OF INFERIOR VENA CAVA	37619	CPT	outpatient			15868	7227.61	Wellcare	Medicare		6284.88	1			4992.07	15074.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856	4192.26	Aetna	Better Health		3415.3	0.3146			3415.3	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856	4192.26	Aetna	Medicare		3645.44	1			3415.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856	4192.26	Aetna	Commercial		5803.54	1.592			3415.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856	4192.26	Americare	Americare		8142	0.75			3415.3	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856	4192.26	WellPoint	WellPoint		3482.6	0.3208			3415.3	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856	4192.26	Amerihealth	Medicare		3645.44	1			3415.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856	4192.26	Consumer	Consumer		10313.2	0.95			3415.3	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856	4192.26	Corrections	Corrections		8684.8	0.8			3415.3	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856	4192.26	First Health	First Health		7599.2	0.7			3415.3	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856	4192.26	First Trenton	First Trenton		9770.4	0.9			3415.3	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856	4192.26	Horizon	PPO		6660.22	1.827			3415.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856	4192.26	Horizon	Indemnity		6660.22	1.827			3415.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856	4192.26	Horizon	MGD		6660.22	1.827			3415.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856	4192.26	Horizon	Medicare Blue		3645.44	1			3415.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856	4192.26	Managed Care Inc	Managed Care Inc		9770.4	0.9			3415.3	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856	4192.26	Multiplan	Multiplan		8684.8	0.8			3415.3	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856	4192.26	Qualcare	Qualcare		8142	0.75			3415.3	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856	4192.26	Three Rivers	Three Rivers		10313.2	0.95			3415.3	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856	4192.26	UHC	Medicare		3645.44	1			3415.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856	4192.26	UHC	Medicaid		3415.3	0.3146			3415.3	10313.2	percent of total billed charges	
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856	4192.26	Wellcare	Medicare		3645.44	1			3415.3	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLB VARICOSE VEIN 10-20 INC	37765	CPT	outpatient			10856	4192.26	Wellcare	Medicaid		3415.3	0.3146			3415.3	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856	4192.26	Aetna	Better Health		3415.3	0.3146			3343.65	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856	4192.26	Aetna	Commercial		5803.54	1.592			3343.65	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856	4192.26	Aetna	Medicare		3343.65	0.308			3343.65	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856	4192.26	Americare	Americare		8142	0.75			3343.65	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856	4192.26	WellPoint	WellPoint		3482.6	0.3208			3343.65	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856	4192.26	Amerihealth	Medicare		3645.44	1			3343.65	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856	4192.26	Consumer	Consumer		10313.2	0.95			3343.65	10313.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856	4192.26	Corrections	Corrections		8684.8	0.8			3343.65	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856	4192.26	First Health	First Health		7599.2	0.7			3343.65	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856	4192.26	First Trenton	First Trenton		9770.4	0.9			3343.65	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856	4192.26	Horizon	Indemnity		6660.22	1.827			3343.65	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856	4192.26	Horizon	MCD		6660.22	1.827			3343.65	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856	4192.26	Horizon	PPO		6660.22	1.827			3343.65	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856	4192.26	Horizon	Medicare Blue		3645.44	1			3343.65	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856	4192.26	Managed Care Inc	Managed Care Inc		9770.4	0.9			3343.65	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856	4192.26	Multiplan	Multiplan		8684.8	0.8			3343.65	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856	4192.26	Qualcare	Qualcare		8142	0.75			3343.65	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856	4192.26	Three Rivers	Three Rivers		10313.2	0.95			3343.65	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856	4192.26	UHC	Medicare		3645.44	1			3343.65	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856	4192.26	UHC	Medicaid		3415.3	0.3146			3343.65	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856	4192.26	Wellcare	Medicaid		3415.3	0.3146			3343.65	10313.2	percent of total billed charges	
STAB PHLEB.VARICOSE VEINS >20	37766	CPT	outpatient			10856	4192.26	Wellcare	Medicare		3645.44	1			3343.65	10313.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG/DIV/EX VARICOSE VEIN 1 LEG	37785	CPT	outpatient			10452	4192.26	Aetna	Commercial		5803.54	1.592			3288.2	9929.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG/DIV/EX VARICOSE VEIN 1 LEG	37785	CPT	outpatient			10452	4192.26	Aetna	Better Health		3288.2	0.3146			3288.2	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN 1 LEG	37785	CPT	outpatient			10452	4192.26	Aetna	Medicare		3645.44	1			3288.2	9929.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG/DIV/EX VARICOSE VEIN 1 LEG	37785	CPT	outpatient			10452	4192.26	Americare	Americare		7839	0.75			3288.2	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN 1 LEG	37785	CPT	outpatient			10452	4192.26	WellPoint	WellPoint		3353	0.3208			3288.2	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN 1 LEG	37785	CPT	outpatient			10452	4192.26	Amerihealth	Medicare		3645.44	1			3288.2	9929.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG/DIV/EX VARICOSE VEIN 1 LEG	37785	CPT	outpatient			10452	4192.26	Consumer	Consumer		9929.4	0.95			3288.2	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN 1 LEG	37785	CPT	outpatient			10452	4192.26	Corrections	Corrections		8361.6	0.8			3288.2	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN 1 LEG	37785	CPT	outpatient			10452	4192.26	First Health	First Health		7316.4	0.7			3288.2	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN 1 LEG	37785	CPT	outpatient			10452	4192.26	First Trenton	First Trenton		9406.8	0.9			3288.2	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN 1 LEG	37785	CPT	outpatient			10452	4192.26	Horizon	Medicare Blue		3645.44	1			3288.2	9929.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG/DIV/EX VARICOSE VEIN 1 LEG	37785	CPT	outpatient			10452	4192.26	Horizon	Indemnity		6660.22	1.827			3288.2	9929.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG/DIV/EX VARICOSE VEIN 1 LEG	37785	CPT	outpatient			10452	4192.26	Horizon	MGD		6660.22	1.827			3288.2	9929.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG/DIV/EX VARICOSE VEIN 1 LEG	37785	CPT	outpatient			10452	4192.26	Horizon	PPO		6660.22	1.827			3288.2	9929.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG/DIV/EX VARICOSE VEIN 1 LEG	37785	CPT	outpatient			10452	4192.26	Managed Care Inc	Managed Care Inc		9406.8	0.9			3288.2	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN 1 LEG	37785	CPT	outpatient			10452	4192.26	Multiplan	Multiplan		8361.6	0.8			3288.2	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN 1 LEG	37785	CPT	outpatient			10452	4192.26	Qualcare	Qualcare		7839	0.75			3288.2	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN 1 LEG	37785	CPT	outpatient			10452	4192.26	Three Rivers	Three Rivers		9929.4	0.95			3288.2	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN 1 LEG	37785	CPT	outpatient			10452	4192.26	UHC	Medicaid		3288.2	0.3146			3288.2	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN 1 LEG	37785	CPT	outpatient			10452	4192.26	UHC	Medicare		3645.44	1			3288.2	9929.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG/DIV/EX VARICOSE VEIN 1 LEG	37785	CPT	outpatient			10452	4192.26	Wellcare	Medicaid		3288.2	0.3146			3288.2	9929.4	percent of total billed charges	
LIG/DIV/EX VARICOSE VEIN 1 LEG	37785	CPT	outpatient			10452	4192.26	Wellcare	Medicare		3645.44	1			3288.2	9929.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539	826.23	Aetna	Medicare		782.01	0.308			649.26	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539	826.23	Aetna	Better Health		798.77	0.3146			649.26	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539	826.23	Aetna	Commercial		1143.79	1.592			649.26	2412.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539	826.23	Americare	Americare		1904.25	0.75			649.26	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539	826.23	WellPoint	WellPoint		814.51	0.3208			649.26	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539	826.23	Amerihealth	Medicare		718.46	1			649.26	2412.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539	826.23	Consumer	Consumer		2412.05	0.95			649.26	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539	826.23	Corrections	Corrections		2031.2	0.8			649.26	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539	826.23	First Health	First Health		1777.3	0.7			649.26	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539	826.23	First Trenton	First Trenton		2285.1	0.9			649.26	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539	826.23	Horizon	Indemnity		1312.63	1.827			649.26	2412.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539	826.23	Horizon	MGD		1312.63	1.827			649.26	2412.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539	826.23	Horizon	PPO		1312.63	1.827			649.26	2412.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539	826.23	Horizon	Medicare Blue		718.46	1			649.26	2412.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539	826.23	Managed Care Inc	Managed Care Inc		2285.1	0.9			649.26	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539	826.23	Multiplan	Multiplan		2031.2	0.8			649.26	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539	826.23	Qualcare	Qualcare		1904.25	0.75			649.26	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539	826.23	Three Rivers	Three Rivers		2412.05	0.95			649.26	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539	826.23	UHC	Medicare		718.46	1			649.26	2412.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539	826.23	UHC	Medicaid		798.77	0.3146			649.26	2412.05	percent of total billed charges	
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539	826.23	Wellcare	Medicare		718.46	1			649.26	2412.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASCULAR SURGERY PROCEDURE	37799	CPT	inpatient			2539	826.23	Wellcare	Medicaid		798.77	0.3146			649.26	2412.05	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	outpatient			5621	2132.36	Aetna	Better Health		1768.37	0.3146			404.89	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	outpatient			5621	2132.36	Aetna	Commercial		2951.93	1.592			404.89	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	outpatient			5621	2132.36	Aetna	Medicare		1854.23	1			404.89	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	outpatient			5621	2132.36	Americare	Americare		4215.75	0.75			404.89	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	outpatient			5621	2132.36	WellPoint	WellPoint		1803.22	0.3208			404.89	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	outpatient			5621	2132.36	Amerihealth	Medicare		1854.23	1			404.89	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	outpatient			5621	2132.36	Consumer	Consumer		5339.95	0.95			404.89	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	outpatient			5621	2132.36	Corrections	Corrections		4496.8	0.8			404.89	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	outpatient			5621	2132.36	First Health	First Health		3934.7	0.7			404.89	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	outpatient			5621	2132.36	First Trenton	First Trenton		5058.9	0.9			404.89	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	outpatient			5621	2132.36	Horizon	MGD		3387.68	1.827			404.89	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	outpatient			5621	2132.36	Horizon	Medicare Blue		1854.23	1			404.89	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	outpatient			5621	2132.36	Horizon	Indemnity		3387.68	1.827			404.89	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	outpatient			5621	2132.36	Horizon	PPO		3387.68	1.827			404.89	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	outpatient			5621	2132.36	Managed Care Inc	Managed Care Inc		5058.9	0.9			404.89	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	outpatient			5621	2132.36	Multiplan	Multiplan		4496.8	0.8			404.89	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	outpatient			5621	2132.36	Qualcare	Qualcare		4215.75	0.75			404.89	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	outpatient			5621	2132.36	Three Rivers	Three Rivers		5339.95	0.95			404.89	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	outpatient			5621	2132.36	UHC	Medicare		1854.23	1			404.89	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	outpatient			5621	2132.36	UHC	Medicaid		1768.37	0.3146			404.89	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	outpatient			5621	2132.36	Wellcare	Medicare		1854.23	1			404.89	5339.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW ASPIRATION	38220	CPT	outpatient			5621	2132.36	Wellcare	Medicaid		1768.37	0.3146			404.89	5339.95	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	outpatient			5633	2132.36	Aetna	Commercial		2951.93	1.592			404.89	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	outpatient			5633	2132.36	Aetna	Better Health		1772.14	0.3146			404.89	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	outpatient			5633	2132.36	Aetna	Medicare		1854.23	1			404.89	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	outpatient			5633	2132.36	Americare	Americare		4224.75	0.75			404.89	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	outpatient			5633	2132.36	WellPoint	WellPoint		1807.07	0.3208			404.89	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	outpatient			5633	2132.36	Amerihealth	Medicare		1854.23	1			404.89	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	outpatient			5633	2132.36	Consumer	Consumer		5351.35	0.95			404.89	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	outpatient			5633	2132.36	Corrections	Corrections		4506.4	0.8			404.89	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	outpatient			5633	2132.36	First Health	First Health		3943.1	0.7			404.89	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	outpatient			5633	2132.36	First Trenton	First Trenton		5069.7	0.9			404.89	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	outpatient			5633	2132.36	Horizon	Indemnity		3387.68	1.827			404.89	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	outpatient			5633	2132.36	Horizon	Medicare Blue		1854.23	1			404.89	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	outpatient			5633	2132.36	Horizon	MGD		3387.68	1.827			404.89	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	outpatient			5633	2132.36	Horizon	PPO		3387.68	1.827			404.89	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	outpatient			5633	2132.36	Managed Care Inc	Managed Care Inc		5069.7	0.9			404.89	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	outpatient			5633	2132.36	Multiplan	Multiplan		4506.4	0.8			404.89	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	outpatient			5633	2132.36	Qualcare	Qualcare		4224.75	0.75			404.89	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	outpatient			5633	2132.36	Three Rivers	Three Rivers		5351.35	0.95			404.89	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	outpatient			5633	2132.36	UHC	Medicaid		1772.14	0.3146			404.89	5351.35	percent of total billed charges	
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	outpatient			5633	2132.36	UHC	Medicare		1854.23	1			404.89	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	outpatient			5633	2132.36	Wellcare	Medicare		1854.23	1			404.89	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DIAGNOSTIC BONE MARROW BIOPSY(IES)	38221	CPT	outpatient			5633	2132.36	Wellcare	Medicaid		1772.14	0.3146			404.89	5351.35	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	outpatient			9466	3737.2	Aetna	Better Health		2978	0.3146			2961.02	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	outpatient			9466	3737.2	Aetna	Medicare		3249.74	1			2961.02	8992.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX BONE MARROW BX & ASP.	38222	CPT	outpatient			9466	3737.2	Aetna	Commercial		5173.59	1.592			2961.02	8992.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX BONE MARROW BX & ASP.	38222	CPT	outpatient			9466	3737.2	Americare	Americare		7099.5	0.75			2961.02	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	outpatient			9466	3737.2	WellPoint	WellPoint		3036.69	0.3208			2961.02	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	outpatient			9466	3737.2	Amerihealth	Medicare		3249.74	1			2961.02	8992.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX BONE MARROW BX & ASP.	38222	CPT	outpatient			9466	3737.2	Consumer	Consumer		8992.7	0.95			2961.02	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	outpatient			9466	3737.2	Corrections	Corrections		7572.8	0.8			2961.02	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	outpatient			9466	3737.2	First Health	First Health		6626.2	0.7			2961.02	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	outpatient			9466	3737.2	First Trenton	First Trenton		8519.4	0.9			2961.02	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	outpatient			9466	3737.2	Horizon	PPO		5937.27	1.827			2961.02	8992.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX BONE MARROW BX & ASP.	38222	CPT	outpatient			9466	3737.2	Horizon	Indemnity		5937.27	1.827			2961.02	8992.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX BONE MARROW BX & ASP.	38222	CPT	outpatient			9466	3737.2	Horizon	MCD		5937.27	1.827			2961.02	8992.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX BONE MARROW BX & ASP.	38222	CPT	outpatient			9466	3737.2	Horizon	Medicare Blue		3249.74	1			2961.02	8992.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX BONE MARROW BX & ASP.	38222	CPT	outpatient			9466	3737.2	Managed Care Inc	Managed Care Inc		8519.4	0.9			2961.02	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	outpatient			9466	3737.2	Multiplan	Multiplan		7572.8	0.8			2961.02	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	outpatient			9466	3737.2	Qualcare	Qualcare		7099.5	0.75			2961.02	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	outpatient			9466	3737.2	Three Rivers	Three Rivers		8992.7	0.95			2961.02	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	outpatient			9466	3737.2	UHC	Medicaid		2978	0.3146			2961.02	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	outpatient			9466	3737.2	UHC	Medicare		3249.74	1			2961.02	8992.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX BONE MARROW BX & ASP.	38222	CPT	outpatient			9466	3737.2	Wellcare	Medicaid		2978	0.3146			2961.02	8992.7	percent of total billed charges	
DX BONE MARROW BX & ASP.	38222	CPT	outpatient			9466	3737.2	Wellcare	Medicare		3249.74	1			2961.02	8992.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590	71871.68	Aetna	Better Health		40139.81	0.3146			40139.81	121210.5	percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590	71871.68	Aetna	Commercial		99495.4	1.592			40139.81	121210.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590	71871.68	Aetna	Medicare		62497.11	1			40139.81	121210.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590	71871.68	Americare	Americare		95692.5	0.75			40139.81	121210.5	percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590	71871.68	WellPoint	WellPoint		40930.87	0.3208			40139.81	121210.5	percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590	71871.68	Amerihealth	Medicare		62497.11	1			40139.81	121210.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590	71871.68	Consumer	Consumer		121210.5	0.95			40139.81	121210.5	percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590	71871.68	Corrections	Corrections		102072	0.8			40139.81	121210.5	percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590	71871.68	First Health	First Health		89313	0.7			40139.81	121210.5	percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590	71871.68	First Trenton	First Trenton		114831	0.9			40139.81	121210.5	percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590	71871.68	Horizon	MCD		114182.22	1.827			40139.81	121210.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590	71871.68	Horizon	Indemnity		114182.22	1.827			40139.81	121210.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590	71871.68	Horizon	Medicare Blue		62497.11	1			40139.81	121210.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590	71871.68	Horizon	PPO		114182.22	1.827			40139.81	121210.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590	71871.68	Managed Care Inc	Managed Care Inc		114831	0.9			40139.81	121210.5	percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590	71871.68	UHC	Medicare		62497.11	1			40139.81	121210.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590	71871.68	UHC	Medicaid		40139.81	0.3146			40139.81	121210.5	percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590	71871.68	Wellcare	Medicaid		40139.81	0.3146			40139.81	121210.5	percent of total billed charges	
TRANSPLT ALLO HCT/DONOR	38240	CPT	outpatient			127590	71871.68	Wellcare	Medicare		62497.11	1			40139.81	121210.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176	2017.99	Aetna	Commercial		2793.59	1.592			1754.77	11567.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176	2017.99	Aetna	Medicare		3750.21	0.308			1754.77	11567.2	percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176	2017.99	Aetna	Better Health		3830.57	0.3146			1754.77	11567.2	percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176	2017.99	Americare	Americare		9132	0.75			1754.77	11567.2	percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176	2017.99	WellPoint	WellPoint		3906.06	0.3208			1754.77	11567.2	percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176	2017.99	Amerihealth	Medicare		1754.77	1			1754.77	11567.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176	2017.99	Consumer	Consumer		11567.2	0.95			1754.77	11567.2	percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176	2017.99	Corrections	Corrections		9740.8	0.8			1754.77	11567.2	percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176	2017.99	First Health	First Health		8523.2	0.7			1754.77	11567.2	percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176	2017.99	First Trenton	First Trenton		10958.4	0.9			1754.77	11567.2	percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176	2017.99	Horizon	MGD		3205.96	1.827			1754.77	11567.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176	2017.99	Horizon	Indemnity		3205.96	1.827			1754.77	11567.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176	2017.99	Horizon	PPO		3205.96	1.827			1754.77	11567.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176	2017.99	Horizon	Medicare Blue		1754.77	1			1754.77	11567.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176	2017.99	Managed Care Inc	Managed Care Inc		10958.4	0.9			1754.77	11567.2	percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176	2017.99	Multiplan	Multiplan		9740.8	0.8			1754.77	11567.2	percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176	2017.99	Qualcare	Qualcare		9132	0.75			1754.77	11567.2	percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176	2017.99	Three Rivers	Three Rivers		11567.2	0.95			1754.77	11567.2	percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176	2017.99	UHC	Medicaid		3830.57	0.3146			1754.77	11567.2	percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176	2017.99	UHC	Medicare		1754.77	1			1754.77	11567.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176	2017.99	Wellcare	Medicaid		3830.57	0.3146			1754.77	11567.2	percent of total billed charges	
BN MARROW/STM TRANSPLT	38241	CPT	outpatient			12176	2017.99	Wellcare	Medicare		1754.77	1			1754.77	11567.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE A	38300	CPT	both			9413	3737.2	Aetna	Commercial		5173.59	1.592			1930.39	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE A	38300	CPT	both			9413	3737.2	Aetna	Better Health		2961.33	0.3146			1930.39	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	both			9413	3737.2	Aetna	Medicare		3249.74	1			1930.39	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE A	38300	CPT	both			9413	3737.2	Americare	Americare		7059.75	0.75			1930.39	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	both			9413	3737.2	WellPoint	WellPoint		3019.69	0.3208			1930.39	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	both			9413	3737.2	Amerihealth	Medicare		3249.74	1			1930.39	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE A	38300	CPT	both			9413	3737.2	Consumer	Consumer		8942.35	0.95			1930.39	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	both			9413	3737.2	Corrections	Corrections		7530.4	0.8			1930.39	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	both			9413	3737.2	First Health	First Health		6589.1	0.7			1930.39	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	both			9413	3737.2	First Trenton	First Trenton		8471.7	0.9			1930.39	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	both			9413	3737.2	Horizon	MGD		5937.27	1.827			1930.39	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE A	38300	CPT	both			9413	3737.2	Horizon	Medicare Blue		3249.74	1			1930.39	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE A	38300	CPT	both			9413	3737.2	Horizon	Indemnity		5937.27	1.827			1930.39	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE A	38300	CPT	both			9413	3737.2	Horizon	PPO		5937.27	1.827			1930.39	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE A	38300	CPT	both			9413	3737.2	Managed Care Inc	Managed Care Inc		8471.7	0.9			1930.39	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	both			9413	3737.2	Multiplan	Multiplan		7530.4	0.8			1930.39	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	both			9413	3737.2	Qualcare	Qualcare		7059.75	0.75			1930.39	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	both			9413	3737.2	Three Rivers	Three Rivers		8942.35	0.95			1930.39	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	both			9413	3737.2	UHC	Medicaid		2961.33	0.3146			1930.39	8942.35	percent of total billed charges	
LYMPH NODE A	38300	CPT	both			9413	3737.2	UHC	Medicare		3249.74	1			1930.39	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE A	38300	CPT	both			9413	3737.2	Wellcare	Medicare		3249.74	1			1930.39	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE A	38300	CPT	both			9413	3737.2	Wellcare	Medicaid		2961.33	0.3146			1930.39	8942.35	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527	5013.29	Aetna	Better Health		3940.99	0.3146			3940.99	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527	5013.29	Aetna	Medicare		4359.38	1			3940.99	11900.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527	5013.29	Aetna	Commercial		6940.13	1.592			3940.99	11900.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527	5013.29	Americare	Americare		9395.25	0.75			3940.99	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527	5013.29	WellPoint	WellPoint		4018.66	0.3208			3940.99	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527	5013.29	Amerihealth	Medicare		4359.38	1			3940.99	11900.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527	5013.29	Consumer	Consumer		11900.65	0.95			3940.99	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527	5013.29	Corrections	Corrections		10021.6	0.8			3940.99	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527	5013.29	First Health	First Health		8768.9	0.7			3940.99	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527	5013.29	First Trenton	First Trenton		11274.3	0.9			3940.99	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527	5013.29	Horizon	MGD		7964.59	1.827			3940.99	11900.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527	5013.29	Horizon	Indemnity		7964.59	1.827			3940.99	11900.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527	5013.29	Horizon	Medicare Blue		4359.38	1			3940.99	11900.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527	5013.29	Horizon	PPO		7964.59	1.827			3940.99	11900.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527	5013.29	Managed Care Inc	Managed Care Inc		11274.3	0.9			3940.99	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527	5013.29	Multiplan	Multiplan		10021.6	0.8			3940.99	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527	5013.29	Qualcare	Qualcare		9395.25	0.75			3940.99	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527	5013.29	Three Rivers	Three Rivers		11900.65	0.95			3940.99	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527	5013.29	UHC	Medicare		4359.38	1			3940.99	11900.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527	5013.29	UHC	Medicaid		3940.99	0.3146			3940.99	11900.65	percent of total billed charges	
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527	5013.29	Wellcare	Medicare		4359.38	1			3940.99	11900.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH NODE REMOVAL SUPERFICIAL	38500	CPT	outpatient			12527	5013.29	Wellcare	Medicaid		3940.99	0.3146			3940.99	11900.65	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464	2132.36	Aetna	Better Health		1718.97	0.3146			923.35	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464	2132.36	Aetna	Commercial		2951.93	1.592			923.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464	2132.36	Aetna	Medicare		1854.23	1			923.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464	2132.36	Americare	Americare		4098	0.75			923.35	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464	2132.36	WellPoint	WellPoint		1752.85	0.3208			923.35	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464	2132.36	Amerihealth	Medicare		1854.23	1			923.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464	2132.36	Consumer	Consumer		5190.8	0.95			923.35	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464	2132.36	Corrections	Corrections		4371.2	0.8			923.35	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464	2132.36	First Health	First Health		3824.8	0.7			923.35	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464	2132.36	First Trenton	First Trenton		4917.6	0.9			923.35	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464	2132.36	Horizon	Medicare Blue		1854.23	1			923.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464	2132.36	Horizon	Indemnity		3387.68	1.827			923.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464	2132.36	Horizon	MGD		3387.68	1.827			923.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464	2132.36	Horizon	PPO		3387.68	1.827			923.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464	2132.36	Managed Care Inc	Managed Care Inc		4917.6	0.9			923.35	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464	2132.36	Multiplan	Multiplan		4371.2	0.8			923.35	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464	2132.36	Qualcare	Qualcare		4098	0.75			923.35	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464	2132.36	Three Rivers	Three Rivers		5190.8	0.95			923.35	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464	2132.36	UHC	Medicare		1854.23	1			923.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464	2132.36	UHC	Medicaid		1718.97	0.3146			923.35	5190.8	percent of total billed charges	
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464	2132.36	Wellcare	Medicare		1854.23	1			923.35	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX/EXC LYPH NODE SUPERF	38505	CPT	both			5464	2132.36	Wellcare	Medicaid		1718.97	0.3146			923.35	5190.8	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Aetna	Commercial		6940.13	1.592			2354.47	7964.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Aetna	Better Health		2354.47	0.3146			2354.47	7964.59	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Aetna	Medicare		4359.38	1			2354.47	7964.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Americare	Americare		5613	0.75			2354.47	7964.59	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	WellPoint	WellPoint		2400.87	0.3208			2354.47	7964.59	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Amerihealth	Medicare		4359.38	1			2354.47	7964.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Consumer	Consumer		7109.8	0.95			2354.47	7964.59	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Corrections	Corrections		5987.2	0.8			2354.47	7964.59	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	First Health	First Health		5238.8	0.7			2354.47	7964.59	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	First Trenton	First Trenton		6735.6	0.9			2354.47	7964.59	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Horizon	Indemnity		7964.59	1.827			2354.47	7964.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Horizon	MGD		7964.59	1.827			2354.47	7964.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Horizon	PPO		7964.59	1.827			2354.47	7964.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Horizon	Medicare Blue		4359.38	1			2354.47	7964.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Managed Care Inc	Managed Care Inc		6735.6	0.9			2354.47	7964.59	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Multiplan	Multiplan		5987.2	0.8			2354.47	7964.59	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Qualcare	Qualcare		5613	0.75			2354.47	7964.59	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Three Rivers	Three Rivers		7109.8	0.95			2354.47	7964.59	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	UHC	Medicaid		2354.47	0.3146			2354.47	7964.59	percent of total billed charges	
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	UHC	Medicare		4359.38	1			2354.47	7964.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Wellcare	Medicare		4359.38	1			2354.47	7964.59	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LYMPHNODE/DEEP AXIL-CT	38525	CPT	outpatient			7484	5013.29	Wellcare	Medicaid		2354.47	0.3146			2354.47	7964.59	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Aetna	Medicare		187.57	0.308			182.7	578.55	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Aetna	Better Health		191.59	0.3146			182.7	578.55	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Aetna	Commercial		231.42	0.38			182.7	578.55	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Americare	Americare		456.75	0.75			182.7	578.55	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		WellPoint	WellPoint		195.37	0.3208			182.7	578.55	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Consumer	Consumer		578.55	0.95			182.7	578.55	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Corrections	Corrections		487.2	0.8			182.7	578.55	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		First Health	First Health		426.3	0.7			182.7	578.55	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		First Trenton	First Trenton		548.1	0.9			182.7	578.55	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Horizon	MGD		233.13	0.3828			182.7	578.55	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Horizon	PPO		233.13	0.3828			182.7	578.55	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Horizon	Indemnity		233.13	0.3828			182.7	578.55	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Horizon	Medicare Blue		182.7	0.3			182.7	578.55	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Managed Care Inc	Managed Care Inc		548.1	0.9			182.7	578.55	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Multiplan	Multiplan		487.2	0.8			182.7	578.55	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Qualcare	Qualcare		456.75	0.75			182.7	578.55	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Three Rivers	Three Rivers		578.55	0.95			182.7	578.55	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		UHC	Medicaid		191.59	0.3146			182.7	578.55	percent of total billed charges	
INJEC PROCEDURE FOR LYMPHATIC	38780	CPT	outpatient			609		Wellcare	Medicaid		191.59	0.3146			182.7	578.55	percent of total billed charges	
LYMPHANGIOGRAM INJECT BIL	38790	CPT	inpatient			1404		Aetna	Commercial		533.52	0.38			400.8	1333.8	percent of total billed charges	
LYMPHANGIOGRAM INJECT BIL	38790	CPT	inpatient			1404		Aetna	Better Health		441.7	0.3146			400.8	1333.8	percent of total billed charges	
LYMPHANGIOGRAM INJECT BIL	38790	CPT	inpatient			1404		Aetna	Medicare		432.43	0.308			400.8	1333.8	percent of total billed charges	
LYMPHANGIOGRAM INJECT BIL	38790	CPT	inpatient			1404		Americare	Americare		1053	0.75			400.8	1333.8	percent of total billed charges	
LYMPHANGIOGRAM INJECT BIL	38790	CPT	inpatient			1404		WellPoint	WellPoint		450.4	0.3208			400.8	1333.8	percent of total billed charges	
LYMPHANGIOGRAM INJECT BIL	38790	CPT	inpatient			1404		Consumer	Consumer		1333.8	0.95			400.8	1333.8	percent of total billed charges	
LYMPHANGIOGRAM INJECT BIL	38790	CPT	inpatient			1404		Corrections	Corrections		1123.2	0.8			400.8	1333.8	percent of total billed charges	
LYMPHANGIOGRAM INJECT BIL	38790	CPT	inpatient			1404		First Health	First Health		982.8	0.7			400.8	1333.8	percent of total billed charges	
LYMPHANGIOGRAM INJECT BIL	38790	CPT	inpatient			1404		First Trenton	First Trenton		1263.6	0.9			400.8	1333.8	percent of total billed charges	
LYMPHANGIOGRAM INJECT BIL	38790	CPT	inpatient			1404		Horizon	Medicare Blue		421.2	0.3			400.8	1333.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LYMPHANGIOGRAM INJECT BIL	38790	CPT	inpatient			1404		Horizon	MCD		537.45	0.3828			400.8	1333.8	percent of total billed charges	
LYMPHANGIOGRAM INJECT BIL	38790	CPT	inpatient			1404		Horizon	Indemnity		537.45	0.3828			400.8	1333.8	percent of total billed charges	
LYMPHANGIOGRAM INJECT BIL	38790	CPT	inpatient			1404		Horizon	PPO		537.45	0.3828			400.8	1333.8	percent of total billed charges	
LYMPHANGIOGRAM INJECT BIL	38790	CPT	inpatient			1404		Managed Care Inc	Managed Care Inc		1263.6	0.9			400.8	1333.8	percent of total billed charges	
LYMPHANGIOGRAM INJECT BIL	38790	CPT	inpatient			1404		Multiplan	Multiplan		1123.2	0.8			400.8	1333.8	percent of total billed charges	
LYMPHANGIOGRAM INJECT BIL	38790	CPT	inpatient			1404		Qualcare	Qualcare		1053	0.75			400.8	1333.8	percent of total billed charges	
LYMPHANGIOGRAM INJECT BIL	38790	CPT	inpatient			1404		Three Rivers	Three Rivers		1333.8	0.95			400.8	1333.8	percent of total billed charges	
LYMPHANGIOGRAM INJECT BIL	38790	CPT	inpatient			1404		UHC	Medicaid		441.7	0.3146			400.8	1333.8	percent of total billed charges	
LYMPHANGIOGRAM INJECT BIL	38790	CPT	inpatient			1404		Wellcare	Medicaid		441.7	0.3146			400.8	1333.8	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Aetna	Better Health		209.52	0.3146			199.8	632.7	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Aetna	Medicare		205.13	0.308			199.8	632.7	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Aetna	Commercial		253.08	0.38			199.8	632.7	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Americare	Americare		499.5	0.75			199.8	632.7	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		WellPoint	WellPoint		213.65	0.3208			199.8	632.7	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Consumer	Consumer		632.7	0.95			199.8	632.7	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Corrections	Corrections		532.8	0.8			199.8	632.7	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		First Health	First Health		466.2	0.7			199.8	632.7	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		First Trenton	First Trenton		599.4	0.9			199.8	632.7	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Horizon	Indemnity		254.94	0.3828			199.8	632.7	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Horizon	Medicare Blue		199.8	0.3			199.8	632.7	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Horizon	MGD		254.94	0.3828			199.8	632.7	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Horizon	PPO		254.94	0.3828			199.8	632.7	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Managed Care Inc	Managed Care Inc		599.4	0.9			199.8	632.7	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Multiplan	Multiplan		532.8	0.8			199.8	632.7	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Qualcare	Qualcare		499.5	0.75			199.8	632.7	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Three Rivers	Three Rivers		632.7	0.95			199.8	632.7	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		UHC	Medicaid		209.52	0.3146			199.8	632.7	percent of total billed charges	
CANNULATION THORACIC DUCT	38794	CPT	outpatient			666		Wellcare	Medicaid		209.52	0.3146			199.8	632.7	percent of total billed charges	
UNLISTED PROC HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Aetna	Commercial		790.38	1.592			394.55	1216.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Aetna	Better Health		403	0.3146			394.55	1216.95	percent of total billed charges	
UNLISTED PROC HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Aetna	Medicare		394.55	0.308			394.55	1216.95	percent of total billed charges	
UNLISTED PROC HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Americare	Americare		960.75	0.75			394.55	1216.95	percent of total billed charges	
UNLISTED PROC HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	WellPoint	WellPoint		410.94	0.3208			394.55	1216.95	percent of total billed charges	
UNLISTED PROC HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Amerihealth	Medicare		496.47	1			394.55	1216.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Consumer	Consumer		1216.95	0.95			394.55	1216.95	percent of total billed charges	
UNLISTED PROC HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Corrections	Corrections		1024.8	0.8			394.55	1216.95	percent of total billed charges	
UNLISTED PROC HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	First Health	First Health		896.7	0.7			394.55	1216.95	percent of total billed charges	
UNLISTED PROC HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	First Trenton	First Trenton		1152.9	0.9			394.55	1216.95	percent of total billed charges	
UNLISTED PROC HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Horizon	Indemnity		907.05	1.827			394.55	1216.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Horizon	MGD		907.05	1.827			394.55	1216.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Horizon	Medicare Blue		496.47	1			394.55	1216.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Horizon	PPO		907.05	1.827			394.55	1216.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Managed Care Inc	Managed Care Inc		1152.9	0.9			394.55	1216.95	percent of total billed charges	
UNLISTED PROC HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Multiplan	Multiplan		1024.8	0.8			394.55	1216.95	percent of total billed charges	
UNLISTED PROC HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Qualcare	Qualcare		960.75	0.75			394.55	1216.95	percent of total billed charges	
UNLISTED PROC HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Three Rivers	Three Rivers		1216.95	0.95			394.55	1216.95	percent of total billed charges	
UNLISTED PROC HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	UHC	Medicare		496.47	1			394.55	1216.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	UHC	Medicaid		403	0.3146			394.55	1216.95	percent of total billed charges	
UNLISTED PROC HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Wellcare	Medicare		496.47	1			394.55	1216.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC HEMIC/LYMPHATIC SYSTEM	38999	CPT	outpatient			1281	570.94	Wellcare	Medicaid		403	0.3146			394.55	1216.95	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Aetna	Better Health		238.47	0.3146			238.47	720.1	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Aetna	Commercial		444.74	1.592			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Aetna	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Americare	Americare		568.5	0.75			238.47	720.1	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	WellPoint	WellPoint		243.17	0.3208			238.47	720.1	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Amerihealth	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Consumer	Consumer		720.1	0.95			238.47	720.1	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Corrections	Corrections		606.4	0.8			238.47	720.1	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	First Health	First Health		530.6	0.7			238.47	720.1	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	First Trenton	First Trenton		682.2	0.9			238.47	720.1	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Horizon	Indemnity		510.39	1.827			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Horizon	PPO		510.39	1.827			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Horizon	MGD		510.39	1.827			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Horizon	Medicare Blue		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Managed Care Inc	Managed Care Inc		682.2	0.9			238.47	720.1	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Multiplan	Multiplan		606.4	0.8			238.47	720.1	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Qualcare	Qualcare		568.5	0.75			238.47	720.1	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Three Rivers	Three Rivers		720.1	0.95			238.47	720.1	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	UHC	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIP	40490	CPT	outpatient			758	321.26	UHC	Medicaid		238.47	0.3146			238.47	720.1	percent of total billed charges	
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Wellcare	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY LIP	40490	CPT	outpatient			758	321.26	Wellcare	Medicaid		238.47	0.3146			238.47	720.1	percent of total billed charges	
REPAIR LIP VERMILION ONLY	40650	CPT	outpatient			3356	723.64	Aetna	Commercial		1001.77	1.592			524.12	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP VERMILION ONLY	40650	CPT	outpatient			3356	723.64	Aetna	Better Health		1055.8	0.3146			524.12	3188.2	percent of total billed charges	
REPAIR LIP VERMILION ONLY	40650	CPT	outpatient			3356	723.64	Aetna	Medicare		629.25	1			524.12	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP VERMILION ONLY	40650	CPT	outpatient			3356	723.64	Americare	Americare		2517	0.75			524.12	3188.2	percent of total billed charges	
REPAIR LIP VERMILION ONLY	40650	CPT	outpatient			3356	723.64	WellPoint	WellPoint		1076.6	0.3208			524.12	3188.2	percent of total billed charges	
REPAIR LIP VERMILION ONLY	40650	CPT	outpatient			3356	723.64	Amerihealth	Medicare		629.25	1			524.12	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP VERMILION ONLY	40650	CPT	outpatient			3356	723.64	Consumer	Consumer		3188.2	0.95			524.12	3188.2	percent of total billed charges	
REPAIR LIP VERMILION ONLY	40650	CPT	outpatient			3356	723.64	Corrections	Corrections		2684.8	0.8			524.12	3188.2	percent of total billed charges	
REPAIR LIP VERMILION ONLY	40650	CPT	outpatient			3356	723.64	First Health	First Health		2349.2	0.7			524.12	3188.2	percent of total billed charges	
REPAIR LIP VERMILION ONLY	40650	CPT	outpatient			3356	723.64	First Trenton	First Trenton		3020.4	0.9			524.12	3188.2	percent of total billed charges	
REPAIR LIP VERMILION ONLY	40650	CPT	outpatient			3356	723.64	Horizon	Medicare Blue		629.25	1			524.12	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP VERMILION ONLY	40650	CPT	outpatient			3356	723.64	Horizon	Indemnity		1149.64	1.827			524.12	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP VERMILION ONLY	40650	CPT	outpatient			3356	723.64	Horizon	MGD		1149.64	1.827			524.12	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP VERMILION ONLY	40650	CPT	outpatient			3356	723.64	Horizon	PPO		1149.64	1.827			524.12	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP VERMILION ONLY	40650	CPT	outpatient			3356	723.64	Managed Care Inc	Managed Care Inc		3020.4	0.9			524.12	3188.2	percent of total billed charges	
REPAIR LIP VERMILION ONLY	40650	CPT	outpatient			3356	723.64	Multiplan	Multiplan		2684.8	0.8			524.12	3188.2	percent of total billed charges	
REPAIR LIP VERMILION ONLY	40650	CPT	outpatient			3356	723.64	Qualcare	Qualcare		2517	0.75			524.12	3188.2	percent of total billed charges	
REPAIR LIP VERMILION ONLY	40650	CPT	outpatient			3356	723.64	Three Rivers	Three Rivers		3188.2	0.95			524.12	3188.2	percent of total billed charges	
REPAIR LIP VERMILION ONLY	40650	CPT	outpatient			3356	723.64	UHC	Medicare		629.25	1			524.12	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP VERMILION ONLY	40650	CPT	outpatient			3356	723.64	UHC	Medicaid		1055.8	0.3146			524.12	3188.2	percent of total billed charges	
REPAIR LIP VERMILION ONLY	40650	CPT	outpatient			3356	723.64	Wellcare	Medicaid		1055.8	0.3146			524.12	3188.2	percent of total billed charges	
REPAIR LIP VERMILION ONLY	40650	CPT	outpatient			3356	723.64	Wellcare	Medicare		629.25	1			524.12	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Aetna	Better Health		1055.8	0.3146			629.25	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Aetna	Commercial		1001.77	1.592			629.25	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Aetna	Medicare		629.25	1			629.25	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Americare	Americare		2517	0.75			629.25	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	WellPoint	WellPoint		1076.6	0.3208			629.25	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Amerihealth	Medicare		629.25	1			629.25	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Consumer	Consumer		3188.2	0.95			629.25	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Corrections	Corrections		2684.8	0.8			629.25	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	First Health	First Health		2349.2	0.7			629.25	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	First Trenton	First Trenton		3020.4	0.9			629.25	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Horizon	Indemnity		1149.64	1.827			629.25	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Horizon	MGD		1149.64	1.827			629.25	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Horizon	Medicare Blue		629.25	1			629.25	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Horizon	PPO		1149.64	1.827			629.25	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Managed Care Inc	Managed Care Inc		3020.4	0.9			629.25	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Multiplan	Multiplan		2684.8	0.8			629.25	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Qualcare	Qualcare		2517	0.75			629.25	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Three Rivers	Three Rivers		3188.2	0.95			629.25	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	UHC	Medicaid		1055.8	0.3146			629.25	3188.2	percent of total billed charges	
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	UHC	Medicare		629.25	1			629.25	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Wellcare	Medicare		629.25	1			629.25	3188.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LIP 1/2 VERTICAL HEIGHT	40652	CPT	outpatient			3356	723.64	Wellcare	Medicaid		1055.8	0.3146			629.25	3188.2	percent of total billed charges	
RPR LIP FULL THKNS>1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Aetna	Better Health		1666.75	0.3146			1666.75	5033.1	percent of total billed charges	
RPR LIP FULL THKNS>1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Aetna	Commercial		2776.69	1.592			1666.75	5033.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FULL THKNS>1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Aetna	Medicare		1744.15	1			1666.75	5033.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FULL THKNS>1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Americare	Americare		3973.5	0.75			1666.75	5033.1	percent of total billed charges	
RPR LIP FULL THKNS>1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	WellPoint	WellPoint		1699.6	0.3208			1666.75	5033.1	percent of total billed charges	
RPR LIP FULL THKNS>1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Amerihealth	Medicare		1744.15	1			1666.75	5033.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FULL THKNS>1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Consumer	Consumer		5033.1	0.95			1666.75	5033.1	percent of total billed charges	
RPR LIP FULL THKNS>1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Corrections	Corrections		4238.4	0.8			1666.75	5033.1	percent of total billed charges	
RPR LIP FULL THKNS>1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	First Health	First Health		3708.6	0.7			1666.75	5033.1	percent of total billed charges	
RPR LIP FULL THKNS>1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	First Trenton	First Trenton		4768.2	0.9			1666.75	5033.1	percent of total billed charges	
RPR LIP FULL THKNS>1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Horizon	Medicare Blue		1744.15	1			1666.75	5033.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FULL THKNS>1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Horizon	MGD		3186.56	1.827			1666.75	5033.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FULL THKNS>1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Horizon	Indemnity		3186.56	1.827			1666.75	5033.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FULL THKNS>1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Horizon	PPO		3186.56	1.827			1666.75	5033.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FULL THKNS>1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Managed Care Inc	Managed Care Inc		4768.2	0.9			1666.75	5033.1	percent of total billed charges	
RPR LIP FULL THKNS>1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Multiplan	Multiplan		4238.4	0.8			1666.75	5033.1	percent of total billed charges	
RPR LIP FULL THKNS>1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Qualcare	Qualcare		3973.5	0.75			1666.75	5033.1	percent of total billed charges	
RPR LIP FULL THKNS>1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Three Rivers	Three Rivers		5033.1	0.95			1666.75	5033.1	percent of total billed charges	
RPR LIP FULL THKNS>1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	UHC	Medicaid		1666.75	0.3146			1666.75	5033.1	percent of total billed charges	
RPR LIP FULL THKNS>1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	UHC	Medicare		1744.15	1			1666.75	5033.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FULL THKNS>1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Wellcare	Medicare		1744.15	1			1666.75	5033.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LIP FULL THKNS>1/2 VERT H/COM	40654	CPT	outpatient			5298	2005.77	Wellcare	Medicaid		1666.75	0.3146			1666.75	5033.1	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Aetna	Better Health		238.47	0.3146			238.47	720.1	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Aetna	Commercial		444.74	1.592			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Aetna	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Americare	Americare		568.5	0.75			238.47	720.1	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	WellPoint	WellPoint		243.17	0.3208			238.47	720.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Amerihealth	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Consumer	Consumer		720.1	0.95			238.47	720.1	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Corrections	Corrections		606.4	0.8			238.47	720.1	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	First Health	First Health		530.6	0.7			238.47	720.1	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	First Trenton	First Trenton		682.2	0.9			238.47	720.1	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Horizon	Medicare Blue		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Horizon	Indemnity		510.39	1.827			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Horizon	MGD		510.39	1.827			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Horizon	PPO		510.39	1.827			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Managed Care Inc	Managed Care Inc		682.2	0.9			238.47	720.1	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Multiplan	Multiplan		606.4	0.8			238.47	720.1	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Qualcare	Qualcare		568.5	0.75			238.47	720.1	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Three Rivers	Three Rivers		720.1	0.95			238.47	720.1	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	UHC	Medicaid		238.47	0.3146			238.47	720.1	percent of total billed charges	
LIP REDUCTION	40799	CPT	outpatient			758	321.26	UHC	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Wellcare	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIP REDUCTION	40799	CPT	outpatient			758	321.26	Wellcare	Medicaid		238.47	0.3146			238.47	720.1	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	both			2374	925.36	Aetna	Better Health		746.86	0.3146			732.39	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	both			2374	925.36	Aetna	Medicare		804.66	1			732.39	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-INTRAORAL	40800	CPT	both			2374	925.36	Aetna	Commercial		1281.02	1.592			732.39	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-INTRAORAL	40800	CPT	both			2374	925.36	Americare	Americare		1780.5	0.75			732.39	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	both			2374	925.36	WellPoint	WellPoint		761.58	0.3208			732.39	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	both			2374	925.36	Amerihealth	Medicare		804.66	1			732.39	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-INTRAORAL	40800	CPT	both			2374	925.36	Consumer	Consumer		2255.3	0.95			732.39	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	both			2374	925.36	Corrections	Corrections		1899.2	0.8			732.39	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	both			2374	925.36	First Health	First Health		1661.8	0.7			732.39	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	both			2374	925.36	First Trenton	First Trenton		2136.6	0.9			732.39	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	both			2374	925.36	Horizon	PPO		1470.11	1.827			732.39	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-INTRAORAL	40800	CPT	both			2374	925.36	Horizon	MGD		1470.11	1.827			732.39	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-INTRAORAL	40800	CPT	both			2374	925.36	Horizon	Indemnity		1470.11	1.827			732.39	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-INTRAORAL	40800	CPT	both			2374	925.36	Horizon	Medicare Blue		804.66	1			732.39	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-INTRAORAL	40800	CPT	both			2374	925.36	Managed Care Inc	Managed Care Inc		2136.6	0.9			732.39	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	both			2374	925.36	Multiplan	Multiplan		1899.2	0.8			732.39	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	both			2374	925.36	Qualcare	Qualcare		1780.5	0.75			732.39	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	both			2374	925.36	Three Rivers	Three Rivers		2255.3	0.95			732.39	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	both			2374	925.36	UHC	Medicare		804.66	1			732.39	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-INTRAORAL	40800	CPT	both			2374	925.36	UHC	Medicaid		746.86	0.3146			732.39	2255.3	percent of total billed charges	
I & D ABCESS-INTRAORAL	40800	CPT	both			2374	925.36	Wellcare	Medicare		804.66	1			732.39	2255.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-INTRAORAL	40800	CPT	both			2374	925.36	Wellcare	Medicaid		746.86	0.3146			732.39	2255.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Aetna	Commercial		1001.77	1.592			589.51	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Aetna	Medicare		589.51	0.308			589.51	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Aetna	Better Health		602.14	0.3146			589.51	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Americare	Americare		1435.5	0.75			589.51	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	WellPoint	WellPoint		614.01	0.3208			589.51	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Amerihealth	Medicare		629.25	1			589.51	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Consumer	Consumer		1818.3	0.95			589.51	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Corrections	Corrections		1531.2	0.8			589.51	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	First Health	First Health		1339.8	0.7			589.51	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	First Trenton	First Trenton		1722.6	0.9			589.51	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Horizon	MGD		1149.64	1.827			589.51	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Horizon	Medicare Blue		629.25	1			589.51	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Horizon	PPO		1149.64	1.827			589.51	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Horizon	Indemnity		1149.64	1.827			589.51	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Managed Care Inc	Managed Care Inc		1722.6	0.9			589.51	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Multiplan	Multiplan		1531.2	0.8			589.51	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Qualcare	Qualcare		1435.5	0.75			589.51	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Three Rivers	Three Rivers		1818.3	0.95			589.51	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	UHC	Medicare		629.25	1			589.51	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	UHC	Medicaid		602.14	0.3146			589.51	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Wellcare	Medicaid		602.14	0.3146			589.51	1818.3	percent of total billed charges	
DRAIN MOUTH LESION COMPLEX	40801	CPT	outpatient			1914	723.64	Wellcare	Medicare		629.25	1			589.51	1818.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOR BODY MOUTH SIMPLE	40804	CPT	outpatient			3119	1192.23	Aetna	Better Health		981.24	0.3146			946.95	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH SIMPLE	40804	CPT	outpatient			3119	1192.23	Aetna	Commercial		1650.46	1.592			946.95	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOR BODY MOUTH SIMPLE	40804	CPT	outpatient			3119	1192.23	Aetna	Medicare		1036.72	1			946.95	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOR BODY MOUTH SIMPLE	40804	CPT	outpatient			3119	1192.23	Americare	Americare		2339.25	0.75			946.95	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH SIMPLE	40804	CPT	outpatient			3119	1192.23	WellPoint	WellPoint		1000.58	0.3208			946.95	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH SIMPLE	40804	CPT	outpatient			3119	1192.23	Amerihealth	Medicare		1036.72	1			946.95	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOR BODY MOUTH SIMPLE	40804	CPT	outpatient			3119	1192.23	Consumer	Consumer		2963.05	0.95			946.95	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH SIMPLE	40804	CPT	outpatient			3119	1192.23	Corrections	Corrections		2495.2	0.8			946.95	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH SIMPLE	40804	CPT	outpatient			3119	1192.23	First Health	First Health		2183.3	0.7			946.95	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH SIMPLE	40804	CPT	outpatient			3119	1192.23	First Trenton	First Trenton		2807.1	0.9			946.95	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH SIMPLE	40804	CPT	outpatient			3119	1192.23	Horizon	MGD		1894.09	1.827			946.95	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOR BODY MOUTH SIMPLE	40804	CPT	outpatient			3119	1192.23	Horizon	Indemnity		1894.09	1.827			946.95	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOR BODY MOUTH SIMPLE	40804	CPT	outpatient			3119	1192.23	Horizon	Medicare Blue		1036.72	1			946.95	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOR BODY MOUTH SIMPLE	40804	CPT	outpatient			3119	1192.23	Horizon	PPO		1894.09	1.827			946.95	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOR BODY MOUTH SIMPLE	40804	CPT	outpatient			3119	1192.23	Managed Care Inc	Managed Care Inc		2807.1	0.9			946.95	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH SIMPLE	40804	CPT	outpatient			3119	1192.23	Multiplan	Multiplan		2495.2	0.8			946.95	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH SIMPLE	40804	CPT	outpatient			3119	1192.23	Qualcare	Qualcare		2339.25	0.75			946.95	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH SIMPLE	40804	CPT	outpatient			3119	1192.23	Three Rivers	Three Rivers		2963.05	0.95			946.95	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH SIMPLE	40804	CPT	outpatient			3119	1192.23	UHC	Medicare		1036.72	1			946.95	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOR BODY MOUTH SIMPLE	40804	CPT	outpatient			3119	1192.23	UHC	Medicaid		981.24	0.3146			946.95	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH SIMPLE	40804	CPT	outpatient			3119	1192.23	Wellcare	Medicaid		981.24	0.3146			946.95	2963.05	percent of total billed charges	
RMVL FOR BODY MOUTH SIMPLE	40804	CPT	outpatient			3119	1192.23	Wellcare	Medicare		1036.72	1			946.95	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VESTIBULE MOUTH	40808	CPT	both			1930	723.64	Aetna	Better Health		607.18	0.3146			524.12	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	both			1930	723.64	Aetna	Medicare		629.25	1			524.12	1833.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VESTIBULE MOUTH	40808	CPT	both			1930	723.64	Aetna	Commercial		1001.77	1.592			524.12	1833.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VESTIBULE MOUTH	40808	CPT	both			1930	723.64	Americare	Americare		1447.5	0.75			524.12	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	both			1930	723.64	WellPoint	WellPoint		619.14	0.3208			524.12	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	both			1930	723.64	Amerihealth	Medicare		629.25	1			524.12	1833.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VESTIBULE MOUTH	40808	CPT	both			1930	723.64	Consumer	Consumer		1833.5	0.95			524.12	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	both			1930	723.64	Corrections	Corrections		1544	0.8			524.12	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	both			1930	723.64	First Health	First Health		1351	0.7			524.12	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	both			1930	723.64	First Trenton	First Trenton		1737	0.9			524.12	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	both			1930	723.64	Horizon	MGD		1149.64	1.827			524.12	1833.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VESTIBULE MOUTH	40808	CPT	both			1930	723.64	Horizon	Medicare Blue		629.25	1			524.12	1833.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VESTIBULE MOUTH	40808	CPT	both			1930	723.64	Horizon	Indemnity		1149.64	1.827			524.12	1833.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VESTIBULE MOUTH	40808	CPT	both			1930	723.64	Horizon	PPO		1149.64	1.827			524.12	1833.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VESTIBULE MOUTH	40808	CPT	both			1930	723.64	Managed Care Inc	Managed Care Inc		1737	0.9			524.12	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	both			1930	723.64	Multiplan	Multiplan		1544	0.8			524.12	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	both			1930	723.64	Qualcare	Qualcare		1447.5	0.75			524.12	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	both			1930	723.64	Three Rivers	Three Rivers		1833.5	0.95			524.12	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	both			1930	723.64	UHC	Medicaid		607.18	0.3146			524.12	1833.5	percent of total billed charges	
BX VESTIBULE MOUTH	40808	CPT	both			1930	723.64	UHC	Medicare		629.25	1			524.12	1833.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VESTIBULE MOUTH	40808	CPT	both			1930	723.64	Wellcare	Medicare		629.25	1			524.12	1833.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VESTIBULE MOUTH	40808	CPT	both			1930	723.64	Wellcare	Medicaid		607.18	0.3146			524.12	1833.5	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05	1.592			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Aetna	Better Health		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Aetna	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3325.73	0.3208			3261.46	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	0.7			3261.46	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Horizon	MGD		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Horizon	PPO		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	UHC	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN TUMOR-1.25CM	40810	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Aetna	Medicare		1744.15	1			1591.56	5648.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Aetna	Better Health		1870.61	0.3146			1591.56	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Aetna	Commercial		2776.69	1.592			1591.56	5648.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Americare	Americare		4459.5	0.75			1591.56	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	WellPoint	WellPoint		1907.48	0.3208			1591.56	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Amerihealth	Medicare		1744.15	1			1591.56	5648.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Consumer	Consumer		5648.7	0.95			1591.56	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Corrections	Corrections		4756.8	0.8			1591.56	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	First Health	First Health		4162.2	0.7			1591.56	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	First Trenton	First Trenton		5351.4	0.9			1591.56	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Horizon	Indemnity		3186.56	1.827			1591.56	5648.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Horizon	Medicare Blue		1744.15	1			1591.56	5648.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Horizon	PPO		3186.56	1.827			1591.56	5648.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Horizon	MGD		3186.56	1.827			1591.56	5648.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Managed Care Inc	Managed Care Inc		5351.4	0.9			1591.56	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Multiplan	Multiplan		4756.8	0.8			1591.56	5648.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Qualcare	Qualcare		4459.5	0.75			1591.56	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Three Rivers	Three Rivers		5648.7	0.95			1591.56	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	UHC	Medicaid		1870.61	0.3146			1591.56	5648.7	percent of total billed charges	
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	UHC	Medicare		1744.15	1			1591.56	5648.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Wellcare	Medicare		1744.15	1			1591.56	5648.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC MOUTH LESION SIMP REPAIR	40812	CPT	outpatient			5946	2005.77	Wellcare	Medicaid		1870.61	0.3146			1591.56	5648.7	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059	2005.77	Aetna	Medicare		1558.17	0.308			1558.17	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69	1.592			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENULECTOMY	40819	CPT	outpatient			5059	2005.77	Aetna	Better Health		1591.56	0.3146			1558.17	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	0.75			1558.17	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1622.93	0.3208			1558.17	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059	2005.77	AmerihealthI	Medicare		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENULECTOMY	40819	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	0.95			1558.17	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	0.8			1558.17	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	0.7			1558.17	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	0.9			1558.17	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENULECTOMY	40819	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3186.56	1.827			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENULECTOMY	40819	CPT	outpatient			5059	2005.77	Horizon	MGD		3186.56	1.827			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENULECTOMY	40819	CPT	outpatient			5059	2005.77	Horizon	PPO		3186.56	1.827			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENULECTOMY	40819	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	0.9			1558.17	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	0.8			1558.17	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	0.75			1558.17	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	0.95			1558.17	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059	2005.77	UHC	Medicaid		1591.56	0.3146			1558.17	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRENULECTOMY	40819	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1591.56	0.3146			1558.17	4806.05	percent of total billed charges	
FRENULECTOMY	40819	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367	4234.52	Aetna	Better Health		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367	4234.52	Aetna	Commercial		5802.05	1.592			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367	4234.52	Aetna	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3325.73	0.3208			3261.46	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367	4234.52	AmerihealthI	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	0.7			3261.46	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367	4234.52	Horizon	PPO		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367	4234.52	Horizon	MGD		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367	4234.52	UHC	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
DESTRUCTION LESION MOUTH	40820	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION MOUTH	40830	CPT	outpatient			1058	321.26	Aetna	Commercial		444.74	1.592			238.47	1005.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION MOUTH	40830	CPT	outpatient			1058	321.26	Aetna	Medicare		279.36	1			238.47	1005.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION MOUTH	40830	CPT	outpatient			1058	321.26	Aetna	Better Health		332.85	0.3146			238.47	1005.1	percent of total billed charges	
CLOSURE LACERATION MOUTH	40830	CPT	outpatient			1058	321.26	Americare	Americare		793.5	0.75			238.47	1005.1	percent of total billed charges	
CLOSURE LACERATION MOUTH	40830	CPT	outpatient			1058	321.26	WellPoint	WellPoint		339.41	0.3208			238.47	1005.1	percent of total billed charges	
CLOSURE LACERATION MOUTH	40830	CPT	outpatient			1058	321.26	AmerihealthI	Medicare		279.36	1			238.47	1005.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION MOUTH	40830	CPT	outpatient			1058	321.26	Consumer	Consumer		1005.1	0.95			238.47	1005.1	percent of total billed charges	
CLOSURE LACERATION MOUTH	40830	CPT	outpatient			1058	321.26	Corrections	Corrections		846.4	0.8			238.47	1005.1	percent of total billed charges	
CLOSURE LACERATION MOUTH	40830	CPT	outpatient			1058	321.26	First Health	First Health		740.6	0.7			238.47	1005.1	percent of total billed charges	
CLOSURE LACERATION MOUTH	40830	CPT	outpatient			1058	321.26	First Trenton	First Trenton		952.2	0.9			238.47	1005.1	percent of total billed charges	
CLOSURE LACERATION MOUTH	40830	CPT	outpatient			1058	321.26	Horizon	Medicare Blue		279.36	1			238.47	1005.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION MOUTH	40830	CPT	outpatient			1058	321.26	Horizon	Indemnity		510.39	1.827			238.47	1005.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION MOUTH	40830	CPT	outpatient			1058	321.26	Horizon	MGD		510.39	1.827			238.47	1005.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION MOUTH	40830	CPT	outpatient			1058	321.26	Horizon	PPO		510.39	1.827			238.47	1005.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION MOUTH	40830	CPT	outpatient			1058	321.26	Managed Care Inc	Managed Care Inc		952.2	0.9			238.47	1005.1	percent of total billed charges	
CLOSURE LACERATION MOUTH	40830	CPT	outpatient			1058	321.26	Multiplan	Multiplan		846.4	0.8			238.47	1005.1	percent of total billed charges	
CLOSURE LACERATION MOUTH	40830	CPT	outpatient			1058	321.26	Qualcare	Qualcare		793.5	0.75			238.47	1005.1	percent of total billed charges	
CLOSURE LACERATION MOUTH	40830	CPT	outpatient			1058	321.26	Three Rivers	Three Rivers		1005.1	0.95			238.47	1005.1	percent of total billed charges	
CLOSURE LACERATION MOUTH	40830	CPT	outpatient			1058	321.26	UHC	Medicare		279.36	1			238.47	1005.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION MOUTH	40830	CPT	outpatient			1058	321.26	UHC	Medicaid		332.85	0.3146			238.47	1005.1	percent of total billed charges	
CLOSURE LACERATION MOUTH	40830	CPT	outpatient			1058	321.26	Wellcare	Medicare		279.36	1			238.47	1005.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE LACERATION MOUTH	40830	CPT	outpatient			1058	321.26	Wellcare	Medicaid		332.85	0.3146			238.47	1005.1	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889	723.64	Aetna	Commercial		1001.77	1.592			629.25	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889	723.64	Aetna	Medicare		629.25	1			629.25	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889	723.64	Aetna	Better Health		908.88	0.3146			629.25	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889	723.64	Americare	Americare		2166.75	0.75			629.25	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889	723.64	WellPoint	WellPoint		926.79	0.3208			629.25	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889	723.64	AmerihealthI	Medicare		629.25	1			629.25	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889	723.64	Consumer	Consumer		2744.55	0.95			629.25	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889	723.64	Corrections	Corrections		2311.2	0.8			629.25	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889	723.64	First Health	First Health		2022.3	0.7			629.25	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889	723.64	First Trenton	First Trenton		2600.1	0.9			629.25	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889	723.64	Horizon	Indemnity		1149.64	1.827			629.25	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889	723.64	Horizon	MGD		1149.64	1.827			629.25	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889	723.64	Horizon	Medicare Blue		629.25	1			629.25	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889	723.64	Horizon	PPO		1149.64	1.827			629.25	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889	723.64	Managed Care Inc	Managed Care Inc		2600.1	0.9			629.25	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889	723.64	Multiplan	Multiplan		2311.2	0.8			629.25	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889	723.64	Qualcare	Qualcare		2166.75	0.75			629.25	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889	723.64	Three Rivers	Three Rivers		2744.55	0.95			629.25	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889	723.64	UHC	Medicaid		908.88	0.3146			629.25	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889	723.64	UHC	Medicare		629.25	1			629.25	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889	723.64	Wellcare	Medicaid		908.88	0.3146			629.25	2744.55	percent of total billed charges	
CLOS LAC VEST MOUT >2.5 CM	40831	CPT	outpatient			2889	723.64	Wellcare	Medicare		629.25	1			629.25	2744.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY	40840	CPT	outpatient			19455	7702.18	Aetna	Better Health		6120.54	0.3146			6120.54	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455	7702.18	Aetna	Commercial		10662.5	1.592			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY	40840	CPT	outpatient			19455	7702.18	Aetna	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY	40840	CPT	outpatient			19455	7702.18	Americare	Americare		14591.25	0.75			6120.54	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455	7702.18	WellPoint	WellPoint		6241.16	0.3208			6120.54	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455	7702.18	AmerihealthI	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY	40840	CPT	outpatient			19455	7702.18	Consumer	Consumer		18482.25	0.95			6120.54	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455	7702.18	Corrections	Corrections		15564	0.8			6120.54	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455	7702.18	First Health	First Health		13618.5	0.7			6120.54	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455	7702.18	First Trenton	First Trenton		17509.5	0.9			6120.54	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455	7702.18	Horizon	MGD		12236.42	1.827			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY	40840	CPT	outpatient			19455	7702.18	Horizon	Medicare Blue		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY	40840	CPT	outpatient			19455	7702.18	Horizon	Indemnity		12236.42	1.827			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY	40840	CPT	outpatient			19455	7702.18	Horizon	PPO		12236.42	1.827			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY	40840	CPT	outpatient			19455	7702.18	Managed Care Inc	Managed Care Inc		17509.5	0.9			6120.54	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455	7702.18	Multiplan	Multiplan		15564	0.8			6120.54	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455	7702.18	Qualcare	Qualcare		14591.25	0.75			6120.54	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455	7702.18	Three Rivers	Three Rivers		18482.25	0.95			6120.54	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455	7702.18	UHC	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESTIBULOPLASTY	40840	CPT	outpatient			19455	7702.18	UHC	Medicaid		6120.54	0.3146			6120.54	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455	7702.18	Wellcare	Medicaid		6120.54	0.3146			6120.54	18482.25	percent of total billed charges	
VESTIBULOPLASTY	40840	CPT	outpatient			19455	7702.18	Wellcare	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	Aetna	Better Health		238.47	0.3146			238.47	720.1	percent of total billed charges	
UNLISTED PROC VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	Aetna	Commercial		444.74	1.592			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	Aetna	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	Americare	Americare		568.5	0.75			238.47	720.1	percent of total billed charges	
UNLISTED PROC VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	WellPoint	WellPoint		243.17	0.3208			238.47	720.1	percent of total billed charges	
UNLISTED PROC VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	AmerihealthI	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	Consumer	Consumer		720.1	0.95			238.47	720.1	percent of total billed charges	
UNLISTED PROC VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	Corrections	Corrections		606.4	0.8			238.47	720.1	percent of total billed charges	
UNLISTED PROC VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	First Health	First Health		530.6	0.7			238.47	720.1	percent of total billed charges	
UNLISTED PROC VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	First Trenton	First Trenton		682.2	0.9			238.47	720.1	percent of total billed charges	
UNLISTED PROC VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	Horizon	MGD		510.39	1.827			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	Horizon	Indemnity		510.39	1.827			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	Horizon	PPO		510.39	1.827			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	Horizon	Medicare Blue		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	Managed Care Inc	Managed Care Inc		682.2	0.9			238.47	720.1	percent of total billed charges	
UNLISTED PROC VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	Multiplan	Multiplan		606.4	0.8			238.47	720.1	percent of total billed charges	
UNLISTED PROC VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	Qualcare	Qualcare		568.5	0.75			238.47	720.1	percent of total billed charges	
UNLISTED PROC VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	Three Rivers	Three Rivers		720.1	0.95			238.47	720.1	percent of total billed charges	
UNLISTED PROC VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	UHC	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	UHC	Medicaid		238.47	0.3146			238.47	720.1	percent of total billed charges	
UNLISTED PROC VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	Wellcare	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC VESTIBULE MOUTH	40899	CPT	outpatient			758	321.26	Wellcare	Medicaid		238.47	0.3146			238.47	720.1	percent of total billed charges	
INT I&D MOUTH LES LINGUAL	41000	CPT	outpatient			5498	723.64	Aetna	Better Health		1729.67	0.3146			629.25	5223.1	percent of total billed charges	
INT I&D MOUTH LES LINGUAL	41000	CPT	outpatient			5498	723.64	Aetna	Medicare		1693.38	0.308			629.25	5223.1	percent of total billed charges	
INT I&D MOUTH LES LINGUAL	41000	CPT	outpatient			5498	723.64	Aetna	Commercial		1001.77	1.592			629.25	5223.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES LINGUAL	41000	CPT	outpatient			5498	723.64	Americare	Americare		4123.5	0.75			629.25	5223.1	percent of total billed charges	
INT I&D MOUTH LES LINGUAL	41000	CPT	outpatient			5498	723.64	WellPoint	WellPoint		1763.76	0.3208			629.25	5223.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INT I&D MOUTH LES LINGUAL	41000	CPT	outpatient			5498		723.64 Amerihealth	Medicare		629.25	1			629.25	5223.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES LINGUAL	41000	CPT	outpatient			5498		723.64 Consumer	Consumer		5223.1	0.95			629.25	5223.1	percent of total billed charges	
INT I&D MOUTH LES LINGUAL	41000	CPT	outpatient			5498		723.64 Corrections	Corrections		4398.4	0.8			629.25	5223.1	percent of total billed charges	
INT I&D MOUTH LES LINGUAL	41000	CPT	outpatient			5498		723.64 First Health	First Health		3848.6	0.7			629.25	5223.1	percent of total billed charges	
INT I&D MOUTH LES LINGUAL	41000	CPT	outpatient			5498		723.64 First Trenton	First Trenton		4948.2	0.9			629.25	5223.1	percent of total billed charges	
INT I&D MOUTH LES LINGUAL	41000	CPT	outpatient			5498		723.64 Horizon	Indemnity		1149.64	1.827			629.25	5223.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES LINGUAL	41000	CPT	outpatient			5498		723.64 Horizon	PPO		1149.64	1.827			629.25	5223.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES LINGUAL	41000	CPT	outpatient			5498		723.64 Horizon	MGD		1149.64	1.827			629.25	5223.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES LINGUAL	41000	CPT	outpatient			5498		723.64 Horizon	Medicare Blue		629.25	1			629.25	5223.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES LINGUAL	41000	CPT	outpatient			5498		723.64 Managed Care Inc	Managed Care Inc		4948.2	0.9			629.25	5223.1	percent of total billed charges	
INT I&D MOUTH LES LINGUAL	41000	CPT	outpatient			5498		723.64 Multiplan	Multiplan		4398.4	0.8			629.25	5223.1	percent of total billed charges	
INT I&D MOUTH LES LINGUAL	41000	CPT	outpatient			5498		723.64 Qualcare	Qualcare		4123.5	0.75			629.25	5223.1	percent of total billed charges	
INT I&D MOUTH LES LINGUAL	41000	CPT	outpatient			5498		723.64 Three Rivers	Three Rivers		5223.1	0.95			629.25	5223.1	percent of total billed charges	
INT I&D MOUTH LES LINGUAL	41000	CPT	outpatient			5498		723.64 UHC	Medicaid		1729.67	0.3146			629.25	5223.1	percent of total billed charges	
INT I&D MOUTH LES LINGUAL	41000	CPT	outpatient			5498		723.64 UHC	Medicare		629.25	1			629.25	5223.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES LINGUAL	41000	CPT	outpatient			5498		723.64 Wellcare	Medicare		629.25	1			629.25	5223.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES LINGUAL	41000	CPT	outpatient			5498		723.64 Wellcare	Medicaid		1729.67	0.3146			629.25	5223.1	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758		321.26 Aetna	Better Health		238.47	0.3146			234.69	720.1	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758		321.26 Aetna	Commercial		444.74	1.592			234.69	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758		321.26 Aetna	Medicare		279.36	1			234.69	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758		321.26 Americare	Americare		568.5	0.75			234.69	720.1	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758		321.26 WellPoint	WellPoint		243.17	0.3208			234.69	720.1	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758		321.26 Amerihealth	Medicare		279.36	1			234.69	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758		321.26 Consumer	Consumer		720.1	0.95			234.69	720.1	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758		321.26 Corrections	Corrections		606.4	0.8			234.69	720.1	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758		321.26 First Health	First Health		530.6	0.7			234.69	720.1	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758		321.26 First Trenton	First Trenton		682.2	0.9			234.69	720.1	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758		321.26 Horizon	Indemnity		510.39	1.827			234.69	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758		321.26 Horizon	MGD		510.39	1.827			234.69	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758		321.26 Horizon	Medicare Blue		279.36	1			234.69	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758		321.26 Horizon	PPO		510.39	1.827			234.69	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758		321.26 Managed Care Inc	Managed Care Inc		682.2	0.9			234.69	720.1	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758		321.26 Multiplan	Multiplan		606.4	0.8			234.69	720.1	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758		321.26 Qualcare	Qualcare		568.5	0.75			234.69	720.1	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758		321.26 Three Rivers	Three Rivers		720.1	0.95			234.69	720.1	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758		321.26 UHC	Medicare		279.36	1			234.69	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758		321.26 UHC	Medicaid		238.47	0.3146			234.69	720.1	percent of total billed charges	
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758		321.26 Wellcare	Medicare		279.36	1			234.69	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBL SUP	41005	CPT	outpatient			758		321.26 Wellcare	Medicaid		238.47	0.3146			234.69	720.1	percent of total billed charges	
INT I&D MOUTH LES SUBMENTAL	41007	CPT	outpatient			6053		2005.77 Aetna	Commercial		2776.69	1.592			1591.56	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBMENTAL	41007	CPT	outpatient			6053		2005.77 Aetna	Better Health		1904.27	0.3146			1591.56	5750.35	percent of total billed charges	
INT I&D MOUTH LES SUBMENTAL	41007	CPT	outpatient			6053		2005.77 Aetna	Medicare		1744.15	1			1591.56	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBMENTAL	41007	CPT	outpatient			6053		2005.77 Americare	Americare		4539.75	0.75			1591.56	5750.35	percent of total billed charges	
INT I&D MOUTH LES SUBMENTAL	41007	CPT	outpatient			6053		2005.77 WellPoint	WellPoint		1941.8	0.3208			1591.56	5750.35	percent of total billed charges	
INT I&D MOUTH LES SUBMENTAL	41007	CPT	outpatient			6053		2005.77 Amerihealth	Medicare		1744.15	1			1591.56	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBMENTAL	41007	CPT	outpatient			6053		2005.77 Consumer	Consumer		5750.35	0.95			1591.56	5750.35	percent of total billed charges	
INT I&D MOUTH LES SUBMENTAL	41007	CPT	outpatient			6053		2005.77 Corrections	Corrections		4842.4	0.8			1591.56	5750.35	percent of total billed charges	
INT I&D MOUTH LES SUBMENTAL	41007	CPT	outpatient			6053		2005.77 First Health	First Health		4237.1	0.7			1591.56	5750.35	percent of total billed charges	
INT I&D MOUTH LES SUBMENTAL	41007	CPT	outpatient			6053		2005.77 First Trenton	First Trenton		5447.7	0.9			1591.56	5750.35	percent of total billed charges	
INT I&D MOUTH LES SUBMENTAL	41007	CPT	outpatient			6053		2005.77 Horizon	MGD		3186.56	1.827			1591.56	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBMENTAL	41007	CPT	outpatient			6053		2005.77 Horizon	Medicare Blue		1744.15	1			1591.56	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBMENTAL	41007	CPT	outpatient			6053		2005.77 Horizon	Indemnity		3186.56	1.827			1591.56	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBMENTAL	41007	CPT	outpatient			6053		2005.77 Horizon	PPO		3186.56	1.827			1591.56	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBMENTAL	41007	CPT	outpatient			6053		2005.77 Managed Care Inc	Managed Care Inc		5447.7	0.9			1591.56	5750.35	percent of total billed charges	
INT I&D MOUTH LES SUBMENTAL	41007	CPT	outpatient			6053		2005.77 Multiplan	Multiplan		4842.4	0.8			1591.56	5750.35	percent of total billed charges	
INT I&D MOUTH LES SUBMENTAL	41007	CPT	outpatient			6053		2005.77 Qualcare	Qualcare		4539.75	0.75			1591.56	5750.35	percent of total billed charges	
INT I&D MOUTH LES SUBMENTAL	41007	CPT	outpatient			6053		2005.77 Three Rivers	Three Rivers		5750.35	0.95			1591.56	5750.35	percent of total billed charges	
INT I&D MOUTH LES SUBMENTAL	41007	CPT	outpatient			6053		2005.77 UHC	Medicaid		1904.27	0.3146			1591.56	5750.35	percent of total billed charges	
INT I&D MOUTH LES SUBMENTAL	41007	CPT	outpatient			6053		2005.77 UHC	Medicare		1744.15	1			1591.56	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUBMENTAL	41007	CPT	outpatient			6053		2005.77 Wellcare	Medicaid		1904.27	0.3146			1591.56	5750.35	percent of total billed charges	
INT I&D MOUTH LES SUBMENTAL	41007	CPT	outpatient			6053		2005.77 Wellcare	Medicare		1744.15	1			1591.56	5750.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUMMANDIB	41008	CPT	outpatient			10367		4234.52 Aetna	Commercial		5862.05	1.592			1904.27	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUMMANDIB	41008	CPT	outpatient			10367		4234.52 Aetna	Medicare		3682.19	1			1904.27	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUMMANDIB	41008	CPT	outpatient			10367		4234.52 Aetna	Better Health		3261.46	0.3146			1904.27	9848.65	percent of total billed charges	
INT I&D MOUTH LES SUMMANDIB	41008	CPT	outpatient			10367		4234.52 Americare	Americare		7775.25	0.75			1904.27	9848.65	percent of total billed charges	
INT I&D MOUTH LES SUMMANDIB	41008	CPT	outpatient			10367		4234.52 WellPoint	WellPoint		3325.73	0.3208			1904.27	9848.65	percent of total billed charges	
INT I&D MOUTH LES SUMMANDIB	41008	CPT	outpatient			10367		4234.52 Amerihealth	Medicare		3682.19	1			1904.27	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUMMANDIB	41008	CPT	outpatient			10367		4234.52 Consumer	Consumer		9848.65	0.95			1904.27	9848.65	percent of total billed charges	
INT I&D MOUTH LES SUMMANDIB	41008	CPT	outpatient			10367		4234.52 Corrections	Corrections		8293.6	0.8			1904.27	9848.65	percent of total billed charges	
INT I&D MOUTH LES SUMMANDIB	41008	CPT	outpatient			10367		4234.52 First Health	First Health		7256.9	0.7			1904.27	9848.65	percent of total billed charges	
INT I&D MOUTH LES SUMMANDIB	41008	CPT	outpatient			10367		4234.52 First Trenton	First Trenton		9330.3	0.9			1904.27	9848.65	percent of total billed charges	
INT I&D MOUTH LES SUMMANDIB	41008	CPT	outpatient			10367		4234.52 Horizon	PPO		6727.36	1.827			1904.27	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUMMANDIB	41008	CPT	outpatient			10367		4234.52 Horizon	Indemnity		6727.36	1.827			1904.27	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUMMANDIB	41008	CPT	outpatient			10367		4234.52 Horizon	MGD		6727.36	1.827			1904.27	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUMMANDIB	41008	CPT	outpatient			10367		4234.52 Horizon	Medicare Blue		3682.19	1			1904.27	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUMMANDIB	41008	CPT	outpatient			10367		4234.52 Managed Care Inc	Managed Care Inc		9330.3	0.9			1904.27	9848.65	percent of total billed charges	
INT I&D MOUTH LES SUMMANDIB	41008	CPT	outpatient			10367		4234.52 Multiplan	Multiplan		8293.6	0.8			1904.27	9848.65	percent of total billed charges	
INT I&D MOUTH LES SUMMANDIB	41008	CPT	outpatient			10367		4234.52 Qualcare	Qualcare		7775.25	0.75			1904.27	9848.65	percent of total billed charges	
INT I&D MOUTH LES SUMMANDIB	41008	CPT	outpatient			10367		4234.52 Three Rivers	Three Rivers		9848.65	0.95			1904.27	9848.65	percent of total billed charges	
INT I&D MOUTH LES SUMMANDIB	41008	CPT	outpatient			10367		4234.52 UHC	Medicaid		3261.46	0.3146			1904.27	9848.65	percent of total billed charges	
INT I&D MOUTH LES SUMMANDIB	41008	CPT	outpatient			10367		4234.52 UHC	Medicare		3682.19	1			1904.27	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUMMANDIB	41008	CPT	outpatient			10367		4234.52 Wellcare	Medicare		3682.19	1			1904.27	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INT I&D MOUTH LES SUMMANDIB	41008	CPT	outpatient			10367		4234.52 Wellcare	Medicaid		3261.46	0.3146			1904.27	9848.65	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059		2005.77 Aetna	Better Health		1591.56	0.3146			1558.17	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059		2005.77 Aetna	Medicare		1558.17	0.308			1558.17	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059		2005.77 Aetna	Commercial		2776.69	1.592			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059		2005.77 Americare	Americare		3794.25	0.75			1558.17	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059		2005.77 WellPoint	WellPoint		1622.93	0.3208			1558.17	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059		2005.77 Amerihealth	Medicare		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059		2005.77 Consumer	Consumer		4806.05	0.95			1558.17	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059		2005.77 Corrections	Corrections		4047.2	0.8			1558.17	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059		2005.77 First Health	First Health		3541.3	0.7			1558.17	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059		2005.77 First Trenton	First Trenton		4553.1	0.9			1558.17	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059		2005.77 Horizon	PPO		3186.56	1.827			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059		2005.77 Horizon	MGD		3186.56	1.827			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059		2005.77 Horizon	Medicare Blue		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059		2005.77 Horizon	Indemnity		3186.56	1.827			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059		2005.77 Managed Care Inc	Managed Care Inc		4553.1	0.9			1558.17	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059		2005.77 Multiplan	Multiplan		4047.2	0.8			1558.17	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059		2005.77 Qualcare	Qualcare		3794.25	0.75			1558.17	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059		2005.77 Three Rivers	Three Rivers		4806.05	0.95			1558.17	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059		2005.77 UHC	Medicare		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059		2005.77 UHC	Medicaid		1591.56	0.3146			1558.17	4806.05	percent of total billed charges	
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059		2005.77 Wellcare	Medicare		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC LINGUAL FRENUM (FRENOTOMY)	41010	CPT	outpatient			5059		2005.77 Wellcare	Medicaid		1591.56	0.3146			1558.17	4806.05	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666		723.64 Aetna	Better Health		524.12	0.3146			524.12	1582.7	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666		723.64 Aetna	Commercial		1001.77	1.592			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666		723.64 Aetna	Medicare		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666		723.64 Americare	Americare		1249.5	0.75			524.12	1582.7	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666		723.64 WellPoint	WellPoint		534.45	0.3208			524.12	1582.7	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666		723.64 Amerihealth	Medicare		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666		723.64 Consumer	Consumer		1582.7	0.95			524.12	1582.7	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666		723.64 Corrections	Corrections		1332.8	0.8			524.12	1582.7	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666		723.64 First Health	First Health		1166.2	0.7			524.12	1582.7	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666		723.64 First Trenton	First Trenton		1499.4	0.9			524.12	1582.7	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666		723.64 Horizon	MGD		1149.64	1.827			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666		723.64 Horizon	Medicare Blue		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666		723.64 Horizon	PPO		1149.64	1.827			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666		723.64 Horizon	Indemnity		1149.64	1.827			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666		723.64 Managed Care Inc	Managed Care Inc		1499.4	0.9			524.12	1582.7	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666		723.64 Multiplan	Multiplan		1332.8	0.8			524.12	1582.7	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666		723.64 Qualcare	Qualcare		1249.5	0.75			524.12	1582.7	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666		723.64 Three Rivers	Three Rivers		1582.7	0.95			524.12	1582.7	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666		723.64 UHC	Medicaid		524.12	0.3146			524.12	1582.7	percent of total billed charges	
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666		723.64 UHC	Medicare		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666		723.64 Wellcare	Medicare		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBLINGUAL	41015	CPT	outpatient			1666		723.64 Wellcare	Medicaid		524.12	0.3146			524.12	1582.7	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455		7702.18 Aetna	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455		7702.18 Aetna	Better Health		6120.54	0.3146			6120.54	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455		7702.18 Aetna	Commercial		10662.5	1.592			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455		7702.18 Americare	Americare		14591.25	0.75			6120.54	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455		7702.18 WellPoint	WellPoint		6241.16	0.3208			6120.54	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455		7702.18 Amerihealth	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455		7702.18 Consumer	Consumer		18482.25	0.95			6120.54	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455		7702.18 Corrections	Corrections		15564	0.8			6120.54	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455		7702.18 First Health	First Health		13618.5	0.7			6120.54	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455		7702.18 First Trenton	First Trenton		17509.5	0.9			6120.54	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455		7702.18 Horizon	PPO		12236.42	1.827			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455		7702.18 Horizon	MGD		12236.42	1.827			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455		7702.18 Horizon	Indemnity		12236.42	1.827			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455		7702.18 Horizon	Medicare Blue		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455		7702.18 Managed Care Inc	Managed Care Inc		17509.5	0.9			6120.54	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455		7702.18 Multiplan	Multiplan		15564	0.8			6120.54	18482.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455		7702.18 Qualcare	Qualcare		14591.25	0.75			6120.54	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455		7702.18 Three Rivers	Three Rivers		18482.25	0.95			6120.54	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455		7702.18 UHC	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455		7702.18 UHC	Medicaid		6120.54	0.3146			6120.54	18482.25	percent of total billed charges	
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455		7702.18 Wellcare	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-SUBMENTAL	41016	CPT	outpatient			19455		7702.18 Wellcare	Medicaid		6120.54	0.3146			6120.54	18482.25	percent of total billed charges	
I&D CYST-TONGUE-MASTRICATOR	41018	CPT	outpatient			5059		2005.77 Aetna	Medicare		1558.17	0.308			1558.17	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTRICATOR	41018	CPT	outpatient			5059		2005.77 Aetna	Better Health		1591.56	0.3146			1558.17	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTRICATOR	41018	CPT	outpatient			5059		2005.77 Aetna	Commercial		2776.69	1.592			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-MASTRICATOR	41018	CPT	outpatient			5059		2005.77 Americare	Americare		3794.25	0.75			1558.17	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTRICATOR	41018	CPT	outpatient			5059		2005.77 WellPoint	WellPoint		1622.93	0.3208			1558.17	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTRICATOR	41018	CPT	outpatient			5059		2005.77 Amerihealth	Medicare		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-MASTRICATOR	41018	CPT	outpatient			5059		2005.77 Consumer	Consumer		4806.05	0.95			1558.17	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTRICATOR	41018	CPT	outpatient			5059		2005.77 Corrections	Corrections		4047.2	0.8			1558.17	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTRICATOR	41018	CPT	outpatient			5059		2005.77 First Health	First Health		3541.3	0.7			1558.17	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTRICATOR	41018	CPT	outpatient			5059		2005.77 First Trenton	First Trenton		4553.1	0.9			1558.17	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTRICATOR	41018	CPT	outpatient			5059		2005.77 Horizon	MGD		3186.56	1.827			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-MASTRICATOR	41018	CPT	outpatient			5059		2005.77 Horizon	Medicare Blue		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-MASTRICATOR	41018	CPT	outpatient			5059		2005.77 Horizon	Indemnity		3186.56	1.827			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-MASTRICATOR	41018	CPT	outpatient			5059		2005.77 Horizon	PPO		3186.56	1.827			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-MASTRICATOR	41018	CPT	outpatient			5059		2005.77 Managed Care Inc	Managed Care Inc		4553.1	0.9			1558.17	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTRICATOR	41018	CPT	outpatient			5059		2005.77 Multiplan	Multiplan		4047.2	0.8			1558.17	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTRICATOR	41018	CPT	outpatient			5059		2005.77 Qualcare	Qualcare		3794.25	0.75			1558.17	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTRICATOR	41018	CPT	outpatient			5059		2005.77 Three Rivers	Three Rivers		4806.05	0.95			1558.17	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTRICATOR	41018	CPT	outpatient			5059		2005.77 UHC	Medicare		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D CYST-TONGUE-MASTRICATOR	41018	CPT	outpatient			5059		2005.77 UHC	Medicaid		1591.56	0.3146			1558.17	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTRICATOR	41018	CPT	outpatient			5059		2005.77 Wellcare	Medicaid		1591.56	0.3146			1558.17	4806.05	percent of total billed charges	
I&D CYST-TONGUE-MASTRICATOR	41018	CPT	outpatient			5059		2005.77 Wellcare	Medicare		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF MESH	41019	CPT	outpatient			19586		7702.18 Aetna	Medicare		6697.55	1			6161.76	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF MESH	41019	CPT	outpatient			19586		7702.18 Aetna	Better Health		6161.76	0.3146			6161.76	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586		7702.18 Aetna	Commercial		10662.5	1.592			6161.76	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF MESH	41019	CPT	outpatient			19586		7702.18 Americare	Americare		14689.5	0.75			6161.76	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586		7702.18 WellPoint	WellPoint		6283.19	0.3208			6161.76	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586		7702.18 Amerihealth	Medicare		6697.55	1			6161.76	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF MESH	41019	CPT	outpatient			19586		7702.18 Consumer	Consumer		18606.7	0.95			6161.76	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586		7702.18 Corrections	Corrections		15668.8	0.8			6161.76	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586		7702.18 First Health	First Health		13710.2	0.7			6161.76	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586		7702.18 First Trenton	First Trenton		17627.4	0.9			6161.76	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586		7702.18 Horizon	MGD		12236.42	1.827			6161.76	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF MESH	41019	CPT	outpatient			19586		7702.18 Horizon	Medicare Blue		6697.55	1			6161.76	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF MESH	41019	CPT	outpatient			19586		7702.18 Horizon	Indemnity		12236.42	1.827			6161.76	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF MESH	41019	CPT	outpatient			19586		7702.18 Horizon	PPO		12236.42	1.827			6161.76	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF MESH	41019	CPT	outpatient			19586		7702.18 Managed Care Inc	Managed Care Inc		17627.4	0.9			6161.76	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586		7702.18 Multiplan	Multiplan		15668.8	0.8			6161.76	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586		7702.18 Qualcare	Qualcare		14689.5	0.75			6161.76	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586		7702.18 Three Rivers	Three Rivers		18606.7	0.95			6161.76	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586		7702.18 UHC	Medicaid		6161.76	0.3146			6161.76	18606.7	percent of total billed charges	
PLACEMENT OF MESH	41019	CPT	outpatient			19586		7702.18 UHC	Medicare		6697.55	1			6161.76	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF MESH	41019	CPT	outpatient			19586		7702.18 Wellcare	Medicare		6697.55	1			6161.76	18606.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF MESH	41019	CPT	outpatient			19586		7702.18 Wellcare	Medicaid		6161.76	0.3146			6161.76	18606.7	percent of total billed charges	
BX TONGUE ANTERIOR 2/3	41100	CPT	outpatient			2765		723.64 Aetna	Better Health		869.87	0.3146			523.81	2626.75	percent of total billed charges	
BX TONGUE ANTERIOR 2/3	41100	CPT	outpatient			2765		723.64 Aetna	Commercial		1001.77	1.592			523.81	2626.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX TONGUE ANTERIOR 2/3	41100	CPT	outpatient			2765		723.64 Aetna	Medicare		629.25	1			523.81	2626.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX TONGUE ANTERIOR 2/3	41100	CPT	outpatient			2765		723.64 Americare	Americare		2073.75	0.75			523.81	2626.75	percent of total billed charges	
BX TONGUE ANTERIOR 2/3	41100	CPT	outpatient			2765		723.64 WellPoint	WellPoint		887.01	0.3208			523.81	2626.75	percent of total billed charges	
BX TONGUE ANTERIOR 2/3	41100	CPT	outpatient			2765		723.64 Amerihealth	Medicare		629.25	1			523.81	2626.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX TONGUE ANTERIOR 2/3	41100	CPT	outpatient			2765		723.64 Consumer	Consumer		2626.75	0.95			523.81	2626.75	percent of total billed charges	
BX TONGUE ANTERIOR 2/3	41100	CPT	outpatient			2765		723.64 Corrections	Corrections		2212	0.8			523.81	2626.75	percent of total billed charges	
BX TONGUE ANTERIOR 2/3	41100	CPT	outpatient			2765		723.64 First Health	First Health		1935.5	0.7			523.81	2626.75	percent of total billed charges	
BX TONGUE ANTERIOR 2/3	41100	CPT	outpatient			2765		723.64 First Trenton	First Trenton		2488.5	0.9			523.81	2626.75	percent of total billed charges	
BX TONGUE ANTERIOR 2/3	41100	CPT	outpatient			2765		723.64 Horizon	Medicare Blue		629.25	1			523.81	2626.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX TONGUE ANTERIOR 2/3	41100	CPT	outpatient			2765		723.64 Horizon	Indemnity		1149.64	1.827			523.81	2626.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX TONGUE ANTERIOR 2/3	41100	CPT	outpatient			2765		723.64 Horizon	MGD		1149.64	1.827			523.81	2626.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX TONGUE ANTERIOR 2/3	41100	CPT	outpatient			2765		723.64 Horizon	PPO		1149.64	1.827			523.81	2626.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX TONGUE ANTERIOR 2/3	41100	CPT	outpatient			2765		723.64 Managed Care Inc	Managed Care Inc		2488.5	0.9			523.81	2626.75	percent of total billed charges	
BX TONGUE ANTERIOR 2/3	41100	CPT	outpatient			2765		723.64 Multiplan	Multiplan		2212	0.8			523.81	2626.75	percent of total billed charges	
BX TONGUE ANTERIOR 2/3	41100	CPT	outpatient			2765		723.64 Qualcare	Qualcare		2073.75	0.75			523.81	2626.75	percent of total billed charges	
BX TONGUE ANTERIOR 2/3	41100	CPT	outpatient			2765		723.64 Three Rivers	Three Rivers		2626.75	0.95			523.81	2626.75	percent of total billed charges	
BX TONGUE ANTERIOR 2/3	41100	CPT	outpatient			2765		723.64 UHC	Medicaid		869.87	0.3146			523.81	2626.75	percent of total billed charges	
BX TONGUE ANTERIOR 2/3	41100	CPT	outpatient			2765		723.64 UHC	Medicare		629.25	1			523.81	2626.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX TONGUE ANTERIOR 2/3	41100	CPT	outpatient			2765		723.64 Wellcare	Medicare		629.25	1			523.81	2626.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX TONGUE ANTERIOR 2/3	41100	CPT	outpatient			2765		723.64 Wellcare	Medicaid		869.87	0.3146			523.81	2626.75	percent of total billed charges	
BIOPSY;POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367		4234.52 Aetna	Commercial		5862.05	1.592			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY;POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367		4234.52 Aetna	Better Health		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
BIOPSY;POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367		4234.52 Aetna	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY;POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367		4234.52 Americare	Americare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
BIOPSY;POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367		4234.52 WellPoint	WellPoint		3325.73	0.3208			3261.46	9848.65	percent of total billed charges	
BIOPSY;POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367		4234.52 Amerihealth	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY;POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367		4234.52 Consumer	Consumer		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
BIOPSY;POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367		4234.52 Corrections	Corrections		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
BIOPSY;POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367		4234.52 First Health	First Health		7256.9	0.7			3261.46	9848.65	percent of total billed charges	
BIOPSY;POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367		4234.52 First Trenton	First Trenton		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
BIOPSY;POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367		4234.52 Horizon	MGD		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY;POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367		4234.52 Horizon	PPO		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY;POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367		4234.52 Horizon	Medicare Blue		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY;POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367		4234.52 Horizon	Indemnity		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY;POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367		4234.52 Managed Care Inc	Managed Care Inc		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
BIOPSY;POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367		4234.52 Multiplan	Multiplan		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
BIOPSY;POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367		4234.52 Qualcare	Qualcare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
BIOPSY;POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367		4234.52 Three Rivers	Three Rivers		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
BIOPSY;POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367		4234.52 UHC	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
BIOPSY;POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367		4234.52 UHC	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY;POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367		4234.52 Wellcare	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY;POSTERIOR 1/3 TONGUE	41105	CPT	outpatient			10367		4234.52 Wellcare	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
BX MOUTH FLOOR	41108	CPT	outpatient			5464		2132.36 Aetna	Commercial		2951.93	1.592			1173.77	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX MOUTH FLOOR	41108	CPT	outpatient			5464		2132.36 Aetna	Better Health		1718.97	0.3146			1173.77	5190.8	percent of total billed charges	
BX MOUTH FLOOR	41108	CPT	outpatient			5464		2132.36 Aetna	Medicare		1854.23	1			1173.77	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX MOUTH FLOOR	41108	CPT	outpatient			5464		2132.36 Americare	Americare		4098	0.75			1173.77	5190.8	percent of total billed charges	
BX MOUTH FLOOR	41108	CPT	outpatient			5464		2132.36 WellPoint	WellPoint		1752.85	0.3208			1173.77	5190.8	percent of total billed charges	
BX MOUTH FLOOR	41108	CPT	outpatient			5464		2132.36 Amerihealth	Medicare		1854.23	1			1173.77	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX MOUTH FLOOR	41108	CPT	outpatient			5464		2132.36 Consumer	Consumer		5190.8	0.95			1173.77	5190.8	percent of total billed charges	
BX MOUTH FLOOR	41108	CPT	outpatient			5464		2132.36 Corrections	Corrections		4371.2	0.8			1173.77	5190.8	percent of total billed charges	
BX MOUTH FLOOR	41108	CPT	outpatient			5464		2132.36 First Health	First Health		3824.8	0.7			1173.77	5190.8	percent of total billed charges	
BX MOUTH FLOOR	41108	CPT	outpatient			5464		2132.36 First Trenton	First Trenton		4917.6	0.9			1173.77	5190.8	percent of total billed charges	
BX MOUTH FLOOR	41108	CPT	outpatient			5464		2132.36 Horizon	Indemnity		3387.68	1.827			1173.77	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX MOUTH FLOOR	41108	CPT	outpatient			5464		2132.36 Horizon	MGD		3387.68	1.827			1173.77	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX MOUTH FLOOR	41108	CPT	outpatient			5464		2132.36 Horizon	PPO		3387.68	1.827			1173.77	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX MOUTH FLOOR	41108	CPT	outpatient			5464		2132.36 Horizon	Medicare Blue		1854.23	1			1173.77	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX MOUTH FLOOR	41108	CPT	outpatient			5464		2132.36 Managed Care Inc	Managed Care Inc		4917.6	0.9			1173.77	5190.8	percent of total billed charges	
BX MOUTH FLOOR	41108	CPT	outpatient			5464		2132.36 Multiplan	Multiplan		4371.2	0.8			1173.77	5190.8	percent of total billed charges	
BX MOUTH FLOOR	41108	CPT	outpatient			5464		2132.36 Qualcare	Qualcare		4098	0.75			1173.77	5190.8	percent of total billed charges	
BX MOUTH FLOOR	41108	CPT	outpatient			5464		2132.36 Three Rivers	Three Rivers		5190.8	0.95			1173.77	5190.8	percent of total billed charges	
BX MOUTH FLOOR	41108	CPT	outpatient			5464		2132.36 UHC	Medicare		1854.23	1			1173.77	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX MOUTH FLOOR	41108	CPT	outpatient			5464		2132.36 UHC	Medicaid		1718.97	0.3146			1173.77	5190.8	percent of total billed charges	
BX MOUTH FLOOR	41108	CPT	outpatient			5464		2132.36 Wellcare	Medicare		1854.23	1			1173.77	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX MOUTH FLOOR	41108	CPT	outpatient			5464		2132.36 Wellcare	Medicaid		1718.97	0.3146			1173.77	5190.8	percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Aetna	Better Health		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Aetna	Commercial		5862.05	1.592			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Aetna	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Americare	Americare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 WellPoint	WellPoint		3325.73	0.3208			3261.46	9848.65	percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Amerihealth	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Consumer	Consumer		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Corrections	Corrections		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 First Health	First Health		7256.9	0.7			3261.46	9848.65	percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 First Trenton	First Trenton		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Horizon	PPO		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Horizon	MGD		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Horizon	Indemnity		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Horizon	Medicare Blue		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Managed Care Inc	Managed Care Inc		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Multiplan	Multiplan		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Qualcare	Qualcare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Three Rivers	Three Rivers		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 UHC	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 UHC	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Wellcare	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF LESION OF TONGUE W/O CLOSURE	41110	CPT	outpatient			10367		4234.52 Wellcare	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LESION W CLANT 2/3	41112	CPT	outpatient			10367		4234.52 Aetna	Better Health		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LESION W CLANT 2/3	41112	CPT	outpatient			10367		4234.52 Aetna	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LESION W CLANT 2/3	41112	CPT	outpatient			10367		4234.52 Aetna	Commercial		5862.05	1.592			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LESION W CLANT 2/3	41112	CPT	outpatient			10367		4234.52 Americare	Americare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LESION W CLANT 2/3	41112	CPT	outpatient			10367		4234.52 WellPoint	WellPoint		3325.73	0.3208			3261.46	9848.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXC TONGUE LESION W CL/ANT 2/3	41112	CPT	outpatient			10367	4234.52	AmeriHealth	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LESION W CL/ANT 2/3	41112	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LESION W CL/ANT 2/3	41112	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LESION W CL/ANT 2/3	41112	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	0.7			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LESION W CL/ANT 2/3	41112	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LESION W CL/ANT 2/3	41112	CPT	outpatient			10367	4234.52	Horizon	MGD		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LESION W CL/ANT 2/3	41112	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LESION W CL/ANT 2/3	41112	CPT	outpatient			10367	4234.52	Horizon	PPO		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LESION W CL/ANT 2/3	41112	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LESION W CL/ANT 2/3	41112	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LESION W CL/ANT 2/3	41112	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LESION W CL/ANT 2/3	41112	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LESION W CL/ANT 2/3	41112	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LESION W CL/ANT 2/3	41112	CPT	outpatient			10367	4234.52	UHC	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LESION W CL/ANT 2/3	41112	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LESION W CL/ANT 2/3	41112	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LESION W CL/ANT 2/3	41112	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367	4234.52	Aetna	Better Health		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367	4234.52	Aetna	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05	1.592			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3325.73	0.3208			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367	4234.52	AmeriHealth	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	0.7			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367	4234.52	Horizon	MGD		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367	4234.52	Horizon	PPO		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367	4234.52	UHC	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONGUE LES W/CLOS PST33%	41113	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
EXCISION LINGUAL FRENUM	41115	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69	1.592			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LINGUAL FRENUM	41115	CPT	outpatient			5059	2005.77	Aetna	Medicare		1558.17	0.308			1558.17	4806.05	percent of total billed charges	
EXCISION LINGUAL FRENUM	41115	CPT	outpatient			5059	2005.77	Aetna	Better Health		1591.56	0.3146			1558.17	4806.05	percent of total billed charges	
EXCISION LINGUAL FRENUM	41115	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	0.75			1558.17	4806.05	percent of total billed charges	
EXCISION LINGUAL FRENUM	41115	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1622.93	0.3208			1558.17	4806.05	percent of total billed charges	
EXCISION LINGUAL FRENUM	41115	CPT	outpatient			5059	2005.77	AmeriHealth	Medicare		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LINGUAL FRENUM	41115	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	0.95			1558.17	4806.05	percent of total billed charges	
EXCISION LINGUAL FRENUM	41115	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	0.8			1558.17	4806.05	percent of total billed charges	
EXCISION LINGUAL FRENUM	41115	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	0.7			1558.17	4806.05	percent of total billed charges	
EXCISION LINGUAL FRENUM	41115	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	0.9			1558.17	4806.05	percent of total billed charges	
EXCISION LINGUAL FRENUM	41115	CPT	outpatient			5059	2005.77	Horizon	PPO		3186.56	1.827			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LINGUAL FRENUM	41115	CPT	outpatient			5059	2005.77	Horizon	MGD		3186.56	1.827			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LINGUAL FRENUM	41115	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3186.56	1.827			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LINGUAL FRENUM	41115	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LINGUAL FRENUM	41115	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	0.9			1558.17	4806.05	percent of total billed charges	
EXCISION LINGUAL FRENUM	41115	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	0.8			1558.17	4806.05	percent of total billed charges	
EXCISION LINGUAL FRENUM	41115	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	0.75			1558.17	4806.05	percent of total billed charges	
EXCISION LINGUAL FRENUM	41115	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	0.95			1558.17	4806.05	percent of total billed charges	
EXCISION LINGUAL FRENUM	41115	CPT	outpatient			5059	2005.77	UHC	Medicaid		1591.56	0.3146			1558.17	4806.05	percent of total billed charges	
EXCISION LINGUAL FRENUM	41115	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LINGUAL FRENUM	41115	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1591.56	0.3146			1558.17	4806.05	percent of total billed charges	
EXCISION LINGUAL FRENUM	41115	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	Aetna	Medicare		455.69	1			455.69	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	Aetna	Better Health		920.52	0.3146			455.69	2779.7	percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	Aetna	Commercial		725.46	1.592			455.69	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	Americare	Americare		2194.5	0.75			455.69	2779.7	percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	WellPoint	WellPoint		938.66	0.3208			455.69	2779.7	percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	AmeriHealth	Medicare		455.69	1			455.69	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	Consumer	Consumer		2779.7	0.95			455.69	2779.7	percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	Corrections	Corrections		2340.8	0.8			455.69	2779.7	percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	First Health	First Health		2048.2	0.7			455.69	2779.7	percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	First Trenton	First Trenton		2633.4	0.9			455.69	2779.7	percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	Horizon	Medicare Blue		455.69	1			455.69	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	Horizon	MGD		832.55	1.827			455.69	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	Horizon	Indemnity		832.55	1.827			455.69	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	Horizon	PPO		832.55	1.827			455.69	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	Managed Care Inc	Managed Care Inc		2633.4	0.9			455.69	2779.7	percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	Multiplan	Multiplan		2340.8	0.8			455.69	2779.7	percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	Qualcare	Qualcare		2194.5	0.75			455.69	2779.7	percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	Three Rivers	Three Rivers		2779.7	0.95			455.69	2779.7	percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	UHC	Medicare		455.69	1			455.69	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	UHC	Medicaid		920.52	0.3146			455.69	2779.7	percent of total billed charges	
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	Wellcare	Medicare		455.69	1			455.69	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM MOUTH TONGUE	41250	CPT	outpatient			2926	524.04	Wellcare	Medicaid		920.52	0.3146			455.69	2779.7	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Aetna	Medicare		279.36	1			279.36	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Aetna	Better Health		748.43	0.3146			279.36	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Aetna	Commercial		444.74	1.592			279.36	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Americare	Americare		1784.25	0.75			279.36	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	WellPoint	WellPoint		763.18	0.3208			279.36	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	AmeriHealth	Medicare		279.36	1			279.36	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Consumer	Consumer		2260.05	0.95			279.36	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Corrections	Corrections		1903.2	0.8			279.36	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	First Health	First Health		1665.3	0.7			279.36	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	First Trenton	First Trenton		2141.1	0.9			279.36	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Horizon	Medicare Blue		279.36	1			279.36	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Horizon	PPO		510.39	1.827			279.36	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Horizon	MGD		510.39	1.827			279.36	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Horizon	Indemnity		510.39	1.827			279.36	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Managed Care Inc	Managed Care Inc		2141.1	0.9			279.36	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Multiplan	Multiplan		1903.2	0.8			279.36	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Qualcare	Qualcare		1784.25	0.75			279.36	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Three Rivers	Three Rivers		2260.05	0.95			279.36	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	UHC	Medicaid		748.43	0.3146			279.36	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	UHC	Medicare		279.36	1			279.36	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Wellcare	Medicaid		748.43	0.3146			279.36	2260.05	percent of total billed charges	
RPR 2.5CM POST 1/3 TONGUE	41251	CPT	outpatient			2379	321.26	Wellcare	Medicare		279.36	1			279.36	2260.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Aetna	Commercial		444.74	1.592			238.47	1759.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Aetna	Better Health		582.64	0.3146			238.47	1759.4	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Aetna	Medicare		279.36	1			238.47	1759.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Americare	Americare		1389	0.75			238.47	1759.4	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	WellPoint	WellPoint		594.12	0.3208			238.47	1759.4	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	AmeriHealth	Medicare		279.36	1			238.47	1759.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Consumer	Consumer		1759.4	0.95			238.47	1759.4	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Corrections	Corrections		1481.6	0.8			238.47	1759.4	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	First Health	First Health		1296.4	0.7			238.47	1759.4	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	First Trenton	First Trenton		1666.8	0.9			238.47	1759.4	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Horizon	MGD		510.39	1.827			238.47	1759.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Horizon	Medicare Blue		279.36	1			238.47	1759.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Horizon	PPO		510.39	1.827			238.47	1759.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Horizon	Indemnity		510.39	1.827			238.47	1759.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Managed Care Inc	Managed Care Inc		1666.8	0.9			238.47	1759.4	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Multiplan	Multiplan		1481.6	0.8			238.47	1759.4	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Qualcare	Qualcare		1389	0.75			238.47	1759.4	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Three Rivers	Three Rivers		1759.4	0.95			238.47	1759.4	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	UHC	Medicare		279.36	1			238.47	1759.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	UHC	Medicaid		582.64	0.3146			238.47	1759.4	percent of total billed charges	
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Wellcare	Medicare		279.36	1			238.47	1759.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP TONGUE LAC> 2.6CM	41252	CPT	outpatient			1852	321.26	Wellcare	Medicaid		582.64	0.3146			238.47	1759.4	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Aetna	Better Health		1861.17	0.3146			1861.17	6727.36	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Aetna	Medicare		3682.19	1			1861.17	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Aetna	Commercial		5862.05	1.592			1861.17	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Americare	Americare		4437	0.75			1861.17	6727.36	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	WellPoint	WellPoint		1897.85	0.3208			1861.17	6727.36	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	AmeriHealth	Medicare		3682.19	1			1861.17	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Consumer	Consumer		5620.2	0.95			1861.17	6727.36	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Corrections	Corrections		4732.8	0.8			1861.17	6727.36	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	First Health	First Health		4141.2	0.7			1861.17	6727.36	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	First Trenton	First Trenton		5324.4	0.9			1861.17	6727.36	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Horizon	MGD		6727.36	1.827			1861.17	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Horizon	Indemnity		6727.36	1.827			1861.17	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Horizon	Medicare Blue		3682.19	1			1861.17	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Horizon	PPO		6727.36	1.827			1861.17	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Managed Care Inc	Managed Care Inc		5324.4	0.9			1861.17	6727.36	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Multiplan	Multiplan		4732.8	0.8			1861.17	6727.36	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Qualcare	Qualcare		4437	0.75			1861.17	6727.36	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Three Rivers	Three Rivers		5620.2	0.95			1861.17	6727.36	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	UHC	Medicare		3682.19	1			1861.17	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	UHC	Medicaid		1861.17	0.3146			1861.17	6727.36	percent of total billed charges	
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Wellcare	Medicare		3682.19	1			1861.17	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE TONGUE TO LIP	41510	CPT	outpatient			5916	4234.52	Wellcare	Medicaid		1861.17	0.3146			1861.17	6727.36	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Aetna	Better Health		266.47	0.3146			238.47	804.65	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Aetna	Commercial		444.74	1.592			238.47	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Aetna	Medicare		279.36	1			238.47	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Americare	Americare		635.25	0.75			238.47	804.65	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	WellPoint	WellPoint		271.72	0.3208			238.47	804.65	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Amerihealth	Medicare		279.36	1			238.47	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Consumer	Consumer		804.65	0.95			238.47	804.65	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Corrections	Corrections		677.6	0.8			238.47	804.65	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	First Health	First Health		592.9	0.7			238.47	804.65	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	First Trenton	First Trenton		762.3	0.9			238.47	804.65	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Horizon	PPO		510.39	1.827			238.47	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Horizon	MCD		510.39	1.827			238.47	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Horizon	Indemnity		510.39	1.827			238.47	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Horizon	Medicare Blue		279.36	1			238.47	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Managed Care Inc	Managed Care Inc		762.3	0.9			238.47	804.65	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Multiplan	Multiplan		677.6	0.8			238.47	804.65	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Qualcare	Qualcare		635.25	0.75			238.47	804.65	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Three Rivers	Three Rivers		804.65	0.95			238.47	804.65	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	UHC	Medicaid		266.47	0.3146			238.47	804.65	percent of total billed charges	
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	UHC	Medicare		279.36	1			238.47	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Wellcare	Medicare		279.36	1			238.47	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD PROCD TNG FLR-MTH	41599	CPT	outpatient			847	321.26	Wellcare	Medicaid		266.47	0.3146			238.47	804.65	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	both			424	168	Aetna	Commercial		232.58	1.592			130.87	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-EXTRAORAL	41800	CPT	both			424	168	Aetna	Medicare		146.09	1			130.87	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-EXTRAORAL	41800	CPT	both			424	168	Aetna	Better Health		133.39	0.3146			130.87	402.8	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	both			424	168	Americare	Americare		318	0.75			130.87	402.8	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	both			424	168	WellPoint	WellPoint		136.02	0.3208			130.87	402.8	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	both			424	168	Amerihealth	Medicare		146.09	1			130.87	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-EXTRAORAL	41800	CPT	both			424	168	Consumer	Consumer		402.8	0.95			130.87	402.8	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	both			424	168	Corrections	Corrections		339.2	0.8			130.87	402.8	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	both			424	168	First Health	First Health		296.8	0.7			130.87	402.8	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	both			424	168	First Trenton	First Trenton		381.6	0.9			130.87	402.8	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	both			424	168	Horizon	Indemnity		266.91	1.827			130.87	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-EXTRAORAL	41800	CPT	both			424	168	Horizon	Medicare Blue		146.09	1			130.87	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-EXTRAORAL	41800	CPT	both			424	168	Horizon	PPO		266.91	1.827			130.87	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-EXTRAORAL	41800	CPT	both			424	168	Horizon	MCD		266.91	1.827			130.87	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-EXTRAORAL	41800	CPT	both			424	168	Managed Care Inc	Managed Care Inc		381.6	0.9			130.87	402.8	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	both			424	168	Multiplan	Multiplan		339.2	0.8			130.87	402.8	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	both			424	168	Qualcare	Qualcare		318	0.75			130.87	402.8	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	both			424	168	Three Rivers	Three Rivers		402.8	0.95			130.87	402.8	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	both			424	168	UHC	Medicare		146.09	1			130.87	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-EXTRAORAL	41800	CPT	both			424	168	UHC	Medicaid		133.39	0.3146			130.87	402.8	percent of total billed charges	
I & D ABCESS-EXTRAORAL	41800	CPT	both			424	168	Wellcare	Medicare		146.09	1			130.87	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I & D ABCESS-EXTRAORAL	41800	CPT	both			424	168	Wellcare	Medicaid		133.39	0.3146			130.87	402.8	percent of total billed charges	
RMVL FOREIGN BODY GUM	41805	CPT	outpatient			6103	2005.77	Aetna	Better Health		1920	0.3146			1591.56	5797.85	percent of total billed charges	
RMVL FOREIGN BODY GUM	41805	CPT	outpatient			6103	2005.77	Aetna	Commercial		2776.69	1.592			1591.56	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY GUM	41805	CPT	outpatient			6103	2005.77	Aetna	Medicare		1744.15	1			1591.56	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY GUM	41805	CPT	outpatient			6103	2005.77	Americare	Americare		4577.25	0.75			1591.56	5797.85	percent of total billed charges	
RMVL FOREIGN BODY GUM	41805	CPT	outpatient			6103	2005.77	WellPoint	WellPoint		1957.84	0.3208			1591.56	5797.85	percent of total billed charges	
RMVL FOREIGN BODY GUM	41805	CPT	outpatient			6103	2005.77	Amerihealth	Medicare		1744.15	1			1591.56	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY GUM	41805	CPT	outpatient			6103	2005.77	Consumer	Consumer		5797.85	0.95			1591.56	5797.85	percent of total billed charges	
RMVL FOREIGN BODY GUM	41805	CPT	outpatient			6103	2005.77	Corrections	Corrections		4882.4	0.8			1591.56	5797.85	percent of total billed charges	
RMVL FOREIGN BODY GUM	41805	CPT	outpatient			6103	2005.77	First Health	First Health		4272.1	0.7			1591.56	5797.85	percent of total billed charges	
RMVL FOREIGN BODY GUM	41805	CPT	outpatient			6103	2005.77	First Trenton	First Trenton		5492.7	0.9			1591.56	5797.85	percent of total billed charges	
RMVL FOREIGN BODY GUM	41805	CPT	outpatient			6103	2005.77	Horizon	Medicare Blue		1744.15	1			1591.56	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY GUM	41805	CPT	outpatient			6103	2005.77	Horizon	PPO		3186.56	1.827			1591.56	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY GUM	41805	CPT	outpatient			6103	2005.77	Horizon	MCD		3186.56	1.827			1591.56	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY GUM	41805	CPT	outpatient			6103	2005.77	Horizon	Indemnity		3186.56	1.827			1591.56	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY GUM	41805	CPT	outpatient			6103	2005.77	Managed Care Inc	Managed Care Inc		5492.7	0.9			1591.56	5797.85	percent of total billed charges	
RMVL FOREIGN BODY GUM	41805	CPT	outpatient			6103	2005.77	Multiplan	Multiplan		4882.4	0.8			1591.56	5797.85	percent of total billed charges	
RMVL FOREIGN BODY GUM	41805	CPT	outpatient			6103	2005.77	Qualcare	Qualcare		4577.25	0.75			1591.56	5797.85	percent of total billed charges	
RMVL FOREIGN BODY GUM	41805	CPT	outpatient			6103	2005.77	Three Rivers	Three Rivers		5797.85	0.95			1591.56	5797.85	percent of total billed charges	
RMVL FOREIGN BODY GUM	41805	CPT	outpatient			6103	2005.77	UHC	Medicare		1744.15	1			1591.56	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FOREIGN BODY GUM	41805	CPT	outpatient			6103	2005.77	UHC	Medicaid		1920	0.3146			1591.56	5797.85	percent of total billed charges	
RMVL FOREIGN BODY GUM	41805	CPT	outpatient			6103	2005.77	Wellcare	Medicaid		1920	0.3146			1591.56	5797.85	percent of total billed charges	
RMVL FOREIGN BODY GUM	41805	CPT	outpatient			6103	2005.77	Wellcare	Medicare		1744.15	1			1591.56	5797.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY >=4 TEETH	41820	CPT	outpatient			10367	4234.52	Aetna	Better Health		3261.46	0.3146			2964.48	9848.65	percent of total billed charges	
GINGIVECTOMY >=4 TEETH	41820	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05	1.592			2964.48	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY >=4 TEETH	41820	CPT	outpatient			10367	4234.52	Aetna	Medicare		3682.19	1			2964.48	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY >=4 TEETH	41820	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	0.75			2964.48	9848.65	percent of total billed charges	
GINGIVECTOMY >=4 TEETH	41820	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3325.73	0.3208			2964.48	9848.65	percent of total billed charges	
GINGIVECTOMY >=4 TEETH	41820	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19	1			2964.48	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY >=4 TEETH	41820	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	0.95			2964.48	9848.65	percent of total billed charges	
GINGIVECTOMY >=4 TEETH	41820	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	0.8			2964.48	9848.65	percent of total billed charges	
GINGIVECTOMY >=4 TEETH	41820	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	0.7			2964.48	9848.65	percent of total billed charges	
GINGIVECTOMY >=4 TEETH	41820	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	0.9			2964.48	9848.65	percent of total billed charges	
GINGIVECTOMY >=4 TEETH	41820	CPT	outpatient			10367	4234.52	Horizon	MCD		6727.36	1.827			2964.48	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY >=4 TEETH	41820	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6727.36	1.827			2964.48	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY >=4 TEETH	41820	CPT	outpatient			10367	4234.52	Horizon	PPO		6727.36	1.827			2964.48	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY >=4 TEETH	41820	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19	1			2964.48	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY >=4 TEETH	41820	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	0.9			2964.48	9848.65	percent of total billed charges	
GINGIVECTOMY >=4 TEETH	41820	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	0.8			2964.48	9848.65	percent of total billed charges	
GINGIVECTOMY >=4 TEETH	41820	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	0.75			2964.48	9848.65	percent of total billed charges	
GINGIVECTOMY >=4 TEETH	41820	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	0.95			2964.48	9848.65	percent of total billed charges	
GINGIVECTOMY >=4 TEETH	41820	CPT	outpatient			10367	4234.52	UHC	Medicaid		3261.46	0.3146			2964.48	9848.65	percent of total billed charges	
GINGIVECTOMY >=4 TEETH	41820	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19	1			2964.48	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY >=4 TEETH	41820	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19	1			2964.48	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY >=4 TEETH	41820	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3261.46	0.3146			2964.48	9848.65	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69	1.592			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPERCULECTOMY	41821	CPT	outpatient			5059	2005.77	Aetna	Better Health		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059	2005.77	Aetna	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPERCULECTOMY	41821	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	0.75			1591.56	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1622.93	0.3208			1591.56	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059	2005.77	Amerihealth	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPERCULECTOMY	41821	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	0.95			1591.56	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	0.8			1591.56	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	0.7			1591.56	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	0.9			1591.56	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPERCULECTOMY	41821	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPERCULECTOMY	41821	CPT	outpatient			5059	2005.77	Horizon	MCD		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPERCULECTOMY	41821	CPT	outpatient			5059	2005.77	Horizon	PPO		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPERCULECTOMY	41821	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	0.9			1591.56	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	0.8			1591.56	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	0.75			1591.56	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	0.95			1591.56	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059	2005.77	UHC	Medicaid		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
OPERCULECTOMY	41821	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPERCULECTOMY	41821	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPERCULECTOMY	41821	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059	2005.77	Aetna	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059	2005.77	Aetna	Better Health		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69	1.592			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	0.75			1591.56	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1622.93	0.3208			1591.56	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059	2005.77	Amerihealth	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	0.95			1591.56	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	0.8			1591.56	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	0.7			1591.56	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	0.9			1591.56	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059	2005.77	Horizon	MCD		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059	2005.77	Horizon	PPO		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	0.9			1591.56	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	0.8			1591.56	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	0.75			1591.56	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	0.95			1591.56	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059	2005.77	UHC	Medicaid		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL EXOSTOSIS PER SITE	41822	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
EXCISION TUBEROSITY DENTO ALVEOLAR	41823	CPT	outpatient			19455	7702.18	Aetna	Better Health		6120.54	0.3146			6120.54	18482.25	percent of total billed charges	
EXCISION TUBEROSITY DENTO ALVEOLAR	41823	CPT	outpatient			19455	7702.18	Aetna	Commercial		10962.5	1.592			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUBEROSITY DENTO ALVEOLAR	41823	CPT	outpatient			19455	7702.18	Aetna	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUBEROSITY DENTO ALVEOLAR	41823	CPT	outpatient			19455	7702.18	Americare	Americare		14591.25	0.75			6120.54	18482.25	percent of total billed charges	
EXCISION TUBEROSITY DENTO ALVEOLAR	41823	CPT	outpatient			19455	7702.18	WellPoint	WellPoint		6241.16	0.3208			6120.54	18482.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXCISION TUBEROSITY DENTO ALVEOLAR	41823	CPT	outpatient			19455	7702.18	Amerihealth	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUBEROSITY DENTO ALVEOLAR	41823	CPT	outpatient			19455	7702.18	Consumer	Consumer		18482.25	0.95			6120.54	18482.25	percent of total billed charges	
EXCISION TUBEROSITY DENTO ALVEOLAR	41823	CPT	outpatient			19455	7702.18	Corrections	Corrections		15564	0.8			6120.54	18482.25	percent of total billed charges	
EXCISION TUBEROSITY DENTO ALVEOLAR	41823	CPT	outpatient			19455	7702.18	First Health	First Health		13618.5	0.7			6120.54	18482.25	percent of total billed charges	
EXCISION TUBEROSITY DENTO ALVEOLAR	41823	CPT	outpatient			19455	7702.18	First Trenton	First Trenton		17509.5	0.9			6120.54	18482.25	percent of total billed charges	
EXCISION TUBEROSITY DENTO ALVEOLAR	41823	CPT	outpatient			19455	7702.18	Horizon	MGD		12236.42	1.827			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUBEROSITY DENTO ALVEOLAR	41823	CPT	outpatient			19455	7702.18	Horizon	Indemnity		12236.42	1.827			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUBEROSITY DENTO ALVEOLAR	41823	CPT	outpatient			19455	7702.18	Horizon	PPO		12236.42	1.827			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUBEROSITY DENTO ALVEOLAR	41823	CPT	outpatient			19455	7702.18	Horizon	Medicare Blue		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUBEROSITY DENTO ALVEOLAR	41823	CPT	outpatient			19455	7702.18	Managed Care Inc	Managed Care Inc		17509.5	0.9			6120.54	18482.25	percent of total billed charges	
EXCISION TUBEROSITY DENTO ALVEOLAR	41823	CPT	outpatient			19455	7702.18	Multiplan	Multiplan		15564	0.8			6120.54	18482.25	percent of total billed charges	
EXCISION TUBEROSITY DENTO ALVEOLAR	41823	CPT	outpatient			19455	7702.18	Qualcare	Qualcare		14591.25	0.75			6120.54	18482.25	percent of total billed charges	
EXCISION TUBEROSITY DENTO ALVEOLAR	41823	CPT	outpatient			19455	7702.18	Three Rivers	Three Rivers		18482.25	0.95			6120.54	18482.25	percent of total billed charges	
EXCISION TUBEROSITY DENTO ALVEOLAR	41823	CPT	outpatient			19455	7702.18	UHC	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUBEROSITY DENTO ALVEOLAR	41823	CPT	outpatient			19455	7702.18	UHC	Medicaid		6120.54	0.3146			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUBEROSITY DENTO ALVEOLAR	41823	CPT	outpatient			19455	7702.18	Wellcare	Medicare		6697.55	1			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION TUBEROSITY DENTO ALVEOLAR	41823	CPT	outpatient			19455	7702.18	Wellcare	Medicaid		6120.54	0.3146			6120.54	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367	4234.52	Aetna	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05	1.592			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367	4234.52	Aetna	Better Health		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3325.73	0.3208			3261.46	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	0.7			3261.46	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367	4234.52	Horizon	PPO		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367	4234.52	Horizon	MGD		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367	4234.52	UHC	Medicaid		3261.46	0.3146			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONTO CYST-LESION<1.25CM	41825	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
EXC LESION DENTOALV SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05	1.592			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION DENTOALV SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Aetna	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION DENTOALV SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Aetna	Better Health		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
EXC LESION DENTOALV SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
EXC LESION DENTOALV SIMPLE REP	41826	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3325.73	0.3208			3261.46	9848.65	percent of total billed charges	
EXC LESION DENTOALV SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION DENTOALV SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
EXC LESION DENTOALV SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
EXC LESION DENTOALV SIMPLE REP	41826	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	0.7			3261.46	9848.65	percent of total billed charges	
EXC LESION DENTOALV SIMPLE REP	41826	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
EXC LESION DENTOALV SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Horizon	PPO		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION DENTOALV SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION DENTOALV SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Horizon	MGD		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION DENTOALV SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION DENTOALV SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
EXC LESION DENTOALV SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
EXC LESION DENTOALV SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
EXC LESION DENTOALV SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
EXC LESION DENTOALV SIMPLE REP	41826	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION DENTOALV SIMPLE REP	41826	CPT	outpatient			10367	4234.52	UHC	Medicaid		3261.46	0.3146			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION DENTOALV SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION DENTOALV SIMPLE REP	41826	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Aetna	Medicare		1558.17	0.308			1558.17	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69	1.592			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Aetna	Better Health		1591.56	0.3146			1558.17	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	0.75			1558.17	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1622.93	0.3208			1558.17	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Amerihealth	Medicare		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	0.95			1558.17	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	0.8			1558.17	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	0.7			1558.17	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	0.9			1558.17	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Horizon	PPO		3186.56	1.827			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3186.56	1.827			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Horizon	MGD		3186.56	1.827			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	0.9			1558.17	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	0.8			1558.17	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	0.75			1558.17	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	0.95			1558.17	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	UHC	Medicaid		1591.56	0.3146			1558.17	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1591.56	0.3146			1558.17	4806.05	percent of total billed charges	
EXC GUM TISS HYPERPLASTIC EA	41828	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05	1.592			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Aetna	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Aetna	Better Health		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3325.73	0.3208			3261.46	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	0.7			3261.46	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Horizon	PPO		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Horizon	MGD		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	UHC	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTRECTOMY	41830	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
AVLEOLOPLASTY EA QUAD	41874	CPT	outpatient			10367	4234.52	Aetna	Better Health		3261.46	0.3146			2795.22	9848.65	percent of total billed charges	
AVLEOLOPLASTY EA QUAD	41874	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05	1.592			2795.22	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVLEOLOPLASTY EA QUAD	41874	CPT	outpatient			10367	4234.52	Aetna	Medicare		3682.19	1			2795.22	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVLEOLOPLASTY EA QUAD	41874	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	0.75			2795.22	9848.65	percent of total billed charges	
AVLEOLOPLASTY EA QUAD	41874	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3325.73	0.3208			2795.22	9848.65	percent of total billed charges	
AVLEOLOPLASTY EA QUAD	41874	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19	1			2795.22	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVLEOLOPLASTY EA QUAD	41874	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	0.95			2795.22	9848.65	percent of total billed charges	
AVLEOLOPLASTY EA QUAD	41874	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	0.8			2795.22	9848.65	percent of total billed charges	
AVLEOLOPLASTY EA QUAD	41874	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	0.7			2795.22	9848.65	percent of total billed charges	
AVLEOLOPLASTY EA QUAD	41874	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	0.9			2795.22	9848.65	percent of total billed charges	
AVLEOLOPLASTY EA QUAD	41874	CPT	outpatient			10367	4234.52	Horizon	PPO		6727.36	1.827			2795.22	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVLEOLOPLASTY EA QUAD	41874	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19	1			2795.22	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVLEOLOPLASTY EA QUAD	41874	CPT	outpatient			10367	4234.52	Horizon	MGD		6727.36	1.827			2795.22	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVLEOLOPLASTY EA QUAD	41874	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6727.36	1.827			2795.22	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVLEOLOPLASTY EA QUAD	41874	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	0.9			2795.22	9848.65	percent of total billed charges	
AVLEOLOPLASTY EA QUAD	41874	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	0.8			2795.22	9848.65	percent of total billed charges	
AVLEOLOPLASTY EA QUAD	41874	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	0.75			2795.22	9848.65	percent of total billed charges	
AVLEOLOPLASTY EA QUAD	41874	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	0.95			2795.22	9848.65	percent of total billed charges	
AVLEOLOPLASTY EA QUAD	41874	CPT	outpatient			10367	4234.52	UHC	Medicaid		3261.46	0.3146			2795.22	9848.65	percent of total billed charges	
AVLEOLOPLASTY EA QUAD	41874	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19	1			2795.22	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVLEOLOPLASTY EA QUAD	41874	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3261.46	0.3146			2795.22	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVLEOLOPLASTY EA QUAD	41874	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19	1			2795.22	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Aetna	Commercial		444.74	1.592			123.95	510.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Aetna	Better Health		125.84	0.3146			123.95	510.39	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Aetna	Medicare		279.36	1			123.95	510.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Americare	Americare		300	0.75			123.95	510.39	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	WellPoint	WellPoint		128.32	0.3208			123.95	510.39	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Amerihealth	Medicare		279.36	1			123.95	510.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Consumer	Consumer		380	0.95			123.95	510.39	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Corrections	Corrections		320	0.8			123.95	510.39	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	First Health	First Health		280	0.7			123.95	510.39	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	First Trenton	First Trenton		360	0.9			123.95	510.39	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Horizon	MGD		510.39	1.827			123.95	510.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Horizon	PPO		510.39	1.827			123.95	510.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Horizon	Medicare Blue		279.36	1			123.95	510.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Horizon	Indemnity		510.39	1.827			123.95	510.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Managed Care Inc	Managed Care Inc		360	0.9			123.95	510.39	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR ST

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Qualcare	Qualcare		300	0.75			123.95	510.39	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Three Rivers	Three Rivers		380	0.95			123.95	510.39	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	UHC	Medicaid		125.84	0.3146			123.95	510.39	percent of total billed charges	
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	UHC	Medicare		279.36	1			123.95	510.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Wellcare	Medicare		279.36	1			123.95	510.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. DENTOALVEOLAR STRUCTURES	41899	CPT	outpatient			400	321.26	Wellcare	Medicaid		125.84	0.3146			123.95	510.39	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Aetna	Medicare		279.36	1			238.47	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Aetna	Better Health		398.28	0.3146			238.47	1202.7	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Aetna	Commercial		444.74	1.592			238.47	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Americare	Americare		949.5	0.75			238.47	1202.7	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	WellPoint	WellPoint		406.13	0.3208			238.47	1202.7	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Amerihealth	Medicare		279.36	1			238.47	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Consumer	Consumer		1202.7	0.95			238.47	1202.7	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Corrections	Corrections		1012.8	0.8			238.47	1202.7	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	First Health	First Health		886.2	0.7			238.47	1202.7	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	First Trenton	First Trenton		1139.4	0.9			238.47	1202.7	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Horizon	Medicare Blue		279.36	1			238.47	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Horizon	PPO		510.39	1.827			238.47	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Horizon	MGD		510.39	1.827			238.47	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Horizon	Indemnity		510.39	1.827			238.47	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Managed Care Inc	Managed Care Inc		1139.4	0.9			238.47	1202.7	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Multiplan	Multiplan		1012.8	0.8			238.47	1202.7	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Qualcare	Qualcare		949.5	0.75			238.47	1202.7	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Three Rivers	Three Rivers		1202.7	0.95			238.47	1202.7	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	UHC	Medicaid		398.28	0.3146			238.47	1202.7	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	UHC	Medicare		279.36	1			238.47	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Wellcare	Medicaid		398.28	0.3146			238.47	1202.7	percent of total billed charges	
I&D ABSCESS PALATE OR UVULA	42000	CPT	outpatient			1266	321.26	Wellcare	Medicare		279.36	1			238.47	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PALATE UVULA	42100	CPT	both			5210	2005.77	Aetna	Better Health		1639.07	0.3146			1370.4	4949.5	percent of total billed charges	
BX PALATE UVULA	42100	CPT	both			5210	2005.77	Aetna	Commercial		2776.69	1.592			1370.4	4949.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PALATE UVULA	42100	CPT	both			5210	2005.77	Aetna	Medicare		1744.15	1			1370.4	4949.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PALATE UVULA	42100	CPT	both			5210	2005.77	Americare	Americare		3907.5	0.75			1370.4	4949.5	percent of total billed charges	
BX PALATE UVULA	42100	CPT	both			5210	2005.77	WellPoint	WellPoint		1671.37	0.3208			1370.4	4949.5	percent of total billed charges	
BX PALATE UVULA	42100	CPT	both			5210	2005.77	Amerihealth	Medicare		1744.15	1			1370.4	4949.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PALATE UVULA	42100	CPT	both			5210	2005.77	Consumer	Consumer		4949.5	0.95			1370.4	4949.5	percent of total billed charges	
BX PALATE UVULA	42100	CPT	both			5210	2005.77	Corrections	Corrections		4168	0.8			1370.4	4949.5	percent of total billed charges	
BX PALATE UVULA	42100	CPT	both			5210	2005.77	First Health	First Health		3647	0.7			1370.4	4949.5	percent of total billed charges	
BX PALATE UVULA	42100	CPT	both			5210	2005.77	First Trenton	First Trenton		4689	0.9			1370.4	4949.5	percent of total billed charges	
BX PALATE UVULA	42100	CPT	both			5210	2005.77	Horizon	PPO		3186.56	1.827			1370.4	4949.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PALATE UVULA	42100	CPT	both			5210	2005.77	Horizon	MGD		3186.56	1.827			1370.4	4949.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PALATE UVULA	42100	CPT	both			5210	2005.77	Horizon	Medicare Blue		1744.15	1			1370.4	4949.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PALATE UVULA	42100	CPT	both			5210	2005.77	Horizon	Indemnity		3186.56	1.827			1370.4	4949.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PALATE UVULA	42100	CPT	both			5210	2005.77	Managed Care Inc	Managed Care Inc		4689	0.9			1370.4	4949.5	percent of total billed charges	
BX PALATE UVULA	42100	CPT	both			5210	2005.77	Multiplan	Multiplan		4168	0.8			1370.4	4949.5	percent of total billed charges	
BX PALATE UVULA	42100	CPT	both			5210	2005.77	Qualcare	Qualcare		3907.5	0.75			1370.4	4949.5	percent of total billed charges	
BX PALATE UVULA	42100	CPT	both			5210	2005.77	Three Rivers	Three Rivers		4949.5	0.95			1370.4	4949.5	percent of total billed charges	
BX PALATE UVULA	42100	CPT	both			5210	2005.77	UHC	Medicaid		1639.07	0.3146			1370.4	4949.5	percent of total billed charges	
BX PALATE UVULA	42100	CPT	both			5210	2005.77	UHC	Medicare		1744.15	1			1370.4	4949.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PALATE UVULA	42100	CPT	both			5210	2005.77	Wellcare	Medicare		1744.15	1			1370.4	4949.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PALATE UVULA	42100	CPT	both			5210	2005.77	Wellcare	Medicaid		1639.07	0.3146			1370.4	4949.5	percent of total billed charges	
EXC LESION PALATE UVULA W/O CLOSURE	42104	CPT	outpatient			10367	4234.52	Aetna	Better Health		3261.46	0.3146			3193.04	9848.65	percent of total billed charges	
EXC LESION PALATE UVULA W/O CLOSURE	42104	CPT	outpatient			10367	4234.52	Aetna	Medicare		3193.04	0.308			3193.04	9848.65	percent of total billed charges	
EXC LESION PALATE UVULA W/O CLOSURE	42104	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05	1.592			3193.04	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION PALATE UVULA W/O CLOSURE	42104	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	0.75			3193.04	9848.65	percent of total billed charges	
EXC LESION PALATE UVULA W/O CLOSURE	42104	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3325.73	0.3208			3193.04	9848.65	percent of total billed charges	
EXC LESION PALATE UVULA W/O CLOSURE	42104	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19	1			3193.04	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION PALATE UVULA W/O CLOSURE	42104	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	0.95			3193.04	9848.65	percent of total billed charges	
EXC LESION PALATE UVULA W/O CLOSURE	42104	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	0.8			3193.04	9848.65	percent of total billed charges	
EXC LESION PALATE UVULA W/O CLOSURE	42104	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	0.7			3193.04	9848.65	percent of total billed charges	
EXC LESION PALATE UVULA W/O CLOSURE	42104	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	0.9			3193.04	9848.65	percent of total billed charges	
EXC LESION PALATE UVULA W/O CLOSURE	42104	CPT	outpatient			10367	4234.52	Horizon	MGD		6727.36	1.827			3193.04	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION PALATE UVULA W/O CLOSURE	42104	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6727.36	1.827			3193.04	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION PALATE UVULA W/O CLOSURE	42104	CPT	outpatient			10367	4234.52	Horizon	PPO		6727.36	1.827			3193.04	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION PALATE UVULA W/O CLOSURE	42104	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19	1			3193.04	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION PALATE UVULA W/O CLOSURE	42104	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	0.9			3193.04	9848.65	percent of total billed charges	
EXC LESION PALATE UVULA W/O CLOSURE	42104	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	0.8			3193.04	9848.65	percent of total billed charges	
EXC LESION PALATE UVULA W/O CLOSURE	42104	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	0.75			3193.04	9848.65	percent of total billed charges	
EXC LESION PALATE UVULA W/O CLOSURE	42104	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	0.95			3193.04	9848.65	percent of total billed charges	
EXC LESION PALATE UVULA W/O CLOSURE	42104	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19	1			3193.04	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION PALATE UVULA W/O CLOSURE	42104	CPT	outpatient			10367	4234.52	UHC	Medicaid		3261.46	0.3146			3193.04	9848.65	percent of total billed charges	
EXC LESION PALATE UVULA W/O CLOSURE	42104	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19	1			3193.04	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LESION PALATE UVULA W/O CLOSURE	42104	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3261.46	0.3146			3193.04	9848.65	percent of total billed charges	
UVULECTOMY EXCISION UVULA	42140	CPT	outpatient			10367	4234.52	Aetna	Better Health		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
UVULECTOMY EXCISION UVULA	42140	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05	1.592			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UVULECTOMY EXCISION UVULA	42140	CPT	outpatient			10367	4234.52	Aetna	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UVULECTOMY EXCISION UVULA	42140	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
UVULECTOMY EXCISION UVULA	42140	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3325.73	0.3208			3261.46	9848.65	percent of total billed charges	
UVULECTOMY EXCISION UVULA	42140	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UVULECTOMY EXCISION UVULA	42140	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
UVULECTOMY EXCISION UVULA	42140	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
UVULECTOMY EXCISION UVULA	42140	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	0.7			3261.46	9848.65	percent of total billed charges	
UVULECTOMY EXCISION UVULA	42140	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
UVULECTOMY EXCISION UVULA	42140	CPT	outpatient			10367	4234.52	Horizon	PPO		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UVULECTOMY EXCISION UVULA	42140	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UVULECTOMY EXCISION UVULA	42140	CPT	outpatient			10367	4234.52	Horizon	MGD		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UVULECTOMY EXCISION UVULA	42140	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UVULECTOMY EXCISION UVULA	42140	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
UVULECTOMY EXCISION UVULA	42140	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
UVULECTOMY EXCISION UVULA	42140	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
UVULECTOMY EXCISION UVULA	42140	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
UVULECTOMY EXCISION UVULA	42140	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UVULECTOMY EXCISION UVULA	42140	CPT	outpatient			10367	4234.52	UHC	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
UVULECTOMY EXCISION UVULA	42140	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
UVULECTOMY EXCISION UVULA	42140	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05	1.592			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367	4234.52	Aetna	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367	4234.52	Aetna	Better Health		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3325.73	0.3208			3261.46	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	0.7			3261.46	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367	4234.52	Horizon	MGD		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367	4234.52	Horizon	PPO		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367	4234.52	UHC	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT MOUTH ROOF LESION	42160	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931	723.64	Aetna	Better Health		607.49	0.3146			607.49	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931	723.64	Aetna	Commercial		1001.77	1.592			607.49	1834.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931	723.64	Aetna	Medicare		629.25	1			607.49	1834.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931	723.64	Americare	Americare		1448.25	0.75			607.49	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931	723.64	WellPoint	WellPoint		619.46	0.3208			607.49	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931	723.64	Amerihealth	Medicare		629.25	1			607.49	1834.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931	723.64	Consumer	Consumer		1834.45	0.95			607.49	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931	723.64	Corrections	Corrections		1544.8	0.8			607.49	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931	723.64	First Health	First Health		1351.7	0.7			607.49	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931	723.64	First Trenton	First Trenton		1737.9	0.9			607.49	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931	723.64	Horizon	MGD		1149.64	1.827			607.49	1834.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931	723.64	Horizon	Medicare Blue		629.25	1			607.49	1834.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931	723.64	Horizon	Indemnity		1149.64	1.827			607.49	1834.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931	723.64	Horizon	PPO		1149.64	1.827			607.49	1834.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931	723.64	Managed Care Inc	Managed Care Inc		1737.9	0.9			607.49	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931	723.64	Multiplan	Multiplan		1544.8	0.8			607.49	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931	723.64	Qualcare	Qualcare		1448.25	0.75			607.49	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931	723.64	Three Rivers	Three Rivers		1834.45	0.95			607.49	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931	723.64	UHC	Medicaid		607.49	0.3146			607.49	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931	723.64	UHC	Medicare		629.25	1			607.49	1834.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931	723.64	Wellcare	Medicaid		607.49	0.3146			607.49	1834.45	percent of total billed charges	
REPAIR LACERATION OF PALATE	42180	CPT	outpatient			1931	723.64	Wellcare	Medicare		629.25	1			607.49	1834.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455	7702.18	Aetna	Better Health		6120.54	0.3146			5992.14	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455	7702.18	Aetna	Medicare		5992.14	0.308			5992.14	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455	7702.18	Aetna	Commercial		10662.5	1.592			5992.14	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455	7702.18	Americare	Americare		14591.25	0.75			5992.14	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455	7702.18	WellPoint	WellPoint		6241.16	0.3208			5992.14	18482.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455	7702.18	Amerihealth	Medicare		6697.55	1			5992.14	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455	7702.18	Consumer	Consumer		18482.25	0.95			5992.14	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455	7702.18	Corrections	Corrections		15564	0.8			5992.14	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455	7702.18	First Health	First Health		13618.5	0.7			5992.14	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455	7702.18	First Trenton	First Trenton		17509.5	0.9			5992.14	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455	7702.18	Horizon	MGD		12236.42	1.827			5992.14	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455	7702.18	Horizon	Indemnity		12236.42	1.827			5992.14	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455	7702.18	Horizon	Medicare Blue		6697.55	1			5992.14	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455	7702.18	Horizon	PPO		12236.42	1.827			5992.14	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455	7702.18	Managed Care Inc	Managed Care Inc		17509.5	0.9			5992.14	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455	7702.18	Multiplan	Multiplan		15564	0.8			5992.14	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455	7702.18	Qualcare	Qualcare		14591.25	0.75			5992.14	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455	7702.18	Three Rivers	Three Rivers		18482.25	0.95			5992.14	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455	7702.18	UHC	Medicaid		6120.54	0.3146			5992.14	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455	7702.18	UHC	Medicare		6697.55	1			5992.14	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455	7702.18	Wellcare	Medicaid		6120.54	0.3146			5992.14	18482.25	percent of total billed charges	
REPAIR LAC. PALATE > 2CM/COMPLEX	42182	CPT	outpatient			19455	7702.18	Wellcare	Medicare		6697.55	1			5992.14	18482.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Aetna	Commercial		1001.77	1.592			628.26	1897.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Aetna	Better Health		628.26	0.3146			628.26	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Aetna	Medicare		629.25	1			628.26	1897.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Americare	Americare		1497.75	0.75			628.26	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	WellPoint	WellPoint		640.64	0.3208			628.26	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Amerihealth	Medicare		629.25	1			628.26	1897.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Consumer	Consumer		1897.15	0.95			628.26	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Corrections	Corrections		1597.6	0.8			628.26	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	First Health	First Health		1397.9	0.7			628.26	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	First Trenton	First Trenton		1797.3	0.9			628.26	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Horizon	PPO		1149.64	1.827			628.26	1897.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Horizon	Indemnity		1149.64	1.827			628.26	1897.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Horizon	Medicare Blue		629.25	1			628.26	1897.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Horizon	MGD		1149.64	1.827			628.26	1897.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Managed Care Inc	Managed Care Inc		1797.3	0.9			628.26	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Multiplan	Multiplan		1597.6	0.8			628.26	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Qualcare	Qualcare		1497.75	0.75			628.26	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Three Rivers	Three Rivers		1897.15	0.95			628.26	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	UHC	Medicaid		628.26	0.3146			628.26	1897.15	percent of total billed charges	
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	UHC	Medicare		629.25	1			628.26	1897.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Wellcare	Medicare		629.25	1			628.26	1897.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ID ABSCESS INTRAORAL	42310	CPT	outpatient			1997	723.64	Wellcare	Medicaid		628.26	0.3146			628.26	1897.15	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	both			10367	4234.52	Aetna	Commercial		5862.05	1.592			3260.83	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	both			10367	4234.52	Aetna	Better Health		3261.46	0.3146			3260.83	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	both			10367	4234.52	Aetna	Medicare		3682.19	1			3260.83	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	both			10367	4234.52	Americare	Americare		7775.25	0.75			3260.83	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	both			10367	4234.52	WellPoint	WellPoint		3325.73	0.3208			3260.83	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	both			10367	4234.52	Amerihealth	Medicare		3682.19	1			3260.83	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	both			10367	4234.52	Consumer	Consumer		9848.65	0.95			3260.83	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	both			10367	4234.52	Corrections	Corrections		8293.6	0.8			3260.83	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	both			10367	4234.52	First Health	First Health		7256.9	0.7			3260.83	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	both			10367	4234.52	First Trenton	First Trenton		9330.3	0.9			3260.83	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	both			10367	4234.52	Horizon	Indemnity		6727.36	1.827			3260.83	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	both			10367	4234.52	Horizon	Medicare Blue		3682.19	1			3260.83	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	both			10367	4234.52	Horizon	PPO		6727.36	1.827			3260.83	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	both			10367	4234.52	Horizon	MGD		6727.36	1.827			3260.83	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	both			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	0.9			3260.83	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	both			10367	4234.52	Multiplan	Multiplan		8293.6	0.8			3260.83	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	both			10367	4234.52	Qualcare	Qualcare		7775.25	0.75			3260.83	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	both			10367	4234.52	Three Rivers	Three Rivers		9848.65	0.95			3260.83	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	both			10367	4234.52	UHC	Medicaid		3261.46	0.3146			3260.83	9848.65	percent of total billed charges	
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	both			10367	4234.52	UHC	Medicare		3682.19	1			3260.83	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	both			10367	4234.52	Wellcare	Medicare		3682.19	1			3260.83	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOT SUBMANDIBULAR SUBLING	42330	CPT	both			10367	4234.52	Wellcare	Medicaid		3261.46	0.3146			3260.83	9848.65	percent of total billed charges	
BIOPSY SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Aetna	Medicare		804.66	1			804.66	2788.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Aetna	Commercial		1281.02	1.592			804.66	2788.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Aetna	Better Health		923.35	0.3146			804.66	2788.25	percent of total billed charges	
BIOPSY SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Americare	Americare		2201.25	0.75			804.66	2788.25	percent of total billed charges	
BIOPSY SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	WellPoint	WellPoint		941.55	0.3208			804.66	2788.25	percent of total billed charges	
BIOPSY SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Amerihealth	Medicare		804.66	1			804.66	2788.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Consumer	Consumer		2788.25	0.95			804.66	2788.25	percent of total billed charges	
BIOPSY SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Corrections	Corrections		2348	0.8			804.66	2788.25	percent of total billed charges	
BIOPSY SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	First Health	First Health		2054.5	0.7			804.66	2788.25	percent of total billed charges	
BIOPSY SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	First Trenton	First Trenton		2641.5	0.9			804.66	2788.25	percent of total billed charges	
BIOPSY SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Horizon	Indemnity		1470.11	1.827			804.66	2788.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Horizon	Medicare Blue		804.66	1			804.66	2788.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Horizon	PPO		1470.11	1.827			804.66	2788.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Horizon	MGD		1470.11	1.827			804.66	2788.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Managed Care Inc	Managed Care Inc		2641.5	0.9			804.66	2788.25	percent of total billed charges	
BIOPSY SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Multiplan	Multiplan		2348	0.8			804.66	2788.25	percent of total billed charges	
BIOPSY SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Qualcare	Qualcare		2201.25	0.75			804.66	2788.25	percent of total billed charges	
BIOPSY SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Three Rivers	Three Rivers		2788.25	0.95			804.66	2788.25	percent of total billed charges	
BIOPSY SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	UHC	Medicare		804.66	1			804.66	2788.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	UHC	Medicaid		923.35	0.3146			804.66	2788.25	percent of total billed charges	
BIOPSY SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Wellcare	Medicare		804.66	1			804.66	2788.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SALIVARY GLAND;NEEDLE	42400	CPT	outpatient			2935	925.36	Wellcare	Medicaid		923.35	0.3146			804.66	2788.25	percent of total billed charges	
BX SALIVARY GLD; INCIS	42405	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69	1.592			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SALIVARY GLD; INCIS	42405	CPT	outpatient			5059	2005.77	Aetna	Better Health		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
BX SALIVARY GLD; INCIS	42405	CPT	outpatient			5059	2005.77	Aetna	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SALIVARY GLD; INCIS	42405	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	0.75			1591.56	4806.05	percent of total billed charges	
BX SALIVARY GLD; INCIS	42405	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1622.93	0.3208			1591.56	4806.05	percent of total billed charges	
BX SALIVARY GLD; INCIS	42405	CPT	outpatient			5059	2005.77	Amerihealth	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SALIVARY GLD; INCIS	42405	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	0.95			1591.56	4806.05	percent of total billed charges	
BX SALIVARY GLD; INCIS	42405	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	0.8			1591.56	4806.05	percent of total billed charges	
BX SALIVARY GLD; INCIS	42405	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	0.7			1591.56	4806.05	percent of total billed charges	
BX SALIVARY GLD; INCIS	42405	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	0.9			1591.56	4806.05	percent of total billed charges	
BX SALIVARY GLD; INCIS	42405	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SALIVARY GLD; INCIS	42405	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SALIVARY GLD; INCIS	42405	CPT	outpatient			5059	2005.77	Horizon	PPO		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SALIVARY GLD; INCIS	42405	CPT	outpatient			5059	2005.77	Horizon	MGD		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SALIVARY GLD; INCIS	42405	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	0.9			1591.56	4806.05	percent of total billed charges	
BX SALIVARY GLD; INCIS	42405	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	0.8			1591.56	4806.05	percent of total billed charges	
BX SALIVARY GLD; INCIS	42405	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	0.75			1591.56	4806.05	percent of total billed charges	
BX SALIVARY GLD; INCIS	42405	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	0.95			1591.56	4806.05	percent of total billed charges	
BX SALIVARY GLD; INCIS	42405	CPT	outpatient			5059	2005.77	UHC	Medicaid		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
BX SALIVARY GLD; INCIS	42405	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SALIVARY GLD; INCIS	42405	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
BX SALIVARY GLD; INCIS	42405	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION PROCEDURE SIALOGRAPHY	42550	CPT	outpatient			15273		Aetna	Medicare		4704.08	0.308			2292.9	14509.35	percent of total billed charges	
INJECTION PROCEDURE SIALOGRAPHY	42550	CPT	outpatient			15273		Aetna	Better Health		4804.89	0.3146			2292.9	14509.35	percent of total billed charges	
INJECTION PROCEDURE SIALOGRAPHY	42550	CPT	outpatient			15273		Aetna	Commercial		5803.74	0.38			2292.9	14509.35	percent of total billed charges	
INJECTION PROCEDURE SIALOGRAPHY	42550	CPT	outpatient			15273		Americare	Americare		11454.75	0.75			2292.9	14509.35	percent of total billed charges	
INJECTION PROCEDURE SIALOGRAPHY	42550	CPT	outpatient			15273		WellPoint	WellPoint		4899.58	0.3208			2292.9	14509.35	percent of total billed charges	
INJECTION PROCEDURE SIALOGRAPHY	42550	CPT	outpatient			15273		Consumer	Consumer		14509.35	0.95			2292.9	14509.35	percent of total billed charges	
INJECTION PROCEDURE SIALOGRAPHY	42550	CPT	outpatient			15273		Corrections	Corrections		12218.4	0.8			2292.9	14509.35	percent of total billed charges	
INJECTION PROCEDURE SIALOGRAPHY	42550	CPT	outpatient			15273		First Health	First Health		10691.1	0.7			2292.9	14509.35	percent of total billed charges	
INJECTION PROCEDURE SIALOGRAPHY	42550	CPT	outpatient			15273		First Trenton	First Trenton		13745.7	0.9			2292.9	14509.35	percent of total billed charges	
INJECTION PROCEDURE SIALOGRAPHY	42550	CPT	outpatient			15273		Horizon	MGD		5846.5	0.3828			2292.9	14509.35	percent of total billed charges	
INJECTION PROCEDURE SIALOGRAPHY	42550	CPT	outpatient			15273		Horizon	Medicare Blue		4581.9	0.3			2292.9	14509.35	percent of total billed charges	
INJECTION PROCEDURE SIALOGRAPHY	42550	CPT	outpatient			15273		Horizon	Indemnity		5846.5	0.3828			2292.9	14509.35	percent of total billed charges	
INJECTION PROCEDURE SIALOGRAPHY	42550	CPT	outpatient			15273		Horizon	PPO		5846.5	0.3828			2292.9	14509.35	percent of total billed charges	
INJECTION PROCEDURE SIALOGRAPHY	42550	CPT	outpatient			15273		Managed Care Inc	Managed Care Inc		13745.7	0.9			2292.9	14509.35	percent of total billed charges	
INJECTION PROCEDURE SIALOGRAPHY	42550	CPT	outpatient			15273		Multiplan	Multiplan		12218.4	0.8			2292.9	14509.35	percent of total billed charges	
INJECTION PROCEDURE SIALOGRAPHY	42550	CPT	outpatient			15273		Qualcare	Qualcare		11454.75	0.75			2292.9	14509.35	percent of total billed charges	
INJECTION PROCEDURE SIALOGRAPHY	42550	CPT	outpatient			15273		Three Rivers	Three Rivers		14509.35	0.95			2292.9	14509.35	percent of total billed charges	
INJECTION PROCEDURE SIALOGRAPHY	42550	CPT	outpatient			15273		UHC	Medicaid		4804.89	0.3146			2292.9	14509.35	percent of total billed charges	
INJECTION PROCEDURE SIALOGRAPHY	42550	CPT	outpatient			15273		Wellcare	Medicaid		4804.89	0.3146			2292.9	14509.35	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Aetna	Better Health		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69	1.592			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Aetna	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	0.75			1591.56	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1622.93	0.3208			1591.56	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Amerihealth	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	0.95			1591.56	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	0.8			1591.56	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	0.7			1591.56	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	0.9			1591.56	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Horizon	MGD		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Horizon	PPO		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	0.9			1591.56	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	0.8			1591.56	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	0.75			1591.56	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	0.95			1591.56	4806.05	percent of total billed charges	
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059	2005.77	UHC	Medicaid		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059		2005.77 UHC	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059		2005.77 Wellcare	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION SALIVARY DUCT	42650	CPT	outpatient			5059		2005.77 Wellcare	Medicaid		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
I&D PHARYNX ADENOIDS & TONSILS	42700	CPT	outpatient			1415		321.26 Aetna	Better Health		445.16	0.3146			238.47	1344.25	percent of total billed charges	
I&D PHARYNX ADENOIDS & TONSILS	42700	CPT	outpatient			1415		321.26 Aetna	Commercial		444.74	1.592			238.47	1344.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PHARYNX ADENOIDS & TONSILS	42700	CPT	outpatient			1415		321.26 Aetna	Medicare		279.36	1			238.47	1344.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PHARYNX ADENOIDS & TONSILS	42700	CPT	outpatient			1415		321.26 Americare	Americare		1061.25	0.75			238.47	1344.25	percent of total billed charges	
I&D PHARYNX ADENOIDS & TONSILS	42700	CPT	outpatient			1415		321.26 WellPoint	WellPoint		453.93	0.3208			238.47	1344.25	percent of total billed charges	
I&D PHARYNX ADENOIDS & TONSILS	42700	CPT	outpatient			1415		321.26 Amerihealth	Medicare		279.36	1			238.47	1344.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PHARYNX ADENOIDS & TONSILS	42700	CPT	outpatient			1415		321.26 Consumer	Consumer		1344.25	0.95			238.47	1344.25	percent of total billed charges	
I&D PHARYNX ADENOIDS & TONSILS	42700	CPT	outpatient			1415		321.26 Corrections	Corrections		1132	0.8			238.47	1344.25	percent of total billed charges	
I&D PHARYNX ADENOIDS & TONSILS	42700	CPT	outpatient			1415		321.26 First Health	First Health		990.5	0.7			238.47	1344.25	percent of total billed charges	
I&D PHARYNX ADENOIDS & TONSILS	42700	CPT	outpatient			1415		321.26 First Trenton	First Trenton		1273.5	0.9			238.47	1344.25	percent of total billed charges	
I&D PHARYNX ADENOIDS & TONSILS	42700	CPT	outpatient			1415		321.26 Horizon	Indemnity		510.39	1.827			238.47	1344.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PHARYNX ADENOIDS & TONSILS	42700	CPT	outpatient			1415		321.26 Horizon	MGD		510.39	1.827			238.47	1344.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PHARYNX ADENOIDS & TONSILS	42700	CPT	outpatient			1415		321.26 Horizon	Medicare Blue		279.36	1			238.47	1344.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PHARYNX ADENOIDS & TONSILS	42700	CPT	outpatient			1415		321.26 Horizon	PPO		510.39	1.827			238.47	1344.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PHARYNX ADENOIDS & TONSILS	42700	CPT	outpatient			1415		321.26 Managed Care Inc	Managed Care Inc		1273.5	0.9			238.47	1344.25	percent of total billed charges	
I&D PHARYNX ADENOIDS & TONSILS	42700	CPT	outpatient			1415		321.26 Multiplan	Multiplan		1132	0.8			238.47	1344.25	percent of total billed charges	
I&D PHARYNX ADENOIDS & TONSILS	42700	CPT	outpatient			1415		321.26 Qualcare	Qualcare		1061.25	0.75			238.47	1344.25	percent of total billed charges	
I&D PHARYNX ADENOIDS & TONSILS	42700	CPT	outpatient			1415		321.26 Three Rivers	Three Rivers		1344.25	0.95			238.47	1344.25	percent of total billed charges	
I&D PHARYNX ADENOIDS & TONSILS	42700	CPT	outpatient			1415		321.26 UHC	Medicaid		445.16	0.3146			238.47	1344.25	percent of total billed charges	
I&D PHARYNX ADENOIDS & TONSILS	42700	CPT	outpatient			1415		321.26 UHC	Medicare		279.36	1			238.47	1344.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PHARYNX ADENOIDS & TONSILS	42700	CPT	outpatient			1415		321.26 Wellcare	Medicare		279.36	1			238.47	1344.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D PHARYNX ADENOIDS & TONSILS	42700	CPT	outpatient			1415		321.26 Wellcare	Medicaid		445.16	0.3146			238.47	1344.25	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830		4234.52 Aetna	Better Health		1834.12	0.3146			1834.12	6727.36	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830		4234.52 Aetna	Commercial		5862.05	1.592			1834.12	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830		4234.52 Aetna	Medicare		3682.19	1			1834.12	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830		4234.52 Americare	Americare		4372.5	0.75			1834.12	6727.36	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830		4234.52 WellPoint	WellPoint		1870.26	0.3208			1834.12	6727.36	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830		4234.52 Amerihealth	Medicare		3682.19	1			1834.12	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830		4234.52 Consumer	Consumer		5538.5	0.95			1834.12	6727.36	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830		4234.52 Corrections	Corrections		4664	0.8			1834.12	6727.36	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830		4234.52 First Health	First Health		4081	0.7			1834.12	6727.36	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830		4234.52 First Trenton	First Trenton		5247	0.9			1834.12	6727.36	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830		4234.52 Horizon	MGD		6727.36	1.827			1834.12	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830		4234.52 Horizon	Medicare Blue		3682.19	1			1834.12	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830		4234.52 Horizon	Indemnity		6727.36	1.827			1834.12	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830		4234.52 Horizon	PPO		6727.36	1.827			1834.12	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830		4234.52 Managed Care Inc	Managed Care Inc		5247	0.9			1834.12	6727.36	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830		4234.52 Multiplan	Multiplan		4664	0.8			1834.12	6727.36	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830		4234.52 Qualcare	Qualcare		4372.5	0.75			1834.12	6727.36	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830		4234.52 Three Rivers	Three Rivers		5538.5	0.95			1834.12	6727.36	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830		4234.52 UHC	Medicaid		1834.12	0.3146			1834.12	6727.36	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830		4234.52 UHC	Medicare		3682.19	1			1834.12	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830		4234.52 Wellcare	Medicaid		1834.12	0.3146			1834.12	6727.36	percent of total billed charges	
I&D THROAT ABSCESS INTRAORAL	42720	CPT	outpatient			5830		4234.52 Wellcare	Medicare		3682.19	1			1834.12	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059		2005.77 Aetna	Better Health		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059		2005.77 Aetna	Commercial		2776.69	1.592			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059		2005.77 Aetna	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059		2005.77 Americare	Americare		3794.25	0.75			1591.56	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059		2005.77 WellPoint	WellPoint		1622.93	0.3208			1591.56	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059		2005.77 Amerihealth	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059		2005.77 Consumer	Consumer		4806.05	0.95			1591.56	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059		2005.77 Corrections	Corrections		4047.2	0.8			1591.56	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059		2005.77 First Health	First Health		3541.3	0.7			1591.56	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059		2005.77 First Trenton	First Trenton		4553.1	0.9			1591.56	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059		2005.77 Horizon	Medicare Blue		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059		2005.77 Horizon	Indemnity		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059		2005.77 Horizon	MGD		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059		2005.77 Horizon	PPO		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059		2005.77 Managed Care Inc	Managed Care Inc		4553.1	0.9			1591.56	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059		2005.77 Multiplan	Multiplan		4047.2	0.8			1591.56	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059		2005.77 Qualcare	Qualcare		3794.25	0.75			1591.56	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059		2005.77 Three Rivers	Three Rivers		4806.05	0.95			1591.56	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059		2005.77 UHC	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059		2005.77 UHC	Medicaid		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059		2005.77 Wellcare	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; OROPHARYNX	42800	CPT	outpatient			5059		2005.77 Wellcare	Medicaid		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367		4234.52 Aetna	Commercial		5862.05	1.592			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367		4234.52 Aetna	Better Health		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367		4234.52 Aetna	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367		4234.52 Americare	Americare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367		4234.52 WellPoint	WellPoint		3325.73	0.3208			3261.46	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367		4234.52 Amerihealth	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367		4234.52 Consumer	Consumer		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367		4234.52 Corrections	Corrections		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367		4234.52 First Health	First Health		7256.9	0.7			3261.46	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367		4234.52 First Trenton	First Trenton		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367		4234.52 Horizon	PPO		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367		4234.52 Horizon	Indemnity		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367		4234.52 Horizon	MGD		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367		4234.52 Horizon	Medicare Blue		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367		4234.52 Managed Care Inc	Managed Care Inc		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367		4234.52 Multiplan	Multiplan		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367		4234.52 Qualcare	Qualcare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367		4234.52 Three Rivers	Three Rivers		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367		4234.52 UHC	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367		4234.52 UHC	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367		4234.52 Wellcare	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY; NASOPHARYNX (TONSIL)	42804	CPT	outpatient			10367		4234.52 Wellcare	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Aetna	Commercial		725.46	1.592			180.9	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Aetna	Better Health		433.83	0.3146			180.9	1310.05	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Aetna	Medicare		455.69	1			180.9	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Americare	Americare		1034.25	0.75			180.9	1310.05	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 WellPoint	WellPoint		442.38	0.3208			180.9	1310.05	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Amerihealth	Medicare		455.69	1			180.9	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Consumer	Consumer		1310.05	0.95			180.9	1310.05	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Corrections	Corrections		1103.2	0.8			180.9	1310.05	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 First Health	First Health		965.3	0.7			180.9	1310.05	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 First Trenton	First Trenton		1241.1	0.9			180.9	1310.05	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Horizon	MGD		832.55	1.827			180.9	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Horizon	Medicare Blue		455.69	1			180.9	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Horizon	PPO		832.55	1.827			180.9	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Horizon	Indemnity		832.55	1.827			180.9	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Managed Care Inc	Managed Care Inc		1241.1	0.9			180.9	1310.05	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Multiplan	Multiplan		1103.2	0.8			180.9	1310.05	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Qualcare	Qualcare		1034.25	0.75			180.9	1310.05	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Three Rivers	Three Rivers		1310.05	0.95			180.9	1310.05	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 UHC	Medicare		455.69	1			180.9	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 UHC	Medicaid		433.83	0.3146			180.9	1310.05	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Wellcare	Medicaid		433.83	0.3146			180.9	1310.05	percent of total billed charges	
REMOVE PHARYNX FOREIGN BODY	42809	CPT	outpatient			1379		524.04 Wellcare	Medicare		455.69	1			180.9	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Aetna	Commercial		5862.05	1.592			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Aetna	Better Health		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Aetna	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Americare	Americare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 WellPoint	WellPoint		3325.73	0.3208			3261.46	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Amerihealth	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Consumer	Consumer		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Corrections	Corrections		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 First Health	First Health		7256.9	0.7			3261.46	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 First Trenton	First Trenton		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Horizon	MGD		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Horizon	Indemnity		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Horizon	Medicare Blue		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Horizon	PPO		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Managed Care Inc	Managed Care Inc		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Multiplan	Multiplan		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Qualcare	Qualcare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Three Rivers	Three Rivers		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 UHC	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 UHC	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Wellcare	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
EXC TONSIL T	42860	CPT	outpatient			10367		4234.52 Wellcare	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Aetna	Better Health		557.79	0.3146			557.79	1684.35	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Aetna	Commercial		1001.77	1.592			557.79	1684.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Aetna	Medicare		629.25	1			557.79	1684.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Americare	Americare		1329.75	0.75			557.79	1684.35	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 WellPoint	WellPoint		568.78	0.3208			557.79	1684.35	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Amerihealth	Medicare		629.25	1			557.79	1684.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Consumer	Consumer		1684.35	0.95			557.79	1684.35	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773		723.64 Corrections	Corrections		1418.4	0.8			557.79	1684.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773	723.64	First Health	First Health		1241.1	0.7			557.79	1684.35	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773	723.64	First Trenton	First Trenton		1595.7	0.9			557.79	1684.35	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773	723.64	Horizon	Indemnity		1149.64	1.827			557.79	1684.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773	723.64	Horizon	MGD		1149.64	1.827			557.79	1684.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773	723.64	Horizon	PPO		1149.64	1.827			557.79	1684.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773	723.64	Horizon	Medicare Blue		629.25	1			557.79	1684.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773	723.64	Managed Care Inc	Managed Care Inc		1595.7	0.9			557.79	1684.35	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773	723.64	Multiplan	Multiplan		1418.4	0.8			557.79	1684.35	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773	723.64	Qualcare	Qualcare		1329.75	0.75			557.79	1684.35	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773	723.64	Three Rivers	Three Rivers		1684.35	0.95			557.79	1684.35	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773	723.64	UHC	Medicare		629.25	1			557.79	1684.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773	723.64	UHC	Medicaid		557.79	0.3146			557.79	1684.35	percent of total billed charges	
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773	723.64	Wellcare	Medicare		629.25	1			557.79	1684.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTROL OROPH HEMORRHAGE SIM	42960	CPT	outpatient			1773	723.64	Wellcare	Medicaid		557.79	0.3146			557.79	1684.35	percent of total billed charges	
UNLSTD PHRYNX ADNDS TNSLS	42999	CPT	outpatient			830	321.26	Aetna	Better Health		261.12	0.3146			238.47	788.5	percent of total billed charges	
UNLSTD PHRYNX ADNDS TNSLS	42999	CPT	outpatient			830	321.26	Aetna	Commercial		444.74	1.592			238.47	788.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PHRYNX ADNDS TNSLS	42999	CPT	outpatient			830	321.26	Aetna	Medicare		279.36	1			238.47	788.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PHRYNX ADNDS TNSLS	42999	CPT	outpatient			830	321.26	Americare	Americare		622.5	0.75			238.47	788.5	percent of total billed charges	
UNLSTD PHRYNX ADNDS TNSLS	42999	CPT	outpatient			830	321.26	WellPoint	WellPoint		266.26	0.3208			238.47	788.5	percent of total billed charges	
UNLSTD PHRYNX ADNDS TNSLS	42999	CPT	outpatient			830	321.26	AmeriHealth	Medicare		279.36	1			238.47	788.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PHRYNX ADNDS TNSLS	42999	CPT	outpatient			830	321.26	Consumer	Consumer		788.5	0.95			238.47	788.5	percent of total billed charges	
UNLSTD PHRYNX ADNDS TNSLS	42999	CPT	outpatient			830	321.26	Corrections	Corrections		664	0.8			238.47	788.5	percent of total billed charges	
UNLSTD PHRYNX ADNDS TNSLS	42999	CPT	outpatient			830	321.26	First Health	First Health		581	0.7			238.47	788.5	percent of total billed charges	
UNLSTD PHRYNX ADNDS TNSLS	42999	CPT	outpatient			830	321.26	First Trenton	First Trenton		747	0.9			238.47	788.5	percent of total billed charges	
UNLSTD PHRYNX ADNDS TNSLS	42999	CPT	outpatient			830	321.26	Horizon	Indemnity		510.39	1.827			238.47	788.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PHRYNX ADNDS TNSLS	42999	CPT	outpatient			830	321.26	Horizon	Medicare Blue		279.36	1			238.47	788.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PHRYNX ADNDS TNSLS	42999	CPT	outpatient			830	321.26	Horizon	PPO		510.39	1.827			238.47	788.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PHRYNX ADNDS TNSLS	42999	CPT	outpatient			830	321.26	Horizon	MGD		510.39	1.827			238.47	788.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PHRYNX ADNDS TNSLS	42999	CPT	outpatient			830	321.26	Managed Care Inc	Managed Care Inc		747	0.9			238.47	788.5	percent of total billed charges	
UNLSTD PHRYNX ADNDS TNSLS	42999	CPT	outpatient			830	321.26	Multiplan	Multiplan		664	0.8			238.47	788.5	percent of total billed charges	
UNLSTD PHRYNX ADNDS TNSLS	42999	CPT	outpatient			830	321.26	Qualcare	Qualcare		622.5	0.75			238.47	788.5	percent of total billed charges	
UNLSTD PHRYNX ADNDS TNSLS	42999	CPT	outpatient			830	321.26	Three Rivers	Three Rivers		788.5	0.95			238.47	788.5	percent of total billed charges	
UNLSTD PHRYNX ADNDS TNSLS	42999	CPT	outpatient			830	321.26	UHC	Medicare		279.36	1			238.47	788.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PHRYNX ADNDS TNSLS	42999	CPT	outpatient			830	321.26	UHC	Medicaid		261.12	0.3146			238.47	788.5	percent of total billed charges	
UNLSTD PHRYNX ADNDS TNSLS	42999	CPT	outpatient			830	321.26	Wellcare	Medicare		279.36	1			238.47	788.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PHRYNX ADNDS TNSLS	42999	CPT	outpatient			830	321.26	Wellcare	Medicaid		261.12	0.3146			238.47	788.5	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157	1192.23	Aetna	Better Health		993.19	0.3146			690.23	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157	1192.23	Aetna	Commercial		1650.46	1.592			690.23	2999.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157	1192.23	Aetna	Medicare		1036.72	1			690.23	2999.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157	1192.23	Americare	Americare		2367.75	0.75			690.23	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157	1192.23	WellPoint	WellPoint		1012.77	0.3208			690.23	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157	1192.23	AmeriHealth	Medicare		1036.72	1			690.23	2999.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157	1192.23	Consumer	Consumer		2999.15	0.95			690.23	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157	1192.23	Corrections	Corrections		2525.6	0.8			690.23	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157	1192.23	First Health	First Health		2209.9	0.7			690.23	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157	1192.23	First Trenton	First Trenton		2841.3	0.9			690.23	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157	1192.23	Horizon	PPO		1894.09	1.827			690.23	2999.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157	1192.23	Horizon	MGD		1894.09	1.827			690.23	2999.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157	1192.23	Horizon	Indemnity		1894.09	1.827			690.23	2999.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157	1192.23	Horizon	Medicare Blue		1036.72	1			690.23	2999.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157	1192.23	Managed Care Inc	Managed Care Inc		2841.3	0.9			690.23	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157	1192.23	Multiplan	Multiplan		2525.6	0.8			690.23	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157	1192.23	Qualcare	Qualcare		2367.75	0.75			690.23	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157	1192.23	Three Rivers	Three Rivers		2999.15	0.95			690.23	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157	1192.23	UHC	Medicaid		993.19	0.3146			690.23	2999.15	percent of total billed charges	
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157	1192.23	UHC	Medicare		1036.72	1			690.23	2999.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157	1192.23	Wellcare	Medicare		1036.72	1			690.23	2999.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEXIBLE B	43200	CPT	outpatient			3157	1192.23	Wellcare	Medicaid		993.19	0.3146			690.23	2999.15	percent of total billed charges	
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826	2502.63	Aetna	Commercial		3464.51	1.592			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826	2502.63	Aetna	Better Health		889.06	0.3146			889.06	3975.92	percent of total billed charges	
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826	2502.63	Aetna	Medicare		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826	2502.63	Americare	Americare		2119.5	0.75			889.06	3975.92	percent of total billed charges	
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826	2502.63	WellPoint	WellPoint		906.58	0.3208			889.06	3975.92	percent of total billed charges	
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826	2502.63	AmeriHealth	Medicare		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826	2502.63	Consumer	Consumer		2684.7	0.95			889.06	3975.92	percent of total billed charges	
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826	2502.63	Corrections	Corrections		2260.8	0.8			889.06	3975.92	percent of total billed charges	
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826	2502.63	First Health	First Health		1978.2	0.7			889.06	3975.92	percent of total billed charges	
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826	2502.63	First Trenton	First Trenton		2543.4	0.9			889.06	3975.92	percent of total billed charges	
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826	2502.63	Horizon	Indemnity		3975.92	1.827			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826	2502.63	Horizon	MGD		3975.92	1.827			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826	2502.63	Horizon	Medicare Blue		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826	2502.63	Horizon	PPO		3975.92	1.827			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826	2502.63	Managed Care Inc	Managed Care Inc		2543.4	0.9			889.06	3975.92	percent of total billed charges	
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826	2502.63	Multiplan	Multiplan		2260.8	0.8			889.06	3975.92	percent of total billed charges	
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826	2502.63	Qualcare	Qualcare		2119.5	0.75			889.06	3975.92	percent of total billed charges	
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826	2502.63	Three Rivers	Three Rivers		2684.7	0.95			889.06	3975.92	percent of total billed charges	
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826	2502.63	UHC	Medicare		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826	2502.63	UHC	Medicaid		889.06	0.3146			889.06	3975.92	percent of total billed charges	
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826	2502.63	Wellcare	Medicare		889.06	0.3146			889.06	3975.92	percent of total billed charges	
ESOPH SCOPE W/SUBMUCOUS INJ	43201	CPT	outpatient			2826	2502.63	Wellcare	Medicaid		889.06	0.3146			889.06	3975.92	percent of total billed charges	
W/BRUSH WASH BX	43202	CPT	outpatient			6072	2502.63	Aetna	Medicare		1870.18	0.308			675.75	5768.4	percent of total billed charges	
W/BRUSH WASH BX	43202	CPT	outpatient			6072	2502.63	Aetna	Commercial		3464.51	1.592			675.75	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BRUSH WASH BX	43202	CPT	outpatient			6072	2502.63	Aetna	Better Health		1910.25	0.3146			675.75	5768.4	percent of total billed charges	
W/BRUSH WASH BX	43202	CPT	outpatient			6072	2502.63	Americare	Americare		4554	0.75			675.75	5768.4	percent of total billed charges	
W/BRUSH WASH BX	43202	CPT	outpatient			6072	2502.63	WellPoint	WellPoint		1947.9	0.3208			675.75	5768.4	percent of total billed charges	
W/BRUSH WASH BX	43202	CPT	outpatient			6072	2502.63	AmeriHealth	Medicare		2176.2	1			675.75	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BRUSH WASH BX	43202	CPT	outpatient			6072	2502.63	Consumer	Consumer		5768.4	0.95			675.75	5768.4	percent of total billed charges	
W/BRUSH WASH BX	43202	CPT	outpatient			6072	2502.63	Corrections	Corrections		4857.6	0.8			675.75	5768.4	percent of total billed charges	
W/BRUSH WASH BX	43202	CPT	outpatient			6072	2502.63	First Health	First Health		4250.4	0.7			675.75	5768.4	percent of total billed charges	
W/BRUSH WASH BX	43202	CPT	outpatient			6072	2502.63	First Trenton	First Trenton		5464.8	0.9			675.75	5768.4	percent of total billed charges	
W/BRUSH WASH BX	43202	CPT	outpatient			6072	2502.63	Horizon	MGD		3975.92	1.827			675.75	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BRUSH WASH BX	43202	CPT	outpatient			6072	2502.63	Horizon	Indemnity		3975.92	1.827			675.75	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BRUSH WASH BX	43202	CPT	outpatient			6072	2502.63	Horizon	PPO		3975.92	1.827			675.75	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BRUSH WASH BX	43202	CPT	outpatient			6072	2502.63	Horizon	Medicare Blue		2176.2	1			675.75	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BRUSH WASH BX	43202	CPT	outpatient			6072	2502.63	Managed Care Inc	Managed Care Inc		5464.8	0.9			675.75	5768.4	percent of total billed charges	
W/BRUSH WASH BX	43202	CPT	outpatient			6072	2502.63	Multiplan	Multiplan		4857.6	0.8			675.75	5768.4	percent of total billed charges	
W/BRUSH WASH BX	43202	CPT	outpatient			6072	2502.63	Qualcare	Qualcare		4554	0.75			675.75	5768.4	percent of total billed charges	
W/BRUSH WASH BX	43202	CPT	outpatient			6072	2502.63	Three Rivers	Three Rivers		5768.4	0.95			675.75	5768.4	percent of total billed charges	
W/BRUSH WASH BX	43202	CPT	outpatient			6072	2502.63	UHC	Medicaid		1910.25	0.3146			675.75	5768.4	percent of total billed charges	
W/BRUSH WASH BX	43202	CPT	outpatient			6072	2502.63	UHC	Medicare		2176.2	1			675.75	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BRUSH WASH BX	43202	CPT	outpatient			6072	2502.63	Wellcare	Medicare		2176.2	1			675.75	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BRUSH WASH BX	43202	CPT	outpatient			6072	2502.63	Wellcare	Medicaid		1910.25	0.3146			675.75	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072	2502.63	Aetna	Commercial		3464.51	1.592			955.75	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072	2502.63	Aetna	Better Health		1910.25	0.3146			955.75	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072	2502.63	Aetna	Medicare		2176.2	1			955.75	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072	2502.63	Americare	Americare		4554	0.75			955.75	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072	2502.63	WellPoint	WellPoint		1947.9	0.3208			955.75	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072	2502.63	AmeriHealth	Medicare		2176.2	1			955.75	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072	2502.63	Consumer	Consumer		5768.4	0.95			955.75	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072	2502.63	Corrections	Corrections		4857.6	0.8			955.75	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072	2502.63	First Health	First Health		4250.4	0.7			955.75	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072	2502.63	First Trenton	First Trenton		5464.8	0.9			955.75	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072	2502.63	Horizon	PPO		3975.92	1.827			955.75	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072	2502.63	Horizon	MGD		3975.92	1.827			955.75	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072	2502.63	Horizon	Indemnity		3975.92	1.827			955.75	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072	2502.63	Horizon	Medicare Blue		2176.2	1			955.75	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072	2502.63	Managed Care Inc	Managed Care Inc		5464.8	0.9			955.75	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072	2502.63	Multiplan	Multiplan		4857.6	0.8			955.75	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072	2502.63	Qualcare	Qualcare		4554	0.75			955.75	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072	2502.63	Three Rivers	Three Rivers		5768.4	0.95			955.75	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072	2502.63	UHC	Medicare		2176.2	1			955.75	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072	2502.63	UHC	Medicaid		1910.25	0.3146			955.75	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072	2502.63	Wellcare	Medicaid		1910.25	0.3146			955.75	5768.4	percent of total billed charges	
ESOPHAGOSCOPY W/SCLEROTHERAPY	43204	CPT	outpatient			6072	2502.63	Wellcare	Medicare		2176.2	1			955.75	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846	2502.63	Aetna	Commercial		3464.51	1.592			895.35	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846	2502.63	Aetna	Medicare		2176.2	1			895.35	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846	2502.63	Aetna	Better Health		895.35	0.3146			895.35	3975.92	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846	2502.63	Americare	Americare		2134.5	0.75			895.35	3975.92	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846	2502.63	WellPoint	WellPoint		913	0.3208			895.35	3975.92	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846	2502.63	AmeriHealth	Medicare		2176.2	1			895.35	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846	2502.63	Consumer	Consumer		2703.7	0.95			895.35	3975.92	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846	2502.63	Corrections	Corrections		2276.8	0.8			895.35	3975.92	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846	2502.63	First Health	First Health		1992.2	0.7			895.35	3975.92	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846	2502.63	First Trenton	First Trenton		2561.4	0.9			895.35	3975.92	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846	2502.63	Horizon	Medicare Blue		2176.2	1			895.35	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846	2502.63	Horizon	MGD		3975.92	1.827			895.35	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846	2502.63	Horizon	PPO		3975.92	1.827			895.35	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846	2502.63	Horizon	Indemnity		3975.92	1.827			895.35	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846	2502.63	Managed Care Inc	Managed Care Inc		2561.4	0.9			895.35	3975.92	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846	2502.63	Multiplan	Multiplan		2276.8	0.8			895.35	3975.92	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846	2502.63	Qualcare	Qualcare		2134.5	0.75			895.35	3975.92	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846	2502.63	Three Rivers	Three Rivers		2703.7	0.95			895.35	3975.92	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 UHC	Medicare		2176.2	1			895.35	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 Wellcare	Medicaid		895.35	0.3146			895.35	3975.92	percent of total billed charges	
EDGW BAND LIGATION OF ESOPHAGEAL VARICES	43205	CPT	outpatient			2846		2502.63 Wellcare	Medicare		2176.2	1			895.35	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Aetna	Medicare		10503.42	0.308			10503.42	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Aetna	Commercial		18742.06	1.592			10503.42	32396.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Aetna	Better Health		10728.49	0.3146			10503.42	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Americare	Americare		25576.5	0.75			10503.42	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 WellPoint	WellPoint		10939.92	0.3208			10503.42	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Amerihealth	Medicare		11772.65	1			10503.42	32396.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Consumer	Consumer		32396.9	0.95			10503.42	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Corrections	Corrections		27281.6	0.8			10503.42	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 First Health	First Health		23871.4	0.7			10503.42	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 First Trenton	First Trenton		30691.8	0.9			10503.42	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Horizon	Medicare Blue		11772.65	1			10503.42	32396.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Horizon	Indemnity		21508.63	1.827			10503.42	32396.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Horizon	MGD		21508.63	1.827			10503.42	32396.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Horizon	PPO		21508.63	1.827			10503.42	32396.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Managed Care Inc	Managed Care Inc		30691.8	0.9			10503.42	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Multiplan	Multiplan		27281.6	0.8			10503.42	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Qualcare	Qualcare		25576.5	0.75			10503.42	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Three Rivers	Three Rivers		32396.9	0.95			10503.42	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 UHC	Medicaid		10728.49	0.3146			10503.42	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 UHC	Medicare		11772.65	1			10503.42	32396.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Wellcare	Medicaid		10728.49	0.3146			10503.42	32396.9	percent of total billed charges	
EGD FLEXIBLE TRANSORAL	43210	CPT	outpatient			34102		13538.55 Wellcare	Medicare		11772.65	1			10503.42	32396.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Aetna	Better Health		3069.24	0.3146			3069.24	11908.51	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Aetna	Medicare		6518.07	1			3069.24	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Aetna	Commercial		10376.77	1.592			3069.24	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Americare	Americare		7317	0.75			3069.24	11908.51	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 WellPoint	WellPoint		3129.72	0.3208			3069.24	11908.51	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Amerihealth	Medicare		6518.07	1			3069.24	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Consumer	Consumer		9268.2	0.95			3069.24	11908.51	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Corrections	Corrections		7804.8	0.8			3069.24	11908.51	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 First Health	First Health		6829.2	0.7			3069.24	11908.51	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 First Trenton	First Trenton		8780.4	0.9			3069.24	11908.51	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Horizon	MGD		11908.51	1.827			3069.24	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Horizon	Indemnity		11908.51	1.827			3069.24	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Horizon	Medicare Blue		6518.07	1			3069.24	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Horizon	PPO		11908.51	1.827			3069.24	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Managed Care Inc	Managed Care Inc		8780.4	0.9			3069.24	11908.51	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Multiplan	Multiplan		7804.8	0.8			3069.24	11908.51	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Qualcare	Qualcare		7317	0.75			3069.24	11908.51	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Three Rivers	Three Rivers		9268.2	0.95			3069.24	11908.51	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 UHC	Medicaid		3069.24	0.3146			3069.24	11908.51	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 UHC	Medicare		6518.07	1			3069.24	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Wellcare	Medicaid		3069.24	0.3146			3069.24	11908.51	percent of total billed charges	
ESOPHAGOSCOPY W/STENT PLACEMENT	43212	CPT	outpatient			9756		7495.78 Wellcare	Medicare		6518.07	1			3069.24	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Aetna	Commercial		3464.51	1.592			1910.25	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Aetna	Better Health		1910.25	0.3146			1910.25	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Aetna	Medicare		2176.2	1			1910.25	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Americare	Americare		4554	0.75			1910.25	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 WellPoint	WellPoint		1947.9	0.3208			1910.25	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Amerihealth	Medicare		2176.2	1			1910.25	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Consumer	Consumer		5768.4	0.95			1910.25	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Corrections	Corrections		4857.6	0.8			1910.25	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 First Health	First Health		4250.4	0.7			1910.25	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 First Trenton	First Trenton		5464.8	0.9			1910.25	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Horizon	Medicare Blue		2176.2	1			1910.25	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Horizon	Indemnity		3975.92	1.827			1910.25	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Horizon	MGD		3975.92	1.827			1910.25	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Horizon	PPO		3975.92	1.827			1910.25	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Managed Care Inc	Managed Care Inc		5464.8	0.9			1910.25	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Multiplan	Multiplan		4857.6	0.8			1910.25	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Qualcare	Qualcare		4554	0.75			1910.25	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Three Rivers	Three Rivers		5768.4	0.95			1910.25	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 UHC	Medicare		2176.2	1			1910.25	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 UHC	Medicaid		1910.25	0.3146			1910.25	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Wellcare	Medicaid		1910.25	0.3146			1910.25	5768.4	percent of total billed charges	
DILATE ESOPH BY BALLOON/DILATO	43213	CPT	outpatient			6072		2502.63 Wellcare	Medicare		2176.2	1			1910.25	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Aetna	Commercial		3464.51	1.592			1401.09	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Aetna	Better Health		1431.12	0.3146			1401.09	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Aetna	Medicare		1401.09	0.308			1401.09	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Americare	Americare		3411.75	0.75			1401.09	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 WellPoint	WellPoint		1459.32	0.3208			1401.09	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Amerihealth	Medicare		2176.2	1			1401.09	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Consumer	Consumer		4321.55	0.95			1401.09	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Corrections	Corrections		3639.2	0.8			1401.09	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 First Health	First Health		3184.3	0.7			1401.09	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 First Trenton	First Trenton		4094.1	0.9			1401.09	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Horizon	MGD		3975.92	1.827			1401.09	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Horizon	Indemnity		3975.92	1.827			1401.09	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Horizon	Medicare Blue		2176.2	1			1401.09	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Horizon	PPO		3975.92	1.827			1401.09	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Managed Care Inc	Managed Care Inc		4094.1	0.9			1401.09	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Multiplan	Multiplan		3639.2	0.8			1401.09	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Qualcare	Qualcare		3411.75	0.75			1401.09	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Three Rivers	Three Rivers		4321.55	0.95			1401.09	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 UHC	Medicaid		1431.12	0.3146			1401.09	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 UHC	Medicare		2176.2	1			1401.09	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Wellcare	Medicaid		1431.12	0.3146			1401.09	4321.55	percent of total billed charges	
ESOPHAGOSC DILATE W/BALLN>=30MM	43214	CPT	outpatient			4549		2502.63 Wellcare	Medicare		2176.2	1			1401.09	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Aetna	Commercial		3464.51	1.592			787.76	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Aetna	Better Health		1431.12	0.3146			787.76	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Aetna	Medicare		2176.2	1			787.76	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Americare	Americare		3411.75	0.75			787.76	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 WellPoint	WellPoint		1459.32	0.3208			787.76	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Amerihealth	Medicare		2176.2	1			787.76	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Consumer	Consumer		4321.55	0.95			787.76	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Corrections	Corrections		3639.2	0.8			787.76	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 First Health	First Health		3184.3	0.7			787.76	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 First Trenton	First Trenton		4094.1	0.9			787.76	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Horizon	MGD		3975.92	1.827			787.76	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Horizon	Medicare Blue		2176.2	1			787.76	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Horizon	Indemnity		3975.92	1.827			787.76	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Horizon	PPO		3975.92	1.827			787.76	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Managed Care Inc	Managed Care Inc		4094.1	0.9			787.76	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Multiplan	Multiplan		3639.2	0.8			787.76	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Qualcare	Qualcare		3411.75	0.75			787.76	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Three Rivers	Three Rivers		4321.55	0.95			787.76	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 UHC	Medicare		2176.2	1			787.76	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 UHC	Medicaid		1431.12	0.3146			787.76	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Wellcare	Medicaid		1431.12	0.3146			787.76	4321.55	percent of total billed charges	
ESOPHAGOSCOPY FLEX REMOV	43215	CPT	outpatient			4549		2502.63 Wellcare	Medicare		2176.2	1			787.76	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Aetna	Better Health		889.06	0.3146			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Aetna	Commercial		3464.51	1.592			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Aetna	Medicare		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Americare	Americare		2119.5	0.75			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 WellPoint	WellPoint		906.58	0.3208			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Amerihealth	Medicare		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Consumer	Consumer		2684.7	0.95			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Corrections	Corrections		2260.8	0.8			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 First Health	First Health		1978.2	0.7			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 First Trenton	First Trenton		2543.4	0.9			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Horizon	MGD		3975.92	1.827			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Horizon	Medicare Blue		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Horizon	PPO		3975.92	1.827			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Horizon	Indemnity		3975.92	1.827			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Managed Care Inc	Managed Care Inc		2543.4	0.9			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Multiplan	Multiplan		2260.8	0.8			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Qualcare	Qualcare		2119.5	0.75			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Three Rivers	Three Rivers		2684.7	0.95			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 UHC	Medicare		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 UHC	Medicaid		889.06	0.3146			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Wellcare	Medicaid		889.06	0.3146			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY LESION REM	43216	CPT	outpatient			2826		2502.63 Wellcare	Medicare		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Aetna	Commercial		3464.51	1.592			1910.25	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Aetna	Better Health		1910.25	0.3146			1910.25	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Aetna	Medicare		2176.2	1			1910.25	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Americare	Americare		4554	0.75			1910.25	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 WellPoint	WellPoint		1947.9	0.3208			1910.25	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Amerihealth	Medicare		2176.2	1			1910.25	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY SNARE LES	43217	CPT

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 First Health	First Health		4250.4	0.7			1910.25	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 First Trenton	First Trenton		5464.8	0.9			1910.25	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Horizon	Medicare Blue		2176.2	1			1910.25	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Horizon	Indemnity		3975.92	1.827			1910.25	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Horizon	MGD		3975.92	1.827			1910.25	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Horizon	PPO		3975.92	1.827			1910.25	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Managed Care Inc	Managed Care Inc		5464.8	0.9			1910.25	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Multiplan	Multiplan		4857.6	0.8			1910.25	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Qualcare	Qualcare		4554	0.75			1910.25	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Three Rivers	Three Rivers		5768.4	0.95			1910.25	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 UHC	Medicare		2176.2	1			1910.25	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 UHC	Medicaid		1910.25	0.3146			1910.25	5768.4	percent of total billed charges	
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Wellcare	Medicare		2176.2	1			1910.25	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY SNARE LES	43217	CPT	outpatient			6072		2502.63 Wellcare	Medicaid		1910.25	0.3146			1910.25	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Aetna	Medicare		1870.18	0.308			1870.18	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Aetna	Commercial		3464.51	1.592			1870.18	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Aetna	Better Health		1910.25	0.3146			1870.18	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Americare	Americare		4554	0.75			1870.18	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 WellPoint	WellPoint		1947.9	0.3208			1870.18	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Amerihealth	Medicare		2176.2	1			1870.18	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Consumer	Consumer		5768.4	0.95			1870.18	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Corrections	Corrections		4857.6	0.8			1870.18	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 First Health	First Health		4250.4	0.7			1870.18	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 First Trenton	First Trenton		5464.8	0.9			1870.18	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Horizon	MGD		3975.92	1.827			1870.18	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Horizon	Medicare Blue		2176.2	1			1870.18	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Horizon	Indemnity		3975.92	1.827			1870.18	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Horizon	PPO		3975.92	1.827			1870.18	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Managed Care Inc	Managed Care Inc		5464.8	0.9			1870.18	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Multiplan	Multiplan		4857.6	0.8			1870.18	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Qualcare	Qualcare		4554	0.75			1870.18	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Three Rivers	Three Rivers		5768.4	0.95			1870.18	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 UHC	Medicaid		1910.25	0.3146			1870.18	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 UHC	Medicare		2176.2	1			1870.18	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Wellcare	Medicaid		1910.25	0.3146			1870.18	5768.4	percent of total billed charges	
ESOPHAGOSCOPY BALLOON <30MM	43220	CPT	outpatient			6072		2502.63 Wellcare	Medicare		2176.2	1			1870.18	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Aetna	Commercial		3464.51	1.592			871.33	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Aetna	Medicare		871.33	0.308			871.33	3975.92	percent of total billed charges	
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Aetna	Better Health		890	0.3146			871.33	3975.92	percent of total billed charges	
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Americare	Americare		2121.75	0.75			871.33	3975.92	percent of total billed charges	
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 WellPoint	WellPoint		907.54	0.3208			871.33	3975.92	percent of total billed charges	
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Amerihealth	Medicare		2176.2	1			871.33	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Consumer	Consumer		2687.55	0.95			871.33	3975.92	percent of total billed charges	
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Corrections	Corrections		2263.2	0.8			871.33	3975.92	percent of total billed charges	
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 First Health	First Health		1960.3	0.7			871.33	3975.92	percent of total billed charges	
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 First Trenton	First Trenton		2546.1	0.9			871.33	3975.92	percent of total billed charges	
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Horizon	Indemnity		3975.92	1.827			871.33	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Horizon	Medicare Blue		2176.2	1			871.33	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Horizon	PPO		3975.92	1.827			871.33	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Horizon	MGD		3975.92	1.827			871.33	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Managed Care Inc	Managed Care Inc		2546.1	0.9			871.33	3975.92	percent of total billed charges	
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Multiplan	Multiplan		2263.2	0.8			871.33	3975.92	percent of total billed charges	
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Qualcare	Qualcare		2121.75	0.75			871.33	3975.92	percent of total billed charges	
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Three Rivers	Three Rivers		2687.55	0.95			871.33	3975.92	percent of total billed charges	
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 UHC	Medicaid		890	0.3146			871.33	3975.92	percent of total billed charges	
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 UHC	Medicare		2176.2	1			871.33	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Wellcare	Medicaid		890	0.3146			871.33	3975.92	percent of total billed charges	
EGD W/ SAVDRY DILATATION	43226	CPT	outpatient			2829		2502.63 Wellcare	Medicare		2176.2	1			871.33	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/HEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Aetna	Medicare		1870.18	0.308			818.05	5768.4	percent of total billed charges	
W/HEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Aetna	Commercial		3464.51	1.592			818.05	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/HEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Aetna	Better Health		1910.25	0.3146			818.05	5768.4	percent of total billed charges	
W/HEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Americare	Americare		4554	0.75			818.05	5768.4	percent of total billed charges	
W/HEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 WellPoint	WellPoint		1947.9	0.3208			818.05	5768.4	percent of total billed charges	
W/HEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Amerihealth	Medicare		2176.2	1			818.05	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/HEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Consumer	Consumer		5768.4	0.95			818.05	5768.4	percent of total billed charges	
W/HEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Corrections	Corrections		4857.6	0.8			818.05	5768.4	percent of total billed charges	
W/HEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 First Health	First Health		4250.4	0.7			818.05	5768.4	percent of total billed charges	
W/HEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 First Trenton	First Trenton		5464.8	0.9			818.05	5768.4	percent of total billed charges	
W/HEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Horizon	Indemnity		3975.92	1.827			818.05	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/HEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Horizon	PPO		3975.92	1.827			818.05	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/HEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Horizon	MGD		3975.92	1.827			818.05	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/HEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Horizon	Medicare Blue		2176.2	1			818.05	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/HEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Managed Care Inc	Managed Care Inc		5464.8	0.9			818.05	5768.4	percent of total billed charges	
W/HEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Multiplan	Multiplan		4857.6	0.8			818.05	5768.4	percent of total billed charges	
W/HEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Qualcare	Qualcare		4554	0.75			818.05	5768.4	percent of total billed charges	
W/HEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Three Rivers	Three Rivers		5768.4	0.95			818.05	5768.4	percent of total billed charges	
W/HEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 UHC	Medicaid		1910.25	0.3146			818.05	5768.4	percent of total billed charges	
W/HEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 UHC	Medicare		2176.2	1			818.05	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/HEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Wellcare	Medicaid		1910.25	0.3146			818.05	5768.4	percent of total billed charges	
W/HEMORRHAGE CONTROL	43227	CPT	outpatient			6072		2502.63 Wellcare	Medicare		2176.2	1			818.05	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Aetna	Medicare		2967.27	0.308			2967.27	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Aetna	Better Health		3030.86	0.3146			2967.27	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Aetna	Commercial		6972.94	1.592			2967.27	9152.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Americare	Americare		7225.5	0.75			2967.27	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 WellPoint	WellPoint		3090.59	0.3208			2967.27	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Amerihealth	Medicare		4379.99	1			2967.27	9152.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Consumer	Consumer		9152.3	0.95			2967.27	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Corrections	Corrections		7707.2	0.8			2967.27	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 First Health	First Health		6743.8	0.7			2967.27	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 First Trenton	First Trenton		8670.6	0.9			2967.27	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Horizon	Indemnity		8002.24	1.827			2967.27	9152.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Horizon	MGD		8002.24	1.827			2967.27	9152.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Horizon	Medicare Blue		4379.99	1			2967.27	9152.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Horizon	PPO		8002.24	1.827			2967.27	9152.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Managed Care Inc	Managed Care Inc		8670.6	0.9			2967.27	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Multiplan	Multiplan		7707.2	0.8			2967.27	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Qualcare	Qualcare		7225.5	0.75			2967.27	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Three Rivers	Three Rivers		9152.3	0.95			2967.27	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 UHC	Medicare		4379.99	1			2967.27	9152.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 UHC	Medicaid		3030.86	0.3146			2967.27	9152.3	percent of total billed charges	
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Wellcare	Medicare		4379.99	1			2967.27	9152.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHGSCPY ABLATE TUMR/PLYP/LESN	43229	CPT	outpatient			9634		5036.99 Wellcare	Medicaid		3030.86	0.3146			2967.27	9152.3	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Aetna	Commercial		3464.51	1.592			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Aetna	Better Health		889.06	0.3146			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Aetna	Medicare		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Americare	Americare		2119.5	0.75			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 WellPoint	WellPoint		906.58	0.3208			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Amerihealth	Medicare		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Consumer	Consumer		2684.7	0.95			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Corrections	Corrections		2260.8	0.8			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 First Health	First Health		1978.2	0.7			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 First Trenton	First Trenton		2543.4	0.9			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Horizon	MGD		3975.92	1.827			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Horizon	PPO		3975.92	1.827			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Horizon	Indemnity		3975.92	1.827			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Horizon	Medicare Blue		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Managed Care Inc	Managed Care Inc		2543.4	0.9			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Multiplan	Multiplan		2260.8	0.8			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Qualcare	Qualcare		2119.5	0.75			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Three Rivers	Three Rivers		2684.7	0.95			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 UHC	Medicaid		889.06	0.3146			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 UHC	Medicare		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Wellcare	Medicare		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US EXAM	43231	CPT	outpatient			2826		2502.63 Wellcare	Medicaid		889.06	0.3146			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Aetna	Better Health		889.06	0.3146			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Aetna	Commercial		3464.51	1.592			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Aetna	Medicare		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Americare	Americare		2119.5	0.75			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 WellPoint	WellPoint		906.58	0.3208			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Amerihealth	Medicare		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Consumer	Consumer		2684.7	0.95			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Corrections	Corrections		2260.8	0.8			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 First Health	First Health		1978.2	0.7			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 First Trenton	First Trenton		2543.4	0.9			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Horizon	MGD		3975.92	1.827			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Horizon	PPO		3975.92	1.827			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Horizon	Indemnity		3975.92	1.827			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Horizon	Medicare Blue		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Managed Care Inc	Managed Care Inc		2543.4	0.9			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Multiplan	Multiplan		2260.8	0.8			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Qualcare	Qualcare		2119.5	0.75			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 Three Rivers	Three Rivers		2684.7	0.95			889.06	3975.92	percent of total billed charges	
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826		2502.63 UHC	Medicaid		889.06	0.3146			889.06	3975.92	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826	2502.63	UHC	Medicare		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826	2502.63	Wellcare	Medicare		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOSCOPY W US FNA X	43232	CPT	outpatient			2826	2502.63	Wellcare	Medicaid		889.06	0.3146			889.06	3975.92	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762	2502.63	Aetna	Better Health		1812.73	0.3146			1774.7	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762	2502.63	Aetna	Medicare		1774.7	0.308			1774.7	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762	2502.63	Aetna	Commercial		3464.51	1.592			1774.7	5473.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762	2502.63	Americare	Americare		4321.5	0.75			1774.7	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762	2502.63	WellPoint	WellPoint		1848.45	0.3208			1774.7	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762	2502.63	Amerihealth	Medicare		2176.2	1			1774.7	5473.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762	2502.63	Consumer	Consumer		5473.9	0.95			1774.7	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762	2502.63	Corrections	Corrections		4609.6	0.8			1774.7	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762	2502.63	First Health	First Health		4033.4	0.7			1774.7	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762	2502.63	First Trenton	First Trenton		5185.8	0.9			1774.7	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762	2502.63	Horizon	Indemnity		3975.92	1.827			1774.7	5473.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762	2502.63	Horizon	MGD		3975.92	1.827			1774.7	5473.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762	2502.63	Horizon	Medicare Blue		2176.2	1			1774.7	5473.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762	2502.63	Horizon	PPO		3975.92	1.827			1774.7	5473.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762	2502.63	Managed Care Inc	Managed Care Inc		5185.8	0.9			1774.7	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762	2502.63	Multiplan	Multiplan		4609.6	0.8			1774.7	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762	2502.63	Qualcare	Qualcare		4321.5	0.75			1774.7	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762	2502.63	Three Rivers	Three Rivers		5473.9	0.95			1774.7	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762	2502.63	UHC	Medicaid		1812.73	0.3146			1774.7	5473.9	percent of total billed charges	
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762	2502.63	UHC	Medicare		2176.2	1			1774.7	5473.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762	2502.63	Wellcare	Medicare		2176.2	1			1774.7	5473.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD BALLOON DIL ESOPH >=30 MM	43233	CPT	outpatient			5762	2502.63	Wellcare	Medicaid		1812.73	0.3146			1774.7	5473.9	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Aetna	Commercial		1650.46	1.592			1008.29	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Aetna	Better Health		1008.29	0.3146			1008.29	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Aetna	Medicare		1036.72	1			1008.29	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Americare	Americare		2403.75	0.75			1008.29	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	WellPoint	WellPoint		1028.16	0.3208			1008.29	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Amerihealth	Medicare		1036.72	1			1008.29	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Consumer	Consumer		3044.75	0.95			1008.29	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Corrections	Corrections		2564	0.8			1008.29	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	First Health	First Health		2243.5	0.7			1008.29	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	First Trenton	First Trenton		2884.5	0.9			1008.29	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Horizon	Indemnity		1894.09	1.827			1008.29	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Horizon	Medicare Blue		1036.72	1			1008.29	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Horizon	PPO		1894.09	1.827			1008.29	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Horizon	MGD		1894.09	1.827			1008.29	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Managed Care Inc	Managed Care Inc		2884.5	0.9			1008.29	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Multiplan	Multiplan		2564	0.8			1008.29	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Qualcare	Qualcare		2403.75	0.75			1008.29	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Three Rivers	Three Rivers		3044.75	0.95			1008.29	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	UHC	Medicare		1036.72	1			1008.29	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	UHC	Medicaid		1008.29	0.3146			1008.29	3044.75	percent of total billed charges	
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Wellcare	Medicare		1036.72	1			1008.29	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDOSCOPY	43235	CPT	both			3205	1192.23	Wellcare	Medicaid		1008.29	0.3146			1008.29	3044.75	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Aetna	Medicare		1044.12	0.308			1036.72	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Aetna	Better Health		1066.49	0.3146			1036.72	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Aetna	Commercial		1650.46	1.592			1036.72	3220.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Americare	Americare		2542.5	0.75			1036.72	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	WellPoint	WellPoint		1087.51	0.3208			1036.72	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Amerihealth	Medicare		1036.72	1			1036.72	3220.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Consumer	Consumer		3220.5	0.95			1036.72	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Corrections	Corrections		2712	0.8			1036.72	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	First Health	First Health		2373	0.7			1036.72	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	First Trenton	First Trenton		3051	0.9			1036.72	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Horizon	Medicare Blue		1036.72	1			1036.72	3220.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Horizon	MGD		1894.09	1.827			1036.72	3220.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Horizon	Indemnity		1894.09	1.827			1036.72	3220.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Horizon	PPO		1894.09	1.827			1036.72	3220.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Managed Care Inc	Managed Care Inc		3051	0.9			1036.72	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Multiplan	Multiplan		2712	0.8			1036.72	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Qualcare	Qualcare		2542.5	0.75			1036.72	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Three Rivers	Three Rivers		3220.5	0.95			1036.72	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	UHC	Medicaid		1066.49	0.3146			1036.72	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	UHC	Medicare		1036.72	1			1036.72	3220.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Wellcare	Medicaid		1066.49	0.3146			1036.72	3220.5	percent of total billed charges	
EGDW/SUBMUCOSAL INJECTION ANDY SUBSTANCE	43236	CPT	outpatient			3390	1192.23	Wellcare	Medicare		1036.72	1			1036.72	3220.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WENDOSCOPIC US EXAM LIMD TO ESOPHAGUS	43237	CPT	both			3001	2502.63	Aetna	Better Health		944.11	0.3146			944.11	3975.92	percent of total billed charges	
WENDOSCOPIC US EXAM LIMD TO ESOPHAGUS	43237	CPT	both			3001	2502.63	Aetna	Commercial		3464.51	1.592			944.11	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WENDOSCOPIC US EXAM LIMD TO ESOPHAGUS	43237	CPT	both			3001	2502.63	Aetna	Medicare		2176.2	1			944.11	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WENDOSCOPIC US EXAM LIMD TO ESOPHAGUS	43237	CPT	both			3001	2502.63	Americare	Americare		2250.75	0.75			944.11	3975.92	percent of total billed charges	
WENDOSCOPIC US EXAM LIMD TO ESOPHAGUS	43237	CPT	both			3001	2502.63	WellPoint	WellPoint		962.72	0.3208			944.11	3975.92	percent of total billed charges	
WENDOSCOPIC US EXAM LIMD TO ESOPHAGUS	43237	CPT	both			3001	2502.63	Amerihealth	Medicare		2176.2	1			944.11	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WENDOSCOPIC US EXAM LIMD TO ESOPHAGUS	43237	CPT	both			3001	2502.63	Consumer	Consumer		2850.95	0.95			944.11	3975.92	percent of total billed charges	
WENDOSCOPIC US EXAM LIMD TO ESOPHAGUS	43237	CPT	both			3001	2502.63	Corrections	Corrections		2400.8	0.8			944.11	3975.92	percent of total billed charges	
WENDOSCOPIC US EXAM LIMD TO ESOPHAGUS	43237	CPT	both			3001	2502.63	First Health	First Health		2100.7	0.7			944.11	3975.92	percent of total billed charges	
WENDOSCOPIC US EXAM LIMD TO ESOPHAGUS	43237	CPT	both			3001	2502.63	First Trenton	First Trenton		2700.9	0.9			944.11	3975.92	percent of total billed charges	
WENDOSCOPIC US EXAM LIMD TO ESOPHAGUS	43237	CPT	both			3001	2502.63	Horizon	Medicare Blue		2176.2	1			944.11	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WENDOSCOPIC US EXAM LIMD TO ESOPHAGUS	43237	CPT	both			3001	2502.63	Horizon	Indemnity		3975.92	1.827			944.11	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WENDOSCOPIC US EXAM LIMD TO ESOPHAGUS	43237	CPT	both			3001	2502.63	Horizon	MGD		3975.92	1.827			944.11	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WENDOSCOPIC US EXAM LIMD TO ESOPHAGUS	43237	CPT	both			3001	2502.63	Horizon	PPO		3975.92	1.827			944.11	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WENDOSCOPIC US EXAM LIMD TO ESOPHAGUS	43237	CPT	both			3001	2502.63	Managed Care Inc	Managed Care Inc		2700.9	0.9			944.11	3975.92	percent of total billed charges	
WENDOSCOPIC US EXAM LIMD TO ESOPHAGUS	43237	CPT	both			3001	2502.63	Multiplan	Multiplan		2400.8	0.8			944.11	3975.92	percent of total billed charges	
WENDOSCOPIC US EXAM LIMD TO ESOPHAGUS	43237	CPT	both			3001	2502.63	Qualcare	Qualcare		2250.75	0.75			944.11	3975.92	percent of total billed charges	
WENDOSCOPIC US EXAM LIMD TO ESOPHAGUS	43237	CPT	both			3001	2502.63	Three Rivers	Three Rivers		2850.95	0.95			944.11	3975.92	percent of total billed charges	
WENDOSCOPIC US EXAM LIMD TO ESOPHAGUS	43237	CPT	both			3001	2502.63	UHC	Medicaid		944.11	0.3146			944.11	3975.92	percent of total billed charges	
WENDOSCOPIC US EXAM LIMD TO ESOPHAGUS	43237	CPT	both			3001	2502.63	UHC	Medicare		2176.2	1			944.11	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WENDOSCOPIC US EXAM LIMD TO ESOPHAGUS	43237	CPT	both			3001	2502.63	Wellcare	Medicare		2176.2	1			944.11	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WENDOSCOPIC US EXAM LIMD TO ESOPHAGUS	43237	CPT	both			3001	2502.63	Wellcare	Medicaid		944.11	0.3146			944.11	3975.92	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Aetna	Better Health		889.06	0.3146			889.06	3975.92	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Aetna	Commercial		3464.51	1.592			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Aetna	Medicare		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Americare	Americare		2119.5	0.75			889.06	3975.92	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	WellPoint	WellPoint		906.58	0.3208			889.06	3975.92	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Amerihealth	Medicare		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Consumer	Consumer		2684.7	0.95			889.06	3975.92	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Corrections	Corrections		2260.8	0.8			889.06	3975.92	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	First Health	First Health		1978.2	0.7			889.06	3975.92	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	First Trenton	First Trenton		2543.4	0.9			889.06	3975.92	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Horizon	Medicare Blue		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Horizon	MGD		3975.92	1.827			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Horizon	Indemnity		3975.92	1.827			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Horizon	PPO		3975.92	1.827			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Managed Care Inc	Managed Care Inc		2543.4	0.9			889.06	3975.92	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Multiplan	Multiplan		2260.8	0.8			889.06	3975.92	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Qualcare	Qualcare		2119.5	0.75			889.06	3975.92	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Three Rivers	Three Rivers		2684.7	0.95			889.06	3975.92	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	UHC	Medicaid		889.06	0.3146			889.06	3975.92	percent of total billed charges	
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	UHC	Medicare		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Wellcare	Medicare		2176.2	1			889.06	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W US-FNA OF ESOPH	43238	CPT	both			2826	2502.63	Wellcare	Medicaid		889.06	0.3146			889.06	3975.92	percent of total billed charges	
EGD W/BIOPSY SINGLE OR MULTI VISIT	43239	CPT	both			3205	1192.23	Aetna	Better Health		1008.29	0.3146			1008.29	3044.75	percent of total billed charges	
EGD W/BIOPSY SINGLE OR MULTI VISIT	43239	CPT	both			3205	1192.23	Aetna	Medicare		1036.72	1			1008.29	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/BIOPSY SINGLE OR MULTI VISIT	43239	CPT	both			3205	1192.23	Aetna	Commercial		1650.46	1.592			1008.29	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/BIOPSY SINGLE OR MULTI VISIT	43239	CPT	both			3205	1192.23	Americare	Americare		2403.75	0.75			1008.29	3044.75	percent of total billed charges	
EGD W/BIOPSY SINGLE OR MULTI VISIT	43239	CPT	both			3205	1192.23	WellPoint	WellPoint		1028.16	0.3208			1008.29	3044.75	percent of total billed charges	
EGD W/BIOPSY SINGLE OR MULTI VISIT	43239	CPT	both			3205	1192.23	Amerihealth	Medicare		1036.72	1			1008.29	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/BIOPSY SINGLE OR MULTI VISIT	43239	CPT	both			3205	1192.23	Consumer	Consumer		3044.75	0.95			1008.29	3044.75	percent of total billed charges	
EGD W/BIOPSY SINGLE OR MULTI VISIT	43239	CPT	both			3205	1192.23	Corrections	Corrections		2564	0.8			1008.29	3044.75	percent of total billed charges	
EGD W/BIOPSY SINGLE OR MULTI VISIT	43239	CPT	both			3205	1192.23	First Health	First Health		2243.5	0.7			1008.29	3044.75	percent of total billed charges	
EGD W/BIOPSY SINGLE OR MULTI VISIT	43239	CPT	both			3205	1192.23	First Trenton	First Trenton		2884.5	0.9			1008.29	3044.75	percent of total billed charges	
EGD W/BIOPSY SINGLE OR MULTI VISIT	43239	CPT	both			3205	1192.23	Horizon	Indemnity		1894.09	1.827			1008.29	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/BIOPSY SINGLE OR MULTI VISIT	43239	CPT	both			3205	1192.23	Horizon	PPO		1894.09	1.827			1008.29	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/BIOPSY SINGLE OR MULTI VISIT	43239	CPT	both			3205	1192.23	Horizon	MGD		1894.09	1.827			1008.29	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/BIOPSY SINGLE OR MULTI VISIT	43239	CPT	both			3205	1192.23	Horizon	Medicare Blue		1036.72	1			1008.29	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/BIOPSY SINGLE OR MULTI VISIT	43239	CPT	both			3205	1192.23	Managed Care Inc	Managed Care Inc		2884.5	0.9			1008.29	3044.75	percent of total billed charges	
EGD W/BIOPSY SINGLE OR MULTI VISIT	43239	CPT	both			3205	1192.23	Multiplan	Multiplan		2564	0.8			1008.29	3044.75	percent of total billed charges	
EGD W/BIOPSY SINGLE OR MULTI VISIT	43239	CPT	both			3205	1192.23	Qualcare	Qualcare		2403.75	0.75			1008.29	3044.75	percent of total billed charges	
EGD W/BIOPSY SINGLE OR MULTI VISIT	43239	CPT	both			3205	1192.23	Three Rivers	Three Rivers		3044.75	0.95			1008.29	3044.75	percent of total billed charges	
EGD W/BIOPSY SINGLE OR MULTI VISIT	43239	CPT	both			3205	1192.23	UHC	Medicaid		1008.29	0.3146			1008.29	3044.75	percent of total billed charges	
EGD W/BIOPSY SINGLE OR MULTI VISIT	43239	CPT	both			3205	1192.23	UHC	Medicare		1036.72	1			1008.29	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/BIOPSY SINGLE OR MULTI VISIT	43239	CPT	both			3205	1192.23	Wellcare	Medicaid		1008.29	0.3146			1008.29	3044.75	percent of total billed charges	
EGD W/BIOPSY SINGLE OR MULTI VISIT	43239	CPT	both			3205	1192.23	Wellcare	Medicare		1036.72	1			1008.29	3044.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562	7495.78	Aetna	Commercial		10376.77	1.592			3637.41	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562	7495.78	Aetna	Better Health		3637.41	0.3146			3637.41	11908.51	percent of total billed charges	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562	7495.78	Aetna	Medicare		6518.07	1			3637.41	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562	7495.78	Americare	Americare		8671.5	0.75			3637.41	11908.51	percent of total billed charges	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562	7495.78	WellPoint	WellPoint		3709.09	0.3208			3637.41	11908.51	percent of total billed charges	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562	7495.78	Amerihealth	Medicare		6518.07	1			3637.41	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562		7495.78	First Health		8093.4	0.7			3637.41	11908.51	percent of total billed charges	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562		7495.78	First Trenton		10405.8	0.9			3637.41	11908.51	percent of total billed charges	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562		7495.78	Horizon		MGD	11908.51	1.827		3637.41	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562		7495.78	Horizon		Indemnity	11908.51	1.827		3637.41	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562		7495.78	Horizon		Medicare Blue	6518.07	1		3637.41	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562		7495.78	Horizon		PPO	11908.51	1.827		3637.41	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562		7495.78	Managed Care Inc		Managed Care Inc	10405.8	0.9		3637.41	11908.51	percent of total billed charges	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562		7495.78	Multiplan		Multiplan	9249.6	0.8		3637.41	11908.51	percent of total billed charges	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562		7495.78	Qualcare		Qualcare	8671.5	0.75		3637.41	11908.51	percent of total billed charges	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562		7495.78	Three Rivers		Three Rivers	10983.9	0.95		3637.41	11908.51	percent of total billed charges	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562		7495.78	UHC		Medicare	6518.07	1		3637.41	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562		7495.78	UHC		Medicaid	3637.41	0.3146		3637.41	11908.51	percent of total billed charges	
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562		7495.78	Wellcare		Medicare	6518.07	1		3637.41	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI W PSEUDOCYST DRAINAGE	43240	CPT	outpatient			11562		7495.78	Wellcare		Medicaid	3637.41	0.3146		3637.41	11908.51	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Aetna		Commercial	3464.51	1.592		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Aetna		Better Health	1910.25	0.3146		920.52	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Aetna		Medicare	2176.2	1		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Americare		Americare	4554	0.75		920.52	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	WellPoint		WellPoint	1947.9	0.3208		920.52	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Amerihealth		Medicare	2176.2	1		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Consumer		Consumer	5768.4	0.95		920.52	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Corrections		Corrections	4857.6	0.8		920.52	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	First Health		First Health	4250.4	0.7		920.52	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	First Trenton		First Trenton	5464.8	0.9		920.52	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Horizon		Medicare Blue	2176.2	1		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Horizon		PPO	3975.92	1.827		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Horizon		MGD	3975.92	1.827		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Horizon		Indemnity	3975.92	1.827		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Managed Care Inc		Managed Care Inc	5464.8	0.9		920.52	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Multiplan		Multiplan	4857.6	0.8		920.52	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Qualcare		Qualcare	4554	0.75		920.52	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Three Rivers		Three Rivers	5768.4	0.95		920.52	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	UHC		Medicaid	1910.25	0.3146		920.52	5768.4	percent of total billed charges	
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	UHC		Medicare	2176.2	1		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Wellcare		Medicare	2176.2	1		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE TUBE STOMACH TO DUOD	43241	CPT	outpatient			6072		2502.63	Wellcare		Medicaid	1910.25	0.3146		920.52	5768.4	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Aetna		Better Health	1052.97	0.3146		1052.97	3975.92	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Aetna		Commercial	3464.51	1.592		1052.97	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Aetna		Medicare	2176.2	1		1052.97	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Americare		Americare	2510.25	0.75		1052.97	3975.92	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	WellPoint		WellPoint	1073.72	0.3208		1052.97	3975.92	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Amerihealth		Medicare	2176.2	1		1052.97	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Consumer		Consumer	3179.65	0.95		1052.97	3975.92	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Corrections		Corrections	2677.6	0.8		1052.97	3975.92	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	First Health		First Health	2342.9	0.7		1052.97	3975.92	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	First Trenton		First Trenton	3012.3	0.9		1052.97	3975.92	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Horizon		MGD	3975.92	1.827		1052.97	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Horizon		Medicare Blue	2176.2	1		1052.97	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Horizon		Indemnity	3975.92	1.827		1052.97	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Horizon		PPO	3975.92	1.827		1052.97	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Managed Care Inc		Managed Care Inc	3012.3	0.9		1052.97	3975.92	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Multiplan		Multiplan	2677.6	0.8		1052.97	3975.92	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Qualcare		Qualcare	2510.25	0.75		1052.97	3975.92	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Three Rivers		Three Rivers	3179.65	0.95		1052.97	3975.92	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	UHC		Medicaid	1052.97	0.3146		1052.97	3975.92	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	UHC		Medicare	2176.2	1		1052.97	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Wellcare		Medicaid	1052.97	0.3146		1052.97	3975.92	percent of total billed charges	
EGD W/EUS W/FNA INTRA OR TRANSMURAL/BX	43242	CPT	outpatient			3347		2502.63	Wellcare		Medicare	2176.2	1		1052.97	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Aetna		Better Health	1910.25	0.3146		920.52	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Aetna		Commercial	3464.51	1.592		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Aetna		Medicare	2176.2	1		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Americare		Americare	4554	0.75		920.52	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	WellPoint		WellPoint	1947.9	0.3208		920.52	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Amerihealth		Medicare	2176.2	1		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Consumer		Consumer	5768.4	0.95		920.52	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Corrections		Corrections	4857.6	0.8		920.52	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	First Health		First Health	4250.4	0.7		920.52	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	First Trenton		First Trenton	5464.8	0.9		920.52	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Horizon		Indemnity	3975.92	1.827		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Horizon		Medicare Blue	2176.2	1		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Horizon		PPO	3975.92	1.827		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Horizon		MGD	3975.92	1.827		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Managed Care Inc		Managed Care Inc	5464.8	0.9		920.52	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Multiplan		Multiplan	4857.6	0.8		920.52	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Qualcare		Qualcare	4554	0.75		920.52	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Three Rivers		Three Rivers	5768.4	0.95		920.52	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	UHC		Medicaid	1910.25	0.3146		920.52	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	UHC		Medicare	2176.2	1		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Wellcare		Medicaid	1910.25	0.3146		920.52	5768.4	percent of total billed charges	
W/SCLEROTHERAPY	43243	CPT	outpatient			6072		2502.63	Wellcare		Medicare	2176.2	1		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Aetna		Medicare	1006.54	0.308		1006.54	3975.92	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Aetna		Better Health	1028.11	0.3146		1006.54	3975.92	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Aetna		Commercial	3464.51	1.592		1006.54	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Americare		Americare	2451	0.75		1006.54	3975.92	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	WellPoint		WellPoint	1048.37	0.3208		1006.54	3975.92	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Amerihealth		Medicare	2176.2	1		1006.54	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Consumer		Consumer	3104.6	0.95		1006.54	3975.92	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Corrections		Corrections	2614.4	0.8		1006.54	3975.92	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	First Health		First Health	2287.6	0.7		1006.54	3975.92	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	First Trenton		First Trenton	2941.2	0.9		1006.54	3975.92	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Horizon		MGD	3975.92	1.827		1006.54	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Horizon		Medicare Blue	2176.2	1		1006.54	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Horizon		PPO	3975.92	1.827		1006.54	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Horizon		Indemnity	3975.92	1.827		1006.54	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Managed Care Inc		Managed Care Inc	2941.2	0.9		1006.54	3975.92	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Multiplan		Multiplan	2614.4	0.8		1006.54	3975.92	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Qualcare		Qualcare	2451	0.75		1006.54	3975.92	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Three Rivers		Three Rivers	3104.6	0.95		1006.54	3975.92	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	UHC		Medicaid	1028.11	0.3146		1006.54	3975.92	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	UHC		Medicare	2176.2	1		1006.54	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Wellcare		Medicaid	1028.11	0.3146		1006.54	3975.92	percent of total billed charges	
UGI ENDO: W/BAND LIG VARICES	43244	CPT	outpatient			3268		2502.63	Wellcare		Medicare	2176.2	1		1006.54	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Aetna		Better Health	1431.12	0.3146		1431.12	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Aetna		Commercial	3464.51	1.592		1431.12	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Aetna		Medicare	2176.2	1		1431.12	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Americare		Americare	3411.75	0.75		1431.12	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	WellPoint		WellPoint	1459.32	0.3208		1431.12	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Amerihealth		Medicare	2176.2	1		1431.12	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Consumer		Consumer	4321.55	0.95		1431.12	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Corrections		Corrections	3639.2	0.8		1431.12	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	First Health		First Health	3184.3	0.7		1431.12	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	First Trenton		First Trenton	4094.1	0.9		1431.12	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Horizon		Indemnity	3975.92	1.827		1431.12	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Horizon		Medicare Blue	2176.2	1		1431.12	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Horizon		PPO	3975.92	1.827		1431.12	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Horizon		MGD	3975.92	1.827		1431.12	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Managed Care Inc		Managed Care Inc	4094.1	0.9		1431.12	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Multiplan		Multiplan	3639.2	0.8		1431.12	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Qualcare		Qualcare	3411.75	0.75		1431.12	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Three Rivers		Three Rivers	4321.55	0.95		1431.12	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	UHC		Medicaid	1431.12	0.3146		1431.12	4321.55	percent of total billed charges	
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	UHC		Medicare	2176.2	1		1431.12	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Wellcare		Medicare	2176.2	1		1431.12	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/DILATION GAST OUT./OBST.	43245	CPT	outpatient			4549		2502.63	Wellcare		Medicaid	1431.12	0.3146		1431.12	4321.55	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	Aetna		Commercial	3464.51	1.592		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	Aetna		Better Health	1910.25	0.3146		920.52	5768.4	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	Aetna		Medicare	2176.2	1		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	Americare		Americare	4554	0.75		920.52	5768.4	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	WellPoint		WellPoint	1947.9	0.3208		920.52	5768.4	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	Amerihealth		Medicare	2176.2	1		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	Consumer		Consumer	5768.4	0.95		920.52	5768.4	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	Corrections		Corrections	4857.6	0.8		920.52	5768.4	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	First Health		First Health	4250.4	0.7		920.52	5768.4	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	First Trenton		First Trenton	5464.8	0.9		920.52	5768.4	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	Horizon		Indemnity	3975.92	1.827		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	Horizon		PPO	3975.92	1.827		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	Horizon		MGD	3975.92	1.827		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	Horizon		Medicare Blue	2176.2	1		920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	Managed Care Inc		Managed Care Inc	5464.8	0.9		920.52	5768.4	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	Multiplan		Multiplan	4857.6	0.8		920.52	5768.4	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	Qualcare		Qualcare	4554	0.75		920.52	5768.4	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	Three Rivers		Three Rivers	5768.4	0.95		920.52	5768.4	percent of total billed charges	
W/PLACEMENT PGT	43246	CPT	outpatient			6072		2502.63	UHC		Medicaid	1910.25	0.3146		920.52	5768.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
W/PLACEMENT PGT	43246	CPT	outpatient			6072	2502.63	UHC	Medicare		2176.2	1			920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PLACEMENT PGT	43246	CPT	outpatient			6072	2502.63	Wellcare	Medicare		2176.2	1			920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PLACEMENT PGT	43246	CPT	outpatient			6072	2502.63	Wellcare	Medicaid		1910.25	0.3146			920.52	5768.4	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	both			3347	1192.23	Aetna	Medicare		1036.72	1			1028.11	3179.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	both			3347	1192.23	Aetna	Commercial		1650.46	1.592			1028.11	3179.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	both			3347	1192.23	Aetna	Better Health		1052.97	0.3146			1028.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	both			3347	1192.23	Americare	Amelcare		2510.25	0.75			1028.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	both			3347	1192.23	WellPoint	WellPoint		1073.72	0.3208			1028.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	both			3347	1192.23	Amerihealth	Medicare		1036.72	1			1028.11	3179.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	both			3347	1192.23	Consumer	Consumer		3179.65	0.95			1028.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	both			3347	1192.23	Corrections	Corrections		2677.6	0.8			1028.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	both			3347	1192.23	First Health	First Health		2342.9	0.7			1028.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	both			3347	1192.23	First Trenton	First Trenton		3012.3	0.9			1028.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	both			3347	1192.23	Horizon	MGD		1894.09	1.827			1028.11	3179.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	both			3347	1192.23	Horizon	Medicare Blue		1036.72	1			1028.11	3179.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	both			3347	1192.23	Horizon	PPO		1894.09	1.827			1028.11	3179.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	both			3347	1192.23	Horizon	Indemnity		1894.09	1.827			1028.11	3179.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	both			3347	1192.23	Managed Care Inc	Managed Care Inc		3012.3	0.9			1028.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	both			3347	1192.23	Multiplan	Multiplan		2677.6	0.8			1028.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	both			3347	1192.23	Qualcare	Qualcare		2510.25	0.75			1028.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	both			3347	1192.23	Three Rivers	Three Rivers		3179.65	0.95			1028.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	both			3347	1192.23	UHC	Medicaid		1052.97	0.3146			1028.11	3179.65	percent of total billed charges	
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	both			3347	1192.23	UHC	Medicare		1036.72	1			1028.11	3179.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	both			3347	1192.23	Wellcare	Medicare		1036.72	1			1028.11	3179.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER GI ENDO W/REMOVAL F.B.	43247	CPT	both			3347	1192.23	Wellcare	Medicaid		1052.97	0.3146			1028.11	3179.65	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268	1192.23	Aetna	Better Health		1028.11	0.3146			1028.11	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268	1192.23	Aetna	Commercial		1650.46	1.592			1028.11	3104.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268	1192.23	Aetna	Medicare		1036.72	1			1028.11	3104.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268	1192.23	Americare	Amelcare		2451	0.75			1028.11	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268	1192.23	WellPoint	WellPoint		1048.37	0.3208			1028.11	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268	1192.23	Amerihealth	Medicare		1036.72	1			1028.11	3104.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268	1192.23	Consumer	Consumer		3104.6	0.95			1028.11	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268	1192.23	Corrections	Corrections		2614.4	0.8			1028.11	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268	1192.23	First Health	First Health		2287.6	0.7			1028.11	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268	1192.23	First Trenton	First Trenton		2941.2	0.9			1028.11	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268	1192.23	Horizon	Indemnity		1894.09	1.827			1028.11	3104.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268	1192.23	Horizon	Medicare Blue		1036.72	1			1028.11	3104.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268	1192.23	Horizon	PPO		1894.09	1.827			1028.11	3104.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268	1192.23	Horizon	MGD		1894.09	1.827			1028.11	3104.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268	1192.23	Managed Care Inc	Managed Care Inc		2941.2	0.9			1028.11	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268	1192.23	Multiplan	Multiplan		2614.4	0.8			1028.11	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268	1192.23	Qualcare	Qualcare		2451	0.75			1028.11	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268	1192.23	Three Rivers	Three Rivers		3104.6	0.95			1028.11	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268	1192.23	UHC	Medicaid		1028.11	0.3146			1028.11	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268	1192.23	UHC	Medicare		1036.72	1			1028.11	3104.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268	1192.23	Wellcare	Medicaid		1028.11	0.3146			1028.11	3104.6	percent of total billed charges	
UGI ENDO: W/INTRT GUIDE WIRE	43248	CPT	outpatient			3268	1192.23	Wellcare	Medicare		1036.72	1			1028.11	3104.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364	2502.63	Aetna	Medicare		1960.11	0.308			1960.11	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364	2502.63	Aetna	Commercial		3464.51	1.592			1960.11	6045.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364	2502.63	Aetna	Better Health		2002.11	0.3146			1960.11	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364	2502.63	Americare	Amelcare		4773	0.75			1960.11	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364	2502.63	WellPoint	WellPoint		2041.57	0.3208			1960.11	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364	2502.63	Amerihealth	Medicare		2176.2	1			1960.11	6045.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364	2502.63	Consumer	Consumer		6045.8	0.95			1960.11	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364	2502.63	Corrections	Corrections		5091.2	0.8			1960.11	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364	2502.63	First Health	First Health		4454.8	0.7			1960.11	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364	2502.63	First Trenton	First Trenton		5727.6	0.9			1960.11	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364	2502.63	Horizon	MGD		3975.92	1.827			1960.11	6045.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364	2502.63	Horizon	Medicare Blue		2176.2	1			1960.11	6045.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364	2502.63	Horizon	Indemnity		3975.92	1.827			1960.11	6045.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364	2502.63	Horizon	PPO		3975.92	1.827			1960.11	6045.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364	2502.63	Managed Care Inc	Managed Care Inc		5727.6	0.9			1960.11	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364	2502.63	Multiplan	Multiplan		5091.2	0.8			1960.11	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364	2502.63	Qualcare	Qualcare		4773	0.75			1960.11	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364	2502.63	Three Rivers	Three Rivers		6045.8	0.95			1960.11	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364	2502.63	UHC	Medicaid		2002.11	0.3146			1960.11	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364	2502.63	UHC	Medicare		2176.2	1			1960.11	6045.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364	2502.63	Wellcare	Medicaid		2002.11	0.3146			1960.11	6045.8	percent of total billed charges	
ESOPH EGD DILATION <30 MM	43249	CPT	outpatient			6364	2502.63	Wellcare	Medicare		2176.2	1			1960.11	6045.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926	2502.63	Aetna	Commercial		3464.51	1.592			901.21	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926	2502.63	Aetna	Better Health		920.52	0.3146			901.21	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926	2502.63	Aetna	Medicare		901.21	0.308			901.21	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926	2502.63	Americare	Amelcare		2194.5	0.75			901.21	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926	2502.63	WellPoint	WellPoint		938.66	0.3208			901.21	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926	2502.63	Amerihealth	Medicare		2176.2	1			901.21	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926	2502.63	Consumer	Consumer		2779.7	0.95			901.21	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926	2502.63	Corrections	Corrections		2340.8	0.8			901.21	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926	2502.63	First Health	First Health		2048.2	0.7			901.21	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926	2502.63	First Trenton	First Trenton		2633.4	0.9			901.21	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926	2502.63	Horizon	PPO		3975.92	1.827			901.21	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926	2502.63	Horizon	Medicare Blue		2176.2	1			901.21	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926	2502.63	Horizon	MGD		3975.92	1.827			901.21	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926	2502.63	Horizon	Indemnity		3975.92	1.827			901.21	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926	2502.63	Managed Care Inc	Managed Care Inc		2633.4	0.9			901.21	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926	2502.63	Multiplan	Multiplan		2340.8	0.8			901.21	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926	2502.63	Qualcare	Qualcare		2194.5	0.75			901.21	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926	2502.63	Three Rivers	Three Rivers		2779.7	0.95			901.21	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926	2502.63	UHC	Medicaid		920.52	0.3146			901.21	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926	2502.63	UHC	Medicare		2176.2	1			901.21	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926	2502.63	Wellcare	Medicare		2176.2	1			901.21	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION (NO SNARE)	43250	CPT	outpatient			2926	2502.63	Wellcare	Medicaid		920.52	0.3146			901.21	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926	2502.63	Aetna	Commercial		3464.51	1.592			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926	2502.63	Aetna	Better Health		920.52	0.3146			920.52	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926	2502.63	Aetna	Medicare		2176.2	1			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926	2502.63	Americare	Amelcare		2194.5	0.75			920.52	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926	2502.63	WellPoint	WellPoint		938.66	0.3208			920.52	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926	2502.63	Amerihealth	Medicare		2176.2	1			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926	2502.63	Consumer	Consumer		2779.7	0.95			920.52	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926	2502.63	Corrections	Corrections		2340.8	0.8			920.52	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926	2502.63	First Health	First Health		2048.2	0.7			920.52	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926	2502.63	First Trenton	First Trenton		2633.4	0.9			920.52	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926	2502.63	Horizon	MGD		3975.92	1.827			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926	2502.63	Horizon	PPO		3975.92	1.827			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926	2502.63	Horizon	Indemnity		3975.92	1.827			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926	2502.63	Horizon	Medicare Blue		2176.2	1			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926	2502.63	Managed Care Inc	Managed Care Inc		2633.4	0.9			920.52	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926	2502.63	Multiplan	Multiplan		2340.8	0.8			920.52	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926	2502.63	Qualcare	Qualcare		2194.5	0.75			920.52	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926	2502.63	Three Rivers	Three Rivers		2779.7	0.95			920.52	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926	2502.63	UHC	Medicaid		920.52	0.3146			920.52	3975.92	percent of total billed charges	
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926	2502.63	UHC	Medicare		2176.2	1			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926	2502.63	Wellcare	Medicare		2176.2	1			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO TUMOR ABLATION/SNARE TECH	43251	CPT	outpatient			2926	2502.63	Wellcare	Medicaid		920.52	0.3146			920.52	3975.92	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Aetna	Better Health		1484.6	0.3146			1484.6	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Aetna	Commercial		3464.51	1.592			1484.6	4483.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Aetna	Medicare		2176.2	1			1484.6	4483.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Americare	Amelcare		3539.25	0.75			1484.6	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	WellPoint	WellPoint		1513.86	0.3208			1484.6	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Amerihealth	Medicare		2176.2	1			1484.6	4483.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Consumer	Consumer		4483.05	0.95			1484.6	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Corrections	Corrections		3775.2	0.8			1484.6	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	First Health	First Health		3303.3	0.7			1484.6	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	First Trenton	First Trenton		4247.1	0.9			1484.6	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Horizon	PPO		3975.92	1.827			1484.6	4483.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Horizon	MGD		3975.92	1.827			1484.6	4483.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Horizon	Medicare Blue		2176.2	1			1484.6	4483.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Horizon	Indemnity		3975.92	1.827			1484.6	4483.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Managed Care Inc	Managed Care Inc		4247.1	0.9			1484.6	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Multiplan	Multiplan		3775.2	0.8			1484.6	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Qualcare	Qualcare		3539.25	0.75			1484.6	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Three Rivers	Three Rivers		4483.05	0.95			1484.6	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	UHC	Medicaid		1484.6	0.3146			1484.6	4483.05	percent of total billed charges	
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	UHC	Medicare		2176.2	1			1484.6	4483.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Wellcare	Medicare		2176.2	1			1484.6	4483.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EUS INJECTION DIAGNOSTIC/FIDUCIAL MARKE	43253	CPT	outpatient			4719	2502.63	Wellcare	Medicaid		1484.6	0.3146			1484.6	4483.05	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Aetna	Commercial		3464.51	1.592			1009.87	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Aetna	Medicare		2176.2	1			1009.87	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Aetna	Better Health		1009.87	0.3146			1009.87	3975.92	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Americare	Amelcare		2407.5	0.75			1009.87	3975.92	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	WellPoint	WellPoint		1029.77	0.3208			1009.87	3975.92	percent of

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	First Health	First Health		2247	0.7			1009.87	3975.92	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	First Trenton	First Trenton		2889	0.9			1009.87	3975.92	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Horizon	Medicare Blue		2176.2	1			1009.87	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Horizon	PPO		3975.92	1.827			1009.87	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Horizon	MGD		3975.92	1.827			1009.87	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Horizon	Indemnity		3975.92	1.827			1009.87	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Managed Care Inc	Managed Care Inc		2889	0.9			1009.87	3975.92	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Multiplan	Multiplan		2568	0.8			1009.87	3975.92	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Qualcare	Qualcare		2407.5	0.75			1009.87	3975.92	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Three Rivers	Three Rivers		3049.5	0.95			1009.87	3975.92	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	UHC	Medicaid		1009.87	0.3146			1009.87	3975.92	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	UHC	Medicare		2176.2	1			1009.87	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Wellcare	Medicaid		1009.87	0.3146			1009.87	3975.92	percent of total billed charges	
EDG TRANSORAL ENDOSCOPIC MUCOSAL RESEC	43254	CPT	outpatient			3210	2502.63	Wellcare	Medicare		2176.2	1			1009.87	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/CONTROL OF HEMORRHAGE	43255	CPT	both			6072	2502.63	Aetna	Better Health		1910.25	0.3146			920.52	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	both			6072	2502.63	Aetna	Commercial		3464.51	1.592			920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/CONTROL OF HEMORRHAGE	43255	CPT	both			6072	2502.63	Aetna	Medicare		2176.2	1			920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/CONTROL OF HEMORRHAGE	43255	CPT	both			6072	2502.63	Americare	Americare		4554	0.75			920.52	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	both			6072	2502.63	WellPoint	WellPoint		1947.9	0.3208			920.52	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	both			6072	2502.63	Amerihealth	Medicare		2176.2	1			920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/CONTROL OF HEMORRHAGE	43255	CPT	both			6072	2502.63	Consumer	Consumer		5768.4	0.95			920.52	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	both			6072	2502.63	Corrections	Corrections		4857.6	0.8			920.52	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	both			6072	2502.63	First Health	First Health		4250.4	0.7			920.52	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	both			6072	2502.63	First Trenton	First Trenton		5464.8	0.9			920.52	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	both			6072	2502.63	Horizon	Medicare Blue		2176.2	1			920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/CONTROL OF HEMORRHAGE	43255	CPT	both			6072	2502.63	Horizon	PPO		3975.92	1.827			920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/CONTROL OF HEMORRHAGE	43255	CPT	both			6072	2502.63	Horizon	Indemnity		3975.92	1.827			920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/CONTROL OF HEMORRHAGE	43255	CPT	both			6072	2502.63	Horizon	MGD		3975.92	1.827			920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/CONTROL OF HEMORRHAGE	43255	CPT	both			6072	2502.63	Managed Care Inc	Managed Care Inc		5464.8	0.9			920.52	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	both			6072	2502.63	Multiplan	Multiplan		4857.6	0.8			920.52	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	both			6072	2502.63	Qualcare	Qualcare		4554	0.75			920.52	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	both			6072	2502.63	Three Rivers	Three Rivers		5768.4	0.95			920.52	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	both			6072	2502.63	UHC	Medicaid		1910.25	0.3146			920.52	5768.4	percent of total billed charges	
W/CONTROL OF HEMORRHAGE	43255	CPT	both			6072	2502.63	UHC	Medicare		2176.2	1			920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/CONTROL OF HEMORRHAGE	43255	CPT	both			6072	2502.63	Wellcare	Medicare		2176.2	1			920.52	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/CONTROL OF HEMORRHAGE	43255	CPT	both			6072	2502.63	Wellcare	Medicaid		1910.25	0.3146			920.52	5768.4	percent of total billed charges	
EGD W/EUS W/FNA	43259	CPT	outpatient			3268	2502.63	Aetna	Better Health		1028.11	0.3146			1028.11	3975.92	percent of total billed charges	
EGD W/EUS W/FNA	43259	CPT	outpatient			3268	2502.63	Aetna	Commercial		3464.51	1.592			1028.11	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA	43259	CPT	outpatient			3268	2502.63	Aetna	Medicare		2176.2	1			1028.11	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA	43259	CPT	outpatient			3268	2502.63	Americare	Americare		2451	0.75			1028.11	3975.92	percent of total billed charges	
EGD W/EUS W/FNA	43259	CPT	outpatient			3268	2502.63	WellPoint	WellPoint		1048.37	0.3208			1028.11	3975.92	percent of total billed charges	
EGD W/EUS W/FNA	43259	CPT	outpatient			3268	2502.63	Amerihealth	Medicare		2176.2	1			1028.11	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA	43259	CPT	outpatient			3268	2502.63	Consumer	Consumer		3104.6	0.95			1028.11	3975.92	percent of total billed charges	
EGD W/EUS W/FNA	43259	CPT	outpatient			3268	2502.63	Corrections	Corrections		2614.4	0.8			1028.11	3975.92	percent of total billed charges	
EGD W/EUS W/FNA	43259	CPT	outpatient			3268	2502.63	First Health	First Health		2287.6	0.7			1028.11	3975.92	percent of total billed charges	
EGD W/EUS W/FNA	43259	CPT	outpatient			3268	2502.63	First Trenton	First Trenton		2941.2	0.9			1028.11	3975.92	percent of total billed charges	
EGD W/EUS W/FNA	43259	CPT	outpatient			3268	2502.63	Horizon	MGD		3975.92	1.827			1028.11	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA	43259	CPT	outpatient			3268	2502.63	Horizon	PPO		3975.92	1.827			1028.11	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA	43259	CPT	outpatient			3268	2502.63	Horizon	Medicare Blue		2176.2	1			1028.11	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA	43259	CPT	outpatient			3268	2502.63	Horizon	Indemnity		3975.92	1.827			1028.11	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA	43259	CPT	outpatient			3268	2502.63	Managed Care Inc	Managed Care Inc		2941.2	0.9			1028.11	3975.92	percent of total billed charges	
EGD W/EUS W/FNA	43259	CPT	outpatient			3268	2502.63	Multiplan	Multiplan		2614.4	0.8			1028.11	3975.92	percent of total billed charges	
EGD W/EUS W/FNA	43259	CPT	outpatient			3268	2502.63	Qualcare	Qualcare		2451	0.75			1028.11	3975.92	percent of total billed charges	
EGD W/EUS W/FNA	43259	CPT	outpatient			3268	2502.63	Three Rivers	Three Rivers		3104.6	0.95			1028.11	3975.92	percent of total billed charges	
EGD W/EUS W/FNA	43259	CPT	outpatient			3268	2502.63	UHC	Medicaid		1028.11	0.3146			1028.11	3975.92	percent of total billed charges	
EGD W/EUS W/FNA	43259	CPT	outpatient			3268	2502.63	UHC	Medicare		2176.2	1			1028.11	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/EUS W/FNA	43259	CPT	outpatient			3268	2502.63	Wellcare	Medicaid		1028.11	0.3146			1028.11	3975.92	percent of total billed charges	
EGD W/EUS W/FNA	43259	CPT	outpatient			3268	2502.63	Wellcare	Medicare		2176.2	1			1028.11	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Aetna	Medicare		2729.8	0.308			2729.8	8419.85	other	
ERCP DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Aetna	Better Health		2788.3	0.3146			2729.8	8419.85	percent of total billed charges	
ERCP DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Aetna	Commercial		6972.94	1.592			2729.8	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Americare	Americare		6647.25	0.75			2729.8	8419.85	percent of total billed charges	
ERCP DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	WellPoint	WellPoint		2843.25	0.3208			2729.8	8419.85	percent of total billed charges	
ERCP DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Amerihealth	Medicare		4379.99	1			2729.8	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Consumer	Consumer		8419.85	0.95			2729.8	8419.85	percent of total billed charges	
ERCP DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Corrections	Corrections		7090.4	0.8			2729.8	8419.85	percent of total billed charges	
ERCP DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	First Health	First Health		6204.1	0.7			2729.8	8419.85	percent of total billed charges	
ERCP DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	First Trenton	First Trenton		7976.7	0.9			2729.8	8419.85	percent of total billed charges	
ERCP DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Horizon	PPO		8002.24	1.827			2729.8	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Horizon	Medicare Blue		4379.99	1			2729.8	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Horizon	MGD		8002.24	1.827			2729.8	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Horizon	Indemnity		8002.24	1.827			2729.8	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Managed Care Inc	Managed Care Inc		7976.7	0.9			2729.8	8419.85	percent of total billed charges	
ERCP DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Multiplan	Multiplan		7090.4	0.8			2729.8	8419.85	percent of total billed charges	
ERCP DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Qualcare	Qualcare		6647.25	0.75			2729.8	8419.85	percent of total billed charges	
ERCP DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Three Rivers	Three Rivers		8419.85	0.95			2729.8	8419.85	percent of total billed charges	
ERCP DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	UHC	Medicaid		2788.3	0.3146			2729.8	8419.85	percent of total billed charges	
ERCP DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	UHC	Medicare		4379.99	1			2729.8	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Wellcare	Medicaid		2788.3	0.3146			2729.8	8419.85	percent of total billed charges	
ERCP DIAGNOSTIC	43260	CPT	outpatient			8863	5036.99	Wellcare	Medicare		4379.99	1			2729.8	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOSPY SIN/MULT.	43261	CPT	both			11501	5036.99	Aetna	Medicare		4379.99	1			3618.21	10925.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOSPY SIN/MULT.	43261	CPT	both			11501	5036.99	Aetna	Better Health		3618.21	0.3146			3618.21	10925.95	percent of total billed charges	
ERCP W/BIOSPY SIN/MULT.	43261	CPT	both			11501	5036.99	Aetna	Commercial		6972.94	1.592			3618.21	10925.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOSPY SIN/MULT.	43261	CPT	both			11501	5036.99	Americare	Americare		8625.75	0.75			3618.21	10925.95	percent of total billed charges	
ERCP W/BIOSPY SIN/MULT.	43261	CPT	both			11501	5036.99	WellPoint	WellPoint		3689.52	0.3208			3618.21	10925.95	percent of total billed charges	
ERCP W/BIOSPY SIN/MULT.	43261	CPT	both			11501	5036.99	Amerihealth	Medicare		4379.99	1			3618.21	10925.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOSPY SIN/MULT.	43261	CPT	both			11501	5036.99	Consumer	Consumer		10925.95	0.95			3618.21	10925.95	percent of total billed charges	
ERCP W/BIOSPY SIN/MULT.	43261	CPT	both			11501	5036.99	Corrections	Corrections		9200.8	0.8			3618.21	10925.95	percent of total billed charges	
ERCP W/BIOSPY SIN/MULT.	43261	CPT	both			11501	5036.99	First Health	First Health		8050.7	0.7			3618.21	10925.95	percent of total billed charges	
ERCP W/BIOSPY SIN/MULT.	43261	CPT	both			11501	5036.99	First Trenton	First Trenton		10350.9	0.9			3618.21	10925.95	percent of total billed charges	
ERCP W/BIOSPY SIN/MULT.	43261	CPT	both			11501	5036.99	Horizon	Indemnity		8002.24	1.827			3618.21	10925.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOSPY SIN/MULT.	43261	CPT	both			11501	5036.99	Horizon	Medicare Blue		4379.99	1			3618.21	10925.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOSPY SIN/MULT.	43261	CPT	both			11501	5036.99	Horizon	MGD		8002.24	1.827			3618.21	10925.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOSPY SIN/MULT.	43261	CPT	both			11501	5036.99	Horizon	PPO		8002.24	1.827			3618.21	10925.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOSPY SIN/MULT.	43261	CPT	both			11501	5036.99	Managed Care Inc	Managed Care Inc		10350.9	0.9			3618.21	10925.95	percent of total billed charges	
ERCP W/BIOSPY SIN/MULT.	43261	CPT	both			11501	5036.99	Multiplan	Multiplan		9200.8	0.8			3618.21	10925.95	percent of total billed charges	
ERCP W/BIOSPY SIN/MULT.	43261	CPT	both			11501	5036.99	Qualcare	Qualcare		8625.75	0.75			3618.21	10925.95	percent of total billed charges	
ERCP W/BIOSPY SIN/MULT.	43261	CPT	both			11501	5036.99	Three Rivers	Three Rivers		10925.95	0.95			3618.21	10925.95	percent of total billed charges	
ERCP W/BIOSPY SIN/MULT.	43261	CPT	both			11501	5036.99	UHC	Medicaid		3618.21	0.3146			3618.21	10925.95	percent of total billed charges	
ERCP W/BIOSPY SIN/MULT.	43261	CPT	both			11501	5036.99	UHC	Medicare		4379.99	1			3618.21	10925.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/BIOSPY SIN/MULT.	43261	CPT	both			11501	5036.99	Wellcare	Medicaid		3618.21	0.3146			3618.21	10925.95	percent of total billed charges	
ERCP W/BIOSPY SIN/MULT.	43261	CPT	both			11501	5036.99	Wellcare	Medicare		4379.99	1			3618.21	10925.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient			8863	5036.99	Aetna	Medicare		4379.99	1			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient			8863	5036.99	Aetna	Better Health		2788.3	0.3146			2788.3	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient			8863	5036.99	Aetna	Commercial		6972.94	1.592			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient			8863	5036.99	Americare	Americare		6647.25	0.75			2788.3	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient			8863	5036.99	WellPoint	WellPoint		2843.25	0.3208			2788.3	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient			8863	5036.99	Amerihealth	Medicare		4379.99	1			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient			8863	5036.99	Consumer	Consumer		8419.85	0.95			2788.3	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient			8863	5036.99	Corrections	Corrections		7090.4	0.8			2788.3	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient			8863	5036.99	First Health	First Health		6204.1	0.7			2788.3	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient			8863	5036.99	First Trenton	First Trenton		7976.7	0.9			2788.3	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient			8863	5036.99	Horizon	Indemnity		8002.24	1.827			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient			8863	5036.99	Horizon	MGD		8002.24	1.827			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient			8863	5036.99	Horizon	Medicare Blue		4379.99	1			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient			8863	5036.99	Horizon	PPO		8002.24	1.827			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient			8863	5036.99	Managed Care Inc	Managed Care Inc		7976.7	0.9			2788.3	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient			8863	5036.99	Multiplan	Multiplan		7090.4	0.8			2788.3	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient			8863	5036.99	Qualcare	Qualcare		6647.25	0.75			2788.3	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient			8863	5036.99	Three Rivers	Three Rivers		8419.85	0.95			2788.3	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient			8863	5036.99	UHC	Medicaid		2788.3	0.3146			2788.3	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient			8863	5036.99	UHC	Medicare		4379.99	1			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient			8863	5036.99	Wellcare	Medicaid		2788.3	0.3146			2788.3	8419.85	percent of total billed charges	
ERCP W/SHINCTER/PAPILLOTOMY	43262	CPT	outpatient			8863	5036.99	Wellcare	Medicare		4379.99	1			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PRESSURE MEASUREMENT	43263	CPT	outpatient			8863	2502.63	Aetna	Commercial		3464.51	1.592			2176.2	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PRESSURE MEASUREMENT	43263	CPT	outpatient			8863	2502.63	Aetna	Medicare		2176.2	1			2176.2	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PRESSURE MEASUREMENT	43263	CPT	outpatient			8863	2502.63	Aetna	Better Health		2788.3	0.3146			2176.2	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient			8863	2502.63	Americare	Americare		6647.25	0.75			2176.2	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient			8863	2502.63	WellPoint	WellPoint		2843.25	0.3208			2176.2	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient			8863	2502.63	Amerihealth	Medicare		2176.2	1			2176.2	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PRESSURE MEASUREMENT	43263	CPT	outpatient			8863	2502.63	Consumer	Consumer		8419.85	0.95			2176.2	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient			8863	2502.63	Corrections	Corrections		7090.4	0.8			2176.2	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient			8863	2502.63	First Health	First Health		6204.1	0.7			2176.2	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient			8863	2502.63	First Trenton	First Trenton		7976.7	0.9			2176.2	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient			8863	2502.63	Horizon	MGD		3975.92	1.827			2176.2	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PRESSURE MEASUREMENT	43263	CPT	outpatient			8863	2502.63	Horizon	Medicare Blue		2176.2	1			2176.2	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PRESSURE MEASUREMENT	43263	CPT	outpatient			8863	2502.63	Horizon	Indemnity		3975.92	1.827			2176.2	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PRESSURE MEASUREMENT	43263	CPT	outpatient			8863	2502.63	Horizon	PPO		3975.92	1.827			2176.2	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PRESSURE MEASUREMENT	43263	CPT	outpatient			8863	2502.63	Managed Care Inc	Managed Care Inc		7976.7	0.9			2176.2	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient			8863	2502.63	Multiplan	Multiplan		7090.4	0.8			2176.2	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient			8863	2502.63	Qualcare	Qualcare		6647.25	0.75			2176.2	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient			8863	2502.63	Three Rivers	Three Rivers		8419.85	0.95			2176.2	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient			8863	2502.63	UHC	Medicaid		2788.3	0.3146			2176.2	8419.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
W/PRESSURE MEASUREMENT	43263	CPT	outpatient			8863		2502.63	UHC	Medicare	2176.2	1			2176.2	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/PRESSURE MEASUREMENT	43263	CPT	outpatient			8863		2502.63	Wellcare	Medicaid	2788.3	0.3146			2176.2	8419.85	percent of total billed charges	
W/PRESSURE MEASUREMENT	43263	CPT	outpatient			8863		2502.63	Wellcare	Medicare	2176.2	1			2176.2	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	both			8863		5036.99	Aetna	Better Health	2788.3	0.3146			2788.3	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	both			8863		5036.99	Aetna	Commercial	6972.94	1.592			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	both			8863		5036.99	Aetna	Medicare	4379.99	1			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	both			8863		5036.99	Americare	Americare	6647.25	0.75			2788.3	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	both			8863		5036.99	WellPoint	WellPoint	2843.25	0.3208			2788.3	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	both			8863		5036.99	Amerihealth	Medicare	4379.99	1			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	both			8863		5036.99	Consumer	Consumer	8419.85	0.95			2788.3	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	both			8863		5036.99	Corrections	Corrections	7090.4	0.8			2788.3	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	both			8863		5036.99	First Health	First Health	6204.1	0.7			2788.3	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	both			8863		5036.99	First Trenton	First Trenton	7976.7	0.9			2788.3	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	both			8863		5036.99	Horizon	MGD	8002.24	1.827			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	both			8863		5036.99	Horizon	Medicare Blue	4379.99	1			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	both			8863		5036.99	Horizon	Indemnity	8002.24	1.827			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	both			8863		5036.99	Horizon	PPO	8002.24	1.827			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	both			8863		5036.99	Managed Care Inc	Managed Care Inc	7976.7	0.9			2788.3	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	both			8863		5036.99	Multiplan	Multiplan	7090.4	0.8			2788.3	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	both			8863		5036.99	Qualcare	Qualcare	6647.25	0.75			2788.3	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	both			8863		5036.99	Three Rivers	Three Rivers	8419.85	0.95			2788.3	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	both			8863		5036.99	UHC	Medicaid	2788.3	0.3146			2788.3	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	both			8863		5036.99	UHC	Medicare	4379.99	1			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	both			8863		5036.99	Wellcare	Medicaid	2788.3	0.3146			2788.3	8419.85	percent of total billed charges	
ERCP W/ENDOSC. RETRO REM.STON	43264	CPT	both			8863		5036.99	Wellcare	Medicare	4379.99	1			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/STONE FRAGMENTATION	43265	CPT	both			8863		7495.78	Aetna	Commercial	10376.77	1.592			2788.3	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/STONE FRAGMENTATION	43265	CPT	both			8863		7495.78	Aetna	Better Health	2788.3	0.3146			2788.3	11908.51	percent of total billed charges	
W/STONE FRAGMENTATION	43265	CPT	both			8863		7495.78	Aetna	Medicare	6518.07	1			2788.3	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/STONE FRAGMENTATION	43265	CPT	both			8863		7495.78	Americare	Americare	6647.25	0.75			2788.3	11908.51	percent of total billed charges	
W/STONE FRAGMENTATION	43265	CPT	both			8863		7495.78	WellPoint	WellPoint	2843.25	0.3208			2788.3	11908.51	percent of total billed charges	
W/STONE FRAGMENTATION	43265	CPT	both			8863		7495.78	Amerihealth	Medicare	6518.07	1			2788.3	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/STONE FRAGMENTATION	43265	CPT	both			8863		7495.78	Consumer	Consumer	8419.85	0.95			2788.3	11908.51	percent of total billed charges	
W/STONE FRAGMENTATION	43265	CPT	both			8863		7495.78	Corrections	Corrections	7090.4	0.8			2788.3	11908.51	percent of total billed charges	
W/STONE FRAGMENTATION	43265	CPT	both			8863		7495.78	First Health	First Health	6204.1	0.7			2788.3	11908.51	percent of total billed charges	
W/STONE FRAGMENTATION	43265	CPT	both			8863		7495.78	First Trenton	First Trenton	7976.7	0.9			2788.3	11908.51	percent of total billed charges	
W/STONE FRAGMENTATION	43265	CPT	both			8863		7495.78	Horizon	Indemnity	11908.51	1.827			2788.3	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/STONE FRAGMENTATION	43265	CPT	both			8863		7495.78	Horizon	MGD	11908.51	1.827			2788.3	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/STONE FRAGMENTATION	43265	CPT	both			8863		7495.78	Horizon	Medicare Blue	6518.07	1			2788.3	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/STONE FRAGMENTATION	43265	CPT	both			8863		7495.78	Horizon	PPO	11908.51	1.827			2788.3	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/STONE FRAGMENTATION	43265	CPT	both			8863		7495.78	Managed Care Inc	Managed Care Inc	7976.7	0.9			2788.3	11908.51	percent of total billed charges	
W/STONE FRAGMENTATION	43265	CPT	both			8863		7495.78	Multiplan	Multiplan	7090.4	0.8			2788.3	11908.51	percent of total billed charges	
W/STONE FRAGMENTATION	43265	CPT	both			8863		7495.78	Qualcare	Qualcare	6647.25	0.75			2788.3	11908.51	percent of total billed charges	
W/STONE FRAGMENTATION	43265	CPT	both			8863		7495.78	Three Rivers	Three Rivers	8419.85	0.95			2788.3	11908.51	percent of total billed charges	
W/STONE FRAGMENTATION	43265	CPT	both			8863		7495.78	UHC	Medicaid	2788.3	0.3146			2788.3	11908.51	percent of total billed charges	
W/STONE FRAGMENTATION	43265	CPT	both			8863		7495.78	UHC	Medicare	6518.07	1			2788.3	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/STONE FRAGMENTATION	43265	CPT	both			8863		7495.78	Wellcare	Medicare	6518.07	1			2788.3	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/STONE FRAGMENTATION	43265	CPT	both			8863		7495.78	Wellcare	Medicaid	2788.3	0.3146			2788.3	11908.51	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both			14320		7495.78	Aetna	Commercial	10376.77	1.592			4505.07	13604	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both			14320		7495.78	Aetna	Better Health	4505.07	0.3146			4505.07	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both			14320		7495.78	Aetna	Medicare	6518.07	1			4505.07	13604	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both			14320		7495.78	Americare	Americare	10740	0.75			4505.07	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both			14320		7495.78	WellPoint	WellPoint	4593.86	0.3208			4505.07	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both			14320		7495.78	Amerihealth	Medicare	6518.07	1			4505.07	13604	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both			14320		7495.78	Consumer	Consumer	13604	0.95			4505.07	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both			14320		7495.78	Corrections	Corrections	11456	0.8			4505.07	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both			14320		7495.78	First Health	First Health	10024	0.7			4505.07	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both			14320		7495.78	First Trenton	First Trenton	12888	0.9			4505.07	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both			14320		7495.78	Horizon	Medicare Blue	6518.07	1			4505.07	13604	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both			14320		7495.78	Horizon	PPO	11908.51	1.827			4505.07	13604	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both			14320		7495.78	Horizon	MGD	11908.51	1.827			4505.07	13604	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both			14320		7495.78	Horizon	Indemnity	11908.51	1.827			4505.07	13604	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both			14320		7495.78	Managed Care Inc	Managed Care Inc	12888	0.9			4505.07	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both			14320		7495.78	Multiplan	Multiplan	11456	0.8			4505.07	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both			14320		7495.78	Qualcare	Qualcare	10740	0.75			4505.07	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both			14320		7495.78	Three Rivers	Three Rivers	13604	0.95			4505.07	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both			14320		7495.78	UHC	Medicaid	4505.07	0.3146			4505.07	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both			14320		7495.78	UHC	Medicare	6518.07	1			4505.07	13604	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both			14320		7495.78	Wellcare	Medicaid	4505.07	0.3146			4505.07	13604	percent of total billed charges	
EGD ENDOSCOPIC STENT PLACE	43266	CPT	both			14320		7495.78	Wellcare	Medicare	6518.07	1			4505.07	13604	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		2502.63	Aetna	Better Health	1055.8	0.3146			1055.8	3975.92	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		2502.63	Aetna	Commercial	3464.51	1.592			1055.8	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		2502.63	Aetna	Medicare	2176.2	1			1055.8	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		2502.63	Americare	Americare	2517	0.75			1055.8	3975.92	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		2502.63	WellPoint	WellPoint	1076.6	0.3208			1055.8	3975.92	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		2502.63	Amerihealth	Medicare	2176.2	1			1055.8	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		2502.63	Consumer	Consumer	3188.2	0.95			1055.8	3975.92	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		2502.63	Corrections	Corrections	2684.8	0.8			1055.8	3975.92	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		2502.63	First Health	First Health	2349.2	0.7			1055.8	3975.92	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		2502.63	First Trenton	First Trenton	3020.4	0.9			1055.8	3975.92	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		2502.63	Horizon	Indemnity	3975.92	1.827			1055.8	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		2502.63	Horizon	Medicare Blue	2176.2	1			1055.8	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		2502.63	Horizon	PPO	3975.92	1.827			1055.8	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		2502.63	Horizon	MGD	3975.92	1.827			1055.8	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		2502.63	Managed Care Inc	Managed Care Inc	3020.4	0.9			1055.8	3975.92	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		2502.63	Multiplan	Multiplan	2684.8	0.8			1055.8	3975.92	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		2502.63	Qualcare	Qualcare	2517	0.75			1055.8	3975.92	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		2502.63	Three Rivers	Three Rivers	3188.2	0.95			1055.8	3975.92	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		2502.63	UHC	Medicare	2176.2	1			1055.8	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		2502.63	UHC	Medicaid	1055.8	0.3146			1055.8	3975.92	percent of total billed charges	
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		2502.63	Wellcare	Medicare	2176.2	1			1055.8	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLTE INCL PRE/POST DILATE	43270	CPT	outpatient			3356		2502.63	Wellcare	Medicaid	1055.8	0.3146			1055.8	3975.92	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	both			8004			Aetna	Better Health	2518.06	0.3146			2401.2	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	both			8004			Aetna	Commercial	3041.52	0.38			2401.2	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	both			8004			Aetna	Medicare	2465.23	0.308			2401.2	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	both			8004			Americare	Americare	6003	0.75			2401.2	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	both			8004			WellPoint	WellPoint	2567.68	0.3208			2401.2	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	both			8004			Consumer	Consumer	7603.8	0.95			2401.2	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	both			8004			Corrections	Corrections	6403.2	0.8			2401.2	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	both			8004			First Health	First Health	5602.8	0.7			2401.2	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	both			8004			First Trenton	First Trenton	7203.6	0.9			2401.2	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	both			8004			Horizon	MGD	3063.93	0.3828			2401.2	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	both			8004			Horizon	Indemnity	3063.93	0.3828			2401.2	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	both			8004			Horizon	PPO	3063.93	0.3828			2401.2	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	both			8004			Horizon	Medicare Blue	2401.2	0.3			2401.2	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	both			8004			Managed Care Inc	Managed Care Inc	7203.6	0.9			2401.2	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	both			8004			Multiplan	Multiplan	6403.2	0.8			2401.2	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	both			8004			Qualcare	Qualcare	6003	0.75			2401.2	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	both			8004			Three Rivers	Three Rivers	7603.8	0.95			2401.2	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	both			8004			UHC	Medicaid	2518.06	0.3146			2401.2	7603.8	percent of total billed charges	
ENDOSC CANNULA OF PAPILLA W/DIREC VIS	43273	CPT	both			8004			Wellcare	Medicaid	2518.06	0.3146			2401.2	7603.8	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667		7495.78	Aetna	Medicare	6518.07	1			2910.05	18683.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667		7495.78	Aetna	Better Health	6187.24	0.3146			2910.05	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667		7495.78	Aetna	Commercial	10376.77	1.592			2910.05	18683.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667		7495.78	Americare	Americare	14750.25	0.75			2910.05	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667		7495.78	WellPoint	WellPoint	6309.17	0.3208			2910.05	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667		7495.78	Amerihealth	Medicare	6518.07	1			2910.05	18683.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667		7495.78	Consumer	Consumer	18683.65	0.95			2910.05	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667		7495.78	Corrections	Corrections	15733.6	0.8			2910.05	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667		7495.78	First Health	First Health	13766.9	0.7			2910.05	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667		7495.78	First Trenton	First Trenton	17700.3	0.9			2910.05	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667		7495.78	Horizon	Indemnity	11908.51	1.827			2910.05	18683.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667		7495.78	Horizon	Medicare Blue	6518.07	1			2910.05	18683.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667		7495.78	Horizon	MGD	11908.51	1.827			2910.05	18683.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667		7495.78	Horizon	PPO	11908.51	1.827			2910.05	18683.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667		7495.78	Managed Care Inc	Managed Care Inc	17700.3	0.9			2910.05	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667		7495.78	Multiplan	Multiplan	15733.6	0.8			2910.05	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667		7495.78	Qualcare	Qualcare	14750.25	0.75			2910.05	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667		7495.78	Three Rivers	Three Rivers	18683.65	0.95			2910.05	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667		7495.78	UHC	Medicare	6518.07	1			2910.05	18683.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667		7495.78	UHC	Medicaid	6187.24	0.3146			2910.05	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667		7495.78	Wellcare	Medicaid	6187.24	0.3146			2910.05	18683.65	percent of total billed charges	
X-RAY ENDOSCOPY GI TRACT STENT	43274	CPT	both			19667		7495.78	Wellcare	Medicare	6518.07	1			2910.05	18683.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	both			9250		2502.63	Aetna	Better Health	2910.05	0.3146			2176.2	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	both			9250		2502.63	Aetna	Medicare	2176.2	1			2176.2	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	both			9250		2502.63	Aetna	Commercial	3464.51	1.592			2176.2	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	both			9250		2502.63	Americare	Americare	6937.5	0.75			2176.2	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	both			9250		2502.63	WellPoint	WellPoint	2967.4	0.3208			2176.2	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	both			9250		2502.63	Amerihealth	Medicare	2176.2	1			2176.2	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	both			9250		2502.63	Consumer	Consumer	8787.5	0.95			2176.2	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	both			9250		2502.63	Corrections	Corrections	7400	0.8			2176.2	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	both			9250		2502.63	First Health	First Health	6475	0.7			2176.2	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	both			9250		2502.63	First Trenton	First Trenton	8325	0.9			2176.2	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	both			9250		2502.63	Horizon	PPO	3975.92	1.827			2176.2	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	both			9250		2502.63 Horizon	Indemnity		3975.92	1.827			2176.2	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	both			9250		2502.63 Horizon	MGD		3975.92	1.827			2176.2	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	both			9250		2502.63 Horizon	Medicare Blue		2176.2	1			2176.2	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	both			9250		2502.63 Managed Care Inc	Managed Care Inc		8325	0.9			2176.2	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	both			9250		2502.63 Multiplan	Multiplan		7400	0.8			2176.2	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	both			9250		2502.63 Qualcare	Qualcare		6937.5	0.75			2176.2	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	both			9250		2502.63 Three Rivers	Three Rivers		8787.5	0.95			2176.2	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	both			9250		2502.63 UHC	Medicaid		2910.05	0.3146			2176.2	8787.5	percent of total billed charges	
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	both			9250		2502.63 UHC	Medicare		2176.2	1			2176.2	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	both			9250		2502.63 Wellcare	Medicare		2176.2	1			2176.2	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP REMOVE FOREIGN BODY DUCT	43275	CPT	both			9250		2502.63 Wellcare	Medicaid		2910.05	0.3146			2176.2	8787.5	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	both			9250		7495.78 Aetna	Better Health		2910.05	0.3146			2910.05	11908.51	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	both			9250		7495.78 Aetna	Commercial		10376.77	1.592			2910.05	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT EXCHANGE W/DILATE	43276	CPT	both			9250		7495.78 Aetna	Medicare		6518.07	1			2910.05	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT EXCHANGE W/DILATE	43276	CPT	both			9250		7495.78 Americare	Americare		6937.5	0.75			2910.05	11908.51	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	both			9250		7495.78 WellPoint	WellPoint		2967.4	0.3208			2910.05	11908.51	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	both			9250		7495.78 Amerihealth	Medicare		6518.07	1			2910.05	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT EXCHANGE W/DILATE	43276	CPT	both			9250		7495.78 Consumer	Consumer		8787.5	0.95			2910.05	11908.51	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	both			9250		7495.78 Corrections	Corrections		7400	0.8			2910.05	11908.51	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	both			9250		7495.78 First Health	First Health		6475	0.7			2910.05	11908.51	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	both			9250		7495.78 First Trenton	First Trenton		8325	0.9			2910.05	11908.51	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	both			9250		7495.78 Horizon	Medicare Blue		6518.07	1			2910.05	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT EXCHANGE W/DILATE	43276	CPT	both			9250		7495.78 Horizon	PPO		11908.51	1.827			2910.05	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT EXCHANGE W/DILATE	43276	CPT	both			9250		7495.78 Horizon	MGD		11908.51	1.827			2910.05	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT EXCHANGE W/DILATE	43276	CPT	both			9250		7495.78 Horizon	Indemnity		11908.51	1.827			2910.05	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT EXCHANGE W/DILATE	43276	CPT	both			9250		7495.78 Managed Care Inc	Managed Care Inc		8325	0.9			2910.05	11908.51	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	both			9250		7495.78 Multiplan	Multiplan		7400	0.8			2910.05	11908.51	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	both			9250		7495.78 Qualcare	Qualcare		6937.5	0.75			2910.05	11908.51	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	both			9250		7495.78 Three Rivers	Three Rivers		8787.5	0.95			2910.05	11908.51	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	both			9250		7495.78 UHC	Medicaid		2910.05	0.3146			2910.05	11908.51	percent of total billed charges	
ERCP STENT EXCHANGE W/DILATE	43276	CPT	both			9250		7495.78 UHC	Medicare		6518.07	1			2910.05	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT EXCHANGE W/DILATE	43276	CPT	both			9250		7495.78 Wellcare	Medicare		6518.07	1			2910.05	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP STENT EXCHANGE W/DILATE	43276	CPT	both			9250		7495.78 Wellcare	Medicaid		2910.05	0.3146			2910.05	11908.51	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	both			9250		5036.99 Aetna	Better Health		2910.05	0.3146			2910.05	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	both			9250		5036.99 Aetna	Commercial		6972.94	1.592			2910.05	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	both			9250		5036.99 Aetna	Medicare		4379.99	1			2910.05	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	both			9250		5036.99 Americare	Americare		6937.5	0.75			2910.05	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	both			9250		5036.99 WellPoint	WellPoint		2967.4	0.3208			2910.05	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	both			9250		5036.99 Amerihealth	Medicare		4379.99	1			2910.05	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	both			9250		5036.99 Consumer	Consumer		8787.5	0.95			2910.05	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	both			9250		5036.99 Corrections	Corrections		7400	0.8			2910.05	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	both			9250		5036.99 First Health	First Health		6475	0.7			2910.05	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	both			9250		5036.99 First Trenton	First Trenton		8325	0.9			2910.05	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	both			9250		5036.99 Horizon	Medicare Blue		4379.99	1			2910.05	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	both			9250		5036.99 Horizon	MGD		8002.24	1.827			2910.05	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	both			9250		5036.99 Horizon	Indemnity		8002.24	1.827			2910.05	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	both			9250		5036.99 Horizon	PPO		8002.24	1.827			2910.05	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	both			9250		5036.99 Managed Care Inc	Managed Care Inc		8325	0.9			2910.05	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	both			9250		5036.99 Multiplan	Multiplan		7400	0.8			2910.05	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	both			9250		5036.99 Qualcare	Qualcare		6937.5	0.75			2910.05	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	both			9250		5036.99 Three Rivers	Three Rivers		8787.5	0.95			2910.05	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	both			9250		5036.99 UHC	Medicaid		2910.05	0.3146			2910.05	8787.5	percent of total billed charges	
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	both			9250		5036.99 UHC	Medicare		4379.99	1			2910.05	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	both			9250		5036.99 Wellcare	Medicare		4379.99	1			2910.05	8787.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP EA DUCT/AMPULLA DILATE	43277	CPT	both			9250		5036.99 Wellcare	Medicaid		2910.05	0.3146			2910.05	8787.5	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863		5036.99 Aetna	Better Health		2788.3	0.3146			2788.3	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863		5036.99 Aetna	Medicare		4379.99	1			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863		5036.99 Aetna	Commercial		6972.94	1.592			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863		5036.99 Americare	Americare		6647.25	0.75			2788.3	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863		5036.99 WellPoint	WellPoint		2843.25	0.3208			2788.3	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863		5036.99 Amerihealth	Medicare		4379.99	1			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863		5036.99 Consumer	Consumer		8419.85	0.95			2788.3	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863		5036.99 Corrections	Corrections		7090.4	0.8			2788.3	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863		5036.99 First Health	First Health		6204.1	0.7			2788.3	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863		5036.99 First Trenton	First Trenton		7976.7	0.9			2788.3	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863		5036.99 Horizon	Medicare Blue		4379.99	1			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863		5036.99 Horizon	MGD		8002.24	1.827			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863		5036.99 Horizon	Indemnity		8002.24	1.827			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863		5036.99 Horizon	PPO		8002.24	1.827			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863		5036.99 Managed Care Inc	Managed Care Inc		7976.7	0.9			2788.3	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863		5036.99 Multiplan	Multiplan		7090.4	0.8			2788.3	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863		5036.99 Qualcare	Qualcare		6647.25	0.75			2788.3	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863		5036.99 Three Rivers	Three Rivers		8419.85	0.95			2788.3	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863		5036.99 UHC	Medicaid		2788.3	0.3146			2788.3	8419.85	percent of total billed charges	
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863		5036.99 UHC	Medicare		4379.99	1			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863		5036.99 Wellcare	Medicare		4379.99	1			2788.3	8419.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERCP W/ABLTE INCL PRE/PST DILATE	43278	CPT	outpatient			8863		5036.99 Wellcare	Medicaid		2788.3	0.3146			2788.3	8419.85	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346		2502.63 Aetna	Medicare		2176.2	1			1996.45	6028.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346		2502.63 Aetna	Better Health		1996.45	0.3146			1996.45	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346		2502.63 Aetna	Commercial		3464.51	1.592			1996.45	6028.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346		2502.63 Americare	Americare		4759.5	0.75			1996.45	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346		2502.63 WellPoint	WellPoint		2035.8	0.3208			1996.45	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346		2502.63 Amerihealth	Medicare		2176.2	1			1996.45	6028.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346		2502.63 Consumer	Consumer		6028.7	0.95			1996.45	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346		2502.63 Corrections	Corrections		5076.8	0.8			1996.45	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346		2502.63 First Health	First Health		4442.2	0.7			1996.45	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346		2502.63 First Trenton	First Trenton		5711.4	0.9			1996.45	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346		2502.63 Horizon	Indemnity		3975.92	1.827			1996.45	6028.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346		2502.63 Horizon	MGD		3975.92	1.827			1996.45	6028.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346		2502.63 Horizon	Medicare Blue		2176.2	1			1996.45	6028.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346		2502.63 Horizon	PPO		3975.92	1.827			1996.45	6028.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346		2502.63 Managed Care Inc	Managed Care Inc		5711.4	0.9			1996.45	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346		2502.63 Multiplan	Multiplan		5076.8	0.8			1996.45	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346		2502.63 Qualcare	Qualcare		4759.5	0.75			1996.45	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346		2502.63 Three Rivers	Three Rivers		6028.7	0.95			1996.45	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346		2502.63 UHC	Medicare		2176.2	1			1996.45	6028.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346		2502.63 UHC	Medicaid		1996.45	0.3146			1996.45	6028.7	percent of total billed charges	
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346		2502.63 Wellcare	Medicare		2176.2	1			1996.45	6028.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD FLEX W/DPLMT BARIATRIC BLLN	43290	CPT	outpatient			6346		2502.63 Wellcare	Medicaid		1996.45	0.3146			1996.45	6028.7	percent of total billed charges	
DILATION UNGUIDED/BOUGLE	43450	CPT	outpatient			1782		1192.23 Aetna	Better Health		560.62	0.3146			560.62	1894.09	percent of total billed charges	
DILATION UNGUIDED/BOUGLE	43450	CPT	outpatient			1782		1192.23 Aetna	Commercial		1650.46	1.592			560.62	1894.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION UNGUIDED/BOUGLE	43450	CPT	outpatient			1782		1192.23 Aetna	Medicare		1036.72	1			560.62	1894.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION UNGUIDED/BOUGLE	43450	CPT	outpatient			1782		1192.23 Americare	Americare		1336.5	0.75			560.62	1894.09	percent of total billed charges	
DILATION UNGUIDED/BOUGLE	43450	CPT	outpatient			1782		1192.23 WellPoint	WellPoint		571.67	0.3208			560.62	1894.09	percent of total billed charges	
DILATION UNGUIDED/BOUGLE	43450	CPT	outpatient			1782		1192.23 Amerihealth	Medicare		1036.72	1			560.62	1894.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION UNGUIDED/BOUGLE	43450	CPT	outpatient			1782		1192.23 Consumer	Consumer		1692.9	0.95			560.62	1894.09	percent of total billed charges	
DILATION UNGUIDED/BOUGLE	43450	CPT	outpatient			1782		1192.23 Corrections	Corrections		1425.6	0.8			560.62	1894.09	percent of total billed charges	
DILATION UNGUIDED/BOUGLE	43450	CPT	outpatient			1782		1192.23 First Health	First Health		1247.4	0.7			560.62	1894.09	percent of total billed charges	
DILATION UNGUIDED/BOUGLE	43450	CPT	outpatient			1782		1192.23 First Trenton	First Trenton		1603.8	0.9			560.62	1894.09	percent of total billed charges	
DILATION UNGUIDED/BOUGLE	43450	CPT	outpatient			1782		1192.23 Horizon	MGD		1894.09	1.827			560.62	1894.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION UNGUIDED/BOUGLE	43450	CPT	outpatient			1782		1192.23 Horizon	Indemnity		1894.09	1.827			560.62	1894.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION UNGUIDED/BOUGLE	43450	CPT	outpatient			1782		1192.23 Horizon	PPO		1894.09	1.827			560.62	1894.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION UNGUIDED/BOUGLE	43450	CPT	outpatient			1782		1192.23 Horizon	Medicare Blue		1036.72	1			560.62	1894.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION UNGUIDED/BOUGLE	43450	CPT	outpatient			1782		1192.23 Managed Care Inc	Managed Care Inc		1603.8	0.9			560.62	1894.09	percent of total billed charges	
DILATION UNGUIDED/BOUGLE	43450	CPT	outpatient			1782		1192.23 Multiplan	Multiplan		1425.6	0.8			560.62	1894.09	percent of total billed charges	
DILATION UNGUIDED/BOUGLE	43450	CPT	outpatient			1782		1192.23 Qualcare	Qualcare		1336.5	0.75			560.62	1894.09	percent of total billed charges	
DILATION UNGUIDED/BOUGLE	43450	CPT	outpatient			1782		1192.23 Three Rivers	Three Rivers		1692.9	0.95			560.62	1894.09	percent of total billed charges	
DILATION UNGUIDED/BOUGLE	43450	CPT	outpatient			1782		1192.23 UHC	Medicare		1036.72	1			560.62	1894.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION UNGUIDED/BOUGLE	43450	CPT	outpatient			1782		1192.23 UHC	Medicaid		560.62	0.3146			560.62	1894.09	percent of total billed charges	
DILATION UNGUIDED/BOUGLE	43450	CPT	outpatient			1782		1192.23 Wellcare	Medicare		1036.72	1			560.62	1894.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION UNGUIDED/BOUGLE	43450	CPT	outpatient			1782		1192.23 Wellcare	Medicaid		560.62	0.3146			560.62	1894.09	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072		2502.63 Aetna	Commercial		3464.51	1.592			1844	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVERWIRE	43453	CPT	outpatient			6072		2502.63 Aetna	Medicare		1870.18	0.308			1844	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072		2502.63 Aetna	Better Health		1910.25	0.3146			1844	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072		2502.63 Americare	Americare		4554	0.75			1844	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072		2502.63 WellPoint	WellPoint		1947.9	0.3208			1844	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072		2502.63 Amerihealth	Medicare		2176.2	1			1844	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVERWIRE	43453	CPT	outpatient			6072		2502.63 Consumer	Consumer		5768.4	0.95			1844	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072		2502.63 Corrections	Corrections		4857.6	0.8			1844	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072		2502.63 First Health	First Health		4250.4	0.7			1844	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072		2502.63 First Trenton	First Trenton		5464.8	0.9			1844	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072		2502.63 Horizon	Medicare Blue		2176.2	1			1844	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVERWIRE	43453	CPT	outpatient			6072		2502.63 Horizon	Indemnity		3975.92	1.827			1844	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVERWIRE	43453	CPT	outpatient			6072		2502.63 Horizon	MGD		3975.92	1.827			1844	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVERWIRE	43453	CPT	outpatient			6072		2502.63 Horizon	PPO		3975.92	1.827			1844	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVERWIRE	43453	CPT	outpatient			6072		2502.63 Managed Care Inc	Managed Care Inc		5464.8	0.9			1844	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072		2502.63 Multiplan	Multiplan		4857.6	0.8			1844	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072		2502.63 Qualcare	Qualcare		4554	0.75			1844	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072		2502.63 Three Rivers	Three Rivers		5768.4	0.95			1844	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072		2502.63 UHC	Medicare		2176.2	1			1844	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVERWIRE	43453	CPT	outpatient			6072		2502.63 UHC	Medicaid		1910.25	0.3146			1844	5768.4	percent of total billed charges	
OVERWIRE	43453	CPT	outpatient			6072		2502.63 Wellcare	Medicare		2176.2	1			1844	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVERWIRE	43453	CPT	outpatient			6072		2502.63 Wellcare	Medicaid		1910.25	0.3146			1844	5768.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Aetna	Medicare		543.31	0.308			146.1	1675.8	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Aetna	Commercial		670.32	0.38			146.1	1675.8	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Aetna	Better Health		554.95	0.3146			146.1	1675.8	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Americare	Amelcare		1323	0.75			146.1	1675.8	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		WellPoint	WellPoint		565.89	0.3208			146.1	1675.8	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Consumer	Consumer		1675.8	0.95			146.1	1675.8	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Corrections	Corrections		1411.2	0.8			146.1	1675.8	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		First Health	First Health		1234.8	0.7			146.1	1675.8	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		First Trenton	First Trenton		1587.6	0.9			146.1	1675.8	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Horizon	Medicare Blue		529.2	0.3			146.1	1675.8	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Horizon	Indemnity		675.26	0.3828			146.1	1675.8	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Horizon	MGD		675.26	0.3828			146.1	1675.8	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Horizon	PPO		675.26	0.3828			146.1	1675.8	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Managed Care Inc	Managed Care Inc		1587.6	0.9			146.1	1675.8	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Multiplan	Multiplan		1411.2	0.8			146.1	1675.8	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Qualcare	Qualcare		1323	0.75			146.1	1675.8	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Three Rivers	Three Rivers		1675.8	0.95			146.1	1675.8	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		UHC	Medicaid		554.95	0.3146			146.1	1675.8	percent of total billed charges	
INTEST BLEED TUBE POSITIONING	43460	CPT	outpatient			1764		Wellcare	Medicaid		554.95	0.3146			146.1	1675.8	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Aetna	Commercial		10376.77	1.592			3831.83	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Aetna	Better Health		3831.83	0.3146			3831.83	11908.51	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Aetna	Medicare		1	0.0001			3831.83	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Americare	Amelcare		9135	0.75			3831.83	11908.51	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	WellPoint	WellPoint		3907.34	0.3208			3831.83	11908.51	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Amerihealth	Medicare		6518.07	1			3831.83	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Consumer	Consumer		11571	0.95			3831.83	11908.51	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Corrections	Corrections		9744	0.8			3831.83	11908.51	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	First Health	First Health		8526	0.7			3831.83	11908.51	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	First Trenton	First Trenton		10962	0.9			3831.83	11908.51	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Horizon	PPO		11908.51	1.827			3831.83	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Horizon	Indemnity		11908.51	1.827			3831.83	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Horizon	MGD		11908.51	1.827			3831.83	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Horizon	Medicare Blue		6518.07	1			3831.83	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Managed Care Inc	Managed Care Inc		10962	0.9			3831.83	11908.51	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Multiplan	Multiplan		9744	0.8			3831.83	11908.51	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Qualcare	Qualcare		9135	0.75			3831.83	11908.51	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Three Rivers	Three Rivers		11571	0.95			3831.83	11908.51	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	UHC	Medicare		6518.07	1			3831.83	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	UHC	Medicaid		3831.83	0.3146			3831.83	11908.51	percent of total billed charges	
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Wellcare	Medicare		6518.07	1			3831.83	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSORAL LOWER ESOPHAGEAL MYOTOMY	43497	CPT	outpatient			12180	7495.78	Wellcare	Medicaid		3831.83	0.3146			3831.83	11908.51	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	Aetna	Medicare		988.99	0.308			935.7	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	Aetna	Commercial		1650.46	1.592			935.7	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	Aetna	Better Health		1010.18	0.3146			935.7	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	Americare	Amelcare		2408.25	0.75			935.7	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	WellPoint	WellPoint		1030.09	0.3208			935.7	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	Amerihealth	Medicare		1036.72	1			935.7	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	Consumer	Consumer		3050.45	0.95			935.7	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	Corrections	Corrections		2568.8	0.8			935.7	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	First Health	First Health		2247.7	0.7			935.7	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	First Trenton	First Trenton		2889.9	0.9			935.7	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	Horizon	Indemnity		1894.09	1.827			935.7	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	Horizon	PPO		1894.09	1.827			935.7	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	Horizon	MGD		1894.09	1.827			935.7	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	Horizon	Medicare Blue		1036.72	1			935.7	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	Managed Care Inc	Managed Care Inc		2889.9	0.9			935.7	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	Multiplan	Multiplan		2568.8	0.8			935.7	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	Qualcare	Qualcare		2408.25	0.75			935.7	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	Three Rivers	Three Rivers		3050.45	0.95			935.7	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	UHC	Medicare		1036.72	1			935.7	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	UHC	Medicaid		1010.18	0.3146			935.7	3050.45	percent of total billed charges	
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	Wellcare	Medicare		1036.72	1			935.7	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC. ESOPHAGUS	43499	CPT	outpatient			3211	1192.23	Wellcare	Medicaid		1010.18	0.3146			935.7	3050.45	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070	7588.83	Aetna	Commercial		10505.58	1.592			6314.02	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070	7588.83	Aetna	Better Health		6314.02	0.3146			6314.02	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070	7588.83	Aetna	Medicare		6598.98	1			6314.02	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070	7588.83	Americare	Amelcare		15052.5	0.75			6314.02	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070	7588.83	WellPoint	WellPoint		6438.46	0.3208			6314.02	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070	7588.83	Amerihealth	Medicare		6598.98	1			6314.02	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070	7588.83	Consumer	Consumer		19066.5	0.95			6314.02	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070	7588.83	Corrections	Corrections		16056	0.8			6314.02	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070	7588.83	First Health	First Health		14049	0.7			6314.02	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070	7588.83	First Trenton	First Trenton		18063	0.9			6314.02	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070	7588.83	Horizon	PPO		12056.34	1.827			6314.02	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070	7588.83	Horizon	MGD		12056.34	1.827			6314.02	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070	7588.83	Horizon	Indemnity		12056.34	1.827			6314.02	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070	7588.83	Horizon	Medicare Blue		6598.98	1			6314.02	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070	7588.83	Managed Care Inc	Managed Care Inc		18063	0.9			6314.02	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070	7588.83	Multiplan	Multiplan		16056	0.8			6314.02	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070	7588.83	Qualcare	Qualcare		15052.5	0.75			6314.02	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070	7588.83	Three Rivers	Three Rivers		19066.5	0.95			6314.02	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070	7588.83	UHC	Medicaid		6314.02	0.3146			6314.02	19066.5	percent of total billed charges	
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070	7588.83	Wellcare	Medicare		6598.98	1			6314.02	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070	7588.83	Wellcare	Medicare		6598.98	1			6314.02	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED LAPAROSCOPIC PROCEDURE STOMACH	43659	CPT	outpatient			20070	7588.83	Wellcare	Medicaid		6314.02	0.3146			6314.02	19066.5	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142	524.04	Aetna	Commercial		725.46	1.592			239.01	1084.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NG TUBE PLACEM	43752	CPT	both			1142	524.04	Aetna	Medicare		351.74	0.308			239.01	1084.9	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142	524.04	Aetna	Better Health		359.27	0.3146			239.01	1084.9	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142	524.04	Americare	Amelcare		856.5	0.75			239.01	1084.9	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142	524.04	WellPoint	WellPoint		366.35	0.3208			239.01	1084.9	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142	524.04	Amerihealth	Medicare		455.69	1			239.01	1084.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NG TUBE PLACEM	43752	CPT	both			1142	524.04	Consumer	Consumer		1084.9	0.95			239.01	1084.9	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142	524.04	Corrections	Corrections		913.6	0.8			239.01	1084.9	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142	524.04	First Health	First Health		799.4	0.7			239.01	1084.9	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142	524.04	First Trenton	First Trenton		1027.8	0.9			239.01	1084.9	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142	524.04	Horizon	Indemnity		832.55	1.827			239.01	1084.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NG TUBE PLACEM	43752	CPT	both			1142	524.04	Horizon	PPO		832.55	1.827			239.01	1084.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NG TUBE PLACEM	43752	CPT	both			1142	524.04	Horizon	MGD		832.55	1.827			239.01	1084.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NG TUBE PLACEM	43752	CPT	both			1142	524.04	Horizon	Medicare Blue		455.69	1			239.01	1084.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NG TUBE PLACEM	43752	CPT	both			1142	524.04	Managed Care Inc	Managed Care Inc		1027.8	0.9			239.01	1084.9	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142	524.04	Multiplan	Multiplan		913.6	0.8			239.01	1084.9	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142	524.04	Qualcare	Qualcare		856.5	0.75			239.01	1084.9	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142	524.04	Three Rivers	Three Rivers		1084.9	0.95			239.01	1084.9	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142	524.04	UHC	Medicaid		359.27	0.3146			239.01	1084.9	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142	524.04	UHC	Medicare		455.69	1			239.01	1084.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NG TUBE PLACEM	43752	CPT	both			1142	524.04	Wellcare	Medicaid		359.27	0.3146			239.01	1084.9	percent of total billed charges	
NG TUBE PLACEM	43752	CPT	both			1142	524.04	Wellcare	Medicare		455.69	1			239.01	1084.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023	412.82	Aetna	Commercial		571.48	1.592			302.33	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023	412.82	Aetna	Better Health		321.84	0.3146			302.33	971.85	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023	412.82	Aetna	Medicare		358.97	1			302.33	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023	412.82	Americare	Amelcare		767.25	0.75			302.33	971.85	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023	412.82	WellPoint	WellPoint		328.18	0.3208			302.33	971.85	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023	412.82	Amerihealth	Medicare		358.97	1			302.33	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023	412.82	Consumer	Consumer		971.85	0.95			302.33	971.85	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023	412.82	Corrections	Corrections		818.4	0.8			302.33	971.85	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023	412.82	First Health	First Health		716.1	0.7			302.33	971.85	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023	412.82	First Trenton	First Trenton		920.7	0.9			302.33	971.85	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023	412.82	Horizon	Indemnity		655.84	1.827			302.33	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023	412.82	Horizon	PPO		655.84	1.827			302.33	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023	412.82	Horizon	MGD		655.84	1.827			302.33	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023	412.82	Horizon	Medicare Blue		358.97	1			302.33	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023	412.82	Managed Care Inc	Managed Care Inc		920.7	0.9			302.33	971.85	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023	412.82	Multiplan	Multiplan		818.4	0.8			302.33	971.85	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023	412.82	Qualcare	Qualcare		767.25	0.75			302.33	971.85	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023	412.82	Three Rivers	Three Rivers		971.85	0.95			302.33	971.85	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023	412.82	UHC	Medicare		358.97	1			302.33	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023	412.82	UHC	Medicaid		321.84	0.3146			302.33	971.85	percent of total billed charges	
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023	412.82	Wellcare	Medicare		358.97	1			302.33	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUBATION&LAVAGE	43753	CPT	outpatient			1023	412.82	Wellcare	Medicaid		321.84	0.3146			302.33	971.85	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487	412.82	Aetna	Better Health		153.21	0.3146			150	655.84	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487	412.82	Aetna	Commercial		571.48	1.592			150	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487	412.82	Aetna	Medicare		150	0.308			150	655.84	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487	412.82	Americare	Amelcare		365.25	0.75			150	655.84	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487	412.82	WellPoint	WellPoint		156.23	0.3208			150	655.84	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487	412.82	Amerihealth	Medicare		358.97	1			150	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487	412.82	Consumer	Consumer		462.65	0.95			150	655.84	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487	412.82	Corrections	Corrections		389.6	0.8			150	655.84	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487	412.82	First Health	First Health		340.9	0.7			150	655.84	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487	412.82	First Trenton	First Trenton		438.3	0.9			150	655.84	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487	412.82	Horizon	Indemnity		655.84	1.827			150	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487	412.82	Horizon	MGD		655.84	1.827			150	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487	412.82	Horizon	Medicare Blue		358.97	1			150	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487	412.82	Horizon	PPO		655.84	1.827			150	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Managed Care Inc	Managed Care Inc		438.3	0.9			150	655.84	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Multiplan	Multiplan		399.6	0.8			150	655.84	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Qualcare	Qualcare		365.25	0.75			150	655.84	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Three Rivers	Three Rivers		462.65	0.95			150	655.84	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 UHC	Medicaid		153.21	0.3146			150	655.84	percent of total billed charges	
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 UHC	Medicare		358.97	1			150	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Wellcare	Medicare		358.97	1			150	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC INTUB FOR SMR (NG TUBE)	43754	CPT	outpatient			487		412.82 Wellcare	Medicaid		153.21	0.3146			150	655.84	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Aetna	Better Health		341.97	0.3146			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Aetna	Medicare		334.8	0.308			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Aetna	Commercial		413.06	0.38			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Americare	Americare		815.25	0.75			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		WellPoint	WellPoint		348.71	0.3208			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Consumer	Consumer		1032.65	0.95			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Corrections	Corrections		869.6	0.8			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		First Health	First Health		760.9	0.7			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		First Trenton	First Trenton		978.3	0.9			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Horizon	Medicare Blue		326.1	0.3			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Horizon	MGD		416.1	0.3828			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Horizon	Indemnity		416.1	0.3828			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Horizon	PPO		416.1	0.3828			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Managed Care Inc	Managed Care Inc		978.3	0.9			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Multiplan	Multiplan		869.6	0.8			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Qualcare	Qualcare		815.25	0.75			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Three Rivers	Three Rivers		1032.65	0.95			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		UHC	Medicaid		341.97	0.3146			326.1	1032.65	percent of total billed charges	
CHANGE GASTROSTOMY TUBE	43760	CPT	outpatient			1087		Wellcare	Medicaid		341.97	0.3146			326.1	1032.65	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292	325.06	Aetna	Commercial		449.99	1.592			282.66	3127.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292	325.06	Aetna	Better Health		1035.66	0.3146			282.66	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292	325.06	Aetna	Medicare		282.66	1			282.66	3127.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292	325.06	Americare	Americare		2469	0.75			282.66	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292	325.06	WellPoint	WellPoint		1056.07	0.3208			282.66	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292	325.06	Amerihealth	Medicare		282.66	1			282.66	3127.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292	325.06	Consumer	Consumer		3127.4	0.95			282.66	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292	325.06	Corrections	Corrections		2633.6	0.8			282.66	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292	325.06	First Health	First Health		2304.4	0.7			282.66	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292	325.06	First Trenton	First Trenton		2962.8	0.9			282.66	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292	325.06	Horizon	Medicare Blue		282.66	1			282.66	3127.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292	325.06	Horizon	MGD		516.42	1.827			282.66	3127.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292	325.06	Horizon	Indemnity		516.42	1.827			282.66	3127.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292	325.06	Horizon	PPO		516.42	1.827			282.66	3127.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292	325.06	Managed Care Inc	Managed Care Inc		2962.8	0.9			282.66	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292	325.06	Multiplan	Multiplan		2633.6	0.8			282.66	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292	325.06	Qualcare	Qualcare		2469	0.75			282.66	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292	325.06	Three Rivers	Three Rivers		3127.4	0.95			282.66	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292	325.06	UHC	Medicaid		1035.66	0.3146			282.66	3127.4	percent of total billed charges	
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292	325.06	UHC	Medicare		282.66	1			282.66	3127.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292	325.06	Wellcare	Medicare		282.66	1			282.66	3127.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPOSITION GASTROSTOMY TUBE	43761	CPT	outpatient			3292	325.06	Wellcare	Medicaid		1035.66	0.3146			282.66	3127.4	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	both			951	325.06	Aetna	Better Health		299.18	0.3146			246.96	903.45	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	both			951	325.06	Aetna	Commercial		449.99	1.592			246.96	903.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACE OF GASTROSTOMY TUBE	43762	CPT	both			951	325.06	Aetna	Medicare		282.66	1			246.96	903.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACE OF GASTROSTOMY TUBE	43762	CPT	both			951	325.06	Americare	Americare		713.25	0.75			246.96	903.45	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	both			951	325.06	WellPoint	WellPoint		305.08	0.3208			246.96	903.45	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	both			951	325.06	Amerihealth	Medicare		282.66	1			246.96	903.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACE OF GASTROSTOMY TUBE	43762	CPT	both			951	325.06	Consumer	Consumer		903.45	0.95			246.96	903.45	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	both			951	325.06	Corrections	Corrections		760.8	0.8			246.96	903.45	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	both			951	325.06	First Health	First Health		665.7	0.7			246.96	903.45	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	both			951	325.06	First Trenton	First Trenton		855.9	0.9			246.96	903.45	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	both			951	325.06	Horizon	PPO		516.42	1.827			246.96	903.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACE OF GASTROSTOMY TUBE	43762	CPT	both			951	325.06	Horizon	MGD		516.42	1.827			246.96	903.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACE OF GASTROSTOMY TUBE	43762	CPT	both			951	325.06	Horizon	Indemnity		516.42	1.827			246.96	903.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACE OF GASTROSTOMY TUBE	43762	CPT	both			951	325.06	Horizon	Medicare Blue		282.66	1			246.96	903.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACE OF GASTROSTOMY TUBE	43762	CPT	both			951	325.06	Managed Care Inc	Managed Care Inc		855.9	0.9			246.96	903.45	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	both			951	325.06	Multiplan	Multiplan		760.8	0.8			246.96	903.45	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	both			951	325.06	Qualcare	Qualcare		713.25	0.75			246.96	903.45	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	both			951	325.06	Three Rivers	Three Rivers		903.45	0.95			246.96	903.45	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	both			951	325.06	UHC	Medicaid		299.18	0.3146			246.96	903.45	percent of total billed charges	
REPLACE OF GASTROSTOMY TUBE	43762	CPT	both			951	325.06	UHC	Medicare		282.66	1			246.96	903.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACE OF GASTROSTOMY TUBE	43762	CPT	both			951	325.06	Wellcare	Medicare		282.66	1			246.96	903.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACE OF GASTROSTOMY TUBE	43762	CPT	both			951	325.06	Wellcare	Medicaid		299.18	0.3146			246.96	903.45	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056	325.06	Aetna	Commercial		449.99	1.592			282.66	1003.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056	325.06	Aetna	Better Health		332.22	0.3146			282.66	1003.2	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056	325.06	Aetna	Medicare		282.66	1			282.66	1003.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056	325.06	Americare	Americare		792	0.75			282.66	1003.2	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056	325.06	WellPoint	WellPoint		338.76	0.3208			282.66	1003.2	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056	325.06	Amerihealth	Medicare		282.66	1			282.66	1003.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056	325.06	Consumer	Consumer		1003.2	0.95			282.66	1003.2	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056	325.06	Corrections	Corrections		844.8	0.8			282.66	1003.2	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056	325.06	First Health	First Health		739.2	0.7			282.66	1003.2	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056	325.06	First Trenton	First Trenton		950.4	0.9			282.66	1003.2	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056	325.06	Horizon	Indemnity		516.42	1.827			282.66	1003.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056	325.06	Horizon	MGD		516.42	1.827			282.66	1003.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056	325.06	Horizon	PPO		516.42	1.827			282.66	1003.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056	325.06	Horizon	Medicare Blue		282.66	1			282.66	1003.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056	325.06	Managed Care Inc	Managed Care Inc		950.4	0.9			282.66	1003.2	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056	325.06	Multiplan	Multiplan		844.8	0.8			282.66	1003.2	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056	325.06	Qualcare	Qualcare		792	0.75			282.66	1003.2	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056	325.06	Three Rivers	Three Rivers		1003.2	0.95			282.66	1003.2	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056	325.06	UHC	Medicare		282.66	1			282.66	1003.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056	325.06	UHC	Medicaid		332.22	0.3146			282.66	1003.2	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056	325.06	Wellcare	Medicaid		332.22	0.3146			282.66	1003.2	percent of total billed charges	
PERQ RPLCMT GTUBE W/REV GST	43763	CPT	outpatient			1056	325.06	Wellcare	Medicare		282.66	1			282.66	1003.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROSTOMY OP;W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407	2502.63	Aetna	Better Health		2644.84	0.3146			2176.2	7986.65	percent of total billed charges	
GASTROSTOMY OP;W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407	2502.63	Aetna	Medicare		2176.2	1			2176.2	7986.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROSTOMY OP;W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407	2502.63	Aetna	Commercial		3464.51	1.592			2176.2	7986.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROSTOMY OP;W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407	2502.63	Americare	Americare		6305.25	0.75			2176.2	7986.65	percent of total billed charges	
GASTROSTOMY OP;W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407	2502.63	WellPoint	WellPoint		2696.97	0.3208			2176.2	7986.65	percent of total billed charges	
GASTROSTOMY OP;W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407	2502.63	Amerihealth	Medicare		2176.2	1			2176.2	7986.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROSTOMY OP;W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407	2502.63	Consumer	Consumer		7986.65	0.95			2176.2	7986.65	percent of total billed charges	
GASTROSTOMY OP;W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407	2502.63	Corrections	Corrections		6725.6	0.8			2176.2	7986.65	percent of total billed charges	
GASTROSTOMY OP;W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407	2502.63	First Health	First Health		5884.9	0.7			2176.2	7986.65	percent of total billed charges	
GASTROSTOMY OP;W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407	2502.63	First Trenton	First Trenton		7566.3	0.9			2176.2	7986.65	percent of total billed charges	
GASTROSTOMY OP;W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407	2502.63	Horizon	Medicare Blue		2176.2	1			2176.2	7986.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROSTOMY OP;W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407	2502.63	Horizon	MGD		3975.92	1.827			2176.2	7986.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROSTOMY OP;W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407	2502.63	Horizon	Indemnity		3975.92	1.827			2176.2	7986.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROSTOMY OP;W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407	2502.63	Horizon	PPO		3975.92	1.827			2176.2	7986.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROSTOMY OP;W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407	2502.63	Managed Care Inc	Managed Care Inc		7566.3	0.9			2176.2	7986.65	percent of total billed charges	
GASTROSTOMY OP;W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407	2502.63	Multiplan	Multiplan		6725.6	0.8			2176.2	7986.65	percent of total billed charges	
GASTROSTOMY OP;W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407	2502.63	Qualcare	Qualcare		6305.25	0.75			2176.2	7986.65	percent of total billed charges	
GASTROSTOMY OP;W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407	2502.63	Three Rivers	Three Rivers		7986.65	0.95			2176.2	7986.65	percent of total billed charges	
GASTROSTOMY OP;W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407	2502.63	UHC	Medicaid		2644.84	0.3146			2176.2	7986.65	percent of total billed charges	
GASTROSTOMY OP;W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407	2502.63	UHC	Medicare		2176.2	1			2176.2	7986.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROSTOMY OP;W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407	2502.63	Wellcare	Medicaid		2644.84	0.3146			2176.2	7986.65	percent of total billed charges	
GASTROSTOMY OP;W/O GASTRIC TUBE CREATE	43830	CPT	outpatient			8407	2502.63	Wellcare	Medicare		2176.2	1			2176.2	7986.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE STOMACH	43999	CPT	both			3479	1192.23	Aetna	Commercial		1650.46	1.592			990.68	3305.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE STOMACH	43999	CPT	both			3479	1192.23	Aetna	Better Health		1094.49	0.3146			990.68	3305.05	percent of total billed charges	
UNLISTED PROCEDURE STOMACH	43999	CPT	both			3479	1192.23	Aetna	Medicare		1036.72	1			990.68	3305.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE STOMACH	43999	CPT	both			3479	1192.23	Americare	Americare		2609.25	0.75			990.68	3305.05	percent of total billed charges	
UNLISTED PROCEDURE STOMACH	43999	CPT	both			3479	1192.23	WellPoint	WellPoint		1116.06	0.3208			990.68	3305.05	percent of total billed charges	
UNLISTED PROCEDURE STOMACH	43999	CPT	both			3479	1192.23	Amerihealth	Medicare		1036.72	1			990.68	3305.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE STOMACH	43999	CPT	both			3479	1192.23	Consumer	Consumer		3305.05	0.95			990.68	3305.05	percent of total billed charges	
UNLISTED PROCEDURE STOMACH	43999	CPT	both			3479	1192.23	Corrections	Corrections		2763.2	0.8			990.68	3305.05	percent of total billed charges	
UNLISTED PROCEDURE STOMACH	43999	CPT	both			3479	1192.23	First Health	First Health		2435.3	0.7			990.68	3305.05	percent of total billed charges	
UNLISTED PROCEDURE STOMACH	43999	CPT	both			3479	1192.23	First Trenton	First Trenton		3131.1	0.9			990.68	3305.05	percent of total billed charges	
UNLISTED PROCEDURE STOMACH	43999	CPT	both			3479	1192.23	Horizon	MGD		1894.09	1.827			990.68	3305.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE STOMACH	43999	CPT	both			3479	1192.23	Horizon	Indemnity		1894.09	1.827			990.68	3305.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE STOMACH	43999	CPT	both			3479	1192.23	Horizon	Medicare Blue		1036.72	1			990.68	3305.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE STOMACH	43999	CPT	both			3479	1192.23	Horizon	PPO		1894.09	1.827			990.68	3305.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE STOMACH	43999	CPT	both			3479	1192.23	Managed Care Inc	Managed Care Inc		3131.1	0.9			990.68	3305.05	percent of total billed charges	
UNLISTED PROCEDURE STOMACH	43999	CPT	both			3479	1192.23	Multiplan	Multiplan		2763.2	0.8			990.68	3305.05	percent of total billed charges	
UNLISTED PROCEDURE STOMACH	43999	CPT	both			3479	1192.23	Qualcare	Qualcare		2609.25	0.75			990.68	3305.05	percent of total billed charges	
UNLISTED PROCEDURE STOMACH	43999	CPT	both			3479	1192.23	Three Rivers	Three Rivers		3305.05	0.95			990.68	3305.05	percent of total billed charges	
UNLISTED PROCEDURE STOMACH	43999	CPT	both			3479	1192.23	UHC	Medicare		1036.72	1			990.68	3305.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE STOMACH	43999	CPT	both			3479	1192.23	UHC	Medicaid		1094.49	0.3146			990.68	3305.05	percent of total billed charges	
UNLISTED PROCEDURE STOMACH	43999	CPT	both			3479	1192.23	Wellcare	Medicaid		1094.49	0.3146			990.68	3305.05	percent of total billed charges	
UNLISTED PROCEDURE STOMACH	43999	CPT	both			3479	1192.23	Wellcare	Medicare		1036.72	1			990.68	3305.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENTEROSTOMY/CECOSTOMY TUBE	44300	CPT	outpatient			7337		Aetna	Medicare		2259.8	0.308			2201.1	6970.15	percent of total billed charges	
ENTEROSTOMY/CECOSTOMY TUBE	44300	CPT	outpatient			7337		Aetna	Better Health		2308.22	0.3146			2201.1	6970.15	percent of total billed charges	
ENTEROSTOMY/CECOSTOMY TUBE	44300	CPT	outpatient			7337		Aetna	Commercial		2798.06	0.38			2201.1	6970.15	percent of total billed charges	
ENTEROSTOMY/CECOSTOMY TUBE	44300	CPT	outpatient			7337		Americare	Americare		5502.75	0.75			2201.1	6970.15	percent of total billed charges	
ENTEROSTOMY/CECOSTOMY TUBE	44300	CPT	outpatient			7337		WellPoint	WellPoint		2353.71	0.3208			2201.1	6970.15	percent of total billed charges	
ENTEROSTOMY/CECOSTOMY TUBE	44300	CPT	outpatient			7337		Consumer	Consumer		6970.15	0.95			2201.1	6970.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ENTEROSTOMY/CECOSTOMY TUBE	44300	CPT	outpatient			7337		Corrections	Corrections		5869.6	0.8			2201.1	6970.15	percent of total billed charges	
ENTEROSTOMY/CECOSTOMY TUBE	44300	CPT	outpatient			7337		First Health	First Health		5135.9	0.7			2201.1	6970.15	percent of total billed charges	
ENTEROSTOMY/CECOSTOMY TUBE	44300	CPT	outpatient			7337		First Trenton	First Trenton		6603.3	0.9			2201.1	6970.15	percent of total billed charges	
ENTEROSTOMY/CECOSTOMY TUBE	44300	CPT	outpatient			7337		Horizon	Medicare Blue		2201.1	0.3			2201.1	6970.15	percent of total billed charges	
ENTEROSTOMY/CECOSTOMY TUBE	44300	CPT	outpatient			7337		Horizon	Indemnity		2808.6	0.3828			2201.1	6970.15	percent of total billed charges	
ENTEROSTOMY/CECOSTOMY TUBE	44300	CPT	outpatient			7337		Horizon	MGD		2808.6	0.3828			2201.1	6970.15	percent of total billed charges	
ENTEROSTOMY/CECOSTOMY TUBE	44300	CPT	outpatient			7337		Horizon	PPO		2808.6	0.3828			2201.1	6970.15	percent of total billed charges	
ENTEROSTOMY/CECOSTOMY TUBE	44300	CPT	outpatient			7337		Managed Care Inc	Managed Care Inc		6603.3	0.9			2201.1	6970.15	percent of total billed charges	
ENTEROSTOMY/CECOSTOMY TUBE	44300	CPT	outpatient			7337		Multiplan	Multiplan		5869.6	0.8			2201.1	6970.15	percent of total billed charges	
ENTEROSTOMY/CECOSTOMY TUBE	44300	CPT	outpatient			7337		Qualcare	Qualcare		5502.75	0.75			2201.1	6970.15	percent of total billed charges	
ENTEROSTOMY/CECOSTOMY TUBE	44300	CPT	outpatient			7337		Three Rivers	Three Rivers		6970.15	0.95			2201.1	6970.15	percent of total billed charges	
ENTEROSTOMY/CECOSTOMY TUBE	44300	CPT	outpatient			7337		UHC	Medicaid		2308.22	0.3146			2201.1	6970.15	percent of total billed charges	
ENTEROSTOMY/CECOSTOMY TUBE	44300	CPT	outpatient			7337		Wellcare	Medicaid		2308.22	0.3146			2201.1	6970.15	percent of total billed charges	
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Aetna	Better Health		2426.2	0.3146			2375.3	7496.31	percent of total billed charges	
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Aetna	Medicare		2375.3	0.308			2375.3	7496.31	percent of total billed charges	
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Aetna	Commercial		6532.09	1.592			2375.3	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Americare	Americare		5784	0.75			2375.3	7496.31	percent of total billed charges	
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	WellPoint	WellPoint		2474.01	0.3208			2375.3	7496.31	percent of total billed charges	
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Amerihealth	Medicare		4103.07	1			2375.3	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Consumer	Consumer		7326.4	0.95			2375.3	7496.31	percent of total billed charges	
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Corrections	Corrections		6169.6	0.8			2375.3	7496.31	percent of total billed charges	
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	First Health	First Health		5398.4	0.7			2375.3	7496.31	percent of total billed charges	
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	First Trenton	First Trenton		6940.8	0.9			2375.3	7496.31	percent of total billed charges	
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Horizon	MGD		7496.31	1.827			2375.3	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Horizon	Indemnity		7496.31	1.827			2375.3	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Horizon	Medicare Blue		4103.07	1			2375.3	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Horizon	PPO		7496.31	1.827			2375.3	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Managed Care Inc	Managed Care Inc		6940.8	0.9			2375.3	7496.31	percent of total billed charges	
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Multiplan	Multiplan		6169.6	0.8			2375.3	7496.31	percent of total billed charges	
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Qualcare	Qualcare		5784	0.75			2375.3	7496.31	percent of total billed charges	
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Three Rivers	Three Rivers		7326.4	0.95			2375.3	7496.31	percent of total billed charges	
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	UHC	Medicare		4103.07	1			2375.3	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	UHC	Medicaid		2426.2	0.3146			2375.3	7496.31	percent of total billed charges	
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Wellcare	Medicare		4103.07	1			2375.3	7496.31	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REVISION ILEOSTOMY SIM	44312	CPT	outpatient			7712	4718.53	Wellcare	Medicaid		2426.2	0.3146			2375.3	7496.31	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	both			6072	2502.63	Aetna	Commercial		3464.51	1.592			1071.53	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY	44360	CPT	both			6072	2502.63	Aetna	Better Health		1910.25	0.3146			1071.53	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	both			6072	2502.63	Aetna	Medicare		2176.2	1			1071.53	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY	44360	CPT	both			6072	2502.63	Americare	Americare		4554	0.75			1071.53	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	both			6072	2502.63	WellPoint	WellPoint		1947.9	0.3208			1071.53	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	both			6072	2502.63	Amerihealth	Medicare		2176.2	1			1071.53	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY	44360	CPT	both			6072	2502.63	Consumer	Consumer		5768.4	0.95			1071.53	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	both			6072	2502.63	Corrections	Corrections		4857.6	0.8			1071.53	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	both			6072	2502.63	First Health	First Health		4250.4	0.7			1071.53	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	both			6072	2502.63	First Trenton	First Trenton		5464.8	0.9			1071.53	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	both			6072	2502.63	Horizon	MGD		3975.92	1.827			1071.53	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY	44360	CPT	both			6072	2502.63	Horizon	Indemnity		3975.92	1.827			1071.53	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY	44360	CPT	both			6072	2502.63	Horizon	Medicare Blue		2176.2	1			1071.53	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY	44360	CPT	both			6072	2502.63	Horizon	PPO		3975.92	1.827			1071.53	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY	44360	CPT	both			6072	2502.63	Managed Care Inc	Managed Care Inc		5464.8	0.9			1071.53	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	both			6072	2502.63	Multiplan	Multiplan		4857.6	0.8			1071.53	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	both			6072	2502.63	Qualcare	Qualcare		4554	0.75			1071.53	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	both			6072	2502.63	Three Rivers	Three Rivers		5768.4	0.95			1071.53	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	both			6072	2502.63	UHC	Medicaid		1910.25	0.3146			1071.53	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	both			6072	2502.63	UHC	Medicare		2176.2	1			1071.53	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY	44360	CPT	both			6072	2502.63	Wellcare	Medicaid		1910.25	0.3146			1071.53	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY	44360	CPT	both			6072	2502.63	Wellcare	Medicare		2176.2	1			1071.53	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Aetna	Better Health		920.52	0.3146			920.52	3975.92	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Aetna	Commercial		3464.51	1.592			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Aetna	Medicare		2176.2	1			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Americare	Americare		2194.5	0.75			920.52	3975.92	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	WellPoint	WellPoint		938.66	0.3208			920.52	3975.92	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Amerihealth	Medicare		2176.2	1			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Consumer	Consumer		2779.7	0.95			920.52	3975.92	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Corrections	Corrections		2340.8	0.8			920.52	3975.92	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	First Health	First Health		2048.2	0.7			920.52	3975.92	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	First Trenton	First Trenton		2633.4	0.9			920.52	3975.92	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Horizon	Medicare Blue		2176.2	1			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Horizon	Indemnity		3975.92	1.827			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Horizon	MGD		3975.92	1.827			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Horizon	PPO		3975.92	1.827			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Managed Care Inc	Managed Care Inc		2633.4	0.9			920.52	3975.92	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Multiplan	Multiplan		2340.8	0.8			920.52	3975.92	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Qualcare	Qualcare		2194.5	0.75			920.52	3975.92	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Three Rivers	Three Rivers		2779.7	0.95			920.52	3975.92	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	UHC	Medicaid		920.52	0.3146			920.52	3975.92	percent of total billed charges	
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	UHC	Medicare		2176.2	1			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Wellcare	Medicare		2176.2	1			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY W/BIOPSY	44361	CPT	outpatient			2926	2502.63	Wellcare	Medicaid		920.52	0.3146			920.52	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Aetna	Better Health		748.43	0.3146			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Aetna	Commercial		3464.51	1.592			748.43	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Aetna	Medicare		2176.2	1			748.43	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Americare	Americare		1784.25	0.75			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	WellPoint	WellPoint		763.18	0.3208			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Amerihealth	Medicare		2176.2	1			748.43	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Consumer	Consumer		2260.05	0.95			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Corrections	Corrections		1903.2	0.8			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	First Health	First Health		1665.3	0.7			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	First Trenton	First Trenton		2141.1	0.9			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Horizon	PPO		3975.92	1.827			748.43	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Horizon	Medicare Blue		2176.2	1			748.43	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Horizon	MGD		3975.92	1.827			748.43	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Horizon	Indemnity		3975.92	1.827			748.43	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Managed Care Inc	Managed Care Inc		2141.1	0.9			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Multiplan	Multiplan		1903.2	0.8			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Qualcare	Qualcare		1784.25	0.75			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Three Rivers	Three Rivers		2260.05	0.95			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	UHC	Medicaid		748.43	0.3146			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	UHC	Medicare		2176.2	1			748.43	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Wellcare	Medicare		2176.2	1			748.43	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/FOR.BODYREMOVAL	44363	CPT	outpatient			2379	2502.63	Wellcare	Medicaid		748.43	0.3146			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Aetna	Medicare		732.73	0.308			732.73	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Aetna	Better Health		748.43	0.3146			732.73	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Aetna	Commercial		3464.51	1.592			732.73	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Americare	Americare		1784.25	0.75			732.73	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	WellPoint	WellPoint		763.18	0.3208			732.73	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Amerihealth	Medicare		2176.2	1			732.73	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Consumer	Consumer		2260.05	0.95			732.73	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Corrections	Corrections		1903.2	0.8			732.73	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	First Health	First Health		1665.3	0.7			732.73	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	First Trenton	First Trenton		2141.1	0.9			732.73	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Horizon	Indemnity		3975.92	1.827			732.73	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Horizon	MGD		3975.92	1.827			732.73	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Horizon	Medicare Blue		2176.2	1			732.73	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Horizon	PPO		3975.92	1.827			732.73	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Managed Care Inc	Managed Care Inc		2141.1	0.9			732.73	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Multiplan	Multiplan		1903.2	0.8			732.73	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Qualcare	Qualcare		1784.25	0.75			732.73	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Three Rivers	Three Rivers		2260.05	0.95			732.73	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	UHC	Medicaid		748.43	0.3146			732.73	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	UHC	Medicare		2176.2	1			732.73	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Wellcare	Medicaid		748.43	0.3146			732.73	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/POLYPECTOMY	44364	CPT	outpatient			2379	2502.63	Wellcare	Medicare		2176.2	1			732.73	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Aetna	Better Health		997.91	0.3146			976.98	3975.92	percent of total billed charges	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Aetna	Commercial		3464.51	1.592			976.98	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Aetna	Medicare		976.98	0.308			976.98	3975.92	percent of total billed charges	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Americare	Americare		2379	0.75			976.98	3975.92	percent of total billed charges	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	WellPoint	WellPoint		1017.58	0.3208			976.98	3975.92	percent of total billed charges	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Amerihealth	Medicare		2176.2	1			976.98	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Consumer	Consumer		3013.4	0.95			976.98	3975.92	percent of total billed charges	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Corrections	Corrections		2537.6	0.8			976.98	3975.92	percent of total billed charges	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	First Health	First Health		2220.4	0.7			976.98	3975.92	percent of total billed charges	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	First Trenton	First Trenton		2854.8	0.9			976.98	3975.92	percent of total billed charges	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Horizon	Indemnity		3975.92	1.827			976.98	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Horizon	MGD		3975.92	1.827			976.98	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Horizon	Medicare Blue		2176.2	1			976.98	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Horizon	PPO		3975.92	1.827			976.98	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Managed Care Inc	Managed Care Inc		2854.8	0.9			976.98	3975.92	percent of total billed charges	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Multiplan	Multiplan		2537.6	0.8			976.98	3975.92	percent of total billed charges	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Qualcare	Qualcare		2379	0.75			976.98	3975.92	percent of total billed charges	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Three Rivers	Three Rivers		3013.4	0.95			976.98	3975.92	percent of total billed charges	
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	UHC	Medicaid		997.91	0.3146			976.98	3975.92	percent of total billed charges	
SM IN

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Wellcare	Medicare		2176.2	1			976.98	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W REM BY HOT BX/BP CAUTERY	44365	CPT	outpatient			3172	2502.63	Wellcare	Medicaid		997.91	0.3146			976.98	3975.92	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OFHEMORRHAGE	44366	CPT	outpatient			6072	2502.63	Aetna	Better Health		1910.25	0.3146			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OFHEMORRHAGE	44366	CPT	outpatient			6072	2502.63	Aetna	Commercial		3464.51	1.592			870.5	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/CONT.OFHEMORRHAGE	44366	CPT	outpatient			6072	2502.63	Aetna	Medicare		2176.2	1			870.5	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/CONT.OFHEMORRHAGE	44366	CPT	outpatient			6072	2502.63	Americare	Americare		4554	0.75			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OFHEMORRHAGE	44366	CPT	outpatient			6072	2502.63	WellPoint	WellPoint		1947.9	0.3208			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OFHEMORRHAGE	44366	CPT	outpatient			6072	2502.63	Amerihealth	Medicare		2176.2	1			870.5	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/CONT.OFHEMORRHAGE	44366	CPT	outpatient			6072	2502.63	Consumer	Consumer		5768.4	0.95			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OFHEMORRHAGE	44366	CPT	outpatient			6072	2502.63	Corrections	Corrections		4857.6	0.8			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OFHEMORRHAGE	44366	CPT	outpatient			6072	2502.63	First Health	First Health		4250.4	0.7			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OFHEMORRHAGE	44366	CPT	outpatient			6072	2502.63	First Trenton	First Trenton		5464.8	0.9			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OFHEMORRHAGE	44366	CPT	outpatient			6072	2502.63	Horizon	MGD		3975.92	1.827			870.5	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/CONT.OFHEMORRHAGE	44366	CPT	outpatient			6072	2502.63	Horizon	Medicare Blue		2176.2	1			870.5	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/CONT.OFHEMORRHAGE	44366	CPT	outpatient			6072	2502.63	Horizon	Indemnity		3975.92	1.827			870.5	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/CONT.OFHEMORRHAGE	44366	CPT	outpatient			6072	2502.63	Horizon	PPO		3975.92	1.827			870.5	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/CONT.OFHEMORRHAGE	44366	CPT	outpatient			6072	2502.63	Managed Care Inc	Managed Care Inc		5464.8	0.9			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OFHEMORRHAGE	44366	CPT	outpatient			6072	2502.63	Multiplan	Multiplan		4857.6	0.8			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OFHEMORRHAGE	44366	CPT	outpatient			6072	2502.63	Qualcare	Qualcare		4554	0.75			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OFHEMORRHAGE	44366	CPT	outpatient			6072	2502.63	Three Rivers	Three Rivers		5768.4	0.95			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OFHEMORRHAGE	44366	CPT	outpatient			6072	2502.63	UHC	Medicare		2176.2	1			870.5	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/CONT.OFHEMORRHAGE	44366	CPT	outpatient			6072	2502.63	UHC	Medicaid		1910.25	0.3146			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/CONT.OFHEMORRHAGE	44366	CPT	outpatient			6072	2502.63	Wellcare	Medicare		2176.2	1			870.5	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/CONT.OFHEMORRHAGE	44366	CPT	outpatient			6072	2502.63	Wellcare	Medicaid		1910.25	0.3146			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072	2502.63	Aetna	Better Health		1910.25	0.3146			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072	2502.63	Aetna	Commercial		3464.51	1.592			870.5	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072	2502.63	Aetna	Medicare		2176.2	1			870.5	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072	2502.63	Americare	Americare		4554	0.75			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072	2502.63	WellPoint	WellPoint		1947.9	0.3208			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072	2502.63	Amerihealth	Medicare		2176.2	1			870.5	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072	2502.63	Consumer	Consumer		5768.4	0.95			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072	2502.63	Corrections	Corrections		4857.6	0.8			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072	2502.63	First Health	First Health		4250.4	0.7			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072	2502.63	First Trenton	First Trenton		5464.8	0.9			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072	2502.63	Horizon	Medicare Blue		2176.2	1			870.5	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072	2502.63	Horizon	Indemnity		3975.92	1.827			870.5	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072	2502.63	Horizon	MGD		3975.92	1.827			870.5	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072	2502.63	Horizon	PPO		3975.92	1.827			870.5	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072	2502.63	Managed Care Inc	Managed Care Inc		5464.8	0.9			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072	2502.63	Multiplan	Multiplan		4857.6	0.8			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072	2502.63	Qualcare	Qualcare		4554	0.75			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072	2502.63	Three Rivers	Three Rivers		5768.4	0.95			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072	2502.63	UHC	Medicare		2176.2	1			870.5	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072	2502.63	UHC	Medicaid		1910.25	0.3146			870.5	5768.4	percent of total billed charges	
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072	2502.63	Wellcare	Medicare		2176.2	1			870.5	5768.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOS.W/TUMORABLATION	44369	CPT	outpatient			6072	2502.63	Wellcare	Medicaid		1910.25	0.3146			870.5	5768.4	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403	7495.78	Aetna	Medicare		2896.12	0.308			2896.12	11908.51	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403	7495.78	Aetna	Commercial		10376.77	1.592			2896.12	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403	7495.78	Aetna	Better Health		2958.18	0.3146			2896.12	11908.51	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403	7495.78	Americare	Americare		7052.25	0.75			2896.12	11908.51	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403	7495.78	WellPoint	WellPoint		3016.48	0.3208			2896.12	11908.51	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403	7495.78	Amerihealth	Medicare		6518.07	1			2896.12	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403	7495.78	Consumer	Consumer		8932.85	0.95			2896.12	11908.51	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403	7495.78	Corrections	Corrections		7522.4	0.8			2896.12	11908.51	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403	7495.78	First Health	First Health		6582.1	0.7			2896.12	11908.51	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403	7495.78	First Trenton	First Trenton		8462.7	0.9			2896.12	11908.51	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403	7495.78	Horizon	Indemnity		11908.51	1.827			2896.12	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403	7495.78	Horizon	MGD		11908.51	1.827			2896.12	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403	7495.78	Horizon	Medicare Blue		6518.07	1			2896.12	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403	7495.78	Horizon	PPO		11908.51	1.827			2896.12	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403	7495.78	Managed Care Inc	Managed Care Inc		8462.7	0.9			2896.12	11908.51	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403	7495.78	Multiplan	Multiplan		7522.4	0.8			2896.12	11908.51	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403	7495.78	Qualcare	Qualcare		7052.25	0.75			2896.12	11908.51	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403	7495.78	Three Rivers	Three Rivers		8932.85	0.95			2896.12	11908.51	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403	7495.78	UHC	Medicare		6518.07	1			2896.12	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403	7495.78	UHC	Medicaid		2958.18	0.3146			2896.12	11908.51	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403	7495.78	Wellcare	Medicaid		2958.18	0.3146			2896.12	11908.51	percent of total billed charges	
SMALL BOWEL ENDOSCOPY/STENT	44370	CPT	outpatient			9403	7495.78	Wellcare	Medicare		6518.07	1			2896.12	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926	2502.63	Aetna	Better Health		920.52	0.3146			920.52	3975.92	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926	2502.63	Aetna	Commercial		3464.51	1.592			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926	2502.63	Aetna	Medicare		2176.2	1			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926	2502.63	Americare	Americare		2194.5	0.75			920.52	3975.92	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926	2502.63	WellPoint	WellPoint		938.66	0.3208			920.52	3975.92	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926	2502.63	Amerihealth	Medicare		2176.2	1			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926	2502.63	Consumer	Consumer		2779.7	0.95			920.52	3975.92	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926	2502.63	Corrections	Corrections		2340.8	0.8			920.52	3975.92	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926	2502.63	First Health	First Health		2048.2	0.7			920.52	3975.92	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926	2502.63	First Trenton	First Trenton		2633.4	0.9			920.52	3975.92	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926	2502.63	Horizon	MGD		3975.92	1.827			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926	2502.63	Horizon	Medicare Blue		2176.2	1			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926	2502.63	Horizon	Indemnity		3975.92	1.827			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926	2502.63	Horizon	PPO		3975.92	1.827			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926	2502.63	Managed Care Inc	Managed Care Inc		2633.4	0.9			920.52	3975.92	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926	2502.63	Multiplan	Multiplan		2340.8	0.8			920.52	3975.92	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926	2502.63	Qualcare	Qualcare		2194.5	0.75			920.52	3975.92	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926	2502.63	Three Rivers	Three Rivers		2779.7	0.95			920.52	3975.92	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926	2502.63	UHC	Medicaid		920.52	0.3146			920.52	3975.92	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926	2502.63	UHC	Medicare		2176.2	1			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926	2502.63	Wellcare	Medicaid		920.52	0.3146			920.52	3975.92	percent of total billed charges	
PERCUT. ENDOSC. EJUSNOS. PLACE	44372	CPT	outpatient			2926	2502.63	Wellcare	Medicare		2176.2	1			920.52	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOSCOV.PEG.JEJUNOSTOMY	44373	CPT	outpatient			2379	2502.63	Aetna	Commercial		3464.51	1.592			748.43	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOSCOV.PEG.JEJUNOSTOMY	44373	CPT	outpatient			2379	2502.63	Aetna	Better Health		748.43	0.3146			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG.JEJUNOSTOMY	44373	CPT	outpatient			2379	2502.63	Aetna	Medicare		2176.2	1			748.43	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOSCOV.PEG.JEJUNOSTOMY	44373	CPT	outpatient			2379	2502.63	Americare	Americare		1784.25	0.75			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG.JEJUNOSTOMY	44373	CPT	outpatient			2379	2502.63	WellPoint	WellPoint		763.18	0.3208			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG.JEJUNOSTOMY	44373	CPT	outpatient			2379	2502.63	Amerihealth	Medicare		2176.2	1			748.43	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOSCOV.PEG.JEJUNOSTOMY	44373	CPT	outpatient			2379	2502.63	Consumer	Consumer		2260.05	0.95			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG.JEJUNOSTOMY	44373	CPT	outpatient			2379	2502.63	Corrections	Corrections		1903.2	0.8			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG.JEJUNOSTOMY	44373	CPT	outpatient			2379	2502.63	First Health	First Health		1665.3	0.7			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG.JEJUNOSTOMY	44373	CPT	outpatient			2379	2502.63	First Trenton	First Trenton		2141.1	0.9			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG.JEJUNOSTOMY	44373	CPT	outpatient			2379	2502.63	Horizon	PPO		3975.92	1.827			748.43	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOSCOV.PEG.JEJUNOSTOMY	44373	CPT	outpatient			2379	2502.63	Horizon	Indemnity		3975.92	1.827			748.43	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOSCOV.PEG.JEJUNOSTOMY	44373	CPT	outpatient			2379	2502.63	Horizon	MGD		3975.92	1.827			748.43	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOSCOV.PEG.JEJUNOSTOMY	44373	CPT	outpatient			2379	2502.63	Horizon	Medicare Blue		2176.2	1			748.43	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOSCOV.PEG.JEJUNOSTOMY	44373	CPT	outpatient			2379	2502.63	Managed Care Inc	Managed Care Inc		2141.1	0.9			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG.JEJUNOSTOMY	44373	CPT	outpatient			2379	2502.63	Multiplan	Multiplan		1903.2	0.8			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG.JEJUNOSTOMY	44373	CPT	outpatient			2379	2502.63	Qualcare	Qualcare		1784.25	0.75			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG.JEJUNOSTOMY	44373	CPT	outpatient			2379	2502.63	Three Rivers	Three Rivers		2260.05	0.95			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG.JEJUNOSTOMY	44373	CPT	outpatient			2379	2502.63	UHC	Medicaid		748.43	0.3146			748.43	3975.92	percent of total billed charges	
SMALLBOWELENDOSCOV.PEG.JEJUNOSTOMY	44373	CPT	outpatient			2379	2502.63	UHC	Medicare		2176.2	1			748.43	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOSCOV.PEG.JEJUNOSTOMY	44373	CPT	outpatient			2379	2502.63	Wellcare	Medicare		2176.2	1			748.43	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALLBOWELENDOSCOV.PEG.JEJUNOSTOMY	44373	CPT	outpatient			2379	2502.63	Wellcare	Medicaid		748.43	0.3146			748.43	3975.92	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172	2502.63	Aetna	Medicare		976.98	0.308			976.98	3975.92	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172	2502.63	Aetna	Better Health		997.91	0.3146			976.98	3975.92	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172	2502.63	Aetna	Commercial		3464.51	1.592			976.98	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172	2502.63	Americare	Americare		2379	0.75			976.98	3975.92	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172	2502.63	WellPoint	WellPoint		1017.58	0.3208			976.98	3975.92	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172	2502.63	Amerihealth	Medicare		2176.2	1			976.98	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172	2502.63	Consumer	Consumer		3013.4	0.95			976.98	3975.92	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172	2502.63	Corrections	Corrections		2537.6	0.8			976.98	3975.92	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172	2502.63	First Health	First Health		2220.4	0.7			976.98	3975.92	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172	2502.63	First Trenton	First Trenton		2854.8	0.9			976.98	3975.92	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172	2502.63	Horizon	MGD		3975.92	1.827			976.98	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172	2502.63	Horizon	Indemnity		3975.92	1.827			976.98	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172	2502.63	Horizon	Medicare Blue		2176.2	1			976.98	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172	2502.63	Horizon	PPO		3975.92	1.827			976.98	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172	2502.63	Managed Care Inc	Managed Care Inc		2854.8	0.9			976.98	3975.92	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172	2502.63	Multiplan	Multiplan		2537.6	0.8			976.98	3975.92	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172	2502.63	Qualcare	Qualcare		2379	0.75			976.98	3975.92	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172	2502.63	Three Rivers	Three Rivers		3013.4	0.95			976.98	3975.92	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172	2502.63	UHC	Medicaid		997.91	0.3146			976.98	3975.92	percent of total billed charges	
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172	2502.63	UHC	Medicare		2176.2	1			976.98	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172	2502.63	Wellcare	Medicare		2176.2	1			976.98	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO U ILIUM DX	44376	CPT	outpatient			3172	2502.63	Wellcare	Medicaid		997.91	0.3146			976.98	3975.92	percent of total billed charges	
SM INT ENDO W ILIUM W BX SIN/MULTI	44377	CPT	outpatient			3172	2502.63	Aetna	Better Health		997.91	0.3146			997.91	3975.92	percent of total billed charges	
SM INT ENDO W ILIUM W BX SIN/MULTI	44377	CPT	outpatient			3172	2502.63	Aetna	Commercial		3464.51	1.592			997.91	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W ILIUM W BX SIN/MULTI	44377	CPT	outpatient			3172	2502.63	Aetna	Medicare		2176.2	1			997.91	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W ILIUM W BX SIN/MULTI	44377	CPT	outpatient			3172	2502.63	Americare	Americare		2379	0.75			997.91	3975.92	percent of total billed charges	
SM INT ENDO W ILIUM W BX

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SM INT ENDO W ILIUM W BX SIN/MULTI	44377	CPT	outpatient			3172	2502.63	First Trenton	First Trenton		2854.8	0.9			997.91	3975.92	percent of total billed charges	
SM INT ENDO W ILIUM W BX SIN/MULTI	44377	CPT	outpatient			3172	2502.63	Horizon	MGD		3975.92	1.827			997.91	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W ILIUM W BX SIN/MULTI	44377	CPT	outpatient			3172	2502.63	Horizon	Indemnity		3975.92	1.827			997.91	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W ILIUM W BX SIN/MULTI	44377	CPT	outpatient			3172	2502.63	Horizon	PPO		3975.92	1.827			997.91	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W ILIUM W BX SIN/MULTI	44377	CPT	outpatient			3172	2502.63	Horizon	Medicare Blue		2176.2	1			997.91	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W ILIUM W BX SIN/MULTI	44377	CPT	outpatient			3172	2502.63	Managed Care Inc	Managed Care Inc		2854.8	0.9			997.91	3975.92	percent of total billed charges	
SM INT ENDO W ILIUM W BX SIN/MULTI	44377	CPT	outpatient			3172	2502.63	Multiplan	Multiplan		2537.6	0.8			997.91	3975.92	percent of total billed charges	
SM INT ENDO W ILIUM W BX SIN/MULTI	44377	CPT	outpatient			3172	2502.63	Qualcare	Qualcare		2379	0.75			997.91	3975.92	percent of total billed charges	
SM INT ENDO W ILIUM W BX SIN/MULTI	44377	CPT	outpatient			3172	2502.63	Three Rivers	Three Rivers		3013.4	0.95			997.91	3975.92	percent of total billed charges	
SM INT ENDO W ILIUM W BX SIN/MULTI	44377	CPT	outpatient			3172	2502.63	UHC	Medicare		2176.2	1			997.91	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W ILIUM W BX SIN/MULTI	44377	CPT	outpatient			3172	2502.63	UHC	Medicaid		997.91	0.3146			997.91	3975.92	percent of total billed charges	
SM INT ENDO W ILIUM W BX SIN/MULTI	44377	CPT	outpatient			3172	2502.63	Wellcare	Medicare		2176.2	1			997.91	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO W ILIUM W BX SIN/MULTI	44377	CPT	outpatient			3172	2502.63	Wellcare	Medicaid		997.91	0.3146			997.91	3975.92	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172	2502.63	Aetna	Medicare		2176.2	1			997.91	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172	2502.63	Aetna	Better Health		997.91	0.3146			997.91	3975.92	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172	2502.63	Aetna	Commercial		3464.51	1.592			997.91	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172	2502.63	Americare	Americare		2379	0.75			997.91	3975.92	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172	2502.63	WellPoint	WellPoint		1017.58	0.3208			997.91	3975.92	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172	2502.63	Amerihealth	Medicare		2176.2	1			997.91	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172	2502.63	Consumer	Consumer		3013.4	0.95			997.91	3975.92	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172	2502.63	Corrections	Corrections		2537.6	0.8			997.91	3975.92	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172	2502.63	First Health	First Health		2220.4	0.7			997.91	3975.92	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172	2502.63	First Trenton	First Trenton		2854.8	0.9			997.91	3975.92	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172	2502.63	Horizon	Indemnity		3975.92	1.827			997.91	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172	2502.63	Horizon	Medicare Blue		2176.2	1			997.91	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172	2502.63	Horizon	MGD		3975.92	1.827			997.91	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172	2502.63	Horizon	PPO		3975.92	1.827			997.91	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172	2502.63	Managed Care Inc	Managed Care Inc		2854.8	0.9			997.91	3975.92	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172	2502.63	Multiplan	Multiplan		2537.6	0.8			997.91	3975.92	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172	2502.63	Qualcare	Qualcare		2379	0.75			997.91	3975.92	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172	2502.63	Three Rivers	Three Rivers		3013.4	0.95			997.91	3975.92	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172	2502.63	UHC	Medicare		2176.2	1			997.91	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172	2502.63	UHC	Medicaid		997.91	0.3146			997.91	3975.92	percent of total billed charges	
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172	2502.63	Wellcare	Medicare		2176.2	1			997.91	3975.92	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI ENDO TO IL W BLEED CNTRL	44378	CPT	outpatient			3172	2502.63	Wellcare	Medicaid		997.91	0.3146			997.91	3975.92	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403	7495.78	Aetna	Medicare		6518.07	1			2958.18	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO STENT	44379	CPT	outpatient			9403	7495.78	Aetna	Better Health		2958.18	0.3146			2958.18	11908.51	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403	7495.78	Aetna	Commercial		10376.77	1.592			2958.18	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO STENT	44379	CPT	outpatient			9403	7495.78	Americare	Americare		7052.25	0.75			2958.18	11908.51	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403	7495.78	WellPoint	WellPoint		3016.48	0.3208			2958.18	11908.51	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403	7495.78	Amerihealth	Medicare		6518.07	1			2958.18	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO STENT	44379	CPT	outpatient			9403	7495.78	Consumer	Consumer		8932.85	0.95			2958.18	11908.51	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403	7495.78	Corrections	Corrections		7522.4	0.8			2958.18	11908.51	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403	7495.78	First Health	First Health		6582.1	0.7			2958.18	11908.51	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403	7495.78	First Trenton	First Trenton		8462.7	0.9			2958.18	11908.51	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403	7495.78	Horizon	Indemnity		11908.51	1.827			2958.18	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO STENT	44379	CPT	outpatient			9403	7495.78	Horizon	Medicare Blue		6518.07	1			2958.18	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO STENT	44379	CPT	outpatient			9403	7495.78	Horizon	MGD		11908.51	1.827			2958.18	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO STENT	44379	CPT	outpatient			9403	7495.78	Horizon	PPO		11908.51	1.827			2958.18	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO STENT	44379	CPT	outpatient			9403	7495.78	Managed Care Inc	Managed Care Inc		8462.7	0.9			2958.18	11908.51	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403	7495.78	Multiplan	Multiplan		7522.4	0.8			2958.18	11908.51	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403	7495.78	Qualcare	Qualcare		7052.25	0.75			2958.18	11908.51	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403	7495.78	Three Rivers	Three Rivers		8932.85	0.95			2958.18	11908.51	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403	7495.78	UHC	Medicaid		2958.18	0.3146			2958.18	11908.51	percent of total billed charges	
SM INT ENDO STENT	44379	CPT	outpatient			9403	7495.78	UHC	Medicare		6518.07	1			2958.18	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO STENT	44379	CPT	outpatient			9403	7495.78	Wellcare	Medicare		6518.07	1			2958.18	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SM INT ENDO STENT	44379	CPT	outpatient			9403	7495.78	Wellcare	Medicaid		2958.18	0.3146			2958.18	11908.51	percent of total billed charges	
ILEOSCOPY THRU STOMA; DX	44380	CPT	outpatient			3172	1192.23	Aetna	Better Health		997.91	0.3146			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA; DX	44380	CPT	outpatient			3172	1192.23	Aetna	Commercial		1650.46	1.592			997.91	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY THRU STOMA; DX	44380	CPT	outpatient			3172	1192.23	Aetna	Medicare		1036.72	1			997.91	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY THRU STOMA; DX	44380	CPT	outpatient			3172	1192.23	Americare	Americare		2379	0.75			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA; DX	44380	CPT	outpatient			3172	1192.23	WellPoint	WellPoint		1017.58	0.3208			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA; DX	44380	CPT	outpatient			3172	1192.23	Amerihealth	Medicare		1036.72	1			997.91	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY THRU STOMA; DX	44380	CPT	outpatient			3172	1192.23	Consumer	Consumer		3013.4	0.95			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA; DX	44380	CPT	outpatient			3172	1192.23	Corrections	Corrections		2537.6	0.8			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA; DX	44380	CPT	outpatient			3172	1192.23	First Health	First Health		2220.4	0.7			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA; DX	44380	CPT	outpatient			3172	1192.23	First Trenton	First Trenton		2854.8	0.9			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA; DX	44380	CPT	outpatient			3172	1192.23	Horizon	MGD		1894.09	1.827			997.91	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY THRU STOMA; DX	44380	CPT	outpatient			3172	1192.23	Horizon	Indemnity		1894.09	1.827			997.91	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY THRU STOMA; DX	44380	CPT	outpatient			3172	1192.23	Horizon	PPO		1894.09	1.827			997.91	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY THRU STOMA; DX	44380	CPT	outpatient			3172	1192.23	Horizon	Medicare Blue		1036.72	1			997.91	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY THRU STOMA; DX	44380	CPT	outpatient			3172	1192.23	Managed Care Inc	Managed Care Inc		2854.8	0.9			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA; DX	44380	CPT	outpatient			3172	1192.23	Multiplan	Multiplan		2537.6	0.8			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA; DX	44380	CPT	outpatient			3172	1192.23	Qualcare	Qualcare		2379	0.75			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA; DX	44380	CPT	outpatient			3172	1192.23	Three Rivers	Three Rivers		3013.4	0.95			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA; DX	44380	CPT	outpatient			3172	1192.23	UHC	Medicaid		997.91	0.3146			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA; DX	44380	CPT	outpatient			3172	1192.23	UHC	Medicare		1036.72	1			997.91	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY THRU STOMA; DX	44380	CPT	outpatient			3172	1192.23	Wellcare	Medicare		1036.72	1			997.91	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY THRU STOMA; DX	44380	CPT	outpatient			3172	1192.23	Wellcare	Medicaid		997.91	0.3146			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA;W BX SGL/MULTI	44382	CPT	outpatient			3172	1192.23	Aetna	Commercial		1650.46	1.592			997.91	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY THRU STOMA;W BX SGL/MULTI	44382	CPT	outpatient			3172	1192.23	Aetna	Better Health		997.91	0.3146			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA;W BX SGL/MULTI	44382	CPT	outpatient			3172	1192.23	Aetna	Medicare		1036.72	1			997.91	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY THRU STOMA;W BX SGL/MULTI	44382	CPT	outpatient			3172	1192.23	Americare	Americare		2379	0.75			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA;W BX SGL/MULTI	44382	CPT	outpatient			3172	1192.23	WellPoint	WellPoint		1017.58	0.3208			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA;W BX SGL/MULTI	44382	CPT	outpatient			3172	1192.23	Amerihealth	Medicare		1036.72	1			997.91	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY THRU STOMA;W BX SGL/MULTI	44382	CPT	outpatient			3172	1192.23	Consumer	Consumer		3013.4	0.95			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA;W BX SGL/MULTI	44382	CPT	outpatient			3172	1192.23	Corrections	Corrections		2537.6	0.8			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA;W BX SGL/MULTI	44382	CPT	outpatient			3172	1192.23	First Health	First Health		2220.4	0.7			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA;W BX SGL/MULTI	44382	CPT	outpatient			3172	1192.23	First Trenton	First Trenton		2854.8	0.9			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA;W BX SGL/MULTI	44382	CPT	outpatient			3172	1192.23	Horizon	MGD		1894.09	1.827			997.91	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY THRU STOMA;W BX SGL/MULTI	44382	CPT	outpatient			3172	1192.23	Horizon	Medicare Blue		1036.72	1			997.91	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY THRU STOMA;W BX SGL/MULTI	44382	CPT	outpatient			3172	1192.23	Horizon	Indemnity		1894.09	1.827			997.91	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY THRU STOMA;W BX SGL/MULTI	44382	CPT	outpatient			3172	1192.23	Horizon	PPO		1894.09	1.827			997.91	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY THRU STOMA;W BX SGL/MULTI	44382	CPT	outpatient			3172	1192.23	Managed Care Inc	Managed Care Inc		2854.8	0.9			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA;W BX SGL/MULTI	44382	CPT	outpatient			3172	1192.23	Multiplan	Multiplan		2537.6	0.8			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA;W BX SGL/MULTI	44382	CPT	outpatient			3172	1192.23	Qualcare	Qualcare		2379	0.75			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA;W BX SGL/MULTI	44382	CPT	outpatient			3172	1192.23	Three Rivers	Three Rivers		3013.4	0.95			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA;W BX SGL/MULTI	44382	CPT	outpatient			3172	1192.23	UHC	Medicare		1036.72	1			997.91	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY THRU STOMA;W BX SGL/MULTI	44382	CPT	outpatient			3172	1192.23	UHC	Medicaid		997.91	0.3146			997.91	3013.4	percent of total billed charges	
ILEOSCOPY THRU STOMA;W BX SGL/MULTI	44382	CPT	outpatient			3172	1192.23	Wellcare	Medicare		1036.72	1			997.91	3013.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCOPY THRU STOMA;W BX SGL/MULTI	44382	CPT	outpatient			3172	1192.23	Wellcare	Medicaid		997.91	0.3146			997.91	3013.4	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403	2502.63	Aetna	Medicare		2176.2	1			2176.2	8932.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403	2502.63	Aetna	Commercial		3464.51	1.592			2176.2	8932.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403	2502.63	Aetna	Better Health		2958.18	0.3146			2176.2	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403	2502.63	Americare	Americare		7052.25	0.75			2176.2	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403	2502.63	WellPoint	WellPoint		3016.48	0.3208			2176.2	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403	2502.63	Amerihealth	Medicare		2176.2	1			2176.2	8932.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403	2502.63	Consumer	Consumer		8932.85	0.95			2176.2	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403	2502.63	Corrections	Corrections		7522.4	0.8			2176.2	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403	2502.63	First Health	First Health		6582.1	0.7			2176.2	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403	2502.63	First Trenton	First Trenton		8462.7	0.9			2176.2	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403	2502.63	Horizon	MGD		3975.92	1.827			2176.2	8932.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403	2502.63	Horizon	Indemnity		3975.92	1.827			2176.2	8932.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403	2502.63	Horizon	PPO		3975.92	1.827			2176.2	8932.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403	2502.63	Horizon	Medicare Blue		2176.2	1			2176.2	8932.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403	2502.63	Managed Care Inc	Managed Care Inc		8462.7	0.9			2176.2	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403	2502.63	Multiplan	Multiplan		7522.4	0.8			2176.2	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403	2502.63	Qualcare	Qualcare		7052.25	0.75			2176.2	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403	2502.63	Three Rivers	Three Rivers		8932.85	0.95			2176.2	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403	2502.63	UHC	Medicaid		2958.18	0.3146			2176.2	8932.85	percent of total billed charges	
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403	2502.63	UHC	Medicare		2176.2	1			2176.2	8932.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403	2502.63	Wellcare	Medicare		2176.2	1			2176.2	8932.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ILEOSCPOY THRU STOMA W/STENT	44384	CPT	outpatient			9403	2502.63	Wellcare	Medicaid		2958.18	0.3146			2176.2	8932.85	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998	1202.06	Aetna	Medicare		1045.27	1			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998	1202.06	Aetna	Commercial		1664.07	1.592			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998	1202.06	Aetna	Better Health		943.17	0.3146			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998	1202.06	Americare	Americare		2248.5	0.75			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998	1202.06	WellPoint	WellPoint		961.76	0.3208			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998	1202.06	Amerihealth	Medicare		1045.27	1			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998	1202.06	Consumer	Consumer		2848.1	0.95			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998	1202.06	Corrections	Corrections		2398.4	0.8			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998	1202.06	First Health	First Health		2098.6	0.7			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998	1202.06	First Trenton	First Trenton		2698.2	0.9			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998	1202.06	Horizon	MGD		1909.71	1.827			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998	1202.06	Horizon	Medicare Blue		1045.27	1			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998	1202.06	Horizon	PPO		1909.71	1.827			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998	1202.06	Horizon	Indemnity		1909.71	1.827			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998	1202.06	Managed Care Inc	Managed Care Inc		2698.2	0.9			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998	1202.06	Multiplan	Multiplan		2398.4	0.8			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998	1202.06	Qualcare	Qualcare		2248.5	0.75			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998	1202.06	Three Rivers	Three Rivers		2848.1	0.95			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998	1202.06	UHC	Medicaid		943.17	0.3146			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998	1202.06	UHC	Medicare		1045.27	1			943.17	2848.1	other

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998	1202.06	Wellcare	Medicare		1045.27				943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH,DX	44385	CPT	outpatient			2998	1202.06	Wellcare	Medicaid		943.17	0.3146			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W BX	44386	CPT	outpatient			2998	1202.06	Aetna	Better Health		943.17	0.3146			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W BX	44386	CPT	outpatient			2998	1202.06	Aetna	Medicare		1045.27	1			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH W BX	44386	CPT	outpatient			2998	1202.06	Aetna	Commercial		1664.07	1.592			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH W BX	44386	CPT	outpatient			2998	1202.06	Americare	Americare		2248.5	0.75			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W BX	44386	CPT	outpatient			2998	1202.06	WellPoint	WellPoint		961.76	0.3208			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W BX	44386	CPT	outpatient			2998	1202.06	Amerihealth	Medicare		1045.27	1			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH W BX	44386	CPT	outpatient			2998	1202.06	Consumer	Consumer		2848.1	0.95			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W BX	44386	CPT	outpatient			2998	1202.06	Corrections	Corrections		2398.4	0.8			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W BX	44386	CPT	outpatient			2998	1202.06	First Health	First Health		2098.6	0.7			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W BX	44386	CPT	outpatient			2998	1202.06	First Trenton	First Trenton		2698.2	0.9			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W BX	44386	CPT	outpatient			2998	1202.06	Horizon	Indemnity		1909.71	1.827			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH W BX	44386	CPT	outpatient			2998	1202.06	Horizon	MCD		1909.71	1.827			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH W BX	44386	CPT	outpatient			2998	1202.06	Horizon	Medicare Blue		1045.27	1			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH W BX	44386	CPT	outpatient			2998	1202.06	Horizon	PPO		1909.71	1.827			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH W BX	44386	CPT	outpatient			2998	1202.06	Managed Care Inc	Managed Care Inc		2698.2	0.9			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W BX	44386	CPT	outpatient			2998	1202.06	Multiplan	Multiplan		2398.4	0.8			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W BX	44386	CPT	outpatient			2998	1202.06	Qualcare	Qualcare		2248.5	0.75			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W BX	44386	CPT	outpatient			2998	1202.06	Three Rivers	Three Rivers		2848.1	0.95			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W BX	44386	CPT	outpatient			2998	1202.06	UHC	Medicaid		943.17	0.3146			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W BX	44386	CPT	outpatient			2998	1202.06	UHC	Medicare		1045.27	1			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO EVAL SM INTEST POUCH W BX	44386	CPT	outpatient			2998	1202.06	Wellcare	Medicaid		943.17	0.3146			943.17	2848.1	percent of total billed charges	
ENDO EVAL SM INTEST POUCH W BX	44386	CPT	outpatient			2998	1202.06	Wellcare	Medicare		1045.27	1			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY	44388	CPT	outpatient			3420	1202.06	Aetna	Better Health		1075.93	0.3146			1045.27	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420	1202.06	Aetna	Commercial		1664.07	1.592			1045.27	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY	44388	CPT	outpatient			3420	1202.06	Aetna	Medicare		1045.27	1			1045.27	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY	44388	CPT	outpatient			3420	1202.06	Americare	Americare		2565	0.75			1045.27	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420	1202.06	WellPoint	WellPoint		1097.14	0.3208			1045.27	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420	1202.06	Amerihealth	Medicare		1045.27	1			1045.27	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY	44388	CPT	outpatient			3420	1202.06	Consumer	Consumer		3249	0.95			1045.27	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420	1202.06	Corrections	Corrections		2736	0.8			1045.27	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420	1202.06	First Health	First Health		2394	0.7			1045.27	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420	1202.06	First Trenton	First Trenton		3078	0.9			1045.27	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420	1202.06	Horizon	PPO		1909.71	1.827			1045.27	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY	44388	CPT	outpatient			3420	1202.06	Horizon	Indemnity		1909.71	1.827			1045.27	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY	44388	CPT	outpatient			3420	1202.06	Horizon	MCD		1909.71	1.827			1045.27	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY	44388	CPT	outpatient			3420	1202.06	Horizon	Medicare Blue		1045.27	1			1045.27	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY	44388	CPT	outpatient			3420	1202.06	Managed Care Inc	Managed Care Inc		3078	0.9			1045.27	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420	1202.06	Multiplan	Multiplan		2736	0.8			1045.27	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420	1202.06	Qualcare	Qualcare		2565	0.75			1045.27	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420	1202.06	Three Rivers	Three Rivers		3249	0.95			1045.27	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420	1202.06	UHC	Medicaid		1075.93	0.3146			1045.27	3249	percent of total billed charges	
COLONOSCOPY	44388	CPT	outpatient			3420	1202.06	UHC	Medicare		1045.27	1			1045.27	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY	44388	CPT	outpatient			3420	1202.06	Wellcare	Medicare		1045.27	1			1045.27	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY	44388	CPT	outpatient			3420	1202.06	Wellcare	Medicaid		1075.93	0.3146			1045.27	3249	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782	1552.05	Aetna	Commercial		2148.58	1.592			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782	1552.05	Aetna	Better Health		560.62	0.3146			560.62	2465.74	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782	1552.05	Aetna	Medicare		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782	1552.05	Americare	Americare		1336.5	0.75			560.62	2465.74	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782	1552.05	WellPoint	WellPoint		571.67	0.3208			560.62	2465.74	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782	1552.05	Amerihealth	Medicare		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782	1552.05	Consumer	Consumer		1692.9	0.95			560.62	2465.74	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782	1552.05	Corrections	Corrections		1425.6	0.8			560.62	2465.74	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782	1552.05	First Health	First Health		1247.4	0.7			560.62	2465.74	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782	1552.05	First Trenton	First Trenton		1603.8	0.9			560.62	2465.74	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782	1552.05	Horizon	Indemnity		2465.74	1.827			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782	1552.05	Horizon	MCD		2465.74	1.827			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782	1552.05	Horizon	Medicare Blue		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782	1552.05	Horizon	PPO		2465.74	1.827			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782	1552.05	Managed Care Inc	Managed Care Inc		1603.8	0.9			560.62	2465.74	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782	1552.05	Multiplan	Multiplan		1425.6	0.8			560.62	2465.74	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782	1552.05	Qualcare	Qualcare		1336.5	0.75			560.62	2465.74	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782	1552.05	Three Rivers	Three Rivers		1692.9	0.95			560.62	2465.74	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782	1552.05	UHC	Medicaid		560.62	0.3146			560.62	2465.74	percent of total billed charges	
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782	1552.05	UHC	Medicare		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782	1552.05	Wellcare	Medicare		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY W/BX/BRUSH/WASH	44389	CPT	outpatient			1782	1552.05	Wellcare	Medicaid		560.62	0.3146			560.62	2465.74	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	Aetna	Better Health		560.62	0.3146			548.86	1909.71	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	Aetna	Medicare		548.86	0.308			548.86	1909.71	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	Aetna	Commercial		1664.07	1.592			548.86	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	Americare	Americare		1336.5	0.75			548.86	1909.71	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	WellPoint	WellPoint		571.67	0.3208			548.86	1909.71	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	Amerihealth	Medicare		1045.27	1			548.86	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	Consumer	Consumer		1692.9	0.95			548.86	1909.71	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	Corrections	Corrections		1425.6	0.8			548.86	1909.71	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	First Health	First Health		1247.4	0.7			548.86	1909.71	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	First Trenton	First Trenton		1603.8	0.9			548.86	1909.71	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	Horizon	Indemnity		1909.71	1.827			548.86	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	Horizon	MCD		1909.71	1.827			548.86	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	Horizon	Medicare Blue		1045.27	1			548.86	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	Horizon	PPO		1909.71	1.827			548.86	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	Managed Care Inc	Managed Care Inc		1603.8	0.9			548.86	1909.71	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	Multiplan	Multiplan		1425.6	0.8			548.86	1909.71	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	Qualcare	Qualcare		1336.5	0.75			548.86	1909.71	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	Three Rivers	Three Rivers		1692.9	0.95			548.86	1909.71	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	UHC	Medicaid		560.62	0.3146			548.86	1909.71	percent of total billed charges	
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	UHC	Medicare		1045.27	1			548.86	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	Wellcare	Medicare		1045.27	1			548.86	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY FOREIGN BODY REMOVAL	44390	CPT	outpatient			1782	1202.06	Wellcare	Medicaid		560.62	0.3146			548.86	1909.71	percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Aetna	Better Health		560.62	0.3146			548.86	2465.74	percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Aetna	Medicare		548.86	0.308			548.86	2465.74	percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Aetna	Commercial		2148.58	1.592			548.86	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Americare	Americare		1336.5	0.75			548.86	2465.74	percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	WellPoint	WellPoint		571.67	0.3208			548.86	2465.74	percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Amerihealth	Medicare		1349.61	1			548.86	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Consumer	Consumer		1692.9	0.95			548.86	2465.74	percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Corrections	Corrections		1425.6	0.8			548.86	2465.74	percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	First Health	First Health		1247.4	0.7			548.86	2465.74	percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	First Trenton	First Trenton		1603.8	0.9			548.86	2465.74	percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Horizon	Indemnity		2465.74	1.827			548.86	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Horizon	Medicare Blue		1349.61	1			548.86	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Horizon	PPO		2465.74	1.827			548.86	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Horizon	MCD		2465.74	1.827			548.86	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Managed Care Inc	Managed Care Inc		1603.8	0.9			548.86	2465.74	percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Multiplan	Multiplan		1425.6	0.8			548.86	2465.74	percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Qualcare	Qualcare		1336.5	0.75			548.86	2465.74	percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Three Rivers	Three Rivers		1692.9	0.95			548.86	2465.74	percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	UHC	Medicaid		560.62	0.3146			548.86	2465.74	percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	UHC	Medicare		1349.61	1			548.86	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Wellcare	Medicaid		560.62	0.3146			548.86	2465.74	percent of total billed charges	
COLOSCOPY CONTRO OF HEMORRHAGE	44391	CPT	outpatient			1782	1552.05	Wellcare	Medicare		1349.61	1			548.86	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Aetna	Better Health		1075.93	0.3146			1075.93	3249	percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Aetna	Commercial		2148.58	1.592			1075.93	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Aetna	Medicare		1349.61	1			1075.93	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Americare	Americare		2565	0.75			1075.93	3249	percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	WellPoint	WellPoint		1097.14	0.3208			1075.93	3249	percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Amerihealth	Medicare		1349.61	1			1075.93	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Consumer	Consumer		3249	0.95			1075.93	3249	percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Corrections	Corrections		2736	0.8			1075.93	3249	percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	First Health	First Health		2394	0.7			1075.93	3249	percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	First Trenton	First Trenton		3078	0.9			1075.93	3249	percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Horizon	Indemnity		2465.74	1.827			1075.93	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Horizon	PPO		2465.74	1.827			1075.93	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Horizon	MCD		2465.74	1.827			1075.93	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Horizon	Medicare Blue		1349.61	1			1075.93	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Managed Care Inc	Managed Care Inc		3078	0.9			1075.93	3249	percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Multiplan	Multiplan		2736	0.8			1075.93	3249	percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Qualcare	Qualcare		2565	0.75			1075.93	3249	percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Three Rivers	Three Rivers		3249	0.95			1075.93	3249	percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	UHC	Medicaid		1075.93	0.3146			1075.93	3249	percent of total billed charges	
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	UHC	Medicare		1349.61	1			1075.93	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Wellcare	Medicare		1349.61	1			1075.93	3249	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY PLUS POLYPECTOMY	44392	CPT	outpatient			3420	1552.05	Wellcare	Medicaid		1075.93	0.3146			1075.93	3249	percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Aetna	Better Health		988.79	0.3146			988.79	2985.85	percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Aetna	Commercial		2148.58	1.592			988.79	2985.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Aetna	Medicare		1349.61	1			988.79	2985.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Americare	Americare		2357.25	0.75			988.79	2985.85	percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	WellPoint	WellPoint		1008.27	0.3208			988.79	2985.85	percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Amerihealth	Medicare		1349.61	1			988.79	2985.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Consumer	Consumer		2985.85	0.95			988.79	2985.85	percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Corrections	Corrections		2514.4	0.8			988.79	2985.85	percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	First Health	First Health		2200.1	0.7			988.79	2985.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	First Trenton	First Trenton		2828.7	0.9			988.79	2985.85	percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Horizon	PPO		2465.74	1.827			988.79	2985.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Horizon	Indemnity		2465.74	1.827			988.79	2985.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Horizon	MGD		2465.74	1.827			988.79	2985.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Horizon	Medicare Blue		1349.61	1			988.79	2985.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Managed Care Inc	Managed Care Inc		2828.7	0.9			988.79	2985.85	percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Multiplan	Multiplan		2514.4	0.8			988.79	2985.85	percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Qualcare	Qualcare		2357.25	0.75			988.79	2985.85	percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Three Rivers	Three Rivers		2985.85	0.95			988.79	2985.85	percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	UHC	Medicare		1349.61	1			988.79	2985.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	UHC	Medicaid		988.79	0.3146			988.79	2985.85	percent of total billed charges	
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Wellcare	Medicare		1349.61	1			988.79	2985.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOW/REMOV OF TUM/POLYPS/LES(S) BY SNA	44394	CPT	outpatient			3143	1552.05	Wellcare	Medicaid		988.79	0.3146			988.79	2985.85	percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Aetna	Commercial		2148.58	1.592			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Aetna	Better Health		560.62	0.3146			560.62	2465.74	percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Aetna	Medicare		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Americare	Americare		1336.5	0.75			560.62	2465.74	percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	WellPoint	WellPoint		571.67	0.3208			560.62	2465.74	percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Amerihealth	Medicare		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Consumer	Consumer		1692.9	0.95			560.62	2465.74	percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Corrections	Corrections		1425.6	0.8			560.62	2465.74	percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	First Health	First Health		1247.4	0.7			560.62	2465.74	percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	First Trenton	First Trenton		1603.8	0.9			560.62	2465.74	percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Horizon	Indemnity		2465.74	1.827			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Horizon	PPO		2465.74	1.827			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Horizon	MGD		2465.74	1.827			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Horizon	Medicare Blue		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Managed Care Inc	Managed Care Inc		1603.8	0.9			560.62	2465.74	percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Multiplan	Multiplan		1425.6	0.8			560.62	2465.74	percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Qualcare	Qualcare		1336.5	0.75			560.62	2465.74	percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Three Rivers	Three Rivers		1692.9	0.95			560.62	2465.74	percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	UHC	Medicaid		560.62	0.3146			560.62	2465.74	percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	UHC	Medicare		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Wellcare	Medicaid		560.62	0.3146			560.62	2465.74	percent of total billed charges	
COLONOSCPY THRU STOMA W/ABLATION	44401	CPT	outpatient			1782	1552.05	Wellcare	Medicare		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Aetna	Better Health		2958.18	0.3146			2958.18	11908.51	percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Aetna	Medicare		6518.07	1			2958.18	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Aetna	Commercial		10376.77	1.592			2958.18	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Americare	Americare		7052.25	0.75			2958.18	11908.51	percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	WellPoint	WellPoint		3016.48	0.3208			2958.18	11908.51	percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Amerihealth	Medicare		6518.07	1			2958.18	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Consumer	Consumer		8932.85	0.95			2958.18	11908.51	percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Corrections	Corrections		7522.4	0.8			2958.18	11908.51	percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	First Health	First Health		6582.1	0.7			2958.18	11908.51	percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	First Trenton	First Trenton		8462.7	0.9			2958.18	11908.51	percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Horizon	Indemnity		11908.51	1.827			2958.18	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Horizon	Medicare Blue		6518.07	1			2958.18	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Horizon	PPO		11908.51	1.827			2958.18	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Horizon	MGD		11908.51	1.827			2958.18	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Managed Care Inc	Managed Care Inc		8462.7	0.9			2958.18	11908.51	percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Multiplan	Multiplan		7522.4	0.8			2958.18	11908.51	percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Qualcare	Qualcare		7052.25	0.75			2958.18	11908.51	percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Three Rivers	Three Rivers		8932.85	0.95			2958.18	11908.51	percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	UHC	Medicare		6518.07	1			2958.18	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	UHC	Medicaid		2958.18	0.3146			2958.18	11908.51	percent of total billed charges	
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Wellcare	Medicare		6518.07	1			2958.18	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY STOMA W/STENT PLCMT	44402	CPT	outpatient			9403	7495.78	Wellcare	Medicaid		2958.18	0.3146			2958.18	11908.51	percent of total billed charges	
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Aetna	Commercial		2148.58	1.592			1192.02	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Aetna	Better Health		1192.02	0.3146			1192.02	3599.55	percent of total billed charges	
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Aetna	Medicare		1349.61	1			1192.02	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Americare	Americare		2841.75	0.75			1192.02	3599.55	percent of total billed charges	
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	WellPoint	WellPoint		1215.51	0.3208			1192.02	3599.55	percent of total billed charges	
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Amerihealth	Medicare		1349.61	1			1192.02	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Consumer	Consumer		3599.55	0.95			1192.02	3599.55	percent of total billed charges	
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Corrections	Corrections		3031.2	0.8			1192.02	3599.55	percent of total billed charges	
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	First Health	First Health		2652.3	0.7			1192.02	3599.55	percent of total billed charges	
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	First Trenton	First Trenton		3410.1	0.9			1192.02	3599.55	percent of total billed charges	
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Horizon	MGD		2465.74	1.827			1192.02	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Horizon	Indemnity		2465.74	1.827			1192.02	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Horizon	PPO		2465.74	1.827			1192.02	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Horizon	Medicare Blue		1349.61	1			1192.02	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Managed Care Inc	Managed Care Inc		3410.1	0.9			1192.02	3599.55	percent of total billed charges	
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Multiplan	Multiplan		3031.2	0.8			1192.02	3599.55	percent of total billed charges	
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Qualcare	Qualcare		2841.75	0.75			1192.02	3599.55	percent of total billed charges	
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Three Rivers	Three Rivers		3599.55	0.95			1192.02	3599.55	percent of total billed charges	
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	UHC	Medicaid		1192.02	0.3146			1192.02	3599.55	percent of total billed charges	
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	UHC	Medicare		1349.61	1			1192.02	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Wellcare	Medicare		1349.61	1			1192.02	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCPY THRU STOMA ENDOSCOPIC ULTRA	44406	CPT	outpatient			3789	1552.05	Wellcare	Medicaid		1192.02	0.3146			1192.02	3599.55	percent of total billed charges	
INTRODUCTION LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119	1192.23	Aetna	Medicare		1036.72	1			981.24	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119	1192.23	Aetna	Commercial		1650.46	1.592			981.24	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119	1192.23	Aetna	Better Health		981.24	0.3146			981.24	2963.05	percent of total billed charges	
INTRODUCTION LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119	1192.23	Americare	Americare		2339.25	0.75			981.24	2963.05	percent of total billed charges	
INTRODUCTION LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119	1192.23	WellPoint	WellPoint		1000.58	0.3208			981.24	2963.05	percent of total billed charges	
INTRODUCTION LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119	1192.23	Amerihealth	Medicare		1036.72	1			981.24	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119	1192.23	Consumer	Consumer		2963.05	0.95			981.24	2963.05	percent of total billed charges	
INTRODUCTION LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119	1192.23	Corrections	Corrections		2486.2	0.8			981.24	2963.05	percent of total billed charges	
INTRODUCTION LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119	1192.23	First Health	First Health		2183.3	0.7			981.24	2963.05	percent of total billed charges	
INTRODUCTION LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119	1192.23	First Trenton	First Trenton		2807.1	0.9			981.24	2963.05	percent of total billed charges	
INTRODUCTION LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119	1192.23	Horizon	Medicare Blue		1036.72	1			981.24	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119	1192.23	Horizon	Indemnity		1894.09	1.827			981.24	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119	1192.23	Horizon	MGD		1894.09	1.827			981.24	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119	1192.23	Horizon	PPO		1894.09	1.827			981.24	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119	1192.23	Managed Care Inc	Managed Care Inc		2807.1	0.9			981.24	2963.05	percent of total billed charges	
INTRODUCTION LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119	1192.23	Multiplan	Multiplan		2486.2	0.8			981.24	2963.05	percent of total billed charges	
INTRODUCTION LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119	1192.23	Qualcare	Qualcare		2339.25	0.75			981.24	2963.05	percent of total billed charges	
INTRODUCTION LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119	1192.23	Three Rivers	Three Rivers		2963.05	0.95			981.24	2963.05	percent of total billed charges	
INTRODUCTION LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119	1192.23	UHC	Medicare		1036.72	1			981.24	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRODUCTION LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119	1192.23	UHC	Medicaid		981.24	0.3146			981.24	2963.05	percent of total billed charges	
INTRODUCTION LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119	1192.23	Wellcare	Medicaid		981.24	0.3146			981.24	2963.05	percent of total billed charges	
INTRODUCTION LONG GI TUBE(SEP PROC)	44500	CPT	inpatient			3119	1192.23	Wellcare	Medicare		1036.72	1			981.24	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PX: SMALL INTSTN	44799	CPT	outpatient			9790	1192.23	Aetna	Commercial		1650.46	1.592			927.08	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PX: SMALL INTSTN	44799	CPT	outpatient			9790	1192.23	Aetna	Better Health		3079.93	0.3146			927.08	9300.5	percent of total billed charges	
UNLISTED PX: SMALL INTSTN	44799	CPT	outpatient			9790	1192.23	Aetna	Medicare		3015.32	0.308			927.08	9300.5	percent of total billed charges	
UNLISTED PX: SMALL INTSTN	44799	CPT	outpatient			9790	1192.23	Americare	Americare		7342.5	0.75			927.08	9300.5	percent of total billed charges	
UNLISTED PX: SMALL INTSTN	44799	CPT	outpatient			9790	1192.23	WellPoint	WellPoint		3140.63	0.3208			927.08	9300.5	percent of total billed charges	
UNLISTED PX: SMALL INTSTN	44799	CPT	outpatient			9790	1192.23	Amerihealth	Medicare		1036.72	1			927.08	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PX: SMALL INTSTN	44799	CPT	outpatient			9790	1192.23	Consumer	Consumer		9300.5	0.95			927.08	9300.5	percent of total billed charges	
UNLISTED PX: SMALL INTSTN	44799	CPT	outpatient			9790	1192.23	Corrections	Corrections		7832	0.8			927.08	9300.5	percent of total billed charges	
UNLISTED PX: SMALL INTSTN	44799	CPT	outpatient			9790	1192.23	First Health	First Health		6853	0.7			927.08	9300.5	percent of total billed charges	
UNLISTED PX: SMALL INTSTN	44799	CPT	outpatient			9790	1192.23	First Trenton	First Trenton		8811	0.9			927.08	9300.5	percent of total billed charges	
UNLISTED PX: SMALL INTSTN	44799	CPT	outpatient			9790	1192.23	Horizon	PPO		1894.09	1.827			927.08	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PX: SMALL INTSTN	44799	CPT	outpatient			9790	1192.23	Horizon	MGD		1894.09	1.827			927.08	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PX: SMALL INTSTN	44799	CPT	outpatient			9790	1192.23	Horizon	Indemnity		1894.09	1.827			927.08	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PX: SMALL INTSTN	44799	CPT	outpatient			9790	1192.23	Horizon	Medicare Blue		1036.72	1			927.08	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PX: SMALL INTSTN	44799	CPT	outpatient			9790	1192.23	Managed Care Inc	Managed Care Inc		8811	0.9			927.08	9300.5	percent of total billed charges	
UNLISTED PX: SMALL INTSTN	44799	CPT	outpatient			9790	1192.23	Multiplan	Multiplan		7832	0.8			927.08	9300.5	percent of total billed charges	
UNLISTED PX: SMALL INTSTN	44799	CPT	outpatient			9790	1192.23	Qualcare	Qualcare		7342.5	0.75			927.08	9300.5	percent of total billed charges	
UNLISTED PX: SMALL INTSTN	44799	CPT	outpatient			9790	1192.23	Three Rivers	Three Rivers		9300.5	0.95			927.08	9300.5	percent of total billed charges	
UNLISTED PX: SMALL INTSTN	44799	CPT	outpatient			9790	1192.23	UHC	Medicare		1036.72	1			927.08	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PX: SMALL INTSTN	44799	CPT	outpatient			9790	1192.23	UHC	Medicaid		3079.93	0.3146			927.08	9300.5	percent of total billed charges	
UNLISTED PX: SMALL INTSTN	44799	CPT	outpatient			9790	1192.23	Wellcare	Medicare		1036.72	1			927.08	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PX: SMALL INTSTN	44799	CPT	outpatient			9790	1192.23	Wellcare	Medicaid		3079.93	0.3146			927.08	9300.5	percent of total billed charges	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	inpatient			8770	1552.05	Aetna	Commercial		2148.58	1.592			1349.61	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	inpatient			8770	1552.05	Aetna	Medicare		1349.61	1			1349.61	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	inpatient			8770	1552.05	Aetna	Better Health		2759.04	0.3146			1349.61	8331.5	percent of total billed charges	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	inpatient			8770	1552.05	Americare	Americare		6577.5	0.75			1349.61	8331.5	percent of total billed charges	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	inpatient			8770	1552.05	WellPoint	WellPoint		2813.42	0.3208			1349.61	8331.5	percent of total billed charges	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	inpatient			8770	1552.05	Amerihealth	Medicare		1349.61	1			1349.61	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	inpatient			8770	1552.05	Consumer	Consumer		8331.5	0.95			1349.61	8331.5	percent of total billed charges	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	inpatient			8770	1552.05	Corrections	Corrections		7016	0.8			1349.61	8331.5	percent of total billed charges	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	inpatient			8770	1552.05	First Health	First Health		6139	0.7			1349.61	8331.5	percent of total billed charges	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	inpatient			8770	1552.05	First Trenton	First Trenton		7893	0.9			1349.61	8331.5	percent of total billed charges	
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	inpatient			8770	1552.05	Horizon	Medicare Blue		1349.61	1			1349.61	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	inpatient			8770	1552.05	Horizon	Indemnity		2465.74	1.827			1349.61	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	inpatient			8770	1552.05	Horizon	MGD		2465.74	1.827			1349.61	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	inpatient			8770	1552.05	Horizon	PPO		2465.74	1.827			1349.61	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	inpatient			8770	1552.05	Managed Care Inc	Managed

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	inpatient			8770		1552.05 Wellcare	Medicare		1349.61				1349.61	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABSCESSDRAINAGEPELVICTRANSRECTL	45000	CPT	inpatient			8770		1552.05 Wellcare	Medicaid		2759.04	0.3146			1349.61	8331.5	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Aetna	Commercial		2148.58	1.592			1191.7	3598.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Aetna	Better Health		1191.7	0.3146			1191.7	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Aetna	Medicare		1349.61	1			1191.7	3598.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Americare	Americare		2841	0.75			1191.7	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 WellPoint	WellPoint		1215.19	0.3208			1191.7	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Amerihealth	Medicare		1349.61	1			1191.7	3598.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Consumer	Consumer		3598.6	0.95			1191.7	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Corrections	Corrections		3030.4	0.8			1191.7	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 First Health	First Health		2651.6	0.7			1191.7	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 First Trenton	First Trenton		3409.2	0.9			1191.7	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Horizon	MGD		2465.74	1.827			1191.7	3598.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Horizon	Indemnity		2465.74	1.827			1191.7	3598.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Horizon	PPO		2465.74	1.827			1191.7	3598.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Horizon	Medicare Blue		1349.61	1			1191.7	3598.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Managed Care Inc	Managed Care Inc		3409.2	0.9			1191.7	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Multiplan	Multiplan		3030.4	0.8			1191.7	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Qualcare	Qualcare		2841	0.75			1191.7	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Three Rivers	Three Rivers		3598.6	0.95			1191.7	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 UHC	Medicare		1349.61	1			1191.7	3598.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 UHC	Medicaid		1191.7	0.3146			1191.7	3598.6	percent of total billed charges	
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Wellcare	Medicare		1349.61	1			1191.7	3598.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D OF SUBMUCOSAL ABSCESS; RECTUM	45005	CPT	outpatient			3788		1552.05 Wellcare	Medicaid		1191.7	0.3146			1191.7	3598.6	percent of total billed charges	
BX ANORECTAL WALL	45100	CPT	outpatient			9363		3692.88 Aetna	Medicare		3211.2	1			1989.85	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ANORECTAL WALL	45100	CPT	outpatient			9363		3692.88 Aetna	Commercial		5112.23	1.592			1989.85	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ANORECTAL WALL	45100	CPT	outpatient			9363		3692.88 Aetna	Better Health		2945.6	0.3146			1989.85	8894.85	percent of total billed charges	
BX ANORECTAL WALL	45100	CPT	outpatient			9363		3692.88 Americare	Americare		7022.25	0.75			1989.85	8894.85	percent of total billed charges	
BX ANORECTAL WALL	45100	CPT	outpatient			9363		3692.88 WellPoint	WellPoint		3003.65	0.3208			1989.85	8894.85	percent of total billed charges	
BX ANORECTAL WALL	45100	CPT	outpatient			9363		3692.88 Amerihealth	Medicare		3211.2	1			1989.85	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ANORECTAL WALL	45100	CPT	outpatient			9363		3692.88 Consumer	Consumer		8894.85	0.95			1989.85	8894.85	percent of total billed charges	
BX ANORECTAL WALL	45100	CPT	outpatient			9363		3692.88 Corrections	Corrections		7490.4	0.8			1989.85	8894.85	percent of total billed charges	
BX ANORECTAL WALL	45100	CPT	outpatient			9363		3692.88 First Health	First Health		6554.1	0.7			1989.85	8894.85	percent of total billed charges	
BX ANORECTAL WALL	45100	CPT	outpatient			9363		3692.88 First Trenton	First Trenton		8426.7	0.9			1989.85	8894.85	percent of total billed charges	
BX ANORECTAL WALL	45100	CPT	outpatient			9363		3692.88 Horizon	Indemnity		5866.86	1.827			1989.85	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ANORECTAL WALL	45100	CPT	outpatient			9363		3692.88 Horizon	PPO		5866.86	1.827			1989.85	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ANORECTAL WALL	45100	CPT	outpatient			9363		3692.88 Horizon	Medicare Blue		3211.2	1			1989.85	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ANORECTAL WALL	45100	CPT	outpatient			9363		3692.88 Horizon	MGD		5866.86	1.827			1989.85	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ANORECTAL WALL	45100	CPT	outpatient			9363		3692.88 Managed Care Inc	Managed Care Inc		8426.7	0.9			1989.85	8894.85	percent of total billed charges	
BX ANORECTAL WALL	45100	CPT	outpatient			9363		3692.88 Multiplan	Multiplan		7490.4	0.8			1989.85	8894.85	percent of total billed charges	
BX ANORECTAL WALL	45100	CPT	outpatient			9363		3692.88 Qualcare	Qualcare		7022.25	0.75			1989.85	8894.85	percent of total billed charges	
BX ANORECTAL WALL	45100	CPT	outpatient			9363		3692.88 Three Rivers	Three Rivers		8894.85	0.95			1989.85	8894.85	percent of total billed charges	
BX ANORECTAL WALL	45100	CPT	outpatient			9363		3692.88 UHC	Medicare		3211.2	1			1989.85	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ANORECTAL WALL	45100	CPT	outpatient			9363		3692.88 UHC	Medicaid		2945.6	0.3146			1989.85	8894.85	percent of total billed charges	
BX ANORECTAL WALL	45100	CPT	outpatient			9363		3692.88 Wellcare	Medicaid		2945.6	0.3146			1989.85	8894.85	percent of total billed charges	
BX ANORECTAL WALL	45100	CPT	outpatient			9363		3692.88 Wellcare	Medicare		3211.2	1			1989.85	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 Aetna	Commercial		1664.07	1.592			672.61	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 Aetna	Medicare		1045.27	1			672.61	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 Aetna	Better Health		959.84	0.3146			672.61	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 Americare	Americare		2288.25	0.75			672.61	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 WellPoint	WellPoint		978.76	0.3208			672.61	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 Amerihealth	Medicare		1045.27	1			672.61	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 Consumer	Consumer		2898.45	0.95			672.61	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 Corrections	Corrections		2440.8	0.8			672.61	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 First Health	First Health		2135.7	0.7			672.61	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 First Trenton	First Trenton		2745.9	0.9			672.61	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 Horizon	Indemnity		1909.71	1.827			672.61	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 Horizon	PPO		1909.71	1.827			672.61	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 Horizon	Medicare Blue		1045.27	1			672.61	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 Horizon	MGD		1909.71	1.827			672.61	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 Managed Care Inc	Managed Care Inc		2745.9	0.9			672.61	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 Multiplan	Multiplan		2440.8	0.8			672.61	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 Qualcare	Qualcare		2288.25	0.75			672.61	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 Three Rivers	Three Rivers		2898.45	0.95			672.61	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 UHC	Medicaid		959.84	0.3146			672.61	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 UHC	Medicare		1045.27	1			672.61	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 Wellcare	Medicaid		959.84	0.3146			672.61	2898.45	percent of total billed charges	
PROCTOSIGMOIDOSCOPY RIGID DIAGNOSTIC	45300	CPT	outpatient			3051		1202.06 Wellcare	Medicare		1045.27	1			672.61	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGID PROCTOSIG W DIL	45303	CPT	outpatient			2792		1552.05 Aetna	Better Health		878.36	0.3146			859.94	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient			2792		1552.05 Aetna	Medicare		859.94	0.308			859.94	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient			2792		1552.05 Aetna	Commercial		2148.58	1.592			859.94	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGID PROCTOSIG W DIL	45303	CPT	outpatient			2792		1552.05 Americare	Americare		2094	0.75			859.94	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient			2792		1552.05 WellPoint	WellPoint		895.67	0.3208			859.94	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient			2792		1552.05 Amerihealth	Medicare		1349.61	1			859.94	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGID PROCTOSIG W DIL	45303	CPT	outpatient			2792		1552.05 Consumer	Consumer		2652.4	0.95			859.94	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient			2792		1552.05 Corrections	Corrections		2233.6	0.8			859.94	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient			2792		1552.05 First Health	First Health		1954.4	0.7			859.94	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient			2792		1552.05 First Trenton	First Trenton		2512.8	0.9			859.94	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient			2792		1552.05 Horizon	Indemnity		2465.74	1.827			859.94	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGID PROCTOSIG W DIL	45303	CPT	outpatient			2792		1552.05 Horizon	MGD		2465.74	1.827			859.94	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGID PROCTOSIG W DIL	45303	CPT	outpatient			2792		1552.05 Horizon	PPO		2465.74	1.827			859.94	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGID PROCTOSIG W DIL	45303	CPT	outpatient			2792		1552.05 Horizon	Medicare Blue		1349.61	1			859.94	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGID PROCTOSIG W DIL	45303	CPT	outpatient			2792		1552.05 Managed Care Inc	Managed Care Inc		2512.8	0.9			859.94	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient			2792		1552.05 Multiplan	Multiplan		2233.6	0.8			859.94	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient			2792		1552.05 Qualcare	Qualcare		2094	0.75			859.94	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient			2792		1552.05 Three Rivers	Three Rivers		2652.4	0.95			859.94	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient			2792		1552.05 UHC	Medicare		1349.61	1			859.94	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGID PROCTOSIG W DIL	45303	CPT	outpatient			2792		1552.05 UHC	Medicaid		878.36	0.3146			859.94	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient			2792		1552.05 Wellcare	Medicaid		878.36	0.3146			859.94	2652.4	percent of total billed charges	
RIGID PROCTOSIG W DIL	45303	CPT	outpatient			2792		1552.05 Wellcare	Medicare		1349.61	1			859.94	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient			2194		1552.05 Aetna	Medicare		1349.61	1			690.23	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient			2194		1552.05 Aetna	Better Health		690.23	0.3146			690.23	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient			2194		1552.05 Aetna	Commercial		2148.58	1.592			690.23	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient			2194		1552.05 Americare	Americare		1645.5	0.75			690.23	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient			2194		1552.05 WellPoint	WellPoint		703.84	0.3208			690.23	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient			2194		1552.05 Amerihealth	Medicare		1349.61	1			690.23	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient			2194		1552.05 Consumer	Consumer		2084.3	0.95			690.23	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient			2194		1552.05 Corrections	Corrections		1755.2	0.8			690.23	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient			2194		1552.05 First Health	First Health		1535.8	0.7			690.23	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient			2194		1552.05 First Trenton	First Trenton		1974.6	0.9			690.23	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient			2194		1552.05 Horizon	Medicare Blue		1349.61	1			690.23	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient			2194		1552.05 Horizon	MGD		2465.74	1.827			690.23	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient			2194		1552.05 Horizon	Indemnity		2465.74	1.827			690.23	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient			2194		1552.05 Horizon	PPO		2465.74	1.827			690.23	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient			2194		1552.05 Managed Care Inc	Managed Care Inc		1974.6	0.9			690.23	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient			2194		1552.05 Multiplan	Multiplan		1755.2	0.8			690.23	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient			2194		1552.05 Qualcare	Qualcare		1645.5	0.75			690.23	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient			2194		1552.05 Three Rivers	Three Rivers		2084.3	0.95			690.23	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient			2194		1552.05 UHC	Medicaid		690.23	0.3146			690.23	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient			2194		1552.05 UHC	Medicare		1349.61	1			690.23	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient			2194		1552.05 Wellcare	Medicare		1349.61	1			690.23	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/BIOPSY	45305	CPT	outpatient			2194		1552.05 Wellcare	Medicaid		690.23	0.3146			690.23	2465.74	percent of total billed charges	
PROTOSIG RIGID;W REM FB	45307	CPT	outpatient			8655		3692.88 Aetna	Better Health		2722.86	0.3146			2209.44	8222.25	percent of total billed charges	
PROTOSIG RIGID;W REM FB	45307	CPT	outpatient			8655		3692.88 Aetna	Commercial		5112.23	1.592			2209.44	8222.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG RIGID;W REM FB	45307	CPT	outpatient			8655		3692.88 Aetna	Medicare		3211.2	1			2209.44	8222.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG RIGID;W REM FB	45307	CPT	outpatient			8655		3692.88 Americare	Americare		6491.25	0.75			2209.44	8222.25	percent of total billed charges	
PROTOSIG RIGID;W REM FB	45307	CPT	outpatient			8655		3692.88 WellPoint	WellPoint		2776.52	0.3208			2209.44	8222.25	percent of total billed charges	
PROTOSIG RIGID;W REM FB	45307	CPT	outpatient			8655		3692.88 Amerihealth	Medicare		3211.2	1			2209.44	8222.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG RIGID;W REM FB	45307	CPT	outpatient			8655		3692.88 Consumer	Consumer		8222.25	0.95			2209.44	8222.25	percent of total billed charges	
PROTOSIG RIGID;W REM FB	45307	CPT	outpatient			8655		3692.88 Corrections	Corrections		6924	0.8			2209.44	8222.25	percent of total billed charges	
PROTOSIG RIGID;W REM FB	45307	CPT	outpatient			8655		3692.88 First Health	First Health		6058.5	0.7			2209.44	8222.25	percent of total billed charges	
PROTOSIG RIGID;W REM FB	45307	CPT	outpatient			8655		3692.88 First Trenton	First Trenton		7789.5	0.9			2209.44	8222.25	percent of total billed charges	
PROTOSIG RIGID;W REM FB	45307	CPT	outpatient			8655		3692.88 Horizon	Indemnity		5866.86	1.827			2209.44	8222.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG RIGID;W REM FB	45307	CPT	outpatient			8655		3692.88 Horizon	MGD		5866.86	1.827			2209.44	8222.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG RIGID;W REM FB	45307	CPT	outpatient			8655		3692.88 Horizon	PPO		5866.86	1.827			2209.44	8222.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG RIGID;W REM FB	45307	CPT	outpatient			8655		3692.88 Horizon	Medicare Blue		3211.2	1			2209.44	8222.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG RIGID;W REM FB	45307	CPT	outpatient			8655		3692.88 Managed Care Inc	Managed Care Inc		7789.5	0.9			2209.44	8222.25	percent of total billed charges	
PROTOSIG RIGID;W REM FB	45307	CPT	outpatient			8655		3692.88 Multiplan	Multiplan		6924	0.8			2209.44	8222.25	percent of total billed charges	
PROTOSIG RIGID;W REM FB	45307	CPT	outpatient			8655		3692.88 Qualcare	Qualcare		6491.25	0.75			2209.44	8222.25	percent of total billed charges	
PROTOSIG RIGID;W REM FB	45307	CPT	outpatient			8655		3692.88 Three Rivers	Three Rivers		8222.25	0.95			2209.44	8222.25	percent of total billed charges	
PROTOSIG RIGID;W REM FB	45307	CPT	outpatient			8655		3692.88 UHC	Medicaid		2722.86	0.3146			2209.44	8222.25	percent of total billed charges	
PROTOSIG RIGID;W REM FB	45307	CPT	outpatient			8655		3692.88 UHC	Medicare		3211.2	1			2209.44	8222.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIG RIGID;W REM FB	45307	CPT	outpatient			8655		3692.88 Wellcare	Medicaid		2722.86	0.3146			2209.44	8222.25	percent of total billed charges	
PROTOSIG RIGID;W REM FB	45307	CPT	outpatient			8655		3692.88 Wellcare	Medicare		3211.2	1			2209.44	8222.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient			9557		3692.88 Aetna	Better Health		3006.63	0.3146			3006.63	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient			9557		3692.88 Aetna	Commercial		5112.23	1.592			3006.63	9079.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient			9557		3692.88 Aetna	Medicare		3211.2	1			3006.63	9079.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient			9557		3692.88 Americare	Americare		7167.75	0.75			3006.63	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient			9557		3692.88 WellPoint	WellPoint		3065.89	0.3208			3006.63	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient			9557		3692.88 Amerihealth	Medicare		3211.2	1			3006.63	9079.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient			9557		3692.88 Consumer	Consumer		9079.15	0.95			3006.63	9079.15	percent of total billed charges	
PRO

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient			9557		3692.88 First Trenton	First Trenton		8601.3	0.9			3006.63	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient			9557		3692.88 Horizon	Medicare Blue		3211.2	1			3006.63	9079.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient			9557		3692.88 Horizon	Indemnity		5866.86	1.827			3006.63	9079.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient			9557		3692.88 Horizon	MGD		5866.86	1.827			3006.63	9079.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient			9557		3692.88 Horizon	PPO		5866.86	1.827			3006.63	9079.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient			9557		3692.88 Managed Care Inc	Managed Care Inc		8601.3	0.9			3006.63	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient			9557		3692.88 Multiplan	Multiplan		7645.6	0.8			3006.63	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient			9557		3692.88 Qualcare	Qualcare		7167.75	0.75			3006.63	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient			9557		3692.88 Three Rivers	Three Rivers		9079.15	0.95			3006.63	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient			9557		3692.88 UHC	Medicare		3211.2	1			3006.63	9079.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient			9557		3692.88 UHC	Medicaid		3006.63	0.3146			3006.63	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient			9557		3692.88 Wellcare	Medicare		3211.2	1			3006.63	9079.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45308	CPT	outpatient			9557		3692.88 Wellcare	Medicaid		3006.63	0.3146			3006.63	9079.15	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient			1782		1552.05 Aetna	Better Health		560.62	0.3146			560.62	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient			1782		1552.05 Aetna	Commercial		2148.58	1.592			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient			1782		1552.05 Aetna	Medicare		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient			1782		1552.05 Americare	Americare		1336.5	0.75			560.62	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient			1782		1552.05 WellPoint	WellPoint		571.67	0.3208			560.62	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient			1782		1552.05 Amerihealth	Medicare		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient			1782		1552.05 Consumer	Consumer		1692.9	0.95			560.62	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient			1782		1552.05 Corrections	Corrections		1425.6	0.8			560.62	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient			1782		1552.05 First Health	First Health		1247.4	0.7			560.62	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient			1782		1552.05 First Trenton	First Trenton		1603.8	0.9			560.62	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient			1782		1552.05 Horizon	Indemnity		2465.74	1.827			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient			1782		1552.05 Horizon	Medicare Blue		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient			1782		1552.05 Horizon	MGD		2465.74	1.827			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient			1782		1552.05 Horizon	PPO		2465.74	1.827			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient			1782		1552.05 Managed Care Inc	Managed Care Inc		1603.8	0.9			560.62	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient			1782		1552.05 Multiplan	Multiplan		1425.6	0.8			560.62	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient			1782		1552.05 Qualcare	Qualcare		1336.5	0.75			560.62	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient			1782		1552.05 Three Rivers	Three Rivers		1692.9	0.95			560.62	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient			1782		1552.05 UHC	Medicaid		560.62	0.3146			560.62	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient			1782		1552.05 UHC	Medicare		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient			1782		1552.05 Wellcare	Medicaid		560.62	0.3146			560.62	2465.74	percent of total billed charges	
PROCTOSIGMOIDOSCOPY W/REM.	45309	CPT	outpatient			1782		1552.05 Wellcare	Medicare		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782		1552.05 Aetna	Medicare		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782		1552.05 Aetna	Commercial		2148.58	1.592			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782		1552.05 Aetna	Better Health		560.62	0.3146			560.62	2465.74	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782		1552.05 Americare	Americare		1336.5	0.75			560.62	2465.74	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782		1552.05 WellPoint	WellPoint		571.67	0.3208			560.62	2465.74	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782		1552.05 Amerihealth	Medicare		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782		1552.05 Consumer	Consumer		1692.9	0.95			560.62	2465.74	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782		1552.05 Corrections	Corrections		1425.6	0.8			560.62	2465.74	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782		1552.05 First Health	First Health		1247.4	0.7			560.62	2465.74	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782		1552.05 First Trenton	First Trenton		1603.8	0.9			560.62	2465.74	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782		1552.05 Horizon	Indemnity		2465.74	1.827			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782		1552.05 Horizon	PPO		2465.74	1.827			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782		1552.05 Horizon	MGD		2465.74	1.827			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782		1552.05 Horizon	Medicare Blue		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782		1552.05 Managed Care Inc	Managed Care Inc		1603.8	0.9			560.62	2465.74	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782		1552.05 Multiplan	Multiplan		1425.6	0.8			560.62	2465.74	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782		1552.05 Qualcare	Qualcare		1336.5	0.75			560.62	2465.74	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782		1552.05 Three Rivers	Three Rivers		1692.9	0.95			560.62	2465.74	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782		1552.05 UHC	Medicaid		560.62	0.3146			560.62	2465.74	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782		1552.05 UHC	Medicare		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782		1552.05 Wellcare	Medicaid		560.62	0.3146			560.62	2465.74	percent of total billed charges	
PROTOSIGMOIDOSCOPY W/REM.	45315	CPT	outpatient			1782		1552.05 Wellcare	Medicare		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792		1552.05 Aetna	Better Health		878.36	0.3146			878.36	2652.4	percent of total billed charges	
PROCTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792		1552.05 Aetna	Medicare		1349.61	1			878.36	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792		1552.05 Aetna	Commercial		2148.58	1.592			878.36	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792		1552.05 Americare	Americare		2094	0.75			878.36	2652.4	percent of total billed charges	
PROCTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792		1552.05 WellPoint	WellPoint		895.67	0.3208			878.36	2652.4	percent of total billed charges	
PROCTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792		1552.05 Amerihealth	Medicare		1349.61	1			878.36	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792		1552.05 Consumer	Consumer		2652.4	0.95			878.36	2652.4	percent of total billed charges	
PROCTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792		1552.05 Corrections	Corrections		2233.6	0.8			878.36	2652.4	percent of total billed charges	
PROCTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792		1552.05 First Health	First Health		1954.4	0.7			878.36	2652.4	percent of total billed charges	
PROCTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792		1552.05 First Trenton	First Trenton		2512.8	0.9			878.36	2652.4	percent of total billed charges	
PROCTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792		1552.05 Horizon	Indemnity		2465.74	1.827			878.36	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792		1552.05 Horizon	MGD		2465.74	1.827			878.36	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792		1552.05 Horizon	PPO		2465.74	1.827			878.36	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792		1552.05 Horizon	Medicare Blue		1349.61	1			878.36	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792		1552.05 Managed Care Inc	Managed Care Inc		2512.8	0.9			878.36	2652.4	percent of total billed charges	
PROCTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792		1552.05 Multiplan	Multiplan		2233.6	0.8			878.36	2652.4	percent of total billed charges	
PROCTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792		1552.05 Qualcare	Qualcare		2094	0.75			878.36	2652.4	percent of total billed charges	
PROCTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792		1552.05 Three Rivers	Three Rivers		2652.4	0.95			878.36	2652.4	percent of total billed charges	
PROCTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792		1552.05 UHC	Medicare		1349.61	1			878.36	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792		1552.05 UHC	Medicaid		878.36	0.3146			878.36	2652.4	percent of total billed charges	
PROCTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792		1552.05 Wellcare	Medicare		1349.61	1			878.36	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIG W BLLED CNTRL	45317	CPT	outpatient			2792		1552.05 Wellcare	Medicaid		878.36	0.3146			878.36	2652.4	percent of total billed charges	
PROCTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990		3692.88 Aetna	Medicare		2768.92	0.308			2768.92	8540.5	percent of total billed charges	
PROCTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990		3692.88 Aetna	Commercial		5112.23	1.592			2768.92	8540.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990		3692.88 Aetna	Better Health		2828.25	0.3146			2768.92	8540.5	percent of total billed charges	
PROCTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990		3692.88 Americare	Americare		6742.5	0.75			2768.92	8540.5	percent of total billed charges	
PROCTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990		3692.88 WellPoint	WellPoint		2883.99	0.3208			2768.92	8540.5	percent of total billed charges	
PROCTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990		3692.88 Amerihealth	Medicare		3211.2	1			2768.92	8540.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990		3692.88 Consumer	Consumer		8540.5	0.95			2768.92	8540.5	percent of total billed charges	
PROCTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990		3692.88 Corrections	Corrections		7192	0.8			2768.92	8540.5	percent of total billed charges	
PROCTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990		3692.88 First Health	First Health		6293	0.7			2768.92	8540.5	percent of total billed charges	
PROCTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990		3692.88 First Trenton	First Trenton		8091	0.9			2768.92	8540.5	percent of total billed charges	
PROCTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990		3692.88 Horizon	MGD		5866.86	1.827			2768.92	8540.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990		3692.88 Horizon	Indemnity		5866.86	1.827			2768.92	8540.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990		3692.88 Horizon	PPO		5866.86	1.827			2768.92	8540.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990		3692.88 Horizon	Medicare Blue		3211.2	1			2768.92	8540.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990		3692.88 Managed Care Inc	Managed Care Inc		8691	0.9			2768.92	8540.5	percent of total billed charges	
PROCTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990		3692.88 Multiplan	Multiplan		7192	0.8			2768.92	8540.5	percent of total billed charges	
PROCTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990		3692.88 Qualcare	Qualcare		6742.5	0.75			2768.92	8540.5	percent of total billed charges	
PROCTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990		3692.88 Three Rivers	Three Rivers		8540.5	0.95			2768.92	8540.5	percent of total billed charges	
PROCTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990		3692.88 UHC	Medicaid		2828.25	0.3146			2768.92	8540.5	percent of total billed charges	
PROCTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990		3692.88 UHC	Medicare		3211.2	1			2768.92	8540.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990		3692.88 Wellcare	Medicare		3211.2	1			2768.92	8540.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIGM.W/ABLATION OF TUMOR	45320	CPT	outpatient			8990		3692.88 Wellcare	Medicaid		2828.25	0.3146			2768.92	8540.5	percent of total billed charges	
PROCTOSIG RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023		3692.88 Aetna	Commercial		5112.23	1.592			2209.44	6671.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIG RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023		3692.88 Aetna	Better Health		2209.44	0.3146			2209.44	6671.85	percent of total billed charges	
PROCTOSIG RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023		3692.88 Aetna	Medicare		3211.2	1			2209.44	6671.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIG RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023		3692.88 Americare	Americare		5267.25	0.75			2209.44	6671.85	percent of total billed charges	
PROCTOSIG RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023		3692.88 WellPoint	WellPoint		2252.98	0.3208			2209.44	6671.85	percent of total billed charges	
PROCTOSIG RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023		3692.88 Amerihealth	Medicare		3211.2	1			2209.44	6671.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIG RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023		3692.88 Consumer	Consumer		6671.85	0.95			2209.44	6671.85	percent of total billed charges	
PROCTOSIG RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023		3692.88 Corrections	Corrections		5618.4	0.8			2209.44	6671.85	percent of total billed charges	
PROCTOSIG RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023		3692.88 First Health	First Health		4916.1	0.7			2209.44	6671.85	percent of total billed charges	
PROCTOSIG RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023		3692.88 First Trenton	First Trenton		6320.7	0.9			2209.44	6671.85	percent of total billed charges	
PROCTOSIG RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023		3692.88 Horizon	MGD		5866.86	1.827			2209.44	6671.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIG RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023		3692.88 Horizon	Medicare Blue		3211.2	1			2209.44	6671.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIG RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023		3692.88 Horizon	Indemnity		5866.86	1.827			2209.44	6671.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIG RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023		3692.88 Horizon	PPO		5866.86	1.827			2209.44	6671.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIG RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023		3692.88 Managed Care Inc	Managed Care Inc		6320.7	0.9			2209.44	6671.85	percent of total billed charges	
PROCTOSIG RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023		3692.88 Multiplan	Multiplan		5618.4	0.8			2209.44	6671.85	percent of total billed charges	
PROCTOSIG RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023		3692.88 Qualcare	Qualcare		5267.25	0.75			2209.44	6671.85	percent of total billed charges	
PROCTOSIG RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023		3692.88 Three Rivers	Three Rivers		6671.85	0.95			2209.44	6671.85	percent of total billed charges	
PROCTOSIG RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023		3692.88 UHC	Medicare		3211.2	1			2209.44	6671.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCTOSIG RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023		3692.88 UHC	Medicaid		2209.44	0.3146			2209.44	6671.85	percent of total billed charges	
PROCTOSIG RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023		3692.88 Wellcare	Medicaid		2209.44	0.3146			2209.44	6671.85	percent of total billed charges	
PROCTOSIG RIGID;W DECOMPR VOLV	45321	CPT	outpatient			7023		3692.88 Wellcare	Medicare		3211.2	1			2209.44	6671.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEXIBLE DIAGNOS	45330	CPT	outpatient			3051		1202.06 Aetna	Better Health		959.84	0.3146			932.93	2898.45	percent of total billed charges	
SIGMOIDOSCOPY FLEXIBLE DIAGNOS	45330	CPT	outpatient			3051		1202.06 Aetna	Medicare		939.71	0.308			932.93	2898.45	percent of total billed charges	
SIGMOIDOSCOPY FLEXIBLE DIAGNOS	45330	CPT	outpatient			3051		1202.06 Aetna	Commercial		1664.07	1.592			932.93	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEXIBLE DIAGNOS	45330	CPT	outpatient			3051		1202.06 Americare	Americare		2288.25	0.75			932.93	2898.45	percent of total billed charges	
SIGMOIDOSCOPY FLEXIBLE DIAGNOS	45330	CPT	outpatient			3051		1202.06 WellPoint	WellPoint		978.76	0.3208			932.93	2898.45	percent of total billed charges	
SIGMOIDOSCOPY FLEXIBLE DIAGNOS	45330	CPT	outpatient			3051		1202.06 Amerihealth	Medicare		1045.27	1			932.93	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEXIBLE DIAGNOS	45330	CPT	outpatient			3051		1202.06 Consumer	Consumer		2898.45	0.95			932.93	2898.45	percent of total billed charges	
SIGMOIDOSCOPY FLEXIBLE DIAGNOS	45330	CPT	outpatient			3051		1202.06 Corrections	Corrections		2440.8	0.8			932.93	2898.45	percent of total billed charges	
SIGMOIDOSCOPY FLEXIBLE DIAGNOS	45330	CPT	outpatient			3051		1202.06 First Health	First Health		2135.7	0.7			932.93	2898.45	percent of total billed charges	
SIGMOIDOSCOPY FLEXIBLE DIAGNOS	45330	CPT	outpatient			3051		1202.06 First Trenton	First Trenton		2745.9	0.9			932.93	2898.45	percent of total billed charges	
SIGMOIDOSCOPY FLEXIBLE DIAGNOS	45330	CPT	outpatient			3051		1202.06 Horizon	MGD		1909.71	1.827			932.93	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEXIBLE DIAGNOS	45330	CPT	outpatient			3051		1202.06 Horizon	Medicare Blue		1045.27	1			932.93	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEXIBLE DIAGNOS	45330	CPT	outpatient			3051		1202.06 Horizon	PPO		1909.71	1.827			932.93	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEXIBLE DIAGNOS	45330	CPT	outpatient			3051		1202.06 Horizon	Indemnity		1909.71	1.827			932.93	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEXIBLE DIAGNOS	45330	CPT	outpatient			3051		1202.06 Managed Care Inc	Managed Care Inc		2745.9	0.9			932.93	2898.45	percent of total billed charges	
SIGMOIDOSCOPY FLEXIBLE DIAGNOS	45330	CPT	outpatient			3051		1202.06 Multiplan	Multiplan		2440.8	0.8			932.93	2898.45	percent of total billed charges	
SIGMOIDOSCOPY FLEXIBLE DIAGNOS	45330	CPT	outpatient			3051		1202.06 Qualcare	Qualcare	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SIGMOIDOSCOPY FLEXIBLE DIAGNOS	45330	CPT	outpatient			3051	1202.06	Wellcare	Medicaid		959.84	0.3146			932.93	2898.45	percent of total billed charges	
SIGMOIDOSCOPY FLEXIBLE DIAGNOS	45330	CPT	outpatient			3051	1202.06	Wellcare	Medicare		1045.27	1			932.93	2898.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Aetna	Commercial		1664.07	1.592			690.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Aetna	Medicare		1045.27	1			690.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Aetna	Better Health		690.23	0.3146			690.23	2084.3	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Americare	Americare		1645.5	0.75			690.23	2084.3	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	WellPoint	WellPoint		703.84	0.3208			690.23	2084.3	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Amerihealth	Medicare		1045.27	1			690.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Consumer	Consumer		2084.3	0.95			690.23	2084.3	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Corrections	Corrections		1755.2	0.8			690.23	2084.3	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	First Health	First Health		1535.8	0.7			690.23	2084.3	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	First Trenton	First Trenton		1974.6	0.9			690.23	2084.3	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Horizon	MGD		1909.71	1.827			690.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Horizon	Medicare Blue		1045.27	1			690.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Horizon	Indemnity		1909.71	1.827			690.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Horizon	PPO		1909.71	1.827			690.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Managed Care Inc	Managed Care Inc		1974.6	0.9			690.23	2084.3	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Multiplan	Multiplan		1755.2	0.8			690.23	2084.3	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Qualcare	Qualcare		1645.5	0.75			690.23	2084.3	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Three Rivers	Three Rivers		2084.3	0.95			690.23	2084.3	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	UHC	Medicare		1045.27	1			690.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	UHC	Medicaid		690.23	0.3146			690.23	2084.3	percent of total billed charges	
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Wellcare	Medicare		1045.27	1			690.23	2084.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/BOX SING. MULTIPLE	45331	CPT	outpatient			2194	1202.06	Wellcare	Medicaid		690.23	0.3146			690.23	2084.3	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Aetna	Commercial		2148.58	1.592			492.66	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Aetna	Better Health		492.66	0.3146			492.66	2465.74	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Aetna	Medicare		1349.61	1			492.66	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Americare	Americare		1174.5	0.75			492.66	2465.74	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	WellPoint	WellPoint		502.37	0.3208			492.66	2465.74	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Amerihealth	Medicare		1349.61	1			492.66	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Consumer	Consumer		1487.7	0.95			492.66	2465.74	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Corrections	Corrections		1252.8	0.8			492.66	2465.74	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	First Health	First Health		1096.2	0.7			492.66	2465.74	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	First Trenton	First Trenton		1409.4	0.9			492.66	2465.74	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Horizon	MGD		2465.74	1.827			492.66	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Horizon	Medicare Blue		1349.61	1			492.66	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Horizon	Indemnity		2465.74	1.827			492.66	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Horizon	PPO		2465.74	1.827			492.66	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Managed Care Inc	Managed Care Inc		1409.4	0.9			492.66	2465.74	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Multiplan	Multiplan		1252.8	0.8			492.66	2465.74	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Qualcare	Qualcare		1174.5	0.75			492.66	2465.74	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Three Rivers	Three Rivers		1487.7	0.95			492.66	2465.74	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	UHC	Medicare		1349.61	1			492.66	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	UHC	Medicaid		492.66	0.3146			492.66	2465.74	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Wellcare	Medicaid		492.66	0.3146			492.66	2465.74	percent of total billed charges	
SIGMOID.FOREIGN BODY REMOVAL	45332	CPT	outpatient			1566	1552.05	Wellcare	Medicare		1349.61	1			492.66	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Aetna	Commercial		1664.07	1.592			492.66	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Aetna	Better Health		492.66	0.3146			492.66	1909.71	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Aetna	Medicare		1045.27	1			492.66	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Americare	Americare		1174.5	0.75			492.66	1909.71	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	WellPoint	WellPoint		502.37	0.3208			492.66	1909.71	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Amerihealth	Medicare		1045.27	1			492.66	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Consumer	Consumer		1487.7	0.95			492.66	1909.71	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Corrections	Corrections		1252.8	0.8			492.66	1909.71	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	First Health	First Health		1096.2	0.7			492.66	1909.71	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	First Trenton	First Trenton		1409.4	0.9			492.66	1909.71	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Horizon	MGD		1909.71	1.827			492.66	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Horizon	PPO		1909.71	1.827			492.66	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Horizon	Medicare Blue		1045.27	1			492.66	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Horizon	Indemnity		1909.71	1.827			492.66	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Managed Care Inc	Managed Care Inc		1409.4	0.9			492.66	1909.71	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Multiplan	Multiplan		1252.8	0.8			492.66	1909.71	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Qualcare	Qualcare		1174.5	0.75			492.66	1909.71	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Three Rivers	Three Rivers		1487.7	0.95			492.66	1909.71	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	UHC	Medicare		1045.27	1			492.66	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	UHC	Medicaid		492.66	0.3146			492.66	1909.71	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Wellcare	Medicare		1045.27	1			492.66	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY HOT BX	45333	CPT	outpatient			1566	1202.06	Wellcare	Medicaid		492.66	0.3146			492.66	1909.71	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Aetna	Better Health		732.07	0.3146			732.07	2465.74	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Aetna	Medicare		1349.61	1			732.07	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Aetna	Commercial		2148.58	1.592			732.07	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Americare	Americare		1745.25	0.75			732.07	2465.74	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	WellPoint	WellPoint		746.5	0.3208			732.07	2465.74	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Amerihealth	Medicare		1349.61	1			732.07	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Consumer	Consumer		2210.65	0.95			732.07	2465.74	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Corrections	Corrections		1861.6	0.8			732.07	2465.74	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	First Health	First Health		1628.9	0.7			732.07	2465.74	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	First Trenton	First Trenton		2094.3	0.9			732.07	2465.74	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Horizon	PPO		2465.74	1.827			732.07	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Horizon	Medicare Blue		1349.61	1			732.07	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Horizon	Indemnity		2465.74	1.827			732.07	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Horizon	MGD		2465.74	1.827			732.07	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Managed Care Inc	Managed Care Inc		2094.3	0.9			732.07	2465.74	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Multiplan	Multiplan		1861.6	0.8			732.07	2465.74	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Qualcare	Qualcare		1745.25	0.75			732.07	2465.74	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Three Rivers	Three Rivers		2210.65	0.95			732.07	2465.74	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	UHC	Medicare		1349.61	1			732.07	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	UHC	Medicaid		732.07	0.3146			732.07	2465.74	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Wellcare	Medicaid		732.07	0.3146			732.07	2465.74	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/CONTROL BLEEDING	45334	CPT	outpatient			2327	1552.05	Wellcare	Medicare		1349.61	1			732.07	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Aetna	Commercial		1664.07	1.592			1045.27	3313.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Aetna	Better Health		1097.32	0.3146			1045.27	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Aetna	Medicare		1045.27	1			1045.27	3313.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Americare	Americare		2616	0.75			1045.27	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	WellPoint	WellPoint		1118.95	0.3208			1045.27	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Amerihealth	Medicare		1045.27	1			1045.27	3313.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Consumer	Consumer		3313.6	0.95			1045.27	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Corrections	Corrections		2790.4	0.8			1045.27	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	First Health	First Health		2441.6	0.7			1045.27	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	First Trenton	First Trenton		3139.2	0.9			1045.27	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Horizon	Medicare Blue		1045.27	1			1045.27	3313.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Horizon	MGD		1909.71	1.827			1045.27	3313.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Horizon	Indemnity		1909.71	1.827			1045.27	3313.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Horizon	PPO		1909.71	1.827			1045.27	3313.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Managed Care Inc	Managed Care Inc		3139.2	0.9			1045.27	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Multiplan	Multiplan		2790.4	0.8			1045.27	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Qualcare	Qualcare		2616	0.75			1045.27	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Three Rivers	Three Rivers		3313.6	0.95			1045.27	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	UHC	Medicaid		1097.32	0.3146			1045.27	3313.6	percent of total billed charges	
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	UHC	Medicare		1045.27	1			1045.27	3313.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Wellcare	Medicare		1045.27	1			1045.27	3313.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIG W/DIRECTED SUBMUC INJ ANY SUB	45335	CPT	outpatient			3488	1202.06	Wellcare	Medicaid		1097.32	0.3146			1045.27	3313.6	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Aetna	Better Health		732.07	0.3146			732.07	2210.65	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Aetna	Commercial		1664.07	1.592			732.07	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Aetna	Medicare		1045.27	1			732.07	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Americare	Americare		1745.25	0.75			732.07	2210.65	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	WellPoint	WellPoint		746.5	0.3208			732.07	2210.65	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Amerihealth	Medicare		1045.27	1			732.07	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Consumer	Consumer		2210.65	0.95			732.07	2210.65	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Corrections	Corrections		1861.6	0.8			732.07	2210.65	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	First Health	First Health		1628.9	0.7			732.07	2210.65	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	First Trenton	First Trenton		2094.3	0.9			732.07	2210.65	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Horizon	MGD		1909.71	1.827			732.07	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Horizon	Indemnity		1909.71	1.827			732.07	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Horizon	Medicare Blue		1045.27	1			732.07	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Horizon	PPO		1909.71	1.827			732.07	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Managed Care Inc	Managed Care Inc		2094.3	0.9			732.07	2210.65	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Multiplan	Multiplan		1861.6	0.8			732.07	2210.65	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Qualcare	Qualcare		1745.25	0.75			732.07	2210.65	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Three Rivers	Three Rivers		2210.65	0.95			732.07	2210.65	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	UHC	Medicare		1045.27	1			732.07	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	UHC	Medicaid		732.07	0.3146			732.07	2210.65	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Wellcare	Medicaid		732.07	0.3146			732.07	2210.65	percent of total billed charges	
SIGMOIDOSCOPY FLEX.W/DECOMP VOVUL	45337	CPT	outpatient			2327	1202.06	Wellcare	Medicare		1045.27	1			732.07	2210.65	other

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194	1552.05	First Trenton	First Trenton		1974.6	0.9			690.23	2465.74	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194	1552.05	Horizon	Medicare Blue		1349.61	1			690.23	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194	1552.05	Horizon	MGD		2465.74	1.827			690.23	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194	1552.05	Horizon	Indemnity		2465.74	1.827			690.23	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194	1552.05	Horizon	PPO		2465.74	1.827			690.23	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194	1552.05	Managed Care Inc	Managed Care Inc		1974.6	0.9			690.23	2465.74	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194	1552.05	Multiplan	Multiplan		1755.2	0.8			690.23	2465.74	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194	1552.05	Qualcare	Qualcare		1645.5	0.75			690.23	2465.74	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194	1552.05	Three Rivers	Three Rivers		2084.3	0.95			690.23	2465.74	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194	1552.05	UHC	Medicaid		690.23	0.3146			690.23	2465.74	percent of total billed charges	
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194	1552.05	UHC	Medicare		1349.61	1			690.23	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194	1552.05	Wellcare	Medicare		1349.61	1			690.23	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/REM LESION BY SNARE	45338	CPT	outpatient			2194	1552.05	Wellcare	Medicaid		690.23	0.3146			690.23	2465.74	percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423	1552.05	Aetna	Commercial		2148.58	1.592			1076.88	3251.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423	1552.05	Aetna	Better Health		1076.88	0.3146			1076.88	3251.85	percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423	1552.05	Aetna	Medicare		1349.61	1			1076.88	3251.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423	1552.05	Americare	Americare		2567.25	0.75			1076.88	3251.85	percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423	1552.05	WellPoint	WellPoint		1098.1	0.3208			1076.88	3251.85	percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423	1552.05	Amerihealth	Medicare		1349.61	1			1076.88	3251.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423	1552.05	Consumer	Consumer		3251.85	0.95			1076.88	3251.85	percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423	1552.05	Corrections	Corrections		2738.4	0.8			1076.88	3251.85	percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423	1552.05	First Health	First Health		2396.1	0.7			1076.88	3251.85	percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423	1552.05	First Trenton	First Trenton		3080.7	0.9			1076.88	3251.85	percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423	1552.05	Horizon	PPO		2465.74	1.827			1076.88	3251.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423	1552.05	Horizon	Medicare Blue		1349.61	1			1076.88	3251.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423	1552.05	Horizon	MGD		2465.74	1.827			1076.88	3251.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423	1552.05	Horizon	Indemnity		2465.74	1.827			1076.88	3251.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423	1552.05	Managed Care Inc	Managed Care Inc		3080.7	0.9			1076.88	3251.85	percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423	1552.05	Multiplan	Multiplan		2738.4	0.8			1076.88	3251.85	percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423	1552.05	Qualcare	Qualcare		2567.25	0.75			1076.88	3251.85	percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423	1552.05	Three Rivers	Three Rivers		3251.85	0.95			1076.88	3251.85	percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423	1552.05	UHC	Medicaid		1076.88	0.3146			1076.88	3251.85	percent of total billed charges	
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423	1552.05	UHC	Medicare		1349.61	1			1076.88	3251.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423	1552.05	Wellcare	Medicare		1349.61	1			1076.88	3251.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPIC BALLOON DILATATION	45340	CPT	outpatient			3423	1552.05	Wellcare	Medicaid		1076.88	0.3146			1076.88	3251.85	percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387	1202.06	Aetna	Medicare		1045.27	1			1045.27	3217.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387	1202.06	Aetna	Commercial		1664.07	1.592			1045.27	3217.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387	1202.06	Aetna	Better Health		1065.55	0.3146			1045.27	3217.65	percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387	1202.06	Americare	Americare		2540.25	0.75			1045.27	3217.65	percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387	1202.06	WellPoint	WellPoint		1086.55	0.3208			1045.27	3217.65	percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387	1202.06	Amerihealth	Medicare		1045.27	1			1045.27	3217.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387	1202.06	Consumer	Consumer		3217.65	0.95			1045.27	3217.65	percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387	1202.06	Corrections	Corrections		2709.6	0.8			1045.27	3217.65	percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387	1202.06	First Health	First Health		2370.9	0.7			1045.27	3217.65	percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387	1202.06	First Trenton	First Trenton		3048.3	0.9			1045.27	3217.65	percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387	1202.06	Horizon	MGD		1909.71	1.827			1045.27	3217.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387	1202.06	Horizon	Medicare Blue		1045.27	1			1045.27	3217.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387	1202.06	Horizon	PPO		1909.71	1.827			1045.27	3217.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387	1202.06	Horizon	Indemnity		1909.71	1.827			1045.27	3217.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387	1202.06	Managed Care Inc	Managed Care Inc		3048.3	0.9			1045.27	3217.65	percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387	1202.06	Multiplan	Multiplan		2709.6	0.8			1045.27	3217.65	percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387	1202.06	Qualcare	Qualcare		2540.25	0.75			1045.27	3217.65	percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387	1202.06	Three Rivers	Three Rivers		3217.65	0.95			1045.27	3217.65	percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387	1202.06	UHC	Medicaid		1065.55	0.3146			1045.27	3217.65	percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387	1202.06	UHC	Medicare		1045.27	1			1045.27	3217.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387	1202.06	Wellcare	Medicaid		1065.55	0.3146			1045.27	3217.65	percent of total billed charges	
LOWER W/ENDOSCOPIC ULTRASOUND EXAM	45341	CPT	outpatient			3387	1202.06	Wellcare	Medicare		1045.27	1			1045.27	3217.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423	1552.05	Aetna	Commercial		2148.58	1.592			1076.88	3251.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423	1552.05	Aetna	Better Health		1076.88	0.3146			1076.88	3251.85	percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423	1552.05	Aetna	Medicare		1349.61	1			1076.88	3251.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423	1552.05	Americare	Americare		2567.25	0.75			1076.88	3251.85	percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423	1552.05	WellPoint	WellPoint		1098.1	0.3208			1076.88	3251.85	percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423	1552.05	Amerihealth	Medicare		1349.61	1			1076.88	3251.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423	1552.05	Consumer	Consumer		3251.85	0.95			1076.88	3251.85	percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423	1552.05	Corrections	Corrections		2738.4	0.8			1076.88	3251.85	percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423	1552.05	First Health	First Health		2396.1	0.7			1076.88	3251.85	percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423	1552.05	First Trenton	First Trenton		3080.7	0.9			1076.88	3251.85	percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423	1552.05	Horizon	Medicare Blue		1349.61	1			1076.88	3251.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423	1552.05	Horizon	MGD		2465.74	1.827			1076.88	3251.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423	1552.05	Horizon	PPO		2465.74	1.827			1076.88	3251.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423	1552.05	Horizon	Indemnity		2465.74	1.827			1076.88	3251.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423	1552.05	Managed Care Inc	Managed Care Inc		3080.7	0.9			1076.88	3251.85	percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423	1552.05	Multiplan	Multiplan		2738.4	0.8			1076.88	3251.85	percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423	1552.05	Qualcare	Qualcare		2567.25	0.75			1076.88	3251.85	percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423	1552.05	Three Rivers	Three Rivers		3251.85	0.95			1076.88	3251.85	percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423	1552.05	UHC	Medicaid		1076.88	0.3146			1076.88	3251.85	percent of total billed charges	
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423	1552.05	UHC	Medicare		1349.61	1			1076.88	3251.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423	1552.05	Wellcare	Medicare		1349.61	1			1076.88	3251.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSENDO ULTRASND GUID INTRA-TRAN FNA	45342	CPT	outpatient			3423	1552.05	Wellcare	Medicaid		1076.88	0.3146			1076.88	3251.85	percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782	1552.05	Aetna	Better Health		560.62	0.3146			560.62	2465.74	percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782	1552.05	Aetna	Commercial		2148.58	1.592			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782	1552.05	Aetna	Medicare		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782	1552.05	Americare	Americare		1336.5	0.75			560.62	2465.74	percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782	1552.05	WellPoint	WellPoint		571.67	0.3208			560.62	2465.74	percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782	1552.05	Amerihealth	Medicare		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782	1552.05	Consumer	Consumer		1692.9	0.95			560.62	2465.74	percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782	1552.05	Corrections	Corrections		1425.6	0.8			560.62	2465.74	percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782	1552.05	First Health	First Health		1247.4	0.7			560.62	2465.74	percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782	1552.05	First Trenton	First Trenton		1603.8	0.9			560.62	2465.74	percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782	1552.05	Horizon	Indemnity		2465.74	1.827			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782	1552.05	Horizon	MGD		2465.74	1.827			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782	1552.05	Horizon	Medicare Blue		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782	1552.05	Horizon	PPO		2465.74	1.827			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782	1552.05	Managed Care Inc	Managed Care Inc		1603.8	0.9			560.62	2465.74	percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782	1552.05	Multiplan	Multiplan		1425.6	0.8			560.62	2465.74	percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782	1552.05	Qualcare	Qualcare		1336.5	0.75			560.62	2465.74	percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782	1552.05	Three Rivers	Three Rivers		1692.9	0.95			560.62	2465.74	percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782	1552.05	UHC	Medicare		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782	1552.05	UHC	Medicaid		560.62	0.3146			560.62	2465.74	percent of total billed charges	
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782	1552.05	Wellcare	Medicare		1349.61	1			560.62	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W/ABLATION OF LESIOR W/O H	45346	CPT	outpatient			1782	1552.05	Wellcare	Medicaid		560.62	0.3146			560.62	2465.74	percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004	7495.78	Aetna	Better Health		5349.46	0.3146			5349.46	16153.8	percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004	7495.78	Aetna	Commercial		10376.77	1.592			5349.46	16153.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004	7495.78	Aetna	Medicare		6518.07	1			5349.46	16153.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004	7495.78	Americare	Americare		12753	0.75			5349.46	16153.8	percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004	7495.78	WellPoint	WellPoint		5454.88	0.3208			5349.46	16153.8	percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004	7495.78	Amerihealth	Medicare		6518.07	1			5349.46	16153.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004	7495.78	Consumer	Consumer		16153.8	0.95			5349.46	16153.8	percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004	7495.78	Corrections	Corrections		13603.2	0.8			5349.46	16153.8	percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004	7495.78	First Health	First Health		11902.8	0.7			5349.46	16153.8	percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004	7495.78	First Trenton	First Trenton		15303.6	0.9			5349.46	16153.8	percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004	7495.78	Horizon	Indemnity		11908.51	1.827			5349.46	16153.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004	7495.78	Horizon	PPO		11908.51	1.827			5349.46	16153.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004	7495.78	Horizon	MGD		11908.51	1.827			5349.46	16153.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004	7495.78	Horizon	Medicare Blue		6518.07	1			5349.46	16153.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004	7495.78	Managed Care Inc	Managed Care Inc		15303.6	0.9			5349.46	16153.8	percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004	7495.78	Multiplan	Multiplan		13603.2	0.8			5349.46	16153.8	percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004	7495.78	Qualcare	Qualcare		12753	0.75			5349.46	16153.8	percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004	7495.78	Three Rivers	Three Rivers		16153.8	0.95			5349.46	16153.8	percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004	7495.78	UHC	Medicare		6518.07	1			5349.46	16153.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004	7495.78	UHC	Medicaid		5349.46	0.3146			5349.46	16153.8	percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004	7495.78	Wellcare	Medicaid		5349.46	0.3146			5349.46	16153.8	percent of total billed charges	
SIGMOIDOSCOPY FIX PLACEMENT OF ENDOSCOP	45347	CPT	outpatient			17004	7495.78	Wellcare	Medicare		6518.07	1			5349.46	16153.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Aetna	Commercial		5112.23	1.592			1192.02	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Aetna	Better Health		1192.02	0.3146			1192.02	5866.86	percent of total billed charges	
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Aetna	Medicare		3211.2	1			1192.02	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Americare	Americare		2841.75	0.75			1192.02	5866.86	percent of total billed charges	
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	WellPoint	WellPoint		1215.51	0.3208			1192.02	5866.86	percent of total billed charges	
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Amerihealth	Medicare		3211.2	1			1192.02	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Consumer	Consumer		3599.55	0.95			1192.02	5866.86	percent of total billed charges	
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Corrections	Corrections		3031.2	0.8			1192.02	5866.86	percent of total billed charges	
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	First Health	First Health		2652.3	0.7			1192.02	5866.86	percent of total billed charges	
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	First Trenton	First Trenton		3410.1	0.9			1192.02	5

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Wellcare	Medicare		3211.2	1			1192.02	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY W ENDOSCOPIC MUCOSAL RES	45349	CPT	outpatient			3789	3692.88	Wellcare	Medicaid		1192.02	0.3146			1192.02	5866.86	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH WITH BAND LIGAT	45350	CPT	outpatient			3885	1552.05	Aetna	Medicare		1349.61	1			1222.22	3690.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX WITH WITH BAND LIGAT	45350	CPT	outpatient			3885	1552.05	Aetna	Commercial		2148.58	1.592			1222.22	3690.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX WITH WITH BAND LIGAT	45350	CPT	outpatient			3885	1552.05	Aetna	Better Health		1222.22	0.3146			1222.22	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH WITH BAND LIGAT	45350	CPT	outpatient			3885	1552.05	Americare	Americare		2913.75	0.75			1222.22	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH WITH BAND LIGAT	45350	CPT	outpatient			3885	1552.05	WellPoint	WellPoint		1246.31	0.3208			1222.22	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH WITH BAND LIGAT	45350	CPT	outpatient			3885	1552.05	Amerihealth	Medicare		1349.61	1			1222.22	3690.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX WITH WITH BAND LIGAT	45350	CPT	outpatient			3885	1552.05	Consumer	Consumer		3690.75	0.95			1222.22	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH WITH BAND LIGAT	45350	CPT	outpatient			3885	1552.05	Corrections	Corrections		3108	0.8			1222.22	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH WITH BAND LIGAT	45350	CPT	outpatient			3885	1552.05	First Health	First Health		2719.5	0.7			1222.22	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH WITH BAND LIGAT	45350	CPT	outpatient			3885	1552.05	First Trenton	First Trenton		3496.5	0.9			1222.22	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH WITH BAND LIGAT	45350	CPT	outpatient			3885	1552.05	Horizon	Medicare Blue		1349.61	1			1222.22	3690.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX WITH WITH BAND LIGAT	45350	CPT	outpatient			3885	1552.05	Horizon	Indemnity		2465.74	1.827			1222.22	3690.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX WITH WITH BAND LIGAT	45350	CPT	outpatient			3885	1552.05	Horizon	MGD		2465.74	1.827			1222.22	3690.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX WITH WITH BAND LIGAT	45350	CPT	outpatient			3885	1552.05	Horizon	PPO		2465.74	1.827			1222.22	3690.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX WITH WITH BAND LIGAT	45350	CPT	outpatient			3885	1552.05	Managed Care Inc	Managed Care Inc		3496.5	0.9			1222.22	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH WITH BAND LIGAT	45350	CPT	outpatient			3885	1552.05	Multiplan	Multiplan		3108	0.8			1222.22	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH WITH BAND LIGAT	45350	CPT	outpatient			3885	1552.05	Qualcare	Qualcare		2913.75	0.75			1222.22	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH WITH BAND LIGAT	45350	CPT	outpatient			3885	1552.05	Three Rivers	Three Rivers		3690.75	0.95			1222.22	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH WITH BAND LIGAT	45350	CPT	outpatient			3885	1552.05	UHC	Medicare		1349.61	1			1222.22	3690.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX WITH WITH BAND LIGAT	45350	CPT	outpatient			3885	1552.05	UHC	Medicaid		1222.22	0.3146			1222.22	3690.75	percent of total billed charges	
SIGMOIDOSCOPY FIX WITH WITH BAND LIGAT	45350	CPT	outpatient			3885	1552.05	Wellcare	Medicare		1349.61	1			1222.22	3690.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIGMOIDOSCOPY FIX WITH WITH BAND LIGAT	45350	CPT	outpatient			3885	1552.05	Wellcare	Medicaid		1222.22	0.3146			1222.22	3690.75	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	both			2926	1202.06	Aetna	Medicare		1045.27	1			920.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	both			2926	1202.06	Aetna	Commercial		1664.07	1.592			920.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	both			2926	1202.06	Aetna	Better Health		920.52	0.3146			920.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	both			2926	1202.06	Americare	Americare		2194.5	0.75			920.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	both			2926	1202.06	WellPoint	WellPoint		938.66	0.3208			920.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	both			2926	1202.06	Amerihealth	Medicare		1045.27	1			920.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	both			2926	1202.06	Consumer	Consumer		2779.7	0.95			920.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	both			2926	1202.06	Corrections	Corrections		2340.8	0.8			920.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	both			2926	1202.06	First Health	First Health		2048.2	0.7			920.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	both			2926	1202.06	First Trenton	First Trenton		2633.4	0.9			920.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	both			2926	1202.06	Horizon	MGD		1909.71	1.827			920.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	both			2926	1202.06	Horizon	Indemnity		1909.71	1.827			920.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	both			2926	1202.06	Horizon	PPO		1909.71	1.827			920.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	both			2926	1202.06	Horizon	Medicare Blue		1045.27	1			920.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	both			2926	1202.06	Managed Care Inc	Managed Care Inc		2633.4	0.9			920.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	both			2926	1202.06	Multiplan	Multiplan		2340.8	0.8			920.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	both			2926	1202.06	Qualcare	Qualcare		2194.5	0.75			920.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	both			2926	1202.06	Three Rivers	Three Rivers		2779.7	0.95			920.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	both			2926	1202.06	UHC	Medicare		1045.27	1			920.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	both			2926	1202.06	UHC	Medicaid		920.52	0.3146			920.52	2779.7	percent of total billed charges	
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	both			2926	1202.06	Wellcare	Medicare		1045.27	1			920.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY DX BEYND SPLENICFLEX	45378	CPT	both			2926	1202.06	Wellcare	Medicaid		920.52	0.3146			920.52	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Aetna	Medicare		901.21	0.308			901.21	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Aetna	Better Health		920.52	0.3146			901.21	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Aetna	Commercial		2148.58	1.592			901.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Americare	Americare		2194.5	0.75			901.21	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	WellPoint	WellPoint		938.66	0.3208			901.21	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Amerihealth	Medicare		1349.61	1			901.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Consumer	Consumer		2779.7	0.95			901.21	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Corrections	Corrections		2340.8	0.8			901.21	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	First Health	First Health		2048.2	0.7			901.21	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	First Trenton	First Trenton		2633.4	0.9			901.21	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Horizon	PPO		2465.74	1.827			901.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Horizon	Indemnity		2465.74	1.827			901.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Horizon	Medicare Blue		1349.61	1			901.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Horizon	MGD		2465.74	1.827			901.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Managed Care Inc	Managed Care Inc		2633.4	0.9			901.21	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Multiplan	Multiplan		2340.8	0.8			901.21	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Qualcare	Qualcare		2194.5	0.75			901.21	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Three Rivers	Three Rivers		2779.7	0.95			901.21	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	UHC	Medicare		1349.61	1			901.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	UHC	Medicaid		920.52	0.3146			901.21	2779.7	percent of total billed charges	
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Wellcare	Medicare		1349.61	1			901.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE TO CECUM	45379	CPT	outpatient			2926	1552.05	Wellcare	Medicaid		920.52	0.3146			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	outpatient			2926	1552.05	Aetna	Commercial		2148.58	1.592			920.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY	45380	CPT	outpatient			2926	1552.05	Aetna	Better Health		920.52	0.3146			920.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	outpatient			2926	1552.05	Aetna	Medicare		1349.61	1			920.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY	45380	CPT	outpatient			2926	1552.05	Americare	Americare		2194.5	0.75			920.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	outpatient			2926	1552.05	WellPoint	WellPoint		938.66	0.3208			920.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	outpatient			2926	1552.05	Amerihealth	Medicare		1349.61	1			920.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY	45380	CPT	outpatient			2926	1552.05	Consumer	Consumer		2779.7	0.95			920.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	outpatient			2926	1552.05	Corrections	Corrections		2340.8	0.8			920.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	outpatient			2926	1552.05	First Health	First Health		2048.2	0.7			920.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	outpatient			2926	1552.05	First Trenton	First Trenton		2633.4	0.9			920.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	outpatient			2926	1552.05	Horizon	Indemnity		2465.74	1.827			920.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY	45380	CPT	outpatient			2926	1552.05	Horizon	MGD		2465.74	1.827			920.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY	45380	CPT	outpatient			2926	1552.05	Horizon	Medicare Blue		1349.61	1			920.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY	45380	CPT	outpatient			2926	1552.05	Horizon	PPO		2465.74	1.827			920.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY	45380	CPT	outpatient			2926	1552.05	Managed Care Inc	Managed Care Inc		2633.4	0.9			920.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	outpatient			2926	1552.05	Multiplan	Multiplan		2340.8	0.8			920.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	outpatient			2926	1552.05	Qualcare	Qualcare		2194.5	0.75			920.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	outpatient			2926	1552.05	Three Rivers	Three Rivers		2779.7	0.95			920.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	outpatient			2926	1552.05	UHC	Medicare		1349.61	1			920.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY	45380	CPT	outpatient			2926	1552.05	UHC	Medicaid		920.52	0.3146			920.52	2779.7	percent of total billed charges	
COLONOSCOPY W/BIOPSY	45380	CPT	outpatient			2926	1552.05	Wellcare	Medicare		1349.61	1			920.52	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/BIOPSY	45380	CPT	outpatient			2926	1552.05	Wellcare	Medicaid		920.52	0.3146			920.52	2779.7	percent of total billed charges	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Aetna	Commercial		2148.58	1.592			1163.71	3514.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Aetna	Better Health		1163.71	0.3146			1163.71	3514.05	percent of total billed charges	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Aetna	Medicare		1349.61	1			1163.71	3514.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Americare	Americare		2774.25	0.75			1163.71	3514.05	percent of total billed charges	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	WellPoint	WellPoint		1186.64	0.3208			1163.71	3514.05	percent of total billed charges	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Amerihealth	Medicare		1349.61	1			1163.71	3514.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Consumer	Consumer		3514.05	0.95			1163.71	3514.05	percent of total billed charges	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Corrections	Corrections		2959.2	0.8			1163.71	3514.05	percent of total billed charges	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	First Health	First Health		2589.3	0.7			1163.71	3514.05	percent of total billed charges	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	First Trenton	First Trenton		3329.1	0.9			1163.71	3514.05	percent of total billed charges	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Horizon	Medicare Blue		1349.61	1			1163.71	3514.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Horizon	MGD		2465.74	1.827			1163.71	3514.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Horizon	Indemnity		2465.74	1.827			1163.71	3514.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Horizon	PPO		2465.74	1.827			1163.71	3514.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Managed Care Inc	Managed Care Inc		3329.1	0.9			1163.71	3514.05	percent of total billed charges	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Multiplan	Multiplan		2959.2	0.8			1163.71	3514.05	percent of total billed charges	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Qualcare	Qualcare		2774.25	0.75			1163.71	3514.05	percent of total billed charges	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Three Rivers	Three Rivers		3514.05	0.95			1163.71	3514.05	percent of total billed charges	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	UHC	Medicare		1349.61	1			1163.71	3514.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	UHC	Medicaid		1163.71	0.3146			1163.71	3514.05	percent of total billed charges	
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Wellcare	Medicare		1349.61	1			1163.71	3514.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/DIRECTED SUBMUCOSAL INJ	45381	CPT	outpatient			3699	1552.05	Wellcare	Medicaid		1163.71	0.3146			1163.71	3514.05	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962	1552.05	Aetna	Commercial		2148.58	1.592			912.3	2813.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962	1552.05	Aetna	Better Health		931.85	0.3146			912.3	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962	1552.05	Aetna	Medicare		912.3	0.308			912.3	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962	1552.05	Americare	Americare		2221.5	0.75			912.3	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962	1552.05	WellPoint	WellPoint		950.21	0.3208			912.3	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962	1552.05	Amerihealth	Medicare		1349.61	1			912.3	2813.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962	1552.05	Consumer	Consumer		2813.9	0.95			912.3	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962	1552.05	Corrections	Corrections		2369.6	0.8			912.3	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962	1552.05	First Health	First Health		2073.4	0.7			912.3	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962	1552.05	First Trenton	First Trenton		2665.8	0.9			912.3	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962	1552.05	Horizon	Indemnity		2465.74	1.827			912.3	2813.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962	1552.05	Horizon	MGD		2465.74	1.827			912.3	2813.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962	1552.05	Horizon	Medicare Blue		1349.61	1			912.3	2813.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962	1552.05	Horizon	PPO		2465.74	1.827			912.3	2813.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962	1552.05	Managed Care Inc	Managed Care Inc		2665.8	0.9			912.3	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962	1552.05	Multiplan	Multiplan		2369.6	0.8			912.3	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962	1552.05	Qualcare	Qualcare		2221.5	0.75			912.3	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962	1552.05	Three Rivers	Three Rivers		2813.9	0.95			912.3	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962	1552.05	UHC	Medicare		1349.61	1			912.3	2813.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962	1552.05	UHC	Medicaid		931.85	0.3146			912.3	2813.9	percent of total billed charges	
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962	1552.05	Wellcare	Medicare		1349.61	1			912.3	2813.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEX:W/CONTRL BLEEDING	45382	CPT	outpatient			2962	1552.05	Wellcare	Medicaid		931.85	0.3146			912.3	2813.9	percent of total billed charges	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926	1552.05	Aetna	Better Health		920.52	0.3146			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926	1552.05	Aetna	Medicare		901.21	0.308			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926	1552.05	Aetna	Commercial		2148.58	1.592			901.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926	1552.05	Americare	Americare		2194.5	0.75			901.21	2779.7	percent of total

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05 First Trenton	First Trenton		2633.4	0.9			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05 Horizon	MGD		2465.74	1.827			901.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05 Horizon	Indemnity		2465.74	1.827			901.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05 Horizon	Medicare Blue		1349.61	1			901.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05 Horizon	PPO		2465.74	1.827			901.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05 Managed Care Inc	Managed Care Inc		2633.4	0.9			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05 Multiplan	Multiplan		2340.8	0.8			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05 Qualcare	Qualcare		2194.5	0.75			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05 Three Rivers	Three Rivers		2779.7	0.95			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05 UHC	Medicare		1349.61	1			901.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05 UHC	Medicaid		920.52	0.3146			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05 Wellcare	Medicare		1349.61	1			901.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REMOVAL LESION	45384	CPT	outpatient			2926		1552.05 Wellcare	Medicaid		920.52	0.3146			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05 Aetna	Medicare		901.21	0.308			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05 Aetna	Commercial		2148.58	1.592			901.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05 Aetna	Better Health		920.52	0.3146			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05 Americare	Americare		2194.5	0.75			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05 WellPoint	WellPoint		938.66	0.3208			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05 Amerihealth	Medicare		1349.61	1			901.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05 Consumer	Consumer		2779.7	0.95			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05 Corrections	Corrections		2340.8	0.8			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05 First Health	First Health		2048.2	0.7			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05 First Trenton	First Trenton		2633.4	0.9			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05 Horizon	Indemnity		2465.74	1.827			901.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05 Horizon	MGD		2465.74	1.827			901.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05 Horizon	PPO		2465.74	1.827			901.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05 Horizon	Medicare Blue		1349.61	1			901.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05 Managed Care Inc	Managed Care Inc		2633.4	0.9			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05 Multiplan	Multiplan		2340.8	0.8			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05 Qualcare	Qualcare		2194.5	0.75			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05 Three Rivers	Three Rivers		2779.7	0.95			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05 UHC	Medicare		1349.61	1			901.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05 UHC	Medicaid		920.52	0.3146			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05 Wellcare	Medicare		1349.61	1			901.21	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/REM OF TUMOR BY SNARE	45385	CPT	both			2926		1552.05 Wellcare	Medicaid		920.52	0.3146			901.21	2779.7	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05 Aetna	Commercial		2148.58	1.592			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05 Aetna	Better Health		943.17	0.3146			943.17	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05 Aetna	Medicare		1349.61	1			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05 Americare	Americare		2248.5	0.75			943.17	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05 WellPoint	WellPoint		961.76	0.3208			943.17	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05 Amerihealth	Medicare		1349.61	1			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05 Consumer	Consumer		2848.1	0.95			943.17	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05 Corrections	Corrections		2398.4	0.8			943.17	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05 First Health	First Health		2098.6	0.7			943.17	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05 First Trenton	First Trenton		2698.2	0.9			943.17	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05 Horizon	Medicare Blue		1349.61	1			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05 Horizon	Indemnity		2465.74	1.827			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05 Horizon	MGD		2465.74	1.827			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05 Horizon	PPO		2465.74	1.827			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05 Managed Care Inc	Managed Care Inc		2698.2	0.9			943.17	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05 Multiplan	Multiplan		2398.4	0.8			943.17	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05 Qualcare	Qualcare		2248.5	0.75			943.17	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05 Three Rivers	Three Rivers		2848.1	0.95			943.17	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05 UHC	Medicaid		943.17	0.3146			943.17	2848.1	percent of total billed charges	
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05 UHC	Medicare		1349.61	1			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05 Wellcare	Medicare		1349.61	1			943.17	2848.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W B DIL STRICTURE(S)	45386	CPT	outpatient			2998		1552.05 Wellcare	Medicaid		943.17	0.3146			943.17	2848.1	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR POLYP	45388	CPT	outpatient			3789		1552.05 Aetna	Better Health		1192.02	0.3146			920.52	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR POLYP	45388	CPT	outpatient			3789		1552.05 Aetna	Commercial		2148.58	1.592			920.52	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY WITH ABLATION TUMOR POLYP	45388	CPT	outpatient			3789		1552.05 Aetna	Medicare		1349.61	1			920.52	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY WITH ABLATION TUMOR POLYP	45388	CPT	outpatient			3789		1552.05 Americare	Americare		2841.75	0.75			920.52	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR POLYP	45388	CPT	outpatient			3789		1552.05 WellPoint	WellPoint		1215.51	0.3208			920.52	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR POLYP	45388	CPT	outpatient			3789		1552.05 Amerihealth	Medicare		1349.61	1			920.52	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY WITH ABLATION TUMOR POLYP	45388	CPT	outpatient			3789		1552.05 Consumer	Consumer		3599.55	0.95			920.52	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR POLYP	45388	CPT	outpatient			3789		1552.05 Corrections	Corrections		3031.2	0.8			920.52	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR POLYP	45388	CPT	outpatient			3789		1552.05 First Health	First Health		2652.3	0.7			920.52	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR POLYP	45388	CPT	outpatient			3789		1552.05 First Trenton	First Trenton		3410.1	0.9			920.52	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR POLYP	45388	CPT	outpatient			3789		1552.05 Horizon	PPO		2465.74	1.827			920.52	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY WITH ABLATION TUMOR POLYP	45388	CPT	outpatient			3789		1552.05 Horizon	MGD		2465.74	1.827			920.52	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY WITH ABLATION TUMOR POLYP	45388	CPT	outpatient			3789		1552.05 Horizon	Medicare Blue		1349.61	1			920.52	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY WITH ABLATION TUMOR POLYP	45388	CPT	outpatient			3789		1552.05 Horizon	Indemnity		2465.74	1.827			920.52	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY WITH ABLATION TUMOR POLYP	45388	CPT	outpatient			3789		1552.05 Managed Care Inc	Managed Care Inc		3410.1	0.9			920.52	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR POLYP	45388	CPT	outpatient			3789		1552.05 Multiplan	Multiplan		3031.2	0.8			920.52	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR POLYP	45388	CPT	outpatient			3789		1552.05 Qualcare	Qualcare		2841.75	0.75			920.52	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR POLYP	45388	CPT	outpatient			3789		1552.05 Three Rivers	Three Rivers		3599.55	0.95			920.52	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR POLYP	45388	CPT	outpatient			3789		1552.05 UHC	Medicare		1349.61	1			920.52	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY WITH ABLATION TUMOR POLYP	45388	CPT	outpatient			3789		1552.05 UHC	Medicaid		1192.02	0.3146			920.52	3599.55	percent of total billed charges	
COLONOSCOPY WITH ABLATION TUMOR POLYP	45388	CPT	outpatient			3789		1552.05 Wellcare	Medicare		1349.61	1			920.52	3599.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY WITH ABLATION TUMOR POLYP	45388	CPT	outpatient			3789		1552.05 Wellcare	Medicaid		1192.02	0.3146			920.52	3599.55	percent of total billed charges	
COLONOSCOPY W/STENT PLCMT	45389	CPT	both			10486		7495.78 Aetna	Commercial		10376.77	1.592			3298.9	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/STENT PLCMT	45389	CPT	both			10486		7495.78 Aetna	Better Health		3298.9	0.3146			3298.9	11908.51	percent of total billed charges	
COLONOSCOPY W/STENT PLCMT	45389	CPT	both			10486		7495.78 Aetna	Medicare		6518.07	1			3298.9	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/STENT PLCMT	45389	CPT	both			10486		7495.78 Americare	Americare		7864.5	0.75			3298.9	11908.51	percent of total billed charges	
COLONOSCOPY W/STENT PLCMT	45389	CPT	both			10486		7495.78 WellPoint	WellPoint		3363.91	0.3208			3298.9	11908.51	percent of total billed charges	
COLONOSCOPY W/STENT PLCMT	45389	CPT	both			10486		7495.78 Amerihealth	Medicare		6518.07	1			3298.9	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/STENT PLCMT	45389	CPT	both			10486		7495.78 Consumer	Consumer		9961.7	0.95			3298.9	11908.51	percent of total billed charges	
COLONOSCOPY W/STENT PLCMT	45389	CPT	both			10486		7495.78 Corrections	Corrections		8388.8	0.8			3298.9	11908.51	percent of total billed charges	
COLONOSCOPY W/STENT PLCMT	45389	CPT	both			10486		7495.78 First Health	First Health		7340.2	0.7			3298.9	11908.51	percent of total billed charges	
COLONOSCOPY W/STENT PLCMT	45389	CPT	both			10486		7495.78 First Trenton	First Trenton		9437.4	0.9			3298.9	11908.51	percent of total billed charges	
COLONOSCOPY W/STENT PLCMT	45389	CPT	both			10486		7495.78 Horizon	Medicare Blue		6518.07	1			3298.9	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/STENT PLCMT	45389	CPT	both			10486		7495.78 Horizon	Indemnity		11908.51	1.827			3298.9	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/STENT PLCMT	45389	CPT	both			10486		7495.78 Horizon	MGD		11908.51	1.827			3298.9	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/STENT PLCMT	45389	CPT	both			10486		7495.78 Horizon	PPO		11908.51	1.827			3298.9	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/STENT PLCMT	45389	CPT	both			10486		7495.78 Managed Care Inc	Managed Care Inc		9437.4	0.9			3298.9	11908.51	percent of total billed charges	
COLONOSCOPY W/STENT PLCMT	45389	CPT	both			10486		7495.78 Multiplan	Multiplan		8388.8	0.8			3298.9	11908.51	percent of total billed charges	
COLONOSCOPY W/STENT PLCMT	45389	CPT	both			10486		7495.78 Qualcare	Qualcare		7864.5	0.75			3298.9	11908.51	percent of total billed charges	
COLONOSCOPY W/STENT PLCMT	45389	CPT	both			10486		7495.78 Three Rivers	Three Rivers		9961.7	0.95			3298.9	11908.51	percent of total billed charges	
COLONOSCOPY W/STENT PLCMT	45389	CPT	both			10486		7495.78 UHC	Medicaid		3298.9	0.3146			3298.9	11908.51	percent of total billed charges	
COLONOSCOPY W/STENT PLCMT	45389	CPT	both			10486		7495.78 UHC	Medicare		6518.07	1			3298.9	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/STENT PLCMT	45389	CPT	both			10486		7495.78 Wellcare	Medicare		6518.07	1			3298.9	11908.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W/STENT PLCMT	45389	CPT	both			10486		7495.78 Wellcare	Medicaid		3298.9	0.3146			3298.9	11908.51	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789		3692.88 Aetna	Commercial		5112.23	1.592			1192.02	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789		3692.88 Aetna	Better Health		1192.02	0.3146			1192.02	5866.86	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789		3692.88 Aetna	Medicare		3211.2	1			1192.02	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789		3692.88 Americare	Americare		2841.75	0.75			1192.02	5866.86	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789		3692.88 WellPoint	WellPoint		1215.51	0.3208			1192.02	5866.86	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789		3692.88 Amerihealth	Medicare		3211.2	1			1192.02	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789		3692.88 Consumer	Consumer		3599.55	0.95			1192.02	5866.86	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789		3692.88 Corrections	Corrections		3031.2	0.8			1192.02	5866.86	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789		3692.88 First Health	First Health		2652.3	0.7			1192.02	5866.86	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789		3692.88 First Trenton	First Trenton		3410.1	0.9			1192.02	5866.86	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789		3692.88 Horizon	Medicare Blue		3211.2	1			1192.02	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789		3692.88 Horizon	MGD		5866.86	1.827			1192.02	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789		3692.88 Horizon	Indemnity		5866.86	1.827			1192.02	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789		3692.88 Horizon	PPO		5866.86	1.827			1192.02	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789		3692.88 Managed Care Inc	Managed Care Inc		3410.1	0.9			1192.02	5866.86	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789		3692.88 Multiplan	Multiplan		3031.2	0.8			1192.02	5866.86	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789		3692.88 Qualcare	Qualcare		2841.75	0.75			1192.02	5866.86	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789		3692.88 Three Rivers	Three Rivers		3599.55	0.95			1192.02	5866.86	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789		3692.88 UHC	Medicaid		1192.02	0.3146			1192.02	5866.86	percent of total billed charges	
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789		3692.88 UHC	Medicare		3211.2	1			1192.02	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789		3692.88 Wellcare	Medicare		3211.2	1			1192.02	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY W ENDOSCOPIC MUCOSAL RESEC	45390	CPT	outpatient			3789		3692.88 Wellcare	Medicaid		1192.02	0.3146			1192.02	5866.86	percent of total billed charges	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065		1552.05 Aetna	Better Health		1278.85	0.3146			943.17	3861.75	percent of total billed charges	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065		1552.05 Aetna	Commercial		2148.58	1.592			943.17	3861.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065		1552.05 Aetna	Medicare		1349.61	1			943.17	3861.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065		1552.05 Americare	Americare		3048.75	0.75			943.17	3861.75	percent of total billed charges	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065		1552.05 WellPoint	WellPoint		1304.05	0.3208			943.17	3861.75	percent of total billed charges	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065		1552.05 Amerihealth	Medicare		1349.61	1			943.17	3861.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065		1552.05 Consumer	Consumer		3861.75	0.95			943.17	3861.75	percent of total billed charges	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065		1552.05 Corrections	Corrections		3252	0.8			943.17	3861.75	percent of total billed charges	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065		1552.05 First Health	First Health		2845.5	0.7			943.17	3861.75	percent of total billed charges	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065		1552.05 First Trenton	First Trenton		3658.5	0.9			943.17	3861.75	percent of total billed charges	
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065		1552.05 Horizon	MGD		2465.74	1.827			943.17	3861.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065		1552.05 Horizon	Indemnity		2465.74	1.827			943.17	3861.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065		1552.05 Horizon	PPO		2465.74	1.827			943.17	3861.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065		1552.05 Horizon	Medicare Blue		1349.61	1			943.17	3861.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065		1552.05 Managed Care Inc	Managed Care Inc		3658

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	Wellcare	Medicare		1349.61	1			943.17	3861.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY ENDOSCOPY US SIGMOID/RECTUM OTHERS	45391	CPT	outpatient			4065	1552.05	Wellcare	Medicaid		1278.85	0.3146			943.17	3861.75	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Aetna	Commercial		2148.58	1.592			954.5	2882.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Aetna	Better Health		954.5	0.3146			954.5	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Aetna	Medicare		1349.61	1			954.5	2882.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Americare	Americare		2275.5	0.75			954.5	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	WellPoint	WellPoint		973.31	0.3208			954.5	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Amerihealth	Medicare		1349.61	1			954.5	2882.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Consumer	Consumer		2882.3	0.95			954.5	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Corrections	Corrections		2427.2	0.8			954.5	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	First Health	First Health		2123.8	0.7			954.5	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	First Trenton	First Trenton		2730.6	0.9			954.5	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Horizon	Indemnity		2465.74	1.827			954.5	2882.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Horizon	Medicare Blue		1349.61	1			954.5	2882.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Horizon	MGD		2465.74	1.827			954.5	2882.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Horizon	PPO		2465.74	1.827			954.5	2882.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Managed Care Inc	Managed Care Inc		2730.6	0.9			954.5	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Multiplan	Multiplan		2427.2	0.8			954.5	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Qualcare	Qualcare		2275.5	0.75			954.5	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Three Rivers	Three Rivers		2882.3	0.95			954.5	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	UHC	Medicaid		954.5	0.3146			954.5	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	UHC	Medicare		1349.61	1			954.5	2882.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Wellcare	Medicare		1349.61	1			954.5	2882.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE PROXIMAL FLEXURE	45392	CPT	outpatient			3034	1552.05	Wellcare	Medicaid		954.5	0.3146			954.5	2882.3	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Aetna	Medicare		1349.61	1			1177.86	3556.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Aetna	Commercial		2148.58	1.592			1177.86	3556.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Aetna	Better Health		1177.86	0.3146			1177.86	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Americare	Americare		2808	0.75			1177.86	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	WellPoint	WellPoint		1201.08	0.3208			1177.86	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Amerihealth	Medicare		1349.61	1			1177.86	3556.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Consumer	Consumer		3556.8	0.95			1177.86	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Corrections	Corrections		2995.2	0.8			1177.86	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	First Health	First Health		2620.8	0.7			1177.86	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	First Trenton	First Trenton		3369.6	0.9			1177.86	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Horizon	MGD		2465.74	1.827			1177.86	3556.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Horizon	PPO		2465.74	1.827			1177.86	3556.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Medicare Blue			1349.61	1			1177.86	3556.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Indemnity	Indemnity		2465.74	1.827			1177.86	3556.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Managed Care Inc	Managed Care Inc		3369.6	0.9			1177.86	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Multiplan	Multiplan		2995.2	0.8			1177.86	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Qualcare	Qualcare		2808	0.75			1177.86	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Three Rivers	Three Rivers		3556.8	0.95			1177.86	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	UHC	Medicaid		1177.86	0.3146			1177.86	3556.8	percent of total billed charges	
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	UHC	Medicare		1349.61	1			1177.86	3556.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Wellcare	Medicare		1349.61	1			1177.86	3556.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLONOSCOPY FLEXIBLE WITH BAND LIGATION	45398	CPT	outpatient			3744	1552.05	Wellcare	Medicaid		1177.86	0.3146			1177.86	3556.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Aetna	Better Health		907.31	0.3146			907.31	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Aetna	Commercial		1664.07	1.592			907.31	2739.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Aetna	Medicare		1045.27	1			907.31	2739.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Americare	Americare		2163	0.75			907.31	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	WellPoint	WellPoint		925.19	0.3208			907.31	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Amerihealth	Medicare		1045.27	1			907.31	2739.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Consumer	Consumer		2739.8	0.95			907.31	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Corrections	Corrections		2307.2	0.8			907.31	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	First Health	First Health		2018.8	0.7			907.31	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	First Trenton	First Trenton		2595.6	0.9			907.31	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Horizon	Indemnity		1909.71	1.827			907.31	2739.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Horizon	Medicare Blue		1045.27	1			907.31	2739.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Horizon	MGD		1909.71	1.827			907.31	2739.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Horizon	PPO		1909.71	1.827			907.31	2739.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Managed Care Inc	Managed Care Inc		2595.6	0.9			907.31	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Multiplan	Multiplan		2307.2	0.8			907.31	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Qualcare	Qualcare		2163	0.75			907.31	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Three Rivers	Three Rivers		2739.8	0.95			907.31	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	UHC	Medicaid		907.31	0.3146			907.31	2739.8	percent of total billed charges	
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	UHC	Medicare		1045.27	1			907.31	2739.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Wellcare	Medicare		1045.27	1			907.31	2739.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE COLON	45399	CPT	outpatient			2884	1202.06	Wellcare	Medicaid		907.31	0.3146			907.31	2739.8	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Aetna	Medicare		658.2	0.308			658.2	2030.15	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Aetna	Better Health		672.3	0.3146			658.2	2030.15	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Aetna	Commercial		1664.07	1.592			658.2	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Americare	Americare		1602.75	0.75			658.2	2030.15	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	WellPoint	WellPoint		685.55	0.3208			658.2	2030.15	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Amerihealth	Medicare		1045.27	1			658.2	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Consumer	Consumer		2030.15	0.95			658.2	2030.15	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Corrections	Corrections		1709.6	0.8			658.2	2030.15	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	First Health	First Health		1495.9	0.7			658.2	2030.15	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	First Trenton	First Trenton		1923.3	0.9			658.2	2030.15	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Horizon	Medicare Blue		1045.27	1			658.2	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Horizon	Indemnity		1909.71	1.827			658.2	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Horizon	PPO		1909.71	1.827			658.2	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Horizon	MGD		1909.71	1.827			658.2	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Managed Care Inc	Managed Care Inc		1923.3	0.9			658.2	2030.15	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Multiplan	Multiplan		1709.6	0.8			658.2	2030.15	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Qualcare	Qualcare		1602.75	0.75			658.2	2030.15	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Three Rivers	Three Rivers		2030.15	0.95			658.2	2030.15	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	UHC	Medicare		1045.27	1			658.2	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	UHC	Medicaid		672.3	0.3146			658.2	2030.15	percent of total billed charges	
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Wellcare	Medicare		1045.27	1			658.2	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUC OF PROCIDENTIA	45900	CPT	outpatient			2137	1202.06	Wellcare	Medicaid		672.3	0.3146			658.2	2030.15	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Aetna	Commercial		2148.58	1.592			1349.61	4521.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Aetna	Better Health		1497.18	0.3146			1349.61	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Aetna	Medicare		1465.77	0.308			1349.61	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Americare	Americare		3569.25	0.75			1349.61	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	WellPoint	WellPoint		1526.69	0.3208			1349.61	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Amerihealth	Medicare		1349.61	1			1349.61	4521.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Consumer	Consumer		4521.05	0.95			1349.61	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Corrections	Corrections		3807.2	0.8			1349.61	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	First Health	First Health		3331.3	0.7			1349.61	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	First Trenton	First Trenton		4283.1	0.9			1349.61	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Horizon	MGD		2465.74	1.827			1349.61	4521.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Horizon	Indemnity		2465.74	1.827			1349.61	4521.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Horizon	Medicare Blue		1349.61	1			1349.61	4521.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Horizon	PPO		2465.74	1.827			1349.61	4521.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Managed Care Inc	Managed Care Inc		4283.1	0.9			1349.61	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Multiplan	Multiplan		3807.2	0.8			1349.61	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Qualcare	Qualcare		3569.25	0.75			1349.61	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Three Rivers	Three Rivers		4521.05	0.95			1349.61	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	UHC	Medicaid		1497.18	0.3146			1349.61	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	UHC	Medicare		1349.61	1			1349.61	4521.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Wellcare	Medicaid		1497.18	0.3146			1349.61	4521.05	percent of total billed charges	
DIL OF RECTAL STRICT UNDER ANE	45910	CPT	outpatient			4759	1552.05	Wellcare	Medicare		1349.61	1			1349.61	4521.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Aetna	Commercial		2148.58	1.592			1277.91	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Aetna	Better Health		1460.37	0.3146			1277.91	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Aetna	Medicare		1349.61	1			1277.91	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Americare	Americare		3481.5	0.75			1277.91	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	WellPoint	WellPoint		1489.15	0.3208			1277.91	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Amerihealth	Medicare		1349.61	1			1277.91	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Consumer	Consumer		4409.9	0.95			1277.91	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Corrections	Corrections		3713.6	0.8			1277.91	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	First Health	First Health		3249.4	0.7			1277.91	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	First Trenton	First Trenton		4177.8	0.9			1277.91	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Horizon	Indemnity		2465.74	1.827			1277.91	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Horizon	MGD		2465.74	1.827			1277.91	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Horizon	PPO		2465.74	1.827			1277.91	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Horizon	Medicare Blue		1349.61	1			1277.91	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Managed Care Inc	Managed Care Inc		4177.8	0.9			1277.91	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Multiplan	Multiplan		3713.6	0.8			1277.91	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Qualcare	Qualcare		3481.5	0.75			1277.91	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Three Rivers	Three Rivers		4409.9	0.95			1277.91	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	UHC	Medicare		1349.61	1			1277.91	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	UHC	Medicaid		1460.37	0.3146			1277.91	4409.9	percent of total billed charges	
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Wellcare	Medicare		1349.61	1			1277.91	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FECAL IMPACTION OR FB	45915	CPT	outpatient			4642	1552.05	Wellcare	Medicaid		1460.37	0.3146			1277.91	4409.9	percent of total billed charges	
UNLISTED PROCEDURE RECTUM	45999	CPT	outpatient			3029	1202.06	Aetna	Commercial		1664.07	1.592			622.59	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE RECTUM	45999	CPT	outpatient			3029	1202.06	Aetna	Better Health		952.92	0.3146			622.59	2877.55	percent of total billed charges	
UNLISTED PROCEDURE RECTUM	45999	CPT	outpatient			3029	1202.06	Aetna	Medicare		1045.27	1			622.59	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE RECTUM	45999	CPT	outpatient			3029	1202.06	Americare	Americare		2271.75	0.75			622.59	2877.55	percent of total billed charges	
UNLISTED PROCEDURE RECTUM	45999	CPT	outpatient			3029	1202.06	WellPoint	WellPoint		971.7	0.3208			622.59	2877.55	percent of total billed charges	
UNLISTED PROCEDURE RECTUM	45999	CPT	outpatient			3029	1202.06	Amerihealth	Medicare		1045.27	1			622.59	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE RECTUM	45999	CPT	outpatient			3029	1202.06	Consumer	Consumer		2877.55	0.95			622.59	2877.55	percent of total billed charges	
UNLISTED PROCEDURE RECTUM	45999	CPT	outpatient			3029	1202.06	Corrections	Corrections		2423.2	0.8

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLISTED PROCEDURE RECTUM	45999	CPT	outpatient			3029	1202.06	First Trenton	First Trenton		2726.1	0.9			622.59	2877.55	percent of total billed charges	
UNLISTED PROCEDURE RECTUM	45999	CPT	outpatient			3029	1202.06	Horizon	Indemnity		1909.71	1.827			622.59	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE RECTUM	45999	CPT	outpatient			3029	1202.06	Horizon	MGD		1909.71	1.827			622.59	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE RECTUM	45999	CPT	outpatient			3029	1202.06	Horizon	Medicare Blue		1045.27	1			622.59	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE RECTUM	45999	CPT	outpatient			3029	1202.06	Horizon	PPO		1909.71	1.827			622.59	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE RECTUM	45999	CPT	outpatient			3029	1202.06	Managed Care Inc	Managed Care Inc		2726.1	0.9			622.59	2877.55	percent of total billed charges	
UNLISTED PROCEDURE RECTUM	45999	CPT	outpatient			3029	1202.06	Multiplan	Multiplan		2423.2	0.8			622.59	2877.55	percent of total billed charges	
UNLISTED PROCEDURE RECTUM	45999	CPT	outpatient			3029	1202.06	Qualcare	Qualcare		2271.75	0.75			622.59	2877.55	percent of total billed charges	
UNLISTED PROCEDURE RECTUM	45999	CPT	outpatient			3029	1202.06	Three Rivers	Three Rivers		2877.55	0.95			622.59	2877.55	percent of total billed charges	
UNLISTED PROCEDURE RECTUM	45999	CPT	outpatient			3029	1202.06	UHC	Medicaid		952.92	0.3146			622.59	2877.55	percent of total billed charges	
UNLISTED PROCEDURE RECTUM	45999	CPT	outpatient			3029	1202.06	UHC	Medicare		1045.27	1			622.59	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE RECTUM	45999	CPT	outpatient			3029	1202.06	Wellcare	Medicare		1045.27	1			622.59	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE RECTUM	45999	CPT	outpatient			3029	1202.06	Wellcare	Medicaid		952.92	0.3146			622.59	2877.55	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Aetna	Commercial		2148.58	1.592			1241.41	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Aetna	Medicare		1349.61	1			1241.41	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Aetna	Better Health		1241.41	0.3146			1241.41	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Americare	Americare		2959.5	0.75			1241.41	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	WellPoint	WellPoint		1265.88	0.3208			1241.41	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Amerihealth	Medicare		1349.61	1			1241.41	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Consumer	Consumer		3748.7	0.95			1241.41	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Corrections	Corrections		3156.8	0.8			1241.41	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	First Health	First Health		2762.2	0.7			1241.41	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	First Trenton	First Trenton		3551.4	0.9			1241.41	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Horizon	Indemnity		2465.74	1.827			1241.41	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Horizon	MGD		2465.74	1.827			1241.41	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Horizon	PPO		2465.74	1.827			1241.41	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Horizon	Medicare Blue		1349.61	1			1241.41	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Managed Care Inc	Managed Care Inc		3551.4	0.9			1241.41	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Multiplan	Multiplan		3156.8	0.8			1241.41	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Qualcare	Qualcare		2959.5	0.75			1241.41	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Three Rivers	Three Rivers		3748.7	0.95			1241.41	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	UHC	Medicaid		1241.41	0.3146			1241.41	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	UHC	Medicare		1349.61	1			1241.41	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Wellcare	Medicaid		1241.41	0.3146			1241.41	3748.7	percent of total billed charges	
REM ANAL SETON	46030	CPT	outpatient			3946	1552.05	Wellcare	Medicare		1349.61	1			1241.41	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF RECTAL ABSCESS	46040	CPT	both			7204	1552.05	Aetna	Better Health		2266.38	0.3146			1193.81	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	both			7204	1552.05	Aetna	Medicare		2218.83	0.308			1193.81	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	both			7204	1552.05	Aetna	Commercial		2148.58	1.592			1193.81	6843.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF RECTAL ABSCESS	46040	CPT	both			7204	1552.05	Americare	Americare		5403	0.75			1193.81	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	both			7204	1552.05	WellPoint	WellPoint		2311.04	0.3208			1193.81	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	both			7204	1552.05	Amerihealth	Medicare		1349.61	1			1193.81	6843.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF RECTAL ABSCESS	46040	CPT	both			7204	1552.05	Consumer	Consumer		6843.8	0.95			1193.81	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	both			7204	1552.05	Corrections	Corrections		5763.2	0.8			1193.81	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	both			7204	1552.05	First Health	First Health		5042.8	0.7			1193.81	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	both			7204	1552.05	First Trenton	First Trenton		6483.6	0.9			1193.81	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	both			7204	1552.05	Horizon	Indemnity		2465.74	1.827			1193.81	6843.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF RECTAL ABSCESS	46040	CPT	both			7204	1552.05	Horizon	MGD		2465.74	1.827			1193.81	6843.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF RECTAL ABSCESS	46040	CPT	both			7204	1552.05	Horizon	PPO		2465.74	1.827			1193.81	6843.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF RECTAL ABSCESS	46040	CPT	both			7204	1552.05	Horizon	Medicare Blue		1349.61	1			1193.81	6843.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF RECTAL ABSCESS	46040	CPT	both			7204	1552.05	Managed Care Inc	Managed Care Inc		6483.6	0.9			1193.81	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	both			7204	1552.05	Multiplan	Multiplan		5763.2	0.8			1193.81	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	both			7204	1552.05	Qualcare	Qualcare		5403	0.75			1193.81	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	both			7204	1552.05	Three Rivers	Three Rivers		6843.8	0.95			1193.81	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	both			7204	1552.05	UHC	Medicaid		2266.38	0.3146			1193.81	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	both			7204	1552.05	UHC	Medicare		1349.61	1			1193.81	6843.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF RECTAL ABSCESS	46040	CPT	both			7204	1552.05	Wellcare	Medicaid		2266.38	0.3146			1193.81	6843.8	percent of total billed charges	
INCISION OF RECTAL ABSCESS	46040	CPT	both			7204	1552.05	Wellcare	Medicare		1349.61	1			1193.81	6843.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642	1202.06	Aetna	Better Health		1460.37	0.3146			672.61	4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642	1202.06	Aetna	Commercial		1664.07	1.592			672.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642	1202.06	Aetna	Medicare		1045.27	1			672.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642	1202.06	Americare	Americare		3481.5	0.75			672.61	4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642	1202.06	WellPoint	WellPoint		1489.15	0.3208			672.61	4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642	1202.06	Amerihealth	Medicare		1045.27	1			672.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642	1202.06	Consumer	Consumer		4409.9	0.95			672.61	4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642	1202.06	Corrections	Corrections		3713.6	0.8			672.61	4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642	1202.06	First Health	First Health		3249.4	0.7			672.61	4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642	1202.06	First Trenton	First Trenton		4177.8	0.9			672.61	4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642	1202.06	Horizon	Indemnity		1909.71	1.827			672.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642	1202.06	Horizon	MGD		1909.71	1.827			672.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642	1202.06	Horizon	Medicare Blue		1045.27	1			672.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642	1202.06	Horizon	PPO		1909.71	1.827			672.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642	1202.06	Managed Care Inc	Managed Care Inc		4177.8	0.9			672.61	4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642	1202.06	Multiplan	Multiplan		3713.6	0.8			672.61	4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642	1202.06	Qualcare	Qualcare		3481.5	0.75			672.61	4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642	1202.06	Three Rivers	Three Rivers		4409.9	0.95			672.61	4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642	1202.06	UHC	Medicaid		1460.37	0.3146			672.61	4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642	1202.06	UHC	Medicare		1045.27	1			672.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642	1202.06	Wellcare	Medicaid		1460.37	0.3146			672.61	4409.9	percent of total billed charges	
INCISION OF ANAL ABSCESS	46050	CPT	outpatient			4642	1202.06	Wellcare	Medicare		1045.27	1			672.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC THROMBOSED HEMORRHOID EXT	46083	CPT	outpatient			909	325.06	Aetna	Commercial		449.99	1.592			255.14	863.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC THROMBOSED HEMORRHOID EXT	46083	CPT	outpatient			909	325.06	Aetna	Better Health		285.97	0.3146			255.14	863.55	percent of total billed charges	
INC THROMBOSED HEMORRHOID EXT	46083	CPT	outpatient			909	325.06	Aetna	Medicare		282.66	1			255.14	863.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC THROMBOSED HEMORRHOID EXT	46083	CPT	outpatient			909	325.06	Americare	Americare		681.75	0.75			255.14	863.55	percent of total billed charges	
INC THROMBOSED HEMORRHOID EXT	46083	CPT	outpatient			909	325.06	WellPoint	WellPoint		291.61	0.3208			255.14	863.55	percent of total billed charges	
INC THROMBOSED HEMORRHOID EXT	46083	CPT	outpatient			909	325.06	Amerihealth	Medicare		282.66	1			255.14	863.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC THROMBOSED HEMORRHOID EXT	46083	CPT	outpatient			909	325.06	Consumer	Consumer		863.55	0.95			255.14	863.55	percent of total billed charges	
INC THROMBOSED HEMORRHOID EXT	46083	CPT	outpatient			909	325.06	Corrections	Corrections		727.2	0.8			255.14	863.55	percent of total billed charges	
INC THROMBOSED HEMORRHOID EXT	46083	CPT	outpatient			909	325.06	First Health	First Health		636.3	0.7			255.14	863.55	percent of total billed charges	
INC THROMBOSED HEMORRHOID EXT	46083	CPT	outpatient			909	325.06	First Trenton	First Trenton		818.1	0.9			255.14	863.55	percent of total billed charges	
INC THROMBOSED HEMORRHOID EXT	46083	CPT	outpatient			909	325.06	Horizon	Indemnity		516.42	1.827			255.14	863.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC THROMBOSED HEMORRHOID EXT	46083	CPT	outpatient			909	325.06	Horizon	Medicare Blue		282.66	1			255.14	863.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC THROMBOSED HEMORRHOID EXT	46083	CPT	outpatient			909	325.06	Horizon	MGD		516.42	1.827			255.14	863.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC THROMBOSED HEMORRHOID EXT	46083	CPT	outpatient			909	325.06	Horizon	PPO		516.42	1.827			255.14	863.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC THROMBOSED HEMORRHOID EXT	46083	CPT	outpatient			909	325.06	Managed Care Inc	Managed Care Inc		818.1	0.9			255.14	863.55	percent of total billed charges	
INC THROMBOSED HEMORRHOID EXT	46083	CPT	outpatient			909	325.06	Multiplan	Multiplan		727.2	0.8			255.14	863.55	percent of total billed charges	
INC THROMBOSED HEMORRHOID EXT	46083	CPT	outpatient			909	325.06	Qualcare	Qualcare		681.75	0.75			255.14	863.55	percent of total billed charges	
INC THROMBOSED HEMORRHOID EXT	46083	CPT	outpatient			909	325.06	Three Rivers	Three Rivers		863.55	0.95			255.14	863.55	percent of total billed charges	
INC THROMBOSED HEMORRHOID EXT	46083	CPT	outpatient			909	325.06	UHC	Medicare		282.66	1			255.14	863.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC THROMBOSED HEMORRHOID EXT	46083	CPT	outpatient			909	325.06	UHC	Medicaid		285.97	0.3146			255.14	863.55	percent of total billed charges	
INC THROMBOSED HEMORRHOID EXT	46083	CPT	outpatient			909	325.06	Wellcare	Medicare		282.66	1			255.14	863.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC THROMBOSED HEMORRHOID EXT	46083	CPT	outpatient			909	325.06	Wellcare	Medicaid		285.97	0.3146			255.14	863.55	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231	1202.06	Aetna	Better Health		387.27	0.3146			387.27	1909.71	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231	1202.06	Aetna	Medicare		1045.27	1			387.27	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231	1202.06	Aetna	Commercial		1664.07	1.592			387.27	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231	1202.06	Americare	Americare		923.25	0.75			387.27	1909.71	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231	1202.06	WellPoint	WellPoint		394.9	0.3208			387.27	1909.71	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231	1202.06	Amerihealth	Medicare		1045.27	1			387.27	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231	1202.06	Consumer	Consumer		1169.45	0.95			387.27	1909.71	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231	1202.06	Corrections	Corrections		984.8	0.8			387.27	1909.71	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231	1202.06	First Health	First Health		861.7	0.7			387.27	1909.71	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231	1202.06	First Trenton	First Trenton		1107.9	0.9			387.27	1909.71	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231	1202.06	Horizon	MGD		1909.71	1.827			387.27	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231	1202.06	Horizon	Indemnity		1909.71	1.827			387.27	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231	1202.06	Horizon	Medicare Blue		1045.27	1			387.27	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231	1202.06	Horizon	PPO		1909.71	1.827			387.27	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231	1202.06	Managed Care Inc	Managed Care Inc		1107.9	0.9			387.27	1909.71	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231	1202.06	Multiplan	Multiplan		984.8	0.8			387.27	1909.71	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231	1202.06	Qualcare	Qualcare		923.25	0.75			387.27	1909.71	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231	1202.06	Three Rivers	Three Rivers		1169.45	0.95			387.27	1909.71	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231	1202.06	UHC	Medicare		1045.27	1			387.27	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231	1202.06	UHC	Medicaid		387.27	0.3146			387.27	1909.71	percent of total billed charges	
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231	1202.06	Wellcare	Medicare		1045.27	1			387.27	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BANDING OF HEMORROIDS	46221	CPT	outpatient			1231	1202.06	Wellcare	Medicaid		387.27	0.3146			387.27	1909.71	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754	3692.88	Aetna	Commercial		5112.23	1.592			2754.01	8316.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754	3692.88	Aetna	Better Health		2754.01	0.3146			2754.01	8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754	3692.88	Aetna	Medicare		3211.2	1			2754.01	8316.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754	3692.88	Americare	Americare		6565.5	0.75			2754.01	8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754	3692.88	WellPoint	WellPoint		2808.28	0.3208			2754.01	8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754	3692.88	Amerihealth	Medicare		3211.2	1			2754.01	8316.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754	3692.88	Consumer	Consumer		8316.3	0.95			2754.01	8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754	3692.88	Corrections	Corrections		7003.2	0.8			2754.01	8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754	3692.88	First Health	First Health		6127.8	0.7			2754.01	8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754	3692.88	First Trenton	First Trenton		7878.6	0.9			2754.01	8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754	3692.88	Horizon	Medicare Blue		3211.2	1			2754.01	8316.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754	3692.88	Horizon	PPO		5866.86	1.827			2754.01	8316.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754	3692.88	Horizon	MGD		5866.86	1.827			2754.01	8316.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754	3692.88	Horizon	Indemnity		5866.86	1.827			2754.01	8316.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754	3692.88	Managed Care Inc	Managed Care Inc		7878.6	0.9			2754.01	8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754	3692.88	Multiplan	Multiplan		7003.2	0.8			2754.01	8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754	3692.88	Qualcare	Qualcare		6565.5	0.75			2754.01	8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754	3692.88	Three Rivers	Three Rivers		8316.3	0.95			2754.01	8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754	3692.88	UHC	Medicaid		2754.01	0.3146			2754.01	8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754	3692.88	UHC	Medicare		3211.2	1			2754.01	8316.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754	3692.88	Wellcare	Medicaid		2754.01	0.3146			2754.01	8316.3	percent of total billed charges	
HEMORRHOIDECTOMY	46250	CPT	outpatient			8754	3692.88	Wellcare	Medicare		3211.2	1			2754.01	8316.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796	1552.05	Aetna	Better Health		2138.02	0.3146			1349.61	6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796	1552.05	Aetna	Commercial		2148.58	1.592			1349.61	6456.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796	1552.05	Aetna	Medicare		2093.17	0.308			1349.61	6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796	1552.05	Americare	Americare		5097	0.75			1349.61	6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796	1552.05	WellPoint	WellPoint		2180.16	0.3208			1349.61	6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796	1552.05	Amerihealth	Medicare		1349.61	1			1349.61	6456.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796	1552.05	Consumer	Consumer		6456.2	0.95			1349.61	6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796	1552.05	Corrections	Corrections		5436.8	0.8			1349.61	6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796	1552.05	First Health	First Health		4757.2	0.7			1349.61	6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796	1552.05	First Trenton	First Trenton		6116.4	0.9			1349.61	6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796	1552.05	Horizon	MGD		2465.74	1.827			1349.61	6456.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796	1552.05	Horizon	Medicare Blue		1349.61	1			1349.61	6456.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796	1552.05	Horizon	PPO		2465.74	1.827			1349.61	6456.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796	1552.05	Horizon	Indemnity		2465.74	1.827			1349.61	6456.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796	1552.05	Managed Care Inc	Managed Care Inc		6116.4	0.9			1349.61	6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796	1552.05	Multiplan	Multiplan		5436.8	0.8			1349.61	6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796	1552.05	Qualcare	Qualcare		5097	0.75			1349.61	6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796	1552.05	Three Rivers	Three Rivers		6456.2	0.95			1349.61	6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796	1552.05	UHC	Medicare		1349.61	1			1349.61	6456.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796	1552.05	UHC	Medicaid		2138.02	0.3146			1349.61	6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796	1552.05	Wellcare	Medicaid		2138.02	0.3146			1349.61	6456.2	percent of total billed charges	
EXC THROMBOSED HEMORRHOID XTRNL	46320	CPT	outpatient			6796	1552.05	Wellcare	Medicare		1349.61	1			1349.61	6456.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	Aetna	Better Health		1460.37	0.3146			612.61	4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	Aetna	Medicare		1429.74	0.308			612.61	4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	Aetna	Commercial		1664.07	1.592			612.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	Americare	Americare		3481.5	0.75			612.61	4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	WellPoint	WellPoint		1489.15	0.3208			612.61	4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	Amerihealth	Medicare		1045.27	1			612.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	Consumer	Consumer		4409.9	0.95			612.61	4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	Corrections	Corrections		3713.6	0.8			612.61	4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	First Health	First Health		3249.4	0.7			612.61	4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	First Trenton	First Trenton		4177.8	0.9			612.61	4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	Horizon	Indemnity		1909.71	1.827			612.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	Horizon	MGD		1909.71	1.827			612.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	Horizon	Medicare Blue		1045.27	1			612.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	Horizon	PPO		1909.71	1.827			612.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	Managed Care Inc	Managed Care Inc		4177.8	0.9			612.61	4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	Multiplan	Multiplan		3713.6	0.8			612.61	4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	Qualcare	Qualcare		3481.5	0.75			612.61	4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	Three Rivers	Three Rivers		4409.9	0.95			612.61	4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	UHC	Medicaid		1460.37	0.3146			612.61	4409.9	percent of total billed charges	
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	UHC	Medicare		1045.27	1			612.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	Wellcare	Medicare		1045.27	1			612.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRJ OF SCLEROSING SOLUT. HEMORHOIDS	46500	CPT	outpatient			4642	1202.06	Wellcare	Medicaid		1460.37	0.3146			612.61	4409.9	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Aetna	Better Health		2759.04	0.3146			1349.61	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Aetna	Commercial		2148.58	1.592			1349.61	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Aetna	Medicare		1349.61	1			1349.61	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Americare	Americare		6577.5	0.75			1349.61	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	WellPoint	WellPoint		2813.42	0.3208			1349.61	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Amerihealth	Medicare		1349.61	1			1349.61	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Consumer	Consumer		8331.5	0.95			1349.61	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Corrections	Corrections		7016	0.8			1349.61	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	First Health	First Health		6139	0.7			1349.61	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	First Trenton	First Trenton		7893	0.9			1349.61	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Horizon	PPO		2465.74	1.827			1349.61	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Horizon	MGD		2465.74	1.827			1349.61	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Horizon	Indemnity		2465.74	1.827			1349.61	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Horizon	Medicare Blue		1349.61	1			1349.61	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Managed Care Inc	Managed Care Inc		7893	0.9			1349.61	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Multiplan	Multiplan		7016	0.8			1349.61	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Qualcare	Qualcare		6577.5	0.75			1349.61	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Three Rivers	Three Rivers		8331.5	0.95			1349.61	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	UHC	Medicaid		2759.04	0.3146			1349.61	8331.5	percent of total billed charges	
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	UHC	Medicare		1349.61	1			1349.61	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Wellcare	Medicare		1349.61	1			1349.61	8331.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION ON INTERNAL ANAL SPH	46505	CPT	outpatient			8770	1552.05	Wellcare	Medicaid		2759.04	0.3146			1349.61	8331.5	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Aetna	Commercial		232.58	1.592			48.45	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Aetna	Better Health		137.79	0.3146			48.45	416.1	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Aetna	Medicare		146.09	1			48.45	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Americare	Americare		328.5	0.75			48.45	416.1	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	WellPoint	WellPoint		140.51	0.3208			48.45	416.1	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Amerihealth	Medicare		146.09	1			48.45	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Consumer	Consumer		416.1	0.95			48.45	416.1	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Corrections	Corrections		350.4	0.8			48.45	416.1	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	First Health	First Health		306.6	0.7			48.45	416.1	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	First Trenton	First Trenton		394.2	0.9			48.45	416.1	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Horizon	Indemnity		266.91	1.827			48.45	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Horizon	MGD		266.91	1.827			48.45	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Horizon	Medicare Blue		146.09	1			48.45	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Horizon	PPO		266.91	1.827			48.45	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Managed Care Inc	Managed Care Inc		394.2	0.9			48.45	416.1	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Multiplan	Multiplan		350.4	0.8			48.45	416.1	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Qualcare	Qualcare		328.5	0.75			48.45	416.1	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Three Rivers	Three Rivers		416.1	0.95			48.45	416.1	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	UHC	Medicaid		137.79	0.3146			48.45	416.1	percent of total billed charges	
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	UHC	Medicare		146.09	1			48.45	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Wellcare	Medicare		146.09	1			48.45	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY SPX	46600	CPT	outpatient			438	168	Wellcare	Medicaid		137.79	0.3146			48.45	416.1	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Aetna	Better Health		133.39	0.3146			130.59	402.8	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Aetna	Medicare		130.59	0.308			130.59	402.8	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Aetna	Commercial		232.58	1.592			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Americare	Americare		318	0.75			130.59	402.8	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	WellPoint	WellPoint		136.02	0.3208			130.59	402.8	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Amerihealth	Medicare		146.09	1			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Consumer	Consumer		402.8	0.95			130.59	402.8	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Corrections	Corrections		339.2	0.8			130.59	402.8	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	First Health	First Health		296.8	0.7			130.59	402.8	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	0.9			130.59	402.8	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09	1			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Horizon	Indemnity		266.91	1.827			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Horizon	MGD		266.91	1.827			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Horizon	PPO		266.91	1.827			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	0.9			130.59	402.8	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	0.8			130.59	402.8	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Qualcare	Qualcare		318	0.75			130.59	402.8	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	0.95			130.59	402.8	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	UHC	Medicare		146.09	1			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	UHC	Medicaid		133.39	0.3146			130.59	402.8	percent of total billed charges	
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Wellcare	Medicare		146.09	1			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY (HRA)	46601	CPT	outpatient			424	168	Wellcare	Medicaid		133.39	0.3146			130.59	402.8	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Aetna	Better Health		1092.61	0.3146			1069.68	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Aetna	Commercial		2148.58	1.592			1069.68	3299.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Aetna	Medicare		1069.68	0.308			1069.68	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Americare	Americare		2604.75	0.75			1069.68	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	WellPoint	WellPoint		1114.14	0.3208			1069.68	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Amerihealth	Medicare		1349.61	1			1069.68	3299.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Consumer	Consumer		3299.35	0.95			1069.68	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Corrections	Corrections		2778.4	0.8			1069.68	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	First Health	First Health		2431.1	0.7			1069.68	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	First Trenton	First Trenton		3125.7	0.9			1069.68	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Horizon	MGD		2465.74	1.827			1069.68	3299.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Horizon	Indemnity		2465.74	1.827			1069.68	3299.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Horizon	PPO		2465.74	1.827			1069.68	3299.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Horizon	Medicare Blue		1349.61	1			1069.68	3299.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Managed Care Inc	Managed Care Inc		3125.7	0.9			1069.68	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Multiplan	Multiplan		2778.4	0.8			1069.68	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Qualcare	Qualcare		2604.75	0.75			1069.68	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Three Rivers	Three Rivers		3299.35	0.95			1069.68	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	UHC	Medicaid		1092.61	0.3146			1069.68	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	UHC	Medicare		1349.61	1			1069.68	3299.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Wellcare	Medicaid		1092.61	0.3146			1069.68	3299.35	percent of total billed charges	
ANOSCOPY W/DILATION	46604	CPT	outpatient			3473	1552.05	Wellcare	Medicare		1349.61	1			1069.68	3299.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY; W BX SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Aetna	Better Health		1241.41	0.3146			520.98	3748.7	percent of total billed charges	
ANOSCOPY; W BX SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Aetna	Medicare		1349.61	1			520.98	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY; W BX SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Aetna	Commercial		2148.58	1.592			520.98	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY; W BX SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Americare	Americare		2959.5	0.75			520.98	3748.7	percent of total billed charges	
ANOSCOPY; W BX SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	WellPoint	WellPoint		1265.88	0.3208			520.98	3748.7	percent of total billed charges	
ANOSCOPY; W BX SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Amerihealth	Medicare		1349.61	1			520.98	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY; W BX SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Consumer	Consumer		3748.7	0.95			520.98	3748.7	percent of total billed charges	
ANOSCOPY; W BX SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Corrections	Corrections		3156.8	0.8			520.98	3748.7	percent of total billed charges	
ANOSCOPY; W BX SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	First Health	First Health		2762.2	0.7			520.98	3748.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANOSCOPY; W BX SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	First Trenton	First Trenton		3551.4	0.9			520.98	3748.7	percent of total billed charges	
ANOSCOPY; W BX SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Horizon	Medicare Blue		1349.61	1			520.98	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY; W BX SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Horizon	MGD		2465.74	1.827			520.98	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY; W BX SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Horizon	Indemnity		2465.74	1.827			520.98	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY; W BX SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Horizon	PPO		2465.74	1.827			520.98	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY; W BX SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Managed Care Inc	Managed Care Inc		3551.4	0.9			520.98	3748.7	percent of total billed charges	
ANOSCOPY; W BX SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Multiplan	Multiplan		3156.8	0.8			520.98	3748.7	percent of total billed charges	
ANOSCOPY; W BX SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Qualcare	Qualcare		2959.5	0.75			520.98	3748.7	percent of total billed charges	
ANOSCOPY; W BX SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Three Rivers	Three Rivers		3748.7	0.95			520.98	3748.7	percent of total billed charges	
ANOSCOPY; W BX SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	UHC	Medicaid		1241.41	0.3146			520.98	3748.7	percent of total billed charges	
ANOSCOPY; W BX SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	UHC	Medicare		1349.61	1			520.98	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY; W BX SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Wellcare	Medicare		1349.61	1			520.98	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY; W BX SINGLE/MULTI	46606	CPT	outpatient			3946	1552.05	Wellcare	Medicaid		1241.41	0.3146			520.98	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Aetna	Better Health		1241.41	0.3146			1241.41	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Aetna	Medicare		1349.61	1			1241.41	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Aetna	Commercial		2148.58	1.592			1241.41	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Americare	Americare		2959.5	0.75			1241.41	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	WellPoint	WellPoint		1265.88	0.3208			1241.41	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Amerihealth	Medicare		1349.61	1			1241.41	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Consumer	Consumer		3748.7	0.95			1241.41	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Corrections	Corrections		3156.8	0.8			1241.41	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	First Health	First Health		2762.2	0.7			1241.41	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	First Trenton	First Trenton		3551.4	0.9			1241.41	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Horizon	MGD		2465.74	1.827			1241.41	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Horizon	Indemnity		2465.74	1.827			1241.41	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Horizon	Medicare Blue		1349.61	1			1241.41	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Horizon	PPO		2465.74	1.827			1241.41	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Managed Care Inc	Managed Care Inc		3551.4	0.9			1241.41	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Multiplan	Multiplan		3156.8	0.8			1241.41	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Qualcare	Qualcare		2959.5	0.75			1241.41	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Three Rivers	Three Rivers		3748.7	0.95			1241.41	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	UHC	Medicare		1349.61	1			1241.41	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	UHC	Medicaid		1241.41	0.3146			1241.41	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Wellcare	Medicaid		1241.41	0.3146			1241.41	3748.7	percent of total billed charges	
DIAGNOSTIC ANOSCOPY & BIOPSY	46607	CPT	outpatient			3946	1552.05	Wellcare	Medicare		1349.61	1			1241.41	3748.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Aetna	Commercial		1664.07	1.592			492.66	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Aetna	Medicare		1045.27	1			492.66	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Aetna	Better Health		952.92	0.3146			492.66	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Americare	Americare		2271.75	0.75			492.66	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	WellPoint	WellPoint		971.7	0.3208			492.66	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Amerihealth	Medicare		1045.27	1			492.66	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Consumer	Consumer		2877.55	0.95			492.66	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Corrections	Corrections		2423.2	0.8			492.66	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	First Health	First Health		2120.3	0.7			492.66	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	First Trenton	First Trenton		2726.1	0.9			492.66	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Horizon	Indemnity		1909.71	1.827			492.66	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Horizon	MGD		1909.71	1.827			492.66	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Horizon	PPO		1909.71	1.827			492.66	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Horizon	Medicare Blue		1045.27	1			492.66	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Managed Care Inc	Managed Care Inc		2726.1	0.9			492.66	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Multiplan	Multiplan		2423.2	0.8			492.66	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Qualcare	Qualcare		2271.75	0.75			492.66	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Three Rivers	Three Rivers		2877.55	0.95			492.66	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	UHC	Medicare		1045.27	1			492.66	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	UHC	Medicaid		952.92	0.3146			492.66	2877.55	percent of total billed charges	
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Wellcare	Medicare		1045.27	1			492.66	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;WITH FB REMOVAL	46608	CPT	outpatient			3029	1202.06	Wellcare	Medicaid		952.92	0.3146			492.66	2877.55	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Aetna	Commercial		5112.23	1.592			2209.44	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Aetna	Better Health		2945.6	0.3146			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Aetna	Medicare		3211.2	1			2209.44	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Americare	Americare		7022.25	0.75			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	WellPoint	WellPoint		3003.65	0.3208			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Amerihealth	Medicare		3211.2	1			2209.44	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Consumer	Consumer		8894.85	0.95			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Corrections	Corrections		7490.4	0.8			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	First Health	First Health		6554.1	0.7			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	First Trenton	First Trenton		8426.7	0.9			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Horizon	MGD		5866.86	1.827			2209.44	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Horizon	Indemnity		5866.86	1.827			2209.44	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Horizon	PPO		5866.86	1.827			2209.44	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Horizon	Medicare Blue		3211.2	1			2209.44	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Managed Care Inc	Managed Care Inc		8426.7	0.9			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Multiplan	Multiplan		7490.4	0.8			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Qualcare	Qualcare		7022.25	0.75			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Three Rivers	Three Rivers		8894.85	0.95			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	UHC	Medicaid		2945.6	0.3146			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	UHC	Medicare		3211.2	1			2209.44	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Wellcare	Medicare		3211.2	1			2209.44	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM T/P/L-H BX/BIPCAUT	46610	CPT	outpatient			9363	3692.88	Wellcare	Medicaid		2945.6	0.3146			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Aetna	Better Health		878.36	0.3146			878.36	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Aetna	Commercial		1664.07	1.592			878.36	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Aetna	Medicare		1045.27	1			878.36	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Americare	Americare		2094	0.75			878.36	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	WellPoint	WellPoint		895.67	0.3208			878.36	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Amerihealth	Medicare		1045.27	1			878.36	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Consumer	Consumer		2652.4	0.95			878.36	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Corrections	Corrections		2233.6	0.8			878.36	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	First Health	First Health		1954.4	0.7			878.36	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	First Trenton	First Trenton		2512.8	0.9			878.36	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Horizon	Medicare Blue		1045.27	1			878.36	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Horizon	PPO		1909.71	1.827			878.36	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Horizon	MGD		1909.71	1.827			878.36	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Horizon	Indemnity		1909.71	1.827			878.36	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Managed Care Inc	Managed Care Inc		2512.8	0.9			878.36	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Multiplan	Multiplan		2233.6	0.8			878.36	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Qualcare	Qualcare		2094	0.75			878.36	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Three Rivers	Three Rivers		2652.4	0.95			878.36	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	UHC	Medicaid		878.36	0.3146			878.36	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	UHC	Medicare		1045.27	1			878.36	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Wellcare	Medicaid		878.36	0.3146			878.36	2652.4	percent of total billed charges	
ANOSCOPY;W REM SGL TUMOR-SNARE	46611	CPT	outpatient			2792	1202.06	Wellcare	Medicare		1045.27	1			878.36	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Aetna	Better Health		2945.6	0.3146			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Aetna	Commercial		5112.23	1.592			2209.44	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Aetna	Medicare		3211.2	1			2209.44	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Americare	Americare		7022.25	0.75			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	WellPoint	WellPoint		3003.65	0.3208			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Amerihealth	Medicare		3211.2	1			2209.44	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Consumer	Consumer		8894.85	0.95			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Corrections	Corrections		7490.4	0.8			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	First Health	First Health		6554.1	0.7			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	First Trenton	First Trenton		8426.7	0.9			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Horizon	Medicare Blue		3211.2	1			2209.44	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Horizon	PPO		5866.86	1.827			2209.44	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Horizon	MGD		5866.86	1.827			2209.44	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Horizon	Indemnity		5866.86	1.827			2209.44	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Managed Care Inc	Managed Care Inc		8426.7	0.9			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Multiplan	Multiplan		7490.4	0.8			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Qualcare	Qualcare		7022.25	0.75			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Three Rivers	Three Rivers		8894.85	0.95			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	UHC	Medicaid		2945.6	0.3146			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	UHC	Medicare		3211.2	1			2209.44	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Wellcare	Medicare		3211.2	1			2209.44	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W REM MULTI TUMORS-H BX	46612	CPT	outpatient			9363	3692.88	Wellcare	Medicaid		2945.6	0.3146			2209.44	8894.85	percent of total billed charges	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Aetna	Commercial		2148.58	1.592			520.98	3614.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Aetna	Better Health		1197.05	0.3146			520.98	3614.75	percent of total billed charges	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Aetna	Medicare		1349.61	1			520.98	3614.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Americare	Americare		2853.75	0.75			520.98	3614.75	percent of total billed charges	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	WellPoint	WellPoint		1220.64	0.3208			520.98	3614.75	percent of total billed charges	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Amerihealth	Medicare		1349.61	1			520.98	3614.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Consumer	Consumer		3614.75	0.95			520.98	3614.75	percent of total billed charges	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Corrections	Corrections		3044	0.8			520.98	3614.75	percent of total billed charges	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	First Health	First Health		2663.5	0.7			520.98	3614.75	percent of total billed charges	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	First Trenton	First Trenton		3424.5	0.9			520.98	3614.75	percent of total billed charges	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Horizon	Indemnity		2465.74	1.827			520.98	3614.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Horizon	MGD		2465.74	1.827			520.98	3614.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Horizon	Medicare Blue		1349.61	1			520.98	3614.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Horizon	PPO		2465.74	1.827			520.98	3614.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Managed Care Inc	Managed Care Inc		3424.5	0.9			520.98	3614

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Wellcare	Medicaid		1197.05	0.3146			520.98	3614.75	percent of total billed charges	
ANOSCOPY;W BLEED CONTROL	46614	CPT	outpatient			3805	1552.05	Wellcare	Medicare		1349.61	1			520.98	3614.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363	3692.88	Aetna	Medicare		3211.2	1			2828.25	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363	3692.88	Aetna	Better Health		2945.6	0.3146			2828.25	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363	3692.88	Aetna	Commercial		5112.23	1.592			2828.25	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363	3692.88	Americare	Americare		7022.25	0.75			2828.25	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363	3692.88	WellPoint	WellPoint		3003.65	0.3208			2828.25	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363	3692.88	Amerihealth	Medicare		3211.2	1			2828.25	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363	3692.88	Consumer	Consumer		8894.85	0.95			2828.25	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363	3692.88	Corrections	Corrections		7490.4	0.8			2828.25	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363	3692.88	First Health	First Health		6554.1	0.7			2828.25	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363	3692.88	First Trenton	First Trenton		8426.7	0.9			2828.25	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363	3692.88	Horizon	MGD		5866.86	1.827			2828.25	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363	3692.88	Horizon	Medicare Blue		3211.2	1			2828.25	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363	3692.88	Horizon	PPO		5866.86	1.827			2828.25	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363	3692.88	Horizon	Indemnity		5866.86	1.827			2828.25	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363	3692.88	Managed Care Inc	Managed Care Inc		8426.7	0.9			2828.25	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363	3692.88	Multiplan	Multiplan		7490.4	0.8			2828.25	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363	3692.88	Qualcare	Qualcare		7022.25	0.75			2828.25	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363	3692.88	Three Rivers	Three Rivers		8894.85	0.95			2828.25	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363	3692.88	UHC	Medicaid		2945.6	0.3146			2828.25	8894.85	percent of total billed charges	
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363	3692.88	UHC	Medicare		3211.2	1			2828.25	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363	3692.88	Wellcare	Medicare		3211.2	1			2828.25	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EGD W/ABLATION OF TUMOR	46615	CPT	outpatient			9363	3692.88	Wellcare	Medicaid		2945.6	0.3146			2828.25	8894.85	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885	3692.88	Aetna	Commercial		5112.23	1.592			3211.2	11290.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885	3692.88	Aetna	Medicare		3211.2	1			3211.2	11290.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885	3692.88	Aetna	Better Health		3739.02	0.3146			3211.2	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885	3692.88	Americare	Americare		8913.75	0.75			3211.2	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885	3692.88	WellPoint	WellPoint		3812.71	0.3208			3211.2	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885	3692.88	Amerihealth	Medicare		3211.2	1			3211.2	11290.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885	3692.88	Consumer	Consumer		11290.75	0.95			3211.2	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885	3692.88	Corrections	Corrections		9508	0.8			3211.2	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885	3692.88	First Health	First Health		8319.5	0.7			3211.2	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885	3692.88	First Trenton	First Trenton		10696.5	0.9			3211.2	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885	3692.88	Horizon	MGD		5866.86	1.827			3211.2	11290.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885	3692.88	Horizon	Indemnity		5866.86	1.827			3211.2	11290.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885	3692.88	Horizon	Medicare Blue		3211.2	1			3211.2	11290.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885	3692.88	Horizon	PPO		5866.86	1.827			3211.2	11290.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885	3692.88	Managed Care Inc	Managed Care Inc		10696.5	0.9			3211.2	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885	3692.88	Multiplan	Multiplan		9508	0.8			3211.2	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885	3692.88	Qualcare	Qualcare		8913.75	0.75			3211.2	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885	3692.88	Three Rivers	Three Rivers		11290.75	0.95			3211.2	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885	3692.88	UHC	Medicaid		3739.02	0.3146			3211.2	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885	3692.88	UHC	Medicare		3211.2	1			3211.2	11290.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885	3692.88	Wellcare	Medicaid		3739.02	0.3146			3211.2	11290.75	percent of total billed charges	
REPR OF ANAL FISTULA W/FIBRIN GLUE	46706	CPT	outpatient			11885	3692.88	Wellcare	Medicare		3211.2	1			3211.2	11290.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL THIERCH WIRE/SUTURE ANAL CANAL	46754	CPT	outpatient			9393	3692.88	Aetna	Medicare		3211.2	1			2955.04	8923.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL THIERCH WIRE/SUTURE ANAL CANAL	46754	CPT	outpatient			9393	3692.88	Aetna	Better Health		2955.04	0.3146			2955.04	8923.35	percent of total billed charges	
REMOVAL THIERCH WIRE/SUTURE ANAL CANAL	46754	CPT	outpatient			9393	3692.88	Aetna	Commercial		5112.23	1.592			2955.04	8923.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL THIERCH WIRE/SUTURE ANAL CANAL	46754	CPT	outpatient			9393	3692.88	Americare	Americare		7044.75	0.75			2955.04	8923.35	percent of total billed charges	
REMOVAL THIERCH WIRE/SUTURE ANAL CANAL	46754	CPT	outpatient			9393	3692.88	WellPoint	WellPoint		3013.27	0.3208			2955.04	8923.35	percent of total billed charges	
REMOVAL THIERCH WIRE/SUTURE ANAL CANAL	46754	CPT	outpatient			9393	3692.88	Amerihealth	Medicare		3211.2	1			2955.04	8923.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL THIERCH WIRE/SUTURE ANAL CANAL	46754	CPT	outpatient			9393	3692.88	Consumer	Consumer		8923.35	0.95			2955.04	8923.35	percent of total billed charges	
REMOVAL THIERCH WIRE/SUTURE ANAL CANAL	46754	CPT	outpatient			9393	3692.88	Corrections	Corrections		7514.4	0.8			2955.04	8923.35	percent of total billed charges	
REMOVAL THIERCH WIRE/SUTURE ANAL CANAL	46754	CPT	outpatient			9393	3692.88	First Health	First Health		6575.1	0.7			2955.04	8923.35	percent of total billed charges	
REMOVAL THIERCH WIRE/SUTURE ANAL CANAL	46754	CPT	outpatient			9393	3692.88	First Trenton	First Trenton		8453.7	0.9			2955.04	8923.35	percent of total billed charges	
REMOVAL THIERCH WIRE/SUTURE ANAL CANAL	46754	CPT	outpatient			9393	3692.88	Horizon	Medicare Blue		3211.2	1			2955.04	8923.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL THIERCH WIRE/SUTURE ANAL CANAL	46754	CPT	outpatient			9393	3692.88	Horizon	PPO		5866.86	1.827			2955.04	8923.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL THIERCH WIRE/SUTURE ANAL CANAL	46754	CPT	outpatient			9393	3692.88	Horizon	MGD		5866.86	1.827			2955.04	8923.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL THIERCH WIRE/SUTURE ANAL CANAL	46754	CPT	outpatient			9393	3692.88	Horizon	Indemnity		5866.86	1.827			2955.04	8923.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL THIERCH WIRE/SUTURE ANAL CANAL	46754	CPT	outpatient			9393	3692.88	Managed Care Inc	Managed Care Inc		8453.7	0.9			2955.04	8923.35	percent of total billed charges	
REMOVAL THIERCH WIRE/SUTURE ANAL CANAL	46754	CPT	outpatient			9393	3692.88	Multiplan	Multiplan		7514.4	0.8			2955.04	8923.35	percent of total billed charges	
REMOVAL THIERCH WIRE/SUTURE ANAL CANAL	46754	CPT	outpatient			9393	3692.88	Qualcare	Qualcare		7044.75	0.75			2955.04	8923.35	percent of total billed charges	
REMOVAL THIERCH WIRE/SUTURE ANAL CANAL	46754	CPT	outpatient			9393	3692.88	Three Rivers	Three Rivers		8923.35	0.95			2955.04	8923.35	percent of total billed charges	
REMOVAL THIERCH WIRE/SUTURE ANAL CANAL	46754	CPT	outpatient			9393	3692.88	UHC	Medicaid		2955.04	0.3146			2955.04	8923.35	percent of total billed charges	
REMOVAL THIERCH WIRE/SUTURE ANAL CANAL	46754	CPT	outpatient			9393	3692.88	UHC	Medicare		3211.2	1			2955.04	8923.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL THIERCH WIRE/SUTURE ANAL CANAL	46754	CPT	outpatient			9393	3692.88	Wellcare	Medicaid		2955.04	0.3146			2955.04	8923.35	percent of total billed charges	
REMOVAL THIERCH WIRE/SUTURE ANAL CANAL	46754	CPT	outpatient			9393	3692.88	Wellcare	Medicare		3211.2	1			2955.04	8923.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTROY ANAL LESION SIMPLE;CHEMICAL	46900	CPT	outpatient			887	524.43	Aetna	Better Health		279.05	0.3146			273.2	842.65	percent of total billed charges	
DESTROY ANAL LESION SIMPLE;CHEMICAL	46900	CPT	outpatient			887	524.43	Aetna	Medicare		273.2	0.308			273.2	842.65	percent of total billed charges	
DESTROY ANAL LESION SIMPLE;CHEMICAL	46900	CPT	outpatient			887	524.43	Aetna	Commercial		726	1.592			273.2	842.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTROY ANAL LESION SIMPLE;CHEMICAL	46900	CPT	outpatient			887	524.43	Americare	Americare		665.25	0.75			273.2	842.65	percent of total billed charges	
DESTROY ANAL LESION SIMPLE;CHEMICAL	46900	CPT	outpatient			887	524.43	WellPoint	WellPoint		284.55	0.3208			273.2	842.65	percent of total billed charges	
DESTROY ANAL LESION SIMPLE;CHEMICAL	46900	CPT	outpatient			887	524.43	Amerihealth	Medicare		456.03	1			273.2	842.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTROY ANAL LESION SIMPLE;CHEMICAL	46900	CPT	outpatient			887	524.43	Consumer	Consumer		842.65	0.95			273.2	842.65	percent of total billed charges	
DESTROY ANAL LESION SIMPLE;CHEMICAL	46900	CPT	outpatient			887	524.43	Corrections	Corrections		709.6	0.8			273.2	842.65	percent of total billed charges	
DESTROY ANAL LESION SIMPLE;CHEMICAL	46900	CPT	outpatient			887	524.43	First Health	First Health		620.9	0.7			273.2	842.65	percent of total billed charges	
DESTROY ANAL LESION SIMPLE;CHEMICAL	46900	CPT	outpatient			887	524.43	First Trenton	First Trenton		798.3	0.9			273.2	842.65	percent of total billed charges	
DESTROY ANAL LESION SIMPLE;CHEMICAL	46900	CPT	outpatient			887	524.43	Horizon	Medicare Blue		456.03	1			273.2	842.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTROY ANAL LESION SIMPLE;CHEMICAL	46900	CPT	outpatient			887	524.43	Horizon	Indemnity		833.17	1.827			273.2	842.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTROY ANAL LESION SIMPLE;CHEMICAL	46900	CPT	outpatient			887	524.43	Horizon	MGD		833.17	1.827			273.2	842.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTROY ANAL LESION SIMPLE;CHEMICAL	46900	CPT	outpatient			887	524.43	Horizon	PPO		833.17	1.827			273.2	842.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTROY ANAL LESION SIMPLE;CHEMICAL	46900	CPT	outpatient			887	524.43	Managed Care Inc	Managed Care Inc		798.3	0.9			273.2	842.65	percent of total billed charges	
DESTROY ANAL LESION SIMPLE;CHEMICAL	46900	CPT	outpatient			887	524.43	Multiplan	Multiplan		709.6	0.8			273.2	842.65	percent of total billed charges	
DESTROY ANAL LESION SIMPLE;CHEMICAL	46900	CPT	outpatient			887	524.43	Qualcare	Qualcare		665.25	0.75			273.2	842.65	percent of total billed charges	
DESTROY ANAL LESION SIMPLE;CHEMICAL	46900	CPT	outpatient			887	524.43	Three Rivers	Three Rivers		842.65	0.95			273.2	842.65	percent of total billed charges	
DESTROY ANAL LESION SIMPLE;CHEMICAL	46900	CPT	outpatient			887	524.43	UHC	Medicaid		279.05	0.3146			273.2	842.65	percent of total billed charges	
DESTROY ANAL LESION SIMPLE;CHEMICAL	46900	CPT	outpatient			887	524.43	UHC	Medicare		456.03	1			273.2	842.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTROY ANAL LESION SIMPLE;CHEMICAL	46900	CPT	outpatient			887	524.43	Wellcare	Medicare		456.03	1			273.2	842.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTROY ANAL LESION SIMPLE;CHEMICAL	46900	CPT	outpatient			887	524.43	Wellcare	Medicaid		279.05	0.3146			273.2	842.65	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289	2398.47	Aetna	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289	2398.47	Aetna	Better Health		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32	1.592			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2017.51	0.3208			1978.52	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	0.7			1978.52	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289	2398.47	Horizon	MGD		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289	2398.47	Horizon	PPO		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289	2398.47	UHC	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
DST LESION ANUS SMPL ELTRDS	46910	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659	263.3	Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659	263.3	Horizon	MGD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
DSTR ANAL LSN SMPL; CRYOSUR	46916	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363	3692.88	Aetna	Better Health		2945.6	0.3146			2945.6	8894.85	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363	3692.88	Aetna	Commercial		5112.23	1.592			2945.6	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363	3692.88	Aetna	Medicare		3211.2	1			2945.6	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363	3692.88	Americare	Americare		7022.25	0.75			2945.6	8894.85	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363	3692.88	WellPoint	WellPoint		3003.65	0.3208			2945.6	8894.85	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363	3692.88	Amerihealth	Medicare		3211.2	1			2945.6	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363	3692.88

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 First Trenton	First Trenton		8426.7	0.9			2945.6	8894.85	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Horizon	Medicare Blue		3211.2	1			2945.6	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Horizon	Indemnity		5866.86	1.827			2945.6	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Horizon	MGD		5866.86	1.827			2945.6	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Horizon	PPO		5866.86	1.827			2945.6	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Managed Care Inc	Managed Care Inc		8426.7	0.9			2945.6	8894.85	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Multiplan	Multiplan		7490.4	0.8			2945.6	8894.85	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Qualcare	Qualcare		7022.25	0.75			2945.6	8894.85	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Three Rivers	Three Rivers		8894.85	0.95			2945.6	8894.85	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 UHC	Medicaid		2945.6	0.3146			2945.6	8894.85	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 UHC	Medicare		3211.2	1			2945.6	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Wellcare	Medicaid		2945.6	0.3146			2945.6	8894.85	percent of total billed charges	
DST LESION ANUS SIMPL SURG EXC	46922	CPT	outpatient			9363		3692.88 Wellcare	Medicare		3211.2	1			2945.6	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Aetna	Better Health		2945.6	0.3146			2179.1	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Aetna	Medicare		2883.8	0.308			2179.1	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Aetna	Commercial		5112.23	1.592			2179.1	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Americare	Americare		7022.25	0.75			2179.1	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 WellPoint	WellPoint		3003.65	0.3208			2179.1	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Amerihealth	Medicare		3211.2	1			2179.1	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Consumer	Consumer		8894.85	0.95			2179.1	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Corrections	Corrections		7490.4	0.8			2179.1	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 First Health	First Health		6564.1	0.7			2179.1	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 First Trenton	First Trenton		8426.7	0.9			2179.1	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Horizon	Medicare Blue		3211.2	1			2179.1	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Horizon	Indemnity		5866.86	1.827			2179.1	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Horizon	MGD		5866.86	1.827			2179.1	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Horizon	PPO		5866.86	1.827			2179.1	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Managed Care Inc	Managed Care Inc		8426.7	0.9			2179.1	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Multiplan	Multiplan		7490.4	0.8			2179.1	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Qualcare	Qualcare		7022.25	0.75			2179.1	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Three Rivers	Three Rivers		8894.85	0.95			2179.1	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 UHC	Medicaid		2945.6	0.3146			2179.1	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 UHC	Medicare		3211.2	1			2179.1	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Wellcare	Medicaid		2945.6	0.3146			2179.1	8894.85	percent of total billed charges	
DESTRUCTION LESION ANUS	46924	CPT	outpatient			9363		3692.88 Wellcare	Medicare		3211.2	1			2179.1	8894.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Aetna	Medicare		685.61	0.308			676.68	2465.74	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Aetna	Commercial		2148.58	1.592			676.68	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Aetna	Better Health		700.3	0.3146			676.68	2465.74	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Americare	Americare		1669.5	0.75			676.68	2465.74	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 WellPoint	WellPoint		714.1	0.3208			676.68	2465.74	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Amerihealth	Medicare		1349.61	1			676.68	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Consumer	Consumer		2114.7	0.95			676.68	2465.74	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Corrections	Corrections		1780.8	0.8			676.68	2465.74	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 First Health	First Health		1558.2	0.7			676.68	2465.74	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 First Trenton	First Trenton		2003.4	0.9			676.68	2465.74	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Horizon	MGD		2465.74	1.827			676.68	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Horizon	PPO		2465.74	1.827			676.68	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Horizon	Indemnity		2465.74	1.827			676.68	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Horizon	Medicare Blue		1349.61	1			676.68	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Managed Care Inc	Managed Care Inc		2003.4	0.9			676.68	2465.74	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Multiplan	Multiplan		1780.8	0.8			676.68	2465.74	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Qualcare	Qualcare		1669.5	0.75			676.68	2465.74	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Three Rivers	Three Rivers		2114.7	0.95			676.68	2465.74	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 UHC	Medicaid		700.3	0.3146			676.68	2465.74	percent of total billed charges	
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 UHC	Medicare		1349.61	1			676.68	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Wellcare	Medicare		1349.61	1			676.68	2465.74	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR INT HEMORRHOID	46930	CPT	outpatient			2226		1552.05 Wellcare	Medicaid		700.3	0.3146			676.68	2465.74	percent of total billed charges	
LIG INT HEMORRHOIDS; SNGL PROC	46945	CPT	outpatient			4642		3692.88 Aetna	Commercial		5112.23	1.592			1460.37	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG INT HEMORRHOIDS; SNGL PROC	46945	CPT	outpatient			4642		3692.88 Aetna	Better Health		1460.37	0.3146			1460.37	5866.86	percent of total billed charges	
LIG INT HEMORRHOIDS; SNGL PROC	46945	CPT	outpatient			4642		3692.88 Aetna	Medicare		3211.2	1			1460.37	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG INT HEMORRHOIDS; SNGL PROC	46945	CPT	outpatient			4642		3692.88 Americare	Americare		3481.5	0.75			1460.37	5866.86	percent of total billed charges	
LIG INT HEMORRHOIDS; SNGL PROC	46945	CPT	outpatient			4642		3692.88 WellPoint	WellPoint		1489.15	0.3208			1460.37	5866.86	percent of total billed charges	
LIG INT HEMORRHOIDS; SNGL PROC	46945	CPT	outpatient			4642		3692.88 Amerihealth	Medicare		3211.2	1			1460.37	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG INT HEMORRHOIDS; SNGL PROC	46945	CPT	outpatient			4642		3692.88 Consumer	Consumer		4409.9	0.95			1460.37	5866.86	percent of total billed charges	
LIG INT HEMORRHOIDS; SNGL PROC	46945	CPT	outpatient			4642		3692.88 Corrections	Corrections		3713.6	0.8			1460.37	5866.86	percent of total billed charges	
LIG INT HEMORRHOIDS; SNGL PROC	46945	CPT	outpatient			4642		3692.88 First Health	First Health		3249.4	0.7			1460.37	5866.86	percent of total billed charges	
LIG INT HEMORRHOIDS; SNGL PROC	46945	CPT	outpatient			4642		3692.88 First Trenton	First Trenton		4177.8	0.9			1460.37	5866.86	percent of total billed charges	
LIG INT HEMORRHOIDS; SNGL PROC	46945	CPT	outpatient			4642		3692.88 Horizon	PPO		5866.86	1.827			1460.37	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG INT HEMORRHOIDS; SNGL PROC	46945	CPT	outpatient			4642		3692.88 Horizon	MGD		5866.86	1.827			1460.37	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG INT HEMORRHOIDS; SNGL PROC	46945	CPT	outpatient			4642		3692.88 Horizon	Medicare Blue		3211.2	1			1460.37	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG INT HEMORRHOIDS; SNGL PROC	46945	CPT	outpatient			4642		3692.88 Horizon	Indemnity		5866.86	1.827			1460.37	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG INT HEMORRHOIDS; SNGL PROC	46945	CPT	outpatient			4642		3692.88 Managed Care Inc	Managed Care Inc		4177.8	0.9			1460.37	5866.86	percent of total billed charges	
LIG INT HEMORRHOIDS; SNGL PROC	46945	CPT	outpatient			4642		3692.88 Multiplan	Multiplan		3713.6	0.8			1460.37	5866.86	percent of total billed charges	
LIG INT HEMORRHOIDS; SNGL PROC	46945	CPT	outpatient			4642		3692.88 Qualcare	Qualcare		3481.5	0.75			1460.37	5866.86	percent of total billed charges	
LIG INT HEMORRHOIDS; SNGL PROC	46945	CPT	outpatient			4642		3692.88 Three Rivers	Three Rivers		4409.9	0.95			1460.37	5866.86	percent of total billed charges	
LIG INT HEMORRHOIDS; SNGL PROC	46945	CPT	outpatient			4642		3692.88 UHC	Medicare		3211.2	1			1460.37	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG INT HEMORRHOIDS; SNGL PROC	46945	CPT	outpatient			4642		3692.88 UHC	Medicaid		1460.37	0.3146			1460.37	5866.86	percent of total billed charges	
LIG INT HEMORRHOIDS; SNGL PROC	46945	CPT	outpatient			4642		3692.88 Wellcare	Medicare		3211.2	1			1460.37	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIG INT HEMORRHOIDS; SNGL PROC	46945	CPT	outpatient			4642		3692.88 Wellcare	Medicaid		1460.37	0.3146			1460.37	5866.86	percent of total billed charges	
LIGATION INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Aetna	Better Health		1460.37	0.3146			1451.56	5866.86	percent of total billed charges	
LIGATION INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Aetna	Commercial		5112.23	1.592			1451.56	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Aetna	Medicare		3211.2	1			1451.56	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Americare	Americare		3481.5	0.75			1451.56	5866.86	percent of total billed charges	
LIGATION INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 WellPoint	WellPoint		1489.15	0.3208			1451.56	5866.86	percent of total billed charges	
LIGATION INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Amerihealth	Medicare		3211.2	1			1451.56	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Consumer	Consumer		4409.9	0.95			1451.56	5866.86	percent of total billed charges	
LIGATION INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Corrections	Corrections		3713.6	0.8			1451.56	5866.86	percent of total billed charges	
LIGATION INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 First Health	First Health		3249.4	0.7			1451.56	5866.86	percent of total billed charges	
LIGATION INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 First Trenton	First Trenton		4177.8	0.9			1451.56	5866.86	percent of total billed charges	
LIGATION INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Horizon	Medicare Blue		3211.2	1			1451.56	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Horizon	Indemnity		5866.86	1.827			1451.56	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Horizon	MGD		5866.86	1.827			1451.56	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Horizon	PPO		5866.86	1.827			1451.56	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Managed Care Inc	Managed Care Inc		4177.8	0.9			1451.56	5866.86	percent of total billed charges	
LIGATION INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Multiplan	Multiplan		3713.6	0.8			1451.56	5866.86	percent of total billed charges	
LIGATION INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Qualcare	Qualcare		3481.5	0.75			1451.56	5866.86	percent of total billed charges	
LIGATION INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Three Rivers	Three Rivers		4409.9	0.95			1451.56	5866.86	percent of total billed charges	
LIGATION INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 UHC	Medicaid		1460.37	0.3146			1451.56	5866.86	percent of total billed charges	
LIGATION INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 UHC	Medicare		3211.2	1			1451.56	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Wellcare	Medicare		3211.2	1			1451.56	5866.86	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION INT HEMORRHOIDS	46946	CPT	outpatient			4642		3692.88 Wellcare	Medicaid		1460.37	0.3146			1451.56	5866.86	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT	outpatient			3029		1202.06 Aetna	Better Health		952.92	0.3146			387.27	2877.55	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT	outpatient			3029		1202.06 Aetna	Commercial		1664.07	1.592			387.27	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ANUS	46999	CPT	outpatient			3029		1202.06 Aetna	Medicare		1045.27	1			387.27	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ANUS	46999	CPT	outpatient			3029		1202.06 Americare	Americare		2271.75	0.75			387.27	2877.55	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT	outpatient			3029		1202.06 WellPoint	WellPoint		971.7	0.3208			387.27	2877.55	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT	outpatient			3029		1202.06 Amerihealth	Medicare		1045.27	1			387.27	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ANUS	46999	CPT	outpatient			3029		1202.06 Consumer	Consumer		2877.55	0.95			387.27	2877.55	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT	outpatient			3029		1202.06 Corrections	Corrections		2423.2	0.8			387.27	2877.55	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT	outpatient			3029		1202.06 First Health	First Health		2120.3	0.7			387.27	2877.55	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT	outpatient			3029		1202.06 First Trenton	First Trenton		2726.1	0.9			387.27	2877.55	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT	outpatient			3029		1202.06 Horizon	Indemnity		1909.71	1.827			387.27	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ANUS	46999	CPT	outpatient			3029		1202.06 Horizon	Medicare Blue		1045.27	1			387.27	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ANUS	46999	CPT	outpatient			3029		1202.06 Horizon	PPO		1909.71	1.827			387.27	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ANUS	46999	CPT	outpatient			3029		1202.06 Horizon	MGD		1909.71	1.827			387.27	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ANUS	46999	CPT	outpatient			3029		1202.06 Managed Care Inc	Managed Care Inc		2726.1	0.9			387.27	2877.55	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT	outpatient			3029		1202.06 Multiplan	Multiplan		2423.2	0.8			387.27	2877.55	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT	outpatient			3029		1202.06 Qualcare	Qualcare		2271.75	0.75			387.27	2877.55	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT	outpatient			3029		1202.06 Three Rivers	Three Rivers		2877.55	0.95			387.27	2877.55	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT	outpatient			3029		1202.06 UHC	Medicaid		952.92	0.3146			387.27	2877.55	percent of total billed charges	
UNLISTED PROCEDURE ANUS	46999	CPT	outpatient			3029		1202.06 UHC	Medicare		1045.27	1			387.27	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ANUS	46999	CPT	outpatient			3029		1202.06 Wellcare	Medicare		1045.27	1			387.27	2877.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ANUS	46999	CPT	outpatient			3029		1202.06 Wellcare	Medicaid		952.92	0.3146			387.27	2877.55	percent of total billed charges	
NEEDLE BX LIVER;AT MAJOR OP	47000	CPT	both			5633		2132.36 Aetna	Medicare		1854.23	1			751.89	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BX LIVER;AT MAJOR OP	47000	CPT	both			5633		2132.36 Aetna	Commercial		2951.93	1.592			751.89	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BX LIVER;AT MAJOR OP	47000	CPT	both			5633		2132.36 Aetna	Better Health		1772.14	0.3146			751.89	5351.35	percent of total billed charges	
NEEDLE BX LIVER;AT MAJOR OP	47000	CPT	both			5633		2132.36 Americare	Americare		4224.75	0.75			751.89	5351.35	percent of total billed charges	
NEEDLE BX LIVER;AT MAJOR OP	47000	CPT	both			5633		2132.36 WellPoint	WellPoint		1807.07	0.3208			751.89	5351.35	percent of total billed charges	
NEEDLE BX LIVER;AT MAJOR OP	47000	CPT	both			5633		2132.36 Amerihealth	Medicare		1854.23	1			751.89	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BX LIVER;AT MAJOR OP	47000	CPT	both			5633		2132.36 Consumer	Consumer		5351.35	0.95			751.89	5351.35	percent of total billed charges	
NEEDLE BX LIVER;AT MAJOR OP	47000	CPT	both			5633		2132.36 Corrections	Corrections		4506.4	0.8			751.89	5351.35	percent of total billed charges	
NEEDLE BX LIVER;AT MAJOR OP	47000	CPT	both			5633		2132.36 First Health	First Health		3943.1	0.7			751.89	5351.35	percent of total billed charges	
NEEDLE BX LIVER;AT MAJOR OP	47000	CPT	both			5633		2132.36 First Trenton	First Trenton		5069.7	0.9			751.89	5351.35	percent of total billed charges	
NEEDLE BX LIVER;AT MAJOR OP	47000	CPT	both			5633		2132.36 Horizon	Indemnity		3387.68	1.827			751.89	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BX LIVER;AT MAJOR OP	47000	CPT	both			5633		2132.36 Horizon	Medicare Blue		1854.23	1			751.89	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BX LIVER;AT MAJOR OP	47000	CPT	both			5633		2132.36 Horizon	PPO		3387.68	1.827			751.89	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BX LIVER;AT MAJOR OP	47000	CPT	both			5633		2132.36 Horizon	MGD		3387.68	1.827			751.89	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BX LIVER;AT MAJOR OP	47000	CPT	both			5633		2132.36 Managed Care Inc	Managed Care Inc		5069.7	0.9			751.89	5351.35	percent of total billed charges	
NEEDLE BX LIVER;AT MAJOR OP	47000	CPT	both			5633		2132.36 Multiplan	Multiplan		4506.4	0.8			751.89	5351.35	percent of total billed charges	
NEEDLE BX LIVER;AT MAJOR OP	47000	CPT	both			5633		2132.36 Qualcare	Qualcare		4224.75	0.75			751.89	5351.35	percent of total billed charges	
NEEDLE BX LIVER;AT MAJOR OP	47000	CPT	both			5633		2132.36 Three Rivers	Three Rivers		5351.35	0.95			751.89	5351.35	percent of total billed charges	
NEEDLE BX LIVER;AT MAJOR OP	47000	CPT	both			5633		2132.36 UHC	Medicaid		1772.14	0.3146			751.89	5351.35	percent of total billed charges	
NEEDLE BX LIVER;AT MAJOR OP	47000	CPT	both			5633		2132.36 UHC	Medicare		1854.23	1			751.89	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEEDLE BX LIVER,AT MAJOR OP	47000	CPT	both			5633	2132.36	Wellcare	Medicaid		1854.23	1			751.89	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE BX LIVER,AT MAJOR OP	47000	CPT	both			5633	2132.36	Wellcare	Medicaid		1772.14	0.3146			751.89	5351.35	percent of total billed charges	
NEEDLE BX L....	47001	CPT	outpatient			309		Aetna	Commercial		117.42	0.38			92.7	293.55	percent of total billed charges	
NEEDLE BX L....	47001	CPT	outpatient			309		Aetna	Medicare		95.17	0.308			92.7	293.55	percent of total billed charges	
NEEDLE BX L....	47001	CPT	outpatient			309		Aetna	Better Health		97.21	0.3146			92.7	293.55	percent of total billed charges	
NEEDLE BX L....	47001	CPT	outpatient			309		Americare	Americare		231.75	0.75			92.7	293.55	percent of total billed charges	
NEEDLE BX L....	47001	CPT	outpatient			309		WellPoint	WellPoint		99.13	0.3208			92.7	293.55	percent of total billed charges	
NEEDLE BX L....	47001	CPT	outpatient			309		Consumer	Consumer		293.55	0.95			92.7	293.55	percent of total billed charges	
NEEDLE BX L....	47001	CPT	outpatient			309		Corrections	Corrections		247.2	0.8			92.7	293.55	percent of total billed charges	
NEEDLE BX L....	47001	CPT	outpatient			309		First Health	First Health		216.3	0.7			92.7	293.55	percent of total billed charges	
NEEDLE BX L....	47001	CPT	outpatient			309		First Trenton	First Trenton		278.1	0.9			92.7	293.55	percent of total billed charges	
NEEDLE BX L....	47001	CPT	outpatient			309		Horizon	Indemnity		118.29	0.3828			92.7	293.55	percent of total billed charges	
NEEDLE BX L....	47001	CPT	outpatient			309		Horizon	Medicare Blue		92.7	0.3			92.7	293.55	percent of total billed charges	
NEEDLE BX L....	47001	CPT	outpatient			309		Horizon	MGD		118.29	0.3828			92.7	293.55	percent of total billed charges	
NEEDLE BX L....	47001	CPT	outpatient			309		Horizon	PPO		118.29	0.3828			92.7	293.55	percent of total billed charges	
NEEDLE BX L....	47001	CPT	outpatient			309		Managed Care Inc	Managed Care Inc		278.1	0.9			92.7	293.55	percent of total billed charges	
NEEDLE BX L....	47001	CPT	outpatient			309		Multiplan	Multiplan		247.2	0.8			92.7	293.55	percent of total billed charges	
NEEDLE BX L....	47001	CPT	outpatient			309		Qualcare	Qualcare		231.75	0.75			92.7	293.55	percent of total billed charges	
NEEDLE BX L....	47001	CPT	outpatient			309		Three Rivers	Three Rivers		293.55	0.95			92.7	293.55	percent of total billed charges	
NEEDLE BX L....	47001	CPT	outpatient			309		UHC	Medicaid		97.21	0.3146			92.7	293.55	percent of total billed charges	
NEEDLE BX L....	47001	CPT	outpatient			309		Wellcare	Medicaid		97.21	0.3146			92.7	293.55	percent of total billed charges	
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Aetna	Better Health		4522.38	0.3146			4522.38	13656.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Aetna	Medicare		6598.98	1			4522.38	13656.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Aetna	Commercial		10505.58	1.592			4522.38	13656.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Americare	Americare		10781.25	0.75			4522.38	13656.25	percent of total billed charges	
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	WellPoint	WellPoint		4611.5	0.3208			4522.38	13656.25	percent of total billed charges	
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Amerihealth	Medicare		6598.98	1			4522.38	13656.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Consumer	Consumer		13656.25	0.95			4522.38	13656.25	percent of total billed charges	
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Corrections	Corrections		11500	0.8			4522.38	13656.25	percent of total billed charges	
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	First Health	First Health		10062.5	0.7			4522.38	13656.25	percent of total billed charges	
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	First Trenton	First Trenton		12937.5	0.9			4522.38	13656.25	percent of total billed charges	
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Horizon	Medicare Blue		6598.98	1			4522.38	13656.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Horizon	MGD		12056.34	1.827			4522.38	13656.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Horizon	Indemnity		12056.34	1.827			4522.38	13656.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Horizon	PPO		12056.34	1.827			4522.38	13656.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Managed Care Inc	Managed Care Inc		12937.5	0.9			4522.38	13656.25	percent of total billed charges	
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Multiplan	Multiplan		11500	0.8			4522.38	13656.25	percent of total billed charges	
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Qualcare	Qualcare		10781.25	0.75			4522.38	13656.25	percent of total billed charges	
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Three Rivers	Three Rivers		13656.25	0.95			4522.38	13656.25	percent of total billed charges	
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	UHC	Medicaid		4522.38	0.3146			4522.38	13656.25	percent of total billed charges	
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	UHC	Medicare		6598.98	1			4522.38	13656.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Wellcare	Medicare		6598.98	1			4522.38	13656.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY PLUS LIVER/PERITONEAL BIOPSY	47379	CPT	outpatient			14375	7588.83	Wellcare	Medicaid		4522.38	0.3146			4522.38	13656.25	percent of total billed charges	
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Aetna	Commercial		10505.58	1.592			6092.86	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Aetna	Better Health		6314.02	0.3146			6092.86	19066.5	percent of total billed charges	
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Aetna	Medicare		6598.98	1			6092.86	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Americare	Americare		15052.5	0.75			6092.86	19066.5	percent of total billed charges	
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	WellPoint	WellPoint		6438.46	0.3208			6092.86	19066.5	percent of total billed charges	
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Amerihealth	Medicare		6598.98	1			6092.86	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Consumer	Consumer		19066.5	0.95			6092.86	19066.5	percent of total billed charges	
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Corrections	Corrections		16056	0.8			6092.86	19066.5	percent of total billed charges	
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	First Health	First Health		14049	0.7			6092.86	19066.5	percent of total billed charges	
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	First Trenton	First Trenton		18063	0.9			6092.86	19066.5	percent of total billed charges	
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Horizon	Indemnity		12056.34	1.827			6092.86	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Horizon	MGD		12056.34	1.827			6092.86	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Horizon	Medicare Blue		6598.98	1			6092.86	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Horizon	PPO		12056.34	1.827			6092.86	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Managed Care Inc	Managed Care Inc		18063	0.9			6092.86	19066.5	percent of total billed charges	
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Multiplan	Multiplan		16056	0.8			6092.86	19066.5	percent of total billed charges	
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Qualcare	Qualcare		15052.5	0.75			6092.86	19066.5	percent of total billed charges	
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Three Rivers	Three Rivers		19066.5	0.95			6092.86	19066.5	percent of total billed charges	
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	UHC	Medicare		6598.98	1			6092.86	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	UHC	Medicaid		6314.02	0.3146			6092.86	19066.5	percent of total billed charges	
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Wellcare	Medicaid		6314.02	0.3146			6092.86	19066.5	percent of total billed charges	
RADIOFREQUENCY ABLATION OF LIVER TUMOR	47382	CPT	both			20070	7588.83	Wellcare	Medicare		6598.98	1			6092.86	19066.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT PERCUTANEOUS CRYABLATION	47383	CPT	outpatient			18440	13538.55	Aetna	Better Health		5801.22	0.3146			5801.22	21508.63	percent of total billed charges	
CT PERCUTANEOUS CRYABLATION	47383	CPT	outpatient			18440	13538.55	Aetna	Medicare		11772.65	1			5801.22	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT PERCUTANEOUS CRYABLATION	47383	CPT	outpatient			18440	13538.55	Aetna	Commercial		18742.06	1.592			5801.22	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT PERCUTANEOUS CRYABLATION	47383	CPT	outpatient			18440	13538.55	Americare	Americare		13830	0.75			5801.22	21508.63	percent of total billed charges	
CT PERCUTANEOUS CRYABLATION	47383	CPT	outpatient			18440	13538.55	WellPoint	WellPoint		5915.55	0.3208			5801.22	21508.63	percent of total billed charges	
CT PERCUTANEOUS CRYABLATION	47383	CPT	outpatient			18440	13538.55	Amerihealth	Medicare		11772.65	1			5801.22	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT PERCUTANEOUS CRYABLATION	47383	CPT	outpatient			18440	13538.55	Consumer	Consumer		17518	0.95			5801.22	21508.63	percent of total billed charges	
CT PERCUTANEOUS CRYABLATION	47383	CPT	outpatient			18440	13538.55	Corrections	Corrections		14752	0.8			5801.22	21508.63	percent of total billed charges	
CT PERCUTANEOUS CRYABLATION	47383	CPT	outpatient			18440	13538.55	First Health	First Health		12908	0.7			5801.22	21508.63	percent of total billed charges	
CT PERCUTANEOUS CRYABLATION	47383	CPT	outpatient			18440	13538.55	First Trenton	First Trenton		16596	0.9			5801.22	21508.63	percent of total billed charges	
CT PERCUTANEOUS CRYABLATION	47383	CPT	outpatient			18440	13538.55	Horizon	MGD		21508.63	1.827			5801.22	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT PERCUTANEOUS CRYABLATION	47383	CPT	outpatient			18440	13538.55	Horizon	Indemnity		21508.63	1.827			5801.22	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT PERCUTANEOUS CRYABLATION	47383	CPT	outpatient			18440	13538.55	Horizon	PPO		21508.63	1.827			5801.22	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT PERCUTANEOUS CRYABLATION	47383	CPT	outpatient			18440	13538.55	Horizon	Medicare Blue		11772.65	1			5801.22	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT PERCUTANEOUS CRYABLATION	47383	CPT	outpatient			18440	13538.55	Managed Care Inc	Managed Care Inc		16596	0.9			5801.22	21508.63	percent of total billed charges	
CT PERCUTANEOUS CRYABLATION	47383	CPT	outpatient			18440	13538.55	Multiplan	Multiplan		14752	0.8			5801.22	21508.63	percent of total billed charges	
CT PERCUTANEOUS CRYABLATION	47383	CPT	outpatient			18440	13538.55	Qualcare	Qualcare		13830	0.75			5801.22	21508.63	percent of total billed charges	
CT PERCUTANEOUS CRYABLATION	47383	CPT	outpatient			18440	13538.55	Three Rivers	Three Rivers		17518	0.95			5801.22	21508.63	percent of total billed charges	
CT PERCUTANEOUS CRYABLATION	47383	CPT	outpatient			18440	13538.55	UHC	Medicaid		5801.22	0.3146			5801.22	21508.63	percent of total billed charges	
CT PERCUTANEOUS CRYABLATION	47383	CPT	outpatient			18440	13538.55	UHC	Medicare		11772.65	1			5801.22	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT PERCUTANEOUS CRYABLATION	47383	CPT	outpatient			18440	13538.55	Wellcare	Medicaid		5801.22	0.3146			5801.22	21508.63	percent of total billed charges	
CT PERCUTANEOUS CRYABLATION	47383	CPT	outpatient			18440	13538.55	Wellcare	Medicare		11772.65	1			5801.22	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE LIVER	47399	CPT	outpatient			2433	925.36	Aetna	Commercial		1281.02	1.592			508.2	2311.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE LIVER	47399	CPT	outpatient			2433	925.36	Aetna	Medicare		749.36	0.308			508.2	2311.35	percent of total billed charges	
UNLISTED PROCEDURE LIVER	47399	CPT	outpatient			2433	925.36	Aetna	Better Health		765.42	0.3146			508.2	2311.35	percent of total billed charges	
UNLISTED PROCEDURE LIVER	47399	CPT	outpatient			2433	925.36	Americare	Americare		1824.75	0.75			508.2	2311.35	percent of total billed charges	
UNLISTED PROCEDURE LIVER	47399	CPT	outpatient			2433	925.36	WellPoint	WellPoint		780.51	0.3208			508.2	2311.35	percent of total billed charges	
UNLISTED PROCEDURE LIVER	47399	CPT	outpatient			2433	925.36	Amerihealth	Medicare		804.66	1			508.2	2311.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE LIVER	47399	CPT	outpatient			2433	925.36	Consumer	Consumer		2311.35	0.95			508.2	2311.35	percent of total billed charges	
UNLISTED PROCEDURE LIVER	47399	CPT	outpatient			2433	925.36	Corrections	Corrections		1946.4	0.8			508.2	2311.35	percent of total billed charges	
UNLISTED PROCEDURE LIVER	47399	CPT	outpatient			2433	925.36	First Health	First Health		1703.1	0.7			508.2	2311.35	percent of total billed charges	
UNLISTED PROCEDURE LIVER	47399	CPT	outpatient			2433	925.36	First Trenton	First Trenton		2189.7	0.9			508.2	2311.35	percent of total billed charges	
UNLISTED PROCEDURE LIVER	47399	CPT	outpatient			2433	925.36	Horizon	MGD		1470.11	1.827			508.2	2311.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE LIVER	47399	CPT	outpatient			2433	925.36	Horizon	Medicare Blue		804.66	1			508.2	2311.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE LIVER	47399	CPT	outpatient			2433	925.36	Horizon	PPO		1470.11	1.827			508.2	2311.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE LIVER	47399	CPT	outpatient			2433	925.36	Horizon	Indemnity		1470.11	1.827			508.2	2311.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE LIVER	47399	CPT	outpatient			2433	925.36	Managed Care Inc	Managed Care Inc		2189.7	0.9			508.2	2311.35	percent of total billed charges	
UNLISTED PROCEDURE LIVER	47399	CPT	outpatient			2433	925.36	Multiplan	Multiplan		1946.4	0.8			508.2	2311.35	percent of total billed charges	
UNLISTED PROCEDURE LIVER	47399	CPT	outpatient			2433	925.36	Qualcare	Qualcare		1824.75	0.75			508.2	2311.35	percent of total billed charges	
UNLISTED PROCEDURE LIVER	47399	CPT	outpatient			2433	925.36	Three Rivers	Three Rivers		2311.35	0.95			508.2	2311.35	percent of total billed charges	
UNLISTED PROCEDURE LIVER	47399	CPT	outpatient			2433	925.36	UHC	Medicare		804.66	1			508.2	2311.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE LIVER	47399	CPT	outpatient			2433	925.36	UHC	Medicaid		765.42	0.3146			508.2	2311.35	percent of total billed charges	
UNLISTED PROCEDURE LIVER	47399	CPT	outpatient			2433	925.36	Wellcare	Medicaid		765.42	0.3146			508.2	2311.35	percent of total billed charges	
UNLISTED PROCEDURE LIVER	47399	CPT	outpatient			2433	925.36	Wellcare	Medicare		804.66	1			508.2	2311.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4560.24	Aetna	Better Health		4181.98	0.3146			1412.24	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4560.24	Aetna	Commercial		6299.11	1.592			1412.24	12628.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4560.24	Aetna	Medicare		3956.73	1			1412.24	12628.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4560.24	Americare	Americare		9969.75	0.75			1412.24	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4560.24	WellPoint	WellPoint		4264.39	0.3208			1412.24	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4560.24	Amerihealth	Medicare		3956.73	1			1412.24	12628.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4560.24	Consumer	Consumer		12628.35	0.95			1412.24	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4560.24	Corrections	Corrections		10634.4	0.8			1412.24	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4560.24	First Health	First Health		9305.1	0.7			1412.24	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4560.24	First Trenton	First Trenton		11963.7	0.9			1412.24	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4560.24	Horizon	PPO		7228.95	1.827			1412.24	12628.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4560.24	Horizon	Medicare Blue		3956.73	1			1412.24	12628.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4560.24	Horizon	MGD		7228.95	1.827			1412.24	12628.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4560.24	Horizon	Indemnity		7228.95	1.827			1412.24	12628.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4560.24	Managed Care Inc	Managed Care Inc		11963.7	0.9			1412.24	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4560.24	Multiplan	Multiplan		10634.4	0.8			1412.24	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4560.24	Qualcare	Qualcare		9969.75	0.75			1412.24	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4560.24	Three Rivers	Three Rivers		12628.35	0.95			1412.24	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4560.24	UHC	Medicaid		4181.98	0.3146			1412.24	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4560.24	UHC	Medicare		3956.73	1			1412.24	12628.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4560.24	Wellcare	Medicaid		4181.98	0.3146			1412.24	12628.35	percent of total billed charges	
PERC CHOLECYSTOSTOMY	47490	CPT	both			13293	4560.24	Wellcare	Medicare		3956.73	1			1412.24	12628.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU EXISTING CATH W/IMAG	47531	CPT	both			12205	4550.24	Aetna	Better Health		3839.69	0.3146			3795.65	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG	47531	CPT	both			12205	4550.24	Aetna	Commercial		6299.11	1.592			3795.65	11594.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU EXISTING CATH W/IMAG	47531	CPT	both			12205	4550.24	Aetna	Medicare		3956.73	1			3795.65	11594.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU EXISTING CATH W/IMAG	47531	CPT	both			12205	4550.24	Americare	Americare		9153.75	0.75			3795.65	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG	47531	CPT	both			12205	4550.24	WellPoint	WellPoint		3915.36	0.3208			3795.65	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG	47531	CPT	both			12205	4550.24	Amerihealth	Medicare		3956.73	1			3795.65	11594.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU EXISTING CATH W/IMAG	47531	CPT	both			12205	4550.24	Consumer	Consumer		11594.75	0.95			3795.65	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG	47531	CPT	both			12205	4550.24	Corrections	Corrections		9764	0.8			3795.65	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG	47531	CPT	both			12205	4550.24	First Health	First Health		8543.5	0.7			3795.65	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG	47531	CPT	both			12205	4550.24	First Trenton	First Trenton		10984.5	0.9			3795.65	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG	47531	CPT	both			12205	4550.24	Horizon	MGD		7228.95	1.827			3795.65	11594.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU EXISTING CATH W/IMAG	47531	CPT	both			12205	4550.24	Horizon	PPO		7228.95	1.827			3795.65	11594.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJECT PTC THRU EXISTING CATH W/IMAG	47531	CPT	both			12205		4550.24 Horizon	Indemnity		7228.95	1.827			3795.65	11594.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU EXISTING CATH W/IMAG	47531	CPT	both			12205		4550.24 Horizon	Medicare Blue		3956.73	1			3795.65	11594.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU EXISTING CATH W/IMAG	47531	CPT	both			12205		4550.24 Managed Care Inc	Managed Care Inc		10984.5	0.9			3795.65	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG	47531	CPT	both			12205		4550.24 Multiplan	Multiplan		9764	0.8			3795.65	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG	47531	CPT	both			12205		4550.24 Qualcare	Qualcare		9153.75	0.75			3795.65	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG	47531	CPT	both			12205		4550.24 Three Rivers	Three Rivers		11594.75	0.95			3795.65	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG	47531	CPT	both			12205		4550.24 UHC	Medicaid		3839.69	0.3146			3795.65	11594.75	percent of total billed charges	
INJECT PTC THRU EXISTING CATH W/IMAG	47531	CPT	both			12205		4550.24 UHC	Medicare		3956.73	1			3795.65	11594.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU EXISTING CATH W/IMAG	47531	CPT	both			12205		4550.24 Wellcare	Medicare		3956.73	1			3795.65	11594.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU EXISTING CATH W/IMAG	47531	CPT	both			12205		4550.24 Wellcare	Medicaid		3839.69	0.3146			3795.65	11594.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG FLOUR/U	47532	CPT	inpatient			12065		4550.24 Aetna	Commercial		6299.11	1.592			3088.74	11461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU NEW CATH W/IMAG FLOUR/U	47532	CPT	inpatient			12065		4550.24 Aetna	Better Health		3795.65	0.3146			3088.74	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG FLOUR/U	47532	CPT	inpatient			12065		4550.24 Aetna	Medicare		3956.73	1			3088.74	11461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU NEW CATH W/IMAG FLOUR/U	47532	CPT	inpatient			12065		4550.24 Americare	Americare		9048.75	0.75			3088.74	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG FLOUR/U	47532	CPT	inpatient			12065		4550.24 WellPoint	WellPoint		3870.45	0.3208			3088.74	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG FLOUR/U	47532	CPT	inpatient			12065		4550.24 Amerihealth	Medicare		3956.73	1			3088.74	11461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU NEW CATH W/IMAG FLOUR/U	47532	CPT	inpatient			12065		4550.24 Consumer	Consumer		11461.75	0.95			3088.74	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG FLOUR/U	47532	CPT	inpatient			12065		4550.24 Corrections	Corrections		9652	0.8			3088.74	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG FLOUR/U	47532	CPT	inpatient			12065		4550.24 First Health	First Health		8445.5	0.7			3088.74	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG FLOUR/U	47532	CPT	inpatient			12065		4550.24 First Trenton	First Trenton		10858.5	0.9			3088.74	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG FLOUR/U	47532	CPT	inpatient			12065		4550.24 Horizon	Medicare Blue		3956.73	1			3088.74	11461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU NEW CATH W/IMAG FLOUR/U	47532	CPT	inpatient			12065		4550.24 Horizon	MGD		7228.95	1.827			3088.74	11461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU NEW CATH W/IMAG FLOUR/U	47532	CPT	inpatient			12065		4550.24 Horizon	Indemnity		7228.95	1.827			3088.74	11461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU NEW CATH W/IMAG FLOUR/U	47532	CPT	inpatient			12065		4550.24 Horizon	PPO		7228.95	1.827			3088.74	11461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU NEW CATH W/IMAG FLOUR/U	47532	CPT	inpatient			12065		4550.24 Managed Care Inc	Managed Care Inc		10858.5	0.9			3088.74	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG FLOUR/U	47532	CPT	inpatient			12065		4550.24 Multiplan	Multiplan		9652	0.8			3088.74	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG FLOUR/U	47532	CPT	inpatient			12065		4550.24 Qualcare	Qualcare		9048.75	0.75			3088.74	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG FLOUR/U	47532	CPT	inpatient			12065		4550.24 Three Rivers	Three Rivers		11461.75	0.95			3088.74	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG FLOUR/U	47532	CPT	inpatient			12065		4550.24 UHC	Medicaid		3795.65	0.3146			3088.74	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG FLOUR/U	47532	CPT	inpatient			12065		4550.24 UHC	Medicare		3956.73	1			3088.74	11461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT PTC THRU NEW CATH W/IMAG FLOUR/U	47532	CPT	inpatient			12065		4550.24 Wellcare	Medicaid		3795.65	0.3146			3088.74	11461.75	percent of total billed charges	
INJECT PTC THRU NEW CATH W/IMAG FLOUR/U	47532	CPT	inpatient			12065		4550.24 Wellcare	Medicare		3956.73	1			3088.74	11461.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818		4550.24 Aetna	Commercial		6299.11	1.592			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818		4550.24 Aetna	Better Health		3088.74	0.3146			3088.74	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818		4550.24 Aetna	Medicare		3956.73	1			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818		4550.24 Americare	Americare		7363.5	0.75			3088.74	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818		4550.24 WellPoint	WellPoint		3149.61	0.3208			3088.74	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818		4550.24 Amerihealth	Medicare		3956.73	1			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818		4550.24 Consumer	Consumer		9327.1	0.95			3088.74	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818		4550.24 Corrections	Corrections		7854.4	0.8			3088.74	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818		4550.24 First Health	First Health		6872.6	0.7			3088.74	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818		4550.24 First Trenton	First Trenton		8836.2	0.9			3088.74	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818		4550.24 Horizon	MGD		7228.95	1.827			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818		4550.24 Horizon	Indemnity		7228.95	1.827			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818		4550.24 Horizon	Medicare Blue		3956.73	1			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818		4550.24 Horizon	PPO		7228.95	1.827			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818		4550.24 Managed Care Inc	Managed Care Inc		8836.2	0.9			3088.74	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818		4550.24 Multiplan	Multiplan		7854.4	0.8			3088.74	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818		4550.24 Qualcare	Qualcare		7363.5	0.75			3088.74	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818		4550.24 Three Rivers	Three Rivers		9327.1	0.95			3088.74	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818		4550.24 UHC	Medicare		3956.73	1			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818		4550.24 UHC	Medicaid		3088.74	0.3146			3088.74	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818		4550.24 Wellcare	Medicaid		3088.74	0.3146			3088.74	9327.1	percent of total billed charges	
PLACE PERC PTC CATH INCL IMAGING GUIDAN	47533	CPT	both			9818		4550.24 Wellcare	Medicare		3956.73	1			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24 Aetna	Commercial		6299.11	1.592			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24 Aetna	Better Health		3088.74	0.3146			3088.74	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24 Aetna	Medicare		3956.73	1			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24 Americare	Americare		7363.5	0.75			3088.74	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24 WellPoint	WellPoint		3149.61	0.3208			3088.74	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24 Amerihealth	Medicare		3956.73	1			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24 Consumer	Consumer		9327.1	0.95			3088.74	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24 Corrections	Corrections		7854.4	0.8			3088.74	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24 First Health	First Health		6872.6	0.7			3088.74	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24 First Trenton	First Trenton		8836.2	0.9			3088.74	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24 Horizon	MGD		7228.95	1.827			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24 Horizon	Indemnity		7228.95	1.827			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24 Horizon	Medicare Blue		3956.73	1			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24 Horizon	PPO		7228.95	1.827			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24 Managed Care Inc	Managed Care Inc		8836.2	0.9			3088.74	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24 Multiplan	Multiplan		7854.4	0.8			3088.74	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24 Qualcare	Qualcare		7363.5	0.75			3088.74	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24 Three Rivers	Three Rivers		9327.1	0.95			3088.74	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24 UHC	Medicare		3956.73	1			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24 UHC	Medicaid		3088.74	0.3146			3088.74	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24 Wellcare	Medicaid		3088.74	0.3146			3088.74	9327.1	percent of total billed charges	
PLACE INTERNAL/EXTERNAL PTC DRAIN CATH	47534	CPT	both			9818		4550.24 Wellcare	Medicare		3956.73	1			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	both			9818		4550.24 Aetna	Commercial		6299.11	1.592			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	both			9818		4550.24 Aetna	Better Health		3088.74	0.3146			3088.74	9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	both			9818		4550.24 Aetna	Medicare		3956.73	1			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	both			9818		4550.24 Americare	Americare		7363.5	0.75			3088.74	9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	both			9818		4550.24 WellPoint	WellPoint		3149.61	0.3208			3088.74	9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	both			9818		4550.24 Amerihealth	Medicare		3956.73	1			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	both			9818		4550.24 Consumer	Consumer		9327.1	0.95			3088.74	9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	both			9818		4550.24 Corrections	Corrections		7854.4	0.8			3088.74	9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	both			9818		4550.24 First Health	First Health		6872.6	0.7			3088.74	9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	both			9818		4550.24 First Trenton	First Trenton		8836.2	0.9			3088.74	9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	both			9818		4550.24 Horizon	PPO		7228.95	1.827			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	both			9818		4550.24 Horizon	Indemnity		7228.95	1.827			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	both			9818		4550.24 Horizon	Medicare Blue		3956.73	1			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	both			9818		4550.24 Horizon	MGD		7228.95	1.827			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	both			9818		4550.24 Managed Care Inc	Managed Care Inc		8836.2	0.9			3088.74	9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	both			9818		4550.24 Multiplan	Multiplan		7854.4	0.8			3088.74	9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	both			9818		4550.24 Qualcare	Qualcare		7363.5	0.75			3088.74	9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	both			9818		4550.24 Three Rivers	Three Rivers		9327.1	0.95			3088.74	9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	both			9818		4550.24 UHC	Medicare		3956.73	1			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	both			9818		4550.24 UHC	Medicaid		3088.74	0.3146			3088.74	9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	both			9818		4550.24 Wellcare	Medicaid		3088.74	0.3146			3088.74	9327.1	percent of total billed charges	
CONVERSION EXTERNAL PTC CATH TO INTERN	47535	CPT	both			9818		4550.24 Wellcare	Medicare		3956.73	1			3088.74	9327.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRAINAGE CATHETE PERCUT	47536	CPT	both			12620		4550.24 Aetna	Better Health		3970.25	0.3146			3088.74	11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETE PERCUT	47536	CPT	both			12620		4550.24 Aetna	Commercial		6299.11	1.592			3088.74	11989	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRAINAGE CATHETE PERCUT	47536	CPT	both			12620		4550.24 Aetna	Medicare		3956.73	1			3088.74	11989	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRAINAGE CATHETE PERCUT	47536	CPT	both			12620		4550.24 Americare	Americare		9465	0.75			3088.74	11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETE PERCUT	47536	CPT	both			12620		4550.24 WellPoint	WellPoint		4048.5	0.3208			3088.74	11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETE PERCUT	47536	CPT	both			12620		4550.24 Amerihealth	Medicare		3956.73	1			3088.74	11989	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRAINAGE CATHETE PERCUT	47536	CPT	both			12620		4550.24 Consumer	Consumer		11989	0.95			3088.74	11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETE PERCUT	47536	CPT	both			12620		4550.24 Corrections	Corrections		10096	0.8			3088.74	11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETE PERCUT	47536	CPT	both			12620		4550.24 First Health	First Health		8834	0.7			3088.74	11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETE PERCUT	47536	CPT	both			12620		4550.24 First Trenton	First Trenton		11358	0.9			3088.74	11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETE PERCUT	47536	CPT	both			12620		4550.24 Horizon	Indemnity		7228.95	1.827			3088.74	11989	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRAINAGE CATHETE PERCUT	47536	CPT	both			12620		4550.24 Horizon	MGD		7228.95	1.827			3088.74	11989	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRAINAGE CATHETE PERCUT	47536	CPT	both			12620		4550.24 Horizon	Medicare Blue		3956.73	1			3088.74	11989	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRAINAGE CATHETE PERCUT	47536	CPT	both			12620		4550.24 Horizon	PPO		7228.95	1.827			3088.74	11989	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRAINAGE CATHETE PERCUT	47536	CPT	both			12620		4550.24 Managed Care Inc	Managed Care Inc		11358	0.9			3088.74	11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETE PERCUT	47536	CPT	both			12620		4550.24 Multiplan	Multiplan		10096	0.8			3088.74	11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETE PERCUT	47536	CPT	both			12620		4550.24 Qualcare	Qualcare		9465	0.75			3088.74	11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETE PERCUT	47536	CPT	both			12620		4550.24 Three Rivers	Three Rivers		11989	0.95			3088.74	11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETE PERCUT	47536	CPT	both			12620		4550.24 UHC	Medicare		3956.73	1			3088.74	11989	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRAINAGE CATHETE PERCUT	47536	CPT	both			12620		4550.24 UHC	Medicaid		3970.25	0.3146			3088.74	11989	percent of total billed charges	
EXCHANGE BILIARY DRAINAGE CATHETE PERCUT	47536	CPT	both			12620		4550.24 Wellcare	Medicare		3956.73	1			3088.74	11989	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHANGE BILIARY DRAINAGE CATHETE PERCUT	47536	CPT	both			12620		4550.24 Wellcare	Medicaid		3970.25	0.3146			3088.74	11989	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23 Aetna	Medicare		1036.72	1			686.14	2993.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23 Aetna	Better Health		991.3	0.3146			686.14	2993.45	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23 Aetna	Commercial		1650.46	1.592			686.14	2993.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23 Americare	Americare		2363.25	0.75			686.14	2993.45	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23 WellPoint	WellPoint		1010.84	0.3208			686.14	2993.45	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23 Amerihealth	Medicare		1036.72	1			686.14	2993.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23 Consumer	Consumer		2993.45	0.95			686.14	2993.45	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23 Corrections	Corrections		2520.8	0.8			686.14	2993.45	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23 First Health	First Health		2205.7	0.7			686.14	2993.45	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23 First Trenton	First Trenton		2835.9	0.9			686.14	2993.45	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23 Horizon	Medicare Blue		1036.72	1			686.14	2993.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23 Horizon	MGD		1894.09	1.827			686.14	2993.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23 Horizon	Indemnity		1894.09	1.827			686.14	2993.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23 Horizon	PPO		1894.09	1.827			686.14	2993.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23 Managed Care Inc	Managed Care Inc		2835.9	0.9			686.14	2993.45	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23 Multiplan	Multiplan		2520.8	0.8			686.14	2993.45	percent of total billed charges	
REMOVAL PTC CATH PERC INCLUDE IMAGING	47537	CPT	both			3151		1192.23 Qualcare	Qualcare		2363.25	0.75			686.14	2993.45	percent of total billed charges	
REMO

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Aetna	Better Health		5841.81	0.3146			5841.81	17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Aetna	Medicare		6598.98	1			5841.81	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Americare	Americare		13926.75	0.75			5841.81	17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	WellPoint	WellPoint		5956.94	0.3208			5841.81	17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Amerihealth	Medicare		6598.98	1			5841.81	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Consumer	Consumer		17640.55	0.95			5841.81	17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Corrections	Corrections		14855.2	0.8			5841.81	17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	First Health	First Health		12998.3	0.7			5841.81	17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	First Trenton	First Trenton		16712.1	0.9			5841.81	17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Horizon	Medicare Blue		6598.98	1			5841.81	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Horizon	Indemnity		12056.34	1.827			5841.81	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Horizon	MGD		12056.34	1.827			5841.81	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Horizon	PPO		12056.34	1.827			5841.81	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Managed Care Inc	Managed Care Inc		16712.1	0.9			5841.81	17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Multiplan	Multiplan		14855.2	0.8			5841.81	17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Qualcare	Qualcare		13926.75	0.75			5841.81	17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Three Rivers	Three Rivers		17640.55	0.95			5841.81	17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	UHC	Medicaid		5841.81	0.3146			5841.81	17640.55	percent of total billed charges	
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	UHC	Medicare		6598.98	1			5841.81	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Wellcare	Medicare		6598.98	1			5841.81	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PTC STENT INCL IMAGING & REMOVAL	47538	CPT	both			18569		7588.83	Wellcare	Medicaid		5841.81	0.3146			5841.81	17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	inpatient			18569		7588.83	Aetna	Better Health		5841.81	0.3146			5719.25	17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	inpatient			18569		7588.83	Aetna	Medicare		5719.25	0.308			5719.25	17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	inpatient			18569		7588.83	Aetna	Commercial		10505.58	1.592			5719.25	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	inpatient			18569		7588.83	Americare	Americare		13926.75	0.75			5719.25	17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	inpatient			18569		7588.83	WellPoint	WellPoint		5956.94	0.3208			5719.25	17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	inpatient			18569		7588.83	Amerihealth	Medicare		6598.98	1			5719.25	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	inpatient			18569		7588.83	Consumer	Consumer		17640.55	0.95			5719.25	17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	inpatient			18569		7588.83	Corrections	Corrections		14855.2	0.8			5719.25	17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	inpatient			18569		7588.83	First Health	First Health		12998.3	0.7			5719.25	17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	inpatient			18569		7588.83	First Trenton	First Trenton		16712.1	0.9			5719.25	17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	inpatient			18569		7588.83	Horizon	MGD		12056.34	1.827			5719.25	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	inpatient			18569		7588.83	Horizon	Medicare Blue		6598.98	1			5719.25	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	inpatient			18569		7588.83	Horizon	PPO		12056.34	1.827			5719.25	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	inpatient			18569		7588.83	Horizon	Indemnity		12056.34	1.827			5719.25	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	inpatient			18569		7588.83	Managed Care Inc	Managed Care Inc		16712.1	0.9			5719.25	17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	inpatient			18569		7588.83	Multiplan	Multiplan		14855.2	0.8			5719.25	17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	inpatient			18569		7588.83	Qualcare	Qualcare		13926.75	0.75			5719.25	17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	inpatient			18569		7588.83	Three Rivers	Three Rivers		17640.55	0.95			5719.25	17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	inpatient			18569		7588.83	UHC	Medicaid		5841.81	0.3146			5719.25	17640.55	percent of total billed charges	
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	inpatient			18569		7588.83	UHC	Medicare		6598.98	1			5719.25	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	inpatient			18569		7588.83	Wellcare	Medicare		6598.98	1			5719.25	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/O PLMNT OF SEPARATE DRAIN	47539	CPT	inpatient			18569		7588.83	Wellcare	Medicaid		5841.81	0.3146			5719.25	17640.55	percent of total billed charges	
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Aetna	Commercial		10505.58	1.592			5841.81	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Aetna	Better Health		5841.81	0.3146			5841.81	17640.55	percent of total billed charges	
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Aetna	Medicare		6598.98	1			5841.81	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Americare	Americare		13926.75	0.75			5841.81	17640.55	percent of total billed charges	
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	WellPoint	WellPoint		5956.94	0.3208			5841.81	17640.55	percent of total billed charges	
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Amerihealth	Medicare		6598.98	1			5841.81	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Consumer	Consumer		17640.55	0.95			5841.81	17640.55	percent of total billed charges	
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Corrections	Corrections		14855.2	0.8			5841.81	17640.55	percent of total billed charges	
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	First Health	First Health		12998.3	0.7			5841.81	17640.55	percent of total billed charges	
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	First Trenton	First Trenton		16712.1	0.9			5841.81	17640.55	percent of total billed charges	
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Horizon	Medicare Blue		6598.98	1			5841.81	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Horizon	PPO		12056.34	1.827			5841.81	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Horizon	MGD		12056.34	1.827			5841.81	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Horizon	Indemnity		12056.34	1.827			5841.81	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Managed Care Inc	Managed Care Inc		16712.1	0.9			5841.81	17640.55	percent of total billed charges	
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Multiplan	Multiplan		14855.2	0.8			5841.81	17640.55	percent of total billed charges	
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Qualcare	Qualcare		13926.75	0.75			5841.81	17640.55	percent of total billed charges	
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Three Rivers	Three Rivers		17640.55	0.95			5841.81	17640.55	percent of total billed charges	
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	UHC	Medicaid		5841.81	0.3146			5841.81	17640.55	percent of total billed charges	
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	UHC	Medicare		6598.98	1			5841.81	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Wellcare	Medicare		6598.98	1			5841.81	17640.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW ACCESS W/PLMNT OF SEPARATE PTC CATH	47540	CPT	inpatient			18569		7588.83	Wellcare	Medicaid		5841.81	0.3146			5841.81	17640.55	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818		9950.42	Aetna	Better Health		3088.74	0.3146			3088.74	15808.19	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818		9950.42	Aetna	Medicare		8652.54	1			3088.74	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818		9950.42	Aetna	Commercial		13774.84	1.592			3088.74	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818		9950.42	Americare	Americare		7363.5	0.75			3088.74	15808.19	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818		9950.42	WellPoint	WellPoint		3149.61	0.3208			3088.74	15808.19	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818		9950.42	Amerihealth	Medicare		8652.54	1			3088.74	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818		9950.42	Consumer	Consumer		9327.1	0.95			3088.74	15808.19	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818		9950.42	Corrections	Corrections		7854.4	0.8			3088.74	15808.19	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818		9950.42	First Health	First Health		6872.6	0.7			3088.74	15808.19	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818		9950.42	First Trenton	First Trenton		8836.2	0.9			3088.74	15808.19	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818		9950.42	Horizon	PPO		15808.19	1.827			3088.74	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818		9950.42	Horizon	Indemnity		15808.19	1.827			3088.74	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818		9950.42	Horizon	Medicare Blue		8652.54	1			3088.74	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818		9950.42	Horizon	MGD		15808.19	1.827			3088.74	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818		9950.42	Managed Care Inc	Managed Care Inc		8836.2	0.9			3088.74	15808.19	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818		9950.42	Multiplan	Multiplan		7854.4	0.8			3088.74	15808.19	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818		9950.42	Qualcare	Qualcare		7363.5	0.75			3088.74	15808.19	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818		9950.42	Three Rivers	Three Rivers		9327.1	0.95			3088.74	15808.19	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818		9950.42	UHC	Medicaid		3088.74	0.3146			3088.74	15808.19	percent of total billed charges	
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818		9950.42	UHC	Medicare		8652.54	1			3088.74	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818		9950.42	Wellcare	Medicare		8652.54	1			3088.74	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL NEW ACCESS THR BIL TREE INTO SB	47541	CPT	outpatient			9818		9950.42	Wellcare	Medicaid		3088.74	0.3146			3088.74	15808.19	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818			Aetna	Better Health		3088.74	0.3146			2945.4	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818			Aetna	Commercial		3730.84	0.38			2945.4	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818			Aetna	Medicare		3023.94	0.308			2945.4	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818			Americare	Americare		7363.5	0.75			2945.4	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818			WellPoint	WellPoint		3149.61	0.3208			2945.4	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818			Consumer	Consumer		9327.1	0.95			2945.4	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818			Corrections	Corrections		7854.4	0.8			2945.4	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818			First Health	First Health		6872.6	0.7			2945.4	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818			First Trenton	First Trenton		8836.2	0.9			2945.4	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818			Horizon	Indemnity		3758.33	0.3828			2945.4	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818			Horizon	PPO		3758.33	0.3828			2945.4	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818			Horizon	MGD		3758.33	0.3828			2945.4	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818			Horizon	Medicare Blue		2945.4	0.3			2945.4	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818			Managed Care Inc	Managed Care Inc		8836.2	0.9			2945.4	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818			Multiplan	Multiplan		7854.4	0.8			2945.4	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818			Qualcare	Qualcare		7363.5	0.75			2945.4	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818			Three Rivers	Three Rivers		9327.1	0.95			2945.4	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818			UHC	Medicaid		3088.74	0.3146			2945.4	9327.1	percent of total billed charges	
PTA OF PTC DUCT/AMPULLA INCL F/IMAG S&I	47542	CPT	both			9818			Wellcare	Medicaid		3088.74	0.3146			2945.4	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BIL TREE PERC INCL I	47543	CPT	both			9818			Aetna	Commercial		3730.84	0.38			2945.4	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BIL TREE PERC INCL I	47543	CPT	both			9818			Aetna	Better Health		3088.74	0.3146			2945.4	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BIL TREE PERC INCL I	47543	CPT	both			9818			Aetna	Medicare		3023.94	0.308			2945.4	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BIL TREE PERC INCL I	47543	CPT	both			9818			Americare	Americare		7363.5	0.75			2945.4	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BIL TREE PERC INCL I	47543	CPT	both			9818			WellPoint	WellPoint		3149.61	0.3208			2945.4	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BIL TREE PERC INCL I	47543	CPT	both			9818			Consumer	Consumer		9327.1	0.95			2945.4	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BIL TREE PERC INCL I	47543	CPT	both			9818			Corrections	Corrections		7854.4	0.8			2945.4	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BIL TREE PERC INCL I	47543	CPT	both			9818			First Health	First Health		6872.6	0.7			2945.4	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BIL TREE PERC INCL I	47543	CPT	both			9818			First Trenton	First Trenton		8836.2	0.9			2945.4	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BIL TREE PERC INCL I	47543	CPT	both			9818			Horizon	Indemnity		3758.33	0.3828			2945.4	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BIL TREE PERC INCL I	47543	CPT	both			9818			Horizon	Medicare Blue		2945.4	0.3			2945.4	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BIL TREE PERC INCL I	47543	CPT	both			9818			Horizon	PPO		3758.33	0.3828			2945.4	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BIL TREE PERC INCL I	47543	CPT	both			9818			Horizon	MGD		3758.33	0.3828			2945.4	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BIL TREE PERC INCL I	47543	CPT	both			9818			Managed Care Inc	Managed Care Inc		8836.2	0.9			2945.4	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BIL TREE PERC INCL I	47543	CPT	both			9818			Multiplan	Multiplan		7854.4	0.8			2945.4	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BIL TREE PERC INCL I	47543	CPT	both			9818			Qualcare	Qualcare		7363.5	0.75			2945.4	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BIL TREE PERC INCL I	47543	CPT	both			9818			Three Rivers	Three Rivers		9327.1	0.95			2945.4	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BIL TREE PERC INCL I	47543	CPT	both			9818			UHC	Medicaid		3088.74	0.3146			2945.4	9327.1	percent of total billed charges	
ENDOLUMINAL BX OF BIL TREE PERC INCL I	47543	CPT	both			9818			Wellcare	Medicaid		3088.74	0.3146			2945.4	9327.1	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	both			2181			Aetna	Better Health		686.14	0.3146			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	both			2181			Aetna	Commercial		828.78	0.38			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	both			2181			Aetna	Medicare		671.75	0.308			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	both			2181			Americare	Americare		1635.75	0.75			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	both			2181			WellPoint	WellPoint		699.66	0.3208			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	both			2181			Consumer	Consumer		2071.95	0.95			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	both			2181			Corrections	Corrections		1744.8	0.8			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	both			2181			First Health	First Health		1526.7	0.7			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	both			2181			First Trenton	First Trenton		1962.9	0.9			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	both			2181			Horizon	Medicare Blue		654.3	0.3			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	both			2181			Horizon	MGD		834.89	0.3828			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	both			2181			Horizon	Indemnity		834.89	0.3828			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	both			2181			Horizon	PPO		834.89	0.3828			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	both			2181			Managed Care Inc	Managed Care Inc		1962.9	0.9			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	both			2181			Multiplan	Multiplan		1744.8	0.8			654.3	2071.95	percent of total billed charges	
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	both			2181			Qualcare	Qualcare		1635.75	0.75			654.3	2071

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVE CALCULI/DEBRIS FROM BILI TREE	47544	CPT	both			2181		Wellcare	Medicaid		686.14	0.3146			654.3	2071.95	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	both			12905		9950.42 Aetna	Commercial		13774.84	1.592			3221.37	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	both			12905		9950.42 Aetna	Better Health		4059.91	0.3146			3221.37	15808.19	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	both			12905		9950.42 Aetna	Medicare		3974.74	0.308			3221.37	15808.19	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	both			12905		9950.42 Americare	Americare		9678.75	0.75			3221.37	15808.19	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	both			12905		9950.42 WellPoint	WellPoint		4139.92	0.3208			3221.37	15808.19	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	both			12905		9950.42 Amerihealth	Medicare		8652.54	1			3221.37	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	both			12905		9950.42 Consumer	Consumer		12259.75	0.95			3221.37	15808.19	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	both			12905		9950.42 Corrections	Corrections		10324	0.8			3221.37	15808.19	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	both			12905		9950.42 First Health	First Health		9033.5	0.7			3221.37	15808.19	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	both			12905		9950.42 First Trenton	First Trenton		11614.5	0.9			3221.37	15808.19	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	both			12905		9950.42 Horizon	PPO		15808.19	1.827			3221.37	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	both			12905		9950.42 Horizon	Medicare Blue		8652.54	1			3221.37	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	both			12905		9950.42 Horizon	Indemnity		15808.19	1.827			3221.37	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	both			12905		9950.42 Horizon	MGD		15808.19	1.827			3221.37	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	both			12905		9950.42 Managed Care Inc	Managed Care Inc		11614.5	0.9			3221.37	15808.19	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	both			12905		9950.42 Multiplan	Multiplan		10324	0.8			3221.37	15808.19	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	both			12905		9950.42 Qualcare	Qualcare		9678.75	0.75			3221.37	15808.19	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	both			12905		9950.42 Three Rivers	Three Rivers		12259.75	0.95			3221.37	15808.19	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	both			12905		9950.42 UHC	Medicare		8652.54	1			3221.37	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	both			12905		9950.42 UHC	Medicaid		4059.91	0.3146			3221.37	15808.19	percent of total billed charges	
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	both			12905		9950.42 Wellcare	Medicare		8652.54	1			3221.37	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY DX WITH SPECIMEN BRUSH OR	47552	CPT	both			12905		9950.42 Wellcare	Medicaid		4059.91	0.3146			3221.37	15808.19	percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42 Aetna	Better Health		4059.91	0.3146			3631.43	15808.19	percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42 Aetna	Medicare		8652.54	1			3631.43	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42 Aetna	Commercial		13774.84	1.592			3631.43	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42 Americare	Americare		9678.75	0.75			3631.43	15808.19	percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42 WellPoint	WellPoint		4139.92	0.3208			3631.43	15808.19	percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42 Amerihealth	Medicare		8652.54	1			3631.43	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42 Consumer	Consumer		12259.75	0.95			3631.43	15808.19	percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42 Corrections	Corrections		10324	0.8			3631.43	15808.19	percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42 First Health	First Health		9033.5	0.7			3631.43	15808.19	percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42 First Trenton	First Trenton		11614.5	0.9			3631.43	15808.19	percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42 Horizon	Medicare Blue		8652.54	1			3631.43	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42 Horizon	Indemnity		15808.19	1.827			3631.43	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42 Horizon	MGD		15808.19	1.827			3631.43	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42 Horizon	PPO		15808.19	1.827			3631.43	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42 Managed Care Inc	Managed Care Inc		11614.5	0.9			3631.43	15808.19	percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42 Multiplan	Multiplan		10324	0.8			3631.43	15808.19	percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42 Qualcare	Qualcare		9678.75	0.75			3631.43	15808.19	percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42 Three Rivers	Three Rivers		12259.75	0.95			3631.43	15808.19	percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42 UHC	Medicaid		4059.91	0.3146			3631.43	15808.19	percent of total billed charges	
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42 UHC	Medicare		8652.54	1			3631.43	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42 Wellcare	Medicare		8652.54	1			3631.43	15808.19	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH BIOPSY SINGLE OR MULT	47553	CPT	outpatient			12905		9950.42 Wellcare	Medicaid		4059.91	0.3146			3631.43	15808.19	percent of total billed charges	
W/STONE REMOVAL	47554	CPT	outpatient			18990		13538.55 Aetna	Commercial		18742.06	1.592			3631.43	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/STONE REMOVAL	47554	CPT	outpatient			18990		13538.55 Aetna	Medicare		11772.65	1			3631.43	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/STONE REMOVAL	47554	CPT	outpatient			18990		13538.55 Aetna	Better Health		5974.25	0.3146			3631.43	21508.63	percent of total billed charges	
W/STONE REMOVAL	47554	CPT	outpatient			18990		13538.55 Americare	Americare		14242.5	0.75			3631.43	21508.63	percent of total billed charges	
W/STONE REMOVAL	47554	CPT	outpatient			18990		13538.55 WellPoint	WellPoint		6091.99	0.3208			3631.43	21508.63	percent of total billed charges	
W/STONE REMOVAL	47554	CPT	outpatient			18990		13538.55 Amerihealth	Medicare		11772.65	1			3631.43	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/STONE REMOVAL	47554	CPT	outpatient			18990		13538.55 Consumer	Consumer		18040.5	0.95			3631.43	21508.63	percent of total billed charges	
W/STONE REMOVAL	47554	CPT	outpatient			18990		13538.55 Corrections	Corrections		15192	0.8			3631.43	21508.63	percent of total billed charges	
W/STONE REMOVAL	47554	CPT	outpatient			18990		13538.55 First Health	First Health		13293	0.7			3631.43	21508.63	percent of total billed charges	
W/STONE REMOVAL	47554	CPT	outpatient			18990		13538.55 First Trenton	First Trenton		17091	0.9			3631.43	21508.63	percent of total billed charges	
W/STONE REMOVAL	47554	CPT	outpatient			18990		13538.55 Horizon	MGD		21508.63	1.827			3631.43	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/STONE REMOVAL	47554	CPT	outpatient			18990		13538.55 Horizon	Medicare Blue		11772.65	1			3631.43	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/STONE REMOVAL	47554	CPT	outpatient			18990		13538.55 Horizon	Indemnity		21508.63	1.827			3631.43	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/STONE REMOVAL	47554	CPT	outpatient			18990		13538.55 Horizon	PPO		21508.63	1.827			3631.43	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/STONE REMOVAL	47554	CPT	outpatient			18990		13538.55 Managed Care Inc	Managed Care Inc		17091	0.9			3631.43	21508.63	percent of total billed charges	
W/STONE REMOVAL	47554	CPT	outpatient			18990		13538.55 Multiplan	Multiplan		15192	0.8			3631.43	21508.63	percent of total billed charges	
W/STONE REMOVAL	47554	CPT	outpatient			18990		13538.55 Qualcare	Qualcare		14242.5	0.75			3631.43	21508.63	percent of total billed charges	
W/STONE REMOVAL	47554	CPT	outpatient			18990		13538.55 Three Rivers	Three Rivers		18040.5	0.95			3631.43	21508.63	percent of total billed charges	
W/STONE REMOVAL	47554	CPT	outpatient			18990		13538.55 UHC	Medicare		11772.65	1			3631.43	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/STONE REMOVAL	47554	CPT	outpatient			18990		13538.55 UHC	Medicaid		5974.25	0.3146			3631.43	21508.63	percent of total billed charges	
W/STONE REMOVAL	47554	CPT	outpatient			18990		13538.55 Wellcare	Medicaid		5974.25	0.3146			3631.43	21508.63	percent of total billed charges	
W/STONE REMOVAL	47554	CPT	outpatient			18990		13538.55 Wellcare	Medicare		11772.65	1			3631.43	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24 Aetna	Better Health		4059.91	0.3146			3631.43	12259.75	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24 Aetna	Commercial		6299.11	1.592			3631.43	12259.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24 Aetna	Medicare		3956.73	1			3631.43	12259.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24 Americare	Americare		9678.75	0.75			3631.43	12259.75	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24 WellPoint	WellPoint		4139.92	0.3208			3631.43	12259.75	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24 Amerihealth	Medicare		3956.73	1			3631.43	12259.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24 Consumer	Consumer		12259.75	0.95			3631.43	12259.75	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24 Corrections	Corrections		10324	0.8			3631.43	12259.75	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24 First Health	First Health		9033.5	0.7			3631.43	12259.75	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24 First Trenton	First Trenton		11614.5	0.9			3631.43	12259.75	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24 Horizon	MGD		7228.95	1.827			3631.43	12259.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24 Horizon	Medicare Blue		3956.73	1			3631.43	12259.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24 Horizon	PPO		7228.95	1.827			3631.43	12259.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24 Horizon	Indemnity		7228.95	1.827			3631.43	12259.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24 Managed Care Inc	Managed Care Inc		11614.5	0.9			3631.43	12259.75	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24 Multiplan	Multiplan		10324	0.8			3631.43	12259.75	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24 Qualcare	Qualcare		9678.75	0.75			3631.43	12259.75	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24 Three Rivers	Three Rivers		12259.75	0.95			3631.43	12259.75	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24 UHC	Medicaid		4059.91	0.3146			3631.43	12259.75	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24 UHC	Medicare		3956.73	1			3631.43	12259.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24 Wellcare	Medicaid		4059.91	0.3146			3631.43	12259.75	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47555	CPT	outpatient			12905		4550.24 Wellcare	Medicare		3956.73	1			3631.43	12259.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55 Aetna	Medicare		5848.92	0.308			3555.24	21508.63	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55 Aetna	Commercial		18742.06	1.592			3555.24	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55 Aetna	Better Health		5974.25	0.3146			3555.24	21508.63	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55 Americare	Americare		14242.5	0.75			3555.24	21508.63	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55 WellPoint	WellPoint		6091.99	0.3208			3555.24	21508.63	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55 Amerihealth	Medicare		11772.65	1			3555.24	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55 Consumer	Consumer		18040.5	0.95			3555.24	21508.63	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55 Corrections	Corrections		15192	0.8			3555.24	21508.63	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55 First Health	First Health		13293	0.7			3555.24	21508.63	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55 First Trenton	First Trenton		17091	0.9			3555.24	21508.63	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55 Horizon	MGD		21508.63	1.827			3555.24	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55 Horizon	Indemnity		21508.63	1.827			3555.24	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55 Horizon	Medicare Blue		11772.65	1			3555.24	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55 Horizon	PPO		21508.63	1.827			3555.24	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55 Managed Care Inc	Managed Care Inc		17091	0.9			3555.24	21508.63	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55 Multiplan	Multiplan		15192	0.8			3555.24	21508.63	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55 Qualcare	Qualcare		14242.5	0.75			3555.24	21508.63	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55 Three Rivers	Three Rivers		18040.5	0.95			3555.24	21508.63	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55 UHC	Medicaid		5974.25	0.3146			3555.24	21508.63	percent of total billed charges	
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55 UHC	Medicare		11772.65	1			3555.24	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55 Wellcare	Medicare		11772.65	1			3555.24	21508.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PTC ENDOSCOPY WITH DILATION OF STRICTURE	47556	CPT	outpatient			18990		13538.55 Wellcare	Medicaid		5974.25	0.3146			3555.24	21508.63	percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069		Aetna	Medicare		1869.25	0.308			1820.7	5765.55	percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069		Aetna	Better Health		1909.31	0.3146			1820.7	5765.55	percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069		Aetna	Commercial		2306.22	0.38			1820.7	5765.55	percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069		Americare	Americare		4551.75	0.75			1820.7	5765.55	percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069		WellPoint	WellPoint		1946.94	0.3208			1820.7	5765.55	percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069		Consumer	Consumer		5765.55	0.95			1820.7	5765.55	percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069		Corrections	Corrections		4855.2	0.8			1820.7	5765.55	percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069		First Health	First Health		4248.3	0.7			1820.7	5765.55	percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069		First Trenton	First Trenton		5462.1	0.9			1820.7	5765.55	percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069		Horizon	MGD		2323.21	0.3828			1820.7	5765.55	percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069		Horizon	Medicare Blue		1820.7	0.3			1820.7	5765.55	percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069		Horizon	Indemnity		2323.21	0.3828			1820.7	5765.55	percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069		Horizon	PPO		2323.21	0.3828			1820.7	5765.55	percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069		Managed Care Inc	Managed Care Inc		5462.1	0.9			1820.7	5765.55	percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069		Multiplan	Multiplan		4855.2	0.8			1820.7	5765.55	percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069		Qualcare	Qualcare		4551.75	0.75			1820.7	5765.55	percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069		Three Rivers	Three Rivers		5765.55	0.95			1820.7	5765.55	percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069		UHC	Medicaid		1909.31	0.3146			1820.7	5765.55	percent of total billed charges	
CHOLECYSTECTOMY W/CHOLANGIO	47605	CPT	outpatient			6069		Wellcare	Medicaid		1909.31	0.3146			1820.7	5765.55	percent of total billed charges	
BX PANCREAS PERC	48102	CPT	inpatient			5633		2132.36 Aetna	Better Health		1772.14	0.3146			609.69	5351.35	percent of total billed charges	
BX PANCREAS PERC	48102	CPT	inpatient			5633		2132.36 Aetna	Medicare		1854.23	1			609.69	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PANCREAS PERC	48102	CPT	inpatient			5633		2132.36 Aetna	Commercial		2951.93	1.592			609.69	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PANCREAS PERC	48102	CPT	inpatient			5633		2132.36 Americare	Americare		4224.75	0.75			609.69	5351.35	percent of total billed charges	
BX PANCREAS PERC	48102	CPT	inpatient			5633		2132.36 WellPoint	WellPoint		1807.07	0.3208			609.69	5351.35	percent of total billed charges	
BX PANCREAS PERC	48102	CPT	inpatient			5633		2132.36 Amerihealth	Medicare		1854.23	1			609.69	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PANCREAS PERC	48102	CPT	inpatient			5633		2132.36 Consumer	Consumer		5351.35	0.95			609.69	5351.35	percent of total billed charges	
BX PANCREAS PERC	48102	CPT	inpatient			5633		2132.36 Corrections	Corrections		4506.4	0.8			609.69	5351.35	percent of total billed charges	
BX PANCREAS PERC	48102	CPT	inpatient			5633		2132.36 First Health	First Health		3943.1	0.7			609.69	5351.35	percent of total billed charges	
BX PANCREAS PERC	48102	CPT	inpatient			5633		2132.36 First Trenton	First Trenton		5069.7	0.9			609.69	5351.35	percent of total billed charges	
BX PANCREAS PERC	48102	CPT	inpatient			5633		2132.36 Horizon	PPO		3387.68	1.827			609.69	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PANCREAS PERC

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BX PANCREAS PERC	48102	CPT	inpatient			5633		2132.36 Horizon	MGD		3387.68	1.827			609.69	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PANCREAS PERC	48102	CPT	inpatient			5633		2132.36 Managed Care Inc	Managed Care Inc		5069.7	0.9			609.69	5351.35	percent of total billed charges	
BX PANCREAS PERC	48102	CPT	inpatient			5633		2132.36 Multiplan	Multiplan		4506.4	0.8			609.69	5351.35	percent of total billed charges	
BX PANCREAS PERC	48102	CPT	inpatient			5633		2132.36 Qualcare	Qualcare		4224.75	0.75			609.69	5351.35	percent of total billed charges	
BX PANCREAS PERC	48102	CPT	inpatient			5633		2132.36 Three Rivers	Three Rivers		5351.35	0.95			609.69	5351.35	percent of total billed charges	
BX PANCREAS PERC	48102	CPT	inpatient			5633		2132.36 UHC	Medicaid		1772.14	0.3146			609.69	5351.35	percent of total billed charges	
BX PANCREAS PERC	48102	CPT	inpatient			5633		2132.36 UHC	Medicare		1854.23	1			609.69	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PANCREAS PERC	48102	CPT	inpatient			5633		2132.36 Wellcare	Medicaid		1772.14	0.3146			609.69	5351.35	percent of total billed charges	
BX PANCREAS PERC	48102	CPT	inpatient			5633		2132.36 Wellcare	Medicare		1854.23	1			609.69	5351.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36 Aetna	Better Health		485.43	0.3146			154.3	1470.11	percent of total billed charges	
UNLISTED PROCED PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36 Aetna	Commercial		1281.02	1.592			154.3	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36 Aetna	Medicare		804.66	1			154.3	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36 Americare	Americare		1157.25	0.75			154.3	1470.11	percent of total billed charges	
UNLISTED PROCED PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36 WellPoint	WellPoint		494.99	0.3208			154.3	1470.11	percent of total billed charges	
UNLISTED PROCED PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36 Amerihealth	Medicare		804.66	1			154.3	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36 Consumer	Consumer		1465.85	0.95			154.3	1470.11	percent of total billed charges	
UNLISTED PROCED PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36 Corrections	Corrections		1234.4	0.8			154.3	1470.11	percent of total billed charges	
UNLISTED PROCED PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36 First Health	First Health		1080.1	0.7			154.3	1470.11	percent of total billed charges	
UNLISTED PROCED PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36 First Trenton	First Trenton		1388.7	0.9			154.3	1470.11	percent of total billed charges	
UNLISTED PROCED PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36 Horizon	Indemnity		1470.11	1.827			154.3	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36 Horizon	NJ Health		154.3	0.1			154.3	1470.11	percent of total billed charges	
UNLISTED PROCED PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36 Horizon	MGD		1470.11	1.827			154.3	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36 Horizon	Medicare Blue		804.66	1			154.3	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36 Horizon	PPO		1470.11	1.827			154.3	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36 Managed Care Inc	Managed Care Inc		1388.7	0.9			154.3	1470.11	percent of total billed charges	
UNLISTED PROCED PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36 Multiplan	Multiplan		1234.4	0.8			154.3	1470.11	percent of total billed charges	
UNLISTED PROCED PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36 Qualcare	Qualcare		1157.25	0.75			154.3	1470.11	percent of total billed charges	
UNLISTED PROCED PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36 Three Rivers	Three Rivers		1465.85	0.95			154.3	1470.11	percent of total billed charges	
UNLISTED PROCED PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36 UHC	Medicaid		485.43	0.3146			154.3	1470.11	percent of total billed charges	
UNLISTED PROCED PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36 UHC	Medicare		804.66	1			154.3	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCED PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36 Wellcare	Medicaid		485.43	0.3146			154.3	1470.11	percent of total billed charges	
UNLISTED PROCED PANCREAS RPT ATTACHED	48999	CPT	outpatient			1543		925.36 Wellcare	Medicare		804.66	1			154.3	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Aetna	Medicare		3642.72	0.308			3548.1	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Aetna	Better Health		3720.77	0.3146			3548.1	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Aetna	Commercial		4494.26	0.38			3548.1	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Americare	Americare		8870.25	0.75			3548.1	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		WellPoint	WellPoint		3794.1	0.3208			3548.1	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Consumer	Consumer		11235.65	0.95			3548.1	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Corrections	Corrections		9461.6	0.8			3548.1	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		First Health	First Health		8278.9	0.7			3548.1	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		First Trenton	First Trenton		10644.3	0.9			3548.1	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Horizon	Medicare Blue		3548.1	0.3			3548.1	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Horizon	MGD		4527.38	0.3828			3548.1	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Horizon	Indemnity		4527.38	0.3828			3548.1	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Horizon	PPO		4527.38	0.3828			3548.1	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Managed Care Inc	Managed Care Inc		10644.3	0.9			3548.1	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Multiplan	Multiplan		9461.6	0.8			3548.1	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Qualcare	Qualcare		8870.25	0.75			3548.1	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Three Rivers	Three Rivers		11235.65	0.95			3548.1	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		UHC	Medicaid		3720.77	0.3146			3548.1	11235.65	percent of total billed charges	
MINI LAPAROTOMY	49000	CPT	outpatient			11827		Wellcare	Medicaid		3720.77	0.3146			3548.1	11235.65	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Aetna	Better Health		1984.81	0.3146			1892.7	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Aetna	Commercial		2397.42	0.38			1892.7	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Aetna	Medicare		1943.17	0.308			1892.7	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Americare	Americare		4731.75	0.75			1892.7	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		WellPoint	WellPoint		2023.93	0.3208			1892.7	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Consumer	Consumer		5993.55	0.95			1892.7	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Corrections	Corrections		5047.2	0.8			1892.7	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		First Health	First Health		4416.3	0.7			1892.7	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		First Trenton	First Trenton		5678.1	0.9			1892.7	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Horizon	MGD		2415.09	0.3828			1892.7	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Horizon	Indemnity		2415.09	0.3828			1892.7	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Horizon	Medicare Blue		1892.7	0.3			1892.7	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Horizon	PPO		2415.09	0.3828			1892.7	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Managed Care Inc	Managed Care Inc		5678.1	0.9			1892.7	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Multiplan	Multiplan		5047.2	0.8			1892.7	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Qualcare	Qualcare		4731.75	0.75			1892.7	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Three Rivers	Three Rivers		5993.55	0.95			1892.7	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		UHC	Medicaid		1984.81	0.3146			1892.7	5993.55	percent of total billed charges	
ABSCESS DRAINAGE OF RETROPERIT	49060	CPT	outpatient			6309		Wellcare	Medicaid		1984.81	0.3146			1892.7	5993.55	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010		1192.23 Aetna	Medicare		1036.72	1			623.54	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEOCENTESIS INIT.	49082	CPT	both			3010		1192.23 Aetna	Commercial		1650.46	1.592			623.54	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEOCENTESIS INIT.	49082	CPT	both			3010		1192.23 Aetna	Better Health		946.95	0.3146			623.54	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010		1192.23 Americare	Americare		2257.5	0.75			623.54	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010		1192.23 WellPoint	WellPoint		965.61	0.3208			623.54	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010		1192.23 Amerihealth	Medicare		1036.72	1			623.54	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEOCENTESIS INIT.	49082	CPT	both			3010		1192.23 Consumer	Consumer		2859.5	0.95			623.54	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010		1192.23 Corrections	Corrections		2408	0.8			623.54	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010		1192.23 First Health	First Health		2107	0.7			623.54	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010		1192.23 First Trenton	First Trenton		2709	0.9			623.54	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010		1192.23 Horizon	MGD		1894.09	1.827			623.54	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEOCENTESIS INIT.	49082	CPT	both			3010		1192.23 Horizon	Indemnity		1894.09	1.827			623.54	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEOCENTESIS INIT.	49082	CPT	both			3010		1192.23 Horizon	Medicare Blue		1036.72	1			623.54	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEOCENTESIS INIT.	49082	CPT	both			3010		1192.23 Horizon	PPO		1894.09	1.827			623.54	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEOCENTESIS INIT.	49082	CPT	both			3010		1192.23 Managed Care Inc	Managed Care Inc		2709	0.9			623.54	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010		1192.23 Multiplan	Multiplan		2408	0.8			623.54	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010		1192.23 Qualcare	Qualcare		2257.5	0.75			623.54	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010		1192.23 Three Rivers	Three Rivers		2859.5	0.95			623.54	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010		1192.23 UHC	Medicare		1036.72	1			623.54	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEOCENTESIS INIT.	49082	CPT	both			3010		1192.23 UHC	Medicaid		946.95	0.3146			623.54	2859.5	percent of total billed charges	
PERITONEOCENTESIS INIT.	49082	CPT	both			3010		1192.23 Wellcare	Medicare		1036.72	1			623.54	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEOCENTESIS INIT.	49082	CPT	both			3010		1192.23 Wellcare	Medicaid		946.95	0.3146			623.54	2859.5	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211		1192.23 Aetna	Medicare		988.99	0.308			610.46	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211		1192.23 Aetna	Better Health		1010.18	0.3146			610.46	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211		1192.23 Aetna	Commercial		1650.46	1.592			610.46	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211		1192.23 Americare	Americare		2408.25	0.75			610.46	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211		1192.23 WellPoint	WellPoint		1030.09	0.3208			610.46	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211		1192.23 Amerihealth	Medicare		1036.72	1			610.46	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211		1192.23 Consumer	Consumer		3050.45	0.95			610.46	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211		1192.23 Corrections	Corrections		2568.8	0.8			610.46	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211		1192.23 First Health	First Health		2247.7	0.7			610.46	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211		1192.23 First Trenton	First Trenton		2889.9	0.9			610.46	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211		1192.23 Horizon	MGD		1894.09	1.827			610.46	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211		1192.23 Horizon	Indemnity		1894.09	1.827			610.46	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211		1192.23 Horizon	Medicare Blue		1036.72	1			610.46	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211		1192.23 Horizon	PPO		1894.09	1.827			610.46	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211		1192.23 Managed Care Inc	Managed Care Inc		2889.9	0.9			610.46	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211		1192.23 Multiplan	Multiplan		2568.8	0.8			610.46	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211		1192.23 Qualcare	Qualcare		2408.25	0.75			610.46	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211		1192.23 Three Rivers	Three Rivers		3050.45	0.95			610.46	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211		1192.23 UHC	Medicaid		1010.18	0.3146			610.46	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211		1192.23 UHC	Medicare		1036.72	1			610.46	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211		1192.23 Wellcare	Medicaid		1010.18	0.3146			610.46	3050.45	percent of total billed charges	
US PARACENTESIS WITH IMAGING 49083	49083	CPT	both			3211		1192.23 Wellcare	Medicare		1036.72	1			610.46	3050.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE W/ IMAGING	49084	CPT	outpatient			2926		1192.23 Aetna	Commercial		1650.46	1.592			623.54	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE W/ IMAGING	49084	CPT	outpatient			2926		1192.23 Aetna	Better Health		920.52	0.3146			623.54	2779.7	percent of total billed charges	
PERITONEAL LAVAGE W/ IMAGING	49084	CPT	outpatient			2926		1192.23 Aetna	Medicare		1036.72	1			623.54	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE W/ IMAGING	49084	CPT	outpatient			2926		1192.23 Americare	Americare		2194.5	0.75			623.54	2779.7	percent of total billed charges	
PERITONEAL LAVAGE W/ IMAGING	49084	CPT	outpatient			2926		1192.23 WellPoint	WellPoint		938.66	0.3208			623.54	2779.7	percent of total billed charges	
PERITONEAL LAVAGE W/ IMAGING	49084	CPT	outpatient			2926		1192.23 Amerihealth	Medicare		1036.72	1			623.54	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE W/ IMAGING	49084	CPT	outpatient			2926		1192.23 Consumer	Consumer		2779.7	0.95			623.54	2779.7	percent of total billed charges	
PERITONEAL LAVAGE W/ IMAGING	49084	CPT	outpatient			2926		1192.23 Corrections	Corrections		2340.8	0.8			623.54	2779.7	percent of total billed charges	
PERITONEAL LAVAGE W/ IMAGING	49084	CPT	outpatient			2926		1192.23 First Health	First Health		2048.2	0.7			623.54	2779.7	percent of total billed charges	
PERITONEAL LAVAGE W/ IMAGING	49084	CPT	outpatient			2926		1192.23 First Trenton	First Trenton		2633.4	0.9			623.54	2779.7	percent of total billed charges	
PERITONEAL LAVAGE W/ IMAGING	49084	CPT	outpatient			2926		1192.23 Horizon	Indemnity		1894.09	1.827			623.54	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE W/ IMAGING	49084	CPT	outpatient			2926		1192.23 Horizon	MGD		1894.09	1.827			623.54	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE W/ IMAGING	49084	CPT	outpatient			2926		1192.23 Horizon	Medicare Blue		1036.72	1			623.54	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE W/ IMAGING	49084	CPT	outpatient			2926		1192.23 Horizon	PPO		1894.09	1.827			623.54	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE W/ IMAGING	49084	CPT	outpatient			2926		1192.23 Managed Care Inc	Managed Care Inc		2633.4	0.9			623.54	2779.7	percent of total billed charges	
PERITONEAL LAVAGE W/ IMAGING	49084	CPT	outpatient			2926		1192.23 Multiplan	Multiplan		2340.8	0.8			623.54	2779.7	percent of total billed charges	
PERITONEAL LAVAGE W/ IMAGING	49084	CPT	outpatient			2926		1192.23 Qualcare	Qualcare		2194.5	0.75			623.54	2779.7	percent of total billed charges	
PERITONEAL LAVAGE W/ IMAGING	49084	CPT	outpatient			2926		1192.23 Three Rivers	Three Rivers		2779.7	0.95			623.54	2779.7	percent of total billed charges	
PERITONEAL LAVAGE W/ IMAGING	49084	CPT	outpatient			2926		1192.23 UHC	Medicare		1036.72	1			623.54	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERITONEAL LAVAGE W/ IMAGING	49084	CPT	outpatient			2926		1192.23 UHC	Medicaid		920.52	0.3146			623.54	2779.7	percent of total billed charges	
PERITONEAL LAVAGE W/ IMAGING	49084	CPT	outpatient			2926		1192.23 Wellcare	Medicaid		920.52	0.3146			623.54	2779.7	percent of total billed charges	
PERITONEAL LAVAGE W/ IMAGING	49084	CPT	outpatient			2926		1192.23 Wellcare	Medicare		1036.72	1			623.54	2779.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36 Aetna	Commercial		2951.93	1.592			582.12	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36 Aetna	Medicare		1682.91	0.308			582.12	5190.8	percent of total billed charges	
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36 Aetna	Better Health		1718.97	0.3146			582.12	5190.8	percent of total billed charges	
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36 Americare	Americare		4098	0.75			582.12	5190.8	percent of total billed charges	
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36 WellPoint	WellPoint		1752.85	0.3208			582.12	5190.8	percent of total billed charges	
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36 Amerihealth	Medicare		1854.23	1			582.12	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ADBOMINAL MASS	49180	CPT	both			5464		2132.36 Consumer	Consumer		5190.8	0.95			582.12	5190.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BX ABDOMINAL MASS	49180	CPT	both			5464	2132.36	Corrections	Corrections		4371.2	0.8			582.12	5190.8	percent of total billed charges	
BX ABDOMINAL MASS	49180	CPT	both			5464	2132.36	First Health	First Health		3824.8	0.7			582.12	5190.8	percent of total billed charges	
BX ABDOMINAL MASS	49180	CPT	both			5464	2132.36	First Trenton	First Trenton		4917.6	0.9			582.12	5190.8	percent of total billed charges	
BX ABDOMINAL MASS	49180	CPT	both			5464	2132.36	Horizon	Indemnity		3387.68	1.827			582.12	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ABDOMINAL MASS	49180	CPT	both			5464	2132.36	Horizon	MCD		3387.68	1.827			582.12	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ABDOMINAL MASS	49180	CPT	both			5464	2132.36	Horizon	PPO		3387.68	1.827			582.12	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ABDOMINAL MASS	49180	CPT	both			5464	2132.36	Horizon	Medicare Blue		1854.23	1			582.12	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ABDOMINAL MASS	49180	CPT	both			5464	2132.36	Managed Care Inc	Managed Care Inc		4917.6	0.9			582.12	5190.8	percent of total billed charges	
BX ABDOMINAL MASS	49180	CPT	both			5464	2132.36	Multiplan	Multiplan		4371.2	0.8			582.12	5190.8	percent of total billed charges	
BX ABDOMINAL MASS	49180	CPT	both			5464	2132.36	Qualcare	Qualcare		4098	0.75			582.12	5190.8	percent of total billed charges	
BX ABDOMINAL MASS	49180	CPT	both			5464	2132.36	Three Rivers	Three Rivers		5190.8	0.95			582.12	5190.8	percent of total billed charges	
BX ABDOMINAL MASS	49180	CPT	both			5464	2132.36	UHC	Medicare		1854.23	1			582.12	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ABDOMINAL MASS	49180	CPT	both			5464	2132.36	UHC	Medicaid		1718.97	0.3146			582.12	5190.8	percent of total billed charges	
BX ABDOMINAL MASS	49180	CPT	both			5464	2132.36	Wellcare	Medicare		1854.23	1			582.12	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX ABDOMINAL MASS	49180	CPT	both			5464	2132.36	Wellcare	Medicaid		1718.97	0.3146			582.12	5190.8	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT PERC IN	49185	CPT	both			4252	2132.36	Aetna	Medicare		1854.23	1			1337.68	4039.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCLEROTHERAPY OF FLUID COLLECT PERC IN	49185	CPT	both			4252	2132.36	Aetna	Better Health		1337.68	0.3146			1337.68	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT PERC IN	49185	CPT	both			4252	2132.36	Aetna	Commercial		2951.93	1.592			1337.68	4039.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCLEROTHERAPY OF FLUID COLLECT PERC IN	49185	CPT	both			4252	2132.36	Americare	Americare		3189	0.75			1337.68	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT PERC IN	49185	CPT	both			4252	2132.36	WellPoint	WellPoint		1364.04	0.3208			1337.68	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT PERC IN	49185	CPT	both			4252	2132.36	Amerihealth	Medicare		1854.23	1			1337.68	4039.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCLEROTHERAPY OF FLUID COLLECT PERC IN	49185	CPT	both			4252	2132.36	Consumer	Consumer		4039.4	0.95			1337.68	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT PERC IN	49185	CPT	both			4252	2132.36	Corrections	Corrections		3401.6	0.8			1337.68	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT PERC IN	49185	CPT	both			4252	2132.36	First Health	First Health		2976.4	0.7			1337.68	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT PERC IN	49185	CPT	both			4252	2132.36	First Trenton	First Trenton		3826.8	0.9			1337.68	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT PERC IN	49185	CPT	both			4252	2132.36	Horizon	Indemnity		3387.68	1.827			1337.68	4039.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCLEROTHERAPY OF FLUID COLLECT PERC IN	49185	CPT	both			4252	2132.36	Horizon	MCD		3387.68	1.827			1337.68	4039.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCLEROTHERAPY OF FLUID COLLECT PERC IN	49185	CPT	both			4252	2132.36	Horizon	Medicare Blue		1854.23	1			1337.68	4039.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCLEROTHERAPY OF FLUID COLLECT PERC IN	49185	CPT	both			4252	2132.36	Horizon	PPO		3387.68	1.827			1337.68	4039.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCLEROTHERAPY OF FLUID COLLECT PERC IN	49185	CPT	both			4252	2132.36	Managed Care Inc	Managed Care Inc		3826.8	0.9			1337.68	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT PERC IN	49185	CPT	both			4252	2132.36	Multiplan	Multiplan		3401.6	0.8			1337.68	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT PERC IN	49185	CPT	both			4252	2132.36	Qualcare	Qualcare		3189	0.75			1337.68	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT PERC IN	49185	CPT	both			4252	2132.36	Three Rivers	Three Rivers		4039.4	0.95			1337.68	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT PERC IN	49185	CPT	both			4252	2132.36	UHC	Medicaid		1337.68	0.3146			1337.68	4039.4	percent of total billed charges	
SCLEROTHERAPY OF FLUID COLLECT PERC IN	49185	CPT	both			4252	2132.36	UHC	Medicare		1854.23	1			1337.68	4039.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCLEROTHERAPY OF FLUID COLLECT PERC IN	49185	CPT	both			4252	2132.36	Wellcare	Medicare		1854.23	1			1337.68	4039.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCLEROTHERAPY OF FLUID COLLECT PERC IN	49185	CPT	both			4252	2132.36	Wellcare	Medicaid		1337.68	0.3146			1337.68	4039.4	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142		Aetna	Commercial		4233.96	0.38			3342.6	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142		Aetna	Better Health		3505.27	0.3146			3342.6	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142		Aetna	Medicare		3431.74	0.308			3342.6	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142		Americare	Americare		8366.5	0.75			3342.6	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142		WellPoint	WellPoint		3574.35	0.3208			3342.6	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142		Consumer	Consumer		10584.9	0.95			3342.6	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142		Corrections	Corrections		8913.6	0.8			3342.6	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142		First Health	First Health		7799.4	0.7			3342.6	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142		First Trenton	First Trenton		10027.8	0.9			3342.6	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142		Horizon	Medicare Blue		3342.6	0.3			3342.6	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142		Horizon	PPO		4265.16	0.3828			3342.6	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142		Horizon	MCD		4265.16	0.3828			3342.6	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142		Horizon	Indemnity		4265.16	0.3828			3342.6	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142		Managed Care Inc	Managed Care Inc		10027.8	0.9			3342.6	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142		Multiplan	Multiplan		8913.6	0.8			3342.6	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142		Qualcare	Qualcare		8366.5	0.75			3342.6	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142		Three Rivers	Three Rivers		10584.9	0.95			3342.6	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142		UHC	Medicaid		3505.27	0.3146			3342.6	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LE	49203	CPT	outpatient			11142		Wellcare	Medicaid		3505.27	0.3146			3342.6	10584.9	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960		Aetna	Medicare		2759.68	0.308			2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960		Aetna	Better Health		2818.82	0.3146			2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960		Aetna	Commercial		3404.8	0.38			2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960		Americare	Americare		6720	0.75			2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960		WellPoint	WellPoint		2874.37	0.3208			2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960		Consumer	Consumer		8512	0.95			2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960		Corrections	Corrections		7168	0.8			2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960		First Health	First Health		6272	0.7			2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960		First Trenton	First Trenton		8064	0.9			2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960		Horizon	Indemnity		3429.89	0.3828			2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960		Horizon	PPO		3429.89	0.3828			2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960		Horizon	MCD		3429.89	0.3828			2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960		Horizon	Medicare Blue		2688	0.3			2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960		Managed Care Inc	Managed Care Inc		8064	0.9			2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960		Multiplan	Multiplan		7168	0.8			2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960		Qualcare	Qualcare		6720	0.75			2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960		Three Rivers	Three Rivers		8512	0.95			2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960		UHC	Medicaid		2818.82	0.3146			2688	8512	percent of total billed charges	
EXC/DEST INTRA-ABD/RETR LES EXT	49204	CPT	outpatient			8960		Wellcare	Medicaid		2818.82	0.3146			2688	8512	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391	7588.83	Aetna	Better Health		6415.01	0.3146			6415.01	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391	7588.83	Aetna	Medicare		6598.98	1			6415.01	19371.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	49320	CPT	outpatient			20391	7588.83	Aetna	Commercial		10505.58	1.592			6415.01	19371.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	49320	CPT	outpatient			20391	7588.83	Americare	Americare		15293.25	0.75			6415.01	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391	7588.83	WellPoint	WellPoint		6541.43	0.3208			6415.01	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391	7588.83	Amerihealth	Medicare		6598.98	1			6415.01	19371.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	49320	CPT	outpatient			20391	7588.83	Consumer	Consumer		19371.45	0.95			6415.01	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391	7588.83	Corrections	Corrections		16312.8	0.8			6415.01	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391	7588.83	First Health	First Health		14273.7	0.7			6415.01	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391	7588.83	First Trenton	First Trenton		18351.9	0.9			6415.01	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391	7588.83	Horizon	Medicare Blue		6598.98	1			6415.01	19371.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	49320	CPT	outpatient			20391	7588.83	Horizon	MCD		12056.34	1.827			6415.01	19371.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	49320	CPT	outpatient			20391	7588.83	Horizon	Indemnity		12056.34	1.827			6415.01	19371.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	49320	CPT	outpatient			20391	7588.83	Horizon	PPO		12056.34	1.827			6415.01	19371.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	49320	CPT	outpatient			20391	7588.83	Managed Care Inc	Managed Care Inc		18351.9	0.9			6415.01	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391	7588.83	Multiplan	Multiplan		16312.8	0.8			6415.01	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391	7588.83	Qualcare	Qualcare		15293.25	0.75			6415.01	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391	7588.83	Three Rivers	Three Rivers		19371.45	0.95			6415.01	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391	7588.83	UHC	Medicaid		6415.01	0.3146			6415.01	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391	7588.83	UHC	Medicare		6598.98	1			6415.01	19371.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	49320	CPT	outpatient			20391	7588.83	Wellcare	Medicaid		6415.01	0.3146			6415.01	19371.45	percent of total billed charges	
LAPAROSCOPY	49320	CPT	outpatient			20391	7588.83	Wellcare	Medicare		6598.98	1			6415.01	19371.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201		Aetna	Medicare		369.91	0.308			360.3	1140.95	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201		Aetna	Commercial		456.38	0.38			360.3	1140.95	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201		Aetna	Better Health		377.83	0.3146			360.3	1140.95	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201		Americare	Americare		900.75	0.75			360.3	1140.95	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201		WellPoint	WellPoint		385.28	0.3208			360.3	1140.95	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201		Consumer	Consumer		1140.95	0.95			360.3	1140.95	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201		Corrections	Corrections		960.8	0.8			360.3	1140.95	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201		First Health	First Health		840.7	0.7			360.3	1140.95	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201		First Trenton	First Trenton		1080.9	0.9			360.3	1140.95	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201		Horizon	Indemnity		459.74	0.3828			360.3	1140.95	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201		Horizon	Medicare Blue		360.3	0.3			360.3	1140.95	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201		Horizon	MCD		459.74	0.3828			360.3	1140.95	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201		Horizon	PPO		459.74	0.3828			360.3	1140.95	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201		Managed Care Inc	Managed Care Inc		1080.9	0.9			360.3	1140.95	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201		Multiplan	Multiplan		960.8	0.8			360.3	1140.95	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201		Qualcare	Qualcare		900.75	0.75			360.3	1140.95	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201		Three Rivers	Three Rivers		1140.95	0.95			360.3	1140.95	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201		UHC	Medicaid		377.83	0.3146			360.3	1140.95	percent of total billed charges	
INJ PERITONEAL CAVITY	49400	CPT	outpatient			1201		Wellcare	Medicaid		377.83	0.3146			360.3	1140.95	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852	2132.36	Aetna	Better Health		1841.04	0.3146			1584.64	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852	2132.36	Aetna	Commercial		2951.93	1.592			1584.64	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852	2132.36	Aetna	Medicare		1854.23	1			1584.64	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852	2132.36	Americare	Americare		4389	0.75			1584.64	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852	2132.36	WellPoint	WellPoint		1877.32	0.3208			1584.64	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852	2132.36	Amerihealth	Medicare		1854.23	1			1584.64	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852	2132.36	Consumer	Consumer		5559.4	0.95			1584.64	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852	2132.36	Corrections	Corrections		4681.6	0.8			1584.64	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852	2132.36	First Health	First Health		4096.4	0.7			1584.64	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852	2132.36	First Trenton	First Trenton		5266.8	0.9			1584.64	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852	2132.36	Horizon	Indemnity		3387.68	1.827			1584.64	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852	2132.36	Horizon	PPO		3387.68	1.827			1584.64	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852	2132.36	Horizon	MCD		3387.68	1.827			1584.64	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852	2132.36	Horizon	Medicare Blue		1854.23	1			1584.64	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852	2132.36	Managed Care Inc	Managed Care Inc		5266.8	0.9			1584.64	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852	2132.36	Multiplan	Multiplan		4681.6	0.8			1584.64	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852	2132.36	Qualcare	Qualcare		4389	0.75			1584.64	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852	2132.36	Three Rivers	Three Rivers		5559.4	0.95			1584.64	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852	2132.36	UHC	Medicare		1854.23	1			1584.64	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852	2132.36	UHC	Medicaid		1841.04	0.3146			1584.64	5559.4	percent of total billed charges	
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852	2132.36	Wellcare	Medicare		1854.23	1			1584.64	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN ABD ORGANS	49405	CPT	both			5852	2132.36	Wellcare	Medicaid		1841.04	0.3146			1584.64	5559.4	percent of total billed charges	
USTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852	2132.36	Aetna	Medicare		1854.23	1			1584.64	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852	2132.36	Aetna	Better Health		1841.04	0.3146			1584.64	5559.4	percent of total billed charges	
USTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852	2132.36	Aetna	Commercial		2951.93	1.592			1584.64	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852	2132.36	Americare	Americare		4389	0.75			1584.64	5559.4	percent of total billed charges	
USTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852	2132.36	WellPoint	WellPoint		1877.32	0.3208			1584.64	5559.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
USTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Amerihealth	Medicare		1854.23	1			1584.64	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Consumer	Consumer		5559.4	0.95			1584.64	5559.4	percent of total billed charges	
USTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Corrections	Corrections		4681.6	0.8			1584.64	5559.4	percent of total billed charges	
USTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 First Health	First Health		4096.4	0.7			1584.64	5559.4	percent of total billed charges	
USTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 First Trenton	First Trenton		5266.8	0.9			1584.64	5559.4	percent of total billed charges	
USTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Horizon	MGD		3387.68	1.827			1584.64	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Horizon	Indemnity		3387.68	1.827			1584.64	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Horizon	Medicare Blue		1854.23	1			1584.64	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Horizon	PPO		3387.68	1.827			1584.64	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Managed Care Inc	Managed Care Inc		5266.8	0.9			1584.64	5559.4	percent of total billed charges	
USTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Multiplan	Multiplan		4681.6	0.8			1584.64	5559.4	percent of total billed charges	
USTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Qualcare	Qualcare		4389	0.75			1584.64	5559.4	percent of total billed charges	
USTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Three Rivers	Three Rivers		5559.4	0.95			1584.64	5559.4	percent of total billed charges	
USTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 UHC	Medicare		1854.23	1			1584.64	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 UHC	Medicaid		1841.04	0.3146			1584.64	5559.4	percent of total billed charges	
USTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Wellcare	Medicaid		1841.04	0.3146			1584.64	5559.4	percent of total billed charges	
USTRASOUND DRAIN PERITONEAL	49406	CPT	both			5852		2132.36 Wellcare	Medicare		1854.23	1			1584.64	5559.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Aetna	Medicare		1854.23	1			1141.37	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Aetna	Better Health		1770.57	0.3146			1141.37	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Aetna	Commercial		2951.93	1.592			1141.37	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Americare	Americare		4221	0.75			1141.37	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 WellPoint	WellPoint		1805.46	0.3208			1141.37	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Amerihealth	Medicare		1854.23	1			1141.37	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Consumer	Consumer		5346.6	0.95			1141.37	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Corrections	Corrections		4502.4	0.8			1141.37	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 First Health	First Health		3939.6	0.7			1141.37	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 First Trenton	First Trenton		5065.2	0.9			1141.37	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Horizon	MGD		3387.68	1.827			1141.37	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Horizon	Indemnity		3387.68	1.827			1141.37	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Horizon	Medicare Blue		1854.23	1			1141.37	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Horizon	PPO		3387.68	1.827			1141.37	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Managed Care Inc	Managed Care Inc		5065.2	0.9			1141.37	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Multiplan	Multiplan		4502.4	0.8			1141.37	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Qualcare	Qualcare		4221	0.75			1141.37	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Three Rivers	Three Rivers		5346.6	0.95			1141.37	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 UHC	Medicare		1854.23	1			1141.37	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 UHC	Medicaid		1770.57	0.3146			1141.37	5346.6	percent of total billed charges	
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Wellcare	Medicare		1854.23	1			1141.37	5346.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND DRAIN OVARIAN VAG. APPROACH	49407	CPT	both			5628		2132.36 Wellcare	Medicaid		1770.57	0.3146			1141.37	5346.6	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Aetna	Commercial		6299.11	1.592			3548.37	10715.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Aetna	Better Health		3548.37	0.3146			3548.37	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Aetna	Medicare		3956.73	1			3548.37	10715.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Americare	Americare		8459.25	0.75			3548.37	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 WellPoint	WellPoint		3618.3	0.3208			3548.37	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Amerihealth	Medicare		3956.73	1			3548.37	10715.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Consumer	Consumer		10715.05	0.95			3548.37	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Corrections	Corrections		9023.2	0.8			3548.37	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 First Health	First Health		7895.3	0.7			3548.37	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 First Trenton	First Trenton		10151.1	0.9			3548.37	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Horizon	PPO		7228.95	1.827			3548.37	10715.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Horizon	MGD		7228.95	1.827			3548.37	10715.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Horizon	Medicare Blue		3956.73	1			3548.37	10715.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Horizon	Indemnity		7228.95	1.827			3548.37	10715.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Managed Care Inc	Managed Care Inc		10151.1	0.9			3548.37	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Multiplan	Multiplan		9023.2	0.8			3548.37	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Qualcare	Qualcare		8459.25	0.75			3548.37	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Three Rivers	Three Rivers		10715.05	0.95			3548.37	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 UHC	Medicaid		3548.37	0.3146			3548.37	10715.05	percent of total billed charges	
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 UHC	Medicare		3956.73	1			3548.37	10715.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Wellcare	Medicare		3956.73	1			3548.37	10715.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TNLD INTRAP CATH W/RS&I	49418	CPT	both			11279		4550.24 Wellcare	Medicaid		3548.37	0.3146			3548.37	10715.05	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Aetna	Medicare		6284.88	1			6284.88	28349.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Aetna	Better Health		9388.29	0.3146			6284.88	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Aetna	Commercial		10005.53	1.592			6284.88	28349.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Americare	Americare		22381.5	0.75			6284.88	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 WellPoint	WellPoint		9573.31	0.3208			6284.88	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Amerihealth	Medicare		6284.88	1			6284.88	28349.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Consumer	Consumer		28349.9	0.95			6284.88	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Corrections	Corrections		23873.6	0.8			6284.88	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 First Health	First Health		20889.4	0.7			6284.88	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 First Trenton	First Trenton		26857.8	0.9			6284.88	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Horizon	MGD		11482.48	1.827			6284.88	28349.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Horizon	Medicare Blue		6284.88	1			6284.88	28349.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Horizon	Indemnity		11482.48	1.827			6284.88	28349.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Horizon	PPO		11482.48	1.827			6284.88	28349.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Managed Care Inc	Managed Care Inc		26857.8	0.9			6284.88	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Multiplan	Multiplan		23873.6	0.8			6284.88	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Qualcare	Qualcare		22381.5	0.75			6284.88	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Three Rivers	Three Rivers		28349.9	0.95			6284.88	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 UHC	Medicaid		9388.29	0.3146			6284.88	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 UHC	Medicare		6284.88	1			6284.88	28349.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Wellcare	Medicaid		9388.29	0.3146			6284.88	28349.9	percent of total billed charges	
INSERT INTRAPERITONEAL CANN/CATH W/SUB	49419	CPT	outpatient			29842		7227.61 Wellcare	Medicare		6284.88	1			6284.88	28349.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS INTRAPERITONEAL CANN/CATH DRAIN/DIA	49421	CPT	inpatient			10686		4550.24 Aetna	Commercial		6299.11	1.592			3361.82	10151.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS INTRAPERITONEAL CANN/CATH DRAIN/DIA	49421	CPT	inpatient			10686		4550.24 Aetna	Better Health		3361.82	0.3146			3361.82	10151.7	percent of total billed charges	
INS INTRAPERITONEAL CANN/CATH DRAIN/DIA	49421	CPT	inpatient			10686		4550.24 Aetna	Medicare		3956.73	1			3361.82	10151.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS INTRAPERITONEAL CANN/CATH DRAIN/DIA	49421	CPT	inpatient			10686		4550.24 Americare	Americare		8014.5	0.75			3361.82	10151.7	percent of total billed charges	
INS INTRAPERITONEAL CANN/CATH DRAIN/DIA	49421	CPT	inpatient			10686		4550.24 WellPoint	WellPoint		3428.07	0.3208			3361.82	10151.7	percent of total billed charges	
INS INTRAPERITONEAL CANN/CATH DRAIN/DIA	49421	CPT	inpatient			10686		4550.24 Amerihealth	Medicare		3956.73	1			3361.82	10151.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS INTRAPERITONEAL CANN/CATH DRAIN/DIA	49421	CPT	inpatient			10686		4550.24 Consumer	Consumer		10151.7	0.95			3361.82	10151.7	percent of total billed charges	
INS INTRAPERITONEAL CANN/CATH DRAIN/DIA	49421	CPT	inpatient			10686		4550.24 Corrections	Corrections		8548.8	0.8			3361.82	10151.7	percent of total billed charges	
INS INTRAPERITONEAL CANN/CATH DRAIN/DIA	49421	CPT	inpatient			10686		4550.24 First Health	First Health		7480.2	0.7			3361.82	10151.7	percent of total billed charges	
INS INTRAPERITONEAL CANN/CATH DRAIN/DIA	49421	CPT	inpatient			10686		4550.24 First Trenton	First Trenton		9617.4	0.9			3361.82	10151.7	percent of total billed charges	
INS INTRAPERITONEAL CANN/CATH DRAIN/DIA	49421	CPT	inpatient			10686		4550.24 Horizon	MGD		7228.95	1.827			3361.82	10151.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS INTRAPERITONEAL CANN/CATH DRAIN/DIA	49421	CPT	inpatient			10686		4550.24 Horizon	Medicare Blue		3956.73	1			3361.82	10151.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS INTRAPERITONEAL CANN/CATH DRAIN/DIA	49421	CPT	inpatient			10686		4550.24 Horizon	Indemnity		7228.95	1.827			3361.82	10151.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS INTRAPERITONEAL CANN/CATH DRAIN/DIA	49421	CPT	inpatient			10686		4550.24 Horizon	PPO		7228.95	1.827			3361.82	10151.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS INTRAPERITONEAL CANN/CATH DRAIN/DIA	49421	CPT	inpatient			10686		4550.24 Managed Care Inc	Managed Care Inc		9617.4	0.9			3361.82	10151.7	percent of total billed charges	
INS INTRAPERITONEAL CANN/CATH DRAIN/DIA	49421	CPT	inpatient			10686		4550.24 Multiplan	Multiplan		8548.8	0.8			3361.82	10151.7	percent of total billed charges	
INS INTRAPERITONEAL CANN/CATH DRAIN/DIA	49421	CPT	inpatient			10686		4550.24 Qualcare	Qualcare		8014.5	0.75			3361.82	10151.7	percent of total billed charges	
INS INTRAPERITONEAL CANN/CATH DRAIN/DIA	49421	CPT	inpatient			10686		4550.24 Three Rivers	Three Rivers		10151.7	0.95			3361.82	10151.7	percent of total billed charges	
INS INTRAPERITONEAL CANN/CATH DRAIN/DIA	49421	CPT	inpatient			10686		4550.24 UHC	Medicare		3956.73	1			3361.82	10151.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INS INTRAPERITONEAL CANN/CATH DRAIN/DIA	49421	CPT	inpatient			10686		4550.24 UHC	Medicaid		3361.82	0.3146			3361.82	10151.7	percent of total billed charges	
INS INTRAPERITONEAL CANN/CATH DRAIN/DIA	49421	CPT	inpatient			10686		4550.24 Wellcare	Medicare		3956.73	1			3361.82	10151.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	outpatient			7065		4192.26 Aetna	Better Health		2222.65	0.3146			2176.02	6711.75	percent of total billed charges	
REM PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	outpatient			7065		4192.26 Aetna	Commercial		5803.54	1.592			2176.02	6711.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	outpatient			7065		4192.26 Aetna	Medicare		2176.02	0.308			2176.02	6711.75	percent of total billed charges	
REM PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	outpatient			7065		4192.26 Americare	Americare		5298.75	0.75			2176.02	6711.75	percent of total billed charges	
REM PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	outpatient			7065		4192.26 WellPoint	WellPoint		2266.45	0.3208			2176.02	6711.75	percent of total billed charges	
REM PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	outpatient			7065		4192.26 Amerihealth	Medicare		3645.44	1			2176.02	6711.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	outpatient			7065		4192.26 Consumer	Consumer		6711.75	0.95			2176.02	6711.75	percent of total billed charges	
REM PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	outpatient			7065		4192.26 Corrections	Corrections		5652	0.8			2176.02	6711.75	percent of total billed charges	
REM PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	outpatient			7065		4192.26 First Health	First Health		4945.5	0.7			2176.02	6711.75	percent of total billed charges	
REM PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	outpatient			7065		4192.26 First Trenton	First Trenton		6358.5	0.9			2176.02	6711.75	percent of total billed charges	
REM PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	outpatient			7065		4192.26 Horizon	Indemnity		6660.22	1.827			2176.02	6711.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	outpatient			7065		4192.26 Horizon	MGD		6660.22	1.827			2176.02	6711.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	outpatient			7065		4192.26 Horizon	PPO		6660.22	1.827			2176.02	6711.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	outpatient			7065		4192.26 Horizon	Medicare Blue		3645.44	1			2176.02	6711.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	outpatient			7065		4192.26 Managed Care Inc	Managed Care Inc		6358.5	0.9			2176.02	6711.75	percent of total billed charges	
REM PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	outpatient			7065		4192.26 Multiplan	Multiplan		5652	0.8			2176.02	6711.75	percent of total billed charges	
REM PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	outpatient			7065		4192.26 Qualcare	Qualcare		5298.75	0.75			2176.02	6711.75	percent of total billed charges	
REM PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	outpatient			7065		4192.26 Three Rivers	Three Rivers		6711.75	0.95			2176.02	6711.75	percent of total billed charges	
REM PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	outpatient			7065		4192.26 UHC	Medicaid		2222.65	0.3146			2176.02	6711.75	percent of total billed charges	
REM PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	outpatient			7065		4192.26 UHC	Medicare		3645.44	1			2176.02	6711.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	outpatient			7065		4192.26 Wellcare	Medicare		3645.44	1			2176.02	6711.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM PERMANENT INTRAPERITONEAL CANN/CATH	49422	CPT	outpatient			7065		4192.26 Wellcare	Medicaid		2222.65	0.3146			2176.02	6711.75	percent of total billed charges	
EXCHNG DRAINAGE CATH	49423	CPT	both			6256		2502.63 Aetna	Medicare		1926.85	0.308			1035.5	5943.2	percent of total billed charges	
EXCHNG DRAINAGE CATH	49423	CPT	both			6256		2502.63 Aetna	Commercial		3464.51	1.592			1035.5	5943.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHNG DRAINAGE CATH	49423	CPT	both			6256		2502.63 Aetna	Better Health		1968.14	0.3146			1035.5	5943.2	percent of total billed charges	
EXCHNG DRAINAGE CATH	49423	CPT	both			6256		2502.63 Americare	Americare		4692	0.75			1035.5	5943.2	percent of total billed charges	
EXCHNG DRAINAGE CATH	49423	CPT	both			6256		2502.63 WellPoint	WellPoint		2006.92	0.3208			1035.5	5943.2	percent of total billed charges	
EXCHNG DRAINAGE CATH	49423	CPT	both			6256		2502.63 Amerihealth	Medicare		2176.2	1			1035.5	5943.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHNG DRAINAGE CATH	49423	CPT	both			6256		2502.63 Consumer	Consumer		5943.2	0.95			1035.5	5943.2	percent of total billed charges	
EXCHNG DRAINAGE CATH	49423	CPT	both			6256		2502.63 Corrections	Corrections		5004.8	0.8			1035.5	5943.2	percent of total billed charges	
EXCHNG DRAINAGE CATH	49423	CPT	both			6256		2502.63 First Health	First Health		4379.2	0.7			1035.5	5943.2	percent of total billed charges	
EXCHNG DRAINAGE CATH	49423	CPT	both			6256		2502.63 First Trenton	First Trenton		5630.4	0.9			1035.5	5943.2	percent of total billed charges	
EXCHNG DRAINAGE CATH	49423	CPT	both			6256		2502.63 Horizon	MGD		3975.92	1.827			1035.5	5943.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHNG DRAINAGE CATH	49423	CPT	both			6256		2502.63 Horizon	Medicare Blue		2176.2	1			1035.5	5943.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHNG DRAINAGE CATH	49423	CPT	both			6256		2502.63 Horizon	PPO		3975.92	1.827			1035.5	5943.2	other	Payer-specific negotiated charge calculated as a percent of the

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXCHNG DRAINAGE CATH	49423	CPT	both			6256		2502.63 Qualcare	Qualcare		4692	0.75			1035.5	5943.2	percent of total billed charges	
EXCHNG DRAINAGE CATH	49423	CPT	both			6256		2502.63 Three Rivers	Three Rivers		5943.2	0.95			1035.5	5943.2	percent of total billed charges	
EXCHNG DRAINAGE CATH	49423	CPT	both			6256		2502.63 UHC	Medicaid		1968.14	0.3146			1035.5	5943.2	percent of total billed charges	
EXCHNG DRAINAGE CATH	49423	CPT	both			6256		2502.63 UHC	Medicare		2176.2	1			1035.5	5943.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHNG DRAINAGE CATH	49423	CPT	both			6256		2502.63 Wellcare	Medicare		2176.2	1			1035.5	5943.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCHNG DRAINAGE CATH	49423	CPT	both			6256		2502.63 Wellcare	Medicaid		1968.14	0.3146			1035.5	5943.2	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	both			1798		Aetna	Commercial		683.24	0.38			475.8	1708.1	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	both			1798		Aetna	Better Health		565.65	0.3146			475.8	1708.1	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	both			1798		Aetna	Medicare		553.78	0.308			475.8	1708.1	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	both			1798		Americare	Americare		1348.5	0.75			475.8	1708.1	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	both			1798		WellPoint	WellPoint		576.8	0.3208			475.8	1708.1	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	both			1798		Consumer	Consumer		1708.1	0.95			475.8	1708.1	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	both			1798		Corrections	Corrections		1438.4	0.8			475.8	1708.1	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	both			1798		First Health	First Health		1258.6	0.7			475.8	1708.1	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	both			1798		First Trenton	First Trenton		1618.2	0.9			475.8	1708.1	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	both			1798		Horizon	Indemnity		688.27	0.3828			475.8	1708.1	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	both			1798		Horizon	MGD		688.27	0.3828			475.8	1708.1	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	both			1798		Horizon	Medicare Blue		539.4	0.3			475.8	1708.1	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	both			1798		Horizon	PPO		688.27	0.3828			475.8	1708.1	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	both			1798		Managed Care Inc	Managed Care Inc		1618.2	0.9			475.8	1708.1	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	both			1798		Multiplan	Multiplan		1438.4	0.8			475.8	1708.1	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	both			1798		Qualcare	Qualcare		1348.5	0.75			475.8	1708.1	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	both			1798		Three Rivers	Three Rivers		1708.1	0.95			475.8	1708.1	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	both			1798		UHC	Medicaid		565.65	0.3146			475.8	1708.1	percent of total billed charges	
INJ ABCESS/CYST VIA CATH	49424	CPT	both			1798		Wellcare	Medicaid		565.65	0.3146			475.8	1708.1	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Aetna	Medicare		174.94	0.308			170.4	539.6	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Aetna	Better Health		178.69	0.3146			170.4	539.6	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Aetna	Commercial		215.84	0.38			170.4	539.6	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Americare	Americare		426	0.75			170.4	539.6	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		WellPoint	WellPoint		182.21	0.3208			170.4	539.6	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Consumer	Consumer		539.6	0.95			170.4	539.6	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Corrections	Corrections		454.4	0.8			170.4	539.6	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		First Health	First Health		397.6	0.7			170.4	539.6	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		First Trenton	First Trenton		511.2	0.9			170.4	539.6	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Horizon	MGD		217.43	0.3828			170.4	539.6	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Horizon	Medicare Blue		170.4	0.3			170.4	539.6	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Horizon	Indemnity		217.43	0.3828			170.4	539.6	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Horizon	PPO		217.43	0.3828			170.4	539.6	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Managed Care Inc	Managed Care Inc		511.2	0.9			170.4	539.6	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Multiplan	Multiplan		454.4	0.8			170.4	539.6	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Qualcare	Qualcare		426	0.75			170.4	539.6	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Three Rivers	Three Rivers		539.6	0.95			170.4	539.6	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		UHC	Medicaid		178.69	0.3146			170.4	539.6	percent of total billed charges	
INJ FOR EVAL EXIST PER-VENOUS SHUNT	49427	CPT	outpatient			568		Wellcare	Medicaid		178.69	0.3146			170.4	539.6	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Aetna	Medicare		2176.2	1			2055.91	6208.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Aetna	Commercial		3464.51	1.592			2055.91	6208.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Aetna	Better Health		2055.91	0.3146			2055.91	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Americare	Americare		4901.25	0.75			2055.91	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 WellPoint	WellPoint		2096.43	0.3208			2055.91	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Amerihealth	Medicare		2176.2	1			2055.91	6208.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Consumer	Consumer		6208.25	0.95			2055.91	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Corrections	Corrections		5228	0.8			2055.91	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 First Health	First Health		4574.5	0.7			2055.91	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 First Trenton	First Trenton		5881.5	0.9			2055.91	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Horizon	Indemnity		3975.92	1.827			2055.91	6208.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Horizon	Medicare Blue		2176.2	1			2055.91	6208.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Horizon	PPO		3975.92	1.827			2055.91	6208.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Horizon	MGD		3975.92	1.827			2055.91	6208.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Managed Care Inc	Managed Care Inc		5881.5	0.9			2055.91	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Multiplan	Multiplan		5228	0.8			2055.91	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Qualcare	Qualcare		4901.25	0.75			2055.91	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Three Rivers	Three Rivers		6208.25	0.95			2055.91	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 UHC	Medicare		2176.2	1			2055.91	6208.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 UHC	Medicaid		2055.91	0.3146			2055.91	6208.25	percent of total billed charges	
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Wellcare	Medicare		2176.2	1			2055.91	6208.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE GASTROSTOMY TUBE PERC	49440	CPT	both			6535		2502.63 Wellcare	Medicaid		2055.91	0.3146			2055.91	6208.25	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Aetna	Better Health		1883.51	0.3146			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Aetna	Commercial		3464.51	1.592			1844	5687.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Aetna	Medicare		1844	0.308			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Americare	Americare		4490.25	0.75			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 WellPoint	WellPoint		1920.63	0.3208			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Amerihealth	Medicare		2176.2	1			1844	5687.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Consumer	Consumer		5687.65	0.95			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Corrections	Corrections		4789.6	0.8			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 First Health	First Health		4190.9	0.7			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 First Trenton	First Trenton		5388.3	0.9			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Horizon	MGD		3975.92	1.827			1844	5687.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Horizon	Indemnity		3975.92	1.827			1844	5687.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Horizon	PPO		3975.92	1.827			1844	5687.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Horizon	Medicare Blue		2176.2	1			1844	5687.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Managed Care Inc	Managed Care Inc		5388.3	0.9			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Multiplan	Multiplan		4789.6	0.8			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Qualcare	Qualcare		4490.25	0.75			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Three Rivers	Three Rivers		5687.65	0.95			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 UHC	Medicaid		1883.51	0.3146			1844	5687.65	percent of total billed charges	
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 UHC	Medicare		2176.2	1			1844	5687.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Wellcare	Medicare		2176.2	1			1844	5687.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT D-TUBE PC W FLU IMG RPRT	49441	CPT	inpatient			5987		2502.63 Wellcare	Medicaid		1883.51	0.3146			1844	5687.65	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Aetna	Commercial		2148.58	1.592			1349.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Aetna	Better Health		1460.37	0.3146			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Aetna	Medicare		1349.61	1			1349.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Americare	Americare		3481.5	0.75			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 WellPoint	WellPoint		1489.15	0.3208			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Amerihealth	Medicare		1349.61	1			1349.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Consumer	Consumer		4409.9	0.95			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Corrections	Corrections		3713.6	0.8			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 First Health	First Health		3249.4	0.7			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 First Trenton	First Trenton		4177.8	0.9			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Horizon	MGD		2465.74	1.827			1349.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Horizon	Medicare Blue		1349.61	1			1349.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Horizon	PPO		2465.74	1.827			1349.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Horizon	Indemnity		2465.74	1.827			1349.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Managed Care Inc	Managed Care Inc		4177.8	0.9			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Multiplan	Multiplan		3713.6	0.8			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Qualcare	Qualcare		3481.5	0.75			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Three Rivers	Three Rivers		4409.9	0.95			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 UHC	Medicare		1349.61	1			1349.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 UHC	Medicaid		1460.37	0.3146			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Wellcare	Medicaid		1460.37	0.3146			1349.61	4409.9	percent of total billed charges	
INSRT C-TUBE PC W FLU IMG RPRT	49442	CPT	inpatient			4642		1552.05 Wellcare	Medicare		1349.61	1			1349.61	4409.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Aetna	Medicare		2176.2	1			1431.12	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Aetna	Commercial		3464.51	1.592			1431.12	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Aetna	Better Health		1431.12	0.3146			1431.12	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Americare	Americare		3411.75	0.75			1431.12	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 WellPoint	WellPoint		1459.32	0.3208			1431.12	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Amerihealth	Medicare		2176.2	1			1431.12	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Consumer	Consumer		4321.55	0.95			1431.12	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Corrections	Corrections		3639.2	0.8			1431.12	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 First Health	First Health		3184.3	0.7			1431.12	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 First Trenton	First Trenton		4094.1	0.9			1431.12	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Horizon	Indemnity		3975.92	1.827			1431.12	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Horizon	MGD		3975.92	1.827			1431.12	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Horizon	PPO		3975.92	1.827			1431.12	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Horizon	Medicare Blue		2176.2	1			1431.12	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Managed Care Inc	Managed Care Inc		4094.1	0.9			1431.12	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Multiplan	Multiplan		3639.2	0.8			1431.12	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Qualcare	Qualcare		3411.75	0.75			1431.12	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Three Rivers	Three Rivers		4321.55	0.95			1431.12	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 UHC	Medicaid		1431.12	0.3146			1431.12	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 UHC	Medicare		2176.2	1			1431.12	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Wellcare	Medicaid		1431.12	0.3146			1431.12	4321.55	percent of total billed charges	
CONVERT GAST TO GAST-JEJNOSTMY	49446	CPT	inpatient			4549		2502.63 Wellcare	Medicare		2176.2	1			1431.12	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GSTRO/CECOS TUBE PERC	49450	CPT	both			3010		1192.23 Aetna	Medicare		1036.72	1			692.12	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GSTRO/CECOS TUBE PERC	49450	CPT	both			3010		1192.23 Aetna	Better Health		946.95	0.3146			692.12	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE PERC	49450	CPT	both			3010		1192.23 Aetna	Commercial		1650.46	1.592			692.12	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GSTRO/CECOS TUBE PERC	49450	CPT	both			3010		1192.23 Americare	Americare		2257.5	0.75			692.12	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE PERC	49450	CPT	both			3010		1192.23 WellPoint	WellPoint		965.61	0.3208			692.12	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE PERC	49450	CPT	both			3010		1192.23 Amerihealth	Medicare		1036.72	1			692.12	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GSTRO/CECOS TUBE PERC	49450	CPT	both			3010		1192.23 Consumer	Consumer		2859.5	0.95			692.12	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE PERC	49450	CPT	both			3010		1192.23 Corrections	Corrections		2408	0.8			692.12	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE PERC	49450	CPT	both			3010		1192.23 First Health	First Health		2107	0.7			692.12	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE PERC	49450	CPT	both			3010		1192.23 First Trenton	First Trenton		2709	0.9			692.12	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE PERC	49450	CPT	both			3010		1192.23 Horizon	PPO		1894.09	1.827			692.12	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RPLC GSTRO/CECOS TUBE PERC	49450	CPT	both			3010		1192.23 Horizon	Medicare Blue		1036.72	1			692.12	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GSTRO/CECOS TUBE PERC	49450	CPT	both			3010		1192.23 Horizon	Indemnity		1894.09	1.827			692.12	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GSTRO/CECOS TUBE PERC	49450	CPT	both			3010		1192.23 Horizon	MGD		1894.09	1.827			692.12	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GSTRO/CECOS TUBE PERC	49450	CPT	both			3010		1192.23 Managed Care Inc	Managed Care Inc		2709	0.9			692.12	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE PERC	49450	CPT	both			3010		1192.23 Multiplan	Multiplan		2408	0.8			692.12	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE PERC	49450	CPT	both			3010		1192.23 Qualcare	Qualcare		2257.5	0.75			692.12	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE PERC	49450	CPT	both			3010		1192.23 Three Rivers	Three Rivers		2859.5	0.95			692.12	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE PERC	49450	CPT	both			3010		1192.23 UHC	Medicare		1036.72	1			692.12	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GSTRO/CECOS TUBE PERC	49450	CPT	both			3010		1192.23 UHC	Medicaid		946.95	0.3146			692.12	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE PERC	49450	CPT	both			3010		1192.23 Wellcare	Medicaid		946.95	0.3146			692.12	2859.5	percent of total billed charges	
RPLC GSTRO/CECOS TUBE PERC	49450	CPT	both			3010		1192.23 Wellcare	Medicare		1036.72	1			692.12	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Aetna	Better Health		946.95	0.3146			380.67	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Aetna	Commercial		1650.46	1.592			380.67	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Aetna	Medicare		1036.72	1			380.67	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Americare	Americare		2257.5	0.75			380.67	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 WellPoint	WellPoint		965.61	0.3208			380.67	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Amerihealth	Medicare		1036.72	1			380.67	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Consumer	Consumer		2859.5	0.95			380.67	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Corrections	Corrections		2408	0.8			380.67	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 First Health	First Health		2107	0.7			380.67	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 First Trenton	First Trenton		2709	0.9			380.67	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Horizon	Medicare Blue		1036.72	1			380.67	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Horizon	Indemnity		1894.09	1.827			380.67	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Horizon	MGD		1894.09	1.827			380.67	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Horizon	PPO		1894.09	1.827			380.67	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Managed Care Inc	Managed Care Inc		2709	0.9			380.67	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Multiplan	Multiplan		2408	0.8			380.67	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Qualcare	Qualcare		2257.5	0.75			380.67	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Three Rivers	Three Rivers		2859.5	0.95			380.67	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 UHC	Medicare		1036.72	1			380.67	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 UHC	Medicaid		946.95	0.3146			380.67	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Wellcare	Medicaid		946.95	0.3146			380.67	2859.5	percent of total billed charges	
RPLCMNT D-TUBE PC FLU IMG RPRT	49451	CPT	both			3010		1192.23 Wellcare	Medicare		1036.72	1			380.67	2859.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Aetna	Commercial		1650.46	1.592			659.4	2961.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Aetna	Better Health		980.61	0.3146			659.4	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Aetna	Medicare		1036.72	1			659.4	2961.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Americare	Americare		2337.75	0.75			659.4	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 WellPoint	WellPoint		999.93	0.3208			659.4	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Amerihealth	Medicare		1036.72	1			659.4	2961.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Consumer	Consumer		2961.15	0.95			659.4	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Corrections	Corrections		2493.6	0.8			659.4	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 First Health	First Health		2181.9	0.7			659.4	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 First Trenton	First Trenton		2805.3	0.9			659.4	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Horizon	Medicare Blue		1036.72	1			659.4	2961.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Horizon	Indemnity		1894.09	1.827			659.4	2961.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Horizon	MGD		1894.09	1.827			659.4	2961.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Horizon	PPO		1894.09	1.827			659.4	2961.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Managed Care Inc	Managed Care Inc		2805.3	0.9			659.4	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Multiplan	Multiplan		2493.6	0.8			659.4	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Qualcare	Qualcare		2337.75	0.75			659.4	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Three Rivers	Three Rivers		2961.15	0.95			659.4	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 UHC	Medicaid		980.61	0.3146			659.4	2961.15	percent of total billed charges	
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 UHC	Medicare		1036.72	1			659.4	2961.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Wellcare	Medicare		1036.72	1			659.4	2961.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPLC GST-JEJ TUBE PERC	49452	CPT	both			3117		1192.23 Wellcare	Medicaid		980.61	0.3146			659.4	2961.15	percent of total billed charges	
REMOVAL OBSTRCT D C OR G-TUBE	49460	CPT	both			1242		1192.23 Aetna	Better Health		390.73	0.3146			390.73	1894.09	percent of total billed charges	
REMOVAL OBSTRCT D C OR G-TUBE	49460	CPT	both			1242		1192.23 Aetna	Medicare		1036.72	1			390.73	1894.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OBSTRCT D C OR G-TUBE	49460	CPT	both			1242		1192.23 Aetna	Commercial		1650.46	1.592			390.73	1894.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OBSTRCT D C OR G-TUBE	49460	CPT	both			1242		1192.23 Americare	Americare		931.5	0.75			390.73	1894.09	percent of total billed charges	
REMOVAL OBSTRCT D C OR G-TUBE	49460	CPT	both			1242		1192.23 WellPoint	WellPoint		398.43	0.3208			390.73	1894.09	percent of total billed charges	
REMOVAL OBSTRCT D C OR G-TUBE	49460	CPT	both			1242		1192.23 Amerihealth	Medicare		1036.72	1			390.73	1894.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OBSTRCT D C OR G-TUBE	49460	CPT	both			1242		1192.23 Consumer	Consumer		1179.9	0.95			390.73	1894.09	percent of total billed charges	
REMOVAL OBSTRCT D C OR G-TUBE	49460	CPT	both			1242		1192.23 Corrections	Corrections		993.6	0.8			390.73	1894.09	percent of total billed charges	
REMOVAL OBSTRCT D C OR G-TUBE	49460	CPT	both			1242		1192.23 First Health	First Health		869.4	0.7			390.73	1894.09	percent of total billed charges	
REMOVAL OBSTRCT D C OR G-TUBE	49460	CPT	both			1242		1192.23 First Trenton	First Trenton		1117.8	0.9			390.73	1894.09	percent of total billed charges	
REMOVAL OBSTRCT D C OR G-TUBE	49460	CPT	both			1242		1192.23 Horizon	Medicare Blue		1036.72	1			390.73	1894.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OBSTRCT D C OR G-TUBE	49460	CPT	both			1242		1192.23 Horizon	MGD		1894.09	1.827			390.73	1894.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OBSTRCT D C OR G-TUBE	49460	CPT	both			1242		1192.23 Horizon	Indemnity		1894.09	1.827			390.73	1894.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OBSTRCT D C OR G-TUBE	49460	CPT	both			1242		1192.23 Horizon	PPO		1894.09	1.827			390.73	1894.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OBSTRCT D C OR G-TUBE	49460	CPT	both			1242		1192.23 Managed Care Inc	Managed Care Inc		1117.8	0.9			390.73	1894.09	percent of total billed charges	
REMOVAL OBSTRCT D C OR G-TUBE	49460	CPT	both			1242		1192.23 Multiplan	Multiplan		993.6	0.8			390.73	1894.09	percent of total billed charges	
REMOVAL OBSTRCT D C OR G-TUBE	49460	CPT	both			1242		1192.23 Qualcare	Qualcare		931.5	0.75			390.73	1894.09	percent of total billed charges	
REMOVAL OBSTRCT D C OR G-TUBE	49460	CPT	both			1242		1192.23 Three Rivers	Three Rivers		1179.9	0.95			390.73	1894.09	percent of total billed charges	
REMOVAL OBSTRCT D C OR G-TUBE	49460	CPT	both			1242		1192.23 UHC	Medicaid		390.73	0.3146			390.73	1894.09	percent of total billed charges	
REMOVAL OBSTRCT D C OR G-TUBE	49460	CPT	both			1242		1192.23 UHC	Medicare		1036.72	1			390.73	1894.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OBSTRCT D C OR G-TUBE	49460	CPT	both			1242		1192.23 Wellcare	Medicare		1036.72	1			390.73	1894.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OBSTRCT D C OR G-TUBE	49460	CPT	both			1242		1192.23 Wellcare	Medicaid		390.73	0.3146			390.73	1894.09	percent of total billed charges	
PERC INJECT G TUBE J TUBE OSTOMY	49465	CPT	both			737		322.28 Aetna	Commercial		446.14	1.592			231.86	700.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC INJECT G TUBE J TUBE OSTOMY	49465	CPT	both			737		322.28 Aetna	Better Health		231.86	0.3146			231.86	700.15	percent of total billed charges	
PERC INJECT G TUBE J TUBE OSTOMY	49465	CPT	both			737		322.28 Aetna	Medicare		280.24	1			231.86	700.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC INJECT G TUBE J TUBE OSTOMY	49465	CPT	both			737		322.28 Americare	Americare		552.75	0.75			231.86	700.15	percent of total billed charges	
PERC INJECT G TUBE J TUBE OSTOMY	49465	CPT	both			737		322.28 WellPoint	WellPoint		236.43	0.3208			231.86	700.15	percent of total billed charges	
PERC INJECT G TUBE J TUBE OSTOMY	49465	CPT	both			737		322.28 Amerihealth	Medicare		280.24	1			231.86	700.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC INJECT G TUBE J TUBE OSTOMY	49465	CPT	both			737		322.28 Consumer	Consumer		700.15	0.95			231.86	700.15	percent of total billed charges	
PERC INJECT G TUBE J TUBE OSTOMY	49465	CPT	both			737		322.28 Corrections	Corrections		589.6	0.8			231.86	700.15	percent of total billed charges	
PERC INJECT G TUBE J TUBE OSTOMY	49465	CPT	both			737		322.28 First Health	First Health		515.9	0.7			231.86	700.15	percent of total billed charges	
PERC INJECT G TUBE J TUBE OSTOMY	49465	CPT	both			737		322.28 First Trenton	First Trenton		663.3	0.9			231.86	700.15	percent of total billed charges	
PERC INJECT G TUBE J TUBE OSTOMY	49465	CPT	both			737		322.28 Horizon	Medicare Blue		280.24	1			231.86	700.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC INJECT G TUBE J TUBE OSTOMY	49465	CPT	both			737		322.28 Horizon	Indemnity		512	1.827			231.86	700.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC INJECT G TUBE J TUBE OSTOMY	49465	CPT	both			737		322.28 Horizon	MGD		512	1.827			231.86	700.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC INJECT G TUBE J TUBE OSTOMY	49465	CPT	both			737		322.28 Horizon	PPO		512	1.827			231.86	700.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC INJECT G TUBE J TUBE OSTOMY	49465	CPT	both			737		322.28 Managed Care Inc	Managed Care Inc		663.3	0.9			231.86	700.15	percent of total billed charges	
PERC INJECT G TUBE J TUBE OSTOMY	49465	CPT	both			737		322.28 Multiplan	Multiplan		589.6	0.8			231.86	700.15	percent of total billed charges	
PERC INJECT G TUBE J TUBE OSTOMY	49465	CPT	both			737		322.28 Qualcare	Qualcare		552.75	0.75			231.86	700.15	percent of total billed charges	
PERC INJECT G TUBE J TUBE OSTOMY	49465	CPT	both			737		322.28 Three Rivers	Three Rivers		700.15	0.95			231.86	700.15	percent of total billed charges	
PERC INJECT G TUBE J TUBE OSTOMY	49465	CPT	both			737		322.28 UHC	Medicare		280.24	1			231.86	700.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC INJECT G TUBE J TUBE OSTOMY	49465	CPT	both			737		322.28 UHC	Medicaid		231.86	0.3146			231.86	700.15	percent of total billed charges	
PERC INJECT G TUBE J TUBE OSTOMY	49465	CPT	both			737		322.28 Wellcare	Medicare		280.24	1			231.86	700.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC INJECT G TUBE J TUBE OSTOMY	49465	CPT	both			737		322.28 Wellcare	Medicaid		231.86	0.3146			231.86	700.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Aetna	Better Health		2773.83	0.3146			2773.83	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Aetna	Commercial		6299.11	1.592			2773.83	8376.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Aetna	Medicare		3956.73	1			2773.83	8376.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Americare	Americare		6612.75	0.75			2773.83	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 WellPoint	WellPoint		2828.49	0.3208			2773.83	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Amerihealth	Medicare		3956.73	1			2773.83	8376.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Consumer	Consumer		8376.15	0.95			2773.83	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Corrections	Corrections		7053.6	0.8			2773.83	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 First Health	First Health		6171.9	0.7			2773.83	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 First Trenton	First Trenton		7935.3	0.9			2773.83	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Horizon	MGD		7228.95	1.827			2773.83	8376.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Horizon	Medicare Blue		3956.73	1			2773.83	8376.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Horizon	Indemnity		7228.95	1.827			2773.83	8376.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Horizon	PPO		7228.95	1.827			2773.83	8376.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Managed Care Inc	Managed Care Inc		7935.3	0.9			2773.83	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Multiplan	Multiplan		7053.6	0.8			2773.83	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Qualcare	Qualcare		6612.75	0.75			2773.83	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Three Rivers	Three Rivers		8376.15	0.95			2773.83	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 UHC	Medicare		3956.73	1			2773.83	8376.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 UHC	Medicaid		2773.83	0.3146			2773.83	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Wellcare	Medicaid		2773.83	0.3146			2773.83	8376.15	percent of total billed charges	
REP INIT ING HERNIA AGE 5+ RED.	49505	CPT	outpatient			8817		4550.24 Wellcare	Medicare		3956.73	1			2773.83	8376.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Aetna	Better Health		3079.93	0.3146			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Aetna	Medicare		3015.32	0.308			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Aetna	Commercial		1650.46	1.592			1036.72	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Americare	Americare		7342.5	0.75			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE ABDOMINAL	49999	CPT	outpatient			9790		1192.23 WellPoint	WellPoint		3140.63	0.3208			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Amerihealth	Medicare		1036.72	1			1036.72	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Consumer	Consumer		9300.5	0.95			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Corrections	Corrections		7832	0.8			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE ABDOMINAL	49999	CPT	outpatient			9790		1192.23 First Health	First Health		6853	0.7			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE ABDOMINAL	49999	CPT	outpatient			9790		1192.23 First Trenton	First Trenton		8811	0.9			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Horizon	Indemnity		1894.09	1.827			1036.72	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Horizon	PPO		1894.09	1.827			1036.72	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Horizon	Medicare Blue		1036.72	1			1036.72	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Horizon	MGD		1894.09	1.827			1036.72	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Managed Care Inc	Managed Care Inc		8811	0.9			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Multiplan	Multiplan		7832	0.8			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Qualcare	Qualcare		7342.5	0.75			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Three Rivers	Three Rivers		9300.5	0.95			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE ABDOMINAL	49999	CPT	outpatient			9790		1192.23 UHC	Medicare		1036.72	1			1036.72	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ABDOMINAL	49999	CPT	outpatient			9790		1192.23 UHC	Medicaid		3079.93	0.3146			1036.72	9300.5	percent of total billed charges	
UNLISTED PROCEDURE ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Wellcare	Medicare		1036.72	1			1036.72	9300.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ABDOMINAL	49999	CPT	outpatient			9790		1192.23 Wellcare	Medicaid		3079.93	0.3146			1036.72	9300.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081	2678.87	Aetna	Commercial		3708.48	1.592			2329.45	8626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081	2678.87	Aetna	Better Health		2856.88	0.3146			2329.45	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081	2678.87	Aetna	Medicare		2329.45	1			2329.45	8626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081	2678.87	Americare	Americare		6810.75	0.75			2329.45	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081	2678.87	WellPoint	WellPoint		2913.18	0.3208			2329.45	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081	2678.87	Amerihealth	Medicare		2329.45	1			2329.45	8626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081	2678.87	Consumer	Consumer		8626.95	0.95			2329.45	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081	2678.87	Corrections	Corrections		7264.8	0.8			2329.45	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081	2678.87	First Health	First Health		6356.7	0.7			2329.45	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081	2678.87	First Trenton	First Trenton		8172.9	0.9			2329.45	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081	2678.87	Horizon	PPO		4255.91	1.827			2329.45	8626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081	2678.87	Horizon	Medicare Blue		2329.45	1			2329.45	8626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081	2678.87	Horizon	MGD		4255.91	1.827			2329.45	8626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081	2678.87	Horizon	Indemnity		4255.91	1.827			2329.45	8626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081	2678.87	Managed Care Inc	Managed Care Inc		8172.9	0.9			2329.45	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081	2678.87	Multiplan	Multiplan		7264.8	0.8			2329.45	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081	2678.87	Qualcare	Qualcare		6810.75	0.75			2329.45	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081	2678.87	Three Rivers	Three Rivers		8626.95	0.95			2329.45	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081	2678.87	UHC	Medicaid		2856.88	0.3146			2329.45	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081	2678.87	UHC	Medicare		2329.45	1			2329.45	8626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081	2678.87	Wellcare	Medicaid		2856.88	0.3146			2329.45	8626.95	percent of total billed charges	
ANGIO ULTRASOUND GUIDED PARA - RENAL	50020	CPT	outpatient			9081	2678.87	Wellcare	Medicare		2329.45	1			2329.45	8626.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Aetna	Medicare		2670.98	0.308			2290.5	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Aetna	Commercial		3295.36	0.38			2290.5	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Aetna	Better Health		2728.21	0.3146			2290.5	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Americare	Americare		6504	0.75			2290.5	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		WellPoint	WellPoint		2781.98	0.3208			2290.5	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Consumer	Consumer		8238.4	0.95			2290.5	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Corrections	Corrections		6937.6	0.8			2290.5	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		First Health	First Health		6070.4	0.7			2290.5	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		First Trenton	First Trenton		7804.8	0.9			2290.5	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Horizon	MGD		3319.64	0.3828			2290.5	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Horizon	Indemnity		3319.64	0.3828			2290.5	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Horizon	Medicare Blue		2601.6	0.3			2290.5	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Horizon	PPO		3319.64	0.3828			2290.5	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Managed Care Inc	Managed Care Inc		7804.8	0.9			2290.5	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Multiplan	Multiplan		6937.6	0.8			2290.5	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Qualcare	Qualcare		6504	0.75			2290.5	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Three Rivers	Three Rivers		8238.4	0.95			2290.5	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		UHC	Medicaid		2728.21	0.3146			2290.5	8238.4	percent of total billed charges	
NEPHROTOMY W/DRAINAGE	50040	CPT	outpatient			8672		Wellcare	Medicaid		2728.21	0.3146			2290.5	8238.4	percent of total billed charges	
PERC NEPHROSTOL-,UP TO 2 CM	50080	CPT	outpatient			14706	12116.26	Aetna	Commercial		16773.12	1.592			4529.45	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROSTOL-,UP TO 2 CM	50080	CPT	outpatient			14706	12116.26	Aetna	Better Health		4626.51	0.3146			4529.45	19249.05	percent of total billed charges	
PERC NEPHROSTOL-,UP TO 2 CM	50080	CPT	outpatient			14706	12116.26	Aetna	Medicare		4529.45	0.308			4529.45	19249.05	percent of total billed charges	
PERC NEPHROSTOL-,UP TO 2 CM	50080	CPT	outpatient			14706	12116.26	Americare	Americare		11029.5	0.75			4529.45	19249.05	percent of total billed charges	
PERC NEPHROSTOL-,UP TO 2 CM	50080	CPT	outpatient			14706	12116.26	WellPoint	WellPoint		4717.68	0.3208			4529.45	19249.05	percent of total billed charges	
PERC NEPHROSTOL-,UP TO 2 CM	50080	CPT	outpatient			14706	12116.26	Amerihealth	Medicare		10535.88	1			4529.45	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROSTOL-,UP TO 2 CM	50080	CPT	outpatient			14706	12116.26	Consumer	Consumer		13970.7	0.95			4529.45	19249.05	percent of total billed charges	
PERC NEPHROSTOL-,UP TO 2 CM	50080	CPT	outpatient			14706	12116.26	Corrections	Corrections		11764.8	0.8			4529.45	19249.05	percent of total billed charges	
PERC NEPHROSTOL-,UP TO 2 CM	50080	CPT	outpatient			14706	12116.26	First Health	First Health		10294.2	0.7			4529.45	19249.05	percent of total billed charges	
PERC NEPHROSTOL-,UP TO 2 CM	50080	CPT	outpatient			14706	12116.26	First Trenton	First Trenton		13235.4	0.9			4529.45	19249.05	percent of total billed charges	
PERC NEPHROSTOL-,UP TO 2 CM	50080	CPT	outpatient			14706	12116.26	Horizon	MGD		19249.05	1.827			4529.45	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROSTOL-,UP TO 2 CM	50080	CPT	outpatient			14706	12116.26	Horizon	Indemnity		19249.05	1.827			4529.45	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROSTOL-,UP TO 2 CM	50080	CPT	outpatient			14706	12116.26	Horizon	Medicare Blue		10535.88	1			4529.45	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROSTOL-,UP TO 2 CM	50080	CPT	outpatient			14706	12116.26	Horizon	PPO		19249.05	1.827			4529.45	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROSTOL-,UP TO 2 CM	50080	CPT	outpatient			14706	12116.26	Managed Care Inc	Managed Care Inc		13235.4	0.9			4529.45	19249.05	percent of total billed charges	
PERC NEPHROSTOL-,UP TO 2 CM	50080	CPT	outpatient			14706	12116.26	Multiplan	Multiplan		11764.8	0.8			4529.45	19249.05	percent of total billed charges	
PERC NEPHROSTOL-,UP TO 2 CM	50080	CPT	outpatient			14706	12116.26	Qualcare	Qualcare		11029.5	0.75			4529.45	19249.05	percent of total billed charges	
PERC NEPHROSTOL-,UP TO 2 CM	50080	CPT	outpatient			14706	12116.26	Three Rivers	Three Rivers		13970.7	0.95			4529.45	19249.05	percent of total billed charges	
PERC NEPHROSTOL-,UP TO 2 CM	50080	CPT	outpatient			14706	12116.26	UHC	Medicaid		4626.51	0.3146			4529.45	19249.05	percent of total billed charges	
PERC NEPHROSTOL-,UP TO 2 CM	50080	CPT	outpatient			14706	12116.26	UHC	Medicare		10535.88	1			4529.45	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROSTOL-,UP TO 2 CM	50080	CPT	outpatient			14706	12116.26	Wellcare	Medicaid		4626.51	0.3146			4529.45	19249.05	percent of total billed charges	
PERC NEPHROSTOL-,UP TO 2 CM	50080	CPT	outpatient			14706	12116.26	Wellcare	Medicare		10535.88	1			4529.45	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706	12116.26	Aetna	Better Health		4626.51	0.3146			4626.51	19249.05	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706	12116.26	Aetna	Medicare		10535.88	1			4626.51	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706	12116.26	Aetna	Commercial		16773.12	1.592			4626.51	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706	12116.26	Americare	Americare		11029.5	0.75			4626.51	19249.05	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706	12116.26	WellPoint	WellPoint		4717.68	0.3208			4626.51	19249.05	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706	12116.26	Amerihealth	Medicare		10535.88	1			4626.51	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706	12116.26	Consumer	Consumer		13970.7	0.95			4626.51	19249.05	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706	12116.26	Corrections	Corrections		11764.8	0.8			4626.51	19249.05	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706	12116.26	First Health	First Health		10294.2	0.7			4626.51	19249.05	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706	12116.26	First Trenton	First Trenton		13235.4	0.9			4626.51	19249.05	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706	12116.26	Horizon	PPO		19249.05	1.827			4626.51	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706	12116.26	Horizon	MGD		19249.05	1.827			4626.51	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706	12116.26	Horizon	Medicare Blue		10535.88	1			4626.51	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706	12116.26	Horizon	Indemnity		19249.05	1.827			4626.51	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706	12116.26	Managed Care Inc	Managed Care Inc		13235.4	0.9			4626.51	19249.05	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706	12116.26	Multiplan	Multiplan		11764.8	0.8			4626.51	19249.05	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706	12116.26	Qualcare	Qualcare		11029.5	0.75			4626.51	19249.05	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706	12116.26	Three Rivers	Three Rivers		13970.7	0.95			4626.51	19249.05	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706	12116.26	UHC	Medicaid		4626.51	0.3146			4626.51	19249.05	percent of total billed charges	
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706	12116.26	UHC	Medicare		10535.88	1			4626.51	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706	12116.26	Wellcare	Medicare		10535.88	1			4626.51	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC NEPHROS. - OVER 2 CM	50081	CPT	outpatient			14706	12116.26	Wellcare	Medicaid		4626.51	0.3146			4626.51	19249.05	percent of total billed charges	
RENAL BIOPSY PRQ TROCARNEEDLE	50200	CPT	both			5515	2132.36	Aetna	Better Health		1735.02	0.3146			768.15	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCARNEEDLE	50200	CPT	both			5515	2132.36	Aetna	Medicare		1698.62	0.308			768.15	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCARNEEDLE	50200	CPT	both			5515	2132.36	Aetna	Commercial		2951.93	1.592			768.15	5239.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCARNEEDLE	50200	CPT	both			5515	2132.36	Americare	Americare		4136.25	0.75			768.15	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCARNEEDLE	50200	CPT	both			5515	2132.36	WellPoint	WellPoint		1769.21	0.3208			768.15	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCARNEEDLE	50200	CPT	both			5515	2132.36	Amerihealth	Medicare		1854.23	1			768.15	5239.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCARNEEDLE	50200	CPT	both			5515	2132.36	Consumer	Consumer		5239.25	0.95			768.15	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCARNEEDLE	50200	CPT	both			5515	2132.36	Corrections	Corrections		4412	0.8			768.15	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCARNEEDLE	50200	CPT	both			5515	2132.36	First Health	First Health		3860.5	0.7			768.15	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCARNEEDLE	50200	CPT	both			5515	2132.36	First Trenton	First Trenton		4963.5	0.9			768.15	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCARNEEDLE	50200	CPT	both			5515	2132.36	Horizon	PPO		3387.68	1.827			768.15	5239.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCARNEEDLE	50200	CPT	both			5515	2132.36	Horizon	Indemnity		3387.68	1.827			768.15	5239.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCARNEEDLE	50200	CPT	both			5515	2132.36	Horizon	Medicare Blue		1854.23	1			768.15	5239.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCARNEEDLE	50200	CPT	both			5515	2132.36	Horizon	MGD		3387.68	1.827			768.15	5239.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCARNEEDLE	50200	CPT	both			5515	2132.36	Managed Care Inc	Managed Care Inc		4963.5	0.9			768.15	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCARNEEDLE	50200	CPT	both			5515	2132.36	Multiplan	Multiplan		4412	0.8			768.15	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCARNEEDLE	50200	CPT	both			5515	2132.36	Qualcare	Qualcare		4136.25	0.75			768.15	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCARNEEDLE	50200	CPT	both			5515	2132.36	Three Rivers	Three Rivers		5239.25	0.95			768.15	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCARNEEDLE	50200	CPT	both			5515	2132.36	UHC	Medicaid		1735.02	0.3146			768.15	5239.25	percent of total billed charges	
RENAL BIOPSY PRQ TROCARNEEDLE	50200	CPT	both			5515	2132.36	UHC	Medicare		1854.23	1			768.15	5239.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCARNEEDLE	50200	CPT	both			5515	2132.36	Wellcare	Medicare		1854.23	1			768.15	5239.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL BIOPSY PRQ TROCARNEEDLE	50200	CPT	both			5515	2132.36	Wellcare	Medicaid		1735.02	0.3146			768.15	5239.25	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758	2678.87	Aetna	Commercial		3708.48	1.592			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758	2678.87	Aetna	Better Health		2126.07	0.3146			2126.07	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758	2678.87	Aetna	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758	2678.87	Americare	Americare		5068.5	0.75			2126.07	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758	2678.87	WellPoint	WellPoint		2167.97	0.3208			2126.07	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758	2678.87	Amerihealth	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758	2678.87	Consumer	Consumer		6420.1	0.95			2126.07	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758	2678.87	Corrections	Corrections		5406.4	0.8			2126.07	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758	2678.87	First Health	First Health		4730.6	0.7			2126.07	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758	2678.87	First Trenton	First Trenton		6082.2	0.9			2126.07	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758	2678.87	Horizon	Indemnity		4255.91	1.827			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758	2678.87	Horizon	PPO		4255.91	1.827			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758	2678.87	Horizon	MGD		4255.91	1.827			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758	2678.87	Horizon	Medicare Blue		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758	2678.87	Managed Care Inc	Managed Care Inc		6082.2	0.9			2126.07	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758	2678.87	Multiplan	Multiplan		5406.4	0.8			2126.07	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758	2678.87	Qualcare	Qualcare		5068.5	0.75			2126.07	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758	2678.87	Three Rivers	Three Rivers		6420.1	0.95			2126.07	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758	2678.87	UHC	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758	2678.87	UHC	Medicaid		2126.07	0.3146			2126.07	6420.1	percent of total billed charges	
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758	2678.87	Wellcare	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL & REPLACE OF INTERNAL	50382	CPT	outpatient			6758	2678.87	Wellcare	Medicaid		2126.07	0.3146			2126.07	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	both			6758	2678.87	Aetna	Commercial		3708.48	1.592			1962.47	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV INTER STENT PERCU R S&I	50384	CPT	both			6758	2678.87	Aetna	Better Health		2126.07	0.3146			1962.47	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	both			6758	2678.87	Aetna	Medicare		2329.45	1			1962.47	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV INTER STENT PERCU R S&I	50384	CPT	both			6758	2678.87	Americare	Americare		5068.5	0.75			1962.47	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	both			6758	2678.87	WellPoint	WellPoint		2167.97	0.3208			1962.47	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	both			6758	2678.87	Amerihealth	Medicare		2329.45	1			1962.47	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV INTER STENT PERCU R S&I	50384	CPT	both			6758	2678.87	Consumer	Consumer		6420.1	0.95			1962.47	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	both			6758	2678.87	Corrections	Corrections		5406.4	0.8			1962.47	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	both			6758	2678.87	First Health	First Health		4730.6	0.7			1962.47	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	both			6758	2678.87	First Trenton	First Trenton		6082.2	0.9			1962.47	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	both			6758	2678.87	Horizon	MGD		4255.91	1.827			1962.47	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV INTER STENT PERCU R S&I	50384	CPT	both			6758	2678.87	Horizon	PPO		4255.91	1.827			1962.47	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV INTER STENT PERCU R S&I	50384	CPT	both			6758	2678.87	Horizon	Medicare Blue		2329.45	1			1962.47	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV INTER STENT PERCU R S&I	50384	CPT	both			6758	2678.87	Horizon	Indemnity		4255.91	1.827			1962.47	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMV INTER STENT PERCU R S&I	50384	CPT	both			6758	2678.87	Managed Care Inc	Managed Care Inc		6082.2	0.9			1962.47	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	both			6758	2678.87	Multiplan	Multiplan		5406.4	0.8			1962.47	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	both			6758	2678.87	Qualcare	Qualcare		5068.5	0.75			1962.47	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	both			6758	2678.87	Three Rivers	Three Rivers		6420.1	0.95			1962.47	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	both			6758	2678.87	UHC	Medicare		2329.45	1			1962.47	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV INTER STENT PERCU R S&I	50384	CPT	both			6758	2678.87	UHC	Medicaid		2126.07	0.3146			1962.47	6420.1	percent of total billed charges	
REMV INTER STENT PERCU R S&I	50384	CPT	both			6758	2678.87	Wellcare	Medicare		2329.45	1			1962.47	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMV INTER STENT PERCU R S&I	50384	CPT	both			6758	2678.87	Wellcare	Medicaid		2126.07	0.3146			1962.47	6420.1	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099	2678.87	Aetna	Better Health		2233.35	0.3146			2126.07	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099	2678.87	Aetna	Commercial		3708.48	1.592			2126.07	6744.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099	2678.87	Aetna	Medicare		2329.45	1			2126.07	6744.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099	2678.87	Americare	Americare		5324.25	0.75			2126.07	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099	2678.87	WellPoint	WellPoint		2277.36	0.3208			2126.07	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099	2678.87	Amerihealth	Medicare		2329.45	1			2126.07	6744.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099	2678.87	Consumer	Consumer		6744.05	0.95			2126.07	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099	2678.87	Corrections	Corrections		5679.2	0.8			2126.07	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099	2678.87	First Health	First Health		4969.3	0.7			2126.07	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099	2678.87	First Trenton	First Trenton		6389.1	0.9			2126.07	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099	2678.87	Horizon	PPO		4255.91	1.827			2126.07	6744.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099	2678.87	Horizon	MGD		4255.91	1.827			2126.07	6744.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099	2678.87	Horizon	Indemnity		4255.91	1.827			2126.07	6744.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099	2678.87	Horizon	Medicare Blue		2329.45	1			2126.07	6744.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099	2678.87	Managed Care Inc	Managed Care Inc		6389.1	0.9			2126.07	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099	2678.87	Multiplan	Multiplan		5679.2	0.8			2126.07	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099	2678.87	Qualcare	Qualcare		5324.25	0.75			2126.07	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099	2678.87	Three Rivers	Three Rivers		6744.05	0.95			2126.07	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099	2678.87	UHC	Medicare		2329.45	1			2126.07	6744.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099	2678.87	UHC	Medicaid		2233.35	0.3146			2126.07	6744.05	percent of total billed charges	
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099	2678.87	Wellcare	Medicare		2329.45	1			2126.07	6744.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSURETH REM URETER STENT	50386	CPT	outpatient			7099	2678.87	Wellcare	Medicaid		2233.35	0.3146			2126.07	6744.05	percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Aetna	Commercial		3708.48	1.592			2233.03	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Aetna	Better Health		2233.03	0.3146			2233.03	6743.1	percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Aetna	Medicare		2329.45	1			2233.03	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Americare	Americare		5323.5	0.75			2233.03	6743.1	percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	WellPoint	WellPoint		2277.04	0.3208			2233.03	6743.1	percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Amerihealth	Medicare		2329.45	1			2233.03	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Consumer	Consumer		6743.1	0.95			2233.03	6743.1	percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Corrections	Corrections		5678.4	0.8			2233.03	6743.1	percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	First Health	First Health		4968.6	0.7			2233.03	6743.1	percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	First Trenton	First Trenton		6388.2	0.9			2233.03	6743.1	percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Horizon	MGD		4255.91	1.827			2233.03	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Horizon	Indemnity		4255.91	1.827			2233.03	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Horizon	Medicare Blue		2329.45	1			2233.03	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Horizon	PPO		4255.91	1.827			2233.03	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Managed Care Inc	Managed Care Inc		6388.2	0.9			2233.03	6743.1	percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Multiplan	Multiplan		5678.4	0.8			2233.03	6743.1	percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Qualcare	Qualcare		5323.5	0.75			2233.03	6743.1	percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Three Rivers	Three Rivers		6743.1	0.95			2233.03	6743.1	percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	UHC	Medicare		2329.45	1			2233.03	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	UHC	Medicaid		2233.03	0.3146			2233.03	6743.1	percent of total billed charges	
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Wellcare	Medicare		2329.45	1			2233.03	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE EXT/INT URETER STENT	50387	CPT	outpatient			7098	2678.87	Wellcare	Medicaid		2233.03	0.3146			2233.03	6743.1	percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Aetna	Medicare		781.25	1			385.07	2313.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Aetna	Commercial		1243.75	1.592			385.07	2313.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Aetna	Better Health		766.05	0.3146			385.07	2313.25	percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Americare	Americare		1826.25	0.75			385.07	2313.25	percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	WellPoint	WellPoint		781.15	0.3208			385.07	2313.25	percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Amerihealth	Medicare		781.25	1			385.07	2313.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Consumer	Consumer		2313.25	0.95			385.07	2313.25	percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Corrections	Corrections		1948	0.8			385.07	2313.25	percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	First Health	First Health		1704.5	0.7			385.07	2313.25	percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	First Trenton	First Trenton		2191.5	0.9			385.07	2313.25	percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Horizon	Indemnity		1427.34	1.827			385.07	2313.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Horizon	Medicare Blue		781.25	1			385.07	2313.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Horizon	MGD		1427.34	1.827			385.07	2313.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Horizon	PPO		1427.34	1.827			385.07	2313.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Managed Care Inc	Managed Care Inc		2191.5	0.9			385.07	2313.25	percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Multiplan	Multiplan		1948	0.8			385.07	2313.25	percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Qualcare	Qualcare		1826.25	0.75			385.07	2313.25	percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Three Rivers	Three Rivers		2313.25	0.95			385.07	2313.25	percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	UHC	Medicaid		766.05	0.3146			385.07	2313.25	percent of total billed charges	
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	UHC	Medicare		781.25	1			385.07	2313.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Wellcare	Medicare		781.25	1			385.07	2313.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NEPHROS TUBE FLUORO	50389	CPT	both			2435	898.44	Wellcare	Medicaid		766.05	0.3146			385.07	2313.25	percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Aetna	Medicare		804.66	1			438.55	3143.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Aetna	Commercial		1281.02	1.592			438.55	3143.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Aetna	Better Health		1041.01	0.3146			438.55	3143.55	percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Americare	Americare		2481.75	0.75			438.55	3143.55	percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	WellPoint	WellPoint		1061.53	0.3208			438.55	3143.55	percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Amerihealth	Medicare		804.66	1			438.55	3143.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Consumer	Consumer		3143.55	0.95			438.55	3143.55	percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Corrections	Corrections		2647.2	0.8			438.55	3143.55	percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	First Health	First Health		2316.3	0.7			438.55	3143.55	percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	First Trenton	First Trenton		2978.1	0.9			438.55	3143.55	percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Horizon	Indemnity		1470.11	1.827			438.55	3143.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Horizon	Medicare Blue		804.66	1			438.55	3143.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Horizon	PPO		1470.11	1.827			438.55	3143.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Horizon	MGD		1470.11	1.827			438.55	3143.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Managed Care Inc	Managed Care Inc		2978.1	0.9			438.55	3143.55	percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Multiplan	Multiplan		2647.2	0.8			438.55	3143.55	percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Qualcare	Qualcare		2481.75	0.75			438.55	3143.55	percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Three Rivers	Three Rivers		3143.55	0.95			438.55	3143.55	percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	UHC	Medicare		804.66	1			438.55	3143.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	UHC	Medicaid		1041.01	0.3146			438.55	3143.55	percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Wellcare	Medicaid		1041.01	0.3146			438.55	3143.55	percent of total billed charges	
IR ASP/INJ RENAL CYST	50390	CPT	outpatient			3309	925.36	Wellcare	Medicare		804.66	1			438.55	3143.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTILL RX RENAL PELVIS VIA NEPH RT	50391	CPT	outpatient			900	325.06	Aetna	Medicare		282.66	1			282.66	855	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTILL RX RENAL PELVIS VIA NEPH RT	50391	CPT	outpatient			900	325.06	Aetna	Better Health		283.14	0.3146			282.66	855	percent of total billed charges	
INSTILL RX RENAL PELVIS VIA NEPH RT	50391	CPT	outpatient			900	325.06	Aetna	Commercial		449.99	1.592			282.66	855	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTILL RX RENAL PELVIS VIA NEPH RT	50391	CPT	outpatient			900	325.06	Americare	Americare		675	0.75			282.66	855	percent of total billed charges	
INSTILL RX RENAL PELVIS VIA NEPH RT	50391	CPT	outpatient			900	325.06	WellPoint	WellPoint		288.72	0.3208			282.66	855	percent of total billed charges	
INSTILL RX RENAL PELVIS VIA NEPH RT	50391	CPT	outpatient			900	325.06	Amerihealth	Medicare		282.66	1			282.66	855	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTILL RX RENAL PELVIS VIA NEPH RT	50391	CPT	outpatient			900	325.06	Consumer	Consumer		855	0.95			282.66	855	percent of total billed charges	
INSTILL RX RENAL PELVIS VIA NEPH RT	50391	CPT	outpatient			900	325.06	Corrections	Corrections		720	0.8			282.66	855	percent of total billed charges	
INSTILL RX RENAL PELVIS VIA NEPH RT	50391	CPT	outpatient			900	325.06	First Health	First Health		630	0.7			282.66	855	percent of total billed charges	
INSTILL RX RENAL PELVIS VIA NEPH RT	50391	CPT	outpatient			900	325.06	First Trenton	First Trenton		810	0.9			282.66	855	percent of total billed charges	
INSTILL RX RENAL PELVIS VIA NEPH RT	50391	CPT	outpatient			900	325.06	Horizon	Medicare Blue		282.66	1			282.66	855	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTILL RX RENAL PELVIS VIA NEPH RT	50391	CPT	outpatient			900	325.06	Horizon	MGD		516.42	1.827			282.66	855	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTILL RX RENAL PELVIS VIA NEPH RT	50391	CPT	outpatient			900	325.06	Horizon	Indemnity		516.42	1.827			282.66	855	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTILL RX RENAL PELVIS VIA NEPH RT	50391	CPT	outpatient			900	325.06	Horizon	PPO		516.42	1.827			282.66	855	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTILL RX RENAL PELVIS VIA NEPH RT	50391	CPT	outpatient			900	325.06	Managed Care Inc	Managed Care Inc		810	0.9			282.66	855	percent of total billed charges	
INSTILL RX RENAL PELVIS VIA NEPH RT	50391	CPT	outpatient			900	325.06	Multiplan	Multiplan		720	0.8			282.66	855	percent of total billed charges	
INSTILL RX RENAL PELVIS VIA NEPH RT	50391	CPT	outpatient			900	325.06	Qualcare	Qualcare		675	0.75			282.66	855	percent of total billed charges	
INSTILL RX RENAL PELVIS VIA NEPH RT	50391	CPT	outpatient			900	325.06	Three Rivers	Three Rivers		855	0.95			282.66	855	percent of total billed charges	
INSTILL RX RENAL PELVIS VIA NEPH RT	50391	CPT	outpatient			900	325.06	UHC	Medicaid		283.14	0.3146			282.66	855	percent of total billed charges	
INSTILL RX RENAL PELVIS VIA NEPH RT	50391	CPT	outpatient			900	325.06	UHC	Medicare		282.66	1			282.66	855	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTILL RX RENAL PELVIS VIA NEPH RT	50391	CPT	outpatient			900	325.06	Wellcare	Medicare		282.66	1			282.66	855	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSTILL RX RENAL PELVIS VIA NEPH RT	50391	CPT	outpatient			900	325.06	Wellcare	Medicaid		283.14	0.3146			282.66	855	percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Aetna	Commercial		1243.75	1.592			322.47	2190.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Aetna	Better Health		725.47	0.3146			322.47	2190.7	percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Aetna	Medicare		781.25	1			322.47	2190.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Americare	Americare		1729.5	0.75			322.47	2190.7	percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	WellPoint	WellPoint		739.76	0.3208			322.47	2190.7	percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Amerihealth	Medicare		781.25	1			322.47	2190.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Consumer	Consumer		2190.7	0.95			322.47	2190.7	percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Corrections	Corrections		1844.8	0.8			322.47	2190.7	percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	First Health	First Health		1614.2	0.7			322.47	2190.7	percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	First Trenton	First Trenton		2075.4	0.9			322.47	2190.7	percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Horizon	Medicare Blue		781.25	1			322.47	2190.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Horizon	MGD		1427.34	1.827			322.47	2190.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Horizon	Indemnity		1427.34	1.827			322.47	2190.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Horizon	PPO		1427.34	1.827			322.47	2190.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Managed Care Inc	Managed Care Inc		2075.4	0.9			322.47	2190.7	percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Multiplan	Multiplan		1844.8	0.8			322.47	2190.7	percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Qualcare	Qualcare		1729.5	0.75			322.47	2190.7	percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Three Rivers	Three Rivers		2190.7	0.95			322.47	2190.7	percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	UHC	Medicare		781.25	1			322.47	2190.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	UHC	Medicaid		725.47	0.3146			322.47	2190.7	percent of total billed charges	
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Wellcare	Medicare		781.25	1			322.47	2190.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANO STUDIES THRU NEPHROSTOMY	50396	CPT	outpatient			2306	898.44	Wellcare	Medicaid		725.47	0.3146			322.47	2190.7	percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	outpatient			2369	898.44	Aetna	Better Health		745.29	0.3146			254.83	2250.55	percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	outpatient			2369	898.44	Aetna	Commercial		1243.75	1.592			254.83	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	outpatient			2369	898.44	Aetna	Medicare		781.25	1			254.83	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	outpatient			2369		898.44 Americare	Americare		1776.75	0.75			254.83	2250.55	percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	outpatient			2369		898.44 WellPoint	WellPoint		759.98	0.3208			254.83	2250.55	percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	outpatient			2369		898.44 Amerihealth	Medicare		781.25	1			254.83	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	outpatient			2369		898.44 Consumer	Consumer		2250.55	0.95			254.83	2250.55	percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	outpatient			2369		898.44 Corrections	Corrections		1895.2	0.8			254.83	2250.55	percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	outpatient			2369		898.44 First Health	First Health		1658.3	0.7			254.83	2250.55	percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	outpatient			2369		898.44 First Trenton	First Trenton		2132.1	0.9			254.83	2250.55	percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	outpatient			2369		898.44 Horizon	MGD		1427.34	1.827			254.83	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	outpatient			2369		898.44 Horizon	Indemnity		1427.34	1.827			254.83	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	outpatient			2369		898.44 Horizon	Medicare Blue		781.25	1			254.83	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	outpatient			2369		898.44 Horizon	PPO		1427.34	1.827			254.83	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	outpatient			2369		898.44 Managed Care Inc	Managed Care Inc		2132.1	0.9			254.83	2250.55	percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	outpatient			2369		898.44 Multiplan	Multiplan		1895.2	0.8			254.83	2250.55	percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	outpatient			2369		898.44 Qualcare	Qualcare		1776.75	0.75			254.83	2250.55	percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	outpatient			2369		898.44 Three Rivers	Three Rivers		2250.55	0.95			254.83	2250.55	percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	outpatient			2369		898.44 UHC	Medicare		781.25	1			254.83	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	outpatient			2369		898.44 UHC	Medicaid		745.29	0.3146			254.83	2250.55	percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	outpatient			2369		898.44 Wellcare	Medicaid		745.29	0.3146			254.83	2250.55	percent of total billed charges	
INJECT THRU NEW PCN W/NEPHROSTOGRAM INC	50430	CPT	outpatient			2369		898.44 Wellcare	Medicare		781.25	1			254.83	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGR NFR&URT EXST ACESS	50431	CPT	both			2369		898.44 Aetna	Commercial		1243.75	1.592			697.15	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGR NFR&URT EXST ACESS	50431	CPT	both			2369		898.44 Aetna	Better Health		745.29	0.3146			697.15	2250.55	percent of total billed charges	
NJX PX ANTEGR NFR&URT EXST ACESS	50431	CPT	both			2369		898.44 Aetna	Medicare		781.25	1			697.15	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGR NFR&URT EXST ACESS	50431	CPT	both			2369		898.44 Americare	Americare		1776.75	0.75			697.15	2250.55	percent of total billed charges	
NJX PX ANTEGR NFR&URT EXST ACESS	50431	CPT	both			2369		898.44 WellPoint	WellPoint		759.98	0.3208			697.15	2250.55	percent of total billed charges	
NJX PX ANTEGR NFR&URT EXST ACESS	50431	CPT	both			2369		898.44 Amerihealth	Medicare		781.25	1			697.15	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGR NFR&URT EXST ACESS	50431	CPT	both			2369		898.44 Consumer	Consumer		2250.55	0.95			697.15	2250.55	percent of total billed charges	
NJX PX ANTEGR NFR&URT EXST ACESS	50431	CPT	both			2369		898.44 Corrections	Corrections		1895.2	0.8			697.15	2250.55	percent of total billed charges	
NJX PX ANTEGR NFR&URT EXST ACESS	50431	CPT	both			2369		898.44 First Health	First Health		1658.3	0.7			697.15	2250.55	percent of total billed charges	
NJX PX ANTEGR NFR&URT EXST ACESS	50431	CPT	both			2369		898.44 First Trenton	First Trenton		2132.1	0.9			697.15	2250.55	percent of total billed charges	
NJX PX ANTEGR NFR&URT EXST ACESS	50431	CPT	both			2369		898.44 Horizon	MGD		1427.34	1.827			697.15	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGR NFR&URT EXST ACESS	50431	CPT	both			2369		898.44 Horizon	Medicare Blue		781.25	1			697.15	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGR NFR&URT EXST ACESS	50431	CPT	both			2369		898.44 Horizon	PPO		1427.34	1.827			697.15	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGR NFR&URT EXST ACESS	50431	CPT	both			2369		898.44 Horizon	Indemnity		1427.34	1.827			697.15	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGR NFR&URT EXST ACESS	50431	CPT	both			2369		898.44 Managed Care Inc	Managed Care Inc		2132.1	0.9			697.15	2250.55	percent of total billed charges	
NJX PX ANTEGR NFR&URT EXST ACESS	50431	CPT	both			2369		898.44 Multiplan	Multiplan		1895.2	0.8			697.15	2250.55	percent of total billed charges	
NJX PX ANTEGR NFR&URT EXST ACESS	50431	CPT	both			2369		898.44 Qualcare	Qualcare		1776.75	0.75			697.15	2250.55	percent of total billed charges	
NJX PX ANTEGR NFR&URT EXST ACESS	50431	CPT	both			2369		898.44 Three Rivers	Three Rivers		2250.55	0.95			697.15	2250.55	percent of total billed charges	
NJX PX ANTEGR NFR&URT EXST ACESS	50431	CPT	both			2369		898.44 UHC	Medicaid		745.29	0.3146			697.15	2250.55	percent of total billed charges	
NJX PX ANTEGR NFR&URT EXST ACESS	50431	CPT	both			2369		898.44 UHC	Medicare		781.25	1			697.15	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGR NFR&URT EXST ACESS	50431	CPT	both			2369		898.44 Wellcare	Medicare		781.25	1			697.15	2250.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX PX ANTEGR NFR&URT EXST ACESS	50431	CPT	both			2369		898.44 Wellcare	Medicaid		745.29	0.3146			697.15	2250.55	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM INCL	50432	CPT	both			6794		2678.87 Aetna	Better Health		2137.39	0.3146			2136.76	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM INCL	50432	CPT	both			6794		2678.87 Aetna	Commercial		3708.48	1.592			2136.76	6454.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PCN CATH. W/ NEPHROSTOGRAM INCL	50432	CPT	both			6794		2678.87 Aetna	Medicare		2329.45	1			2136.76	6454.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PCN CATH. W/ NEPHROSTOGRAM INCL	50432	CPT	both			6794		2678.87 Americare	Americare		5095.5	0.75			2136.76	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM INCL	50432	CPT	both			6794		2678.87 WellPoint	WellPoint		2179.52	0.3208			2136.76	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM INCL	50432	CPT	both			6794		2678.87 Amerihealth	Medicare		2329.45	1			2136.76	6454.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PCN CATH. W/ NEPHROSTOGRAM INCL	50432	CPT	both			6794		2678.87 Consumer	Consumer		6454.3	0.95			2136.76	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM INCL	50432	CPT	both			6794		2678.87 Corrections	Corrections		5435.2	0.8			2136.76	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM INCL	50432	CPT	both			6794		2678.87 First Health	First Health		4755.8	0.7			2136.76	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM INCL	50432	CPT	both			6794		2678.87 First Trenton	First Trenton		6114.6	0.9			2136.76	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM INCL	50432	CPT	both			6794		2678.87 Horizon	MGD		4255.91	1.827			2136.76	6454.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PCN CATH. W/ NEPHROSTOGRAM INCL	50432	CPT	both			6794		2678.87 Horizon	Indemnity		4255.91	1.827			2136.76	6454.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PCN CATH. W/ NEPHROSTOGRAM INCL	50432	CPT	both			6794		2678.87 Horizon	PPO		4255.91	1.827			2136.76	6454.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PCN CATH. W/ NEPHROSTOGRAM INCL	50432	CPT	both			6794		2678.87 Horizon	Medicare Blue		2329.45	1			2136.76	6454.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PCN CATH. W/ NEPHROSTOGRAM INCL	50432	CPT	both			6794		2678.87 Managed Care Inc	Managed Care Inc		6114.6	0.9			2136.76	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM INCL	50432	CPT	both			6794		2678.87 Multiplan	Multiplan		5435.2	0.8			2136.76	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM INCL	50432	CPT	both			6794		2678.87 Qualcare	Qualcare		5095.5	0.75			2136.76	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM INCL	50432	CPT	both			6794		2678.87 Three Rivers	Three Rivers		6454.3	0.95			2136.76	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM INCL	50432	CPT	both			6794		2678.87 UHC	Medicare		2329.45	1			2136.76	6454.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PCN CATH. W/ NEPHROSTOGRAM INCL	50432	CPT	both			6794		2678.87 UHC	Medicaid		2137.39	0.3146			2136.76	6454.3	percent of total billed charges	
PLACE PCN CATH. W/ NEPHROSTOGRAM INCL	50432	CPT	both			6794		2678.87 Wellcare	Medicare		2329.45	1			2136.76	6454.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE PCN CATH. W/ NEPHROSTOGRAM INCL	50432	CPT	both			6794		2678.87 Wellcare	Medicaid		2137.39	0.3146			2136.76	6454.3	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM	50433	CPT	both			6794		4585.08 Aetna	Commercial		6347.35	1.592			2136.76	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE NEPHROURET CATH W/NEPHROSTOGRAM	50433	CPT	both			6794		4585.08 Aetna	Better Health		2137.39	0.3146			2136.76	7284.3	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM	50433	CPT	both			6794		4585.08 Aetna	Medicare		3987.03	1			2136.76	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE NEPHROURET CATH W/NEPHROSTOGRAM	50433	CPT	both			6794		4585.08 Americare	Americare		5095.5	0.75			2136.76	7284.3	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM	50433	CPT	both			6794		4585.08 WellPoint	WellPoint		2179.52	0.3208			2136.76	7284.3	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM	50433	CPT	both			6794		4585.08 Amerihealth	Medicare		3987.03	1			2136.76	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE NEPHROURET CATH W/NEPHROSTOGRAM	50433	CPT	both			6794		4585.08 Consumer	Consumer		6454.3	0.95			2136.76	7284.3	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM	50433	CPT	both			6794		4585.08 Corrections	Corrections		5435.2	0.8			2136.76	7284.3	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM	50433	CPT	both			6794		4585.08 First Health	First Health		4755.8	0.7			2136.76	7284.3	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM	50433	CPT	both			6794		4585.08 First Trenton	First Trenton		6114.6	0.9			2136.76	7284.3	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM	50433	CPT	both			6794		4585.08 Horizon	Indemnity		7284.3	1.827			2136.76	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE NEPHROURET CATH W/NEPHROSTOGRAM	50433	CPT	both			6794		4585.08 Horizon	Medicare Blue		3987.03	1			2136.76	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE NEPHROURET CATH W/NEPHROSTOGRAM	50433	CPT	both			6794		4585.08 Horizon	MGD		7284.3	1.827			2136.76	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE NEPHROURET CATH W/NEPHROSTOGRAM	50433	CPT	both			6794		4585.08 Horizon	PPO		7284.3	1.827			2136.76	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE NEPHROURET CATH W/NEPHROSTOGRAM	50433	CPT	both			6794		4585.08 Managed Care Inc	Managed Care Inc		6114.6	0.9			2136.76	7284.3	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM	50433	CPT	both			6794		4585.08 Multiplan	Multiplan		5435.2	0.8			2136.76	7284.3	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM	50433	CPT	both			6794		4585.08 Qualcare	Qualcare		5095.5	0.75			2136.76	7284.3	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM	50433	CPT	both			6794		4585.08 Three Rivers	Three Rivers		6454.3	0.95			2136.76	7284.3	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM	50433	CPT	both			6794		4585.08 UHC	Medicaid		2137.39	0.3146			2136.76	7284.3	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM	50433	CPT	both			6794		4585.08 UHC	Medicare		3987.03	1			2136.76	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACE NEPHROURET CATH W/NEPHROSTOGRAM	50433	CPT	both			6794		4585.08 Wellcare	Medicaid		2137.39	0.3146			2136.76	7284.3	percent of total billed charges	
PLACE NEPHROURET CATH W/NEPHROSTOGRAM	50433	CPT	both			6794		4585.08 Wellcare	Medicare		3987.03	1			2136.76	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123		2678.87 Aetna	Better Health		2240.9	0.3146			2169.48	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123		2678.87 Aetna	Commercial		3708.48	1.592			2169.48	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123		2678.87 Aetna	Medicare		2329.45	1			2169.48	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123		2678.87 Americare	Americare		5342.25	0.75			2169.48	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123		2678.87 WellPoint	WellPoint		2285.06	0.3208			2169.48	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123		2678.87 Amerihealth	Medicare		2329.45	1			2169.48	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123		2678.87 Consumer	Consumer		6766.85	0.95			2169.48	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123		2678.87 Corrections	Corrections		5698.4	0.8			2169.48	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123		2678.87 First Health	First Health		4986.1	0.7			2169.48	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123		2678.87 First Trenton	First Trenton		6410.7	0.9			2169.48	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123		2678.87 Horizon	MGD		4255.91	1.827			2169.48	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123		2678.87 Horizon	PPO		4255.91	1.827			2169.48	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123		2678.87 Horizon	Medicare Blue		2329.45	1			2169.48	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123		2678.87 Horizon	Indemnity		4255.91	1.827			2169.48	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123		2678.87 Managed Care Inc	Managed Care Inc		6410.7	0.9			2169.48	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123		2678.87 Multiplan	Multiplan		5698.4	0.8			2169.48	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123		2678.87 Qualcare	Qualcare		5342.25	0.75			2169.48	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123		2678.87 Three Rivers	Three Rivers		6766.85	0.95			2169.48	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123		2678.87 UHC	Medicare		2329.45	1			2169.48	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123		2678.87 UHC	Medicaid		2240.9	0.3146			2169.48	6766.85	percent of total billed charges	
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123		2678.87 Wellcare	Medicare		2329.45	1			2169.48	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVERT PCN TO NEPHROURTRAL CATH INCL	50434	CPT	both			7123		2678.87 Wellcare	Medicaid		2240.9	0.3146			2169.48	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHROURETEROGRAM	50435	CPT	both			7123		2678.87 Aetna	Better Health		2240.9	0.3146			1044.16	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHROURETEROGRAM	50435	CPT	both			7123		2678.87 Aetna	Commercial		3708.48	1.592			1044.16	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHANGE PCN CATH INCL NEPHROURETEROGRAM	50435	CPT	both			7123		2678.87 Aetna	Medicare		2329.45	1			1044.16	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHANGE PCN CATH INCL NEPHROURETEROGRAM	50435	CPT	both			7123		2678.87 Americare	Americare		5342.25	0.75			1044.16	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHROURETEROGRAM	50435	CPT	both			7123		2678.87 WellPoint	WellPoint		2285.06	0.3208			1044.16	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHROURETEROGRAM	50435	CPT	both			7123		2678.87 Amerihealth	Medicare		2329.45	1			1044.16	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHANGE PCN CATH INCL NEPHROURETEROGRAM	50435	CPT	both			7123		2678.87 Consumer	Consumer		6766.85	0.95			1044.16	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHROURETEROGRAM	50435	CPT	both			7123		2678.87 Corrections	Corrections		5698.4	0.8			1044.16	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHROURETEROGRAM	50435	CPT	both			7123		2678.87 First Health	First Health		4986.1	0.7			1044.16	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHROURETEROGRAM	50435	CPT	both			7123		2678.87 First Trenton	First Trenton		6410.7	0.9			1044.16	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHROURETEROGRAM	50435	CPT	both			7123		2678.87 Horizon	PPO		4255.91	1.827			1044.16	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHANGE PCN CATH INCL NEPHROURETEROGRAM	50435	CPT	both			7123		2678.87 Horizon	Medicare Blue		2329.45	1			1044.16	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHANGE PCN CATH INCL NEPHROURETEROGRAM	50435	CPT	both			7123		2678.87 Horizon	MGD		4255.91	1.827			1044.16	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHANGE PCN CATH INCL NEPHROURETEROGRAM	50435	CPT	both			7123		2678.87 Horizon	Indemnity		4255.91	1.827			1044.16	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHANGE PCN CATH INCL NEPHROURETEROGRAM	50435	CPT	both			7123		2678.87 Managed Care Inc	Managed Care Inc		6410.7	0.9			1044.16	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHROURETEROGRAM	50435	CPT	both			7123		2678.87 Multiplan	Multiplan		5698.4	0.8			1044.16	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHROURETEROGRAM	50435	CPT	both			7123		2678.87 Qualcare	Qualcare		5342.25	0.75			1044.16	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHROURETEROGRAM	50435	CPT	both			7123		2678.87 Three Rivers	Three Rivers		6766.85	0.95			1044.16	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHROURETEROGRAM	50435	CPT	both			7123		2678.87 UHC	Medicaid		2240.9	0.3146			1044.16	6766.85	percent of total billed charges	
EXHANGE PCN CATH INCL NEPHROURETEROGRAM	50435	CPT	both			7123		2678.87 UHC	Medicare		2329.45	1			1044.16	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHANGE PCN CATH INCL NEPHROURETEROGRAM	50435	CPT	both			7123		2678.87 Wellcare	Medicare		2329.45	1			1044.16	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHANGE PCN CATH INCL NEPHROURETEROGRAM	50435	CPT	both			7123		2678.87 Wellcare	Medicaid		2240.9	0.3146			1044.16	6766.85	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123		4585.08 Aetna	Better Health		2240.9	0.3146			2240.9	7284.3	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123		4585.08 Aetna	Medicare		3987.03	1			2240.9	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123		4585.08 Aetna	Commercial		6347.35	1.592			2240.9	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123		4585.08 Americare	Americare		5342.25	0.75			2240.9	7284.3	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123		4585.08 WellPoint	WellPoint		2285.06	0.3208			2240.9	7284.3	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123		4585.08 Amerihealth	Medicare		3987.03	1			2240.9	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123		4585.08 Consumer	Consumer		6766.85	0.95			2240.9	7284.3	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123		4585.08 Corrections	Corrections		5698.4	0.8			2240.9	7284.3	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123		4585.08 First Health	First Health		4986.1

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123		4585.08	Managed Care Inc		6410.7	0.9			2240.9		7284.3	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123		4585.08	Multiplan		5698.4	0.8			2240.9		7284.3	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123		4585.08	Qualcare		5342.25	0.75			2240.9		7284.3	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123		4585.08	Three Rivers		6766.85	0.95			2240.9		7284.3	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123		4585.08	UHC		Medicare	1			2240.9		7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123		4585.08	UHC		Medicaid	0.3146			2240.9		7284.3	percent of total billed charges	
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123		4585.08	Wellcare		Medicare	1			2240.9		7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST RENAL TRC PERCU NDURLGC	50436	CPT	outpatient			7123		4585.08	Wellcare		Medicaid	0.3146			2240.9		7284.3	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977		4585.08	Aetna		Medicare	1			3767.96		11378.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977		4585.08	Aetna		Better Health	0.3146			3767.96		11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977		4585.08	Aetna		Commercial	1.592			3767.96		11378.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977		4585.08	Americare		Americare	0.75			3767.96		11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977		4585.08	WellPoint		WellPoint	0.3208			3767.96		11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977		4585.08	Amerihealth		Medicare	1			3767.96		11378.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977		4585.08	Consumer		Consumer	0.95			3767.96		11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977		4585.08	Corrections		Corrections	0.8			3767.96		11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977		4585.08	First Health		First Health	0.7			3767.96		11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977		4585.08	First Trenton		First Trenton	0.9			3767.96		11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977		4585.08	Horizon		Indemnity	1.827			3767.96		11378.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977		4585.08	Horizon		MGD	7284.3	1.827		3767.96		11378.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977		4585.08	Horizon		Medicare Blue	3987.03	1		3767.96		11378.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977		4585.08	Horizon		PPO	7284.3	1.827		3767.96		11378.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977		4585.08	Managed Care Inc		Managed Care Inc	0.9			3767.96		11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977		4585.08	Multiplan		Multiplan	0.8			3767.96		11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977		4585.08	Qualcare		Qualcare	0.75			3767.96		11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977		4585.08	Three Rivers		Three Rivers	0.95			3767.96		11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977		4585.08	UHC		Medicare	1			3767.96		11378.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977		4585.08	UHC		Medicaid	0.3146			3767.96		11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977		4585.08	Wellcare		Medicaid	0.3146			3767.96		11378.15	percent of total billed charges	
DILAT XST NEW ACCESS NDURLGC PROCEDURE	50437	CPT	outpatient			11977		4585.08	Wellcare		Medicare	1			3767.96		11378.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535		6805.44	Aetna		Commercial	1.592			4887.31		14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535		6805.44	Aetna		Better Health	0.3146			4887.31		14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535		6805.44	Aetna		Medicare	1			4887.31		14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535		6805.44	Americare		Americare	0.75			4887.31		14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535		6805.44	WellPoint		WellPoint	0.3208			4887.31		14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535		6805.44	Amerihealth		Medicare	1			4887.31		14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535		6805.44	Consumer		Consumer	0.95			4887.31		14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535		6805.44	Corrections		Corrections	0.8			4887.31		14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535		6805.44	First Health		First Health	0.7			4887.31		14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535		6805.44	First Trenton		First Trenton	0.9			4887.31		14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535		6805.44	Horizon		PPO	10811.77	1.827		4887.31		14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535		6805.44	Horizon		Medicare Blue	5917.77	1		4887.31		14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535		6805.44	Horizon		Indemnity	1.827			4887.31		14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535		6805.44	Horizon		MGD	10811.77	1.827		4887.31		14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535		6805.44	Managed Care Inc		Managed Care Inc	13981.5	0.9		4887.31		14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535		6805.44	Multiplan		Multiplan	12428	0.8		4887.31		14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535		6805.44	Qualcare		Qualcare	11651.25	0.75		4887.31		14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535		6805.44	Three Rivers		Three Rivers	14758.25	0.95		4887.31		14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535		6805.44	UHC		Medicaid	4887.31	0.3146		4887.31		14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535		6805.44	UHC		Medicare	5917.77	1		4887.31		14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535		6805.44	Wellcare		Medicaid	4887.31	0.3146		4887.31		14758.25	percent of total billed charges	
RENAL ENDO THRU NEPHROSTOMY	50551	CPT	outpatient			15535		6805.44	Wellcare		Medicare	5917.77	1		4887.31		14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535		6805.44	Aetna		Better Health	4887.31	0.3146		2011.87		14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535		6805.44	Aetna		Medicare	5917.77	1		2011.87		14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535		6805.44	Aetna		Commercial	9421.09	1.592		2011.87		14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535		6805.44	Americare		Americare	11651.25	0.75		2011.87		14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535		6805.44	WellPoint		WellPoint	4983.63	0.3208		2011.87		14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535		6805.44	Amerihealth		Medicare	5917.77	1		2011.87		14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535		6805.44	Consumer		Consumer	14758.25	0.95		2011.87		14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535		6805.44	Corrections		Corrections	12428	0.8		2011.87		14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535		6805.44	First Health		First Health	10874.5	0.7		2011.87		14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535		6805.44	First Trenton		First Trenton	13981.5	0.9		2011.87		14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535		6805.44	Horizon		MGD	10811.77	1.827		2011.87		14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535		6805.44	Horizon		Medicare Blue	5917.77	1		2011.87		14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535		6805.44	Horizon		Indemnity	10811.77	1.827		2011.87		14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535		6805.44	Horizon		PPO	10811.77	1.827		2011.87		14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535		6805.44	Managed Care Inc		Managed Care Inc	13981.5	0.9		2011.87		14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535		6805.44	Multiplan		Multiplan	12428	0.8		2011.87		14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535		6805.44	Qualcare		Qualcare	11651.25	0.75		2011.87		14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535		6805.44	Three Rivers		Three Rivers	14758.25	0.95		2011.87		14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535		6805.44	UHC		Medicaid	4887.31	0.3146		2011.87		14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535		6805.44	UHC		Medicare	5917.77	1		2011.87		14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535		6805.44	Wellcare		Medicaid	4887.31	0.3146		2011.87		14758.25	percent of total billed charges	
RENAL THRU NEPHAS.W/URET.CATH.	50553	CPT	outpatient			15535		6805.44	Wellcare		Medicare	5917.77	1		2011.87		14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284		6805.44	Aetna		Better Health	5437.55	0.3146		2738.59		16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284		6805.44	Aetna		Commercial	9421.09	1.592		2738.59		16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284		6805.44	Aetna		Medicare	5917.77	1		2738.59		16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284		6805.44	Americare		Americare	12963	0.75		2738.59		16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284		6805.44	WellPoint		WellPoint	5544.71	0.3208		2738.59		16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284		6805.44	Amerihealth		Medicare	5917.77	1		2738.59		16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284		6805.44	Consumer		Consumer	16419.8	0.95		2738.59		16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284		6805.44	Corrections		Corrections	13827.2	0.8		2738.59		16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284		6805.44	First Health		First Health	12098.8	0.7		2738.59		16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284		6805.44	First Trenton		First Trenton	15555.6	0.9		2738.59		16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284		6805.44	Horizon		Indemnity	10811.77	1.827		2738.59		16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284		6805.44	Horizon		Medicare Blue	5917.77	1		2738.59		16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284		6805.44	Horizon		MGD	10811.77	1.827		2738.59		16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284		6805.44	Horizon		PPO	10811.77	1.827		2738.59		16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284		6805.44	Managed Care Inc		Managed Care Inc	15555.6	0.9		2738.59		16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284		6805.44	Multiplan		Multiplan	13827.2	0.8		2738.59		16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284		6805.44	Qualcare		Qualcare	12963	0.75		2738.59		16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284		6805.44	Three Rivers		Three Rivers	16419.8	0.95		2738.59		16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284		6805.44	UHC		Medicare	5917.77	1		2738.59		16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284		6805.44	UHC		Medicaid	5437.55	0.3146		2738.59		16419.8	percent of total billed charges	
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284		6805.44	Wellcare		Medicare	5917.77	1		2738.59		16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL NEPHAS.W/REM FB RT	50561	CPT	outpatient			17284		6805.44	Wellcare		Medicaid	5437.55	0.3146		2738.59		16419.8	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756		4585.08	Aetna		Commercial	6347.35	1.592		2048.05		9268.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756		4585.08	Aetna		Medicare	3987.03	1		2048.05		9268.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756		4585.08	Aetna		Better Health	3069.24	0.3146		2048.05		9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756		4585.08	Americare		Americare	7317	0.75		2048.05		9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756		4585.08	WellPoint		WellPoint	3129.72	0.3208		2048.05		9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756		4585.08	Amerihealth		Medicare	3987.03	1		2048.05		9268.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756		4585.08	Consumer		Consumer	9268.2	0.95		2048.05		9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756		4585.08	Corrections		Corrections	7804.8	0.8		2048.05		9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756		4585.08	First Health		First Health	6829.2	0.7		2048.05		9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756		4585.08	First Trenton		First Trenton	8780.4	0.9		2048.05		9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756		4585.08	Horizon		Indemnity	7284.3	1.827		2048.05		9268.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756		4585.08	Horizon		Medicare Blue	3987.03	1		2048.05		9268.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756		4585.08	Horizon		PPO	7284.3	1.827		2048.05		9268.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756		4585.08	Horizon		MGD	7284.3	1.827		2048.05		9268.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756		4585.08	Managed Care Inc		Managed Care Inc	8780.4	0.9		2048.05		9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756		4585.08	Multiplan		Multiplan	7804.8	0.8		2048.05		9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756		4585.08	Qualcare		Qualcare	7317	0.75		2048.05		9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756		4585.08	Three Rivers		Three Rivers	9268.2	0.95		2048.05		9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756		4585.08	UHC		Medicaid	3069.24	0.3146		2048.05		9268.2	percent of total billed charges	
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756		4585.08	UHC		Medicare	3987.03	1		2048.05		9268.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756		4585.08	Wellcare		Medicare	3987.03	1		2048.05		9268.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOSCOPY THRU NEPHRO LT	50570	CPT	outpatient			9756		4585.08	Wellcare		Medicaid	3069.24	0.3146		2048.05		9268.2	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225		6805.44	Aetna		Commercial	9421.09	1.592		2716.25		12563.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225		6805.44	Aetna		Better Health	4160.59	0.3146		2716.25		12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225		6805.44	Aetna		Medicare	4073.3	0.308		2716.25		12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225		6805.44	Americare		Americare	9918.75	0.75		2716.25		12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225		6805.44	WellPoint		WellPoint	4242.58	0.3208		2716.25		12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225		6805.44	Amerihealth		Medicare	5917.77	1		2716.25		12563.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225		6805.44	Consumer		Consumer	12563.75	0.95		2716.25		12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225		6805.44	Corrections		Corrections	10580	0.8		2716.25		12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225		6805.44	First Health		First Health	9257.5	0.7		2716.25		12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225		6805.44	First Trenton		First Trenton	11902.5	0.9		2716.25		12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225		6805.44	Horizon		MGD	10811.77	1.827		2716.25		12563.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225		6805.44	Horizon		Indemnity	10811.77	1.827		2716.25		12563.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225		6805.44	Horizon		Medicare Blue	5917.77	1		2716.25		12563.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225		6805.44	Horizon		PPO	10811.77	1.827		2716.25		12563.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225		6805.44	Managed Care Inc		Managed Care Inc	11902.5	0.9		2716.25		12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225		6805.44	Multiplan		Multiplan	10580	0.8		2716.25		12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225		6805.44	Qualcare		Qualcare	9918.75	0.75		2716.25		12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225		6805.44	Three Rivers		Three Rivers	12563.75	0.95		2716.25		12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225		6805.44	UHC		Medicaid	4160.59	0.3146		2716.25		12563.75	percent of total billed charges	
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225		6805.44	UHC		Medicare	5917.77	1		2716.25		12563.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL ENDOS.NEPHRO W/ENDOPYELO LT	50575	CPT	outpatient			13225		6805.44	Wellcare		Medicare	5917.77	1		2716.25		12563.75	other	Payer-specific negotiated charge calculated as a percent of the Medic

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ESWL	50590	CPT	outpatient			13873	4585.08	Americare	Americare		10404.75	0.75			3987.03	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	WellPoint	WellPoint		4450.46	0.3208			3987.03	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	AmeriHealth	Medicare		3987.03	1			3987.03	13179.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESWL	50590	CPT	outpatient			13873	4585.08	Consumer	Consumer		13179.35	0.95			3987.03	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	Corrections	Corrections		11098.4	0.8			3987.03	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	First Health	First Health		9711.1	0.7			3987.03	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	First Trenton	First Trenton		12485.7	0.9			3987.03	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	Horizon	Medicare Blue		3987.03	1			3987.03	13179.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESWL	50590	CPT	outpatient			13873	4585.08	Horizon	Indemnity		7284.3	1.827			3987.03	13179.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESWL	50590	CPT	outpatient			13873	4585.08	Horizon	MGD		7284.3	1.827			3987.03	13179.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESWL	50590	CPT	outpatient			13873	4585.08	Horizon	PPO		7284.3	1.827			3987.03	13179.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESWL	50590	CPT	outpatient			13873	4585.08	Managed Care Inc	Managed Care Inc		12485.7	0.9			3987.03	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	Multiplan	Multiplan		11098.4	0.8			3987.03	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	Qualcare	Qualcare		10404.75	0.75			3987.03	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	Three Rivers	Three Rivers		13179.35	0.95			3987.03	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	UHC	Medicaid		4364.45	0.3146			3987.03	13179.35	percent of total billed charges	
ESWL	50590	CPT	outpatient			13873	4585.08	UHC	Medicare		3987.03	1			3987.03	13179.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESWL	50590	CPT	outpatient			13873	4585.08	Wellcare	Medicare		3987.03	1			3987.03	13179.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESWL	50590	CPT	outpatient			13873	4585.08	Wellcare	Medicaid		4364.45	0.3146			3987.03	13179.35	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	outpatient			21371	7588.83	Aetna	Better Health		6723.32	0.3146			3946.97	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	outpatient			21371	7588.83	Aetna	Medicare		6598.98	1			3946.97	20302.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	outpatient			21371	7588.83	Aetna	Commercial		10505.58	1.592			3946.97	20302.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	outpatient			21371	7588.83	Americare	Americare		16028.25	0.75			3946.97	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	outpatient			21371	7588.83	WellPoint	WellPoint		6855.82	0.3208			3946.97	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	outpatient			21371	7588.83	AmeriHealth	Medicare		6598.98	1			3946.97	20302.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	outpatient			21371	7588.83	Consumer	Consumer		20302.45	0.95			3946.97	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	outpatient			21371	7588.83	Corrections	Corrections		17096.8	0.8			3946.97	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	outpatient			21371	7588.83	First Health	First Health		14959.7	0.7			3946.97	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	outpatient			21371	7588.83	First Trenton	First Trenton		19233.9	0.9			3946.97	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	outpatient			21371	7588.83	Horizon	MGD		12056.34	1.827			3946.97	20302.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	outpatient			21371	7588.83	Horizon	Medicare Blue		6598.98	1			3946.97	20302.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	outpatient			21371	7588.83	Horizon	PPO		12056.34	1.827			3946.97	20302.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	outpatient			21371	7588.83	Horizon	Indemnity		12056.34	1.827			3946.97	20302.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	outpatient			21371	7588.83	Managed Care Inc	Managed Care Inc		19233.9	0.9			3946.97	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	outpatient			21371	7588.83	Multiplan	Multiplan		17096.8	0.8			3946.97	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	outpatient			21371	7588.83	Qualcare	Qualcare		16028.25	0.75			3946.97	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	outpatient			21371	7588.83	Three Rivers	Three Rivers		20302.45	0.95			3946.97	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	outpatient			21371	7588.83	UHC	Medicaid		6723.32	0.3146			3946.97	20302.45	percent of total billed charges	
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	outpatient			21371	7588.83	UHC	Medicare		6598.98	1			3946.97	20302.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	outpatient			21371	7588.83	Wellcare	Medicare		6598.98	1			3946.97	20302.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC RF ABLATE RENAL TUMOR UNI	50592	CPT	outpatient			21371	7588.83	Wellcare	Medicaid		6723.32	0.3146			3946.97	20302.45	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Aetna	Commercial		18742.06	1.592			1494	33561.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Aetna	Better Health		11114.19	0.3146			1494	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Aetna	Medicare		11772.65	1			1494	33561.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Americare	Americare		26496	0.75			1494	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	WellPoint	WellPoint		11333.22	0.3208			1494	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	AmeriHealth	Medicare		11772.65	1			1494	33561.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Consumer	Consumer		33561.6	0.95			1494	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Corrections	Corrections		28262.4	0.8			1494	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	First Health	First Health		24729.6	0.7			1494	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	First Trenton	First Trenton		31795.2	0.9			1494	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Horizon	MGD		21508.63	1.827			1494	33561.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Horizon	Medicare Blue		11772.65	1			1494	33561.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Horizon	Indemnity		21508.63	1.827			1494	33561.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Horizon	NJ Health		3532.8	0.1			1494	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Horizon	PPO		21508.63	1.827			1494	33561.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Managed Care Inc	Managed Care Inc		31795.2	0.9			1494	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Multiplan	Multiplan		28262.4	0.8			1494	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Qualcare	Qualcare		26496	0.75			1494	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Three Rivers	Three Rivers		33561.6	0.95			1494	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	UHC	Medicare		11772.65	1			1494	33561.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	UHC	Medicaid		11114.19	0.3146			1494	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Wellcare	Medicaid		11114.19	0.3146			1494	33561.6	percent of total billed charges	
RFA RENAL UNILATERAL CRYOTHERAPY	50593	CPT	outpatient			35328	13538.55	Wellcare	Medicare		11772.65	1			1494	33561.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Aetna	Better Health		3181.86	0.3146			3034.2	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Aetna	Commercial		3843.32	0.38			3034.2	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Aetna	Medicare		3115.11	0.308			3034.2	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Americare	Americare		7585.5	0.75			3034.2	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		WellPoint	WellPoint		3244.57	0.3208			3034.2	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Consumer	Consumer		9608.3	0.95			3034.2	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Corrections	Corrections		8091.2	0.8			3034.2	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		First Health	First Health		7079.8	0.7			3034.2	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		First Trenton	First Trenton		9102.6	0.9			3034.2	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Horizon	Medicare Blue		3034.2	0.3			3034.2	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Horizon	MGD		3871.64	0.3828			3034.2	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Horizon	Indemnity		3871.64	0.3828			3034.2	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Horizon	PPO		3871.64	0.3828			3034.2	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Managed Care Inc	Managed Care Inc		9102.6	0.9			3034.2	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Multiplan	Multiplan		8091.2	0.8			3034.2	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Qualcare	Qualcare		7585.5	0.75			3034.2	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Three Rivers	Three Rivers		9608.3	0.95			3034.2	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		UHC	Medicaid		3181.86	0.3146			3034.2	9608.3	percent of total billed charges	
UNILATERAL ENDOLUMINAL BIOPSY OF URETER	50606	CPT	outpatient			10114		Wellcare	Medicaid		3181.86	0.3146			3034.2	9608.3	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Aetna	Medicare		151.84	0.308			147.9	468.35	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Aetna	Better Health		155.1	0.3146			147.9	468.35	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Aetna	Commercial		187.34	0.38			147.9	468.35	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Americare	Americare		369.75	0.75			147.9	468.35	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		WellPoint	WellPoint		158.15	0.3208			147.9	468.35	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Consumer	Consumer		468.35	0.95			147.9	468.35	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Corrections	Corrections		394.4	0.8			147.9	468.35	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		First Health	First Health		345.1	0.7			147.9	468.35	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		First Trenton	First Trenton		443.7	0.9			147.9	468.35	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Horizon	Medicare Blue		147.9	0.3			147.9	468.35	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Horizon	MGD		188.72	0.3828			147.9	468.35	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Horizon	Indemnity		188.72	0.3828			147.9	468.35	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Horizon	PPO		188.72	0.3828			147.9	468.35	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Managed Care Inc	Managed Care Inc		443.7	0.9			147.9	468.35	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Multiplan	Multiplan		394.4	0.8			147.9	468.35	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Qualcare	Qualcare		369.75	0.75			147.9	468.35	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Three Rivers	Three Rivers		468.35	0.95			147.9	468.35	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		UHC	Medicaid		155.1	0.3146			147.9	468.35	percent of total billed charges	
INJ FOR URETEROPYELOGRAPHY-STOMA/CAT	50684	CPT	outpatient			493		Wellcare	Medicaid		155.1	0.3146			147.9	468.35	percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Aetna	Medicare		2329.45	1			1834.75	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Aetna	Commercial		3708.48	1.592			1834.75	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Aetna	Better Health		2229.88	0.3146			1834.75	6733.6	percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Americare	Americare		5316	0.75			1834.75	6733.6	percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	WellPoint	WellPoint		2273.83	0.3208			1834.75	6733.6	percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	AmeriHealth	Medicare		2329.45	1			1834.75	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Consumer	Consumer		6733.6	0.95			1834.75	6733.6	percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Corrections	Corrections		5670.4	0.8			1834.75	6733.6	percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	First Health	First Health		4961.6	0.7			1834.75	6733.6	percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	First Trenton	First Trenton		6379.2	0.9			1834.75	6733.6	percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Horizon	MGD		4255.91	1.827			1834.75	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Horizon	Indemnity		4255.91	1.827			1834.75	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Horizon	PPO		4255.91	1.827			1834.75	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Horizon	Medicare Blue		2329.45	1			1834.75	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Managed Care Inc	Managed Care Inc		6379.2	0.9			1834.75	6733.6	percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Multiplan	Multiplan		5670.4	0.8			1834.75	6733.6	percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Qualcare	Qualcare		5316	0.75			1834.75	6733.6	percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Three Rivers	Three Rivers		6733.6	0.95			1834.75	6733.6	percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	UHC	Medicare		2329.45	1			1834.75	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	UHC	Medicaid		2229.88	0.3146			1834.75	6733.6	percent of total billed charges	
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Wellcare	Medicare		2329.45	1			1834.75	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE URETEROSTOMY TUBE	50688	CPT	outpatient			7088	2678.87	Wellcare	Medicaid		2229.88	0.3146			1834.75	6733.6	percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Aetna	Commercial		1182.18	0.38			623.1	2955.45	percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Aetna	Better Health		978.72	0.3146			623.1	2955.45	percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Aetna	Medicare		958.19	0.308			623.1	2955.45	percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Americare	Americare		2333.25	0.75			623.1	2955.45	percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		WellPoint	WellPoint		998.01	0.3208			623.1	2955.45	percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Consumer	Consumer		2955.45	0.95			623.1	2955.45	percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Corrections	Corrections		2488.8	0.8			623.1	2955.45	percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		First Health	First Health		2177.7	0.7			623.1	2955.45	percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		First Trenton	First Trenton		2799.9	0.9			623.1	2955.45	percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Horizon	Medicare Blue		933.3	0.3			623.1	2955.45	percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Horizon	MGD		1190.89	0.3828			623.1	2955.45	percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Horizon	Indemnity		1190.89	0.3828			623.1	2955.45	percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Horizon	PPO		1190.89	0.3828			623.1	2955.45	percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Managed Care Inc	Managed Care Inc		2799.9	0.9			623.1	2955.45	percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Multiplan	Multiplan		2488.8	0.8			623.1	2955.45	percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Qualcare	Qualcare		2333.25	0.75			623.1	2955.45	percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Three Rivers	Three Rivers		2955.45	0.95			623.1	2955.45	percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		UHC	Medicaid		978.72	0.3146			623.1	2955.45	percent of total billed charges	
INJ ILEAL CONDUIT/URETEROPYELOGRAPHY	50690	CPT	outpatient			3111		Wellcare	Medicaid		978.72	0.3146			623.1	2955.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	outpatient			10117		4585.08 Aetna	Better Health		3182.81	0.3146			3115.11		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	outpatient			10117		4585.08 Aetna	Medicare		3116.04	0.308			3115.11		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	outpatient			10117		4585.08 Aetna	Commercial		6347.35	1.592			3115.11		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	outpatient			10117		4585.08 Americare	Americare		7587.75	0.75			3115.11		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	outpatient			10117		4585.08 WellPoint	WellPoint		3245.53	0.3208			3115.11		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	outpatient			10117		4585.08 Amerihealth	Medicare		3987.03	1			3115.11		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	outpatient			10117		4585.08 Consumer	Consumer		9611.15	0.95			3115.11		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	outpatient			10117		4585.08 Corrections	Corrections		8093.6	0.8			3115.11		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	outpatient			10117		4585.08 First Health	First Health		7081.9	0.7			3115.11		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	outpatient			10117		4585.08 First Trenton	First Trenton		9105.3	0.9			3115.11		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	outpatient			10117		4585.08 Horizon	MGD		7284.3	1.827			3115.11		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	outpatient			10117		4585.08 Horizon	PPO		7284.3	1.827			3115.11		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	outpatient			10117		4585.08 Horizon	Medicare Blue		3987.03	1			3115.11		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	outpatient			10117		4585.08 Horizon	Indemnity		7284.3	1.827			3115.11		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	outpatient			10117		4585.08 Managed Care Inc	Managed Care Inc		9105.3	0.9			3115.11		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	outpatient			10117		4585.08 Multiplan	Multiplan		8093.6	0.8			3115.11		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	outpatient			10117		4585.08 Qualcare	Qualcare		7587.75	0.75			3115.11		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	outpatient			10117		4585.08 Three Rivers	Three Rivers		9611.15	0.95			3115.11		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	outpatient			10117		4585.08 UHC	Medicaid		3182.81	0.3146			3115.11		9611.15 percent of total billed charges	
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	outpatient			10117		4585.08 UHC	Medicare		3987.03	1			3115.11		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	outpatient			10117		4585.08 Wellcare	Medicare		3987.03	1			3115.11		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT URETERAL STENT THRU EXIST PCN	50693	CPT	outpatient			10117		4585.08 Wellcare	Medicaid		3182.81	0.3146			3115.11		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	both			10117		4585.08 Aetna	Better Health		3182.81	0.3146			3115.11		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	both			10117		4585.08 Aetna	Commercial		6347.35	1.592			3115.11		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	both			10117		4585.08 Aetna	Medicare		3116.04	0.308			3115.11		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	both			10117		4585.08 Americare	Americare		7587.75	0.75			3115.11		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	both			10117		4585.08 WellPoint	WellPoint		3245.53	0.3208			3115.11		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	both			10117		4585.08 Amerihealth	Medicare		3987.03	1			3115.11		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	both			10117		4585.08 Consumer	Consumer		9611.15	0.95			3115.11		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	both			10117		4585.08 Corrections	Corrections		8093.6	0.8			3115.11		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	both			10117		4585.08 First Health	First Health		7081.9	0.7			3115.11		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	both			10117		4585.08 First Trenton	First Trenton		9105.3	0.9			3115.11		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	both			10117		4585.08 Horizon	MGD		7284.3	1.827			3115.11		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	both			10117		4585.08 Horizon	Indemnity		7284.3	1.827			3115.11		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	both			10117		4585.08 Horizon	Medicare Blue		3987.03	1			3115.11		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	both			10117		4585.08 Horizon	PPO		7284.3	1.827			3115.11		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	both			10117		4585.08 Managed Care Inc	Managed Care Inc		9105.3	0.9			3115.11		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	both			10117		4585.08 Multiplan	Multiplan		8093.6	0.8			3115.11		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	both			10117		4585.08 Qualcare	Qualcare		7587.75	0.75			3115.11		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	both			10117		4585.08 Three Rivers	Three Rivers		9611.15	0.95			3115.11		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	both			10117		4585.08 UHC	Medicaid		3182.81	0.3146			3115.11		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	both			10117		4585.08 UHC	Medicare		3987.03	1			3115.11		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	both			10117		4585.08 Wellcare	Medicare		3987.03	1			3115.11		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50694	CPT	both			10117		4585.08 Wellcare	Medicaid		3182.81	0.3146			3115.11		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	both			10117		4585.08 Aetna	Better Health		3182.81	0.3146			3181.86		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	both			10117		4585.08 Aetna	Commercial		6347.35	1.592			3181.86		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	both			10117		4585.08 Aetna	Medicare		3987.03	1			3181.86		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	both			10117		4585.08 Americare	Americare		7587.75	0.75			3181.86		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	both			10117		4585.08 WellPoint	WellPoint		3245.53	0.3208			3181.86		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	both			10117		4585.08 Amerihealth	Medicare		3987.03	1			3181.86		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	both			10117		4585.08 Consumer	Consumer		9611.15	0.95			3181.86		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	both			10117		4585.08 Corrections	Corrections		8093.6	0.8			3181.86		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	both			10117		4585.08 First Health	First Health		7081.9	0.7			3181.86		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	both			10117		4585.08 First Trenton	First Trenton		9105.3	0.9			3181.86		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	both			10117		4585.08 Horizon	MGD		7284.3	1.827			3181.86		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	both			10117		4585.08 Horizon	Indemnity		7284.3	1.827			3181.86		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	both			10117		4585.08 Horizon	Medicare Blue		3987.03	1			3181.86		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	both			10117		4585.08 Horizon	PPO		7284.3	1.827			3181.86		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	both			10117		4585.08 Managed Care Inc	Managed Care Inc		9105.3	0.9			3181.86		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	both			10117		4585.08 Multiplan	Multiplan		8093.6	0.8			3181.86		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	both			10117		4585.08 Qualcare	Qualcare		7587.75	0.75			3181.86		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	both			10117		4585.08 Three Rivers	Three Rivers		9611.15	0.95			3181.86		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	both			10117		4585.08 UHC	Medicare		3987.03	1			3181.86		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	both			10117		4585.08 UHC	Medicaid		3182.81	0.3146			3181.86		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	both			10117		4585.08 Wellcare	Medicaid		3182.81	0.3146			3181.86		9611.15 percent of total billed charges	
PLMNT OF BILATERAL URETERAL STENT NEW	50695	CPT	both			10117		4585.08 Wellcare	Medicare		3987.03	1			3181.86		9611.15 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Aetna	Commercial		3843.32	0.38			3034.2		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Aetna	Medicare		3115.11	0.308			3034.2		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Aetna	Better Health		3181.86	0.3146			3034.2		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Americare	Americare		7585.5	0.75			3034.2		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		WellPoint	WellPoint		3244.57	0.3208			3034.2		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Consumer	Consumer		9608.3	0.95			3034.2		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Corrections	Corrections		8091.2	0.8			3034.2		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		First Health	First Health		7079.8	0.7			3034.2		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		First Trenton	First Trenton		9102.6	0.9			3034.2		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Horizon	Indemnity		3871.64	0.3828			3034.2		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Horizon	Medicare Blue		3034.2	0.3			3034.2		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Horizon	MGD		3871.64	0.3828			3034.2		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Horizon	PPO		3871.64	0.3828			3034.2		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Managed Care Inc	Managed Care Inc		9102.6	0.9			3034.2		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Multiplan	Multiplan		8091.2	0.8			3034.2		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Qualcare	Qualcare		7585.5	0.75			3034.2		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Three Rivers	Three Rivers		9608.3	0.95			3034.2		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		UHC	Medicaid		3181.86	0.3146			3034.2		9608.3 percent of total billed charges	
BILATERAL URETERAL EMBO OR OCCLUSION	50705	CPT	outpatient			10114		Wellcare	Medicaid		3181.86	0.3146			3034.2		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Aetna	Better Health		3181.86	0.3146			1149.9		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Aetna	Commercial		3843.32	0.38			1149.9		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Aetna	Medicare		3115.11	0.308			1149.9		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Americare	Americare		7585.5	0.75			1149.9		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		WellPoint	WellPoint		3244.57	0.3208			1149.9		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Consumer	Consumer		9608.3	0.95			1149.9		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Corrections	Corrections		8091.2	0.8			1149.9		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		First Health	First Health		7079.8	0.7			1149.9		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		First Trenton	First Trenton		9102.6	0.9			1149.9		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Horizon	MGD		3871.64	0.3828			1149.9		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Horizon	Medicare Blue		3034.2	0.3			1149.9		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Horizon	Indemnity		3871.64	0.3828			1149.9		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Horizon	PPO		3871.64	0.3828			1149.9		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Managed Care Inc	Managed Care Inc		9102.6	0.9			1149.9		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Multiplan	Multiplan		8091.2	0.8			1149.9		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Qualcare	Qualcare		7585.5	0.75			1149.9		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Three Rivers	Three Rivers		9608.3	0.95			1149.9		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		UHC	Medicaid		3181.86	0.3146			1149.9		9608.3 percent of total billed charges	
URETERAL EMBO OR OCCLUSION INCL IMAGING	50706	CPT	outpatient			10114		Wellcare	Medicaid		3181.86	0.3146			1149.9		9608.3 percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient			7070		4585.08 Aetna	Commercial		6347.35	1.592			2224.22		7284.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV URINARY ANASTOMOSIS	50727	CPT	outpatient			7070		4585.08 Aetna	Better Health		2224.22	0.3146			2224.22		7284.3 percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient			7070		4585.08 Aetna	Medicare		3987.03	1			2224.22		7284.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV URINARY ANASTOMOSIS	50727	CPT	outpatient			7070		4585.08 Americare	Americare		5302.5	0.75			2224.22		7284.3 percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient			7070		4585.08 WellPoint	WellPoint		2268.06	0.3208			2224.22		7284.3 percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient			7070		4585.08 Amerihealth	Medicare		3987.03	1			2224.22		7284.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV URINARY ANASTOMOSIS	50727	CPT	outpatient			7070		4585.08 Consumer	Consumer		6716.5	0.95			2224.22		7284.3 percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient			7070		4585.08 Corrections	Corrections		5656	0.8			2224.22		7284.3 percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient			7070		4585.08 First Health	First Health		4949	0.7			2224.22		7284.3 percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient			7070		4585.08 First Trenton	First Trenton		6363	0.9			2224.22		7284.3 percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient			7070		4585.08 Horizon	Indemnity		7284.3	1.827			2224.22		7284.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV URINARY ANASTOMOSIS	50727	CPT	outpatient			7070		4585.08 Horizon	MGD		7284.3	1.827			2224.22		7284.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV URINARY ANASTOMOSIS	50727	CPT	outpatient			7070		4585.08 Horizon	PPO		7284.3	1.827			2224.22		7284.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV URINARY ANASTOMOSIS	50727	CPT	outpatient			7070		4585.08 Horizon	Medicare Blue		3987.03	1			2224.22		7284.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV URINARY ANASTOMOSIS	50727	CPT	outpatient			7070		4585.08 Managed Care Inc	Managed Care Inc		6363	0.9			2224.22		7284.3 percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient			7070		4585.08 Multiplan	Multiplan		5656	0.8			2224.22		7284.3 percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient			7070		4585.08 Qualcare	Qualcare		5302.5	0.75			2224.22		7284.3 percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient			7070		4585.08 Three Rivers	Three Rivers		6716.5	0.95			2224.22		7284.3 percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient			7070		4585.08 UHC	Medicare		3987.03	1			2224.22		7284.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV URINARY ANASTOMOSIS	50727	CPT	outpatient			7070		4585.08 UHC	Medicaid		2224.22	0.3146			2224.22		7284.3 percent of total billed charges	
REV URINARY ANASTOMOSIS	50727	CPT	outpatient			7070		4585.08 Wellcare	Medicare		3987.03	1			2224.22		7284.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV URINARY ANASTOMOSIS	50727	CPT	outpatient			7070		4585.08 Wellcare	Medicaid		2224.22	0.3146			2224.22		7284.3 percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient			15535		4585.08 Aetna	Better Health		4887.31	0.3146			3987.03		14758.25 percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient			15535		4585.08 Aetna	Commercial		6347.35	1.592			3987.03		14758.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient			15535		4585.08 Aetna	Medicare		3987.03	1			3987.03		14758.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient			15535		4585.08 Americare	Americare		11651.25	0.75			3987.03		14758.25 percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient			15535		4585.08 WellPoint	WellPoint		4983.63	0.3208			3987.03		14758.25 percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient			15535		4585.08 Amerihealth	Medicare		3987.03	1			3987.03		14758.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient			15535		4585.08 Consumer	Consumer		14758.25	0.95			3987.03		14758.25 percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient			15535		4585.08 Corrections	Corrections		12428	0.8			3987.03		14758.25 percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient			15535		4585.08 First Health	First Health		10874.5	0.7			3987.03		14758.25 percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient			15535		4585.08 First Trenton	First Trenton		13981.5	0.9			3987.03		14758.25 percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient			15535		4585.08 Horizon	Indemnity		7284.3	1.827			3987.03		14758.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient			15535		4585.08 Horizon	Medicare Blue		3987.03	1			3987.03		14758.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient			15535		4585.08 Horizon	MGD		7284.3	1.827			3987.03		14758.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient			15535		4585.08 Horizon	PPO		7284.3	1.827			3987.03		14758.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient			15535		4585.08 Managed Care Inc	Managed Care Inc		13981.5	0.9			3987.03		14758.25 percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient			15535		4585.08 Multiplan	Multiplan		12428	0.8			3987.03		14758.25 percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient			15535		4585.08 Qualcare	Qualcare		11651.25	0.75			3987.03		14758.25 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient			15535		4585.08	Three Rivers		14758.25	0.95			3987.03	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient			15535		4585.08	UHC		4887.31	0.3146			3987.03	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient			15535		4585.08	UHC		3987.03	1			3987.03	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient			15535		4585.08	Wellcare		4887.31	0.3146			3987.03	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/URETRAL CATH	50953	CPT	outpatient			15535		4585.08	Wellcare		3987.03	1			3987.03	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient			15535		6805.44	Aetna		9421.09	1.592			4887.31	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient			15535		6805.44	Aetna		4887.31	0.3146			4887.31	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient			15535		6805.44	Aetna		5917.77	1			4887.31	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient			15535		6805.44	Americare		11651.25	0.75			4887.31	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient			15535		6805.44	WellPoint		4983.63	0.3208			4887.31	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient			15535		6805.44	AmeriHealth		5917.77	1			4887.31	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient			15535		6805.44	Consumer		14758.25	0.95			4887.31	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient			15535		6805.44	Corrections		12428	0.8			4887.31	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient			15535		6805.44	First Health		10874.5	0.7			4887.31	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient			15535		6805.44	First Trenton		13981.5	0.9			4887.31	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient			15535		6805.44	Horizon		5917.77	1			4887.31	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient			15535		6805.44	Horizon		10811.77	1.827			4887.31	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient			15535		6805.44	Horizon		10811.77	1.827			4887.31	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient			15535		6805.44	Horizon		10811.77	1.827			4887.31	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient			15535		6805.44	Managed Care Inc		13981.5	0.9			4887.31	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient			15535		6805.44	Multiplan		12428	0.8			4887.31	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient			15535		6805.44	Qualcare		11651.25	0.75			4887.31	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient			15535		6805.44	Three Rivers		14758.25	0.95			4887.31	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient			15535		6805.44	UHC		5917.77	1			4887.31	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient			15535		6805.44	UHC		4887.31	0.3146			4887.31	14758.25	percent of total billed charges	
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient			15535		6805.44	Wellcare		5917.77	1			4887.31	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOSCOPY W/BIOPSY	50955	CPT	outpatient			15535		6805.44	Wellcare		4887.31	0.3146			4887.31	14758.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient			16455		6805.44	Aetna		9421.09	1.592			5176.74	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient			16455		6805.44	Aetna		5176.74	0.3146			5176.74	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient			16455		6805.44	Aetna		5917.77	1			5176.74	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient			16455		6805.44	Americare		12341.25	0.75			5176.74	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient			16455		6805.44	WellPoint		5278.76	0.3208			5176.74	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient			16455		6805.44	AmeriHealth		5917.77	1			5176.74	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient			16455		6805.44	Consumer		15632.25	0.95			5176.74	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient			16455		6805.44	Corrections		13164	0.8			5176.74	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient			16455		6805.44	First Health		11518.5	0.7			5176.74	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient			16455		6805.44	First Trenton		14809.5	0.9			5176.74	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient			16455		6805.44	Horizon		10811.77	1.827			5176.74	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient			16455		6805.44	Horizon		10811.77	1.827			5176.74	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient			16455		6805.44	Horizon		10811.77	1.827			5176.74	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient			16455		6805.44	Horizon		5917.77	1			5176.74	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient			16455		6805.44	Managed Care Inc		14809.5	0.9			5176.74	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient			16455		6805.44	Multiplan		13164	0.8			5176.74	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient			16455		6805.44	Qualcare		12341.25	0.75			5176.74	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient			16455		6805.44	Three Rivers		15632.25	0.95			5176.74	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient			16455		6805.44	UHC		5917.77	1			5176.74	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient			16455		6805.44	UHC		5176.74	0.3146			5176.74	15632.25	percent of total billed charges	
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient			16455		6805.44	Wellcare		5917.77	1			5176.74	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETRAL ENDOS W/REM FORGN BOD/CALC	50961	CPT	outpatient			16455		6805.44	Wellcare		5176.74	0.3146			5176.74	15632.25	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient			9780		2678.87	Aetna		3076.79	0.3146			2329.45	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient			9780		2678.87	Aetna		3708.48	1.592			2329.45	9291	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient			9780		2678.87	Aetna		2329.45	1			2329.45	9291	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient			9780		2678.87	Americare		7335	0.75			2329.45	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient			9780		2678.87	WellPoint		3137.42	0.3208			2329.45	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient			9780		2678.87	AmeriHealth		2329.45	1			2329.45	9291	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient			9780		2678.87	Consumer		9291	0.95			2329.45	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient			9780		2678.87	Corrections		7824	0.8			2329.45	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient			9780		2678.87	First Health		6846	0.7			2329.45	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient			9780		2678.87	First Trenton		8802	0.9			2329.45	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient			9780		2678.87	Horizon		4255.91	1.827			2329.45	9291	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient			9780		2678.87	Horizon		2329.45	1			2329.45	9291	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient			9780		2678.87	Horizon		4255.91	1.827			2329.45	9291	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient			9780		2678.87	Horizon		4255.91	1.827			2329.45	9291	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient			9780		2678.87	Managed Care Inc		8802	0.9			2329.45	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient			9780		2678.87	Multiplan		7824	0.8			2329.45	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient			9780		2678.87	Qualcare		7335	0.75			2329.45	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient			9780		2678.87	Three Rivers		9291	0.95			2329.45	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient			9780		2678.87	UHC		3076.79	0.3146			2329.45	9291	percent of total billed charges	
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient			9780		2678.87	UHC		2329.45	1			2329.45	9291	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient			9780		2678.87	Wellcare		2329.45	1			2329.45	9291	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSTOMY W DRAINAGE	51040	CPT	outpatient			9780		2678.87	Wellcare		3076.79	0.3146			2329.45	9291	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44	Aetna		5389.41	0.3146			5389.41	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44	Aetna		9421.09	1.592			5389.41	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44	Aetna		5917.77	1			5389.41	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44	Americare		12848.25	0.75			5389.41	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44	WellPoint		5495.62	0.3208			5389.41	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44	AmeriHealth		5917.77	1			5389.41	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44	Consumer		16274.45	0.95			5389.41	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44	Corrections		13704.8	0.8			5389.41	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44	First Health		11991.7	0.7			5389.41	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44	First Trenton		15417.9	0.9			5389.41	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44	Horizon		10811.77	1.827			5389.41	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44	Horizon		10811.77	1.827			5389.41	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44	Horizon		10811.77	1.827			5389.41	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44	Horizon		5917.77	1			5389.41	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44	Managed Care Inc		15417.9	0.9			5389.41	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44	Multiplan		13704.8	0.8			5389.41	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44	Qualcare		12848.25	0.75			5389.41	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44	Three Rivers		16274.45	0.95			5389.41	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44	UHC		5389.41	0.3146			5389.41	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44	UHC		5917.77	1			5389.41	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44	Wellcare		5389.41	0.3146			5389.41	16274.45	percent of total billed charges	
CYSTOLITHOTOMY	51050	CPT	outpatient			17131		6805.44	Wellcare		5917.77	1			5389.41	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2	Aetna		1793.53	0.3146			1199.57	5937.27	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2	Aetna		5173.59	1.592			1199.57	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2	Aetna		3249.74	1			1199.57	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2	Americare		4275.75	0.75			1199.57	5937.27	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2	WellPoint		1828.88	0.3208			1199.57	5937.27	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2	AmeriHealth		3249.74	1			1199.57	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2	Consumer		5415.95	0.95			1199.57	5937.27	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2	Corrections		4560.8	0.8			1199.57	5937.27	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2	First Health		3990.7	0.7			1199.57	5937.27	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2	First Trenton		5130.9	0.9			1199.57	5937.27	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2	Horizon		5937.27	1.827			1199.57	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2	Horizon		3249.74	1			1199.57	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2	Horizon		5937.27	1.827			1199.57	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2	Horizon		5937.27	1.827			1199.57	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2	Managed Care Inc		5130.9	0.9			1199.57	5937.27	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2	Multiplan		4560.8	0.8			1199.57	5937.27	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2	Qualcare		4275.75	0.75			1199.57	5937.27	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2	Three Rivers		5415.95	0.95			1199.57	5937.27	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2	UHC		1793.53	0.3146			1199.57	5937.27	percent of total billed charges	
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2	UHC		3249.74	1			1199.57	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2	Wellcare		3249.74	1			1199.57	5937.27	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN PERIVESICAL/SPCE ABSCES LTD	51080	CPT	outpatient			5701		3737.2	Wellcare		1793.53	0.3146			1199.57	5937.27	percent of total billed charges	
ASPIR. BLADDER NEEDLE	51100	CPT	outpatient			2375		325.06	Aetna		449.99	1.592			236.89	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR. BLADDER NEEDLE	51100	CPT	outpatient			2375		325.06	Aetna		282.66	1			236.89	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR. BLADDER NEEDLE	51100	CPT	outpatient			2375		325.06	Aetna		747.18	0.3146			236.89	2256.25	percent of total billed charges	
ASPIR. BLADDER NEEDLE	51100	CPT	outpatient			2375		325.06	Americare		1781.25	0.75			236.89	2256.25	percent of total billed charges	
ASPIR. BLADDER NEEDLE	51100	CPT	outpatient			2375		325.06	WellPoint		761.9	0.3208			236.89	2256.25	percent of total billed charges	
ASPIR. BLADDER NEEDLE	51100	CPT	outpatient			2375		325.06	AmeriHealth		282.66	1			236.89	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR. BLADDER NEEDLE	51100	CPT	outpatient			2375		325.06	Consumer		2256.25	0.95			236.89	2256.25	percent of total billed charges	
ASPIR. BLADDER NEEDLE	51100	CPT	outpatient			2375		325.06	Corrections		1900	0.8			236.89	2256.25	percent of total billed charges	
ASPIR. BLADDER NEEDLE	51100	CPT	outpatient			2375		325.06	First Health		1662.5	0.7			236.89	2256.25	percent of total billed charges	
ASPIR. BLADDER NEEDLE	51100	CPT	outpatient			2375		325.06	First Trenton		2137.5	0.9			236.89	2256.25	percent of total billed charges	
ASPIR. BLADDER NEEDLE	51100	CPT	outpatient			2375		325.06	Horizon		282.66	1			236.89	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR. BLADDER NEEDLE	51100	CPT	outpatient			2375		325.06	Horizon		516.42	1.827			236.89	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR. BLADDER NEEDLE	51100	CPT	outpatient			2375		325.06	Horizon		516.42	1.827			236.89	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR. BLADDER NEEDLE	51100	CPT	outpatient			2375		325.06	Horizon		516.42	1.827			236.89	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR. BLADDER NEEDLE	51100	CPT	outpatient			2375		325.06	Managed Care Inc		2137.5	0.9			236.89	2256.25	percent of total billed charges	
ASPIR. BLADDER NEEDLE	51100	CPT	outpatient			2375		325.06	Multiplan		1900	0.8			236.89	2256.25	percent of total billed charges	
ASPIR. BLADDER NEEDLE	51100	CPT	outpatient			2375		325.06	Qualcare		1781.25	0.75			236.89	2256.25	percent of total billed charges	
ASPIR. BLADDER NEEDLE	51100	CPT	outpatient			2375		325.06	Three Rivers		2256.25	0.95			236.89	2256.25	percent of total billed charges	
ASPIR. BLADDER NEEDLE	51100	CPT	outpatient			2375		325.06	UHC		282.66	1			236.89	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIR. BLADDER NEEDLE	51100	CPT	outpatient			2375		325.06	UHC		747.18	0.3146			236.89	2256.25	percent of total billed charges	
ASPIR. BLADDER NEEDLE	51100	CPT	outpatient			2375		325.06	Wellcare		747.18	0.3146			236.89	2256.25	percent of total billed charges	
ASPIR. BLADDER NEEDLE	51100	CPT	outpatient			2375		325.06	Wellcare		282.66	1			236.89	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11	Aetna		1903.63	1.592			1071.53	3597.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11	Aetna		1191.39	0.3146			1071.53	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11	Aetna		1195.75	1			1071.53	3597.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11	Americare		2840.25	0.75			1071.53	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11	WellPoint		1214.87	0.3208			1071.53	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787		1375.11	AmeriHealth		1195.75	1			1071.53	3597.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787	1375.11	Consumer	Consumer		3597.65	0.95			1071.53	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787	1375.11	Corrections	Corrections		3029.6	0.8			1071.53	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787	1375.11	First Health	First Health		2650.9	0.7			1071.53	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787	1375.11	First Trenton	First Trenton		3408.3	0.9			1071.53	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787	1375.11	Horizon	Indemnity		2184.64	1.827			1071.53	3597.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787	1375.11	Horizon	MGD		2184.64	1.827			1071.53	3597.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787	1375.11	Horizon	PPO		2184.64	1.827			1071.53	3597.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787	1375.11	Horizon	Medicare Blue		1195.75	1			1071.53	3597.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787	1375.11	Managed Care Inc	Managed Care Inc		3408.3	0.9			1071.53	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787	1375.11	Multiplan	Multiplan		3029.6	0.8			1071.53	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787	1375.11	Qualcare	Qualcare		2840.25	0.75			1071.53	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787	1375.11	Three Rivers	Three Rivers		3597.65	0.95			1071.53	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787	1375.11	UHC	Medicare		1195.75	1			1071.53	3597.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787	1375.11	UHC	Medicaid		1191.39	0.3146			1071.53	3597.65	percent of total billed charges	
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787	1375.11	Wellcare	Medicare		1195.75	1			1071.53	3597.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OF BLADDER	51101	CPT	outpatient			3787	1375.11	Wellcare	Medicaid		1191.39	0.3146			1071.53	3597.65	percent of total billed charges	
DRAINAGE W SUPRA CATH	51102	CPT	outpatient			7170	2678.87	Aetna	Medicare		2329.45	1			2114.74	6811.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE W SUPRA CATH	51102	CPT	outpatient			7170	2678.87	Aetna	Better Health		2255.68	0.3146			2114.74	6811.5	percent of total billed charges	
DRAINAGE W SUPRA CATH	51102	CPT	outpatient			7170	2678.87	Aetna	Commercial		3708.48	1.592			2114.74	6811.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE W SUPRA CATH	51102	CPT	outpatient			7170	2678.87	Americare	Americare		5377.5	0.75			2114.74	6811.5	percent of total billed charges	
DRAINAGE W SUPRA CATH	51102	CPT	outpatient			7170	2678.87	WellPoint	WellPoint		2300.14	0.3208			2114.74	6811.5	percent of total billed charges	
DRAINAGE W SUPRA CATH	51102	CPT	outpatient			7170	2678.87	Amerihealth	Medicare		2329.45	1			2114.74	6811.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE W SUPRA CATH	51102	CPT	outpatient			7170	2678.87	Consumer	Consumer		6811.5	0.95			2114.74	6811.5	percent of total billed charges	
DRAINAGE W SUPRA CATH	51102	CPT	outpatient			7170	2678.87	Corrections	Corrections		5736	0.8			2114.74	6811.5	percent of total billed charges	
DRAINAGE W SUPRA CATH	51102	CPT	outpatient			7170	2678.87	First Health	First Health		5019	0.7			2114.74	6811.5	percent of total billed charges	
DRAINAGE W SUPRA CATH	51102	CPT	outpatient			7170	2678.87	First Trenton	First Trenton		6453	0.9			2114.74	6811.5	percent of total billed charges	
DRAINAGE W SUPRA CATH	51102	CPT	outpatient			7170	2678.87	Horizon	Indemnity		4255.91	1.827			2114.74	6811.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE W SUPRA CATH	51102	CPT	outpatient			7170	2678.87	Horizon	Medicare Blue		2329.45	1			2114.74	6811.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE W SUPRA CATH	51102	CPT	outpatient			7170	2678.87	Horizon	MGD		4255.91	1.827			2114.74	6811.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE W SUPRA CATH	51102	CPT	outpatient			7170	2678.87	Horizon	PPO		4255.91	1.827			2114.74	6811.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE W SUPRA CATH	51102	CPT	outpatient			7170	2678.87	Managed Care Inc	Managed Care Inc		6453	0.9			2114.74	6811.5	percent of total billed charges	
DRAINAGE W SUPRA CATH	51102	CPT	outpatient			7170	2678.87	Multiplan	Multiplan		5736	0.8			2114.74	6811.5	percent of total billed charges	
DRAINAGE W SUPRA CATH	51102	CPT	outpatient			7170	2678.87	Qualcare	Qualcare		5377.5	0.75			2114.74	6811.5	percent of total billed charges	
DRAINAGE W SUPRA CATH	51102	CPT	outpatient			7170	2678.87	Three Rivers	Three Rivers		6811.5	0.95			2114.74	6811.5	percent of total billed charges	
DRAINAGE W SUPRA CATH	51102	CPT	outpatient			7170	2678.87	UHC	Medicaid		2255.68	0.3146			2114.74	6811.5	percent of total billed charges	
DRAINAGE W SUPRA CATH	51102	CPT	outpatient			7170	2678.87	UHC	Medicare		2329.45	1			2114.74	6811.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE W SUPRA CATH	51102	CPT	outpatient			7170	2678.87	Wellcare	Medicaid		2255.68	0.3146			2114.74	6811.5	percent of total billed charges	
DRAINAGE W SUPRA CATH	51102	CPT	outpatient			7170	2678.87	Wellcare	Medicare		2329.45	1			2114.74	6811.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION FOR CYSTOGRAPHY	51600	CPT	outpatient			2533	962.54	Aetna	Commercial		962.54	0.38			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	outpatient			2533	796.88	Aetna	Better Health		796.88	0.3146			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	outpatient			2533	780.16	Aetna	Medicare		780.16	0.308			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	outpatient			2533	1899.75	Americare	Americare		1899.75	0.75			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	outpatient			2533	812.59	WellPoint	WellPoint		812.59	0.3208			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	outpatient			2533	2406.35	Consumer	Consumer		2406.35	0.95			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	outpatient			2533	2026.4	Corrections	Corrections		2026.4	0.8			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	outpatient			2533	1773.1	First Health	First Health		1773.1	0.7			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	outpatient			2533	2279.7	First Trenton	First Trenton		2279.7	0.9			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	outpatient			2533	969.63	Horizon	MGD		969.63	0.3828			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	outpatient			2533	969.63	Horizon	PPO		969.63	0.3828			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	outpatient			2533	759.9	Horizon	Medicare Blue		759.9	0.3			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	outpatient			2533	969.63	Horizon	Indemnity		969.63	0.3828			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	outpatient			2533	2279.7	Managed Care Inc	Managed Care Inc		2279.7	0.9			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	outpatient			2533	2026.4	Multiplan	Multiplan		2026.4	0.8			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	outpatient			2533	1899.75	Qualcare	Qualcare		1899.75	0.75			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	outpatient			2533	2406.35	Three Rivers	Three Rivers		2406.35	0.95			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	outpatient			2533	796.88	UHC	Medicaid		796.88	0.3146			0.01	2406.35	percent of total billed charges	
INJECTION FOR CYSTOGRAPHY	51600	CPT	outpatient			2533	796.88	Wellcare	Medicaid		796.88	0.3146			0.01	2406.35	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040	936.32	Aetna	Medicare		936.32	0.308			912	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040	956.38	Aetna	Better Health		956.38	0.3146			912	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040	1155.2	Aetna	Commercial		1155.2	0.38			912	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040	2280	Americare	Americare		2280	0.75			912	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040	975.23	WellPoint	WellPoint		975.23	0.3208			912	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040	2888	Consumer	Consumer		2888	0.95			912	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040	2432	Corrections	Corrections		2432	0.8			912	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040	2128	First Health	First Health		2128	0.7			912	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040	2736	First Trenton	First Trenton		2736	0.9			912	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040	1163.71	Horizon	MGD		1163.71	0.3828			912	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040	912	Horizon	Medicare Blue		912	0.3			912	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040	1163.71	Horizon	PPO		1163.71	0.3828			912	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040	1163.71	Horizon	Indemnity		1163.71	0.3828			912	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040	2736	Managed Care Inc	Managed Care Inc		2736	0.9			912	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040	2432	Multiplan	Multiplan		2432	0.8			912	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040	2280	Qualcare	Qualcare		2280	0.75			912	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040	2888	Three Rivers	Three Rivers		2888	0.95			912	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040	956.38	UHC	Medicaid		956.38	0.3146			912	2888	percent of total billed charges	
INJ FOR URETHROCYST	51605	CPT	outpatient			3040	956.38	Wellcare	Medicaid		956.38	0.3146			912	2888	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	outpatient			3479	1094.49	Aetna	Better Health		1094.49	0.3146			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	outpatient			3479	1322.02	Aetna	Commercial		1322.02	0.38			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	outpatient			3479	1071.53	Aetna	Medicare		1071.53	0.308			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	outpatient			3479	2609.25	Americare	Americare		2609.25	0.75			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	outpatient			3479	1116.06	WellPoint	WellPoint		1116.06	0.3208			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	outpatient			3479	3305.05	Consumer	Consumer		3305.05	0.95			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	outpatient			3479	2783.2	Corrections	Corrections		2783.2	0.8			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	outpatient			3479	2435.3	First Health	First Health		2435.3	0.7			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	outpatient			3479	3131.1	First Trenton	First Trenton		3131.1	0.9			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	outpatient			3479	1331.76	Horizon	MGD		1331.76	0.3828			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	outpatient			3479	1331.76	Horizon	Indemnity		1331.76	0.3828			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	outpatient			3479	1043.7	Horizon	Medicare Blue		1043.7	0.3			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	outpatient			3479	1331.76	Horizon	PPO		1331.76	0.3828			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	outpatient			3479	3131.1	Managed Care Inc	Managed Care Inc		3131.1	0.9			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	outpatient			3479	2783.2	Multiplan	Multiplan		2783.2	0.8			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	outpatient			3479	2609.25	Qualcare	Qualcare		2609.25	0.75			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	outpatient			3479	3305.05	Three Rivers	Three Rivers		3305.05	0.95			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	outpatient			3479	1094.49	UHC	Medicaid		1094.49	0.3146			0.01	3305.05	percent of total billed charges	
RETRO INJ URETHRA	51610	CPT	outpatient			3479	1094.49	Wellcare	Medicaid		1094.49	0.3146			0.01	3305.05	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Aetna	Better Health		294.47	0.3146			246.96	889.2	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Aetna	Medicare		282.66	1			246.96	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Aetna	Commercial		449.99	1.592			246.96	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Americare	Americare		702	0.75			246.96	889.2	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	WellPoint	WellPoint		300.27	0.3208			246.96	889.2	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Amerihealth	Medicare		282.66	1			246.96	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Consumer	Consumer		889.2	0.95			246.96	889.2	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Corrections	Corrections		748.8	0.8			246.96	889.2	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	First Health	First Health		655.2	0.7			246.96	889.2	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	First Trenton	First Trenton		842.4	0.9			246.96	889.2	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Horizon	MGD		516.42	1.827			246.96	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Horizon	Medicare Blue		282.66	1			246.96	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Horizon	PPO		516.42	1.827			246.96	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Horizon	Indemnity		516.42	1.827			246.96	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Managed Care Inc	Managed Care Inc		842.4	0.9			246.96	889.2	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Multiplan	Multiplan		748.8	0.8			246.96	889.2	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Qualcare	Qualcare		702	0.75			246.96	889.2	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Three Rivers	Three Rivers		889.2	0.95			246.96	889.2	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	UHC	Medicaid		294.47	0.3146			246.96	889.2	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	UHC	Medicare		282.66	1			246.96	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Wellcare	Medicaid		294.47	0.3146			246.96	889.2	percent of total billed charges	
IRRIGATION OF BLADDER	51700	CPT	outpatient			936	325.06	Wellcare	Medicare		282.66	1			246.96	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAIGHT URINE CATH	51701	CPT	both			424	168	Aetna	Better Health		133.39	0.3146			85.57	402.8	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	both			424	168	Aetna	Commercial		232.58	1.592			85.57	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAIGHT URINE CATH	51701	CPT	both			424	168	Aetna	Medicare		146.09	1			85.57	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAIGHT URINE CATH	51701	CPT	both			424	168	Americare	Americare		318	0.75			85.57	402.8	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	both			424	168	WellPoint	WellPoint		136.02	0.3208			85.57	402.8	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	both			424	168	Amerihealth	Medicare		146.09	1			85.57	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAIGHT URINE CATH	51701	CPT	both			424	168	Consumer	Consumer		402.8	0.95			85.57	402.8	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	both			424	168	Corrections	Corrections		339.2	0.8			85.57	402.8	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	both			424	168	First Health	First Health		296.8	0.7			85.57	402.8	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	both			424	168	First Trenton	First Trenton		381.6	0.9			85.57	402.8	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	both			424	168	Horizon	MGD		266.91	1.827			85.57	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAIGHT URINE CATH	51701	CPT	both			424	168	Horizon	Medicare Blue		146.09	1			85.57	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAIGHT URINE CATH	51701	CPT	both			424	168	Horizon	Indemnity		266.91	1.827			85.57	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAIGHT URINE CATH	51701	CPT	both			424	168	Horizon	PPO		266.91	1.827			85.57	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAIGHT URINE CATH	51701	CPT	both			424	168	Managed Care Inc	Managed Care Inc		381.6	0.9			85.57	402.8	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	both			424	168	Multiplan	Multiplan		339.2	0.8			85.57	402.8	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	both			424	168	Qualcare	Qualcare		318	0.75			85.57	402.8	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	both			424	168	Three Rivers	Three Rivers		402.8	0.95			85.57	402.8	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	both			424	168	UHC	Medicare		146.09	1			85.57	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRAIGHT URINE CATH	51701	CPT	both			424	168	UHC	Medicaid		133.39	0.3146			85.57	402.8	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	both			424	168	Wellcare	Medicaid		133.39	0.3146			85.57	402.8	percent of total billed charges	
STRAIGHT URINE CATH	51701	CPT	both			424	168	Wellcare	Medicare		146.09	1			85.57	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Aetna	Better Health		146.92	0.3146			72.04	443.65	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Aetna	Commercial		232.58	1.592			72.04	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Aetna	Medicare		146.09	1			72.04	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Americare	Americare		350.25	0.75			72.04	443.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	WellPoint	WellPoint		149.81	0.3208			72.04	443.65	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	AmeriHealth	Medicare		146.09	1			72.04	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Consumer	Consumer		443.65	0.95			72.04	443.65	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Corrections	Corrections		373.6	0.8			72.04	443.65	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	First Health	First Health		326.9	0.7			72.04	443.65	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	First Trenton	First Trenton		420.3	0.9			72.04	443.65	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Horizon	Medicare Blue		146.09	1			72.04	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Horizon	Indemnity		266.91	1.827			72.04	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Horizon	MGD		266.91	1.827			72.04	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Horizon	PPO		266.91	1.827			72.04	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Managed Care Inc	Managed Care Inc		420.3	0.9			72.04	443.65	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Multiplan	Multiplan		373.6	0.8			72.04	443.65	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Qualcare	Qualcare		350.25	0.75			72.04	443.65	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Three Rivers	Three Rivers		443.65	0.95			72.04	443.65	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	UHC	Medicare		146.09	1			72.04	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	UHC	Medicaid		146.92	0.3146			72.04	443.65	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Wellcare	Medicaid		146.92	0.3146			72.04	443.65	percent of total billed charges	
INSRT TEMP INDWLNG BLDR CATH	51702	CPT	both			467	168	Wellcare	Medicare		146.09	1			72.04	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Aetna	Commercial		284.41	1.592			76.13	944.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Aetna	Better Health		312.71	0.3146			76.13	944.3	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Aetna	Medicare		178.65	1			76.13	944.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Americare	Americare		745.5	0.75			76.13	944.3	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	WellPoint	WellPoint		318.88	0.3208			76.13	944.3	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	AmeriHealth	Medicare		178.65	1			76.13	944.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Consumer	Consumer		944.3	0.95			76.13	944.3	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Corrections	Corrections		795.2	0.8			76.13	944.3	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	First Health	First Health		695.8	0.7			76.13	944.3	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	First Trenton	First Trenton		894.6	0.9			76.13	944.3	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Horizon	Indemnity		326.39	1.827			76.13	944.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Horizon	Medicare Blue		178.65	1			76.13	944.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Horizon	PPO		326.39	1.827			76.13	944.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Horizon	MGD		326.39	1.827			76.13	944.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Managed Care Inc	Managed Care Inc		894.6	0.9			76.13	944.3	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Multiplan	Multiplan		795.2	0.8			76.13	944.3	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Qualcare	Qualcare		745.5	0.75			76.13	944.3	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Three Rivers	Three Rivers		944.3	0.95			76.13	944.3	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	UHC	Medicare		178.65	1			76.13	944.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	UHC	Medicaid		312.71	0.3146			76.13	944.3	percent of total billed charges	
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Wellcare	Medicare		178.65	1			76.13	944.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF TEMP INDWELL CATH	51703	CPT	outpatient			994	205.45	Wellcare	Medicaid		312.71	0.3146			76.13	944.3	percent of total billed charges	
CHANGE OF PERCU TUBE SIMPLE	51705	CPT	both			798	325.06	Aetna	Commercial		449.99	1.592			221.79	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCU TUBE SIMPLE	51705	CPT	both			798	325.06	Aetna	Better Health		251.05	0.3146			221.79	758.1	percent of total billed charges	
CHANGE OF PERCU TUBE SIMPLE	51705	CPT	both			798	325.06	Aetna	Medicare		282.66	1			221.79	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCU TUBE SIMPLE	51705	CPT	both			798	325.06	Americare	Americare		598.5	0.75			221.79	758.1	percent of total billed charges	
CHANGE OF PERCU TUBE SIMPLE	51705	CPT	both			798	325.06	WellPoint	WellPoint		256	0.3208			221.79	758.1	percent of total billed charges	
CHANGE OF PERCU TUBE SIMPLE	51705	CPT	both			798	325.06	AmeriHealth	Medicare		282.66	1			221.79	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCU TUBE SIMPLE	51705	CPT	both			798	325.06	Consumer	Consumer		758.1	0.95			221.79	758.1	percent of total billed charges	
CHANGE OF PERCU TUBE SIMPLE	51705	CPT	both			798	325.06	Corrections	Corrections		638.4	0.8			221.79	758.1	percent of total billed charges	
CHANGE OF PERCU TUBE SIMPLE	51705	CPT	both			798	325.06	First Health	First Health		558.6	0.7			221.79	758.1	percent of total billed charges	
CHANGE OF PERCU TUBE SIMPLE	51705	CPT	both			798	325.06	First Trenton	First Trenton		718.2	0.9			221.79	758.1	percent of total billed charges	
CHANGE OF PERCU TUBE SIMPLE	51705	CPT	both			798	325.06	Horizon	Indemnity		516.42	1.827			221.79	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCU TUBE SIMPLE	51705	CPT	both			798	325.06	Horizon	Medicare Blue		282.66	1			221.79	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCU TUBE SIMPLE	51705	CPT	both			798	325.06	Horizon	MGD		516.42	1.827			221.79	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCU TUBE SIMPLE	51705	CPT	both			798	325.06	Horizon	PPO		516.42	1.827			221.79	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCU TUBE SIMPLE	51705	CPT	both			798	325.06	Managed Care Inc	Managed Care Inc		718.2	0.9			221.79	758.1	percent of total billed charges	
CHANGE OF PERCU TUBE SIMPLE	51705	CPT	both			798	325.06	Multiplan	Multiplan		638.4	0.8			221.79	758.1	percent of total billed charges	
CHANGE OF PERCU TUBE SIMPLE	51705	CPT	both			798	325.06	Qualcare	Qualcare		598.5	0.75			221.79	758.1	percent of total billed charges	
CHANGE OF PERCU TUBE SIMPLE	51705	CPT	both			798	325.06	Three Rivers	Three Rivers		758.1	0.95			221.79	758.1	percent of total billed charges	
CHANGE OF PERCU TUBE SIMPLE	51705	CPT	both			798	325.06	UHC	Medicaid		251.05	0.3146			221.79	758.1	percent of total billed charges	
CHANGE OF PERCU TUBE SIMPLE	51705	CPT	both			798	325.06	UHC	Medicare		282.66	1			221.79	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCU TUBE SIMPLE	51705	CPT	both			798	325.06	Wellcare	Medicare		282.66	1			221.79	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCU TUBE SIMPLE	51705	CPT	both			798	325.06	Wellcare	Medicaid		251.05	0.3146			221.79	758.1	percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Aetna	Better Health		273.39	0.3146			273.39	1427.34	percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Aetna	Commercial		1243.75	1.592			273.39	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Aetna	Medicare		781.25	1			273.39	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Americare	Americare		651.75	0.75			273.39	1427.34	percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	WellPoint	WellPoint		278.78	0.3208			273.39	1427.34	percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	AmeriHealth	Medicare		781.25	1			273.39	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Consumer	Consumer		825.55	0.95			273.39	1427.34	percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Corrections	Corrections		695.2	0.8			273.39	1427.34	percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	First Health	First Health		608.3	0.7			273.39	1427.34	percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	First Trenton	First Trenton		782.1	0.9			273.39	1427.34	percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Horizon	Indemnity		1427.34	1.827			273.39	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Horizon	MGD		1427.34	1.827			273.39	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Horizon	Medicare Blue		781.25	1			273.39	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Horizon	PPO		1427.34	1.827			273.39	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Managed Care Inc	Managed Care Inc		782.1	0.9			273.39	1427.34	percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Multiplan	Multiplan		695.2	0.8			273.39	1427.34	percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Qualcare	Qualcare		651.75	0.75			273.39	1427.34	percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Three Rivers	Three Rivers		825.55	0.95			273.39	1427.34	percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	UHC	Medicare		781.25	1			273.39	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	UHC	Medicaid		273.39	0.3146			273.39	1427.34	percent of total billed charges	
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Wellcare	Medicare		781.25	1			273.39	1427.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHANGE OF PERCUTAN TUBE	51710	CPT	outpatient			869	898.44	Wellcare	Medicaid		273.39	0.3146			273.39	1427.34	percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Aetna	Commercial		6347.35	1.592			3768.28	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Aetna	Better Health		3768.28	0.3146			3768.28	11379.1	percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Aetna	Medicare		3987.03	1			3768.28	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Americare	Americare		8983.5	0.75			3768.28	11379.1	percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	WellPoint	WellPoint		3842.54	0.3208			3768.28	11379.1	percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	AmeriHealth	Medicare		3987.03	1			3768.28	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Consumer	Consumer		11379.1	0.95			3768.28	11379.1	percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Corrections	Corrections		9582.4	0.8			3768.28	11379.1	percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	First Health	First Health		8384.6	0.7			3768.28	11379.1	percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	First Trenton	First Trenton		10780.2	0.9			3768.28	11379.1	percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Horizon	Medicare Blue		3987.03	1			3768.28	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Horizon	Indemnity		7284.3	1.827			3768.28	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Horizon	PPO		7284.3	1.827			3768.28	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Horizon	MGD		7284.3	1.827			3768.28	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Managed Care Inc	Managed Care Inc		10780.2	0.9			3768.28	11379.1	percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Multiplan	Multiplan		9582.4	0.8			3768.28	11379.1	percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Qualcare	Qualcare		8983.5	0.75			3768.28	11379.1	percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Three Rivers	Three Rivers		11379.1	0.95			3768.28	11379.1	percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	UHC	Medicare		3987.03	1			3768.28	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	UHC	Medicaid		3768.28	0.3146			3768.28	11379.1	percent of total billed charges	
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Wellcare	Medicare		3987.03	1			3768.28	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROSCOPY	51715	CPT	outpatient			11978	4585.08	Wellcare	Medicaid		3768.28	0.3146			3768.28	11379.1	percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Aetna	Commercial		1243.75	1.592			361.48	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Aetna	Better Health		717.6	0.3146			361.48	2166.95	percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Aetna	Medicare		781.25	1			361.48	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Americare	Americare		1710.75	0.75			361.48	2166.95	percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	WellPoint	WellPoint		731.74	0.3208			361.48	2166.95	percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	AmeriHealth	Medicare		781.25	1			361.48	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Consumer	Consumer		2166.95	0.95			361.48	2166.95	percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Corrections	Corrections		1824.8	0.8			361.48	2166.95	percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	First Health	First Health		1596.7	0.7			361.48	2166.95	percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	First Trenton	First Trenton		2052.9	0.9			361.48	2166.95	percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Horizon	Indemnity		1427.34	1.827			361.48	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Horizon	Medicare Blue		781.25	1			361.48	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Horizon	PPO		1427.34	1.827			361.48	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Horizon	MGD		1427.34	1.827			361.48	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Managed Care Inc	Managed Care Inc		2052.9	0.9			361.48	2166.95	percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Multiplan	Multiplan		1824.8	0.8			361.48	2166.95	percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Qualcare	Qualcare		1710.75	0.75			361.48	2166.95	percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Three Rivers	Three Rivers		2166.95	0.95			361.48	2166.95	percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	UHC	Medicaid		717.6	0.3146			361.48	2166.95	percent of total billed charges	
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	UHC	Medicare		781.25	1			361.48	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Wellcare	Medicare		781.25	1			361.48	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLADDER INSTILLTN ANTICARCINOG	51720	CPT	outpatient			2281	898.44	Wellcare	Medicaid		717.6	0.3146			361.48	2166.95	percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Aetna	Better Health		560.62	0.3146			241.78	1692.9	percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Aetna	Medicare		548.86	0.308			241.78	1692.9	percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Aetna	Commercial		449.99	1.592			241.78	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Americare	Americare		1336.5	0.75			241.78	1692.9	percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	WellPoint	WellPoint		571.67	0.3208			241.78	1692.9	percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	AmeriHealth	Medicare		282.66	1			241.78	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Consumer	Consumer		1692.9	0.95			241.78	1692.9	percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Corrections	Corrections		1425.6	0.8			241.78	1692.9	percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	First Health	First Health		1247.4	0.7			241.78	1692.9	percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	First Trenton	First Trenton		1603.8	0.9			241.78	1692.9	percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Horizon	MGD		516.42	1.827			241.78	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Horizon	Indemnity		516.42	1.827			241.78	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Horizon	Medicare Blue		282.66	1			241.78	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Horizon	PPO		516.42	1.827			241.78	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Managed Care Inc	Managed Care Inc		1603.8	0.9			241.78	1692.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Multiplan	Multiplan		1425.6	0.8			241.78	1692.9	percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Qualcare	Qualcare		1336.5	0.75			241.78	1692.9	percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Three Rivers	Three Rivers		1692.9	0.95			241.78	1692.9	percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	UHC	Medicare		282.66	1			241.78	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	UHC	Medicaid		560.62	0.3146			241.78	1692.9	percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Wellcare	Medicaid		560.62	0.3146			241.78	1692.9	percent of total billed charges	
SIMPLE CYSTOMETROGRAM	51725	CPT	outpatient			1782	325.06	Wellcare	Medicare		282.66	1			241.78	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Aetna	Better Health		560.62	0.3146			246.96	1692.9	percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Aetna	Commercial		449.99	1.592			246.96	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Aetna	Medicare		282.66	1			246.96	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Americare	Americare		1336.5	0.75			246.96	1692.9	percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	WellPoint	WellPoint		571.67	0.3208			246.96	1692.9	percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Amerihealth	Medicare		282.66	1			246.96	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Consumer	Consumer		1692.9	0.95			246.96	1692.9	percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Corrections	Corrections		1425.6	0.8			246.96	1692.9	percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	First Health	First Health		1247.4	0.7			246.96	1692.9	percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	First Trenton	First Trenton		1603.8	0.9			246.96	1692.9	percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Horizon	Indemnity		516.42	1.827			246.96	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Horizon	MGD		516.42	1.827			246.96	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Horizon	Medicare Blue		282.66	1			246.96	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Horizon	PPO		516.42	1.827			246.96	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Managed Care Inc	Managed Care Inc		1603.8	0.9			246.96	1692.9	percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Multiplan	Multiplan		1425.6	0.8			246.96	1692.9	percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Qualcare	Qualcare		1336.5	0.75			246.96	1692.9	percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Three Rivers	Three Rivers		1692.9	0.95			246.96	1692.9	percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	UHC	Medicare		282.66	1			246.96	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	UHC	Medicaid		560.62	0.3146			246.96	1692.9	percent of total billed charges	
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Wellcare	Medicare		282.66	1			246.96	1692.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOMETROGRAM-COMPLEX	51726	CPT	outpatient			1782	325.06	Wellcare	Medicaid		560.62	0.3146			246.96	1692.9	percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281	898.44	Aetna	Commercial		1243.75	1.592			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281	898.44	Aetna	Better Health		717.6	0.3146			717.6	2166.95	percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281	898.44	Aetna	Medicare		781.25	1			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281	898.44	Americare	Americare		1710.75	0.75			717.6	2166.95	percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281	898.44	WellPoint	WellPoint		731.74	0.3208			717.6	2166.95	percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281	898.44	Amerihealth	Medicare		781.25	1			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281	898.44	Consumer	Consumer		2166.95	0.95			717.6	2166.95	percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281	898.44	Corrections	Corrections		1824.8	0.8			717.6	2166.95	percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281	898.44	First Health	First Health		1596.7	0.7			717.6	2166.95	percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281	898.44	First Trenton	First Trenton		2052.9	0.9			717.6	2166.95	percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281	898.44	Horizon	MGD		1427.34	1.827			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281	898.44	Horizon	Indemnity		1427.34	1.827			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281	898.44	Horizon	PPO		1427.34	1.827			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281	898.44	Horizon	Medicare Blue		781.25	1			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281	898.44	Managed Care Inc	Managed Care Inc		2052.9	0.9			717.6	2166.95	percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281	898.44	Multiplan	Multiplan		1824.8	0.8			717.6	2166.95	percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281	898.44	Qualcare	Qualcare		1710.75	0.75			717.6	2166.95	percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281	898.44	Three Rivers	Three Rivers		2166.95	0.95			717.6	2166.95	percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281	898.44	UHC	Medicaid		717.6	0.3146			717.6	2166.95	percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281	898.44	UHC	Medicare		781.25	1			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281	898.44	Wellcare	Medicaid		717.6	0.3146			717.6	2166.95	percent of total billed charges	
URETHRAL PRESSURE PROFILE	51727	CPT	outpatient			2281	898.44	Wellcare	Medicare		781.25	1			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281	898.44	Aetna	Medicare		781.25	1			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281	898.44	Aetna	Better Health		717.6	0.3146			717.6	2166.95	percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281	898.44	Aetna	Commercial		1243.75	1.592			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281	898.44	Americare	Americare		1710.75	0.75			717.6	2166.95	percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281	898.44	WellPoint	WellPoint		731.74	0.3208			717.6	2166.95	percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281	898.44	Amerihealth	Medicare		781.25	1			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281	898.44	Consumer	Consumer		2166.95	0.95			717.6	2166.95	percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281	898.44	Corrections	Corrections		1824.8	0.8			717.6	2166.95	percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281	898.44	First Health	First Health		1596.7	0.7			717.6	2166.95	percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281	898.44	First Trenton	First Trenton		2052.9	0.9			717.6	2166.95	percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281	898.44	Horizon	MGD		1427.34	1.827			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281	898.44	Horizon	Indemnity		1427.34	1.827			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281	898.44	Horizon	PPO		1427.34	1.827			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281	898.44	Horizon	Medicare Blue		781.25	1			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281	898.44	Managed Care Inc	Managed Care Inc		2052.9	0.9			717.6	2166.95	percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281	898.44	Multiplan	Multiplan		1824.8	0.8			717.6	2166.95	percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281	898.44	Qualcare	Qualcare		1710.75	0.75			717.6	2166.95	percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281	898.44	Three Rivers	Three Rivers		2166.95	0.95			717.6	2166.95	percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281	898.44	UHC	Medicaid		717.6	0.3146			717.6	2166.95	percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281	898.44	UHC	Medicare		781.25	1			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281	898.44	Wellcare	Medicaid		717.6	0.3146			717.6	2166.95	percent of total billed charges	
VOIDING PRESSURE STUDIES	51728	CPT	outpatient			2281	898.44	Wellcare	Medicare		781.25	1			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281	898.44	Aetna	Medicare		702.55	0.308			702.55	2166.95	percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281	898.44	Aetna	Commercial		1243.75	1.592			702.55	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281	898.44	Aetna	Better Health		717.6	0.3146			702.55	2166.95	percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281	898.44	Americare	Americare		1710.75	0.75			702.55	2166.95	percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281	898.44	WellPoint	WellPoint		731.74	0.3208			702.55	2166.95	percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281	898.44	Amerihealth	Medicare		781.25	1			702.55	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281	898.44	Consumer	Consumer		2166.95	0.95			702.55	2166.95	percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281	898.44	Corrections	Corrections		1824.8	0.8			702.55	2166.95	percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281	898.44	First Health	First Health		1596.7	0.7			702.55	2166.95	percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281	898.44	First Trenton	First Trenton		2052.9	0.9			702.55	2166.95	percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281	898.44	Horizon	MGD		1427.34	1.827			702.55	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281	898.44	Horizon	Medicare Blue		781.25	1			702.55	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281	898.44	Horizon	PPO		1427.34	1.827			702.55	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281	898.44	Horizon	Indemnity		1427.34	1.827			702.55	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281	898.44	Managed Care Inc	Managed Care Inc		2052.9	0.9			702.55	2166.95	percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281	898.44	Multiplan	Multiplan		1824.8	0.8			702.55	2166.95	percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281	898.44	Qualcare	Qualcare		1710.75	0.75			702.55	2166.95	percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281	898.44	Three Rivers	Three Rivers		2166.95	0.95			702.55	2166.95	percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281	898.44	UHC	Medicaid		717.6	0.3146			702.55	2166.95	percent of total billed charges	
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281	898.44	UHC	Medicare		781.25	1			702.55	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281	898.44	Wellcare	Medicare		781.25	1			702.55	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMP CYSTO W/VOID PRESS	51729	CPT	outpatient			2281	898.44	Wellcare	Medicaid		717.6	0.3146			702.55	2166.95	percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424	168	Aetna	Better Health		133.39	0.3146			133.39	402.8	percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424	168	Aetna	Commercial		232.58	1.592			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424	168	Aetna	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424	168	Americare	Americare		318	0.75			133.39	402.8	percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424	168	WellPoint	WellPoint		136.02	0.3208			133.39	402.8	percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424	168	Amerihealth	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424	168	Consumer	Consumer		402.8	0.95			133.39	402.8	percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424	168	Corrections	Corrections		339.2	0.8			133.39	402.8	percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424	168	First Health	First Health		296.8	0.7			133.39	402.8	percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	0.9			133.39	402.8	percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424	168	Horizon	MGD		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424	168	Horizon	Indemnity		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424	168	Horizon	PPO		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	0.9			133.39	402.8	percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	0.8			133.39	402.8	percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424	168	Qualcare	Qualcare		318	0.75			133.39	402.8	percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	0.95			133.39	402.8	percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424	168	UHC	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424	168	UHC	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424	168	Wellcare	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
SIMPLE UROFLOWMETRY	51736	CPT	outpatient			424	168	Wellcare	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROFLOW COMPLEX	51741	CPT	outpatient			532	412.82	Aetna	Medicare		163.86	0.308			163.86	655.84	percent of total billed charges	
UROFLOW COMPLEX	51741	CPT	outpatient			532	412.82	Aetna	Commercial		571.48	1.592			163.86	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROFLOW COMPLEX	51741	CPT	outpatient			532	412.82	Aetna	Better Health		167.37	0.3146			163.86	655.84	percent of total billed charges	
UROFLOW COMPLEX	51741	CPT	outpatient			532	412.82	Americare	Americare		399	0.75			163.86	655.84	percent of total billed charges	
UROFLOW COMPLEX	51741	CPT	outpatient			532	412.82	WellPoint	WellPoint		170.67	0.3208			163.86	655.84	percent of total billed charges	
UROFLOW COMPLEX	51741	CPT	outpatient			532	412.82	Amerihealth	Medicare		358.97	1			163.86	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROFLOW COMPLEX	51741	CPT	outpatient			532	412.82	Consumer	Consumer		505.4	0.95			163.86	655.84	percent of total billed charges	
UROFLOW COMPLEX	51741	CPT	outpatient			532	412.82	Corrections	Corrections		425.6	0.8			163.86	655.84	percent of total billed charges	
UROFLOW COMPLEX	51741	CPT	outpatient			532	412.82	First Health	First Health		372.4	0.7			163.86	655.84	percent of total billed charges	
UROFLOW COMPLEX	51741	CPT	outpatient			532	412.82	First Trenton	First Trenton		478.8	0.9			163.86	655.84	percent of total billed charges	
UROFLOW COMPLEX	51741	CPT	outpatient			532	412.82	Horizon	MGD		655.84	1.827			163.86	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROFLOW COMPLEX	51741	CPT	outpatient			532	412.82	Horizon	Medicare Blue		358.97	1			163.86	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROFLOW COMPLEX	51741	CPT	outpatient			532	412.82	Horizon	Indemnity		655.84	1.827			163.86	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROFLOW COMPLEX	51741	CPT	outpatient			532	412.82	Horizon	PPO		655.84	1.827			163.86	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROFLOW COMPLEX	51741	CPT	outpatient			532	412.82	Managed Care Inc	Managed Care Inc		478.8	0.9			163.86	655.84	percent of total billed charges	
UROFLOW COMPLEX	51741	CPT	outpatient			532	412.82	Multiplan	Multiplan		425.6	0.8			163.86	655.84	percent of total billed charges	
UROFLOW COMPLEX	51741	CPT	outpatient			532	412.82	Qualcare	Qualcare		399	0.75			163.86	655.84	percent of total billed charges	
UROFLOW COMPLEX	51741	CPT	outpatient			532	412.82	Three Rivers	Three Rivers		505.4	0.95			163.86	655.84	percent of total billed charges	
UROFLOW COMPLEX	51741	CPT	outpatient			532	412.82	UHC	Medicaid		167.37	0.3146			163.86	655.84	percent of total billed charges	
UROFLOW COMPLEX	51741	CPT	outpatient			532	412.82	UHC	Medicare		358.97	1			163.86	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROFLOW COMPLEX	51741	CPT	outpatient			532	412.82	Wellcare	Medicaid		167.37	0.3146			163.86	655.84	percent of total billed charges	
UROFLOW COMPLEX	51741	CPT	outpatient			532	412.82	Wellcare	Medicare		358.97	1			163.86	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	Aetna	Medicare		163.86	0.308			126.9	505.4	percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	Aetna	Commercial		284.41	1.592			126.9	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	Aetna	Better Health		167.37	0.3146			126.9	505.4	percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	Americare	Americare		399	0.75			126.9	505.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	WellPoint	WellPoint		170.67	0.3208			126.9	505.4	percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	Amerihealth	Medicare		178.65	1			126.9	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	Consumer	Consumer		505.4	0.95			126.9	505.4	percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	Corrections	Corrections		425.6	0.8			126.9	505.4	percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	First Health	First Health		372.4	0.7			126.9	505.4	percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	First Trenton	First Trenton		478.8	0.9			126.9	505.4	percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	Horizon	PPO		326.39	1.827			126.9	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	Horizon	MGD		326.39	1.827			126.9	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	Horizon	Indemnity		326.39	1.827			126.9	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	Horizon	Medicare Blue		178.65	1			126.9	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	Managed Care Inc	Managed Care Inc		478.8	0.9			126.9	505.4	percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	Multiplan	Multiplan		425.6	0.8			126.9	505.4	percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	Qualcare	Qualcare		399	0.75			126.9	505.4	percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	Three Rivers	Three Rivers		505.4	0.95			126.9	505.4	percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	UHC	Medicaid		167.37	0.3146			126.9	505.4	percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	UHC	Medicare		178.65	1			126.9	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	Wellcare	Medicaid		167.37	0.3146			126.9	505.4	percent of total billed charges	
EMG OTHER THAN NEEDLE ANY TECH	51784	CPT	outpatient			532	205.45	Wellcare	Medicare		178.65	1			126.9	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Aetna	Commercial		449.99	1.592			246.96	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Aetna	Better Health		246.96	0.3146			246.96	745.75	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Aetna	Medicare		282.66	1			246.96	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Americare	Americare		588.75	0.75			246.96	745.75	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	WellPoint	WellPoint		251.83	0.3208			246.96	745.75	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Amerihealth	Medicare		282.66	1			246.96	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Consumer	Consumer		745.75	0.95			246.96	745.75	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Corrections	Corrections		628	0.8			246.96	745.75	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	First Health	First Health		549.5	0.7			246.96	745.75	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	First Trenton	First Trenton		706.5	0.9			246.96	745.75	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Horizon	PPO		516.42	1.827			246.96	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Horizon	Medicare Blue		282.66	1			246.96	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Horizon	MGD		516.42	1.827			246.96	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Horizon	Indemnity		516.42	1.827			246.96	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Managed Care Inc	Managed Care Inc		706.5	0.9			246.96	745.75	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Multiplan	Multiplan		628	0.8			246.96	745.75	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Qualcare	Qualcare		588.75	0.75			246.96	745.75	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Three Rivers	Three Rivers		745.75	0.95			246.96	745.75	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	UHC	Medicare		282.66	1			246.96	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	UHC	Medicaid		246.96	0.3146			246.96	745.75	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Wellcare	Medicaid		246.96	0.3146			246.96	745.75	percent of total billed charges	
NDL EMG STDS EMG ANAL/URTL SPHNCTR ANY T	51785	CPT	outpatient			785	325.06	Wellcare	Medicare		282.66	1			246.96	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Aetna	Better Health		209.84	0.3146			69.96	633.65	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Aetna	Commercial		111.38	1.592			69.96	633.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Aetna	Medicare		69.96	1			69.96	633.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Americare	Americare		500.25	0.75			69.96	633.65	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	WellPoint	WellPoint		213.97	0.3208			69.96	633.65	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Amerihealth	Medicare		69.96	1			69.96	633.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Consumer	Consumer		633.65	0.95			69.96	633.65	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Corrections	Corrections		533.6	0.8			69.96	633.65	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	First Health	First Health		466.9	0.7			69.96	633.65	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	First Trenton	First Trenton		600.3	0.9			69.96	633.65	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Horizon	Medicare Blue		69.96	1			69.96	633.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Horizon	Indemnity		127.82	1.827			69.96	633.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Horizon	MGD		127.82	1.827			69.96	633.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Horizon	PPO		127.82	1.827			69.96	633.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Managed Care Inc	Managed Care Inc		600.3	0.9			69.96	633.65	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Multiplan	Multiplan		533.6	0.8			69.96	633.65	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Qualcare	Qualcare		500.25	0.75			69.96	633.65	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Three Rivers	Three Rivers		633.65	0.95			69.96	633.65	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	UHC	Medicare		69.96	1			69.96	633.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	UHC	Medicaid		209.84	0.3146			69.96	633.65	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Wellcare	Medicaid		209.84	0.3146			69.96	633.65	percent of total billed charges	
EMG ABDOMINAL MUSCULATURE	51792	CPT	outpatient			667	80.45	Wellcare	Medicare		69.96	1			69.96	633.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Aetna	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Aetna	Commercial		111.38	1.592			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Aetna	Better Health		66.38	0.3146			66.38	200.45	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Americare	Americare		158.25	0.75			66.38	200.45	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	WellPoint	WellPoint		67.69	0.3208			66.38	200.45	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Amerihealth	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Consumer	Consumer		200.45	0.95			66.38	200.45	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Corrections	Corrections		168.8	0.8			66.38	200.45	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	First Health	First Health		147.7	0.7			66.38	200.45	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	First Trenton	First Trenton		189.9	0.9			66.38	200.45	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Horizon	MGD		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Horizon	Medicare Blue		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Horizon	Indemnity		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Horizon	PPO		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Managed Care Inc	Managed Care Inc		189.9	0.9			66.38	200.45	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Multiplan	Multiplan		168.8	0.8			66.38	200.45	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Qualcare	Qualcare		158.25	0.75			66.38	200.45	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Three Rivers	Three Rivers		200.45	0.95			66.38	200.45	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	UHC	Medicaid		66.38	0.3146			66.38	200.45	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	UHC	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Wellcare	Medicaid		66.38	0.3146			66.38	200.45	percent of total billed charges	
POSTVOID RESIDUAL BLADDER US	51798	CPT	outpatient			211	80.45	Wellcare	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL URETHRO.STAMEY RAZ	51845	CPT	outpatient			16443	6541.81	Aetna	Better Health		5172.97	0.3146			5172.97	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY RAZ	51845	CPT	outpatient			16443	6541.81	Aetna	Medicare		5688.53	1			5172.97	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL URETHRO.STAMEY RAZ	51845	CPT	outpatient			16443	6541.81	Aetna	Commercial		9056.14	1.592			5172.97	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL URETHRO.STAMEY RAZ	51845	CPT	outpatient			16443	6541.81	Americare	Americare		12332.25	0.75			5172.97	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY RAZ	51845	CPT	outpatient			16443	6541.81	WellPoint	WellPoint		5274.91	0.3208			5172.97	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY RAZ	51845	CPT	outpatient			16443	6541.81	Amerihealth	Medicare		5688.53	1			5172.97	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL URETHRO.STAMEY RAZ	51845	CPT	outpatient			16443	6541.81	Consumer	Consumer		15620.85	0.95			5172.97	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY RAZ	51845	CPT	outpatient			16443	6541.81	Corrections	Corrections		13154.4	0.8			5172.97	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY RAZ	51845	CPT	outpatient			16443	6541.81	First Health	First Health		11510.1	0.7			5172.97	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY RAZ	51845	CPT	outpatient			16443	6541.81	First Trenton	First Trenton		14798.7	0.9			5172.97	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY RAZ	51845	CPT	outpatient			16443	6541.81	Horizon	PPO		10392.94	1.827			5172.97	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL URETHRO.STAMEY RAZ	51845	CPT	outpatient			16443	6541.81	Horizon	Indemnity		10392.94	1.827			5172.97	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL URETHRO.STAMEY RAZ	51845	CPT	outpatient			16443	6541.81	Horizon	Medicare Blue		5688.53	1			5172.97	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL URETHRO.STAMEY RAZ	51845	CPT	outpatient			16443	6541.81	Horizon	MGD		10392.94	1.827			5172.97	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL URETHRO.STAMEY RAZ	51845	CPT	outpatient			16443	6541.81	Managed Care Inc	Managed Care Inc		14798.7	0.9			5172.97	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY RAZ	51845	CPT	outpatient			16443	6541.81	Multiplan	Multiplan		13154.4	0.8			5172.97	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY RAZ	51845	CPT	outpatient			16443	6541.81	Qualcare	Qualcare		12332.25	0.75			5172.97	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY RAZ	51845	CPT	outpatient			16443	6541.81	Three Rivers	Three Rivers		15620.85	0.95			5172.97	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY RAZ	51845	CPT	outpatient			16443	6541.81	UHC	Medicare		5688.53	1			5172.97	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL URETHRO.STAMEY RAZ	51845	CPT	outpatient			16443	6541.81	UHC	Medicaid		5172.97	0.3146			5172.97	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY RAZ	51845	CPT	outpatient			16443	6541.81	Wellcare	Medicaid		5172.97	0.3146			5172.97	15620.85	percent of total billed charges	
VAGINAL URETHRO.STAMEY RAZ	51845	CPT	outpatient			16443	6541.81	Wellcare	Medicare		5688.53	1			5172.97	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Aetna	Commercial		16773.12	1.592			5176.74	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Aetna	Better Health		5176.74	0.3146			5176.74	19249.05	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Aetna	Medicare		10535.88	1			5176.74	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Americare	Americare		12341.25	0.75			5176.74	19249.05	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	WellPoint	WellPoint		5278.76	0.3208			5176.74	19249.05	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Amerihealth	Medicare		10535.88	1			5176.74	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Consumer	Consumer		15632.25	0.95			5176.74	19249.05	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Corrections	Corrections		13164	0.8			5176.74	19249.05	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	First Health	First Health		11518.5	0.7			5176.74	19249.05	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	First Trenton	First Trenton		14809.5	0.9			5176.74	19249.05	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Horizon	PPO		19249.05	1.827			5176.74	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Horizon	MGD		19249.05	1.827			5176.74	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Horizon	Indemnity		19249.05	1.827			5176.74	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Horizon	Medicare Blue		10535.88	1			5176.74	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Managed Care Inc	Managed Care Inc		14809.5	0.9			5176.74	19249.05	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Multiplan	Multiplan		13164	0.8			5176.74	19249.05	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Qualcare	Qualcare		12341.25	0.75			5176.74	19249.05	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Three Rivers	Three Rivers		15632.25	0.95			5176.74	19249.05	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	UHC	Medicare		10535.88	1			5176.74	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	UHC	Medicaid		5176.74	0.3146			5176.74	19249.05	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Wellcare	Medicaid		5176.74	0.3146			5176.74	19249.05	percent of total billed charges	
CYSTORRHAPHY REPAIR OF RUPTURE	51860	CPT	outpatient			16455	12116.26	Wellcare	Medicare		10535.88	1			5176.74	19249.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	outpatient			2281	898.44	Aetna	Commercial		1243.75	1.592			492.66	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	outpatient			2281	898.44	Aetna	Medicare		781.25	1			492.66	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	outpatient			2281	898.44	Aetna	Better Health		717.6	0.3146			492.66	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	outpatient			2281	898.44	Americare	Americare		1710.75	0.75			492.66	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	outpatient			2281	898.44	WellPoint	WellPoint		731.74	0.3208			492.66	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	outpatient			2281	898.44	Amerihealth	Medicare		781.25	1			492.66	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	outpatient			2281	898.44	Consumer	Consumer		2166.95	0.95			492.66	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	outpatient			2281	898.44	Corrections	Corrections		1824.8	0.8			492.66	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	outpatient			2281	898.44	First Health	First Health		1596.7	0.7			492.66	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	outpatient			2281	898.44	First Trenton	First Trenton		2052.9	0.9			492.66	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	outpatient			2281	898.44	Horizon	Indemnity		1427.34	1.827			492.66	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	outpatient			2281	898.44	Horizon	PPO		1427.34	1.827			492.66	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	outpatient			2281	898.44	Horizon	MGD		1427.34	1.827			492.66	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	outpatient			2281	898.44	Horizon	Medicare Blue		781.25	1			492.66	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	outpatient			2281	898.44	Managed Care Inc	Managed Care Inc

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	outpatient			2281	898.44	Multiplan	Multiplan		1824.8	0.8			492.66	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	outpatient			2281	898.44	Qualcare	Qualcare		1710.75	0.75			492.66	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	outpatient			2281	898.44	Three Rivers	Three Rivers		2166.95	0.95			492.66	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	outpatient			2281	898.44	UHC	Medicaid		717.6	0.3146			492.66	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	outpatient			2281	898.44	UHC	Medicare		781.25	1			492.66	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	outpatient			2281	898.44	Wellcare	Medicaid		717.6	0.3146			492.66	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY WITHOUT STENT	52000	CPT	outpatient			2281	898.44	Wellcare	Medicare		781.25	1			492.66	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Aetna	Better Health		2168.22	0.3146			1799.83	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Aetna	Medicare		2329.45	1			1799.83	6547.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Aetna	Commercial		3708.48	1.592			1799.83	6547.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Americare	Americare		5169	0.75			1799.83	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	WellPoint	WellPoint		2210.95	0.3208			1799.83	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Amerihealth	Medicare		2329.45	1			1799.83	6547.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Consumer	Consumer		6547.4	0.95			1799.83	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Corrections	Corrections		5513.6	0.8			1799.83	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	First Health	First Health		4824.4	0.7			1799.83	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	First Trenton	First Trenton		6202.8	0.9			1799.83	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Horizon	MGD		4255.91	1.827			1799.83	6547.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Horizon	Indemnity		4255.91	1.827			1799.83	6547.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Horizon	PPO		4255.91	1.827			1799.83	6547.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Horizon	Medicare Blue		2329.45	1			1799.83	6547.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Managed Care Inc	Managed Care Inc		6202.8	0.9			1799.83	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Multiplan	Multiplan		5513.6	0.8			1799.83	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Qualcare	Qualcare		5169	0.75			1799.83	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Three Rivers	Three Rivers		6547.4	0.95			1799.83	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	UHC	Medicaid		2168.22	0.3146			1799.83	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	UHC	Medicare		2329.45	1			1799.83	6547.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Wellcare	Medicaid		2168.22	0.3146			1799.83	6547.4	percent of total billed charges	
CYSTY W/URETERAL CATHERIZATION	52005	CPT	outpatient			6892	2678.87	Wellcare	Medicare		2329.45	1			1799.83	6547.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Aetna	Medicare		781.25	1			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Aetna	Better Health		717.6	0.3146			717.6	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Aetna	Commercial		1243.75	1.592			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Americare	Americare		1710.75	0.75			717.6	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	WellPoint	WellPoint		731.74	0.3208			717.6	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Amerihealth	Medicare		781.25	1			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Consumer	Consumer		2166.95	0.95			717.6	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Corrections	Corrections		1824.8	0.8			717.6	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	First Health	First Health		1596.7	0.7			717.6	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	First Trenton	First Trenton		2052.9	0.9			717.6	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Horizon	MGD		1427.34	1.827			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Horizon	Indemnity		1427.34	1.827			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Horizon	Medicare Blue		781.25	1			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Horizon	PPO		1427.34	1.827			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Managed Care Inc	Managed Care Inc		2052.9	0.9			717.6	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Multiplan	Multiplan		1824.8	0.8			717.6	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Qualcare	Qualcare		1710.75	0.75			717.6	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Three Rivers	Three Rivers		2166.95	0.95			717.6	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	UHC	Medicare		781.25	1			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	UHC	Medicaid		717.6	0.3146			717.6	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Wellcare	Medicaid		717.6	0.3146			717.6	2166.95	percent of total billed charges	
CYSTO W/EJACULATORY CATH	52010	CPT	outpatient			2281	898.44	Wellcare	Medicare		781.25	1			717.6	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Aetna	Better Health		2126.07	0.3146			2126.07	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Aetna	Commercial		3708.48	1.592			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Aetna	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Americare	Americare		5068.5	0.75			2126.07	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	WellPoint	WellPoint		2167.97	0.3208			2126.07	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Amerihealth	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Consumer	Consumer		6420.1	0.95			2126.07	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Corrections	Corrections		5406.4	0.8			2126.07	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	First Health	First Health		4730.6	0.7			2126.07	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	First Trenton	First Trenton		6082.2	0.9			2126.07	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Horizon	Indemnity		4255.91	1.827			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Horizon	Medicare Blue		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Horizon	PPO		4255.91	1.827			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Horizon	MGD		4255.91	1.827			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Managed Care Inc	Managed Care Inc		6082.2	0.9			2126.07	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Multiplan	Multiplan		5406.4	0.8			2126.07	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Qualcare	Qualcare		5068.5	0.75			2126.07	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Three Rivers	Three Rivers		6420.1	0.95			2126.07	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	UHC	Medicaid		2126.07	0.3146			2126.07	6420.1	percent of total billed charges	
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	UHC	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Wellcare	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CUP BIOSPY BLADDER	52204	CPT	outpatient			6758	2678.87	Wellcare	Medicaid		2126.07	0.3146			2126.07	6420.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Aetna	Commercial		6347.35	1.592			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Aetna	Better Health		3673.9	0.3146			3673.9	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Aetna	Medicare		3987.03	1			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Americare	Americare		8758.5	0.75			3673.9	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	WellPoint	WellPoint		3746.3	0.3208			3673.9	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Amerihealth	Medicare		3987.03	1			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Consumer	Consumer		11094.1	0.95			3673.9	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Corrections	Corrections		9342.4	0.8			3673.9	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	First Health	First Health		8174.6	0.7			3673.9	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	First Trenton	First Trenton		10510.2	0.9			3673.9	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Horizon	Medicare Blue		3987.03	1			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Horizon	PPO		7284.3	1.827			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Horizon	MGD		7284.3	1.827			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Horizon	Indemnity		7284.3	1.827			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Managed Care Inc	Managed Care Inc		10510.2	0.9			3673.9	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Multiplan	Multiplan		9342.4	0.8			3673.9	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Qualcare	Qualcare		8758.5	0.75			3673.9	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Three Rivers	Three Rivers		11094.1	0.95			3673.9	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	UHC	Medicaid		3673.9	0.3146			3673.9	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	UHC	Medicare		3987.03	1			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Wellcare	Medicaid		3673.9	0.3146			3673.9	11094.1	percent of total billed charges	
CTSTOURETHROSCOPY W/FULGURATIO	52214	CPT	outpatient			11678	4585.08	Wellcare	Medicare		3987.03	1			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Aetna	Better Health		3673.9	0.3146			3673.9	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Aetna	Commercial		6347.35	1.592			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Aetna	Medicare		3987.03	1			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Americare	Americare		8758.5	0.75			3673.9	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	WellPoint	WellPoint		3746.3	0.3208			3673.9	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Amerihealth	Medicare		3987.03	1			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Consumer	Consumer		11094.1	0.95			3673.9	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Corrections	Corrections		9342.4	0.8			3673.9	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	First Health	First Health		8174.6	0.7			3673.9	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	First Trenton	First Trenton		10510.2	0.9			3673.9	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Horizon	MGD		7284.3	1.827			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Horizon	Indemnity		7284.3	1.827			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Horizon	Medicare Blue		3987.03	1			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Horizon	PPO		7284.3	1.827			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Managed Care Inc	Managed Care Inc		10510.2	0.9			3673.9	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Multiplan	Multiplan		9342.4	0.8			3673.9	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Qualcare	Qualcare		8758.5	0.75			3673.9	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Three Rivers	Three Rivers		11094.1	0.95			3673.9	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	UHC	Medicare		3987.03	1			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	UHC	Medicaid		3673.9	0.3146			3673.9	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Wellcare	Medicaid		3673.9	0.3146			3673.9	11094.1	percent of total billed charges	
CYSTY W/FULGURATION-MINOR LESI	52224	CPT	outpatient			11678	4585.08	Wellcare	Medicare		3987.03	1			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Aetna	Commercial		6347.35	1.592			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Aetna	Better Health		3673.9	0.3146			3673.9	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Aetna	Medicare		3987.03	1			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Americare	Americare		8758.5	0.75			3673.9	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	WellPoint	WellPoint		3746.3	0.3208			3673.9	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Amerihealth	Medicare		3987.03	1			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Consumer	Consumer		11094.1	0.95			3673.9	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Corrections	Corrections		9342.4	0.8			3673.9	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	First Health	First Health		8174.6	0.7			3673.9	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	First Trenton	First Trenton		10510.2	0.9			3673.9	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Horizon	Indemnity		7284.3	1.827			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Horizon	MGD		7284.3	1.827			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Horizon	Medicare Blue		3987.03	1			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Horizon	PPO		7284.3	1.827			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Managed Care Inc	Managed Care Inc		10510.2	0.9			3673.9	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Multiplan	Multiplan		9342.4	0.8			3673.9	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Qualcare	Qualcare		8758.5	0.75			3673.9	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Three Rivers	Three Rivers		11094.1	0.95			3673.9	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	UHC	Medicare		3987.03	1			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	UHC	Medicaid		3673.9	0.3146			3673.9	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Wellcare	Medicaid		3673.9	0.3146			3673.9	11094.1	percent of total billed charges	
CYSTO W REM TUMORS SMALL	52234	CPT	outpatient			11678	4585.08	Wellcare	Medicare		3987.03	1			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY LOC ANES	52265	CPT	outpatient			6758	2678.87	Aetna	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY LOC ANES	52265	CPT	outpatient			6758	2678.87	Aetna	Better Health		2126.07	0.3146			2126.07	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY LOC ANES	52265	CPT	outpatient			6758	2678.87	Aetna	Commercial		3708.48	1.592			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY LOC ANES	52265	CPT	outpatient			6758	2678.87	Americare	Americare		5068.5	0.75			2126.07	6420.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYSTOURETHROSCOPY LOC ANES	52265	CPT	outpatient			6758	2678.87	WellPoint	WellPoint		2167.97	0.3208			2126.07	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY LOC ANES	52265	CPT	outpatient			6758	2678.87	Amerihealth	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY LOC ANES	52265	CPT	outpatient			6758	2678.87	Consumer	Consumer		6420.1	0.95			2126.07	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY LOC ANES	52265	CPT	outpatient			6758	2678.87	Corrections	Corrections		5406.4	0.8			2126.07	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY LOC ANES	52265	CPT	outpatient			6758	2678.87	First Health	First Health		4730.6	0.7			2126.07	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY LOC ANES	52265	CPT	outpatient			6758	2678.87	First Trenton	First Trenton		6082.2	0.9			2126.07	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY LOC ANES	52265	CPT	outpatient			6758	2678.87	Horizon	Medicare Blue		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY LOC ANES	52265	CPT	outpatient			6758	2678.87	Horizon	MGD		4255.91	1.827			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY LOC ANES	52265	CPT	outpatient			6758	2678.87	Horizon	Indemnity		4255.91	1.827			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY LOC ANES	52265	CPT	outpatient			6758	2678.87	Horizon	PPO		4255.91	1.827			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY LOC ANES	52265	CPT	outpatient			6758	2678.87	Managed Care Inc	Managed Care Inc		6082.2	0.9			2126.07	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY LOC ANES	52265	CPT	outpatient			6758	2678.87	Multiplan	Multiplan		5406.4	0.8			2126.07	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY LOC ANES	52265	CPT	outpatient			6758	2678.87	Qualcare	Qualcare		5068.5	0.75			2126.07	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY LOC ANES	52265	CPT	outpatient			6758	2678.87	Three Rivers	Three Rivers		6420.1	0.95			2126.07	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY LOC ANES	52265	CPT	outpatient			6758	2678.87	UHC	Medicaid		2126.07	0.3146			2126.07	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY LOC ANES	52265	CPT	outpatient			6758	2678.87	UHC	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY LOC ANES	52265	CPT	outpatient			6758	2678.87	Wellcare	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY LOC ANES	52265	CPT	outpatient			6758	2678.87	Wellcare	Medicaid		2126.07	0.3146			2126.07	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Aetna	Better Health		2126.07	0.3146			2126.07	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Aetna	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Aetna	Commercial		3708.48	1.592			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Americare	Americare		5068.5	0.75			2126.07	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	WellPoint	WellPoint		2167.97	0.3208			2126.07	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Amerihealth	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Consumer	Consumer		6420.1	0.95			2126.07	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Corrections	Corrections		5406.4	0.8			2126.07	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	First Health	First Health		4730.6	0.7			2126.07	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	First Trenton	First Trenton		6082.2	0.9			2126.07	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Horizon	Medicare Blue		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Horizon	MGD		4255.91	1.827			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Horizon	Indemnity		4255.91	1.827			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Horizon	PPO		4255.91	1.827			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Managed Care Inc	Managed Care Inc		6082.2	0.9			2126.07	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Multiplan	Multiplan		5406.4	0.8			2126.07	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Qualcare	Qualcare		5068.5	0.75			2126.07	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Three Rivers	Three Rivers		6420.1	0.95			2126.07	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	UHC	Medicaid		2126.07	0.3146			2126.07	6420.1	percent of total billed charges	
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	UHC	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Wellcare	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTERNAL URETHROTOMY	52276	CPT	outpatient			6758	2678.87	Wellcare	Medicaid		2126.07	0.3146			2126.07	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Aetna	Medicare		2081.46	0.308			1741.12	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Aetna	Commercial		3708.48	1.592			1741.12	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Aetna	Better Health		2126.07	0.3146			1741.12	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Americare	Americare		5068.5	0.75			1741.12	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	WellPoint	WellPoint		2167.97	0.3208			1741.12	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Amerihealth	Medicare		2329.45	1			1741.12	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Consumer	Consumer		6420.1	0.95			1741.12	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Corrections	Corrections		5406.4	0.8			1741.12	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	First Health	First Health		4730.6	0.7			1741.12	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	First Trenton	First Trenton		6082.2	0.9			1741.12	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Horizon	Indemnity		4255.91	1.827			1741.12	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Horizon	Medicare Blue		2329.45	1			1741.12	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Horizon	PPO		4255.91	1.827			1741.12	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Horizon	MGD		4255.91	1.827			1741.12	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Managed Care Inc	Managed Care Inc		6082.2	0.9			1741.12	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Multiplan	Multiplan		5406.4	0.8			1741.12	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Qualcare	Qualcare		5068.5	0.75			1741.12	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Three Rivers	Three Rivers		6420.1	0.95			1741.12	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	UHC	Medicare		2329.45	1			1741.12	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	UHC	Medicaid		2126.07	0.3146			1741.12	6420.1	percent of total billed charges	
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Wellcare	Medicare		2329.45	1			1741.12	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/CALIB & DILATION STRIC	52281	CPT	outpatient			6758	2678.87	Wellcare	Medicaid		2126.07	0.3146			1741.12	6420.1	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Aetna	Medicare		702.55	0.308			702.55	2166.95	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Aetna	Commercial		1243.75	1.592			702.55	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Aetna	Better Health		717.6	0.3146			702.55	2166.95	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Americare	Americare		1710.75	0.75			702.55	2166.95	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	WellPoint	WellPoint		731.74	0.3208			702.55	2166.95	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Amerihealth	Medicare		781.25	1			702.55	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Consumer	Consumer		2166.95	0.95			702.55	2166.95	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Corrections	Corrections		1824.8	0.8			702.55	2166.95	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	First Health	First Health		1596.7	0.7			702.55	2166.95	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	First Trenton	First Trenton		2052.9	0.9			702.55	2166.95	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Horizon	Medicare Blue		781.25	1			702.55	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Horizon	Indemnity		1427.34	1.827			702.55	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Horizon	MGD		1427.34	1.827			702.55	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Horizon	PPO		1427.34	1.827			702.55	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Managed Care Inc	Managed Care Inc		2052.9	0.9			702.55	2166.95	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Multiplan	Multiplan		1824.8	0.8			702.55	2166.95	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Qualcare	Qualcare		1710.75	0.75			702.55	2166.95	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Three Rivers	Three Rivers		2166.95	0.95			702.55	2166.95	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	UHC	Medicaid		717.6	0.3146			702.55	2166.95	percent of total billed charges	
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	UHC	Medicare		781.25	1			702.55	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Wellcare	Medicare		781.25	1			702.55	2166.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52285	CPT	outpatient			2281	898.44	Wellcare	Medicaid		717.6	0.3146			702.55	2166.95	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Aetna	Better Health		2196.85	0.3146			2092.4	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Aetna	Commercial		3708.48	1.592			2092.4	6633.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Aetna	Medicare		2329.45	1			2092.4	6633.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Americare	Americare		5237.25	0.75			2092.4	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	WellPoint	WellPoint		2240.15	0.3208			2092.4	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Amerihealth	Medicare		2329.45	1			2092.4	6633.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Consumer	Consumer		6633.85	0.95			2092.4	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Corrections	Corrections		5586.4	0.8			2092.4	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	First Health	First Health		4888.1	0.7			2092.4	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	First Trenton	First Trenton		6284.7	0.9			2092.4	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Horizon	Indemnity		4255.91	1.827			2092.4	6633.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Horizon	MGD		4255.91	1.827			2092.4	6633.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Horizon	PPO		4255.91	1.827			2092.4	6633.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Horizon	Medicare Blue		2329.45	1			2092.4	6633.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Managed Care Inc	Managed Care Inc		6284.7	0.9			2092.4	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Multiplan	Multiplan		5586.4	0.8			2092.4	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Qualcare	Qualcare		5237.25	0.75			2092.4	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Three Rivers	Three Rivers		6633.85	0.95			2092.4	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	UHC	Medicare		2329.45	1			2092.4	6633.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	UHC	Medicaid		2196.85	0.3146			2092.4	6633.85	percent of total billed charges	
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Wellcare	Medicare		2329.45	1			2092.4	6633.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE CYSTOSCOPY W/ STENT REMOVAL	52310	CPT	outpatient			6983	2678.87	Wellcare	Medicaid		2196.85	0.3146			2092.4	6633.85	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Aetna	Commercial		6347.35	1.592			3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Aetna	Medicare		3596.82	0.308			3596.82	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Aetna	Better Health		3673.9	0.3146			3596.82	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Americare	Americare		8758.5	0.75			3596.82	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	WellPoint	WellPoint		3746.3	0.3208			3596.82	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Amerihealth	Medicare		3987.03	1			3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Consumer	Consumer		11094.1	0.95			3596.82	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Corrections	Corrections		9342.4	0.8			3596.82	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	First Health	First Health		8174.6	0.7			3596.82	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	First Trenton	First Trenton		10510.2	0.9			3596.82	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Horizon	MGD		7284.3	1.827			3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Horizon	Medicare Blue		3987.03	1			3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Horizon	Indemnity		7284.3	1.827			3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Horizon	PPO		7284.3	1.827			3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Managed Care Inc	Managed Care Inc		10510.2	0.9			3596.82	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Multiplan	Multiplan		9342.4	0.8			3596.82	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Qualcare	Qualcare		8758.5	0.75			3596.82	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Three Rivers	Three Rivers		11094.1	0.95			3596.82	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	UHC	Medicare		3987.03	1			3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	UHC	Medicaid		3673.9	0.3146			3596.82	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Wellcare	Medicaid		3673.9	0.3146			3596.82	11094.1	percent of total billed charges	
CYSTOSCOPT W/LITHPOLAPAXY	52317	CPT	outpatient			11678	4585.08	Wellcare	Medicare		3987.03	1			3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Aetna	Medicare		3987.03	1			1744.14	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Aetna	Better Health		3673.9	0.3146			1744.14	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Aetna	Commercial		6347.35	1.592			1744.14	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Americare	Americare		8758.5	0.75			1744.14	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	WellPoint	WellPoint		3746.3	0.3208			1744.14	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Amerihealth	Medicare		3987.03	1			1744.14	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Consumer	Consumer		11094.1	0.95			1744.14	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Corrections	Corrections		9342.4	0.8			1744.14	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	First Health	First Health		8174.6	0.7			1744.14	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	First Trenton	First Trenton		10510.2	0.9			1744.14	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Horizon	Medicare Blue		3987.03	1			1744.14	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Horizon	PPO		7284.3	1.827			1744.14	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Horizon	MGD		7284.3	1.827			1744.14	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678	4585.08	Horizon	Indemnity		7284.3	1.827			1744.14	11094

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678		4585.08 Multiplan	Multiplan		9342.4	0.8			1744.14	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678		4585.08 Qualcare	Qualcare		8758.5	0.75			1744.14	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678		4585.08 Three Rivers	Three Rivers		11094.1	0.95			1744.14	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678		4585.08 UHC	Medicaid		3673.9	0.3146			1744.14	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678		4585.08 UHC	Medicare		3987.03	1			1744.14	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678		4585.08 Wellcare	Medicaid		3673.9	0.3146			1744.14	11094.1	percent of total billed charges	
CYSTY W/EXTRACT URETHERAL CALC	52320	CPT	outpatient			11678		4585.08 Wellcare	Medicare		3987.03	1			1744.14	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535		6805.44 Aetna	Commercial		9421.09	1.592			2242.78	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535		6805.44 Aetna	Better Health		4887.31	0.3146			2242.78	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535		6805.44 Aetna	Medicare		5917.77	1			2242.78	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535		6805.44 Americare	Americare		11651.25	0.75			2242.78	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535		6805.44 WellPoint	WellPoint		4983.63	0.3208			2242.78	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535		6805.44 Amerihealth	Medicare		5917.77	1			2242.78	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535		6805.44 Consumer	Consumer		14758.25	0.95			2242.78	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535		6805.44 Corrections	Corrections		12428	0.8			2242.78	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535		6805.44 First Health	First Health		10874.5	0.7			2242.78	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535		6805.44 First Trenton	First Trenton		13981.5	0.9			2242.78	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535		6805.44 Horizon	Indemnity		10811.77	1.827			2242.78	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535		6805.44 Horizon	PPO		10811.77	1.827			2242.78	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535		6805.44 Horizon	MGD		10811.77	1.827			2242.78	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535		6805.44 Horizon	Medicare Blue		5917.77	1			2242.78	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535		6805.44 Managed Care Inc	Managed Care Inc		13981.5	0.9			2242.78	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535		6805.44 Multiplan	Multiplan		12428	0.8			2242.78	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535		6805.44 Qualcare	Qualcare		11651.25	0.75			2242.78	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535		6805.44 Three Rivers	Three Rivers		14758.25	0.95			2242.78	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535		6805.44 UHC	Medicare		5917.77	1			2242.78	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535		6805.44 UHC	Medicaid		4887.31	0.3146			2242.78	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535		6805.44 Wellcare	Medicaid		4887.31	0.3146			2242.78	14758.25	percent of total billed charges	
CYSTOURETHROSCOPY	52325	CPT	outpatient			15535		6805.44 Wellcare	Medicare		5917.77	1			2242.78	14758.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/MANIJP.URETRAL CALC.	52330	CPT	outpatient			4907		4585.08 Aetna	Better Health		1543.74	0.3146			1511.36	7284.3	percent of total billed charges	
CYSTO URETHRO.W/MANIJP.URETRAL CALC.	52330	CPT	outpatient			4907		4585.08 Aetna	Medicare		1511.36	0.308			1511.36	7284.3	percent of total billed charges	
CYSTO URETHRO.W/MANIJP.URETRAL CALC.	52330	CPT	outpatient			4907		4585.08 Aetna	Commercial		6347.35	1.592			1511.36	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/MANIJP.URETRAL CALC.	52330	CPT	outpatient			4907		4585.08 Americare	Americare		3680.25	0.75			1511.36	7284.3	percent of total billed charges	
CYSTO URETHRO.W/MANIJP.URETRAL CALC.	52330	CPT	outpatient			4907		4585.08 WellPoint	WellPoint		1574.17	0.3208			1511.36	7284.3	percent of total billed charges	
CYSTO URETHRO.W/MANIJP.URETRAL CALC.	52330	CPT	outpatient			4907		4585.08 Amerihealth	Medicare		3987.03	1			1511.36	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/MANIJP.URETRAL CALC.	52330	CPT	outpatient			4907		4585.08 Consumer	Consumer		4661.65	0.95			1511.36	7284.3	percent of total billed charges	
CYSTO URETHRO.W/MANIJP.URETRAL CALC.	52330	CPT	outpatient			4907		4585.08 Corrections	Corrections		3925.6	0.8			1511.36	7284.3	percent of total billed charges	
CYSTO URETHRO.W/MANIJP.URETRAL CALC.	52330	CPT	outpatient			4907		4585.08 First Health	First Health		3434.9	0.7			1511.36	7284.3	percent of total billed charges	
CYSTO URETHRO.W/MANIJP.URETRAL CALC.	52330	CPT	outpatient			4907		4585.08 First Trenton	First Trenton		4416.3	0.9			1511.36	7284.3	percent of total billed charges	
CYSTO URETHRO.W/MANIJP.URETRAL CALC.	52330	CPT	outpatient			4907		4585.08 Horizon	MGD		7284.3	1.827			1511.36	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/MANIJP.URETRAL CALC.	52330	CPT	outpatient			4907		4585.08 Horizon	Medicare Blue		3987.03	1			1511.36	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/MANIJP.URETRAL CALC.	52330	CPT	outpatient			4907		4585.08 Horizon	Indemnity		7284.3	1.827			1511.36	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/MANIJP.URETRAL CALC.	52330	CPT	outpatient			4907		4585.08 Horizon	PPO		7284.3	1.827			1511.36	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/MANIJP.URETRAL CALC.	52330	CPT	outpatient			4907		4585.08 Managed Care Inc	Managed Care Inc		4416.3	0.9			1511.36	7284.3	percent of total billed charges	
CYSTO URETHRO.W/MANIJP.URETRAL CALC.	52330	CPT	outpatient			4907		4585.08 Multiplan	Multiplan		3925.6	0.8			1511.36	7284.3	percent of total billed charges	
CYSTO URETHRO.W/MANIJP.URETRAL CALC.	52330	CPT	outpatient			4907		4585.08 Qualcare	Qualcare		3680.25	0.75			1511.36	7284.3	percent of total billed charges	
CYSTO URETHRO.W/MANIJP.URETRAL CALC.	52330	CPT	outpatient			4907		4585.08 Three Rivers	Three Rivers		4661.65	0.95			1511.36	7284.3	percent of total billed charges	
CYSTO URETHRO.W/MANIJP.URETRAL CALC.	52330	CPT	outpatient			4907		4585.08 UHC	Medicaid		1543.74	0.3146			1511.36	7284.3	percent of total billed charges	
CYSTO URETHRO.W/MANIJP.URETRAL CALC.	52330	CPT	outpatient			4907		4585.08 UHC	Medicare		3987.03	1			1511.36	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/MANIJP.URETRAL CALC.	52330	CPT	outpatient			4907		4585.08 Wellcare	Medicare		3987.03	1			1511.36	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/MANIJP.URETRAL CALC.	52330	CPT	outpatient			4907		4585.08 Wellcare	Medicaid		1543.74	0.3146			1511.36	7284.3	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678		4585.08 Aetna	Better Health		3673.9	0.3146			1485.18	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678		4585.08 Aetna	Commercial		6347.35	1.592			1485.18	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678		4585.08 Aetna	Medicare		3596.82	0.308			1485.18	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678		4585.08 Americare	Americare		8758.5	0.75			1485.18	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678		4585.08 WellPoint	WellPoint		3746.3	0.3208			1485.18	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678		4585.08 Amerihealth	Medicare		3987.03	1			1485.18	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678		4585.08 Consumer	Consumer		11094.1	0.95			1485.18	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678		4585.08 Corrections	Corrections		9342.4	0.8			1485.18	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678		4585.08 First Health	First Health		8174.6	0.7			1485.18	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678		4585.08 First Trenton	First Trenton		10510.2	0.9			1485.18	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678		4585.08 Horizon	Medicare Blue		3987.03	1			1485.18	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678		4585.08 Horizon	PPO		7284.3	1.827			1485.18	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678		4585.08 Horizon	MGD		7284.3	1.827			1485.18	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678		4585.08 Horizon	Indemnity		7284.3	1.827			1485.18	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678		4585.08 Managed Care Inc	Managed Care Inc		10510.2	0.9			1485.18	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678		4585.08 Multiplan	Multiplan		9342.4	0.8			1485.18	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678		4585.08 Qualcare	Qualcare		8758.5	0.75			1485.18	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678		4585.08 Three Rivers	Three Rivers		11094.1	0.95			1485.18	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678		4585.08 UHC	Medicaid		3673.9	0.3146			1485.18	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678		4585.08 UHC	Medicare		3987.03	1			1485.18	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678		4585.08 Wellcare	Medicaid		3673.9	0.3146			1485.18	11094.1	percent of total billed charges	
CYSTY W/INTER URETERAL STENT	52332	CPT	outpatient			11678		4585.08 Wellcare	Medicare		3987.03	1			1485.18	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114		4585.08 Aetna	Commercial		6347.35	1.592			2826.82	9608.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114		4585.08 Aetna	Medicare		3115.11	0.308			2826.82	9608.3	percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114		4585.08 Aetna	Better Health		3181.86	0.3146			2826.82	9608.3	percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114		4585.08 Americare	Americare		7585.5	0.75			2826.82	9608.3	percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114		4585.08 WellPoint	WellPoint		3244.57	0.3208			2826.82	9608.3	percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114		4585.08 Amerihealth	Medicare		3987.03	1			2826.82	9608.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114		4585.08 Consumer	Consumer		9608.3	0.95			2826.82	9608.3	percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114		4585.08 Corrections	Corrections		8091.2	0.8			2826.82	9608.3	percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114		4585.08 First Health	First Health		7079.8	0.7			2826.82	9608.3	percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114		4585.08 First Trenton	First Trenton		9102.6	0.9			2826.82	9608.3	percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114		4585.08 Horizon	MGD		7284.3	1.827			2826.82	9608.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114		4585.08 Horizon	Indemnity		7284.3	1.827			2826.82	9608.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114		4585.08 Horizon	Medicare Blue		3987.03	1			2826.82	9608.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114		4585.08 Horizon	PPO		7284.3	1.827			2826.82	9608.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114		4585.08 Managed Care Inc	Managed Care Inc		9102.6	0.9			2826.82	9608.3	percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114		4585.08 Multiplan	Multiplan		8091.2	0.8			2826.82	9608.3	percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114		4585.08 Qualcare	Qualcare		7585.5	0.75			2826.82	9608.3	percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114		4585.08 Three Rivers	Three Rivers		9608.3	0.95			2826.82	9608.3	percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114		4585.08 UHC	Medicaid		3181.86	0.3146			2826.82	9608.3	percent of total billed charges	
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114		4585.08 UHC	Medicare		3987.03	1			2826.82	9608.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114		4585.08 Wellcare	Medicare		3987.03	1			2826.82	9608.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO W RETGR INS OF GDE WR	52334	CPT	outpatient			10114		4585.08 Wellcare	Medicaid		3181.86	0.3146			2826.82	9608.3	percent of total billed charges	
CYSTOURETHROSCOPY; W/RX URET STRICT	52341	CPT	outpatient			7898		4585.08 Aetna	Commercial		6347.35	1.592			2484.71	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY; W/RX URET STRICT	52341	CPT	outpatient			7898		4585.08 Aetna	Better Health		2484.71	0.3146			2484.71	7503.1	percent of total billed charges	
CYSTOURETHROSCOPY; W/RX URET STRICT	52341	CPT	outpatient			7898		4585.08 Aetna	Medicare		3987.03	1			2484.71	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY; W/RX URET STRICT	52341	CPT	outpatient			7898		4585.08 Americare	Americare		5923.5	0.75			2484.71	7503.1	percent of total billed charges	
CYSTOURETHROSCOPY; W/RX URET STRICT	52341	CPT	outpatient			7898		4585.08 WellPoint	WellPoint		2533.68	0.3208			2484.71	7503.1	percent of total billed charges	
CYSTOURETHROSCOPY; W/RX URET STRICT	52341	CPT	outpatient			7898		4585.08 Amerihealth	Medicare		3987.03	1			2484.71	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY; W/RX URET STRICT	52341	CPT	outpatient			7898		4585.08 Consumer	Consumer		7503.1	0.95			2484.71	7503.1	percent of total billed charges	
CYSTOURETHROSCOPY; W/RX URET STRICT	52341	CPT	outpatient			7898		4585.08 Corrections	Corrections		6318.4	0.8			2484.71	7503.1	percent of total billed charges	
CYSTOURETHROSCOPY; W/RX URET STRICT	52341	CPT	outpatient			7898		4585.08 First Health	First Health		5528.6	0.7			2484.71	7503.1	percent of total billed charges	
CYSTOURETHROSCOPY; W/RX URET STRICT	52341	CPT	outpatient			7898		4585.08 First Trenton	First Trenton		7108.2	0.9			2484.71	7503.1	percent of total billed charges	
CYSTOURETHROSCOPY; W/RX URET STRICT	52341	CPT	outpatient			7898		4585.08 Horizon	Medicare Blue		3987.03	1			2484.71	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY; W/RX URET STRICT	52341	CPT	outpatient			7898		4585.08 Horizon	Indemnity		7284.3	1.827			2484.71	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY; W/RX URET STRICT	52341	CPT	outpatient			7898		4585.08 Horizon	MGD		7284.3	1.827			2484.71	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY; W/RX URET STRICT	52341	CPT	outpatient			7898		4585.08 Horizon	PPO		7284.3	1.827			2484.71	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY; W/RX URET STRICT	52341	CPT	outpatient			7898		4585.08 Managed Care Inc	Managed Care Inc		7108.2	0.9			2484.71	7503.1	percent of total billed charges	
CYSTOURETHROSCOPY; W/RX URET STRICT	52341	CPT	outpatient			7898		4585.08 Multiplan	Multiplan		6318.4	0.8			2484.71	7503.1	percent of total billed charges	
CYSTOURETHROSCOPY; W/RX URET STRICT	52341	CPT	outpatient			7898		4585.08 Qualcare	Qualcare		5923.5	0.75			2484.71	7503.1	percent of total billed charges	
CYSTOURETHROSCOPY; W/RX URET STRICT	52341	CPT	outpatient			7898		4585.08 Three Rivers	Three Rivers		7503.1	0.95			2484.71	7503.1	percent of total billed charges	
CYSTOURETHROSCOPY; W/RX URET STRICT	52341	CPT	outpatient			7898		4585.08 UHC	Medicaid		2484.71	0.3146			2484.71	7503.1	percent of total billed charges	
CYSTOURETHROSCOPY; W/RX URET STRICT	52341	CPT	outpatient			7898		4585.08 UHC	Medicare		3987.03	1			2484.71	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOURETHROSCOPY; W/RX URET STRICT	52341	CPT	outpatient			7898		4585.08 Wellcare	Medicaid		2484.71	0.3146			2484.71	7503.1	percent of total billed charges	
CYSTOURETHROSCOPY; W/RX URET STRICT	52341	CPT	outpatient			7898		4585.08 Wellcare	Medicare		3987.03	1			2484.71	7503.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY	52351	CPT	outpatient			11678		4585.08 Aetna	Better Health		3673.9	0.3146			1959.64	11094.1	percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678		4585.08 Aetna	Commercial		6347.35	1.592			1959.64	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY	52351	CPT	outpatient			11678		4585.08 Aetna	Medicare		3987.03	1			1959.64	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY	52351	CPT	outpatient			11678		4585.08 Americare	Americare		8758.5	0.75			1959.64	11094.1	percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678		4585.08 WellPoint	WellPoint		3746.3	0.3208			1959.64	11094.1	percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678		4585.08 Amerihealth	Medicare		3987.03	1			1959.64	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY	52351	CPT	outpatient			11678		4585.08 Consumer	Consumer		11094.1	0.95			1959.64	11094.1	percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678		4585.08 Corrections	Corrections		9342.4	0.8			1959.64	11094.1	percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678		4585.08 First Health	First Health		8174.6	0.7			1959.64	11094.1	percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678		4585.08 First Trenton	First Trenton		10510.2	0.9			1959.64	11094.1	percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678		4585.08 Horizon	MGD		7284.3	1.827			1959.64	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY	52351	CPT	outpatient			11678		4585.08 Horizon	PPO		7284.3	1.827			1959.64	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY	52351	CPT	outpatient			11678		4585.08 Horizon	Indemnity		7284.3	1.827			1959.64	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY	52351	CPT	outpatient			11678		4585.08 Horizon	Medicare Blue		3987.03	1			1959.64	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY	52351	CPT	outpatient			11678		4585.08 Managed Care Inc	Managed Care Inc		10510.2	0.9			1959.64	11094.1	percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678		4585.08 Multiplan	Multiplan		9342.4	0.8			1959.64	11094.1	percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678		4585.08 Qualcare	Qualcare		8758.5	0.75			1959.64	11094.1	percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678		4585.08 Three Rivers	Three Rivers		11094.1	0.95			1959.64	11094.1	percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678		4585.08 UHC	Medicare		3987.03	1			1959.64	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY	52351	CPT	outpatient			11678		4585.08 UHC	Medicaid		3673.9	0.3146			1959.64	11094.1	percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678		4585.08 Wellcare	Medicaid		3673.9	0.3146			1959.64	11094.1	percent of total billed charges	
URETEROSCOPY	52351	CPT	outpatient			11678		4585.08 Wellcare	Medicare		3987.03	1			1959.64	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678		4585.08 Aetna	Better Health		3673.9	0.3146			3596.82	11094.1	percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678		4585.08 Aetna	Medicare		3596.82	0.308			3596.82	11094.1	percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678		4585.08 Aetna	Commercial		6347.35	1.592			3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678		4585.08 Americare	Americare		8758.5	0.75			3596.82	11094.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678		4585.08	WellPoint		3746.3	0.3208			3596.82	11094.1	percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678		4585.08	Amerihealth		3987.03	1			3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678		4585.08	Consumer		11094.1	0.95			3596.82	11094.1	percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678		4585.08	Corrections		9342.4	0.8			3596.82	11094.1	percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678		4585.08	First Health		8174.6	0.7			3596.82	11094.1	percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678		4585.08	First Trenton		10510.2	0.9			3596.82	11094.1	percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678		4585.08	Horizon		Medicare Blue	3987.03	1		3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678		4585.08	Horizon		MGD	7284.3	1.827		3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678		4585.08	Horizon		Indemnity	7284.3	1.827		3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678		4585.08	Horizon		PPO	7284.3	1.827		3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678		4585.08	Managed Care Inc		Managed Care Inc	10510.2	0.9		3596.82	11094.1	percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678		4585.08	Multiplan		Multiplan	9342.4	0.8		3596.82	11094.1	percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678		4585.08	Qualcare		Qualcare	8758.5	0.75		3596.82	11094.1	percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678		4585.08	Three Rivers		Three Rivers	11094.1	0.95		3596.82	11094.1	percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678		4585.08	UHC		Medicaid	3673.9	0.3146		3596.82	11094.1	percent of total billed charges	
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678		4585.08	UHC		Medicare	3987.03	1		3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678		4585.08	Wellcare		Medicare	3987.03	1		3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETEROSCOPY W/CALCUL REMOVAL	52352	CPT	outpatient			11678		4585.08	Wellcare		Medicaid	3673.9	0.3146		3596.82	11094.1	percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455		6805.44	Aetna		Better Health	5176.74	0.3146		5176.74	15632.25	percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455		6805.44	Aetna		Medicare	5917.77	1		5176.74	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455		6805.44	Aetna		Commercial	9421.09	1.592		5176.74	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455		6805.44	Americare		Americare	12341.25	0.75		5176.74	15632.25	percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455		6805.44	WellPoint		WellPoint	5278.76	0.3208		5176.74	15632.25	percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455		6805.44	Amerihealth		Medicare	5917.77	1		5176.74	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455		6805.44	Consumer		Consumer	15632.25	0.95		5176.74	15632.25	percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455		6805.44	Corrections		Corrections	13164	0.8		5176.74	15632.25	percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455		6805.44	First Health		First Health	11518.5	0.7		5176.74	15632.25	percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455		6805.44	First Trenton		First Trenton	14809.5	0.9		5176.74	15632.25	percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455		6805.44	Horizon		PPO	10811.77	1.827		5176.74	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455		6805.44	Horizon		MGD	10811.77	1.827		5176.74	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455		6805.44	Horizon		Medicare Blue	5917.77	1		5176.74	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455		6805.44	Horizon		Indemnity	10811.77	1.827		5176.74	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455		6805.44	Managed Care Inc		Managed Care Inc	14809.5	0.9		5176.74	15632.25	percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455		6805.44	Multiplan		Multiplan	13164	0.8		5176.74	15632.25	percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455		6805.44	Qualcare		Qualcare	12341.25	0.75		5176.74	15632.25	percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455		6805.44	Three Rivers		Three Rivers	15632.25	0.95		5176.74	15632.25	percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455		6805.44	UHC		Medicaid	5176.74	0.3146		5176.74	15632.25	percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455		6805.44	UHC		Medicare	5917.77	1		5176.74	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455		6805.44	Wellcare		Medicaid	5176.74	0.3146		5176.74	15632.25	percent of total billed charges	
CYSTO URETHRO.W/BIOPSY OR FULG	52354	CPT	outpatient			16455		6805.44	Wellcare		Medicare	5917.77	1		5176.74	15632.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159		4585.08	Aetna		Medicare	3987.03	1		2566.82	7751.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159		4585.08	Aetna		Better Health	2566.82	0.3146		2566.82	7751.05	percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159		4585.08	Aetna		Commercial	6347.35	1.592		2566.82	7751.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159		4585.08	Americare		Americare	6119.25	0.75		2566.82	7751.05	percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159		4585.08	WellPoint		WellPoint	2617.41	0.3208		2566.82	7751.05	percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159		4585.08	Amerihealth		Medicare	3987.03	1		2566.82	7751.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159		4585.08	Consumer		Consumer	7751.05	0.95		2566.82	7751.05	percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159		4585.08	Corrections		Corrections	6527.2	0.8		2566.82	7751.05	percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159		4585.08	First Health		First Health	5711.3	0.7		2566.82	7751.05	percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159		4585.08	First Trenton		First Trenton	7343.1	0.9		2566.82	7751.05	percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159		4585.08	Horizon		Indemnity	7284.3	1.827		2566.82	7751.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159		4585.08	Horizon		Medicare Blue	3987.03	1		2566.82	7751.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159		4585.08	Horizon		PPO	7284.3	1.827		2566.82	7751.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159		4585.08	Horizon		MGD	7284.3	1.827		2566.82	7751.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159		4585.08	Managed Care Inc		Managed Care Inc	7343.1	0.9		2566.82	7751.05	percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159		4585.08	Multiplan		Multiplan	6527.2	0.8		2566.82	7751.05	percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159		4585.08	Qualcare		Qualcare	6119.25	0.75		2566.82	7751.05	percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159		4585.08	Three Rivers		Three Rivers	7751.05	0.95		2566.82	7751.05	percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159		4585.08	UHC		Medicaid	2566.82	0.3146		2566.82	7751.05	percent of total billed charges	
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159		4585.08	UHC		Medicare	3987.03	1		2566.82	7751.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159		4585.08	Wellcare		Medicare	3987.03	1		2566.82	7751.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTO URETHRO W/TRANS DRAIN PR	52700	CPT	outpatient			8159		4585.08	Wellcare		Medicaid	2566.82	0.3146		2566.82	7751.05	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758		2678.87	Aetna		Commercial	3708.48	1.592		2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEATOTMY	53020	CPT	outpatient			6758		2678.87	Aetna		Medicare	2329.45	1		2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEATOTMY	53020	CPT	outpatient			6758		2678.87	Aetna		Better Health	2126.07	0.3146		2126.07	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758		2678.87	Americare		Americare	5068.5	0.75		2126.07	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758		2678.87	WellPoint		WellPoint	2167.97	0.3208		2126.07	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758		2678.87	Amerihealth		Medicare	2329.45	1		2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEATOTMY	53020	CPT	outpatient			6758		2678.87	Consumer		Consumer	6420.1	0.95		2126.07	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758		2678.87	Corrections		Corrections	5406.4	0.8		2126.07	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758		2678.87	First Health		First Health	4730.6	0.7		2126.07	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758		2678.87	First Trenton		First Trenton	6082.2	0.9		2126.07	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758		2678.87	Horizon		Indemnity	4255.91	1.827		2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEATOTMY	53020	CPT	outpatient			6758		2678.87	Horizon		Medicare Blue	2329.45	1		2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEATOTMY	53020	CPT	outpatient			6758		2678.87	Horizon		MGD	4255.91	1.827		2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEATOTMY	53020	CPT	outpatient			6758		2678.87	Horizon		PPO	4255.91	1.827		2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEATOTMY	53020	CPT	outpatient			6758		2678.87	Managed Care Inc		Managed Care Inc	6082.2	0.9		2126.07	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758		2678.87	Multiplan		Multiplan	5406.4	0.8		2126.07	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758		2678.87	Qualcare		Qualcare	5068.5	0.75		2126.07	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758		2678.87	Three Rivers		Three Rivers	6420.1	0.95		2126.07	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758		2678.87	UHC		Medicaid	2126.07	0.3146		2126.07	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758		2678.87	UHC		Medicare	2329.45	1		2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEATOTMY	53020	CPT	outpatient			6758		2678.87	Wellcare		Medicaid	2126.07	0.3146		2126.07	6420.1	percent of total billed charges	
MEATOTMY	53020	CPT	outpatient			6758		2678.87	Wellcare		Medicare	2329.45	1		2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678		4585.08	Aetna		Better Health	3673.9	0.3146		1954.92	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678		4585.08	Aetna		Commercial	6347.35	1.592		1954.92	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678		4585.08	Aetna		Medicare	3987.03	1		1954.92	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678		4585.08	Americare		Americare	8758.5	0.75		1954.92	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678		4585.08	WellPoint		WellPoint	3746.3	0.3208		1954.92	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678		4585.08	Amerihealth		Medicare	3987.03	1		1954.92	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678		4585.08	Consumer		Consumer	11094.1	0.95		1954.92	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678		4585.08	Corrections		Corrections	9342.4	0.8		1954.92	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678		4585.08	First Health		First Health	8174.6	0.7		1954.92	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678		4585.08	First Trenton		First Trenton	10510.2	0.9		1954.92	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678		4585.08	Horizon		MGD	7284.3	1.827		1954.92	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678		4585.08	Horizon		Medicare Blue	3987.03	1		1954.92	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678		4585.08	Horizon		Indemnity	7284.3	1.827		1954.92	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678		4585.08	Horizon		PPO	7284.3	1.827		1954.92	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678		4585.08	Managed Care Inc		Managed Care Inc	10510.2	0.9		1954.92	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678		4585.08	Multiplan		Multiplan	9342.4	0.8		1954.92	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678		4585.08	Qualcare		Qualcare	8758.5	0.75		1954.92	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678		4585.08	Three Rivers		Three Rivers	11094.1	0.95		1954.92	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678		4585.08	UHC		Medicaid	3673.9	0.3146		1954.92	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678		4585.08	UHC		Medicare	3987.03	1		1954.92	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678		4585.08	Wellcare		Medicaid	3673.9	0.3146		1954.92	11094.1	percent of total billed charges	
URETHRO. W/DRAIN OF PER ABSCE	53040	CPT	outpatient			11678		4585.08	Wellcare		Medicare	3987.03	1		1954.92	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540		2678.87	Aetna		Better Health	2372.08	0.3146		2314	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540		2678.87	Aetna		Medicare	2322.32	0.308		2314	7163	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540		2678.87	Aetna		Commercial	3708.48	1.592		2314	7163	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540		2678.87	Americare		Americare	5655	0.75		2314	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540		2678.87	WellPoint		WellPoint	2418.83	0.3208		2314	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540		2678.87	Amerihealth		Medicare	2329.45	1		2314	7163	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540		2678.87	Consumer		Consumer	7163	0.95		2314	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540		2678.87	Corrections		Corrections	6032	0.8		2314	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540		2678.87	First Health		First Health	5278	0.7		2314	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540		2678.87	First Trenton		First Trenton	6786	0.9		2314	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540		2678.87	Horizon		PPO	4255.91	1.827		2314	7163	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540		2678.87	Horizon		MGD	4255.91	1.827		2314	7163	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540		2678.87	Horizon		Indemnity	4255.91	1.827		2314	7163	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540		2678.87	Horizon		Medicare Blue	2329.45	1		2314	7163	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540		2678.87	Managed Care Inc		Managed Care Inc	6786	0.9		2314	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540		2678.87	Multiplan		Multiplan	6032	0.8		2314	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540		2678.87	Qualcare		Qualcare	5655	0.75		2314	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540		2678.87	Three Rivers		Three Rivers	7163	0.95		2314	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540		2678.87	UHC		Medicaid	2372.08	0.3146		2314	7163	percent of total billed charges	
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540		2678.87	UHC		Medicare	2329.45	1		2314	7163	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540		2678.87	Wellcare		Medicare	2329.45	1		2314	7163	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE.W/DRAIN SKEN GLAND ABSC/CY	53060	CPT	outpatient			7540		2678.87	Wellcare		Medicaid	2372.08	0.3146		2314	7163	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214		898.44	Aetna		Medicare	781.25	1		781.25	5903.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214		898.44	Aetna		Better Health	1954.92	0.3146		781.25	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214		898.44	Aetna		Commercial	1243.75	1.592		781.25	5903.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214		898.44	Americare		Americare	4660.5	0.75		781.25	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214		898.44	WellPoint		WellPoint	1993.45	0.3208		781.25	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214		898.44	Amerihealth		Medicare	781.25	1		781.25	5903.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214		898.44	Consumer		Consumer	5903.3	0.95		781.25	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214		898.44	Corrections		Corrections	4971.2	0.8		781.25	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214		898.44	First Health		First Health	4349.8	0.7		781.25	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214		898.44	First Trenton		First Trenton	5592.6	0.9		781.25	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214		898.44	Horizon		Medicare Blue	781.25	1		781.25	5903.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214		898.44	Horizon		MGD	1427.34	1.827		781.25	5903.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214		898.44	Horizon		Indemnity	1427.34	1.827		781.25	5903.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214		898.44	Horizon		PPO	1427.34	1.827		781.25	5903.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214		898.44	Managed Care Inc		Managed Care Inc	5592.6	0.9	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Multiplan	Multiplan		4971.2	0.8			781.25	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Qualcare	Qualcare		4660.5	0.75			781.25	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Three Rivers	Three Rivers		5903.3	0.95			781.25	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	UHC	Medicaid		1954.92	0.3146			781.25	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	UHC	Medicare		781.25	1			781.25	5903.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Wellcare	Medicaid		1954.92	0.3146			781.25	5903.3	percent of total billed charges	
URE. W/DRAIN OF PER. EXTRAVAST	53080	CPT	outpatient			6214	898.44	Wellcare	Medicare		781.25	1			781.25	5903.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Aetna	Better Health		2126.07	0.3146			2126.07	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Aetna	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Aetna	Commercial		3708.48	1.592			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Americare	Americare		5068.5	0.75			2126.07	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	WellPoint	WellPoint		2167.97	0.3208			2126.07	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Amerihealth	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Consumer	Consumer		6420.1	0.95			2126.07	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Corrections	Corrections		5406.4	0.8			2126.07	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	First Health	First Health		4730.6	0.7			2126.07	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	First Trenton	First Trenton		6082.2	0.9			2126.07	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Horizon	Medicare Blue		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Horizon	MGD		4255.91	1.827			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Horizon	Indemnity		4255.91	1.827			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Horizon	PPO		4255.91	1.827			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Managed Care Inc	Managed Care Inc		6082.2	0.9			2126.07	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Multiplan	Multiplan		5406.4	0.8			2126.07	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Qualcare	Qualcare		5068.5	0.75			2126.07	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Three Rivers	Three Rivers		6420.1	0.95			2126.07	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	UHC	Medicaid		2126.07	0.3146			2126.07	6420.1	percent of total billed charges	
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	UHC	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Wellcare	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF URETHRA	53200	CPT	outpatient			6758	2678.87	Wellcare	Medicaid		2126.07	0.3146			2126.07	6420.1	percent of total billed charges	
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Aetna	Commercial		6347.35	1.592			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Aetna	Medicare		3987.03	1			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Aetna	Better Health		3673.9	0.3146			3673.9	11094.1	percent of total billed charges	
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Americare	Americare		8758.5	0.75			3673.9	11094.1	percent of total billed charges	
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	WellPoint	WellPoint		3746.3	0.3208			3673.9	11094.1	percent of total billed charges	
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Amerihealth	Medicare		3987.03	1			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Consumer	Consumer		11094.1	0.95			3673.9	11094.1	percent of total billed charges	
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Corrections	Corrections		9342.4	0.8			3673.9	11094.1	percent of total billed charges	
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	First Health	First Health		8174.6	0.7			3673.9	11094.1	percent of total billed charges	
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	First Trenton	First Trenton		10510.2	0.9			3673.9	11094.1	percent of total billed charges	
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Horizon	MGD		7284.3	1.827			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Horizon	Medicare Blue		3987.03	1			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Horizon	PPO		7284.3	1.827			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Horizon	Indemnity		7284.3	1.827			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Managed Care Inc	Managed Care Inc		10510.2	0.9			3673.9	11094.1	percent of total billed charges	
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Multiplan	Multiplan		9342.4	0.8			3673.9	11094.1	percent of total billed charges	
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Qualcare	Qualcare		8758.5	0.75			3673.9	11094.1	percent of total billed charges	
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Three Rivers	Three Rivers		11094.1	0.95			3673.9	11094.1	percent of total billed charges	
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	UHC	Medicaid		3673.9	0.3146			3673.9	11094.1	percent of total billed charges	
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	UHC	Medicare		3987.03	1			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Wellcare	Medicare		3987.03	1			3673.9	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC /FULGRT; URETH POLYP	53260	CPT	outpatient			11678	4585.08	Wellcare	Medicaid		3673.9	0.3146			3673.9	11094.1	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Aetna	Commercial		9421.09	1.592			5389.41	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Aetna	Better Health		5389.41	0.3146			5389.41	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Aetna	Medicare		5917.77	1			5389.41	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Americare	Americare		12848.25	0.75			5389.41	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	WellPoint	WellPoint		5495.62	0.3208			5389.41	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Amerihealth	Medicare		5917.77	1			5389.41	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Consumer	Consumer		16274.45	0.95			5389.41	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Corrections	Corrections		13704.8	0.8			5389.41	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	First Health	First Health		11991.7	0.7			5389.41	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	First Trenton	First Trenton		15417.9	0.9			5389.41	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Horizon	Indemnity		10811.77	1.827			5389.41	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Horizon	MGD		10811.77	1.827			5389.41	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Horizon	Medicare Blue		5917.77	1			5389.41	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Horizon	PPO		10811.77	1.827			5389.41	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Managed Care Inc	Managed Care Inc		15417.9	0.9			5389.41	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Multiplan	Multiplan		13704.8	0.8			5389.41	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Qualcare	Qualcare		12848.25	0.75			5389.41	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Three Rivers	Three Rivers		16274.45	0.95			5389.41	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	UHC	Medicaid		5389.41	0.3146			5389.41	16274.45	percent of total billed charges	
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	UHC	Medicare		5917.77	1			5389.41	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Wellcare	Medicare		5917.77	1			5389.41	16274.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE PENILE/URETHRA	53505	CPT	outpatient			17131	6805.44	Wellcare	Medicaid		5389.41	0.3146			5389.41	16274.45	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Aetna	Better Health		361.48	0.3146			246.96	1091.55	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Aetna	Commercial		449.99	1.592			246.96	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Aetna	Medicare		282.66	1			246.96	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Americare	Americare		861.75	0.75			246.96	1091.55	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	WellPoint	WellPoint		368.6	0.3208			246.96	1091.55	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Amerihealth	Medicare		282.66	1			246.96	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Consumer	Consumer		1091.55	0.95			246.96	1091.55	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Corrections	Corrections		919.2	0.8			246.96	1091.55	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	First Health	First Health		804.3	0.7			246.96	1091.55	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	First Trenton	First Trenton		1034.1	0.9			246.96	1091.55	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Horizon	PPO		516.42	1.827			246.96	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Horizon	MGD		516.42	1.827			246.96	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Horizon	Indemnity		516.42	1.827			246.96	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Horizon	Medicare Blue		282.66	1			246.96	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Managed Care Inc	Managed Care Inc		1034.1	0.9			246.96	1091.55	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Multiplan	Multiplan		919.2	0.8			246.96	1091.55	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Qualcare	Qualcare		861.75	0.75			246.96	1091.55	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Three Rivers	Three Rivers		1091.55	0.95			246.96	1091.55	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	UHC	Medicare		282.66	1			246.96	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	UHC	Medicaid		361.48	0.3146			246.96	1091.55	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Wellcare	Medicaid		361.48	0.3146			246.96	1091.55	percent of total billed charges	
DILATION OF URETRAL STRUCTURE	53600	CPT	outpatient			1149	325.06	Wellcare	Medicare		282.66	1			246.96	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Aetna	Medicare		146.09	1			133.39	790.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Aetna	Better Health		261.75	0.3146			133.39	790.4	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Aetna	Commercial		232.58	1.592			133.39	790.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Americare	Americare		624	0.75			133.39	790.4	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	WellPoint	WellPoint		266.91	0.3208			133.39	790.4	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Amerihealth	Medicare		146.09	1			133.39	790.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Consumer	Consumer		790.4	0.95			133.39	790.4	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Corrections	Corrections		665.6	0.8			133.39	790.4	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	First Health	First Health		582.4	0.7			133.39	790.4	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	First Trenton	First Trenton		748.8	0.9			133.39	790.4	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Horizon	MGD		266.91	1.827			133.39	790.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Horizon	Indemnity		266.91	1.827			133.39	790.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Horizon	Medicare Blue		146.09	1			133.39	790.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Horizon	PPO		266.91	1.827			133.39	790.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Managed Care Inc	Managed Care Inc		748.8	0.9			133.39	790.4	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Multiplan	Multiplan		665.6	0.8			133.39	790.4	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Qualcare	Qualcare		624	0.75			133.39	790.4	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Three Rivers	Three Rivers		790.4	0.95			133.39	790.4	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	UHC	Medicare		146.09	1			133.39	790.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	UHC	Medicaid		261.75	0.3146			133.39	790.4	percent of total billed charges	
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Wellcare	Medicare		146.09	1			133.39	790.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT. OF URE.STRUC.SUBSEQUENT	53601	CPT	outpatient			832	168	Wellcare	Medicaid		261.75	0.3146			133.39	790.4	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Aetna	Medicare		2197.27	0.308			2197.27	7284.3	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Aetna	Better Health		2244.36	0.3146			2197.27	7284.3	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Aetna	Commercial		6347.35	1.592			2197.27	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Americare	Americare		5350.5	0.75			2197.27	7284.3	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	WellPoint	WellPoint		2288.59	0.3208			2197.27	7284.3	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Amerihealth	Medicare		3987.03	1			2197.27	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Consumer	Consumer		6777.3	0.95			2197.27	7284.3	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Corrections	Corrections		5707.2	0.8			2197.27	7284.3	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	First Health	First Health		4993.8	0.7			2197.27	7284.3	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	First Trenton	First Trenton		6420.6	0.9			2197.27	7284.3	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Horizon	Medicare Blue		3987.03	1			2197.27	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Horizon	MGD		7284.3	1.827			2197.27	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Horizon	Indemnity		7284.3	1.827			2197.27	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Horizon	PPO		7284.3	1.827			2197.27	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Managed Care Inc	Managed Care Inc		6420.6	0.9			2197.27	7284.3	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Multiplan	Multiplan		5707.2	0.8			2197.27	7284.3	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Qualcare	Qualcare		5350.5	0.75			2197.27	7284.3	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Three Rivers	Three Rivers		6777.3	0.95			2197.27	7284.3	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	UHC	Medicaid		2244.36	0.3146			2197.27	7284.3	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	UHC	Medicare		3987.03	1			2197.27	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Wellcare	Medicaid		2244.36	0.3146			2197.27	7284.3	percent of total billed charges	
DIL URE.STRUC.SUB OR VES NECK	53605	CPT	outpatient			7134	4585.08	Wellcare	Medicare		3987.03	1			2197.27	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT URETHRA FEMALE INITIAL	53660	CPT	outpatient			532	205.45	Aetna	Commercial		284.41	1.592			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT URETHRA FEMALE INITIAL	53660	CPT	outpatient			532	205.45	Aetna	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT URETHRA FEMALE INITIAL	53660	CPT	outpatient			532	205.45	Aetna	Better Health		167.37	0.3146			167.37	505.4	percent of total billed charges	
DILAT URETHRA FEMALE INITIAL	53660	CPT	outpatient			532	205.45	Americare	Americare		399	0.75			167.37	505.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DILAT URETHRA FEMALE INITIAL	53660	CPT	outpatient			532	205.45	WellPoint	WellPoint		170.67	0.3208			167.37	505.4	percent of total billed charges	
DILAT URETHRA FEMALE INITIAL	53660	CPT	outpatient			532	205.45	Amerihealth	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT URETHRA FEMALE INITIAL	53660	CPT	outpatient			532	205.45	Consumer	Consumer		505.4	0.95			167.37	505.4	percent of total billed charges	
DILAT URETHRA FEMALE INITIAL	53660	CPT	outpatient			532	205.45	Corrections	Corrections		425.6	0.8			167.37	505.4	percent of total billed charges	
DILAT URETHRA FEMALE INITIAL	53660	CPT	outpatient			532	205.45	First Health	First Health		372.4	0.7			167.37	505.4	percent of total billed charges	
DILAT URETHRA FEMALE INITIAL	53660	CPT	outpatient			532	205.45	First Trenton	First Trenton		478.8	0.9			167.37	505.4	percent of total billed charges	
DILAT URETHRA FEMALE INITIAL	53660	CPT	outpatient			532	205.45	Horizon	Indemnity		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT URETHRA FEMALE INITIAL	53660	CPT	outpatient			532	205.45	Horizon	MGD		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT URETHRA FEMALE INITIAL	53660	CPT	outpatient			532	205.45	Horizon	Medicare Blue		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT URETHRA FEMALE INITIAL	53660	CPT	outpatient			532	205.45	Horizon	PPO		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT URETHRA FEMALE INITIAL	53660	CPT	outpatient			532	205.45	Managed Care Inc	Managed Care Inc		478.8	0.9			167.37	505.4	percent of total billed charges	
DILAT URETHRA FEMALE INITIAL	53660	CPT	outpatient			532	205.45	Multiplan	Multiplan		425.6	0.8			167.37	505.4	percent of total billed charges	
DILAT URETHRA FEMALE INITIAL	53660	CPT	outpatient			532	205.45	Qualcare	Qualcare		399	0.75			167.37	505.4	percent of total billed charges	
DILAT URETHRA FEMALE INITIAL	53660	CPT	outpatient			532	205.45	Three Rivers	Three Rivers		505.4	0.95			167.37	505.4	percent of total billed charges	
DILAT URETHRA FEMALE INITIAL	53660	CPT	outpatient			532	205.45	UHC	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
DILAT URETHRA FEMALE INITIAL	53660	CPT	outpatient			532	205.45	UHC	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILAT URETHRA FEMALE INITIAL	53660	CPT	outpatient			532	205.45	Wellcare	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
DILAT URETHRA FEMALE INITIAL	53660	CPT	outpatient			532	205.45	Wellcare	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Aetna	Better Health		2233.03	0.3146			2186.18	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Aetna	Commercial		3708.48	1.592			2186.18	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Aetna	Medicare		2186.18	0.308			2186.18	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Americare	Americare		5323.5	0.75			2186.18	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	WellPoint	WellPoint		2277.04	0.3208			2186.18	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Amerihealth	Medicare		2329.45	1			2186.18	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Consumer	Consumer		6743.1	0.95			2186.18	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Corrections	Corrections		5678.4	0.8			2186.18	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	First Health	First Health		4968.6	0.7			2186.18	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	First Trenton	First Trenton		6388.2	0.9			2186.18	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Horizon	MGD		4255.91	1.827			2186.18	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Horizon	Medicare Blue		2329.45	1			2186.18	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Horizon	PPO		4255.91	1.827			2186.18	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Horizon	Indemnity		4255.91	1.827			2186.18	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Managed Care Inc	Managed Care Inc		6388.2	0.9			2186.18	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Multiplan	Multiplan		5678.4	0.8			2186.18	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Qualcare	Qualcare		5323.5	0.75			2186.18	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Three Rivers	Three Rivers		6743.1	0.95			2186.18	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	UHC	Medicaid		2233.03	0.3146			2186.18	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	UHC	Medicare		2329.45	1			2186.18	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Wellcare	Medicaid		2233.03	0.3146			2186.18	6743.1	percent of total billed charges	
TEMP PROS URETHR STNT MEAS	53855	CPT	outpatient			7098	2678.87	Wellcare	Medicare		2329.45	1			2186.18	6743.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Aetna	Better Health		120.81	0.3146			116.09	516.42	percent of total billed charges	
UNLISTED PROCEDURE URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Aetna	Commercial		449.99	1.592			116.09	516.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Aetna	Medicare		282.66	1			116.09	516.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Americare	Americare		288	0.75			116.09	516.42	percent of total billed charges	
UNLISTED PROCEDURE URINARY SYSTEM	53899	CPT	outpatient			384	325.06	WellPoint	WellPoint		123.19	0.3208			116.09	516.42	percent of total billed charges	
UNLISTED PROCEDURE URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Amerihealth	Medicare		282.66	1			116.09	516.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Consumer	Consumer		364.8	0.95			116.09	516.42	percent of total billed charges	
UNLISTED PROCEDURE URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Corrections	Corrections		307.2	0.8			116.09	516.42	percent of total billed charges	
UNLISTED PROCEDURE URINARY SYSTEM	53899	CPT	outpatient			384	325.06	First Health	First Health		268.8	0.7			116.09	516.42	percent of total billed charges	
UNLISTED PROCEDURE URINARY SYSTEM	53899	CPT	outpatient			384	325.06	First Trenton	First Trenton		345.6	0.9			116.09	516.42	percent of total billed charges	
UNLISTED PROCEDURE URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Horizon	Medicare Blue		282.66	1			116.09	516.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Horizon	PPO		516.42	1.827			116.09	516.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Horizon	MGD		516.42	1.827			116.09	516.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Horizon	Indemnity		516.42	1.827			116.09	516.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Managed Care Inc	Managed Care Inc		345.6	0.9			116.09	516.42	percent of total billed charges	
UNLISTED PROCEDURE URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Multiplan	Multiplan		307.2	0.8			116.09	516.42	percent of total billed charges	
UNLISTED PROCEDURE URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Qualcare	Qualcare		288	0.75			116.09	516.42	percent of total billed charges	
UNLISTED PROCEDURE URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Three Rivers	Three Rivers		364.8	0.95			116.09	516.42	percent of total billed charges	
UNLISTED PROCEDURE URINARY SYSTEM	53899	CPT	outpatient			384	325.06	UHC	Medicaid		120.81	0.3146			116.09	516.42	percent of total billed charges	
UNLISTED PROCEDURE URINARY SYSTEM	53899	CPT	outpatient			384	325.06	UHC	Medicare		282.66	1			116.09	516.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Wellcare	Medicare		282.66	1			116.09	516.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE URINARY SYSTEM	53899	CPT	outpatient			384	325.06	Wellcare	Medicaid		120.81	0.3146			116.09	516.42	percent of total billed charges	
SLITTING PREPUCE NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Aetna	Commercial		3708.48	1.592			1773.09	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLITTING PREPUCE NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Aetna	Medicare		2329.45	1			1773.09	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLITTING PREPUCE NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Aetna	Better Health		2126.07	0.3146			1773.09	6420.1	percent of total billed charges	
SLITTING PREPUCE NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Americare	Americare		5068.5	0.75			1773.09	6420.1	percent of total billed charges	
SLITTING PREPUCE NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	WellPoint	WellPoint		2167.97	0.3208			1773.09	6420.1	percent of total billed charges	
SLITTING PREPUCE NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Amerihealth	Medicare		2329.45	1			1773.09	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLITTING PREPUCE NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Consumer	Consumer		6420.1	0.95			1773.09	6420.1	percent of total billed charges	
SLITTING PREPUCE NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Corrections	Corrections		5406.4	0.8			1773.09	6420.1	percent of total billed charges	
SLITTING PREPUCE NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	First Health	First Health		4730.6	0.7			1773.09	6420.1	percent of total billed charges	
SLITTING PREPUCE NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	First Trenton	First Trenton		6082.2	0.9			1773.09	6420.1	percent of total billed charges	
SLITTING PREPUCE NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Horizon	MGD		4255.91	1.827			1773.09	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLITTING PREPUCE NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Horizon	Indemnity		4255.91	1.827			1773.09	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLITTING PREPUCE NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Horizon	PPO		4255.91	1.827			1773.09	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLITTING PREPUCE NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Horizon	Medicare Blue		2329.45	1			1773.09	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLITTING PREPUCE NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Managed Care Inc	Managed Care Inc		6082.2	0.9			1773.09	6420.1	percent of total billed charges	
SLITTING PREPUCE NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Multiplan	Multiplan		5406.4	0.8			1773.09	6420.1	percent of total billed charges	
SLITTING PREPUCE NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Qualcare	Qualcare		5068.5	0.75			1773.09	6420.1	percent of total billed charges	
SLITTING PREPUCE NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Three Rivers	Three Rivers		6420.1	0.95			1773.09	6420.1	percent of total billed charges	
SLITTING PREPUCE NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	UHC	Medicaid		2126.07	0.3146			1773.09	6420.1	percent of total billed charges	
SLITTING PREPUCE NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	UHC	Medicare		2329.45	1			1773.09	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLITTING PREPUCE NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Wellcare	Medicare		2329.45	1			1773.09	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLITTING PREPUCE NOT NEWBRN	54001	CPT	outpatient			6758	2678.87	Wellcare	Medicaid		2126.07	0.3146			1773.09	6420.1	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54050	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54050	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54050	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	Horizon	MGD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54050	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54050	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54050	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54050	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54050	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
DESTR LESION	54050	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR LSN PENIS ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Aetna	Medicare		1937.01	0.308			1937.01	5974.55	percent of total billed charges	
DSTR LSN PENIS ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Aetna	Better Health		1978.52	0.3146			1937.01	5974.55	percent of total billed charges	
DSTR LSN PENIS ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32	1.592			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR LSN PENIS ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	0.75			1937.01	5974.55	percent of total billed charges	
DSTR LSN PENIS ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2017.51	0.3208			1937.01	5974.55	percent of total billed charges	
DSTR LSN PENIS ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR LSN PENIS ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	0.95			1937.01	5974.55	percent of total billed charges	
DSTR LSN PENIS ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	0.8			1937.01	5974.55	percent of total billed charges	
DSTR LSN PENIS ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	0.7			1937.01	5974.55	percent of total billed charges	
DSTR LSN PENIS ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	0.9			1937.01	5974.55	percent of total billed charges	
DSTR LSN PENIS ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Horizon	PPO		3810.45	1.827			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR LSN PENIS ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR LSN PENIS ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Horizon	MGD		3810.45	1.827			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR LSN PENIS ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3810.45	1.827			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR LSN PENIS ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	0.9			1937.01	5974.55	percent of total billed charges	
DSTR LSN PENIS ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	0.8			1937.01	5974.55	percent of total billed charges	
DSTR LSN PENIS ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	0.75			1937.01	5974.55	percent of total billed charges	
DSTR LSN PENIS ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	0.95			1937.01	5974.55	percent of total billed charges	
DSTR LSN PENIS ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	UHC	Medicaid		1978.52	0.3146			1937.01	5974.55	percent of total billed charges	
DSTR LSN PENIS ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR LSN PENIS ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR LSN PENIS ELCTRODESCTN	54055	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1978.52	0.3146			1937.01	5974.55	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54056	CPT	outpatient			659	263.3	Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54056	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54056	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	Horizon	MGD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54056	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54056	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54056	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54056	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DESTR LESION	54056	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR LESION	54056	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
DESTR LESION	54056	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	Aetna	Better Health		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32	1.592			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	Aetna	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2017.51	0.3208			1978.52	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	0.7			1978.52	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	Horizon	MGD		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	Horizon	PPO		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	UHC	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
DEST PENILE LES SIMPLE LASER	54057	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CONDYLOMA PENILE	54060	CPT	outpatient			6289	2398.47	Aetna	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CONDYLOMA PENILE	54060	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32	1.592			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CONDYLOMA PENILE	54060	CPT	outpatient			6289	2398.47	Aetna	Better Health		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
EXCISION CONDYLOMA PENILE	54060	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
EXCISION CONDYLOMA PENILE	54060	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2017.51	0.3208			1978.52	5974.55	percent of total billed charges	
EXCISION CONDYLOMA PENILE	54060	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CONDYLOMA PENILE	54060	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
EXCISION CONDYLOMA PENILE	54060	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
EXCISION CONDYLOMA PENILE	54060	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	0.7			1978.52	5974.55	percent of total billed charges	
EXCISION CONDYLOMA PENILE	54060	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
EXCISION CONDYLOMA PENILE	54060	CPT	outpatient			6289	2398.47	Horizon	MGD		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CONDYLOMA PENILE	54060	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CONDYLOMA PENILE	54060	CPT	outpatient			6289	2398.47	Horizon	PPO		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CONDYLOMA PENILE	54060	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CONDYLOMA PENILE	54060	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
EXCISION CONDYLOMA PENILE	54060	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
EXCISION CONDYLOMA PENILE	54060	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
EXCISION CONDYLOMA PENILE	54060	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
EXCISION CONDYLOMA PENILE	54060	CPT	outpatient			6289	2398.47	UHC	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
EXCISION CONDYLOMA PENILE	54060	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION CONDYLOMA PENILE	54060	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
EXCISION CONDYLOMA PENILE	54060	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289	2398.47	Aetna	Better Health		1978.52	0.3146			1937.01	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289	2398.47	Aetna	Commercial		3320.32	1.592			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289	2398.47	Aetna	Medicare		1937.01	0.308			1937.01	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289	2398.47	Americare	Americare		4716.75	0.75			1937.01	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289	2398.47	WellPoint	WellPoint		2017.51	0.3208			1937.01	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289	2398.47	Amerihealth	Medicare		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289	2398.47	Consumer	Consumer		5974.55	0.95			1937.01	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289	2398.47	Corrections	Corrections		5031.2	0.8			1937.01	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289	2398.47	First Health	First Health		4402.3	0.7			1937.01	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289	2398.47	First Trenton	First Trenton		5660.1	0.9			1937.01	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289	2398.47	Horizon	MGD		3810.45	1.827			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289	2398.47	Horizon	Indemnity		3810.45	1.827			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289	2398.47	Horizon	Medicare Blue		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289	2398.47	Horizon	PPO		3810.45	1.827			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289	2398.47	Managed Care Inc	Managed Care Inc		5660.1	0.9			1937.01	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289	2398.47	Multiplan	Multiplan		5031.2	0.8			1937.01	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289	2398.47	Qualcare	Qualcare		4716.75	0.75			1937.01	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289	2398.47	Three Rivers	Three Rivers		5974.55	0.95			1937.01	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289	2398.47	UHC	Medicaid		1978.52	0.3146			1937.01	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289	2398.47	UHC	Medicare		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289	2398.47	Wellcare	Medicaid		1978.52	0.3146			1937.01	5974.55	percent of total billed charges	
DESTR PENIS LESION(S)	54065	CPT	outpatient			6289	2398.47	Wellcare	Medicare		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464	2132.36	Aetna	Commercial		2951.93	1.592			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464	2132.36	Aetna	Better Health		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464	2132.36	Aetna	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464	2132.36	Americare	Americare		4098	0.75			1718.97	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464	2132.36	WellPoint	WellPoint		1752.85	0.3208			1718.97	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464	2132.36	Amerihealth	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464	2132.36	Consumer	Consumer		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464	2132.36	Corrections	Corrections		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464	2132.36	First Health	First Health		3824.8	0.7			1718.97	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464	2132.36	First Trenton	First Trenton		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464	2132.36	Horizon	Indemnity		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464	2132.36	Horizon	MGD		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464	2132.36	Horizon	Medicare Blue		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464	2132.36	Horizon	PPO		3387.68	1.827			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464	2132.36	Managed Care Inc	Managed Care Inc		4917.6	0.9			1718.97	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464	2132.36	Multiplan	Multiplan		4371.2	0.8			1718.97	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464	2132.36	Qualcare	Qualcare		4098	0.75			1718.97	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464	2132.36	Three Rivers	Three Rivers		5190.8	0.95			1718.97	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464	2132.36	UHC	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464	2132.36	UHC	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464	2132.36	Wellcare	Medicare		1854.23	1			1718.97	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX PENIS SEPARATE PROCEDURE	54100	CPT	outpatient			5464	2132.36	Wellcare	Medicaid		1718.97	0.3146			1718.97	5190.8	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758	2678.87	Aetna	Commercial		3708.48	1.592			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758	2678.87	Aetna	Better Health		2126.07	0.3146			2126.07	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758	2678.87	Aetna	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758	2678.87	Americare	Americare		5068.5	0.75			2126.07	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758	2678.87	WellPoint	WellPoint		2167.97	0.3208			2126.07	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758	2678.87	Amerihealth	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758	2678.87	Consumer	Consumer		6420.1	0.95			2126.07	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758	2678.87	Corrections	Corrections		5406.4	0.8			2126.07	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758	2678.87	First Health	First Health		4730.6	0.7			2126.07	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758	2678.87	First Trenton	First Trenton		6082.2	0.9			2126.07	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758	2678.87	Horizon	MGD		4255.91	1.827			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758	2678.87	Horizon	Indemnity		4255.91	1.827			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758	2678.87	Horizon	Medicare Blue		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758	2678.87	Horizon	PPO		4255.91	1.827			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758	2678.87	Managed Care Inc	Managed Care Inc		6082.2	0.9			2126.07	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758	2678.87	Multiplan	Multiplan		5406.4	0.8			2126.07	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758	2678.87	Qualcare	Qualcare		5068.5	0.75			2126.07	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758	2678.87	Three Rivers	Three Rivers		6420.1	0.95			2126.07	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758	2678.87	UHC	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758	2678.87	UHC	Medicaid		2126.07	0.3146			2126.07	6420.1	percent of total billed charges	
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758	2678.87	Wellcare	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CIRCUMCISION	54163	CPT	outpatient			6758	2678.87	Wellcare	Medicaid		2126.07	0.3146			2126.07	6420.1	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	Aetna	Commercial		449.99	1.592			246.96	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	Aetna	Medicare		282.66	1			246.96	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	Aetna	Better Health		246.96	0.3146			246.96	745.75	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	Americare	Americare		588.75	0.75			246.96	745.75	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	WellPoint	WellPoint		251.83	0.3208			246.96	745.75	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	Amerihealth	Medicare		282.66	1			246.96	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	Consumer	Consumer		746.75	0.95			246.96	745.75	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	Corrections	Corrections		628	0.8			246.96	745.75	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	First Health	First Health		549.5	0.7			246.96	745.75	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	First Trenton	First Trenton		706.5	0.9			246.96	745.75	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	Horizon	PPO		516.42	1.827			246.96	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	Horizon	Medicare Blue		282.66	1			246.96	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	Horizon	Indemnity		516.42	1.827			246.96	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	Horizon	MGD		516.42	1.827			246.96	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	Managed Care Inc	Managed Care Inc		706.5	0.9			246.96	745.75	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	Multiplan	Multiplan		628	0.8			246.96	745.75	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	Qualcare	Qualcare		588.75	0.75			246.96	745.75	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	Three Rivers	Three Rivers		745.75	0.95			246.96	745.75	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	UHC	Medicaid		246.96	0.3146			246.96	745.75	percent of total billed charges	
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	UHC	Medicare		282.66	1			246.96	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	Wellcare	Medicare		282.66	1			246.96	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PEYRONIE DISEASE	54200	CPT	outpatient			785	325.06	Wellcare	Medicaid		246.96	0.3146			246.96	745.75	percent of total billed charges	
IRR CORPORA CAVERNOSA PRIAPISM	54220	CPT	outpatient			924	325.06	Aetna	Medicare		284.59	0.308			282.66	877.8	percent of total billed charges	
IRR CORPORA CAVERNOSA PRIAPISM	54220	CPT	outpatient			924	325.06	Aetna	Better Health		290.69	0.3146			282.66	877.8	percent of total billed charges	
IRR CORPORA CAVERNOSA PRIAPISM	54220	CPT	outpatient			924	325.06	Aetna	Commercial		449.99	1.592			282.66	877.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRR CORPORA CAVERNOSA PRIAPISM	54220	CPT	outpatient			924	325.06	Americare	Americare		693	0.75			282.66	877.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IRR CORPORA CAVERNOSA PRIAPISM	54220	CPT	outpatient			924	325.06	WellPoint	WellPoint		296.42	0.3208			282.66	877.8	percent of total billed charges	
IRR CORPORA CAVERNOSA PRIAPISM	54220	CPT	outpatient			924	325.06	Amerihealth	Medicare		282.66	1			282.66	877.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRR CORPORA CAVERNOSA PRIAPISM	54220	CPT	outpatient			924	325.06	Consumer	Consumer		877.8	0.95			282.66	877.8	percent of total billed charges	
IRR CORPORA CAVERNOSA PRIAPISM	54220	CPT	outpatient			924	325.06	Corrections	Corrections		739.2	0.8			282.66	877.8	percent of total billed charges	
IRR CORPORA CAVERNOSA PRIAPISM	54220	CPT	outpatient			924	325.06	First Health	First Health		646.8	0.7			282.66	877.8	percent of total billed charges	
IRR CORPORA CAVERNOSA PRIAPISM	54220	CPT	outpatient			924	325.06	First Trenton	First Trenton		831.6	0.9			282.66	877.8	percent of total billed charges	
IRR CORPORA CAVERNOSA PRIAPISM	54220	CPT	outpatient			924	325.06	Horizon	PPO		516.42	1.827			282.66	877.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRR CORPORA CAVERNOSA PRIAPISM	54220	CPT	outpatient			924	325.06	Horizon	MGD		516.42	1.827			282.66	877.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRR CORPORA CAVERNOSA PRIAPISM	54220	CPT	outpatient			924	325.06	Horizon	Medicare Blue		282.66	1			282.66	877.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRR CORPORA CAVERNOSA PRIAPISM	54220	CPT	outpatient			924	325.06	Horizon	Indemnity		516.42	1.827			282.66	877.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRR CORPORA CAVERNOSA PRIAPISM	54220	CPT	outpatient			924	325.06	Managed Care Inc	Managed Care Inc		831.6	0.9			282.66	877.8	percent of total billed charges	
IRR CORPORA CAVERNOSA PRIAPISM	54220	CPT	outpatient			924	325.06	Multiplan	Multiplan		739.2	0.8			282.66	877.8	percent of total billed charges	
IRR CORPORA CAVERNOSA PRIAPISM	54220	CPT	outpatient			924	325.06	Qualcare	Qualcare		693	0.75			282.66	877.8	percent of total billed charges	
IRR CORPORA CAVERNOSA PRIAPISM	54220	CPT	outpatient			924	325.06	Three Rivers	Three Rivers		877.8	0.95			282.66	877.8	percent of total billed charges	
IRR CORPORA CAVERNOSA PRIAPISM	54220	CPT	outpatient			924	325.06	UHC	Medicaid		290.69	0.3146			282.66	877.8	percent of total billed charges	
IRR CORPORA CAVERNOSA PRIAPISM	54220	CPT	outpatient			924	325.06	UHC	Medicare		282.66	1			282.66	877.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRR CORPORA CAVERNOSA PRIAPISM	54220	CPT	outpatient			924	325.06	Wellcare	Medicare		282.66	1			282.66	877.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRR CORPORA CAVERNOSA PRIAPISM	54220	CPT	outpatient			924	325.06	Wellcare	Medicaid		290.69	0.3146			282.66	877.8	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Aetna	Better Health		569.11	0.3146			542.7	1718.55	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Aetna	Medicare		557.17	0.308			542.7	1718.55	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Aetna	Commercial		687.42	0.38			542.7	1718.55	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Americare	Americare		1356.75	0.75			542.7	1718.55	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		WellPoint	WellPoint		580.33	0.3208			542.7	1718.55	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Consumer	Consumer		1718.55	0.95			542.7	1718.55	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Corrections	Corrections		1447.2	0.8			542.7	1718.55	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		First Health	First Health		1266.3	0.7			542.7	1718.55	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		First Trenton	First Trenton		1628.1	0.9			542.7	1718.55	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Horizon	MGD		692.49	0.3828			542.7	1718.55	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Horizon	PPO		692.49	0.3828			542.7	1718.55	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Horizon	Indemnity		692.49	0.3828			542.7	1718.55	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Horizon	Medicare Blue		542.7	0.3			542.7	1718.55	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Managed Care Inc	Managed Care Inc		1628.1	0.9			542.7	1718.55	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Multiplan	Multiplan		1447.2	0.8			542.7	1718.55	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Qualcare	Qualcare		1356.75	0.75			542.7	1718.55	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Three Rivers	Three Rivers		1718.55	0.95			542.7	1718.55	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		UHC	Medicaid		569.11	0.3146			542.7	1718.55	percent of total billed charges	
INJECT PROC CORPORA CAVERNOSOGRAPHY	54230	CPT	outpatient			1809		Wellcare	Medicaid		569.11	0.3146			542.7	1718.55	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Aetna	Better Health		2393.16	0.3146			282.66	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Aetna	Commercial		449.99	1.592			282.66	7226.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Aetna	Medicare		282.66	1			282.66	7226.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Americare	Americare		5705.25	0.75			282.66	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	WellPoint	WellPoint		2440.33	0.3208			282.66	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Amerihealth	Medicare		282.66	1			282.66	7226.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Consumer	Consumer		7226.65	0.95			282.66	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Corrections	Corrections		6085.6	0.8			282.66	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	First Health	First Health		5324.9	0.7			282.66	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	First Trenton	First Trenton		6846.3	0.9			282.66	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Horizon	MGD		516.42	1.827			282.66	7226.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Horizon	Indemnity		516.42	1.827			282.66	7226.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Horizon	Medicare Blue		282.66	1			282.66	7226.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Horizon	PPO		516.42	1.827			282.66	7226.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Managed Care Inc	Managed Care Inc		6846.3	0.9			282.66	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Multiplan	Multiplan		6085.6	0.8			282.66	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Qualcare	Qualcare		5705.25	0.75			282.66	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Three Rivers	Three Rivers		7226.65	0.95			282.66	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	UHC	Medicaid		2393.16	0.3146			282.66	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	UHC	Medicare		282.66	1			282.66	7226.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Wellcare	Medicaid		2393.16	0.3146			282.66	7226.65	percent of total billed charges	
DYNAMIC CAVERNOSOMETRY	54231	CPT	outpatient			7607	325.06	Wellcare	Medicare		282.66	1			282.66	7226.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Aetna	Commercial		449.99	1.592			170.02	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Aetna	Better Health		246.96	0.3146			170.02	745.75	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Aetna	Medicare		241.78	0.308			170.02	745.75	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Americare	Americare		588.75	0.75			170.02	745.75	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	WellPoint	WellPoint		251.83	0.3208			170.02	745.75	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Amerihealth	Medicare		282.66	1			170.02	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Consumer	Consumer		745.75	0.95			170.02	745.75	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Corrections	Corrections		628	0.8			170.02	745.75	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	First Health	First Health		549.5	0.7			170.02	745.75	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	First Trenton	First Trenton		706.5	0.9			170.02	745.75	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Horizon	MGD		516.42	1.827			170.02	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Horizon	Medicare Blue		282.66	1			170.02	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Horizon	PPO		516.42	1.827			170.02	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Horizon	Indemnity		516.42	1.827			170.02	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Managed Care Inc	Managed Care Inc		706.5	0.9			170.02	745.75	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Multiplan	Multiplan		628	0.8			170.02	745.75	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Qualcare	Qualcare		588.75	0.75			170.02	745.75	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Three Rivers	Three Rivers		745.75	0.95			170.02	745.75	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	UHC	Medicare		282.66	1			170.02	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	UHC	Medicaid		246.96	0.3146			170.02	745.75	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Wellcare	Medicaid		246.96	0.3146			170.02	745.75	percent of total billed charges	
INJ CORPORA CAVERNOSA W/DRUG	54235	CPT	outpatient			785	325.06	Wellcare	Medicare		282.66	1			170.02	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Aetna	Commercial		6347.35	1.592			3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Aetna	Better Health		3673.9	0.3146			3596.82	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Aetna	Medicare		3596.82	0.308			3596.82	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Americare	Americare		8758.5	0.75			3596.82	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	WellPoint	WellPoint		3746.3	0.3208			3596.82	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Amerihealth	Medicare		3987.03	1			3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Consumer	Consumer		11094.1	0.95			3596.82	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Corrections	Corrections		9342.4	0.8			3596.82	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	First Health	First Health		8174.6	0.7			3596.82	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	First Trenton	First Trenton		10510.2	0.9			3596.82	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Horizon	Medicare Blue		3987.03	1			3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Horizon	MGD		7284.3	1.827			3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Horizon	PPO		7284.3	1.827			3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Horizon	Indemnity		7284.3	1.827			3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Managed Care Inc	Managed Care Inc		10510.2	0.9			3596.82	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Multiplan	Multiplan		9342.4	0.8			3596.82	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Qualcare	Qualcare		8758.5	0.75			3596.82	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Three Rivers	Three Rivers		11094.1	0.95			3596.82	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	UHC	Medicaid		3673.9	0.3146			3596.82	11094.1	percent of total billed charges	
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	UHC	Medicare		3987.03	1			3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Wellcare	Medicare		3987.03	1			3596.82	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE PENILE PROS	54406	CPT	outpatient			11678	4585.08	Wellcare	Medicaid		3673.9	0.3146			3596.82	11094.1	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Aetna	Better Health		2237.44	0.3146			2237.44	7284.3	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Aetna	Commercial		6347.35	1.592			2237.44	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Aetna	Medicare		3987.03	1			2237.44	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Americare	Americare		5334	0.75			2237.44	7284.3	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	WellPoint	WellPoint		2281.53	0.3208			2237.44	7284.3	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Amerihealth	Medicare		3987.03	1			2237.44	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Consumer	Consumer		6756.4	0.95			2237.44	7284.3	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Corrections	Corrections		5689.6	0.8			2237.44	7284.3	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	First Health	First Health		4978.4	0.7			2237.44	7284.3	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	First Trenton	First Trenton		6400.8	0.9			2237.44	7284.3	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Horizon	MGD		7284.3	1.827			2237.44	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Horizon	Indemnity		7284.3	1.827			2237.44	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Horizon	PPO		7284.3	1.827			2237.44	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Horizon	Medicare Blue		3987.03	1			2237.44	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Managed Care Inc	Managed Care Inc		6400.8	0.9			2237.44	7284.3	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Multiplan	Multiplan		5689.6	0.8			2237.44	7284.3	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Qualcare	Qualcare		5334	0.75			2237.44	7284.3	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Three Rivers	Three Rivers		6756.4	0.95			2237.44	7284.3	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	UHC	Medicare		3987.03	1			2237.44	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	UHC	Medicaid		2237.44	0.3146			2237.44	7284.3	percent of total billed charges	
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Wellcare	Medicare		3987.03	1			2237.44	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COPORA CAVERNOSA GLANS	54435	CPT	outpatient			7112	4585.08	Wellcare	Medicaid		2237.44	0.3146			2237.44	7284.3	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Aetna	Better Health		440.75	0.3146			282.66	1330.95	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Aetna	Commercial		449.99	1.592			282.66	1330.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Aetna	Medicare		282.66	1			282.66	1330.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Americare	Americare		1050.75	0.75			282.66	1330.95	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	WellPoint	WellPoint		449.44	0.3208			282.66	1330.95	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Amerihealth	Medicare		282.66	1			282.66	1330.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Consumer	Consumer		1330.95	0.95			282.66	1330.95	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Corrections	Corrections		1120.8	0.8			282.66	1330.95	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	First Health	First Health		980.7	0.7			282.66	1330.95	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	First Trenton	First Trenton		1260.9	0.9			282.66	1330.95	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Horizon	MGD		516.42	1.827			282.66	1330.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Horizon	Indemnity		516.42	1.827			282.66	1330.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Horizon	Medicare Blue		282.66	1			282.66	1330.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Horizon	PPO		516.42	1.827			282.66	1330.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Managed Care Inc	Managed Care Inc		1260.9	0.9			282.66	1330.95	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Multiplan	Multiplan		1120.8	0.8			282.66	1330.95	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Qualcare	Qualcare		1050.75	0.75			282.66	1330.95	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Three Rivers	Three Rivers		1330.95	0.95			282.66	1330.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	UHC	Medicare		282.66				282.66	1330.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	UHC	Medicaid		440.75	0.3146			282.66	1330.95	percent of total billed charges	
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Wellcare	Medicare		282.66	1			282.66	1330.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANIPULATION FORESKIN PENIS	54450	CPT	outpatient			1401	325.06	Wellcare	Medicaid		440.75	0.3146			282.66	1330.95	percent of total billed charges	
BX TESTIS NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Aetna	Better Health		2961.33	0.3146			1615.47	8942.35	percent of total billed charges	
BX TESTIS NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Aetna	Commercial		5173.59	1.592			1615.47	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX TESTIS NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Aetna	Medicare		3249.74	1			1615.47	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX TESTIS NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Americare	Americare		7059.75	0.75			1615.47	8942.35	percent of total billed charges	
BX TESTIS NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	WellPoint	WellPoint		3019.69	0.3208			1615.47	8942.35	percent of total billed charges	
BX TESTIS NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Amerihealth	Medicare		3249.74	1			1615.47	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX TESTIS NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Consumer	Consumer		8942.35	0.95			1615.47	8942.35	percent of total billed charges	
BX TESTIS NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Corrections	Corrections		7530.4	0.8			1615.47	8942.35	percent of total billed charges	
BX TESTIS NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	First Health	First Health		6589.1	0.7			1615.47	8942.35	percent of total billed charges	
BX TESTIS NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	First Trenton	First Trenton		8471.7	0.9			1615.47	8942.35	percent of total billed charges	
BX TESTIS NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Horizon	MGD		5937.27	1.827			1615.47	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX TESTIS NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Horizon	Medicare Blue		3249.74	1			1615.47	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX TESTIS NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Horizon	PPO		5937.27	1.827			1615.47	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX TESTIS NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Horizon	Indemnity		5937.27	1.827			1615.47	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX TESTIS NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Managed Care Inc	Managed Care Inc		8471.7	0.9			1615.47	8942.35	percent of total billed charges	
BX TESTIS NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Multiplan	Multiplan		7530.4	0.8			1615.47	8942.35	percent of total billed charges	
BX TESTIS NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Qualcare	Qualcare		7059.75	0.75			1615.47	8942.35	percent of total billed charges	
BX TESTIS NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Three Rivers	Three Rivers		8942.35	0.95			1615.47	8942.35	percent of total billed charges	
BX TESTIS NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	UHC	Medicare		3249.74	1			1615.47	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX TESTIS NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	UHC	Medicaid		2961.33	0.3146			1615.47	8942.35	percent of total billed charges	
BX TESTIS NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Wellcare	Medicaid		2961.33	0.3146			1615.47	8942.35	percent of total billed charges	
BX TESTIS NEEDLE (SEP PROC)	54500	CPT	outpatient			9413	3737.2	Wellcare	Medicare		3249.74	1			1615.47	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Aetna	Better Health		2209.12	0.3146			2012.16	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Aetna	Medicare		2162.78	0.308			2012.16	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Aetna	Commercial		3708.48	1.592			2012.16	6670.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Americare	Americare		5266.5	0.75			2012.16	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	WellPoint	WellPoint		2252.66	0.3208			2012.16	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Amerihealth	Medicare		2329.45	1			2012.16	6670.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Consumer	Consumer		6670.9	0.95			2012.16	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Corrections	Corrections		5617.6	0.8			2012.16	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	First Health	First Health		4915.4	0.7			2012.16	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	First Trenton	First Trenton		6319.8	0.9			2012.16	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Horizon	Indemnity		4255.91	1.827			2012.16	6670.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Horizon	MGD		4255.91	1.827			2012.16	6670.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Horizon	Medicare Blue		2329.45	1			2012.16	6670.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Horizon	PPO		4255.91	1.827			2012.16	6670.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Managed Care Inc	Managed Care Inc		6319.8	0.9			2012.16	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Multiplan	Multiplan		5617.6	0.8			2012.16	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Qualcare	Qualcare		5266.5	0.75			2012.16	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Three Rivers	Three Rivers		6670.9	0.95			2012.16	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	UHC	Medicaid		2209.12	0.3146			2012.16	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	UHC	Medicare		2329.45	1			2012.16	6670.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Wellcare	Medicaid		2209.12	0.3146			2012.16	6670.9	percent of total billed charges	
I&D EQIDIDYMIS TESTIS OR SCROT	54700	CPT	outpatient			7022	2678.87	Wellcare	Medicare		2329.45	1			2012.16	6670.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EPIDIDYMIS NEEDLE	54800	CPT	outpatient			5653	2132.36	Aetna	Commercial		2951.93	1.592			1741.12	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EPIDIDYMIS NEEDLE	54800	CPT	outpatient			5653	2132.36	Aetna	Better Health		1778.43	0.3146			1741.12	5370.35	percent of total billed charges	
BIOPSY EPIDIDYMIS NEEDLE	54800	CPT	outpatient			5653	2132.36	Aetna	Medicare		1741.12	0.308			1741.12	5370.35	percent of total billed charges	
BIOPSY EPIDIDYMIS NEEDLE	54800	CPT	outpatient			5653	2132.36	Americare	Americare		4239.75	0.75			1741.12	5370.35	percent of total billed charges	
BIOPSY EPIDIDYMIS NEEDLE	54800	CPT	outpatient			5653	2132.36	WellPoint	WellPoint		1813.48	0.3208			1741.12	5370.35	percent of total billed charges	
BIOPSY EPIDIDYMIS NEEDLE	54800	CPT	outpatient			5653	2132.36	Amerihealth	Medicare		1854.23	1			1741.12	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EPIDIDYMIS NEEDLE	54800	CPT	outpatient			5653	2132.36	Consumer	Consumer		5370.35	0.95			1741.12	5370.35	percent of total billed charges	
BIOPSY EPIDIDYMIS NEEDLE	54800	CPT	outpatient			5653	2132.36	Corrections	Corrections		4522.4	0.8			1741.12	5370.35	percent of total billed charges	
BIOPSY EPIDIDYMIS NEEDLE	54800	CPT	outpatient			5653	2132.36	First Health	First Health		3957.1	0.7			1741.12	5370.35	percent of total billed charges	
BIOPSY EPIDIDYMIS NEEDLE	54800	CPT	outpatient			5653	2132.36	First Trenton	First Trenton		5087.7	0.9			1741.12	5370.35	percent of total billed charges	
BIOPSY EPIDIDYMIS NEEDLE	54800	CPT	outpatient			5653	2132.36	Horizon	Medicare Blue		1854.23	1			1741.12	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EPIDIDYMIS NEEDLE	54800	CPT	outpatient			5653	2132.36	Horizon	MGD		3387.68	1.827			1741.12	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EPIDIDYMIS NEEDLE	54800	CPT	outpatient			5653	2132.36	Horizon	Indemnity		3387.68	1.827			1741.12	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EPIDIDYMIS NEEDLE	54800	CPT	outpatient			5653	2132.36	Horizon	PPO		3387.68	1.827			1741.12	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EPIDIDYMIS NEEDLE	54800	CPT	outpatient			5653	2132.36	Managed Care Inc	Managed Care Inc		5087.7	0.9			1741.12	5370.35	percent of total billed charges	
BIOPSY EPIDIDYMIS NEEDLE	54800	CPT	outpatient			5653	2132.36	Multiplan	Multiplan		4522.4	0.8			1741.12	5370.35	percent of total billed charges	
BIOPSY EPIDIDYMIS NEEDLE	54800	CPT	outpatient			5653	2132.36	Qualcare	Qualcare		4239.75	0.75			1741.12	5370.35	percent of total billed charges	
BIOPSY EPIDIDYMIS NEEDLE	54800	CPT	outpatient			5653	2132.36	Three Rivers	Three Rivers		5370.35	0.95			1741.12	5370.35	percent of total billed charges	
BIOPSY EPIDIDYMIS NEEDLE	54800	CPT	outpatient			5653	2132.36	UHC	Medicaid		1778.43	0.3146			1741.12	5370.35	percent of total billed charges	
BIOPSY EPIDIDYMIS NEEDLE	54800	CPT	outpatient			5653	2132.36	UHC	Medicare		1854.23	1			1741.12	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EPIDIDYMIS NEEDLE	54800	CPT	outpatient			5653	2132.36	Wellcare	Medicaid		1778.43	0.3146			1741.12	5370.35	percent of total billed charges	
BIOPSY EPIDIDYMIS NEEDLE	54800	CPT	outpatient			5653	2132.36	Wellcare	Medicare		1854.23	1			1741.12	5370.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Aetna	Commercial		1281.02	1.592			721.06	2248.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Aetna	Better Health		744.66	0.3146			721.06	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Aetna	Medicare		804.66	1			721.06	2248.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Americare	Americare		1775.25	0.75			721.06	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	WellPoint	WellPoint		759.33	0.3208			721.06	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Amerihealth	Medicare		804.66	1			721.06	2248.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Consumer	Consumer		2248.65	0.95			721.06	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Corrections	Corrections		1893.6	0.8			721.06	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	First Health	First Health		1656.9	0.7			721.06	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	First Trenton	First Trenton		2130.3	0.9			721.06	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Horizon	MGD		1470.11	1.827			721.06	2248.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Horizon	Medicare Blue		804.66	1			721.06	2248.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Horizon	Indemnity		1470.11	1.827			721.06	2248.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Horizon	PPO		1470.11	1.827			721.06	2248.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Managed Care Inc	Managed Care Inc		2130.3	0.9			721.06	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Multiplan	Multiplan		1893.6	0.8			721.06	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Qualcare	Qualcare		1775.25	0.75			721.06	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Three Rivers	Three Rivers		2248.65	0.95			721.06	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	UHC	Medicare		804.66	1			721.06	2248.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	UHC	Medicaid		744.66	0.3146			721.06	2248.65	percent of total billed charges	
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Wellcare	Medicare		804.66	1			721.06	2248.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNCT ASP W/WOUT INJCTN OF MED	55000	CPT	outpatient			2367	925.36	Wellcare	Medicaid		744.66	0.3146			721.06	2248.65	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Aetna	Commercial		2951.93	1.592			799.71	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Aetna	Better Health		1718.97	0.3146			799.71	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Aetna	Medicare		1854.23	1			799.71	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Americare	Americare		4098	0.75			799.71	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	WellPoint	WellPoint		1752.85	0.3208			799.71	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Amerihealth	Medicare		1854.23	1			799.71	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Consumer	Consumer		5190.8	0.95			799.71	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Corrections	Corrections		4371.2	0.8			799.71	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	First Health	First Health		3824.8	0.7			799.71	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	First Trenton	First Trenton		4917.6	0.9			799.71	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Horizon	Medicare Blue		1854.23	1			799.71	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Horizon	MGD		3387.68	1.827			799.71	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Horizon	Indemnity		3387.68	1.827			799.71	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Horizon	PPO		3387.68	1.827			799.71	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Managed Care Inc	Managed Care Inc		4917.6	0.9			799.71	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Multiplan	Multiplan		4371.2	0.8			799.71	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Qualcare	Qualcare		4098	0.75			799.71	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Three Rivers	Three Rivers		5190.8	0.95			799.71	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	UHC	Medicaid		1718.97	0.3146			799.71	5190.8	percent of total billed charges	
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	UHC	Medicare		1854.23	1			799.71	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Wellcare	Medicare		1854.23	1			799.71	5190.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE & DRAIN ABSCESS SCROTUM	55100	CPT	outpatient			5464	2132.36	Wellcare	Medicaid		1718.97	0.3146			799.71	5190.8	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088	4585.08	Aetna	Better Health		2229.88	0.3146			2229.88	7284.3	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088	4585.08	Aetna	Commercial		6347.35	1.592			2229.88	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE SCROTUM	55110	CPT	outpatient			7088	4585.08	Aetna	Medicare		3987.03	1			2229.88	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE SCROTUM	55110	CPT	outpatient			7088	4585.08	Americare	Americare		5316	0.75			2229.88	7284.3	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088	4585.08	WellPoint	WellPoint		2273.83	0.3208			2229.88	7284.3	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088	4585.08	Amerihealth	Medicare		3987.03	1			2229.88	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE SCROTUM	55110	CPT	outpatient			7088	4585.08	Consumer	Consumer		6733.6	0.95			2229.88	7284.3	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088	4585.08	Corrections	Corrections		5670.4	0.8			2229.88	7284.3	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088	4585.08	First Health	First Health		4961.6	0.7			2229.88	7284.3	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088	4585.08	First Trenton	First Trenton		6379.2	0.9			2229.88	7284.3	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088	4585.08	Horizon	Medicare Blue		3987.03	1			2229.88	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE SCROTUM	55110	CPT	outpatient			7088	4585.08	Horizon	PPO		7284.3	1.827			2229.88	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE SCROTUM	55110	CPT	outpatient			7088	4585.08	Horizon	MGD		7284.3	1.827			2229.88	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE SCROTUM	55110	CPT	outpatient			7088	4585.08	Horizon	Indemnity		7284.3	1.827			2229.88	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE SCROTUM	55110	CPT	outpatient			7088	4585.08	Managed Care Inc	Managed Care Inc		6379.2	0.9			2229.88	7284.3	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088	4585.08	Multiplan	Multiplan		5670.4	0.8			2229.88	7284.3	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088	4585.08	Qualcare	Qualcare		5316	0.75			2229.88	7284.3	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088	4585.08	Three Rivers	Three Rivers		6733.6	0.95			2229.88	7284.3	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088	4585.08	UHC	Medicare		3987.03	1			2229.88	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXPLORE SCROTUM	55110	CPT	outpatient			7088	4585.08	UHC	Medicaid		2229.88	0.3146			2229.88	7284.3	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088	4585.08	Wellcare	Medicaid		2229.88	0.3146			2229.88	7284.3	percent of total billed charges	
EXPLORE SCROTUM	55110	CPT	outpatient			7088	4585.08	Wellcare	Medicare		3987.03	1			2229.88	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088	2678.87	Aetna	Better Health		2229.88	0.3146			2229.88	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088	2678.87	Aetna	Medicare		2329.45	1			2229.88	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088	2678.87	Aetna	Commercial		3708.48	1.592			2229.88	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088	2678.87	Americare	Americare		5316	0.75			2229.88	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088	2678.87	WellPoint	WellPoint		2273.83	0.3208			2229.88	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088	2678.87	Amerihealth	Medicare		2329.45	1			2229.88	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088	2678.87	Consumer	Consumer		6733.6	0.95			2229.88	6733.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088	2678.87	Corrections	Corrections		5670.4	0.8			2229.88	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088	2678.87	First Health	First Health		4961.6	0.7			2229.88	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088	2678.87	First Trenton	First Trenton		6379.2	0.9			2229.88	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088	2678.87	Horizon	MGD		4255.91	1.827			2229.88	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088	2678.87	Horizon	Indemnity		4255.91	1.827			2229.88	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088	2678.87	Horizon	PPO		4255.91	1.827			2229.88	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088	2678.87	Horizon	Medicare Blue		2329.45	1			2229.88	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088	2678.87	Managed Care Inc	Managed Care Inc		6379.2	0.9			2229.88	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088	2678.87	Multiplan	Multiplan		5670.4	0.8			2229.88	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088	2678.87	Qualcare	Qualcare		5316	0.75			2229.88	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088	2678.87	Three Rivers	Three Rivers		6733.6	0.95			2229.88	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088	2678.87	UHC	Medicare		2329.45	1			2229.88	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088	2678.87	UHC	Medicaid		2229.88	0.3146			2229.88	6733.6	percent of total billed charges	
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088	2678.87	Wellcare	Medicare		2329.45	1			2229.88	6733.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF SCROTUM LESION	55120	CPT	outpatient			7088	2678.87	Wellcare	Medicaid		2229.88	0.3146			2229.88	6733.6	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758	2678.87	Aetna	Better Health		2126.07	0.3146			2126.07	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758	2678.87	Aetna	Commercial		3708.48	1.592			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASECTOMY	55250	CPT	outpatient			6758	2678.87	Aetna	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASECTOMY	55250	CPT	outpatient			6758	2678.87	Americare	Americare		5068.5	0.75			2126.07	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758	2678.87	WellPoint	WellPoint		2167.97	0.3208			2126.07	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758	2678.87	Amerihealth	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASECTOMY	55250	CPT	outpatient			6758	2678.87	Consumer	Consumer		6420.1	0.95			2126.07	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758	2678.87	Corrections	Corrections		5406.4	0.8			2126.07	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758	2678.87	First Health	First Health		4730.6	0.7			2126.07	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758	2678.87	First Trenton	First Trenton		6082.2	0.9			2126.07	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758	2678.87	Horizon	MGD		4255.91	1.827			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASECTOMY	55250	CPT	outpatient			6758	2678.87	Horizon	Medicare Blue		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASECTOMY	55250	CPT	outpatient			6758	2678.87	Horizon	Indemnity		4255.91	1.827			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASECTOMY	55250	CPT	outpatient			6758	2678.87	Horizon	PPO		4255.91	1.827			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASECTOMY	55250	CPT	outpatient			6758	2678.87	Managed Care Inc	Managed Care Inc		6082.2	0.9			2126.07	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758	2678.87	Multiplan	Multiplan		5406.4	0.8			2126.07	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758	2678.87	Qualcare	Qualcare		5068.5	0.75			2126.07	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758	2678.87	Three Rivers	Three Rivers		6420.1	0.95			2126.07	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758	2678.87	UHC	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASECTOMY	55250	CPT	outpatient			6758	2678.87	UHC	Medicaid		2126.07	0.3146			2126.07	6420.1	percent of total billed charges	
VASECTOMY	55250	CPT	outpatient			6758	2678.87	Wellcare	Medicare		2329.45	1			2126.07	6420.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VASECTOMY	55250	CPT	outpatient			6758	2678.87	Wellcare	Medicaid		2126.07	0.3146			2126.07	6420.1	percent of total billed charges	
PROSTATE NEEDLE BX ANY APPROACH	55700	CPT	outpatient			7123	2678.87	Aetna	Better Health		2240.9	0.3146			1351.81	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX ANY APPROACH	55700	CPT	outpatient			7123	2678.87	Aetna	Commercial		3708.48	1.592			1351.81	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BX ANY APPROACH	55700	CPT	outpatient			7123	2678.87	Aetna	Medicare		2193.88	0.308			1351.81	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX ANY APPROACH	55700	CPT	outpatient			7123	2678.87	Americare	Americare		5342.25	0.75			1351.81	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX ANY APPROACH	55700	CPT	outpatient			7123	2678.87	WellPoint	WellPoint		2285.06	0.3208			1351.81	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX ANY APPROACH	55700	CPT	outpatient			7123	2678.87	Amerihealth	Medicare		2329.45	1			1351.81	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BX ANY APPROACH	55700	CPT	outpatient			7123	2678.87	Consumer	Consumer		6766.85	0.95			1351.81	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX ANY APPROACH	55700	CPT	outpatient			7123	2678.87	Corrections	Corrections		5698.4	0.8			1351.81	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX ANY APPROACH	55700	CPT	outpatient			7123	2678.87	First Health	First Health		4986.1	0.7			1351.81	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX ANY APPROACH	55700	CPT	outpatient			7123	2678.87	First Trenton	First Trenton		6410.7	0.9			1351.81	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX ANY APPROACH	55700	CPT	outpatient			7123	2678.87	Horizon	MGD		4255.91	1.827			1351.81	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BX ANY APPROACH	55700	CPT	outpatient			7123	2678.87	Horizon	Indemnity		4255.91	1.827			1351.81	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BX ANY APPROACH	55700	CPT	outpatient			7123	2678.87	Horizon	Medicare Blue		2329.45	1			1351.81	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BX ANY APPROACH	55700	CPT	outpatient			7123	2678.87	Horizon	PPO		4255.91	1.827			1351.81	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BX ANY APPROACH	55700	CPT	outpatient			7123	2678.87	Managed Care Inc	Managed Care Inc		6410.7	0.9			1351.81	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX ANY APPROACH	55700	CPT	outpatient			7123	2678.87	Multiplan	Multiplan		5698.4	0.8			1351.81	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX ANY APPROACH	55700	CPT	outpatient			7123	2678.87	Qualcare	Qualcare		5342.25	0.75			1351.81	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX ANY APPROACH	55700	CPT	outpatient			7123	2678.87	Three Rivers	Three Rivers		6766.85	0.95			1351.81	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX ANY APPROACH	55700	CPT	outpatient			7123	2678.87	UHC	Medicare		2329.45	1			1351.81	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE NEEDLE BX ANY APPROACH	55700	CPT	outpatient			7123	2678.87	UHC	Medicaid		2240.9	0.3146			1351.81	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX ANY APPROACH	55700	CPT	outpatient			7123	2678.87	Wellcare	Medicaid		2240.9	0.3146			1351.81	6766.85	percent of total billed charges	
PROSTATE NEEDLE BX ANY APPROACH	55700	CPT	outpatient			7123	2678.87	Wellcare	Medicare		2329.45	1			1351.81	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE BX	55706	CPT	outpatient			11678	4585.08	Aetna	Commercial		6347.35	1.592			1441.5	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE BX	55706	CPT	outpatient			11678	4585.08	Aetna	Better Health		3673.9	0.3146			1441.5	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678	4585.08	Aetna	Medicare		3987.03	1			1441.5	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE BX	55706	CPT	outpatient			11678	4585.08	Americare	Americare		8758.5	0.75			1441.5	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678	4585.08	WellPoint	WellPoint		3746.3	0.3208			1441.5	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678	4585.08	Amerihealth	Medicare		3987.03	1			1441.5	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE BX	55706	CPT	outpatient			11678	4585.08	Consumer	Consumer		11094.1	0.95			1441.5	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678	4585.08	Corrections	Corrections		9342.4	0.8			1441.5	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678	4585.08	First Health	First Health		8174.6	0.7			1441.5	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678	4585.08	First Trenton	First Trenton		10510.2	0.9			1441.5	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678	4585.08	Horizon	MGD		7284.3	1.827			1441.5	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE BX	55706	CPT	outpatient			11678	4585.08	Horizon	Indemnity		7284.3	1.827			1441.5	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE BX	55706	CPT	outpatient			11678	4585.08	Horizon	Medicare Blue		3987.03	1			1441.5	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE BX	55706	CPT	outpatient			11678	4585.08	Horizon	PPO		7284.3	1.827			1441.5	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE BX	55706	CPT	outpatient			11678	4585.08	Managed Care Inc	Managed Care Inc		10510.2	0.9			1441.5	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678	4585.08	Multiplan	Multiplan		9342.4	0.8			1441.5	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678	4585.08	Qualcare	Qualcare		8758.5	0.75			1441.5	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678	4585.08	Three Rivers	Three Rivers		11094.1	0.95			1441.5	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678	4585.08	UHC	Medicare		3987.03	1			1441.5	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE BX	55706	CPT	outpatient			11678	4585.08	UHC	Medicaid		3673.9	0.3146			1441.5	11094.1	percent of total billed charges	
PROSTATE BX	55706	CPT	outpatient			11678	4585.08	Wellcare	Medicare		3987.03	1			1441.5	11094.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATE BX	55706	CPT	outpatient			11678	4585.08	Wellcare	Medicaid		3673.9	0.3146			1441.5	11094.1	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Aetna	Medicare		3987.03	1			2240.9	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Aetna	Commercial		6347.35	1.592			2240.9	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Aetna	Better Health		2240.9	0.3146			2240.9	7284.3	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Americare	Americare		5342.25	0.75			2240.9	7284.3	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	WellPoint	WellPoint		2285.06	0.3208			2240.9	7284.3	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Amerihealth	Medicare		3987.03	1			2240.9	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Consumer	Consumer		6766.85	0.95			2240.9	7284.3	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Corrections	Corrections		5698.4	0.8			2240.9	7284.3	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	First Health	First Health		4986.1	0.7			2240.9	7284.3	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	First Trenton	First Trenton		6410.7	0.9			2240.9	7284.3	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Horizon	MGD		7284.3	1.827			2240.9	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Horizon	Medicare Blue		3987.03	1			2240.9	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Horizon	PPO		7284.3	1.827			2240.9	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Horizon	Indemnity		7284.3	1.827			2240.9	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Managed Care Inc	Managed Care Inc		6410.7	0.9			2240.9	7284.3	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Multiplan	Multiplan		5698.4	0.8			2240.9	7284.3	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Qualcare	Qualcare		5342.25	0.75			2240.9	7284.3	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Three Rivers	Three Rivers		6766.85	0.95			2240.9	7284.3	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	UHC	Medicaid		2240.9	0.3146			2240.9	7284.3	percent of total billed charges	
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	UHC	Medicare		3987.03	1			2240.9	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Wellcare	Medicare		3987.03	1			2240.9	7284.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY;SIMPLE	55720	CPT	outpatient			7123	4585.08	Wellcare	Medicaid		2240.9	0.3146			2240.9	7284.3	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Aetna	Better Health		3768.28	0.3146			3768.28	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Aetna	Medicare		3987.03	1			3768.28	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Aetna	Commercial		6347.35	1.592			3768.28	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Americare	Americare		8983.5	0.75			3768.28	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	WellPoint	WellPoint		3842.54	0.3208			3768.28	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Amerihealth	Medicare		3987.03	1			3768.28	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Consumer	Consumer		11379.1	0.95			3768.28	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Corrections	Corrections		9582.4	0.8			3768.28	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	First Health	First Health		8384.6	0.7			3768.28	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	First Trenton	First Trenton		10780.2	0.9			3768.28	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Horizon	Medicare Blue		3987.03	1			3768.28	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Horizon	Indemnity		7284.3	1.827			3768.28	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Horizon	MGD		7284.3	1.827			3768.28	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Horizon	PPO		7284.3	1.827			3768.28	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Managed Care Inc	Managed Care Inc		10780.2	0.9			3768.28	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Multiplan	Multiplan		9582.4	0.8			3768.28	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Qualcare	Qualcare		8983.5	0.75			3768.28	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Three Rivers	Three Rivers		11379.1	0.95			3768.28	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	UHC	Medicare		3987.03	1			3768.28	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	UHC	Medicaid		3768.28	0.3146			3768.28	11379.1	percent of total billed charges	
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Wellcare	Medicare		3987.03	1			3768.28	11379.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROSTATOTOMY; COMPLICATED	55725	CPT	outpatient			11978	4585.08	Wellcare	Medicaid		3768.28	0.3146			3768.28	11379.1	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Aetna	Medicare		5917.77	1			5546.08	16747.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Aetna	Commercial		9421.09	1.592			5546.08	16747.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Aetna	Better Health		5546.08	0.3146			5546.08	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Americare	Americare		13221.75	0.75			5546.08	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	WellPoint	WellPoint		5655.38	0.3208			5546.08	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Amerihealth	Medicare		5917.77	1			5546.08	16747.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Consumer	Consumer		16747.55	0.95			5546.08	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Corrections	Corrections		14103.2	0.8			5546.08	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	First Health	First Health		12340.3	0.7			5546.08	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	First Trenton	First Trenton		15866.1	0.9			5546.08	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Horizon	Indemnity		10811.77	1.827			5546.08	16747.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Horizon	MGD		10811.77	1.827			5546.08	16747.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Horizon	PPO		10811.77	1.827			5546.08	16747.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Horizon	Medicare Blue		5917.77	1			5546.08	16747.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Managed Care Inc	Managed Care Inc		15866.1	0.9			5546.08	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Multiplan	Multiplan		14103.2	0.8			5546.08	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Qualcare	Qualcare		13221.75	0.75			5546.08	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629	6805.44	Three Rivers	Three Rivers		16747.55	0.95			5546.08	16747.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629		6805.44 UHC	Medicare		5917.77	1			5546.08	16747.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629		6805.44 UHC	Medicaid		5546.08	0.3146			5546.08	16747.55	percent of total billed charges	
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629		6805.44 Wellcare	Medicare		5917.77	1			5546.08	16747.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPER PLMT BIODE MT 1/MLT NJ	55874	CPT	outpatient			17629		6805.44 Wellcare	Medicaid		5546.08	0.3146			5546.08	16747.55	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284		6805.44 Aetna	Better Health		5437.55	0.3146			5437.55	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284		6805.44 Aetna	Commercial		9421.09	1.592			5437.55	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284		6805.44 Aetna	Medicare		5917.77	1			5437.55	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284		6805.44 Americare	Americare		12963	0.75			5437.55	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284		6805.44 WellPoint	WellPoint		5544.71	0.3208			5437.55	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284		6805.44 Amerihealth	Medicare		5917.77	1			5437.55	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284		6805.44 Consumer	Consumer		16419.8	0.95			5437.55	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284		6805.44 Corrections	Corrections		13827.2	0.8			5437.55	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284		6805.44 First Health	First Health		12098.8	0.7			5437.55	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284		6805.44 First Trenton	First Trenton		15555.6	0.9			5437.55	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284		6805.44 Horizon	PPO		10811.77	1.827			5437.55	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284		6805.44 Horizon	Medicare Blue		5917.77	1			5437.55	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284		6805.44 Horizon	MGD		10811.77	1.827			5437.55	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284		6805.44 Horizon	Indemnity		10811.77	1.827			5437.55	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284		6805.44 Managed Care Inc	Managed Care Inc		15555.6	0.9			5437.55	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284		6805.44 Multiplan	Multiplan		13827.2	0.8			5437.55	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284		6805.44 Qualcare	Qualcare		12963	0.75			5437.55	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284		6805.44 Three Rivers	Three Rivers		16419.8	0.95			5437.55	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284		6805.44 UHC	Medicaid		5437.55	0.3146			5437.55	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284		6805.44 UHC	Medicare		5917.77	1			5437.55	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284		6805.44 Wellcare	Medicaid		5437.55	0.3146			5437.55	16419.8	percent of total billed charges	
TRANPERI PLMT ND/CA PRO RAD INSJ	55875	CPT	outpatient			17284		6805.44 Wellcare	Medicare		5917.77	1			5437.55	16419.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043		1822.41 Aetna	Better Health		1586.53	0.3146			1504.89	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043		1822.41 Aetna	Medicare		1553.24	0.308			1504.89	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043		1822.41 Aetna	Commercial		2522.84	1.592			1504.89	4790.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043		1822.41 Americare	Americare		3782.25	0.75			1504.89	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043		1822.41 WellPoint	WellPoint		1617.79	0.3208			1504.89	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043		1822.41 Amerihealth	Medicare		1584.7	1			1504.89	4790.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043		1822.41 Consumer	Consumer		4790.85	0.95			1504.89	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043		1822.41 Corrections	Corrections		4034.4	0.8			1504.89	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043		1822.41 First Health	First Health		3530.1	0.7			1504.89	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043		1822.41 First Trenton	First Trenton		4538.7	0.9			1504.89	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043		1822.41 Horizon	Medicare Blue		1584.7	1			1504.89	4790.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043		1822.41 Horizon	MGD		2895.25	1.827			1504.89	4790.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043		1822.41 Horizon	Indemnity		2895.25	1.827			1504.89	4790.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043		1822.41 Horizon	PPO		2895.25	1.827			1504.89	4790.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043		1822.41 Managed Care Inc	Managed Care Inc		4538.7	0.9			1504.89	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043		1822.41 Multiplan	Multiplan		4034.4	0.8			1504.89	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043		1822.41 Qualcare	Qualcare		3782.25	0.75			1504.89	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043		1822.41 Three Rivers	Three Rivers		4790.85	0.95			1504.89	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043		1822.41 UHC	Medicaid		1586.53	0.3146			1504.89	4790.85	percent of total billed charges	
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043		1822.41 UHC	Medicare		1584.7	1			1504.89	4790.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043		1822.41 Wellcare	Medicare		1584.7	1			1504.89	4790.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PL INTERSTITIAL DEV RAD TX PROSTATE	55876	CPT	outpatient			5043		1822.41 Wellcare	Medicaid		1586.53	0.3146			1504.89	4790.85	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266		6541.81 Aetna	Better Health		5431.88	0.3146			5317.93	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266		6541.81 Aetna	Medicare		5317.93	0.308			5317.93	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266		6541.81 Aetna	Commercial		9056.14	1.592			5317.93	16402.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266		6541.81 Americare	Americare		12949.5	0.75			5317.93	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266		6541.81 WellPoint	WellPoint		5538.93	0.3208			5317.93	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266		6541.81 Amerihealth	Medicare		5688.53	1			5317.93	16402.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266		6541.81 Consumer	Consumer		16402.7	0.95			5317.93	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266		6541.81 Corrections	Corrections		13812.8	0.8			5317.93	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266		6541.81 First Health	First Health		12086.2	0.7			5317.93	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266		6541.81 First Trenton	First Trenton		15539.4	0.9			5317.93	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266		6541.81 Horizon	MGD		10392.94	1.827			5317.93	16402.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266		6541.81 Horizon	Medicare Blue		5688.53	1			5317.93	16402.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266		6541.81 Horizon	Indemnity		10392.94	1.827			5317.93	16402.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266		6541.81 Horizon	PPO		10392.94	1.827			5317.93	16402.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266		6541.81 Managed Care Inc	Managed Care Inc		15539.4	0.9			5317.93	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266		6541.81 Multiplan	Multiplan		13812.8	0.8			5317.93	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266		6541.81 Qualcare	Qualcare		12949.5	0.75			5317.93	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266		6541.81 Three Rivers	Three Rivers		16402.7	0.95			5317.93	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266		6541.81 UHC	Medicaid		5431.88	0.3146			5317.93	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266		6541.81 UHC	Medicare		5688.53	1			5317.93	16402.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266		6541.81 Wellcare	Medicaid		5431.88	0.3146			5317.93	16402.7	percent of total billed charges	
PLACEMENT OF NEEDLES INTO PELVIS ORGANS	55920	CPT	outpatient			17266		6541.81 Wellcare	Medicare		5688.53	1			5317.93	16402.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVA/PERINEAL ABSCESS	56405	CPT	outpatient			2097		421.94 Aetna	Commercial		584.1	1.592			335.68	1992.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVA/PERINEAL ABSCESS	56405	CPT	outpatient			2097		421.94 Aetna	Better Health		659.72	0.3146			335.68	1992.15	percent of total billed charges	
I&D VULVA/PERINEAL ABSCESS	56405	CPT	outpatient			2097		421.94 Aetna	Medicare		366.9	1			335.68	1992.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVA/PERINEAL ABSCESS	56405	CPT	outpatient			2097		421.94 Americare	Americare		1572.75	0.75			335.68	1992.15	percent of total billed charges	
I&D VULVA/PERINEAL ABSCESS	56405	CPT	outpatient			2097		421.94 WellPoint	WellPoint		672.72	0.3208			335.68	1992.15	percent of total billed charges	
I&D VULVA/PERINEAL ABSCESS	56405	CPT	outpatient			2097		421.94 Amerihealth	Medicare		366.9	1			335.68	1992.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVA/PERINEAL ABSCESS	56405	CPT	outpatient			2097		421.94 Consumer	Consumer		1992.15	0.95			335.68	1992.15	percent of total billed charges	
I&D VULVA/PERINEAL ABSCESS	56405	CPT	outpatient			2097		421.94 Corrections	Corrections		1677.6	0.8			335.68	1992.15	percent of total billed charges	
I&D VULVA/PERINEAL ABSCESS	56405	CPT	outpatient			2097		421.94 First Health	First Health		1467.9	0.7			335.68	1992.15	percent of total billed charges	
I&D VULVA/PERINEAL ABSCESS	56405	CPT	outpatient			2097		421.94 First Trenton	First Trenton		1887.3	0.9			335.68	1992.15	percent of total billed charges	
I&D VULVA/PERINEAL ABSCESS	56405	CPT	outpatient			2097		421.94 Horizon	Indemnity		670.33	1.827			335.68	1992.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVA/PERINEAL ABSCESS	56405	CPT	outpatient			2097		421.94 Horizon	PPO		670.33	1.827			335.68	1992.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVA/PERINEAL ABSCESS	56405	CPT	outpatient			2097		421.94 Horizon	MGD		670.33	1.827			335.68	1992.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVA/PERINEAL ABSCESS	56405	CPT	outpatient			2097		421.94 Horizon	Medicare Blue		366.9	1			335.68	1992.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVA/PERINEAL ABSCESS	56405	CPT	outpatient			2097		421.94 Managed Care Inc	Managed Care Inc		1887.3	0.9			335.68	1992.15	percent of total billed charges	
I&D VULVA/PERINEAL ABSCESS	56405	CPT	outpatient			2097		421.94 Multiplan	Multiplan		1677.6	0.8			335.68	1992.15	percent of total billed charges	
I&D VULVA/PERINEAL ABSCESS	56405	CPT	outpatient			2097		421.94 Qualcare	Qualcare		1572.75	0.75			335.68	1992.15	percent of total billed charges	
I&D VULVA/PERINEAL ABSCESS	56405	CPT	outpatient			2097		421.94 Three Rivers	Three Rivers		1992.15	0.95			335.68	1992.15	percent of total billed charges	
I&D VULVA/PERINEAL ABSCESS	56405	CPT	outpatient			2097		421.94 UHC	Medicaid		659.72	0.3146			335.68	1992.15	percent of total billed charges	
I&D VULVA/PERINEAL ABSCESS	56405	CPT	outpatient			2097		421.94 UHC	Medicare		366.9	1			335.68	1992.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVA/PERINEAL ABSCESS	56405	CPT	outpatient			2097		421.94 Wellcare	Medicare		366.9	1			335.68	1992.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VULVA/PERINEAL ABSCESS	56405	CPT	outpatient			2097		421.94 Wellcare	Medicaid		659.72	0.3146			335.68	1992.15	percent of total billed charges	
INCISION & DRAINAGE BARTHOLINS GLAND	56420	CPT	outpatient			649		262.09 Aetna	Commercial		362.82	1.592			192.54	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE BARTHOLINS GLAND	56420	CPT	outpatient			649		262.09 Aetna	Medicare		227.9	1			192.54	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE BARTHOLINS GLAND	56420	CPT	outpatient			649		262.09 Aetna	Better Health		204.18	0.3146			192.54	616.55	percent of total billed charges	
INCISION & DRAINAGE BARTHOLINS GLAND	56420	CPT	outpatient			649		262.09 Americare	Americare		486.75	0.75			192.54	616.55	percent of total billed charges	
INCISION & DRAINAGE BARTHOLINS GLAND	56420	CPT	outpatient			649		262.09 WellPoint	WellPoint		208.2	0.3208			192.54	616.55	percent of total billed charges	
INCISION & DRAINAGE BARTHOLINS GLAND	56420	CPT	outpatient			649		262.09 Amerihealth	Medicare		227.9	1			192.54	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE BARTHOLINS GLAND	56420	CPT	outpatient			649		262.09 Consumer	Consumer		616.55	0.95			192.54	616.55	percent of total billed charges	
INCISION & DRAINAGE BARTHOLINS GLAND	56420	CPT	outpatient			649		262.09 Corrections	Corrections		519.2	0.8			192.54	616.55	percent of total billed charges	
INCISION & DRAINAGE BARTHOLINS GLAND	56420	CPT	outpatient			649		262.09 First Health	First Health		454.3	0.7			192.54	616.55	percent of total billed charges	
INCISION & DRAINAGE BARTHOLINS GLAND	56420	CPT	outpatient			649		262.09 First Trenton	First Trenton		584.1	0.9			192.54	616.55	percent of total billed charges	
INCISION & DRAINAGE BARTHOLINS GLAND	56420	CPT	outpatient			649		262.09 Horizon	Medicare Blue		227.9	1			192.54	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE BARTHOLINS GLAND	56420	CPT	outpatient			649		262.09 Horizon	MGD		416.37	1.827			192.54	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE BARTHOLINS GLAND	56420	CPT	outpatient			649		262.09 Horizon	PPO		416.37	1.827			192.54	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE BARTHOLINS GLAND	56420	CPT	outpatient			649		262.09 Horizon	Indemnity		416.37	1.827			192.54	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE BARTHOLINS GLAND	56420	CPT	outpatient			649		262.09 Managed Care Inc	Managed Care Inc		584.1	0.9			192.54	616.55	percent of total billed charges	
INCISION & DRAINAGE BARTHOLINS GLAND	56420	CPT	outpatient			649		262.09 Multiplan	Multiplan		519.2	0.8			192.54	616.55	percent of total billed charges	
INCISION & DRAINAGE BARTHOLINS GLAND	56420	CPT	outpatient			649		262.09 Qualcare	Qualcare		486.75	0.75			192.54	616.55	percent of total billed charges	
INCISION & DRAINAGE BARTHOLINS GLAND	56420	CPT	outpatient			649		262.09 Three Rivers	Three Rivers		616.55	0.95			192.54	616.55	percent of total billed charges	
INCISION & DRAINAGE BARTHOLINS GLAND	56420	CPT	outpatient			649		262.09 UHC	Medicaid		204.18	0.3146			192.54	616.55	percent of total billed charges	
INCISION & DRAINAGE BARTHOLINS GLAND	56420	CPT	outpatient			649		262.09 UHC	Medicare		227.9	1			192.54	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE BARTHOLINS GLAND	56420	CPT	outpatient			649		262.09 Wellcare	Medicare		227.9	1			192.54	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION & DRAINAGE BARTHOLINS GLAND	56420	CPT	outpatient			649		262.09 Wellcare	Medicaid		204.18	0.3146			192.54	616.55	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152		4111.87 Aetna	Commercial		5692.26	1.592			2250.02	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152		4111.87 Aetna	Better Health		2250.02	0.3146			2250.02	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152		4111.87 Aetna	Medicare		3575.54	1			2250.02	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152		4111.87 Americare	Americare		5364	0.75			2250.02	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152		4111.87 WellPoint	WellPoint		2294.36	0.3208			2250.02	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152		4111.87 Amerihealth	Medicare		3575.54	1			2250.02	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152		4111.87 Consumer	Consumer		6794.4	0.95			2250.02	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152		4111.87 Corrections	Corrections		5721.6	0.8			2250.02	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152		4111.87 First Health	First Health		5006.4	0.7			2250.02	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152		4111.87 First Trenton	First Trenton		6436.8	0.9			2250.02	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152		4111.87 Horizon	Indemnity		6532.51	1.827			2250.02	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152		4111.87 Horizon	MGD		6532.51	1.827			2250.02	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152		4111.87 Horizon	Medicare Blue		3575.54	1			2250.02	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152		4111.87 Horizon	PPO		6532.51	1.827			2250.02	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152		4111.87 Managed Care Inc	Managed Care Inc		6436.8	0.9			2250.02	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152		4111.87 Multiplan	Multiplan		5721.6	0.8			2250.02	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152		4111.87 Qualcare	Qualcare		5364	0.75			2250.02	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152		4111.87 Three Rivers	Three Rivers		6794.4	0.95			2250.02	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152		4111.87 UHC	Medicare		3575.54	1			2250.02	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152		4111.87 UHC	Medicaid		2250.02	0.3146			2250.02	6794.4	percent of total billed charges	
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152		4111.87 Wellcare	Medicare		3575.54	1			2250.02	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARSUP BARTHOLI CYST	56440	CPT	outpatient			7152		4111.87 Wellcare	Medicaid		2250.02	0.3146			2250.02	6794.4	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303		4111.87 Aetna	Commercial		5692.26	1.592			3173.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303		4111.87 Aetna	Better Health		3241.32	0.3146			3173.32	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303		4111.87 Aetna	Medicare		3173.32	0.308			3173.32	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303		4111.87 Americare	Americare		7727.25	0.75			3173.32	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303		4111.87 WellPoint	WellPoint		3305.2	0.3208			3173.32	9787.85	percent of

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303		4111.87 Corrections	Corrections		8242.4	0.8			3173.32	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303		4111.87 First Health	First Health		7212.1	0.7			3173.32	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303		4111.87 First Trenton	First Trenton		9272.7	0.9			3173.32	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303		4111.87 Horizon	PPO		6532.51	1.827			3173.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303		4111.87 Horizon	Medicare Blue		3575.54	1			3173.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303		4111.87 Horizon	MCD		6532.51	1.827			3173.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303		4111.87 Horizon	Indemnity		6532.51	1.827			3173.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303		4111.87 Managed Care Inc	Managed Care Inc		9272.7	0.9			3173.32	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303		4111.87 Multiplan	Multiplan		8242.4	0.8			3173.32	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303		4111.87 Qualcare	Qualcare		7727.25	0.75			3173.32	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303		4111.87 Three Rivers	Three Rivers		9787.85	0.95			3173.32	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303		4111.87 UHC	Medicare		3575.54	1			3173.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303		4111.87 UHC	Medicaid		3241.32	0.3146			3173.32	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303		4111.87 Wellcare	Medicaid		3241.32	0.3146			3173.32	9787.85	percent of total billed charges	
LYSIS LABIAL ADHESIONS	56441	CPT	outpatient			10303		4111.87 Wellcare	Medicare		3575.54	1			3173.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289		2398.47 Aetna	Better Health		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289		2398.47 Aetna	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289		2398.47 Aetna	Commercial		3320.32	1.592			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289		2398.47 Americare	Americare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289		2398.47 WellPoint	WellPoint		2017.51	0.3208			1978.52	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289		2398.47 Amerihealth	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289		2398.47 Consumer	Consumer		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289		2398.47 Corrections	Corrections		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289		2398.47 First Health	First Health		4402.3	0.7			1978.52	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289		2398.47 First Trenton	First Trenton		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289		2398.47 Horizon	MCD		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289		2398.47 Horizon	Medicare Blue		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289		2398.47 Horizon	PPO		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289		2398.47 Horizon	Indemnity		3810.45	1.827			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289		2398.47 Managed Care Inc	Managed Care Inc		5660.1	0.9			1978.52	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289		2398.47 Multiplan	Multiplan		5031.2	0.8			1978.52	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289		2398.47 Qualcare	Qualcare		4716.75	0.75			1978.52	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289		2398.47 Three Rivers	Three Rivers		5974.55	0.95			1978.52	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289		2398.47 UHC	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289		2398.47 UHC	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289		2398.47 Wellcare	Medicare		2085.63	1			1978.52	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION LESION VULVA	56501	CPT	outpatient			6289		2398.47 Wellcare	Medicaid		1978.52	0.3146			1978.52	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	both			6289		2398.47 Aetna	Better Health		1978.52	0.3146			1937.01	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	both			6289		2398.47 Aetna	Commercial		3320.32	1.592			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT OF LESION VULVA COM	56515	CPT	both			6289		2398.47 Aetna	Medicare		1937.01	0.308			1937.01	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	both			6289		2398.47 Americare	Americare		4716.75	0.75			1937.01	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	both			6289		2398.47 WellPoint	WellPoint		2017.51	0.3208			1937.01	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	both			6289		2398.47 Amerihealth	Medicare		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT OF LESION VULVA COM	56515	CPT	both			6289		2398.47 Consumer	Consumer		5974.55	0.95			1937.01	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	both			6289		2398.47 Corrections	Corrections		5031.2	0.8			1937.01	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	both			6289		2398.47 First Health	First Health		4402.3	0.7			1937.01	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	both			6289		2398.47 First Trenton	First Trenton		5660.1	0.9			1937.01	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	both			6289		2398.47 Horizon	PPO		3810.45	1.827			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT OF LESION VULVA COM	56515	CPT	both			6289		2398.47 Horizon	Indemnity		3810.45	1.827			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT OF LESION VULVA COM	56515	CPT	both			6289		2398.47 Horizon	Medicare Blue		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT OF LESION VULVA COM	56515	CPT	both			6289		2398.47 Horizon	MCD		3810.45	1.827			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT OF LESION VULVA COM	56515	CPT	both			6289		2398.47 Managed Care Inc	Managed Care Inc		5660.1	0.9			1937.01	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	both			6289		2398.47 Multiplan	Multiplan		5031.2	0.8			1937.01	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	both			6289		2398.47 Qualcare	Qualcare		4716.75	0.75			1937.01	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	both			6289		2398.47 Three Rivers	Three Rivers		5974.55	0.95			1937.01	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	both			6289		2398.47 UHC	Medicaid		1978.52	0.3146			1937.01	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	both			6289		2398.47 UHC	Medicare		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT OF LESION VULVA COM	56515	CPT	both			6289		2398.47 Wellcare	Medicaid		1978.52	0.3146			1937.01	5974.55	percent of total billed charges	
DESTRUCT OF LESION VULVA COM	56515	CPT	both			6289		2398.47 Wellcare	Medicare		2085.63	1			1937.01	5974.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVAR BIOPSY ONE LESION	56605	CPT	both			2565		1057.32 Aetna	Better Health		806.95	0.3146			560.62	2436.75	percent of total billed charges	
VULVAR BIOPSY ONE LESION	56605	CPT	both			2565		1057.32 Aetna	Commercial		1463.7	1.592			560.62	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVAR BIOPSY ONE LESION	56605	CPT	both			2565		1057.32 Aetna	Medicare		919.41	1			560.62	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVAR BIOPSY ONE LESION	56605	CPT	both			2565		1057.32 Americare	Americare		1923.75	0.75			560.62	2436.75	percent of total billed charges	
VULVAR BIOPSY ONE LESION	56605	CPT	both			2565		1057.32 WellPoint	WellPoint		822.85	0.3208			560.62	2436.75	percent of total billed charges	
VULVAR BIOPSY ONE LESION	56605	CPT	both			2565		1057.32 Amerihealth	Medicare		919.41	1			560.62	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVAR BIOPSY ONE LESION	56605	CPT	both			2565		1057.32 Consumer	Consumer		2436.75	0.95			560.62	2436.75	percent of total billed charges	
VULVAR BIOPSY ONE LESION	56605	CPT	both			2565		1057.32 Corrections	Corrections		2052	0.8			560.62	2436.75	percent of total billed charges	
VULVAR BIOPSY ONE LESION	56605	CPT	both			2565		1057.32 First Health	First Health		1795.5	0.7			560.62	2436.75	percent of total billed charges	
VULVAR BIOPSY ONE LESION	56605	CPT	both			2565		1057.32 First Trenton	First Trenton		2308.5	0.9			560.62	2436.75	percent of total billed charges	
VULVAR BIOPSY ONE LESION	56605	CPT	both			2565		1057.32 Horizon	Indemnity		1679.76	1.827			560.62	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVAR BIOPSY ONE LESION	56605	CPT	both			2565		1057.32 Horizon	MCD		1679.76	1.827			560.62	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVAR BIOPSY ONE LESION	56605	CPT	both			2565		1057.32 Horizon	Medicare Blue		919.41	1			560.62	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVAR BIOPSY ONE LESION	56605	CPT	both			2565		1057.32 Horizon	PPO		1679.76	1.827			560.62	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVAR BIOPSY ONE LESION	56605	CPT	both			2565		1057.32 Managed Care Inc	Managed Care Inc		2308.5	0.9			560.62	2436.75	percent of total billed charges	
VULVAR BIOPSY ONE LESION	56605	CPT	both			2565		1057.32 Multiplan	Multiplan		2052	0.8			560.62	2436.75	percent of total billed charges	
VULVAR BIOPSY ONE LESION	56605	CPT	both			2565		1057.32 Qualcare	Qualcare		1923.75	0.75			560.62	2436.75	percent of total billed charges	
VULVAR BIOPSY ONE LESION	56605	CPT	both			2565		1057.32 Three Rivers	Three Rivers		2436.75	0.95			560.62	2436.75	percent of total billed charges	
VULVAR BIOPSY ONE LESION	56605	CPT	both			2565		1057.32 UHC	Medicare		919.41	1			560.62	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVAR BIOPSY ONE LESION	56605	CPT	both			2565		1057.32 UHC	Medicaid		806.95	0.3146			560.62	2436.75	percent of total billed charges	
VULVAR BIOPSY ONE LESION	56605	CPT	both			2565		1057.32 Wellcare	Medicare		919.41	1			560.62	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVAR BIOPSY ONE LESION	56605	CPT	both			2565		1057.32 Wellcare	Medicaid		806.95	0.3146			560.62	2436.75	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT	outpatient			10303		4111.87 Aetna	Commercial		5692.26	1.592			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY SIMPLE PARTIAL	56620	CPT	outpatient			10303		4111.87 Aetna	Better Health		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT	outpatient			10303		4111.87 Aetna	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY SIMPLE PARTIAL	56620	CPT	outpatient			10303		4111.87 Americare	Americare		7727.25	0.75			3241.32	9787.85	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT	outpatient			10303		4111.87 WellPoint	WellPoint		3305.2	0.3208			3241.32	9787.85	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT	outpatient			10303		4111.87 Amerihealth	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY SIMPLE PARTIAL	56620	CPT	outpatient			10303		4111.87 Consumer	Consumer		9787.85	0.95			3241.32	9787.85	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT	outpatient			10303		4111.87 Corrections	Corrections		8242.4	0.8			3241.32	9787.85	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT	outpatient			10303		4111.87 First Health	First Health		7212.1	0.7			3241.32	9787.85	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT	outpatient			10303		4111.87 First Trenton	First Trenton		9272.7	0.9			3241.32	9787.85	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT	outpatient			10303		4111.87 Horizon	MCD		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY SIMPLE PARTIAL	56620	CPT	outpatient			10303		4111.87 Horizon	Medicare Blue		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY SIMPLE PARTIAL	56620	CPT	outpatient			10303		4111.87 Horizon	Indemnity		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY SIMPLE PARTIAL	56620	CPT	outpatient			10303		4111.87 Horizon	PPO		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY SIMPLE PARTIAL	56620	CPT	outpatient			10303		4111.87 Managed Care Inc	Managed Care Inc		9272.7	0.9			3241.32	9787.85	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT	outpatient			10303		4111.87 Multiplan	Multiplan		8242.4	0.8			3241.32	9787.85	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT	outpatient			10303		4111.87 Qualcare	Qualcare		7727.25	0.75			3241.32	9787.85	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT	outpatient			10303		4111.87 Three Rivers	Three Rivers		9787.85	0.95			3241.32	9787.85	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT	outpatient			10303		4111.87 UHC	Medicaid		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT	outpatient			10303		4111.87 UHC	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VULVECTOMY SIMPLE PARTIAL	56620	CPT	outpatient			10303		4111.87 Wellcare	Medicaid		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
VULVECTOMY SIMPLE PARTIAL	56620	CPT	outpatient			10303		4111.87 Wellcare	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Aetna	Better Health		2362.96	0.3146			2362.96	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Aetna	Commercial		5692.26	1.592			2362.96	7135.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Aetna	Medicare		3575.54	1			2362.96	7135.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Americare	Americare		5633.25	0.75			2362.96	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 WellPoint	WellPoint		2409.53	0.3208			2362.96	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Amerihealth	Medicare		3575.54	1			2362.96	7135.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Consumer	Consumer		7135.45	0.95			2362.96	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Corrections	Corrections		6008.8	0.8			2362.96	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 First Health	First Health		5257.7	0.7			2362.96	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 First Trenton	First Trenton		6759.9	0.9			2362.96	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Horizon	MCD		6532.51	1.827			2362.96	7135.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Horizon	Indemnity		6532.51	1.827			2362.96	7135.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Horizon	Medicare Blue		3575.54	1			2362.96	7135.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Horizon	PPO		6532.51	1.827			2362.96	7135.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Managed Care Inc	Managed Care Inc		6759.9	0.9			2362.96	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Multiplan	Multiplan		6008.8	0.8			2362.96	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Qualcare	Qualcare		5633.25	0.75			2362.96	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Three Rivers	Three Rivers		7135.45	0.95			2362.96	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 UHC	Medicaid		2362.96	0.3146			2362.96	7135.45	percent of total billed charges	
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 UHC	Medicare		3575.54	1			2362.96	7135.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Wellcare	Medicare		3575.54	1			2362.96	7135.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC BARTHOLINS CYST	56740	CPT	outpatient			7511		4111.87 Wellcare	Medicaid		2362.96	0.3146			2362.96	7135.45	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Aetna	Better Health		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Aetna	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Aetna	Commercial		5692.26	1.592			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Americare	Americare		7727.25	0.75			3241.32	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 WellPoint	WellPoint		3305.2	0.3208			3241.32	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Amerihealth	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Consumer	Consumer		9787.85	0.95			3241.32	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Corrections	Corrections		8242.4	0.8			3241.32	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 First Health	First Health		7212.1	0.7			3241.32	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 First Trenton	First Trenton		9272.7	0.9			3241.32	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Horizon	Indemnity		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Horizon	MCD		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Horizon	PPO		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Horizon	Medicare Blue		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Managed Care Inc	Managed Care Inc		9272.7	0.9			3241.32	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Multiplan	Multiplan		8242.4	0.8			3241.32	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Qualcare	Qualcare		7727.25	0.75			3241.32	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Three Rivers	Three Rivers		9787.85	0.95			3241.32	9787.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 UHC	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 UHC	Medicaid		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Wellcare	Medicaid		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
REPAIR OF PERINEUM	56810	CPT	outpatient			10303		4111.87 Wellcare	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA	56820	CPT	outpatient			649		262.09 Aetna	Better Health		204.18	0.3146			204.18	616.55	percent of total billed charges	
COLPOSCOPY OF VULVA	56820	CPT	outpatient			649		262.09 Aetna	Medicare		227.9	1			204.18	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA	56820	CPT	outpatient			649		262.09 Aetna	Commercial		362.82	1.592			204.18	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA	56820	CPT	outpatient			649		262.09 Americare	Americare		486.75	0.75			204.18	616.55	percent of total billed charges	
COLPOSCOPY OF VULVA	56820	CPT	outpatient			649		262.09 WellPoint	WellPoint		208.2	0.3208			204.18	616.55	percent of total billed charges	
COLPOSCOPY OF VULVA	56820	CPT	outpatient			649		262.09 Amerihealth	Medicare		227.9	1			204.18	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA	56820	CPT	outpatient			649		262.09 Consumer	Consumer		616.55	0.95			204.18	616.55	percent of total billed charges	
COLPOSCOPY OF VULVA	56820	CPT	outpatient			649		262.09 Corrections	Corrections		519.2	0.8			204.18	616.55	percent of total billed charges	
COLPOSCOPY OF VULVA	56820	CPT	outpatient			649		262.09 First Health	First Health		454.3	0.7			204.18	616.55	percent of total billed charges	
COLPOSCOPY OF VULVA	56820	CPT	outpatient			649		262.09 First Trenton	First Trenton		584.1	0.9			204.18	616.55	percent of total billed charges	
COLPOSCOPY OF VULVA	56820	CPT	outpatient			649		262.09 Horizon	Indemnity		416.37	1.827			204.18	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA	56820	CPT	outpatient			649		262.09 Horizon	PPO		416.37	1.827			204.18	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA	56820	CPT	outpatient			649		262.09 Horizon	Medicare Blue		227.9	1			204.18	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA	56820	CPT	outpatient			649		262.09 Horizon	MGD		416.37	1.827			204.18	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA	56820	CPT	outpatient			649		262.09 Managed Care Inc	Managed Care Inc		584.1	0.9			204.18	616.55	percent of total billed charges	
COLPOSCOPY OF VULVA	56820	CPT	outpatient			649		262.09 Multiplan	Multiplan		519.2	0.8			204.18	616.55	percent of total billed charges	
COLPOSCOPY OF VULVA	56820	CPT	outpatient			649		262.09 Qualcare	Qualcare		486.75	0.75			204.18	616.55	percent of total billed charges	
COLPOSCOPY OF VULVA	56820	CPT	outpatient			649		262.09 Three Rivers	Three Rivers		616.55	0.95			204.18	616.55	percent of total billed charges	
COLPOSCOPY OF VULVA	56820	CPT	outpatient			649		262.09 UHC	Medicare		227.9	1			204.18	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA	56820	CPT	outpatient			649		262.09 UHC	Medicaid		204.18	0.3146			204.18	616.55	percent of total billed charges	
COLPOSCOPY OF VULVA	56820	CPT	outpatient			649		262.09 Wellcare	Medicaid		204.18	0.3146			204.18	616.55	percent of total billed charges	
COLPOSCOPY OF VULVA	56820	CPT	outpatient			649		262.09 Wellcare	Medicare		227.9	1			204.18	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Aetna	Commercial		584.1	1.592			335.68	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Aetna	Medicare		366.9	1			335.68	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Aetna	Better Health		335.68	0.3146			335.68	1013.65	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Americare	Americare		800.25	0.75			335.68	1013.65	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 WellPoint	WellPoint		342.29	0.3208			335.68	1013.65	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Amerihealth	Medicare		366.9	1			335.68	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Consumer	Consumer		1013.65	0.95			335.68	1013.65	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Corrections	Corrections		853.6	0.8			335.68	1013.65	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 First Health	First Health		746.9	0.7			335.68	1013.65	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 First Trenton	First Trenton		960.3	0.9			335.68	1013.65	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Horizon	Indemnity		670.33	1.827			335.68	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Horizon	PPO		670.33	1.827			335.68	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Horizon	MGD		670.33	1.827			335.68	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Horizon	Medicare Blue		366.9	1			335.68	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Managed Care Inc	Managed Care Inc		960.3	0.9			335.68	1013.65	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Multiplan	Multiplan		853.6	0.8			335.68	1013.65	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Qualcare	Qualcare		800.25	0.75			335.68	1013.65	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Three Rivers	Three Rivers		1013.65	0.95			335.68	1013.65	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 UHC	Medicaid		335.68	0.3146			335.68	1013.65	percent of total billed charges	
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 UHC	Medicare		366.9	1			335.68	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Wellcare	Medicare		366.9	1			335.68	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF VULVA W BIOPSY	56821	CPT	outpatient			1067		421.94 Wellcare	Medicaid		335.68	0.3146			335.68	1013.65	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Aetna	Commercial		5692.26	1.592			1418.53	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Aetna	Better Health		1418.53	0.3146			1418.53	6532.51	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Aetna	Medicare		3575.54	1			1418.53	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Americare	Americare		3381.75	0.75			1418.53	6532.51	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 WellPoint	WellPoint		1446.49	0.3208			1418.53	6532.51	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Amerihealth	Medicare		3575.54	1			1418.53	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Consumer	Consumer		4283.55	0.95			1418.53	6532.51	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Corrections	Corrections		3607.2	0.8			1418.53	6532.51	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 First Health	First Health		3156.3	0.7			1418.53	6532.51	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 First Trenton	First Trenton		4058.1	0.9			1418.53	6532.51	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Horizon	PPO		6532.51	1.827			1418.53	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Horizon	MGD		6532.51	1.827			1418.53	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Horizon	Indemnity		6532.51	1.827			1418.53	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Horizon	Medicare Blue		3575.54	1			1418.53	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Managed Care Inc	Managed Care Inc		4058.1	0.9			1418.53	6532.51	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Multiplan	Multiplan		3607.2	0.8			1418.53	6532.51	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Qualcare	Qualcare		3381.75	0.75			1418.53	6532.51	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Three Rivers	Three Rivers		4283.55	0.95			1418.53	6532.51	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 UHC	Medicaid		1418.53	0.3146			1418.53	6532.51	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 UHC	Medicare		3575.54	1			1418.53	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Wellcare	Medicaid		1418.53	0.3146			1418.53	6532.51	percent of total billed charges	
COLPOTOMY W DRAIN PELV. ABSCESS	57010	CPT	outpatient			4509		4111.87 Wellcare	Medicare		3575.54	1			1418.53	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Aetna	Better Health		2919.49	0.3146			2135.82	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Aetna	Commercial		5173.59	1.592			2135.82	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Aetna	Medicare		3249.74	1			2135.82	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Americare	Americare		6960	0.75			2135.82	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 WellPoint	WellPoint		2977.02	0.3208			2135.82	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Amerihealth	Medicare		3249.74	1			2135.82	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Consumer	Consumer		8816	0.95			2135.82	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Corrections	Corrections		7424	0.8			2135.82	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 First Health	First Health		6496	0.7			2135.82	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 First Trenton	First Trenton		8352	0.9			2135.82	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Horizon	Indemnity		5937.27	1.827			2135.82	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Horizon	MGD		5937.27	1.827			2135.82	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Horizon	PPO		5937.27	1.827			2135.82	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Horizon	Medicare Blue		3249.74	1			2135.82	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Managed Care Inc	Managed Care Inc		8352	0.9			2135.82	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Multiplan	Multiplan		7424	0.8			2135.82	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Qualcare	Qualcare		6960	0.75			2135.82	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Three Rivers	Three Rivers		8816	0.95			2135.82	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 UHC	Medicare		3249.74	1			2135.82	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 UHC	Medicaid		2919.49	0.3146			2135.82	8816	percent of total billed charges	
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Wellcare	Medicare		3249.74	1			2135.82	8816	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D VAGINAL HEMATOMA NON OB	57023	CPT	outpatient			9280		3737.2 Wellcare	Medicaid		2919.49	0.3146			2135.82	8816	percent of total billed charges	
DSTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Aetna	Commercial		5692.26	1.592			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Aetna	Better Health		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
DSTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Aetna	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Americare	Americare		7727.25	0.75			3241.32	9787.85	percent of total billed charges	
DSTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 WellPoint	WellPoint		3305.2	0.3208			3241.32	9787.85	percent of total billed charges	
DSTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Amerihealth	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Consumer	Consumer		9787.85	0.95			3241.32	9787.85	percent of total billed charges	
DSTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Corrections	Corrections		8242.4	0.8			3241.32	9787.85	percent of total billed charges	
DSTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 First Health	First Health		7212.1	0.7			3241.32	9787.85	percent of total billed charges	
DSTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 First Trenton	First Trenton		9272.7	0.9			3241.32	9787.85	percent of total billed charges	
DSTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Horizon	MGD		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Horizon	Indemnity		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Horizon	PPO		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Horizon	Medicare Blue		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Managed Care Inc	Managed Care Inc		9272.7	0.9			3241.32	9787.85	percent of total billed charges	
DSTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Multiplan	Multiplan		8242.4	0.8			3241.32	9787.85	percent of total billed charges	
DSTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Qualcare	Qualcare		7727.25	0.75			3241.32	9787.85	percent of total billed charges	
DSTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Three Rivers	Three Rivers		9787.85	0.95			3241.32	9787.85	percent of total billed charges	
DSTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 UHC	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 UHC	Medicaid		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
DSTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Wellcare	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTROY VAG LSN; SIMP	57061	CPT	outpatient			10303		4111.87 Wellcare	Medicaid		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Aetna	Better Health		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Aetna	Commercial		5692.26	1.592			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Aetna	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Americare	Americare		7727.25	0.75			3241.32	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 WellPoint	WellPoint		3305.2	0.3208			3241.32	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Amerihealth	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Consumer	Consumer		9787.85	0.95			3241.32	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Corrections	Corrections		8242.4	0.8			3241.32	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 First Health	First Health		7212.1	0.7			3241.32	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 First Trenton	First Trenton		9272.7	0.9			3241.32	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Horizon	MGD		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Horizon	Indemnity		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Horizon	Medicare Blue		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Horizon	PPO		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Managed Care Inc	Managed Care Inc		9272.7	0.9			3241.32	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Multiplan	Multiplan		8242.4	0.8			3241.32	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Qualcare	Qualcare		7727.25	0.75			3241.32	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Three Rivers	Three Rivers		9787.85	0.95			3241.32	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 UHC	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 UHC	Medicaid		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Wellcare	Medicaid		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
DESTRUCT VAGINAL LESIONS EXTENS	57065	CPT	outpatient			10303		4111.87 Wellcare	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 Aetna	Commercial		1463.7	1.592			718.86	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 Aetna	Better Health		806.95	0.3146			718.86	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 Aetna	Medicare		919.41	1			718.86	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 Americare	Americare		1923.75	0.75			718.86	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 WellPoint	WellPoint		822.85	0.3208			718.86	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 Amerihealth	Medicare		919.41	1			718.86	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565		1057.32 Consumer	Consumer		2436.75	0.95			718.86	2436.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565	1057.32	Corrections	Corrections		2052	0.8			718.86	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565	1057.32	First Health	First Health		1795.5	0.7			718.86	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565	1057.32	First Trenton	First Trenton		2308.5	0.9			718.86	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565	1057.32	Horizon	Indemnity		1679.76	1.827			718.86	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565	1057.32	Horizon	PPO		1679.76	1.827			718.86	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565	1057.32	Horizon	MGD		1679.76	1.827			718.86	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565	1057.32	Horizon	Medicare Blue		919.41	1			718.86	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565	1057.32	Managed Care Inc	Managed Care Inc		2308.5	0.9			718.86	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565	1057.32	Multiplan	Multiplan		2052	0.8			718.86	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565	1057.32	Qualcare	Qualcare		1923.75	0.75			718.86	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565	1057.32	Three Rivers	Three Rivers		2436.75	0.95			718.86	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565	1057.32	UHC	Medicare		919.41	1			718.86	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565	1057.32	UHC	Medicaid		806.95	0.3146			718.86	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565	1057.32	Wellcare	Medicare		919.41	1			718.86	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA SIMPLE	57100	CPT	outpatient			2565	1057.32	Wellcare	Medicaid		806.95	0.3146			718.86	2436.75	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303	4111.87	Aetna	Commercial		5692.26	1.592			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303	4111.87	Aetna	Better Health		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303	4111.87	Aetna	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303	4111.87	Americare	Americare		7727.25	0.75			3241.32	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303	4111.87	WellPoint	WellPoint		3305.2	0.3208			3241.32	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303	4111.87	Amerihealth	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303	4111.87	Consumer	Consumer		9787.85	0.95			3241.32	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303	4111.87	Corrections	Corrections		8242.4	0.8			3241.32	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303	4111.87	First Health	First Health		7212.1	0.7			3241.32	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303	4111.87	First Trenton	First Trenton		9272.7	0.9			3241.32	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303	4111.87	Horizon	MGD		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303	4111.87	Horizon	PPO		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303	4111.87	Horizon	Indemnity		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303	4111.87	Horizon	Medicare Blue		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303	4111.87	Managed Care Inc	Managed Care Inc		9272.7	0.9			3241.32	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303	4111.87	Multiplan	Multiplan		8242.4	0.8			3241.32	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303	4111.87	Qualcare	Qualcare		7727.25	0.75			3241.32	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303	4111.87	Three Rivers	Three Rivers		9787.85	0.95			3241.32	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303	4111.87	UHC	Medicaid		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303	4111.87	UHC	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303	4111.87	Wellcare	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX VAGINAL MUCOSA EXT W SUT	57105	CPT	outpatient			10303	4111.87	Wellcare	Medicaid		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303	4111.87	Aetna	Better Health		3241.32	0.3146			3173.32	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303	4111.87	Aetna	Medicare		3173.32	0.308			3173.32	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303	4111.87	Aetna	Commercial		5692.26	1.592			3173.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303	4111.87	Americare	Americare		7727.25	0.75			3173.32	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303	4111.87	WellPoint	WellPoint		3305.2	0.3208			3173.32	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303	4111.87	Amerihealth	Medicare		3575.54	1			3173.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303	4111.87	Consumer	Consumer		9787.85	0.95			3173.32	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303	4111.87	Corrections	Corrections		8242.4	0.8			3173.32	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303	4111.87	First Health	First Health		7212.1	0.7			3173.32	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303	4111.87	First Trenton	First Trenton		9272.7	0.9			3173.32	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303	4111.87	Horizon	PPO		6532.51	1.827			3173.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303	4111.87	Horizon	Indemnity		6532.51	1.827			3173.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303	4111.87	Horizon	MGD		6532.51	1.827			3173.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303	4111.87	Horizon	Medicare Blue		3575.54	1			3173.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303	4111.87	Managed Care Inc	Managed Care Inc		9272.7	0.9			3173.32	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303	4111.87	Multiplan	Multiplan		8242.4	0.8			3173.32	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303	4111.87	Qualcare	Qualcare		7727.25	0.75			3173.32	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303	4111.87	Three Rivers	Three Rivers		9787.85	0.95			3173.32	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303	4111.87	UHC	Medicaid		3241.32	0.3146			3173.32	9787.85	percent of total billed charges	
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303	4111.87	UHC	Medicare		3575.54	1			3173.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303	4111.87	Wellcare	Medicare		3575.54	1			3173.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINECTOMY PARTIAL REMOVAL	57106	CPT	outpatient			10303	4111.87	Wellcare	Medicaid		3241.32	0.3146			3173.32	9787.85	percent of total billed charges	
EXCISION VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303	4111.87	Aetna	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303	4111.87	Aetna	Better Health		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
EXCISION VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303	4111.87	Aetna	Commercial		5692.26	1.592			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303	4111.87	Americare	Americare		7727.25	0.75			3241.32	9787.85	percent of total billed charges	
EXCISION VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303	4111.87	WellPoint	WellPoint		3305.2	0.3208			3241.32	9787.85	percent of total billed charges	
EXCISION VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303	4111.87	Amerihealth	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303	4111.87	Consumer	Consumer		9787.85	0.95			3241.32	9787.85	percent of total billed charges	
EXCISION VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303	4111.87	Corrections	Corrections		8242.4	0.8			3241.32	9787.85	percent of total billed charges	
EXCISION VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303	4111.87	First Health	First Health		7212.1	0.7			3241.32	9787.85	percent of total billed charges	
EXCISION VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303	4111.87	First Trenton	First Trenton		9272.7	0.9			3241.32	9787.85	percent of total billed charges	
EXCISION VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303	4111.87	Horizon	MGD		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303	4111.87	Horizon	Medicare Blue		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303	4111.87	Horizon	Indemnity		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303	4111.87	Horizon	PPO		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303	4111.87	Managed Care Inc	Managed Care Inc		9272.7	0.9			3241.32	9787.85	percent of total billed charges	
EXCISION VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303	4111.87	Multiplan	Multiplan		8242.4	0.8			3241.32	9787.85	percent of total billed charges	
EXCISION VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303	4111.87	Qualcare	Qualcare		7727.25	0.75			3241.32	9787.85	percent of total billed charges	
EXCISION VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303	4111.87	Three Rivers	Three Rivers		9787.85	0.95			3241.32	9787.85	percent of total billed charges	
EXCISION VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303	4111.87	UHC	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303	4111.87	UHC	Medicaid		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
EXCISION VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303	4111.87	Wellcare	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION VAGINAL CYST/TUMOR	57135	CPT	outpatient			10303	4111.87	Wellcare	Medicaid		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	outpatient			17267	6541.81	Aetna	Better Health		5432.2	0.3146			5432.2	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	outpatient			17267	6541.81	Aetna	Commercial		9096.14	1.592			5432.2	16403.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT UTER TAND&/VAG OVOID	57155	CPT	outpatient			17267	6541.81	Aetna	Medicare		5688.53	1			5432.2	16403.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT UTER TAND&/VAG OVOID	57155	CPT	outpatient			17267	6541.81	Americare	Americare		12950.25	0.75			5432.2	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	outpatient			17267	6541.81	WellPoint	WellPoint		5539.25	0.3208			5432.2	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	outpatient			17267	6541.81	Amerihealth	Medicare		5688.53	1			5432.2	16403.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT UTER TAND&/VAG OVOID	57155	CPT	outpatient			17267	6541.81	Consumer	Consumer		16403.65	0.95			5432.2	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	outpatient			17267	6541.81	Corrections	Corrections		13813.6	0.8			5432.2	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	outpatient			17267	6541.81	First Health	First Health		12086.9	0.7			5432.2	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	outpatient			17267	6541.81	First Trenton	First Trenton		15540.3	0.9			5432.2	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	outpatient			17267	6541.81	Horizon	Indemnity		10392.94	1.827			5432.2	16403.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT UTER TAND&/VAG OVOID	57155	CPT	outpatient			17267	6541.81	Horizon	PPO		10392.94	1.827			5432.2	16403.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT UTER TAND&/VAG OVOID	57155	CPT	outpatient			17267	6541.81	Horizon	MGD		10392.94	1.827			5432.2	16403.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT UTER TAND&/VAG OVOID	57155	CPT	outpatient			17267	6541.81	Horizon	Medicare Blue		5688.53	1			5432.2	16403.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT UTER TAND&/VAG OVOID	57155	CPT	outpatient			17267	6541.81	Managed Care Inc	Managed Care Inc		15540.3	0.9			5432.2	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	outpatient			17267	6541.81	Multiplan	Multiplan		13813.6	0.8			5432.2	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	outpatient			17267	6541.81	Qualcare	Qualcare		12950.25	0.75			5432.2	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	outpatient			17267	6541.81	Three Rivers	Three Rivers		16403.65	0.95			5432.2	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	outpatient			17267	6541.81	UHC	Medicaid		5432.2	0.3146			5432.2	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	outpatient			17267	6541.81	UHC	Medicare		5688.53	1			5432.2	16403.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT UTER TAND&/VAG OVOID	57155	CPT	outpatient			17267	6541.81	Wellcare	Medicaid		5432.2	0.3146			5432.2	16403.65	percent of total billed charges	
INSERT UTER TAND&/VAG OVOID	57155	CPT	outpatient			17267	6541.81	Wellcare	Medicare		5688.53	1			5432.2	16403.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104	421.94	Aetna	Better Health		347.32	0.3146			347.32	1048.8	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104	421.94	Aetna	Commercial		584.1	1.592			347.32	1048.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104	421.94	Aetna	Medicare		366.9	1			347.32	1048.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104	421.94	Americare	Americare		828	0.75			347.32	1048.8	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104	421.94	WellPoint	WellPoint		354.16	0.3208			347.32	1048.8	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104	421.94	Amerihealth	Medicare		366.9	1			347.32	1048.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104	421.94	Consumer	Consumer		1048.8	0.95			347.32	1048.8	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104	421.94	Corrections	Corrections		883.2	0.8			347.32	1048.8	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104	421.94	First Health	First Health		772.8	0.7			347.32	1048.8	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104	421.94	First Trenton	First Trenton		993.6	0.9			347.32	1048.8	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104	421.94	Horizon	Indemnity		670.33	1.827			347.32	1048.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104	421.94	Horizon	Medicare Blue		366.9	1			347.32	1048.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104	421.94	Horizon	PPO		670.33	1.827			347.32	1048.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104	421.94	Horizon	MGD		670.33	1.827			347.32	1048.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104	421.94	Managed Care Inc	Managed Care Inc		993.6	0.9			347.32	1048.8	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104	421.94	Multiplan	Multiplan		883.2	0.8			347.32	1048.8	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104	421.94	Qualcare	Qualcare		828	0.75			347.32	1048.8	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104	421.94	Three Rivers	Three Rivers		1048.8	0.95			347.32	1048.8	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104	421.94	UHC	Medicaid		347.32	0.3146			347.32	1048.8	percent of total billed charges	
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104	421.94	UHC	Medicare		366.9	1			347.32	1048.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104	421.94	Wellcare	Medicare		366.9	1			347.32	1048.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSJ VAGINAL RADIATION DEVICE	57156	CPT	outpatient			1104	421.94	Wellcare	Medicaid		347.32	0.3146			347.32	1048.8	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Aetna	Commercial		362.82	1.592			199.89	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Aetna	Better Health		214.56	0.3146			199.89	647.9	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Aetna	Medicare		210.06	0.308			199.89	647.9	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Americare	Americare		511.5	0.75			199.89	647.9	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	WellPoint	WellPoint		218.79	0.3208			199.89	647.9	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Amerihealth	Medicare		227.9	1			199.89	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Consumer	Consumer		647.9	0.95			199.89	647.9	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Corrections	Corrections		545.6	0.8			199.89	647.9	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	First Health	First Health		477.4	0.7			199.89	647.9	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	First Trenton	First Trenton		613.8	0.9			199.89	647.9	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Horizon	MGD		416.37	1.827			199.89	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Horizon	Indemnity		416.37	1.827			199.89	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Horizon	Medicare Blue		227.9	1			199.89	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Horizon	PPO		416.37	1.827			199.89	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Managed Care Inc	Managed Care Inc		613.8	0.9			199.89	647.9	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Multiplan	Multiplan		545.6	0.8			199.89	647.9	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Qualcare	Qualcare		511.5	0.75			199.89	647.9	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Three Rivers	Three Rivers		647.9	0.95			199.89	647.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	UHC	Medicare		227.9	1			199.89	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	UHC	Medicaid		214.56	0.3146			199.89	647.9	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Wellcare	Medicaid		214.56	0.3146			199.89	647.9	percent of total billed charges	
PESSARY INSERTION	57160	CPT	outpatient			682	262.09	Wellcare	Medicare		227.9	1			199.89	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Aetna	Medicare		227.9	1			88.72	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Aetna	Commercial		362.82	1.592			88.72	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Aetna	Better Health		204.18	0.3146			88.72	616.55	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Americare	Americare		486.75	0.75			88.72	616.55	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	WellPoint	WellPoint		208.2	0.3208			88.72	616.55	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	AmeriHealth	Medicare		227.9	1			88.72	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Consumer	Consumer		616.55	0.95			88.72	616.55	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Corrections	Corrections		519.2	0.8			88.72	616.55	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	First Health	First Health		454.3	0.7			88.72	616.55	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	First Trenton	First Trenton		584.1	0.9			88.72	616.55	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Horizon	Medicare Blue		227.9	1			88.72	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Horizon	MGD		416.37	1.827			88.72	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Horizon	Indemnity		416.37	1.827			88.72	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Horizon	PPO		416.37	1.827			88.72	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Managed Care Inc	Managed Care Inc		584.1	0.9			88.72	616.55	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Multiplan	Multiplan		519.2	0.8			88.72	616.55	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Qualcare	Qualcare		486.75	0.75			88.72	616.55	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Three Rivers	Three Rivers		616.55	0.95			88.72	616.55	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	UHC	Medicaid		204.18	0.3146			88.72	616.55	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	UHC	Medicare		227.9	1			88.72	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Wellcare	Medicaid		204.18	0.3146			88.72	616.55	percent of total billed charges	
TREAT VAGINAL BLEEDING	57180	CPT	outpatient			649	262.09	Wellcare	Medicare		227.9	1			88.72	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Aetna	Better Health		2832.03	0.3146			2832.03	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Aetna	Commercial		5692.26	1.592			2832.03	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Aetna	Medicare		3575.54	1			2832.03	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Americare	Americare		6751.5	0.75			2832.03	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	WellPoint	WellPoint		2887.84	0.3208			2832.03	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	AmeriHealth	Medicare		3575.54	1			2832.03	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Consumer	Consumer		8551.9	0.95			2832.03	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Corrections	Corrections		7201.6	0.8			2832.03	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	First Health	First Health		6301.4	0.7			2832.03	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	First Trenton	First Trenton		8101.8	0.9			2832.03	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Horizon	Indemnity		6532.51	1.827			2832.03	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Horizon	PPO		6532.51	1.827			2832.03	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Horizon	MGD		6532.51	1.827			2832.03	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Horizon	Medicare Blue		3575.54	1			2832.03	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Managed Care Inc	Managed Care Inc		8101.8	0.9			2832.03	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Multiplan	Multiplan		7201.6	0.8			2832.03	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Qualcare	Qualcare		6751.5	0.75			2832.03	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Three Rivers	Three Rivers		8551.9	0.95			2832.03	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	UHC	Medicaid		2832.03	0.3146			2832.03	8551.9	percent of total billed charges	
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	UHC	Medicare		3575.54	1			2832.03	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Wellcare	Medicare		3575.54	1			2832.03	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RPR OF INJ TO VAGINA AND PERINEUM	57200	CPT	outpatient			9002	4111.87	Wellcare	Medicaid		2832.03	0.3146			2832.03	8551.9	percent of total billed charges	
COLPORRHAPHY POSTERIOR	57250	CPT	outpatient			16886	6541.81	Aetna	Commercial		9056.14	1.592			5200.89	16041.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPORRHAPHY POSTERIOR	57250	CPT	outpatient			16886	6541.81	Aetna	Better Health		5312.34	0.3146			5200.89	16041.7	percent of total billed charges	
COLPORRHAPHY POSTERIOR	57250	CPT	outpatient			16886	6541.81	Aetna	Medicare		5200.89	0.308			5200.89	16041.7	percent of total billed charges	
COLPORRHAPHY POSTERIOR	57250	CPT	outpatient			16886	6541.81	Americare	Americare		12664.5	0.75			5200.89	16041.7	percent of total billed charges	
COLPORRHAPHY POSTERIOR	57250	CPT	outpatient			16886	6541.81	WellPoint	WellPoint		5417.03	0.3208			5200.89	16041.7	percent of total billed charges	
COLPORRHAPHY POSTERIOR	57250	CPT	outpatient			16886	6541.81	AmeriHealth	Medicare		5688.53	1			5200.89	16041.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPORRHAPHY POSTERIOR	57250	CPT	outpatient			16886	6541.81	Consumer	Consumer		16041.7	0.95			5200.89	16041.7	percent of total billed charges	
COLPORRHAPHY POSTERIOR	57250	CPT	outpatient			16886	6541.81	Corrections	Corrections		13508.8	0.8			5200.89	16041.7	percent of total billed charges	
COLPORRHAPHY POSTERIOR	57250	CPT	outpatient			16886	6541.81	First Health	First Health		11820.2	0.7			5200.89	16041.7	percent of total billed charges	
COLPORRHAPHY POSTERIOR	57250	CPT	outpatient			16886	6541.81	First Trenton	First Trenton		15197.4	0.9			5200.89	16041.7	percent of total billed charges	
COLPORRHAPHY POSTERIOR	57250	CPT	outpatient			16886	6541.81	Horizon	Medicare Blue		5688.53	1			5200.89	16041.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPORRHAPHY POSTERIOR	57250	CPT	outpatient			16886	6541.81	Horizon	Indemnity		10392.94	1.827			5200.89	16041.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPORRHAPHY POSTERIOR	57250	CPT	outpatient			16886	6541.81	Horizon	MGD		10392.94	1.827			5200.89	16041.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPORRHAPHY POSTERIOR	57250	CPT	outpatient			16886	6541.81	Horizon	PPO		10392.94	1.827			5200.89	16041.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPORRHAPHY POSTERIOR	57250	CPT	outpatient			16886	6541.81	Managed Care Inc	Managed Care Inc		15197.4	0.9			5200.89	16041.7	percent of total billed charges	
COLPORRHAPHY POSTERIOR	57250	CPT	outpatient			16886	6541.81	Multiplan	Multiplan		13508.8	0.8			5200.89	16041.7	percent of total billed charges	
COLPORRHAPHY POSTERIOR	57250	CPT	outpatient			16886	6541.81	Qualcare	Qualcare		12664.5	0.75			5200.89	16041.7	percent of total billed charges	
COLPORRHAPHY POSTERIOR	57250	CPT	outpatient			16886	6541.81	Three Rivers	Three Rivers		16041.7	0.95			5200.89	16041.7	percent of total billed charges	
COLPORRHAPHY POSTERIOR	57250	CPT	outpatient			16886	6541.81	UHC	Medicaid		5312.34	0.3146			5200.89	16041.7	percent of total billed charges	
COLPORRHAPHY POSTERIOR	57250	CPT	outpatient			16886	6541.81	UHC	Medicare		5688.53	1			5200.89	16041.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPORRHAPHY POSTERIOR	57250	CPT	outpatient			16886	6541.81	Wellcare	Medicaid		5312.34	0.3146			5200.89	16041.7	percent of total billed charges	
COLPORRHAPHY POSTERIOR	57250	CPT	outpatient			16886	6541.81	Wellcare	Medicare		5688.53	1			5200.89	16041.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Aetna	Commercial		9056.14	1.592			5172.97	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Aetna	Medicare		5688.53	1			5172.97	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Aetna	Better Health		5172.97	0.3146			5172.97	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Americare	Americare		12332.25	0.75			5172.97	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	WellPoint	WellPoint		5274.91	0.3208			5172.97	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	AmeriHealth	Medicare		5688.53	1			5172.97	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Consumer	Consumer		15620.85	0.95			5172.97	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Corrections	Corrections		13154.4	0.8			5172.97	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	First Health	First Health		11510.1	0.7			5172.97	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	First Trenton	First Trenton		14798.7	0.9			5172.97	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Horizon	Medicare Blue		5688.53	1			5172.97	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Horizon	MGD		10392.94	1.827			5172.97	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Horizon	Indemnity		10392.94	1.827			5172.97	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Horizon	PPO		10392.94	1.827			5172.97	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Managed Care Inc	Managed Care Inc		14798.7	0.9			5172.97	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Multiplan	Multiplan		13154.4	0.8			5172.97	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Qualcare	Qualcare		12332.25	0.75			5172.97	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Three Rivers	Three Rivers		15620.85	0.95			5172.97	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	UHC	Medicaid		5172.97	0.3146			5172.97	15620.85	percent of total billed charges	
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	UHC	Medicare		5688.53	1			5172.97	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Wellcare	Medicare		5688.53	1			5172.97	15620.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VESICO VAG. FISTULA CLOSURE	57320	CPT	outpatient			16443	6541.81	Wellcare	Medicaid		5172.97	0.3146			5172.97	15620.85	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Aetna	Better Health		2539.14	0.3146			2539.14	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Aetna	Commercial		5692.26	1.592			2539.14	7667.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Aetna	Medicare		3575.54	1			2539.14	7667.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Americare	Americare		6053.25	0.75			2539.14	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	WellPoint	WellPoint		2589.18	0.3208			2539.14	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	AmeriHealth	Medicare		3575.54	1			2539.14	7667.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Consumer	Consumer		7667.45	0.95			2539.14	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Corrections	Corrections		6456.8	0.8			2539.14	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	First Health	First Health		5649.7	0.7			2539.14	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	First Trenton	First Trenton		7263.9	0.9			2539.14	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Horizon	Indemnity		6532.51	1.827			2539.14	7667.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Horizon	MGD		6532.51	1.827			2539.14	7667.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Horizon	Medicare Blue		3575.54	1			2539.14	7667.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Horizon	PPO		6532.51	1.827			2539.14	7667.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Managed Care Inc	Managed Care Inc		7263.9	0.9			2539.14	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Multiplan	Multiplan		6456.8	0.8			2539.14	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Qualcare	Qualcare		6053.25	0.75			2539.14	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Three Rivers	Three Rivers		7667.45	0.95			2539.14	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	UHC	Medicaid		2539.14	0.3146			2539.14	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	UHC	Medicare		3575.54	1			2539.14	7667.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Wellcare	Medicaid		2539.14	0.3146			2539.14	7667.45	percent of total billed charges	
REMOVE IMPACTED VAGINAL FB	57415	CPT	outpatient			8071	4111.87	Wellcare	Medicare		3575.54	1			2539.14	7667.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	Aetna	Better Health		335.68	0.3146			328.64	1013.65	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	Aetna	Medicare		328.64	0.308			328.64	1013.65	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	Aetna	Commercial		584.1	1.592			328.64	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	Americare	Americare		800.25	0.75			328.64	1013.65	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	WellPoint	WellPoint		342.29	0.3208			328.64	1013.65	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	AmeriHealth	Medicare		366.9	1			328.64	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	Consumer	Consumer		1013.65	0.95			328.64	1013.65	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	Corrections	Corrections		853.6	0.8			328.64	1013.65	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	First Health	First Health		746.9	0.7			328.64	1013.65	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	First Trenton	First Trenton		960.3	0.9			328.64	1013.65	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	Horizon	Indemnity		670.33	1.827			328.64	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	Horizon	MGD		670.33	1.827			328.64	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	Horizon	PPO		670.33	1.827			328.64	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	Horizon	Medicare Blue		366.9	1			328.64	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	Managed Care Inc	Managed Care Inc		960.3	0.9			328.64	1013.65	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	Multiplan	Multiplan		853.6	0.8			328.64	1013.65	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	Qualcare	Qualcare		800.25	0.75			328.64	1013.65	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	Three Rivers	Three Rivers		1013.65	0.95			328.64	1013.65	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	UHC	Medicare		366.9	1			328.64	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	UHC	Medicaid		335.68	0.3146			328.64	1013.65	percent of total billed charges	
COLPOSCOPY ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	Wellcare	Medicare		366.9	1			328.64	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY ENTIRE VAGINA	57420	CPT	outpatient			1067	421.94	Wellcare	Medicaid		335.68	0.3146			328.64	1013.65	percent of total billed charges	
COLPOSCOPYVAGINA W/CERV W/BX	57421	CPT	outpatient			2565	1057.32	Aetna	Medicare		919.41	1			806.95	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPYVAGINA W/CERV W/BX	57421	CPT	outpatient			2565	1057.32	Aetna	Better Health		806.95	0.3146			806.95	2436.75	percent of total billed charges	
COLPOSCOPYVAGINA W/CERV W/BX	57421	CPT	outpatient			2565	1057.32	Aetna	Commercial		1463.7	1.592			806.95	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPYVAGINA W/CERV W/BX	57421	CPT	outpatient			2565	1057.32	Americare	Americare		1923.75	0.75			806.95	2436.75	percent of total billed charges	
COLPOSCOPYVAGINA W/CERV W/BX	57421	CPT	outpatient			2565	1057.32	WellPoint	WellPoint		822.85	0.3208			806.95	2436.75	percent of total billed charges	
COLPOSCOPYVAGINA W/CERV W/BX	57421	CPT	outpatient			2565	1057.32	AmeriHealth	Medicare		919.41	1			806.95	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPYVAGINA W/CERV W/BX	57421	CPT	outpatient			2565	1057.32	Consumer	Consumer		2436.75	0.95			806.95	2436.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COLPOSCOPY\VAGINA W/CERV W/BX	57421	CPT	outpatient			2565	1057.32	Corrections	Corrections		2052	0.8			806.95	2436.75	percent of total billed charges	
COLPOSCOPY\VAGINA W/CERV W/BX	57421	CPT	outpatient			2565	1057.32	First Health	First Health		1795.5	0.7			806.95	2436.75	percent of total billed charges	
COLPOSCOPY\VAGINA W/CERV W/BX	57421	CPT	outpatient			2565	1057.32	First Trenton	First Trenton		2308.5	0.9			806.95	2436.75	percent of total billed charges	
COLPOSCOPY\VAGINA W/CERV W/BX	57421	CPT	outpatient			2565	1057.32	Horizon	MGD		1679.76	1.827			806.95	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY\VAGINA W/CERV W/BX	57421	CPT	outpatient			2565	1057.32	Horizon	Indemnity		1679.76	1.827			806.95	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY\VAGINA W/CERV W/BX	57421	CPT	outpatient			2565	1057.32	Horizon	Medicare Blue		919.41	1			806.95	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY\VAGINA W/CERV W/BX	57421	CPT	outpatient			2565	1057.32	Horizon	PPO		1679.76	1.827			806.95	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY\VAGINA W/CERV W/BX	57421	CPT	outpatient			2565	1057.32	Managed Care Inc	Managed Care Inc		2308.5	0.9			806.95	2436.75	percent of total billed charges	
COLPOSCOPY\VAGINA W/CERV W/BX	57421	CPT	outpatient			2565	1057.32	Multiplan	Multiplan		2052	0.8			806.95	2436.75	percent of total billed charges	
COLPOSCOPY\VAGINA W/CERV W/BX	57421	CPT	outpatient			2565	1057.32	Qualcare	Qualcare		1923.75	0.75			806.95	2436.75	percent of total billed charges	
COLPOSCOPY\VAGINA W/CERV W/BX	57421	CPT	outpatient			2565	1057.32	Three Rivers	Three Rivers		2436.75	0.95			806.95	2436.75	percent of total billed charges	
COLPOSCOPY\VAGINA W/CERV W/BX	57421	CPT	outpatient			2565	1057.32	UHC	Medicare		919.41	1			806.95	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY\VAGINA W/CERV W/BX	57421	CPT	outpatient			2565	1057.32	UHC	Medicaid		806.95	0.3146			806.95	2436.75	percent of total billed charges	
COLPOSCOPY\VAGINA W/CERV W/BX	57421	CPT	outpatient			2565	1057.32	Wellcare	Medicaid		806.95	0.3146			806.95	2436.75	percent of total billed charges	
COLPOSCOPY\VAGINA W/CERV W/BX	57421	CPT	outpatient			2565	1057.32	Wellcare	Medicare		919.41	1			806.95	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649	262.09	Aetna	Better Health		204.18	0.3146			117.03	616.55	percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649	262.09	Aetna	Commercial		362.82	1.592			117.03	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649	262.09	Aetna	Medicare		227.9	1			117.03	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649	262.09	Americare	Americare		486.75	0.75			117.03	616.55	percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649	262.09	WellPoint	WellPoint		208.2	0.3208			117.03	616.55	percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649	262.09	Amerihealth	Medicare		227.9	1			117.03	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649	262.09	Consumer	Consumer		616.55	0.95			117.03	616.55	percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649	262.09	Corrections	Corrections		519.2	0.8			117.03	616.55	percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649	262.09	First Health	First Health		454.3	0.7			117.03	616.55	percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649	262.09	First Trenton	First Trenton		584.1	0.9			117.03	616.55	percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649	262.09	Horizon	Indemnity		416.37	1.827			117.03	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649	262.09	Horizon	Medicare Blue		227.9	1			117.03	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649	262.09	Horizon	PPO		416.37	1.827			117.03	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649	262.09	Horizon	MGD		416.37	1.827			117.03	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649	262.09	Managed Care Inc	Managed Care Inc		584.1	0.9			117.03	616.55	percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649	262.09	Multiplan	Multiplan		519.2	0.8			117.03	616.55	percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649	262.09	Qualcare	Qualcare		486.75	0.75			117.03	616.55	percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649	262.09	Three Rivers	Three Rivers		616.55	0.95			117.03	616.55	percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649	262.09	UHC	Medicaid		204.18	0.3146			117.03	616.55	percent of total billed charges	
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649	262.09	UHC	Medicare		227.9	1			117.03	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649	262.09	Wellcare	Medicare		227.9	1			117.03	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY OF CERVIX	57452	CPT	outpatient			649	262.09	Wellcare	Medicaid		204.18	0.3146			117.03	616.55	percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067	421.94	Aetna	Commercial		584.1	1.592			215.82	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BIOPSY	57454	CPT	outpatient			1067	421.94	Aetna	Better Health		335.68	0.3146			215.82	1013.65	percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067	421.94	Aetna	Medicare		366.9	1			215.82	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BIOPSY	57454	CPT	outpatient			1067	421.94	Americare	Americare		800.25	0.75			215.82	1013.65	percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067	421.94	WellPoint	WellPoint		342.29	0.3208			215.82	1013.65	percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067	421.94	Amerihealth	Medicare		366.9	1			215.82	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BIOPSY	57454	CPT	outpatient			1067	421.94	Consumer	Consumer		1013.65	0.95			215.82	1013.65	percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067	421.94	Corrections	Corrections		853.6	0.8			215.82	1013.65	percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067	421.94	First Health	First Health		746.9	0.7			215.82	1013.65	percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067	421.94	First Trenton	First Trenton		960.3	0.9			215.82	1013.65	percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067	421.94	Horizon	MGD		670.33	1.827			215.82	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BIOPSY	57454	CPT	outpatient			1067	421.94	Horizon	PPO		670.33	1.827			215.82	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BIOPSY	57454	CPT	outpatient			1067	421.94	Horizon	Indemnity		670.33	1.827			215.82	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BIOPSY	57454	CPT	outpatient			1067	421.94	Horizon	Medicare Blue		366.9	1			215.82	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BIOPSY	57454	CPT	outpatient			1067	421.94	Managed Care Inc	Managed Care Inc		960.3	0.9			215.82	1013.65	percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067	421.94	Multiplan	Multiplan		853.6	0.8			215.82	1013.65	percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067	421.94	Qualcare	Qualcare		800.25	0.75			215.82	1013.65	percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067	421.94	Three Rivers	Three Rivers		1013.65	0.95			215.82	1013.65	percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067	421.94	UHC	Medicare		366.9	1			215.82	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BIOPSY	57454	CPT	outpatient			1067	421.94	UHC	Medicaid		335.68	0.3146			215.82	1013.65	percent of total billed charges	
W/BIOPSY	57454	CPT	outpatient			1067	421.94	Wellcare	Medicare		366.9	1			215.82	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/BIOPSY	57454	CPT	outpatient			1067	421.94	Wellcare	Medicaid		335.68	0.3146			215.82	1013.65	percent of total billed charges	
COLPOSCOPY W/BX CERVIX	57455	CPT	outpatient			1262	421.94	Aetna	Better Health		397.03	0.3146			335.68	1198.9	percent of total billed charges	
COLPOSCOPY W/BX CERVIX	57455	CPT	outpatient			1262	421.94	Aetna	Medicare		366.9	1			335.68	1198.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/BX CERVIX	57455	CPT	outpatient			1262	421.94	Aetna	Commercial		584.1	1.592			335.68	1198.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/BX CERVIX	57455	CPT	outpatient			1262	421.94	Americare	Americare		946.5	0.75			335.68	1198.9	percent of total billed charges	
COLPOSCOPY W/BX CERVIX	57455	CPT	outpatient			1262	421.94	WellPoint	WellPoint		404.85	0.3208			335.68	1198.9	percent of total billed charges	
COLPOSCOPY W/BX CERVIX	57455	CPT	outpatient			1262	421.94	Amerihealth	Medicare		366.9	1			335.68	1198.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/BX CERVIX	57455	CPT	outpatient			1262	421.94	Consumer	Consumer		1198.9	0.95			335.68	1198.9	percent of total billed charges	
COLPOSCOPY W/BX CERVIX	57455	CPT	outpatient			1262	421.94	Corrections	Corrections		1009.6	0.8			335.68	1198.9	percent of total billed charges	
COLPOSCOPY W/BX CERVIX	57455	CPT	outpatient			1262	421.94	First Health	First Health		883.4	0.7			335.68	1198.9	percent of total billed charges	
COLPOSCOPY W/BX CERVIX	57455	CPT	outpatient			1262	421.94	First Trenton	First Trenton		1135.8	0.9			335.68	1198.9	percent of total billed charges	
COLPOSCOPY W/BX CERVIX	57455	CPT	outpatient			1262	421.94	Horizon	MGD		670.33	1.827			335.68	1198.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/BX CERVIX	57455	CPT	outpatient			1262	421.94	Horizon	Indemnity		670.33	1.827			335.68	1198.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/BX CERVIX	57455	CPT	outpatient			1262	421.94	Horizon	Medicare Blue		366.9	1			335.68	1198.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/BX CERVIX	57455	CPT	outpatient			1262	421.94	Horizon	PPO		670.33	1.827			335.68	1198.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/BX CERVIX	57455	CPT	outpatient			1262	421.94	Managed Care Inc	Managed Care Inc		1135.8	0.9			335.68	1198.9	percent of total billed charges	
COLPOSCOPY W/BX CERVIX	57455	CPT	outpatient			1262	421.94	Multiplan	Multiplan		1009.6	0.8			335.68	1198.9	percent of total billed charges	
COLPOSCOPY W/BX CERVIX	57455	CPT	outpatient			1262	421.94	Qualcare	Qualcare		946.5	0.75			335.68	1198.9	percent of total billed charges	
COLPOSCOPY W/BX CERVIX	57455	CPT	outpatient			1262	421.94	Three Rivers	Three Rivers		1198.9	0.95			335.68	1198.9	percent of total billed charges	
COLPOSCOPY W/BX CERVIX	57455	CPT	outpatient			1262	421.94	UHC	Medicaid		397.03	0.3146			335.68	1198.9	percent of total billed charges	
COLPOSCOPY W/BX CERVIX	57455	CPT	outpatient			1262	421.94	UHC	Medicare		366.9	1			335.68	1198.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/BX CERVIX	57455	CPT	outpatient			1262	421.94	Wellcare	Medicaid		397.03	0.3146			335.68	1198.9	percent of total billed charges	
COLPOSCOPY W/BX CERVIX	57455	CPT	outpatient			1262	421.94	Wellcare	Medicare		366.9	1			335.68	1198.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	Aetna	Medicare		328.64	0.308			328.64	1013.65	percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	Aetna	Commercial		584.1	1.592			328.64	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	Aetna	Better Health		335.68	0.3146			328.64	1013.65	percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	Americare	Americare		800.25	0.75			328.64	1013.65	percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	WellPoint	WellPoint		342.29	0.3208			328.64	1013.65	percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	Amerihealth	Medicare		366.9	1			328.64	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	Consumer	Consumer		1013.65	0.95			328.64	1013.65	percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	Corrections	Corrections		853.6	0.8			328.64	1013.65	percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	First Health	First Health		746.9	0.7			328.64	1013.65	percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	First Trenton	First Trenton		960.3	0.9			328.64	1013.65	percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	Horizon	Medicare Blue		366.9	1			328.64	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	Horizon	Indemnity		670.33	1.827			328.64	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	Horizon	MGD		670.33	1.827			328.64	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	Horizon	PPO		670.33	1.827			328.64	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	Managed Care Inc	Managed Care Inc		960.3	0.9			328.64	1013.65	percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	Multiplan	Multiplan		853.6	0.8			328.64	1013.65	percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	Qualcare	Qualcare		800.25	0.75			328.64	1013.65	percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	Three Rivers	Three Rivers		1013.65	0.95			328.64	1013.65	percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	UHC	Medicare		366.9	1			328.64	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	UHC	Medicaid		335.68	0.3146			328.64	1013.65	percent of total billed charges	
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	Wellcare	Medicare		366.9	1			328.64	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLPOSCOPY W/ENDOCERV CURETT	57456	CPT	outpatient			1067	421.94	Wellcare	Medicaid		335.68	0.3146			328.64	1013.65	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Aetna	Commercial		5692.26	1.592			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Aetna	Better Health		3241.32	0.3146			3040.92	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Aetna	Medicare		3575.54	1			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Americare	Americare		7727.25	0.75			3040.92	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	WellPoint	WellPoint		3305.2	0.3208			3040.92	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Amerihealth	Medicare		3575.54	1			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Consumer	Consumer		9787.85	0.95			3040.92	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Corrections	Corrections		8242.4	0.8			3040.92	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	First Health	First Health		7212.1	0.7			3040.92	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	First Trenton	First Trenton		9272.7	0.9			3040.92	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Horizon	MGD		6532.51	1.827			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Horizon	Indemnity		6532.51	1.827			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Horizon	Medicare Blue		3575.54	1			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Horizon	PPO		6532.51	1.827			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Managed Care Inc	Managed Care Inc		9272.7	0.9			3040.92	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Multiplan	Multiplan		8242.4	0.8			3040.92	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Qualcare	Qualcare		7727.25	0.75			3040.92	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Three Rivers	Three Rivers		9787.85	0.95			3040.92	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	UHC	Medicare		3575.54	1			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	UHC	Medicaid		3241.32	0.3146			3040.92	9787.85	percent of total billed charges	
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Wellcare	Medicare		3575.54	1			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSCOPY W/DEEP-CERVIX EXCISION	57460	CPT	outpatient			10303	4111.87	Wellcare	Medicaid		3241.32	0.3146			3040.92	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Aetna	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Aetna	Better Health		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Aetna	Commercial		5692.26	1.592			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Americare	Americare		7727.25	0.75			3241.32	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	WellPoint	WellPoint		3305.2	0.3208			3241.32	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Amerihealth	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Consumer	Consumer		9787.85	0.95			3241.32	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Corrections	Corrections		8242.4	0.8			3241.32	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	First Health	First Health		7212.1	0.7			3241.32	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	First Trenton	First Trenton		9272.7	0.9			3241.32	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Horizon	Indemnity		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Horizon	PPO		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Horizon	MGD		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Horizon	Medicare Blue		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Managed Care Inc	Managed Care Inc		9272.7	0.9			3241.32	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Multiplan	Multiplan		8242.4	0.8			3241.32	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Qualcare	Qualcare		7727.25	0.75			3241.32	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303	4111.87	Three Rivers	Three Rivers		9787.85	0.95			3241.32	9787.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303		4111.87 UHC	Medicaid		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303		4111.87 UHC	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303		4111.87 Wellcare	Medicaid		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
CONZ OF CERVIX W/SCOPE LEEP	57461	CPT	outpatient			10303		4111.87 Wellcare	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVIX - BIOPSY	57500	CPT	outpatient			2878		1057.32 Aetna	Medicare		919.41	1			426.6	2734.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVIX - BIOPSY	57500	CPT	outpatient			2878		1057.32 Aetna	Better Health		905.42	0.3146			426.6	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878		1057.32 Aetna	Commercial		1463.7	1.592			426.6	2734.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVIX - BIOPSY	57500	CPT	outpatient			2878		1057.32 Americare	Americare		2158.5	0.75			426.6	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878		1057.32 WellPoint	WellPoint		923.26	0.3208			426.6	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878		1057.32 Amerihealth	Medicare		919.41	1			426.6	2734.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVIX - BIOPSY	57500	CPT	outpatient			2878		1057.32 Consumer	Consumer		2734.1	0.95			426.6	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878		1057.32 Corrections	Corrections		2302.4	0.8			426.6	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878		1057.32 First Health	First Health		2014.6	0.7			426.6	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878		1057.32 First Trenton	First Trenton		2590.2	0.9			426.6	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878		1057.32 Horizon	MGD		1679.76	1.827			426.6	2734.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVIX - BIOPSY	57500	CPT	outpatient			2878		1057.32 Horizon	Indemnity		1679.76	1.827			426.6	2734.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVIX - BIOPSY	57500	CPT	outpatient			2878		1057.32 Horizon	Medicare Blue		919.41	1			426.6	2734.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVIX - BIOPSY	57500	CPT	outpatient			2878		1057.32 Horizon	PPO		1679.76	1.827			426.6	2734.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVIX - BIOPSY	57500	CPT	outpatient			2878		1057.32 Managed Care Inc	Managed Care Inc		2590.2	0.9			426.6	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878		1057.32 Multiplan	Multiplan		2302.4	0.8			426.6	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878		1057.32 Qualcare	Qualcare		2158.5	0.75			426.6	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878		1057.32 Three Rivers	Three Rivers		2734.1	0.95			426.6	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878		1057.32 UHC	Medicare		919.41	1			426.6	2734.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVIX - BIOPSY	57500	CPT	outpatient			2878		1057.32 UHC	Medicaid		905.42	0.3146			426.6	2734.1	percent of total billed charges	
CERVIX - BIOPSY	57500	CPT	outpatient			2878		1057.32 Wellcare	Medicare		919.41	1			426.6	2734.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVIX - BIOPSY	57500	CPT	outpatient			2878		1057.32 Wellcare	Medicaid		905.42	0.3146			426.6	2734.1	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565		1057.32 Aetna	Better Health		806.95	0.3146			806.95	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565		1057.32 Aetna	Commercial		1463.7	1.592			806.95	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565		1057.32 Aetna	Medicare		919.41	1			806.95	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565		1057.32 Americare	Americare		1923.75	0.75			806.95	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565		1057.32 WellPoint	WellPoint		822.85	0.3208			806.95	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565		1057.32 Amerihealth	Medicare		919.41	1			806.95	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565		1057.32 Consumer	Consumer		2436.75	0.95			806.95	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565		1057.32 Corrections	Corrections		2052	0.8			806.95	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565		1057.32 First Health	First Health		1795.5	0.7			806.95	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565		1057.32 First Trenton	First Trenton		2308.5	0.9			806.95	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565		1057.32 Horizon	MGD		1679.76	1.827			806.95	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565		1057.32 Horizon	Indemnity		1679.76	1.827			806.95	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565		1057.32 Horizon	Medicare Blue		919.41	1			806.95	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565		1057.32 Horizon	PPO		1679.76	1.827			806.95	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565		1057.32 Managed Care Inc	Managed Care Inc		2308.5	0.9			806.95	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565		1057.32 Multiplan	Multiplan		2052	0.8			806.95	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565		1057.32 Qualcare	Qualcare		1923.75	0.75			806.95	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565		1057.32 Three Rivers	Three Rivers		2436.75	0.95			806.95	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565		1057.32 UHC	Medicare		919.41	1			806.95	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565		1057.32 UHC	Medicaid		806.95	0.3146			806.95	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565		1057.32 Wellcare	Medicaid		806.95	0.3146			806.95	2436.75	percent of total billed charges	
ENDOCERVICAL CURETTAGE	57505	CPT	outpatient			2565		1057.32 Wellcare	Medicare		919.41	1			806.95	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VAPORIZATION	57513	CPT	outpatient			9666		4111.87 Aetna	Commercial		5692.26	1.592			3040.92	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VAPORIZATION	57513	CPT	outpatient			9666		4111.87 Aetna	Medicare		3575.54	1			3040.92	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VAPORIZATION	57513	CPT	outpatient			9666		4111.87 Aetna	Better Health		3040.92	0.3146			3040.92	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666		4111.87 Americare	Americare		7249.5	0.75			3040.92	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666		4111.87 WellPoint	WellPoint		3100.85	0.3208			3040.92	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666		4111.87 Amerihealth	Medicare		3575.54	1			3040.92	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VAPORIZATION	57513	CPT	outpatient			9666		4111.87 Consumer	Consumer		9182.7	0.95			3040.92	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666		4111.87 Corrections	Corrections		7732.8	0.8			3040.92	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666		4111.87 First Health	First Health		6766.2	0.7			3040.92	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666		4111.87 First Trenton	First Trenton		8699.4	0.9			3040.92	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666		4111.87 Horizon	Indemnity		6532.51	1.827			3040.92	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VAPORIZATION	57513	CPT	outpatient			9666		4111.87 Horizon	MGD		6532.51	1.827			3040.92	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VAPORIZATION	57513	CPT	outpatient			9666		4111.87 Horizon	Medicare Blue		3575.54	1			3040.92	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VAPORIZATION	57513	CPT	outpatient			9666		4111.87 Horizon	PPO		6532.51	1.827			3040.92	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VAPORIZATION	57513	CPT	outpatient			9666		4111.87 Managed Care Inc	Managed Care Inc		8699.4	0.9			3040.92	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666		4111.87 Multiplan	Multiplan		7732.8	0.8			3040.92	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666		4111.87 Qualcare	Qualcare		7249.5	0.75			3040.92	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666		4111.87 Three Rivers	Three Rivers		9182.7	0.95			3040.92	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666		4111.87 UHC	Medicaid		3040.92	0.3146			3040.92	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666		4111.87 UHC	Medicare		3575.54	1			3040.92	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VAPORIZATION	57513	CPT	outpatient			9666		4111.87 Wellcare	Medicaid		3040.92	0.3146			3040.92	9182.7	percent of total billed charges	
LASER VAPORIZATION	57513	CPT	outpatient			9666		4111.87 Wellcare	Medicare		3575.54	1			3040.92	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.87 Aetna	Medicare		2977.13	0.308			2977.13	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.87 Aetna	Commercial		5692.26	1.592			2977.13	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.87 Aetna	Better Health		3040.92	0.3146			2977.13	9182.7	percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.87 Americare	Americare		7249.5	0.75			2977.13	9182.7	percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.87 WellPoint	WellPoint		3100.85	0.3208			2977.13	9182.7	percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.87 Amerihealth	Medicare		3575.54	1			2977.13	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.87 Consumer	Consumer		9182.7	0.95			2977.13	9182.7	percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.87 Corrections	Corrections		7732.8	0.8			2977.13	9182.7	percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.87 First Health	First Health		6766.2	0.7			2977.13	9182.7	percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.87 First Trenton	First Trenton		8699.4	0.9			2977.13	9182.7	percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.87 Horizon	MGD		6532.51	1.827			2977.13	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.87 Horizon	Medicare Blue		3575.54	1			2977.13	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.87 Horizon	PPO		6532.51	1.827			2977.13	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.87 Horizon	Indemnity		6532.51	1.827			2977.13	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.87 Managed Care Inc	Managed Care Inc		8699.4	0.9			2977.13	9182.7	percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.87 Multiplan	Multiplan		7732.8	0.8			2977.13	9182.7	percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.87 Qualcare	Qualcare		7249.5	0.75			2977.13	9182.7	percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.87 Three Rivers	Three Rivers		9182.7	0.95			2977.13	9182.7	percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.87 UHC	Medicare		3575.54	1			2977.13	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.87 UHC	Medicaid		3040.92	0.3146			2977.13	9182.7	percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.87 Wellcare	Medicaid		3040.92	0.3146			2977.13	9182.7	percent of total billed charges	
CONIZATION OF CERVIX	57520	CPT	outpatient			9666		4111.87 Wellcare	Medicare		3575.54	1			2977.13	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.87 Aetna	Commercial		5692.26	1.592			2977.13	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.87 Aetna	Better Health		3241.32	0.3146			2977.13	9787.85	percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.87 Aetna	Medicare		3173.32	0.308			2977.13	9787.85	percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.87 Americare	Americare		7727.25	0.75			2977.13	9787.85	percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.87 WellPoint	WellPoint		3305.2	0.3208			2977.13	9787.85	percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.87 Amerihealth	Medicare		3575.54	1			2977.13	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.87 Consumer	Consumer		9787.85	0.95			2977.13	9787.85	percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.87 Corrections	Corrections		8242.4	0.8			2977.13	9787.85	percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.87 First Health	First Health		7212.1	0.7			2977.13	9787.85	percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.87 First Trenton	First Trenton		9272.7	0.9			2977.13	9787.85	percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.87 Horizon	MGD		6532.51	1.827			2977.13	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.87 Horizon	Medicare Blue		3575.54	1			2977.13	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.87 Horizon	PPO		6532.51	1.827			2977.13	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.87 Horizon	Indemnity		6532.51	1.827			2977.13	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.87 Managed Care Inc	Managed Care Inc		9272.7	0.9			2977.13	9787.85	percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.87 Multiplan	Multiplan		8242.4	0.8			2977.13	9787.85	percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.87 Qualcare	Qualcare		7727.25	0.75			2977.13	9787.85	percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.87 Three Rivers	Three Rivers		9787.85	0.95			2977.13	9787.85	percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.87 UHC	Medicaid		3241.32	0.3146			2977.13	9787.85	percent of total billed charges	
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.87 UHC	Medicare		3575.54	1			2977.13	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.87 Wellcare	Medicare		3575.54	1			2977.13	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOP ELECTRODE EXCISION	57522	CPT	outpatient			10303		4111.87 Wellcare	Medicaid		3241.32	0.3146			2977.13	9787.85	percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.87 Aetna	Better Health		2011.87	0.3146			2011.87	6532.51	percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.87 Aetna	Commercial		5692.26	1.592			2011.87	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.87 Aetna	Medicare		3575.54	1			2011.87	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.87 Americare	Americare		4796.25	0.75			2011.87	6532.51	percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.87 WellPoint	WellPoint		2051.52	0.3208			2011.87	6532.51	percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.87 Amerihealth	Medicare		3575.54	1			2011.87	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.87 Consumer	Consumer		6075.25	0.95			2011.87	6532.51	percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.87 Corrections	Corrections		5116	0.8			2011.87	6532.51	percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.87 First Health	First Health		4476.5	0.7			2011.87	6532.51	percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.87 First Trenton	First Trenton		5755.5	0.9			2011.87	6532.51	percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.87 Horizon	MGD		6532.51	1.827			2011.87	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.87 Horizon	Medicare Blue		3575.54	1			2011.87	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.87 Horizon	Indemnity		6532.51	1.827			2011.87	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.87 Horizon	PPO		6532.51	1.827			2011.87	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.87 Managed Care Inc	Managed Care Inc		5755.5	0.9			2011.87	6532.51	percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.87 Multiplan	Multiplan		5116	0.8			2011.87	6532.51	percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.87 Qualcare	Qualcare		4796.25	0.75			2011.87	6532.51	percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.87 Three Rivers	Three Rivers		6075.25	0.95			2011.87	6532.51	percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.87 UHC	Medicaid		2011.87	0.3146			2011.87	6532.51	percent of total billed charges	
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.87 UHC	Medicare		3575.54	1			2011.87	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.87 Wellcare	Medicare		3575.54	1			2011.87	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
D&C CERVICAL STUMP	57558	CPT	outpatient			6395		4111.87 Wellcare	Medicaid		2011.87	0.3146			2011.87	6532.51	percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.87 Aetna	Medicare		3575.54	1			2832.03	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.87 Aetna	Better Health		3241.32	0.3146			2832.03	9787.85	percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.87 Aetna	Commercial		5692.26	1.592			2832.03	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.87 Americare	Americare		7727.25	0.75			2832.03	9787.85	percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.87 WellPoint	WellPoint		3305.2	0.3208			2832.03	9787.85	percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.87 Amerihealth	Medicare		3575.54	1			2832.03	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303		4111.87 Consumer	Consumer		9787.85	0.95			2832.03	9787.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303	4111.87	Corrections	Corrections		8242.4	0.8			2832.03	9787.85	percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303	4111.87	First Health	First Health		7212.1	0.7			2832.03	9787.85	percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303	4111.87	First Trenton	First Trenton		9272.7	0.9			2832.03	9787.85	percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303	4111.87	Horizon	Medicare Blue		3575.54	1			2832.03	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303	4111.87	Horizon	Indemnity		6532.51	1.827			2832.03	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303	4111.87	Horizon	MGD		6532.51	1.827			2832.03	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303	4111.87	Horizon	PPO		6532.51	1.827			2832.03	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303	4111.87	Managed Care Inc	Managed Care Inc		9272.7	0.9			2832.03	9787.85	percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303	4111.87	Multiplan	Multiplan		8242.4	0.8			2832.03	9787.85	percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303	4111.87	Qualcare	Qualcare		7727.25	0.75			2832.03	9787.85	percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303	4111.87	Three Rivers	Three Rivers		9787.85	0.95			2832.03	9787.85	percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303	4111.87	UHC	Medicare		3575.54	1			2832.03	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303	4111.87	UHC	Medicaid		3241.32	0.3146			2832.03	9787.85	percent of total billed charges	
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303	4111.87	Wellcare	Medicare		3575.54	1			2832.03	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION OF CERVICAL CANAL	57800	CPT	outpatient			10303	4111.87	Wellcare	Medicaid		3241.32	0.3146			2832.03	9787.85	percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067	262.09	Aetna	Commercial		362.82	1.592			192.54	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067	262.09	Aetna	Better Health		335.68	0.3146			192.54	1013.65	percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067	262.09	Aetna	Medicare		227.9	1			192.54	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067	262.09	Americare	Americare		800.25	0.75			192.54	1013.65	percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067	262.09	WellPoint	WellPoint		342.29	0.3208			192.54	1013.65	percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067	262.09	Amerihealth	Medicare		227.9	1			192.54	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067	262.09	Consumer	Consumer		1013.65	0.95			192.54	1013.65	percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067	262.09	Corrections	Corrections		853.6	0.8			192.54	1013.65	percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067	262.09	First Health	First Health		746.9	0.7			192.54	1013.65	percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067	262.09	First Trenton	First Trenton		960.3	0.9			192.54	1013.65	percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067	262.09	Horizon	MGD		416.37	1.827			192.54	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067	262.09	Horizon	Medicare Blue		227.9	1			192.54	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067	262.09	Horizon	PPO		416.37	1.827			192.54	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067	262.09	Horizon	Indemnity		416.37	1.827			192.54	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067	262.09	Managed Care Inc	Managed Care Inc		960.3	0.9			192.54	1013.65	percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067	262.09	Multiplan	Multiplan		853.6	0.8			192.54	1013.65	percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067	262.09	Qualcare	Qualcare		800.25	0.75			192.54	1013.65	percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067	262.09	Three Rivers	Three Rivers		1013.65	0.95			192.54	1013.65	percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067	262.09	UHC	Medicare		227.9	1			192.54	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067	262.09	UHC	Medicaid		335.68	0.3146			192.54	1013.65	percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067	262.09	Wellcare	Medicaid		335.68	0.3146			192.54	1013.65	percent of total billed charges	
ENDOMETRIAL SAMPLING BIOPSY	58100	CPT	outpatient			1067	262.09	Wellcare	Medicare		227.9	1			192.54	1013.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303	4111.87	Aetna	Commercial		5692.26	1.592			2029.8	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303	4111.87	Aetna	Better Health		3241.32	0.3146			2029.8	9787.85	percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303	4111.87	Aetna	Medicare		3575.54	1			2029.8	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303	4111.87	Americare	Americare		7727.25	0.75			2029.8	9787.85	percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303	4111.87	WellPoint	WellPoint		3305.2	0.3208			2029.8	9787.85	percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303	4111.87	Amerihealth	Medicare		3575.54	1			2029.8	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303	4111.87	Consumer	Consumer		9787.85	0.95			2029.8	9787.85	percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303	4111.87	Corrections	Corrections		8242.4	0.8			2029.8	9787.85	percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303	4111.87	First Health	First Health		7212.1	0.7			2029.8	9787.85	percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303	4111.87	First Trenton	First Trenton		9272.7	0.9			2029.8	9787.85	percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303	4111.87	Horizon	Medicare Blue		3575.54	1			2029.8	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303	4111.87	Horizon	Indemnity		6532.51	1.827			2029.8	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303	4111.87	Horizon	MGD		6532.51	1.827			2029.8	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303	4111.87	Horizon	PPO		6532.51	1.827			2029.8	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303	4111.87	Managed Care Inc	Managed Care Inc		9272.7	0.9			2029.8	9787.85	percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303	4111.87	Multiplan	Multiplan		8242.4	0.8			2029.8	9787.85	percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303	4111.87	Qualcare	Qualcare		7727.25	0.75			2029.8	9787.85	percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303	4111.87	Three Rivers	Three Rivers		9787.85	0.95			2029.8	9787.85	percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303	4111.87	UHC	Medicaid		3241.32	0.3146			2029.8	9787.85	percent of total billed charges	
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303	4111.87	UHC	Medicare		3575.54	1			2029.8	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303	4111.87	Wellcare	Medicare		3575.54	1			2029.8	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DILATION AND CURETTAGE (D&C)	58120	CPT	outpatient			10303	4111.87	Wellcare	Medicaid		3241.32	0.3146			2029.8	9787.85	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666	4111.87	Aetna	Commercial		5692.26	1.592			2669.13	8232.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666	4111.87	Aetna	Medicare		2669.13	0.308			2669.13	8232.7	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666	4111.87	Aetna	Better Health		2726.32	0.3146			2669.13	8232.7	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666	4111.87	Americare	Americare		6499.5	0.75			2669.13	8232.7	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666	4111.87	WellPoint	WellPoint		2780.05	0.3208			2669.13	8232.7	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666	4111.87	Amerihealth	Medicare		3575.54	1			2669.13	8232.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666	4111.87	Consumer	Consumer		8232.7	0.95			2669.13	8232.7	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666	4111.87	Corrections	Corrections		6932.8	0.8			2669.13	8232.7	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666	4111.87	First Health	First Health		6066.2	0.7			2669.13	8232.7	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666	4111.87	First Trenton	First Trenton		7799.4	0.9			2669.13	8232.7	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666	4111.87	Horizon	MGD		6532.51	1.827			2669.13	8232.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666	4111.87	Horizon	Medicare Blue		3575.54	1			2669.13	8232.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666	4111.87	Horizon	PPO		6532.51	1.827			2669.13	8232.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666	4111.87	Horizon	Indemnity		6532.51	1.827			2669.13	8232.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666	4111.87	Managed Care Inc	Managed Care Inc		7799.4	0.9			2669.13	8232.7	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666	4111.87	Multiplan	Multiplan		6932.8	0.8			2669.13	8232.7	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666	4111.87	Qualcare	Qualcare		6499.5	0.75			2669.13	8232.7	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666	4111.87	Three Rivers	Three Rivers		8232.7	0.95			2669.13	8232.7	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666	4111.87	UHC	Medicaid		2726.32	0.3146			2669.13	8232.7	percent of total billed charges	
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666	4111.87	UHC	Medicare		3575.54	1			2669.13	8232.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666	4111.87	Wellcare	Medicare		3575.54	1			2669.13	8232.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOMECTOMY VAG 1-4 MYOMAS<=250G	58145	CPT	outpatient			8666	4111.87	Wellcare	Medicaid		2726.32	0.3146			2669.13	8232.7	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Aetna	Better Health		141.57	0.3146			135	427.5	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Aetna	Medicare		138.6	0.308			135	427.5	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Aetna	Commercial		171	0.38			135	427.5	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Americare	Americare		337.5	0.75			135	427.5	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		WellPoint	WellPoint		144.36	0.3208			135	427.5	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Consumer	Consumer		427.5	0.95			135	427.5	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Corrections	Corrections		360	0.8			135	427.5	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		First Health	First Health		315	0.7			135	427.5	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		First Trenton	First Trenton		405	0.9			135	427.5	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Horizon	Indemnity		172.26	0.3828			135	427.5	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Horizon	Medicare Blue		135	0.3			135	427.5	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Horizon	PPO		172.26	0.3828			135	427.5	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Horizon	MGD		172.26	0.3828			135	427.5	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Managed Care Inc	Managed Care Inc		405	0.9			135	427.5	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Multiplan	Multiplan		360	0.8			135	427.5	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Qualcare	Qualcare		337.5	0.75			135	427.5	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Three Rivers	Three Rivers		427.5	0.95			135	427.5	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		UHC	Medicaid		141.57	0.3146			135	427.5	percent of total billed charges	
INSERT INTRAUTERINE DEVICE	58300	CPT	outpatient			450		Wellcare	Medicaid		141.57	0.3146			135	427.5	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Aetna	Better Health		347.32	0.3146			335.68	1048.8	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Aetna	Commercial		584.1	1.592			335.68	1048.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Aetna	Medicare		366.9	1			335.68	1048.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Americare	Americare		828	0.75			335.68	1048.8	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	WellPoint	WellPoint		354.16	0.3208			335.68	1048.8	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Amerihealth	Medicare		366.9	1			335.68	1048.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Consumer	Consumer		1048.8	0.95			335.68	1048.8	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Corrections	Corrections		883.2	0.8			335.68	1048.8	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	First Health	First Health		772.8	0.7			335.68	1048.8	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	First Trenton	First Trenton		993.6	0.9			335.68	1048.8	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Horizon	Indemnity		670.33	1.827			335.68	1048.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Horizon	Medicare Blue		366.9	1			335.68	1048.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Horizon	PPO		670.33	1.827			335.68	1048.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Horizon	MGD		670.33	1.827			335.68	1048.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Managed Care Inc	Managed Care Inc		993.6	0.9			335.68	1048.8	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Multiplan	Multiplan		883.2	0.8			335.68	1048.8	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Qualcare	Qualcare		828	0.75			335.68	1048.8	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Three Rivers	Three Rivers		1048.8	0.95			335.68	1048.8	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	UHC	Medicaid		347.32	0.3146			335.68	1048.8	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	UHC	Medicare		366.9	1			335.68	1048.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Wellcare	Medicaid		347.32	0.3146			335.68	1048.8	percent of total billed charges	
REMOVE INTRAUTERINE DEVICE	58301	CPT	outpatient			1104	421.94	Wellcare	Medicare		366.9	1			335.68	1048.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Aetna	Better Health		588.62	0.3146			98.7	1777.45	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Aetna	Commercial		710.98	0.38			98.7	1777.45	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Aetna	Medicare		576.27	0.308			98.7	1777.45	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Americare	Americare		1403.25	0.75			98.7	1777.45	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		WellPoint	WellPoint		600.22	0.3208			98.7	1777.45	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Consumer	Consumer		1777.45	0.95			98.7	1777.45	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Corrections	Corrections		1496.8	0.8			98.7	1777.45	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		First Health	First Health		1309.7	0.7			98.7	1777.45	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		First Trenton	First Trenton		1683.9	0.9			98.7	1777.45	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Horizon	Indemnity		716.22	0.3828			98.7	1777.45	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Horizon	Medicare Blue		561.3	0.3			98.7	1777.45	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Horizon	PPO		716.22	0.3828			98.7	1777.45	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Horizon	MGD		716.22	0.3828			98.7	1777.45	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Managed Care Inc	Managed Care Inc		1683.9	0.9			98.7	1777.45	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Multiplan	Multiplan		1496.8	0.8			98.7	1777.45	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Qualcare	Qualcare		1403.25	0.75			98.7	1777.45	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Three Rivers	Three Rivers		1777.45	0.95			98.7	1777.45	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		UHC	Medicaid		588.62	0.3146			98.7	1777.45	percent of total billed charges	
IR CATH & INTRO SALINE/CONTRAST	58340	CPT	outpatient			1871		Wellcare	Medicaid		588.62	0.3146			98.7	1777.45	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	Aetna	Medicare		3575.54	1			1816.19	8217.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650	4111.87	Aetna	Commercial		5692.26	1.592			1816.19	8217.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650		4111.87 Aetna	Better Health		2721.29	0.3146			1816.19	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650		4111.87 Americare	Americare		6487.5	0.75			1816.19	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650		4111.87 WellPoint	WellPoint		2774.92	0.3208			1816.19	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650		4111.87 Amerihealth	Medicare		3575.54	1			1816.19	8217.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650		4111.87 Consumer	Consumer		8217.5	0.95			1816.19	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650		4111.87 Corrections	Corrections		6920	0.8			1816.19	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650		4111.87 First Health	First Health		6055	0.7			1816.19	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650		4111.87 First Trenton	First Trenton		7785	0.9			1816.19	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650		4111.87 Horizon	MGD		6532.51	1.827			1816.19	8217.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650		4111.87 Horizon	Medicare Blue		3575.54	1			1816.19	8217.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650		4111.87 Horizon	PPO		6532.51	1.827			1816.19	8217.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650		4111.87 Horizon	Indemnity		6532.51	1.827			1816.19	8217.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650		4111.87 Managed Care Inc	Managed Care Inc		7785	0.9			1816.19	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650		4111.87 Multiplan	Multiplan		6920	0.8			1816.19	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650		4111.87 Qualcare	Qualcare		6487.5	0.75			1816.19	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650		4111.87 Three Rivers	Three Rivers		8217.5	0.95			1816.19	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650		4111.87 UHC	Medicaid		2721.29	0.3146			1816.19	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650		4111.87 UHC	Medicare		3575.54	1			1816.19	8217.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650		4111.87 Wellcare	Medicaid		2721.29	0.3146			1816.19	8217.5	percent of total billed charges	
TRANSCERV INTR FALL TUBE CATH RT	58345	CPT	outpatient			8650		4111.87 Wellcare	Medicare		3575.54	1			1816.19	8217.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887		6541.81 Aetna	Better Health		5312.65	0.3146			5172.97	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887		6541.81 Aetna	Medicare		5688.53	1			5172.97	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887		6541.81 Aetna	Commercial		9056.14	1.592			5172.97	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887		6541.81 Americare	Americare		12665.25	0.75			5172.97	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887		6541.81 WellPoint	WellPoint		5417.35	0.3208			5172.97	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887		6541.81 Amerihealth	Medicare		5688.53	1			5172.97	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887		6541.81 Consumer	Consumer		16042.65	0.95			5172.97	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887		6541.81 Corrections	Corrections		13509.6	0.8			5172.97	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887		6541.81 First Health	First Health		11820.9	0.7			5172.97	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887		6541.81 First Trenton	First Trenton		15198.3	0.9			5172.97	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887		6541.81 Horizon	Indemnity		10392.94	1.827			5172.97	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887		6541.81 Horizon	MGD		10392.94	1.827			5172.97	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887		6541.81 Horizon	PPO		10392.94	1.827			5172.97	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887		6541.81 Horizon	Medicare Blue		5688.53	1			5172.97	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887		6541.81 Managed Care Inc	Managed Care Inc		15198.3	0.9			5172.97	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887		6541.81 Multiplan	Multiplan		13509.6	0.8			5172.97	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887		6541.81 Qualcare	Qualcare		12665.25	0.75			5172.97	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887		6541.81 Three Rivers	Three Rivers		16042.65	0.95			5172.97	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887		6541.81 UHC	Medicare		5688.53	1			5172.97	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887		6541.81 UHC	Medicaid		5312.65	0.3146			5172.97	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887		6541.81 Wellcare	Medicaid		5312.65	0.3146			5172.97	16042.65	percent of total billed charges	
CHROMOTUBATION OF OVIDUCT	58350	CPT	outpatient			16887		6541.81 Wellcare	Medicare		5688.53	1			5172.97	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887		6541.81 Aetna	Medicare		5688.53	1			5312.65	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887		6541.81 Aetna	Better Health		5312.65	0.3146			5312.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887		6541.81 Aetna	Commercial		9056.14	1.592			5312.65	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887		6541.81 Americare	Americare		12665.25	0.75			5312.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887		6541.81 WellPoint	WellPoint		5417.35	0.3208			5312.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887		6541.81 Amerihealth	Medicare		5688.53	1			5312.65	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887		6541.81 Consumer	Consumer		16042.65	0.95			5312.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887		6541.81 Corrections	Corrections		13509.6	0.8			5312.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887		6541.81 First Health	First Health		11820.9	0.7			5312.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887		6541.81 First Trenton	First Trenton		15198.3	0.9			5312.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887		6541.81 Horizon	PPO		10392.94	1.827			5312.65	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887		6541.81 Horizon	MGD		10392.94	1.827			5312.65	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887		6541.81 Horizon	Indemnity		10392.94	1.827			5312.65	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887		6541.81 Horizon	Medicare Blue		5688.53	1			5312.65	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887		6541.81 Managed Care Inc	Managed Care Inc		15198.3	0.9			5312.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887		6541.81 Multiplan	Multiplan		13509.6	0.8			5312.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887		6541.81 Qualcare	Qualcare		12665.25	0.75			5312.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887		6541.81 Three Rivers	Three Rivers		16042.65	0.95			5312.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887		6541.81 UHC	Medicare		5688.53	1			5312.65	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887		6541.81 UHC	Medicaid		5312.65	0.3146			5312.65	16042.65	percent of total billed charges	
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887		6541.81 Wellcare	Medicare		5688.53	1			5312.65	16042.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDMTR ABLTN W/OUT HYSTEROSCPY	58353	CPT	outpatient			16887		6541.81 Wellcare	Medicaid		5312.65	0.3146			5312.65	16042.65	percent of total billed charges	
HYSTEROSCOPY DIAG,COMPL	58555	CPT	outpatient			9002		4111.87 Aetna	Better Health		2832.03	0.3146			2832.03	8551.9	percent of total billed charges	
HYSTEROSCOPY DIAG,COMPL	58555	CPT	outpatient			9002		4111.87 Aetna	Medicare		3575.54	1			2832.03	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY DIAG,COMPL	58555	CPT	outpatient			9002		4111.87 Aetna	Commercial		5692.26	1.592			2832.03	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY DIAG,COMPL	58555	CPT	outpatient			9002		4111.87 Americare	Americare		6751.5	0.75			2832.03	8551.9	percent of total billed charges	
HYSTEROSCOPY DIAG,COMPL	58555	CPT	outpatient			9002		4111.87 WellPoint	WellPoint		2887.84	0.3208			2832.03	8551.9	percent of total billed charges	
HYSTEROSCOPY DIAG,COMPL	58555	CPT	outpatient			9002		4111.87 Amerihealth	Medicare		3575.54	1			2832.03	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY DIAG,COMPL	58555	CPT	outpatient			9002		4111.87 Consumer	Consumer		8551.9	0.95			2832.03	8551.9	percent of total billed charges	
HYSTEROSCOPY DIAG,COMPL	58555	CPT	outpatient			9002		4111.87 Corrections	Corrections		7201.6	0.8			2832.03	8551.9	percent of total billed charges	
HYSTEROSCOPY DIAG,COMPL	58555	CPT	outpatient			9002		4111.87 First Health	First Health		6301.4	0.7			2832.03	8551.9	percent of total billed charges	
HYSTEROSCOPY DIAG,COMPL	58555	CPT	outpatient			9002		4111.87 First Trenton	First Trenton		8101.8	0.9			2832.03	8551.9	percent of total billed charges	
HYSTEROSCOPY DIAG,COMPL	58555	CPT	outpatient			9002		4111.87 Horizon	Indemnity		6532.51	1.827			2832.03	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY DIAG,COMPL	58555	CPT	outpatient			9002		4111.87 Horizon	MGD		6532.51	1.827			2832.03	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY DIAG,COMPL	58555	CPT	outpatient			9002		4111.87 Horizon	Medicare Blue		3575.54	1			2832.03	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY DIAG,COMPL	58555	CPT	outpatient			9002		4111.87 Horizon	PPO		6532.51	1.827			2832.03	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY DIAG,COMPL	58555	CPT	outpatient			9002		4111.87 Managed Care Inc	Managed Care Inc		8101.8	0.9			2832.03	8551.9	percent of total billed charges	
HYSTEROSCOPY DIAG,COMPL	58555	CPT	outpatient			9002		4111.87 Multiplan	Multiplan		7201.6	0.8			2832.03	8551.9	percent of total billed charges	
HYSTEROSCOPY DIAG,COMPL	58555	CPT	outpatient			9002		4111.87 Qualcare	Qualcare		6751.5	0.75			2832.03	8551.9	percent of total billed charges	
HYSTEROSCOPY DIAG,COMPL	58555	CPT	outpatient			9002		4111.87 Three Rivers	Three Rivers		8551.9	0.95			2832.03	8551.9	percent of total billed charges	
HYSTEROSCOPY DIAG,COMPL	58555	CPT	outpatient			9002		4111.87 UHC	Medicare		3575.54	1			2832.03	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY DIAG,COMPL	58555	CPT	outpatient			9002		4111.87 UHC	Medicaid		2832.03	0.3146			2832.03	8551.9	percent of total billed charges	
HYSTEROSCOPY DIAG,COMPL	58555	CPT	outpatient			9002		4111.87 Wellcare	Medicare		3575.54	1			2832.03	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSCOPY DIAG,COMPL	58555	CPT	outpatient			9002		4111.87 Wellcare	Medicaid		2832.03	0.3146			2832.03	8551.9	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303		4111.87 Aetna	Better Health		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303		4111.87 Aetna	Commercial		5692.26	1.592			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303		4111.87 Aetna	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303		4111.87 Americare	Americare		7727.25	0.75			3241.32	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303		4111.87 WellPoint	WellPoint		3305.2	0.3208			3241.32	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303		4111.87 Amerihealth	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303		4111.87 Consumer	Consumer		9787.85	0.95			3241.32	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303		4111.87 Corrections	Corrections		8242.4	0.8			3241.32	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303		4111.87 First Health	First Health		7212.1	0.7			3241.32	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303		4111.87 First Trenton	First Trenton		9272.7	0.9			3241.32	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303		4111.87 Horizon	MGD		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303		4111.87 Horizon	Indemnity		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303		4111.87 Horizon	Medicare Blue		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303		4111.87 Horizon	PPO		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303		4111.87 Managed Care Inc	Managed Care Inc		9272.7	0.9			3241.32	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303		4111.87 Multiplan	Multiplan		8242.4	0.8			3241.32	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303		4111.87 Qualcare	Qualcare		7727.25	0.75			3241.32	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303		4111.87 Three Rivers	Three Rivers		9787.85	0.95			3241.32	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303		4111.87 UHC	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303		4111.87 UHC	Medicaid		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303		4111.87 Wellcare	Medicaid		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
HYSRTSCPY W/BX; W-W/OUT D&C	58558	CPT	outpatient			10303		4111.87 Wellcare	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666		4111.87 Aetna	Better Health		3040.92	0.3146			3040.92	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666		4111.87 Aetna	Commercial		5692.26	1.592			3040.92	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666		4111.87 Aetna	Medicare		3575.54	1			3040.92	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666		4111.87 Americare	Americare		7249.5	0.75			3040.92	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666		4111.87 WellPoint	WellPoint		3100.85	0.3208			3040.92	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666		4111.87 Amerihealth	Medicare		3575.54	1			3040.92	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666		4111.87 Consumer	Consumer		9182.7	0.95			3040.92	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666		4111.87 Corrections	Corrections		7732.8	0.8			3040.92	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666		4111.87 First Health	First Health		6766.2	0.7			3040.92	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666		4111.87 First Trenton	First Trenton		8699.4	0.9			3040.92	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666		4111.87 Horizon	Indemnity		6532.51	1.827			3040.92	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666		4111.87 Horizon	Medicare Blue		3575.54	1			3040.92	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666		4111.87 Horizon	PPO		6532.51	1.827			3040.92	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666		4111.87 Horizon	MGD		6532.51	1.827			3040.92	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666		4111.87 Managed Care Inc	Managed Care Inc		8699.4	0.9			3040.92	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666		4111.87 Multiplan	Multiplan		7732.8	0.8			3040.92	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666		4111.87 Qualcare	Qualcare		7249.5	0.75			3040.92	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666		4111.87 Three Rivers	Three Rivers		9182.7	0.95			3040.92	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666		4111.87 UHC	Medicaid		3040.92	0.3146			3040.92	9182.7	percent of total billed charges	
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666		4111.87 UHC	Medicare		3575.54	1			3040.92	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666		4111.87 Wellcare	Medicare		3575.54	1			3040.92	9182.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIGATION/TRANSECTION FALL TUBE	58600	CPT	outpatient			9666		4111.87 Wellcare	Medicaid		3040.92	0.3146			3040.92	9182.7	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Aetna	Better Health		1180.38	0.3146			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Aetna	Medicare		1155.62	0.308			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Aetna	Commercial		1425.76	0.38			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Americare	Americare		2814	0.75			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		WellPoint	WellPoint		1203.64	0.3208			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Consumer	Consumer		3564.4	0.95			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Corrections	Corrections		3001.6	0.8			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		First Health	First Health		2626.4	0.7			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		First Trenton	First Trenton		3376.8	0.9			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Horizon	MGD		1436.27	0.3828			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Horizon	Indemnity		1436.27	0.3828			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Horizon	PPO		1436.27	0.3828			1125.6	3564.4	percent of total billed charges

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Managed Care Inc	Managed Care Inc		3376.8	0.9			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Multiplan	Multiplan		3001.6	0.8			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Qualcare	Qualcare		2814	0.75			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Three Rivers	Three Rivers		3564.4	0.95			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		UHC	Medicaid		1180.38	0.3146			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION ABD/VAGINAL	58605	CPT	inpatient			3752		Wellcare	Medicaid		1180.38	0.3146			1125.6	3564.4	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Aetna	Better Health		2284.63	0.3146			2178.6	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Aetna	Commercial		2759.56	0.38			2178.6	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Aetna	Medicare		2236.7	0.308			2178.6	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Americare	Americare		5446.5	0.75			2178.6	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		WellPoint	WellPoint		2329.65	0.3208			2178.6	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Consumer	Consumer		6898.9	0.95			2178.6	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Corrections	Corrections		5809.6	0.8			2178.6	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		First Health	First Health		5083.4	0.7			2178.6	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		First Trenton	First Trenton		6535.8	0.9			2178.6	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Horizon	MGD		2779.89	0.3828			2178.6	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Horizon	Indemnity		2779.89	0.3828			2178.6	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Horizon	Medicare Blue		2178.6	0.3			2178.6	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Horizon	PPO		2779.89	0.3828			2178.6	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Managed Care Inc	Managed Care Inc		6535.8	0.9			2178.6	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Multiplan	Multiplan		5809.6	0.8			2178.6	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Qualcare	Qualcare		5446.5	0.75			2178.6	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Three Rivers	Three Rivers		6898.9	0.95			2178.6	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		UHC	Medicaid		2284.63	0.3146			2178.6	6898.9	percent of total billed charges	
TUBAL LIGATION W/C SECTION	58611	CPT	inpatient			7262		Wellcare	Medicaid		2284.63	0.3146			2178.6	6898.9	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Aetna	Medicare		5412.79	0.308			5412.79	16695.3	other	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Aetna	Commercial		10505.58	1.592			5412.79	16695.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Aetna	Better Health		5528.78	0.3146			5412.79	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Americare	Americare		13180.5	0.75			5412.79	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	WellPoint	WellPoint		5637.74	0.3208			5412.79	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Amerihealth	Medicare		6598.98	1			5412.79	16695.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Consumer	Consumer		16695.3	0.95			5412.79	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Corrections	Corrections		14059.2	0.8			5412.79	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	First Health	First Health		12301.8	0.7			5412.79	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	First Trenton	First Trenton		15816.6	0.9			5412.79	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Horizon	Indemnity		12056.34	1.827			5412.79	16695.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Horizon	Medicare Blue		6598.98	1			5412.79	16695.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Horizon	MGD		12056.34	1.827			5412.79	16695.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Horizon	PPO		12056.34	1.827			5412.79	16695.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Managed Care Inc	Managed Care Inc		15816.6	0.9			5412.79	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Multiplan	Multiplan		14059.2	0.8			5412.79	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Qualcare	Qualcare		13180.5	0.75			5412.79	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Three Rivers	Three Rivers		16695.3	0.95			5412.79	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	UHC	Medicaid		5528.78	0.3146			5412.79	16695.3	percent of total billed charges	
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	UHC	Medicare		6598.98	1			5412.79	16695.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Wellcare	Medicare		6598.98	1			5412.79	16695.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAPAROSCOPY	58660	CPT	outpatient			17574	7588.83	Wellcare	Medicaid		5528.78	0.3146			5412.79	16695.3	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Aetna	Better Health		5700.24	0.3146			5580.65	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Aetna	Commercial		10505.58	1.592			5580.65	17213.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Aetna	Medicare		5580.65	0.308			5580.65	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Americare	Americare		13589.25	0.75			5580.65	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	WellPoint	WellPoint		5812.58	0.3208			5580.65	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Amerihealth	Medicare		6598.98	1			5580.65	17213.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Consumer	Consumer		17213.05	0.95			5580.65	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Corrections	Corrections		14495.2	0.8			5580.65	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	First Health	First Health		12683.3	0.7			5580.65	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	First Trenton	First Trenton		16307.1	0.9			5580.65	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Horizon	MGD		12056.34	1.827			5580.65	17213.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Horizon	Medicare Blue		6598.98	1			5580.65	17213.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Horizon	Indemnity		12056.34	1.827			5580.65	17213.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Horizon	PPO		12056.34	1.827			5580.65	17213.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Managed Care Inc	Managed Care Inc		16307.1	0.9			5580.65	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Multiplan	Multiplan		14495.2	0.8			5580.65	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Qualcare	Qualcare		13589.25	0.75			5580.65	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Three Rivers	Three Rivers		17213.05	0.95			5580.65	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	UHC	Medicaid		5700.24	0.3146			5580.65	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	UHC	Medicare		6598.98	1			5580.65	17213.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Wellcare	Medicaid		5700.24	0.3146			5580.65	17213.05	percent of total billed charges	
W/FULGURATION OF OVIDUCTS	58670	CPT	outpatient			18119	7588.83	Wellcare	Medicare		6598.98	1			5580.65	17213.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Aetna	Better Health		2835.8	0.3146			2331.82	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Aetna	Commercial		5692.26	1.592			2331.82	8563.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Aetna	Medicare		3575.54	1			2331.82	8563.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Americare	Americare		6760.5	0.75			2331.82	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	WellPoint	WellPoint		2891.69	0.3208			2331.82	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Amerihealth	Medicare		3575.54	1			2331.82	8563.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Consumer	Consumer		8563.3	0.95			2331.82	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Corrections	Corrections		7211.2	0.8			2331.82	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	First Health	First Health		6309.8	0.7			2331.82	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	First Trenton	First Trenton		8112.6	0.9			2331.82	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Horizon	Indemnity		6532.51	1.827			2331.82	8563.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Horizon	MGD		6532.51	1.827			2331.82	8563.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Horizon	Medicare Blue		3575.54	1			2331.82	8563.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Horizon	PPO		6532.51	1.827			2331.82	8563.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Managed Care Inc	Managed Care Inc		8112.6	0.9			2331.82	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Multiplan	Multiplan		7211.2	0.8			2331.82	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Qualcare	Qualcare		6760.5	0.75			2331.82	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Three Rivers	Three Rivers		8563.3	0.95			2331.82	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	UHC	Medicare		3575.54	1			2331.82	8563.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	UHC	Medicaid		2835.8	0.3146			2331.82	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Wellcare	Medicare		3575.54	1			2331.82	8563.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST VAG APPR	58800	CPT	outpatient			9014	4111.87	Wellcare	Medicaid		2835.8	0.3146			2331.82	8563.3	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Aetna	Commercial		5692.26	1.592			1551.29	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Aetna	Better Health		1551.29	0.3146			1551.29	6532.51	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Aetna	Medicare		3575.54	1			1551.29	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Americare	Americare		3698.25	0.75			1551.29	6532.51	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	WellPoint	WellPoint		1581.86	0.3208			1551.29	6532.51	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Amerihealth	Medicare		3575.54	1			1551.29	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Consumer	Consumer		4684.45	0.95			1551.29	6532.51	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Corrections	Corrections		3944.8	0.8			1551.29	6532.51	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	First Health	First Health		3451.7	0.7			1551.29	6532.51	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	First Trenton	First Trenton		4437.9	0.9			1551.29	6532.51	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Horizon	MGD		6532.51	1.827			1551.29	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Horizon	Medicare Blue		3575.54	1			1551.29	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Horizon	PPO		6532.51	1.827			1551.29	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Horizon	Indemnity		6532.51	1.827			1551.29	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Managed Care Inc	Managed Care Inc		4437.9	0.9			1551.29	6532.51	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Multiplan	Multiplan		3944.8	0.8			1551.29	6532.51	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Qualcare	Qualcare		3698.25	0.75			1551.29	6532.51	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Three Rivers	Three Rivers		4684.45	0.95			1551.29	6532.51	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	UHC	Medicare		3575.54	1			1551.29	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	UHC	Medicaid		1551.29	0.3146			1551.29	6532.51	percent of total billed charges	
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Wellcare	Medicare		3575.54	1			1551.29	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAINAGE OVARIAN CYST ABD APPR	58805	CPT	outpatient			4931	4111.87	Wellcare	Medicaid		1551.29	0.3146			1551.29	6532.51	percent of total billed charges	
BIOPSY OVARY	58900	CPT	outpatient			10303	4111.87	Aetna	Commercial		5692.26	1.592			2772.62	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OVARY	58900	CPT	outpatient			10303	4111.87	Aetna	Better Health		3241.32	0.3146			2772.62	9787.85	percent of total billed charges	
BIOPSY OVARY	58900	CPT	outpatient			10303	4111.87	Aetna	Medicare		3173.32	0.308			2772.62	9787.85	percent of total billed charges	
BIOPSY OVARY	58900	CPT	outpatient			10303	4111.87	Americare	Americare		7727.25	0.75			2772.62	9787.85	percent of total billed charges	
BIOPSY OVARY	58900	CPT	outpatient			10303	4111.87	WellPoint	WellPoint		3305.2	0.3208			2772.62	9787.85	percent of total billed charges	
BIOPSY OVARY	58900	CPT	outpatient			10303	4111.87	Amerihealth	Medicare		3575.54	1			2772.62	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OVARY	58900	CPT	outpatient			10303	4111.87	Consumer	Consumer		9787.85	0.95			2772.62	9787.85	percent of total billed charges	
BIOPSY OVARY	58900	CPT	outpatient			10303	4111.87	Corrections	Corrections		8242.4	0.8			2772.62	9787.85	percent of total billed charges	
BIOPSY OVARY	58900	CPT	outpatient			10303	4111.87	First Health	First Health		7212.1	0.7			2772.62	9787.85	percent of total billed charges	
BIOPSY OVARY	58900	CPT	outpatient			10303	4111.87	First Trenton	First Trenton		9272.7	0.9			2772.62	9787.85	percent of total billed charges	
BIOPSY OVARY	58900	CPT	outpatient			10303	4111.87	Horizon	MGD		6532.51	1.827			2772.62	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OVARY	58900	CPT	outpatient			10303	4111.87	Horizon	Medicare Blue		3575.54	1			2772.62	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OVARY	58900	CPT	outpatient			10303	4111.87	Horizon	PPO		6532.51	1.827			2772.62	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OVARY	58900	CPT	outpatient			10303	4111.87	Horizon	Indemnity		6532.51	1.827			2772.62	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OVARY	58900	CPT	outpatient			10303	4111.87	Managed Care Inc	Managed Care Inc		9272.7	0.9			2772.62	9787.85	percent of total billed charges	
BIOPSY OVARY	58900	CPT	outpatient			10303	4111.87	Multiplan	Multiplan		8242.4	0.8			2772.62	9787.85	percent of total billed charges	
BIOPSY OVARY	58900	CPT	outpatient			10303	4111.87	Qualcare	Qualcare		7727.25	0.75			2772.62	9787.85	percent of total billed charges	
BIOPSY OVARY	58900	CPT	outpatient			10303	4111.87	Three Rivers	Three Rivers		9787.85	0.95			2772.62	9787.85	percent of total billed charges	
BIOPSY OVARY	58900	CPT	outpatient			10303	4111.87	UHC	Medicaid		3241.32	0.3146			2772.62	9787.85	percent of total billed charges	
BIOPSY OVARY	58900	CPT	outpatient			10303	4111.87	UHC	Medicare		3575.54	1			2772.62	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OVARY	58900	CPT	outpatient			10303	4111.87	Wellcare	Medicare		3575.54	1			2772.62	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OVARY	58900	CPT	outpatient			10303	4111.87	Wellcare	Medicaid		3241.32	0.3146			2772.62	9787.85	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Aetna	Better Health		780.84	0.3146			420.62	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Aetna	Commercial		1463.7	1.592			420.62	2357.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Aetna	Medicare		919.41	1			420.62	2357.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Americare	Americare		1861.5	0.75			420.62	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	WellPoint	WellPoint		796.23	0.3208			420.62	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Amerihealth	Medicare		919.41	1			420.62	2357.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Consumer	Consumer		2357.9	0.95			420.62	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482	1057.32	Corrections	Corrections		1985.6	0.8			420.62	2357.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482		1057.32 First Health	First Health		1737.4	0.7			420.62	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482		1057.32 First Trenton	First Trenton		2233.8	0.9			420.62	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482		1057.32 Horizon	Indemnity		1679.76	1.827			420.62	2357.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482		1057.32 Horizon	MGD		1679.76	1.827			420.62	2357.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482		1057.32 Horizon	Medicare Blue		919.41	1			420.62	2357.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482		1057.32 Horizon	PPO		1679.76	1.827			420.62	2357.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482		1057.32 Managed Care Inc	Managed Care Inc		2233.8	0.9			420.62	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482		1057.32 Multiplan	Multiplan		1985.6	0.8			420.62	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482		1057.32 Qualcare	Qualcare		1861.5	0.75			420.62	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482		1057.32 Three Rivers	Three Rivers		2357.9	0.95			420.62	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482		1057.32 UHC	Medicare		919.41	1			420.62	2357.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482		1057.32 UHC	Medicaid		780.84	0.3146			420.62	2357.9	percent of total billed charges	
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482		1057.32 Wellcare	Medicare		919.41	1			420.62	2357.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN VITRO FERTILIZATION	58974	CPT	outpatient			2482		1057.32 Wellcare	Medicaid		780.84	0.3146			420.62	2357.9	percent of total billed charges	
UNLISTED PROC F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Aetna	Better Health		214.56	0.3146			204.18	647.9	percent of total billed charges	
UNLISTED PROC F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Aetna	Medicare		227.9	1			204.18	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Aetna	Commercial		362.82	1.592			204.18	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Americare	Americare		511.5	0.75			204.18	647.9	percent of total billed charges	
UNLISTED PROC F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 WellPoint	WellPoint		218.79	0.3208			204.18	647.9	percent of total billed charges	
UNLISTED PROC F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Amerihealth	Medicare		227.9	1			204.18	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Consumer	Consumer		647.9	0.95			204.18	647.9	percent of total billed charges	
UNLISTED PROC F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Corrections	Corrections		545.6	0.8			204.18	647.9	percent of total billed charges	
UNLISTED PROC F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 First Health	First Health		477.4	0.7			204.18	647.9	percent of total billed charges	
UNLISTED PROC F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 First Trenton	First Trenton		613.8	0.9			204.18	647.9	percent of total billed charges	
UNLISTED PROC F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Horizon	Indemnity		416.37	1.827			204.18	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Horizon	Medicare Blue		227.9	1			204.18	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Horizon	MGD		416.37	1.827			204.18	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Horizon	PPO		416.37	1.827			204.18	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Managed Care Inc	Managed Care Inc		613.8	0.9			204.18	647.9	percent of total billed charges	
UNLISTED PROC F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Multiplan	Multiplan		545.6	0.8			204.18	647.9	percent of total billed charges	
UNLISTED PROC F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Qualcare	Qualcare		511.5	0.75			204.18	647.9	percent of total billed charges	
UNLISTED PROC F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Three Rivers	Three Rivers		647.9	0.95			204.18	647.9	percent of total billed charges	
UNLISTED PROC F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 UHC	Medicaid		214.56	0.3146			204.18	647.9	percent of total billed charges	
UNLISTED PROC F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 UHC	Medicare		227.9	1			204.18	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Wellcare	Medicaid		214.56	0.3146			204.18	647.9	percent of total billed charges	
UNLISTED PROC F GEN. SYS(NON-OB)	58999	CPT	outpatient			682		262.09 Wellcare	Medicare		227.9	1			204.18	647.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS ANY METHOD	59000	CPT	outpatient			2877		1057.32 Aetna	Commercial		1463.7	1.592			718.86	2733.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS ANY METHOD	59000	CPT	outpatient			2877		1057.32 Aetna	Medicare		919.41	1			718.86	2733.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS ANY METHOD	59000	CPT	outpatient			2877		1057.32 Aetna	Better Health		905.1	0.3146			718.86	2733.15	percent of total billed charges	
AMNIOCENTESIS ANY METHOD	59000	CPT	outpatient			2877		1057.32 Americare	Americare		2157.75	0.75			718.86	2733.15	percent of total billed charges	
AMNIOCENTESIS ANY METHOD	59000	CPT	outpatient			2877		1057.32 WellPoint	WellPoint		922.94	0.3208			718.86	2733.15	percent of total billed charges	
AMNIOCENTESIS ANY METHOD	59000	CPT	outpatient			2877		1057.32 Amerihealth	Medicare		919.41	1			718.86	2733.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS ANY METHOD	59000	CPT	outpatient			2877		1057.32 Consumer	Consumer		2733.15	0.95			718.86	2733.15	percent of total billed charges	
AMNIOCENTESIS ANY METHOD	59000	CPT	outpatient			2877		1057.32 Corrections	Corrections		2301.6	0.8			718.86	2733.15	percent of total billed charges	
AMNIOCENTESIS ANY METHOD	59000	CPT	outpatient			2877		1057.32 First Health	First Health		2013.9	0.7			718.86	2733.15	percent of total billed charges	
AMNIOCENTESIS ANY METHOD	59000	CPT	outpatient			2877		1057.32 First Trenton	First Trenton		2589.3	0.9			718.86	2733.15	percent of total billed charges	
AMNIOCENTESIS ANY METHOD	59000	CPT	outpatient			2877		1057.32 Horizon	MGD		1679.76	1.827			718.86	2733.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS ANY METHOD	59000	CPT	outpatient			2877		1057.32 Horizon	Medicare Blue		919.41	1			718.86	2733.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS ANY METHOD	59000	CPT	outpatient			2877		1057.32 Horizon	Indemnity		1679.76	1.827			718.86	2733.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS ANY METHOD	59000	CPT	outpatient			2877		1057.32 Horizon	PPO		1679.76	1.827			718.86	2733.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS ANY METHOD	59000	CPT	outpatient			2877		1057.32 Managed Care Inc	Managed Care Inc		2589.3	0.9			718.86	2733.15	percent of total billed charges	
AMNIOCENTESIS ANY METHOD	59000	CPT	outpatient			2877		1057.32 Multiplan	Multiplan		2301.6	0.8			718.86	2733.15	percent of total billed charges	
AMNIOCENTESIS ANY METHOD	59000	CPT	outpatient			2877		1057.32 Qualcare	Qualcare		2157.75	0.75			718.86	2733.15	percent of total billed charges	
AMNIOCENTESIS ANY METHOD	59000	CPT	outpatient			2877		1057.32 Three Rivers	Three Rivers		2733.15	0.95			718.86	2733.15	percent of total billed charges	
AMNIOCENTESIS ANY METHOD	59000	CPT	outpatient			2877		1057.32 UHC	Medicaid		905.1	0.3146			718.86	2733.15	percent of total billed charges	
AMNIOCENTESIS ANY METHOD	59000	CPT	outpatient			2877		1057.32 UHC	Medicare		919.41	1			718.86	2733.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS ANY METHOD	59000	CPT	outpatient			2877		1057.32 Wellcare	Medicare		919.41	1			718.86	2733.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS ANY METHOD	59000	CPT	outpatient			2877		1057.32 Wellcare	Medicaid		905.1	0.3146			718.86	2733.15	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Aetna	Medicare		366.9	1			335.68	6777.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Aetna	Better Health		2244.36	0.3146			335.68	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Aetna	Commercial		584.1	1.592			335.68	6777.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Americare	Americare		5350.5	0.75			335.68	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 WellPoint	WellPoint		2288.59	0.3208			335.68	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Amerihealth	Medicare		366.9	1			335.68	6777.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Consumer	Consumer		6777.3	0.95			335.68	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Corrections	Corrections		5707.2	0.8			335.68	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 First Health	First Health		4993.8	0.7			335.68	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 First Trenton	First Trenton		6420.6	0.9			335.68	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Horizon	Medicare Blue		366.9	1			335.68	6777.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Horizon	PPO		670.33	1.827			335.68	6777.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Horizon	MGD		670.33	1.827			335.68	6777.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Horizon	Indemnity		670.33	1.827			335.68	6777.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Managed Care Inc	Managed Care Inc		6420.6	0.9			335.68	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Multiplan	Multiplan		5707.2	0.8			335.68	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Qualcare	Qualcare		5350.5	0.75			335.68	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Three Rivers	Three Rivers		6777.3	0.95			335.68	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 UHC	Medicaid		2244.36	0.3146			335.68	6777.3	percent of total billed charges	
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 UHC	Medicare		366.9	1			335.68	6777.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Wellcare	Medicare		366.9	1			335.68	6777.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOCENTESIS THERAPEUTIC	59001	CPT	outpatient			7134		421.94 Wellcare	Medicaid		2244.36	0.3146			335.68	6777.3	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Aetna	Better Health		154.15	0.3146			154.15	670.33	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Aetna	Medicare		366.9	1			154.15	670.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Aetna	Commercial		584.1	1.592			154.15	670.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Americare	Americare		367.5	0.75			154.15	670.33	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 WellPoint	WellPoint		157.19	0.3208			154.15	670.33	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Amerihealth	Medicare		366.9	1			154.15	670.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Consumer	Consumer		465.5	0.95			154.15	670.33	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Corrections	Corrections		392	0.8			154.15	670.33	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 First Health	First Health		343	0.7			154.15	670.33	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 First Trenton	First Trenton		441	0.9			154.15	670.33	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Horizon	Indemnity		670.33	1.827			154.15	670.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Horizon	MGD		670.33	1.827			154.15	670.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Horizon	Medicare Blue		366.9	1			154.15	670.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Horizon	PPO		670.33	1.827			154.15	670.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Managed Care Inc	Managed Care Inc		441	0.9			154.15	670.33	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Multiplan	Multiplan		392	0.8			154.15	670.33	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Qualcare	Qualcare		367.5	0.75			154.15	670.33	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Three Rivers	Three Rivers		465.5	0.95			154.15	670.33	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 UHC	Medicare		366.9	1			154.15	670.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 UHC	Medicaid		154.15	0.3146			154.15	670.33	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Wellcare	Medicaid		154.15	0.3146			154.15	670.33	percent of total billed charges	
CORDOCENTESIS (INTRAUTERINE)ANY METHOD	59012	CPT	outpatient			490		421.94 Wellcare	Medicare		366.9	1			154.15	670.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Aetna	Commercial		1463.7	1.592			421.04	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Aetna	Better Health		806.95	0.3146			421.04	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Aetna	Medicare		790.02	0.308			421.04	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Americare	Americare		1923.75	0.75			421.04	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 WellPoint	WellPoint		822.85	0.3208			421.04	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Amerihealth	Medicare		919.41	1			421.04	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Consumer	Consumer		2436.75	0.95			421.04	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Corrections	Corrections		2052	0.8			421.04	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 First Health	First Health		1795.5	0.7			421.04	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 First Trenton	First Trenton		2308.5	0.9			421.04	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Horizon	MGD		1679.76	1.827			421.04	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Horizon	Medicare Blue		919.41	1			421.04	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Horizon	PPO		1679.76	1.827			421.04	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Horizon	Indemnity		1679.76	1.827			421.04	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Managed Care Inc	Managed Care Inc		2308.5	0.9			421.04	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Multiplan	Multiplan		2052	0.8			421.04	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Qualcare	Qualcare		1923.75	0.75			421.04	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Three Rivers	Three Rivers		2436.75	0.95			421.04	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 UHC	Medicaid		806.95	0.3146			421.04	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 UHC	Medicare		919.41	1			421.04	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Wellcare	Medicaid		806.95	0.3146			421.04	2436.75	percent of total billed charges	
US CHORIONIC VILLI SAMPLING(CVS)	59015	CPT	outpatient			2565		1057.32 Wellcare	Medicare		919.41	1			421.04	2436.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT	inpatient			336		262.09 Aetna	Better Health		105.71	0.3146			89.01	416.37	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	inpatient			336		262.09 Aetna	Commercial		362.82	1.592			89.01	416.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT	inpatient			336		262.09 Aetna	Medicare		103.49	0.308			89.01	416.37	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	inpatient			336		262.09 Americare	Americare		252	0.75			89.01	416.37	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	inpatient			336		262.09 WellPoint	WellPoint		107.79	0.3208			89.01	416.37	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	inpatient			336		262.09 Amerihealth	Medicare		227.9	1			89.01	416.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT	inpatient			336		262.09 Consumer	Consumer		319.2	0.95			89.01	416.37	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	inpatient			336		262.09 Corrections	Corrections		268.8	0.8			89.01	416.37	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	inpatient			336		262.09 First Health	First Health		235.2	0.7			89.01	416.37	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	inpatient			336		262.09 First Trenton	First Trenton		302.4	0.9			89.01	416.37	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	inpatient			336		262.09 Horizon	Medicare Blue		227.9	1			89.01	416.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT	inpatient			336		262.09 Horizon	PPO		416.37	1.827			89.01	416.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT	inpatient			336		262.09 Horizon	MGD		416.37	1.827			89.01	416.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT	inpatient			336		262.09 Horizon	Indemnity		416.37	1.827			89.01	416.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT	inpatient			336		262.09 Managed Care Inc	Managed Care Inc		302.4	0.9			89.01	416.37	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	inpatient			336		262.09 Multiplan	Multiplan		268.8	0.8			89.01	416.37	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	inpatient			336		262.09 Qualcare	Qualcare		252	0.75			89.01	416.37	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	inpatient			336		262.09 Three Rivers	Three Rivers		319.2	0.95			89.01	416.37	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	inpatient			336		262.09 UHC	Medicaid		105.71	0.3146			89.01	416.37	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FETAL CONTRACTION STRESS TEST	59020	CPT	inpatient			336	262.09	UHC	Medicare		227.9				89.01	416.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL CONTRACTION STRESS TEST	59020	CPT	inpatient			336	262.09	Wellcare	Medicaid		105.71	0.3146			89.01	416.37	percent of total billed charges	
FETAL CONTRACTION STRESS TEST	59020	CPT	inpatient			336	262.09	Wellcare	Medicare		227.9	1			89.01	416.37	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NON-STRESS TEST	59025	CPT	both			716	262.09	Aetna	Commercial		362.82	1.592			204.18	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NON-STRESS TEST	59025	CPT	both			716	262.09	Aetna	Better Health		225.25	0.3146			204.18	680.2	percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716	262.09	Aetna	Medicare		227.9	1			204.18	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NON-STRESS TEST	59025	CPT	both			716	262.09	Americare	Americare		537	0.75			204.18	680.2	percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716	262.09	WellPoint	WellPoint		229.69	0.3208			204.18	680.2	percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716	262.09	AmeriHealth	Medicare		227.9	1			204.18	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NON-STRESS TEST	59025	CPT	both			716	262.09	Consumer	Consumer		680.2	0.95			204.18	680.2	percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716	262.09	Corrections	Corrections		572.8	0.8			204.18	680.2	percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716	262.09	First Health	First Health		501.2	0.7			204.18	680.2	percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716	262.09	First Trenton	First Trenton		644.4	0.9			204.18	680.2	percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716	262.09	Horizon	MGD		416.37	1.827			204.18	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NON-STRESS TEST	59025	CPT	both			716	262.09	Horizon	Medicare Blue		227.9	1			204.18	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NON-STRESS TEST	59025	CPT	both			716	262.09	Horizon	PPO		416.37	1.827			204.18	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NON-STRESS TEST	59025	CPT	both			716	262.09	Horizon	Indemnity		416.37	1.827			204.18	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NON-STRESS TEST	59025	CPT	both			716	262.09	Managed Care Inc	Managed Care Inc		644.4	0.9			204.18	680.2	percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716	262.09	Multiplan	Multiplan		572.8	0.8			204.18	680.2	percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716	262.09	Qualcare	Qualcare		537	0.75			204.18	680.2	percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716	262.09	Three Rivers	Three Rivers		680.2	0.95			204.18	680.2	percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716	262.09	UHC	Medicaid		225.25	0.3146			204.18	680.2	percent of total billed charges	
NON-STRESS TEST	59025	CPT	both			716	262.09	UHC	Medicare		227.9	1			204.18	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NON-STRESS TEST	59025	CPT	both			716	262.09	Wellcare	Medicare		227.9	1			204.18	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NON-STRESS TEST	59025	CPT	both			716	262.09	Wellcare	Medicaid		225.25	0.3146			204.18	680.2	percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149	421.94	Aetna	Commercial		584.1	1.592			273.81	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149	421.94	Aetna	Better Health		361.48	0.3146			273.81	1091.55	percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149	421.94	Aetna	Medicare		353.89	0.308			273.81	1091.55	percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149	421.94	Americare	Americare		861.75	0.75			273.81	1091.55	percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149	421.94	WellPoint	WellPoint		368.6	0.3208			273.81	1091.55	percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149	421.94	AmeriHealth	Medicare		366.9	1			273.81	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149	421.94	Consumer	Consumer		1091.55	0.95			273.81	1091.55	percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149	421.94	Corrections	Corrections		919.2	0.8			273.81	1091.55	percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149	421.94	First Health	First Health		804.3	0.7			273.81	1091.55	percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149	421.94	First Trenton	First Trenton		1034.1	0.9			273.81	1091.55	percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149	421.94	Horizon	MGD		670.33	1.827			273.81	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149	421.94	Horizon	Indemnity		670.33	1.827			273.81	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149	421.94	Horizon	Medicare Blue		366.9	1			273.81	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149	421.94	Horizon	PPO		670.33	1.827			273.81	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149	421.94	Managed Care Inc	Managed Care Inc		1034.1	0.9			273.81	1091.55	percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149	421.94	Multiplan	Multiplan		919.2	0.8			273.81	1091.55	percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149	421.94	Qualcare	Qualcare		861.75	0.75			273.81	1091.55	percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149	421.94	Three Rivers	Three Rivers		1091.55	0.95			273.81	1091.55	percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149	421.94	UHC	Medicaid		361.48	0.3146			273.81	1091.55	percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149	421.94	UHC	Medicare		366.9	1			273.81	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149	421.94	Wellcare	Medicaid		361.48	0.3146			273.81	1091.55	percent of total billed charges	
FETAL SCALP PH SAMPLE	59030	CPT	outpatient			1149	421.94	Wellcare	Medicare		366.9	1			273.81	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERNAL FETAL MONITORING	59050	CPT	both			598		Aetna	Medicare		184.18	0.308			179.4	568.1	percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Aetna	Better Health		188.13	0.3146			179.4	568.1	percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Aetna	Commercial		227.24	0.38			179.4	568.1	percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Americare	Americare		448.5	0.75			179.4	568.1	percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		WellPoint	WellPoint		191.84	0.3208			179.4	568.1	percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Consumer	Consumer		568.1	0.95			179.4	568.1	percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Corrections	Corrections		478.4	0.8			179.4	568.1	percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		First Health	First Health		418.6	0.7			179.4	568.1	percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		First Trenton	First Trenton		538.2	0.9			179.4	568.1	percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Horizon	MGD		228.91	0.3828			179.4	568.1	percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Horizon	Medicare Blue		179.4	0.3			179.4	568.1	percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Horizon	Indemnity		228.91	0.3828			179.4	568.1	percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Horizon	PPO		228.91	0.3828			179.4	568.1	percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Managed Care Inc	Managed Care Inc		538.2	0.9			179.4	568.1	percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Multiplan	Multiplan		478.4	0.8			179.4	568.1	percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Qualcare	Qualcare		448.5	0.75			179.4	568.1	percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Three Rivers	Three Rivers		568.1	0.95			179.4	568.1	percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		UHC	Medicaid		188.13	0.3146			179.4	568.1	percent of total billed charges	
INTERNAL FETAL MONITORING	59050	CPT	both			598		Wellcare	Medicaid		188.13	0.3146			179.4	568.1	percent of total billed charges	
HYSTERO. ABDMNL.(FOR HYDA.MOLE ABORT)	59100	CPT	inpatient			12786	6541.81	Aetna	Medicare		3938.09	0.308			3938.09	12146.7	percent of total billed charges	
HYSTERO. ABDMNL.(FOR HYDA.MOLE ABORT)	59100	CPT	inpatient			12786	6541.81	Aetna	Better Health		4022.48	0.3146			3938.09	12146.7	percent of total billed charges	
HYSTERO. ABDMNL.(FOR HYDA.MOLE ABORT)	59100	CPT	inpatient			12786	6541.81	Aetna	Commercial		9056.14	1.592			3938.09	12146.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTERO. ABDMNL.(FOR HYDA.MOLE ABORT)	59100	CPT	inpatient			12786	6541.81	Americare	Americare		9589.5	0.75			3938.09	12146.7	percent of total billed charges	
HYSTERO. ABDMNL.(FOR HYDA.MOLE ABORT)	59100	CPT	inpatient			12786	6541.81	WellPoint	WellPoint		4101.75	0.3208			3938.09	12146.7	percent of total billed charges	
HYSTERO. ABDMNL.(FOR HYDA.MOLE ABORT)	59100	CPT	inpatient			12786	6541.81	AmeriHealth	Medicare		5688.53	1			3938.09	12146.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTERO. ABDMNL.(FOR HYDA.MOLE ABORT)	59100	CPT	inpatient			12786	6541.81	Consumer	Consumer		12146.7	0.95			3938.09	12146.7	percent of total billed charges	
HYSTERO. ABDMNL.(FOR HYDA.MOLE ABORT)	59100	CPT	inpatient			12786	6541.81	Corrections	Corrections		10228.8	0.8			3938.09	12146.7	percent of total billed charges	
HYSTERO. ABDMNL.(FOR HYDA.MOLE ABORT)	59100	CPT	inpatient			12786	6541.81	First Health	First Health		8950.2	0.7			3938.09	12146.7	percent of total billed charges	
HYSTERO. ABDMNL.(FOR HYDA.MOLE ABORT)	59100	CPT	inpatient			12786	6541.81	First Trenton	First Trenton		11507.4	0.9			3938.09	12146.7	percent of total billed charges	
HYSTERO. ABDMNL.(FOR HYDA.MOLE ABORT)	59100	CPT	inpatient			12786	6541.81	Horizon	MGD		10392.94	1.827			3938.09	12146.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTERO. ABDMNL.(FOR HYDA.MOLE ABORT)	59100	CPT	inpatient			12786	6541.81	Horizon	Indemnity		10392.94	1.827			3938.09	12146.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTERO. ABDMNL.(FOR HYDA.MOLE ABORT)	59100	CPT	inpatient			12786	6541.81	Horizon	Medicare Blue		5688.53	1			3938.09	12146.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTERO. ABDMNL.(FOR HYDA.MOLE ABORT)	59100	CPT	inpatient			12786	6541.81	Horizon	PPO		10392.94	1.827			3938.09	12146.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTERO. ABDMNL.(FOR HYDA.MOLE ABORT)	59100	CPT	inpatient			12786	6541.81	Managed Care Inc	Managed Care Inc		11507.4	0.9			3938.09	12146.7	percent of total billed charges	
HYSTERO. ABDMNL.(FOR HYDA.MOLE ABORT)	59100	CPT	inpatient			12786	6541.81	Multiplan	Multiplan		10228.8	0.8			3938.09	12146.7	percent of total billed charges	
HYSTERO. ABDMNL.(FOR HYDA.MOLE ABORT)	59100	CPT	inpatient			12786	6541.81	Qualcare	Qualcare		5689.5	0.75			3938.09	12146.7	percent of total billed charges	
HYSTERO. ABDMNL.(FOR HYDA.MOLE ABORT)	59100	CPT	inpatient			12786	6541.81	Three Rivers	Three Rivers		12146.7	0.95			3938.09	12146.7	percent of total billed charges	
HYSTERO. ABDMNL.(FOR HYDA.MOLE ABORT)	59100	CPT	inpatient			12786	6541.81	UHC	Medicaid		4022.48	0.3146			3938.09	12146.7	percent of total billed charges	
HYSTERO. ABDMNL.(FOR HYDA.MOLE ABORT)	59100	CPT	inpatient			12786	6541.81	UHC	Medicare		5688.53	1			3938.09	12146.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTERO. ABDMNL.(FOR HYDA.MOLE ABORT)	59100	CPT	inpatient			12786	6541.81	Wellcare	Medicare		5688.53	1			3938.09	12146.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTERO. ABDMNL.(FOR HYDA.MOLE ABORT)	59100	CPT	inpatient			12786	6541.81	Wellcare	Medicaid		4022.48	0.3146			3938.09	12146.7	percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002	4111.87	Aetna	Medicare		3575.54	1			2362.96	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETAGE & POSTPARTUM	59160	CPT	both			9002	4111.87	Aetna	Better Health		2832.03	0.3146			2362.96	8551.9	percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002	4111.87	Aetna	Commercial		5692.26	1.592			2362.96	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETAGE & POSTPARTUM	59160	CPT	both			9002	4111.87	Americare	Americare		6751.5	0.75			2362.96	8551.9	percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002	4111.87	WellPoint	WellPoint		2887.84	0.3208			2362.96	8551.9	percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002	4111.87	AmeriHealth	Medicare		3575.54	1			2362.96	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETAGE & POSTPARTUM	59160	CPT	both			9002	4111.87	Consumer	Consumer		8551.9	0.95			2362.96	8551.9	percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002	4111.87	Corrections	Corrections		7201.6	0.8			2362.96	8551.9	percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002	4111.87	First Health	First Health		6301.4	0.7			2362.96	8551.9	percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002	4111.87	First Trenton	First Trenton		8101.8	0.9			2362.96	8551.9	percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002	4111.87	Horizon	MGD		6532.51	1.827			2362.96	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETAGE & POSTPARTUM	59160	CPT	both			9002	4111.87	Horizon	Indemnity		6532.51	1.827			2362.96	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETAGE & POSTPARTUM	59160	CPT	both			9002	4111.87	Horizon	PPO		6532.51	1.827			2362.96	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETAGE & POSTPARTUM	59160	CPT	both			9002	4111.87	Horizon	Medicare Blue		3575.54	1			2362.96	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETAGE & POSTPARTUM	59160	CPT	both			9002	4111.87	Managed Care Inc	Managed Care Inc		8101.8	0.9			2362.96	8551.9	percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002	4111.87	Multiplan	Multiplan		7201.6	0.8			2362.96	8551.9	percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002	4111.87	Qualcare	Qualcare		6751.5	0.75			2362.96	8551.9	percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002	4111.87	Three Rivers	Three Rivers		8551.9	0.95			2362.96	8551.9	percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002	4111.87	UHC	Medicare		3575.54	1			2362.96	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETAGE & POSTPARTUM	59160	CPT	both			9002	4111.87	UHC	Medicaid		2832.03	0.3146			2362.96	8551.9	percent of total billed charges	
CURETAGE & POSTPARTUM	59160	CPT	both			9002	4111.87	Wellcare	Medicare		3575.54	1			2362.96	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CURETAGE & POSTPARTUM	59160	CPT	both			9002	4111.87	Wellcare	Medicaid		2832.03	0.3146			2362.96	8551.9	percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	Aetna	Commercial		584.1	1.592			335.68	1064.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	Aetna	Better Health		352.67	0.3146			335.68	1064.95	percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	Aetna	Medicare		366.9	1			335.68	1064.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	Americare	Americare		840.75	0.75			335.68	1064.95	percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	WellPoint	WellPoint		359.62	0.3208			335.68	1064.95	percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	AmeriHealth	Medicare		366.9	1			335.68	1064.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	Consumer	Consumer		1064.95	0.95			335.68	1064.95	percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	Corrections	Corrections		896.8	0.8			335.68	1064.95	percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	First Health	First Health		784.7	0.7			335.68	1064.95	percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	First Trenton	First Trenton		1008.9	0.9			335.68	1064.95	percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	Horizon	PPO		670.33	1.827			335.68	1064.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	Horizon	Medicare Blue		366.9	1			335.68	1064.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	Horizon	MGD		670.33	1.827			335.68	1064.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	Horizon	Indemnity		670.33	1.827			335.68	1064.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	Managed Care Inc	Managed Care Inc		1008.9	0.9			335.68	1064.95	percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	Multiplan	Multiplan		896.8	0.8			335.68	1064.95	percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	Qualcare	Qualcare		840.75	0.75			335.68	1064.95	percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	Three Rivers	Three Rivers		1064.95	0.95			335.68	1064.95	percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	UHC	Medicaid		352.67	0.3146			335.68	1064.95	percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	UHC	Medicare		366.9	1			335.68	1064.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	Wellcare	Medicaid		352.67	0.3146			335.68	1064.95	percent of total billed charges	
LAMINARIA INSERTION	59200	CPT	outpatient			1121	421.94	Wellcare	Medicare		366.9	1			335.68	1064.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE OF THE CERVIX	59320	CPT	both			10303	4111.87	Aetna	Better Health		3241.32	0.3146			2362.96	9787.85	percent of total billed charges	
CERCLAGE OF THE CERVIX	59320	CPT	both			10303	4111.87	Aetna	Commercial		5692.26	1.592			2362.96	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE OF THE CERVIX	59320	CPT	both			10303	4111.87	Aetna	Medicare		3575.54	1			2362.96	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE OF THE CERVIX	59320	CPT	both			10303	4111.87	Americare	Americare		7727.25	0.75			2362.96	9787.85	percent of total billed charges	
CERCLAGE OF THE CERVIX	59320	CPT	both			10303	4111.87	WellPoint	WellPoint		3305.2	0.3208			2362.96	9787.85	percent of total billed charges	
CERCLAGE OF THE CERVIX	59320	CPT	both			10303	4111.87	AmeriHealth	Medicare		3575.54	1			2362.96	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE OF THE CERVIX	59320	CPT	both			10303	4111.87	Consumer	Consumer		9787.85	0.95			2362.96	9787.85	percent of total billed charges	
CERCLAGE OF THE CERVIX	59320	CPT	both			10303	4111.87	Corrections	Corrections		8242.4	0.8			2362.96	9787.85	percent of total billed charges	
CERCLAGE OF THE CERVIX	59320	CPT	both			10303	4111.87	First Health	First Health		7212.1	0.7			2362.96	9787.85	percent of total billed charges	
CERCLAGE OF THE CERVIX	59320	CPT	both			10303	4111.87	First Trenton	First Trenton		9272.7	0.9			2362.96	9787.85	percent of total billed charges	
CERCLAGE OF THE CERVIX	59320	CPT	both			10303	4111.87	Horizon	MGD		6532.51	1.827			2362.96	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CERCLAGE OF THE CERVIX	59320	CPT	both			10303		4111.87 Horizon	Indemnity		6532.51	1.827			2362.96	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE OF THE CERVIX	59320	CPT	both			10303		4111.87 Horizon	Medicare Blue		3575.54	1			2362.96	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE OF THE CERVIX	59320	CPT	both			10303		4111.87 Horizon	PPO		6532.51	1.827			2362.96	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE OF THE CERVIX	59320	CPT	both			10303		4111.87 Managed Care Inc	Managed Care Inc		9272.7	0.9			2362.96	9787.85	percent of total billed charges	
CERCLAGE OF THE CERVIX	59320	CPT	both			10303		4111.87 Multiplan	Multiplan		8242.4	0.8			2362.96	9787.85	percent of total billed charges	
CERCLAGE OF THE CERVIX	59320	CPT	both			10303		4111.87 Qualcare	Qualcare		7727.25	0.75			2362.96	9787.85	percent of total billed charges	
CERCLAGE OF THE CERVIX	59320	CPT	both			10303		4111.87 Three Rivers	Three Rivers		9787.85	0.95			2362.96	9787.85	percent of total billed charges	
CERCLAGE OF THE CERVIX	59320	CPT	both			10303		4111.87 UHC	Medicaid		3241.32	0.3146			2362.96	9787.85	percent of total billed charges	
CERCLAGE OF THE CERVIX	59320	CPT	both			10303		4111.87 UHC	Medicare		3575.54	1			2362.96	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE OF THE CERVIX	59320	CPT	both			10303		4111.87 Wellcare	Medicare		3575.54	1			2362.96	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERCLAGE OF THE CERVIX	59320	CPT	both			10303		4111.87 Wellcare	Medicaid		3241.32	0.3146			2362.96	9787.85	percent of total billed charges	
CERCIAGE OF CERVIXPREG. ABDMINI	59325	CPT	outpatient			840		Aetna	Better Health		264.26	0.3146			252	798	percent of total billed charges	
CERCIAGE OF CERVIXPREG. ABDMINI	59325	CPT	outpatient			840		Aetna	Commercial		319.2	0.38			252	798	percent of total billed charges	
CERCIAGE OF CERVIXPREG. ABDMINI	59325	CPT	outpatient			840		Aetna	Medicare		258.72	0.308			252	798	percent of total billed charges	
CERCIAGE OF CERVIXPREG. ABDMINI	59325	CPT	outpatient			840		Americare	Americare		630	0.75			252	798	percent of total billed charges	
CERCIAGE OF CERVIXPREG. ABDMINI	59325	CPT	outpatient			840		WellPoint	WellPoint		269.47	0.3208			252	798	percent of total billed charges	
CERCIAGE OF CERVIXPREG. ABDMINI	59325	CPT	outpatient			840		Consumer	Consumer		798	0.95			252	798	percent of total billed charges	
CERCIAGE OF CERVIXPREG. ABDMINI	59325	CPT	outpatient			840		Corrections	Corrections		672	0.8			252	798	percent of total billed charges	
CERCIAGE OF CERVIXPREG. ABDMINI	59325	CPT	outpatient			840		First Health	First Health		588	0.7			252	798	percent of total billed charges	
CERCIAGE OF CERVIXPREG. ABDMINI	59325	CPT	outpatient			840		First Trenton	First Trenton		756	0.9			252	798	percent of total billed charges	
CERCIAGE OF CERVIXPREG. ABDMINI	59325	CPT	outpatient			840		Horizon	PPO		321.55	0.3828			252	798	percent of total billed charges	
CERCIAGE OF CERVIXPREG. ABDMINI	59325	CPT	outpatient			840		Horizon	MGD		321.55	0.3828			252	798	percent of total billed charges	
CERCIAGE OF CERVIXPREG. ABDMINI	59325	CPT	outpatient			840		Horizon	Medicare Blue		252	0.3			252	798	percent of total billed charges	
CERCIAGE OF CERVIXPREG. ABDMINI	59325	CPT	outpatient			840		Horizon	Indemnity		321.55	0.3828			252	798	percent of total billed charges	
CERCIAGE OF CERVIXPREG. ABDMINI	59325	CPT	outpatient			840		Managed Care Inc	Managed Care Inc		756	0.9			252	798	percent of total billed charges	
CERCIAGE OF CERVIXPREG. ABDMINI	59325	CPT	outpatient			840		Multiplan	Multiplan		672	0.8			252	798	percent of total billed charges	
CERCIAGE OF CERVIXPREG. ABDMINI	59325	CPT	outpatient			840		Qualcare	Qualcare		630	0.75			252	798	percent of total billed charges	
CERCIAGE OF CERVIXPREG. ABDMINI	59325	CPT	outpatient			840		Three Rivers	Three Rivers		798	0.95			252	798	percent of total billed charges	
CERCIAGE OF CERVIXPREG. ABDMINI	59325	CPT	outpatient			840		UHC	Medicaid		264.26	0.3146			252	798	percent of total billed charges	
CERCIAGE OF CERVIXPREG. ABDMINI	59325	CPT	outpatient			840		Wellcare	Medicaid		264.26	0.3146			252	798	percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Aetna	Better Health		600.57	0.3146			572.7	1813.55	percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Aetna	Medicare		587.97	0.308			572.7	1813.55	percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Aetna	Commercial		725.42	0.38			572.7	1813.55	percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Americare	Americare		1431.75	0.75			572.7	1813.55	percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		WellPoint	WellPoint		612.41	0.3208			572.7	1813.55	percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Consumer	Consumer		1813.55	0.95			572.7	1813.55	percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Corrections	Corrections		1527.2	0.8			572.7	1813.55	percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		First Health	First Health		1336.3	0.7			572.7	1813.55	percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		First Trenton	First Trenton		1718.1	0.9			572.7	1813.55	percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Horizon	Medicare Blue		572.7	0.3			572.7	1813.55	percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Horizon	Indemnity		730.77	0.3828			572.7	1813.55	percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Horizon	MGD		730.77	0.3828			572.7	1813.55	percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Horizon	PPO		730.77	0.3828			572.7	1813.55	percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Managed Care Inc	Managed Care Inc		1718.1	0.9			572.7	1813.55	percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Multiplan	Multiplan		1527.2	0.8			572.7	1813.55	percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Qualcare	Qualcare		1431.75	0.75			572.7	1813.55	percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Three Rivers	Three Rivers		1813.55	0.95			572.7	1813.55	percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		UHC	Medicaid		600.57	0.3146			572.7	1813.55	percent of total billed charges	
HYSTERRAHAPPY OF RUPTURED UTERUS	59350	CPT	inpatient			1909		Wellcare	Medicaid		600.57	0.3146			572.7	1813.55	percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Aetna	Medicare		2557.63	0.308			2491.2	7888.8	percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Aetna	Better Health		2612.44	0.3146			2491.2	7888.8	percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Aetna	Commercial		3155.52	0.38			2491.2	7888.8	percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Americare	Americare		6228	0.75			2491.2	7888.8	percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		WellPoint	WellPoint		2663.92	0.3208			2491.2	7888.8	percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Consumer	Consumer		7888.8	0.95			2491.2	7888.8	percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Corrections	Corrections		6643.2	0.8			2491.2	7888.8	percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		First Health	First Health		5812.8	0.7			2491.2	7888.8	percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		First Trenton	First Trenton		7473.6	0.9			2491.2	7888.8	percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Horizon	Medicare Blue		2491.2	0.3			2491.2	7888.8	percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Horizon	MGD		3178.77	0.3828			2491.2	7888.8	percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Horizon	Indemnity		3178.77	0.3828			2491.2	7888.8	percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Horizon	PPO		3178.77	0.3828			2491.2	7888.8	percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Managed Care Inc	Managed Care Inc		7473.6	0.9			2491.2	7888.8	percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Multiplan	Multiplan		6643.2	0.8			2491.2	7888.8	percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Qualcare	Qualcare		6228	0.75			2491.2	7888.8	percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Three Rivers	Three Rivers		7888.8	0.95			2491.2	7888.8	percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		UHC	Medicaid		2612.44	0.3146			2491.2	7888.8	percent of total billed charges	
VAG.DEL. W/PR & POST NATAL CARE	59400	CPT	outpatient			8304		Wellcare	Medicaid		2612.44	0.3146			2491.2	7888.8	percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193		4111.87 Aetna	Medicare		3575.54	1			1654.8	7783.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY	59409	CPT	both			8193		4111.87 Aetna	Better Health		2577.52	0.3146			1654.8	7783.35	percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193		4111.87 Aetna	Commercial		5692.26	1.592			1654.8	7783.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY	59409	CPT	both			8193		4111.87 Americare	Americare		6144.75	0.75			1654.8	7783.35	percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193		4111.87 WellPoint	WellPoint		2628.31	0.3208			1654.8	7783.35	percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193		4111.87 Amerihealth	Medicare		3575.54	1			1654.8	7783.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY	59409	CPT	both			8193		4111.87 Consumer	Consumer		7783.35	0.95			1654.8	7783.35	percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193		4111.87 Corrections	Corrections		6554.4	0.8			1654.8	7783.35	percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193		4111.87 First Health	First Health		5735.1	0.7			1654.8	7783.35	percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193		4111.87 First Trenton	First Trenton		7373.7	0.9			1654.8	7783.35	percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193		4111.87 Horizon	MGD		6532.51	1.827			1654.8	7783.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY	59409	CPT	both			8193		4111.87 Horizon	PPO		6532.51	1.827			1654.8	7783.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY	59409	CPT	both			8193		4111.87 Horizon	Medicare Blue		3575.54	1			1654.8	7783.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY	59409	CPT	both			8193		4111.87 Horizon	Indemnity		6532.51	1.827			1654.8	7783.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY	59409	CPT	both			8193		4111.87 Managed Care Inc	Managed Care Inc		7373.7	0.9			1654.8	7783.35	percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193		4111.87 Multiplan	Multiplan		6554.4	0.8			1654.8	7783.35	percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193		4111.87 Qualcare	Qualcare		6144.75	0.75			1654.8	7783.35	percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193		4111.87 Three Rivers	Three Rivers		7783.35	0.95			1654.8	7783.35	percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193		4111.87 UHC	Medicaid		2577.52	0.3146			1654.8	7783.35	percent of total billed charges	
VAGINAL DELIVERY	59409	CPT	both			8193		4111.87 UHC	Medicare		3575.54	1			1654.8	7783.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY	59409	CPT	both			8193		4111.87 Wellcare	Medicare		3575.54	1			1654.8	7783.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAGINAL DELIVERY	59409	CPT	both			8193		4111.87 Wellcare	Medicaid		2577.52	0.3146			1654.8	7783.35	percent of total billed charges	
NSVD	59412	CPT	both			11049		4111.87 Aetna	Better Health		3476.02	0.3146			2362.96	10496.55	percent of total billed charges	
NSVD	59412	CPT	both			11049		4111.87 Aetna	Medicare		3575.54	1			2362.96	10496.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSVD	59412	CPT	both			11049		4111.87 Aetna	Commercial		5692.26	1.592			2362.96	10496.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSVD	59412	CPT	both			11049		4111.87 Americare	Americare		8286.75	0.75			2362.96	10496.55	percent of total billed charges	
NSVD	59412	CPT	both			11049		4111.87 WellPoint	WellPoint		3544.52	0.3208			2362.96	10496.55	percent of total billed charges	
NSVD	59412	CPT	both			11049		4111.87 Amerihealth	Medicare		3575.54	1			2362.96	10496.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSVD	59412	CPT	both			11049		4111.87 Consumer	Consumer		10496.55	0.95			2362.96	10496.55	percent of total billed charges	
NSVD	59412	CPT	both			11049		4111.87 Corrections	Corrections		8839.2	0.8			2362.96	10496.55	percent of total billed charges	
NSVD	59412	CPT	both			11049		4111.87 First Health	First Health		7734.3	0.7			2362.96	10496.55	percent of total billed charges	
NSVD	59412	CPT	both			11049		4111.87 First Trenton	First Trenton		9944.1	0.9			2362.96	10496.55	percent of total billed charges	
NSVD	59412	CPT	both			11049		4111.87 Horizon	PPO		6532.51	1.827			2362.96	10496.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSVD	59412	CPT	both			11049		4111.87 Horizon	MGD		6532.51	1.827			2362.96	10496.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSVD	59412	CPT	both			11049		4111.87 Horizon	Indemnity		6532.51	1.827			2362.96	10496.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSVD	59412	CPT	both			11049		4111.87 Horizon	Medicare Blue		3575.54	1			2362.96	10496.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSVD	59412	CPT	both			11049		4111.87 Managed Care Inc	Managed Care Inc		9944.1	0.9			2362.96	10496.55	percent of total billed charges	
NSVD	59412	CPT	both			11049		4111.87 Multiplan	Multiplan		8839.2	0.8			2362.96	10496.55	percent of total billed charges	
NSVD	59412	CPT	both			11049		4111.87 Qualcare	Qualcare		8286.75	0.75			2362.96	10496.55	percent of total billed charges	
NSVD	59412	CPT	both			11049		4111.87 Three Rivers	Three Rivers		10496.55	0.95			2362.96	10496.55	percent of total billed charges	
NSVD	59412	CPT	both			11049		4111.87 UHC	Medicare		3575.54	1			2362.96	10496.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSVD	59412	CPT	both			11049		4111.87 UHC	Medicaid		3476.02	0.3146			2362.96	10496.55	percent of total billed charges	
NSVD	59412	CPT	both			11049		4111.87 Wellcare	Medicare		3575.54	1			2362.96	10496.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NSVD	59412	CPT	both			11049		4111.87 Wellcare	Medicaid		3476.02	0.3146			2362.96	10496.55	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	inpatient			9002		4111.87 Aetna	Better Health		2832.03	0.3146			2362.96	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	inpatient			9002		4111.87 Aetna	Commercial		5692.26	1.592			2362.96	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA (SEPARATE)	59414	CPT	inpatient			9002		4111.87 Aetna	Medicare		3575.54	1			2362.96	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA (SEPARATE)	59414	CPT	inpatient			9002		4111.87 Americare	Americare		6751.5	0.75			2362.96	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	inpatient			9002		4111.87 WellPoint	WellPoint		2887.84	0.3208			2362.96	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	inpatient			9002		4111.87 Amerihealth	Medicare		3575.54	1			2362.96	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA (SEPARATE)	59414	CPT	inpatient			9002		4111.87 Consumer	Consumer		8551.9	0.95			2362.96	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	inpatient			9002		4111.87 Corrections	Corrections		7201.6	0.8			2362.96	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	inpatient			9002		4111.87 First Health	First Health		6301.4	0.7			2362.96	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	inpatient			9002		4111.87 First Trenton	First Trenton		8101.8	0.9			2362.96	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	inpatient			9002		4111.87 Horizon	PPO		6532.51	1.827			2362.96	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA (SEPARATE)	59414	CPT	inpatient			9002		4111.87 Horizon	Indemnity		6532.51	1.827			2362.96	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA (SEPARATE)	59414	CPT	inpatient			9002		4111.87 Horizon	MGD		6532.51	1.827			2362.96	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA (SEPARATE)	59414	CPT	inpatient			9002		4111.87 Horizon	Medicare Blue		3575.54	1			2362.96	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA (SEPARATE)	59414	CPT	inpatient			9002		4111.87 Managed Care Inc	Managed Care Inc		8101.8	0.9			2362.96	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	inpatient			9002		4111.87 Multiplan	Multiplan		7201.6	0.8			2362.96	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	inpatient			9002		4111.87 Qualcare	Qualcare		6751.5	0.75			2362.96	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	inpatient			9002		4111.87 Three Rivers	Three Rivers		8551.9	0.95			2362.96	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	inpatient			9002		4111.87 UHC	Medicaid		2832.03	0.3146			2362.96	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	inpatient			9002		4111.87 UHC	Medicare		3575.54	1			2362.96	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DELIVERY PLACENTA (SEPARATE)	59414	CPT	inpatient			9002		4111.87 Wellcare	Medicaid		2832.03	0.3146			2362.96	8551.9	percent of total billed charges	
DELIVERY PLACENTA (SEPARATE)	59414	CPT	inpatient			9002		4111.87 Wellcare	Medicare		3575.54	1			2362.96	8551.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMERGENCY C/SECTION - ONLY	59514	CPT	inpatient			15443		Aetna	Medicare		4756.44	0.308			1228.5	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	inpatient			15443		Aetna	Better Health		4858.37	0.3146			1228.5	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	inpatient			15443		Aetna	Commercial		5868.34	0.38			1228.5	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	inpatient			15443		Americare	Americare		11582.25	0.75			1228.5	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	inpatient			15443		WellPoint	WellPoint		4954.11	0.3208			1228.5	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	inpatient			15443		Consumer	Consumer		14670.85	0.95			1228.5	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	inpatient			15443		Corrections	Corrections		12354.4	0.8			1228.5	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	inpatient			15443		First Health	First Health		10810.1	0.7			1228.5	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	inpatient			15443		First Trenton	First Trenton		13898.7	0.9			1228.5	14670.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EMERGENCY C/SECTION - ONLY	59514	CPT	inpatient			15443		Horizon	Medicare Blue		4632.9	0.3			1228.5	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	inpatient			15443		Horizon	Indemnity		5911.58	0.3828			1228.5	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	inpatient			15443		Horizon	MGD		5911.58	0.3828			1228.5	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	inpatient			15443		Horizon	PPO		5911.58	0.3828			1228.5	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	inpatient			15443		Managed Care Inc	Managed Care Inc		13898.7	0.9			1228.5	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	inpatient			15443		Multiplan	Multiplan		12354.4	0.8			1228.5	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	inpatient			15443		Qualcare	Qualcare		11582.25	0.75			1228.5	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	inpatient			15443		Three Rivers	Three Rivers		14670.85	0.95			1228.5	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	inpatient			15443		UHC	Medicaid		4858.37	0.3146			1228.5	14670.85	percent of total billed charges	
EMERGENCY C/SECTION - ONLY	59514	CPT	inpatient			15443		Wellcare	Medicaid		4858.37	0.3146			1228.5	14670.85	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	inpatient			18715		Aetna	Commercial		7111.7	0.38			4556.4	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	inpatient			18715		Aetna	Better Health		5887.74	0.3146			4556.4	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	inpatient			18715		Aetna	Medicare		5764.22	0.308			4556.4	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	inpatient			18715		Americare	Americare		14036.25	0.75			4556.4	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	inpatient			18715		WellPoint	WellPoint		6003.77	0.3208			4556.4	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	inpatient			18715		Consumer	Consumer		17779.25	0.95			4556.4	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	inpatient			18715		Corrections	Corrections		14972	0.8			4556.4	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	inpatient			18715		First Health	First Health		13100.5	0.7			4556.4	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	inpatient			18715		First Trenton	First Trenton		16843.5	0.9			4556.4	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	inpatient			18715		Horizon	MGD		7164.1	0.3828			4556.4	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	inpatient			18715		Horizon	Indemnity		7164.1	0.3828			4556.4	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	inpatient			18715		Horizon	Medicare Blue		5614.5	0.3			4556.4	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	inpatient			18715		Horizon	PPO		7164.1	0.3828			4556.4	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	inpatient			18715		Managed Care Inc	Managed Care Inc		16843.5	0.9			4556.4	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	inpatient			18715		Multiplan	Multiplan		14972	0.8			4556.4	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	inpatient			18715		Qualcare	Qualcare		14036.25	0.75			4556.4	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	inpatient			18715		Three Rivers	Three Rivers		17779.25	0.95			4556.4	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	inpatient			18715		UHC	Medicaid		5887.74	0.3146			4556.4	17779.25	percent of total billed charges	
C/SECT W/HYSTERECTOMY	59525	CPT	inpatient			18715		Wellcare	Medicaid		5887.74	0.3146			4556.4	17779.25	percent of total billed charges	
VBAC	59612	CPT	both			6169	4111.87	Aetna	Better Health		1940.77	0.3146			1940.77	6532.51	percent of total billed charges	
VBAC	59612	CPT	both			6169	4111.87	Aetna	Commercial		5692.26	1.592			1940.77	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VBAC	59612	CPT	both			6169	4111.87	Aetna	Medicare		3575.54	1			1940.77	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VBAC	59612	CPT	both			6169	4111.87	Americare	Americare		4626.75	0.75			1940.77	6532.51	percent of total billed charges	
VBAC	59612	CPT	both			6169	4111.87	WellPoint	WellPoint		1979.02	0.3208			1940.77	6532.51	percent of total billed charges	
VBAC	59612	CPT	both			6169	4111.87	Amerihealth	Medicare		3575.54	1			1940.77	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VBAC	59612	CPT	both			6169	4111.87	Consumer	Consumer		5860.55	0.95			1940.77	6532.51	percent of total billed charges	
VBAC	59612	CPT	both			6169	4111.87	Corrections	Corrections		4935.2	0.8			1940.77	6532.51	percent of total billed charges	
VBAC	59612	CPT	both			6169	4111.87	First Health	First Health		4318.3	0.7			1940.77	6532.51	percent of total billed charges	
VBAC	59612	CPT	both			6169	4111.87	First Trenton	First Trenton		5552.1	0.9			1940.77	6532.51	percent of total billed charges	
VBAC	59612	CPT	both			6169	4111.87	Horizon	Indemnity		6532.51	1.827			1940.77	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VBAC	59612	CPT	both			6169	4111.87	Horizon	Medicare Blue		3575.54	1			1940.77	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VBAC	59612	CPT	both			6169	4111.87	Horizon	MGD		6532.51	1.827			1940.77	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VBAC	59612	CPT	both			6169	4111.87	Horizon	PPO		6532.51	1.827			1940.77	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VBAC	59612	CPT	both			6169	4111.87	Managed Care Inc	Managed Care Inc		5552.1	0.9			1940.77	6532.51	percent of total billed charges	
VBAC	59612	CPT	both			6169	4111.87	Multiplan	Multiplan		4935.2	0.8			1940.77	6532.51	percent of total billed charges	
VBAC	59612	CPT	both			6169	4111.87	Qualcare	Qualcare		4626.75	0.75			1940.77	6532.51	percent of total billed charges	
VBAC	59612	CPT	both			6169	4111.87	Three Rivers	Three Rivers		5860.55	0.95			1940.77	6532.51	percent of total billed charges	
VBAC	59612	CPT	both			6169	4111.87	UHC	Medicare		3575.54	1			1940.77	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VBAC	59612	CPT	both			6169	4111.87	UHC	Medicaid		1940.77	0.3146			1940.77	6532.51	percent of total billed charges	
VBAC	59612	CPT	both			6169	4111.87	Wellcare	Medicaid		1940.77	0.3146			1940.77	6532.51	percent of total billed charges	
VBAC	59612	CPT	both			6169	4111.87	Wellcare	Medicare		3575.54	1			1940.77	6532.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
C SECT.REPEAT FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Aetna	Medicare		3748.98	0.308			3651.6	11563.4	percent of total billed charges	
C SECT.REPEAT FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Aetna	Better Health		3829.31	0.3146			3651.6	11563.4	percent of total billed charges	
C SECT.REPEAT FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Aetna	Commercial		4625.36	0.38			3651.6	11563.4	percent of total billed charges	
C SECT.REPEAT FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Americare	Americare		9129	0.75			3651.6	11563.4	percent of total billed charges	
C SECT.REPEAT FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		WellPoint	WellPoint		3904.78	0.3208			3651.6	11563.4	percent of total billed charges	
C SECT.REPEAT FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Consumer	Consumer		11563.4	0.95			3651.6	11563.4	percent of total billed charges	
C SECT.REPEAT FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Corrections	Corrections		9737.6	0.8			3651.6	11563.4	percent of total billed charges	
C SECT.REPEAT FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		First Health	First Health		8520.4	0.7			3651.6	11563.4	percent of total billed charges	
C SECT.REPEAT FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		First Trenton	First Trenton		10954.8	0.9			3651.6	11563.4	percent of total billed charges	
C SECT.REPEAT FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Horizon	Medicare Blue		3651.6	0.3			3651.6	11563.4	percent of total billed charges	
C SECT.REPEAT FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Horizon	MGD		4659.44	0.3828			3651.6	11563.4	percent of total billed charges	
C SECT.REPEAT FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Horizon	Indemnity		4659.44	0.3828			3651.6	11563.4	percent of total billed charges	
C SECT.REPEAT FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Horizon	PPO		4659.44	0.3828			3651.6	11563.4	percent of total billed charges	
C SECT.REPEAT FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Managed Care Inc	Managed Care Inc		10954.8	0.9			3651.6	11563.4	percent of total billed charges	
C SECT.REPEAT FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Multiplan	Multiplan		9737.6	0.8			3651.6	11563.4	percent of total billed charges	
C SECT.REPEAT FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Qualcare	Qualcare		9129	0.75			3651.6	11563.4	percent of total billed charges	
C SECT.REPEAT FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Three Rivers	Three Rivers		11563.4	0.95			3651.6	11563.4	percent of total billed charges	
C SECT.REPEAT FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		UHC	Medicaid		3829.31	0.3146			3651.6	11563.4	percent of total billed charges	
C SECT.REPEAT FOLL.ATTEMPT VAG DEL	59620	CPT	inpatient			12172		Wellcare	Medicaid		3829.31	0.3146			3651.6	11563.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303	4111.87	Aetna	Better Health		3241.32	0.3146			2726.32	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303	4111.87	Aetna	Commercial		5692.26	1.592			2726.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303	4111.87	Aetna	Medicare		3575.54	1			2726.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303	4111.87	Americare	Americare		7727.25	0.75			2726.32	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303	4111.87	WellPoint	WellPoint		3305.2	0.3208			2726.32	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303	4111.87	Amerihealth	Medicare		3575.54	1			2726.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303	4111.87	Consumer	Consumer		9787.85	0.95			2726.32	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303	4111.87	Corrections	Corrections		8242.4	0.8			2726.32	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303	4111.87	First Health	First Health		7212.1	0.7			2726.32	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303	4111.87	First Trenton	First Trenton		9272.7	0.9			2726.32	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303	4111.87	Horizon	Indemnity		6532.51	1.827			2726.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303	4111.87	Horizon	MGD		6532.51	1.827			2726.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303	4111.87	Horizon	PPO		6532.51	1.827			2726.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303	4111.87	Horizon	Medicare Blue		3575.54	1			2726.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303	4111.87	Managed Care Inc	Managed Care Inc		9272.7	0.9			2726.32	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303	4111.87	Multiplan	Multiplan		8242.4	0.8			2726.32	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303	4111.87	Qualcare	Qualcare		7727.25	0.75			2726.32	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303	4111.87	Three Rivers	Three Rivers		9787.85	0.95			2726.32	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303	4111.87	UHC	Medicaid		3241.32	0.3146			2726.32	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303	4111.87	UHC	Medicare		3575.54	1			2726.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303	4111.87	Wellcare	Medicaid		3241.32	0.3146			2726.32	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59812	CPT	outpatient			10303	4111.87	Wellcare	Medicare		3575.54	1			2726.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303	4111.87	Aetna	Medicare		3575.54	1			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303	4111.87	Aetna	Better Health		3241.32	0.3146			3040.92	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303	4111.87	Aetna	Commercial		5692.26	1.592			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303	4111.87	Americare	Americare		7727.25	0.75			3040.92	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303	4111.87	WellPoint	WellPoint		3305.2	0.3208			3040.92	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303	4111.87	Amerihealth	Medicare		3575.54	1			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303	4111.87	Consumer	Consumer		9787.85	0.95			3040.92	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303	4111.87	Corrections	Corrections		8242.4	0.8			3040.92	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303	4111.87	First Health	First Health		7212.1	0.7			3040.92	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303	4111.87	First Trenton	First Trenton		9272.7	0.9			3040.92	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303	4111.87	Horizon	Indemnity		6532.51	1.827			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303	4111.87	Horizon	MGD		6532.51	1.827			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303	4111.87	Horizon	PPO		6532.51	1.827			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303	4111.87	Horizon	Medicare Blue		3575.54	1			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303	4111.87	Managed Care Inc	Managed Care Inc		9272.7	0.9			3040.92	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303	4111.87	Multiplan	Multiplan		8242.4	0.8			3040.92	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303	4111.87	Qualcare	Qualcare		7727.25	0.75			3040.92	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303	4111.87	Three Rivers	Three Rivers		9787.85	0.95			3040.92	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303	4111.87	UHC	Medicare		3575.54	1			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303	4111.87	UHC	Medicaid		3241.32	0.3146			3040.92	9787.85	percent of total billed charges	
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303	4111.87	Wellcare	Medicare		3575.54	1			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDDED.SURG.COM. 1ST TRIM	59820	CPT	outpatient			10303	4111.87	Wellcare	Medicaid		3241.32	0.3146			3040.92	9787.85	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152	4111.87	Aetna	Better Health		2250.02	0.3146			2250.02	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152	4111.87	Aetna	Commercial		5692.26	1.592			2250.02	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152	4111.87	Aetna	Medicare		3575.54	1			2250.02	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152	4111.87	Americare	Americare		5364	0.75			2250.02	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152	4111.87	WellPoint	WellPoint		2294.36	0.3208			2250.02	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152	4111.87	Amerihealth	Medicare		3575.54	1			2250.02	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152	4111.87	Consumer	Consumer		6794.4	0.95			2250.02	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152	4111.87	Corrections	Corrections		5721.6	0.8			2250.02	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152	4111.87	First Health	First Health		5006.4	0.7			2250.02	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152	4111.87	First Trenton	First Trenton		6436.8	0.9			2250.02	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152	4111.87	Horizon	MGD		6532.51	1.827			2250.02	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152	4111.87	Horizon	PPO		6532.51	1.827			2250.02	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152	4111.87	Horizon	Indemnity		6532.51	1.827			2250.02	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152	4111.87	Horizon	Medicare Blue		3575.54	1			2250.02	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152	4111.87	Managed Care Inc	Managed Care Inc		6436.8	0.9			2250.02	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152	4111.87	Multiplan	Multiplan		5721.6	0.8			2250.02	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152	4111.87	Qualcare	Qualcare		5364	0.75			2250.02	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152	4111.87	Three Rivers	Three Rivers		6794.4	0.95			2250.02	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152	4111.87	UHC	Medicare		3575.54	1			2250.02	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152	4111.87	UHC	Medicaid		2250.02	0.3146			2250.02	6794.4	percent of total billed charges	
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152	4111.87	Wellcare	Medicare		3575.54	1			2250.02	6794.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT OF MISCARRIAGE	59821	CPT	outpatient			7152	4111.87	Wellcare	Medicaid		2250.02	0.3146			2250.02	6794.4	percent of total billed charges	
INDUCED D&C	59840	CPT	outpatient			10303	4111.87	Aetna	Better Health		3241.32	0.3146			3040.92	9787.85	percent of total billed charges	
INDUCED D&C	59840	CPT	outpatient			10303	4111.87	Aetna	Commercial		5692.26	1.592			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED D&C	59840	CPT	outpatient			10303	4111.87	Aetna	Medicare		3575.54	1			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED D&C	59840	CPT	outpatient			10303	4111.87	Americare	Americare		7727.25	0.75			3040.92	9787.85	percent of total billed charges	
INDUCED D&C	59840	CPT	outpatient			10303	4111.87	WellPoint	WellPoint		3305.2	0.3208			3040.92	9787.85	percent of total billed charges	
INDUCED D&C	59840	CPT	outpatient			10303	4111.87	Amerihealth	Medicare		3575.54	1			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED D&C	59840	CPT	outpatient			10303	4111.87	Consumer	Consumer		9787.85	0.95			3040.92	9787.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INDUCED D&C	59840	CPT	outpatient			10303		4111.87 Corrections	Corrections		8242.4	0.8			3040.92	9787.85	percent of total billed charges	
INDUCED D&C	59840	CPT	outpatient			10303		4111.87 First Health	First Health		7212.1	0.7			3040.92	9787.85	percent of total billed charges	
INDUCED D&C	59840	CPT	outpatient			10303		4111.87 First Trenton	First Trenton		9272.7	0.9			3040.92	9787.85	percent of total billed charges	
INDUCED D&C	59840	CPT	outpatient			10303		4111.87 Horizon	Indemnity		6532.51	1.827			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED D&C	59840	CPT	outpatient			10303		4111.87 Horizon	MCD		6532.51	1.827			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED D&C	59840	CPT	outpatient			10303		4111.87 Horizon	Medicare Blue		3575.54	1			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED D&C	59840	CPT	outpatient			10303		4111.87 Horizon	PPO		6532.51	1.827			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED D&C	59840	CPT	outpatient			10303		4111.87 Managed Care Inc	Managed Care Inc		9272.7	0.9			3040.92	9787.85	percent of total billed charges	
INDUCED D&C	59840	CPT	outpatient			10303		4111.87 Multiplan	Multiplan		8242.4	0.8			3040.92	9787.85	percent of total billed charges	
INDUCED D&C	59840	CPT	outpatient			10303		4111.87 Qualcare	Qualcare		7727.25	0.75			3040.92	9787.85	percent of total billed charges	
INDUCED D&C	59840	CPT	outpatient			10303		4111.87 Three Rivers	Three Rivers		9787.85	0.95			3040.92	9787.85	percent of total billed charges	
INDUCED D&C	59840	CPT	outpatient			10303		4111.87 UHC	Medicare		3575.54	1			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED D&C	59840	CPT	outpatient			10303		4111.87 UHC	Medicaid		3241.32	0.3146			3040.92	9787.85	percent of total billed charges	
INDUCED D&C	59840	CPT	outpatient			10303		4111.87 Wellcare	Medicare		3575.54	1			3040.92	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED D&C	59840	CPT	outpatient			10303		4111.87 Wellcare	Medicaid		3241.32	0.3146			3040.92	9787.85	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.87 Aetna	Commercial		5692.26	1.592			3241.32	10081.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.87 Aetna	Better Health		3338.54	0.3146			3241.32	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.87 Aetna	Medicare		3575.54	1			3241.32	10081.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.87 Americare	Americare		7959	0.75			3241.32	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.87 WellPoint	WellPoint		3404.33	0.3208			3241.32	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.87 Amerihealth	Medicare		3575.54	1			3241.32	10081.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.87 Consumer	Consumer		10081.4	0.95			3241.32	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.87 Corrections	Corrections		8489.6	0.8			3241.32	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.87 First Health	First Health		7428.4	0.7			3241.32	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.87 First Trenton	First Trenton		9550.8	0.9			3241.32	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.87 Horizon	PPO		6532.51	1.827			3241.32	10081.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.87 Horizon	MCD		6532.51	1.827			3241.32	10081.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.87 Horizon	Indemnity		6532.51	1.827			3241.32	10081.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.87 Horizon	Medicare Blue		3575.54	1			3241.32	10081.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.87 Managed Care Inc	Managed Care Inc		9550.8	0.9			3241.32	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.87 Multiplan	Multiplan		8489.6	0.8			3241.32	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.87 Qualcare	Qualcare		7959	0.75			3241.32	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.87 Three Rivers	Three Rivers		10081.4	0.95			3241.32	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.87 UHC	Medicare		3575.54	1			3241.32	10081.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.87 UHC	Medicaid		3338.54	0.3146			3241.32	10081.4	percent of total billed charges	
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.87 Wellcare	Medicare		3575.54	1			3241.32	10081.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCED ABRTN BY D & C	59841	CPT	outpatient			10612		4111.87 Wellcare	Medicaid		3338.54	0.3146			3241.32	10081.4	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149		Aetna	Commercial		816.62	0.38			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149		Aetna	Better Health		676.08	0.3146			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149		Aetna	Medicare		661.89	0.308			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149		Americare	Americare		1611.75	0.75			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149		WellPoint	WellPoint		689.4	0.3208			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149		Consumer	Consumer		2041.55	0.95			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149		Corrections	Corrections		1719.2	0.8			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149		First Health	First Health		1504.3	0.7			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149		First Trenton	First Trenton		1934.1	0.9			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149		Horizon	MCD		822.64	0.3828			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149		Horizon	Indemnity		822.64	0.3828			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149		Horizon	PPO		822.64	0.3828			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149		Horizon	Medicare Blue		644.7	0.3			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149		Managed Care Inc	Managed Care Inc		1934.1	0.9			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149		Multiplan	Multiplan		1719.2	0.8			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149		Qualcare	Qualcare		1611.75	0.75			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149		Three Rivers	Three Rivers		2041.55	0.95			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149		UHC	Medicaid		676.08	0.3146			644.7	2041.55	percent of total billed charges	
ABORTION W/INJECTION	59850	CPT	outpatient			2149		Wellcare	Medicaid		676.08	0.3146			644.7	2041.55	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.87 Aetna	Better Health		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.87 Aetna	Commercial		5692.26	1.592			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.87 Aetna	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.87 Americare	Americare		7727.25	0.75			3241.32	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.87 WellPoint	WellPoint		3305.2	0.3208			3241.32	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.87 Amerihealth	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.87 Consumer	Consumer		9787.85	0.95			3241.32	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.87 Corrections	Corrections		8242.4	0.8			3241.32	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.87 First Health	First Health		7212.1	0.7			3241.32	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.87 First Trenton	First Trenton		9272.7	0.9			3241.32	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.87 Horizon	Indemnity		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.87 Horizon	MCD		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.87 Horizon	Medicare Blue		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.87 Horizon	PPO		6532.51	1.827			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.87 Managed Care Inc	Managed Care Inc		9272.7	0.9			3241.32	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.87 Multiplan	Multiplan		8242.4	0.8			3241.32	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.87 Qualcare	Qualcare		7727.25	0.75			3241.32	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.87 Three Rivers	Three Rivers		9787.85	0.95			3241.32	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.87 UHC	Medicaid		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.87 UHC	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.87 Wellcare	Medicare		3575.54	1			3241.32	9787.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF CERCLAGE	59871	CPT	outpatient			10303		4111.87 Wellcare	Medicaid		3241.32	0.3146			3241.32	9787.85	percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649		262.09 Aetna	Medicare		227.9	1			204.18	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649		262.09 Aetna	Better Health		204.18	0.3146			204.18	616.55	percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649		262.09 Aetna	Commercial		362.82	1.592			204.18	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649		262.09 Americare	Americare		486.75	0.75			204.18	616.55	percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649		262.09 WellPoint	WellPoint		208.2	0.3208			204.18	616.55	percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649		262.09 Amerihealth	Medicare		227.9	1			204.18	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649		262.09 Consumer	Consumer		616.55	0.95			204.18	616.55	percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649		262.09 Corrections	Corrections		519.2	0.8			204.18	616.55	percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649		262.09 First Health	First Health		454.3	0.7			204.18	616.55	percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649		262.09 First Trenton	First Trenton		584.1	0.9			204.18	616.55	percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649		262.09 Horizon	MCD		416.37	1.827			204.18	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649		262.09 Horizon	Medicare Blue		227.9	1			204.18	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649		262.09 Horizon	PPO		416.37	1.827			204.18	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649		262.09 Horizon	Indemnity		416.37	1.827			204.18	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649		262.09 Managed Care Inc	Managed Care Inc		584.1	0.9			204.18	616.55	percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649		262.09 Multiplan	Multiplan		519.2	0.8			204.18	616.55	percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649		262.09 Qualcare	Qualcare		486.75	0.75			204.18	616.55	percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649		262.09 Three Rivers	Three Rivers		616.55	0.95			204.18	616.55	percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649		262.09 UHC	Medicaid		204.18	0.3146			204.18	616.55	percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649		262.09 UHC	Medicare		227.9	1			204.18	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649		262.09 Wellcare	Medicaid		204.18	0.3146			204.18	616.55	percent of total billed charges	
UNLISTED FTL INVASIVE	59897	CPT	outpatient			649		262.09 Wellcare	Medicare		227.9	1			204.18	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREECH DELIVERY ASSISTED	59899	CPT	outpatient			5592		262.09 Aetna	Better Health		1759.24	0.3146			227.9	5312.4	percent of total billed charges	
BREECH DELIVERY ASSISTED	59899	CPT	outpatient			5592		262.09 Aetna	Commercial		362.82	1.592			227.9	5312.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREECH DELIVERY ASSISTED	59899	CPT	outpatient			5592		262.09 Aetna	Medicare		227.9	1			227.9	5312.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREECH DELIVERY ASSISTED	59899	CPT	outpatient			5592		262.09 Americare	Americare		4194	0.75			227.9	5312.4	percent of total billed charges	
BREECH DELIVERY ASSISTED	59899	CPT	outpatient			5592		262.09 WellPoint	WellPoint		1793.91	0.3208			227.9	5312.4	percent of total billed charges	
BREECH DELIVERY ASSISTED	59899	CPT	outpatient			5592		262.09 Amerihealth	Medicare		227.9	1			227.9	5312.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREECH DELIVERY ASSISTED	59899	CPT	outpatient			5592		262.09 Consumer	Consumer		5312.4	0.95			227.9	5312.4	percent of total billed charges	
BREECH DELIVERY ASSISTED	59899	CPT	outpatient			5592		262.09 Corrections	Corrections		4473.6	0.8			227.9	5312.4	percent of total billed charges	
BREECH DELIVERY ASSISTED	59899	CPT	outpatient			5592		262.09 First Health	First Health		3914.4	0.7			227.9	5312.4	percent of total billed charges	
BREECH DELIVERY ASSISTED	59899	CPT	outpatient			5592		262.09 First Trenton	First Trenton		5032.8	0.9			227.9	5312.4	percent of total billed charges	
BREECH DELIVERY ASSISTED	59899	CPT	outpatient			5592		262.09 Horizon	MCD		416.37	1.827			227.9	5312.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREECH DELIVERY ASSISTED	59899	CPT	outpatient			5592		262.09 Horizon	Medicare Blue		227.9	1			227.9	5312.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREECH DELIVERY ASSISTED	59899	CPT	outpatient			5592		262.09 Horizon	Indemnity		416.37	1.827			227.9	5312.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREECH DELIVERY ASSISTED	59899	CPT	outpatient			5592		262.09 Horizon	PPO		416.37	1.827			227.9	5312.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREECH DELIVERY ASSISTED	59899	CPT	outpatient			5592		262.09 Managed Care Inc	Managed Care Inc		5032.8	0.9			227.9	5312.4	percent of total billed charges	
BREECH DELIVERY ASSISTED	59899	CPT	outpatient			5592		262.09 Multiplan	Multiplan		4473.6	0.8			227.9	5312.4	percent of total billed charges	
BREECH DELIVERY ASSISTED	59899	CPT	outpatient			5592		262.09 Qualcare	Qualcare		4194	0.75			227.9	5312.4	percent of total billed charges	
BREECH DELIVERY ASSISTED	59899	CPT	outpatient			5592		262.09 Three Rivers	Three Rivers		5312.4	0.95			227.9	5312.4	percent of total billed charges	
BREECH DELIVERY ASSISTED	59899	CPT	outpatient			5592		262.09 UHC	Medicaid		1759.24	0.3146			227.9	5312.4	percent of total billed charges	
BREECH DELIVERY ASSISTED	59899	CPT	outpatient			5592		262.09 UHC	Medicare		227.9	1			227.9	5312.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREECH DELIVERY ASSISTED	59899	CPT	outpatient			5592		262.09 Wellcare	Medicaid		1759.24	0.3146			227.9	5312.4	percent of total billed charges	
BREECH DELIVERY ASSISTED	59899	CPT	outpatient			5592		262.09 Wellcare	Medicare		227.9	1			227.9	5312.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THYRO CY	60000	CPT	outpatient			5059		2005.77 Aetna	Commercial		2776.69	1.592			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THYRO CY	60000	CPT	outpatient			5059		2005.77 Aetna	Better Health		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059		2005.77 Aetna	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THYRO CY	60000	CPT	outpatient			5059		2005.77 Americare	Americare		3794.25	0.75			1591.56	4806.05	percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059		2005.77 WellPoint	WellPoint		1622.93	0.3208			1591.56	4806.05	percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059		2005.77 Amerihealth	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THYRO CY	60000	CPT	outpatient			5059		2005.77 Consumer	Consumer		4806.05	0.95			1591.56	4806.05	percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059		2005.77 Corrections	Corrections		4047.2	0.8			1591.56	4806.05	percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059		2005.77 First Health	First Health		3541.3	0.7			1591.56	4806.05	percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059		2005.77 First Trenton	First Trenton		4553.1	0.9			1591.56	4806.05	percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059		2005.77 Horizon	PPO		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THYRO CY	60000	CPT	outpatient			5059		2005.77 Horizon	Medicare Blue		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THYRO CY	60000	CPT	outpatient			5059		2005.77 Horizon	Indemnity		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THYRO CY	60000	CPT	outpatient			5059		2005.77 Horizon	MCD		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THYRO CY	60000	CPT	outpatient			5059		2005.77 Managed Care Inc	Managed Care Inc		4553.1	0.9			1591.56	4806.05	percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059		2005.77 Multiplan	Multiplan		4047.2	0.8			1591.56	4806.05	percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059		2005.77 Qualcare	Qualcare		3794.25	0.75			1591.56	4806.05	percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059		2005.77 Three Rivers	Three Rivers		4806.05	0.95			1591.56	4806.05	percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059		2005.77 UHC	Medicaid		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
I&D THYRO CY	60000	CPT	outpatient			5059		2005.77 UHC	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D THYRO CY	60000	CPT	outpatient			5059		2005.77 Wellcare	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
I&D THYRO CY	60000	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Aetna	Better Health		747.18	0.3146			744.66	2256.25	percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Aetna	Medicare		804.66	1			744.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Aetna	Commercial		1281.02	1.592			744.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Americare	Americare		1781.25	0.75			744.66	2256.25	percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	WellPoint	WellPoint		761.9	0.3208			744.66	2256.25	percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Amerihealth	Medicare		804.66	1			744.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Consumer	Consumer		2256.25	0.95			744.66	2256.25	percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Corrections	Corrections		1900	0.8			744.66	2256.25	percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	First Health	First Health		1662.5	0.7			744.66	2256.25	percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	First Trenton	First Trenton		2137.5	0.9			744.66	2256.25	percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Horizon	MGD		1470.11	1.827			744.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Horizon	Medicare Blue		804.66	1			744.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Horizon	PPO		1470.11	1.827			744.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Horizon	Indemnity		1470.11	1.827			744.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Managed Care Inc	Managed Care Inc		2137.5	0.9			744.66	2256.25	percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Multiplan	Multiplan		1900	0.8			744.66	2256.25	percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Qualcare	Qualcare		1781.25	0.75			744.66	2256.25	percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Three Rivers	Three Rivers		2256.25	0.95			744.66	2256.25	percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	UHC	Medicaid		747.18	0.3146			744.66	2256.25	percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	UHC	Medicare		804.66	1			744.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Wellcare	Medicaid		747.18	0.3146			744.66	2256.25	percent of total billed charges	
THYROID PERCUTANEOUS CORE NEED BIOPSY	60100	CPT	outpatient			2375	925.36	Wellcare	Medicare		804.66	1			744.66	2256.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Aetna	Commercial		1281.02	1.592			475.68	2860.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Aetna	Better Health		947.26	0.3146			475.68	2860.45	percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Aetna	Medicare		804.66	1			475.68	2860.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Americare	Americare		2258.25	0.75			475.68	2860.45	percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	WellPoint	WellPoint		965.93	0.3208			475.68	2860.45	percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Amerihealth	Medicare		804.66	1			475.68	2860.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Consumer	Consumer		2860.45	0.95			475.68	2860.45	percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Corrections	Corrections		2408.8	0.8			475.68	2860.45	percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	First Health	First Health		2107.7	0.7			475.68	2860.45	percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	First Trenton	First Trenton		2709.9	0.9			475.68	2860.45	percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Horizon	Indemnity		1470.11	1.827			475.68	2860.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Horizon	Medicare Blue		804.66	1			475.68	2860.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Horizon	PPO		1470.11	1.827			475.68	2860.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Horizon	MGD		1470.11	1.827			475.68	2860.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Managed Care Inc	Managed Care Inc		2709.9	0.9			475.68	2860.45	percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Multiplan	Multiplan		2408.8	0.8			475.68	2860.45	percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Qualcare	Qualcare		2258.25	0.75			475.68	2860.45	percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Three Rivers	Three Rivers		2860.45	0.95			475.68	2860.45	percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	UHC	Medicaid		947.26	0.3146			475.68	2860.45	percent of total billed charges	
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	UHC	Medicare		804.66	1			475.68	2860.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Wellcare	Medicare		804.66	1			475.68	2860.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US ASP/NDL THYROIDCYST	60300	CPT	outpatient			3011	925.36	Wellcare	Medicaid		947.26	0.3146			475.68	2860.45	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Aetna	Commercial		10505.58	1.592			5528.91	17053.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Aetna	Medicare		5528.91	0.308			5528.91	17053.45	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Aetna	Better Health		5647.38	0.3146			5528.91	17053.45	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Americare	Americare		13463.25	0.75			5528.91	17053.45	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	WellPoint	WellPoint		5758.68	0.3208			5528.91	17053.45	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Amerihealth	Medicare		6598.98	1			5528.91	17053.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Consumer	Consumer		17053.45	0.95			5528.91	17053.45	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Corrections	Corrections		14360.8	0.8			5528.91	17053.45	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	First Health	First Health		12565.7	0.7			5528.91	17053.45	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	First Trenton	First Trenton		16155.9	0.9			5528.91	17053.45	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Horizon	MGD		12056.34	1.827			5528.91	17053.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Horizon	Medicare Blue		6598.98	1			5528.91	17053.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Horizon	Indemnity		12056.34	1.827			5528.91	17053.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Horizon	PPO		12056.34	1.827			5528.91	17053.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Managed Care Inc	Managed Care Inc		16155.9	0.9			5528.91	17053.45	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Multiplan	Multiplan		14360.8	0.8			5528.91	17053.45	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Qualcare	Qualcare		13463.25	0.75			5528.91	17053.45	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Three Rivers	Three Rivers		17053.45	0.95			5528.91	17053.45	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	UHC	Medicare		6598.98	1			5528.91	17053.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	UHC	Medicaid		5647.38	0.3146			5528.91	17053.45	percent of total billed charges	
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Wellcare	Medicare		6598.98	1			5528.91	17053.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROCEDURE ENDOCRINE SYSTEM	60699	CPT	outpatient			17951	7588.83	Wellcare	Medicaid		5647.38	0.3146			5528.91	17053.45	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Aetna	Medicare		790.9	1			772.03	2331.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Aetna	Better Health		772.03	0.3146			772.03	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Aetna	Commercial		1259.11	1.592			772.03	2331.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Americare	Americare		1840.5	0.75			772.03	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	WellPoint	WellPoint		787.24	0.3208			772.03	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Amerihealth	Medicare		790.9	1			772.03	2331.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Consumer	Consumer		2331.3	0.95			772.03	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Corrections	Corrections		1963.2	0.8			772.03	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	First Health	First Health		1717.8	0.7			772.03	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	First Trenton	First Trenton		2208.6	0.9			772.03	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Horizon	Medicare Blue		790.9	1			772.03	2331.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Horizon	Indemnity		1444.97	1.827			772.03	2331.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Horizon	MGD		1444.97	1.827			772.03	2331.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Horizon	PPO		1444.97	1.827			772.03	2331.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Managed Care Inc	Managed Care Inc		2208.6	0.9			772.03	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Multiplan	Multiplan		1963.2	0.8			772.03	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Qualcare	Qualcare		1840.5	0.75			772.03	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Three Rivers	Three Rivers		2331.3	0.95			772.03	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	UHC	Medicaid		772.03	0.3146			772.03	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	UHC	Medicare		790.9	1			772.03	2331.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Wellcare	Medicaid		772.03	0.3146			772.03	2331.3	percent of total billed charges	
SUBDURAL TAP INFANT	61000	CPT	outpatient			2454	909.54	Wellcare	Medicare		790.9	1			772.03	2331.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTRICULAR PUNCTURE, 2/O INJ	61020	CPT	outpatient			3166	1198.81	Aetna	Better Health		996.02	0.3146			996.02	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE, 2/O INJ	61020	CPT	outpatient			3166	1198.81	Aetna	Commercial		1659.56	1.592			996.02	3007.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTRICULAR PUNCTURE, 2/O INJ	61020	CPT	outpatient			3166	1198.81	Aetna	Medicare		1042.44	1			996.02	3007.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTRICULAR PUNCTURE, 2/O INJ	61020	CPT	outpatient			3166	1198.81	Americare	Americare		2374.5	0.75			996.02	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE, 2/O INJ	61020	CPT	outpatient			3166	1198.81	WellPoint	WellPoint		1015.65	0.3208			996.02	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE, 2/O INJ	61020	CPT	outpatient			3166	1198.81	Amerihealth	Medicare		1042.44	1			996.02	3007.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTRICULAR PUNCTURE, 2/O INJ	61020	CPT	outpatient			3166	1198.81	Consumer	Consumer		3007.7	0.95			996.02	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE, 2/O INJ	61020	CPT	outpatient			3166	1198.81	Corrections	Corrections		2532.8	0.8			996.02	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE, 2/O INJ	61020	CPT	outpatient			3166	1198.81	First Health	First Health		2216.2	0.7			996.02	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE, 2/O INJ	61020	CPT	outpatient			3166	1198.81	First Trenton	First Trenton		2849.4	0.9			996.02	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE, 2/O INJ	61020	CPT	outpatient			3166	1198.81	Horizon	Medicare Blue		1042.44	1			996.02	3007.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTRICULAR PUNCTURE, 2/O INJ	61020	CPT	outpatient			3166	1198.81	Horizon	PPO		1904.54	1.827			996.02	3007.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTRICULAR PUNCTURE, 2/O INJ	61020	CPT	outpatient			3166	1198.81	Horizon	MGD		1904.54	1.827			996.02	3007.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTRICULAR PUNCTURE, 2/O INJ	61020	CPT	outpatient			3166	1198.81	Horizon	Indemnity		1904.54	1.827			996.02	3007.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTRICULAR PUNCTURE, 2/O INJ	61020	CPT	outpatient			3166	1198.81	Managed Care Inc	Managed Care Inc		2849.4	0.9			996.02	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE, 2/O INJ	61020	CPT	outpatient			3166	1198.81	Multiplan	Multiplan		2532.8	0.8			996.02	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE, 2/O INJ	61020	CPT	outpatient			3166	1198.81	Qualcare	Qualcare		2374.5	0.75			996.02	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE, 2/O INJ	61020	CPT	outpatient			3166	1198.81	Three Rivers	Three Rivers		3007.7	0.95			996.02	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE, 2/O INJ	61020	CPT	outpatient			3166	1198.81	UHC	Medicaid		996.02	0.3146			996.02	3007.7	percent of total billed charges	
VENTRICULAR PUNCTURE, 2/O INJ	61020	CPT	outpatient			3166	1198.81	UHC	Medicare		1042.44	1			996.02	3007.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTRICULAR PUNCTURE, 2/O INJ	61020	CPT	outpatient			3166	1198.81	Wellcare	Medicare		1042.44	1			996.02	3007.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTRICULAR PUNCTURE, 2/O INJ	61020	CPT	outpatient			3166	1198.81	Wellcare	Medicaid		996.02	0.3146			996.02	3007.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Aetna	Better Health		845.02	0.3146			739	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Aetna	Medicare		790.9	1			739	2551.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Aetna	Commercial		1259.11	1.592			739	2551.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Americare	Americare		2014.5	0.75			739	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	WellPoint	WellPoint		861.67	0.3208			739	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Amerihealth	Medicare		790.9	1			739	2551.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Consumer	Consumer		2551.7	0.95			739	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Corrections	Corrections		2148.8	0.8			739	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	First Health	First Health		1880.2	0.7			739	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	First Trenton	First Trenton		2417.4	0.9			739	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Horizon	MGD		1444.97	1.827			739	2551.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Horizon	Medicare Blue		790.9	1			739	2551.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Horizon	Indemnity		1444.97	1.827			739	2551.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Horizon	PPO		1444.97	1.827			739	2551.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Managed Care Inc	Managed Care Inc		2417.4	0.9			739	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Multiplan	Multiplan		2148.8	0.8			739	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Qualcare	Qualcare		2014.5	0.75			739	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Three Rivers	Three Rivers		2551.7	0.95			739	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	UHC	Medicaid		845.02	0.3146			739	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	UHC	Medicare		790.9	1			739	2551.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Wellcare	Medicaid		845.02	0.3146			739	2551.7	percent of total billed charges	
PUNC RESERVOIR W/INJ/DRUG	61026	CPT	outpatient			2686	909.54	Wellcare	Medicare		790.9	1			739	2551.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Aetna	Medicare		402.56	0.308			338.74	1241.65	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Aetna	Commercial		539.27	1.592			338.74	1241.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Aetna	Better Health		411.18	0.3146			338.74	1241.65	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Americare	Americare		980.25	0.75			338.74	1241.65	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	WellPoint	WellPoint		419.29	0.3208			338.74	1241.65	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Amerihealth	Medicare		338.74	1			338.74	1241.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Consumer	Consumer		1241.65	0.95			338.74	1241.65	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	Corrections	Corrections		1045.6	0.8			338.74	1241.65	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	First Health	First Health		914.9	0.7			338.74	1241.65	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307	389.55	First Trenton	First Trenton		1176.3	0.9			338.74	1241.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307		389.55 Horizon	MCD		618.88	1.827			338.74	1241.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307		389.55 Horizon	Medicare Blue		338.74	1			338.74	1241.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307		389.55 Horizon	Indemnity		618.88	1.827			338.74	1241.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307		389.55 Horizon	PPO		618.88	1.827			338.74	1241.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307		389.55 Managed Care Inc	Managed Care Inc		1176.3	0.9			338.74	1241.65	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307		389.55 Multiplan	Multiplan		1045.6	0.8			338.74	1241.65	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307		389.55 Qualcare	Qualcare		980.25	0.75			338.74	1241.65	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307		389.55 Three Rivers	Three Rivers		1241.65	0.95			338.74	1241.65	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307		389.55 UHC	Medicare		338.74	1			338.74	1241.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307		389.55 UHC	Medicaid		411.18	0.3146			338.74	1241.65	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307		389.55 Wellcare	Medicaid		411.18	0.3146			338.74	1241.65	percent of total billed charges	
CIST OR LAT CERV PUNC W/O INJ	61050	CPT	outpatient			1307		389.55 Wellcare	Medicare		338.74	1			338.74	1241.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE (C1-C2) W/INJ	61055	CPT	outpatient			2681		389.55 Aetna	Medicare		338.74	1			338.74	2546.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE (C1-C2) W/INJ	61055	CPT	outpatient			2681		389.55 Aetna	Better Health		843.44	0.3146			338.74	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	outpatient			2681		389.55 Aetna	Commercial		539.27	1.592			338.74	2546.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE (C1-C2) W/INJ	61055	CPT	outpatient			2681		389.55 Americare	Americare		2010.75	0.75			338.74	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	outpatient			2681		389.55 WellPoint	WellPoint		860.06	0.3208			338.74	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	outpatient			2681		389.55 Amerihealth	Medicare		338.74	1			338.74	2546.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE (C1-C2) W/INJ	61055	CPT	outpatient			2681		389.55 Consumer	Consumer		2546.95	0.95			338.74	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	outpatient			2681		389.55 Corrections	Corrections		2144.8	0.8			338.74	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	outpatient			2681		389.55 First Health	First Health		1876.7	0.7			338.74	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	outpatient			2681		389.55 First Trenton	First Trenton		2412.9	0.9			338.74	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	outpatient			2681		389.55 Horizon	MCD		618.88	1.827			338.74	2546.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE (C1-C2) W/INJ	61055	CPT	outpatient			2681		389.55 Horizon	Indemnity		618.88	1.827			338.74	2546.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE (C1-C2) W/INJ	61055	CPT	outpatient			2681		389.55 Horizon	Medicare Blue		338.74	1			338.74	2546.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE (C1-C2) W/INJ	61055	CPT	outpatient			2681		389.55 Horizon	PPO		618.88	1.827			338.74	2546.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE (C1-C2) W/INJ	61055	CPT	outpatient			2681		389.55 Managed Care Inc	Managed Care Inc		2412.9	0.9			338.74	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	outpatient			2681		389.55 Multiplan	Multiplan		2144.8	0.8			338.74	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	outpatient			2681		389.55 Qualcare	Qualcare		2010.75	0.75			338.74	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	outpatient			2681		389.55 Three Rivers	Three Rivers		2546.95	0.95			338.74	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	outpatient			2681		389.55 UHC	Medicaid		843.44	0.3146			338.74	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	outpatient			2681		389.55 UHC	Medicare		338.74	1			338.74	2546.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE (C1-C2) W/INJ	61055	CPT	outpatient			2681		389.55 Wellcare	Medicaid		843.44	0.3146			338.74	2546.95	percent of total billed charges	
PUNCTURE (C1-C2) W/INJ	61055	CPT	outpatient			2681		389.55 Wellcare	Medicare		338.74	1			338.74	2546.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE SHUNT TUBING/RESRVOIR ASPIRATIO	61070	CPT	outpatient			2536		909.54 Aetna	Better Health		797.83	0.3146			329.25	2409.2	percent of total billed charges	
PUNCTURE SHUNT TUBING/RESRVOIR ASPIRATIO	61070	CPT	outpatient			2536		909.54 Aetna	Medicare		781.09	0.308			329.25	2409.2	percent of total billed charges	
PUNCTURE SHUNT TUBING/RESRVOIR ASPIRATIO	61070	CPT	outpatient			2536		909.54 Aetna	Commercial		1259.11	1.592			329.25	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE SHUNT TUBING/RESRVOIR ASPIRATIO	61070	CPT	outpatient			2536		909.54 Americare	Americare		1902	0.75			329.25	2409.2	percent of total billed charges	
PUNCTURE SHUNT TUBING/RESRVOIR ASPIRATIO	61070	CPT	outpatient			2536		909.54 WellPoint	WellPoint		813.55	0.3208			329.25	2409.2	percent of total billed charges	
PUNCTURE SHUNT TUBING/RESRVOIR ASPIRATIO	61070	CPT	outpatient			2536		909.54 Amerihealth	Medicare		790.9	1			329.25	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE SHUNT TUBING/RESRVOIR ASPIRATIO	61070	CPT	outpatient			2536		909.54 Consumer	Consumer		2409.2	0.95			329.25	2409.2	percent of total billed charges	
PUNCTURE SHUNT TUBING/RESRVOIR ASPIRATIO	61070	CPT	outpatient			2536		909.54 Corrections	Corrections		2028.8	0.8			329.25	2409.2	percent of total billed charges	
PUNCTURE SHUNT TUBING/RESRVOIR ASPIRATIO	61070	CPT	outpatient			2536		909.54 First Health	First Health		1775.2	0.7			329.25	2409.2	percent of total billed charges	
PUNCTURE SHUNT TUBING/RESRVOIR ASPIRATIO	61070	CPT	outpatient			2536		909.54 First Trenton	First Trenton		2282.4	0.9			329.25	2409.2	percent of total billed charges	
PUNCTURE SHUNT TUBING/RESRVOIR ASPIRATIO	61070	CPT	outpatient			2536		909.54 Horizon	Medicare Blue		790.9	1			329.25	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE SHUNT TUBING/RESRVOIR ASPIRATIO	61070	CPT	outpatient			2536		909.54 Horizon	Indemnity		1444.97	1.827			329.25	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE SHUNT TUBING/RESRVOIR ASPIRATIO	61070	CPT	outpatient			2536		909.54 Horizon	MCD		1444.97	1.827			329.25	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE SHUNT TUBING/RESRVOIR ASPIRATIO	61070	CPT	outpatient			2536		909.54 Horizon	PPO		1444.97	1.827			329.25	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE SHUNT TUBING/RESRVOIR ASPIRATIO	61070	CPT	outpatient			2536		909.54 Managed Care Inc	Managed Care Inc		2282.4	0.9			329.25	2409.2	percent of total billed charges	
PUNCTURE SHUNT TUBING/RESRVOIR ASPIRATIO	61070	CPT	outpatient			2536		909.54 Multiplan	Multiplan		2028.8	0.8			329.25	2409.2	percent of total billed charges	
PUNCTURE SHUNT TUBING/RESRVOIR ASPIRATIO	61070	CPT	outpatient			2536		909.54 Qualcare	Qualcare		1902	0.75			329.25	2409.2	percent of total billed charges	
PUNCTURE SHUNT TUBING/RESRVOIR ASPIRATIO	61070	CPT	outpatient			2536		909.54 Three Rivers	Three Rivers		2409.2	0.95			329.25	2409.2	percent of total billed charges	
PUNCTURE SHUNT TUBING/RESRVOIR ASPIRATIO	61070	CPT	outpatient			2536		909.54 UHC	Medicaid		797.83	0.3146			329.25	2409.2	percent of total billed charges	
PUNCTURE SHUNT TUBING/RESRVOIR ASPIRATIO	61070	CPT	outpatient			2536		909.54 UHC	Medicare		790.9	1			329.25	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE SHUNT TUBING/RESRVOIR ASPIRATIO	61070	CPT	outpatient			2536		909.54 Wellcare	Medicare		790.9	1			329.25	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTURE SHUNT TUBING/RESRVOIR ASPIRATIO	61070	CPT	outpatient			2536		909.54 Wellcare	Medicaid		797.83	0.3146			329.25	2409.2	percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Aetna	Medicare		619.39	0.308			603.3	1910.45	percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Aetna	Better Health		632.66	0.3146			603.3	1910.45	percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Aetna	Commercial		764.18	0.38			603.3	1910.45	percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Americare	Americare		1508.25	0.75			603.3	1910.45	percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		WellPoint	WellPoint		645.13	0.3208			603.3	1910.45	percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Consumer	Consumer		1910.45	0.95			603.3	1910.45	percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Corrections	Corrections		1608.8	0.8			603.3	1910.45	percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		First Health	First Health		1407.7	0.7			603.3	1910.45	percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		First Trenton	First Trenton		1809.9	0.9			603.3	1910.45	percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Horizon	MCD		769.81	0.3828			603.3	1910.45	percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Horizon	Indemnity		769.81	0.3828			603.3	1910.45	percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Horizon	Medicare Blue		603.3	0.3			603.3	1910.45	percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Horizon	PPO		769.81	0.3828			603.3	1910.45	percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Managed Care Inc	Managed Care Inc		1809.9	0.9			603.3	1910.45	percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Multiplan	Multiplan		1608.8	0.8			603.3	1910.45	percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Qualcare	Qualcare		1508.25	0.75			603.3	1910.45	percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Three Rivers	Three Rivers		1910.45	0.95			603.3	1910.45	percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		UHC	Medicaid		632.66	0.3146			603.3	1910.45	percent of total billed charges	
VENTRICULAR PUNCTURE;	61105	CPT	outpatient			2011		Wellcare	Medicaid		632.66	0.3146			603.3	1910.45	percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Aetna	Commercial		1055.26	0.38			833.1	2638.15	percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Aetna	Better Health		873.64	0.3146			833.1	2638.15	percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Aetna	Medicare		855.32	0.308			833.1	2638.15	percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Americare	Americare		2082.75	0.75			833.1	2638.15	percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		WellPoint	WellPoint		890.86	0.3208			833.1	2638.15	percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Consumer	Consumer		2638.15	0.95			833.1	2638.15	percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Corrections	Corrections		2221.6	0.8			833.1	2638.15	percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		First Health	First Health		1943.9	0.7			833.1	2638.15	percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		First Trenton	First Trenton		2499.3	0.9			833.1	2638.15	percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Horizon	Indemnity		1063.04	0.3828			833.1	2638.15	percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Horizon	MCD		1063.04	0.3828			833.1	2638.15	percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Horizon	Medicare Blue		833.1	0.3			833.1	2638.15	percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Horizon	PPO		1063.04	0.3828			833.1	2638.15	percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Managed Care Inc	Managed Care Inc		2499.3	0.9			833.1	2638.15	percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Multiplan	Multiplan		2221.6	0.8			833.1	2638.15	percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Qualcare	Qualcare		2082.75	0.75			833.1	2638.15	percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Three Rivers	Three Rivers		2638.15	0.95			833.1	2638.15	percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		UHC	Medicaid		873.64	0.3146			833.1	2638.15	percent of total billed charges	
VENTRICULOSTOMY W/PRESSURE REC	61107	CPT	outpatient			2777		Wellcare	Medicaid		873.64	0.3146			833.1	2638.15	percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Aetna	Commercial		4232.82	0.38			3341.7	10582.05	percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Aetna	Better Health		3504.33	0.3146			3341.7	10582.05	percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Aetna	Medicare		3430.81	0.308			3341.7	10582.05	percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Americare	Americare		8354.25	0.75			3341.7	10582.05	percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		WellPoint	WellPoint		3573.39	0.3208			3341.7	10582.05	percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Consumer	Consumer		10582.05	0.95			3341.7	10582.05	percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Corrections	Corrections		8911.2	0.8			3341.7	10582.05	percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		First Health	First Health		7797.3	0.7			3341.7	10582.05	percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		First Trenton	First Trenton		10025.1	0.9			3341.7	10582.05	percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Horizon	MCD		4264.01	0.3828			3341.7	10582.05	percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Horizon	Indemnity		4264.01	0.3828			3341.7	10582.05	percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Horizon	PPO		4264.01	0.3828			3341.7	10582.05	percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Horizon	Medicare Blue		3341.7	0.3			3341.7	10582.05	percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Managed Care Inc	Managed Care Inc		10025.1	0.9			3341.7	10582.05	percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Multiplan	Multiplan		8911.2	0.8			3341.7	10582.05	percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Qualcare	Qualcare		8354.25	0.75			3341.7	10582.05	percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Three Rivers	Three Rivers		10582.05	0.95			3341.7	10582.05	percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		UHC	Medicaid		3504.33	0.3146			3341.7	10582.05	percent of total billed charges	
PIERCE SKULL IMPLANT DEVICE	61210	CPT	outpatient			11139		Wellcare	Medicaid		3504.33	0.3146			3341.7	10582.05	percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459		8761.3 Aetna	Better Health		4863.4	0.3146			4761.37	14686.05	percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459		8761.3 Aetna	Medicare		4761.37	0.308			4761.37	14686.05	percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459		8761.3 Aetna	Commercial		12128.68	1.592			4761.37	14686.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459		8761.3 Americare	Americare		11594.25	0.75			4761.37	14686.05	percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459		8761.3 WellPoint	WellPoint		4959.25	0.3208			4761.37	14686.05	percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459		8761.3 Amerihealth	Medicare		7618.52	1			4761.37	14686.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459		8761.3 Consumer	Consumer		14686.05	0.95			4761.37	14686.05	percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459		8761.3 Corrections	Corrections		12367.2	0.8			4761.37	14686.05	percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459		8761.3 First Health	First Health		10821.3	0.7			4761.37	14686.05	percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459		8761.3 First Trenton	First Trenton		13913.1	0.9			4761.37	14686.05	percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459		8761.3 Horizon	Indemnity		13919.04	1.827			4761.37	14686.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459		8761.3 Horizon	MCD		13919.04	1.827			4761.37	14686.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459		8761.3 Horizon	Medicare Blue		7618.52	1			4761.37	14686.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459		8761.3 Horizon	PPO		13919.04	1.827			4761.37	14686.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459		8761.3 Managed Care Inc	Managed Care Inc		13913.1	0.9			4761.37	14686.05	percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459		8761.3 Multiplan	Multiplan		12367.2	0.8			4761.37	14686.05	percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459		8761.3 Qualcare	Qualcare		11594.25	0.75			4761.37	14686.05	percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459		8761.3 Three Rivers	Three Rivers		14686.05	0.95			4761.37	14686.05	percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459		8761.3 UHC	Medicaid		4863.4	0.3146			4761.37	14686.05	percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459		8761.3 UHC	Medicare		7618.52	1			4761.37	14686.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459		8761.3 Wellcare	Medicaid		4863.4	0.3146			4761.37	14686.05	percent of total billed charges	
INSERT BRAIN-FLUID DEVICE	61215	CPT	outpatient			15459		8761.3 Wellcare	Medicare		7618.52	1			4761.37	14686.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRANIOTOMY SUPRATENT INTRACE	61313	CPT	outpatient			837		Aetna	Medicare		257.8	0.308			251.1	795.15	percent of total billed charges	
CRANIOTOMY SUPRATENT INTRACE	61313	CPT	outpatient			837		Aetna	Better Health		263.32	0.3146			251.1	795.15	percent of total billed charges	
CRANIOTOMY SUPRATENT INTRACE	61313	CPT	outpatient			837		Aetna	Commercial		318.06	0.38			251.1	795.15	percent of total billed charges	
CRANIOTOMY SUPRATENT INTRACE	61313	CPT	outpatient			837		Americare	Americare		627.75	0.75			251.1	795.15	percent of total billed charges	
CRANIOTOMY SUPRATENT INTRACE	61313	CPT	outpatient			837		WellPoint	WellPoint		268.51	0.3208			251.1	795.15	percent of total billed charges	
CRANIOTOMY SUPRATENT INTRACE	61313	CPT	outpatient			837		Consumer	Consumer		795.15	0.95			251.1	795.15	percent of total billed charges	
CRANIOTOMY SUPRATENT INTRACE	61313	CPT	outpatient			837		Corrections	Corrections		669.6	0.8			251.1	795.15	percent of total billed charges	
CRANIOTOMY SUPRATENT INTRACE	61313	CPT	outpatient			837		First Health	First Health		585.9	0.7			251.1	795.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CRANIOTOMY SUPRATENT INTRACE	61313	CPT	outpatient			837		First Trenton	First Trenton		753.3	0.9			251.1	795.15	percent of total billed charges	
CRANIOTOMY SUPRATENT INTRACE	61313	CPT	outpatient			837		Horizon	MGD		320.4	0.3828			251.1	795.15	percent of total billed charges	
CRANIOTOMY SUPRATENT INTRACE	61313	CPT	outpatient			837		Horizon	Indemnity		320.4	0.3828			251.1	795.15	percent of total billed charges	
CRANIOTOMY SUPRATENT INTRACE	61313	CPT	outpatient			837		Horizon	Medicare Blue		251.1	0.3			251.1	795.15	percent of total billed charges	
CRANIOTOMY SUPRATENT INTRACE	61313	CPT	outpatient			837		Horizon	PPO		320.4	0.3828			251.1	795.15	percent of total billed charges	
CRANIOTOMY SUPRATENT INTRACE	61313	CPT	outpatient			837		Managed Care Inc	Managed Care Inc		753.3	0.9			251.1	795.15	percent of total billed charges	
CRANIOTOMY SUPRATENT INTRACE	61313	CPT	outpatient			837		Multiplan	Multiplan		669.6	0.8			251.1	795.15	percent of total billed charges	
CRANIOTOMY SUPRATENT INTRACE	61313	CPT	outpatient			837		Qualcare	Qualcare		627.75	0.75			251.1	795.15	percent of total billed charges	
CRANIOTOMY SUPRATENT INTRACE	61313	CPT	outpatient			837		Three Rivers	Three Rivers		795.15	0.95			251.1	795.15	percent of total billed charges	
CRANIOTOMY SUPRATENT INTRACE	61313	CPT	outpatient			837		UHC	Medicaid		263.32	0.3146			251.1	795.15	percent of total billed charges	
CRANIOTOMY SUPRATENT INTRACE	61313	CPT	outpatient			837		Wellcare	Medicaid		263.32	0.3146			251.1	795.15	percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469 Aetna	Better Health		13859.07	0.3146			12581.74	41850.35	percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469 Aetna	Commercial		20030.13	1.592			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469 Aetna	Medicare		12581.74	1			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469 Americare	Americare		33039.75	0.75			12581.74	41850.35	percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469 WellPoint	WellPoint		14132.2	0.3208			12581.74	41850.35	percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469 Amerihealth	Medicare		12581.74	1			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469 Consumer	Consumer		41850.35	0.95			12581.74	41850.35	percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469 Corrections	Corrections		35242.4	0.8			12581.74	41850.35	percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469 First Health	First Health		30837.1	0.7			12581.74	41850.35	percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469 First Trenton	First Trenton		39647.7	0.9			12581.74	41850.35	percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469 Horizon	MGD		22986.84	1.827			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469 Horizon	Indemnity		22986.84	1.827			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469 Horizon	Medicare Blue		12581.74	1			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469 Horizon	PPO		22986.84	1.827			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469 Managed Care Inc	Managed Care Inc		39647.7	0.9			12581.74	41850.35	percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469 Multiplan	Multiplan		35242.4	0.8			12581.74	41850.35	percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469 Qualcare	Qualcare		33039.75	0.75			12581.74	41850.35	percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469 Three Rivers	Three Rivers		41850.35	0.95			12581.74	41850.35	percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469 UHC	Medicare		12581.74	1			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469 UHC	Medicaid		13859.07	0.3146			12581.74	41850.35	percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469 Wellcare	Medicaid		13859.07	0.3146			12581.74	41850.35	percent of total billed charges	
ENDOVASC TEMP OCCL HD/NCK W/VESS CATH	61623	CPT	inpatient			44053		14469 Wellcare	Medicare		12581.74	1			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUEMBO PERC CNS	61624	CPT	both			62900		Aetna	Commercial		23902	0.38			18870	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900		Aetna	Better Health		19788.34	0.3146			18870	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900		Aetna	Medicare		19373.2	0.308			18870	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900		Americare	Americare		47175	0.75			18870	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900		WellPoint	WellPoint		20178.32	0.3208			18870	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900		Consumer	Consumer		59755	0.95			18870	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900		Corrections	Corrections		50320	0.8			18870	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900		First Health	First Health		44030	0.7			18870	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900		First Trenton	First Trenton		56610	0.9			18870	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900		Horizon	Indemnity		24078.12	0.3828			18870	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900		Horizon	Medicare Blue		18870	0.3			18870	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900		Horizon	PPO		24078.12	0.3828			18870	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900		Horizon	MGD		24078.12	0.3828			18870	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900		Managed Care Inc	Managed Care Inc		56610	0.9			18870	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900		Multiplan	Multiplan		50320	0.8			18870	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900		Qualcare	Qualcare		47175	0.75			18870	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900		Three Rivers	Three Rivers		59755	0.95			18870	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900		UHC	Medicaid		19788.34	0.3146			18870	59755	percent of total billed charges	
OCCLUEMBO PERC CNS	61624	CPT	both			62900		Wellcare	Medicaid		19788.34	0.3146			18870	59755	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469 Aetna	Better Health		11856.02	0.3146			11856.02	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469 Aetna	Commercial		20030.13	1.592			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469 Aetna	Medicare		12581.74	1			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469 Americare	Americare		28264.5	0.75			11856.02	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469 WellPoint	WellPoint		12089.67	0.3208			11856.02	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469 Amerihealth	Medicare		12581.74	1			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469 Consumer	Consumer		35801.7	0.95			11856.02	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469 Corrections	Corrections		30148.8	0.8			11856.02	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469 First Health	First Health		26380.2	0.7			11856.02	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469 First Trenton	First Trenton		33917.4	0.9			11856.02	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469 Horizon	Indemnity		22986.84	1.827			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469 Horizon	MGD		22986.84	1.827			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469 Horizon	Medicare Blue		12581.74	1			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469 Horizon	PPO		22986.84	1.827			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469 Managed Care Inc	Managed Care Inc		33917.4	0.9			11856.02	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469 Multiplan	Multiplan		30148.8	0.8			11856.02	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469 Qualcare	Qualcare		28264.5	0.75			11856.02	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469 Three Rivers	Three Rivers		35801.7	0.95			11856.02	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469 UHC	Medicaid		11856.02	0.3146			11856.02	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469 UHC	Medicare		12581.74	1			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469 Wellcare	Medicaid		11856.02	0.3146			11856.02	35801.7	percent of total billed charges	
SLCTV CATH XTRNL CAROTID ANGIO XTRNL	61626	CPT	both			37686		14469 Wellcare	Medicare		12581.74	1			11856.02	35801.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	both			9993		Aetna	Better Health		3143.8	0.3146			2463.6	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	both			9993		Aetna	Commercial		3797.34	0.38			2463.6	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	both			9993		Aetna	Medicare		3077.84	0.308			2463.6	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	both			9993		Americare	Americare		7494.75	0.75			2463.6	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	both			9993		WellPoint	WellPoint		3205.75	0.3208			2463.6	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	both			9993		Consumer	Consumer		9493.35	0.95			2463.6	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	both			9993		Corrections	Corrections		7994.4	0.8			2463.6	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	both			9993		First Health	First Health		6995.1	0.7			2463.6	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	both			9993		First Trenton	First Trenton		8993.7	0.9			2463.6	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	both			9993		Horizon	MGD		3825.32	0.3828			2463.6	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	both			9993		Horizon	Indemnity		3825.32	0.3828			2463.6	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	both			9993		Horizon	Medicare Blue		2997.9	0.3			2463.6	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	both			9993		Horizon	PPO		3825.32	0.3828			2463.6	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	both			9993		Managed Care Inc	Managed Care Inc		8993.7	0.9			2463.6	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	both			9993		Multiplan	Multiplan		7994.4	0.8			2463.6	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	both			9993		Qualcare	Qualcare		7494.75	0.75			2463.6	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	both			9993		Three Rivers	Three Rivers		9493.35	0.95			2463.6	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	both			9993		UHC	Medicaid		3143.8	0.3146			2463.6	9493.35	percent of total billed charges	
INTERCRANIAL ANGIOPLASTY '59'	61630	CPT	both			9993		Wellcare	Medicaid		3143.8	0.3146			2463.6	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993		Aetna	Better Health		3143.8	0.3146			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993		Aetna	Commercial		3797.34	0.38			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993		Aetna	Medicare		3077.84	0.308			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993		Americare	Americare		7494.75	0.75			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993		WellPoint	WellPoint		3205.75	0.3208			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993		Consumer	Consumer		9493.35	0.95			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993		Corrections	Corrections		7994.4	0.8			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993		First Health	First Health		6995.1	0.7			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993		First Trenton	First Trenton		8993.7	0.9			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993		Horizon	Medicare Blue		2997.9	0.3			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993		Horizon	Indemnity		3825.32	0.3828			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993		Horizon	MGD		3825.32	0.3828			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993		Horizon	PPO		3825.32	0.3828			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993		Managed Care Inc	Managed Care Inc		8993.7	0.9			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993		Multiplan	Multiplan		7994.4	0.8			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993		Qualcare	Qualcare		7494.75	0.75			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993		Three Rivers	Three Rivers		9493.35	0.95			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993		UHC	Medicaid		3143.8	0.3146			1761	9493.35	percent of total billed charges	
INTERCRAN ANGPLSTY W/STENT '59'	61635	CPT	inpatient			9993		Wellcare	Medicaid		3143.8	0.3146			1761	9493.35	percent of total billed charges	
DILATE IC VASOSPASM INIT	61640	CPT	inpatient			6665		Aetna	Better Health		2096.81	0.3146			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM INIT	61640	CPT	inpatient			6665		Aetna	Medicare		2052.82	0.308			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM INIT	61640	CPT	inpatient			6665		Aetna	Commercial		2532.7	0.38			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM INIT	61640	CPT	inpatient			6665		Americare	Americare		4998.75	0.75			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM INIT	61640	CPT	inpatient			6665		WellPoint	WellPoint		2138.13	0.3208			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM INIT	61640	CPT	inpatient			6665		Consumer	Consumer		6331.75	0.95			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM INIT	61640	CPT	inpatient			6665		Corrections	Corrections		5332	0.8			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM INIT	61640	CPT	inpatient			6665		First Health	First Health		4665.5	0.7			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM INIT	61640	CPT	inpatient			6665		First Trenton	First Trenton		5998.5	0.9			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM INIT	61640	CPT	inpatient			6665		Horizon	MGD		2551.36	0.3828			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM INIT	61640	CPT	inpatient			6665		Horizon	Medicare Blue		1999.5	0.3			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM INIT	61640	CPT	inpatient			6665		Horizon	PPO		2551.36	0.3828			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM INIT	61640	CPT	inpatient			6665		Horizon	Indemnity		2551.36	0.3828			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM INIT	61640	CPT	inpatient			6665		Managed Care Inc	Managed Care Inc		5998.5	0.9			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM INIT	61640	CPT	inpatient			6665		Multiplan	Multiplan		5332	0.8			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM INIT	61640	CPT	inpatient			6665		Qualcare	Qualcare		4998.75	0.75			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM INIT	61640	CPT	inpatient			6665		Three Rivers	Three Rivers		6331.75	0.95			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM INIT	61640	CPT	inpatient			6665		UHC	Medicaid		2096.81	0.3146			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM INIT	61640	CPT	inpatient			6665		Wellcare	Medicaid		2096.81	0.3146			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665		Aetna	Better Health		2096.81	0.3146			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665		Aetna	Commercial		2532.7	0.38			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665		Aetna	Medicare		2052.82	0.308			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665		Americare	Americare		4998.75	0.75			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665		WellPoint	WellPoint		2138.13	0.3208			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665		Consumer	Consumer		6331.75	0.95			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665		Corrections	Corrections		5332	0.8			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665		First Health	First Health		4665.5	0.7			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665		First Trenton	First Trenton		5998.5	0.9			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665		Horizon	MGD		2551.36	0.3828			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665		Horizon	Indemnity		2551.36	0.3828			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665		Horizon	PPO		2551.36	0.3828			1999.5	6331.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665		Horizon	Medicare Blue		1999.5	0.3			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665		Managed Care Inc	Managed Care Inc		5998.5	0.9			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665		Multiplan	Multiplan		5332	0.8			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665		Qualcare	Qualcare		4998.75	0.75			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665		Three Rivers	Three Rivers		6331.75	0.95			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665		UHC	Medicaid		2096.81	0.3146			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61641	CPT	inpatient			6665		Wellcare	Medicaid		2096.81	0.3146			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Aetna	Medicare		2052.82	0.308			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Aetna	Better Health		2096.81	0.3146			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Aetna	Commercial		2532.7	0.38			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Americare	Americare		4998.75	0.75			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		WellPoint	WellPoint		2138.13	0.3208			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Consumer	Consumer		6331.75	0.95			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Corrections	Corrections		5332	0.8			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		First Health	First Health		4665.5	0.7			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		First Trenton	First Trenton		5998.5	0.9			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Horizon	Medicare Blue		1999.5	0.3			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Horizon	MGD		2551.36	0.3828			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Horizon	Indemnity		2551.36	0.3828			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Horizon	PPO		2551.36	0.3828			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Managed Care Inc	Managed Care Inc		5998.5	0.9			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Multiplan	Multiplan		5332	0.8			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Qualcare	Qualcare		4998.75	0.75			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Three Rivers	Three Rivers		6331.75	0.95			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		UHC	Medicaid		2096.81	0.3146			1999.5	6331.75	percent of total billed charges	
DILATE IC VASOSPASM ADD-ON '59'	61642	CPT	inpatient			6665		Wellcare	Medicaid		2096.81	0.3146			1999.5	6331.75	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS ANY METHOD	61645	CPT	both			15715		Aetna	Medicare		4840.22	0.308			4714.5	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS ANY METHOD	61645	CPT	both			15715		Aetna	Better Health		4943.94	0.3146			4714.5	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS ANY METHOD	61645	CPT	both			15715		Aetna	Commercial		5971.7	0.38			4714.5	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS ANY METHOD	61645	CPT	both			15715		Americare	Americare		11786.25	0.75			4714.5	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS ANY METHOD	61645	CPT	both			15715		WellPoint	WellPoint		5041.37	0.3208			4714.5	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS ANY METHOD	61645	CPT	both			15715		Consumer	Consumer		14929.25	0.95			4714.5	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS ANY METHOD	61645	CPT	both			15715		Corrections	Corrections		12572	0.8			4714.5	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS ANY METHOD	61645	CPT	both			15715		First Health	First Health		11000.5	0.7			4714.5	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS ANY METHOD	61645	CPT	both			15715		First Trenton	First Trenton		14143.5	0.9			4714.5	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS ANY METHOD	61645	CPT	both			15715		Horizon	MGD		6015.7	0.3828			4714.5	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS ANY METHOD	61645	CPT	both			15715		Horizon	Indemnity		6015.7	0.3828			4714.5	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS ANY METHOD	61645	CPT	both			15715		Horizon	PPO		6015.7	0.3828			4714.5	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS ANY METHOD	61645	CPT	both			15715		Horizon	Medicare Blue		4714.5	0.3			4714.5	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS ANY METHOD	61645	CPT	both			15715		Managed Care Inc	Managed Care Inc		14143.5	0.9			4714.5	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS ANY METHOD	61645	CPT	both			15715		Multiplan	Multiplan		12572	0.8			4714.5	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS ANY METHOD	61645	CPT	both			15715		Qualcare	Qualcare		11786.25	0.75			4714.5	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS ANY METHOD	61645	CPT	both			15715		Three Rivers	Three Rivers		14929.25	0.95			4714.5	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS ANY METHOD	61645	CPT	both			15715		UHC	Medicaid		4943.94	0.3146			4714.5	14929.25	percent of total billed charges	
PERC ART THROMBECTOMY/LYSIS ANY METHOD	61645	CPT	both			15715		Wellcare	Medicaid		4943.94	0.3146			4714.5	14929.25	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Aetna	Commercial		6246.44	0.38			964.8	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Aetna	Better Health		5171.39	0.3146			964.8	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Aetna	Medicare		5062.9	0.308			964.8	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Americare	Americare		12328.5	0.75			964.8	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		WellPoint	WellPoint		5273.31	0.3208			964.8	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Consumer	Consumer		15616.1	0.95			964.8	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Corrections	Corrections		13150.4	0.8			964.8	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		First Health	First Health		11506.6	0.7			964.8	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		First Trenton	First Trenton		14794.2	0.9			964.8	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Horizon	PPO		6292.47	0.3828			964.8	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Horizon	MGD		6292.47	0.3828			964.8	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Horizon	Indemnity		6292.47	0.3828			964.8	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Horizon	Medicare Blue		4931.4	0.3			964.8	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Managed Care Inc	Managed Care Inc		14794.2	0.9			964.8	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Multiplan	Multiplan		13150.4	0.8			964.8	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Qualcare	Qualcare		12328.5	0.75			964.8	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Three Rivers	Three Rivers		15616.1	0.95			964.8	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		UHC	Medicaid		5171.39	0.3146			964.8	15616.1	percent of total billed charges	
THROMBOLYSIS(OTHER THAN CORONARY	61650	CPT	both			16438		Wellcare	Medicaid		5171.39	0.3146			964.8	15616.1	percent of total billed charges	
ADMIN PHARM AGENTS EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Aetna	Better Health		1011.75	0.3146			964.8	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Aetna	Medicare		990.53	0.308			964.8	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Aetna	Commercial		1222.08	0.38			964.8	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Americare	Americare		2412	0.75			964.8	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		WellPoint	WellPoint		1031.69	0.3208			964.8	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Consumer	Consumer		3055.2	0.95			964.8	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Corrections	Corrections		2572.8	0.8			964.8	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		First Health	First Health		2251.2	0.7			964.8	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		First Trenton	First Trenton		2894.4	0.9			964.8	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Horizon	Medicare Blue		964.8	0.3			964.8	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Horizon	MGD		1231.08	0.3828			964.8	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Horizon	Indemnity		1231.08	0.3828			964.8	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Horizon	PPO		1231.08	0.3828			964.8	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Managed Care Inc	Managed Care Inc		2894.4	0.9			964.8	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Multiplan	Multiplan		2572.8	0.8			964.8	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Qualcare	Qualcare		2412	0.75			964.8	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Three Rivers	Three Rivers		3055.2	0.95			964.8	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		UHC	Medicaid		1011.75	0.3146			964.8	3055.2	percent of total billed charges	
ADMIN PHARM AGENTS EACH ADDIT TERRITORY	61651	CPT	inpatient			3216		Wellcare	Medicaid		1011.75	0.3146			964.8	3055.2	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Aetna	Commercial		1055.26	0.38			833.1	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Aetna	Better Health		873.64	0.3146			833.1	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Aetna	Medicare		855.32	0.308			833.1	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Americare	Americare		2082.75	0.75			833.1	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		WellPoint	WellPoint		890.86	0.3208			833.1	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Consumer	Consumer		2638.15	0.95			833.1	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Corrections	Corrections		2221.6	0.8			833.1	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		First Health	First Health		1943.9	0.7			833.1	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		First Trenton	First Trenton		2499.3	0.9			833.1	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Horizon	Indemnity		1063.04	0.3828			833.1	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Horizon	MGD		1063.04	0.3828			833.1	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Horizon	Medicare Blue		833.1	0.3			833.1	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Horizon	PPO		1063.04	0.3828			833.1	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Managed Care Inc	Managed Care Inc		2499.3	0.9			833.1	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Multiplan	Multiplan		2221.6	0.8			833.1	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Qualcare	Qualcare		2082.75	0.75			833.1	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Three Rivers	Three Rivers		2638.15	0.95			833.1	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		UHC	Medicaid		873.64	0.3146			833.1	2638.15	percent of total billed charges	
NEUROENDOSCOPY ADD-ON	62160	CPT	outpatient			2777		Wellcare	Medicaid		873.64	0.3146			833.1	2638.15	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Aetna	Better Health		3753.18	0.3146			3579	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Aetna	Commercial		4533.4	0.38			3579	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Aetna	Medicare		3674.44	0.308			3579	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Americare	Americare		8947.5	0.75			3579	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		WellPoint	WellPoint		3827.14	0.3208			3579	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Consumer	Consumer		11333.5	0.95			3579	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Corrections	Corrections		9544	0.8			3579	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		First Health	First Health		8351	0.7			3579	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		First Trenton	First Trenton		10737	0.9			3579	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Horizon	MGD		4566.8	0.3828			3579	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Horizon	Medicare Blue		3579	0.3			3579	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Horizon	Indemnity		4566.8	0.3828			3579	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Horizon	PPO		4566.8	0.3828			3579	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Managed Care Inc	Managed Care Inc		10737	0.9			3579	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Multiplan	Multiplan		9544	0.8			3579	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Qualcare	Qualcare		8947.5	0.75			3579	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Three Rivers	Three Rivers		11333.5	0.95			3579	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		UHC	Medicaid		3753.18	0.3146			3579	11333.5	percent of total billed charges	
VENTRICULOCISTERNOSTOMY	62180	CPT	outpatient			11930		Wellcare	Medicaid		3753.18	0.3146			3579	11333.5	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Aetna	Commercial		543.83	1.592			172.72	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Aetna	Better Health		318.06	0.3146			172.72	960.45	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Aetna	Medicare		341.6	1			172.72	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Americare	Americare		758.25	0.75			172.72	960.45	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 WellPoint	WellPoint		324.33	0.3208			172.72	960.45	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Amerihealth	Medicare		341.6	1			172.72	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Consumer	Consumer		960.45	0.95			172.72	960.45	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Corrections	Corrections		808.8	0.8			172.72	960.45	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 First Health	First Health		707.7	0.7			172.72	960.45	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 First Trenton	First Trenton		909.9	0.9			172.72	960.45	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Horizon	Indemnity		624.1	1.827			172.72	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Horizon	Medicare Blue		341.6	1			172.72	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Horizon	MGD		624.1	1.827			172.72	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Horizon	PPO		624.1	1.827			172.72	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Managed Care Inc	Managed Care Inc		909.9	0.9			172.72	960.45	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Multiplan	Multiplan		808.8	0.8			172.72	960.45	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Qualcare	Qualcare		758.25	0.75			172.72	960.45	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Three Rivers	Three Rivers		960.45	0.95			172.72	960.45	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 UHC	Medicaid		318.06	0.3146			172.72	960.45	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 UHC	Medicare		341.6	1			172.72	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Wellcare	Medicaid		318.06	0.3146			172.72	960.45	percent of total billed charges	
REPROGRAMMING CFS SHUNT	62252	CPT	outpatient			1011		392.84 Wellcare	Medicare		341.6	1			172.72	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Aetna	Commercial		1659.56	1.592			887.49	3511.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Aetna	Medicare		1042.44	1			887.49	3511.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Aetna	Better Health		1162.76	0.3146			887.49	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Americare	Americare		2772	0.75			887.49	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	WellPoint	WellPoint		1185.68	0.3208			887.49	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Amerihealth	Medicare		1042.44	1			887.49	3511.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Consumer	Consumer		3511.2	0.95			887.49	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Corrections	Corrections		2956.8	0.8			887.49	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	First Health	First Health		2587.2	0.7			887.49	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	First Trenton	First Trenton		3326.4	0.9			887.49	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Horizon	Medicare Blue		1042.44	1			887.49	3511.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Horizon	PPO		1904.54	1.827			887.49	3511.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Horizon	MGD		1904.54	1.827			887.49	3511.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Horizon	Indemnity		1904.54	1.827			887.49	3511.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Managed Care Inc	Managed Care Inc		3326.4	0.9			887.49	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Multiplan	Multiplan		2956.8	0.8			887.49	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Qualcare	Qualcare		2772	0.75			887.49	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Three Rivers	Three Rivers		3511.2	0.95			887.49	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	UHC	Medicaid		1162.76	0.3146			887.49	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	UHC	Medicare		1042.44	1			887.49	3511.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Wellcare	Medicaid		1162.76	0.3146			887.49	3511.2	percent of total billed charges	
RACZ PROCEDURE	62263	CPT	outpatient			3696	1198.81	Wellcare	Medicare		1042.44	1			887.49	3511.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	both			4743	1198.81	Aetna	Commercial		1659.56	1.592			994.45	4505.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	both			4743	1198.81	Aetna	Better Health		1492.15	0.3146			994.45	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	both			4743	1198.81	Aetna	Medicare		1042.44	1			994.45	4505.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	both			4743	1198.81	Americare	Americare		3557.25	0.75			994.45	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	both			4743	1198.81	WellPoint	WellPoint		1521.55	0.3208			994.45	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	both			4743	1198.81	Amerihealth	Medicare		1042.44	1			994.45	4505.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	both			4743	1198.81	Consumer	Consumer		4505.85	0.95			994.45	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	both			4743	1198.81	Corrections	Corrections		3794.4	0.8			994.45	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	both			4743	1198.81	First Health	First Health		3320.1	0.7			994.45	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	both			4743	1198.81	First Trenton	First Trenton		4268.7	0.9			994.45	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	both			4743	1198.81	Horizon	PPO		1904.54	1.827			994.45	4505.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	both			4743	1198.81	Horizon	Indemnity		1904.54	1.827			994.45	4505.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	both			4743	1198.81	Horizon	MGD		1904.54	1.827			994.45	4505.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	both			4743	1198.81	Horizon	Medicare Blue		1042.44	1			994.45	4505.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	both			4743	1198.81	Managed Care Inc	Managed Care Inc		4268.7	0.9			994.45	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	both			4743	1198.81	Multiplan	Multiplan		3794.4	0.8			994.45	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	both			4743	1198.81	Qualcare	Qualcare		3557.25	0.75			994.45	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	both			4743	1198.81	Three Rivers	Three Rivers		4505.85	0.95			994.45	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	both			4743	1198.81	UHC	Medicaid		1492.15	0.3146			994.45	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	both			4743	1198.81	UHC	Medicare		1042.44	1			994.45	4505.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	both			4743	1198.81	Wellcare	Medicaid		1492.15	0.3146			994.45	4505.85	percent of total billed charges	
PERCAN LYSIS OF EPIDU ADHES USING SOL	62264	CPT	both			4743	1198.81	Wellcare	Medicare		1042.44	1			994.45	4505.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Aetna	Better Health		534.82	0.3146			534.82	1615	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Aetna	Commercial		1281.02	1.592			534.82	1615	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Aetna	Medicare		804.66	1			534.82	1615	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Americare	Americare		1275	0.75			534.82	1615	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	WellPoint	WellPoint		545.36	0.3208			534.82	1615	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Amerihealth	Medicare		804.66	1			534.82	1615	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Consumer	Consumer		1615	0.95			534.82	1615	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Corrections	Corrections		1360	0.8			534.82	1615	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	First Health	First Health		1190	0.7			534.82	1615	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	First Trenton	First Trenton		1530	0.9			534.82	1615	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Horizon	Indemnity		1470.11	1.827			534.82	1615	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Horizon	MGD		1470.11	1.827			534.82	1615	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Horizon	Medicare Blue		804.66	1			534.82	1615	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Horizon	PPO		1470.11	1.827			534.82	1615	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Managed Care Inc	Managed Care Inc		1530	0.9			534.82	1615	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Multiplan	Multiplan		1360	0.8			534.82	1615	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Qualcare	Qualcare		1275	0.75			534.82	1615	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Three Rivers	Three Rivers		1615	0.95			534.82	1615	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	UHC	Medicare		804.66	1			534.82	1615	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	UHC	Medicaid		534.82	0.3146			534.82	1615	percent of total billed charges	
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Wellcare	Medicare		804.66	1			534.82	1615	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASP NUCL PULP VERT TIS DX	62267	CPT	outpatient			1700	925.36	Wellcare	Medicaid		534.82	0.3146			534.82	1615	percent of total billed charges	
PERCUTENOUS ASPIRATION SPINAL CORD CYS	62268	CPT	both			2992	1198.81	Aetna	Better Health		941.28	0.3146			941.28	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION SPINAL CORD CYS	62268	CPT	both			2992	1198.81	Aetna	Commercial		1659.56	1.592			941.28	2842.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTENOUS ASPIRATION SPINAL CORD CYS	62268	CPT	both			2992	1198.81	Aetna	Medicare		1042.44	1			941.28	2842.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTENOUS ASPIRATION SPINAL CORD CYS	62268	CPT	both			2992	1198.81	Americare	Americare		2244	0.75			941.28	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION SPINAL CORD CYS	62268	CPT	both			2992	1198.81	WellPoint	WellPoint		959.83	0.3208			941.28	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION SPINAL CORD CYS	62268	CPT	both			2992	1198.81	Amerihealth	Medicare		1042.44	1			941.28	2842.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTENOUS ASPIRATION SPINAL CORD CYS	62268	CPT	both			2992	1198.81	Consumer	Consumer		2842.4	0.95			941.28	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION SPINAL CORD CYS	62268	CPT	both			2992	1198.81	Corrections	Corrections		2393.6	0.8			941.28	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION SPINAL CORD CYS	62268	CPT	both			2992	1198.81	First Health	First Health		2094.4	0.7			941.28	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION SPINAL CORD CYS	62268	CPT	both			2992	1198.81	First Trenton	First Trenton		2692.8	0.9			941.28	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION SPINAL CORD CYS	62268	CPT	both			2992	1198.81	Horizon	MGD		1904.54	1.827			941.28	2842.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTENOUS ASPIRATION SPINAL CORD CYS	62268	CPT	both			2992	1198.81	Horizon	PPO		1904.54	1.827			941.28	2842.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTENOUS ASPIRATION SPINAL CORD CYS	62268	CPT	both			2992	1198.81	Horizon	Medicare Blue		1042.44	1			941.28	2842.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTENOUS ASPIRATION SPINAL CORD CYS	62268	CPT	both			2992	1198.81	Horizon	Indemnity		1904.54	1.827			941.28	2842.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTENOUS ASPIRATION SPINAL CORD CYS	62268	CPT	both			2992	1198.81	Managed Care Inc	Managed Care Inc		2692.8	0.9			941.28	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION SPINAL CORD CYS	62268	CPT	both			2992	1198.81	Multiplan	Multiplan		2393.6	0.8			941.28	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION SPINAL CORD CYS	62268	CPT	both			2992	1198.81	Qualcare	Qualcare		2244	0.75			941.28	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION SPINAL CORD CYS	62268	CPT	both			2992	1198.81	Three Rivers	Three Rivers		2842.4	0.95			941.28	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION SPINAL CORD CYS	62268	CPT	both			2992	1198.81	UHC	Medicare		1042.44	1			941.28	2842.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTENOUS ASPIRATION SPINAL CORD CYS	62268	CPT	both			2992	1198.81	UHC	Medicaid		941.28	0.3146			941.28	2842.4	percent of total billed charges	
PERCUTENOUS ASPIRATION SPINAL CORD CYS	62268	CPT	both			2992	1198.81	Wellcare	Medicare		1042.44	1			941.28	2842.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTENOUS ASPIRATION SPINAL CORD CYS	62268	CPT	both			2992	1198.81	Wellcare	Medicaid		941.28	0.3146			941.28	2842.4	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Aetna	Better Health		1092.92	0.3146			840.84	3387.68	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Aetna	Medicare		1069.99	0.308			840.84	3387.68	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Aetna	Commercial		2951.93	1.592			840.84	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Americare	Americare		2605.5	0.75			840.84	3387.68	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	WellPoint	WellPoint		1114.46	0.3208			840.84	3387.68	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Amerihealth	Medicare		1854.23	1			840.84	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Consumer	Consumer		3300.3	0.95			840.84	3387.68	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Corrections	Corrections		2779.2	0.8			840.84	3387.68	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	First Health	First Health		2431.8	0.7			840.84	3387.68	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	First Trenton	First Trenton		3126.6	0.9			840.84	3387.68	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Horizon	MGD		3387.68	1.827			840.84	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Horizon	Medicare Blue		1854.23	1			840.84	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Horizon	Indemnity		3387.68	1.827			840.84	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Horizon	PPO		3387.68	1.827			840.84	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Managed Care Inc	Managed Care Inc		3126.6	0.9			840.84	3387.68	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Multiplan	Multiplan		2779.2	0.8			840.84	3387.68	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Qualcare	Qualcare		2605.5	0.75			840.84	3387.68	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Three Rivers	Three Rivers		3300.3	0.95			840.84	3387.68	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	UHC	Medicaid		1092.92	0.3146			840.84	3387.68	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	UHC	Medicare		1854.23	1			840.84	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Wellcare	Medicaid		1092.92	0.3146			840.84	3387.68	percent of total billed charges	
BX SPINAL CORD	62269	CPT	outpatient			3474	2132.36	Wellcare	Medicare		1854.23	1			840.84	3387.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	Aetna	Commercial		1259.11	1.592			441.38	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	Aetna	Better Health		797.83	0.3146			441.38	2409.2	percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	Aetna	Medicare		790.9	1			441.38	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	Americare	Americare		1902	0.75			441.38	2409.2	percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	WellPoint	WellPoint		813.55	0.3208			441.38	2409.2	percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	Amerihealth	Medicare		790.9	1			441.38	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	Consumer	Consumer		2409.2	0.95			441.38	2409.2	percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	Corrections	Corrections		2028.8	0.8			441.38	2409.2	percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	First Health	First Health		1775.2	0.7			441.38	2409.2	percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	First Trenton	First Trenton		2282.4	0.9			441.38	2409.2	percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	Horizon	PPO		1444.97	1.827			441.38	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	Horizon	MGD		1444.97	1.827			441.38	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	Horizon	Medicare Blue		790.9	1			441.38	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	Horizon	Indemnity		1444.97	1.827			441.38	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	Managed Care Inc	Managed Care Inc		2282.4	0.9			441.38	2409.2	percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	Multiplan	Multiplan		2028.8	0.8			441.38	2409.2	percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	Qualcare	Qualcare		1902	0.75			441.38	2409.2	percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	Three Rivers	Three Rivers		2409.2	0.95			441.38	2409.2	percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	UHC	Medicaid		797.83	0.3146			441.38	2409.2	percent of total billed charges	
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	UHC	Medicare		790.9	1			441.38	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	Wellcare	Medicare		790.9	1			441.38	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL/LUMBAR PUNCTURE	62270	CPT	both			2536	909.54	Wellcare	Medicaid		797.83	0.3146			441.38	2409.2	percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536	909.54	Aetna	Commercial		1259.11	1.592			400.49	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536	909.54	Aetna	Better Health		797.83	0.3146			400.49	2409.2	percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536	909.54	Aetna	Medicare		790.9	1			400.49	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536	909.54	Americare	Americare		1902	0.75			400.49	2409.2	percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536	909.54	WellPoint	WellPoint		813.55	0.3208			400.49	2409.2	percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536	909.54	Amerihealth	Medicare		790.9	1			400.49	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536	909.54	Consumer	Consumer		2409.2	0.95			400.49	2409.2	percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536	909.54	Corrections	Corrections		2028.8	0.8			400.49	2409.2	percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536	909.54	First Health	First Health		1775.2	0.7			400.49	2409.2	percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536	909.54	First Trenton	First Trenton		2282.4	0.9			400.49	2409.2	percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536	909.54	Horizon	Medicare Blue		790.9	1			400.49	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536	909.54	Horizon	MCD		1444.97	1.827			400.49	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536	909.54	Horizon	Indemnity		1444.97	1.827			400.49	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536	909.54	Horizon	PPO		1444.97	1.827			400.49	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536	909.54	Managed Care Inc	Managed Care Inc		2282.4	0.9			400.49	2409.2	percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536	909.54	Multiplan	Multiplan		2028.8	0.8			400.49	2409.2	percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536	909.54	Qualcare	Qualcare		1902	0.75			400.49	2409.2	percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536	909.54	Three Rivers	Three Rivers		2409.2	0.95			400.49	2409.2	percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536	909.54	UHC	Medicaid		797.83	0.3146			400.49	2409.2	percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536	909.54	UHC	Medicare		790.9	1			400.49	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536	909.54	Wellcare	Medicaid		797.83	0.3146			400.49	2409.2	percent of total billed charges	
SPINAL PUNCTURE FOR DRAINAGE	62272	CPT	outpatient			2536	909.54	Wellcare	Medicare		790.9	1			400.49	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT EPID BLOOD/CLOT PA	62273	CPT	both			2536	909.54	Aetna	Better Health		797.83	0.3146			419.68	2409.2	percent of total billed charges	
INJECT EPID BLOOD/CLOT PA	62273	CPT	both			2536	909.54	Aetna	Medicare		790.9	1			419.68	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT EPID BLOOD/CLOT PA	62273	CPT	both			2536	909.54	Aetna	Commercial		1259.11	1.592			419.68	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT EPID BLOOD/CLOT PA	62273	CPT	both			2536	909.54	Americare	Americare		1902	0.75			419.68	2409.2	percent of total billed charges	
INJECT EPID BLOOD/CLOT PA	62273	CPT	both			2536	909.54	WellPoint	WellPoint		813.55	0.3208			419.68	2409.2	percent of total billed charges	
INJECT EPID BLOOD/CLOT PA	62273	CPT	both			2536	909.54	Amerihealth	Medicare		790.9	1			419.68	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT EPID BLOOD/CLOT PA	62273	CPT	both			2536	909.54	Consumer	Consumer		2409.2	0.95			419.68	2409.2	percent of total billed charges	
INJECT EPID BLOOD/CLOT PA	62273	CPT	both			2536	909.54	Corrections	Corrections		2028.8	0.8			419.68	2409.2	percent of total billed charges	
INJECT EPID BLOOD/CLOT PA	62273	CPT	both			2536	909.54	First Health	First Health		1775.2	0.7			419.68	2409.2	percent of total billed charges	
INJECT EPID BLOOD/CLOT PA	62273	CPT	both			2536	909.54	First Trenton	First Trenton		2282.4	0.9			419.68	2409.2	percent of total billed charges	
INJECT EPID BLOOD/CLOT PA	62273	CPT	both			2536	909.54	Horizon	Indemnity		1444.97	1.827			419.68	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT EPID BLOOD/CLOT PA	62273	CPT	both			2536	909.54	Horizon	Medicare Blue		790.9	1			419.68	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT EPID BLOOD/CLOT PA	62273	CPT	both			2536	909.54	Horizon	MGD		1444.97	1.827			419.68	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT EPID BLOOD/CLOT PA	62273	CPT	both			2536	909.54	Horizon	PPO		1444.97	1.827			419.68	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT EPID BLOOD/CLOT PA	62273	CPT	both			2536	909.54	Managed Care Inc	Managed Care Inc		2282.4	0.9			419.68	2409.2	percent of total billed charges	
INJECT EPID BLOOD/CLOT PA	62273	CPT	both			2536	909.54	Multiplan	Multiplan		2028.8	0.8			419.68	2409.2	percent of total billed charges	
INJECT EPID BLOOD/CLOT PA	62273	CPT	both			2536	909.54	Qualcare	Qualcare		1902	0.75			419.68	2409.2	percent of total billed charges	
INJECT EPID BLOOD/CLOT PA	62273	CPT	both			2536	909.54	Three Rivers	Three Rivers		2409.2	0.95			419.68	2409.2	percent of total billed charges	
INJECT EPID BLOOD/CLOT PA	62273	CPT	both			2536	909.54	UHC	Medicaid		797.83	0.3146			419.68	2409.2	percent of total billed charges	
INJECT EPID BLOOD/CLOT PA	62273	CPT	both			2536	909.54	UHC	Medicare		790.9	1			419.68	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT EPID BLOOD/CLOT PA	62273	CPT	both			2536	909.54	Wellcare	Medicaid		797.83	0.3146			419.68	2409.2	percent of total billed charges	
INJECT EPID BLOOD/CLOT PA	62273	CPT	both			2536	909.54	Wellcare	Medicare		790.9	1			419.68	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432	1198.81	Aetna	Better Health		450.51	0.3146			450.51	1904.54	percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432	1198.81	Aetna	Commercial		1659.56	1.592			450.51	1904.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432	1198.81	Aetna	Medicare		1042.44	1			450.51	1904.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432	1198.81	Americare	Americare		1074	0.75			450.51	1904.54	percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432	1198.81	WellPoint	WellPoint		459.39	0.3208			450.51	1904.54	percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432	1198.81	Amerihealth	Medicare		1042.44	1			450.51	1904.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432	1198.81	Consumer	Consumer		1360.4	0.95			450.51	1904.54	percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432	1198.81	Corrections	Corrections		1145.6	0.8			450.51	1904.54	percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432	1198.81	First Health	First Health		1002.4	0.7			450.51	1904.54	percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432	1198.81	First Trenton	First Trenton		1288.8	0.9			450.51	1904.54	percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432	1198.81	Horizon	MGD		1904.54	1.827			450.51	1904.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432	1198.81	Horizon	Indemnity		1904.54	1.827			450.51	1904.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432	1198.81	Horizon	PPO		1904.54	1.827			450.51	1904.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432	1198.81	Horizon	Medicare Blue		1042.44	1			450.51	1904.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432	1198.81	Managed Care Inc	Managed Care Inc		1288.8	0.9			450.51	1904.54	percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432	1198.81	Multiplan	Multiplan		1145.6	0.8			450.51	1904.54	percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432	1198.81	Qualcare	Qualcare		1074	0.75			450.51	1904.54	percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432	1198.81	Three Rivers	Three Rivers		1360.4	0.95			450.51	1904.54	percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432	1198.81	UHC	Medicare		1042.44	1			450.51	1904.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432	1198.81	UHC	Medicaid		450.51	0.3146			450.51	1904.54	percent of total billed charges	
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432	1198.81	Wellcare	Medicare		1042.44	1			450.51	1904.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ SUBARACNOID NEUROLYTIC	62280	CPT	outpatient			1432	1198.81	Wellcare	Medicaid		450.51	0.3146			450.51	1904.54	percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106	1198.81	Aetna	Medicare		956.65	0.308			956.65	2950.7	percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106	1198.81	Aetna	Commercial		1659.56	1.592			956.65	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106	1198.81	Aetna	Better Health		977.15	0.3146			956.65	2950.7	percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106	1198.81	Americare	Americare		2329.5	0.75			956.65	2950.7	percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106	1198.81	WellPoint	WellPoint		996.4	0.3208			956.65	2950.7	percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106	1198.81	Amerihealth	Medicare		1042.44	1			956.65	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106	1198.81	Consumer	Consumer		2950.7	0.95			956.65	2950.7	percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106	1198.81	Corrections	Corrections		2484.8	0.8			956.65	2950.7	percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106	1198.81	First Health	First Health		2174.2	0.7			956.65	2950.7	percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106	1198.81	First Trenton	First Trenton		2795.4	0.9			956.65	2950.7	percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106	1198.81	Horizon	Medicare Blue		1042.44	1			956.65	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106	1198.81	Horizon	Indemnity		1904.54	1.827			956.65	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106	1198.81	Horizon	MGD		1904.54	1.827			956.65	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106	1198.81	Horizon	PPO		1904.54	1.827			956.65	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106	1198.81	Managed Care Inc	Managed Care Inc		2795.4	0.9			956.65	2950.7	percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106	1198.81	Multiplan	Multiplan		2484.8	0.8			956.65	2950.7	percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106	1198.81	Qualcare	Qualcare		2329.5	0.75			956.65	2950.7	percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106	1198.81	Three Rivers	Three Rivers		2950.7	0.95			956.65	2950.7	percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106	1198.81	UHC	Medicare		1042.44	1			956.65	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106	1198.81	UHC	Medicaid		977.15	0.3146			956.65	2950.7	percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106	1198.81	Wellcare	Medicaid		977.15	0.3146			956.65	2950.7	percent of total billed charges	
NEUROLYTIC AGENT INJ.	62282	CPT	outpatient			3106	1198.81	Wellcare	Medicare		1042.44	1			956.65	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPINAL INJ OT...	62284	CPT	outpatient			2670		Aetna	Medicare		822.36	0.308			801	2536.5	percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Aetna	Commercial		1014.6	0.38			801	2536.5	percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Aetna	Better Health		839.98	0.3146			801	2536.5	percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Americare	Americare		2002.5	0.75			801	2536.5	percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		WellPoint	WellPoint		856.54	0.3208			801	2536.5	percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Consumer	Consumer		2536.5	0.95			801	2536.5	percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Corrections	Corrections		2136	0.8			801	2536.5	percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		First Health	First Health		1869	0.7			801	2536.5	percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		First Trenton	First Trenton		2403	0.9			801	2536.5	percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Horizon	MGD		1022.08	0.3828			801	2536.5	percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Horizon	Indemnity		1022.08	0.3828			801	2536.5	percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Horizon	Medicare Blue		801	0.3			801	2536.5	percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Horizon	PPO		1022.08	0.3828			801	2536.5	percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Managed Care Inc	Managed Care Inc		2403	0.9			801	2536.5	percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Multiplan	Multiplan		2136	0.8			801	2536.5	percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Qualcare	Qualcare		2002.5	0.75			801	2536.5	percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Three Rivers	Three Rivers		2536.5	0.95			801	2536.5	percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		UHC	Medicaid		839.98	0.3146			801	2536.5	percent of total billed charges	
SPINAL INJ OT...	62284	CPT	outpatient			2670		Wellcare	Medicaid		839.98	0.3146			801	2536.5	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Aetna	Commercial		3515.42	1.592			2191.5	12315.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Aetna	Medicare		2208.18	1			2191.5	12315.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Aetna	Better Health		4078.47	0.3146			2191.5	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Americare	Americare		9723	0.75			2191.5	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	WellPoint	WellPoint		4158.85	0.3208			2191.5	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Amerihealth	Medicare		2208.18	1			2191.5	12315.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Consumer	Consumer		12315.8	0.95			2191.5	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Corrections	Corrections		10371.2	0.8			2191.5	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	First Health	First Health		9074.8	0.7			2191.5	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	First Trenton	First Trenton		11667.6	0.9			2191.5	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Horizon	MGD		4034.34	1.827			2191.5	12315.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Horizon	Medicare Blue		2208.18	1			2191.5	12315.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Horizon	Indemnity		4034.34	1.827			2191.5	12315.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Horizon	PPO		4034.34	1.827			2191.5	12315.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Managed Care Inc	Managed Care Inc		11667.6	0.9			2191.5	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Multiplan	Multiplan		10371.2	0.8			2191.5	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Qualcare	Qualcare		9723	0.75			2191.5	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Three Rivers	Three Rivers		12315.8	0.95			2191.5	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	UHC	Medicare		2208.18	1			2191.5	12315.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	UHC	Medicaid		4078.47	0.3146			2191.5	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Wellcare	Medicaid		4078.47	0.3146			2191.5	12315.8	percent of total billed charges	
ENDOSC DCMPRN PERQ NUCLEUS	62287	CPT	outpatient			12964	2539.41	Wellcare	Medicare		2208.18	1			2191.5	12315.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ FOR DISKOGRAPHY EA LEVEL LUMBAR	62290	CPT	outpatient			2579		Aetna	Commercial		980.02	0.38			773.7	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY EA LEVEL LUMBAR	62290	CPT	outpatient			2579		Aetna	Better Health		811.35	0.3146			773.7	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY EA LEVEL LUMBAR	62290	CPT	outpatient			2579		Aetna	Medicare		794.33	0.308			773.7	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY EA LEVEL LUMBAR	62290	CPT	outpatient			2579		Americare	Americare		1934.25	0.75			773.7	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY EA LEVEL LUMBAR	62290	CPT	outpatient			2579		WellPoint	WellPoint		827.34	0.3208			773.7	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY EA LEVEL LUMBAR	62290	CPT	outpatient			2579		Consumer	Consumer		2450.05	0.95			773.7	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY EA LEVEL LUMBAR	62290	CPT	outpatient			2579		Corrections	Corrections		2063.2	0.8			773.7	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY EA LEVEL LUMBAR	62290	CPT	outpatient			2579		First Health	First Health		1805.3	0.7			773.7	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY EA LEVEL LUMBAR	62290	CPT	outpatient			2579		First Trenton	First Trenton		2321.1	0.9			773.7	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY EA LEVEL LUMBAR	62290	CPT	outpatient			2579		Horizon	MGD		987.24	0.3828			773.7	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY EA LEVEL LUMBAR	62290	CPT	outpatient			2579		Horizon	Indemnity		987.24	0.3828			773.7	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY EA LEVEL LUMBAR	62290	CPT	outpatient			2579		Horizon	Medicare Blue		773.7	0.3			773.7	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY EA LEVEL LUMBAR	62290	CPT	outpatient			2579		Horizon	PPO		987.24	0.3828			773.7	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY EA LEVEL LUMBAR	62290	CPT	outpatient			2579		Managed Care Inc	Managed Care Inc		2321.1	0.9			773.7	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY EA LEVEL LUMBAR	62290	CPT	outpatient			2579		Multiplan	Multiplan		2063.2	0.8			773.7	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY EA LEVEL LUMBAR	62290	CPT	outpatient			2579		Qualcare	Qualcare		1934.25	0.75			773.7	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY EA LEVEL LUMBAR	62290	CPT	outpatient			2579		Three Rivers	Three Rivers		2450.05	0.95			773.7	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY EA LEVEL LUMBAR	62290	CPT	outpatient			2579		UHC	Medicaid		811.35	0.3146			773.7	2450.05	percent of total billed charges	
INJ FOR DISKOGRAPHY EA LEVEL LUMBAR	62290	CPT	outpatient			2579		Wellcare	Medicaid		811.35	0.3146			773.7	2450.05	percent of total billed charges	
INJ SPINE DISK CERV/THOR EA LVL	62291	CPT	outpatient			2555		Aetna	Better Health		803.8	0.3146			766.5	2427.25	percent of total billed charges	
INJ SPINE DISK CERV/THOR EA LVL	62291	CPT	outpatient			2555		Aetna	Medicare		786.94	0.308			766.5	2427.25	percent of total billed charges	
INJ SPINE DISK CERV/THOR EA LVL	62291	CPT	outpatient			2555		Aetna	Commercial		970.9	0.38			766.5	2427.25	percent of total billed charges	
INJ SPINE DISK CERV/THOR EA LVL	62291	CPT	outpatient			2555		Americare	Americare		1916.25	0.75			766.5	2427.25	percent of total billed charges	
INJ SPINE DISK CERV/THOR EA LVL	62291	CPT	outpatient			2555		WellPoint	WellPoint		819.64	0.3208			766.5	2427.25	percent of total billed charges	
INJ SPINE DISK CERV/THOR EA LVL	62291	CPT	outpatient			2555		Consumer	Consumer		2427.25	0.95			766.5	2427.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJ SPINE DISK CERV/THOR EA LVL	62291	CPT	outpatient			2555		Corrections	Corrections		2044	0.8			766.5	2427.25	percent of total billed charges	
INJ SPINE DISK CERV/THOR EA LVL	62291	CPT	outpatient			2555		First Health	First Health		1788.5	0.7			766.5	2427.25	percent of total billed charges	
INJ SPINE DISK CERV/THOR EA LVL	62291	CPT	outpatient			2555		First Trenton	First Trenton		2299.5	0.9			766.5	2427.25	percent of total billed charges	
INJ SPINE DISK CERV/THOR EA LVL	62291	CPT	outpatient			2555		Horizon	MGD		978.05	0.3828			766.5	2427.25	percent of total billed charges	
INJ SPINE DISK CERV/THOR EA LVL	62291	CPT	outpatient			2555		Horizon	Medicare Blue		766.5	0.3			766.5	2427.25	percent of total billed charges	
INJ SPINE DISK CERV/THOR EA LVL	62291	CPT	outpatient			2555		Horizon	Indemnity		978.05	0.3828			766.5	2427.25	percent of total billed charges	
INJ SPINE DISK CERV/THOR EA LVL	62291	CPT	outpatient			2555		Horizon	PPO		978.05	0.3828			766.5	2427.25	percent of total billed charges	
INJ SPINE DISK CERV/THOR EA LVL	62291	CPT	outpatient			2555		Managed Care Inc	Managed Care Inc		2299.5	0.9			766.5	2427.25	percent of total billed charges	
INJ SPINE DISK CERV/THOR EA LVL	62291	CPT	outpatient			2555		Multiplan	Multiplan		2044	0.8			766.5	2427.25	percent of total billed charges	
INJ SPINE DISK CERV/THOR EA LVL	62291	CPT	outpatient			2555		Qualcare	Qualcare		1916.25	0.75			766.5	2427.25	percent of total billed charges	
INJ SPINE DISK CERV/THOR EA LVL	62291	CPT	outpatient			2555		Three Rivers	Three Rivers		2427.25	0.95			766.5	2427.25	percent of total billed charges	
INJ SPINE DISK CERV/THOR EA LVL	62291	CPT	outpatient			2555		UHC	Medicaid		803.8	0.3146			766.5	2427.25	percent of total billed charges	
INJ SPINE DISK CERV/THOR EA LVL	62291	CPT	outpatient			2555		Wellcare	Medicaid		803.8	0.3146			766.5	2427.25	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Aetna	Medicare		1042.44	1			411.18	1904.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Aetna	Better Health		411.18	0.3146			411.18	1904.54	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Aetna	Commercial		1659.56	1.592			411.18	1904.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Americare	Americare		980.25	0.75			411.18	1904.54	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	WellPoint	WellPoint		419.29	0.3208			411.18	1904.54	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Amerihealth	Medicare		1042.44	1			411.18	1904.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Consumer	Consumer		1241.65	0.95			411.18	1904.54	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Corrections	Corrections		1045.6	0.8			411.18	1904.54	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	First Health	First Health		914.9	0.7			411.18	1904.54	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	First Trenton	First Trenton		1176.3	0.9			411.18	1904.54	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Horizon	Indemnity		1904.54	1.827			411.18	1904.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Horizon	MGD		1904.54	1.827			411.18	1904.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Horizon	Medicare Blue		1042.44	1			411.18	1904.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Horizon	PPO		1904.54	1.827			411.18	1904.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Managed Care Inc	Managed Care Inc		1176.3	0.9			411.18	1904.54	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Multiplan	Multiplan		1045.6	0.8			411.18	1904.54	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Qualcare	Qualcare		980.25	0.75			411.18	1904.54	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Three Rivers	Three Rivers		1241.65	0.95			411.18	1904.54	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	UHC	Medicaid		411.18	0.3146			411.18	1904.54	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	UHC	Medicare		1042.44	1			411.18	1904.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Wellcare	Medicaid		411.18	0.3146			411.18	1904.54	percent of total billed charges	
INJ ART OCCLU AVM SPINAL	62294	CPT	outpatient			1307	1198.81	Wellcare	Medicare		1042.44	1			411.18	1904.54	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO CERVICAL ONLY W/INJECT S & I	62302	CPT	both			2887	1053.08	Aetna	Commercial		1457.83	1.592			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO CERVICAL ONLY W/INJECT S & I	62302	CPT	both			2887	1053.08	Aetna	Better Health		908.25	0.3146			908.25	2742.65	percent of total billed charges	
MYELO CERVICAL ONLY W/INJECT S & I	62302	CPT	both			2887	1053.08	Aetna	Medicare		915.72	1			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO CERVICAL ONLY W/INJECT S & I	62302	CPT	both			2887	1053.08	Americare	Americare		2165.25	0.75			908.25	2742.65	percent of total billed charges	
MYELO CERVICAL ONLY W/INJECT S & I	62302	CPT	both			2887	1053.08	WellPoint	WellPoint		926.15	0.3208			908.25	2742.65	percent of total billed charges	
MYELO CERVICAL ONLY W/INJECT S & I	62302	CPT	both			2887	1053.08	Amerihealth	Medicare		915.72	1			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO CERVICAL ONLY W/INJECT S & I	62302	CPT	both			2887	1053.08	Consumer	Consumer		2742.65	0.95			908.25	2742.65	percent of total billed charges	
MYELO CERVICAL ONLY W/INJECT S & I	62302	CPT	both			2887	1053.08	Corrections	Corrections		2309.6	0.8			908.25	2742.65	percent of total billed charges	
MYELO CERVICAL ONLY W/INJECT S & I	62302	CPT	both			2887	1053.08	First Health	First Health		2020.9	0.7			908.25	2742.65	percent of total billed charges	
MYELO CERVICAL ONLY W/INJECT S & I	62302	CPT	both			2887	1053.08	First Trenton	First Trenton		2598.3	0.9			908.25	2742.65	percent of total billed charges	
MYELO CERVICAL ONLY W/INJECT S & I	62302	CPT	both			2887	1053.08	Horizon	MGD		1673.02	1.827			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO CERVICAL ONLY W/INJECT S & I	62302	CPT	both			2887	1053.08	Horizon	Medicare Blue		915.72	1			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO CERVICAL ONLY W/INJECT S & I	62302	CPT	both			2887	1053.08	Horizon	PPO		1673.02	1.827			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO CERVICAL ONLY W/INJECT S & I	62302	CPT	both			2887	1053.08	Horizon	Indemnity		1673.02	1.827			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO CERVICAL ONLY W/INJECT S & I	62302	CPT	both			2887	1053.08	Managed Care Inc	Managed Care Inc		2598.3	0.9			908.25	2742.65	percent of total billed charges	
MYELO CERVICAL ONLY W/INJECT S & I	62302	CPT	both			2887	1053.08	Multiplan	Multiplan		2309.6	0.8			908.25	2742.65	percent of total billed charges	
MYELO CERVICAL ONLY W/INJECT S & I	62302	CPT	both			2887	1053.08	Qualcare	Qualcare		2165.25	0.75			908.25	2742.65	percent of total billed charges	
MYELO CERVICAL ONLY W/INJECT S & I	62302	CPT	both			2887	1053.08	Three Rivers	Three Rivers		2742.65	0.95			908.25	2742.65	percent of total billed charges	
MYELO CERVICAL ONLY W/INJECT S & I	62302	CPT	both			2887	1053.08	UHC	Medicaid		908.25	0.3146			908.25	2742.65	percent of total billed charges	
MYELO CERVICAL ONLY W/INJECT S & I	62302	CPT	both			2887	1053.08	UHC	Medicare		915.72	1			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO CERVICAL ONLY W/INJECT S & I	62302	CPT	both			2887	1053.08	Wellcare	Medicaid		908.25	0.3146			908.25	2742.65	percent of total billed charges	
MYELO CERVICAL ONLY W/INJECT S & I	62302	CPT	both			2887	1053.08	Wellcare	Medicare		915.72	1			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO THORACIC ONLY W/INJECT S & I	62303	CPT	outpatient			2887	1053.08	Aetna	Medicare		915.72	1			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO THORACIC ONLY W/INJECT S & I	62303	CPT	outpatient			2887	1053.08	Aetna	Better Health		908.25	0.3146			908.25	2742.65	percent of total billed charges	
MYELO THORACIC ONLY W/INJECT S & I	62303	CPT	outpatient			2887	1053.08	Aetna	Commercial		1457.83	1.592			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO THORACIC ONLY W/INJECT S & I	62303	CPT	outpatient			2887	1053.08	Americare	Americare		2165.25	0.75			908.25	2742.65	percent of total billed charges	
MYELO THORACIC ONLY W/INJECT S & I	62303	CPT	outpatient			2887	1053.08	WellPoint	WellPoint		926.15	0.3208			908.25	2742.65	percent of total billed charges	
MYELO THORACIC ONLY W/INJECT S & I	62303	CPT	outpatient			2887	1053.08	Amerihealth	Medicare		915.72	1			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO THORACIC ONLY W/INJECT S & I	62303	CPT	outpatient			2887	1053.08	Consumer	Consumer		2742.65	0.95			908.25	2742.65	percent of total billed charges	
MYELO THORACIC ONLY W/INJECT S & I	62303	CPT	outpatient			2887	1053.08	Corrections	Corrections		2309.6	0.8			908.25	2742.65	percent of total billed charges	
MYELO THORACIC ONLY W/INJECT S & I	62303	CPT	outpatient			2887	1053.08	First Health	First Health		2020.9	0.7			908.25	2742.65	percent of total billed charges	
MYELO THORACIC ONLY W/INJECT S & I	62303	CPT	outpatient			2887	1053.08	First Trenton	First Trenton		2598.3	0.9			908.25	2742.65	percent of total billed charges	
MYELO THORACIC ONLY W/INJECT S & I	62303	CPT	outpatient			2887	1053.08	Horizon	PPO		1673.02	1.827			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO THORACIC ONLY W/INJECT S & I	62303	CPT	outpatient			2887	1053.08	Horizon	Indemnity		1673.02	1.827			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO THORACIC ONLY W/INJECT S & I	62303	CPT	outpatient			2887	1053.08	Horizon	Medicare Blue		915.72	1			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO THORACIC ONLY W/INJECT S & I	62303	CPT	outpatient			2887	1053.08	Horizon	MGD		1673.02	1.827			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO THORACIC ONLY W/INJECT S & I	62303	CPT	outpatient			2887	1053.08	Managed Care Inc	Managed Care Inc		2598.3	0.9			908.25	2742.65	percent of total billed charges	
MYELO THORACIC ONLY W/INJECT S & I	62303	CPT	outpatient			2887	1053.08	Multiplan	Multiplan		2309.6	0.8			908.25	2742.65	percent of total billed charges	
MYELO THORACIC ONLY W/INJECT S & I	62303	CPT	outpatient			2887	1053.08	Qualcare	Qualcare		2165.25	0.75			908.25	2742.65	percent of total billed charges	
MYELO THORACIC ONLY W/INJECT S & I	62303	CPT	outpatient			2887	1053.08	Three Rivers	Three Rivers		2742.65	0.95			908.25	2742.65	percent of total billed charges	
MYELO THORACIC ONLY W/INJECT S & I	62303	CPT	outpatient			2887	1053.08	UHC	Medicaid		908.25	0.3146			908.25	2742.65	percent of total billed charges	
MYELO THORACIC ONLY W/INJECT S & I	62303	CPT	outpatient			2887	1053.08	UHC	Medicare		915.72	1			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO THORACIC ONLY W/INJECT S & I	62303	CPT	outpatient			2887	1053.08	Wellcare	Medicaid		908.25	0.3146			908.25	2742.65	percent of total billed charges	
MYELO THORACIC ONLY W/INJECT S & I	62303	CPT	outpatient			2887	1053.08	Wellcare	Medicare		915.72	1			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO LUMBAR ONLY W/INJECT S & I	62304	CPT	both			2887	1053.08	Aetna	Commercial		1457.83	1.592			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO LUMBAR ONLY W/INJECT S & I	62304	CPT	both			2887	1053.08	Aetna	Better Health		908.25	0.3146			908.25	2742.65	percent of total billed charges	
MYELO LUMBAR ONLY W/INJECT S & I	62304	CPT	both			2887	1053.08	Aetna	Medicare		915.72	1			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO LUMBAR ONLY W/INJECT S & I	62304	CPT	both			2887	1053.08	Americare	Americare		2165.25	0.75			908.25	2742.65	percent of total billed charges	
MYELO LUMBAR ONLY W/INJECT S & I	62304	CPT	both			2887	1053.08	WellPoint	WellPoint		926.15	0.3208			908.25	2742.65	percent of total billed charges	
MYELO LUMBAR ONLY W/INJECT S & I	62304	CPT	both			2887	1053.08	Amerihealth	Medicare		915.72	1			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO LUMBAR ONLY W/INJECT S & I	62304	CPT	both			2887	1053.08	Consumer	Consumer		2742.65	0.95			908.25	2742.65	percent of total billed charges	
MYELO LUMBAR ONLY W/INJECT S & I	62304	CPT	both			2887	1053.08	Corrections	Corrections		2309.6	0.8			908.25	2742.65	percent of total billed charges	
MYELO LUMBAR ONLY W/INJECT S & I	62304	CPT	both			2887	1053.08	First Health	First Health		2020.9	0.7			908.25	2742.65	percent of total billed charges	
MYELO LUMBAR ONLY W/INJECT S & I	62304	CPT	both			2887	1053.08	First Trenton	First Trenton		2598.3	0.9			908.25	2742.65	percent of total billed charges	
MYELO LUMBAR ONLY W/INJECT S & I	62304	CPT	both			2887	1053.08	Horizon	MGD		1673.02	1.827			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO LUMBAR ONLY W/INJECT S & I	62304	CPT	both			2887	1053.08	Horizon	Medicare Blue		915.72	1			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO LUMBAR ONLY W/INJECT S & I	62304	CPT	both			2887	1053.08	Horizon	Indemnity		1673.02	1.827			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO LUMBAR ONLY W/INJECT S & I	62304	CPT	both			2887	1053.08	Horizon	PPO		1673.02	1.827			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO LUMBAR ONLY W/INJECT S & I	62304	CPT	both			2887	1053.08	Managed Care Inc	Managed Care Inc		2598.3	0.9			908.25	2742.65	percent of total billed charges	
MYELO LUMBAR ONLY W/INJECT S & I	62304	CPT	both			2887	1053.08	Multiplan	Multiplan		2309.6	0.8			908.25	2742.65	percent of total billed charges	
MYELO LUMBAR ONLY W/INJECT S & I	62304	CPT	both			2887	1053.08	Qualcare	Qualcare		2165.25	0.75			908.25	2742.65	percent of total billed charges	
MYELO LUMBAR ONLY W/INJECT S & I	62304	CPT	both			2887	1053.08	Three Rivers	Three Rivers		2742.65	0.95			908.25	2742.65	percent of total billed charges	
MYELO LUMBAR ONLY W/INJECT S & I	62304	CPT	both			2887	1053.08	UHC	Medicaid		908.25	0.3146			908.25	2742.65	percent of total billed charges	
MYELO LUMBAR ONLY W/INJECT S & I	62304	CPT	both			2887	1053.08	UHC	Medicare		915.72	1			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO LUMBAR ONLY W/INJECT S & I	62304	CPT	both			2887	1053.08	Wellcare	Medicaid		908.25	0.3146			908.25	2742.65	percent of total billed charges	
MYELO LUMBAR ONLY W/INJECT S & I	62304	CPT	both			2887	1053.08	Wellcare	Medicare		915.72	1			908.25	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO 2 OR MORE REGIONS W/INJECT	62305	CPT	outpatient			2887	1053.08	Aetna	Medicare		889.2	0.308			889.2	2742.65	percent of total billed charges	
MYELO 2 OR MORE REGIONS W/INJECT	62305	CPT	outpatient			2887	1053.08	Aetna	Better Health		908.25	0.3146			889.2	2742.65	percent of total billed charges	
MYELO 2 OR MORE REGIONS W/INJECT	62305	CPT	outpatient			2887	1053.08	Aetna	Commercial		1457.83	1.592			889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO 2 OR MORE REGIONS W/INJECT	62305	CPT	outpatient			2887	1053.08	Americare	Americare		2165.25	0.75			889.2	2742.65	percent of total billed charges	
MYELO 2 OR MORE REGIONS W/INJECT	62305	CPT	outpatient			2887	1053.08	WellPoint	WellPoint		926.15	0.3208			889.2	2742.65	percent of total billed charges	
MYELO 2 OR MORE REGIONS W/INJECT	62305	CPT	outpatient			2887	1053.08	Amerihealth	Medicare		915.72	1			889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO 2 OR MORE REGIONS W/INJECT	62305	CPT	outpatient			2887	1053.08	Consumer	Consumer		2742.65	0.95			889.2	2742.65	percent of total billed charges	
MYELO 2 OR MORE REGIONS W/INJECT	62305	CPT	outpatient			2887	1053.08	Corrections	Corrections		2309.6	0.8			889.2	2742.65	percent of total billed charges	
MYELO 2 OR MORE REGIONS W/INJECT	62305	CPT	outpatient			2887	1053.08	First Health	First Health		2020.9	0.7			889.2	2742.65	percent of total billed charges	
MYELO 2 OR MORE REGIONS W/INJECT	62305	CPT	outpatient			2887	1053.08	First Trenton	First Trenton		2598.3	0.9			889.2	2742.65	percent of total billed charges	
MYELO 2 OR MORE REGIONS W/INJECT	62305	CPT	outpatient			2887	1053.08	Horizon	PPO		1673.02	1.827			889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO 2 OR MORE REGIONS W/INJECT	62305	CPT	outpatient			2887	1053.08	Horizon	Indemnity		1673.02	1.827			889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO 2 OR MORE REGIONS W/INJECT	62305	CPT	outpatient			2887	1053.08	Horizon	MGD		1673.02	1.827			889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO 2 OR MORE REGIONS W/INJECT	62305	CPT	outpatient			2887	1053.08	Horizon	Medicare Blue		915.72	1			889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO 2 OR MORE REGIONS W/INJECT	62305	CPT	outpatient			2887	1053.08	Managed Care Inc	Managed Care Inc		2598.3	0.9			889.2	2742.65	percent of total billed charges	
MYELO 2 OR MORE REGIONS W/INJECT	62305	CPT	outpatient			2887	1053.08	Multiplan	Multiplan		2309.6	0.8			889.2	2742.65	percent of total billed charges	
MYELO 2 OR MORE REGIONS W/INJECT	62305	CPT	outpatient			2887	1053.08	Qualcare	Qualcare		2165.25	0.75			889.2	2742.65	percent of total billed charges	
MYELO 2 OR MORE REGIONS W/INJECT	62305	CPT	outpatient			2887	1053.08	Three Rivers	Three Rivers		2742.65	0.95			889.2	2742.65	percent of total billed charges	
MYELO 2 OR MORE REGIONS W/INJECT	62305	CPT	outpatient			2887	1053.08	UHC	Medicaid		908.25	0.3146			889.2	2742.65	percent of total billed charges	
MYELO 2 OR MORE REGIONS W/INJECT	62305	CPT	outpatient			2887	1053.08	UHC	Medicare		915.72	1			889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYELO 2 OR MORE REGIONS W/INJECT	62305	CPT	outpatient			2887	1053.08	Wellcare	Medicaid		908.25	0.3146			889.2	2742.65	percent of total billed charges	
MYELO 2 OR MORE REGIONS W/INJECT	62305	CPT	outpatient			2887	1053.08	Wellcare	Medicare		915.72	1			889.2	2742.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Aetna	Commercial		1259.11	1.592			670.1	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Aetna	Better Health		797.83	0.3146			670.1	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Aetna	Medicare		790.9	1			670.1	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Americare	Americare		1902	0.75			670.1	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	WellPoint	WellPoint		813.55	0.3208			670.1	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Amerihealth	Medicare		790.9	1			670.1	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Consumer	Consumer		2409.2	0.95			670.1	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Corrections	Corrections		2028.8	0.8			670.1	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	First Health	First Health		1775.2	0.7			670.1	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	First Trenton	First Trenton		2282.4	0.9			670.1	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Horizon	Indemnity		1444.97	1.827			670.1	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Horizon	Medicare Blue		790.9	1			670.1	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Horizon	PPO		1444.97	1.827			670.1	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Horizon	MGD		1444.97	1.827			670.1	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Managed Care Inc	Managed Care Inc		2282.4	0.9			670.1	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Multiplan	Multiplan		2028.8	0.8			670.1	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Qualcare	Qualcare		1902	0.75			670.1	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Three Rivers	Three Rivers		2409.2	0.95			670.1	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	UHC	Medicaid		797.83	0.3146			670.1	2409.2	percent of total billed charges	
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	UHC	Medicare		790.9	1			670.1	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Wellcare	Medicare		790.9	1			670.1	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL STEROID INJECTION	62320	CPT	outpatient			2536	909.54	Wellcare	Medicaid		797.83	0.3146			670.1	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	both			2536	909.54	Aetna	Medicare		790.9	1			689.6	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	both			2536	909.54	Aetna	Better Health		797.83	0.3146			689.6	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	both			2536	909.54	Aetna	Commercial		1259.11	1.592			689.6	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	both			2536	909.54	Americare	Americare		1902	0.75			689.6	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	both			2536	909.54	WellPoint	WellPoint		813.55	0.3208			689.6	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	both			2536	909.54	Amerihealth	Medicare		790.9	1			689.6	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	both			2536	909.54	Consumer	Consumer		2409.2	0.95			689.6	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	both			2536	909.54	Corrections	Corrections		2028.8	0.8			689.6	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	both			2536	909.54	First Health	First Health		1775.2	0.7			689.6	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	both			2536	909.54	First Trenton	First Trenton		2282.4	0.9			689.6	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	both			2536	909.54	Horizon	PPO		1444.97	1.827			689.6	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	both			2536	909.54	Horizon	MGD		1444.97	1.827			689.6	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	both			2536	909.54	Horizon	Medicare Blue		790.9	1			689.6	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	both			2536	909.54	Horizon	Indemnity		1444.97	1.827			689.6	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	both			2536	909.54	Managed Care Inc	Managed Care Inc		2282.4	0.9			689.6	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	both			2536	909.54	Multiplan	Multiplan		2028.8	0.8			689.6	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	both			2536	909.54	Qualcare	Qualcare		1902	0.75			689.6	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	both			2536	909.54	Three Rivers	Three Rivers		2409.2	0.95			689.6	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	both			2536	909.54	UHC	Medicare		790.9	1			689.6	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	both			2536	909.54	UHC	Medicaid		797.83	0.3146			689.6	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	both			2536	909.54	Wellcare	Medicaid		797.83	0.3146			689.6	2409.2	percent of total billed charges	
INTLMR INJX EPIDURAL CERV/THOR W/ GUID	62321	CPT	both			2536	909.54	Wellcare	Medicare		790.9	1			689.6	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR LMBR/SAC	62322	CPT	both			3106	1198.81	Aetna	Better Health		977.15	0.3146			689.6	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	both			3106	1198.81	Aetna	Commercial		1659.56	1.592			689.6	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR LMBR/SAC	62322	CPT	both			3106	1198.81	Aetna	Medicare		1042.44	1			689.6	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR LMBR/SAC	62322	CPT	both			3106	1198.81	Americare	Americare		2329.5	0.75			689.6	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	both			3106	1198.81	WellPoint	WellPoint		996.4	0.3208			689.6	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	both			3106	1198.81	Amerihealth	Medicare		1042.44	1			689.6	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR LMBR/SAC	62322	CPT	both			3106	1198.81	Consumer	Consumer		2950.7	0.95			689.6	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	both			3106	1198.81	Corrections	Corrections		2484.8	0.8			689.6	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	both			3106	1198.81	First Health	First Health		2174.2	0.7			689.6	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	both			3106	1198.81	First Trenton	First Trenton		2795.4	0.9			689.6	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	both			3106	1198.81	Horizon	MGD		1904.54	1.827			689.6	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR LMBR/SAC	62322	CPT	both			3106	1198.81	Horizon	Indemnity		1904.54	1.827			689.6	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR LMBR/SAC	62322	CPT	both			3106	1198.81	Horizon	Medicare Blue		1042.44	1			689.6	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR LMBR/SAC	62322	CPT	both			3106	1198.81	Horizon	PPO		1904.54	1.827			689.6	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR LMBR/SAC	62322	CPT	both			3106	1198.81	Managed Care Inc	Managed Care Inc		2795.4	0.9			689.6	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	both			3106	1198.81	Multiplan	Multiplan		2484.8	0.8			689.6	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	both			3106	1198.81	Qualcare	Qualcare		2329.5	0.75			689.6	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	both			3106	1198.81	Three Rivers	Three Rivers		2950.7	0.95			689.6	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	both			3106	1198.81	UHC	Medicaid		977.15	0.3146			689.6	2950.7	percent of total billed charges	
NJX INTERLAMINAR LMBR/SAC	62322	CPT	both			3106	1198.81	UHC	Medicare		1042.44	1			689.6	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR LMBR/SAC	62322	CPT	both			3106	1198.81	Wellcare	Medicare		1042.44	1			689.6	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR LMBR/SAC	62322	CPT	both			3106	1198.81	Wellcare	Medicaid		977.15	0.3146			689.6	2950.7	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	both			2536	909.54	Aetna	Commercial		1259.11	1.592			689.6	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	both			2536	909.54	Aetna	Better Health		797.83	0.3146			689.6	2409.2	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	both			2536	909.54	Aetna	Medicare		790.9	1			689.6	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	both			2536	909.54	Americare	Americare		1902	0.75			689.6	2409.2	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	both			2536	909.54	WellPoint	WellPoint		813.55	0.3208			689.6	2409.2	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	both			2536	909.54	Amerihealth	Medicare		790.9	1			689.6	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	both			2536	909.54	Consumer	Consumer		2409.2	0.95			689.6	2409.2	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	both			2536	909.54	Corrections	Corrections		2028.8	0.8			689.6	2409.2	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	both			2536	909.54	First Health	First Health		1775.2	0.7			689.6	2409.2	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	both			2536	909.54	First Trenton	First Trenton		2282.4	0.9			689.6	2409.2	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	both			2536	909.54	Horizon	MGD		1444.97	1.827			689.6	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	both			2536	909.54	Horizon	Medicare Blue		790.9	1			689.6	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	both			2536	909.54	Horizon	PPO		1444.97	1.827			689.6	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	both			2536	909.54	Horizon	Indemnity		1444.97	1.827			689.6	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	both			2536	909.54	Managed Care Inc	Managed Care Inc		2282.4	0.9			689.6	2409.2	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	both			2536	909.54	Multiplan	Multiplan		2028.8	0.8			689.6	2409.2	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	both			2536	909.54	Qualcare	Qualcare		1902	0.75			689.6	2409.2	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	both			2536	909.54	Three Rivers	Three Rivers		2409.2	0.95			689.6	2409.2	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	both			2536	909.54	UHC	Medicaid		797.83	0.3146			689.6	2409.2	percent of total billed charges	
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	both			2536	909.54	UHC	Medicare		790.9	1			689.6	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	both			2536	909.54	Wellcare	Medicare		790.9	1			689.6	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR EPIDURAL STEROID INJECTION	62323	CPT	both			2536	909.54	Wellcare	Medicaid		797.83	0.3146			689.6	2409.2	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Aetna	Medicare		1042.44	1			843.13	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Aetna	Better Health		1033.78	0.3146			843.13	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Aetna	Commercial		1659.56	1.592			843.13	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Americare	Americare		2464.5	0.75			843.13	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	WellPoint	WellPoint		1054.15	0.3208			843.13	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Amerihealth	Medicare		1042.44	1			843.13	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Consumer	Consumer		3121.7	0.95			843.13	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Corrections	Corrections		2628.8	0.8			843.13	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	First Health	First Health		2300.2	0.7			843.13	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	First Trenton	First Trenton		2957.4	0.9			843.13	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Horizon	Medicare Blue		1042.44	1			843.13	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Horizon	MGD		1904.54	1.827			843.13	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Horizon	Indemnity		1904.54	1.827			843.13	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Horizon	PPO		1904.54	1.827			843.13	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	0.9			843.13	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Multiplan	Multiplan		2628.8	0.8			843.13	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Qualcare	Qualcare		2464.5	0.75			843.13	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Three Rivers	Three Rivers		3121.7	0.95			843.13	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	UHC	Medicaid		1033.78	0.3146			843.13	3121.7	percent of total billed charges	
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	UHC	Medicare		1042.44	1			843.13	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Wellcare	Medicare		1042.44	1			843.13	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NJX INTERLAMINAR CRV/THRC	62324	CPT	outpatient			3286	1198.81	Wellcare	Medicaid		1033.78	0.3146			843.13	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	both			3286	1198.81	Aetna	Commercial		1659.56	1.592			868.93	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	both			3286	1198.81	Aetna	Better Health		1033.78	0.3146			868.93	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	both			3286	1198.81	Aetna	Medicare		1042.44	1			868.93	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	both			3286	1198.81	Americare	Americare		2464.5	0.75			868.93	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	both			3286	1198.81	WellPoint	WellPoint		1054.15	0.3208			868.93	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	both			3286	1198.81	Amerihealth	Medicare		1042.44	1			868.93	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	both			3286	1198.81	Consumer	Consumer		3121.7	0.95			868.93	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	both			3286	1198.81	Corrections	Corrections		2628.8	0.8			868.93	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	both			3286	1198.81	First Health	First Health		2300.2	0.7			868.93	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	both			3286	1198.81	First Trenton	First Trenton		2957.4	0.9			868.93	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	both			3286	1198.81	Horizon	PPO		1904.54	1.827			868.93	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	both			3286	1198.81	Horizon	Medicare Blue		1042.44	1			868.93	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	both			3286	1198.81	Horizon	MGD		1904.54	1.827			868.93	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	both			3286	1198.81	Horizon	Indemnity		1904.54	1.827			868.93	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	both			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	0.9			868.93	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	both			3286	1198.81	Multiplan	Multiplan		2628.8	0.8			868.93	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	both			3286	1198.81	Qualcare	Qualcare		2464.5	0.75			868.93	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	both			3286	1198.81	Three Rivers	Three Rivers		3121.7	0.95			868.93	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	both			3286	1198.81	UHC	Medicaid		1033.78	0.3146			868.93	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	both			3286	1198.81	UHC	Medicare		1042.44	1			868.93	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	both			3286	1198.81	Wellcare	Medicaid		1033.78	0.3146			868.93	3121.7	percent of total billed charges	
THORACIC EPIDURAL CATHETER PLACEMENT	62325	CPT	both			3286	1198.81	Wellcare	Medicare		1042.44	1			868.93	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Aetna	Commercial		1659.56	1.592			836.21	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Aetna	Better Health		1033.78	0.3146			836.21	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Aetna	Medicare		1042.44	1			836.21	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Americare	Americare		2464.5	0.75			836.21	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	WellPoint	WellPoint		1054.15	0.3208			836.21	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Amerihealth	Medicare		1042.44	1			836.21	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Consumer	Consumer		3121.7	0.95			836.21	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Corrections	Corrections		2628.8	0.8			836.21	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	First Health	First Health		2300.2	0.7			836.21	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	First Trenton	First Trenton		2957.4	0.9			836.21	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Horizon	MGD		1904.54	1.827			836.21	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Horizon	Medicare Blue		1042.44	1			836.21	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Horizon	Indemnity		1904.54	1.827			836.21	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Horizon	PPO		1904.54	1.827			836.21	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	0.9			836.21	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Multiplan	Multiplan		2628.8	0.8			836.21	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Qualcare	Qualcare		2464.5	0.75			836.21	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Three Rivers	Three Rivers		3121.7	0.95			836.21	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	UHC	Medicaid		1033.78	0.3146			836.21	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	UHC	Medicare		1042.44	1			836.21	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Wellcare	Medicaid		1033.78	0.3146			836.21	3121.7	percent of total billed charges	
RACZ CATHETERIZATION	62326	CPT	outpatient			3286	1198.81	Wellcare	Medicare		1042.44	1			836.21	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Aetna	Medicare		946.18	0.308			850.7	2918.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Aetna	Better Health		999.45	0.3146			850.7	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Aetna	Commercial		1659.56	1.592			850.7	2918.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Americare	Americare		2304	0.75			850.7	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	WellPoint	WellPoint		985.5	0.3208			850.7	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Amerihealth	Medicare		1042.44	1			850.7	2918.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Consumer	Consumer		2918.4	0.95			850.7	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Corrections	Corrections		2457.6	0.8			850.7	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	First Health	First Health		2150.4	0.7			850.7	2918.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	First Trenton	First Trenton		2764.8	0.9			850.7	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Horizon	MGD		1904.54	1.827			850.7	2918.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Horizon	Medicare Blue		1042.44	1			850.7	2918.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Horizon	PPO		1904.54	1.827			850.7	2918.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Horizon	Indemnity		1904.54	1.827			850.7	2918.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Managed Care Inc	Managed Care Inc		2764.8	0.9			850.7	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Multiplan	Multiplan		2457.6	0.8			850.7	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Qualcare	Qualcare		2304	0.75			850.7	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Three Rivers	Three Rivers		2918.4	0.95			850.7	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	UHC	Medicaid		966.45	0.3146			850.7	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	UHC	Medicare		1042.44	1			850.7	2918.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Wellcare	Medicaid		966.45	0.3146			850.7	2918.4	percent of total billed charges	
INJX INDWELLING CATH LUMBAR W/ GUIDANCE	62327	CPT	outpatient			3072	1198.81	Wellcare	Medicare		1042.44	1			850.7	2918.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Aetna	Commercial		1259.11	1.592			771.54	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Aetna	Better Health		788.07	0.3146			771.54	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Aetna	Medicare		771.54	0.308			771.54	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Americare	Americare		1878.75	0.75			771.54	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	WellPoint	WellPoint		803.6	0.3208			771.54	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Amerihealth	Medicare		790.9	1			771.54	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Consumer	Consumer		2379.75	0.95			771.54	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Corrections	Corrections		2004	0.8			771.54	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	First Health	First Health		1753.5	0.7			771.54	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	First Trenton	First Trenton		2254.5	0.9			771.54	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Horizon	Medicare Blue		790.9	1			771.54	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Horizon	PPO		1444.97	1.827			771.54	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Horizon	MGD		1444.97	1.827			771.54	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Horizon	Indemnity		1444.97	1.827			771.54	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Managed Care Inc	Managed Care Inc		2254.5	0.9			771.54	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Multiplan	Multiplan		2004	0.8			771.54	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Qualcare	Qualcare		1878.75	0.75			771.54	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Three Rivers	Three Rivers		2379.75	0.95			771.54	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	UHC	Medicare		790.9	1			771.54	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	UHC	Medicaid		788.07	0.3146			771.54	2379.75	percent of total billed charges	
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Wellcare	Medicare		790.9	1			771.54	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY FLUORO GUIDED LUMBAR PUNCTURE	62328	CPT	both			2505	909.54	Wellcare	Medicaid		788.07	0.3146			771.54	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE;THERA/ DRAI	62329	CPT	inpatient			2505	909.54	Aetna	Commercial		1259.11	1.592			788.07	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY FLUORO SPINAL PUNCTURE;THERA/ DRAI	62329	CPT	inpatient			2505	909.54	Aetna	Better Health		788.07	0.3146			788.07	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE;THERA/ DRAI	62329	CPT	inpatient			2505	909.54	Aetna	Medicare		790.9	1			788.07	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY FLUORO SPINAL PUNCTURE;THERA/ DRAI	62329	CPT	inpatient			2505	909.54	Americare	Americare		1878.75	0.75			788.07	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE;THERA/ DRAI	62329	CPT	inpatient			2505	909.54	WellPoint	WellPoint		803.6	0.3208			788.07	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE;THERA/ DRAI	62329	CPT	inpatient			2505	909.54	Amerihealth	Medicare		790.9	1			788.07	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY FLUORO SPINAL PUNCTURE;THERA/ DRAI	62329	CPT	inpatient			2505	909.54	Consumer	Consumer		2379.75	0.95			788.07	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE;THERA/ DRAI	62329	CPT	inpatient			2505	909.54	Corrections	Corrections		2004	0.8			788.07	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE;THERA/ DRAI	62329	CPT	inpatient			2505	909.54	First Health	First Health		1753.5	0.7			788.07	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE;THERA/ DRAI	62329	CPT	inpatient			2505	909.54	First Trenton	First Trenton		2254.5	0.9			788.07	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE;THERA/ DRAI	62329	CPT	inpatient			2505	909.54	Horizon	Medicare Blue		790.9	1			788.07	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY FLUORO SPINAL PUNCTURE;THERA/ DRAI	62329	CPT	inpatient			2505	909.54	Horizon	Indemnity		1444.97	1.827			788.07	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY FLUORO SPINAL PUNCTURE;THERA/ DRAI	62329	CPT	inpatient			2505	909.54	Horizon	MGD		1444.97	1.827			788.07	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY FLUORO SPINAL PUNCTURE;THERA/ DRAI	62329	CPT	inpatient			2505	909.54	Horizon	PPO		1444.97	1.827			788.07	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY FLUORO SPINAL PUNCTURE;THERA/ DRAI	62329	CPT	inpatient			2505	909.54	Managed Care Inc	Managed Care Inc		2254.5	0.9			788.07	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE;THERA/ DRAI	62329	CPT	inpatient			2505	909.54	Multiplan	Multiplan		2004	0.8			788.07	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE;THERA/ DRAI	62329	CPT	inpatient			2505	909.54	Qualcare	Qualcare		1878.75	0.75			788.07	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE;THERA/ DRAI	62329	CPT	inpatient			2505	909.54	Three Rivers	Three Rivers		2379.75	0.95			788.07	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE;THERA/ DRAI	62329	CPT	inpatient			2505	909.54	UHC	Medicaid		788.07	0.3146			788.07	2379.75	percent of total billed charges	
XRAY FLUORO SPINAL PUNCTURE;THERA/ DRAI	62329	CPT	inpatient			2505	909.54	UHC	Medicare		790.9	1			788.07	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY FLUORO SPINAL PUNCTURE;THERA/ DRAI	62329	CPT	inpatient			2505	909.54	Wellcare	Medicare		790.9	1			788.07	2379.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY FLUORO SPINAL PUNCTURE;THERA/ DRAI	62329	CPT	inpatient			2505	909.54	Wellcare	Medicaid		788.07	0.3146			788.07	2379.75	percent of total billed charges	
IMPL REV SP CATH	62350	CPT	outpatient			9661	8761.3	Aetna	Commercial		12128.68	1.592			3039.35	13919.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPL REV SP CATH	62350	CPT	outpatient			9661	8761.3	Aetna	Better Health		3039.35	0.3146			3039.35	13919.04	percent of total billed charges	
IMPL REV SP CATH	62350	CPT	outpatient			9661	8761.3	Aetna	Medicare		7618.52	1			3039.35	13919.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPL REV SP CATH	62350	CPT	outpatient			9661	8761.3	Americare	Americare		7245.75	0.75			3039.35	13919.04	percent of total billed charges	
IMPL REV SP CATH	62350	CPT	outpatient			9661	8761.3	WellPoint	WellPoint		3099.25	0.3208			3039.35	13919.04	percent of total billed charges	
IMPL REV SP CATH	62350	CPT	outpatient			9661	8761.3	Amerihealth	Medicare		7618.52	1			3039.35	13919.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPL REV SP CATH	62350	CPT	outpatient			9661	8761.3	Consumer	Consumer		9177.95	0.95			3039.35	13919.04	percent of total billed charges	
IMPL REV SP CATH	62350	CPT	outpatient			9661	8761.3	Corrections	Corrections		7728.8	0.8			3039.35	13919.04	percent of total billed charges	
IMPL REV SP CATH	62350	CPT	outpatient			9661	8761.3	First Health	First Health		6762.7	0.7			3039.35	13919.04	percent of total billed charges	
IMPL REV SP CATH	62350	CPT	outpatient			9661	8761.3	First Trenton	First Trenton		8694.9	0.9			3039.35	13919.04	percent of total billed charges	
IMPL REV SP CATH	62350	CPT	outpatient			9661	8761.3	Horizon	MGD		13919.04	1.827			3039.35	13919.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPL REV SP CATH	62350	CPT	outpatient			9661	8761.3	Horizon	PPO		13919.04	1.827			3039.35	13919.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPL REV SP CATH	62350	CPT	outpatient			9661	8761.3	Horizon	Indemnity		13919.04	1.827			3039.35	13919.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPL REV SP CATH	62350	CPT	outpatient			9661	8761.3	Horizon	Medicare Blue		7618.52	1			3039.35	13919.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPL REV SP CATH	62350	CPT	outpatient			9661	8761.3	Managed Care Inc	Managed Care Inc		8694.9	0.9			3039.35	13919.04	percent of total billed charges	
IMPL REV SP CATH	62350	CPT	outpatient			9661	8761.3	Multiplan	Multiplan		7728.8	0.8			3039.35	13919.04	percent of total billed charges	
IMPL REV SP CATH	62350	CPT	outpatient			9661	8761.3	Qualcare	Qualcare		7245.75	0.75			3039.35	13919.04	percent of total billed charges	
IMPL REV SP CATH	62350	CPT	outpatient			9661	8761.3	Three Rivers	Three Rivers		9177.95	0.95			3039.35	13919.04	percent of total billed charges	
IMPL REV SP CATH	62350	CPT	outpatient			9661	8761.3	UHC	Medicare		7618.52	1			3039.35	13919.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPL REV SP CATH	62350	CPT	outpatient			9661	8761.3	UHC	Medicaid		3039.35	0.3146			3039.35	13919.04	percent of total billed charges	
IMPL REV SP CATH	62350	CPT	outpatient			9661	8761.3	Wellcare	Medicare		7618.52	1			3039.35	13919.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMPL REV SP CATH	62350	CPT	outpatient			9661	8761.3	Wellcare	Medicaid		3039.35	0.3146			3039.35	13919.04	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Aetna	Commercial		3515.42	1.592			1319.75	4034.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Aetna	Better Health		1319.75	0.3146			1319.75	4034.34	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Aetna	Medicare		2208.18	1			1319.75	4034.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Americare	Americare		3146.25	0.75			1319.75	4034.34	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	WellPoint	WellPoint		1345.76	0.3208			1319.75	4034.34	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Amerihealth	Medicare		2208.18	1			1319.75	4034.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Consumer	Consumer		3985.25	0.95			1319.75	4034.34	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Corrections	Corrections		3356	0.8			1319.75	4034.34	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	First Health	First Health		2936.5	0.7			1319.75	4034.34	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	First Trenton	First Trenton		3775.5	0.9			1319.75	4034.34	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Horizon	Indemnity		4034.34	1.827			1319.75	4034.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Horizon	MGD		4034.34	1.827			1319.75	4034.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Horizon	Medicare Blue		2208.18	1			1319.75	4034.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Horizon	PPO		4034.34	1.827			1319.75	4034.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Managed Care Inc	Managed Care Inc		3775.5	0.9			1319.75	4034.34	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Multiplan	Multiplan		3356	0.8			1319.75	4034.34	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Qualcare	Qualcare		3146.25	0.75			1319.75	4034.34	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Three Rivers	Three Rivers		3985.25	0.95			1319.75	4034.34	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	UHC	Medicare		2208.18	1			1319.75	4034.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	UHC	Medicaid		1319.75	0.3146			1319.75	4034.34	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Wellcare	Medicaid		1319.75	0.3146			1319.75	4034.34	percent of total billed charges	
REMOVAL OF IMPAN CATH	62355	CPT	outpatient			4195	2539.41	Wellcare	Medicare		2208.18	1			1319.75	4034.34	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Aetna	Better Health		21762.46	0.3146			20396.63	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Aetna	Commercial		32471.43	1.592			20396.63	65716.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Aetna	Medicare		20396.63	1			20396.63	65716.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Americare	Americare		51881.25	0.75			20396.63	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	WellPoint	WellPoint		22191.34	0.3208			20396.63	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Amerihealth	Medicare		20396.63	1			20396.63	65716.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Consumer	Consumer		65716.25	0.95			20396.63	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Corrections	Corrections		55340	0.8			20396.63	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	First Health	First Health		48422.5	0.7			20396.63	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	First Trenton	First Trenton		62257.5	0.9			20396.63	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Horizon	Medicare Blue		20396.63	1			20396.63	65716.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Horizon	MGD		37264.64	1.827			20396.63	65716.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Horizon	Indemnity		37264.64	1.827			20396.63	65716.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Horizon	PPO		37264.64	1.827			20396.63	65716.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Managed Care Inc	Managed Care Inc		62257.5	0.9			20396.63	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Multiplan	Multiplan		55340	0.8			20396.63	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Qualcare	Qualcare		51881.25	0.75			20396.63	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Three Rivers	Three Rivers		65716.25	0.95			20396.63	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	UHC	Medicaid		21762.46	0.3146			20396.63	65716.25	percent of total billed charges	
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	UHC	Medicare		20396.63	1			20396.63	65716.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Wellcare	Medicare		20396.63	1			20396.63	65716.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL PUMP TRIAL	62360	CPT	outpatient			69175	23456.12	Wellcare	Medicaid		21762.46	0.3146			20396.63	65716.25	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Aetna	Better Health		320.89	0.3146			320.89	969	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Aetna	Commercial		543.83	1.592			320.89	969	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Aetna	Medicare		341.6	1			320.89	969	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Americare	Americare		765	0.75			320.89	969	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	WellPoint	WellPoint		327.22	0.3208			320.89	969	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Amerihealth	Medicare		341.6	1			320.89	969	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Consumer	Consumer		969	0.95			320.89	969	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Corrections	Corrections		816	0.8			320.89	969	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	First Health	First Health		714	0.7			320.89	969	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	First Trenton	First Trenton		918	0.9			320.89	969	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Horizon	Indemnity		624.1	1.827			320.89	969	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Horizon	PPO		624.1	1.827			320.89	969	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Horizon	MGD		624.1	1.827			320.89	969	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Horizon	Medicare Blue		341.6	1			320.89	969	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Managed Care Inc	Managed Care Inc		918	0.9			320.89	969	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Multiplan	Multiplan		816	0.8			320.89	969	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Qualcare	Qualcare		765	0.75			320.89	969	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	Three Rivers	Three Rivers		969	0.95			320.89	969	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	UHC	Medicaid		320.89	0.3146			320.89	969	percent of total billed charges	
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020	392.84	UHC	Medicare		341.6	1			320.89	969	other	Payer-specific

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020		392.84 Wellcare	Medicare		341.6				320.89	969	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROD ANALYSIS OF PUMP/NO REPROG	62367	CPT	outpatient			1020		392.84 Wellcare	Medicaid		320.89	0.3146			320.89	969	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089		392.84 Aetna	Medicare		341.6	1			334.42	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089		392.84 Aetna	Commercial		543.83	1.592			334.42	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089		392.84 Aetna	Better Health		342.6	0.3146			334.42	1034.55	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089		392.84 Americare	Americare		816.75	0.75			334.42	1034.55	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089		392.84 WellPoint	WellPoint		349.35	0.3208			334.42	1034.55	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089		392.84 Amerihealth	Medicare		341.6	1			334.42	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089		392.84 Consumer	Consumer		1034.55	0.95			334.42	1034.55	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089		392.84 Corrections	Corrections		871.2	0.8			334.42	1034.55	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089		392.84 First Health	First Health		762.3	0.7			334.42	1034.55	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089		392.84 First Trenton	First Trenton		980.1	0.9			334.42	1034.55	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089		392.84 Horizon	MGD		624.1	1.827			334.42	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089		392.84 Horizon	Medicare Blue		341.6	1			334.42	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089		392.84 Horizon	PPO		624.1	1.827			334.42	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089		392.84 Horizon	Indemnity		624.1	1.827			334.42	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089		392.84 Managed Care Inc	Managed Care Inc		980.1	0.9			334.42	1034.55	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089		392.84 Multiplan	Multiplan		871.2	0.8			334.42	1034.55	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089		392.84 Qualcare	Qualcare		816.75	0.75			334.42	1034.55	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089		392.84 Three Rivers	Three Rivers		1034.55	0.95			334.42	1034.55	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089		392.84 UHC	Medicaid		342.6	0.3146			334.42	1034.55	percent of total billed charges	
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089		392.84 UHC	Medicare		341.6	1			334.42	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089		392.84 Wellcare	Medicare		341.6	1			334.42	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS OF PROGRAMMABLE IMPLANTED	62368	CPT	outpatient			1089		392.84 Wellcare	Medicaid		342.6	0.3146			334.42	1034.55	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Aetna	Commercial		543.83	1.592			341.6	1106.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Aetna	Better Health		366.51	0.3146			341.6	1106.75	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Aetna	Medicare		341.6	1			341.6	1106.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Americare	Americare		873.75	0.75			341.6	1106.75	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 WellPoint	WellPoint		373.73	0.3208			341.6	1106.75	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Amerihealth	Medicare		341.6	1			341.6	1106.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Consumer	Consumer		1106.75	0.95			341.6	1106.75	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Corrections	Corrections		932	0.8			341.6	1106.75	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 First Health	First Health		815.5	0.7			341.6	1106.75	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 First Trenton	First Trenton		1048.5	0.9			341.6	1106.75	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Horizon	MGD		624.1	1.827			341.6	1106.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Horizon	Indemnity		624.1	1.827			341.6	1106.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Horizon	Medicare Blue		341.6	1			341.6	1106.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Horizon	PPO		624.1	1.827			341.6	1106.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Managed Care Inc	Managed Care Inc		1048.5	0.9			341.6	1106.75	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Multiplan	Multiplan		932	0.8			341.6	1106.75	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Qualcare	Qualcare		873.75	0.75			341.6	1106.75	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Three Rivers	Three Rivers		1106.75	0.95			341.6	1106.75	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 UHC	Medicaid		366.51	0.3146			341.6	1106.75	percent of total billed charges	
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 UHC	Medicare		341.6	1			341.6	1106.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Wellcare	Medicare		341.6	1			341.6	1106.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECT ANLYS IMPLT LTHCL/EDRL PMP W/REP	62369	CPT	outpatient			1165		392.84 Wellcare	Medicaid		366.51	0.3146			341.6	1106.75	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Aetna	Better Health		408.35	0.3146			341.6	1233.1	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Aetna	Commercial		543.83	1.592			341.6	1233.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Aetna	Medicare		341.6	1			341.6	1233.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Americare	Americare		973.5	0.75			341.6	1233.1	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 WellPoint	WellPoint		416.4	0.3208			341.6	1233.1	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Amerihealth	Medicare		341.6	1			341.6	1233.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Consumer	Consumer		1233.1	0.95			341.6	1233.1	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Corrections	Corrections		1038.4	0.8			341.6	1233.1	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 First Health	First Health		908.6	0.7			341.6	1233.1	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 First Trenton	First Trenton		1168.2	0.9			341.6	1233.1	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Horizon	Medicare Blue		341.6	1			341.6	1233.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Horizon	Indemnity		624.1	1.827			341.6	1233.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Horizon	PPO		624.1	1.827			341.6	1233.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Horizon	MGD		624.1	1.827			341.6	1233.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Managed Care Inc	Managed Care Inc		1168.2	0.9			341.6	1233.1	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Multiplan	Multiplan		1038.4	0.8			341.6	1233.1	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Qualcare	Qualcare		973.5	0.75			341.6	1233.1	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Three Rivers	Three Rivers		1233.1	0.95			341.6	1233.1	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 UHC	Medicare		341.6	1			341.6	1233.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 UHC	Medicaid		408.35	0.3146			341.6	1233.1	percent of total billed charges	
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Wellcare	Medicare		341.6	1			341.6	1233.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANLYS IMPLT ITHCL/EDRL PMP W/REPR P	62370	CPT	outpatient			1298		392.84 Wellcare	Medicaid		408.35	0.3146			341.6	1233.1	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Aetna	Commercial		12452.23	1.592			7288.02	23374.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Aetna	Better Health		7740.73	0.3146			7288.02	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Aetna	Medicare		7821.75	1			7288.02	23374.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Americare	Americare		18453.75	0.75			7288.02	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 WellPoint	WellPoint		7893.28	0.3208			7288.02	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Amerihealth	Medicare		7821.75	1			7288.02	23374.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Consumer	Consumer		23374.75	0.95			7288.02	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Corrections	Corrections		19684	0.8			7288.02	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 First Health	First Health		17223.5	0.7			7288.02	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 First Trenton	First Trenton		22144.5	0.9			7288.02	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Horizon	Indemnity		14290.34	1.827			7288.02	23374.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Horizon	MGD		14290.34	1.827			7288.02	23374.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Horizon	Medicare Blue		7821.75	1			7288.02	23374.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Horizon	PPO		14290.34	1.827			7288.02	23374.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Managed Care Inc	Managed Care Inc		22144.5	0.9			7288.02	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Multiplan	Multiplan		19684	0.8			7288.02	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Qualcare	Qualcare		18453.75	0.75			7288.02	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Three Rivers	Three Rivers		23374.75	0.95			7288.02	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 UHC	Medicaid		7740.73	0.3146			7288.02	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 UHC	Medicare		7821.75	1			7288.02	23374.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Wellcare	Medicaid		7740.73	0.3146			7288.02	23374.75	percent of total billed charges	
PERCUT.IMPLANT NEURO.ELCT EPIC	63650	CPT	outpatient			24605		8995.01 Wellcare	Medicare		7821.75	1			7288.02	23374.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Aetna	Commercial		3515.42	1.592			2060.94	6868.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Aetna	Better Health		2274.56	0.3146			2060.94	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Aetna	Medicare		2208.18	1			2060.94	6868.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Americare	Americare		5422.5	0.75			2060.94	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 WellPoint	WellPoint		2319.38	0.3208			2060.94	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Amerihealth	Medicare		2208.18	1			2060.94	6868.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Consumer	Consumer		6868.5	0.95			2060.94	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Corrections	Corrections		5784	0.8			2060.94	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 First Health	First Health		5061	0.7			2060.94	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 First Trenton	First Trenton		6507	0.9			2060.94	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Horizon	PPO		4034.34	1.827			2060.94	6868.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Horizon	Indemnity		4034.34	1.827			2060.94	6868.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Horizon	Medicare Blue		2208.18	1			2060.94	6868.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Horizon	MGD		4034.34	1.827			2060.94	6868.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Managed Care Inc	Managed Care Inc		6507	0.9			2060.94	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Multiplan	Multiplan		5784	0.8			2060.94	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Qualcare	Qualcare		5422.5	0.75			2060.94	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Three Rivers	Three Rivers		6868.5	0.95			2060.94	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 UHC	Medicaid		2274.56	0.3146			2060.94	6868.5	percent of total billed charges	
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 UHC	Medicare		2208.18	1			2060.94	6868.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Wellcare	Medicare		2208.18	1			2060.94	6868.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE/REVISE SPINAL ELECT	63661	CPT	outpatient			7230		2539.41 Wellcare	Medicaid		2274.56	0.3146			2060.94	6868.5	percent of total billed charges	
RE SPINEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Aetna	Better Health		2274.56	0.3146			2274.56	7109.55	percent of total billed charges	
RE SPINEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Aetna	Medicare		3891.38	1			2274.56	7109.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE SPINEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Aetna	Commercial		6195.08	1.592			2274.56	7109.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE SPINEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Americare	Americare		5422.5	0.75			2274.56	7109.55	percent of total billed charges	
RE SPINEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 WellPoint	WellPoint		2319.38	0.3208			2274.56	7109.55	percent of total billed charges	
RE SPINEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Amerihealth	Medicare		3891.38	1			2274.56	7109.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE SPINEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Consumer	Consumer		6868.5	0.95			2274.56	7109.55	percent of total billed charges	
RE SPINEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Corrections	Corrections		5784	0.8			2274.56	7109.55	percent of total billed charges	
RE SPINEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 First Health	First Health		5061	0.7			2274.56	7109.55	percent of total billed charges	
RE SPINEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 First Trenton	First Trenton		6507	0.9			2274.56	7109.55	percent of total billed charges	
RE SPINEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Horizon	MGD		7109.55	1.827			2274.56	7109.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE SPINEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Horizon	PPO		7109.55	1.827			2274.56	7109.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE SPINEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Horizon	Medicare Blue		3891.38	1			2274.56	7109.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE SPINEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Horizon	Indemnity		7109.55	1.827			2274.56	7109.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE SPINEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Managed Care Inc	Managed Care Inc		6507	0.9			2274.56	7109.55	percent of total billed charges	
RE SPINEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Multiplan	Multiplan		5784	0.8			2274.56	7109.55	percent of total billed charges	
RE SPINEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Qualcare	Qualcare		5422.5	0.75			2274.56	7109.55	percent of total billed charges	
RE SPINEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Three Rivers	Three Rivers		6868.5	0.95			2274.56	7109.55	percent of total billed charges	
RE SPINEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 UHC	Medicaid		2274.56	0.3146			2274.56	7109.55	percent of total billed charges	
RE SPINEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 UHC	Medicare		3891.38	1			2274.56	7109.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE SPINEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Wellcare	Medicaid		2274.56	0.3146			2274.56	7109.55	percent of total billed charges	
RE SPINEUROSTIMU ELECTRODE	63662	CPT	outpatient			7230		4475.09 Wellcare	Medicare		3891.38	1			2274.56	7109.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV SPINEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551		17916.02 Aetna	Medicare		15579.15	1			15579.15	72723.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV SPINEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551		17916.02 Aetna	Commercial		24802.01	1.592			15579.15	72723.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV SPINEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551		17916

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REV SPINEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551	17916.02	First Trenton	First Trenton		68895.9	0.9			15579.15	72723.45	percent of total billed charges	
REV SPINEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551	17916.02	Horizon	MGD		28463.11	1.827			15579.15	72723.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV SPINEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551	17916.02	Horizon	Medicare Blue		15579.15	1			15579.15	72723.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV SPINEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551	17916.02	Horizon	PPO		28463.11	1.827			15579.15	72723.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV SPINEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551	17916.02	Horizon	Indemnity		28463.11	1.827			15579.15	72723.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV SPINEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551	17916.02	Managed Care Inc	Managed Care Inc		68895.9	0.9			15579.15	72723.45	percent of total billed charges	
REV SPINEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551	17916.02	Multiplan	Multiplan		61240.8	0.8			15579.15	72723.45	percent of total billed charges	
REV SPINEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551	17916.02	Qualcare	Qualcare		57413.25	0.75			15579.15	72723.45	percent of total billed charges	
REV SPINEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551	17916.02	Three Rivers	Three Rivers		72723.45	0.95			15579.15	72723.45	percent of total billed charges	
REV SPINEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551	17916.02	UHC	Medicaid		24082.94	0.3146			15579.15	72723.45	percent of total billed charges	
REV SPINEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551	17916.02	UHC	Medicare		15579.15	1			15579.15	72723.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV SPINEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551	17916.02	Wellcare	Medicare		15579.15	1			15579.15	72723.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV SPINEUROSTIMUL ELECTRODE	63664	CPT	outpatient			76551	17916.02	Wellcare	Medicaid		24082.94	0.3146			15579.15	72723.45	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Aetna	Medicare		35513.61	1			33649.93	111710.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Aetna	Better Health		36993.81	0.3146			33649.93	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Aetna	Commercial		56537.67	1.592			33649.93	111710.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Americare	Americare		88192.5	0.75			33649.93	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	WellPoint	WellPoint		37722.87	0.3208			33649.93	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Amerihealth	Medicare		35513.61	1			33649.93	111710.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Consumer	Consumer		111710.5	0.95			33649.93	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Corrections	Corrections		94072	0.8			33649.93	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	First Health	First Health		82313	0.7			33649.93	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	First Trenton	First Trenton		105831	0.9			33649.93	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Horizon	Indemnity		64883.37	1.827			33649.93	111710.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Horizon	MGD		64883.37	1.827			33649.93	111710.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Horizon	PPO		64883.37	1.827			33649.93	111710.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Horizon	Medicare Blue		35513.61	1			33649.93	111710.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Managed Care Inc	Managed Care Inc		105831	0.9			33649.93	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Multiplan	Multiplan		94072	0.8			33649.93	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Qualcare	Qualcare		88192.5	0.75			33649.93	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Three Rivers	Three Rivers		111710.5	0.95			33649.93	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	UHC	Medicare		35513.61	1			33649.93	111710.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	UHC	Medicaid		36993.81	0.3146			33649.93	111710.5	percent of total billed charges	
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Wellcare	Medicare		35513.61	1			33649.93	111710.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT SUBQ SPINE NEUROSTIM	63685	CPT	outpatient			117590	40840.65	Wellcare	Medicaid		36993.81	0.3146			33649.93	111710.5	percent of total billed charges	
TRIGEMINAL	64400	CPT	both			1218	389.55	Aetna	Medicare		338.74	1			300.13	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGEMINAL	64400	CPT	both			1218	389.55	Aetna	Better Health		383.18	0.3146			300.13	1157.1	percent of total billed charges	
TRIGEMINAL	64400	CPT	both			1218	389.55	Aetna	Commercial		539.27	1.592			300.13	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGEMINAL	64400	CPT	both			1218	389.55	Americare	Americare		913.5	0.75			300.13	1157.1	percent of total billed charges	
TRIGEMINAL	64400	CPT	both			1218	389.55	WellPoint	WellPoint		390.73	0.3208			300.13	1157.1	percent of total billed charges	
TRIGEMINAL	64400	CPT	both			1218	389.55	Amerihealth	Medicare		338.74	1			300.13	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGEMINAL	64400	CPT	both			1218	389.55	Consumer	Consumer		1157.1	0.95			300.13	1157.1	percent of total billed charges	
TRIGEMINAL	64400	CPT	both			1218	389.55	Corrections	Corrections		974.4	0.8			300.13	1157.1	percent of total billed charges	
TRIGEMINAL	64400	CPT	both			1218	389.55	First Health	First Health		852.6	0.7			300.13	1157.1	percent of total billed charges	
TRIGEMINAL	64400	CPT	both			1218	389.55	First Trenton	First Trenton		1096.2	0.9			300.13	1157.1	percent of total billed charges	
TRIGEMINAL	64400	CPT	both			1218	389.55	Horizon	PPO		618.88	1.827			300.13	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGEMINAL	64400	CPT	both			1218	389.55	Horizon	Medicare Blue		338.74	1			300.13	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGEMINAL	64400	CPT	both			1218	389.55	Horizon	Indemnity		618.88	1.827			300.13	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGEMINAL	64400	CPT	both			1218	389.55	Horizon	MGD		618.88	1.827			300.13	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGEMINAL	64400	CPT	both			1218	389.55	Managed Care Inc	Managed Care Inc		1096.2	0.9			300.13	1157.1	percent of total billed charges	
TRIGEMINAL	64400	CPT	both			1218	389.55	Multiplan	Multiplan		974.4	0.8			300.13	1157.1	percent of total billed charges	
TRIGEMINAL	64400	CPT	both			1218	389.55	Qualcare	Qualcare		913.5	0.75			300.13	1157.1	percent of total billed charges	
TRIGEMINAL	64400	CPT	both			1218	389.55	Three Rivers	Three Rivers		1157.1	0.95			300.13	1157.1	percent of total billed charges	
TRIGEMINAL	64400	CPT	both			1218	389.55	UHC	Medicare		338.74	1			300.13	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIGEMINAL	64400	CPT	both			1218	389.55	UHC	Medicaid		383.18	0.3146			300.13	1157.1	percent of total billed charges	
TRIGEMINAL	64400	CPT	both			1218	389.55	Wellcare	Medicaid		383.18	0.3146			300.13	1157.1	percent of total billed charges	
TRIGEMINAL	64400	CPT	both			1218	389.55	Wellcare	Medicare		338.74	1			300.13	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Aetna	Better Health		383.18	0.3146			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Aetna	Medicare		375.14	0.308			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Aetna	Commercial		462.84	0.38			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Americare	Americare		913.5	0.75			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		WellPoint	WellPoint		390.73	0.3208			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Consumer	Consumer		1157.1	0.95			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Corrections	Corrections		974.4	0.8			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		First Health	First Health		852.6	0.7			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		First Trenton	First Trenton		1096.2	0.9			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Horizon	Medicare Blue		365.4	0.3			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Horizon	Indemnity		466.25	0.3828			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Horizon	MGD		466.25	0.3828			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Horizon	PPO		466.25	0.3828			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Managed Care Inc	Managed Care Inc		1096.2	0.9			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Multiplan	Multiplan		974.4	0.8			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Qualcare	Qualcare		913.5	0.75			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Three Rivers	Three Rivers		1157.1	0.95			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		UHC	Medicaid		383.18	0.3146			365.4	1157.1	percent of total billed charges	
INJ ANESTH; FACIAL NERVE	64402	CPT	outpatient			1218		Wellcare	Medicaid		383.18	0.3146			365.4	1157.1	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Aetna	Better Health		383.18	0.3146			250.11	1157.1	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Aetna	Medicare		338.74	1			250.11	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Aetna	Commercial		539.27	1.592			250.11	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Americare	Americare		913.5	0.75			250.11	1157.1	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	WellPoint	WellPoint		390.73	0.3208			250.11	1157.1	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Amerihealth	Medicare		338.74	1			250.11	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Consumer	Consumer		1157.1	0.95			250.11	1157.1	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Corrections	Corrections		974.4	0.8			250.11	1157.1	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	First Health	First Health		852.6	0.7			250.11	1157.1	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	First Trenton	First Trenton		1096.2	0.9			250.11	1157.1	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Horizon	Medicare Blue		338.74	1			250.11	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Horizon	MGD		618.88	1.827			250.11	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Horizon	Indemnity		618.88	1.827			250.11	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Horizon	PPO		618.88	1.827			250.11	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Managed Care Inc	Managed Care Inc		1096.2	0.9			250.11	1157.1	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Multiplan	Multiplan		974.4	0.8			250.11	1157.1	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Qualcare	Qualcare		913.5	0.75			250.11	1157.1	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Three Rivers	Three Rivers		1157.1	0.95			250.11	1157.1	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	UHC	Medicaid		383.18	0.3146			250.11	1157.1	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	UHC	Medicare		338.74	1			250.11	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Wellcare	Medicaid		383.18	0.3146			250.11	1157.1	percent of total billed charges	
OCCIPITAL NERVE BLOCK	64405	CPT	outpatient			1218	389.55	Wellcare	Medicare		338.74	1			250.11	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Aetna	Commercial		539.27	1.592			312.08	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Aetna	Better Health		383.18	0.3146			312.08	1157.1	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Aetna	Medicare		338.74	1			312.08	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Americare	Americare		913.5	0.75			312.08	1157.1	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	WellPoint	WellPoint		390.73	0.3208			312.08	1157.1	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Amerihealth	Medicare		338.74	1			312.08	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Consumer	Consumer		1157.1	0.95			312.08	1157.1	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Corrections	Corrections		974.4	0.8			312.08	1157.1	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	First Health	First Health		852.6	0.7			312.08	1157.1	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	First Trenton	First Trenton		1096.2	0.9			312.08	1157.1	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Horizon	MGD		618.88	1.827			312.08	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Horizon	Indemnity		618.88	1.827			312.08	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Horizon	Medicare Blue		338.74	1			312.08	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Horizon	PPO		618.88	1.827			312.08	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Managed Care Inc	Managed Care Inc		1096.2	0.9			312.08	1157.1	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Multiplan	Multiplan		974.4	0.8			312.08	1157.1	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Qualcare	Qualcare		913.5	0.75			312.08	1157.1	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Three Rivers	Three Rivers		1157.1	0.95			312.08	1157.1	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	UHC	Medicaid		383.18	0.3146			312.08	1157.1	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	UHC	Medicare		338.74	1			312.08	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Wellcare	Medicaid		383.18	0.3146			312.08	1157.1	percent of total billed charges	
NERVE BLOCK VARGUS	64408	CPT	outpatient			1218	389.55	Wellcare	Medicare		338.74	1			312.08	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Aetna	Medicare		522.98	0.308			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Aetna	Better Health		534.19	0.3146			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Aetna	Commercial		645.24	0.38			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Americare	Americare		1273.5	0.75			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		WellPoint	WellPoint		544.72	0.3208			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Consumer	Consumer		1613.1	0.95			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Corrections	Corrections		1358.4	0.8			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		First Health	First Health		1186.6	0.7			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		First Trenton	First Trenton		1528.2	0.9			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Horizon	MGD		649.99	0.3828			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Horizon	Medicare Blue		509.4	0.3			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Horizon	PPO		649.99	0.3828			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Horizon	Indemnity		649.99	0.3828			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Managed Care Inc	Managed Care Inc		1528.2	0.9			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Multiplan	Multiplan		1358.4	0.8			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Qualcare	Qualcare		1273.5	0.75			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Three Rivers	Three Rivers		1613.1	0.95			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		UHC	Medicaid		534.19	0.3146			509.4	1613.1	percent of total billed charges	
INJ ANESTH;CERVICAL PLEXUS	64413	CPT	outpatient			1698		Wellcare	Medicaid		534.19	0.3146			509.4	1613.1	percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286	1198.81	Aetna	Commercial		1659.56	1.592			375.14	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286	1198.81	Aetna	Medicare		1012.09	0.308			375.14	3121.7	percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286	1198.81	Aetna	Better Health		1033.78	0.3146			375.14	3121.7	percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286	1198.81	Americare	Americare		2464.5	0.75			375.14	3121.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286	1198.81	WellPoint	WellPoint		1054.15	0.3208			375.14	3121.7	percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286	1198.81	Amerihealth	Medicare		1042.44	1			375.14	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286	1198.81	Consumer	Consumer		3121.7	0.95			375.14	3121.7	percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286	1198.81	Corrections	Corrections		2628.8	0.8			375.14	3121.7	percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286	1198.81	First Health	First Health		2300.2	0.7			375.14	3121.7	percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286	1198.81	First Trenton	First Trenton		2957.4	0.9			375.14	3121.7	percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286	1198.81	Horizon	MGD		1904.54	1.827			375.14	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286	1198.81	Horizon	Indemnity		1904.54	1.827			375.14	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286	1198.81	Horizon	PPO		1904.54	1.827			375.14	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286	1198.81	Horizon	Medicare Blue		1042.44	1			375.14	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	0.9			375.14	3121.7	percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286	1198.81	Multiplan	Multiplan		2628.8	0.8			375.14	3121.7	percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286	1198.81	Qualcare	Qualcare		2464.5	0.75			375.14	3121.7	percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286	1198.81	Three Rivers	Three Rivers		3121.7	0.95			375.14	3121.7	percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286	1198.81	UHC	Medicaid		1033.78	0.3146			375.14	3121.7	percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286	1198.81	UHC	Medicare		1042.44	1			375.14	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286	1198.81	Wellcare	Medicaid		1033.78	0.3146			375.14	3121.7	percent of total billed charges	
SINGLE NERVE BLOCK ARM NERVE	64415	CPT	outpatient			3286	1198.81	Wellcare	Medicare		1042.44	1			375.14	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANESTHETIC AGENT AXILLARY NERV	64417	CPT	outpatient			3286	1198.81	Aetna	Better Health		1033.78	0.3146			383.18	3121.7	percent of total billed charges	
INJECTION ANESTHETIC AGENT AXILLARY NERV	64417	CPT	outpatient			3286	1198.81	Aetna	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANESTHETIC AGENT AXILLARY NERV	64417	CPT	outpatient			3286	1198.81	Aetna	Commercial		1659.56	1.592			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANESTHETIC AGENT AXILLARY NERV	64417	CPT	outpatient			3286	1198.81	Americare	Americare		2464.5	0.75			383.18	3121.7	percent of total billed charges	
INJECTION ANESTHETIC AGENT AXILLARY NERV	64417	CPT	outpatient			3286	1198.81	WellPoint	WellPoint		1054.15	0.3208			383.18	3121.7	percent of total billed charges	
INJECTION ANESTHETIC AGENT AXILLARY NERV	64417	CPT	outpatient			3286	1198.81	Amerihealth	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANESTHETIC AGENT AXILLARY NERV	64417	CPT	outpatient			3286	1198.81	Consumer	Consumer		3121.7	0.95			383.18	3121.7	percent of total billed charges	
INJECTION ANESTHETIC AGENT AXILLARY NERV	64417	CPT	outpatient			3286	1198.81	Corrections	Corrections		2628.8	0.8			383.18	3121.7	percent of total billed charges	
INJECTION ANESTHETIC AGENT AXILLARY NERV	64417	CPT	outpatient			3286	1198.81	First Health	First Health		2300.2	0.7			383.18	3121.7	percent of total billed charges	
INJECTION ANESTHETIC AGENT AXILLARY NERV	64417	CPT	outpatient			3286	1198.81	First Trenton	First Trenton		2957.4	0.9			383.18	3121.7	percent of total billed charges	
INJECTION ANESTHETIC AGENT AXILLARY NERV	64417	CPT	outpatient			3286	1198.81	Horizon	Indemnity		1904.54	1.827			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANESTHETIC AGENT AXILLARY NERV	64417	CPT	outpatient			3286	1198.81	Horizon	PPO		1904.54	1.827			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANESTHETIC AGENT AXILLARY NERV	64417	CPT	outpatient			3286	1198.81	Horizon	MGD		1904.54	1.827			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANESTHETIC AGENT AXILLARY NERV	64417	CPT	outpatient			3286	1198.81	Horizon	Medicare Blue		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANESTHETIC AGENT AXILLARY NERV	64417	CPT	outpatient			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	0.9			383.18	3121.7	percent of total billed charges	
INJECTION ANESTHETIC AGENT AXILLARY NERV	64417	CPT	outpatient			3286	1198.81	Multiplan	Multiplan		2628.8	0.8			383.18	3121.7	percent of total billed charges	
INJECTION ANESTHETIC AGENT AXILLARY NERV	64417	CPT	outpatient			3286	1198.81	Qualcare	Qualcare		2464.5	0.75			383.18	3121.7	percent of total billed charges	
INJECTION ANESTHETIC AGENT AXILLARY NERV	64417	CPT	outpatient			3286	1198.81	Three Rivers	Three Rivers		3121.7	0.95			383.18	3121.7	percent of total billed charges	
INJECTION ANESTHETIC AGENT AXILLARY NERV	64417	CPT	outpatient			3286	1198.81	UHC	Medicaid		1033.78	0.3146			383.18	3121.7	percent of total billed charges	
INJECTION ANESTHETIC AGENT AXILLARY NERV	64417	CPT	outpatient			3286	1198.81	UHC	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANESTHETIC AGENT AXILLARY NERV	64417	CPT	outpatient			3286	1198.81	Wellcare	Medicaid		1033.78	0.3146			383.18	3121.7	percent of total billed charges	
INJECTION ANESTHETIC AGENT AXILLARY NERV	64417	CPT	outpatient			3286	1198.81	Wellcare	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536	909.54	Aetna	Commercial		1259.11	1.592			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536	909.54	Aetna	Better Health		797.83	0.3146			383.18	2409.2	percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536	909.54	Aetna	Medicare		790.9	1			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536	909.54	Americare	Americare		1902	0.75			383.18	2409.2	percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536	909.54	WellPoint	WellPoint		813.55	0.3208			383.18	2409.2	percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536	909.54	Amerihealth	Medicare		790.9	1			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536	909.54	Consumer	Consumer		2409.2	0.95			383.18	2409.2	percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536	909.54	Corrections	Corrections		2028.8	0.8			383.18	2409.2	percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536	909.54	First Health	First Health		1775.2	0.7			383.18	2409.2	percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536	909.54	First Trenton	First Trenton		2282.4	0.9			383.18	2409.2	percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536	909.54	Horizon	Indemnity		1444.97	1.827			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536	909.54	Horizon	PPO		1444.97	1.827			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536	909.54	Horizon	MGD		1444.97	1.827			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536	909.54	Horizon	Medicare Blue		790.9	1			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536	909.54	Managed Care Inc	Managed Care Inc		2282.4	0.9			383.18	2409.2	percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536	909.54	Multiplan	Multiplan		2028.8	0.8			383.18	2409.2	percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536	909.54	Qualcare	Qualcare		1902	0.75			383.18	2409.2	percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536	909.54	Three Rivers	Three Rivers		2409.2	0.95			383.18	2409.2	percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536	909.54	UHC	Medicaid		797.83	0.3146			383.18	2409.2	percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536	909.54	UHC	Medicare		790.9	1			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536	909.54	Wellcare	Medicaid		797.83	0.3146			383.18	2409.2	percent of total billed charges	
SUPRASCPULAR NERVE BLOCK	64418	CPT	outpatient			2536	909.54	Wellcare	Medicare		790.9	1			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536	909.54	Aetna	Better Health		797.83	0.3146			375.14	2409.2	percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536	909.54	Aetna	Medicare		781.09	0.308			375.14	2409.2	percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536	909.54	Aetna	Commercial		1259.11	1.592			375.14	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536	909.54	Americare	Americare		1902	0.75			375.14	2409.2	percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536	909.54	WellPoint	WellPoint		813.55	0.3208			375.14	2409.2	percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536	909.54	Amerihealth	Medicare		790.9	1			375.14	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536	909.54	Consumer	Consumer		2409.2	0.95			375.14	2409.2	percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536	909.54	Corrections	Corrections		2028.8	0.8			375.14	2409.2	percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536	909.54	First Health	First Health		1775.2	0.7			375.14	2409.2	percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536	909.54	First Trenton	First Trenton		2282.4	0.9			375.14	2409.2	percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536	909.54	Horizon	MGD		1444.97	1.827			375.14	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536	909.54	Horizon	Medicare Blue		790.9	1			375.14	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536	909.54	Horizon	Indemnity		1444.97	1.827			375.14	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536	909.54	Horizon	PPO		1444.97	1.827			375.14	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536	909.54	Managed Care Inc	Managed Care Inc		2282.4	0.9			375.14	2409.2	percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536	909.54	Multiplan	Multiplan		2028.8	0.8			375.14	2409.2	percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536	909.54	Qualcare	Qualcare		1902	0.75			375.14	2409.2	percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536	909.54	Three Rivers	Three Rivers		2409.2	0.95			375.14	2409.2	percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536	909.54	UHC	Medicaid		797.83	0.3146			375.14	2409.2	percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536	909.54	UHC	Medicare		790.9	1			375.14	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536	909.54	Wellcare	Medicaid		797.83	0.3146			375.14	2409.2	percent of total billed charges	
SINGLE INTERCOSTAL NERVE BLOCK	64420	CPT	outpatient			2536	909.54	Wellcare	Medicare		790.9	1			375.14	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286	1198.81	Aetna	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286	1198.81	Aetna	Better Health		1033.78	0.3146			383.18	3121.7	percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286	1198.81	Aetna	Commercial		1659.56	1.592			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286	1198.81	Americare	Americare		2464.5	0.75			383.18	3121.7	percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286	1198.81	WellPoint	WellPoint		1054.15	0.3208			383.18	3121.7	percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286	1198.81	Amerihealth	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286	1198.81	Consumer	Consumer		3121.7	0.95			383.18	3121.7	percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286	1198.81	Corrections	Corrections		2628.8	0.8			383.18	3121.7	percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286	1198.81	First Health	First Health		2300.2	0.7			383.18	3121.7	percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286	1198.81	First Trenton	First Trenton		2957.4	0.9			383.18	3121.7	percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286	1198.81	Horizon	PPO		1904.54	1.827			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286	1198.81	Horizon	MGD		1904.54	1.827			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286	1198.81	Horizon	Medicare Blue		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286	1198.81	Horizon	Indemnity		1904.54	1.827			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	0.9			383.18	3121.7	percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286	1198.81	Multiplan	Multiplan		2628.8	0.8			383.18	3121.7	percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286	1198.81	Qualcare	Qualcare		2464.5	0.75			383.18	3121.7	percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286	1198.81	Three Rivers	Three Rivers		3121.7	0.95			383.18	3121.7	percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286	1198.81	UHC	Medicaid		1033.78	0.3146			383.18	3121.7	percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286	1198.81	UHC	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286	1198.81	Wellcare	Medicaid		1033.78	0.3146			383.18	3121.7	percent of total billed charges	
INTERCOSTAL NERVES BLOCK MULT	64421	CPT	outpatient			3286	1198.81	Wellcare	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB LIONGUINAL/LIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	Aetna	Better Health		797.83	0.3146			383.18	2409.2	percent of total billed charges	
NB LIONGUINAL/LIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	Aetna	Commercial		1259.11	1.592			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB LIONGUINAL/LIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	Aetna	Medicare		790.9	1			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB LIONGUINAL/LIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	Americare	Americare		1902	0.75			383.18	2409.2	percent of total billed charges	
NB LIONGUINAL/LIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	WellPoint	WellPoint		813.55	0.3208			383.18	2409.2	percent of total billed charges	
NB LIONGUINAL/LIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	Amerihealth	Medicare		790.9	1			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB LIONGUINAL/LIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	Consumer	Consumer		2409.2	0.95			383.18	2409.2	percent of total billed charges	
NB LIONGUINAL/LIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	Corrections	Corrections		2028.8	0.8			383.18	2409.2	percent of total billed charges	
NB LIONGUINAL/LIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	First Health	First Health		1775.2	0.7			383.18	2409.2	percent of total billed charges	
NB LIONGUINAL/LIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	First Trenton	First Trenton		2282.4	0.9			383.18	2409.2	percent of total billed charges	
NB LIONGUINAL/LIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	Horizon	Indemnity		1444.97	1.827			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB LIONGUINAL/LIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	Horizon	MGD		1444.97	1.827			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB LIONGUINAL/LIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	Horizon	Medicare Blue		790.9	1			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB LIONGUINAL/LIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	Horizon	PPO		1444.97	1.827			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB LIONGUINAL/LIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	Managed Care Inc	Managed Care Inc		2282.4	0.9			383.18	2409.2	percent of total billed charges	
NB LIONGUINAL/LIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	Multiplan	Multiplan		2028.8	0.8			383.18	2409.2	percent of total billed charges	
NB LIONGUINAL/LIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	Qualcare	Qualcare		1902	0.75			383.18	2409.2	percent of total billed charges	
NB LIONGUINAL/LIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	Three Rivers	Three Rivers		2409.2	0.95			383.18	2409.2	percent of total billed charges	
NB LIONGUINAL/LIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	UHC	Medicare		790.9	1			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB LIONGUINAL/LIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	UHC	Medicaid		797.83	0.3146			383.18	2409.2	percent of total billed charges	
NB LIONGUINAL/LIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	Wellcare	Medicare		790.9	1			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB LIONGUINAL/LIOHYPOGASTRIC	64425	CPT	outpatient			2536	909.54	Wellcare	Medicaid		797.83	0.3146			383.18	2409.2	percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Aetna	Commercial		1659.56	1.592			383.18	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Aetna	Better Health		977.15	0.3146			383.18	2950.7	percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Aetna	Medicare		1042.44	1			383.18	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Americare	Americare		2329.5	0.75			383.18	2950.7	percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	WellPoint	WellPoint		996.4	0.3208			383.18	2950.7	percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Amerihealth	Medicare		1042.44	1			383.18	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Consumer	Consumer		2950.7	0.95			383.18	2950.7	percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Corrections	Corrections		2484.8	0.8			383.18	2950.7	percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	First Health	First Health		2174.2	0.7			383.18	2950.7	percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	First Trenton	First Trenton		2795.4	0.9			383.18	2950.7	percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Horizon	PPO		1904.54	1.827			383.18	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Horizon	Indemnity		1904.54	1.827			383.18	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Horizon	Medicare Blue		1042.44	1			383.18	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Horizon	MGD		1904.54	1.827			383.18	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Multiplan	Multiplan		2484.8	0.8			383.18	2950.7	percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Qualcare	Qualcare		2329.5	0.75			383.18	2950.7	percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Three Rivers	Three Rivers		2950.7	0.95			383.18	2950.7	percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	UHC	Medicaid		977.15	0.3146			383.18	2950.7	percent of total billed charges	
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	UHC	Medicare		1042.44	1			383.18	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Wellcare	Medicare		1042.44	1			383.18	2950.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK PUDENDAL	64430	CPT	outpatient			3106	1198.81	Wellcare	Medicaid		977.15	0.3146			383.18	2950.7	percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Aetna	Commercial		1259.11	1.592			383.18	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Aetna	Better Health		739	0.3146			383.18	2231.55	percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Aetna	Medicare		790.9	1			383.18	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Americare	Americare		1761.75	0.75			383.18	2231.55	percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	WellPoint	WellPoint		753.56	0.3208			383.18	2231.55	percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Amerihealth	Medicare		790.9	1			383.18	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Consumer	Consumer		2231.55	0.95			383.18	2231.55	percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Corrections	Corrections		1879.2	0.8			383.18	2231.55	percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	First Health	First Health		1644.3	0.7			383.18	2231.55	percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	First Trenton	First Trenton		2114.1	0.9			383.18	2231.55	percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Horizon	MGD		1444.97	1.827			383.18	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Horizon	Medicare Blue		790.9	1			383.18	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Horizon	PPO		1444.97	1.827			383.18	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Horizon	Indemnity		1444.97	1.827			383.18	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Managed Care Inc	Managed Care Inc		2114.1	0.9			383.18	2231.55	percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Multiplan	Multiplan		1879.2	0.8			383.18	2231.55	percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Qualcare	Qualcare		1761.75	0.75			383.18	2231.55	percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Three Rivers	Three Rivers		2231.55	0.95			383.18	2231.55	percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	UHC	Medicaid		739	0.3146			383.18	2231.55	percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	UHC	Medicare		790.9	1			383.18	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Wellcare	Medicaid		739	0.3146			383.18	2231.55	percent of total billed charges	
NB PARACERVICAL	64435	CPT	outpatient			2349	909.54	Wellcare	Medicare		790.9	1			383.18	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Aetna	Better Health		797.83	0.3146			383.18	2409.2	percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Aetna	Commercial		1259.11	1.592			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Aetna	Medicare		790.9	1			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Americare	Americare		1902	0.75			383.18	2409.2	percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	WellPoint	WellPoint		813.55	0.3208			383.18	2409.2	percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Amerihealth	Medicare		790.9	1			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Consumer	Consumer		2409.2	0.95			383.18	2409.2	percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Corrections	Corrections		2028.8	0.8			383.18	2409.2	percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	First Health	First Health		1775.2	0.7			383.18	2409.2	percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	First Trenton	First Trenton		2282.4	0.9			383.18	2409.2	percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Horizon	PPO		1444.97	1.827			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Horizon	Indemnity		1444.97	1.827			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Horizon	Medicare Blue		790.9	1			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Horizon	MGD		1444.97	1.827			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Managed Care Inc	Managed Care Inc		2282.4	0.9			383.18	2409.2	percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Multiplan	Multiplan		2028.8	0.8			383.18	2409.2	percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Qualcare	Qualcare		1902	0.75			383.18	2409.2	percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Three Rivers	Three Rivers		2409.2	0.95			383.18	2409.2	percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	UHC	Medicaid		797.83	0.3146			383.18	2409.2	percent of total billed charges	
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	UHC	Medicare		790.9	1			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Wellcare	Medicare		790.9	1			383.18	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NERVE BLOCK SCIATIC	64445	CPT	both			2536	909.54	Wellcare	Medicaid		797.83	0.3146			383.18	2409.2	percent of total billed charges	
INJ. ANETH.AGENT FEMORAL N.	64447	CPT	both			2536	909.54	Aetna	Commercial		1259.11	1.592			441.38	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ. ANETH.AGENT FEMORAL N.	64447	CPT	both			2536	909.54	Aetna	Better Health		797.83	0.3146			441.38	2409.2	percent of total billed charges	
INJ. ANETH.AGENT FEMORAL N.	64447	CPT	both			2536	909.54	Aetna	Medicare		790.9	1			441.38	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ. ANETH.AGENT FEMORAL N.	64447	CPT	both			2536	909.54	Americare	Americare		1902	0.75			441.38	2409.2	percent of total billed charges	
INJ. ANETH.AGENT FEMORAL N.	64447	CPT	both			2536	909.54	WellPoint	WellPoint		813.55	0.3208			441.38	2409.2	percent of total billed charges	
INJ. ANETH.AGENT FEMORAL N.	64447	CPT	both			2536	909.54	Amerihealth	Medicare		790.9	1			441.38	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ. ANETH.AGENT FEMORAL N.	64447	CPT	both			2536	909.54	Consumer	Consumer		2409.2	0.95			441.38	2409.2	percent of total billed charges	
INJ. ANETH.AGENT FEMORAL N.	64447	CPT	both			2536	909.54	Corrections	Corrections		2028.8	0.8			441.38	2409.2	percent of total billed charges	
INJ. ANETH.AGENT FEMORAL N.	64447	CPT	both			2536	909.54	First Health	First Health		1775.2	0.7			441.38	2409.2	percent of total billed charges	
INJ. ANETH.AGENT FEMORAL N.	64447	CPT	both			2536	909.54	First Trenton	First Trenton		2282.4	0.9			441.38	2409.2	percent of total billed charges	
INJ. ANETH.AGENT FEMORAL N.	64447	CPT	both			2536	909.54	Horizon	MGD		1444.97	1.827			441.38	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ. ANETH.AGENT FEMORAL N.	64447	CPT	both			2536	909.54	Horizon	Medicare Blue		790.9	1			441.38	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ. ANETH.AGENT FEMORAL N.	64447	CPT	both			2536	909.54	Horizon	PPO		1444.97	1.827			441.38	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ. ANETH.AGENT FEMORAL N.	64447	CPT	both			2536	909.54	Horizon	Indemnity		1444.97	1.827			441.38	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ. ANETH.AGENT FEMORAL N.	64447	CPT	both			2536	909.54	Managed Care Inc	Managed Care Inc		2282.4	0.9			441.38	2409.2	percent of total billed charges	
INJ. ANETH.AGENT FEMORAL N.	64447	CPT	both			2536	909.54	Multiplan	Multiplan		2028.8	0.8			441.38	2409.2	percent of total billed charges	
INJ. ANETH.AGENT FEMORAL N.	64447	CPT	both			2536	909.54	Qualcare	Qualcare		1902	0.75			441.38	2409.2	percent of total billed charges	
INJ. ANETH.AGENT FEMORAL N.	64447	CPT	both			2536	909.54	Three Rivers	Three Rivers		2409.2	0.95			441.38	2409.2	percent of total billed charges	
INJ. ANETH.AGENT FEMORAL N.	64447	CPT	both			2536	909.54	UHC	Medicare		790.9	1			441.38	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ. ANETH.AGENT FEMORAL N.	64447	CPT	both			2536	909.54	UHC	Medicaid		797.83	0.3146			441.38	2409.2	percent of total billed charges	
INJ. ANETH.AGENT FEMORAL N.	64447	CPT	both			2536	909.54	Wellcare	Medicare		790.9	1			441.38	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ. ANETH.AGENT FEMORAL N.	64447	CPT	both			2536	909.54	Wellcare	Medicaid		797.83	0.3146			441.38	2409.2	percent of total billed charges	
INJ. ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Aetna	Better Health		865.46	0.3146			865.46	2613.45	percent of total billed charges	
INJ. ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Aetna	Commercial		1659.56	1.592			865.46	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ. ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Aetna	Medicare		1042.44	1			865.46	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ. ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Americare	Americare		2063.25	0.75			865.46	2613.45	percent of total billed charges	
INJ. ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	WellPoint	WellPoint		882.52	0.3208			865.46	2613.45	percent of total billed charges	
INJ. ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Amerihealth	Medicare		1042.44	1			865.46	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ. ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Consumer	Consumer		2613.45	0.95			865.46	2613.45	percent of total billed charges	
INJ. ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Corrections	Corrections		2200.8	0.8			865.46	2613.45	percent of total billed charges	
INJ. ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	First Health	First Health		1925.7	0.7			865.46	2613.45	percent of total billed charges	
INJ. ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	First Trenton	First Trenton		2475.9	0.9			865.46	2613.45	percent of total billed charges	
INJ. ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Horizon	MGD		1904.54	1.827			865.46	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ. ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Horizon	Medicare Blue		1042.44	1			865.46	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ. ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Horizon	PPO		1904.54	1.827			865.46	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ. ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Horizon	Indemnity		1904.54	1.827			865.46	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ. ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Managed Care Inc	Managed Care Inc		2475.9	0.9			865.46	2613.45	percent of total billed charges	
INJ. ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Multiplan	Multiplan		2200.8	0.8			865.46	2613.45	percent of total billed charges	
INJ. ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Qualcare	Qualcare		2063.25	0.75			865.46	2613.45	percent of total billed charges	
INJ. ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Three Rivers	Three Rivers		2613.45	0.95			865.46	2613.45	percent of total billed charges	
INJ. ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	UHC	Medicaid		865.46	0.3146			865.46	2613.45	percent of total billed charges	
INJ. ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	UHC	Medicare		1042.44	1			865.46	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ. ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Wellcare	Medicaid		865.46	0.3146			865.46	2613.45	percent of total billed charges	
INJ. ANESTH; LUMBAR PLEXUS	64449	CPT	outpatient			2751	1198.81	Wellcare	Medicare		1042.44	1			865.46	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPH NERVE INJ	64450	CPT	both			2536	909.54	Aetna	Commercial		1259.11	1.592			306.74	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPH NERVE INJ	64450	CPT	both			2536	909.54	Aetna	Better Health		797.83	0.3146			306.74	2409.2	percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	both			2536	909.54	Aetna	Medicare		790.9	1			306.74	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPH NERVE INJ	64450	CPT	both			2536	909.54	Americare	Americare		1902	0.75			306.74	2409.2	percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	both			2536	909.54	WellPoint	WellPoint		813.55	0.3208			306.74	2409.2	percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	both			2536	909.54	Amerihealth	Medicare		790.9	1			306.74	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPH NERVE INJ	64450	CPT	both			2536	909.54	Consumer	Consumer		2409.2	0.95			306.74	2409.2	percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	both			2536	909.54	Corrections	Corrections		2028.8	0.8			306.74	2409.2	percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	both			2536	909.54	First Health	First Health		1775.2	0.7			306.74	2409.2	percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	both			2536	909.54	First Trenton	First Trenton		2282.4	0.9			306.74	2409.2	percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	both			2536	909.54	Horizon	Indemnity		1444.97	1.827			306.74	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPH NERVE INJ	64450	CPT	both			2536	909.54	Horizon	Medicare Blue		790.9	1			306.74	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPH NERVE INJ	64450	CPT	both			2536	909.54	Horizon	PPO		1444.97	1.827			306.74	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPH NERVE INJ	64450	CPT	both			2536	909.54	Horizon	MGD		1444.97	1.827			306.74	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPH NERVE INJ	64450	CPT	both			2536	909.54	Managed Care Inc	Managed Care Inc		2282.4	0.9			306.74	2409.2	percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	both			2536	909.54	Multiplan	Multiplan		2028.8	0.8			306.74	2409.2	percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	both			2536	909.54	Qualcare	Qualcare		1902	0.75			306.74	2409.2	percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	both			2536	909.54	Three Rivers	Three Rivers		2409.2	0.95			306.74	2409.2	percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	both			2536	909.54	UHC	Medicare		790.9	1			306.74	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPH NERVE INJ	64450	CPT	both			2536	909.54	UHC	Medicaid		797.83	0.3146			306.74	2409.2	percent of total billed charges	
PERIPH NERVE INJ	64450	CPT	both			2536	909.54	Wellcare	Medicare		790.9	1			306.74	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPH NERVE INJ	64450	CPT	both			2536	909.54	Wellcare	Medicaid		797.83	0.3146			306.74	2409.2	percent of total billed charges	
INJ AA*STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349	909.54	Aetna	Better Health		739	0.3146			723.49	2231.55	percent of total billed charges	
INJ AA*STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349	909.54	Aetna	Commercial		1259.11	1.592			723.49	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ AA*STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349	909.54	Aetna	Medicare		723.49	0.308			723.49	2231.55	percent of total billed charges	
INJ AA*STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349	909.54	Americare	Americare		1761.75	0.75			723.49	2231.55	percent of total billed charges	
INJ AA*STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349	909.54	WellPoint	WellPoint		753.56	0.3208			723.49	2231.55	percent of total billed charges	
INJ AA*STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349	909.54	Amerihealth	Medicare		790.9	1			723.49	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ AA*STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349	909.54	Consumer	Consumer		2231.55	0.95			723.49	2231.55	percent of total billed charges	
INJ AA*STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349	909.54	Corrections	Corrections		1879.2	0.8			723.49	2231.55	percent of total billed charges	
INJ AA*STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349	909.54	First Health	First Health		1644.3	0.7			723.49	2231.55	percent of total billed charges	
INJ AA*STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349	909.54	First Trenton	First Trenton		2114.1	0.9			723.49	2231.55	percent of total billed charges	
INJ AA*STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349	909.54	Horizon	MGD		1444.97	1.827			723.49	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ AA*STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349	909.54	Horizon	Indemnity		1444.97	1.827			723.49	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ AA*STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349	909.54	Horizon	Medicare Blue		790.9	1			723.49	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ AA*STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349	909.54	Horizon	PPO		1444.97	1.827			723.49	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ AA*STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349	909.54	Managed Care Inc	Managed Care Inc		2114.1	0.9			723.49	2231.55	percent of total billed charges	
INJ AA*STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349	909.54	Multiplan	Multiplan		1879.2	0.8			723.49	2231.55	percent of total billed charges	
INJ AA*STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349	909.54	Qualcare	Qualcare		1761.75	0.75			723.49	2231.55	percent of total billed charges	
INJ AA*STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349	909.54	Three Rivers	Three Rivers		2231.55	0.95			723.49	2231.55	percent of total billed charges	
INJ AA*STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349	909.54	UHC	Medicaid		739	0.3146			723.49	2231.55	percent of total billed charges	
INJ AA*STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349	909.54	UHC	Medicare		790.9	1			723.49	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ AA*STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349	909.54	Wellcare	Medicaid		739	0.3146			723.49	2231.55	percent of total billed charges	
INJ AA*STRD NERV SL JOINT W/IMG	64451	CPT	outpatient			2349	909.54	Wellcare	Medicare		790.9	1			723.49	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536	909.54	Aetna	Commercial		1259.11	1.592			739	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536	909.54	Aetna	Better Health		797.83	0.3146			739	2409.2	percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536	909.54	Aetna	Medicare		790.9	1			739	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536	909.54	Americare	Americare		1902	0.75			739	2409.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536	909.54	WellPoint	WellPoint		813.55	0.3208			739	2409.2	percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536	909.54	Amerihealth	Medicare		790.9	1			739	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536	909.54	Consumer	Consumer		2409.2	0.95			739	2409.2	percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536	909.54	Corrections	Corrections		2028.8	0.8			739	2409.2	percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536	909.54	First Health	First Health		1775.2	0.7			739	2409.2	percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536	909.54	First Trenton	First Trenton		2282.4	0.9			739	2409.2	percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536	909.54	Horizon	MGD		1444.97	1.827			739	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536	909.54	Horizon	Indemnity		1444.97	1.827			739	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536	909.54	Horizon	Medicare Blue		790.9	1			739	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536	909.54	Horizon	PPO		1444.97	1.827			739	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536	909.54	Managed Care Inc	Managed Care Inc		2282.4	0.9			739	2409.2	percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536	909.54	Multiplan	Multiplan		2028.8	0.8			739	2409.2	percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536	909.54	Qualcare	Qualcare		1902	0.75			739	2409.2	percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536	909.54	Three Rivers	Three Rivers		2409.2	0.95			739	2409.2	percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536	909.54	UHC	Medicare		790.9	1			739	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536	909.54	UHC	Medicaid		797.83	0.3146			739	2409.2	percent of total billed charges	
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536	909.54	Wellcare	Medicare		790.9	1			739	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE INJECT ANESTHETIC AGENT OR STER	64454	CPT	outpatient			2536	909.54	Wellcare	Medicaid		797.83	0.3146			739	2409.2	percent of total billed charges	
REV.SPI/ NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045	389.55	Aetna	Better Health		328.76	0.3146			298.56	992.75	percent of total billed charges	
REV.SPI/ NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045	389.55	Aetna	Commercial		539.27	1.592			298.56	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV.SPI/ NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045	389.55	Aetna	Medicare		338.74	1			298.56	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV.SPI/ NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045	389.55	Americare	Americare		783.75	0.75			298.56	992.75	percent of total billed charges	
REV.SPI/ NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045	389.55	WellPoint	WellPoint		335.24	0.3208			298.56	992.75	percent of total billed charges	
REV.SPI/ NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045	389.55	Amerihealth	Medicare		338.74	1			298.56	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV.SPI/ NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045	389.55	Consumer	Consumer		992.75	0.95			298.56	992.75	percent of total billed charges	
REV.SPI/ NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045	389.55	Corrections	Corrections		836	0.8			298.56	992.75	percent of total billed charges	
REV.SPI/ NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045	389.55	First Health	First Health		731.5	0.7			298.56	992.75	percent of total billed charges	
REV.SPI/ NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045	389.55	First Trenton	First Trenton		940.5	0.9			298.56	992.75	percent of total billed charges	
REV.SPI/ NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045	389.55	Horizon	Medicare Blue		338.74	1			298.56	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV.SPI/ NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045	389.55	Horizon	Indemnity		618.88	1.827			298.56	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV.SPI/ NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045	389.55	Horizon	MGD		618.88	1.827			298.56	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV.SPI/ NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045	389.55	Horizon	PPO		618.88	1.827			298.56	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV.SPI/ NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045	389.55	Managed Care Inc	Managed Care Inc		940.5	0.9			298.56	992.75	percent of total billed charges	
REV.SPI/ NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045	389.55	Multiplan	Multiplan		836	0.8			298.56	992.75	percent of total billed charges	
REV.SPI/ NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045	389.55	Qualcare	Qualcare		783.75	0.75			298.56	992.75	percent of total billed charges	
REV.SPI/ NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045	389.55	Three Rivers	Three Rivers		992.75	0.95			298.56	992.75	percent of total billed charges	
REV.SPI/ NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045	389.55	UHC	Medicare		338.74	1			298.56	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV.SPI/ NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045	389.55	UHC	Medicaid		328.76	0.3146			298.56	992.75	percent of total billed charges	
REV.SPI/ NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045	389.55	Wellcare	Medicare		338.74	1			298.56	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV.SPI/ NEUROSTIMUL ELECTRODE	64455	CPT	outpatient			1045	389.55	Wellcare	Medicaid		328.76	0.3146			298.56	992.75	percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536	909.54	Aetna	Better Health		797.83	0.3146			670.1	2409.2	percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536	909.54	Aetna	Commercial		1259.11	1.592			670.1	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536	909.54	Aetna	Medicare		790.9	1			670.1	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536	909.54	Americare	Americare		1902	0.75			670.1	2409.2	percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536	909.54	WellPoint	WellPoint		813.55	0.3208			670.1	2409.2	percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536	909.54	Amerihealth	Medicare		790.9	1			670.1	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536	909.54	Consumer	Consumer		2409.2	0.95			670.1	2409.2	percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536	909.54	Corrections	Corrections		2028.8	0.8			670.1	2409.2	percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536	909.54	First Health	First Health		1775.2	0.7			670.1	2409.2	percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536	909.54	First Trenton	First Trenton		2282.4	0.9			670.1	2409.2	percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536	909.54	Horizon	Indemnity		1444.97	1.827			670.1	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536	909.54	Horizon	Medicare Blue		790.9	1			670.1	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536	909.54	Horizon	PPO		1444.97	1.827			670.1	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536	909.54	Horizon	MGD		1444.97	1.827			670.1	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536	909.54	Managed Care Inc	Managed Care Inc		2282.4	0.9			670.1	2409.2	percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536	909.54	Multiplan	Multiplan		2028.8	0.8			670.1	2409.2	percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536	909.54	Qualcare	Qualcare		1902	0.75			670.1	2409.2	percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536	909.54	Three Rivers	Three Rivers		2409.2	0.95			670.1	2409.2	percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536	909.54	UHC	Medicaid		797.83	0.3146			670.1	2409.2	percent of total billed charges	
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536	909.54	UHC	Medicare		790.9	1			670.1	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536	909.54	Wellcare	Medicare		790.9	1			670.1	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBRAL THORACIC BLOCK	64461	CPT	outpatient			2536	909.54	Wellcare	Medicaid		797.83	0.3146			670.1	2409.2	percent of total billed charges	
TRANSFOR C/T EPI STER INJ	64479	CPT	outpatient			3286	1198.81	Aetna	Commercial		1659.56	1.592			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR C/T EPI STER INJ	64479	CPT	outpatient			3286	1198.81	Aetna	Better Health		1033.78	0.3146			383.18	3121.7	percent of total billed charges	
TRANSFOR C/T EPI STER INJ	64479	CPT	outpatient			3286	1198.81	Aetna	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR C/T EPI STER INJ	64479	CPT	outpatient			3286	1198.81	Americare	Americare		2464.5	0.75			383.18	3121.7	percent of total billed charges	
TRANSFOR C/T EPI STER INJ	64479	CPT	outpatient			3286	1198.81	WellPoint	WellPoint		1054.15	0.3208			383.18	3121.7	percent of total billed charges	
TRANSFOR C/T EPI STER INJ	64479	CPT	outpatient			3286	1198.81	Amerihealth	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR C/T EPI STER INJ	64479	CPT	outpatient			3286	1198.81	Consumer	Consumer		3121.7	0.95			383.18	3121.7	percent of total billed charges	
TRANSFOR C/T EPI STER INJ	64479	CPT	outpatient			3286	1198.81	Corrections	Corrections		2628.8	0.8			383.18	3121.7	percent of total billed charges	
TRANSFOR C/T EPI STER INJ	64479	CPT	outpatient			3286	1198.81	First Health	First Health		2300.2	0.7			383.18	3121.7	percent of total billed charges	
TRANSFOR C/T EPI STER INJ	64479	CPT	outpatient			3286	1198.81	First Trenton	First Trenton		2957.4	0.9			383.18	3121.7	percent of total billed charges	
TRANSFOR C/T EPI STER INJ	64479	CPT	outpatient			3286	1198.81	Horizon	MGD		1904.54	1.827			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR C/T EPI STER INJ	64479	CPT	outpatient			3286	1198.81	Horizon	Indemnity		1904.54	1.827			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR C/T EPI STER INJ	64479	CPT	outpatient			3286	1198.81	Horizon	PPO		1904.54	1.827			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR C/T EPI STER INJ	64479	CPT	outpatient			3286	1198.81	Horizon	Medicare Blue		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR C/T EPI STER INJ	64479	CPT	outpatient			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	0.9			383.18	3121.7	percent of total billed charges	
TRANSFOR C/T EPI STER INJ	64479	CPT	outpatient			3286	1198.81	Multiplan	Multiplan		2628.8	0.8			383.18	3121.7	percent of total billed charges	
TRANSFOR C/T EPI STER INJ	64479	CPT	outpatient			3286	1198.81	Qualcare	Qualcare		2464.5	0.75			383.18	3121.7	percent of total billed charges	
TRANSFOR C/T EPI STER INJ	64479	CPT	outpatient			3286	1198.81	Three Rivers	Three Rivers		3121.7	0.95			383.18	3121.7	percent of total billed charges	
TRANSFOR C/T EPI STER INJ	64479	CPT	outpatient			3286	1198.81	UHC	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR C/T EPI STER INJ	64479	CPT	outpatient			3286	1198.81	UHC	Medicaid		1033.78	0.3146			383.18	3121.7	percent of total billed charges	
TRANSFOR C/T EPI STER INJ	64479	CPT	outpatient			3286	1198.81	Wellcare	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR C/T EPI STER INJ	64479	CPT	outpatient			3286	1198.81	Wellcare	Medicaid		1033.78	0.3146			383.18	3121.7	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Aetna	Medicare		409.64	0.308			365.4	1263.5	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Aetna	Commercial		505.4	0.38			365.4	1263.5	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Aetna	Better Health		418.42	0.3146			365.4	1263.5	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Americare	Americare		997.5	0.75			365.4	1263.5	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		WellPoint	WellPoint		426.66	0.3208			365.4	1263.5	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Consumer	Consumer		1263.5	0.95			365.4	1263.5	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Corrections	Corrections		1064	0.8			365.4	1263.5	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		First Health	First Health		931	0.7			365.4	1263.5	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		First Trenton	First Trenton		1197	0.9			365.4	1263.5	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Horizon	Medicare Blue		399	0.3			365.4	1263.5	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Horizon	MGD		509.12	0.3828			365.4	1263.5	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Horizon	Indemnity		509.12	0.3828			365.4	1263.5	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Horizon	PPO		509.12	0.3828			365.4	1263.5	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Managed Care Inc	Managed Care Inc		1197	0.9			365.4	1263.5	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Multiplan	Multiplan		1064	0.8			365.4	1263.5	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Qualcare	Qualcare		997.5	0.75			365.4	1263.5	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Three Rivers	Three Rivers		1263.5	0.95			365.4	1263.5	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		UHC	Medicaid		418.42	0.3146			365.4	1263.5	percent of total billed charges	
INJ FORAMEN EPID C/T EA ADDL LVL	64480	CPT	outpatient			1330		Wellcare	Medicaid		418.42	0.3146			365.4	1263.5	percent of total billed charges	
TRANSFOR L/S EPID STER INJ	64483	CPT	both			3286	1198.81	Aetna	Commercial		1659.56	1.592			367.75	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR L/S EPID STER INJ	64483	CPT	both			3286	1198.81	Aetna	Medicare		1012.09	0.308			367.75	3121.7	percent of total billed charges	
TRANSFOR L/S EPID STER INJ	64483	CPT	both			3286	1198.81	Aetna	Better Health		1033.78	0.3146			367.75	3121.7	percent of total billed charges	
TRANSFOR L/S EPID STER INJ	64483	CPT	both			3286	1198.81	Americare	Americare		2464.5	0.75			367.75	3121.7	percent of total billed charges	
TRANSFOR L/S EPID STER INJ	64483	CPT	both			3286	1198.81	WellPoint	WellPoint		1054.15	0.3208			367.75	3121.7	percent of total billed charges	
TRANSFOR L/S EPID STER INJ	64483	CPT	both			3286	1198.81	Amerihealth	Medicare		1042.44	1			367.75	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR L/S EPID STER INJ	64483	CPT	both			3286	1198.81	Consumer	Consumer		3121.7	0.95			367.75	3121.7	percent of total billed charges	
TRANSFOR L/S EPID STER INJ	64483	CPT	both			3286	1198.81	Corrections	Corrections		2628.8	0.8			367.75	3121.7	percent of total billed charges	
TRANSFOR L/S EPID STER INJ	64483	CPT	both			3286	1198.81	First Health	First Health		2300.2	0.7			367.75	3121.7	percent of total billed charges	
TRANSFOR L/S EPID STER INJ	64483	CPT	both			3286	1198.81	First Trenton	First Trenton		2957.4	0.9			367.75	3121.7	percent of total billed charges	
TRANSFOR L/S EPID STER INJ	64483	CPT	both			3286	1198.81	Horizon	Medicare Blue		1042.44	1			367.75	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR L/S EPID STER INJ	64483	CPT	both			3286	1198.81	Horizon	MGD		1904.54	1.827			367.75	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR L/S EPID STER INJ	64483	CPT	both			3286	1198.81	Horizon	PPO		1904.54	1.827			367.75	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR L/S EPID STER INJ	64483	CPT	both			3286	1198.81	Horizon	Indemnity		1904.54	1.827			367.75	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR L/S EPID STER INJ	64483	CPT	both			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	0.9			367.75	3121.7	percent of total billed charges	
TRANSFOR L/S EPID STER INJ	64483	CPT	both			3286	1198.81	Multiplan	Multiplan		2628.8	0.8			367.75	3121.7	percent of total billed charges	
TRANSFOR L/S EPID STER INJ	64483	CPT	both			3286	1198.81	Qualcare	Qualcare		2464.5	0.75			367.75	3121.7	percent of total billed charges	
TRANSFOR L/S EPID STER INJ	64483	CPT	both			3286	1198.81	Three Rivers	Three Rivers		3121.7	0.95			367.75	3121.7	percent of total billed charges	
TRANSFOR L/S EPID STER INJ	64483	CPT	both			3286	1198.81	UHC	Medicaid		1033.78	0.3146			367.75	3121.7	percent of total billed charges	
TRANSFOR L/S EPID STER INJ	64483	CPT	both			3286	1198.81	UHC	Medicare		1042.44	1			367.75	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR L/S EPID STER INJ	64483	CPT	both			3286	1198.81	Wellcare	Medicare		1042.44	1			367.75	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSFOR L/S EPID STER INJ	64483	CPT	both			3286	1198.81	Wellcare	Medicaid		1033.78	0.3146			367.75	3121.7	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	both			2880		Aetna	Commercial		1094.4	0.38			398.1	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	both			2880		Aetna	Better Health		906.05	0.3146			398.1	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	both			2880		Aetna	Medicare		887.04	0.308			398.1	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	both			2880		Americare	Americare		2160	0.75			398.1	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	both			2880		WellPoint	WellPoint		923.9	0.3208			398.1	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	both			2880		Consumer	Consumer		2736	0.95			398.1	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	both			2880		Corrections	Corrections		2304	0.8			398.1	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	both			2880		First Health	First Health		2016	0.7			398.1	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	both			2880		First Trenton	First Trenton		2592	0.9			398.1	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	both			2880		Horizon	MGD		1102.46	0.3828			398.1	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	both			2880		Horizon	Indemnity		1102.46	0.3828			398.1	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	both			2880		Horizon	Medicare Blue		864	0.3			398.1	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	both			2880		Horizon	PPO		1102.46	0.3828			398.1	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	both			2880		Managed Care Inc	Managed Care Inc		2592	0.9			398.1	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	both			2880		Multiplan	Multiplan		2304	0.8			398.1	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	both			2880		Qualcare	Qualcare		2160	0.75			398.1	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	both			2880		Three Rivers	Three Rivers		2736	0.95			398.1	2736	percent of total billed charges	
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	both			2880		UHC	Medicaid		906.05	0.3146			398.1	2736	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJ FORAMEN EPIDURAL EA ADDL LVL	64484	CPT	both			2880		Wellcare	Medicaid		906.05	0.3146			398.1	2736	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Aetna	Medicare		408.72	0.308			398.1	1260.65	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Aetna	Better Health		417.47	0.3146			398.1	1260.65	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Aetna	Commercial		504.26	0.38			398.1	1260.65	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Americare	Americare		995.25	0.75			398.1	1260.65	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		WellPoint	WellPoint		425.7	0.3208			398.1	1260.65	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Consumer	Consumer		1260.65	0.95			398.1	1260.65	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Corrections	Corrections		1061.6	0.8			398.1	1260.65	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		First Health	First Health		928.9	0.7			398.1	1260.65	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		First Trenton	First Trenton		1194.3	0.9			398.1	1260.65	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Horizon	MGD		507.98	0.3828			398.1	1260.65	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Horizon	Medicare Blue		398.1	0.3			398.1	1260.65	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Horizon	Indemnity		507.98	0.3828			398.1	1260.65	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Horizon	PPO		507.98	0.3828			398.1	1260.65	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Managed Care Inc	Managed Care Inc		1194.3	0.9			398.1	1260.65	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Multiplan	Multiplan		1061.6	0.8			398.1	1260.65	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Qualcare	Qualcare		995.25	0.75			398.1	1260.65	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Three Rivers	Three Rivers		1260.65	0.95			398.1	1260.65	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		UHC	Medicaid		417.47	0.3146			398.1	1260.65	percent of total billed charges	
TAP BLOCK UNILATERAL BY INJECTION	64486	CPT	outpatient			1327		Wellcare	Medicaid		417.47	0.3146			398.1	1260.65	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTIONS	64488	CPT	outpatient			1327		Aetna	Better Health		417.47	0.3146			398.1	1260.65	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTIONS	64488	CPT	outpatient			1327		Aetna	Medicare		408.72	0.308			398.1	1260.65	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTIONS	64488	CPT	outpatient			1327		Aetna	Commercial		504.26	0.38			398.1	1260.65	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTIONS	64488	CPT	outpatient			1327		Americare	Americare		995.25	0.75			398.1	1260.65	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTIONS	64488	CPT	outpatient			1327		WellPoint	WellPoint		425.7	0.3208			398.1	1260.65	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTIONS	64488	CPT	outpatient			1327		Consumer	Consumer		1260.65	0.95			398.1	1260.65	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTIONS	64488	CPT	outpatient			1327		Corrections	Corrections		1061.6	0.8			398.1	1260.65	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTIONS	64488	CPT	outpatient			1327		First Health	First Health		928.9	0.7			398.1	1260.65	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTIONS	64488	CPT	outpatient			1327		First Trenton	First Trenton		1194.3	0.9			398.1	1260.65	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTIONS	64488	CPT	outpatient			1327		Horizon	Medicare Blue		398.1	0.3			398.1	1260.65	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTIONS	64488	CPT	outpatient			1327		Horizon	Indemnity		507.98	0.3828			398.1	1260.65	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTIONS	64488	CPT	outpatient			1327		Horizon	MGD		507.98	0.3828			398.1	1260.65	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTIONS	64488	CPT	outpatient			1327		Horizon	PPO		507.98	0.3828			398.1	1260.65	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTIONS	64488	CPT	outpatient			1327		Managed Care Inc	Managed Care Inc		1194.3	0.9			398.1	1260.65	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTIONS	64488	CPT	outpatient			1327		Multiplan	Multiplan		1061.6	0.8			398.1	1260.65	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTIONS	64488	CPT	outpatient			1327		Qualcare	Qualcare		995.25	0.75			398.1	1260.65	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTIONS	64488	CPT	outpatient			1327		Three Rivers	Three Rivers		1260.65	0.95			398.1	1260.65	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTIONS	64488	CPT	outpatient			1327		UHC	Medicaid		417.47	0.3146			398.1	1260.65	percent of total billed charges	
TAP BLOCK BILATERAL BY INJECTIONS	64488	CPT	outpatient			1327		Wellcare	Medicaid		417.47	0.3146			398.1	1260.65	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Aetna	Commercial		1659.56	1.592			906.05	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Aetna	Better Health		1033.78	0.3146			906.05	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Aetna	Medicare		1042.44	1			906.05	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Americare	Americare		2464.5	0.75			906.05	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	WellPoint	WellPoint		1054.15	0.3208			906.05	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Amerihealth	Medicare		1042.44	1			906.05	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Consumer	Consumer		3121.7	0.95			906.05	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Corrections	Corrections		2628.8	0.8			906.05	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	First Health	First Health		2300.2	0.7			906.05	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	First Trenton	First Trenton		2957.4	0.9			906.05	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Horizon	PPO		1904.54	1.827			906.05	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Horizon	Indemnity		1904.54	1.827			906.05	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Horizon	MGD		1904.54	1.827			906.05	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Horizon	Medicare Blue		1042.44	1			906.05	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	0.9			906.05	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Multiplan	Multiplan		2628.8	0.8			906.05	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Qualcare	Qualcare		2464.5	0.75			906.05	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Three Rivers	Three Rivers		3121.7	0.95			906.05	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	UHC	Medicare		1042.44	1			906.05	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	UHC	Medicaid		1033.78	0.3146			906.05	3121.7	percent of total billed charges	
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Wellcare	Medicare		1042.44	1			906.05	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARAVERTEBAL FACET JT SINGLE	64490	CPT	outpatient			3286	1198.81	Wellcare	Medicaid		1033.78	0.3146			906.05	3121.7	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Aetna	Commercial		360.62	0.38			284.7	901.55	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Aetna	Better Health		298.56	0.3146			284.7	901.55	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Aetna	Medicare		292.29	0.308			284.7	901.55	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Americare	Americare		711.75	0.75			284.7	901.55	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		WellPoint	WellPoint		304.44	0.3208			284.7	901.55	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Consumer	Consumer		901.55	0.95			284.7	901.55	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Corrections	Corrections		759.2	0.8			284.7	901.55	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		First Health	First Health		664.3	0.7			284.7	901.55	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		First Trenton	First Trenton		854.1	0.9			284.7	901.55	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Horizon	Indemnity		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Horizon	MGD		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Horizon	Medicare Blue		284.7	0.3			284.7	901.55	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Horizon	PPO		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Managed Care Inc	Managed Care Inc		854.1	0.9			284.7	901.55	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Multiplan	Multiplan		759.2	0.8			284.7	901.55	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Qualcare	Qualcare		711.75	0.75			284.7	901.55	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Three Rivers	Three Rivers		901.55	0.95			284.7	901.55	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		UHC	Medicaid		298.56	0.3146			284.7	901.55	percent of total billed charges	
INJ PARAVT FACET JT CRV/THRC 2LV	64491	CPT	outpatient			949		Wellcare	Medicaid		298.56	0.3146			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Aetna	Better Health		298.56	0.3146			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Aetna	Commercial		360.62	0.38			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Aetna	Medicare		292.29	0.308			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Americare	Americare		711.75	0.75			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		WellPoint	WellPoint		304.44	0.3208			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Consumer	Consumer		901.55	0.95			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Corrections	Corrections		759.2	0.8			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		First Health	First Health		664.3	0.7			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		First Trenton	First Trenton		854.1	0.9			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Horizon	Indemnity		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Horizon	MGD		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Horizon	Medicare Blue		284.7	0.3			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Horizon	PPO		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Managed Care Inc	Managed Care Inc		854.1	0.9			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Multiplan	Multiplan		759.2	0.8			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Qualcare	Qualcare		711.75	0.75			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Three Rivers	Three Rivers		901.55	0.95			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		UHC	Medicaid		298.56	0.3146			284.7	901.55	percent of total billed charges	
INJ PARAVERT F JNT C/T >=3 LVLS	64492	CPT	outpatient			949		Wellcare	Medicaid		298.56	0.3146			284.7	901.55	percent of total billed charges	
INJECT ANESTH LUMBAR SNGL	64493	CPT	outpatient			3286	1198.81	Aetna	Better Health		1033.78	0.3146			836.21	3121.7	percent of total billed charges	
INJECT ANESTH LUMBAR SNGL	64493	CPT	outpatient			3286	1198.81	Aetna	Commercial		1659.56	1.592			836.21	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT ANESTH LUMBAR SNGL	64493	CPT	outpatient			3286	1198.81	Aetna	Medicare		1042.44	1			836.21	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT ANESTH LUMBAR SNGL	64493	CPT	outpatient			3286	1198.81	Americare	Americare		2464.5	0.75			836.21	3121.7	percent of total billed charges	
INJECT ANESTH LUMBAR SNGL	64493	CPT	outpatient			3286	1198.81	WellPoint	WellPoint		1054.15	0.3208			836.21	3121.7	percent of total billed charges	
INJECT ANESTH LUMBAR SNGL	64493	CPT	outpatient			3286	1198.81	Amerihealth	Medicare		1042.44	1			836.21	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT ANESTH LUMBAR SNGL	64493	CPT	outpatient			3286	1198.81	Consumer	Consumer		3121.7	0.95			836.21	3121.7	percent of total billed charges	
INJECT ANESTH LUMBAR SNGL	64493	CPT	outpatient			3286	1198.81	Corrections	Corrections		2628.8	0.8			836.21	3121.7	percent of total billed charges	
INJECT ANESTH LUMBAR SNGL	64493	CPT	outpatient			3286	1198.81	First Health	First Health		2300.2	0.7			836.21	3121.7	percent of total billed charges	
INJECT ANESTH LUMBAR SNGL	64493	CPT	outpatient			3286	1198.81	First Trenton	First Trenton		2957.4	0.9			836.21	3121.7	percent of total billed charges	
INJECT ANESTH LUMBAR SNGL	64493	CPT	outpatient			3286	1198.81	Horizon	PPO		1904.54	1.827			836.21	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT ANESTH LUMBAR SNGL	64493	CPT	outpatient			3286	1198.81	Horizon	MGD		1904.54	1.827			836.21	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT ANESTH LUMBAR SNGL	64493	CPT	outpatient			3286	1198.81	Horizon	Indemnity		1904.54	1.827			836.21	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT ANESTH LUMBAR SNGL	64493	CPT	outpatient			3286	1198.81	Horizon	Medicare Blue		1042.44	1			836.21	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT ANESTH LUMBAR SNGL	64493	CPT	outpatient			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	0.9			836.21	3121.7	percent of total billed charges	
INJECT ANESTH LUMBAR SNGL	64493	CPT	outpatient			3286	1198.81	Multiplan	Multiplan		2628.8	0.8			836.21	3121.7	percent of total billed charges	
INJECT ANESTH LUMBAR SNGL	64493	CPT	outpatient			3286	1198.81	Qualcare	Qualcare		2464.5	0.75			836.21	3121.7	percent of total billed charges	
INJECT ANESTH LUMBAR SNGL	64493	CPT	outpatient			3286	1198.81	Three Rivers	Three Rivers		3121.7	0.95			836.21	3121.7	percent of total billed charges	
INJECT ANESTH LUMBAR SNGL	64493	CPT	outpatient			3286	1198.81	UHC	Medicaid		1033.78	0.3146			836.21	3121.7	percent of total billed charges	
INJECT ANESTH LUMBAR SNGL	64493	CPT	outpatient			3286	1198.81	UHC	Medicare		1042.44	1			836.21	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT ANESTH LUMBAR SNGL	64493	CPT	outpatient			3286	1198.81	Wellcare	Medicaid		1033.78	0.3146			836.21	3121.7	percent of total billed charges	
INJECT ANESTH LUMBAR SNGL	64493	CPT	outpatient			3286	1198.81	Wellcare	Medicare		1042.44	1			836.21	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ PARAVRT F JNT LIS2LVL ADDON	64494	CPT	both			949		Aetna	Better Health		298.56	0.3146			284.7	901.55	percent of total billed charges	
INJ PARAVRT F JNT LIS2LVL ADDON	64494	CPT	both			949		Aetna	Commercial		360.62	0.38			284.7	901.55	percent of total billed charges	
INJ PARAVRT F JNT LIS2LVL ADDON	64494	CPT	both			949		Aetna	Medicare		292.29	0.308			284.7	901.55	percent of total billed charges	
INJ PARAVRT F JNT LIS2LVL ADDON	64494	CPT	both			949		Americare	Americare		711.75	0.75			284.7	901.55	percent of total billed charges	
INJ PARAVRT F JNT LIS2LVL ADDON	64494	CPT	both			949		WellPoint	WellPoint		304.44	0.3208			284.7	901.55	percent of total billed charges	
INJ PARAVRT F JNT LIS2LVL ADDON	64494	CPT	both			949		Consumer	Consumer		901.55	0.95			284.7	901.55	percent of total billed charges	
INJ PARAVRT F JNT LIS2LVL ADDON	64494	CPT	both			949		Corrections	Corrections		759.2	0.8			284.7	901.55	percent of total billed charges	
INJ PARAVRT F JNT LIS2LVL ADDON	64494	CPT	both			949		First Health	First Health		664.3	0.7			284.7	901.55	percent of total billed charges	
INJ PARAVRT F JNT LIS2LVL ADDON	64494	CPT	both			949		First Trenton	First Trenton		854.1	0.9			284.7	901.55	percent of total billed charges	
INJ PARAVRT F JNT LIS2LVL ADDON	64494	CPT	both			949		Horizon	MGD		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PARAVRT F JNT LIS2LVL ADDON	64494	CPT	both			949		Horizon	Indemnity		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PARAVRT F JNT LIS2LVL ADDON	64494	CPT	both			949		Horizon	PPO		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PARAVRT F JNT LIS2LVL ADDON	64494	CPT	both			949		Horizon	Medicare Blue		284.7	0.3			284.7	901.55	percent of total billed charges	
INJ PARAVRT F JNT LIS2LVL ADDON	64494	CPT	both			949		Managed Care Inc	Managed Care Inc		854.1	0.9			284.7	901.55	percent of total billed charges	
INJ PARAVRT F JNT LIS2LVL ADDON	64494	CPT	both			949		Multiplan	Multiplan		759.2	0.8			284.7	901.55	percent of total billed charges	
INJ PARAVRT F JNT LIS2LVL ADDON	64494	CPT	both			949		Qualcare	Qualcare		711.75	0.75			284.7	901.55	percent of total billed charges	
INJ PARAVRT F JNT LIS2LVL ADDON	64494	CPT	both			949		Three Rivers	Three Rivers		901.55	0.95			284.7	901.55	percent of total billed charges	
INJ PARAVRT F JNT LIS2LVL ADDON	64494	CPT	both			949		UHC	Medicaid		298.56	0.3146			284.7	901.55	percent of total billed charges	
INJ PARAVRT F JNT LIS2LVL ADDON	64494	CPT	both			949		Wellcare	Medicaid		298.56	0.3146			284.7	901.55	percent of total billed charges	
INJ PARAVERT FJNT L/S 3 LEV	64495	CPT	both			949		Aetna	Medicare		292.29	0.308			284.7	901.55	percent of total billed charges	
INJ PARAVERT FJNT L/S 3 LEV	64495	CPT	both			949		Aetna	Commercial		360.62	0.38			284.7	901.55	percent of total billed charges	
INJ PARAVERT FJNT L/S 3 LEV	64495	CPT	both			949		Aetna	Better Health		298.56	0.3146			284.7	901.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJ PARAVERT FJNT LIS 3 LEV	64495	CPT	both			949		Americare	Americare		711.75	0.75			284.7	901.55	percent of total billed charges	
INJ PARAVERT FJNT LIS 3 LEV	64495	CPT	both			949		WellPoint	WellPoint		304.44	0.3208			284.7	901.55	percent of total billed charges	
INJ PARAVERT FJNT LIS 3 LEV	64495	CPT	both			949		Consumer	Consumer		901.55	0.95			284.7	901.55	percent of total billed charges	
INJ PARAVERT FJNT LIS 3 LEV	64495	CPT	both			949		Corrections	Corrections		759.2	0.8			284.7	901.55	percent of total billed charges	
INJ PARAVERT FJNT LIS 3 LEV	64495	CPT	both			949		First Health	First Health		664.3	0.7			284.7	901.55	percent of total billed charges	
INJ PARAVERT FJNT LIS 3 LEV	64495	CPT	both			949		First Trenton	First Trenton		854.1	0.9			284.7	901.55	percent of total billed charges	
INJ PARAVERT FJNT LIS 3 LEV	64495	CPT	both			949		Horizon	MGD		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PARAVERT FJNT LIS 3 LEV	64495	CPT	both			949		Horizon	Medicare Blue		284.7	0.3			284.7	901.55	percent of total billed charges	
INJ PARAVERT FJNT LIS 3 LEV	64495	CPT	both			949		Horizon	Indemnity		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PARAVERT FJNT LIS 3 LEV	64495	CPT	both			949		Horizon	PPO		363.28	0.3828			284.7	901.55	percent of total billed charges	
INJ PARAVERT FJNT LIS 3 LEV	64495	CPT	both			949		Managed Care Inc	Managed Care Inc		854.1	0.9			284.7	901.55	percent of total billed charges	
INJ PARAVERT FJNT LIS 3 LEV	64495	CPT	both			949		Multiplan	Multiplan		759.2	0.8			284.7	901.55	percent of total billed charges	
INJ PARAVERT FJNT LIS 3 LEV	64495	CPT	both			949		Qualcare	Qualcare		711.75	0.75			284.7	901.55	percent of total billed charges	
INJ PARAVERT FJNT LIS 3 LEV	64495	CPT	both			949		Three Rivers	Three Rivers		901.55	0.95			284.7	901.55	percent of total billed charges	
INJ PARAVERT FJNT LIS 3 LEV	64495	CPT	both			949		UHC	Medicaid		298.56	0.3146			284.7	901.55	percent of total billed charges	
INJ PARAVERT FJNT LIS 3 LEV	64495	CPT	both			949		Wellcare	Medicaid		298.56	0.3146			284.7	901.55	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Aetna	Better Health		383.18	0.3146			312.08	1157.1	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Aetna	Commercial		539.27	1.592			312.08	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Aetna	Medicare		338.74	1			312.08	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Americare	Americare		913.5	0.75			312.08	1157.1	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	WellPoint	WellPoint		390.73	0.3208			312.08	1157.1	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Amerihealth	Medicare		338.74	1			312.08	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Consumer	Consumer		1157.1	0.95			312.08	1157.1	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Corrections	Corrections		974.4	0.8			312.08	1157.1	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	First Health	First Health		852.6	0.7			312.08	1157.1	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	First Trenton	First Trenton		1096.2	0.9			312.08	1157.1	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Horizon	MGD		618.88	1.827			312.08	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Horizon	Medicare Blue		338.74	1			312.08	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Horizon	Indemnity		618.88	1.827			312.08	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Horizon	PPO		618.88	1.827			312.08	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Managed Care Inc	Managed Care Inc		1096.2	0.9			312.08	1157.1	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Multiplan	Multiplan		974.4	0.8			312.08	1157.1	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Qualcare	Qualcare		913.5	0.75			312.08	1157.1	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Three Rivers	Three Rivers		1157.1	0.95			312.08	1157.1	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	UHC	Medicaid		383.18	0.3146			312.08	1157.1	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	UHC	Medicare		338.74	1			312.08	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Wellcare	Medicaid		383.18	0.3146			312.08	1157.1	percent of total billed charges	
SPHENOPALATINE GANGLION BLOCK	64505	CPT	outpatient			1218	389.55	Wellcare	Medicare		338.74	1			312.08	1157.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Aetna	Medicare		375.14	0.308			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Aetna	Better Health		383.18	0.3146			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Aetna	Commercial		462.84	0.38			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Americare	Americare		913.5	0.75			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		WellPoint	WellPoint		390.73	0.3208			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Consumer	Consumer		1157.1	0.95			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Corrections	Corrections		974.4	0.8			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		First Health	First Health		852.6	0.7			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		First Trenton	First Trenton		1096.2	0.9			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Horizon	Medicare Blue		365.4	0.3			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Horizon	Indemnity		466.25	0.3828			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Horizon	MGD		466.25	0.3828			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Horizon	PPO		466.25	0.3828			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Managed Care Inc	Managed Care Inc		1096.2	0.9			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Multiplan	Multiplan		974.4	0.8			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Qualcare	Qualcare		913.5	0.75			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Three Rivers	Three Rivers		1157.1	0.95			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		UHC	Medicaid		383.18	0.3146			365.4	1157.1	percent of total billed charges	
IN ANE AGT CAROT SINU SEP PRO	64508	CPT	outpatient			1218		Wellcare	Medicaid		383.18	0.3146			365.4	1157.1	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Aetna	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Aetna	Commercial		1659.56	1.592			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Aetna	Better Health		1033.78	0.3146			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Americare	Americare		2464.5	0.75			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	WellPoint	WellPoint		1054.15	0.3208			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Amerihealth	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Consumer	Consumer		3121.7	0.95			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Corrections	Corrections		2628.8	0.8			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	First Health	First Health		2300.2	0.7			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	First Trenton	First Trenton		2957.4	0.9			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Horizon	MGD		1904.54	1.827			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Horizon	Indemnity		1904.54	1.827			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Horizon	Medicare Blue		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Horizon	PPO		1904.54	1.827			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	0.9			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Multiplan	Multiplan		2628.8	0.8			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Qualcare	Qualcare		2464.5	0.75			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Three Rivers	Three Rivers		3121.7	0.95			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	UHC	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	UHC	Medicaid		1033.78	0.3146			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Wellcare	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;CERVICAL	64510	CPT	outpatient			3286	1198.81	Wellcare	Medicaid		1033.78	0.3146			383.18	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	both			3286	1198.81	Aetna	Medicare		1042.44	1			858.54	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB INJ HYPOGAS PLXS	64517	CPT	both			3286	1198.81	Aetna	Better Health		1033.78	0.3146			858.54	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	both			3286	1198.81	Aetna	Commercial		1659.56	1.592			858.54	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB INJ HYPOGAS PLXS	64517	CPT	both			3286	1198.81	Americare	Americare		2464.5	0.75			858.54	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	both			3286	1198.81	WellPoint	WellPoint		1054.15	0.3208			858.54	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	both			3286	1198.81	Amerihealth	Medicare		1042.44	1			858.54	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB INJ HYPOGAS PLXS	64517	CPT	both			3286	1198.81	Consumer	Consumer		3121.7	0.95			858.54	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	both			3286	1198.81	Corrections	Corrections		2628.8	0.8			858.54	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	both			3286	1198.81	First Health	First Health		2300.2	0.7			858.54	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	both			3286	1198.81	First Trenton	First Trenton		2957.4	0.9			858.54	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	both			3286	1198.81	Horizon	PPO		1904.54	1.827			858.54	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB INJ HYPOGAS PLXS	64517	CPT	both			3286	1198.81	Horizon	Indemnity		1904.54	1.827			858.54	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB INJ HYPOGAS PLXS	64517	CPT	both			3286	1198.81	Horizon	Medicare Blue		1042.44	1			858.54	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB INJ HYPOGAS PLXS	64517	CPT	both			3286	1198.81	Horizon	MGD		1904.54	1.827			858.54	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB INJ HYPOGAS PLXS	64517	CPT	both			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	0.9			858.54	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	both			3286	1198.81	Multiplan	Multiplan		2628.8	0.8			858.54	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	both			3286	1198.81	Qualcare	Qualcare		2464.5	0.75			858.54	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	both			3286	1198.81	Three Rivers	Three Rivers		3121.7	0.95			858.54	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	both			3286	1198.81	UHC	Medicare		1042.44	1			858.54	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB INJ HYPOGAS PLXS	64517	CPT	both			3286	1198.81	UHC	Medicaid		1033.78	0.3146			858.54	3121.7	percent of total billed charges	
NB INJ HYPOGAS PLXS	64517	CPT	both			3286	1198.81	Wellcare	Medicare		1042.44	1			858.54	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NB INJ HYPOGAS PLXS	64517	CPT	both			3286	1198.81	Wellcare	Medicaid		1033.78	0.3146			858.54	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	both			3286	1198.81	Aetna	Commercial		1659.56	1.592			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	both			3286	1198.81	Aetna	Better Health		1033.78	0.3146			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	both			3286	1198.81	Aetna	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	both			3286	1198.81	Americare	Americare		2464.5	0.75			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	both			3286	1198.81	WellPoint	WellPoint		1054.15	0.3208			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	both			3286	1198.81	Amerihealth	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	both			3286	1198.81	Consumer	Consumer		3121.7	0.95			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	both			3286	1198.81	Corrections	Corrections		2628.8	0.8			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	both			3286	1198.81	First Health	First Health		2300.2	0.7			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	both			3286	1198.81	First Trenton	First Trenton		2957.4	0.9			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	both			3286	1198.81	Horizon	Medicare Blue		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	both			3286	1198.81	Horizon	MGD		1904.54	1.827			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	both			3286	1198.81	Horizon	PPO		1904.54	1.827			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	both			3286	1198.81	Horizon	Indemnity		1904.54	1.827			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	both			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	0.9			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	both			3286	1198.81	Multiplan	Multiplan		2628.8	0.8			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	both			3286	1198.81	Qualcare	Qualcare		2464.5	0.75			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	both			3286	1198.81	Three Rivers	Three Rivers		3121.7	0.95			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	both			3286	1198.81	UHC	Medicaid		1033.78	0.3146			383.18	3121.7	percent of total billed charges	
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	both			3286	1198.81	UHC	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	both			3286	1198.81	Wellcare	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYMPATHETIC NERVE BLOCK;THRC	64520	CPT	both			3286	1198.81	Wellcare	Medicaid		1033.78	0.3146			383.18	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	both			3286	1198.81	Aetna	Better Health		1033.78	0.3146			383.18	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	both			3286	1198.81	Aetna	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N BLOCK INJ CELIAC PLEXUS	64530	CPT	both			3286	1198.81	Aetna	Commercial		1659.56	1.592			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N BLOCK INJ CELIAC PLEXUS	64530	CPT	both			3286	1198.81	Americare	Americare		2464.5	0.75			383.18	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	both			3286	1198.81	WellPoint	WellPoint		1054.15	0.3208			383.18	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	both			3286	1198.81	Amerihealth	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N BLOCK INJ CELIAC PLEXUS	64530	CPT	both			3286	1198.81	Consumer	Consumer		3121.7	0.95			383.18	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	both			3286	1198.81	Corrections	Corrections		2628.8	0.8			383.18	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	both			3286	1198.81	First Health	First Health		2300.2	0.7			383.18	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	both			3286	1198.81	First Trenton	First Trenton		2957.4	0.9			383.18	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	both			3286	1198.81	Horizon	Medicare Blue		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N BLOCK INJ CELIAC PLEXUS	64530	CPT	both			3286	1198.81	Horizon	MGD		1904.54	1.827			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N BLOCK INJ CELIAC PLEXUS	64530	CPT	both			3286	1198.81	Horizon	Indemnity		1904.54	1.827			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N BLOCK INJ CELIAC PLEXUS	64530	CPT	both			3286	1198.81	Horizon	PPO		1904.54	1.827			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
N BLOCK INJ CELIAC PLEXUS	64530	CPT	both			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	0.9			383.18	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	both			3286	1198.81	Multiplan	Multiplan		2628.8	0.8			383.18	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	both			3286	1198.81	Qualcare	Qualcare		2464.5	0.75			383.18	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	both			3286	1198.81	Three Rivers	Three Rivers		3121.7	0.95			383.18	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	both			3286	1198.81	UHC	Medicaid		1033.78	0.3146			383.18	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	both			3286	1198.81	UHC	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
N BLOCK INJ CELIAC PLEXUS	64530	CPT	both			3286	1198.81	Wellcare	Medicaid		1033.78	0.3146			383.18	3121.7	percent of total billed charges	
N BLOCK INJ CELIAC PLEXUS	64530	CPT	both			3286	1198.81	Wellcare	Medicare		1042.44	1			383.18	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Aetna	Better Health		7698.58	0.3146			7505.1	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Aetna	Medicare		7821.75	1			7505.1	23247.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Aetna	Commercial		12452.23	1.592			7505.1	23247.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Americare	Americare		18353.25	0.75			7505.1	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	WellPoint	WellPoint		7850.3	0.3208			7505.1	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Amerihealth	Medicare		7821.75	1			7505.1	23247.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Consumer	Consumer		23247.45	0.95			7505.1	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Corrections	Corrections		19576.8	0.8			7505.1	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	First Health	First Health		17129.7	0.7			7505.1	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	First Trenton	First Trenton		22023.9	0.9			7505.1	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Horizon	Medicare Blue		7821.75	1			7505.1	23247.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Horizon	MCD		14290.34	1.827			7505.1	23247.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Horizon	Indemnity		14290.34	1.827			7505.1	23247.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Horizon	PPO		14290.34	1.827			7505.1	23247.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Managed Care Inc	Managed Care Inc		22023.9	0.9			7505.1	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Multiplan	Multiplan		19576.8	0.8			7505.1	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Qualcare	Qualcare		18353.25	0.75			7505.1	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Three Rivers	Three Rivers		23247.45	0.95			7505.1	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	UHC	Medicaid		7698.58	0.3146			7505.1	23247.45	percent of total billed charges	
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	UHC	Medicare		7821.75	1			7505.1	23247.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Wellcare	Medicare		7821.75	1			7505.1	23247.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIPHERAL NERVE (EXCLUDES SACRAL NERVE	64555	CPT	outpatient			24471	8995.01	Wellcare	Medicaid		7698.58	0.3146			7505.1	23247.45	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Aetna	Better Health		36775.48	0.3146			35513.61	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Aetna	Medicare		35513.61	1			35513.61	111051.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Aetna	Commercial		56537.67	1.592			35513.61	111051.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Americare	Americare		87672	0.75			35513.61	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	WellPoint	WellPoint		37500.24	0.3208			35513.61	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Amerihealth	Medicare		35513.61	1			35513.61	111051.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Consumer	Consumer		111051.2	0.95			35513.61	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Corrections	Corrections		93516.8	0.8			35513.61	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	First Health	First Health		81827.2	0.7			35513.61	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	First Trenton	First Trenton		105206.4	0.9			35513.61	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Horizon	MCD		64883.37	1.827			35513.61	111051.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Horizon	Indemnity		64883.37	1.827			35513.61	111051.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Horizon	Medicare Blue		35513.61	1			35513.61	111051.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Horizon	PPO		64883.37	1.827			35513.61	111051.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Managed Care Inc	Managed Care Inc		105206.4	0.9			35513.61	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Multiplan	Multiplan		93516.8	0.8			35513.61	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Qualcare	Qualcare		87672	0.75			35513.61	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Three Rivers	Three Rivers		111051.2	0.95			35513.61	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	UHC	Medicaid		36775.48	0.3146			35513.61	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	UHC	Medicare		35513.61	1			35513.61	111051.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Wellcare	Medicaid		36775.48	0.3146			35513.61	111051.2	percent of total billed charges	
INC FOR VAGUS N ELECT IMPL	64568	CPT	outpatient			116896	40840.65	Wellcare	Medicare		35513.61	1			35513.61	111051.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Aetna	Better Health		13841.46	0.3146			13621.87	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Aetna	Medicare		15579.15	1			13621.87	41797.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Aetna	Commercial		24802.01	1.592			13621.87	41797.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Americare	Americare		32997.75	0.75			13621.87	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	WellPoint	WellPoint		14114.24	0.3208			13621.87	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Amerihealth	Medicare		15579.15	1			13621.87	41797.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Consumer	Consumer		41797.15	0.95			13621.87	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Corrections	Corrections		35197.6	0.8			13621.87	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	First Health	First Health		30797.9	0.7			13621.87	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	First Trenton	First Trenton		39597.3	0.9			13621.87	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Horizon	Medicare Blue		15579.15	1			13621.87	41797.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Horizon	PPO		28463.11	1.827			13621.87	41797.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Horizon	MCD		28463.11	1.827			13621.87	41797.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Horizon	Indemnity		28463.11	1.827			13621.87	41797.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Managed Care Inc	Managed Care Inc		39597.3	0.9			13621.87	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Multiplan	Multiplan		35197.6	0.8			13621.87	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Qualcare	Qualcare		32997.75	0.75			13621.87	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Three Rivers	Three Rivers		41797.15	0.95			13621.87	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	UHC	Medicaid		13841.46	0.3146			13621.87	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	UHC	Medicare		15579.15	1			13621.87	41797.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Wellcare	Medicaid		13841.46	0.3146			13621.87	41797.15	percent of total billed charges	
OPN IMPLNT PRPHL NRV	64575	CPT	outpatient			43997	17916.02	Wellcare	Medicare		15579.15	1			13621.87	41797.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	28771.26	Aetna	Better Health		24660.86	0.3146			24660.86	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	28771.26	Aetna	Medicare		25018.49	1			24660.86	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	28771.26	Aetna	Commercial		39829.44	1.592			24660.86	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	28771.26	Americare	Americare		58791	0.75			24660.86	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	28771.26	WellPoint	WellPoint		25146.87	0.3208			24660.86	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	28771.26	Amerihealth	Medicare		25018.49	1			24660.86	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	28771.26	Consumer	Consumer		74468.6	0.95			24660.86	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	28771.26	Corrections	Corrections		62710.4	0.8			24660.86	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	28771.26	First Health	First Health		54871.6	0.7			24660.86	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	28771.26	First Trenton	First Trenton		70549.2	0.9			24660.86	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	28771.26	Horizon	Indemnity		45708.78	1.827			24660.86	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	28771.26	Horizon	MCD		45708.78	1.827			24660.86	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	28771.26	Horizon	PPO		45708.78	1.827			24660.86	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	28771.26	Horizon	Medicare Blue		25018.49	1			24660.86	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	28771.26	Managed Care Inc	Managed Care Inc		70549.2	0.9			24660.86	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	28771.26	Multiplan	Multiplan		62710.4	0.8			24660.86	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	28771.26	Qualcare	Qualcare		58791	0.75			24660.86	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	28771.26	Three Rivers	Three Rivers		74468.6	0.95			24660.86	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	28771.26	UHC	Medicaid		24660.86	0.3146			24660.86	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	28771.26	UHC	Medicare		25018.49	1			24660.86	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	28771.26	Wellcare	Medicaid		24660.86	0.3146			24660.86	74468.6	percent of total billed charges	
INCISION OF IMPLANT.NEUROMUSCU	64580	CPT	outpatient			78388	28771.26	Wellcare	Medicare		25018.49	1			24660.86	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV/REM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Aetna	Commercial		6195.08	1.592			2323.01	11243.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV/REM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Aetna	Better Health		3723.29	0.3146			2323.01	11243.25	percent of total billed charges	
REV/REM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Aetna	Medicare		3891.38	1			2323.01	11243.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV/REM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Americare	Americare		8876.25	0.75			2323.01	11243.25	percent of total billed charges	
REV/REM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	WellPoint	WellPoint		3796.67	0.3208			2323.01	11243.25	percent of total billed charges	
REV/REM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Amerihealth	Medicare		3891.38	1			2323.01	11243.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV/REM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Consumer	Consumer		11243.25	0.95			2323.01	11243.25	percent of total billed charges	
REV/REM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Corrections	Corrections		9468	0.8			2323.01	11243.25	percent of total billed charges	
REV/REM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	First Health	First Health		8284.5	0.7			2323.01	11243.25	percent of total billed charges	
REV/REM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	First Trenton	First Trenton		10651.5	0.9			2323.01	11243.25	percent of total billed charges	
REV/REM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Horizon	MCD		7109.55	1.827			2323.01	11243.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV/REM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Horizon	Medicare Blue		3891.38	1			2323.01	11243.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV/REM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Horizon	Indemnity		7109.55	1.827			2323.01	11243.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV/REM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Horizon	PPO		7109.55	1.827			2323.01	11243.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV/REM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Managed Care Inc	Managed Care Inc		10651.5	0.9			2323.01	11243.25	percent of total billed charges	
REV/REM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Multiplan	Multiplan		9468	0.8			2323.01	11243.25	percent of total billed charges	
REV/REM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Qualcare	Qualcare		8876.25	0.75			2323.01	11243.25	percent of total billed charges	
REV/REM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Three Rivers	Three Rivers		11243.25	0.95			2323.01	11243.25	percent of total billed charges	
REV/REM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	UHC	Medicaid		3723.29	0.3146			2323.01	11243.25	percent of total billed charges	
REV/REM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	UHC	Medicare		3891.38	1			2323.01	11243.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV/REM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Wellcare	Medicaid		3723.29	0.3146			2323.01	11243.25	percent of total billed charges	
REV/REM PERIPH NEUROSTIM ELEC	64585	CPT	outpatient			11835	4475.09	Wellcare	Medicare		3891.38	1			2323.01	11243.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	28771.26	Aetna	Commercial		39829.44	1.592			24219.8	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	28771.26	Aetna	Better Health		24660.86	0.3146			24219.8	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	28771.26	Aetna	Medicare		25018.49	1			24219.8	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	28771.26	Americare	Americare		58791	0.75			24219.8	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	28771.26	WellPoint	WellPoint		25146.87	0.3208			24219.8	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	28771.26	Amerihealth	Medicare		25018.49	1			24219.8	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	28771.26	Consumer	Consumer		74468.6	0.95			24219.8	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	28771.26	Corrections	Corrections		62710.4	0.8			24219.8	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	28771.26	First Health	First Health		54871.6	0.7			24219.8	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	28771.26	First Trenton	First Trenton		70549.2	0.9			24219.8	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	28771.26	Horizon	Indemnity		45708.78	1.827			24219.8	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	28771.26	Horizon	MCD		45708.78	1.827			24219.8	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	28771.26	Horizon	Medicare Blue		25018.49	1			24219.8	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	28771.26	Horizon	PPO		45708.78	1.827			24219.8	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	28771.26	Managed Care Inc	Managed Care Inc		70549.2	0.9			24219.8	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	28771.26	Multiplan	Multiplan		62710.4	0.8			24219.8	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	28771.26	Qualcare	Qualcare		58791	0.75			24219.8	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	28771.26	Three Rivers	Three Rivers		74468.6	0.95			24219.8	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	28771.26	UHC	Medicare		25018.49	1			24219.8	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	28771.26	UHC	Medicaid		24660.86	0.3146			24219.8	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	28771.26	Wellcare	Medicaid		24660.86	0.3146			24219.8	74468.6	percent of total billed charges	
INSRT/REDO PN/GASTR STIMUL	64590	CPT	outpatient			78388	28771.26	Wellcare	Medicare		25018.49	1			24219.8	74468.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Aetna	Better Health		1166.54	0.3146			994.45	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Aetna	Commercial		1659.56	1.592			994.45	3522.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Aetna	Medicare		1042.44	1			994.45	3522.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Americare	Americare		2781	0.75			994.45	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	WellPoint	WellPoint		1189.53	0.3208			994.45	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Amerihealth	Medicare		1042.44	1			994.45	3522.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	First Trenton	First Trenton		3337.2	0.9			994.45	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Horizon	Medicare Blue		1042.44	1			994.45	3522.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Horizon	MGD		1904.54	1.827			994.45	3522.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Horizon	Indemnity		1904.54	1.827			994.45	3522.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Horizon	PPO		1904.54	1.827			994.45	3522.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Managed Care Inc	Managed Care Inc		3337.2	0.9			994.45	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Multiplan	Multiplan		2966.4	0.8			994.45	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Qualcare	Qualcare		2781	0.75			994.45	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Three Rivers	Three Rivers		3522.6	0.95			994.45	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	UHC	Medicaid		1166.54	0.3146			994.45	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	UHC	Medicare		1042.44	1			994.45	3522.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Wellcare	Medicare		1042.44	1			994.45	3522.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NERVE	64600	CPT	outpatient			3708	1198.81	Wellcare	Medicaid		1166.54	0.3146			994.45	3522.6	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Aetna	Commercial		3515.42	1.592			2079.92	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Aetna	Medicare		2079.92	0.308			2079.92	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Aetna	Better Health		2124.49	0.3146			2079.92	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Americare	Americare		5064.75	0.75			2079.92	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	WellPoint	WellPoint		2166.36	0.3208			2079.92	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Amerihealth	Medicare		2208.18	1			2079.92	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Consumer	Consumer		6415.35	0.95			2079.92	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Corrections	Corrections		5402.4	0.8			2079.92	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	First Health	First Health		4727.1	0.7			2079.92	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	First Trenton	First Trenton		6077.7	0.9			2079.92	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Horizon	Indemnity		4034.34	1.827			2079.92	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Horizon	MGD		4034.34	1.827			2079.92	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Horizon	Medicare Blue		2208.18	1			2079.92	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Horizon	PPO		4034.34	1.827			2079.92	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Managed Care Inc	Managed Care Inc		6077.7	0.9			2079.92	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Multiplan	Multiplan		5402.4	0.8			2079.92	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Qualcare	Qualcare		5064.75	0.75			2079.92	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Three Rivers	Three Rivers		6415.35	0.95			2079.92	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	UHC	Medicare		2208.18	1			2079.92	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	UHC	Medicaid		2124.49	0.3146			2079.92	6415.35	percent of total billed charges	
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Wellcare	Medicare		2208.18	1			2079.92	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DESTR W NEUROLYT TRIGEM NRV2&3RD	64605	CPT	outpatient			6753	2539.41	Wellcare	Medicaid		2124.49	0.3146			2079.92	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Aetna	Better Health		2124.49	0.3146			2000.24	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Aetna	Commercial		3515.42	1.592			2000.24	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Aetna	Medicare		2208.18	1			2000.24	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Americare	Americare		5064.75	0.75			2000.24	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	WellPoint	WellPoint		2166.36	0.3208			2000.24	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Amerihealth	Medicare		2208.18	1			2000.24	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST TRIGMNL NRV 2&3 DIV BRNCH	64610	CPT	outpatient			6358.05	2539.41	Amerihealth	Medicare		2098.16	0.33			2000.24	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Consumer	Consumer		6415.35	0.95			2000.24	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Corrections	Corrections		5402.4	0.8			2000.24	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	First Health	First Health		4727.1	0.7			2000.24	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	First Trenton	First Trenton		6077.7	0.9			2000.24	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Horizon	Medicare Blue		2208.18	1			2000.24	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Horizon	Indemnity		4034.34	1.827			2000.24	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Horizon	PPO		4034.34	1.827			2000.24	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Horizon	MGD		4034.34	1.827			2000.24	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Managed Care Inc	Managed Care Inc		6077.7	0.9			2000.24	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Multiplan	Multiplan		5402.4	0.8			2000.24	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Qualcare	Qualcare		5064.75	0.75			2000.24	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Three Rivers	Three Rivers		6415.35	0.95			2000.24	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	UHC	Medicare		2208.18	1			2000.24	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	UHC	Medicaid		2124.49	0.3146			2000.24	6415.35	percent of total billed charges	
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Wellcare	Medicare		2208.18	1			2000.24	6415.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA DEST W NEURLYT TRIGM NRV W/GUIDE	64610	CPT	outpatient			6753	2539.41	Wellcare	Medicaid		2124.49	0.3146			2000.24	6415.35	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR BILAT	64611	CPT	outpatient			992	389.55	Aetna	Better Health		312.08	0.3146			312.08	942.4	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR BILAT	64611	CPT	outpatient			992	389.55	Aetna	Medicare		338.74	1			312.08	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODNRVTN PRTD/SBMNDLR BILAT	64611	CPT	outpatient			992	389.55	Aetna	Commercial		539.27	1.592			312.08	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODNRVTN PRTD/SBMNDLR BILAT	64611	CPT	outpatient			992	389.55	Americare	Americare		744	0.75			312.08	942.4	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR BILAT	64611	CPT	outpatient			992	389.55	WellPoint	WellPoint		318.23	0.3208			312.08	942.4	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR BILAT	64611	CPT	outpatient			992	389.55	Amerihealth	Medicare		338.74	1			312.08	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODNRVTN PRTD/SBMNDLR BILAT	64611	CPT	outpatient			992	389.55	Consumer	Consumer		942.4	0.95			312.08	942.4	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR BILAT	64611	CPT	outpatient			992	389.55	Corrections	Corrections		793.6	0.8			312.08	942.4	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR BILAT	64611	CPT	outpatient			992	389.55	First Health	First Health		694.4	0.7			312.08	942.4	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR BILAT	64611	CPT	outpatient			992	389.55	First Trenton	First Trenton		892.8	0.9			312.08	942.4	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR BILAT	64611	CPT	outpatient			992	389.55	Horizon	Indemnity		618.88	1.827			312.08	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODNRVTN PRTD/SBMNDLR BILAT	64611	CPT	outpatient			992	389.55	Horizon	Medicare Blue		338.74	1			312.08	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODNRVTN PRTD/SBMNDLR BILAT	64611	CPT	outpatient			992	389.55	Horizon	PPO		618.88	1.827			312.08	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODNRVTN PRTD/SBMNDLR BILAT	64611	CPT	outpatient			992	389.55	Horizon	MGD		618.88	1.827			312.08	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODNRVTN PRTD/SBMNDLR BILAT	64611	CPT	outpatient			992	389.55	Managed Care Inc	Managed Care Inc		892.8	0.9			312.08	942.4	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR BILAT	64611	CPT	outpatient			992	389.55	Multiplan	Multiplan		793.6	0.8			312.08	942.4	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR BILAT	64611	CPT	outpatient			992	389.55	Qualcare	Qualcare		744	0.75			312.08	942.4	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR BILAT	64611	CPT	outpatient			992	389.55	Three Rivers	Three Rivers		942.4	0.95			312.08	942.4	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR BILAT	64611	CPT	outpatient			992	389.55	UHC	Medicaid		312.08	0.3146			312.08	942.4	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR BILAT	64611	CPT	outpatient			992	389.55	UHC	Medicare		338.74	1			312.08	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODNRVTN PRTD/SBMNDLR BILAT	64611	CPT	outpatient			992	389.55	Wellcare	Medicaid		312.08	0.3146			312.08	942.4	percent of total billed charges	
CHEMODNRVTN PRTD/SBMNDLR BILAT	64611	CPT	outpatient			992	389.55	Wellcare	Medicare		338.74	1			312.08	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Aetna	Commercial		539.27	1.592			312.08	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Aetna	Better Health		312.08	0.3146			312.08	942.4	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Aetna	Medicare		338.74	1			312.08	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Americare	Americare		744	0.75			312.08	942.4	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	WellPoint	WellPoint		318.23	0.3208			312.08	942.4	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Amerihealth	Medicare		338.74	1			312.08	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Consumer	Consumer		942.4	0.95			312.08	942.4	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Corrections	Corrections		793.6	0.8			312.08	942.4	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	First Health	First Health		694.4	0.7			312.08	942.4	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	First Trenton	First Trenton		892.8	0.9			312.08	942.4	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Horizon	Medicare Blue		338.74	1			312.08	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Horizon	Indemnity		618.88	1.827			312.08	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Horizon	MGD		618.88	1.827			312.08	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Horizon	PPO		618.88	1.827			312.08	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Managed Care Inc	Managed Care Inc		892.8	0.9			312.08	942.4	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Multiplan	Multiplan		793.6	0.8			312.08	942.4	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Qualcare	Qualcare		744	0.75			312.08	942.4	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Three Rivers	Three Rivers		942.4	0.95			312.08	942.4	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	UHC	Medicaid		312.08	0.3146			312.08	942.4	percent of total billed charges	
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	UHC	Medicare		338.74	1			312.08	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Wellcare	Medicare		338.74	1			312.08	942.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMONRVT MUSC INN FAC NRV UN	64612	CPT	outpatient			992	389.55	Wellcare	Medicaid		312.08	0.3146			312.08	942.4	percent of total billed charges	
CHEMODERVATE F/TRI/CERV MUS	64615	CPT	outpatient			1045	389.55	Aetna	Medicare		338.74	1			312.08	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODERVATE F/TRI/CERV MUS	64615	CPT	outpatient			1045	389.55	Aetna	Commercial		539.27	1.592			312.08	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODERVATE F/TRI/CERV MUS	64615	CPT	outpatient			1045	389.55	Aetna	Better Health		328.76	0.3146			312.08	992.75	percent of total billed charges	
CHEMODERVATE F/TRI/CERV MUS	64615	CPT	outpatient			1045	389.55	Americare	Americare		783.75	0.75			312.08	992.75	percent of total billed charges	
CHEMODERVATE F/TRI/CERV MUS	64615	CPT	outpatient			1045	389.55	WellPoint	WellPoint		335.24	0.3208			312.08	992.75	percent of total billed charges	
CHEMODERVATE F/TRI/CERV MUS	64615	CPT	outpatient			1045	389.55	Amerihealth	Medicare		338.74	1			312.08	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODERVATE F/TRI/CERV MUS	64615	CPT	outpatient			1045	389.55	Consumer	Consumer		992.75	0.95			312.08	992.75	percent of total billed charges	
CHEMODERVATE F/TRI/CERV MUS	64615	CPT	outpatient			1045	389.55	Corrections	Corrections		836	0.8			312.08	992.75	percent of total billed charges	
CHEMODERVATE F/TRI/CERV MUS	64615	CPT	outpatient			1045	389.55	First Health	First Health		731.5	0.7			312.08	992.75	percent of total billed charges	
CHEMODERVATE F/TRI/CERV MUS	64615	CPT	outpatient			1045	389.55	First Trenton	First Trenton		940.5	0.9			312.08	992.75	percent of total billed charges	
CHEMODERVATE F/TRI/CERV MUS	64615	CPT	outpatient			1045	389.55	Horizon	Indemnity		618.88	1.827			312.08	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODERVATE F/TRI/CERV MUS	64615	CPT	outpatient			1045	389.55	Horizon	MGD		618.88	1.827			312.08	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODERVATE F/TRI/CERV MUS	64615	CPT	outpatient			1045	389.55	Horizon	Medicare Blue		338.74	1			312.08	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODERVATE F/TRI/CERV MUS	64615	CPT	outpatient			1045	389.55	Horizon	PPO		618.88	1.827			312.08	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODERVATE F/TRI/CERV MUS	64615	CPT	outpatient			1045	389.55	Managed Care Inc	Managed Care Inc		940.5	0.9			312.08	992.75	percent of total billed charges	
CHEMODERVATE F/TRI/CERV MUS	64615	CPT	outpatient			1045	389.55	Multiplan	Multiplan		836	0.8			312.08	992.75	percent of total billed charges	
CHEMODERVATE F/TRI/CERV MUS	64615	CPT	outpatient			1045	389.55	Qualcare	Qualcare		783.75	0.75			312.08	992.75	percent of total billed charges	
CHEMODERVATE F/TRI/CERV MUS	64615	CPT	outpatient			1045	389.55	Three Rivers	Three Rivers		992.75	0.95			312.08	992.75	percent of total billed charges	
CHEMODERVATE F/TRI/CERV MUS	64615	CPT	outpatient			1045	389.55	UHC	Medicare		338.74	1			312.08	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODERVATE F/TRI/CERV MUS	64615	CPT	outpatient			1045	389.55	UHC	Medicaid		328.76	0.3146			312.08	992.75	percent of total billed charges	
CHEMODERVATE F/TRI/CERV MUS	64615	CPT	outpatient			1045	389.55	Wellcare	Medicare		338.74	1			312.08	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODERVATE F/TRI/CERV MUS	64615	CPT	outpatient			1045	389.55	Wellcare	Medicaid		328.76	0.3146			312.08	992.75	percent of total billed charges	
NECK MUSCLE(S) EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Aetna	Medicare		338.74	1			312.08	1601.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NECK MUSCLE(S) EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Aetna	Better Health		530.42	0.3146			312.08	1601.7	percent of total billed charges	
NECK MUSCLE(S) EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Aetna	Commercial		539.27	1.592			312.08	1601.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NECK MUSCLE(S) EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Americare	Americare		1264.5	0.75			312.08	1601.7	percent of total billed charges	
NECK MUSCLE(S) EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	WellPoint	WellPoint		540.87	0.3208			312.08	1601.7	percent of total billed charges	
NECK MUSCLE(S) EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Amerihealth	Medicare		338.74	1			312.08	1601.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NECK MUSCLE(S) EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Consumer	Consumer		1601.7	0.95			312.08	1601.7	percent of total billed charges	
NECK MUSCLE(S) EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Corrections	Corrections		1348.8	0.8			312.08	1601.7	percent of total billed charges	
NECK MUSCLE(S) EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	First Health	First Health		1180.2	0.7			312.08	1601.7	percent of total billed charges	
NECK MUSCLE(S) EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	First Trenton	First Trenton		1517.4	0.9			312.08	1601.7	percent of total billed charges	
NECK MUSCLE(S) EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Horizon	Medicare Blue		338.74	1			312.08	1601.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NECK MUSCLE(S) EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Horizon	Indemnity		618.88	1.827			312.08	1601.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NECK MUSCLE(S) EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Horizon	MGD		618.88	1.827			312.08	1601.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NECK MUSCLE(S) EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Horizon	PPO		618.88	1.827			312.08	1601.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NECK MUSCLE(S) EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Managed

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NECK MUSCLE(S) EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	UHC	Medicaid		530.42	0.3146			312.08		1601.7 percent of total billed charges	
NECK MUSCLE(S) EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Wellcare	Medicare		338.74	1			312.08		1601.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NECK MUSCLE(S) EXCLUDING MUSCLES OF TH	64616	CPT	outpatient			1686	389.55	Wellcare	Medicaid		530.42	0.3146			312.08		1601.7 percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Aetna	Better Health		1013.64	0.3146			977.15		3060.9 percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Aetna	Medicare		1042.44	1			977.15		3060.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Aetna	Commercial		1659.56	1.592			977.15		3060.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Americare	Americare		2416.5	0.75			977.15		3060.9 percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	WellPoint	WellPoint		1033.62	0.3208			977.15		3060.9 percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Amerihealth	Medicare		1042.44	1			977.15		3060.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Consumer	Consumer		3060.9	0.95			977.15		3060.9 percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Corrections	Corrections		2577.6	0.8			977.15		3060.9 percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	First Health	First Health		2255.4	0.7			977.15		3060.9 percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	First Trenton	First Trenton		2899.8	0.9			977.15		3060.9 percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Horizon	Indemnity		1904.54	1.827			977.15		3060.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Horizon	Medicare Blue		1042.44	1			977.15		3060.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Horizon	PPO		1904.54	1.827			977.15		3060.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Horizon	MGD		1904.54	1.827			977.15		3060.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Managed Care Inc	Managed Care Inc		2899.8	0.9			977.15		3060.9 percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Multiplan	Multiplan		2577.6	0.8			977.15		3060.9 percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Qualcare	Qualcare		2416.5	0.75			977.15		3060.9 percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Three Rivers	Three Rivers		3060.9	0.95			977.15		3060.9 percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	UHC	Medicare		1042.44	1			977.15		3060.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	UHC	Medicaid		1013.64	0.3146			977.15		3060.9 percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Wellcare	Medicaid		1013.64	0.3146			977.15		3060.9 percent of total billed charges	
DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL	64620	CPT	outpatient			3222	1198.81	Wellcare	Medicare		1042.44	1			977.15		3060.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Aetna	Better Health		2205.03	0.3146			2104.36		6658.55 percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Aetna	Medicare		2208.18	1			2104.36		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Aetna	Commercial		3515.42	1.592			2104.36		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Americare	Americare		5256.75	0.75			2104.36		6658.55 percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	WellPoint	WellPoint		2248.49	0.3208			2104.36		6658.55 percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Amerihealth	Medicare		2208.18	1			2104.36		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Consumer	Consumer		6658.55	0.95			2104.36		6658.55 percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Corrections	Corrections		5607.2	0.8			2104.36		6658.55 percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	First Health	First Health		4906.3	0.7			2104.36		6658.55 percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	First Trenton	First Trenton		6308.1	0.9			2104.36		6658.55 percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Horizon	Indemnity		4034.34	1.827			2104.36		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Horizon	PPO		4034.34	1.827			2104.36		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Horizon	Medicare Blue		2208.18	1			2104.36		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Horizon	MGD		4034.34	1.827			2104.36		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Managed Care Inc	Managed Care Inc		6308.1	0.9			2104.36		6658.55 percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Multiplan	Multiplan		5607.2	0.8			2104.36		6658.55 percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Qualcare	Qualcare		5256.75	0.75			2104.36		6658.55 percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Three Rivers	Three Rivers		6658.55	0.95			2104.36		6658.55 percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	UHC	Medicaid		2205.03	0.3146			2104.36		6658.55 percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	UHC	Medicare		2208.18	1			2104.36		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Wellcare	Medicaid		2205.03	0.3146			2104.36		6658.55 percent of total billed charges	
DSTRY NULYT AGT-GENICULAR NERVE	64624	CPT	outpatient			7009	2539.41	Wellcare	Medicare		2208.18	1			2104.36		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Aetna	Commercial		3515.42	1.592			2205.03		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Aetna	Better Health		2205.03	0.3146			2205.03		6658.55 percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Aetna	Medicare		2208.18	1			2205.03		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Americare	Americare		5256.75	0.75			2205.03		6658.55 percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	WellPoint	WellPoint		2248.49	0.3208			2205.03		6658.55 percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Amerihealth	Medicare		2208.18	1			2205.03		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Consumer	Consumer		6658.55	0.95			2205.03		6658.55 percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Corrections	Corrections		5607.2	0.8			2205.03		6658.55 percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	First Health	First Health		4906.3	0.7			2205.03		6658.55 percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	First Trenton	First Trenton		6308.1	0.9			2205.03		6658.55 percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Horizon	Medicare Blue		2208.18	1			2205.03		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Horizon	Indemnity		4034.34	1.827			2205.03		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Horizon	MGD		4034.34	1.827			2205.03		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Horizon	PPO		4034.34	1.827			2205.03		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Managed Care Inc	Managed Care Inc		6308.1	0.9			2205.03		6658.55 percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Multiplan	Multiplan		5607.2	0.8			2205.03		6658.55 percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Qualcare	Qualcare		5256.75	0.75			2205.03		6658.55 percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Three Rivers	Three Rivers		6658.55	0.95			2205.03		6658.55 percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	UHC	Medicaid		2205.03	0.3146			2205.03		6658.55 percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	UHC	Medicare		2208.18	1			2205.03		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Wellcare	Medicaid		2205.03	0.3146			2205.03		6658.55 percent of total billed charges	
RFA NERVE INNERVATING SACRAL JT W/IMAGE	64625	CPT	outpatient			7009	2539.41	Wellcare	Medicare		2208.18	1			2205.03		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Aetna	Commercial		23962.86	1.592			15052.05		46462.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Aetna	Better Health		15386.46	0.3146			15052.05		46462.6 percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Aetna	Medicare		15052.05	1			15052.05		46462.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Americare	Americare		36681	0.75			15052.05		46462.6 percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	WellPoint	WellPoint		15689.69	0.3208			15052.05		46462.6 percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Amerihealth	Medicare		15052.05	1			15052.05		46462.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Consumer	Consumer		46462.6	0.95			15052.05		46462.6 percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Corrections	Corrections		39126.4	0.8			15052.05		46462.6 percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	First Health	First Health		34235.6	0.7			15052.05		46462.6 percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	First Trenton	First Trenton		44017.2	0.9			15052.05		46462.6 percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Horizon	MGD		27500.1	1.827			15052.05		46462.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Horizon	Indemnity		27500.1	1.827			15052.05		46462.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Horizon	PPO		27500.1	1.827			15052.05		46462.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Horizon	Medicare Blue		15052.05	1			15052.05		46462.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Managed Care Inc	Managed Care Inc		44017.2	0.9			15052.05		46462.6 percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Multiplan	Multiplan		39126.4	0.8			15052.05		46462.6 percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Qualcare	Qualcare		36681	0.75			15052.05		46462.6 percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Three Rivers	Three Rivers		46462.6	0.95			15052.05		46462.6 percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	UHC	Medicare		15052.05	1			15052.05		46462.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	UHC	Medicaid		15386.46	0.3146			15052.05		46462.6 percent of total billed charges	
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Wellcare	Medicare		15052.05	1			15052.05		46462.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERMAL DESTRUCT INTEROS BASIVERTEB NERV	64628	CPT	outpatient			48908	17309.86	Wellcare	Medicaid		15386.46	0.3146			15052.05		46462.6 percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREQG	64633	CPT	outpatient			7009	2539.41	Aetna	Medicare		2208.18	1			803.49		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR NEUROLYSIS AGEN OR RADIOFREQG	64633	CPT	outpatient			7009	2539.41	Aetna	Better Health		2205.03	0.3146			803.49		6658.55 percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREQG	64633	CPT	outpatient			7009	2539.41	Aetna	Commercial		3515.42	1.592			803.49		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR NEUROLYSIS AGEN OR RADIOFREQG	64633	CPT	outpatient			7009	2539.41	Americare	Americare		5256.75	0.75			803.49		6658.55 percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREQG	64633	CPT	outpatient			7009	2539.41	WellPoint	WellPoint		2248.49	0.3208			803.49		6658.55 percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREQG	64633	CPT	outpatient			7009	2539.41	Amerihealth	Medicare		2208.18	1			803.49		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR NEUROLYSIS AGEN OR RADIOFREQG	64633	CPT	outpatient			7009	2539.41	Consumer	Consumer		6658.55	0.95			803.49		6658.55 percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREQG	64633	CPT	outpatient			7009	2539.41	Corrections	Corrections		5607.2	0.8			803.49		6658.55 percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREQG	64633	CPT	outpatient			7009	2539.41	First Health	First Health		4906.3	0.7			803.49		6658.55 percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREQG	64633	CPT	outpatient			7009	2539.41	First Trenton	First Trenton		6308.1	0.9			803.49		6658.55 percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREQG	64633	CPT	outpatient			7009	2539.41	Horizon	Indemnity		4034.34	1.827			803.49		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR NEUROLYSIS AGEN OR RADIOFREQG	64633	CPT	outpatient			7009	2539.41	Horizon	MGD		4034.34	1.827			803.49		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR NEUROLYSIS AGEN OR RADIOFREQG	64633	CPT	outpatient			7009	2539.41	Horizon	PPO		4034.34	1.827			803.49		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR NEUROLYSIS AGEN OR RADIOFREQG	64633	CPT	outpatient			7009	2539.41	Horizon	Medicare Blue		2208.18	1			803.49		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR NEUROLYSIS AGEN OR RADIOFREQG	64633	CPT	outpatient			7009	2539.41	Managed Care Inc	Managed Care Inc		6308.1	0.9			803.49		6658.55 percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREQG	64633	CPT	outpatient			7009	2539.41	Multiplan	Multiplan		5607.2	0.8			803.49		6658.55 percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREQG	64633	CPT	outpatient			7009	2539.41	Qualcare	Qualcare		5256.75	0.75			803.49		6658.55 percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREQG	64633	CPT	outpatient			7009	2539.41	Three Rivers	Three Rivers		6658.55	0.95			803.49		6658.55 percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREQG	64633	CPT	outpatient			7009	2539.41	UHC	Medicare		2208.18	1			803.49		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR NEUROLYSIS AGEN OR RADIOFREQG	64633	CPT	outpatient			7009	2539.41	UHC	Medicaid		2205.03	0.3146			803.49		6658.55 percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREQG	64633	CPT	outpatient			7009	2539.41	Wellcare	Medicaid		2205.03	0.3146			803.49		6658.55 percent of total billed charges	
LUMBAR NEUROLYSIS AGEN OR RADIOFREQG	64633	CPT	outpatient			7009	2539.41	Wellcare	Medicare		2208.18	1			803.49		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Aetna	Better Health		282.51	0.3146			269.4		853.1 percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Aetna	Commercial		341.24	0.38			269.4		853.1 percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Aetna	Medicare		276.58	0.308			269.4		853.1 percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Americare	Americare		673.5	0.75			269.4		853.1 percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		WellPoint	WellPoint		288.08	0.3208			269.4		853.1 percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Consumer	Consumer		853.1	0.95			269.4		853.1 percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Corrections	Corrections		718.4	0.8			269.4		853.1 percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		First Health	First Health		628.6	0.7			269.4		853.1 percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		First Trenton	First Trenton		808.2	0.9			269.4		853.1 percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Horizon	Indemnity		343.75	0.3828			269.4		853.1 percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Horizon	MGD		343.75	0.3828			269.4		853.1 percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Horizon	Medicare Blue		269.4	0.3			269.4		853.1 percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Horizon	PPO		343.75	0.3828			269.4		853.1 percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Managed Care Inc	Managed Care Inc		808.2	0.9			269.4		853.1 percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Multiplan	Multiplan		718.4	0.8			269.4		853.1 percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Qualcare	Qualcare		673.5	0.75			269.4		853.1 percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Three Rivers	Three Rivers		853.1	0.95			269.4		853.1 percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		UHC	Medicaid		282.51	0.3146			269.4		853.1 percent of total billed charges	
DSTR NROLYTC AGNT ADDL CRVC/TH	64634	CPT	outpatient			898		Wellcare	Medicaid		282.51	0.3146			269.4		853.1 percent of total billed charges	
RFA:OF LUMB FACET MED BRANCH	64635	CPT	outpatient			7009	2539.41	Aetna	Better Health		2205.03	0.3146			1415.88		6658.55 percent of total billed charges	
RFA:OF LUMB FACET MED BRANCH	64635	CPT	outpatient			7009	2539.41	Aetna	Medicare		2158.77	0.308			1415.88		6658.55 percent of total billed charges	
RFA:OF LUMB FACET MED BRANCH	64635	CPT	outpatient			7009	2539.41	Aetna	Commercial		3515.42	1.592			1415.88		6658.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA:OF LUMB FACET MED BRANCH	64635	CPT	outpatient			7009	2539.41	Americare	Americare		5256.75	0.75			1415.88		6658.55 percent of total billed charges	
RFA:OF LUMB FACET MED BRANCH	64635	CPT	outpatient			7009	2539.41	WellPoint	WellPoint		2248.49	0.3208			1415.88		6658.55 percent of total billed charges	
RFA:OF LUMB FACET MED BRANCH	64635	CPT	outpatient			7009	2539.41	Amer

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RFA:OF LUMB FACET MED BRANCH	64635	CPT	outpatient			7009	2539.41	Horizon	MCD		4034.34	1.827			1415.88	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA:OF LUMB FACET MED BRANCH	64635	CPT	outpatient			7009	2539.41	Horizon	Indemnity		4034.34	1.827			1415.88	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA:OF LUMB FACET MED BRANCH	64635	CPT	outpatient			7009	2539.41	Horizon	PPO		4034.34	1.827			1415.88	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA:OF LUMB FACET MED BRANCH	64635	CPT	outpatient			7009	2539.41	Managed Care Inc	Managed Care Inc		6308.1	0.9			1415.88	6658.55	percent of total billed charges	
RFA:OF LUMB FACET MED BRANCH	64635	CPT	outpatient			7009	2539.41	Multiplan	Multiplan		5607.2	0.8			1415.88	6658.55	percent of total billed charges	
RFA:OF LUMB FACET MED BRANCH	64635	CPT	outpatient			7009	2539.41	Qualcare	Qualcare		5256.75	0.75			1415.88	6658.55	percent of total billed charges	
RFA:OF LUMB FACET MED BRANCH	64635	CPT	outpatient			7009	2539.41	Three Rivers	Three Rivers		6658.55	0.95			1415.88	6658.55	percent of total billed charges	
RFA:OF LUMB FACET MED BRANCH	64635	CPT	outpatient			7009	2539.41	UHC	Medicaid		2205.03	0.3146			1415.88	6658.55	percent of total billed charges	
RFA:OF LUMB FACET MED BRANCH	64635	CPT	outpatient			7009	2539.41	UHC	Medicare		2208.18	1			1415.88	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RFA:OF LUMB FACET MED BRANCH	64635	CPT	outpatient			7009	2539.41	Wellcare	Medicaid		2205.03	0.3146			1415.88	6658.55	percent of total billed charges	
RFA:OF LUMB FACET MED BRANCH	64635	CPT	outpatient			7009	2539.41	Wellcare	Medicare		2208.18	1			1415.88	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681		Aetna	Medicare		825.75	0.308			804.3	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681		Aetna	Better Health		843.44	0.3146			804.3	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681		Aetna	Commercial		1018.78	0.38			804.3	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681		Americare	Americare		2010.75	0.75			804.3	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681		WellPoint	WellPoint		860.06	0.3208			804.3	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681		Consumer	Consumer		2546.95	0.95			804.3	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681		Corrections	Corrections		2144.8	0.8			804.3	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681		First Health	First Health		1876.7	0.7			804.3	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681		First Trenton	First Trenton		2412.9	0.9			804.3	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681		Horizon	Medicare Blue		804.3	0.3			804.3	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681		Horizon	PPO		1026.29	0.3828			804.3	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681		Horizon	MCD		1026.29	0.3828			804.3	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681		Horizon	Indemnity		1026.29	0.3828			804.3	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681		Managed Care Inc	Managed Care Inc		2412.9	0.9			804.3	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681		Multiplan	Multiplan		2144.8	0.8			804.3	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681		Qualcare	Qualcare		2010.75	0.75			804.3	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681		Three Rivers	Three Rivers		2546.95	0.95			804.3	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681		UHC	Medicaid		843.44	0.3146			804.3	2546.95	percent of total billed charges	
DSTR NROLYTC AGNT PARVERTEB FCT ADDL	64636	CPT	outpatient			2681		Wellcare	Medicaid		843.44	0.3146			804.3	2546.95	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286	1198.81	Aetna	Better Health		1033.78	0.3146			906.05	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286	1198.81	Aetna	Commercial		1659.56	1.592			906.05	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286	1198.81	Aetna	Medicare		1042.44	1			906.05	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286	1198.81	Americare	Americare		2464.5	0.75			906.05	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286	1198.81	WellPoint	WellPoint		1054.15	0.3208			906.05	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286	1198.81	Amerihealth	Medicare		1042.44	1			906.05	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286	1198.81	Consumer	Consumer		3121.7	0.95			906.05	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286	1198.81	Corrections	Corrections		2628.8	0.8			906.05	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286	1198.81	First Health	First Health		2300.2	0.7			906.05	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286	1198.81	First Trenton	First Trenton		2957.4	0.9			906.05	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286	1198.81	Horizon	Indemnity		1904.54	1.827			906.05	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286	1198.81	Horizon	MCD		1904.54	1.827			906.05	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286	1198.81	Horizon	Medicare Blue		1042.44	1			906.05	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286	1198.81	Horizon	PPO		1904.54	1.827			906.05	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286	1198.81	Managed Care Inc	Managed Care Inc		2957.4	0.9			906.05	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286	1198.81	Multiplan	Multiplan		2628.8	0.8			906.05	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286	1198.81	Qualcare	Qualcare		2464.5	0.75			906.05	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286	1198.81	Three Rivers	Three Rivers		3121.7	0.95			906.05	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286	1198.81	UHC	Medicare		1042.44	1			906.05	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286	1198.81	UHC	Medicaid		1033.78	0.3146			906.05	3121.7	percent of total billed charges	
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286	1198.81	Wellcare	Medicare		1042.44	1			906.05	3121.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
READIOFREQUENCY ABLATION OTHER NERVE	64640	CPT	outpatient			3286	1198.81	Wellcare	Medicaid		1033.78	0.3146			906.05	3121.7	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349	909.54	Aetna	Commercial		1259.11	1.592			438.59	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349	909.54	Aetna	Medicare		723.49	0.308			438.59	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349	909.54	Aetna	Better Health		739	0.3146			438.59	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349	909.54	Americare	Americare		1761.75	0.75			438.59	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349	909.54	WellPoint	WellPoint		753.56	0.3208			438.59	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349	909.54	Amerihealth	Medicare		790.9	1			438.59	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349	909.54	Consumer	Consumer		2231.55	0.95			438.59	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349	909.54	Corrections	Corrections		1879.2	0.8			438.59	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349	909.54	First Health	First Health		1644.3	0.7			438.59	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349	909.54	First Trenton	First Trenton		2114.1	0.9			438.59	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349	909.54	Horizon	Medicare Blue		790.9	1			438.59	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349	909.54	Horizon	MCD		1444.97	1.827			438.59	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349	909.54	Horizon	Indemnity		1444.97	1.827			438.59	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349	909.54	Horizon	PPO		1444.97	1.827			438.59	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349	909.54	Managed Care Inc	Managed Care Inc		2114.1	0.9			438.59	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349	909.54	Multiplan	Multiplan		1879.2	0.8			438.59	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349	909.54	Qualcare	Qualcare		1761.75	0.75			438.59	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349	909.54	Three Rivers	Three Rivers		2231.55	0.95			438.59	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349	909.54	UHC	Medicare		790.9	1			438.59	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349	909.54	UHC	Medicaid		739	0.3146			438.59	2231.55	percent of total billed charges	
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349	909.54	Wellcare	Medicare		790.9	1			438.59	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV ONE EXTR 1-4 MUSCL	64642	CPT	outpatient			2349	909.54	Wellcare	Medicaid		739	0.3146			438.59	2231.55	percent of total billed charges	
CHEMODENERV. 1 EXTRM.S>MUSCLES	64644	CPT	outpatient			2432	909.54	Aetna	Commercial		1259.11	1.592			723.49	2310.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV. 1 EXTRM.S>MUSCLES	64644	CPT	outpatient			2432	909.54	Aetna	Better Health		765.11	0.3146			723.49	2310.4	percent of total billed charges	
CHEMODENERV. 1 EXTRM.S>MUSCLES	64644	CPT	outpatient			2432	909.54	Aetna	Medicare		749.06	0.308			723.49	2310.4	percent of total billed charges	
CHEMODENERV. 1 EXTRM.S>MUSCLES	64644	CPT	outpatient			2432	909.54	Americare	Americare		1824	0.75			723.49	2310.4	percent of total billed charges	
CHEMODENERV. 1 EXTRM.S>MUSCLES	64644	CPT	outpatient			2432	909.54	WellPoint	WellPoint		780.19	0.3208			723.49	2310.4	percent of total billed charges	
CHEMODENERV. 1 EXTRM.S>MUSCLES	64644	CPT	outpatient			2432	909.54	Amerihealth	Medicare		790.9	1			723.49	2310.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV. 1 EXTRM.S>MUSCLES	64644	CPT	outpatient			2432	909.54	Consumer	Consumer		2310.4	0.95			723.49	2310.4	percent of total billed charges	
CHEMODENERV. 1 EXTRM.S>MUSCLES	64644	CPT	outpatient			2432	909.54	Corrections	Corrections		1945.6	0.8			723.49	2310.4	percent of total billed charges	
CHEMODENERV. 1 EXTRM.S>MUSCLES	64644	CPT	outpatient			2432	909.54	First Health	First Health		1702.4	0.7			723.49	2310.4	percent of total billed charges	
CHEMODENERV. 1 EXTRM.S>MUSCLES	64644	CPT	outpatient			2432	909.54	First Trenton	First Trenton		2188.8	0.9			723.49	2310.4	percent of total billed charges	
CHEMODENERV. 1 EXTRM.S>MUSCLES	64644	CPT	outpatient			2432	909.54	Horizon	Indemnity		1444.97	1.827			723.49	2310.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV. 1 EXTRM.S>MUSCLES	64644	CPT	outpatient			2432	909.54	Horizon	MCD		1444.97	1.827			723.49	2310.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV. 1 EXTRM.S>MUSCLES	64644	CPT	outpatient			2432	909.54	Horizon	Medicare Blue		790.9	1			723.49	2310.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV. 1 EXTRM.S>MUSCLES	64644	CPT	outpatient			2432	909.54	Horizon	PPO		1444.97	1.827			723.49	2310.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV. 1 EXTRM.S>MUSCLES	64644	CPT	outpatient			2432	909.54	Managed Care Inc	Managed Care Inc		2188.8	0.9			723.49	2310.4	percent of total billed charges	
CHEMODENERV. 1 EXTRM.S>MUSCLES	64644	CPT	outpatient			2432	909.54	Multiplan	Multiplan		1945.6	0.8			723.49	2310.4	percent of total billed charges	
CHEMODENERV. 1 EXTRM.S>MUSCLES	64644	CPT	outpatient			2432	909.54	Qualcare	Qualcare		1824	0.75			723.49	2310.4	percent of total billed charges	
CHEMODENERV. 1 EXTRM.S>MUSCLES	64644	CPT	outpatient			2432	909.54	Three Rivers	Three Rivers		2310.4	0.95			723.49	2310.4	percent of total billed charges	
CHEMODENERV. 1 EXTRM.S>MUSCLES	64644	CPT	outpatient			2432	909.54	UHC	Medicaid		765.11	0.3146			723.49	2310.4	percent of total billed charges	
CHEMODENERV. 1 EXTRM.S>MUSCLES	64644	CPT	outpatient			2432	909.54	UHC	Medicare		790.9	1			723.49	2310.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV. 1 EXTRM.S>MUSCLES	64644	CPT	outpatient			2432	909.54	Wellcare	Medicare		790.9	1			723.49	2310.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERV. 1 EXTRM.S>MUSCLES	64644	CPT	outpatient			2432	909.54	Wellcare	Medicaid		765.11	0.3146			723.49	2310.4	percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	both			2536	909.54	Aetna	Better Health		797.83	0.3146			319	2409.2	percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	both			2536	909.54	Aetna	Commercial		1259.11	1.592			319	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	both			2536	909.54	Aetna	Medicare		790.9	1			319	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	both			2536	909.54	Americare	Americare		1902	0.75			319	2409.2	percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	both			2536	909.54	WellPoint	WellPoint		813.55	0.3208			319	2409.2	percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	both			2536	909.54	Amerihealth	Medicare		790.9	1			319	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	both			2536	909.54	Consumer	Consumer		2409.2	0.95			319	2409.2	percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	both			2536	909.54	Corrections	Corrections		2028.8	0.8			319	2409.2	percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	both			2536	909.54	First Health	First Health		1775.2	0.7			319	2409.2	percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	both			2536	909.54	First Trenton	First Trenton		2282.4	0.9			319	2409.2	percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	both			2536	909.54	Horizon	MCD		1444.97	1.827			319	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	both			2536	909.54	Horizon	Indemnity		1444.97	1.827			319	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	both			2536	909.54	Horizon	Medicare Blue		790.9	1			319	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	both			2536	909.54	Horizon	PPO		1444.97	1.827			319	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	both			2536	909.54	Managed Care Inc	Managed Care Inc		2282.4	0.9			319	2409.2	percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	both			2536	909.54	Multiplan	Multiplan		2028.8	0.8			319	2409.2	percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	both			2536	909.54	Qualcare	Qualcare		1902	0.75			319	2409.2	percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	both			2536	909.54	Three Rivers	Three Rivers		2409.2	0.95			319	2409.2	percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	both			2536	909.54	UHC	Medicare		790.9	1			319	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	both			2536	909.54	UHC	Medicaid		797.83	0.3146			319	2409.2	percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	both			2536	909.54	Wellcare	Medicaid		797.83	0.3146			319	2409.2	percent of total billed charges	
US-GUIDED SOMATIC NERVE ABLATION	64646	CPT	both			2536	909.54	Wellcare	Medicare		790.9	1			319	2409.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTOX TRUNK 6>MUSCLES	64647	CPT	outpatient			2349	909.54	Aetna	Commercial		1259.11	1.592			739	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTOX TRUNK 6>MUSCLES	64647	CPT	outpatient			2349	909.54	Aetna	Medicare		790.9	1			739	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTOX TRUNK 6>MUSCLES	64647	CPT	outpatient			2349	909.54	Aetna	Better Health		739	0.3146			739	2231.55	percent of total billed charges	
BOTOX TRUNK 6>MUSCLES	64647	CPT	outpatient			2349	909.54	Americare	Americare		1761.75	0.75			739	2231.55	percent of total billed charges	
BOTOX TRUNK 6>MUSCLES	64647	CPT	outpatient			2349	909.54	WellPoint	WellPoint		753.56	0.3208			739	2231.55	percent of total billed charges	
BOTOX TRUNK 6>MUSCLES	64647	CPT	outpatient			2349	909.54	Amerihealth	Medicare		790.9	1			739	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTOX TRUNK 6>MUSCLES	64647	CPT	outpatient			2349	909.54	Consumer	Consumer		2231.55	0.95			739	2231.55	percent of total billed charges	
BOTOX TRUNK 6>MUSCLES	64647	CPT	outpatient			2349	909.54	Corrections	Corrections		1879.2	0.8			739	2231.55	percent of total billed charges	
BOTOX TRUNK 6>MUSCLES	64647	CPT	outpatient			2349	909.54	First Health	First Health		1644.3	0.7			739	2231.55	percent of total billed charges	
BOTOX TRUNK 6>MUSCLES	64647	CPT	outpatient			2349	909.54	First Trenton	First Trenton		2114.1	0.9			739	2231.55	percent of total billed charges	
BOTOX TRUNK 6>MUSCLES	64647	CPT	outpatient			2349	909.54	Horizon	Medicare Blue		790.9	1			739	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTOX TRUNK 6>MUSCLES	64647	CPT	outpatient			2349	909.54	Horizon	PPO		1444.97	1.827			739	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTOX TRUNK 6>MUSCLES	64647	CPT	outpatient			2349	909.54	Horizon	MCD		1444.97	1.827			739	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTOX TRUNK 6>MUSCLES	64647	CPT	outpatient			2349	909.54	Horizon	Indemnity		1444.97	1.827			739	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTOX TRUNK 6>MUSCLES	64647	CPT	outpatient			2349	909.54	Managed Care Inc	Managed Care Inc		2114.1	0.9			739	2231.55	percent of total billed charges	
BOTOX TRUNK 6>MUSCLES	64647	CPT	outpatient			2349	909.54	Multiplan	Multiplan		1879.2	0.8			739	2231.55	percent of total billed charges	
BOTOX TRUNK 6>MUSCLES	64647	CPT	outpatient			2349	909.54	Qualcare	Qualcare		1761.75	0.75			739	2231.55	percent of total billed charges	
BOTOX TRUNK 6>MUSCLES	64647	CPT	outpatient			2349	909.54	Three Rivers	Three Rivers		2231.55	0.95			739	2231.55	percent of total billed charges	
BOTOX TRUNK 6>MUSCLES	64647	CPT	outpatient			2349	909.54	UHC	Medicaid		739	0.3146			739	2231.55	percent of total billed charges	
BOTOX TRUNK 6>MUSCLES	64647	CPT	outpatient			2349	909.54	UHC	Medicare		790.9	1			739	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTOX TRUNK 6>MUSCLES	64647	CPT	outpatient			2349	909.54	Wellcare	Medicaid		739	0.3146			739	2231.55	percent of total billed charges	
BOTOX TRUNK 6>MUSCLES	64647	CPT	outpatient			2349	909.54	Wellcare	Medicare		790.9	1			739	2231.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195	1198.81	Aetna	Better Health		1319.75	0.3146			1033.78	3985.25	percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195	1198.81	Aetna	Medicare		1042.44	1			1033.78	3985.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195	1198.81	Aetna	Commercial		1659.56	1.592			1033.78	3985.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195	1198.81	Americare	Americare		3146.25	0.75			1033.78	3985.25	percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195	1198.81	WellPoint	WellPoint		1345.76	0.3208			1033.78	3985.25	percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195	1198.81	Amerihealth	Medicare		1042.44	1			1033.78	3985.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195	1198.81	Consumer	Consumer		3985.25	0.95			1033.78	3985.25	percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195	1198.81	Corrections	Corrections		3356	0.8			1033.78	3985.25	percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195	1198.81	First Health	First Health		2936.5	0.7			1033.78	3985.25	percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195	1198.81	First Trenton	First Trenton		3775.5	0.9			1033.78	3985.25	percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195	1198.81	Horizon	MGD		1904.54	1.827			1033.78	3985.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195	1198.81	Horizon	Medicare Blue		1042.44	1			1033.78	3985.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195	1198.81	Horizon	PPO		1904.54	1.827			1033.78	3985.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195	1198.81	Horizon	Indemnity		1904.54	1.827			1033.78	3985.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195	1198.81	Managed Care Inc	Managed Care Inc		3775.5	0.9			1033.78	3985.25	percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195	1198.81	Multiplan	Multiplan		3356	0.8			1033.78	3985.25	percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195	1198.81	Qualcare	Qualcare		3146.25	0.75			1033.78	3985.25	percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195	1198.81	Three Rivers	Three Rivers		3985.25	0.95			1033.78	3985.25	percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195	1198.81	UHC	Medicaid		1319.75	0.3146			1033.78	3985.25	percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195	1198.81	UHC	Medicare		1042.44	1			1033.78	3985.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195	1198.81	Wellcare	Medicaid		1319.75	0.3146			1033.78	3985.25	percent of total billed charges	
CELIAC PLEXUX NEUROLYTIC PROC	64680	CPT	outpatient			4195	1198.81	Wellcare	Medicare		1042.44	1			1033.78	3985.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRC W/W/O RAD MONTR,HYPGSTR	64681	CPT	outpatient			3199	1198.81	Aetna	Commercial		1659.56	1.592			948.28	3039.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRC W/W/O RAD MONTR,HYPGSTR	64681	CPT	outpatient			3199	1198.81	Aetna	Medicare		1042.44	1			948.28	3039.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRC W/W/O RAD MONTR,HYPGSTR	64681	CPT	outpatient			3199	1198.81	Aetna	Better Health		1006.41	0.3146			948.28	3039.05	percent of total billed charges	
DSTRC W/W/O RAD MONTR,HYPGSTR	64681	CPT	outpatient			3199	1198.81	Americare	Americare		2399.25	0.75			948.28	3039.05	percent of total billed charges	
DSTRC W/W/O RAD MONTR,HYPGSTR	64681	CPT	outpatient			3199	1198.81	WellPoint	WellPoint		1026.24	0.3208			948.28	3039.05	percent of total billed charges	
DSTR NRLYTC AGT HYPGSTC PLXS	64681	CPT	outpatient			3199	1198.81	Amerihealth	Medicare		1042.44	1			948.28	3039.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRC W/W/O RAD MONTR,HYPGSTR	64681	CPT	outpatient			3014.25	1198.81	Amerihealth	Medicare		994.7	0.33			948.28	3039.05	percent of total billed charges	
DSTRC W/W/O RAD MONTR,HYPGSTR	64681	CPT	outpatient			3199	1198.81	Consumer	Consumer		3039.05	0.95			948.28	3039.05	percent of total billed charges	
DSTRC W/W/O RAD MONTR,HYPGSTR	64681	CPT	outpatient			3199	1198.81	Corrections	Corrections		2559.2	0.8			948.28	3039.05	percent of total billed charges	
DSTRC W/W/O RAD MONTR,HYPGSTR	64681	CPT	outpatient			3199	1198.81	First Health	First Health		2239.3	0.7			948.28	3039.05	percent of total billed charges	
DSTRC W/W/O RAD MONTR,HYPGSTR	64681	CPT	outpatient			3199	1198.81	First Trenton	First Trenton		2879.1	0.9			948.28	3039.05	percent of total billed charges	
DSTRC W/W/O RAD MONTR,HYPGSTR	64681	CPT	outpatient			3199	1198.81	Horizon	Indemnity		1904.54	1.827			948.28	3039.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRC W/W/O RAD MONTR,HYPGSTR	64681	CPT	outpatient			3199	1198.81	Horizon	Medicare Blue		1042.44	1			948.28	3039.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRC W/W/O RAD MONTR,HYPGSTR	64681	CPT	outpatient			3199	1198.81	Horizon	MGD		1904.54	1.827			948.28	3039.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRC W/W/O RAD MONTR,HYPGSTR	64681	CPT	outpatient			3199	1198.81	Horizon	PPO		1904.54	1.827			948.28	3039.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRC W/W/O RAD MONTR,HYPGSTR	64681	CPT	outpatient			3199	1198.81	Managed Care Inc	Managed Care Inc		2879.1	0.9			948.28	3039.05	percent of total billed charges	
DSTRC W/W/O RAD MONTR,HYPGSTR	64681	CPT	outpatient			3199	1198.81	Multiplan	Multiplan		2559.2	0.8			948.28	3039.05	percent of total billed charges	
DSTRC W/W/O RAD MONTR,HYPGSTR	64681	CPT	outpatient			3199	1198.81	Qualcare	Qualcare		2399.25	0.75			948.28	3039.05	percent of total billed charges	
DSTRC W/W/O RAD MONTR,HYPGSTR	64681	CPT	outpatient			3199	1198.81	Three Rivers	Three Rivers		3039.05	0.95			948.28	3039.05	percent of total billed charges	
DSTRC W/W/O RAD MONTR,HYPGSTR	64681	CPT	outpatient			3199	1198.81	UHC	Medicaid		1006.41	0.3146			948.28	3039.05	percent of total billed charges	
DSTRC W/W/O RAD MONTR,HYPGSTR	64681	CPT	outpatient			3199	1198.81	UHC	Medicare		1042.44	1			948.28	3039.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DSTRC W/W/O RAD MONTR,HYPGSTR	64681	CPT	outpatient			3199	1198.81	Wellcare	Medicaid		1006.41	0.3146			948.28	3039.05	percent of total billed charges	
DSTRC W/W/O RAD MONTR,HYPGSTR	64681	CPT	outpatient			3199	1198.81	Wellcare	Medicare		1042.44	1			948.28	3039.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE DIG NERVE H/F 1 NERVE	64831	CPT	outpatient			6889	2539.41	Aetna	Medicare		2208.18	1			2167.28	6544.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE DIG NERVE H/F 1 NERVE	64831	CPT	outpatient			6889	2539.41	Aetna	Commercial		3515.42	1.592			2167.28	6544.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE DIG NERVE H/F 1 NERVE	64831	CPT	outpatient			6889	2539.41	Aetna	Better Health		2167.28	0.3146			2167.28	6544.55	percent of total billed charges	
SUTURE DIG NERVE H/F 1 NERVE	64831	CPT	outpatient			6889	2539.41	Americare	Americare		5166.75	0.75			2167.28	6544.55	percent of total billed charges	
SUTURE DIG NERVE H/F 1 NERVE	64831	CPT	outpatient			6889	2539.41	WellPoint	WellPoint		2209.99	0.3208			2167.28	6544.55	percent of total billed charges	
SUTURE DIG NERVE H/F 1 NERVE	64831	CPT	outpatient			6889	2539.41	Amerihealth	Medicare		2208.18	1			2167.28	6544.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE DIG NERVE H/F 1 NERVE	64831	CPT	outpatient			6889	2539.41	Consumer	Consumer		6544.55	0.95			2167.28	6544.55	percent of total billed charges	
SUTURE DIG NERVE H/F 1 NERVE	64831	CPT	outpatient			6889	2539.41	Corrections	Corrections		5511.2	0.8			2167.28	6544.55	percent of total billed charges	
SUTURE DIG NERVE H/F 1 NERVE	64831	CPT	outpatient			6889	2539.41	First Health	First Health		4822.3	0.7			2167.28	6544.55	percent of total billed charges	
SUTURE DIG NERVE H/F 1 NERVE	64831	CPT	outpatient			6889	2539.41	First Trenton	First Trenton		6200.1	0.9			2167.28	6544.55	percent of total billed charges	
SUTURE DIG NERVE H/F 1 NERVE	64831	CPT	outpatient			6889	2539.41	Horizon	Indemnity		4034.34	1.827			2167.28	6544.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE DIG NERVE H/F 1 NERVE	64831	CPT	outpatient			6889	2539.41	Horizon	PPO		4034.34	1.827			2167.28	6544.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE DIG NERVE H/F 1 NERVE	64831	CPT	outpatient			6889	2539.41	Horizon	MGD		4034.34	1.827			2167.28	6544.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE DIG NERVE H/F 1 NERVE	64831	CPT	outpatient			6889	2539.41	Horizon	Medicare Blue		2208.18	1			2167.28	6544.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE DIG NERVE H/F 1 NERVE	64831	CPT	outpatient			6889	2539.41	Managed Care Inc	Managed Care Inc		6200.1	0.9			2167.28	6544.55	percent of total billed charges	
SUTURE DIG NERVE H/F 1 NERVE	64831	CPT	outpatient			6889	2539.41	Multiplan	Multiplan		5511.2	0.8			2167.28	6544.55	percent of total billed charges	
SUTURE DIG NERVE H/F 1 NERVE	64831	CPT	outpatient			6889	2539.41	Qualcare	Qualcare		5166.75	0.75			2167.28	6544.55	percent of total billed charges	
SUTURE DIG NERVE H/F 1 NERVE	64831	CPT	outpatient			6889	2539.41	Three Rivers	Three Rivers		6544.55	0.95			2167.28	6544.55	percent of total billed charges	
SUTURE DIG NERVE H/F 1 NERVE	64831	CPT	outpatient			6889	2539.41	UHC	Medicaid		2167.28	0.3146			2167.28	6544.55	percent of total billed charges	
SUTURE DIG NERVE H/F 1 NERVE	64831	CPT	outpatient			6889	2539.41	UHC	Medicare		2208.18	1			2167.28	6544.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE DIG NERVE H/F 1 NERVE	64831	CPT	outpatient			6889	2539.41	Wellcare	Medicaid		2167.28	0.3146			2167.28	6544.55	percent of total billed charges	
SUTURE DIG NERVE H/F 1 NERVE	64831	CPT	outpatient			6889	2539.41	Wellcare	Medicare		2208.18	1			2167.28	6544.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986	8761.3	Aetna	Commercial		12128.68	1.592			2827	13919.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986	8761.3	Aetna	Better Health		2827	0.3146			2827	13919.04	percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986	8761.3	Aetna	Medicare		7618.52	1			2827	13919.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986	8761.3	Americare	Americare		6739.5	0.75			2827	13919.04	percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986	8761.3	WellPoint	WellPoint		2882.71	0.3208			2827	13919.04	percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986	8761.3	Amerihealth	Medicare		7618.52	1			2827	13919.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986	8761.3	Consumer	Consumer		8536.7	0.95			2827	13919.04	percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986	8761.3	Corrections	Corrections		7188.8	0.8			2827	13919.04	percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986	8761.3	First Health	First Health		6290.2	0.7			2827	13919.04	percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986	8761.3	First Trenton	First Trenton		8087.4	0.9			2827	13919.04	percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986	8761.3	Horizon	Medicare Blue		7618.52	1			2827	13919.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986	8761.3	Horizon	MGD		13919.04	1.827			2827	13919.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986	8761.3	Horizon	Indemnity		13919.04	1.827			2827	13919.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986	8761.3	Horizon	PPO		13919.04	1.827			2827	13919.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986	8761.3	Managed Care Inc	Managed Care Inc		8087.4	0.9			2827	13919.04	percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986	8761.3	Multiplan	Multiplan		7188.8	0.8			2827	13919.04	percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986	8761.3	Qualcare	Qualcare		6739.5	0.75			2827	13919.04	percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986	8761.3	Three Rivers	Three Rivers		8536.7	0.95			2827	13919.04	percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986	8761.3	UHC	Medicaid		2827	0.3146			2827	13919.04	percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986	8761.3	UHC	Medicare		7618.52	1			2827	13919.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986	8761.3	Wellcare	Medicaid		2827	0.3146			2827	13919.04	percent of total billed charges	
SUTURE 1 NERVE HAND/FOOT	64834	CPT	outpatient			8986	8761.3	Wellcare	Medicare		7618.52	1			2827	13919.04	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321	8761.3	Aetna	Commercial		12128.68	1.592			7022.19	21204.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321	8761.3	Aetna	Medicare		7618.52	1			7022.19	21204.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321	8761.3	Aetna	Better Health		7022.19	0.3146			7022.19	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321	8761.3	Americare	Americare		16740.75	0.75			7022.19	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321	8761.3	WellPoint	WellPoint		7160.58	0.3208			7022.19	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321	8761.3	Amerihealth	Medicare		7618.52	1			7022.19	21204.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321	8761.3	Consumer	Consumer		21204.95	0.95			7022.19	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321	8761.3	Corrections	Corrections		17856.8	0.8			7022.19	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321	8761.3	First Health	First Health		15624.7	0.7			7022.19	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321	8761.3	First Trenton	First Trenton		20088.9	0.9			7022.19	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321	8761.3	Horizon	MGD		13919.04	1.827			7022.19	21204.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321	8761.3	Horizon	Medicare Blue		7618.52	1			7022.19	21204.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321	8761.3	Horizon	Indemnity		13919.04	1.827			7022.19	21204.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321	8761.3	Horizon	PPO		13919.04	1.827			7022.19	21204.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321	8761.3	Managed Care Inc	Managed Care Inc		20088.9	0.9			7022.19	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321	8761.3	Multiplan	Multiplan		17856.8	0.8			7022.19	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321	8761.3	Qualcare	Qualcare		16740.75	0.75			7022.19	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321	8761.3	Three Rivers	Three Rivers		21204.95	0.95			7022.19	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321	8761.3	UHC	Medicaid		7022.19	0.3146			7022.19	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321	8761.3	UHC	Medicare		7618.52	1			7022.19	21204.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321	8761.3	Wellcare	Medicaid		7022.19	0.3146			7022.19	21204.95	percent of total billed charges	
SUTURE 1 NERVE MEDIAN MOTOR TH	64835	CPT	outpatient			22321	8761.3	Wellcare	Medicare		7618.52	1			7022.19	21204.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727	8761.3	Aetna	Medicare		4535.92	0.308			4535.92	13990.65	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727	8761.3	Aetna	Better Health		4633.11	0.3146			4535.92	13990.65	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727	8761.3	Aetna	Commercial		12128.68	1.592			4535.92	13990.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727	8761.3	Americare	Americare		11045.25	0.75			4535.92	13990.65	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727	8761.3	WellPoint	WellPoint		4724.42	0.3208			4535.92	13990.65	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727	8761.3	Amerihealth	Medicare		7618.52	1			4535.92	13990.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727	8761.3	Consumer	Consumer		13990.65	0.95			4535.92	13990.65	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727	8761.3	Corrections	Corrections		11781.6	0.8			4535.92	13990.65	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727	8761.3	First Health	First Health		10308.9	0.7			4535.92	13990.65	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727	8761.3	First Trenton	First Trenton		13254.3	0.9			4535.92	13990.65	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727	8761.3	Horizon	PPO		13919.04	1.827			4535.92	13990.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727	8761.3	Horizon	MGD		13919.04	1.827			4535.92	13990.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727	8761.3	Horizon	Indemnity		13919.04	1.827			4535.92	13990.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727	8761.3	Horizon	Medicare Blue		7618.52	1			4535.92	13990.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727	8761.3	Managed Care Inc	Managed Care Inc		13254.3	0.9			4535.92	13990.65	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727	8761.3	Multiplan	Multiplan		11781.6	0.8			4535.92	13990.65	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727	8761.3	Qualcare	Qualcare		11045.25	0.75			4535.92	13990.65	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727	8761.3	Three Rivers	Three Rivers		13990.65	0.95			4535.92	13990.65	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727	8761.3	UHC	Medicare		7618.52	1			4535.92	13990.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727	8761.3	UHC	Medicaid		4633.11	0.3146			4535.92	13990.65	percent of total billed charges	
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727	8761.3	Wellcare	Medicare		7618.52	1			4535.92	13990.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE FACE NERVE;EXTRACRANIAL	64864	CPT	outpatient			14727	8761.3	Wellcare	Medicaid		4633.11	0.3146			4535.92	13990.65	percent of total billed charges	
UNLISTED PROC NERVOUS SYSTEM	64999	CPT	outpatient			1045	389.55	Aetna	Medicare		338.74	1			68.5	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC NERVOUS SYSTEM	64999	CPT	outpatient			1045	389.55	Aetna	Better Health		328.76	0.3146			68.5	992.75	percent of total billed charges	
UNLISTED PROC NERVOUS SYSTEM	64999	CPT	outpatient			1045	389.55	Aetna	Commercial		539.27	1.592			68.5	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC NERVOUS SYSTEM	64999	CPT	outpatient			1045	389.55	Americare	Americare		783.75	0.75			68.5	992.75	percent of total billed charges	
UNLISTED PROC NERVOUS SYSTEM	64999	CPT	outpatient			1045	389.55	WellPoint	WellPoint		335.24	0.3208			68.5	992.75	percent of total billed charges	
UNLISTED PROC NERVOUS SYSTEM	64999	CPT	outpatient			1045	389.55	Amerihealth	Medicare		338.74	1			68.5	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC NERVOUS SYSTEM	64999	CPT	outpatient			1045	389.55	Consumer	Consumer		992.75	0.95			68.5	992.75	percent of total billed charges	
UNLISTED PROC NERVOUS SYSTEM	64999	CPT	outpatient			1045	389.55	Corrections	Corrections		836	0.8			68.5	992.75	percent of total billed charges	
UNLISTED PROC NERVOUS SYSTEM	64999	CPT	outpatient			1045	389.55	First Health	First Health		731.5	0.7			68.5	992.75	percent of total billed charges	
UNLISTED PROC NERVOUS SYSTEM	64999	CPT	outpatient			1045	389.55	First Trenton	First Trenton		940.5	0.9			68.5	992.75	percent of total billed charges	
UNLISTED PROC NERVOUS SYSTEM	64999	CPT	outp

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLISTED PROC NERVOUS SYSTEM	64999	CPT	outpatient			1045	389.55	Horizon	Medicare Blue		338.74	1			68.5	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC NERVOUS SYSTEM	64999	CPT	outpatient			1045	389.55	Horizon	NJ Health		104.5	0.1			68.5	992.75	percent of total billed charges	
UNLISTED PROC NERVOUS SYSTEM	64999	CPT	outpatient			1045	389.55	Managed Care Inc	Managed Care Inc		940.5	0.9			68.5	992.75	percent of total billed charges	
UNLISTED PROC NERVOUS SYSTEM	64999	CPT	outpatient			1045	389.55	Multiplan	Multiplan		836	0.8			68.5	992.75	percent of total billed charges	
UNLISTED PROC NERVOUS SYSTEM	64999	CPT	outpatient			1045	389.55	Qualcare	Qualcare		783.75	0.75			68.5	992.75	percent of total billed charges	
UNLISTED PROC NERVOUS SYSTEM	64999	CPT	outpatient			1045	389.55	Three Rivers	Three Rivers		992.75	0.95			68.5	992.75	percent of total billed charges	
UNLISTED PROC NERVOUS SYSTEM	64999	CPT	outpatient			1045	389.55	UHC	Medicare		338.74	1			68.5	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC NERVOUS SYSTEM	64999	CPT	outpatient			1045	389.55	UHC	Medicaid		328.76	0.3146			68.5	992.75	percent of total billed charges	
UNLISTED PROC NERVOUS SYSTEM	64999	CPT	outpatient			1045	389.55	Wellcare	Medicaid		328.76	0.3146			68.5	992.75	percent of total billed charges	
UNLISTED PROC NERVOUS SYSTEM	64999	CPT	outpatient			1045	389.55	Wellcare	Medicare		338.74	1			68.5	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424	168	Aetna	Better Health		133.39	0.3146			108.11	402.8	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424	168	Aetna	Medicare		130.59	0.308			108.11	402.8	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424	168	Aetna	Commercial		232.58	1.592			108.11	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424	168	Americare	Americare		318	0.75			108.11	402.8	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424	168	WellPoint	WellPoint		136.02	0.3208			108.11	402.8	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424	168	Amerihealth	Medicare		146.09	1			108.11	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424	168	Consumer	Consumer		402.8	0.95			108.11	402.8	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424	168	Corrections	Corrections		339.2	0.8			108.11	402.8	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424	168	First Health	First Health		296.8	0.7			108.11	402.8	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	0.9			108.11	402.8	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09	1			108.11	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424	168	Horizon	Indemnity		266.91	1.827			108.11	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424	168	Horizon	MGD		266.91	1.827			108.11	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424	168	Horizon	PPO		266.91	1.827			108.11	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	0.9			108.11	402.8	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	0.8			108.11	402.8	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424	168	Qualcare	Qualcare		318	0.75			108.11	402.8	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	0.95			108.11	402.8	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424	168	UHC	Medicaid		133.39	0.3146			108.11	402.8	percent of total billed charges	
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424	168	UHC	Medicare		146.09	1			108.11	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424	168	Wellcare	Medicare		146.09	1			108.11	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ SPERFIC	65205	CPT	outpatient			424	168	Wellcare	Medicaid		133.39	0.3146			108.11	402.8	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379	524.04	Aetna	Commercial		725.46	1.592			359.27	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379	524.04	Aetna	Better Health		433.83	0.3146			359.27	1310.05	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379	524.04	Aetna	Medicare		455.69	1			359.27	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379	524.04	Americare	Americare		1034.25	0.75			359.27	1310.05	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379	524.04	WellPoint	WellPoint		442.38	0.3208			359.27	1310.05	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379	524.04	Amerihealth	Medicare		455.69	1			359.27	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379	524.04	Consumer	Consumer		1310.05	0.95			359.27	1310.05	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379	524.04	Corrections	Corrections		1103.2	0.8			359.27	1310.05	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379	524.04	First Health	First Health		965.3	0.7			359.27	1310.05	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379	524.04	First Trenton	First Trenton		1241.1	0.9			359.27	1310.05	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379	524.04	Horizon	Indemnity		832.55	1.827			359.27	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379	524.04	Horizon	PPO		832.55	1.827			359.27	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379	524.04	Horizon	MGD		832.55	1.827			359.27	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379	524.04	Horizon	Medicare Blue		455.69	1			359.27	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379	524.04	Managed Care Inc	Managed Care Inc		1241.1	0.9			359.27	1310.05	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379	524.04	Multiplan	Multiplan		1103.2	0.8			359.27	1310.05	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379	524.04	Qualcare	Qualcare		1034.25	0.75			359.27	1310.05	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379	524.04	Three Rivers	Three Rivers		1310.05	0.95			359.27	1310.05	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379	524.04	UHC	Medicaid		433.83	0.3146			359.27	1310.05	percent of total billed charges	
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379	524.04	UHC	Medicare		455.69	1			359.27	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379	524.04	Wellcare	Medicare		455.69	1			359.27	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB EXT EYE CONJ EMBEDD	65210	CPT	outpatient			1379	524.04	Wellcare	Medicaid		433.83	0.3146			359.27	1310.05	percent of total billed charges	
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379	524.04	Aetna	Better Health		433.83	0.3146			351.74	1310.05	percent of total billed charges	
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379	524.04	Aetna	Commercial		725.46	1.592			351.74	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379	524.04	Aetna	Medicare		424.73	0.308			351.74	1310.05	percent of total billed charges	
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379	524.04	Americare	Americare		1034.25	0.75			351.74	1310.05	percent of total billed charges	
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379	524.04	WellPoint	WellPoint		442.38	0.3208			351.74	1310.05	percent of total billed charges	
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379	524.04	Amerihealth	Medicare		455.69	1			351.74	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379	524.04	Consumer	Consumer		1310.05	0.95			351.74	1310.05	percent of total billed charges	
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379	524.04	Corrections	Corrections		1103.2	0.8			351.74	1310.05	percent of total billed charges	
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379	524.04	First Health	First Health		965.3	0.7			351.74	1310.05	percent of total billed charges	
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379	524.04	First Trenton	First Trenton		1241.1	0.9			351.74	1310.05	percent of total billed charges	
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379	524.04	Horizon	MGD		832.55	1.827			351.74	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379	524.04	Horizon	Medicare Blue		455.69	1			351.74	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379	524.04	Horizon	Indemnity		832.55	1.827			351.74	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379	524.04	Horizon	PPO		832.55	1.827			351.74	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379	524.04	Managed Care Inc	Managed Care Inc		1241.1	0.9			351.74	1310.05	percent of total billed charges	
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379	524.04	Multiplan	Multiplan		1103.2	0.8			351.74	1310.05	percent of total billed charges	
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379	524.04	Qualcare	Qualcare		1034.25	0.75			351.74	1310.05	percent of total billed charges	
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379	524.04	Three Rivers	Three Rivers		1310.05	0.95			351.74	1310.05	percent of total billed charges	
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379	524.04	UHC	Medicare		455.69	1			351.74	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379	524.04	UHC	Medicaid		433.83	0.3146			351.74	1310.05	percent of total billed charges	
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379	524.04	Wellcare	Medicare		455.69	1			351.74	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL WO SLIT	65220	CPT	outpatient			1379	524.04	Wellcare	Medicaid		433.83	0.3146			351.74	1310.05	percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424	168	Aetna	Commercial		232.58	1.592			110.42	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424	168	Aetna	Better Health		133.39	0.3146			110.42	402.8	percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424	168	Aetna	Medicare		146.09	1			110.42	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424	168	Americare	Americare		318	0.75			110.42	402.8	percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424	168	WellPoint	WellPoint		136.02	0.3208			110.42	402.8	percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424	168	Amerihealth	Medicare		146.09	1			110.42	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424	168	Consumer	Consumer		402.8	0.95			110.42	402.8	percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424	168	Corrections	Corrections		339.2	0.8			110.42	402.8	percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424	168	First Health	First Health		296.8	0.7			110.42	402.8	percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	0.9			110.42	402.8	percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424	168	Horizon	Indemnity		266.91	1.827			110.42	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424	168	Horizon	MGD		266.91	1.827			110.42	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424	168	Horizon	PPO		266.91	1.827			110.42	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09	1			110.42	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	0.9			110.42	402.8	percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	0.8			110.42	402.8	percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424	168	Qualcare	Qualcare		318	0.75			110.42	402.8	percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	0.95			110.42	402.8	percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424	168	UHC	Medicaid		133.39	0.3146			110.42	402.8	percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424	168	UHC	Medicare		146.09	1			110.42	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424	168	Wellcare	Medicaid		133.39	0.3146			110.42	402.8	percent of total billed charges	
RMVL FB EXT EYE CORNEAL W SLIT	65222	CPT	outpatient			424	168	Wellcare	Medicare		146.09	1			110.42	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FB FROM EYE	65235	CPT	outpatient			5996	3064.95	Aetna	Better Health		1886.34	0.3146			1886.34	5696.2	percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996	3064.95	Aetna	Commercial		4242.95	1.592			1886.34	5696.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FB FROM EYE	65235	CPT	outpatient			5996	3064.95	Aetna	Medicare		2665.17	1			1886.34	5696.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FB FROM EYE	65235	CPT	outpatient			5996	3064.95	Americare	Americare		4497	0.75			1886.34	5696.2	percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996	3064.95	WellPoint	WellPoint		1923.52	0.3208			1886.34	5696.2	percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996	3064.95	Amerihealth	Medicare		2665.17	1			1886.34	5696.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FB FROM EYE	65235	CPT	outpatient			5996	3064.95	Consumer	Consumer		5696.2	0.95			1886.34	5696.2	percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996	3064.95	Corrections	Corrections		4796.8	0.8			1886.34	5696.2	percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996	3064.95	First Health	First Health		4197.2	0.7			1886.34	5696.2	percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996	3064.95	First Trenton	First Trenton		5396.4	0.9			1886.34	5696.2	percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996	3064.95	Horizon	PPO		4869.27	1.827			1886.34	5696.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FB FROM EYE	65235	CPT	outpatient			5996	3064.95	Horizon	MGD		4869.27	1.827			1886.34	5696.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FB FROM EYE	65235	CPT	outpatient			5996	3064.95	Horizon	Medicare Blue		2665.17	1			1886.34	5696.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FB FROM EYE	65235	CPT	outpatient			5996	3064.95	Horizon	Indemnity		4869.27	1.827			1886.34	5696.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FB FROM EYE	65235	CPT	outpatient			5996	3064.95	Managed Care Inc	Managed Care Inc		5396.4	0.9			1886.34	5696.2	percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996	3064.95	Multiplan	Multiplan		4796.8	0.8			1886.34	5696.2	percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996	3064.95	Qualcare	Qualcare		4497	0.75			1886.34	5696.2	percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996	3064.95	Three Rivers	Three Rivers		5696.2	0.95			1886.34	5696.2	percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996	3064.95	UHC	Medicare		2665.17	1			1886.34	5696.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FB FROM EYE	65235	CPT	outpatient			5996	3064.95	UHC	Medicaid		1886.34	0.3146			1886.34	5696.2	percent of total billed charges	
REMOVE FB FROM EYE	65235	CPT	outpatient			5996	3064.95	Wellcare	Medicare		2665.17	1			1886.34	5696.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE FB FROM EYE	65235	CPT	outpatient			5996	3064.95	Wellcare	Medicaid		1886.34	0.3146			1886.34	5696.2	percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704	3073.41	Aetna	Medicare		2572.53	1			1745.4	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			1745.4	7318.8	percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			1745.4	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			1745.4	7318.8	percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			1745.4	7318.8	percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2572.53	1			1745.4	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			1745.4	7318.8	percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			1745.4	7318.8	percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			1745.4	7318.8	percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			1745.4	7318.8	percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			1745.4	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			1745.4	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			1745.4	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2572.53	1			1745.4	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			1745.4	7318.8	percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			1745.4	7318.8	percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			1745.4	7318.8	percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			1745.4	7318.8	percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			1745.4	7318.8	percent of total billed charges	
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704	3073.41	UHC	Medicare		2572.53	1			1745.4	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2572.53	1			1745.4	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP LAC CONJUCTIVA W DIRECT CLOSURE	65270	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			1745.4	7318.8	percent of total billed charges	
REP EYE LAC CORNEA NONPERFOR	65275	CPT	outpatient			12737	5085.16	Aetna	Commercial		7039.63	1.592			2626.91	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REP EYE LAC CORNEA NONPERFOR	65275	CPT	outpatient			12737		5085.16 Aetna	Better Health		4007.06	0.3146			2626.91	12100.15	percent of total billed charges	
REP EYE LAC CORNEA NONPERFOR	65275	CPT	outpatient			12737		5085.16 Aetna	Medicare		4421.88	1			2626.91	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP EYE LAC CORNEA NONPERFOR	65275	CPT	outpatient			12737		5085.16 Americare	Americare		9552.75	0.75			2626.91	12100.15	percent of total billed charges	
REP EYE LAC CORNEA NONPERFOR	65275	CPT	outpatient			12737		5085.16 WellPoint	WellPoint		4086.03	0.3208			2626.91	12100.15	percent of total billed charges	
REP EYE LAC CORNEA NONPERFOR	65275	CPT	outpatient			12737		5085.16 Amerihealth	Medicare		4421.88	1			2626.91	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP EYE LAC CORNEA NONPERFOR	65275	CPT	outpatient			12737		5085.16 Consumer	Consumer		12100.15	0.95			2626.91	12100.15	percent of total billed charges	
REP EYE LAC CORNEA NONPERFOR	65275	CPT	outpatient			12737		5085.16 Corrections	Corrections		10189.6	0.8			2626.91	12100.15	percent of total billed charges	
REP EYE LAC CORNEA NONPERFOR	65275	CPT	outpatient			12737		5085.16 First Health	First Health		8915.9	0.7			2626.91	12100.15	percent of total billed charges	
REP EYE LAC CORNEA NONPERFOR	65275	CPT	outpatient			12737		5085.16 First Trenton	First Trenton		11463.3	0.9			2626.91	12100.15	percent of total billed charges	
REP EYE LAC CORNEA NONPERFOR	65275	CPT	outpatient			12737		5085.16 Horizon	MGD		8078.77	1.827			2626.91	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP EYE LAC CORNEA NONPERFOR	65275	CPT	outpatient			12737		5085.16 Horizon	Indemnity		8078.77	1.827			2626.91	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP EYE LAC CORNEA NONPERFOR	65275	CPT	outpatient			12737		5085.16 Horizon	Medicare Blue		4421.88	1			2626.91	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP EYE LAC CORNEA NONPERFOR	65275	CPT	outpatient			12737		5085.16 Horizon	PPO		8078.77	1.827			2626.91	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP EYE LAC CORNEA NONPERFOR	65275	CPT	outpatient			12737		5085.16 Managed Care Inc	Managed Care Inc		11463.3	0.9			2626.91	12100.15	percent of total billed charges	
REP EYE LAC CORNEA NONPERFOR	65275	CPT	outpatient			12737		5085.16 Multiplan	Multiplan		10189.6	0.8			2626.91	12100.15	percent of total billed charges	
REP EYE LAC CORNEA NONPERFOR	65275	CPT	outpatient			12737		5085.16 Qualcare	Qualcare		9552.75	0.75			2626.91	12100.15	percent of total billed charges	
REP EYE LAC CORNEA NONPERFOR	65275	CPT	outpatient			12737		5085.16 Three Rivers	Three Rivers		12100.15	0.95			2626.91	12100.15	percent of total billed charges	
REP EYE LAC CORNEA NONPERFOR	65275	CPT	outpatient			12737		5085.16 UHC	Medicaid		4007.06	0.3146			2626.91	12100.15	percent of total billed charges	
REP EYE LAC CORNEA NONPERFOR	65275	CPT	outpatient			12737		5085.16 UHC	Medicare		4421.88	1			2626.91	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP EYE LAC CORNEA NONPERFOR	65275	CPT	outpatient			12737		5085.16 Wellcare	Medicare		4421.88	1			2626.91	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP EYE LAC CORNEA NONPERFOR	65275	CPT	outpatient			12737		5085.16 Wellcare	Medicaid		4007.06	0.3146			2626.91	12100.15	percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Aetna	Commercial		9516.1	1.592			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Aetna	Better Health		4579.63	0.3146			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Aetna	Medicare		5977.45	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Americare	Americare		10917.75	0.75			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 WellPoint	WellPoint		4669.89	0.3208			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Amerihealth	Medicare		5977.45	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Consumer	Consumer		13829.15	0.95			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Corrections	Corrections		11645.6	0.8			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 First Health	First Health		10189.9	0.7			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 First Trenton	First Trenton		13101.3	0.9			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Horizon	PPO		10920.8	1.827			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Horizon	Indemnity		10920.8	1.827			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Horizon	MGD		10920.8	1.827			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Horizon	Medicare Blue		5977.45	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Managed Care Inc	Managed Care Inc		13101.3	0.9			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Multiplan	Multiplan		11645.6	0.8			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Qualcare	Qualcare		10917.75	0.75			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Three Rivers	Three Rivers		13829.15	0.95			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 UHC	Medicare		5977.45	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 UHC	Medicaid		4579.63	0.3146			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Wellcare	Medicare		5977.45	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLER LAC NO UVEAL	65280	CPT	outpatient			14557		6874.07 Wellcare	Medicaid		4579.63	0.3146			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 Aetna	Medicare		5977.45	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 Aetna	Better Health		4579.63	0.3146			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 Aetna	Commercial		9516.1	1.592			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 Americare	Americare		10917.75	0.75			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 WellPoint	WellPoint		4669.89	0.3208			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 Amerihealth	Medicare		5977.45	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 Consumer	Consumer		13829.15	0.95			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 Corrections	Corrections		11645.6	0.8			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 First Health	First Health		10189.9	0.7			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 First Trenton	First Trenton		13101.3	0.9			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 Horizon	Indemnity		10920.8	1.827			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 Horizon	Medicare Blue		5977.45	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 Horizon	PPO		10920.8	1.827			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 Horizon	MGD		10920.8	1.827			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 Managed Care Inc	Managed Care Inc		13101.3	0.9			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 Multiplan	Multiplan		11645.6	0.8			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 Qualcare	Qualcare		10917.75	0.75			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 Three Rivers	Three Rivers		13829.15	0.95			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 UHC	Medicare		5977.45	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 UHC	Medicaid		4579.63	0.3146			4579.63	13829.15	percent of total billed charges	
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 Wellcare	Medicare		5977.45	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP CORN/SCLR LAC+REPOS	65285	CPT	outpatient			14557		6874.07 Wellcare	Medicaid		4579.63	0.3146			4579.63	13829.15	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868		3064.95 Aetna	Commercial		4242.95	1.592			2370.06	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868		3064.95 Aetna	Medicare		2423.34	0.308			2370.06	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868		3064.95 Aetna	Better Health		2475.27	0.3146			2370.06	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868		3064.95 Americare	Americare		5901	0.75			2370.06	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868		3064.95 WellPoint	WellPoint		2524.05	0.3208			2370.06	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868		3064.95 Amerihealth	Medicare		2665.17	1			2370.06	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868		3064.95 Consumer	Consumer		7474.6	0.95			2370.06	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868		3064.95 Corrections	Corrections		6294.4	0.8			2370.06	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868		3064.95 First Health	First Health		5507.6	0.7			2370.06	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868		3064.95 First Trenton	First Trenton		7081.2	0.9			2370.06	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868		3064.95 Horizon	Indemnity		4869.27	1.827			2370.06	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868		3064.95 Horizon	PPO		4869.27	1.827			2370.06	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868		3064.95 Horizon	MGD		4869.27	1.827			2370.06	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868		3064.95 Horizon	Medicare Blue		2665.17	1			2370.06	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868		3064.95 Managed Care Inc	Managed Care Inc		7081.2	0.9			2370.06	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868		3064.95 Multiplan	Multiplan		6294.4	0.8			2370.06	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868		3064.95 Qualcare	Qualcare		5901	0.75			2370.06	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868		3064.95 Three Rivers	Three Rivers		7474.6	0.95			2370.06	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868		3064.95 UHC	Medicaid		2475.27	0.3146			2370.06	7474.6	percent of total billed charges	
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868		3064.95 UHC	Medicare		2665.17	1			2370.06	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868		3064.95 Wellcare	Medicare		2665.17	1			2370.06	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR LAC APPL TIS GLUE WD CORNEA/SCLERA	65286	CPT	outpatient			7868		3064.95 Wellcare	Medicaid		2475.27	0.3146			2370.06	7474.6	percent of total billed charges	
EXC LES CORNEA	65400	CPT	outpatient			3180		1331.59 Aetna	Commercial		1843.38	1.592			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LES CORNEA	65400	CPT	outpatient			3180		1331.59 Aetna	Better Health		1000.43	0.3146			1000.43	3021	percent of total billed charges	
EXC LES CORNEA	65400	CPT	outpatient			3180		1331.59 Aetna	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LES CORNEA	65400	CPT	outpatient			3180		1331.59 Americare	Americare		2385	0.75			1000.43	3021	percent of total billed charges	
EXC LES CORNEA	65400	CPT	outpatient			3180		1331.59 WellPoint	WellPoint		1020.14	0.3208			1000.43	3021	percent of total billed charges	
EXC LES CORNEA	65400	CPT	outpatient			3180		1331.59 Amerihealth	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LES CORNEA	65400	CPT	outpatient			3180		1331.59 Consumer	Consumer		3021	0.95			1000.43	3021	percent of total billed charges	
EXC LES CORNEA	65400	CPT	outpatient			3180		1331.59 Corrections	Corrections		2544	0.8			1000.43	3021	percent of total billed charges	
EXC LES CORNEA	65400	CPT	outpatient			3180		1331.59 First Health	First Health		2226	0.7			1000.43	3021	percent of total billed charges	
EXC LES CORNEA	65400	CPT	outpatient			3180		1331.59 First Trenton	First Trenton		2862	0.9			1000.43	3021	percent of total billed charges	
EXC LES CORNEA	65400	CPT	outpatient			3180		1331.59 Horizon	MGD		2115.48	1.827			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LES CORNEA	65400	CPT	outpatient			3180		1331.59 Horizon	Medicare Blue		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LES CORNEA	65400	CPT	outpatient			3180		1331.59 Horizon	PPO		2115.48	1.827			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LES CORNEA	65400	CPT	outpatient			3180		1331.59 Horizon	Indemnity		2115.48	1.827			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LES CORNEA	65400	CPT	outpatient			3180		1331.59 Managed Care Inc	Managed Care Inc		2862	0.9			1000.43	3021	percent of total billed charges	
EXC LES CORNEA	65400	CPT	outpatient			3180		1331.59 Multiplan	Multiplan		2544	0.8			1000.43	3021	percent of total billed charges	
EXC LES CORNEA	65400	CPT	outpatient			3180		1331.59 Qualcare	Qualcare		2385	0.75			1000.43	3021	percent of total billed charges	
EXC LES CORNEA	65400	CPT	outpatient			3180		1331.59 Three Rivers	Three Rivers		3021	0.95			1000.43	3021	percent of total billed charges	
EXC LES CORNEA	65400	CPT	outpatient			3180		1331.59 UHC	Medicaid		1000.43	0.3146			1000.43	3021	percent of total billed charges	
EXC LES CORNEA	65400	CPT	outpatient			3180		1331.59 UHC	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC LES CORNEA	65400	CPT	outpatient			3180		1331.59 Wellcare	Medicaid		1000.43	0.3146			1000.43	3021	percent of total billed charges	
EXC LES CORNEA	65400	CPT	outpatient			3180		1331.59 Wellcare	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL BIOPSY	65410	CPT	outpatient			7704		3073.41 Aetna	Better Health		2423.68	0.3146			1614.53	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67	1.592			1614.53	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL BIOPSY	65410	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53	1			1614.53	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL BIOPSY	65410	CPT	outpatient			7704		3073.41 Americare	Americare		5778	0.75			1614.53	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2471.44	0.3208			1614.53	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53	1			1614.53	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL BIOPSY	65410	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	0.95			1614.53	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	0.8			1614.53	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	0.7			1614.53	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	0.9			1614.53	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704		3073.41 Horizon	PPO		4882.71	1.827			1614.53	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL BIOPSY	65410	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53	1			1614.53	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL BIOPSY	65410	CPT	outpatient			7704		3073.41 Horizon	MGD		4882.71	1.827			1614.53	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL BIOPSY	65410	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4882.71	1.827			1614.53	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL BIOPSY	65410	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	0.9			1614.53	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	0.8			1614.53	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	0.75			1614.53	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	0.95			1614.53	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704		3073.41 UHC	Medicaid		2423.68	0.3146			1614.53	7318.8	percent of total billed charges	
CORNEAL BIOPSY	65410	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53	1			1614.53	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL BIOPSY	65410	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53	1			1614.53	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL BIOPSY	65410	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2423.68	0.3146			1614.53	7318.8	percent of total billed charges	
EXC PTERYGIUM W/O GRAFT	65420	CPT	outpatient			7704		3073.41 Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/O GRAFT	65420	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM W/O GRAFT	65420	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM W/O GRAFT	65420	CPT	outpatient			7704		3073.41 Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/O GRAFT	65420	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/O GRAFT	65420	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM W/O GRAFT	65420	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/O GRAFT	65420	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/O GRAFT	65420	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/O GRAFT	65420	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/O GRAFT	65420	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM W/O GRAFT	65420	CPT	outpatient			7704		3073.41 Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXC PTERYGIUM W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/O GRAFT	65420	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/O GRAFT	65420	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM W/O GRAFT	65420	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/ GRAFT	65426	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/ GRAFT	65426	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM W/ GRAFT	65426	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM W/ GRAFT	65426	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/ GRAFT	65426	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/ GRAFT	65426	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM W/ GRAFT	65426	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/ GRAFT	65426	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/ GRAFT	65426	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/ GRAFT	65426	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/ GRAFT	65426	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM W/ GRAFT	65426	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM W/ GRAFT	65426	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM W/ GRAFT	65426	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM W/ GRAFT	65426	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/ GRAFT	65426	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/ GRAFT	65426	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/ GRAFT	65426	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/ GRAFT	65426	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
EXC PTERYGIUM W/ GRAFT	65426	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM W/ GRAFT	65426	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC PTERYGIUM W/ GRAFT	65426	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
CORNEA SCRAPING CULTURE	65430	CPT	outpatient			1379	524.04	Aetna	Medicare		455.69	1			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING CULTURE	65430	CPT	outpatient			1379	524.04	Aetna	Better Health		433.83	0.3146			433.83	1310.05	percent of total billed charges	
CORNEA SCRAPING CULTURE	65430	CPT	outpatient			1379	524.04	Aetna	Commercial		725.46	1.592			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING CULTURE	65430	CPT	outpatient			1379	524.04	Americare	Americare		1034.25	0.75			433.83	1310.05	percent of total billed charges	
CORNEA SCRAPING CULTURE	65430	CPT	outpatient			1379	524.04	WellPoint	WellPoint		442.38	0.3208			433.83	1310.05	percent of total billed charges	
CORNEA SCRAPING CULTURE	65430	CPT	outpatient			1379	524.04	Amerihealth	Medicare		455.69	1			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING CULTURE	65430	CPT	outpatient			1379	524.04	Consumer	Consumer		1310.05	0.95			433.83	1310.05	percent of total billed charges	
CORNEA SCRAPING CULTURE	65430	CPT	outpatient			1379	524.04	Corrections	Corrections		1103.2	0.8			433.83	1310.05	percent of total billed charges	
CORNEA SCRAPING CULTURE	65430	CPT	outpatient			1379	524.04	First Health	First Health		965.3	0.7			433.83	1310.05	percent of total billed charges	
CORNEA SCRAPING CULTURE	65430	CPT	outpatient			1379	524.04	First Trenton	First Trenton		1241.1	0.9			433.83	1310.05	percent of total billed charges	
CORNEA SCRAPING CULTURE	65430	CPT	outpatient			1379	524.04	Horizon	Medicare Blue		455.69	1			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING CULTURE	65430	CPT	outpatient			1379	524.04	Horizon	MGD		832.55	1.827			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING CULTURE	65430	CPT	outpatient			1379	524.04	Horizon	Indemnity		832.55	1.827			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING CULTURE	65430	CPT	outpatient			1379	524.04	Horizon	PPO		832.55	1.827			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING CULTURE	65430	CPT	outpatient			1379	524.04	Managed Care Inc	Managed Care Inc		1241.1	0.9			433.83	1310.05	percent of total billed charges	
CORNEA SCRAPING CULTURE	65430	CPT	outpatient			1379	524.04	Multiplan	Multiplan		1103.2	0.8			433.83	1310.05	percent of total billed charges	
CORNEA SCRAPING CULTURE	65430	CPT	outpatient			1379	524.04	Qualcare	Qualcare		1034.25	0.75			433.83	1310.05	percent of total billed charges	
CORNEA SCRAPING CULTURE	65430	CPT	outpatient			1379	524.04	Three Rivers	Three Rivers		1310.05	0.95			433.83	1310.05	percent of total billed charges	
CORNEA SCRAPING CULTURE	65430	CPT	outpatient			1379	524.04	UHC	Medicaid		433.83	0.3146			433.83	1310.05	percent of total billed charges	
CORNEA SCRAPING CULTURE	65430	CPT	outpatient			1379	524.04	UHC	Medicare		455.69	1			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING CULTURE	65430	CPT	outpatient			1379	524.04	Wellcare	Medicare		455.69	1			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEA SCRAPING CULTURE	65430	CPT	outpatient			1379	524.04	Wellcare	Medicaid		433.83	0.3146			433.83	1310.05	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180	1331.59	Aetna	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180	1331.59	Aetna	Better Health		1000.43	0.3146			1000.43	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180	1331.59	Aetna	Commercial		1843.38	1.592			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180	1331.59	Americare	Americare		2385	0.75			1000.43	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180	1331.59	WellPoint	WellPoint		1020.14	0.3208			1000.43	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180	1331.59	Amerihealth	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180	1331.59	Consumer	Consumer		3021	0.95			1000.43	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180	1331.59	Corrections	Corrections		2544	0.8			1000.43	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180	1331.59	First Health	First Health		2226	0.7			1000.43	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180	1331.59	First Trenton	First Trenton		2862	0.9			1000.43	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180	1331.59	Horizon	MGD		2115.48	1.827			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180	1331.59	Horizon	Medicare Blue		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180	1331.59	Horizon	Indemnity		2115.48	1.827			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180	1331.59	Horizon	PPO		2115.48	1.827			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180	1331.59	Managed Care Inc	Managed Care Inc		2862	0.9			1000.43	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180	1331.59	Multiplan	Multiplan		2544	0.8			1000.43	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180	1331.59	Qualcare	Qualcare		2385	0.75			1000.43	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180	1331.59	Three Rivers	Three Rivers		3021	0.95			1000.43	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180	1331.59	UHC	Medicaid		1000.43	0.3146			1000.43	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180	1331.59	UHC	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180	1331.59	Wellcare	Medicaid		1000.43	0.3146			1000.43	3021	percent of total billed charges	
REM CORNEAL EPITHELIUM	65435	CPT	outpatient			3180	1331.59	Wellcare	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
RMVL CORN EPTH W/APP CHEL AG	65436	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST LESION CORNEA CRYOTHERAPY	65450	CPT	outpatient			968	383.15	Aetna	Better Health		304.53	0.3146			304.53	919.6	percent of total billed charges	
DEST LESION CORNEA CRYOTHERAPY	65450	CPT	outpatient			968	383.15	Aetna	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST LESION CORNEA CRYOTHERAPY	65450	CPT	outpatient			968	383.15	Aetna	Commercial		530.41	1.592			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST LESION CORNEA CRYOTHERAPY	65450	CPT	outpatient			968	383.15	Americare	Americare		726	0.75			304.53	919.6	percent of total billed charges	
DEST LESION CORNEA CRYOTHERAPY	65450	CPT	outpatient			968	383.15	WellPoint	WellPoint		310.53	0.3208			304.53	919.6	percent of total billed charges	
DEST LESION CORNEA CRYOTHERAPY	65450	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST LESION CORNEA CRYOTHERAPY	65450	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	0.95			304.53	919.6	percent of total billed charges	
DEST LESION CORNEA CRYOTHERAPY	65450	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	0.8			304.53	919.6	percent of total billed charges	
DEST LESION CORNEA CRYOTHERAPY	65450	CPT	outpatient			968	383.15	First Health	First Health		677.6	0.7			304.53	919.6	percent of total billed charges	
DEST LESION CORNEA CRYOTHERAPY	65450	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	0.9			304.53	919.6	percent of total billed charges	
DEST LESION CORNEA CRYOTHERAPY	65450	CPT	outpatient			968	383.15	Horizon	Indemnity		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST LESION CORNEA CRYOTHERAPY	65450	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST LESION CORNEA CRYOTHERAPY	65450	CPT	outpatient			968	383.15	Horizon	MGD		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST LESION CORNEA CRYOTHERAPY	65450	CPT	outpatient			968	383.15	Horizon	PPO		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST LESION CORNEA CRYOTHERAPY	65450	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	0.9			304.53	919.6	percent of total billed charges	
DEST LESION CORNEA CRYOTHERAPY	65450	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	0.8			304.53	919.6	percent of total billed charges	
DEST LESION CORNEA CRYOTHERAPY	65450	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	0.75			304.53	919.6	percent of total billed charges	
DEST LESION CORNEA CRYOTHERAPY	65450	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	0.95			304.53	919.6	percent of total billed charges	
DEST LESION CORNEA CRYOTHERAPY	65450	CPT	outpatient			968	383.15	UHC	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
DEST LESION CORNEA CRYOTHERAPY	65450	CPT	outpatient			968	383.15	UHC	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST LESION CORNEA CRYOTHERAPY	65450	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEST LESION CORNEA CRYOTHERAPY	65450	CPT	outpatient			968	383.15	Wellcare	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUL PUNCT ANT CORNEA	65600	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
PLC AMNIO MEMB OCU SURF;W/O SUT	65778	CPT	outpatient			3180	1331.59	Aetna	Better Health		1000.43	0.3146			979.44	3021	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Aetna	Medicare		979.44	0.308			979.44	3021	percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Aetna	Commercial		1843.38	1.592			979.44	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Americare	Americare		2385	0.75			979.44	3021	percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	WellPoint	WellPoint		1020.14	0.3208			979.44	3021	percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Amerihealth	Medicare		1157.9	1			979.44	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Consumer	Consumer		3021	0.95			979.44	3021	percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Corrections	Corrections		2544	0.8			979.44	3021	percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	First Health	First Health		2226	0.7			979.44	3021	percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	First Trenton	First Trenton		2862	0.9			979.44	3021	percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Horizon	Medicare Blue		1157.9	1			979.44	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Horizon	MGD		2115.48	1.827			979.44	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Horizon	Indemnity		2115.48	1.827			979.44	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Horizon	PPO		2115.48	1.827			979.44	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Managed Care Inc	Managed Care Inc		2862	0.9			979.44	3021	percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Multiplan	Multiplan		2544	0.8			979.44	3021	percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Qualcare	Qualcare		2385	0.75			979.44	3021	percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Three Rivers	Three Rivers		3021	0.95			979.44	3021	percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	UHC	Medicaid		1000.43	0.3146			979.44	3021	percent of total billed charges	
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	UHC	Medicare		1157.9	1			979.44	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Wellcare	Medicare		1157.9	1			979.44	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLC AMNIO MEMB OCU SURF,W/O SUT	65778	CPT	outpatient			3180	1331.59	Wellcare	Medicaid		1000.43	0.3146			979.44	3021	percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT SUTURED	65779	CPT	outpatient			12737	5085.16	Aetna	Commercial		7039.63	1.592			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOTIC MEMBRANE GRAFT SUTURED	65779	CPT	outpatient			12737	5085.16	Aetna	Better Health		4007.06	0.3146			4007.06	12100.15	percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT SUTURED	65779	CPT	outpatient			12737	5085.16	Aetna	Medicare		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOTIC MEMBRANE GRAFT SUTURED	65779	CPT	outpatient			12737	5085.16	Americare	Americare		9552.75	0.75			4007.06	12100.15	percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT SUTURED	65779	CPT	outpatient			12737	5085.16	WellPoint	WellPoint		4086.03	0.3208			4007.06	12100.15	percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT SUTURED	65779	CPT	outpatient			12737	5085.16	Amerihealth	Medicare		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOTIC MEMBRANE GRAFT SUTURED	65779	CPT	outpatient			12737	5085.16	Consumer	Consumer		12100.15	0.95			4007.06	12100.15	percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT SUTURED	65779	CPT	outpatient			12737	5085.16	Corrections	Corrections		10189.6	0.8			4007.06	12100.15	percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT SUTURED	65779	CPT	outpatient			12737	5085.16	First Health	First Health		8915.9	0.7			4007.06	12100.15	percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT SUTURED	65779	CPT	outpatient			12737	5085.16	First Trenton	First Trenton		11463.3	0.9			4007.06	12100.15	percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT SUTURED	65779	CPT	outpatient			12737	5085.16	Horizon	Indemnity		8078.77	1.827			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOTIC MEMBRANE GRAFT SUTURED	65779	CPT	outpatient			12737	5085.16	Horizon	MGD		8078.77	1.827			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOTIC MEMBRANE GRAFT SUTURED	65779	CPT	outpatient			12737	5085.16	Horizon	Medicare Blue		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOTIC MEMBRANE GRAFT SUTURED	65779	CPT	outpatient			12737	5085.16	Horizon	PPO		8078.77	1.827			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOTIC MEMBRANE GRAFT SUTURED	65779	CPT	outpatient			12737	5085.16	Managed Care Inc	Managed Care Inc		11463.3	0.9			4007.06	12100.15	percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT SUTURED	65779	CPT	outpatient			12737	5085.16	Multiplan	Multiplan		10189.6	0.8			4007.06	12100.15	percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT SUTURED	65779	CPT	outpatient			12737	5085.16	Qualcare	Qualcare		9552.75	0.75			4007.06	12100.15	percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT SUTURED	65779	CPT	outpatient			12737	5085.16	Three Rivers	Three Rivers		12100.15	0.95			4007.06	12100.15	percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT SUTURED	65779	CPT	outpatient			12737	5085.16	UHC	Medicaid		4007.06	0.3146			4007.06	12100.15	percent of total billed charges	
AMNIOTIC MEMBRANE GRAFT SUTURED	65779	CPT	outpatient			12737	5085.16	UHC	Medicare		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOTIC MEMBRANE GRAFT SUTURED	65779	CPT	outpatient			12737	5085.16	Wellcare	Medicare		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMNIOTIC MEMBRANE GRAFT SUTURED	65779	CPT	outpatient			12737	5085.16	Wellcare	Medicaid		4007.06	0.3146			4007.06	12100.15	percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Aetna	Better Health		4007.06	0.3146			4007.06	12100.15	percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Aetna	Commercial		7039.63	1.592			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Aetna	Medicare		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Americare	Americare		9552.75	0.75			4007.06	12100.15	percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	WellPoint	WellPoint		4086.03	0.3208			4007.06	12100.15	percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Amerihealth	Medicare		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Consumer	Consumer		12100.15	0.95			4007.06	12100.15	percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Corrections	Corrections		10189.6	0.8			4007.06	12100.15	percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	First Health	First Health		8915.9	0.7			4007.06	12100.15	percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	First Trenton	First Trenton		11463.3	0.9			4007.06	12100.15	percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Horizon	MGD		8078.77	1.827			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Horizon	Medicare Blue		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Horizon	Indemnity		8078.77	1.827			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Horizon	PPO		8078.77	1.827			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Managed Care Inc	Managed Care Inc		11463.3	0.9			4007.06	12100.15	percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Multiplan	Multiplan		10189.6	0.8			4007.06	12100.15	percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Qualcare	Qualcare		9552.75	0.75			4007.06	12100.15	percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Three Rivers	Three Rivers		12100.15	0.95			4007.06	12100.15	percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	UHC	Medicare		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	UHC	Medicaid		4007.06	0.3146			4007.06	12100.15	percent of total billed charges	
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Wellcare	Medicare		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR SURFACERECON	65780	CPT	outpatient			12737	5085.16	Wellcare	Medicaid		4007.06	0.3146			4007.06	12100.15	percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Aetna	Commercial		9516.1	1.592			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Aetna	Better Health		4579.63	0.3146			4579.63	13829.15	percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Aetna	Medicare		5977.45	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Americare	Americare		10917.75	0.75			4579.63	13829.15	percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	WellPoint	WellPoint		4669.89	0.3208			4579.63	13829.15	percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Amerihealth	Medicare		5977.45	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Consumer	Consumer		13829.15	0.95			4579.63	13829.15	percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Corrections	Corrections		11645.6	0.8			4579.63	13829.15	percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	First Health	First Health		10189.9	0.7			4579.63	13829.15	percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	First Trenton	First Trenton		13101.3	0.9			4579.63	13829.15	percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Horizon	PPO		10920.8	1.827			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Horizon	Medicare Blue		5977.45	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Horizon	Indemnity		10920.8	1.827			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Horizon	MGD		10920.8	1.827			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Managed Care Inc	Managed Care Inc		13101.3	0.9			4579.63	13829.15	percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Multiplan	Multiplan		11645.6	0.8			4579.63	13829.15	percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Qualcare	Qualcare		10917.75	0.75			4579.63	13829.15	percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Three Rivers	Three Rivers		13829.15	0.95			4579.63	13829.15	percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	UHC	Medicaid		4579.63	0.3146			4579.63	13829.15	percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	UHC	Medicare		5977.45	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Wellcare	Medicaid		4579.63	0.3146			4579.63	13829.15	percent of total billed charges	
OCULAR RECONST LIMBAL SC ALGRFT	65781	CPT	outpatient			14557	6874.07	Wellcare	Medicare		5977.45	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Aetna	Better Health		2476.22	0.3146			2000.86	7477.45	percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Aetna	Medicare		2665.17	1			2000.86	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Aetna	Commercial		4242.95	1.592			2000.86	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Americare	Americare		5903.25	0.75			2000.86	7477.45	percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	WellPoint	WellPoint		2525.02	0.3208			2000.86	7477.45	percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Amerihealth	Medicare		2665.17	1			2000.86	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Consumer	Consumer		7477.45	0.95			2000.86	7477.45	percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Corrections	Corrections		6296.8	0.8			2000.86	7477.45	percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	First Health	First Health		5509.7	0.7			2000.86	7477.45	percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	First Trenton	First Trenton		7083.9	0.9			2000.86	7477.45	percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Horizon	MGD		4869.27	1.827			2000.86	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Horizon	Indemnity		4869.27	1.827			2000.86	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Horizon	Medicare Blue		2665.17	1			2000.86	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Horizon	PPO		4869.27	1.827			2000.86	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Managed Care Inc	Managed Care Inc		7083.9	0.9			2000.86	7477.45	percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Multiplan	Multiplan		6296.8	0.8			2000.86	7477.45	percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Qualcare	Qualcare		5903.25	0.75			2000.86	7477.45	percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Three Rivers	Three Rivers		7477.45	0.95			2000.86	7477.45	percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	UHC	Medicaid		2476.22	0.3146			2000.86	7477.45	percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	UHC	Medicare		2665.17	1			2000.86	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Wellcare	Medicaid		2476.22	0.3146			2000.86	7477.45	percent of total billed charges	
PARACENTESIS OF ANTERIOR CHAMBER	65800	CPT	outpatient			7871	3064.95	Wellcare	Medicare		2665.17	1			2000.86	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EYE WIREM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Aetna	Commercial		4242.95	1.592			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EYE WIREM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Aetna	Better Health		2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
DRAIN EYE WIREM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Aetna	Medicare		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EYE WIREM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Americare	Americare		5903.25	0.75			2476.22	7477.45	percent of total billed charges	
DRAIN EYE WIREM OF BLOOD	65815	CPT	outpatient			7871	3064.95	WellPoint	WellPoint		2525.02	0.3208			2476.22	7477.45	percent of total billed charges	
DRAIN EYE WIREM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Amerihealth	Medicare		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EYE WIREM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Consumer	Consumer		7477.45	0.95			2476.22	7477.45	percent of total billed charges	
DRAIN EYE WIREM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Corrections	Corrections		6296.8	0.8			2476.22	7477.45	percent of total billed charges	
DRAIN EYE WIREM OF BLOOD	65815	CPT	outpatient			7871	3064.95	First Health	First Health		5509.7	0.7			2476.22	7477.45	percent of total billed charges	
DRAIN EYE WIREM OF BLOOD	65815	CPT	outpatient			7871	3064.95	First Trenton	First Trenton		7083.9	0.9			2476.22	7477.45	percent of total billed charges	
DRAIN EYE WIREM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Horizon	PPO		4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EYE WIREM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Horizon	MGD		4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EYE WIREM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Horizon	Indemnity		4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EYE WIREM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Horizon	Medicare Blue		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EYE WIREM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Managed Care Inc	Managed Care Inc		7083.9	0.9			2476.22	7477.45	percent of total billed charges	
DRAIN EYE WIREM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Multiplan	Multiplan		6296.8	0.8			2476.22	7477.45	percent of total billed charges	
DRAIN EYE WIREM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Qualcare	Qualcare		5903.25	0.75			2476.22	7477.45	percent of total billed charges	
DRAIN EYE WIREM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Three Rivers	Three Rivers		7477.45	0.95			2476.22	7477.45	percent of total billed charges	
DRAIN EYE WIREM OF BLOOD	65815	CPT	outpatient			7871	3064.95	UHC	Medicaid		2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
DRAIN EYE WIREM OF BLOOD	65815	CPT	outpatient			7871	3064.95	UHC	Medicare		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EYE WIREM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Wellcare	Medicaid		2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
DRAIN EYE WIREM OF BLOOD	65815	CPT	outpatient			7871	3064.95	Wellcare	Medicare		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935	764.5	Aetna	Commercial		1058.33	1.592			595.98	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935	764.5	Aetna	Medicare		595.98	0.308			595.98	1838.25	percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935	764.5	Aetna	Better Health		608.75	0.3146			595.98	1838.25	percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935	764.5	Americare	Americare		1451.25	0.75			595.98	1838.25	percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935	764.5	WellPoint	WellPoint		620.75	0.3208			595.98	1838.25	percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935	764.5	Amerihealth	Medicare		664.78	1			595.98	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935	764.5	Consumer	Consumer		1838.25	0.95			595.98	1838.25	percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935	764.5	Corrections	Corrections		1548	0.8			595.98	1838.25	percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935	764.5	First Health	First Health		1354.5	0.7			595.98	1838.25	percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935	764.5	First Trenton	First Trenton		1741.5	0.9			595.98	1838.25	percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935	764.5	Horizon	Indemnity		1214.55	1.827			595.98	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935	764.5	Horizon	MGD		1214.55	1.827			595.98	1838.25	other	Payer-specific negotiated

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 Horizon	Medicare Blue		664.78	1			595.98	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 Horizon	PPO		1214.55	1.827			595.98	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 Managed Care Inc	Managed Care Inc		1741.5	0.9			595.98	1838.25	percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 Multiplan	Multiplan		1548	0.8			595.98	1838.25	percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 Qualcare	Qualcare		1451.25	0.75			595.98	1838.25	percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 Three Rivers	Three Rivers		1838.25	0.95			595.98	1838.25	percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 UHC	Medicare		664.78	1			595.98	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 UHC	Medicaid		608.75	0.3146			595.98	1838.25	percent of total billed charges	
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 Wellcare	Medicare		664.78	1			595.98	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TRABECULOPLASTY	65855	CPT	outpatient			1935		764.5 Wellcare	Medicaid		608.75	0.3146			595.98	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Aetna	Better Health		608.75	0.3146			608.75	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Aetna	Commercial		1058.33	1.592			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Aetna	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Americare	Americare		1451.25	0.75			608.75	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 WellPoint	WellPoint		620.75	0.3208			608.75	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Amerihealth	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Consumer	Consumer		1838.25	0.95			608.75	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Corrections	Corrections		1548	0.8			608.75	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 First Health	First Health		1354.5	0.7			608.75	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 First Trenton	First Trenton		1741.5	0.9			608.75	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Horizon	Indemnity		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Horizon	MGD		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Horizon	Medicare Blue		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Horizon	PPO		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Managed Care Inc	Managed Care Inc		1741.5	0.9			608.75	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Multiplan	Multiplan		1548	0.8			608.75	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Qualcare	Qualcare		1451.25	0.75			608.75	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Three Rivers	Three Rivers		1838.25	0.95			608.75	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 UHC	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 UHC	Medicaid		608.75	0.3146			608.75	1838.25	percent of total billed charges	
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Wellcare	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER ADHESIONS ANT SEGMENT	65860	CPT	outpatient			1935		764.5 Wellcare	Medicaid		608.75	0.3146			608.75	1838.25	percent of total billed charges	
INCIS ADHESNS ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Aetna	Commercial		4242.95	1.592			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCIS ADHESNS ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Aetna	Better Health		2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
INCIS ADHESNS ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Aetna	Medicare		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCIS ADHESNS ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Americare	Americare		5903.25	0.75			2476.22	7477.45	percent of total billed charges	
INCIS ADHESNS ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 WellPoint	WellPoint		2525.02	0.3208			2476.22	7477.45	percent of total billed charges	
INCIS ADHESNS ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Amerihealth	Medicare		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCIS ADHESNS ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Consumer	Consumer		7477.45	0.95			2476.22	7477.45	percent of total billed charges	
INCIS ADHESNS ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Corrections	Corrections		6296.8	0.8			2476.22	7477.45	percent of total billed charges	
INCIS ADHESNS ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 First Health	First Health		5509.7	0.7			2476.22	7477.45	percent of total billed charges	
INCIS ADHESNS ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 First Trenton	First Trenton		7083.9	0.9			2476.22	7477.45	percent of total billed charges	
INCIS ADHESNS ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Horizon	Indemnity		4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCIS ADHESNS ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Horizon	Medicare Blue		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCIS ADHESNS ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Horizon	MGD		4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCIS ADHESNS ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Horizon	PPO		4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCIS ADHESNS ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Managed Care Inc	Managed Care Inc		7083.9	0.9			2476.22	7477.45	percent of total billed charges	
INCIS ADHESNS ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Multiplan	Multiplan		6296.8	0.8			2476.22	7477.45	percent of total billed charges	
INCIS ADHESNS ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Qualcare	Qualcare		5903.25	0.75			2476.22	7477.45	percent of total billed charges	
INCIS ADHESNS ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Three Rivers	Three Rivers		7477.45	0.95			2476.22	7477.45	percent of total billed charges	
INCIS ADHESNS ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 UHC	Medicaid		2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
INCIS ADHESNS ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 UHC	Medicare		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCIS ADHESNS ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Wellcare	Medicaid		2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
INCIS ADHESNS ANT SYNECHIAE	65870	CPT	outpatient			7871		3064.95 Wellcare	Medicare		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Aetna	Better Health		1614.53	0.3146			1614.53	4875.4	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Aetna	Medicare		2665.17	1			1614.53	4875.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Aetna	Commercial		4242.95	1.592			1614.53	4875.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Americare	Americare		3849	0.75			1614.53	4875.4	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 WellPoint	WellPoint		1646.35	0.3208			1614.53	4875.4	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Amerihealth	Medicare		2665.17	1			1614.53	4875.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Consumer	Consumer		4875.4	0.95			1614.53	4875.4	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Corrections	Corrections		4105.6	0.8			1614.53	4875.4	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 First Health	First Health		3592.4	0.7			1614.53	4875.4	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 First Trenton	First Trenton		4618.8	0.9			1614.53	4875.4	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Horizon	MGD		4869.27	1.827			1614.53	4875.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Horizon	Medicare Blue		2665.17	1			1614.53	4875.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Horizon	Indemnity		4869.27	1.827			1614.53	4875.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Horizon	PPO		4869.27	1.827			1614.53	4875.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Managed Care Inc	Managed Care Inc		4618.8	0.9			1614.53	4875.4	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Multiplan	Multiplan		4105.6	0.8			1614.53	4875.4	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Qualcare	Qualcare		3849	0.75			1614.53	4875.4	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Three Rivers	Three Rivers		4875.4	0.95			1614.53	4875.4	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 UHC	Medicaid		1614.53	0.3146			1614.53	4875.4	percent of total billed charges	
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 UHC	Medicare		2665.17	1			1614.53	4875.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Wellcare	Medicare		2665.17	1			1614.53	4875.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL GROWTH EYE	65900	CPT	outpatient			5132		3064.95 Wellcare	Medicaid		1614.53	0.3146			1614.53	4875.4	percent of total billed charges	
REM IMPLNT MTRL ANT SEG EYE	65920	CPT	outpatient			7871		3064.95 Aetna	Commercial		4242.95	1.592			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPLNT MTRL ANT SEG EYE	65920	CPT	outpatient			7871		3064.95 Aetna	Better Health		2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
REM IMPLNT MTRL ANT SEG EYE	65920	CPT	outpatient			7871		3064.95 Aetna	Medicare		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPLNT MTRL ANT SEG EYE	65920	CPT	outpatient			7871		3064.95 Americare	Americare		5903.25	0.75			2476.22	7477.45	percent of total billed charges	
REM IMPLNT MTRL ANT SEG EYE	65920	CPT	outpatient			7871		3064.95 WellPoint	WellPoint		2525.02	0.3208			2476.22	7477.45	percent of total billed charges	
REM IMPLNT MTRL ANT SEG EYE	65920	CPT	outpatient			7871		3064.95 Amerihealth	Medicare		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPLNT MTRL ANT SEG EYE	65920	CPT	outpatient			7871		3064.95 Consumer	Consumer		7477.45	0.95			2476.22	7477.45	percent of total billed charges	
REM IMPLNT MTRL ANT SEG EYE	65920	CPT	outpatient			7871		3064.95 Corrections	Corrections		6296.8	0.8			2476.22	7477.45	percent of total billed charges	
REM IMPLNT MTRL ANT SEG EYE	65920	CPT	outpatient			7871		3064.95 First Health	First Health		5509.7	0.7			2476.22	7477.45	percent of total billed charges	
REM IMPLNT MTRL ANT SEG EYE	65920	CPT	outpatient			7871		3064.95 First Trenton	First Trenton		7083.9	0.9			2476.22	7477.45	percent of total billed charges	
REM IMPLNT MTRL ANT SEG EYE	65920	CPT	outpatient			7871		3064.95 Horizon	Medicare Blue		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPLNT MTRL ANT SEG EYE	65920	CPT	outpatient			7871		3064.95 Horizon	PPO		4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPLNT MTRL ANT SEG EYE	65920	CPT	outpatient			7871		3064.95 Horizon	Indemnity		4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPLNT MTRL ANT SEG EYE	65920	CPT	outpatient			7871		3064.95 Horizon	MGD		4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPLNT MTRL ANT SEG EYE	65920	CPT	outpatient			7871		3064.95 Managed Care Inc	Managed Care Inc		7083.9	0.9			2476.22	7477.45	percent of total billed charges	
REM IMPLNT MTRL ANT SEG EYE	65920	CPT	outpatient			7871		3064.95 Multiplan	Multiplan		6296.8	0.8			2476.22	7477.45	percent of total billed charges	
REM IMPLNT MTRL ANT SEG EYE	65920	CPT	outpatient			7871		3064.95 Qualcare	Qualcare		5903.25	0.75			2476.22	7477.45	percent of total billed charges	
REM IMPLNT MTRL ANT SEG EYE	65920	CPT	outpatient			7871		3064.95 Three Rivers	Three Rivers		7477.45	0.95			2476.22	7477.45	percent of total billed charges	
REM IMPLNT MTRL ANT SEG EYE	65920	CPT	outpatient			7871		3064.95 UHC	Medicare		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPLNT MTRL ANT SEG EYE	65920	CPT	outpatient			7871		3064.95 UHC	Medicaid		2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
REM IMPLNT MTRL ANT SEG EYE	65920	CPT	outpatient			7871		3064.95 Wellcare	Medicare		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPLNT MTRL ANT SEG EYE	65920	CPT	outpatient			7871		3064.95 Wellcare	Medicaid		2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Aetna	Commercial		4242.95	1.592			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Aetna	Better Health		2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Aetna	Medicare		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Americare	Americare		5903.25	0.75			2476.22	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 WellPoint	WellPoint		2525.02	0.3208			2476.22	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Amerihealth	Medicare		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Consumer	Consumer		7477.45	0.95			2476.22	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Corrections	Corrections		6296.8	0.8			2476.22	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 First Health	First Health		5509.7	0.7			2476.22	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 First Trenton	First Trenton		7083.9	0.9			2476.22	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Horizon	MGD		4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Horizon	Indemnity		4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Horizon	Medicare Blue		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Horizon	PPO		4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Managed Care Inc	Managed Care Inc		7083.9	0.9			2476.22	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Multiplan	Multiplan		6296.8	0.8			2476.22	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Qualcare	Qualcare		5903.25	0.75			2476.22	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Three Rivers	Three Rivers		7477.45	0.95			2476.22	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 UHC	Medicare		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 UHC	Medicaid		2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Wellcare	Medicare		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL BLOOD CLOT EYE	65930	CPT	outpatient			7871		3064.95 Wellcare	Medicaid		2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7871		3064.95 Aetna	Better Health		2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7871		3064.95 Aetna	Commercial		4242.95	1.592			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7871		3064.95 Aetna	Medicare		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7871		3064.95 Americare	Americare		5903.25	0.75			2476.22	7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7871		3064.95 WellPoint	WellPoint		2525.02	0.3208			2476.22	7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7871		3064.95 Amerihealth	Medicare		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7871		3064.95 Consumer	Consumer		7477.45	0.95			2476.22	7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7871		3064.95 Corrections	Corrections		6296.8	0.8			2476.22	7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7871		3064.95 First Health	First Health		5509.7	0.7			2476.22	7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7871		3064.95 First Trenton	First Trenton		7083.9	0.9			2476.22	7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7871		3064.95 Horizon	PPO		4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7871		3064.95 Horizon	Medicare Blue		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7871		3064.95 Horizon	Indemnity		4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7871		3064.95 Horizon	MGD		4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7871		3064.95 Managed Care Inc	Managed Care Inc		7083.9	0.9			2476.22	7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7871		3064.95 Multiplan	Multiplan		6296.8	0.8			2476.22	7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7871		3064.95 Qualcare	Qualcare		5903.25	0.75			2476.22	7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7871		3064.95 Three Rivers	Three Rivers		7477.45	0.95			2476.22	7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7871		3064.95 UHC	Medicare		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7871		3064.95 UHC	Medicaid		2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7871		3064.95 Wellcare	Medicare		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION AC AIR/LIQUID	66020	CPT	outpatient			7871		3064.95 Wellcare	Medicaid		2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7871		3064.95 Aetna	Medicare		2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7871		3064.95	Aetna	Better Health	2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7871		3064.95	Aetna	Commercial	4242.95	1.592			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7871		3064.95	Americare	Americare	5903.25	0.75			2476.22	7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7871		3064.95	WellPoint	WellPoint	2525.02	0.3208			2476.22	7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7871		3064.95	Amerihealth	Medicare	2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7871		3064.95	Consumer	Consumer	7477.45	0.95			2476.22	7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7871		3064.95	Corrections	Corrections	6296.8	0.8			2476.22	7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7871		3064.95	First Health	First Health	5509.7	0.7			2476.22	7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7871		3064.95	First Trenton	First Trenton	7083.9	0.9			2476.22	7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7871		3064.95	Horizon	PPO	4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7871		3064.95	Horizon	Indemnity	4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7871		3064.95	Horizon	MGD	4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7871		3064.95	Horizon	Medicare Blue	2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7871		3064.95	Managed Care Inc	Managed Care Inc	7083.9	0.9			2476.22	7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7871		3064.95	Multiplan	Multiplan	6296.8	0.8			2476.22	7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7871		3064.95	Qualcare	Qualcare	5903.25	0.75			2476.22	7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7871		3064.95	Three Rivers	Three Rivers	7477.45	0.95			2476.22	7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7871		3064.95	UHC	Medicaid	2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7871		3064.95	UHC	Medicare	2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7871		3064.95	Wellcare	Medicare	2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECTION ANTERIOR CHAMBER	66030	CPT	outpatient			7871		3064.95	Wellcare	Medicaid	2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7871		3064.95	Aetna	Commercial	4242.95	1.592			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF EYE	66172	CPT	outpatient			7871		3064.95	Aetna	Better Health	2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7871		3064.95	Aetna	Medicare	2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF EYE	66172	CPT	outpatient			7871		3064.95	Americare	Americare	5903.25	0.75			2476.22	7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7871		3064.95	WellPoint	WellPoint	2525.02	0.3208			2476.22	7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7871		3064.95	Amerihealth	Medicare	2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF EYE	66172	CPT	outpatient			7871		3064.95	Consumer	Consumer	7477.45	0.95			2476.22	7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7871		3064.95	Corrections	Corrections	6296.8	0.8			2476.22	7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7871		3064.95	First Health	First Health	5509.7	0.7			2476.22	7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7871		3064.95	First Trenton	First Trenton	7083.9	0.9			2476.22	7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7871		3064.95	Horizon	MGD	4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF EYE	66172	CPT	outpatient			7871		3064.95	Horizon	Medicare Blue	2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF EYE	66172	CPT	outpatient			7871		3064.95	Horizon	Indemnity	4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF EYE	66172	CPT	outpatient			7871		3064.95	Horizon	PPO	4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF EYE	66172	CPT	outpatient			7871		3064.95	Managed Care Inc	Managed Care Inc	7083.9	0.9			2476.22	7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7871		3064.95	Multiplan	Multiplan	6296.8	0.8			2476.22	7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7871		3064.95	Qualcare	Qualcare	5903.25	0.75			2476.22	7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7871		3064.95	Three Rivers	Three Rivers	7477.45	0.95			2476.22	7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7871		3064.95	UHC	Medicaid	2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7871		3064.95	UHC	Medicare	2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF EYE	66172	CPT	outpatient			7871		3064.95	Wellcare	Medicaid	2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
INCISION OF EYE	66172	CPT	outpatient			7871		3064.95	Wellcare	Medicare	2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7871		3064.95	Aetna	Better Health	2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7871		3064.95	Aetna	Commercial	4242.95	1.592			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7871		3064.95	Aetna	Medicare	2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7871		3064.95	Americare	Americare	5903.25	0.75			2476.22	7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7871		3064.95	WellPoint	WellPoint	2525.02	0.3208			2476.22	7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7871		3064.95	Amerihealth	Medicare	2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7871		3064.95	Consumer	Consumer	7477.45	0.95			2476.22	7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7871		3064.95	Corrections	Corrections	6296.8	0.8			2476.22	7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7871		3064.95	First Health	First Health	5509.7	0.7			2476.22	7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7871		3064.95	First Trenton	First Trenton	7083.9	0.9			2476.22	7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7871		3064.95	Horizon	PPO	4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7871		3064.95	Horizon	Medicare Blue	2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7871		3064.95	Horizon	MGD	4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7871		3064.95	Horizon	Indemnity	4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7871		3064.95	Managed Care Inc	Managed Care Inc	7083.9	0.9			2476.22	7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7871		3064.95	Multiplan	Multiplan	6296.8	0.8			2476.22	7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7871		3064.95	Qualcare	Qualcare	5903.25	0.75			2476.22	7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7871		3064.95	Three Rivers	Three Rivers	7477.45	0.95			2476.22	7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7871		3064.95	UHC	Medicaid	2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7871		3064.95	UHC	Medicare	2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7871		3064.95	Wellcare	Medicaid	2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
REV AQUEOUS SHUNT TO EXOCULAR RSVR.	66185	CPT	outpatient			7871		3064.95	Wellcare	Medicare	2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV OPERATIVE WOUND ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Aetna	Better Health	2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REV OPERATIVE WOUND ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Aetna	Commercial	4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV OPERATIVE WOUND ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Aetna	Medicare	2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV OPERATIVE WOUND ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Americare	Americare	5778	0.75			2423.68	7318.8	percent of total billed charges	
REV OPERATIVE WOUND ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	WellPoint	WellPoint	2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
REV OPERATIVE WOUND ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Amerihealth	Medicare	2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV OPERATIVE WOUND ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Consumer	Consumer	7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REV OPERATIVE WOUND ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Corrections	Corrections	6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REV OPERATIVE WOUND ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	First Health	First Health	5392.8	0.7			2423.68	7318.8	percent of total billed charges	
REV OPERATIVE WOUND ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	First Trenton	First Trenton	6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REV OPERATIVE WOUND ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Horizon	MGD	4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV OPERATIVE WOUND ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Horizon	Indemnity	4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV OPERATIVE WOUND ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Horizon	Medicare Blue	2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV OPERATIVE WOUND ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Horizon	PPO	4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV OPERATIVE WOUND ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Managed Care Inc	Managed Care Inc	6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REV OPERATIVE WOUND ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Multiplan	Multiplan	6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REV OPERATIVE WOUND ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Qualcare	Qualcare	5778	0.75			2423.68	7318.8	percent of total billed charges	
REV OPERATIVE WOUND ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Three Rivers	Three Rivers	7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REV OPERATIVE WOUND ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	UHC	Medicare	2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV OPERATIVE WOUND ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	UHC	Medicaid	2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REV OPERATIVE WOUND ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Wellcare	Medicare	2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REV OPERATIVE WOUND ANT SEGMENT	66250	CPT	outpatient			7704		3073.41	Wellcare	Medicaid	2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7871		3064.95	Aetna	Medicare	2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY	66500	CPT	outpatient			7871		3064.95	Aetna	Commercial	4242.95	1.592			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY	66500	CPT	outpatient			7871		3064.95	Aetna	Better Health	2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7871		3064.95	Americare	Americare	5903.25	0.75			2476.22	7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7871		3064.95	WellPoint	WellPoint	2525.02	0.3208			2476.22	7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7871		3064.95	Amerihealth	Medicare	2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY	66500	CPT	outpatient			7871		3064.95	Consumer	Consumer	7477.45	0.95			2476.22	7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7871		3064.95	Corrections	Corrections	6296.8	0.8			2476.22	7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7871		3064.95	First Health	First Health	5509.7	0.7			2476.22	7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7871		3064.95	First Trenton	First Trenton	7083.9	0.9			2476.22	7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7871		3064.95	Horizon	MGD	4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY	66500	CPT	outpatient			7871		3064.95	Horizon	Medicare Blue	2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY	66500	CPT	outpatient			7871		3064.95	Horizon	Indemnity	4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY	66500	CPT	outpatient			7871		3064.95	Horizon	PPO	4869.27	1.827			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY	66500	CPT	outpatient			7871		3064.95	Managed Care Inc	Managed Care Inc	7083.9	0.9			2476.22	7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7871		3064.95	Multiplan	Multiplan	6296.8	0.8			2476.22	7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7871		3064.95	Qualcare	Qualcare	5903.25	0.75			2476.22	7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7871		3064.95	Three Rivers	Three Rivers	7477.45	0.95			2476.22	7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7871		3064.95	UHC	Medicaid	2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7871		3064.95	UHC	Medicare	2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRIDOTOMY	66500	CPT	outpatient			7871		3064.95	Wellcare	Medicaid	2476.22	0.3146			2476.22	7477.45	percent of total billed charges	
IRIDOTOMY	66500	CPT	outpatient			7871		3064.95	Wellcare	Medicare	2665.17	1			2476.22	7477.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TSCPC	66710	CPT	outpatient			7704		3073.41	Aetna	Better Health	2423.68	0.3146			2372.83	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704		3073.41	Aetna	Medicare	2372.83	0.308			2372.83	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704		3073.41	Aetna	Commercial	4254.67	1.592			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TSCPC	66710	CPT	outpatient			7704		3073.41	Americare	Americare	5778	0.75			2372.83	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704		3073.41	WellPoint	WellPoint	2471.44	0.3208			2372.83	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704		3073.41	Amerihealth	Medicare	2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TSCPC	66710	CPT	outpatient			7704		3073.41	Consumer	Consumer	7318.8	0.95			2372.83	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704		3073.41	Corrections	Corrections	6163.2	0.8			2372.83	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704		3073.41	First Health	First Health	5392.8	0.7			2372.83	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704		3073.41	First Trenton	First Trenton	6933.6	0.9			2372.83	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704		3073.41	Horizon	MGD	4882.71	1.827			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TSCPC	66710	CPT	outpatient			7704		3073.41	Horizon	Medicare Blue	2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TSCPC	66710	CPT	outpatient			7704		3073.41	Horizon	PPO	4882.71	1.827			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TSCPC	66710	CPT	outpatient			7704		3073.41	Horizon	Indemnity	4882.71	1.827			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TSCPC	66710	CPT	outpatient			7704		3073.41	Managed Care Inc	Managed Care Inc	6933.6	0.9			2372.83	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704		3073.41	Multiplan	Multiplan	6163.2	0.8			2372.83	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704		3073.41	Qualcare	Qualcare	5778	0.75			2372.83	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704		3073.41	Three Rivers	Three Rivers	7318.8	0.95			2372.83	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704		3073.41	UHC	Medicaid	2423.68	0.3146			2372.83	7318.8	percent of total billed charges	
LASER-TSCPC	66710	CPT	outpatient			7704		3073.41	UHC	Medicare	2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TSCPC	66710	CPT	outpatient			7704		3073.41	Wellcare	Medicare	2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-TSCPC	66710	CPT	outpatient			7704		3073.41	Wellcare	Medicaid	2423.68	0.3146			2372.83	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704		3073.41	Aetna	Medicare	2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704		3073.41	Aetna	Better Health	2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704		3073.41	Aetna	Commercial	4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704		3073.41	Americare	Americare	5778	0.75			2423.68	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704		3073.41	WellPoint	WellPoint	2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704		3073.41	Amerihealth	Medicare	2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704		3073.41	Consumer	Consumer	7318.8	0.95			2423.68	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704		3073.41	Corrections	Corrections	6163.2	0.8			2423.68	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704		3073.41	First Health	First Health	5392.8	0.7			2423.68	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704		3073.41	First Trenton	First Trenton	6933.6	0.9			2423.68	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704		3073.41	Horizon	PPO	4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704		3073.41	Horizon	Medicare Blue	2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Horizon	MCD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
CYCLOCRYO-INITIAL	66720	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Aetna	Better Health		608.75	0.3146			587.97	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Aetna	Commercial		1058.33	1.592			587.97	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Aetna	Medicare		595.98	0.308			587.97	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Americare	Americare		1451.25	0.75			587.97	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	WellPoint	WellPoint		620.75	0.3208			587.97	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Amerihealth	Medicare		664.78	1			587.97	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Consumer	Consumer		1838.25	0.95			587.97	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Corrections	Corrections		1548	0.8			587.97	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	First Health	First Health		1354.5	0.7			587.97	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	First Trenton	First Trenton		1741.5	0.9			587.97	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Horizon	PPO		1214.55	1.827			587.97	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Horizon	Indemnity		1214.55	1.827			587.97	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Horizon	MCD		1214.55	1.827			587.97	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Horizon	Medicare Blue		664.78	1			587.97	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Managed Care Inc	Managed Care Inc		1741.5	0.9			587.97	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Multiplan	Multiplan		1548	0.8			587.97	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Qualcare	Qualcare		1451.25	0.75			587.97	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Three Rivers	Three Rivers		1838.25	0.95			587.97	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	UHC	Medicaid		608.75	0.3146			587.97	1838.25	percent of total billed charges	
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	UHC	Medicare		664.78	1			587.97	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Wellcare	Medicare		664.78	1			587.97	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PERIPH IRIDOTOMY	66761	CPT	outpatient			1935	764.5	Wellcare	Medicaid		608.75	0.3146			587.97	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Aetna	Commercial		1058.33	1.592			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Aetna	Better Health		608.75	0.3146			608.75	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Aetna	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Americare	Americare		1451.25	0.75			608.75	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	WellPoint	WellPoint		620.75	0.3208			608.75	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Amerihealth	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Consumer	Consumer		1838.25	0.95			608.75	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Corrections	Corrections		1548	0.8			608.75	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	First Health	First Health		1354.5	0.7			608.75	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	First Trenton	First Trenton		1741.5	0.9			608.75	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Horizon	MCD		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Horizon	Indemnity		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Horizon	Medicare Blue		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Horizon	PPO		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Managed Care Inc	Managed Care Inc		1741.5	0.9			608.75	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Multiplan	Multiplan		1548	0.8			608.75	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Qualcare	Qualcare		1451.25	0.75			608.75	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Three Rivers	Three Rivers		1838.25	0.95			608.75	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	UHC	Medicaid		608.75	0.3146			608.75	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	UHC	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Wellcare	Medicaid		608.75	0.3146			608.75	1838.25	percent of total billed charges	
LASER-IRIDOPLASTY	66762	CPT	outpatient			1935	764.5	Wellcare	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Aetna	Commercial		1058.33	1.592			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Aetna	Better Health		608.75	0.3146			608.75	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Aetna	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Americare	Americare		1451.25	0.75			608.75	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	WellPoint	WellPoint		620.75	0.3208			608.75	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Amerihealth	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Consumer	Consumer		1838.25	0.95			608.75	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Corrections	Corrections		1548	0.8			608.75	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	First Health	First Health		1354.5	0.7			608.75	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	First Trenton	First Trenton		1741.5	0.9			608.75	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Horizon	PPO		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Horizon	MCD		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Horizon	Indemnity		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Horizon	Medicare Blue		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Managed Care Inc	Managed Care Inc		1741.5	0.9			608.75	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Multiplan	Multiplan		1548	0.8			608.75	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Qualcare	Qualcare		1451.25	0.75			608.75	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Three Rivers	Three Rivers		1838.25	0.95			608.75	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	UHC	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	UHC	Medicaid		608.75	0.3146			608.75	1838.25	percent of total billed charges	
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Wellcare	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-POSTERIOR CAPSULOTOMY	66821	CPT	outpatient			1935	764.5	Wellcare	Medicaid		608.75	0.3146			608.75	1838.25	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Aetna	Commercial		7402.8	1.592			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Aetna	Better Health		4579.63	0.3146			4579.63	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Aetna	Medicare		4650	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Americare	Americare		10917.75	0.75			4579.63	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	WellPoint	WellPoint		4669.89	0.3208			4579.63	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Amerihealth	Medicare		4650	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Consumer	Consumer		13829.15	0.95			4579.63	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Corrections	Corrections		11645.6	0.8			4579.63	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	First Health	First Health		10189.9	0.7			4579.63	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	First Trenton	First Trenton		13101.3	0.9			4579.63	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Horizon	Medicare Blue		4650	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Horizon	PPO		8495.55	1.827			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Horizon	MCD		8495.55	1.827			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Horizon	Indemnity		8495.55	1.827			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Managed Care Inc	Managed Care Inc		13101.3	0.9			4579.63	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Multiplan	Multiplan		11645.6	0.8			4579.63	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Qualcare	Qualcare		10917.75	0.75			4579.63	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Three Rivers	Three Rivers		13829.15	0.95			4579.63	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	UHC	Medicaid		4579.63	0.3146			4579.63	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	UHC	Medicare		4650	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Wellcare	Medicaid		4579.63	0.3146			4579.63	13829.15	percent of total billed charges	
PARS PLANA VITRECTOMY	66852	CPT	outpatient			14557	5347.5	Wellcare	Medicare		4650	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC ANT SEG EYE	66999	CPT	outpatient			7868	3064.95	Aetna	Commercial		4242.95	1.592			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC ANT SEG EYE	66999	CPT	outpatient			7868	3064.95	Aetna	Better Health		2475.27	0.3146			2475.27	7474.6	percent of total billed charges	
UNLISTED PROC ANT SEG EYE	66999	CPT	outpatient			7868	3064.95	Aetna	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC ANT SEG EYE	66999	CPT	outpatient			7868	3064.95	Americare	Americare		5901	0.75			2475.27	7474.6	percent of total billed charges	
UNLISTED PROC ANT SEG EYE	66999	CPT	outpatient			7868	3064.95	WellPoint	WellPoint		2524.05	0.3208			2475.27	7474.6	percent of total billed charges	
UNLISTED PROC ANT SEG EYE	66999	CPT	outpatient			7868	3064.95	Amerihealth	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC ANT SEG EYE	66999	CPT	outpatient			7868	3064.95	Consumer	Consumer		7474.6	0.95			2475.27	7474.6	percent of total billed charges	
UNLISTED PROC ANT SEG EYE	66999	CPT	outpatient			7868	3064.95	Corrections	Corrections		6294.4	0.8			2475.27	7474.6	percent of total billed charges	
UNLISTED PROC ANT SEG EYE	66999	CPT	outpatient			7868	3064.95	First Health	First Health		5507.6	0.7			2475.27	7474.6	percent of total billed charges	
UNLISTED PROC ANT SEG EYE	66999	CPT	outpatient			7868	3064.95	First Trenton	First Trenton		7081.2	0.9			2475.27	7474.6	percent of total billed charges	
UNLISTED PROC ANT SEG EYE	66999	CPT	outpatient			7868	3064.95	Horizon	Indemnity		4869.27	1.827			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC ANT SEG EYE	66999	CPT	outpatient			7868	3064.95	Horizon	MCD		4869.27	1.827			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC ANT SEG EYE	66999	CPT	outpatient			7868	3064.95	Horizon	PPO		4869.27	1.827			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC ANT SEG EYE	66999	CPT	outpatient			7868	3064.95	Horizon	Medicare Blue		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC ANT SEG EYE	66999	CPT	outpatient			7868	3064.95	Managed Care Inc	Managed Care Inc		7081.2	0.9			2475.27	7474.6	percent of total billed charges	
UNLISTED PROC ANT SEG EYE	66999	CPT	outpatient			7868	3064.95	Multiplan	Multiplan		6294.4	0.8			2475.27	7474.6	percent of total billed charges	
UNLISTED PROC ANT SEG EYE	66999	CPT	outpatient			7868	3064.95	Qualcare	Qualcare		5901	0.75			2475.27	7474.6	percent of total billed charges	
UNLISTED PROC ANT SEG EYE	66999	CPT	outpatient			7868	3064.95	Three Rivers	Three Rivers		7474.6	0.95			2475.27	7474.6	percent of total billed charges	
UNLISTED PROC ANT SEG EYE	66999	CPT	outpatient			7868	3064.95	UHC	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC ANT SEG EYE	66999	CPT	outpatient			7868	3064.95	UHC	Medicaid		2475.27	0.3146			2475.27	7474.6	percent of total billed charges	
UNLISTED PROC ANT SEG EYE	66999	CPT	outpatient			7868	3064.95	Wellcare	Medicaid		2475.27	0.3146			2475.27	7474.6	percent of total billed charges	
UNLISTED PROC ANT SEG EYE	66999	CPT	outpatient			7868	3064.95	Wellcare	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION OF VIT PARS PLANA	67015	CPT	outpatient			7868	3064.95	Aetna	Commercial		4242.95	1.592			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION OF VIT PARS PLANA	67015	CPT	outpatient			7868	3064.95	Aetna	Better Health		2475.27	0.3146			2475.27	7474.6	percent of total billed charges	
ASPIRATION OF VIT PARS PLANA	67015	CPT	outpatient			7868	3064.95	Aetna	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION OF VIT PARS PLANA	67015	CPT	outpatient			7868	3064.95	Americare	Americare		5901	0.75			2475.27	7474.6	percent of total billed charges	
ASPIRATION OF VIT PARS PLANA	67015	CPT	outpatient			7868	3064.95	WellPoint	WellPoint		2524.05	0.3208			2475.27	7474.6	percent of total billed charges	
ASPIRATION OF VIT PARS PLANA	67015	CPT	outpatient			7868	3064.95	Amerihealth	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION OF VIT PARS PLANA	67015	CPT	outpatient			7868	3064.95	Consumer	Consumer		7474.6	0.95			2475.27	7474.6	percent of total billed charges	
ASPIRATION OF VIT PARS PLANA	67015	CPT	outpatient			7868	3064.95	Corrections	Corrections		6294.4	0.8			2475.27	7474.6	percent of total billed charges	
ASPIRATION OF VIT PARS PLANA	67015	CPT	outpatient			7868	3064.95	First Health	First Health		5507.6	0.7			2475.27	7474.6	percent of total billed charges	
ASPIRATION OF VIT PARS PLANA	67015	CPT	outpatient			7868	3064.95	First Trenton	First Trenton		7081.2	0.9			2475.27	7474.6	percent of total billed charges	
ASPIRATION OF VIT PARS PLANA	67015	CPT	outpatient			7868	3064.95	Horizon	PPO		4869.27	1.827			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION OF VIT PARS PLANA	67015	CPT	outpatient			7868	3064.95	Horizon	MCD		4869.27	1.827			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION OF VIT PARS PLANA	67015	CPT	outpatient			7868	3064.95	Horizon	Indemnity		4869.27	1.827			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION OF VIT PARS PLANA	67015	CPT	outpatient			7868	3064.95	Horizon	Medicare Blue		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION OF VIT PARS PLANA	67015	CPT	outpatient			7868	3064.95	Managed Care Inc	Managed Care Inc		7081.2	0.9			2475.27	7474.6	percent of total billed charges	
ASPIRATION OF VIT PARS PLANA	67015	CPT	outpatient			7868	3064.95	Multiplan	Multiplan		6294.4	0.8			2475.27	7474.6	percent of total billed charges	
ASPIRATION OF VIT PARS PLANA	67015	CPT	outpatient			7868	3064.95	Qualcare	Qualcare		5901	0.75			2475.27	7474.6	percent of total billed charges	
ASPIRATION OF VIT PARS PLANA	67015	CPT	outpatient			7868	3064.95	Three Rivers	Three Rivers		7474.6	0.95			2475.27	7474.6	percent of total billed charges	
ASPIRATION OF VIT PARS PLANA	67015	CPT	outpatient			7868	3064.95	UHC	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION OF VIT PARS PLANA	67015	CPT	outpatient			7868	3064.95	UHC	Medicaid		2475.27	0.3146			2475.27	7474.6	percent of total billed charges	
ASPIRATION OF VIT PARS PLANA	67015	CPT	outpatient			7868	3064.95	Wellcare	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASPIRATION OF VIT PARS PLANA	67015	CPT	outpatient			7868	3064.95	Wellcare	Medicaid		2475.27	0.3146			2475.27	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868	3064.95	Aetna	Better Health		2475.27	0.3146			2423.34	7474.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868		3064.95 Aetna	Medicare		2423.34	0.308			2423.34	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868		3064.95 Aetna	Commercial		4242.95	1.592			2423.34	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868		3064.95 Americare	Americare		5901	0.75			2423.34	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868		3064.95 WellPoint	WellPoint		2524.05	0.3208			2423.34	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868		3064.95 Amerihealth	Medicare		2665.17	1			2423.34	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868		3064.95 Consumer	Consumer		7474.6	0.95			2423.34	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868		3064.95 Corrections	Corrections		6294.4	0.8			2423.34	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868		3064.95 First Health	First Health		5507.6	0.7			2423.34	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868		3064.95 First Trenton	First Trenton		7081.2	0.9			2423.34	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868		3064.95 Horizon	MGD		4869.27	1.827			2423.34	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868		3064.95 Horizon	Indemnity		4869.27	1.827			2423.34	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868		3064.95 Horizon	PPO		4869.27	1.827			2423.34	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868		3064.95 Horizon	Medicare Blue		2665.17	1			2423.34	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868		3064.95 Managed Care Inc	Managed Care Inc		7081.2	0.9			2423.34	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868		3064.95 Multiplan	Multiplan		6294.4	0.8			2423.34	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868		3064.95 Qualcare	Qualcare		5901	0.75			2423.34	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868		3064.95 Three Rivers	Three Rivers		7474.6	0.95			2423.34	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868		3064.95 UHC	Medicare		2665.17	1			2423.34	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868		3064.95 UHC	Medicaid		2475.27	0.3146			2423.34	7474.6	percent of total billed charges	
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868		3064.95 Wellcare	Medicare		2665.17	1			2423.34	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VIT FLUID-GAS EXCHANGE	67025	CPT	outpatient			7868		3064.95 Wellcare	Medicaid		2475.27	0.3146			2423.34	7474.6	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219		445.43 Aetna	Better Health		383.5	0.3146			382.24	1158.05	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219		445.43 Aetna	Commercial		616.63	1.592			382.24	1158.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219		445.43 Aetna	Medicare		387.33	1			382.24	1158.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219		445.43 Americare	Americare		914.25	0.75			382.24	1158.05	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219		445.43 WellPoint	WellPoint		391.06	0.3208			382.24	1158.05	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219		445.43 Amerihealth	Medicare		387.33	1			382.24	1158.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219		445.43 Consumer	Consumer		1158.05	0.95			382.24	1158.05	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219		445.43 Corrections	Corrections		975.2	0.8			382.24	1158.05	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219		445.43 First Health	First Health		853.3	0.7			382.24	1158.05	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219		445.43 First Trenton	First Trenton		1097.1	0.9			382.24	1158.05	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219		445.43 Horizon	MGD		707.65	1.827			382.24	1158.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219		445.43 Horizon	Medicare Blue		387.33	1			382.24	1158.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219		445.43 Horizon	Indemnity		707.65	1.827			382.24	1158.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219		445.43 Horizon	PPO		707.65	1.827			382.24	1158.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219		445.43 Managed Care Inc	Managed Care Inc		1097.1	0.9			382.24	1158.05	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219		445.43 Multiplan	Multiplan		975.2	0.8			382.24	1158.05	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219		445.43 Qualcare	Qualcare		914.25	0.75			382.24	1158.05	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219		445.43 Three Rivers	Three Rivers		1158.05	0.95			382.24	1158.05	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219		445.43 UHC	Medicare		387.33	1			382.24	1158.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219		445.43 UHC	Medicaid		383.5	0.3146			382.24	1158.05	percent of total billed charges	
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219		445.43 Wellcare	Medicare		387.33	1			382.24	1158.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREOUS INJ OF PHARM AGENT	67028	CPT	outpatient			1219		445.43 Wellcare	Medicaid		383.5	0.3146			382.24	1158.05	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Aetna	Commercial		1058.33	1.592			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Aetna	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Aetna	Better Health		608.75	0.3146			608.75	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Americare	Americare		1451.25	0.75			608.75	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 WellPoint	WellPoint		620.75	0.3208			608.75	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Amerihealth	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Consumer	Consumer		1838.25	0.95			608.75	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Corrections	Corrections		1548	0.8			608.75	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 First Health	First Health		1354.5	0.7			608.75	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 First Trenton	First Trenton		1741.5	0.9			608.75	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Horizon	MGD		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Horizon	Medicare Blue		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Horizon	Indemnity		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Horizon	PPO		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Managed Care Inc	Managed Care Inc		1741.5	0.9			608.75	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Multiplan	Multiplan		1548	0.8			608.75	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Qualcare	Qualcare		1451.25	0.75			608.75	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Three Rivers	Three Rivers		1838.25	0.95			608.75	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 UHC	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 UHC	Medicaid		608.75	0.3146			608.75	1838.25	percent of total billed charges	
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Wellcare	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER VITREOLYSIS	67031	CPT	outpatient			1935		764.5 Wellcare	Medicaid		608.75	0.3146			608.75	1838.25	percent of total billed charges	
VITREC MECH PANRET PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Aetna	Commercial		7402.8	1.592			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREC MECH PANRET PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Aetna	Better Health		4579.63	0.3146			4579.63	13829.15	percent of total billed charges	
VITREC MECH PANRET PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Aetna	Medicare		4650	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREC MECH PANRET PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Americare	Americare		10917.75	0.75			4579.63	13829.15	percent of total billed charges	
VITREC MECH PANRET PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 WellPoint	WellPoint		4669.89	0.3208			4579.63	13829.15	percent of total billed charges	
VITREC MECH PANRET PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Amerihealth	Medicare		4650	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREC MECH PANRET PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Consumer	Consumer		13829.15	0.95			4579.63	13829.15	percent of total billed charges	
VITREC MECH PANRET PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Corrections	Corrections		11645.6	0.8			4579.63	13829.15	percent of total billed charges	
VITREC MECH PANRET PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 First Health	First Health		10189.9	0.7			4579.63	13829.15	percent of total billed charges	
VITREC MECH PANRET PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 First Trenton	First Trenton		13101.3	0.9			4579.63	13829.15	percent of total billed charges	
VITREC MECH PANRET PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Horizon	Indemnity		8495.55	1.827			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREC MECH PANRET PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Horizon	MGD		8495.55	1.827			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREC MECH PANRET PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Horizon	Medicare Blue		4650	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREC MECH PANRET PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Horizon	PPO		8495.55	1.827			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREC MECH PANRET PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Managed Care Inc	Managed Care Inc		13101.3	0.9			4579.63	13829.15	percent of total billed charges	
VITREC MECH PANRET PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Multiplan	Multiplan		11645.6	0.8			4579.63	13829.15	percent of total billed charges	
VITREC MECH PANRET PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Qualcare	Qualcare		10917.75	0.75			4579.63	13829.15	percent of total billed charges	
VITREC MECH PANRET PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Three Rivers	Three Rivers		13829.15	0.95			4579.63	13829.15	percent of total billed charges	
VITREC MECH PANRET PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 UHC	Medicaid		4579.63	0.3146			4579.63	13829.15	percent of total billed charges	
VITREC MECH PANRET PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 UHC	Medicare		4650	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREC MECH PANRET PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Wellcare	Medicare		4650	1			4579.63	13829.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITREC MECH PANRET PHOTOCOAG	67040	CPT	outpatient			14557		5347.5 Wellcare	Medicaid		4579.63	0.3146			4579.63	13829.15	percent of total billed charges	
VITRECTOMY MEECH PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Aetna	Medicare		4650	1			4650	14378.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY MEECH PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Aetna	Better Health		4761.47	0.3146			4650	14378.25	percent of total billed charges	
VITRECTOMY MEECH PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Aetna	Commercial		7402.8	1.592			4650	14378.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY MEECH PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Americare	Americare		11351.25	0.75			4650	14378.25	percent of total billed charges	
VITRECTOMY MEECH PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 WellPoint	WellPoint		4855.31	0.3208			4650	14378.25	percent of total billed charges	
VITRECTOMY MEECH PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Amerihealth	Medicare		4650	1			4650	14378.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY MEECH PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Consumer	Consumer		14378.25	0.95			4650	14378.25	percent of total billed charges	
VITRECTOMY MEECH PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Corrections	Corrections		12108	0.8			4650	14378.25	percent of total billed charges	
VITRECTOMY MEECH PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 First Health	First Health		10594.5	0.7			4650	14378.25	percent of total billed charges	
VITRECTOMY MEECH PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 First Trenton	First Trenton		13621.5	0.9			4650	14378.25	percent of total billed charges	
VITRECTOMY MEECH PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Horizon	Indemnity		8495.55	1.827			4650	14378.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY MEECH PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Horizon	MGD		8495.55	1.827			4650	14378.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY MEECH PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Horizon	PPO		8495.55	1.827			4650	14378.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY MEECH PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Horizon	Medicare Blue		4650	1			4650	14378.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY MEECH PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Managed Care Inc	Managed Care Inc		13621.5	0.9			4650	14378.25	percent of total billed charges	
VITRECTOMY MEECH PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Multiplan	Multiplan		12108	0.8			4650	14378.25	percent of total billed charges	
VITRECTOMY MEECH PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Qualcare	Qualcare		11351.25	0.75			4650	14378.25	percent of total billed charges	
VITRECTOMY MEECH PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Three Rivers	Three Rivers		14378.25	0.95			4650	14378.25	percent of total billed charges	
VITRECTOMY MEECH PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 UHC	Medicare		4650	1			4650	14378.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY MEECH PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 UHC	Medicaid		4761.47	0.3146			4650	14378.25	percent of total billed charges	
VITRECTOMY MEECH PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Wellcare	Medicare		4650	1			4650	14378.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITRECTOMY MEECH PARS PLANA W/PERINTA	67041	CPT	outpatient			15135		5347.5 Wellcare	Medicaid		4761.47	0.3146			4650	14378.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Aetna	Better Health		2534.1	0.3146			2475.27	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Aetna	Commercial		4242.95	1.592			2475.27	7652.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Aetna	Medicare		2665.17	1			2475.27	7652.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Americare	Americare		6041.25	0.75			2475.27	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 WellPoint	WellPoint		2584.04	0.3208			2475.27	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Amerihealth	Medicare		2665.17	1			2475.27	7652.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Consumer	Consumer		7652.25	0.95			2475.27	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Corrections	Corrections		6444	0.8			2475.27	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 First Health	First Health		5638.5	0.7			2475.27	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 First Trenton	First Trenton		7249.5	0.9			2475.27	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Horizon	PPO		4869.27	1.827			2475.27	7652.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Horizon	Indemnity		4869.27	1.827			2475.27	7652.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Horizon	MGD		4869.27	1.827			2475.27	7652.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Horizon	Medicare Blue		2665.17	1			2475.27	7652.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Managed Care Inc	Managed Care Inc		7249.5	0.9			2475.27	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Multiplan	Multiplan		6444	0.8			2475.27	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Qualcare	Qualcare		6041.25	0.75			2475.27	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Three Rivers	Three Rivers		7652.25	0.95			2475.27	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 UHC	Medicare		2665.17	1			2475.27	7652.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 UHC	Medicaid		2534.1	0.3146			2475.27	7652.25	percent of total billed charges	
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Wellcare	Medicare		2665.17	1			2475.27	7652.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF RETINAL DETACHMENT	67101	CPT	outpatient			8055		3064.95 Wellcare	Medicaid		2534.1	0.3146			2475.27	7652.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Aetna	Better Health		608.75	0.3146			608.75	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Aetna	Commercial		1058.33	1.592			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Aetna	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Americare	Americare		1451.25	0.75			608.75	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 WellPoint	WellPoint		620.75	0.3208			608.75	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Amerihealth	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Consumer	Consumer		1838.25	0.95			608.75	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Corrections	Corrections		1548	0.8			608.75	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 First Health	First Health		1354.5	0.7			608.75	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 First Trenton	First Trenton		1741.5	0.9			608.75	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Horizon	Medicare Blue		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935		764.5 Horizon	PPO		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935	764.5	Horizon	MGD		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935	764.5	Horizon	Indemnity		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935	764.5	Managed Care Inc	Managed Care Inc		1741.5	0.9			608.75	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935	764.5	Multiplan	Multiplan		1548	0.8			608.75	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935	764.5	Qualcare	Qualcare		1451.25	0.75			608.75	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935	764.5	Three Rivers	Three Rivers		1838.25	0.95			608.75	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935	764.5	UHC	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935	764.5	UHC	Medicaid		608.75	0.3146			608.75	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935	764.5	Wellcare	Medicaid		608.75	0.3146			608.75	1838.25	percent of total billed charges	
LASER-RETINAL DETACHMENT	67105	CPT	outpatient			1935	764.5	Wellcare	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	Aetna	Commercial		4242.95	1.592			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	Aetna	Better Health		2475.27	0.3146			2475.27	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	Aetna	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	Americare	Americare		5901	0.75			2475.27	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	WellPoint	WellPoint		2524.05	0.3208			2475.27	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	Amerihealth	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	Consumer	Consumer		7474.6	0.95			2475.27	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	Corrections	Corrections		6294.4	0.8			2475.27	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	First Health	First Health		5507.6	0.7			2475.27	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	First Trenton	First Trenton		7081.2	0.9			2475.27	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	Horizon	MGD		4869.27	1.827			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	Horizon	Indemnity		4869.27	1.827			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	Horizon	PPO		4869.27	1.827			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	Horizon	Medicare Blue		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	Managed Care Inc	Managed Care Inc		7081.2	0.9			2475.27	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	Multiplan	Multiplan		6294.4	0.8			2475.27	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	Qualcare	Qualcare		5901	0.75			2475.27	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	Three Rivers	Three Rivers		7474.6	0.95			2475.27	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	UHC	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	UHC	Medicaid		2475.27	0.3146			2475.27	7474.6	percent of total billed charges	
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	Wellcare	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PNEUMATIC RETINOPEXY	67110	CPT	outpatient			7868	3064.95	Wellcare	Medicaid		2475.27	0.3146			2475.27	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Aetna	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Aetna	Commercial		4242.95	1.592			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Aetna	Better Health		2475.27	0.3146			2475.27	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Americare	Americare		5901	0.75			2475.27	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	WellPoint	WellPoint		2524.05	0.3208			2475.27	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Amerihealth	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Consumer	Consumer		7474.6	0.95			2475.27	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Corrections	Corrections		6294.4	0.8			2475.27	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	First Health	First Health		5507.6	0.7			2475.27	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	First Trenton	First Trenton		7081.2	0.9			2475.27	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Horizon	Indemnity		4869.27	1.827			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Horizon	MGD		4869.27	1.827			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Horizon	Medicare Blue		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Horizon	PPO		4869.27	1.827			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Managed Care Inc	Managed Care Inc		7081.2	0.9			2475.27	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Multiplan	Multiplan		6294.4	0.8			2475.27	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Qualcare	Qualcare		5901	0.75			2475.27	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Three Rivers	Three Rivers		7474.6	0.95			2475.27	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	UHC	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	UHC	Medicaid		2475.27	0.3146			2475.27	7474.6	percent of total billed charges	
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Wellcare	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMP MATL POST SEG EXTRAOC	67120	CPT	outpatient			7868	3064.95	Wellcare	Medicaid		2475.27	0.3146			2475.27	7474.6	percent of total billed charges	
CRYO FOR TEAR LATTICE	67141	CPT	outpatient			968	383.15	Aetna	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO FOR TEAR LATTICE	67141	CPT	outpatient			968	383.15	Aetna	Commercial		530.41	1.592			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO FOR TEAR LATTICE	67141	CPT	outpatient			968	383.15	Aetna	Better Health		304.53	0.3146			304.53	919.6	percent of total billed charges	
CRYO FOR TEAR LATTICE	67141	CPT	outpatient			968	383.15	Americare	Americare		726	0.75			304.53	919.6	percent of total billed charges	
CRYO FOR TEAR LATTICE	67141	CPT	outpatient			968	383.15	WellPoint	WellPoint		310.53	0.3208			304.53	919.6	percent of total billed charges	
CRYO FOR TEAR LATTICE	67141	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO FOR TEAR LATTICE	67141	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	0.95			304.53	919.6	percent of total billed charges	
CRYO FOR TEAR LATTICE	67141	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	0.8			304.53	919.6	percent of total billed charges	
CRYO FOR TEAR LATTICE	67141	CPT	outpatient			968	383.15	First Health	First Health		677.6	0.7			304.53	919.6	percent of total billed charges	
CRYO FOR TEAR LATTICE	67141	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	0.9			304.53	919.6	percent of total billed charges	
CRYO FOR TEAR LATTICE	67141	CPT	outpatient			968	383.15	Horizon	MGD		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO FOR TEAR LATTICE	67141	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO FOR TEAR LATTICE	67141	CPT	outpatient			968	383.15	Horizon	Indemnity		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO FOR TEAR LATTICE	67141	CPT	outpatient			968	383.15	Horizon	PPO		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO FOR TEAR LATTICE	67141	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	0.9			304.53	919.6	percent of total billed charges	
CRYO FOR TEAR LATTICE	67141	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	0.8			304.53	919.6	percent of total billed charges	
CRYO FOR TEAR LATTICE	67141	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	0.75			304.53	919.6	percent of total billed charges	
CRYO FOR TEAR LATTICE	67141	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	0.95			304.53	919.6	percent of total billed charges	
CRYO FOR TEAR LATTICE	67141	CPT	outpatient			968	383.15	UHC	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO FOR TEAR LATTICE	67141	CPT	outpatient			968	383.15	UHC	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
CRYO FOR TEAR LATTICE	67141	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO FOR TEAR LATTICE	67141	CPT	outpatient			968	383.15	Wellcare	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Aetna	Better Health		608.75	0.3146			608.75	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Aetna	Commercial		1058.33	1.592			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Aetna	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Americare	Americare		1451.25	0.75			608.75	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	WellPoint	WellPoint		620.75	0.3208			608.75	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Amerihealth	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Consumer	Consumer		1838.25	0.95			608.75	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Corrections	Corrections		1548	0.8			608.75	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	First Health	First Health		1354.5	0.7			608.75	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	First Trenton	First Trenton		1741.5	0.9			608.75	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Horizon	Indemnity		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Horizon	MGD		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Horizon	Medicare Blue		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Horizon	PPO		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Managed Care Inc	Managed Care Inc		1741.5	0.9			608.75	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Multiplan	Multiplan		1548	0.8			608.75	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Qualcare	Qualcare		1451.25	0.75			608.75	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Three Rivers	Three Rivers		1838.25	0.95			608.75	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	UHC	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	UHC	Medicaid		608.75	0.3146			608.75	1838.25	percent of total billed charges	
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Wellcare	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER - RETINAL BREAK	67145	CPT	outpatient			1935	764.5	Wellcare	Medicaid		608.75	0.3146			608.75	1838.25	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Aetna	Commercial		530.41	1.592			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Aetna	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Aetna	Better Health		304.53	0.3146			304.53	919.6	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Americare	Americare		726	0.75			304.53	919.6	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	WellPoint	WellPoint		310.53	0.3208			304.53	919.6	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	0.95			304.53	919.6	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	0.8			304.53	919.6	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	First Health	First Health		677.6	0.7			304.53	919.6	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	0.9			304.53	919.6	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Horizon	PPO		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Horizon	MGD		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Horizon	Indemnity		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	0.9			304.53	919.6	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	0.8			304.53	919.6	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	0.75			304.53	919.6	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	0.95			304.53	919.6	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	UHC	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	UHC	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYO LOCAL LESION	67208	CPT	outpatient			968	383.15	Wellcare	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Aetna	Better Health		608.75	0.3146			608.75	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Aetna	Commercial		1058.33	1.592			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Aetna	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Americare	Americare		1451.25	0.75			608.75	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	WellPoint	WellPoint		620.75	0.3208			608.75	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Amerihealth	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Consumer	Consumer		1838.25	0.95			608.75	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Corrections	Corrections		1548	0.8			608.75	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	First Health	First Health		1354.5	0.7			608.75	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	First Trenton	First Trenton		1741.5	0.9			608.75	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Horizon	MGD		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Horizon	PPO		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Horizon	Indemnity		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Horizon	Medicare Blue		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Managed Care Inc	Managed Care Inc		1741.5	0.9			608.75	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Multiplan	Multiplan		1548	0.8			608.75	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Qualcare	Qualcare		1451.25	0.75			608.75	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Three Rivers	Three Rivers		1838.25	0.95			608.75	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	UHC	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	UHC	Medicaid		608.75	0.3146			608.75	1838.25	percent of total billed charges	
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Wellcare	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-DESTRUCT MACULOPATHY	67210	CPT	outpatient			1935	764.5	Wellcare	Medicaid		608.75	0.3146			608.75	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Aetna	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Aetna	Better Health		608.75	0.3146			608.75	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Aetna	Commercial		1058.33	1.592			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Americare	Americare		1451.25	0.75			608.75	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	WellPoint	WellPoint		620.75	0.3208			608.75	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Amerihealth	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Consumer	Consumer		1838.25	0.95			608.75	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Corrections	Corrections		1548	0.8			608.75	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	First Health	First Health		1354.5	0.7			608.75	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	First Trenton	First Trenton		1741.5	0.9			608.75	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Horizon	Indemnity		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Horizon	MGD		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Horizon	Medicare Blue		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Horizon	PPO		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Managed Care Inc	Managed Care Inc		1741.5	0.9			608.75	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Multiplan	Multiplan		1548	0.8			608.75	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Qualcare	Qualcare		1451.25	0.75			608.75	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Three Rivers	Three Rivers		1838.25	0.95			608.75	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	UHC	Medicaid		608.75	0.3146			608.75	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	UHC	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Wellcare	Medicaid		608.75	0.3146			608.75	1838.25	percent of total billed charges	
LASER DESTR-CHOROID LESION	67220	CPT	outpatient			1935	764.5	Wellcare	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935	764.5	Aetna	Medicare		595.98	0.308			564.56	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935	764.5	Aetna	Commercial		1058.33	1.592			564.56	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935	764.5	Aetna	Better Health		608.75	0.3146			564.56	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935	764.5	Americare	Americare		1451.25	0.75			564.56	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935	764.5	WellPoint	WellPoint		620.75	0.3208			564.56	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935	764.5	Amerihealth	Medicare		664.78	1			564.56	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935	764.5	Consumer	Consumer		1838.25	0.95			564.56	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935	764.5	Corrections	Corrections		1548	0.8			564.56	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935	764.5	First Health	First Health		1354.5	0.7			564.56	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935	764.5	First Trenton	First Trenton		1741.5	0.9			564.56	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935	764.5	Horizon	Indemnity		1214.55	1.827			564.56	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935	764.5	Horizon	MGD		1214.55	1.827			564.56	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935	764.5	Horizon	Medicare Blue		664.78	1			564.56	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935	764.5	Horizon	PPO		1214.55	1.827			564.56	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935	764.5	Managed Care Inc	Managed Care Inc		1741.5	0.9			564.56	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935	764.5	Multiplan	Multiplan		1548	0.8			564.56	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935	764.5	Qualcare	Qualcare		1451.25	0.75			564.56	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935	764.5	Three Rivers	Three Rivers		1838.25	0.95			564.56	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935	764.5	UHC	Medicare		664.78	1			564.56	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935	764.5	UHC	Medicaid		608.75	0.3146			564.56	1838.25	percent of total billed charges	
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935	764.5	Wellcare	Medicare		664.78	1			564.56	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPT FOR OCCULT CNV	67221	CPT	outpatient			1935	764.5	Wellcare	Medicaid		608.75	0.3146			564.56	1838.25	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737	5085.16	Aetna	Commercial		7039.63	1.592			3923	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737	5085.16	Aetna	Better Health		4007.06	0.3146			3923	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737	5085.16	Aetna	Medicare		3923	0.308			3923	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737	5085.16	Americare	Americare		9552.75	0.75			3923	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737	5085.16	WellPoint	WellPoint		4086.03	0.3208			3923	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737	5085.16	Amerihealth	Medicare		4421.88	1			3923	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737	5085.16	Consumer	Consumer		12100.15	0.95			3923	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737	5085.16	Corrections	Corrections		10189.6	0.8			3923	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737	5085.16	First Health	First Health		8915.9	0.7			3923	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737	5085.16	First Trenton	First Trenton		11463.3	0.9			3923	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737	5085.16	Horizon	MGD		8078.77	1.827			3923	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737	5085.16	Horizon	Medicare Blue		4421.88	1			3923	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737	5085.16	Horizon	Indemnity		8078.77	1.827			3923	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737	5085.16	Horizon	PPO		8078.77	1.827			3923	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737	5085.16	Managed Care Inc	Managed Care Inc		11463.3	0.9			3923	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737	5085.16	Multiplan	Multiplan		10189.6	0.8			3923	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737	5085.16	Qualcare	Qualcare		9552.75	0.75			3923	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737	5085.16	Three Rivers	Three Rivers		12100.15	0.95			3923	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737	5085.16	UHC	Medicare		4421.88	1			3923	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737	5085.16	UHC	Medicaid		4007.06	0.3146			3923	12100.15	percent of total billed charges	
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737	5085.16	Wellcare	Medicare		4421.88	1			3923	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRYOPEXY DIABETIC	67227	CPT	outpatient			12737	5085.16	Wellcare	Medicaid		4007.06	0.3146			3923	12100.15	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935	764.5	Aetna	Better Health		608.75	0.3146			608.75	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935	764.5	Aetna	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PRP	67228	CPT	outpatient			1935	764.5	Aetna	Commercial		1058.33	1.592			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PRP	67228	CPT	outpatient			1935	764.5	Americare	Americare		1451.25	0.75			608.75	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935	764.5	WellPoint	WellPoint		620.75	0.3208			608.75	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935	764.5	Amerihealth	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PRP	67228	CPT	outpatient			1935	764.5	Consumer	Consumer		1838.25	0.95			608.75	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935	764.5	Corrections	Corrections		1548	0.8			608.75	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935	764.5	First Health	First Health		1354.5	0.7			608.75	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935	764.5	First Trenton	First Trenton		1741.5	0.9			608.75	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935	764.5	Horizon	Medicare Blue		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PRP	67228	CPT	outpatient			1935	764.5	Horizon	MGD		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PRP	67228	CPT	outpatient			1935	764.5	Horizon	Indemnity		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PRP	67228	CPT	outpatient			1935	764.5	Horizon	PPO		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PRP	67228	CPT	outpatient			1935	764.5	Managed Care Inc	Managed Care Inc		1741.5	0.9			608.75	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935	764.5	Multiplan	Multiplan		1548	0.8			608.75	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935	764.5	Qualcare	Qualcare		1451.25	0.75			608.75	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935	764.5	Three Rivers	Three Rivers		1838.25	0.95			608.75	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935	764.5	UHC	Medicaid		608.75	0.3146			608.75	1838.25	percent of total billed charges	
LASER-PRP	67228	CPT	outpatient			1935	764.5	UHC	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PRP	67228	CPT	outpatient			1935	764.5	Wellcare	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LASER-PRP	67228	CPT	outpatient			1935	764.5	Wellcare	Medicaid		608.75	0.3146			608.75	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935	764.5	Aetna	Commercial		1058.33	1.592			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935	764.5	Aetna	Better Health		608.75	0.3146			608.75	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935	764.5	Aetna	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935	764.5	Americare	Americare		1451.25	0.75			608.75	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935	764.5	WellPoint	WellPoint		620.75	0.3208			608.75	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935	764.5	Amerihealth	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935	764.5	Consumer	Consumer		1838.25	0.95			608.75	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935	764.5	Corrections	Corrections		1548	0.8			608.75	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935	764.5	First Health	First Health		1354.5	0.7			608.75	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935	764.5	First Trenton	First Trenton		1741.5	0.9			608.75	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935	764.5	Horizon	Indemnity		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935	764.5	Horizon	MGD		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935	764.5	Horizon	Medicare Blue		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935	764.5	Horizon	PPO		1214.55	1.827			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935	764.5	Managed Care Inc	Managed Care Inc		1741.5	0.9			608.75	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935	764.5	Multiplan	Multiplan		1548	0.8			608.75	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935	764.5	Qualcare	Qualcare		1451.25	0.75			608.75	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935	764.5	Three Rivers	Three Rivers		1838.25	0.95			608.75	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935	764.5	UHC	Medicaid		608.75	0.3146			608.75	1838.25	percent of total billed charges	
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935	764.5	UHC	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935	764.5	Wellcare	Medicare		664.78	1			608.75	1838.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TR RETINAL LES PRETERM INF	67229	CPT	outpatient			1935	764.5	Wellcare	Medicaid		608.75	0.3146			608.75	1838.25	percent of total billed charges	
TRANSPUPIL THERM TX	67299	CPT	outpatient			7868	3064.95	Aetna	Better Health		2475.27	0.3146			2475.27	7474.6	percent of total billed charges	
TRANSPUPIL THERM TX	67299	CPT	outpatient			7868	3064.95	Aetna	Commercial		4242.95	1.592			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPUPIL THERM TX	67299	CPT	outpatient			7868	3064.95	Aetna	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPUPIL THERM TX	67299	CPT	outpatient			7868	3064.95	Americare	Americare		5901	0.75			2475.27	7474.6	percent of total billed charges	
TRANSPUPIL THERM TX	67299	CPT	outpatient			7868	3064.95	WellPoint	WellPoint		2524.05	0.3208			2475.27	7474.6	percent of total billed charges	
TRANSPUPIL THERM TX	67299	CPT	outpatient			7868	3064.95	Amerihealth	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPUPIL THERM TX	67299	CPT	outpatient			7868	3064.95	Consumer	Consumer		7474.6	0.95			2475.27	7474.6	percent of total billed charges	
TRANSPUPIL THERM TX	67299	CPT	outpatient			7868	3064.95	Corrections	Corrections		6294.4	0.8			2475.27	7474.6	percent of total billed charges	
TRANSPUPIL THERM TX	67299	CPT	outpatient			7868	3064.95	First Health	First Health		5507.6	0.7			2475.27	7474.6	percent of total billed charges	
TRANSPUPIL THERM TX	67299	CPT	outpatient			7868	3064.95	First Trenton	First Trenton		7081.2	0.9			2475.27	7474.6	percent of total billed charges	
TRANSPUPIL THERM TX	67299	CPT	outpatient			7868	3064.95	Horizon	MGD		4869.27	1.827			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPUPIL THERM TX	67299	CPT	outpatient			7868	3064.95	Horizon	Indemnity		4869.27	1.827			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPUPIL THERM TX	67299	CPT	outpatient			7868	3064.95	Horizon	Medicare Blue		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPUPIL THERM TX	67299	CPT	outpatient			7868	3064.95	Horizon	PPO		4869.27	1.827			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPUPIL THERM TX	67299	CPT	outpatient			7868	3064.95	Managed Care Inc	Managed Care Inc		7081.2	0.9			2475.27	7474.6	percent of total billed charges	
TRANSPUPIL THERM TX	67299	CPT	outpatient			7868	3064.95	Multiplan	Multiplan		6294.4	0.8			2475.27	7474.6	percent of total billed charges	
TRANSPUPIL THERM TX	67299	CPT	outpatient			7868	3064.95	Qualcare	Qualcare		5901	0.75			2475.27	7474.6	percent of total billed charges	
TRANSPUPIL THERM TX	67299	CPT	outpatient			7868	3064.95	Three Rivers	Three Rivers		7474.6	0.95			2475.27	7474.6	percent of total billed charges	
TRANSPUPIL THERM TX	67299	CPT	outpatient			7868	3064.95	UHC	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPUPIL THERM TX	67299	CPT	outpatient			7868	3064.95	UHC	Medicaid		2475.27	0.3146			2475.27	7474.6	percent of total billed charges	
TRANSPUPIL THERM TX	67299	CPT	outpatient			7868	3064.95	Wellcare	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSPUPIL THERM TX	67299	CPT	outpatient			7868	3064.95	Wellcare	Medicaid		2475.27	0.3146			2475.27	7474.6	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Aetna	Commercial		530.41	1.592			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Aetna	Better Health		304.53	0.3146			304.53	919.6	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Aetna	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Americare	Americare		726	0.75			304.53	919.6	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	WellPoint	WellPoint		310.53	0.3208			304.53	919.6	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	0.95			304.53	919.6	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	0.8			304.53	919.6	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	First Health	First Health		677.6	0.7			304.53	919.6	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	0.9			304.53	919.6	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Horizon	Indemnity		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Horizon	PPO		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Horizon	MGD		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	0.9			304.53	919.6	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	0.8			304.53	919.6	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	0.75			304.53	919.6	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	0.95			304.53	919.6	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	UHC	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	UHC	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Wellcare	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
CHEMODENERVATION EXTRAOCULAR MUSCLE	67345	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Aetna	Commercial		7039.63	1.592			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Aetna	Better Health		4007.06	0.3146			4007.06	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Aetna	Medicare		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Americare	Americare		9552.75	0.75			4007.06	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	WellPoint	WellPoint		4086.03	0.3208			4007.06	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Amerihealth	Medicare		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Consumer	Consumer		12100.15	0.95			4007.06	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Corrections	Corrections		10189.6	0.8			4007.06	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	First Health	First Health		8915.9	0.7			4007.06	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	First Trenton	First Trenton		11463.3	0.9			4007.06	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Horizon	Indemnity		8078.77	1.827			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Horizon	MGD		8078.77	1.827			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Horizon	PPO		8078.77	1.827			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Horizon	Medicare Blue		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Managed Care Inc	Managed Care Inc		11463.3	0.9			4007.06	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Multiplan	Multiplan		10189.6	0.8			4007.06	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Qualcare	Qualcare		9552.75	0.75			4007.06	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Three Rivers	Three Rivers		12100.15	0.95			4007.06	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	UHC	Medicare		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	UHC	Medicaid		4007.06	0.3146			4007.06	12100.15	percent of total billed charges	
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Wellcare	Medicare		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY	67400	CPT	outpatient			12737	5085.16	Wellcare	Medicaid		4007.06	0.3146			4007.06	12100.15	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	both			9240	3073.41	Aetna	Medicare		2672.53	1			2423.68	8778	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WO BONE FLAP	67405	CPT	both			9240	3073.41	Aetna	Commercial		4254.67	1.592			2423.68	8778	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WO BONE FLAP	67405	CPT	both			9240	3073.41	Aetna	Better Health		2906.9	0.3146			2423.68	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	both			9240	3073.41	Americare	Americare		6930	0.75			2423.68	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	both			9240	3073.41	WellPoint	WellPoint		2964.19	0.3208			2423.68	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	both			9240	3073.41	Amerihealth	Medicare		2672.53	1			2423.68	8778	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WO BONE FLAP	67405	CPT	both			9240	3073.41	Consumer	Consumer		8778	0.95			2423.68	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	both			9240	3073.41	Corrections	Corrections		7392	0.8			2423.68	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	both			9240	3073.41	First Health	First Health		6468	0.7			2423.68	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	both			9240	3073.41	First Trenton	First Trenton		8316	0.9			2423.68	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	both			9240	3073.41	Horizon	Indemnity		4882.71	1.827			2423.68	8778	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WO BONE FLAP	67405	CPT	both			9240	3073.41	Horizon	MGD		4882.71	1.827			2423.68	8778	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WO BONE FLAP	67405	CPT	both			9240	3073.41	Horizon	PPO		4882.71	1.827			2423.68	8778	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WO BONE FLAP	67405	CPT	both			9240	3073.41	Horizon	Medicare Blue		2672.53	1			2423.68	8778	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WO BONE FLAP	67405	CPT	both			9240	3073.41	Managed Care Inc	Managed Care Inc		8316	0.9			2423.68	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	both			9240	3073.41	Multiplan	Multiplan		7392	0.8			2423.68	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	both			9240	3073.41	Qualcare	Qualcare		6930	0.75			2423.68	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	both			9240	3073.41	Three Rivers	Three Rivers		8778	0.95			2423.68	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	both			9240	3073.41	UHC	Medicare		2672.53	1			2423.68	8778	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WO BONE FLAP	67405	CPT	both			9240	3073.41	UHC	Medicaid		2906.9	0.3146			2423.68	8778	percent of total billed charges	
ORBITOTOMY WO BONE FLAP	67405	CPT	both			9240	3073.41	Wellcare	Medicare		2672.53	1			2423.68	8778	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY WO BONE FLAP	67405	CPT	both			9240	3073.41	Wellcare	Medicaid		2906.9	0.3146			2423.68	8778	percent of total billed charges	
ORBITOTOMY W/REMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Aetna	Better Health		3209.86	0.3146			2423.68	9692.85	percent of total billed charges	
ORBITOTOMY W/REMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Aetna	Commercial		4254.67	1.592			2423.68	9692.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/REMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Aetna	Medicare		2672.53	1			2423.68	9692.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/REMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Americare	Americare		7652.25	0.75			2423.68	9692.85	percent of total billed charges	
ORBITOTOMY W/REMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	WellPoint	WellPoint		3273.12	0.3208			2423.68	9692.85	percent of total billed charges	
ORBITOTOMY W/REMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Amerihealth	Medicare		2672.53	1			2423.68	9692.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/REMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Consumer	Consumer		9692.85	0.95			2423.68	9692.85	percent of total billed charges	
ORBITOTOMY W/REMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Corrections	Corrections		8162.4	0.8			2423.68	9692.85	percent of total billed charges	
ORBITOTOMY W/REMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	First Health	First Health		7142.1	0.7			2423.68	9692.85	percent of total billed charges	
ORBITOTOMY W/REMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	First Trenton	First Trenton		9182.7	0.9			2423.68	9692.85	percent of total billed charges	
ORBITOTOMY W/REMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Horizon	MGD		4882.71	1.827			2423.68	9692.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/REMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Horizon	Medicare Blue		2672.53	1			2423.68	9692.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/REMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Horizon	Indemnity		4882.71	1.827			2423.68	9692.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/REMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Horizon	PPO		4882.71	1.827			2423.68	9692.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/REMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Managed Care Inc	Managed Care Inc		9182.7	0.9			2423.68	9692.85	percent of total billed charges	
ORBITOTOMY W/REMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Multiplan	Multiplan		8162.4	0.8			2423.68	9692.85	percent of total billed charges	
ORBITOTOMY W/REMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Qualcare	Qualcare		7652.25	0.75			2423.68	9692.85	percent of total billed charges	
ORBITOTOMY W/REMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Three Rivers	Three Rivers		9692.85	0.95			2423.68	9692.85	percent of total billed charges	
ORBITOTOMY W/REMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	UHC	Medicaid		3209.86	0.3146			2423.68	9692.85	percent of total billed charges	
ORBITOTOMY W/REMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	UHC	Medicare		2672.53	1			2423.68	9692.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/REMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Wellcare	Medicaid		3209.86	0.3146			2423.68	9692.85	percent of total billed charges	
ORBITOTOMY W/REMOVAL OF LESION	67412	CPT	outpatient			10203	3073.41	Wellcare	Medicare		2672.53	1			2423.68	9692.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/REM OF FB	67413	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/REM OF FB	67413	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
ORBITOTOMY W/REM OF FB	67413	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/REM OF FB	67413	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
ORBITOTOMY W/REM OF FB	67413	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
ORBITOTOMY W/REM OF FB	67413	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/REM OF FB	67413	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
ORBITOTOMY W/REM OF FB	67413	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
ORBITOTOMY W/REM OF FB	67413	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
ORBITOTOMY W/REM OF FB	67413	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
ORBITOTOMY W/REM OF FB	67413	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/REM OF FB	67413	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/REM OF FB	67413	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/REM OF FB	67413	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/REM OF FB	67413	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
ORBITOTOMY W/REM OF FB	67413	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
ORBITOTOMY W/REM OF FB	67413	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
ORBITOTOMY W/REM OF FB	67413	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
ORBITOTOMY W/REM OF FB	67413	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
ORBITOTOMY W/REM OF FB	67413	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/REM OF FB	67413	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBITOTOMY W/REM OF FB	67413	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBIT	67415	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBIT	67415	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION ORBIT	67415	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION ORBIT	67415	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBIT	67415	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBIT	67415	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION ORBIT	67415	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBIT	67415	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBIT	67415	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBIT	67415	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBIT	67415	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION ORBIT	67415	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION ORBIT	67415	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION ORBIT	67415	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION ORBIT	67415	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBIT	67415	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBIT	67415	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBIT	67415	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBIT	67415	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBIT	67415	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINE NEEDLE ASPIRATION ORBIT	67415	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
FINE NEEDLE ASPIRATION ORBIT	67415	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION MEDICATION	67500	CPT	outpatient			968	383.15	Aetna	Better Health		304.53	0.3146			304.53	919.6	percent of total billed charges	
RETROBULBAR INJECTION MEDICATION	67500	CPT	outpatient			968	383.15	Aetna	Commercial		530.41	1.592			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION MEDICATION	67500	CPT	outpatient			968	383.15	Aetna	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION MEDICATION	67500	CPT	outpatient			968	383.15	Americare	Americare		726	0.75			304.53	919.6	percent of total billed charges	
RETROBULBAR INJECTION MEDICATION	67500	CPT	outpatient			968	383.15	WellPoint	WellPoint		310.53	0.3208			304.53	919.6	percent of total billed charges	
RETROBULBAR INJECTION MEDICATION	67500	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION MEDICATION	67500	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	0.95			304.53	919.6	percent of total billed charges	
RETROBULBAR INJECTION MEDICATION	67500	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	0.8			304.53	919.6	percent of total billed charges	
RETROBULBAR INJECTION MEDICATION	67500	CPT	outpatient			968	383.15	First Health	First Health		677.6	0.7			304.53	919.6	percent of total billed charges	
RETROBULBAR INJECTION MEDICATION	67500	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	0.9			304.53	919.6	percent of total billed charges	
RETROBULBAR INJECTION MEDICATION	67500	CPT	outpatient			968	383.15	Horizon	Indemnity		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION MEDICATION	67500	CPT	outpatient			968	383.15	Horizon	MGD		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION MEDICATION	67500	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION MEDICATION	67500	CPT	outpatient			968	383.15	Horizon	PPO		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION MEDICATION	67500	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	0.9			304.53	919.6	percent of total billed charges	
RETROBULBAR INJECTION MEDICATION	67500	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	0.8			304.53	919.6	percent of total billed charges	
RETROBULBAR INJECTION MEDICATION	67500	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	0.75			304.53	919.6	percent of total billed charges	
RETROBULBAR INJECTION MEDICATION	67500	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	0.95			304.53	919.6	percent of total billed charges	
RETROBULBAR INJECTION MEDICATION	67500	CPT	outpatient			968	383.15	UHC	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
RETROBULBAR INJECTION MEDICATION	67500	CPT	outpatient			968	383.15	UHC	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION MEDICATION	67500	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR INJECTION MEDICATION	67500	CPT	outpatient			968	383.15	Wellcare	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
RETROBULBAR ALCOHOL INJ W/DRU	67505	CPT	outpatient			968	383.15	Aetna	Commercial		530.41	1.592			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RETROBULBAR ALCOHOL INJ W/DRU	67505	CPT	outpatient			968	383.15	Aetna	Better Health		304.53	0.3146			304.53	919.6	percent of total billed charges	
RETROBULBAR ALCOHOL INJ W/DRU	67505	CPT	outpatient			968	383.15	Aetna	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR ALCOHOL INJ W/DRU	67505	CPT	outpatient			968	383.15	Americare	Americare		726	0.75			304.53	919.6	percent of total billed charges	
RETROBULBAR ALCOHOL INJ W/DRU	67505	CPT	outpatient			968	383.15	WellPoint	WellPoint		310.53	0.3208			304.53	919.6	percent of total billed charges	
RETROBULBAR ALCOHOL INJ W/DRU	67505	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR ALCOHOL INJ W/DRU	67505	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	0.95			304.53	919.6	percent of total billed charges	
RETROBULBAR ALCOHOL INJ W/DRU	67505	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	0.8			304.53	919.6	percent of total billed charges	
RETROBULBAR ALCOHOL INJ W/DRU	67505	CPT	outpatient			968	383.15	First Health	First Health		677.6	0.7			304.53	919.6	percent of total billed charges	
RETROBULBAR ALCOHOL INJ W/DRU	67505	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	0.9			304.53	919.6	percent of total billed charges	
RETROBULBAR ALCOHOL INJ W/DRU	67505	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR ALCOHOL INJ W/DRU	67505	CPT	outpatient			968	383.15	Horizon	MGD		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR ALCOHOL INJ W/DRU	67505	CPT	outpatient			968	383.15	Horizon	Indemnity		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR ALCOHOL INJ W/DRU	67505	CPT	outpatient			968	383.15	Horizon	PPO		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR ALCOHOL INJ W/DRU	67505	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	0.9			304.53	919.6	percent of total billed charges	
RETROBULBAR ALCOHOL INJ W/DRU	67505	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	0.8			304.53	919.6	percent of total billed charges	
RETROBULBAR ALCOHOL INJ W/DRU	67505	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	0.75			304.53	919.6	percent of total billed charges	
RETROBULBAR ALCOHOL INJ W/DRU	67505	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	0.95			304.53	919.6	percent of total billed charges	
RETROBULBAR ALCOHOL INJ W/DRU	67505	CPT	outpatient			968	383.15	UHC	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
RETROBULBAR ALCOHOL INJ W/DRU	67505	CPT	outpatient			968	383.15	UHC	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROBULBAR ALCOHOL INJ W/DRU	67505	CPT	outpatient			968	383.15	Wellcare	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
RETROBULBAR ALCOHOL INJ W/DRU	67505	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Aetna	Better Health		304.53	0.3146			298.14	919.6	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Aetna	Commercial		530.41	1.592			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Aetna	Medicare		298.14	0.308			298.14	919.6	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Americare	Americare		726	0.75			298.14	919.6	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	WellPoint	WellPoint		310.53	0.3208			298.14	919.6	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17	1			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	0.95			298.14	919.6	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	0.8			298.14	919.6	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	First Health	First Health		677.6	0.7			298.14	919.6	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	0.9			298.14	919.6	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Horizon	MGD		608.7	1.827			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Horizon	Indemnity		608.7	1.827			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17	1			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Horizon	PPO		608.7	1.827			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	0.9			298.14	919.6	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	0.8			298.14	919.6	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	0.75			298.14	919.6	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	0.95			298.14	919.6	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	UHC	Medicare		333.17	1			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	UHC	Medicaid		304.53	0.3146			298.14	919.6	percent of total billed charges	
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17	1			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJECT/TREAT EYE SOCKET	67515	CPT	outpatient			968	383.15	Wellcare	Medicaid		304.53	0.3146			298.14	919.6	percent of total billed charges	
BLEPHAROTOMY DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Aetna	Better Health		330.02	0.3146			298.14	996.55	percent of total billed charges	
BLEPHAROTOMY DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Aetna	Commercial		530.41	1.592			298.14	996.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Aetna	Medicare		323.09	0.308			298.14	996.55	percent of total billed charges	
BLEPHAROTOMY DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Americare	Americare		786.75	0.75			298.14	996.55	percent of total billed charges	
BLEPHAROTOMY DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	WellPoint	WellPoint		336.52	0.3208			298.14	996.55	percent of total billed charges	
BLEPHAROTOMY DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Amerihealth	Medicare		333.17	1			298.14	996.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Consumer	Consumer		996.55	0.95			298.14	996.55	percent of total billed charges	
BLEPHAROTOMY DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Corrections	Corrections		839.2	0.8			298.14	996.55	percent of total billed charges	
BLEPHAROTOMY DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	First Health	First Health		734.3	0.7			298.14	996.55	percent of total billed charges	
BLEPHAROTOMY DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	First Trenton	First Trenton		944.1	0.9			298.14	996.55	percent of total billed charges	
BLEPHAROTOMY DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Horizon	MGD		608.7	1.827			298.14	996.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Horizon	Medicare Blue		333.17	1			298.14	996.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Horizon	Indemnity		608.7	1.827			298.14	996.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Horizon	PPO		608.7	1.827			298.14	996.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Managed Care Inc	Managed Care Inc		944.1	0.9			298.14	996.55	percent of total billed charges	
BLEPHAROTOMY DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Multiplan	Multiplan		839.2	0.8			298.14	996.55	percent of total billed charges	
BLEPHAROTOMY DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Qualcare	Qualcare		786.75	0.75			298.14	996.55	percent of total billed charges	
BLEPHAROTOMY DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Three Rivers	Three Rivers		996.55	0.95			298.14	996.55	percent of total billed charges	
BLEPHAROTOMY DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	UHC	Medicaid		330.02	0.3146			298.14	996.55	percent of total billed charges	
BLEPHAROTOMY DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	UHC	Medicare		333.17	1			298.14	996.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLEPHAROTOMY DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Wellcare	Medicaid		330.02	0.3146			298.14	996.55	percent of total billed charges	
BLEPHAROTOMY DR ABSCESS EYELID	67700	CPT	outpatient			1049	383.15	Wellcare	Medicare		333.17	1			298.14	996.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Aetna	Better Health		1000.43	0.3146			1000.43	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Aetna	Commercial		1843.38	1.592			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Aetna	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Americare	Americare		2385	0.75			1000.43	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	WellPoint	WellPoint		1020.14	0.3208			1000.43	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Amerihealth	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Consumer	Consumer		3021	0.95			1000.43	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Corrections	Corrections		2544	0.8			1000.43	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	First Health	First Health		2226	0.7			1000.43	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	First Trenton	First Trenton		2862	0.9			1000.43	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Horizon	Medicare Blue		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Horizon	Indemnity		2115.48	1.827			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Horizon	MGD		2115.48	1.827			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Horizon	PPO		2115.48	1.827			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Managed Care Inc	Managed Care Inc		2862	0.9			1000.43	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Multiplan	Multiplan		2544	0.8			1000.43	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Qualcare	Qualcare		2385	0.75			1000.43	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Three Rivers	Three Rivers		3021	0.95			1000.43	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	UHC	Medicaid		1000.43	0.3146			1000.43	3021	percent of total billed charges	
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	UHC	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Wellcare	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEVERING TARSORRHAPHY	67710	CPT	outpatient			3180	1331.59	Wellcare	Medicaid		1000.43	0.3146			1000.43	3021	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2001.17	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			2001.17	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Aetna	Medicare		2572.53	1			2001.17	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			2001.17	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			2001.17	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2572.53	1			2001.17	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			2001.17	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			2001.17	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			2001.17	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			2001.17	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2001.17	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2572.53	1			2001.17	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2001.17	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			2001.17	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2001.17	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2001.17	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2001.17	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2001.17	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2001.17	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	UHC	Medicare		2572.53	1			2001.17	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2001.17	7318.8	percent of total billed charges	
CANTHOTOMY	67715	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2572.53	1			2001.17	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXCISION SINGLE	67800	CPT	outpatient			968	383.15	Aetna	Commercial		530.41	1.592			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXCISION SINGLE	67800	CPT	outpatient			968	383.15	Aetna	Better Health		304.53	0.3146			304.53	919.6	percent of total billed charges	
CHALAZION EXCISION SINGLE	67800	CPT	outpatient			968	383.15	Aetna	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXCISION SINGLE	67800	CPT	outpatient			968	383.15	Americare	Americare		726	0.75			304.53	919.6	percent of total billed charges	
CHALAZION EXCISION SINGLE	67800	CPT	outpatient			968	383.15	WellPoint	WellPoint		310.53	0.3208			304.53	919.6	percent of total billed charges	
CHALAZION EXCISION SINGLE	67800	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXCISION SINGLE	67800	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	0.95			304.53	919.6	percent of total billed charges	
CHALAZION EXCISION SINGLE	67800	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	0.8			304.53	919.6	percent of total billed charges	
CHALAZION EXCISION SINGLE	67800	CPT	outpatient			968	383.15	First Health	First Health		677.6	0.7			304.53	919.6	percent of total billed charges	
CHALAZION EXCISION SINGLE	67800	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	0.9			304.53	919.6	percent of total billed charges	
CHALAZION EXCISION SINGLE	67800	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXCISION SINGLE	67800	CPT	outpatient			968	383.15	Horizon	MGD		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXCISION SINGLE	67800	CPT	outpatient			968	383.15	Horizon	Indemnity		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXCISION SINGLE	67800	CPT	outpatient			968	383.15	Horizon	PPO		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXCISION SINGLE	67800	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	0.9			304.53	919.6	percent of total billed charges	
CHALAZION EXCISION SINGLE	67800	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	0.8			304.53	919.6	percent of total billed charges	
CHALAZION EXCISION SINGLE	67800	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	0.75			304.53	919.6	percent of total billed charges	
CHALAZION EXCISION SINGLE	67800	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	0.95			304.53	919.6	percent of total billed charges	
CHALAZION EXCISION SINGLE	67800	CPT	outpatient			968	383.15	UHC	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
CHALAZION EXCISION SINGLE	67800	CPT	outpatient			968	383.15	UHC	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXCISION SINGLE	67800	CPT	outpatient			968	383.15	Wellcare	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
CHALAZION EXCISION SINGLE	67800	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC MULT SAME LID	67801	CPT	outpatient			3180	1331.59	Aetna	Better Health		1000.43	0.3146			1000.43	3021	percent of total billed charges	
CHALAZION EXC MULT SAME LID	67801	CPT	outpatient			3180	1331.59	Aetna	Commercial		1843.38	1.592			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC MULT SAME LID	67801	CPT	outpatient			3180	1331.59	Aetna	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC MULT SAME LID	67801	CPT	outpatient			3180	1331.59	Americare	Americare		2385	0.75			1000.43	3021	percent of total billed charges	
CHALAZION EXC MULT SAME LID	67801	CPT	outpatient			3180	1331.59	WellPoint	WellPoint		1020.14	0.3208			1000.43	3021	percent of total billed charges	
CHALAZION EXC MULT SAME LID	67801	CPT	outpatient			3180	1331.59	Amerihealth	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC MULT SAME LID	67801	CPT	outpatient			3180	1331.59	Consumer	Consumer		3021	0.95			1000.43	3021	percent of total billed charges	
CHALAZION EXC MULT SAME LID	67801	CPT	outpatient			3180	1331.59	Corrections	Corrections		2544	0.8			1000.43	3021	percent of total billed charges	
CHALAZION EXC MULT SAME LID	67801	CPT	outpatient			3180	1331.59	First Health	First Health		2226	0.7			1000.43	3021	percent of total billed charges	
CHALAZION EXC MULT SAME LID	67801	CPT	outpatient			3180	1331.59	First Trenton	First Trenton		2862	0.9			1000.43	3021	percent of total billed charges	
CHALAZION EXC MULT SAME LID	67801	CPT	outpatient			3180	1331.59	Horizon	MGD		2115.48	1.827			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC MULT SAME LID	67801	CPT	outpatient			3180	1331.59	Horizon	Indemnity		2115.48	1.827			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHALAZION EXC MULT SAME LID	67801	CPT	outpatient			3180	1331.59	Horizon	Medicare Blue		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC MULT SAME LID	67801	CPT	outpatient			3180	1331.59	Horizon	PPO		2115.48	1.827			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC MULT SAME LID	67801	CPT	outpatient			3180	1331.59	Managed Care Inc	Managed Care Inc		2862	0.9			1000.43	3021	percent of total billed charges	
CHALAZION EXC MULT SAME LID	67801	CPT	outpatient			3180	1331.59	Multiplan	Multiplan		2544	0.8			1000.43	3021	percent of total billed charges	
CHALAZION EXC MULT SAME LID	67801	CPT	outpatient			3180	1331.59	Qualcare	Qualcare		2385	0.75			1000.43	3021	percent of total billed charges	
CHALAZION EXC MULT SAME LID	67801	CPT	outpatient			3180	1331.59	Three Rivers	Three Rivers		3021	0.95			1000.43	3021	percent of total billed charges	
CHALAZION EXC MULT SAME LID	67801	CPT	outpatient			3180	1331.59	UHC	Medicaid		1000.43	0.3146			1000.43	3021	percent of total billed charges	
CHALAZION EXC MULT SAME LID	67801	CPT	outpatient			3180	1331.59	UHC	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC MULT SAME LID	67801	CPT	outpatient			3180	1331.59	Wellcare	Medicaid		1000.43	0.3146			1000.43	3021	percent of total billed charges	
CHALAZION EXC MULT SAME LID	67801	CPT	outpatient			3180	1331.59	Wellcare	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC MULT DIFF LIDS	67805	CPT	outpatient			968	383.15	Aetna	Commercial		530.41	1.592			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC MULT DIFF LIDS	67805	CPT	outpatient			968	383.15	Aetna	Better Health		304.53	0.3146			304.53	919.6	percent of total billed charges	
CHALAZION EXC MULT DIFF LIDS	67805	CPT	outpatient			968	383.15	Aetna	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC MULT DIFF LIDS	67805	CPT	outpatient			968	383.15	Americare	Americare		726	0.75			304.53	919.6	percent of total billed charges	
CHALAZION EXC MULT DIFF LIDS	67805	CPT	outpatient			968	383.15	WellPoint	WellPoint		310.53	0.3208			304.53	919.6	percent of total billed charges	
CHALAZION EXC MULT DIFF LIDS	67805	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC MULT DIFF LIDS	67805	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	0.95			304.53	919.6	percent of total billed charges	
CHALAZION EXC MULT DIFF LIDS	67805	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	0.8			304.53	919.6	percent of total billed charges	
CHALAZION EXC MULT DIFF LIDS	67805	CPT	outpatient			968	383.15	First Health	First Health		677.6	0.7			304.53	919.6	percent of total billed charges	
CHALAZION EXC MULT DIFF LIDS	67805	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	0.9			304.53	919.6	percent of total billed charges	
CHALAZION EXC MULT DIFF LIDS	67805	CPT	outpatient			968	383.15	Horizon	Indemnity		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC MULT DIFF LIDS	67805	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC MULT DIFF LIDS	67805	CPT	outpatient			968	383.15	Horizon	PPO		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC MULT DIFF LIDS	67805	CPT	outpatient			968	383.15	Horizon	MGD		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC MULT DIFF LIDS	67805	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	0.9			304.53	919.6	percent of total billed charges	
CHALAZION EXC MULT DIFF LIDS	67805	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	0.8			304.53	919.6	percent of total billed charges	
CHALAZION EXC MULT DIFF LIDS	67805	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	0.75			304.53	919.6	percent of total billed charges	
CHALAZION EXC MULT DIFF LIDS	67805	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	0.95			304.53	919.6	percent of total billed charges	
CHALAZION EXC MULT DIFF LIDS	67805	CPT	outpatient			968	383.15	UHC	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
CHALAZION EXC MULT DIFF LIDS	67805	CPT	outpatient			968	383.15	UHC	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC MULT DIFF LIDS	67805	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHALAZION EXC MULT DIFF LIDS	67805	CPT	outpatient			968	383.15	Wellcare	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968	383.15	Aetna	Better Health		304.53	0.3146			304.53	919.6	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968	383.15	Aetna	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY EYELID	67810	CPT	outpatient			968	383.15	Aetna	Commercial		530.41	1.592			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY EYELID	67810	CPT	outpatient			968	383.15	Americare	Americare		726	0.75			304.53	919.6	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968	383.15	WellPoint	WellPoint		310.53	0.3208			304.53	919.6	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY EYELID	67810	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	0.95			304.53	919.6	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	0.8			304.53	919.6	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968	383.15	First Health	First Health		677.6	0.7			304.53	919.6	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	0.9			304.53	919.6	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968	383.15	Horizon	Indemnity		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY EYELID	67810	CPT	outpatient			968	383.15	Horizon	MGD		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY EYELID	67810	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY EYELID	67810	CPT	outpatient			968	383.15	Horizon	PPO		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY EYELID	67810	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	0.9			304.53	919.6	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	0.8			304.53	919.6	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	0.75			304.53	919.6	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	0.95			304.53	919.6	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968	383.15	UHC	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
BIOSPY EYELID	67810	CPT	outpatient			968	383.15	UHC	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY EYELID	67810	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOSPY EYELID	67810	CPT	outpatient			968	383.15	Wellcare	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
EPILATION FORCEPS BOTH	67820	CPT	outpatient			592	168	Aetna	Better Health		186.24	0.3146			133.39	562.4	percent of total billed charges	
EPILATION FORCEPS BOTH	67820	CPT	outpatient			592	168	Aetna	Commercial		232.58	1.592			133.39	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATION FORCEPS BOTH	67820	CPT	outpatient			592	168	Aetna	Medicare		146.09	1			133.39	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATION FORCEPS BOTH	67820	CPT	outpatient			592	168	Americare	Americare		444	0.75			133.39	562.4	percent of total billed charges	
EPILATION FORCEPS BOTH	67820	CPT	outpatient			592	168	WellPoint	WellPoint		189.91	0.3208			133.39	562.4	percent of total billed charges	
EPILATION FORCEPS BOTH	67820	CPT	outpatient			592	168	Amerihealth	Medicare		146.09	1			133.39	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATION FORCEPS BOTH	67820	CPT	outpatient			592	168	Consumer	Consumer		562.4	0.95			133.39	562.4	percent of total billed charges	
EPILATION FORCEPS BOTH	67820	CPT	outpatient			592	168	Corrections	Corrections		473.6	0.8			133.39	562.4	percent of total billed charges	
EPILATION FORCEPS BOTH	67820	CPT	outpatient			592	168	First Health	First Health		414.4	0.7			133.39	562.4	percent of total billed charges	
EPILATION FORCEPS BOTH	67820	CPT	outpatient			592	168	First Trenton	First Trenton		532.8	0.9			133.39	562.4	percent of total billed charges	
EPILATION FORCEPS BOTH	67820	CPT	outpatient			592	168	Horizon	PPO		266.91	1.827			133.39	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATION FORCEPS BOTH	67820	CPT	outpatient			592	168	Horizon	Indemnity		266.91	1.827			133.39	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATION FORCEPS BOTH	67820	CPT	outpatient			592	168	Horizon	Medicare Blue		146.09	1			133.39	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATION FORCEPS BOTH	67820	CPT	outpatient			592	168	Horizon	MGD		266.91	1.827			133.39	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATION FORCEPS BOTH	67820	CPT	outpatient			592	168	Managed Care Inc	Managed Care Inc		532.8	0.9			133.39	562.4	percent of total billed charges	
EPILATION FORCEPS BOTH	67820	CPT	outpatient			592	168	Multiplan	Multiplan		473.6	0.8			133.39	562.4	percent of total billed charges	
EPILATION FORCEPS BOTH	67820	CPT	outpatient			592	168	Qualcare	Qualcare		444	0.75			133.39	562.4	percent of total billed charges	
EPILATION FORCEPS BOTH	67820	CPT	outpatient			592	168	Three Rivers	Three Rivers		562.4	0.95			133.39	562.4	percent of total billed charges	
EPILATION FORCEPS BOTH	67820	CPT	outpatient			592	168	UHC	Medicare		146.09	1			133.39	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATION FORCEPS BOTH	67820	CPT	outpatient			592	168	UHC	Medicaid		186.24	0.3146			133.39	562.4	percent of total billed charges	
EPILATION FORCEPS BOTH	67820	CPT	outpatient			592	168	Wellcare	Medicare		146.09	1			133.39	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATION FORCEPS BOTH	67820	CPT	outpatient			592	168	Wellcare	Medicaid		186.24	0.3146			133.39	562.4	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692	383.15	Aetna	Commercial		530.41	1.592			304.53	1607.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692	383.15	Aetna	Medicare		333.17	1			304.53	1607.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692	383.15	Aetna	Better Health		532.3	0.3146			304.53	1607.4	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692	383.15	Americare	Americare		1269	0.75			304.53	1607.4	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692	383.15	WellPoint	WellPoint		542.79	0.3208			304.53	1607.4	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692	383.15	Amerihealth	Medicare		333.17	1			304.53	1607.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692	383.15	Consumer	Consumer		1607.4	0.95			304.53	1607.4	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692	383.15	Corrections	Corrections		1353.6	0.8			304.53	1607.4	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692	383.15	First Health	First Health		1184.4	0.7			304.53	1607.4	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692	383.15	First Trenton	First Trenton		1522.8	0.9			304.53	1607.4	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692	383.15	Horizon	Medicare Blue		333.17	1			304.53	1607.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692	383.15	Horizon	PPO		608.7	1.827			304.53	1607.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692	383.15	Horizon	MGD		608.7	1.827			304.53	1607.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692	383.15	Horizon	Indemnity		608.7	1.827			304.53	1607.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692	383.15	Managed Care Inc	Managed Care Inc		1522.8	0.9			304.53	1607.4	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692	383.15	Multiplan	Multiplan		1353.6	0.8			304.53	1607.4	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692	383.15	Qualcare	Qualcare		1269	0.75			304.53	1607.4	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692	383.15	Three Rivers	Three Rivers		1607.4	0.95			304.53	1607.4	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692	383.15	UHC	Medicaid		532.3	0.3146			304.53	1607.4	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692	383.15	UHC	Medicare		333.17	1			304.53	1607.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692	383.15	Wellcare	Medicaid		532.3	0.3146			304.53	1607.4	percent of total billed charges	
EPILATIONELECTROCAUTERY	67825	CPT	outpatient			1692	383.15	Wellcare	Medicare		333.17	1			304.53	1607.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORR TRICHIASIS INC. LID MARGIN	67830	CPT	outpatient			3180	1331.59	Aetna	Commercial		1843.38	1.592			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORR TRICHIASIS INC. LID MARGIN	67830	CPT	outpatient			3180	1331.59	Aetna	Better Health		1000.43	0.3146			1000.43	3021	percent of total billed charges	
CORR TRICHIASIS INC. LID MARGIN	67830	CPT	outpatient			3180	1331.59	Aetna	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORR TRICHIASIS INC. LID MARGIN	67830	CPT	outpatient			3180	1331.59	Americare	Americare		2385	0.75			1000.43	3021	percent of total billed charges	
CORR TRICHIASIS INC. LID MARGIN	67830	CPT	outpatient			3180	1331.59	WellPoint	WellPoint		1020.14	0.3208			1000.43	3021	percent of total billed charges	
CORR TRICHIASIS INC. LID MARGIN	67830	CPT	outpatient			3180	1331.59	Amerihealth	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORR TRICHIASIS INC. LID MARGIN	67830	CPT	outpatient			3180	1331.59	Consumer	Consumer		3021	0.95			1000.43	3021	percent of total billed charges	
CORR TRICHIASIS INC. LID MARGIN	67830	CPT	outpatient			3180	1331.59	Corrections	Corrections		2544	0.8			1000.43	3021	percent of total billed charges	
CORR TRICHIASIS INC. LID MARGIN	67830	CPT	outpatient			3180	1331.59	First Health	First Health		2226	0.7			1000.43	3021	percent of total billed charges	
CORR TRICHIASIS INC. LID MARGIN	67830	CPT	outpatient			3180	1331.59	First Trenton	First Trenton		2862	0.9			1000.43	3021	percent of total billed charges	
CORR TRICHIASIS INC. LID MARGIN	67830	CPT	outpatient			3180	1331.59	Horizon	Indemnity		2115.48	1.827			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORR TRICHIASIS INC. LID MARGIN	67830	CPT	outpatient			3180	1331.59	Horizon	Medicare Blue		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORR TRICHIASIS INC. LID MARGIN	67830	CPT	outpatient			3180	1331.59	Horizon	MGD		2115.48	1.827			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORR TRICHIASIS INC. LID MARGIN	67830	CPT	outpatient			3180	1331.59	Horizon	PPO		2115.48	1.827			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORR TRICHIASIS INC. LID MARGIN	67830	CPT	outpatient			3180	1331.59	Managed Care Inc	Managed Care Inc		2862	0.9			1000.43	3021	percent of total billed charges	
CORR TRICHIASIS INC. LID MARGIN	67830	CPT	outpatient			3180	1331.59	Multiplan	Multiplan		2544	0.8			1000.43	3021	percent of total billed charges	
CORR TRICHIASIS INC. LID MARGIN	67830	CPT	outpatient			3180	1331.59	Qualcare	Qualcare		2385	0.75			1000.43	3021	percent of total billed charges	
CORR TRICHIASIS INC. LID MARGIN	67830	CPT	outpatient			3180	1331.59	Three Rivers	Three Rivers		3021	0.95			1000.43	3021	percent of total billed charges	
CORR TRICHIASIS INC. LID MARGIN	67830	CPT	outpatient			3180	1331.59	UHC	Medicaid		1000.43	0.3146			1000.43	3021	percent of total billed charges	
CORR TRICHIASIS INC. LID MARGIN	67830	CPT	outpatient			3180	1331.59	UHC	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORR TRICHIASIS INC. LID MARGIN	67830	CPT	outpatient			3180	1331.59	Wellcare	Medicaid		1000.43	0.3146			1000.43	3021	percent of total billed charges	
CORR TRICHIASIS INC. LID MARGIN	67830	CPT	outpatient			3180	1331.59	Wellcare	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180	1331.59	Aetna	Commercial		1843.38	1.592			979.44	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180	1331.59	Aetna	Better Health		1000.43	0.3146			979.44	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180	1331.59	Aetna	Medicare		979.44	0.308			979.44	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180	1331.59	Americare	Americare		2385	0.75			979.44	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180	1331.59	WellPoint	WellPoint		1020.14	0.3208			979.44	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180	1331.59	Amerihealth	Medicare		1157.9	1			979.44	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180	1331.59	Consumer	Consumer		3021	0.95			979.44	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180	1331.59	Corrections	Corrections		2544	0.8			979.44	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180	1331.59	First Health	First Health		2226	0.7			979.44	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180	1331.59	First Trenton	First Trenton		2862	0.9			979.44	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180	1331.59	Horizon	MGD		2115.48	1.827			979.44	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180	1331.59	Horizon	Indemnity		2115.48	1.827			979.44	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180	1331.59	Horizon	Medicare Blue		1157.9	1			979.44	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180	1331.59	Horizon	PPO		2115.48	1.827			979.44	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180	1331.59	Managed Care Inc	Managed Care Inc		2862	0.9			979.44	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180	1331.59	Multiplan	Multiplan		2544	0.8			979.44	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180	1331.59	Qualcare	Qualcare		2385	0.75			979.44	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180	1331.59	Three Rivers	Three Rivers		3021	0.95			979.44	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180	1331.59	UHC	Medicaid		1000.43	0.3146			979.44	3021	percent of total billed charges	
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180	1331.59	UHC	Medicare		1157.9	1			979.44	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180	1331.59	Wellcare	Medicare		1157.9	1			979.44	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION LESION LID INV MARGIN	67840	CPT	outpatient			3180	1331.59	Wellcare	Medicaid		1000.43	0.3146			979.44	3021	percent of total billed charges	
TARSORRHAPHY TEMPORARY	67875	CPT	outpatient			3180	1331.59	Aetna	Commercial		1843.38	1.592			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TARSORRHAPHY TEMPORARY	67875	CPT	outpatient			3180	1331.59	Aetna	Better Health		1000.43	0.3146			1000.43	3021	percent of total billed charges	
TARSORRHAPHY TEMPORARY	67875	CPT	outpatient			3180	1331.59	Aetna	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY TEMPORARY	67875	CPT	outpatient			3180	1331.59	Americare	Americare		2385	0.75			1000.43	3021	percent of total billed charges	
TARSORRHAPHY TEMPORARY	67875	CPT	outpatient			3180	1331.59	WellPoint	WellPoint		1020.14	0.3208			1000.43	3021	percent of total billed charges	
TARSORRHAPHY TEMPORARY	67875	CPT	outpatient			3180	1331.59	Amerihealth	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY TEMPORARY	67875	CPT	outpatient			3180	1331.59	Consumer	Consumer		3021	0.95			1000.43	3021	percent of total billed charges	
TARSORRHAPHY TEMPORARY	67875	CPT	outpatient			3180	1331.59	Corrections	Corrections		2544	0.8			1000.43	3021	percent of total billed charges	
TARSORRHAPHY TEMPORARY	67875	CPT	outpatient			3180	1331.59	First Health	First Health		2226	0.7			1000.43	3021	percent of total billed charges	
TARSORRHAPHY TEMPORARY	67875	CPT	outpatient			3180	1331.59	First Trenton	First Trenton		2862	0.9			1000.43	3021	percent of total billed charges	
TARSORRHAPHY TEMPORARY	67875	CPT	outpatient			3180	1331.59	Horizon	Medicare Blue		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY TEMPORARY	67875	CPT	outpatient			3180	1331.59	Horizon	MGD		2115.48	1.827			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY TEMPORARY	67875	CPT	outpatient			3180	1331.59	Horizon	PPO		2115.48	1.827			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY TEMPORARY	67875	CPT	outpatient			3180	1331.59	Horizon	Indemnity		2115.48	1.827			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY TEMPORARY	67875	CPT	outpatient			3180	1331.59	Managed Care Inc	Managed Care Inc		2862	0.9			1000.43	3021	percent of total billed charges	
TARSORRHAPHY TEMPORARY	67875	CPT	outpatient			3180	1331.59	Multiplan	Multiplan		2544	0.8			1000.43	3021	percent of total billed charges	
TARSORRHAPHY TEMPORARY	67875	CPT	outpatient			3180	1331.59	Qualcare	Qualcare		2385	0.75			1000.43	3021	percent of total billed charges	
TARSORRHAPHY TEMPORARY	67875	CPT	outpatient			3180	1331.59	Three Rivers	Three Rivers		3021	0.95			1000.43	3021	percent of total billed charges	
TARSORRHAPHY TEMPORARY	67875	CPT	outpatient			3180	1331.59	UHC	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY TEMPORARY	67875	CPT	outpatient			3180	1331.59	UHC	Medicaid		1000.43	0.3146			1000.43	3021	percent of total billed charges	
TARSORRHAPHY TEMPORARY	67875	CPT	outpatient			3180	1331.59	Wellcare	Medicare		1157.9	1			1000.43	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY TEMPORARY	67875	CPT	outpatient			3180	1331.59	Wellcare	Medicaid		1000.43	0.3146			1000.43	3021	percent of total billed charges	
TARSORRHAPHY PERMANENT	67880	CPT	outpatient			7704	3073.41	Aetna	Medicare		2372.83	0.308			2372.83	7318.8	percent of total billed charges	
TARSORRHAPHY PERMANENT	67880	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2372.83	7318.8	percent of total billed charges	
TARSORRHAPHY PERMANENT	67880	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY PERMANENT	67880	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			2372.83	7318.8	percent of total billed charges	
TARSORRHAPHY PERMANENT	67880	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			2372.83	7318.8	percent of total billed charges	
TARSORRHAPHY PERMANENT	67880	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY PERMANENT	67880	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			2372.83	7318.8	percent of total billed charges	
TARSORRHAPHY PERMANENT	67880	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			2372.83	7318.8	percent of total billed charges	
TARSORRHAPHY PERMANENT	67880	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			2372.83	7318.8	percent of total billed charges	
TARSORRHAPHY PERMANENT	67880	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			2372.83	7318.8	percent of total billed charges	
TARSORRHAPHY PERMANENT	67880	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY PERMANENT	67880	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY PERMANENT	67880	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY PERMANENT	67880	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY PERMANENT	67880	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2372.83	7318.8	percent of total billed charges	
TARSORRHAPHY PERMANENT	67880	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2372.83	7318.8	percent of total billed charges	
TARSORRHAPHY PERMANENT	67880	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2372.83	7318.8	percent of total billed charges	
TARSORRHAPHY PERMANENT	67880	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2372.83	7318.8	percent of total billed charges	
TARSORRHAPHY PERMANENT	67880	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2372.83	7318.8	percent of total billed charges	
TARSORRHAPHY PERMANENT	67880	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY PERMANENT	67880	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TARSORRHAPHY PERMANENT	67880	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2372.83	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY W TRANSPOS. OF TARSAL PLATE	67882	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR BRWO PTOSIS	67900	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RPR BLEPH FRONTALIS MUS SUT/OTH	67901	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR PTOSIS-EXT LEV RESECT	67904	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2423.68	7

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP BLEPHOSIS; W RESEC	67908	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REDUCTION OVERCORR. PTOSIS	67909	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
CORRECTION LID RETRACTION	67911	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2372.83	7318.8	percent of total billed charges	
CORRECTION LID RETRACTION	67911	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION LID RETRACTION	67911	CPT	outpatient			7704	3073.41	Aetna	Medicare		2372.83	0.308			2372.83	7318.8	percent of total billed charges	
CORRECTION LID RETRACTION	67911	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			2372.83	7318.8	percent of total billed charges	
CORRECTION LID RETRACTION	67911	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			2372.83	7318.8	percent of total billed charges	
CORRECTION LID RETRACTION	67911	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION LID RETRACTION	67911	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			2372.83	7318.8	percent of total billed charges	
CORRECTION LID RETRACTION	67911	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			2372.83	7318.8	percent of total billed charges	
CORRECTION LID RETRACTION	67911	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			2372.83	7318.8	percent of total billed charges	
CORRECTION LID RETRACTION	67911	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			2372.83	7318.8	percent of total billed charges	
CORRECTION LID RETRACTION	67911	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION LID RETRACTION	67911	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION LID RETRACTION	67911	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION LID RETRACTION	67911	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION LID RETRACTION	67911	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2372.83	7318.8	percent of total billed charges	
CORRECTION LID RETRACTION	67911	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2372.83	7318.8	percent of total billed charges	
CORRECTION LID RETRACTION	67911	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2372.83	7318.8	percent of total billed charges	
CORRECTION LID RETRACTION	67911	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2372.83	7318.8	percent of total billed charges	
CORRECTION LID RETRACTION	67911	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION LID RETRACTION	67911	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2372.83	7318.8	percent of total billed charges	
CORRECTION LID RETRACTION	67911	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECTION LID RETRACTION	67911	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2372.83	7318.8	percent of total billed charges	
CORRECT LAGOPHTHALMOS	67912	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT LAGOPHTHALMOS	67912	CPT	outpatient			7704	3073.41	Aetna	Medicare		2372.83	0.308			2372.83	7318.8	percent of total billed charges	
CORRECT LAGOPHTHALMOS	67912	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2372.83	7318.8	percent of total billed charges	
CORRECT LAGOPHTHALMOS	67912	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			2372.83	7318.8	percent of total billed charges	
CORRECT LAGOPHTHALMOS	67912	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			2372.83	7318.8	percent of total billed charges	
CORRECT LAGOPHTHALMOS	67912	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT LAGOPHTHALMOS	67912	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			2372.83	7318.8	percent of total billed charges	
CORRECT LAGOPHTHALMOS	67912	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			2372.83	7318.8	percent of total billed charges	
CORRECT LAGOPHTHALMOS	67912	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			2372.83	7318.8	percent of total billed charges	
CORRECT LAGOPHTHALMOS	67912	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			2372.83	7318.8	percent of total billed charges	
CORRECT LAGOPHTHALMOS	67912	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT LAGOPHTHALMOS	67912	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT LAGOPHTHALMOS	67912	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT LAGOPHTHALMOS	67912	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT LAGOPHTHALMOS	67912	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2372.83	7318.8	percent of total billed charges	
CORRECT LAGOPHTHALMOS	67912	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2372.83	7318.8	percent of total billed charges	
CORRECT LAGOPHTHALMOS	67912	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2372.83	7318.8	percent of total billed charges	
CORRECT LAGOPHTHALMOS	67912	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2372.83	7318.8	percent of total billed charges	
CORRECT LAGOPHTHALMOS	67912	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT LAGOPHTHALMOS	67912	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2372.83	7318.8	percent of total billed charges	
CORRECT LAGOPHTHALMOS	67912	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT LAGOPHTHALMOS	67912	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2372.83	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-SUTURE	67914	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ECTROP EXC TARSAL WEDGE	67916	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ECTROP EXC TARSAL WEDGE	67916	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REP ECTROP EXC TARSAL WEDGE	67916	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ECTROP EXC TARSAL WEDGE	67916	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REP ECTROP EXC TARSAL WEDGE	67916	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
REP ECTROP EXC TARSAL WEDGE	67916	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ECTROP EXC TARSAL WEDGE	67916	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REP ECTROP EXC TARSAL WEDGE	67916	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REP ECTROP EXC TARSAL WEDGE	67916	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
REP ECTROP EXC TARSAL WEDGE	67916	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REP ECTROP EXC TARSAL WEDGE	67916	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ECTROP EXC TARSAL WEDGE	67916	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ECTROP EXC TARSAL WEDGE	67916	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ECTROP EXC TARSAL WEDGE	67916	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ECTROP EXC TARSAL WEDGE	67916	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REP ECTROP EXC TARSAL WEDGE	67916	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REP ECTROP EXC TARSAL WEDGE	67916	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REP ECTROP EXC TARSAL WEDGE	67916	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REP ECTROP EXC TARSAL WEDGE	67916	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ECTROP EXC TARSAL WEDGE	67916	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REP ECTROP EXC TARSAL WEDGE	67916	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP ECTROP EXC TARSAL WEDGE	67916	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67917	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR OF ENTROPION-SUTURE	67921	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROP THERMOCAUT	67922	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR ENTROPIAN EXC TARSAL WDG	67923	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR OF ECTROPION-EXTENSIVE	67924	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Aetna	Better Health		2423.68	0.3146			2184.27	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53	1			2184.27	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67	1.592			2184.27	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Americare	Americare		5778	0.75			2184.27	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2471.44	0.3208			2184.27	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53	1			2184.27	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	0.95			2184.27	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	0.8			2184.27	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	0.7			2184.27	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	0.9			2184.27	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53	1			2184.27	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Horizon	MGD		4882.71	1.827			2184.27	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4882.71	1.827			2184.27	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Horizon	PPO		4882.71	1.827			2184.27	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	0.9			2184.27	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	0.8			2184.27	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	0.75			2184.27	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	0.95			2184.27	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53	1			2184.27	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 UHC	Medicaid		2423.68	0.3146			2184.27	7318.8	percent of total billed charges	
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53	1			2184.27	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE RECENT WD EYELID	67930	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2423.68	0.3146			2184.27	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67	1.592			2197.48	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Aetna	Better Health		2423.68	0.3146			2197.48	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53	1			2197.48	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Americare	Americare		5778	0.75			2197.48	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2471.44	0.3208			2197.48	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53	1			2197.48	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	0.95			2197.48	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	0.8			2197.48	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	0.7			2197.48	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	0.9			2197.48	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4882.71	1.827			2197.48	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53	1			2197.48	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Horizon	PPO		4882.71	1.827			2197.48	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Horizon	MGD		4882.71	1.827			2197.48	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	0.9			2197.48	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	0.8			2197.48	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	0.75			2197.48	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	0.95			2197.48	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53	1			2197.48	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 UHC	Medicaid		2423.68	0.3146			2197.48	7318.8	percent of total billed charges	
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53	1			2197.48	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUTURE EYELID FULL THICKNESS	67935	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2423.68	0.3146			2197.48	7318.8	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Aetna	Better Health		365.57	0.3146			304.53	1103.9	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Aetna	Commercial		530.41	1.592			304.53	1103.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Aetna	Medicare		333.17	1			304.53	1103.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Americare	Americare		871.5	0.75			304.53	1103.9	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 WellPoint	WellPoint		372.77	0.3208			304.53	1103.9	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Amerihealth	Medicare		333.17	1			304.53	1103.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Consumer	Consumer		1103.9	0.95			304.53	1103.9	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Corrections	Corrections		929.6	0.8			304.53	1103.9	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 First Health	First Health		813.4	0.7			304.53	1103.9	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 First Trenton	First Trenton		1045.8	0.9			304.53	1103.9	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Horizon	MGD		608.7	1.827			304.53	1103.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Horizon	Indemnity		608.7	1.827			304.53	1103.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Horizon	Medicare Blue		333.17				304.53	1103.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Horizon	PPO		608.7	1.827			304.53	1103.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Managed Care Inc	Managed Care Inc		1045.8	0.9			304.53	1103.9	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Multiplan	Multiplan		929.6	0.8			304.53	1103.9	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Qualcare	Qualcare		871.5	0.75			304.53	1103.9	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Three Rivers	Three Rivers		1103.9	0.95			304.53	1103.9	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 UHC	Medicare		333.17	1			304.53	1103.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 UHC	Medicaid		365.57	0.3146			304.53	1103.9	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Wellcare	Medicaid		365.57	0.3146			304.53	1103.9	percent of total billed charges	
REMOVE EYELID FOREIGN BODY	67938	CPT	outpatient			1162		383.15 Wellcare	Medicare		333.17	1			304.53	1103.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT	outpatient			7704		3073.41 Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704		3073.41 Aetna	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT	outpatient			7704		3073.41 Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT	outpatient			7704		3073.41 Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT	outpatient			7704		3073.41 Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704		3073.41 UHC	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANTHOPLASTY	67950	CPT	outpatient			7704		3073.41 UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
CANTHOPLASTY	67950	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704		3073.41 Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704		3073.41 Aetna	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704		3073.41 Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704		3073.41 Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704		3073.41 Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704		3073.41 UHC	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704		3073.41 UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
EXC AND REPAIR OF EYELID	67961	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704		3073.41 Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704		3073.41 Aetna	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704		3073.41 Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704		3073.41 Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704		3073.41 Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704		3073.41 UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704		3073.41 UHC	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECONSTRUC EYELID FULL	67975	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968		383.15 Aetna	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968		383.15 Aetna	Better Health		304.53	0.3146			304.53	919.6	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968		383.15 Aetna	Commercial		530.41	1.592			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968		383.15 Americare	Americare		726	0.75			304.53	919.6	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968		383.15 WellPoint	WellPoint		310.53	0.3208			304.53	919.6	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968		383.15 Amerihealth	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968		383.15 Consumer	Consumer		919.6	0.95			304.53	919.6	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968		383.15 Corrections	Corrections		774.4	0.8			304.53	919.6	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968		383.15 First Health	First Health		677.6	0.7			304.53	919.6	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968		383.15 First Trenton	First Trenton		871.2	0.9			304.53	919.6	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968		383.15 Horizon	Indemnity		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968		383.15 Horizon	Medicare Blue		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968		383.15 Horizon	PPO		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968		383.15 Horizon	MGD		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968		383.15 Managed Care Inc	Managed Care Inc		871.2	0.9			304.53	919.6	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968		383.15 Multiplan	Multiplan		774.4	0.8			304.53	919.6	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968		383.15 Qualcare	Qualcare		726	0.75			304.53	919.6	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968		383.15 Three Rivers	Three Rivers		919.6	0.95			304.53	919.6	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968		383.15 UHC	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968		383.15 UHC	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968		383.15 Wellcare	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLD WEIGHT REMOVAL-EYELID	67999	CPT	outpatient			968		383.15 Wellcare	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
INCISION OF CONJ DRAIN CYST	68020	CPT	outpatient			6362		1331.59 Aetna	Medicare		1959.5	0.308			979.44	6043.9	percent of total billed charges	
INCISION OF CONJ DRAIN CYST	68020	CPT	outpatient			6362		1331.59 Aetna	Commercial		1843.38	1.592			979.44	6043.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF CONJ DRAIN CYST	68020	CPT	outpatient			6362		1331.59 Aetna	Better Health		2001.49	0.3146			979.44	6043.9	percent of total billed charges	
INCISION OF CONJ DRAIN CYST	68020	CPT	outpatient			6362		1331.59 Americare	Americare		4771.5	0.75			979.44	6043.9	percent of total billed charges	
INCISION OF CONJ DRAIN CYST	68020	CPT	outpatient			6362		1331.59 WellPoint	WellPoint		2040.93	0.3208			979.44	6043.9	percent of total billed charges	
INCISION OF CONJ DRAIN CYST	68020	CPT	outpatient			6362		1331.59 Amerihealth	Medicare		1157.9	1			979.44	6043.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF CONJ DRAIN CYST	68020	CPT	outpatient			6362		1331.59 Consumer	Consumer		6043.9	0.95			979.44	6043.9	percent of total billed charges	
INCISION OF CONJ DRAIN CYST	68020	CPT	outpatient			6362		1331.59 Corrections	Corrections		5089.6	0.8			979.44	6043.9	percent of total billed charges	
INCISION OF CONJ DRAIN CYST	68020	CPT	outpatient			6362		1331.59 First Health	First Health		4453.4	0.7			979.44	6043.9	percent of total billed charges	
INCISION OF CONJ DRAIN CYST	68020	CPT	outpatient			6362		1331.59 First Trenton	First Trenton		5725.8	0.9			979.44	6043.9	percent of total billed charges	
INCISION OF CONJ DRAIN CYST	68020	CPT	outpatient			6362		1331.59 Horizon	PPO		2115.48	1.827			979.44	6043.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF CONJ DRAIN CYST	68020	CPT	outpatient			6362		1331.59 Horizon	Indemnity		2115.48	1.827			979.44	6043.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF CONJ DRAIN CYST	68020	CPT	outpatient			6362		1331.59 Horizon	MGD		2115.48	1.827			979.44	6043.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF CONJ DRAIN CYST	68020	CPT	outpatient			6362		1331.59 Horizon	Medicare Blue		1157.9	1			979.44	6043.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF CONJ DRAIN CYST	68020	CPT	outpatient			6362		1331.59 Managed Care Inc	Managed Care Inc		5725.8	0.9			979.44	6043.9	percent of total billed charges	
INCISION OF CONJ DRAIN CYST	68020	CPT	outpatient			6362		1331.59 Multiplan	Multiplan		5089.6	0.8			979.44	6043.9	percent of total billed charges	
INCISION OF CONJ DRAIN CYST	68020	CPT	outpatient			6362		1331.59 Qualcare	Qualcare		4771.5	0.75			979.44	6043.9	percent of total billed charges	
INCISION OF CONJ DRAIN CYST	68020	CPT	outpatient			6362		1331.59 Three Rivers	Three Rivers		6043.9	0.95			979.44	6043.9	percent of total billed charges	
INCISION OF CONJ DRAIN CYST	68020	CPT	outpatient			6362		1331.59 UHC	Medicaid		2001.49	0.3146			979.44	6043.9	percent of total billed charges	
INCISION OF CONJ DRAIN CYST	68020	CPT	outpatient			6362		1331.59 UHC	Medicare		1157.9	1			979.44	6043.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISION OF CONJ DRAIN CYST	68020	CPT	outpatient			6362		1331.59 Wellcare	Medicaid		2001.49	0.3146			979.44	6043.9	percent of total billed charges	
INCISION OF CONJ DRAIN CYST	68020	CPT	outpatient			6362		1331.59 Wellcare	Medicare		1157.9	1			979.44	6043.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41 Aetna	Better Health		2423.68	0.3146			2372.83	7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67	1.592			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41 Aetna	Medicare		2372.83	0.308			2372.83	7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41 Americare	Americare		5778	0.75			2372.83	7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2471.44	0.3208			2372.83	7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2572.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	0.95			2372.83	7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	0.8			2372.83	7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	0.7			2372.83	7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	0.9			2372.83	7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4882.71	1.827			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41 Horizon	MGD		4882.71	1.827			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2572.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41 Horizon	PPO		4882.71	1.827			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	0.9			2372.83	7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	0.8			2372.83	7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	0.75			2372.83	7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	0.95			2372.83	7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41 UHC	Medicaid		2423.68	0.3146			2372.83	7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41 UHC	Medicare		2572.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2423.68	0.3146			2372.83	7318.8	percent of total billed charges	
BIOPSY OF CONJUNCTIVA	68100	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2572.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41 Aetna	Better Health		2423.68	0.3146			1801.71	7318.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53				1801.71	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67	1.592			1801.71	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41 Americare	Americare		5778	0.75			1801.71	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2471.44	0.3208			1801.71	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53	1			1801.71	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	0.95			1801.71	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	0.8			1801.71	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	0.7			1801.71	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	0.9			1801.71	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41 Horizon	MGD		4882.71	1.827			1801.71	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4882.71	1.827			1801.71	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41 Horizon	PPO		4882.71	1.827			1801.71	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53	1			1801.71	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	0.9			1801.71	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	0.8			1801.71	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	0.75			1801.71	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	0.95			1801.71	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41 UHC	Medicaid		2423.68	0.3146			1801.71	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53	1			1801.71	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2423.68	0.3146			1801.71	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;UP TO 1CM	68110	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53	1			1801.71	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41 Aetna	Better Health		2423.68	0.3146			2372.83	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41 Aetna	Medicare		2372.83	0.308			2372.83	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67	1.592			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41 Americare	Americare		5778	0.75			2372.83	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2471.44	0.3208			2372.83	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	0.95			2372.83	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	0.8			2372.83	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	0.7			2372.83	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	0.9			2372.83	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41 Horizon	MGD		4882.71	1.827			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4882.71	1.827			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41 Horizon	PPO		4882.71	1.827			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	0.9			2372.83	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	0.8			2372.83	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	0.75			2372.83	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	0.95			2372.83	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41 UHC	Medicaid		2423.68	0.3146			2372.83	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2423.68	0.3146			2372.83	7318.8	percent of total billed charges	
EXCISION OF CONJ LESION;OVER 1CM	68115	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41 Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41 Aetna	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41 Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41 Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41 Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41 UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
DESTRUCTION OF LESION OF CONJ	68135	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB-CONJ INJ DRUG SEPARATE	68200	CPT	outpatient			1379		524.04 Aetna	Better Health		433.83	0.3146			424.73	1310.05	percent of total billed charges	
SUB-CONJ INJ DRUG SEPARATE	68200	CPT	outpatient			1379		524.04 Aetna	Commercial		725.46	1.592			424.73	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB-CONJ INJ DRUG SEPARATE	68200	CPT	outpatient			1379		524.04 Aetna	Medicare		424.73	0.308			424.73	1310.05	percent of total billed charges	
SUB-CONJ INJ DRUG SEPARATE	68200	CPT	outpatient			1379		524.04 Americare	Americare		1034.25	0.75			424.73	1310.05	percent of total billed charges	
SUB-CONJ INJ DRUG SEPARATE	68200	CPT	outpatient			1379		524.04 WellPoint	WellPoint		442.38	0.3208			424.73	1310.05	percent of total billed charges	
SUB-CONJ INJ DRUG SEPARATE	68200	CPT	outpatient			1379		524.04 Amerihealth	Medicare		455.69	1			424.73	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB-CONJ INJ DRUG SEPARATE	68200	CPT	outpatient			1379		524.04 Consumer	Consumer		1310.05	0.95			424.73	1310.05	percent of total billed charges	
SUB-CONJ INJ DRUG SEPARATE	68200	CPT	outpatient			1379		524.04 Corrections	Corrections		1103.2	0.8			424.73	1310.05	percent of total billed charges	
SUB-CONJ INJ DRUG SEPARATE	68200	CPT	outpatient			1379		524.04 First Health	First Health		965.3	0.7			424.73	1310.05	percent of total billed charges	
SUB-CONJ INJ DRUG SEPARATE	68200	CPT	outpatient			1379		524.04 First Trenton	First Trenton		1241.1	0.9			424.73	1310.05	percent of total billed charges	
SUB-CONJ INJ DRUG SEPARATE	68200	CPT	outpatient			1379		524.04 Horizon	Indemnity		832.55	1.827			424.73	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB-CONJ INJ DRUG SEPARATE	68200	CPT	outpatient			1379		524.04 Horizon	MGD		832.55	1.827			424.73	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB-CONJ INJ DRUG SEPARATE	68200	CPT	outpatient			1379		524.04 Horizon	Medicare Blue		455.69	1			424.73	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB-CONJ INJ DRUG SEPARATE	68200	CPT	outpatient			1379		524.04 Horizon	PPO		832.55	1.827			424.73	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB-CONJ INJ DRUG SEPARATE	68200	CPT	outpatient			1379		524.04 Managed Care Inc	Managed Care Inc		1241.1	0.9			424.73	1310.05	percent of total billed charges	
SUB-CONJ INJ DRUG SEPARATE	68200	CPT	outpatient			1379		524.04 Multiplan	Multiplan		1103.2	0.8			424.73	1310.05	percent of total billed charges	
SUB-CONJ INJ DRUG SEPARATE	68200	CPT	outpatient			1379		524.04 Qualcare	Qualcare		1034.25	0.75			424.73	1310.05	percent of total billed charges	
SUB-CONJ INJ DRUG SEPARATE	68200	CPT	outpatient			1379		524.04 Three Rivers	Three Rivers		1310.05	0.95			424.73	1310.05	percent of total billed charges	
SUB-CONJ INJ DRUG SEPARATE	68200	CPT	outpatient			1379		524.04 UHC	Medicaid		433.83	0.3146			424.73	1310.05	percent of total billed charges	
SUB-CONJ INJ DRUG SEPARATE	68200	CPT	outpatient			1379		524.04 UHC	Medicare		455.69	1			424.73	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUB-CONJ INJ DRUG SEPARATE	68200	CPT	outpatient			1379		524.04 Wellcare	Medicaid		433.83	0.3146			424.73	1310.05	percent of total billed charges	
SUB-CONJ INJ DRUG SEPARATE	68200	CPT	outpatient			1379		524.04 Wellcare	Medicare		455.69	1			424.73	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41 Aetna	Medicare		2372.83	0.308			2372.83	7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41 Aetna	Commercial		4254.67	1.592			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41 Aetna	Better Health		2423.68	0.3146			2372.83	7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41 Americare	Americare		5778	0.75			2372.83	7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41 WellPoint	WellPoint		2471.44	0.3208			2372.83	7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41 Amerihealth	Medicare		2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41 Consumer	Consumer		7318.8	0.95			2372.83	7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41 Corrections	Corrections		6163.2	0.8			2372.83	7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41 First Health	First Health		5392.8	0.7			2372.83	7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41 First Trenton	First Trenton		6933.6	0.9			2372.83	7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41 Horizon	Medicare Blue		2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41 Horizon	MGD		4882.71	1.827			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41 Horizon	Indemnity		4882.71	1.827			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41 Horizon	PPO		4882.71	1.827			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41 Managed Care Inc	Managed Care Inc		6933.6	0.9			2372.83	7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41 Multiplan	Multiplan		6163.2	0.8			2372.83	7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41 Qualcare	Qualcare		5778	0.75			2372.83	7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41 Three Rivers	Three Rivers		7318.8	0.95			2372.83	7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41 UHC	Medicaid		2423.68	0.3146			2372.83	7318.8	percent of total billed charges	
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41 UHC	Medicare		2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41 Wellcare	Medicare		2672.53	1			2372.83	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUCTIVOPLASTY	68320	CPT	outpatient			7704		3073.41 Wellcare	Medicaid		2423.68	0.3146			2372.83	7318.8	percent of total billed charges	
CONJUNCTVPLST REV CONJ GRFT	68326	CPT	outpatient			12737		5085.16 Aetna	Commercial		7039.63	1.592			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTVPLST REV CONJ GRFT	68326	CPT	outpatient			12737		5085.16 Aetna	Better Health		4007.06	0.3146			4007.06	12100.15	percent of total billed charges	
CONJUNCTVPLST REV CONJ GRFT	68326	CPT	outpatient			12737		5085.16 Aetna	Medicare		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTVPLST REV CONJ GRFT	68326	CPT	outpatient			12737		5085.16 Americare	Americare		9552.75	0.75			4007.06	12100.15	percent of total billed charges	
CONJUNCTVPLST REV CONJ GRFT	68326	CPT	outpatient			12737		5085.16 WellPoint	WellPoint		4086.03	0.3208			4007.06	12100.15	percent of total billed charges	
CONJUNCTVPLST REV CONJ GRFT	68326	CPT	outpatient			12737		5085.16 Amerihealth	Medicare		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTVPLST REV CONJ GRFT	68326	CPT	outpatient			12737		5085.16 Consumer	Consumer		12100.15	0.95			4007.06	12100.15	percent of total billed charges	
CONJUNCTVPLST REV CONJ GRFT	68326	CPT	outpatient			12737		5085.16 Corrections	Corrections		10189.6	0.8			4007.06	12100.15	percent of total billed charges	
CONJUNCTVPLST REV CONJ GRFT	68326	CPT	outpatient			12737		5085.16 First Health	First Health		8915.9	0.7			4007.06	12100.15	percent of total billed charges	
CONJUNCTVPLST REV CONJ GRFT	68326	CPT	outpatient			12737		5085.16 First Trenton	First Trenton		11463.3	0.9			4007.06	12100.15	percent of total billed charges	
CONJUNCTVPLST REV CONJ GRFT	68326	CPT	outpatient			12737		5085.16 Horizon	Indemnity		8078.77	1.827			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTVPLST REV CONJ GRFT	68326	CPT	outpatient			12737		5085.16 Horizon	Medicare Blue		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTVPLST REV CONJ GRFT	68326	CPT	outpatient			12737		5085.16 Horizon	PPO		8078.77	1.827			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTVPLST REV CONJ GRFT	68326	CPT	outpatient			12737		5085.16 Horizon	MGD		8078.77	1.827			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTVPLST REV CONJ GRFT	68326	CPT	outpatient			12737		5085.16 Managed Care Inc	Managed Care Inc		11463.3	0.9			4007.06	12100.15	percent of total billed charges	
CONJUNCTVPLST REV CONJ GRFT	68326	CPT	outpatient			12737		5085.16 Multiplan	Multiplan		10189.6	0.8			4007.06	12100.15	percent of total billed charges	
CONJUNCTVPLST REV CONJ GRFT	68326	CPT	outpatient			12737		5085.16 Qualcare	Qualcare		9552.75	0.75			4007.06	12100.15	percent of total billed charges	
CONJUNCTVPLST REV CONJ GRFT	68326	CPT	outpatient			12737		5085.16 Three Rivers	Three Rivers		12100.15	0.95			4007.06	12100.15	percent of total billed charges	
CONJUNCTVPLST REV CONJ GRFT	68326	CPT	outpatient			12737		5085.16 UHC	Medicaid		4007.06	0.3146			4007.06	12100.15	percent of total billed charges	
CONJUNCTVPLST REV CONJ GRFT	68326	CPT	outpatient			12737		5085.16 UHC	Medicare		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTVPLST REV CONJ GRFT	68326	CPT	outpatient			12737		5085.16 Wellcare	Medicaid		4007.06	0.3146			4007.06	12100.15	percent of total billed charges	
CONJUNCTVPLST REV CONJ GRFT	68326	CPT	outpatient			12737		5085.16 Wellcare	Medicare		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868		3064.95 Aetna	Better Health		2475.27	0.3146			2475.27	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868		3064.95 Aetna	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868		3064.95 Aetna	Commercial		4242.95	1.592			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868		3064.95 Americare	Americare		5901	0.75			2475.27	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868		3064.95 WellPoint	WellPoint		2534.05	0.3208			2475.27	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868		3064.95 Amerihealth	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868		3064.95 Consumer	Consumer		7474.6	0.95			2475.27	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868		3064.95 Corrections	Corrections		6294.4	0.8			2475.27	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868		3064.95 First Health	First Health		5507.6	0.7			2475.27	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868		3064.95 First Trenton	First Trenton		7081.2	0.9			2475.27	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868		3064.95 Horizon	MGD		4869.27	1.827			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868		3064.95 Horizon	Medicare Blue		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calcul

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Horizon	Indemnity		4869.27	1.827			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Horizon	PPO		4869.27	1.827			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Managed Care Inc	Managed Care Inc		7081.2	0.9			2475.27	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Multiplan	Multiplan		6294.4	0.8			2475.27	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Qualcare	Qualcare		5901	0.75			2475.27	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Three Rivers	Three Rivers		7474.6	0.95			2475.27	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	UHC	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	UHC	Medicaid		2475.27	0.3146			2475.27	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Wellcare	Medicaid		2475.27	0.3146			2475.27	7474.6	percent of total billed charges	
REP SYMBLEPH;CONJUNCTIVOPLASTY	68330	CPT	outpatient			7868	3064.95	Wellcare	Medicare		2665.17	1			2475.27	7474.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Aetna	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	UHC	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR SYMBLEPHARON	68340	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
CONJ FLAP: BRIDGE;PARTIAL	68360	CPT	outpatient			12737	5085.16	Aetna	Commercial		7039.63	1.592			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJ FLAP: BRIDGE;PARTIAL	68360	CPT	outpatient			12737	5085.16	Aetna	Better Health		4007.06	0.3146			4007.06	12100.15	percent of total billed charges	
CONJ FLAP: BRIDGE;PARTIAL	68360	CPT	outpatient			12737	5085.16	Aetna	Medicare		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJ FLAP: BRIDGE;PARTIAL	68360	CPT	outpatient			12737	5085.16	Americare	Americare		9552.75	0.75			4007.06	12100.15	percent of total billed charges	
CONJ FLAP: BRIDGE;PARTIAL	68360	CPT	outpatient			12737	5085.16	WellPoint	WellPoint		4086.03	0.3208			4007.06	12100.15	percent of total billed charges	
CONJ FLAP: BRIDGE;PARTIAL	68360	CPT	outpatient			12737	5085.16	Amerihealth	Medicare		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJ FLAP: BRIDGE;PARTIAL	68360	CPT	outpatient			12737	5085.16	Consumer	Consumer		12100.15	0.95			4007.06	12100.15	percent of total billed charges	
CONJ FLAP: BRIDGE;PARTIAL	68360	CPT	outpatient			12737	5085.16	Corrections	Corrections		10189.6	0.8			4007.06	12100.15	percent of total billed charges	
CONJ FLAP: BRIDGE;PARTIAL	68360	CPT	outpatient			12737	5085.16	First Health	First Health		8915.9	0.7			4007.06	12100.15	percent of total billed charges	
CONJ FLAP: BRIDGE;PARTIAL	68360	CPT	outpatient			12737	5085.16	First Trenton	First Trenton		11463.3	0.9			4007.06	12100.15	percent of total billed charges	
CONJ FLAP: BRIDGE;PARTIAL	68360	CPT	outpatient			12737	5085.16	Horizon	MGD		8078.77	1.827			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJ FLAP: BRIDGE;PARTIAL	68360	CPT	outpatient			12737	5085.16	Horizon	PPO		8078.77	1.827			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJ FLAP: BRIDGE;PARTIAL	68360	CPT	outpatient			12737	5085.16	Horizon	Indemnity		8078.77	1.827			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJ FLAP: BRIDGE;PARTIAL	68360	CPT	outpatient			12737	5085.16	Horizon	Medicare Blue		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJ FLAP: BRIDGE;PARTIAL	68360	CPT	outpatient			12737	5085.16	Managed Care Inc	Managed Care Inc		11463.3	0.9			4007.06	12100.15	percent of total billed charges	
CONJ FLAP: BRIDGE;PARTIAL	68360	CPT	outpatient			12737	5085.16	Multiplan	Multiplan		10189.6	0.8			4007.06	12100.15	percent of total billed charges	
CONJ FLAP: BRIDGE;PARTIAL	68360	CPT	outpatient			12737	5085.16	Qualcare	Qualcare		9552.75	0.75			4007.06	12100.15	percent of total billed charges	
CONJ FLAP: BRIDGE;PARTIAL	68360	CPT	outpatient			12737	5085.16	Three Rivers	Three Rivers		12100.15	0.95			4007.06	12100.15	percent of total billed charges	
CONJ FLAP: BRIDGE;PARTIAL	68360	CPT	outpatient			12737	5085.16	UHC	Medicaid		4007.06	0.3146			4007.06	12100.15	percent of total billed charges	
CONJ FLAP: BRIDGE;PARTIAL	68360	CPT	outpatient			12737	5085.16	UHC	Medicare		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJ FLAP: BRIDGE;PARTIAL	68360	CPT	outpatient			12737	5085.16	Wellcare	Medicare		4421.88	1			4007.06	12100.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJ FLAP: BRIDGE;PARTIAL	68360	CPT	outpatient			12737	5085.16	Wellcare	Medicaid		4007.06	0.3146			4007.06	12100.15	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Aetna	Commercial		1843.38	1.592			352.67	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Aetna	Medicare		1157.9	1			352.67	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Aetna	Better Health		1000.43	0.3146			352.67	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Americare	Americare		2385	0.75			352.67	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	WellPoint	WellPoint		1020.14	0.3208			352.67	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Amerihealth	Medicare		1157.9	1			352.67	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Consumer	Consumer		3021	0.95			352.67	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Corrections	Corrections		2544	0.8			352.67	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	First Health	First Health		2226	0.7			352.67	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	First Trenton	First Trenton		2862	0.9			352.67	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Horizon	MGD		2115.48	1.827			352.67	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Horizon	Medicare Blue		1157.9	1			352.67	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Horizon	Indemnity		2115.48	1.827			352.67	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Horizon	PPO		2115.48	1.827			352.67	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Managed Care Inc	Managed Care Inc		2862	0.9			352.67	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Multiplan	Multiplan		2544	0.8			352.67	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Qualcare	Qualcare		2385	0.75			352.67	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Three Rivers	Three Rivers		3021	0.95			352.67	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	UHC	Medicaid		1000.43	0.3146			352.67	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	UHC	Medicare		1157.9	1			352.67	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Wellcare	Medicaid		1000.43	0.3146			352.67	3021	percent of total billed charges	
I&D LACRIMAL GLAND	68400	CPT	outpatient			3180	1331.59	Wellcare	Medicare		1157.9	1			352.67	3021	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Aetna	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	UHC	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
I&D TEAR SAC	68420	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTOPLASTY	68440	CPT	outpatient			968	383.15	Aetna	Commercial		530.41	1.592			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTOPLASTY	68440	CPT	outpatient			968	383.15	Aetna	Medicare		298.14	0.308			298.14	919.6	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968	383.15	Aetna	Better Health		304.53	0.3146			298.14	919.6	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968	383.15	Americare	Americare		726	0.75			298.14	919.6	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968	383.15	WellPoint	WellPoint		310.53	0.3208			298.14	919.6	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17	1			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTOPLASTY	68440	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	0.95			298.14	919.6	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	0.8			298.14	919.6	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968	383.15	First Health	First Health		677.6	0.7			298.14	919.6	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	0.9			298.14	919.6	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17	1			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTOPLASTY	68440	CPT	outpatient			968	383.15	Horizon	MGD		608.7	1.827			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTOPLASTY	68440	CPT	outpatient			968	383.15	Horizon	Indemnity		608.7	1.827			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTOPLASTY	68440	CPT	outpatient			968	383.15	Horizon	PPO		608.7	1.827			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTOPLASTY	68440	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	0.9			298.14	919.6	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	0.8			298.14	919.6	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	0.75			298.14	919.6	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	0.95			298.14	919.6	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968	383.15	UHC	Medicaid		304.53	0.3146			298.14	919.6	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968	383.15	UHC	Medicare		333.17	1			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTOPLASTY	68440	CPT	outpatient			968	383.15	Wellcare	Medicaid		304.53	0.3146			298.14	919.6	percent of total billed charges	
PUNCTOPLASTY	68440	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17	1			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX LACRIMAL GLAND	68510	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX LACRIMAL GLAND	68510	CPT	outpatient			7704	3073.41	Aetna	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX LACRIMAL GLAND	68510	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX LACRIMAL GLAND	68510	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX LACRIMAL GLAND	68510	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX LACRIMAL GLAND	68510	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX LACRIMAL GLAND	68510	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX LACRIMAL GLAND	68510	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704	3073.41	UHC	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX LACRIMAL GLAND	68510	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
BX LACRIMAL GLAND	68510	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB LACRIMAL PAS	68530	CPT	outpatient			968	383.15	Aetna	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REM FB LACRIMAL PAS	68530	CPT	outpatient			968	383.15	Aetna	Commercial		530.41	1.592			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB LACRIMAL PAS	68530	CPT	outpatient			968	383.15	Aetna	Better Health		304.53	0.3146			304.53	919.6	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968	383.15	Americare	Americare		726	0.75			304.53	919.6	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968	383.15	WellPoint	WellPoint		310.53	0.3208			304.53	919.6	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB LACRIMAL PAS	68530	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	0.95			304.53	919.6	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	0.8			304.53	919.6	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968	383.15	First Health	First Health		677.6	0.7			304.53	919.6	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	0.9			304.53	919.6	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968	383.15	Horizon	MGD		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB LACRIMAL PAS	68530	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB LACRIMAL PAS	68530	CPT	outpatient			968	383.15	Horizon	Indemnity		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB LACRIMAL PAS	68530	CPT	outpatient			968	383.15	Horizon	PPO		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB LACRIMAL PAS	68530	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	0.9			304.53	919.6	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	0.8			304.53	919.6	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	0.75			304.53	919.6	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	0.95			304.53	919.6	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968	383.15	UHC	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM FB LACRIMAL PAS	68530	CPT	outpatient			968	383.15	UHC	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968	383.15	Wellcare	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
REM FB LACRIMAL PAS	68530	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CANALICULUS	68700	CPT	outpatient			8016	3073.41	Aetna	Better Health		2521.83	0.3146			2372.83	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016	3073.41	Aetna	Medicare		2468.93	0.308			2372.83	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016	3073.41	Aetna	Commercial		4254.67	1.592			2372.83	7615.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CANALICULUS	68700	CPT	outpatient			8016	3073.41	Americare	Americare		6012	0.75			2372.83	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016	3073.41	WellPoint	WellPoint		2571.53	0.3208			2372.83	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016	3073.41	Amerihealth	Medicare		2672.53	1			2372.83	7615.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CANALICULUS	68700	CPT	outpatient			8016	3073.41	Consumer	Consumer		7615.2	0.95			2372.83	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016	3073.41	Corrections	Corrections		6412.8	0.8			2372.83	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016	3073.41	First Health	First Health		5611.2	0.7			2372.83	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016	3073.41	First Trenton	First Trenton		7214.4	0.9			2372.83	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016	3073.41	Horizon	MGD		4882.71	1.827			2372.83	7615.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CANALICULUS	68700	CPT	outpatient			8016	3073.41	Horizon	Medicare Blue		2672.53	1			2372.83	7615.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CANALICULUS	68700	CPT	outpatient			8016	3073.41	Horizon	PPO		4882.71	1.827			2372.83	7615.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CANALICULUS	68700	CPT	outpatient			8016	3073.41	Horizon	Indemnity		4882.71	1.827			2372.83	7615.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CANALICULUS	68700	CPT	outpatient			8016	3073.41	Managed Care Inc	Managed Care Inc		7214.4	0.9			2372.83	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016	3073.41	Multiplan	Multiplan		6412.8	0.8			2372.83	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016	3073.41	Qualcare	Qualcare		6012	0.75			2372.83	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016	3073.41	Three Rivers	Three Rivers		7615.2	0.95			2372.83	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016	3073.41	UHC	Medicaid		2521.83	0.3146			2372.83	7615.2	percent of total billed charges	
REPAIR CANALICULUS	68700	CPT	outpatient			8016	3073.41	UHC	Medicare		2672.53	1			2372.83	7615.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CANALICULUS	68700	CPT	outpatient			8016	3073.41	Wellcare	Medicare		2672.53	1			2372.83	7615.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPAIR CANALICULUS	68700	CPT	outpatient			8016	3073.41	Wellcare	Medicaid		2521.83	0.3146			2372.83	7615.2	percent of total billed charges	
CORRECT EVERTEDPUNCTUM CAUTERY	68705	CPT	both			968	383.15	Aetna	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT EVERTEDPUNCTUM CAUTERY	68705	CPT	both			968	383.15	Aetna	Commercial		530.41	1.592			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT EVERTEDPUNCTUM CAUTERY	68705	CPT	both			968	383.15	Aetna	Better Health		304.53	0.3146			304.53	919.6	percent of total billed charges	
CORRECT EVERTEDPUNCTUM CAUTERY	68705	CPT	both			968	383.15	Americare	Americare		726	0.75			304.53	919.6	percent of total billed charges	
CORRECT EVERTEDPUNCTUM CAUTERY	68705	CPT	both			968	383.15	WellPoint	WellPoint		310.53	0.3208			304.53	919.6	percent of total billed charges	
CORRECT EVERTEDPUNCTUM CAUTERY	68705	CPT	both			968	383.15	Amerihealth	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT EVERTEDPUNCTUM CAUTERY	68705	CPT	both			968	383.15	Consumer	Consumer		919.6	0.95			304.53	919.6	percent of total billed charges	
CORRECT EVERTEDPUNCTUM CAUTERY	68705	CPT	both			968	383.15	Corrections	Corrections		774.4	0.8			304.53	919.6	percent of total billed charges	
CORRECT EVERTEDPUNCTUM CAUTERY	68705	CPT	both			968	383.15	First Health	First Health		677.6	0.7			304.53	919.6	percent of total billed charges	
CORRECT EVERTEDPUNCTUM CAUTERY	68705	CPT	both			968	383.15	First Trenton	First Trenton		871.2	0.9			304.53	919.6	percent of total billed charges	
CORRECT EVERTEDPUNCTUM CAUTERY	68705	CPT	both			968	383.15	Horizon	MGD		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT EVERTEDPUNCTUM CAUTERY	68705	CPT	both			968	383.15	Horizon	Indemnity		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT EVERTEDPUNCTUM CAUTERY	68705	CPT	both			968	383.15	Horizon	PPO		608.7	1.827			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT EVERTEDPUNCTUM CAUTERY	68705	CPT	both			968	383.15	Horizon	Medicare Blue		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT EVERTEDPUNCTUM CAUTERY	68705	CPT	both			968	383.15	Managed Care Inc	Managed Care Inc		871.2	0.9			304.53	919.6	percent of total billed charges	
CORRECT EVERTEDPUNCTUM CAUTERY	68705	CPT	both			968	383.15	Multiplan	Multiplan		774.4	0.8			304.53	919.6	percent of total billed charges	
CORRECT EVERTEDPUNCTUM CAUTERY	68705	CPT	both			968	383.15	Qualcare	Qualcare		726	0.75			304.53	919.6	percent of total billed charges	
CORRECT EVERTEDPUNCTUM CAUTERY	68705	CPT	both			968	383.15	Three Rivers	Three Rivers		919.6	0.95			304.53	919.6	percent of total billed charges	
CORRECT EVERTEDPUNCTUM CAUTERY	68705	CPT	both			968	383.15	UHC	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
CORRECT EVERTEDPUNCTUM CAUTERY	68705	CPT	both			968	383.15	UHC	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT EVERTEDPUNCTUM CAUTERY	68705	CPT	both			968	383.15	Wellcare	Medicare		333.17	1			304.53	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORRECT EVERTEDPUNCTUM CAUTERY	68705	CPT	both			968	383.15	Wellcare	Medicaid		304.53	0.3146			304.53	919.6	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	Aetna	Better Health		3336.96	0.3146			3336.96	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	Aetna	Commercial		7039.63	1.592			3336.96	10076.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	Aetna	Medicare		4421.88	1			3336.96	10076.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	Americare	Americare		7955.25	0.75			3336.96	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	WellPoint	WellPoint		3402.73	0.3208			3336.96	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	Amerihealth	Medicare		4421.88	1			3336.96	10076.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	Consumer	Consumer		10076.65	0.95			3336.96	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	Corrections	Corrections		8485.6	0.8			3336.96	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	First Health	First Health		7424.9	0.7			3336.96	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	First Trenton	First Trenton		9546.3	0.9			3336.96	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	Horizon	MGD		8078.77	1.827			3336.96	10076.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	Horizon	Indemnity		8078.77	1.827			3336.96	10076.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	Horizon	PPO		8078.77	1.827			3336.96	10076.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	Horizon	Medicare Blue		4421.88	1			3336.96	10076.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	Managed Care Inc	Managed Care Inc		9546.3	0.9			3336.96	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	Multiplan	Multiplan		8485.6	0.8			3336.96	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	Qualcare	Qualcare		7955.25	0.75			3336.96	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	Three Rivers	Three Rivers		10076.65	0.95			3336.96	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	UHC	Medicare		4421.88	1			3336.96	10076.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	UHC	Medicaid		3336.96	0.3146			3336.96	10076.65	percent of total billed charges	
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	Wellcare	Medicare		4421.88	1			3336.96	10076.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUNCTIVORHINOSTOMY	68750	CPT	outpatient			10607	5085.16	Wellcare	Medicaid		3336.96	0.3146			3336.96	10076.65	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Aetna	Medicare		298.14	0.308			298.14	919.6	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Aetna	Commercial		530.41	1.592			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Aetna	Better Health		304.53	0.3146			298.14	919.6	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Americare	Americare		726	0.75			298.14	919.6	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	WellPoint	WellPoint		310.53	0.3208			298.14	919.6	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17	1			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	0.95			298.14	919.6	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	0.8			298.14	919.6	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	First Health	First Health		677.6	0.7			298.14	919.6	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	0.9			298.14	919.6	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Horizon	PPO		608.7	1.827			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17	1			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Horizon	Indemnity		608.7	1.827			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Horizon	MGD		608.7	1.827			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	0.9			298.14	919.6	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	0.8			298.14	919.6	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	0.75			298.14	919.6	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	0.95			298.14	919.6	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	UHC	Medicaid		304.53	0.3146			298.14	919.6	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	UHC	Medicare		333.17	1			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Wellcare	Medicaid		304.53	0.3146			298.14	919.6	percent of total billed charges	
CLOSE LACRIMAL PUNCTUM	68760	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17	1			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Aetna	Commercial		530.41	1.592			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Aetna	Medicare		298.14	0.308			298.14	919.6	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Aetna	Better Health		304.53	0.3146			298.14	919.6	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Americare	Americare		726	0.75			298.14	919.6	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	WellPoint	WellPoint		310.53	0.3208			298.14	919.6	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17	1			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	0.95			298.14	919.6	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	0.8			298.14	919.6	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	First Health	First Health		677.6	0.7			298.14	919.6	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	0.9			298.14	919.6	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Horizon	Indemnity		608.7	1.827			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17	1			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Horizon	PPO		608.7	1.827			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Horizon	MGD		608.7	1.827			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	0.9			298.14	919.6	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	0.8			298.14	919.6	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	0.75			298.14	919.6	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	0.95			298.14	919.6	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	UHC	Medicaid		304.53	0.3146			298.14	919.6	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	UHC	Medicare		333.17	1			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Wellcare	Medicaid		304.53	0.3146			298.14	919.6	percent of total billed charges	
CLOSURE PUNCTUM BY PLUG	68761	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17	1			298.14	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Aetna	Better Health		433.83	0.3146			359.27	1310.05	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Aetna	Medicare		455.69	1			359.27	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Aetna	Commercial		725.46	1.592			359.27	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Americare	Americare		1034.25	0.75			359.27	1310.05	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	WellPoint	WellPoint		442.38	0.3208			359.27	1310.05	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Amerihealth	Medicare		455.69	1			359.27	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Consumer	Consumer		1310.05	0.95			359.27	1310.05	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Corrections	Corrections		1103.2	0.8			359.27	1310.05	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	First Health	First Health		965.3	0.7			359.27	1310.05	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	First Trenton	First Trenton		1241.1	0.9			359.27	1310.05	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Horizon	MGD		832.55	1.827			359.27	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Horizon	Medicare Blue		455.69	1			359.27	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Horizon	Indemnity		832.55	1.827			359.27	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Horizon	PPO		832.55	1.827			359.27	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Managed Care Inc	Managed Care Inc		1241.1	0.9			359.27	1310.05	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Multiplan	Multiplan		1103.2	0.8			359.27	1310.05	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Qualcare	Qualcare		1034.25	0.75			359.27	1310.05	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Three Rivers	Three Rivers		1310.05	0.95			359.27	1310.05	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	UHC	Medicaid		433.83	0.3146			359.27	1310.05	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	UHC	Medicare		455.69	1			359.27	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Wellcare	Medicaid		433.83	0.3146			359.27	1310.05	percent of total billed charges	
PUNCTAL DILATION-BOTH	68801	CPT	outpatient			1379	524.04	Wellcare	Medicare		455.69	1			359.27	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Aetna	Medicare		298.14	0.308			182.03	919.6	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Aetna	Commercial		530.41	1.592			182.03	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Aetna	Better Health		304.53	0.3146			182.03	919.6	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Americare	Americare		726	0.75			182.03	919.6	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	WellPoint	WellPoint		310.53	0.3208			182.03	919.6	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17	1			182.03	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	0.95			182.03	919.6	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	0.8			182.03	919.6	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	First Health	First Health		677.6	0.7			182.03	919.6	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	0.9			182.03	919.6	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Horizon	Indemnity		608.7	1.827			182.03	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17	1			182.03	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Horizon	PPO		608.7	1.827			182.03	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Horizon	MGD		608.7	1.827			182.03	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	0.9			182.03	919.6	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	0.8			182.03	919.6	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	0.75			182.03	919.6	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	0.95			182.03	919.6	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	UHC	Medicare		333.17	1			182.03	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	UHC	Medicaid		304.53	0.3146			182.03	919.6	percent of total billed charges	
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17	1			182.03	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBE NASO-LACRIMAL DUCT B	68810	CPT	outpatient			968	383.15	Wellcare	Medicaid		304.53	0.3146			182.03	919.6	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Aetna	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	UHC	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2672.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INSERTION OF STENT	68815	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Aetna	Medicare		333.17	1			303.59	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Aetna	Better Health		304.53	0.3146			303.59	919.6	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Aetna	Commercial		530.41	1.592			303.59	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Americare	Americare		726	0.75			303.59	919.6	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	WellPoint	WellPoint		310.53	0.3208			303.59	919.6	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Amerihealth	Medicare		333.17	1			303.59	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Consumer	Consumer		919.6	0.95			303.59	919.6	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Corrections	Corrections		774.4	0.8			303.59	919.6	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	First Health	First Health		677.6	0.7			303.59	919.6	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	First Trenton	First Trenton		871.2	0.9			303.59	919.6	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Horizon	MGD		608.7	1.827			303.59	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Horizon	Indemnity		608.7	1.827			303.59	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Horizon	Medicare Blue		333.17	1			303.59	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Horizon	PPO		608.7	1.827			303.59	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Managed Care Inc	Managed Care Inc		871.2	0.9			303.59	919.6	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Multiplan	Multiplan		774.4	0.8			303.59	919.6	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Qualcare	Qualcare		726	0.75			303.59	919.6	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Three Rivers	Three Rivers		919.6	0.95			303.59	919.6	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	UHC	Medicaid		304.53	0.3146			303.59	919.6	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	UHC	Medicare		333.17	1			303.59	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Wellcare	Medicaid		304.53	0.3146			303.59	919.6	percent of total billed charges	
PROBING LACRIMAL CANAL	68840	CPT	outpatient			968	383.15	Wellcare	Medicare		333.17	1			303.59	919.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Aetna	Medicare		500.81	0.308			487.8	1544.7	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Aetna	Better Health		511.54	0.3146			487.8	1544.7	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Aetna	Commercial		617.88	0.38			487.8	1544.7	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Americare	Americare		1219.5	0.75			487.8	1544.7	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		WellPoint	WellPoint		521.62	0.3208			487.8	1544.7	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Consumer	Consumer		1544.7	0.95			487.8	1544.7	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Corrections	Corrections		1300.8	0.8			487.8	1544.7	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		First Health	First Health		1138.2	0.7			487.8	1544.7	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		First Trenton	First Trenton		1463.4	0.9			487.8	1544.7	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Horizon	Medicare Blue		487.8	0.3			487.8	1544.7	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Horizon	Indemnity		622.43	0.3828			487.8	1544.7	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Horizon	MGD		622.43	0.3828			487.8	1544.7	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Horizon	PPO		622.43	0.3828			487.8	1544.7	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Managed Care Inc	Managed Care Inc		1463.4	0.9			487.8	1544.7	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Multiplan	Multiplan		1300.8	0.8			487.8	1544.7	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Qualcare	Qualcare		1219.5	0.75			487.8	1544.7	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Three Rivers	Three Rivers		1544.7	0.95			487.8	1544.7	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		UHC	Medicaid		511.54	0.3146			487.8	1544.7	percent of total billed charges	
INJ CONTRAST-DACROCYSTROGRAPHY	68850	CPT	outpatient			1626		Wellcare	Medicaid		511.54	0.3146			487.8	1544.7	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053	383.15	Aetna	Better Health		331.27	0.3146			298.14	1000.35	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053	383.15	Aetna	Commercial		530.41	1.592			298.14	1000.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053	383.15	Aetna	Medicare		324.32	0.308			298.14	1000.35	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053	383.15	Americare	Americare		789.75	0.75			298.14	1000.35	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053	383.15	WellPoint	WellPoint		337.8	0.3208			298.14	1000.35	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053	383.15	Amerihealth	Medicare		333.17	1			298.14	1000.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053	383.15	Consumer	Consumer		1000.35	0.95			298.14	1000.35	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053	383.15	Corrections	Corrections		842.4	0.8			298.14	1000.35	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053	383.15	First Health	First Health		737.1	0.7			298.14	1000.35	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053	383.15	First Trenton	First Trenton		947.7	0.9			298.14	1000.35	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053	383.15	Horizon	Medicare Blue		333.17	1			298.14	1000.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053	383.15	Horizon	Indemnity		608.7	1.827			298.14	1000.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053	383.15	Horizon	PPO		608.7	1.827			298.14	1000.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053	383.15	Horizon	MGD		608.7	1.827			298.14	1000.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053	383.15	Managed Care Inc	Managed Care Inc		947.7	0.9			298.14	1000.35	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053	383.15	Multiplan	Multiplan		842.4	0.8			298.14	1000.35	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053	383.15	Qualcare	Qualcare		789.75	0.75			298.14	1000.35	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053	383.15	Three Rivers	Three Rivers		1000.35	0.95			298.14	1000.35	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053	383.15	UHC	Medicare		333.17	1			298.14	1000.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053	383.15	UHC	Medicaid		331.27	0.3146			298.14	1000.35	percent of total billed charges	
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053	383.15	Wellcare	Medicare		333.17	1			298.14	1000.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLSTD PROC LACRIMAL SYS	68899	CPT	outpatient			1053	383.15	Wellcare	Medicaid		331.27	0.3146			298.14	1000.35	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487	925.36	Aetna	Commercial		1281.02	1.592			744.66	2362.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487	925.36	Aetna	Better Health		782.41	0.3146			744.66	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487	925.36	Aetna	Medicare		804.66	1			744.66	2362.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487	925.36	Americare	Americare		1865.25	0.75			744.66	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487	925.36	WellPoint	WellPoint		797.83	0.3208			744.66	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487	925.36	Amerihealth	Medicare		804.66	1			744.66	2362.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487	925.36	Consumer	Consumer		2362.65	0.95			744.66	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487	925.36	Corrections	Corrections		1989.6	0.8			744.66	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487	925.36	First Health	First Health		1740.9	0.7			744.66	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487	925.36	First Trenton	First Trenton		2238.3	0.9			744.66	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487	925.36	Horizon	Indemnity		1470.11	1.827			744.66	2362.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487	925.36	Horizon	MGD		1470.11	1.827			744.66	2362.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487	925.36	Horizon	Medicare Blue		804.66	1			744.66	2362.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487	925.36	Horizon	PPO		1470.11	1.827			744.66	2362.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487	925.36	Managed Care Inc	Managed Care Inc		2238.3	0.9			744.66	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487	925.36	Multiplan	Multiplan		1989.6	0.8			744.66	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487	925.36	Qualcare	Qualcare		1865.25	0.75			744.66	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487	925.36	Three Rivers	Three Rivers		2362.65	0.95			744.66	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487	925.36	UHC	Medicare		804.66	1			744.66	2362.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487	925.36	UHC	Medicaid		782.41	0.3146			744.66	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487	925.36	Wellcare	Medicaid		782.41	0.3146			744.66	2362.65	percent of total billed charges	
I&D EXT EAR SINGLE HEMATOMA	69000	CPT	outpatient			2487	925.36	Wellcare	Medicare		804.66	1			744.66	2362.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340	2132.36	Aetna	Commercial		2951.93	1.592			1679.96	5073	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340	2132.36	Aetna	Better Health		1679.96	0.3146			1679.96	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340	2132.36	Aetna	Medicare		1854.23	1			1679.96	5073	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340	2132.36	Americare	Americare		4005	0.75			1679.96	5073	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340	2132.36	WellPoint	WellPoint		1713.07	0.3208			1679.96	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340	2132.36	Amerihealth	Medicare		1854.23	1			1679.96	5073	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340	2132.36	Consumer	Consumer		5073	0.95			1679.96	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340	2132.36	Corrections	Corrections		4272	0.8			1679.96	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340	2132.36	First Health	First Health		3738	0.7			1679.96	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340	2132.36	First Trenton	First Trenton		4806	0.9			1679.96	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340	2132.36	Horizon	MGD		3387.68	1.827			1679.96	5073	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340	2132.36	Horizon	Indemnity		3387.68	1.827			1679.96	5073	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340	2132.36	Horizon	PPO		3387.68	1.827			1679.96	5073	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340	2132.36	Horizon	Medicare Blue		1854.23	1			1679.96	5073	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340	2132.36	Managed Care Inc	Managed Care Inc		4806	0.9			1679.96	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340	2132.36	Multiplan	Multiplan		4272	0.8			1679.96	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340	2132.36	Qualcare	Qualcare		4005	0.75			1679.96	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340	2132.36	Three Rivers	Three Rivers		5073	0.95			1679.96	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340	2132.36	UHC	Medicaid		1679.96	0.3146			1679.96	5073	percent of total billed charges	
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340	2132.36	UHC	Medicare		1854.23	1			1679.96	5073	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340	2132.36	Wellcare	Medicare		1854.23	1			1679.96	5073	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXT EAR ABS/HEMA CMPLX	69005	CPT	outpatient			5340	2132.36	Wellcare	Medicaid		1679.96	0.3146			1679.96	5073	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	both			2328	925.36	Aetna	Commercial		1281.02	1.592			732.39	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	both			2328	925.36	Aetna	Medicare		804.66	1			732.39	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	both			2328	925.36	Aetna	Better Health		732.39	0.3146			732.39	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	both			2328	925.36	Americare	Americare		1746	0.75			732.39	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	both			2328	925.36	WellPoint	WellPoint		746.82	0.3208			732.39	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	both			2328	925.36	Amerihealth	Medicare		804.66	1			732.39	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	both			2328	925.36	Consumer	Consumer		2211.6	0.95			732.39	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	both			2328	925.36	Corrections	Corrections		1862.4	0.8			732.39	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	both			2328	925.36	First Health	First Health		1629.6	0.7			732.39	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	both			2328	925.36	First Trenton	First Trenton		2095.2	0.9			732.39	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	both			2328	925.36	Horizon	Medicare Blue		804.66	1			732.39	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	both			2328	925.36	Horizon	PPO		1470.11	1.827			732.39	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	both			2328	925.36	Horizon	MGD		1470.11	1.827			732.39	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	both			2328	925.36	Horizon	Indemnity		1470.11	1.827			732.39	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	both			2328	925.36	Managed Care Inc	Managed Care Inc		2095.2	0.9			732.39	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	both			2328	925.36	Multiplan	Multiplan		1862.4	0.8			732.39	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	both			2328	925.36	Qualcare	Qualcare		1746	0.75			732.39	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	both			2328	925.36	Three Rivers	Three Rivers		2211.6	0.95			732.39	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	both			2328	925.36	UHC	Medicaid		732.39	0.3146			732.39	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	both			2328	925.36	UHC	Medicare		804.66	1			732.39	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	both			2328	925.36	Wellcare	Medicaid		732.39	0.3146			732.39	2211.6	percent of total billed charges	
DRAIN EXTERNAL AUDITORY CANAL ABSCESS	69020	CPT	both			2328	925.36	Wellcare	Medicare		804.66	1			732.39	2211.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Aetna	Better Health		238.47	0.3146			238.47	720.1	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Aetna	Commercial		444.74	1.592			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Aetna	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Americare	Americare		568.5	0.75			238.47	720.1	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	WellPoint	WellPoint		243.17	0.3208			238.47	720.1	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Amerihealth	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Consumer	Consumer		720.1	0.95			238.47	720.1	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Corrections	Corrections		606.4	0.8			238.47	720.1	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	First Health	First Health		530.6	0.7			238.47	720.1	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	First Trenton	First Trenton		682.2	0.9			238.47	720.1	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Horizon	Medicare Blue		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Horizon	Indemnity		510.39	1.827			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Horizon	MGD		510.39	1.827			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Horizon	PPO		510.39	1.827			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Managed Care Inc	Managed Care Inc		682.2	0.9			238.47	720.1	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Multiplan	Multiplan		606.4	0.8			238.47	720.1	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Qualcare	Qualcare		568.5	0.75			238.47	720.1	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Three Rivers	Three Rivers		720.1	0.95			238.47	720.1	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	UHC	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	UHC	Medicaid		238.47	0.3146			238.47	720.1	percent of total billed charges	
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Wellcare	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BX EXTERNAL EAR	69100	CPT	outpatient			758	321.26	Wellcare	Medicaid		238.47	0.3146			238.47	720.1	percent of total billed charges	
BIOPSY EXT AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Aetna	Better Health		1591.56	0.3146			1558.17	4806.05	percent of total billed charges	
BIOPSY EXT AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69	1.592			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EXT AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Aetna	Medicare		1558.17	0.308			1558.17	4806.05	percent of total billed charges	
BIOPSY EXT AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	0.75			1558.17	4806.05	percent of total billed charges	
BIOPSY EXT AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1622.93	0.3208			1558.17	4806.05	percent of total billed charges	
BIOPSY EXT AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Amerihealth	Medicare		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EXT AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	0.95			1558.17	4806.05	percent of total billed charges	
BIOPSY EXT AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	0.8			1558.17	4806.05	percent of total billed charges	
BIOPSY EXT AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	0.7			1558.17	4806.05	percent of total billed charges	
BIOPSY EXT AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	0.9			1558.17	4806.05	percent of total billed charges	
BIOPSY EXT AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Horizon	MGD		3186.56	1.827			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EXT AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3186.56	1.827			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EXT AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Horizon	PPO		3186.56	1.827			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EXT AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EXT AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	0.9			1558.17	4806.05	percent of total billed charges	
BIOPSY EXT AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	0.8			1558.17	4806.05	percent of total billed charges	
BIOPSY EXT AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	0.75			1558.17	4806.05	percent of total billed charges	
BIOPSY EXT AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	0.95			1558.17	4806.05	percent of total billed charges	
BIOPSY EXT AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	UHC	Medicaid		1591.56	0.3146			1558.17	4806.05	percent of total billed charges	
BIOPSY EXT AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EXT AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15	1			1558.17	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY EXT AUDITORY CANAL	69105	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1591.56	0.3146			1558.17	4806.05	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Aetna	Better Health		2961.33	0.3146			1946.43	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Aetna	Medicare		3249.74	1			1946.43	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Aetna	Commercial		5173.59	1.592			1946.43	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Americare	Americare		7059.75	0.75			1946.43	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	WellPoint	WellPoint		3019.69	0.3208			1946.43	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Amerihealth	Medicare		3249.74	1			1946.43	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Consumer	Consumer		8942.35	0.95			1946.43	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Corrections	Corrections		7530.4	0.8			1946.43	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	First Health	First Health		6589.1	0.7			1946.43	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	First Trenton	First Trenton		8471.7	0.9			1946.43	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Horizon	MGD		5937.27	1.827			1946.43	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Horizon	Medicare Blue		3249.74	1			1946.43	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Horizon	Indemnity		5937.27	1.827			1946.43	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Horizon	PPO		5937.27	1.827			1946.43	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Managed Care Inc	Managed Care Inc		8471.7	0.9			1946.43	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Multiplan	Multiplan		7530.4	0.8			1946.43	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Qualcare	Qualcare		7059.75	0.75			1946.43	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Three Rivers	Three Rivers		8942.35	0.95			1946.43	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	UHC	Medicaid		2961.33	0.3146			1946.43	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	UHC	Medicare		3249.74	1			1946.43	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Wellcare	Medicaid		2961.33	0.3146			1946.43	8942.35	percent of total billed charges	
EXC KELOID	69110	CPT	outpatient			9413	3737.2	Wellcare	Medicare		3249.74	1			1946.43	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Aetna	Better Health		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Aetna	Commercial		5173.59	1.592			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Aetna	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Americare	Americare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	WellPoint	WellPoint		3019.69	0.3208			2961.33	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Amerihealth	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Consumer	Consumer		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Corrections	Corrections		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	First Health	First Health		6589.1	0.7			2961.33	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	First Trenton	First Trenton		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Horizon	MGD		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Horizon	Medicare Blue		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Horizon	Indemnity		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Horizon	PPO		5937.27	1.827			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Managed Care Inc	Managed Care Inc		8471.7	0.9			2961.33	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Multiplan	Multiplan		7530.4	0.8			2961.33	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Qualcare	Qualcare		7059.75	0.75			2961.33	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Three Rivers	Three Rivers		8942.35	0.95			2961.33	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	UHC	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	UHC	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Wellcare	Medicare		3249.74	1			2961.33	8942.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXC SOFT TISSUE EXT EAR	69145	CPT	outpatient			9413	3737.2	Wellcare	Medicaid		2961.33	0.3146			2961.33	8942.35	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	Aetna	Better Health		133.39	0.3146			125.84	402.8	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	Aetna	Commercial		232.58	1.592			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB E	69200	CPT	outpatient			424	168	Aetna	Medicare		146.09	1			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB E	69200	CPT	outpatient			424	168	Americare	Americare		318	0.75			125.84	402.8	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	WellPoint	WellPoint		136.02	0.3208			125.84	402.8	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	Amerihealth	Medicare		146.09	1			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB E	69200	CPT	outpatient			424	168	Consumer	Consumer		402.8	0.95			125.84	402.8	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	Corrections	Corrections		339.2	0.8			125.84	402.8	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	First Health	First Health		296.8	0.7			125.84	402.8	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	0.9			125.84	402.8	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	Horizon	MGD		266.91	1.827			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB E	69200	CPT	outpatient			424	168	Horizon	Indemnity		266.91	1.827			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB E	69200	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09	1			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB E	69200	CPT	outpatient			424	168	Horizon	PPO		266.91	1.827			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB E	69200	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	0.9			125.84	402.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVAL FB E	69200	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	0.8			125.84	402.8	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	Qualcare	Qualcare		318	0.75			125.84	402.8	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	0.95			125.84	402.8	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	UHC	Medicaid		133.39	0.3146			125.84	402.8	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	UHC	Medicare		146.09	1			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL FB E	69200	CPT	outpatient			424	168	Wellcare	Medicaid		133.39	0.3146			125.84	402.8	percent of total billed charges	
REMOVAL FB E	69200	CPT	outpatient			424	168	Wellcare	Medicare		146.09	1			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Aetna	Commercial		111.38	1.592			66.38	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Aetna	Better Health		77.71	0.3146			66.38	234.65	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Aetna	Medicare		69.96	1			66.38	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Americare	Americare		185.25	0.75			66.38	234.65	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	WellPoint	WellPoint		79.24	0.3208			66.38	234.65	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Amerihealth	Medicare		69.96	1			66.38	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Consumer	Consumer		234.65	0.95			66.38	234.65	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Corrections	Corrections		197.6	0.8			66.38	234.65	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	First Health	First Health		172.9	0.7			66.38	234.65	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	First Trenton	First Trenton		222.3	0.9			66.38	234.65	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Horizon	Indemnity		127.82	1.827			66.38	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Horizon	MGD		127.82	1.827			66.38	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Horizon	Medicare Blue		69.96	1			66.38	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Horizon	PPO		127.82	1.827			66.38	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Managed Care Inc	Managed Care Inc		222.3	0.9			66.38	234.65	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Multiplan	Multiplan		197.6	0.8			66.38	234.65	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Qualcare	Qualcare		185.25	0.75			66.38	234.65	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Three Rivers	Three Rivers		234.65	0.95			66.38	234.65	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	UHC	Medicare		69.96	1			66.38	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	UHC	Medicaid		77.71	0.3146			66.38	234.65	percent of total billed charges	
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Wellcare	Medicare		69.96	1			66.38	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM IMPCTD EAR WAX UNI	69209	CPT	outpatient			247	80.45	Wellcare	Medicaid		77.71	0.3146			66.38	234.65	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Aetna	Better Health		81.17	0.3146			66.38	245.1	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Aetna	Commercial		111.38	1.592			66.38	245.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Aetna	Medicare		69.96	1			66.38	245.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Americare	Americare		193.5	0.75			66.38	245.1	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	WellPoint	WellPoint		82.77	0.3208			66.38	245.1	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Amerihealth	Medicare		69.96	1			66.38	245.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Consumer	Consumer		245.1	0.95			66.38	245.1	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Corrections	Corrections		206.4	0.8			66.38	245.1	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	First Health	First Health		180.6	0.7			66.38	245.1	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	First Trenton	First Trenton		232.2	0.9			66.38	245.1	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Horizon	MGD		127.82	1.827			66.38	245.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Horizon	Indemnity		127.82	1.827			66.38	245.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Horizon	Medicare Blue		69.96	1			66.38	245.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Horizon	PPO		127.82	1.827			66.38	245.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Managed Care Inc	Managed Care Inc		232.2	0.9			66.38	245.1	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Multiplan	Multiplan		206.4	0.8			66.38	245.1	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Qualcare	Qualcare		193.5	0.75			66.38	245.1	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Three Rivers	Three Rivers		245.1	0.95			66.38	245.1	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	UHC	Medicaid		81.17	0.3146			66.38	245.1	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	UHC	Medicare		69.96	1			66.38	245.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Wellcare	Medicaid		81.17	0.3146			66.38	245.1	percent of total billed charges	
RMVL IMPAC CERUM INST. UNI	69210	CPT	outpatient			258	80.45	Wellcare	Medicare		69.96	1			66.38	245.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Aetna	Better Health		207.32	0.3146			207.32	626.05	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Aetna	Commercial		364.5	1.592			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Aetna	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Americare	Americare		494.25	0.75			207.32	626.05	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	WellPoint	WellPoint		211.41	0.3208			207.32	626.05	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Amerihealth	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Consumer	Consumer		626.05	0.95			207.32	626.05	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Corrections	Corrections		527.2	0.8			207.32	626.05	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	First Health	First Health		461.3	0.7			207.32	626.05	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	First Trenton	First Trenton		593.1	0.9			207.32	626.05	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Horizon	PPO		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Horizon	MGD		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Horizon	Indemnity		418.31	1.827			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Horizon	Medicare Blue		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Managed Care Inc	Managed Care Inc		593.1	0.9			207.32	626.05	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Multiplan	Multiplan		527.2	0.8			207.32	626.05	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Qualcare	Qualcare		494.25	0.75			207.32	626.05	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Three Rivers	Three Rivers		626.05	0.95			207.32	626.05	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	UHC	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	UHC	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Wellcare	Medicare		228.96	1			207.32	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRIDE MASTOIDECTOMY	69220	CPT	outpatient			659	263.3	Wellcare	Medicaid		207.32	0.3146			207.32	626.05	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Aetna	Medicare		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Aetna	Better Health		524.12	0.3146			524.12	1582.7	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Aetna	Commercial		1001.77	1.592			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Americare	Americare		1249.5	0.75			524.12	1582.7	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	WellPoint	WellPoint		534.45	0.3208			524.12	1582.7	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Amerihealth	Medicare		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Consumer	Consumer		1582.7	0.95			524.12	1582.7	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Corrections	Corrections		1332.8	0.8			524.12	1582.7	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	First Health	First Health		1166.2	0.7			524.12	1582.7	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	First Trenton	First Trenton		1499.4	0.9			524.12	1582.7	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Horizon	MGD		1149.64	1.827			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Horizon	Indemnity		1149.64	1.827			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Horizon	Medicare Blue		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Horizon	PPO		1149.64	1.827			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Managed Care Inc	Managed Care Inc		1499.4	0.9			524.12	1582.7	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Multiplan	Multiplan		1332.8	0.8			524.12	1582.7	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Qualcare	Qualcare		1249.5	0.75			524.12	1582.7	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Three Rivers	Three Rivers		1582.7	0.95			524.12	1582.7	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	UHC	Medicare		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	UHC	Medicaid		524.12	0.3146			524.12	1582.7	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Wellcare	Medicaid		524.12	0.3146			524.12	1582.7	percent of total billed charges	
DEBRI MASTOIDEC CAV COMPL	69222	CPT	outpatient			1666	723.64	Wellcare	Medicare		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC EXT EAR	69399	CPT	outpatient			758	321.26	Aetna	Better Health		238.47	0.3146			238.47	720.1	percent of total billed charges	
UNLISTED PROC EXT EAR	69399	CPT	outpatient			758	321.26	Aetna	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC EXT EAR	69399	CPT	outpatient			758	321.26	Aetna	Commercial		444.74	1.592			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC EXT EAR	69399	CPT	outpatient			758	321.26	Americare	Americare		568.5	0.75			238.47	720.1	percent of total billed charges	
UNLISTED PROC EXT EAR	69399	CPT	outpatient			758	321.26	WellPoint	WellPoint		243.17	0.3208			238.47	720.1	percent of total billed charges	
UNLISTED PROC EXT EAR	69399	CPT	outpatient			758	321.26	Amerihealth	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC EXT EAR	69399	CPT	outpatient			758	321.26	Consumer	Consumer		720.1	0.95			238.47	720.1	percent of total billed charges	
UNLISTED PROC EXT EAR	69399	CPT	outpatient			758	321.26	Corrections	Corrections		606.4	0.8			238.47	720.1	percent of total billed charges	
UNLISTED PROC EXT EAR	69399	CPT	outpatient			758	321.26	First Health	First Health		530.6	0.7			238.47	720.1	percent of total billed charges	
UNLISTED PROC EXT EAR	69399	CPT	outpatient			758	321.26	First Trenton	First Trenton		682.2	0.9			238.47	720.1	percent of total billed charges	
UNLISTED PROC EXT EAR	69399	CPT	outpatient			758	321.26	Horizon	Medicare Blue		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC EXT EAR	69399	CPT	outpatient			758	321.26	Horizon	PPO		510.39	1.827			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC EXT EAR	69399	CPT	outpatient			758	321.26	Horizon	MGD		510.39	1.827			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC EXT EAR	69399	CPT	outpatient			758	321.26	Horizon	Indemnity		510.39	1.827			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC EXT EAR	69399	CPT	outpatient			758	321.26	Managed Care Inc	Managed Care Inc		682.2	0.9			238.47	720.1	percent of total billed charges	
UNLISTED PROC EXT EAR	69399	CPT	outpatient			758	321.26	Multiplan	Multiplan		606.4	0.8			238.47	720.1	percent of total billed charges	
UNLISTED PROC EXT EAR	69399	CPT	outpatient			758	321.26	Qualcare	Qualcare		568.5	0.75			238.47	720.1	percent of total billed charges	
UNLISTED PROC EXT EAR	69399	CPT	outpatient			758	321.26	Three Rivers	Three Rivers		720.1	0.95			238.47	720.1	percent of total billed charges	
UNLISTED PROC EXT EAR	69399	CPT	outpatient			758	321.26	UHC	Medicaid		238.47	0.3146			238.47	720.1	percent of total billed charges	
UNLISTED PROC EXT EAR	69399	CPT	outpatient			758	321.26	UHC	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC EXT EAR	69399	CPT	outpatient			758	321.26	Wellcare	Medicaid		238.47	0.3146			238.47	720.1	percent of total billed charges	
UNLISTED PROC EXT EAR	69399	CPT	outpatient			758	321.26	Wellcare	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Aetna	Commercial		444.74	1.592			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Aetna	Better Health		238.47	0.3146			238.47	720.1	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Aetna	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Americare	Americare		568.5	0.75			238.47	720.1	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	WellPoint	WellPoint		243.17	0.3208			238.47	720.1	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Amerihealth	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Consumer	Consumer		720.1	0.95			238.47	720.1	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Corrections	Corrections		606.4	0.8			238.47	720.1	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	First Health	First Health		530.6	0.7			238.47	720.1	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	First Trenton	First Trenton		682.2	0.9			238.47	720.1	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Horizon	MGD		510.39	1.827			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Horizon	Indemnity		510.39	1.827			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Horizon	Medicare Blue		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Horizon	PPO		510.39	1.827			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Managed Care Inc	Managed Care Inc		682.2	0.9			238.47	720.1	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Multiplan	Multiplan		606.4	0.8			238.47	720.1	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Qualcare	Qualcare		568.5	0.75			238.47	720.1	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Three Rivers	Three Rivers		720.1	0.95			238.47	720.1	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	UHC	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	UHC	Medicaid		238.47	0.3146			238.47	720.1	percent of total billed charges	
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Wellcare	Medicare		279.36	1			238.47	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYRINGOTOMY UNI	69420	CPT	outpatient			758	321.26	Wellcare	Medicaid		238.47	0.3146			238.47	720.1	percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Aetna	Commercial		5862.05	1.592			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Aetna	Better Health		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Aetna	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Americare	Americare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	WellPoint	WellPoint		3325.73	0.3208			3261.46	9848.65	percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Amerihealth	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Consumer	Consumer		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Corrections	Corrections		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	First Health	First Health		7256.9	0.7			3261.46	9848.65	percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	First Trenton	First Trenton		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Horizon	MGD		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Horizon	Medicare Blue		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Horizon	PPO		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Horizon	Indemnity		6727.36	1.827			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Managed Care Inc	Managed Care Inc		9330.3	0.9			3261.46	9848.65	percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Multiplan	Multiplan		8293.6	0.8			3261.46	9848.65	percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Qualcare	Qualcare		7775.25	0.75			3261.46	9848.65	percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Three Rivers	Three Rivers		9848.65	0.95			3261.46	9848.65	percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	UHC	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	UHC	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Wellcare	Medicaid		3261.46	0.3146			3261.46	9848.65	percent of total billed charges	
REMOVAL OF TUBE UNILATERAL	69424	CPT	outpatient			10367	4234.52	Wellcare	Medicare		3682.19	1			3261.46	9848.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient			1666	723.64	Aetna	Better Health		524.12	0.3146			524.12	1582.7	percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient			1666	723.64	Aetna	Commercial		1001.77	1.592			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient			1666	723.64	Aetna	Medicare		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient			1666	723.64	Americare	Americare		1249.5	0.75			524.12	1582.7	percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient			1666	723.64	WellPoint	WellPoint		534.45	0.3208			524.12	1582.7	percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient			1666	723.64	Amerihealth	Medicare		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient			1666	723.64	Consumer	Consumer		1582.7	0.95			524.12	1582.7	percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient			1666	723.64	Corrections	Corrections		1332.8	0.8			524.12	1582.7	percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient			1666	723.64	First Health	First Health		1166.2	0.7			524.12	1582.7	percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient			1666	723.64	First Trenton	First Trenton		1499.4	0.9			524.12	1582.7	percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient			1666	723.64	Horizon	Medicare Blue		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient			1666	723.64	Horizon	Indemnity		1149.64	1.827			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient			1666	723.64	Horizon	MGD		1149.64	1.827			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient			1666	723.64	Horizon	PPO		1149.64	1.827			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient			1666	723.64	Managed Care Inc	Managed Care Inc		1499.4	0.9			524.12	1582.7	percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient			1666	723.64	Multiplan	Multiplan		1332.8	0.8			524.12	1582.7	percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient			1666	723.64	Qualcare	Qualcare		1249.5	0.75			524.12	1582.7	percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient			1666	723.64	Three Rivers	Three Rivers		1582.7	0.95			524.12	1582.7	percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient			1666	723.64	UHC	Medicare		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient			1666	723.64	UHC	Medicaid		524.12	0.3146			524.12	1582.7	percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient			1666	723.64	Wellcare	Medicaid		524.12	0.3146			524.12	1582.7	percent of total billed charges	
TYPANOTOMY W/TUBE-UNILATERAL	69433	CPT	outpatient			1666	723.64	Wellcare	Medicare		629.25	1			524.12	1582.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION AURAL POLYP	69540	CPT	outpatient			5059	2005.77	Aetna	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION AURAL POLYP	69540	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69	1.592			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION AURAL POLYP	69540	CPT	outpatient			5059	2005.77	Aetna	Better Health		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	0.75			1591.56	4806.05	percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1622.93	0.3208			1591.56	4806.05	percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient			5059	2005.77	Amerihealth	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION AURAL POLYP	69540	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	0.95			1591.56	4806.05	percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	0.8			1591.56	4806.05	percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	0.7			1591.56	4806.05	percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	0.9			1591.56	4806.05	percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION AURAL POLYP	69540	CPT	outpatient			5059	2005.77	Horizon	MGD		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION AURAL POLYP	69540	CPT	outpatient			5059	2005.77	Horizon	PPO		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION AURAL POLYP	69540	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION AURAL POLYP	69540	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	0.9			1591.56	4806.05	percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	0.8			1591.56	4806.05	percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	0.75			1591.56	4806.05	percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	0.95			1591.56	4806.05	percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION AURAL POLYP	69540	CPT	outpatient			5059	2005.77	UHC	Medicaid		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
EXCISION AURAL POLYP	69540	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION AURAL POLYP	69540	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
UNLISTED PROC MIDDLE EAR	69799	CPT	outpatient			758	321.26	Aetna	Better Health		238.47	0.3146			233.46	720.1	percent of total billed charges	
UNLISTED PROC MIDDLE EAR	69799	CPT	outpatient			758	321.26	Aetna	Medicare		233.46	0.308			233.46	720.1	percent of total billed charges	
UNLISTED PROC MIDDLE EAR	69799	CPT	outpatient			758	321.26	Aetna	Commercial		444.74	1.592			233.46	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC MIDDLE EAR	69799	CPT	outpatient			758	321.26	Americare	Americare		568.5	0.75			233.46	720.1	percent of total billed charges	
UNLISTED PROC MIDDLE EAR	69799	CPT	outpatient			758	321.26	WellPoint	WellPoint		243.17	0.3208			233.46	720.1	percent of total billed charges	
UNLISTED PROC MIDDLE EAR	69799	CPT	outpatient			758	321.26	Amerihealth	Medicare		279.36	1			233.46	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC MIDDLE EAR	69799	CPT	outpatient			758	321.26	Consumer	Consumer		720.1	0.95			233.46	720.1	percent of total billed charges	
UNLISTED PROC MIDDLE EAR	69799	CPT	outpatient			758	321.26	Corrections	Corrections		606.4	0.8			233.46	720.1	percent of total billed charges	
UNLISTED PROC MIDDLE EAR	69799	CPT	outpatient			758	321.26	First Health	First Health		530.6	0.7			233.46	720.1	percent of total billed charges	
UNLISTED PROC MIDDLE EAR	69799	CPT	outpatient			758	321.26	First Trenton	First Trenton		682.2	0.9			233.46	720.1	percent of total billed charges	
UNLISTED PROC MIDDLE EAR	69799	CPT	outpatient			758	321.26	Horizon	Indemnity		510.39	1.827			233.46	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC MIDDLE EAR	69799	CPT	outpatient			758	321.26	Horizon	MGD		510.39	1.827			233.46	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC MIDDLE EAR	69799	CPT	outpatient			758	321.26	Horizon	Medicare Blue		279.36	1			233.46	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC MIDDLE EAR	69799	CPT	outpatient			758	321.26	Horizon	PPO		510.39	1.827			233.46	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC MIDDLE EAR	69799	CPT	outpatient			758	321.26	Managed Care Inc	Managed Care Inc		682.2	0.9			233.46	720.1	percent of total billed charges	
UNLISTED PROC MIDDLE EAR	69799	CPT	outpatient			758	321.26	Multiplan	Multiplan		606.4	0.8			233.46	720.1	percent of total billed charges	
UNLISTED PROC MIDDLE EAR	69799	CPT	outpatient			758	321.26	Qualcare	Qualcare		568.5	0.75			233.46	720.1	percent of total billed charges	
UNLISTED PROC MIDDLE EAR	69799	CPT	outpatient			758	321.26	Three Rivers	Three Rivers		720.1	0.95			233.46	720.1	percent of total billed charges	
UNLISTED PROC MIDDLE EAR	69799	CPT	outpatient			758	321.26	UHC	Medicare		279.36	1			233.46	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED PROC MIDDLE EAR	69799	CPT	outpatient			758	321.26	UHC	Medicaid		238.47	0.3146			233.46	720.1	percent of total billed charges	
UNLISTED PROC MIDDLE EAR	69799	CPT	outpatient			758	321.26	Wellcare	Medicaid		238.47	0.3146			233.46	720.1	percent of total billed charges	
UNLISTED PROC MIDDLE EAR	69799	CPT	outpatient			758	321.26	Wellcare	Medicare		279.36	1			233.46	720.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE INNER EAR	69801	CPT	outpatient			5059	2005.77	Aetna	Commercial		2776.69	1.592			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE INNER EAR	69801	CPT	outpatient			5059	2005.77	Aetna	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE INNER EAR	69801	CPT	outpatient			5059	2005.77	Aetna	Better Health		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient			5059	2005.77	Americare	Americare		3794.25	0.75			1591.56	4806.05	percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient			5059	2005.77	WellPoint	WellPoint		1622.93	0.3208			1591.56	4806.05	percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient			5059	2005.77	Amerihealth	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE INNER EAR	69801	CPT	outpatient			5059	2005.77	Consumer	Consumer		4806.05	0.95			1591.56	4806.05	percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient			5059	2005.77	Corrections	Corrections		4047.2	0.8			1591.56	4806.05	percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient			5059	2005.77	First Health	First Health		3541.3	0.7			1591.56	4806.05	percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient			5059	2005.77	First Trenton	First Trenton		4553.1	0.9			1591.56	4806.05	percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient			5059	2005.77	Horizon	Indemnity		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE INNER EAR	69801	CPT	outpatient			5059	2005.77	Horizon	MGD		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE INNER EAR	69801	CPT	outpatient			5059	2005.77	Horizon	PPO		3186.56	1.827			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE INNER EAR	69801	CPT	outpatient			5059	2005.77	Horizon	Medicare Blue		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE INNER EAR	69801	CPT	outpatient			5059	2005.77	Managed Care Inc	Managed Care Inc		4553.1	0.9			1591.56	4806.05	percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient			5059	2005.77	Multiplan	Multiplan		4047.2	0.8			1591.56	4806.05	percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient			5059	2005.77	Qualcare	Qualcare		3794.25	0.75			1591.56	4806.05	percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient			5059	2005.77	Three Rivers	Three Rivers		4806.05	0.95			1591.56	4806.05	percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient			5059	2005.77	UHC	Medicaid		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient			5059	2005.77	UHC	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE INNER EAR	69801	CPT	outpatient			5059	2005.77	Wellcare	Medicaid		1591.56	0.3146			1591.56	4806.05	percent of total billed charges	
INCISE INNER EAR	69801	CPT	outpatient			5059	2005.77	Wellcare	Medicare		1744.15	1			1591.56	4806.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNOGRAPHY	70015	CPT	outpatient			2739	1053.08	Aetna	Medicare		915.72	1			861.69	2602.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNOGRAPHY	70015	CPT	outpatient			2739	1053.08	Aetna	Better Health		861.69	0.3146			861.69	2602.05	percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient			2739	1053.08	Aetna	Commercial		1457.83	1.592			861.69	2602.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNOGRAPHY	70015	CPT	outpatient			2739	1053.08	Americare	Americare		2054.25	0.75			861.69	2602.05	percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient			2739	1053.08	WellPoint	WellPoint		878.67	0.3208			861.69	2602.05	percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient			2739	1053.08	Amerihealth	Medicare		915.72	1			861.69	2602.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNOGRAPHY	70015	CPT	outpatient			2739	1053.08	Consumer	Consumer		2602.05	0.95			861.69	2602.05	percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient			2739	1053.08	Corrections	Corrections		2191.2	0.8			861.69	2602.05	percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient			2739	1053.08	First Health	First Health		1917.3	0.7			861.69	2602.05	percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient			2739	1053.08	First Trenton	First Trenton		2465.1	0.9			861.69	2602.05	percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient			2739	1053.08	Horizon	Medicare Blue		915.72	1			861.69	2602.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNOGRAPHY	70015	CPT	outpatient			2739	1053.08	Horizon	MGD		1673.02	1.827			861.69	2602.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNOGRAPHY	70015	CPT	outpatient			2739	1053.08	Horizon	Indemnity		1673.02	1.827			861.69	2602.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNOGRAPHY	70015	CPT	outpatient			2739	1053.08	Horizon	PPO		1673.02	1.827			861.69	2602.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNOGRAPHY	70015	CPT	outpatient			2739	1053.08	Managed Care Inc	Managed Care Inc		2465.1	0.9			861.69	2602.05	percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient			2739	1053.08	Multiplan	Multiplan		2191.2	0.8			861.69	2602.05	percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient			2739	1053.08	Qualcare	Qualcare		2054.25	0.75			861.69	2602.05	percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient			2739	1053.08	Three Rivers	Three Rivers		2602.05	0.95			861.69	2602.05	percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient			2739	1053.08	UHC	Medicaid		861.69	0.3146			861.69	2602.05	percent of total billed charges	
CISTERNOGRAPHY	70015	CPT	outpatient			2739	1053.08	UHC	Medicare		915.72	1			861.69	2602.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNOGRAPHY	70015	CPT	outpatient			2739	1053.08	Wellcare	Medicare		915.72	1			861.69	2602.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CISTERNOGRAPHY	70015	CPT	outpatient			2739	1053.08	Wellcare	Medicaid		861.69	0.3146			861.69	2602.05	percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821	119.52	Aetna	Commercial		165.46	1.592			103.93	779.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821	119.52	Aetna	Better Health		258.29	0.3146			103.93	779.95	percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821	119.52	Aetna	Medicare		103.93	1			103.93	779.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821	119.52	Americare	Americare		615.75	0.75			103.93	779.95	percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821	119.52	WellPoint	WellPoint		263.38	0.3208			103.93	779.95	percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821	119.52	Amerihealth	Medicare		103.93	1			103.93	779.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821	119.52	Consumer	Consumer		779.95	0.95			103.93	779.95	percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821	119.52	Corrections	Corrections		656.8	0.8			103.93	779.95	percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821	119.52	First Health	First Health		574.7	0.7			103.93	779.95	percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821	119.52	First Trenton	First Trenton		738.9	0.9			103.93	779.95	percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821	119.52	Horizon	MGD		189.88	1.827			103.93	779.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821	119.52	Horizon	Indemnity		189.88	1.827			103.93	779.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821	119.52	Horizon	Medicare Blue		103.93	1			103.93	779.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821	119.52	Horizon	PPO		189.88	1.827			103.93	779.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821	119.52	Managed Care Inc	Managed Care Inc		738.9	0.9			103.93	779.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821	119.52	Multiplan	Multiplan		656.8	0.8			103.93	779.95	percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821	119.52	Qualcare	Qualcare		615.75	0.75			103.93	779.95	percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821	119.52	Three Rivers	Three Rivers		779.95	0.95			103.93	779.95	percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821	119.52	UHC	Medicaid		258.29	0.3146			103.93	779.95	percent of total billed charges	
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821	119.52	UHC	Medicare		103.93	1			103.93	779.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821	119.52	Wellcare	Medicare		103.93	1			103.93	779.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE FOR DT & LCZ F B	70030	CPT	outpatient			821	119.52	Wellcare	Medicaid		258.29	0.3146			103.93	779.95	percent of total billed charges	
MANDIBLE	70100	CPT	outpatient			609	119.52	Aetna	Commercial		165.46	1.592			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE	70100	CPT	outpatient			609	119.52	Aetna	Better Health		191.59	0.3146			103.93	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	outpatient			609	119.52	Aetna	Medicare		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE	70100	CPT	outpatient			609	119.52	Americare	Americare		456.75	0.75			103.93	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	outpatient			609	119.52	WellPoint	WellPoint		195.37	0.3208			103.93	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	outpatient			609	119.52	Amerihealth	Medicare		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE	70100	CPT	outpatient			609	119.52	Consumer	Consumer		578.55	0.95			103.93	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	outpatient			609	119.52	Corrections	Corrections		487.2	0.8			103.93	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	outpatient			609	119.52	First Health	First Health		426.3	0.7			103.93	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	outpatient			609	119.52	First Trenton	First Trenton		548.1	0.9			103.93	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	outpatient			609	119.52	Horizon	PPO		189.88	1.827			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE	70100	CPT	outpatient			609	119.52	Horizon	Indemnity		189.88	1.827			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE	70100	CPT	outpatient			609	119.52	Horizon	MGD		189.88	1.827			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE	70100	CPT	outpatient			609	119.52	Horizon	Medicare Blue		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE	70100	CPT	outpatient			609	119.52	Managed Care Inc	Managed Care Inc		548.1	0.9			103.93	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	outpatient			609	119.52	Multiplan	Multiplan		487.2	0.8			103.93	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	outpatient			609	119.52	Qualcare	Qualcare		456.75	0.75			103.93	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	outpatient			609	119.52	Three Rivers	Three Rivers		578.55	0.95			103.93	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	outpatient			609	119.52	UHC	Medicaid		191.59	0.3146			103.93	578.55	percent of total billed charges	
MANDIBLE	70100	CPT	outpatient			609	119.52	UHC	Medicare		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE	70100	CPT	outpatient			609	119.52	Wellcare	Medicare		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE	70100	CPT	outpatient			609	119.52	Wellcare	Medicaid		191.59	0.3146			103.93	578.55	percent of total billed charges	
MANDIBLE MIN 4 VIEWS	70110	CPT	both			1048	144.6	Aetna	Better Health		329.7	0.3146			125.74	995.6	percent of total billed charges	
MANDIBLE MIN 4 VIEWS	70110	CPT	both			1048	144.6	Aetna	Commercial		200.18	1.592			125.74	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE MIN 4 VIEWS	70110	CPT	both			1048	144.6	Aetna	Medicare		125.74	1			125.74	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE MIN 4 VIEWS	70110	CPT	both			1048	144.6	Americare	Americare		786	0.75			125.74	995.6	percent of total billed charges	
MANDIBLE MIN 4 VIEWS	70110	CPT	both			1048	144.6	WellPoint	WellPoint		336.2	0.3208			125.74	995.6	percent of total billed charges	
MANDIBLE MIN 4 VIEWS	70110	CPT	both			1048	144.6	Amerihealth	Medicare		125.74	1			125.74	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE MIN 4 VIEWS	70110	CPT	both			1048	144.6	Consumer	Consumer		995.6	0.95			125.74	995.6	percent of total billed charges	
MANDIBLE MIN 4 VIEWS	70110	CPT	both			1048	144.6	Corrections	Corrections		838.4	0.8			125.74	995.6	percent of total billed charges	
MANDIBLE MIN 4 VIEWS	70110	CPT	both			1048	144.6	First Health	First Health		733.6	0.7			125.74	995.6	percent of total billed charges	
MANDIBLE MIN 4 VIEWS	70110	CPT	both			1048	144.6	First Trenton	First Trenton		943.2	0.9			125.74	995.6	percent of total billed charges	
MANDIBLE MIN 4 VIEWS	70110	CPT	both			1048	144.6	Horizon	PPO		229.73	1.827			125.74	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE MIN 4 VIEWS	70110	CPT	both			1048	144.6	Horizon	Medicare Blue		125.74	1			125.74	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE MIN 4 VIEWS	70110	CPT	both			1048	144.6	Horizon	MGD		229.73	1.827			125.74	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE MIN 4 VIEWS	70110	CPT	both			1048	144.6	Horizon	Indemnity		229.73	1.827			125.74	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE MIN 4 VIEWS	70110	CPT	both			1048	144.6	Managed Care Inc	Managed Care Inc		943.2	0.9			125.74	995.6	percent of total billed charges	
MANDIBLE MIN 4 VIEWS	70110	CPT	both			1048	144.6	Multiplan	Multiplan		838.4	0.8			125.74	995.6	percent of total billed charges	
MANDIBLE MIN 4 VIEWS	70110	CPT	both			1048	144.6	Qualcare	Qualcare		786	0.75			125.74	995.6	percent of total billed charges	
MANDIBLE MIN 4 VIEWS	70110	CPT	both			1048	144.6	Three Rivers	Three Rivers		995.6	0.95			125.74	995.6	percent of total billed charges	
MANDIBLE MIN 4 VIEWS	70110	CPT	both			1048	144.6	UHC	Medicaid		329.7	0.3146			125.74	995.6	percent of total billed charges	
MANDIBLE MIN 4 VIEWS	70110	CPT	both			1048	144.6	UHC	Medicare		125.74	1			125.74	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MANDIBLE MIN 4 VIEWS	70110	CPT	both			1048	144.6	Wellcare	Medicaid		329.7	0.3146			125.74	995.6	percent of total billed charges	
MANDIBLE MIN 4 VIEWS	70110	CPT	both			1048	144.6	Wellcare	Medicare		125.74	1			125.74	995.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS <VIEWS PER SIDE	70120	CPT	outpatient			609	144.6	Aetna	Better Health		191.59	0.3146			125.74	578.55	percent of total billed charges	
MASTOIDS <VIEWS PER SIDE	70120	CPT	outpatient			609	144.6	Aetna	Commercial		200.18	1.592			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS <VIEWS PER SIDE	70120	CPT	outpatient			609	144.6	Aetna	Medicare		125.74	1			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS <VIEWS PER SIDE	70120	CPT	outpatient			609	144.6	Americare	Americare		456.75	0.75			125.74	578.55	percent of total billed charges	
MASTOIDS <VIEWS PER SIDE	70120	CPT	outpatient			609	144.6	WellPoint	WellPoint		195.37	0.3208			125.74	578.55	percent of total billed charges	
MASTOIDS <VIEWS PER SIDE	70120	CPT	outpatient			609	144.6	Amerihealth	Medicare		125.74	1			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS <VIEWS PER SIDE	70120	CPT	outpatient			609	144.6	Consumer	Consumer		578.55	0.95			125.74	578.55	percent of total billed charges	
MASTOIDS <VIEWS PER SIDE	70120	CPT	outpatient			609	144.6	Corrections	Corrections		487.2	0.8			125.74	578.55	percent of total billed charges	
MASTOIDS <VIEWS PER SIDE	70120	CPT	outpatient			609	144.6	First Health	First Health		426.3	0.7			125.74	578.55	percent of total billed charges	
MASTOIDS <VIEWS PER SIDE	70120	CPT	outpatient			609	144.6	First Trenton	First Trenton		548.1	0.9			125.74	578.55	percent of total billed charges	
MASTOIDS <VIEWS PER SIDE	70120	CPT	outpatient			609	144.6	Horizon	Indemnity		229.73	1.827			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS <VIEWS PER SIDE	70120	CPT	outpatient			609	144.6	Horizon	Medicare Blue		125.74	1			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS <VIEWS PER SIDE	70120	CPT	outpatient			609	144.6	Horizon	PPO		229.73	1.827			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS <VIEWS PER SIDE	70120	CPT	outpatient			609	144.6	Horizon	MGD		229.73	1.827			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS <VIEWS PER SIDE	70120	CPT	outpatient			609	144.6	Managed Care Inc	Managed Care Inc		548.1	0.9			125.74	578.55	percent of total billed charges	
MASTOIDS <VIEWS PER SIDE	70120	CPT	outpatient			609	144.6	Multiplan	Multiplan		487.2	0.8			125.74	578.55	percent of total billed charges	
MASTOIDS <VIEWS PER SIDE	70120	CPT	outpatient			609	144.6	Qualcare	Qualcare		456.75	0.75			125.74	578.55	percent of total billed charges	
MASTOIDS <VIEWS PER SIDE	70120	CPT	outpatient			609	144.6	Three Rivers	Three Rivers		578.55	0.95			125.74	578.55	percent of total billed charges	
MASTOIDS <VIEWS PER SIDE	70120	CPT	outpatient			609	144.6	UHC	Medicaid		191.59	0.3146			125.74	578.55	percent of total billed charges	
MASTOIDS <VIEWS PER SIDE	70120	CPT	outpatient			609	144.6	UHC	Medicare		125.74	1			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS <VIEWS PER SIDE	70120	CPT	outpatient			609	144.6	Wellcare	Medicare		125.74	1			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS <VIEWS PER SIDE	70120	CPT	outpatient			609	144.6	Wellcare	Medicaid		191.59	0.3146			125.74	578.55	percent of total billed charges	
MASTOIDS 3 VIEWS	70130	CPT	outpatient			751	144.6	Aetna	Better Health		236.26	0.3146			125.74	713.45	percent of total billed charges	
MASTOIDS 3 VIEWS	70130	CPT	outpatient			751	144.6	Aetna	Commercial		200.18	1.592			125.74	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS 3 VIEWS	70130	CPT	outpatient			751	144.6	Aetna	Medicare		125.74	1			125.74	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS 3 VIEWS	70130	CPT	outpatient			751	144.6	Americare	Americare		563.25	0.75			125.74	713.45	percent of total billed charges	
MASTOIDS 3 VIEWS	70130	CPT	outpatient			751	144.6	WellPoint	WellPoint		240.92	0.3208			125.74	713.45	percent of total billed charges	
MASTOIDS 3 VIEWS	70130	CPT	outpatient			751	144.6	Amerihealth	Medicare		125.74	1			125.74	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS 3 VIEWS	70130	CPT	outpatient			751	144.6	Consumer	Consumer		713.45	0.95			125.74	713.45	percent of total billed charges	
MASTOIDS 3 VIEWS	70130	CPT	outpatient			751	144.6	Corrections	Corrections		600.8	0.8			125.74	713.45	percent of total billed charges	
MASTOIDS 3 VIEWS	70130	CPT	outpatient			751	144.6	First Health	First Health		525.7	0.7			125.74	713.45	percent of total billed charges	
MASTOIDS 3 VIEWS	70130	CPT	outpatient			751	144.6	First Trenton	First Trenton		675.9	0.9			125.74	713.45	percent of total billed charges	
MASTOIDS 3 VIEWS	70130	CPT	outpatient			751	144.6	Horizon	Indemnity		229.73	1.827			125.74	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS 3 VIEWS	70130	CPT	outpatient			751	144.6	Horizon	MGD		229.73	1.827			125.74	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS 3 VIEWS	70130	CPT	outpatient			751	144.6	Horizon	Medicare Blue		125.74	1			125.74	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS 3 VIEWS	70130	CPT	outpatient			751	144.6	Horizon	PPO		229.73	1.827			125.74	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS 3 VIEWS	70130	CPT	outpatient			751	144.6	Managed Care Inc	Managed Care Inc		675.9	0.9			125.74	713.45	percent of total billed charges	
MASTOIDS 3 VIEWS	70130	CPT	outpatient			751	144.6	Multiplan	Multiplan		600.8	0.8			125.74	713.45	percent of total billed charges	
MASTOIDS 3 VIEWS	70130	CPT	outpatient			751	144.6	Qualcare	Qualcare		563.25	0.75			125.74	713.45	percent of total billed charges	
MASTOIDS 3 VIEWS	70130	CPT	outpatient			751	144.6	Three Rivers	Three Rivers		713.45	0.95			125.74	713.45	percent of total billed charges	
MASTOIDS 3 VIEWS	70130	CPT	outpatient			751	144.6	UHC	Medicaid		236.26	0.3146			125.74	713.45	percent of total billed charges	
MASTOIDS 3 VIEWS	70130	CPT	outpatient			751	144.6	UHC	Medicare		125.74	1			125.74	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MASTOIDS 3 VIEWS	70130	CPT	outpatient			751	144.6	Wellcare	Medicaid		236.26	0.3146			125.74	713.45	percent of total billed charges	
MASTOIDS 3 VIEWS	70130	CPT	outpatient			751	144.6	Wellcare	Medicare		125.74	1			125.74	713.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY CANALS	70134	CPT	outpatient			1049	725.57	Aetna	Better Health		330.02	0.3146			330.02	1152.71	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049	725.57	Aetna	Commercial		1004.44	1.592			330.02	1152.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY CANALS	70134	CPT	outpatient			1049	725.57	Aetna	Medicare		630.93	1			330.02	1152.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY CANALS	70134	CPT	outpatient			1049	725.57	Americare	Americare		786.75	0.75			330.02	1152.71	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049	725.57	WellPoint	WellPoint		336.52	0.3208			330.02	1152.71	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049	725.57	Amerihealth	Medicare		630.93	1			330.02	1152.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY CANALS	70134	CPT	outpatient			1049	725.57	Consumer	Consumer		996.55	0.95			330.02	1152.71	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049	725.57	Corrections	Corrections		839.2	0.8			330.02	1152.71	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049	725.57	First Health	First Health		734.3	0.7			330.02	1152.71	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049	725.57	First Trenton	First Trenton		944.1	0.9			330.02	1152.71	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049	725.57	Horizon	PPO		1152.71	1.827			330.02	1152.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY CANALS	70134	CPT	outpatient			1049	725.57	Horizon	MGD		1152.71	1.827			330.02	1152.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY CANALS	70134	CPT	outpatient			1049	725.57	Horizon	Indemnity		1152.71	1.827			330.02	1152.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY CANALS	70134	CPT	outpatient			1049	725.57	Horizon	Medicare Blue		630.93	1			330.02	1152.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY CANALS	70134	CPT	outpatient			1049	725.57	Managed Care Inc	Managed Care Inc		944.1	0.9			330.02	1152.71	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049	725.57	Multiplan	Multiplan		839.2	0.8			330.02	1152.71	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049	725.57	Qualcare	Qualcare		786.75	0.75			330.02	1152.71	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049	725.57	Three Rivers	Three Rivers		996.55	0.95			330.02	1152.71	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049	725.57	UHC	Medicare		630.93	1			330.02	1152.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY CANALS	70134	CPT	outpatient			1049	725.57	UHC	Medicaid		330.02	0.3146			330.02	1152.71	percent of total billed charges	
AUDITORY CANALS	70134	CPT	outpatient			1049	725.57	Wellcare	Medicare		630.93	1			330.02	1152.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY CANALS	70134	CPT	outpatient			1049	725.57	Wellcare	Medicaid		330.02	0.3146			330.02	1152.71	percent of total billed charges	
MAXILLA	70140	CPT	outpatient			409	119.52	Aetna	Medicare		103.93	1			100.36	388.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLA	70140	CPT	outpatient			409	119.52	Aetna	Commercial		165.46	1.592			100.36	388.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLA	70140	CPT	outpatient			409	119.52	Aetna	Better Health		128.67	0.3146			100.36	388.55	percent of total billed charges	
MAXILLA	70140	CPT	outpatient			409	119.52	Americare	Americare		306.75	0.75			100.36	388.55	percent of total billed charges	
MAXILLA	70140	CPT	outpatient			409	119.52	WellPoint	WellPoint		131.21	0.3208			100.36	388.55	percent of total billed charges	
MAXILLA	70140	CPT	outpatient			409	119.52	Amerihealth	Medicare		103.93	1			100.36	388.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLA	70140	CPT	outpatient			409	119.52	Consumer	Consumer		388.55	0.95			100.36	388.55	percent of total billed charges	
MAXILLA	70140	CPT	outpatient			409	119.52	Corrections	Corrections		327.2	0.8			100.36	388.55	percent of total billed charges	
MAXILLA	70140	CPT	outpatient			409	119.52	First Health	First Health		286.3	0.7			100.36	388.55	percent of total billed charges	
MAXILLA	70140	CPT	outpatient			409	119.52	First Trenton	First Trenton		368.1	0.9			100.36	388.55	percent of total billed charges	
MAXILLA	70140	CPT	outpatient			409	119.52	Horizon	Indemnity		189.88	1.827			100.36	388.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLA	70140	CPT	outpatient			409	119.52	Horizon	Medicare Blue		103.93	1			100.36	388.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLA	70140	CPT	outpatient			409	119.52	Horizon	MGD		189.88	1.827			100.36	388.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLA	70140	CPT	outpatient			409	119.52	Horizon	PPO		189.88	1.827			100.36	388.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLA	70140	CPT	outpatient			409	119.52	Managed Care Inc	Managed Care Inc		368.1	0.9			100.36	388.55	percent of total billed charges	
MAXILLA	70140	CPT	outpatient			409	119.52	Multiplan	Multiplan		327.2	0.8			100.36	388.55	percent of total billed charges	
MAXILLA	70140	CPT	outpatient			409	119.52	Qualcare	Qualcare		306.75	0.75			100.36	388.55	percent of total billed charges	
MAXILLA	70140	CPT	outpatient			409	119.52	Three Rivers	Three Rivers		388.55	0.95			100.36	388.55	percent of total billed charges	
MAXILLA	70140	CPT	outpatient			409	119.52	UHC	Medicare		103.93	1			100.36	388.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLA	70140	CPT	outpatient			409	119.52	UHC	Medicaid		128.67	0.3146			100.36	388.55	percent of total billed charges	
MAXILLA	70140	CPT	outpatient			409	119.52	Wellcare	Medicare		103.93	1			100.36	388.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLA	70140	CPT	outpatient			409	119.52	Wellcare	Medicaid		128.67	0.3146			100.36	388.55	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Aetna	Commercial		200.18	1.592			125.74	528.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Aetna	Medicare		125.74	1			125.74	528.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Aetna	Better Health		174.92	0.3146			125.74	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Americare	Americare		417	0.75			125.74	528.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	WellPoint	WellPoint		178.36	0.3208			125.74	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Amerihealth	Medicare		125.74	1			125.74	528.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Consumer	Consumer		528.2	0.95			125.74	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Corrections	Corrections		444.8	0.8			125.74	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	First Health	First Health		369.2	0.7			125.74	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	First Trenton	First Trenton		500.4	0.9			125.74	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Horizon	PPO		229.73	1.827			125.74	528.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Horizon	Indemnity		229.73	1.827			125.74	528.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Horizon	MCD		229.73	1.827			125.74	528.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Horizon	Medicare Blue		125.74	1			125.74	528.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Managed Care Inc	Managed Care Inc		500.4	0.9			125.74	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Multiplan	Multiplan		444.8	0.8			125.74	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Qualcare	Qualcare		417	0.75			125.74	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Three Rivers	Three Rivers		528.2	0.95			125.74	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	UHC	Medicare		125.74	1			125.74	528.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	UHC	Medicaid		174.92	0.3146			125.74	528.2	percent of total billed charges	
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Wellcare	Medicare		125.74	1			125.74	528.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL BONES MIN 3 VIEWS	70150	CPT	both			556	144.6	Wellcare	Medicaid		174.92	0.3146			125.74	528.2	percent of total billed charges	
NASAL BONES MIN 3 VIEWS	70160	CPT	both			627	119.52	Aetna	Better Health		197.25	0.3146			103.93	595.65	percent of total billed charges	
NASAL BONES MIN 3 VIEWS	70160	CPT	both			627	119.52	Aetna	Commercial		165.46	1.592			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL BONES MIN 3 VIEWS	70160	CPT	both			627	119.52	Aetna	Medicare		103.93	1			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL BONES MIN 3 VIEWS	70160	CPT	both			627	119.52	Americare	Americare		470.25	0.75			103.93	595.65	percent of total billed charges	
NASAL BONES MIN 3 VIEWS	70160	CPT	both			627	119.52	WellPoint	WellPoint		201.14	0.3208			103.93	595.65	percent of total billed charges	
NASAL BONES MIN 3 VIEWS	70160	CPT	both			627	119.52	Amerihealth	Medicare		103.93	1			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL BONES MIN 3 VIEWS	70160	CPT	both			627	119.52	Consumer	Consumer		595.65	0.95			103.93	595.65	percent of total billed charges	
NASAL BONES MIN 3 VIEWS	70160	CPT	both			627	119.52	Corrections	Corrections		501.6	0.8			103.93	595.65	percent of total billed charges	
NASAL BONES MIN 3 VIEWS	70160	CPT	both			627	119.52	First Health	First Health		438.9	0.7			103.93	595.65	percent of total billed charges	
NASAL BONES MIN 3 VIEWS	70160	CPT	both			627	119.52	First Trenton	First Trenton		564.3	0.9			103.93	595.65	percent of total billed charges	
NASAL BONES MIN 3 VIEWS	70160	CPT	both			627	119.52	Horizon	MCD		189.88	1.827			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL BONES MIN 3 VIEWS	70160	CPT	both			627	119.52	Horizon	Medicare Blue		103.93	1			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL BONES MIN 3 VIEWS	70160	CPT	both			627	119.52	Horizon	Indemnity		189.88	1.827			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL BONES MIN 3 VIEWS	70160	CPT	both			627	119.52	Horizon	PPO		189.88	1.827			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL BONES MIN 3 VIEWS	70160	CPT	both			627	119.52	Managed Care Inc	Managed Care Inc		564.3	0.9			103.93	595.65	percent of total billed charges	
NASAL BONES MIN 3 VIEWS	70160	CPT	both			627	119.52	Multiplan	Multiplan		501.6	0.8			103.93	595.65	percent of total billed charges	
NASAL BONES MIN 3 VIEWS	70160	CPT	both			627	119.52	Qualcare	Qualcare		470.25	0.75			103.93	595.65	percent of total billed charges	
NASAL BONES MIN 3 VIEWS	70160	CPT	both			627	119.52	Three Rivers	Three Rivers		595.65	0.95			103.93	595.65	percent of total billed charges	
NASAL BONES MIN 3 VIEWS	70160	CPT	both			627	119.52	UHC	Medicare		103.93	1			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL BONES MIN 3 VIEWS	70160	CPT	both			627	119.52	UHC	Medicaid		197.25	0.3146			103.93	595.65	percent of total billed charges	
NASAL BONES MIN 3 VIEWS	70160	CPT	both			627	119.52	Wellcare	Medicare		103.93	1			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASAL BONES MIN 3 VIEWS	70160	CPT	both			627	119.52	Wellcare	Medicaid		197.25	0.3146			103.93	595.65	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Aetna	Better Health		268.67	0.3146			103.93	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Aetna	Commercial		165.46	1.592			103.93	811.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Aetna	Medicare		103.93	1			103.93	811.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Americare	Americare		640.5	0.75			103.93	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	WellPoint	WellPoint		273.96	0.3208			103.93	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Amerihealth	Medicare		103.93	1			103.93	811.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Consumer	Consumer		811.3	0.95			103.93	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Corrections	Corrections		683.2	0.8			103.93	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	First Health	First Health		597.8	0.7			103.93	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	First Trenton	First Trenton		768.6	0.9			103.93	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Horizon	Indemnity		189.88	1.827			103.93	811.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Horizon	Medicare Blue		103.93	1			103.93	811.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Horizon	PPO		189.88	1.827			103.93	811.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Horizon	MCD		189.88	1.827			103.93	811.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Managed Care Inc	Managed Care Inc		768.6	0.9			103.93	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Multiplan	Multiplan		683.2	0.8			103.93	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Qualcare	Qualcare		640.5	0.75			103.93	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Three Rivers	Three Rivers		811.3	0.95			103.93	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	UHC	Medicaid		268.67	0.3146			103.93	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	UHC	Medicare		103.93	1			103.93	811.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Wellcare	Medicaid		268.67	0.3146			103.93	811.3	percent of total billed charges	
OPTIC FORAMINA	70190	CPT	outpatient			854	119.52	Wellcare	Medicare		103.93	1			103.93	811.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Aetna	Medicare		125.74	1			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Aetna	Better Health		191.59	0.3146			125.74	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Aetna	Commercial		200.18	1.592			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Americare	Americare		456.75	0.75			125.74	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	WellPoint	WellPoint		195.37	0.3208			125.74	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Amerihealth	Medicare		125.74	1			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Consumer	Consumer		578.55	0.95			125.74	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Corrections	Corrections		487.2	0.8			125.74	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	First Health	First Health		426.3	0.7			125.74	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	First Trenton	First Trenton		548.1	0.9			125.74	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Horizon	PPO		229.73	1.827			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Horizon	Medicare Blue		125.74	1			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Horizon	MCD		229.73	1.827			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Horizon	Indemnity		229.73	1.827			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Managed Care Inc	Managed Care Inc		548.1	0.9			125.74	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Multiplan	Multiplan		487.2	0.8			125.74	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Qualcare	Qualcare		456.75	0.75			125.74	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Three Rivers	Three Rivers		578.55	0.95			125.74	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	UHC	Medicaid		191.59	0.3146			125.74	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	UHC	Medicare		125.74	1			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Wellcare	Medicaid		191.59	0.3146			125.74	578.55	percent of total billed charges	
ZYGOMATIC ARCHES	70200	CPT	both			609	144.6	Wellcare	Medicare		125.74	1			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES LIMITED	70210	CPT	outpatient			609	119.52	Aetna	Medicare		187.57	0.308			103.93	578.55	percent of total billed charges	
SINUSES LIMITED	70210	CPT	outpatient			609	119.52	Aetna	Better Health		191.59	0.3146			103.93	578.55	percent of total billed charges	
SINUSES LIMITED	70210	CPT	outpatient			609	119.52	Aetna	Commercial		165.46	1.592			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES LIMITED	70210	CPT	outpatient			609	119.52	Americare	Americare		456.75	0.75			103.93	578.55	percent of total billed charges	
SINUSES LIMITED	70210	CPT	outpatient			609	119.52	WellPoint	WellPoint		195.37	0.3208			103.93	578.55	percent of total billed charges	
SINUSES LIMITED	70210	CPT	outpatient			609	119.52	Amerihealth	Medicare		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES LIMITED	70210	CPT	outpatient			609	119.52	Consumer	Consumer		578.55	0.95			103.93	578.55	percent of total billed charges	
SINUSES LIMITED	70210	CPT	outpatient			609	119.52	Corrections	Corrections		487.2	0.8			103.93	578.55	percent of total billed charges	
SINUSES LIMITED	70210	CPT	outpatient			609	119.52	First Health	First Health		426.3	0.7			103.93	578.55	percent of total billed charges	
SINUSES LIMITED	70210	CPT	outpatient			609	119.52	First Trenton	First Trenton		548.1	0.9			103.93	578.55	percent of total billed charges	
SINUSES LIMITED	70210	CPT	outpatient			609	119.52	Horizon	Medicare Blue		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES LIMITED	70210	CPT	outpatient			609	119.52	Horizon	MCD		189.88	1.827			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES LIMITED	70210	CPT	outpatient			609	119.52	Horizon	Indemnity		189.88	1.827			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES LIMITED	70210	CPT	outpatient			609	119.52	Horizon	PPO		189.88	1.827			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES LIMITED	70210	CPT	outpatient			609	119.52	Managed Care Inc	Managed Care Inc		548.1	0.9			103.93	578.55	percent of total billed charges	
SINUSES LIMITED	70210	CPT	outpatient			609	119.52	Multiplan	Multiplan		487.2	0.8			103.93	578.55	percent of total billed charges	
SINUSES LIMITED	70210	CPT	outpatient			609	119.52	Qualcare	Qualcare		456.75	0.75			103.93	578.55	percent of total billed charges	
SINUSES LIMITED	70210	CPT	outpatient			609	119.52	Three Rivers	Three Rivers		578.55	0.95			103.93	578.55	percent of total billed charges	
SINUSES LIMITED	70210	CPT	outpatient			609	119.52	UHC	Medicaid		191.59	0.3146			103.93	578.55	percent of total billed charges	
SINUSES LIMITED	70210	CPT	outpatient			609	119.52	UHC	Medicare		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES LIMITED	70210	CPT	outpatient			609	119.52	Wellcare	Medicare		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES LIMITED	70210	CPT	outpatient			609	119.52	Wellcare	Medicaid		191.59	0.3146			103.93	578.55	percent of total billed charges	
SINUSES COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Aetna	Commercial		165.46	1.592			103.93	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Aetna	Medicare		103.93	1			103.93	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Aetna	Better Health		235.95	0.3146			103.93	712.5	percent of total billed charges	
SINUSES COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Americare	Americare		562.5	0.75			103.93	712.5	percent of total billed charges	
SINUSES COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	WellPoint	WellPoint		240.6	0.3208			103.93	712.5	percent of total billed charges	
SINUSES COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Amerihealth	Medicare		103.93	1			103.93	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Consumer	Consumer		712.5	0.95			103.93	712.5	percent of total billed charges	
SINUSES COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Corrections	Corrections		600	0.8			103.93	712.5	percent of total billed charges	
SINUSES COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	First Health	First Health		525	0.7			103.93	712.5	percent of total billed charges	
SINUSES COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	First Trenton	First Trenton		675	0.9			103.93	712.5	percent of total billed charges	
SINUSES COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Horizon	MCD		189.88	1.827			103.93	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Horizon	Medicare Blue		103.93	1			103.93	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Horizon	Indemnity		189.88	1.827			103.93	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Horizon	PPO		189.88	1.827			103.93	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Managed Care Inc	Managed Care Inc		675	0.9			103.93	712.5	percent of total billed charges	
SINUSES COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Multiplan	Multiplan		600	0.8			103.93	712.5	percent of total billed charges	
SINUSES COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Qualcare	Qualcare		562.5	0.75			103.93	712.5	percent of total billed charges	
SINUSES COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Three Rivers	Three Rivers		712.5	0.95			103.93	712.5	percent of total billed charges	
SINUSES COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	UHC	Medicaid		235.95	0.3146			103.93	712.5	percent of total billed charges	
SINUSES COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	UHC	Medicare		103.93	1			103.93	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUSES COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Wellcare	Medicaid		235.95	0.3146			103.93	712.5	percent of total billed charges	
SINUSES COMPLETE MIN 3 VIEWS	70220	CPT	both			750	119.52	Wellcare	Medicare		103.93	1			103.93	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Aetna	Medicare		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Aetna	Commercial		165.46	1.592			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Aetna	Better Health		191.59	0.3146			103.93	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Americare	Americare		456.75	0.75			103.93	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609	119.52	WellPoint	WellPoint		195.37	0.3208			103.93	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Amerihealth	Medicare		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Consumer	Consumer		578.55	0.95			103.93	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Corrections	Corrections		487.2	0.8			103.93	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609	119.52	First Health	First Health		426.3	0.7			103.93	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609	119.52	First Trenton	First Trenton		548.1	0.9			103.93	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Horizon	MCD		189.88	1.827			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Horizon	Indemnity		189.88	1.827			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Horizon	Medicare Blue		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Horizon	PPO		189.88	1.827			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELLA TURCICA	70240	CPT	outpatient			609	119.52	Managed Care Inc	Managed Care Inc		548.1	0.9			103.93	578.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SELLA TURCICA	70240	CPT	outpatient			609		119.52 Multiplan	Multiplan		487.2	0.8			103.93	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609		119.52 Qualcare	Qualcare		456.75	0.75			103.93	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609		119.52 Three Rivers	Three Rivers		578.55	0.95			103.93	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609		119.52 UHC	Medicare		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELLA TURCICA	70240	CPT	outpatient			609		119.52 UHC	Medicaid		191.59	0.3146			103.93	578.55	percent of total billed charges	
SELLA TURCICA	70240	CPT	outpatient			609		119.52 Wellcare	Medicare		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELLA TURCICA	70240	CPT	outpatient			609		119.52 Wellcare	Medicaid		191.59	0.3146			103.93	578.55	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505		144.6 Aetna	Commercial		200.18	1.592			123.82	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL PARTIAL	70250	CPT	both			505		144.6 Aetna	Medicare		155.54	0.308			123.82	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505		144.6 Aetna	Better Health		158.87	0.3146			123.82	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505		144.6 Americare	Americare		378.75	0.75			123.82	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505		144.6 WellPoint	WellPoint		162	0.3208			123.82	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505		144.6 Amerihealth	Medicare		125.74	1			123.82	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL PARTIAL	70250	CPT	both			505		144.6 Consumer	Consumer		479.75	0.95			123.82	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505		144.6 Corrections	Corrections		404	0.8			123.82	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505		144.6 First Health	First Health		353.5	0.7			123.82	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505		144.6 First Trenton	First Trenton		454.5	0.9			123.82	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505		144.6 Horizon	PPO		229.73	1.827			123.82	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL PARTIAL	70250	CPT	both			505		144.6 Horizon	MGD		229.73	1.827			123.82	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL PARTIAL	70250	CPT	both			505		144.6 Horizon	Indemnity		229.73	1.827			123.82	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL PARTIAL	70250	CPT	both			505		144.6 Horizon	Medicare Blue		125.74	1			123.82	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL PARTIAL	70250	CPT	both			505		144.6 Managed Care Inc	Managed Care Inc		454.5	0.9			123.82	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505		144.6 Multiplan	Multiplan		404	0.8			123.82	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505		144.6 Qualcare	Qualcare		378.75	0.75			123.82	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505		144.6 Three Rivers	Three Rivers		479.75	0.95			123.82	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505		144.6 UHC	Medicaid		158.87	0.3146			123.82	479.75	percent of total billed charges	
SKULL PARTIAL	70250	CPT	both			505		144.6 UHC	Medicare		125.74	1			123.82	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL PARTIAL	70250	CPT	both			505		144.6 Wellcare	Medicare		125.74	1			123.82	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL PARTIAL	70250	CPT	both			505		144.6 Wellcare	Medicaid		158.87	0.3146			123.82	479.75	percent of total billed charges	
SKULL MINIMUM 4 VIEWS	70260	CPT	both			871		144.6 Aetna	Better Health		274.02	0.3146			125.74	827.45	percent of total billed charges	
SKULL MINIMUM 4 VIEWS	70260	CPT	both			871		144.6 Aetna	Commercial		200.18	1.592			125.74	827.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL MINIMUM 4 VIEWS	70260	CPT	both			871		144.6 Aetna	Medicare		125.74	1			125.74	827.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL MINIMUM 4 VIEWS	70260	CPT	both			871		144.6 Americare	Americare		653.25	0.75			125.74	827.45	percent of total billed charges	
SKULL MINIMUM 4 VIEWS	70260	CPT	both			871		144.6 WellPoint	WellPoint		279.42	0.3208			125.74	827.45	percent of total billed charges	
SKULL MINIMUM 4 VIEWS	70260	CPT	both			871		144.6 Amerihealth	Medicare		125.74	1			125.74	827.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL MINIMUM 4 VIEWS	70260	CPT	both			871		144.6 Consumer	Consumer		827.45	0.95			125.74	827.45	percent of total billed charges	
SKULL MINIMUM 4 VIEWS	70260	CPT	both			871		144.6 Corrections	Corrections		696.8	0.8			125.74	827.45	percent of total billed charges	
SKULL MINIMUM 4 VIEWS	70260	CPT	both			871		144.6 First Health	First Health		609.7	0.7			125.74	827.45	percent of total billed charges	
SKULL MINIMUM 4 VIEWS	70260	CPT	both			871		144.6 First Trenton	First Trenton		783.9	0.9			125.74	827.45	percent of total billed charges	
SKULL MINIMUM 4 VIEWS	70260	CPT	both			871		144.6 Horizon	MGD		229.73	1.827			125.74	827.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL MINIMUM 4 VIEWS	70260	CPT	both			871		144.6 Horizon	PPO		229.73	1.827			125.74	827.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL MINIMUM 4 VIEWS	70260	CPT	both			871		144.6 Horizon	Indemnity		229.73	1.827			125.74	827.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL MINIMUM 4 VIEWS	70260	CPT	both			871		144.6 Horizon	Medicare Blue		125.74	1			125.74	827.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL MINIMUM 4 VIEWS	70260	CPT	both			871		144.6 Managed Care Inc	Managed Care Inc		783.9	0.9			125.74	827.45	percent of total billed charges	
SKULL MINIMUM 4 VIEWS	70260	CPT	both			871		144.6 Multiplan	Multiplan		696.8	0.8			125.74	827.45	percent of total billed charges	
SKULL MINIMUM 4 VIEWS	70260	CPT	both			871		144.6 Qualcare	Qualcare		653.25	0.75			125.74	827.45	percent of total billed charges	
SKULL MINIMUM 4 VIEWS	70260	CPT	both			871		144.6 Three Rivers	Three Rivers		827.45	0.95			125.74	827.45	percent of total billed charges	
SKULL MINIMUM 4 VIEWS	70260	CPT	both			871		144.6 UHC	Medicare		125.74	1			125.74	827.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKULL MINIMUM 4 VIEWS	70260	CPT	both			871		144.6 UHC	Medicaid		274.02	0.3146			125.74	827.45	percent of total billed charges	
SKULL MINIMUM 4 VIEWS	70260	CPT	both			871		144.6 Wellcare	Medicaid		274.02	0.3146			125.74	827.45	percent of total billed charges	
SKULL MINIMUM 4 VIEWS	70260	CPT	both			871		144.6 Wellcare	Medicare		125.74	1			125.74	827.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319		119.52 Aetna	Better Health		100.36	0.3146			98.25	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319		119.52 Aetna	Medicare		98.25	0.308			98.25	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319		119.52 Aetna	Commercial		165.46	1.592			98.25	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319		119.52 Americare	Americare		239.25	0.75			98.25	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319		119.52 WellPoint	WellPoint		102.34	0.3208			98.25	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319		119.52 Amerihealth	Medicare		103.93	1			98.25	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319		119.52 Consumer	Consumer		303.05	0.95			98.25	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319		119.52 Corrections	Corrections		255.2	0.8			98.25	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319		119.52 First Health	First Health		223.3	0.7			98.25	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319		119.52 First Trenton	First Trenton		287.1	0.9			98.25	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319		119.52 Horizon	Medicare Blue		103.93	1			98.25	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319		119.52 Horizon	MGD		189.88	1.827			98.25	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319		119.52 Horizon	Indemnity		189.88	1.827			98.25	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319		119.52 Horizon	PPO		189.88	1.827			98.25	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319		119.52 Managed Care Inc	Managed Care Inc		287.1	0.9			98.25	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319		119.52 Multiplan	Multiplan		255.2	0.8			98.25	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319		119.52 Qualcare	Qualcare		239.25	0.75			98.25	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319		119.52 Three Rivers	Three Rivers		303.05	0.95			98.25	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319		119.52 UHC	Medicaid		100.36	0.3146			98.25	303.05	percent of total billed charges	
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319		119.52 UHC	Medicare		103.93	1			98.25	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319		119.52 Wellcare	Medicare		103.93	1			98.25	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL OCCLUSAL IMAGE	70300	CPT	outpatient			319		119.52 Wellcare	Medicaid		100.36	0.3146			98.25	303.05	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853		322.28 Aetna	Commercial		446.14	1.592			268.35	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIUSAL	70310	CPT	outpatient			853		322.28 Aetna	Better Health		268.35	0.3146			268.35	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853		322.28 Aetna	Medicare		280.24	1			268.35	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIUSAL	70310	CPT	outpatient			853		322.28 Americare	Americare		639.75	0.75			268.35	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853		322.28 WellPoint	WellPoint		273.64	0.3208			268.35	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853		322.28 Amerihealth	Medicare		280.24	1			268.35	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIUSAL	70310	CPT	outpatient			853		322.28 Consumer	Consumer		810.35	0.95			268.35	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853		322.28 Corrections	Corrections		682.4	0.8			268.35	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853		322.28 First Health	First Health		597.1	0.7			268.35	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853		322.28 First Trenton	First Trenton		767.7	0.9			268.35	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853		322.28 Horizon	Medicare Blue		280.24	1			268.35	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIUSAL	70310	CPT	outpatient			853		322.28 Horizon	Indemnity		512	1.827			268.35	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIUSAL	70310	CPT	outpatient			853		322.28 Horizon	MGD		512	1.827			268.35	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIUSAL	70310	CPT	outpatient			853		322.28 Horizon	PPO		512	1.827			268.35	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIUSAL	70310	CPT	outpatient			853		322.28 Managed Care Inc	Managed Care Inc		767.7	0.9			268.35	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853		322.28 Multiplan	Multiplan		682.4	0.8			268.35	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853		322.28 Qualcare	Qualcare		639.75	0.75			268.35	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853		322.28 Three Rivers	Three Rivers		810.35	0.95			268.35	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853		322.28 UHC	Medicaid		268.35	0.3146			268.35	810.35	percent of total billed charges	
OCCIUSAL	70310	CPT	outpatient			853		322.28 UHC	Medicare		280.24	1			268.35	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIUSAL	70310	CPT	outpatient			853		322.28 Wellcare	Medicare		280.24	1			268.35	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCIUSAL	70310	CPT	outpatient			853		322.28 Wellcare	Medicaid		268.35	0.3146			268.35	810.35	percent of total billed charges	
TMJ RIGHT SURGICAL	70328	CPT	outpatient			750		119.52 Aetna	Better Health		235.95	0.3146			100.36	712.5	percent of total billed charges	
TMJ RIGHT SURGICAL	70328	CPT	outpatient			750		119.52 Aetna	Commercial		165.46	1.592			100.36	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ RIGHT SURGICAL	70328	CPT	outpatient			750		119.52 Aetna	Medicare		103.93	1			100.36	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ RIGHT SURGICAL	70328	CPT	outpatient			750		119.52 Americare	Americare		562.5	0.75			100.36	712.5	percent of total billed charges	
TMJ RIGHT SURGICAL	70328	CPT	outpatient			750		119.52 WellPoint	WellPoint		240.6	0.3208			100.36	712.5	percent of total billed charges	
TMJ RIGHT SURGICAL	70328	CPT	outpatient			750		119.52 Amerihealth	Medicare		103.93	1			100.36	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ RIGHT SURGICAL	70328	CPT	outpatient			750		119.52 Consumer	Consumer		712.5	0.95			100.36	712.5	percent of total billed charges	
TMJ RIGHT SURGICAL	70328	CPT	outpatient			750		119.52 Corrections	Corrections		600	0.8			100.36	712.5	percent of total billed charges	
TMJ RIGHT SURGICAL	70328	CPT	outpatient			750		119.52 First Health	First Health		525	0.7			100.36	712.5	percent of total billed charges	
TMJ RIGHT SURGICAL	70328	CPT	outpatient			750		119.52 First Trenton	First Trenton		675	0.9			100.36	712.5	percent of total billed charges	
TMJ RIGHT SURGICAL	70328	CPT	outpatient			750		119.52 Horizon	MGD		189.88	1.827			100.36	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ RIGHT SURGICAL	70328	CPT	outpatient			750		119.52 Horizon	Medicare Blue		103.93	1			100.36	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ RIGHT SURGICAL	70328	CPT	outpatient			750		119.52 Horizon	PPO		189.88	1.827			100.36	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ RIGHT SURGICAL	70328	CPT	outpatient			750		119.52 Horizon	Indemnity		189.88	1.827			100.36	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ RIGHT SURGICAL	70328	CPT	outpatient			750		119.52 Managed Care Inc	Managed Care Inc		675	0.9			100.36	712.5	percent of total billed charges	
TMJ RIGHT SURGICAL	70328	CPT	outpatient			750		119.52 Multiplan	Multiplan		600	0.8			100.36	712.5	percent of total billed charges	
TMJ RIGHT SURGICAL	70328	CPT	outpatient			750		119.52 Qualcare	Qualcare		562.5	0.75			100.36	712.5	percent of total billed charges	
TMJ RIGHT SURGICAL	70328	CPT	outpatient			750		119.52 Three Rivers	Three Rivers		712.5	0.95			100.36	712.5	percent of total billed charges	
TMJ RIGHT SURGICAL	70328	CPT	outpatient			750		119.52 UHC	Medicaid		235.95	0.3146			100.36	712.5	percent of total billed charges	
TMJ RIGHT SURGICAL	70328	CPT	outpatient			750		119.52 UHC	Medicare		103.93	1			100.36	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ RIGHT SURGICAL	70328	CPT	outpatient			750		119.52 Wellcare	Medicare		103.93	1			100.36	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ RIGHT SURGICAL	70328	CPT	outpatient			750		119.52 Wellcare	Medicaid		235.95	0.3146			100.36	712.5	percent of total billed charges	
TMJ OPEN & CLOSED MOUTH BIL	70330	CPT	both			609		119.52 Aetna	Commercial		165.46	1.592			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ OPEN & CLOSED MOUTH BIL	70330	CPT	both			609		119.52 Aetna	Better Health		191.59	0.3146			103.93	578.55	percent of total billed charges	
TMJ OPEN & CLOSED MOUTH BIL	70330	CPT	both			609		119.52 Aetna	Medicare		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ OPEN & CLOSED MOUTH BIL	70330	CPT	both			609		119.52 Americare	Americare		456.75	0.75			103.93	578.55	percent of total billed charges	
TMJ OPEN & CLOSED MOUTH BIL	70330	CPT	both			609		119.52 WellPoint	WellPoint		195.37	0.3208			103.93	578.55	percent of total billed charges	
TMJ OPEN & CLOSED MOUTH BIL	70330	CPT	both			609		119.52 Amerihealth	Medicare		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ OPEN & CLOSED MOUTH BIL	70330	CPT	both			609		119.52 Consumer	Consumer		578.55	0.95			103.93	578.55	percent of total billed charges	
TMJ OPEN & CLOSED MOUTH BIL	70330	CPT	both			609		119.52 Corrections	Corrections		487.2	0.8			103.93	578.55	percent of total billed charges	
TMJ OPEN & CLOSED MOUTH BIL	70330	CPT	both			609		119.52 First Health	First Health		426.3	0.7			103.93	578.55	percent of total billed charges	
TMJ OPEN & CLOSED MOUTH BIL	70330	CPT	both			609		119.52 First Trenton	First Trenton		548.1	0.9			103.93	578.55	percent of total billed charges	
TMJ OPEN & CLOSED MOUTH BIL	70330	CPT	both			609		119.52 Horizon	MGD		189.88	1.827			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ OPEN & CLOSED MOUTH BIL	70330	CPT	both			609		119.52 Horizon	Indemnity		189.88	1.827			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ OPEN & CLOSED MOUTH BIL	70330	CPT	both			609		119.52 Horizon	PPO		189.88	1.827			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ OPEN & CLOSED MOUTH BIL	70330	CPT	both			609		119.52 Horizon	Medicare Blue		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ OPEN & CLOSED MOUTH BIL	70330	CPT	both			609		119.52 Managed Care Inc	Managed Care Inc		548.1	0.9			103.93	578.55	percent of total billed charges	
TMJ OPEN & CLOSED MOUTH BIL	70330	CPT	both			609		119.52 Multiplan	Multiplan		487.2	0.8			103.93	578.55	percent of total billed charges	
TMJ OPEN & CLOSED MOUTH BIL	70330	CPT	both			609		119.52 Qualcare	Qualcare		456.75	0.75			103.93	578.55	percent of total billed charges	
TMJ OPEN & CLOSED MOUTH BIL	70330	CPT	both			609		119.52 Three Rivers	Three Rivers		578.55	0.95			103.93	578.55	percent of total billed charges	
TMJ OPEN & CLOSED MOUTH BIL	70330	CPT	both			609		119.52 UHC	Medicaid		191.59	0.3146			103.93	578.55	percent of total billed charges	
TMJ OPEN & CLOSED MOUTH BIL	70330	CPT	both			609		119.52 UHC	Medicare		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TMJ OPEN & CLOSED MOUTH BIL	70330	CPT	both			609		119.52 Wellcare	Medicaid		191.59	0.3146			103.93	578.55	percent of total billed charges	
TMJ OPEN & CLOSED MOUTH BIL	70330	CPT	both			609		119.52 Wellcare	Medicare		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPHY TMJ	70332	CPT	outpatient			936		322.28 Aetna	Better Health		294.47	0.3146			280.24	889.2	percent of total billed charges	
ARTHROGRAPHY TMJ	70332	CPT	outpatient			936		322.28 Aetna	Commercial		446.14	1.592			280.24	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPHY TMJ	70332	CPT	outpatient			936		322.28 Aetna	Medicare		280.24	1			280.24	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPHY TMJ	70332	CPT	outpatient			936		322.28 Americare	Americare		702	0.75			280.24	889.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ARTHROGRAPHY TMJ	70332	CPT	outpatient			936	322.28	WellPoint	WellPoint		300.27	0.3208			280.24		889.2 percent of total billed charges	
ARTHROGRAPHY TMJ	70332	CPT	outpatient			936	322.28	Amerihealth	Medicare		280.24	1			280.24		889.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPHY TMJ	70332	CPT	outpatient			936	322.28	Consumer	Consumer		889.2	0.95			280.24		889.2 percent of total billed charges	
ARTHROGRAPHY TMJ	70332	CPT	outpatient			936	322.28	Corrections	Corrections		748.8	0.8			280.24		889.2 percent of total billed charges	
ARTHROGRAPHY TMJ	70332	CPT	outpatient			936	322.28	First Health	First Health		655.2	0.7			280.24		889.2 percent of total billed charges	
ARTHROGRAPHY TMJ	70332	CPT	outpatient			936	322.28	First Trenton	First Trenton		842.4	0.9			280.24		889.2 percent of total billed charges	
ARTHROGRAPHY TMJ	70332	CPT	outpatient			936	322.28	Horizon	MGD		512	1.827			280.24		889.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPHY TMJ	70332	CPT	outpatient			936	322.28	Horizon	Indemnity		512	1.827			280.24		889.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPHY TMJ	70332	CPT	outpatient			936	322.28	Horizon	Medicare Blue		280.24	1			280.24		889.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPHY TMJ	70332	CPT	outpatient			936	322.28	Horizon	PPO		512	1.827			280.24		889.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPHY TMJ	70332	CPT	outpatient			936	322.28	Managed Care Inc	Managed Care Inc		842.4	0.9			280.24		889.2 percent of total billed charges	
ARTHROGRAPHY TMJ	70332	CPT	outpatient			936	322.28	Multiplan	Multiplan		748.8	0.8			280.24		889.2 percent of total billed charges	
ARTHROGRAPHY TMJ	70332	CPT	outpatient			936	322.28	Qualcare	Qualcare		702	0.75			280.24		889.2 percent of total billed charges	
ARTHROGRAPHY TMJ	70332	CPT	outpatient			936	322.28	Three Rivers	Three Rivers		889.2	0.95			280.24		889.2 percent of total billed charges	
ARTHROGRAPHY TMJ	70332	CPT	outpatient			936	322.28	UHC	Medicaid		294.47	0.3146			280.24		889.2 percent of total billed charges	
ARTHROGRAPHY TMJ	70332	CPT	outpatient			936	322.28	UHC	Medicare		280.24	1			280.24		889.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPHY TMJ	70332	CPT	outpatient			936	322.28	Wellcare	Medicaid		294.47	0.3146			280.24		889.2 percent of total billed charges	
ARTHROGRAPHY TMJ	70332	CPT	outpatient			936	322.28	Wellcare	Medicare		280.24	1			280.24		889.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002	322.28	Aetna	Commercial		446.14	1.592			280.24		2851.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002	322.28	Aetna	Better Health		944.43	0.3146			280.24		2851.9 percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002	322.28	Aetna	Medicare		280.24	1			280.24		2851.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002	322.28	Americare	Americare		2251.5	0.75			280.24		2851.9 percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002	322.28	WellPoint	WellPoint		963.04	0.3208			280.24		2851.9 percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002	322.28	Amerihealth	Medicare		280.24	1			280.24		2851.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002	322.28	Consumer	Consumer		2851.9	0.95			280.24		2851.9 percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002	322.28	Corrections	Corrections		2401.6	0.8			280.24		2851.9 percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002	322.28	First Health	First Health		2101.4	0.7			280.24		2851.9 percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002	322.28	First Trenton	First Trenton		2701.8	0.9			280.24		2851.9 percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002	322.28	Horizon	Indemnity		512	1.827			280.24		2851.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002	322.28	Horizon	Medicare Blue		280.24	1			280.24		2851.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002	322.28	Horizon	MGD		512	1.827			280.24		2851.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002	322.28	Horizon	PPO		512	1.827			280.24		2851.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002	322.28	Managed Care Inc	Managed Care Inc		2701.8	0.9			280.24		2851.9 percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002	322.28	Multiplan	Multiplan		2401.6	0.8			280.24		2851.9 percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002	322.28	Qualcare	Qualcare		2251.5	0.75			280.24		2851.9 percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002	322.28	Three Rivers	Three Rivers		2851.9	0.95			280.24		2851.9 percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002	322.28	UHC	Medicaid		944.43	0.3146			280.24		2851.9 percent of total billed charges	
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002	322.28	UHC	Medicare		280.24	1			280.24		2851.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002	322.28	Wellcare	Medicare		280.24	1			280.24		2851.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-TMJ WITH CONTRAST	70336	CPT	outpatient			3002	322.28	Wellcare	Medicaid		944.43	0.3146			280.24		2851.9 percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319	119.52	Aetna	Better Health		100.36	0.3146			100.36		303.05 percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319	119.52	Aetna	Commercial		165.46	1.592			100.36		303.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319	119.52	Aetna	Medicare		103.93	1			100.36		303.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319	119.52	Americare	Americare		239.25	0.75			100.36		303.05 percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319	119.52	WellPoint	WellPoint		102.34	0.3208			100.36		303.05 percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319	119.52	Amerihealth	Medicare		103.93	1			100.36		303.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319	119.52	Consumer	Consumer		303.05	0.95			100.36		303.05 percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319	119.52	Corrections	Corrections		255.2	0.8			100.36		303.05 percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319	119.52	First Health	First Health		223.3	0.7			100.36		303.05 percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319	119.52	First Trenton	First Trenton		287.1	0.9			100.36		303.05 percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319	119.52	Horizon	PPO		189.88	1.827			100.36		303.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319	119.52	Horizon	Indemnity		189.88	1.827			100.36		303.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319	119.52	Horizon	MGD		189.88	1.827			100.36		303.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319	119.52	Horizon	Medicare Blue		103.93	1			100.36		303.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319	119.52	Managed Care Inc	Managed Care Inc		287.1	0.9			100.36		303.05 percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319	119.52	Multiplan	Multiplan		255.2	0.8			100.36		303.05 percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319	119.52	Qualcare	Qualcare		239.25	0.75			100.36		303.05 percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319	119.52	Three Rivers	Three Rivers		303.05	0.95			100.36		303.05 percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319	119.52	UHC	Medicaid		100.36	0.3146			100.36		303.05 percent of total billed charges	
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319	119.52	UHC	Medicare		103.93	1			100.36		303.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319	119.52	Wellcare	Medicare		103.93	1			100.36		303.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEPLIALOMETRIC FILM	70350	CPT	outpatient			319	119.52	Wellcare	Medicaid		100.36	0.3146			100.36		303.05 percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319	119.52	Aetna	Better Health		100.36	0.3146			85.62		303.05 percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319	119.52	Aetna	Commercial		165.46	1.592			85.62		303.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319	119.52	Aetna	Medicare		98.25	0.308			85.62		303.05 percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319	119.52	Americare	Americare		239.25	0.75			85.62		303.05 percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319	119.52	WellPoint	WellPoint		102.34	0.3208			85.62		303.05 percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319	119.52	Amerihealth	Medicare		103.93	1			85.62		303.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319	119.52	Consumer	Consumer		303.05	0.95			85.62		303.05 percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319	119.52	Corrections	Corrections		255.2	0.8			85.62		303.05 percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319	119.52	First Health	First Health		223.3	0.7			85.62		303.05 percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319	119.52	First Trenton	First Trenton		287.1	0.9			85.62		303.05 percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319	119.52	Horizon	MGD		189.88	1.827			85.62		303.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319	119.52	Horizon	Indemnity		189.88	1.827			85.62		303.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319	119.52	Horizon	Medicare Blue		103.93	1			85.62		303.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319	119.52	Horizon	PPO		189.88	1.827			85.62		303.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319	119.52	Managed Care Inc	Managed Care Inc		287.1	0.9			85.62		303.05 percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319	119.52	Multiplan	Multiplan		255.2	0.8			85.62		303.05 percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319	119.52	Qualcare	Qualcare		239.25	0.75			85.62		303.05 percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319	119.52	Three Rivers	Three Rivers		303.05	0.95			85.62		303.05 percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319	119.52	UHC	Medicaid		100.36	0.3146			85.62		303.05 percent of total billed charges	
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319	119.52	UHC	Medicare		103.93	1			85.62		303.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319	119.52	Wellcare	Medicare		103.93	1			85.62		303.05 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC X-RAY OF JAWS	70355	CPT	both			319	119.52	Wellcare	Medicaid		100.36	0.3146			85.62		303.05 percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505	119.52	Aetna	Better Health		158.87	0.3146			103.93		479.75 percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505	119.52	Aetna	Commercial		165.46	1.592			103.93		479.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOFT TISSUE NECK	70360	CPT	both			505	119.52	Aetna	Medicare		103.93	1			103.93		479.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOFT TISSUE NECK	70360	CPT	both			505	119.52	Americare	Americare		378.75	0.75			103.93		479.75 percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505	119.52	WellPoint	WellPoint		162	0.3208			103.93		479.75 percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505	119.52	Amerihealth	Medicare		103.93	1			103.93		479.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOFT TISSUE NECK	70360	CPT	both			505	119.52	Consumer	Consumer		479.75	0.95			103.93		479.75 percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505	119.52	Corrections	Corrections		404	0.8			103.93		479.75 percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505	119.52	First Health	First Health		353.5	0.7			103.93		479.75 percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505	119.52	First Trenton	First Trenton		454.5	0.9			103.93		479.75 percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505	119.52	Horizon	Indemnity		189.88	1.827			103.93		479.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOFT TISSUE NECK	70360	CPT	both			505	119.52	Horizon	MGD		189.88	1.827			103.93		479.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOFT TISSUE NECK	70360	CPT	both			505	119.52	Horizon	Medicare Blue		103.93	1			103.93		479.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOFT TISSUE NECK	70360	CPT	both			505	119.52	Horizon	PPO		189.88	1.827			103.93		479.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOFT TISSUE NECK	70360	CPT	both			505	119.52	Managed Care Inc	Managed Care Inc		454.5	0.9			103.93		479.75 percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505	119.52	Multiplan	Multiplan		404	0.8			103.93		479.75 percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505	119.52	Qualcare	Qualcare		378.75	0.75			103.93		479.75 percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505	119.52	Three Rivers	Three Rivers		479.75	0.95			103.93		479.75 percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505	119.52	UHC	Medicaid		158.87	0.3146			103.93		479.75 percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505	119.52	UHC	Medicare		103.93	1			103.93		479.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOFT TISSUE NECK	70360	CPT	both			505	119.52	Wellcare	Medicaid		158.87	0.3146			103.93		479.75 percent of total billed charges	
SOFT TISSUE NECK	70360	CPT	both			505	119.52	Wellcare	Medicare		103.93	1			103.93		479.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Aetna	Medicare		280.24	1			251.68		810.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Aetna	Better Health		268.35	0.3146			251.68		810.35 percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Aetna	Commercial		446.14	1.592			251.68		810.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Americare	Americare		639.75	0.75			251.68		810.35 percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	WellPoint	WellPoint		273.64	0.3208			251.68		810.35 percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Amerihealth	Medicare		280.24	1			251.68		810.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Consumer	Consumer		810.35	0.95			251.68		810.35 percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Corrections	Corrections		682.4	0.8			251.68		810.35 percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	First Health	First Health		597.1	0.7			251.68		810.35 percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	First Trenton	First Trenton		767.7	0.9			251.68		810.35 percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Horizon	Medicare Blue		280.24	1			251.68		810.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Horizon	Indemnity		512	1.827			251.68		810.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Horizon	MGD		512	1.827			251.68		810.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Horizon	PPO		512	1.827			251.68		810.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Managed Care Inc	Managed Care Inc		767.7	0.9			251.68		810.35 percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Multiplan	Multiplan		682.4	0.8			251.68		810.35 percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Qualcare	Qualcare		639.75	0.75			251.68		810.35 percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Three Rivers	Three Rivers		810.35	0.95			251.68		810.35 percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	UHC	Medicaid		268.35	0.3146			251.68		810.35 percent of total billed charges	
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	UHC	Medicare		280.24	1			251.68		810.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Wellcare	Medicare		280.24	1			251.68		810.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIALOGRAPHY	70390	CPT	outpatient			853	322.28	Wellcare	Medicaid		268.35	0.3146			251.68		810.35 percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Aetna	Better Health		809.47	0.3146			125.74		2444.35 percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Aetna	Medicare		125.74	1			125.74		2444.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Aetna	Commercial		200.18	1.592			125.74		2444.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Americare	Americare		1929.75	0.75			125.74		2444.35 percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	WellPoint	WellPoint		825.42	0.3208			125.74		2444.35 percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Amerihealth	Medicare		125.74	1			125.74		2444.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Consumer	Consumer		2444.35	0.95			125.74		2444.35 percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Corrections	Corrections		2058.4	0.8			125.74		2444.35 percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	First Health	First Health		1801.1	0.7			125.74		2444.35 percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	First Trenton	First Trenton		2315.7	0.9			125.74		2444.35 percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Horizon	MGD		229.73	1.827			125.74		2444.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Horizon	Indemnity		229.73	1.827			125.74		2444.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Horizon	Medicare Blue		125.74	1			125.74		2444.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Horizon	PPO		229.73	1.827			125.74		2444.35 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Managed Care Inc	Managed Care Inc		2315.7	0.9			125.74		2444.35 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Multiplan	Multiplan		2058.4	0.8			125.74	2444.35	percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Qualcare	Qualcare		1929.75	0.75			125.74	2444.35	percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Three Rivers	Three Rivers		2444.35	0.95			125.74	2444.35	percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	UHC	Medicare		125.74	1			125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	UHC	Medicaid		809.47	0.3146			125.74	2444.35	percent of total billed charges	
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Wellcare	Medicare		125.74	1			125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W/O CONTRAST	70450	CPT	both			2573	144.6	Wellcare	Medicaid		809.47	0.3146			125.74	2444.35	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Aetna	Better Health		969.28	0.3146			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Aetna	Commercial		334.53	1.592			210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Aetna	Medicare		210.13	1			210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Americare	Americare		2310.75	0.75			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	WellPoint	WellPoint		988.38	0.3208			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Amerihealth	Medicare		210.13	1			210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Consumer	Consumer		2926.95	0.95			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Corrections	Corrections		2464.8	0.8			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	First Health	First Health		2156.7	0.7			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	First Trenton	First Trenton		2772.9	0.9			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Horizon	MGD		383.91	1.827			210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Horizon	PPO		383.91	1.827			210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Horizon	Indemnity		383.91	1.827			210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Horizon	Medicare Blue		210.13	1			210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Managed Care Inc	Managed Care Inc		2772.9	0.9			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Multiplan	Multiplan		2464.8	0.8			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Qualcare	Qualcare		2310.75	0.75			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Three Rivers	Three Rivers		2926.95	0.95			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	UHC	Medicare		210.13	1			210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	UHC	Medicaid		969.28	0.3146			210.13	2926.95	percent of total billed charges	
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Wellcare	Medicare		210.13	1			210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W CONTRAST	70460	CPT	both			3081	241.65	Wellcare	Medicaid		969.28	0.3146			210.13	2926.95	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Aetna	Better Health		1210.9	0.3146			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Aetna	Medicare		210.13	1			210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Aetna	Commercial		334.53	1.592			210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Americare	Americare		2886.75	0.75			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	WellPoint	WellPoint		1234.76	0.3208			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Amerihealth	Medicare		210.13	1			210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Consumer	Consumer		3656.55	0.95			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Corrections	Corrections		3079.2	0.8			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	First Health	First Health		2694.3	0.7			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	First Trenton	First Trenton		3464.1	0.9			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Horizon	Indemnity		383.91	1.827			210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Horizon	MGD		383.91	1.827			210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Horizon	PPO		383.91	1.827			210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Horizon	Medicare Blue		210.13	1			210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Managed Care Inc	Managed Care Inc		3464.1	0.9			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Multiplan	Multiplan		3079.2	0.8			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Qualcare	Qualcare		2886.75	0.75			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Three Rivers	Three Rivers		3656.55	0.95			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	UHC	Medicare		210.13	1			210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	UHC	Medicaid		1210.9	0.3146			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Wellcare	Medicaid		1210.9	0.3146			210.13	3656.55	percent of total billed charges	
CTHEAD W & W/O CONTRAST	70470	CPT	both			3849	241.65	Wellcare	Medicare		210.13	1			210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Aetna	Medicare		125.74	1			125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Aetna	Better Health		809.47	0.3146			125.74	2444.35	percent of total billed charges	
ORBIT SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Aetna	Commercial		200.18	1.592			125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Americare	Americare		1929.75	0.75			125.74	2444.35	percent of total billed charges	
ORBIT SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	WellPoint	WellPoint		825.42	0.3208			125.74	2444.35	percent of total billed charges	
ORBIT SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Amerihealth	Medicare		125.74	1			125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Consumer	Consumer		2444.35	0.95			125.74	2444.35	percent of total billed charges	
ORBIT SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Corrections	Corrections		2058.4	0.8			125.74	2444.35	percent of total billed charges	
ORBIT SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	First Health	First Health		1801.1	0.7			125.74	2444.35	percent of total billed charges	
ORBIT SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	First Trenton	First Trenton		2315.7	0.9			125.74	2444.35	percent of total billed charges	
ORBIT SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Horizon	Indemnity		229.73	1.827			125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Horizon	Medicare Blue		125.74	1			125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Horizon	MGD		229.73	1.827			125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Horizon	PPO		229.73	1.827			125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Managed Care Inc	Managed Care Inc		2315.7	0.9			125.74	2444.35	percent of total billed charges	
ORBIT SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Multiplan	Multiplan		2058.4	0.8			125.74	2444.35	percent of total billed charges	
ORBIT SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Qualcare	Qualcare		1929.75	0.75			125.74	2444.35	percent of total billed charges	
ORBIT SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Three Rivers	Three Rivers		2444.35	0.95			125.74	2444.35	percent of total billed charges	
ORBIT SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	UHC	Medicaid		809.47	0.3146			125.74	2444.35	percent of total billed charges	
ORBIT SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	UHC	Medicare		125.74	1			125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Wellcare	Medicare		125.74	1			125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/O CONTRAST	70480	CPT	both			2573	144.6	Wellcare	Medicaid		809.47	0.3146			125.74	2444.35	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Aetna	Better Health		969.28	0.3146			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Aetna	Commercial		334.53	1.592			210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Aetna	Medicare		210.13	1			210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Americare	Americare		2310.75	0.75			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	WellPoint	WellPoint		988.38	0.3208			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Amerihealth	Medicare		210.13	1			210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Consumer	Consumer		2926.95	0.95			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Corrections	Corrections		2464.8	0.8			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	First Health	First Health		2156.7	0.7			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	First Trenton	First Trenton		2772.9	0.9			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Horizon	MGD		383.91	1.827			210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Horizon	Indemnity		383.91	1.827			210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Horizon	PPO		383.91	1.827			210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Horizon	Medicare Blue		210.13	1			210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Managed Care Inc	Managed Care Inc		2772.9	0.9			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Multiplan	Multiplan		2464.8	0.8			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Qualcare	Qualcare		2310.75	0.75			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Three Rivers	Three Rivers		2926.95	0.95			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	UHC	Medicaid		969.28	0.3146			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	UHC	Medicare		210.13	1			210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Wellcare	Medicaid		969.28	0.3146			210.13	2926.95	percent of total billed charges	
ORBIT SELLA POST FOSSA W/CONTRAST	70481	CPT	both			3081	241.65	Wellcare	Medicare		210.13	1			210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	Aetna	Commercial		334.53	1.592			210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	Aetna	Medicare		210.13	1			210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	Aetna	Better Health		1210.9	0.3146			210.13	3656.55	percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	Americare	Americare		2886.75	0.75			210.13	3656.55	percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	WellPoint	WellPoint		1234.76	0.3208			210.13	3656.55	percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	Amerihealth	Medicare		210.13	1			210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	Consumer	Consumer		3656.55	0.95			210.13	3656.55	percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	Corrections	Corrections		3079.2	0.8			210.13	3656.55	percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	First Health	First Health		2694.3	0.7			210.13	3656.55	percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	First Trenton	First Trenton		3464.1	0.9			210.13	3656.55	percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	Horizon	Indemnity		383.91	1.827			210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	Horizon	MGD		383.91	1.827			210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	Horizon	PPO		383.91	1.827			210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	Horizon	Medicare Blue		210.13	1			210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	Managed Care Inc	Managed Care Inc		3464.1	0.9			210.13	3656.55	percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	Multiplan	Multiplan		3079.2	0.8			210.13	3656.55	percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	Qualcare	Qualcare		2886.75	0.75			210.13	3656.55	percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	Three Rivers	Three Rivers		3656.55	0.95			210.13	3656.55	percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	UHC	Medicaid		1210.9	0.3146			210.13	3656.55	percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	UHC	Medicare		210.13	1			210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	Wellcare	Medicaid		1210.9	0.3146			210.13	3656.55	percent of total billed charges	
ORBIT SELLA POST FOSSA W&W/O CONT	70482	CPT	both			3849	241.65	Wellcare	Medicare		210.13	1			210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160	144.6	Aetna	Better Health		364.94	0.3146			120.12	1102	percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160	144.6	Aetna	Commercial		200.18	1.592			120.12	1102	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160	144.6	Aetna	Medicare		357.28	0.308			120.12	1102	percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160	144.6	Americare	Americare		870	0.75			120.12	1102	percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160	144.6	WellPoint	WellPoint		372.13	0.3208			120.12	1102	percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160	144.6	Amerihealth	Medicare		125.74	1			120.12	1102	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160	144.6	Consumer	Consumer		1102	0.95			120.12	1102	percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160	144.6	Corrections	Corrections		928	0.8			120.12	1102	percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160	144.6	First Health	First Health		812	0.7			120.12	1102	percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160	144.6	First Trenton	First Trenton		1044	0.9			120.12	1102	percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160	144.6	Horizon	Indemnity		229.73	1.827			120.12	1102	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160	144.6	Horizon	Medicare Blue		125.74	1			120.12	1102	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160	144.6	Horizon	PPO		229.73	1.827			120.12	1102	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160	144.6	Horizon	MGD		229.73	1.827			120.12	1102	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160	144.6	Managed Care Inc	Managed Care Inc		1044	0.9			120.12	1102	percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160	144.6	Multiplan	Multiplan		928	0.8			120.12	1102	percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160	144.6	Qualcare	Qualcare		870	0.75			120.12	1102	percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160	144.6	Three Rivers	Three Rivers		1102	0.95			120.12	1102	percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160	144.6	UHC	Medicare		125.74	1			120.12	1102	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160	144.6	UHC	Medicaid		364.94	0.3146			120.12	1102	percent of total billed charges	
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160	144.6	Wellcare	Medicare		125.74	1			120.12	1102	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O CONTRAST	70486	CPT	both			1160	144.6	Wellcare	Medicaid		364.94	0.3146			120.12	1102	percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081	241.65	Aetna	Commercial		334.53	1.592			210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081	241.65	Aetna	Better Health		969.28	0.3146			210.13	2926.95	percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081	241.65	Aetna	Medicare		210.13	1			210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081	241.65	Americare	Americare		2310.75	0.75			210.13	2926.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65	WellPoint		988.38	0.3208			210.13	2926.95	percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65	Amerihealth		Medicare	1			210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65	Consumer		Consumer	2926.95	0.95		210.13	2926.95	percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65	Corrections		Corrections	2464.8	0.8		210.13	2926.95	percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65	First Health		First Health	2156.7	0.7		210.13	2926.95	percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65	First Trenton		First Trenton	2772.9	0.9		210.13	2926.95	percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65	Horizon		MGD	383.91	1.827		210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65	Horizon		Indemnity	383.91	1.827		210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65	Horizon		Medicare Blue	210.13	1		210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65	Horizon		PPO	383.91	1.827		210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65	Managed Care Inc		Managed Care Inc	2772.9	0.9		210.13	2926.95	percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65	Multiplan		Multiplan	2464.8	0.8		210.13	2926.95	percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65	Qualcare		Qualcare	2310.75	0.75		210.13	2926.95	percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65	Three Rivers		Three Rivers	2926.95	0.95		210.13	2926.95	percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65	UHC		Medicare	210.13	1		210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65	UHC		Medicaid	969.28	0.3146		210.13	2926.95	percent of total billed charges	
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65	Wellcare		Medicare	210.13	1		210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/CONTRAST	70487	CPT	both			3081		241.65	Wellcare		Medicaid	969.28	0.3146		210.13	2926.95	percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65	Aetna		Commercial	334.53	1.592		210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65	Aetna		Better Health	1210.9	0.3146		210.13	3656.55	percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65	Aetna		Medicare	1185.49	0.308		210.13	3656.55	percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65	Americare		Americare	2886.75	0.75		210.13	3656.55	percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65	WellPoint		WellPoint	1234.76	0.3208		210.13	3656.55	percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65	Amerihealth		Medicare	210.13	1		210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65	Consumer		Consumer	3656.55	0.95		210.13	3656.55	percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65	Corrections		Corrections	3079.2	0.8		210.13	3656.55	percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65	First Health		First Health	2694.3	0.7		210.13	3656.55	percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65	First Trenton		First Trenton	3464.1	0.9		210.13	3656.55	percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65	Horizon		Indemnity	383.91	1.827		210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65	Horizon		PPO	383.91	1.827		210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65	Horizon		MGD	383.91	1.827		210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65	Horizon		Medicare Blue	210.13	1		210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65	Managed Care Inc		Managed Care Inc	3464.1	0.9		210.13	3656.55	percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65	Multiplan		Multiplan	3079.2	0.8		210.13	3656.55	percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65	Qualcare		Qualcare	2886.75	0.75		210.13	3656.55	percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65	Three Rivers		Three Rivers	3656.55	0.95		210.13	3656.55	percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65	UHC		Medicaid	1210.9	0.3146		210.13	3656.55	percent of total billed charges	
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65	UHC		Medicare	210.13	1		210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65	Wellcare		Medicare	210.13	1		210.13	3656.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAXILLOFACIAL W/O FOLL BY	70488	CPT	both			3849		241.65	Wellcare		Medicaid	1210.9	0.3146		210.13	3656.55	percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6	Aetna		Better Health	809.47	0.3146		125.74	2444.35	percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6	Aetna		Commercial	200.18	1.592		125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6	Aetna		Medicare	125.74	1		125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6	Americare		Americare	1929.75	0.75		125.74	2444.35	percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6	WellPoint		WellPoint	825.42	0.3208		125.74	2444.35	percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6	Amerihealth		Medicare	125.74	1		125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6	Consumer		Consumer	2444.35	0.95		125.74	2444.35	percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6	Corrections		Corrections	2058.4	0.8		125.74	2444.35	percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6	First Health		First Health	1801.1	0.7		125.74	2444.35	percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6	First Trenton		First Trenton	2315.7	0.9		125.74	2444.35	percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6	Horizon		MGD	229.73	1.827		125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6	Horizon		Medicare Blue	125.74	1		125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6	Horizon		PPO	229.73	1.827		125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6	Horizon		Indemnity	229.73	1.827		125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6	Managed Care Inc		Managed Care Inc	2315.7	0.9		125.74	2444.35	percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6	Multiplan		Multiplan	2058.4	0.8		125.74	2444.35	percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6	Qualcare		Qualcare	1929.75	0.75		125.74	2444.35	percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6	Three Rivers		Three Rivers	2444.35	0.95		125.74	2444.35	percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6	UHC		Medicaid	809.47	0.3146		125.74	2444.35	percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6	UHC		Medicare	125.74	1		125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6	Wellcare		Medicaid	809.47	0.3146		125.74	2444.35	percent of total billed charges	
CTSOFT TISSUE NECK W/O CONTRAST	70490	CPT	both			2573		144.6	Wellcare		Medicare	125.74	1		125.74	2444.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65	Aetna		Commercial	334.53	1.592		210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65	Aetna		Medicare	948.95	0.308		210.13	2926.95	percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65	Aetna		Better Health	969.28	0.3146		210.13	2926.95	percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65	Americare		Americare	2310.75	0.75		210.13	2926.95	percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65	WellPoint		WellPoint	988.38	0.3208		210.13	2926.95	percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65	Amerihealth		Medicare	210.13	1		210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65	Consumer		Consumer	2926.95	0.95		210.13	2926.95	percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65	Corrections		Corrections	2464.8	0.8		210.13	2926.95	percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65	First Health		First Health	2156.7	0.7		210.13	2926.95	percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65	First Trenton		First Trenton	2772.9	0.9		210.13	2926.95	percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65	Horizon		PPO	383.91	1.827		210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65	Horizon		Indemnity	383.91	1.827		210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65	Horizon		MGD	383.91	1.827		210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65	Horizon		Medicare Blue	210.13	1		210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65	Managed Care Inc		Managed Care Inc	2772.9	0.9		210.13	2926.95	percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65	Multiplan		Multiplan	2464.8	0.8		210.13	2926.95	percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65	Qualcare		Qualcare	2310.75	0.75		210.13	2926.95	percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65	Three Rivers		Three Rivers	2926.95	0.95		210.13	2926.95	percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65	UHC		Medicare	210.13	1		210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65	UHC		Medicaid	969.28	0.3146		210.13	2926.95	percent of total billed charges	
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65	Wellcare		Medicare	210.13	1		210.13	2926.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W CONTRAST	70491	CPT	both			3081		241.65	Wellcare		Medicaid	969.28	0.3146		210.13	2926.95	percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65	Aetna		Better Health	865.46	0.3146		210.13	2613.45	percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65	Aetna		Commercial	334.53	1.592		210.13	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65	Aetna		Medicare	210.13	1		210.13	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65	Americare		Americare	2063.25	0.75		210.13	2613.45	percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65	WellPoint		WellPoint	882.52	0.3208		210.13	2613.45	percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65	Amerihealth		Medicare	210.13	1		210.13	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65	Consumer		Consumer	2613.45	0.95		210.13	2613.45	percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65	Corrections		Corrections	2200.8	0.8		210.13	2613.45	percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65	First Health		First Health	1925.7	0.7		210.13	2613.45	percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65	First Trenton		First Trenton	2475.9	0.9		210.13	2613.45	percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65	Horizon		Indemnity	383.91	1.827		210.13	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65	Horizon		MGD	383.91	1.827		210.13	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65	Horizon		PPO	383.91	1.827		210.13	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65	Horizon		Medicare Blue	210.13	1		210.13	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65	Managed Care Inc		Managed Care Inc	2475.9	0.9		210.13	2613.45	percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65	Multiplan		Multiplan	2200.8	0.8		210.13	2613.45	percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65	Qualcare		Qualcare	2063.25	0.75		210.13	2613.45	percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65	Three Rivers		Three Rivers	2613.45	0.95		210.13	2613.45	percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65	UHC		Medicaid	865.46	0.3146		210.13	2613.45	percent of total billed charges	
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65	UHC		Medicare	210.13	1		210.13	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65	Wellcare		Medicare	210.13	1		210.13	2613.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTSOFT TISSUE NECK W & W/OCONTRAST	70492	CPT	both			2751		241.65	Wellcare		Medicaid	865.46	0.3146		210.13	2613.45	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65	Aetna		Commercial	334.53	1.592		210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65	Aetna		Better Health	774.23	0.3146		210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65	Aetna		Medicare	210.13	1		210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65	Americare		Americare	1845.75	0.75		210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65	WellPoint		WellPoint	789.49	0.3208		210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65	Amerihealth		Medicare	210.13	1		210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65	Consumer		Consumer	2337.95	0.95		210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65	Corrections		Corrections	1968.8	0.8		210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65	First Health		First Health	1722.7	0.7		210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65	First Trenton		First Trenton	2214.9	0.9		210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65	Horizon		MGD	383.91	1.827		210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65	Horizon		Medicare Blue	210.13	1		210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65	Horizon		PPO	383.91	1.827		210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65	Horizon		Indemnity	383.91	1.827		210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65	Managed Care Inc		Managed Care Inc	2214.9	0.9		210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65	Multiplan		Multiplan	1968.8	0.8		210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65	Qualcare		Qualcare	1845.75	0.75		210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65	Three Rivers		Three Rivers	2337.95	0.95		210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65	UHC		Medicare	210.13	1		210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65	UHC		Medicaid	774.23	0.3146		210.13	2337.95	percent of total billed charges	
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65	Wellcare		Medicare	210.13	1		210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTV HEAD W + W/O CONTR	70496	CPT	both			2461		241.65	Wellcare		Medicaid	774.23	0.3146		210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461		241.65	Aetna		Better Health	774.23	0.3146		210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461		241.65	Aetna		Commercial	334.53	1.592		210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/NECK	70498	CPT	both			2461		241.65	Aetna		Medicare	210.13	1		210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/NECK	70498	CPT	both			2461		241.65	Americare		Americare	1845.75	0.75		210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461		241.65	WellPoint		WellPoint	789.49	0.3208		210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461		241.65	Amerihealth		Medicare	210.13	1		210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/NECK	70498	CPT	both			2461		241.65	Consumer		Consumer	2337.95	0.95		210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461		241.65	Corrections		Corrections	1968.8	0.8		210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461		241.65	First Health		First Health	1722.7	0.7		210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461		241.65	First Trenton		First Trenton	2214.9	0.9		210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461		241.65	Horizon		Indemnity	383.91	1.827		210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/NECK	70498	CPT	both			2461		241.65	Horizon		MGD	383.91	1.827		210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/NECK	70498	CPT	both			2461		241.65	Horizon		PPO	383.91	1.827		210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/NECK	70498	CPT	both			2461		241.65	Horizon		Medicare Blue	210.13	1		210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/NECK	70498	CPT	both			2461		241.65	Managed Care Inc		Managed Care Inc	2214.9	0.9		210.13	2337.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CT ANGIO/NECK	70498	CPT	both			2461	241.65	Multiplan	Multiplan		1968.8	0.8			210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461	241.65	Qualcare	Qualcare		1845.75	0.75			210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461	241.65	Three Rivers	Three Rivers		2337.95	0.95			210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461	241.65	UHC	Medicare		210.13	1			210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/NECK	70498	CPT	both			2461	241.65	UHC	Medicaid		774.23	0.3146			210.13	2337.95	percent of total billed charges	
CT ANGIO/NECK	70498	CPT	both			2461	241.65	Wellcare	Medicare		210.13	1			210.13	2337.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/NECK	70498	CPT	both			2461	241.65	Wellcare	Medicaid		774.23	0.3146			210.13	2337.95	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607	322.28	Aetna	Better Health		1134.76	0.3146			275.9	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607	322.28	Aetna	Commercial		446.14	1.592			275.9	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607	322.28	Aetna	Medicare		280.24	1			275.9	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607	322.28	Americare	Americare		2705.25	0.75			275.9	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607	322.28	WellPoint	WellPoint		1157.13	0.3208			275.9	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607	322.28	Amerihealth	Medicare		280.24	1			275.9	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607	322.28	Consumer	Consumer		3426.65	0.95			275.9	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607	322.28	Corrections	Corrections		2885.6	0.8			275.9	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607	322.28	First Health	First Health		2524.9	0.7			275.9	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607	322.28	First Trenton	First Trenton		3246.3	0.9			275.9	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607	322.28	Horizon	Indemnity		512	1.827			275.9	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607	322.28	Horizon	Medicare Blue		280.24	1			275.9	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607	322.28	Horizon	PPO		512	1.827			275.9	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607	322.28	Horizon	MGD		512	1.827			275.9	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607	322.28	Managed Care Inc	Managed Care Inc		3246.3	0.9			275.9	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607	322.28	Multiplan	Multiplan		2885.6	0.8			275.9	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607	322.28	Qualcare	Qualcare		2705.25	0.75			275.9	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607	322.28	Three Rivers	Three Rivers		3426.65	0.95			275.9	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607	322.28	UHC	Medicare		280.24	1			275.9	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607	322.28	UHC	Medicaid		1134.76	0.3146			275.9	3426.65	percent of total billed charges	
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607	322.28	Wellcare	Medicare		280.24	1			275.9	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT CONTRAST	70540	CPT	both			3607	322.28	Wellcare	Medicaid		1134.76	0.3146			275.9	3426.65	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926	505.8	Aetna	Commercial		700.21	1.592			439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT W/ CONTR	70542	CPT	both			4926	505.8	Aetna	Better Health		1549.72	0.3146			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926	505.8	Aetna	Medicare		439.83	1			439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT W/ CONTR	70542	CPT	both			4926	505.8	Americare	Americare		3694.5	0.75			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926	505.8	WellPoint	WellPoint		1580.26	0.3208			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926	505.8	Amerihealth	Medicare		439.83	1			439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT W/ CONTR	70542	CPT	both			4926	505.8	Consumer	Consumer		4679.7	0.95			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926	505.8	Corrections	Corrections		3940.8	0.8			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926	505.8	First Health	First Health		3448.2	0.7			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926	505.8	First Trenton	First Trenton		4433.4	0.9			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926	505.8	Horizon	PPO		803.57	1.827			439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT W/ CONTR	70542	CPT	both			4926	505.8	Horizon	Medicare Blue		439.83	1			439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT W/ CONTR	70542	CPT	both			4926	505.8	Horizon	MGD		803.57	1.827			439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT W/ CONTR	70542	CPT	both			4926	505.8	Horizon	Indemnity		803.57	1.827			439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT W/ CONTR	70542	CPT	both			4926	505.8	Managed Care Inc	Managed Care Inc		4433.4	0.9			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926	505.8	Multiplan	Multiplan		3940.8	0.8			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926	505.8	Qualcare	Qualcare		3694.5	0.75			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926	505.8	Three Rivers	Three Rivers		4679.7	0.95			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926	505.8	UHC	Medicaid		1549.72	0.3146			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926	505.8	UHC	Medicare		439.83	1			439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ORBIT W/ CONTR	70542	CPT	both			4926	505.8	Wellcare	Medicaid		1549.72	0.3146			439.83	4679.7	percent of total billed charges	
MRI ORBIT W/ CONTR	70542	CPT	both			4926	505.8	Wellcare	Medicare		439.83	1			439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087	505.8	Aetna	Better Health		1285.77	0.3146			426.27	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087	505.8	Aetna	Commercial		700.21	1.592			426.27	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087	505.8	Aetna	Medicare		1258.8	0.308			426.27	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087	505.8	Americare	Americare		3065.25	0.75			426.27	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087	505.8	WellPoint	WellPoint		1311.11	0.3208			426.27	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087	505.8	Amerihealth	Medicare		439.83	1			426.27	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087	505.8	Consumer	Consumer		3882.65	0.95			426.27	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087	505.8	Corrections	Corrections		3269.6	0.8			426.27	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087	505.8	First Health	First Health		2860.9	0.7			426.27	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087	505.8	First Trenton	First Trenton		3678.3	0.9			426.27	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087	505.8	Horizon	MGD		803.57	1.827			426.27	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087	505.8	Horizon	Indemnity		803.57	1.827			426.27	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087	505.8	Horizon	PPO		803.57	1.827			426.27	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087	505.8	Horizon	Medicare Blue		439.83	1			426.27	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087	505.8	Managed Care Inc	Managed Care Inc		3678.3	0.9			426.27	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087	505.8	Multiplan	Multiplan		3269.6	0.8			426.27	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087	505.8	Qualcare	Qualcare		3065.25	0.75			426.27	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087	505.8	Three Rivers	Three Rivers		3882.65	0.95			426.27	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087	505.8	UHC	Medicare		439.83	1			426.27	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087	505.8	UHC	Medicaid		1285.77	0.3146			426.27	3882.65	percent of total billed charges	
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087	505.8	Wellcare	Medicare		439.83	1			426.27	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI SINUSES WITHOUT AND WITH CONTRAST	70543	CPT	both			4087	505.8	Wellcare	Medicaid		1285.77	0.3146			426.27	3882.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607	322.28	Aetna	Medicare		280.24	1			280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607	322.28	Aetna	Better Health		1134.76	0.3146			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607	322.28	Aetna	Commercial		446.14	1.592			280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607	322.28	Americare	Americare		2705.25	0.75			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607	322.28	WellPoint	WellPoint		1157.13	0.3208			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607	322.28	Amerihealth	Medicare		280.24	1			280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607	322.28	Consumer	Consumer		3426.65	0.95			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607	322.28	Corrections	Corrections		2885.6	0.8			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607	322.28	First Health	First Health		2524.9	0.7			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607	322.28	First Trenton	First Trenton		3246.3	0.9			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607	322.28	Horizon	Indemnity		512	1.827			280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607	322.28	Horizon	Medicare Blue		280.24	1			280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607	322.28	Horizon	MGD		512	1.827			280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607	322.28	Horizon	PPO		512	1.827			280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607	322.28	Managed Care Inc	Managed Care Inc		3246.3	0.9			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607	322.28	Multiplan	Multiplan		2885.6	0.8			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607	322.28	Qualcare	Qualcare		2705.25	0.75			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607	322.28	Three Rivers	Three Rivers		3426.65	0.95			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607	322.28	UHC	Medicare		280.24	1			280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607	322.28	UHC	Medicaid		1134.76	0.3146			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607	322.28	Wellcare	Medicare		280.24	1			280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WITHOUT CONTRAST	70544	CPT	both			3607	322.28	Wellcare	Medicaid		1134.76	0.3146			280.24	3426.65	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	both			4926	505.8	Aetna	Better Health		1549.72	0.3146			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	both			4926	505.8	Aetna	Commercial		700.21	1.592			439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	both			4926	505.8	Aetna	Medicare		439.83	1			439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	both			4926	505.8	Americare	Americare		3694.5	0.75			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	both			4926	505.8	WellPoint	WellPoint		1580.26	0.3208			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	both			4926	505.8	Amerihealth	Medicare		439.83	1			439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	both			4926	505.8	Consumer	Consumer		4679.7	0.95			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	both			4926	505.8	Corrections	Corrections		3940.8	0.8			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	both			4926	505.8	First Health	First Health		3448.2	0.7			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	both			4926	505.8	First Trenton	First Trenton		4433.4	0.9			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	both			4926	505.8	Horizon	MGD		803.57	1.827			439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	both			4926	505.8	Horizon	Medicare Blue		439.83	1			439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	both			4926	505.8	Horizon	PPO		803.57	1.827			439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	both			4926	505.8	Horizon	Indemnity		803.57	1.827			439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	both			4926	505.8	Managed Care Inc	Managed Care Inc		4433.4	0.9			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	both			4926	505.8	Multiplan	Multiplan		3940.8	0.8			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	both			4926	505.8	Qualcare	Qualcare		3694.5	0.75			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	both			4926	505.8	Three Rivers	Three Rivers		4679.7	0.95			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	both			4926	505.8	UHC	Medicaid		1549.72	0.3146			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	both			4926	505.8	UHC	Medicare		439.83	1			439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	both			4926	505.8	Wellcare	Medicaid		1549.72	0.3146			439.83	4679.7	percent of total billed charges	
MRI BRAIN RESEARCH WIT CONTRAST	70545	CPT	both			4926	505.8	Wellcare	Medicare		439.83	1			439.83	4679.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRV BRAIN ONLY (NO MRA) W AND WIO CONT	70546	CPT	both			3607	505.8	Aetna	Medicare		439.83	1			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRV BRAIN ONLY (NO MRA) W AND WIO CONT	70546	CPT	both			3607	505.8	Aetna	Commercial		700.21	1.592			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRV BRAIN ONLY (NO MRA) W AND WIO CONT	70546	CPT	both			3607	505.8	Aetna	Better Health		1134.76	0.3146			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA) W AND WIO CONT	70546	CPT	both			3607	505.8	Americare	Americare		2705.25	0.75			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA) W AND WIO CONT	70546	CPT	both			3607	505.8	WellPoint	WellPoint		1157.13	0.3208			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA) W AND WIO CONT	70546	CPT	both			3607	505.8	Amerihealth	Medicare		439.83	1			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRV BRAIN ONLY (NO MRA) W AND WIO CONT	70546	CPT	both			3607	505.8	Consumer	Consumer		3426.65	0.95			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA) W AND WIO CONT	70546	CPT	both			3607	505.8	Corrections	Corrections		2885.6	0.8			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA) W AND WIO CONT	70546	CPT	both			3607	505.8	First Health	First Health		2524.9	0.7			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA) W AND WIO CONT	70546	CPT	both			3607	505.8	First Trenton	First Trenton		3246.3	0.9			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA) W AND WIO CONT	70546	CPT	both			3607	505.8	Horizon	MGD		803.57	1.827			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRV BRAIN ONLY (NO MRA) W AND WIO CONT	70546	CPT	both			3607	505.8	Horizon	Medicare Blue		439.83	1			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRV BRAIN ONLY (NO MRA) W AND WIO CONT	70546	CPT	both			3607	505.8	Horizon	Indemnity		803.57	1.827			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRV BRAIN ONLY (NO MRA) W AND WIO CONT	70546	CPT	both			3607	505.8	Horizon	PPO		803.57	1.827			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRV BRAIN ONLY (NO MRA) W AND WIO CONT	70546	CPT	both			3607	505.8	Managed Care Inc	Managed Care Inc		3246.3	0.9			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA) W AND WIO CONT	70546	CPT	both			3607	505.8	Multiplan	Multiplan		2885.6	0.8			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA) W AND WIO CONT	70546	CPT	both			3607	505.8	Qualcare	Qualcare		2705.25	0.75			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA) W AND WIO CONT	70546	CPT	both			3607	505.8	Three Rivers	Three Rivers		3426.65	0.95			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA) W AND WIO CONT	70546	CPT	both			3607	505.8	UHC	Medicare		439.83	1			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRV BRAIN ONLY (NO MRA) W AND WIO CONT	70546	CPT	both			3607	505.8	UHC	Medicaid		1134.76	0.3146			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA) W AND WIO CONT	70546	CPT	both			3607	505.8	Wellcare	Medicaid		1134.76	0.3146			439.83	3426.65	percent of total billed charges	
MRV BRAIN ONLY (NO MRA) W AND WIO CONT	70546	CPT	both			3607	505.8	Wellcare	Medicare		439.83	1			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-NECK	70547	CPT	both			3607	322.28	Aetna	Medicare		280.24	1			280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-NECK	70547	CPT	both			3607	322.28	Aetna	Better Health		1134.76	0.3146			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607	322.28	Aetna	Commercial		446.14	1.592			280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-NECK	70547	CPT	both			3607	322.28	Americare	Americare		2705.25	0.75			280.24	3426.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRA-NECK	70547	CPT	both			3607	322.28	WellPoint	WellPoint		1157.13	0.3208			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607	322.28	AmeriHealth	Medicare		280.24	1			280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-NECK	70547	CPT	both			3607	322.28	Consumer	Consumer		3426.65	0.95			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607	322.28	Corrections	Corrections		2885.6	0.8			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607	322.28	First Health	First Health		2524.9	0.7			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607	322.28	First Trenton	First Trenton		3246.3	0.9			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607	322.28	Horizon	Indemnity		512	1.827			280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-NECK	70547	CPT	both			3607	322.28	Horizon	MGD		512	1.827			280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-NECK	70547	CPT	both			3607	322.28	Horizon	PPO		512	1.827			280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-NECK	70547	CPT	both			3607	322.28	Horizon	Medicare Blue		280.24	1			280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-NECK	70547	CPT	both			3607	322.28	Managed Care Inc	Managed Care Inc		3246.3	0.9			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607	322.28	Multiplan	Multiplan		2885.6	0.8			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607	322.28	Qualcare	Qualcare		2705.25	0.75			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607	322.28	Three Rivers	Three Rivers		3426.65	0.95			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607	322.28	UHC	Medicare		280.24	1			280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-NECK	70547	CPT	both			3607	322.28	UHC	Medicaid		1134.76	0.3146			280.24	3426.65	percent of total billed charges	
MRA-NECK	70547	CPT	both			3607	322.28	Wellcare	Medicare		280.24	1			280.24	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-NECK	70547	CPT	both			3607	322.28	Wellcare	Medicaid		1134.76	0.3146			280.24	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	inpatient			3607	505.8	Aetna	Better Health		1134.76	0.3146			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	inpatient			3607	505.8	Aetna	Commercial		700.21	1.592			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH CONTRAST	70548	CPT	inpatient			3607	505.8	Aetna	Medicare		439.83	1			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH CONTRAST	70548	CPT	inpatient			3607	505.8	Americare	Americare		2705.25	0.75			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	inpatient			3607	505.8	WellPoint	WellPoint		1157.13	0.3208			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	inpatient			3607	505.8	AmeriHealth	Medicare		439.83	1			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH CONTRAST	70548	CPT	inpatient			3607	505.8	Consumer	Consumer		3426.65	0.95			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	inpatient			3607	505.8	Corrections	Corrections		2885.6	0.8			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	inpatient			3607	505.8	First Health	First Health		2524.9	0.7			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	inpatient			3607	505.8	First Trenton	First Trenton		3246.3	0.9			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	inpatient			3607	505.8	Horizon	Indemnity		803.57	1.827			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH CONTRAST	70548	CPT	inpatient			3607	505.8	Horizon	MGD		803.57	1.827			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH CONTRAST	70548	CPT	inpatient			3607	505.8	Horizon	Medicare Blue		439.83	1			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH CONTRAST	70548	CPT	inpatient			3607	505.8	Horizon	PPO		803.57	1.827			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH CONTRAST	70548	CPT	inpatient			3607	505.8	Managed Care Inc	Managed Care Inc		3246.3	0.9			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	inpatient			3607	505.8	Multiplan	Multiplan		2885.6	0.8			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	inpatient			3607	505.8	Qualcare	Qualcare		2705.25	0.75			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	inpatient			3607	505.8	Three Rivers	Three Rivers		3426.65	0.95			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	inpatient			3607	505.8	UHC	Medicaid		1134.76	0.3146			439.83	3426.65	percent of total billed charges	
MRA NECK WITH CONTRAST	70548	CPT	inpatient			3607	505.8	UHC	Medicare		439.83	1			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH CONTRAST	70548	CPT	inpatient			3607	505.8	Wellcare	Medicare		439.83	1			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH CONTRAST	70548	CPT	inpatient			3607	505.8	Wellcare	Medicaid		1134.76	0.3146			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607	505.8	Aetna	Commercial		700.21	1.592			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607	505.8	Aetna	Better Health		1134.76	0.3146			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607	505.8	Aetna	Medicare		439.83	1			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607	505.8	Americare	Americare		2705.25	0.75			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607	505.8	WellPoint	WellPoint		1157.13	0.3208			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607	505.8	AmeriHealth	Medicare		439.83	1			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607	505.8	Consumer	Consumer		3426.65	0.95			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607	505.8	Corrections	Corrections		2885.6	0.8			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607	505.8	First Health	First Health		2524.9	0.7			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607	505.8	First Trenton	First Trenton		3246.3	0.9			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607	505.8	Horizon	MGD		803.57	1.827			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607	505.8	Horizon	Medicare Blue		439.83	1			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607	505.8	Horizon	Indemnity		803.57	1.827			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607	505.8	Horizon	PPO		803.57	1.827			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607	505.8	Managed Care Inc	Managed Care Inc		3246.3	0.9			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607	505.8	Multiplan	Multiplan		2885.6	0.8			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607	505.8	Qualcare	Qualcare		2705.25	0.75			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607	505.8	Three Rivers	Three Rivers		3426.65	0.95			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607	505.8	UHC	Medicare		439.83	1			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607	505.8	UHC	Medicaid		1134.76	0.3146			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607	505.8	Wellcare	Medicaid		1134.76	0.3146			439.83	3426.65	percent of total billed charges	
MRA NECK WITH/WITHOUT CONTRAST	70549	CPT	both			3607	505.8	Wellcare	Medicare		439.83	1			439.83	3426.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIBRAIN/BRAINSTEMW/OCONTRAST LTD	70551	CPT	both			6082	322.28	Aetna	Commercial		1592	446.14			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIBRAIN/BRAINSTEMW/OCONTRAST LTD	70551	CPT	both			6082	322.28	Aetna	Better Health		0.3146	1913.4			280.24	5777.9	percent of total billed charges	
MRIBRAIN/BRAINSTEMW/OCONTRAST LTD	70551	CPT	both			6082	322.28	Aetna	Medicare		1	280.24			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIBRAIN/BRAINSTEMW/OCONTRAST LTD	70551	CPT	both			6082	322.28	Americare	Americare		0.75	4561.5			280.24	5777.9	percent of total billed charges	
MRIBRAIN/BRAINSTEMW/OCONTRAST LTD	70551	CPT	both			6082	322.28	WellPoint	WellPoint		0.3208	1951.11			280.24	5777.9	percent of total billed charges	
MRIBRAIN/BRAINSTEMW/OCONTRAST LTD	70551	CPT	both			6082	322.28	AmeriHealth	Medicare		1	280.24			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIBRAIN/BRAINSTEMW/OCONTRAST LTD	70551	CPT	both			6082	322.28	Consumer	Consumer		0.95	5777.9			280.24	5777.9	percent of total billed charges	
MRIBRAIN/BRAINSTEMW/OCONTRAST LTD	70551	CPT	both			6082	322.28	Corrections	Corrections		0.8	4865.6			280.24	5777.9	percent of total billed charges	
MRIBRAIN/BRAINSTEMW/OCONTRAST LTD	70551	CPT	both			6082	322.28	First Health	First Health		0.7	4257.4			280.24	5777.9	percent of total billed charges	
MRIBRAIN/BRAINSTEMW/OCONTRAST LTD	70551	CPT	both			6082	322.28	First Trenton	First Trenton		0.9	5473.8			280.24	5777.9	percent of total billed charges	
MRIBRAIN/BRAINSTEMW/OCONTRAST LTD	70551	CPT	both			6082	322.28	Horizon	MGD		1.827	512			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIBRAIN/BRAINSTEMW/OCONTRAST LTD	70551	CPT	both			6082	322.28	Horizon	Indemnity		1.827	512			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIBRAIN/BRAINSTEMW/OCONTRAST LTD	70551	CPT	both			6082	322.28	Horizon	PPO		1.827	512			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIBRAIN/BRAINSTEMW/OCONTRAST LTD	70551	CPT	both			6082	322.28	Horizon	Medicare Blue		1	280.24			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIBRAIN/BRAINSTEMW/OCONTRAST LTD	70551	CPT	both			6082	322.28	Managed Care Inc	Managed Care Inc		0.9	5473.8			280.24	5777.9	percent of total billed charges	
MRIBRAIN/BRAINSTEMW/OCONTRAST LTD	70551	CPT	both			6082	322.28	Multiplan	Multiplan		0.8	4865.6			280.24	5777.9	percent of total billed charges	
MRIBRAIN/BRAINSTEMW/OCONTRAST LTD	70551	CPT	both			6082	322.28	Qualcare	Qualcare		0.75	4561.5			280.24	5777.9	percent of total billed charges	
MRIBRAIN/BRAINSTEMW/OCONTRAST LTD	70551	CPT	both			6082	322.28	Three Rivers	Three Rivers		0.95	5777.9			280.24	5777.9	percent of total billed charges	
MRIBRAIN/BRAINSTEMW/OCONTRAST LTD	70551	CPT	both			6082	322.28	UHC	Medicare		1	280.24			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIBRAIN/BRAINSTEMW/OCONTRAST LTD	70551	CPT	both			6082	322.28	UHC	Medicaid		0.3146	1913.4			280.24	5777.9	percent of total billed charges	
MRIBRAIN/BRAINSTEMW/OCONTRAST LTD	70551	CPT	both			6082	322.28	Wellcare	Medicare		1	280.24			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIBRAIN/BRAINSTEMW/OCONTRAST LTD	70551	CPT	both			6082	322.28	Wellcare	Medicaid		0.3146	1913.4			280.24	5777.9	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Aetna	Commercial		1.592	700.21			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Aetna	Medicare		1	439.83			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Aetna	Better Health		0.3146	2293.12			439.83	6924.55	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Americare	Americare		0.75	5466.75			439.83	6924.55	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	WellPoint	WellPoint		0.3208	2338.31			439.83	6924.55	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	AmeriHealth	Medicare		1	439.83			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Consumer	Consumer		0.95	6924.55			439.83	6924.55	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Corrections	Corrections		0.8	5831.2			439.83	6924.55	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	First Health	First Health		0.7	5102.3			439.83	6924.55	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	First Trenton	First Trenton		0.9	6560.1			439.83	6924.55	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Horizon	Indemnity		1.827	803.57			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Horizon	MGD		1.827	803.57			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Horizon	Medicare Blue		1	439.83			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Horizon	PPO		1.827	803.57			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Managed Care Inc	Managed Care Inc		0.9	6560.1			439.83	6924.55	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Multiplan	Multiplan		0.8	5831.2			439.83	6924.55	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Qualcare	Qualcare		0.75	5466.75			439.83	6924.55	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Three Rivers	Three Rivers		0.95	6924.55			439.83	6924.55	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	UHC	Medicare		1	439.83			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	UHC	Medicaid		0.3146	2293.12			439.83	6924.55	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Wellcare	Medicare		1	439.83			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:BRAIN/BRAINSTEM W/CONTRAST LIMITED	70552	CPT	both			7289	505.8	Wellcare	Medicaid		0.3146	2293.12			439.83	6924.55	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Aetna	Commercial		1.592	700.21			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Aetna	Better Health		0.3146	3092.83			439.83	9339.45	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Aetna	Medicare		1	439.83			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Americare	Americare		0.75	7373.25			439.83	9339.45	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	WellPoint	WellPoint		0.3208	3153.78			439.83	9339.45	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	AmeriHealth	Medicare		1	439.83			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Consumer	Consumer		0.95	9339.45			439.83	9339.45	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Corrections	Corrections		0.8	7864.8			439.83	9339.45	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	First Health	First Health		0.7	6881.7			439.83	9339.45	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	First Trenton	First Trenton		0.9	8847.9			439.83	9339.45	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Horizon	Indemnity		1.827	803.57			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Horizon	PPO		1.827	803.57			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Horizon	MGD		1.827	803.57			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Horizon	Medicare Blue		1	439.83			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Managed Care Inc	Managed Care Inc		0.9	8847.9			439.83	9339.45	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Multiplan	Multiplan		0.8	7864.8			439.83	9339.45	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Qualcare	Qualcare		0.75	7373.25			439.83	9339.45	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Three Rivers	Three Rivers		0.95	9339.45			439.83	9339.45	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	UHC	Medicaid		0.3146	3092.83			439.83	9339.45	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	UHC	Medicare		1	439.83			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI:BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Wellcare	Medicaid		0.3146	3092.83			439.83	9339.45	percent of total billed charges	
MRI:BRAIN/BRAINSTEM W/O/W CONTRAST	70553	CPT	both			9831	505.8	Wellcare	Medicare		1	439.83			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
B.O.L.D. FUNCT MRI W/O READING	70554	CPT	outpatient			1767	322.28	Aetna	Better Health		0.3146	555.9			280.24	1678.65	percent of total billed charges	
B.O.L.D. FUNCT MRI W/O READING	70554	CPT	outpatient			1767	322.28	Aetna	Commercial		1.592	446.14			280.24	1678.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
B.O.L.D. FUNCT MRI W/O READING	70554	CPT	outpatient			1767	322.28	Aetna	Medicare		1	280.24			280.24	1678.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
B.O.L.D. FUNCT MRI W/O READING	70554	CPT	outpatient			1767	322.28	Americare	Americare		0.75	1325.25			280.24	1678.65	percent of total billed charges	
B.O.L.D. FUNCT MRI W/O READING	70554	CPT	outpatient			1767	322.28	WellPoint	WellPoint		0.3208	566.85			280.24	1678.65	percent of total billed charges	
B.O.L.D. FUNCT MRI W/O READING	70554	CPT	outpatient			1767	322.28	AmeriHealth	Medicare		1	280.24			280.24	1678.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
B.O.L.D. FUNCT MRI W/O READING	70554	CPT	outpatient			1767	322.28	Consumer	Consumer		0.95	1678.65			280.24	1678.65	percent of total billed charges	
B.O.L.D. FUNCT MRI W/O READING	70554	CPT	outpatient			1767	322.28	Corrections	Corrections		0.8	1413.6			280.24	1678.65	percent of total billed charges	
B.O.L.D. FUNCT MRI W/O READING	70554	CPT	outpatient			1767	322.28	First Health	First Health		0.7	1236.9			280.24	1678.65	percent of total billed charges	
B.O.L.D. FUNCT MRI W/O READING	70554	CPT	outpatient			1767	322.28	First Trenton	First Trenton		0.9	1590.3			280.24	1678.65	percent of total billed charges	
B.O.L.D. FUNCT MRI W/O READING	70554	CPT	outpatient			1767	322.28	Horizon	Medicare Blue		1	280.24			280.24	1678.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
B.O.L.D. FUNCT MRI W/O READING	70554	CPT	outpatient			1767	322.28	Horizon	MGD		1.827	512			280.24	1678.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
B.O.L.D. FUNCT MRI W/O READING	70554	CPT	outpatient			1767	322.28	Horizon	Indemnity		1.827	512			280.24	1678.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
B.O.L.D. FUNCT MRI W/O READING	70554	CPT	outpatient			1767	322.28	Horizon	PPO		1.827	512			280.24	1678.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
B.O.L.D. FUNCT MRI W/O READING	70554	CPT	outpatient			1767	322.28	Managed Care Inc	Managed Care Inc		0.9	1590.3			280.24	1678.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
B.O.L.D. FUNCT MRI W/O READING	70554	CPT	outpatient			1767	322.28	Multiplan	Multiplan		1413.6	0.8			280.24	1678.65	percent of total billed charges	
B.O.L.D. FUNCT MRI W/O READING	70554	CPT	outpatient			1767	322.28	Qualcare	Qualcare		1325.25	0.75			280.24	1678.65	percent of total billed charges	
B.O.L.D. FUNCT MRI W/O READING	70554	CPT	outpatient			1767	322.28	Three Rivers	Three Rivers		1678.65	0.95			280.24	1678.65	percent of total billed charges	
B.O.L.D. FUNCT MRI W/O READING	70554	CPT	outpatient			1767	322.28	UHC	Medicaid		555.9	0.3146			280.24	1678.65	percent of total billed charges	
B.O.L.D. FUNCT MRI W/O READING	70554	CPT	outpatient			1767	322.28	UHC	Medicare		280.24	1			280.24	1678.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
B.O.L.D. FUNCT MRI W/O READING	70554	CPT	outpatient			1767	322.28	Wellcare	Medicare		280.24	1			280.24	1678.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
B.O.L.D. FUNCT MRI W/O READING	70554	CPT	outpatient			1767	322.28	Wellcare	Medicaid		555.9	0.3146			280.24	1678.65	percent of total billed charges	
FUNCTIONAL MRI WITH ADMIN NEUROFUNC TEST	70555	CPT	outpatient			2687	322.28	Aetna	Better Health		845.33	0.3146			280.24	2552.65	percent of total billed charges	
FUNCTIONAL MRI WITH ADMIN NEUROFUNC TEST	70555	CPT	outpatient			2687	322.28	Aetna	Commercial		446.14	1.592			280.24	2552.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI WITH ADMIN NEUROFUNC TEST	70555	CPT	outpatient			2687	322.28	Aetna	Medicare		280.24	1			280.24	2552.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI WITH ADMIN NEUROFUNC TEST	70555	CPT	outpatient			2687	322.28	Americare	Americare		2015.25	0.75			280.24	2552.65	percent of total billed charges	
FUNCTIONAL MRI WITH ADMIN NEUROFUNC TEST	70555	CPT	outpatient			2687	322.28	WellPoint	WellPoint		861.99	0.3208			280.24	2552.65	percent of total billed charges	
FUNCTIONAL MRI WITH ADMIN NEUROFUNC TEST	70555	CPT	outpatient			2687	322.28	Amerihealth	Medicare		280.24	1			280.24	2552.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI WITH ADMIN NEUROFUNC TEST	70555	CPT	outpatient			2687	322.28	Consumer	Consumer		2552.65	0.95			280.24	2552.65	percent of total billed charges	
FUNCTIONAL MRI WITH ADMIN NEUROFUNC TEST	70555	CPT	outpatient			2687	322.28	Corrections	Corrections		2149.6	0.8			280.24	2552.65	percent of total billed charges	
FUNCTIONAL MRI WITH ADMIN NEUROFUNC TEST	70555	CPT	outpatient			2687	322.28	First Health	First Health		1880.9	0.7			280.24	2552.65	percent of total billed charges	
FUNCTIONAL MRI WITH ADMIN NEUROFUNC TEST	70555	CPT	outpatient			2687	322.28	First Trenton	First Trenton		2418.3	0.9			280.24	2552.65	percent of total billed charges	
FUNCTIONAL MRI WITH ADMIN NEUROFUNC TEST	70555	CPT	outpatient			2687	322.28	Horizon	Indemnity		512	1.827			280.24	2552.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI WITH ADMIN NEUROFUNC TEST	70555	CPT	outpatient			2687	322.28	Horizon	MGD		512	1.827			280.24	2552.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI WITH ADMIN NEUROFUNC TEST	70555	CPT	outpatient			2687	322.28	Horizon	PPO		512	1.827			280.24	2552.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI WITH ADMIN NEUROFUNC TEST	70555	CPT	outpatient			2687	322.28	Horizon	Medicare Blue		280.24	1			280.24	2552.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI WITH ADMIN NEUROFUNC TEST	70555	CPT	outpatient			2687	322.28	Managed Care Inc	Managed Care Inc		2418.3	0.9			280.24	2552.65	percent of total billed charges	
FUNCTIONAL MRI WITH ADMIN NEUROFUNC TEST	70555	CPT	outpatient			2687	322.28	Multiplan	Multiplan		2149.6	0.8			280.24	2552.65	percent of total billed charges	
FUNCTIONAL MRI WITH ADMIN NEUROFUNC TEST	70555	CPT	outpatient			2687	322.28	Qualcare	Qualcare		2015.25	0.75			280.24	2552.65	percent of total billed charges	
FUNCTIONAL MRI WITH ADMIN NEUROFUNC TEST	70555	CPT	outpatient			2687	322.28	Three Rivers	Three Rivers		2552.65	0.95			280.24	2552.65	percent of total billed charges	
FUNCTIONAL MRI WITH ADMIN NEUROFUNC TEST	70555	CPT	outpatient			2687	322.28	UHC	Medicaid		845.33	0.3146			280.24	2552.65	percent of total billed charges	
FUNCTIONAL MRI WITH ADMIN NEUROFUNC TEST	70555	CPT	outpatient			2687	322.28	UHC	Medicare		280.24	1			280.24	2552.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FUNCTIONAL MRI WITH ADMIN NEUROFUNC TEST	70555	CPT	outpatient			2687	322.28	Wellcare	Medicaid		845.33	0.3146			280.24	2552.65	percent of total billed charges	
FUNCTIONAL MRI WITH ADMIN NEUROFUNC TEST	70555	CPT	outpatient			2687	322.28	Wellcare	Medicare		280.24	1			280.24	2552.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Aetna	Commercial		1004.44	1.592			630.93	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Aetna	Medicare		713.02	0.308			630.93	2199.25	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Aetna	Better Health		728.3	0.3146			630.93	2199.25	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Americare	Americare		1736.25	0.75			630.93	2199.25	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	WellPoint	WellPoint		742.65	0.3208			630.93	2199.25	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Amerihealth	Medicare		630.93	1			630.93	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Consumer	Consumer		2199.25	0.95			630.93	2199.25	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Corrections	Corrections		1852	0.8			630.93	2199.25	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	First Health	First Health		1620.5	0.7			630.93	2199.25	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	First Trenton	First Trenton		2083.5	0.9			630.93	2199.25	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Horizon	MGD		1152.71	1.827			630.93	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Horizon	PPO		1152.71	1.827			630.93	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Horizon	Medicare Blue		630.93	1			630.93	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Horizon	Indemnity		1152.71	1.827			630.93	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Managed Care Inc	Managed Care Inc		2083.5	0.9			630.93	2199.25	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Multiplan	Multiplan		1852	0.8			630.93	2199.25	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Qualcare	Qualcare		1736.25	0.75			630.93	2199.25	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Three Rivers	Three Rivers		2199.25	0.95			630.93	2199.25	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	UHC	Medicare		630.93	1			630.93	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	UHC	Medicaid		728.3	0.3146			630.93	2199.25	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Wellcare	Medicare		630.93	1			630.93	2199.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O DYE	70557	CPT	outpatient			2315	725.57	Wellcare	Medicaid		728.3	0.3146			630.93	2199.25	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Aetna	Medicare		210.13	1			210.13	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Aetna	Better Health		809.78	0.3146			210.13	2445.3	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Aetna	Commercial		334.53	1.592			210.13	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Americare	Americare		1930.5	0.75			210.13	2445.3	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	WellPoint	WellPoint		825.74	0.3208			210.13	2445.3	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Amerihealth	Medicare		210.13	1			210.13	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Consumer	Consumer		2445.3	0.95			210.13	2445.3	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Corrections	Corrections		2059.2	0.8			210.13	2445.3	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	First Health	First Health		1801.8	0.7			210.13	2445.3	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	First Trenton	First Trenton		2316.6	0.9			210.13	2445.3	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Horizon	PPO		383.91	1.827			210.13	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Horizon	Indemnity		383.91	1.827			210.13	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Horizon	MGD		383.91	1.827			210.13	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Horizon	Medicare Blue		210.13	1			210.13	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Managed Care Inc	Managed Care Inc		2316.6	0.9			210.13	2445.3	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Multiplan	Multiplan		2059.2	0.8			210.13	2445.3	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Qualcare	Qualcare		1930.5	0.75			210.13	2445.3	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Three Rivers	Three Rivers		2445.3	0.95			210.13	2445.3	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	UHC	Medicare		210.13	1			210.13	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	UHC	Medicaid		809.78	0.3146			210.13	2445.3	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Wellcare	Medicare		210.13	1			210.13	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W DYE	70558	CPT	outpatient			2574	241.65	Wellcare	Medicaid		809.78	0.3146			210.13	2445.3	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329	241.65	Aetna	Commercial		334.53	1.592			210.13	3162.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329	241.65	Aetna	Better Health		1047.3	0.3146			210.13	3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329	241.65	Aetna	Medicare		210.13	1			210.13	3162.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329	241.65	Americare	Americare		2496.75	0.75			210.13	3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329	241.65	WellPoint	WellPoint		1067.94	0.3208			210.13	3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329	241.65	Amerihealth	Medicare		210.13	1			210.13	3162.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329	241.65	Consumer	Consumer		3162.55	0.95			210.13	3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329	241.65	Corrections	Corrections		2663.2	0.8			210.13	3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329	241.65	First Health	First Health		2330.3	0.7			210.13	3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329	241.65	First Trenton	First Trenton		2996.1	0.9			210.13	3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329	241.65	Horizon	MGD		383.91	1.827			210.13	3162.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329	241.65	Horizon	Medicare Blue		210.13	1			210.13	3162.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329	241.65	Horizon	Indemnity		383.91	1.827			210.13	3162.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329	241.65	Horizon	PPO		383.91	1.827			210.13	3162.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329	241.65	Managed Care Inc	Managed Care Inc		2996.1	0.9			210.13	3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329	241.65	Multiplan	Multiplan		2663.2	0.8			210.13	3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329	241.65	Qualcare	Qualcare		2496.75	0.75			210.13	3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329	241.65	Three Rivers	Three Rivers		3162.55	0.95			210.13	3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329	241.65	UHC	Medicare		210.13	1			210.13	3162.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329	241.65	UHC	Medicaid		1047.3	0.3146			210.13	3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329	241.65	Wellcare	Medicaid		1047.3	0.3146			210.13	3162.55	percent of total billed charges	
MRI BRAIN OPEN INTRACRANIAL W/O & W DYE	70559	CPT	outpatient			3329	241.65	Wellcare	Medicare		210.13	1			210.13	3162.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Aetna	Better Health		161.08	0.3146			153.6	486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Aetna	Commercial		194.56	0.38			153.6	486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Aetna	Medicare		157.7	0.308			153.6	486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Americare	Americare		384	0.75			153.6	486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		WellPoint	WellPoint		164.25	0.3208			153.6	486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Consumer	Consumer		486.4	0.95			153.6	486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Corrections	Corrections		409.6	0.8			153.6	486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		First Health	First Health		358.4	0.7			153.6	486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		First Trenton	First Trenton		460.8	0.9			153.6	486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Horizon	Medicare Blue		153.6	0.3			153.6	486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Horizon	MGD		195.99	0.3828			153.6	486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Horizon	Indemnity		195.99	0.3828			153.6	486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Horizon	PPO		195.99	0.3828			153.6	486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Managed Care Inc	Managed Care Inc		460.8	0.9			153.6	486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Multiplan	Multiplan		409.6	0.8			153.6	486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Qualcare	Qualcare		384	0.75			153.6	486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Three Rivers	Three Rivers		486.4	0.95			153.6	486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		UHC	Medicaid		161.08	0.3146			153.6	486.4	percent of total billed charges	
LODOX CHEST 1 VIEW	71010	CPT	outpatient			512		Wellcare	Medicaid		161.08	0.3146			153.6	486.4	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Aetna	Commercial		165.46	1.592			83.05	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Aetna	Medicare		103.93	1			83.05	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Aetna	Better Health		102.87	0.3146			83.05	310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Americare	Americare		245.25	0.75			83.05	310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	WellPoint	WellPoint		104.9	0.3208			83.05	310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Amerihealth	Medicare		103.93	1			83.05	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Consumer	Consumer		310.65	0.95			83.05	310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Corrections	Corrections		261.6	0.8			83.05	310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	First Health	First Health		228.9	0.7			83.05	310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	First Trenton	First Trenton		294.3	0.9			83.05	310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Horizon	PPO		189.88	1.827			83.05	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Horizon	Indemnity		189.88	1.827			83.05	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Horizon	Medicare Blue		103.93	1			83.05	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Horizon	MGD		189.88	1.827			83.05	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Managed Care Inc	Managed Care Inc		294.3	0.9			83.05	310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Multiplan	Multiplan		261.6	0.8			83.05	310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Qualcare	Qualcare		245.25	0.75			83.05	310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Three Rivers	Three Rivers		310.65	0.95			83.05	310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	UHC	Medicaid		102.87	0.3146			83.05	310.65	percent of total billed charges	
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	UHC	Medicare		103.93	1			83.05	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Wellcare	Medicare		103.93	1			83.05	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST SINGLE VIEW PA OR AP	71045	CPT	both			327	119.52	Wellcare	Medicaid		102.87	0.3146			83.05	310.65	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Aetna	Commercial		165.46	1.592			101.3	305.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Aetna	Medicare		103.93	1			101.3	305.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Aetna	Better Health		101.3	0.3146			101.3	305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Americare	Americare		241.5	0.75			101.3	305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	WellPoint	WellPoint		103.3	0.3208			101.3	305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Amerihealth	Medicare		103.93	1			101.3	305.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Consumer	Consumer		305.9	0.95			101.3	305.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Corrections	Corrections		257.6	0.8			101.3	305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	First Health	First Health		225.4	0.7			101.3	305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	First Trenton	First Trenton		289.8	0.9			101.3	305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Horizon	Indemnity		189.88	1.827			101.3	305.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Horizon	Medicare Blue		103.93	1			101.3	305.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Horizon	PPO		189.88	1.827			101.3	305.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Horizon	MGD		189.88	1.827			101.3	305.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Managed Care Inc	Managed Care Inc		289.8	0.9			101.3	305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Multiplan	Multiplan		257.6	0.8			101.3	305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Qualcare	Qualcare		241.5	0.75			101.3	305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Three Rivers	Three Rivers		305.9	0.95			101.3	305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	UHC	Medicaid		101.3	0.3146			101.3	305.9	percent of total billed charges	
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	UHC	Medicare		103.93	1			101.3	305.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Wellcare	Medicare		103.93	1			101.3	305.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 2 VIEWS PA/LAT	71046	CPT	both			322	119.52	Wellcare	Medicaid		101.3	0.3146			101.3	305.9	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Aetna	Medicare		100.72	0.308			81.31	310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Aetna	Better Health		102.87	0.3146			81.31	310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Aetna	Commercial		165.46	1.592			81.31	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Americare	Americare		245.25	0.75			81.31	310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	WellPoint	WellPoint		104.9	0.3208			81.31	310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Amerihealth	Medicare		103.93	1			81.31	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Consumer	Consumer		310.65	0.95			81.31	310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Corrections	Corrections		261.6	0.8			81.31	310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	First Health	First Health		228.9	0.7			81.31	310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	First Trenton	First Trenton		294.3	0.9			81.31	310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Horizon	Indemnity		189.88	1.827			81.31	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Horizon	MGD		189.88	1.827			81.31	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Horizon	Medicare Blue		103.93	1			81.31	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Horizon	PPO		189.88	1.827			81.31	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Managed Care Inc	Managed Care Inc		294.3	0.9			81.31	310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Multiplan	Multiplan		261.6	0.8			81.31	310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Qualcare	Qualcare		245.25	0.75			81.31	310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Three Rivers	Three Rivers		310.65	0.95			81.31	310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	UHC	Medicaid		102.87	0.3146			81.31	310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	UHC	Medicare		103.93	1			81.31	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Wellcare	Medicaid		102.87	0.3146			81.31	310.65	percent of total billed charges	
XRAY CHEST WITH RT OR LT DECUBITIS WITH	71047	CPT	both			327	119.52	Wellcare	Medicare		103.93	1			81.31	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	both			501	144.6	Aetna	Commercial		200.18	1.592			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	both			501	144.6	Aetna	Better Health		157.61	0.3146			125.74	475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	both			501	144.6	Aetna	Medicare		125.74	1			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	both			501	144.6	Americare	Americare		375.75	0.75			125.74	475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	both			501	144.6	WellPoint	WellPoint		160.72	0.3208			125.74	475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	both			501	144.6	Amerihealth	Medicare		125.74	1			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	both			501	144.6	Consumer	Consumer		475.95	0.95			125.74	475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	both			501	144.6	Corrections	Corrections		400.8	0.8			125.74	475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	both			501	144.6	First Health	First Health		350.7	0.7			125.74	475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	both			501	144.6	First Trenton	First Trenton		450.9	0.9			125.74	475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	both			501	144.6	Horizon	Indemnity		229.73	1.827			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	both			501	144.6	Horizon	PPO		229.73	1.827			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	both			501	144.6	Horizon	MGD		229.73	1.827			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	both			501	144.6	Horizon	Medicare Blue		125.74	1			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	both			501	144.6	Managed Care Inc	Managed Care Inc		450.9	0.9			125.74	475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	both			501	144.6	Multiplan	Multiplan		400.8	0.8			125.74	475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	both			501	144.6	Qualcare	Qualcare		375.75	0.75			125.74	475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	both			501	144.6	Three Rivers	Three Rivers		475.95	0.95			125.74	475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	both			501	144.6	UHC	Medicare		125.74	1			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	both			501	144.6	UHC	Medicaid		157.61	0.3146			125.74	475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	both			501	144.6	Wellcare	Medicaid		157.61	0.3146			125.74	475.95	percent of total billed charges	
XRAY CHEST 4 OR MORE VIEWS	71048	CPT	both			501	144.6	Wellcare	Medicare		125.74	1			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS UNIL 2 VIEWS	71100	CPT	both			609	119.52	Aetna	Better Health		191.59	0.3146			103.93	578.55	percent of total billed charges	
RIBS UNIL 2 VIEWS	71100	CPT	both			609	119.52	Aetna	Commercial		165.46	1.592			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS UNIL 2 VIEWS	71100	CPT	both			609	119.52	Aetna	Medicare		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS UNIL 2 VIEWS	71100	CPT	both			609	119.52	Americare	Americare		456.75	0.75			103.93	578.55	percent of total billed charges	
RIBS UNIL 2 VIEWS	71100	CPT	both			609	119.52	WellPoint	WellPoint		195.37	0.3208			103.93	578.55	percent of total billed charges	
RIBS UNIL 2 VIEWS	71100	CPT	both			609	119.52	Amerihealth	Medicare		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS UNIL 2 VIEWS	71100	CPT	both			609	119.52	Consumer	Consumer		578.55	0.95			103.93	578.55	percent of total billed charges	
RIBS UNIL 2 VIEWS	71100	CPT	both			609	119.52	Corrections	Corrections		487.2	0.8			103.93	578.55	percent of total billed charges	
RIBS UNIL 2 VIEWS	71100	CPT	both			609	119.52	First Health	First Health		426.3	0.7			103.93	578.55	percent of total billed charges	
RIBS UNIL 2 VIEWS	71100	CPT	both			609	119.52	First Trenton	First Trenton		548.1	0.9			103.93	578.55	percent of total billed charges	
RIBS UNIL 2 VIEWS	71100	CPT	both			609	119.52	Horizon	MGD		189.88	1.827			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS UNIL 2 VIEWS	71100	CPT	both			609	119.52	Horizon	Indemnity		189.88	1.827			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS UNIL 2 VIEWS	71100	CPT	both			609	119.52	Horizon	Medicare Blue		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS UNIL 2 VIEWS	71100	CPT	both			609	119.52	Horizon	PPO		189.88	1.827			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS UNIL 2 VIEWS	71100	CPT	both			609	119.52	Managed Care Inc	Managed Care Inc		548.1	0.9			103.93	578.55	percent of total billed charges	
RIBS UNIL 2 VIEWS	71100	CPT	both			609	119.52	Multiplan	Multiplan		487.2	0.8			103.93	578.55	percent of total billed charges	
RIBS UNIL 2 VIEWS	71100	CPT	both			609	119.52	Qualcare	Qualcare		456.75	0.75			103.93	578.55	percent of total billed charges	
RIBS UNIL 2 VIEWS	71100	CPT	both			609	119.52	Three Rivers	Three Rivers		578.55	0.95			103.93	578.55	percent of total billed charges	
RIBS UNIL 2 VIEWS	71100	CPT	both			609	119.52	UHC	Medicaid		191.59	0.3146			103.93	578.55	percent of total billed charges	
RIBS UNIL 2 VIEWS	71100	CPT	both			609	119.52	UHC	Medicare		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS UNIL 2 VIEWS	71100	CPT	both			609	119.52	Wellcare	Medicaid		191.59	0.3146			103.93	578.55	percent of total billed charges	
RIBS UNIL 2 VIEWS	71100	CPT	both			609	119.52	Wellcare	Medicare		103.93	1			103.93	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS UNILATERAL RIGHT PORTABLE	71101	CPT	both			750	144.6	Aetna	Commercial		200.18	1.592			125.74	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS UNILATERAL RIGHT PORTABLE	71101	CPT	both			750	144.6	Aetna	Better Health		235.95	0.3146			125.74	712.5	percent of total billed charges	
RIBS UNILATERAL RIGHT PORTABLE	71101	CPT	both			750	144.6	Aetna	Medicare		125.74	1			125.74	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS UNILATERAL RIGHT PORTABLE	71101	CPT	both			750	144.6	Americare	Americare		562.5	0.75			125.74	712.5	percent of total billed charges	
RIBS UNILATERAL RIGHT PORTABLE	71101	CPT	both			750	144.6	WellPoint	WellPoint		240.6	0.3208			125.74	712.5	percent of total billed charges	
RIBS UNILATERAL RIGHT PORTABLE	71101	CPT	both			750	144.6	Amerihealth	Medicare		125.74	1			125.74	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS UNILATERAL RIGHT PORTABLE	71101	CPT	both			750	144.6	Consumer	Consumer		712.5	0.95			125.74	712.5	percent of total billed charges	
RIBS UNILATERAL RIGHT PORTABLE	71101	CPT	both			750	144.6	Corrections	Corrections		600	0.8			125.74	712.5	percent of total billed charges	
RIBS UNILATERAL RIGHT PORTABLE	71101	CPT	both			750	144.6	First Health	First Health		525	0.7			125.74	712.5	percent of total billed charges	
RIBS UNILATERAL RIGHT PORTABLE	71101	CPT	both			750	144.6	First Trenton	First Trenton		675	0.9			125.74	712.5	percent of total billed charges	
RIBS UNILATERAL RIGHT PORTABLE	71101	CPT	both			750	144.6	Horizon	Indemnity		229.73	1.827			125.74	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS UNILATERAL RIGHT PORTABLE	71101	CPT	both			750	144.6	Horizon	MGD		229.73	1.827			125.74	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS UNILATERAL RIGHT PORTABLE	71101	CPT	both			750	144.6	Horizon	Medicare Blue		125.74	1			125.74	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS UNILATERAL RIGHT PORTABLE	71101	CPT	both			750	144.6	Horizon	PPO		229.73	1.827			125.74	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS UNILATERAL RIGHT PORTABLE	71101	CPT	both			750	144.6	Managed Care Inc	Managed Care Inc		675	0.9			125.74	712.5	percent of total billed charges	
RIBS UNILATERAL RIGHT PORTABLE	71101	CPT	both			750	144.6	Multiplan	Multiplan		600	0.8			125.74	712.5	percent of total billed charges	
RIBS UNILATERAL RIGHT PORTABLE	71101	CPT	both			750	144.6	Qualcare	Qualcare		562.5	0.75			125.74	712.5	percent of total billed charges	
RIBS UNILATERAL RIGHT PORTABLE	71101	CPT	both			750	144.6	Three Rivers	Three Rivers		712.5	0.95			125.74	712.5	percent of total billed charges	
RIBS UNILATERAL RIGHT PORTABLE	71101	CPT	both			750	144.6	UHC	Medicaid		235.95	0.3146			125.74	712.5	percent of total billed charges	
RIBS UNILATERAL RIGHT PORTABLE	71101	CPT	both			750	144.6	UHC	Medicare		125.74	1			125.74	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS UNILATERAL RIGHT PORTABLE	71101	CPT	both			750	144.6	Wellcare	Medicaid		235.95	0.3146			125.74	712.5	percent of total billed charges	
RIBS UNILATERAL RIGHT PORTABLE	71101	CPT	both			750	144.6	Wellcare	Medicare		125.74	1			125.74	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS BILAT 3 VIEWS	71110	CPT	both			811	144.6	Aetna	Better Health		255.14	0.3146			125.74	770.45	percent of total billed charges	
RIBS BILAT 3 VIEWS	71110	CPT	both			811	144.6	Aetna	Commercial		200.18	1.592			125.74	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS BILAT 3 VIEWS	71110	CPT	both			811	144.6	Aetna	Medicare		125.74	1			125.74	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS BILAT 3 VIEWS	71110	CPT	both			811	144.6	Americare	Americare		608.25	0.75			125.74	770.45	percent of total billed charges	
RIBS BILAT 3 VIEWS	71110	CPT	both			811	144.6	WellPoint	WellPoint		260.17	0.3208			125.74	770.45	percent of total billed charges	
RIBS BILAT 3 VIEWS	71110	CPT	both			811	144.6	Amerihealth	Medicare		125.74	1			125.74	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS BILAT 3 VIEWS	71110	CPT	both			811	144.6	Consumer	Consumer		770.45	0.95			125.74	770.45	percent of total billed charges	
RIBS BILAT 3 VIEWS	71110	CPT	both			811	144.6	Corrections	Corrections		648.8	0.8			125.74	770.45	percent of total billed charges	
RIBS BILAT 3 VIEWS	71110	CPT	both			811	144.6	First Health	First Health		567.7	0.7			125.74	770.45	percent of total billed charges	
RIBS BILAT 3 VIEWS	71110	CPT	both			811	144.6	First Trenton	First Trenton		729.9	0.9			125.74	770.45	percent of total billed charges	
RIBS BILAT 3 VIEWS	71110	CPT	both			811	144.6	Horizon	Indemnity		229.73	1.827			125.74	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS BILAT 3 VIEWS	71110	CPT	both			811	144.6	Horizon	Medicare Blue		125.74	1			125.74	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS BILAT 3 VIEWS	71110	CPT	both			811	144.6	Horizon	PPO		229.73	1.827			125.74	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS BILAT 3 VIEWS	71110	CPT	both			811	144.6	Horizon	MGD		229.73	1.827			125.74	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS BILAT 3 VIEWS	71110	CPT	both			811	144.6	Managed Care Inc	Managed Care Inc		729.9	0.9			125.74	770.45	percent of total billed charges	
RIBS BILAT 3 VIEWS	71110	CPT	both			811	144.6	Multiplan	Multiplan		648.8	0.8			125.74	770.45	percent of total billed charges	
RIBS BILAT 3 VIEWS	71110	CPT	both			811	144.6	Qualcare	Qualcare		608.25	0.75			125.74	770.45	percent of total billed charges	
RIBS BILAT 3 VIEWS	71110	CPT	both			811	144.6	Three Rivers	Three Rivers		770.45	0.95			125.74	770.45	percent of total billed charges	
RIBS BILAT 3 VIEWS	71110	CPT	both			811	144.6	UHC	Medicaid		255.14	0.3146			125.74	770.45	percent of total billed charges	
RIBS BILAT 3 VIEWS	71110	CPT	both			811	144.6	UHC	Medicare		125.74	1			125.74	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS BILAT 3 VIEWS	71110	CPT	both			811	144.6	Wellcare	Medicaid		255.14	0.3146			125.74	770.45	percent of total billed charges	
RIBS BILAT 3 VIEWS	71110	CPT	both			811	144.6	Wellcare	Medicare		125.74	1			125.74	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS BILATERAL PORTABLE	71111	CPT	both			946	144.6	Aetna	Commercial		200.18	1.592			125.74	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS BILATERAL PORTABLE	71111	CPT	both			946	144.6	Aetna	Better Health		297.61	0.3146			125.74	898.7	percent of total billed charges	
RIBS BILATERAL PORTABLE	71111	CPT	both			946	144.6	Aetna	Medicare		125.74	1			125.74	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS BILATERAL PORTABLE	71111	CPT	both			946	144.6	Americare	Americare		709.5	0.75			125.74	898.7	percent of total billed charges	
RIBS BILATERAL PORTABLE	71111	CPT	both			946	144.6	WellPoint	WellPoint		303.48	0.3208			125.74	898.7	percent of total billed charges	
RIBS BILATERAL PORTABLE	71111	CPT	both			946	144.6	Amerihealth	Medicare		125.74	1			125.74	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS BILATERAL PORTABLE	71111	CPT	both			946	144.6	Consumer	Consumer		898.7	0.95			125.74	898.7	percent of total billed charges	
RIBS BILATERAL PORTABLE	71111	CPT	both			946	144.6	Corrections	Corrections		756.8	0.8			125.74	898.7	percent of total billed charges	
RIBS BILATERAL PORTABLE	71111	CPT	both			946	144.6	First Health	First Health		662.2	0.7			125.74	898.7	percent of total billed charges	
RIBS BILATERAL PORTABLE	71111	CPT	both			946	144.6	First Trenton	First Trenton		851.4	0.9			125.74	898.7	percent of total billed charges	
RIBS BILATERAL PORTABLE	71111	CPT	both			946	144.6	Horizon	MGD		229.73	1.827			125.74	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS BILATERAL PORTABLE	71111	CPT	both			946	144.6	Horizon	Medicare Blue		125.74	1			125.74	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS BILATERAL PORTABLE	71111	CPT	both			946	144.6	Horizon	Indemnity		229.73	1.827			125.74	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS BILATERAL PORTABLE	71111	CPT	both			946	144.6	Horizon	PPO		229.73	1.827			125.74	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS BILATERAL PORTABLE	71111	CPT	both			946	144.6	Managed Care Inc	Managed Care Inc		851.4	0.9			125.74	898.7	percent of total billed charges	
RIBS BILATERAL PORTABLE	71111	CPT	both			946	144.6	Multiplan	Multiplan		756.8	0.8			125.74	898.7	percent of total billed charges	
RIBS BILATERAL PORTABLE	71111	CPT	both			946	144.6	Qualcare	Qualcare		709.5	0.75			125.74	898.7	percent of total billed charges	
RIBS BILATERAL PORTABLE	71111	CPT	both			946	144.6	Three Rivers	Three Rivers		898.7	0.95			125.74	898.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RIBS BILATERAL PORTABLE	71111	CPT	both			946	144.6	UHC	Medicare		125.74				125.74	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBS BILATERAL PORTABLE	71111	CPT	both			946	144.6	UHC	Medicaid		297.61	0.3146			125.74	898.7	percent of total billed charges	
RIBS BILATERAL PORTABLE	71111	CPT	both			946	144.6	Wellcare	Medicaid		297.61	0.3146			125.74	898.7	percent of total billed charges	
RIBS BILATERAL PORTABLE	71111	CPT	both			946	144.6	Wellcare	Medicare		125.74	1			125.74	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNUM MINIMUM 2 VIEWS	71120	CPT	both			627	119.52	Aetna	Commercial		165.46	1.592			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNUM MINIMUM 2 VIEWS	71120	CPT	both			627	119.52	Aetna	Medicare		193.12	0.308			103.93	595.65	percent of total billed charges	
STERNUM MINIMUM 2 VIEWS	71120	CPT	both			627	119.52	Aetna	Better Health		197.25	0.3146			103.93	595.65	percent of total billed charges	
STERNUM MINIMUM 2 VIEWS	71120	CPT	both			627	119.52	Americare	Americare		470.25	0.75			103.93	595.65	percent of total billed charges	
STERNUM MINIMUM 2 VIEWS	71120	CPT	both			627	119.52	WellPoint	WellPoint		201.14	0.3208			103.93	595.65	percent of total billed charges	
STERNUM MINIMUM 2 VIEWS	71120	CPT	both			627	119.52	Amerihealth	Medicare		103.93	1			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNUM MINIMUM 2 VIEWS	71120	CPT	both			627	119.52	Consumer	Consumer		595.65	0.95			103.93	595.65	percent of total billed charges	
STERNUM MINIMUM 2 VIEWS	71120	CPT	both			627	119.52	Corrections	Corrections		501.6	0.8			103.93	595.65	percent of total billed charges	
STERNUM MINIMUM 2 VIEWS	71120	CPT	both			627	119.52	First Health	First Health		438.9	0.7			103.93	595.65	percent of total billed charges	
STERNUM MINIMUM 2 VIEWS	71120	CPT	both			627	119.52	First Trenton	First Trenton		564.3	0.9			103.93	595.65	percent of total billed charges	
STERNUM MINIMUM 2 VIEWS	71120	CPT	both			627	119.52	Horizon	MGD		189.88	1.827			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNUM MINIMUM 2 VIEWS	71120	CPT	both			627	119.52	Horizon	Medicare Blue		103.93	1			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNUM MINIMUM 2 VIEWS	71120	CPT	both			627	119.52	Horizon	PPO		189.88	1.827			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNUM MINIMUM 2 VIEWS	71120	CPT	both			627	119.52	Horizon	Indemnity		189.88	1.827			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNUM MINIMUM 2 VIEWS	71120	CPT	both			627	119.52	Managed Care Inc	Managed Care Inc		564.3	0.9			103.93	595.65	percent of total billed charges	
STERNUM MINIMUM 2 VIEWS	71120	CPT	both			627	119.52	Multiplan	Multiplan		501.6	0.8			103.93	595.65	percent of total billed charges	
STERNUM MINIMUM 2 VIEWS	71120	CPT	both			627	119.52	Qualcare	Qualcare		470.25	0.75			103.93	595.65	percent of total billed charges	
STERNUM MINIMUM 2 VIEWS	71120	CPT	both			627	119.52	Three Rivers	Three Rivers		595.65	0.95			103.93	595.65	percent of total billed charges	
STERNUM MINIMUM 2 VIEWS	71120	CPT	both			627	119.52	UHC	Medicaid		197.25	0.3146			103.93	595.65	percent of total billed charges	
STERNUM MINIMUM 2 VIEWS	71120	CPT	both			627	119.52	UHC	Medicare		103.93	1			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNUM MINIMUM 2 VIEWS	71120	CPT	both			627	119.52	Wellcare	Medicare		103.93	1			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNUM MINIMUM 2 VIEWS	71120	CPT	both			627	119.52	Wellcare	Medicaid		197.25	0.3146			103.93	595.65	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Aetna	Better Health		136.22	0.3146			103.93	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Aetna	Commercial		165.46	1.592			103.93	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Aetna	Medicare		103.93	1			103.93	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Americare	Americare		324.75	0.75			103.93	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	WellPoint	WellPoint		138.91	0.3208			103.93	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Amerihealth	Medicare		103.93	1			103.93	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Consumer	Consumer		411.35	0.95			103.93	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Corrections	Corrections		346.4	0.8			103.93	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	First Health	First Health		303.1	0.7			103.93	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	First Trenton	First Trenton		389.7	0.9			103.93	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Horizon	Indemnity		189.88	1.827			103.93	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Horizon	MGD		189.88	1.827			103.93	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Horizon	Medicare Blue		103.93	1			103.93	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Horizon	PPO		189.88	1.827			103.93	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Managed Care Inc	Managed Care Inc		389.7	0.9			103.93	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Multiplan	Multiplan		346.4	0.8			103.93	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Qualcare	Qualcare		324.75	0.75			103.93	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Three Rivers	Three Rivers		411.35	0.95			103.93	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	UHC	Medicare		103.93	1			103.93	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	UHC	Medicaid		136.22	0.3146			103.93	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Wellcare	Medicaid		136.22	0.3146			103.93	411.35	percent of total billed charges	
STERNO CLAVICULAR JT	71130	CPT	both			433	119.52	Wellcare	Medicare		103.93	1			103.93	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Aetna	Better Health		324.67	0.3146			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Aetna	Commercial		200.18	1.592			125.74	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Aetna	Medicare		125.74	1			125.74	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Americare	Americare		774	0.75			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	WellPoint	WellPoint		331.07	0.3208			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Amerihealth	Medicare		125.74	1			125.74	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Consumer	Consumer		980.4	0.95			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Corrections	Corrections		825.6	0.8			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	First Health	First Health		722.4	0.7			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	First Trenton	First Trenton		928.8	0.9			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Horizon	Indemnity		229.73	1.827			125.74	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Horizon	PPO		229.73	1.827			125.74	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Horizon	Medicare Blue		125.74	1			125.74	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Horizon	MGD		229.73	1.827			125.74	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Managed Care Inc	Managed Care Inc		928.8	0.9			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Multiplan	Multiplan		825.6	0.8			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Qualcare	Qualcare		774	0.75			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Three Rivers	Three Rivers		980.4	0.95			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	UHC	Medicare		125.74	1			125.74	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	UHC	Medicaid		324.67	0.3146			125.74	980.4	percent of total billed charges	
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Wellcare	Medicare		125.74	1			125.74	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W/O CONTRAST	71250	CPT	both			1032	144.6	Wellcare	Medicaid		324.67	0.3146			125.74	980.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Aetna	Medicare		490.34	0.308			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Aetna	Commercial		334.53	1.592			210.13	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Aetna	Better Health		500.84	0.3146			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Americare	Americare		1194	0.75			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	WellPoint	WellPoint		510.71	0.3208			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Amerihealth	Medicare		210.13	1			210.13	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Consumer	Consumer		1512.4	0.95			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Corrections	Corrections		1273.6	0.8			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	First Health	First Health		1114.4	0.7			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	First Trenton	First Trenton		1432.8	0.9			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Horizon	Indemnity		383.91	1.827			210.13	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Horizon	PPO		383.91	1.827			210.13	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Horizon	MGD		383.91	1.827			210.13	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Horizon	Medicare Blue		210.13	1			210.13	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Managed Care Inc	Managed Care Inc		1432.8	0.9			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Multiplan	Multiplan		1273.6	0.8			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Qualcare	Qualcare		1194	0.75			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Three Rivers	Three Rivers		1512.4	0.95			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	UHC	Medicaid		500.84	0.3146			210.13	1512.4	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	UHC	Medicare		210.13	1			210.13	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Wellcare	Medicare		210.13	1			210.13	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71260	CPT	both			1592	241.65	Wellcare	Medicaid		500.84	0.3146			210.13	1512.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Aetna	Medicare		210.13	1			210.13	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Aetna	Commercial		334.53	1.592			210.13	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Aetna	Better Health		557.47	0.3146			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Americare	Americare		1329	0.75			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	WellPoint	WellPoint		568.46	0.3208			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Amerihealth	Medicare		210.13	1			210.13	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Consumer	Consumer		1683.4	0.95			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Corrections	Corrections		1417.6	0.8			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	First Health	First Health		1240.4	0.7			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	First Trenton	First Trenton		1594.8	0.9			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Horizon	MGD		383.91	1.827			210.13	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Horizon	Medicare Blue		210.13	1			210.13	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Horizon	PPO		383.91	1.827			210.13	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Horizon	Indemnity		383.91	1.827			210.13	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Managed Care Inc	Managed Care Inc		1594.8	0.9			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Multiplan	Multiplan		1417.6	0.8			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Qualcare	Qualcare		1329	0.75			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Three Rivers	Three Rivers		1683.4	0.95			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	UHC	Medicaid		557.47	0.3146			210.13	1683.4	percent of total billed charges	
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	UHC	Medicare		210.13	1			210.13	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Wellcare	Medicare		210.13	1			210.13	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORAX W & W/O CONTRAST	71270	CPT	both			1772	241.65	Wellcare	Medicaid		557.47	0.3146			210.13	1683.4	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	outpatient			421	144.6	Aetna	Better Health		132.45	0.3146			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	outpatient			421	144.6	Aetna	Medicare		125.74	1			125.74	399.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	outpatient			421	144.6	Aetna	Commercial		200.18	1.592			125.74	399.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	outpatient			421	144.6	Americare	Americare		315.75	0.75			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	outpatient			421	144.6	WellPoint	WellPoint		135.06	0.3208			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	outpatient			421	144.6	Amerihealth	Medicare		125.74	1			125.74	399.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	outpatient			421	144.6	Consumer	Consumer		399.95	0.95			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	outpatient			421	144.6	Corrections	Corrections		336.8	0.8			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	outpatient			421	144.6	First Health	First Health		294.7	0.7			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	outpatient			421	144.6	First Trenton	First Trenton		378.9	0.9			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	outpatient			421	144.6	Horizon	Medicare Blue		125.74	1			125.74	399.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	outpatient			421	144.6	Horizon	PPO		229.73	1.827			125.74	399.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	outpatient			421	144.6	Horizon	MGD		229.73	1.827			125.74	399.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	outpatient			421	144.6	Horizon	Indemnity		229.73	1.827			125.74	399.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	outpatient			421	144.6	Managed Care Inc	Managed Care Inc		378.9	0.9			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	outpatient			421	144.6	Multiplan	Multiplan		336.8	0.8			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	outpatient			421	144.6	Qualcare	Qualcare		315.75	0.75			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	outpatient			421	144.6	Three Rivers	Three Rivers		399.95	0.95			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	outpatient			421	144.6	UHC	Medicaid		132.45	0.3146			125.74	399.95	percent of total billed charges	
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	outpatient			421	144.6	UHC	Medicare		125.74	1			125.74	399.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	outpatient			421	144.6	Wellcare	Medicare		125.74	1			125.74	399.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT CHEST LOW DOSE LUNG CA SCREENING	71271	CPT	outpatient			421	144.6	Wellcare	Medicaid		132.45	0.3146			125.74	399.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Aetna	Commercial		334.53	1.592			210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Aetna	Medicare		788.79	0.308			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Aetna	Better Health		805.69	0.3146			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Americare	Americare		1920.75	0.75			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	WellPoint	WellPoint		821.57	0.3208			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Amerihealth	Medicare		210.13	1			210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Consumer	Consumer		2432.95	0.95			210.13	2432.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Corrections	Corrections		2048.8	0.8			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	First Health	First Health		1792.7	0.7			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	First Trenton	First Trenton		2304.9	0.9			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Horizon	MGD		383.91	1.827			210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Horizon	Medicare Blue		210.13	1			210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Horizon	PPO		383.91	1.827			210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Horizon	Indemnity		383.91	1.827			210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Managed Care Inc	Managed Care Inc		2304.9	0.9			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Multiplan	Multiplan		2048.8	0.8			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Qualcare	Qualcare		1920.75	0.75			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Three Rivers	Three Rivers		2432.95	0.95			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	UHC	Medicaid		805.69	0.3146			210.13	2432.95	percent of total billed charges	
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	UHC	Medicare		210.13	1			210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Wellcare	Medicare		210.13	1			210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT CHEST W CONT PE-NO PROTOCOL	71275	CPT	both			2561	241.65	Wellcare	Medicaid		805.69	0.3146			210.13	2432.95	percent of total billed charges	
MRI-CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Aetna	Better Health		1913.4	0.3146			280.24	5777.9	percent of total billed charges	
MRI-CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Aetna	Medicare		280.24	1			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Aetna	Commercial		446.14	1.592			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Americare	Amelcare		4561.5	0.75			280.24	5777.9	percent of total billed charges	
MRI-CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	WellPoint	WellPoint		1951.11	0.3208			280.24	5777.9	percent of total billed charges	
MRI-CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Amerihealth	Medicare		280.24	1			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Consumer	Consumer		5777.9	0.95			280.24	5777.9	percent of total billed charges	
MRI-CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Corrections	Corrections		4865.6	0.8			280.24	5777.9	percent of total billed charges	
MRI-CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	First Health	First Health		4257.4	0.7			280.24	5777.9	percent of total billed charges	
MRI-CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	First Trenton	First Trenton		5473.8	0.9			280.24	5777.9	percent of total billed charges	
MRI-CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Horizon	Indemnity		512	1.827			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Horizon	Medicare Blue		280.24	1			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Horizon	MGD		512	1.827			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Horizon	PPO		512	1.827			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Managed Care Inc	Managed Care Inc		5473.8	0.9			280.24	5777.9	percent of total billed charges	
MRI-CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Multiplan	Multiplan		4865.6	0.8			280.24	5777.9	percent of total billed charges	
MRI-CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Qualcare	Qualcare		4561.5	0.75			280.24	5777.9	percent of total billed charges	
MRI-CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Three Rivers	Three Rivers		5777.9	0.95			280.24	5777.9	percent of total billed charges	
MRI-CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	UHC	Medicaid		1913.4	0.3146			280.24	5777.9	percent of total billed charges	
MRI-CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	UHC	Medicare		280.24	1			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Wellcare	Medicare		280.24	1			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-CHEST WITHOUT CONTRAST	71550	CPT	outpatient			6082	322.28	Wellcare	Medicaid		1913.4	0.3146			280.24	5777.9	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Aetna	Commercial		1457.83	1.592			763.53	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Aetna	Better Health		763.53	0.3146			763.53	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Aetna	Medicare		915.72	1			763.53	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Americare	Amelcare		1820.25	0.75			763.53	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	WellPoint	WellPoint		778.58	0.3208			763.53	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Amerihealth	Medicare		915.72	1			763.53	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Consumer	Consumer		2305.65	0.95			763.53	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Corrections	Corrections		1941.6	0.8			763.53	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	First Health	First Health		1698.9	0.7			763.53	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	First Trenton	First Trenton		2184.3	0.9			763.53	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Horizon	Medicare Blue		915.72	1			763.53	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Horizon	Indemnity		1673.02	1.827			763.53	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Horizon	MGD		1673.02	1.827			763.53	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Horizon	PPO		1673.02	1.827			763.53	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Managed Care Inc	Managed Care Inc		2184.3	0.9			763.53	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Multiplan	Multiplan		1941.6	0.8			763.53	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Qualcare	Qualcare		1820.25	0.75			763.53	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Three Rivers	Three Rivers		2305.65	0.95			763.53	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	UHC	Medicare		915.72	1			763.53	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	UHC	Medicaid		763.53	0.3146			763.53	2305.65	percent of total billed charges	
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Wellcare	Medicare		915.72	1			763.53	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CHEST WITH CONTRAST	71551	CPT	outpatient			2427	1053.08	Wellcare	Medicaid		763.53	0.3146			763.53	2305.65	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	both			4335	505.8	Aetna	Better Health		1363.79	0.3146			439.83	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	both			4335	505.8	Aetna	Commercial		700.21	1.592			439.83	4118.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	both			4335	505.8	Aetna	Medicare		439.83	1			439.83	4118.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	both			4335	505.8	Americare	Amelcare		3251.25	0.75			439.83	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	both			4335	505.8	WellPoint	WellPoint		1390.67	0.3208			439.83	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	both			4335	505.8	Amerihealth	Medicare		439.83	1			439.83	4118.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	both			4335	505.8	Consumer	Consumer		4118.25	0.95			439.83	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	both			4335	505.8	Corrections	Corrections		3468	0.8			439.83	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	both			4335	505.8	First Health	First Health		3034.5	0.7			439.83	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	both			4335	505.8	First Trenton	First Trenton		3901.5	0.9			439.83	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	both			4335	505.8	Horizon	MGD		803.57	1.827			439.83	4118.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	both			4335	505.8	Horizon	Medicare Blue		439.83	1			439.83	4118.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	both			4335	505.8	Horizon	Indemnity		803.57	1.827			439.83	4118.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	both			4335	505.8	Horizon	PPO		803.57	1.827			439.83	4118.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	both			4335	505.8	Managed Care Inc	Managed Care Inc		3901.5	0.9			439.83	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	both			4335	505.8	Multiplan	Multiplan		3468	0.8			439.83	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	both			4335	505.8	Qualcare	Qualcare		3251.25	0.75			439.83	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	both			4335	505.8	Three Rivers	Three Rivers		4118.25	0.95			439.83	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	both			4335	505.8	UHC	Medicare		439.83	1			439.83	4118.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	both			4335	505.8	UHC	Medicaid		1363.79	0.3146			439.83	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	both			4335	505.8	Wellcare	Medicaid		1363.79	0.3146			439.83	4118.25	percent of total billed charges	
MRI CLAVICLE L W & W/O CONTRAST	71552	CPT	both			4335	505.8	Wellcare	Medicare		439.83	1			439.83	4118.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-CHEST	71555	CPT	outpatient			4937		Aetna	Medicare		1520.6	0.308			1481.1	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Aetna	Better Health		1553.18	0.3146			1481.1	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Aetna	Commercial		1876.06	0.38			1481.1	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Americare	Amelcare		3702.75	0.75			1481.1	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		WellPoint	WellPoint		1583.79	0.3208			1481.1	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Consumer	Consumer		4690.15	0.95			1481.1	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Corrections	Corrections		3949.6	0.8			1481.1	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		First Health	First Health		3455.9	0.7			1481.1	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		First Trenton	First Trenton		4443.3	0.9			1481.1	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Horizon	MGD		1889.88	0.3828			1481.1	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Horizon	PPO		1889.88	0.3828			1481.1	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Horizon	Medicare Blue		1481.1	0.3			1481.1	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Horizon	Indemnity		1889.88	0.3828			1481.1	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Managed Care Inc	Managed Care Inc		4443.3	0.9			1481.1	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Multiplan	Multiplan		3949.6	0.8			1481.1	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Qualcare	Qualcare		3702.75	0.75			1481.1	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Three Rivers	Three Rivers		4690.15	0.95			1481.1	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		UHC	Medicaid		1553.18	0.3146			1481.1	4690.15	percent of total billed charges	
MRA-CHEST	71555	CPT	outpatient			4937		Wellcare	Medicaid		1553.18	0.3146			1481.1	4690.15	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Aetna	Commercial		165.46	1.592			72.69	224.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Aetna	Better Health		74.25	0.3146			72.69	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Aetna	Medicare		72.69	0.308			72.69	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Americare	Amelcare		177	0.75			72.69	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	WellPoint	WellPoint		75.71	0.3208			72.69	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Amerihealth	Medicare		103.93	1			72.69	224.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Consumer	Consumer		224.2	0.95			72.69	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Corrections	Corrections		188.8	0.8			72.69	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	First Health	First Health		165.2	0.7			72.69	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	First Trenton	First Trenton		212.4	0.9			72.69	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Horizon	Indemnity		189.88	1.827			72.69	224.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Horizon	MGD		189.88	1.827			72.69	224.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Horizon	PPO		189.88	1.827			72.69	224.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Horizon	Medicare Blue		103.93	1			72.69	224.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Managed Care Inc	Managed Care Inc		212.4	0.9			72.69	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Multiplan	Multiplan		188.8	0.8			72.69	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Qualcare	Qualcare		177	0.75			72.69	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Three Rivers	Three Rivers		224.2	0.95			72.69	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	UHC	Medicare		103.93	1			72.69	224.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	UHC	Medicaid		74.25	0.3146			72.69	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Wellcare	Medicaid		74.25	0.3146			72.69	224.2	percent of total billed charges	
THORACIC SPINE SURGICAL 1VW	72020	CPT	both			236	119.52	Wellcare	Medicare		103.93	1			72.69	224.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE 2 OR 3 VIEWS	72040	CPT	both			259	119.52	Aetna	Medicare		103.93	1			81.48	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE 2 OR 3 VIEWS	72040	CPT	both			259	119.52	Aetna	Better Health		81.48	0.3146			81.48	246.05	percent of total billed charges	
CERVICAL SPINE 2 OR 3 VIEWS	72040	CPT	both			259	119.52	Aetna	Commercial		165.46	1.592			81.48	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE 2 OR 3 VIEWS	72040	CPT	both			259	119.52	Americare	Amelcare		194.25	0.75			81.48	246.05	percent of total billed charges	
CERVICAL SPINE 2 OR 3 VIEWS	72040	CPT	both			259	119.52	WellPoint	WellPoint		83.09	0.3208			81.48	246.05	percent of total billed charges	
CERVICAL SPINE 2 OR 3 VIEWS	72040	CPT	both			259	119.52	Amerihealth	Medicare		103.93	1			81.48	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE 2 OR 3 VIEWS	72040	CPT	both			259	119.52	Consumer	Consumer		246.05	0.95			81.48	246.05	percent of total billed charges	
CERVICAL SPINE 2 OR 3 VIEWS	72040	CPT	both			259	119.52	Corrections	Corrections		207.2	0.8			81.48	246.05	percent of total billed charges	
CERVICAL SPINE 2 OR 3 VIEWS	72040	CPT	both			259	119.52	First Health	First Health		181.3	0.7			81.48	246.05	percent of total billed charges	
CERVICAL SPINE 2 OR 3 VIEWS	72040	CPT	both			259	119.52	First Trenton	First Trenton		233.1	0.9			81.48	246.05	percent of total billed charges	
CERVICAL SPINE 2 OR 3 VIEWS	72040	CPT	both			259	119.52	Horizon	Indemnity		189.88	1.827			81.48	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE 2 OR 3 VIEWS	72040	CPT	both			259	119.52	Horizon	Medicare Blue		103.93	1			81.48	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE 2 OR 3 VIEWS	72040	CPT	both			259	119.52	Horizon	PPO		189.88	1.827			81.48	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE 2 OR 3 VIEWS	72040	CPT	both			259	119.52	Horizon	MGD		189.88	1.827			81.48	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE 2 OR 3 VIEWS	72040	CPT	both			259	119.52	Managed Care Inc	Managed Care Inc		233.1	0.9			81.48	246.05	percent of total billed charges	
CERVICAL SPINE 2 OR 3 VIEWS	72040	CPT	both			259	119.52	Multiplan	Multiplan		207.2	0.8			81.48	246.05	percent of total billed charges	
CERVICAL SPINE 2 OR 3 VIEWS	72040	CPT	both			259	119.52	Qualcare	Qualcare		194.25	0.75			81.48	246.05	percent of total billed charges	
CERVICAL SPINE 2 OR 3 VIEWS	72040	CPT	both			259	119.52	Three Rivers	Three Rivers		246.05	0.95			81.48	246.05	percent of total billed charges	
CERVICAL SPINE 2 OR 3 VIEWS	72040	CPT	both			259	119.52	UHC	Medicare		103.93	1			81.48	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE 2 OR 3 VIEWS	72040	CPT	both			259	119.52	UHC	Medicaid		81.48	0.3146			81.48	246.05	percent of total billed charges	
CERVICAL SPINE 2 OR 3 VIEWS	72040	CPT	both			259	119.52	Wellcare	Medicare		103.93	1			81.48	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CERVICAL SPINE 2 OR 3 VIEWS	72040	CPT	both			259	119.52	Wellcare	Medicaid		81.48	0.3146			81.48	246.05	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	both			750	144.6	Aetna	Commercial		200.18	1.592			125.74	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	both			750	144.6	Aetna	Medicare		231	0.308			125.74	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	both			750	144.6	Aetna	Better Health		235.95	0.3146			125.74	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	both			750	144.6	Americare	Americare		562.5	0.75			125.74	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	both			750	144.6	WellPoint	WellPoint		240.6	0.3208			125.74	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	both			750	144.6	Amerihealth	Medicare		125.74	1			125.74	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	both			750	144.6	Consumer	Consumer		712.5	0.95			125.74	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	both			750	144.6	Corrections	Corrections		600	0.8			125.74	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	both			750	144.6	First Health	First Health		525	0.7			125.74	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	both			750	144.6	First Trenton	First Trenton		675	0.9			125.74	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	both			750	144.6	Horizon	Indemnity		229.73	1.827			125.74	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	both			750	144.6	Horizon	Medicare Blue		125.74	1			125.74	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	both			750	144.6	Horizon	PPO		229.73	1.827			125.74	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	both			750	144.6	Horizon	MGD		229.73	1.827			125.74	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	both			750	144.6	Managed Care Inc	Managed Care Inc		675	0.9			125.74	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	both			750	144.6	Multiplan	Multiplan		600	0.8			125.74	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	both			750	144.6	Qualcare	Qualcare		562.5	0.75			125.74	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	both			750	144.6	Three Rivers	Three Rivers		712.5	0.95			125.74	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	both			750	144.6	UHC	Medicaid		235.95	0.3146			125.74	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	both			750	144.6	UHC	Medicare		125.74	1			125.74	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	both			750	144.6	Wellcare	Medicaid		235.95	0.3146			125.74	712.5	percent of total billed charges	
CERVICAL SPINE W/OBLIQUES >4 VIEWS	72050	CPT	both			750	144.6	Wellcare	Medicare		125.74	1			125.74	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVCLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Aetna	Commercial		200.18	1.592			125.74	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVCLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Aetna	Better Health		197.25	0.3146			125.74	595.65	percent of total billed charges	
CERVCLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Aetna	Medicare		125.74	1			125.74	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVCLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Americare	Americare		470.25	0.75			125.74	595.65	percent of total billed charges	
CERVCLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	WellPoint	WellPoint		201.14	0.3208			125.74	595.65	percent of total billed charges	
CERVCLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Amerihealth	Medicare		125.74	1			125.74	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVCLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Consumer	Consumer		595.65	0.95			125.74	595.65	percent of total billed charges	
CERVCLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Corrections	Corrections		501.6	0.8			125.74	595.65	percent of total billed charges	
CERVCLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	First Health	First Health		438.9	0.7			125.74	595.65	percent of total billed charges	
CERVCLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	First Trenton	First Trenton		564.3	0.9			125.74	595.65	percent of total billed charges	
CERVCLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Horizon	Medicare Blue		125.74	1			125.74	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVCLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Horizon	Indemnity		229.73	1.827			125.74	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVCLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Horizon	PPO		229.73	1.827			125.74	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVCLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Horizon	MGD		229.73	1.827			125.74	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVCLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Managed Care Inc	Managed Care Inc		564.3	0.9			125.74	595.65	percent of total billed charges	
CERVCLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Multiplan	Multiplan		501.6	0.8			125.74	595.65	percent of total billed charges	
CERVCLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Qualcare	Qualcare		470.25	0.75			125.74	595.65	percent of total billed charges	
CERVCLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Three Rivers	Three Rivers		595.65	0.95			125.74	595.65	percent of total billed charges	
CERVCLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	UHC	Medicare		125.74	1			125.74	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVCLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	UHC	Medicaid		197.25	0.3146			125.74	595.65	percent of total billed charges	
CERVCLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Wellcare	Medicare		125.74	1			125.74	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CERVCLSPINE W/OBLIQ FLEX EXTEN	72052	CPT	both			627	144.6	Wellcare	Medicaid		197.25	0.3146			125.74	595.65	percent of total billed charges	
THORACIC SPINE SURGICAL 2VWS	72070	CPT	both			247	144.6	Aetna	Better Health		77.71	0.3146			61.03	234.65	percent of total billed charges	
THORACIC SPINE SURGICAL 2VWS	72070	CPT	both			247	144.6	Aetna	Medicare		125.74	1			61.03	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 2VWS	72070	CPT	both			247	144.6	Aetna	Commercial		200.18	1.592			61.03	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 2VWS	72070	CPT	both			247	144.6	Americare	Americare		185.25	0.75			61.03	234.65	percent of total billed charges	
THORACIC SPINE SURGICAL 2VWS	72070	CPT	both			247	144.6	WellPoint	WellPoint		79.24	0.3208			61.03	234.65	percent of total billed charges	
THORACIC SPINE SURGICAL 2VWS	72070	CPT	both			247	144.6	Amerihealth	Medicare		125.74	1			61.03	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 2VWS	72070	CPT	both			247	144.6	Consumer	Consumer		234.65	0.95			61.03	234.65	percent of total billed charges	
THORACIC SPINE SURGICAL 2VWS	72070	CPT	both			247	144.6	Corrections	Corrections		197.6	0.8			61.03	234.65	percent of total billed charges	
THORACIC SPINE SURGICAL 2VWS	72070	CPT	both			247	144.6	First Health	First Health		172.9	0.7			61.03	234.65	percent of total billed charges	
THORACIC SPINE SURGICAL 2VWS	72070	CPT	both			247	144.6	First Trenton	First Trenton		222.3	0.9			61.03	234.65	percent of total billed charges	
THORACIC SPINE SURGICAL 2VWS	72070	CPT	both			247	144.6	Horizon	PPO		229.73	1.827			61.03	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 2VWS	72070	CPT	both			247	144.6	Horizon	Indemnity		229.73	1.827			61.03	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 2VWS	72070	CPT	both			247	144.6	Horizon	MGD		229.73	1.827			61.03	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 2VWS	72070	CPT	both			247	144.6	Horizon	Medicare Blue		125.74	1			61.03	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 2VWS	72070	CPT	both			247	144.6	Managed Care Inc	Managed Care Inc		222.3	0.9			61.03	234.65	percent of total billed charges	
THORACIC SPINE SURGICAL 2VWS	72070	CPT	both			247	144.6	Multiplan	Multiplan		197.6	0.8			61.03	234.65	percent of total billed charges	
THORACIC SPINE SURGICAL 2VWS	72070	CPT	both			247	144.6	Qualcare	Qualcare		185.25	0.75			61.03	234.65	percent of total billed charges	
THORACIC SPINE SURGICAL 2VWS	72070	CPT	both			247	144.6	Three Rivers	Three Rivers		234.65	0.95			61.03	234.65	percent of total billed charges	
THORACIC SPINE SURGICAL 2VWS	72070	CPT	both			247	144.6	UHC	Medicare		125.74	1			61.03	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 2VWS	72070	CPT	both			247	144.6	UHC	Medicaid		77.71	0.3146			61.03	234.65	percent of total billed charges	
THORACIC SPINE SURGICAL 2VWS	72070	CPT	both			247	144.6	Wellcare	Medicare		125.74	1			61.03	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE SURGICAL 2VWS	72070	CPT	both			247	144.6	Wellcare	Medicaid		77.71	0.3146			61.03	234.65	percent of total billed charges	
THORACIC AP & LAT W SWIMMERS	72072	CPT	outpatient			609	144.6	Aetna	Commercial		200.18	1.592			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC AP & LAT W SWIMMERS	72072	CPT	outpatient			609	144.6	Aetna	Better Health		191.59	0.3146			125.74	578.55	percent of total billed charges	
THORACIC AP & LAT W SWIMMERS	72072	CPT	outpatient			609	144.6	Aetna	Medicare		125.74	1			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC AP & LAT W SWIMMERS	72072	CPT	outpatient			609	144.6	Americare	Americare		456.75	0.75			125.74	578.55	percent of total billed charges	
THORACIC AP & LAT W SWIMMERS	72072	CPT	outpatient			609	144.6	WellPoint	WellPoint		195.37	0.3208			125.74	578.55	percent of total billed charges	
THORACIC AP & LAT W SWIMMERS	72072	CPT	outpatient			609	144.6	Amerihealth	Medicare		125.74	1			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC AP & LAT W SWIMMERS	72072	CPT	outpatient			609	144.6	Consumer	Consumer		578.55	0.95			125.74	578.55	percent of total billed charges	
THORACIC AP & LAT W SWIMMERS	72072	CPT	outpatient			609	144.6	Corrections	Corrections		487.2	0.8			125.74	578.55	percent of total billed charges	
THORACIC AP & LAT W SWIMMERS	72072	CPT	outpatient			609	144.6	First Health	First Health		426.3	0.7			125.74	578.55	percent of total billed charges	
THORACIC AP & LAT W SWIMMERS	72072	CPT	outpatient			609	144.6	First Trenton	First Trenton		548.1	0.9			125.74	578.55	percent of total billed charges	
THORACIC AP & LAT W SWIMMERS	72072	CPT	outpatient			609	144.6	Horizon	Medicare Blue		125.74	1			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC AP & LAT W SWIMMERS	72072	CPT	outpatient			609	144.6	Horizon	MGD		229.73	1.827			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC AP & LAT W SWIMMERS	72072	CPT	outpatient			609	144.6	Horizon	PPO		229.73	1.827			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC AP & LAT W SWIMMERS	72072	CPT	outpatient			609	144.6	Horizon	Indemnity		229.73	1.827			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC AP & LAT W SWIMMERS	72072	CPT	outpatient			609	144.6	Managed Care Inc	Managed Care Inc		548.1	0.9			125.74	578.55	percent of total billed charges	
THORACIC AP & LAT W SWIMMERS	72072	CPT	outpatient			609	144.6	Multiplan	Multiplan		487.2	0.8			125.74	578.55	percent of total billed charges	
THORACIC AP & LAT W SWIMMERS	72072	CPT	outpatient			609	144.6	Qualcare	Qualcare		456.75	0.75			125.74	578.55	percent of total billed charges	
THORACIC AP & LAT W SWIMMERS	72072	CPT	outpatient			609	144.6	Three Rivers	Three Rivers		578.55	0.95			125.74	578.55	percent of total billed charges	
THORACIC AP & LAT W SWIMMERS	72072	CPT	outpatient			609	144.6	UHC	Medicare		125.74	1			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC AP & LAT W SWIMMERS	72072	CPT	outpatient			609	144.6	UHC	Medicaid		191.59	0.3146			125.74	578.55	percent of total billed charges	
THORACIC AP & LAT W SWIMMERS	72072	CPT	outpatient			609	144.6	Wellcare	Medicare		125.74	1			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC AP & LAT W SWIMMERS	72072	CPT	outpatient			609	144.6	Wellcare	Medicaid		191.59	0.3146			125.74	578.55	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	outpatient			717	144.6	Aetna	Better Health		225.57	0.3146			125.74	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	outpatient			717	144.6	Aetna	Commercial		200.18	1.592			125.74	681.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE W/OBLIQUE >4	72074	CPT	outpatient			717	144.6	Aetna	Medicare		125.74	1			125.74	681.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE W/OBLIQUE >4	72074	CPT	outpatient			717	144.6	Americare	Americare		537.75	0.75			125.74	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	outpatient			717	144.6	WellPoint	WellPoint		230.01	0.3208			125.74	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	outpatient			717	144.6	Amerihealth	Medicare		125.74	1			125.74	681.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE W/OBLIQUE >4	72074	CPT	outpatient			717	144.6	Consumer	Consumer		681.15	0.95			125.74	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	outpatient			717	144.6	Corrections	Corrections		573.6	0.8			125.74	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	outpatient			717	144.6	First Health	First Health		501.9	0.7			125.74	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	outpatient			717	144.6	First Trenton	First Trenton		645.3	0.9			125.74	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	outpatient			717	144.6	Horizon	PPO		229.73	1.827			125.74	681.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE W/OBLIQUE >4	72074	CPT	outpatient			717	144.6	Horizon	MGD		229.73	1.827			125.74	681.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE W/OBLIQUE >4	72074	CPT	outpatient			717	144.6	Horizon	Indemnity		229.73	1.827			125.74	681.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE W/OBLIQUE >4	72074	CPT	outpatient			717	144.6	Horizon	Medicare Blue		125.74	1			125.74	681.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE W/OBLIQUE >4	72074	CPT	outpatient			717	144.6	Managed Care Inc	Managed Care Inc		645.3	0.9			125.74	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	outpatient			717	144.6	Multiplan	Multiplan		573.6	0.8			125.74	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	outpatient			717	144.6	Qualcare	Qualcare		537.75	0.75			125.74	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	outpatient			717	144.6	Three Rivers	Three Rivers		681.15	0.95			125.74	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	outpatient			717	144.6	UHC	Medicaid		225.57	0.3146			125.74	681.15	percent of total billed charges	
THORACIC SPINE W/OBLIQUE >4	72074	CPT	outpatient			717	144.6	UHC	Medicare		125.74	1			125.74	681.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE W/OBLIQUE >4	72074	CPT	outpatient			717	144.6	Wellcare	Medicare		125.74	1			125.74	681.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC SPINE W/OBLIQUE >4	72074	CPT	outpatient			717	144.6	Wellcare	Medicaid		225.57	0.3146			125.74	681.15	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999	119.52	Aetna	Better Health		314.29	0.3146			103.93	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999	119.52	Aetna	Commercial		165.46	1.592			103.93	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999	119.52	Aetna	Medicare		103.93	1			103.93	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999	119.52	Americare	Americare		749.25	0.75			103.93	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999	119.52	WellPoint	WellPoint		320.48	0.3208			103.93	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999	119.52	Amerihealth	Medicare		103.93	1			103.93	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999	119.52	Consumer	Consumer		949.05	0.95			103.93	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999	119.52	Corrections	Corrections		799.2	0.8			103.93	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999	119.52	First Health	First Health		699.3	0.7			103.93	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999	119.52	First Trenton	First Trenton		899.1	0.9			103.93	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999	119.52	Horizon	MGD		189.88	1.827			103.93	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999	119.52	Horizon	Indemnity		189.88	1.827			103.93	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999	119.52	Horizon	Medicare Blue		103.93	1			103.93	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999	119.52	Horizon	PPO		189.88	1.827			103.93	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999	119.52	Managed Care Inc	Managed Care Inc		899.1	0.9			103.93	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999	119.52	Multiplan	Multiplan		799.2	0.8			103.93	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999	119.52	Qualcare	Qualcare		749.25	0.75			103.93	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999	119.52	Three Rivers	Three Rivers		949.05	0.95			103.93	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999	119.52	UHC	Medicaid		314.29	0.3146			103.93	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999	119.52	UHC	Medicare		103.93	1			103.93	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999	119.52	Wellcare	Medicaid		314.29	0.3146			103.93	949.05	percent of total billed charges	
THORACOLUMBAR JUNCTION 2VW	72080	CPT	both			999	119.52	Wellcare	Medicare		103.93	1			103.93	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 1 VW	72081	CPT	both			313	119.52	Aetna	Medicare		103.93	1			87.46	297.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 1 VW	72081	CPT	both			313	119.52	Aetna	Better Health		98.47	0.3146			87.46	297.35	percent of total billed charges	
SCOLLIOSIS 1 VW	72081	CPT	both			313	119.52	Aetna	Commercial		165.46	1.592			87.46	297.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 1 VW	72081	CPT	both			313	119.52	Americare	Americare		234.75	0.75			87.46	297.35	percent of total billed charges	
SCOLLIOSIS 1 VW	72081	CPT	both			313	119.52	WellPoint	WellPoint		100.41	0.3208			87.46	297.35	percent of total billed charges	
SCOLLIOSIS 1 VW	72081	CPT	both			313	119.52	Amerihealth	Medicare		103.93	1			87.46	297.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 1 VW	72081	CPT	both			313	119.52	Consumer	Consumer		297.35	0.95			87.46	297.35	percent of total billed charges	
SCOLLIOSIS 1 VW	72081	CPT	both			313	119.52	Corrections	Corrections		250.4	0.8			87.46	297.35	percent of total billed charges	
SCOLLIOSIS 1 VW	72081	CPT	both			313	119.52	First Health	First Health		219.1	0.7			87.46	297.35	percent of total billed charges	
SCOLLIOSIS 1 VW	72081	CPT	both			313	119.52	First Trenton	First Trenton		281.7	0.9			87.46	297.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SCOLLIOSIS 1 VW	72081	CPT	both			313	119.52	Horizon	Indemnity		189.88	1.827			87.46	297.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 1 VW	72081	CPT	both			313	119.52	Horizon	PPO		189.88	1.827			87.46	297.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 1 VW	72081	CPT	both			313	119.52	Horizon	Medicare Blue		103.93	1			87.46	297.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 1 VW	72081	CPT	both			313	119.52	Horizon	MGD		189.88	1.827			87.46	297.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 1 VW	72081	CPT	both			313	119.52	Managed Care Inc	Managed Care Inc		281.7	0.9			87.46	297.35	percent of total billed charges	
SCOLLIOSIS 1 VW	72081	CPT	both			313	119.52	Multiplan	Multiplan		250.4	0.8			87.46	297.35	percent of total billed charges	
SCOLLIOSIS 1 VW	72081	CPT	both			313	119.52	Qualcare	Qualcare		234.75	0.75			87.46	297.35	percent of total billed charges	
SCOLLIOSIS 1 VW	72081	CPT	both			313	119.52	Three Rivers	Three Rivers		297.35	0.95			87.46	297.35	percent of total billed charges	
SCOLLIOSIS 1 VW	72081	CPT	both			313	119.52	UHC	Medicaid		98.47	0.3146			87.46	297.35	percent of total billed charges	
SCOLLIOSIS 1 VW	72081	CPT	both			313	119.52	UHC	Medicare		103.93	1			87.46	297.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 1 VW	72081	CPT	both			313	119.52	Wellcare	Medicaid		98.47	0.3146			87.46	297.35	percent of total billed charges	
SCOLLIOSIS 1 VW	72081	CPT	both			313	119.52	Wellcare	Medicare		103.93	1			87.46	297.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 2-3 VW	72082	CPT	both			459	144.6	Aetna	Commercial		200.18	1.592			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 2-3 VW	72082	CPT	both			459	144.6	Aetna	Medicare		125.74	1			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 2-3 VW	72082	CPT	both			459	144.6	Aetna	Better Health		144.4	0.3146			125.74	436.05	percent of total billed charges	
SCOLLIOSIS 2-3 VW	72082	CPT	both			459	144.6	Americare	Americare		344.25	0.75			125.74	436.05	percent of total billed charges	
SCOLLIOSIS 2-3 VW	72082	CPT	both			459	144.6	WellPoint	WellPoint		147.25	0.3208			125.74	436.05	percent of total billed charges	
SCOLLIOSIS 2-3 VW	72082	CPT	both			459	144.6	Amerihealth	Medicare		125.74	1			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 2-3 VW	72082	CPT	both			459	144.6	Consumer	Consumer		436.05	0.95			125.74	436.05	percent of total billed charges	
SCOLLIOSIS 2-3 VW	72082	CPT	both			459	144.6	Corrections	Corrections		367.2	0.8			125.74	436.05	percent of total billed charges	
SCOLLIOSIS 2-3 VW	72082	CPT	both			459	144.6	First Health	First Health		321.3	0.7			125.74	436.05	percent of total billed charges	
SCOLLIOSIS 2-3 VW	72082	CPT	both			459	144.6	First Trenton	First Trenton		413.1	0.9			125.74	436.05	percent of total billed charges	
SCOLLIOSIS 2-3 VW	72082	CPT	both			459	144.6	Horizon	Medicare Blue		125.74	1			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 2-3 VW	72082	CPT	both			459	144.6	Horizon	MGD		229.73	1.827			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 2-3 VW	72082	CPT	both			459	144.6	Horizon	Indemnity		229.73	1.827			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 2-3 VW	72082	CPT	both			459	144.6	Horizon	PPO		229.73	1.827			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 2-3 VW	72082	CPT	both			459	144.6	Managed Care Inc	Managed Care Inc		413.1	0.9			125.74	436.05	percent of total billed charges	
SCOLLIOSIS 2-3 VW	72082	CPT	both			459	144.6	Multiplan	Multiplan		367.2	0.8			125.74	436.05	percent of total billed charges	
SCOLLIOSIS 2-3 VW	72082	CPT	both			459	144.6	Qualcare	Qualcare		344.25	0.75			125.74	436.05	percent of total billed charges	
SCOLLIOSIS 2-3 VW	72082	CPT	both			459	144.6	Three Rivers	Three Rivers		436.05	0.95			125.74	436.05	percent of total billed charges	
SCOLLIOSIS 2-3 VW	72082	CPT	both			459	144.6	UHC	Medicaid		144.4	0.3146			125.74	436.05	percent of total billed charges	
SCOLLIOSIS 2-3 VW	72082	CPT	both			459	144.6	UHC	Medicare		125.74	1			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 2-3 VW	72082	CPT	both			459	144.6	Wellcare	Medicare		125.74	1			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 2-3 VW	72082	CPT	both			459	144.6	Wellcare	Medicaid		144.4	0.3146			125.74	436.05	percent of total billed charges	
SCOLLIOSIS 4-5 VW	72083	CPT	outpatient			869	144.6	Aetna	Better Health		273.39	0.3146			125.74	825.55	percent of total billed charges	
SCOLLIOSIS 4-5 VW	72083	CPT	outpatient			869	144.6	Aetna	Medicare		267.65	0.308			125.74	825.55	percent of total billed charges	
SCOLLIOSIS 4-5 VW	72083	CPT	outpatient			869	144.6	Aetna	Commercial		200.18	1.592			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 4-5 VW	72083	CPT	outpatient			869	144.6	Americare	Americare		651.75	0.75			125.74	825.55	percent of total billed charges	
SCOLLIOSIS 4-5 VW	72083	CPT	outpatient			869	144.6	WellPoint	WellPoint		278.78	0.3208			125.74	825.55	percent of total billed charges	
SCOLLIOSIS 4-5 VW	72083	CPT	outpatient			869	144.6	Amerihealth	Medicare		125.74	1			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 4-5 VW	72083	CPT	outpatient			869	144.6	Consumer	Consumer		825.55	0.95			125.74	825.55	percent of total billed charges	
SCOLLIOSIS 4-5 VW	72083	CPT	outpatient			869	144.6	Corrections	Corrections		695.2	0.8			125.74	825.55	percent of total billed charges	
SCOLLIOSIS 4-5 VW	72083	CPT	outpatient			869	144.6	First Health	First Health		608.3	0.7			125.74	825.55	percent of total billed charges	
SCOLLIOSIS 4-5 VW	72083	CPT	outpatient			869	144.6	First Trenton	First Trenton		782.1	0.9			125.74	825.55	percent of total billed charges	
SCOLLIOSIS 4-5 VW	72083	CPT	outpatient			869	144.6	Horizon	Medicare Blue		125.74	1			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 4-5 VW	72083	CPT	outpatient			869	144.6	Horizon	MGD		229.73	1.827			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 4-5 VW	72083	CPT	outpatient			869	144.6	Horizon	Indemnity		229.73	1.827			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 4-5 VW	72083	CPT	outpatient			869	144.6	Horizon	PPO		229.73	1.827			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 4-5 VW	72083	CPT	outpatient			869	144.6	Managed Care Inc	Managed Care Inc		782.1	0.9			125.74	825.55	percent of total billed charges	
SCOLLIOSIS 4-5 VW	72083	CPT	outpatient			869	144.6	Multiplan	Multiplan		695.2	0.8			125.74	825.55	percent of total billed charges	
SCOLLIOSIS 4-5 VW	72083	CPT	outpatient			869	144.6	Qualcare	Qualcare		651.75	0.75			125.74	825.55	percent of total billed charges	
SCOLLIOSIS 4-5 VW	72083	CPT	outpatient			869	144.6	Three Rivers	Three Rivers		825.55	0.95			125.74	825.55	percent of total billed charges	
SCOLLIOSIS 4-5 VW	72083	CPT	outpatient			869	144.6	UHC	Medicaid		273.39	0.3146			125.74	825.55	percent of total billed charges	
SCOLLIOSIS 4-5 VW	72083	CPT	outpatient			869	144.6	UHC	Medicare		125.74	1			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS 4-5 VW	72083	CPT	outpatient			869	144.6	Wellcare	Medicaid		273.39	0.3146			125.74	825.55	percent of total billed charges	
SCOLLIOSIS 4-5 VW	72083	CPT	outpatient			869	144.6	Wellcare	Medicare		125.74	1			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS MIN 6 VW	72084	CPT	outpatient			869	144.6	Aetna	Better Health		273.39	0.3146			125.74	825.55	percent of total billed charges	
SCOLLIOSIS MIN 6 VW	72084	CPT	outpatient			869	144.6	Aetna	Medicare		125.74	1			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS MIN 6 VW	72084	CPT	outpatient			869	144.6	Aetna	Commercial		200.18	1.592			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS MIN 6 VW	72084	CPT	outpatient			869	144.6	Americare	Americare		651.75	0.75			125.74	825.55	percent of total billed charges	
SCOLLIOSIS MIN 6 VW	72084	CPT	outpatient			869	144.6	WellPoint	WellPoint		278.78	0.3208			125.74	825.55	percent of total billed charges	
SCOLLIOSIS MIN 6 VW	72084	CPT	outpatient			869	144.6	Amerihealth	Medicare		125.74	1			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS MIN 6 VW	72084	CPT	outpatient			869	144.6	Consumer	Consumer		825.55	0.95			125.74	825.55	percent of total billed charges	
SCOLLIOSIS MIN 6 VW	72084	CPT	outpatient			869	144.6	Corrections	Corrections		695.2	0.8			125.74	825.55	percent of total billed charges	
SCOLLIOSIS MIN 6 VW	72084	CPT	outpatient			869	144.6	First Health	First Health		608.3	0.7			125.74	825.55	percent of total billed charges	
SCOLLIOSIS MIN 6 VW	72084	CPT	outpatient			869	144.6	First Trenton	First Trenton		782.1	0.9			125.74	825.55	percent of total billed charges	
SCOLLIOSIS MIN 6 VW	72084	CPT	outpatient			869	144.6	Horizon	Indemnity		229.73	1.827			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS MIN 6 VW	72084	CPT	outpatient			869	144.6	Horizon	MGD		229.73	1.827			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS MIN 6 VW	72084	CPT	outpatient			869	144.6	Horizon	Medicare Blue		125.74	1			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS MIN 6 VW	72084	CPT	outpatient			869	144.6	Horizon	PPO		229.73	1.827			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS MIN 6 VW	72084	CPT	outpatient			869	144.6	Managed Care Inc	Managed Care Inc		782.1	0.9			125.74	825.55	percent of total billed charges	
SCOLLIOSIS MIN 6 VW	72084	CPT	outpatient			869	144.6	Multiplan	Multiplan		695.2	0.8			125.74	825.55	percent of total billed charges	
SCOLLIOSIS MIN 6 VW	72084	CPT	outpatient			869	144.6	Qualcare	Qualcare		651.75	0.75			125.74	825.55	percent of total billed charges	
SCOLLIOSIS MIN 6 VW	72084	CPT	outpatient			869	144.6	Three Rivers	Three Rivers		825.55	0.95			125.74	825.55	percent of total billed charges	
SCOLLIOSIS MIN 6 VW	72084	CPT	outpatient			869	144.6	UHC	Medicaid		273.39	0.3146			125.74	825.55	percent of total billed charges	
SCOLLIOSIS MIN 6 VW	72084	CPT	outpatient			869	144.6	UHC	Medicare		125.74	1			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS MIN 6 VW	72084	CPT	outpatient			869	144.6	Wellcare	Medicare		125.74	1			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCOLLIOSIS MIN 6 VW	72084	CPT	outpatient			869	144.6	Wellcare	Medicaid		273.39	0.3146			125.74	825.55	percent of total billed charges	
SACRUM & COCCYX PORTABLE	72100	CPT	both			465	144.6	Aetna	Better Health		146.29	0.3146			125.74	441.75	percent of total billed charges	
SACRUM & COCCYX PORTABLE	72100	CPT	both			465	144.6	Aetna	Medicare		143.22	0.308			125.74	441.75	percent of total billed charges	
SACRUM & COCCYX PORTABLE	72100	CPT	both			465	144.6	Aetna	Commercial		200.18	1.592			125.74	441.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM & COCCYX PORTABLE	72100	CPT	both			465	144.6	Americare	Americare		348.75	0.75			125.74	441.75	percent of total billed charges	
SACRUM & COCCYX PORTABLE	72100	CPT	both			465	144.6	WellPoint	WellPoint		149.17	0.3208			125.74	441.75	percent of total billed charges	
SACRUM & COCCYX PORTABLE	72100	CPT	both			465	144.6	Amerihealth	Medicare		125.74	1			125.74	441.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM & COCCYX PORTABLE	72100	CPT	both			465	144.6	Consumer	Consumer		441.75	0.95			125.74	441.75	percent of total billed charges	
SACRUM & COCCYX PORTABLE	72100	CPT	both			465	144.6	Corrections	Corrections		372	0.8			125.74	441.75	percent of total billed charges	
SACRUM & COCCYX PORTABLE	72100	CPT	both			465	144.6	First Health	First Health		325.5	0.7			125.74	441.75	percent of total billed charges	
SACRUM & COCCYX PORTABLE	72100	CPT	both			465	144.6	First Trenton	First Trenton		418.5	0.9			125.74	441.75	percent of total billed charges	
SACRUM & COCCYX PORTABLE	72100	CPT	both			465	144.6	Horizon	Indemnity		229.73	1.827			125.74	441.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM & COCCYX PORTABLE	72100	CPT	both			465	144.6	Horizon	MGD		229.73	1.827			125.74	441.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM & COCCYX PORTABLE	72100	CPT	both			465	144.6	Horizon	PPO		229.73	1.827			125.74	441.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM & COCCYX PORTABLE	72100	CPT	both			465	144.6	Horizon	Medicare Blue		125.74	1			125.74	441.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM & COCCYX PORTABLE	72100	CPT	both			465	144.6	Managed Care Inc	Managed Care Inc		418.5	0.9			125.74	441.75	percent of total billed charges	
SACRUM & COCCYX PORTABLE	72100	CPT	both			465	144.6	Multiplan	Multiplan		372	0.8			125.74	441.75	percent of total billed charges	
SACRUM & COCCYX PORTABLE	72100	CPT	both			465	144.6	Qualcare	Qualcare		348.75	0.75			125.74	441.75	percent of total billed charges	
SACRUM & COCCYX PORTABLE	72100	CPT	both			465	144.6	Three Rivers	Three Rivers		441.75	0.95			125.74	441.75	percent of total billed charges	
SACRUM & COCCYX PORTABLE	72100	CPT	both			465	144.6	UHC	Medicare		125.74	1			125.74	441.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM & COCCYX PORTABLE	72100	CPT	both			465	144.6	UHC	Medicaid		146.29	0.3146			125.74	441.75	percent of total billed charges	
SACRUM & COCCYX PORTABLE	72100	CPT	both			465	144.6	Wellcare	Medicaid		146.29	0.3146			125.74	441.75	percent of total billed charges	
SACRUM & COCCYX PORTABLE	72100	CPT	both			465	144.6	Wellcare	Medicare		125.74	1			125.74	441.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396	144.6	Aetna	Commercial		200.18	1.592			121.97	376.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396	144.6	Aetna	Better Health		124.58	0.3146			121.97	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396	144.6	Aetna	Medicare		121.97	0.308			121.97	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396	144.6	Americare	Americare		297	0.75			121.97	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396	144.6	WellPoint	WellPoint		127.04	0.3208			121.97	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396	144.6	Amerihealth	Medicare		125.74	1			121.97	376.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396	144.6	Consumer	Consumer		376.2	0.95			121.97	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396	144.6	Corrections	Corrections		316.8	0.8			121.97	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396	144.6	First Health	First Health		277.2	0.7			121.97	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396	144.6	First Trenton	First Trenton		356.4	0.9			121.97	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396	144.6	Horizon	PPO		229.73	1.827			121.97	376.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396	144.6	Horizon	MGD		229.73	1.827			121.97	376.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396	144.6	Horizon	Indemnity		229.73	1.827			121.97	376.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396	144.6	Horizon	Medicare Blue		125.74	1			121.97	376.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396	144.6	Managed Care Inc	Managed Care Inc		356.4	0.9			121.97	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396	144.6	Multiplan	Multiplan		316.8	0.8			121.97	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396	144.6	Qualcare	Qualcare		297	0.75			121.97	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396	144.6	Three Rivers	Three Rivers		376.2	0.95			121.97	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396	144.6	UHC	Medicaid		124.58	0.3146			121.97	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396	144.6	UHC	Medicare		125.74	1			121.97	376.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396	144.6	Wellcare	Medicaid		124.58	0.3146			121.97	376.2	percent of total billed charges	
LUMBARSPINE W/OBLIQUE >4 VIEWS	72110	CPT	both			396	144.6	Wellcare	Medicare		125.74	1			121.97	376.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR SPINE OBLIQUES FLEX & E MIN 6	72114	CPT	both			501	144.6	Aetna	Commercial		200.18	1.592			124.58	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR SPINE OBLIQUES FLEX & E MIN 6	72114	CPT	both			501	144.6	Aetna	Better Health		157.61	0.3146			124.58	475.95	percent of total billed charges	
LUMBAR SPINE OBLIQUES FLEX & E MIN 6	72114	CPT	both			501	144.6	Aetna	Medicare		125.74	1			124.58	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR SPINE OBLIQUES FLEX & E MIN 6	72114	CPT	both			501	144.6	Americare	Americare		375.75	0.75			124.58	475.95	percent of total billed charges	
LUMBAR SPINE OBLIQUES FLEX & E MIN 6	72114	CPT	both			501	144.6	WellPoint	WellPoint		160.72	0.3208			124.58	475.95	percent of total billed charges	
LUMBAR SPINE OBLIQUES FLEX & E MIN 6	72114	CPT	both			501	144.6	Amerihealth	Medicare		125.74	1			124.58	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR SPINE OBLIQUES FLEX & E MIN 6	72114	CPT	both			501	144.6	Consumer	Consumer		475.95	0.95			124.58	475.95	percent of total billed charges	
LUMBAR SPINE OBLIQUES FLEX & E MIN 6	72114	CPT	both			501	144.6	Corrections	Corrections		400.8	0.8			124.58	475.95	percent of total billed charges	
LUMBAR SPINE OBLIQUES FLEX & E MIN 6	72114	CPT	both			501	144.6	First Health	First Health		350.7	0.7			124.58	475.95	percent of total billed charges	
LUMBAR SPINE OBLIQUES FLEX & E MIN 6	72114	CPT	both			501	144.6	First Trenton	First Trenton		450.9	0.9			124.58	475.95	percent of total billed charges	
LUMBAR SPINE OBLIQUES FLEX & E MIN 6	72114	CPT	both			501	144.6	Horizon	Medicare Blue		125.74	1			124.58	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR SPINE OBLIQUES FLEX & E MIN 6	72114	CPT	both			501	144.6	Horizon	PPO		229.73	1.827			124.58	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR SPINE OBLIQUES FLEX & E MIN 6	72114	CPT	both			501	144.6	Horizon	Indemnity		229.73	1.827			124.58	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR SPINE OBLIQUES FLEX & E MIN 6	72114	CPT	both			501	144.6	Horizon	MGD		229.73	1.827			124.58	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR SPINE OBLIQUES FLEX & E MIN 6	72114	CPT	both			501	144.6	Managed Care Inc	Managed Care Inc		450.9	0.9			124.58	475.95	percent of total billed charges	
LUMBAR SPINE OBLIQUES FLEX & E MIN 6	72114	CPT	both			501	144.6	Multiplan	Multiplan		400.8	0.8			124.58	475.95	percent of total billed charges	
LUMBAR SPINE OBLIQUES FLEX & E MIN 6	72114	CPT	both			501	144.6	Qualcare	Qualcare		375.75	0.75			124.58	475.95	percent of total billed charges	
LUMBAR SPINE OBLIQUES FLEX & E MIN 6	72114	CPT	both			501	144.6	Three Rivers	Three Rivers		475.95	0.95			124.58	475.95	percent of total billed charges	
LUMBAR SPINE OBLIQUES FLEX & E MIN 6	72114	CPT	both			501	144.6	UHC	Medicaid		157.61	0.3146			124.58	475.95	percent of total billed charges	
LUMBAR SPINE OBLIQUES FLEX & E MIN 6	72114	CPT	both			501	144.6	UHC	Medicare		125.74	1			124.58	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUMBAR SPINE OBLIQUES FLEX & E MIN 6	72114	CPT	both			501	144.6	Wellcare	Medicare		125.74	1			124.58	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LUMBAR SPINE OBLIQUES FLEX & E MIN 6	72114	CPT	both			501	144.6	Wellcare	Medicaid		157.61	0.3146			124.58	475.95	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237	144.6	Aetna	Better Health		74.56	0.3146			74.25	229.73	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237	144.6	Aetna	Commercial		200.18	1.592			74.25	229.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237	144.6	Aetna	Medicare		125.74	1			74.25	229.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237	144.6	Americare	Americare		177.75	0.75			74.25	229.73	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237	144.6	WellPoint	WellPoint		76.03	0.3208			74.25	229.73	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237	144.6	Amerihealth	Medicare		125.74	1			74.25	229.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237	144.6	Consumer	Consumer		225.15	0.95			74.25	229.73	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237	144.6	Corrections	Corrections		189.6	0.8			74.25	229.73	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237	144.6	First Health	First Health		165.9	0.7			74.25	229.73	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237	144.6	First Trenton	First Trenton		213.3	0.9			74.25	229.73	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237	144.6	Horizon	Indemnity		229.73	1.827			74.25	229.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237	144.6	Horizon	Medicare Blue		125.74	1			74.25	229.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237	144.6	Horizon	PPO		229.73	1.827			74.25	229.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237	144.6	Horizon	MGD		229.73	1.827			74.25	229.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237	144.6	Managed Care Inc	Managed Care Inc		213.3	0.9			74.25	229.73	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237	144.6	Multiplan	Multiplan		189.6	0.8			74.25	229.73	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237	144.6	Qualcare	Qualcare		177.75	0.75			74.25	229.73	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237	144.6	Three Rivers	Three Rivers		225.15	0.95			74.25	229.73	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237	144.6	UHC	Medicaid		74.56	0.3146			74.25	229.73	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237	144.6	UHC	Medicare		125.74	1			74.25	229.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237	144.6	Wellcare	Medicaid		74.56	0.3146			74.25	229.73	percent of total billed charges	
XR LUMBOSA SPINE FLEX 2-3 VWS	72120	CPT	both			237	144.6	Wellcare	Medicare		125.74	1			74.25	229.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317	144.6	Aetna	Medicare		405.64	0.308			86.86	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317	144.6	Aetna	Better Health		414.33	0.3146			86.86	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317	144.6	Aetna	Commercial		200.18	1.592			86.86	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317	144.6	Americare	Americare		987.75	0.75			86.86	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317	144.6	WellPoint	WellPoint		422.49	0.3208			86.86	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317	144.6	Amerihealth	Medicare		125.74	1			86.86	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317	144.6	Consumer	Consumer		1251.15	0.95			86.86	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317	144.6	Corrections	Corrections		1053.6	0.8			86.86	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317	144.6	First Health	First Health		921.9	0.7			86.86	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317	144.6	First Trenton	First Trenton		1185.3	0.9			86.86	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317	144.6	Horizon	Medicare Blue		125.74	1			86.86	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317	144.6	Horizon	Indemnity		229.73	1.827			86.86	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317	144.6	Horizon	MGD		229.73	1.827			86.86	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317	144.6	Horizon	PPO		229.73	1.827			86.86	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317	144.6	Managed Care Inc	Managed Care Inc		1185.3	0.9			86.86	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317	144.6	Multiplan	Multiplan		1053.6	0.8			86.86	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317	144.6	Qualcare	Qualcare		987.75	0.75			86.86	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317	144.6	Three Rivers	Three Rivers		1251.15	0.95			86.86	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317	144.6	UHC	Medicaid		414.33	0.3146			86.86	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317	144.6	UHC	Medicare		125.74	1			86.86	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317	144.6	Wellcare	Medicaid		414.33	0.3146			86.86	1251.15	percent of total billed charges	
CTCERVICAL SPINE W/O CONTRAST-59	72125	CPT	both			1317	144.6	Wellcare	Medicare		125.74	1			86.86	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721	505.8	Aetna	Commercial		700.21	1.592			439.83	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721	505.8	Aetna	Better Health		541.43	0.3146			439.83	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721	505.8	Aetna	Medicare		439.83	1			439.83	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721	505.8	Americare	Americare		1290.75	0.75			439.83	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721	505.8	WellPoint	WellPoint		552.1	0.3208			439.83	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721	505.8	Amerihealth	Medicare		439.83	1			439.83	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721	505.8	Consumer	Consumer		1634.95	0.95			439.83	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721	505.8	Corrections	Corrections		1376.8	0.8			439.83	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721	505.8	First Health	First Health		1204.7	0.7			439.83	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721	505.8	First Trenton	First Trenton		1548.9	0.9			439.83	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721	505.8	Horizon	MGD		803.57	1.827			439.83	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721	505.8	Horizon	Indemnity		803.57	1.827			439.83	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721	505.8	Horizon	PPO		803.57	1.827			439.83	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721	505.8	Horizon	Medicare Blue		439.83	1			439.83	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721	505.8	Managed Care Inc	Managed Care Inc		1548.9	0.9			439.83	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721	505.8	Multiplan	Multiplan		1376.8	0.8			439.83	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721	505.8	Qualcare	Qualcare		1290.75	0.75			439.83	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721	505.8	Three Rivers	Three Rivers		1634.95	0.95			439.83	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721	505.8	UHC	Medicaid		541.43	0.3146			439.83	1634.95	percent of total billed charges	
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721	505.8	UHC	Medicare		439.83	1			439.83	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721	505.8	Wellcare	Medicare		439.83	1			439.83	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W CONTRAST-59	72126	CPT	both			1721	505.8	Wellcare	Medicaid		541.43	0.3146			439.83	1634.95	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047	241.65	Aetna	Better Health		643.99	0.3146			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047	241.65	Aetna	Commercial		334.53	1.592			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047	241.65	Aetna	Medicare		210.13	1			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047	241.65	Americare	Americare		1535.25	0.75			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047	241.65	WellPoint	WellPoint		656.68	0.3208			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047	241.65	Amerihealth	Medicare		210.13	1			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047	241.65	Consumer	Consumer		1944.65	0.95			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047	241.65	Corrections	Corrections		1637.6	0.8			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047	241.65	First Health	First Health		1432.9	0.7			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047	241.65	First Trenton	First Trenton		1842.3	0.9			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047	241.65	Horizon	MGD		383.91	1.827			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047	241.65	Horizon	Medicare Blue		210.13	1			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047	241.65	Horizon	Indemnity		383.91	1.827			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047	241.65	Horizon	PPO		383.91	1.827			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047	241.65	Managed Care Inc	Managed Care Inc		1842.3	0.9			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047	241.65	Multiplan	Multiplan		1637.6	0.8			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047	241.65	Qualcare	Qualcare		1535.25	0.75			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047	241.65	Three Rivers	Three Rivers		1944.65	0.95			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047	241.65	UHC	Medicare		210.13	1			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047	241.65	UHC	Medicaid		643.99	0.3146			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047	241.65	Wellcare	Medicaid		643.99	0.3146			210.13	1944.65	percent of total billed charges	
CTCERVICAL SPINE W & W/O CONTRAST	72127	CPT	both			2047	241.65	Wellcare	Medicare		210.13	1			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317	144.6	Aetna	Better Health		414.33	0.3146			88.72	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317	144.6	Aetna	Commercial		200.18	1.592			88.72	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317	144.6	Aetna	Medicare		125.74	1			88.72	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317	144.6	Americare	Americare		987.75	0.75			88.72	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317	144.6	WellPoint	WellPoint		422.49	0.3208			88.72	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317	144.6	Amerihealth	Medicare		125.74	1			88.72	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317	144.6	Consumer	Consumer		1251.15	0.95			88.72	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317	144.6	Corrections	Corrections		1053.6	0.8			88.72	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317	144.6	First Health	First Health		921.9	0.7			88.72	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317	144.6	First Trenton	First Trenton		1185.3	0.9			88.72	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317	144.6	Horizon	Indemnity		229.73	1.827			88.72	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317	144.6	Horizon	PPO		229.73	1.827			88.72	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317	144.6	Horizon	MGD		229.73	1.827			88.72	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317	144.6	Horizon	Medicare Blue		125.74	1			88.72	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317	144.6	Managed Care Inc	Managed Care Inc		1185.3	0.9			88.72	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317	144.6	Multiplan	Multiplan		1053.6	0.8			88.72	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317	144.6	Qualcare	Qualcare		987.75	0.75			88.72	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317	144.6	Three Rivers	Three Rivers		1251.15	0.95			88.72	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317	144.6	UHC	Medicaid		414.33	0.3146			88.72	1251.15	percent of total billed charges	
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317	144.6	UHC	Medicare		125.74	1			88.72	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317	144.6	Wellcare	Medicare		125.74	1			88.72	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W/O CONTRAST-59	72128	CPT	both			1317	144.6	Wellcare	Medicaid		414.33	0.3146			88.72	1251.15	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721	241.65	Aetna	Commercial		334.53	1.592			210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721	241.65	Aetna	Better Health		541.43	0.3146			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721	241.65	Aetna	Medicare		210.13	1			210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721	241.65	Americare	Americare		1290.75	0.75			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721	241.65	WellPoint	WellPoint		552.1	0.3208			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721	241.65	Amerihealth	Medicare		210.13	1			210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721	241.65	Consumer	Consumer		1634.95	0.95			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721	241.65	Corrections	Corrections		1376.8	0.8			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721	241.65	First Health	First Health		1204.7	0.7			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721	241.65	First Trenton	First Trenton		1548.9	0.9			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721	241.65	Horizon	MGD		383.91	1.827			210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721	241.65	Horizon	Indemnity		383.91	1.827			210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721	241.65	Horizon	Medicare Blue		210.13	1			210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721	241.65	Horizon	PPO		383.91	1.827			210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721	241.65	Managed Care Inc	Managed Care Inc		1548.9	0.9			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721	241.65	Multiplan	Multiplan		1376.8	0.8			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721	241.65	Qualcare	Qualcare		1290.75	0.75			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721	241.65	Three Rivers	Three Rivers		1634.95	0.95			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721	241.65	UHC	Medicare		210.13	1			210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721	241.65	UHC	Medicaid		541.43	0.3146			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721	241.65	Wellcare	Medicaid		541.43	0.3146			210.13	1634.95	percent of total billed charges	
CTTHORACIC SPINE W CONTRAST-59	72129	CPT	both			1721	241.65	Wellcare	Medicare		210.13	1			210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047	241.65	Aetna	Commercial		334.53	1.592			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047	241.65	Aetna	Better Health		643.99	0.3146			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047	241.65	Aetna	Medicare		210.13	1			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047	241.65	Americare	Americare		1535.25	0.75			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047	241.65	WellPoint	WellPoint		656.68	0.3208			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047	241.65	Amerihealth	Medicare		210.13	1			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047	241.65	Consumer	Consumer		1944.65	0.95			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047	241.65	Corrections	Corrections		1637.6	0.8			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047	241.65	First Health	First Health		1432.9	0.7			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047	241.65	First Trenton	First Trenton		1842.3	0.9			210.13	1944.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047	241.65	Horizon	MGD		383.91	1.827			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047	241.65	Horizon	PPO		383.91	1.827			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047	241.65	Horizon	Indemnity		383.91	1.827			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047	241.65	Horizon	Medicare Blue		210.13	1			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047	241.65	Managed Care Inc	Managed Care Inc		1842.3	0.9			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047	241.65	Multiplan	Multiplan		1637.6	0.8			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047	241.65	Qualcare	Qualcare		1535.25	0.75			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047	241.65	Three Rivers	Three Rivers		1944.65	0.95			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047	241.65	UHC	Medicaid		643.99	0.3146			210.13	1944.65	percent of total billed charges	
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047	241.65	UHC	Medicare		210.13	1			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047	241.65	Wellcare	Medicare		210.13	1			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTTHORACIC SPINE W & W/O CONTRAST	72130	CPT	both			2047	241.65	Wellcare	Medicaid		643.99	0.3146			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721	144.6	Aetna	Commercial		200.18	1.592			88.72	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721	144.6	Aetna	Better Health		541.43	0.3146			88.72	1634.95	percent of total billed charges	
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721	144.6	Aetna	Medicare		125.74	1			88.72	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721	144.6	Americare	Americare		1290.75	0.75			88.72	1634.95	percent of total billed charges	
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721	144.6	WellPoint	WellPoint		552.1	0.3208			88.72	1634.95	percent of total billed charges	
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721	144.6	Amerihealth	Medicare		125.74	1			88.72	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721	144.6	Consumer	Consumer		1634.95	0.95			88.72	1634.95	percent of total billed charges	
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721	144.6	Corrections	Corrections		1376.8	0.8			88.72	1634.95	percent of total billed charges	
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721	144.6	First Health	First Health		1204.7	0.7			88.72	1634.95	percent of total billed charges	
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721	144.6	First Trenton	First Trenton		1548.9	0.9			88.72	1634.95	percent of total billed charges	
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721	144.6	Horizon	MGD		229.73	1.827			88.72	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721	144.6	Horizon	Medicare Blue		125.74	1			88.72	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721	144.6	Horizon	Indemnity		229.73	1.827			88.72	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721	144.6	Horizon	PPO		229.73	1.827			88.72	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721	144.6	Managed Care Inc	Managed Care Inc		1548.9	0.9			88.72	1634.95	percent of total billed charges	
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721	144.6	Multiplan	Multiplan		1376.8	0.8			88.72	1634.95	percent of total billed charges	
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721	144.6	Qualcare	Qualcare		1290.75	0.75			88.72	1634.95	percent of total billed charges	
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721	144.6	Three Rivers	Three Rivers		1634.95	0.95			88.72	1634.95	percent of total billed charges	
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721	144.6	UHC	Medicaid		541.43	0.3146			88.72	1634.95	percent of total billed charges	
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721	144.6	UHC	Medicare		125.74	1			88.72	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721	144.6	Wellcare	Medicaid		541.43	0.3146			88.72	1634.95	percent of total billed charges	
CTLUMBAS SPINE W/O CONTRAST-59	72131	CPT	both			1721	144.6	Wellcare	Medicare		125.74	1			88.72	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721	505.8	Aetna	Commercial		700.21	1.592			439.83	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721	505.8	Aetna	Medicare		530.07	0.308			439.83	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721	505.8	Aetna	Better Health		541.43	0.3146			439.83	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721	505.8	Americare	Americare		1290.75	0.75			439.83	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721	505.8	WellPoint	WellPoint		552.1	0.3208			439.83	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721	505.8	Amerihealth	Medicare		439.83	1			439.83	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721	505.8	Consumer	Consumer		1634.95	0.95			439.83	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721	505.8	Corrections	Corrections		1376.8	0.8			439.83	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721	505.8	First Health	First Health		1204.7	0.7			439.83	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721	505.8	First Trenton	First Trenton		1548.9	0.9			439.83	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721	505.8	Horizon	PPO		803.57	1.827			439.83	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721	505.8	Horizon	Medicare Blue		439.83	1			439.83	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721	505.8	Horizon	Indemnity		803.57	1.827			439.83	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721	505.8	Horizon	MGD		803.57	1.827			439.83	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721	505.8	Managed Care Inc	Managed Care Inc		1548.9	0.9			439.83	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721	505.8	Multiplan	Multiplan		1376.8	0.8			439.83	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721	505.8	Qualcare	Qualcare		1290.75	0.75			439.83	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721	505.8	Three Rivers	Three Rivers		1634.95	0.95			439.83	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721	505.8	UHC	Medicare		439.83	1			439.83	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721	505.8	UHC	Medicaid		541.43	0.3146			439.83	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721	505.8	Wellcare	Medicaid		541.43	0.3146			439.83	1634.95	percent of total billed charges	
CTLUMBAS SPINE W CONTRAST-59	72132	CPT	both			1721	505.8	Wellcare	Medicare		439.83	1			439.83	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047	241.65	Aetna	Better Health		643.99	0.3146			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047	241.65	Aetna	Commercial		334.53	1.592			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047	241.65	Aetna	Medicare		210.13	1			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047	241.65	Americare	Americare		1535.25	0.75			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047	241.65	WellPoint	WellPoint		656.68	0.3208			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047	241.65	Amerihealth	Medicare		210.13	1			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047	241.65	Consumer	Consumer		1944.65	0.95			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047	241.65	Corrections	Corrections		1637.6	0.8			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047	241.65	First Health	First Health		1432.9	0.7			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047	241.65	First Trenton	First Trenton		1842.3	0.9			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047	241.65	Horizon	MGD		383.91	1.827			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047	241.65	Horizon	Indemnity		383.91	1.827			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047	241.65	Horizon	Medicare Blue		210.13	1			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047	241.65	Horizon	PPO		383.91	1.827			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047	241.65	Managed Care Inc	Managed Care Inc		1842.3	0.9			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047	241.65	Multiplan	Multiplan		1637.6	0.8			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047	241.65	Qualcare	Qualcare		1535.25	0.75			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047	241.65	Three Rivers	Three Rivers		1944.65	0.95			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047	241.65	UHC	Medicaid		643.99	0.3146			210.13	1944.65	percent of total billed charges	
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047	241.65	UHC	Medicare		210.13	1			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047	241.65	Wellcare	Medicare		210.13	1			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTLUMBAS SPINE W & W/O CONTRAST-59	72133	CPT	both			2047	241.65	Wellcare	Medicaid		643.99	0.3146			210.13	1944.65	percent of total billed charges	
MRICERVCLSPINE W/O CONTRAST	72141	CPT	both			6082	322.28	Aetna	Better Health		1913.4	0.3146			280.24	5777.9	percent of total billed charges	
MRICERVCLSPINE W/O CONTRAST	72141	CPT	both			6082	322.28	Aetna	Medicare		280.24	1			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRICERVCLSPINE W/O CONTRAST	72141	CPT	both			6082	322.28	Aetna	Commercial		446.14	1.592			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRICERVCLSPINE W/O CONTRAST	72141	CPT	both			6082	322.28	Americare	Americare		4561.5	0.75			280.24	5777.9	percent of total billed charges	
MRICERVCLSPINE W/O CONTRAST	72141	CPT	both			6082	322.28	WellPoint	WellPoint		1951.11	0.3208			280.24	5777.9	percent of total billed charges	
MRICERVCLSPINE W/O CONTRAST	72141	CPT	both			6082	322.28	Amerihealth	Medicare		280.24	1			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRICERVCLSPINE W/O CONTRAST	72141	CPT	both			6082	322.28	Consumer	Consumer		5777.9	0.95			280.24	5777.9	percent of total billed charges	
MRICERVCLSPINE W/O CONTRAST	72141	CPT	both			6082	322.28	Corrections	Corrections		4865.6	0.8			280.24	5777.9	percent of total billed charges	
MRICERVCLSPINE W/O CONTRAST	72141	CPT	both			6082	322.28	First Health	First Health		4257.4	0.7			280.24	5777.9	percent of total billed charges	
MRICERVCLSPINE W/O CONTRAST	72141	CPT	both			6082	322.28	First Trenton	First Trenton		5473.8	0.9			280.24	5777.9	percent of total billed charges	
MRICERVCLSPINE W/O CONTRAST	72141	CPT	both			6082	322.28	Horizon	PPO		512	1.827			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRICERVCLSPINE W/O CONTRAST	72141	CPT	both			6082	322.28	Horizon	MGD		512	1.827			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRICERVCLSPINE W/O CONTRAST	72141	CPT	both			6082	322.28	Horizon	Indemnity		512	1.827			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRICERVCLSPINE W/O CONTRAST	72141	CPT	both			6082	322.28	Horizon	Medicare Blue		280.24	1			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRICERVCLSPINE W/O CONTRAST	72141	CPT	both			6082	322.28	Managed Care Inc	Managed Care Inc		5473.8	0.9			280.24	5777.9	percent of total billed charges	
MRICERVCLSPINE W/O CONTRAST	72141	CPT	both			6082	322.28	Multiplan	Multiplan		4865.6	0.8			280.24	5777.9	percent of total billed charges	
MRICERVCLSPINE W/O CONTRAST	72141	CPT	both			6082	322.28	Qualcare	Qualcare		4561.5	0.75			280.24	5777.9	percent of total billed charges	
MRICERVCLSPINE W/O CONTRAST	72141	CPT	both			6082	322.28	Three Rivers	Three Rivers		5777.9	0.95			280.24	5777.9	percent of total billed charges	
MRICERVCLSPINE W/O CONTRAST	72141	CPT	both			6082	322.28	UHC	Medicare		280.24	1			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRICERVCLSPINE W/O CONTRAST	72141	CPT	both			6082	322.28	UHC	Medicaid		1913.4	0.3146			280.24	5777.9	percent of total billed charges	
MRICERVCLSPINE W/O CONTRAST	72141	CPT	both			6082	322.28	Wellcare	Medicare		280.24	1			280.24	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRICERVCLSPINE W/O CONTRAST	72141	CPT	both			6082	322.28	Wellcare	Medicaid		1913.4	0.3146			280.24	5777.9	percent of total billed charges	
MRI-CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289	505.8	Aetna	Better Health		2293.12	0.3146			439.83	6924.55	percent of total billed charges	
MRI-CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289	505.8	Aetna	Commercial		700.21	1.592			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289	505.8	Aetna	Medicare		439.83	1			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289	505.8	Americare	Americare		5466.75	0.75			439.83	6924.55	percent of total billed charges	
MRI-CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289	505.8	WellPoint	WellPoint		2338.31	0.3208			439.83	6924.55	percent of total billed charges	
MRI-CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289	505.8	Amerihealth	Medicare		439.83	1			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289	505.8	Consumer	Consumer		6924.55	0.95			439.83	6924.55	percent of total billed charges	
MRI-CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289	505.8	Corrections	Corrections		5831.2	0.8			439.83	6924.55	percent of total billed charges	
MRI-CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289	505.8	First Health	First Health		5102.3	0.7			439.83	6924.55	percent of total billed charges	
MRI-CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289	505.8	First Trenton	First Trenton		6560.1	0.9			439.83	6924.55	percent of total billed charges	
MRI-CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289	505.8	Horizon	Medicare Blue		439.83	1			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289	505.8	Horizon	MGD		803.57	1.827			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289	505.8	Horizon	Indemnity		803.57	1.827			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289	505.8	Horizon	PPO		803.57	1.827			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289	505.8	Managed Care Inc	Managed Care Inc		6560.1	0.9			439.83	6924.55	percent of total billed charges	
MRI-CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289	505.8	Multiplan	Multiplan		5831.2	0.8			439.83	6924.55	percent of total billed charges	
MRI-CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289	505.8	Qualcare	Qualcare		5466.75	0.75			439.83	6924.55	percent of total billed charges	
MRI-CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289	505.8	Three Rivers	Three Rivers		6924.55	0.95			439.83	6924.55	percent of total billed charges	
MRI-CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289	505.8	UHC	Medicaid		2293.12	0.3146			439.83	6924.55	percent of total billed charges	
MRI-CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289	505.8	UHC	Medicare		439.83	1			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289	505.8	Wellcare	Medicaid		2293.12	0.3146			439.83	6924.55	percent of total billed charges	
MRI-CERVICAL SPINE W/CONTRAST	72142	CPT	both			7289	505.8	Wellcare	Medicare		439.83	1			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752	322.28	Aetna	Commercial		446.14	1.592			280.24	6414.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752	322.28	Aetna	Better Health		2124.18	0.3146			280.24	6414.4	percent of total billed charges	
MRI-THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752	322.28	Aetna	Medicare		280.24	1			280.24	6414.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752	322.28	Americare	Americare		5064	0.75			280.24	6414.4	percent of total billed charges	
MRI-THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752	322.28	WellPoint	WellPoint		2166.04	0.3208			280.24	6414.4	percent of total billed charges	
MRI-THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752	322.28	Amerihealth	Medicare		280.24	1			280.24	6414.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752	322.28	Consumer	Consumer		6414.4	0.95			280.24	6414.4	percent of total billed charges	
MRI-THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752	322.28	Corrections	Corrections		5401.6	0.8			280.24	6414.4	percent of total billed charges	
MRI-THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752	322.28	First Health	First Health		4726.4	0.7			280.24	6414.4	percent of total billed charges	
MRI-THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752	322.28	First Trenton	First Trenton		6076.8	0.9			280.24	6414.4	percent of total billed charges	
MRI-THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752	322.28	Horizon	PPO		512	1.827			280.24	6414.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752	322.28	Horizon	Medicare Blue		280.24	1			280.24	6414.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752	322.28	Horizon	MGD		512	1.827			280.24	6414.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752	322.28	Horizon	Indemnity		512	1.827			280.24	6414.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752	322.28	Managed Care Inc	Managed Care Inc		6076.8	0.9			280.24	6414.4	percent of total billed charges	
MRI-THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752	322.28	Multiplan	Multiplan		5401.6	0.8			280.24	6414.4	percent of total billed charges	
MRI-THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752	322.28	Qualcare	Qualcare		5064	0.75			280.24	6414.4	percent of total billed charges	
MRI-THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752	322.28	Three Rivers	Three Rivers		6414.4	0.95			280.24	6414.4	percent of total billed charges	
MRI-THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752	322.28	UHC	Medicaid		2124.18	0.3146			280.24	6414.4	percent of total billed charges	
MRI-THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752	322.28	UHC	Medicare		280.24	1			280.24	6414.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752	322.28	Wellcare	Medicaid		2124.18	0.3146			280.24	6414.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI-THORACIC SPINE W/O CONTRAST	72146	CPT	both			6752	322.28	Wellcare	Medicare		280.24				280.24	6414.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	both			7289	505.8	Aetna	Commercial		700.21	1.592			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	both			7289	505.8	Aetna	Better Health		2293.12	0.3146			439.83	6924.55	percent of total billed charges	
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	both			7289	505.8	Aetna	Medicare		439.83	1			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	both			7289	505.8	Americare	Americare		5466.75	0.75			439.83	6924.55	percent of total billed charges	
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	both			7289	505.8	WellPoint	WellPoint		2338.31	0.3208			439.83	6924.55	percent of total billed charges	
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	both			7289	505.8	Amerihealth	Medicare		439.83	1			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	both			7289	505.8	Consumer	Consumer		6924.55	0.95			439.83	6924.55	percent of total billed charges	
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	both			7289	505.8	Corrections	Corrections		5831.2	0.8			439.83	6924.55	percent of total billed charges	
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	both			7289	505.8	First Health	First Health		5102.3	0.7			439.83	6924.55	percent of total billed charges	
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	both			7289	505.8	First Trenton	First Trenton		6560.1	0.9			439.83	6924.55	percent of total billed charges	
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	both			7289	505.8	Horizon	Indemnity		803.57	1.827			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	both			7289	505.8	Horizon	Medicare Blue		439.83	1			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	both			7289	505.8	Horizon	PPO		803.57	1.827			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	both			7289	505.8	Horizon	MGD		803.57	1.827			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	both			7289	505.8	Managed Care Inc	Managed Care Inc		6560.1	0.9			439.83	6924.55	percent of total billed charges	
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	both			7289	505.8	Multiplan	Multiplan		5831.2	0.8			439.83	6924.55	percent of total billed charges	
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	both			7289	505.8	Qualcare	Qualcare		5466.75	0.75			439.83	6924.55	percent of total billed charges	
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	both			7289	505.8	Three Rivers	Three Rivers		6924.55	0.95			439.83	6924.55	percent of total billed charges	
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	both			7289	505.8	UHC	Medicaid		2293.12	0.3146			439.83	6924.55	percent of total billed charges	
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	both			7289	505.8	UHC	Medicare		439.83	1			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	both			7289	505.8	Wellcare	Medicare		439.83	1			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WITH CONTRAST	72147	CPT	both			7289	505.8	Wellcare	Medicaid		2293.12	0.3146			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418	322.28	Aetna	Better Health		446.1	0.3146			275.9	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418	322.28	Aetna	Commercial		446.14	1.592			275.9	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418	322.28	Aetna	Medicare		280.24	1			275.9	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418	322.28	Americare	Americare		1063.5	0.75			275.9	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418	322.28	WellPoint	WellPoint		454.89	0.3208			275.9	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418	322.28	Amerihealth	Medicare		280.24	1			275.9	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418	322.28	Consumer	Consumer		1347.1	0.95			275.9	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418	322.28	Corrections	Corrections		1134.4	0.8			275.9	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418	322.28	First Health	First Health		992.6	0.7			275.9	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418	322.28	First Trenton	First Trenton		1276.2	0.9			275.9	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418	322.28	Horizon	Medicare Blue		280.24	1			275.9	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418	322.28	Horizon	PPO		512	1.827			275.9	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418	322.28	Horizon	MGD		512	1.827			275.9	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418	322.28	Horizon	Indemnity		512	1.827			275.9	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418	322.28	Managed Care Inc	Managed Care Inc		1276.2	0.9			275.9	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418	322.28	Multiplan	Multiplan		1134.4	0.8			275.9	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418	322.28	Qualcare	Qualcare		1063.5	0.75			275.9	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418	322.28	Three Rivers	Three Rivers		1347.1	0.95			275.9	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418	322.28	UHC	Medicare		280.24	1			275.9	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418	322.28	UHC	Medicaid		446.1	0.3146			275.9	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418	322.28	Wellcare	Medicare		280.24	1			275.9	1347.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITHOUT CONTRAST	72148	CPT	both			1418	322.28	Wellcare	Medicaid		446.1	0.3146			275.9	1347.1	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289	505.8	Aetna	Commercial		700.21	1.592			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289	505.8	Aetna	Better Health		2293.12	0.3146			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289	505.8	Aetna	Medicare		439.83	1			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289	505.8	Americare	Americare		5466.75	0.75			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289	505.8	WellPoint	WellPoint		2338.31	0.3208			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289	505.8	Amerihealth	Medicare		439.83	1			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289	505.8	Consumer	Consumer		6924.55	0.95			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289	505.8	Corrections	Corrections		5831.2	0.8			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289	505.8	First Health	First Health		5102.3	0.7			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289	505.8	First Trenton	First Trenton		6560.1	0.9			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289	505.8	Horizon	Indemnity		803.57	1.827			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289	505.8	Horizon	MGD		803.57	1.827			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289	505.8	Horizon	Medicare Blue		439.83	1			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289	505.8	Horizon	PPO		803.57	1.827			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289	505.8	Managed Care Inc	Managed Care Inc		6560.1	0.9			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289	505.8	Multiplan	Multiplan		5831.2	0.8			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289	505.8	Qualcare	Qualcare		5466.75	0.75			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289	505.8	Three Rivers	Three Rivers		6924.55	0.95			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289	505.8	UHC	Medicaid		2293.12	0.3146			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289	505.8	UHC	Medicare		439.83	1			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289	505.8	Wellcare	Medicaid		2293.12	0.3146			439.83	6924.55	percent of total billed charges	
MRI-LUMBAR SPINE WITH CONTRAST	72149	CPT	both			7289	505.8	Wellcare	Medicare		439.83	1			439.83	6924.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831	505.8	Aetna	Better Health		3092.83	0.3146			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831	505.8	Aetna	Commercial		700.21	1.592			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831	505.8	Aetna	Medicare		439.83	1			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831	505.8	Americare	Americare		7373.25	0.75			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831	505.8	WellPoint	WellPoint		3153.78	0.3208			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831	505.8	Amerihealth	Medicare		439.83	1			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831	505.8	Consumer	Consumer		9339.45	0.95			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831	505.8	Corrections	Corrections		7864.8	0.8			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831	505.8	First Health	First Health		6881.7	0.7			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831	505.8	First Trenton	First Trenton		8847.9	0.9			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831	505.8	Horizon	PPO		803.57	1.827			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831	505.8	Horizon	Medicare Blue		439.83	1			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831	505.8	Horizon	MGD		803.57	1.827			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831	505.8	Horizon	Indemnity		803.57	1.827			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831	505.8	Managed Care Inc	Managed Care Inc		8847.9	0.9			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831	505.8	Multiplan	Multiplan		7864.8	0.8			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831	505.8	Qualcare	Qualcare		7373.25	0.75			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831	505.8	Three Rivers	Three Rivers		9339.45	0.95			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831	505.8	UHC	Medicaid		3092.83	0.3146			439.83	9339.45	percent of total billed charges	
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831	505.8	UHC	Medicare		439.83	1			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831	505.8	Wellcare	Medicare		439.83	1			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI CERVICAL SPINE WO/W CONTRAST	72156	CPT	both			9831	505.8	Wellcare	Medicaid		3092.83	0.3146			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831	505.8	Aetna	Medicare		439.83	1			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831	505.8	Aetna	Better Health		3092.83	0.3146			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831	505.8	Aetna	Commercial		700.21	1.592			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831	505.8	Americare	Americare		7373.25	0.75			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831	505.8	WellPoint	WellPoint		3153.78	0.3208			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831	505.8	Amerihealth	Medicare		439.83	1			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831	505.8	Consumer	Consumer		9339.45	0.95			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831	505.8	Corrections	Corrections		7864.8	0.8			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831	505.8	First Health	First Health		6881.7	0.7			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831	505.8	First Trenton	First Trenton		8847.9	0.9			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831	505.8	Horizon	Indemnity		803.57	1.827			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831	505.8	Horizon	MGD		803.57	1.827			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831	505.8	Horizon	PPO		803.57	1.827			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831	505.8	Horizon	Medicare Blue		439.83	1			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831	505.8	Managed Care Inc	Managed Care Inc		8847.9	0.9			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831	505.8	Multiplan	Multiplan		7864.8	0.8			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831	505.8	Qualcare	Qualcare		7373.25	0.75			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831	505.8	Three Rivers	Three Rivers		9339.45	0.95			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831	505.8	UHC	Medicare		439.83	1			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831	505.8	UHC	Medicaid		3092.83	0.3146			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831	505.8	Wellcare	Medicaid		3092.83	0.3146			439.83	9339.45	percent of total billed charges	
MRI-THORACIC SPINE WO/W CONTRAST	72157	CPT	both			9831	505.8	Wellcare	Medicare		439.83	1			439.83	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831	505.8	Aetna	Better Health		3092.83	0.3146			435.41	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831	505.8	Aetna	Commercial		700.21	1.592			435.41	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831	505.8	Aetna	Medicare		439.83	1			435.41	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831	505.8	Americare	Americare		7373.25	0.75			435.41	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831	505.8	WellPoint	WellPoint		3153.78	0.3208			435.41	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831	505.8	Amerihealth	Medicare		439.83	1			435.41	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831	505.8	Consumer	Consumer		9339.45	0.95			435.41	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831	505.8	Corrections	Corrections		7864.8	0.8			435.41	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831	505.8	First Health	First Health		6881.7	0.7			435.41	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831	505.8	First Trenton	First Trenton		8847.9	0.9			435.41	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831	505.8	Horizon	Indemnity		803.57	1.827			435.41	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831	505.8	Horizon	Medicare Blue		439.83	1			435.41	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831	505.8	Horizon	MGD		803.57	1.827			435.41	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831	505.8	Horizon	PPO		803.57	1.827			435.41	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831	505.8	Managed Care Inc	Managed Care Inc		8847.9	0.9			435.41	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831	505.8	Multiplan	Multiplan		7864.8	0.8			435.41	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831	505.8	Qualcare	Qualcare		7373.25	0.75			435.41	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831	505.8	Three Rivers	Three Rivers		9339.45	0.95			435.41	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831	505.8	UHC	Medicaid		3092.83	0.3146			435.41	9339.45	percent of total billed charges	
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831	505.8	UHC	Medicare		439.83	1			435.41	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831	505.8	Wellcare	Medicare		439.83	1			435.41	9339.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LUMBAR SPINE WO/W CONTRAST	72158	CPT	both			9831	505.8	Wellcare	Medicaid		3092.83	0.3146			435.41	9339.45	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Aetna	Better Health		1553.18	0.3146			1481.1	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Aetna	Medicare		1520.6	0.308			1481.1	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Aetna	Commercial		1876.06	0.38			1481.1	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Americare	Americare		3702.75	0.75			1481.1	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		WellPoint	WellPoint		1583.79	0.3208			1481.1	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Consumer	Consumer		4690.15	0.95			1481.1	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Corrections	Corrections		3949.6	0.8			1481.1	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		First Health	First Health		3455.9	0.7			1481.1	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		First Trenton	First Trenton		4443.3	0.9			1481.1	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Horizon	MGD		1889.88	0.3828			1481.1	4690.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRA-SPINE	72159	CPT	outpatient			4937		Horizon	Medicare Blue		1481.1	0.3			1481.1	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Horizon	PPO		1889.88	0.3828			1481.1	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Horizon	Indemnity		1889.88	0.3828			1481.1	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Managed Care Inc	Managed Care Inc		4443.3	0.9			1481.1	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Multiplan	Multiplan		3949.6	0.8			1481.1	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Qualcare	Qualcare		3702.75	0.75			1481.1	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Three Rivers	Three Rivers		4690.15	0.95			1481.1	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		UHC	Medicaid		1553.18	0.3146			1481.1	4690.15	percent of total billed charges	
MRA-SPINE	72159	CPT	outpatient			4937		Wellcare	Medicaid		1553.18	0.3146			1481.1	4690.15	percent of total billed charges	
PORTABLE PELVIS 1 VIEW	72170	CPT	both			254	144.6	Aetna	Medicare		78.23	0.308			78.23	241.3	percent of total billed charges	
PORTABLE PELVIS 1 VIEW	72170	CPT	both			254	144.6	Aetna	Commercial		200.18	1.592			78.23	241.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE PELVIS 1 VIEW	72170	CPT	both			254	144.6	Aetna	Better Health		79.91	0.3146			78.23	241.3	percent of total billed charges	
PORTABLE PELVIS 1 VIEW	72170	CPT	both			254	144.6	Americare	Americare		190.5	0.75			78.23	241.3	percent of total billed charges	
PORTABLE PELVIS 1 VIEW	72170	CPT	both			254	144.6	WellPoint	WellPoint		81.48	0.3208			78.23	241.3	percent of total billed charges	
PORTABLE PELVIS 1 VIEW	72170	CPT	both			254	144.6	Amerihealth	Medicare		125.74	1			78.23	241.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE PELVIS 1 VIEW	72170	CPT	both			254	144.6	Consumer	Consumer		241.3	0.95			78.23	241.3	percent of total billed charges	
PORTABLE PELVIS 1 VIEW	72170	CPT	both			254	144.6	Corrections	Corrections		203.2	0.8			78.23	241.3	percent of total billed charges	
PORTABLE PELVIS 1 VIEW	72170	CPT	both			254	144.6	First Health	First Health		177.8	0.7			78.23	241.3	percent of total billed charges	
PORTABLE PELVIS 1 VIEW	72170	CPT	both			254	144.6	First Trenton	First Trenton		228.6	0.9			78.23	241.3	percent of total billed charges	
PORTABLE PELVIS 1 VIEW	72170	CPT	both			254	144.6	Horizon	PPO		229.73	1.827			78.23	241.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE PELVIS 1 VIEW	72170	CPT	both			254	144.6	Horizon	Indemnity		229.73	1.827			78.23	241.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE PELVIS 1 VIEW	72170	CPT	both			254	144.6	Horizon	MGD		229.73	1.827			78.23	241.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE PELVIS 1 VIEW	72170	CPT	both			254	144.6	Horizon	Medicare Blue		125.74	1			78.23	241.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE PELVIS 1 VIEW	72170	CPT	both			254	144.6	Managed Care Inc	Managed Care Inc		228.6	0.9			78.23	241.3	percent of total billed charges	
PORTABLE PELVIS 1 VIEW	72170	CPT	both			254	144.6	Multiplan	Multiplan		203.2	0.8			78.23	241.3	percent of total billed charges	
PORTABLE PELVIS 1 VIEW	72170	CPT	both			254	144.6	Qualcare	Qualcare		190.5	0.75			78.23	241.3	percent of total billed charges	
PORTABLE PELVIS 1 VIEW	72170	CPT	both			254	144.6	Three Rivers	Three Rivers		241.3	0.95			78.23	241.3	percent of total billed charges	
PORTABLE PELVIS 1 VIEW	72170	CPT	both			254	144.6	UHC	Medicare		125.74	1			78.23	241.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE PELVIS 1 VIEW	72170	CPT	both			254	144.6	UHC	Medicaid		79.91	0.3146			78.23	241.3	percent of total billed charges	
PORTABLE PELVIS 1 VIEW	72170	CPT	both			254	144.6	Wellcare	Medicare		125.74	1			78.23	241.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE PELVIS 1 VIEW	72170	CPT	both			254	144.6	Wellcare	Medicaid		79.91	0.3146			78.23	241.3	percent of total billed charges	
PELVIS TRAUMA SURG OR 3VWS	72190	CPT	both			247	144.6	Aetna	Better Health		77.71	0.3146			77.71	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR 3VWS	72190	CPT	both			247	144.6	Aetna	Commercial		200.18	1.592			77.71	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS TRAUMA SURG OR 3VWS	72190	CPT	both			247	144.6	Aetna	Medicare		125.74	1			77.71	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS TRAUMA SURG OR 3VWS	72190	CPT	both			247	144.6	Americare	Americare		185.25	0.75			77.71	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR 3VWS	72190	CPT	both			247	144.6	WellPoint	WellPoint		79.24	0.3208			77.71	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR 3VWS	72190	CPT	both			247	144.6	Amerihealth	Medicare		125.74	1			77.71	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS TRAUMA SURG OR 3VWS	72190	CPT	both			247	144.6	Consumer	Consumer		234.65	0.95			77.71	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR 3VWS	72190	CPT	both			247	144.6	Corrections	Corrections		197.6	0.8			77.71	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR 3VWS	72190	CPT	both			247	144.6	First Health	First Health		172.9	0.7			77.71	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR 3VWS	72190	CPT	both			247	144.6	First Trenton	First Trenton		222.3	0.9			77.71	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR 3VWS	72190	CPT	both			247	144.6	Horizon	PPO		229.73	1.827			77.71	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS TRAUMA SURG OR 3VWS	72190	CPT	both			247	144.6	Horizon	MGD		229.73	1.827			77.71	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS TRAUMA SURG OR 3VWS	72190	CPT	both			247	144.6	Horizon	Indemnity		229.73	1.827			77.71	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS TRAUMA SURG OR 3VWS	72190	CPT	both			247	144.6	Horizon	Medicare Blue		125.74	1			77.71	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS TRAUMA SURG OR 3VWS	72190	CPT	both			247	144.6	Managed Care Inc	Managed Care Inc		222.3	0.9			77.71	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR 3VWS	72190	CPT	both			247	144.6	Multiplan	Multiplan		197.6	0.8			77.71	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR 3VWS	72190	CPT	both			247	144.6	Qualcare	Qualcare		185.25	0.75			77.71	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR 3VWS	72190	CPT	both			247	144.6	Three Rivers	Three Rivers		234.65	0.95			77.71	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR 3VWS	72190	CPT	both			247	144.6	UHC	Medicaid		77.71	0.3146			77.71	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR 3VWS	72190	CPT	both			247	144.6	UHC	Medicare		125.74	1			77.71	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PELVIS TRAUMA SURG OR 3VWS	72190	CPT	both			247	144.6	Wellcare	Medicaid		77.71	0.3146			77.71	234.65	percent of total billed charges	
PELVIS TRAUMA SURG OR 3VWS	72190	CPT	both			247	144.6	Wellcare	Medicare		125.74	1			77.71	234.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Aetna	Better Health		805.69	0.3146			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Aetna	Commercial		334.53	1.592			210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Aetna	Medicare		210.13	1			210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Americare	Americare		1920.75	0.75			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	WellPoint	WellPoint		821.57	0.3208			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Amerihealth	Medicare		210.13	1			210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Consumer	Consumer		2432.95	0.95			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Corrections	Corrections		2048.8	0.8			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	First Health	First Health		1792.7	0.7			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	First Trenton	First Trenton		2304.9	0.9			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Horizon	Indemnity		383.91	1.827			210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Horizon	PPO		383.91	1.827			210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Horizon	MGD		383.91	1.827			210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Horizon	Medicare Blue		210.13	1			210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Managed Care Inc	Managed Care Inc		2304.9	0.9			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Multiplan	Multiplan		2048.8	0.8			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Qualcare	Qualcare		1920.75	0.75			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Three Rivers	Three Rivers		2432.95	0.95			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	UHC	Medicaid		805.69	0.3146			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	UHC	Medicare		210.13	1			210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Wellcare	Medicaid		805.69	0.3146			210.13	2432.95	percent of total billed charges	
CT ANGIO/PELVIS	72191	CPT	both			2561	241.65	Wellcare	Medicare		210.13	1			210.13	2432.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Aetna	Medicare		125.74	1			125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Aetna	Better Health		414.33	0.3146			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Aetna	Commercial		200.18	1.592			125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Americare	Americare		987.75	0.75			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	WellPoint	WellPoint		422.49	0.3208			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Amerihealth	Medicare		125.74	1			125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Consumer	Consumer		1251.15	0.95			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Corrections	Corrections		1053.6	0.8			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	First Health	First Health		921.9	0.7			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	First Trenton	First Trenton		1185.3	0.9			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Horizon	Indemnity		229.73	1.827			125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Horizon	PPO		229.73	1.827			125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Horizon	Medicare Blue		125.74	1			125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Horizon	MGD		229.73	1.827			125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Managed Care Inc	Managed Care Inc		1185.3	0.9			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Multiplan	Multiplan		1053.6	0.8			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Qualcare	Qualcare		987.75	0.75			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Three Rivers	Three Rivers		1251.15	0.95			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	UHC	Medicare		125.74	1			125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	UHC	Medicaid		414.33	0.3146			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Wellcare	Medicaid		414.33	0.3146			125.74	1251.15	percent of total billed charges	
CTPELVIS W/O CONTRAST	72192	CPT	both			1317	144.6	Wellcare	Medicare		125.74	1			125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Aetna	Commercial		334.53	1.592			210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Aetna	Better Health		541.43	0.3146			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Aetna	Medicare		210.13	1			210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Americare	Americare		1290.75	0.75			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	WellPoint	WellPoint		552.1	0.3208			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Amerihealth	Medicare		210.13	1			210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Consumer	Consumer		1634.95	0.95			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Corrections	Corrections		1376.8	0.8			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	First Health	First Health		1204.7	0.7			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	First Trenton	First Trenton		1548.9	0.9			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Horizon	Indemnity		383.91	1.827			210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Horizon	Medicare Blue		210.13	1			210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Horizon	PPO		383.91	1.827			210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Horizon	MGD		383.91	1.827			210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Managed Care Inc	Managed Care Inc		1548.9	0.9			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Multiplan	Multiplan		1376.8	0.8			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Qualcare	Qualcare		1290.75	0.75			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Three Rivers	Three Rivers		1634.95	0.95			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	UHC	Medicare		210.13	1			210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	UHC	Medicaid		541.43	0.3146			210.13	1634.95	percent of total billed charges	
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Wellcare	Medicare		210.13	1			210.13	1634.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W CONTRAST	72193	CPT	both			1721	241.65	Wellcare	Medicaid		541.43	0.3146			210.13	1634.95	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Aetna	Better Health		643.99	0.3146			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Aetna	Medicare		630.48	0.308			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Aetna	Commercial		334.53	1.592			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Americare	Americare		1535.25	0.75			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	WellPoint	WellPoint		656.68	0.3208			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Amerihealth	Medicare		210.13	1			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Consumer	Consumer		1944.65	0.95			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Corrections	Corrections		1637.6	0.8			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	First Health	First Health		1432.9	0.7			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	First Trenton	First Trenton		1842.3	0.9			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Horizon	Medicare Blue		210.13	1			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Horizon	Indemnity		383.91	1.827			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Horizon	MGD		383.91	1.827			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Horizon	PPO		383.91	1.827			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Managed Care Inc	Managed Care Inc		1842.3	0.9			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Multiplan	Multiplan		1637.6	0.8			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Qualcare	Qualcare		1535.25	0.75			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Three Rivers	Three Rivers		1944.65	0.95			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	UHC	Medicaid		643.99	0.3146			210.13	1944.65	percent of total billed charges	
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	UHC	Medicare		210.13	1			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Wellcare	Medicare		210.13	1			210.13	1944.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTPELVIS W & W/O CONTRAST	72194	CPT	both			2047	241.65	Wellcare	Medicaid		643.99	0.3146			210.13	1944.65	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	Aetna	Better Health		1913.4	0.3146			267.72	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082	322.28	Aetna	Commercial		446.14	1.592			267.72	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082		322.28 Aetna	Medicare		280.24	1			267.72	5777.9	other	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082		322.28 Americare	Americare		4561.5	0.75			267.72	5777.9	percent of total billed charges	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082		322.28 WellPoint	WellPoint		1951.11	0.3208			267.72	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082		322.28 Amerihealth	Medicare		280.24	1			267.72	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082		322.28 Consumer	Consumer		5777.9	0.95			267.72	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082		322.28 Corrections	Corrections		4865.6	0.8			267.72	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082		322.28 First Health	First Health		4257.4	0.7			267.72	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082		322.28 First Trenton	First Trenton		5473.8	0.9			267.72	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082		322.28 Horizon	MGD		512	1.827			267.72	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082		322.28 Horizon	Medicare Blue		280.24	1			267.72	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082		322.28 Horizon	Indemnity		512	1.827			267.72	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082		322.28 Horizon	PPO		512	1.827			267.72	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082		322.28 Managed Care Inc	Managed Care Inc		5473.8	0.9			267.72	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082		322.28 Multiplan	Multiplan		4865.6	0.8			267.72	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082		322.28 Qualcare	Qualcare		4561.5	0.75			267.72	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082		322.28 Three Rivers	Three Rivers		5777.9	0.95			267.72	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082		322.28 UHC	Medicare		280.24	1			267.72	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082		322.28 UHC	Medicaid		1913.4	0.3146			267.72	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082		322.28 Wellcare	Medicare		280.24	1			267.72	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT CONTRAST	72195	CPT	both			6082		322.28 Wellcare	Medicaid		1913.4	0.3146			267.72	5777.9	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	both			4348		505.8 Aetna	Better Health		1367.88	0.3146			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	both			4348		505.8 Aetna	Commercial		700.21	1.592			439.83	4130.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITH CONTRAST	72196	CPT	both			4348		505.8 Aetna	Medicare		439.83	1			439.83	4130.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITH CONTRAST	72196	CPT	both			4348		505.8 Americare	Americare		3261	0.75			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	both			4348		505.8 WellPoint	WellPoint		1394.84	0.3208			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	both			4348		505.8 Amerihealth	Medicare		439.83	1			439.83	4130.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITH CONTRAST	72196	CPT	both			4348		505.8 Consumer	Consumer		4130.6	0.95			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	both			4348		505.8 Corrections	Corrections		3478.4	0.8			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	both			4348		505.8 First Health	First Health		3043.6	0.7			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	both			4348		505.8 First Trenton	First Trenton		3913.2	0.9			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	both			4348		505.8 Horizon	Indemnity		803.57	1.827			439.83	4130.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITH CONTRAST	72196	CPT	both			4348		505.8 Horizon	MGD		803.57	1.827			439.83	4130.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITH CONTRAST	72196	CPT	both			4348		505.8 Horizon	Medicare Blue		439.83	1			439.83	4130.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITH CONTRAST	72196	CPT	both			4348		505.8 Horizon	PPO		803.57	1.827			439.83	4130.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITH CONTRAST	72196	CPT	both			4348		505.8 Managed Care Inc	Managed Care Inc		3913.2	0.9			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	both			4348		505.8 Multiplan	Multiplan		3478.4	0.8			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	both			4348		505.8 Qualcare	Qualcare		3261	0.75			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	both			4348		505.8 Three Rivers	Three Rivers		4130.6	0.95			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	both			4348		505.8 UHC	Medicare		439.83	1			439.83	4130.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITH CONTRAST	72196	CPT	both			4348		505.8 UHC	Medicaid		1367.88	0.3146			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITH CONTRAST	72196	CPT	both			4348		505.8 Wellcare	Medicare		439.83	1			439.83	4130.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITH CONTRAST	72196	CPT	both			4348		505.8 Wellcare	Medicaid		1367.88	0.3146			439.83	4130.6	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082		505.8 Aetna	Better Health		1913.4	0.3146			422.51	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082		505.8 Aetna	Commercial		700.21	1.592			422.51	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082		505.8 Aetna	Medicare		439.83	1			422.51	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082		505.8 Americare	Americare		4561.5	0.75			422.51	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082		505.8 WellPoint	WellPoint		1951.11	0.3208			422.51	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082		505.8 Amerihealth	Medicare		439.83	1			422.51	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082		505.8 Consumer	Consumer		5777.9	0.95			422.51	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082		505.8 Corrections	Corrections		4865.6	0.8			422.51	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082		505.8 First Health	First Health		4257.4	0.7			422.51	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082		505.8 First Trenton	First Trenton		5473.8	0.9			422.51	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082		505.8 Horizon	Indemnity		803.57	1.827			422.51	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082		505.8 Horizon	PPO		803.57	1.827			422.51	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082		505.8 Horizon	MGD		803.57	1.827			422.51	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082		505.8 Horizon	Medicare Blue		439.83	1			422.51	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082		505.8 Managed Care Inc	Managed Care Inc		5473.8	0.9			422.51	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082		505.8 Multiplan	Multiplan		4865.6	0.8			422.51	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082		505.8 Qualcare	Qualcare		4561.5	0.75			422.51	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082		505.8 Three Rivers	Three Rivers		5777.9	0.95			422.51	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082		505.8 UHC	Medicare		439.83	1			422.51	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082		505.8 UHC	Medicaid		1913.4	0.3146			422.51	5777.9	percent of total billed charges	
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082		505.8 Wellcare	Medicare		439.83	1			422.51	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-PELVIS WITHOUT/WITH CONTRAST	72197	CPT	both			6082		505.8 Wellcare	Medicaid		1913.4	0.3146			422.51	5777.9	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811		144.6 Aetna	Commercial		200.18	1.592			125.74	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811		144.6 Aetna	Medicare		249.79	0.308			125.74	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811		144.6 Aetna	Better Health		255.14	0.3146			125.74	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811		144.6 Americare	Americare		608.25	0.75			125.74	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811		144.6 WellPoint	WellPoint		260.17	0.3208			125.74	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811		144.6 Amerihealth	Medicare		125.74	1			125.74	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811		144.6 Consumer	Consumer		770.45	0.95			125.74	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811		144.6 Corrections	Corrections		648.8	0.8			125.74	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811		144.6 First Health	First Health		567.7	0.7			125.74	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811		144.6 First Trenton	First Trenton		729.9	0.9			125.74	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811		144.6 Horizon	PPO		229.73	1.827			125.74	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811		144.6 Horizon	Medicare Blue		125.74	1			125.74	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811		144.6 Horizon	MGD		229.73	1.827			125.74	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811		144.6 Horizon	Indemnity		229.73	1.827			125.74	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811		144.6 Managed Care Inc	Managed Care Inc		729.9	0.9			125.74	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811		144.6 Multiplan	Multiplan		648.8	0.8			125.74	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811		144.6 Qualcare	Qualcare		608.25	0.75			125.74	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811		144.6 Three Rivers	Three Rivers		770.45	0.95			125.74	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811		144.6 UHC	Medicaid		255.14	0.3146			125.74	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811		144.6 UHC	Medicare		125.74	1			125.74	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811		144.6 Wellcare	Medicaid		255.14	0.3146			125.74	770.45	percent of total billed charges	
SACROILIAC JTS. < 3 VIEWS	72200	CPT	outpatient			811		144.6 Wellcare	Medicare		125.74	1			125.74	770.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI JOINTS - 3 VIEWS	72202	CPT	both			609		144.6 Aetna	Commercial		200.18	1.592			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI JOINTS - 3 VIEWS	72202	CPT	both			609		144.6 Aetna	Medicare		125.74	1			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI JOINTS - 3 VIEWS	72202	CPT	both			609		144.6 Aetna	Better Health		191.59	0.3146			125.74	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609		144.6 Americare	Americare		456.75	0.75			125.74	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609		144.6 WellPoint	WellPoint		195.37	0.3208			125.74	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609		144.6 Amerihealth	Medicare		125.74	1			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI JOINTS - 3 VIEWS	72202	CPT	both			609		144.6 Consumer	Consumer		578.55	0.95			125.74	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609		144.6 Corrections	Corrections		487.2	0.8			125.74	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609		144.6 First Health	First Health		426.3	0.7			125.74	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609		144.6 First Trenton	First Trenton		548.1	0.9			125.74	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609		144.6 Horizon	Indemnity		229.73	1.827			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI JOINTS - 3 VIEWS	72202	CPT	both			609		144.6 Horizon	Medicare Blue		125.74	1			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI JOINTS - 3 VIEWS	72202	CPT	both			609		144.6 Horizon	MGD		229.73	1.827			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI JOINTS - 3 VIEWS	72202	CPT	both			609		144.6 Horizon	PPO		229.73	1.827			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI JOINTS - 3 VIEWS	72202	CPT	both			609		144.6 Managed Care Inc	Managed Care Inc		548.1	0.9			125.74	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609		144.6 Multiplan	Multiplan		487.2	0.8			125.74	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609		144.6 Qualcare	Qualcare		456.75	0.75			125.74	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609		144.6 Three Rivers	Three Rivers		578.55	0.95			125.74	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609		144.6 UHC	Medicaid		191.59	0.3146			125.74	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609		144.6 UHC	Medicare		125.74	1			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SI JOINTS - 3 VIEWS	72202	CPT	both			609		144.6 Wellcare	Medicaid		191.59	0.3146			125.74	578.55	percent of total billed charges	
SI JOINTS - 3 VIEWS	72202	CPT	both			609		144.6 Wellcare	Medicare		125.74	1			125.74	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM COCCYX	72220	CPT	both			505		119.52 Aetna	Medicare		103.93	1			74.56	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM COCCYX	72220	CPT	both			505		119.52 Aetna	Commercial		165.46	1.592			74.56	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM COCCYX	72220	CPT	both			505		119.52 Aetna	Better Health		158.87	0.3146			74.56	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505		119.52 Americare	Americare		378.75	0.75			74.56	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505		119.52 WellPoint	WellPoint		162	0.3208			74.56	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505		119.52 Amerihealth	Medicare		103.93	1			74.56	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM COCCYX	72220	CPT	both			505		119.52 Consumer	Consumer		479.75	0.95			74.56	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505		119.52 Corrections	Corrections		404	0.8			74.56	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505		119.52 First Health	First Health		353.5	0.7			74.56	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505		119.52 First Trenton	First Trenton		454.5	0.9			74.56	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505		119.52 Horizon	Indemnity		189.88	1.827			74.56	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM COCCYX	72220	CPT	both			505		119.52 Horizon	PPO		189.88	1.827			74.56	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM COCCYX	72220	CPT	both			505		119.52 Horizon	MGD		189.88	1.827			74.56	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM COCCYX	72220	CPT	both			505		119.52 Horizon	Medicare Blue		103.93	1			74.56	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM COCCYX	72220	CPT	both			505		119.52 Managed Care Inc	Managed Care Inc		454.5	0.9			74.56	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505		119.52 Multiplan	Multiplan		404	0.8			74.56	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505		119.52 Qualcare	Qualcare		378.75	0.75			74.56	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505		119.52 Three Rivers	Three Rivers		479.75	0.95			74.56	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505		119.52 UHC	Medicaid		158.87	0.3146			74.56	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505		119.52 UHC	Medicare		103.93	1			74.56	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACRUM COCCYX	72220	CPT	both			505		119.52 Wellcare	Medicaid		158.87	0.3146			74.56	479.75	percent of total billed charges	
SACRUM COCCYX	72220	CPT	both			505		119.52 Wellcare	Medicare		103.93	1			74.56	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM THOR	72255	CPT	outpatient			2587		1053.08 Aetna	Commercial		1457.83	1.592			813.87	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM THOR	72255	CPT	outpatient			2587		1053.08 Aetna	Medicare		915.72	1			813.87	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM THOR	72255	CPT	outpatient			2587		1053.08 Aetna	Better Health		813.87	0.3146			813.87	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587		1053.08 Americare	Americare		1940.25	0.75			813.87	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587		1053.08 WellPoint	WellPoint		929.91	0.3208			813.87	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587		1053.08 Amerihealth	Medicare		915.72	1			813.87	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM THOR	72255	CPT	outpatient			2587		1053.08 Consumer	Consumer		2457.65	0.95			813.87	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587		1053.08 Corrections	Corrections		2069.6	0.8			813.87	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587		1053.08 First Health	First Health		1810.9	0.7			813.87	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587		1053.08 First Trenton	First Trenton		2328.3	0.9			813.87	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587		1053.08 Horizon	MGD		1673.02	1.827			813.87	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM THOR	72255	CPT	outpatient			2587		1053.08 Horizon	Medicare Blue		915.72	1			813.87	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM THOR	72255	CPT	outpatient			2587		1053.08 Horizon	Indemnity		1673.02	1.827			813.87	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Horizon	PPO		1673.02	1.827			813.87	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Managed Care Inc	Managed Care Inc		2328.3	0.9			813.87	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Multiplan	Multiplan		2069.6	0.8			813.87	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Qualcare	Qualcare		1940.25	0.75			813.87	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Three Rivers	Three Rivers		2457.65	0.95			813.87	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	UHC	Medicaid		813.87	0.3146			813.87	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	UHC	Medicare		915.72	1			813.87	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Wellcare	Medicaid		813.87	0.3146			813.87	2457.65	percent of total billed charges	
MYLOGRAM THOR	72255	CPT	outpatient			2587	1053.08	Wellcare	Medicare		915.72	1			813.87	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Aetna	Medicare		915.72	1			813.87	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Aetna	Commercial		1457.83	1.592			813.87	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Aetna	Better Health		813.87	0.3146			813.87	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Americare	Americare		1940.25	0.75			813.87	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	WellPoint	WellPoint		829.91	0.3208			813.87	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Amerihealth	Medicare		915.72	1			813.87	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Consumer	Consumer		2457.65	0.95			813.87	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Corrections	Corrections		2069.6	0.8			813.87	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	First Health	First Health		1810.9	0.7			813.87	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	First Trenton	First Trenton		2328.3	0.9			813.87	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Horizon	MGD		1673.02	1.827			813.87	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Horizon	Medicare Blue		915.72	1			813.87	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Horizon	Indemnity		1673.02	1.827			813.87	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Horizon	PPO		1673.02	1.827			813.87	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Managed Care Inc	Managed Care Inc		2328.3	0.9			813.87	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Multiplan	Multiplan		2069.6	0.8			813.87	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Qualcare	Qualcare		1940.25	0.75			813.87	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Three Rivers	Three Rivers		2457.65	0.95			813.87	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	UHC	Medicare		915.72	1			813.87	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	UHC	Medicaid		813.87	0.3146			813.87	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Wellcare	Medicaid		813.87	0.3146			813.87	2457.65	percent of total billed charges	
MYLOGRAM LUMBAR	72265	CPT	outpatient			2587	1053.08	Wellcare	Medicare		915.72	1			813.87	2457.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPIDUROGRAPHY RS&I	72275	CPT	outpatient			1766		Aetna	Commercial		671.08	0.38			529.8	1677.7	percent of total billed charges	
EPIDUROGRAPHY RS&I	72275	CPT	outpatient			1766		Aetna	Better Health		555.58	0.3146			529.8	1677.7	percent of total billed charges	
EPIDUROGRAPHY RS&I	72275	CPT	outpatient			1766		Aetna	Medicare		543.93	0.308			529.8	1677.7	percent of total billed charges	
EPIDUROGRAPHY RS&I	72275	CPT	outpatient			1766		Americare	Americare		1324.5	0.75			529.8	1677.7	percent of total billed charges	
EPIDUROGRAPHY RS&I	72275	CPT	outpatient			1766		WellPoint	WellPoint		566.53	0.3208			529.8	1677.7	percent of total billed charges	
EPIDUROGRAPHY RS&I	72275	CPT	outpatient			1766		Consumer	Consumer		1677.7	0.95			529.8	1677.7	percent of total billed charges	
EPIDUROGRAPHY RS&I	72275	CPT	outpatient			1766		Corrections	Corrections		1412.8	0.8			529.8	1677.7	percent of total billed charges	
EPIDUROGRAPHY RS&I	72275	CPT	outpatient			1766		First Health	First Health		1236.2	0.7			529.8	1677.7	percent of total billed charges	
EPIDUROGRAPHY RS&I	72275	CPT	outpatient			1766		First Trenton	First Trenton		1589.4	0.9			529.8	1677.7	percent of total billed charges	
EPIDUROGRAPHY RS&I	72275	CPT	outpatient			1766		Horizon	MGD		676.02	0.3828			529.8	1677.7	percent of total billed charges	
EPIDUROGRAPHY RS&I	72275	CPT	outpatient			1766		Horizon	PPO		676.02	0.3828			529.8	1677.7	percent of total billed charges	
EPIDUROGRAPHY RS&I	72275	CPT	outpatient			1766		Horizon	Indemnity		676.02	0.3828			529.8	1677.7	percent of total billed charges	
EPIDUROGRAPHY RS&I	72275	CPT	outpatient			1766		Horizon	Medicare Blue		529.8	0.3			529.8	1677.7	percent of total billed charges	
EPIDUROGRAPHY RS&I	72275	CPT	outpatient			1766		Managed Care Inc	Managed Care Inc		1589.4	0.9			529.8	1677.7	percent of total billed charges	
EPIDUROGRAPHY RS&I	72275	CPT	outpatient			1766		Multiplan	Multiplan		1412.8	0.8			529.8	1677.7	percent of total billed charges	
EPIDUROGRAPHY RS&I	72275	CPT	outpatient			1766		Qualcare	Qualcare		1324.5	0.75			529.8	1677.7	percent of total billed charges	
EPIDUROGRAPHY RS&I	72275	CPT	outpatient			1766		Three Rivers	Three Rivers		1677.7	0.95			529.8	1677.7	percent of total billed charges	
EPIDUROGRAPHY RS&I	72275	CPT	outpatient			1766		UHC	Medicaid		555.58	0.3146			529.8	1677.7	percent of total billed charges	
EPIDUROGRAPHY RS&I	72275	CPT	outpatient			1766		Wellcare	Medicaid		555.58	0.3146			529.8	1677.7	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Aetna	Better Health		2205.03	0.3146			1162.76	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Aetna	Commercial		3515.42	1.592			1162.76	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Aetna	Medicare		2208.18	1			1162.76	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Americare	Americare		5256.75	0.75			1162.76	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	WellPoint	WellPoint		2248.49	0.3208			1162.76	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Amerihealth	Medicare		2208.18	1			1162.76	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Consumer	Consumer		6658.55	0.95			1162.76	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Corrections	Corrections		5607.2	0.8			1162.76	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	First Health	First Health		4906.3	0.7			1162.76	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	First Trenton	First Trenton		6308.1	0.9			1162.76	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Horizon	MGD		4034.34	1.827			1162.76	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Horizon	Medicare Blue		2208.18	1			1162.76	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Horizon	Indemnity		4034.34	1.827			1162.76	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Horizon	PPO		4034.34	1.827			1162.76	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Managed Care Inc	Managed Care Inc		6308.1	0.9			1162.76	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Multiplan	Multiplan		5607.2	0.8			1162.76	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Qualcare	Qualcare		5256.75	0.75			1162.76	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Three Rivers	Three Rivers		6658.55	0.95			1162.76	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	UHC	Medicare		2208.18	1			1162.76	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	UHC	Medicaid		2205.03	0.3146			1162.76	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Wellcare	Medicaid		2205.03	0.3146			1162.76	6658.55	percent of total billed charges	
DISKOGRAPHY CERVICAL	72285	CPT	outpatient			7009	2539.41	Wellcare	Medicare		2208.18	1			1162.76	6658.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Aetna	Better Health		2719.09	0.3146			2060.94	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Aetna	Commercial		3515.42	1.592			2060.94	8210.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Aetna	Medicare		2208.18	1			2060.94	8210.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Americare	Americare		6482.25	0.75			2060.94	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	WellPoint	WellPoint		2772.67	0.3208			2060.94	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Amerihealth	Medicare		2208.18	1			2060.94	8210.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Consumer	Consumer		8210.85	0.95			2060.94	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Corrections	Corrections		6914.4	0.8			2060.94	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	First Health	First Health		6050.1	0.7			2060.94	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	First Trenton	First Trenton		7778.7	0.9			2060.94	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Horizon	MGD		4034.34	1.827			2060.94	8210.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Horizon	Indemnity		4034.34	1.827			2060.94	8210.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Horizon	Medicare Blue		2208.18	1			2060.94	8210.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Horizon	PPO		4034.34	1.827			2060.94	8210.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Managed Care Inc	Managed Care Inc		7778.7	0.9			2060.94	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Multiplan	Multiplan		6914.4	0.8			2060.94	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Qualcare	Qualcare		6482.25	0.75			2060.94	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Three Rivers	Three Rivers		8210.85	0.95			2060.94	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	UHC	Medicaid		2719.09	0.3146			2060.94	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	UHC	Medicare		2208.18	1			2060.94	8210.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Wellcare	Medicaid		2719.09	0.3146			2060.94	8210.85	percent of total billed charges	
DISKOGRAPHY LUMBAR	72295	CPT	outpatient			8643	2539.41	Wellcare	Medicare		2208.18	1			2060.94	8210.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLAVICLE RT	73000	CPT	both			866	119.52	Aetna	Better Health		272.44	0.3146			74.56	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	Aetna	Medicare		103.93	1			74.56	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLAVICLE RT	73000	CPT	both			866	119.52	Aetna	Commercial		165.46	1.592			74.56	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLAVICLE RT	73000	CPT	both			866	119.52	Americare	Americare		649.5	0.75			74.56	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	WellPoint	WellPoint		277.81	0.3208			74.56	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	Amerihealth	Medicare		103.93	1			74.56	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLAVICLE RT	73000	CPT	both			866	119.52	Consumer	Consumer		822.7	0.95			74.56	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	Corrections	Corrections		692.8	0.8			74.56	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	First Health	First Health		606.2	0.7			74.56	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	First Trenton	First Trenton		779.4	0.9			74.56	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	Horizon	MGD		189.88	1.827			74.56	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLAVICLE RT	73000	CPT	both			866	119.52	Horizon	Indemnity		189.88	1.827			74.56	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLAVICLE RT	73000	CPT	both			866	119.52	Horizon	PPO		189.88	1.827			74.56	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLAVICLE RT	73000	CPT	both			866	119.52	Horizon	Medicare Blue		103.93	1			74.56	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLAVICLE RT	73000	CPT	both			866	119.52	Managed Care Inc	Managed Care Inc		779.4	0.9			74.56	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	Multiplan	Multiplan		692.8	0.8			74.56	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	Qualcare	Qualcare		649.5	0.75			74.56	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	Three Rivers	Three Rivers		822.7	0.95			74.56	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	UHC	Medicaid		272.44	0.3146			74.56	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	UHC	Medicare		103.93	1			74.56	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLAVICLE RT	73000	CPT	both			866	119.52	Wellcare	Medicaid		272.44	0.3146			74.56	822.7	percent of total billed charges	
CLAVICLE RT	73000	CPT	both			866	119.52	Wellcare	Medicare		103.93	1			74.56	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCAPULAR RIGHT SURGICAL	73010	CPT	both			866	144.6	Aetna	Medicare		266.73	0.308			73	822.7	percent of total billed charges	
SCAPULAR RIGHT SURGICAL	73010	CPT	both			866	144.6	Aetna	Better Health		272.44	0.3146			73	822.7	percent of total billed charges	
SCAPULAR RIGHT SURGICAL	73010	CPT	both			866	144.6	Aetna	Commercial		200.18	1.592			73	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCAPULAR RIGHT SURGICAL	73010	CPT	both			866	144.6	Americare	Americare		649.5	0.75			73	822.7	percent of total billed charges	
SCAPULAR RIGHT SURGICAL	73010	CPT	both			866	144.6	WellPoint	WellPoint		277.81	0.3208			73	822.7	percent of total billed charges	
SCAPULAR RIGHT SURGICAL	73010	CPT	both			866	144.6	Amerihealth	Medicare		125.74	1			73	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCAPULAR RIGHT SURGICAL	73010	CPT	both			866	144.6	Consumer	Consumer		822.7	0.95			73	822.7	percent of total billed charges	
SCAPULAR RIGHT SURGICAL	73010	CPT	both			866	144.6	Corrections	Corrections		692.8	0.8			73	822.7	percent of total billed charges	
SCAPULAR RIGHT SURGICAL	73010	CPT	both			866	144.6	First Health	First Health		606.2	0.7			73	822.7	percent of total billed charges	
SCAPULAR RIGHT SURGICAL	73010	CPT	both			866	144.6	First Trenton	First Trenton		779.4	0.9			73	822.7	percent of total billed charges	
SCAPULAR RIGHT SURGICAL	73010	CPT	both			866	144.6	Horizon	Medicare Blue		125.74	1			73	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCAPULAR RIGHT SURGICAL	73010	CPT	both			866	144.6	Horizon	PPO		229.73	1.827			73	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCAPULAR RIGHT SURGICAL	73010	CPT	both			866	144.6	Horizon	MGD		229.73	1.827			73	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCAPULAR RIGHT SURGICAL	73010	CPT	both			866	144.6	Horizon	Indemnity		229.73	1.827			73	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCAPULAR RIGHT SURGICAL	73010	CPT	both			866	144.6	Managed Care Inc	Managed Care Inc		779.4	0.9			73	822.7	percent of total billed charges	
SCAPULAR RIGHT SURGICAL	73010	CPT	both			866	144.6	Multiplan	Multiplan		692.8	0.8			73	822.7	percent of total billed charges	
SCAPULAR RIGHT SURGICAL	73010	CPT	both			866	144.6	Qualcare	Qualcare		649.5	0.75			73	822.7	percent of total billed charges	
SCAPULAR RIGHT SURGICAL	73010	CPT	both			866	144.6	Three Rivers	Three Rivers		822.7	0.95			73	822.7	percent of total billed charges	
SCAPULAR RIGHT SURGICAL	73010	CPT	both			866	144.6	UHC	Medicaid		272.44	0.3146			73	822.7	percent of total billed charges	
SCAPULAR RIGHT SURGICAL	73010	CPT	both			866	144.6	UHC	Medicare		125.74	1			73	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCAPULAR RIGHT SURGICAL	73010	CPT	both			866	144.6	Wellcare	Medicare		125.74	1			73	822.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCAPULAR RIGHT SURGICAL	73010	CPT	both			866	144.6	Wellcare	Medicaid		272.44	0.3146			73	822.7	percent of total billed charges	
SHOULDER Y-VIEW RIHGT	73020	CPT	both			529	119.52	Aetna	Commercial		165.46	1.592			103.93	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER Y-VIEW RIHGT	73020	CPT	both			529	119.52	Aetna	Better Health		166.42	0.3146			103.93	502.55	percent of total billed charges	
SHOULDER Y-VIEW RIHGT	73020	CPT	both			529	119.52	Aetna	Medicare		103.93	1			103.93	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER Y-VIEW RIHGT	73020	CPT	both			529	119.52	Americare	Americare		396.75	0.75			103.93	502.55	percent of total billed charges	
SHOULDER Y-VIEW RIHGT	73020	CPT	both			529	119.52	WellPoint	WellPoint		169.7	0.3208			103.93	502.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SHOULDER Y-VIEW RIHGT	73020	CPT	both			529	119.52	Amerihealth	Medicare		103.93	1			103.93	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER Y-VIEW RIHGT	73020	CPT	both			529	119.52	Consumer	Consumer		502.55	0.95			103.93	502.55	percent of total billed charges	
SHOULDER Y-VIEW RIHGT	73020	CPT	both			529	119.52	Corrections	Corrections		423.2	0.8			103.93	502.55	percent of total billed charges	
SHOULDER Y-VIEW RIHGT	73020	CPT	both			529	119.52	First Health	First Health		370.3	0.7			103.93	502.55	percent of total billed charges	
SHOULDER Y-VIEW RIHGT	73020	CPT	both			529	119.52	First Trenton	First Trenton		476.1	0.9			103.93	502.55	percent of total billed charges	
SHOULDER Y-VIEW RIHGT	73020	CPT	both			529	119.52	Horizon	Indemnity		189.88	1.827			103.93	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER Y-VIEW RIHGT	73020	CPT	both			529	119.52	Horizon	Medicare Blue		103.93	1			103.93	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER Y-VIEW RIHGT	73020	CPT	both			529	119.52	Horizon	PPO		189.88	1.827			103.93	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER Y-VIEW RIHGT	73020	CPT	both			529	119.52	Horizon	MGD		189.88	1.827			103.93	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER Y-VIEW RIHGT	73020	CPT	both			529	119.52	Managed Care Inc	Managed Care Inc		476.1	0.9			103.93	502.55	percent of total billed charges	
SHOULDER Y-VIEW RIHGT	73020	CPT	both			529	119.52	Multiplan	Multiplan		423.2	0.8			103.93	502.55	percent of total billed charges	
SHOULDER Y-VIEW RIHGT	73020	CPT	both			529	119.52	Qualcare	Qualcare		396.75	0.75			103.93	502.55	percent of total billed charges	
SHOULDER Y-VIEW RIHGT	73020	CPT	both			529	119.52	Three Rivers	Three Rivers		502.55	0.95			103.93	502.55	percent of total billed charges	
SHOULDER Y-VIEW RIHGT	73020	CPT	both			529	119.52	UHC	Medicaid		166.42	0.3146			103.93	502.55	percent of total billed charges	
SHOULDER Y-VIEW RIHGT	73020	CPT	both			529	119.52	UHC	Medicare		103.93	1			103.93	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER Y-VIEW RIHGT	73020	CPT	both			529	119.52	Wellcare	Medicare		103.93	1			103.93	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER Y-VIEW RIHGT	73020	CPT	both			529	119.52	Wellcare	Medicaid		166.42	0.3146			103.93	502.55	percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946	119.52	Aetna	Better Health		297.61	0.3146			74.56	898.7	percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946	119.52	Aetna	Commercial		165.46	1.592			74.56	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946	119.52	Aetna	Medicare		103.93	1			74.56	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946	119.52	Americare	Americare		709.5	0.75			74.56	898.7	percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946	119.52	WellPoint	WellPoint		303.48	0.3208			74.56	898.7	percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946	119.52	Amerihealth	Medicare		103.93	1			74.56	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946	119.52	Consumer	Consumer		898.7	0.95			74.56	898.7	percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946	119.52	Corrections	Corrections		756.8	0.8			74.56	898.7	percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946	119.52	First Health	First Health		662.2	0.7			74.56	898.7	percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946	119.52	First Trenton	First Trenton		851.4	0.9			74.56	898.7	percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946	119.52	Horizon	MGD		189.88	1.827			74.56	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946	119.52	Horizon	Medicare Blue		103.93	1			74.56	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946	119.52	Horizon	Indemnity		189.88	1.827			74.56	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946	119.52	Horizon	PPO		189.88	1.827			74.56	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946	119.52	Managed Care Inc	Managed Care Inc		851.4	0.9			74.56	898.7	percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946	119.52	Multiplan	Multiplan		756.8	0.8			74.56	898.7	percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946	119.52	Qualcare	Qualcare		709.5	0.75			74.56	898.7	percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946	119.52	Three Rivers	Three Rivers		898.7	0.95			74.56	898.7	percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946	119.52	UHC	Medicare		103.93	1			74.56	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946	119.52	UHC	Medicaid		297.61	0.3146			74.56	898.7	percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946	119.52	Wellcare	Medicaid		297.61	0.3146			74.56	898.7	percent of total billed charges	
SHOULDER TRAUMA SERIES RIGHT	73030	CPT	both			946	119.52	Wellcare	Medicare		103.93	1			74.56	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473	505.8	Aetna	Commercial		700.21	1.592			309.25	1399.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473	505.8	Aetna	Better Health		463.41	0.3146			309.25	1399.35	percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473	505.8	Aetna	Medicare		439.83	1			309.25	1399.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473	505.8	Americare	Americare		1104.75	0.75			309.25	1399.35	percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473	505.8	WellPoint	WellPoint		472.54	0.3208			309.25	1399.35	percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473	505.8	Amerihealth	Medicare		439.83	1			309.25	1399.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473	505.8	Consumer	Consumer		1399.35	0.95			309.25	1399.35	percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473	505.8	Corrections	Corrections		1178.4	0.8			309.25	1399.35	percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473	505.8	First Health	First Health		1031.1	0.7			309.25	1399.35	percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473	505.8	First Trenton	First Trenton		1325.7	0.9			309.25	1399.35	percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473	505.8	Horizon	PPO		803.57	1.827			309.25	1399.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473	505.8	Horizon	Medicare Blue		439.83	1			309.25	1399.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473	505.8	Horizon	MGD		803.57	1.827			309.25	1399.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473	505.8	Horizon	Indemnity		803.57	1.827			309.25	1399.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473	505.8	Managed Care Inc	Managed Care Inc		1325.7	0.9			309.25	1399.35	percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473	505.8	Multiplan	Multiplan		1178.4	0.8			309.25	1399.35	percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473	505.8	Qualcare	Qualcare		1104.75	0.75			309.25	1399.35	percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473	505.8	Three Rivers	Three Rivers		1399.35	0.95			309.25	1399.35	percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473	505.8	UHC	Medicaid		463.41	0.3146			309.25	1399.35	percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473	505.8	UHC	Medicare		439.83	1			309.25	1399.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473	505.8	Wellcare	Medicaid		463.41	0.3146			309.25	1399.35	percent of total billed charges	
SHOULDER STEROID INJECTION	73040	CPT	outpatient			1473	505.8	Wellcare	Medicare		439.83	1			309.25	1399.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627	119.52	Aetna	Medicare		103.93	1			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627	119.52	Aetna	Commercial		165.46	1.592			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627	119.52	Aetna	Better Health		197.25	0.3146			103.93	595.65	percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627	119.52	Americare	Americare		470.25	0.75			103.93	595.65	percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627	119.52	WellPoint	WellPoint		201.14	0.3208			103.93	595.65	percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627	119.52	Amerihealth	Medicare		103.93	1			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627	119.52	Consumer	Consumer		595.65	0.95			103.93	595.65	percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627	119.52	Corrections	Corrections		501.6	0.8			103.93	595.65	percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627	119.52	First Health	First Health		438.9	0.7			103.93	595.65	percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627	119.52	First Trenton	First Trenton		564.3	0.9			103.93	595.65	percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627	119.52	Horizon	MGD		189.88	1.827			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627	119.52	Horizon	Indemnity		189.88	1.827			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627	119.52	Horizon	Medicare Blue		103.93	1			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627	119.52	Horizon	PPO		189.88	1.827			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627	119.52	Managed Care Inc	Managed Care Inc		564.3	0.9			103.93	595.65	percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627	119.52	Multiplan	Multiplan		501.6	0.8			103.93	595.65	percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627	119.52	Qualcare	Qualcare		470.25	0.75			103.93	595.65	percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627	119.52	Three Rivers	Three Rivers		595.65	0.95			103.93	595.65	percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627	119.52	UHC	Medicare		103.93	1			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627	119.52	UHC	Medicaid		197.25	0.3146			103.93	595.65	percent of total billed charges	
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627	119.52	Wellcare	Medicare		103.93	1			103.93	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACROMIOCLAVICULAR JOINTS BILAT	73050	CPT	both			627	119.52	Wellcare	Medicaid		197.25	0.3146			103.93	595.65	percent of total billed charges	
HUMERUS RT	73060	CPT	both			899	119.52	Aetna	Better Health		282.83	0.3146			103.93	854.05	percent of total billed charges	
HUMERUS RT	73060	CPT	both			899	119.52	Aetna	Commercial		165.46	1.592			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERUS RT	73060	CPT	both			899	119.52	Aetna	Medicare		103.93	1			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERUS RT	73060	CPT	both			899	119.52	Americare	Americare		674.25	0.75			103.93	854.05	percent of total billed charges	
HUMERUS RT	73060	CPT	both			899	119.52	WellPoint	WellPoint		288.4	0.3208			103.93	854.05	percent of total billed charges	
HUMERUS RT	73060	CPT	both			899	119.52	Amerihealth	Medicare		103.93	1			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERUS RT	73060	CPT	both			899	119.52	Consumer	Consumer		854.05	0.95			103.93	854.05	percent of total billed charges	
HUMERUS RT	73060	CPT	both			899	119.52	Corrections	Corrections		719.2	0.8			103.93	854.05	percent of total billed charges	
HUMERUS RT	73060	CPT	both			899	119.52	First Health	First Health		629.3	0.7			103.93	854.05	percent of total billed charges	
HUMERUS RT	73060	CPT	both			899	119.52	First Trenton	First Trenton		809.1	0.9			103.93	854.05	percent of total billed charges	
HUMERUS RT	73060	CPT	both			899	119.52	Horizon	Medicare Blue		103.93	1			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERUS RT	73060	CPT	both			899	119.52	Horizon	Indemnity		189.88	1.827			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERUS RT	73060	CPT	both			899	119.52	Horizon	MGD		189.88	1.827			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERUS RT	73060	CPT	both			899	119.52	Horizon	PPO		189.88	1.827			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERUS RT	73060	CPT	both			899	119.52	Managed Care Inc	Managed Care Inc		809.1	0.9			103.93	854.05	percent of total billed charges	
HUMERUS RT	73060	CPT	both			899	119.52	Multiplan	Multiplan		719.2	0.8			103.93	854.05	percent of total billed charges	
HUMERUS RT	73060	CPT	both			899	119.52	Qualcare	Qualcare		674.25	0.75			103.93	854.05	percent of total billed charges	
HUMERUS RT	73060	CPT	both			899	119.52	Three Rivers	Three Rivers		854.05	0.95			103.93	854.05	percent of total billed charges	
HUMERUS RT	73060	CPT	both			899	119.52	UHC	Medicare		103.93	1			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERUS RT	73060	CPT	both			899	119.52	UHC	Medicaid		282.83	0.3146			103.93	854.05	percent of total billed charges	
HUMERUS RT	73060	CPT	both			899	119.52	Wellcare	Medicare		103.93	1			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMERUS RT	73060	CPT	both			899	119.52	Wellcare	Medicaid		282.83	0.3146			103.93	854.05	percent of total billed charges	
ELBOW RIGHT SURGICAL	73070	CPT	both			899	119.52	Aetna	Better Health		282.83	0.3146			81.48	854.05	percent of total billed charges	
ELBOW RIGHT SURGICAL	73070	CPT	both			899	119.52	Aetna	Commercial		165.46	1.592			81.48	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW RIGHT SURGICAL	73070	CPT	both			899	119.52	Aetna	Medicare		103.93	1			81.48	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW RIGHT SURGICAL	73070	CPT	both			899	119.52	Americare	Americare		674.25	0.75			81.48	854.05	percent of total billed charges	
ELBOW RIGHT SURGICAL	73070	CPT	both			899	119.52	WellPoint	WellPoint		288.4	0.3208			81.48	854.05	percent of total billed charges	
ELBOW RIGHT SURGICAL	73070	CPT	both			899	119.52	Amerihealth	Medicare		103.93	1			81.48	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW RIGHT SURGICAL	73070	CPT	both			899	119.52	Consumer	Consumer		854.05	0.95			81.48	854.05	percent of total billed charges	
ELBOW RIGHT SURGICAL	73070	CPT	both			899	119.52	Corrections	Corrections		719.2	0.8			81.48	854.05	percent of total billed charges	
ELBOW RIGHT SURGICAL	73070	CPT	both			899	119.52	First Health	First Health		629.3	0.7			81.48	854.05	percent of total billed charges	
ELBOW RIGHT SURGICAL	73070	CPT	both			899	119.52	First Trenton	First Trenton		809.1	0.9			81.48	854.05	percent of total billed charges	
ELBOW RIGHT SURGICAL	73070	CPT	both			899	119.52	Horizon	MGD		189.88	1.827			81.48	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW RIGHT SURGICAL	73070	CPT	both			899	119.52	Horizon	Medicare Blue		103.93	1			81.48	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW RIGHT SURGICAL	73070	CPT	both			899	119.52	Horizon	PPO		189.88	1.827			81.48	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW RIGHT SURGICAL	73070	CPT	both			899	119.52	Horizon	Indemnity		189.88	1.827			81.48	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW RIGHT SURGICAL	73070	CPT	both			899	119.52	Managed Care Inc	Managed Care Inc		809.1	0.9			81.48	854.05	percent of total billed charges	
ELBOW RIGHT SURGICAL	73070	CPT	both			899	119.52	Multiplan	Multiplan		719.2	0.8			81.48	854.05	percent of total billed charges	
ELBOW RIGHT SURGICAL	73070	CPT	both			899	119.52	Qualcare	Qualcare		674.25	0.75			81.48	854.05	percent of total billed charges	
ELBOW RIGHT SURGICAL	73070	CPT	both			899	119.52	Three Rivers	Three Rivers		854.05	0.95			81.48	854.05	percent of total billed charges	
ELBOW RIGHT SURGICAL	73070	CPT	both			899	119.52	UHC	Medicaid		282.83	0.3146			81.48	854.05	percent of total billed charges	
ELBOW RIGHT SURGICAL	73070	CPT	both			899	119.52	UHC	Medicare		103.93	1			81.48	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW RIGHT SURGICAL	73070	CPT	both			899	119.52	Wellcare	Medicaid		282.83	0.3146			81.48	854.05	percent of total billed charges	
ELBOW RIGHT SURGICAL	73070	CPT	both			899	119.52	Wellcare	Medicare		103.93	1			81.48	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW R 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Aetna	Medicare		103.93	1			89.03	268.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW R 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Aetna	Commercial		165.46	1.592			89.03	268.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW R 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Aetna	Better Health		89.03	0.3146			89.03	268.85	percent of total billed charges	
ELBOW R 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Americare	Americare		212.25	0.75			89.03	268.85	percent of total billed charges	
ELBOW R 3 OR MORE VIEWS	73080	CPT	both			283	119.52	WellPoint	WellPoint		90.79	0.3208			89.03	268.85	percent of total billed charges	
ELBOW R 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Amerihealth	Medicare		103.93	1			89.03	268.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW R 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Consumer	Consumer		268.85	0.95			89.03	268.85	percent of total billed charges	
ELBOW R 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Corrections	Corrections		226.4	0.8			89.03	268.85	percent of total billed charges	
ELBOW R 3 OR MORE VIEWS	73080	CPT	both			283	119.52	First Health	First Health		198.1	0.7			89.03	268.85	percent of total billed charges	
ELBOW R 3 OR MORE VIEWS	73080	CPT	both			283	119.52	First Trenton	First Trenton		254.7	0.9			89.03	268.85	percent of total billed charges	
ELBOW R 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Horizon	PPO		189.88	1.827			89.03	268.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW R 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Horizon	Medicare Blue		103.93	1			89.03	268.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW R 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Horizon	Indemnity		189.88	1.827			89.03	268.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW R 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Horizon	MGD		189.88	1.827			89.03	268.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW R 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Managed Care Inc	Managed Care Inc		254.7	0.9			89.03	268.85	percent of total billed charges	
ELBOW R 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Multiplan	Multiplan		226.4	0.8			89.03	268.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ELBOW R 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Qualcare	Qualcare		212.25	0.75			89.03	268.85	percent of total billed charges	
ELBOW R 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Three Rivers	Three Rivers		268.85	0.95			89.03	268.85	percent of total billed charges	
ELBOW R 3 OR MORE VIEWS	73080	CPT	both			283	119.52	UHC	Medicare		103.93	1			89.03	268.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW R 3 OR MORE VIEWS	73080	CPT	both			283	119.52	UHC	Medicaid		89.03	0.3146			89.03	268.85	percent of total billed charges	
ELBOW R 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Wellcare	Medicaid		89.03	0.3146			89.03	268.85	percent of total billed charges	
ELBOW R 3 OR MORE VIEWS	73080	CPT	both			283	119.52	Wellcare	Medicare		103.93	1			89.03	268.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Aetna	Medicare		439.83	1			294.47	1399.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Aetna	Better Health		463.41	0.3146			294.47	1399.35	percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Aetna	Commercial		700.21	1.592			294.47	1399.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Americare	Americare		1104.75	0.75			294.47	1399.35	percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	WellPoint	WellPoint		472.54	0.3208			294.47	1399.35	percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Amerihealth	Medicare		439.83	1			294.47	1399.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Consumer	Consumer		1399.35	0.95			294.47	1399.35	percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Corrections	Corrections		1178.4	0.8			294.47	1399.35	percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	First Health	First Health		1031.1	0.7			294.47	1399.35	percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	First Trenton	First Trenton		1325.7	0.9			294.47	1399.35	percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Horizon	Medicare Blue		439.83	1			294.47	1399.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Horizon	Indemnity		803.57	1.827			294.47	1399.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Horizon	MGD		803.57	1.827			294.47	1399.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Horizon	PPO		803.57	1.827			294.47	1399.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Managed Care Inc	Managed Care Inc		1325.7	0.9			294.47	1399.35	percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Multiplan	Multiplan		1178.4	0.8			294.47	1399.35	percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Qualcare	Qualcare		1104.75	0.75			294.47	1399.35	percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Three Rivers	Three Rivers		1399.35	0.95			294.47	1399.35	percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	UHC	Medicare		439.83	1			294.47	1399.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	UHC	Medicaid		463.41	0.3146			294.47	1399.35	percent of total billed charges	
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Wellcare	Medicare		439.83	1			294.47	1399.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELBOW ARTHRO S&I RT	73085	CPT	outpatient			1473	505.8	Wellcare	Medicaid		463.41	0.3146			294.47	1399.35	percent of total billed charges	
RADIUS & ULNA RIGHT	73090	CPT	both			899	119.52	Aetna	Commercial		165.46	1.592			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIUS & ULNA RIGHT	73090	CPT	both			899	119.52	Aetna	Medicare		103.93	1			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIUS & ULNA RIGHT	73090	CPT	both			899	119.52	Aetna	Better Health		282.83	0.3146			103.93	854.05	percent of total billed charges	
RADIUS & ULNA RIGHT	73090	CPT	both			899	119.52	Americare	Americare		674.25	0.75			103.93	854.05	percent of total billed charges	
RADIUS & ULNA RIGHT	73090	CPT	both			899	119.52	WellPoint	WellPoint		288.4	0.3208			103.93	854.05	percent of total billed charges	
RADIUS & ULNA RIGHT	73090	CPT	both			899	119.52	Amerihealth	Medicare		103.93	1			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIUS & ULNA RIGHT	73090	CPT	both			899	119.52	Consumer	Consumer		854.05	0.95			103.93	854.05	percent of total billed charges	
RADIUS & ULNA RIGHT	73090	CPT	both			899	119.52	Corrections	Corrections		719.2	0.8			103.93	854.05	percent of total billed charges	
RADIUS & ULNA RIGHT	73090	CPT	both			899	119.52	First Health	First Health		629.3	0.7			103.93	854.05	percent of total billed charges	
RADIUS & ULNA RIGHT	73090	CPT	both			899	119.52	First Trenton	First Trenton		809.1	0.9			103.93	854.05	percent of total billed charges	
RADIUS & ULNA RIGHT	73090	CPT	both			899	119.52	Horizon	PPO		189.88	1.827			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIUS & ULNA RIGHT	73090	CPT	both			899	119.52	Horizon	MGD		189.88	1.827			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIUS & ULNA RIGHT	73090	CPT	both			899	119.52	Horizon	Medicare Blue		103.93	1			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIUS & ULNA RIGHT	73090	CPT	both			899	119.52	Horizon	Indemnity		189.88	1.827			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIUS & ULNA RIGHT	73090	CPT	both			899	119.52	Managed Care Inc	Managed Care Inc		809.1	0.9			103.93	854.05	percent of total billed charges	
RADIUS & ULNA RIGHT	73090	CPT	both			899	119.52	Multiplan	Multiplan		719.2	0.8			103.93	854.05	percent of total billed charges	
RADIUS & ULNA RIGHT	73090	CPT	both			899	119.52	Qualcare	Qualcare		674.25	0.75			103.93	854.05	percent of total billed charges	
RADIUS & ULNA RIGHT	73090	CPT	both			899	119.52	Three Rivers	Three Rivers		854.05	0.95			103.93	854.05	percent of total billed charges	
RADIUS & ULNA RIGHT	73090	CPT	both			899	119.52	UHC	Medicare		103.93	1			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIUS & ULNA RIGHT	73090	CPT	both			899	119.52	UHC	Medicaid		282.83	0.3146			103.93	854.05	percent of total billed charges	
RADIUS & ULNA RIGHT	73090	CPT	both			899	119.52	Wellcare	Medicare		103.93	1			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIUS & ULNA RIGHT	73090	CPT	both			899	119.52	Wellcare	Medicaid		282.83	0.3146			103.93	854.05	percent of total billed charges	
UPPER EXT INFANT 2 VIEWS	73092	CPT	outpatient			627	144.6	Aetna	Medicare		125.74	1			125.74	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXT INFANT 2 VIEWS	73092	CPT	outpatient			627	144.6	Aetna	Better Health		197.25	0.3146			125.74	595.65	percent of total billed charges	
UPPER EXT INFANT 2 VIEWS	73092	CPT	outpatient			627	144.6	Aetna	Commercial		200.18	1.592			125.74	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXT INFANT 2 VIEWS	73092	CPT	outpatient			627	144.6	Americare	Americare		470.25	0.75			125.74	595.65	percent of total billed charges	
UPPER EXT INFANT 2 VIEWS	73092	CPT	outpatient			627	144.6	WellPoint	WellPoint		201.14	0.3208			125.74	595.65	percent of total billed charges	
UPPER EXT INFANT 2 VIEWS	73092	CPT	outpatient			627	144.6	Amerihealth	Medicare		125.74	1			125.74	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXT INFANT 2 VIEWS	73092	CPT	outpatient			627	144.6	Consumer	Consumer		595.65	0.95			125.74	595.65	percent of total billed charges	
UPPER EXT INFANT 2 VIEWS	73092	CPT	outpatient			627	144.6	Corrections	Corrections		501.6	0.8			125.74	595.65	percent of total billed charges	
UPPER EXT INFANT 2 VIEWS	73092	CPT	outpatient			627	144.6	First Health	First Health		438.9	0.7			125.74	595.65	percent of total billed charges	
UPPER EXT INFANT 2 VIEWS	73092	CPT	outpatient			627	144.6	First Trenton	First Trenton		564.3	0.9			125.74	595.65	percent of total billed charges	
UPPER EXT INFANT 2 VIEWS	73092	CPT	outpatient			627	144.6	Horizon	Medicare Blue		125.74	1			125.74	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXT INFANT 2 VIEWS	73092	CPT	outpatient			627	144.6	Horizon	PPO		229.73	1.827			125.74	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXT INFANT 2 VIEWS	73092	CPT	outpatient			627	144.6	Horizon	MGD		229.73	1.827			125.74	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXT INFANT 2 VIEWS	73092	CPT	outpatient			627	144.6	Horizon	Indemnity		229.73	1.827			125.74	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXT INFANT 2 VIEWS	73092	CPT	outpatient			627	144.6	Managed Care Inc	Managed Care Inc		564.3	0.9			125.74	595.65	percent of total billed charges	
UPPER EXT INFANT 2 VIEWS	73092	CPT	outpatient			627	144.6	Multiplan	Multiplan		501.6	0.8			125.74	595.65	percent of total billed charges	
UPPER EXT INFANT 2 VIEWS	73092	CPT	outpatient			627	144.6	Qualcare	Qualcare		470.25	0.75			125.74	595.65	percent of total billed charges	
UPPER EXT INFANT 2 VIEWS	73092	CPT	outpatient			627	144.6	Three Rivers	Three Rivers		595.65	0.95			125.74	595.65	percent of total billed charges	
UPPER EXT INFANT 2 VIEWS	73092	CPT	outpatient			627	144.6	UHC	Medicaid		197.25	0.3146			125.74	595.65	percent of total billed charges	
UPPER EXT INFANT 2 VIEWS	73092	CPT	outpatient			627	144.6	UHC	Medicare		125.74	1			125.74	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXT INFANT 2 VIEWS	73092	CPT	outpatient			627	144.6	Wellcare	Medicaid		197.25	0.3146			125.74	595.65	percent of total billed charges	
UPPER EXT INFANT 2 VIEWS	73092	CPT	outpatient			627	144.6	Wellcare	Medicare		125.74	1			125.74	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Aetna	Medicare		103.93	1			74.56	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Aetna	Commercial		165.46	1.592			74.56	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Aetna	Better Health		229.34	0.3146			74.56	692.55	percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Americare	Americare		546.75	0.75			74.56	692.55	percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	WellPoint	WellPoint		233.86	0.3208			74.56	692.55	percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Amerihealth	Medicare		103.93	1			74.56	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Consumer	Consumer		692.55	0.95			74.56	692.55	percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Corrections	Corrections		583.2	0.8			74.56	692.55	percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	First Health	First Health		510.3	0.7			74.56	692.55	percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	First Trenton	First Trenton		656.1	0.9			74.56	692.55	percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Horizon	MGD		189.88	1.827			74.56	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Horizon	Indemnity		189.88	1.827			74.56	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Horizon	Medicare Blue		103.93	1			74.56	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Horizon	PPO		189.88	1.827			74.56	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Managed Care Inc	Managed Care Inc		656.1	0.9			74.56	692.55	percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Multiplan	Multiplan		583.2	0.8			74.56	692.55	percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Qualcare	Qualcare		546.75	0.75			74.56	692.55	percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Three Rivers	Three Rivers		692.55	0.95			74.56	692.55	percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	UHC	Medicaid		229.34	0.3146			74.56	692.55	percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	UHC	Medicare		103.93	1			74.56	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Wellcare	Medicaid		229.34	0.3146			74.56	692.55	percent of total billed charges	
WRIST TWO VIEWS RT	73100	CPT	both			729	119.52	Wellcare	Medicare		103.93	1			74.56	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Aetna	Better Health		166.42	0.3146			74.56	502.55	percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Aetna	Commercial		165.46	1.592			74.56	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Aetna	Medicare		103.93	1			74.56	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Americare	Americare		396.75	0.75			74.56	502.55	percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	WellPoint	WellPoint		169.7	0.3208			74.56	502.55	percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Amerihealth	Medicare		103.93	1			74.56	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Consumer	Consumer		502.55	0.95			74.56	502.55	percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Corrections	Corrections		423.2	0.8			74.56	502.55	percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	First Health	First Health		370.3	0.7			74.56	502.55	percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	First Trenton	First Trenton		476.1	0.9			74.56	502.55	percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Horizon	MGD		189.88	1.827			74.56	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Horizon	Medicare Blue		103.93	1			74.56	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Horizon	PPO		189.88	1.827			74.56	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Horizon	Indemnity		189.88	1.827			74.56	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Managed Care Inc	Managed Care Inc		476.1	0.9			74.56	502.55	percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Multiplan	Multiplan		423.2	0.8			74.56	502.55	percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Qualcare	Qualcare		396.75	0.75			74.56	502.55	percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Three Rivers	Three Rivers		502.55	0.95			74.56	502.55	percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	UHC	Medicare		103.93	1			74.56	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	UHC	Medicaid		166.42	0.3146			74.56	502.55	percent of total billed charges	
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Wellcare	Medicare		103.93	1			74.56	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ULNAR DEVIATION RIGHT	73110	CPT	both			529	119.52	Wellcare	Medicaid		166.42	0.3146			74.56	502.55	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Aetna	Commercial		700.21	1.592			221.79	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Aetna	Better Health		569.43	0.3146			221.79	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Aetna	Medicare		439.83	1			221.79	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Americare	Americare		1357.5	0.75			221.79	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	WellPoint	WellPoint		580.65	0.3208			221.79	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Amerihealth	Medicare		439.83	1			221.79	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Consumer	Consumer		1719.5	0.95			221.79	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Corrections	Corrections		1448	0.8			221.79	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	First Health	First Health		1267	0.7			221.79	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	First Trenton	First Trenton		1629	0.9			221.79	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Horizon	Medicare Blue		439.83	1			221.79	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Horizon	Indemnity		803.57	1.827			221.79	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Horizon	MGD		803.57	1.827			221.79	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Horizon	PPO		803.57	1.827			221.79	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Managed Care Inc	Managed Care Inc		1629	0.9			221.79	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Multiplan	Multiplan		1448	0.8			221.79	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Qualcare	Qualcare		1357.5	0.75			221.79	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Three Rivers	Three Rivers		1719.5	0.95			221.79	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	UHC	Medicaid		569.43	0.3146			221.79	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	UHC	Medicare		439.83	1			221.79	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Wellcare	Medicaid		569.43	0.3146			221.79	1719.5	percent of total billed charges	
WRIST ARTHRO S&I RT	73115	CPT	outpatient			1810	505.8	Wellcare	Medicare		439.83	1			221.79	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST AP & LATERAL	73120	CPT	both			514	144.6	Aetna	Commercial		200.18	1.592			93.75	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST AP & LATERAL	73120	CPT	both			514	144.6	Aetna	Better Health		161.7	0.3146			93.75	488.3	percent of total billed charges	
WRIST AP & LATERAL	73120	CPT	both			514	144.6	Aetna	Medicare		125.74	1			93.75	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST AP & LATERAL	73120	CPT	both			514	144.6	Americare	Americare		385.5	0.75			93.75	488.3	percent of total billed charges	
WRIST AP & LATERAL	73120	CPT	both			514	144.6	WellPoint	WellPoint		164.89	0.3208			93.75	488.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
WRIST AP & LATERAL	73120	CPT	both			514	144.6	Amerihealth	Medicare		125.74	1			93.75	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST AP & LATERAL	73120	CPT	both			514	144.6	Consumer	Consumer		488.3	0.95			93.75	488.3	percent of total billed charges	
WRIST AP & LATERAL	73120	CPT	both			514	144.6	Corrections	Corrections		411.2	0.8			93.75	488.3	percent of total billed charges	
WRIST AP & LATERAL	73120	CPT	both			514	144.6	First Health	First Health		359.8	0.7			93.75	488.3	percent of total billed charges	
WRIST AP & LATERAL	73120	CPT	both			514	144.6	First Trenton	First Trenton		462.6	0.9			93.75	488.3	percent of total billed charges	
WRIST AP & LATERAL	73120	CPT	both			514	144.6	Horizon	PPO		229.73	1.827			93.75	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST AP & LATERAL	73120	CPT	both			514	144.6	Horizon	Medicare Blue		125.74	1			93.75	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST AP & LATERAL	73120	CPT	both			514	144.6	Horizon	MGD		229.73	1.827			93.75	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST AP & LATERAL	73120	CPT	both			514	144.6	Horizon	Indemnity		229.73	1.827			93.75	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST AP & LATERAL	73120	CPT	both			514	144.6	Managed Care Inc	Managed Care Inc		462.6	0.9			93.75	488.3	percent of total billed charges	
WRIST AP & LATERAL	73120	CPT	both			514	144.6	Multiplan	Multiplan		411.2	0.8			93.75	488.3	percent of total billed charges	
WRIST AP & LATERAL	73120	CPT	both			514	144.6	Qualcare	Qualcare		385.5	0.75			93.75	488.3	percent of total billed charges	
WRIST AP & LATERAL	73120	CPT	both			514	144.6	Three Rivers	Three Rivers		488.3	0.95			93.75	488.3	percent of total billed charges	
WRIST AP & LATERAL	73120	CPT	both			514	144.6	UHC	Medicaid		161.7	0.3146			93.75	488.3	percent of total billed charges	
WRIST AP & LATERAL	73120	CPT	both			514	144.6	UHC	Medicare		125.74	1			93.75	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST AP & LATERAL	73120	CPT	both			514	144.6	Wellcare	Medicare		125.74	1			93.75	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WRIST AP & LATERAL	73120	CPT	both			514	144.6	Wellcare	Medicaid		161.7	0.3146			93.75	488.3	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Aetna	Commercial		165.46	1.592			73	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Aetna	Better Health		137.79	0.3146			73	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Aetna	Medicare		134.9	0.308			73	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Americare	Americare		328.5	0.75			73	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	WellPoint	WellPoint		140.51	0.3208			73	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Amerihealth	Medicare		103.93	1			73	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Consumer	Consumer		416.1	0.95			73	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Corrections	Corrections		350.4	0.8			73	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	First Health	First Health		306.6	0.7			73	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	First Trenton	First Trenton		394.2	0.9			73	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Horizon	Indemnity		189.88	1.827			73	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Horizon	Medicare Blue		103.93	1			73	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Horizon	PPO		189.88	1.827			73	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Horizon	MGD		189.88	1.827			73	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Managed Care Inc	Managed Care Inc		394.2	0.9			73	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Multiplan	Multiplan		350.4	0.8			73	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Qualcare	Qualcare		328.5	0.75			73	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Three Rivers	Three Rivers		416.1	0.95			73	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	UHC	Medicaid		137.79	0.3146			73	416.1	percent of total billed charges	
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	UHC	Medicare		103.93	1			73	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Wellcare	Medicare		103.93	1			73	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY HAND LEFT 3+VIEWS SURGICAL	73130	CPT	both			438	119.52	Wellcare	Medicaid		137.79	0.3146			73	416.1	percent of total billed charges	
FINGERS RIGHT SURGICAL	73140	CPT	both			345	119.52	Aetna	Commercial		165.46	1.592			72.99	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGERS RIGHT SURGICAL	73140	CPT	both			345	119.52	Aetna	Better Health		108.54	0.3146			72.99	327.75	percent of total billed charges	
FINGERS RIGHT SURGICAL	73140	CPT	both			345	119.52	Aetna	Medicare		103.93	1			72.99	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGERS RIGHT SURGICAL	73140	CPT	both			345	119.52	Americare	Americare		258.75	0.75			72.99	327.75	percent of total billed charges	
FINGERS RIGHT SURGICAL	73140	CPT	both			345	119.52	WellPoint	WellPoint		110.68	0.3208			72.99	327.75	percent of total billed charges	
FINGERS RIGHT SURGICAL	73140	CPT	both			345	119.52	Amerihealth	Medicare		103.93	1			72.99	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGERS RIGHT SURGICAL	73140	CPT	both			345	119.52	Consumer	Consumer		327.75	0.95			72.99	327.75	percent of total billed charges	
FINGERS RIGHT SURGICAL	73140	CPT	both			345	119.52	Corrections	Corrections		276	0.8			72.99	327.75	percent of total billed charges	
FINGERS RIGHT SURGICAL	73140	CPT	both			345	119.52	First Health	First Health		241.5	0.7			72.99	327.75	percent of total billed charges	
FINGERS RIGHT SURGICAL	73140	CPT	both			345	119.52	First Trenton	First Trenton		310.5	0.9			72.99	327.75	percent of total billed charges	
FINGERS RIGHT SURGICAL	73140	CPT	both			345	119.52	Horizon	PPO		189.88	1.827			72.99	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGERS RIGHT SURGICAL	73140	CPT	both			345	119.52	Horizon	Medicare Blue		103.93	1			72.99	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGERS RIGHT SURGICAL	73140	CPT	both			345	119.52	Horizon	Indemnity		189.88	1.827			72.99	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGERS RIGHT SURGICAL	73140	CPT	both			345	119.52	Horizon	MGD		189.88	1.827			72.99	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGERS RIGHT SURGICAL	73140	CPT	both			345	119.52	Managed Care Inc	Managed Care Inc		310.5	0.9			72.99	327.75	percent of total billed charges	
FINGERS RIGHT SURGICAL	73140	CPT	both			345	119.52	Multiplan	Multiplan		276	0.8			72.99	327.75	percent of total billed charges	
FINGERS RIGHT SURGICAL	73140	CPT	both			345	119.52	Qualcare	Qualcare		258.75	0.75			72.99	327.75	percent of total billed charges	
FINGERS RIGHT SURGICAL	73140	CPT	both			345	119.52	Three Rivers	Three Rivers		327.75	0.95			72.99	327.75	percent of total billed charges	
FINGERS RIGHT SURGICAL	73140	CPT	both			345	119.52	UHC	Medicaid		108.54	0.3146			72.99	327.75	percent of total billed charges	
FINGERS RIGHT SURGICAL	73140	CPT	both			345	119.52	UHC	Medicare		103.93	1			72.99	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINGERS RIGHT SURGICAL	73140	CPT	both			345	119.52	Wellcare	Medicaid		108.54	0.3146			72.99	327.75	percent of total billed charges	
FINGERS RIGHT SURGICAL	73140	CPT	both			345	119.52	Wellcare	Medicare		103.93	1			72.99	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Aetna	Commercial		200.18	1.592			125.74	1953.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Aetna	Better Health		646.82	0.3146			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Aetna	Medicare		633.25	0.308			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Americare	Americare		1542	0.75			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	WellPoint	WellPoint		659.56	0.3208			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Amerihealth	Medicare		125.74	1			125.74	1953.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Consumer	Consumer		1953.2	0.95			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Corrections	Corrections		1644.8	0.8			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	First Health	First Health		1439.2	0.7			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	First Trenton	First Trenton		1850.4	0.9			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Horizon	PPO		229.73	1.827			125.74	1953.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Horizon	MGD		229.73	1.827			125.74	1953.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Horizon	Indemnity		229.73	1.827			125.74	1953.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Horizon	Medicare Blue		125.74	1			125.74	1953.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Managed Care Inc	Managed Care Inc		1850.4	0.9			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Multiplan	Multiplan		1644.8	0.8			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Qualcare	Qualcare		1542	0.75			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Three Rivers	Three Rivers		1953.2	0.95			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	UHC	Medicaid		646.82	0.3146			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	UHC	Medicare		125.74	1			125.74	1953.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Wellcare	Medicare		125.74	1			125.74	1953.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/O CONTRAST	73200	CPT	both			2056	144.6	Wellcare	Medicaid		646.82	0.3146			125.74	1953.2	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Aetna	Better Health		982.81	0.3146			439.83	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Aetna	Commercial		700.21	1.592			439.83	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Aetna	Medicare		439.83	1			439.83	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Americare	Americare		2343	0.75			439.83	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	WellPoint	WellPoint		1002.18	0.3208			439.83	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Amerihealth	Medicare		439.83	1			439.83	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Consumer	Consumer		2967.8	0.95			439.83	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Corrections	Corrections		2499.2	0.8			439.83	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	First Health	First Health		2186.8	0.7			439.83	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	First Trenton	First Trenton		2811.6	0.9			439.83	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Horizon	MGD		803.57	1.827			439.83	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Horizon	PPO		803.57	1.827			439.83	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Horizon	Indemnity		803.57	1.827			439.83	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Horizon	Medicare Blue		439.83	1			439.83	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Managed Care Inc	Managed Care Inc		2811.6	0.9			439.83	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Multiplan	Multiplan		2499.2	0.8			439.83	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Qualcare	Qualcare		2343	0.75			439.83	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Three Rivers	Three Rivers		2967.8	0.95			439.83	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	UHC	Medicaid		982.81	0.3146			439.83	2967.8	percent of total billed charges	
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	UHC	Medicare		439.83	1			439.83	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Wellcare	Medicare		439.83	1			439.83	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY W/ CONTRAST	73201	CPT	both			3124	505.8	Wellcare	Medicaid		982.81	0.3146			439.83	2967.8	percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506	241.65	Aetna	Better Health		1102.99	0.3146			210.13	3330.7	percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506	241.65	Aetna	Medicare		1079.85	0.308			210.13	3330.7	percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506	241.65	Aetna	Commercial		334.53	1.592			210.13	3330.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506	241.65	Americare	Americare		2629.5	0.75			210.13	3330.7	percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506	241.65	WellPoint	WellPoint		1124.72	0.3208			210.13	3330.7	percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506	241.65	Amerihealth	Medicare		210.13	1			210.13	3330.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506	241.65	Consumer	Consumer		3330.7	0.95			210.13	3330.7	percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506	241.65	Corrections	Corrections		2804.8	0.8			210.13	3330.7	percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506	241.65	First Health	First Health		2454.2	0.7			210.13	3330.7	percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506	241.65	First Trenton	First Trenton		3155.4	0.9			210.13	3330.7	percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506	241.65	Horizon	Indemnity		383.91	1.827			210.13	3330.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506	241.65	Horizon	Medicare Blue		210.13	1			210.13	3330.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506	241.65	Horizon	PPO		383.91	1.827			210.13	3330.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506	241.65	Horizon	MGD		383.91	1.827			210.13	3330.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506	241.65	Managed Care Inc	Managed Care Inc		3155.4	0.9			210.13	3330.7	percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506	241.65	Multiplan	Multiplan		2804.8	0.8			210.13	3330.7	percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506	241.65	Qualcare	Qualcare		2629.5	0.75			210.13	3330.7	percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506	241.65	Three Rivers	Three Rivers		3330.7	0.95			210.13	3330.7	percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506	241.65	UHC	Medicare		210.13	1			210.13	3330.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506	241.65	UHC	Medicaid		1102.99	0.3146			210.13	3330.7	percent of total billed charges	
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506	241.65	Wellcare	Medicare		210.13	1			210.13	3330.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTUPPER EXT W & W/O CONTRAST-59	73202	CPT	both			3506	241.65	Wellcare	Medicaid		1102.99	0.3146			210.13	3330.7	percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582	241.65	Aetna	Medicare		210.13	1			210.13	3402.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582	241.65	Aetna	Better Health		1126.9	0.3146			210.13	3402.9	percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582	241.65	Aetna	Commercial		334.53	1.592			210.13	3402.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582	241.65	Americare	Americare		2686.5	0.75			210.13	3402.9	percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582	241.65	WellPoint	WellPoint		1149.11	0.3208			210.13	3402.9	percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582	241.65	Amerihealth	Medicare		210.13	1			210.13	3402.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582	241.65	Consumer	Consumer		3402.9	0.95			210.13	3402.9	percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582	241.65	Corrections	Corrections		2865.6	0.8			210.13	3402.9	percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582	241.65	First Health	First Health		2507.4	0.7			210.13	3402.9	percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582	241.65	First Trenton	First Trenton		3223.8	0.9			210.13	3402.9	percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582	241.65	Horizon	Indemnity		383.91	1.827			210.13	3402.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582	241.65	Horizon	MGD		383.91	1.827			210.13	3402.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582	241.65	Horizon	PPO		383.91	1.827			210.13	3402.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582	241.65	Horizon	Medicare Blue		210.13	1			210.13	3402.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582	241.65	Managed Care Inc	Managed Care Inc		3223.8	0.9			210.13	3402.9	percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582	241.65	Multiplan	Multiplan		2865.6	0.8			210.13	3402.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582	241.65	Qualcare	Qualcare		2686.5	0.75			210.13	3402.9	percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582	241.65	Three Rivers	Three Rivers		3402.9	0.95			210.13	3402.9	percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582	241.65	UHC	Medicare		210.13	1			210.13	3402.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582	241.65	UHC	Medicaid		1126.9	0.3146			210.13	3402.9	percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582	241.65	Wellcare	Medicaid		1126.9	0.3146			210.13	3402.9	percent of total billed charges	
CT ANGIO/UP EXT W&W/O CONTR LT	73206	CPT	both			3582	241.65	Wellcare	Medicare		210.13	1			210.13	3402.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796	322.28	Aetna	Better Health		1508.82	0.3146			280.24	4556.2	percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796	322.28	Aetna	Commercial		446.14	1.592			280.24	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796	322.28	Aetna	Medicare		280.24	1			280.24	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796	322.28	Americare	Americare		3597	0.75			280.24	4556.2	percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796	322.28	WellPoint	WellPoint		1538.56	0.3208			280.24	4556.2	percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796	322.28	Amerihealth	Medicare		280.24	1			280.24	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796	322.28	Consumer	Consumer		4556.2	0.95			280.24	4556.2	percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796	322.28	Corrections	Corrections		3836.8	0.8			280.24	4556.2	percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796	322.28	First Health	First Health		3357.2	0.7			280.24	4556.2	percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796	322.28	First Trenton	First Trenton		4316.4	0.9			280.24	4556.2	percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796	322.28	Horizon	PPO		512	1.827			280.24	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796	322.28	Horizon	MGD		512	1.827			280.24	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796	322.28	Horizon	Medicare Blue		280.24	1			280.24	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796	322.28	Horizon	Indemnity		512	1.827			280.24	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796	322.28	Managed Care Inc	Managed Care Inc		4316.4	0.9			280.24	4556.2	percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796	322.28	Multiplan	Multiplan		3836.8	0.8			280.24	4556.2	percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796	322.28	Qualcare	Qualcare		3597	0.75			280.24	4556.2	percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796	322.28	Three Rivers	Three Rivers		4556.2	0.95			280.24	4556.2	percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796	322.28	UHC	Medicare		280.24	1			280.24	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796	322.28	UHC	Medicaid		1508.82	0.3146			280.24	4556.2	percent of total billed charges	
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796	322.28	Wellcare	Medicare		280.24	1			280.24	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMTYWCONTRS	73218	CPT	both			4796	322.28	Wellcare	Medicaid		1508.82	0.3146			280.24	4556.2	percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458	505.8	Aetna	Better Health		1402.49	0.3146			439.83	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458	505.8	Aetna	Commercial		700.21	1.592			439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458	505.8	Aetna	Medicare		439.83	1			439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458	505.8	Americare	Americare		3343.5	0.75			439.83	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458	505.8	WellPoint	WellPoint		1430.13	0.3208			439.83	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458	505.8	Amerihealth	Medicare		439.83	1			439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458	505.8	Consumer	Consumer		4235.1	0.95			439.83	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458	505.8	Corrections	Corrections		3566.4	0.8			439.83	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458	505.8	First Health	First Health		3120.6	0.7			439.83	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458	505.8	First Trenton	First Trenton		4012.2	0.9			439.83	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458	505.8	Horizon	PPO		803.57	1.827			439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458	505.8	Horizon	MGD		803.57	1.827			439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458	505.8	Horizon	Medicare Blue		439.83	1			439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458	505.8	Horizon	Indemnity		803.57	1.827			439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458	505.8	Managed Care Inc	Managed Care Inc		4012.2	0.9			439.83	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458	505.8	Multiplan	Multiplan		3566.4	0.8			439.83	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458	505.8	Qualcare	Qualcare		3343.5	0.75			439.83	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458	505.8	Three Rivers	Three Rivers		4235.1	0.95			439.83	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458	505.8	UHC	Medicaid		1402.49	0.3146			439.83	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458	505.8	UHC	Medicare		439.83	1			439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458	505.8	Wellcare	Medicare		439.83	1			439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WITH CONTRAST	73219	CPT	inpatient			4458	505.8	Wellcare	Medicaid		1402.49	0.3146			439.83	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626	505.8	Aetna	Commercial		700.21	1.592			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626	505.8	Aetna	Better Health		1769.94	0.3146			439.83	5344.7	percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626	505.8	Aetna	Medicare		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626	505.8	Americare	Americare		4219.5	0.75			439.83	5344.7	percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626	505.8	WellPoint	WellPoint		1804.82	0.3208			439.83	5344.7	percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626	505.8	Amerihealth	Medicare		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626	505.8	Consumer	Consumer		5344.7	0.95			439.83	5344.7	percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626	505.8	Corrections	Corrections		4500.8	0.8			439.83	5344.7	percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626	505.8	First Health	First Health		3938.2	0.7			439.83	5344.7	percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626	505.8	First Trenton	First Trenton		5063.4	0.9			439.83	5344.7	percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626	505.8	Horizon	PPO		803.57	1.827			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626	505.8	Horizon	MGD		803.57	1.827			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626	505.8	Horizon	Indemnity		803.57	1.827			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626	505.8	Horizon	Medicare Blue		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626	505.8	Managed Care Inc	Managed Care Inc		5063.4	0.9			439.83	5344.7	percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626	505.8	Multiplan	Multiplan		4500.8	0.8			439.83	5344.7	percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626	505.8	Qualcare	Qualcare		4219.5	0.75			439.83	5344.7	percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626	505.8	Three Rivers	Three Rivers		5344.7	0.95			439.83	5344.7	percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626	505.8	UHC	Medicare		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626	505.8	UHC	Medicaid		1769.94	0.3146			439.83	5344.7	percent of total billed charges	
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626	505.8	Wellcare	Medicare		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY WO/W CONTR	73220	CPT	both			5626	505.8	Wellcare	Medicaid		1769.94	0.3146			439.83	5344.7	percent of total billed charges	
MRIANGIOG UPPEREXTREMIYWO/WCON	73221	CPT	both			3822	322.28	Aetna	Medicare		280.24	1			280.24	3630.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMIYWO/WCON	73221	CPT	both			3822	322.28	Aetna	Better Health		1202.4	0.3146			280.24	3630.9	percent of total billed charges	
MRIANGIOG UPPEREXTREMIYWO/WCON	73221	CPT	both			3822	322.28	Aetna	Commercial		446.14	1.592			280.24	3630.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMIYWO/WCON	73221	CPT	both			3822	322.28	Americare	Americare		2866.5	0.75			280.24	3630.9	percent of total billed charges	
MRIANGIOG UPPEREXTREMIYWO/WCON	73221	CPT	both			3822	322.28	WellPoint	WellPoint		1226.1	0.3208			280.24	3630.9	percent of total billed charges	
MRIANGIOG UPPEREXTREMIYWO/WCON	73221	CPT	both			3822	322.28	Amerihealth	Medicare		280.24	1			280.24	3630.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMIYWO/WCON	73221	CPT	both			3822	322.28	Consumer	Consumer		3630.9	0.95			280.24	3630.9	percent of total billed charges	
MRIANGIOG UPPEREXTREMIYWO/WCON	73221	CPT	both			3822	322.28	Corrections	Corrections		3057.6	0.8			280.24	3630.9	percent of total billed charges	
MRIANGIOG UPPEREXTREMIYWO/WCON	73221	CPT	both			3822	322.28	First Health	First Health		2675.4	0.7			280.24	3630.9	percent of total billed charges	
MRIANGIOG UPPEREXTREMIYWO/WCON	73221	CPT	both			3822	322.28	First Trenton	First Trenton		3439.8	0.9			280.24	3630.9	percent of total billed charges	
MRIANGIOG UPPEREXTREMIYWO/WCON	73221	CPT	both			3822	322.28	Horizon	Indemnity		512	1.827			280.24	3630.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMIYWO/WCON	73221	CPT	both			3822	322.28	Horizon	PPO		512	1.827			280.24	3630.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMIYWO/WCON	73221	CPT	both			3822	322.28	Horizon	MGD		512	1.827			280.24	3630.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMIYWO/WCON	73221	CPT	both			3822	322.28	Horizon	Medicare Blue		280.24	1			280.24	3630.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMIYWO/WCON	73221	CPT	both			3822	322.28	Managed Care Inc	Managed Care Inc		3439.8	0.9			280.24	3630.9	percent of total billed charges	
MRIANGIOG UPPEREXTREMIYWO/WCON	73221	CPT	both			3822	322.28	Multiplan	Multiplan		3057.6	0.8			280.24	3630.9	percent of total billed charges	
MRIANGIOG UPPEREXTREMIYWO/WCON	73221	CPT	both			3822	322.28	Qualcare	Qualcare		2866.5	0.75			280.24	3630.9	percent of total billed charges	
MRIANGIOG UPPEREXTREMIYWO/WCON	73221	CPT	both			3822	322.28	Three Rivers	Three Rivers		3630.9	0.95			280.24	3630.9	percent of total billed charges	
MRIANGIOG UPPEREXTREMIYWO/WCON	73221	CPT	both			3822	322.28	UHC	Medicaid		1202.4	0.3146			280.24	3630.9	percent of total billed charges	
MRIANGIOG UPPEREXTREMIYWO/WCON	73221	CPT	both			3822	322.28	UHC	Medicare		280.24	1			280.24	3630.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRIANGIOG UPPEREXTREMIYWO/WCON	73221	CPT	both			3822	322.28	Wellcare	Medicaid		1202.4	0.3146			280.24	3630.9	percent of total billed charges	
MRIANGIOG UPPEREXTREMIYWO/WCON	73221	CPT	both			3822	322.28	Wellcare	Medicare		280.24	1			280.24	3630.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	both			4458	1053.08	Aetna	Better Health		1402.49	0.3146			703.13	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	both			4458	1053.08	Aetna	Commercial		1457.83	1.592			703.13	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	both			4458	1053.08	Aetna	Medicare		915.72	1			703.13	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	both			4458	1053.08	Americare	Americare		3343.5	0.75			703.13	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	both			4458	1053.08	WellPoint	WellPoint		1430.13	0.3208			703.13	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	both			4458	1053.08	Amerihealth	Medicare		915.72	1			703.13	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	both			4458	1053.08	Consumer	Consumer		4235.1	0.95			703.13	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	both			4458	1053.08	Corrections	Corrections		3566.4	0.8			703.13	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	both			4458	1053.08	First Health	First Health		3120.6	0.7			703.13	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	both			4458	1053.08	First Trenton	First Trenton		4012.2	0.9			703.13	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	both			4458	1053.08	Horizon	MGD		1673.02	1.827			703.13	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	both			4458	1053.08	Horizon	Medicare Blue		915.72	1			703.13	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	both			4458	1053.08	Horizon	PPO		1673.02	1.827			703.13	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	both			4458	1053.08	Horizon	Indemnity		1673.02	1.827			703.13	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	both			4458	1053.08	Managed Care Inc	Managed Care Inc		4012.2	0.9			703.13	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	both			4458	1053.08	Multiplan	Multiplan		3566.4	0.8			703.13	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	both			4458	1053.08	Qualcare	Qualcare		3343.5	0.75			703.13	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	both			4458	1053.08	Three Rivers	Three Rivers		4235.1	0.95			703.13	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	both			4458	1053.08	UHC	Medicare		915.72	1			703.13	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	both			4458	1053.08	UHC	Medicaid		1402.49	0.3146			703.13	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	both			4458	1053.08	Wellcare	Medicaid		1402.49	0.3146			703.13	4235.1	percent of total billed charges	
MRI-UPPER EXTREMITY JOINT WITH CONTRAST	73222	CPT	both			4458	1053.08	Wellcare	Medicare		915.72	1			703.13	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Aetna	Better Health		1769.94	0.3146			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Aetna	Commercial		700.21	1.592			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Aetna	Medicare		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Americare	Americare		4219.5	0.75			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	WellPoint	WellPoint		1804.82	0.3208			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Amerihealth	Medicare		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Consumer	Consumer		5344.7	0.95			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Corrections	Corrections		4500.8	0.8			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	First Health	First Health		3938.2	0.7			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	First Trenton	First Trenton		5063.4	0.9			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Horizon	PPO		803.57	1.827			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Horizon	MGD		803.57	1.827			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Horizon	Medicare Blue		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Horizon	Indemnity		803.57	1.827			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Managed Care Inc	Managed Care Inc		5063.4	0.9			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Multiplan	Multiplan		4500.8	0.8			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Qualcare	Qualcare		4219.5	0.75			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Three Rivers	Three Rivers		5344.7	0.95			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	UHC	Medicare		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	UHC	Medicaid		1769.94	0.3146			439.83	5344.7	percent of total billed charges	
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Wellcare	Medicare		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI WRIST W-W/O CONTRAST RT	73223	CPT	both			5626	505.8	Wellcare	Medicaid		1769.94	0.3146			439.83	5344.7	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Aetna	Medicare		1520.6	0.308			877.5	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Aetna	Better Health		1553.18	0.3146			877.5	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Aetna	Commercial		1876.06	0.38			877.5	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Americare	Americare		3702.75	0.75			877.5	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		WellPoint	WellPoint		1583.79	0.3208			877.5	4690.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRA-ARM	73225	CPT	outpatient			4937		Consumer	Consumer		4690.15	0.95			877.5	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Corrections	Corrections		3949.6	0.8			877.5	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		First Health	First Health		3455.9	0.7			877.5	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		First Trenton	First Trenton		4443.3	0.9			877.5	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Horizon	MGD		1889.88	0.3828			877.5	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Horizon	Indemnity		1889.88	0.3828			877.5	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Horizon	PPO		1889.88	0.3828			877.5	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Horizon	Medicare Blue		1481.1	0.3			877.5	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Managed Care Inc	Managed Care Inc		4443.3	0.9			877.5	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Multiplan	Multiplan		3949.6	0.8			877.5	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Qualcare	Qualcare		3702.75	0.75			877.5	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Three Rivers	Three Rivers		4690.15	0.95			877.5	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		UHC	Medicaid		1553.18	0.3146			877.5	4690.15	percent of total billed charges	
MRA-ARM	73225	CPT	outpatient			4937		Wellcare	Medicaid		1553.18	0.3146			877.5	4690.15	percent of total billed charges	
HIP R WITH PELVIS 1 VIEW ONLY	73501	CPT	both			278	119.52	Aetna	Commercial		165.46	1.592			87.46	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS 1 VIEW ONLY	73501	CPT	both			278	119.52	Aetna	Medicare		103.93	1			87.46	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS 1 VIEW ONLY	73501	CPT	both			278	119.52	Aetna	Better Health		87.46	0.3146			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 1 VIEW ONLY	73501	CPT	both			278	119.52	Americare	Americare		208.5	0.75			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 1 VIEW ONLY	73501	CPT	both			278	119.52	WellPoint	WellPoint		89.18	0.3208			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 1 VIEW ONLY	73501	CPT	both			278	119.52	Amerihealth	Medicare		103.93	1			87.46	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS 1 VIEW ONLY	73501	CPT	both			278	119.52	Consumer	Consumer		264.1	0.95			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 1 VIEW ONLY	73501	CPT	both			278	119.52	Corrections	Corrections		222.4	0.8			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 1 VIEW ONLY	73501	CPT	both			278	119.52	First Health	First Health		194.6	0.7			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 1 VIEW ONLY	73501	CPT	both			278	119.52	First Trenton	First Trenton		250.2	0.9			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 1 VIEW ONLY	73501	CPT	both			278	119.52	Horizon	Indemnity		189.88	1.827			87.46	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS 1 VIEW ONLY	73501	CPT	both			278	119.52	Horizon	PPO		189.88	1.827			87.46	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS 1 VIEW ONLY	73501	CPT	both			278	119.52	Horizon	MGD		189.88	1.827			87.46	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS 1 VIEW ONLY	73501	CPT	both			278	119.52	Horizon	Medicare Blue		103.93	1			87.46	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS 1 VIEW ONLY	73501	CPT	both			278	119.52	Managed Care Inc	Managed Care Inc		250.2	0.9			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 1 VIEW ONLY	73501	CPT	both			278	119.52	Multiplan	Multiplan		222.4	0.8			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 1 VIEW ONLY	73501	CPT	both			278	119.52	Qualcare	Qualcare		208.5	0.75			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 1 VIEW ONLY	73501	CPT	both			278	119.52	Three Rivers	Three Rivers		264.1	0.95			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 1 VIEW ONLY	73501	CPT	both			278	119.52	UHC	Medicaid		87.46	0.3146			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 1 VIEW ONLY	73501	CPT	both			278	119.52	UHC	Medicare		103.93	1			87.46	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS 1 VIEW ONLY	73501	CPT	both			278	119.52	Wellcare	Medicaid		87.46	0.3146			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 1 VIEW ONLY	73501	CPT	both			278	119.52	Wellcare	Medicare		103.93	1			87.46	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS 2-3 VIEWS	73502	CPT	both			278	119.52	Aetna	Better Health		87.46	0.3146			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 2-3 VIEWS	73502	CPT	both			278	119.52	Aetna	Commercial		165.46	1.592			87.46	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS 2-3 VIEWS	73502	CPT	both			278	119.52	Aetna	Medicare		103.93	1			87.46	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS 2-3 VIEWS	73502	CPT	both			278	119.52	Americare	Americare		208.5	0.75			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 2-3 VIEWS	73502	CPT	both			278	119.52	WellPoint	WellPoint		89.18	0.3208			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 2-3 VIEWS	73502	CPT	both			278	119.52	Amerihealth	Medicare		103.93	1			87.46	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS 2-3 VIEWS	73502	CPT	both			278	119.52	Consumer	Consumer		264.1	0.95			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 2-3 VIEWS	73502	CPT	both			278	119.52	Corrections	Corrections		222.4	0.8			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 2-3 VIEWS	73502	CPT	both			278	119.52	First Health	First Health		194.6	0.7			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 2-3 VIEWS	73502	CPT	both			278	119.52	First Trenton	First Trenton		250.2	0.9			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 2-3 VIEWS	73502	CPT	both			278	119.52	Horizon	Indemnity		189.88	1.827			87.46	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS 2-3 VIEWS	73502	CPT	both			278	119.52	Horizon	Medicare Blue		103.93	1			87.46	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS 2-3 VIEWS	73502	CPT	both			278	119.52	Horizon	MGD		189.88	1.827			87.46	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS 2-3 VIEWS	73502	CPT	both			278	119.52	Horizon	PPO		189.88	1.827			87.46	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS 2-3 VIEWS	73502	CPT	both			278	119.52	Managed Care Inc	Managed Care Inc		250.2	0.9			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 2-3 VIEWS	73502	CPT	both			278	119.52	Multiplan	Multiplan		222.4	0.8			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 2-3 VIEWS	73502	CPT	both			278	119.52	Qualcare	Qualcare		208.5	0.75			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 2-3 VIEWS	73502	CPT	both			278	119.52	Three Rivers	Three Rivers		264.1	0.95			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 2-3 VIEWS	73502	CPT	both			278	119.52	UHC	Medicaid		87.46	0.3146			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 2-3 VIEWS	73502	CPT	both			278	119.52	UHC	Medicare		103.93	1			87.46	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS 2-3 VIEWS	73502	CPT	both			278	119.52	Wellcare	Medicaid		87.46	0.3146			87.46	264.1	percent of total billed charges	
HIP R WITH PELVIS 2-3 VIEWS	73502	CPT	both			278	119.52	Wellcare	Medicare		103.93	1			87.46	264.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS MIN 4 VIEWS	73503	CPT	both			459	144.6	Aetna	Better Health		144.4	0.3146			125.74	436.05	percent of total billed charges	
HIP R WITH PELVIS MIN 4 VIEWS	73503	CPT	both			459	144.6	Aetna	Commercial		200.18	1.592			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS MIN 4 VIEWS	73503	CPT	both			459	144.6	Aetna	Medicare		125.74	1			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS MIN 4 VIEWS	73503	CPT	both			459	144.6	Americare	Americare		344.25	0.75			125.74	436.05	percent of total billed charges	
HIP R WITH PELVIS MIN 4 VIEWS	73503	CPT	both			459	144.6	WellPoint	WellPoint		147.25	0.3208			125.74	436.05	percent of total billed charges	
HIP R WITH PELVIS MIN 4 VIEWS	73503	CPT	both			459	144.6	Amerihealth	Medicare		125.74	1			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS MIN 4 VIEWS	73503	CPT	both			459	144.6	Consumer	Consumer		436.05	0.95			125.74	436.05	percent of total billed charges	
HIP R WITH PELVIS MIN 4 VIEWS	73503	CPT	both			459	144.6	Corrections	Corrections		367.2	0.8			125.74	436.05	percent of total billed charges	
HIP R WITH PELVIS MIN 4 VIEWS	73503	CPT	both			459	144.6	First Health	First Health		321.3	0.7			125.74	436.05	percent of total billed charges	
HIP R WITH PELVIS MIN 4 VIEWS	73503	CPT	both			459	144.6	First Trenton	First Trenton		413.1	0.9			125.74	436.05	percent of total billed charges	
HIP R WITH PELVIS MIN 4 VIEWS	73503	CPT	both			459	144.6	Horizon	MGD		229.73	1.827			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS MIN 4 VIEWS	73503	CPT	both			459	144.6	Horizon	Indemnity		229.73	1.827			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS MIN 4 VIEWS	73503	CPT	both			459	144.6	Horizon	PPO		229.73	1.827			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS MIN 4 VIEWS	73503	CPT	both			459	144.6	Horizon	Medicare Blue		125.74	1			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS MIN 4 VIEWS	73503	CPT	both			459	144.6	Managed Care Inc	Managed Care Inc		413.1	0.9			125.74	436.05	percent of total billed charges	
HIP R WITH PELVIS MIN 4 VIEWS	73503	CPT	both			459	144.6	Multiplan	Multiplan		367.2	0.8			125.74	436.05	percent of total billed charges	
HIP R WITH PELVIS MIN 4 VIEWS	73503	CPT	both			459	144.6	Qualcare	Qualcare		344.25	0.75			125.74	436.05	percent of total billed charges	
HIP R WITH PELVIS MIN 4 VIEWS	73503	CPT	both			459	144.6	Three Rivers	Three Rivers		436.05	0.95			125.74	436.05	percent of total billed charges	
HIP R WITH PELVIS MIN 4 VIEWS	73503	CPT	both			459	144.6	UHC	Medicare		125.74	1			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS MIN 4 VIEWS	73503	CPT	both			459	144.6	UHC	Medicaid		144.4	0.3146			125.74	436.05	percent of total billed charges	
HIP R WITH PELVIS MIN 4 VIEWS	73503	CPT	both			459	144.6	Wellcare	Medicare		125.74	1			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIP R WITH PELVIS MIN 4 VIEWS	73503	CPT	both			459	144.6	Wellcare	Medicaid		144.4	0.3146			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VIEW	73521	CPT	both			459	144.6	Aetna	Better Health		144.4	0.3146			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VIEW	73521	CPT	both			459	144.6	Aetna	Medicare		125.74	1			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS PORTABLE BIL WITH PELVIS 3-4 VIEW	73521	CPT	both			459	144.6	Aetna	Commercial		200.18	1.592			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS PORTABLE BIL WITH PELVIS 3-4 VIEW	73521	CPT	both			459	144.6	Americare	Americare		344.25	0.75			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VIEW	73521	CPT	both			459	144.6	WellPoint	WellPoint		147.25	0.3208			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VIEW	73521	CPT	both			459	144.6	Amerihealth	Medicare		125.74	1			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS PORTABLE BIL WITH PELVIS 3-4 VIEW	73521	CPT	both			459	144.6	Consumer	Consumer		436.05	0.95			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VIEW	73521	CPT	both			459	144.6	Corrections	Corrections		367.2	0.8			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VIEW	73521	CPT	both			459	144.6	First Health	First Health		321.3	0.7			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VIEW	73521	CPT	both			459	144.6	First Trenton	First Trenton		413.1	0.9			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VIEW	73521	CPT	both			459	144.6	Horizon	Indemnity		229.73	1.827			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS PORTABLE BIL WITH PELVIS 3-4 VIEW	73521	CPT	both			459	144.6	Horizon	Medicare Blue		125.74	1			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS PORTABLE BIL WITH PELVIS 3-4 VIEW	73521	CPT	both			459	144.6	Horizon	MGD		229.73	1.827			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS PORTABLE BIL WITH PELVIS 3-4 VIEW	73521	CPT	both			459	144.6	Horizon	PPO		229.73	1.827			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS PORTABLE BIL WITH PELVIS 3-4 VIEW	73521	CPT	both			459	144.6	Managed Care Inc	Managed Care Inc		413.1	0.9			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VIEW	73521	CPT	both			459	144.6	Multiplan	Multiplan		367.2	0.8			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VIEW	73521	CPT	both			459	144.6	Qualcare	Qualcare		344.25	0.75			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VIEW	73521	CPT	both			459	144.6	Three Rivers	Three Rivers		436.05	0.95			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VIEW	73521	CPT	both			459	144.6	UHC	Medicaid		144.4	0.3146			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VIEW	73521	CPT	both			459	144.6	UHC	Medicare		125.74	1			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS PORTABLE BIL WITH PELVIS 3-4 VIEW	73521	CPT	both			459	144.6	Wellcare	Medicaid		144.4	0.3146			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VIEW	73521	CPT	both			459	144.6	Wellcare	Medicare		125.74	1			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS PORTABLE BIL WITH PELVIS 3-4 VI	73522	CPT	both			459	144.6	Aetna	Better Health		144.4	0.3146			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VI	73522	CPT	both			459	144.6	Aetna	Commercial		200.18	1.592			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS PORTABLE BIL WITH PELVIS 3-4 VI	73522	CPT	both			459	144.6	Aetna	Medicare		125.74	1			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS PORTABLE BIL WITH PELVIS 3-4 VI	73522	CPT	both			459	144.6	Americare	Americare		344.25	0.75			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VI	73522	CPT	both			459	144.6	WellPoint	WellPoint		147.25	0.3208			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VI	73522	CPT	both			459	144.6	Amerihealth	Medicare		125.74	1			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS PORTABLE BIL WITH PELVIS 3-4 VI	73522	CPT	both			459	144.6	Consumer	Consumer		436.05	0.95			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VI	73522	CPT	both			459	144.6	Corrections	Corrections		367.2	0.8			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VI	73522	CPT	both			459	144.6	First Health	First Health		321.3	0.7			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VI	73522	CPT	both			459	144.6	First Trenton	First Trenton		413.1	0.9			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VI	73522	CPT	both			459	144.6	Horizon	Indemnity		229.73	1.827			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS PORTABLE BIL WITH PELVIS 3-4 VI	73522	CPT	both			459	144.6	Horizon	MGD		229.73	1.827			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS PORTABLE BIL WITH PELVIS 3-4 VI	73522	CPT	both			459	144.6	Horizon	Medicare Blue		125.74	1			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS PORTABLE BIL WITH PELVIS 3-4 VI	73522	CPT	both			459	144.6	Horizon	PPO		229.73	1.827			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS PORTABLE BIL WITH PELVIS 3-4 VI	73522	CPT	both			459	144.6	Managed Care Inc	Managed Care Inc		413.1	0.9			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VI	73522	CPT	both			459	144.6	Multiplan	Multiplan		367.2	0.8			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VI	73522	CPT	both			459	144.6	Qualcare	Qualcare		344.25	0.75			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VI	73522	CPT	both			459	144.6	Three Rivers	Three Rivers		436.05	0.95			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VI	73522	CPT	both			459	144.6	UHC	Medicaid		144.4	0.3146			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VI	73522	CPT	both			459	144.6	UHC	Medicare		125.74	1			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS PORTABLE BIL WITH PELVIS 3-4 VI	73522	CPT	both			459	144.6	Wellcare	Medicaid		144.4	0.3146			125.74	436.05	percent of total billed charges	
HIPS PORTABLE BIL WITH PELVIS 3-4 VI	73522	CPT	both			459	144.6	Wellcare	Medicare		125.74	1			125.74	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS BIL WITH PELVIS MIN 5 VIEWS	73523	CPT	both			869	144.6	Aetna	Medicare		125.74	1			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS BIL WITH PELVIS MIN 5 VIEWS	73523	CPT	both			869	144.6	Aetna	Better Health		273.39	0.3146			125.74	825.55	percent of total billed charges	
HIPS BIL WITH PELVIS MIN 5 VIEWS	73523	CPT	both			869	144.6	Aetna	Commercial		200.18	1.592			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS BIL WITH PELVIS MIN 5 VIEWS	73523	CPT	both			869	144.6	Americare	Americare		651.75	0.75			125.74	825.55	percent of total billed charges	
HIPS BIL WITH PELVIS MIN 5 VIEWS	73523	CPT	both			869	144.6	WellPoint	WellPoint		278.78	0.3208			125.74	825.55	percent of total billed charges	
HIPS BIL WITH PELVIS MIN 5 VIEWS	73523	CPT	both			869	144.6	Amerihealth	Medicare		125.74	1			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS BIL WITH PELVIS MIN 5 VIEWS	73523	CPT	both			869	144.6	Consumer	Consumer		825.55	0.95			125.74	825.55	percent of total billed charges	
HIPS BIL WITH PELVIS MIN 5 VIEWS	73523	CPT	both			869	144.6	Corrections	Corrections		695.2	0.8			125.74	825.55	percent of total billed charges	
HIPS BIL WITH PELVIS MIN 5 VIEWS	73523	CPT	both			869	144.6	First Health	First Health		608.3	0.7			125.74	825.55	percent of total billed charges	
HIPS BIL WITH PELVIS MIN 5 VIEWS	73523	CPT	both			869	144.6	First Trenton	First Trenton		782.1	0.9			125.74	825.55	percent of total billed charges	
HIPS BIL WITH PELVIS MIN 5 VIEWS	73523	CPT	both			869	144.6	Horizon	PPO		229.73	1.827			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS BIL WITH PELVIS MIN 5 VIEWS	73523	CPT	both			869	144.6	Horizon	MGD		229.73	1.827			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS BIL WITH PELVIS MIN 5 VIEWS	73523	CPT	both			869	144.6	Horizon	Indemnity		229.73	1.827			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS BIL WITH PELVIS MIN 5 VIEWS	73523	CPT	both			869	144.6	Horizon	Medicare Blue		125.74	1			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS BIL WITH PELVIS MIN 5 VIEWS	73523	CPT	both			869	144.6	Managed Care Inc	Managed Care Inc		782.1	0.9			125.74	825.55	percent of total billed charges	
HIPS BIL WITH PELVIS MIN 5 VIEWS	73523	CPT	both			869	144.6	Multiplan	Multiplan		695.2	0.8			125.74	825.55	percent of total billed charges	
HIPS BIL WITH PELVIS MIN 5 VIEWS	73523	CPT	both			869	144.6	Qualcare	Qualcare		651.75	0.75			125.74	825.55	percent of total billed charges	
HIPS BIL WITH PELVIS MIN 5 VIEWS	73523	CPT	both			869	144.6	Three Rivers	Three Rivers		825.55	0.95			125.74	825.55	percent of total billed charges	
HIPS BIL WITH PELVIS MIN 5 VIEWS	73523	CPT	both			869	144.6	UHC	Medicare		125.74	1			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HIPS BIL WITH PELVIS MIN 5 VIEWS	73523	CPT	both			869	144.6	UHC	Medicaid		273.39	0.3146			125.74	825.55	percent of total billed charges	
HIPS BIL WITH PELVIS MIN 5 VIEWS	73523	CPT	both			869	144.6	Wellcare	Medicare		125.74	1			125.74	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIPS BIL WITH PELVIS MIN 5 VIEWS	73523	CPT	both			869	144.6	Wellcare	Medicaid		273.39	0.3146			125.74	825.55	percent of total billed charges	
RADIOLOGIC EXAM HIP ARTHROGRAP	73525	CPT	outpatient			1917	505.8	Aetna	Better Health		603.09	0.3146			309.25	1821.15	percent of total billed charges	
RADIOLOGIC EXAM HIP ARTHROGRAP	73525	CPT	outpatient			1917	505.8	Aetna	Commercial		700.21	1.592			309.25	1821.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM HIP ARTHROGRAP	73525	CPT	outpatient			1917	505.8	Aetna	Medicare		439.83	1			309.25	1821.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM HIP ARTHROGRAP	73525	CPT	outpatient			1917	505.8	Americare	Americare		1437.75	0.75			309.25	1821.15	percent of total billed charges	
RADIOLOGIC EXAM HIP ARTHROGRAP	73525	CPT	outpatient			1917	505.8	WellPoint	WellPoint		614.97	0.3208			309.25	1821.15	percent of total billed charges	
RADIOLOGIC EXAM HIP ARTHROGRAP	73525	CPT	outpatient			1917	505.8	Amerihealth	Medicare		439.83	1			309.25	1821.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM HIP ARTHROGRAP	73525	CPT	outpatient			1917	505.8	Consumer	Consumer		1821.15	0.95			309.25	1821.15	percent of total billed charges	
RADIOLOGIC EXAM HIP ARTHROGRAP	73525	CPT	outpatient			1917	505.8	Corrections	Corrections		1533.6	0.8			309.25	1821.15	percent of total billed charges	
RADIOLOGIC EXAM HIP ARTHROGRAP	73525	CPT	outpatient			1917	505.8	First Health	First Health		1341.9	0.7			309.25	1821.15	percent of total billed charges	
RADIOLOGIC EXAM HIP ARTHROGRAP	73525	CPT	outpatient			1917	505.8	First Trenton	First Trenton		1725.3	0.9			309.25	1821.15	percent of total billed charges	
RADIOLOGIC EXAM HIP ARTHROGRAP	73525	CPT	outpatient			1917	505.8	Horizon	Indemnity		803.57	1.827			309.25	1821.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM HIP ARTHROGRAP	73525	CPT	outpatient			1917	505.8	Horizon	MGD		803.57	1.827			309.25	1821.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM HIP ARTHROGRAP	73525	CPT	outpatient			1917	505.8	Horizon	Medicare Blue		439.83	1			309.25	1821.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM HIP ARTHROGRAP	73525	CPT	outpatient			1917	505.8	Horizon	PPO		803.57	1.827			309.25	1821.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM HIP ARTHROGRAP	73525	CPT	outpatient			1917	505.8	Managed Care Inc	Managed Care Inc		1725.3	0.9			309.25	1821.15	percent of total billed charges	
RADIOLOGIC EXAM HIP ARTHROGRAP	73525	CPT	outpatient			1917	505.8	Multiplan	Multiplan		1533.6	0.8			309.25	1821.15	percent of total billed charges	
RADIOLOGIC EXAM HIP ARTHROGRAP	73525	CPT	outpatient			1917	505.8	Qualcare	Qualcare		1437.75	0.75			309.25	1821.15	percent of total billed charges	
RADIOLOGIC EXAM HIP ARTHROGRAP	73525	CPT	outpatient			1917	505.8	Three Rivers	Three Rivers		1821.15	0.95			309.25	1821.15	percent of total billed charges	
RADIOLOGIC EXAM HIP ARTHROGRAP	73525	CPT	outpatient			1917	505.8	UHC	Medicaid		603.09	0.3146			309.25	1821.15	percent of total billed charges	
RADIOLOGIC EXAM HIP ARTHROGRAP	73525	CPT	outpatient			1917	505.8	UHC	Medicare		439.83	1			309.25	1821.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOLOGIC EXAM HIP ARTHROGRAP	73525	CPT	outpatient			1917	505.8	Wellcare	Medicaid		603.09	0.3146			309.25	1821.15	percent of total billed charges	
RADIOLOGIC EXAM HIP ARTHROGRAP	73525	CPT	outpatient			1917	505.8	Wellcare	Medicare		439.83	1			309.25	1821.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Aetna	Better Health		239.41	0.3146			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Aetna	Medicare		234.39	0.308			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Aetna	Commercial		289.18	0.38			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Americare	Americare		570.75	0.75			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		WellPoint	WellPoint		244.13	0.3208			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Consumer	Consumer		722.95	0.95			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Corrections	Corrections		608.8	0.8			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		First Health	First Health		532.7	0.7			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		First Trenton	First Trenton		684.9	0.9			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Horizon	Medicare Blue		228.3	0.3			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Horizon	Indemnity		291.31	0.3828			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Horizon	MGD		291.31	0.3828			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Horizon	PPO		291.31	0.3828			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Managed Care Inc	Managed Care Inc		684.9	0.9			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Multiplan	Multiplan		608.8	0.8			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Qualcare	Qualcare		570.75	0.75			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Three Rivers	Three Rivers		722.95	0.95			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		UHC	Medicaid		239.41	0.3146			228.3	722.95	percent of total billed charges	
FEMUR AP & LATERAL BIL	73550	CPT	outpatient			761		Wellcare	Medicaid		239.41	0.3146			228.3	722.95	percent of total billed charges	
FEMUR RT 1 VIEW ONLY	73551	CPT	both			554	119.52	Aetna	Better Health		174.29	0.3146			87.46	526.3	percent of total billed charges	
FEMUR RT 1 VIEW ONLY	73551	CPT	both			554	119.52	Aetna	Commercial		165.46	1.592			87.46	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT 1 VIEW ONLY	73551	CPT	both			554	119.52	Aetna	Medicare		103.93	1			87.46	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT 1 VIEW ONLY	73551	CPT	both			554	119.52	Americare	Americare		415.5	0.75			87.46	526.3	percent of total billed charges	
FEMUR RT 1 VIEW ONLY	73551	CPT	both			554	119.52	WellPoint	WellPoint		177.72	0.3208			87.46	526.3	percent of total billed charges	
FEMUR RT 1 VIEW ONLY	73551	CPT	both			554	119.52	Amerihealth	Medicare		103.93	1			87.46	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT 1 VIEW ONLY	73551	CPT	both			554	119.52	Consumer	Consumer		526.3	0.95			87.46	526.3	percent of total billed charges	
FEMUR RT 1 VIEW ONLY	73551	CPT	both			554	119.52	Corrections	Corrections		443.2	0.8			87.46	526.3	percent of total billed charges	
FEMUR RT 1 VIEW ONLY	73551	CPT	both			554	119.52	First Health	First Health		387.8	0.7			87.46	526.3	percent of total billed charges	
FEMUR RT 1 VIEW ONLY	73551	CPT	both			554	119.52	First Trenton	First Trenton		498.6	0.9			87.46	526.3	percent of total billed charges	
FEMUR RT 1 VIEW ONLY	73551	CPT	both			554	119.52	Horizon	Indemnity		189.88	1.827			87.46	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT 1 VIEW ONLY	73551	CPT	both			554	119.52	Horizon	PPO		189.88	1.827			87.46	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT 1 VIEW ONLY	73551	CPT	both			554	119.52	Horizon	MGD		189.88	1.827			87.46	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT 1 VIEW ONLY	73551	CPT	both			554	119.52	Horizon	Medicare Blue		103.93	1			87.46	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT 1 VIEW ONLY	73551	CPT	both			554	119.52	Managed Care Inc	Managed Care Inc		498.6	0.9			87.46	526.3	percent of total billed charges	
FEMUR RT 1 VIEW ONLY	73551	CPT	both			554	119.52	Multiplan	Multiplan		443.2	0.8			87.46	526.3	percent of total billed charges	
FEMUR RT 1 VIEW ONLY	73551	CPT	both			554	119.52	Qualcare	Qualcare		415.5	0.75			87.46	526.3	percent of total billed charges	
FEMUR RT 1 VIEW ONLY	73551	CPT	both			554	119.52	Three Rivers	Three Rivers		526.3	0.95			87.46	526.3	percent of total billed charges	
FEMUR RT 1 VIEW ONLY	73551	CPT	both			554	119.52	UHC	Medicaid		174.29	0.3146			87.46	526.3	percent of total billed charges	
FEMUR RT 1 VIEW ONLY	73551	CPT	both			554	119.52	UHC	Medicare		103.93	1			87.46	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT 1 VIEW ONLY	73551	CPT	both			554	119.52	Wellcare	Medicaid		174.29	0.3146			87.46	526.3	percent of total billed charges	
FEMUR RT 1 VIEW ONLY	73551	CPT	both			554	119.52	Wellcare	Medicare		103.93	1			87.46	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT MIN 2 VIEWS	73552	CPT	both			554	119.52	Aetna	Better Health		174.29	0.3146			85.62	526.3	percent of total billed charges	
FEMUR RT MIN 2 VIEWS	73552	CPT	both			554	119.52	Aetna	Medicare		170.63	0.308			85.62	526.3	percent of total billed charges	
FEMUR RT MIN 2 VIEWS	73552	CPT	both			554	119.52	Aetna	Commercial		165.46	1.592			85.62	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT MIN 2 VIEWS	73552	CPT	both			554	119.52	Americare	Americare		415.5	0.75			85.62	526.3	percent of total billed charges	
FEMUR RT MIN 2 VIEWS	73552	CPT	both			554	119.52	WellPoint	WellPoint		177.72	0.3208			85.62	526.3	percent of total billed charges	
FEMUR RT MIN 2 VIEWS	73552	CPT	both			554	119.52	Amerihealth	Medicare		103.93	1			85.62	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT MIN 2 VIEWS	73552	CPT	both			554	119.52	Consumer	Consumer		526.3	0.95			85.62	526.3	percent of total billed charges	
FEMUR RT MIN 2 VIEWS	73552	CPT	both			554	119.52	Corrections	Corrections		443.2	0.8			85.62	526.3	percent of total billed charges	
FEMUR RT MIN 2 VIEWS	73552	CPT	both			554	119.52	First Health	First Health		387.8	0.7			85.62	526.3	percent of total billed charges	
FEMUR RT MIN 2 VIEWS	73552	CPT	both			554	119.52	First Trenton	First Trenton		498.6	0.9			85.62	526.3	percent of total billed charges	
FEMUR RT MIN 2 VIEWS	73552	CPT	both			554	119.52	Horizon	PPO		189.88	1.827			85.62	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT MIN 2 VIEWS	73552	CPT	both			554	119.52	Horizon	MGD		189.88	1.827			85.62	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT MIN 2 VIEWS	73552	CPT	both			554	119.52	Horizon	Medicare Blue		103.93	1			85.62	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT MIN 2 VIEWS	73552	CPT	both			554	119.52	Horizon	Indemnity		189.88	1.827			85.62	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT MIN 2 VIEWS	73552	CPT	both			554	119.52	Managed Care Inc	Managed Care Inc		498.6	0.9			85.62	526.3	percent of total billed charges	
FEMUR RT MIN 2 VIEWS	73552	CPT	both			554	119.52	Multiplan	Multiplan		443.2	0.8			85.62	526.3	percent of total billed charges	
FEMUR RT MIN 2 VIEWS	73552	CPT	both			554	119.52	Qualcare	Qualcare		415.5	0.75			85.62	526.3	percent of total billed charges	
FEMUR RT MIN 2 VIEWS	73552	CPT	both			554	119.52	Three Rivers	Three Rivers		526.3	0.95			85.62	526.3	percent of total billed charges	
FEMUR RT MIN 2 VIEWS	73552	CPT	both			554	119.52	UHC	Medicare		103.93	1			85.62	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT MIN 2 VIEWS	73552	CPT	both			554	119.52	UHC	Medicaid		174.29	0.3146			85.62	526.3	percent of total billed charges	
FEMUR RT MIN 2 VIEWS	73552	CPT	both			554	119.52	Wellcare	Medicare		103.93	1			85.62	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FEMUR RT MIN 2 VIEWS	73552	CPT	both			554	119.52	Wellcare	Medicaid		174.29	0.3146			85.62	526.3	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Aetna	Commercial		165.46	1.592			74.56	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Aetna	Better Health		229.34	0.3146			74.56	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Aetna	Medicare		103.93	1			74.56	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Americare	Americare		546.75	0.75			74.56	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	WellPoint	WellPoint		233.86	0.3208			74.56	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Amerihealth	Medicare		103.93	1			74.56	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Consumer	Consumer		692.55	0.95			74.56	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Corrections	Corrections		583.2	0.8			74.56	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	First Health	First Health		510.3	0.7			74.56	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	First Trenton	First Trenton		656.1	0.9			74.56	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Horizon	MGD		189.88	1.827			74.56	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Horizon	Medicare Blue		103.93	1			74.56	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Horizon	Indemnity		189.88	1.827			74.56	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Horizon	PPO		189.88	1.827			74.56	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Managed Care Inc	Managed Care Inc		656.1	0.9			74.56	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Multiplan	Multiplan		583.2	0.8			74.56	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Qualcare	Qualcare		546.75	0.75			74.56	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Three Rivers	Three Rivers		692.55	0.95			74.56	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	UHC	Medicaid		229.34	0.3146			74.56	692.55	percent of total billed charges	
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	UHC	Medicare		103.93	1			74.56	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Wellcare	Medicare		103.93	1			74.56	692.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIAL PLATEAU SERIES RT	73560	CPT	both			729	119.52	Wellcare	Medicaid		229.34	0.3146			74.56	692.55	percent of total billed charges	
WB KNEE W/TUNNEL 3 VIEWS R	73562	CPT	both			529	119.52	Aetna	Better Health		166.42	0.3146			79.91	502.55	percent of total billed charges	
WB KNEE W/TUNNEL 3 VIEWS R	73562	CPT	both			529	119.52	Aetna	Commercial		165.46	1.592			79.91	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB KNEE W/TUNNEL 3 VIEWS R	73562	CPT	both			529	119.52	Aetna	Medicare		103.93	1			79.91	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB KNEE W/TUNNEL 3 VIEWS R	73562	CPT	both			529	119.52	Americare	Americare		396.75	0.75			79.91	502.55	percent of total billed charges	
WB KNEE W/TUNNEL 3 VIEWS R	73562	CPT	both			529	119.52	WellPoint	WellPoint		169.7	0.3208			79.91	502.55	percent of total billed charges	
WB KNEE W/TUNNEL 3 VIEWS R	73562	CPT	both			529	119.52	Amerihealth	Medicare		103.93	1			79.91	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB KNEE W/TUNNEL 3 VIEWS R	73562	CPT	both			529	119.52	Consumer	Consumer		502.55	0.95			79.91	502.55	percent of total billed charges	
WB KNEE W/TUNNEL 3 VIEWS R	73562	CPT	both			529	119.52	Corrections	Corrections		423.2	0.8			79.91	502.55	percent of total billed charges	
WB KNEE W/TUNNEL 3 VIEWS R	73562	CPT	both			529	119.52	First Health	First Health		370.3	0.7			79.91	502.55	percent of total billed charges	
WB KNEE W/TUNNEL 3 VIEWS R	73562	CPT	both			529	119.52	First Trenton	First Trenton		476.1	0.9			79.91	502.55	percent of total billed charges	
WB KNEE W/TUNNEL 3 VIEWS R	73562	CPT	both			529	119.52	Horizon	PPO		189.88	1.827			79.91	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB KNEE W/TUNNEL 3 VIEWS R	73562	CPT	both			529	119.52	Horizon	Medicare Blue		103.93	1			79.91	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB KNEE W/TUNNEL 3 VIEWS R	73562	CPT	both			529	119.52	Horizon	Indemnity		189.88	1.827			79.91	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB KNEE W/TUNNEL 3 VIEWS R	73562	CPT	both			529	119.52	Horizon	MGD		189.88	1.827			79.91	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB KNEE W/TUNNEL 3 VIEWS R	73562	CPT	both			529	119.52	Managed Care Inc	Managed Care Inc		476.1	0.9			79.91	502.55	percent of total billed charges	
WB KNEE W/TUNNEL 3 VIEWS R	73562	CPT	both			529	119.52	Multiplan	Multiplan		423.2	0.8			79.91	502.55	percent of total billed charges	
WB KNEE W/TUNNEL 3 VIEWS R	73562	CPT	both			529	119.52	Qualcare	Qualcare		396.75	0.75			79.91	502.55	percent of total billed charges	
WB KNEE W/TUNNEL 3 VIEWS R	73562	CPT	both			529	119.52	Three Rivers	Three Rivers		502.55	0.95			79.91	502.55	percent of total billed charges	
WB KNEE W/TUNNEL 3 VIEWS R	73562	CPT	both			529	119.52	UHC	Medicaid		166.42	0.3146			79.91	502.55	percent of total billed charges	
WB KNEE W/TUNNEL 3 VIEWS R	73562	CPT	both			529	119.52	UHC	Medicare		103.93	1			79.91	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB KNEE W/TUNNEL 3 VIEWS R	73562	CPT	both			529	119.52	Wellcare	Medicaid		166.42	0.3146			79.91	502.55	percent of total billed charges	
WB KNEE W/TUNNEL 3 VIEWS R	73562	CPT	both			529	119.52	Wellcare	Medicare		103.93	1			79.91	502.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Aetna	Commercial		200.18	1.592			74.56	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Aetna	Better Health		235.95	0.3146			74.56	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Aetna	Medicare		125.74	1			74.56	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Americare	Americare		562.5	0.75			74.56	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	WellPoint	WellPoint		240.6	0.3208			74.56	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Amerihealth	Medicare		125.74	1			74.56	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Consumer	Consumer		712.5	0.95			74.56	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Corrections	Corrections		600	0.8			74.56	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	First Health	First Health		525	0.7			74.56	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	First Trenton	First Trenton		675	0.9			74.56	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Horizon	Indemnity		229.73	1.827			74.56	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Horizon	MGD		229.73	1.827			74.56	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Horizon	Medicare Blue		125.74	1			74.56	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Horizon	PPO		229.73	1.827			74.56	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Managed Care Inc	Managed Care Inc		675	0.9			74.56	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Multiplan	Multiplan		600	0.8			74.56	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Qualcare	Qualcare		562.5	0.75			74.56	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Three Rivers	Three Rivers		712.5	0.95			74.56	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	UHC	Medicaid		235.95	0.3146			74.56	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	UHC	Medicare		125.74	1			74.56	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Wellcare	Medicaid		235.95	0.3146			74.56	712.5	percent of total billed charges	
X-RAY RIGHT KNEE WITH OBLIQUES	73564	CPT	both			750	144.6	Wellcare	Medicare		125.74	1			74.56	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEES BOTH/STANDING/ANTERPOST	73565	CPT	both			358	119.52	Aetna	Commercial		165.46	1.592			103.93	340.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEES BOTH/STANDING/ANTERPOST	73565	CPT	both			358	119.52	Aetna	Better Health		112.63	0.3146			103.93	340.1	percent of total billed charges	
KNEES BOTH/STANDING/ANTERPOST	73565	CPT	both			358	119.52	Aetna	Medicare		103.93	1			103.93	340.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEES BOTH/STANDING/ANTERPOST	73565	CPT	both			358	119.52	Americare	Americare		268.5	0.75			103.93	340.1	percent of total billed charges	
KNEES BOTH/STANDING/ANTERPOST	73565	CPT	both			358	119.52	WellPoint	WellPoint		114.85	0.3208			103.93	340.1	percent of total billed charges	
KNEES BOTH/STANDING/ANTERPOST	73565	CPT	both			358	119.52	Amerihealth	Medicare		103.93	1			103.93	340.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEES BOTH/STANDING/ANTERPOST	73565	CPT	both			358	119.52	Consumer	Consumer		340.1	0.95			103.93	340.1	percent of total billed charges	
KNEES BOTH/STANDING/ANTERPOST	73565	CPT	both			358	119.52	Corrections	Corrections		286.4	0.8			103.93	340.1	percent of total billed charges	
KNEES BOTH/STANDING/ANTERPOST	73565	CPT	both			358	119.52	First Health	First Health		250.6	0.7			103.93	340.1	percent of total billed charges	
KNEES BOTH/STANDING/ANTERPOST	73565	CPT	both			358	119.52	First Trenton	First Trenton		322.2	0.9			103.93	340.1	percent of total billed charges	
KNEES BOTH/STANDING/ANTERPOST	73565	CPT	both			358	119.52	Horizon	MGD		189.88	1.827			103.93	340.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEES BOTH/STANDING/ANTERPOST	73565	CPT	both			358	119.52	Horizon	Medicare Blue		103.93	1			103.93	340.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEES BOTH/STANDING/ANTERPOST	73565	CPT	both			358	119.52	Horizon	Indemnity		189.88	1.827			103.93	340.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEES BOTH/STANDING/ANTERPOST	73565	CPT	both			358	119.52	Horizon	PPO		189.88	1.827			103.93	340.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEES BOTH/STANDING/ANTERPOST	73565	CPT	both			358	119.52	Managed Care Inc	Managed Care Inc		322.2	0.9			103.93	340.1	percent of total billed charges	
KNEES BOTH/STANDING/ANTERPOST	73565	CPT	both			358	119.52	Multiplan	Multiplan		286.4	0.8			103.93	340.1	percent of total billed charges	
KNEES BOTH/STANDING/ANTERPOST	73565	CPT	both			358	119.52	Qualcare	Qualcare		268.5	0.75			103.93	340.1	percent of total billed charges	
KNEES BOTH/STANDING/ANTERPOST	73565	CPT	both			358	119.52	Three Rivers	Three Rivers		340.1	0.95			103.93	340.1	percent of total billed charges	
KNEES BOTH/STANDING/ANTERPOST	73565	CPT	both			358	119.52	UHC	Medicaid		112.63	0.3146			103.93	340.1	percent of total billed charges	
KNEES BOTH/STANDING/ANTERPOST	73565	CPT	both			358	119.52	UHC	Medicare		103.93	1			103.93	340.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEES BOTH/STANDING/ANTERPOST	73565	CPT	both			358	119.52	Wellcare	Medicaid		112.63	0.3146			103.93	340.1	percent of total billed charges	
KNEES BOTH/STANDING/ANTERPOST	73565	CPT	both			358	119.52	Wellcare	Medicare		103.93	1			103.93	340.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Aetna	Commercial		700.21	1.592			368.08	1846.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Aetna	Medicare		439.83	1			368.08	1846.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Aetna	Better Health		611.58	0.3146			368.08	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Americare	Americare		1458	0.75			368.08	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	WellPoint	WellPoint		623.64	0.3208			368.08	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Amerihealth	Medicare		439.83	1			368.08	1846.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Consumer	Consumer		1846.8	0.95			368.08	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Corrections	Corrections		1555.2	0.8			368.08	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	First Health	First Health		1360.8	0.7			368.08	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	First Trenton	First Trenton		1749.6	0.9			368.08	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Horizon	Indemnity		803.57	1.827			368.08	1846.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Horizon	PPO		803.57	1.827			368.08	1846.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Horizon	Medicare Blue		439.83	1			368.08	1846.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Horizon	MGD		803.57	1.827			368.08	1846.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Managed Care Inc	Managed Care Inc		1749.6	0.9			368.08	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Multiplan	Multiplan		1555.2	0.8			368.08	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Qualcare	Qualcare		1458	0.75			368.08	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Three Rivers	Three Rivers		1846.8	0.95			368.08	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	UHC	Medicaid		611.58	0.3146			368.08	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	UHC	Medicare		439.83	1			368.08	1846.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Wellcare	Medicaid		611.58	0.3146			368.08	1846.8	percent of total billed charges	
KNEE ASPIRATION	73580	CPT	outpatient			1944	505.8	Wellcare	Medicare		439.83	1			368.08	1846.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Aetna	Better Health		282.83	0.3146			103.93	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Aetna	Commercial		165.46	1.592			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Aetna	Medicare		103.93	1			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Americare	Americare		674.25	0.75			103.93	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	WellPoint	WellPoint		288.4	0.3208			103.93	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Amerihealth	Medicare		103.93	1			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Consumer	Consumer		854.05	0.95			103.93	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Corrections	Corrections		719.2	0.8			103.93	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	First Health	First Health		629.3	0.7			103.93	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	First Trenton	First Trenton		809.1	0.9			103.93	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Horizon	Indemnity		189.88	1.827			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Horizon	Medicare Blue		103.93	1			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Horizon	PPO		189.88	1.827			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Horizon	MGD		189.88	1.827			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Managed Care Inc	Managed Care Inc		809.1	0.9			103.93	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Multiplan	Multiplan		719.2	0.8			103.93	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Qualcare	Qualcare		674.25	0.75			103.93	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Three Rivers	Three Rivers		854.05	0.95			103.93	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	UHC	Medicaid		282.83	0.3146			103.93	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	UHC	Medicare		103.93	1			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Wellcare	Medicaid		282.83	0.3146			103.93	854.05	percent of total billed charges	
TIBIA FIBULA LEG TWO VIEWS BIL	73590	CPT	both			899	119.52	Wellcare	Medicare		103.93	1			103.93	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY CHILD RIGHT SURGICAL	73592	CPT	both			514	119.52	Aetna	Commercial		165.46	1.592			103.93	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY CHILD RIGHT SURGICAL	73592	CPT	both			514	119.52	Aetna	Better Health		161.7	0.3146			103.93	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT SURGICAL	73592	CPT	both			514	119.52	Aetna	Medicare		103.93	1			103.93	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY CHILD RIGHT SURGICAL	73592	CPT	both			514	119.52	Americare	Americare		385.5	0.75			103.93	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT SURGICAL	73592	CPT	both			514	119.52	WellPoint	WellPoint		164.89	0.3208			103.93	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT SURGICAL	73592	CPT	both			514	119.52	Amerihealth	Medicare		103.93	1			103.93	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY CHILD RIGHT SURGICAL	73592	CPT	both			514	119.52	Consumer	Consumer		488.3	0.95			103.93	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT SURGICAL	73592	CPT	both			514	119.52	Corrections	Corrections		411.2	0.8			103.93	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT SURGICAL	73592	CPT	both			514	119.52	First Health	First Health		359.8	0.7			103.93	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT SURGICAL	73592	CPT	both			514	119.52	First Trenton	First Trenton		462.6	0.9			103.93	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT SURGICAL	73592	CPT	both			514	119.52	Horizon	Medicare Blue		103.93	1			103.93	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY CHILD RIGHT SURGICAL	73592	CPT	both			514	119.52	Horizon	Indemnity		189.88	1.827			103.93	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY CHILD RIGHT SURGICAL	73592	CPT	both			514	119.52	Horizon	MGD		189.88	1.827			103.93	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY CHILD RIGHT SURGICAL	73592	CPT	both			514	119.52	Horizon	PPO		189.88	1.827			103.93	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY CHILD RIGHT SURGICAL	73592	CPT	both			514	119.52	Managed Care Inc	Managed Care Inc		462.6	0.9			103.93	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT SURGICAL	73592	CPT	both			514	119.52	Multiplan	Multiplan		411.2	0.8			103.93	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT SURGICAL	73592	CPT	both			514	119.52	Qualcare	Qualcare		385.5	0.75			103.93	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT SURGICAL	73592	CPT	both			514	119.52	Three Rivers	Three Rivers		488.3	0.95			103.93	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT SURGICAL	73592	CPT	both			514	119.52	UHC	Medicaid		161.7	0.3146			103.93	488.3	percent of total billed charges	
LOWER EXTREMITY CHILD RIGHT SURGICAL	73592	CPT	both			514	119.52	UHC	Medicare		103.93	1			103.93	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY CHILD RIGHT SURGICAL	73592	CPT	both			514	119.52	Wellcare	Medicare		103.93	1			103.93	488.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY CHILD RIGHT SURGICAL	73592	CPT	both			514	119.52	Wellcare	Medicaid		161.7	0.3146			103.93	488.3	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	outpatient			512	119.52	Aetna	Medicare		157.7	0.308			79.77	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	outpatient			512	119.52	Aetna	Better Health		161.08	0.3146			79.77	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	outpatient			512	119.52	Aetna	Commercial		165.46	1.592			79.77	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANKLE AP+LAT	73600	CPT	outpatient			512	119.52	Americare	Americare		384	0.75			79.77	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	outpatient			512	119.52	WellPoint	WellPoint		164.25	0.3208			79.77	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	outpatient			512	119.52	Amerihealth	Medicare		103.93	1			79.77	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANKLE AP+LAT	73600	CPT	outpatient			512	119.52	Consumer	Consumer		486.4	0.95			79.77	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	outpatient			512	119.52	Corrections	Corrections		409.6	0.8			79.77	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	outpatient			512	119.52	First Health	First Health		358.4	0.7			79.77	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	outpatient			512	119.52	First Trenton	First Trenton		460.8	0.9			79.77	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	outpatient			512	119.52	Horizon	Indemnity		189.88	1.827			79.77	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANKLE AP+LAT	73600	CPT	outpatient			512	119.52	Horizon	MGD		189.88	1.827			79.77	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANKLE AP+LAT	73600	CPT	outpatient			512	119.52	Horizon	Medicare Blue		103.93	1			79.77	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANKLE AP+LAT	73600	CPT	outpatient			512	119.52	Horizon	PPO		189.88	1.827			79.77	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANKLE AP+LAT	73600	CPT	outpatient			512	119.52	Managed Care Inc	Managed Care Inc		460.8	0.9			79.77	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	outpatient			512	119.52	Multiplan	Multiplan		409.6	0.8			79.77	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	outpatient			512	119.52	Qualcare	Qualcare		384	0.75			79.77	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	outpatient			512	119.52	Three Rivers	Three Rivers		486.4	0.95			79.77	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	outpatient			512	119.52	UHC	Medicare		103.93	1			79.77	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANKLE AP+LAT	73600	CPT	outpatient			512	119.52	UHC	Medicaid		161.08	0.3146			79.77	486.4	percent of total billed charges	
ANKLE AP+LAT	73600	CPT	outpatient			512	119.52	Wellcare	Medicare		103.93	1			79.77	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANKLE AP+LAT	73600	CPT	outpatient			512	119.52	Wellcare	Medicaid		161.08	0.3146			79.77	486.4	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Aetna	Better Health		153.84	0.3146			74.25	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Aetna	Commercial		165.46	1.592			74.25	464.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Aetna	Medicare		103.93	1			74.25	464.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Americare	Americare		366.75	0.75			74.25	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	WellPoint	WellPoint		156.87	0.3208			74.25	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Amerihealth	Medicare		103.93	1			74.25	464.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Consumer	Consumer		464.55	0.95			74.25	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Corrections	Corrections		391.2	0.8			74.25	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	First Health	First Health		342.3	0.7			74.25	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	First Trenton	First Trenton		440.1	0.9			74.25	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Horizon	MGD		189.88	1.827			74.25	464.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Horizon	Medicare Blue		103.93	1			74.25	464.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Horizon	PPO		189.88	1.827			74.25	464.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Horizon	Indemnity		189.88	1.827			74.25	464.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Managed Care Inc	Managed Care Inc		440.1	0.9			74.25	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Multiplan	Multiplan		391.2	0.8			74.25	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Qualcare	Qualcare		366.75	0.75			74.25	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Three Rivers	Three Rivers		464.55	0.95			74.25	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	UHC	Medicaid		153.84	0.3146			74.25	464.55	percent of total billed charges	
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	UHC	Medicare		103.93	1			74.25	464.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Wellcare	Medicare		103.93	1			74.25	464.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ANKLE MIN 3 VM	73610	CPT	both			489	119.52	Wellcare	Medicaid		153.84	0.3146			74.25	464.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Aetna	Medicare		439.83	1			294.47	1277.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Aetna	Better Health		423.14	0.3146			294.47	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Aetna	Commercial		700.21	1.592			294.47	1277.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Americare	Americare		1008.75	0.75			294.47	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	WellPoint	WellPoint		431.48	0.3208			294.47	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Amerihealth	Medicare		439.83	1			294.47	1277.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Consumer	Consumer		1277.75	0.95			294.47	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Corrections	Corrections		1076	0.8			294.47	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	First Health	First Health		941.5	0.7			294.47	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	First Trenton	First Trenton		1210.5	0.9			294.47	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Horizon	Indemnity		803.57	1.827			294.47	1277.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Horizon	MGD		803.57	1.827			294.47	1277.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Horizon	PPO		803.57	1.827			294.47	1277.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Horizon	Medicare Blue		439.83	1			294.47	1277.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Managed Care Inc	Managed Care Inc		1210.5	0.9			294.47	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Multiplan	Multiplan		1076	0.8			294.47	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Qualcare	Qualcare		1008.75	0.75			294.47	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Three Rivers	Three Rivers		1277.75	0.95			294.47	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	UHC	Medicare		439.83	1			294.47	1277.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	UHC	Medicaid		423.14	0.3146			294.47	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Wellcare	Medicaid		423.14	0.3146			294.47	1277.75	percent of total billed charges	
ARTHROGRAPH - ANKLE	73615	CPT	outpatient			1345	505.8	Wellcare	Medicare		439.83	1			294.47	1277.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOOT 2 VIEWS RT	73620	CPT	both			1278	119.52	Aetna	Medicare		393.62	0.308			90.86	1214.1	percent of total billed charges	
FOOT 2 VIEWS RT	73620	CPT	both			1278	119.52	Aetna	Commercial		165.46	1.592			90.86	1214.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOOT 2 VIEWS RT	73620	CPT	both			1278	119.52	Aetna	Better Health		402.06	0.3146			90.86	1214.1	percent of total billed charges	
FOOT 2 VIEWS RT	73620	CPT	both			1278	119.52	Americare	Americare		958.5	0.75			90.86	1214.1	percent of total billed charges	
FOOT 2 VIEWS RT	73620	CPT	both			1278	119.52	WellPoint	WellPoint		409.98	0.3208			90.86	1214.1	percent of total billed charges	
FOOT 2 VIEWS RT	73620	CPT	both			1278	119.52	Amerihealth	Medicare		103.93	1			90.86	1214.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOOT 2 VIEWS RT	73620	CPT	both			1278	119.52	Consumer	Consumer		1214.1	0.95			90.86	1214.1	percent of total billed charges	
FOOT 2 VIEWS RT	73620	CPT	both			1278	119.52	Corrections	Corrections		1022.4	0.8			90.86	1214.1	percent of total billed charges	
FOOT 2 VIEWS RT	73620	CPT	both			1278	119.52	First Health	First Health		894.6	0.7			90.86	1214.1	percent of total billed charges	
FOOT 2 VIEWS RT	73620	CPT	both			1278	119.52	First Trenton	First Trenton		1150.2	0.9			90.86	1214.1	percent of total billed charges	
FOOT 2 VIEWS RT	73620	CPT	both			1278	119.52	Horizon	Indemnity		189.88	1.827			90.86	1214.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOOT 2 VIEWS RT	73620	CPT	both			1278	119.52	Horizon	MGD		189.88	1.827			90.86	1214.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOOT 2 VIEWS RT	73620	CPT	both			1278	119.52	Horizon	Medicare Blue		103.93	1			90.86	1214.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOOT 2 VIEWS RT	73620	CPT	both			1278	119.52	Horizon	PPO		189.88	1.827			90.86	1214.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOOT 2 VIEWS RT	73620	CPT	both			1278	119.52	Managed Care Inc	Managed Care Inc		1150.2	0.9			90.86	1214.1	percent of total billed charges	
FOOT 2 VIEWS RT	73620	CPT	both			1278	119.52	Multiplan	Multiplan		1022.4	0.8			90.86	1214.1	percent of total billed charges	
FOOT 2 VIEWS RT	73620	CPT	both			1278	119.52	Qualcare	Qualcare		958.5	0.75			90.86	1214.1	percent of total billed charges	
FOOT 2 VIEWS RT	73620	CPT	both			1278	119.52	Three Rivers	Three Rivers		1214.1	0.95			90.86	1214.1	percent of total billed charges	
FOOT 2 VIEWS RT	73620	CPT	both			1278	119.52	UHC	Medicare		103.93	1			90.86	1214.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOOT 2 VIEWS RT	73620	CPT	both			1278	119.52	UHC	Medicaid		402.06	0.3146			90.86	1214.1	percent of total billed charges	
FOOT 2 VIEWS RT	73620	CPT	both			1278	119.52	Wellcare	Medicaid		402.06	0.3146			90.86	1214.1	percent of total billed charges	
FOOT 2 VIEWS RT	73620	CPT	both			1278	119.52	Wellcare	Medicare		103.93	1			90.86	1214.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Aetna	Better Health		282.83	0.3146			100.36	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Aetna	Medicare		103.93	1			100.36	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Aetna	Commercial		165.46	1.592			100.36	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Americare	Americare		674.25	0.75			100.36	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	WellPoint	WellPoint		288.4	0.3208			100.36	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Amerihealth	Medicare		103.93	1			100.36	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Consumer	Consumer		854.05	0.95			100.36	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Corrections	Corrections		719.2	0.8			100.36	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	First Health	First Health		629.3	0.7			100.36	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	First Trenton	First Trenton		809.1	0.9			100.36	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Horizon	Medicare Blue		103.93	1			100.36	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Horizon	Indemnity		189.88	1.827			100.36	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Horizon	MGD		189.88	1.827			100.36	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Horizon	PPO		189.88	1.827			100.36	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Managed Care Inc	Managed Care Inc		809.1	0.9			100.36	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Multiplan	Multiplan		719.2	0.8			100.36	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Qualcare	Qualcare		674.25	0.75			100.36	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Three Rivers	Three Rivers		854.05	0.95			100.36	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	UHC	Medicare		103.93	1			100.36	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	UHC	Medicaid		282.83	0.3146			100.36	854.05	percent of total billed charges	
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Wellcare	Medicare		103.93	1			100.36	854.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO.EXAM FOOT COMP.MIN/VIEW	73630	CPT	both			899	119.52	Wellcare	Medicaid		282.83	0.3146			100.36	854.05	percent of total billed charges	
OS CALCIS RIGHT SURGICAL	73650	CPT	both			720	119.52	Aetna	Better Health		226.51	0.3146			74.56	684	percent of total billed charges	
OS CALCIS RIGHT SURGICAL	73650	CPT	both			720	119.52	Aetna	Commercial		165.46	1.592			74.56	684	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OS CALCIS RIGHT SURGICAL	73650	CPT	both			720	119.52	Aetna	Medicare		103.93	1			74.56	684	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OS CALCIS RIGHT SURGICAL	73650	CPT	both			720	119.52	Americare	Americare		540	0.75			74.56	684	percent of total billed charges	
OS CALCIS RIGHT SURGICAL	73650	CPT	both			720	119.52	WellPoint	WellPoint		230.98	0.3208			74.56	684	percent of total billed charges	
OS CALCIS RIGHT SURGICAL	73650	CPT	both			720	119.52	Amerihealth	Medicare		103.93	1			74.56	684	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OS CALCIS RIGHT SURGICAL	73650	CPT	both			720	119.52	Consumer	Consumer		684	0.95			74.56	684	percent of total billed charges	
OS CALCIS RIGHT SURGICAL	73650	CPT	both			720	119.52	Corrections	Corrections		576	0.8			74.56	684	percent of total billed charges	
OS CALCIS RIGHT SURGICAL	73650	CPT	both			720	119.52	First Health	First Health		504	0.7			74.56	684	percent of total billed charges	
OS CALCIS RIGHT SURGICAL	73650	CPT	both			720	119.52	First Trenton	First Trenton		648	0.9			74.56	684	percent of total billed charges	
OS CALCIS RIGHT SURGICAL	73650	CPT	both			720	119.52	Horizon	Indemnity		189.88	1.827			74.56	684	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OS CALCIS RIGHT SURGICAL	73650	CPT	both			720	119.52	Horizon	PPO		189.88	1.827			74.56	684	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OS CALCIS RIGHT SURGICAL	73650	CPT	both			720	119.52	Horizon	MGD		189.88	1.827			74.56	684	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OS CALCIS RIGHT SURGICAL	73650	CPT	both			720	119.52	Horizon	Medicare Blue		103.93	1			74.56	684	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OS CALCIS RIGHT SURGICAL	73650	CPT	both			720	119.52	Managed Care Inc	Managed Care Inc		648	0.9			74.56	684	percent of total billed charges	
OS CALCIS RIGHT SURGICAL	73650	CPT	both			720	119.52	Multiplan	Multiplan		576	0.8			74.56	684	percent of total billed charges	
OS CALCIS RIGHT SURGICAL	73650	CPT	both			720	119.52	Qualcare	Qualcare		540	0.75			74.56	684	percent of total billed charges	
OS CALCIS RIGHT SURGICAL	73650	CPT	both			720	119.52	Three Rivers	Three Rivers		684	0.95			74.56	684	percent of total billed charges	
OS CALCIS RIGHT SURGICAL	73650	CPT	both			720	119.52	UHC	Medicare		103.93	1			74.56	684	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OS CALCIS RIGHT SURGICAL	73650	CPT	both			720	119.52	UHC	Medicaid		226.51	0.3146			74.56	684	percent of total billed charges	
OS CALCIS RIGHT SURGICAL	73650	CPT	both			720	119.52	Wellcare	Medicare		103.93	1			74.56	684	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OS CALCIS RIGHT SURGICAL	73650	CPT	both			720	119.52	Wellcare	Medicaid		226.51	0.3146			74.56	684	percent of total billed charges	
TOES RIGHT SURGICAL	73660	CPT	both			644	119.52	Aetna	Medicare		103.93	1			74.56	611.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOES RIGHT SURGICAL	73660	CPT	both			644	119.52	Aetna	Better Health		202.6	0.3146			74.56	611.8	percent of total billed charges	
TOES RIGHT SURGICAL	73660	CPT	both			644	119.52	Aetna	Commercial		165.46	1.592			74.56	611.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOES RIGHT SURGICAL	73660	CPT	both			644	119.52	Americare	Americare		483	0.75			74.56	611.8	percent of total billed charges	
TOES RIGHT SURGICAL	73660	CPT	both			644	119.52	WellPoint	WellPoint		206.6	0.3208			74.56	611.8	percent of total billed charges	
TOES RIGHT SURGICAL	73660	CPT	both			644	119.52	Amerihealth	Medicare		103.93	1			74.56	611.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOES RIGHT SURGICAL	73660	CPT	both			644	119.52	Consumer	Consumer		611.8	0.95			74.56	611.8	percent of total billed charges	
TOES RIGHT SURGICAL	73660	CPT	both			644	119.52	Corrections	Corrections		515.2	0.8			74.56	611.8	percent of total billed charges	
TOES RIGHT SURGICAL	73660	CPT	both			644	119.52	First Health	First Health		450.8	0.7			74.56	611.8	percent of total billed charges	
TOES RIGHT SURGICAL	73660	CPT	both			644	119.52	First Trenton	First Trenton		579.6	0.9			74.56	611.8	percent of total billed charges	
TOES RIGHT SURGICAL	73660	CPT	both			644	119.52	Horizon	Indemnity		189.88	1.827			74.56	611.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOES RIGHT SURGICAL	73660	CPT	both			644	119.52	Horizon	PPO		189.88	1.827			74.56	611.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOES RIGHT SURGICAL	73660	CPT	both			644	119.52	Horizon	MGD		189.88	1.827			74.56	611.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOES RIGHT SURGICAL	73660	CPT	both			644	119.52	Horizon	Medicare Blue		103.93	1			74.56	611.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOES RIGHT SURGICAL	73660	CPT	both			644	119.52	Managed Care Inc	Managed Care Inc		579.6	0.9			74.56	611.8	percent of total billed charges	
TOES RIGHT SURGICAL	73660	CPT	both			644	119.52	Multiplan	Multiplan		515.2	0.8			74.56	611.8	percent of total billed charges	
TOES RIGHT SURGICAL	73660	CPT	both			644	119.52	Qualcare	Qualcare		483	0.75			74.56	611.8	percent of total billed charges	
TOES RIGHT SURGICAL	73660	CPT	both			644	119.52	Three Rivers	Three Rivers		611.8	0.95			74.56	611.8	percent of total billed charges	
TOES RIGHT SURGICAL	73660	CPT	both			644	119.52	UHC	Medicaid		202.6	0.3146			74.56	611.8	percent of total billed charges	
TOES RIGHT SURGICAL	73660	CPT	both			644	119.52	UHC	Medicare		103.93	1			74.56	611.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOES RIGHT SURGICAL	73660	CPT	both			644	119.52	Wellcare	Medicaid		202.6	0.3146			74.56	611.8	percent of total billed charges	
TOES RIGHT SURGICAL	73660	CPT	both			644	119.52	Wellcare	Medicare		103.93	1			74.56	611.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Aetna	Better Health		693.69	0.3146			88.72	2094.75	percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Aetna	Commercial		200.18	1.592			88.72	2094.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Aetna	Medicare		125.74	1			88.72	2094.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Americare	Americare		1653.75	0.75			88.72	2094.75	percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	WellPoint	WellPoint		707.36	0.3208			88.72	2094.75	percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Amerihealth	Medicare		125.74	1			88.72	2094.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Consumer	Consumer		2094.75	0.95			88.72	2094.75	percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Corrections	Corrections		1764	0.8			88.72	2094.75	percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	First Health	First Health		1543.5	0.7			88.72	2094.75	percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	First Trenton	First Trenton		1984.5	0.9			88.72	2094.75	percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Horizon	Medicare Blue		125.74	1			88.72	2094.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Horizon	PPO		229.73	1.827			88.72	2094.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Horizon	MGD		229.73	1.827			88.72	2094.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Horizon	Indemnity		229.73	1.827			88.72	2094.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Managed Care Inc	Managed Care Inc		1984.5	0.9			88.72	2094.75	percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Multiplan	Multiplan		1764	0.8			88.72	2094.75	percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Qualcare	Qualcare		1653.75	0.75			88.72	2094.75	percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Three Rivers	Three Rivers		2094.75	0.95			88.72	2094.75	percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	UHC	Medicaid		693.69	0.3146			88.72	2094.75	percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	UHC	Medicare		125.74	1			88.72	2094.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Wellcare	Medicaid		693.69	0.3146			88.72	2094.75	percent of total billed charges	
LOWER EXTREMITY W/O CONTRAST	73700	CPT	both			2205	144.6	Wellcare	Medicare		125.74	1			88.72	2094.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Aetna	Commercial		334.53	1.592			210.13	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Aetna	Better Health		982.81	0.3146			210.13	2967.8	percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Aetna	Medicare		210.13	1			210.13	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Americare	Americare		2343	0.75			210.13	2967.8	percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	WellPoint	WellPoint		1002.18	0.3208			210.13	2967.8	percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Amerihealth	Medicare		210.13	1			210.13	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Consumer	Consumer		2967.8	0.95			210.13	2967.8	percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Corrections	Corrections		2469.2	0.8			210.13	2967.8	percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	First Health	First Health		2186.8	0.7			210.13	2967.8	percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	First Trenton	First Trenton		2811.6	0.9			210.13	2967.8	percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Horizon	Medicare Blue		210.13	1			210.13	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Horizon	Indemnity		383.91	1.827			210.13	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Horizon	MCD		383.91	1.827			210.13	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Horizon	PPO		383.91	1.827			210.13	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Managed Care Inc	Managed Care Inc		2811.6	0.9			210.13	2967.8	percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Multiplan	Multiplan		2499.2	0.8			210.13	2967.8	percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Qualcare	Qualcare		2343	0.75			210.13	2967.8	percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Three Rivers	Three Rivers		2967.8	0.95			210.13	2967.8	percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	UHC	Medicare		210.13	1			210.13	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	UHC	Medicaid		982.81	0.3146			210.13	2967.8	percent of total billed charges	
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Wellcare	Medicare		210.13	1			210.13	2967.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXTREMITY W/ CONTRAST	73701	CPT	both			3124	241.65	Wellcare	Medicaid		982.81	0.3146			210.13	2967.8	percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Aetna	Better Health		1102.99	0.3146			210.13	3330.7	percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Aetna	Commercial		334.53	1.592			210.13	3330.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Aetna	Medicare		210.13	1			210.13	3330.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Americare	Americare		2629.5	0.75			210.13	3330.7	percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	WellPoint	WellPoint		1124.72	0.3208			210.13	3330.7	percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Amerihealth	Medicare		210.13	1			210.13	3330.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Consumer	Consumer		3330.7	0.95			210.13	3330.7	percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Corrections	Corrections		2804.8	0.8			210.13	3330.7	percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	First Health	First Health		2454.2	0.7			210.13	3330.7	percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	First Trenton	First Trenton		3155.4	0.9			210.13	3330.7	percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Horizon	MCD		383.91	1.827			210.13	3330.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Horizon	Medicare Blue		210.13	1			210.13	3330.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Horizon	Indemnity		383.91	1.827			210.13	3330.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Horizon	PPO		383.91	1.827			210.13	3330.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Managed Care Inc	Managed Care Inc		3155.4	0.9			210.13	3330.7	percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Multiplan	Multiplan		2804.8	0.8			210.13	3330.7	percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Qualcare	Qualcare		2629.5	0.75			210.13	3330.7	percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Three Rivers	Three Rivers		3330.7	0.95			210.13	3330.7	percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	UHC	Medicaid		1102.99	0.3146			210.13	3330.7	percent of total billed charges	
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	UHC	Medicare		210.13	1			210.13	3330.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Wellcare	Medicare		210.13	1			210.13	3330.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOWER EXT W/O FOLL BY	73702	CPT	both			3506	241.65	Wellcare	Medicaid		1102.99	0.3146			210.13	3330.7	percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/S9	73706	CPT	both			3582	241.65	Aetna	Better Health		1126.9	0.3146			210.13	3402.9	percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/S9	73706	CPT	both			3582	241.65	Aetna	Medicare		210.13	1			210.13	3402.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXTREM W/O & W/S9	73706	CPT	both			3582	241.65	Aetna	Commercial		334.53	1.592			210.13	3402.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXTREM W/O & W/S9	73706	CPT	both			3582	241.65	Americare	Americare		2686.5	0.75			210.13	3402.9	percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/S9	73706	CPT	both			3582	241.65	WellPoint	WellPoint		1149.11	0.3208			210.13	3402.9	percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/S9	73706	CPT	both			3582	241.65	Amerihealth	Medicare		210.13	1			210.13	3402.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXTREM W/O & W/S9	73706	CPT	both			3582	241.65	Consumer	Consumer		3402.9	0.95			210.13	3402.9	percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/S9	73706	CPT	both			3582	241.65	Corrections	Corrections		2865.6	0.8			210.13	3402.9	percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/S9	73706	CPT	both			3582	241.65	First Health	First Health		2507.4	0.7			210.13	3402.9	percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/S9	73706	CPT	both			3582	241.65	First Trenton	First Trenton		3223.8	0.9			210.13	3402.9	percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/S9	73706	CPT	both			3582	241.65	Horizon	MCD		383.91	1.827			210.13	3402.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXTREM W/O & W/S9	73706	CPT	both			3582	241.65	Horizon	Indemnity		383.91	1.827			210.13	3402.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXTREM W/O & W/S9	73706	CPT	both			3582	241.65	Horizon	PPO		383.91	1.827			210.13	3402.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXTREM W/O & W/S9	73706	CPT	both			3582	241.65	Horizon	Medicare Blue		210.13	1			210.13	3402.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXTREM W/O & W/S9	73706	CPT	both			3582	241.65	Managed Care Inc	Managed Care Inc		3223.8	0.9			210.13	3402.9	percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/S9	73706	CPT	both			3582	241.65	Multiplan	Multiplan		2865.6	0.8			210.13	3402.9	percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/S9	73706	CPT	both			3582	241.65	Qualcare	Qualcare		2686.5	0.75			210.13	3402.9	percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/S9	73706	CPT	both			3582	241.65	Three Rivers	Three Rivers		3402.9	0.95			210.13	3402.9	percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/S9	73706	CPT	both			3582	241.65	UHC	Medicaid		1126.9	0.3146			210.13	3402.9	percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/S9	73706	CPT	both			3582	241.65	UHC	Medicare		210.13	1			210.13	3402.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXTREM W/O & W/S9	73706	CPT	both			3582	241.65	Wellcare	Medicaid		1126.9	0.3146			210.13	3402.9	percent of total billed charges	
CT ANGIO LOWER EXTREM W/O & W/S9	73706	CPT	both			3582	241.65	Wellcare	Medicare		210.13	1			210.13	3402.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Aetna	Medicare		280.24	1			280.24	3991.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Aetna	Better Health		1321.95	0.3146			280.24	3991.9	percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Aetna	Commercial		446.14	1.592			280.24	3991.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Americare	Americare		3151.5	0.75			280.24	3991.9	percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	WellPoint	WellPoint		1348	0.3208			280.24	3991.9	percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Amerihealth	Medicare		280.24	1			280.24	3991.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Consumer	Consumer		3991.9	0.95			280.24	3991.9	percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Corrections	Corrections		3361.6	0.8			280.24	3991.9	percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	First Health	First Health		2941.4	0.7			280.24	3991.9	percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	First Trenton	First Trenton		3781.8	0.9			280.24	3991.9	percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Horizon	MCD		512	1.827			280.24	3991.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Horizon	Medicare Blue		280.24	1			280.24	3991.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Horizon	PPO		512	1.827			280.24	3991.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Horizon	Indemnity		512	1.827			280.24	3991.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Managed Care Inc	Managed Care Inc		3781.8	0.9			280.24	3991.9	percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Multiplan	Multiplan		3361.6	0.8			280.24	3991.9	percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Qualcare	Qualcare		3151.5	0.75			280.24	3991.9	percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Three Rivers	Three Rivers		3991.9	0.95			280.24	3991.9	percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	UHC	Medicaid		1321.95	0.3146			280.24	3991.9	percent of total billed charges	
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	UHC	Medicare		280.24	1			280.24	3991.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Wellcare	Medicare		280.24	1			280.24	3991.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI TOES W/CONTRAST RT	73718	CPT	both			4202	322.28	Wellcare	Medicaid		1321.95	0.3146			280.24	3991.9	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	both			4458	505.8	Aetna	Better Health		1402.49	0.3146			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	both			4458	505.8	Aetna	Commercial		700.21	1.592			439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	both			4458	505.8	Aetna	Medicare		439.83	1			439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	both			4458	505.8	Americare	Americare		3343.5	0.75			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	both			4458	505.8	WellPoint	WellPoint		1430.13	0.3208			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	both			4458	505.8	Amerihealth	Medicare		439.83	1			439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	both			4458	505.8	Consumer	Consumer		4235.1	0.95			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	both			4458	505.8	Corrections	Corrections		3566.4	0.8			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	both			4458	505.8	First Health	First Health		3120.6	0.7			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	both			4458	505.8	First Trenton	First Trenton		4012.2	0.9			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	both			4458	505.8	Horizon	Indemnity		803.57	1.827			439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	both			4458	505.8	Horizon	Medicare Blue		439.83	1			439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	both			4458	505.8	Horizon	PPO		803.57	1.827			439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	both			4458	505.8	Horizon	MCD		803.57	1.827			439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	both			4458	505.8	Managed Care Inc	Managed Care Inc		4012.2	0.9			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	both			4458	505.8	Multiplan	Multiplan		3566.4	0.8			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	both			4458	505.8	Qualcare	Qualcare		3343.5	0.75			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	both			4458	505.8	Three Rivers	Three Rivers		4235.1	0.95			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	both			4458	505.8	UHC	Medicare		439.83	1			439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	both			4458	505.8	UHC	Medicaid		1402.49	0.3146			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	both			4458	505.8	Wellcare	Medicare		439.83	1			439.83	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY WITH CONTRAST	73719	CPT	both			4458	505.8	Wellcare	Medicaid		1402.49	0.3146			439.83	4235.1	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Aetna	Commercial		700.21	1.592			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Aetna	Better Health		1769.94	0.3146			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Aetna	Medicare		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Americare	Americare		4219.5	0.75			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	WellPoint	WellPoint		1804.82	0.3208			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Amerihealth	Medicare		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Consumer	Consumer		5344.7	0.95			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Corrections	Corrections		4500.8	0.8			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	First Health	First Health		3938.2	0.7			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	First Trenton	First Trenton		5063.4	0.9			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Horizon	Indemnity		803.57	1.827			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Horizon	MCD		803.57	1.827			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Horizon	Medicare Blue		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Horizon	PPO		803.57	1.827			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Managed Care Inc	Managed Care Inc		5063.4	0.9			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Multiplan	Multiplan		4500.8	0.8			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Qualcare	Qualcare		4219.5	0.75			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Three Rivers	Three Rivers		5344.7	0.95			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	UHC	Medicaid		1769.94	0.3146			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	UHC	Medicare		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Wellcare	Medicare		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMW/O/W CONTRAST	73720	CPT	both			5626	505.8	Wellcare	Medicaid		1769.94	0.3146			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Aetna	Better Health		1553.18	0.3146			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Aetna	Commercial		446.14	1.592			280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Aetna	Medicare		1520.6	0.308			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Americare	Americare		3702.75	0.75			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	WellPoint	WellPoint		1583.79	0.3208			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Amerihealth	Medicare		280.24	1			280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Consumer	Consumer		4690.15	0.95			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Corrections	Corrections		3949.6	0.8			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	First Health	First Health		3455.9	0.7			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	First Trenton	First Trenton		4443.3	0.9			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Horizon	MCD		512	1.827			280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Horizon	Medicare Blue		280.24	1			280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Horizon	Indemnity		512	1.827			280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Horizon	PPO		512	1.827			280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Managed Care Inc	Managed Care Inc		4443.3	0.9			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Multiplan	Multiplan		3949.6	0.8			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Qualcare	Qualcare		3702.75	0.75			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Three Rivers	Three Rivers		4690.15	0.95			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	UHC	Medicaid		1553.18	0.3146			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	UHC	Medicare		280.24	1			280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Wellcare	Medicaid		1553.18	0.3146			280.24	4690.15	percent of total billed charges	
MRI-LOWER EXTREM JOINT WITHOUT CONTRAST	73721	CPT	both			4937	322.28	Wellcare	Medicare		280.24	1			280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Aetna	Commercial		1457.83	1.592			703.13	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Aetna	Better Health		1402.49	0.3146			703.13	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Aetna	Medicare		915.72	1			703.13	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Americare	Americare		3343.5	0.75			703.13	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	WellPoint	WellPoint		1430.13	0.3208			703.13	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Amerihealth	Medicare		915.72	1			703.13	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Consumer	Consumer		4235.1	0.95			703.13	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Corrections	Corrections		3566.4	0.8			703.13	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	First Health	First Health		3120.6	0.7			703.13	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	First Trenton	First Trenton		4012.2	0.9			703.13	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Horizon	Indemnity		1673.02	1.827			703.13	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Horizon	Medicare Blue		915.72	1			703.13	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Horizon	PPO		1673.02	1.827			703.13	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Horizon	MCD		1673.02	1.827			703.13	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Managed Care Inc	Managed Care Inc		4012.2	0.9			703.13	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Multiplan	Multiplan		3566.4	0.8			703.13	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Qualcare	Qualcare		3343.5	0.75			703.13	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Three Rivers	Three Rivers		4235.1	0.95			703.13	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	UHC	Medicare		915.72	1			703.13	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	UHC	Medicaid		1402.49	0.3146			703.13	4235.1	percent of total billed charges	
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Wellcare	Medicare		915.72	1			703.13	4235.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI LOW EXTREM JOINT W CONT RT	73722	CPT	both			4458	1053.08	Wellcare	Medicaid		1402.49	0.3146			703.13	4235.1	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT WO/W CONTRAST	73723	CPT	both			5626	505.8	Aetna	Better Health		1769.94	0.3146			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT WO/W CONTRAST	73723	CPT	both			5626	505.8	Aetna	Commercial		700.21	1.592			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY JOINT WO/W CONTRAST	73723	CPT	both			5626	505.8	Aetna	Medicare		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY JOINT WO/W CONTRAST	73723	CPT	both			5626	505.8	Americare	Americare		4219.5	0.75			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT WO/W CONTRAST	73723	CPT	both			5626	505.8	WellPoint	WellPoint		1804.82	0.3208			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT WO/W CONTRAST	73723	CPT	both			5626	505.8	Amerihealth	Medicare		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY JOINT WO/W CONTRAST	73723	CPT	both			5626	505.8	Consumer	Consumer		5344.7	0.95			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT WO/W CONTRAST	73723	CPT	both			5626	505.8	Corrections	Corrections		4500.8	0.8			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT WO/W CONTRAST	73723	CPT	both			5626	505.8	First Health	First Health		3938.2	0.7			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT WO/W CONTRAST	73723	CPT	both			5626	505.8	First Trenton	First Trenton		5063.4	0.9			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT WO/W CONTRAST	73723	CPT	both			5626	505.8	Horizon	Indemnity		803.57	1.827			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY JOINT WO/W CONTRAST	73723	CPT	both			5626	505.8	Horizon	MCD		803.57	1.827			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY JOINT WO/W CONTRAST	73723	CPT	both			5626	505.8	Horizon	PPO		803.57	1.827			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY JOINT WO/W CONTRAST	73723	CPT	both			5626	505.8	Horizon	Medicare Blue		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY JOINT WO/W CONTRAST	73723	CPT	both			5626	505.8	Managed Care Inc	Managed Care Inc		5063.4	0.9			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT WO/W CONTRAST	73723	CPT	both			5626	505.8	Multiplan	Multiplan		4500.8	0.8			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT WO/W CONTRAST	73723	CPT	both			5626	505.8	Qualcare	Qualcare		4219.5	0.75			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT WO/W CONTRAST	73723	CPT	both			5626	505.8	Three Rivers	Three Rivers		5344.7	0.95			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT WO/W CONTRAST	73723	CPT	both			5626	505.8	UHC	Medicaid		1769.94	0.3146			439.83	5344.7	percent of total billed charges	
MRI-LOWER EXTREMITY JOINT WO/W CONTRAST	73723	CPT	both			5626	505.8	UHC	Medicare		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY JOINT WO/W CONTRAST	73723	CPT	both			5626	505.8	Wellcare	Medicare		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-LOWER EXTREMITY JOINT WO/W CONTRAST	73723	CPT	both			5626	505.8	Wellcare	Medicaid		1769.94	0.3146			439.83	5344.7	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Aetna	Better Health		1553.18	0.3146			1481.1	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Aetna	Medicare		1520.6	0.308			1481.1	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Aetna	Commercial		1876.06	0.38			1481.1	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Americare	Americare		3702.75	0.75			1481.1	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		WellPoint	WellPoint		1583.79	0.3208			1481.1	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Consumer	Consumer		4690.15	0.95			1481.1	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Corrections	Corrections		3949.6	0.8			1481.1	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		First Health	First Health		3455.9	0.7			1481.1	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		First Trenton	First Trenton		4443.3	0.9			1481.1	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Horizon	MCD		1889.88	0.3828			1481.1	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Horizon	Indemnity		1889.88	0.3828			1481.1	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Horizon	PPO		1889.88	0.3828			1481.1	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Horizon	Medicare Blue		1481.1	0.3			1481.1	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Managed Care Inc	Managed Care Inc		4443.3	0.9			1481.1	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Multiplan	Multiplan		3949.6	0.8			1481.1	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Qualcare	Qualcare		3702.75	0.75			1481.1	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Three Rivers	Three Rivers		4690.15	0.95			1481.1	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		UHC	Medicaid		1553.18	0.3146			1481.1	4690.15	percent of total billed charges	
MRA-LEG	73725	CPT	outpatient			4937		Wellcare	Medicaid		1553.18	0.3146			1481.1	4690.15	percent of total billed charges	
ABDOMEN SINGLE AP VM	74000	CPT	outpatient			456		Aetna	Better Health		143.46	0.3146			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE AP VM	74000	CPT	outpatient			456		Aetna	Medicare		140.45	0.308			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE AP VM	74000	CPT	outpatient			456		Aetna	Commercial		173.28	0.38			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE AP VM	74000	CPT	outpatient			456		Americare	Americare		342	0.75			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE AP VM	74000	CPT	outpatient			456		WellPoint	WellPoint		146.28	0.3208			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE AP VM	74000	CPT	outpatient			456		Consumer	Consumer		433.2	0.95			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE AP VM	74000	CPT	outpatient			456		Corrections	Corrections		364.8	0.8			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE AP VM	74000	CPT	outpatient			456		First Health	First Health		319.2	0.7			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE AP VM	74000	CPT	outpatient			456		First Trenton	First Trenton		410.4	0.9			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE AP VM	74000	CPT	outpatient			456		Horizon	MCD		174.56	0.3828			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE AP VM	74000	CPT	outpatient			456		Horizon	Indemnity		174.56	0.3828			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE AP VM	74000	CPT	outpatient			456		Horizon	Medicare Blue		136.8	0.3			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE AP VM	74000	CPT	outpatient			456		Horizon	PPO		174.56	0.3828			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE AP VM	74000	CPT	outpatient			456		Managed Care Inc	Managed Care Inc		410.4	0.9			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE AP VM	74000	CPT	outpatient			456		Multiplan	Multiplan		364.8	0.8			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE AP VM	74000	CPT	outpatient			456		Qualcare	Qualcare		342	0.75			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE AP VM	74000	CPT	outpatient			456		Three Rivers	Three Rivers		433.2	0.95			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE AP VM	74000	CPT	outpatient			456		UHC	Medicaid		143.46	0.3146			136.8	433.2	percent of total billed charges	
ABDOMEN SINGLE AP VM	74000	CPT	outpatient			456		Wellcare	Medicaid		143.46	0.3146			136.8	433.2	percent of total billed charges	
XRAY ABDOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Aetna	Better Health		102.87	0.3146			83.05	310.65	percent of total billed charges	
XRAY ABDOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Aetna	Commercial		165.46	1.592			83.05	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Aetna	Medicare		103.93	1			83.05	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Americare	Americare		245.25	0.75			83.05	310.65	percent of total billed charges	
XRAY ABDOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	WellPoint	WellPoint		104.9	0.3208			83.05	310.65	percent of total billed charges	
XRAY ABDOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Amerihealth	Medicare		103.93	1			83.05	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Consumer	Consumer		310.65	0.95			83.05	310.65	percent of total billed charges	
XRAY ABDOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Corrections	Corrections		261.6	0.8			83.05	310.65	percent of total billed charges	
XRAY ABDOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	First Health	First Health		228.9	0.7			83.05	310.65	percent of total billed charges	
XRAY ABDOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	First Trenton	First Trenton		294.3	0.9			83.05	310.65	percent of total billed charges	
XRAY ABDOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Horizon	PPO		189.88	1.827			83.05	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Horizon	Medicare Blue		103.93	1			83.05	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Horizon	Indemnity		189.88	1.827			83.05	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Horizon	MCD		189.88	1.827			83.05	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Managed Care Inc	Managed Care Inc		294.3	0.9			83.05	310.65	percent of total billed charges	
XRAY ABDOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Multiplan	Multiplan		261.6	0.8			83.05	310.65	percent of total billed charges	
XRAY ABDOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Qualcare	Qualcare		245.25	0.75			83.05	310.65	percent of total billed charges	
XRAY ABDOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Three Rivers	Three Rivers		310.65	0.95			83.05	310.65	percent of total billed charges	
XRAY ABDOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	UHC	Medicare		103.93	1			83.05	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	UHC	Medicaid		102.87	0.3146			83.05	310.65	percent of total billed charges	
XRAY ABDOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Wellcare	Medicare		103.93	1			83.05	310.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN SINGLE VIEW AP PORTABLE	74018	CPT	both			327	119.52	Wellcare	Medicaid		102.87	0.3146			83.05	310.65	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Aetna	Better Health		157.61	0.3146			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Aetna	Medicare		125.74	1			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Aetna	Commercial		200.18	1.592			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Americare	Americare		375.75	0.75			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	WellPoint	WellPoint		160.72	0.3208			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Amerihealth	Medicare		125.74	1			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Consumer	Consumer		475.95	0.95			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Corrections	Corrections		400.8	0.8			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	First Health	First Health		350.7	0.7			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	First Trenton	First Trenton		450.9	0.9			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Horizon	Indemnity		229.73	1.827			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Horizon	MCD		229.73	1.827			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Horizon	Medicare Blue		125.74	1			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Horizon	PPO		229.73	1.827			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Managed Care Inc	Managed Care Inc		450.9	0.9			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Multiplan	Multiplan		400.8	0.8			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Qualcare	Qualcare		375.75	0.75			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Three Rivers	Three Rivers		475.95	0.95			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	UHC	Medicaid		157.61	0.3146			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	UHC	Medicare		125.74	1			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Wellcare	Medicaid		157.61	0.3146			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 2 VIEWS SUPINE AND DECUBITU	74019	CPT	both			501	144.6	Wellcare	Medicare		125.74	1			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	both			501	144.6	Aetna	Better Health		157.61	0.3146			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	both			501	144.6	Aetna	Medicare		125.74	1			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	both			501	144.6	Aetna	Commercial		200.18	1.592			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	both			501	144.6	Americare	Americare		375.75	0.75			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	both			501	144.6	WellPoint	WellPoint		160.72	0.3208			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	both			501	144.6	Amerihealth	Medicare		125.74	1			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	both			501	144.6	Consumer	Consumer		475.95	0.95			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	both			501	144.6	Corrections	Corrections		400.8	0.8			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	both			501	144.6	First Health	First Health		350.7	0.7			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	both			501	144.6	First Trenton	First Trenton		450.9	0.9			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	both			501	144.6	Horizon	Indemnity		229.73	1.827			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	both			501	144.6	Horizon	PPO		229.73	1.827			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	both			501	144.6	Horizon	MCD		229.73	1.827			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	both			501	144.6	Horizon	Medicare Blue		125.74	1			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	both			501	144.6	Managed Care Inc	Managed Care Inc		450.9	0.9			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	both			501	144.6	Multiplan	Multiplan		400.8	0.8			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	both			501	144.6	Qualcare	Qualcare		375.75	0.75			125.74	475.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	both			501	144.6	Three Rivers	Three Rivers		475.95	0.95			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	both			501	144.6	UHC	Medicaid		157.61	0.3146			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	both			501	144.6	UHC	Medicare		125.74	1			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	both			501	144.6	Wellcare	Medicaid		157.61	0.3146			125.74	475.95	percent of total billed charges	
XRAY ABDOMEN 3 OR MORE VIEWS	74021	CPT	both			501	144.6	Wellcare	Medicare		125.74	1			125.74	475.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOMEN COMP W/ CHEST AP PORT	74022	CPT	both			733	144.6	Aetna	Medicare		125.74	1			125.74	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOMEN COMP W/ CHEST AP PORT	74022	CPT	both			733	144.6	Aetna	Commercial		200.18	1.592			125.74	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOMEN COMP W/ CHEST AP PORT	74022	CPT	both			733	144.6	Aetna	Better Health		230.6	0.3146			125.74	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP PORT	74022	CPT	both			733	144.6	Americare	Americare		549.75	0.75			125.74	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP PORT	74022	CPT	both			733	144.6	WellPoint	WellPoint		235.15	0.3208			125.74	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP PORT	74022	CPT	both			733	144.6	Amerihealth	Medicare		125.74	1			125.74	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOMEN COMP W/ CHEST AP PORT	74022	CPT	both			733	144.6	Consumer	Consumer		696.35	0.95			125.74	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP PORT	74022	CPT	both			733	144.6	Corrections	Corrections		586.4	0.8			125.74	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP PORT	74022	CPT	both			733	144.6	First Health	First Health		513.1	0.7			125.74	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP PORT	74022	CPT	both			733	144.6	First Trenton	First Trenton		659.7	0.9			125.74	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP PORT	74022	CPT	both			733	144.6	Horizon	Indemnity		229.73	1.827			125.74	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOMEN COMP W/ CHEST AP PORT	74022	CPT	both			733	144.6	Horizon	Medicare Blue		125.74	1			125.74	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOMEN COMP W/ CHEST AP PORT	74022	CPT	both			733	144.6	Horizon	MGD		229.73	1.827			125.74	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOMEN COMP W/ CHEST AP PORT	74022	CPT	both			733	144.6	Horizon	PPO		229.73	1.827			125.74	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOMEN COMP W/ CHEST AP PORT	74022	CPT	both			733	144.6	Managed Care Inc	Managed Care Inc		659.7	0.9			125.74	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP PORT	74022	CPT	both			733	144.6	Multiplan	Multiplan		586.4	0.8			125.74	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP PORT	74022	CPT	both			733	144.6	Qualcare	Qualcare		549.75	0.75			125.74	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP PORT	74022	CPT	both			733	144.6	Three Rivers	Three Rivers		696.35	0.95			125.74	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP PORT	74022	CPT	both			733	144.6	UHC	Medicare		125.74	1			125.74	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOMEN COMP W/ CHEST AP PORT	74022	CPT	both			733	144.6	UHC	Medicaid		230.6	0.3146			125.74	696.35	percent of total billed charges	
ABDOMEN COMP W/ CHEST AP PORT	74022	CPT	both			733	144.6	Wellcare	Medicare		125.74	1			125.74	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABDOMEN COMP W/ CHEST AP PORT	74022	CPT	both			733	144.6	Wellcare	Medicaid		230.6	0.3146			125.74	696.35	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Aetna	Commercial		200.18	1.592			125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Aetna	Better Health		414.33	0.3146			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Aetna	Medicare		125.74	1			125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Americare	Americare		987.75	0.75			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	WellPoint	WellPoint		422.49	0.3208			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Amerihealth	Medicare		125.74	1			125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Consumer	Consumer		1251.15	0.95			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Corrections	Corrections		1053.6	0.8			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	First Health	First Health		921.9	0.7			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	First Trenton	First Trenton		1185.3	0.9			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Horizon	MGD		229.73	1.827			125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Horizon	Medicare Blue		125.74	1			125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Horizon	PPO		229.73	1.827			125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Horizon	Indemnity		229.73	1.827			125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Managed Care Inc	Managed Care Inc		1185.3	0.9			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Multiplan	Multiplan		1053.6	0.8			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Qualcare	Qualcare		987.75	0.75			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Three Rivers	Three Rivers		1251.15	0.95			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	UHC	Medicaid		414.33	0.3146			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	UHC	Medicare		125.74	1			125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Wellcare	Medicaid		414.33	0.3146			125.74	1251.15	percent of total billed charges	
ED CT ABDOMEN /PELVIS W/O CONTRAST NON	74150	CPT	both			1317	144.6	Wellcare	Medicare		125.74	1			125.74	1251.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Aetna	Better Health		1171.89	0.3146			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Aetna	Commercial		334.53	1.592			210.13	3538.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Aetna	Medicare		210.13	1			210.13	3538.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Americare	Americare		2793.75	0.75			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	WellPoint	WellPoint		1194.98	0.3208			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Amerihealth	Medicare		210.13	1			210.13	3538.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Consumer	Consumer		3538.75	0.95			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Corrections	Corrections		2980	0.8			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	First Health	First Health		2607.5	0.7			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	First Trenton	First Trenton		3352.5	0.9			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Horizon	Indemnity		383.91	1.827			210.13	3538.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Horizon	MGD		383.91	1.827			210.13	3538.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Horizon	PPO		383.91	1.827			210.13	3538.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Horizon	Medicare Blue		210.13	1			210.13	3538.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Managed Care Inc	Managed Care Inc		3352.5	0.9			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Multiplan	Multiplan		2980	0.8			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Qualcare	Qualcare		2793.75	0.75			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Three Rivers	Three Rivers		3538.75	0.95			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	UHC	Medicare		210.13	1			210.13	3538.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	UHC	Medicaid		1171.89	0.3146			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Wellcare	Medicaid		1171.89	0.3146			210.13	3538.75	percent of total billed charges	
CTABDOMEN W CONTRAST	74160	CPT	both			3725	241.65	Wellcare	Medicare		210.13	1			210.13	3538.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Aetna	Medicare		1419.88	0.308			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Aetna	Better Health		1450.31	0.3146			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Aetna	Commercial		334.53	1.592			210.13	4379.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Americare	Americare		3457.5	0.75			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	WellPoint	WellPoint		1478.89	0.3208			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Amerihealth	Medicare		210.13	1			210.13	4379.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Consumer	Consumer		4379.5	0.95			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Corrections	Corrections		3688	0.8			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	First Health	First Health		3227	0.7			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	First Trenton	First Trenton		4149	0.9			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Horizon	MGD		383.91	1.827			210.13	4379.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Horizon	Indemnity		383.91	1.827			210.13	4379.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Horizon	Medicare Blue		210.13	1			210.13	4379.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Horizon	PPO		383.91	1.827			210.13	4379.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Managed Care Inc	Managed Care Inc		4149	0.9			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Multiplan	Multiplan		3688	0.8			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Qualcare	Qualcare		3457.5	0.75			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Three Rivers	Three Rivers		4379.5	0.95			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	UHC	Medicaid		1450.31	0.3146			210.13	4379.5	percent of total billed charges	
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	UHC	Medicare		210.13	1			210.13	4379.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Wellcare	Medicare		210.13	1			210.13	4379.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTABDOMEN W & W/O CONTRAST	74170	CPT	both			4610	241.65	Wellcare	Medicaid		1450.31	0.3146			210.13	4379.5	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Aetna	Better Health		938.45	0.3146			334.73	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Aetna	Commercial		700.21	1.592			334.73	2833.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Aetna	Medicare		439.83	1			334.73	2833.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Americare	Americare		2237.25	0.75			334.73	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	WellPoint	WellPoint		956.95	0.3208			334.73	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Amerihealth	Medicare		439.83	1			334.73	2833.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Consumer	Consumer		2833.85	0.95			334.73	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Corrections	Corrections		2386.4	0.8			334.73	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	First Health	First Health		2088.1	0.7			334.73	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	First Trenton	First Trenton		2684.7	0.9			334.73	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Horizon	MGD		803.57	1.827			334.73	2833.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Horizon	Medicare Blue		439.83	1			334.73	2833.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Horizon	Indemnity		803.57	1.827			334.73	2833.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Horizon	PPO		803.57	1.827			334.73	2833.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Managed Care Inc	Managed Care Inc		2684.7	0.9			334.73	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Multiplan	Multiplan		2386.4	0.8			334.73	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Qualcare	Qualcare		2237.25	0.75			334.73	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Three Rivers	Three Rivers		2833.85	0.95			334.73	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	UHC	Medicaid		938.45	0.3146			334.73	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	UHC	Medicare		439.83	1			334.73	2833.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Wellcare	Medicaid		938.45	0.3146			334.73	2833.85	percent of total billed charges	
CTA ABDOMEN AND PELVIS W/WITHOUT CONTRA	74174	CPT	both			2983	505.8	Wellcare	Medicare		439.83	1			334.73	2833.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Aetna	Medicare		480.79	0.308			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Aetna	Commercial		334.53	1.592			210.13	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Aetna	Better Health		491.09	0.3146			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Americare	Americare		1170.75	0.75			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	WellPoint	WellPoint		500.77	0.3208			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Amerihealth	Medicare		210.13	1			210.13	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Consumer	Consumer		1482.95	0.95			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Corrections	Corrections		1248.8	0.8			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	First Health	First Health		1092.7	0.7			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	First Trenton	First Trenton		1404.9	0.9			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Horizon	Indemnity		383.91	1.827			210.13	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Horizon	Medicare Blue		210.13	1			210.13	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Horizon	PPO		383.91	1.827			210.13	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Horizon	MGD		383.91	1.827			210.13	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Managed Care Inc	Managed Care Inc		1404.9	0.9			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Multiplan	Multiplan		1248.8	0.8			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Qualcare	Qualcare		1170.75	0.75			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Three Rivers	Three Rivers		1482.95	0.95			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	UHC	Medicaid		491.09	0.3146			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	UHC	Medicare		210.13	1			210.13	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Wellcare	Medicaid		491.09	0.3146			210.13	1482.95	percent of total billed charges	
CT ANGIO ABD W&W/O CONTRAST	74175	CPT	outpatient			1561	241.65	Wellcare	Medicare		210.13	1			210.13	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Aetna	Better Health		324.67	0.3146			280.24	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Aetna	Commercial		446.14	1.592			280.24	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Aetna	Medicare		280.24	1			280.24	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Americare	Americare		774	0.75			280.24	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	WellPoint	WellPoint		331.07	0.3208			280.24	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Amerihealth	Medicare		280.24	1			280.24	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Consumer	Consumer		980.4	0.95			280.24	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Corrections	Corrections		825.6	0.8			280.24	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	First Health	First Health		722.4	0.7			280.24	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	First Trenton	First Trenton		928.8	0.9			280.24	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Horizon	PPO		512	1.827			280.24	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Horizon	MCD		512	1.827			280.24	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Horizon	Indemnity		512	1.827			280.24	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Horizon	Medicare Blue		280.24	1			280.24	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Managed Care Inc	Managed Care Inc		928.8	0.9			280.24	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Multiplan	Multiplan		825.6	0.8			280.24	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Qualcare	Qualcare		774	0.75			280.24	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Three Rivers	Three Rivers		980.4	0.95			280.24	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	UHC	Medicare		280.24	1			280.24	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	UHC	Medicaid		324.67	0.3146			280.24	980.4	percent of total billed charges	
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Wellcare	Medicare		280.24	1			280.24	980.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PEL W/O CONT RENAL STONE-NO	74176	CPT	both			1032	322.28	Wellcare	Medicaid		324.67	0.3146			280.24	980.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Aetna	Commercial		700.21	1.592			439.83	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Aetna	Better Health		500.84	0.3146			439.83	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Aetna	Medicare		439.83	1			439.83	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Americare	Americare		1194	0.75			439.83	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	WellPoint	WellPoint		510.71	0.3208			439.83	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Amerihealth	Medicare		439.83	1			439.83	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Consumer	Consumer		1512.4	0.95			439.83	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Corrections	Corrections		1273.6	0.8			439.83	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	First Health	First Health		1114.4	0.7			439.83	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	First Trenton	First Trenton		1432.8	0.9			439.83	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Horizon	Indemnity		803.57	1.827			439.83	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Horizon	Medicare Blue		439.83	1			439.83	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Horizon	PPO		803.57	1.827			439.83	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Horizon	MCD		803.57	1.827			439.83	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Managed Care Inc	Managed Care Inc		1432.8	0.9			439.83	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Multiplan	Multiplan		1273.6	0.8			439.83	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Qualcare	Qualcare		1194	0.75			439.83	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Three Rivers	Three Rivers		1512.4	0.95			439.83	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	UHC	Medicaid		500.84	0.3146			439.83	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	UHC	Medicare		439.83	1			439.83	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Wellcare	Medicaid		500.84	0.3146			439.83	1512.4	percent of total billed charges	
ED CT ABD/PELVIS W CONT ACUTE ABDOMEN-	74177	CPT	both			1592	505.8	Wellcare	Medicare		439.83	1			439.83	1512.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772	505.8	Aetna	Better Health		557.47	0.3146			439.83	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772	505.8	Aetna	Commercial		700.21	1.592			439.83	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772	505.8	Aetna	Medicare		439.83	1			439.83	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772	505.8	Americare	Americare		1329	0.75			439.83	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772	505.8	WellPoint	WellPoint		568.46	0.3208			439.83	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772	505.8	Amerihealth	Medicare		439.83	1			439.83	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772	505.8	Consumer	Consumer		1683.4	0.95			439.83	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772	505.8	Corrections	Corrections		1417.6	0.8			439.83	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772	505.8	First Health	First Health		1240.4	0.7			439.83	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772	505.8	First Trenton	First Trenton		1594.8	0.9			439.83	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772	505.8	Horizon	Indemnity		803.57	1.827			439.83	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772	505.8	Horizon	PPO		803.57	1.827			439.83	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772	505.8	Horizon	MCD		803.57	1.827			439.83	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772	505.8	Horizon	Medicare Blue		439.83	1			439.83	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772	505.8	Managed Care Inc	Managed Care Inc		1594.8	0.9			439.83	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772	505.8	Multiplan	Multiplan		1417.6	0.8			439.83	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772	505.8	Qualcare	Qualcare		1329	0.75			439.83	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772	505.8	Three Rivers	Three Rivers		1683.4	0.95			439.83	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772	505.8	UHC	Medicare		439.83	1			439.83	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772	505.8	UHC	Medicaid		557.47	0.3146			439.83	1683.4	percent of total billed charges	
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772	505.8	Wellcare	Medicare		439.83	1			439.83	1683.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ABDOMEN PELVIS RESEARCH WITH/WITHOUT	74178	CPT	both			1772	505.8	Wellcare	Medicaid		557.47	0.3146			439.83	1683.4	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Aetna	Medicare		280.24	1			267.72	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Aetna	Commercial		446.14	1.592			267.72	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Aetna	Better Health		1913.4	0.3146			267.72	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Americare	Americare		4561.5	0.75			267.72	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	WellPoint	WellPoint		1951.11	0.3208			267.72	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Amerihealth	Medicare		280.24	1			267.72	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Consumer	Consumer		5777.9	0.95			267.72	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Corrections	Corrections		4865.6	0.8			267.72	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	First Health	First Health		4257.4	0.7			267.72	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	First Trenton	First Trenton		5473.8	0.9			267.72	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Horizon	MCD		512	1.827			267.72	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Horizon	Indemnity		512	1.827			267.72	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Horizon	Medicare Blue		280.24	1			267.72	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Horizon	PPO		512	1.827			267.72	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Managed Care Inc	Managed Care Inc		5473.8	0.9			267.72	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Multiplan	Multiplan		4865.6	0.8			267.72	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Qualcare	Qualcare		4561.5	0.75			267.72	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Three Rivers	Three Rivers		5777.9	0.95			267.72	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	UHC	Medicaid		1913.4	0.3146			267.72	5777.9	percent of total billed charges	
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	UHC	Medicare		280.24	1			267.72	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Wellcare	Medicare		280.24	1			267.72	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ABDOMEN W/O CONTRAST	74181	CPT	both			6082	322.28	Wellcare	Medicaid		1913.4	0.3146			267.72	5777.9	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Aetna	Commercial		700.21	1.592			439.83	3344	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Aetna	Better Health		1107.39	0.3146			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Aetna	Medicare		439.83	1			439.83	3344	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Americare	Americare		2640	0.75			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	WellPoint	WellPoint		1129.22	0.3208			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Amerihealth	Medicare		439.83	1			439.83	3344	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Consumer	Consumer		3344	0.95			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Corrections	Corrections		2816	0.8			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	First Health	First Health		2464	0.7			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	First Trenton	First Trenton		3168	0.9			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Horizon	MCD		803.57	1.827			439.83	3344	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Horizon	Medicare Blue		439.83	1			439.83	3344	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Horizon	PPO		803.57	1.827			439.83	3344	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Horizon	Indemnity		803.57	1.827			439.83	3344	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Managed Care Inc	Managed Care Inc		3168	0.9			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Multiplan	Multiplan		2816	0.8			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Qualcare	Qualcare		2640	0.75			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Three Rivers	Three Rivers		3344	0.95			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	UHC	Medicaid		1107.39	0.3146			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	UHC	Medicare		439.83	1			439.83	3344	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Wellcare	Medicare		439.83	1			439.83	3344	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITH EOVIST	74182	CPT	both			3520	505.8	Wellcare	Medicaid		1107.39	0.3146			439.83	3344	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Aetna	Medicare		439.83	1			439.83	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Aetna	Commercial		700.21	1.592			439.83	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Aetna	Better Health		1285.77	0.3146			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Americare	Americare		3065.25	0.75			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	WellPoint	WellPoint		1311.11	0.3208			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Amerihealth	Medicare		439.83	1			439.83	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Consumer	Consumer		3882.65	0.95			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Corrections	Corrections		3269.6	0.8			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	First Health	First Health		2860.9	0.7			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	First Trenton	First Trenton		3678.3	0.9			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Horizon	MCD		803.57	1.827			439.83	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Horizon	Medicare Blue		439.83	1			439.83	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Horizon	Indemnity		803.57	1.827			439.83	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Horizon	PPO		803.57	1.827			439.83	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Managed Care Inc	Managed Care Inc		3678.3	0.9			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Multiplan	Multiplan		3269.6	0.8			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Qualcare	Qualcare		3065.25	0.75			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Three Rivers	Three Rivers		3882.65	0.95			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	UHC	Medicare		439.83	1			439.83	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	UHC	Medicaid		1285.77	0.3146			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Wellcare	Medicaid		1285.77	0.3146			439.83	3882.65	percent of total billed charges	
MRI-ABDOMEN WITHOUT/WITH CONTRAST	74183	CPT	both			4087	505.8	Wellcare	Medicare		439.83	1			439.83	3882.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA-ABDOMEN	74185	CPT	outpatient			4937		Aetna	Better Health		1553.18	0.3146			1481.1	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Aetna	Commercial		1876.06	0.38			1481.1	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Aetna	Medicare		1520.6	0.308			1481.1	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Americare	Americare		3702.75	0.75			1481.1	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		WellPoint	WellPoint		1583.79	0.3208			1481.1	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Consumer	Consumer		4690.15	0.95			1481.1	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Corrections	Corrections		3949.6	0.8			1481.1	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		First Health	First Health		3455.9	0.7			1481.1	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		First Trenton	First Trenton		4443.3	0.9			1481.1	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Horizon	Indemnity		1889.88	0.3828			1481.1	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Horizon	MCD		1889.88	0.3828			1481.1	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Horizon	Medicare Blue		1481.1	0.3			1481.1	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Horizon	PPO		1889.88	0.3828			1481.1	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Managed Care Inc	Managed Care Inc		4443.3	0.9			1481.1	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Multiplan	Multiplan		3949.6	0.8			1481.1	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Qualcare	Qualcare		3702.75	0.75			1481.1	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Three Rivers	Three Rivers		4690.15	0.95			1481.1	4690.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRA-ABDOMEN	74185	CPT	outpatient			4937		UHC	Medicaid		1553.18	0.3146			1481.1	4690.15	percent of total billed charges	
MRA-ABDOMEN	74185	CPT	outpatient			4937		Wellcare	Medicaid		1553.18	0.3146			1481.1	4690.15	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695		241.65 Aetna	Better Health		218.65	0.3146			204.18	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695		241.65 Aetna	Commercial		334.53	1.592			204.18	660.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695		241.65 Aetna	Medicare		210.13	1			204.18	660.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695		241.65 Americare	Americare		521.25	0.75			204.18	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695		241.65 WellPoint	WellPoint		222.96	0.3208			204.18	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695		241.65 Amerihealth	Medicare		210.13	1			204.18	660.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695		241.65 Consumer	Consumer		660.25	0.95			204.18	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695		241.65 Corrections	Corrections		556	0.8			204.18	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695		241.65 First Health	First Health		486.5	0.7			204.18	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695		241.65 First Trenton	First Trenton		625.5	0.9			204.18	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695		241.65 Horizon	Medicare Blue		210.13	1			204.18	660.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695		241.65 Horizon	MGD		383.91	1.827			204.18	660.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695		241.65 Horizon	Indemnity		383.91	1.827			204.18	660.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695		241.65 Horizon	PPO		383.91	1.827			204.18	660.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695		241.65 Managed Care Inc	Managed Care Inc		625.5	0.9			204.18	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695		241.65 Multiplan	Multiplan		556	0.8			204.18	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695		241.65 Qualcare	Qualcare		521.25	0.75			204.18	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695		241.65 Three Rivers	Three Rivers		660.25	0.95			204.18	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695		241.65 UHC	Medicaid		218.65	0.3146			204.18	660.25	percent of total billed charges	
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695		241.65 UHC	Medicare		210.13	1			204.18	660.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695		241.65 Wellcare	Medicare		210.13	1			204.18	660.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO EXAM ESOPHA +CXR SING CONTRA & DEL	74220	CPT	both			695		241.65 Wellcare	Medicaid		218.65	0.3146			204.18	660.25	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BA/EFFERV	74221	CPT	both			733		241.65 Aetna	Commercial		334.53	1.592			210.13	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY DOUBLE CONTR-HIGH DENSITY BA/EFFERV	74221	CPT	both			733		241.65 Aetna	Better Health		230.6	0.3146			210.13	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BA/EFFERV	74221	CPT	both			733		241.65 Aetna	Medicare		210.13	1			210.13	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY DOUBLE CONTR-HIGH DENSITY BA/EFFERV	74221	CPT	both			733		241.65 Americare	Americare		549.75	0.75			210.13	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BA/EFFERV	74221	CPT	both			733		241.65 WellPoint	WellPoint		235.15	0.3208			210.13	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BA/EFFERV	74221	CPT	both			733		241.65 Amerihealth	Medicare		210.13	1			210.13	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY DOUBLE CONTR-HIGH DENSITY BA/EFFERV	74221	CPT	both			733		241.65 Consumer	Consumer		696.35	0.95			210.13	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BA/EFFERV	74221	CPT	both			733		241.65 Corrections	Corrections		586.4	0.8			210.13	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BA/EFFERV	74221	CPT	both			733		241.65 First Health	First Health		513.1	0.7			210.13	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BA/EFFERV	74221	CPT	both			733		241.65 First Trenton	First Trenton		659.7	0.9			210.13	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BA/EFFERV	74221	CPT	both			733		241.65 Horizon	MGD		383.91	1.827			210.13	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY DOUBLE CONTR-HIGH DENSITY BA/EFFERV	74221	CPT	both			733		241.65 Horizon	Indemnity		383.91	1.827			210.13	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY DOUBLE CONTR-HIGH DENSITY BA/EFFERV	74221	CPT	both			733		241.65 Horizon	Medicare Blue		210.13	1			210.13	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY DOUBLE CONTR-HIGH DENSITY BA/EFFERV	74221	CPT	both			733		241.65 Horizon	PPO		383.91	1.827			210.13	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY DOUBLE CONTR-HIGH DENSITY BA/EFFERV	74221	CPT	both			733		241.65 Managed Care Inc	Managed Care Inc		659.7	0.9			210.13	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BA/EFFERV	74221	CPT	both			733		241.65 Multiplan	Multiplan		586.4	0.8			210.13	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BA/EFFERV	74221	CPT	both			733		241.65 Qualcare	Qualcare		549.75	0.75			210.13	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BA/EFFERV	74221	CPT	both			733		241.65 Three Rivers	Three Rivers		696.35	0.95			210.13	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BA/EFFERV	74221	CPT	both			733		241.65 UHC	Medicaid		230.6	0.3146			210.13	696.35	percent of total billed charges	
XRAY DOUBLE CONTR-HIGH DENSITY BA/EFFERV	74221	CPT	both			733		241.65 UHC	Medicare		210.13	1			210.13	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY DOUBLE CONTR-HIGH DENSITY BA/EFFERV	74221	CPT	both			733		241.65 Wellcare	Medicare		210.13	1			210.13	696.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XRAY DOUBLE CONTR-HIGH DENSITY BA/EFFERV	74221	CPT	both			733		241.65 Wellcare	Medicaid		230.6	0.3146			210.13	696.35	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH SCOUT NECK &	74230	CPT	both			678		241.65 Aetna	Medicare		210.13	1			187.19	644.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWALLOW FUNC PHARYNX/ESOPH SCOUT NECK &	74230	CPT	both			678		241.65 Aetna	Commercial		334.53	1.592			187.19	644.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWALLOW FUNC PHARYNX/ESOPH SCOUT NECK &	74230	CPT	both			678		241.65 Aetna	Better Health		213.3	0.3146			187.19	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH SCOUT NECK &	74230	CPT	both			678		241.65 Americare	Americare		508.5	0.75			187.19	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH SCOUT NECK &	74230	CPT	both			678		241.65 WellPoint	WellPoint		217.5	0.3208			187.19	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH SCOUT NECK &	74230	CPT	both			678		241.65 Amerihealth	Medicare		210.13	1			187.19	644.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWALLOW FUNC PHARYNX/ESOPH SCOUT NECK &	74230	CPT	both			678		241.65 Consumer	Consumer		644.1	0.95			187.19	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH SCOUT NECK &	74230	CPT	both			678		241.65 Corrections	Corrections		542.4	0.8			187.19	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH SCOUT NECK &	74230	CPT	both			678		241.65 First Health	First Health		474.6	0.7			187.19	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH SCOUT NECK &	74230	CPT	both			678		241.65 First Trenton	First Trenton		610.2	0.9			187.19	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH SCOUT NECK &	74230	CPT	both			678		241.65 Horizon	MGD		383.91	1.827			187.19	644.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWALLOW FUNC PHARYNX/ESOPH SCOUT NECK &	74230	CPT	both			678		241.65 Horizon	PPO		383.91	1.827			187.19	644.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWALLOW FUNC PHARYNX/ESOPH SCOUT NECK &	74230	CPT	both			678		241.65 Horizon	Medicare Blue		210.13	1			187.19	644.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWALLOW FUNC PHARYNX/ESOPH SCOUT NECK &	74230	CPT	both			678		241.65 Horizon	Indemnity		383.91	1.827			187.19	644.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWALLOW FUNC PHARYNX/ESOPH SCOUT NECK &	74230	CPT	both			678		241.65 Managed Care Inc	Managed Care Inc		610.2	0.9			187.19	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH SCOUT NECK &	74230	CPT	both			678		241.65 Multiplan	Multiplan		542.4	0.8			187.19	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH SCOUT NECK &	74230	CPT	both			678		241.65 Qualcare	Qualcare		508.5	0.75			187.19	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH SCOUT NECK &	74230	CPT	both			678		241.65 Three Rivers	Three Rivers		644.1	0.95			187.19	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH SCOUT NECK &	74230	CPT	both			678		241.65 UHC	Medicaid		213.3	0.3146			187.19	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH SCOUT NECK &	74230	CPT	both			678		241.65 UHC	Medicare		210.13	1			187.19	644.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWALLOW FUNC PHARYNX/ESOPH SCOUT NECK &	74230	CPT	both			678		241.65 Wellcare	Medicaid		213.3	0.3146			187.19	644.1	percent of total billed charges	
SWALLOW FUNC PHARYNX/ESOPH SCOUT NECK &	74230	CPT	both			678		241.65 Wellcare	Medicare		210.13	1			187.19	644.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Aetna	Medicare		394.55	0.308			384.3	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Aetna	Commercial		486.78	0.38			384.3	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Aetna	Better Health		403	0.3146			384.3	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Americare	Americare		960.75	0.75			384.3	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		WellPoint	WellPoint		410.94	0.3208			384.3	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Consumer	Consumer		1216.95	0.95			384.3	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Corrections	Corrections		1024.8	0.8			384.3	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		First Health	First Health		896.7	0.7			384.3	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		First Trenton	First Trenton		1152.9	0.9			384.3	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Horizon	MGD		490.37	0.3828			384.3	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Horizon	Indemnity		490.37	0.3828			384.3	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Horizon	PPO		490.37	0.3828			384.3	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Horizon	Medicare Blue		384.3	0.3			384.3	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Managed Care Inc	Managed Care Inc		1152.9	0.9			384.3	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Multiplan	Multiplan		1024.8	0.8			384.3	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Qualcare	Qualcare		960.75	0.75			384.3	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Three Rivers	Three Rivers		1216.95	0.95			384.3	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		UHC	Medicaid		403	0.3146			384.3	1216.95	percent of total billed charges	
REMOV F.B. ESOPH W/CATH S&I	74235	CPT	outpatient			1281		Wellcare	Medicaid		403	0.3146			384.3	1216.95	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Aetna	Better Health		314.29	0.3146			210.13	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Aetna	Commercial		334.53	1.592			210.13	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Aetna	Medicare		210.13	1			210.13	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Americare	Americare		749.25	0.75			210.13	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 WellPoint	WellPoint		320.48	0.3208			210.13	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Amerihealth	Medicare		210.13	1			210.13	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Consumer	Consumer		949.05	0.95			210.13	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Corrections	Corrections		799.2	0.8			210.13	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 First Health	First Health		699.3	0.7			210.13	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 First Trenton	First Trenton		899.1	0.9			210.13	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Horizon	MGD		383.91	1.827			210.13	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Horizon	Indemnity		383.91	1.827			210.13	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Horizon	Medicare Blue		210.13	1			210.13	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Horizon	PPO		383.91	1.827			210.13	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Managed Care Inc	Managed Care Inc		899.1	0.9			210.13	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Multiplan	Multiplan		799.2	0.8			210.13	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Qualcare	Qualcare		749.25	0.75			210.13	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Three Rivers	Three Rivers		949.05	0.95			210.13	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 UHC	Medicare		210.13	1			210.13	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 UHC	Medicaid		314.29	0.3146			210.13	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Wellcare	Medicaid		314.29	0.3146			210.13	949.05	percent of total billed charges	
UGI WITH DELAYED FILM +KUB SINGLE CONTRA	74240	CPT	both			999		241.65 Wellcare	Medicare		210.13	1			210.13	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Aetna	Commercial		334.53	1.592			210.13	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Aetna	Medicare		210.13	1			210.13	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Aetna	Better Health		314.29	0.3146			210.13	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Americare	Americare		749.25	0.75			210.13	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 WellPoint	WellPoint		320.48	0.3208			210.13	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Amerihealth	Medicare		210.13	1			210.13	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Consumer	Consumer		949.05	0.95			210.13	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Corrections	Corrections		799.2	0.8			210.13	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 First Health	First Health		699.3	0.7			210.13	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 First Trenton	First Trenton		899.1	0.9			210.13	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Horizon	MGD		383.91	1.827			210.13	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Horizon	Indemnity		383.91	1.827			210.13	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Horizon	PPO		383.91	1.827			210.13	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Horizon	Medicare Blue		210.13	1			210.13	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Managed Care Inc	Managed Care Inc		899.1	0.9			210.13	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Multiplan	Multiplan		799.2	0.8			210.13	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Qualcare	Qualcare		749.25	0.75			210.13	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Three Rivers	Three Rivers		949.05	0.95			210.13	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 UHC	Medicaid		314.29	0.3146			210.13	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 UHC	Medicare		210.13	1			210.13	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Wellcare	Medicaid		314.29	0.3146			210.13	949.05	percent of total billed charges	
UGI DOUBLE W HD BARIUM + EFFERVES +/-GL	74246	CPT	both			999		241.65 Wellcare	Medicare		210.13	1			210.13	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	outpatient			711		Aetna	Better Health		223.68	0.3146			213.3	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	outpatient			711		Aetna	Medicare		218.99	0.308			213.3	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	outpatient			711		Aetna	Commercial		270.18	0.38			213.3	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	outpatient			711		Americare	Americare		533.25	0.75			213.3	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	outpatient			711		WellPoint	WellPoint		228.09	0.3208			213.3	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	outpatient			711		Consumer	Consumer		675.45	0.95			213.3	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	outpatient			711		Corrections	Corrections		568.8	0.8			213.3	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	outpatient			711		First Health	First Health		497.7	0.7			213.3	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	outpatient			711		First Trenton	First Trenton		639.9	0.9			213.3	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	outpatient			711		Horizon	MGD		272.17	0.3828			213.3	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	outpatient			711		Horizon	Medicare Blue		213.3	0.3			213.3	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	outpatient			711		Horizon	PPO		272.17	0.3828			213.3	675.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	outpatient			711		Horizon	Indemnity		272.17	0.3828			213.3	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	outpatient			711		Managed Care Inc	Managed Care Inc		639.9	0.9			213.3	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	outpatient			711		Multiplan	Multiplan		568.8	0.8			213.3	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	outpatient			711		Qualcare	Qualcare		533.25	0.75			213.3	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	outpatient			711		Three Rivers	Three Rivers		675.45	0.95			213.3	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	outpatient			711		UHC	Medicaid		223.68	0.3146			213.3	675.45	percent of total billed charges	
SMALL BOWELS FOLLOW THROUGH ADD ON UGI	74248	CPT	outpatient			711		Wellcare	Medicaid		223.68	0.3146			213.3	675.45	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	both			725	241.65	Aetna	Commercial		334.53	1.592			210.13	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	both			725	241.65	Aetna	Better Health		228.09	0.3146			210.13	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	both			725	241.65	Aetna	Medicare		223.3	0.308			210.13	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	both			725	241.65	Americare	Americare		543.75	0.75			210.13	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	both			725	241.65	WellPoint	WellPoint		232.58	0.3208			210.13	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	both			725	241.65	Amerihealth	Medicare		210.13	1			210.13	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	both			725	241.65	Consumer	Consumer		688.75	0.95			210.13	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	both			725	241.65	Corrections	Corrections		580	0.8			210.13	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	both			725	241.65	First Health	First Health		507.5	0.7			210.13	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	both			725	241.65	First Trenton	First Trenton		652.5	0.9			210.13	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	both			725	241.65	Horizon	Indemnity		383.91	1.827			210.13	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	both			725	241.65	Horizon	Medicare Blue		210.13	1			210.13	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	both			725	241.65	Horizon	PPO		383.91	1.827			210.13	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	both			725	241.65	Horizon	MGD		383.91	1.827			210.13	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	both			725	241.65	Managed Care Inc	Managed Care Inc		652.5	0.9			210.13	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	both			725	241.65	Multiplan	Multiplan		580	0.8			210.13	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	both			725	241.65	Qualcare	Qualcare		543.75	0.75			210.13	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	both			725	241.65	Three Rivers	Three Rivers		688.75	0.95			210.13	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	both			725	241.65	UHC	Medicaid		228.09	0.3146			210.13	688.75	percent of total billed charges	
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	both			725	241.65	UHC	Medicare		210.13	1			210.13	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	both			725	241.65	Wellcare	Medicare		210.13	1			210.13	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOWELS SINGLE CONTRAST +SCOUT KUB	74250	CPT	both			725	241.65	Wellcare	Medicaid		228.09	0.3146			210.13	688.75	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Aetna	Commercial		334.53	1.592			186.24	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Aetna	Better Health		186.24	0.3146			186.24	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Aetna	Medicare		210.13	1			186.24	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Americare	Americare		444	0.75			186.24	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	WellPoint	WellPoint		189.91	0.3208			186.24	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Amerihealth	Medicare		210.13	1			186.24	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Consumer	Consumer		562.4	0.95			186.24	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Corrections	Corrections		473.6	0.8			186.24	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	First Health	First Health		414.4	0.7			186.24	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	First Trenton	First Trenton		532.8	0.9			186.24	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Horizon	PPO		383.91	1.827			186.24	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Horizon	Medicare Blue		210.13	1			186.24	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Horizon	MGD		383.91	1.827			186.24	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Horizon	Indemnity		383.91	1.827			186.24	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Managed Care Inc	Managed Care Inc		532.8	0.9			186.24	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Multiplan	Multiplan		473.6	0.8			186.24	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Qualcare	Qualcare		444	0.75			186.24	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Three Rivers	Three Rivers		562.4	0.95			186.24	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	UHC	Medicaid		186.24	0.3146			186.24	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	UHC	Medicare		210.13	1			186.24	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Wellcare	Medicaid		186.24	0.3146			186.24	562.4	percent of total billed charges	
SMALL BOW ENTEROCLYSIS TUBE W HI DENSITY	74251	CPT	outpatient			592	241.65	Wellcare	Medicare		210.13	1			186.24	562.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Aetna	Better Health		337.88	0.3146			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Aetna	Commercial		200.18	1.592			125.74	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Aetna	Medicare		125.74	1			125.74	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Americare	Americare		805.5	0.75			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	WellPoint	WellPoint		344.54	0.3208			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Amerihealth	Medicare		125.74	1			125.74	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Consumer	Consumer		1020.3	0.95			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Corrections	Corrections		859.2	0.8			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	First Health	First Health		751.8	0.7			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	First Trenton	First Trenton		966.6	0.9			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Horizon	Indemnity		229.73	1.827			125.74	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Horizon	MGD		229.73	1.827			125.74	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Horizon	Medicare Blue		125.74	1			125.74	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Horizon	PPO		229.73	1.827			125.74	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Managed Care Inc	Managed Care Inc		966.6	0.9			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Multiplan	Multiplan		859.2	0.8			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Qualcare	Qualcare		805.5	0.75			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Three Rivers	Three Rivers		1020.3	0.95			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	UHC	Medicaid		337.88	0.3146			125.74	1020.3	percent of total billed charges	
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	UHC	Medicare		125.74	1			125.74	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Wellcare	Medicare		125.74	1			125.74	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIAGNOSTIC VIRTUAL COLONOSCOPY	74261	CPT	outpatient			1074	144.6	Wellcare	Medicaid		337.88	0.3146			125.74	1020.3	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Aetna	Commercial		334.53	1.592			210.13	1548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Aetna	Medicare		502.04	0.308			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Aetna	Better Health		512.8	0.3146			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Americare	Americare		1222.5	0.75			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	WellPoint	WellPoint		522.9	0.3208			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Amerihealth	Medicare		210.13	1			210.13	1548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Consumer	Consumer		1548.5	0.95			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Corrections	Corrections		1304	0.8			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	First Health	First Health		1141	0.7			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	First Trenton	First Trenton		1467	0.9			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Horizon	MGD		383.91	1.827			210.13	1548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Horizon	Indemnity		383.91	1.827			210.13	1548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Horizon	PPO		383.91	1.827			210.13	1548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Horizon	Medicare Blue		210.13	1			210.13	1548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Managed Care Inc	Managed Care Inc		1467	0.9			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Multiplan	Multiplan		1304	0.8			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Qualcare	Qualcare		1222.5	0.75			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Three Rivers	Three Rivers		1548.5	0.95			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	UHC	Medicaid		512.8	0.3146			210.13	1548.5	percent of total billed charges	
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	UHC	Medicare		210.13	1			210.13	1548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Wellcare	Medicare		210.13	1			210.13	1548.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT DX COLONOSCOPY INCL. POST IMAG W&WO/	74262	CPT	outpatient			1630	241.65	Wellcare	Medicaid		512.8	0.3146			210.13	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Aetna	Commercial		619.4	0.38			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Aetna	Better Health		512.8	0.3146			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Aetna	Medicare		502.04	0.308			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Americare	Americare		1222.5	0.75			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		WellPoint	WellPoint		522.9	0.3208			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Consumer	Consumer		1548.5	0.95			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Corrections	Corrections		1304	0.8			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		First Health	First Health		1141	0.7			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		First Trenton	First Trenton		1467	0.9			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Horizon	MGD		623.96	0.3828			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Horizon	Indemnity		623.96	0.3828			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Horizon	Medicare Blue		489	0.3			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Horizon	PPO		623.96	0.3828			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Managed Care Inc	Managed Care Inc		1467	0.9			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Multiplan	Multiplan		1304	0.8			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Qualcare	Qualcare		1222.5	0.75			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Three Rivers	Three Rivers		1548.5	0.95			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		UHC	Medicaid		512.8	0.3146			489	1548.5	percent of total billed charges	
SCREENING VIRTUAL COLONOSCOPY	74263	CPT	outpatient			1630		Wellcare	Medicaid		512.8	0.3146			489	1548.5	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	Aetna	Better Health		295.09	0.3146			210.13	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	Aetna	Commercial		334.53	1.592			210.13	891.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOPOGRAM	74270	CPT	both			938	241.65	Aetna	Medicare		210.13	1			210.13	891.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOPOGRAM	74270	CPT	both			938	241.65	Americare	Americare		703.5	0.75			210.13	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	WellPoint	WellPoint		300.91	0.3208			210.13	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	Amerihealth	Medicare		210.13	1			210.13	891.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOPOGRAM	74270	CPT	both			938	241.65	Consumer	Consumer		891.1	0.95			210.13	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	Corrections	Corrections		750.4	0.8			210.13	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	First Health	First Health		656.6	0.7			210.13	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	First Trenton	First Trenton		844.2	0.9			210.13	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	Horizon	Indemnity		383.91	1.827			210.13	891.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOPOGRAM	74270	CPT	both			938	241.65	Horizon	Medicare Blue		210.13	1			210.13	891.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOPOGRAM	74270	CPT	both			938	241.65	Horizon	PPO		383.91	1.827			210.13	891.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOPOGRAM	74270	CPT	both			938	241.65	Horizon	MGD		383.91	1.827			210.13	891.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOPOGRAM	74270	CPT	both			938	241.65	Managed Care Inc	Managed Care Inc		844.2	0.9			210.13	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	Multiplan	Multiplan		750.4	0.8			210.13	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	Qualcare	Qualcare		703.5	0.75			210.13	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	Three Rivers	Three Rivers		891.1	0.95			210.13	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	UHC	Medicaid		295.09	0.3146			210.13	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	UHC	Medicare		210.13	1			210.13	891.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOOPOGRAM	74270	CPT	both			938	241.65	Wellcare	Medicaid		295.09	0.3146			210.13	891.1	percent of total billed charges	
LOOPOGRAM	74270	CPT	both			938	241.65	Wellcare	Medicare		210.13	1			210.13	891.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Aetna	Better Health		384.13	0.3146			210.13	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Aetna	Commercial		334.53	1.592			210.13	1159.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Aetna	Medicare		210.13	1			210.13	1159.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Americare	Americare		915.75	0.75			210.13	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	WellPoint	WellPoint		391.7	0.3208			210.13	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Amerihealth	Medicare		210.13	1			210.13	1159.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221	241.65	Consumer	Consumer		1159.95	0.95			210.13	1159.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221		241.65 Corrections	Corrections		976.8	0.8			210.13	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221		241.65 First Health	First Health		854.7	0.7			210.13	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221		241.65 First Trenton	First Trenton		1098.9	0.9			210.13	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221		241.65 Horizon	Medicare Blue		210.13	1			210.13	1159.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221		241.65 Horizon	Indemnity		383.91	1.827			210.13	1159.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221		241.65 Horizon	PPO		383.91	1.827			210.13	1159.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221		241.65 Horizon	MGD		383.91	1.827			210.13	1159.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221		241.65 Managed Care Inc	Managed Care Inc		1098.9	0.9			210.13	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221		241.65 Multiplan	Multiplan		976.8	0.8			210.13	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221		241.65 Qualcare	Qualcare		915.75	0.75			210.13	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221		241.65 Three Rivers	Three Rivers		1159.95	0.95			210.13	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221		241.65 UHC	Medicare		210.13	1			210.13	1159.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221		241.65 UHC	Medicaid		384.13	0.3146			210.13	1159.95	percent of total billed charges	
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221		241.65 Wellcare	Medicare		210.13	1			210.13	1159.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLON BARIUM ENEMA W/AIR	74280	CPT	outpatient			1221		241.65 Wellcare	Medicaid		384.13	0.3146			210.13	1159.95	percent of total billed charges	
BE THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Aetna	Better Health		358.64	0.3146			210.13	1083	percent of total billed charges	
BE THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Aetna	Medicare		351.12	0.308			210.13	1083	percent of total billed charges	
BE THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Aetna	Commercial		334.53	1.592			210.13	1083	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BE THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Americare	Amelcare		855	0.75			210.13	1083	percent of total billed charges	
BE THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 WellPoint	WellPoint		365.71	0.3208			210.13	1083	percent of total billed charges	
BE THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Amerihealth	Medicare		210.13	1			210.13	1083	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BE THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Consumer	Consumer		1083	0.95			210.13	1083	percent of total billed charges	
BE THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Corrections	Corrections		912	0.8			210.13	1083	percent of total billed charges	
BE THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 First Health	First Health		798	0.7			210.13	1083	percent of total billed charges	
BE THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 First Trenton	First Trenton		1026	0.9			210.13	1083	percent of total billed charges	
BE THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Horizon	PPO		383.91	1.827			210.13	1083	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BE THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Horizon	Indemnity		383.91	1.827			210.13	1083	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BE THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Horizon	MGD		383.91	1.827			210.13	1083	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BE THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Horizon	Medicare Blue		210.13	1			210.13	1083	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BE THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Managed Care Inc	Managed Care Inc		1026	0.9			210.13	1083	percent of total billed charges	
BE THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Multiplan	Multiplan		912	0.8			210.13	1083	percent of total billed charges	
BE THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Qualcare	Qualcare		855	0.75			210.13	1083	percent of total billed charges	
BE THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Three Rivers	Three Rivers		1083	0.95			210.13	1083	percent of total billed charges	
BE THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 UHC	Medicare		210.13	1			210.13	1083	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BE THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 UHC	Medicaid		358.64	0.3146			210.13	1083	percent of total billed charges	
BE THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Wellcare	Medicare		210.13	1			210.13	1083	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BE THER FOR INTUSSUSCEPTION	74283	CPT	outpatient			1140		241.65 Wellcare	Medicaid		358.64	0.3146			210.13	1083	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 Aetna	Medicare		210.13	1			191.59	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GALL BLADDER	74290	CPT	outpatient			609		241.65 Aetna	Commercial		334.53	1.592			191.59	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GALL BLADDER	74290	CPT	outpatient			609		241.65 Aetna	Better Health		191.59	0.3146			191.59	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 Americare	Amelcare		456.75	0.75			191.59	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 WellPoint	WellPoint		195.37	0.3208			191.59	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 Amerihealth	Medicare		210.13	1			191.59	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GALL BLADDER	74290	CPT	outpatient			609		241.65 Consumer	Consumer		578.55	0.95			191.59	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 Corrections	Corrections		487.2	0.8			191.59	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 First Health	First Health		426.3	0.7			191.59	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 First Trenton	First Trenton		548.1	0.9			191.59	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 Horizon	Medicare Blue		210.13	1			191.59	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GALL BLADDER	74290	CPT	outpatient			609		241.65 Horizon	Indemnity		383.91	1.827			191.59	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GALL BLADDER	74290	CPT	outpatient			609		241.65 Horizon	MGD		383.91	1.827			191.59	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GALL BLADDER	74290	CPT	outpatient			609		241.65 Horizon	PPO		383.91	1.827			191.59	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GALL BLADDER	74290	CPT	outpatient			609		241.65 Managed Care Inc	Managed Care Inc		548.1	0.9			191.59	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 Multiplan	Multiplan		487.2	0.8			191.59	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 Qualcare	Qualcare		456.75	0.75			191.59	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 Three Rivers	Three Rivers		578.55	0.95			191.59	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 UHC	Medicare		210.13	1			191.59	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GALL BLADDER	74290	CPT	outpatient			609		241.65 UHC	Medicaid		191.59	0.3146			191.59	578.55	percent of total billed charges	
GALL BLADDER	74290	CPT	outpatient			609		241.65 Wellcare	Medicare		210.13	1			191.59	578.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GALL BLADDER	74290	CPT	outpatient			609		241.65 Wellcare	Medicaid		191.59	0.3146			191.59	578.55	percent of total billed charges	
CHOLANGIOGRAPHY INTRAOP S&I	74300	CPT	outpatient			454		Aetna	Commercial		172.52	0.38			136.2	431.3	percent of total billed charges	
CHOLANGIOGRAPHY INTRAOP S&I	74300	CPT	outpatient			454		Aetna	Medicare		139.83	0.308			136.2	431.3	percent of total billed charges	
CHOLANGIOGRAPHY INTRAOP S&I	74300	CPT	outpatient			454		Aetna	Better Health		142.83	0.3146			136.2	431.3	percent of total billed charges	
CHOLANGIOGRAPHY INTRAOP S&I	74300	CPT	outpatient			454		Americare	Amelcare		340.5	0.75			136.2	431.3	percent of total billed charges	
CHOLANGIOGRAPHY INTRAOP S&I	74300	CPT	outpatient			454		WellPoint	WellPoint		145.64	0.3208			136.2	431.3	percent of total billed charges	
CHOLANGIOGRAPHY INTRAOP S&I	74300	CPT	outpatient			454		Consumer	Consumer		431.3	0.95			136.2	431.3	percent of total billed charges	
CHOLANGIOGRAPHY INTRAOP S&I	74300	CPT	outpatient			454		Corrections	Corrections		363.2	0.8			136.2	431.3	percent of total billed charges	
CHOLANGIOGRAPHY INTRAOP S&I	74300	CPT	outpatient			454		First Health	First Health		317.8	0.7			136.2	431.3	percent of total billed charges	
CHOLANGIOGRAPHY INTRAOP S&I	74300	CPT	outpatient			454		First Trenton	First Trenton		408.6	0.9			136.2	431.3	percent of total billed charges	
CHOLANGIOGRAPHY INTRAOP S&I	74300	CPT	outpatient			454		Horizon	Indemnity		173.79	0.3828			136.2	431.3	percent of total billed charges	
CHOLANGIOGRAPHY INTRAOP S&I	74300	CPT	outpatient			454		Horizon	Medicare Blue		136.2	0.3			136.2	431.3	percent of total billed charges	
CHOLANGIOGRAPHY INTRAOP S&I	74300	CPT	outpatient			454		Horizon	MGD		173.79	0.3828			136.2	431.3	percent of total billed charges	
CHOLANGIOGRAPHY INTRAOP S&I	74300	CPT	outpatient			454		Horizon	PPO		173.79	0.3828			136.2	431.3	percent of total billed charges	
CHOLANGIOGRAPHY INTRAOP S&I	74300	CPT	outpatient			454		Managed Care Inc	Managed Care Inc		408.6	0.9			136.2	431.3	percent of total billed charges	
CHOLANGIOGRAPHY INTRAOP S&I	74300	CPT	outpatient			454		Multiplan	Multiplan		363.2	0.8			136.2	431.3	percent of total billed charges	
CHOLANGIOGRAPHY INTRAOP S&I	74300	CPT	outpatient			454		Qualcare	Qualcare		340.5	0.75			136.2	431.3	percent of total billed charges	
CHOLANGIOGRAPHY INTRAOP S&I	74300	CPT	outpatient			454		Three Rivers	Three Rivers		431.3	0.95			136.2	431.3	percent of total billed charges	
CHOLANGIOGRAPHY INTRAOP S&I	74300	CPT	outpatient			454		UHC	Medicaid		142.83	0.3146			136.2	431.3	percent of total billed charges	
CHOLANGIOGRAPHY INTRAOP S&I	74300	CPT	outpatient			454		Wellcare	Medicaid		142.83	0.3146			136.2	431.3	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Aetna	Commercial		530.1	0.38			418.5	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Aetna	Better Health		438.87	0.3146			418.5	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Aetna	Medicare		429.66	0.308			418.5	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Americare	Amelcare		1046.25	0.75			418.5	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		WellPoint	WellPoint		447.52	0.3208			418.5	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Consumer	Consumer		1325.25	0.95			418.5	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Corrections	Corrections		1116	0.8			418.5	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		First Health	First Health		976.5	0.7			418.5	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		First Trenton	First Trenton		1255.5	0.9			418.5	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Horizon	Medicare Blue		418.5	0.3			418.5	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Horizon	PPO		534.01	0.3828			418.5	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Horizon	MGD		534.01	0.3828			418.5	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Horizon	Indemnity		534.01	0.3828			418.5	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Managed Care Inc	Managed Care Inc		1255.5	0.9			418.5	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Multiplan	Multiplan		1116	0.8			418.5	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Qualcare	Qualcare		1046.25	0.75			418.5	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Three Rivers	Three Rivers		1325.25	0.95			418.5	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		UHC	Medicaid		438.87	0.3146			418.5	1325.25	percent of total billed charges	
ENDOSCOPY BILIARY S&I	74328	CPT	outpatient			1395		Wellcare	Medicaid		438.87	0.3146			418.5	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Aetna	Medicare		429.66	0.308			418.5	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Aetna	Better Health		438.87	0.3146			418.5	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Aetna	Commercial		530.1	0.38			418.5	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Americare	Amelcare		1046.25	0.75			418.5	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		WellPoint	WellPoint		447.52	0.3208			418.5	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Consumer	Consumer		1325.25	0.95			418.5	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Corrections	Corrections		1116	0.8			418.5	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		First Health	First Health		976.5	0.7			418.5	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		First Trenton	First Trenton		1255.5	0.9			418.5	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Horizon	Medicare Blue		418.5	0.3			418.5	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Horizon	Indemnity		534.01	0.3828			418.5	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Horizon	MGD		534.01	0.3828			418.5	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Horizon	PPO		534.01	0.3828			418.5	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Managed Care Inc	Managed Care Inc		1255.5	0.9			418.5	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Multiplan	Multiplan		1116	0.8			418.5	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Qualcare	Qualcare		1046.25	0.75			418.5	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Three Rivers	Three Rivers		1325.25	0.95			418.5	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		UHC	Medicaid		438.87	0.3146			418.5	1325.25	percent of total billed charges	
ENDO CATH OR PANCREATIC DUCT	74329	CPT	outpatient			1395		Wellcare	Medicaid		438.87	0.3146			418.5	1325.25	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + I	74340	CPT	inpatient			519		Aetna	Commercial		197.22	0.38			155.7	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + I	74340	CPT	inpatient			519		Aetna	Better Health		163.28	0.3146			155.7	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + I	74340	CPT	inpatient			519		Aetna	Medicare		159.85	0.308			155.7	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + I	74340	CPT	inpatient			519		Americare	Amelcare		389.25	0.75			155.7	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + I	74340	CPT	inpatient			519		WellPoint	WellPoint		166.5	0.3208			155.7	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + I	74340	CPT	inpatient			519		Consumer	Consumer		493.05	0.95			155.7	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + I	74340	CPT	inpatient			519		Corrections	Corrections		415.2	0.8			155.7	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + I	74340	CPT	inpatient			519		First Health	First Health		363.3	0.7			155.7	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + I	74340	CPT	inpatient			519		First Trenton	First Trenton		467.1	0.9			155.7	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + I	74340	CPT	inpatient			519		Horizon	MGD		198.67	0.3828			155.7	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + I	74340	CPT	inpatient			519		Horizon	Medicare Blue		155.7	0.3			155.7	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + I	74340	CPT	inpatient			519		Horizon	Indemnity		198.67	0.3828			155.7	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + I	74340	CPT	inpatient			519		Horizon	PPO		198.67	0.3828			155.7	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + I	74340	CPT	inpatient			519		Managed Care Inc	Managed Care Inc		467.1	0.9			155.7	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + I	74340	CPT	inpatient			519		Multiplan	Multiplan		415.2	0.8			155.7	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + I	74340	CPT	inpatient			519		Qualcare	Qualcare		389.25	0.75			155.7	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + I	74340	CPT	inpatient			519		Three Rivers	Three Rivers		493.05	0.95			155.7	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + I	74340	CPT	inpatient			519		UHC	Medicaid		163.28	0.3146			155.7	493.05	percent of total billed charges	
INTRO GI TUBE W/FLUORO S + I	74340	CPT	inpatient			519		Wellcare	Medicaid		163.28	0.3146			155.7	493.05	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Aetna	Better Health		403	0.3146			384.3	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Aetna	Medicare		394.55	0.308			384.3	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Aetna	Commercial		486.78	0.38			384.3	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Americare	Amelcare		960.75	0.75			384.3	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		WellPoint	WellPoint		410.94	0.3208			384.3	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Consumer	Consumer		1216.95	0.95			384.3	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Corrections	Corrections		1024.8	0.8			384.3	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		First Health	First Health		896.7	0.7			384.3	1216.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		First Trenton	First Trenton		1152.9	0.9			384.3	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Horizon	Medicare Blue		384.3	0.3			384.3	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Horizon	Indemnity		490.37	0.3828			384.3	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Horizon	MGD		490.37	0.3828			384.3	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Horizon	PPO		490.37	0.3828			384.3	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Managed Care Inc	Managed Care Inc		1152.9	0.9			384.3	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Multiplan	Multiplan		1024.8	0.8			384.3	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Qualcare	Qualcare		960.75	0.75			384.3	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Three Rivers	Three Rivers		1216.95	0.95			384.3	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		UHC	Medicaid		403	0.3146			384.3	1216.95	percent of total billed charges	
INTRALUM DILAT S&I	74360	CPT	outpatient			1281		Wellcare	Medicaid		403	0.3146			384.3	1216.95	percent of total billed charges	
TRANSHEP DIAL BILI STRIC S&I	74363	CPT	outpatient			2699		Aetna	Better Health		849.11	0.3146			809.7	2564.05	percent of total billed charges	
TRANSHEP DIAL BILI STRIC S&I	74363	CPT	outpatient			2699		Aetna	Commercial		1025.62	0.38			809.7	2564.05	percent of total billed charges	
TRANSHEP DIAL BILI STRIC S&I	74363	CPT	outpatient			2699		Aetna	Medicare		831.29	0.308			809.7	2564.05	percent of total billed charges	
TRANSHEP DIAL BILI STRIC S&I	74363	CPT	outpatient			2699		Americare	Americare		2024.25	0.75			809.7	2564.05	percent of total billed charges	
TRANSHEP DIAL BILI STRIC S&I	74363	CPT	outpatient			2699		WellPoint	WellPoint		865.84	0.3208			809.7	2564.05	percent of total billed charges	
TRANSHEP DIAL BILI STRIC S&I	74363	CPT	outpatient			2699		Consumer	Consumer		2564.05	0.95			809.7	2564.05	percent of total billed charges	
TRANSHEP DIAL BILI STRIC S&I	74363	CPT	outpatient			2699		Corrections	Corrections		2159.2	0.8			809.7	2564.05	percent of total billed charges	
TRANSHEP DIAL BILI STRIC S&I	74363	CPT	outpatient			2699		First Health	First Health		1889.3	0.7			809.7	2564.05	percent of total billed charges	
TRANSHEP DIAL BILI STRIC S&I	74363	CPT	outpatient			2699		First Trenton	First Trenton		2429.1	0.9			809.7	2564.05	percent of total billed charges	
TRANSHEP DIAL BILI STRIC S&I	74363	CPT	outpatient			2699		Horizon	Indemnity		1033.18	0.3828			809.7	2564.05	percent of total billed charges	
TRANSHEP DIAL BILI STRIC S&I	74363	CPT	outpatient			2699		Horizon	MGD		1033.18	0.3828			809.7	2564.05	percent of total billed charges	
TRANSHEP DIAL BILI STRIC S&I	74363	CPT	outpatient			2699		Horizon	Medicare Blue		809.7	0.3			809.7	2564.05	percent of total billed charges	
TRANSHEP DIAL BILI STRIC S&I	74363	CPT	outpatient			2699		Horizon	PPO		1033.18	0.3828			809.7	2564.05	percent of total billed charges	
TRANSHEP DIAL BILI STRIC S&I	74363	CPT	outpatient			2699		Managed Care Inc	Managed Care Inc		2429.1	0.9			809.7	2564.05	percent of total billed charges	
TRANSHEP DIAL BILI STRIC S&I	74363	CPT	outpatient			2699		Multiplan	Multiplan		2159.2	0.8			809.7	2564.05	percent of total billed charges	
TRANSHEP DIAL BILI STRIC S&I	74363	CPT	outpatient			2699		Qualcare	Qualcare		2024.25	0.75			809.7	2564.05	percent of total billed charges	
TRANSHEP DIAL BILI STRIC S&I	74363	CPT	outpatient			2699		Three Rivers	Three Rivers		2564.05	0.95			809.7	2564.05	percent of total billed charges	
TRANSHEP DIAL BILI STRIC S&I	74363	CPT	outpatient			2699		UHC	Medicaid		849.11	0.3146			809.7	2564.05	percent of total billed charges	
TRANSHEP DIAL BILI STRIC S&I	74363	CPT	outpatient			2699		Wellcare	Medicaid		849.11	0.3146			809.7	2564.05	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Aetna	Commercial		334.53	1.592			210.13	884.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Aetna	Better Health		292.89	0.3146			210.13	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Aetna	Medicare		210.13	1			210.13	884.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Americare	Americare		698.25	0.75			210.13	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 WellPoint	WellPoint		298.66	0.3208			210.13	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Amerihealth	Medicare		210.13	1			210.13	884.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Consumer	Consumer		884.45	0.95			210.13	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Corrections	Corrections		744.8	0.8			210.13	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 First Health	First Health		651.7	0.7			210.13	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 First Trenton	First Trenton		837.9	0.9			210.13	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Horizon	Medicare Blue		210.13	1			210.13	884.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Horizon	Indemnity		383.91	1.827			210.13	884.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Horizon	MGD		383.91	1.827			210.13	884.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Horizon	PPO		383.91	1.827			210.13	884.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Managed Care Inc	Managed Care Inc		837.9	0.9			210.13	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Multiplan	Multiplan		744.8	0.8			210.13	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Qualcare	Qualcare		698.25	0.75			210.13	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Three Rivers	Three Rivers		884.45	0.95			210.13	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 UHC	Medicaid		292.89	0.3146			210.13	884.45	percent of total billed charges	
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 UHC	Medicare		210.13	1			210.13	884.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Wellcare	Medicare		210.13	1			210.13	884.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PYELOGRAPHY (IVP)	74400	CPT	outpatient			931		241.65 Wellcare	Medicaid		292.89	0.3146			210.13	884.45	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Aetna	Better Health		273.39	0.3146			210.13	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Aetna	Commercial		334.53	1.592			210.13	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Aetna	Medicare		210.13	1			210.13	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Americare	Americare		651.75	0.75			210.13	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 WellPoint	WellPoint		278.78	0.3208			210.13	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Amerihealth	Medicare		210.13	1			210.13	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Consumer	Consumer		825.55	0.95			210.13	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Corrections	Corrections		695.2	0.8			210.13	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 First Health	First Health		608.3	0.7			210.13	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 First Trenton	First Trenton		782.1	0.9			210.13	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Horizon	PPO		383.91	1.827			210.13	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Horizon	Indemnity		383.91	1.827			210.13	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Horizon	MGD		383.91	1.827			210.13	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Horizon	Medicare Blue		210.13	1			210.13	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Managed Care Inc	Managed Care Inc		782.1	0.9			210.13	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Multiplan	Multiplan		695.2	0.8			210.13	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Qualcare	Qualcare		651.75	0.75			210.13	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Three Rivers	Three Rivers		825.55	0.95			210.13	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 UHC	Medicaid		273.39	0.3146			210.13	825.55	percent of total billed charges	
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 UHC	Medicare		210.13	1			210.13	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Wellcare	Medicare		210.13	1			210.13	825.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY (IVP) DRIP INFUSION	74410	CPT	outpatient			869		241.65 Wellcare	Medicaid		273.39	0.3146			210.13	825.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Aetna	Commercial		334.53	1.592			210.13	901.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Aetna	Medicare		210.13	1			210.13	901.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Aetna	Better Health		298.56	0.3146			210.13	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Americare	Americare		711.75	0.75			210.13	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 WellPoint	WellPoint		304.44	0.3208			210.13	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Amerihealth	Medicare		210.13	1			210.13	901.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Consumer	Consumer		901.55	0.95			210.13	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Corrections	Corrections		759.2	0.8			210.13	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 First Health	First Health		664.3	0.7			210.13	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 First Trenton	First Trenton		854.1	0.9			210.13	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Horizon	MGD		383.91	1.827			210.13	901.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Horizon	Indemnity		383.91	1.827			210.13	901.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Horizon	Medicare Blue		210.13	1			210.13	901.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Horizon	PPO		383.91	1.827			210.13	901.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Managed Care Inc	Managed Care Inc		854.1	0.9			210.13	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Multiplan	Multiplan		759.2	0.8			210.13	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Qualcare	Qualcare		711.75	0.75			210.13	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Three Rivers	Three Rivers		901.55	0.95			210.13	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 UHC	Medicare		210.13	1			210.13	901.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 UHC	Medicaid		298.56	0.3146			210.13	901.55	percent of total billed charges	
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Wellcare	Medicare		210.13	1			210.13	901.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVP WITH NEPHROTOMOGRAPHY	74415	CPT	outpatient			949		241.65 Wellcare	Medicaid		298.56	0.3146			210.13	901.55	percent of total billed charges	
UROGRAPHY RETRO W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Aetna	Commercial		700.21	1.592			317.43	1503.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY RETRO W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Aetna	Medicare		439.83	1			317.43	1503.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY RETRO W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Aetna	Better Health		498.01	0.3146			317.43	1503.85	percent of total billed charges	
UROGRAPHY RETRO W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Americare	Americare		1187.25	0.75			317.43	1503.85	percent of total billed charges	
UROGRAPHY RETRO W OR W/O KUB	74420	CPT	outpatient			1583		505.8 WellPoint	WellPoint		507.83	0.3208			317.43	1503.85	percent of total billed charges	
UROGRAPHY RETRO W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Amerihealth	Medicare		439.83	1			317.43	1503.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY RETRO W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Consumer	Consumer		1503.85	0.95			317.43	1503.85	percent of total billed charges	
UROGRAPHY RETRO W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Corrections	Corrections		1266.4	0.8			317.43	1503.85	percent of total billed charges	
UROGRAPHY RETRO W OR W/O KUB	74420	CPT	outpatient			1583		505.8 First Health	First Health		1108.1	0.7			317.43	1503.85	percent of total billed charges	
UROGRAPHY RETRO W OR W/O KUB	74420	CPT	outpatient			1583		505.8 First Trenton	First Trenton		1424.7	0.9			317.43	1503.85	percent of total billed charges	
UROGRAPHY RETRO W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Horizon	MGD		803.57	1.827			317.43	1503.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY RETRO W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Horizon	Medicare Blue		439.83	1			317.43	1503.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY RETRO W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Horizon	Indemnity		803.57	1.827			317.43	1503.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY RETRO W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Horizon	PPO		803.57	1.827			317.43	1503.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY RETRO W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Managed Care Inc	Managed Care Inc		1424.7	0.9			317.43	1503.85	percent of total billed charges	
UROGRAPHY RETRO W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Multiplan	Multiplan		1266.4	0.8			317.43	1503.85	percent of total billed charges	
UROGRAPHY RETRO W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Qualcare	Qualcare		1187.25	0.75			317.43	1503.85	percent of total billed charges	
UROGRAPHY RETRO W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Three Rivers	Three Rivers		1503.85	0.95			317.43	1503.85	percent of total billed charges	
UROGRAPHY RETRO W OR W/O KUB	74420	CPT	outpatient			1583		505.8 UHC	Medicaid		498.01	0.3146			317.43	1503.85	percent of total billed charges	
UROGRAPHY RETRO W OR W/O KUB	74420	CPT	outpatient			1583		505.8 UHC	Medicare		439.83	1			317.43	1503.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY RETRO W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Wellcare	Medicaid		498.01	0.3146			317.43	1503.85	percent of total billed charges	
UROGRAPHY RETRO W OR W/O KUB	74420	CPT	outpatient			1583		505.8 Wellcare	Medicare		439.83	1			317.43	1503.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	both			847		505.8 Aetna	Medicare		260.88	0.308			174.33	804.65	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	both			847		505.8 Aetna	Commercial		700.21	1.592			174.33	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	both			847		505.8 Aetna	Better Health		266.47	0.3146			174.33	804.65	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	both			847		505.8 Americare	Americare		635.25	0.75			174.33	804.65	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	both			847		505.8 WellPoint	WellPoint		271.72	0.3208			174.33	804.65	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	both			847		505.8 Amerihealth	Medicare		439.83	1			174.33	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	both			847		505.8 Consumer	Consumer		804.65	0.95			174.33	804.65	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	both			847		505.8 Corrections	Corrections		677.6	0.8			174.33	804.65	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	both			847		505.8 First Health	First Health		592.9	0.7			174.33	804.65	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	both			847		505.8 First Trenton	First Trenton		762.3	0.9			174.33	804.65	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	both			847		505.8 Horizon	Indemnity		803.57	1.827			174.33	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	both			847		505.8 Horizon	MGD		803.57	1.827			174.33	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	both			847		505.8 Horizon	PPO		803.57	1.827			174.33	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	both			847		505.8 Horizon	Medicare Blue		439.83	1			174.33	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	both			847		505.8 Managed Care Inc	Managed Care Inc		762.3	0.9			174.33	804.65	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	both			847		505.8 Multiplan	Multiplan		677.6	0.8			174.33	804.65	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	both			847		505.8 Qualcare	Qualcare		635.25	0.75			174.33	804.65	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	both			847		505.8 Three Rivers	Three Rivers		804.65	0.95			174.33	804.65	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	both			847		505.8 UHC	Medicare		439.83	1			174.33	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	both			847		505.8 UHC	Medicaid		266.47	0.3146			174.33	804.65	percent of total billed charges	
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	both			847		505.8 Wellcare	Medicare		439.83	1			174.33	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UROGRAPHY ANTEGRADE COMP RT	74425	CPT	both			847		505.8 Wellcare	Medicaid		266.47	0.3146			174.33	804.65	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587		505.8 Aetna	Commercial		700.21	1.592			180.8	803.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587		505.8 Aetna	Better Health		184.67	0.3146			180.8	803.57	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587		505.8 Aetna	Medicare		180.8	0.308			180.8	803.57	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Americare	Americare		440.25	0.75			180.8	803.57	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	WellPoint	WellPoint		188.31	0.3208			180.8	803.57	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Amerihealth	Medicare		439.83	1			180.8	803.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Consumer	Consumer		557.65	0.95			180.8	803.57	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Corrections	Corrections		469.6	0.8			180.8	803.57	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	First Health	First Health		410.9	0.7			180.8	803.57	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	First Trenton	First Trenton		528.3	0.9			180.8	803.57	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Horizon	Medicare Blue		439.83	1			180.8	803.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Horizon	PPO		803.57	1.827			180.8	803.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Horizon	MGD		803.57	1.827			180.8	803.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Horizon	Indemnity		803.57	1.827			180.8	803.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Managed Care Inc	Managed Care Inc		528.3	0.9			180.8	803.57	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Multiplan	Multiplan		469.6	0.8			180.8	803.57	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Qualcare	Qualcare		440.25	0.75			180.8	803.57	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Three Rivers	Three Rivers		557.65	0.95			180.8	803.57	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	UHC	Medicare		439.83	1			180.8	803.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	UHC	Medicaid		184.67	0.3146			180.8	803.57	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Wellcare	Medicaid		184.67	0.3146			180.8	803.57	percent of total billed charges	
CYSTOGRAPHY THREE VIEWS S&I	74430	CPT	both			587	505.8	Wellcare	Medicare		439.83	1			180.8	803.57	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Aetna	Better Health		161.08	0.3146			161.08	512	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Aetna	Commercial		446.14	1.592			161.08	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Aetna	Medicare		280.24	1			161.08	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Americare	Americare		384	0.75			161.08	512	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	WellPoint	WellPoint		164.25	0.3208			161.08	512	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Amerihealth	Medicare		280.24	1			161.08	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Consumer	Consumer		486.4	0.95			161.08	512	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Corrections	Corrections		409.6	0.8			161.08	512	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	First Health	First Health		358.4	0.7			161.08	512	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	First Trenton	First Trenton		460.8	0.9			161.08	512	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Horizon	Medicare Blue		280.24	1			161.08	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Horizon	Indemnity		512	1.827			161.08	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Horizon	PPO		512	1.827			161.08	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Horizon	MGD		512	1.827			161.08	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Managed Care Inc	Managed Care Inc		460.8	0.9			161.08	512	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Multiplan	Multiplan		409.6	0.8			161.08	512	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Qualcare	Qualcare		384	0.75			161.08	512	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Three Rivers	Three Rivers		486.4	0.95			161.08	512	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	UHC	Medicare		280.24	1			161.08	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	UHC	Medicaid		161.08	0.3146			161.08	512	percent of total billed charges	
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Wellcare	Medicare		280.24	1			161.08	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPIDURALGRAM	74440	CPT	outpatient			512	322.28	Wellcare	Medicaid		161.08	0.3146			161.08	512	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Aetna	Better Health		161.08	0.3146			125.74	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Aetna	Commercial		200.18	1.592			125.74	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Aetna	Medicare		157.7	0.308			125.74	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Americare	Americare		384	0.75			125.74	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	WellPoint	WellPoint		164.25	0.3208			125.74	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Amerihealth	Medicare		125.74	1			125.74	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Consumer	Consumer		486.4	0.95			125.74	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Corrections	Corrections		409.6	0.8			125.74	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	First Health	First Health		358.4	0.7			125.74	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	First Trenton	First Trenton		460.8	0.9			125.74	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Horizon	MGD		229.73	1.827			125.74	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Horizon	Medicare Blue		125.74	1			125.74	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Horizon	PPO		229.73	1.827			125.74	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Horizon	Indemnity		229.73	1.827			125.74	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Managed Care Inc	Managed Care Inc		460.8	0.9			125.74	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Multiplan	Multiplan		409.6	0.8			125.74	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Qualcare	Qualcare		384	0.75			125.74	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Three Rivers	Three Rivers		486.4	0.95			125.74	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	UHC	Medicaid		161.08	0.3146			125.74	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	UHC	Medicare		125.74	1			125.74	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Wellcare	Medicaid		161.08	0.3146			125.74	486.4	percent of total billed charges	
CORPORA CAVEMOSOGRAPHY-S&I	74445	CPT	outpatient			512	144.6	Wellcare	Medicare		125.74	1			125.74	486.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	outpatient			946	322.28	Aetna	Commercial		446.14	1.592			247.94	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	outpatient			946	322.28	Aetna	Better Health		297.61	0.3146			247.94	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	outpatient			946	322.28	Aetna	Medicare		291.37	0.308			247.94	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	outpatient			946	322.28	Americare	Americare		709.5	0.75			247.94	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	outpatient			946	322.28	WellPoint	WellPoint		303.48	0.3208			247.94	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	outpatient			946	322.28	Amerihealth	Medicare		280.24	1			247.94	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	outpatient			946	322.28	Consumer	Consumer		898.7	0.95			247.94	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	outpatient			946	322.28	Corrections	Corrections		756.8	0.8			247.94	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	outpatient			946	322.28	First Health	First Health		662.2	0.7			247.94	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	outpatient			946	322.28	First Trenton	First Trenton		851.4	0.9			247.94	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	outpatient			946	322.28	Horizon	PPO		512	1.827			247.94	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	outpatient			946	322.28	Horizon	Indemnity		512	1.827			247.94	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	outpatient			946	322.28	Horizon	Medicare Blue		280.24	1			247.94	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	outpatient			946	322.28	Horizon	MGD		512	1.827			247.94	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	outpatient			946	322.28	Managed Care Inc	Managed Care Inc		851.4	0.9			247.94	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	outpatient			946	322.28	Multiplan	Multiplan		756.8	0.8			247.94	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	outpatient			946	322.28	Qualcare	Qualcare		709.5	0.75			247.94	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	outpatient			946	322.28	Three Rivers	Three Rivers		898.7	0.95			247.94	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	outpatient			946	322.28	UHC	Medicaid		297.51	0.3146			247.94	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	outpatient			946	322.28	UHC	Medicare		280.24	1			247.94	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	outpatient			946	322.28	Wellcare	Medicare		280.24	1			247.94	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY RETRO RS&I	74450	CPT	outpatient			946	322.28	Wellcare	Medicaid		297.61	0.3146			247.94	898.7	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RADIOLOGIC S&	74455	CPT	both			903	322.28	Aetna	Commercial		446.14	1.592			268.35	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY VOIDING RADIOLOGIC S&	74455	CPT	both			903	322.28	Aetna	Better Health		284.08	0.3146			268.35	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RADIOLOGIC S&	74455	CPT	both			903	322.28	Aetna	Medicare		280.24	1			268.35	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY VOIDING RADIOLOGIC S&	74455	CPT	both			903	322.28	Americare	Americare		677.25	0.75			268.35	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RADIOLOGIC S&	74455	CPT	both			903	322.28	WellPoint	WellPoint		289.68	0.3208			268.35	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RADIOLOGIC S&	74455	CPT	both			903	322.28	Amerihealth	Medicare		280.24	1			268.35	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY VOIDING RADIOLOGIC S&	74455	CPT	both			903	322.28	Consumer	Consumer		857.85	0.95			268.35	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RADIOLOGIC S&	74455	CPT	both			903	322.28	Corrections	Corrections		722.4	0.8			268.35	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RADIOLOGIC S&	74455	CPT	both			903	322.28	First Health	First Health		632.1	0.7			268.35	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RADIOLOGIC S&	74455	CPT	both			903	322.28	First Trenton	First Trenton		812.7	0.9			268.35	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RADIOLOGIC S&	74455	CPT	both			903	322.28	Horizon	Indemnity		512	1.827			268.35	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY VOIDING RADIOLOGIC S&	74455	CPT	both			903	322.28	Horizon	MGD		512	1.827			268.35	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY VOIDING RADIOLOGIC S&	74455	CPT	both			903	322.28	Horizon	Medicare Blue		280.24	1			268.35	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY VOIDING RADIOLOGIC S&	74455	CPT	both			903	322.28	Horizon	PPO		512	1.827			268.35	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY VOIDING RADIOLOGIC S&	74455	CPT	both			903	322.28	Managed Care Inc	Managed Care Inc		812.7	0.9			268.35	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RADIOLOGIC S&	74455	CPT	both			903	322.28	Multiplan	Multiplan		722.4	0.8			268.35	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RADIOLOGIC S&	74455	CPT	both			903	322.28	Qualcare	Qualcare		677.25	0.75			268.35	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RADIOLOGIC S&	74455	CPT	both			903	322.28	Three Rivers	Three Rivers		857.85	0.95			268.35	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RADIOLOGIC S&	74455	CPT	both			903	322.28	UHC	Medicare		280.24	1			268.35	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY VOIDING RADIOLOGIC S&	74455	CPT	both			903	322.28	UHC	Medicaid		284.08	0.3146			268.35	857.85	percent of total billed charges	
URETHROCYSTOGRAPHY VOIDING RADIOLOGIC S&	74455	CPT	both			903	322.28	Wellcare	Medicare		280.24	1			268.35	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URETHROCYSTOGRAPHY VOIDING RADIOLOGIC S&	74455	CPT	both			903	322.28	Wellcare	Medicaid		284.08	0.3146			268.35	857.85	percent of total billed charges	
RADIO RENAL/TRANSLUMVIS S&I RT	74470	CPT	outpatient			1372	725.57	Aetna	Better Health		431.63	0.3146			431.63	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMVIS S&I RT	74470	CPT	outpatient			1372	725.57	Aetna	Commercial		1004.44	1.592			431.63	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO RENAL/TRANSLUMVIS S&I RT	74470	CPT	outpatient			1372	725.57	Aetna	Medicare		630.93	1			431.63	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO RENAL/TRANSLUMVIS S&I RT	74470	CPT	outpatient			1372	725.57	Americare	Americare		1029	0.75			431.63	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMVIS S&I RT	74470	CPT	outpatient			1372	725.57	WellPoint	WellPoint		440.14	0.3208			431.63	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMVIS S&I RT	74470	CPT	outpatient			1372	725.57	Amerihealth	Medicare		630.93	1			431.63	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO RENAL/TRANSLUMVIS S&I RT	74470	CPT	outpatient			1372	725.57	Consumer	Consumer		1303.4	0.95			431.63	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMVIS S&I RT	74470	CPT	outpatient			1372	725.57	Corrections	Corrections		1097.6	0.8			431.63	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMVIS S&I RT	74470	CPT	outpatient			1372	725.57	First Health	First Health		960.4	0.7			431.63	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMVIS S&I RT	74470	CPT	outpatient			1372	725.57	First Trenton	First Trenton		1234.8	0.9			431.63	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMVIS S&I RT	74470	CPT	outpatient			1372	725.57	Horizon	PPO		1152.71	1.827			431.63	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO RENAL/TRANSLUMVIS S&I RT	74470	CPT	outpatient			1372	725.57	Horizon	Indemnity		1152.71	1.827			431.63	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO RENAL/TRANSLUMVIS S&I RT	74470	CPT	outpatient			1372	725.57	Horizon	MGD		1152.71	1.827			431.63	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO RENAL/TRANSLUMVIS S&I RT	74470	CPT	outpatient			1372	725.57	Horizon	Medicare Blue		630.93	1			431.63	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO RENAL/TRANSLUMVIS S&I RT	74470	CPT	outpatient			1372	725.57	Managed Care Inc	Managed Care Inc		1234.8	0.9			431.63	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMVIS S&I RT	74470	CPT	outpatient			1372	725.57	Multiplan	Multiplan		1097.6	0.8			431.63	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMVIS S&I RT	74470	CPT	outpatient			1372	725.57	Qualcare	Qualcare		1029	0.75			431.63	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMVIS S&I RT	74470	CPT	outpatient			1372	725.57	Three Rivers	Three Rivers		1303.4	0.95			431.63	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMVIS S&I RT	74470	CPT	outpatient			1372	725.57	UHC	Medicare		630.93	1			431.63	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO RENAL/TRANSLUMVIS S&I RT	74470	CPT	outpatient			1372	725.57	UHC	Medicaid		431.63	0.3146			431.63	1303.4	percent of total billed charges	
RADIO RENAL/TRANSLUMVIS S&I RT	74470	CPT	outpatient			1372	725.57	Wellcare	Medicare		630.93	1			431.63	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIO RENAL/TRANSLUMVIS S&I RT	74470	CPT	outpatient			1372	725.57	Wellcare	Medicaid		431.63	0.3146			431.63	1303.4	percent of total billed charges	
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Aetna	Better Health		2240.9	0.3146			777.06	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Aetna	Medicare		2329.45	1			777.06	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Aetna	Commercial		3708.48	1.592			777.06	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Americare	Americare		5342.25	0.75			777.06	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	WellPoint	WellPoint		2285.06	0.3208			777.06	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Amerihealth	Medicare		2329.45	1			777.06	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Consumer	Consumer		6766.85	0.95			777.06	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Corrections	Corrections		5698.4	0.8			777.06	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	First Health	First Health		4986.1	0.7			777.06	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	First Trenton	First Trenton		6410.7	0.9			777.06	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Horizon	Indemnity		4255.91	1.827			777.06	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Horizon	MGD		4255.91	1.827			777.06	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Horizon	Medicare Blue		2329.45	1			777.06	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Horizon	PPO		4255.91	1.827			777.06	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Managed Care Inc	Managed Care Inc		6410.7	0.9			777.06	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Multiplan	Multiplan		5698.4	0.8			777.06	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Qualcare	Qualcare		5342.25	0.75			777.06	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Three Rivers	Three Rivers		6766.85	0.95			777.06	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	UHC	Medicare		2329.45	1			777.06	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	UHC	Medicaid		2240.9	0.3146			777.06	6766.85	percent of total billed charges	
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Wellcare	Medicare		2329.45	1			777.06	6766.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEPHROSTOMY DILATION BIL	74485	CPT	outpatient			7123	2678.87	Wellcare	Medicaid		2240.9	0.3146			777.06	6766.85	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Aetna	Commercial		194.56	0.38			153.6	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Aetna	Better Health		161.08	0.3146			153.6	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Aetna	Medicare		157.7	0.308			153.6	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Americare	Americare		384	0.75			153.6	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		WellPoint	WellPoint		164.25	0.3208			153.6	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Consumer	Consumer		486.4	0.95			153.6	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Corrections	Corrections		409.6	0.8			153.6	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		First Health	First Health		358.4	0.7			153.6	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		First Trenton	First Trenton		460.8	0.9			153.6	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Horizon	Medicare Blue		153.6	0.3			153.6	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Horizon	MGD		195.99	0.3828			153.6	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Horizon	Indemnity		195.99	0.3828			153.6	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Horizon	PPO		195.99	0.3828			153.6	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Managed Care Inc	Managed Care Inc		460.8	0.9			153.6	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Multiplan	Multiplan		409.6	0.8			153.6	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Qualcare	Qualcare		384	0.75			153.6	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Three Rivers	Three Rivers		486.4	0.95			153.6	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		UHC	Medicaid		161.08	0.3146			153.6	486.4	percent of total billed charges	
PELVIMETRY	74710	CPT	outpatient			512		Wellcare	Medicaid		161.08	0.3146			153.6	486.4	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	both			1238	322.28	Aetna	Better Health		389.47	0.3146			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	both			1238	322.28	Aetna	Medicare		280.24	1			280.24	1176.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	both			1238	322.28	Aetna	Commercial		446.14	1.592			280.24	1176.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	both			1238	322.28	Americare	Americare		928.5	0.75			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	both			1238	322.28	WellPoint	WellPoint		397.15	0.3208			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	both			1238	322.28	Amerihealth	Medicare		280.24	1			280.24	1176.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	both			1238	322.28	Consumer	Consumer		1176.1	0.95			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	both			1238	322.28	Corrections	Corrections		990.4	0.8			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	both			1238	322.28	First Health	First Health		866.6	0.7			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	both			1238	322.28	First Trenton	First Trenton		1114.2	0.9			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	both			1238	322.28	Horizon	PPO		512	1.827			280.24	1176.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	both			1238	322.28	Horizon	MGD		512	1.827			280.24	1176.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	both			1238	322.28	Horizon	Medicare Blue		280.24	1			280.24	1176.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	both			1238	322.28	Horizon	Indemnity		512	1.827			280.24	1176.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	both			1238	322.28	Managed Care Inc	Managed Care Inc		1114.2	0.9			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	both			1238	322.28	Multiplan	Multiplan		990.4	0.8			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	both			1238	322.28	Qualcare	Qualcare		928.5	0.75			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	both			1238	322.28	Three Rivers	Three Rivers		1176.1	0.95			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	both			1238	322.28	UHC	Medicaid		389.47	0.3146			280.24	1176.1	percent of total billed charges	
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	both			1238	322.28	UHC	Medicare		280.24	1			280.24	1176.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	both			1238	322.28	Wellcare	Medicare		280.24	1			280.24	1176.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RI FETUS/PLACENTA-SINGLE GEST	74712	CPT	both			1238	322.28	Wellcare	Medicaid		389.47	0.3146			280.24	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Aetna	Commercial		470.44	0.38			371.4	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Aetna	Better Health		389.47	0.3146			371.4	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Aetna	Medicare		381.3	0.308			371.4	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Americare	Americare		928.5	0.75			371.4	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		WellPoint	WellPoint		397.15	0.3208			371.4	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Consumer	Consumer		1176.1	0.95			371.4	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Corrections	Corrections		990.4	0.8			371.4	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		First Health	First Health		866.6	0.7			371.4	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		First Trenton	First Trenton		1114.2	0.9			371.4	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Horizon	Medicare Blue		371.4	0.3			371.4	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Horizon	Indemnity		473.91	0.3828			371.4	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Horizon	MGD		473.91	0.3828			371.4	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Horizon	PPO		473.91	0.3828			371.4	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Managed Care Inc	Managed Care Inc		1114.2	0.9			371.4	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Multiplan	Multiplan		990.4	0.8			371.4	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Qualcare	Qualcare		928.5	0.75			371.4	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Three Rivers	Three Rivers		1176.1	0.95			371.4	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		UHC	Medicaid		389.47	0.3146			371.4	1176.1	percent of total billed charges	
MRI FETUS/PLACENTA-2 OR MORE GEST	74713	CPT	outpatient			1238		Wellcare	Medicaid		389.47	0.3146			371.4	1176.1	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Aetna	Commercial		446.14	1.592			280.24	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Aetna	Better Health		431.63	0.3146			280.24	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Aetna	Medicare		280.24	1			280.24	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Americare	Americare		1029	0.75			280.24	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	WellPoint	WellPoint		440.14	0.3208			280.24	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Amerihealth	Medicare		280.24	1			280.24	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Consumer	Consumer		1303.4	0.95			280.24	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Corrections	Corrections		1097.6	0.8			280.24	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	First Health	First Health		960.4	0.7			280.24	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	First Trenton	First Trenton		1234.8	0.9			280.24	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Horizon	Medicare Blue		280.24	1			280.24	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Horizon	Indemnity		512	1.827			280.24	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Horizon	MGD		512	1.827			280.24	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Horizon	PPO		512	1.827			280.24	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Managed Care Inc	Managed Care Inc		1234.8	0.9			280.24	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Multiplan	Multiplan		1097.6	0.8			280.24	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Qualcare	Qualcare		1029	0.75			280.24	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Three Rivers	Three Rivers		1303.4	0.95			280.24	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	UHC	Medicaid		431.63	0.3146			280.24	1303.4	percent of total billed charges	
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	UHC	Medicare		280.24	1			280.24	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Wellcare	Medicare		280.24	1			280.24	1303.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYSTEROSALPINGOGRAPHY S&I	74740	CPT	outpatient			1372	322.28	Wellcare	Medicaid		431.63	0.3146			280.24	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Aetna	Commercial		521.36	0.38			411.6	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Aetna	Better Health		431.63	0.3146			411.6	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Aetna	Medicare		422.58	0.308			411.6	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Americare	Americare		1029	0.75			411.6	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		WellPoint	WellPoint		440.14	0.3208			411.6	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Consumer	Consumer		1303.4	0.95			411.6	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Corrections	Corrections		1097.6	0.8			411.6	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		First Health	First Health		960.4	0.7			411.6	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		First Trenton	First Trenton		1234.8	0.9			411.6	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Horizon	Medicare Blue		411.6	0.3			411.6	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Horizon	Indemnity		525.2	0.3828			411.6	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Horizon	MGD		525.2	0.3828			411.6	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Horizon	PPO		525.2	0.3828			411.6	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Managed Care Inc	Managed Care Inc		1234.8	0.9			411.6	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Multiplan	Multiplan		1097.6	0.8			411.6	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Qualcare	Qualcare		1029	0.75			411.6	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Three Rivers	Three Rivers		1303.4	0.95			411.6	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		UHC	Medicaid		431.63	0.3146			411.6	1303.4	percent of total billed charges	
TRANSCERV CATH FALL TUBE S&I RT	74742	CPT	outpatient			1372		Wellcare	Medicaid		431.63	0.3146			411.6	1303.4	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Aetna	Better Health		1553.18	0.3146			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Aetna	Commercial		446.14	1.592			280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Aetna	Medicare		280.24	1			280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Americare	Americare		3702.75	0.75			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	WellPoint	WellPoint		1583.79	0.3208			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Amerihealth	Medicare		280.24	1			280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Consumer	Consumer		4690.15	0.95			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Corrections	Corrections		3949.6	0.8			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	First Health	First Health		3455.9	0.7			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	First Trenton	First Trenton		4443.3	0.9			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Horizon	Indemnity		512	1.827			280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Horizon	Medicare Blue		280.24	1			280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Horizon	MGD		512	1.827			280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Horizon	PPO		512	1.827			280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Managed Care Inc	Managed Care Inc		4443.3	0.9			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Multiplan	Multiplan		3949.6	0.8			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Qualcare	Qualcare		3702.75	0.75			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Three Rivers	Three Rivers		4690.15	0.95			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	UHC	Medicaid		1553.18	0.3146			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	UHC	Medicare		280.24	1			280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Wellcare	Medicaid		1553.18	0.3146			280.24	4690.15	percent of total billed charges	
MR/CARDIO MORPH W/O CONTRAST	75557	CPT	both			4937	322.28	Wellcare	Medicare		280.24	1			280.24	4690.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Aetna	Commercial		700.21	1.592			439.83	5257.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Aetna	Better Health		1741	0.3146			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Aetna	Medicare		439.83	1			439.83	5257.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Americare	Americare		4150.5	0.75			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	WellPoint	WellPoint		1775.31	0.3208			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Amerihealth	Medicare		439.83	1			439.83	5257.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Consumer	Consumer		5257.3	0.95			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Corrections	Corrections		4427.2	0.8			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	First Health	First Health		3873.8	0.7			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	First Trenton	First Trenton		4980.6	0.9			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Horizon	Medicare Blue		439.83	1			439.83	5257.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Horizon	PPO		803.57	1.827			439.83	5257.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Horizon	MGD		803.57	1.827			439.83	5257.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Horizon	Indemnity		803.57	1.827			439.83	5257.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Managed Care Inc	Managed Care Inc		4980.6	0.9			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Multiplan	Multiplan		4427.2	0.8			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Qualcare	Qualcare		4150.5	0.75			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Three Rivers	Three Rivers		5257.3	0.95			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	UHC	Medicaid		1741	0.3146			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	UHC	Medicare		439.83	1			439.83	5257.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Wellcare	Medicaid		1741	0.3146			439.83	5257.3	percent of total billed charges	
MR CARDIO MORPH W & W/O CONTRAST	75561	CPT	both			5534	505.8	Wellcare	Medicare		439.83	1			439.83	5257.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Aetna	Better Health		1741	0.3146				1660.2	5257.3	percent of total billed charges
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Aetna	Medicare		1704.47	0.308				1660.2	5257.3	percent of total billed charges
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Aetna	Commercial		2102.92	0.38				1660.2	5257.3	percent of total billed charges
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Americare	Americare		4150.5	0.75				1660.2	5257.3	percent of total billed charges
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		WellPoint	WellPoint		1775.31	0.3208				1660.2	5257.3	percent of total billed charges
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Consumer	Consumer		5257.3	0.95				1660.2	5257.3	percent of total billed charges
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Corrections	Corrections		4427.2	0.8				1660.2	5257.3	percent of total billed charges
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		First Health	First Health		3873.8	0.7				1660.2	5257.3	percent of total billed charges
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		First Trenton	First Trenton		4980.6	0.9				1660.2	5257.3	percent of total billed charges
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Horizon	MGD		2118.42	0.3828				1660.2	5257.3	percent of total billed charges
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Horizon	Indemnity		2118.42	0.3828				1660.2	5257.3	percent of total billed charges
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Horizon	PPO		2118.42	0.3828				1660.2	5257.3	percent of total billed charges
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Horizon	Medicare Blue		1660.2	0.3				1660.2	5257.3	percent of total billed charges
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Managed Care Inc	Managed Care Inc		4980.6	0.9				1660.2	5257.3	percent of total billed charges
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Multiplan	Multiplan		4427.2	0.8				1660.2	5257.3	percent of total billed charges
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Qualcare	Qualcare		4150.5	0.75				1660.2	5257.3	percent of total billed charges
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Three Rivers	Three Rivers		5257.3	0.95				1660.2	5257.3	percent of total billed charges
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		UHC	Medicaid		1741	0.3146				1660.2	5257.3	percent of total billed charges
MR CARDIO FLOW MAPPING	75565	CPT	both			5534		Wellcare	Medicaid		1741	0.3146				1660.2	5257.3	percent of total billed charges
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Aetna	Commercial		165.46	1.592			34.61	189.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Aetna	Better Health		34.61	0.3146			34.61	189.88	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Aetna	Medicare		103.93	1			34.61	189.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Americare	Americare		82.5	0.75			34.61	189.88	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	WellPoint	WellPoint		35.29	0.3208			34.61	189.88	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Amerihealth	Medicare		103.93	1			34.61	189.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Consumer	Consumer		104.5	0.95			34.61	189.88	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Corrections	Corrections		88	0.8			34.61	189.88	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	First Health	First Health		77	0.7			34.61	189.88	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	First Trenton	First Trenton		99	0.9			34.61	189.88	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Horizon	MGD		189.88	1.827			34.61	189.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Horizon	PPO		189.88	1.827			34.61	189.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Horizon	Indemnity		189.88	1.827			34.61	189.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Horizon	Medicare Blue		103.93	1			34.61	189.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Managed Care Inc	Managed Care Inc		99	0.9			34.61	189.88	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Multiplan	Multiplan		88	0.8			34.61	189.88	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Qualcare	Qualcare		82.5	0.75			34.61	189.88	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Three Rivers	Three Rivers		104.5	0.95			34.61	189.88	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	UHC	Medicare		103.93	1			34.61	189.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	UHC	Medicaid		34.61	0.3146			34.61	189.88	percent of total billed charges	
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Wellcare	Medicare		103.93	1			34.61	189.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/O CONTRAST-CALCIUM SCORE	75571	CPT	both			110	119.52	Wellcare	Medicaid		34.61	0.3146			34.61	189.88	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Aetna	Better Health		464.98	0.3146			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Aetna	Commercial		334.53	1.592			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Aetna	Medicare		210.13	1			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Americare	Americare		1108.5	0.75			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	WellPoint	WellPoint		474.14	0.3208			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Amerihealth	Medicare		210.13	1			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Consumer	Consumer		1404.1	0.95			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Corrections	Corrections		1182.4	0.8			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	First Health	First Health		1034.6	0.7			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	First Trenton	First Trenton		1330.2	0.9			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Horizon	MGD		383.91	1.827			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Horizon	Indemnity		383.91	1.827			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Horizon	Medicare Blue		210.13	1			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Horizon	PPO		383.91	1.827			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Managed Care Inc	Managed Care Inc		1330.2	0.9			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Multiplan	Multiplan		1182.4	0.8			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Qualcare	Qualcare		1108.5	0.75			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Three Rivers	Three Rivers		1404.1	0.95			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	UHC	Medicare		210.13	1			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	UHC	Medicaid		464.98	0.3146			210.13	1404.1	percent of total billed charges	
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Wellcare	Medicare		210.13	1			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART WITH CONTRAST TAVR	75572	CPT	both			1478	241.65	Wellcare	Medicaid		464.98	0.3146			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	both			1478	241.65	Aetna	Medicare		210.13	1			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	both			1478	241.65	Aetna	Better Health		464.98	0.3146			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	both			1478	241.65	Aetna	Commercial		334.53	1.592			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	both			1478	241.65	Americare	Americare		1108.5	0.75			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	both			1478	241.65	WellPoint	WellPoint		474.14	0.3208			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	both			1478	241.65	Amerihealth	Medicare		210.13	1			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	both			1478	241.65	Consumer	Consumer		1404.1	0.95			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	both			1478	241.65	Corrections	Corrections		1182.4	0.8			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	both			1478	241.65	First Health	First Health		1034.6	0.7			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	both			1478	241.65	First Trenton	First Trenton		1330.2	0.9			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	both			1478	241.65	Horizon	Medicare Blue		210.13	1			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	both			1478	241.65	Horizon	Indemnity		383.91	1.827			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	both			1478	241.65	Horizon	MGD		383.91	1.827			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	both			1478	241.65	Horizon	PPO		383.91	1.827			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	both			1478	241.65	Managed Care Inc	Managed Care Inc		1330.2	0.9			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	both			1478	241.65	Multiplan	Multiplan		1182.4	0.8			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	both			1478	241.65	Qualcare	Qualcare		1108.5	0.75			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	both			1478	241.65	Three Rivers	Three Rivers		1404.1	0.95			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	both			1478	241.65	UHC	Medicare		210.13	1			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	both			1478	241.65	UHC	Medicaid		464.98	0.3146			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	both			1478	241.65	Wellcare	Medicare		210.13	1			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CONGEN HEART	75573	CPT	both			1478	241.65	Wellcare	Medicaid		464.98	0.3146			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Aetna	Medicare		455.22	0.308			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Aetna	Commercial		334.53	1.592			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Aetna	Better Health		464.98	0.3146			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Americare	Americare		1108.5	0.75			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	WellPoint	WellPoint		474.14	0.3208			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Amerihealth	Medicare		210.13	1			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Consumer	Consumer		1404.1	0.95			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Corrections	Corrections		1182.4	0.8			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	First Health	First Health		1034.6	0.7			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	First Trenton	First Trenton		1330.2	0.9			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Horizon	MGD		383.91	1.827			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Horizon	Indemnity		383.91	1.827			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Horizon	PPO		383.91	1.827			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Horizon	Medicare Blue		210.13	1			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Managed Care Inc	Managed Care Inc		1330.2	0.9			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Multiplan	Multiplan		1182.4	0.8			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Qualcare	Qualcare		1108.5	0.75			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Three Rivers	Three Rivers		1404.1	0.95			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	UHC	Medicaid		464.98	0.3146			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	UHC	Medicare		210.13	1			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Wellcare	Medicaid		464.98	0.3146			210.13	1404.1	percent of total billed charges	
CT HEART W/CONTRAST-CAD	75574	CPT	both			1478	241.65	Wellcare	Medicare		210.13	1			210.13	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	Aetna	Commercial		5803.54	1.592			2344.71	7080.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	Aetna	Better Health		2344.71	0.3146			2344.71	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	Aetna	Medicare		3645.44	1			2344.71	7080.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	Americare	Americare		5589.75	0.75			2344.71	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	WellPoint	WellPoint		2390.92	0.3208			2344.71	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	Amerihealth	Medicare		3645.44	1			2344.71	7080.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	Consumer	Consumer		7080.35	0.95			2344.71	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	Corrections	Corrections		5962.4	0.8			2344.71	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	First Health	First Health		5217.1	0.7			2344.71	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	First Trenton	First Trenton		6707.7	0.9			2344.71	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	Horizon	Indemnity		6660.22	1.827			2344.71	7080.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	Horizon	Medicare Blue		3645.44	1			2344.71	7080.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	Horizon	PPO		6660.22	1.827			2344.71	7080.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	Horizon	MGD		6660.22	1.827			2344.71	7080.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	Managed Care Inc	Managed Care Inc		6707.7	0.9			2344.71	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	Multiplan	Multiplan		5962.4	0.8			2344.71	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	Qualcare	Qualcare		5589.75	0.75			2344.71	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	Three Rivers	Three Rivers		7080.35	0.95			2344.71	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	UHC	Medicaid		2344.71	0.3146			2344.71	7080.35	percent of total billed charges	
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	UHC	Medicare		3645.44	1			2344.71	7080.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	Wellcare	Medicare		3645.44	1			2344.71	7080.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AORTIC ARCH	75600	CPT	outpatient			7453	4192.26	Wellcare	Medicaid		2344.71	0.3146			2344.71	7080.35	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230	7227.61	Aetna	Better Health		3532.96	0.3146			3532.96	11482.48	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230	7227.61	Aetna	Commercial		10005.53	1.592			3532.96	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230	7227.61	Aetna	Medicare		6284.88	1			3532.96	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230	7227.61	Americare	Americare		8422.5	0.75			3532.96	11482.48	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230	7227.61	WellPoint	WellPoint		3602.58	0.3208			3532.96	11482.48	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230	7227.61	AmeriHealth	Medicare		6284.88	1			3532.96	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230	7227.61	Consumer	Consumer		10668.5	0.95			3532.96	11482.48	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230	7227.61	Corrections	Corrections		8984	0.8			3532.96	11482.48	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230	7227.61	First Health	First Health		7861	0.7			3532.96	11482.48	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230	7227.61	First Trenton	First Trenton		10107	0.9			3532.96	11482.48	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230	7227.61	Horizon	Indemnity		11482.48	1.827			3532.96	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230	7227.61	Horizon	MGD		11482.48	1.827			3532.96	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230	7227.61	Horizon	Medicare Blue		6284.88	1			3532.96	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230	7227.61	Horizon	PPO		11482.48	1.827			3532.96	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230	7227.61	Managed Care Inc	Managed Care Inc		10107	0.9			3532.96	11482.48	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230	7227.61	Multiplan	Multiplan		8984	0.8			3532.96	11482.48	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230	7227.61	Qualcare	Qualcare		8422.5	0.75			3532.96	11482.48	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230	7227.61	Three Rivers	Three Rivers		10668.5	0.95			3532.96	11482.48	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230	7227.61	UHC	Medicare		6284.88	1			3532.96	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230	7227.61	UHC	Medicaid		3532.96	0.3146			3532.96	11482.48	percent of total billed charges	
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230	7227.61	Wellcare	Medicare		6284.88	1			3532.96	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200(THORACIC AO)	75605	CPT	both			11230	7227.61	Wellcare	Medicaid		3532.96	0.3146			3532.96	11482.48	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	both			7743	4192.26	Aetna	Commercial		5803.54	1.592			1401.86	7355.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	both			7743	4192.26	Aetna	Better Health		2435.95	0.3146			1401.86	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	both			7743	4192.26	Aetna	Medicare		3645.44	1			1401.86	7355.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	both			7743	4192.26	Americare	Americare		5807.25	0.75			1401.86	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	both			7743	4192.26	WellPoint	WellPoint		2483.95	0.3208			1401.86	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	both			7743	4192.26	AmeriHealth	Medicare		3645.44	1			1401.86	7355.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	both			7743	4192.26	Consumer	Consumer		7355.85	0.95			1401.86	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	both			7743	4192.26	Corrections	Corrections		6194.4	0.8			1401.86	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	both			7743	4192.26	First Health	First Health		5420.1	0.7			1401.86	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	both			7743	4192.26	First Trenton	First Trenton		6968.7	0.9			1401.86	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	both			7743	4192.26	Horizon	MGD		6660.22	1.827			1401.86	7355.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	both			7743	4192.26	Horizon	PPO		6660.22	1.827			1401.86	7355.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	both			7743	4192.26	Horizon	Indemnity		6660.22	1.827			1401.86	7355.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	both			7743	4192.26	Horizon	Medicare Blue		3645.44	1			1401.86	7355.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	both			7743	4192.26	Managed Care Inc	Managed Care Inc		6968.7	0.9			1401.86	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	both			7743	4192.26	Multiplan	Multiplan		6194.4	0.8			1401.86	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	both			7743	4192.26	Qualcare	Qualcare		5807.25	0.75			1401.86	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	both			7743	4192.26	Three Rivers	Three Rivers		7355.85	0.95			1401.86	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	both			7743	4192.26	UHC	Medicaid		2435.95	0.3146			1401.86	7355.85	percent of total billed charges	
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	both			7743	4192.26	UHC	Medicare		3645.44	1			1401.86	7355.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	both			7743	4192.26	Wellcare	Medicare		3645.44	1			1401.86	7355.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36200 (ABD AO CATH)	75625	CPT	both			7743	4192.26	Wellcare	Medicaid		2435.95	0.3146			1401.86	7355.85	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230	4192.26	Aetna	Medicare		3458.84	0.308			1564.33	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230	4192.26	Aetna	Better Health		3532.96	0.3146			1564.33	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230	4192.26	Aetna	Commercial		5803.54	1.592			1564.33	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230	4192.26	Americare	Americare		8422.5	0.75			1564.33	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230	4192.26	WellPoint	WellPoint		3602.58	0.3208			1564.33	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230	4192.26	AmeriHealth	Medicare		3645.44	1			1564.33	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230	4192.26	Consumer	Consumer		10668.5	0.95			1564.33	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230	4192.26	Corrections	Corrections		8984	0.8			1564.33	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230	4192.26	First Health	First Health		7861	0.7			1564.33	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230	4192.26	First Trenton	First Trenton		10107	0.9			1564.33	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230	4192.26	Horizon	Medicare Blue		3645.44	1			1564.33	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230	4192.26	Horizon	MGD		6660.22	1.827			1564.33	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230	4192.26	Horizon	Indemnity		6660.22	1.827			1564.33	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230	4192.26	Horizon	PPO		6660.22	1.827			1564.33	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230	4192.26	Managed Care Inc	Managed Care Inc		10107	0.9			1564.33	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230	4192.26	Multiplan	Multiplan		8984	0.8			1564.33	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230	4192.26	Qualcare	Qualcare		8422.5	0.75			1564.33	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230	4192.26	Three Rivers	Three Rivers		10668.5	0.95			1564.33	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230	4192.26	UHC	Medicaid		3532.96	0.3146			1564.33	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230	4192.26	UHC	Medicare		3645.44	1			1564.33	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230	4192.26	Wellcare	Medicaid		3532.96	0.3146			1564.33	10668.5	percent of total billed charges	
TBA PERCUTANEOUS VENOUS	75630	CPT	both			11230	4192.26	Wellcare	Medicare		3645.44	1			1564.33	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373	241.65	Aetna	Better Health		431.95	0.3146			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373	241.65	Aetna	Commercial		334.53	1.592			210.13	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373	241.65	Aetna	Medicare		210.13	1			210.13	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373	241.65	Americare	Americare		1029.75	0.75			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373	241.65	WellPoint	WellPoint		440.46	0.3208			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373	241.65	AmeriHealth	Medicare		210.13	1			210.13	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373	241.65	Consumer	Consumer		1304.35	0.95			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373	241.65	Corrections	Corrections		1098.4	0.8			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373	241.65	First Health	First Health		961.1	0.7			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373	241.65	First Trenton	First Trenton		1235.7	0.9			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373	241.65	Horizon	Medicare Blue		210.13	1			210.13	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373	241.65	Horizon	Indemnity		383.91	1.827			210.13	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373	241.65	Horizon	MGD		383.91	1.827			210.13	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373	241.65	Horizon	PPO		383.91	1.827			210.13	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373	241.65	Managed Care Inc	Managed Care Inc		1235.7	0.9			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373	241.65	Multiplan	Multiplan		1098.4	0.8			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373	241.65	Qualcare	Qualcare		1029.75	0.75			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373	241.65	Three Rivers	Three Rivers		1304.35	0.95			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373	241.65	UHC	Medicaid		431.95	0.3146			210.13	1304.35	percent of total billed charges	
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373	241.65	UHC	Medicare		210.13	1			210.13	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373	241.65	Wellcare	Medicare		210.13	1			210.13	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT ANGIO LOWER EXT (PELVIC BIFRUCT TO	75635	CPT	both			1373	241.65	Wellcare	Medicaid		431.95	0.3146			210.13	1304.35	percent of total billed charges	
ANGIO SPINAL SELECTIVE	75705	CPT	both			6839	7227.61	Aetna	Better Health		2151.55	0.3146			2151.55	11482.48	percent of total billed charges	
ANGIO SPINAL SELECTIVE	75705	CPT	both			6839	7227.61	Aetna	Commercial		10005.53	1.592			2151.55	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO SPINAL SELECTIVE	75705	CPT	both			6839	7227.61	Aetna	Medicare		6284.88	1			2151.55	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO SPINAL SELECTIVE	75705	CPT	both			6839	7227.61	Americare	Americare		5129.25	0.75			2151.55	11482.48	percent of total billed charges	
ANGIO SPINAL SELECTIVE	75705	CPT	both			6839	7227.61	WellPoint	WellPoint		2193.95	0.3208			2151.55	11482.48	percent of total billed charges	
ANGIO SPINAL SELECTIVE	75705	CPT	both			6839	7227.61	AmeriHealth	Medicare		6284.88	1			2151.55	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO SPINAL SELECTIVE	75705	CPT	both			6839	7227.61	Consumer	Consumer		6497.05	0.95			2151.55	11482.48	percent of total billed charges	
ANGIO SPINAL SELECTIVE	75705	CPT	both			6839	7227.61	Corrections	Corrections		5471.2	0.8			2151.55	11482.48	percent of total billed charges	
ANGIO SPINAL SELECTIVE	75705	CPT	both			6839	7227.61	First Health	First Health		4787.3	0.7			2151.55	11482.48	percent of total billed charges	
ANGIO SPINAL SELECTIVE	75705	CPT	both			6839	7227.61	First Trenton	First Trenton		6155.1	0.9			2151.55	11482.48	percent of total billed charges	
ANGIO SPINAL SELECTIVE	75705	CPT	both			6839	7227.61	Horizon	Indemnity		11482.48	1.827			2151.55	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO SPINAL SELECTIVE	75705	CPT	both			6839	7227.61	Horizon	PPO		11482.48	1.827			2151.55	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO SPINAL SELECTIVE	75705	CPT	both			6839	7227.61	Horizon	MGD		11482.48	1.827			2151.55	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO SPINAL SELECTIVE	75705	CPT	both			6839	7227.61	Horizon	Medicare Blue		6284.88	1			2151.55	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO SPINAL SELECTIVE	75705	CPT	both			6839	7227.61	Managed Care Inc	Managed Care Inc		6155.1	0.9			2151.55	11482.48	percent of total billed charges	
ANGIO SPINAL SELECTIVE	75705	CPT	both			6839	7227.61	Multiplan	Multiplan		5471.2	0.8			2151.55	11482.48	percent of total billed charges	
ANGIO SPINAL SELECTIVE	75705	CPT	both			6839	7227.61	Qualcare	Qualcare		5129.25	0.75			2151.55	11482.48	percent of total billed charges	
ANGIO SPINAL SELECTIVE	75705	CPT	both			6839	7227.61	Three Rivers	Three Rivers		6497.05	0.95			2151.55	11482.48	percent of total billed charges	
ANGIO SPINAL SELECTIVE	75705	CPT	both			6839	7227.61	UHC	Medicare		6284.88	1			2151.55	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO SPINAL SELECTIVE	75705	CPT	both			6839	7227.61	UHC	Medicaid		2151.55	0.3146			2151.55	11482.48	percent of total billed charges	
ANGIO SPINAL SELECTIVE	75705	CPT	both			6839	7227.61	Wellcare	Medicare		6284.88	1			2151.55	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO SPINAL SELECTIVE	75705	CPT	both			6839	7227.61	Wellcare	Medicaid		2151.55	0.3146			2151.55	11482.48	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230	4192.26	Aetna	Better Health		3532.96	0.3146			1745.72	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230	4192.26	Aetna	Commercial		5803.54	1.592			1745.72	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230	4192.26	Aetna	Medicare		3645.44	1			1745.72	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230	4192.26	Americare	Americare		8422.5	0.75			1745.72	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230	4192.26	WellPoint	WellPoint		3602.58	0.3208			1745.72	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230	4192.26	AmeriHealth	Medicare		3645.44	1			1745.72	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230	4192.26	Consumer	Consumer		10668.5	0.95			1745.72	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230	4192.26	Corrections	Corrections		8984	0.8			1745.72	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230	4192.26	First Health	First Health		7861	0.7			1745.72	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230	4192.26	First Trenton	First Trenton		10107	0.9			1745.72	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230	4192.26	Horizon	Indemnity		6660.22	1.827			1745.72	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230	4192.26	Horizon	MGD		6660.22	1.827			1745.72	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230	4192.26	Horizon	Medicare Blue		3645.44	1			1745.72	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230	4192.26	Horizon	PPO		6660.22	1.827			1745.72	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230	4192.26	Managed Care Inc	Managed Care Inc		10107	0.9			1745.72	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230	4192.26	Multiplan	Multiplan		8984	0.8			1745.72	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230	4192.26	Qualcare	Qualcare		8422.5	0.75			1745.72	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230	4192.26	Three Rivers	Three Rivers		10668.5	0.95			1745.72	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230	4192.26	UHC	Medicaid		3532.96	0.3146			1745.72	10668.5	percent of total billed charges	
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230	4192.26	UHC	Medicare		3645.44	1			1745.72	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230	4192.26	Wellcare	Medicare		3645.44	1			1745.72	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF ANGIOGRAM OF LOWER EXTRE	75710	CPT	both			11230	4192.26	Wellcare	Medicaid		3532.96	0.3146			1745.72	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both			11230	4192.26	Aetna	Medicare		3458.84	0.308			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both			11230	4192.26	Aetna	Better Health		3532.96	0.3146			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both			11230	4192.26	Aetna	Commercial		5803.54	1.592			2106.41	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36140(BILAT)	75716	CPT	both			11230	4192.26	Americare	Americare		8422.5	0.75			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both			11230	4192.26	WellPoint	WellPoint		3602.58	0.3208			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both			11230	4192.26	AmeriHealth	Medicare		3645.44	1			2106.41	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36140(BILAT)	75716	CPT	both			11230	4192.26	Consumer	Consumer		10668.5	0.95			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both			11230	4192.26	Corrections	Corrections		8984	0.8			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both			11230	4192.26	First Health	First Health		7861	0.7			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both			11230	4192.26	First Trenton	First Trenton		10107	0.9			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both			11230	4192.26	Horizon	PPO		6660.22	1.827			2106.41	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36140(BILAT)	75716	CPT	both			11230	4192.26	Horizon	MGD		6660.22	1.827			2106.41	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36140(BILAT)	75716	CPT	both			11230	4192.26	Horizon	Medicare Blue		3645.44	1			2106.41	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36140(BILAT)	75716	CPT	both			11230	4192.26	Horizon	Indemnity		6660.22	1.827			2106.41	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36140(BILAT)	75716	CPT	both			11230	4192.26	Managed Care Inc	Managed Care Inc		10107	0.9			2106.41	10668.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SUPERVISION OF 36140(BILAT)	75716	CPT	both			11230		4192.26 Multiplan	Multiplan		8984	0.8			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both			11230		4192.26 Qualcare	Qualcare		8422.5	0.75			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both			11230		4192.26 Three Rivers	Three Rivers		10668.5	0.95			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both			11230		4192.26 UHC	Medicare		3645.44	1			2106.41	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36140(BILAT)	75716	CPT	both			11230		4192.26 UHC	Medicaid		3532.96	0.3146			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF 36140(BILAT)	75716	CPT	both			11230		4192.26 Wellcare	Medicare		3645.44	1			2106.41	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF 36140(BILAT)	75716	CPT	both			11230		4192.26 Wellcare	Medicaid		3532.96	0.3146			2106.41	10668.5	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both			17911		7227.61 Aetna	Medicare		6284.88	1			2151.55	17015.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL ARTERIO 1 V RT	75726	CPT	both			17911		7227.61 Aetna	Better Health		5634.8	0.3146			2151.55	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both			17911		7227.61 Aetna	Commercial		10005.53	1.592			2151.55	17015.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL ARTERIO 1 V RT	75726	CPT	both			17911		7227.61 Americare	Americare		13433.25	0.75			2151.55	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both			17911		7227.61 WellPoint	WellPoint		5745.85	0.3208			2151.55	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both			17911		7227.61 Amerihealth	Medicare		6284.88	1			2151.55	17015.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL ARTERIO 1 V RT	75726	CPT	both			17911		7227.61 Consumer	Consumer		17015.45	0.95			2151.55	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both			17911		7227.61 Corrections	Corrections		14328.8	0.8			2151.55	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both			17911		7227.61 First Health	First Health		12537.7	0.7			2151.55	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both			17911		7227.61 First Trenton	First Trenton		16119.9	0.9			2151.55	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both			17911		7227.61 Horizon	PPO		11482.48	1.827			2151.55	17015.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL ARTERIO 1 V RT	75726	CPT	both			17911		7227.61 Horizon	Medicare Blue		6284.88	1			2151.55	17015.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL ARTERIO 1 V RT	75726	CPT	both			17911		7227.61 Horizon	MGD		11482.48	1.827			2151.55	17015.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL ARTERIO 1 V RT	75726	CPT	both			17911		7227.61 Horizon	Indemnity		11482.48	1.827			2151.55	17015.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL ARTERIO 1 V RT	75726	CPT	both			17911		7227.61 Managed Care Inc	Managed Care Inc		16119.9	0.9			2151.55	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both			17911		7227.61 Multiplan	Multiplan		14328.8	0.8			2151.55	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both			17911		7227.61 Qualcare	Qualcare		13433.25	0.75			2151.55	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both			17911		7227.61 Three Rivers	Three Rivers		17015.45	0.95			2151.55	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both			17911		7227.61 UHC	Medicaid		5634.8	0.3146			2151.55	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both			17911		7227.61 UHC	Medicare		6284.88	1			2151.55	17015.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL ARTERIO 1 V RT	75726	CPT	both			17911		7227.61 Wellcare	Medicaid		5634.8	0.3146			2151.55	17015.45	percent of total billed charges	
VISCERAL ARTERIO 1 V RT	75726	CPT	both			17911		7227.61 Wellcare	Medicare		6284.88	1			2151.55	17015.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ADRENAL/UNIL/SEL S&I RT	75731	CPT	inpatient			5549		4192.26 Aetna	Better Health		1745.72	0.3146			1678.71	6660.22	percent of total billed charges	
ANGIO ADRENAL/UNIL/SEL S&I RT	75731	CPT	inpatient			5549		4192.26 Aetna	Commercial		5803.54	1.592			1678.71	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ADRENAL/UNIL/SEL S&I RT	75731	CPT	inpatient			5549		4192.26 Aetna	Medicare		3645.44	1			1678.71	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ADRENAL/UNIL/SEL S&I RT	75731	CPT	inpatient			5549		4192.26 Americare	Americare		4161.75	0.75			1678.71	6660.22	percent of total billed charges	
ANGIO ADRENAL/UNIL/SEL S&I RT	75731	CPT	inpatient			5549		4192.26 WellPoint	WellPoint		1780.12	0.3208			1678.71	6660.22	percent of total billed charges	
ANGIO ADRENAL/UNIL/SEL S&I RT	75731	CPT	inpatient			5549		4192.26 Amerihealth	Medicare		3645.44	1			1678.71	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ADRENAL/UNIL/SEL S&I RT	75731	CPT	inpatient			5549		4192.26 Consumer	Consumer		5271.55	0.95			1678.71	6660.22	percent of total billed charges	
ANGIO ADRENAL/UNIL/SEL S&I RT	75731	CPT	inpatient			5549		4192.26 Corrections	Corrections		4439.2	0.8			1678.71	6660.22	percent of total billed charges	
ANGIO ADRENAL/UNIL/SEL S&I RT	75731	CPT	inpatient			5549		4192.26 First Health	First Health		3884.3	0.7			1678.71	6660.22	percent of total billed charges	
ANGIO ADRENAL/UNIL/SEL S&I RT	75731	CPT	inpatient			5549		4192.26 First Trenton	First Trenton		4994.1	0.9			1678.71	6660.22	percent of total billed charges	
ANGIO ADRENAL/UNIL/SEL S&I RT	75731	CPT	inpatient			5549		4192.26 Horizon	Indemnity		6660.22	1.827			1678.71	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ADRENAL/UNIL/SEL S&I RT	75731	CPT	inpatient			5549		4192.26 Horizon	Medicare Blue		3645.44	1			1678.71	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ADRENAL/UNIL/SEL S&I RT	75731	CPT	inpatient			5549		4192.26 Horizon	PPO		6660.22	1.827			1678.71	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ADRENAL/UNIL/SEL S&I RT	75731	CPT	inpatient			5549		4192.26 Horizon	MGD		6660.22	1.827			1678.71	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ADRENAL/UNIL/SEL S&I RT	75731	CPT	inpatient			5549		4192.26 Managed Care Inc	Managed Care Inc		4994.1	0.9			1678.71	6660.22	percent of total billed charges	
ANGIO ADRENAL/UNIL/SEL S&I RT	75731	CPT	inpatient			5549		4192.26 Multiplan	Multiplan		4439.2	0.8			1678.71	6660.22	percent of total billed charges	
ANGIO ADRENAL/UNIL/SEL S&I RT	75731	CPT	inpatient			5549		4192.26 Qualcare	Qualcare		4161.75	0.75			1678.71	6660.22	percent of total billed charges	
ANGIO ADRENAL/UNIL/SEL S&I RT	75731	CPT	inpatient			5549		4192.26 Three Rivers	Three Rivers		5271.55	0.95			1678.71	6660.22	percent of total billed charges	
ANGIO ADRENAL/UNIL/SEL S&I RT	75731	CPT	inpatient			5549		4192.26 UHC	Medicare		3645.44	1			1678.71	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ADRENAL/UNIL/SEL S&I RT	75731	CPT	inpatient			5549		4192.26 UHC	Medicaid		1745.72	0.3146			1678.71	6660.22	percent of total billed charges	
ANGIO ADRENAL/UNIL/SEL S&I RT	75731	CPT	inpatient			5549		4192.26 Wellcare	Medicare		3645.44	1			1678.71	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ADRENAL/UNIL/SEL S&I RT	75731	CPT	inpatient			5549		4192.26 Wellcare	Medicaid		1745.72	0.3146			1678.71	6660.22	percent of total billed charges	
ANGIO ADRENAL BIL SELECTIVE	75733	CPT	outpatient			5549		4192.26 Aetna	Better Health		1745.72	0.3146			1745.72	6660.22	percent of total billed charges	
ANGIO ADRENAL BIL SELECTIVE	75733	CPT	outpatient			5549		4192.26 Aetna	Commercial		5803.54	1.592			1745.72	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ADRENAL BIL SELECTIVE	75733	CPT	outpatient			5549		4192.26 Aetna	Medicare		3645.44	1			1745.72	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ADRENAL BIL SELECTIVE	75733	CPT	outpatient			5549		4192.26 Americare	Americare		4161.75	0.75			1745.72	6660.22	percent of total billed charges	
ANGIO ADRENAL BIL SELECTIVE	75733	CPT	outpatient			5549		4192.26 WellPoint	WellPoint		1780.12	0.3208			1745.72	6660.22	percent of total billed charges	
ANGIO ADRENAL BIL SELECTIVE	75733	CPT	outpatient			5549		4192.26 Amerihealth	Medicare		3645.44	1			1745.72	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ADRENAL BIL SELECTIVE	75733	CPT	outpatient			5549		4192.26 Consumer	Consumer		5271.55	0.95			1745.72	6660.22	percent of total billed charges	
ANGIO ADRENAL BIL SELECTIVE	75733	CPT	outpatient			5549		4192.26 Corrections	Corrections		4439.2	0.8			1745.72	6660.22	percent of total billed charges	
ANGIO ADRENAL BIL SELECTIVE	75733	CPT	outpatient			5549		4192.26 First Health	First Health		3884.3	0.7			1745.72	6660.22	percent of total billed charges	
ANGIO ADRENAL BIL SELECTIVE	75733	CPT	outpatient			5549		4192.26 First Trenton	First Trenton		4994.1	0.9			1745.72	6660.22	percent of total billed charges	
ANGIO ADRENAL BIL SELECTIVE	75733	CPT	outpatient			5549		4192.26 Horizon	Indemnity		6660.22	1.827			1745.72	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ADRENAL BIL SELECTIVE	75733	CPT	outpatient			5549		4192.26 Horizon	MGD		6660.22	1.827			1745.72	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ADRENAL BIL SELECTIVE	75733	CPT	outpatient			5549		4192.26 Horizon	PPO		6660.22	1.827			1745.72	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ADRENAL BIL SELECTIVE	75733	CPT	outpatient			5549		4192.26 Horizon	Medicare Blue		3645.44	1			1745.72	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ADRENAL BIL SELECTIVE	75733	CPT	outpatient			5549		4192.26 Managed Care Inc	Managed Care Inc		4994.1	0.9			1745.72	6660.22	percent of total billed charges	
ANGIO ADRENAL BIL SELECTIVE	75733	CPT	outpatient			5549		4192.26 Multiplan	Multiplan		4439.2	0.8			1745.72	6660.22	percent of total billed charges	
ANGIO ADRENAL BIL SELECTIVE	75733	CPT	outpatient			5549		4192.26 Qualcare	Qualcare		4161.75	0.75			1745.72	6660.22	percent of total billed charges	
ANGIO ADRENAL BIL SELECTIVE	75733	CPT	outpatient			5549		4192.26 Three Rivers	Three Rivers		5271.55	0.95			1745.72	6660.22	percent of total billed charges	
ANGIO ADRENAL BIL SELECTIVE	75733	CPT	outpatient			5549		4192.26 UHC	Medicaid		1745.72	0.3146			1745.72	6660.22	percent of total billed charges	
ANGIO ADRENAL BIL SELECTIVE	75733	CPT	outpatient			5549		4192.26 UHC	Medicare		3645.44	1			1745.72	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ADRENAL BIL SELECTIVE	75733	CPT	outpatient			5549		4192.26 Wellcare	Medicaid		1745.72	0.3146			1745.72	6660.22	percent of total billed charges	
ANGIO ADRENAL BIL SELECTIVE	75733	CPT	outpatient			5549		4192.26 Wellcare	Medicare		3645.44	1			1745.72	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ILIAC(PELVIC)EACH VES RT	75736	CPT	both			9861		7227.61 Aetna	Commercial		10005.53	1.592			2025.72	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ILIAC(PELVIC)EACH VES RT	75736	CPT	both			9861		7227.61 Aetna	Medicare		3037.19	0.308			2025.72	11482.48	percent of total billed charges	
ANGIO ILIAC(PELVIC)EACH VES RT	75736	CPT	both			9861		7227.61 Aetna	Better Health		3102.27	0.3146			2025.72	11482.48	percent of total billed charges	
ANGIO ILIAC(PELVIC)EACH VES RT	75736	CPT	both			9861		7227.61 Americare	Americare		7395.75	0.75			2025.72	11482.48	percent of total billed charges	
ANGIO ILIAC(PELVIC)EACH VES RT	75736	CPT	both			9861		7227.61 WellPoint	WellPoint		3163.41	0.3208			2025.72	11482.48	percent of total billed charges	
ANGIO ILIAC(PELVIC)EACH VES RT	75736	CPT	both			9861		7227.61 Amerihealth	Medicare		6284.88	1			2025.72	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ILIAC(PELVIC)EACH VES RT	75736	CPT	both			9861		7227.61 Consumer	Consumer		9367.95	0.95			2025.72	11482.48	percent of total billed charges	
ANGIO ILIAC(PELVIC)EACH VES RT	75736	CPT	both			9861		7227.61 Corrections	Corrections		7888.8	0.8			2025.72	11482.48	percent of total billed charges	
ANGIO ILIAC(PELVIC)EACH VES RT	75736	CPT	both			9861		7227.61 First Health	First Health		6902.7	0.7			2025.72	11482.48	percent of total billed charges	
ANGIO ILIAC(PELVIC)EACH VES RT	75736	CPT	both			9861		7227.61 First Trenton	First Trenton		8874.9	0.9			2025.72	11482.48	percent of total billed charges	
ANGIO ILIAC(PELVIC)EACH VES RT	75736	CPT	both			9861		7227.61 Horizon	Indemnity		11482.48	1.827			2025.72	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ILIAC(PELVIC)EACH VES RT	75736	CPT	both			9861		7227.61 Horizon	Medicare Blue		6284.88	1			2025.72	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ILIAC(PELVIC)EACH VES RT	75736	CPT	both			9861		7227.61 Horizon	MGD		11482.48	1.827			2025.72	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ILIAC(PELVIC)EACH VES RT	75736	CPT	both			9861		7227.61 Horizon	PPO		11482.48	1.827			2025.72	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ILIAC(PELVIC)EACH VES RT	75736	CPT	both			9861		7227.61 Managed Care Inc	Managed Care Inc		8874.9	0.9			2025.72	11482.48	percent of total billed charges	
ANGIO ILIAC(PELVIC)EACH VES RT	75736	CPT	both			9861		7227.61 Multiplan	Multiplan		7888.8	0.8			2025.72	11482.48	percent of total billed charges	
ANGIO ILIAC(PELVIC)EACH VES RT	75736	CPT	both			9861		7227.61 Qualcare	Qualcare		7395.75	0.75			2025.72	11482.48	percent of total billed charges	
ANGIO ILIAC(PELVIC)EACH VES RT	75736	CPT	both			9861		7227.61 Three Rivers	Three Rivers		9367.95	0.95			2025.72	11482.48	percent of total billed charges	
ANGIO ILIAC(PELVIC)EACH VES RT	75736	CPT	both			9861		7227.61 UHC	Medicaid		3102.27	0.3146			2025.72	11482.48	percent of total billed charges	
ANGIO ILIAC(PELVIC)EACH VES RT	75736	CPT	both			9861		7227.61 UHC	Medicare		6284.88	1			2025.72	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO ILIAC(PELVIC)EACH VES RT	75736	CPT	both			9861		7227.61 Wellcare	Medicaid		3102.27	0.3146			2025.72	11482.48	percent of total billed charges	
ANGIO ILIAC(PELVIC)EACH VES RT	75736	CPT	both			9861		7227.61 Wellcare	Medicare		6284.88	1			2025.72	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM UNIL SELECTIVE	75741	CPT	both			11230		4192.26 Aetna	Commercial		5803.54	1.592			1745.72	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM UNIL SELECTIVE	75741	CPT	both			11230		4192.26 Aetna	Better Health		3532.96	0.3146			1745.72	10668.5	percent of total billed charges	
ANGIOGRAM-PULM UNIL SELECTIVE	75741	CPT	both			11230		4192.26 Aetna	Medicare		3645.44	1			1745.72	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM UNIL SELECTIVE	75741	CPT	both			11230		4192.26 Americare	Americare		8422.5	0.75			1745.72	10668.5	percent of total billed charges	
ANGIOGRAM-PULM UNIL SELECTIVE	75741	CPT	both			11230		4192.26 WellPoint	WellPoint		3602.58	0.3208			1745.72	10668.5	percent of total billed charges	
ANGIOGRAM-PULM UNIL SELECTIVE	75741	CPT	both			11230		4192.26 Amerihealth	Medicare		3645.44	1			1745.72	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM UNIL SELECTIVE	75741	CPT	both			11230		4192.26 Consumer	Consumer		10668.5	0.95			1745.72	10668.5	percent of total billed charges	
ANGIOGRAM-PULM UNIL SELECTIVE	75741	CPT	both			11230		4192.26 Corrections	Corrections		8984	0.8			1745.72	10668.5	percent of total billed charges	
ANGIOGRAM-PULM UNIL SELECTIVE	75741	CPT	both			11230		4192.26 First Health	First Health		7861	0.7			1745.72	10668.5	percent of total billed charges	
ANGIOGRAM-PULM UNIL SELECTIVE	75741	CPT	both			11230		4192.26 First Trenton	First Trenton		10107	0.9			1745.72	10668.5	percent of total billed charges	
ANGIOGRAM-PULM UNIL SELECTIVE	75741	CPT	both			11230		4192.26 Horizon	Indemnity		6660.22	1.827			1745.72	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM UNIL SELECTIVE	75741	CPT	both			11230		4192.26 Horizon	MGD		6660.22	1.827			1745.72	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM UNIL SELECTIVE	75741	CPT	both			11230		4192.26 Horizon	Medicare Blue		3645.44	1			1745.72	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM UNIL SELECTIVE	75741	CPT	both			11230		4192.26 Horizon	PPO		6660.22	1.827			1745.72	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM UNIL SELECTIVE	75741	CPT	both			11230		4192.26 Managed Care Inc	Managed Care Inc		10107	0.9			1745.72	10668.5	percent of total billed charges	
ANGIOGRAM-PULM UNIL SELECTIVE	75741	CPT	both			11230		4192.26 Multiplan	Multiplan		8984	0.8			1745.72	10668.5	percent of total billed charges	
ANGIOGRAM-PULM UNIL SELECTIVE	75741	CPT	both			11230		4192.26 Qualcare	Qualcare		8422.5	0.75			1745.72	10668.5	percent of total billed charges	
ANGIOGRAM-PULM UNIL SELECTIVE	75741	CPT	both			11230		4192.26 Three Rivers	Three Rivers		10668.5	0.95			1745.72	10668.5	percent of total billed charges	
ANGIOGRAM-PULM UNIL SELECTIVE	75741	CPT	both			11230		4192.26 UHC	Medicare		3645.44	1			1745.72	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM UNIL SELECTIVE	75741	CPT	both			11230		4192.26 UHC	Medicaid		3532.96	0.3146			1745.72	10668.5	percent of total billed charges	
ANGIOGRAM-PULM UNIL SELECTIVE	75741	CPT	both			11230		4192.26 Wellcare	Medicare		3645.44	1			1745.72	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM UNIL SELECTIVE	75741	CPT	both			11230		4192.26 Wellcare	Medicaid		3532.96	0.3146			1745.72	10668.5	percent of total billed charges	
ANGIOGRAM-PULM BILAT SELECTIVE	75743	CPT	inpatient			5549		4192.26 Aetna	Commercial		5803.54	1.592			1477.05	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM BILAT SELECTIVE	75743	CPT	inpatient			5549		4192.26 Aetna	Better Health		1745.72	0.3146			1477.05	6660.22	percent of total billed charges	
ANGIOGRAM-PULM BILAT SELECTIVE	75743	CPT	inpatient			5549		4192.26 Aetna	Medicare		3645.44	1			1477.05	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM BILAT SELECTIVE	75743	CPT	inpatient			5549		4192.26 Americare	Americare		4161.75	0.75			1477.05	6660.22	percent of total billed charges	
ANGIOGRAM-PULM BILAT SELECTIVE	75743	CPT	inpatient			5549		4192.26 WellPoint	WellPoint		1780.12	0.3208			1477.05	6660.22	percent of total billed charges	
ANGIOGRAM-PULM BILAT SELECTIVE	75743	CPT	inpatient			5549		4192.26 Amerihealth	Medicare		3645.44	1			1477.05	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM BILAT SELECTIVE	75743	CPT	inpatient			5549		4192.26 Consumer	Consumer		5271.55	0.95			1477.05	6660.22	percent of total billed charges	
ANGIOGRAM-PULM BILAT SELECTIVE	75743	CPT	inpatient			5549		4192.26 Corrections	Corrections		4439.2	0.8			1477.05	6660.22	percent of total billed charges	
ANGIOGRAM-PULM BILAT SELECTIVE	75743	CPT	inpatient			5549		4192.26 First Health	First Health		3884.3	0.7			1477.05	6660.22	percent of total billed charges	
ANGIOGRAM-PULM BILAT SELECTIVE	75743	CPT	inpatient			5549		4192.26 First Trenton	First Trenton		4994.1	0.9			1477.05	6660.22	percent of total billed charges	
ANGIOGRAM-PULM BILAT SELECTIVE	75743	CPT	inpatient			5549		4192.26 Horizon	MGD		6660.22	1.827			1477.05	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM BILAT SELECTIVE	75743	CPT	inpatient			5549		4192.26 Horizon	PPO		6660.22	1.827			1477.05	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM BILAT SELECTIVE	75743	CPT	inpatient			5549		4192.26 Horizon	Medicare Blue		3645.44	1			1477.05	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM BILAT SELECTIVE	75743	CPT	inpatient			5549		4192.26 Horizon	Indemnity		6660.22	1.827			1477.05	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM BILAT SELECTIVE	75743	CPT	inpatient			5549		4192.26 Managed Care Inc	Managed Care Inc		4994.1	0.9			1477.05	6660.22	percent of total billed charges	
ANGIOGRAM-PULM BILAT SELECTIVE	75743	CPT	inpatient			5549		4192.26 Multiplan	Multiplan		4439.2	0.8			1477.05	6660.22	percent of total billed charges	
ANGIOGRAM-PULM BILAT SELECTIVE	75743	CPT	inpatient			5549		4192.26 Qualcare	Qualcare		4161.75	0.75			1477.05	6660.22	percent of total billed charges	
ANGIOGRAM-PULM BILAT SELECTIVE	75743	CPT	inpatient			5549		4192.26 Three Rivers	Three Rivers		5271.55	0.95			1477.05	6660.22	percent of total billed charges	
ANGIOGRAM-PULM BILAT SELECTIVE	75743	CPT	inpatient			5549		4192.26 UHC	Medicaid		1745.72	0.3146			1477.05	6660.22	percent of total billed charges	
ANGIOGRAM-PULM BILAT SELECTIVE	75743	CPT	inpatient			5549		4192.26 UHC	Medicare		3645.44	1			1477.05	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM BILAT SELECTIVE	75743	CPT	inpatient			5549		4192.26 Wellcare	Medicare		3645.44	1			1477.05	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIOGRAM-PULM BILAT SELECTIVE	75743	CPT	inpatient			5549		4192.26 Wellcare	Medicaid		1745.72	0.3146			1477.05	6660.22	percent of total billed charges	
ANGIO PULM NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Aetna	Medicare		3451.45	0.308			1709.09	10645.7	percent of total billed charges	
ANGIO PULM NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Aetna	Commercial		5803.54	1.592			1709.09	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO PULM NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Aetna	Better Health		3525.41	0.3

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANGIO PULM NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 WellPoint	WellPoint		3594.88	0.3208			1709.09	10645.7	percent of total billed charges	
ANGIO PULM NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Amerihealth	Medicare		3645.44	1			1709.09	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO PULM NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Consumer	Consumer		10645.7	0.95			1709.09	10645.7	percent of total billed charges	
ANGIO PULM NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Corrections	Corrections		8964.8	0.8			1709.09	10645.7	percent of total billed charges	
ANGIO PULM NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 First Health	First Health		7844.2	0.7			1709.09	10645.7	percent of total billed charges	
ANGIO PULM NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 First Trenton	First Trenton		10085.4	0.9			1709.09	10645.7	percent of total billed charges	
ANGIO PULM NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Horizon	MGD		6660.22	1.827			1709.09	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO PULM NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Horizon	Medicare Blue		3645.44	1			1709.09	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO PULM NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Horizon	Indemnity		6660.22	1.827			1709.09	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO PULM NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Horizon	PPO		6660.22	1.827			1709.09	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO PULM NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Managed Care Inc	Managed Care Inc		10085.4	0.9			1709.09	10645.7	percent of total billed charges	
ANGIO PULM NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Multiplan	Multiplan		8964.8	0.8			1709.09	10645.7	percent of total billed charges	
ANGIO PULM NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Qualcare	Qualcare		8404.5	0.75			1709.09	10645.7	percent of total billed charges	
ANGIO PULM NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Three Rivers	Three Rivers		10645.7	0.95			1709.09	10645.7	percent of total billed charges	
ANGIO PULM NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 UHC	Medicaid		3525.41	0.3146			1709.09	10645.7	percent of total billed charges	
ANGIO PULM NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 UHC	Medicare		3645.44	1			1709.09	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO PULM NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Wellcare	Medicare		3645.44	1			1709.09	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO PULM NON-SELECTIVE	75746	CPT	outpatient			11206		4192.26 Wellcare	Medicaid		3525.41	0.3146			1709.09	10645.7	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Aetna	Commercial		5803.54	1.592			3401.14	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Aetna	Better Health		3401.14	0.3146			3401.14	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Aetna	Medicare		3645.44	1			3401.14	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Americare	Americare		8108.25	0.75			3401.14	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 WellPoint	WellPoint		3468.17	0.3208			3401.14	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Amerihealth	Medicare		3645.44	1			3401.14	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Consumer	Consumer		10270.45	0.95			3401.14	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Corrections	Corrections		8648.8	0.8			3401.14	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 First Health	First Health		7567.7	0.7			3401.14	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 First Trenton	First Trenton		9729.9	0.9			3401.14	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Horizon	Indemnity		6660.22	1.827			3401.14	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Horizon	Medicare Blue		3645.44	1			3401.14	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Horizon	PPO		6660.22	1.827			3401.14	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Horizon	MGD		6660.22	1.827			3401.14	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Managed Care Inc	Managed Care Inc		9729.9	0.9			3401.14	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Multiplan	Multiplan		8648.8	0.8			3401.14	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Qualcare	Qualcare		8108.25	0.75			3401.14	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Three Rivers	Three Rivers		10270.45	0.95			3401.14	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 UHC	Medicaid		3401.14	0.3146			3401.14	10270.45	percent of total billed charges	
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 UHC	Medicare		3645.44	1			3401.14	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Wellcare	Medicare		3645.44	1			3401.14	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANGIO INTERNAL MAMMARY S&I RT	75756	CPT	inpatient			10811		4192.26 Wellcare	Medicaid		3401.14	0.3146			3401.14	10270.45	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Aetna	Commercial		2598.82	0.38			1664.7	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Aetna	Medicare		2106.41	0.308			1664.7	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Aetna	Better Health		2151.55	0.3146			1664.7	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Americare	Americare		5129.25	0.75			1664.7	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		WellPoint	WellPoint		2193.95	0.3208			1664.7	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Consumer	Consumer		6497.05	0.95			1664.7	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Corrections	Corrections		5471.2	0.8			1664.7	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		First Health	First Health		4787.3	0.7			1664.7	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		First Trenton	First Trenton		6155.1	0.9			1664.7	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Horizon	Indemnity		2617.97	0.3828			1664.7	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Horizon	Medicare Blue		2051.7	0.3			1664.7	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Horizon	MGD		2617.97	0.3828			1664.7	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Horizon	PPO		2617.97	0.3828			1664.7	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Managed Care Inc	Managed Care Inc		6155.1	0.9			1664.7	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Multiplan	Multiplan		5471.2	0.8			1664.7	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Qualcare	Qualcare		5129.25	0.75			1664.7	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Three Rivers	Three Rivers		6497.05	0.95			1664.7	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		UHC	Medicaid		2151.55	0.3146			1664.7	6497.05	percent of total billed charges	
VISCERAL ARTERIO 4 V	75774	CPT	both			6839		Wellcare	Medicaid		2151.55	0.3146			1664.7	6497.05	percent of total billed charges	
LYMPH EXTREM ONLY UNI RT	75801	CPT	outpatient			2396		826.23 Aetna	Better Health		753.78	0.3146			718.46	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY UNI RT	75801	CPT	outpatient			2396		826.23 Aetna	Commercial		1143.79	1.592			718.46	2276.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH EXTREM ONLY UNI RT	75801	CPT	outpatient			2396		826.23 Aetna	Medicare		718.46	1			718.46	2276.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH EXTREM ONLY UNI RT	75801	CPT	outpatient			2396		826.23 Americare	Americare		1797	0.75			718.46	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY UNI RT	75801	CPT	outpatient			2396		826.23 WellPoint	WellPoint		768.64	0.3208			718.46	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY UNI RT	75801	CPT	outpatient			2396		826.23 Amerihealth	Medicare		718.46	1			718.46	2276.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH EXTREM ONLY UNI RT	75801	CPT	outpatient			2396		826.23 Consumer	Consumer		2276.2	0.95			718.46	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY UNI RT	75801	CPT	outpatient			2396		826.23 Corrections	Corrections		1916.8	0.8			718.46	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY UNI RT	75801	CPT	outpatient			2396		826.23 First Health	First Health		1677.2	0.7			718.46	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY UNI RT	75801	CPT	outpatient			2396		826.23 First Trenton	First Trenton		2156.4	0.9			718.46	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY UNI RT	75801	CPT	outpatient			2396		826.23 Horizon	MGD		1312.63	1.827			718.46	2276.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH EXTREM ONLY UNI RT	75801	CPT	outpatient			2396		826.23 Horizon	Medicare Blue		718.46	1			718.46	2276.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH EXTREM ONLY UNI RT	75801	CPT	outpatient			2396		826.23 Horizon	Indemnity		1312.63	1.827			718.46	2276.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH EXTREM ONLY UNI RT	75801	CPT	outpatient			2396		826.23 Horizon	PPO		1312.63	1.827			718.46	2276.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH EXTREM ONLY UNI RT	75801	CPT	outpatient			2396		826.23 Managed Care Inc	Managed Care Inc		2156.4	0.9			718.46	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY UNI RT	75801	CPT	outpatient			2396		826.23 Multiplan	Multiplan		1916.8	0.8			718.46	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY UNI RT	75801	CPT	outpatient			2396		826.23 Qualcare	Qualcare		1797	0.75			718.46	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY UNI RT	75801	CPT	outpatient			2396		826.23 Three Rivers	Three Rivers		2276.2	0.95			718.46	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY UNI RT	75801	CPT	outpatient			2396		826.23 UHC	Medicaid		753.78	0.3146			718.46	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY UNI RT	75801	CPT	outpatient			2396		826.23 UHC	Medicare		718.46	1			718.46	2276.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPH EXTREM ONLY UNI RT	75801	CPT	outpatient			2396		826.23 Wellcare	Medicaid		753.78	0.3146			718.46	2276.2	percent of total billed charges	
LYMPH EXTREM ONLY UNI RT	75801	CPT	outpatient			2396		826.23 Wellcare	Medicare		718.46	1			718.46	2276.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Aetna	Better Health		1080.65	0.3146			737.97	3346.39	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Aetna	Commercial		2915.95	1.592			737.97	3346.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Aetna	Medicare		1057.98	0.308			737.97	3346.39	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Americare	Americare		2576.25	0.75			737.97	3346.39	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 WellPoint	WellPoint		1101.95	0.3208			737.97	3346.39	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Amerihealth	Medicare		1831.63	1			737.97	3346.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Consumer	Consumer		3263.25	0.95			737.97	3346.39	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Corrections	Corrections		2748	0.8			737.97	3346.39	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 First Health	First Health		2404.5	0.7			737.97	3346.39	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 First Trenton	First Trenton		3091.5	0.9			737.97	3346.39	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Horizon	MGD		3346.39	1.827			737.97	3346.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Horizon	Indemnity		3346.39	1.827			737.97	3346.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Horizon	Medicare Blue		1831.63	1			737.97	3346.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Horizon	PPO		3346.39	1.827			737.97	3346.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Managed Care Inc	Managed Care Inc		3091.5	0.9			737.97	3346.39	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Multiplan	Multiplan		2748	0.8			737.97	3346.39	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Qualcare	Qualcare		2576.25	0.75			737.97	3346.39	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Three Rivers	Three Rivers		3263.25	0.95			737.97	3346.39	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 UHC	Medicaid		1080.65	0.3146			737.97	3346.39	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 UHC	Medicare		1831.63	1			737.97	3346.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Wellcare	Medicaid		1080.65	0.3146			737.97	3346.39	percent of total billed charges	
LYMPHANGIOGRAM 2 EXTREMITIES	75803	CPT	inpatient			3435		2106.37 Wellcare	Medicare		1831.63	1			737.97	3346.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Aetna	Commercial		5803.54	1.592			1408.78	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Aetna	Medicare		3645.44	1			1408.78	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Aetna	Better Health		3525.41	0.3146			1408.78	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Americare	Americare		8404.5	0.75			1408.78	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 WellPoint	WellPoint		3594.88	0.3208			1408.78	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Amerihealth	Medicare		3645.44	1			1408.78	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Consumer	Consumer		10645.7	0.95			1408.78	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Corrections	Corrections		8964.8	0.8			1408.78	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 First Health	First Health		7844.2	0.7			1408.78	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 First Trenton	First Trenton		10085.4	0.9			1408.78	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Horizon	MGD		6660.22	1.827			1408.78	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Horizon	Indemnity		6660.22	1.827			1408.78	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Horizon	PPO		6660.22	1.827			1408.78	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Horizon	Medicare Blue		3645.44	1			1408.78	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Managed Care Inc	Managed Care Inc		10085.4	0.9			1408.78	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Multiplan	Multiplan		8964.8	0.8			1408.78	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Qualcare	Qualcare		8404.5	0.75			1408.78	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Three Rivers	Three Rivers		10645.7	0.95			1408.78	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 UHC	Medicaid		3525.41	0.3146			1408.78	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 UHC	Medicare		3645.44	1			1408.78	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Wellcare	Medicare		3645.44	1			1408.78	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABDOMEN UNILATERAL	75805	CPT	outpatient			11206		4192.26 Wellcare	Medicaid		3525.41	0.3146			1408.78	10645.7	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Aetna	Better Health		3401.14	0.3146			3287.88	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Aetna	Commercial		5803.54	1.592			3287.88	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Aetna	Medicare		3645.44	1			3287.88	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Americare	Americare		8108.25	0.75			3287.88	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 WellPoint	WellPoint		3468.17	0.3208			3287.88	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Amerihealth	Medicare		3645.44	1			3287.88	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Consumer	Consumer		10270.45	0.95			3287.88	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Corrections	Corrections		8648.8	0.8			3287.88	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 First Health	First Health		7567.7	0.7			3287.88	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 First Trenton	First Trenton		9729.9	0.9			3287.88	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Horizon	Indemnity		6660.22	1.827			3287.88	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Horizon	MGD		6660.22	1.827			3287.88	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Horizon	Medicare Blue		3645.44	1			3287.88	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Horizon	PPO		6660.22	1.827			3287.88	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Managed Care Inc	Managed Care Inc		9729.9	0.9			3287.88	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Multiplan	Multiplan		8648.8	0.8			3287.88	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Qualcare	Qualcare		8108.25	0.75			3287.88	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 UHC	Medicaid		3401.14	0.3146			3287.88	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 UHC	Medicare		3645.44	1			3287.88	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Wellcare	Medicaid		3401.14	0.3146			3287.88	10270.45	percent of total billed charges	
LYMPHANGIOGRAPHY PEL/ABD BILATERAL	75807	CPT	outpatient			10811		4192.26 Wellcare	Medicare		3645.44	1			3287.88	10270.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Aetna	Medicare		125.74	1			125.74	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Aetna	Better Health		151.01	0.3146			125.74	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Aetna	Commercial		200.18	1.592			125.74	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Americare	Americare		360	0.75			125.74	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 WellPoint	WellPoint		153.98	0.3208			125.74	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Amerihealth	Medicare		125.74	1			125.74	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Consumer	Consumer		456	0.95			125.74	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Corrections	Corrections		384	0.8			125.74	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 First Health	First Health		336	0.7			125.74	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 First Trenton	First Trenton		432	0.9			125.74	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Horizon	Medicare Blue		125.74	1			125.74	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Horizon	Indemnity		229.73	1.827			125.74	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Horizon	MGD		229.73	1.827			125.74	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Horizon	PPO		229.73	1.827			125.74	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Managed Care Inc	Managed Care Inc		432	0.9			125.74	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Multiplan	Multiplan		384	0.8			125.74	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Qualcare	Qualcare		360	0.75			125.74	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Three Rivers	Three Rivers		456	0.95			125.74	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 UHC	Medicaid		151.01	0.3146			125.74	456	percent of total billed charges	
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 UHC	Medicare		125.74	1			125.74	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Wellcare	Medicare		125.74	1			125.74	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SHUNTOGRAM FOR INVESTIGATION OF PREV-PL	75809	CPT	outpatient			480		144.6 Wellcare	Medicaid		151.01	0.3146			125.74	456	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Aetna	Medicare		1210.44	0.308			1210.44	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Aetna	Commercial		2915.95	1.592			1210.44	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Aetna	Better Health		1236.38	0.3146			1210.44	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Americare	Americare		2947.5	0.75			1210.44	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 WellPoint	WellPoint		1260.74	0.3208			1210.44	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Amerihealth	Medicare		1831.63	1			1210.44	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Consumer	Consumer		3733.5	0.95			1210.44	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Corrections	Corrections		3144	0.8			1210.44	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 First Health	First Health		2751	0.7			1210.44	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 First Trenton	First Trenton		3537	0.9			1210.44	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Horizon	MGD		3346.39	1.827			1210.44	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Horizon	Indemnity		3346.39	1.827			1210.44	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Horizon	Medicare Blue		1831.63	1			1210.44	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Horizon	PPO		3346.39	1.827			1210.44	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Managed Care Inc	Managed Care Inc		3537	0.9			1210.44	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Multiplan	Multiplan		3144	0.8			1210.44	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Qualcare	Qualcare		2947.5	0.75			1210.44	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Three Rivers	Three Rivers		3733.5	0.95			1210.44	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 UHC	Medicaid		1236.38	0.3146			1210.44	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 UHC	Medicare		1831.63	1			1210.44	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Wellcare	Medicaid		1236.38	0.3146			1210.44	3733.5	percent of total billed charges	
VENOGRAM EXTREMITY UNI RT	75820	CPT	both			3930		2106.37 Wellcare	Medicare		1831.63	1			1210.44	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Aetna	Better Health		1236.38	0.3146			1236.38	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Aetna	Commercial		2915.95	1.592			1236.38	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Aetna	Medicare		1831.63	1			1236.38	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Americare	Americare		2947.5	0.75			1236.38	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 WellPoint	WellPoint		1260.74	0.3208			1236.38	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Amerihealth	Medicare		1831.63	1			1236.38	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Consumer	Consumer		3733.5	0.95			1236.38	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Corrections	Corrections		3144	0.8			1236.38	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 First Health	First Health		2751	0.7			1236.38	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 First Trenton	First Trenton		3537	0.9			1236.38	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Horizon	MGD		3346.39	1.827			1236.38	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Horizon	Indemnity		3346.39	1.827			1236.38	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Horizon	PPO		3346.39	1.827			1236.38	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Horizon	Medicare Blue		1831.63	1			1236.38	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Managed Care Inc	Managed Care Inc		3537	0.9			1236.38	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Multiplan	Multiplan		3144	0.8			1236.38	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Qualcare	Qualcare		2947.5	0.75			1236.38	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Three Rivers	Three Rivers		3733.5	0.95			1236.38	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 UHC	Medicaid		1236.38	0.3146			1236.38	3733.5	percent of total billed charges	
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 UHC	Medicare		1831.63	1			1236.38	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Wellcare	Medicare		1831.63	1			1236.38	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM EXTREMITIES BIL	75822	CPT	inpatient			3930		2106.37 Wellcare	Medicaid		1236.38	0.3146			1236.38	3733.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Aetna	Commercial		5803.54	1.592			2106.41	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Aetna	Better Health		3532.96	0.3146			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Aetna	Medicare		3458.84	0.308			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Americare	Americare		8422.5	0.75			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 WellPoint	WellPoint		3602.58	0.3208			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Amerihealth	Medicare		3645.44	1			2106.41	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Consumer	Consumer		10668.5	0.95			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Corrections	Corrections		8984	0.8			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 First Health	First Health		7861	0.7			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 First Trenton	First Trenton		10107	0.9			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Horizon	MGD		6660.22	1.827			2106.41	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Horizon	Medicare Blue		3645.44	1			2106.41	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Horizon	Indemnity		6660.22	1.827			2106.41	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Horizon	PPO		6660.22	1.827			2106.41	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Managed Care Inc	Managed Care Inc		10107	0.9			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Multiplan	Multiplan		8984	0.8			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Qualcare	Qualcare		8422.5	0.75			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Three Rivers	Three Rivers		10668.5	0.95			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 UHC	Medicaid		3532.96	0.3146			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 UHC	Medicare		3645.44	1			2106.41	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Wellcare	Medicare		3645.44	1			2106.41	10668.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF IVC	75825	CPT	both			11230		4192.26 Wellcare	Medicaid		3532.96	0.3146			2106.41	10668.5	percent of total billed charges	
SUPERVISION OF SVC	75827	CPT	both			6839		2106.37 Aetna	Better Health		2151.55	0.3146			1155.62	6497.05	percent of total billed charges	
SUPERVISION OF SVC	75827	CPT	both			6839		2106.37 Aetna	Medicare		2106.41	0.308			1155.62	6497.05	percent of total billed charges	
SUPERVISION OF SVC	75827	CPT	both			6839		2106.37 Aetna	Commercial		2915.95	1.592			1155.62	6497.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF SVC	75827	CPT	both			6839		2106.37 Americare	Americare		5129.25	0.75			1155.62	6497.05	percent of total billed charges	
SUPERVISION OF SVC	75827	CPT	both			6839		2106.37 WellPoint	WellPoint		2193.95	0.3208			1155.62	6497.05	percent of total billed charges	
SUPERVISION OF SVC	75827	CPT	both			6839		2106.37 Amerihealth	Medicare		1831.63	1			1155.62	6497.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF SVC	75827	CPT	both			6839		2106.37 Consumer	Consumer		6497.05	0.95			1155.62	6497.05	percent of total billed charges	
SUPERVISION OF SVC	75827	CPT	both			6839		2106.37 Corrections	Corrections		5471.2	0.8			1155.62	6497.05	percent of total billed charges	
SUPERVISION OF SVC	75827	CPT	both			6839		2106.37 First Health	First Health		4787.3	0.7			1155.62	6497.05	percent of total billed charges	
SUPERVISION OF SVC	75827	CPT	both			6839		2106.37 First Trenton	First Trenton		6155.1	0.9			1155.62	6497.05	percent of total billed charges	
SUPERVISION OF SVC	75827	CPT	both			6839		2106.37 Horizon	MGD		3346.39	1.827			1155.62	6497.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF SVC	75827	CPT	both			6839		2106.37 Horizon	Medicare Blue		1831.63	1			1155.62	6497.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF SVC	75827	CPT	both			6839		2106.37 Horizon	Indemnity		3346.39	1.827			1155.62	6497.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF SVC	75827	CPT	both			6839		2106.37 Horizon	PPO		3346.39	1.827			1155.62	6497.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF SVC	75827	CPT	both			6839		2106.37 Managed Care Inc	Managed Care Inc		6155.1	0.9			1155.62	6497.05	percent of total billed charges	
SUPERVISION OF SVC	75827	CPT	both			6839		2106.37 Multiplan	Multiplan		5471.2	0.8			1155.62	6497.05	percent of total billed charges	
SUPERVISION OF SVC	75827	CPT	both			6839		2106.37 Qualcare	Qualcare		5129.25	0.75			1155.62	6497.05	percent of total billed charges	
SUPERVISION OF SVC	75827	CPT	both			6839		2106.37 Three Rivers	Three Rivers		6497.05	0.95			1155.62	6497.05	percent of total billed charges	
SUPERVISION OF SVC	75827	CPT	both			6839		2106.37 UHC	Medicare		1831.63	1			1155.62	6497.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUPERVISION OF SVC	75827	CPT	both			6839		2106.37 UHC	Medicaid		2151.55	0.3146			1155.62	6497.05	percent of total billed charges	
SUPERVISION OF SVC	75827	CPT	both			6839		2106.37 Wellcare	Medicaid		2151.55	0.3146			1155.62	6497.05	percent of total billed charges	
SUPERVISION OF SVC	75827	CPT	both			6839		2106.37 Wellcare	Medicare		1831.63	1			1155.62	6497.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL/UNI RT	75831	CPT	outpatient			5338		4192.26 Aetna	Commercial		5803.54	1.592			1478.31	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL/UNI RT	75831	CPT	outpatient			5338		4192.26 Aetna	Better Health		1679.33	0.3146			1478.31	6660.22	percent of total billed charges	
VENOGRAM RENAL/UNI RT	75831	CPT	outpatient			5338		4192.26 Aetna	Medicare		3645.44	1			1478.31	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL/UNI RT	75831	CPT	outpatient			5338		4192.26 Americare	Americare		4003.5	0.75			1478.31	6660.22	percent of total billed charges	
VENOGRAM RENAL/UNI RT	75831	CPT	outpatient			5338		4192.26 WellPoint	WellPoint		1712.43	0.3208			1478.31	6660.22	percent of total billed charges	
VENOGRAM RENAL/UNI RT	75831	CPT	outpatient			5338		4192.26 Amerihealth	Medicare		3645.44	1			1478.31	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL/UNI RT	75831	CPT	outpatient			5338		4192.26 Consumer	Consumer		5071.1	0.95			1478.31	6660.22	percent of total billed charges	
VENOGRAM RENAL/UNI RT	75831	CPT	outpatient			5338		4192.26 Corrections	Corrections		4270.4	0.8			1478.31	6660.22	percent of total billed charges	
VENOGRAM RENAL/UNI RT	75831	CPT	outpatient			5338		4192.26 First Health	First Health		3736.6	0.7			1478.31	6660.22	percent of total billed charges	
VENOGRAM RENAL/UNI RT	75831	CPT	outpatient			5338		4192.26 First Trenton	First Trenton		4804.2	0.9			1478.31	6660.22	percent of total billed charges	
VENOGRAM RENAL/UNI RT	75831	CPT	outpatient			5338		4192.26 Horizon	Indemnity		6660.22	1.827			1478.31	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL/UNI RT	75831	CPT	outpatient			5338		4192.26 Horizon	PPO		6660.22	1.827			1478.31	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL/UNI RT	75831	CPT	outpatient			5338		4192.26 Horizon	MGD		6660.22	1.827			1478.31	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL/UNI RT	75831	CPT	outpatient			5338		4192.26 Horizon	Medicare Blue		3645.44	1			1478.31	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL/UNI RT	75831	CPT	outpatient			5338		4192.26 Managed Care Inc	Managed Care Inc		4804.2	0.9			1478.31	6660.22	percent of total billed charges	
VENOGRAM RENAL/UNI RT	75831	CPT	outpatient			5338		4192.26 Multiplan	Multiplan		4270.4	0.8			1478.31	6660.22	percent of total billed charges	
VENOGRAM RENAL/UNI RT	75831	CPT	outpatient			5338		4192.26 Qualcare	Qualcare		4003.5	0.75			1478.31	6660.22	percent of total billed charges	
VENOGRAM RENAL/UNI RT	75831	CPT	outpatient			5338		4192.26 Three Rivers	Three Rivers		5071.1	0.95			1478.31	6660.22	percent of total billed charges	
VENOGRAM RENAL/UNI RT	75831	CPT	outpatient			5338		4192.26 UHC	Medicaid		1679.33	0.3146			1478.31	6660.22	percent of total billed charges	
VENOGRAM RENAL/UNI RT	75831	CPT	outpatient			5338		4192.26 UHC	Medicare		3645.44	1			1478.31	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL/UNI RT	75831	CPT	outpatient			5338		4192.26 Wellcare	Medicare		3645.44	1			1478.31	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL/UNI RT	75831	CPT	outpatient			5338		4192.26 Wellcare	Medicaid		1679.33	0.3146			1478.31	6660.22	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	inpatient			5549		4192.26 Aetna	Better Health		1745.72	0.3146			1745.72	6660.22	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	inpatient			5549		4192.26 Aetna	Commercial		5803.54	1.592			1745.72	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL BIL	75833	CPT	inpatient			5549		4192.26 Aetna	Medicare		3645.44	1			1745.72	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL BIL	75833	CPT	inpatient			5549		4192.26 Americare	Americare		4161.75	0.75			1745.72	6660.22	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	inpatient			5549		4192.26 WellPoint	WellPoint		1780.12	0.3208			1745.72	6660.22	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	inpatient			5549		4192.26 Amerihealth	Medicare		3645.44	1			1745.72	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL BIL	75833	CPT	inpatient			5549		4192.26 Consumer	Consumer		5271.55	0.95			1745.72	6660.22	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VENOGRAM RENAL BIL	75833	CPT	inpatient			5549		4192.26 Corrections	Corrections		4439.2	0.8			1745.72	6660.22	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	inpatient			5549		4192.26 First Health	First Health		3884.3	0.7			1745.72	6660.22	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	inpatient			5549		4192.26 First Trenton	First Trenton		4994.1	0.9			1745.72	6660.22	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	inpatient			5549		4192.26 Horizon	MGD		6660.22	1.827			1745.72	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL BIL	75833	CPT	inpatient			5549		4192.26 Horizon	Medicare Blue		3645.44	1			1745.72	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL BIL	75833	CPT	inpatient			5549		4192.26 Horizon	Indemnity		6660.22	1.827			1745.72	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL BIL	75833	CPT	inpatient			5549		4192.26 Horizon	PPO		6660.22	1.827			1745.72	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL BIL	75833	CPT	inpatient			5549		4192.26 Managed Care Inc	Managed Care Inc		4994.1	0.9			1745.72	6660.22	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	inpatient			5549		4192.26 Multiplan	Multiplan		4439.2	0.8			1745.72	6660.22	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	inpatient			5549		4192.26 Qualcare	Qualcare		4161.75	0.75			1745.72	6660.22	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	inpatient			5549		4192.26 Three Rivers	Three Rivers		5271.55	0.95			1745.72	6660.22	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	inpatient			5549		4192.26 UHC	Medicaid		1745.72	0.3146			1745.72	6660.22	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	inpatient			5549		4192.26 UHC	Medicare		3645.44	1			1745.72	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENAL BIL	75833	CPT	inpatient			5549		4192.26 Wellcare	Medicaid		1745.72	0.3146			1745.72	6660.22	percent of total billed charges	
VENOGRAM RENAL BIL	75833	CPT	inpatient			5549		4192.26 Wellcare	Medicare		3645.44	1			1745.72	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ADRENAL UNI.SELECT RT	75840	CPT	inpatient			8322		4192.26 Aetna	Better Health		2618.1	0.3146			1506.12	7905.9	percent of total billed charges	
VENOGRAPHY ADRENAL UNI.SELECT RT	75840	CPT	inpatient			8322		4192.26 Aetna	Commercial		5803.54	1.592			1506.12	7905.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ADRENAL UNI.SELECT RT	75840	CPT	inpatient			8322		4192.26 Aetna	Medicare		2563.18	0.308			1506.12	7905.9	percent of total billed charges	
VENOGRAPHY ADRENAL UNI.SELECT RT	75840	CPT	inpatient			8322		4192.26 Americare	Americare		6241.5	0.75			1506.12	7905.9	percent of total billed charges	
VENOGRAPHY ADRENAL UNI.SELECT RT	75840	CPT	inpatient			8322		4192.26 WellPoint	WellPoint		2669.7	0.3208			1506.12	7905.9	percent of total billed charges	
VENOGRAPHY ADRENAL UNI.SELECT RT	75840	CPT	inpatient			8322		4192.26 Amerihealth	Medicare		3645.44	1			1506.12	7905.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ADRENAL UNI.SELECT RT	75840	CPT	inpatient			8322		4192.26 Consumer	Consumer		7905.9	0.95			1506.12	7905.9	percent of total billed charges	
VENOGRAPHY ADRENAL UNI.SELECT RT	75840	CPT	inpatient			8322		4192.26 Corrections	Corrections		6657.6	0.8			1506.12	7905.9	percent of total billed charges	
VENOGRAPHY ADRENAL UNI.SELECT RT	75840	CPT	inpatient			8322		4192.26 First Health	First Health		5825.4	0.7			1506.12	7905.9	percent of total billed charges	
VENOGRAPHY ADRENAL UNI.SELECT RT	75840	CPT	inpatient			8322		4192.26 First Trenton	First Trenton		7489.8	0.9			1506.12	7905.9	percent of total billed charges	
VENOGRAPHY ADRENAL UNI.SELECT RT	75840	CPT	inpatient			8322		4192.26 Horizon	MGD		6660.22	1.827			1506.12	7905.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ADRENAL UNI.SELECT RT	75840	CPT	inpatient			8322		4192.26 Horizon	Medicare Blue		3645.44	1			1506.12	7905.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ADRENAL UNI.SELECT RT	75840	CPT	inpatient			8322		4192.26 Horizon	Indemnity		6660.22	1.827			1506.12	7905.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ADRENAL UNI.SELECT RT	75840	CPT	inpatient			8322		4192.26 Horizon	PPO		6660.22	1.827			1506.12	7905.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ADRENAL UNI.SELECT RT	75840	CPT	inpatient			8322		4192.26 Managed Care Inc	Managed Care Inc		7489.8	0.9			1506.12	7905.9	percent of total billed charges	
VENOGRAPHY ADRENAL UNI.SELECT RT	75840	CPT	inpatient			8322		4192.26 Multiplan	Multiplan		6657.6	0.8			1506.12	7905.9	percent of total billed charges	
VENOGRAPHY ADRENAL UNI.SELECT RT	75840	CPT	inpatient			8322		4192.26 Qualcare	Qualcare		6241.5	0.75			1506.12	7905.9	percent of total billed charges	
VENOGRAPHY ADRENAL UNI.SELECT RT	75840	CPT	inpatient			8322		4192.26 Three Rivers	Three Rivers		7905.9	0.95			1506.12	7905.9	percent of total billed charges	
VENOGRAPHY ADRENAL UNI.SELECT RT	75840	CPT	inpatient			8322		4192.26 UHC	Medicare		3645.44	1			1506.12	7905.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ADRENAL UNI.SELECT RT	75840	CPT	inpatient			8322		4192.26 UHC	Medicaid		2618.1	0.3146			1506.12	7905.9	percent of total billed charges	
VENOGRAPHY ADRENAL UNI.SELECT RT	75840	CPT	inpatient			8322		4192.26 Wellcare	Medicaid		2618.1	0.3146			1506.12	7905.9	percent of total billed charges	
VENOGRAPHY ADRENAL UNI.SELECT RT	75840	CPT	inpatient			8322		4192.26 Wellcare	Medicare		3645.44	1			1506.12	7905.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ADRENAL BIL SELECTIVE	75842	CPT	outpatient			17878		7227.61 Aetna	Commercial		10005.53	1.592			5624.42	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ADRENAL BIL SELECTIVE	75842	CPT	outpatient			17878		7227.61 Aetna	Better Health		5624.42	0.3146			5624.42	16984.1	percent of total billed charges	
VENOGRAPHY ADRENAL BIL SELECTIVE	75842	CPT	outpatient			17878		7227.61 Aetna	Medicare		6284.88	1			5624.42	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ADRENAL BIL SELECTIVE	75842	CPT	outpatient			17878		7227.61 Americare	Americare		13408.5	0.75			5624.42	16984.1	percent of total billed charges	
VENOGRAPHY ADRENAL BIL SELECTIVE	75842	CPT	outpatient			17878		7227.61 WellPoint	WellPoint		5735.26	0.3208			5624.42	16984.1	percent of total billed charges	
VENOGRAPHY ADRENAL BIL SELECTIVE	75842	CPT	outpatient			17878		7227.61 Amerihealth	Medicare		6284.88	1			5624.42	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ADRENAL BIL SELECTIVE	75842	CPT	outpatient			17878		7227.61 Consumer	Consumer		16984.1	0.95			5624.42	16984.1	percent of total billed charges	
VENOGRAPHY ADRENAL BIL SELECTIVE	75842	CPT	outpatient			17878		7227.61 Corrections	Corrections		14302.4	0.8			5624.42	16984.1	percent of total billed charges	
VENOGRAPHY ADRENAL BIL SELECTIVE	75842	CPT	outpatient			17878		7227.61 First Health	First Health		12514.6	0.7			5624.42	16984.1	percent of total billed charges	
VENOGRAPHY ADRENAL BIL SELECTIVE	75842	CPT	outpatient			17878		7227.61 First Trenton	First Trenton		16090.2	0.9			5624.42	16984.1	percent of total billed charges	
VENOGRAPHY ADRENAL BIL SELECTIVE	75842	CPT	outpatient			17878		7227.61 Horizon	PPO		11482.48	1.827			5624.42	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ADRENAL BIL SELECTIVE	75842	CPT	outpatient			17878		7227.61 Horizon	MGD		11482.48	1.827			5624.42	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ADRENAL BIL SELECTIVE	75842	CPT	outpatient			17878		7227.61 Horizon	Indemnity		11482.48	1.827			5624.42	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ADRENAL BIL SELECTIVE	75842	CPT	outpatient			17878		7227.61 Horizon	Medicare Blue		6284.88	1			5624.42	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ADRENAL BIL SELECTIVE	75842	CPT	outpatient			17878		7227.61 Managed Care Inc	Managed Care Inc		16090.2	0.9			5624.42	16984.1	percent of total billed charges	
VENOGRAPHY ADRENAL BIL SELECTIVE	75842	CPT	outpatient			17878		7227.61 Multiplan	Multiplan		14302.4	0.8			5624.42	16984.1	percent of total billed charges	
VENOGRAPHY ADRENAL BIL SELECTIVE	75842	CPT	outpatient			17878		7227.61 Qualcare	Qualcare		13408.5	0.75			5624.42	16984.1	percent of total billed charges	
VENOGRAPHY ADRENAL BIL SELECTIVE	75842	CPT	outpatient			17878		7227.61 Three Rivers	Three Rivers		16984.1	0.95			5624.42	16984.1	percent of total billed charges	
VENOGRAPHY ADRENAL BIL SELECTIVE	75842	CPT	outpatient			17878		7227.61 UHC	Medicare		6284.88	1			5624.42	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ADRENAL BIL SELECTIVE	75842	CPT	outpatient			17878		7227.61 UHC	Medicaid		5624.42	0.3146			5624.42	16984.1	percent of total billed charges	
VENOGRAPHY ADRENAL BIL SELECTIVE	75842	CPT	outpatient			17878		7227.61 Wellcare	Medicare		6284.88	1			5624.42	16984.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ADRENAL BIL SELECTIVE	75842	CPT	outpatient			17878		7227.61 Wellcare	Medicaid		5624.42	0.3146			5624.42	16984.1	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Aetna	Better Health		2151.55	0.3146			2151.55	6660.22	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Aetna	Medicare		3645.44	1			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Aetna	Commercial		5803.54	1.592			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Americare	Americare		5129.25	0.75			2151.55	6660.22	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 WellPoint	WellPoint		2193.95	0.3208			2151.55	6660.22	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Amerihealth	Medicare		3645.44	1			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Consumer	Consumer		6497.05	0.95			2151.55	6660.22	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Corrections	Corrections		5471.2	0.8			2151.55	6660.22	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 First Health	First Health		4787.3	0.7			2151.55	6660.22	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 First Trenton	First Trenton		6155.1	0.9			2151.55	6660.22	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Horizon	Indemnity		6660.22	1.827			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Horizon	Medicare Blue		3645.44	1			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Horizon	MGD		6660.22	1.827			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Horizon	PPO		6660.22	1.827			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Managed Care Inc	Managed Care Inc		6155.1	0.9			2151.55	6660.22	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Multiplan	Multiplan		5471.2	0.8			2151.55	6660.22	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Qualcare	Qualcare		5129.25	0.75			2151.55	6660.22	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Three Rivers	Three Rivers		6497.05	0.95			2151.55	6660.22	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 UHC	Medicaid		2151.55	0.3146			2151.55	6660.22	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 UHC	Medicare		3645.44	1			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Wellcare	Medicaid		2151.55	0.3146			2151.55	6660.22	percent of total billed charges	
VENOGRAPHY-SINUS/JUGULAR	75860	CPT	both			6839		4192.26 Wellcare	Medicare		3645.44	1			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY SUP SAG SINUS S&I	75870	CPT	both			11206		4192.26 Aetna	Commercial		5803.54	1.592			1745.72	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY SUP SAG SINUS S&I	75870	CPT	both			11206		4192.26 Aetna	Medicare		3645.44	1			1745.72	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY SUP SAG SINUS S&I	75870	CPT	both			11206		4192.26 Aetna	Better Health		3525.41	0.3146			1745.72	10645.7	percent of total billed charges	
VENOGRAPHY SUP SAG SINUS S&I	75870	CPT	both			11206		4192.26 Americare	Americare		8404.5	0.75			1745.72	10645.7	percent of total billed charges	
VENOGRAPHY SUP SAG SINUS S&I	75870	CPT	both			11206		4192.26 WellPoint	WellPoint		3594.88	0.3208			1745.72	10645.7	percent of total billed charges	
VENOGRAPHY SUP SAG SINUS S&I	75870	CPT	both			11206		4192.26 Amerihealth	Medicare		3645.44	1			1745.72	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY SUP SAG SINUS S&I	75870	CPT	both			11206		4192.26 Consumer	Consumer		10645.7	0.95			1745.72	10645.7	percent of total billed charges	
VENOGRAPHY SUP SAG SINUS S&I	75870	CPT	both			11206		4192.26 Corrections	Corrections		8964.8	0.8			1745.72	10645.7	percent of total billed charges	
VENOGRAPHY SUP SAG SINUS S&I	75870	CPT	both			11206		4192.26 First Health	First Health		7844.2	0.7			1745.72	10645.7	percent of total billed charges	
VENOGRAPHY SUP SAG SINUS S&I	75870	CPT	both			11206		4192.26 First Trenton	First Trenton		10085.4	0.9			1745.72	10645.7	percent of total billed charges	
VENOGRAPHY SUP SAG SINUS S&I	75870	CPT	both			11206		4192.26 Horizon	Indemnity		6660.22	1.827			1745.72	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY SUP SAG SINUS S&I	75870	CPT	both			11206		4192.26 Horizon	Medicare Blue		3645.44	1			1745.72	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY SUP SAG SINUS S&I	75870	CPT	both			11206		4192.26 Horizon	PPO		6660.22	1.827			1745.72	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY SUP SAG SINUS S&I	75870	CPT	both			11206		4192.26 Horizon	MGD		6660.22	1.827			1745.72	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY SUP SAG SINUS S&I	75870	CPT	both			11206		4192.26 Managed Care Inc	Managed Care Inc		10085.4	0.9			1745.72	10645.7	percent of total billed charges	
VENOGRAPHY SUP SAG SINUS S&I	75870	CPT	both			11206		4192.26 Multiplan	Multiplan		8964.8	0.8			1745.72	10645.7	percent of total billed charges	
VENOGRAPHY SUP SAG SINUS S&I	75870	CPT	both			11206		4192.26 Qualcare	Qualcare		8404.5	0.75			1745.72	10645.7	percent of total billed charges	
VENOGRAPHY SUP SAG SINUS S&I	75870	CPT	both			11206		4192.26 Three Rivers	Three Rivers		10645.7	0.95			1745.72	10645.7	percent of total billed charges	
VENOGRAPHY SUP SAG SINUS S&I	75870	CPT	both			11206		4192.26 UHC	Medicare		3645.44	1			1745.72	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY SUP SAG SINUS S&I	75870	CPT	both			11206		4192.26 UHC	Medicaid		3525.41	0.3146			1745.72	10645.7	percent of total billed charges	
VENOGRAPHY SUP SAG SINUS S&I	75870	CPT	both			11206		4192.26 Wellcare	Medicare		3645.44	1			1745.72	10645.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY SUP SAG SINUS S&I	75870	CPT	both			11206		4192.26 Wellcare	Medicaid		3525.41	0.3146			1745.72	10645.7	percent of total billed charges	
VENOGRAPHY EPIDURAL	75872	CPT	outpatient			5549		826.23 Aetna	Medicare		1709.09	0.308			718.46	5271.55	percent of total billed charges	
VENOGRAPHY EPIDURAL	75872	CPT	outpatient			5549		826.23 Aetna	Better Health		1745.72	0.3146			718.46	5271.55	percent of total billed charges	
VENOGRAPHY EPIDURAL	75872	CPT	outpatient			5549		826.23 Aetna	Commercial		1143.79	1.592			718.46	5271.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EPIDURAL	75872	CPT	outpatient			5549		826.23 Americare	Americare		4161.75	0.75			718.46	5271.55	percent of total billed charges	
VENOGRAPHY EPIDURAL	75872	CPT	outpatient			5549		826.23 WellPoint	WellPoint		1780.12	0.3208			718.46	5271.55	percent of total billed charges	
VENOGRAPHY EPIDURAL	75872	CPT	outpatient			5549		826.23 Amerihealth	Medicare		718.46	1			718.46	5271.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EPIDURAL	75872	CPT	outpatient			5549		826.23 Consumer	Consumer		5271.55	0.95			718.46	5271.55	percent of total billed charges	
VENOGRAPHY EPIDURAL	75872	CPT	outpatient			5549		826.23 Corrections	Corrections		4439.2	0.8			718.46	5271.55	percent of total billed charges	
VENOGRAPHY EPIDURAL	75872	CPT	outpatient			5549		826.23 First Health	First Health		3884.3	0.7			718.46	5271.55	percent of total billed charges	
VENOGRAPHY EPIDURAL	75872	CPT	outpatient			5549		826.23 First Trenton	First Trenton		4994.1	0.9			718.46	5271.55	percent of total billed charges	
VENOGRAPHY EPIDURAL	75872	CPT	outpatient			5549		826.23 Horizon	Indemnity		1312.63	1.827			718.46	5271.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EPIDURAL	75872	CPT	outpatient			5549		826.23 Horizon	Medicare Blue		718.46	1			718.46	5271.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EPIDURAL	75872	CPT	outpatient			5549		826.23 Horizon	PPO		1312.63	1.827			718.46	5271.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EPIDURAL	75872	CPT	outpatient			5549		826.23 Horizon	MGD		1312.63	1.827			718.46	5271.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EPIDURAL	75872	CPT	outpatient			5549		826.23 Managed Care Inc	Managed Care Inc		4994.1	0.9			718.46	5271.55	percent of total billed charges	
VENOGRAPHY EPIDURAL	75872	CPT	outpatient			5549		826.23 Multiplan	Multiplan		4439.2	0.8			718.46	5271.55	percent of total billed charges	
VENOGRAPHY EPIDURAL	75872	CPT	outpatient			5549		826.23 Qualcare	Qualcare		4161.75	0.75			718.46	5271.55	percent of total billed charges	
VENOGRAPHY EPIDURAL	75872	CPT	outpatient			5549		826.23 Three Rivers	Three Rivers		5271.55	0.95			718.46	5271.55	percent of total billed charges	
VENOGRAPHY EPIDURAL	75872	CPT	outpatient			5549		826.23 UHC	Medicare		718.46	1			718.46	5271.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EPIDURAL	75872	CPT	outpatient			5549		826.23 UHC	Medicaid		1745.72	0.3146			718.46	5271.55	percent of total billed charges	
VENOGRAPHY EPIDURAL	75872	CPT	outpatient			5549		826.23 Wellcare	Medicare		718.46	1			718.46	5271.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY EPIDURAL	75872	CPT	outpatient			5549		826.23 Wellcare	Medicaid		1745.72	0.3146			718.46	5271.55	percent of total billed charges	
VENOGRAPHY ORBITAL S&I	75880	CPT	outpatient			3930		826.23 Aetna	Medicare		718.46	1			624.8	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ORBITAL S&I	75880	CPT	outpatient			3930		826.23 Aetna	Commercial		1143.79	1.592			624.8	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ORBITAL S&I	75880	CPT	outpatient			3930		826.23 Aetna	Better Health		1236.38	0.3146			624.8	3733.5	percent of total billed charges	
VENOGRAPHY ORBITAL S&I	75880	CPT	outpatient			3930		826.23 Americare	Americare		2947.5	0.75			624.8	3733.5	percent of total billed charges	
VENOGRAPHY ORBITAL S&I	75880	CPT	outpatient			3930		826.23 WellPoint	WellPoint		1260.74	0.3208			624.8	3733.5	percent of total billed charges	
VENOGRAPHY ORBITAL S&I	75880	CPT	outpatient			3930		826.23 Amerihealth	Medicare		718.46	1			624.8	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ORBITAL S&I	75880	CPT	outpatient			3930		826.23 Consumer	Consumer		3733.5	0.95			624.8	3733.5	percent of total billed charges	
VENOGRAPHY ORBITAL S&I	75880	CPT	outpatient			3930		826.23 Corrections	Corrections		3144	0.8			624.8	3733.5	percent of total billed charges	
VENOGRAPHY ORBITAL S&I	75880	CPT	outpatient			3930		826.23 First Health	First Health		2751	0.7			624.8	3733.5	percent of total billed charges	
VENOGRAPHY ORBITAL S&I	75880	CPT	outpatient			3930		826.23 First Trenton	First Trenton		3537	0.9			624.8	3733.5	percent of total billed charges	
VENOGRAPHY ORBITAL S&I	75880	CPT	outpatient			3930		826.23 Horizon	Medicare Blue		718.46	1			624.8	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ORBITAL S&I	75880	CPT	outpatient			3930		826.23 Horizon	MGD		1312.63	1.827			624.8	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ORBITAL S&I	75880	CPT	outpatient			3930		826.23 Horizon	PPO		1312.63	1.827			624.8	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ORBITAL S&I	75880	CPT	outpatient			3930		826.23 Horizon	Indemnity		1312.63	1.827			624.8	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ORBITAL S&I	75880	CPT	outpatient			3930		826.23 Managed Care Inc	Managed Care Inc		3537	0.9			624.8	3733.5	percent of total billed charges	
VENOGRAPHY ORBITAL S&I	75880	CPT	outpatient			3930		826.23 Multiplan	Multiplan		3144	0.8			624.8	3733.5	percent of total billed charges	
VENOGRAPHY ORBITAL S&I	75880	CPT	outpatient			3930		826.23 Qualcare	Qualcare		2947.5	0.75			624.8	3733.5	percent of total billed charges	
VENOGRAPHY ORBITAL S&I	75880	CPT	outpatient			3930		826.23 Three Rivers	Three Rivers		3733.5	0.95			624.8	3733.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VENOGRAPHY ORBITAL S&I	75880	CPT	outpatient			3930	826.23	UHC	Medicaid		1236.38	0.3146			624.8	3733.5	percent of total billed charges	
VENOGRAPHY ORBITAL S&I	75880	CPT	outpatient			3930	826.23	UHC	Medicare		718.46	1			624.8	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ORBITAL S&I	75880	CPT	outpatient			3930	826.23	Wellcare	Medicare		718.46	1			624.8	3733.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY ORBITAL S&I	75880	CPT	outpatient			3930	826.23	Wellcare	Medicaid		1236.38	0.3146			624.8	3733.5	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839	4192.26	Aetna	Medicare		2106.41	0.308			2106.41	6660.22	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839	4192.26	Aetna	Better Health		2151.55	0.3146			2106.41	6660.22	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839	4192.26	Aetna	Commercial		5803.54	1.592			2106.41	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839	4192.26	Americare	Americare		5129.25	0.75			2106.41	6660.22	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839	4192.26	WellPoint	WellPoint		2193.95	0.3208			2106.41	6660.22	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839	4192.26	Amerihealth	Medicare		3645.44	1			2106.41	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839	4192.26	Consumer	Consumer		6497.05	0.95			2106.41	6660.22	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839	4192.26	Corrections	Corrections		5471.2	0.8			2106.41	6660.22	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839	4192.26	First Health	First Health		4787.3	0.7			2106.41	6660.22	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839	4192.26	First Trenton	First Trenton		6155.1	0.9			2106.41	6660.22	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839	4192.26	Horizon	Indemnity		6660.22	1.827			2106.41	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839	4192.26	Horizon	MGD		6660.22	1.827			2106.41	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839	4192.26	Horizon	Medicare Blue		3645.44	1			2106.41	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839	4192.26	Horizon	PPO		6660.22	1.827			2106.41	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839	4192.26	Managed Care Inc	Managed Care Inc		6155.1	0.9			2106.41	6660.22	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839	4192.26	Multiplan	Multiplan		5471.2	0.8			2106.41	6660.22	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839	4192.26	Qualcare	Qualcare		5129.25	0.75			2106.41	6660.22	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839	4192.26	Three Rivers	Three Rivers		6497.05	0.95			2106.41	6660.22	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839	4192.26	UHC	Medicare		3645.44	1			2106.41	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839	4192.26	UHC	Medicaid		2151.55	0.3146			2106.41	6660.22	percent of total billed charges	
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839	4192.26	Wellcare	Medicare		3645.44	1			2106.41	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS PORTO W/ HEMODY EVAL	75885	CPT	both			6839	4192.26	Wellcare	Medicaid		2151.55	0.3146			2106.41	6660.22	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839	4192.26	Aetna	Medicare		3645.44	1			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839	4192.26	Aetna	Commercial		5803.54	1.592			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839	4192.26	Aetna	Better Health		2151.55	0.3146			2151.55	6660.22	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839	4192.26	Americare	Americare		5129.25	0.75			2151.55	6660.22	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839	4192.26	WellPoint	WellPoint		2193.95	0.3208			2151.55	6660.22	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839	4192.26	Amerihealth	Medicare		3645.44	1			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839	4192.26	Consumer	Consumer		6497.05	0.95			2151.55	6660.22	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839	4192.26	Corrections	Corrections		5471.2	0.8			2151.55	6660.22	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839	4192.26	First Health	First Health		4787.3	0.7			2151.55	6660.22	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839	4192.26	First Trenton	First Trenton		6155.1	0.9			2151.55	6660.22	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839	4192.26	Horizon	Indemnity		6660.22	1.827			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839	4192.26	Horizon	MGD		6660.22	1.827			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839	4192.26	Horizon	Medicare Blue		3645.44	1			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839	4192.26	Horizon	PPO		6660.22	1.827			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839	4192.26	Managed Care Inc	Managed Care Inc		6155.1	0.9			2151.55	6660.22	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839	4192.26	Multiplan	Multiplan		5471.2	0.8			2151.55	6660.22	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839	4192.26	Qualcare	Qualcare		5129.25	0.75			2151.55	6660.22	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839	4192.26	Three Rivers	Three Rivers		6497.05	0.95			2151.55	6660.22	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839	4192.26	UHC	Medicare		3645.44	1			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839	4192.26	UHC	Medicaid		2151.55	0.3146			2151.55	6660.22	percent of total billed charges	
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839	4192.26	Wellcare	Medicare		3645.44	1			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTAL W/O HEMODYNAMIC EVAL	75887	CPT	both			6839	4192.26	Wellcare	Medicaid		2151.55	0.3146			2151.55	6660.22	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839	4192.26	Aetna	Medicare		3645.44	1			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839	4192.26	Aetna	Commercial		5803.54	1.592			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839	4192.26	Aetna	Better Health		2151.55	0.3146			2151.55	6660.22	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839	4192.26	Americare	Americare		5129.25	0.75			2151.55	6660.22	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839	4192.26	WellPoint	WellPoint		2193.95	0.3208			2151.55	6660.22	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839	4192.26	Amerihealth	Medicare		3645.44	1			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839	4192.26	Consumer	Consumer		6497.05	0.95			2151.55	6660.22	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839	4192.26	Corrections	Corrections		5471.2	0.8			2151.55	6660.22	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839	4192.26	First Health	First Health		4787.3	0.7			2151.55	6660.22	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839	4192.26	First Trenton	First Trenton		6155.1	0.9			2151.55	6660.22	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839	4192.26	Horizon	Indemnity		6660.22	1.827			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839	4192.26	Horizon	Medicare Blue		3645.44	1			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839	4192.26	Horizon	MGD		6660.22	1.827			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839	4192.26	Horizon	PPO		6660.22	1.827			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839	4192.26	Managed Care Inc	Managed Care Inc		6155.1	0.9			2151.55	6660.22	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839	4192.26	Multiplan	Multiplan		5471.2	0.8			2151.55	6660.22	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839	4192.26	Qualcare	Qualcare		5129.25	0.75			2151.55	6660.22	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839	4192.26	Three Rivers	Three Rivers		6497.05	0.95			2151.55	6660.22	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839	4192.26	UHC	Medicaid		2151.55	0.3146			2151.55	6660.22	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839	4192.26	UHC	Medicare		3645.44	1			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839	4192.26	Wellcare	Medicaid		2151.55	0.3146			2151.55	6660.22	percent of total billed charges	
HEPATIC VENOGRAM W/ HEMO EVAL	75889	CPT	both			6839	4192.26	Wellcare	Medicare		3645.44	1			2151.55	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY HEP W/O HEMODYNAMIC	75891	CPT	both			6839	4192.26	Aetna	Better Health		2151.55	0.3146			2106.41	6660.22	percent of total billed charges	
VENOGRAPHY HEP W/O HEMODYNAMIC	75891	CPT	both			6839	4192.26	Aetna	Commercial		5803.54	1.592			2106.41	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY HEP W/O HEMODYNAMIC	75891	CPT	both			6839	4192.26	Aetna	Medicare		2106.41	0.308			2106.41	6660.22	percent of total billed charges	
VENOGRAPHY HEP W/O HEMODYNAMIC	75891	CPT	both			6839	4192.26	Americare	Americare		5129.25	0.75			2106.41	6660.22	percent of total billed charges	
VENOGRAPHY HEP W/O HEMODYNAMIC	75891	CPT	both			6839	4192.26	WellPoint	WellPoint		2193.95	0.3208			2106.41	6660.22	percent of total billed charges	
VENOGRAPHY HEP W/O HEMODYNAMIC	75891	CPT	both			6839	4192.26	Amerihealth	Medicare		3645.44	1			2106.41	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY HEP W/O HEMODYNAMIC	75891	CPT	both			6839	4192.26	Consumer	Consumer		6497.05	0.95			2106.41	6660.22	percent of total billed charges	
VENOGRAPHY HEP W/O HEMODYNAMIC	75891	CPT	both			6839	4192.26	Corrections	Corrections		5471.2	0.8			2106.41	6660.22	percent of total billed charges	
VENOGRAPHY HEP W/O HEMODYNAMIC	75891	CPT	both			6839	4192.26	First Health	First Health		4787.3	0.7			2106.41	6660.22	percent of total billed charges	
VENOGRAPHY HEP W/O HEMODYNAMIC	75891	CPT	both			6839	4192.26	First Trenton	First Trenton		6155.1	0.9			2106.41	6660.22	percent of total billed charges	
VENOGRAPHY HEP W/O HEMODYNAMIC	75891	CPT	both			6839	4192.26	Horizon	Medicare Blue		3645.44	1			2106.41	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY HEP W/O HEMODYNAMIC	75891	CPT	both			6839	4192.26	Horizon	Indemnity		6660.22	1.827			2106.41	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY HEP W/O HEMODYNAMIC	75891	CPT	both			6839	4192.26	Horizon	MGD		6660.22	1.827			2106.41	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY HEP W/O HEMODYNAMIC	75891	CPT	both			6839	4192.26	Horizon	PPO		6660.22	1.827			2106.41	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY HEP W/O HEMODYNAMIC	75891	CPT	both			6839	4192.26	Managed Care Inc	Managed Care Inc		6155.1	0.9			2106.41	6660.22	percent of total billed charges	
VENOGRAPHY HEP W/O HEMODYNAMIC	75891	CPT	both			6839	4192.26	Multiplan	Multiplan		5471.2	0.8			2106.41	6660.22	percent of total billed charges	
VENOGRAPHY HEP W/O HEMODYNAMIC	75891	CPT	both			6839	4192.26	Qualcare	Qualcare		5129.25	0.75			2106.41	6660.22	percent of total billed charges	
VENOGRAPHY HEP W/O HEMODYNAMIC	75891	CPT	both			6839	4192.26	Three Rivers	Three Rivers		6497.05	0.95			2106.41	6660.22	percent of total billed charges	
VENOGRAPHY HEP W/O HEMODYNAMIC	75891	CPT	both			6839	4192.26	UHC	Medicaid		2151.55	0.3146			2106.41	6660.22	percent of total billed charges	
VENOGRAPHY HEP W/O HEMODYNAMIC	75891	CPT	both			6839	4192.26	UHC	Medicare		3645.44	1			2106.41	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY HEP W/O HEMODYNAMIC	75891	CPT	both			6839	4192.26	Wellcare	Medicare		3645.44	1			2106.41	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAPHY HEP W/O HEMODYNAMIC	75891	CPT	both			6839	4192.26	Wellcare	Medicaid		2151.55	0.3146			2106.41	6660.22	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839	7227.61	Aetna	Commercial		10005.53	1.592			2151.55	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839	7227.61	Aetna	Better Health		2151.55	0.3146			2151.55	11482.48	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839	7227.61	Aetna	Medicare		6284.88	1			2151.55	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839	7227.61	Americare	Americare		5129.25	0.75			2151.55	11482.48	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839	7227.61	WellPoint	WellPoint		2193.95	0.3208			2151.55	11482.48	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839	7227.61	Amerihealth	Medicare		6284.88	1			2151.55	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839	7227.61	Consumer	Consumer		6497.05	0.95			2151.55	11482.48	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839	7227.61	Corrections	Corrections		5471.2	0.8			2151.55	11482.48	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839	7227.61	First Health	First Health		4787.3	0.7			2151.55	11482.48	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839	7227.61	First Trenton	First Trenton		6155.1	0.9			2151.55	11482.48	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839	7227.61	Horizon	MGD		11482.48	1.827			2151.55	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839	7227.61	Horizon	Medicare Blue		6284.88	1			2151.55	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839	7227.61	Horizon	Indemnity		11482.48	1.827			2151.55	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839	7227.61	Horizon	PPO		11482.48	1.827			2151.55	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839	7227.61	Managed Care Inc	Managed Care Inc		6155.1	0.9			2151.55	11482.48	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839	7227.61	Multiplan	Multiplan		5471.2	0.8			2151.55	11482.48	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839	7227.61	Qualcare	Qualcare		5129.25	0.75			2151.55	11482.48	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839	7227.61	Three Rivers	Three Rivers		6497.05	0.95			2151.55	11482.48	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839	7227.61	UHC	Medicare		6284.88	1			2151.55	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839	7227.61	UHC	Medicaid		2151.55	0.3146			2151.55	11482.48	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839	7227.61	Wellcare	Medicaid		2151.55	0.3146			2151.55	11482.48	percent of total billed charges	
VENOGRAM RENIN LEVELS	75893	CPT	outpatient			6839	7227.61	Wellcare	Medicare		6284.88	1			2151.55	11482.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Aetna	Medicare		3270.65	0.308			629.7	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Aetna	Better Health		3340.74	0.3146			629.7	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Aetna	Commercial		4035.22	0.38			629.7	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Americare	Americare		7964.25	0.75			629.7	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		WellPoint	WellPoint		3406.58	0.3208			629.7	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Consumer	Consumer		10088.05	0.95			629.7	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Corrections	Corrections		8495.2	0.8			629.7	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		First Health	First Health		7433.3	0.7			629.7	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		First Trenton	First Trenton		9557.1	0.9			629.7	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Horizon	Medicare Blue		3185.7	0.3			629.7	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Horizon	Indemnity		4064.95	0.3828			629.7	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Horizon	MGD		4064.95	0.3828			629.7	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Horizon	PPO		4064.95	0.3828			629.7	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Managed Care Inc	Managed Care Inc		9557.1	0.9			629.7	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Multiplan	Multiplan		8495.2	0.8			629.7	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Qualcare	Qualcare		7964.25	0.75			629.7	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Three Rivers	Three Rivers		10088.05	0.95			629.7	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		UHC	Medicaid		3340.74	0.3146			629.7	10088.05	percent of total billed charges	
TRANSCATHETER THER (EMBOLIZE)	75894	CPT	both			10619		Wellcare	Medicaid		3340.74	0.3146			629.7	10088.05	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091	4192.26	Aetna	Better Health		12927.23	0.3146			1297.41	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091	4192.26	Aetna	Commercial		5803.54	1.592			1297.41	39036.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091	4192.26	Aetna	Medicare		3645.44	1			1297.41	39036.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091	4192.26	Americare	Americare		30818.25	0.75			1297.41	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091	4192.26	WellPoint	WellPoint		13181.99	0.3208			1297.41	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091	4192.26	Amerihealth	Medicare		3645.44	1			1297.41	39036.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091	4192.26	Consumer	Consumer		39036.45	0.95			1297.41	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091	4192.26	Corrections	Corrections		32872.8	0.8			1297.41	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091	4192.26	First Health	First Health		28763.7	0.7			1297.41	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091	4192.26	First Trenton	First Trenton		36981.9	0.9			1297.41	39036.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Horizon	Indemnity		6660.22	1.827			1297.41	39036.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Horizon	Medicare Blue		3645.44	1			1297.41	39036.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Horizon	MGD		6660.22	1.827			1297.41	39036.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Horizon	PPO		6660.22	1.827			1297.41	39036.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Managed Care Inc	Managed Care Inc		36981.9	0.9			1297.41	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Multiplan	Multiplan		32872.8	0.8			1297.41	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Qualcare	Qualcare		30818.25	0.75			1297.41	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Three Rivers	Three Rivers		39036.45	0.95			1297.41	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 UHC	Medicare		3645.44	1			1297.41	39036.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 UHC	Medicaid		12927.23	0.3146			1297.41	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Wellcare	Medicaid		12927.23	0.3146			1297.41	39036.45	percent of total billed charges	
FOLLOW-UP ANGIO THRU EXIST CAT	75898	CPT	both			41091		4192.26 Wellcare	Medicare		3645.44	1			1297.41	39036.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Aetna	Medicare		1855.39	0.308			1466.7	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Aetna	Better Health		1895.15	0.3146			1466.7	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Aetna	Commercial		2289.12	0.38			1466.7	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Americare	Americare		4518	0.75			1466.7	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		WellPoint	WellPoint		1932.5	0.3208			1466.7	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Consumer	Consumer		5722.8	0.95			1466.7	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Corrections	Corrections		4819.2	0.8			1466.7	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		First Health	First Health		4216.8	0.7			1466.7	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		First Trenton	First Trenton		5421.6	0.9			1466.7	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Horizon	MGD		2305.99	0.3828			1466.7	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Horizon	Indemnity		2305.99	0.3828			1466.7	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Horizon	PPO		2305.99	0.3828			1466.7	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Horizon	Medicare Blue		1807.2	0.3			1466.7	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Managed Care Inc	Managed Care Inc		5421.6	0.9			1466.7	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Multiplan	Multiplan		4819.2	0.8			1466.7	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Qualcare	Qualcare		4518	0.75			1466.7	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Three Rivers	Three Rivers		5722.8	0.95			1466.7	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		UHC	Medicaid		1895.15	0.3146			1466.7	5722.8	percent of total billed charges	
TRANSCATH BIOPSY S&I	75970	CPT	both			6024		Wellcare	Medicaid		1895.15	0.3146			1466.7	5722.8	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Aetna	Better Health		1967.19	0.3146			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Aetna	Medicare		1925.92	0.308			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Aetna	Commercial		2376.14	0.38			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Americare	Americare		4689.75	0.75			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		WellPoint	WellPoint		2005.96	0.3208			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Consumer	Consumer		5940.35	0.95			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Corrections	Corrections		5002.4	0.8			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		First Health	First Health		4377.1	0.7			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		First Trenton	First Trenton		5627.7	0.9			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Horizon	Medicare Blue		1875.9	0.3			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Horizon	MGD		2393.65	0.3828			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Horizon	Indemnity		2393.65	0.3828			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Horizon	PPO		2393.65	0.3828			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Managed Care Inc	Managed Care Inc		5627.7	0.9			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Multiplan	Multiplan		5002.4	0.8			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Qualcare	Qualcare		4689.75	0.75			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Three Rivers	Three Rivers		5940.35	0.95			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		UHC	Medicaid		1967.19	0.3146			1875.9	5940.35	percent of total billed charges	
TRANSLUM BLN ANGIO VENOUS S&I LT	75978	CPT	outpatient			6253		Wellcare	Medicaid		1967.19	0.3146			1875.9	5940.35	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Aetna	Medicare		330.18	0.308			260.7	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Aetna	Better Health		337.25	0.3146			260.7	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Aetna	Commercial		407.36	0.38			260.7	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Americare	Americare		804	0.75			260.7	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		WellPoint	WellPoint		343.9	0.3208			260.7	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Consumer	Consumer		1018.4	0.95			260.7	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Corrections	Corrections		857.6	0.8			260.7	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		First Health	First Health		750.4	0.7			260.7	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		First Trenton	First Trenton		964.8	0.9			260.7	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Horizon	Medicare Blue		321.6	0.3			260.7	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Horizon	MGD		410.36	0.3828			260.7	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Horizon	Indemnity		410.36	0.3828			260.7	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Horizon	PPO		410.36	0.3828			260.7	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Managed Care Inc	Managed Care Inc		964.8	0.9			260.7	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Multiplan	Multiplan		857.6	0.8			260.7	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Qualcare	Qualcare		804	0.75			260.7	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Three Rivers	Three Rivers		1018.4	0.95			260.7	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		UHC	Medicaid		337.25	0.3146			260.7	1018.4	percent of total billed charges	
REVIS &/OR REINS TRANSHEP S&I	75984	CPT	both			1072		Wellcare	Medicaid		337.25	0.3146			260.7	1018.4	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Aetna	Better Health		541.43	0.3146			418.5	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Aetna	Medicare		530.07	0.308			418.5	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Aetna	Commercial		653.98	0.38			418.5	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Americare	Americare		1290.75	0.75			418.5	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		WellPoint	WellPoint		552.1	0.3208			418.5	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Consumer	Consumer		1634.95	0.95			418.5	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Corrections	Corrections		1376.8	0.8			418.5	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		First Health	First Health		1204.7	0.7			418.5	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		First Trenton	First Trenton		1548.9	0.9			418.5	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Horizon	MGD		658.8	0.3828			418.5	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Horizon	Medicare Blue		516.3	0.3			418.5	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Horizon	Indemnity		658.8	0.3828			418.5	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Horizon	PPO		658.8	0.3828			418.5	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Managed Care Inc	Managed Care Inc		1548.9	0.9			418.5	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Multiplan	Multiplan		1376.8	0.8			418.5	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Qualcare	Qualcare		1290.75	0.75			418.5	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Three Rivers	Three Rivers		1634.95	0.95			418.5	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		UHC	Medicaid		541.43	0.3146			418.5	1634.95	percent of total billed charges	
PERCUTANEOUS DRAIN W/W/O CATH PLACEMENT	75989	CPT	outpatient			1721		Wellcare	Medicaid		541.43	0.3146			418.5	1634.95	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978		322.28 Aetna	Medicare		301.22	0.308			133.98	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978		322.28 Aetna	Commercial		446.14	1.592			133.98	929.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUROSCOPY	76000	CPT	both			978		322.28 Aetna	Better Health		307.68	0.3146			133.98	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978		322.28 Americare	Americare		733.5	0.75			133.98	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978		322.28 WellPoint	WellPoint		313.74	0.3208			133.98	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978		322.28 Amerihealth	Medicare		280.24	1			133.98	929.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUROSCOPY	76000	CPT	both			978		322.28 Consumer	Consumer		929.1	0.95			133.98	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978		322.28 Corrections	Corrections		782.4	0.8			133.98	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978		322.28 First Health	First Health		684.6	0.7			133.98	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978		322.28 First Trenton	First Trenton		880.2	0.9			133.98	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978		322.28 Horizon	Medicare Blue		280.24	1			133.98	929.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUROSCOPY	76000	CPT	both			978		322.28 Horizon	MGD		512	1.827			133.98	929.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUROSCOPY	76000	CPT	both			978		322.28 Horizon	PPO		512	1.827			133.98	929.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUROSCOPY	76000	CPT	both			978		322.28 Horizon	Indemnity		512	1.827			133.98	929.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUROSCOPY	76000	CPT	both			978		322.28 Managed Care Inc	Managed Care Inc		880.2	0.9			133.98	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978		322.28 Multiplan	Multiplan		782.4	0.8			133.98	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978		322.28 Qualcare	Qualcare		733.5	0.75			133.98	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978		322.28 Three Rivers	Three Rivers		929.1	0.95			133.98	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978		322.28 UHC	Medicare		280.24	1			133.98	929.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUROSCOPY	76000	CPT	both			978		322.28 UHC	Medicaid		307.68	0.3146			133.98	929.1	percent of total billed charges	
FLUROSCOPY	76000	CPT	both			978		322.28 Wellcare	Medicare		280.24	1			133.98	929.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUROSCOPY	76000	CPT	both			978		322.28 Wellcare	Medicaid		307.68	0.3146			133.98	929.1	percent of total billed charges	
NOSE TO RECTUM FOR FB SINGLE FILM	76010	CPT	outpatient			1107		119.52 Aetna	Medicare		103.93	1			103.93	1051.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NOSE TO RECTUM FOR FB SINGLE FILM	76010	CPT	outpatient			1107		119.52 Aetna	Better Health		348.26	0.3146			103.93	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB SINGLE FILM	76010	CPT	outpatient			1107		119.52 Aetna	Commercial		165.46	1.592			103.93	1051.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NOSE TO RECTUM FOR FB SINGLE FILM	76010	CPT	outpatient			1107		119.52 Americare	Americare		830.25	0.75			103.93	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB SINGLE FILM	76010	CPT	outpatient			1107		119.52 WellPoint	WellPoint		355.13	0.3208			103.93	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB SINGLE FILM	76010	CPT	outpatient			1107		119.52 Amerihealth	Medicare		103.93	1			103.93	1051.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NOSE TO RECTUM FOR FB SINGLE FILM	76010	CPT	outpatient			1107		119.52 Consumer	Consumer		1051.65	0.95			103.93	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB SINGLE FILM	76010	CPT	outpatient			1107		119.52 Corrections	Corrections		885.6	0.8			103.93	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB SINGLE FILM	76010	CPT	outpatient			1107		119.52 First Health	First Health		774.9	0.7			103.93	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB SINGLE FILM	76010	CPT	outpatient			1107		119.52 First Trenton	First Trenton		996.3	0.9			103.93	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB SINGLE FILM	76010	CPT	outpatient			1107		119.52 Horizon	Indemnity		189.88	1.827			103.93	1051.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NOSE TO RECTUM FOR FB SINGLE FILM	76010	CPT	outpatient			1107		119.52 Horizon	PPO		189.88	1.827			103.93	1051.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NOSE TO RECTUM FOR FB SINGLE FILM	76010	CPT	outpatient			1107		119.52 Horizon	MGD		189.88	1.827			103.93	1051.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NOSE TO RECTUM FOR FB SINGLE FILM	76010	CPT	outpatient			1107		119.52 Horizon	Medicare Blue		103.93	1			103.93	1051.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NOSE TO RECTUM FOR FB SINGLE FILM	76010	CPT	outpatient			1107		119.52 Managed Care Inc	Managed Care Inc		996.3	0.9			103.93	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB SINGLE FILM	76010	CPT	outpatient			1107		119.52 Multiplan	Multiplan		885.6	0.8			103.93	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB SINGLE FILM	76010	CPT	outpatient			1107		119.52 Qualcare	Qualcare		830.25	0.75			103.93	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB SINGLE FILM	76010	CPT	outpatient			1107		119.52 Three Rivers	Three Rivers		1051.65	0.95			103.93	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB SINGLE FILM	76010	CPT	outpatient			1107		119.52 UHC	Medicaid		348.26	0.3146			103.93	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB SINGLE FILM	76010	CPT	outpatient			1107		119.52 UHC	Medicare		103.93	1			103.93	1051.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NOSE TO RECTUM FOR FB SINGLE FILM	76010	CPT	outpatient			1107		119.52 Wellcare	Medicaid		348.26	0.3146			103.93	1051.65	percent of total billed charges	
NOSE TO RECTUM FOR FB SINGLE FILM	76010	CPT	outpatient			1107		119.52 Wellcare	Medicare		103.93	1			103.93	1051.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINOGRAPHY FISTULOGR	76080	CPT	both			2039		725.57 Aetna	Better Health		641.47	0.3146			255.14	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039		725.57 Aetna	Commercial		1004.44	1.592			255.14	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINOGRAPHY FISTULOGR	76080	CPT	both			2039		725.57 Aetna	Medicare		630.93	1			255.14	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINOGRAPHY FISTULOGR	76080	CPT	both			2039		725.57 Americare	Americare		1529.25	0.75			255.14	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039		725.57 WellPoint	WellPoint		654.11	0.3208			255.14	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039		725.57 Amerihealth	Medicare		630.93	1			255.14	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINOGRAPHY FISTULOGR	76080	CPT	both			2039		725.57 Consumer	Consumer		1937.05	0.95			255.14	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039		725.57 Corrections	Corrections		1631.2	0.8			255.14	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039		725.57 First Health	First Health		1427.3	0.7			255.14	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039		725.57 First Trenton	First Trenton		1835.1	0.9			255.14	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039		725.57 Horizon	Indemnity		1152.71	1.827			255.14	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Horizon	PPO		1152.71	1.827			255.14	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Horizon	Medicare Blue		630.93	1			255.14	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Horizon	MGD		1152.71	1.827			255.14	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Managed Care Inc	Managed Care Inc		1835.1	0.9			255.14	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Multiplan	Multiplan		1631.2	0.8			255.14	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Qualcare	Qualcare		1529.25	0.75			255.14	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Three Rivers	Three Rivers		1937.05	0.95			255.14	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	UHC	Medicare		630.93	1			255.14	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	UHC	Medicaid		641.47	0.3146			255.14	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Wellcare	Medicaid		641.47	0.3146			255.14	1937.05	percent of total billed charges	
SINOGRAPHY FISTULOGR	76080	CPT	both			2039	725.57	Wellcare	Medicare		630.93	1			255.14	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIMEN RADIOGRAPH LT	76098	CPT	outpatient			1988	725.57	Aetna	Medicare		630.93	1			612.53	1888.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIMEN RADIOGRAPH LT	76098	CPT	outpatient			1988	725.57	Aetna	Commercial		1004.44	1.592			612.53	1888.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIMEN RADIOGRAPH LT	76098	CPT	outpatient			1988	725.57	Aetna	Better Health		625.42	0.3146			612.53	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	outpatient			1988	725.57	Americare	Americare		1491	0.75			612.53	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	outpatient			1988	725.57	WellPoint	WellPoint		637.75	0.3208			612.53	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	outpatient			1988	725.57	Amerihealth	Medicare		630.93	1			612.53	1888.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIMEN RADIOGRAPH LT	76098	CPT	outpatient			1988	725.57	Consumer	Consumer		1898.6	0.95			612.53	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	outpatient			1988	725.57	Corrections	Corrections		1590.4	0.8			612.53	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	outpatient			1988	725.57	First Health	First Health		1391.6	0.7			612.53	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	outpatient			1988	725.57	First Trenton	First Trenton		1789.2	0.9			612.53	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	outpatient			1988	725.57	Horizon	MGD		1152.71	1.827			612.53	1888.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIMEN RADIOGRAPH LT	76098	CPT	outpatient			1988	725.57	Horizon	Indemnity		1152.71	1.827			612.53	1888.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIMEN RADIOGRAPH LT	76098	CPT	outpatient			1988	725.57	Horizon	PPO		1152.71	1.827			612.53	1888.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIMEN RADIOGRAPH LT	76098	CPT	outpatient			1988	725.57	Horizon	Medicare Blue		630.93	1			612.53	1888.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIMEN RADIOGRAPH LT	76098	CPT	outpatient			1988	725.57	Managed Care Inc	Managed Care Inc		1789.2	0.9			612.53	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	outpatient			1988	725.57	Multiplan	Multiplan		1590.4	0.8			612.53	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	outpatient			1988	725.57	Qualcare	Qualcare		1491	0.75			612.53	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	outpatient			1988	725.57	Three Rivers	Three Rivers		1888.6	0.95			612.53	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	outpatient			1988	725.57	UHC	Medicare		630.93	1			612.53	1888.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIMEN RADIOGRAPH LT	76098	CPT	outpatient			1988	725.57	UHC	Medicaid		625.42	0.3146			612.53	1888.6	percent of total billed charges	
SPECIMEN RADIOGRAPH LT	76098	CPT	outpatient			1988	725.57	Wellcare	Medicare		630.93	1			612.53	1888.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIMEN RADIOGRAPH LT	76098	CPT	outpatient			1988	725.57	Wellcare	Medicaid		625.42	0.3146			612.53	1888.6	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Aetna	Better Health		177.75	0.3146			125.74	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Aetna	Medicare		125.74	1			125.74	536.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Aetna	Commercial		200.18	1.592			125.74	536.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Americare	Americare		423.75	0.75			125.74	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	WellPoint	WellPoint		181.25	0.3208			125.74	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Amerihealth	Medicare		125.74	1			125.74	536.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Consumer	Consumer		536.75	0.95			125.74	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Corrections	Corrections		452	0.8			125.74	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	First Health	First Health		395.5	0.7			125.74	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	First Trenton	First Trenton		508.5	0.9			125.74	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Horizon	Indemnity		229.73	1.827			125.74	536.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Horizon	MGD		229.73	1.827			125.74	536.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Horizon	PPO		229.73	1.827			125.74	536.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Horizon	Medicare Blue		125.74	1			125.74	536.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Managed Care Inc	Managed Care Inc		508.5	0.9			125.74	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Multiplan	Multiplan		452	0.8			125.74	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Qualcare	Qualcare		423.75	0.75			125.74	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Three Rivers	Three Rivers		536.75	0.95			125.74	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	UHC	Medicare		125.74	1			125.74	536.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	UHC	Medicaid		177.75	0.3146			125.74	536.75	percent of total billed charges	
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Wellcare	Medicare		125.74	1			125.74	536.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOMOGRAPH SINGLE PLANE	76100	CPT	outpatient			565	144.6	Wellcare	Medicaid		177.75	0.3146			125.74	536.75	percent of total billed charges	
COMPLEX MOT. UNIL OTHR THN UROGRA	76101	CPT	outpatient			640		Aetna	Commercial		243.2	0.38			192	608	percent of total billed charges	
COMPLEX MOT. UNIL OTHR THN UROGRA	76101	CPT	outpatient			640		Aetna	Better Health		201.34	0.3146			192	608	percent of total billed charges	
COMPLEX MOT. UNIL OTHR THN UROGRA	76101	CPT	outpatient			640		Aetna	Medicare		197.12	0.308			192	608	percent of total billed charges	
COMPLEX MOT. UNIL OTHR THN UROGRA	76101	CPT	outpatient			640		Americare	Americare		480	0.75			192	608	percent of total billed charges	
COMPLEX MOT. UNIL OTHR THN UROGRA	76101	CPT	outpatient			640		WellPoint	WellPoint		205.31	0.3208			192	608	percent of total billed charges	
COMPLEX MOT. UNIL OTHR THN UROGRA	76101	CPT	outpatient			640		Consumer	Consumer		608	0.95			192	608	percent of total billed charges	
COMPLEX MOT. UNIL OTHR THN UROGRA	76101	CPT	outpatient			640		Corrections	Corrections		512	0.8			192	608	percent of total billed charges	
COMPLEX MOT. UNIL OTHR THN UROGRA	76101	CPT	outpatient			640		First Health	First Health		448	0.7			192	608	percent of total billed charges	
COMPLEX MOT. UNIL OTHR THN UROGRA	76101	CPT	outpatient			640		First Trenton	First Trenton		576	0.9			192	608	percent of total billed charges	
COMPLEX MOT. UNIL OTHR THN UROGRA	76101	CPT	outpatient			640		Horizon	MGD		244.99	0.3828			192	608	percent of total billed charges	
COMPLEX MOT. UNIL OTHR THN UROGRA	76101	CPT	outpatient			640		Horizon	Medicare Blue		192	0.3			192	608	percent of total billed charges	
COMPLEX MOT. UNIL OTHR THN UROGRA	76101	CPT	outpatient			640		Horizon	PPO		244.99	0.3828			192	608	percent of total billed charges	
COMPLEX MOT. UNIL OTHR THN UROGRA	76101	CPT	outpatient			640		Horizon	Indemnity		244.99	0.3828			192	608	percent of total billed charges	
COMPLEX MOT. UNIL OTHR THN UROGRA	76101	CPT	outpatient			640		Managed Care Inc	Managed Care Inc		576	0.9			192	608	percent of total billed charges	
COMPLEX MOT. UNIL OTHR THN UROGRA	76101	CPT	outpatient			640		Multiplan	Multiplan		512	0.8			192	608	percent of total billed charges	
COMPLEX MOT. UNIL OTHR THN UROGRA	76101	CPT	outpatient			640		Qualcare	Qualcare		480	0.75			192	608	percent of total billed charges	
COMPLEX MOT. UNIL OTHR THN UROGRA	76101	CPT	outpatient			640		Three Rivers	Three Rivers		608	0.95			192	608	percent of total billed charges	
COMPLEX MOT. UNIL OTHR THN UROGRA	76101	CPT	outpatient			640		UHC	Medicaid		201.34	0.3146			192	608	percent of total billed charges	
COMPLEX MOT. UNIL OTHR THN UROGRA	76101	CPT	outpatient			640		Wellcare	Medicaid		201.34	0.3146			192	608	percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Aetna	Commercial		140.22	0.38			110.7	350.55	percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Aetna	Better Health		116.09	0.3146			110.7	350.55	percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Aetna	Medicare		113.65	0.308			110.7	350.55	percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Americare	Americare		276.75	0.75			110.7	350.55	percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		WellPoint	WellPoint		118.38	0.3208			110.7	350.55	percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Consumer	Consumer		350.55	0.95			110.7	350.55	percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Corrections	Corrections		295.2	0.8			110.7	350.55	percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		First Health	First Health		258.3	0.7			110.7	350.55	percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		First Trenton	First Trenton		332.1	0.9			110.7	350.55	percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Horizon	MGD		141.25	0.3828			110.7	350.55	percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Horizon	Indemnity		141.25	0.3828			110.7	350.55	percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Horizon	Medicare Blue		110.7	0.3			110.7	350.55	percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Horizon	PPO		141.25	0.3828			110.7	350.55	percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Managed Care Inc	Managed Care Inc		332.1	0.9			110.7	350.55	percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Multiplan	Multiplan		295.2	0.8			110.7	350.55	percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Qualcare	Qualcare		276.75	0.75			110.7	350.55	percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Three Rivers	Three Rivers		350.55	0.95			110.7	350.55	percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		UHC	Medicaid		116.09	0.3146			110.7	350.55	percent of total billed charges	
CINE RADIOGRAPHY	76125	CPT	outpatient			369		Wellcare	Medicaid		116.09	0.3146			110.7	350.55	percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Aetna	Medicare		986.52	0.308			960.9	3042.85	percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Aetna	Better Health		1007.66	0.3146			960.9	3042.85	percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Aetna	Commercial		1217.14	0.38			960.9	3042.85	percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Americare	Americare		2402.25	0.75			960.9	3042.85	percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		WellPoint	WellPoint		1027.52	0.3208			960.9	3042.85	percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Consumer	Consumer		3042.85	0.95			960.9	3042.85	percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Corrections	Corrections		2562.4	0.8			960.9	3042.85	percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		First Health	First Health		2242.1	0.7			960.9	3042.85	percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		First Trenton	First Trenton		2882.7	0.9			960.9	3042.85	percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Horizon	MGD		1226.11	0.3828			960.9	3042.85	percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Horizon	Indemnity		1226.11	0.3828			960.9	3042.85	percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Horizon	Medicare Blue		960.9	0.3			960.9	3042.85	percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Horizon	PPO		1226.11	0.3828			960.9	3042.85	percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Managed Care Inc	Managed Care Inc		2882.7	0.9			960.9	3042.85	percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Multiplan	Multiplan		2562.4	0.8			960.9	3042.85	percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Qualcare	Qualcare		2402.25	0.75			960.9	3042.85	percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Three Rivers	Three Rivers		3042.85	0.95			960.9	3042.85	percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		UHC	Medicaid		1007.66	0.3146			960.9	3042.85	percent of total billed charges	
CT GUIDANCE ASPIRATION S&I	76360	CPT	outpatient			3203		Wellcare	Medicaid		1007.66	0.3146			960.9	3042.85	percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Aetna	Better Health		78.65	0.3146			75	237.5	percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Aetna	Medicare		77	0.308			75	237.5	percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Aetna	Commercial		95	0.38			75	237.5	percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Americare	Americare		187.5	0.75			75	237.5	percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		WellPoint	WellPoint		80.2	0.3208			75	237.5	percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Consumer	Consumer		237.5	0.95			75	237.5	percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Corrections	Corrections		200	0.8			75	237.5	percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		First Health	First Health		175	0.7			75	237.5	percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		First Trenton	First Trenton		225	0.9			75	237.5	percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Horizon	MGD		95.7	0.3828			75	237.5	percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Horizon	Medicare Blue		75	0.3			75	237.5	percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Horizon	Indemnity		95.7	0.3828			75	237.5	percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Horizon	PPO		95.7	0.3828			75	237.5	percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Managed Care Inc	Managed Care Inc		225	0.9			75	237.5	percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Multiplan	Multiplan		200	0.8			75	237.5	percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Qualcare	Qualcare		187.5	0.75			75	237.5	percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Three Rivers	Three Rivers		237.5	0.95			75	237.5	percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		UHC	Medicaid		78.65	0.3146			75	237.5	percent of total billed charges	
THER/PROPH/DIAG INJ SC/IM	76372	CPT	outpatient			250		Wellcare	Medicaid		78.65	0.3146			75	237.5	percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Aetna	Better Health		88.72	0.3146			47.7	267.9	percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Aetna	Commercial		107.16	0.38			47.7	267.9	percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Aetna	Medicare		86.86	0.308			47.7	267.9	percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Americare	Americare		211.5	0.75			47.7	267.9	percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		WellPoint	WellPoint		90.47	0.3208			47.7	267.9	percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Consumer	Consumer		267.9	0.95			47.7	267.9	percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Corrections	Corrections		225.6	0.8			47.7	267.9	percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		First Health	First Health		197.4	0.7			47.7	267.9	percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		First Trenton	First Trenton		253.8	0.9			47.7	267.9	percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Horizon	Medicare Blue		84.6	0.3			47.7	267.9	percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Horizon	Indemnity		107.95	0.3828			47.7	267.9	percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Horizon	MGD		107.95	0.3828			47.7	267.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Horizon	PPO		107.95	0.3828			47.7	267.9	percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Managed Care Inc	Managed Care Inc		253.8	0.9			47.7	267.9	percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Multiplan	Multiplan		225.6	0.8			47.7	267.9	percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Qualcare	Qualcare		211.5	0.75			47.7	267.9	percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Three Rivers	Three Rivers		267.9	0.95			47.7	267.9	percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		UHC	Medicaid		88.72	0.3146			47.7	267.9	percent of total billed charges	
MRI-3D RECON BY TECH FOR MRCP	76376	CPT	both			282		Wellcare	Medicaid		88.72	0.3146			47.7	267.9	percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Aetna	Better Health		225.88	0.3146			47.7	682.1	percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Aetna	Medicare		221.14	0.308			47.7	682.1	percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Aetna	Commercial		272.84	0.38			47.7	682.1	percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Americare	Americare		538.5	0.75			47.7	682.1	percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		WellPoint	WellPoint		230.33	0.3208			47.7	682.1	percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Consumer	Consumer		682.1	0.95			47.7	682.1	percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Corrections	Corrections		574.4	0.8			47.7	682.1	percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		First Health	First Health		502.6	0.7			47.7	682.1	percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		First Trenton	First Trenton		646.2	0.9			47.7	682.1	percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Horizon	Medicare Blue		215.4	0.3			47.7	682.1	percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Horizon	PPO		274.85	0.3828			47.7	682.1	percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Horizon	MGD		274.85	0.3828			47.7	682.1	percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Horizon	Indemnity		274.85	0.3828			47.7	682.1	percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Managed Care Inc	Managed Care Inc		646.2	0.9			47.7	682.1	percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Multiplan	Multiplan		574.4	0.8			47.7	682.1	percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Qualcare	Qualcare		538.5	0.75			47.7	682.1	percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Three Rivers	Three Rivers		682.1	0.95			47.7	682.1	percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		UHC	Medicaid		225.88	0.3146			47.7	682.1	percent of total billed charges	
CT RT WRIST 3D RECON AT WS	76377	CPT	both			718		Wellcare	Medicaid		225.88	0.3146			47.7	682.1	percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364	119.52	Aetna	Commercial		165.46	1.592			103.93	345.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED CT STUDY	76380	CPT	outpatient			364	119.52	Aetna	Medicare		103.93	1			103.93	345.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED CT STUDY	76380	CPT	outpatient			364	119.52	Aetna	Better Health		114.51	0.3146			103.93	345.8	percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364	119.52	Americare	Americare		273	0.75			103.93	345.8	percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364	119.52	WellPoint	WellPoint		116.77	0.3208			103.93	345.8	percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364	119.52	Amerihealth	Medicare		103.93	1			103.93	345.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED CT STUDY	76380	CPT	outpatient			364	119.52	Consumer	Consumer		345.8	0.95			103.93	345.8	percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364	119.52	Corrections	Corrections		291.2	0.8			103.93	345.8	percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364	119.52	First Health	First Health		254.8	0.7			103.93	345.8	percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364	119.52	First Trenton	First Trenton		327.6	0.9			103.93	345.8	percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364	119.52	Horizon	Indemnity		189.88	1.827			103.93	345.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED CT STUDY	76380	CPT	outpatient			364	119.52	Horizon	MGD		189.88	1.827			103.93	345.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED CT STUDY	76380	CPT	outpatient			364	119.52	Horizon	PPO		189.88	1.827			103.93	345.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED CT STUDY	76380	CPT	outpatient			364	119.52	Horizon	Medicare Blue		103.93	1			103.93	345.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED CT STUDY	76380	CPT	outpatient			364	119.52	Managed Care Inc	Managed Care Inc		327.6	0.9			103.93	345.8	percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364	119.52	Multiplan	Multiplan		291.2	0.8			103.93	345.8	percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364	119.52	Qualcare	Qualcare		273	0.75			103.93	345.8	percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364	119.52	Three Rivers	Three Rivers		345.8	0.95			103.93	345.8	percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364	119.52	UHC	Medicaid		114.51	0.3146			103.93	345.8	percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364	119.52	UHC	Medicare		103.93	1			103.93	345.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED CT STUDY	76380	CPT	outpatient			364	119.52	Wellcare	Medicaid		114.51	0.3146			103.93	345.8	percent of total billed charges	
LIMITED CT STUDY	76380	CPT	outpatient			364	119.52	Wellcare	Medicare		103.93	1			103.93	345.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Aetna	Commercial		165.46	1.592			103.93	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Aetna	Better Health		1913.4	0.3146			103.93	5777.9	percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Aetna	Medicare		103.93	1			103.93	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Americare	Americare		4561.5	0.75			103.93	5777.9	percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	WellPoint	WellPoint		1951.11	0.3208			103.93	5777.9	percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Amerihealth	Medicare		103.93	1			103.93	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Consumer	Consumer		5777.9	0.95			103.93	5777.9	percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Corrections	Corrections		4865.6	0.8			103.93	5777.9	percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	First Health	First Health		4257.4	0.7			103.93	5777.9	percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	First Trenton	First Trenton		5473.8	0.9			103.93	5777.9	percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Horizon	MGD		189.88	1.827			103.93	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Horizon	Indemnity		189.88	1.827			103.93	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Horizon	Medicare Blue		103.93	1			103.93	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Horizon	PPO		189.88	1.827			103.93	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Managed Care Inc	Managed Care Inc		5473.8	0.9			103.93	5777.9	percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Multiplan	Multiplan		4865.6	0.8			103.93	5777.9	percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Qualcare	Qualcare		4561.5	0.75			103.93	5777.9	percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Three Rivers	Three Rivers		5777.9	0.95			103.93	5777.9	percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	UHC	Medicaid		1913.4	0.3146			103.93	5777.9	percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	UHC	Medicare		103.93	1			103.93	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Wellcare	Medicaid		1913.4	0.3146			103.93	5777.9	percent of total billed charges	
MRI BRAIN SPECTROSCOPY	76390	CPT	both			6082	119.52	Wellcare	Medicare		103.93	1			103.93	5777.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Aetna	Better Health		163.28	0.3146			51.9	493.05	percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Aetna	Commercial		165.46	1.592			51.9	493.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Aetna	Medicare		103.93	1			51.9	493.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Americare	Americare		389.25	0.75			51.9	493.05	percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	WellPoint	WellPoint		166.5	0.3208			51.9	493.05	percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Amerihealth	Medicare		103.93	1			51.9	493.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Consumer	Consumer		493.05	0.95			51.9	493.05	percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Corrections	Corrections		415.2	0.8			51.9	493.05	percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	First Health	First Health		363.3	0.7			51.9	493.05	percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	First Trenton	First Trenton		467.1	0.9			51.9	493.05	percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Horizon	Indemnity		189.88	1.827			51.9	493.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Horizon	MGD		189.88	1.827			51.9	493.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Horizon	Medicare Blue		103.93	1			51.9	493.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Horizon	PPO		189.88	1.827			51.9	493.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Horizon	NJ Health		51.9	0.1			51.9	493.05	percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Managed Care Inc	Managed Care Inc		467.1	0.9			51.9	493.05	percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Multiplan	Multiplan		415.2	0.8			51.9	493.05	percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Qualcare	Qualcare		389.25	0.75			51.9	493.05	percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Three Rivers	Three Rivers		493.05	0.95			51.9	493.05	percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	UHC	Medicare		103.93	1			51.9	493.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	UHC	Medicaid		163.28	0.3146			51.9	493.05	percent of total billed charges	
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Wellcare	Medicare		103.93	1			51.9	493.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED FLUOROSCOPIC PROCEDURE	76496	CPT	outpatient			519	119.52	Wellcare	Medicaid		163.28	0.3146			51.9	493.05	percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Aetna	Better Health		203.23	0.3146			64.6	613.7	percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Aetna	Commercial		165.46	1.592			64.6	613.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Aetna	Medicare		103.93	1			64.6	613.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Americare	Americare		484.5	0.75			64.6	613.7	percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	WellPoint	WellPoint		207.24	0.3208			64.6	613.7	percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Amerihealth	Medicare		103.93	1			64.6	613.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Consumer	Consumer		613.7	0.95			64.6	613.7	percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Corrections	Corrections		516.8	0.8			64.6	613.7	percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	First Health	First Health		452.2	0.7			64.6	613.7	percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	First Trenton	First Trenton		581.4	0.9			64.6	613.7	percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Horizon	Indemnity		189.88	1.827			64.6	613.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Horizon	Medicare Blue		103.93	1			64.6	613.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Horizon	NJ Health		64.6	0.1			64.6	613.7	percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Horizon	MGD		189.88	1.827			64.6	613.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Horizon	PPO		189.88	1.827			64.6	613.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Managed Care Inc	Managed Care Inc		581.4	0.9			64.6	613.7	percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Multiplan	Multiplan		516.8	0.8			64.6	613.7	percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Qualcare	Qualcare		484.5	0.75			64.6	613.7	percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Three Rivers	Three Rivers		613.7	0.95			64.6	613.7	percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	UHC	Medicare		103.93	1			64.6	613.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	UHC	Medicaid		203.23	0.3146			64.6	613.7	percent of total billed charges	
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Wellcare	Medicare		103.93	1			64.6	613.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED CT PROCEDURE	76497	CPT	outpatient			646	119.52	Wellcare	Medicaid		203.23	0.3146			64.6	613.7	percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	both			2400	119.52	Aetna	Medicare		103.93	1			103.93	2280	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MR PROCECURE	76498	CPT	both			2400	119.52	Aetna	Commercial		165.46	1.592			103.93	2280	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MR PROCECURE	76498	CPT	both			2400	119.52	Aetna	Better Health		755.04	0.3146			103.93	2280	percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	both			2400	119.52	Americare	Americare		1800	0.75			103.93	2280	percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	both			2400	119.52	WellPoint	WellPoint		769.92	0.3208			103.93	2280	percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	both			2400	119.52	Amerihealth	Medicare		103.93	1			103.93	2280	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MR PROCECURE	76498	CPT	both			2400	119.52	Consumer	Consumer		2280	0.95			103.93	2280	percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	both			2400	119.52	Corrections	Corrections		1920	0.8			103.93	2280	percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	both			2400	119.52	First Health	First Health		1680	0.7			103.93	2280	percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	both			2400	119.52	First Trenton	First Trenton		2160	0.9			103.93	2280	percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	both			2400	119.52	Horizon	MGD		189.88	1.827			103.93	2280	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MR PROCECURE	76498	CPT	both			2400	119.52	Horizon	Medicare Blue		103.93	1			103.93	2280	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MR PROCECURE	76498	CPT	both			2400	119.52	Horizon	PPO		189.88	1.827			103.93	2280	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MR PROCECURE	76498	CPT	both			2400	119.52	Horizon	Indemnity		189.88	1.827			103.93	2280	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MR PROCECURE	76498	CPT	both			2400	119.52	Horizon	NJ Health		240	0.1			103.93	2280	percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	both			2400	119.52	Managed Care Inc	Managed Care Inc		2160	0.9			103.93	2280	percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	both			2400	119.52	Multiplan	Multiplan		1920	0.8			103.93	2280	percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	both			2400	119.52	Qualcare	Qualcare		1800	0.75			103.93	2280	percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	both			2400	119.52	Three Rivers	Three Rivers		2280	0.95			103.93	2280	percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	both			2400	119.52	UHC	Medicaid		755.04	0.3146			103.93	2280	percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	both			2400	119.52	UHC	Medicare		103.93	1			103.93	2280	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED MR PROCECURE	76498	CPT	both			2400	119.52	Wellcare	Medicaid		755.04	0.3146			103.93	2280	percent of total billed charges	
UNLISTED MR PROCECURE	76498	CPT	both			2400	119.52	Wellcare	Medicare		103.93	1			103.93	2280	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Aetna	Commercial		165.46	1.592			26.2	7581	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Aetna	Better Health		2510.51	0.3146			26.2	7581	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Aetna	Medicare		103.93	1			26.2	7581	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Americare	Americare		5985	0.75			26.2	7581	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	WellPoint	WellPoint		2559.98	0.3208			26.2	7581	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Amerihealth	Medicare		103.93	1			26.2	7581	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Consumer	Consumer		7581	0.95			26.2	7581	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Corrections	Corrections		6384	0.8			26.2	7581	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	First Health	First Health		5586	0.7			26.2	7581	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	First Trenton	First Trenton		7182	0.9			26.2	7581	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Horizon	MGD		189.88	1.827			26.2	7581	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Horizon	Medicare Blue		103.93	1			26.2	7581	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Horizon	NJ Health		798	0.1			26.2	7581	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Horizon	Indemnity		189.88	1.827			26.2	7581	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Horizon	PPO		189.88	1.827			26.2	7581	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Managed Care Inc	Managed Care Inc		7182	0.9			26.2	7581	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Multiplan	Multiplan		6384	0.8			26.2	7581	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Qualcare	Qualcare		5985	0.75			26.2	7581	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Three Rivers	Three Rivers		7581	0.95			26.2	7581	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	UHC	Medicare		103.93	1			26.2	7581	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	UHC	Medicaid		2510.51	0.3146			26.2	7581	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Wellcare	Medicaid		2510.51	0.3146			26.2	7581	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) WH	76499	CPT	both			7980	119.52	Wellcare	Medicare		103.93	1			26.2	7581	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN	76506	CPT	both			785	144.6	Aetna	Medicare		125.74	1			125.74	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN	76506	CPT	both			785	144.6	Aetna	Better Health		246.96	0.3146			125.74	745.75	percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	Aetna	Commercial		200.18	1.592			125.74	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN	76506	CPT	both			785	144.6	Americare	Americare		588.75	0.75			125.74	745.75	percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	WellPoint	WellPoint		251.83	0.3208			125.74	745.75	percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	Amerihealth	Medicare		125.74	1			125.74	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN	76506	CPT	both			785	144.6	Consumer	Consumer		746.75	0.95			125.74	745.75	percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	Corrections	Corrections		628	0.8			125.74	745.75	percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	First Health	First Health		549.5	0.7			125.74	745.75	percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	First Trenton	First Trenton		706.5	0.9			125.74	745.75	percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	Horizon	MGD		229.73	1.827			125.74	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN	76506	CPT	both			785	144.6	Horizon	Medicare Blue		125.74	1			125.74	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN	76506	CPT	both			785	144.6	Horizon	PPO		229.73	1.827			125.74	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN	76506	CPT	both			785	144.6	Horizon	Indemnity		229.73	1.827			125.74	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN	76506	CPT	both			785	144.6	Managed Care Inc	Managed Care Inc		706.5	0.9			125.74	745.75	percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	Multiplan	Multiplan		628	0.8			125.74	745.75	percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	Qualcare	Qualcare		588.75	0.75			125.74	745.75	percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	Three Rivers	Three Rivers		745.75	0.95			125.74	745.75	percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	UHC	Medicaid		246.96	0.3146			125.74	745.75	percent of total billed charges	
BRAIN	76506	CPT	both			785	144.6	UHC	Medicare		125.74	1			125.74	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN	76506	CPT	both			785	144.6	Wellcare	Medicare		125.74	1			125.74	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN	76506	CPT	both			785	144.6	Wellcare	Medicaid		246.96	0.3146			125.74	745.75	percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Aetna	Medicare		154.62	0.308			120.12	476.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Aetna	Commercial		200.18	1.592			120.12	476.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Aetna	Better Health		157.93	0.3146			120.12	476.9	percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Americare	Americare		376.5	0.75			120.12	476.9	percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	WellPoint	WellPoint		161.04	0.3208			120.12	476.9	percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Amerihealth	Medicare		125.74	1			120.12	476.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Consumer	Consumer		476.9	0.95			120.12	476.9	percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Corrections	Corrections		401.6	0.8			120.12	476.9	percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	First Health	First Health		351.4	0.7			120.12	476.9	percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	First Trenton	First Trenton		451.8	0.9			120.12	476.9	percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Horizon	MGD		229.73	1.827			120.12	476.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Horizon	Indemnity		229.73	1.827			120.12	476.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Horizon	PPO		229.73	1.827			120.12	476.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Horizon	Medicare Blue		125.74	1			120.12	476.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Managed Care Inc	Managed Care Inc		451.8	0.9			120.12	476.9	percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Multiplan	Multiplan		401.6	0.8			120.12	476.9	percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Qualcare	Qualcare		376.5	0.75			120.12	476.9	percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Three Rivers	Three Rivers		476.9	0.95			120.12	476.9	percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	UHC	Medicaid		157.93	0.3146			120.12	476.9	percent of total billed charges	
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	UHC	Medicare		125.74	1			120.12	476.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Wellcare	Medicare		125.74	1			120.12	476.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
A-SCAN DIAGNOSTIC-BOTH	76511	CPT	outpatient			502	144.6	Wellcare	Medicaid		157.93	0.3146			120.12	476.9	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686	144.6	Aetna	Better Health		215.82	0.3146			120.12	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686	144.6	Aetna	Medicare		211.29	0.308			120.12	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686	144.6	Aetna	Commercial		200.18	1.592			120.12	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED US ORBITS	76512	CPT	both			686	144.6	Americare	Americare		514.5	0.75			120.12	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686	144.6	WellPoint	WellPoint		220.07	0.3208			120.12	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686	144.6	Amerihealth	Medicare		125.74	1			120.12	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED US ORBITS	76512	CPT	both			686	144.6	Consumer	Consumer		651.7	0.95			120.12	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686	144.6	Corrections	Corrections		548.8	0.8			120.12	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686	144.6	First Health	First Health		480.2	0.7			120.12	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686	144.6	First Trenton	First Trenton		617.4	0.9			120.12	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686	144.6	Horizon	Medicare Blue		125.74	1			120.12	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED US ORBITS	76512	CPT	both			686	144.6	Horizon	MGD		229.73	1.827			120.12	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED US ORBITS	76512	CPT	both			686	144.6	Horizon	Indemnity		229.73	1.827			120.12	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED US ORBITS	76512	CPT	both			686	144.6	Horizon	PPO		229.73	1.827			120.12	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED US ORBITS	76512	CPT	both			686	144.6	Managed Care Inc	Managed Care Inc		617.4	0.9			120.12	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686	144.6	Multiplan	Multiplan		548.8	0.8			120.12	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686	144.6	Qualcare	Qualcare		514.5	0.75			120.12	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686	144.6	Three Rivers	Three Rivers		651.7	0.95			120.12	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686	144.6	UHC	Medicaid		215.82	0.3146			120.12	651.7	percent of total billed charges	
ED US ORBITS	76512	CPT	both			686	144.6	UHC	Medicare		125.74	1			120.12	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED US ORBITS	76512	CPT	both			686	144.6	Wellcare	Medicare		125.74	1			120.12	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED US ORBITS	76512	CPT	both			686	144.6	Wellcare	Medicaid		215.82	0.3146			120.12	651.7	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716	144.6	Aetna	Commercial		200.18	1.592			120.12	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UBM SCAN - BOTH	76513	CPT	outpatient			716	144.6	Aetna	Better Health		225.25	0.3146			120.12	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716	144.6	Aetna	Medicare		220.53	0.308			120.12	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716	144.6	Americare	Americare		537	0.75			120.12	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716	144.6	WellPoint	WellPoint		229.69	0.3208			120.12	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716	144.6	Amerihealth	Medicare		125.74	1			120.12	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UBM SCAN - BOTH	76513	CPT	outpatient			716	144.6	Consumer	Consumer		680.2	0.95			120.12	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716	144.6	Corrections	Corrections		572.8	0.8			120.12	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716	144.6	First Health	First Health		501.2	0.7			120.12	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716	144.6	First Trenton	First Trenton		644.4	0.9			120.12	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716	144.6	Horizon	Indemnity		229.73	1.827			120.12	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UBM SCAN - BOTH	76513	CPT	outpatient			716	144.6	Horizon	MGD		229.73	1.827			120.12	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UBM SCAN - BOTH	76513	CPT	outpatient			716	144.6	Horizon	Medicare Blue		125.74	1			120.12	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UBM SCAN - BOTH	76513	CPT	outpatient			716	144.6	Horizon	PPO		229.73	1.827			120.12	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UBM SCAN - BOTH	76513	CPT	outpatient			716	144.6	Managed Care Inc	Managed Care Inc		644.4	0.9			120.12	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716	144.6	Multiplan	Multiplan		572.8	0.8			120.12	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716	144.6	Qualcare	Qualcare		537	0.75			120.12	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716	144.6	Three Rivers	Three Rivers		680.2	0.95			120.12	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716	144.6	UHC	Medicare		125.74	1			120.12	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UBM SCAN - BOTH	76513	CPT	outpatient			716	144.6	UHC	Medicaid		225.25	0.3146			120.12	680.2	percent of total billed charges	
UBM SCAN - BOTH	76513	CPT	outpatient			716	144.6	Wellcare	Medicare		125.74	1			120.12	680.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UBM SCAN - BOTH	76513	CPT	outpatient			716	144.6	Wellcare	Medicaid		225.25	0.3146			120.12	680.2	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93	39.16	Aetna	Commercial		54.21	1.592			29.26	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93	39.16	Aetna	Better Health		29.26	0.3146			29.26	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93	39.16	Aetna	Medicare		34.05	1			29.26	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93	39.16	Americare	Americare		69.75	0.75			29.26	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93	39.16	WellPoint	WellPoint		29.83	0.3208			29.26	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93	39.16	Amerihealth	Medicare		34.05	1			29.26	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93	39.16	Consumer	Consumer		88.35	0.95			29.26	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93	39.16	Corrections	Corrections		74.4	0.8			29.26	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93	39.16	First Health	First Health		65.1	0.7			29.26	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93	39.16	First Trenton	First Trenton		83.7	0.9			29.26	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93	39.16	Horizon	PPO		62.21	1.827			29.26	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93	39.16	Horizon	Medicare Blue		34.05	1			29.26	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93	39.16	Horizon	MGD		62.21	1.827			29.26	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93	39.16	Horizon	Indemnity		62.21	1.827			29.26	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93	39.16	Managed Care Inc	Managed Care Inc		83.7	0.9			29.26	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93	39.16	Multiplan	Multiplan		74.4	0.8			29.26	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93	39.16	Qualcare	Qualcare		69.75	0.75			29.26	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93	39.16	Three Rivers	Three Rivers		88.35	0.95			29.26	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93	39.16	UHC	Medicare		34.05	1			29.26	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93	39.16	UHC	Medicaid		29.26	0.3146			29.26	88.35	percent of total billed charges	
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93	39.16	Wellcare	Medicare		34.05	1			29.26	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC PACHYMETRY	76514	CPT	outpatient			93	39.16	Wellcare	Medicaid		29.26	0.3146			29.26	88.35	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390	144.6	Aetna	Commercial		200.18	1.592			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390	144.6	Aetna	Better Health		122.69	0.3146			122.69	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390	144.6	Aetna	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390	144.6	Americare	Americare		292.5	0.75			122.69	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390	144.6	WellPoint	WellPoint		125.11	0.3208			122.69	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390	144.6	Amerihealth	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390	144.6	Consumer	Consumer		370.5	0.95			122.69	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390	144.6	Corrections	Corrections		312	0.8			122.69	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390	144.6	First Health	First Health		273	0.7			122.69	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390	144.6	First Trenton	First Trenton		351	0.9			122.69	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390	144.6	Horizon	Indemnity		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390	144.6	Horizon	Medicare Blue		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390	144.6	Horizon	PPO		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390	144.6	Horizon	MGD		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390	144.6	Managed Care Inc	Managed Care Inc		351	0.9			122.69	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390	144.6	Multiplan	Multiplan		312	0.8			122.69	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390	144.6	Qualcare	Qualcare		292.5	0.75			122.69	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390	144.6	Three Rivers	Three Rivers		370.5	0.95			122.69	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390	144.6	UHC	Medicaid		122.69	0.3146			122.69	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390	144.6	UHC	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390	144.6	Wellcare	Medicaid		122.69	0.3146			122.69	370.5	percent of total billed charges	
U/S ECHOGRAPHY A-SCAN	76516	CPT	outpatient			390	144.6	Wellcare	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390	144.6	Aetna	Better Health		122.69	0.3146			122.69	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390	144.6	Aetna	Commercial		200.18	1.592			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390	144.6	Aetna	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390	144.6	Americare	Americare		292.5	0.75			122.69	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390	144.6	WellPoint	WellPoint		125.11	0.3208			122.69	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390	144.6	Amerihealth	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390	144.6	Consumer	Consumer		370.5	0.95			122.69	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390	144.6	Corrections	Corrections		312	0.8			122.69	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390	144.6	First Health	First Health		273	0.7			122.69	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390	144.6	First Trenton	First Trenton		351	0.9			122.69	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390	144.6	Horizon	PPO		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390	144.6	Horizon	MGD		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390	144.6	Horizon	Indemnity		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390	144.6	Horizon	Medicare Blue		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390	144.6	Managed Care Inc	Managed Care Inc		351	0.9			122.69	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390	144.6	Multiplan	Multiplan		312	0.8			122.69	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390	144.6	Qualcare	Qualcare		292.5	0.75			122.69	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390	144.6	Three Rivers	Three Rivers		370.5	0.95			122.69	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390	144.6	UHC	Medicaid		122.69	0.3146			122.69	370.5	percent of total billed charges	
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390	144.6	UHC	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390	144.6	Wellcare	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOMETRY IOL CALCULATION (OU)	76519	CPT	outpatient			390	144.6	Wellcare	Medicaid		122.69	0.3146			122.69	370.5	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	Aetna	Better Health		194.11	0.3146			102.25	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	Aetna	Commercial		165.46	1.592			102.25	586.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	Aetna	Medicare		103.93	1			102.25	586.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	Americare	Americare		462.75	0.75			102.25	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	WellPoint	WellPoint		197.93	0.3208			102.25	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	Amerihealth	Medicare		103.93	1			102.25	586.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	Consumer	Consumer		586.15	0.95			102.25	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	Corrections	Corrections		493.6	0.8			102.25	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	First Health	First Health		431.9	0.7			102.25	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	First Trenton	First Trenton		555.3	0.9			102.25	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	Horizon	MGD		189.88	1.827			102.25	586.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	Horizon	Medicare Blue		103.93	1			102.25	586.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	Horizon	Indemnity		189.88	1.827			102.25	586.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	Horizon	PPO		189.88	1.827			102.25	586.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	Managed Care Inc	Managed Care Inc		555.3	0.9			102.25	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	Multiplan	Multiplan		493.6	0.8			102.25	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	Qualcare	Qualcare		462.75	0.75			102.25	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	Three Rivers	Three Rivers		586.15	0.95			102.25	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	UHC	Medicaid		194.11	0.3146			102.25	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	UHC	Medicare		103.93	1			102.25	586.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	Wellcare	Medicaid		194.11	0.3146			102.25	586.15	percent of total billed charges	
ULTRASONIC FB LOCALIZ-BOTH	76529	CPT	outpatient			617	119.52	Wellcare	Medicare		103.93	1			102.25	586.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXAM HEAD AND NECK	76536	CPT	both			785	144.6	Aetna	Medicare		125.74	1			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXAM HEAD AND NECK	76536	CPT	both			785	144.6	Aetna	Better Health		246.96	0.3146			122.69	745.75	percent of total billed charges	
US EXAM HEAD AND NECK	76536	CPT	both			785	144.6	Aetna	Commercial		200.18	1.592			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXAM HEAD AND NECK	76536	CPT	both			785	144.6	Americare	Americare		588.75	0.75			122.69	745.75	percent of total billed charges	
US EXAM HEAD AND NECK	76536	CPT	both			785	144.6	WellPoint	WellPoint		251.83	0.3208			122.69	745.75	percent of total billed charges	
US EXAM HEAD AND NECK	76536	CPT	both			785	144.6	Amerihealth	Medicare		125.74	1			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXAM HEAD AND NECK	76536	CPT	both			785	144.6	Consumer	Consumer		745.75	0.95			122.69	745.75	percent of total billed charges	
US EXAM HEAD AND NECK	76536	CPT	both			785	144.6	Corrections	Corrections		628	0.8			122.69	745.75	percent of total billed charges	
US EXAM HEAD AND NECK	76536	CPT	both			785	144.6	First Health	First Health		549.5	0.7			122.69	745.75	percent of total billed charges	
US EXAM HEAD AND NECK	76536	CPT	both			785	144.6	First Trenton	First Trenton		706.5	0.9			122.69	745.75	percent of total billed charges	
US EXAM HEAD AND NECK	76536	CPT	both			785	144.6	Horizon	PPO		229.73	1.827			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXAM HEAD AND NECK	76536	CPT	both			785	144.6	Horizon	Indemnity		229.73	1.827			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXAM HEAD AND NECK	76536	CPT	both			785	144.6	Horizon	MGD		229.73	1.827			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXAM HEAD AND NECK	76536	CPT	both			785	144.6	Horizon	Medicare Blue		125.74	1			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXAM HEAD AND NECK	76536	CPT	both			785	144.6	Managed Care Inc	Managed Care Inc		706.5	0.9			122.69	745.75	percent of total billed charges	
US EXAM HEAD AND NECK	76536	CPT	both			785	144.6	Multiplan	Multiplan		628	0.8			122.69	745.75	percent of total billed charges	
US EXAM HEAD AND NECK	76536	CPT	both			785	144.6	Qualcare	Qualcare		588.75	0.75			122.69	745.75	percent of total billed charges	
US EXAM HEAD AND NECK	76536	CPT	both			785	144.6	Three Rivers	Three Rivers		745.75	0.95			122.69	745.75	percent of total billed charges	
US EXAM HEAD AND NECK	76536	CPT	both			785	144.6	UHC	Medicaid		246.96	0.3146			122.69	745.75	percent of total billed charges	
US EXAM HEAD AND NECK	76536	CPT	both			785	144.6	UHC	Medicare		125.74	1			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXAM HEAD AND NECK	76536	CPT	both			785	144.6	Wellcare	Medicare		125.74	1			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXAM HEAD AND NECK	76536	CPT	both			785	144.6	Wellcare	Medicaid		246.96	0.3146			122.69	745.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	Aetna	Better Health		228.09	0.3146			102.25	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	Aetna	Commercial		200.18	1.592			102.25	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST WALL	76604	CPT	both			725	144.6	Aetna	Medicare		125.74	1			102.25	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST WALL	76604	CPT	both			725	144.6	Americare	Americare		543.75	0.75			102.25	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	WellPoint	WellPoint		232.58	0.3208			102.25	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	Amerihealth	Medicare		125.74	1			102.25	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST WALL	76604	CPT	both			725	144.6	Consumer	Consumer		688.75	0.95			102.25	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	Corrections	Corrections		580	0.8			102.25	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	First Health	First Health		507.5	0.7			102.25	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	First Trenton	First Trenton		652.5	0.9			102.25	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	Horizon	Medicare Blue		125.74	1			102.25	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST WALL	76604	CPT	both			725	144.6	Horizon	Indemnity		229.73	1.827			102.25	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST WALL	76604	CPT	both			725	144.6	Horizon	MGD		229.73	1.827			102.25	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST WALL	76604	CPT	both			725	144.6	Horizon	PPO		229.73	1.827			102.25	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST WALL	76604	CPT	both			725	144.6	Managed Care Inc	Managed Care Inc		652.5	0.9			102.25	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	Multiplan	Multiplan		580	0.8			102.25	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	Qualcare	Qualcare		543.75	0.75			102.25	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	Three Rivers	Three Rivers		688.75	0.95			102.25	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	UHC	Medicaid		228.09	0.3146			102.25	688.75	percent of total billed charges	
US CHEST WALL	76604	CPT	both			725	144.6	UHC	Medicare		125.74	1			102.25	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST WALL	76604	CPT	both			725	144.6	Wellcare	Medicare		125.74	1			102.25	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US CHEST WALL	76604	CPT	both			725	144.6	Wellcare	Medicaid		228.09	0.3146			102.25	688.75	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	Aetna	Better Health		136.85	0.3146			122.69	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	Aetna	Medicare		125.74	1			122.69	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BREAST US	76641	CPT	both			435	144.6	Aetna	Commercial		200.18	1.592			122.69	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BREAST US	76641	CPT	both			435	144.6	Americare	Americare		326.25	0.75			122.69	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	WellPoint	WellPoint		139.55	0.3208			122.69	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	Amerihealth	Medicare		125.74	1			122.69	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BREAST US	76641	CPT	both			435	144.6	Consumer	Consumer		413.25	0.95			122.69	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	Corrections	Corrections		348	0.8			122.69	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	First Health	First Health		304.5	0.7			122.69	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	First Trenton	First Trenton		391.5	0.9			122.69	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	Horizon	MGD		229.73	1.827			122.69	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BREAST US	76641	CPT	both			435	144.6	Horizon	Indemnity		229.73	1.827			122.69	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BREAST US	76641	CPT	both			435	144.6	Horizon	PPO		229.73	1.827			122.69	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BREAST US	76641	CPT	both			435	144.6	Horizon	Medicare Blue		125.74	1			122.69	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BREAST US	76641	CPT	both			435	144.6	Managed Care Inc	Managed Care Inc		391.5	0.9			122.69	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	Multiplan	Multiplan		348	0.8			122.69	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	Qualcare	Qualcare		326.25	0.75			122.69	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	Three Rivers	Three Rivers		413.25	0.95			122.69	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	UHC	Medicaid		136.85	0.3146			122.69	413.25	percent of total billed charges	
WHOLE BREAST US	76641	CPT	both			435	144.6	UHC	Medicare		125.74	1			122.69	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BREAST US	76641	CPT	both			435	144.6	Wellcare	Medicare		125.74	1			122.69	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BREAST US	76641	CPT	both			435	144.6	Wellcare	Medicaid		136.85	0.3146			122.69	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Aetna	Better Health		136.85	0.3146			100.36	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Aetna	Medicare		103.93	1			100.36	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Aetna	Commercial		165.46	1.592			100.36	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Americare	Americare		326.25	0.75			100.36	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	WellPoint	WellPoint		139.55	0.3208			100.36	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Amerihealth	Medicare		103.93	1			100.36	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Consumer	Consumer		413.25	0.95			100.36	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Corrections	Corrections		348	0.8			100.36	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	First Health	First Health		304.5	0.7			100.36	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	First Trenton	First Trenton		391.5	0.9			100.36	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Horizon	Indemnity		189.88	1.827			100.36	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Horizon	MGD		189.88	1.827			100.36	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Horizon	Medicare Blue		103.93	1			100.36	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Horizon	PPO		189.88	1.827			100.36	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Managed Care Inc	Managed Care Inc		391.5	0.9			100.36	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Multiplan	Multiplan		348	0.8			100.36	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Qualcare	Qualcare		326.25	0.75			100.36	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Three Rivers	Three Rivers		413.25	0.95			100.36	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	UHC	Medicare		103.93	1			100.36	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	UHC	Medicaid		136.85	0.3146			100.36	413.25	percent of total billed charges	
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Wellcare	Medicare		103.93	1			100.36	413.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US BREAST LTD-BILAT	76642	CPT	both			435	119.52	Wellcare	Medicaid		136.85	0.3146			100.36	413.25	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	Aetna	Better Health		341.03	0.3146			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	Aetna	Commercial		200.18	1.592			125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084	144.6	Aetna	Medicare		333.87	0.308			125.74	1029.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084		144.6 Americare	Americare		813	0.75			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084		144.6 WellPoint	WellPoint		347.75	0.3208			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084		144.6 Amerihealth	Medicare		125.74	1			125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084		144.6 Consumer	Consumer		1029.8	0.95			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084		144.6 Corrections	Corrections		867.2	0.8			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084		144.6 First Health	First Health		758.8	0.7			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084		144.6 First Trenton	First Trenton		975.6	0.9			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084		144.6 Horizon	MGD		229.73	1.827			125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084		144.6 Horizon	Medicare Blue		125.74	1			125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084		144.6 Horizon	Indemnity		229.73	1.827			125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084		144.6 Horizon	PPO		229.73	1.827			125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084		144.6 Managed Care Inc	Managed Care Inc		975.6	0.9			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084		144.6 Multiplan	Multiplan		867.2	0.8			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084		144.6 Qualcare	Qualcare		813	0.75			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084		144.6 Three Rivers	Three Rivers		1029.8	0.95			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084		144.6 UHC	Medicare		125.74	1			125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084		144.6 UHC	Medicaid		341.03	0.3146			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084		144.6 Wellcare	Medicaid		341.03	0.3146			125.74	1029.8	percent of total billed charges	
US LIVER -ABDOMEN COMPLETE	76700	CPT	both			1084		144.6 Wellcare	Medicare		125.74	1			125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PANCREAS	76705	CPT	both			785		144.6 Aetna	Commercial		200.18	1.592			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PANCREAS	76705	CPT	both			785		144.6 Aetna	Better Health		246.96	0.3146			122.69	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785		144.6 Aetna	Medicare		125.74	1			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PANCREAS	76705	CPT	both			785		144.6 Americare	Americare		588.75	0.75			122.69	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785		144.6 WellPoint	WellPoint		251.83	0.3208			122.69	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785		144.6 Amerihealth	Medicare		125.74	1			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PANCREAS	76705	CPT	both			785		144.6 Consumer	Consumer		746.75	0.95			122.69	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785		144.6 Corrections	Corrections		628	0.8			122.69	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785		144.6 First Health	First Health		549.5	0.7			122.69	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785		144.6 First Trenton	First Trenton		706.5	0.9			122.69	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785		144.6 Horizon	Medicare Blue		125.74	1			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PANCREAS	76705	CPT	both			785		144.6 Horizon	MGD		229.73	1.827			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PANCREAS	76705	CPT	both			785		144.6 Horizon	Indemnity		229.73	1.827			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PANCREAS	76705	CPT	both			785		144.6 Horizon	PPO		229.73	1.827			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PANCREAS	76705	CPT	both			785		144.6 Managed Care Inc	Managed Care Inc		706.5	0.9			122.69	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785		144.6 Multiplan	Multiplan		628	0.8			122.69	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785		144.6 Qualcare	Qualcare		588.75	0.75			122.69	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785		144.6 Three Rivers	Three Rivers		745.75	0.95			122.69	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785		144.6 UHC	Medicaid		246.96	0.3146			122.69	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785		144.6 UHC	Medicare		125.74	1			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PANCREAS	76705	CPT	both			785		144.6 Wellcare	Medicaid		246.96	0.3146			122.69	745.75	percent of total billed charges	
US PANCREAS	76705	CPT	both			785		144.6 Wellcare	Medicare		125.74	1			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCREENING ABD AORITC ANEURY NO DUPL	76706	CPT	both			491		144.6 Aetna	Commercial		200.18	1.592			125.74	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCREENING ABD AORITC ANEURY NO DUPL	76706	CPT	both			491		144.6 Aetna	Medicare		125.74	1			125.74	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCREENING ABD AORITC ANEURY NO DUPL	76706	CPT	both			491		144.6 Aetna	Better Health		154.47	0.3146			125.74	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY NO DUPL	76706	CPT	both			491		144.6 Americare	Americare		368.25	0.75			125.74	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY NO DUPL	76706	CPT	both			491		144.6 WellPoint	WellPoint		157.51	0.3208			125.74	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY NO DUPL	76706	CPT	both			491		144.6 Amerihealth	Medicare		125.74	1			125.74	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCREENING ABD AORITC ANEURY NO DUPL	76706	CPT	both			491		144.6 Consumer	Consumer		466.45	0.95			125.74	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY NO DUPL	76706	CPT	both			491		144.6 Corrections	Corrections		392.8	0.8			125.74	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY NO DUPL	76706	CPT	both			491		144.6 First Health	First Health		343.7	0.7			125.74	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY NO DUPL	76706	CPT	both			491		144.6 First Trenton	First Trenton		441.9	0.9			125.74	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY NO DUPL	76706	CPT	both			491		144.6 Horizon	Indemnity		229.73	1.827			125.74	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCREENING ABD AORITC ANEURY NO DUPL	76706	CPT	both			491		144.6 Horizon	Medicare Blue		125.74	1			125.74	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCREENING ABD AORITC ANEURY NO DUPL	76706	CPT	both			491		144.6 Horizon	PPO		229.73	1.827			125.74	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCREENING ABD AORITC ANEURY NO DUPL	76706	CPT	both			491		144.6 Horizon	MGD		229.73	1.827			125.74	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCREENING ABD AORITC ANEURY NO DUPL	76706	CPT	both			491		144.6 Managed Care Inc	Managed Care Inc		441.9	0.9			125.74	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY NO DUPL	76706	CPT	both			491		144.6 Multiplan	Multiplan		392.8	0.8			125.74	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY NO DUPL	76706	CPT	both			491		144.6 Qualcare	Qualcare		368.25	0.75			125.74	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY NO DUPL	76706	CPT	both			491		144.6 Three Rivers	Three Rivers		466.45	0.95			125.74	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY NO DUPL	76706	CPT	both			491		144.6 UHC	Medicare		125.74	1			125.74	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCREENING ABD AORITC ANEURY NO DUPL	76706	CPT	both			491		144.6 UHC	Medicaid		154.47	0.3146			125.74	466.45	percent of total billed charges	
US SCREENING ABD AORITC ANEURY NO DUPL	76706	CPT	both			491		144.6 Wellcare	Medicare		125.74	1			125.74	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US SCREENING ABD AORITC ANEURY NO DUPL	76706	CPT	both			491		144.6 Wellcare	Medicaid		154.47	0.3146			125.74	466.45	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Aetna	Medicare		333.87	0.308			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Aetna	Better Health		341.03	0.3146			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Aetna	Commercial		200.18	1.592			125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Americare	Americare		813	0.75			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 WellPoint	WellPoint		347.75	0.3208			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Amerihealth	Medicare		125.74	1			125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Consumer	Consumer		1029.8	0.95			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Corrections	Corrections		867.2	0.8			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 First Health	First Health		758.8	0.7			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 First Trenton	First Trenton		975.6	0.9			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Horizon	MGD		229.73	1.827			125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Horizon	Medicare Blue		125.74	1			125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Horizon	PPO		229.73	1.827			125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Horizon	Indemnity		229.73	1.827			125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Managed Care Inc	Managed Care Inc		975.6	0.9			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Multiplan	Multiplan		867.2	0.8			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Qualcare	Qualcare		813	0.75			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Three Rivers	Three Rivers		1029.8	0.95			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 UHC	Medicaid		341.03	0.3146			125.74	1029.8	percent of total billed charges	
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 UHC	Medicare		125.74	1			125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Wellcare	Medicare		125.74	1			125.74	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US KIDNEY & BLADDER	76770	CPT	both			1084		144.6 Wellcare	Medicaid		341.03	0.3146			125.74	1029.8	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Aetna	Commercial		200.18	1.592			125.74	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Aetna	Better Health		276.85	0.3146			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Aetna	Medicare		271.04	0.308			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Americare	Americare		660	0.75			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 WellPoint	WellPoint		282.3	0.3208			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Amerihealth	Medicare		125.74	1			125.74	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Consumer	Consumer		836	0.95			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Corrections	Corrections		704	0.8			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 First Health	First Health		616	0.7			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 First Trenton	First Trenton		792	0.9			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Horizon	MGD		229.73	1.827			125.74	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Horizon	Indemnity		229.73	1.827			125.74	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Horizon	Medicare Blue		125.74	1			125.74	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Horizon	PPO		229.73	1.827			125.74	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Managed Care Inc	Managed Care Inc		792	0.9			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Multiplan	Multiplan		704	0.8			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Qualcare	Qualcare		660	0.75			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Three Rivers	Three Rivers		836	0.95			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 UHC	Medicaid		276.85	0.3146			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 UHC	Medicare		125.74	1			125.74	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Wellcare	Medicaid		276.85	0.3146			125.74	836	percent of total billed charges	
US RETROPERITONL LTD KIDNEY RT	76775	CPT	both			880		144.6 Wellcare	Medicare		125.74	1			125.74	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	inpatient			571		144.6 Aetna	Commercial		200.18	1.592			125.74	542.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	inpatient			571		144.6 Aetna	Better Health		179.64	0.3146			125.74	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	inpatient			571		144.6 Aetna	Medicare		125.74	1			125.74	542.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	inpatient			571		144.6 Americare	Americare		428.25	0.75			125.74	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	inpatient			571		144.6 WellPoint	WellPoint		183.18	0.3208			125.74	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	inpatient			571		144.6 Amerihealth	Medicare		125.74	1			125.74	542.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	inpatient			571		144.6 Consumer	Consumer		542.45	0.95			125.74	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	inpatient			571		144.6 Corrections	Corrections		456.8	0.8			125.74	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	inpatient			571		144.6 First Health	First Health		399.7	0.7			125.74	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	inpatient			571		144.6 First Trenton	First Trenton		513.9	0.9			125.74	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	inpatient			571		144.6 Horizon	MGD		229.73	1.827			125.74	542.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	inpatient			571		144.6 Horizon	Medicare Blue		125.74	1			125.74	542.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	inpatient			571		144.6 Horizon	PPO		229.73	1.827			125.74	542.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	inpatient			571		144.6 Horizon	Indemnity		229.73	1.827			125.74	542.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	inpatient			571		144.6 Managed Care Inc	Managed Care Inc		513.9	0.9			125.74	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	inpatient			571		144.6 Multiplan	Multiplan		456.8	0.8			125.74	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	inpatient			571		144.6 Qualcare	Qualcare		428.25	0.75			125.74	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	inpatient			571		144.6 Three Rivers	Three Rivers		542.45	0.95			125.74	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	inpatient			571		144.6 UHC	Medicaid		179.64	0.3146			125.74	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	inpatient			571		144.6 UHC	Medicare		125.74	1			125.74	542.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	inpatient			571		144.6 Wellcare	Medicaid		179.64	0.3146			125.74	542.45	percent of total billed charges	
US TRANSPL KIDNEY W/W/O DUPLEX	76776	CPT	inpatient			571		144.6 Wellcare	Medicare		125.74	1			125.74	542.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND SPINAL	76800	CPT	both			785		144.6 Aetna	Commercial		200.18	1.592			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND SPINAL	76800	CPT	both			785		144.6 Aetna	Better Health		246.96	0.3146			122.69	745.75	percent of total billed charges	
ULTRASOUND SPINAL	76800	CPT	both			785		144.6 Aetna	Medicare		125.74	1			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND SPINAL	76800	CPT	both			785		144.6 Americare	Americare		588.75	0.75			122.69	745.75	percent of total billed charges	
ULTRASOUND SPINAL	76800	CPT	both			785		144.6 WellPoint	WellPoint		251.83	0.3208			122.69	745.75	percent of total billed charges	
ULTRASOUND SPINAL	76800	CPT	both			785		144.6 Amerihealth	Medicare		125.74	1			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND SPINAL	76800	CPT	both			785		144.6 Consumer	Consumer		746.75	0.95			122.69	745.75	percent of total billed charges	
ULTRASOUND SPINAL	76800	CPT	both			785		144.6 Corrections	Corrections		628	0.8			122.69	745.75	percent of total billed charges	
ULTRASOUND SPINAL	76800	CPT	both			785		144.6 First Health	First Health		549.5	0.7			122.69	745.75	percent of total billed charges	
ULTRASOUND SPINAL	76800	CPT	both			785		144.6 First Trenton	First Trenton		706.5	0.9			122.69	745.75	percent of total billed charges	
ULTRASOUND SPINAL	76800	CPT	both			785		144.6 Horizon	MGD		229.73	1.827			125.74	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND SPINAL	76800	CPT	both			785		144.6 Horizon	Indemnity		229.73	1.827			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND SPINAL	76800	CPT	both			785		144.6 Horizon	Medicare Blue		125.74	1			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND SPINAL	76800	CPT	both			785		144.6 Horizon	PPO		229.73	1.827			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ULTRASOUND SPINAL	76800	CPT	both			785		144.6 Managed Care Inc	Managed Care Inc		706.5	0.9			122.69	745.75	percent of total billed charges	
ULTRASOUND SPINAL	76800	CPT	both			785		144.6 Multiplan	Multiplan		628	0.8			122.69	745.75	percent of total billed charges	
ULTRASOUND SPINAL	76800	CPT	both			785		144.6 Qualcare	Qualcare		588.75	0.75			122.69	745.75	percent of total billed charges	
ULTRASOUND SPINAL	76800	CPT	both			785		144.6 Three Rivers	Three Rivers		745.75	0.95			122.69	745.75	percent of total billed charges	
ULTRASOUND SPINAL	76800	CPT	both			785		144.6 UHC	Medicaid		246.96	0.3146			122.69	745.75	percent of total billed charges	
ULTRASOUND SPINAL	76800	CPT	both			785		144.6 UHC	Medicare		125.74	1			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND SPINAL	76800	CPT	both			785		144.6 Wellcare	Medicare		125.74	1			122.69	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND SPINAL	76800	CPT	both			785		144.6 Wellcare	Medicaid		246.96	0.3146			122.69	745.75	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS	76801	CPT	outpatient			390		144.6 Aetna	Better Health		122.69	0.3146			122.69	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS	76801	CPT	outpatient			390		144.6 Aetna	Commercial		200.18	1.592			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE US PREGNANT UTERUS < 14 WEEKS	76801	CPT	outpatient			390		144.6 Aetna	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE US PREGNANT UTERUS < 14 WEEKS	76801	CPT	outpatient			390		144.6 Americare	Americare		292.5	0.75			122.69	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS	76801	CPT	outpatient			390		144.6 WellPoint	WellPoint		125.11	0.3208			122.69	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS	76801	CPT	outpatient			390		144.6 Amerihealth	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE US PREGNANT UTERUS < 14 WEEKS	76801	CPT	outpatient			390		144.6 Consumer	Consumer		370.5	0.95			122.69	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS	76801	CPT	outpatient			390		144.6 Corrections	Corrections		312	0.8			122.69	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS	76801	CPT	outpatient			390		144.6 First Health	First Health		273	0.7			122.69	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS	76801	CPT	outpatient			390		144.6 First Trenton	First Trenton		351	0.9			122.69	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS	76801	CPT	outpatient			390		144.6 Horizon	Indemnity		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE US PREGNANT UTERUS < 14 WEEKS	76801	CPT	outpatient			390		144.6 Horizon	MGD		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE US PREGNANT UTERUS < 14 WEEKS	76801	CPT	outpatient			390		144.6 Horizon	PPO		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE US PREGNANT UTERUS < 14 WEEKS	76801	CPT	outpatient			390		144.6 Horizon	Medicare Blue		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE US PREGNANT UTERUS < 14 WEEKS	76801	CPT	outpatient			390		144.6 Managed Care Inc	Managed Care Inc		351	0.9			122.69	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS	76801	CPT	outpatient			390		144.6 Multiplan	Multiplan		312	0.8			122.69	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS	76801	CPT	outpatient			390		144.6 Qualcare	Qualcare		292.5	0.75			122.69	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS	76801	CPT	outpatient			390		144.6 Three Rivers	Three Rivers		370.5	0.95			122.69	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS	76801	CPT	outpatient			390		144.6 UHC	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE US PREGNANT UTERUS < 14 WEEKS	76801	CPT	outpatient			390		144.6 UHC	Medicaid		122.69	0.3146			122.69	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS	76801	CPT	outpatient			390		144.6 Wellcare	Medicaid		122.69	0.3146			122.69	370.5	percent of total billed charges	
PORTABLE US PREGNANT UTERUS < 14 WEEKS	76801	CPT	outpatient			390		144.6 Wellcare	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Aetna	Medicare		125.74	1			122.69	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Aetna	Commercial		200.18	1.592			122.69	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Aetna	Better Health		294.47	0.3146			122.69	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Americare	Americare		702	0.75			122.69	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 WellPoint	WellPoint		300.27	0.3208			122.69	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Amerihealth	Medicare		125.74	1			122.69	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Consumer	Consumer		889.2	0.95			122.69	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Corrections	Corrections		748.8	0.8			122.69	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 First Health	First Health		655.2	0.7			122.69	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 First Trenton	First Trenton		842.4	0.9			122.69	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Horizon	Indemnity		229.73	1.827			122.69	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Horizon	PPO		229.73	1.827			122.69	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Horizon	Medicare Blue		125.74	1			122.69	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Horizon	MGD		229.73	1.827			122.69	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Managed Care Inc	Managed Care Inc		842.4	0.9			122.69	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Multiplan	Multiplan		748.8	0.8			122.69	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Qualcare	Qualcare		702	0.75			122.69	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Three Rivers	Three Rivers		889.2	0.95			122.69	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 UHC	Medicare		125.74	1			122.69	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 UHC	Medicaid		294.47	0.3146			122.69	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Wellcare	Medicaid		294.47	0.3146			122.69	889.2	percent of total billed charges	
US PREGNANCY FIRST TRIMESTER LESS THAN 1	76805	CPT	both			936		144.6 Wellcare	Medicare		125.74	1			122.69	889.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECHO BSCAN COMPL AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Aetna	Medicare		573.19	0.308			474.6	1767.95	percent of total billed charges	
ECHO BSCAN COMPL AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Aetna	Better Health		585.47	0.3146			474.6	1767.95	percent of total billed charges	
ECHO BSCAN COMPL AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Aetna	Commercial		707.18	0.38			474.6	1767.95	percent of total billed charges	
ECHO BSCAN COMPL AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Americare	Americare		1395.75	0.75			474.6	1767.95	percent of total billed charges	
ECHO BSCAN COMPL AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		WellPoint	WellPoint		597.01	0.3208			474.6	1767.95	percent of total billed charges	
ECHO BSCAN COMPL AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Consumer	Consumer		1767.95	0.95			474.6	1767.95	percent of total billed charges	
ECHO BSCAN COMPL AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Corrections	Corrections		1488.8	0.8			474.6	1767.95	percent of total billed charges	
ECHO BSCAN COMPL AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		First Health	First Health		1302.7	0.7			474.6	1767.95	percent of total billed charges	
ECHO BSCAN COMPL AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		First Trenton	First Trenton		1674.9	0.9			474.6	1767.95	percent of total billed charges	
ECHO BSCAN COMPL AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Horizon	Medicare Blue		558.3	0.3			474.6	1767.95	percent of total billed charges	
ECHO BSCAN COMPL AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Horizon	MGD		712.39	0.3828			474.6	1767.95	percent of total billed charges	
ECHO BSCAN COMPL AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Horizon	Indemnity		712.39	0.3828			474.6	1767.95	percent of total billed charges	
ECHO BSCAN COMPL AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Horizon	PPO		712.39	0.3828			474.6	1767.95	percent of total billed charges	
ECHO BSCAN COMPL AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Managed Care Inc	Managed Care Inc		1674.9	0.9			474.6	1767.95	percent of total billed charges	
ECHO BSCAN COMPL AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Multiplan	Multiplan		1488.8	0.8			474.6	1767.95	percent of total billed charges	
ECHO BSCAN COMPL AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Qualcare	Qualcare		1395.75	0.75			474.6	1767.95	percent of total billed charges	
ECHO BSCAN COMPL AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Three Rivers	Three Rivers		1767.95	0.95			474.6	1767.95	percent of total billed charges	
ECHO BSCAN COMPL AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		UHC	Medicaid		585.47	0.3146			474.6	1767.95	percent of total billed charges	
ECHO BSCAN COMPL AFTER 1ST TRIMESTER	76810	CPT	outpatient			1861		Wellcare	Medicaid		585.47	0.3146			474.6	1767.95	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Aetna	Commercial		446.14	1.592			262.72	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Aetna	Better Health		268.35	0.3146			262.72	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Aetna	Medicare		262.72	0.308			262.72	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Americare	Americare		639.75	0.75			262.72	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 WellPoint	WellPoint		273.64	0.3208			262.72	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Amerihealth	Medicare		280.24	1			262.72	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Consumer	Consumer		810.35	0.95			262.72	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Corrections	Corrections		682.4	0.8			262.72	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 First Health	First Health		597.1	0.7			262.72	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 First Trenton	First Trenton		767.7	0.9			262.72	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Horizon	MGD		512	1.827			262.72	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Horizon	Medicare Blue		280.24	1			262.72	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Horizon	Indemnity		512	1.827			262.72	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Horizon	PPO		512	1.827			262.72	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Managed Care Inc	Managed Care Inc		767.7	0.9			262.72	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Multiplan	Multiplan		682.4	0.8			262.72	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Qualcare	Qualcare		639.75	0.75			262.72	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Three Rivers	Three Rivers		810.35	0.95			262.72	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 UHC	Medicare		280.24	1			262.72	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 UHC	Medicaid		268.35	0.3146			262.72	810.35	percent of total billed charges	
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Wellcare	Medicare		280.24	1			262.72	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US DETAILED SNGL FETUS	76811	CPT	outpatient			853		322.28 Wellcare	Medicaid		268.35	0.3146			262.72	810.35	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Aetna	Better Health		122.69	0.3146			122.69	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Aetna	Commercial		200.18	1.592			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Aetna	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Americare	Americare		292.5	0.75			122.69	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 WellPoint	WellPoint		125.11	0.3208			122.69	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Amerihealth	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Consumer	Consumer		370.5	0.95			122.69	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Corrections	Corrections		312	0.8			122.69	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 First Health	First Health		273	0.7			122.69	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 First Trenton	First Trenton		351	0.9			122.69	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Horizon	PPO		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Horizon	MGD		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Horizon	Medicare Blue		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Horizon	Indemnity		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Managed Care Inc	Managed Care Inc		351	0.9			122.69	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Multiplan	Multiplan		312	0.8			122.69	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Qualcare	Qualcare		292.5	0.75			122.69	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Three Rivers	Three Rivers		370.5	0.95			122.69	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 UHC	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 UHC	Medicaid		122.69	0.3146			122.69	370.5	percent of total billed charges	
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Wellcare	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OB US NUCHAL MEAS 1 GEST	76813	CPT	outpatient			390		144.6 Wellcare	Medicaid		122.69	0.3146			122.69	370.5	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Aetna	Medicare		241.78	0.308			120.12	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Aetna	Commercial		200.18	1.592			120.12	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Aetna	Better Health		246.96	0.3146			120.12	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Americare	Americare		588.75	0.75			120.12	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 WellPoint	WellPoint		251.83	0.3208			120.12	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Amerihealth	Medicare		125.74	1			120.12	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Consumer	Consumer		745.75	0.95			120.12	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Corrections	Corrections		628	0.8			120.12	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 First Health	First Health		549.5	0.7			120.12	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 First Trenton	First Trenton		706.5	0.9			120.12	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Horizon	Indemnity		229.73	1.827			120.12	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Horizon	Medicare Blue		125.74	1			120.12	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Horizon	MGD		229.73	1.827			120.12	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Horizon	PPO		229.73	1.827			120.12	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Managed Care Inc	Managed Care Inc		706.5	0.9			120.12	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Multiplan	Multiplan		628	0.8			120.12	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Qualcare	Qualcare		588.75	0.75			120.12	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Three Rivers	Three Rivers		745.75	0.95			120.12	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 UHC	Medicare		125.74	1			120.12	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 UHC	Medicaid		246.96	0.3146			120.12	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Wellcare	Medicaid		246.96	0.3146			120.12	745.75	percent of total billed charges	
ULTRASOUND OB LIMITED	76815	CPT	both			785		144.6 Wellcare	Medicare		125.74	1			120.12	745.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND FOLLOW-UP OB	76816	CPT	outpatient			505		144.6 Aetna	Better Health		158.87	0.3146			122.69	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP OB	76816	CPT	outpatient			505		144.6 Aetna	Commercial		200.18	1.592			122.69	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND FOLLOW-UP OB	76816	CPT	outpatient			505		144.6 Aetna	Medicare		125.74	1			122.69	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND FOLLOW-UP OB	76816	CPT	outpatient			505		144.6 Americare	Americare		378.75	0.75			122.69	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP OB	76816	CPT	outpatient			505		144.6 WellPoint	WellPoint		162	0.3208			122.69	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP OB	76816	CPT	outpatient			505		144.6 Amerihealth	Medicare		125.74	1			122.69	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ULTRASOUND FOLLOW-UP OB	76816	CPT	outpatient			505	144.6	Consumer	Consumer		479.75	0.95			122.69	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP OB	76816	CPT	outpatient			505	144.6	Corrections	Corrections		404	0.8			122.69	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP OB	76816	CPT	outpatient			505	144.6	First Health	First Health		353.5	0.7			122.69	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP OB	76816	CPT	outpatient			505	144.6	First Trenton	First Trenton		454.5	0.9			122.69	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP OB	76816	CPT	outpatient			505	144.6	Horizon	Indemnity		229.73	1.827			122.69	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND FOLLOW-UP OB	76816	CPT	outpatient			505	144.6	Horizon	Medicare Blue		125.74	1			122.69	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND FOLLOW-UP OB	76816	CPT	outpatient			505	144.6	Horizon	PPO		229.73	1.827			122.69	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND FOLLOW-UP OB	76816	CPT	outpatient			505	144.6	Horizon	MGD		229.73	1.827			122.69	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND FOLLOW-UP OB	76816	CPT	outpatient			505	144.6	Managed Care Inc	Managed Care Inc		454.5	0.9			122.69	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP OB	76816	CPT	outpatient			505	144.6	Multiplan	Multiplan		404	0.8			122.69	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP OB	76816	CPT	outpatient			505	144.6	Qualcare	Qualcare		378.75	0.75			122.69	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP OB	76816	CPT	outpatient			505	144.6	Three Rivers	Three Rivers		479.75	0.95			122.69	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP OB	76816	CPT	outpatient			505	144.6	UHC	Medicaid		158.87	0.3146			122.69	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP OB	76816	CPT	outpatient			505	144.6	UHC	Medicare		125.74	1			122.69	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ULTRASOUND FOLLOW-UP OB	76816	CPT	outpatient			505	144.6	Wellcare	Medicaid		158.87	0.3146			122.69	479.75	percent of total billed charges	
ULTRASOUND FOLLOW-UP OB	76816	CPT	outpatient			505	144.6	Wellcare	Medicare		125.74	1			122.69	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390	144.6	Aetna	Better Health		122.69	0.3146			103.19	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390	144.6	Aetna	Commercial		200.18	1.592			103.19	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390	144.6	Aetna	Medicare		125.74	1			103.19	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390	144.6	Americare	Americare		292.5	0.75			103.19	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390	144.6	WellPoint	WellPoint		125.11	0.3208			103.19	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390	144.6	Amerihealth	Medicare		125.74	1			103.19	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390	144.6	Consumer	Consumer		370.5	0.95			103.19	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390	144.6	Corrections	Corrections		312	0.8			103.19	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390	144.6	First Health	First Health		273	0.7			103.19	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390	144.6	First Trenton	First Trenton		351	0.9			103.19	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390	144.6	Horizon	Indemnity		229.73	1.827			103.19	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390	144.6	Horizon	MGD		229.73	1.827			103.19	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390	144.6	Horizon	Medicare Blue		125.74	1			103.19	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390	144.6	Horizon	PPO		229.73	1.827			103.19	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390	144.6	Managed Care Inc	Managed Care Inc		351	0.9			103.19	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390	144.6	Multiplan	Multiplan		312	0.8			103.19	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390	144.6	Qualcare	Qualcare		292.5	0.75			103.19	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390	144.6	Three Rivers	Three Rivers		370.5	0.95			103.19	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390	144.6	UHC	Medicare		125.74	1			103.19	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390	144.6	UHC	Medicaid		122.69	0.3146			103.19	370.5	percent of total billed charges	
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390	144.6	Wellcare	Medicare		125.74	1			103.19	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSVAGINAL (PREGNANCY) LTD	76817	CPT	both			390	144.6	Wellcare	Medicaid		122.69	0.3146			103.19	370.5	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517	144.6	Aetna	Better Health		162.65	0.3146			120.12	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517	144.6	Aetna	Commercial		200.18	1.592			120.12	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517	144.6	Aetna	Medicare		159.24	0.308			120.12	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517	144.6	Americare	Americare		387.75	0.75			120.12	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517	144.6	WellPoint	WellPoint		165.85	0.3208			120.12	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517	144.6	Amerihealth	Medicare		125.74	1			120.12	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517	144.6	Consumer	Consumer		491.15	0.95			120.12	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517	144.6	Corrections	Corrections		413.6	0.8			120.12	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517	144.6	First Health	First Health		361.9	0.7			120.12	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517	144.6	First Trenton	First Trenton		465.3	0.9			120.12	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517	144.6	Horizon	MGD		229.73	1.827			120.12	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517	144.6	Horizon	Medicare Blue		125.74	1			120.12	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517	144.6	Horizon	Indemnity		229.73	1.827			120.12	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517	144.6	Horizon	PPO		229.73	1.827			120.12	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517	144.6	Managed Care Inc	Managed Care Inc		465.3	0.9			120.12	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517	144.6	Multiplan	Multiplan		413.6	0.8			120.12	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517	144.6	Qualcare	Qualcare		387.75	0.75			120.12	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517	144.6	Three Rivers	Three Rivers		491.15	0.95			120.12	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517	144.6	UHC	Medicare		125.74	1			120.12	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517	144.6	UHC	Medicaid		162.65	0.3146			120.12	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517	144.6	Wellcare	Medicaid		162.65	0.3146			120.12	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE	76818	CPT	outpatient			517	144.6	Wellcare	Medicare		125.74	1			120.12	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517	144.6	Aetna	Better Health		162.65	0.3146			122.69	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517	144.6	Aetna	Commercial		200.18	1.592			122.69	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517	144.6	Aetna	Medicare		125.74	1			122.69	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517	144.6	Americare	Americare		387.75	0.75			122.69	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517	144.6	WellPoint	WellPoint		165.85	0.3208			122.69	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517	144.6	Amerihealth	Medicare		125.74	1			122.69	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517	144.6	Consumer	Consumer		491.15	0.95			122.69	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517	144.6	Corrections	Corrections		413.6	0.8			122.69	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517	144.6	First Health	First Health		361.9	0.7			122.69	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517	144.6	First Trenton	First Trenton		465.3	0.9			122.69	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517	144.6	Horizon	Medicare Blue		125.74	1			122.69	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517	144.6	Horizon	MGD		229.73	1.827			122.69	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517	144.6	Horizon	PPO		229.73	1.827			122.69	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517	144.6	Horizon	Indemnity		229.73	1.827			122.69	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517	144.6	Managed Care Inc	Managed Care Inc		465.3	0.9			122.69	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517	144.6	Multiplan	Multiplan		413.6	0.8			122.69	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517	144.6	Qualcare	Qualcare		387.75	0.75			122.69	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517	144.6	Three Rivers	Three Rivers		491.15	0.95			122.69	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517	144.6	UHC	Medicaid		162.65	0.3146			122.69	491.15	percent of total billed charges	
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517	144.6	UHC	Medicare		125.74	1			122.69	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517	144.6	Wellcare	Medicare		125.74	1			122.69	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL BIOPHYSICAL PROFILE/LIMITED F/U	76819	CPT	both			517	144.6	Wellcare	Medicaid		162.65	0.3146			122.69	491.15	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	outpatient			390	144.6	Aetna	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US UMBILICAL ARTERY DOPPLER	76820	CPT	outpatient			390	144.6	Aetna	Commercial		200.18	1.592			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US UMBILICAL ARTERY DOPPLER	76820	CPT	outpatient			390	144.6	Aetna	Better Health		122.69	0.3146			122.69	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	outpatient			390	144.6	Americare	Americare		292.5	0.75			122.69	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	outpatient			390	144.6	WellPoint	WellPoint		125.11	0.3208			122.69	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	outpatient			390	144.6	Amerihealth	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US UMBILICAL ARTERY DOPPLER	76820	CPT	outpatient			390	144.6	Consumer	Consumer		370.5	0.95			122.69	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	outpatient			390	144.6	Corrections	Corrections		312	0.8			122.69	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	outpatient			390	144.6	First Health	First Health		273	0.7			122.69	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	outpatient			390	144.6	First Trenton	First Trenton		351	0.9			122.69	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	outpatient			390	144.6	Horizon	Indemnity		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US UMBILICAL ARTERY DOPPLER	76820	CPT	outpatient			390	144.6	Horizon	MGD		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US UMBILICAL ARTERY DOPPLER	76820	CPT	outpatient			390	144.6	Horizon	PPO		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US UMBILICAL ARTERY DOPPLER	76820	CPT	outpatient			390	144.6	Horizon	Medicare Blue		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US UMBILICAL ARTERY DOPPLER	76820	CPT	outpatient			390	144.6	Managed Care Inc	Managed Care Inc		351	0.9			122.69	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	outpatient			390	144.6	Multiplan	Multiplan		312	0.8			122.69	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	outpatient			390	144.6	Qualcare	Qualcare		292.5	0.75			122.69	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	outpatient			390	144.6	Three Rivers	Three Rivers		370.5	0.95			122.69	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	outpatient			390	144.6	UHC	Medicaid		122.69	0.3146			122.69	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	outpatient			390	144.6	UHC	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US UMBILICAL ARTERY DOPPLER	76820	CPT	outpatient			390	144.6	Wellcare	Medicaid		122.69	0.3146			122.69	370.5	percent of total billed charges	
US UMBILICAL ARTERY DOPPLER	76820	CPT	outpatient			390	144.6	Wellcare	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390	144.6	Aetna	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390	144.6	Aetna	Better Health		122.69	0.3146			122.69	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390	144.6	Aetna	Commercial		200.18	1.592			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390	144.6	Americare	Americare		292.5	0.75			122.69	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390	144.6	WellPoint	WellPoint		125.11	0.3208			122.69	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390	144.6	Amerihealth	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390	144.6	Consumer	Consumer		370.5	0.95			122.69	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390	144.6	Corrections	Corrections		312	0.8			122.69	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390	144.6	First Health	First Health		273	0.7			122.69	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390	144.6	First Trenton	First Trenton		351	0.9			122.69	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390	144.6	Horizon	MGD		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390	144.6	Horizon	Indemnity		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390	144.6	Horizon	Medicare Blue		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390	144.6	Horizon	PPO		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390	144.6	Managed Care Inc	Managed Care Inc		351	0.9			122.69	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390	144.6	Multiplan	Multiplan		312	0.8			122.69	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390	144.6	Qualcare	Qualcare		292.5	0.75			122.69	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390	144.6	Three Rivers	Three Rivers		370.5	0.95			122.69	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390	144.6	UHC	Medicaid		122.69	0.3146			122.69	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390	144.6	UHC	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390	144.6	Wellcare	Medicaid		122.69	0.3146			122.69	370.5	percent of total billed charges	
USMIDDLECEREBRALARTERY DOPPLER	76821	CPT	outpatient			390	144.6	Wellcare	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975	725.57	Aetna	Medicare		630.93	1			577.61	2826.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975	725.57	Aetna	Better Health		935.94	0.3146			577.61	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975	725.57	Aetna	Commercial		1004.44	1.592			577.61	2826.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975	725.57	Americare	Americare		2231.25	0.75			577.61	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975	725.57	WellPoint	WellPoint		954.38	0.3208			577.61	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975	725.57	Amerihealth	Medicare		630.93	1			577.61	2826.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975	725.57	Consumer	Consumer		2826.25	0.95			577.61	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975	725.57	Corrections	Corrections		2380	0.8			577.61	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975	725.57	First Health	First Health		2082.5	0.7			577.61	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975	725.57	First Trenton	First Trenton		2677.5	0.9			577.61	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975	725.57	Horizon	Medicare Blue		630.93	1			577.61	2826.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975	725.57	Horizon	MGD		1152.71	1.827			577.61	2826.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975	725.57	Horizon	Indemnity		1152.71	1.827			577.61	2826.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975	725.57	Horizon	PPO		1152.71	1.827			577.61	2826.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975	725.57	Managed Care Inc	Managed Care Inc		2677.5	0.9			577.61	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975	725.57	Multiplan	Multiplan		2380	0.8			577.61	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975	725.57	Qualcare	Qualcare		2231.25	0.75			577.61	2826.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975	725.57	Three Rivers	Three Rivers		2826.25	0.95			577.61	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975	725.57	UHC	Medicaid		935.94	0.3146			577.61	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975	725.57	UHC	Medicare		630.93	1			577.61	2826.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975	725.57	Wellcare	Medicaid		935.94	0.3146			577.61	2826.25	percent of total billed charges	
FETAL ECHOCARDIOGRAPHY	76825	CPT	both			2975	725.57	Wellcare	Medicare		630.93	1			577.61	2826.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Aetna	Medicare		280.24	1			158.87	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Aetna	Better Health		569.43	0.3146			158.87	1719.5	percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Aetna	Commercial		446.14	1.592			158.87	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Americare	Americare		1357.5	0.75			158.87	1719.5	percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	WellPoint	WellPoint		580.65	0.3208			158.87	1719.5	percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Amerihealth	Medicare		280.24	1			158.87	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Consumer	Consumer		1719.5	0.95			158.87	1719.5	percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Corrections	Corrections		1448	0.8			158.87	1719.5	percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	First Health	First Health		1267	0.7			158.87	1719.5	percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	First Trenton	First Trenton		1629	0.9			158.87	1719.5	percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Horizon	Medicare Blue		280.24	1			158.87	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Horizon	MGD		512	1.827			158.87	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Horizon	Indemnity		512	1.827			158.87	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Horizon	PPO		512	1.827			158.87	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Managed Care Inc	Managed Care Inc		1629	0.9			158.87	1719.5	percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Multiplan	Multiplan		1448	0.8			158.87	1719.5	percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Qualcare	Qualcare		1357.5	0.75			158.87	1719.5	percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Three Rivers	Three Rivers		1719.5	0.95			158.87	1719.5	percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	UHC	Medicaid		569.43	0.3146			158.87	1719.5	percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	UHC	Medicare		280.24	1			158.87	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Wellcare	Medicaid		569.43	0.3146			158.87	1719.5	percent of total billed charges	
FETAL ECHO/M-MODE(F/U-LIMITED)	76826	CPT	outpatient			1810	322.28	Wellcare	Medicare		280.24	1			158.87	1719.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPPLER ECHO	76827	CPT	outpatient			771	144.6	Aetna	Commercial		200.18	1.592			105.71	732.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPPLER ECHO	76827	CPT	outpatient			771	144.6	Aetna	Better Health		242.56	0.3146			105.71	732.45	percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	outpatient			771	144.6	Aetna	Medicare		125.74	1			105.71	732.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPPLER ECHO	76827	CPT	outpatient			771	144.6	Americare	Americare		578.25	0.75			105.71	732.45	percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	outpatient			771	144.6	WellPoint	WellPoint		247.34	0.3208			105.71	732.45	percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	outpatient			771	144.6	Amerihealth	Medicare		125.74	1			105.71	732.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPPLER ECHO	76827	CPT	outpatient			771	144.6	Consumer	Consumer		732.45	0.95			105.71	732.45	percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	outpatient			771	144.6	Corrections	Corrections		616.8	0.8			105.71	732.45	percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	outpatient			771	144.6	First Health	First Health		539.7	0.7			105.71	732.45	percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	outpatient			771	144.6	First Trenton	First Trenton		693.9	0.9			105.71	732.45	percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	outpatient			771	144.6	Horizon	Medicare Blue		125.74	1			105.71	732.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPPLER ECHO	76827	CPT	outpatient			771	144.6	Horizon	MGD		229.73	1.827			105.71	732.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPPLER ECHO	76827	CPT	outpatient			771	144.6	Horizon	Indemnity		229.73	1.827			105.71	732.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPPLER ECHO	76827	CPT	outpatient			771	144.6	Horizon	PPO		229.73	1.827			105.71	732.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPPLER ECHO	76827	CPT	outpatient			771	144.6	Managed Care Inc	Managed Care Inc		693.9	0.9			105.71	732.45	percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	outpatient			771	144.6	Multiplan	Multiplan		616.8	0.8			105.71	732.45	percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	outpatient			771	144.6	Qualcare	Qualcare		578.25	0.75			105.71	732.45	percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	outpatient			771	144.6	Three Rivers	Three Rivers		732.45	0.95			105.71	732.45	percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	outpatient			771	144.6	UHC	Medicaid		242.56	0.3146			105.71	732.45	percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	outpatient			771	144.6	UHC	Medicare		125.74	1			105.71	732.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPPLER ECHO	76827	CPT	outpatient			771	144.6	Wellcare	Medicaid		242.56	0.3146			105.71	732.45	percent of total billed charges	
FETAL DOPPLER ECHO	76827	CPT	outpatient			771	144.6	Wellcare	Medicare		125.74	1			105.71	732.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Aetna	Better Health		140	0.3146			105.71	422.75	percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Aetna	Commercial		200.18	1.592			105.71	422.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Aetna	Medicare		125.74	1			105.71	422.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Americare	Americare		333.75	0.75			105.71	422.75	percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	WellPoint	WellPoint		142.76	0.3208			105.71	422.75	percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Amerihealth	Medicare		125.74	1			105.71	422.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Consumer	Consumer		422.75	0.95			105.71	422.75	percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Corrections	Corrections		356	0.8			105.71	422.75	percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	First Health	First Health		311.5	0.7			105.71	422.75	percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	First Trenton	First Trenton		400.5	0.9			105.71	422.75	percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Horizon	PPO		229.73	1.827			105.71	422.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Horizon	Medicare Blue		125.74	1			105.71	422.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Horizon	MGD		229.73	1.827			105.71	422.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Horizon	Indemnity		229.73	1.827			105.71	422.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Managed Care Inc	Managed Care Inc		400.5	0.9			105.71	422.75	percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Multiplan	Multiplan		356	0.8			105.71	422.75	percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Qualcare	Qualcare		333.75	0.75			105.71	422.75	percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Three Rivers	Three Rivers		422.75	0.95			105.71	422.75	percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	UHC	Medicaid		140	0.3146			105.71	422.75	percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	UHC	Medicare		125.74	1			105.71	422.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Wellcare	Medicaid		140	0.3146			105.71	422.75	percent of total billed charges	
FETAL DOPP ECHO-REPEAT OR F/U	76828	CPT	outpatient			445	144.6	Wellcare	Medicare		125.74	1			105.71	422.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIS FEMALE COMPLETE-TVAG	76830	CPT	both			491	144.6	Aetna	Better Health		154.47	0.3146			122.69	466.45	percent of total billed charges	
US PELVIS FEMALE COMPLETE-TVAG	76830	CPT	both			491	144.6	Aetna	Commercial		200.18	1.592			122.69	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIS FEMALE COMPLETE-TVAG	76830	CPT	both			491	144.6	Aetna	Medicare		125.74	1			122.69	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIS FEMALE COMPLETE-TVAG	76830	CPT	both			491	144.6	Americare	Americare		368.25	0.75			122.69	466.45	percent of total billed charges	
US PELVIS FEMALE COMPLETE-TVAG	76830	CPT	both			491	144.6	WellPoint	WellPoint		157.51	0.3208			122.69	466.45	percent of total billed charges	
US PELVIS FEMALE COMPLETE-TVAG	76830	CPT	both			491	144.6	Amerihealth	Medicare		125.74	1			122.69	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIS FEMALE COMPLETE-TVAG	76830	CPT	both			491	144.6	Consumer	Consumer		466.45	0.95			122.69	466.45	percent of total billed charges	
US PELVIS FEMALE COMPLETE-TVAG	76830	CPT	both			491	144.6	Corrections	Corrections		392.8	0.8			122.69	466.45	percent of total billed charges	
US PELVIS FEMALE COMPLETE-TVAG	76830	CPT	both			491	144.6	First Health	First Health		343.7	0.7			122.69	466.45	percent of total billed charges	
US PELVIS FEMALE COMPLETE-TVAG	76830	CPT	both			491	144.6	First Trenton	First Trenton		441.9	0.9			122.69	466.45	percent of total billed charges	
US PELVIS FEMALE COMPLETE-TVAG	76830	CPT	both			491	144.6	Horizon	Medicare Blue		125.74	1			122.69	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIS FEMALE COMPLETE-TVAG	76830	CPT	both			491	144.6	Horizon	Indemnity		229.73	1.827			122.69	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIS FEMALE COMPLETE-TVAG	76830	CPT	both			491	144.6	Horizon	MGD		229.73	1.827			122.69	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIS FEMALE COMPLETE-TVAG	76830	CPT	both			491	144.6	Horizon	PPO		229.73	1.827			122.69	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIS FEMALE COMPLETE-TVAG	76830	CPT	both			491	144.6	Managed Care Inc	Managed Care Inc		441.9	0.9			122.69	466.45	percent of total billed charges	
US PELVIS FEMALE COMPLETE-TVAG	76830	CPT	both			491	144.6	Multiplan	Multiplan		392.8	0.8			122.69	466.45	percent of total billed charges	
US PELVIS FEMALE COMPLETE-TVAG	76830	CPT	both			491	144.6	Qualcare	Qualcare		368.25	0.75			122.69	466.45	percent of total billed charges	
US PELVIS FEMALE COMPLETE-TVAG	76830	CPT	both			491	144.6	Three Rivers	Three Rivers		466.45	0.95			122.69	466.45	percent of total billed charges	
US PELVIS FEMALE COMPLETE-TVAG	76830	CPT	both			491	144.6	UHC	Medicaid		154.47	0.3146			122.69	466.45	percent of total billed charges	
US PELVIS FEMALE COMPLETE-TVAG	76830	CPT	both			491	144.6	UHC	Medicare		125.74	1			122.69	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PELVIS FEMALE COMPLETE-TVAG	76830	CPT	both			491	144.6	Wellcare	Medicaid		154.47	0.3146			122.69	466.45	percent of total billed charges	
US PELVIS FEMALE COMPLETE-TVAG	76830	CPT	both			491	144.6	Wellcare	Medicare		125.74	1			122.69	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Aetna	Better Health		268.35	0.3146			190.33	810.35	percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Aetna	Commercial		446.14	1.592			190.33	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Aetna	Medicare		280.24	1			190.33	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Americare	Americare		639.75	0.75			190.33	810.35	percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	WellPoint	WellPoint		273.64	0.3208			190.33	810.35	percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Amerihealth	Medicare		280.24	1			190.33	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Consumer	Consumer		810.35	0.95			190.33	810.35	percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Corrections	Corrections		682.4	0.8			190.33	810.35	percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	First Health	First Health		597.1	0.7			190.33	810.35	percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	First Trenton	First Trenton		767.7	0.9			190.33	810.35	percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Horizon	MGD		512	1.827			190.33	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Horizon	Medicare Blue		280.24	1			190.33	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Horizon	Indemnity		512	1.827			190.33	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Horizon	PPO		512	1.827			190.33	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Managed Care Inc	Managed Care Inc		767.7	0.9			190.33	810.35	percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Multiplan	Multiplan		682.4	0.8			190.33	810.35	percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Qualcare	Qualcare		639.75	0.75			190.33	810.35	percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Three Rivers	Three Rivers		810.35	0.95			190.33	810.35	percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	UHC	Medicare		280.24	1			190.33	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	UHC	Medicaid		268.35	0.3146			190.33	810.35	percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Wellcare	Medicaid		268.35	0.3146			190.33	810.35	percent of total billed charges	
PORTABLE SALINE INFUSION SONOHYSTEROGRAP	76831	CPT	outpatient			853	322.28	Wellcare	Medicare		280.24	1			190.33	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & MALE PELVIS COMPLETE	76856	CPT	both			999	144.6	Aetna	Better Health		314.29	0.3146			120.12	949.05	percent of total billed charges	
US PROSTATE & MALE PELVIS COMPLETE	76856	CPT	both			999	144.6	Aetna	Commercial		200.18	1.592			120.12	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & MALE PELVIS COMPLETE	76856	CPT	both			999	144.6	Aetna	Medicare		307.69	0.308			120.12	949.05	percent of total billed charges	
US PROSTATE & MALE PELVIS COMPLETE	76856	CPT	both			999	144.6	Americare	Americare		749.25	0.75			120.12	949.05	percent of total billed charges	
US PROSTATE & MALE PELVIS COMPLETE	76856	CPT	both			999	144.6	WellPoint	WellPoint		320.48	0.3208			120.12	949.05	percent of total billed charges	
US PROSTATE & MALE PELVIS COMPLETE	76856	CPT	both			999	144.6	Amerihealth	Medicare		125.74	1			120.12	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & MALE PELVIS COMPLETE	76856	CPT	both			999	144.6	Consumer	Consumer		949.05	0.95			120.12	949.05	percent of total billed charges	
US PROSTATE & MALE PELVIS COMPLETE	76856	CPT	both			999	144.6	Corrections	Corrections		799.2	0.8			120.12	949.05	percent of total billed charges	
US PROSTATE & MALE PELVIS COMPLETE	76856	CPT	both			999	144.6	First Health	First Health		699.3	0.7			120.12	949.05	percent of total billed charges	
US PROSTATE & MALE PELVIS COMPLETE	76856	CPT	both			999	144.6	First Trenton	First Trenton		899.1	0.9			120.12	949.05	percent of total billed charges	
US PROSTATE & MALE PELVIS COMPLETE	76856	CPT	both			999	144.6	Horizon	MGD		229.73	1.827			120.12	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & MALE PELVIS COMPLETE	76856	CPT	both			999	144.6	Horizon	PPO		229.73	1.827			120.12	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & MALE PELVIS COMPLETE	76856	CPT	both			999	144.6	Horizon	Indemnity		229.73	1.827			120.12	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & MALE PELVIS COMPLETE	76856	CPT	both			999	144.6	Horizon	Medicare Blue		125.74	1			120.12	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & MALE PELVIS COMPLETE	76856	CPT	both			999	144.6	Managed Care Inc	Managed Care Inc		899.1	0.9			120.12	949.05	percent of total billed charges	
US PROSTATE & MALE PELVIS COMPLETE	76856	CPT	both			999	144.6	Multiplan	Multiplan		799.2	0.8			120.12	949.05	percent of total billed charges	
US PROSTATE & MALE PELVIS COMPLETE	76856	CPT	both			999	144.6	Qualcare	Qualcare		749.25	0.75			120.12	949.05	percent of total billed charges	
US PROSTATE & MALE PELVIS COMPLETE	76856	CPT	both			999	144.6	Three Rivers	Three Rivers		949.05	0.95			120.12	949.05	percent of total billed charges	
US PROSTATE & MALE PELVIS COMPLETE	76856	CPT	both			999	144.6	UHC	Medicaid		314.29	0.3146			120.12	949.05	percent of total billed charges	
US PROSTATE & MALE PELVIS COMPLETE	76856	CPT	both			999	144.6	UHC	Medicare		125.74	1			120.12	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & MALE PELVIS COMPLETE	76856	CPT	both			999	144.6	Wellcare	Medicare		125.74	1			120.12	949.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & MALE PELVIS COMPLETE	76856	CPT	both			999	144.6	Wellcare	Medicaid		314.29	0.3146			120.12	949.05	percent of total billed charges	
US PROSTATE & BLADDER ALONE LTD	76857	CPT	both			390	144.6	Aetna	Commercial		200.18	1.592			102.25	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & BLADDER ALONE LTD	76857	CPT	both			390	144.6	Aetna	Better Health		122.69	0.3146			102.25	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE LTD	76857	CPT	both			390	144.6	Aetna	Medicare		125.74	1			102.25	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & BLADDER ALONE LTD	76857	CPT	both			390	144.6	Americare	Americare		292.5	0.75			102.25	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE LTD	76857	CPT	both			390	144.6	WellPoint	WellPoint		125.11	0.3208			102.25	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE LTD	76857	CPT	both			390	144.6	Amerihealth	Medicare		125.74	1			102.25	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
US PROSTATE & BLADDER ALONE LTD	76857	CPT	both			390	144.6	Consumer	Consumer		370.5	0.95			102.25	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE LTD	76857	CPT	both			390	144.6	Corrections	Corrections		312	0.8			102.25	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE LTD	76857	CPT	both			390	144.6	First Health	First Health		273	0.7			102.25	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE LTD	76857	CPT	both			390	144.6	First Trenton	First Trenton		351	0.9			102.25	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE LTD	76857	CPT	both			390	144.6	Horizon	Indemnity		229.73	1.827			102.25	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & BLADDER ALONE LTD	76857	CPT	both			390	144.6	Horizon	Medicare Blue		125.74	1			102.25	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & BLADDER ALONE LTD	76857	CPT	both			390	144.6	Horizon	PPO		229.73	1.827			102.25	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & BLADDER ALONE LTD	76857	CPT	both			390	144.6	Horizon	MGD		229.73	1.827			102.25	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & BLADDER ALONE LTD	76857	CPT	both			390	144.6	Managed Care Inc	Managed Care Inc		351	0.9			102.25	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE LTD	76857	CPT	both			390	144.6	Multiplan	Multiplan		312	0.8			102.25	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE LTD	76857	CPT	both			390	144.6	Qualcare	Qualcare		292.5	0.75			102.25	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE LTD	76857	CPT	both			390	144.6	Three Rivers	Three Rivers		370.5	0.95			102.25	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE LTD	76857	CPT	both			390	144.6	UHC	Medicare		125.74	1			102.25	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & BLADDER ALONE LTD	76857	CPT	both			390	144.6	UHC	Medicaid		122.69	0.3146			102.25	370.5	percent of total billed charges	
US PROSTATE & BLADDER ALONE LTD	76857	CPT	both			390	144.6	Wellcare	Medicare		125.74	1			102.25	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US PROSTATE & BLADDER ALONE LTD	76857	CPT	both			390	144.6	Wellcare	Medicaid		122.69	0.3146			102.25	370.5	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847	144.6	Aetna	Medicare		260.88	0.308			120.12	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847	144.6	Aetna	Better Health		266.47	0.3146			120.12	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847	144.6	Aetna	Commercial		200.18	1.592			120.12	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S SCROTUM & CONTENTS	76870	CPT	both			847	144.6	Americare	Americare		635.25	0.75			120.12	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847	144.6	WellPoint	WellPoint		271.72	0.3208			120.12	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847	144.6	Amerihealth	Medicare		125.74	1			120.12	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S SCROTUM & CONTENTS	76870	CPT	both			847	144.6	Consumer	Consumer		804.65	0.95			120.12	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847	144.6	Corrections	Corrections		677.6	0.8			120.12	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847	144.6	First Health	First Health		592.9	0.7			120.12	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847	144.6	First Trenton	First Trenton		762.3	0.9			120.12	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847	144.6	Horizon	PPO		229.73	1.827			120.12	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S SCROTUM & CONTENTS	76870	CPT	both			847	144.6	Horizon	MGD		229.73	1.827			120.12	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S SCROTUM & CONTENTS	76870	CPT	both			847	144.6	Horizon	Indemnity		229.73	1.827			120.12	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S SCROTUM & CONTENTS	76870	CPT	both			847	144.6	Horizon	Medicare Blue		125.74	1			120.12	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S SCROTUM & CONTENTS	76870	CPT	both			847	144.6	Managed Care Inc	Managed Care Inc		762.3	0.9			120.12	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847	144.6	Multiplan	Multiplan		677.6	0.8			120.12	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847	144.6	Qualcare	Qualcare		635.25	0.75			120.12	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847	144.6	Three Rivers	Three Rivers		804.65	0.95			120.12	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847	144.6	UHC	Medicaid		266.47	0.3146			120.12	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847	144.6	UHC	Medicare		125.74	1			120.12	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S SCROTUM & CONTENTS	76870	CPT	both			847	144.6	Wellcare	Medicaid		266.47	0.3146			120.12	804.65	percent of total billed charges	
U/S SCROTUM & CONTENTS	76870	CPT	both			847	144.6	Wellcare	Medicare		125.74	1			120.12	804.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT	outpatient			686	144.6	Aetna	Better Health		215.82	0.3146			122.69	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686	144.6	Aetna	Commercial		200.18	1.592			122.69	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT	outpatient			686	144.6	Aetna	Medicare		125.74	1			122.69	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT	outpatient			686	144.6	Americare	Americare		514.5	0.75			122.69	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686	144.6	WellPoint	WellPoint		220.07	0.3208			122.69	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686	144.6	Amerihealth	Medicare		125.74	1			122.69	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT	outpatient			686	144.6	Consumer	Consumer		651.7	0.95			122.69	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686	144.6	Corrections	Corrections		548.8	0.8			122.69	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686	144.6	First Health	First Health		480.2	0.7			122.69	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686	144.6	First Trenton	First Trenton		617.4	0.9			122.69	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686	144.6	Horizon	MGD		229.73	1.827			122.69	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT	outpatient			686	144.6	Horizon	Medicare Blue		125.74	1			122.69	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT	outpatient			686	144.6	Horizon	PPO		229.73	1.827			122.69	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT	outpatient			686	144.6	Horizon	Indemnity		229.73	1.827			122.69	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT	outpatient			686	144.6	Managed Care Inc	Managed Care Inc		617.4	0.9			122.69	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686	144.6	Multiplan	Multiplan		548.8	0.8			122.69	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686	144.6	Qualcare	Qualcare		514.5	0.75			122.69	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686	144.6	Three Rivers	Three Rivers		651.7	0.95			122.69	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686	144.6	UHC	Medicare		125.74	1			122.69	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT	outpatient			686	144.6	UHC	Medicaid		215.82	0.3146			122.69	651.7	percent of total billed charges	
US TRANSRECTAL	76872	CPT	outpatient			686	144.6	Wellcare	Medicare		125.74	1			122.69	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSRECTAL	76872	CPT	outpatient			686	144.6	Wellcare	Medicaid		215.82	0.3146			122.69	651.7	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390	144.6	Aetna	Commercial		200.18	1.592			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390	144.6	Aetna	Better Health		122.69	0.3146			122.69	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390	144.6	Aetna	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390	144.6	Americare	Americare		292.5	0.75			122.69	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390	144.6	WellPoint	WellPoint		125.11	0.3208			122.69	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390	144.6	Amerihealth	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390	144.6	Consumer	Consumer		370.5	0.95			122.69	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390	144.6	Corrections	Corrections		312	0.8			122.69	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390	144.6	First Health	First Health		273	0.7			122.69	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390	144.6	First Trenton	First Trenton		351	0.9			122.69	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390	144.6	Horizon	Indemnity		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390	144.6	Horizon	MGD		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390	144.6	Horizon	Medicare Blue		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390	144.6	Horizon	PPO		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390	144.6	Managed Care Inc	Managed Care Inc		351	0.9			122.69	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390	144.6	Multiplan	Multiplan		312	0.8			122.69	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390	144.6	Qualcare	Qualcare		292.5	0.75			122.69	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390	144.6	Three Rivers	Three Rivers		370.5	0.95			122.69	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390	144.6	UHC	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390	144.6	UHC	Medicaid		122.69	0.3146			122.69	370.5	percent of total billed charges	
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390	144.6	Wellcare	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US TRANSREC PRSTATE VOL BRACHYTX PLNNING	76873	CPT	outpatient			390	144.6	Wellcare	Medicaid		122.69	0.3146			122.69	370.5	percent of total billed charges	
US NON-VASCULAR COMPLETE-L	76881	CPT	both			517	144.6	Aetna	Better Health		162.65	0.3146			122.69	491.15	percent of total billed charges	
US NON-VASCULAR COMPLETE-L	76881	CPT	both			517	144.6	Aetna	Commercial		200.18	1.592			122.69	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US NON-VASCULAR COMPLETE-L	76881	CPT	both			517	144.6	Aetna	Medicare		125.74	1			122.69	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US NON-VASCULAR COMPLETE-L	76881	CPT	both			517	144.6	Americare	Americare		387.75	0.75			122.69	491.15	percent of total billed charges	
US NON-VASCULAR COMPLETE-L	76881	CPT	both			517	144.6	WellPoint	WellPoint		165.85	0.3208			122.69	491.15	percent of total billed charges	
US NON-VASCULAR COMPLETE-L	76881	CPT	both			517	144.6	Amerihealth	Medicare		125.74	1			122.69	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US NON-VASCULAR COMPLETE-L	76881	CPT	both			517	144.6	Consumer	Consumer		491.15	0.95			122.69	491.15	percent of total billed charges	
US NON-VASCULAR COMPLETE-L	76881	CPT	both			517	144.6	Corrections	Corrections		413.6	0.8			122.69	491.15	percent of total billed charges	
US NON-VASCULAR COMPLETE-L	76881	CPT	both			517	144.6	First Health	First Health		361.9	0.7			122.69	491.15	percent of total billed charges	
US NON-VASCULAR COMPLETE-L	76881	CPT	both			517	144.6	First Trenton	First Trenton		465.3	0.9			122.69	491.15	percent of total billed charges	
US NON-VASCULAR COMPLETE-L	76881	CPT	both			517	144.6	Horizon	Indemnity		229.73	1.827			122.69	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US NON-VASCULAR COMPLETE-L	76881	CPT	both			517	144.6	Horizon	Medicare Blue		125.74	1			122.69	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US NON-VASCULAR COMPLETE-L	76881	CPT	both			517	144.6	Horizon	PPO		229.73	1.827			122.69	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US NON-VASCULAR COMPLETE-L	76881	CPT	both			517	144.6	Horizon	MGD		229.73	1.827			122.69	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US NON-VASCULAR COMPLETE-L	76881	CPT	both			517	144.6	Managed Care Inc	Managed Care Inc		465.3	0.9			122.69	491.15	percent of total billed charges	
US NON-VASCULAR COMPLETE-L	76881	CPT	both			517	144.6	Multiplan	Multiplan		413.6	0.8			122.69	491.15	percent of total billed charges	
US NON-VASCULAR COMPLETE-L	76881	CPT	both			517	144.6	Qualcare	Qualcare		387.75	0.75			122.69	491.15	percent of total billed charges	
US NON-VASCULAR COMPLETE-L	76881	CPT	both			517	144.6	Three Rivers	Three Rivers		491.15	0.95			122.69	491.15	percent of total billed charges	
US NON-VASCULAR COMPLETE-L	76881	CPT	both			517	144.6	UHC	Medicaid		162.65	0.3146			122.69	491.15	percent of total billed charges	
US NON-VASCULAR COMPLETE-L	76881	CPT	both			517	144.6	UHC	Medicare		125.74	1			122.69	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US NON-VASCULAR COMPLETE-L	76881	CPT	both			517	144.6	Wellcare	Medicaid		162.65	0.3146			122.69	491.15	percent of total billed charges	
US NON-VASCULAR COMPLETE-L	76881	CPT	both			517	144.6	Wellcare	Medicare		125.74	1			122.69	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US REAL-TIME IMAGE EXTREMITY	76882	CPT	both			402	144.6	Aetna	Medicare		123.82	0.308			100.1	381.9	percent of total billed charges	
US REAL-TIME IMAGE EXTREMITY	76882	CPT	both			402	144.6	Aetna	Commercial		200.18	1.592			100.1	381.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US REAL-TIME IMAGE EXTREMITY	76882	CPT	both			402	144.6	Aetna	Better Health		126.47	0.3146			100.1	381.9	percent of total billed charges	
US REAL-TIME IMAGE EXTREMITY	76882	CPT	both			402	144.6	Americare	Americare		301.5	0.75			100.1	381.9	percent of total billed charges	
US REAL-TIME IMAGE EXTREMITY	76882	CPT	both			402	144.6	WellPoint	WellPoint		128.96	0.3208			100.1	381.9	percent of total billed charges	
US REAL-TIME IMAGE EXTREMITY	76882	CPT	both			402	144.6	Amerihealth	Medicare		125.74	1			100.1	381.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US REAL-TIME IMAGE EXTREMITY	76882	CPT	both			402	144.6	Consumer	Consumer		381.9	0.95			100.1	381.9	percent of total billed charges	
US REAL-TIME IMAGE EXTREMITY	76882	CPT	both			402	144.6	Corrections	Corrections		321.6	0.8			100.1	381.9	percent of total billed charges	
US REAL-TIME IMAGE EXTREMITY	76882	CPT	both			402	144.6	First Health	First Health		281.4	0.7			100.1	381.9	percent of total billed charges	
US REAL-TIME IMAGE EXTREMITY	76882	CPT	both			402	144.6	First Trenton	First Trenton		361.8	0.9			100.1	381.9	percent of total billed charges	
US REAL-TIME IMAGE EXTREMITY	76882	CPT	both			402	144.6	Horizon	Indemnity		229.73	1.827			100.1	381.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US REAL-TIME IMAGE EXTREMITY	76882	CPT	both			402	144.6	Horizon	MGD		229.73	1.827			100.1	381.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US REAL-TIME IMAGE EXTREMITY	76882	CPT	both			402	144.6	Horizon	Medicare Blue		125.74	1			100.1	381.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US REAL-TIME IMAGE EXTREMITY	76882	CPT	both			402	144.6	Horizon	PPO		229.73	1.827			100.1	381.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US REAL-TIME IMAGE EXTREMITY	76882	CPT	both			402	144.6	Managed Care Inc	Managed Care Inc		361.8	0.9			100.1	381.9	percent of total billed charges	
US REAL-TIME IMAGE EXTREMITY	76882	CPT	both			402	144.6	Multiplan	Multiplan		321.6	0.8			100.1	381.9	percent of total billed charges	
US REAL-TIME IMAGE EXTREMITY	76882	CPT	both			402	144.6	Qualcare	Qualcare		301.5	0.75			100.1	381.9	percent of total billed charges	
US REAL-TIME IMAGE EXTREMITY	76882	CPT	both			402	144.6	Three Rivers	Three Rivers		381.9	0.95			100.1	381.9	percent of total billed charges	
US REAL-TIME IMAGE EXTREMITY	76882	CPT	both			402	144.6	UHC	Medicaid		126.47	0.3146			100.1	381.9	percent of total billed charges	
US REAL-TIME IMAGE EXTREMITY	76882	CPT	both			402	144.6	UHC	Medicare		125.74	1			100.1	381.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US REAL-TIME IMAGE EXTREMITY	76882	CPT	both			402	144.6	Wellcare	Medicaid		126.47	0.3146			100.1	381.9	percent of total billed charges	
US REAL-TIME IMAGE EXTREMITY	76882	CPT	both			402	144.6	Wellcare	Medicare		125.74	1			100.1	381.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US DYNAMIC PED HIP	76885	CPT	both			686	119.52	Aetna	Commercial		165.46	1.592			102.25	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US DYNAMIC PED HIP	76885	CPT	both			686	119.52	Aetna	Better Health		215.82	0.3146			102.25	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	both			686	119.52	Aetna	Medicare		103.93	1			102.25	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US DYNAMIC PED HIP	76885	CPT	both			686	119.52	Americare	Americare		514.5	0.75			102.25	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	both			686	119.52	WellPoint	WellPoint		220.07	0.3208			102.25	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	both			686	119.52	Amerihealth	Medicare		103.93	1			102.25	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US DYNAMIC PED HIP	76885	CPT	both			686	119.52	Consumer	Consumer		651.7	0.95			102.25	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	both			686	119.52	Corrections	Corrections		548.8	0.8			102.25	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	both			686	119.52	First Health	First Health		480.2	0.7			102.25	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	both			686	119.52	First Trenton	First Trenton		617.4	0.9			102.25	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	both			686	119.52	Horizon	Medicare Blue		103.93	1			102.25	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US DYNAMIC PED HIP	76885	CPT	both			686	119.52	Horizon	MGD		189.88	1.827			102.25	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US DYNAMIC PED HIP	76885	CPT	both			686	119.52	Horizon	PPO		189.88	1.827			102.25	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US DYNAMIC PED HIP	76885	CPT	both			686	119.52	Horizon	Indemnity		189.88	1.827			102.25	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US DYNAMIC PED HIP	76885	CPT	both			686	119.52	Managed Care Inc	Managed Care Inc		617.4	0.9			102.25	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	both			686	119.52	Multiplan	Multiplan		548.8	0.8			102.25	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	both			686	119.52	Qualcare	Qualcare		514.5	0.75			102.25	651.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
US DYNAMIC PED HIP	76885	CPT	both			686		119.52 Three Rivers	Three Rivers		651.7	0.95			102.25	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	both			686		119.52 UHC	Medicaid		215.82	0.3146			102.25	651.7	percent of total billed charges	
US DYNAMIC PED HIP	76885	CPT	both			686		119.52 UHC	Medicare		103.93	1			102.25	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US DYNAMIC PED HIP	76885	CPT	both			686		119.52 Wellcare	Medicare		103.93	1			102.25	651.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US DYNAMIC PED HIP	76885	CPT	both			686		119.52 Wellcare	Medicaid		215.82	0.3146			102.25	651.7	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640		119.52 Aetna	Commercial		165.46	1.592			102.25	608	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LTD PED HIP	76886	CPT	both			640		119.52 Aetna	Better Health		201.34	0.3146			102.25	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640		119.52 Aetna	Medicare		103.93	1			102.25	608	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LTD PED HIP	76886	CPT	both			640		119.52 Americare	Americare		480	0.75			102.25	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640		119.52 WellPoint	WellPoint		205.31	0.3208			102.25	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640		119.52 Amerihealth	Medicare		103.93	1			102.25	608	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LTD PED HIP	76886	CPT	both			640		119.52 Consumer	Consumer		608	0.95			102.25	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640		119.52 Corrections	Corrections		512	0.8			102.25	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640		119.52 First Health	First Health		448	0.7			102.25	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640		119.52 First Trenton	First Trenton		576	0.9			102.25	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640		119.52 Horizon	Indemnity		189.88	1.827			102.25	608	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LTD PED HIP	76886	CPT	both			640		119.52 Horizon	MGD		189.88	1.827			102.25	608	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LTD PED HIP	76886	CPT	both			640		119.52 Horizon	Medicare Blue		103.93	1			102.25	608	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LTD PED HIP	76886	CPT	both			640		119.52 Horizon	PPO		189.88	1.827			102.25	608	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LTD PED HIP	76886	CPT	both			640		119.52 Managed Care Inc	Managed Care Inc		576	0.9			102.25	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640		119.52 Multiplan	Multiplan		512	0.8			102.25	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640		119.52 Qualcare	Qualcare		480	0.75			102.25	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640		119.52 Three Rivers	Three Rivers		608	0.95			102.25	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640		119.52 UHC	Medicare		103.93	1			102.25	608	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LTD PED HIP	76886	CPT	both			640		119.52 UHC	Medicaid		201.34	0.3146			102.25	608	percent of total billed charges	
US LTD PED HIP	76886	CPT	both			640		119.52 Wellcare	Medicare		103.93	1			102.25	608	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US LTD PED HIP	76886	CPT	both			640		119.52 Wellcare	Medicaid		201.34	0.3146			102.25	608	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701		412.82 Aetna	Commercial		571.48	1.592			115.81	665.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701		412.82 Aetna	Better Health		220.53	0.3146			115.81	665.95	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701		412.82 Aetna	Medicare		215.91	0.308			115.81	665.95	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701		412.82 Americare	Americare		525.75	0.75			115.81	665.95	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701		412.82 WellPoint	WellPoint		224.88	0.3208			115.81	665.95	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701		412.82 Amerihealth	Medicare		358.97	1			115.81	665.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701		412.82 Consumer	Consumer		665.95	0.95			115.81	665.95	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701		412.82 Corrections	Corrections		560.8	0.8			115.81	665.95	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701		412.82 First Health	First Health		490.7	0.7			115.81	665.95	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701		412.82 First Trenton	First Trenton		630.9	0.9			115.81	665.95	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701		412.82 Horizon	MGD		655.84	1.827			115.81	665.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701		412.82 Horizon	Medicare Blue		358.97	1			115.81	665.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701		412.82 Horizon	Indemnity		655.84	1.827			115.81	665.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701		412.82 Horizon	PPO		655.84	1.827			115.81	665.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701		412.82 Managed Care Inc	Managed Care Inc		630.9	0.9			115.81	665.95	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701		412.82 Multiplan	Multiplan		560.8	0.8			115.81	665.95	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701		412.82 Qualcare	Qualcare		525.75	0.75			115.81	665.95	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701		412.82 Three Rivers	Three Rivers		665.95	0.95			115.81	665.95	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701		412.82 UHC	Medicare		358.97	1			115.81	665.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701		412.82 UHC	Medicaid		220.53	0.3146			115.81	665.95	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701		412.82 Wellcare	Medicaid		220.53	0.3146			115.81	665.95	percent of total billed charges	
US COMP PSEUDOANEURSYM	76936	CPT	outpatient			701		412.82 Wellcare	Medicare		358.97	1			115.81	665.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US GUID FOR VASC ACCESS	76937	CPT	both			593		Aetna	Medicare		182.64	0.308			177.9	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Aetna	Better Health		186.56	0.3146			177.9	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Aetna	Commercial		225.34	0.38			177.9	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Americare	Americare		444.75	0.75			177.9	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		WellPoint	WellPoint		190.23	0.3208			177.9	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Consumer	Consumer		563.35	0.95			177.9	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Corrections	Corrections		474.4	0.8			177.9	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		First Health	First Health		415.1	0.7			177.9	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		First Trenton	First Trenton		533.7	0.9			177.9	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Horizon	Medicare Blue		177.9	0.3			177.9	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Horizon	Indemnity		227	0.3828			177.9	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Horizon	MGD		227	0.3828			177.9	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Horizon	PPO		227	0.3828			177.9	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Managed Care Inc	Managed Care Inc		533.7	0.9			177.9	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Multiplan	Multiplan		474.4	0.8			177.9	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Qualcare	Qualcare		444.75	0.75			177.9	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Three Rivers	Three Rivers		563.35	0.95			177.9	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		UHC	Medicaid		186.56	0.3146			177.9	563.35	percent of total billed charges	
US GUID FOR VASC ACCESS	76937	CPT	both			593		Wellcare	Medicaid		186.56	0.3146			177.9	563.35	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Aetna	Commercial		234.46	0.38			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Aetna	Better Health		194.11	0.3146			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Aetna	Medicare		190.04	0.308			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Americare	Americare		462.75	0.75			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		WellPoint	WellPoint		197.93	0.3208			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Consumer	Consumer		586.15	0.95			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Corrections	Corrections		493.6	0.8			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		First Health	First Health		431.9	0.7			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		First Trenton	First Trenton		555.3	0.9			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Horizon	MGD		236.19	0.3828			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Horizon	Indemnity		236.19	0.3828			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Horizon	Medicare Blue		185.1	0.3			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Horizon	PPO		236.19	0.3828			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Managed Care Inc	Managed Care Inc		555.3	0.9			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Multiplan	Multiplan		493.6	0.8			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Qualcare	Qualcare		462.75	0.75			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Three Rivers	Three Rivers		586.15	0.95			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		UHC	Medicaid		194.11	0.3146			177.9	586.15	percent of total billed charges	
US GUIDANCE RADIOFREQUENCY ABLATION	76940	CPT	outpatient			617		Wellcare	Medicaid		194.11	0.3146			177.9	586.15	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Aetna	Commercial		653.98	0.38			112.8	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Aetna	Better Health		541.43	0.3146			112.8	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Aetna	Medicare		530.07	0.308			112.8	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Americare	Americare		1290.75	0.75			112.8	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		WellPoint	WellPoint		552.1	0.3208			112.8	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Consumer	Consumer		1634.95	0.95			112.8	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Corrections	Corrections		1376.8	0.8			112.8	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		First Health	First Health		1204.7	0.7			112.8	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		First Trenton	First Trenton		1548.9	0.9			112.8	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Horizon	MGD		658.8	0.3828			112.8	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Horizon	Indemnity		658.8	0.3828			112.8	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Horizon	Medicare Blue		516.3	0.3			112.8	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Horizon	PPO		658.8	0.3828			112.8	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Managed Care Inc	Managed Care Inc		1548.9	0.9			112.8	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Multiplan	Multiplan		1376.8	0.8			112.8	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Qualcare	Qualcare		1290.75	0.75			112.8	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Three Rivers	Three Rivers		1634.95	0.95			112.8	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		UHC	Medicaid		541.43	0.3146			112.8	1634.95	percent of total billed charges	
USGUIDED NEEDLE PLACE IMAGES&I	76942	CPT	both			1721		Wellcare	Medicaid		541.43	0.3146			112.8	1634.95	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670		322.28 Aetna	Commercial		446.14	1.592			210.78	636.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670		322.28 Aetna	Medicare		280.24	1			210.78	636.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670		322.28 Aetna	Better Health		210.78	0.3146			210.78	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670		322.28 Americare	Americare		502.5	0.75			210.78	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670		322.28 WellPoint	WellPoint		214.94	0.3208			210.78	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670		322.28 Amerihealth	Medicare		280.24	1			210.78	636.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670		322.28 Consumer	Consumer		636.5	0.95			210.78	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670		322.28 Corrections	Corrections		536	0.8			210.78	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670		322.28 First Health	First Health		469	0.7			210.78	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670		322.28 First Trenton	First Trenton		603	0.9			210.78	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670		322.28 Horizon	Medicare Blue		280.24	1			210.78	636.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670		322.28 Horizon	MGD		512	1.827			210.78	636.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670		322.28 Horizon	Indemnity		512	1.827			210.78	636.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670		322.28 Horizon	PPO		512	1.827			210.78	636.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670		322.28 Managed Care Inc	Managed Care Inc		603	0.9			210.78	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670		322.28 Multiplan	Multiplan		536	0.8			210.78	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670		322.28 Qualcare	Qualcare		502.5	0.75			210.78	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670		322.28 Three Rivers	Three Rivers		636.5	0.95			210.78	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670		322.28 UHC	Medicaid		210.78	0.3146			210.78	636.5	percent of total billed charges	
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670		322.28 UHC	Medicare		280.24	1			210.78	636.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670		322.28 Wellcare	Medicare		280.24	1			210.78	636.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UGI ENDO ULTRASOUND SUPERV+INTERP	76975	CPT	outpatient			670		322.28 Wellcare	Medicaid		210.78	0.3146			210.78	636.5	percent of total billed charges	
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829		241.65 Aetna	Better Health		260.8	0.3146			210.13	787.55	percent of total billed charges	
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829		241.65 Aetna	Medicare		255.33	0.308			210.13	787.55	percent of total billed charges	
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829		241.65 Aetna	Commercial		334.53	1.592			210.13	787.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829		241.65 Americare	Americare		621.75	0.75			210.13	787.55	percent of total billed charges	
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829		241.65 WellPoint	WellPoint		265.94	0.3208			210.13	787.55	percent of total billed charges	
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829		241.65 Amerihealth	Medicare		210.13	1			210.13	787.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829		241.65 Consumer	Consumer		787.55	0.95			210.13	787.55	percent of total billed charges	
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829		241.65 Corrections	Corrections		663.2	0.8			210.13	787.55	percent of total billed charges	
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829		241.65 First Health	First Health		580.3	0.7			210.13	787.55	percent of total billed charges	
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829		241.65 First Trenton	First Trenton		746.1	0.9			210.13	787.55	percent of total billed charges	
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829		241.65 Horizon	Indemnity		383.91	1.827			210.13	787.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829		241.65 Horizon	Medicare Blue		210.13	1			210.13	787.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829		241.65 Horizon	MGD		383.91	1.827			210.13	787.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829		241.65 Horizon	PPO		383.91	1.827			210.13	787.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829		241.65 Managed Care Inc	Managed Care Inc		746.1	0.9			210.13	787.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Multiplan	Multiplan		663.2	0.8			210.13	787.55	percent of total billed charges	
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Qualcare	Qualcare		621.75	0.75			210.13	787.55	percent of total billed charges	
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Three Rivers	Three Rivers		787.55	0.95			210.13	787.55	percent of total billed charges	
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	UHC	Medicaid		260.8	0.3146			210.13	787.55	percent of total billed charges	
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	UHC	Medicare		210.13	1			210.13	787.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Wellcare	Medicaid		260.8	0.3146			210.13	787.55	percent of total billed charges	
USTARGET DYNAMBUBB CONTRAST 1STLESION	76978	CPT	outpatient			829	241.65	Wellcare	Medicare		210.13	1			210.13	787.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USTARGET DYNAMBUBB EA.ADD LESION	76979	CPT	outpatient			278		Aetna	Better Health		87.46	0.3146			83.4	264.1	percent of total billed charges	
USTARGET DYNAMBUBB EA.ADD LESION	76979	CPT	outpatient			278		Aetna	Commercial		105.64	0.38			83.4	264.1	percent of total billed charges	
USTARGET DYNAMBUBB EA.ADD LESION	76979	CPT	outpatient			278		Aetna	Medicare		85.62	0.308			83.4	264.1	percent of total billed charges	
USTARGET DYNAMBUBB EA.ADD LESION	76979	CPT	outpatient			278		Americare	Americare		208.5	0.75			83.4	264.1	percent of total billed charges	
USTARGET DYNAMBUBB EA.ADD LESION	76979	CPT	outpatient			278		WellPoint	WellPoint		89.18	0.3208			83.4	264.1	percent of total billed charges	
USTARGET DYNAMBUBB EA.ADD LESION	76979	CPT	outpatient			278		Consumer	Consumer		264.1	0.95			83.4	264.1	percent of total billed charges	
USTARGET DYNAMBUBB EA.ADD LESION	76979	CPT	outpatient			278		Corrections	Corrections		222.4	0.8			83.4	264.1	percent of total billed charges	
USTARGET DYNAMBUBB EA.ADD LESION	76979	CPT	outpatient			278		First Health	First Health		194.6	0.7			83.4	264.1	percent of total billed charges	
USTARGET DYNAMBUBB EA.ADD LESION	76979	CPT	outpatient			278		First Trenton	First Trenton		250.2	0.9			83.4	264.1	percent of total billed charges	
USTARGET DYNAMBUBB EA.ADD LESION	76979	CPT	outpatient			278		Horizon	MGD		106.42	0.3828			83.4	264.1	percent of total billed charges	
USTARGET DYNAMBUBB EA.ADD LESION	76979	CPT	outpatient			278		Horizon	Indemnity		106.42	0.3828			83.4	264.1	percent of total billed charges	
USTARGET DYNAMBUBB EA.ADD LESION	76979	CPT	outpatient			278		Horizon	PPO		106.42	0.3828			83.4	264.1	percent of total billed charges	
USTARGET DYNAMBUBB EA.ADD LESION	76979	CPT	outpatient			278		Horizon	Medicare Blue		83.4	0.3			83.4	264.1	percent of total billed charges	
USTARGET DYNAMBUBB EA.ADD LESION	76979	CPT	outpatient			278		Managed Care Inc	Managed Care Inc		250.2	0.9			83.4	264.1	percent of total billed charges	
USTARGET DYNAMBUBB EA.ADD LESION	76979	CPT	outpatient			278		Multiplan	Multiplan		222.4	0.8			83.4	264.1	percent of total billed charges	
USTARGET DYNAMBUBB EA.ADD LESION	76979	CPT	outpatient			278		Qualcare	Qualcare		208.5	0.75			83.4	264.1	percent of total billed charges	
USTARGET DYNAMBUBB EA.ADD LESION	76979	CPT	outpatient			278		Three Rivers	Three Rivers		264.1	0.95			83.4	264.1	percent of total billed charges	
USTARGET DYNAMBUBB EA.ADD LESION	76979	CPT	outpatient			278		UHC	Medicaid		87.46	0.3146			83.4	264.1	percent of total billed charges	
USTARGET DYNAMBUBB EA.ADD LESION	76979	CPT	outpatient			278		Wellcare	Medicaid		87.46	0.3146			83.4	264.1	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Aetna	Better Health		145.97	0.3146			125.74	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Aetna	Commercial		200.18	1.592			125.74	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Aetna	Medicare		142.91	0.308			125.74	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Americare	Americare		348	0.75			125.74	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	WellPoint	WellPoint		148.85	0.3208			125.74	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Amerihealth	Medicare		125.74	1			125.74	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Consumer	Consumer		440.8	0.95			125.74	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Corrections	Corrections		371.2	0.8			125.74	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	First Health	First Health		324.8	0.7			125.74	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	First Trenton	First Trenton		417.6	0.9			125.74	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Horizon	MGD		229.73	1.827			125.74	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Horizon	Medicare Blue		125.74	1			125.74	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Horizon	PPO		229.73	1.827			125.74	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Horizon	Indemnity		229.73	1.827			125.74	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Managed Care Inc	Managed Care Inc		417.6	0.9			125.74	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Multiplan	Multiplan		371.2	0.8			125.74	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Qualcare	Qualcare		348	0.75			125.74	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Three Rivers	Three Rivers		440.8	0.95			125.74	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	UHC	Medicaid		145.97	0.3146			125.74	440.8	percent of total billed charges	
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	UHC	Medicare		125.74	1			125.74	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Wellcare	Medicare		125.74	1			125.74	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAPY PARENCHYMA	76981	CPT	both			464	144.6	Wellcare	Medicaid		145.97	0.3146			125.74	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Aetna	Medicare		125.74	1			125.74	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Aetna	Commercial		200.18	1.592			125.74	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Aetna	Better Health		145.97	0.3146			125.74	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Americare	Americare		348	0.75			125.74	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	WellPoint	WellPoint		148.85	0.3208			125.74	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Amerihealth	Medicare		125.74	1			125.74	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Consumer	Consumer		440.8	0.95			125.74	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Corrections	Corrections		371.2	0.8			125.74	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	First Health	First Health		324.8	0.7			125.74	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	First Trenton	First Trenton		417.6	0.9			125.74	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Horizon	Indemnity		229.73	1.827			125.74	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Horizon	Medicare Blue		125.74	1			125.74	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Horizon	MGD		229.73	1.827			125.74	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Horizon	PPO		229.73	1.827			125.74	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Managed Care Inc	Managed Care Inc		417.6	0.9			125.74	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Multiplan	Multiplan		371.2	0.8			125.74	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Qualcare	Qualcare		348	0.75			125.74	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Three Rivers	Three Rivers		440.8	0.95			125.74	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	UHC	Medicaid		145.97	0.3146			125.74	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	UHC	Medicare		125.74	1			125.74	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Wellcare	Medicaid		145.97	0.3146			125.74	440.8	percent of total billed charges	
USELASTOGRAP1ST TARGET LESION	76982	CPT	outpatient			464	144.6	Wellcare	Medicare		125.74	1			125.74	440.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
USELASTOGRAP EA.ADD TARGET LESION	76983	CPT	outpatient			157		Aetna	Better Health		49.39	0.3146			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA.ADD TARGET LESION	76983	CPT	outpatient			157		Aetna	Commercial		59.66	0.38			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA.ADD TARGET LESION	76983	CPT	outpatient			157		Aetna	Medicare		48.36	0.308			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA.ADD TARGET LESION	76983	CPT	outpatient			157		Americare	Americare		117.75	0.75			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA.ADD TARGET LESION	76983	CPT	outpatient			157		WellPoint	WellPoint		50.37	0.3208			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA.ADD TARGET LESION	76983	CPT	outpatient			157		Consumer	Consumer		149.15	0.95			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA.ADD TARGET LESION	76983	CPT	outpatient			157		Corrections	Corrections		125.6	0.8			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA.ADD TARGET LESION	76983	CPT	outpatient			157		First Health	First Health		109.9	0.7			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA.ADD TARGET LESION	76983	CPT	outpatient			157		First Trenton	First Trenton		141.3	0.9			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA.ADD TARGET LESION	76983	CPT	outpatient			157		Horizon	MGD		60.1	0.3828			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA.ADD TARGET LESION	76983	CPT	outpatient			157		Horizon	PPO		60.1	0.3828			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA.ADD TARGET LESION	76983	CPT	outpatient			157		Horizon	Indemnity		60.1	0.3828			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA.ADD TARGET LESION	76983	CPT	outpatient			157		Horizon	Medicare Blue		47.1	0.3			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA.ADD TARGET LESION	76983	CPT	outpatient			157		Managed Care Inc	Managed Care Inc		141.3	0.9			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA.ADD TARGET LESION	76983	CPT	outpatient			157		Multiplan	Multiplan		125.6	0.8			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA.ADD TARGET LESION	76983	CPT	outpatient			157		Qualcare	Qualcare		117.75	0.75			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA.ADD TARGET LESION	76983	CPT	outpatient			157		Three Rivers	Three Rivers		149.15	0.95			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA.ADD TARGET LESION	76983	CPT	outpatient			157		UHC	Medicaid		49.39	0.3146			47.1	149.15	percent of total billed charges	
USELASTOGRAP EA.ADD TARGET LESION	76983	CPT	outpatient			157		Wellcare	Medicaid		49.39	0.3146			47.1	149.15	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Aetna	Commercial		216.98	0.38			171.3	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Aetna	Better Health		179.64	0.3146			171.3	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Aetna	Medicare		175.87	0.308			171.3	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Americare	Americare		428.25	0.75			171.3	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		WellPoint	WellPoint		183.18	0.3208			171.3	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Consumer	Consumer		542.45	0.95			171.3	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Corrections	Corrections		456.8	0.8			171.3	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		First Health	First Health		399.7	0.7			171.3	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		First Trenton	First Trenton		513.9	0.9			171.3	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Horizon	Medicare Blue		171.3	0.3			171.3	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Horizon	MGD		218.58	0.3828			171.3	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Horizon	Indemnity		218.58	0.3828			171.3	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Horizon	PPO		218.58	0.3828			171.3	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Managed Care Inc	Managed Care Inc		513.9	0.9			171.3	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Multiplan	Multiplan		456.8	0.8			171.3	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Qualcare	Qualcare		428.25	0.75			171.3	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Three Rivers	Three Rivers		542.45	0.95			171.3	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		UHC	Medicaid		179.64	0.3146			171.3	542.45	percent of total billed charges	
INTRAOPERTIVE US	76998	CPT	outpatient			571		Wellcare	Medicaid		179.64	0.3146			171.3	542.45	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Aetna	Better Health		208.27	0.3146			26.3	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Aetna	Medicare		103.93	1			26.3	628.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Aetna	Commercial		165.46	1.592			26.3	628.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Americare	Americare		496.5	0.75			26.3	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	WellPoint	WellPoint		212.37	0.3208			26.3	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Amerihealth	Medicare		103.93	1			26.3	628.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Consumer	Consumer		628.9	0.95			26.3	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Corrections	Corrections		529.6	0.8			26.3	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	First Health	First Health		463.4	0.7			26.3	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	First Trenton	First Trenton		595.8	0.9			26.3	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Horizon	Indemnity		189.88	1.827			26.3	628.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Horizon	MGD		189.88	1.827			26.3	628.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Horizon	Medicare Blue		103.93	1			26.3	628.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Horizon	PPO		189.88	1.827			26.3	628.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Horizon	NJ Health		66.2	0.1			26.3	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Managed Care Inc	Managed Care Inc		595.8	0.9			26.3	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Multiplan	Multiplan		529.6	0.8			26.3	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Qualcare	Qualcare		496.5	0.75			26.3	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Three Rivers	Three Rivers		628.9	0.95			26.3	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	UHC	Medicare		103.93	1			26.3	628.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	UHC	Medicaid		208.27	0.3146			26.3	628.9	percent of total billed charges	
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Wellcare	Medicare		103.93	1			26.3	628.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED ULTRA PROC	76999	CPT	both			662	119.52	Wellcare	Medicaid		208.27	0.3146			26.3	628.9	percent of total billed charges	
FLURO CVA DEVICE PLCM/REMV	77001	CPT	both			483		Aetna	Medicare		148.76	0.308			144.9	458.85	percent of total billed charges	
FLURO CVA DEVICE PLCM/REMV	77001	CPT	both			483		Aetna	Better Health		151.95	0.3146			144.9	458.85	percent of total billed charges	
FLURO CVA DEVICE PLCM/REMV	77001	CPT	both			483		Aetna	Commercial		183.54	0.38			144.9	458.85	percent of total billed charges	
FLURO CVA DEVICE PLCM/REMV	77001	CPT	both			483		Americare	Americare		362.25	0.75			144.9	458.85	percent of total billed charges	
FLURO CVA DEVICE PLCM/REMV	77001	CPT	both			483		WellPoint	WellPoint		154.95	0.3208			144.9	458.85	percent of total billed charges	
FLURO CVA DEVICE PLCM/REMV	77001	CPT	both			483		Consumer	Consumer		458.85	0.95			144.9	458.85	percent of total billed charges	
FLURO CVA DEVICE PLCM/REMV	77001	CPT	both			483		Corrections	Corrections		386.4	0.8			144.9	458.85	percent of total billed charges	
FLURO CVA DEVICE PLCM/REMV	77001	CPT	both			483		First Health	First Health		338.1	0.7			144.9	458.85	percent of total billed charges	
FLURO CVA DEVICE PLCM/REMV	77001	CPT	both			483		First Trenton	First Trenton		434.7	0.9			144.9	458.85	percent of total billed charges	
FLURO CVA DEVICE PLCM/REMV	77001	CPT	both			483		Horizon	Medicare Blue		144.9	0.3			144.9	458.85	percent of total billed charges	
FLURO CVA DEVICE PLCM/REMV	77001	CPT	both			483		Horizon	MGD		184.89	0.3828			144.9	458.85	percent of total billed charges	
FLURO CVA DEVICE PLCM/REMV	77001	CPT	both			483		Horizon	Indemnity		184.89	0.3828			144.9	458.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FLURO CVA DEVICE PLCM/REMV	77001	CPT	both			483		Horizon	PPO		184.89	0.3828			144.9	458.85	percent of total billed charges	
FLURO CVA DEVICE PLCM/REMV	77001	CPT	both			483		Managed Care Inc	Managed Care Inc		434.7	0.9			144.9	458.85	percent of total billed charges	
FLURO CVA DEVICE PLCM/REMV	77001	CPT	both			483		Multiplan	Multiplan		386.4	0.8			144.9	458.85	percent of total billed charges	
FLURO CVA DEVICE PLCM/REMV	77001	CPT	both			483		Qualcare	Qualcare		362.25	0.75			144.9	458.85	percent of total billed charges	
FLURO CVA DEVICE PLCM/REMV	77001	CPT	both			483		Three Rivers	Three Rivers		458.85	0.95			144.9	458.85	percent of total billed charges	
FLURO CVA DEVICE PLCM/REMV	77001	CPT	both			483		UHC	Medicaid		151.95	0.3146			144.9	458.85	percent of total billed charges	
FLURO CVA DEVICE PLCM/REMV	77001	CPT	both			483		Wellcare	Medicaid		151.95	0.3146			144.9	458.85	percent of total billed charges	
OTHER NEEDLE ASPIR INJ-FLOURO	77002	CPT	both			898		Aetna	Commercial		341.24	0.38			269.4	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR INJ-FLOURO	77002	CPT	both			898		Aetna	Better Health		282.51	0.3146			269.4	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR INJ-FLOURO	77002	CPT	both			898		Aetna	Medicare		276.58	0.308			269.4	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR INJ-FLOURO	77002	CPT	both			898		Americare	Americare		673.5	0.75			269.4	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR INJ-FLOURO	77002	CPT	both			898		WellPoint	WellPoint		288.08	0.3208			269.4	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR INJ-FLOURO	77002	CPT	both			898		Consumer	Consumer		853.1	0.95			269.4	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR INJ-FLOURO	77002	CPT	both			898		Corrections	Corrections		718.4	0.8			269.4	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR INJ-FLOURO	77002	CPT	both			898		First Health	First Health		628.6	0.7			269.4	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR INJ-FLOURO	77002	CPT	both			898		First Trenton	First Trenton		808.2	0.9			269.4	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR INJ-FLOURO	77002	CPT	both			898		Horizon	MGD		343.75	0.3828			269.4	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR INJ-FLOURO	77002	CPT	both			898		Horizon	Medicare Blue		269.4	0.3			269.4	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR INJ-FLOURO	77002	CPT	both			898		Horizon	Indemnity		343.75	0.3828			269.4	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR INJ-FLOURO	77002	CPT	both			898		Horizon	PPO		343.75	0.3828			269.4	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR INJ-FLOURO	77002	CPT	both			898		Managed Care Inc	Managed Care Inc		808.2	0.9			269.4	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR INJ-FLOURO	77002	CPT	both			898		Multiplan	Multiplan		718.4	0.8			269.4	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR INJ-FLOURO	77002	CPT	both			898		Qualcare	Qualcare		673.5	0.75			269.4	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR INJ-FLOURO	77002	CPT	both			898		Three Rivers	Three Rivers		853.1	0.95			269.4	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR INJ-FLOURO	77002	CPT	both			898		UHC	Medicaid		282.51	0.3146			269.4	853.1	percent of total billed charges	
OTHER NEEDLE ASPIR INJ-FLOURO	77002	CPT	both			898		Wellcare	Medicaid		282.51	0.3146			269.4	853.1	percent of total billed charges	
SPINAL ST JT PAIN INJECT-FLOURO	77003	CPT	both			919		Aetna	Medicare		283.05	0.308			275.7	873.05	percent of total billed charges	
SPINAL ST JT PAIN INJECT-FLOURO	77003	CPT	both			919		Aetna	Better Health		289.12	0.3146			275.7	873.05	percent of total billed charges	
SPINAL ST JT PAIN INJECT-FLOURO	77003	CPT	both			919		Aetna	Commercial		349.22	0.38			275.7	873.05	percent of total billed charges	
SPINAL ST JT PAIN INJECT-FLOURO	77003	CPT	both			919		Americare	Americare		689.25	0.75			275.7	873.05	percent of total billed charges	
SPINAL ST JT PAIN INJECT-FLOURO	77003	CPT	both			919		WellPoint	WellPoint		294.82	0.3208			275.7	873.05	percent of total billed charges	
SPINAL ST JT PAIN INJECT-FLOURO	77003	CPT	both			919		Consumer	Consumer		873.05	0.95			275.7	873.05	percent of total billed charges	
SPINAL ST JT PAIN INJECT-FLOURO	77003	CPT	both			919		Corrections	Corrections		735.2	0.8			275.7	873.05	percent of total billed charges	
SPINAL ST JT PAIN INJECT-FLOURO	77003	CPT	both			919		First Health	First Health		643.3	0.7			275.7	873.05	percent of total billed charges	
SPINAL ST JT PAIN INJECT-FLOURO	77003	CPT	both			919		First Trenton	First Trenton		827.1	0.9			275.7	873.05	percent of total billed charges	
SPINAL ST JT PAIN INJECT-FLOURO	77003	CPT	both			919		Horizon	MGD		351.79	0.3828			275.7	873.05	percent of total billed charges	
SPINAL ST JT PAIN INJECT-FLOURO	77003	CPT	both			919		Horizon	Indemnity		351.79	0.3828			275.7	873.05	percent of total billed charges	
SPINAL ST JT PAIN INJECT-FLOURO	77003	CPT	both			919		Horizon	Medicare Blue		275.7	0.3			275.7	873.05	percent of total billed charges	
SPINAL ST JT PAIN INJECT-FLOURO	77003	CPT	both			919		Horizon	PPO		351.79	0.3828			275.7	873.05	percent of total billed charges	
SPINAL ST JT PAIN INJECT-FLOURO	77003	CPT	both			919		Managed Care Inc	Managed Care Inc		827.1	0.9			275.7	873.05	percent of total billed charges	
SPINAL ST JT PAIN INJECT-FLOURO	77003	CPT	both			919		Multiplan	Multiplan		735.2	0.8			275.7	873.05	percent of total billed charges	
SPINAL ST JT PAIN INJECT-FLOURO	77003	CPT	both			919		Qualcare	Qualcare		689.25	0.75			275.7	873.05	percent of total billed charges	
SPINAL ST JT PAIN INJECT-FLOURO	77003	CPT	both			919		Three Rivers	Three Rivers		873.05	0.95			275.7	873.05	percent of total billed charges	
SPINAL ST JT PAIN INJECT-FLOURO	77003	CPT	both			919		UHC	Medicaid		289.12	0.3146			275.7	873.05	percent of total billed charges	
SPINAL ST JT PAIN INJECT-FLOURO	77003	CPT	both			919		Wellcare	Medicaid		289.12	0.3146			275.7	873.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Aetna	Commercial		562.02	0.38			443.7	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Aetna	Medicare		455.53	0.308			443.7	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Aetna	Better Health		465.29	0.3146			443.7	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Americare	Americare		1109.25	0.75			443.7	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		WellPoint	WellPoint		474.46	0.3208			443.7	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Consumer	Consumer		1405.05	0.95			443.7	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Corrections	Corrections		1183.2	0.8			443.7	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		First Health	First Health		1035.3	0.7			443.7	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		First Trenton	First Trenton		1331.1	0.9			443.7	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Horizon	MGD		566.16	0.3828			443.7	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Horizon	Medicare Blue		443.7	0.3			443.7	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Horizon	Indemnity		566.16	0.3828			443.7	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Horizon	PPO		566.16	0.3828			443.7	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Managed Care Inc	Managed Care Inc		1331.1	0.9			443.7	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Multiplan	Multiplan		1183.2	0.8			443.7	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Qualcare	Qualcare		1109.25	0.75			443.7	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Three Rivers	Three Rivers		1405.05	0.95			443.7	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		UHC	Medicaid		465.29	0.3146			443.7	1405.05	percent of total billed charges	
CT GUIDE STEREOTATIC LOCALIZ	77011	CPT	outpatient			1479		Wellcare	Medicaid		465.29	0.3146			443.7	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Aetna	Commercial		562.02	0.38			443.7	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Aetna	Better Health		465.29	0.3146			443.7	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Aetna	Medicare		455.53	0.308			443.7	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Americare	Americare		1109.25	0.75			443.7	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		WellPoint	WellPoint		474.46	0.3208			443.7	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Consumer	Consumer		1405.05	0.95			443.7	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Corrections	Corrections		1183.2	0.8			443.7	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		First Health	First Health		1035.3	0.7			443.7	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		First Trenton	First Trenton		1331.1	0.9			443.7	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Horizon	MGD		566.16	0.3828			443.7	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Horizon	Indemnity		566.16	0.3828			443.7	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Horizon	PPO		566.16	0.3828			443.7	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Horizon	Medicare Blue		443.7	0.3			443.7	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Managed Care Inc	Managed Care Inc		1331.1	0.9			443.7	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Multiplan	Multiplan		1183.2	0.8			443.7	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Qualcare	Qualcare		1109.25	0.75			443.7	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Three Rivers	Three Rivers		1405.05	0.95			443.7	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		UHC	Medicaid		465.29	0.3146			443.7	1405.05	percent of total billed charges	
IR CT GUIDED NEEDLE PLACEMENT	77012	CPT	both			1479		Wellcare	Medicaid		465.29	0.3146			443.7	1405.05	percent of total billed charges	
CT GUIDANCE TISSUE ABLATION	77013	CPT	both			1751		Aetna	Medicare		539.31	0.308			525.3	1663.45	percent of total billed charges	
CT GUIDANCE TISSUE ABLATION	77013	CPT	both			1751		Aetna	Commercial		665.38	0.38			525.3	1663.45	percent of total billed charges	
CT GUIDANCE TISSUE ABLATION	77013	CPT	both			1751		Aetna	Better Health		550.86	0.3146			525.3	1663.45	percent of total billed charges	
CT GUIDANCE TISSUE ABLATION	77013	CPT	both			1751		Americare	Americare		1313.25	0.75			525.3	1663.45	percent of total billed charges	
CT GUIDANCE TISSUE ABLATION	77013	CPT	both			1751		WellPoint	WellPoint		561.72	0.3208			525.3	1663.45	percent of total billed charges	
CT GUIDANCE TISSUE ABLATION	77013	CPT	both			1751		Consumer	Consumer		1663.45	0.95			525.3	1663.45	percent of total billed charges	
CT GUIDANCE TISSUE ABLATION	77013	CPT	both			1751		Corrections	Corrections		1400.8	0.8			525.3	1663.45	percent of total billed charges	
CT GUIDANCE TISSUE ABLATION	77013	CPT	both			1751		First Health	First Health		1225.7	0.7			525.3	1663.45	percent of total billed charges	
CT GUIDANCE TISSUE ABLATION	77013	CPT	both			1751		First Trenton	First Trenton		1575.9	0.9			525.3	1663.45	percent of total billed charges	
CT GUIDANCE TISSUE ABLATION	77013	CPT	both			1751		Horizon	Medicare Blue		525.3	0.3			525.3	1663.45	percent of total billed charges	
CT GUIDANCE TISSUE ABLATION	77013	CPT	both			1751		Horizon	PPO		670.28	0.3828			525.3	1663.45	percent of total billed charges	
CT GUIDANCE TISSUE ABLATION	77013	CPT	both			1751		Horizon	MGD		670.28	0.3828			525.3	1663.45	percent of total billed charges	
CT GUIDANCE TISSUE ABLATION	77013	CPT	both			1751		Horizon	Indemnity		670.28	0.3828			525.3	1663.45	percent of total billed charges	
CT GUIDANCE TISSUE ABLATION	77013	CPT	both			1751		Managed Care Inc	Managed Care Inc		1575.9	0.9			525.3	1663.45	percent of total billed charges	
CT GUIDANCE TISSUE ABLATION	77013	CPT	both			1751		Multiplan	Multiplan		1400.8	0.8			525.3	1663.45	percent of total billed charges	
CT GUIDANCE TISSUE ABLATION	77013	CPT	both			1751		Qualcare	Qualcare		1313.25	0.75			525.3	1663.45	percent of total billed charges	
CT GUIDANCE TISSUE ABLATION	77013	CPT	both			1751		Three Rivers	Three Rivers		1663.45	0.95			525.3	1663.45	percent of total billed charges	
CT GUIDANCE TISSUE ABLATION	77013	CPT	both			1751		UHC	Medicaid		550.86	0.3146			525.3	1663.45	percent of total billed charges	
CT GUIDANCE TISSUE ABLATION	77013	CPT	both			1751		Wellcare	Medicaid		550.86	0.3146			525.3	1663.45	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Aetna	Medicare		502.04	0.308			489	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Aetna	Better Health		512.8	0.3146			489	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Aetna	Commercial		619.4	0.38			489	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Americare	Americare		1222.5	0.75			489	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		WellPoint	WellPoint		522.9	0.3208			489	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Consumer	Consumer		1548.5	0.95			489	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Corrections	Corrections		1304	0.8			489	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		First Health	First Health		1141	0.7			489	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		First Trenton	First Trenton		1467	0.9			489	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Horizon	Indemnity		623.96	0.3828			489	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Horizon	MGD		623.96	0.3828			489	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Horizon	PPO		623.96	0.3828			489	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Horizon	Medicare Blue		489	0.3			489	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Managed Care Inc	Managed Care Inc		1467	0.9			489	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Multiplan	Multiplan		1304	0.8			489	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Qualcare	Qualcare		1222.5	0.75			489	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Three Rivers	Three Rivers		1548.5	0.95			489	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		UHC	Medicaid		512.8	0.3146			489	1548.5	percent of total billed charges	
MR GUIDANCE NEEDLE PLCMT- S&I	77021	CPT	outpatient			1630		Wellcare	Medicaid		512.8	0.3146			489	1548.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Aetna	Better Health		519.09	0.3146			495	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Aetna	Commercial		627	0.38			495	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Aetna	Medicare		508.2	0.308			495	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Americare	Americare		1237.5	0.75			495	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		WellPoint	WellPoint		529.32	0.3208			495	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Consumer	Consumer		1567.5	0.95			495	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Corrections	Corrections		1320	0.8			495	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		First Health	First Health		1155	0.7			495	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		First Trenton	First Trenton		1485	0.9			495	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Horizon	Indemnity		631.62	0.3828			495	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Horizon	Medicare Blue		495	0.3			495	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Horizon	MGD		631.62	0.3828			495	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Horizon	PPO		631.62	0.3828			495	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Managed Care Inc	Managed Care Inc		1485	0.9			495	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Multiplan	Multiplan		1320	0.8			495	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Qualcare	Qualcare		1237.5	0.75			495	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Three Rivers	Three Rivers		1567.5	0.95			495	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		UHC	Medicaid		519.09	0.3146			495	1567.5	percent of total billed charges	
MR GUIDANCE TISSUE ABLATION	77022	CPT	outpatient			1650		Wellcare	Medicaid		519.09	0.3146			495	1567.5	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST BILATERAL	77047	CPT	outpatient			946	322.28	Aetna	Commercial		446.14	1.592			280.24	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST BILATERAL	77047	CPT	outpatient			946	322.28	Aetna	Better Health		297.61	0.3146			280.24	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST BILATERAL	77047	CPT	outpatient			946	322.28	Aetna	Medicare		280.24	1			280.24	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI BREAST WITHOUT CONTRAST BILATERAL	77047	CPT	outpatient			946	322.28	Americare	Americare		709.5	0.75			280.24	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST BILATERAL	77047	CPT	outpatient			946	322.28	WellPoint	WellPoint		303.48	0.3208			280.24	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST BILATERAL	77047	CPT	outpatient			946	322.28	Amerihealth	Medicare		280.24	1			280.24	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST BILATERAL	77047	CPT	outpatient			946	322.28	Consumer	Consumer		898.7	0.95			280.24	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST BILATERAL	77047	CPT	outpatient			946	322.28	Corrections	Corrections		756.8	0.8			280.24	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST BILATERAL	77047	CPT	outpatient			946	322.28	First Health	First Health		662.2	0.7			280.24	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST BILATERAL	77047	CPT	outpatient			946	322.28	First Trenton	First Trenton		851.4	0.9			280.24	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST BILATERAL	77047	CPT	outpatient			946	322.28	Horizon	MGD		512	1.827			280.24	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST BILATERAL	77047	CPT	outpatient			946	322.28	Horizon	Indemnity		512	1.827			280.24	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST BILATERAL	77047	CPT	outpatient			946	322.28	Horizon	PPO		512	1.827			280.24	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST BILATERAL	77047	CPT	outpatient			946	322.28	Horizon	Medicare Blue		280.24	1			280.24	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST BILATERAL	77047	CPT	outpatient			946	322.28	Managed Care Inc	Managed Care Inc		851.4	0.9			280.24	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST BILATERAL	77047	CPT	outpatient			946	322.28	Multiplan	Multiplan		756.8	0.8			280.24	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST BILATERAL	77047	CPT	outpatient			946	322.28	Qualcare	Qualcare		709.5	0.75			280.24	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST BILATERAL	77047	CPT	outpatient			946	322.28	Three Rivers	Three Rivers		898.7	0.95			280.24	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST BILATERAL	77047	CPT	outpatient			946	322.28	UHC	Medicaid		297.61	0.3146			280.24	898.7	percent of total billed charges	
MRI BREAST WITHOUT CONTRAST BILATERAL	77047	CPT	outpatient			946	322.28	UHC	Medicare		280.24	1			280.24	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST BILATERAL	77047	CPT	outpatient			946	322.28	Wellcare	Medicare		280.24	1			280.24	898.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI BREAST WITHOUT CONTRAST BILATERAL	77047	CPT	outpatient			946	322.28	Wellcare	Medicaid		297.61	0.3146			280.24	898.7	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Aetna	Medicare		146.92	0.308			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Aetna	Better Health		150.06	0.3146			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Aetna	Commercial		181.26	0.38			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Americare	Americare		357.75	0.75			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		WellPoint	WellPoint		153.02	0.3208			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Consumer	Consumer		453.15	0.95			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Corrections	Corrections		381.6	0.8			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		First Health	First Health		333.9	0.7			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		First Trenton	First Trenton		429.3	0.9			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Horizon	Medicare Blue		143.1	0.3			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Horizon	Indemnity		182.6	0.3828			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Horizon	MGD		182.6	0.3828			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Horizon	PPO		182.6	0.3828			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Managed Care Inc	Managed Care Inc		429.3	0.9			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Multiplan	Multiplan		381.6	0.8			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Qualcare	Qualcare		357.75	0.75			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Three Rivers	Three Rivers		453.15	0.95			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		UHC	Medicaid		150.06	0.3146			143.1	453.15	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77055	CPT	outpatient			477		Wellcare	Medicaid		150.06	0.3146			143.1	453.15	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Aetna	Better Health		148.18	0.3146			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Aetna	Medicare		145.07	0.308			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Aetna	Commercial		178.98	0.38			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Americare	Americare		353.25	0.75			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		WellPoint	WellPoint		151.1	0.3208			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Consumer	Consumer		447.45	0.95			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Corrections	Corrections		376.8	0.8			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		First Health	First Health		329.7	0.7			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		First Trenton	First Trenton		423.9	0.9			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Horizon	MGD		180.3	0.3828			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Horizon	Medicare Blue		141.3	0.3			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Horizon	Indemnity		180.3	0.3828			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Horizon	PPO		180.3	0.3828			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Managed Care Inc	Managed Care Inc		423.9	0.9			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Multiplan	Multiplan		376.8	0.8			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Qualcare	Qualcare		353.25	0.75			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Three Rivers	Three Rivers		447.45	0.95			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		UHC	Medicaid		148.18	0.3146			134.4	447.45	percent of total billed charges	
DIGITAL TOMOSYNTHESIS UNI RT DX	77061	CPT	outpatient			471		Wellcare	Medicaid		148.18	0.3146			134.4	447.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	outpatient			531		Aetna	Commercial		201.78	0.38			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	outpatient			531		Aetna	Medicare		163.55	0.308			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	outpatient			531		Aetna	Better Health		167.05	0.3146			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	outpatient			531		Americare	Americare		398.25	0.75			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	outpatient			531		WellPoint	WellPoint		170.34	0.3208			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	outpatient			531		Consumer	Consumer		504.45	0.95			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	outpatient			531		Corrections	Corrections		424.8	0.8			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	outpatient			531		First Health	First Health		371.7	0.7			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	outpatient			531		First Trenton	First Trenton		477.9	0.9			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	outpatient			531		Horizon	Indemnity		203.27	0.3828			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	outpatient			531		Horizon	MGD		203.27	0.3828			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	outpatient			531		Horizon	Medicare Blue		159.3	0.3			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	outpatient			531		Horizon	PPO		203.27	0.3828			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	outpatient			531		Managed Care Inc	Managed Care Inc		477.9	0.9			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	outpatient			531		Multiplan	Multiplan		424.8	0.8			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	outpatient			531		Qualcare	Qualcare		398.25	0.75			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	outpatient			531		Three Rivers	Three Rivers		504.45	0.95			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	outpatient			531		UHC	Medicaid		167.05	0.3146			159.3	504.45	percent of total billed charges	
DIGITAL TOMO (NO MAMMO) BILAT	77062	CPT	outpatient			531		Wellcare	Medicaid		167.05	0.3146			159.3	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Aetna	Medicare		163.55	0.308			155.7	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Aetna	Better Health		167.05	0.3146			155.7	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Aetna	Commercial		201.78	0.38			155.7	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Americare	Americare		398.25	0.75			155.7	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		WellPoint	WellPoint		170.34	0.3208			155.7	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Consumer	Consumer		504.45	0.95			155.7	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Corrections	Corrections		424.8	0.8			155.7	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		First Health	First Health		371.7	0.7			155.7	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		First Trenton	First Trenton		477.9	0.9			155.7	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Horizon	MGD		203.27	0.3828			155.7	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Horizon	Medicare Blue		159.3	0.3			155.7	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Horizon	Indemnity		203.27	0.3828			155.7	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Horizon	PPO		203.27	0.3828			155.7	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Managed Care Inc	Managed Care Inc		477.9	0.9			155.7	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Multiplan	Multiplan		424.8	0.8			155.7	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Qualcare	Qualcare		398.25	0.75			155.7	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Three Rivers	Three Rivers		504.45	0.95			155.7	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		UHC	Medicaid		167.05	0.3146			155.7	504.45	percent of total billed charges	
SCREEN BREAST TOMOSYNTHESIS BILAT	77063	CPT	both			531		Wellcare	Medicaid		167.05	0.3146			155.7	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Aetna	Better Health		167.05	0.3146			143.1	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Aetna	Commercial		201.78	0.38			143.1	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Aetna	Medicare		163.55	0.308			143.1	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Americare	Americare		398.25	0.75			143.1	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		WellPoint	WellPoint		170.34	0.3208			143.1	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Consumer	Consumer		504.45	0.95			143.1	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Corrections	Corrections		424.8	0.8			143.1	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		First Health	First Health		371.7	0.7			143.1	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		First Trenton	First Trenton		477.9	0.9			143.1	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Horizon	Indemnity		203.27	0.3828			143.1	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Horizon	Medicare Blue		159.3	0.3			143.1	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Horizon	MGD		203.27	0.3828			143.1	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Horizon	PPO		203.27	0.3828			143.1	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Managed Care Inc	Managed Care Inc		477.9	0.9			143.1	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Multiplan	Multiplan		424.8	0.8			143.1	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Qualcare	Qualcare		398.25	0.75			143.1	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Three Rivers	Three Rivers		504.45	0.95			143.1	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		UHC	Medicaid		167.05	0.3146			143.1	504.45	percent of total billed charges	
UNILATERAL DIGITAL DX MAMMO	77065	CPT	both			531		Wellcare	Medicaid		167.05	0.3146			143.1	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Aetna	Better Health		167.05	0.3146			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Aetna	Commercial		201.78	0.38			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Aetna	Medicare		163.55	0.308			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Americare	Americare		398.25	0.75			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		WellPoint	WellPoint		170.34	0.3208			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Consumer	Consumer		504.45	0.95			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Corrections	Corrections		424.8	0.8			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		First Health	First Health		371.7	0.7			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		First Trenton	First Trenton		477.9	0.9			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Horizon	Medicare Blue		159.3	0.3			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Horizon	MGD		203.27	0.3828			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Horizon	Indemnity		203.27	0.3828			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Horizon	PPO		203.27	0.3828			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Managed Care Inc	Managed Care Inc		477.9	0.9			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Multiplan	Multiplan		424.8	0.8			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Qualcare	Qualcare		398.25	0.75			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Three Rivers	Three Rivers		504.45	0.95			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		UHC	Medicaid		167.05	0.3146			159.3	504.45	percent of total billed charges	
MAMMO DIAGNOSTIC BILATERAL	77066	CPT	both			531		Wellcare	Medicaid		167.05	0.3146			159.3	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Aetna	Better Health		167.05	0.3146			150.6	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Aetna	Medicare		163.55	0.308			150.6	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Aetna	Commercial		201.78	0.38			150.6	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Americare	Americare		398.25	0.75			150.6	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		WellPoint	WellPoint		170.34	0.3208			150.6	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Consumer	Consumer		504.45	0.95			150.6	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Corrections	Corrections		424.8	0.8			150.6	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		First Health	First Health		371.7	0.7			150.6	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		First Trenton	First Trenton		477.9	0.9			150.6	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Horizon	MGD		203.27	0.3828			150.6	504.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Horizon	PPO		203.27	0.3828			150.6	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Horizon	Indemnity		203.27	0.3828			150.6	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Horizon	Medicare Blue		159.3	0.3			150.6	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Managed Care Inc	Managed Care Inc		477.9	0.9			150.6	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Multiplan	Multiplan		424.8	0.8			150.6	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Qualcare	Qualcare		398.25	0.75			150.6	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Three Rivers	Three Rivers		504.45	0.95			150.6	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		UHC	Medicaid		167.05	0.3146			150.6	504.45	percent of total billed charges	
MOBILE DIGITAL SCREENING MAMMO	77067	CPT	both			531		Wellcare	Medicaid		167.05	0.3146			150.6	504.45	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	both			264		119.52 Aetna	Commercial		165.46	1.592			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAN STRESS VIEWS JOINT BY MD	77071	CPT	both			264		119.52 Aetna	Medicare		103.93	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAN STRESS VIEWS JOINT BY MD	77071	CPT	both			264		119.52 Aetna	Better Health		83.05	0.3146			83.05	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	both			264		119.52 Americare	Americare		198	0.75			83.05	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	both			264		119.52 WellPoint	WellPoint		84.69	0.3208			83.05	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	both			264		119.52 Amerihealth	Medicare		103.93	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAN STRESS VIEWS JOINT BY MD	77071	CPT	both			264		119.52 Consumer	Consumer		250.8	0.95			83.05	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	both			264		119.52 Corrections	Corrections		211.2	0.8			83.05	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	both			264		119.52 First Health	First Health		184.8	0.7			83.05	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	both			264		119.52 First Trenton	First Trenton		237.6	0.9			83.05	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	both			264		119.52 Horizon	Indemnity		189.88	1.827			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAN STRESS VIEWS JOINT BY MD	77071	CPT	both			264		119.52 Horizon	PPO		189.88	1.827			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAN STRESS VIEWS JOINT BY MD	77071	CPT	both			264		119.52 Horizon	MGD		189.88	1.827			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAN STRESS VIEWS JOINT BY MD	77071	CPT	both			264		119.52 Horizon	Medicare Blue		103.93	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAN STRESS VIEWS JOINT BY MD	77071	CPT	both			264		119.52 Managed Care Inc	Managed Care Inc		237.6	0.9			83.05	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	both			264		119.52 Multiplan	Multiplan		211.2	0.8			83.05	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	both			264		119.52 Qualcare	Qualcare		198	0.75			83.05	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	both			264		119.52 Three Rivers	Three Rivers		250.8	0.95			83.05	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	both			264		119.52 UHC	Medicare		103.93	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAN STRESS VIEWS JOINT BY MD	77071	CPT	both			264		119.52 UHC	Medicaid		83.05	0.3146			83.05	250.8	percent of total billed charges	
MAN STRESS VIEWS JOINT BY MD	77071	CPT	both			264		119.52 Wellcare	Medicare		103.93	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MAN STRESS VIEWS JOINT BY MD	77071	CPT	both			264		119.52 Wellcare	Medicaid		83.05	0.3146			83.05	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264		144.6 Aetna	Commercial		200.18	1.592			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE	77072	CPT	both			264		144.6 Aetna	Medicare		125.74	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE	77072	CPT	both			264		144.6 Aetna	Better Health		83.05	0.3146			83.05	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264		144.6 Americare	Americare		198	0.75			83.05	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264		144.6 WellPoint	WellPoint		84.69	0.3208			83.05	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264		144.6 Amerihealth	Medicare		125.74	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE	77072	CPT	both			264		144.6 Consumer	Consumer		250.8	0.95			83.05	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264		144.6 Corrections	Corrections		211.2	0.8			83.05	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264		144.6 First Health	First Health		184.8	0.7			83.05	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264		144.6 First Trenton	First Trenton		237.6	0.9			83.05	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264		144.6 Horizon	Medicare Blue		125.74	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE	77072	CPT	both			264		144.6 Horizon	PPO		229.73	1.827			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE	77072	CPT	both			264		144.6 Horizon	MGD		229.73	1.827			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE	77072	CPT	both			264		144.6 Horizon	Indemnity		229.73	1.827			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE	77072	CPT	both			264		144.6 Managed Care Inc	Managed Care Inc		237.6	0.9			83.05	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264		144.6 Multiplan	Multiplan		211.2	0.8			83.05	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264		144.6 Qualcare	Qualcare		198	0.75			83.05	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264		144.6 Three Rivers	Three Rivers		250.8	0.95			83.05	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264		144.6 UHC	Medicaid		83.05	0.3146			83.05	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264		144.6 UHC	Medicare		125.74	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE AGE	77072	CPT	both			264		144.6 Wellcare	Medicaid		83.05	0.3146			83.05	250.8	percent of total billed charges	
BONE AGE	77072	CPT	both			264		144.6 Wellcare	Medicare		125.74	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCANOGRAM	77073	CPT	both			264		144.6 Aetna	Commercial		200.18	1.592			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCANOGRAM	77073	CPT	both			264		144.6 Aetna	Better Health		83.05	0.3146			83.05	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264		144.6 Aetna	Medicare		125.74	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCANOGRAM	77073	CPT	both			264		144.6 Americare	Americare		198	0.75			83.05	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264		144.6 WellPoint	WellPoint		84.69	0.3208			83.05	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264		144.6 Amerihealth	Medicare		125.74	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCANOGRAM	77073	CPT	both			264		144.6 Consumer	Consumer		250.8	0.95			83.05	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264		144.6 Corrections	Corrections		211.2	0.8			83.05	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264		144.6 First Health	First Health		184.8	0.7			83.05	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264		144.6 First Trenton	First Trenton		237.6	0.9			83.05	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264		144.6 Horizon	Indemnity		229.73	1.827			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCANOGRAM	77073	CPT	both			264		144.6 Horizon	Medicare Blue		125.74	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCANOGRAM	77073	CPT	both			264		144.6 Horizon	PPO		229.73	1.827			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCANOGRAM	77073	CPT	both			264		144.6 Horizon	MGD		229.73	1.827			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCANOGRAM	77073	CPT	both			264		144.6 Managed Care Inc	Managed Care Inc		237.6	0.9			83.05	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264		144.6 Multiplan	Multiplan		211.2	0.8			83.05	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264		144.6 Qualcare	Qualcare		198	0.75			83.05	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264		144.6 Three Rivers	Three Rivers		250.8	0.95			83.05	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264		144.6 UHC	Medicare		125.74	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCANOGRAM	77073	CPT	both			264		144.6 UHC	Medicaid		83.05	0.3146			83.05	250.8	percent of total billed charges	
SCANOGRAM	77073	CPT	both			264		144.6 Wellcare	Medicare		125.74	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCANOGRAM	77073	CPT	both			264		144.6 Wellcare	Medicaid		83.05	0.3146			83.05	250.8	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451		144.6 Aetna	Better Health		141.88	0.3146			125.74	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451		144.6 Aetna	Commercial		200.18	1.592			125.74	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SURVEY (METS)	77074	CPT	both			451		144.6 Aetna	Medicare		125.74	1			125.74	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SURVEY (METS)	77074	CPT	both			451		144.6 Americare	Americare		338.25	0.75			125.74	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451		144.6 WellPoint	WellPoint		144.68	0.3208			125.74	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451		144.6 Amerihealth	Medicare		125.74	1			125.74	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SURVEY (METS)	77074	CPT	both			451		144.6 Consumer	Consumer		428.45	0.95			125.74	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451		144.6 Corrections	Corrections		360.8	0.8			125.74	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451		144.6 First Health	First Health		315.7	0.7			125.74	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451		144.6 First Trenton	First Trenton		405.9	0.9			125.74	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451		144.6 Horizon	Indemnity		229.73	1.827			125.74	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SURVEY (METS)	77074	CPT	both			451		144.6 Horizon	Medicare Blue		125.74	1			125.74	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SURVEY (METS)	77074	CPT	both			451		144.6 Horizon	PPO		229.73	1.827			125.74	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SURVEY (METS)	77074	CPT	both			451		144.6 Horizon	MGD		229.73	1.827			125.74	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SURVEY (METS)	77074	CPT	both			451		144.6 Managed Care Inc	Managed Care Inc		405.9	0.9			125.74	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451		144.6 Multiplan	Multiplan		360.8	0.8			125.74	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451		144.6 Qualcare	Qualcare		338.25	0.75			125.74	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451		144.6 Three Rivers	Three Rivers		428.45	0.95			125.74	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451		144.6 UHC	Medicare		125.74	1			125.74	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SURVEY (METS)	77074	CPT	both			451		144.6 UHC	Medicaid		141.88	0.3146			125.74	428.45	percent of total billed charges	
BONE SURVEY (METS)	77074	CPT	both			451		144.6 Wellcare	Medicare		125.74	1			125.74	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SURVEY (METS)	77074	CPT	both			451		144.6 Wellcare	Medicaid		141.88	0.3146			125.74	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Aetna	Commercial		200.18	1.592			125.74	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Aetna	Better Health		141.88	0.3146			125.74	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Aetna	Medicare		125.74	1			125.74	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Americare	Americare		338.25	0.75			125.74	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 WellPoint	WellPoint		144.68	0.3208			125.74	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Amerihealth	Medicare		125.74	1			125.74	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Consumer	Consumer		428.45	0.95			125.74	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Corrections	Corrections		360.8	0.8			125.74	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 First Health	First Health		315.7	0.7			125.74	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 First Trenton	First Trenton		405.9	0.9			125.74	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Horizon	Indemnity		229.73	1.827			125.74	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Horizon	MGD		229.73	1.827			125.74	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Horizon	Medicare Blue		125.74	1			125.74	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Horizon	PPO		229.73	1.827			125.74	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Managed Care Inc	Managed Care Inc		405.9	0.9			125.74	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Multiplan	Multiplan		360.8	0.8			125.74	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Qualcare	Qualcare		338.25	0.75			125.74	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Three Rivers	Three Rivers		428.45	0.95			125.74	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 UHC	Medicaid		141.88	0.3146			125.74	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 UHC	Medicare		125.74	1			125.74	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Wellcare	Medicaid		141.88	0.3146			125.74	428.45	percent of total billed charges	
OSSEOUS SURVEY COMPLETE	77075	CPT	both			451		144.6 Wellcare	Medicare		125.74	1			125.74	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Aetna	Better Health		83.05	0.3146			83.05	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Aetna	Commercial		200.18	1.592			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Aetna	Medicare		125.74	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Americare	Americare		198	0.75			83.05	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 WellPoint	WellPoint		84.69	0.3208			83.05	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Amerihealth	Medicare		125.74	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Consumer	Consumer		250.8	0.95			83.05	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Corrections	Corrections		211.2	0.8			83.05	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 First Health	First Health		184.8	0.7			83.05	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 First Trenton	First Trenton		237.6	0.9			83.05	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Horizon	Indemnity		229.73	1.827			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Horizon	PPO		229.73	1.827			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Horizon	MGD		229.73	1.827			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Horizon	Medicare Blue		125.74	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Managed Care Inc	Managed Care Inc		237.6	0.9			83.05	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Multiplan	Multiplan		211.2	0.8			83.05	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Qualcare	Qualcare		198	0.75			83.05	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Three Rivers	Three Rivers		250.8	0.95			83.05	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 UHC	Medicaid		83.05	0.3146			83.05	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 UHC	Medicare		125.74	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Wellcare	Medicaid		83.05	0.3146			83.05	250.8	percent of total billed charges	
OSSEOUS SURVEY INFANT	77076	CPT	both			264		144.6 Wellcare	Medicare		125.74	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Aetna	Better Health		83.05	0.3146			83.05	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Aetna	Commercial		200.18	1.592			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Aetna	Medicare		125.74	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Americare	Americare		198	0.75			83.05	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 WellPoint	WellPoint		84.69	0.3208			83.05	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Amerihealth	Medicare		125.74	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Consumer	Consumer		250.8	0.95			83.05	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Corrections	Corrections		211.2	0.8			83.05	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 First Health	First Health		184.8	0.7			83.05	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 First Trenton	First Trenton		237.6	0.9			83.05	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Horizon	MGD		229.73	1.827			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Horizon	Indemnity		229.73	1.827			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Horizon	Medicare Blue		125.74	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Horizon	PPO		229.73	1.827			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Managed Care Inc	Managed Care Inc		237.6	0.9			83.05	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Multiplan	Multiplan		211.2	0.8			83.05	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Qualcare	Qualcare		198	0.75			83.05	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Three Rivers	Three Rivers		250.8	0.95			83.05	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 UHC	Medicare		125.74	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY	77077	CPT	outpatient			264		144.6 UHC	Medicaid		83.05	0.3146			83.05	250.8	percent of total billed charges	
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Wellcare	Medicare		125.74	1			83.05	250.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JOINT SURVEY	77077	CPT	outpatient			264		144.6 Wellcare	Medicaid		83.05	0.3146			83.05	250.8	percent of total billed charges	
CT BONE DENSITY STUDY AXIAL	77078	CPT	outpatient			433		119.52 Aetna	Commercial		165.46	1.592			103.93	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE DENSITY STUDY AXIAL	77078	CPT	outpatient			433		119.52 Aetna	Better Health		136.22	0.3146			103.93	411.35	percent of total billed charges	
CT BONE DENSITY STUDY AXIAL	77078	CPT	outpatient			433		119.52 Aetna	Medicare		103.93	1			103.93	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE DENSITY STUDY AXIAL	77078	CPT	outpatient			433		119.52 Americare	Americare		324.75	0.75			103.93	411.35	percent of total billed charges	
CT BONE DENSITY STUDY AXIAL	77078	CPT	outpatient			433		119.52 WellPoint	WellPoint		138.91	0.3208			103.93	411.35	percent of total billed charges	
CT BONE DENSITY STUDY AXIAL	77078	CPT	outpatient			433		119.52 Amerihealth	Medicare		103.93	1			103.93	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE DENSITY STUDY AXIAL	77078	CPT	outpatient			433		119.52 Consumer	Consumer		411.35	0.95			103.93	411.35	percent of total billed charges	
CT BONE DENSITY STUDY AXIAL	77078	CPT	outpatient			433		119.52 Corrections	Corrections		346.4	0.8			103.93	411.35	percent of total billed charges	
CT BONE DENSITY STUDY AXIAL	77078	CPT	outpatient			433		119.52 First Health	First Health		303.1	0.7			103.93	411.35	percent of total billed charges	
CT BONE DENSITY STUDY AXIAL	77078	CPT	outpatient			433		119.52 First Trenton	First Trenton		389.7	0.9			103.93	411.35	percent of total billed charges	
CT BONE DENSITY STUDY AXIAL	77078	CPT	outpatient			433		119.52 Horizon	MGD		189.88	1.827			103.93	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE DENSITY STUDY AXIAL	77078	CPT	outpatient			433		119.52 Horizon	Medicare Blue		103.93	1			103.93	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE DENSITY STUDY AXIAL	77078	CPT	outpatient			433		119.52 Horizon	Indemnity		189.88	1.827			103.93	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE DENSITY STUDY AXIAL	77078	CPT	outpatient			433		119.52 Horizon	PPO		189.88	1.827			103.93	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE DENSITY STUDY AXIAL	77078	CPT	outpatient			433		119.52 Managed Care Inc	Managed Care Inc		389.7	0.9			103.93	411.35	percent of total billed charges	
CT BONE DENSITY STUDY AXIAL	77078	CPT	outpatient			433		119.52 Multiplan	Multiplan		346.4	0.8			103.93	411.35	percent of total billed charges	
CT BONE DENSITY STUDY AXIAL	77078	CPT	outpatient			433		119.52 Qualcare	Qualcare		324.75	0.75			103.93	411.35	percent of total billed charges	
CT BONE DENSITY STUDY AXIAL	77078	CPT	outpatient			433		119.52 Three Rivers	Three Rivers		411.35	0.95			103.93	411.35	percent of total billed charges	
CT BONE DENSITY STUDY AXIAL	77078	CPT	outpatient			433		119.52 UHC	Medicare		103.93	1			103.93	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE DENSITY STUDY AXIAL	77078	CPT	outpatient			433		119.52 UHC	Medicaid		136.22	0.3146			103.93	411.35	percent of total billed charges	
CT BONE DENSITY STUDY AXIAL	77078	CPT	outpatient			433		119.52 Wellcare	Medicaid		136.22	0.3146			103.93	411.35	percent of total billed charges	
CT BONE DENSITY STUDY AXIAL	77078	CPT	outpatient			433		119.52 Wellcare	Medicare		103.93	1			103.93	411.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CT BONE DENSITY STUDY PERIPH	77079	CPT	outpatient			562		Aetna	Better Health		176.81	0.3146			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY PERIPH	77079	CPT	outpatient			562		Aetna	Commercial		213.56	0.38			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY PERIPH	77079	CPT	outpatient			562		Aetna	Medicare		173.1	0.308			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY PERIPH	77079	CPT	outpatient			562		Americare	Americare		421.5	0.75			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY PERIPH	77079	CPT	outpatient			562		WellPoint	WellPoint		180.29	0.3208			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY PERIPH	77079	CPT	outpatient			562		Consumer	Consumer		533.9	0.95			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY PERIPH	77079	CPT	outpatient			562		Corrections	Corrections		449.6	0.8			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY PERIPH	77079	CPT	outpatient			562		First Health	First Health		393.4	0.7			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY PERIPH	77079	CPT	outpatient			562		First Trenton	First Trenton		505.8	0.9			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY PERIPH	77079	CPT	outpatient			562		Horizon	MGD		215.13	0.3828			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY PERIPH	77079	CPT	outpatient			562		Horizon	PPO		215.13	0.3828			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY PERIPH	77079	CPT	outpatient			562		Horizon	Indemnity		215.13	0.3828			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY PERIPH	77079	CPT	outpatient			562		Horizon	Medicare Blue		168.6	0.3			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY PERIPH	77079	CPT	outpatient			562		Managed Care Inc	Managed Care Inc		505.8	0.9			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY PERIPH	77079	CPT	outpatient			562		Multiplan	Multiplan		449.6	0.8			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY PERIPH	77079	CPT	outpatient			562		Qualcare	Qualcare		421.5	0.75			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY PERIPH	77079	CPT	outpatient			562		Three Rivers	Three Rivers		533.9	0.95			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY PERIPH	77079	CPT	outpatient			562		UHC	Medicaid		176.81	0.3146			168.6	533.9	percent of total billed charges	
CT BONE DENSITY STUDY PERIPH	77079	CPT	outpatient			562		Wellcare	Medicaid		176.81	0.3146			168.6	533.9	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	both			2039		144.6 Aetna	Commercial		200.18	1.592			125.74	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA)	77080	CPT	both			2039		144.6 Aetna	Better Health		641.47	0.3146			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	both			2039		144.6 Aetna	Medicare		125.74	1			125.74	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA)	77080	CPT	both			2039		144.6 Americare	Americare		1529.25	0.75			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	both			2039		144.6 WellPoint	WellPoint		654.11	0.3208			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	both			2039		144.6 Amerihealth	Medicare		125.74	1			125.74	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA)	77080	CPT	both			2039		144.6 Consumer	Consumer		1937.05	0.95			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	both			2039		144.6 Corrections	Corrections		1631.2	0.8			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	both			2039		144.6 First Health	First Health		1427.3	0.7			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	both			2039		144.6 First Trenton	First Trenton		1835.1	0.9			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	both			2039		144.6 Horizon	Indemnity		229.73	1.827			125.74	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA)	77080	CPT	both			2039		144.6 Horizon	MGD		229.73	1.827			125.74	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA)	77080	CPT	both			2039		144.6 Horizon	Medicare Blue		125.74	1			125.74	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA)	77080	CPT	both			2039		144.6 Horizon	PPO		229.73	1.827			125.74	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA)	77080	CPT	both			2039		144.6 Managed Care Inc	Managed Care Inc		1835.1	0.9			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	both			2039		144.6 Multiplan	Multiplan		1631.2	0.8			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	both			2039		144.6 Qualcare	Qualcare		1529.25	0.75			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	both			2039		144.6 Three Rivers	Three Rivers		1937.05	0.95			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	both			2039		144.6 UHC	Medicaid		641.47	0.3146			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	both			2039		144.6 UHC	Medicare		125.74	1			125.74	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA)	77080	CPT	both			2039		144.6 Wellcare	Medicaid		641.47	0.3146			125.74	1937.05	percent of total billed charges	
X-RAY BONE DENSITY (DEXA)	77080	CPT	both			2039		144.6 Wellcare	Medicare		125.74	1			125.74	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Aetna	Better Health		519.09	0.3146			280.24	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Aetna	Commercial		446.14	1.592			280.24	1567.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Aetna	Medicare		280.24	1			280.24	1567.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Americare	Americare		1237.5	0.75			280.24	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 WellPoint	WellPoint		529.32	0.3208			280.24	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Amerihealth	Medicare		280.24	1			280.24	1567.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Consumer	Consumer		1567.5	0.95			280.24	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Corrections	Corrections		1320	0.8			280.24	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 First Health	First Health		1155	0.7			280.24	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 First Trenton	First Trenton		1485	0.9			280.24	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Horizon	PPO		512	1.827			280.24	1567.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Horizon	Medicare Blue		280.24	1			280.24	1567.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Horizon	MGD		512	1.827			280.24	1567.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Horizon	Indemnity		512	1.827			280.24	1567.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Managed Care Inc	Managed Care Inc		1485	0.9			280.24	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Multiplan	Multiplan		1320	0.8			280.24	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Qualcare	Qualcare		1237.5	0.75			280.24	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Three Rivers	Three Rivers		1567.5	0.95			280.24	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 UHC	Medicaid		519.09	0.3146			280.24	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 UHC	Medicare		280.24	1			280.24	1567.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Wellcare	Medicaid		519.09	0.3146			280.24	1567.5	percent of total billed charges	
MRI-BONE MARROW BLOOD SUPPLY	77084	CPT	outpatient			1650		322.28 Wellcare	Medicare		280.24	1			280.24	1567.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437		144.6 Aetna	Commercial		200.18	1.592			125.74	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437		144.6 Aetna	Medicare		134.6	0.308			125.74	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437		144.6 Aetna	Better Health		137.48	0.3146			125.74	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437		144.6 Americare	Americare		327.75	0.75			125.74	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437		144.6 WellPoint	WellPoint		140.19	0.3208			125.74	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437		144.6 Amerihealth	Medicare		125.74	1			125.74	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437		144.6 Consumer	Consumer		415.15	0.95			125.74	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437		144.6 Corrections	Corrections		349.6	0.8			125.74	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437		144.6 First Health	First Health		305.9	0.7			125.74	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437		144.6 First Trenton	First Trenton		393.3	0.9			125.74	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437		144.6 Horizon	MGD		229.73	1.827			125.74	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437		144.6 Horizon	Medicare Blue		125.74	1			125.74	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437		144.6 Horizon	Indemnity		229.73	1.827			125.74	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437		144.6 Horizon	PPO		229.73	1.827			125.74	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437		144.6 Managed Care Inc	Managed Care Inc		393.3	0.9			125.74	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437		144.6 Multiplan	Multiplan		349.6	0.8			125.74	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437		144.6 Qualcare	Qualcare		327.75	0.75			125.74	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437		144.6 Three Rivers	Three Rivers		415.15	0.95			125.74	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437		144.6 UHC	Medicaid		137.48	0.3146			125.74	415.15	percent of total billed charges	
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437		144.6 UHC	Medicare		125.74	1			125.74	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437		144.6 Wellcare	Medicare		125.74	1			125.74	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
X-RAY BONE DENSITY (DEXA) W-FRAX ASSESS	77085	CPT	both			437		144.6 Wellcare	Medicaid		137.48	0.3146			125.74	415.15	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323		119.52 Aetna	Better Health		101.62	0.3146			101.62	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323		119.52 Aetna	Medicare		103.93	1			101.62	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323		119.52 Aetna	Commercial		165.46	1.592			101.62	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323		119.52 Americare	Americare		242.25	0.75			101.62	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323		119.52 WellPoint	WellPoint		103.62	0.3208			101.62	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323		119.52 Amerihealth	Medicare		103.93	1			101.62	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323		119.52 Consumer	Consumer		306.85	0.95			101.62	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323		119.52 Corrections	Corrections		258.4	0.8			101.62	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323		119.52 First Health	First Health		226.1	0.7			101.62	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323		119.52 First Trenton	First Trenton		290.7	0.9			101.62	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323		119.52 Horizon	MGD		189.88	1.827			101.62	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323		119.52 Horizon	Indemnity		189.88	1.827			101.62	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323		119.52 Horizon	Medicare Blue		103.93	1			101.62	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323		119.52 Horizon	PPO		189.88	1.827			101.62	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323		119.52 Managed Care Inc	Managed Care Inc		290.7	0.9			101.62	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323		119.52 Multiplan	Multiplan		258.4	0.8			101.62	306.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	Qualcare	Qualcare		242.25	0.75			101.62	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	Three Rivers	Three Rivers		306.85	0.95			101.62	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	UHC	Medicaid		101.62	0.3146			101.62	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	UHC	Medicare		103.93	1			101.62	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	Wellcare	Medicaid		101.62	0.3146			101.62	306.85	percent of total billed charges	
DEXA TBS PREP AND TRANSMIT	77090	CPT	outpatient			323	119.52	Wellcare	Medicare		103.93	1			101.62	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Aetna	Medicare		99.48	0.308			99.48	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Aetna	Commercial		165.46	1.592			99.48	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Aetna	Better Health		101.62	0.3146			99.48	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Americare	Americare		242.25	0.75			99.48	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	WellPoint	WellPoint		103.62	0.3208			99.48	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Amerihealth	Medicare		103.93	1			99.48	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Consumer	Consumer		306.85	0.95			99.48	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Corrections	Corrections		258.4	0.8			99.48	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	First Health	First Health		226.1	0.7			99.48	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	First Trenton	First Trenton		290.7	0.9			99.48	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Horizon	PPO		189.88	1.827			99.48	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Horizon	MGD		189.88	1.827			99.48	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Horizon	Indemnity		189.88	1.827			99.48	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Horizon	Medicare Blue		103.93	1			99.48	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Managed Care Inc	Managed Care Inc		290.7	0.9			99.48	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Multiplan	Multiplan		258.4	0.8			99.48	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Qualcare	Qualcare		242.25	0.75			99.48	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Three Rivers	Three Rivers		306.85	0.95			99.48	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	UHC	Medicare		103.93	1			99.48	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	UHC	Medicaid		101.62	0.3146			99.48	306.85	percent of total billed charges	
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Wellcare	Medicare		103.93	1			99.48	306.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXA TBS TECH CALCULATION ONLY	77091	CPT	outpatient			323	119.52	Wellcare	Medicaid		101.62	0.3146			99.48	306.85	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Aetna	Better Health		228.4	0.3146			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Aetna	Commercial		247.05	1.592			155.18	689.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Aetna	Medicare		155.18	1			155.18	689.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Americare	Americare		544.5	0.75			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	WellPoint	WellPoint		232.9	0.3208			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Amerihealth	Medicare		155.18	1			155.18	689.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Consumer	Consumer		689.7	0.95			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Corrections	Corrections		580.8	0.8			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	First Health	First Health		508.2	0.7			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	First Trenton	First Trenton		653.4	0.9			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Horizon	MGD		283.51	1.827			155.18	689.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Horizon	Medicare Blue		155.18	1			155.18	689.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Horizon	Indemnity		283.51	1.827			155.18	689.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Horizon	PPO		283.51	1.827			155.18	689.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Managed Care Inc	Managed Care Inc		653.4	0.9			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Multiplan	Multiplan		580.8	0.8			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Qualcare	Qualcare		544.5	0.75			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Three Rivers	Three Rivers		689.7	0.95			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	UHC	Medicare		155.18	1			155.18	689.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION SIMPLE	77280	CPT	both			726	178.46	UHC	Medicaid		228.4	0.3146			155.18	689.7	percent of total billed charges	
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Wellcare	Medicare		155.18	1			155.18	689.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION SIMPLE	77280	CPT	both			726	178.46	Wellcare	Medicaid		228.4	0.3146			155.18	689.7	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Aetna	Commercial		672.75	1.592			422.58	1993.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Aetna	Better Health		660.03	0.3146			422.58	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Aetna	Medicare		422.58	1			422.58	1993.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Americare	Americare		1573.5	0.75			422.58	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	WellPoint	WellPoint		673.04	0.3208			422.58	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Amerihealth	Medicare		422.58	1			422.58	1993.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Consumer	Consumer		1993.1	0.95			422.58	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Corrections	Corrections		1678.4	0.8			422.58	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	First Health	First Health		1468.6	0.7			422.58	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	First Trenton	First Trenton		1888.2	0.9			422.58	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Horizon	MGD		772.05	1.827			422.58	1993.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Horizon	Indemnity		772.05	1.827			422.58	1993.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Horizon	Medicare Blue		422.58	1			422.58	1993.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Horizon	PPO		772.05	1.827			422.58	1993.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Managed Care Inc	Managed Care Inc		1888.2	0.9			422.58	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Multiplan	Multiplan		1678.4	0.8			422.58	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Qualcare	Qualcare		1573.5	0.75			422.58	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Three Rivers	Three Rivers		1993.1	0.95			422.58	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	UHC	Medicare		422.58	1			422.58	1993.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	UHC	Medicaid		660.03	0.3146			422.58	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Wellcare	Medicaid		660.03	0.3146			422.58	1993.1	percent of total billed charges	
SIMULATION INTERMEDIATE	77285	CPT	outpatient			2098	485.97	Wellcare	Medicare		422.58	1			422.58	1993.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Aetna	Commercial		672.75	1.592			422.58	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Aetna	Better Health		809.78	0.3146			422.58	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Aetna	Medicare		792.79	0.308			422.58	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Americare	Americare		1930.5	0.75			422.58	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	WellPoint	WellPoint		825.74	0.3208			422.58	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Amerihealth	Medicare		422.58	1			422.58	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Consumer	Consumer		2445.3	0.95			422.58	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Corrections	Corrections		2059.2	0.8			422.58	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	First Health	First Health		1801.8	0.7			422.58	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	First Trenton	First Trenton		2316.6	0.9			422.58	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Horizon	Indemnity		772.05	1.827			422.58	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Horizon	MGD		772.05	1.827			422.58	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Horizon	Medicare Blue		422.58	1			422.58	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Horizon	PPO		772.05	1.827			422.58	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Managed Care Inc	Managed Care Inc		2316.6	0.9			422.58	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Multiplan	Multiplan		2059.2	0.8			422.58	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Qualcare	Qualcare		1930.5	0.75			422.58	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Three Rivers	Three Rivers		2445.3	0.95			422.58	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	UHC	Medicare		422.58	1			422.58	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	UHC	Medicaid		809.78	0.3146			422.58	2445.3	percent of total billed charges	
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Wellcare	Medicare		422.58	1			422.58	2445.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIMULATION COMPLEX	77290	CPT	both			2574	485.97	Wellcare	Medicaid		809.78	0.3146			422.58	2445.3	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Aetna	Better Health		1581.81	0.3146			1581.81	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Aetna	Commercial		2522.84	1.592			1581.81	4776.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Aetna	Medicare		1584.7	1			1581.81	4776.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Americare	Americare		3771	0.75			1581.81	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	WellPoint	WellPoint		1612.98	0.3208			1581.81	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Amerihealth	Medicare		1584.7	1			1581.81	4776.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Consumer	Consumer		4776.6	0.95			1581.81	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Corrections	Corrections		4022.4	0.8			1581.81	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	First Health	First Health		3519.6	0.7			1581.81	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	First Trenton	First Trenton		4525.2	0.9			1581.81	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Horizon	Indemnity		2895.25	1.827			1581.81	4776.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Horizon	Medicare Blue		1584.7	1			1581.81	4776.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Horizon	MGD		2895.25	1.827			1581.81	4776.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Horizon	PPO		2895.25	1.827			1581.81	4776.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Managed Care Inc	Managed Care Inc		4525.2	0.9			1581.81	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Multiplan	Multiplan		4022.4	0.8			1581.81	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Qualcare	Qualcare		3771	0.75			1581.81	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Three Rivers	Three Rivers		4776.6	0.95			1581.81	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	UHC	Medicaid		1581.81	0.3146			1581.81	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	UHC	Medicare		1584.7	1			1581.81	4776.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Wellcare	Medicaid		1581.81	0.3146			1581.81	4776.6	percent of total billed charges	
3D TREAT PLN SIMULATION	77295	CPT	both			5028	1822.41	Wellcare	Medicare		1584.7	1			1581.81	4776.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Aetna	Better Health		207.32	0.3146			155.18	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Aetna	Medicare		155.18	1			155.18	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Aetna	Commercial		247.05	1.592			155.18	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Americare	Americare		494.25	0.75			155.18	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	WellPoint	WellPoint		211.41	0.3208			155.18	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Amerihealth	Medicare		155.18	1			155.18	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Consumer	Consumer		626.05	0.95			155.18	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Corrections	Corrections		527.2	0.8			155.18	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	First Health	First Health		461.3	0.7			155.18	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	First Trenton	First Trenton		593.1	0.9			155.18	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Horizon	Indemnity		283.51	1.827			155.18	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Horizon	MGD		283.51	1.827			155.18	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Horizon	PPO		283.51	1.827			155.18	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Horizon	Medicare Blue		155.18	1			155.18	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Managed Care Inc	Managed Care Inc		593.1	0.9			155.18	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Multiplan	Multiplan		527.2	0.8			155.18	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Qualcare	Qualcare		494.25	0.75			155.18	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Three Rivers	Three Rivers		626.05	0.95			155.18	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	UHC	Medicaid		207.32	0.3146			155.18	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	UHC	Medicare		155.18	1			155.18	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Wellcare	Medicaid		207.32	0.3146			155.18	626.05	percent of total billed charges	
BASIC RADIATION DISIMETRY CALCULATION	77300	CPT	both			659	178.46	Wellcare	Medicare		155.18	1			155.18	626.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	Aetna	Better Health		2182.69	0.3146			1584.7	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	Aetna	Medicare		1584.7	1			1584.7	6591.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	Aetna	Commercial		2522.84	1.592			1584.7	6591.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	Americare	Americare		5203.5	0.75			1584.7	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938	1822.41	WellPoint	WellPoint		2225.71	0.3208			1584.7	6591.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IMRT CONFORMAL PLAN	77301	CPT	both			6938		1822.41 Amerihealth	Medicare		1584.7	1			1584.7	6591.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT CONFORMAL PLAN	77301	CPT	both			6938		1822.41 Consumer	Consumer		6591.1	0.95			1584.7	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938		1822.41 Corrections	Corrections		5550.4	0.8			1584.7	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938		1822.41 First Health	First Health		4856.6	0.7			1584.7	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938		1822.41 First Trenton	First Trenton		6244.2	0.9			1584.7	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938		1822.41 Horizon	MGD		2895.25	1.827			1584.7	6591.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT CONFORMAL PLAN	77301	CPT	both			6938		1822.41 Horizon	Medicare Blue		1584.7	1			1584.7	6591.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT CONFORMAL PLAN	77301	CPT	both			6938		1822.41 Horizon	PPO		2895.25	1.827			1584.7	6591.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT CONFORMAL PLAN	77301	CPT	both			6938		1822.41 Horizon	Indemnity		2895.25	1.827			1584.7	6591.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT CONFORMAL PLAN	77301	CPT	both			6938		1822.41 Managed Care Inc	Managed Care Inc		6244.2	0.9			1584.7	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938		1822.41 Multiplan	Multiplan		5550.4	0.8			1584.7	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938		1822.41 Qualcare	Qualcare		5203.5	0.75			1584.7	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938		1822.41 Three Rivers	Three Rivers		6591.1	0.95			1584.7	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938		1822.41 UHC	Medicaid		2182.69	0.3146			1584.7	6591.1	percent of total billed charges	
IMRT CONFORMAL PLAN	77301	CPT	both			6938		1822.41 UHC	Medicare		1584.7	1			1584.7	6591.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT CONFORMAL PLAN	77301	CPT	both			6938		1822.41 Wellcare	Medicare		1584.7	1			1584.7	6591.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT CONFORMAL PLAN	77301	CPT	both			6938		1822.41 Wellcare	Medicaid		2182.69	0.3146			1584.7	6591.1	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	inpatient			536		485.97 Aetna	Commercial		672.75	1.592			168.63	772.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	inpatient			536		485.97 Aetna	Better Health		168.63	0.3146			168.63	772.05	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	inpatient			536		485.97 Aetna	Medicare		422.58	1			168.63	772.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	inpatient			536		485.97 Americare	Americare		402	0.75			168.63	772.05	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	inpatient			536		485.97 WellPoint	WellPoint		171.95	0.3208			168.63	772.05	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	inpatient			536		485.97 Amerihealth	Medicare		422.58	1			168.63	772.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	inpatient			536		485.97 Consumer	Consumer		509.2	0.95			168.63	772.05	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	inpatient			536		485.97 Corrections	Corrections		428.8	0.8			168.63	772.05	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	inpatient			536		485.97 First Health	First Health		375.2	0.7			168.63	772.05	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	inpatient			536		485.97 First Trenton	First Trenton		482.4	0.9			168.63	772.05	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	inpatient			536		485.97 Horizon	Medicare Blue		422.58	1			168.63	772.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	inpatient			536		485.97 Horizon	Indemnity		772.05	1.827			168.63	772.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	inpatient			536		485.97 Horizon	MGD		772.05	1.827			168.63	772.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	inpatient			536		485.97 Horizon	PPO		772.05	1.827			168.63	772.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	inpatient			536		485.97 Managed Care Inc	Managed Care Inc		482.4	0.9			168.63	772.05	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	inpatient			536		485.97 Multiplan	Multiplan		428.8	0.8			168.63	772.05	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	inpatient			536		485.97 Qualcare	Qualcare		402	0.75			168.63	772.05	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	inpatient			536		485.97 Three Rivers	Three Rivers		509.2	0.95			168.63	772.05	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	inpatient			536		485.97 UHC	Medicaid		168.63	0.3146			168.63	772.05	percent of total billed charges	
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	inpatient			536		485.97 UHC	Medicare		422.58	1			168.63	772.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	inpatient			536		485.97 Wellcare	Medicare		422.58	1			168.63	772.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN SIMPLE	77306	CPT	inpatient			536		485.97 Wellcare	Medicaid		168.63	0.3146			168.63	772.05	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268		485.97 Aetna	Better Health		398.91	0.3146			398.91	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268		485.97 Aetna	Commercial		672.75	1.592			398.91	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268		485.97 Aetna	Medicare		422.58	1			398.91	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268		485.97 Americare	Americare		951	0.75			398.91	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268		485.97 WellPoint	WellPoint		406.77	0.3208			398.91	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268		485.97 Amerihealth	Medicare		422.58	1			398.91	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268		485.97 Consumer	Consumer		1204.6	0.95			398.91	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268		485.97 Corrections	Corrections		1014.4	0.8			398.91	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268		485.97 First Health	First Health		887.6	0.7			398.91	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268		485.97 First Trenton	First Trenton		1141.2	0.9			398.91	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268		485.97 Horizon	MGD		772.05	1.827			398.91	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268		485.97 Horizon	Medicare Blue		422.58	1			398.91	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268		485.97 Horizon	Indemnity		772.05	1.827			398.91	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268		485.97 Horizon	PPO		772.05	1.827			398.91	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268		485.97 Managed Care Inc	Managed Care Inc		1141.2	0.9			398.91	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268		485.97 Multiplan	Multiplan		1014.4	0.8			398.91	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268		485.97 Qualcare	Qualcare		951	0.75			398.91	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268		485.97 Three Rivers	Three Rivers		1204.6	0.95			398.91	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268		485.97 UHC	Medicare		422.58	1			398.91	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268		485.97 UHC	Medicaid		398.91	0.3146			398.91	1204.6	percent of total billed charges	
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268		485.97 Wellcare	Medicare		422.58	1			398.91	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TELETHX ISODOSE PLAN COMPLEX	77307	CPT	both			1268		485.97 Wellcare	Medicaid		398.91	0.3146			398.91	1204.6	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 Aetna	Better Health		168.63	0.3146			168.63	772.05	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 Aetna	Commercial		672.75	1.592			168.63	772.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 Aetna	Medicare		422.58	1			168.63	772.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 Americare	Americare		402	0.75			168.63	772.05	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 WellPoint	WellPoint		171.95	0.3208			168.63	772.05	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 Amerihealth	Medicare		422.58	1			168.63	772.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 Consumer	Consumer		509.2	0.95			168.63	772.05	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 Corrections	Corrections		428.8	0.8			168.63	772.05	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 First Health	First Health		375.2	0.7			168.63	772.05	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 First Trenton	First Trenton		482.4	0.9			168.63	772.05	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 Horizon	Indemnity		772.05	1.827			168.63	772.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 Horizon	MGD		772.05	1.827			168.63	772.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 Horizon	Medicare Blue		422.58	1			168.63	772.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 Horizon	PPO		772.05	1.827			168.63	772.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 Managed Care Inc	Managed Care Inc		482.4	0.9			168.63	772.05	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 Multiplan	Multiplan		428.8	0.8			168.63	772.05	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 Qualcare	Qualcare		402	0.75			168.63	772.05	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 Three Rivers	Three Rivers		509.2	0.95			168.63	772.05	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 UHC	Medicare		422.58	1			168.63	772.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 UHC	Medicaid		168.63	0.3146			168.63	772.05	percent of total billed charges	
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 Wellcare	Medicare		422.58	1			168.63	772.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE PLAN SIMPLE	77316	CPT	outpatient			536		485.97 Wellcare	Medicaid		168.63	0.3146			168.63	772.05	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Aetna	Better Health		465.61	0.3146			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Aetna	Commercial		672.75	1.592			422.58	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Aetna	Medicare		422.58	1			422.58	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Americare	Americare		1110	0.75			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 WellPoint	WellPoint		474.78	0.3208			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Amerihealth	Medicare		422.58	1			422.58	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Consumer	Consumer		1406	0.95			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Corrections	Corrections		1184	0.8			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 First Health	First Health		1036	0.7			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 First Trenton	First Trenton		1332	0.9			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Horizon	Indemnity		772.05	1.827			422.58	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Horizon	PPO		772.05	1.827			422.58	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Horizon	MGD		772.05	1.827			422.58	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Horizon	Medicare Blue		422.58	1			422.58	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Managed Care Inc	Managed Care Inc		1332	0.9			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Multiplan	Multiplan		1184	0.8			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Qualcare	Qualcare		1110	0.75			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Three Rivers	Three Rivers		1406	0.95			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 UHC	Medicaid		465.61	0.3146			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 UHC	Medicare		422.58	1			422.58	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Wellcare	Medicaid		465.61	0.3146			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE INTERMED	77317	CPT	outpatient			1480		485.97 Wellcare	Medicare		422.58	1			422.58	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE COMPLEX	77318	CPT	outpatient			1480		485.97 Aetna	Better Health		465.61	0.3146			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	outpatient			1480		485.97 Aetna	Medicare		455.84	0.308			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	outpatient			1480		485.97 Aetna	Commercial		672.75	1.592			422.58	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE COMPLEX	77318	CPT	outpatient			1480		485.97 Americare	Americare		1110	0.75			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	outpatient			1480		485.97 WellPoint	WellPoint		474.78	0.3208			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	outpatient			1480		485.97 Amerihealth	Medicare		422.58	1			422.58	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE COMPLEX	77318	CPT	outpatient			1480		485.97 Consumer	Consumer		1406	0.95			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	outpatient			1480		485.97 Corrections	Corrections		1184	0.8			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	outpatient			1480		485.97 First Health	First Health		1036	0.7			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	outpatient			1480		485.97 First Trenton	First Trenton		1332	0.9			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	outpatient			1480		485.97 Horizon	Medicare Blue		422.58	1			422.58	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE COMPLEX	77318	CPT	outpatient			1480		485.97 Horizon	PPO		772.05	1.827			422.58	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE COMPLEX	77318	CPT	outpatient			1480		485.97 Horizon	MGD		772.05	1.827			422.58	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE COMPLEX	77318	CPT	outpatient			1480		485.97 Horizon	Indemnity		772.05	1.827			422.58	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE COMPLEX	77318	CPT	outpatient			1480		485.97 Managed Care Inc	Managed Care Inc		1332	0.9			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	outpatient			1480		485.97 Multiplan	Multiplan		1184	0.8			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	outpatient			1480		485.97 Qualcare	Qualcare		1110	0.75			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	outpatient			1480		485.97 Three Rivers	Three Rivers		1406	0.95			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	outpatient			1480		485.97 UHC	Medicaid		465.61	0.3146			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	outpatient			1480		485.97 UHC	Medicare		422.58	1			422.58	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX ISODOSE COMPLEX	77318	CPT	outpatient			1480		485.97 Wellcare	Medicaid		465.61	0.3146			422.58	1406	percent of total billed charges	
BRACHYTX ISODOSE COMPLEX	77318	CPT	outpatient			1480		485.97 Wellcare	Medicare		422.58	1			422.58	1406	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TELETHERAPY	77321	CPT	both			2029		485.97 Aetna	Commercial		672.75	1.592			422.58	1927.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TELETHERAPY	77321	CPT	both			2029		485.97 Aetna	Better Health		638.32	0.3146			422.58	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	both			2029		485.97 Aetna	Medicare		422.58	1			422.58	1927.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TELETHERAPY	77321	CPT	both			2029		485.97 Americare	Americare		1521.75	0.75			422.58	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	both			2029		485.97 WellPoint	WellPoint		650.9	0.3208			422.58	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	both			2029		485.97 Amerihealth	Medicare		422.58	1			422.58	1927.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TELETHERAPY	77321	CPT	both			2029		485.97 Consumer	Consumer		1927.55	0.95			422.58	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	both			2029		485.97 Corrections	Corrections		1623.2	0.8			422.58	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	both			2029		485.97 First Health	First Health		1420.3	0.7			422.58	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	both			2029		485.97 First Trenton	First Trenton		1826.1	0.9			422.58	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	both			2029		485.97 Horizon	Medicare Blue		422.58	1			422.58	1927.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TELETHERAPY	77321	CPT	both			2029		485.97 Horizon	MGD		772.05	1.827			422.58	1927.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TELETHERAPY	77321	CPT	both			2029		485.97 Horizon	Indemnity		772.05	1.827			422.58	1927.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TELETHERAPY	77321	CPT	both			2029		485.97 Horizon	PPO		772.05	1.827			422.58	1927.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TELETHERAPY	77321	CPT	both			2029		485.97 Managed Care Inc	Managed Care Inc		1826.1	0.9			422.58	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	both			2029		485.97 Multiplan	Multiplan		1623.2	0.8			422.58	1927.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPECIAL TELETHERAPY	77321	CPT	both			2029		485.97 Qualcare	Qualcare		1521.75	0.75			422.58	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	both			2029		485.97 Three Rivers	Three Rivers		1927.55	0.95			422.58	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	both			2029		485.97 UHC	Medicaid		638.32	0.3146			422.58	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	both			2029		485.97 UHC	Medicare		422.58	1			422.58	1927.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TELETHERAPY	77321	CPT	both			2029		485.97 Wellcare	Medicaid		638.32	0.3146			422.58	1927.55	percent of total billed charges	
SPECIAL TELETHERAPY	77321	CPT	both			2029		485.97 Wellcare	Medicare		422.58	1			422.58	1927.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Aetna	Commercial		247.05	1.592			155.18	515.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Aetna	Better Health		170.83	0.3146			155.18	515.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Aetna	Medicare		155.18	1			155.18	515.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Americare	Americare		407.25	0.75			155.18	515.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 WellPoint	WellPoint		174.19	0.3208			155.18	515.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Amerihealth	Medicare		155.18	1			155.18	515.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Consumer	Consumer		515.85	0.95			155.18	515.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Corrections	Corrections		434.4	0.8			155.18	515.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 First Health	First Health		380.1	0.7			155.18	515.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 First Trenton	First Trenton		488.7	0.9			155.18	515.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Horizon	Indemnity		283.51	1.827			155.18	515.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Horizon	MGD		283.51	1.827			155.18	515.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Horizon	Medicare Blue		155.18	1			155.18	515.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Horizon	PPO		283.51	1.827			155.18	515.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Managed Care Inc	Managed Care Inc		488.7	0.9			155.18	515.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Multiplan	Multiplan		434.4	0.8			155.18	515.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Qualcare	Qualcare		407.25	0.75			155.18	515.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Three Rivers	Three Rivers		515.85	0.95			155.18	515.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 UHC	Medicare		155.18	1			155.18	515.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 UHC	Medicaid		170.83	0.3146			155.18	515.85	percent of total billed charges	
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Wellcare	Medicare		155.18	1			155.18	515.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL DOSIMETRY	77331	CPT	both			543		178.46 Wellcare	Medicaid		170.83	0.3146			155.18	515.85	percent of total billed charges	
TREATMENT DEVICE SIMPLE	77332	CPT	both			637		178.46 Aetna	Commercial		247.05	1.592			155.18	605.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE SIMPLE	77332	CPT	both			637		178.46 Aetna	Medicare		155.18	1			155.18	605.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE SIMPLE	77332	CPT	both			637		178.46 Aetna	Better Health		200.4	0.3146			155.18	605.15	percent of total billed charges	
TREATMENT DEVICE SIMPLE	77332	CPT	both			637		178.46 Americare	Americare		477.75	0.75			155.18	605.15	percent of total billed charges	
TREATMENT DEVICE SIMPLE	77332	CPT	both			637		178.46 WellPoint	WellPoint		204.35	0.3208			155.18	605.15	percent of total billed charges	
TREATMENT DEVICE SIMPLE	77332	CPT	both			637		178.46 Amerihealth	Medicare		155.18	1			155.18	605.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE SIMPLE	77332	CPT	both			637		178.46 Consumer	Consumer		605.15	0.95			155.18	605.15	percent of total billed charges	
TREATMENT DEVICE SIMPLE	77332	CPT	both			637		178.46 Corrections	Corrections		509.6	0.8			155.18	605.15	percent of total billed charges	
TREATMENT DEVICE SIMPLE	77332	CPT	both			637		178.46 First Health	First Health		445.9	0.7			155.18	605.15	percent of total billed charges	
TREATMENT DEVICE SIMPLE	77332	CPT	both			637		178.46 First Trenton	First Trenton		573.3	0.9			155.18	605.15	percent of total billed charges	
TREATMENT DEVICE SIMPLE	77332	CPT	both			637		178.46 Horizon	MGD		283.51	1.827			155.18	605.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE SIMPLE	77332	CPT	both			637		178.46 Horizon	Medicare Blue		155.18	1			155.18	605.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE SIMPLE	77332	CPT	both			637		178.46 Horizon	PPO		283.51	1.827			155.18	605.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE SIMPLE	77332	CPT	both			637		178.46 Horizon	Indemnity		283.51	1.827			155.18	605.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE SIMPLE	77332	CPT	both			637		178.46 Managed Care Inc	Managed Care Inc		573.3	0.9			155.18	605.15	percent of total billed charges	
TREATMENT DEVICE SIMPLE	77332	CPT	both			637		178.46 Multiplan	Multiplan		509.6	0.8			155.18	605.15	percent of total billed charges	
TREATMENT DEVICE SIMPLE	77332	CPT	both			637		178.46 Qualcare	Qualcare		477.75	0.75			155.18	605.15	percent of total billed charges	
TREATMENT DEVICE SIMPLE	77332	CPT	both			637		178.46 Three Rivers	Three Rivers		605.15	0.95			155.18	605.15	percent of total billed charges	
TREATMENT DEVICE SIMPLE	77332	CPT	both			637		178.46 UHC	Medicaid		200.4	0.3146			155.18	605.15	percent of total billed charges	
TREATMENT DEVICE SIMPLE	77332	CPT	both			637		178.46 UHC	Medicare		155.18	1			155.18	605.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE SIMPLE	77332	CPT	both			637		178.46 Wellcare	Medicare		155.18	1			155.18	605.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE SIMPLE	77332	CPT	both			637		178.46 Wellcare	Medicaid		200.4	0.3146			155.18	605.15	percent of total billed charges	
TREATMENT DEVICE INTERMEDIATE	77333	CPT	outpatient			740		178.46 Aetna	Better Health		232.8	0.3146			155.18	703	percent of total billed charges	
TREATMENT DEVICE INTERMEDIATE	77333	CPT	outpatient			740		178.46 Aetna	Commercial		247.05	1.592			155.18	703	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE INTERMEDIATE	77333	CPT	outpatient			740		178.46 Aetna	Medicare		155.18	1			155.18	703	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE INTERMEDIATE	77333	CPT	outpatient			740		178.46 Americare	Americare		555	0.75			155.18	703	percent of total billed charges	
TREATMENT DEVICE INTERMEDIATE	77333	CPT	outpatient			740		178.46 WellPoint	WellPoint		237.39	0.3208			155.18	703	percent of total billed charges	
TREATMENT DEVICE INTERMEDIATE	77333	CPT	outpatient			740		178.46 Amerihealth	Medicare		155.18	1			155.18	703	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE INTERMEDIATE	77333	CPT	outpatient			740		178.46 Consumer	Consumer		703	0.95			155.18	703	percent of total billed charges	
TREATMENT DEVICE INTERMEDIATE	77333	CPT	outpatient			740		178.46 Corrections	Corrections		592	0.8			155.18	703	percent of total billed charges	
TREATMENT DEVICE INTERMEDIATE	77333	CPT	outpatient			740		178.46 First Health	First Health		518	0.7			155.18	703	percent of total billed charges	
TREATMENT DEVICE INTERMEDIATE	77333	CPT	outpatient			740		178.46 First Trenton	First Trenton		666	0.9			155.18	703	percent of total billed charges	
TREATMENT DEVICE INTERMEDIATE	77333	CPT	outpatient			740		178.46 Horizon	PPO		283.51	1.827			155.18	703	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE INTERMEDIATE	77333	CPT	outpatient			740		178.46 Horizon	MGD		283.51	1.827			155.18	703	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE INTERMEDIATE	77333	CPT	outpatient			740		178.46 Horizon	Indemnity		283.51	1.827			155.18	703	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE INTERMEDIATE	77333	CPT	outpatient			740		178.46 Horizon	Medicare Blue		155.18	1			155.18	703	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE INTERMEDIATE	77333	CPT	outpatient			740		178.46 Managed Care Inc	Managed Care Inc		666	0.9			155.18	703	percent of total billed charges	
TREATMENT DEVICE INTERMEDIATE	77333	CPT	outpatient			740		178.46 Multiplan	Multiplan		592	0.8			155.18	703	percent of total billed charges	
TREATMENT DEVICE INTERMEDIATE	77333	CPT	outpatient			740		178.46 Qualcare	Qualcare		555	0.75			155.18	703	percent of total billed charges	
TREATMENT DEVICE INTERMEDIATE	77333	CPT	outpatient			740		178.46 Three Rivers	Three Rivers		703	0.95			155.18	703	percent of total billed charges	
TREATMENT DEVICE INTERMEDIATE	77333	CPT	outpatient			740		178.46 UHC	Medicare		155.18	1			155.18	703	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE INTERMEDIATE	77333	CPT	outpatient			740		178.46 UHC	Medicaid		232.8	0.3146			155.18	703	percent of total billed charges	
TREATMENT DEVICE INTERMEDIATE	77333	CPT	outpatient			740		178.46 Wellcare	Medicare		155.18	1			155.18	703	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE INTERMEDIATE	77333	CPT	outpatient			740		178.46 Wellcare	Medicaid		232.8	0.3146			155.18	703	percent of total billed charges	
TREATMENT DEVICE COMPLEX	77334	CPT	both			1472		485.97 Aetna	Commercial		672.75	1.592			422.58	1398.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE COMPLEX	77334	CPT	both			1472		485.97 Aetna	Better Health		463.09	0.3146			422.58	1398.4	percent of total billed charges	
TREATMENT DEVICE COMPLEX	77334	CPT	both			1472		485.97 Aetna	Medicare		422.58	1			422.58	1398.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE COMPLEX	77334	CPT	both			1472		485.97 Americare	Americare		1104	0.75			422.58	1398.4	percent of total billed charges	
TREATMENT DEVICE COMPLEX	77334	CPT	both			1472		485.97 WellPoint	WellPoint		472.22	0.3208			422.58	1398.4	percent of total billed charges	
TREATMENT DEVICE COMPLEX	77334	CPT	both			1472		485.97 Amerihealth	Medicare		422.58	1			422.58	1398.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE COMPLEX	77334	CPT	both			1472		485.97 Consumer	Consumer		1398.4	0.95			422.58	1398.4	percent of total billed charges	
TREATMENT DEVICE COMPLEX	77334	CPT	both			1472		485.97 Corrections	Corrections		1177.6	0.8			422.58	1398.4	percent of total billed charges	
TREATMENT DEVICE COMPLEX	77334	CPT	both			1472		485.97 First Health	First Health		1030.4	0.7			422.58	1398.4	percent of total billed charges	
TREATMENT DEVICE COMPLEX	77334	CPT	both			1472		485.97 First Trenton	First Trenton		1324.8	0.9			422.58	1398.4	percent of total billed charges	
TREATMENT DEVICE COMPLEX	77334	CPT	both			1472		485.97 Horizon	MGD		772.05	1.827			422.58	1398.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE COMPLEX	77334	CPT	both			1472		485.97 Horizon	Medicare Blue		422.58	1			422.58	1398.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE COMPLEX	77334	CPT	both			1472		485.97 Horizon	Indemnity		772.05	1.827			422.58	1398.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE COMPLEX	77334	CPT	both			1472		485.97 Horizon	PPO		772.05	1.827			422.58	1398.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE COMPLEX	77334	CPT	both			1472		485.97 Managed Care Inc	Managed Care Inc		1324.8	0.9			422.58	1398.4	percent of total billed charges	
TREATMENT DEVICE COMPLEX	77334	CPT	both			1472		485.97 Multiplan	Multiplan		1177.6	0.8			422.58	1398.4	percent of total billed charges	
TREATMENT DEVICE COMPLEX	77334	CPT	both			1472		485.97 Qualcare	Qualcare		1104	0.75			422.58	1398.4	percent of total billed charges	
TREATMENT DEVICE COMPLEX	77334	CPT	both			1472		485.97 Three Rivers	Three Rivers		1398.4	0.95			422.58	1398.4	percent of total billed charges	
TREATMENT DEVICE COMPLEX	77334	CPT	both			1472		485.97 UHC	Medicaid		463.09	0.3146			422.58	1398.4	percent of total billed charges	
TREATMENT DEVICE COMPLEX	77334	CPT	both			1472		485.97 UHC	Medicare		422.58	1			422.58	1398.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREATMENT DEVICE COMPLEX	77334	CPT	both			1472		485.97 Wellcare	Medicaid		463.09	0.3146			422.58	1398.4	percent of total billed charges	
TREATMENT DEVICE COMPLEX	77334	CPT	both			1472		485.97 Wellcare	Medicare		422.58	1			422.58	1398.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462		178.46 Aetna	Commercial		247.05	1.592			155.18	1388.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462		178.46 Aetna	Better Health		459.95	0.3146			155.18	1388.9	percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462		178.46 Aetna	Medicare		155.18	1			155.18	1388.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462		178.46 Americare	Americare		1096.5	0.75			155.18	1388.9	percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462		178.46 WellPoint	WellPoint		469.01	0.3208			155.18	1388.9	percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462		178.46 Amerihealth	Medicare		155.18	1			155.18	1388.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462		178.46 Consumer	Consumer		1388.9	0.95			155.18	1388.9	percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462		178.46 Corrections	Corrections		1169.6	0.8			155.18	1388.9	percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462		178.46 First Health	First Health		1023.4	0.7			155.18	1388.9	percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462		178.46 First Trenton	First Trenton		1315.8	0.9			155.18	1388.9	percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462		178.46 Horizon	PPO		283.51	1.827			155.18	1388.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462		178.46 Horizon	Medicare Blue		155.18	1			155.18	1388.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462		178.46 Horizon	MGD		283.51	1.827			155.18	1388.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462		178.46 Horizon	Indemnity		283.51	1.827			155.18	1388.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462		178.46 Managed Care Inc	Managed Care Inc		1315.8	0.9			155.18	1388.9	percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462		178.46 Multiplan	Multiplan		1169.6	0.8			155.18	1388.9	percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462		178.46 Qualcare	Qualcare		1096.5	0.75			155.18	1388.9	percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462		178.46 Three Rivers	Three Rivers		1388.9	0.95			155.18	1388.9	percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462		178.46 UHC	Medicaid		459.95	0.3146			155.18	1388.9	percent of total billed charges	
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462		178.46 UHC	Medicare		155.18	1			155.18	1388.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462		178.46 Wellcare	Medicare		155.18	1			155.18	1388.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT MED RAD PHYSICS SUPPORT	77336	CPT	both			1462		178.46 Wellcare	Medicaid		459.95	0.3146			155.18	1388.9	percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899		485.97 Aetna	Commercial		672.75	1.592			422.58	4654.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT BLOCK	77338	CPT	both			4899		485.97 Aetna	Better Health		1541.23	0.3146			422.58	4654.05	percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899		485.97 Aetna	Medicare		422.58	1			422.58	4654.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT BLOCK	77338	CPT	both			4899		485.97 Americare	Americare		3674.25	0.75			422.58	4654.05	percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899		485.97 WellPoint	WellPoint		1571.6	0.3208			422.58	4654.05	percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899		485.97 Amerihealth	Medicare		422.58	1			422.58	4654.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT BLOCK	77338	CPT	both			4899		485.97 Consumer	Consumer		4654.05	0.95			422.58	4654.05	percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899		485.97 Corrections	Corrections		3919.2	0.8			422.58	4654.05	percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899		485.97 First Health	First Health		3429.3	0.7			422.58	4654.05	percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899		485.97 First Trenton	First Trenton		4409.1	0.9			422.58	4654.05	percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899		485.97 Horizon	MGD		772.05	1.827			422.58	4654.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT BLOCK	77338	CPT	both			4899		485.97 Horizon	Indemnity		772.05	1.827			422.58	4654.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT BLOCK	77338	CPT	both			4899		485.97 Horizon	PPO		772.05	1.827			422.58	4654.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT BLOCK	77338	CPT	both			4899		485.97 Horizon	Medicare Blue		422.58	1			422.58	4654.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT BLOCK	77338	CPT	both			4899		485.97 Managed Care Inc	Managed Care Inc		4409.1	0.9			422.58	4654.05	percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899		485.97 Multiplan	Multiplan		3919.2	0.8			422.58	4654.05	percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899		485.97 Qualcare	Qualcare		3674.25	0.75			422.58	4654.05	percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899		485.97 Three Rivers	Three Rivers		4654.05	0.95			422.58	4654.05	percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899		485.97 UHC	Medicare		422.58	1			422.58	4654.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT BLOCK	77338	CPT	both			4899		485.97 UHC	Medicaid		1541.23	0.3146			422.58	4654.05	percent of total billed charges	
IMRT BLOCK	77338	CPT	both			4899		485.97 Wellcare	Medicare		422.58	1			422.58	4654.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT BLOCK	77338	CPT	both			4899		485.97 Wellcare	Medicaid		1541.23	0.3146			422.58	4654.05	percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705		178.46 Aetna	Better Health		536.39	0.3146			155.18	1619.75	percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705		178.46 Aetna	Medicare		155.18	1			155.18	1619.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705		178.46 Aetna	Commercial		247.05	1.592			155.18	1619.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705		178.46 Americare	Americare		1278.75	0.75			155.18	1619.75	percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705		178.46 WellPoint	WellPoint		546.96	0.3208			155.18	1619.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705		178.46 Amerihealth	Medicare		155.18	1			155.18	1619.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705		178.46 Consumer	Consumer		1619.75	0.95			155.18	1619.75	percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705		178.46 Corrections	Corrections		1364	0.8			155.18	1619.75	percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705		178.46 First Health	First Health		1193.5	0.7			155.18	1619.75	percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705		178.46 First Trenton	First Trenton		1534.5	0.9			155.18	1619.75	percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705		178.46 Horizon	Indemnity		283.51	1.827			155.18	1619.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705		178.46 Horizon	MGD		283.51	1.827			155.18	1619.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705		178.46 Horizon	PPO		283.51	1.827			155.18	1619.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705		178.46 Horizon	Medicare Blue		155.18	1			155.18	1619.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705		178.46 Managed Care Inc	Managed Care Inc		1534.5	0.9			155.18	1619.75	percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705		178.46 Multiplan	Multiplan		1364	0.8			155.18	1619.75	percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705		178.46 Qualcare	Qualcare		1278.75	0.75			155.18	1619.75	percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705		178.46 Three Rivers	Three Rivers		1619.75	0.95			155.18	1619.75	percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705		178.46 UHC	Medicaid		536.39	0.3146			155.18	1619.75	percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705		178.46 UHC	Medicare		155.18	1			155.18	1619.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705		178.46 Wellcare	Medicaid		536.39	0.3146			155.18	1619.75	percent of total billed charges	
SPECIAL MED.RAD.PHYSICS CONSULT	77370	CPT	both			1705		178.46 Wellcare	Medicare		155.18	1			155.18	1619.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842		10242 Aetna	Commercial		14178.5	1.592			5298.49	16271.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842		10242 Aetna	Medicare		8906.09	1			5298.49	16271.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842		10242 Aetna	Better Health		5298.49	0.3146			5298.49	16271.43	percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842		10242 Americare	Americare		12631.5	0.75			5298.49	16271.43	percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842		10242 WellPoint	WellPoint		5402.91	0.3208			5298.49	16271.43	percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842		10242 Amerihealth	Medicare		8906.09	1			5298.49	16271.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842		10242 Consumer	Consumer		15999.9	0.95			5298.49	16271.43	percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842		10242 Corrections	Corrections		13473.6	0.8			5298.49	16271.43	percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842		10242 First Health	First Health		11789.4	0.7			5298.49	16271.43	percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842		10242 First Trenton	First Trenton		15157.8	0.9			5298.49	16271.43	percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842		10242 Horizon	Indemnity		16271.43	1.827			5298.49	16271.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842		10242 Horizon	Medicare Blue		8906.09	1			5298.49	16271.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842		10242 Horizon	PPO		16271.43	1.827			5298.49	16271.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842		10242 Horizon	MGD		16271.43	1.827			5298.49	16271.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842		10242 Managed Care Inc	Managed Care Inc		15157.8	0.9			5298.49	16271.43	percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842		10242 Multiplan	Multiplan		13473.6	0.8			5298.49	16271.43	percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842		10242 Qualcare	Qualcare		12631.5	0.75			5298.49	16271.43	percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842		10242 Three Rivers	Three Rivers		15999.9	0.95			5298.49	16271.43	percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842		10242 UHC	Medicare		8906.09	1			5298.49	16271.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842		10242 UHC	Medicaid		5298.49	0.3146			5298.49	16271.43	percent of total billed charges	
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842		10242 Wellcare	Medicare		8906.09	1			5298.49	16271.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREOTAC RADSURG CMPL 1 SESSN	77372	CPT	outpatient			16842		10242 Wellcare	Medicaid		5298.49	0.3146			5298.49	16271.43	percent of total billed charges	
FRACTIONATED SRS	77373	CPT	outpatient			9011		2346.83 Aetna	Better Health		2834.86	0.3146			2040.72	8560.45	percent of total billed charges	
FRACTIONATED SRS	77373	CPT	outpatient			9011		2346.83 Aetna	Medicare		2775.39	0.308			2040.72	8560.45	percent of total billed charges	
FRACTIONATED SRS	77373	CPT	outpatient			9011		2346.83 Aetna	Commercial		3248.83	1.592			2040.72	8560.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRACTIONATED SRS	77373	CPT	outpatient			9011		2346.83 Americare	Americare		6758.25	0.75			2040.72	8560.45	percent of total billed charges	
FRACTIONATED SRS	77373	CPT	outpatient			9011		2346.83 WellPoint	WellPoint		2890.73	0.3208			2040.72	8560.45	percent of total billed charges	
FRACTIONATED SRS	77373	CPT	outpatient			9011		2346.83 Amerihealth	Medicare		2040.72	1			2040.72	8560.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRACTIONATED SRS	77373	CPT	outpatient			9011		2346.83 Consumer	Consumer		8560.45	0.95			2040.72	8560.45	percent of total billed charges	
FRACTIONATED SRS	77373	CPT	outpatient			9011		2346.83 Corrections	Corrections		7208.8	0.8			2040.72	8560.45	percent of total billed charges	
FRACTIONATED SRS	77373	CPT	outpatient			9011		2346.83 First Health	First Health		6307.7	0.7			2040.72	8560.45	percent of total billed charges	
FRACTIONATED SRS	77373	CPT	outpatient			9011		2346.83 First Trenton	First Trenton		8109.9	0.9			2040.72	8560.45	percent of total billed charges	
FRACTIONATED SRS	77373	CPT	outpatient			9011		2346.83 Horizon	Indemnity		3728.4	1.827			2040.72	8560.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRACTIONATED SRS	77373	CPT	outpatient			9011		2346.83 Horizon	Medicare Blue		2040.72	1			2040.72	8560.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRACTIONATED SRS	77373	CPT	outpatient			9011		2346.83 Horizon	MGD		3728.4	1.827			2040.72	8560.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRACTIONATED SRS	77373	CPT	outpatient			9011		2346.83 Horizon	PPO		3728.4	1.827			2040.72	8560.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRACTIONATED SRS	77373	CPT	outpatient			9011		2346.83 Managed Care Inc	Managed Care Inc		8109.9	0.9			2040.72	8560.45	percent of total billed charges	
FRACTIONATED SRS	77373	CPT	outpatient			9011		2346.83 Multiplan	Multiplan		7208.8	0.8			2040.72	8560.45	percent of total billed charges	
FRACTIONATED SRS	77373	CPT	outpatient			9011		2346.83 Qualcare	Qualcare		6758.25	0.75			2040.72	8560.45	percent of total billed charges	
FRACTIONATED SRS	77373	CPT	outpatient			9011		2346.83 Three Rivers	Three Rivers		8560.45	0.95			2040.72	8560.45	percent of total billed charges	
FRACTIONATED SRS	77373	CPT	outpatient			9011		2346.83 UHC	Medicaid		2834.86	0.3146			2040.72	8560.45	percent of total billed charges	
FRACTIONATED SRS	77373	CPT	outpatient			9011		2346.83 UHC	Medicare		2040.72	1			2040.72	8560.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRACTIONATED SRS	77373	CPT	outpatient			9011		2346.83 Wellcare	Medicaid		2834.86	0.3146			2040.72	8560.45	percent of total billed charges	
FRACTIONATED SRS	77373	CPT	outpatient			9011		2346.83 Wellcare	Medicare		2040.72	1			2040.72	8560.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT SIMPLE	77385	CPT	outpatient			2386		774.21 Aetna	Commercial		1071.78	1.592			673.23	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT SIMPLE	77385	CPT	outpatient			2386		774.21 Aetna	Better Health		750.64	0.3146			673.23	2266.7	percent of total billed charges	
IMRT SIMPLE	77385	CPT	outpatient			2386		774.21 Aetna	Medicare		673.23	1			673.23	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT SIMPLE	77385	CPT	outpatient			2386		774.21 Americare	Americare		1789.5	0.75			673.23	2266.7	percent of total billed charges	
IMRT SIMPLE	77385	CPT	outpatient			2386		774.21 WellPoint	WellPoint		765.43	0.3208			673.23	2266.7	percent of total billed charges	
IMRT SIMPLE	77385	CPT	outpatient			2386		774.21 Amerihealth	Medicare		673.23	1			673.23	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT SIMPLE	77385	CPT	outpatient			2386		774.21 Consumer	Consumer		2266.7	0.95			673.23	2266.7	percent of total billed charges	
IMRT SIMPLE	77385	CPT	outpatient			2386		774.21 Corrections	Corrections		1908.8	0.8			673.23	2266.7	percent of total billed charges	
IMRT SIMPLE	77385	CPT	outpatient			2386		774.21 First Health	First Health		1670.2	0.7			673.23	2266.7	percent of total billed charges	
IMRT SIMPLE	77385	CPT	outpatient			2386		774.21 First Trenton	First Trenton		2147.4	0.9			673.23	2266.7	percent of total billed charges	
IMRT SIMPLE	77385	CPT	outpatient			2386		774.21 Horizon	Indemnity		1229.99	1.827			673.23	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT SIMPLE	77385	CPT	outpatient			2386		774.21 Horizon	MGD		1229.99	1.827			673.23	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT SIMPLE	77385	CPT	outpatient			2386		774.21 Horizon	PPO		1229.99	1.827			673.23	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT SIMPLE	77385	CPT	outpatient			2386		774.21 Horizon	Medicare Blue		673.23	1			673.23	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT SIMPLE	77385	CPT	outpatient			2386		774.21 Managed Care Inc	Managed Care Inc		2147.4	0.9			673.23	2266.7	percent of total billed charges	
IMRT SIMPLE	77385	CPT	outpatient			2386		774.21 Multiplan	Multiplan		1908.8	0.8			673.23	2266.7	percent of total billed charges	
IMRT SIMPLE	77385	CPT	outpatient			2386		774.21 Qualcare	Qualcare		1789.5	0.75			673.23	2266.7	percent of total billed charges	
IMRT SIMPLE	77385	CPT	outpatient			2386		774.21 Three Rivers	Three Rivers		2266.7	0.95			673.23	2266.7	percent of total billed charges	
IMRT SIMPLE	77385	CPT	outpatient			2386		774.21 UHC	Medicare		673.23	1			673.23	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT SIMPLE	77385	CPT	outpatient			2386		774.21 UHC	Medicaid		750.64	0.3146			673.23	2266.7	percent of total billed charges	
IMRT SIMPLE	77385	CPT	outpatient			2386		774.21 Wellcare	Medicaid		750.64	0.3146			673.23	2266.7	percent of total billed charges	
IMRT SIMPLE	77385	CPT	outpatient			2386		774.21 Wellcare	Medicare		673.23	1			673.23	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT COMPLEX	77386	CPT	both			2386		774.21 Aetna	Commercial		1071.78	1.592			673.23	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT COMPLEX	77386	CPT	both			2386		774.21 Aetna	Better Health		750.64	0.3146			673.23	2266.7	percent of total billed charges	
IMRT COMPLEX	77386	CPT	both			2386		774.21 Aetna	Medicare		673.23	1			673.23	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT COMPLEX	77386	CPT	both			2386		774.21 Americare	Americare		1789.5	0.75			673.23	2266.7	percent of total billed charges	
IMRT COMPLEX	77386	CPT	both			2386		774.21 WellPoint	WellPoint		765.43	0.3208			673.23	2266.7	percent of total billed charges	
IMRT COMPLEX	77386	CPT	both			2386		774.21 Amerihealth	Medicare		673.23	1			673.23	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT COMPLEX	77386	CPT	both			2386		774.21 Consumer	Consumer		2266.7	0.95			673.23	2266.7	percent of total billed charges	
IMRT COMPLEX	77386	CPT	both			2386		774.21 Corrections	Corrections		1908.8	0.8			673.23	2266.7	percent of total billed charges	
IMRT COMPLEX	77386	CPT	both			2386		774.21 First Health	First Health		1670.2	0.7			673.23	2266.7	percent of total billed charges	
IMRT COMPLEX	77386	CPT	both			2386		774.21 First Trenton	First Trenton		2147.4	0.9			673.23	2266.7	percent of total billed charges	
IMRT COMPLEX	77386	CPT	both			2386		774.21 Horizon	MGD		1229.99	1.827			673.23	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT COMPLEX	77386	CPT	both			2386		774.21 Horizon	PPO		1229.99	1.827			673.23	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT COMPLEX	77386	CPT	both			2386		774.21 Horizon	Medicare Blue		673.23	1			673.23	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT COMPLEX	77386	CPT	both			2386		774.21 Horizon	Indemnity		1229.99	1.827			673.23	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT COMPLEX	77386	CPT	both			2386		774.21 Managed Care Inc	Managed Care Inc		2147.4	0.9			673.23	2266.7	percent of total billed charges	
IMRT COMPLEX	77386	CPT	both			2386		774.21 Multiplan	Multiplan		1908.8	0.8			673.23	2266.7	percent of total billed charges	
IMRT COMPLEX	77386	CPT	both			2386		774.21 Qualcare	Qualcare		1789.5	0.75			673.23	2266.7	percent of total billed charges	
IMRT COMPLEX	77386	CPT	both			2386		774.21 Three Rivers	Three Rivers		2266.7	0.95			673.23	2266.7	percent of total billed charges	
IMRT COMPLEX	77386	CPT	both			2386		774.21 UHC	Medicaid		750.64	0.3146			673.23	2266.7	percent of total billed charges	
IMRT COMPLEX	77386	CPT	both			2386		774.21 UHC	Medicare		673.23	1			673.23	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT COMPLEX	77386	CPT	both			2386		774.21 Wellcare	Medicare		673.23	1			673.23	2266.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMRT COMPLEX	77386	CPT	both			2386		774.21 Wellcare	Medicaid		750.64	0.3146			673.23	2266.7	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Aetna	Better Health		35.86	0.3146			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Aetna	Medicare		35.11	0.308			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Aetna	Commercial		43.32	0.38			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Americare	Americare		85.5	0.75			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		WellPoint	WellPoint		36.57	0.3208			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Consumer	Consumer		108.3	0.95			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Corrections	Corrections		91.2	0.8			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		First Health	First Health		79.8	0.7			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		First Trenton	First Trenton		102.6	0.9			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Horizon	MGD		43.64	0.3828			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Horizon	Indemnity		43.64	0.3828			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Horizon	PPO		43.64	0.3828			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Horizon	Medicare Blue		34.2	0.3			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Managed Care Inc	Managed Care Inc		102.6	0.9			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Multiplan	Multiplan		91.2	0.8			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Qualcare	Qualcare		85.5	0.75			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Three Rivers	Three Rivers		108.3	0.95			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		UHC	Medicaid		35.86	0.3146			34.2	108.3	percent of total billed charges	
GUIDANCE RADIAJ TX DELIVERY	77387	CPT	both			114		Wellcare	Medicaid		35.86	0.3146			34.2	108.3	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Aetna	Better Health		154.15	0.3146			49	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Aetna	Commercial		247.05	1.592			49	465.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Aetna	Medicare		155.18	1			49	465.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Americare	Americare		367.5	0.75			49	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 WellPoint	WellPoint		157.19	0.3208			49	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Amerihealth	Medicare		155.18	1			49	465.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Consumer	Consumer		465.5	0.95			49	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Corrections	Corrections		392	0.8			49	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 First Health	First Health		343	0.7			49	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 First Trenton	First Trenton		441	0.9			49	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Horizon	Indemnity		283.51	1.827			49	465.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Horizon	MGD		283.51	1.827			49	465.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Horizon	Medicare Blue		155.18	1			49	465.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Horizon	NJ Health		49	0.1			49	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Horizon	PPO		283.51	1.827			49	465.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Managed Care Inc	Managed Care Inc		441	0.9			49	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Multiplan	Multiplan		392	0.8			49	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Qualcare	Qualcare		367.5	0.75			49	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490		178.46 Three Rivers	Three Rivers		465.5	0.95			49	465.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLIST PROC MED RAD PHYS	77399	CPT	both			490	178.46	UHC	Medicare		155.18				49	465.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MED RAD PHYS	77399	CPT	both			490	178.46	UHC	Medicaid		154.15	0.3146			49	465.5	percent of total billed charges	
UNLIST PROC MED RAD PHYS	77399	CPT	both			490	178.46	Wellcare	Medicare		155.18	1			49	465.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST PROC MED RAD PHYS	77399	CPT	both			490	178.46	Wellcare	Medicaid		154.15	0.3146			49	465.5	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483	157.71	Aetna	Better Health		151.95	0.3146			137.14	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483	157.71	Aetna	Medicare		137.14	1			137.14	458.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483	157.71	Aetna	Commercial		218.33	1.592			137.14	458.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483	157.71	Americare	Americare		362.25	0.75			137.14	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483	157.71	WellPoint	WellPoint		154.95	0.3208			137.14	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483	157.71	Amerihealth	Medicare		137.14	1			137.14	458.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483	157.71	Consumer	Consumer		458.85	0.95			137.14	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483	157.71	Corrections	Corrections		386.4	0.8			137.14	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483	157.71	First Health	First Health		338.1	0.7			137.14	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483	157.71	First Trenton	First Trenton		434.7	0.9			137.14	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483	157.71	Horizon	PPO		250.55	1.827			137.14	458.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483	157.71	Horizon	Medicare Blue		137.14	1			137.14	458.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483	157.71	Horizon	MGD		250.55	1.827			137.14	458.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483	157.71	Horizon	Indemnity		250.55	1.827			137.14	458.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483	157.71	Managed Care Inc	Managed Care Inc		434.7	0.9			137.14	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483	157.71	Multiplan	Multiplan		386.4	0.8			137.14	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483	157.71	Qualcare	Qualcare		362.25	0.75			137.14	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483	157.71	Three Rivers	Three Rivers		459.85	0.95			137.14	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483	157.71	UHC	Medicaid		151.95	0.3146			137.14	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483	157.71	UHC	Medicare		137.14	1			137.14	458.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483	157.71	Wellcare	Medicaid		151.95	0.3146			137.14	458.85	percent of total billed charges	
RADTREATDELIVERY>1MEV;SIMPLE	77402	CPT	both			483	157.71	Wellcare	Medicare		137.14	1			137.14	458.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	inpatient			476	353.46	Aetna	Medicare		146.61	0.308			146.61	561.55	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	inpatient			476	353.46	Aetna	Better Health		149.75	0.3146			146.61	561.55	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	inpatient			476	353.46	Aetna	Commercial		489.32	1.592			146.61	561.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	inpatient			476	353.46	Americare	Americare		357	0.75			146.61	561.55	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	inpatient			476	353.46	WellPoint	WellPoint		152.7	0.3208			146.61	561.55	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	inpatient			476	353.46	Amerihealth	Medicare		307.36	1			146.61	561.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	inpatient			476	353.46	Consumer	Consumer		452.2	0.95			146.61	561.55	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	inpatient			476	353.46	Corrections	Corrections		380.8	0.8			146.61	561.55	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	inpatient			476	353.46	First Health	First Health		333.2	0.7			146.61	561.55	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	inpatient			476	353.46	First Trenton	First Trenton		428.4	0.9			146.61	561.55	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	inpatient			476	353.46	Horizon	Medicare Blue		307.36	1			146.61	561.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	inpatient			476	353.46	Horizon	MGD		561.55	1.827			146.61	561.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	inpatient			476	353.46	Horizon	Indemnity		561.55	1.827			146.61	561.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	inpatient			476	353.46	Horizon	PPO		561.55	1.827			146.61	561.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	inpatient			476	353.46	Managed Care Inc	Managed Care Inc		428.4	0.9			146.61	561.55	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	inpatient			476	353.46	Multiplan	Multiplan		380.8	0.8			146.61	561.55	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	inpatient			476	353.46	Qualcare	Qualcare		357	0.75			146.61	561.55	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	inpatient			476	353.46	Three Rivers	Three Rivers		452.2	0.95			146.61	561.55	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	inpatient			476	353.46	UHC	Medicaid		149.75	0.3146			146.61	561.55	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	inpatient			476	353.46	UHC	Medicare		307.36	1			146.61	561.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	inpatient			476	353.46	Wellcare	Medicaid		149.75	0.3146			146.61	561.55	percent of total billed charges	
RADTREATDELIVERY>1MEV;INTERMEDIATE	77407	CPT	inpatient			476	353.46	Wellcare	Medicare		307.36	1			146.61	561.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Aetna	Better Health		287.23	0.3146			287.23	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Aetna	Commercial		489.32	1.592			287.23	867.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Aetna	Medicare		307.36	1			287.23	867.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Americare	Americare		684.75	0.75			287.23	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	WellPoint	WellPoint		292.89	0.3208			287.23	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Amerihealth	Medicare		307.36	1			287.23	867.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Consumer	Consumer		867.35	0.95			287.23	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Corrections	Corrections		730.4	0.8			287.23	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	First Health	First Health		639.1	0.7			287.23	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	First Trenton	First Trenton		821.7	0.9			287.23	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Horizon	PPO		561.55	1.827			287.23	867.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Horizon	Medicare Blue		307.36	1			287.23	867.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Horizon	MGD		561.55	1.827			287.23	867.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Horizon	Indemnity		561.55	1.827			287.23	867.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Managed Care Inc	Managed Care Inc		821.7	0.9			287.23	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Multiplan	Multiplan		730.4	0.8			287.23	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Qualcare	Qualcare		684.75	0.75			287.23	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Three Rivers	Three Rivers		867.35	0.95			287.23	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	UHC	Medicaid		287.23	0.3146			287.23	867.35	percent of total billed charges	
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	UHC	Medicare		307.36	1			287.23	867.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Wellcare	Medicare		307.36	1			287.23	867.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADTREATDELIVERY>1MEV;COMPLEX	77412	CPT	both			913	353.46	Wellcare	Medicaid		287.23	0.3146			287.23	867.35	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Aetna	Better Health		120.49	0.3146			114.9	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Aetna	Commercial		145.54	0.38			114.9	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Aetna	Medicare		117.96	0.308			114.9	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Americare	Americare		287.25	0.75			114.9	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		WellPoint	WellPoint		122.87	0.3208			114.9	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Consumer	Consumer		363.85	0.95			114.9	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Corrections	Corrections		306.4	0.8			114.9	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		First Health	First Health		268.1	0.7			114.9	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		First Trenton	First Trenton		344.7	0.9			114.9	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Horizon	MGD		146.61	0.3828			114.9	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Horizon	Medicare Blue		114.9	0.3			114.9	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Horizon	PPO		146.61	0.3828			114.9	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Horizon	Indemnity		146.61	0.3828			114.9	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Managed Care Inc	Managed Care Inc		344.7	0.9			114.9	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Multiplan	Multiplan		306.4	0.8			114.9	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Qualcare	Qualcare		287.25	0.75			114.9	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Three Rivers	Three Rivers		363.85	0.95			114.9	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		UHC	Medicaid		120.49	0.3146			114.9	363.85	percent of total billed charges	
THERAPEUTIC RADIOLOGY PORT IMAGE(S)	77417	CPT	both			383		Wellcare	Medicaid		120.49	0.3146			114.9	363.85	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Aetna	Better Health		2260.4	0.3146			2155.5	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Aetna	Medicare		2212.98	0.308			2155.5	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Aetna	Commercial		2730.3	0.38			2155.5	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Americare	Americare		5388.75	0.75			2155.5	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		WellPoint	WellPoint		2304.95	0.3208			2155.5	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Consumer	Consumer		6825.75	0.95			2155.5	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Corrections	Corrections		5748	0.8			2155.5	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		First Health	First Health		5029.5	0.7			2155.5	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		First Trenton	First Trenton		6466.5	0.9			2155.5	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Horizon	MGD		2750.42	0.3828			2155.5	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Horizon	Medicare Blue		2155.5	0.3			2155.5	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Horizon	Indemnity		2750.42	0.3828			2155.5	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Horizon	PPO		2750.42	0.3828			2155.5	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Managed Care Inc	Managed Care Inc		6466.5	0.9			2155.5	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Multiplan	Multiplan		5748	0.8			2155.5	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Qualcare	Qualcare		5388.75	0.75			2155.5	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Three Rivers	Three Rivers		6825.75	0.95			2155.5	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		UHC	Medicaid		2260.4	0.3146			2155.5	6825.75	percent of total billed charges	
STEROTACTIC RAD TREATMENT MGMT	77432	CPT	outpatient			7185		Wellcare	Medicaid		2260.4	0.3146			2155.5	6825.75	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Aetna	Medicare		2353.74	0.308			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Aetna	Better Health		2404.17	0.3146			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Aetna	Commercial		1071.78	1.592			673.23	7259.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Americare	Americare		5731.5	0.75			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	WellPoint	WellPoint		2451.55	0.3208			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Amerihealth	Medicare		673.23	1			673.23	7259.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Consumer	Consumer		7259.9	0.95			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Corrections	Corrections		6113.6	0.8			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	First Health	First Health		5349.4	0.7			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	First Trenton	First Trenton		6877.8	0.9			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Horizon	Indemnity		1229.99	1.827			673.23	7259.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Horizon	MGD		1229.99	1.827			673.23	7259.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Horizon	PPO		1229.99	1.827			673.23	7259.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Horizon	Medicare Blue		673.23	1			673.23	7259.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Managed Care Inc	Managed Care Inc		6877.8	0.9			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Multiplan	Multiplan		6113.6	0.8			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Qualcare	Qualcare		5731.5	0.75			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Three Rivers	Three Rivers		7259.9	0.95			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	UHC	Medicare		673.23	1			673.23	7259.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	UHC	Medicaid		2404.17	0.3146			673.23	7259.9	percent of total billed charges	
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Wellcare	Medicare		673.23	1			673.23	7259.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL TREATMENT PROCEDURE	77470	CPT	both			7642	774.21	Wellcare	Medicaid		2404.17	0.3146			673.23	7259.9	percent of total billed charges	
INTRACAV RAD.APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Aetna	Commercial		1071.78	1.592			673.23	7363.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD.APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Aetna	Better Health		2438.46	0.3146			673.23	7363.45	percent of total billed charges	
INTRACAV RAD.APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Aetna	Medicare		673.23	1			673.23	7363.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD.APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Americare	Americare		5813.25	0.75			673.23	7363.45	percent of total billed charges	
INTRACAV RAD.APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	WellPoint	WellPoint		2486.52	0.3208			673.23	7363.45	percent of total billed charges	
INTRACAV RAD.APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Amerihealth	Medicare		673.23	1			673.23	7363.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD.APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Consumer	Consumer		7363.45	0.95			673.23	7363.45	percent of total billed charges	
INTRACAV RAD.APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Corrections	Corrections		6200.8	0.8			673.23	7363.45	percent of total billed charges	
INTRACAV RAD.APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	First Health	First Health		5425.7	0.7			673.23	7363.45	percent of total billed charges	
INTRACAV RAD.APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	First Trenton	First Trenton		6975.9	0.9			673.23	7363.45	percent of total billed charges	
INTRACAV RAD.APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Horizon	Medicare Blue		673.23	1			673.23	7363.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD.APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Horizon	PPO		1229.99	1.827			673.23	7363.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD.APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751	774.21	Horizon	MGD		1229.99	1.827			673.23	7363.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INTRACAV RAD.APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751		774.21 Horizon	Indemnity		1229.99	1.827			673.23	7363.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD.APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751		774.21 Managed Care Inc	Managed Care Inc		6975.9	0.9			673.23	7363.45	percent of total billed charges	
INTRACAV RAD.APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751		774.21 Multiplan	Multiplan		6200.8	0.8			673.23	7363.45	percent of total billed charges	
INTRACAV RAD.APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751		774.21 Qualcare	Qualcare		5813.25	0.75			673.23	7363.45	percent of total billed charges	
INTRACAV RAD.APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751		774.21 Three Rivers	Three Rivers		7363.45	0.95			673.23	7363.45	percent of total billed charges	
INTRACAV RAD.APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751		774.21 UHC	Medicaid		2438.46	0.3146			673.23	7363.45	percent of total billed charges	
INTRACAV RAD.APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751		774.21 UHC	Medicare		673.23	1			673.23	7363.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD.APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751		774.21 Wellcare	Medicaid		2438.46	0.3146			673.23	7363.45	percent of total billed charges	
INTRACAV RAD.APP SIMP.1-4SOURCES	77761	CPT	outpatient			7751		774.21 Wellcare	Medicare		673.23	1			673.23	7363.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549		774.21 Aetna	Better Health		3004.12	0.3146			673.23	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549		774.21 Aetna	Commercial		1071.78	1.592			673.23	9071.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549		774.21 Aetna	Medicare		673.23	1			673.23	9071.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549		774.21 Americare	Americare		7161.75	0.75			673.23	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549		774.21 WellPoint	WellPoint		3063.32	0.3208			673.23	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549		774.21 Amerihealth	Medicare		673.23	1			673.23	9071.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549		774.21 Consumer	Consumer		9071.55	0.95			673.23	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549		774.21 Corrections	Corrections		7639.2	0.8			673.23	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549		774.21 First Health	First Health		6684.3	0.7			673.23	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549		774.21 First Trenton	First Trenton		8594.1	0.9			673.23	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549		774.21 Horizon	MGD		1229.99	1.827			673.23	9071.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549		774.21 Horizon	Indemnity		1229.99	1.827			673.23	9071.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549		774.21 Horizon	Medicare Blue		673.23	1			673.23	9071.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549		774.21 Horizon	PPO		1229.99	1.827			673.23	9071.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549		774.21 Managed Care Inc	Managed Care Inc		8594.1	0.9			673.23	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549		774.21 Multiplan	Multiplan		7639.2	0.8			673.23	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549		774.21 Qualcare	Qualcare		7161.75	0.75			673.23	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549		774.21 Three Rivers	Three Rivers		9071.55	0.95			673.23	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549		774.21 UHC	Medicaid		3004.12	0.3146			673.23	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549		774.21 UHC	Medicare		673.23	1			673.23	9071.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549		774.21 Wellcare	Medicaid		3004.12	0.3146			673.23	9071.55	percent of total billed charges	
INTRACAV RAD APP INTERM 5-10	77762	CPT	outpatient			9549		774.21 Wellcare	Medicare		673.23	1			673.23	9071.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD.APP COMP.10+SOURCE	77763	CPT	outpatient			3642		942.99 Aetna	Better Health		1145.77	0.3146			819.99	3459.9	percent of total billed charges	
INTRACAV RAD.APP COMP.10+SOURCE	77763	CPT	outpatient			3642		942.99 Aetna	Commercial		1305.42	1.592			819.99	3459.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD.APP COMP.10+SOURCE	77763	CPT	outpatient			3642		942.99 Aetna	Medicare		819.99	1			819.99	3459.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD.APP COMP.10+SOURCE	77763	CPT	outpatient			3642		942.99 Americare	Americare		2731.5	0.75			819.99	3459.9	percent of total billed charges	
INTRACAV RAD.APP COMP.10+SOURCE	77763	CPT	outpatient			3642		942.99 WellPoint	WellPoint		1168.35	0.3208			819.99	3459.9	percent of total billed charges	
INTRACAV RAD.APP COMP.10+SOURCE	77763	CPT	outpatient			3642		942.99 Amerihealth	Medicare		819.99	1			819.99	3459.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD.APP COMP.10+SOURCE	77763	CPT	outpatient			3642		942.99 Consumer	Consumer		3459.9	0.95			819.99	3459.9	percent of total billed charges	
INTRACAV RAD.APP COMP.10+SOURCE	77763	CPT	outpatient			3642		942.99 Corrections	Corrections		2913.6	0.8			819.99	3459.9	percent of total billed charges	
INTRACAV RAD.APP COMP.10+SOURCE	77763	CPT	outpatient			3642		942.99 First Health	First Health		2549.4	0.7			819.99	3459.9	percent of total billed charges	
INTRACAV RAD.APP COMP.10+SOURCE	77763	CPT	outpatient			3642		942.99 First Trenton	First Trenton		3277.8	0.9			819.99	3459.9	percent of total billed charges	
INTRACAV RAD.APP COMP.10+SOURCE	77763	CPT	outpatient			3642		942.99 Horizon	PPO		1498.12	1.827			819.99	3459.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD.APP COMP.10+SOURCE	77763	CPT	outpatient			3642		942.99 Horizon	MGD		1498.12	1.827			819.99	3459.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD.APP COMP.10+SOURCE	77763	CPT	outpatient			3642		942.99 Horizon	Indemnity		1498.12	1.827			819.99	3459.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD.APP COMP.10+SOURCE	77763	CPT	outpatient			3642		942.99 Horizon	Medicare Blue		819.99	1			819.99	3459.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD.APP COMP.10+SOURCE	77763	CPT	outpatient			3642		942.99 Managed Care Inc	Managed Care Inc		3277.8	0.9			819.99	3459.9	percent of total billed charges	
INTRACAV RAD.APP COMP.10+SOURCE	77763	CPT	outpatient			3642		942.99 Multiplan	Multiplan		2913.6	0.8			819.99	3459.9	percent of total billed charges	
INTRACAV RAD.APP COMP.10+SOURCE	77763	CPT	outpatient			3642		942.99 Qualcare	Qualcare		2731.5	0.75			819.99	3459.9	percent of total billed charges	
INTRACAV RAD.APP COMP.10+SOURCE	77763	CPT	outpatient			3642		942.99 Three Rivers	Three Rivers		3459.9	0.95			819.99	3459.9	percent of total billed charges	
INTRACAV RAD.APP COMP.10+SOURCE	77763	CPT	outpatient			3642		942.99 UHC	Medicare		819.99	1			819.99	3459.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD.APP COMP.10+SOURCE	77763	CPT	outpatient			3642		942.99 UHC	Medicaid		1145.77	0.3146			819.99	3459.9	percent of total billed charges	
INTRACAV RAD.APP COMP.10+SOURCE	77763	CPT	outpatient			3642		942.99 Wellcare	Medicare		819.99	1			819.99	3459.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACAV RAD.APP COMP.10+SOURCE	77763	CPT	outpatient			3642		942.99 Wellcare	Medicaid		1145.77	0.3146			819.99	3459.9	percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Aetna	Better Health		276.85	0.3146			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Aetna	Commercial		489.32	1.592			276.85	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Aetna	Medicare		307.36	1			276.85	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Americare	Americare		660	0.75			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 WellPoint	WellPoint		282.3	0.3208			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Amerihealth	Medicare		307.36	1			276.85	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Consumer	Consumer		836	0.95			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Corrections	Corrections		704	0.8			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 First Health	First Health		616	0.7			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 First Trenton	First Trenton		792	0.9			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Horizon	Medicare Blue		307.36	1			276.85	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Horizon	PPO		561.55	1.827			276.85	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Horizon	MGD		561.55	1.827			276.85	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Horizon	Indemnity		561.55	1.827			276.85	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Managed Care Inc	Managed Care Inc		792	0.9			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Multiplan	Multiplan		704	0.8			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Qualcare	Qualcare		660	0.75			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Three Rivers	Three Rivers		836	0.95			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 UHC	Medicare		307.36	1			276.85	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 UHC	Medicaid		276.85	0.3146			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Wellcare	Medicare		307.36	1			276.85	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; <=2.0 CM	77767	CPT	outpatient			880		353.46 Wellcare	Medicaid		276.85	0.3146			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Aetna	Commercial		489.32	1.592			276.85	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Aetna	Better Health		276.85	0.3146			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Aetna	Medicare		307.36	1			276.85	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Americare	Americare		660	0.75			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 WellPoint	WellPoint		282.3	0.3208			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Amerihealth	Medicare		307.36	1			276.85	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Consumer	Consumer		836	0.95			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Corrections	Corrections		704	0.8			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 First Health	First Health		616	0.7			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 First Trenton	First Trenton		792	0.9			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Horizon	Medicare Blue		307.36	1			276.85	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Horizon	MGD		561.55	1.827			276.85	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Horizon	Indemnity		561.55	1.827			276.85	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Horizon	PPO		561.55	1.827			276.85	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Managed Care Inc	Managed Care Inc		792	0.9			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Multiplan	Multiplan		704	0.8			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Qualcare	Qualcare		660	0.75			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Three Rivers	Three Rivers		836	0.95			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 UHC	Medicare		307.36	1			276.85	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 UHC	Medicaid		276.85	0.3146			276.85	836	percent of total billed charges	
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Wellcare	Medicare		307.36	1			276.85	836	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR SKIN BRACHY; >2.0 CM	77768	CPT	outpatient			880		353.46 Wellcare	Medicaid		276.85	0.3146			276.85	836	percent of total billed charges	
HDR BRACHY + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Aetna	Better Health		989.1	0.3146			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Aetna	Commercial		1305.42	1.592			819.99	2986.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Aetna	Medicare		819.99	1			819.99	2986.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Americare	Americare		2358	0.75			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 WellPoint	WellPoint		1008.6	0.3208			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Amerihealth	Medicare		819.99	1			819.99	2986.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Consumer	Consumer		2986.8	0.95			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Corrections	Corrections		2515.2	0.8			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 First Health	First Health		2200.8	0.7			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 First Trenton	First Trenton		2829.6	0.9			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Horizon	Medicare Blue		819.99	1			819.99	2986.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Horizon	Indemnity		1498.12	1.827			819.99	2986.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Horizon	MGD		1498.12	1.827			819.99	2986.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Horizon	PPO		1498.12	1.827			819.99	2986.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Managed Care Inc	Managed Care Inc		2829.6	0.9			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Multiplan	Multiplan		2515.2	0.8			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Qualcare	Qualcare		2358	0.75			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Three Rivers	Three Rivers		2986.8	0.95			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 UHC	Medicaid		989.1	0.3146			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 UHC	Medicare		819.99	1			819.99	2986.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Wellcare	Medicaid		989.1	0.3146			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 1 CHAN	77770	CPT	outpatient			3144		942.99 Wellcare	Medicare		819.99	1			819.99	2986.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Aetna	Better Health		989.1	0.3146			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Aetna	Commercial		1305.42	1.592			819.99	2986.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Aetna	Medicare		819.99	1			819.99	2986.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Americare	Americare		2358	0.75			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 WellPoint	WellPoint		1008.6	0.3208			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Amerihealth	Medicare		819.99	1			819.99	2986.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Consumer	Consumer		2986.8	0.95			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Corrections	Corrections		2515.2	0.8			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 First Health	First Health		2200.8	0.7			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 First Trenton	First Trenton		2829.6	0.9			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Horizon	MGD		1498.12	1.827			819.99	2986.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Horizon	Indemnity		1498.12	1.827			819.99	2986.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Horizon	Medicare Blue		819.99	1			819.99	2986.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Horizon	PPO		1498.12	1.827			819.99	2986.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Managed Care Inc	Managed Care Inc		2829.6	0.9			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Multiplan	Multiplan		2515.2	0.8			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Qualcare	Qualcare		2358	0.75			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Three Rivers	Three Rivers		2986.8	0.95			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 UHC	Medicare		819.99	1			819.99	2986.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 UHC	Medicaid		989.1	0.3146			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Wellcare	Medicare		819.99	1			819.99	2986.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS; 2-12 CHAN	77771	CPT	both			3144		942.99 Wellcare	Medicaid		989.1	0.3146			819.99	2986.8	percent of total billed charges	
HDR BRACHY + DOS; > 12 CHAN	77772	CPT	outpatient			3144		942.99 Aetna	Medicare		819.99	1			819.99	2986.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS; > 12 CHAN	77772	CPT	outpatient			3144		942.99 Aetna	Commercial		1305.42	1.592			819.99	2986.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HDR BRACHY + DOS, > 12 CHAN	77772	CPT	outpatient			3144		942.99 Aetna	Better Health		989.1	0.3146			819.99		2986.8 percent of total billed charges	
HDR BRACHY + DOS, > 12 CHAN	77772	CPT	outpatient			3144		942.99 Americare	Americare		2358	0.75			819.99		2986.8 percent of total billed charges	
HDR BRACHY + DOS, > 12 CHAN	77772	CPT	outpatient			3144		942.99 WellPoint	WellPoint		1008.6	0.3208			819.99		2986.8 percent of total billed charges	
HDR BRACHY + DOS, > 12 CHAN	77772	CPT	outpatient			3144		942.99 Amerihealth	Medicare		819.99	1			819.99		2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS, > 12 CHAN	77772	CPT	outpatient			3144		942.99 Consumer	Consumer		2986.8	0.95			819.99		2986.8 percent of total billed charges	
HDR BRACHY + DOS, > 12 CHAN	77772	CPT	outpatient			3144		942.99 Corrections	Corrections		2515.2	0.8			819.99		2986.8 percent of total billed charges	
HDR BRACHY + DOS, > 12 CHAN	77772	CPT	outpatient			3144		942.99 First Health	First Health		2200.8	0.7			819.99		2986.8 percent of total billed charges	
HDR BRACHY + DOS, > 12 CHAN	77772	CPT	outpatient			3144		942.99 First Trenton	First Trenton		2829.6	0.9			819.99		2986.8 percent of total billed charges	
HDR BRACHY + DOS, > 12 CHAN	77772	CPT	outpatient			3144		942.99 Horizon	Indemnity		1498.12	1.827			819.99		2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS, > 12 CHAN	77772	CPT	outpatient			3144		942.99 Horizon	MGD		1498.12	1.827			819.99		2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS, > 12 CHAN	77772	CPT	outpatient			3144		942.99 Horizon	PPO		1498.12	1.827			819.99		2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS, > 12 CHAN	77772	CPT	outpatient			3144		942.99 Horizon	Medicare Blue		819.99	1			819.99		2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS, > 12 CHAN	77772	CPT	outpatient			3144		942.99 Managed Care Inc	Managed Care Inc		2829.6	0.9			819.99		2986.8 percent of total billed charges	
HDR BRACHY + DOS, > 12 CHAN	77772	CPT	outpatient			3144		942.99 Multiplan	Multiplan		2515.2	0.8			819.99		2986.8 percent of total billed charges	
HDR BRACHY + DOS, > 12 CHAN	77772	CPT	outpatient			3144		942.99 Qualcare	Qualcare		2358	0.75			819.99		2986.8 percent of total billed charges	
HDR BRACHY + DOS, > 12 CHAN	77772	CPT	outpatient			3144		942.99 Three Rivers	Three Rivers		2986.8	0.95			819.99		2986.8 percent of total billed charges	
HDR BRACHY + DOS, > 12 CHAN	77772	CPT	outpatient			3144		942.99 UHC	Medicare		819.99	1			819.99		2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS, > 12 CHAN	77772	CPT	outpatient			3144		942.99 UHC	Medicaid		989.1	0.3146			819.99		2986.8 percent of total billed charges	
HDR BRACHY + DOS, > 12 CHAN	77772	CPT	outpatient			3144		942.99 Wellcare	Medicare		819.99	1			819.99		2986.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HDR BRACHY + DOS, > 12 CHAN	77772	CPT	outpatient			3144		942.99 Wellcare	Medicaid		989.1	0.3146			819.99		2986.8 percent of total billed charges	
INTERSTIT.RAD.APP.COMP.10+SOUR	77778	CPT	outpatient			9685		942.99 Aetna	Better Health		3046.9	0.3146			819.99		9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP.10+SOUR	77778	CPT	outpatient			9685		942.99 Aetna	Commercial		1305.42	1.592			819.99		9200.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERSTIT.RAD.APP.COMP.10+SOUR	77778	CPT	outpatient			9685		942.99 Aetna	Medicare		819.99	1			819.99		9200.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERSTIT.RAD.APP.COMP.10+SOUR	77778	CPT	outpatient			9685		942.99 Americare	Americare		7263.75	0.75			819.99		9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP.10+SOUR	77778	CPT	outpatient			9685		942.99 WellPoint	WellPoint		3106.95	0.3208			819.99		9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP.10+SOUR	77778	CPT	outpatient			9685		942.99 Amerihealth	Medicare		819.99	1			819.99		9200.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERSTIT.RAD.APP.COMP.10+SOUR	77778	CPT	outpatient			9685		942.99 Consumer	Consumer		9200.75	0.95			819.99		9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP.10+SOUR	77778	CPT	outpatient			9685		942.99 Corrections	Corrections		7748	0.8			819.99		9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP.10+SOUR	77778	CPT	outpatient			9685		942.99 First Health	First Health		6779.5	0.7			819.99		9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP.10+SOUR	77778	CPT	outpatient			9685		942.99 First Trenton	First Trenton		8716.5	0.9			819.99		9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP.10+SOUR	77778	CPT	outpatient			9685		942.99 Horizon	PPO		1498.12	1.827			819.99		9200.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERSTIT.RAD.APP.COMP.10+SOUR	77778	CPT	outpatient			9685		942.99 Horizon	MGD		1498.12	1.827			819.99		9200.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERSTIT.RAD.APP.COMP.10+SOUR	77778	CPT	outpatient			9685		942.99 Horizon	Medicare Blue		819.99	1			819.99		9200.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERSTIT.RAD.APP.COMP.10+SOUR	77778	CPT	outpatient			9685		942.99 Horizon	Indemnity		1498.12	1.827			819.99		9200.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERSTIT.RAD.APP.COMP.10+SOUR	77778	CPT	outpatient			9685		942.99 Managed Care Inc	Managed Care Inc		8716.5	0.9			819.99		9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP.10+SOUR	77778	CPT	outpatient			9685		942.99 Multiplan	Multiplan		7748	0.8			819.99		9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP.10+SOUR	77778	CPT	outpatient			9685		942.99 Qualcare	Qualcare		7263.75	0.75			819.99		9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP.10+SOUR	77778	CPT	outpatient			9685		942.99 Three Rivers	Three Rivers		9200.75	0.95			819.99		9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP.10+SOUR	77778	CPT	outpatient			9685		942.99 UHC	Medicare		819.99	1			819.99		9200.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERSTIT.RAD.APP.COMP.10+SOUR	77778	CPT	outpatient			9685		942.99 UHC	Medicaid		3046.9	0.3146			819.99		9200.75 percent of total billed charges	
INTERSTIT.RAD.APP.COMP.10+SOUR	77778	CPT	outpatient			9685		942.99 Wellcare	Medicare		819.99	1			819.99		9200.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERSTIT.RAD.APP.COMP.10+SOUR	77778	CPT	outpatient			9685		942.99 Wellcare	Medicaid		3046.9	0.3146			819.99		9200.75 percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL	77789	CPT	outpatient			668		157.71 Aetna	Commercial		218.33	1.592			137.14		634.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.SUR.APP.RADIOEL	77789	CPT	outpatient			668		157.71 Aetna	Better Health		210.15	0.3146			137.14		634.6 percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL	77789	CPT	outpatient			668		157.71 Aetna	Medicare		205.74	0.308			137.14		634.6 percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL	77789	CPT	outpatient			668		157.71 Americare	Americare		501	0.75			137.14		634.6 percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL	77789	CPT	outpatient			668		157.71 WellPoint	WellPoint		214.29	0.3208			137.14		634.6 percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL	77789	CPT	outpatient			668		157.71 Amerihealth	Medicare		137.14	1			137.14		634.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.SUR.APP.RADIOEL	77789	CPT	outpatient			668		157.71 Consumer	Consumer		634.6	0.95			137.14		634.6 percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL	77789	CPT	outpatient			668		157.71 Corrections	Corrections		534.4	0.8			137.14		634.6 percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL	77789	CPT	outpatient			668		157.71 First Health	First Health		467.6	0.7			137.14		634.6 percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL	77789	CPT	outpatient			668		157.71 First Trenton	First Trenton		601.2	0.9			137.14		634.6 percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL	77789	CPT	outpatient			668		157.71 Horizon	Medicare Blue		137.14	1			137.14		634.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.SUR.APP.RADIOEL	77789	CPT	outpatient			668		157.71 Horizon	PPO		250.55	1.827			137.14		634.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.SUR.APP.RADIOEL	77789	CPT	outpatient			668		157.71 Horizon	Indemnity		250.55	1.827			137.14		634.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.SUR.APP.RADIOEL	77789	CPT	outpatient			668		157.71 Horizon	MGD		250.55	1.827			137.14		634.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.SUR.APP.RADIOEL	77789	CPT	outpatient			668		157.71 Managed Care Inc	Managed Care Inc		601.2	0.9			137.14		634.6 percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL	77789	CPT	outpatient			668		157.71 Multiplan	Multiplan		534.4	0.8			137.14		634.6 percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL	77789	CPT	outpatient			668		157.71 Qualcare	Qualcare		501	0.75			137.14		634.6 percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL	77789	CPT	outpatient			668		157.71 Three Rivers	Three Rivers		634.6	0.95			137.14		634.6 percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL	77789	CPT	outpatient			668		157.71 UHC	Medicaid		210.15	0.3146			137.14		634.6 percent of total billed charges	
HIGH INTEN.BRACHY.SUR.APP.RADIOEL	77789	CPT	outpatient			668		157.71 UHC	Medicare		137.14	1			137.14		634.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.SUR.APP.RADIOEL	77789	CPT	outpatient			668		157.71 Wellcare	Medicare		137.14	1			137.14		634.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.SUR.APP.RADIOEL	77789	CPT	outpatient			668		157.71 Wellcare	Medicaid		210.15	0.3146			137.14		634.6 percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575		Aetna	Better Health		180.9	0.3146			53.7		546.25 percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575		Aetna	Commercial		218.5	0.38			53.7		546.25 percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575		Aetna	Medicare		177.1	0.308			53.7		546.25 percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575		Americare	Americare		431.25	0.75			53.7		546.25 percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575		WellPoint	WellPoint		184.46	0.3208			53.7		546.25 percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575		Consumer	Consumer		546.25	0.95			53.7		546.25 percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575		Corrections	Corrections		460	0.8			53.7		546.25 percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575		First Health	First Health		402.5	0.7			53.7		546.25 percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575		First Trenton	First Trenton		517.5	0.9			53.7		546.25 percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575		Horizon	Indemnity		220.11	0.3828			53.7		546.25 percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575		Horizon	Medicare Blue		172.5	0.3			53.7		546.25 percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575		Horizon	MGD		220.11	0.3828			53.7		546.25 percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575		Horizon	PPO		220.11	0.3828			53.7		546.25 percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575		Managed Care Inc	Managed Care Inc		517.5	0.9			53.7		546.25 percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575		Multiplan	Multiplan		460	0.8			53.7		546.25 percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575		Qualcare	Qualcare		431.25	0.75			53.7		546.25 percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575		Three Rivers	Three Rivers		546.25	0.95			53.7		546.25 percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575		UHC	Medicaid		180.9	0.3146			53.7		546.25 percent of total billed charges	
SUPERVISE HANDLING RADIOELEM	77790	CPT	outpatient			575		Wellcare	Medicaid		180.9	0.3146			53.7		546.25 percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71 Aetna	Better Health		300.13	0.3146			95.4		906.3 percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71 Aetna	Commercial		218.33	1.592			95.4		906.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71 Aetna	Medicare		137.14	1			95.4		906.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71 Americare	Americare		715.5	0.75			95.4		906.3 percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71 WellPoint	WellPoint		306.04	0.3208			95.4		906.3 percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71 Amerihealth	Medicare		137.14	1			95.4		906.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71 Consumer	Consumer		906.3	0.95			95.4		906.3 percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71 Corrections	Corrections		763.2	0.8			95.4		906.3 percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71 First Health	First Health		667.8	0.7			95.4		906.3 percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71 First Trenton	First Trenton		858.6	0.9			95.4		906.3 percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71 Horizon	PPO		250.55	1.827			95.4		906.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71 Horizon	Medicare Blue		137.14	1			95.4		906.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71 Horizon	MGD		250.55	1.827			95.4		906.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71 Horizon	Indemnity		250.55	1.827			95.4		906.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71 Horizon	NJ Health		95.4	0.1			95.4		906.3 percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71 Managed Care Inc	Managed Care Inc		858.6	0.9			95.4		906.3 percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71 Multiplan	Multiplan		763.2	0.8			95.4		906.3 percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71 Qualcare	Qualcare		715.5	0.75			95.4		906.3 percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71 Three Rivers	Three Rivers		906.3	0.95			95.4		906.3 percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71 UHC	Medicaid		300.13	0.3146			95.4		906.3 percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71 UHC	Medicare		137.14	1			95.4		906.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71 Wellcare	Medicaid		300.13	0.3146			95.4		906.3 percent of total billed charges	
HIGH INTEN.BRACHY.UNLST.PROC.RADIOELE	77799	CPT	outpatient			954		157.71 Wellcare	Medicare		137.14	1			95.4		906.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46 Aetna	Better Health		175.86	0.3146			175.86		861.8 percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46 Aetna	Commercial		750.95	1.592			175.86		861.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46 Aetna	Medicare		471.7	1			175.86		861.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46 Americare	Americare		419.25	0.75			175.86		861.8 percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46 WellPoint	WellPoint		179.33	0.3208			175.86		861.8 percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46 Amerihealth	Medicare		471.7	1			175.86		861.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46 Consumer	Consumer		531.05	0.95			175.86		861.8 percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46 Corrections	Corrections		447.2	0.8			175.86		861.8 percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46 First Health	First Health		391.3	0.7			175.86		861.8 percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46 First Trenton	First Trenton		503.1	0.9			175.86		861.8 percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46 Horizon	Indemnity		861.8	1.827			175.86		861.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46 Horizon	PPO		861.8	1.827			175.86		861.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46 Horizon	MGD		861.8	1.827			175.86		861.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46 Horizon	Medicare Blue		471.7	1			175.86		861.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46 Managed Care Inc	Managed Care Inc		503.1	0.9			175.86		861.8 percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46 Multiplan	Multiplan		447.2	0.8			175.86		861.8 percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46 Qualcare	Qualcare		419.25	0.75			175.86		861.8 percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46 Three Rivers	Three Rivers		531.05	0.95			175.86		861.8 percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46 UHC	Medicare		471.7	1			175.86		861.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46 UHC	Medicaid		175.86	0.3146			175.86		861.8 percent of total billed charges	
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46 Wellcare	Medicare		471.7	1			175.86		861.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID UPTAKE ONLY	78012	CPT	outpatient			559		542.46 Wellcare	Medicaid		175.86	0.3146			175.86		861.8 percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46 Aetna	Better Health		464.98	0.3146			231.23		1404.1 percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46 Aetna	Commercial		750.95	1.592			231.23		1404.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46 Aetna	Medicare		471.7	1			231.23		1404.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46 Americare	Americare		1108.5	0.75			231.23		1404.1 percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46 WellPoint	WellPoint		474.14	0.3208			231.23		1404.1 percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46 Amerihealth	Medicare		471.7	1			231.23		1404.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46 Consumer	Consumer		1404.1	0.95			231.23		1404.1 percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46 Corrections	Corrections		1182.4	0.8			231.23		1404.1 percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46 First Health	First Health		1034.6	0.7			231.23		1404.1 percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46 First Trenton	First Trenton		1330.2	0.9			231.23		1404.1 percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46 Horizon	Indemnity		861.8	1.827			231.23		1404.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46 Horizon	Medicare Blue		471.7	1			231.23		1404.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46 Horizon	PPO		861.8	1.827			231.23		1404.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46 Horizon	MGD		861.8	1.827			231.23		1404.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478		542.46 Managed Care Inc	Managed Care Inc		1330.2	0.9			231.23		1404.1 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478	542.46	Multiplan	Multiplan		1182.4	0.8			231.23	1404.1	percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478	542.46	Qualcare	Qualcare		1108.5	0.75			231.23	1404.1	percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478	542.46	Three Rivers	Three Rivers		1404.1	0.95			231.23	1404.1	percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478	542.46	UHC	Medicaid		464.98	0.3146			231.23	1404.1	percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478	542.46	UHC	Medicare		471.7	1			231.23	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478	542.46	Wellcare	Medicaid		464.98	0.3146			231.23	1404.1	percent of total billed charges	
THYROID IMAGING WHOLE BODY	78013	CPT	both			1478	542.46	Wellcare	Medicare		471.7	1			231.23	1404.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID SCAN & UPTAKE I-123	78014	CPT	both			1138	542.46	Aetna	Commercial		750.95	1.592			350.5	1081.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID SCAN & UPTAKE I-123	78014	CPT	both			1138	542.46	Aetna	Medicare		350.5	0.308			350.5	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	both			1138	542.46	Aetna	Better Health		358.01	0.3146			350.5	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	both			1138	542.46	Americare	Americare		853.5	0.75			350.5	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	both			1138	542.46	WellPoint	WellPoint		365.07	0.3208			350.5	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	both			1138	542.46	Amerihealth	Medicare		471.7	1			350.5	1081.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID SCAN & UPTAKE I-123	78014	CPT	both			1138	542.46	Consumer	Consumer		1081.1	0.95			350.5	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	both			1138	542.46	Corrections	Corrections		910.4	0.8			350.5	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	both			1138	542.46	First Health	First Health		796.6	0.7			350.5	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	both			1138	542.46	First Trenton	First Trenton		1024.2	0.9			350.5	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	both			1138	542.46	Horizon	MCD		861.8	1.827			350.5	1081.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID SCAN & UPTAKE I-123	78014	CPT	both			1138	542.46	Horizon	Medicare Blue		471.7	1			350.5	1081.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID SCAN & UPTAKE I-123	78014	CPT	both			1138	542.46	Horizon	Indemnity		861.8	1.827			350.5	1081.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID SCAN & UPTAKE I-123	78014	CPT	both			1138	542.46	Horizon	PPO		861.8	1.827			350.5	1081.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID SCAN & UPTAKE I-123	78014	CPT	both			1138	542.46	Managed Care Inc	Managed Care Inc		1024.2	0.9			350.5	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	both			1138	542.46	Multiplan	Multiplan		910.4	0.8			350.5	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	both			1138	542.46	Qualcare	Qualcare		853.5	0.75			350.5	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	both			1138	542.46	Three Rivers	Three Rivers		1081.1	0.95			350.5	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	both			1138	542.46	UHC	Medicaid		358.01	0.3146			350.5	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	both			1138	542.46	UHC	Medicare		471.7	1			350.5	1081.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID SCAN & UPTAKE I-123	78014	CPT	both			1138	542.46	Wellcare	Medicaid		358.01	0.3146			350.5	1081.1	percent of total billed charges	
THYROID SCAN & UPTAKE I-123	78014	CPT	both			1138	542.46	Wellcare	Medicare		471.7	1			350.5	1081.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155	542.46	Aetna	Better Health		363.36	0.3146			363.36	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155	542.46	Aetna	Medicare		471.7	1			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155	542.46	Aetna	Commercial		750.95	1.592			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155	542.46	Americare	Americare		866.25	0.75			363.36	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155	542.46	WellPoint	WellPoint		370.52	0.3208			363.36	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155	542.46	Amerihealth	Medicare		471.7	1			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155	542.46	Consumer	Consumer		1097.25	0.95			363.36	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155	542.46	Corrections	Corrections		924	0.8			363.36	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155	542.46	First Health	First Health		808.5	0.7			363.36	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155	542.46	First Trenton	First Trenton		1039.5	0.9			363.36	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155	542.46	Horizon	Medicare Blue		471.7	1			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155	542.46	Horizon	MCD		861.8	1.827			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155	542.46	Horizon	Indemnity		861.8	1.827			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155	542.46	Horizon	PPO		861.8	1.827			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155	542.46	Managed Care Inc	Managed Care Inc		1039.5	0.9			363.36	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155	542.46	Multiplan	Multiplan		924	0.8			363.36	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155	542.46	Qualcare	Qualcare		866.25	0.75			363.36	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155	542.46	Three Rivers	Three Rivers		1097.25	0.95			363.36	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155	542.46	UHC	Medicaid		363.36	0.3146			363.36	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155	542.46	UHC	Medicare		471.7	1			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155	542.46	Wellcare	Medicare		471.7	1			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIM LTD AREA	78015	CPT	outpatient			1155	542.46	Wellcare	Medicaid		363.36	0.3146			363.36	1097.25	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597	542.46	Aetna	Medicare		491.88	0.308			471.7	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597	542.46	Aetna	Better Health		502.42	0.3146			471.7	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597	542.46	Aetna	Commercial		750.95	1.592			471.7	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597	542.46	Americare	Americare		1197.75	0.75			471.7	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597	542.46	WellPoint	WellPoint		512.32	0.3208			471.7	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597	542.46	Amerihealth	Medicare		471.7	1			471.7	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597	542.46	Consumer	Consumer		1517.15	0.95			471.7	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597	542.46	Corrections	Corrections		1277.6	0.8			471.7	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597	542.46	First Health	First Health		1117.9	0.7			471.7	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597	542.46	First Trenton	First Trenton		1437.3	0.9			471.7	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597	542.46	Horizon	Medicare Blue		471.7	1			471.7	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597	542.46	Horizon	MCD		861.8	1.827			471.7	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597	542.46	Horizon	Indemnity		861.8	1.827			471.7	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597	542.46	Horizon	PPO		861.8	1.827			471.7	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597	542.46	Managed Care Inc	Managed Care Inc		1437.3	0.9			471.7	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597	542.46	Multiplan	Multiplan		1277.6	0.8			471.7	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597	542.46	Qualcare	Qualcare		1197.75	0.75			471.7	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597	542.46	Three Rivers	Three Rivers		1517.15	0.95			471.7	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597	542.46	UHC	Medicaid		502.42	0.3146			471.7	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597	542.46	UHC	Medicare		471.7	1			471.7	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597	542.46	Wellcare	Medicaid		502.42	0.3146			471.7	1517.15	percent of total billed charges	
THYROID CARCINOMA METASTASESIMAGING LTD	78016	CPT	outpatient			1597	542.46	Wellcare	Medicare		471.7	1			471.7	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE I-131 POST THYROID THER	78018	CPT	outpatient			2362	710.88	Aetna	Better Health		743.09	0.3146			595.54	2243.9	percent of total billed charges	
NUCLEAR MEDICINE I-131 POST THYROID THER	78018	CPT	outpatient			2362	710.88	Aetna	Commercial		984.11	1.592			595.54	2243.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE I-131 POST THYROID THER	78018	CPT	outpatient			2362	710.88	Aetna	Medicare		618.16	1			595.54	2243.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE I-131 POST THYROID THER	78018	CPT	outpatient			2362	710.88	Americare	Americare		1771.5	0.75			595.54	2243.9	percent of total billed charges	
NUCLEAR MEDICINE I-131 POST THYROID THER	78018	CPT	outpatient			2362	710.88	WellPoint	WellPoint		757.73	0.3208			595.54	2243.9	percent of total billed charges	
NUCLEAR MEDICINE I-131 POST THYROID THER	78018	CPT	outpatient			2362	710.88	Amerihealth	Medicare		618.16	1			595.54	2243.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE I-131 POST THYROID THER	78018	CPT	outpatient			2362	710.88	Consumer	Consumer		2243.9	0.95			595.54	2243.9	percent of total billed charges	
NUCLEAR MEDICINE I-131 POST THYROID THER	78018	CPT	outpatient			2362	710.88	Corrections	Corrections		1889.6	0.8			595.54	2243.9	percent of total billed charges	
NUCLEAR MEDICINE I-131 POST THYROID THER	78018	CPT	outpatient			2362	710.88	First Health	First Health		1653.4	0.7			595.54	2243.9	percent of total billed charges	
NUCLEAR MEDICINE I-131 POST THYROID THER	78018	CPT	outpatient			2362	710.88	First Trenton	First Trenton		2125.8	0.9			595.54	2243.9	percent of total billed charges	
NUCLEAR MEDICINE I-131 POST THYROID THER	78018	CPT	outpatient			2362	710.88	Horizon	Indemnity		1129.38	1.827			595.54	2243.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE I-131 POST THYROID THER	78018	CPT	outpatient			2362	710.88	Horizon	Medicare Blue		618.16	1			595.54	2243.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE I-131 POST THYROID THER	78018	CPT	outpatient			2362	710.88	Horizon	PPO		1129.38	1.827			595.54	2243.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE I-131 POST THYROID THER	78018	CPT	outpatient			2362	710.88	Horizon	MCD		1129.38	1.827			595.54	2243.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE I-131 POST THYROID THER	78018	CPT	outpatient			2362	710.88	Managed Care Inc	Managed Care Inc		2125.8	0.9			595.54	2243.9	percent of total billed charges	
NUCLEAR MEDICINE I-131 POST THYROID THER	78018	CPT	outpatient			2362	710.88	Multiplan	Multiplan		1889.6	0.8			595.54	2243.9	percent of total billed charges	
NUCLEAR MEDICINE I-131 POST THYROID THER	78018	CPT	outpatient			2362	710.88	Qualcare	Qualcare		1771.5	0.75			595.54	2243.9	percent of total billed charges	
NUCLEAR MEDICINE I-131 POST THYROID THER	78018	CPT	outpatient			2362	710.88	Three Rivers	Three Rivers		2243.9	0.95			595.54	2243.9	percent of total billed charges	
NUCLEAR MEDICINE I-131 POST THYROID THER	78018	CPT	outpatient			2362	710.88	UHC	Medicare		618.16	1			595.54	2243.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE I-131 POST THYROID THER	78018	CPT	outpatient			2362	710.88	UHC	Medicaid		743.09	0.3146			595.54	2243.9	percent of total billed charges	
NUCLEAR MEDICINE I-131 POST THYROID THER	78018	CPT	outpatient			2362	710.88	Wellcare	Medicare		618.16	1			595.54	2243.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE I-131 POST THYROID THER	78018	CPT	outpatient			2362	710.88	Wellcare	Medicaid		743.09	0.3146			595.54	2243.9	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566	542.46	Aetna	Commercial		750.95	1.592			471.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566	542.46	Aetna	Better Health		492.66	0.3146			471.7	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566	542.46	Aetna	Medicare		471.7	1			471.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566	542.46	Americare	Americare		1174.5	0.75			471.7	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566	542.46	WellPoint	WellPoint		502.37	0.3208			471.7	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566	542.46	Amerihealth	Medicare		471.7	1			471.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566	542.46	Consumer	Consumer		1487.7	0.95			471.7	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566	542.46	Corrections	Corrections		1252.8	0.8			471.7	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566	542.46	First Health	First Health		1096.2	0.7			471.7	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566	542.46	First Trenton	First Trenton		1409.4	0.9			471.7	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566	542.46	Horizon	Medicare Blue		471.7	1			471.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566	542.46	Horizon	Indemnity		861.8	1.827			471.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566	542.46	Horizon	MCD		861.8	1.827			471.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566	542.46	Horizon	PPO		861.8	1.827			471.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566	542.46	Managed Care Inc	Managed Care Inc		1409.4	0.9			471.7	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566	542.46	Multiplan	Multiplan		1252.8	0.8			471.7	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566	542.46	Qualcare	Qualcare		1174.5	0.75			471.7	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566	542.46	Three Rivers	Three Rivers		1487.7	0.95			471.7	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566	542.46	UHC	Medicaid		492.66	0.3146			471.7	1487.7	percent of total billed charges	
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566	542.46	UHC	Medicare		471.7	1			471.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566	542.46	Wellcare	Medicare		471.7	1			471.7	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SCAN W/ SPECT	78071	CPT	both			1566	542.46	Wellcare	Medicaid		492.66	0.3146			471.7	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566	710.88	Aetna	Better Health		492.66	0.3146			492.66	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566	710.88	Aetna	Medicare		618.16	1			492.66	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SPECT CT	78072	CPT	outpatient			1566	710.88	Aetna	Commercial		984.11	1.592			492.66	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SPECT CT	78072	CPT	outpatient			1566	710.88	Americare	Americare		1174.5	0.75			492.66	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566	710.88	WellPoint	WellPoint		502.37	0.3208			492.66	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566	710.88	Amerihealth	Medicare		618.16	1			492.66	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SPECT CT	78072	CPT	outpatient			1566	710.88	Consumer	Consumer		1487.7	0.95			492.66	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566	710.88	Corrections	Corrections		1252.8	0.8			492.66	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566	710.88	First Health	First Health		1096.2	0.7			492.66	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566	710.88	First Trenton	First Trenton		1409.4	0.9			492.66	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566	710.88	Horizon	MCD		1129.38	1.827			492.66	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SPECT CT	78072	CPT	outpatient			1566	710.88	Horizon	Indemnity		1129.38	1.827			492.66	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SPECT CT	78072	CPT	outpatient			1566	710.88	Horizon	PPO		1129.38	1.827			492.66	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SPECT CT	78072	CPT	outpatient			1566	710.88	Horizon	Medicare Blue		618.16	1			492.66	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SPECT CT	78072	CPT	outpatient			1566	710.88	Managed Care Inc	Managed Care Inc		1409.4	0.9			492.66	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566	710.88	Multiplan	Multiplan		1252.8	0.8			492.66	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566	710.88	Qualcare	Qualcare		1174.5	0.75			492.66	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566	710.88	Three Rivers	Three Rivers		1487.7	0.95			492.66	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566	710.88	UHC	Medicaid		492.66	0.3146			492.66	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566	710.88	UHC	Medicare		618.16	1			492.66	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PARATHYROID SPECT CT	78072	CPT	outpatient			1566	710.88	Wellcare	Medicaid		492.66	0.3146			492.66	1487.7	percent of total billed charges	
PARATHYROID SPECT CT	78072	CPT	outpatient			1566	710.88	Wellcare	Medicare		618.16	1			492.66	1487.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773	1867.58	Aetna	Commercial		2586.38	1.592			1623.98	5484.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773	1867.58	Aetna	Better Health		1816.19	0.3146			1623.98	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773	1867.58	Aetna	Medicare		1623.98	1			1623.98	5484.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773	1867.58	Americare	Americare		4329.75	0.75			1623.98	5484.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 WellPoint	WellPoint		1851.98	0.3208			1623.98	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 AmeriHealth	Medicare		1623.98	1			1623.98	5484.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Consumer	Consumer		5484.35	0.95			1623.98	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Corrections	Corrections		4618.4	0.8			1623.98	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 First Health	First Health		4041.1	0.7			1623.98	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 First Trenton	First Trenton		5195.7	0.9			1623.98	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Horizon	MGD		2967.01	1.827			1623.98	5484.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Horizon	Medicare Blue		1623.98	1			1623.98	5484.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Horizon	PPO		2967.01	1.827			1623.98	5484.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Horizon	Indemnity		2967.01	1.827			1623.98	5484.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Managed Care Inc	Managed Care Inc		5195.7	0.9			1623.98	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Multiplan	Multiplan		4618.4	0.8			1623.98	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Qualcare	Qualcare		4329.75	0.75			1623.98	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Three Rivers	Three Rivers		5484.35	0.95			1623.98	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 UHC	Medicaid		1816.19	0.3146			1623.98	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 UHC	Medicare		1623.98	1			1623.98	5484.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Wellcare	Medicaid		1816.19	0.3146			1623.98	5484.35	percent of total billed charges	
ADRENAL IMAGING CORTEX&/OR MEDULLA.	78075	CPT	outpatient			5773		1867.58 Wellcare	Medicare		1623.98	1			1623.98	5484.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Aetna	Medicare		471.7	1			285.97	863.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Aetna	Better Health		285.97	0.3146			285.97	863.55	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Aetna	Commercial		750.95	1.592			285.97	863.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Americare	Americare		681.75	0.75			285.97	863.55	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 WellPoint	WellPoint		291.61	0.3208			285.97	863.55	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 AmeriHealth	Medicare		471.7	1			285.97	863.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Consumer	Consumer		863.55	0.95			285.97	863.55	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Corrections	Corrections		727.2	0.8			285.97	863.55	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 First Health	First Health		636.3	0.7			285.97	863.55	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 First Trenton	First Trenton		818.1	0.9			285.97	863.55	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Horizon	Indemnity		861.8	1.827			285.97	863.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Horizon	MGD		861.8	1.827			285.97	863.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Horizon	PPO		861.8	1.827			285.97	863.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Horizon	Medicare Blue		471.7	1			285.97	863.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Managed Care Inc	Managed Care Inc		818.1	0.9			285.97	863.55	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Multiplan	Multiplan		727.2	0.8			285.97	863.55	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Qualcare	Qualcare		681.75	0.75			285.97	863.55	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Three Rivers	Three Rivers		863.55	0.95			285.97	863.55	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 UHC	Medicare		471.7	1			285.97	863.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW LIMITED	78102	CPT	both			909		542.46 UHC	Medicaid		285.97	0.3146			285.97	863.55	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Wellcare	Medicaid		285.97	0.3146			285.97	863.55	percent of total billed charges	
BONE MARROW LIMITED	78102	CPT	both			909		542.46 Wellcare	Medicare		471.7	1			285.97	863.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW MULT	78103	CPT	both			1729		542.46 Aetna	Medicare		471.7	1			471.7	1642.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW MULT	78103	CPT	both			1729		542.46 Aetna	Commercial		750.95	1.592			471.7	1642.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW MULT	78103	CPT	both			1729		542.46 Aetna	Better Health		543.94	0.3146			471.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 Americare	Americare		1296.75	0.75			471.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 WellPoint	WellPoint		554.66	0.3208			471.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 AmeriHealth	Medicare		471.7	1			471.7	1642.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW MULT	78103	CPT	both			1729		542.46 Consumer	Consumer		1642.55	0.95			471.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 Corrections	Corrections		1383.2	0.8			471.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 First Health	First Health		1210.3	0.7			471.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 First Trenton	First Trenton		1556.1	0.9			471.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 Horizon	MGD		861.8	1.827			471.7	1642.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW MULT	78103	CPT	both			1729		542.46 Horizon	Indemnity		861.8	1.827			471.7	1642.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW MULT	78103	CPT	both			1729		542.46 Horizon	PPO		861.8	1.827			471.7	1642.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW MULT	78103	CPT	both			1729		542.46 Horizon	Medicare Blue		471.7	1			471.7	1642.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW MULT	78103	CPT	both			1729		542.46 Managed Care Inc	Managed Care Inc		1556.1	0.9			471.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 Multiplan	Multiplan		1383.2	0.8			471.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 Qualcare	Qualcare		1296.75	0.75			471.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 Three Rivers	Three Rivers		1642.55	0.95			471.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 UHC	Medicaid		543.94	0.3146			471.7	1642.55	percent of total billed charges	
BONE MARROW MULT	78103	CPT	both			1729		542.46 UHC	Medicare		471.7	1			471.7	1642.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW MULT	78103	CPT	both			1729		542.46 Wellcare	Medicare		471.7	1			471.7	1642.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW MULT	78103	CPT	both			1729		542.46 Wellcare	Medicaid		543.94	0.3146			471.7	1642.55	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	both			3121		542.46 Aetna	Commercial		750.95	1.592			471.7	2964.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW WHOLE BODY	78104	CPT	both			3121		542.46 Aetna	Better Health		981.87	0.3146			471.7	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	both			3121		542.46 Aetna	Medicare		471.7	1			471.7	2964.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW WHOLE BODY	78104	CPT	both			3121		542.46 Americare	Americare		2340.75	0.75			471.7	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	both			3121		542.46 WellPoint	WellPoint		1001.22	0.3208			471.7	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	both			3121		542.46 AmeriHealth	Medicare		471.7	1			471.7	2964.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW WHOLE BODY	78104	CPT	both			3121		542.46 Consumer	Consumer		2964.95	0.95			471.7	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	both			3121		542.46 Corrections	Corrections		2496.8	0.8			471.7	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	both			3121		542.46 First Health	First Health		2184.7	0.7			471.7	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	both			3121		542.46 First Trenton	First Trenton		2808.9	0.9			471.7	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	both			3121		542.46 Horizon	PPO		861.8	1.827			471.7	2964.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW WHOLE BODY	78104	CPT	both			3121		542.46 Horizon	Medicare Blue		471.7	1			471.7	2964.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW WHOLE BODY	78104	CPT	both			3121		542.46 Horizon	MGD		861.8	1.827			471.7	2964.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW WHOLE BODY	78104	CPT	both			3121		542.46 Horizon	Indemnity		861.8	1.827			471.7	2964.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW WHOLE BODY	78104	CPT	both			3121		542.46 Managed Care Inc	Managed Care Inc		2808.9	0.9			471.7	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	both			3121		542.46 Multiplan	Multiplan		2496.8	0.8			471.7	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	both			3121		542.46 Qualcare	Qualcare		2340.75	0.75			471.7	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	both			3121		542.46 Three Rivers	Three Rivers		2964.95	0.95			471.7	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	both			3121		542.46 UHC	Medicaid		981.87	0.3146			471.7	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	both			3121		542.46 UHC	Medicare		471.7	1			471.7	2964.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROW WHOLE BODY	78104	CPT	both			3121		542.46 Wellcare	Medicaid		981.87	0.3146			471.7	2964.95	percent of total billed charges	
BONE MARROW WHOLE BODY	78104	CPT	both			3121		542.46 Wellcare	Medicare		471.7	1			471.7	2964.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Aetna	Medicare		471.7	1			455.54	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Aetna	Better Health		455.54	0.3146			455.54	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Aetna	Commercial		750.95	1.592			455.54	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Americare	Americare		1086	0.75			455.54	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 WellPoint	WellPoint		464.52	0.3208			455.54	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 AmeriHealth	Medicare		471.7	1			455.54	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Consumer	Consumer		1375.6	0.95			455.54	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Corrections	Corrections		1158.4	0.8			455.54	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 First Health	First Health		1013.6	0.7			455.54	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 First Trenton	First Trenton		1303.2	0.9			455.54	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Horizon	Indemnity		861.8	1.827			455.54	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Horizon	MGD		861.8	1.827			455.54	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Horizon	PPO		861.8	1.827			455.54	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Horizon	Medicare Blue		471.7	1			455.54	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Managed Care Inc	Managed Care Inc		1303.2	0.9			455.54	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Multiplan	Multiplan		1158.4	0.8			455.54	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Qualcare	Qualcare		1086	0.75			455.54	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Three Rivers	Three Rivers		1375.6	0.95			455.54	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 UHC	Medicaid		455.54	0.3146			455.54	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 UHC	Medicare		471.7	1			455.54	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Wellcare	Medicaid		455.54	0.3146			455.54	1375.6	percent of total billed charges	
RED-CELL VOLUME	78120	CPT	outpatient			1448		542.46 Wellcare	Medicare		471.7	1			455.54	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Aetna	Commercial		984.11	1.592			360.53	1129.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Aetna	Better Health		360.53	0.3146			360.53	1129.38	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Aetna	Medicare		618.16	1			360.53	1129.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Americare	Americare		859.5	0.75			360.53	1129.38	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 WellPoint	WellPoint		367.64	0.3208			360.53	1129.38	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 AmeriHealth	Medicare		618.16	1			360.53	1129.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Consumer	Consumer		1088.7	0.95			360.53	1129.38	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Corrections	Corrections		916.8	0.8			360.53	1129.38	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 First Health	First Health		802.2	0.7			360.53	1129.38	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 First Trenton	First Trenton		1031.4	0.9			360.53	1129.38	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Horizon	MGD		1129.38	1.827			360.53	1129.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Horizon	Medicare Blue		618.16	1			360.53	1129.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Horizon	Indemnity		1129.38	1.827			360.53	1129.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Horizon	PPO		1129.38	1.827			360.53	1129.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Managed Care Inc	Managed Care Inc		1031.4	0.9			360.53	1129.38	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Multiplan	Multiplan		916.8	0.8			360.53	1129.38	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Qualcare	Qualcare		859.5	0.75			360.53	1129.38	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Three Rivers	Three Rivers		1088.7	0.95			360.53	1129.38	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 UHC	Medicaid		360.53	0.3146			360.53	1129.38	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 UHC	Medicare		618.16	1			360.53	1129.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Wellcare	Medicaid		360.53	0.3146			360.53	1129.38	percent of total billed charges	
WHOLE BLOOD VOLUME	78122	CPT	outpatient			1146		710.88 Wellcare	Medicare		618.16	1			360.53	1129.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN	78185	CPT	outpatient			1448		542.46 Aetna	Better Health		455.54	0.3146			445.98	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 Aetna	Medicare		445.98	0.308			445.98	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 Aetna	Commercial		750.95	1.592			445.98	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN	78185	CPT	outpatient			1448		542.46 Americare	Americare		1086	0.75			445.98	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 WellPoint	WellPoint		464.52	0.3208			445.98	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 AmeriHealth	Medicare		471.7	1			445.98	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN	78185	CPT	outpatient			1448		542.46 Consumer	Consumer		1375.6	0.95			445.98	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 Corrections	Corrections		1158.4	0.8			445.98	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 First Health	First Health		1013.6	0.7			445.98	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 First Trenton	First Trenton		1303.2	0.9			445.98	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 Horizon	Indemnity		861.8	1.827			445.98	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN	78185	CPT	outpatient			1448		542.46 Horizon	MGD		861.8	1.827			445.98	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN	78185	CPT	outpatient			1448		542.46 Horizon	PPO		861.8	1.827			445.98	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN	78185	CPT	outpatient			1448		542.46 Horizon	Medicare Blue		471.7	1			445.98	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN	78185	CPT	outpatient			1448		542.46 Managed Care Inc	Managed Care Inc		1303.2	0.9			445.98	1375.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPLEEN	78185	CPT	outpatient			1448		542.46 Multiplan	Multiplan		1158.4	0.8			445.98	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 Qualcare	Qualcare		1086	0.75			445.98	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 Three Rivers	Three Rivers		1375.6	0.95			445.98	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 UHC	Medicare		471.7	1			445.98	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN	78185	CPT	outpatient			1448		542.46 UHC	Medicaid		455.54	0.3146			445.98	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 Wellcare	Medicaid		455.54	0.3146			445.98	1375.6	percent of total billed charges	
SPLEEN	78185	CPT	outpatient			1448		542.46 Wellcare	Medicare		471.7	1			445.98	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Aetna	Better Health		697.47	0.3146			618.16	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Aetna	Medicare		682.84	0.308			618.16	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Aetna	Commercial		984.11	1.592			618.16	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Americare	Americare		1662.75	0.75			618.16	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 WellPoint	WellPoint		711.21	0.3208			618.16	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Amerihealth	Medicare		618.16	1			618.16	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Consumer	Consumer		2106.15	0.95			618.16	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Corrections	Corrections		1773.6	0.8			618.16	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 First Health	First Health		1551.9	0.7			618.16	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 First Trenton	First Trenton		1995.3	0.9			618.16	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Horizon	MGD		1129.38	1.827			618.16	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Horizon	Medicare Blue		618.16	1			618.16	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Horizon	Indemnity		1129.38	1.827			618.16	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Horizon	PPO		1129.38	1.827			618.16	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Managed Care Inc	Managed Care Inc		1995.3	0.9			618.16	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Multiplan	Multiplan		1773.6	0.8			618.16	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Qualcare	Qualcare		1662.75	0.75			618.16	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Three Rivers	Three Rivers		2106.15	0.95			618.16	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 UHC	Medicare		618.16	1			618.16	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 UHC	Medicaid		697.47	0.3146			618.16	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Wellcare	Medicaid		697.47	0.3146			618.16	2106.15	percent of total billed charges	
LYMPHATICS/LYMPH GLANDS	78195	CPT	both			2217		710.88 Wellcare	Medicare		618.16	1			618.16	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Aetna	Commercial		984.11	1.592			618.16	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Aetna	Better Health		1586.84	0.3146			618.16	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Aetna	Medicare		618.16	1			618.16	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Americare	Americare		3783	0.75			618.16	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 WellPoint	WellPoint		1618.12	0.3208			618.16	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Amerihealth	Medicare		618.16	1			618.16	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Consumer	Consumer		4791.8	0.95			618.16	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Corrections	Corrections		4035.2	0.8			618.16	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 First Health	First Health		3530.8	0.7			618.16	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 First Trenton	First Trenton		4539.6	0.9			618.16	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Horizon	Indemnity		1129.38	1.827			618.16	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Horizon	Medicare Blue		618.16	1			618.16	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Horizon	PPO		1129.38	1.827			618.16	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Horizon	MGD		1129.38	1.827			618.16	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Managed Care Inc	Managed Care Inc		4539.6	0.9			618.16	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Multiplan	Multiplan		4035.2	0.8			618.16	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Qualcare	Qualcare		3783	0.75			618.16	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Three Rivers	Three Rivers		4791.8	0.95			618.16	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 UHC	Medicaid		1586.84	0.3146			618.16	4791.8	percent of total billed charges	
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 UHC	Medicare		618.16	1			618.16	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Wellcare	Medicare		618.16	1			618.16	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGINING STATIC	78201	CPT	outpatient			5044		710.88 Wellcare	Medicaid		1586.84	0.3146			618.16	4791.8	percent of total billed charges	
LIVER IMAGING W/VAS FLOW	78202	CPT	outpatient			5044		710.88 Aetna	Better Health		1586.84	0.3146			618.16	4791.8	percent of total billed charges	
LIVER IMAGING W/VAS FLOW	78202	CPT	outpatient			5044		710.88 Aetna	Commercial		984.11	1.592			618.16	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/VAS FLOW	78202	CPT	outpatient			5044		710.88 Aetna	Medicare		618.16	1			618.16	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/VAS FLOW	78202	CPT	outpatient			5044		710.88 Americare	Americare		3783	0.75			618.16	4791.8	percent of total billed charges	
LIVER IMAGING W/VAS FLOW	78202	CPT	outpatient			5044		710.88 WellPoint	WellPoint		1618.12	0.3208			618.16	4791.8	percent of total billed charges	
LIVER IMAGING W/VAS FLOW	78202	CPT	outpatient			5044		710.88 Amerihealth	Medicare		618.16	1			618.16	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/VAS FLOW	78202	CPT	outpatient			5044		710.88 Consumer	Consumer		4791.8	0.95			618.16	4791.8	percent of total billed charges	
LIVER IMAGING W/VAS FLOW	78202	CPT	outpatient			5044		710.88 Corrections	Corrections		4035.2	0.8			618.16	4791.8	percent of total billed charges	
LIVER IMAGING W/VAS FLOW	78202	CPT	outpatient			5044		710.88 First Health	First Health		3530.8	0.7			618.16	4791.8	percent of total billed charges	
LIVER IMAGING W/VAS FLOW	78202	CPT	outpatient			5044		710.88 First Trenton	First Trenton		4539.6	0.9			618.16	4791.8	percent of total billed charges	
LIVER IMAGING W/VAS FLOW	78202	CPT	outpatient			5044		710.88 Horizon	PPO		1129.38	1.827			618.16	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/VAS FLOW	78202	CPT	outpatient			5044		710.88 Horizon	Indemnity		1129.38	1.827			618.16	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/VAS FLOW	78202	CPT	outpatient			5044		710.88 Horizon	MGD		1129.38	1.827			618.16	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/VAS FLOW	78202	CPT	outpatient			5044		710.88 Horizon	Medicare Blue		618.16	1			618.16	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/VAS FLOW	78202	CPT	outpatient			5044		710.88 Managed Care Inc	Managed Care Inc		4539.6	0.9			618.16	4791.8	percent of total billed charges	
LIVER IMAGING W/VAS FLOW	78202	CPT	outpatient			5044		710.88 Multiplan	Multiplan		4035.2	0.8			618.16	4791.8	percent of total billed charges	
LIVER IMAGING W/VAS FLOW	78202	CPT	outpatient			5044		710.88 Qualcare	Qualcare		3783	0.75			618.16	4791.8	percent of total billed charges	
LIVER IMAGING W/VAS FLOW	78202	CPT	outpatient			5044		710.88 Three Rivers	Three Rivers		4791.8	0.95			618.16	4791.8	percent of total billed charges	
LIVER IMAGING W/VAS FLOW	78202	CPT	outpatient			5044		710.88 UHC	Medicaid		1586.84	0.3146			618.16	4791.8	percent of total billed charges	
LIVER IMAGING W/VAS FLOW	78202	CPT	outpatient			5044		710.88 UHC	Medicare		618.16	1			618.16	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/VAS FLOW	78202	CPT	outpatient			5044		710.88 Wellcare	Medicare		618.16	1			618.16	4791.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER IMAGING W/VAS FLOW	78202	CPT	outpatient			5044		710.88 Wellcare	Medicaid		1586.84	0.3146			618.16	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	both			5044		Aetna	Better Health		1586.84	0.3146			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	both			5044		Aetna	Commercial		1916.72	0.38			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	both			5044		Aetna	Medicare		1553.55	0.308			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	both			5044		Americare	Americare		3783	0.75			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	both			5044		WellPoint	WellPoint		1618.12	0.3208			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	both			5044		Consumer	Consumer		4791.8	0.95			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	both			5044		Corrections	Corrections		4035.2	0.8			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	both			5044		First Health	First Health		3530.8	0.7			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	both			5044		First Trenton	First Trenton		4539.6	0.9			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	both			5044		Horizon	Medicare Blue		1513.2	0.3			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	both			5044		Horizon	Indemnity		1930.84	0.3828			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	both			5044		Horizon	MGD		1930.84	0.3828			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	both			5044		Horizon	PPO		1930.84	0.3828			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	both			5044		Managed Care Inc	Managed Care Inc		4539.6	0.9			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	both			5044		Multiplan	Multiplan		4035.2	0.8			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	both			5044		Qualcare	Qualcare		3783	0.75			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	both			5044		Three Rivers	Three Rivers		4791.8	0.95			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	both			5044		UHC	Medicaid		1586.84	0.3146			1513.2	4791.8	percent of total billed charges	
LIVER SPECT	78205	CPT	both			5044		Wellcare	Medicaid		1586.84	0.3146			1513.2	4791.8	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	both			1450		542.46 Aetna	Medicare		471.7	1			456.17	1377.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER/SPLEEN IMAGING	78215	CPT	both			1450		542.46 Aetna	Better Health		456.17	0.3146			456.17	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	both			1450		542.46 Aetna	Commercial		750.95	1.592			456.17	1377.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER/SPLEEN IMAGING	78215	CPT	both			1450		542.46 Americare	Americare		1087.5	0.75			456.17	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	both			1450		542.46 WellPoint	WellPoint		465.16	0.3208			456.17	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	both			1450		542.46 Amerihealth	Medicare		471.7	1			456.17	1377.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER/SPLEEN IMAGING	78215	CPT	both			1450		542.46 Consumer	Consumer		1377.5	0.95			456.17	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	both			1450		542.46 Corrections	Corrections		1160	0.8			456.17	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	both			1450		542.46 First Health	First Health		1015	0.7			456.17	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	both			1450		542.46 First Trenton	First Trenton		1305	0.9			456.17	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	both			1450		542.46 Horizon	Indemnity		861.8	1.827			456.17	1377.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER/SPLEEN IMAGING	78215	CPT	both			1450		542.46 Horizon	PPO		861.8	1.827			456.17	1377.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER/SPLEEN IMAGING	78215	CPT	both			1450		542.46 Horizon	Medicare Blue		471.7	1			456.17	1377.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER/SPLEEN IMAGING	78215	CPT	both			1450		542.46 Horizon	MGD		861.8	1.827			456.17	1377.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER/SPLEEN IMAGING	78215	CPT	both			1450		542.46 Managed Care Inc	Managed Care Inc		1305	0.9			456.17	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	both			1450		542.46 Multiplan	Multiplan		1160	0.8			456.17	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	both			1450		542.46 Qualcare	Qualcare		1087.5	0.75			456.17	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	both			1450		542.46 Three Rivers	Three Rivers		1377.5	0.95			456.17	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	both			1450		542.46 UHC	Medicaid		456.17	0.3146			456.17	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	both			1450		542.46 UHC	Medicare		471.7	1			456.17	1377.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER/SPLEEN IMAGING	78215	CPT	both			1450		542.46 Wellcare	Medicaid		456.17	0.3146			456.17	1377.5	percent of total billed charges	
LIVER/SPLEEN IMAGING	78215	CPT	both			1450		542.46 Wellcare	Medicare		471.7	1			456.17	1377.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547		542.46 Aetna	Commercial		750.95	1.592			471.7	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547		542.46 Aetna	Medicare		471.7	1			471.7	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547		542.46 Aetna	Better Health		486.69	0.3146			471.7	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547		542.46 Americare	Americare		1160.25	0.75			471.7	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547		542.46 WellPoint	WellPoint		496.28	0.3208			471.7	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547		542.46 Amerihealth	Medicare		471.7	1			471.7	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547		542.46 Consumer	Consumer		1469.65	0.95			471.7	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547		542.46 Corrections	Corrections		1237.6	0.8			471.7	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547		542.46 First Health	First Health		1082.9	0.7			471.7	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547		542.46 First Trenton	First Trenton		1392.3	0.9			471.7	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547		542.46 Horizon	Indemnity		861.8	1.827			471.7	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547		542.46 Horizon	Medicare Blue		471.7	1			471.7	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547		542.46 Horizon	MGD		861.8	1.827			471.7	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547		542.46 Horizon	PPO		861.8	1.827			471.7	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547		542.46 Managed Care Inc	Managed Care Inc		1392.3	0.9			471.7	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547		542.46 Multiplan	Multiplan		1237.6	0.8			471.7	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547		542.46 Qualcare	Qualcare		1160.25	0.75			471.7	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547		542.46 Three Rivers	Three Rivers		1469.65	0.95			471.7	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547		542.46 UHC	Medicaid		486.69	0.3146			471.7	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547		542.46 UHC	Medicare		471.7	1			471.7	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547		542.46 Wellcare	Medicaid		486.69	0.3146			471.7	1469.65	percent of total billed charges	
LIVER SPLEEN STATIC W/FLOW	78216	CPT	outpatient			1547		542.46 Wellcare	Medicare		471.7	1			471.7	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILITARY SCAN (H	78226	CPT	both			1512		542.46 Aetna	Better Health		475.68	0.3146			471.7	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILITARY SCAN (H	78226	CPT	both			1512		542.46 Aetna	Commercial		750.95	1.592			471.7	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILITARY SCAN (H	78226	CPT	both			1512		542.46 Aetna	Medicare		471.7	1			471.7	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILITARY SCAN (H	78226	CPT	both			1512		542.46 Americare	Americare		1134	0.75			471.7	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILITARY SCAN (H	78226	CPT	both			1512		542.46 WellPoint	WellPoint		485.05	0.3208			471.7	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILITARY SCAN (H	78226	CPT	both			1512		542.46 Amerihealth	Medicare		471.7	1			471.7	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILITARY SCAN (H	78226	CPT	both			1512		542.46 Consumer	Consumer		1436.4	0.95			471.7	1436.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NUCLEAR MEDICINE HEPATOBILITARY SCAN (H	78226	CPT	both			1512		542.46 Corrections	Corrections		1209.6	0.8			471.7	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILITARY SCAN (H	78226	CPT	both			1512		542.46 First Health	First Health		1058.4	0.7			471.7	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILITARY SCAN (H	78226	CPT	both			1512		542.46 First Trenton	First Trenton		1360.8	0.9			471.7	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILITARY SCAN (H	78226	CPT	both			1512		542.46 Horizon	Indemnity		861.8	1.827			471.7	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILITARY SCAN (H	78226	CPT	both			1512		542.46 Horizon	PPO		861.8	1.827			471.7	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILITARY SCAN (H	78226	CPT	both			1512		542.46 Horizon	MGD		861.8	1.827			471.7	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILITARY SCAN (H	78226	CPT	both			1512		542.46 Horizon	Medicare Blue		471.7	1			471.7	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILITARY SCAN (H	78226	CPT	both			1512		542.46 Managed Care Inc	Managed Care Inc		1360.8	0.9			471.7	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILITARY SCAN (H	78226	CPT	both			1512		542.46 Multiplan	Multiplan		1209.6	0.8			471.7	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILITARY SCAN (H	78226	CPT	both			1512		542.46 Qualcare	Qualcare		1134	0.75			471.7	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILITARY SCAN (H	78226	CPT	both			1512		542.46 Three Rivers	Three Rivers		1436.4	0.95			471.7	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILITARY SCAN (H	78226	CPT	both			1512		542.46 UHC	Medicare		471.7	1			471.7	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILITARY SCAN (H	78226	CPT	both			1512		542.46 UHC	Medicaid		475.68	0.3146			471.7	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILITARY SCAN (H	78226	CPT	both			1512		542.46 Wellcare	Medicaid		475.68	0.3146			471.7	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILITARY SCAN (H	78226	CPT	both			1512		542.46 Wellcare	Medicare		471.7	1			471.7	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512		710.88 Aetna	Better Health		475.68	0.3146			475.68	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512		710.88 Aetna	Commercial		984.11	1.592			475.68	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512		710.88 Aetna	Medicare		618.16	1			475.68	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512		710.88 Americare	Americare		1134	0.75			475.68	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512		710.88 WellPoint	WellPoint		485.05	0.3208			475.68	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512		710.88 Amerihealth	Medicare		618.16	1			475.68	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512		710.88 Consumer	Consumer		1436.4	0.95			475.68	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512		710.88 Corrections	Corrections		1209.6	0.8			475.68	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512		710.88 First Health	First Health		1058.4	0.7			475.68	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512		710.88 First Trenton	First Trenton		1360.8	0.9			475.68	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512		710.88 Horizon	Medicare Blue		618.16	1			475.68	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512		710.88 Horizon	MGD		1129.38	1.827			475.68	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512		710.88 Horizon	Indemnity		1129.38	1.827			475.68	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512		710.88 Horizon	PPO		1129.38	1.827			475.68	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512		710.88 Managed Care Inc	Managed Care Inc		1360.8	0.9			475.68	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512		710.88 Multiplan	Multiplan		1209.6	0.8			475.68	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512		710.88 Qualcare	Qualcare		1134	0.75			475.68	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512		710.88 Three Rivers	Three Rivers		1436.4	0.95			475.68	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512		710.88 UHC	Medicare		618.16	1			475.68	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512		710.88 UHC	Medicaid		475.68	0.3146			475.68	1436.4	percent of total billed charges	
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512		710.88 Wellcare	Medicare		618.16	1			475.68	1436.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE HEPATOBILIARY SCAN (H	78227	CPT	both			1512		710.88 Wellcare	Medicaid		475.68	0.3146			475.68	1436.4	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832		542.46 Aetna	Medicare		256.26	0.308			256.26	861.8	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832		542.46 Aetna	Better Health		261.75	0.3146			256.26	861.8	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832		542.46 Aetna	Commercial		750.95	1.592			256.26	861.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND	78230	CPT	outpatient			832		542.46 Americare	Americare		624	0.75			256.26	861.8	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832		542.46 WellPoint	WellPoint		266.91	0.3208			256.26	861.8	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832		542.46 Amerihealth	Medicare		471.7	1			256.26	861.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND	78230	CPT	outpatient			832		542.46 Consumer	Consumer		790.4	0.95			256.26	861.8	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832		542.46 Corrections	Corrections		665.6	0.8			256.26	861.8	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832		542.46 First Health	First Health		582.4	0.7			256.26	861.8	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832		542.46 First Trenton	First Trenton		748.8	0.9			256.26	861.8	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832		542.46 Horizon	MGD		861.8	1.827			256.26	861.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND	78230	CPT	outpatient			832		542.46 Horizon	Medicare Blue		471.7	1			256.26	861.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND	78230	CPT	outpatient			832		542.46 Horizon	Indemnity		861.8	1.827			256.26	861.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND	78230	CPT	outpatient			832		542.46 Horizon	PPO		861.8	1.827			256.26	861.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND	78230	CPT	outpatient			832		542.46 Managed Care Inc	Managed Care Inc		748.8	0.9			256.26	861.8	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832		542.46 Multiplan	Multiplan		665.6	0.8			256.26	861.8	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832		542.46 Qualcare	Qualcare		624	0.75			256.26	861.8	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832		542.46 Three Rivers	Three Rivers		790.4	0.95			256.26	861.8	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832		542.46 UHC	Medicare		471.7	1			256.26	861.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND	78230	CPT	outpatient			832		542.46 UHC	Medicaid		261.75	0.3146			256.26	861.8	percent of total billed charges	
SALIVARY GLAND	78230	CPT	outpatient			832		542.46 Wellcare	Medicare		471.7	1			256.26	861.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND	78230	CPT	outpatient			832		542.46 Wellcare	Medicaid		261.75	0.3146			256.26	861.8	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155		542.46 Aetna	Medicare		471.7	1			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155		542.46 Aetna	Commercial		750.95	1.592			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155		542.46 Aetna	Better Health		363.36	0.3146			363.36	1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155		542.46 Americare	Americare		866.25	0.75			363.36	1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155		542.46 WellPoint	WellPoint		370.52	0.3208			363.36	1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155		542.46 Amerihealth	Medicare		471.7	1			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155		542.46 Consumer	Consumer		1097.25	0.95			363.36	1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155		542.46 Corrections	Corrections		924	0.8			363.36	1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155		542.46 First Health	First Health		808.5	0.7			363.36	1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155		542.46 First Trenton	First Trenton		1039.5	0.9			363.36	1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155		542.46 Horizon	Indemnity		861.8	1.827			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155		542.46 Horizon	Medicare Blue		471.7	1			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155		542.46 Horizon	MGD		861.8	1.827			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155		542.46 Horizon	PPO		861.8	1.827			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155		542.46 Managed Care Inc	Managed Care Inc		1039.5	0.9			363.36	1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155		542.46 Multiplan	Multiplan		924	0.8			363.36	1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155		542.46 Qualcare	Qualcare		866.25	0.75			363.36	1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155		542.46 Three Rivers	Three Rivers		1097.25	0.95			363.36	1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155		542.46 UHC	Medicaid		363.36	0.3146			363.36	1097.25	percent of total billed charges	
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155		542.46 UHC	Medicare		471.7	1			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155		542.46 Wellcare	Medicare		471.7	1			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLANDIMAGING/WSERIAL IMAGES	78231	CPT	outpatient			1155		542.46 Wellcare	Medicaid		363.36	0.3146			363.36	1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155		542.46 Aetna	Better Health		363.36	0.3146			363.36	1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155		542.46 Aetna	Commercial		750.95	1.592			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155		542.46 Aetna	Medicare		471.7	1			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155		542.46 Americare	Americare		866.25	0.75			363.36	1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155		542.46 WellPoint	WellPoint		370.52	0.3208			363.36	1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155		542.46 Amerihealth	Medicare		471.7	1			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155		542.46 Consumer	Consumer		1097.25	0.95			363.36	1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155		542.46 Corrections	Corrections		924	0.8			363.36	1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155		542.46 First Health	First Health		808.5	0.7			363.36	1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155		542.46 First Trenton	First Trenton		1039.5	0.9			363.36	1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155		542.46 Horizon	Medicare Blue		471.7	1			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155		542.46 Horizon	Indemnity		861.8	1.827			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155		542.46 Horizon	MGD		861.8	1.827			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155		542.46 Horizon	PPO		861.8	1.827			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155		542.46 Managed Care Inc	Managed Care Inc		1039.5	0.9			363.36	1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155		542.46 Multiplan	Multiplan		924	0.8			363.36	1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155		542.46 Qualcare	Qualcare		866.25	0.75			363.36	1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155		542.46 Three Rivers	Three Rivers		1097.25	0.95			363.36	1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155		542.46 UHC	Medicaid		363.36	0.3146			363.36	1097.25	percent of total billed charges	
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155		542.46 UHC	Medicare		471.7	1			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155		542.46 Wellcare	Medicare		471.7	1			363.36	1097.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALIVARY GLAND FUNCT STUDY	78232	CPT	outpatient			1155		542.46 Wellcare	Medicaid		363.36	0.3146			363.36	1097.25	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448		542.46 Aetna	Better Health		455.54	0.3146			441.06	1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448		542.46 Aetna	Medicare		445.98	0.308			441.06	1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448		542.46 Aetna	Commercial		750.95	1.592			441.06	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC 99M SWALLOW	78258	CPT	outpatient			1448		542.46 Americare	Americare		1086	0.75			441.06	1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448		542.46 WellPoint	WellPoint		464.52	0.3208			441.06	1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448		542.46 Amerihealth	Medicare		471.7	1			441.06	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC 99M SWALLOW	78258	CPT	outpatient			1448		542.46 Consumer	Consumer		1375.6	0.95			441.06	1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448		542.46 Corrections	Corrections		1158.4	0.8			441.06	1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448		542.46 First Health	First Health		1013.6	0.7			441.06	1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448		542.46 First Trenton	First Trenton		1303.2	0.9			441.06	1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448		542.46 Horizon	MGD		861.8	1.827			441.06	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC 99M SWALLOW	78258	CPT	outpatient			1448		542.46 Horizon	Medicare Blue		471.7	1			441.06	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC 99M SWALLOW	78258	CPT	outpatient			1448		542.46 Horizon	Indemnity		861.8	1.827			441.06	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC 99M SWALLOW	78258	CPT	outpatient			1448		542.46 Horizon	PPO		861.8	1.827			441.06	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC 99M SWALLOW	78258	CPT	outpatient			1448		542.46 Managed Care Inc	Managed Care Inc		1303.2	0.9			441.06	1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448		542.46 Multiplan	Multiplan		1158.4	0.8			441.06	1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448		542.46 Qualcare	Qualcare		1086	0.75			441.06	1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448		542.46 Three Rivers	Three Rivers		1375.6	0.95			441.06	1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448		542.46 UHC	Medicaid		455.54	0.3146			441.06	1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448		542.46 UHC	Medicare		471.7	1			441.06	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TC 99M SWALLOW	78258	CPT	outpatient			1448		542.46 Wellcare	Medicaid		455.54	0.3146			441.06	1375.6	percent of total billed charges	
TC 99M SWALLOW	78258	CPT	outpatient			1448		542.46 Wellcare	Medicare		471.7	1			441.06	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UREA BREATH TEST	78262	CPT	both			1554		542.46 Aetna	Better Health		488.89	0.3146			405.83	1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554		542.46 Aetna	Commercial		750.95	1.592			405.83	1476.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UREA BREATH TEST	78262	CPT	both			1554		542.46 Aetna	Medicare		471.7	1			405.83	1476.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UREA BREATH TEST	78262	CPT	both			1554		542.46 Americare	Americare		1165.5	0.75			405.83	1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554		542.46 WellPoint	WellPoint		498.52	0.3208			405.83	1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554		542.46 Amerihealth	Medicare		471.7	1			405.83	1476.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UREA BREATH TEST	78262	CPT	both			1554		542.46 Consumer	Consumer		1476.3	0.95			405.83	1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554		542.46 Corrections	Corrections		1243.2	0.8			405.83	1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554		542.46 First Health	First Health		1087.8	0.7			405.83	1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554		542.46 First Trenton	First Trenton		1398.6	0.9			405.83	1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554		542.46 Horizon	MGD		861.8	1.827			405.83	1476.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UREA BREATH TEST	78262	CPT	both			1554		542.46 Horizon	Indemnity		861.8	1.827			405.83	1476.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UREA BREATH TEST	78262	CPT	both			1554		542.46 Horizon	Medicare Blue		471.7	1			405.83	1476.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UREA BREATH TEST	78262	CPT	both			1554		542.46 Horizon	PPO		861.8	1.827			405.83	1476.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UREA BREATH TEST	78262	CPT	both			1554		542.46 Managed Care Inc	Managed Care Inc		1398.6	0.9			405.83	1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554		542.46 Multiplan	Multiplan		1243.2	0.8			405.83	1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554		542.46 Qualcare	Qualcare		1165.5	0.75			405.83	1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554		542.46 Three Rivers	Three Rivers		1476.3	0.95			405.83	1476.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UREA BREATH TEST	78262	CPT	both			1554		542.46 UHC	Medicare		471.7	1			405.83	1476.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UREA BREATH TEST	78262	CPT	both			1554		542.46 UHC	Medicaid		488.89	0.3146			405.83	1476.3	percent of total billed charges	
UREA BREATH TEST	78262	CPT	both			1554		542.46 Wellcare	Medicare		471.7	1			405.83	1476.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UREA BREATH TEST	78262	CPT	both			1554		542.46 Wellcare	Medicaid		488.89	0.3146			405.83	1476.3	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Aetna	Commercial		750.95	1.592			457.38	1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Aetna	Medicare		457.38	0.308			457.38	1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Aetna	Better Health		467.18	0.3146			457.38	1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Americare	Americare		1113.75	0.75			457.38	1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 WellPoint	WellPoint		476.39	0.3208			457.38	1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Amerihealth	Medicare		471.7	1			457.38	1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Consumer	Consumer		1410.75	0.95			457.38	1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Corrections	Corrections		1188	0.8			457.38	1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 First Health	First Health		1039.5	0.7			457.38	1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 First Trenton	First Trenton		1336.5	0.9			457.38	1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Horizon	Medicare Blue		471.7	1			457.38	1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Horizon	Indemnity		861.8	1.827			457.38	1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Horizon	MGD		861.8	1.827			457.38	1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Horizon	PPO		861.8	1.827			457.38	1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Managed Care Inc	Managed Care Inc		1336.5	0.9			457.38	1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Multiplan	Multiplan		1188	0.8			457.38	1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Qualcare	Qualcare		1113.75	0.75			457.38	1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Three Rivers	Three Rivers		1410.75	0.95			457.38	1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 UHC	Medicare		471.7	1			457.38	1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 UHC	Medicaid		467.18	0.3146			457.38	1410.75	percent of total billed charges	
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Wellcare	Medicare		471.7	1			457.38	1410.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTRIC EMPTYING	78264	CPT	both			1485		542.46 Wellcare	Medicaid		467.18	0.3146			457.38	1410.75	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Aetna	Medicare		11.06				11.06	456	case rate	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Aetna	Better Health		151.01	0.3146			11.06	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Aetna	Commercial		182.4	0.38			11.06	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Americare	Americare		360	0.75			11.06	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 WellPoint	WellPoint		153.98	0.3208			11.06	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Amerihealth	Medicare		11.06				11.06	456	case rate	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Consumer	Consumer		456	0.95			11.06	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Corrections	Corrections		384	0.8			11.06	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 First Health	First Health		336	0.7			11.06	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 First Trenton	First Trenton		432	0.9			11.06	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Horizon	Medicare Blue		144	0.3			11.06	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Horizon	Indemnity		183.74	0.3828			11.06	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Horizon	MGD		183.74	0.3828			11.06	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Horizon	PPO		183.74	0.3828			11.06	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Managed Care Inc	Managed Care Inc		432	0.9			11.06	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Multiplan	Multiplan		384	0.8			11.06	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Qualcare	Qualcare		360	0.75			11.06	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Three Rivers	Three Rivers		456	0.95			11.06	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 UHC	Medicaid		151.01	0.3146			11.06	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 UHC	Medicare		11.06				11.06	456	case rate	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Wellcare	Medicaid		151.01	0.3146			11.06	456	percent of total billed charges	
BREATH TEST SAMPLE COLLECTION	78267	CPT	outpatient			480		12.72 Wellcare	Medicare		11.06				11.06	456	case rate	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Aetna	Medicare		94.41				94.41	1495.3	case rate	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Aetna	Better Health		495.18	0.3146			94.41	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Aetna	Commercial		598.12	0.38			94.41	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Americare	Americare		1180.5	0.75			94.41	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 WellPoint	WellPoint		504.94	0.3208			94.41	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Amerihealth	Medicare		94.41				94.41	1495.3	case rate	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Consumer	Consumer		1495.3	0.95			94.41	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Corrections	Corrections		1259.2	0.8			94.41	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 First Health	First Health		1101.8	0.7			94.41	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 First Trenton	First Trenton		1416.6	0.9			94.41	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Horizon	MGD		602.53	0.3828			94.41	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Horizon	Indemnity		602.53	0.3828			94.41	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Horizon	Medicare Blue		472.2	0.3			94.41	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Horizon	PPO		602.53	0.3828			94.41	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Managed Care Inc	Managed Care Inc		1416.6	0.9			94.41	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Multiplan	Multiplan		1259.2	0.8			94.41	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Qualcare	Qualcare		1180.5	0.75			94.41	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Three Rivers	Three Rivers		1495.3	0.95			94.41	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 UHC	Medicaid		495.18	0.3146			94.41	1495.3	percent of total billed charges	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 UHC	Medicare		94.41				94.41	1495.3	case rate	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Wellcare	Medicare		94.41				94.41	1495.3	case rate	
BREATH TEST ANALYSIS	78268	CPT	outpatient			1574		108.57 Wellcare	Medicaid		495.18	0.3146			94.41	1495.3	percent of total billed charges	
G.I.BLEEDING	78278	CPT	inpatient			1448		542.46 Aetna	Better Health		455.54	0.3146			390.73	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	inpatient			1448		542.46 Aetna	Medicare		471.7	1			390.73	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
G.I.BLEEDING	78278	CPT	inpatient			1448		542.46 Aetna	Commercial		750.95	1.592			390.73	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
G.I.BLEEDING	78278	CPT	inpatient			1448		542.46 Americare	Americare		1086	0.75			390.73	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	inpatient			1448		542.46 WellPoint	WellPoint		464.52	0.3208			390.73	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	inpatient			1448		542.46 Amerihealth	Medicare		471.7	1			390.73	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
G.I.BLEEDING	78278	CPT	inpatient			1448		542.46 Consumer	Consumer		1375.6	0.95			390.73	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	inpatient			1448		542.46 Corrections	Corrections		1158.4	0.8			390.73	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	inpatient			1448		542.46 First Health	First Health		1013.6	0.7			390.73	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	inpatient			1448		542.46 First Trenton	First Trenton		1303.2	0.9			390.73	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	inpatient			1448		542.46 Horizon	PPO		861.8	1.827			390.73	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
G.I.BLEEDING	78278	CPT	inpatient			1448		542.46 Horizon	Medicare Blue		471.7	1			390.73	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
G.I.BLEEDING	78278	CPT	inpatient			1448		542.46 Horizon	MGD		861.8	1.827			390.73	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
G.I.BLEEDING	78278	CPT	inpatient			1448		542.46 Horizon	Indemnity		861.8	1.827			390.73	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
G.I.BLEEDING	78278	CPT	inpatient			1448		542.46 Managed Care Inc	Managed Care Inc		1303.2	0.9			390.73	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	inpatient			1448		542.46 Multiplan	Multiplan		1158.4	0.8			390.73	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	inpatient			1448		542.46 Qualcare	Qualcare		1086	0.75			390.73	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	inpatient			1448		542.46 Three Rivers	Three Rivers		1375.6	0.95			390.73	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	inpatient			1448		542.46 UHC	Medicaid		455.54	0.3146			390.73	1375.6	percent of total billed charges	
G.I.BLEEDING	78278	CPT	inpatient			1448		542.46 UHC	Medicare		471.7	1			390.73	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
G.I.BLEEDING	78278	CPT	inpatient			1448		542.46 Wellcare	Medicare		471.7	1			390.73	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
G.I.BLEEDING	78278	CPT	inpatient			1448		542.46 Wellcare	Medicaid		455.54	0.3146			390.73	1375.6	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	outpatient			927		542.46 Aetna	Medicare		471.7	1			291.63	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECKEL'S SCAN	78290	CPT	outpatient			927		542.46 Aetna	Better Health		291.63	0.3146			291.63	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	outpatient			927		542.46 Aetna	Commercial		750.95	1.592			291.63	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECKEL'S SCAN	78290	CPT	outpatient			927		542.46 Americare	Americare		695.25	0.75			291.63	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	outpatient			927		542.46 WellPoint	WellPoint		297.38	0.3208			291.63	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	outpatient			927		542.46 Amerihealth	Medicare		471.7	1			291.63	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECKEL'S SCAN	78290	CPT	outpatient			927		542.46 Consumer	Consumer		880.65	0.95			291.63	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	outpatient			927		542.46 Corrections	Corrections		741.6	0.8			291.63	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	outpatient			927		542.46 First Health	First Health		648.9	0.7			291.63	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	outpatient			927		542.46 First Trenton	First Trenton		834.3	0.9			291.63	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	outpatient			927		542.46 Horizon	MGD		861.8	1.827			291.63	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECKEL'S SCAN	78290	CPT	outpatient			927		542.46 Horizon	Medicare Blue		471.7	1			291.63	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECKEL'S SCAN	78290	CPT	outpatient			927		542.46 Horizon	PPO		861.8	1.827			291.63	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECKEL'S SCAN	78290	CPT	outpatient			927		542.46 Horizon	Indemnity		861.8	1.827			291.63	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECKEL'S SCAN	78290	CPT	outpatient			927		542.46 Managed Care Inc	Managed Care Inc		834.3	0.9			291.63	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	outpatient			927		542.46 Multiplan	Multiplan		741.6	0.8			291.63	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	outpatient			927		542.46 Qualcare	Qualcare		695.25	0.75			291.63	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	outpatient			927		542.46 Three Rivers	Three Rivers		880.65	0.95			291.63	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	outpatient			927		542.46 UHC	Medicaid		291.63	0.3146			291.63	880.65	percent of total billed charges	
MECKEL'S SCAN	78290	CPT	outpatient			927		542.46 UHC	Medicare		471.7	1			291.63	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECKEL'S SCAN	78290	CPT	outpatient			927		542.46 Wellcare	Medicare		471.7	1			291.63	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MECKEL'S SCAN	78290	CPT	outpatient			927		542.46 Wellcare	Medicaid		291.63	0.3146			291.63	880.65	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Aetna	Better Health		468.44	0.3146			458.61	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Aetna	Commercial		750.95	1.592			458.61	1414.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Aetna	Medicare		458.61	0.308			458.61	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Americare	Americare		1116.75	0.75			458.61	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 WellPoint	WellPoint		477.67	0.3208			458.61	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Amerihealth	Medicare		471.7	1			458.61	1414.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Consumer	Consumer		1414.55	0.95			458.61	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Corrections	Corrections		1191.2	0.8			458.61	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 First Health	First Health		1042.3	0.7			458.61	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 First Trenton	First Trenton		1340.1	0.9			458.61	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Horizon	Medicare Blue		471.7	1			458.61	1414.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Horizon	Indemnity		861.8	1.827			458.61	1414.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Horizon	MGD		861.8	1.827			458.61	1414.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Horizon	PPO		861.8	1.827			458.61	1414.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Managed Care Inc	Managed Care Inc		1340.1	0.9			458.61	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Multiplan	Multiplan		1191.2	0.8			458.61	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Qualcare	Qualcare		1116.75	0.75			458.61	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Three Rivers	Three Rivers		1414.55	0.95			458.61	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 UHC	Medicare		471.7	1			458.61	1414.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 UHC	Medicaid		468.44	0.3146			458.61	1414.55	percent of total billed charges	
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Wellcare	Medicare		471.7	1			458.61	1414.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEEN SHUNT/PERITON SHUNT	78291	CPT	outpatient			1489		542.46 Wellcare	Medicaid		468.44	0.3146			458.61	1414.55	percent of total billed charges	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Aetna	Better Health		455.54	0.3146			144.8	1375.6	percent of total billed charges	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Aetna	Commercial		750.95	1.592			144.8	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Aetna	Medicare		471.7	1			144.8	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Americare	Americare		1086	0.75			144.8	1375.6	percent of total billed charges	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 WellPoint	WellPoint		464.52	0.3208			144.8	1375.6	percent of total billed charges	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Amerihealth	Medicare		471.7	1			144.8	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Consumer	Consumer		1375.6	0.95			144.8	1375.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Corrections	Corrections		1158.4	0.8			144.8	1375.6	percent of total billed charges	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 First Health	First Health		1013.6	0.7			144.8	1375.6	percent of total billed charges	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 First Trenton	First Trenton		1303.2	0.9			144.8	1375.6	percent of total billed charges	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Horizon	Medicare Blue		471.7	1			144.8	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Horizon	NJ Health		144.8	0.1			144.8	1375.6	percent of total billed charges	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Horizon	MGD		861.8	1.827			144.8	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Horizon	Indemnity		861.8	1.827			144.8	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Horizon	PPO		861.8	1.827			144.8	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Managed Care Inc	Managed Care Inc		1303.2	0.9			144.8	1375.6	percent of total billed charges	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Multiplan	Multiplan		1158.4	0.8			144.8	1375.6	percent of total billed charges	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Qualcare	Qualcare		1086	0.75			144.8	1375.6	percent of total billed charges	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Three Rivers	Three Rivers		1375.6	0.95			144.8	1375.6	percent of total billed charges	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 UHC	Medicaid		455.54	0.3146			144.8	1375.6	percent of total billed charges	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 UHC	Medicare		471.7	1			144.8	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Wellcare	Medicaid		455.54	0.3146			144.8	1375.6	percent of total billed charges	
SPLEEN/KIDNEY	78299	CPT	outpatient			1448		542.46 Wellcare	Medicare		471.7	1			144.8	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN LIMITED	78300	CPT	inpatient			1460		542.46 Aetna	Commercial		750.95	1.592			459.32	1387	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN LIMITED	78300	CPT	inpatient			1460		542.46 Aetna	Better Health		459.32	0.3146			459.32	1387	percent of total billed charges	
BONE SCAN LIMITED	78300	CPT	inpatient			1460		542.46 Aetna	Medicare		471.7	1			459.32	1387	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN LIMITED	78300	CPT	inpatient			1460		542.46 Americare	Americare		1095	0.75			459.32	1387	percent of total billed charges	
BONE SCAN LIMITED	78300	CPT	inpatient			1460		542.46 WellPoint	WellPoint		468.37	0.3208			459.32	1387	percent of total billed charges	
BONE SCAN LIMITED	78300	CPT	inpatient			1460		542.46 Amerihealth	Medicare		471.7	1			459.32	1387	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN LIMITED	78300	CPT	inpatient			1460		542.46 Consumer	Consumer		1387	0.95			459.32	1387	percent of total billed charges	
BONE SCAN LIMITED	78300	CPT	inpatient			1460		542.46 Corrections	Corrections		1168	0.8			459.32	1387	percent of total billed charges	
BONE SCAN LIMITED	78300	CPT	inpatient			1460		542.46 First Health	First Health		1022	0.7			459.32	1387	percent of total billed charges	
BONE SCAN LIMITED	78300	CPT	inpatient			1460		542.46 First Trenton	First Trenton		1314	0.9			459.32	1387	percent of total billed charges	
BONE SCAN LIMITED	78300	CPT	inpatient			1460		542.46 Horizon	PPO		861.8	1.827			459.32	1387	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN LIMITED	78300	CPT	inpatient			1460		542.46 Horizon	MGD		861.8	1.827			459.32	1387	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN LIMITED	78300	CPT	inpatient			1460		542.46 Horizon	Indemnity		861.8	1.827			459.32	1387	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN LIMITED	78300	CPT	inpatient			1460		542.46 Horizon	Medicare Blue		471.7	1			459.32	1387	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN LIMITED	78300	CPT	inpatient			1460		542.46 Managed Care Inc	Managed Care Inc		1314	0.9			459.32	1387	percent of total billed charges	
BONE SCAN LIMITED	78300	CPT	inpatient			1460		542.46 Multiplan	Multiplan		1168	0.8			459.32	1387	percent of total billed charges	
BONE SCAN LIMITED	78300	CPT	inpatient			1460		542.46 Qualcare	Qualcare		1095	0.75			459.32	1387	percent of total billed charges	
BONE SCAN LIMITED	78300	CPT	inpatient			1460		542.46 Three Rivers	Three Rivers		1387	0.95			459.32	1387	percent of total billed charges	
BONE SCAN LIMITED	78300	CPT	inpatient			1460		542.46 UHC	Medicare		471.7	1			459.32	1387	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN LIMITED	78300	CPT	inpatient			1460		542.46 UHC	Medicaid		459.32	0.3146			459.32	1387	percent of total billed charges	
BONE SCAN LIMITED	78300	CPT	inpatient			1460		542.46 Wellcare	Medicare		471.7	1			459.32	1387	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN LIMITED	78300	CPT	inpatient			1460		542.46 Wellcare	Medicaid		459.32	0.3146			459.32	1387	percent of total billed charges	
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Aetna	Commercial		750.95	1.592			471.7	1544.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Aetna	Better Health		511.54	0.3146			471.7	1544.7	percent of total billed charges	
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Aetna	Medicare		471.7	1			471.7	1544.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Americare	Americare		1219.5	0.75			471.7	1544.7	percent of total billed charges	
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 WellPoint	WellPoint		521.62	0.3208			471.7	1544.7	percent of total billed charges	
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Amerihealth	Medicare		471.7	1			471.7	1544.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Consumer	Consumer		1544.7	0.95			471.7	1544.7	percent of total billed charges	
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Corrections	Corrections		1300.8	0.8			471.7	1544.7	percent of total billed charges	
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 First Health	First Health		1138.2	0.7			471.7	1544.7	percent of total billed charges	
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 First Trenton	First Trenton		1463.4	0.9			471.7	1544.7	percent of total billed charges	
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Horizon	MGD		861.8	1.827			471.7	1544.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Horizon	Indemnity		861.8	1.827			471.7	1544.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Horizon	Medicare Blue		471.7	1			471.7	1544.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Horizon	PPO		861.8	1.827			471.7	1544.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Managed Care Inc	Managed Care Inc		1463.4	0.9			471.7	1544.7	percent of total billed charges	
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Multiplan	Multiplan		1300.8	0.8			471.7	1544.7	percent of total billed charges	
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Qualcare	Qualcare		1219.5	0.75			471.7	1544.7	percent of total billed charges	
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Three Rivers	Three Rivers		1544.7	0.95			471.7	1544.7	percent of total billed charges	
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 UHC	Medicare		471.7	1			471.7	1544.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 UHC	Medicaid		511.54	0.3146			471.7	1544.7	percent of total billed charges	
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Wellcare	Medicaid		511.54	0.3146			471.7	1544.7	percent of total billed charges	
BONE SCAN MULT	78305	CPT	outpatient			1626		542.46 Wellcare	Medicare		471.7	1			471.7	1544.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Aetna	Commercial		750.95	1.592			441.07	3043.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Aetna	Better Health		1007.98	0.3146			441.07	3043.8	percent of total billed charges	
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Aetna	Medicare		471.7	1			441.07	3043.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Americare	Americare		2403	0.75			441.07	3043.8	percent of total billed charges	
SAMARIUM SCAN	78306	CPT	both			3204		542.46 WellPoint	WellPoint		1027.84	0.3208			441.07	3043.8	percent of total billed charges	
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Amerihealth	Medicare		471.7	1			441.07	3043.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Consumer	Consumer		3043.8	0.95			441.07	3043.8	percent of total billed charges	
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Corrections	Corrections		2563.2	0.8			441.07	3043.8	percent of total billed charges	
SAMARIUM SCAN	78306	CPT	both			3204		542.46 First Health	First Health		2242.8	0.7			441.07	3043.8	percent of total billed charges	
SAMARIUM SCAN	78306	CPT	both			3204		542.46 First Trenton	First Trenton		2883.6	0.9			441.07	3043.8	percent of total billed charges	
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Horizon	PPO		861.8	1.827			441.07	3043.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Horizon	Medicare Blue		471.7	1			441.07	3043.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Horizon	Indemnity		861.8	1.827			441.07	3043.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Horizon	MGD		861.8	1.827			441.07	3043.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Managed Care Inc	Managed Care Inc		2883.6	0.9			441.07	3043.8	percent of total billed charges	
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Multiplan	Multiplan		2563.2	0.8			441.07	3043.8	percent of total billed charges	
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Qualcare	Qualcare		2403	0.75			441.07	3043.8	percent of total billed charges	
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Three Rivers	Three Rivers		3043.8	0.95			441.07	3043.8	percent of total billed charges	
SAMARIUM SCAN	78306	CPT	both			3204		542.46 UHC	Medicaid		1007.98	0.3146			441.07	3043.8	percent of total billed charges	
SAMARIUM SCAN	78306	CPT	both			3204		542.46 UHC	Medicare		471.7	1			441.07	3043.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Wellcare	Medicaid		1007.98	0.3146			441.07	3043.8	percent of total billed charges	
SAMARIUM SCAN	78306	CPT	both			3204		542.46 Wellcare	Medicare		471.7	1			441.07	3043.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Aetna	Better Health		819.85	0.3146			471.7	2475.7	percent of total billed charges	
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Aetna	Commercial		750.95	1.592			471.7	2475.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Aetna	Medicare		802.65	0.308			471.7	2475.7	percent of total billed charges	
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Americare	Americare		1954.5	0.75			471.7	2475.7	percent of total billed charges	
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 WellPoint	WellPoint		836	0.3208			471.7	2475.7	percent of total billed charges	
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Amerihealth	Medicare		471.7	1			471.7	2475.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Consumer	Consumer		2475.7	0.95			471.7	2475.7	percent of total billed charges	
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Corrections	Corrections		2084.8	0.8			471.7	2475.7	percent of total billed charges	
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 First Health	First Health		1824.2	0.7			471.7	2475.7	percent of total billed charges	
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 First Trenton	First Trenton		2345.4	0.9			471.7	2475.7	percent of total billed charges	
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Horizon	PPO		861.8	1.827			471.7	2475.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Horizon	MGD		861.8	1.827			471.7	2475.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Horizon	Medicare Blue		471.7	1			471.7	2475.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Horizon	Indemnity		861.8	1.827			471.7	2475.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Managed Care Inc	Managed Care Inc		2345.4	0.9			471.7	2475.7	percent of total billed charges	
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Multiplan	Multiplan		2084.8	0.8			471.7	2475.7	percent of total billed charges	
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Qualcare	Qualcare		1954.5	0.75			471.7	2475.7	percent of total billed charges	
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Three Rivers	Three Rivers		2475.7	0.95			471.7	2475.7	percent of total billed charges	
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 UHC	Medicare		471.7	1			471.7	2475.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 UHC	Medicaid		819.85	0.3146			471.7	2475.7	percent of total billed charges	
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Wellcare	Medicare		471.7	1			471.7	2475.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE SCAN THREE PHASE	78315	CPT	both			2606		542.46 Wellcare	Medicaid		819.85	0.3146			471.7	2475.7	percent of total billed charges	
BONE SPECT	78320	CPT	both			1524		Aetna	Better Health		479.45	0.3146			457.2	1447.8	percent of total billed charges	
BONE SPECT	78320	CPT	both			1524		Aetna	Medicare		469.39	0.308			457.2	1447.8	percent of total billed charges	
BONE SPECT	78320	CPT	both			1524		Aetna	Commercial		579.12	0.38			457.2	1447.8	percent of total billed charges	
BONE SPECT	78320	CPT	both			1524		Americare	Americare		1143	0.75			457.2	1447.8	percent of total billed charges	
BONE SPECT	78320	CPT	both			1524		WellPoint	WellPoint		488.9	0.3208			457.2	1447.8	percent of total billed charges	
BONE SPECT	78320	CPT	both			1524		Consumer	Consumer		1447.8	0.95			457.2	1447.8	percent of total billed charges	
BONE SPECT	78320	CPT	both			1524		Corrections	Corrections		1219.2	0.8			457.2	1447.8	percent of total billed charges	
BONE SPECT	78320	CPT	both			1524		First Health	First Health		1066.8	0.7			457.2	1447.8	percent of total billed charges	
BONE SPECT	78320	CPT	both			1524		First Trenton	First Trenton		1371.6	0.9			457.2	1447.8	percent of total billed charges	
BONE SPECT	78320	CPT	both			1524		Horizon	Medicare Blue		457.2	0.3			457.2	1447.8	percent of total billed charges	
BONE SPECT	78320	CPT	both			1524		Horizon	PPO		583.39	0.3828			457.2	1447.8	percent of total billed charges	
BONE SPECT	78320	CPT	both			1524		Horizon	MGD		583.39	0.3828			457.2	1447.8	percent of total billed charges	
BONE SPECT	78320	CPT	both			1524		Horizon	Indemnity		583.39	0.3828			457.2	1447.8	percent of total billed charges	
BONE SPECT	78320	CPT	both			1524		Managed Care Inc	Managed Care Inc		1371.6	0.9			457.2	1447.8	percent of total billed charges	
BONE SPECT	78320	CPT	both			1524		Multiplan	Multiplan		1219.2	0.8			457.2	1447.8	percent of total billed charges	
BONE SPECT	78320	CPT	both			1524		Qualcare	Qualcare		1143	0.75			457.2	1447.8	percent of total billed charges	
BONE SPECT	78320	CPT	both			1524		Three Rivers	Three Rivers		1447.8	0.95			457.2	1447.8	percent of total billed charges	
BONE SPECT	78320	CPT	both			1524		UHC	Medicaid		479.45	0.3146			457.2	1447.8	percent of total billed charges	
BONE SPECT	78320	CPT	both			1524		Wellcare	Medicaid		479.45	0.3146			457.2	1447.8	percent of total billed charges	
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Aetna	Medicare		438.59	0.308			142.4	1352.8	percent of total billed charges	
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Aetna	Commercial		750.95	1.592			142.4	1352.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Aetna	Better Health		447.99	0.3146			142.4	1352.8	percent of total billed charges	
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Americare	Americare		1068	0.75			142.4	1352.8	percent of total billed charges	
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 WellPoint	WellPoint		456.82	0.3208			142.4	1352.8	percent of total billed charges	
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Amerihealth	Medicare		471.7	1			142.4	1352.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Consumer	Consumer		1352.8	0.95			142.4	1352.8	percent of total billed charges	
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Corrections	Corrections		1139.2	0.8			142.4	1352.8	percent of total billed charges	
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 First Health	First Health		996.8	0.7			142.4	1352.8	percent of total billed charges	
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 First Trenton	First Trenton		1281.6	0.9			142.4	1352.8	percent of total billed charges	
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Horizon	Medicare Blue		471.7	1			142.4	1352.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Horizon	Indemnity		861.8	1.827			142.4	1352.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Horizon	MGD		861.8	1.827			142.4	1352.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Horizon	NJ Health		142.4	0.1			142.4	1352.8	percent of total billed charges	
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Horizon	PPO		861.8	1.827			142.4	1352.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Managed Care Inc	Managed Care Inc		1281.6	0.9			142.4	1352.8	percent of total billed charges	
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Multiplan	Multiplan		1139.2	0.8			142.4	1352.8	percent of total billed charges	
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Qualcare	Qualcare		1068	0.75			142.4	1352.8	percent of total billed charges	
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 Three Rivers	Three Rivers		1352.8	0.95			142.4	1352.8	percent of total billed charges	
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424		542.46 UHC	Medicare		471.7	1			142.4	1352.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424	542.46	UHC	Medicaid		447.99	0.3146			142.4	1352.8	percent of total billed charges	
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424	542.46	Wellcare	Medicaid		447.99	0.3146			142.4	1352.8	percent of total billed charges	
UNLISTED DIAGNOSTIC PROC	78399	CPT	outpatient			1424	542.46	Wellcare	Medicare		471.7	1			142.4	1352.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD SHUT DETECTION	78428	CPT	outpatient			1008	542.46	Aetna	Better Health		317.12	0.3146			317.12	957.6	percent of total billed charges	
CARD SHUT DETECTION	78428	CPT	outpatient			1008	542.46	Aetna	Commercial		750.95	1.592			317.12	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD SHUT DETECTION	78428	CPT	outpatient			1008	542.46	Aetna	Medicare		471.7	1			317.12	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD SHUT DETECTION	78428	CPT	outpatient			1008	542.46	Americare	Americare		756	0.75			317.12	957.6	percent of total billed charges	
CARD SHUT DETECTION	78428	CPT	outpatient			1008	542.46	WellPoint	WellPoint		323.37	0.3208			317.12	957.6	percent of total billed charges	
CARD SHUT DETECTION	78428	CPT	outpatient			1008	542.46	Amerihealth	Medicare		471.7	1			317.12	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD SHUT DETECTION	78428	CPT	outpatient			1008	542.46	Consumer	Consumer		957.6	0.95			317.12	957.6	percent of total billed charges	
CARD SHUT DETECTION	78428	CPT	outpatient			1008	542.46	Corrections	Corrections		806.4	0.8			317.12	957.6	percent of total billed charges	
CARD SHUT DETECTION	78428	CPT	outpatient			1008	542.46	First Health	First Health		705.6	0.7			317.12	957.6	percent of total billed charges	
CARD SHUT DETECTION	78428	CPT	outpatient			1008	542.46	First Trenton	First Trenton		907.2	0.9			317.12	957.6	percent of total billed charges	
CARD SHUT DETECTION	78428	CPT	outpatient			1008	542.46	Horizon	MGD		861.8	1.827			317.12	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD SHUT DETECTION	78428	CPT	outpatient			1008	542.46	Horizon	Medicare Blue		471.7	1			317.12	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD SHUT DETECTION	78428	CPT	outpatient			1008	542.46	Horizon	PPO		861.8	1.827			317.12	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD SHUT DETECTION	78428	CPT	outpatient			1008	542.46	Horizon	Indemnity		861.8	1.827			317.12	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD SHUT DETECTION	78428	CPT	outpatient			1008	542.46	Managed Care Inc	Managed Care Inc		907.2	0.9			317.12	957.6	percent of total billed charges	
CARD SHUT DETECTION	78428	CPT	outpatient			1008	542.46	Multiplan	Multiplan		806.4	0.8			317.12	957.6	percent of total billed charges	
CARD SHUT DETECTION	78428	CPT	outpatient			1008	542.46	Qualcare	Qualcare		756	0.75			317.12	957.6	percent of total billed charges	
CARD SHUT DETECTION	78428	CPT	outpatient			1008	542.46	Three Rivers	Three Rivers		957.6	0.95			317.12	957.6	percent of total billed charges	
CARD SHUT DETECTION	78428	CPT	outpatient			1008	542.46	UHC	Medicaid		317.12	0.3146			317.12	957.6	percent of total billed charges	
CARD SHUT DETECTION	78428	CPT	outpatient			1008	542.46	UHC	Medicare		471.7	1			317.12	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARD SHUT DETECTION	78428	CPT	outpatient			1008	542.46	Wellcare	Medicaid		317.12	0.3146			317.12	957.6	percent of total billed charges	
CARD SHUT DETECTION	78428	CPT	outpatient			1008	542.46	Wellcare	Medicare		471.7	1			317.12	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797	2057.61	Aetna	Commercial		2848.45	1.592			1789.23	5507.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797	2057.61	Aetna	Better Health		1823.74	0.3146			1789.23	5507.15	percent of total billed charges	
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797	2057.61	Aetna	Medicare		1789.23	1			1789.23	5507.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797	2057.61	Americare	Americare		4347.75	0.75			1789.23	5507.15	percent of total billed charges	
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797	2057.61	WellPoint	WellPoint		1859.68	0.3208			1789.23	5507.15	percent of total billed charges	
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797	2057.61	Amerihealth	Medicare		1789.23	1			1789.23	5507.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797	2057.61	Consumer	Consumer		5507.15	0.95			1789.23	5507.15	percent of total billed charges	
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797	2057.61	Corrections	Corrections		4637.6	0.8			1789.23	5507.15	percent of total billed charges	
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797	2057.61	First Health	First Health		4057.9	0.7			1789.23	5507.15	percent of total billed charges	
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797	2057.61	First Trenton	First Trenton		5217.3	0.9			1789.23	5507.15	percent of total billed charges	
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797	2057.61	Horizon	MGD		3268.92	1.827			1789.23	5507.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797	2057.61	Horizon	Medicare Blue		1789.23	1			1789.23	5507.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797	2057.61	Horizon	PPO		3268.92	1.827			1789.23	5507.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797	2057.61	Horizon	Indemnity		3268.92	1.827			1789.23	5507.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797	2057.61	Managed Care Inc	Managed Care Inc		5217.3	0.9			1789.23	5507.15	percent of total billed charges	
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797	2057.61	Multiplan	Multiplan		4637.6	0.8			1789.23	5507.15	percent of total billed charges	
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797	2057.61	Qualcare	Qualcare		4347.75	0.75			1789.23	5507.15	percent of total billed charges	
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797	2057.61	Three Rivers	Three Rivers		5507.15	0.95			1789.23	5507.15	percent of total billed charges	
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797	2057.61	UHC	Medicare		1789.23	1			1789.23	5507.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797	2057.61	UHC	Medicaid		1823.74	0.3146			1789.23	5507.15	percent of total billed charges	
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797	2057.61	Wellcare	Medicaid		1823.74	0.3146			1789.23	5507.15	percent of total billed charges	
PET CT CARDIAC SARCOIDOSIS CHEST ONLY	78429	CPT	outpatient			5797	2057.61	Wellcare	Medicare		1789.23	1			1789.23	5507.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SVC FLOW	78445	CPT	outpatient			1469	542.46	Aetna	Better Health		462.15	0.3146			455.54	1395.55	percent of total billed charges	
SVC FLOW	78445	CPT	outpatient			1469	542.46	Aetna	Commercial		750.95	1.592			455.54	1395.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SVC FLOW	78445	CPT	outpatient			1469	542.46	Aetna	Medicare		471.7	1			455.54	1395.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SVC FLOW	78445	CPT	outpatient			1469	542.46	Americare	Americare		1101.75	0.75			455.54	1395.55	percent of total billed charges	
SVC FLOW	78445	CPT	outpatient			1469	542.46	WellPoint	WellPoint		471.26	0.3208			455.54	1395.55	percent of total billed charges	
SVC FLOW	78445	CPT	outpatient			1469	542.46	Amerihealth	Medicare		471.7	1			455.54	1395.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SVC FLOW	78445	CPT	outpatient			1469	542.46	Consumer	Consumer		1395.55	0.95			455.54	1395.55	percent of total billed charges	
SVC FLOW	78445	CPT	outpatient			1469	542.46	Corrections	Corrections		1175.2	0.8			455.54	1395.55	percent of total billed charges	
SVC FLOW	78445	CPT	outpatient			1469	542.46	First Health	First Health		1028.3	0.7			455.54	1395.55	percent of total billed charges	
SVC FLOW	78445	CPT	outpatient			1469	542.46	First Trenton	First Trenton		1322.1	0.9			455.54	1395.55	percent of total billed charges	
SVC FLOW	78445	CPT	outpatient			1469	542.46	Horizon	Medicare Blue		471.7	1			455.54	1395.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SVC FLOW	78445	CPT	outpatient			1469	542.46	Horizon	Indemnity		861.8	1.827			455.54	1395.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SVC FLOW	78445	CPT	outpatient			1469	542.46	Horizon	MGD		861.8	1.827			455.54	1395.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SVC FLOW	78445	CPT	outpatient			1469	542.46	Horizon	PPO		861.8	1.827			455.54	1395.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SVC FLOW	78445	CPT	outpatient			1469	542.46	Managed Care Inc	Managed Care Inc		1322.1	0.9			455.54	1395.55	percent of total billed charges	
SVC FLOW	78445	CPT	outpatient			1469	542.46	Multiplan	Multiplan		1175.2	0.8			455.54	1395.55	percent of total billed charges	
SVC FLOW	78445	CPT	outpatient			1469	542.46	Qualcare	Qualcare		1101.75	0.75			455.54	1395.55	percent of total billed charges	
SVC FLOW	78445	CPT	outpatient			1469	542.46	Three Rivers	Three Rivers		1395.55	0.95			455.54	1395.55	percent of total billed charges	
SVC FLOW	78445	CPT	outpatient			1469	542.46	UHC	Medicaid		462.15	0.3146			455.54	1395.55	percent of total billed charges	
SVC FLOW	78445	CPT	outpatient			1469	542.46	UHC	Medicare		471.7	1			455.54	1395.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SVC FLOW	78445	CPT	outpatient			1469	542.46	Wellcare	Medicare		471.7	1			455.54	1395.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SVC FLOW	78445	CPT	outpatient			1469	542.46	Wellcare	Medicaid		462.15	0.3146			455.54	1395.55	percent of total billed charges	
THALLIUM REST SPECT	78451	CPT	both			4237	1867.58	Aetna	Medicare		1305	0.308			1305	4025.15	percent of total billed charges	
THALLIUM REST SPECT	78451	CPT	both			4237	1867.58	Aetna	Commercial		2585.38	1.592			1305	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST SPECT	78451	CPT	both			4237	1867.58	Aetna	Better Health		1332.96	0.3146			1305	4025.15	percent of total billed charges	
THALLIUM REST SPECT	78451	CPT	both			4237	1867.58	Americare	Americare		3177.75	0.75			1305	4025.15	percent of total billed charges	
THALLIUM REST SPECT	78451	CPT	both			4237	1867.58	WellPoint	WellPoint		1359.23	0.3208			1305	4025.15	percent of total billed charges	
THALLIUM REST SPECT	78451	CPT	both			4237	1867.58	Amerihealth	Medicare		1623.98	1			1305	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST SPECT	78451	CPT	both			4237	1867.58	Consumer	Consumer		4025.15	0.95			1305	4025.15	percent of total billed charges	
THALLIUM REST SPECT	78451	CPT	both			4237	1867.58	Corrections	Corrections		3389.6	0.8			1305	4025.15	percent of total billed charges	
THALLIUM REST SPECT	78451	CPT	both			4237	1867.58	First Health	First Health		2965.9	0.7			1305	4025.15	percent of total billed charges	
THALLIUM REST SPECT	78451	CPT	both			4237	1867.58	First Trenton	First Trenton		3813.3	0.9			1305	4025.15	percent of total billed charges	
THALLIUM REST SPECT	78451	CPT	both			4237	1867.58	Horizon	Indemnity		2967.01	1.827			1305	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST SPECT	78451	CPT	both			4237	1867.58	Horizon	PPO		2967.01	1.827			1305	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST SPECT	78451	CPT	both			4237	1867.58	Horizon	MGD		2967.01	1.827			1305	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST SPECT	78451	CPT	both			4237	1867.58	Horizon	Medicare Blue		1623.98	1			1305	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST SPECT	78451	CPT	both			4237	1867.58	Managed Care Inc	Managed Care Inc		3813.3	0.9			1305	4025.15	percent of total billed charges	
THALLIUM REST SPECT	78451	CPT	both			4237	1867.58	Multiplan	Multiplan		3389.6	0.8			1305	4025.15	percent of total billed charges	
THALLIUM REST SPECT	78451	CPT	both			4237	1867.58	Qualcare	Qualcare		3177.75	0.75			1305	4025.15	percent of total billed charges	
THALLIUM REST SPECT	78451	CPT	both			4237	1867.58	Three Rivers	Three Rivers		4025.15	0.95			1305	4025.15	percent of total billed charges	
THALLIUM REST SPECT	78451	CPT	both			4237	1867.58	UHC	Medicaid		1332.96	0.3146			1305	4025.15	percent of total billed charges	
THALLIUM REST SPECT	78451	CPT	both			4237	1867.58	UHC	Medicare		1623.98	1			1305	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST SPECT	78451	CPT	both			4237	1867.58	Wellcare	Medicaid		1332.96	0.3146			1305	4025.15	percent of total billed charges	
THALLIUM REST SPECT	78451	CPT	both			4237	1867.58	Wellcare	Medicare		1623.98	1			1305	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237	1867.58	Aetna	Better Health		1332.96	0.3146			1332.96	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237	1867.58	Aetna	Commercial		2585.38	1.592			1332.96	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237	1867.58	Aetna	Medicare		1623.98	1			1332.96	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237	1867.58	Americare	Americare		3177.75	0.75			1332.96	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237	1867.58	WellPoint	WellPoint		1359.23	0.3208			1332.96	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237	1867.58	Amerihealth	Medicare		1623.98	1			1332.96	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237	1867.58	Consumer	Consumer		4025.15	0.95			1332.96	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237	1867.58	Corrections	Corrections		3389.6	0.8			1332.96	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237	1867.58	First Health	First Health		2965.9	0.7			1332.96	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237	1867.58	First Trenton	First Trenton		3813.3	0.9			1332.96	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237	1867.58	Horizon	MGD		2967.01	1.827			1332.96	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237	1867.58	Horizon	PPO		2967.01	1.827			1332.96	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237	1867.58	Horizon	Indemnity		2967.01	1.827			1332.96	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237	1867.58	Horizon	Medicare Blue		1623.98	1			1332.96	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237	1867.58	Managed Care Inc	Managed Care Inc		3813.3	0.9			1332.96	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237	1867.58	Multiplan	Multiplan		3389.6	0.8			1332.96	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237	1867.58	Qualcare	Qualcare		3177.75	0.75			1332.96	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237	1867.58	Three Rivers	Three Rivers		4025.15	0.95			1332.96	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237	1867.58	UHC	Medicaid		1332.96	0.3146			1332.96	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237	1867.58	UHC	Medicare		1623.98	1			1332.96	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237	1867.58	Wellcare	Medicare		1623.98	1			1332.96	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78452	CPT	both			4237	1867.58	Wellcare	Medicaid		1332.96	0.3146			1332.96	4025.15	percent of total billed charges	
THALLIUM REST	78453	CPT	outpatient			4237	1867.58	Aetna	Commercial		2585.38	1.592			1332.96	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST	78453	CPT	outpatient			4237	1867.58	Aetna	Better Health		1332.96	0.3146			1332.96	4025.15	percent of total billed charges	
THALLIUM REST	78453	CPT	outpatient			4237	1867.58	Aetna	Medicare		1623.98	1			1332.96	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST	78453	CPT	outpatient			4237	1867.58	Americare	Americare		3177.75	0.75			1332.96	4025.15	percent of total billed charges	
THALLIUM REST	78453	CPT	outpatient			4237	1867.58	WellPoint	WellPoint		1359.23	0.3208			1332.96	4025.15	percent of total billed charges	
THALLIUM REST	78453	CPT	outpatient			4237	1867.58	Amerihealth	Medicare		1623.98	1			1332.96	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST	78453	CPT	outpatient			4237	1867.58	Consumer	Consumer		4025.15	0.95			1332.96	4025.15	percent of total billed charges	
THALLIUM REST	78453	CPT	outpatient			4237	1867.58	Corrections	Corrections		3389.6	0.8			1332.96	4025.15	percent of total billed charges	
THALLIUM REST	78453	CPT	outpatient			4237	1867.58	First Health	First Health		2965.9	0.7			1332.96	4025.15	percent of total billed charges	
THALLIUM REST	78453	CPT	outpatient			4237	1867.58	First Trenton	First Trenton		3813.3	0.9			1332.96	4025.15	percent of total billed charges	
THALLIUM REST	78453	CPT	outpatient			4237	1867.58	Horizon	Indemnity		2967.01	1.827			1332.96	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST	78453	CPT	outpatient			4237	1867.58	Horizon	Medicare Blue		1623.98	1			1332.96	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST	78453	CPT	outpatient			4237	1867.58	Horizon	PPO		2967.01	1.827			1332.96	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST	78453	CPT	outpatient			4237	1867.58	Horizon	MGD		2967.01	1.827			1332.96	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST	78453	CPT	outpatient			4237	1867.58	Managed Care Inc	Managed Care Inc		3813.3	0.9			1332.96	4025.15	percent of total billed charges	
THALLIUM REST	78453	CPT	outpatient			4237	1867.58	Multiplan	Multiplan		3389.6	0.8			1332.96	4025.15	percent of total billed charges	
THALLIUM REST	78453	CPT	outpatient			4237	1867.58	Qualcare	Qualcare		3177.75	0.75			1332.96	4025.15	percent of total billed charges	
THALLIUM REST	78453	CPT	outpatient			4237	1867.58	Three Rivers	Three Rivers		4025.15	0.95			1332.96	4025.15	percent of total billed charges	
THALLIUM REST	78453	CPT	outpatient			4237	1867.58	UHC	Medicare		1623.98	1			1332.96	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST	78453	CPT	outpatient			4237	1867.58	UHC	Medicaid		1332.96	0.3146			1332.96	4025.15	percent of total billed charges	
THALLIUM REST	78453	CPT	outpatient			4237	1867.58	Wellcare	Medicare		1623.98	1			1332.96	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM REST	78453	CPT	outpatient			4237	1867.58	Wellcare	Medicaid		1332.96	0.3146			1332.96	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Aetna	Commercial		2585.38	1.592			1305	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Aetna	Better Health		1332.96	0.3146			1305	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Aetna	Medicare		1305	0.308			1305	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Americare	Americare		3177.75	0.75			1305	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	WellPoint	WellPoint		1359.23	0.3208			1305	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Amerihealth	Medicare		1623.98	1			1305	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Consumer	Consumer		4025.15	0.95			1305	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237	1867.58	Corrections	Corrections		3389.6	0.8			1305	4025.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237		1867.58 First Health	First Health		2965.9	0.7			1305	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237		1867.58 First Trenton	First Trenton		3813.3	0.9			1305	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237		1867.58 Horizon	Medicare Blue		1623.98	1			1305	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237		1867.58 Horizon	Indemnity		2967.01	1.827			1305	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237		1867.58 Horizon	PPO		2967.01	1.827			1305	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237		1867.58 Horizon	MCD		2967.01	1.827			1305	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237		1867.58 Managed Care Inc	Managed Care Inc		3813.3	0.9			1305	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237		1867.58 Multiplan	Multiplan		3389.6	0.8			1305	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237		1867.58 Qualcare	Qualcare		3177.75	0.75			1305	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237		1867.58 Three Rivers	Three Rivers		4025.15	0.95			1305	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237		1867.58 UHC	Medicare		1623.98	1			1305	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237		1867.58 UHC	Medicaid		1332.96	0.3146			1305	4025.15	percent of total billed charges	
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237		1867.58 Wellcare	Medicare		1623.98	1			1305	4025.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THALLIUM STRESS SPECT MULTIPLE	78454	CPT	outpatient			4237		1867.58 Wellcare	Medicaid		1332.96	0.3146			1305	4025.15	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459		1867.58 Aetna	Better Health		3290.4	0.3146			1623.98	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459		1867.58 Aetna	Commercial		2585.38	1.592			1623.98	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459		1867.58 Aetna	Medicare		1623.98	1			1623.98	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459		1867.58 Americare	Americare		7844.25	0.75			1623.98	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459		1867.58 WellPoint	WellPoint		3355.25	0.3208			1623.98	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459		1867.58 Amerihealth	Medicare		1623.98	1			1623.98	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459		1867.58 Consumer	Consumer		9936.05	0.95			1623.98	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459		1867.58 Corrections	Corrections		8367.2	0.8			1623.98	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459		1867.58 First Health	First Health		7321.3	0.7			1623.98	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459		1867.58 First Trenton	First Trenton		9413.1	0.9			1623.98	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459		1867.58 Horizon	PPO		2967.01	1.827			1623.98	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459		1867.58 Horizon	MCD		2967.01	1.827			1623.98	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459		1867.58 Horizon	Medicare Blue		1623.98	1			1623.98	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459		1867.58 Horizon	Indemnity		2967.01	1.827			1623.98	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459		1867.58 Managed Care Inc	Managed Care Inc		9413.1	0.9			1623.98	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459		1867.58 Multiplan	Multiplan		8367.2	0.8			1623.98	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459		1867.58 Qualcare	Qualcare		7844.25	0.75			1623.98	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459		1867.58 Three Rivers	Three Rivers		9936.05	0.95			1623.98	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459		1867.58 UHC	Medicaid		3290.4	0.3146			1623.98	9936.05	percent of total billed charges	
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459		1867.58 UHC	Medicare		1623.98	1			1623.98	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459		1867.58 Wellcare	Medicare		1623.98	1			1623.98	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART MUSCLE IMAGE MYOCARD VIA	78459	CPT	outpatient			10459		1867.58 Wellcare	Medicaid		3290.4	0.3146			1623.98	9936.05	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892		710.88 Aetna	Medicare		582.74	0.308			582.74	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892		710.88 Aetna	Commercial		984.11	1.592			582.74	1797.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD SPECT	78469	CPT	outpatient			1892		710.88 Aetna	Better Health		595.22	0.3146			582.74	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892		710.88 Americare	Americare		1419	0.75			582.74	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892		710.88 WellPoint	WellPoint		606.95	0.3208			582.74	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892		710.88 Amerihealth	Medicare		618.16	1			582.74	1797.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD SPECT	78469	CPT	outpatient			1892		710.88 Consumer	Consumer		1797.4	0.95			582.74	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892		710.88 Corrections	Corrections		1513.6	0.8			582.74	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892		710.88 First Health	First Health		1324.4	0.7			582.74	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892		710.88 First Trenton	First Trenton		1702.8	0.9			582.74	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892		710.88 Horizon	Indemnity		1129.38	1.827			582.74	1797.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD SPECT	78469	CPT	outpatient			1892		710.88 Horizon	MCD		1129.38	1.827			582.74	1797.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD SPECT	78469	CPT	outpatient			1892		710.88 Horizon	Medicare Blue		618.16	1			582.74	1797.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD SPECT	78469	CPT	outpatient			1892		710.88 Horizon	PPO		1129.38	1.827			582.74	1797.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD SPECT	78469	CPT	outpatient			1892		710.88 Managed Care Inc	Managed Care Inc		1702.8	0.9			582.74	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892		710.88 Multiplan	Multiplan		1513.6	0.8			582.74	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892		710.88 Qualcare	Qualcare		1419	0.75			582.74	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892		710.88 Three Rivers	Three Rivers		1797.4	0.95			582.74	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892		710.88 UHC	Medicaid		595.22	0.3146			582.74	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892		710.88 UHC	Medicare		618.16	1			582.74	1797.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD SPECT	78469	CPT	outpatient			1892		710.88 Wellcare	Medicaid		595.22	0.3146			582.74	1797.4	percent of total billed charges	
MYOCARD SPECT	78469	CPT	outpatient			1892		710.88 Wellcare	Medicare		618.16	1			582.74	1797.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST	78472	CPT	both			2101		542.46 Aetna	Medicare		647.11	0.308			437.05	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	both			2101		542.46 Aetna	Commercial		750.95	1.592			437.05	1995.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST	78472	CPT	both			2101		542.46 Aetna	Better Health		660.97	0.3146			437.05	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	both			2101		542.46 Americare	Americare		1575.75	0.75			437.05	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	both			2101		542.46 WellPoint	WellPoint		674	0.3208			437.05	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	both			2101		542.46 Amerihealth	Medicare		471.7	1			437.05	1995.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST	78472	CPT	both			2101		542.46 Consumer	Consumer		1995.95	0.95			437.05	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	both			2101		542.46 Corrections	Corrections		1680.8	0.8			437.05	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	both			2101		542.46 First Health	First Health		1470.7	0.7			437.05	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	both			2101		542.46 First Trenton	First Trenton		1890.9	0.9			437.05	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	both			2101		542.46 Horizon	MCD		861.8	1.827			437.05	1995.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST	78472	CPT	both			2101		542.46 Horizon	Indemnity		861.8	1.827			437.05	1995.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST	78472	CPT	both			2101		542.46 Horizon	PPO		861.8	1.827			437.05	1995.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST	78472	CPT	both			2101		542.46 Horizon	Medicare Blue		471.7	1			437.05	1995.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST	78472	CPT	both			2101		542.46 Managed Care Inc	Managed Care Inc		1890.9	0.9			437.05	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	both			2101		542.46 Multiplan	Multiplan		1680.8	0.8			437.05	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	both			2101		542.46 Qualcare	Qualcare		1575.75	0.75			437.05	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	both			2101		542.46 Three Rivers	Three Rivers		1995.95	0.95			437.05	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	both			2101		542.46 UHC	Medicaid		660.97	0.3146			437.05	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	both			2101		542.46 UHC	Medicare		471.7	1			437.05	1995.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST	78472	CPT	both			2101		542.46 Wellcare	Medicaid		660.97	0.3146			437.05	1995.95	percent of total billed charges	
STRESS TEST	78472	CPT	both			2101		542.46 Wellcare	Medicare		471.7	1			437.05	1995.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660		710.88 Aetna	Commercial		984.11	1.592			618.16	2527	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660		710.88 Aetna	Better Health		836.84	0.3146			618.16	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660		710.88 Aetna	Medicare		618.16	1			618.16	2527	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660		710.88 Americare	Americare		1995	0.75			618.16	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660		710.88 WellPoint	WellPoint		853.33	0.3208			618.16	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660		710.88 Amerihealth	Medicare		618.16	1			618.16	2527	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660		710.88 Consumer	Consumer		2527	0.95			618.16	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660		710.88 Corrections	Corrections		2128	0.8			618.16	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660		710.88 First Health	First Health		1862	0.7			618.16	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660		710.88 First Trenton	First Trenton		2394	0.9			618.16	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660		710.88 Horizon	MCD		1129.38	1.827			618.16	2527	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660		710.88 Horizon	Medicare Blue		618.16	1			618.16	2527	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660		710.88 Horizon	PPO		1129.38	1.827			618.16	2527	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660		710.88 Horizon	Indemnity		1129.38	1.827			618.16	2527	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660		710.88 Managed Care Inc	Managed Care Inc		2394	0.9			618.16	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660		710.88 Multiplan	Multiplan		2128	0.8			618.16	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660		710.88 Qualcare	Qualcare		1995	0.75			618.16	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660		710.88 Three Rivers	Three Rivers		2527	0.95			618.16	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660		710.88 UHC	Medicaid		836.84	0.3146			618.16	2527	percent of total billed charges	
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660		710.88 UHC	Medicare		618.16	1			618.16	2527	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660		710.88 Wellcare	Medicare		618.16	1			618.16	2527	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC BLD POOL IMAG 1ST PASS;SINGL ST	78481	CPT	outpatient			2660		710.88 Wellcare	Medicaid		836.84	0.3146			618.16	2527	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801		710.88 Aetna	Commercial		984.11	1.592			618.16	2660.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801		710.88 Aetna	Better Health		881.19	0.3146			618.16	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801		710.88 Aetna	Medicare		862.71	0.308			618.16	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801		710.88 Americare	Americare		2100.75	0.75			618.16	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801		710.88 WellPoint	WellPoint		898.56	0.3208			618.16	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801		710.88 Amerihealth	Medicare		618.16	1			618.16	2660.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801		710.88 Consumer	Consumer		2660.95	0.95			618.16	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801		710.88 Corrections	Corrections		2240.8	0.8			618.16	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801		710.88 First Health	First Health		1960.7	0.7			618.16	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801		710.88 First Trenton	First Trenton		2520.9	0.9			618.16	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801		710.88 Horizon	MCD		1129.38	1.827			618.16	2660.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801		710.88 Horizon	PPO		1129.38	1.827			618.16	2660.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801		710.88 Horizon	Medicare Blue		618.16	1			618.16	2660.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801		710.88 Horizon	Indemnity		1129.38	1.827			618.16	2660.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801		710.88 Managed Care Inc	Managed Care Inc		2520.9	0.9			618.16	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801		710.88 Multiplan	Multiplan		2240.8	0.8			618.16	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801		710.88 Qualcare	Qualcare		2100.75	0.75			618.16	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801		710.88 Three Rivers	Three Rivers		2660.95	0.95			618.16	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801		710.88 UHC	Medicare		618.16	1			618.16	2660.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801		710.88 UHC	Medicaid		881.19	0.3146			618.16	2660.95	percent of total billed charges	
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801		710.88 Wellcare	Medicare		618.16	1			618.16	2660.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUGA STRESS MULTIPLE	78483	CPT	outpatient			2801		710.88 Wellcare	Medicaid		881.19	0.3146			618.16	2660.95	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Aetna	Better Health		3290.4	0.3146			1789.23	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Aetna	Commercial		2848.45	1.592			1789.23	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Aetna	Medicare		3221.37	0.308			1789.23	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Americare	Americare		7844.25	0.75			1789.23	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 WellPoint	WellPoint		3355.25	0.3208			1789.23	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Amerihealth	Medicare		1789.23	1			1789.23	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Consumer	Consumer		9936.05	0.95			1789.23	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Corrections	Corrections		8367.2	0.8			1789.23	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 First Health	First Health		7321.3	0.7			1789.23	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 First Trenton	First Trenton		9413.1	0.9			1789.23	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Horizon	Indemnity		3268.92	1.827			1789.23	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Horizon	MCD		3268.92	1.827			1789.23	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Horizon	Medicare Blue		1789.23	1			1789.23	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Horizon	PPO		3268.92	1.827			1789.23	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Managed Care Inc	Managed Care Inc		9413.1	0.9			1789.23	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Multiplan	Multiplan		8367.2	0.8			1789.23	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Qualcare	Qualcare		7844.25	0.75			1789.23	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 Three Rivers	Three Rivers		9936.05	0.95			1789.23	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459		2057.61 UHC	Medicare		1789.23	1			1789.23	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459	2057.61	UHC	Medicaid		3290.4	0.3146			1789.23	9936.05	percent of total billed charges	
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459	2057.61	Wellcare	Medicare		1789.23	1			1789.23	9936.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYOCARD IMAG PET PERF REST/STRESS	78491	CPT	outpatient			10459	2057.61	Wellcare	Medicaid		3290.4	0.3146			1789.23	9936.05	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045	542.46	Aetna	Medicare		321.86	0.308			321.86	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045	542.46	Aetna	Commercial		750.95	1.592			321.86	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045	542.46	Aetna	Better Health		328.76	0.3146			321.86	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045	542.46	Americare	Americare		783.75	0.75			321.86	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045	542.46	WellPoint	WellPoint		335.24	0.3208			321.86	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045	542.46	Amerihealth	Medicare		471.7	1			321.86	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045	542.46	Consumer	Consumer		992.75	0.95			321.86	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045	542.46	Corrections	Corrections		836	0.8			321.86	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045	542.46	First Health	First Health		731.5	0.7			321.86	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045	542.46	First Trenton	First Trenton		940.5	0.9			321.86	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045	542.46	Horizon	Medicare Blue		471.7	1			321.86	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045	542.46	Horizon	Indemnity		861.8	1.827			321.86	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045	542.46	Horizon	PPO		861.8	1.827			321.86	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045	542.46	Horizon	MGD		861.8	1.827			321.86	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045	542.46	Managed Care Inc	Managed Care Inc		940.5	0.9			321.86	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045	542.46	Multiplan	Multiplan		836	0.8			321.86	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045	542.46	Qualcare	Qualcare		783.75	0.75			321.86	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045	542.46	Three Rivers	Three Rivers		992.75	0.95			321.86	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045	542.46	UHC	Medicare		471.7	1			321.86	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045	542.46	UHC	Medicaid		328.76	0.3146			321.86	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045	542.46	Wellcare	Medicare		471.7	1			321.86	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG VENTILATION - AER	78579	CPT	inpatient			1045	542.46	Wellcare	Medicaid		328.76	0.3146			321.86	992.75	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	inpatient			1882	542.46	Aetna	Commercial		750.95	1.592			471.7	1787.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	inpatient			1882	542.46	Aetna	Better Health		592.08	0.3146			471.7	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	inpatient			1882	542.46	Aetna	Medicare		471.7	1			471.7	1787.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	inpatient			1882	542.46	Americare	Americare		1411.5	0.75			471.7	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	inpatient			1882	542.46	WellPoint	WellPoint		603.75	0.3208			471.7	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	inpatient			1882	542.46	Amerihealth	Medicare		471.7	1			471.7	1787.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	inpatient			1882	542.46	Consumer	Consumer		1787.9	0.95			471.7	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	inpatient			1882	542.46	Corrections	Corrections		1505.6	0.8			471.7	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	inpatient			1882	542.46	First Health	First Health		1317.4	0.7			471.7	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	inpatient			1882	542.46	First Trenton	First Trenton		1693.8	0.9			471.7	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	inpatient			1882	542.46	Horizon	PPO		861.8	1.827			471.7	1787.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	inpatient			1882	542.46	Horizon	MGD		861.8	1.827			471.7	1787.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	inpatient			1882	542.46	Horizon	Medicare Blue		471.7	1			471.7	1787.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	inpatient			1882	542.46	Horizon	Indemnity		861.8	1.827			471.7	1787.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	inpatient			1882	542.46	Managed Care Inc	Managed Care Inc		1693.8	0.9			471.7	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	inpatient			1882	542.46	Multiplan	Multiplan		1505.6	0.8			471.7	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	inpatient			1882	542.46	Qualcare	Qualcare		1411.5	0.75			471.7	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	inpatient			1882	542.46	Three Rivers	Three Rivers		1787.9	0.95			471.7	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	inpatient			1882	542.46	UHC	Medicare		471.7	1			471.7	1787.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	inpatient			1882	542.46	UHC	Medicaid		592.08	0.3146			471.7	1787.9	percent of total billed charges	
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	inpatient			1882	542.46	Wellcare	Medicare		471.7	1			471.7	1787.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE LUNG PERFUSION SCAN	78580	CPT	inpatient			1882	542.46	Wellcare	Medicaid		592.08	0.3146			471.7	1787.9	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627	710.88	Aetna	Better Health		511.85	0.3146			511.85	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627	710.88	Aetna	Commercial		984.11	1.592			511.85	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627	710.88	Aetna	Medicare		618.16	1			511.85	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627	710.88	Americare	Americare		1220.25	0.75			511.85	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627	710.88	WellPoint	WellPoint		521.94	0.3208			511.85	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627	710.88	Amerihealth	Medicare		618.16	1			511.85	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627	710.88	Consumer	Consumer		1545.65	0.95			511.85	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627	710.88	Corrections	Corrections		1301.6	0.8			511.85	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627	710.88	First Health	First Health		1138.9	0.7			511.85	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627	710.88	First Trenton	First Trenton		1464.3	0.9			511.85	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627	710.88	Horizon	Indemnity		1129.38	1.827			511.85	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627	710.88	Horizon	MGD		1129.38	1.827			511.85	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627	710.88	Horizon	PPO		1129.38	1.827			511.85	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627	710.88	Horizon	Medicare Blue		618.16	1			511.85	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627	710.88	Managed Care Inc	Managed Care Inc		1464.3	0.9			511.85	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627	710.88	Multiplan	Multiplan		1301.6	0.8			511.85	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627	710.88	Qualcare	Qualcare		1220.25	0.75			511.85	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627	710.88	Three Rivers	Three Rivers		1545.65	0.95			511.85	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627	710.88	UHC	Medicare		618.16	1			511.85	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627	710.88	UHC	Medicaid		511.85	0.3146			511.85	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627	710.88	Wellcare	Medicaid		511.85	0.3146			511.85	1545.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q LUNG VENTILATION	78582	CPT	both			1627	710.88	Wellcare	Medicare		618.16	1			511.85	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045	542.46	Aetna	Better Health		328.76	0.3146			328.76	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045	542.46	Aetna	Commercial		750.95	1.592			328.76	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045	542.46	Aetna	Medicare		471.7	1			328.76	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045	542.46	Americare	Americare		783.75	0.75			328.76	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045	542.46	WellPoint	WellPoint		335.24	0.3208			328.76	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045	542.46	Amerihealth	Medicare		471.7	1			328.76	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045	542.46	Consumer	Consumer		992.75	0.95			328.76	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045	542.46	Corrections	Corrections		836	0.8			328.76	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045	542.46	First Health	First Health		731.5	0.7			328.76	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045	542.46	First Trenton	First Trenton		940.5	0.9			328.76	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045	542.46	Horizon	PPO		861.8	1.827			328.76	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045	542.46	Horizon	MGD		861.8	1.827			328.76	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045	542.46	Horizon	Indemnity		861.8	1.827			328.76	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045	542.46	Horizon	Medicare Blue		471.7	1			328.76	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045	542.46	Managed Care Inc	Managed Care Inc		940.5	0.9			328.76	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045	542.46	Multiplan	Multiplan		836	0.8			328.76	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045	542.46	Qualcare	Qualcare		783.75	0.75			328.76	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045	542.46	Three Rivers	Three Rivers		992.75	0.95			328.76	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045	542.46	UHC	Medicaid		328.76	0.3146			328.76	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045	542.46	UHC	Medicare		471.7	1			328.76	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045	542.46	Wellcare	Medicaid		328.76	0.3146			328.76	992.75	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78597	CPT	outpatient			1045	542.46	Wellcare	Medicare		471.7	1			328.76	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627	710.88	Aetna	Better Health		511.85	0.3146			501.12	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627	710.88	Aetna	Commercial		984.11	1.592			501.12	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627	710.88	Aetna	Medicare		501.12	0.308			501.12	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627	710.88	Americare	Americare		1220.25	0.75			501.12	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627	710.88	WellPoint	WellPoint		521.94	0.3208			501.12	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627	710.88	Amerihealth	Medicare		618.16	1			501.12	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627	710.88	Consumer	Consumer		1545.65	0.95			501.12	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627	710.88	Corrections	Corrections		1301.6	0.8			501.12	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627	710.88	First Health	First Health		1138.9	0.7			501.12	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627	710.88	First Trenton	First Trenton		1464.3	0.9			501.12	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627	710.88	Horizon	Indemnity		1129.38	1.827			501.12	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627	710.88	Horizon	MGD		1129.38	1.827			501.12	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627	710.88	Horizon	Medicare Blue		618.16	1			501.12	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627	710.88	Horizon	PPO		1129.38	1.827			501.12	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627	710.88	Managed Care Inc	Managed Care Inc		1464.3	0.9			501.12	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627	710.88	Multiplan	Multiplan		1301.6	0.8			501.12	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627	710.88	Qualcare	Qualcare		1220.25	0.75			501.12	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627	710.88	Three Rivers	Three Rivers		1545.65	0.95			501.12	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627	710.88	UHC	Medicare		618.16	1			501.12	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627	710.88	UHC	Medicaid		511.85	0.3146			501.12	1545.65	percent of total billed charges	
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627	710.88	Wellcare	Medicare		618.16	1			501.12	1545.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE QUANTITATIVE LUNG PERF	78598	CPT	both			1627	710.88	Wellcare	Medicaid		511.85	0.3146			501.12	1545.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327	542.46	Aetna	Better Health		732.07	0.3146			232.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327	542.46	Aetna	Medicare		471.7	1			232.7	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUNG SPECT	78599	CPT	outpatient			2327	542.46	Aetna	Commercial		750.95	1.592			232.7	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUNG SPECT	78599	CPT	outpatient			2327	542.46	Americare	Americare		1745.25	0.75			232.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327	542.46	WellPoint	WellPoint		746.5	0.3208			232.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327	542.46	Amerihealth	Medicare		471.7	1			232.7	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUNG SPECT	78599	CPT	outpatient			2327	542.46	Consumer	Consumer		2210.65	0.95			232.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327	542.46	Corrections	Corrections		1861.6	0.8			232.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327	542.46	First Health	First Health		1628.9	0.7			232.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327	542.46	First Trenton	First Trenton		2094.3	0.9			232.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327	542.46	Horizon	MGD		861.8	1.827			232.7	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUNG SPECT	78599	CPT	outpatient			2327	542.46	Horizon	Indemnity		861.8	1.827			232.7	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUNG SPECT	78599	CPT	outpatient			2327	542.46	Horizon	NJ Health		232.7	0.1			232.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327	542.46	Horizon	Medicare Blue		471.7	1			232.7	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUNG SPECT	78599	CPT	outpatient			2327	542.46	Horizon	PPO		861.8	1.827			232.7	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUNG SPECT	78599	CPT	outpatient			2327	542.46	Managed Care Inc	Managed Care Inc		2094.3	0.9			232.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327	542.46	Multiplan	Multiplan		1861.6	0.8			232.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327	542.46	Qualcare	Qualcare		1745.25	0.75			232.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327	542.46	Three Rivers	Three Rivers		2210.65	0.95			232.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327	542.46	UHC	Medicare		471.7	1			232.7	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUNG SPECT	78599	CPT	outpatient			2327	542.46	UHC	Medicaid		732.07	0.3146			232.7	2210.65	percent of total billed charges	
LUNG SPECT	78599	CPT	outpatient			2327	542.46	Wellcare	Medicare		471.7	1			232.7	2210.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LUNG SPECT	78599	CPT	outpatient			2327	542.46	Wellcare	Medicaid		732.07	0.3146			232.7	2210.65	percent of total billed charges	
BRAIN IMAGING LTD PROC,STATIC	78600	CPT	outpatient			1597	542.46	Aetna	Commercial		750.95	1.592			471.7	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING LTD PROC,STATIC	78600	CPT	outpatient			1597	542.46	Aetna	Better Health		502.42	0.3146			471.7	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC,STATIC	78600	CPT	outpatient			1597	542.46	Aetna	Medicare		471.7	1			471.7	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING LTD PROC,STATIC	78600	CPT	outpatient			1597	542.46	Americare	Americare		1197.75	0.75			471.7	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC,STATIC	78600	CPT	outpatient			1597	542.46	WellPoint	WellPoint		512.32	0.3208			471.7	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC,STATIC	78600	CPT	outpatient			1597	542.46	Amerihealth	Medicare		471.7	1			471.7	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING LTD PROC,STATIC	78600	CPT	outpatient			1597	542.46	Consumer	Consumer

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597	542.46	Corrections	Corrections		1277.6	0.8			471.7	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597	542.46	First Health	First Health		1117.9	0.7			471.7	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597	542.46	First Trenton	First Trenton		1437.3	0.9			471.7	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597	542.46	Horizon	Indemnity		861.8	1.827			471.7	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597	542.46	Horizon	MCD		861.8	1.827			471.7	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597	542.46	Horizon	Medicare Blue		471.7	1			471.7	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597	542.46	Horizon	PPO		861.8	1.827			471.7	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597	542.46	Managed Care Inc	Managed Care Inc		1437.3	0.9			471.7	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597	542.46	Multiplan	Multiplan		1277.6	0.8			471.7	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597	542.46	Qualcare	Qualcare		1197.75	0.75			471.7	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597	542.46	Three Rivers	Three Rivers		1517.15	0.95			471.7	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597	542.46	UHC	Medicaid		502.42	0.3146			471.7	1517.15	percent of total billed charges	
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597	542.46	UHC	Medicare		471.7	1			471.7	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597	542.46	Wellcare	Medicare		471.7	1			471.7	1517.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING LTD PROC;STATIC	78600	CPT	outpatient			1597	542.46	Wellcare	Medicaid		502.42	0.3146			471.7	1517.15	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119	542.46	Aetna	Medicare		471.7	1			471.7	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119	542.46	Aetna	Commercial		750.95	1.592			471.7	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119	542.46	Aetna	Better Health		981.24	0.3146			471.7	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119	542.46	Americare	Americare		2339.25	0.75			471.7	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119	542.46	WellPoint	WellPoint		1000.58	0.3208			471.7	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119	542.46	Amerihealth	Medicare		471.7	1			471.7	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119	542.46	Consumer	Consumer		2963.05	0.95			471.7	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119	542.46	Corrections	Corrections		2495.2	0.8			471.7	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119	542.46	First Health	First Health		2183.3	0.7			471.7	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119	542.46	First Trenton	First Trenton		2807.1	0.9			471.7	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119	542.46	Horizon	MCD		861.8	1.827			471.7	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119	542.46	Horizon	Indemnity		861.8	1.827			471.7	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119	542.46	Horizon	Medicare Blue		471.7	1			471.7	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119	542.46	Horizon	PPO		861.8	1.827			471.7	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119	542.46	Managed Care Inc	Managed Care Inc		2807.1	0.9			471.7	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119	542.46	Multiplan	Multiplan		2495.2	0.8			471.7	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119	542.46	Qualcare	Qualcare		2339.25	0.75			471.7	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119	542.46	Three Rivers	Three Rivers		2963.05	0.95			471.7	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119	542.46	UHC	Medicaid		981.24	0.3146			471.7	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119	542.46	UHC	Medicare		471.7	1			471.7	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119	542.46	Wellcare	Medicaid		981.24	0.3146			471.7	2963.05	percent of total billed charges	
BRAIN STATIC W/FLOW LIMITED	78601	CPT	inpatient			3119	542.46	Wellcare	Medicare		471.7	1			471.7	2963.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508	710.88	Aetna	Better Health		474.42	0.3146			464.46	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508	710.88	Aetna	Commercial		984.11	1.592			464.46	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508	710.88	Aetna	Medicare		464.46	0.308			464.46	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508	710.88	Americare	Americare		1131	0.75			464.46	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508	710.88	WellPoint	WellPoint		493.77	0.3208			464.46	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508	710.88	Amerihealth	Medicare		618.16	1			464.46	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508	710.88	Consumer	Consumer		1432.6	0.95			464.46	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508	710.88	Corrections	Corrections		1206.4	0.8			464.46	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508	710.88	First Health	First Health		1055.6	0.7			464.46	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508	710.88	First Trenton	First Trenton		1357.2	0.9			464.46	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508	710.88	Horizon	PPO		1129.38	1.827			464.46	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508	710.88	Horizon	Medicare Blue		618.16	1			464.46	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508	710.88	Horizon	MCD		1129.38	1.827			464.46	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508	710.88	Horizon	Indemnity		1129.38	1.827			464.46	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508	710.88	Managed Care Inc	Managed Care Inc		1357.2	0.9			464.46	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508	710.88	Multiplan	Multiplan		1206.4	0.8			464.46	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508	710.88	Qualcare	Qualcare		1131	0.75			464.46	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508	710.88	Three Rivers	Three Rivers		1432.6	0.95			464.46	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508	710.88	UHC	Medicaid		474.42	0.3146			464.46	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508	710.88	UHC	Medicare		618.16	1			464.46	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508	710.88	Wellcare	Medicaid		474.42	0.3146			464.46	1432.6	percent of total billed charges	
BRAIN IMAGING STATIC	78605	CPT	outpatient			1508	710.88	Wellcare	Medicare		618.16	1			464.46	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAT SCAN SPECT	78607	CPT	both			3564		Aetna	Better Health		1121.23	0.3146			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	both			3564		Aetna	Medicare		1097.71	0.308			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	both			3564		Aetna	Commercial		1354.32	0.38			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	both			3564		Americare	Americare		2673	0.75			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	both			3564		WellPoint	WellPoint		1143.33	0.3208			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	both			3564		Consumer	Consumer		3385.8	0.95			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	both			3564		Corrections	Corrections		2851.2	0.8			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	both			3564		First Health	First Health		2494.8	0.7			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	both			3564		First Trenton	First Trenton		3207.6	0.9			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	both			3564		Horizon	Medicare Blue		1069.2	0.3			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	both			3564		Horizon	Indemnity		1364.3	0.3828			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	both			3564		Horizon	MCD		1364.3	0.3828			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	both			3564		Horizon	PPO		1364.3	0.3828			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	both			3564		Managed Care Inc	Managed Care Inc		3207.6	0.9			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	both			3564		Multiplan	Multiplan		2851.2	0.8			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	both			3564		Qualcare	Qualcare		2673	0.75			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	both			3564		Three Rivers	Three Rivers		3385.8	0.95			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	both			3564		UHC	Medicaid		1121.23	0.3146			1069.2	3385.8	percent of total billed charges	
DAT SCAN SPECT	78607	CPT	both			3564		Wellcare	Medicaid		1121.23	0.3146			1069.2	3385.8	percent of total billed charges	
BRAIN IMAG PET METABOLIC EVAL	78608	CPT	outpatient			12888	2057.61	Aetna	Commercial		2848.45	1.592			1789.23	12243.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAG PET METABOLIC EVAL	78608	CPT	outpatient			12888	2057.61	Aetna	Better Health		4054.56	0.3146			1789.23	12243.6	percent of total billed charges	
BRAIN IMAG PET METABOLIC EVAL	78608	CPT	outpatient			12888	2057.61	Aetna	Medicare		1789.23	1			1789.23	12243.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAG PET METABOLIC EVAL	78608	CPT	outpatient			12888	2057.61	Americare	Americare		9666	0.75			1789.23	12243.6	percent of total billed charges	
BRAIN IMAG PET METABOLIC EVAL	78608	CPT	outpatient			12888	2057.61	WellPoint	WellPoint		4134.47	0.3208			1789.23	12243.6	percent of total billed charges	
BRAIN IMAG PET METABOLIC EVAL	78608	CPT	outpatient			12888	2057.61	Amerihealth	Medicare		1789.23	1			1789.23	12243.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAG PET METABOLIC EVAL	78608	CPT	outpatient			12888	2057.61	Consumer	Consumer		12243.6	0.95			1789.23	12243.6	percent of total billed charges	
BRAIN IMAG PET METABOLIC EVAL	78608	CPT	outpatient			12888	2057.61	Corrections	Corrections		10310.4	0.8			1789.23	12243.6	percent of total billed charges	
BRAIN IMAG PET METABOLIC EVAL	78608	CPT	outpatient			12888	2057.61	First Health	First Health		9021.6	0.7			1789.23	12243.6	percent of total billed charges	
BRAIN IMAG PET METABOLIC EVAL	78608	CPT	outpatient			12888	2057.61	First Trenton	First Trenton		11599.2	0.9			1789.23	12243.6	percent of total billed charges	
BRAIN IMAG PET METABOLIC EVAL	78608	CPT	outpatient			12888	2057.61	Horizon	Indemnity		3268.92	1.827			1789.23	12243.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAG PET METABOLIC EVAL	78608	CPT	outpatient			12888	2057.61	Horizon	MCD		3268.92	1.827			1789.23	12243.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAG PET METABOLIC EVAL	78608	CPT	outpatient			12888	2057.61	Horizon	Medicare Blue		1789.23	1			1789.23	12243.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAG PET METABOLIC EVAL	78608	CPT	outpatient			12888	2057.61	Horizon	PPO		3268.92	1.827			1789.23	12243.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAG PET METABOLIC EVAL	78608	CPT	outpatient			12888	2057.61	Managed Care Inc	Managed Care Inc		11599.2	0.9			1789.23	12243.6	percent of total billed charges	
BRAIN IMAG PET METABOLIC EVAL	78608	CPT	outpatient			12888	2057.61	Multiplan	Multiplan		10310.4	0.8			1789.23	12243.6	percent of total billed charges	
BRAIN IMAG PET METABOLIC EVAL	78608	CPT	outpatient			12888	2057.61	Qualcare	Qualcare		9666	0.75			1789.23	12243.6	percent of total billed charges	
BRAIN IMAG PET METABOLIC EVAL	78608	CPT	outpatient			12888	2057.61	Three Rivers	Three Rivers		12243.6	0.95			1789.23	12243.6	percent of total billed charges	
BRAIN IMAG PET METABOLIC EVAL	78608	CPT	outpatient			12888	2057.61	UHC	Medicaid		4054.56	0.3146			1789.23	12243.6	percent of total billed charges	
BRAIN IMAG PET METABOLIC EVAL	78608	CPT	outpatient			12888	2057.61	UHC	Medicare		1789.23	1			1789.23	12243.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAG PET METABOLIC EVAL	78608	CPT	outpatient			12888	2057.61	Wellcare	Medicare		1789.23	1			1789.23	12243.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRAIN IMAG PET METABOLIC EVAL	78608	CPT	outpatient			12888	2057.61	Wellcare	Medicaid		4054.56	0.3146			1789.23	12243.6	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	inpatient			1800	710.88	Aetna	Better Health		566.28	0.3146			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	inpatient			1800	710.88	Aetna	Commercial		984.11	1.592			566.28	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	inpatient			1800	710.88	Aetna	Medicare		618.16	1			566.28	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	inpatient			1800	710.88	Americare	Americare		1350	0.75			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	inpatient			1800	710.88	WellPoint	WellPoint		577.44	0.3208			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	inpatient			1800	710.88	Amerihealth	Medicare		618.16	1			566.28	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	inpatient			1800	710.88	Consumer	Consumer		1710	0.95			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	inpatient			1800	710.88	Corrections	Corrections		1440	0.8			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	inpatient			1800	710.88	First Health	First Health		1260	0.7			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	inpatient			1800	710.88	First Trenton	First Trenton		1620	0.9			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	inpatient			1800	710.88	Horizon	Medicare Blue		618.16	1			566.28	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	inpatient			1800	710.88	Horizon	MCD		1129.38	1.827			566.28	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	inpatient			1800	710.88	Horizon	Indemnity		1129.38	1.827			566.28	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	inpatient			1800	710.88	Horizon	PPO		1129.38	1.827			566.28	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	inpatient			1800	710.88	Managed Care Inc	Managed Care Inc		1620	0.9			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	inpatient			1800	710.88	Multiplan	Multiplan		1440	0.8			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	inpatient			1800	710.88	Qualcare	Qualcare		1350	0.75			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	inpatient			1800	710.88	Three Rivers	Three Rivers		1710	0.95			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	inpatient			1800	710.88	UHC	Medicare		618.16	1			566.28	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	inpatient			1800	710.88	UHC	Medicaid		566.28	0.3146			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	inpatient			1800	710.88	Wellcare	Medicare		618.16	1			566.28	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF CISTERNOGRAPHY	78630	CPT	inpatient			1800	710.88	Wellcare	Medicaid		566.28	0.3146			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800	710.88	Aetna	Commercial		984.11	1.592			566.28	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800	710.88	Aetna	Better Health		566.28	0.3146			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800	710.88	Aetna	Medicare		618.16	1			566.28	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800	710.88	Americare	Americare		1350	0.75			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800	710.88	WellPoint	WellPoint		577.44	0.3208			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800	710.88	Amerihealth	Medicare		618.16	1			566.28	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800	710.88	Consumer	Consumer		1710	0.95			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800	710.88	Corrections	Corrections		1440	0.8			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800	710.88	First Health	First Health		1260	0.7			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800	710.88	First Trenton	First Trenton		1620	0.9			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800	710.88	Horizon	MCD		1129.38	1.827			566.28	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800	710.88	Horizon	Indemnity		1129.38	1.827			566.28	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800	710.88	Horizon	Medicare Blue		618.16	1			566.28	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800	710.88	Horizon	PPO		1129.38	1.827			566.28	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800	710.88	Managed Care Inc	Managed Care Inc		1620	0.9			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800	710.88	Multiplan	Multiplan		1440	0.8			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800	710.88	Qualcare	Qualcare		1350	0.75			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800	710.88	Three Rivers	Three Rivers		1710	0.95			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800	710.88	UHC	Medicaid		566.28	0.3146			566.28	1710	percent of total billed charges	
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800	710.88	UHC	Medicare		618.16	1			566.28	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1800	710.88	Wellcare	Medicare		618.16	1			566.28	1710	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NUCLEAR MEDICINE CSF VENTRICULOGRAPHY	78635	CPT	outpatient			1600	710.88	Wellcare	Medicaid		566.28	0.3146			566.28	1710	percent of total billed charges	
CSF SHUNT	78645	CPT	both			1561	710.88	Aetna	Better Health		491.09	0.3146			491.09	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	both			1561	710.88	Aetna	Commercial		984.11	1.592			491.09	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF SHUNT	78645	CPT	both			1561	710.88	Aetna	Medicare		618.16	1			491.09	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF SHUNT	78645	CPT	both			1561	710.88	Americare	Americare		1170.75	0.75			491.09	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	both			1561	710.88	WellPoint	WellPoint		500.77	0.3208			491.09	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	both			1561	710.88	Amerihealth	Medicare		618.16	1			491.09	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF SHUNT	78645	CPT	both			1561	710.88	Consumer	Consumer		1482.95	0.95			491.09	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	both			1561	710.88	Corrections	Corrections		1248.8	0.8			491.09	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	both			1561	710.88	First Health	First Health		1092.7	0.7			491.09	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	both			1561	710.88	First Trenton	First Trenton		1404.9	0.9			491.09	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	both			1561	710.88	Horizon	Indemnity		1129.38	1.827			491.09	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF SHUNT	78645	CPT	both			1561	710.88	Horizon	Medicare Blue		618.16	1			491.09	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF SHUNT	78645	CPT	both			1561	710.88	Horizon	MGD		1129.38	1.827			491.09	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF SHUNT	78645	CPT	both			1561	710.88	Horizon	PPO		1129.38	1.827			491.09	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF SHUNT	78645	CPT	both			1561	710.88	Managed Care Inc	Managed Care Inc		1404.9	0.9			491.09	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	both			1561	710.88	Multiplan	Multiplan		1248.8	0.8			491.09	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	both			1561	710.88	Qualcare	Qualcare		1170.75	0.75			491.09	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	both			1561	710.88	Three Rivers	Three Rivers		1482.95	0.95			491.09	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	both			1561	710.88	UHC	Medicaid		491.09	0.3146			491.09	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	both			1561	710.88	UHC	Medicare		618.16	1			491.09	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF SHUNT	78645	CPT	both			1561	710.88	Wellcare	Medicaid		491.09	0.3146			491.09	1482.95	percent of total billed charges	
CSF SHUNT	78645	CPT	both			1561	710.88	Wellcare	Medicare		618.16	1			491.09	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533	1867.58	Aetna	Medicare		1623.98	1			796.88	2967.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533	1867.58	Aetna	Commercial		2585.38	1.592			796.88	2967.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533	1867.58	Aetna	Better Health		796.88	0.3146			796.88	2967.01	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533	1867.58	Americare	Americare		1899.75	0.75			796.88	2967.01	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533	1867.58	WellPoint	WellPoint		812.59	0.3208			796.88	2967.01	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533	1867.58	Amerihealth	Medicare		1623.98	1			796.88	2967.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533	1867.58	Consumer	Consumer		2406.35	0.95			796.88	2967.01	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533	1867.58	Corrections	Corrections		2026.4	0.8			796.88	2967.01	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533	1867.58	First Health	First Health		1773.1	0.7			796.88	2967.01	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533	1867.58	First Trenton	First Trenton		2279.7	0.9			796.88	2967.01	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533	1867.58	Horizon	Medicare Blue		1623.98	1			796.88	2967.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533	1867.58	Horizon	MGD		2967.01	1.827			796.88	2967.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533	1867.58	Horizon	PPO		2967.01	1.827			796.88	2967.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533	1867.58	Horizon	Indemnity		2967.01	1.827			796.88	2967.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533	1867.58	Managed Care Inc	Managed Care Inc		2279.7	0.9			796.88	2967.01	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533	1867.58	Multiplan	Multiplan		2026.4	0.8			796.88	2967.01	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533	1867.58	Qualcare	Qualcare		1899.75	0.75			796.88	2967.01	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533	1867.58	Three Rivers	Three Rivers		2406.35	0.95			796.88	2967.01	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533	1867.58	UHC	Medicaid		796.88	0.3146			796.88	2967.01	percent of total billed charges	
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533	1867.58	UHC	Medicare		1623.98	1			796.88	2967.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533	1867.58	Wellcare	Medicare		1623.98	1			796.88	2967.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CSF LEAKAGE DETECTION	78650	CPT	outpatient			2533	1867.58	Wellcare	Medicaid		796.88	0.3146			796.88	2967.01	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240	542.46	Aetna	Commercial		750.95	1.592			381.92	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240	542.46	Aetna	Better Health		390.1	0.3146			381.92	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240	542.46	Aetna	Medicare		381.92	0.308			381.92	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240	542.46	Americare	Americare		930	0.75			381.92	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240	542.46	WellPoint	WellPoint		397.79	0.3208			381.92	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240	542.46	Amerihealth	Medicare		471.7	1			381.92	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240	542.46	Consumer	Consumer		1178	0.95			381.92	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240	542.46	Corrections	Corrections		992	0.8			381.92	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240	542.46	First Health	First Health		868	0.7			381.92	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240	542.46	First Trenton	First Trenton		1116	0.9			381.92	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240	542.46	Horizon	Indemnity		861.8	1.827			381.92	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240	542.46	Horizon	Medicare Blue		471.7	1			381.92	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240	542.46	Horizon	PPO		861.8	1.827			381.92	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240	542.46	Horizon	MGD		861.8	1.827			381.92	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240	542.46	Managed Care Inc	Managed Care Inc		1116	0.9			381.92	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240	542.46	Multiplan	Multiplan		992	0.8			381.92	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240	542.46	Qualcare	Qualcare		930	0.75			381.92	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240	542.46	Three Rivers	Three Rivers		1178	0.95			381.92	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240	542.46	UHC	Medicare		471.7	1			381.92	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240	542.46	UHC	Medicaid		390.1	0.3146			381.92	1178	percent of total billed charges	
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240	542.46	Wellcare	Medicare		471.7	1			381.92	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACROCYSTOGRAPHY	78660	CPT	outpatient			1240	542.46	Wellcare	Medicaid		390.1	0.3146			381.92	1178	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662	542.46	Aetna	Commercial		750.95	1.592			471.7	1578.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY STATIC	78700	CPT	outpatient			1662	542.46	Aetna	Better Health		522.87	0.3146			471.7	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662	542.46	Aetna	Medicare		471.7	1			471.7	1578.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY STATIC	78700	CPT	outpatient			1662	542.46	Americare	Americare		1246.5	0.75			471.7	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662	542.46	WellPoint	WellPoint		533.17	0.3208			471.7	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662	542.46	Amerihealth	Medicare		471.7	1			471.7	1578.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY STATIC	78700	CPT	outpatient			1662	542.46	Consumer	Consumer		1578.9	0.95			471.7	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662	542.46	Corrections	Corrections		1329.6	0.8			471.7	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662	542.46	First Health	First Health		1163.4	0.7			471.7	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662	542.46	First Trenton	First Trenton		1495.8	0.9			471.7	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662	542.46	Horizon	MGD		861.8	1.827			471.7	1578.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY STATIC	78700	CPT	outpatient			1662	542.46	Horizon	Indemnity		861.8	1.827			471.7	1578.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY STATIC	78700	CPT	outpatient			1662	542.46	Horizon	Medicare Blue		471.7	1			471.7	1578.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY STATIC	78700	CPT	outpatient			1662	542.46	Horizon	PPO		861.8	1.827			471.7	1578.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY STATIC	78700	CPT	outpatient			1662	542.46	Managed Care Inc	Managed Care Inc		1495.8	0.9			471.7	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662	542.46	Multiplan	Multiplan		1329.6	0.8			471.7	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662	542.46	Qualcare	Qualcare		1246.5	0.75			471.7	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662	542.46	Three Rivers	Three Rivers		1578.9	0.95			471.7	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662	542.46	UHC	Medicare		471.7	1			471.7	1578.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY STATIC	78700	CPT	outpatient			1662	542.46	UHC	Medicaid		522.87	0.3146			471.7	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662	542.46	Wellcare	Medicaid		522.87	0.3146			471.7	1578.9	percent of total billed charges	
KIDNEY STATIC	78700	CPT	outpatient			1662	542.46	Wellcare	Medicare		471.7	1			471.7	1578.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN (MAG3)	78707	CPT	both			2436	710.88	Aetna	Commercial		984.11	1.592			618.16	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN (MAG3)	78707	CPT	both			2436	710.88	Aetna	Better Health		766.37	0.3146			618.16	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	both			2436	710.88	Aetna	Medicare		750.29	0.308			618.16	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	both			2436	710.88	Americare	Americare		1827	0.75			618.16	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	both			2436	710.88	WellPoint	WellPoint		781.47	0.3208			618.16	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	both			2436	710.88	Amerihealth	Medicare		618.16	1			618.16	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN (MAG3)	78707	CPT	both			2436	710.88	Consumer	Consumer		2314.2	0.95			618.16	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	both			2436	710.88	Corrections	Corrections		1948.8	0.8			618.16	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	both			2436	710.88	First Health	First Health		1705.2	0.7			618.16	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	both			2436	710.88	First Trenton	First Trenton		2192.4	0.9			618.16	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	both			2436	710.88	Horizon	MGD		1129.38	1.827			618.16	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN (MAG3)	78707	CPT	both			2436	710.88	Horizon	Indemnity		1129.38	1.827			618.16	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN (MAG3)	78707	CPT	both			2436	710.88	Horizon	Medicare Blue		618.16	1			618.16	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN (MAG3)	78707	CPT	both			2436	710.88	Horizon	PPO		1129.38	1.827			618.16	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN (MAG3)	78707	CPT	both			2436	710.88	Managed Care Inc	Managed Care Inc		2192.4	0.9			618.16	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	both			2436	710.88	Multiplan	Multiplan		1948.8	0.8			618.16	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	both			2436	710.88	Qualcare	Qualcare		1827	0.75			618.16	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	both			2436	710.88	Three Rivers	Three Rivers		2314.2	0.95			618.16	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	both			2436	710.88	UHC	Medicaid		766.37	0.3146			618.16	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	both			2436	710.88	UHC	Medicare		618.16	1			618.16	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN (MAG3)	78707	CPT	both			2436	710.88	Wellcare	Medicaid		766.37	0.3146			618.16	2314.2	percent of total billed charges	
RENAL SCAN (MAG3)	78707	CPT	both			2436	710.88	Wellcare	Medicare		618.16	1			618.16	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Aetna	Better Health		766.37	0.3146			491.09	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Aetna	Commercial		984.11	1.592			491.09	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Aetna	Medicare		618.16	1			491.09	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Americare	Americare		1827	0.75			491.09	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	WellPoint	WellPoint		781.47	0.3208			491.09	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Amerihealth	Medicare		618.16	1			491.09	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Consumer	Consumer		2314.2	0.95			491.09	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Corrections	Corrections		1948.8	0.8			491.09	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	First Health	First Health		1705.2	0.7			491.09	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	First Trenton	First Trenton		2192.4	0.9			491.09	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Horizon	Indemnity		1129.38	1.827			491.09	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Horizon	Medicare Blue		618.16	1			491.09	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Horizon	PPO		1129.38	1.827			491.09	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Horizon	MGD		1129.38	1.827			491.09	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Managed Care Inc	Managed Care Inc		2192.4	0.9			491.09	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Multiplan	Multiplan		1948.8	0.8			491.09	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Qualcare	Qualcare		1827	0.75			491.09	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Three Rivers	Three Rivers		2314.2	0.95			491.09	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	UHC	Medicaid		766.37	0.3146			491.09	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	UHC	Medicare		618.16	1			491.09	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Wellcare	Medicaid		766.37	0.3146			491.09	2314.2	percent of total billed charges	
RENAL SCAN WITH LASIX	78708	CPT	both			2436	710.88	Wellcare	Medicare		618.16	1			491.09	2314.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
KIDNEY SPECT	78710	CPT	outpatient			1638		Aetna	Medicare		504.5	0.308			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Aetna	Better Health		515.31	0.3146			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Aetna	Commercial		622.44	0.38			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Americare	Americare		1228.5	0.75			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		WellPoint	WellPoint		525.47	0.3208			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Consumer	Consumer		1556.1	0.95			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Corrections	Corrections		1310.4	0.8			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		First Health	First Health		1146.6	0.7			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		First Trenton	First Trenton		1474.2	0.9			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Horizon	Medicare Blue		491.4	0.3			491.4	1556.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
KIDNEY SPECT	78710	CPT	outpatient			1638		Horizon	Indemnity		627.03	0.3828			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Horizon	MGD		627.03	0.3828			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Horizon	PPO		627.03	0.3828			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Managed Care Inc	Managed Care Inc		1474.2	0.9			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Multiplan	Multiplan		1310.4	0.8			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Qualcare	Qualcare		1228.5	0.75			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Three Rivers	Three Rivers		1556.1	0.95			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		UHC	Medicaid		515.31	0.3146			491.4	1556.1	percent of total billed charges	
KIDNEY SPECT	78710	CPT	outpatient			1638		Wellcare	Medicaid		515.31	0.3146			491.4	1556.1	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240		542.46 Aetna	Medicare		381.92	0.308			381.92	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240		542.46 Aetna	Commercial		750.95	1.592			381.92	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240		542.46 Aetna	Better Health		390.1	0.3146			381.92	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240		542.46 Americare	Americare		930	0.75			381.92	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240		542.46 WellPoint	WellPoint		397.79	0.3208			381.92	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240		542.46 Amerihealth	Medicare		471.7	1			381.92	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240		542.46 Consumer	Consumer		1178	0.95			381.92	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240		542.46 Corrections	Corrections		992	0.8			381.92	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240		542.46 First Health	First Health		868	0.7			381.92	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240		542.46 First Trenton	First Trenton		1116	0.9			381.92	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240		542.46 Horizon	MGD		861.8	1.827			381.92	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240		542.46 Horizon	Medicare Blue		471.7	1			381.92	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240		542.46 Horizon	Indemnity		861.8	1.827			381.92	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240		542.46 Horizon	PPO		861.8	1.827			381.92	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240		542.46 Managed Care Inc	Managed Care Inc		1116	0.9			381.92	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240		542.46 Multiplan	Multiplan		992	0.8			381.92	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240		542.46 Qualcare	Qualcare		930	0.75			381.92	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240		542.46 Three Rivers	Three Rivers		1178	0.95			381.92	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240		542.46 UHC	Medicare		471.7	1			381.92	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240		542.46 UHC	Medicaid		390.1	0.3146			381.92	1178	percent of total billed charges	
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240		542.46 Wellcare	Medicare		471.7	1			381.92	1178	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TESTICULAR IMAGING W FLOW	78761	CPT	outpatient			1240		542.46 Wellcare	Medicaid		390.1	0.3146			381.92	1178	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508		542.46 Aetna	Commercial		750.95	1.592			464.98	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR LOCAL LIMIT	78800	CPT	both			1508		542.46 Aetna	Better Health		474.42	0.3146			464.98	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508		542.46 Aetna	Medicare		471.7	1			464.98	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR LOCAL LIMIT	78800	CPT	both			1508		542.46 Americare	Americare		1131	0.75			464.98	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508		542.46 WellPoint	WellPoint		483.77	0.3208			464.98	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508		542.46 Amerihealth	Medicare		471.7	1			464.98	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR LOCAL LIMIT	78800	CPT	both			1508		542.46 Consumer	Consumer		1432.6	0.95			464.98	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508		542.46 Corrections	Corrections		1206.4	0.8			464.98	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508		542.46 First Health	First Health		1055.6	0.7			464.98	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508		542.46 First Trenton	First Trenton		1357.2	0.9			464.98	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508		542.46 Horizon	Medicare Blue		471.7	1			464.98	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR LOCAL LIMIT	78800	CPT	both			1508		542.46 Horizon	Indemnity		861.8	1.827			464.98	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR LOCAL LIMIT	78800	CPT	both			1508		542.46 Horizon	MGD		861.8	1.827			464.98	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR LOCAL LIMIT	78800	CPT	both			1508		542.46 Horizon	PPO		861.8	1.827			464.98	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR LOCAL LIMIT	78800	CPT	both			1508		542.46 Managed Care Inc	Managed Care Inc		1357.2	0.9			464.98	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508		542.46 Multiplan	Multiplan		1206.4	0.8			464.98	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508		542.46 Qualcare	Qualcare		1131	0.75			464.98	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508		542.46 Three Rivers	Three Rivers		1432.6	0.95			464.98	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508		542.46 UHC	Medicaid		474.42	0.3146			464.98	1432.6	percent of total billed charges	
TUMOR LOCAL LIMIT	78800	CPT	both			1508		542.46 UHC	Medicare		471.7	1			464.98	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR LOCAL LIMIT	78800	CPT	both			1508		542.46 Wellcare	Medicare		471.7	1			464.98	1432.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR LOCAL LIMIT	78800	CPT	both			1508		542.46 Wellcare	Medicaid		474.42	0.3146			464.98	1432.6	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	inpatient			1867		542.46 Aetna	Commercial		750.95	1.592			471.7	1773.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	inpatient			1867		542.46 Aetna	Medicare		471.7	1			471.7	1773.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	inpatient			1867		542.46 Aetna	Better Health		587.36	0.3146			471.7	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	inpatient			1867		542.46 Americare	Americare		1400.25	0.75			471.7	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	inpatient			1867		542.46 WellPoint	WellPoint		598.93	0.3208			471.7	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	inpatient			1867		542.46 Amerihealth	Medicare		471.7	1			471.7	1773.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	inpatient			1867		542.46 Consumer	Consumer		1773.65	0.95			471.7	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	inpatient			1867		542.46 Corrections	Corrections		1493.6	0.8			471.7	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	inpatient			1867		542.46 First Health	First Health		1306.9	0.7			471.7	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	inpatient			1867		542.46 First Trenton	First Trenton		1680.3	0.9			471.7	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	inpatient			1867		542.46 Horizon	MGD		861.8	1.827			471.7	1773.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	inpatient			1867		542.46 Horizon	Indemnity		861.8	1.827			471.7	1773.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	inpatient			1867		542.46 Horizon	Medicare Blue		471.7	1			471.7	1773.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	inpatient			1867		542.46 Horizon	PPO		861.8	1.827			471.7	1773.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	inpatient			1867		542.46 Managed Care Inc	Managed Care Inc		1680.3	0.9			471.7	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	inpatient			1867		542.46 Multiplan	Multiplan		1493.6	0.8			471.7	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	inpatient			1867		542.46 Qualcare	Qualcare		1400.25	0.75			471.7	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	inpatient			1867		542.46 Three Rivers	Three Rivers		1773.65	0.95			471.7	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	inpatient			1867		542.46 UHC	Medicare		471.7	1			471.7	1773.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	inpatient			1867		542.46 UHC	Medicaid		587.36	0.3146			471.7	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	inpatient			1867		542.46 Wellcare	Medicaid		587.36	0.3146			471.7	1773.65	percent of total billed charges	
NM Y -90 IMAGING - MULTIPLE AREAS	78801	CPT	inpatient			1867		542.46 Wellcare	Medicare		471.7	1			471.7	1773.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE SCAN	78802	CPT	both			5184		1867.58 Aetna	Medicare		1623.98	1			767.94	4924.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE SCAN	78802	CPT	both			5184		1867.58 Aetna	Better Health		1630.89	0.3146			767.94	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184		1867.58 Aetna	Commercial		2585.38	1.592			767.94	4924.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE SCAN	78802	CPT	both			5184		1867.58 Americare	Americare		3888	0.75			767.94	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184		1867.58 WellPoint	WellPoint		1663.03	0.3208			767.94	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184		1867.58 Amerihealth	Medicare		1623.98	1			767.94	4924.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE SCAN	78802	CPT	both			5184		1867.58 Consumer	Consumer		4924.8	0.95			767.94	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184		1867.58 Corrections	Corrections		4147.2	0.8			767.94	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184		1867.58 First Health	First Health		3628.8	0.7			767.94	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184		1867.58 First Trenton	First Trenton		4665.6	0.9			767.94	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184		1867.58 Horizon	MGD		2967.01	1.827			767.94	4924.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE SCAN	78802	CPT	both			5184		1867.58 Horizon	Medicare Blue		1623.98	1			767.94	4924.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE SCAN	78802	CPT	both			5184		1867.58 Horizon	Indemnity		2967.01	1.827			767.94	4924.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE SCAN	78802	CPT	both			5184		1867.58 Horizon	PPO		2967.01	1.827			767.94	4924.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE SCAN	78802	CPT	both			5184		1867.58 Managed Care Inc	Managed Care Inc		4665.6	0.9			767.94	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184		1867.58 Multiplan	Multiplan		4147.2	0.8			767.94	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184		1867.58 Qualcare	Qualcare		3888	0.75			767.94	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184		1867.58 Three Rivers	Three Rivers		4924.8	0.95			767.94	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184		1867.58 UHC	Medicare		1623.98	1			767.94	4924.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE SCAN	78802	CPT	both			5184		1867.58 UHC	Medicaid		1630.89	0.3146			767.94	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184		1867.58 Wellcare	Medicaid		1630.89	0.3146			767.94	4924.8	percent of total billed charges	
OCTREOTIDE SCAN	78802	CPT	both			5184		1867.58 Wellcare	Medicare		1623.98	1			767.94	4924.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC SPECT	78803	CPT	both			5099		1867.58 Aetna	Commercial		2585.38	1.592			583.9	4844.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC SPECT	78803	CPT	both			5099		1867.58 Aetna	Better Health		1604.15	0.3146			583.9	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099		1867.58 Aetna	Medicare		1623.98	1			583.9	4844.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC SPECT	78803	CPT	both			5099		1867.58 Americare	Americare		3824.25	0.75			583.9	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099		1867.58 WellPoint	WellPoint		1635.76	0.3208			583.9	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099		1867.58 Amerihealth	Medicare		1623.98	1			583.9	4844.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC SPECT	78803	CPT	both			5099		1867.58 Consumer	Consumer		4844.05	0.95			583.9	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099		1867.58 Corrections	Corrections		4079.2	0.8			583.9	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099		1867.58 First Health	First Health		3569.3	0.7			583.9	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099		1867.58 First Trenton	First Trenton		4589.1	0.9			583.9	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099		1867.58 Horizon	PPO		2967.01	1.827			583.9	4844.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC SPECT	78803	CPT	both			5099		1867.58 Horizon	Medicare Blue		1623.98	1			583.9	4844.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC SPECT	78803	CPT	both			5099		1867.58 Horizon	MGD		2967.01	1.827			583.9	4844.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC SPECT	78803	CPT	both			5099		1867.58 Horizon	Indemnity		2967.01	1.827			583.9	4844.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC SPECT	78803	CPT	both			5099		1867.58 Managed Care Inc	Managed Care Inc		4589.1	0.9			583.9	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099		1867.58 Multiplan	Multiplan		4079.2	0.8			583.9	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099		1867.58 Qualcare	Qualcare		3824.25	0.75			583.9	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099		1867.58 Three Rivers	Three Rivers		4844.05	0.95			583.9	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099		1867.58 UHC	Medicaid		1604.15	0.3146			583.9	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099		1867.58 UHC	Medicare		1623.98	1			583.9	4844.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC SPECT	78803	CPT	both			5099		1867.58 Wellcare	Medicaid		1604.15	0.3146			583.9	4844.05	percent of total billed charges	
WBC SPECT	78803	CPT	both			5099		1867.58 Wellcare	Medicare		1623.98	1			583.9	4844.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	both			4306		1867.58 Aetna	Better Health		1354.67	0.3146			1354.67	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	both			4306		1867.58 Aetna	Commercial		2585.38	1.592			1354.67	4090.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	both			4306		1867.58 Aetna	Medicare		1623.98	1			1354.67	4090.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	both			4306		1867.58 Americare	Americare		3229.5	0.75			1354.67	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	both			4306		1867.58 WellPoint	WellPoint		1381.36	0.3208			1354.67	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	both			4306		1867.58 Amerihealth	Medicare		1623.98	1			1354.67	4090.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	both			4306		1867.58 Consumer	Consumer		4090.7	0.95			1354.67	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	both			4306		1867.58 Corrections	Corrections		3444.8	0.8			1354.67	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	both			4306		1867.58 First Health	First Health		3014.2	0.7			1354.67	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	both			4306		1867.58 First Trenton	First Trenton		3875.4	0.9			1354.67	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	both			4306		1867.58 Horizon	MGD		2967.01	1.827			1354.67	4090.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	both			4306		1867.58 Horizon	Indemnity		2967.01	1.827			1354.67	4090.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	both			4306		1867.58 Horizon	Medicare Blue		1623.98	1			1354.67	4090.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	both			4306		1867.58 Horizon	PPO		2967.01	1.827			1354.67	4090.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	both			4306		1867.58 Managed Care Inc	Managed Care Inc		3875.4	0.9			1354.67	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	both			4306		1867.58 Multiplan	Multiplan		3444.8	0.8			1354.67	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	both			4306		1867.58 Qualcare	Qualcare		3229.5	0.75			1354.67	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	both			4306		1867.58 Three Rivers	Three Rivers		4090.7	0.95			1354.67	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	both			4306		1867.58 UHC	Medicare		1623.98	1			1354.67	4090.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	both			4306		1867.58 UHC	Medicaid		1354.67	0.3146			1354.67	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	both			4306		1867.58 Wellcare	Medicaid		1354.67	0.3146			1354.67	4090.7	percent of total billed charges	
RADIOPHARM LOCALIZATION TUMOR WB 2 OR	78804	CPT	both			4306		1867.58 Wellcare	Medicare		1623.98	1			1354.67	4090.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC SPECT	78807	CPT	both			2539		Aetna	Medicare		782.01	0.308			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	both			2539		Aetna	Better Health		798.77	0.3146			761.7	2412.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
WBC SPECT	78807	CPT	both			2539		Aetna	Commercial		964.82	0.38			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	both			2539		Americare	Americare		1904.25	0.75			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	both			2539		WellPoint	WellPoint		814.51	0.3208			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	both			2539		Consumer	Consumer		2412.05	0.95			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	both			2539		Corrections	Corrections		2031.2	0.8			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	both			2539		First Health	First Health		1777.3	0.7			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	both			2539		First Trenton	First Trenton		2285.1	0.9			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	both			2539		Horizon	MGD		971.93	0.3828			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	both			2539		Horizon	Indemnity		971.93	0.3828			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	both			2539		Horizon	Medicare Blue		761.7	0.3			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	both			2539		Horizon	PPO		971.93	0.3828			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	both			2539		Managed Care Inc	Managed Care Inc		2285.1	0.9			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	both			2539		Multiplan	Multiplan		2031.2	0.8			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	both			2539		Qualcare	Qualcare		1904.25	0.75			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	both			2539		Three Rivers	Three Rivers		2412.05	0.95			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	both			2539		UHC	Medicaid		798.77	0.3146			761.7	2412.05	percent of total billed charges	
WBC SPECT	78807	CPT	both			2539		Wellcare	Medicaid		798.77	0.3146			761.7	2412.05	percent of total billed charges	
TUMOR IMAGE PET/CT LIMITED AREA	78814	CPT	outpatient			5915		2057.61 Aetna	Commercial		2848.45	1.592			1689.09	5619.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT LIMITED AREA	78814	CPT	outpatient			5915		2057.61 Aetna	Medicare		1789.23	1			1689.09	5619.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT LIMITED AREA	78814	CPT	outpatient			5915		2057.61 Aetna	Better Health		1860.86	0.3146			1689.09	5619.25	percent of total billed charges	
TUMOR IMAGE PET/CT LIMITED AREA	78814	CPT	outpatient			5915		2057.61 Americare	Americare		4436.25	0.75			1689.09	5619.25	percent of total billed charges	
TUMOR IMAGE PET/CT LIMITED AREA	78814	CPT	outpatient			5915		2057.61 WellPoint	WellPoint		1897.53	0.3208			1689.09	5619.25	percent of total billed charges	
TUMOR IMAGE PET/CT LIMITED AREA	78814	CPT	outpatient			5915		2057.61 Amerihealth	Medicare		1789.23	1			1689.09	5619.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT LIMITED AREA	78814	CPT	outpatient			5915		2057.61 Consumer	Consumer		5619.25	0.95			1689.09	5619.25	percent of total billed charges	
TUMOR IMAGE PET/CT LIMITED AREA	78814	CPT	outpatient			5915		2057.61 Corrections	Corrections		4732	0.8			1689.09	5619.25	percent of total billed charges	
TUMOR IMAGE PET/CT LIMITED AREA	78814	CPT	outpatient			5915		2057.61 First Health	First Health		4140.5	0.7			1689.09	5619.25	percent of total billed charges	
TUMOR IMAGE PET/CT LIMITED AREA	78814	CPT	outpatient			5915		2057.61 First Trenton	First Trenton		5323.5	0.9			1689.09	5619.25	percent of total billed charges	
TUMOR IMAGE PET/CT LIMITED AREA	78814	CPT	outpatient			5915		2057.61 Horizon	Medicare Blue		1789.23	1			1689.09	5619.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT LIMITED AREA	78814	CPT	outpatient			5915		2057.61 Horizon	MGD		3268.92	1.827			1689.09	5619.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT LIMITED AREA	78814	CPT	outpatient			5915		2057.61 Horizon	PPO		3268.92	1.827			1689.09	5619.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT LIMITED AREA	78814	CPT	outpatient			5915		2057.61 Horizon	Indemnity		3268.92	1.827			1689.09	5619.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT LIMITED AREA	78814	CPT	outpatient			5915		2057.61 Managed Care Inc	Managed Care Inc		5323.5	0.9			1689.09	5619.25	percent of total billed charges	
TUMOR IMAGE PET/CT LIMITED AREA	78814	CPT	outpatient			5915		2057.61 Multiplan	Multiplan		4732	0.8			1689.09	5619.25	percent of total billed charges	
TUMOR IMAGE PET/CT LIMITED AREA	78814	CPT	outpatient			5915		2057.61 Qualcare	Qualcare		4436.25	0.75			1689.09	5619.25	percent of total billed charges	
TUMOR IMAGE PET/CT LIMITED AREA	78814	CPT	outpatient			5915		2057.61 Three Rivers	Three Rivers		5619.25	0.95			1689.09	5619.25	percent of total billed charges	
TUMOR IMAGE PET/CT LIMITED AREA	78814	CPT	outpatient			5915		2057.61 UHC	Medicaid		1860.86	0.3146			1689.09	5619.25	percent of total billed charges	
TUMOR IMAGE PET/CT LIMITED AREA	78814	CPT	outpatient			5915		2057.61 UHC	Medicare		1789.23	1			1689.09	5619.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT LIMITED AREA	78814	CPT	outpatient			5915		2057.61 Wellcare	Medicare		1789.23	1			1689.09	5619.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT LIMITED AREA	78814	CPT	outpatient			5915		2057.61 Wellcare	Medicaid		1860.86	0.3146			1689.09	5619.25	percent of total billed charges	
TUMOR IMAGE PET/CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512		2057.61 Aetna	Better Health		2363.28	0.3146			1766.48	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512		2057.61 Aetna	Commercial		2848.45	1.592			1766.48	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512		2057.61 Aetna	Medicare		1789.23	1			1766.48	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512		2057.61 Americare	Americare		5634	0.75			1766.48	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512		2057.61 WellPoint	WellPoint		2409.85	0.3208			1766.48	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512		2057.61 Amerihealth	Medicare		1789.23	1			1766.48	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512		2057.61 Consumer	Consumer		7136.4	0.95			1766.48	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512		2057.61 Corrections	Corrections		6009.6	0.8			1766.48	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512		2057.61 First Health	First Health		5258.4	0.7			1766.48	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512		2057.61 First Trenton	First Trenton		6760.8	0.9			1766.48	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512		2057.61 Horizon	PPO		3268.92	1.827			1766.48	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512		2057.61 Horizon	MGD		3268.92	1.827			1766.48	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512		2057.61 Horizon	Indemnity		3268.92	1.827			1766.48	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512		2057.61 Horizon	Medicare Blue		1789.23	1			1766.48	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512		2057.61 Managed Care Inc	Managed Care Inc		6760.8	0.9			1766.48	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512		2057.61 Multiplan	Multiplan		6009.6	0.8			1766.48	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512		2057.61 Qualcare	Qualcare		5634	0.75			1766.48	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512		2057.61 Three Rivers	Three Rivers		7136.4	0.95			1766.48	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512		2057.61 UHC	Medicaid		2363.28	0.3146			1766.48	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512		2057.61 UHC	Medicare		1789.23	1			1766.48	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512		2057.61 Wellcare	Medicaid		2363.28	0.3146			1766.48	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT SKULL BASE-MID THIGH	78815	CPT	outpatient			7512		2057.61 Wellcare	Medicare		1789.23	1			1766.48	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT WHOLE BODY	78816	CPT	outpatient			7512		2057.61 Aetna	Better Health		2363.28	0.3146			1612.95	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT WHOLE BODY	78816	CPT	outpatient			7512		2057.61 Aetna	Commercial		2848.45	1.592			1612.95	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT WHOLE BODY	78816	CPT	outpatient			7512		2057.61 Aetna	Medicare		1789.23	1			1612.95	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT WHOLE BODY	78816	CPT	outpatient			7512		2057.61 Americare	Americare		5634	0.75			1612.95	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT WHOLE BODY	78816	CPT	outpatient			7512		2057.61 WellPoint	WellPoint		2409.85	0.3208			1612.95	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT WHOLE BODY	78816	CPT	outpatient			7512		2057.61 Amerihealth	Medicare		1789.23	1			1612.95	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT WHOLE BODY	78816	CPT	outpatient			7512		2057.61 Consumer	Consumer		7136.4	0.95			1612.95	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT WHOLE BODY	78816	CPT	outpatient			7512		2057.61 Corrections	Corrections		6009.6	0.8			1612.95	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT WHOLE BODY	78816	CPT	outpatient			7512		2057.61 First Health	First Health		5258.4	0.7			1612.95	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT WHOLE BODY	78816	CPT	outpatient			7512		2057.61 First Trenton	First Trenton		6760.8	0.9			1612.95	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT WHOLE BODY	78816	CPT	outpatient			7512		2057.61 Horizon	MGD		3268.92	1.827			1612.95	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT WHOLE BODY	78816	CPT	outpatient			7512		2057.61 Horizon	Indemnity		3268.92	1.827			1612.95	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT WHOLE BODY	78816	CPT	outpatient			7512		2057.61 Horizon	Medicare Blue		1789.23	1			1612.95	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT WHOLE BODY	78816	CPT	outpatient			7512		2057.61 Horizon	PPO		3268.92	1.827			1612.95	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT WHOLE BODY	78816	CPT	outpatient			7512		2057.61 Managed Care Inc	Managed Care Inc		6760.8	0.9			1612.95	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT WHOLE BODY	78816	CPT	outpatient			7512		2057.61 Multiplan	Multiplan		6009.6	0.8			1612.95	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT WHOLE BODY	78816	CPT	outpatient			7512		2057.61 Qualcare	Qualcare		5634	0.75			1612.95	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT WHOLE BODY	78816	CPT	outpatient			7512		2057.61 Three Rivers	Three Rivers		7136.4	0.95			1612.95	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT WHOLE BODY	78816	CPT	outpatient			7512		2057.61 UHC	Medicaid		2363.28	0.3146			1612.95	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT WHOLE BODY	78816	CPT	outpatient			7512		2057.61 UHC	Medicare		1789.23	1			1612.95	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TUMOR IMAGE PET/CT WHOLE BODY	78816	CPT	outpatient			7512		2057.61 Wellcare	Medicaid		2363.28	0.3146			1612.95	7136.4	percent of total billed charges	
TUMOR IMAGE PET/CT WHOLE BODY	78816	CPT	outpatient			7512		2057.61 Wellcare	Medicare		1789.23	1			1612.95	7136.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836		1867.58 Aetna	Commercial		2585.38	1.592			1521.41	4594.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836		1867.58 Aetna	Better Health		1521.41	0.3146			1521.41	4594.2	percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836		1867.58 Aetna	Medicare		1623.98	1			1521.41	4594.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836		1867.58 Americare	Americare		3627	0.75			1521.41	4594.2	percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836		1867.58 WellPoint	WellPoint		1551.39	0.3208			1521.41	4594.2	percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836		1867.58 Amerihealth	Medicare		1623.98	1			1521.41	4594.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836		1867.58 Consumer	Consumer		4594.2	0.95			1521.41	4594.2	percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836		1867.58 Corrections	Corrections		3868.8	0.8			1521.41	4594.2	percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836		1867.58 First Health	First Health		3385.2	0.7			1521.41	4594.2	percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836		1867.58 First Trenton	First Trenton		4352.4	0.9			1521.41	4594.2	percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836		1867.58 Horizon	MGD		2967.01	1.827			1521.41	4594.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836		1867.58 Horizon	PPO		2967.01	1.827			1521.41	4594.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836		1867.58 Horizon	Medicare Blue		1623.98	1			1521.41	4594.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836		1867.58 Horizon	Indemnity		2967.01	1.827			1521.41	4594.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836		1867.58 Managed Care Inc	Managed Care Inc		4352.4	0.9			1521.41	4594.2	percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836		1867.58 Multiplan	Multiplan		3868.8	0.8			1521.41	4594.2	percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836		1867.58 Qualcare	Qualcare		3627	0.75			1521.41	4594.2	percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836		1867.58 Three Rivers	Three Rivers		4594.2	0.95			1521.41	4594.2	percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836		1867.58 UHC	Medicare		1623.98	1			1521.41	4594.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836		1867.58 UHC	Medicaid		1521.41	0.3146			1521.41	4594.2	percent of total billed charges	
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836		1867.58 Wellcare	Medicare		1623.98	1			1521.41	4594.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE Y-90 SPECT/CT	78830	CPT	outpatient			4836		1867.58 Wellcare	Medicaid		1521.41	0.3146			1521.41	4594.2	percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427		2057.61 Aetna	Better Health		1707.33	0.3146			1707.33	5155.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427		2057.61 Aetna	Commercial		2848.45	1.592			1707.33	5155.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427		2057.61 Aetna	Medicare		1789.23	1			1707.33	5155.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427		2057.61 Americare	Americare		4070.25	0.75			1707.33	5155.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427		2057.61 WellPoint	WellPoint		1740.98	0.3208			1707.33	5155.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427		2057.61 Amerihealth	Medicare		1789.23	1			1707.33	5155.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427		2057.61 Consumer	Consumer		5155.65	0.95			1707.33	5155.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427		2057.61 Corrections	Corrections		4341.6	0.8			1707.33	5155.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427		2057.61 First Health	First Health		3798.9	0.7			1707.33	5155.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427		2057.61 First Trenton	First Trenton		4884.3	0.9			1707.33	5155.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427		2057.61 Horizon	Medicare Blue		1789.23	1			1707.33	5155.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427		2057.61 Horizon	Indemnity		3268.92	1.827			1707.33	5155.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427		2057.61 Horizon	PPO		3268.92	1.827			1707.33	5155.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427		2057.61 Horizon	MGD		3268.92	1.827			1707.33	5155.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427		2057.61 Managed Care Inc	Managed Care Inc		4884.3	0.9			1707.33	5155.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427		2057.61 Multiplan	Multiplan		4341.6	0.8			1707.33	5155.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427		2057.61 Qualcare	Qualcare		4070.25	0.75			1707.33	5155.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427		2057.61 Three Rivers	Three Rivers		5155.65	0.95			1707.33	5155.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427		2057.61 UHC	Medicare		1789.23	1			1707.33	5155.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427		2057.61 UHC	Medicaid		1707.33	0.3146			1707.33	5155.65	percent of total billed charges	
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427		2057.61 Wellcare	Medicare		1789.23	1			1707.33	5155.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE V/Q SPECT/CT	78832	CPT	outpatient			5427		2057.61 Wellcare	Medicaid		1707.33	0.3146			1707.33	5155.65	percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448		542.46 Aetna	Commercial		750.95	1.592			56.6	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC FUSION	78999	CPT	outpatient			1448		542.46 Aetna	Better Health		455.54	0.3146			56.6	1375.6	percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448		542.46 Aetna	Medicare		471.7	1			56.6	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC FUSION	78999	CPT	outpatient			1448		542.46 Americare	Americare		1086	0.75			56.6	1375.6	percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448		542.46 WellPoint	WellPoint		464.52	0.3208			56.6	1375.6	percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448		542.46 Amerihealth	Medicare		471.7	1			56.6	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC FUSION	78999	CPT	outpatient			1448		542.46 Consumer	Consumer		1375.6	0.95			56.6	1375.6	percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448		542.46 Corrections	Corrections		1158.4	0.8			56.6	1375.6	percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448		542.46 First Health	First Health		1013.6	0.7			56.6	1375.6	percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448		542.46 First Trenton	First Trenton		1303.2	0.9			56.6	1375.6	percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448		542.46 Horizon	Indemnity		861.8	1.827			56.6	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC FUSION	78999	CPT	outpatient			1448		542.46 Horizon	MGD		861.8	1.827			56.6	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC FUSION	78999	CPT	outpatient			1448		542.46 Horizon	NJ Health		144.8	0.1			56.6	1375.6	percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448		542.46 Horizon	Medicare Blue		471.7	1			56.6	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC FUSION	78999	CPT	outpatient			1448		542.46 Horizon	PPO		861.8	1.827			56.6	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC FUSION	78999	CPT	outpatient			1448		542.46 Managed Care Inc	Managed Care Inc		1303.2	0.9			56.6	1375.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
WBC FUSION	78999	CPT	outpatient			1448	542.46	Multiplan	Multiplan		1158.4	0.8			56.6	1375.6	percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448	542.46	Qualcare	Qualcare		1086	0.75			56.6	1375.6	percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448	542.46	Three Rivers	Three Rivers		1375.6	0.95			56.6	1375.6	percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448	542.46	UHC	Medicare		471.7	1			56.6	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC FUSION	78999	CPT	outpatient			1448	542.46	UHC	Medicaid		455.54	0.3146			56.6	1375.6	percent of total billed charges	
WBC FUSION	78999	CPT	outpatient			1448	542.46	Wellcare	Medicare		471.7	1			56.6	1375.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WBC FUSION	78999	CPT	outpatient			1448	542.46	Wellcare	Medicaid		455.54	0.3146			56.6	1375.6	percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Aetna	Medicare		457.69	0.308			284.53	1411.7	percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Aetna	Commercial		452.97	1.592			284.53	1411.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Aetna	Better Health		467.5	0.3146			284.53	1411.7	percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Americare	Americare		1114.5	0.75			284.53	1411.7	percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	WellPoint	WellPoint		476.71	0.3208			284.53	1411.7	percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Amerihealth	Medicare		284.53	1			284.53	1411.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Consumer	Consumer		1411.7	0.95			284.53	1411.7	percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Corrections	Corrections		1188.8	0.8			284.53	1411.7	percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	First Health	First Health		1040.2	0.7			284.53	1411.7	percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	First Trenton	First Trenton		1337.4	0.9			284.53	1411.7	percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Horizon	MGD		519.84	1.827			284.53	1411.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Horizon	Indemnity		519.84	1.827			284.53	1411.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Horizon	PPO		519.84	1.827			284.53	1411.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Horizon	Medicare Blue		284.53	1			284.53	1411.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Managed Care Inc	Managed Care Inc		1337.4	0.9			284.53	1411.7	percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Multiplan	Multiplan		1188.8	0.8			284.53	1411.7	percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Qualcare	Qualcare		1114.5	0.75			284.53	1411.7	percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Three Rivers	Three Rivers		1411.7	0.95			284.53	1411.7	percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	UHC	Medicare		284.53	1			284.53	1411.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	UHC	Medicaid		467.5	0.3146			284.53	1411.7	percent of total billed charges	
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Wellcare	Medicare		284.53	1			284.53	1411.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROID CARCINOMA I-131 THERA	79005	CPT	outpatient			1486	327.21	Wellcare	Medicaid		467.5	0.3146			284.53	1411.7	percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Aetna	Commercial		452.97	1.592			284.53	1721.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Aetna	Better Health		570.06	0.3146			284.53	1721.4	percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Aetna	Medicare		284.53	1			284.53	1721.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Americare	Americare		1359	0.75			284.53	1721.4	percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	WellPoint	WellPoint		581.29	0.3208			284.53	1721.4	percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Amerihealth	Medicare		284.53	1			284.53	1721.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Consumer	Consumer		1721.4	0.95			284.53	1721.4	percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Corrections	Corrections		1449.6	0.8			284.53	1721.4	percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	First Health	First Health		1268.4	0.7			284.53	1721.4	percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	First Trenton	First Trenton		1630.8	0.9			284.53	1721.4	percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Horizon	MGD		519.84	1.827			284.53	1721.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Horizon	Medicare Blue		284.53	1			284.53	1721.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Horizon	Indemnity		519.84	1.827			284.53	1721.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Horizon	PPO		519.84	1.827			284.53	1721.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Managed Care Inc	Managed Care Inc		1630.8	0.9			284.53	1721.4	percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Multiplan	Multiplan		1449.6	0.8			284.53	1721.4	percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Qualcare	Qualcare		1359	0.75			284.53	1721.4	percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Three Rivers	Three Rivers		1721.4	0.95			284.53	1721.4	percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	UHC	Medicaid		570.06	0.3146			284.53	1721.4	percent of total billed charges	
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	UHC	Medicare		284.53	1			284.53	1721.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Wellcare	Medicare		284.53	1			284.53	1721.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP THERAP CHRONIC LEUKEM	79101	CPT	outpatient			1812	327.21	Wellcare	Medicaid		570.06	0.3146			284.53	1721.4	percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Aetna	Medicare		284.53	1			284.53	3466.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Aetna	Commercial		452.97	1.592			284.53	3466.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Aetna	Better Health		1147.98	0.3146			284.53	3466.55	percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Americare	Americare		2736.75	0.75			284.53	3466.55	percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	WellPoint	WellPoint		1170.6	0.3208			284.53	3466.55	percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Amerihealth	Medicare		284.53	1			284.53	3466.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Consumer	Consumer		3466.55	0.95			284.53	3466.55	percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Corrections	Corrections		2919.2	0.8			284.53	3466.55	percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	First Health	First Health		2554.3	0.7			284.53	3466.55	percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	First Trenton	First Trenton		3284.1	0.9			284.53	3466.55	percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Horizon	Indemnity		519.84	1.827			284.53	3466.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Horizon	PPO		519.84	1.827			284.53	3466.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Horizon	Medicare Blue		284.53	1			284.53	3466.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Horizon	MGD		519.84	1.827			284.53	3466.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Managed Care Inc	Managed Care Inc		3284.1	0.9			284.53	3466.55	percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Multiplan	Multiplan		2919.2	0.8			284.53	3466.55	percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Qualcare	Qualcare		2736.75	0.75			284.53	3466.55	percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Three Rivers	Three Rivers		3466.55	0.95			284.53	3466.55	percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	UHC	Medicare		284.53	1			284.53	3466.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	UHC	Medicaid		1147.98	0.3146			284.53	3466.55	percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Wellcare	Medicaid		1147.98	0.3146			284.53	3466.55	percent of total billed charges	
ZEVALIN THERAPY (YTTRIUM-90)	79403	CPT	outpatient			3649	327.21	Wellcare	Medicare		284.53	1			284.53	3466.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Aetna	Medicare		284.53	1			284.53	1076.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Aetna	Commercial		452.97	1.592			284.53	1076.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Aetna	Better Health		356.44	0.3146			284.53	1076.35	percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Americare	Americare		849.75	0.75			284.53	1076.35	percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	WellPoint	WellPoint		363.47	0.3208			284.53	1076.35	percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Amerihealth	Medicare		284.53	1			284.53	1076.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Consumer	Consumer		1076.35	0.95			284.53	1076.35	percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Corrections	Corrections		906.4	0.8			284.53	1076.35	percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	First Health	First Health		793.1	0.7			284.53	1076.35	percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	First Trenton	First Trenton		1019.7	0.9			284.53	1076.35	percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Horizon	MGD		519.84	1.827			284.53	1076.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Horizon	Indemnity		519.84	1.827			284.53	1076.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Horizon	Medicare Blue		284.53	1			284.53	1076.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Horizon	PPO		519.84	1.827			284.53	1076.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Managed Care Inc	Managed Care Inc		1019.7	0.9			284.53	1076.35	percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Multiplan	Multiplan		906.4	0.8			284.53	1076.35	percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Qualcare	Qualcare		849.75	0.75			284.53	1076.35	percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Three Rivers	Three Rivers		1076.35	0.95			284.53	1076.35	percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	UHC	Medicare		284.53	1			284.53	1076.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	UHC	Medicaid		356.44	0.3146			284.53	1076.35	percent of total billed charges	
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Wellcare	Medicare		284.53	1			284.53	1076.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERASPHERE ADMINISTRATION BY AU	79445	CPT	outpatient			1133	327.21	Wellcare	Medicaid		356.44	0.3146			284.53	1076.35	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874	327.21	Aetna	Medicare		577.19	0.308			187.4	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874	327.21	Aetna	Better Health		589.56	0.3146			187.4	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874	327.21	Aetna	Commercial		452.97	1.592			187.4	1780.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874	327.21	Americare	Americare		1405.5	0.75			187.4	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874	327.21	WellPoint	WellPoint		601.18	0.3208			187.4	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874	327.21	Amerihealth	Medicare		284.53	1			187.4	1780.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874	327.21	Consumer	Consumer		1780.3	0.95			187.4	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874	327.21	Corrections	Corrections		1499.2	0.8			187.4	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874	327.21	First Health	First Health		1311.8	0.7			187.4	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874	327.21	First Trenton	First Trenton		1686.6	0.9			187.4	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874	327.21	Horizon	MGD		519.84	1.827			187.4	1780.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874	327.21	Horizon	Medicare Blue		284.53	1			187.4	1780.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874	327.21	Horizon	Indemnity		519.84	1.827			187.4	1780.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874	327.21	Horizon	NJ Health		187.4	0.1			187.4	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874	327.21	Horizon	PPO		519.84	1.827			187.4	1780.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874	327.21	Managed Care Inc	Managed Care Inc		1686.6	0.9			187.4	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874	327.21	Multiplan	Multiplan		1499.2	0.8			187.4	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874	327.21	Qualcare	Qualcare		1405.5	0.75			187.4	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874	327.21	Three Rivers	Three Rivers		1780.3	0.95			187.4	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874	327.21	UHC	Medicare		284.53	1			187.4	1780.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874	327.21	UHC	Medicaid		589.56	0.3146			187.4	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874	327.21	Wellcare	Medicaid		589.56	0.3146			187.4	1780.3	percent of total billed charges	
UNLISTED R.P.THERAP PROC	79999	CPT	outpatient			1874	327.21	Wellcare	Medicare		284.53	1			187.4	1780.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45	15.79	Aetna	Commercial		17.1	0.38			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45	15.79	Aetna	Medicare		13.86	0.308			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45	15.79	Aetna	Better Health		14.16	0.3146			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45	15.79	Americare	Americare		33.75	0.75			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45	15.79	WellPoint	WellPoint		14.44	0.3208			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45	15.79	Amerihealth	Medicare		13.73	1			13.5	42.75	case rate	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45	15.79	Consumer	Consumer		42.75	0.95			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45	15.79	Corrections	Corrections		36	0.8			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45	15.79	First Health	First Health		31.5	0.7			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45	15.79	First Trenton	First Trenton		40.5	0.9			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45	15.79	Horizon	Medicare Blue		13.5	0.3			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45	15.79	Horizon	Indemnity		17.23	0.3828			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45	15.79	Horizon	MGD		17.23	0.3828			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45	15.79	Horizon	PPO		17.23	0.3828			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45	15.79	Managed Care Inc	Managed Care Inc		40.5	0.9			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45	15.79	Multiplan	Multiplan		36	0.8			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45	15.79	Qualcare	Qualcare		33.75	0.75			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45	15.79	Three Rivers	Three Rivers		42.75	0.95			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45	15.79	UHC	Medicaid		14.16	0.3146			13.5	42.75	percent of total billed charges	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45	15.79	UHC	Medicare		13.73				13.5	42.75	case rate	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45	15.79	Wellcare	Medicare		13.73				13.5	42.75	case rate	
CHEM 8 POC ABBOTT ISTAT	80047	CPT	outpatient			45	15.79	Wellcare	Medicaid		14.16	0.3146			13.5	42.75	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159	9.73	Aetna	Better Health		50.02	0.3146			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159	9.73	Aetna	Medicare		8.46				8.1	151.05	case rate	
CHEM8(POC-ISTAT)	80048	CPT	both			159	9.73	Aetna	Commercial		60.42	0.38			8.1	151.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHEM8(POC-ISTAT)	80048	CPT	both			159	9.73	Americare	Americare		119.25	0.75			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159	9.73	WellPoint	WellPoint		51.01	0.3208			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159	9.73	Amerihealth	Medicare		8.46				8.1	151.05	case rate	
CHEM8(POC-ISTAT)	80048	CPT	both			159	9.73	Consumer	Consumer		151.05	0.95			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159	9.73	Corrections	Corrections		127.2	0.8			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159	9.73	First Health	First Health		111.3	0.7			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159	9.73	First Trenton	First Trenton		143.1	0.9			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159	9.73	Horizon	MGD		60.87	0.3828			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159	9.73	Horizon	Medicare Blue		47.7	0.3			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159	9.73	Horizon	Indemnity		60.87	0.3828			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159	9.73	Horizon	PPO		60.87	0.3828			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159	9.73	Managed Care Inc	Managed Care Inc		143.1	0.9			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159	9.73	Multiplan	Multiplan		127.2	0.8			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159	9.73	Qualcare	Qualcare		119.25	0.75			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159	9.73	Three Rivers	Three Rivers		151.05	0.95			8.1	151.05	percent of total billed charges	
CHEM8(POC-ISTAT)	80048	CPT	both			159	9.73	UHC	Medicare		8.46				8.1	151.05	case rate	
CHEM8(POC-ISTAT)	80048	CPT	both			159	9.73	UHC	Medicaid		9.3				8.1	151.05	case rate	
CHEM8(POC-ISTAT)	80048	CPT	both			159	9.73	Wellcare	Medicaid		9.3				8.1	151.05	case rate	
CHEM8(POC-ISTAT)	80048	CPT	both			159	9.73	Wellcare	Medicare		8.46				8.1	151.05	case rate	
ELECTROLYTE PANEL (ELP)	80051	CPT	both			105	8.06	Aetna	Better Health		33.03	0.3146			5.9	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	both			105	8.06	Aetna	Medicare		7.01				5.9	99.75	case rate	
ELECTROLYTE PANEL (ELP)	80051	CPT	both			105	8.06	Aetna	Commercial		39.9	0.38			5.9	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	both			105	8.06	Americare	Americare		78.75	0.75			5.9	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	both			105	8.06	WellPoint	WellPoint		33.68	0.3208			5.9	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	both			105	8.06	Amerihealth	Medicare		7.01				5.9	99.75	case rate	
ELECTROLYTE PANEL (ELP)	80051	CPT	both			105	8.06	Consumer	Consumer		99.75	0.95			5.9	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	both			105	8.06	Corrections	Corrections		84	0.8			5.9	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	both			105	8.06	First Health	First Health		73.5	0.7			5.9	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	both			105	8.06	First Trenton	First Trenton		94.5	0.9			5.9	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	both			105	8.06	Horizon	Medicare Blue		31.5	0.3			5.9	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	both			105	8.06	Horizon	Indemnity		40.19	0.3828			5.9	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	both			105	8.06	Horizon	MGD		40.19	0.3828			5.9	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	both			105	8.06	Horizon	PPO		40.19	0.3828			5.9	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	both			105	8.06	Managed Care Inc	Managed Care Inc		94.5	0.9			5.9	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	both			105	8.06	Multiplan	Multiplan		84	0.8			5.9	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	both			105	8.06	Qualcare	Qualcare		78.75	0.75			5.9	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	both			105	8.06	Three Rivers	Three Rivers		99.75	0.95			5.9	99.75	percent of total billed charges	
ELECTROLYTE PANEL (ELP)	80051	CPT	both			105	8.06	UHC	Medicaid		5.9				5.9	99.75	case rate	
ELECTROLYTE PANEL (ELP)	80051	CPT	both			105	8.06	UHC	Medicare		7.01				5.9	99.75	case rate	
ELECTROLYTE PANEL (ELP)	80051	CPT	both			105	8.06	Wellcare	Medicaid		5.9				5.9	99.75	case rate	
ELECTROLYTE PANEL (ELP)	80051	CPT	both			105	8.06	Wellcare	Medicare		7.01				5.9	99.75	case rate	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201	12.14	Aetna	Medicare		61.91	0.308			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201	12.14	Aetna	Better Health		63.23	0.3146			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201	12.14	Aetna	Commercial		76.38	0.38			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201	12.14	Americare	Americare		150.75	0.75			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201	12.14	WellPoint	WellPoint		64.48	0.3208			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201	12.14	Amerihealth	Medicare		10.56				10.56	190.95	case rate	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201	12.14	Consumer	Consumer		190.95	0.95			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201	12.14	Corrections	Corrections		160.8	0.8			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201	12.14	First Health	First Health		140.7	0.7			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201	12.14	First Trenton	First Trenton		180.9	0.9			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201	12.14	Horizon	Medicare Blue		60.3	0.3			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201	12.14	Horizon	Indemnity		76.94	0.3828			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201	12.14	Horizon	MGD		76.94	0.3828			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201	12.14	Horizon	PPO		76.94	0.3828			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201	12.14	Managed Care Inc	Managed Care Inc		180.9	0.9			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201	12.14	Multiplan	Multiplan		160.8	0.8			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201	12.14	Qualcare	Qualcare		150.75	0.75			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201	12.14	Three Rivers	Three Rivers		190.95	0.95			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201	12.14	UHC	Medicare		10.56				10.56	190.95	case rate	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201	12.14	UHC	Medicaid		63.23	0.3146			10.56	190.95	percent of total billed charges	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201	12.14	Wellcare	Medicare		10.56				10.56	190.95	case rate	
COMPREHENSIVE METABOLIC PANEL	80053	CPT	both			201	12.14	Wellcare	Medicaid		63.23	0.3146			10.56	190.95	percent of total billed charges	
LIPID PROFILE	80061	CPT	both			76	15.4	Aetna	Better Health		23.91	0.3146			13.2	72.2	percent of total billed charges	
LIPID PROFILE	80061	CPT	both			76	15.4	Aetna	Medicare		13.39				13.2	72.2	case rate	
LIPID PROFILE	80061	CPT	both			76	15.4	Aetna	Commercial		28.88	0.38			13.2	72.2	percent of total billed charges	
LIPID PROFILE	80061	CPT	both			76	15.4	Americare	Americare		57	0.75			13.2	72.2	percent of total billed charges	
LIPID PROFILE	80061	CPT	both			76	15.4	WellPoint	WellPoint		24.38	0.3208			13.2	72.2	percent of total billed charges	
LIPID PROFILE	80061	CPT	both			76	15.4	Amerihealth	Medicare		13.39				13.2	72.2	case rate	
LIPID PROFILE	80061	CPT	both			76	15.4	Consumer	Consumer		72.2	0.95			13.2	72.2	percent of total billed charges	
LIPID PROFILE	80061	CPT	both			76	15.4	Corrections	Corrections		60.8	0.8			13.2	72.2	percent of total billed charges	
LIPID PROFILE	80061	CPT	both			76	15.4	First Health	First Health		53.2	0.7			13.2	72.2	percent of total billed charges	
LIPID PROFILE	80061	CPT	both			76	15.4	First Trenton	First Trenton		68.4	0.9			13.2	72.2	percent of total billed charges	
LIPID PROFILE	80061	CPT	both			76	15.4	Horizon	Indemnity		29.09	0.3828			13.2	72.2	percent of total billed charges	
LIPID PROFILE	80061	CPT	both			76	15.4	Horizon	MGD		29.09	0.3828			13.2	72.2	percent of total billed charges	
LIPID PROFILE	80061	CPT	both			76	15.4	Horizon	PPO		29.09	0.3828			13.2	72.2	percent of total billed charges	
LIPID PROFILE	80061	CPT	both			76	15.4	Horizon	Medicare Blue		22.8	0.3			13.2	72.2	percent of total billed charges	
LIPID PROFILE	80061	CPT	both			76	15.4	Managed Care Inc	Managed Care Inc		68.4	0.9			13.2	72.2	percent of total billed charges	
LIPID PROFILE	80061	CPT	both			76	15.4	Multiplan	Multiplan		60.8	0.8			13.2	72.2	percent of total billed charges	
LIPID PROFILE	80061	CPT	both			76	15.4	Qualcare	Qualcare		57	0.75			13.2	72.2	percent of total billed charges	
LIPID PROFILE	80061	CPT	both			76	15.4	Three Rivers	Three Rivers		72.2	0.95			13.2	72.2	percent of total billed charges	
LIPID PROFILE	80061	CPT	both			76	15.4	UHC	Medicaid		15				13.2	72.2	case rate	
LIPID PROFILE	80061	CPT	both			76	15.4	UHC	Medicare		13.39				13.2	72.2	case rate	
LIPID PROFILE	80061	CPT	both			76	15.4	Wellcare	Medicaid		15				13.2	72.2	case rate	
LIPID PROFILE	80061	CPT	both			76	15.4	Wellcare	Medicare		13.39				13.2	72.2	case rate	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Aetna	Medicare		58.83	0.308			47.63	181.45	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Aetna	Better Health		60.09	0.3146			47.63	181.45	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Aetna	Commercial		72.58	0.38			47.63	181.45	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Americare	Americare		143.25	0.75			47.63	181.45	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	WellPoint	WellPoint		61.27	0.3208			47.63	181.45	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Amerihealth	Medicare		47.63				47.63	181.45	case rate	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Consumer	Consumer		181.45	0.95			47.63	181.45	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Corrections	Corrections		152.8	0.8			47.63	181.45	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	First Health	First Health		133.7	0.7			47.63	181.45	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	First Trenton	First Trenton		171.9	0.9			47.63	181.45	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Horizon	Medicare Blue		57.3	0.3			47.63	181.45	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Horizon	MGD		73.11	0.3828			47.63	181.45	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Horizon	Indemnity		73.11	0.3828			47.63	181.45	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Horizon	PPO		73.11	0.3828			47.63	181.45	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Managed Care Inc	Managed Care Inc		171.9	0.9			47.63	181.45	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Multiplan	Multiplan		152.8	0.8			47.63	181.45	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Qualcare	Qualcare		143.25	0.75			47.63	181.45	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Three Rivers	Three Rivers		181.45	0.95			47.63	181.45	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	UHC	Medicare		47.63				47.63	181.45	case rate	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	UHC	Medicaid		60.09	0.3146			47.63	181.45	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Wellcare	Medicaid		60.09	0.3146			47.63	181.45	percent of total billed charges	
ACUTE HEPATITIS PANEL	80074	CPT	both			191	54.77	Wellcare	Medicare		47.63				47.63	181.45	case rate	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Aetna	Medicare		8.17				7	67.45	case rate	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Aetna	Better Health		22.34	0.3146			7	67.45	percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Aetna	Commercial		26.98	0.38			7	67.45	percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Americare	Americare		53.25	0.75			7	67.45	percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	WellPoint	WellPoint		22.78	0.3208			7	67.45	percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Amerihealth	Medicare		8.17				7	67.45	case rate	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Consumer	Consumer		67.45	0.95			7	67.45	percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Corrections	Corrections		56.8	0.8			7	67.45	percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	First Health	First Health		49.7	0.7			7	67.45	percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	First Trenton	First Trenton		63.9	0.9			7	67.45	percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Horizon	MGD		27.18	0.3828			7	67.45	percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Horizon	Medicare Blue		21.3	0.3			7	67.45	percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Horizon	PPO		27.18	0.3828			7	67.45	percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Horizon	Indemnity		27.18	0.3828			7	67.45	percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Managed Care Inc	Managed Care Inc		63.9	0.9			7	67.45	percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Multiplan	Multiplan		56.8	0.8			7	67.45	percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Qualcare	Qualcare		53.25	0.75			7	67.45	percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Three Rivers	Three Rivers		67.45	0.95			7	67.45	percent of total billed charges	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	UHC	Medicaid		7				7	67.45	case rate	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	UHC	Medicare		8.17				7	67.45	case rate	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Wellcare	Medicaid		7				7	67.45	case rate	
POCT HEPATIC FUNCTION PANEL	80076	CPT	both			71	9.4	Wellcare	Medicare		8.17				7	67.45	case rate	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Aetna	Medicare		15.08				15	260.3	case rate	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Aetna	Better Health		86.2	0.3146			15	260.3	percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Aetna	Commercial		104.12	0.38			15	260.3	percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Americare	Americare		205.5	0.75			15	260.3	percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	WellPoint	WellPoint		87.9	0.3208			15	260.3	percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Amerihealth	Medicare		15.08				15	260.3	case rate	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Consumer	Consumer		260.3	0.95			15	260.3	percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Corrections	Corrections		219.2	0.8			15	260.3	percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	First Health	First Health		191.8	0.7			15	260.3	percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	First Trenton	First Trenton		246.6	0.9			15	260.3	percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Horizon	MGD		104.89	0.3828			15	260.3	percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Horizon	Indemnity		104.89	0.3828			15	260.3	percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Horizon	Medicare Blue		82.2	0.3			15	260.3	percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Horizon	PPO		104.89	0.3828			15	260.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Managed Care Inc	Managed Care Inc		246.6	0.9			15		260.3 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Multiplan	Multiplan		219.2	0.8			15		260.3 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Qualcare	Qualcare		205.5	0.75			15		260.3 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Three Rivers	Three Rivers		260.3	0.95			15		260.3 percent of total billed charges	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	UHC	Medicaid		15				15		260.3 case rate	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	UHC	Medicare		15.08				15		260.3 case rate	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Wellcare	Medicaid		15				15		260.3 case rate	
AMIKACIN TROUGH	80150	CPT	both			274	17.34	Wellcare	Medicare		15.08				15		260.3 case rate	
CAFFEINE SERUM	80155	CPT	both			86	44.36	Aetna	Medicare		38.57				25.8		81.7 case rate	
CAFFEINE SERUM	80155	CPT	both			86	44.36	Aetna	Commercial		32.68	0.38			25.8		81.7 percent of total billed charges	
CAFFEINE SERUM	80155	CPT	both			86	44.36	Aetna	Better Health		27.06	0.3146			25.8		81.7 percent of total billed charges	
CAFFEINE SERUM	80155	CPT	both			86	44.36	Americare	Americare		64.5	0.75			25.8		81.7 percent of total billed charges	
CAFFEINE SERUM	80155	CPT	both			86	44.36	WellPoint	WellPoint		27.59	0.3208			25.8		81.7 percent of total billed charges	
CAFFEINE SERUM	80155	CPT	both			86	44.36	Amerihealth	Medicare		38.57				25.8		81.7 case rate	
CAFFEINE SERUM	80155	CPT	both			86	44.36	Consumer	Consumer		81.7	0.95			25.8		81.7 percent of total billed charges	
CAFFEINE SERUM	80155	CPT	both			86	44.36	Corrections	Corrections		68.8	0.8			25.8		81.7 percent of total billed charges	
CAFFEINE SERUM	80155	CPT	both			86	44.36	First Health	First Health		60.2	0.7			25.8		81.7 percent of total billed charges	
CAFFEINE SERUM	80155	CPT	both			86	44.36	First Trenton	First Trenton		77.4	0.9			25.8		81.7 percent of total billed charges	
CAFFEINE SERUM	80155	CPT	both			86	44.36	Horizon	MGD		32.92	0.3828			25.8		81.7 percent of total billed charges	
CAFFEINE SERUM	80155	CPT	both			86	44.36	Horizon	Indemnity		32.92	0.3828			25.8		81.7 percent of total billed charges	
CAFFEINE SERUM	80155	CPT	both			86	44.36	Horizon	Medicare Blue		25.8	0.3			25.8		81.7 percent of total billed charges	
CAFFEINE SERUM	80155	CPT	both			86	44.36	Horizon	PPO		32.92	0.3828			25.8		81.7 percent of total billed charges	
CAFFEINE SERUM	80155	CPT	both			86	44.36	Managed Care Inc	Managed Care Inc		77.4	0.9			25.8		81.7 percent of total billed charges	
CAFFEINE SERUM	80155	CPT	both			86	44.36	Multiplan	Multiplan		68.8	0.8			25.8		81.7 percent of total billed charges	
CAFFEINE SERUM	80155	CPT	both			86	44.36	Qualcare	Qualcare		64.5	0.75			25.8		81.7 percent of total billed charges	
CAFFEINE SERUM	80155	CPT	both			86	44.36	Three Rivers	Three Rivers		81.7	0.95			25.8		81.7 percent of total billed charges	
CAFFEINE SERUM	80155	CPT	both			86	44.36	UHC	Medicaid		30.86				25.8		81.7 case rate	
CAFFEINE SERUM	80155	CPT	both			86	44.36	UHC	Medicare		38.57				25.8		81.7 case rate	
CAFFEINE SERUM	80155	CPT	both			86	44.36	Wellcare	Medicare		38.57				25.8		81.7 case rate	
CAFFEINE SERUM	80155	CPT	both			86	44.36	Wellcare	Medicaid		30.86				25.8		81.7 case rate	
TEGRETOL	80156	CPT	both			129	16.76	Aetna	Medicare		14.57				9.9		122.55 case rate	
TEGRETOL	80156	CPT	both			129	16.76	Aetna	Better Health		40.58	0.3146			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Aetna	Commercial		49.02	0.38			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Americare	Americare		96.75	0.75			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	WellPoint	WellPoint		41.38	0.3208			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Amerihealth	Medicare		14.57				9.9		122.55 case rate	
TEGRETOL	80156	CPT	both			129	16.76	Consumer	Consumer		122.55	0.95			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Corrections	Corrections		103.2	0.8			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	First Health	First Health		90.3	0.7			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	First Trenton	First Trenton		116.1	0.9			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Horizon	MGD		49.38	0.3828			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Horizon	Indemnity		49.38	0.3828			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Horizon	PPO		49.38	0.3828			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Horizon	Medicare Blue		38.7	0.3			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Managed Care Inc	Managed Care Inc		116.1	0.9			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Multiplan	Multiplan		103.2	0.8			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Qualcare	Qualcare		96.75	0.75			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	Three Rivers	Three Rivers		122.55	0.95			9.9		122.55 percent of total billed charges	
TEGRETOL	80156	CPT	both			129	16.76	UHC	Medicare		14.57				9.9		122.55 case rate	
TEGRETOL	80156	CPT	both			129	16.76	UHC	Medicaid		15.9				9.9		122.55 case rate	
TEGRETOL	80156	CPT	both			129	16.76	Wellcare	Medicaid		15.9				9.9		122.55 case rate	
TEGRETOL	80156	CPT	both			129	16.76	Wellcare	Medicare		14.57				9.9		122.55 case rate	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Aetna	Better Health		48.13	0.3146			10		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Aetna	Medicare		13.25				10		145.35 case rate	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Aetna	Commercial		58.14	0.38			10		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Americare	Americare		114.75	0.75			10		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	WellPoint	WellPoint		49.08	0.3208			10		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Amerihealth	Medicare		13.25				10		145.35 case rate	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Consumer	Consumer		145.35	0.95			10		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Corrections	Corrections		122.4	0.8			10		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	First Health	First Health		107.1	0.7			10		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	First Trenton	First Trenton		137.7	0.9			10		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Horizon	Medicare Blue		45.9	0.3			10		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Horizon	MGD		58.57	0.3828			10		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Horizon	Indemnity		58.57	0.3828			10		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Horizon	PPO		58.57	0.3828			10		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Managed Care Inc	Managed Care Inc		137.7	0.9			10		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Multiplan	Multiplan		122.4	0.8			10		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Qualcare	Qualcare		114.75	0.75			10		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Three Rivers	Three Rivers		145.35	0.95			10		145.35 percent of total billed charges	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	UHC	Medicaid		10				10		145.35 case rate	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	UHC	Medicare		13.25				10		145.35 case rate	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Wellcare	Medicaid		10				10		145.35 case rate	
CARBAMAZEPINE FREE SERUM	80157	CPT	outpatient			153	15.24	Wellcare	Medicare		13.25				10		145.35 case rate	
CYCLOSPORINE BLOOD	80158	CPT	both			107	20.76	Aetna	Better Health		33.66	0.3146			12		101.65 percent of total billed charges	
CYCLOSPORINE BLOOD	80158	CPT	both			107	20.76	Aetna	Medicare		18.05				12		101.65 case rate	
CYCLOSPORINE BLOOD	80158	CPT	both			107	20.76	Aetna	Commercial		40.66	0.38			12		101.65 percent of total billed charges	
CYCLOSPORINE BLOOD	80158	CPT	both			107	20.76	Americare	Americare		80.25	0.75			12		101.65 percent of total billed charges	
CYCLOSPORINE BLOOD	80158	CPT	both			107	20.76	WellPoint	WellPoint		34.33	0.3208			12		101.65 percent of total billed charges	
CYCLOSPORINE BLOOD	80158	CPT	both			107	20.76	Amerihealth	Medicare		18.05				12		101.65 case rate	
CYCLOSPORINE BLOOD	80158	CPT	both			107	20.76	Consumer	Consumer		101.65	0.95			12		101.65 percent of total billed charges	
CYCLOSPORINE BLOOD	80158	CPT	both			107	20.76	Corrections	Corrections		85.6	0.8			12		101.65 percent of total billed charges	
CYCLOSPORINE BLOOD	80158	CPT	both			107	20.76	First Health	First Health		74.9	0.7			12		101.65 percent of total billed charges	
CYCLOSPORINE BLOOD	80158	CPT	both			107	20.76	First Trenton	First Trenton		96.3	0.9			12		101.65 percent of total billed charges	
CYCLOSPORINE BLOOD	80158	CPT	both			107	20.76	Horizon	Indemnity		40.96	0.3828			12		101.65 percent of total billed charges	
CYCLOSPORINE BLOOD	80158	CPT	both			107	20.76	Horizon	PPO		40.96	0.3828			12		101.65 percent of total billed charges	
CYCLOSPORINE BLOOD	80158	CPT	both			107	20.76	Horizon	MGD		40.96	0.3828			12		101.65 percent of total billed charges	
CYCLOSPORINE BLOOD	80158	CPT	both			107	20.76	Horizon	Medicare Blue		32.1	0.3			12		101.65 percent of total billed charges	
CYCLOSPORINE BLOOD	80158	CPT	both			107	20.76	Managed Care Inc	Managed Care Inc		96.3	0.9			12		101.65 percent of total billed charges	
CYCLOSPORINE BLOOD	80158	CPT	both			107	20.76	Multiplan	Multiplan		85.6	0.8			12		101.65 percent of total billed charges	
CYCLOSPORINE BLOOD	80158	CPT	both			107	20.76	Qualcare	Qualcare		80.25	0.75			12		101.65 percent of total billed charges	
CYCLOSPORINE BLOOD	80158	CPT	both			107	20.76	Three Rivers	Three Rivers		101.65	0.95			12		101.65 percent of total billed charges	
CYCLOSPORINE BLOOD	80158	CPT	both			107	20.76	UHC	Medicaid		20				12		101.65 case rate	
CYCLOSPORINE BLOOD	80158	CPT	both			107	20.76	UHC	Medicare		18.05				12		101.65 case rate	
CYCLOSPORINE BLOOD	80158	CPT	both			107	20.76	Wellcare	Medicaid		20				12		101.65 case rate	
CYCLOSPORINE BLOOD	80158	CPT	both			107	20.76	Wellcare	Medicare		18.05				12		101.65 case rate	
CLOZARIL	80159	CPT	both			107	23.17	Aetna	Medicare		20.15				16.12		101.65 case rate	
CLOZARIL	80159	CPT	both			107	23.17	Aetna	Better Health		33.66	0.3146			16.12		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	both			107	23.17	Aetna	Commercial		40.66	0.38			16.12		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	both			107	23.17	Americare	Americare		80.25	0.75			16.12		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	both			107	23.17	WellPoint	WellPoint		34.33	0.3208			16.12		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	both			107	23.17	Amerihealth	Medicare		20.15				16.12		101.65 case rate	
CLOZARIL	80159	CPT	both			107	23.17	Consumer	Consumer		101.65	0.95			16.12		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	both			107	23.17	Corrections	Corrections		85.6	0.8			16.12		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	both			107	23.17	First Health	First Health		74.9	0.7			16.12		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	both			107	23.17	First Trenton	First Trenton		96.3	0.9			16.12		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	both			107	23.17	Horizon	MGD		40.96	0.3828			16.12		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	both			107	23.17	Horizon	Indemnity		40.96	0.3828			16.12		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	both			107	23.17	Horizon	Medicare Blue		32.1	0.3			16.12		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	both			107	23.17	Horizon	PPO		40.96	0.3828			16.12		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	both			107	23.17	Managed Care Inc	Managed Care Inc		96.3	0.9			16.12		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	both			107	23.17	Multiplan	Multiplan		85.6	0.8			16.12		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	both			107	23.17	Qualcare	Qualcare		80.25	0.75			16.12		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	both			107	23.17	Three Rivers	Three Rivers		101.65	0.95			16.12		101.65 percent of total billed charges	
CLOZARIL	80159	CPT	both			107	23.17	UHC	Medicaid		16.12				16.12		101.65 case rate	
CLOZARIL	80159	CPT	both			107	23.17	UHC	Medicare		20.15				16.12		101.65 case rate	
CLOZARIL	80159	CPT	both			107	23.17	Wellcare	Medicaid		16.12				16.12		101.65 case rate	
CLOZARIL	80159	CPT	both			107	23.17	Wellcare	Medicare		20.15				16.12		101.65 case rate	
CARBAMAZEPINE 10 11 EPOXIDE	80161	CPT	inpatient			62	21.44	Aetna	Medicare		18.64				14.91		58.9 case rate	
CARBAMAZEPINE 10 11 EPOXIDE	80161	CPT	inpatient			62	21.44	Aetna	Better Health		19.51	0.3146			14.91		58.9 percent of total billed charges	
CARBAMAZEPINE 10 11 EPOXIDE	80161	CPT	inpatient			62	21.44	Aetna	Commercial		23.56	0.38			14.91		58.9 percent of total billed charges	
CARBAMAZEPINE 10 11 EPOXIDE	80161	CPT	inpatient			62	21.44	Americare	Americare		46.5	0.75			14.91		58.9 percent of total billed charges	
CARBAMAZEPINE 10 11 EPOXIDE	80161	CPT	inpatient			62	21.44	WellPoint	WellPoint		19.89	0.3208			14.91		58.9 percent of total billed charges	
CARBAMAZEPINE 10 11 EPOXIDE	80161	CPT	inpatient			62	21.44	Amerihealth	Medicare		18.64				14.91		58.9 case rate	
CARBAMAZEPINE 10 11 EPOXIDE	80161	CPT	inpatient			62	21.44	Consumer	Consumer		58.9	0.95			14.91		58.9 percent of total billed charges	
CARBAMAZEPINE 10 11 EPOXIDE	80161	CPT	inpatient			62	21.44	Corrections	Corrections		49.6	0.8			14.91		58.9 percent of total billed charges	
CARBAMAZEPINE 10 11 EPOXIDE	80161	CPT	inpatient			62	21.44	First Health	First Health		43.4	0.7			14.91		58.9 percent of total billed charges	
CARBAMAZEPINE 10 11 EPOXIDE	80161	CPT	inpatient			62	21.44	First Trenton	First Trenton		55.8	0.9			14.91		58.9 percent of total billed charges	
CARBAMAZEPINE 10 11 EPOXIDE	80161	CPT	inpatient			62	21.44	Horizon	MGD		23.73	0.3828			14.91		58.9 percent of total billed charges	
CARBAMAZEPINE 10 11 EPOXIDE	80161	CPT	inpatient			62	21.44	Horizon	Indemnity		23.73	0.3828			14.91		58.9 percent of total billed charges	
CARBAMAZEPINE 10 11 EPOXIDE	80161	CPT	inpatient			62	21.44	Horizon	PPO		23.73	0.3828			14.91		58.9 percent of total billed charges	
CARBAMAZEPINE 10 11 EPOXIDE	80161	CPT	inpatient			62	21.44	Horizon	Medicare Blue		18.6	0.3			14.91		58.9 percent of total billed charges	
CARBAMAZEPINE 10 11 EPOXIDE	80161	CPT	inpatient			62	21.44	Managed Care Inc	Managed Care Inc		55.8	0.9			14.91		58.9 percent of total billed charges	
CARBAMAZEPINE 10 11 EPOXIDE	80161	CPT	inpatient			62	21.44	Multiplan	Multiplan		49.6	0.8			14.91		58.9 percent of total billed charges	
CARBAMAZEPINE 10 11 EPOXIDE	80161	CPT	inpatient			62	21.44	Qualcare	Qualcare		46.5	0.75			14.91		58.9 percent of total billed charges	
CARBAMAZEPINE 10 11 EPOXIDE	80161	CPT	inpatient			62	21.44	Three Rivers	Three Rivers		58.9	0.95			14.91		58.9 percent of total billed charges	
CARBAMAZEPINE 10 11 EPOXIDE	80161	CPT	inpatient			62	21.44	UHC	Medicare		18.64				14.91		58.9 case rate	
CARBAMAZEPINE 10 11 EPOXIDE	80161	CPT	inpatient			62	21.44	UHC	Medicaid		14.91				14.91		58.9 case rate	
CARBAMAZEPINE 10 11 EPOXIDE	80161	CPT	inpatient			62	21.44	Wellcare	Medicaid		14.91				14.91		58.9 case rate	
CARBAMAZEPINE 10 11 EPOXIDE	80161	CPT	inpatient			62	21.44	Wellcare	Medicare		18.64				14.91		58.9 case rate	
DIGOXIN LAB	80162	CPT	both			121	15.27	Aetna	Medicare		13.28				13.28		114.95 case rate	
DIGOXIN LAB	80162	CPT	both			121	15.27	Aetna	Better Health		38.07	0.3146			13.28		114.95 percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121	15.27	Aetna	Commercial		45.98	0.38			13.28		114.95 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DIGOXIN LAB	80162	CPT	both			121	15.27	Americare	Americare		90.75	0.75			13.28	114.95	percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121	15.27	WellPoint	WellPoint		38.82	0.3208			13.28	114.95	percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121	15.27	Amerihealth	Medicare		13.28				13.28	114.95	case rate	
DIGOXIN LAB	80162	CPT	both			121	15.27	Consumer	Consumer		114.95	0.95			13.28	114.95	percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121	15.27	Corrections	Corrections		96.8	0.8			13.28	114.95	percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121	15.27	First Health	First Health		84.7	0.7			13.28	114.95	percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121	15.27	First Trenton	First Trenton		108.9	0.9			13.28	114.95	percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121	15.27	Horizon	MGD		46.32	0.3828			13.28	114.95	percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121	15.27	Horizon	Indemnity		46.32	0.3828			13.28	114.95	percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121	15.27	Horizon	Medicare Blue		36.3	0.3			13.28	114.95	percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121	15.27	Horizon	PPO		46.32	0.3828			13.28	114.95	percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121	15.27	Managed Care Inc	Managed Care Inc		108.9	0.9			13.28	114.95	percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121	15.27	Multiplan	Multiplan		96.8	0.8			13.28	114.95	percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121	15.27	Qualcare	Qualcare		90.75	0.75			13.28	114.95	percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121	15.27	Three Rivers	Three Rivers		114.95	0.95			13.28	114.95	percent of total billed charges	
DIGOXIN LAB	80162	CPT	both			121	15.27	UHC	Medicare		13.28				13.28	114.95	case rate	
DIGOXIN LAB	80162	CPT	both			121	15.27	UHC	Medicaid		15				13.28	114.95	case rate	
DIGOXIN LAB	80162	CPT	both			121	15.27	Wellcare	Medicare		13.28				13.28	114.95	case rate	
DIGOXIN LAB	80162	CPT	both			121	15.27	Wellcare	Medicaid		15				13.28	114.95	case rate	
VALPROIC ACID (DEPAKOTE)(R) SERUM	80164	CPT	both			94	15.57	Aetna	Commercial		35.72	0.38			10	89.3	percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R) SERUM	80164	CPT	both			94	15.57	Aetna	Better Health		29.57	0.3146			10	89.3	percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R) SERUM	80164	CPT	both			94	15.57	Aetna	Medicare		13.54				10	89.3	case rate	
VALPROIC ACID (DEPAKOTE)(R) SERUM	80164	CPT	both			94	15.57	Americare	Americare		70.5	0.75			10	89.3	percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R) SERUM	80164	CPT	both			94	15.57	WellPoint	WellPoint		30.16	0.3208			10	89.3	percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R) SERUM	80164	CPT	both			94	15.57	Amerihealth	Medicare		13.54				10	89.3	case rate	
VALPROIC ACID (DEPAKOTE)(R) SERUM	80164	CPT	both			94	15.57	Consumer	Consumer		89.3	0.95			10	89.3	percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R) SERUM	80164	CPT	both			94	15.57	Corrections	Corrections		75.2	0.8			10	89.3	percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R) SERUM	80164	CPT	both			94	15.57	First Health	First Health		65.8	0.7			10	89.3	percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R) SERUM	80164	CPT	both			94	15.57	First Trenton	First Trenton		84.6	0.9			10	89.3	percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R) SERUM	80164	CPT	both			94	15.57	Horizon	Indemnity		35.98	0.3828			10	89.3	percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R) SERUM	80164	CPT	both			94	15.57	Horizon	MGD		35.98	0.3828			10	89.3	percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R) SERUM	80164	CPT	both			94	15.57	Horizon	Medicare Blue		28.2	0.3			10	89.3	percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R) SERUM	80164	CPT	both			94	15.57	Horizon	PPO		35.98	0.3828			10	89.3	percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R) SERUM	80164	CPT	both			94	15.57	Managed Care Inc	Managed Care Inc		84.6	0.9			10	89.3	percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R) SERUM	80164	CPT	both			94	15.57	Multiplan	Multiplan		75.2	0.8			10	89.3	percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R) SERUM	80164	CPT	both			94	15.57	Qualcare	Qualcare		70.5	0.75			10	89.3	percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R) SERUM	80164	CPT	both			94	15.57	Three Rivers	Three Rivers		89.3	0.95			10	89.3	percent of total billed charges	
VALPROIC ACID (DEPAKOTE)(R) SERUM	80164	CPT	both			94	15.57	UHC	Medicaid		10				10	89.3	case rate	
VALPROIC ACID (DEPAKOTE)(R) SERUM	80164	CPT	both			94	15.57	UHC	Medicare		13.54				10	89.3	case rate	
VALPROIC ACID (DEPAKOTE)(R) SERUM	80164	CPT	both			94	15.57	Wellcare	Medicare		13.54				10	89.3	case rate	
VALPROIC ACID (DEPAKOTE)(R) SERUM	80164	CPT	both			94	15.57	Wellcare	Medicaid		10				10	89.3	case rate	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	outpatient			44	15.57	Aetna	Medicare		13.54				10.83	41.8	case rate	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	outpatient			44	15.57	Aetna	Better Health		13.84	0.3146			10.83	41.8	percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	outpatient			44	15.57	Aetna	Commercial		16.72	0.38			10.83	41.8	percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	outpatient			44	15.57	Americare	Americare		33	0.75			10.83	41.8	percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	outpatient			44	15.57	WellPoint	WellPoint		14.12	0.3208			10.83	41.8	percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	outpatient			44	15.57	Amerihealth	Medicare		13.54				10.83	41.8	case rate	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	outpatient			44	15.57	Consumer	Consumer		41.8	0.95			10.83	41.8	percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	outpatient			44	15.57	Corrections	Corrections		35.2	0.8			10.83	41.8	percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	outpatient			44	15.57	First Health	First Health		30.8	0.7			10.83	41.8	percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	outpatient			44	15.57	First Trenton	First Trenton		39.6	0.9			10.83	41.8	percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	outpatient			44	15.57	Horizon	MGD		16.84	0.3828			10.83	41.8	percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	outpatient			44	15.57	Horizon	PPO		16.84	0.3828			10.83	41.8	percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	outpatient			44	15.57	Horizon	Indemnity		16.84	0.3828			10.83	41.8	percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	outpatient			44	15.57	Horizon	Medicare Blue		13.2	0.3			10.83	41.8	percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	outpatient			44	15.57	Managed Care Inc	Managed Care Inc		39.6	0.9			10.83	41.8	percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	outpatient			44	15.57	Multiplan	Multiplan		35.2	0.8			10.83	41.8	percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	outpatient			44	15.57	Qualcare	Qualcare		33	0.75			10.83	41.8	percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	outpatient			44	15.57	Three Rivers	Three Rivers		41.8	0.95			10.83	41.8	percent of total billed charges	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	outpatient			44	15.57	UHC	Medicaid		10.83				10.83	41.8	case rate	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	outpatient			44	15.57	UHC	Medicare		13.54				10.83	41.8	case rate	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	outpatient			44	15.57	Wellcare	Medicare		13.54				10.83	41.8	case rate	
FREE VALPROIC ACID (DEPAKOTE)	80165	CPT	outpatient			44	15.57	Wellcare	Medicaid		10.83				10.83	41.8	case rate	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Aetna	Better Health		12.9	0.3146			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Aetna	Medicare		12.63	0.308			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Aetna	Commercial		15.58	0.38			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Americare	Americare		30.75	0.75			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	WellPoint	WellPoint		13.15	0.3208			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Amerihealth	Medicare		18.64				12.3	38.95	case rate	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Consumer	Consumer		38.95	0.95			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Corrections	Corrections		32.8	0.8			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	First Health	First Health		28.7	0.7			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	First Trenton	First Trenton		36.9	0.9			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Horizon	Medicare Blue		12.3	0.3			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Horizon	Indemnity		15.69	0.3828			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Horizon	MGD		15.69	0.3828			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Horizon	PPO		15.69	0.3828			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Managed Care Inc	Managed Care Inc		36.9	0.9			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Multiplan	Multiplan		32.8	0.8			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Qualcare	Qualcare		30.75	0.75			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Three Rivers	Three Rivers		38.95	0.95			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	UHC	Medicare		18.64				12.3	38.95	case rate	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	UHC	Medicaid		12.9	0.3146			12.3	38.95	percent of total billed charges	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Wellcare	Medicare		18.64				12.3	38.95	case rate	
FELBAMATE / FELBATOL	80167	CPT	both			41	21.44	Wellcare	Medicaid		12.9	0.3146			12.3	38.95	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Aetna	Better Health		154.15	0.3146			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Aetna	Commercial		186.2	0.38			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Aetna	Medicare		150.92	0.308			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Americare	Americare		367.5	0.75			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	WellPoint	WellPoint		157.19	0.3208			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Amerihealth	Medicare		16.34				16.34	465.5	case rate	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Consumer	Consumer		465.5	0.95			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Corrections	Corrections		392	0.8			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	First Health	First Health		343	0.7			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	First Trenton	First Trenton		441	0.9			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Horizon	MGD		187.57	0.3828			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Horizon	Indemnity		187.57	0.3828			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Horizon	Medicare Blue		147	0.3			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Horizon	PPO		187.57	0.3828			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Managed Care Inc	Managed Care Inc		441	0.9			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Multiplan	Multiplan		392	0.8			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Qualcare	Qualcare		367.5	0.75			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Three Rivers	Three Rivers		465.5	0.95			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	UHC	Medicaid		154.15	0.3146			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	UHC	Medicare		16.34				16.34	465.5	case rate	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Wellcare	Medicaid		154.15	0.3146			16.34	465.5	percent of total billed charges	
ZARONTIN LEVEL	80168	CPT	both			490	18.79	Wellcare	Medicare		16.34				16.34	465.5	case rate	
EVEROLIMUS	80169	CPT	both			107	15.79	Aetna	Commercial		40.66	0.38			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Aetna	Better Health		33.66	0.3146			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Aetna	Medicare		32.96	0.308			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Americare	Americare		80.25	0.75			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	WellPoint	WellPoint		34.33	0.3208			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Amerihealth	Medicare		13.73				13.73	101.65	case rate	
EVEROLIMUS	80169	CPT	both			107	15.79	Consumer	Consumer		101.65	0.95			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Corrections	Corrections		85.6	0.8			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	First Health	First Health		74.9	0.7			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	First Trenton	First Trenton		96.3	0.9			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Horizon	Medicare Blue		32.1	0.3			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Horizon	Indemnity		40.96	0.3828			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Horizon	MGD		40.96	0.3828			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Horizon	PPO		40.96	0.3828			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Managed Care Inc	Managed Care Inc		96.3	0.9			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Multiplan	Multiplan		85.6	0.8			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Qualcare	Qualcare		80.25	0.75			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Three Rivers	Three Rivers		101.65	0.95			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	UHC	Medicaid		33.66	0.3146			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	UHC	Medicare		13.73				13.73	101.65	case rate	
EVEROLIMUS	80169	CPT	both			107	15.79	Wellcare	Medicaid		33.66	0.3146			13.73	101.65	percent of total billed charges	
EVEROLIMUS	80169	CPT	both			107	15.79	Wellcare	Medicare		13.73				13.73	101.65	case rate	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Aetna	Better Health		94.07	0.3146			12.6	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Aetna	Medicare		16.38				12.6	284.05	case rate	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Aetna	Commercial		113.62	0.38			12.6	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Americare	Americare		224.25	0.75			12.6	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	WellPoint	WellPoint		95.92	0.3208			12.6	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Amerihealth	Medicare		16.38				12.6	284.05	case rate	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Consumer	Consumer		284.05	0.95			12.6	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Corrections	Corrections		239.2	0.8			12.6	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	First Health	First Health		209.3	0.7			12.6	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	First Trenton	First Trenton		269.1	0.9			12.6	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Horizon	Medicare Blue		89.7	0.3			12.6	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Horizon	MGD		114.46	0.3828			12.6	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Horizon	Indemnity		114.46	0.3828			12.6	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Horizon	PPO		114.46	0.3828			12.6	284.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Managed Care Inc	Managed Care Inc		269.1	0.9			12.6	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Multiplan	Multiplan		239.2	0.8			12.6	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Qualcare	Qualcare		224.25	0.75			12.6	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Three Rivers	Three Rivers		284.05	0.95			12.6	284.05	percent of total billed charges	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	UHC	Medicaid		12.6				12.6	284.05	case rate	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	UHC	Medicare		16.38				12.6	284.05	case rate	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Wellcare	Medicaid		12.6				12.6	284.05	case rate	
GENTAMICIN TROUGH	80170	CPT	inpatient			299	18.84	Wellcare	Medicare		16.38				12.6	284.05	case rate	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Aetna	Better Health		20.45	0.3146			17.34	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Aetna	Commercial		24.7	0.38			17.34	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Aetna	Medicare		21.67				17.34	61.75	case rate	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Americare	Americare		48.75	0.75			17.34	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	WellPoint	WellPoint		20.85	0.3208			17.34	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Amerihealth	Medicare		21.67				17.34	61.75	case rate	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Consumer	Consumer		61.75	0.95			17.34	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Corrections	Corrections		52	0.8			17.34	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	First Health	First Health		45.5	0.7			17.34	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	First Trenton	First Trenton		58.5	0.9			17.34	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Horizon	Medicare Blue		19.5	0.3			17.34	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Horizon	MGD		24.88	0.3828			17.34	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Horizon	Indemnity		24.88	0.3828			17.34	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Horizon	PPO		24.88	0.3828			17.34	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Managed Care Inc	Managed Care Inc		58.5	0.9			17.34	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Multiplan	Multiplan		52	0.8			17.34	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Qualcare	Qualcare		48.75	0.75			17.34	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Three Rivers	Three Rivers		61.75	0.95			17.34	61.75	percent of total billed charges	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	UHC	Medicaid		17.34				17.34	61.75	case rate	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	UHC	Medicare		21.67				17.34	61.75	case rate	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Wellcare	Medicare		21.67				17.34	61.75	case rate	
GABAPENTIN (NEURONTIN)	80171	CPT	both			65	24.92	Wellcare	Medicaid		17.34				17.34	61.75	case rate	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Aetna	Commercial		33.82	0.38			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Aetna	Better Health		28	0.3146			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Aetna	Medicare		15.78				15.78	84.55	case rate	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Americare	Americare		66.75	0.75			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	WellPoint	WellPoint		28.55	0.3208			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Amerihealth	Medicare		15.78				15.78	84.55	case rate	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Consumer	Consumer		84.55	0.95			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Corrections	Corrections		71.2	0.8			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	First Health	First Health		62.3	0.7			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	First Trenton	First Trenton		80.1	0.9			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Horizon	Indemnity		34.07	0.3828			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Horizon	Medicare Blue		26.7	0.3			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Horizon	PPO		34.07	0.3828			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Horizon	MGD		34.07	0.3828			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Managed Care Inc	Managed Care Inc		80.1	0.9			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Multiplan	Multiplan		71.2	0.8			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Qualcare	Qualcare		66.75	0.75			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Three Rivers	Three Rivers		84.55	0.95			15.78	84.55	percent of total billed charges	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	UHC	Medicaid		16.1				15.78	84.55	case rate	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	UHC	Medicare		15.78				15.78	84.55	case rate	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Wellcare	Medicaid		16.1				15.78	84.55	case rate	
HALOPERIDOL SERUM	80173	CPT	inpatient			89	18.15	Wellcare	Medicare		15.78				15.78	84.55	case rate	
LAMOTRIGINE	80175	CPT	both			66	15.24	Aetna	Commercial		25.08	0.38			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Aetna	Better Health		20.76	0.3146			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Aetna	Medicare		20.33	0.308			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Americare	Americare		49.5	0.75			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	WellPoint	WellPoint		21.17	0.3208			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Amerihealth	Medicare		13.25				13.25	62.7	case rate	
LAMOTRIGINE	80175	CPT	both			66	15.24	Consumer	Consumer		62.7	0.95			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Corrections	Corrections		52.8	0.8			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	First Health	First Health		46.2	0.7			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	First Trenton	First Trenton		59.4	0.9			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Horizon	MGD		25.26	0.3828			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Horizon	Medicare Blue		19.8	0.3			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Horizon	Indemnity		25.26	0.3828			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Horizon	PPO		25.26	0.3828			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Managed Care Inc	Managed Care Inc		59.4	0.9			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Multiplan	Multiplan		52.8	0.8			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Qualcare	Qualcare		49.5	0.75			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Three Rivers	Three Rivers		62.7	0.95			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	UHC	Medicaid		20.76	0.3146			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	UHC	Medicare		13.25				13.25	62.7	case rate	
LAMOTRIGINE	80175	CPT	both			66	15.24	Wellcare	Medicaid		20.76	0.3146			13.25	62.7	percent of total billed charges	
LAMOTRIGINE	80175	CPT	both			66	15.24	Wellcare	Medicare		13.25				13.25	62.7	case rate	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Aetna	Medicare		14.69				14.69	74.1	case rate	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Aetna	Commercial		29.64	0.38			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Aetna	Better Health		24.54	0.3146			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Americare	Americare		58.5	0.75			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	WellPoint	WellPoint		25.02	0.3208			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Amerihealth	Medicare		14.69				14.69	74.1	case rate	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Consumer	Consumer		74.1	0.95			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Corrections	Corrections		62.4	0.8			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	First Health	First Health		54.6	0.7			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	First Trenton	First Trenton		70.2	0.9			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Horizon	MGD		29.86	0.3828			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Horizon	Indemnity		29.86	0.3828			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Horizon	PPO		29.86	0.3828			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Horizon	Medicare Blue		23.4	0.3			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Managed Care Inc	Managed Care Inc		70.2	0.9			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Multiplan	Multiplan		62.4	0.8			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Qualcare	Qualcare		58.5	0.75			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Three Rivers	Three Rivers		74.1	0.95			14.69	74.1	percent of total billed charges	
LIDOCAINE	80176	CPT	inpatient			78	16.89	UHC	Medicaid		18				14.69	74.1	case rate	
LIDOCAINE	80176	CPT	inpatient			78	16.89	UHC	Medicare		14.69				14.69	74.1	case rate	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Wellcare	Medicaid		18				14.69	74.1	case rate	
LIDOCAINE	80176	CPT	inpatient			78	16.89	Wellcare	Medicare		14.69				14.69	74.1	case rate	
KEPPRA/LEVETIRACETAMS SERUM	80177	CPT	both			43	15.24	Aetna	Better Health		13.53	0.3146			10.6	40.85	percent of total billed charges	
KEPPRA/LEVETIRACETAMS SERUM	80177	CPT	both			43	15.24	Aetna	Commercial		16.34	0.38			10.6	40.85	percent of total billed charges	
KEPPRA/LEVETIRACETAMS SERUM	80177	CPT	both			43	15.24	Aetna	Medicare		13.25				10.6	40.85	case rate	
KEPPRA/LEVETIRACETAMS SERUM	80177	CPT	both			43	15.24	Americare	Americare		32.25	0.75			10.6	40.85	percent of total billed charges	
KEPPRA/LEVETIRACETAMS SERUM	80177	CPT	both			43	15.24	WellPoint	WellPoint		13.79	0.3208			10.6	40.85	percent of total billed charges	
KEPPRA/LEVETIRACETAMS SERUM	80177	CPT	both			43	15.24	Amerihealth	Medicare		13.25				10.6	40.85	case rate	
KEPPRA/LEVETIRACETAMS SERUM	80177	CPT	both			43	15.24	Consumer	Consumer		40.85	0.95			10.6	40.85	percent of total billed charges	
KEPPRA/LEVETIRACETAMS SERUM	80177	CPT	both			43	15.24	Corrections	Corrections		34.4	0.8			10.6	40.85	percent of total billed charges	
KEPPRA/LEVETIRACETAMS SERUM	80177	CPT	both			43	15.24	First Health	First Health		30.1	0.7			10.6	40.85	percent of total billed charges	
KEPPRA/LEVETIRACETAMS SERUM	80177	CPT	both			43	15.24	First Trenton	First Trenton		38.7	0.9			10.6	40.85	percent of total billed charges	
KEPPRA/LEVETIRACETAMS SERUM	80177	CPT	both			43	15.24	Horizon	Medicare Blue		12.9	0.3			10.6	40.85	percent of total billed charges	
KEPPRA/LEVETIRACETAMS SERUM	80177	CPT	both			43	15.24	Horizon	Indemnity		16.46	0.3828			10.6	40.85	percent of total billed charges	
KEPPRA/LEVETIRACETAMS SERUM	80177	CPT	both			43	15.24	Horizon	MGD		16.46	0.3828			10.6	40.85	percent of total billed charges	
KEPPRA/LEVETIRACETAMS SERUM	80177	CPT	both			43	15.24	Horizon	PPO		16.46	0.3828			10.6	40.85	percent of total billed charges	
KEPPRA/LEVETIRACETAMS SERUM	80177	CPT	both			43	15.24	Managed Care Inc	Managed Care Inc		38.7	0.9			10.6	40.85	percent of total billed charges	
KEPPRA/LEVETIRACETAMS SERUM	80177	CPT	both			43	15.24	Multiplan	Multiplan		34.4	0.8			10.6	40.85	percent of total billed charges	
KEPPRA/LEVETIRACETAMS SERUM	80177	CPT	both			43	15.24	Qualcare	Qualcare		32.25	0.75			10.6	40.85	percent of total billed charges	
KEPPRA/LEVETIRACETAMS SERUM	80177	CPT	both			43	15.24	Three Rivers	Three Rivers		40.85	0.95			10.6	40.85	percent of total billed charges	
KEPPRA/LEVETIRACETAMS SERUM	80177	CPT	both			43	15.24	UHC	Medicaid		10.6				10.6	40.85	case rate	
KEPPRA/LEVETIRACETAMS SERUM	80177	CPT	both			43	15.24	UHC	Medicare		13.25				10.6	40.85	case rate	
KEPPRA/LEVETIRACETAMS SERUM	80177	CPT	both			43	15.24	Wellcare	Medicare		13.25				10.6	40.85	case rate	
KEPPRA/LEVETIRACETAMS SERUM	80177	CPT	both			43	15.24	Wellcare	Medicaid		10.6				10.6	40.85	case rate	
LITHIUM	80178	CPT	both			63	7.6	Aetna	Commercial		23.94	0.38			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Aetna	Better Health		19.82	0.3146			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Aetna	Medicare		6.61				6.61	59.85	case rate	
LITHIUM	80178	CPT	both			63	7.6	Americare	Americare		47.25	0.75			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	WellPoint	WellPoint		20.21	0.3208			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Amerihealth	Medicare		6.61				6.61	59.85	case rate	
LITHIUM	80178	CPT	both			63	7.6	Consumer	Consumer		59.85	0.95			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Corrections	Corrections		50.4	0.8			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	First Health	First Health		44.1	0.7			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	First Trenton	First Trenton		56.7	0.9			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Horizon	Indemnity		24.12	0.3828			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Horizon	Medicare Blue		18.9	0.3			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Horizon	MGD		24.12	0.3828			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Horizon	PPO		24.12	0.3828			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Managed Care Inc	Managed Care Inc		56.7	0.9			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Multiplan	Multiplan		50.4	0.8			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Qualcare	Qualcare		47.25	0.75			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	Three Rivers	Three Rivers		59.85	0.95			6.61	59.85	percent of total billed charges	
LITHIUM	80178	CPT	both			63	7.6	UHC	Medicare		6.61				6.61	59.85	case rate	
LITHIUM	80178	CPT	both			63	7.6	UHC	Medicaid		9				6.61	59.85	case rate	
LITHIUM	80178	CPT	both			63	7.6	Wellcare	Medicare		6.61				6.61	59.85	case rate	
LITHIUM	80178	CPT	both			63	7.6	Wellcare	Medicaid		9				6.61	59.85	case rate	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Aetna	Better Health		104.45	0.3146			14.44	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Aetna	Medicare		18.05				14.44	315.4	case rate	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Aetna	Commercial		126.16	0.38			14.44	315.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Americare	Americare		249	0.75			14.44	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	WellPoint	WellPoint		106.51	0.3208			14.44	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Amerihealth	Medicare		18.05				14.44	315.4	case rate	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Consumer	Consumer		315.4	0.95			14.44	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Corrections	Corrections		265.6	0.8			14.44	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	First Health	First Health		232.4	0.7			14.44	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	First Trenton	First Trenton		298.8	0.9			14.44	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Horizon	Medicare Blue		99.6	0.3			14.44	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Horizon	Indemnity		127.09	0.3828			14.44	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Horizon	MGD		127.09	0.3828			14.44	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Horizon	PPO		127.09	0.3828			14.44	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Managed Care Inc	Managed Care Inc		298.8	0.9			14.44	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Multiplan	Multiplan		265.6	0.8			14.44	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Qualcare	Qualcare		249	0.75			14.44	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Three Rivers	Three Rivers		315.4	0.95			14.44	315.4	percent of total billed charges	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	UHC	Medicare		18.05				14.44	315.4	case rate	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	UHC	Medicaid		14.44				14.44	315.4	case rate	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Wellcare	Medicare		18.05				14.44	315.4	case rate	
MYCOPHENOLIC ACID & METABO (MP	80180	CPT	outpatient			332	20.76	Wellcare	Medicaid		14.44				14.44	315.4	case rate	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Aetna	Medicare		13.25				9.3	29.45	case rate	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Aetna	Better Health		9.75	0.3146			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Aetna	Commercial		11.78	0.38			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Americare	Americare		23.25	0.75			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	WellPoint	WellPoint		9.94	0.3208			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Amerihealth	Medicare		13.25				9.3	29.45	case rate	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Consumer	Consumer		29.45	0.95			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Corrections	Corrections		24.8	0.8			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	First Health	First Health		21.7	0.7			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	First Trenton	First Trenton		27.9	0.9			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Horizon	Medicare Blue		9.3	0.3			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Horizon	MGD		11.87	0.3828			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Horizon	Indemnity		11.87	0.3828			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Horizon	PPO		11.87	0.3828			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Managed Care Inc	Managed Care Inc		27.9	0.9			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Multiplan	Multiplan		24.8	0.8			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Qualcare	Qualcare		23.25	0.75			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Three Rivers	Three Rivers		29.45	0.95			9.3	29.45	percent of total billed charges	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	UHC	Medicaid		10.6				9.3	29.45	case rate	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	UHC	Medicare		13.25				9.3	29.45	case rate	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Wellcare	Medicaid		10.6				9.3	29.45	case rate	
OXCARBAZEPINE (TRILEPTAL)	80183	CPT	both			31	15.24	Wellcare	Medicare		13.25				9.3	29.45	case rate	
PHENOBARBITAL	80184	CPT	both			193	17.6	Aetna	Better Health		60.72	0.3146			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Aetna	Medicare		59.44	0.308			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Aetna	Commercial		73.34	0.38			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Americare	Americare		144.75	0.75			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	WellPoint	WellPoint		61.91	0.3208			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Amerihealth	Medicare		15.3				10.8	183.35	case rate	
PHENOBARBITAL	80184	CPT	both			193	17.6	Consumer	Consumer		183.35	0.95			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Corrections	Corrections		154.4	0.8			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	First Health	First Health		135.1	0.7			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	First Trenton	First Trenton		173.7	0.9			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Horizon	Medicare Blue		57.9	0.3			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Horizon	MGD		73.88	0.3828			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Horizon	Indemnity		73.88	0.3828			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Horizon	PPO		73.88	0.3828			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Managed Care Inc	Managed Care Inc		173.7	0.9			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Multiplan	Multiplan		154.4	0.8			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Qualcare	Qualcare		144.75	0.75			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	Three Rivers	Three Rivers		183.35	0.95			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	UHC	Medicaid		60.72	0.3146			10.8	183.35	percent of total billed charges	
PHENOBARBITAL	80184	CPT	both			193	17.6	UHC	Medicare		15.3				10.8	183.35	case rate	
PHENOBARBITAL	80184	CPT	both			193	17.6	Wellcare	Medicare		15.3				10.8	183.35	case rate	
PHENOBARBITAL	80184	CPT	both			193	17.6	Wellcare	Medicaid		60.72	0.3146			10.8	183.35	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Aetna	Commercial		66.5	0.38			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Aetna	Medicare		13.25				13.25	166.25	case rate	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Aetna	Better Health		55.06	0.3146			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Americare	Americare		131.25	0.75			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	WellPoint	WellPoint		56.14	0.3208			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Amerihealth	Medicare		13.25				13.25	166.25	case rate	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Consumer	Consumer		166.25	0.95			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Corrections	Corrections		140	0.8			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	First Health	First Health		122.5	0.7			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	First Trenton	First Trenton		157.5	0.9			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Horizon	Medicare Blue		52.5	0.3			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Horizon	Indemnity		66.99	0.3828			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Horizon	MGD		66.99	0.3828			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Horizon	PPO		66.99	0.3828			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Managed Care Inc	Managed Care Inc		157.5	0.9			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Multiplan	Multiplan		140	0.8			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Qualcare	Qualcare		131.25	0.75			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Three Rivers	Three Rivers		166.25	0.95			13.25	166.25	percent of total billed charges	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	UHC	Medicaid		14.65				13.25	166.25	case rate	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	UHC	Medicare		13.25				13.25	166.25	case rate	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Wellcare	Medicaid		14.65				13.25	166.25	case rate	
PHENYTOIN/DILANTIN	80185	CPT	both			175	15.24	Wellcare	Medicare		13.25				13.25	166.25	case rate	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Aetna	Medicare		13.76				13.76	74.1	case rate	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Aetna	Better Health		24.54	0.3146			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Aetna	Commercial		29.64	0.38			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Americare	Americare		58.5	0.75			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	WellPoint	WellPoint		25.02	0.3208			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Amerihealth	Medicare		13.76				13.76	74.1	case rate	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Consumer	Consumer		74.1	0.95			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Corrections	Corrections		62.4	0.8			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	First Health	First Health		54.6	0.7			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	First Trenton	First Trenton		70.2	0.9			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Horizon	Indemnity		29.86	0.3828			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Horizon	PPO		29.86	0.3828			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Horizon	MGD		29.86	0.3828			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Horizon	Medicare Blue		23.4	0.3			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Managed Care Inc	Managed Care Inc		70.2	0.9			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Multiplan	Multiplan		62.4	0.8			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Qualcare	Qualcare		58.5	0.75			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Three Rivers	Three Rivers		74.1	0.95			13.76	74.1	percent of total billed charges	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	UHC	Medicare		13.76				13.76	74.1	case rate	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	UHC	Medicaid		15.02				13.76	74.1	case rate	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Wellcare	Medicaid		15.02				13.76	74.1	case rate	
PHENYTOIN FREE SERUM OR PLASMA	80186	CPT	outpatient			78	15.82	Wellcare	Medicare		13.76				13.76	74.1	case rate	
POSACONAZOLE SE/PL (700265)	80187	CPT	outpatient			857	31.18	Aetna	Commercial		325.66	0.38			21.69	814.15	percent of total billed charges	
POSACONAZOLE SE/PL (700265)	80187	CPT	outpatient			857	31.18	Aetna	Better Health		269.61	0.3146			21.69	814.15	percent of total billed charges	
POSACONAZOLE SE/PL (700265)	80187	CPT	outpatient			857	31.18	Aetna	Medicare		27.11				21.69	814.15	case rate	
POSACONAZOLE SE/PL (700265)	80187	CPT	outpatient			857	31.18	Americare	Americare		642.75	0.75			21.69	814.15	percent of total billed charges	
POSACONAZOLE SE/PL (700265)	80187	CPT	outpatient			857	31.18	WellPoint	WellPoint		274.93	0.3208			21.69	814.15	percent of total billed charges	
POSACONAZOLE SE/PL (700265)	80187	CPT	outpatient			857	31.18	Amerihealth	Medicare		27.11				21.69	814.15	case rate	
POSACONAZOLE SE/PL (700265)	80187	CPT	outpatient			857	31.18	Consumer	Consumer		814.15	0.95			21.69	814.15	percent of total billed charges	
POSACONAZOLE SE/PL (700265)	80187	CPT	outpatient			857	31.18	Corrections	Corrections		685.6	0.8			21.69	814.15	percent of total billed charges	
POSACONAZOLE SE/PL (700265)	80187	CPT	outpatient			857	31.18	First Health	First Health		599.9	0.7			21.69	814.15	percent of total billed charges	
POSACONAZOLE SE/PL (700265)	80187	CPT	outpatient			857	31.18	First Trenton	First Trenton		771.3	0.9			21.69	814.15	percent of total billed charges	
POSACONAZOLE SE/PL (700265)	80187	CPT	outpatient			857	31.18	Horizon	Medicare Blue		257.1	0.3			21.69	814.15	percent of total billed charges	
POSACONAZOLE SE/PL (700265)	80187	CPT	outpatient			857	31.18	Horizon	Indemnity		328.06	0.3828			21.69	814.15	percent of total billed charges	
POSACONAZOLE SE/PL (700265)	80187	CPT	outpatient			857	31.18	Horizon	MGD		328.06	0.3828			21.69	814.15	percent of total billed charges	
POSACONAZOLE SE/PL (700265)	80187	CPT	outpatient			857	31.18	Horizon	PPO		328.06	0.3828			21.69	814.15	percent of total billed charges	
POSACONAZOLE SE/PL (700265)	80187	CPT	outpatient			857	31.18	Managed Care Inc	Managed Care Inc		771.3	0.9			21.69	814.15	percent of total billed charges	
POSACONAZOLE SE/PL (700265)	80187	CPT	outpatient			857	31.18	Multiplan	Multiplan		685.6	0.8			21.69	814.15	percent of total billed charges	
POSACONAZOLE SE/PL (700265)	80187	CPT	outpatient			857	31.18	Qualcare	Qualcare		642.75	0.75			21.69	814.15	percent of total billed charges	
POSACONAZOLE SE/PL (700265)	80187	CPT	outpatient			857	31.18	Three Rivers	Three Rivers		814.15	0.95			21.69	814.15	percent of total billed charges	
POSACONAZOLE SE/PL (700265)	80187	CPT	outpatient			857	31.18	UHC	Medicaid		21.69				21.69	814.15	case rate	
POSACONAZOLE SE/PL (700265)	80187	CPT	outpatient			857	31.18	UHC	Medicare		27.11				21.69	814.15	case rate	
POSACONAZOLE SE/PL (700265)	80187	CPT	outpatient			857	31.18	Wellcare	Medicaid		21.69				21.69	814.15	case rate	
POSACONAZOLE SE/PL (700265)	80187	CPT	outpatient			857	31.18	Wellcare	Medicare		27.11				21.69	814.15	case rate	
PRIMIDONE	80188	CPT	outpatient			40	19.08	Aetna	Better Health		12.58	0.3146			12	38	percent of total billed charges	
PRIMIDONE	80188	CPT	outpatient			40	19.08	Aetna	Medicare		16.59				12	38	case rate	
PRIMIDONE	80188	CPT	outpatient			40	19.08	Aetna	Commercial		15.2	0.38			12	38	percent of total billed charges	
PRIMIDONE	80188	CPT	outpatient			40	19.08	Americare	Americare		30	0.75			12	38	percent of total billed charges	
PRIMIDONE	80188	CPT	outpatient			40	19.08	WellPoint	WellPoint		12.83	0.3208			12	38	percent of total billed charges	
PRIMIDONE	80188	CPT	outpatient			40	19.08	Amerihealth	Medicare		16.59				12	38	case rate	
PRIMIDONE	80188	CPT	outpatient			40	19.08	Consumer	Consumer		38	0.95			12	38	percent of total billed charges	
PRIMIDONE	80188	CPT	outpatient			40	19.08	Corrections	Corrections		32	0.8			12	38	percent of total billed charges	
PRIMIDONE	80188	CPT	outpatient			40	19.08	First Health	First Health		28	0.7			12	38	percent of total billed charges	
PRIMIDONE	80188	CPT	outpatient			40	19.08	First Trenton	First Trenton		36	0.9			12	38	percent of total billed charges	
PRIMIDONE	80188	CPT	outpatient			40	19.08	Horizon	Medicare Blue		12	0.3			12	38	percent of total billed charges	
PRIMIDONE	80188	CPT	outpatient			40	19.08	Horizon	Indemnity		15.31	0.3828			12	38	percent of total billed charges	
PRIMIDONE	80188	CPT	outpatient			40	19.08	Horizon	MGD		15.31	0.3828			12	38	percent of total billed charges	
PRIMIDONE	80188	CPT	outpatient			40	19.08	Horizon	PPO		15.31	0.3828			12	38	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PRIMIDONE	80188	CPT	outpatient			40	19.08	Managed Care Inc	Managed Care Inc		36	0.9			12	38	percent of total billed charges	
PRIMIDONE	80188	CPT	outpatient			40	19.08	Multiplan	Multiplan		32	0.8			12	38	percent of total billed charges	
PRIMIDONE	80188	CPT	outpatient			40	19.08	Qualcare	Qualcare		30	0.75			12	38	percent of total billed charges	
PRIMIDONE	80188	CPT	outpatient			40	19.08	Three Rivers	Three Rivers		38	0.95			12	38	percent of total billed charges	
PRIMIDONE	80188	CPT	outpatient			40	19.08	UHC	Medicaid		20				12	38	case rate	
PRIMIDONE	80188	CPT	outpatient			40	19.08	UHC	Medicare		16.59				12	38	case rate	
PRIMIDONE	80188	CPT	outpatient			40	19.08	Wellcare	Medicaid		20				12	38	case rate	
PRIMIDONE	80188	CPT	outpatient			40	19.08	Wellcare	Medicare		16.59				12	38	case rate	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Aetna	Commercial		114	0.38			15	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Aetna	Better Health		94.38	0.3146			15	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Aetna	Medicare		60				15	285	case rate	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Americare	Americare		225	0.75			15	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	WellPoint	WellPoint		96.24	0.3208			15	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Amerihealth	Medicare		60				15	285	case rate	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Consumer	Consumer		285	0.95			15	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Corrections	Corrections		240	0.8			15	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	First Health	First Health		210	0.7			15	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	First Trenton	First Trenton		270	0.9			15	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Horizon	Indemnity		114.84	0.3828			15	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Horizon	Medicare Blue		90	0.3			15	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Horizon	MGD		114.84	0.3828			15	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Horizon	PPO		114.84	0.3828			15	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Managed Care Inc	Managed Care Inc		270	0.9			15	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Multiplan	Multiplan		240	0.8			15	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Qualcare	Qualcare		225	0.75			15	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Three Rivers	Three Rivers		285	0.95			15	285	percent of total billed charges	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	UHC	Medicare		60				15	285	case rate	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	UHC	Medicaid		15				15	285	case rate	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Wellcare	Medicaid		15				15	285	case rate	
PROCAINAMIDE (NAPA)	80190	CPT	outpatient			300	69	Wellcare	Medicare		60				15	285	case rate	
QUINIDINE	80194	CPT	outpatient			89	16.79	Aetna	Medicare		14.6				14.6	84.55	case rate	
QUINIDINE	80194	CPT	outpatient			89	16.79	Aetna	Better Health		28	0.3146			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Aetna	Commercial		33.82	0.38			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Americare	Americare		66.75	0.75			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	WellPoint	WellPoint		28.55	0.3208			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Amerihealth	Medicare		14.6				14.6	84.55	case rate	
QUINIDINE	80194	CPT	outpatient			89	16.79	Consumer	Consumer		84.55	0.95			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Corrections	Corrections		71.2	0.8			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	First Health	First Health		62.3	0.7			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	First Trenton	First Trenton		80.1	0.9			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Horizon	Medicare Blue		26.7	0.3			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Horizon	Indemnity		34.07	0.3828			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Horizon	MGD		34.07	0.3828			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Horizon	PPO		34.07	0.3828			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Managed Care Inc	Managed Care Inc		80.1	0.9			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Multiplan	Multiplan		71.2	0.8			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Qualcare	Qualcare		66.75	0.75			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	Three Rivers	Three Rivers		84.55	0.95			14.6	84.55	percent of total billed charges	
QUINIDINE	80194	CPT	outpatient			89	16.79	UHC	Medicaid		15				14.6	84.55	case rate	
QUINIDINE	80194	CPT	outpatient			89	16.79	UHC	Medicare		14.6				14.6	84.55	case rate	
QUINIDINE	80194	CPT	outpatient			89	16.79	Wellcare	Medicaid		15				14.6	84.55	case rate	
QUINIDINE	80194	CPT	outpatient			89	16.79	Wellcare	Medicare		14.6				14.6	84.55	case rate	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253	15.79	Aetna	Better Health		79.59	0.3146			10.98	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253	15.79	Aetna	Commercial		96.14	0.38			10.98	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253	15.79	Aetna	Medicare		13.73				10.98	240.35	case rate	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253	15.79	Americare	Americare		189.75	0.75			10.98	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253	15.79	WellPoint	WellPoint		81.16	0.3208			10.98	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253	15.79	Amerihealth	Medicare		13.73				10.98	240.35	case rate	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253	15.79	Consumer	Consumer		240.35	0.95			10.98	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253	15.79	Corrections	Corrections		202.4	0.8			10.98	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253	15.79	First Health	First Health		177.1	0.7			10.98	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253	15.79	First Trenton	First Trenton		227.7	0.9			10.98	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253	15.79	Horizon	Medicare Blue		75.9	0.3			10.98	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253	15.79	Horizon	MGD		96.85	0.3828			10.98	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253	15.79	Horizon	Indemnity		96.85	0.3828			10.98	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253	15.79	Horizon	PPO		96.85	0.3828			10.98	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253	15.79	Managed Care Inc	Managed Care Inc		227.7	0.9			10.98	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253	15.79	Multiplan	Multiplan		202.4	0.8			10.98	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253	15.79	Qualcare	Qualcare		189.75	0.75			10.98	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253	15.79	Three Rivers	Three Rivers		240.35	0.95			10.98	240.35	percent of total billed charges	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253	15.79	UHC	Medicaid		10.98				10.98	240.35	case rate	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253	15.79	UHC	Medicare		13.73				10.98	240.35	case rate	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253	15.79	Wellcare	Medicaid		10.98				10.98	240.35	case rate	
SIROLIMUS(RAPAMUNE)BLD-716712	80195	CPT	both			253	15.79	Wellcare	Medicare		13.73				10.98	240.35	case rate	
TACROLIMUS(FK506)	80197	CPT	both			123	15.79	Aetna	Commercial		46.74	0.38			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123	15.79	Aetna	Medicare		37.88	0.308			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123	15.79	Aetna	Better Health		38.7	0.3146			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123	15.79	Americare	Americare		92.25	0.75			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123	15.79	WellPoint	WellPoint		39.46	0.3208			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123	15.79	Amerihealth	Medicare		13.73				13.73	116.85	case rate	
TACROLIMUS(FK506)	80197	CPT	both			123	15.79	Consumer	Consumer		116.85	0.95			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123	15.79	Corrections	Corrections		98.4	0.8			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123	15.79	First Health	First Health		86.1	0.7			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123	15.79	First Trenton	First Trenton		110.7	0.9			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123	15.79	Horizon	MGD		47.08	0.3828			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123	15.79	Horizon	PPO		47.08	0.3828			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123	15.79	Horizon	Medicare Blue		36.9	0.3			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123	15.79	Horizon	Indemnity		47.08	0.3828			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123	15.79	Managed Care Inc	Managed Care Inc		110.7	0.9			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123	15.79	Multiplan	Multiplan		98.4	0.8			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123	15.79	Qualcare	Qualcare		92.25	0.75			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123	15.79	Three Rivers	Three Rivers		116.85	0.95			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123	15.79	UHC	Medicaid		38.7	0.3146			13.73	116.85	percent of total billed charges	
TACROLIMUS(FK506)	80197	CPT	both			123	15.79	UHC	Medicare		13.73				13.73	116.85	case rate	
TACROLIMUS(FK506)	80197	CPT	both			123	15.79	Wellcare	Medicare		13.73				13.73	116.85	case rate	
TACROLIMUS(FK506)	80197	CPT	both			123	15.79	Wellcare	Medicaid		38.7	0.3146			13.73	116.85	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129	16.26	Aetna	Commercial		49.02	0.38			14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129	16.26	Aetna	Better Health		40.58	0.3146			14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129	16.26	Aetna	Medicare		14.14				14.14	122.55	case rate	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129	16.26	Americare	Americare		96.75	0.75			14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129	16.26	WellPoint	WellPoint		41.38	0.3208			14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129	16.26	Amerihealth	Medicare		14.14				14.14	122.55	case rate	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129	16.26	Consumer	Consumer		122.55	0.95			14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129	16.26	Corrections	Corrections		103.2	0.8			14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129	16.26	First Health	First Health		90.3	0.7			14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129	16.26	First Trenton	First Trenton		116.1	0.9			14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129	16.26	Horizon	Indemnity		49.38	0.3828			14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129	16.26	Horizon	Medicare Blue		38.7	0.3			14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129	16.26	Horizon	MGD		49.38	0.3828			14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129	16.26	Horizon	PPO		49.38	0.3828			14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129	16.26	Managed Care Inc	Managed Care Inc		116.1	0.9			14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129	16.26	Multiplan	Multiplan		103.2	0.8			14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129	16.26	Qualcare	Qualcare		96.75	0.75			14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129	16.26	Three Rivers	Three Rivers		122.55	0.95			14.14	122.55	percent of total billed charges	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129	16.26	UHC	Medicare		14.14				14.14	122.55	case rate	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129	16.26	UHC	Medicaid		15				14.14	122.55	case rate	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129	16.26	Wellcare	Medicare		14.14				14.14	122.55	case rate	
THEOPHYLLINE (AMINOP)	80198	CPT	both			129	16.26	Wellcare	Medicaid		15				14.14	122.55	case rate	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285	18.55	Aetna	Better Health		89.66	0.3146			16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285	18.55	Aetna	Commercial		108.3	0.38			16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285	18.55	Aetna	Medicare		87.78	0.308			16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285	18.55	Americare	Americare		213.75	0.75			16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285	18.55	WellPoint	WellPoint		91.43	0.3208			16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285	18.55	Amerihealth	Medicare		16.13				16.13	270.75	case rate	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285	18.55	Consumer	Consumer		270.75	0.95			16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285	18.55	Corrections	Corrections		228	0.8			16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285	18.55	First Health	First Health		199.5	0.7			16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285	18.55	First Trenton	First Trenton		256.5	0.9			16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285	18.55	Horizon	Indemnity		109.1	0.3828			16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285	18.55	Horizon	MGD		109.1	0.3828			16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285	18.55	Horizon	Medicare Blue		85.5	0.3			16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285	18.55	Horizon	PPO		109.1	0.3828			16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285	18.55	Managed Care Inc	Managed Care Inc		256.5	0.9			16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285	18.55	Multiplan	Multiplan		228	0.8			16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285	18.55	Qualcare	Qualcare		213.75	0.75			16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285	18.55	Three Rivers	Three Rivers		270.75	0.95			16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285	18.55	UHC	Medicare		16.13				16.13	270.75	case rate	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285	18.55	UHC	Medicaid		89.66	0.3146			16.13	270.75	percent of total billed charges	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285	18.55	Wellcare	Medicare		16.13				16.13	270.75	case rate	
TOBRAMYCIN TROUGH	80200	CPT	inpatient			285	18.55	Wellcare	Medicaid		89.66	0.3146			16.13	270.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65	13.71	Aetna	Medicare		11.92				11.92	61.75	case rate	
TOPIRAMATE	80201	CPT	both			65	13.71	Aetna	Commercial		24.7	0.38			11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65	13.71	Aetna	Better Health		20.45	0.3146			11.92	61.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TOPIRAMATE	80201	CPT	both			65	13.71	Americare	Americare		48.75	0.75			11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65	13.71	WellPoint	WellPoint		20.85	0.3208			11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65	13.71	Amerihealth	Medicare		11.92				11.92	61.75	case rate	
TOPIRAMATE	80201	CPT	both			65	13.71	Consumer	Consumer		61.75	0.95			11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65	13.71	Corrections	Corrections		52	0.8			11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65	13.71	First Health	First Health		45.5	0.7			11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65	13.71	First Trenton	First Trenton		58.5	0.9			11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65	13.71	Horizon	Indemnity		24.88	0.3828			11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65	13.71	Horizon	MGD		24.88	0.3828			11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65	13.71	Horizon	PPO		24.88	0.3828			11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65	13.71	Horizon	Medicare Blue		19.5	0.3			11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65	13.71	Managed Care Inc	Managed Care Inc		58.5	0.9			11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65	13.71	Multiplan	Multiplan		52	0.8			11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65	13.71	Qualcare	Qualcare		48.75	0.75			11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65	13.71	Three Rivers	Three Rivers		61.75	0.95			11.92	61.75	percent of total billed charges	
TOPIRAMATE	80201	CPT	both			65	13.71	UHC	Medicaid		12				11.92	61.75	case rate	
TOPIRAMATE	80201	CPT	both			65	13.71	UHC	Medicare		11.92				11.92	61.75	case rate	
TOPIRAMATE	80201	CPT	both			65	13.71	Wellcare	Medicaid		12				11.92	61.75	case rate	
TOPIRAMATE	80201	CPT	both			65	13.71	Wellcare	Medicare		11.92				11.92	61.75	case rate	
VANCOMYCIN TROUGH	80202	CPT	both			189	15.57	Aetna	Medicare		13.54				12	179.55	case rate	
VANCOMYCIN TROUGH	80202	CPT	both			189	15.57	Aetna	Better Health		59.46	0.3146			12	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189	15.57	Aetna	Commercial		71.82	0.38			12	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189	15.57	Americare	Americare		141.75	0.75			12	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189	15.57	WellPoint	WellPoint		60.63	0.3208			12	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189	15.57	Amerihealth	Medicare		13.54				12	179.55	case rate	
VANCOMYCIN TROUGH	80202	CPT	both			189	15.57	Consumer	Consumer		179.55	0.95			12	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189	15.57	Corrections	Corrections		151.2	0.8			12	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189	15.57	First Health	First Health		132.3	0.7			12	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189	15.57	First Trenton	First Trenton		170.1	0.9			12	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189	15.57	Horizon	Medicare Blue		56.7	0.3			12	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189	15.57	Horizon	Indemnity		72.35	0.3828			12	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189	15.57	Horizon	PPO		72.35	0.3828			12	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189	15.57	Horizon	MGD		72.35	0.3828			12	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189	15.57	Managed Care Inc	Managed Care Inc		170.1	0.9			12	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189	15.57	Multiplan	Multiplan		151.2	0.8			12	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189	15.57	Qualcare	Qualcare		141.75	0.75			12	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189	15.57	Three Rivers	Three Rivers		179.55	0.95			12	179.55	percent of total billed charges	
VANCOMYCIN TROUGH	80202	CPT	both			189	15.57	UHC	Medicare		13.54				12	179.55	case rate	
VANCOMYCIN TROUGH	80202	CPT	both			189	15.57	UHC	Medicaid		12				12	179.55	case rate	
VANCOMYCIN TROUGH	80202	CPT	both			189	15.57	Wellcare	Medicaid		12				12	179.55	case rate	
VANCOMYCIN TROUGH	80202	CPT	both			189	15.57	Wellcare	Medicare		13.54				12	179.55	case rate	
ZONISAMIDE SERUM OR PLASMA	80203	CPT	both			189	15.24	Aetna	Medicare		13.25				10.6	179.55	case rate	
ZONISAMIDE SERUM OR PLASMA	80203	CPT	both			189	15.24	Aetna	Better Health		59.46	0.3146			10.6	179.55	percent of total billed charges	
ZONISAMIDE SERUM OR PLASMA	80203	CPT	both			189	15.24	Aetna	Commercial		71.82	0.38			10.6	179.55	percent of total billed charges	
ZONISAMIDE SERUM OR PLASMA	80203	CPT	both			189	15.24	Americare	Americare		141.75	0.75			10.6	179.55	percent of total billed charges	
ZONISAMIDE SERUM OR PLASMA	80203	CPT	both			189	15.24	WellPoint	WellPoint		60.63	0.3208			10.6	179.55	percent of total billed charges	
ZONISAMIDE SERUM OR PLASMA	80203	CPT	both			189	15.24	Amerihealth	Medicare		13.25				10.6	179.55	case rate	
ZONISAMIDE SERUM OR PLASMA	80203	CPT	both			189	15.24	Consumer	Consumer		179.55	0.95			10.6	179.55	percent of total billed charges	
ZONISAMIDE SERUM OR PLASMA	80203	CPT	both			189	15.24	Corrections	Corrections		151.2	0.8			10.6	179.55	percent of total billed charges	
ZONISAMIDE SERUM OR PLASMA	80203	CPT	both			189	15.24	First Health	First Health		132.3	0.7			10.6	179.55	percent of total billed charges	
ZONISAMIDE SERUM OR PLASMA	80203	CPT	both			189	15.24	First Trenton	First Trenton		170.1	0.9			10.6	179.55	percent of total billed charges	
ZONISAMIDE SERUM OR PLASMA	80203	CPT	both			189	15.24	Horizon	Medicare Blue		56.7	0.3			10.6	179.55	percent of total billed charges	
ZONISAMIDE SERUM OR PLASMA	80203	CPT	both			189	15.24	Horizon	MGD		72.35	0.3828			10.6	179.55	percent of total billed charges	
ZONISAMIDE SERUM OR PLASMA	80203	CPT	both			189	15.24	Horizon	Indemnity		72.35	0.3828			10.6	179.55	percent of total billed charges	
ZONISAMIDE SERUM OR PLASMA	80203	CPT	both			189	15.24	Horizon	PPO		72.35	0.3828			10.6	179.55	percent of total billed charges	
ZONISAMIDE SERUM OR PLASMA	80203	CPT	both			189	15.24	Managed Care Inc	Managed Care Inc		170.1	0.9			10.6	179.55	percent of total billed charges	
ZONISAMIDE SERUM OR PLASMA	80203	CPT	both			189	15.24	Multiplan	Multiplan		151.2	0.8			10.6	179.55	percent of total billed charges	
ZONISAMIDE SERUM OR PLASMA	80203	CPT	both			189	15.24	Qualcare	Qualcare		141.75	0.75			10.6	179.55	percent of total billed charges	
ZONISAMIDE SERUM OR PLASMA	80203	CPT	both			189	15.24	Three Rivers	Three Rivers		179.55	0.95			10.6	179.55	percent of total billed charges	
ZONISAMIDE SERUM OR PLASMA	80203	CPT	both			189	15.24	UHC	Medicaid		10.6				10.6	179.55	case rate	
ZONISAMIDE SERUM OR PLASMA	80203	CPT	both			189	15.24	UHC	Medicare		13.25				10.6	179.55	case rate	
ZONISAMIDE SERUM OR PLASMA	80203	CPT	both			189	15.24	Wellcare	Medicare		13.25				10.6	179.55	case rate	
ZONISAMIDE SERUM OR PLASMA	80203	CPT	both			189	15.24	Wellcare	Medicaid		10.6				10.6	179.55	case rate	
RUFINAMIDE SERUM/PLASM (284191)	80210	CPT	outpatient			141	31.18	Aetna	Commercial		53.58	0.38			21.69	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASM (284191)	80210	CPT	outpatient			141	31.18	Aetna	Better Health		44.36	0.3146			21.69	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASM (284191)	80210	CPT	outpatient			141	31.18	Aetna	Medicare		27.11				21.69	133.95	case rate	
RUFINAMIDE SERUM/PLASM (284191)	80210	CPT	outpatient			141	31.18	Americare	Americare		105.75	0.75			21.69	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASM (284191)	80210	CPT	outpatient			141	31.18	WellPoint	WellPoint		45.23	0.3208			21.69	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASM (284191)	80210	CPT	outpatient			141	31.18	Amerihealth	Medicare		27.11				21.69	133.95	case rate	
RUFINAMIDE SERUM/PLASM (284191)	80210	CPT	outpatient			141	31.18	Consumer	Consumer		133.95	0.95			21.69	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASM (284191)	80210	CPT	outpatient			141	31.18	Corrections	Corrections		112.8	0.8			21.69	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASM (284191)	80210	CPT	outpatient			141	31.18	First Health	First Health		98.7	0.7			21.69	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASM (284191)	80210	CPT	outpatient			141	31.18	First Trenton	First Trenton		126.9	0.9			21.69	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASM (284191)	80210	CPT	outpatient			141	31.18	Horizon	Indemnity		53.97	0.3828			21.69	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASM (284191)	80210	CPT	outpatient			141	31.18	Horizon	MGD		53.97	0.3828			21.69	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASM (284191)	80210	CPT	outpatient			141	31.18	Horizon	Medicare Blue		42.3	0.3			21.69	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASM (284191)	80210	CPT	outpatient			141	31.18	Horizon	PPO		53.97	0.3828			21.69	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASM (284191)	80210	CPT	outpatient			141	31.18	Managed Care Inc	Managed Care Inc		126.9	0.9			21.69	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASM (284191)	80210	CPT	outpatient			141	31.18	Multiplan	Multiplan		112.8	0.8			21.69	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASM (284191)	80210	CPT	outpatient			141	31.18	Qualcare	Qualcare		105.75	0.75			21.69	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASM (284191)	80210	CPT	outpatient			141	31.18	Three Rivers	Three Rivers		133.95	0.95			21.69	133.95	percent of total billed charges	
RUFINAMIDE SERUM/PLASM (284191)	80210	CPT	outpatient			141	31.18	UHC	Medicare		27.11				21.69	133.95	case rate	
RUFINAMIDE SERUM/PLASM (284191)	80210	CPT	outpatient			141	31.18	UHC	Medicaid		21.69				21.69	133.95	case rate	
RUFINAMIDE SERUM/PLASM (284191)	80210	CPT	outpatient			141	31.18	Wellcare	Medicaid		21.69				21.69	133.95	case rate	
RUFINAMIDE SERUM/PLASM (284191)	80210	CPT	outpatient			141	31.18	Wellcare	Medicare		27.11				21.69	133.95	case rate	
VEDOLIZUMAB	80280	CPT	both			462	44.36	Aetna	Commercial		175.56	0.38			30.86	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462	44.36	Aetna	Better Health		145.35	0.3146			30.86	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462	44.36	Aetna	Medicare		38.57				30.86	438.9	case rate	
VEDOLIZUMAB	80280	CPT	both			462	44.36	Americare	Americare		346.5	0.75			30.86	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462	44.36	WellPoint	WellPoint		148.21	0.3208			30.86	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462	44.36	Amerihealth	Medicare		38.57				30.86	438.9	case rate	
VEDOLIZUMAB	80280	CPT	both			462	44.36	Consumer	Consumer		438.9	0.95			30.86	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462	44.36	Corrections	Corrections		369.6	0.8			30.86	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462	44.36	First Health	First Health		323.4	0.7			30.86	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462	44.36	First Trenton	First Trenton		415.8	0.9			30.86	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462	44.36	Horizon	Medicare Blue		138.6	0.3			30.86	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462	44.36	Horizon	MGD		176.85	0.3828			30.86	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462	44.36	Horizon	Indemnity		176.85	0.3828			30.86	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462	44.36	Horizon	PPO		176.85	0.3828			30.86	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462	44.36	Managed Care Inc	Managed Care Inc		415.8	0.9			30.86	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462	44.36	Multiplan	Multiplan		369.6	0.8			30.86	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462	44.36	Qualcare	Qualcare		346.5	0.75			30.86	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462	44.36	Three Rivers	Three Rivers		438.9	0.95			30.86	438.9	percent of total billed charges	
VEDOLIZUMAB	80280	CPT	both			462	44.36	UHC	Medicaid		30.86				30.86	438.9	case rate	
VEDOLIZUMAB	80280	CPT	both			462	44.36	UHC	Medicare		38.57				30.86	438.9	case rate	
VEDOLIZUMAB	80280	CPT	both			462	44.36	Wellcare	Medicaid		30.86				30.86	438.9	case rate	
VEDOLIZUMAB	80280	CPT	both			462	44.36	Wellcare	Medicare		38.57				30.86	438.9	case rate	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738	21.44	Aetna	Medicare		18.64				10.8	1651.1	case rate	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738	21.44	Aetna	Better Health		546.77	0.3146			10.8	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738	21.44	Aetna	Commercial		660.44	0.38			10.8	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738	21.44	Americare	Americare		1303.5	0.75			10.8	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738	21.44	WellPoint	WellPoint		557.55	0.3208			10.8	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738	21.44	Amerihealth	Medicare		18.64				10.8	1651.1	case rate	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738	21.44	Consumer	Consumer		1651.1	0.95			10.8	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738	21.44	Corrections	Corrections		1390.4	0.8			10.8	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738	21.44	First Health	First Health		1216.6	0.7			10.8	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738	21.44	First Trenton	First Trenton		1564.2	0.9			10.8	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738	21.44	Horizon	Medicare Blue		521.4	0.3			10.8	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738	21.44	Horizon	MGD		665.31	0.3828			10.8	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738	21.44	Horizon	Indemnity		665.31	0.3828			10.8	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738	21.44	Horizon	PPO		665.31	0.3828			10.8	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738	21.44	Managed Care Inc	Managed Care Inc		1564.2	0.9			10.8	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738	21.44	Multiplan	Multiplan		1390.4	0.8			10.8	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738	21.44	Qualcare	Qualcare		1303.5	0.75			10.8	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738	21.44	Three Rivers	Three Rivers		1651.1	0.95			10.8	1651.1	percent of total billed charges	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738	21.44	UHC	Medicaid		10.8				10.8	1651.1	case rate	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738	21.44	UHC	Medicare		18.64				10.8	1651.1	case rate	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738	21.44	Wellcare	Medicaid		10.8				10.8	1651.1	case rate	
VORICONAZOLE SERUM/PLASMA	80299	CPT	both			1738	21.44	Wellcare	Medicare		18.64				10.8	1651.1	case rate	
URINE DRUG PROFILE 9	80307	CPT	both			1274	71.46	Aetna	Better Health		400.8	0.3146			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274	71.46	Aetna	Medicare		62.14				9.3	1210.3	case rate	
URINE DRUG PROFILE 9	80307	CPT	both			1274	71.46	Aetna	Commercial		484.12	0.38			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274	71.46	Americare	Americare		955.5	0.75			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274	71.46	WellPoint	WellPoint		408.7	0.3208			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274	71.46	Amerihealth	Medicare		62.14				9.3	1210.3	case rate	
URINE DRUG PROFILE 9	80307	CPT	both			1274	71.46	Consumer	Consumer		1210.3	0.95			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274	71.46	Corrections	Corrections		1019.2	0.8			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274	71.46	First Health	First Health		891.8	0.7			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274	71.46	First Trenton	First Trenton		1146.6	0.9			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274	71.46	Horizon	Medicare Blue		382.2	0.3			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274	71.46	Horizon	Indemnity		487.69	0.3828			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274	71.46	Horizon	MGD		487.69	0.3828			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274	71.46	Horizon	PPO		487.69	0.3828			9.3	1210.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
URINE DRUG PROFILE 9	80307	CPT	both			1274	71.46	Managed Care Inc	Managed Care Inc		1146.6	0.9			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274	71.46	Multiplan	Multiplan		1019.2	0.8			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274	71.46	Qualcare	Qualcare		955.5	0.75			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274	71.46	Three Rivers	Three Rivers		1210.3	0.95			9.3	1210.3	percent of total billed charges	
URINE DRUG PROFILE 9	80307	CPT	both			1274	71.46	UHC	Medicaid		49.71				9.3	1210.3	case rate	
URINE DRUG PROFILE 9	80307	CPT	both			1274	71.46	UHC	Medicare		62.14				9.3	1210.3	case rate	
URINE DRUG PROFILE 9	80307	CPT	both			1274	71.46	Wellcare	Medicaid		49.71				9.3	1210.3	case rate	
URINE DRUG PROFILE 9	80307	CPT	both			1274	71.46	Wellcare	Medicare		62.14				9.3	1210.3	case rate	
BUPRENORPHINE	80348	CPT	outpatient			365		Aetna	Better Health		114.83	0.3146			17.38	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Aetna	Commercial		138.7	0.38			17.38	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Aetna	Medicare		112.42	0.308			17.38	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Americare	Americare		273.75	0.75			17.38	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		WellPoint	WellPoint		117.09	0.3208			17.38	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Consumer	Consumer		346.75	0.95			17.38	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Corrections	Corrections		292	0.8			17.38	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		First Health	First Health		255.5	0.7			17.38	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		First Trenton	First Trenton		328.5	0.9			17.38	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Horizon	MGD		139.72	0.3828			17.38	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Horizon	Indemnity		139.72	0.3828			17.38	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Horizon	Medicare Blue		109.5	0.3			17.38	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Horizon	PPO		139.72	0.3828			17.38	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Managed Care Inc	Managed Care Inc		328.5	0.9			17.38	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Multiplan	Multiplan		292	0.8			17.38	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Qualcare	Qualcare		273.75	0.75			17.38	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		Three Rivers	Three Rivers		346.75	0.95			17.38	346.75	percent of total billed charges	
BUPRENORPHINE	80348	CPT	outpatient			365		UHC	Medicaid		17.38				17.38	346.75	case rate	
BUPRENORPHINE	80348	CPT	outpatient			365		Wellcare	Medicaid		17.38				17.38	346.75	case rate	
GABAPENTIN NON-BLOOD	80355	CPT	inpatient			48		Aetna	Commercial		18.24	0.38			14.4	45.6	percent of total billed charges	
GABAPENTIN NON-BLOOD	80355	CPT	inpatient			48		Aetna	Better Health		15.1	0.3146			14.4	45.6	percent of total billed charges	
GABAPENTIN NON-BLOOD	80355	CPT	inpatient			48		Aetna	Medicare		14.78	0.308			14.4	45.6	percent of total billed charges	
GABAPENTIN NON-BLOOD	80355	CPT	inpatient			48		Americare	Americare		36	0.75			14.4	45.6	percent of total billed charges	
GABAPENTIN NON-BLOOD	80355	CPT	inpatient			48		WellPoint	WellPoint		15.4	0.3208			14.4	45.6	percent of total billed charges	
GABAPENTIN NON-BLOOD	80355	CPT	inpatient			48		Consumer	Consumer		45.6	0.95			14.4	45.6	percent of total billed charges	
GABAPENTIN NON-BLOOD	80355	CPT	inpatient			48		Corrections	Corrections		38.4	0.8			14.4	45.6	percent of total billed charges	
GABAPENTIN NON-BLOOD	80355	CPT	inpatient			48		First Health	First Health		33.6	0.7			14.4	45.6	percent of total billed charges	
GABAPENTIN NON-BLOOD	80355	CPT	inpatient			48		First Trenton	First Trenton		43.2	0.9			14.4	45.6	percent of total billed charges	
GABAPENTIN NON-BLOOD	80355	CPT	inpatient			48		Horizon	Indemnity		18.37	0.3828			14.4	45.6	percent of total billed charges	
GABAPENTIN NON-BLOOD	80355	CPT	inpatient			48		Horizon	MGD		18.37	0.3828			14.4	45.6	percent of total billed charges	
GABAPENTIN NON-BLOOD	80355	CPT	inpatient			48		Horizon	Medicare Blue		14.4	0.3			14.4	45.6	percent of total billed charges	
GABAPENTIN NON-BLOOD	80355	CPT	inpatient			48		Horizon	PPO		18.37	0.3828			14.4	45.6	percent of total billed charges	
GABAPENTIN NON-BLOOD	80355	CPT	inpatient			48		Managed Care Inc	Managed Care Inc		43.2	0.9			14.4	45.6	percent of total billed charges	
GABAPENTIN NON-BLOOD	80355	CPT	inpatient			48		Multiplan	Multiplan		38.4	0.8			14.4	45.6	percent of total billed charges	
GABAPENTIN NON-BLOOD	80355	CPT	inpatient			48		Qualcare	Qualcare		36	0.75			14.4	45.6	percent of total billed charges	
GABAPENTIN NON-BLOOD	80355	CPT	inpatient			48		Three Rivers	Three Rivers		45.6	0.95			14.4	45.6	percent of total billed charges	
GABAPENTIN NON-BLOOD	80355	CPT	inpatient			48		UHC	Medicaid		16.48				14.4	45.6	case rate	
GABAPENTIN NON-BLOOD	80355	CPT	inpatient			48		Wellcare	Medicaid		16.48				14.4	45.6	case rate	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Aetna	Medicare		190.96	0.308			22.05	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Aetna	Commercial		235.6	0.38			22.05	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Aetna	Better Health		195.05	0.3146			22.05	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Americare	Americare		465	0.75			22.05	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		WellPoint	WellPoint		198.9	0.3208			22.05	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Consumer	Consumer		589	0.95			22.05	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Corrections	Corrections		496	0.8			22.05	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		First Health	First Health		434	0.7			22.05	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		First Trenton	First Trenton		558	0.9			22.05	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Horizon	MGD		237.34	0.3828			22.05	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Horizon	Indemnity		237.34	0.3828			22.05	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Horizon	PPO		237.34	0.3828			22.05	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Horizon	Medicare Blue		186	0.3			22.05	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Managed Care Inc	Managed Care Inc		558	0.9			22.05	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Multiplan	Multiplan		496	0.8			22.05	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Qualcare	Qualcare		465	0.75			22.05	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Three Rivers	Three Rivers		589	0.95			22.05	589	percent of total billed charges	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		UHC	Medicaid		22.05				22.05	589	case rate	
HYDROMORPHONE(DILAUDID)	80361	CPT	outpatient			620		Wellcare	Medicaid		22.05				22.05	589	case rate	
NALOXONE	80362	CPT	outpatient			365		Aetna	Commercial		138.7	0.38			22.05	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Aetna	Medicare		112.42	0.308			22.05	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Aetna	Better Health		114.83	0.3146			22.05	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Americare	Americare		273.75	0.75			22.05	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		WellPoint	WellPoint		117.09	0.3208			22.05	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Consumer	Consumer		346.75	0.95			22.05	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Corrections	Corrections		292	0.8			22.05	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		First Health	First Health		255.5	0.7			22.05	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		First Trenton	First Trenton		328.5	0.9			22.05	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Horizon	MGD		139.72	0.3828			22.05	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Horizon	Indemnity		139.72	0.3828			22.05	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Horizon	PPO		139.72	0.3828			22.05	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Horizon	Medicare Blue		109.5	0.3			22.05	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Managed Care Inc	Managed Care Inc		328.5	0.9			22.05	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Multiplan	Multiplan		292	0.8			22.05	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Qualcare	Qualcare		273.75	0.75			22.05	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		Three Rivers	Three Rivers		346.75	0.95			22.05	346.75	percent of total billed charges	
NALOXONE	80362	CPT	outpatient			365		UHC	Medicaid		22.05				22.05	346.75	case rate	
NALOXONE	80362	CPT	outpatient			365		Wellcare	Medicaid		22.05				22.05	346.75	case rate	
OXYCODONE	80365	CPT	both			48		Aetna	Better Health		15.1	0.3146			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Aetna	Commercial		18.24	0.38			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Aetna	Medicare		14.78	0.308			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Americare	Americare		36	0.75			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		WellPoint	WellPoint		15.4	0.3208			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Consumer	Consumer		45.6	0.95			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Corrections	Corrections		38.4	0.8			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		First Health	First Health		33.6	0.7			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		First Trenton	First Trenton		43.2	0.9			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Horizon	MGD		18.37	0.3828			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Horizon	Indemnity		18.37	0.3828			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Horizon	Medicare Blue		14.4	0.3			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Horizon	PPO		18.37	0.3828			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Managed Care Inc	Managed Care Inc		43.2	0.9			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Multiplan	Multiplan		38.4	0.8			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Qualcare	Qualcare		36	0.75			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		Three Rivers	Three Rivers		45.6	0.95			14.4	45.6	percent of total billed charges	
OXYCODONE	80365	CPT	both			48		UHC	Medicaid		22.05				14.4	45.6	case rate	
OXYCODONE	80365	CPT	both			48		Wellcare	Medicaid		22.05				14.4	45.6	case rate	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Aetna	Commercial		285.38	0.38			20.96	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Aetna	Better Health		236.26	0.3146			20.96	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Aetna	Medicare		231.31	0.308			20.96	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Americare	Americare		563.25	0.75			20.96	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		WellPoint	WellPoint		240.92	0.3208			20.96	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Consumer	Consumer		713.45	0.95			20.96	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Corrections	Corrections		600.8	0.8			20.96	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		First Health	First Health		525.7	0.7			20.96	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		First Trenton	First Trenton		675.9	0.9			20.96	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Horizon	MGD		287.48	0.3828			20.96	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Horizon	PPO		287.48	0.3828			20.96	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Horizon	Indemnity		287.48	0.3828			20.96	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Horizon	Medicare Blue		225.3	0.3			20.96	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Managed Care Inc	Managed Care Inc		675.9	0.9			20.96	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Multiplan	Multiplan		600.8	0.8			20.96	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Qualcare	Qualcare		563.25	0.75			20.96	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Three Rivers	Three Rivers		713.45	0.95			20.96	713.45	percent of total billed charges	
BACLOFEN LEVEL	80369	CPT	outpatient			751		UHC	Medicaid		20.96				20.96	713.45	case rate	
BACLOFEN LEVEL	80369	CPT	outpatient			751		Wellcare	Medicaid		20.96				20.96	713.45	case rate	
WARFARIN (COUMADIN) SERUM	80375	CPT	both			1214		Aetna	Better Health		381.92	0.3146			16.48	1153.3	percent of total billed charges	
WARFARIN (COUMADIN) SERUM	80375	CPT	both			1214		Aetna	Commercial		461.32	0.38			16.48	1153.3	percent of total billed charges	
WARFARIN (COUMADIN) SERUM	80375	CPT	both			1214		Aetna	Medicare		373.91	0.308			16.48	1153.3	percent of total billed charges	
WARFARIN (COUMADIN) SERUM	80375	CPT	both			1214		Americare	Americare		910.5	0.75			16.48	1153.3	percent of total billed charges	
WARFARIN (COUMADIN) SERUM	80375	CPT	both			1214		WellPoint	WellPoint		389.45	0.3208			16.48	1153.3	percent of total billed charges	
WARFARIN (COUMADIN) SERUM	80375	CPT	both			1214		Consumer	Consumer		1153.3	0.95			16.48	1153.3	percent of total billed charges	
WARFARIN (COUMADIN) SERUM	80375	CPT	both			1214		Corrections	Corrections		971.2	0.8			16.48	1153.3	percent of total billed charges	
WARFARIN (COUMADIN) SERUM	80375	CPT	both			1214		First Health	First Health		849.8	0.7			16.48	1153.3	percent of total billed charges	
WARFARIN (COUMADIN) SERUM	80375	CPT	both			1214		First Trenton	First Trenton		1092.6	0.9			16.48	1153.3	percent of total billed charges	
WARFARIN (COUMADIN) SERUM	80375	CPT	both			1214		Horizon	Medicare Blue		364.2	0.3			16.48	1153.3	percent of total billed charges	
WARFARIN (COUMADIN) SERUM	80375	CPT	both			1214		Horizon	Indemnity		464.72	0.3828			16.48	1153.3	percent of total billed charges	
WARFARIN (COUMADIN) SERUM	80375	CPT	both			1214		Horizon	MGD		464.72	0.3828			16.48	1153.3	percent of total billed charges	
WARFARIN (COUMADIN) SERUM	80375	CPT	both			1214		Horizon	PPO		464.72	0.3828			16.48	1153.3	percent of total billed charges	
WARFARIN (COUMADIN) SERUM	80375	CPT	both			1214		Managed Care Inc	Managed Care Inc		1092.6	0.9			16.48	1153.3	percent of total billed charges	
WARFARIN (COUMADIN) SERUM	80375	CPT	both			1214		Multiplan	Multiplan		971.2	0.8			16.48	1153.3	percent of total billed charges	
WARFARIN (COUMADIN) SERUM	80375	CPT	both			1214		Qualcare	Qualcare		910.5	0.75			16.48	1153.3	percent of total billed charges	
WARFARIN (COUMADIN) SERUM	80375	CPT	both			1214		Three Rivers	Three Rivers		1153.3	0.95			16.48	1153.3	percent of total billed charges	
WARFARIN (COUMADIN) SERUM	80375	CPT	both			1214		UHC	Medicaid		16.48				16.48	1153.3	case rate	
WARFARIN (COUMADIN) SERUM	80375	CPT	both			1214		Wellcare	Medicaid		16.48				16.48	1153.3	case rate	
SULFONYLUREA SERUM/PLASMA	80377	CPT	inpatient			280		Aetna	Medicare		86.24	0.308			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	inpatient			280		Aetna	Better Health		88.09	0.3146			14.4	266	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SULFONYLUREA SERUM/PLASMA	80377	CPT	inpatient			280		Aetna	Commercial		106.4	0.38			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	inpatient			280		Americare	Americare		210	0.75			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	inpatient			280		WellPoint	WellPoint		89.82	0.3208			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	inpatient			280		Consumer	Consumer		266	0.95			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	inpatient			280		Corrections	Corrections		224	0.8			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	inpatient			280		First Health	First Health		196	0.7			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	inpatient			280		First Trenton	First Trenton		252	0.9			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	inpatient			280		Horizon	PPO		107.18	0.3828			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	inpatient			280		Horizon	Indemnity		107.18	0.3828			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	inpatient			280		Horizon	MCD		107.18	0.3828			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	inpatient			280		Horizon	Medicare Blue		84	0.3			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	inpatient			280		Managed Care Inc	Managed Care Inc		252	0.9			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	inpatient			280		Multiplan	Multiplan		224	0.8			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	inpatient			280		Qualcare	Qualcare		210	0.75			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	inpatient			280		Three Rivers	Three Rivers		266	0.95			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	inpatient			280		UHC	Medicaid		88.09	0.3146			14.4	266	percent of total billed charges	
SULFONYLUREA SERUM/PLASMA	80377	CPT	inpatient			280		Wellcare	Medicaid		88.09	0.3146			14.4	266	percent of total billed charges	
CLINICPATH CONSULT/W/O REVIEW MR	80503	CPT	outpatient			167	71.27	Aetna	Commercial		98.66	1.592			16.7	158.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLINICPATH CONSULT/W/O REVIEW MR	80503	CPT	outpatient			167	71.27	Aetna	Medicare		51.44	0.308			16.7	158.65	percent of total billed charges	
CLINICPATH CONSULT/W/O REVIEW MR	80503	CPT	outpatient			167	71.27	Aetna	Better Health		52.54	0.3146			16.7	158.65	percent of total billed charges	
CLINICPATH CONSULT/W/O REVIEW MR	80503	CPT	outpatient			167	71.27	Americare	Americare		125.25	0.75			16.7	158.65	percent of total billed charges	
CLINICPATH CONSULT/W/O REVIEW MR	80503	CPT	outpatient			167	71.27	WellPoint	WellPoint		53.57	0.3208			16.7	158.65	percent of total billed charges	
CLINICPATH CONSULT/W/O REVIEW MR	80503	CPT	outpatient			167	71.27	Amerihealth	Medicare		61.97	1			16.7	158.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLINICPATH CONSULT/W/O REVIEW MR	80503	CPT	outpatient			167	71.27	Consumer	Consumer		158.65	0.95			16.7	158.65	percent of total billed charges	
CLINICPATH CONSULT/W/O REVIEW MR	80503	CPT	outpatient			167	71.27	Corrections	Corrections		133.6	0.8			16.7	158.65	percent of total billed charges	
CLINICPATH CONSULT/W/O REVIEW MR	80503	CPT	outpatient			167	71.27	First Health	First Health		116.9	0.7			16.7	158.65	percent of total billed charges	
CLINICPATH CONSULT/W/O REVIEW MR	80503	CPT	outpatient			167	71.27	First Trenton	First Trenton		150.3	0.9			16.7	158.65	percent of total billed charges	
CLINICPATH CONSULT/W/O REVIEW MR	80503	CPT	outpatient			167	71.27	Horizon	MGD		113.22	1.827			16.7	158.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLINICPATH CONSULT/W/O REVIEW MR	80503	CPT	outpatient			167	71.27	Horizon	Medicare Blue		61.97	1			16.7	158.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLINICPATH CONSULT/W/O REVIEW MR	80503	CPT	outpatient			167	71.27	Horizon	Indemnity		113.22	1.827			16.7	158.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLINICPATH CONSULT/W/O REVIEW MR	80503	CPT	outpatient			167	71.27	Horizon	NJ Health		16.7	0.1			16.7	158.65	percent of total billed charges	
CLINICPATH CONSULT/W/O REVIEW MR	80503	CPT	outpatient			167	71.27	Horizon	PPO		113.22	1.827			16.7	158.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLINICPATH CONSULT/W/O REVIEW MR	80503	CPT	outpatient			167	71.27	Managed Care Inc	Managed Care Inc		150.3	0.9			16.7	158.65	percent of total billed charges	
CLINICPATH CONSULT/W/O REVIEW MR	80503	CPT	outpatient			167	71.27	Multiplan	Multiplan		133.6	0.8			16.7	158.65	percent of total billed charges	
CLINICPATH CONSULT/W/O REVIEW MR	80503	CPT	outpatient			167	71.27	Qualcare	Qualcare		125.25	0.75			16.7	158.65	percent of total billed charges	
CLINICPATH CONSULT/W/O REVIEW MR	80503	CPT	outpatient			167	71.27	Three Rivers	Three Rivers		158.65	0.95			16.7	158.65	percent of total billed charges	
CLINICPATH CONSULT/W/O REVIEW MR	80503	CPT	outpatient			167	71.27	UHC	Medicaid		52.54	0.3146			16.7	158.65	percent of total billed charges	
CLINICPATH CONSULT/W/O REVIEW MR	80503	CPT	outpatient			167	71.27	UHC	Medicare		61.97	1			16.7	158.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLINICPATH CONSULT/W/O REVIEW MR	80503	CPT	outpatient			167	71.27	Wellcare	Medicaid		52.54	0.3146			16.7	158.65	percent of total billed charges	
CLINICPATH CONSULT/W/O REVIEW MR	80503	CPT	outpatient			167	71.27	Wellcare	Medicare		61.97	1			16.7	158.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URINE DIPSTICK	81000	CPT	both			83	4.62	Aetna	Medicare		25.56	0.308			3.9	78.85	percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Aetna	Better Health		26.11	0.3146			3.9	78.85	percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Aetna	Commercial		31.54	0.38			3.9	78.85	percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Americare	Americare		62.25	0.75			3.9	78.85	percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	WellPoint	WellPoint		26.63	0.3208			3.9	78.85	percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Amerihealth	Medicare		4.02				3.9	78.85	case rate	
URINE DIPSTICK	81000	CPT	both			83	4.62	Consumer	Consumer		78.85	0.95			3.9	78.85	percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Corrections	Corrections		66.4	0.8			3.9	78.85	percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	First Health	First Health		58.1	0.7			3.9	78.85	percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	First Trenton	First Trenton		74.7	0.9			3.9	78.85	percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Horizon	MGD		31.77	0.3828			3.9	78.85	percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Horizon	Indemnity		31.77	0.3828			3.9	78.85	percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Horizon	Medicare Blue		24.9	0.3			3.9	78.85	percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Horizon	PPO		31.77	0.3828			3.9	78.85	percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Managed Care Inc	Managed Care Inc		74.7	0.9			3.9	78.85	percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Multiplan	Multiplan		66.4	0.8			3.9	78.85	percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Qualcare	Qualcare		62.25	0.75			3.9	78.85	percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Three Rivers	Three Rivers		78.85	0.95			3.9	78.85	percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	UHC	Medicare		4.02				3.9	78.85	case rate	
URINE DIPSTICK	81000	CPT	both			83	4.62	UHC	Medicaid		26.11	0.3146			3.9	78.85	percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Wellcare	Medicaid		26.11	0.3146			3.9	78.85	percent of total billed charges	
URINE DIPSTICK	81000	CPT	both			83	4.62	Wellcare	Medicare		4.02				3.9	78.85	case rate	
URINALYSIS AUTOMATED W MICRO	81001	CPT	both			38	3.65	Aetna	Better Health		11.95	0.3146			3.17	36.1	percent of total billed charges	
URINALYSIS AUTOMATED W MICRO	81001	CPT	both			38	3.65	Aetna	Commercial		14.44	0.38			3.17	36.1	percent of total billed charges	
URINALYSIS AUTOMATED W MICRO	81001	CPT	both			38	3.65	Aetna	Medicare		11.7	0.308			3.17	36.1	percent of total billed charges	
URINALYSIS AUTOMATED W MICRO	81001	CPT	both			38	3.65	Americare	Americare		28.5	0.75			3.17	36.1	percent of total billed charges	
URINALYSIS AUTOMATED W MICRO	81001	CPT	both			38	3.65	WellPoint	WellPoint		12.19	0.3208			3.17	36.1	percent of total billed charges	
URINALYSIS AUTOMATED W MICRO	81001	CPT	both			38	3.65	Amerihealth	Medicare		3.17				3.17	36.1	case rate	
URINALYSIS AUTOMATED W MICRO	81001	CPT	both			38	3.65	Consumer	Consumer		36.1	0.95			3.17	36.1	percent of total billed charges	
URINALYSIS AUTOMATED W MICRO	81001	CPT	both			38	3.65	Corrections	Corrections		30.4	0.8			3.17	36.1	percent of total billed charges	
URINALYSIS AUTOMATED W MICRO	81001	CPT	both			38	3.65	First Health	First Health		26.6	0.7			3.17	36.1	percent of total billed charges	
URINALYSIS AUTOMATED W MICRO	81001	CPT	both			38	3.65	First Trenton	First Trenton		34.2	0.9			3.17	36.1	percent of total billed charges	
URINALYSIS AUTOMATED W MICRO	81001	CPT	both			38	3.65	Horizon	Medicare Blue		11.4	0.3			3.17	36.1	percent of total billed charges	
URINALYSIS AUTOMATED W MICRO	81001	CPT	both			38	3.65	Horizon	MGD		14.55	0.3828			3.17	36.1	percent of total billed charges	
URINALYSIS AUTOMATED W MICRO	81001	CPT	both			38	3.65	Horizon	Indemnity		14.55	0.3828			3.17	36.1	percent of total billed charges	
URINALYSIS AUTOMATED W MICRO	81001	CPT	both			38	3.65	Horizon	PPO		14.55	0.3828			3.17	36.1	percent of total billed charges	
URINALYSIS AUTOMATED W MICRO	81001	CPT	both			38	3.65	Managed Care Inc	Managed Care Inc		34.2	0.9			3.17	36.1	percent of total billed charges	
URINALYSIS AUTOMATED W MICRO	81001	CPT	both			38	3.65	Multiplan	Multiplan		30.4	0.8			3.17	36.1	percent of total billed charges	
URINALYSIS AUTOMATED W MICRO	81001	CPT	both			38	3.65	Qualcare	Qualcare		28.5	0.75			3.17	36.1	percent of total billed charges	
URINALYSIS AUTOMATED W MICRO	81001	CPT	both			38	3.65	Three Rivers	Three Rivers		36.1	0.95			3.17	36.1	percent of total billed charges	
URINALYSIS AUTOMATED W MICRO	81001	CPT	both			38	3.65	UHC	Medicare		3.17				3.17	36.1	case rate	
URINALYSIS AUTOMATED W MICRO	81001	CPT	both			38	3.65	UHC	Medicaid		11.95	0.3146			3.17	36.1	percent of total billed charges	
URINALYSIS AUTOMATED W MICRO	81001	CPT	both			38	3.65	Wellcare	Medicaid		11.95	0.3146			3.17	36.1	percent of total billed charges	
URINALYSIS AUTOMATED W MICRO	81001	CPT	both			38	3.65	Wellcare	Medicare		3.17				3.17	36.1	case rate	
URINE DIPSTICK	81002	CPT	both			24	4	Aetna	Commercial		9.12	0.38			3.48	22.8	percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Aetna	Better Health		7.55	0.3146			3.48	22.8	percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Aetna	Medicare		7.39	0.308			3.48	22.8	percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Americare	Americare		18	0.75			3.48	22.8	percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	WellPoint	WellPoint		7.7	0.3208			3.48	22.8	percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Amerihealth	Medicare		3.48				3.48	22.8	case rate	
URINE DIPSTICK	81002	CPT	both			24	4	Consumer	Consumer		22.8	0.95			3.48	22.8	percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Corrections	Corrections		19.2	0.8			3.48	22.8	percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	First Health	First Health		16.8	0.7			3.48	22.8	percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	First Trenton	First Trenton		21.6	0.9			3.48	22.8	percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Horizon	MGD		9.19	0.3828			3.48	22.8	percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Horizon	PPO		9.19	0.3828			3.48	22.8	percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Horizon	Indemnity		9.19	0.3828			3.48	22.8	percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Horizon	Medicare Blue		7.2	0.3			3.48	22.8	percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Managed Care Inc	Managed Care Inc		21.6	0.9			3.48	22.8	percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Multiplan	Multiplan		19.2	0.8			3.48	22.8	percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Qualcare	Qualcare		18	0.75			3.48	22.8	percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Three Rivers	Three Rivers		22.8	0.95			3.48	22.8	percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	UHC	Medicare		3.48				3.48	22.8	case rate	
URINE DIPSTICK	81002	CPT	both			24	4	UHC	Medicaid		7.55	0.3146			3.48	22.8	percent of total billed charges	
URINE DIPSTICK	81002	CPT	both			24	4	Wellcare	Medicare		3.48				3.48	22.8	case rate	
URINE DIPSTICK	81002	CPT	both			24	4	Wellcare	Medicaid		7.55	0.3146			3.48	22.8	percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Aetna	Commercial		6.46	0.38			1.5	16.15	percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Aetna	Medicare		2.25				1.5	16.15	case rate	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Aetna	Better Health		5.35	0.3146			1.5	16.15	percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Americare	Americare		12.75	0.75			1.5	16.15	percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	WellPoint	WellPoint		5.45	0.3208			1.5	16.15	percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Amerihealth	Medicare		2.25				1.5	16.15	case rate	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Consumer	Consumer		16.15	0.95			1.5	16.15	percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Corrections	Corrections		13.6	0.8			1.5	16.15	percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	First Health	First Health		11.9	0.7			1.5	16.15	percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	First Trenton	First Trenton		15.3	0.9			1.5	16.15	percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Horizon	Indemnity		6.51	0.3828			1.5	16.15	percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Horizon	Medicare Blue		5.1	0.3			1.5	16.15	percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Horizon	MGD		6.51	0.3828			1.5	16.15	percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Horizon	PPO		6.51	0.3828			1.5	16.15	percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Managed Care Inc	Managed Care Inc		15.3	0.9			1.5	16.15	percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Multiplan	Multiplan		13.6	0.8			1.5	16.15	percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Qualcare	Qualcare		12.75	0.75			1.5	16.15	percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Three Rivers	Three Rivers		16.15	0.95			1.5	16.15	percent of total billed charges	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	UHC	Medicaid		1.5				1.5	16.15	case rate	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	UHC	Medicare		2.25				1.5	16.15	case rate	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Wellcare	Medicare		2.25				1.5	16.15	case rate	
URINALYSIS AUTO W/O SCOPE	81003	CPT	outpatient			17	2.59	Wellcare	Medicaid		1.5				1.5	16.15	case rate	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Aetna	Better Health		21.08	0.3146			1	63.65	percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Aetna	Medicare		2.17				1	63.65	case rate	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Aetna	Commercial		25.46	0.38			1	63.65	percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Americare	Americare		50.25	0.75			1	63.65	percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	WellPoint	WellPoint		21.49	0.3208			1	63.65	percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Amerihealth	Medicare		2.17				1	63.65	case rate	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Consumer	Consumer		63.65	0.95			1	63.65	percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Corrections	Corrections		53.6	0.8			1	63.65	percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	First Health	First Health		46.9	0.7			1	63.65	percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	First Trenton	First Trenton		60.3	0.9			1	63.65	percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Horizon	MGD		25.65	0.3828			1	63.65	percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Horizon	Indemnity		25.65	0.3828			1	63.65	percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Horizon	Medicare Blue		20.1	0.3			1	63.65	percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Horizon	PPO		25.65	0.3828			1	63.65	percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67	2.5	Managed Care Inc	Managed Care Inc		60.3	0.9			1	63.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67		2.5 Multiplan	Multiplan		53.6	0.8			1	1	63.65 percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67		2.5 Qualcare	Qualcare		50.25	0.75			1	1	63.65 percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67		2.5 Three Rivers	Three Rivers		63.65	0.95			1	1	63.65 percent of total billed charges	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67		2.5 UHC	Medicaid		1				1	1	63.65 case rate	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67		2.5 UHC	Medicare		2.17				1	1	63.65 case rate	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67		2.5 Wellcare	Medicaid		1				1	1	63.65 case rate	
REDUCING URINE SUBSTANCE 0-2YRS	81005	CPT	inpatient			67		2.5 Wellcare	Medicare		2.17				1	1	63.65 case rate	
URINE PREGNANCYTEST	81025	CPT	outpatient			54		9.9 Aetna	Commercial		20.52	0.38			3		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54		9.9 Aetna	Medicare		8.61				3		51.3 case rate	
URINE PREGNANCYTEST	81025	CPT	outpatient			54		9.9 Aetna	Better Health		16.99	0.3146			3		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54		9.9 Americare	Americare		40.5	0.75			3		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54		9.9 WellPoint	WellPoint		17.32	0.3208			3		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54		9.9 Amerihealth	Medicare		8.61				3		51.3 case rate	
URINE PREGNANCYTEST	81025	CPT	outpatient			54		9.9 Consumer	Consumer		51.3	0.95			3		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54		9.9 Corrections	Corrections		43.2	0.8			3		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54		9.9 First Health	First Health		37.8	0.7			3		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54		9.9 First Trenton	First Trenton		48.6	0.9			3		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54		9.9 Horizon	Indemnity		20.67	0.3828			3		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54		9.9 Horizon	MGD		20.67	0.3828			3		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54		9.9 Horizon	PPO		20.67	0.3828			3		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54		9.9 Horizon	Medicare Blue		16.2	0.3			3		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54		9.9 Managed Care Inc	Managed Care Inc		48.6	0.9			3		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54		9.9 Multiplan	Multiplan		43.2	0.8			3		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54		9.9 Qualcare	Qualcare		40.5	0.75			3		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54		9.9 Three Rivers	Three Rivers		51.3	0.95			3		51.3 percent of total billed charges	
URINE PREGNANCYTEST	81025	CPT	outpatient			54		9.9 UHC	Medicare		8.61				3		51.3 case rate	
URINE PREGNANCYTEST	81025	CPT	outpatient			54		9.9 UHC	Medicaid		3				3		51.3 case rate	
URINE PREGNANCYTEST	81025	CPT	outpatient			54		9.9 Wellcare	Medicaid		3				3		51.3 case rate	
URINE PREGNANCYTEST	81025	CPT	outpatient			54		9.9 Wellcare	Medicare		8.61				3		51.3 case rate	
URINE VOLUME MEASUREMENT.TIMED	81050	CPT	both			27		4.19 Aetna	Medicare		3.64				3.4		25.65 case rate	
URINE VOLUME MEASUREMENT.TIMED	81050	CPT	both			27		4.19 Aetna	Better Health		8.49	0.3146			3.4		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT.TIMED	81050	CPT	both			27		4.19 Aetna	Commercial		10.26	0.38			3.4		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT.TIMED	81050	CPT	both			27		4.19 Americare	Americare		20.25	0.75			3.4		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT.TIMED	81050	CPT	both			27		4.19 WellPoint	WellPoint		8.66	0.3208			3.4		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT.TIMED	81050	CPT	both			27		4.19 Amerihealth	Medicare		3.64				3.4		25.65 case rate	
URINE VOLUME MEASUREMENT.TIMED	81050	CPT	both			27		4.19 Consumer	Consumer		25.65	0.95			3.4		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT.TIMED	81050	CPT	both			27		4.19 Corrections	Corrections		21.6	0.8			3.4		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT.TIMED	81050	CPT	both			27		4.19 First Health	First Health		18.9	0.7			3.4		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT.TIMED	81050	CPT	both			27		4.19 First Trenton	First Trenton		24.3	0.9			3.4		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT.TIMED	81050	CPT	both			27		4.19 Horizon	MGD		10.34	0.3828			3.4		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT.TIMED	81050	CPT	both			27		4.19 Horizon	Indemnity		10.34	0.3828			3.4		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT.TIMED	81050	CPT	both			27		4.19 Horizon	PPO		10.34	0.3828			3.4		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT.TIMED	81050	CPT	both			27		4.19 Horizon	Medicare Blue		8.1	0.3			3.4		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT.TIMED	81050	CPT	both			27		4.19 Managed Care Inc	Managed Care Inc		24.3	0.9			3.4		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT.TIMED	81050	CPT	both			27		4.19 Multiplan	Multiplan		21.6	0.8			3.4		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT.TIMED	81050	CPT	both			27		4.19 Qualcare	Qualcare		20.25	0.75			3.4		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT.TIMED	81050	CPT	both			27		4.19 Three Rivers	Three Rivers		25.65	0.95			3.4		25.65 percent of total billed charges	
URINE VOLUME MEASUREMENT.TIMED	81050	CPT	both			27		4.19 UHC	Medicaid		3.4				3.4		25.65 case rate	
URINE VOLUME MEASUREMENT.TIMED	81050	CPT	both			27		4.19 UHC	Medicare		3.64				3.4		25.65 case rate	
URINE VOLUME MEASUREMENT.TIMED	81050	CPT	both			27		4.19 Wellcare	Medicaid		3.4				3.4		25.65 case rate	
URINE VOLUME MEASUREMENT.TIMED	81050	CPT	both			27		4.19 Wellcare	Medicare		3.64				3.4		25.65 case rate	
HPA-1A/PLA1 PLT AG|GENOTYPING	81105	CPT	outpatient			630		140.55 Aetna	Better Health		198.2	0.3146			122.22		598.5 percent of total billed charges	
HPA-1A/PLA1 PLT AG|GENOTYPING	81105	CPT	outpatient			630		140.55 Aetna	Commercial		239.4	0.38			122.22		598.5 percent of total billed charges	
HPA-1A/PLA1 PLT AG|GENOTYPING	81105	CPT	outpatient			630		140.55 Aetna	Medicare		194.04	0.308			122.22		598.5 percent of total billed charges	
HPA-1A/PLA1 PLT AG|GENOTYPING	81105	CPT	outpatient			630		140.55 Americare	Americare		472.5	0.75			122.22		598.5 percent of total billed charges	
HPA-1A/PLA1 PLT AG|GENOTYPING	81105	CPT	outpatient			630		140.55 WellPoint	WellPoint		202.1	0.3208			122.22		598.5 percent of total billed charges	
HPA-1A/PLA1 PLT AG|GENOTYPING	81105	CPT	outpatient			630		140.55 Amerihealth	Medicare		122.22				122.22		598.5 case rate	
HPA-1A/PLA1 PLT AG|GENOTYPING	81105	CPT	outpatient			630		140.55 Consumer	Consumer		598.5	0.95			122.22		598.5 percent of total billed charges	
HPA-1A/PLA1 PLT AG|GENOTYPING	81105	CPT	outpatient			630		140.55 Corrections	Corrections		504	0.8			122.22		598.5 percent of total billed charges	
HPA-1A/PLA1 PLT AG|GENOTYPING	81105	CPT	outpatient			630		140.55 First Health	First Health		441	0.7			122.22		598.5 percent of total billed charges	
HPA-1A/PLA1 PLT AG|GENOTYPING	81105	CPT	outpatient			630		140.55 First Trenton	First Trenton		567	0.9			122.22		598.5 percent of total billed charges	
HPA-1A/PLA1 PLT AG|GENOTYPING	81105	CPT	outpatient			630		140.55 Horizon	PPO		241.16	0.3828			122.22		598.5 percent of total billed charges	
HPA-1A/PLA1 PLT AG|GENOTYPING	81105	CPT	outpatient			630		140.55 Horizon	Medicare Blue		189	0.3			122.22		598.5 percent of total billed charges	
HPA-1A/PLA1 PLT AG|GENOTYPING	81105	CPT	outpatient			630		140.55 Horizon	MGD		241.16	0.3828			122.22		598.5 percent of total billed charges	
HPA-1A/PLA1 PLT AG|GENOTYPING	81105	CPT	outpatient			630		140.55 Horizon	Indemnity		241.16	0.3828			122.22		598.5 percent of total billed charges	
HPA-1A/PLA1 PLT AG|GENOTYPING	81105	CPT	outpatient			630		140.55 Managed Care Inc	Managed Care Inc		567	0.9			122.22		598.5 percent of total billed charges	
HPA-1A/PLA1 PLT AG|GENOTYPING	81105	CPT	outpatient			630		140.55 Multiplan	Multiplan		504	0.8			122.22		598.5 percent of total billed charges	
HPA-1A/PLA1 PLT AG|GENOTYPING	81105	CPT	outpatient			630		140.55 Qualcare	Qualcare		472.5	0.75			122.22		598.5 percent of total billed charges	
HPA-1A/PLA1 PLT AG|GENOTYPING	81105	CPT	outpatient			630		140.55 Three Rivers	Three Rivers		598.5	0.95			122.22		598.5 percent of total billed charges	
HPA-1A/PLA1 PLT AG|GENOTYPING	81105	CPT	outpatient			630		140.55 UHC	Medicaid		198.2	0.3146			122.22		598.5 percent of total billed charges	
HPA-1A/PLA1 PLT AG|GENOTYPING	81105	CPT	outpatient			630		140.55 UHC	Medicare		122.22				122.22		598.5 case rate	
HPA-1A/PLA1 PLT AG|GENOTYPING	81105	CPT	outpatient			630		140.55 Wellcare	Medicare		122.22				122.22		598.5 case rate	
HPA-1A/PLA1 PLT AG|GENOTYPING	81105	CPT	outpatient			630		140.55 Wellcare	Medicaid		198.2	0.3146			122.22		598.5 percent of total billed charges	
IDH1	81120	CPT	outpatient			433		222.24 Aetna	Commercial		164.54	0.38			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433		222.24 Aetna	Better Health		136.22	0.3146			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433		222.24 Aetna	Medicare		133.36	0.308			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433		222.24 Americare	Americare		324.75	0.75			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433		222.24 WellPoint	WellPoint		138.91	0.3208			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433		222.24 Amerihealth	Medicare		193.25				129.9		411.35 case rate	
IDH1	81120	CPT	outpatient			433		222.24 Consumer	Consumer		411.35	0.95			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433		222.24 Corrections	Corrections		346.4	0.8			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433		222.24 First Health	First Health		303.1	0.7			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433		222.24 First Trenton	First Trenton		389.7	0.9			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433		222.24 Horizon	Indemnity		165.75	0.3828			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433		222.24 Horizon	Medicare Blue		129.9	0.3			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433		222.24 Horizon	MGD		165.75	0.3828			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433		222.24 Horizon	PPO		165.75	0.3828			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433		222.24 Managed Care Inc	Managed Care Inc		389.7	0.9			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433		222.24 Multiplan	Multiplan		346.4	0.8			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433		222.24 Qualcare	Qualcare		324.75	0.75			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433		222.24 Three Rivers	Three Rivers		411.35	0.95			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433		222.24 UHC	Medicaid		136.22	0.3146			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433		222.24 UHC	Medicare		193.25				129.9		411.35 case rate	
IDH1	81120	CPT	outpatient			433		222.24 Wellcare	Medicaid		136.22	0.3146			129.9		411.35 percent of total billed charges	
IDH1	81120	CPT	outpatient			433		222.24 Wellcare	Medicare		193.25				129.9		411.35 case rate	
IDH2	81121	CPT	outpatient			662		340.16 Aetna	Medicare		295.79				198.6		628.9 case rate	
IDH2	81121	CPT	outpatient			662		340.16 Aetna	Better Health		208.27	0.3146			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662		340.16 Aetna	Commercial		251.56	0.38			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662		340.16 Americare	Americare		496.5	0.75			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662		340.16 WellPoint	WellPoint		212.37	0.3208			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662		340.16 Amerihealth	Medicare		295.79				198.6		628.9 case rate	
IDH2	81121	CPT	outpatient			662		340.16 Consumer	Consumer		628.9	0.95			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662		340.16 Corrections	Corrections		529.6	0.8			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662		340.16 First Health	First Health		463.4	0.7			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662		340.16 First Trenton	First Trenton		595.8	0.9			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662		340.16 Horizon	Medicare Blue		198.6	0.3			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662		340.16 Horizon	Indemnity		253.41	0.3828			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662		340.16 Horizon	MGD		253.41	0.3828			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662		340.16 Horizon	PPO		253.41	0.3828			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662		340.16 Managed Care Inc	Managed Care Inc		595.8	0.9			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662		340.16 Multiplan	Multiplan		529.6	0.8			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662		340.16 Qualcare	Qualcare		496.5	0.75			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662		340.16 Three Rivers	Three Rivers		628.9	0.95			198.6		628.9 percent of total billed charges	
IDH2	81121	CPT	outpatient			662		340.16 UHC	Medicare		295.79				198.6		628.9 case rate	
IDH2	81121	CPT	outpatient			662		340.16 UHC	Medicaid		236.63				198.6		628.9 case rate	
IDH2	81121	CPT	outpatient			662		340.16 Wellcare	Medicaid		236.63				198.6		628.9 case rate	
IDH2	81121	CPT	outpatient			662		340.16 Wellcare	Medicare		295.79				198.6		628.9 case rate	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643		320.85 Aetna	Commercial		244.34	0.38			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643		320.85 Aetna	Medicare		198.04	0.308			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643		320.85 Aetna	Better Health		202.29	0.3146			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643		320.85 Americare	Americare		482.25	0.75			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643		320.85 WellPoint	WellPoint		206.27	0.3208			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643		320.85 Amerihealth	Medicare		279				192.9		610.85 case rate	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643		320.85 Consumer	Consumer		610.85	0.95			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643		320.85 Corrections	Corrections		514.4	0.8			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643		320.85 First Health	First Health		450.1	0.7			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643		320.85 First Trenton	First Trenton		578.7	0.9			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643		320.85 Horizon	MGD		246.14	0.3828			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643		320.85 Horizon	Indemnity		246.14	0.3828			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643		320.85 Horizon	Medicare Blue		192.9	0.3			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643		320.85 Horizon	PPO		246.14	0.3828			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643		320.85 Managed Care Inc	Managed Care Inc		578.7	0.9			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643		320.85 Multiplan	Multiplan		514.4	0.8			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643		320.85 Qualcare	Qualcare		482.25	0.75			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643		320.85 Three Rivers	Three Rivers		610.85	0.95			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643		320.85 UHC	Medicaid		202.29	0.3146			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643		320.85 UHC	Medicare		279				192.9		610.85 case rate	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643		320.85 Wellcare	Medicaid		202.29	0.3146			192.9		610.85 percent of total billed charges	
DMD (DELETION/DUPLICATION)	81161	CPT	outpatient			643		320.85 Wellcare	Medicare		279				192.9		610.85 case rate	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187		2098.61 Aetna	Medicare		1824.88				945.3		8727.65 case rate	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187		2098.61 Aetna	Commercial		3491.06	0.38			945.3		8727.65 percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187		2098.61 Aetna	Better Health		2890.23	0.3146			945.3		8727.65 percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187		2098.61 Americare	Americare		6890.25	0.75			945.3		8727.65 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	WellPoint	WellPoint		2947.19	0.3208			945.3	8727.65	percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Amerihealth	Medicare		1824.88				945.3	8727.65	case rate	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Consumer	Consumer		8727.65	0.95			945.3	8727.65	percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Corrections	Corrections		7349.6	0.8			945.3	8727.65	percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	First Health	First Health		6430.9	0.7			945.3	8727.65	percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	First Trenton	First Trenton		8268.3	0.9			945.3	8727.65	percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Horizon	Medicare Blue		2756.1	0.3			945.3	8727.65	percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Horizon	Indemnity		3516.78	0.3828			945.3	8727.65	percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Horizon	MGD		3516.78	0.3828			945.3	8727.65	percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Horizon	PPO		3516.78	0.3828			945.3	8727.65	percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Managed Care Inc	Managed Care Inc		8268.3	0.9			945.3	8727.65	percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Multiplan	Multiplan		7349.6	0.8			945.3	8727.65	percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Qualcare	Qualcare		6890.25	0.75			945.3	8727.65	percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Three Rivers	Three Rivers		8727.65	0.95			945.3	8727.65	percent of total billed charges	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	UHC	Medicaid		1459.9				945.3	8727.65	case rate	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	UHC	Medicare		1824.88				945.3	8727.65	case rate	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Wellcare	Medicaid		1459.9				945.3	8727.65	case rate	
BRCASSURE COMPREHENSIVE PANEL	81162	CPT	outpatient			9187	2098.61	Wellcare	Medicare		1824.88				945.3	8727.65	case rate	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Aetna	Medicare		584.23				334.8	1060.2	case rate	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Aetna	Commercial		424.08	0.38			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Aetna	Better Health		351.09	0.3146			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Americare	Americare		837	0.75			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	WellPoint	WellPoint		358.01	0.3208			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Amerihealth	Medicare		584.23				334.8	1060.2	case rate	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Consumer	Consumer		1060.2	0.95			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Corrections	Corrections		892.8	0.8			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	First Health	First Health		781.2	0.7			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	First Trenton	First Trenton		1004.4	0.9			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Horizon	Medicare Blue		334.8	0.3			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Horizon	Indemnity		427.2	0.3828			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Horizon	MGD		427.2	0.3828			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Horizon	PPO		427.2	0.3828			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Managed Care Inc	Managed Care Inc		1004.4	0.9			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Multiplan	Multiplan		892.8	0.8			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Qualcare	Qualcare		837	0.75			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Three Rivers	Three Rivers		1060.2	0.95			334.8	1060.2	percent of total billed charges	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	UHC	Medicaid		467.38				334.8	1060.2	case rate	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	UHC	Medicare		584.23				334.8	1060.2	case rate	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Wellcare	Medicaid		467.38				334.8	1060.2	case rate	
BRCASSURE DEL/DUP	81164	CPT	outpatient			1116	671.86	Wellcare	Medicare		584.23				334.8	1060.2	case rate	
ATN1	81177	CPT	outpatient			437	157.55	Aetna	Medicare		137				109.6	415.15	case rate	
ATN1	81177	CPT	outpatient			437	157.55	Aetna	Better Health		137.48	0.3146			109.6	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Aetna	Commercial		166.06	0.38			109.6	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Americare	Americare		327.75	0.75			109.6	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	WellPoint	WellPoint		140.19	0.3208			109.6	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Amerihealth	Medicare		137				109.6	415.15	case rate	
ATN1	81177	CPT	outpatient			437	157.55	Consumer	Consumer		415.15	0.95			109.6	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Corrections	Corrections		349.6	0.8			109.6	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	First Health	First Health		305.9	0.7			109.6	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	First Trenton	First Trenton		393.3	0.9			109.6	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Horizon	Medicare Blue		131.1	0.3			109.6	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Horizon	Indemnity		167.28	0.3828			109.6	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Horizon	MGD		167.28	0.3828			109.6	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Horizon	PPO		167.28	0.3828			109.6	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Managed Care Inc	Managed Care Inc		393.3	0.9			109.6	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Multiplan	Multiplan		349.6	0.8			109.6	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Qualcare	Qualcare		327.75	0.75			109.6	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	Three Rivers	Three Rivers		415.15	0.95			109.6	415.15	percent of total billed charges	
ATN1	81177	CPT	outpatient			437	157.55	UHC	Medicaid		109.6				109.6	415.15	case rate	
ATN1	81177	CPT	outpatient			437	157.55	UHC	Medicare		137				109.6	415.15	case rate	
ATN1	81177	CPT	outpatient			437	157.55	Wellcare	Medicaid		109.6				109.6	415.15	case rate	
ATN1	81177	CPT	outpatient			437	157.55	Wellcare	Medicare		137				109.6	415.15	case rate	
SCA1|ATXN1|REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Aetna	Medicare		137				109.6	1026.95	case rate	
SCA1|ATXN1|REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Aetna	Commercial		410.78	0.38			109.6	1026.95	percent of total billed charges	
SCA1|ATXN1|REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Aetna	Better Health		340.08	0.3146			109.6	1026.95	percent of total billed charges	
SCA1|ATXN1|REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Americare	Americare		810.75	0.75			109.6	1026.95	percent of total billed charges	
SCA1|ATXN1|REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	WellPoint	WellPoint		346.78	0.3208			109.6	1026.95	percent of total billed charges	
SCA1|ATXN1|REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Amerihealth	Medicare		137				109.6	1026.95	case rate	
SCA1|ATXN1|REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Consumer	Consumer		1026.95	0.95			109.6	1026.95	percent of total billed charges	
SCA1|ATXN1|REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Corrections	Corrections		864.8	0.8			109.6	1026.95	percent of total billed charges	
SCA1|ATXN1|REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	First Health	First Health		756.7	0.7			109.6	1026.95	percent of total billed charges	
SCA1|ATXN1|REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	First Trenton	First Trenton		972.9	0.9			109.6	1026.95	percent of total billed charges	
SCA1|ATXN1|REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Horizon	Medicare Blue		324.3	0.3			109.6	1026.95	percent of total billed charges	
SCA1|ATXN1|REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Horizon	Indemnity		413.81	0.3828			109.6	1026.95	percent of total billed charges	
SCA1|ATXN1|REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Horizon	MGD		413.81	0.3828			109.6	1026.95	percent of total billed charges	
SCA1|ATXN1|REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Horizon	PPO		413.81	0.3828			109.6	1026.95	percent of total billed charges	
SCA1|ATXN1|REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Managed Care Inc	Managed Care Inc		972.9	0.9			109.6	1026.95	percent of total billed charges	
SCA1|ATXN1|REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Multiplan	Multiplan		864.8	0.8			109.6	1026.95	percent of total billed charges	
SCA1|ATXN1|REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Qualcare	Qualcare		810.75	0.75			109.6	1026.95	percent of total billed charges	
SCA1|ATXN1|REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Three Rivers	Three Rivers		1026.95	0.95			109.6	1026.95	percent of total billed charges	
SCA1|ATXN1|REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	UHC	Medicaid		109.6				109.6	1026.95	case rate	
SCA1|ATXN1|REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	UHC	Medicare		137				109.6	1026.95	case rate	
SCA1|ATXN1|REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Wellcare	Medicaid		109.6				109.6	1026.95	case rate	
SCA1|ATXN1|REPEAT EXPANSION	81178	CPT	outpatient			1081	157.55	Wellcare	Medicare		137				109.6	1026.95	case rate	
ATXN2	81179	CPT	outpatient			437	157.55	Aetna	Medicare		134.6	0.308			131.1	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Aetna	Better Health		137.48	0.3146			131.1	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Aetna	Commercial		166.06	0.38			131.1	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Americare	Americare		327.75	0.75			131.1	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	WellPoint	WellPoint		140.19	0.3208			131.1	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Amerihealth	Medicare		137				131.1	415.15	case rate	
ATXN2	81179	CPT	outpatient			437	157.55	Consumer	Consumer		415.15	0.95			131.1	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Corrections	Corrections		349.6	0.8			131.1	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	First Health	First Health		305.9	0.7			131.1	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	First Trenton	First Trenton		393.3	0.9			131.1	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Horizon	Medicare Blue		131.1	0.3			131.1	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Horizon	MGD		167.28	0.3828			131.1	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Horizon	Indemnity		167.28	0.3828			131.1	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Horizon	PPO		167.28	0.3828			131.1	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Managed Care Inc	Managed Care Inc		393.3	0.9			131.1	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Multiplan	Multiplan		349.6	0.8			131.1	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Qualcare	Qualcare		327.75	0.75			131.1	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	Three Rivers	Three Rivers		415.15	0.95			131.1	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	UHC	Medicaid		137.48	0.3146			131.1	415.15	percent of total billed charges	
ATXN2	81179	CPT	outpatient			437	157.55	UHC	Medicare		137				131.1	415.15	case rate	
ATXN2	81179	CPT	outpatient			437	157.55	Wellcare	Medicare		137				131.1	415.15	case rate	
ATXN2	81179	CPT	outpatient			437	157.55	Wellcare	Medicaid		137.48	0.3146			131.1	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Aetna	Medicare		137				109.6	415.15	case rate	
ATXN3	81180	CPT	outpatient			437	157.55	Aetna	Commercial		166.06	0.38			109.6	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Aetna	Better Health		137.48	0.3146			109.6	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Americare	Americare		327.75	0.75			109.6	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	WellPoint	WellPoint		140.19	0.3208			109.6	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Amerihealth	Medicare		137				109.6	415.15	case rate	
ATXN3	81180	CPT	outpatient			437	157.55	Consumer	Consumer		415.15	0.95			109.6	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Corrections	Corrections		349.6	0.8			109.6	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	First Health	First Health		305.9	0.7			109.6	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	First Trenton	First Trenton		393.3	0.9			109.6	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Horizon	Indemnity		167.28	0.3828			109.6	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Horizon	Medicare Blue		131.1	0.3			109.6	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Horizon	MGD		167.28	0.3828			109.6	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Horizon	PPO		167.28	0.3828			109.6	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Managed Care Inc	Managed Care Inc		393.3	0.9			109.6	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Multiplan	Multiplan		349.6	0.8			109.6	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Qualcare	Qualcare		327.75	0.75			109.6	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	Three Rivers	Three Rivers		415.15	0.95			109.6	415.15	percent of total billed charges	
ATXN3	81180	CPT	outpatient			437	157.55	UHC	Medicare		137				109.6	415.15	case rate	
ATXN3	81180	CPT	outpatient			437	157.55	UHC	Medicaid		109.6				109.6	415.15	case rate	
ATXN3	81180	CPT	outpatient			437	157.55	Wellcare	Medicare		137				109.6	415.15	case rate	
ATXN3	81180	CPT	outpatient			437	157.55	Wellcare	Medicaid		109.6				109.6	415.15	case rate	
ATXN7	81181	CPT	outpatient			437	157.55	Aetna	Medicare		137				109.6	415.15	case rate	
ATXN7	81181	CPT	outpatient			437	157.55	Aetna	Better Health		137.48	0.3146			109.6	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Aetna	Commercial		166.06	0.38			109.6	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Americare	Americare		327.75	0.75			109.6	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	WellPoint	WellPoint		140.19	0.3208			109.6	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Amerihealth	Medicare		137				109.6	415.15	case rate	
ATXN7	81181	CPT	outpatient			437	157.55	Consumer	Consumer		415.15	0.95			109.6	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Corrections	Corrections		349.6	0.8			109.6	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	First Health	First Health		305.9	0.7			109.6	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	First Trenton	First Trenton		393.3	0.9			109.6	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Horizon	MGD		167.28	0.3828			109.6	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Horizon	Indemnity		167.28	0.3828			109.6	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Horizon	Medicare Blue		131.1	0.3			109.6	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Horizon	PPO		167.28	0.3828			109.6	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Managed Care Inc	Managed Care Inc		393.3	0.9			109.6	415.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ATXN7	81181	CPT	outpatient			437	157.55	Multiplan	Multiplan		349.6	0.8			109.6	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Qualcare	Qualcare		327.75	0.75			109.6	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	Three Rivers	Three Rivers		415.15	0.95			109.6	415.15	percent of total billed charges	
ATXN7	81181	CPT	outpatient			437	157.55	UHC	Medicaid		109.6				109.6	415.15	case rate	
ATXN7	81181	CPT	outpatient			437	157.55	UHC	Medicare		137				109.6	415.15	case rate	
ATXN7	81181	CPT	outpatient			437	157.55	Wellcare	Medicaid		109.6				109.6	415.15	case rate	
ATXN7	81181	CPT	outpatient			437	157.55	Wellcare	Medicare		137				109.6	415.15	case rate	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Aetna	Commercial		166.06	0.38			109.6	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Aetna	Better Health		137.48	0.3146			109.6	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Aetna	Medicare		137				109.6	415.15	case rate	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Americare	Americare		327.75	0.75			109.6	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	WellPoint	WellPoint		140.19	0.3208			109.6	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Amerihealth	Medicare		137				109.6	415.15	case rate	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Consumer	Consumer		415.15	0.95			109.6	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Corrections	Corrections		349.6	0.8			109.6	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	First Health	First Health		305.9	0.7			109.6	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	First Trenton	First Trenton		393.3	0.9			109.6	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Horizon	MGD		167.28	0.3828			109.6	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Horizon	PPO		167.28	0.3828			109.6	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Horizon	Indemnity		167.28	0.3828			109.6	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Horizon	Medicare Blue		131.1	0.3			109.6	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Managed Care Inc	Managed Care Inc		393.3	0.9			109.6	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Multiplan	Multiplan		349.6	0.8			109.6	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Qualcare	Qualcare		327.75	0.75			109.6	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Three Rivers	Three Rivers		415.15	0.95			109.6	415.15	percent of total billed charges	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	UHC	Medicaid		109.6				109.6	415.15	case rate	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	UHC	Medicare		137				109.6	415.15	case rate	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Wellcare	Medicaid		109.6				109.6	415.15	case rate	
ATXN8OS/ATXN8	81182	CPT	outpatient			437	157.55	Wellcare	Medicare		137				109.6	415.15	case rate	
ATXN10	81183	CPT	outpatient			437	157.55	Aetna	Commercial		166.06	0.38			131.1	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Aetna	Medicare		134.6	0.308			131.1	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Aetna	Better Health		137.48	0.3146			131.1	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Americare	Americare		327.75	0.75			131.1	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	WellPoint	WellPoint		140.19	0.3208			131.1	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Amerihealth	Medicare		137				131.1	415.15	case rate	
ATXN10	81183	CPT	outpatient			437	157.55	Consumer	Consumer		415.15	0.95			131.1	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Corrections	Corrections		349.6	0.8			131.1	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	First Health	First Health		305.9	0.7			131.1	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	First Trenton	First Trenton		393.3	0.9			131.1	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Horizon	Indemnity		167.28	0.3828			131.1	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Horizon	MGD		167.28	0.3828			131.1	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Horizon	PPO		167.28	0.3828			131.1	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Horizon	Medicare Blue		131.1	0.3			131.1	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Managed Care Inc	Managed Care Inc		393.3	0.9			131.1	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Multiplan	Multiplan		349.6	0.8			131.1	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Qualcare	Qualcare		327.75	0.75			131.1	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Three Rivers	Three Rivers		415.15	0.95			131.1	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	UHC	Medicaid		137.48	0.3146			131.1	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	UHC	Medicare		137				131.1	415.15	case rate	
ATXN10	81183	CPT	outpatient			437	157.55	Wellcare	Medicaid		137.48	0.3146			131.1	415.15	percent of total billed charges	
ATXN10	81183	CPT	outpatient			437	157.55	Wellcare	Medicare		137				131.1	415.15	case rate	
CACNA1A	81184	CPT	outpatient			437	157.55	Aetna	Medicare		137				109.6	415.15	case rate	
CACNA1A	81184	CPT	outpatient			437	157.55	Aetna	Better Health		137.48	0.3146			109.6	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Aetna	Commercial		166.06	0.38			109.6	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Americare	Americare		327.75	0.75			109.6	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	WellPoint	WellPoint		140.19	0.3208			109.6	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Amerihealth	Medicare		137				109.6	415.15	case rate	
CACNA1A	81184	CPT	outpatient			437	157.55	Consumer	Consumer		415.15	0.95			109.6	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Corrections	Corrections		349.6	0.8			109.6	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	First Health	First Health		305.9	0.7			109.6	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	First Trenton	First Trenton		393.3	0.9			109.6	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Horizon	Indemnity		167.28	0.3828			109.6	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Horizon	MGD		167.28	0.3828			109.6	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Horizon	PPO		167.28	0.3828			109.6	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Horizon	Medicare Blue		131.1	0.3			109.6	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Managed Care Inc	Managed Care Inc		393.3	0.9			109.6	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Multiplan	Multiplan		349.6	0.8			109.6	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Qualcare	Qualcare		327.75	0.75			109.6	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	Three Rivers	Three Rivers		415.15	0.95			109.6	415.15	percent of total billed charges	
CACNA1A	81184	CPT	outpatient			437	157.55	UHC	Medicaid		109.6				109.6	415.15	case rate	
CACNA1A	81184	CPT	outpatient			437	157.55	UHC	Medicare		137				109.6	415.15	case rate	
CACNA1A	81184	CPT	outpatient			437	157.55	Wellcare	Medicaid		109.6				109.6	415.15	case rate	
CACNA1A	81184	CPT	outpatient			437	157.55	Wellcare	Medicare		137				109.6	415.15	case rate	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Aetna	Medicare		518.28				340.5	1078.25	case rate	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Aetna	Better Health		357.07	0.3146			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Aetna	Commercial		431.3	0.38			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Americare	Americare		851.25	0.75			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	WellPoint	WellPoint		364.11	0.3208			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Amerihealth	Medicare		518.28				340.5	1078.25	case rate	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Consumer	Consumer		1078.25	0.95			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Corrections	Corrections		908	0.8			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	First Health	First Health		794.5	0.7			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	First Trenton	First Trenton		1021.5	0.9			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Horizon	MGD		434.48	0.3828			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Horizon	Indemnity		434.48	0.3828			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Horizon	PPO		434.48	0.3828			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Horizon	Medicare Blue		340.5	0.3			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Managed Care Inc	Managed Care Inc		1021.5	0.9			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Multiplan	Multiplan		908	0.8			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Qualcare	Qualcare		851.25	0.75			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Three Rivers	Three Rivers		1078.25	0.95			340.5	1078.25	percent of total billed charges	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	UHC	Medicaid		414.62				340.5	1078.25	case rate	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	UHC	Medicare		518.28				340.5	1078.25	case rate	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Wellcare	Medicaid		414.62				340.5	1078.25	case rate	
NTRK.TRANSLOCATIUON.ALAYSIS	81194	CPT	outpatient			1135	596.02	Wellcare	Medicare		518.28				340.5	1078.25	case rate	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Aetna	Better Health		38.7	0.3146			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Aetna	Medicare		780				36.9	780	case rate	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Aetna	Commercial		46.74	0.38			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Americare	Americare		92.25	0.75			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	WellPoint	WellPoint		39.46	0.3208			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Amerihealth	Medicare		780				36.9	780	case rate	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Consumer	Consumer		116.85	0.95			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Corrections	Corrections		98.4	0.8			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	First Health	First Health		86.1	0.7			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	First Trenton	First Trenton		110.7	0.9			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Horizon	MGD		47.08	0.3828			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Horizon	Indemnity		47.08	0.3828			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Horizon	PPO		47.08	0.3828			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Horizon	Medicare Blue		36.9	0.3			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Managed Care Inc	Managed Care Inc		110.7	0.9			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Multiplan	Multiplan		98.4	0.8			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Qualcare	Qualcare		92.25	0.75			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Three Rivers	Three Rivers		116.85	0.95			36.9	780	percent of total billed charges	
FAP SEQUENCING	81201	CPT	outpatient			123	897	UHC	Medicare		780				36.9	780	case rate	
FAP SEQUENCING	81201	CPT	outpatient			123	897	UHC	Medicaid		624				36.9	780	case rate	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Wellcare	Medicaid		624				36.9	780	case rate	
FAP SEQUENCING	81201	CPT	outpatient			123	897	Wellcare	Medicare		780				36.9	780	case rate	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Aetna	Better Health		129.3	0.3146			123.3	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Aetna	Medicare		163.96				123.3	390.45	case rate	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Aetna	Commercial		156.18	0.38			123.3	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Americare	Americare		308.25	0.75			123.3	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	WellPoint	WellPoint		131.85	0.3208			123.3	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Amerihealth	Medicare		163.96				123.3	390.45	case rate	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Consumer	Consumer		390.45	0.95			123.3	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Corrections	Corrections		328.8	0.8			123.3	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	First Health	First Health		287.7	0.7			123.3	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	First Trenton	First Trenton		369.9	0.9			123.3	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Horizon	Medicare Blue		123.3	0.3			123.3	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Horizon	MGD		157.33	0.3828			123.3	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Horizon	Indemnity		157.33	0.3828			123.3	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Horizon	PPO		157.33	0.3828			123.3	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Managed Care Inc	Managed Care Inc		369.9	0.9			123.3	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Multiplan	Multiplan		328.8	0.8			123.3	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Qualcare	Qualcare		308.25	0.75			123.3	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Three Rivers	Three Rivers		390.45	0.95			123.3	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	UHC	Medicare		163.96				123.3	390.45	case rate	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	UHC	Medicaid		131.17				123.3	390.45	case rate	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Wellcare	Medicare		163.96				123.3	390.45	case rate	
BCR-ABL1QUALT/QUANT MAJOR	81206	CPT	both			411	188.55	Wellcare	Medicaid		131.17				123.3	390.45	case rate	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Aetna	Medicare		144.84				115.87	390.45	case rate	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Aetna	Better Health		129.3	0.3146			115.87	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Aetna	Commercial		156.18	0.38			115.87	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Americare	Americare		308.25	0.75			115.87	390.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	WellPoint	WellPoint		131.85	0.3208			115.87	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Amerihealth	Medicare		144.84				115.87	390.45	case rate	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Consumer	Consumer		390.45	0.95			115.87	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Corrections	Corrections		328.8	0.8			115.87	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	First Health	First Health		287.7	0.7			115.87	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	First Trenton	First Trenton		369.9	0.9			115.87	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Horizon	Medicare Blue		123.3	0.3			115.87	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Horizon	Indemnity		157.33	0.3828			115.87	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Horizon	MGD		157.33	0.3828			115.87	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Horizon	PPO		157.33	0.3828			115.87	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Managed Care Inc	Managed Care Inc		369.9	0.9			115.87	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Multiplan	Multiplan		328.8	0.8			115.87	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Qualcare	Qualcare		308.25	0.75			115.87	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Three Rivers	Three Rivers		390.45	0.95			115.87	390.45	percent of total billed charges	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	UHC	Medicare		144.84				115.87	390.45	case rate	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	UHC	Medicaid		115.87				115.87	390.45	case rate	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Wellcare	Medicaid		115.87				115.87	390.45	case rate	
BCR-ABL1QUALT/QUANT MINOR	81207	CPT	both			411	166.57	Wellcare	Medicare		144.84				115.87	390.45	case rate	
BRAF&GENE MUTATION ANALYSIS V600 VARIAN	81210	CPT	both			559	201.71	Aetna	Commercial		212.42	0.38			50.3	531.05	percent of total billed charges	
BRAF&GENE MUTATION ANALYSIS V600 VARIAN	81210	CPT	both			559	201.71	Aetna	Better Health		175.86	0.3146			50.3	531.05	percent of total billed charges	
BRAF&GENE MUTATION ANALYSIS V600 VARIAN	81210	CPT	both			559	201.71	Aetna	Medicare		175.4				50.3	531.05	case rate	
BRAF&GENE MUTATION ANALYSIS V600 VARIAN	81210	CPT	both			559	201.71	Americare	Americare		419.25	0.75			50.3	531.05	percent of total billed charges	
BRAF&GENE MUTATION ANALYSIS V600 VARIAN	81210	CPT	both			559	201.71	WellPoint	WellPoint		179.33	0.3208			50.3	531.05	percent of total billed charges	
BRAF&GENE MUTATION ANALYSIS V600 VARIAN	81210	CPT	both			559	201.71	Amerihealth	Medicare		175.4				50.3	531.05	case rate	
BRAF&GENE MUTATION ANALYSIS V600 VARIAN	81210	CPT	both			559	201.71	Consumer	Consumer		531.05	0.95			50.3	531.05	percent of total billed charges	
BRAF&GENE MUTATION ANALYSIS V600 VARIAN	81210	CPT	both			559	201.71	Corrections	Corrections		447.2	0.8			50.3	531.05	percent of total billed charges	
BRAF&GENE MUTATION ANALYSIS V600 VARIAN	81210	CPT	both			559	201.71	First Health	First Health		391.3	0.7			50.3	531.05	percent of total billed charges	
BRAF&GENE MUTATION ANALYSIS V600 VARIAN	81210	CPT	both			559	201.71	First Trenton	First Trenton		503.1	0.9			50.3	531.05	percent of total billed charges	
BRAF&GENE MUTATION ANALYSIS V600 VARIAN	81210	CPT	both			559	201.71	Horizon	MGD		213.99	0.3828			50.3	531.05	percent of total billed charges	
BRAF&GENE MUTATION ANALYSIS V600 VARIAN	81210	CPT	both			559	201.71	Horizon	PPO		213.99	0.3828			50.3	531.05	percent of total billed charges	
BRAF&GENE MUTATION ANALYSIS V600 VARIAN	81210	CPT	both			559	201.71	Horizon	Indemnity		213.99	0.3828			50.3	531.05	percent of total billed charges	
BRAF&GENE MUTATION ANALYSIS V600 VARIAN	81210	CPT	both			559	201.71	Horizon	Medicare Blue		167.7	0.3			50.3	531.05	percent of total billed charges	
BRAF&GENE MUTATION ANALYSIS V600 VARIAN	81210	CPT	both			559	201.71	Horizon	NJ Health		55.9	0.1			50.3	531.05	percent of total billed charges	
BRAF&GENE MUTATION ANALYSIS V600 VARIAN	81210	CPT	both			559	201.71	Managed Care Inc	Managed Care Inc		503.1	0.9			50.3	531.05	percent of total billed charges	
BRAF&GENE MUTATION ANALYSIS V600 VARIAN	81210	CPT	both			559	201.71	Multiplan	Multiplan		447.2	0.8			50.3	531.05	percent of total billed charges	
BRAF&GENE MUTATION ANALYSIS V600 VARIAN	81210	CPT	both			559	201.71	Qualcare	Qualcare		419.25	0.75			50.3	531.05	percent of total billed charges	
BRAF&GENE MUTATION ANALYSIS V600 VARIAN	81210	CPT	both			559	201.71	Three Rivers	Three Rivers		531.05	0.95			50.3	531.05	percent of total billed charges	
BRAF&GENE MUTATION ANALYSIS V600 VARIAN	81210	CPT	both			559	201.71	UHC	Medicaid		140.32				50.3	531.05	case rate	
BRAF&GENE MUTATION ANALYSIS V600 VARIAN	81210	CPT	both			559	201.71	UHC	Medicare		175.4				50.3	531.05	case rate	
BRAF&GENE MUTATION ANALYSIS V600 VARIAN	81210	CPT	both			559	201.71	Wellcare	Medicaid		140.32				50.3	531.05	case rate	
BRAF&GENE MUTATION ANALYSIS V600 VARIAN	81210	CPT	both			559	201.71	Wellcare	Medicare		175.4				50.3	531.05	case rate	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	outpatient			1140	139.87	Aetna	Commercial		433.2	0.38			97.3	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	outpatient			1140	139.87	Aetna	Better Health		358.64	0.3146			97.3	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	outpatient			1140	139.87	Aetna	Medicare		121.63				97.3	1083	case rate	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	outpatient			1140	139.87	Americare	Americare		855	0.75			97.3	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	outpatient			1140	139.87	WellPoint	WellPoint		365.71	0.3208			97.3	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	outpatient			1140	139.87	Amerihealth	Medicare		121.63				97.3	1083	case rate	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	outpatient			1140	139.87	Consumer	Consumer		1083	0.95			97.3	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	outpatient			1140	139.87	Corrections	Corrections		912	0.8			97.3	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	outpatient			1140	139.87	First Health	First Health		798	0.7			97.3	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	outpatient			1140	139.87	First Trenton	First Trenton		1026	0.9			97.3	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	outpatient			1140	139.87	Horizon	Medicare Blue		342	0.3			97.3	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	outpatient			1140	139.87	Horizon	Indemnity		436.39	0.3828			97.3	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	outpatient			1140	139.87	Horizon	MGD		436.39	0.3828			97.3	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	outpatient			1140	139.87	Horizon	PPO		436.39	0.3828			97.3	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	outpatient			1140	139.87	Managed Care Inc	Managed Care Inc		1026	0.9			97.3	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	outpatient			1140	139.87	Multiplan	Multiplan		912	0.8			97.3	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	outpatient			1140	139.87	Qualcare	Qualcare		855	0.75			97.3	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	outpatient			1140	139.87	Three Rivers	Three Rivers		1083	0.95			97.3	1083	percent of total billed charges	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	outpatient			1140	139.87	UHC	Medicare		121.63				97.3	1083	case rate	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	outpatient			1140	139.87	UHC	Medicaid		97.3				97.3	1083	case rate	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	outpatient			1140	139.87	Wellcare	Medicare		121.63				97.3	1083	case rate	
CARL.GENE.ANALYSIS.VAR.EXON9	81219	CPT	outpatient			1140	139.87	Wellcare	Medicaid		97.3				97.3	1083	case rate	
CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO	81220	CPT	both			2008	640.09	Aetna	Medicare		556.6				84.1	1907.6	case rate	
CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO	81220	CPT	both			2008	640.09	Aetna	Commercial		763.04	0.38			84.1	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO	81220	CPT	both			2008	640.09	Aetna	Better Health		631.72	0.3146			84.1	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO	81220	CPT	both			2008	640.09	Americare	Americare		1506	0.75			84.1	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO	81220	CPT	both			2008	640.09	WellPoint	WellPoint		644.17	0.3208			84.1	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO	81220	CPT	both			2008	640.09	Amerihealth	Medicare		556.6				84.1	1907.6	case rate	
CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO	81220	CPT	both			2008	640.09	Consumer	Consumer		1907.6	0.95			84.1	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO	81220	CPT	both			2008	640.09	Corrections	Corrections		1606.4	0.8			84.1	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO	81220	CPT	both			2008	640.09	First Health	First Health		1405.6	0.7			84.1	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO	81220	CPT	both			2008	640.09	First Trenton	First Trenton		1807.2	0.9			84.1	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO	81220	CPT	both			2008	640.09	Horizon	Medicare Blue		602.4	0.3			84.1	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO	81220	CPT	both			2008	640.09	Horizon	MGD		768.66	0.3828			84.1	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO	81220	CPT	both			2008	640.09	Horizon	Indemnity		768.66	0.3828			84.1	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO	81220	CPT	both			2008	640.09	Horizon	PPO		768.66	0.3828			84.1	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO	81220	CPT	both			2008	640.09	Horizon	NJ Health		200.8	0.1			84.1	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO	81220	CPT	both			2008	640.09	Managed Care Inc	Managed Care Inc		1807.2	0.9			84.1	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO	81220	CPT	both			2008	640.09	Multiplan	Multiplan		1606.4	0.8			84.1	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO	81220	CPT	both			2008	640.09	Qualcare	Qualcare		1506	0.75			84.1	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO	81220	CPT	both			2008	640.09	Three Rivers	Three Rivers		1907.6	0.95			84.1	1907.6	percent of total billed charges	
CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO	81220	CPT	both			2008	640.09	UHC	Medicare		556.6				84.1	1907.6	case rate	
CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO	81220	CPT	both			2008	640.09	UHC	Medicaid		445.28				84.1	1907.6	case rate	
CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO	81220	CPT	both			2008	640.09	Wellcare	Medicare		556.6				84.1	1907.6	case rate	
CYSTIC FIBROSIS DNA ANALYSIS 32 MUTATIO	81220	CPT	both			2008	640.09	Wellcare	Medicaid		445.28				84.1	1907.6	case rate	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Aetna	Medicare		499				68.9	1555.15	case rate	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Aetna	Better Health		515	0.3146			68.9	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Aetna	Commercial		622.06	0.38			68.9	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Americare	Americare		1227.75	0.75			68.9	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	WellPoint	WellPoint		525.15	0.3208			68.9	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Amerihealth	Medicare		499				68.9	1555.15	case rate	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Consumer	Consumer		1555.15	0.95			68.9	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Corrections	Corrections		1309.6	0.8			68.9	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	First Health	First Health		1145.9	0.7			68.9	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	First Trenton	First Trenton		1473.3	0.9			68.9	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Horizon	Medicare Blue		491.1	0.3			68.9	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Horizon	MGD		626.64	0.3828			68.9	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Horizon	Indemnity		626.64	0.3828			68.9	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Horizon	PPO		626.64	0.3828			68.9	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Horizon	NJ Health		163.7	0.1			68.9	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Managed Care Inc	Managed Care Inc		1473.3	0.9			68.9	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Multiplan	Multiplan		1309.6	0.8			68.9	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Qualcare	Qualcare		1227.75	0.75			68.9	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Three Rivers	Three Rivers		1555.15	0.95			68.9	1555.15	percent of total billed charges	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	UHC	Medicare		499				68.9	1555.15	case rate	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	UHC	Medicaid		399.2				68.9	1555.15	case rate	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Wellcare	Medicare		499				68.9	1555.15	case rate	
CYSTIC FIBROSIS GENE (CF2000)	81223	CPT	both			1637	573.85	Wellcare	Medicaid		399.2				68.9	1555.15	case rate	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Aetna	Better Health		185.93	0.3146			43.8	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Aetna	Commercial		224.58	0.38			43.8	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Aetna	Medicare		182.03	0.308			43.8	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Americare	Americare		443.25	0.75			43.8	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	WellPoint	WellPoint		189.59	0.3208			43.8	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Amerihealth	Medicare		291.36				43.8	561.45	case rate	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Consumer	Consumer		561.45	0.95			43.8	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Corrections	Corrections		472.8	0.8			43.8	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	First Health	First Health		413.7	0.7			43.8	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	First Trenton	First Trenton		531.9	0.9			43.8	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Horizon	NJ Health		59.1	0.1			43.8	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Horizon	MGD		226.23	0.3828			43.8	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Horizon	Indemnity		226.23	0.3828			43.8	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Horizon	Medicare Blue		177.3	0.3			43.8	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Horizon	PPO		226.23	0.3828			43.8	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Managed Care Inc	Managed Care Inc		531.9	0.9			43.8	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Multiplan	Multiplan		472.8	0.8			43.8	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Qualcare	Qualcare		443.25	0.75			43.8	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Three Rivers	Three Rivers		561.45	0.95			43.8	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	UHC	Medicaid		185.93	0.3146			43.8	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	UHC	Medicare		291.36				43.8	561.45	case rate	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Wellcare	Medicaid		185.93	0.3146			43.8	561.45	percent of total billed charges	
CYTOCHROME P450 2C19 (MSO)	81225	CPT	inpatient			591	335.06	Wellcare	Medicare		291.36				43.8	561.45	case rate	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Aetna	Better Health		137.79	0.3146			36.4	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Aetna	Medicare		450.91				36.4	450.91	case rate	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Aetna	Commercial		166.44	0.38			36.4	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Americare	Americare		328.5	0.75			36.4	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	WellPoint	WellPoint		140.51	0.3208			36.4	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Amerihealth	Medicare		450.91				36.4	450.91	case rate	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Consumer	Consumer		416.1	0.95			36.4	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Corrections	Corrections		350.4	0.8			36.4	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	First Health	First Health		306.6	0.7			36.4	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	First Trenton	First Trenton		394.2	0.9			36.4	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Horizon	MGD		167.67	0.3828			36.4	450.91	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Horizon	NJ Health		43.8	0.1			36.4	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Horizon	Medicare Blue		131.4	0.3			36.4	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Horizon	Indemnity		167.67	0.3828			36.4	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Horizon	PPO		167.67	0.3828			36.4	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Managed Care Inc	Managed Care Inc		394.2	0.9			36.4	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Multiplan	Multiplan		350.4	0.8			36.4	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Qualcare	Qualcare		328.5	0.75			36.4	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Three Rivers	Three Rivers		416.1	0.95			36.4	450.91	percent of total billed charges	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	UHC	Medicaid		360.73				36.4	450.91	case rate	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	UHC	Medicare		450.91				36.4	450.91	case rate	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Wellcare	Medicaid		360.73				36.4	450.91	case rate	
CYTOCHROME P450 2D6 GENOTYPING	81226	CPT	inpatient			438	518.55	Wellcare	Medicare		450.91				36.4	450.91	case rate	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Aetna	Commercial		212.04	0.38			55.8	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Aetna	Better Health		175.55	0.3146			55.8	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Aetna	Medicare		174.81				55.8	530.1	case rate	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Americare	Americare		418.5	0.75			55.8	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	WellPoint	WellPoint		179.01	0.3208			55.8	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Amerihealth	Medicare		174.81				55.8	530.1	case rate	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Consumer	Consumer		530.1	0.95			55.8	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Corrections	Corrections		446.4	0.8			55.8	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	First Health	First Health		390.6	0.7			55.8	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	First Trenton	First Trenton		502.2	0.9			55.8	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Horizon	MGD		213.6	0.3828			55.8	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Horizon	Medicare Blue		167.4	0.3			55.8	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Horizon	NJ Health		55.8	0.1			55.8	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Horizon	Indemnity		213.6	0.3828			55.8	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Horizon	PPO		213.6	0.3828			55.8	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Managed Care Inc	Managed Care Inc		502.2	0.9			55.8	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Multiplan	Multiplan		446.4	0.8			55.8	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Qualcare	Qualcare		418.5	0.75			55.8	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Three Rivers	Three Rivers		530.1	0.95			55.8	530.1	percent of total billed charges	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	UHC	Medicaid		139.85				55.8	530.1	case rate	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	UHC	Medicare		174.81				55.8	530.1	case rate	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Wellcare	Medicaid		139.85				55.8	530.1	case rate	
CYTOCHRM P450 2C9 GENO (511893)	81227	CPT	outpatient			558	201.03	Wellcare	Medicare		174.81				55.8	530.1	case rate	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Aetna	Commercial		1741.92	0.38			160.9	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Aetna	Better Health		1442.13	0.3146			160.9	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Aetna	Medicare		1160				160.9	4354.8	case rate	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Americare	Americare		3438	0.75			160.9	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	WellPoint	WellPoint		1470.55	0.3208			160.9	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Amerihealth	Medicare		1160				160.9	4354.8	case rate	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Consumer	Consumer		4354.8	0.95			160.9	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Corrections	Corrections		3667.2	0.8			160.9	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	First Health	First Health		3208.8	0.7			160.9	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	First Trenton	First Trenton		4125.6	0.9			160.9	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Horizon	Medicare Blue		1375.2	0.3			160.9	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Horizon	NJ Health		458.4	0.1			160.9	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Horizon	Indemnity		1754.76	0.3828			160.9	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Horizon	MGD		1754.76	0.3828			160.9	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Horizon	PPO		1754.76	0.3828			160.9	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Managed Care Inc	Managed Care Inc		4125.6	0.9			160.9	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Multiplan	Multiplan		3667.2	0.8			160.9	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Qualcare	Qualcare		3438	0.75			160.9	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Three Rivers	Three Rivers		4354.8	0.95			160.9	4354.8	percent of total billed charges	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	UHC	Medicaid		928	0.1			160.9	4354.8	case rate	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	UHC	Medicare		1160				160.9	4354.8	case rate	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Wellcare	Medicaid		928				160.9	4354.8	case rate	
REVEAL.SNP.MICROARRAY PEDS(476)	81229	CPT	both			4584	1334	Wellcare	Medicare		1160				160.9	4354.8	case rate	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Aetna	Medicare		137				109.6	447.45	case rate	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Aetna	Better Health		148.18	0.3146			109.6	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Aetna	Commercial		178.98	0.38			109.6	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Americare	Americare		353.25	0.75			109.6	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	WellPoint	WellPoint		151.1	0.3208			109.6	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Amerihealth	Medicare		137				109.6	447.45	case rate	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Consumer	Consumer		447.45	0.95			109.6	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Corrections	Corrections		376.8	0.8			109.6	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	First Health	First Health		329.7	0.7			109.6	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	First Trenton	First Trenton		423.9	0.9			109.6	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Horizon	MGD		180.3	0.3828			109.6	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Horizon	PPO		180.3	0.3828			109.6	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Horizon	Indemnity		180.3	0.3828			109.6	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Horizon	Medicare Blue		141.3	0.3			109.6	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Managed Care Inc	Managed Care Inc		423.9	0.9			109.6	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Multiplan	Multiplan		376.8	0.8			109.6	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Qualcare	Qualcare		353.25	0.75			109.6	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Three Rivers	Three Rivers		447.45	0.95			109.6	447.45	percent of total billed charges	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	UHC	Medicaid		109.6				109.6	447.45	case rate	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	UHC	Medicare		137				109.6	447.45	case rate	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Wellcare	Medicaid		109.6				109.6	447.45	case rate	
MYOTONIC DYSTROPHY DM1	81234	CPT	outpatient			471	157.55	Wellcare	Medicare		137				109.6	447.45	case rate	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Aetna	Medicare		324.58				234.6	742.9	case rate	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Aetna	Commercial		297.16	0.38			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Aetna	Better Health		246.02	0.3146			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Americare	Americare		586.5	0.75			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	WellPoint	WellPoint		250.87	0.3208			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Amerihealth	Medicare		324.58				234.6	742.9	case rate	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Consumer	Consumer		742.9	0.95			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Corrections	Corrections		625.6	0.8			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	First Health	First Health		547.4	0.7			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	First Trenton	First Trenton		703.8	0.9			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Horizon	MGD		299.35	0.3828			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Horizon	Indemnity		299.35	0.3828			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Horizon	Medicare Blue		234.6	0.3			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Horizon	PPO		299.35	0.3828			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Managed Care Inc	Managed Care Inc		703.8	0.9			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Multiplan	Multiplan		625.6	0.8			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Qualcare	Qualcare		586.5	0.75			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Three Rivers	Three Rivers		742.9	0.95			234.6	742.9	percent of total billed charges	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	UHC	Medicaid		259.66				234.6	742.9	case rate	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	UHC	Medicare		324.58				234.6	742.9	case rate	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Wellcare	Medicaid		259.66				234.6	742.9	case rate	
EGFR MUTATION ANALYSIS	81235	CPT	both			782	373.27	Wellcare	Medicare		324.58				234.6	742.9	case rate	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Aetna	Better Health		1088.52	0.3146			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Aetna	Medicare		65.69				26.4	3287	case rate	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Aetna	Commercial		1314.8	0.38			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Americare	Americare		2595	0.75			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	WellPoint	WellPoint		1109.97	0.3208			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Amerihealth	Medicare		65.69				26.4	3287	case rate	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Consumer	Consumer		3287	0.95			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Corrections	Corrections		2768	0.8			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	First Health	First Health		2422	0.7			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	First Trenton	First Trenton		3114	0.9			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Horizon	Medicare Blue		1038	0.3			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Horizon	Indemnity		1324.49	0.3828			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Horizon	MGD		1324.49	0.3828			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Horizon	PPO		1324.49	0.3828			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Managed Care Inc	Managed Care Inc		3114	0.9			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Multiplan	Multiplan		2768	0.8			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Qualcare	Qualcare		2595	0.75			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Three Rivers	Three Rivers		3287	0.95			26.4	3287	percent of total billed charges	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	UHC	Medicaid		52.55				26.4	3287	case rate	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	UHC	Medicare		65.69				26.4	3287	case rate	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Wellcare	Medicare		65.69				26.4	3287	case rate	
PROTHROMBIN.G20210A.MUTATION(PTNT)	81240	CPT	both			3460	75.54	Wellcare	Medicaid		52.55				26.4	3287	case rate	
FACTOR.V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Aetna	Better Health		193.16	0.3146			40.5	583.3	percent of total billed charges	
FACTOR.V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Aetna	Medicare		73.37				40.5	583.3	case rate	
FACTOR.V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Aetna	Commercial		233.32	0.38			40.5	583.3	percent of total billed charges	
FACTOR.V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Americare	Americare		460.5	0.75			40.5	583.3	percent of total billed charges	
FACTOR.V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	WellPoint	WellPoint		196.97	0.3208			40.5	583.3	percent of total billed charges	
FACTOR.V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Amerihealth	Medicare		73.37				40.5	583.3	case rate	
FACTOR.V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Consumer	Consumer		583.3	0.95			40.5	583.3	percent of total billed charges	
FACTOR.V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Corrections	Corrections		491.2	0.8			40.5	583.3	percent of total billed charges	
FACTOR.V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	First Health	First Health		429.8	0.7			40.5	583.3	percent of total billed charges	
FACTOR.V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	First Trenton	First Trenton		552.6	0.9			40.5	583.3	percent of total billed charges	
FACTOR.V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Horizon	Indemnity		235.04	0.3828			40.5	583.3	percent of total billed charges	
FACTOR.V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Horizon	Medicare Blue		184.2	0.3			40.5	583.3	percent of total billed charges	
FACTOR.V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Horizon	MGD		235.04	0.3828			40.5	583.3	percent of total billed charges	
FACTOR.V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Horizon	PPO		235.04	0.3828			40.5	583.3	percent of total billed charges	
FACTOR.V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Managed Care Inc	Managed Care Inc		552.6	0.9			40.5	583.3	percent of total billed charges	
FACTOR.V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Multiplan	Multiplan		491.2	0.8			40.5	583.3	percent of total billed charges	
FACTOR.V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Qualcare	Qualcare		460.5	0.75			40.5	583.3	percent of total billed charges	
FACTOR.V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Three Rivers	Three Rivers		583.3	0.95			40.5	583.3	percent of total billed charges	
FACTOR.V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	UHC	Medicaid		58.7				40.5	583.3	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FACTOR.V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	UHC	Medicare		73.37				40.5	583.3	case rate	
FACTOR.V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Wellcare	Medicaid		58.7				40.5	583.3	case rate	
FACTOR.V.LEIDEN.RFLX.TO.R2	81241	CPT	both			614	84.38	Wellcare	Medicare		73.37				40.5	583.3	case rate	
FRAGILE X SYNDROME CARRIER (511919)	81243	CPT	outpatient			778	65.6	Aetna	Better Health		244.76	0.3146			7.6	739.1	percent of total billed charges	
FRAGILE X SYNDROME CARRIER (511919)	81243	CPT	outpatient			778	65.6	Aetna	Commercial		295.64	0.38			7.6	739.1	percent of total billed charges	
FRAGILE X SYNDROME CARRIER (511919)	81243	CPT	outpatient			778	65.6	Aetna	Medicare		57.04				7.6	739.1	case rate	
FRAGILE X SYNDROME CARRIER (511919)	81243	CPT	outpatient			778	65.6	Americare	Americare		583.5	0.75			7.6	739.1	percent of total billed charges	
FRAGILE X SYNDROME CARRIER (511919)	81243	CPT	outpatient			778	65.6	WellPoint	WellPoint		249.58	0.3208			7.6	739.1	percent of total billed charges	
FRAGILE X SYNDROME CARRIER (511919)	81243	CPT	outpatient			778	65.6	Amerihealth	Medicare		57.04				7.6	739.1	case rate	
FRAGILE X SYNDROME CARRIER (511919)	81243	CPT	outpatient			778	65.6	Consumer	Consumer		739.1	0.95			7.6	739.1	percent of total billed charges	
FRAGILE X SYNDROME CARRIER (511919)	81243	CPT	outpatient			778	65.6	Corrections	Corrections		622.4	0.8			7.6	739.1	percent of total billed charges	
FRAGILE X SYNDROME CARRIER (511919)	81243	CPT	outpatient			778	65.6	First Health	First Health		544.6	0.7			7.6	739.1	percent of total billed charges	
FRAGILE X SYNDROME CARRIER (511919)	81243	CPT	outpatient			778	65.6	First Trenton	First Trenton		700.2	0.9			7.6	739.1	percent of total billed charges	
FRAGILE X SYNDROME CARRIER (511919)	81243	CPT	outpatient			778	65.6	Horizon	Indemnity		297.82	0.3828			7.6	739.1	percent of total billed charges	
FRAGILE X SYNDROME CARRIER (511919)	81243	CPT	outpatient			778	65.6	Horizon	Medicare Blue		233.4	0.3			7.6	739.1	percent of total billed charges	
FRAGILE X SYNDROME CARRIER (511919)	81243	CPT	outpatient			778	65.6	Horizon	NJ Health		77.8	0.1			7.6	739.1	percent of total billed charges	
FRAGILE X SYNDROME CARRIER (511919)	81243	CPT	outpatient			778	65.6	Horizon	MGD		297.82	0.3828			7.6	739.1	percent of total billed charges	
FRAGILE X SYNDROME CARRIER (511919)	81243	CPT	outpatient			778	65.6	Horizon	PPO		297.82	0.3828			7.6	739.1	percent of total billed charges	
FRAGILE X SYNDROME CARRIER (511919)	81243	CPT	outpatient			778	65.6	Managed Care Inc	Managed Care Inc		700.2	0.9			7.6	739.1	percent of total billed charges	
FRAGILE X SYNDROME CARRIER (511919)	81243	CPT	outpatient			778	65.6	Multiplan	Multiplan		622.4	0.8			7.6	739.1	percent of total billed charges	
FRAGILE X SYNDROME CARRIER (511919)	81243	CPT	outpatient			778	65.6	Qualcare	Qualcare		583.5	0.75			7.6	739.1	percent of total billed charges	
FRAGILE X SYNDROME CARRIER (511919)	81243	CPT	outpatient			778	65.6	Three Rivers	Three Rivers		739.1	0.95			7.6	739.1	percent of total billed charges	
FRAGILE X SYNDROME CARRIER (511919)	81243	CPT	outpatient			778	65.6	UHC	Medicare		57.04				7.6	739.1	case rate	
FRAGILE X SYNDROME CARRIER (511919)	81243	CPT	outpatient			778	65.6	UHC	Medicaid		45.63				7.6	739.1	case rate	
FRAGILE X SYNDROME CARRIER (511919)	81243	CPT	outpatient			778	65.6	Wellcare	Medicare		57.04				7.6	739.1	case rate	
FRAGILE X SYNDROME CARRIER (511919)	81243	CPT	outpatient			778	65.6	Wellcare	Medicaid		45.63				7.6	739.1	case rate	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	both			646	51.62	Aetna	Commercial		245.48	0.38			11.7	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	both			646	51.62	Aetna	Medicare		44.89				11.7	613.7	case rate	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	both			646	51.62	Aetna	Better Health		203.23	0.3146			11.7	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	both			646	51.62	Americare	Americare		484.5	0.75			11.7	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	both			646	51.62	WellPoint	WellPoint		207.24	0.3208			11.7	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	both			646	51.62	Amerihealth	Medicare		44.89				11.7	613.7	case rate	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	both			646	51.62	Consumer	Consumer		613.7	0.95			11.7	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	both			646	51.62	Corrections	Corrections		516.8	0.8			11.7	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	both			646	51.62	First Health	First Health		452.2	0.7			11.7	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	both			646	51.62	First Trenton	First Trenton		581.4	0.9			11.7	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	both			646	51.62	Horizon	Indemnity		247.29	0.3828			11.7	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	both			646	51.62	Horizon	MGD		247.29	0.3828			11.7	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	both			646	51.62	Horizon	Medicare Blue		193.8	0.3			11.7	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	both			646	51.62	Horizon	NJ Health		64.6	0.1			11.7	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	both			646	51.62	Horizon	PPO		247.29	0.3828			11.7	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	both			646	51.62	Managed Care Inc	Managed Care Inc		581.4	0.9			11.7	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	both			646	51.62	Multiplan	Multiplan		516.8	0.8			11.7	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	both			646	51.62	Qualcare	Qualcare		484.5	0.75			11.7	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	both			646	51.62	Three Rivers	Three Rivers		613.7	0.95			11.7	613.7	percent of total billed charges	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	both			646	51.62	UHC	Medicaid		35.91				11.7	613.7	case rate	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	both			646	51.62	UHC	Medicare		44.89				11.7	613.7	case rate	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	both			646	51.62	Wellcare	Medicaid		35.91				11.7	613.7	case rate	
FRAGILE X FMR1 MOLECULAR ANALYSIS	81244	CPT	both			646	51.62	Wellcare	Medicare		44.89				11.7	613.7	case rate	
SLCOA1 ANTIBODY	81256	CPT	both			705	75.16	Aetna	Commercial		267.9	0.38			17	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705	75.16	Aetna	Better Health		221.79	0.3146			17	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705	75.16	Aetna	Medicare		65.36				17	669.75	case rate	
SLCOA1 ANTIBODY	81256	CPT	both			705	75.16	Americare	Americare		528.75	0.75			17	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705	75.16	WellPoint	WellPoint		226.16	0.3208			17	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705	75.16	Amerihealth	Medicare		65.36				17	669.75	case rate	
SLCOA1 ANTIBODY	81256	CPT	both			705	75.16	Consumer	Consumer		669.75	0.95			17	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705	75.16	Corrections	Corrections		564	0.8			17	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705	75.16	First Health	First Health		493.5	0.7			17	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705	75.16	First Trenton	First Trenton		634.5	0.9			17	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705	75.16	Horizon	NJ Health		70.5	0.1			17	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705	75.16	Horizon	Indemnity		269.87	0.3828			17	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705	75.16	Horizon	MGD		269.87	0.3828			17	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705	75.16	Horizon	Medicare Blue		211.5	0.3			17	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705	75.16	Horizon	PPO		269.87	0.3828			17	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705	75.16	Managed Care Inc	Managed Care Inc		634.5	0.9			17	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705	75.16	Multiplan	Multiplan		564	0.8			17	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705	75.16	Qualcare	Qualcare		528.75	0.75			17	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705	75.16	Three Rivers	Three Rivers		669.75	0.95			17	669.75	percent of total billed charges	
SLCOA1 ANTIBODY	81256	CPT	both			705	75.16	UHC	Medicaid		52.29				17	669.75	case rate	
SLCOA1 ANTIBODY	81256	CPT	both			705	75.16	UHC	Medicare		65.36				17	669.75	case rate	
SLCOA1 ANTIBODY	81256	CPT	both			705	75.16	Wellcare	Medicaid		52.29				17	669.75	case rate	
SLCOA1 ANTIBODY	81256	CPT	both			705	75.16	Wellcare	Medicare		65.36				17	669.75	case rate	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921	117.6	Aetna	Medicare		102.26				49.8	1824.95	case rate	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921	117.6	Aetna	Better Health		604.35	0.3146			49.8	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921	117.6	Aetna	Commercial		729.98	0.38			49.8	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921	117.6	Americare	Americare		1440.75	0.75			49.8	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921	117.6	WellPoint	WellPoint		616.26	0.3208			49.8	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921	117.6	Amerihealth	Medicare		102.26				49.8	1824.95	case rate	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921	117.6	Consumer	Consumer		1824.95	0.95			49.8	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921	117.6	Corrections	Corrections		1536.8	0.8			49.8	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921	117.6	First Health	First Health		1344.7	0.7			49.8	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921	117.6	First Trenton	First Trenton		1728.9	0.9			49.8	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921	117.6	Horizon	MGD		735.36	0.3828			49.8	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921	117.6	Horizon	Medicare Blue		576.3	0.3			49.8	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921	117.6	Horizon	NJ Health		192.1	0.1			49.8	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921	117.6	Horizon	Indemnity		735.36	0.3828			49.8	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921	117.6	Horizon	PPO		735.36	0.3828			49.8	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921	117.6	Managed Care Inc	Managed Care Inc		1728.9	0.9			49.8	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921	117.6	Multiplan	Multiplan		1536.8	0.8			49.8	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921	117.6	Qualcare	Qualcare		1440.75	0.75			49.8	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921	117.6	Three Rivers	Three Rivers		1824.95	0.95			49.8	1824.95	percent of total billed charges	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921	117.6	UHC	Medicaid		81.81				49.8	1824.95	case rate	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921	117.6	UHC	Medicare		102.26				49.8	1824.95	case rate	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921	117.6	Wellcare	Medicare		102.26				49.8	1824.95	case rate	
HBA1/HBA2GENE ANALY	81257	CPT	both			1921	117.6	Wellcare	Medicaid		81.81				49.8	1824.95	case rate	
B-CELL IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631	227.69	Aetna	Medicare		194.35	0.308			147.6	599.45	percent of total billed charges	
B-CELL IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631	227.69	Aetna	Better Health		198.51	0.3146			147.6	599.45	percent of total billed charges	
B-CELL IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631	227.69	Aetna	Commercial		239.78	0.38			147.6	599.45	percent of total billed charges	
B-CELL IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631	227.69	Americare	Americare		473.25	0.75			147.6	599.45	percent of total billed charges	
B-CELL IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631	227.69	WellPoint	WellPoint		202.42	0.3208			147.6	599.45	percent of total billed charges	
B-CELL IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631	227.69	Amerihealth	Medicare		197.99				147.6	599.45	case rate	
B-CELL IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631	227.69	Consumer	Consumer		599.45	0.95			147.6	599.45	percent of total billed charges	
B-CELL IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631	227.69	Corrections	Corrections		504.8	0.8			147.6	599.45	percent of total billed charges	
B-CELL IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631	227.69	First Health	First Health		441.7	0.7			147.6	599.45	percent of total billed charges	
B-CELL IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631	227.69	First Trenton	First Trenton		567.9	0.9			147.6	599.45	percent of total billed charges	
B-CELL IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631	227.69	Horizon	Medicare Blue		189.3	0.3			147.6	599.45	percent of total billed charges	
B-CELL IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631	227.69	Horizon	MGD		241.55	0.3828			147.6	599.45	percent of total billed charges	
B-CELL IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631	227.69	Horizon	Indemnity		241.55	0.3828			147.6	599.45	percent of total billed charges	
B-CELL IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631	227.69	Horizon	PPO		241.55	0.3828			147.6	599.45	percent of total billed charges	
B-CELL IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631	227.69	Managed Care Inc	Managed Care Inc		567.9	0.9			147.6	599.45	percent of total billed charges	
B-CELL IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631	227.69	Multiplan	Multiplan		504.8	0.8			147.6	599.45	percent of total billed charges	
B-CELL IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631	227.69	Qualcare	Qualcare		473.25	0.75			147.6	599.45	percent of total billed charges	
B-CELL IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631	227.69	Three Rivers	Three Rivers		599.45	0.95			147.6	599.45	percent of total billed charges	
B-CELL IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631	227.69	UHC	Medicaid		198.51	0.3146			147.6	599.45	percent of total billed charges	
B-CELL IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631	227.69	UHC	Medicare		197.99				147.6	599.45	case rate	
B-CELL IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631	227.69	Wellcare	Medicaid		198.51	0.3146			147.6	599.45	percent of total billed charges	
B-CELL IGH GENE ARRANGEMENTS (480716)	81261	CPT	both			631	227.69	Wellcare	Medicare		197.99				147.6	599.45	case rate	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	outpatient			1288	338.7	Aetna	Commercial		489.44	0.38			235.62	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	outpatient			1288	338.7	Aetna	Medicare		294.52				235.62	1223.6	case rate	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	outpatient			1288	338.7	Aetna	Better Health		405.2	0.3146			235.62	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	outpatient			1288	338.7	Americare	Americare		966	0.75			235.62	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	outpatient			1288	338.7	WellPoint	WellPoint		413.19	0.3208			235.62	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	outpatient			1288	338.7	Amerihealth	Medicare		294.52				235.62	1223.6	case rate	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	outpatient			1288	338.7	Consumer	Consumer		1223.6	0.95			235.62	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	outpatient			1288	338.7	Corrections	Corrections		1030.4	0.8			235.62	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	outpatient			1288	338.7	First Health	First Health		901.6	0.7			235.62	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	outpatient			1288	338.7	First Trenton	First Trenton		1159.2	0.9			235.62	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	outpatient			1288	338.7	Horizon	PPO		493.05	0.3828			235.62	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	outpatient			1288	338.7	Horizon	Indemnity		493.05	0.3828			235.62	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	outpatient			1288	338.7	Horizon	Medicare Blue		386.4	0.3			235.62	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	outpatient			1288	338.7	Horizon	MGD		493.05	0.3828			235.62	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	outpatient			1288	338.7	Managed Care Inc	Managed Care Inc		1159.2	0.9			235.62	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	outpatient			1288	338.7	Multiplan	Multiplan		1030.4	0.8			235.62	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	outpatient			1288	338.7	Qualcare	Qualcare		966	0.75			235.62	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	outpatient			1288	338.7	Three Rivers	Three Rivers		1223.6	0.95			235.62	1223.6	percent of total billed charges	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	outpatient			1288	338.7	UHC	Medicaid		235.62				235.62	1223.6	case rate	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	outpatient			1288	338.7	UHC	Medicare		294.52				235.62	1223.6	case rate	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	outpatient			1288	338.7	Wellcare	Medicaid		235.62				235.62	1223.6	case rate	
IGVH.SOMATIC.HYPERMUTATION(113753)	81263	CPT	outpatient			1288	338.7	Wellcare	Medicare		294.52				235.62	1223.6	case rate	
JAK2V617F MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Aetna	Commercial		381.52	0.38			35.4	953.8	percent of total billed charges	
JAK2V617F MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Aetna	Medicare		91.66				35.4	953.8	case rate	
JAK2V617F MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Aetna	Better Health		315.86	0.3146			35.4	953.8	percent of total billed charges	
JAK2V617F MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Americare	Americare		753	0.75			35.4	953.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
JAK2V617F MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	WellPoint	WellPoint		322.08	0.3208			35.4		953.8 percent of total billed charges	
JAK2V617F MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Amerihealth	Medicare		91.66				35.4		953.8 case rate	
JAK2V617F MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Consumer	Consumer		953.8	0.95			35.4		953.8 percent of total billed charges	
JAK2V617F MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Corrections	Corrections		803.2	0.8			35.4		953.8 percent of total billed charges	
JAK2V617F MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	First Health	First Health		702.8	0.7			35.4		953.8 percent of total billed charges	
JAK2V617F MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	First Trenton	First Trenton		903.6	0.9			35.4		953.8 percent of total billed charges	
JAK2V617F MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Horizon	Medicare Blue		301.2	0.3			35.4		953.8 percent of total billed charges	
JAK2V617F MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Horizon	Indemnity		384.33	0.3828			35.4		953.8 percent of total billed charges	
JAK2V617F MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Horizon	MGD		384.33	0.3828			35.4		953.8 percent of total billed charges	
JAK2V617F MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Horizon	NJ Health		100.4	0.1			35.4		953.8 percent of total billed charges	
JAK2V617F MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Horizon	PPO		384.33	0.3828			35.4		953.8 percent of total billed charges	
JAK2V617F MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Managed Care Inc	Managed Care Inc		903.6	0.9			35.4		953.8 percent of total billed charges	
JAK2V617F MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Multiplan	Multiplan		803.2	0.8			35.4		953.8 percent of total billed charges	
JAK2V617F MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Qualcare	Qualcare		753	0.75			35.4		953.8 percent of total billed charges	
JAK2V617F MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Three Rivers	Three Rivers		953.8	0.95			35.4		953.8 percent of total billed charges	
JAK2V617F MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	UHC	Medicaid		73.33				35.4		953.8 case rate	
JAK2V617F MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	UHC	Medicare		91.66				35.4		953.8 case rate	
JAK2V617F MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Wellcare	Medicaid		73.33				35.4		953.8 case rate	
JAK2V617F MUTATION ANAL QUAL	81270	CPT	both			1004	105.41	Wellcare	Medicare		91.66				35.4		953.8 case rate	
KIT ACUTE.MYELOID.LEUK.GENE.ANAL	81272	CPT	both			2040	378.94	Aetna	Commercial		775.2	0.38			315		1938 percent of total billed charges	
KIT ACUTE.MYELOID.LEUK.GENE.ANAL	81272	CPT	both			2040	378.94	Aetna	Better Health		641.78	0.3146			315		1938 percent of total billed charges	
KIT ACUTE.MYELOID.LEUK.GENE.ANAL	81272	CPT	both			2040	378.94	Aetna	Medicare		628.32	0.308			315		1938 percent of total billed charges	
KIT ACUTE.MYELOID.LEUK.GENE.ANAL	81272	CPT	both			2040	378.94	Americare	Americare		1530	0.75			315		1938 percent of total billed charges	
KIT ACUTE.MYELOID.LEUK.GENE.ANAL	81272	CPT	both			2040	378.94	WellPoint	WellPoint		654.43	0.3208			315		1938 percent of total billed charges	
KIT ACUTE.MYELOID.LEUK.GENE.ANAL	81272	CPT	both			2040	378.94	Amerihealth	Medicare		329.51				315		1938 case rate	
KIT ACUTE.MYELOID.LEUK.GENE.ANAL	81272	CPT	both			2040	378.94	Consumer	Consumer		1938	0.95			315		1938 percent of total billed charges	
KIT ACUTE.MYELOID.LEUK.GENE.ANAL	81272	CPT	both			2040	378.94	Corrections	Corrections		1632	0.8			315		1938 percent of total billed charges	
KIT ACUTE.MYELOID.LEUK.GENE.ANAL	81272	CPT	both			2040	378.94	First Health	First Health		1428	0.7			315		1938 percent of total billed charges	
KIT ACUTE.MYELOID.LEUK.GENE.ANAL	81272	CPT	both			2040	378.94	First Trenton	First Trenton		1836	0.9			315		1938 percent of total billed charges	
KIT ACUTE.MYELOID.LEUK.GENE.ANAL	81272	CPT	both			2040	378.94	Horizon	Indemnity		780.91	0.3828			315		1938 percent of total billed charges	
KIT ACUTE.MYELOID.LEUK.GENE.ANAL	81272	CPT	both			2040	378.94	Horizon	Medicare Blue		612	0.3			315		1938 percent of total billed charges	
KIT ACUTE.MYELOID.LEUK.GENE.ANAL	81272	CPT	both			2040	378.94	Horizon	MGD		780.91	0.3828			315		1938 percent of total billed charges	
KIT ACUTE.MYELOID.LEUK.GENE.ANAL	81272	CPT	both			2040	378.94	Horizon	PPO		780.91	0.3828			315		1938 percent of total billed charges	
KIT ACUTE.MYELOID.LEUK.GENE.ANAL	81272	CPT	both			2040	378.94	Managed Care Inc	Managed Care Inc		1836	0.9			315		1938 percent of total billed charges	
KIT ACUTE.MYELOID.LEUK.GENE.ANAL	81272	CPT	both			2040	378.94	Multiplan	Multiplan		1632	0.8			315		1938 percent of total billed charges	
KIT ACUTE.MYELOID.LEUK.GENE.ANAL	81272	CPT	both			2040	378.94	Qualcare	Qualcare		1530	0.75			315		1938 percent of total billed charges	
KIT ACUTE.MYELOID.LEUK.GENE.ANAL	81272	CPT	both			2040	378.94	Three Rivers	Three Rivers		1938	0.95			315		1938 percent of total billed charges	
KIT ACUTE.MYELOID.LEUK.GENE.ANAL	81272	CPT	both			2040	378.94	UHC	Medicare		329.51				315		1938 case rate	
KIT ACUTE.MYELOID.LEUK.GENE.ANAL	81272	CPT	both			2040	378.94	UHC	Medicaid		641.78	0.3146			315		1938 percent of total billed charges	
KIT ACUTE.MYELOID.LEUK.GENE.ANAL	81272	CPT	both			2040	378.94	Wellcare	Medicare		329.51				315		1938 case rate	
KIT ACUTE.MYELOID.LEUK.GENE.ANAL	81272	CPT	both			2040	378.94	Wellcare	Medicaid		641.78	0.3146			315		1938 percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT	both			616	222.24	Aetna	Commercial		234.08	0.38			43.3		585.2 percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT	both			616	222.24	Aetna	Better Health		193.79	0.3146			43.3		585.2 percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT	both			616	222.24	Aetna	Medicare		193.25				43.3		585.2 case rate	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT	both			616	222.24	Americare	Americare		462	0.75			43.3		585.2 percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT	both			616	222.24	WellPoint	WellPoint		197.61	0.3208			43.3		585.2 percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT	both			616	222.24	Amerihealth	Medicare		193.25				43.3		585.2 case rate	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT	both			616	222.24	Consumer	Consumer		585.2	0.95			43.3		585.2 percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT	both			616	222.24	Corrections	Corrections		492.8	0.8			43.3		585.2 percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT	both			616	222.24	First Health	First Health		431.2	0.7			43.3		585.2 percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT	both			616	222.24	First Trenton	First Trenton		554.4	0.9			43.3		585.2 percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT	both			616	222.24	Horizon	Indemnity		235.8	0.3828			43.3		585.2 percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT	both			616	222.24	Horizon	Medicare Blue		184.8	0.3			43.3		585.2 percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT	both			616	222.24	Horizon	MGD		235.8	0.3828			43.3		585.2 percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT	both			616	222.24	Horizon	NJ Health		61.6	0.1			43.3		585.2 percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT	both			616	222.24	Horizon	PPO		235.8	0.3828			43.3		585.2 percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT	both			616	222.24	Managed Care Inc	Managed Care Inc		554.4	0.9			43.3		585.2 percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT	both			616	222.24	Multiplan	Multiplan		492.8	0.8			43.3		585.2 percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT	both			616	222.24	Qualcare	Qualcare		462	0.75			43.3		585.2 percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT	both			616	222.24	Three Rivers	Three Rivers		585.2	0.95			43.3		585.2 percent of total billed charges	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT	both			616	222.24	UHC	Medicare		193.25				43.3		585.2 case rate	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT	both			616	222.24	UHC	Medicaid		154.6				43.3		585.2 case rate	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT	both			616	222.24	Wellcare	Medicaid		154.6				43.3		585.2 case rate	
KRAS GENE ANALYSIS VARIANTS IN EXON 2	81275	CPT	both			616	222.24	Wellcare	Medicare		193.25				43.3		585.2 case rate	
KRAS GENE ANALYSIS ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Aetna	Commercial		234.08	0.38			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Aetna	Medicare		193.25				129.9		585.2 case rate	
KRAS GENE ANALYSIS ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Aetna	Better Health		193.79	0.3146			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Americare	Americare		462	0.75			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	WellPoint	WellPoint		197.61	0.3208			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Amerihealth	Medicare		193.25				129.9		585.2 case rate	
KRAS GENE ANALYSIS ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Consumer	Consumer		585.2	0.95			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Corrections	Corrections		492.8	0.8			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	First Health	First Health		431.2	0.7			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	First Trenton	First Trenton		554.4	0.9			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Horizon	Medicare Blue		184.8	0.3			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Horizon	Indemnity		235.8	0.3828			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Horizon	MGD		235.8	0.3828			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Horizon	PPO		235.8	0.3828			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Managed Care Inc	Managed Care Inc		554.4	0.9			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Multiplan	Multiplan		492.8	0.8			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Qualcare	Qualcare		462	0.75			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Three Rivers	Three Rivers		585.2	0.95			129.9		585.2 percent of total billed charges	
KRAS GENE ANALYSIS ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	UHC	Medicaid		154.6				129.9		585.2 case rate	
KRAS GENE ANALYSIS ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	UHC	Medicare		193.25				129.9		585.2 case rate	
KRAS GENE ANALYSIS ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Wellcare	Medicaid		154.6				129.9		585.2 case rate	
KRAS GENE ANALYSIS ADDITIONAL VARIANTS	81276	CPT	outpatient			616	222.24	Wellcare	Medicare		193.25				129.9		585.2 case rate	
REVEAL SNP,MICROARRAY(S10146)	81277	CPT	inpatient			3726	1334	Aetna	Medicare		1160				131.4		3539.7 case rate	
REVEAL SNP,MICROARRAY(S10146)	81277	CPT	inpatient			3726	1334	Aetna	Commercial		1415.88	0.38			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICROARRAY(S10146)	81277	CPT	inpatient			3726	1334	Aetna	Better Health		1172.2	0.3146			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICROARRAY(S10146)	81277	CPT	inpatient			3726	1334	Americare	Americare		2794.5	0.75			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICROARRAY(S10146)	81277	CPT	inpatient			3726	1334	WellPoint	WellPoint		1195.3	0.3208			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICROARRAY(S10146)	81277	CPT	inpatient			3726	1334	Amerihealth	Medicare		1160				131.4		3539.7 case rate	
REVEAL SNP,MICROARRAY(S10146)	81277	CPT	inpatient			3726	1334	Consumer	Consumer		3539.7	0.95			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICROARRAY(S10146)	81277	CPT	inpatient			3726	1334	Corrections	Corrections		2960.8	0.8			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICROARRAY(S10146)	81277	CPT	inpatient			3726	1334	First Health	First Health		2608.2	0.7			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICROARRAY(S10146)	81277	CPT	inpatient			3726	1334	First Trenton	First Trenton		3353.4	0.9			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICROARRAY(S10146)	81277	CPT	inpatient			3726	1334	Horizon	Indemnity		1426.31	0.3828			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICROARRAY(S10146)	81277	CPT	inpatient			3726	1334	Horizon	Medicare Blue		1117.8	0.3			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICROARRAY(S10146)	81277	CPT	inpatient			3726	1334	Horizon	MGD		1426.31	0.3828			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICROARRAY(S10146)	81277	CPT	inpatient			3726	1334	Horizon	PPO		1426.31	0.3828			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICROARRAY(S10146)	81277	CPT	inpatient			3726	1334	Managed Care Inc	Managed Care Inc		3353.4	0.9			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICROARRAY(S10146)	81277	CPT	inpatient			3726	1334	Multiplan	Multiplan		2960.8	0.8			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICROARRAY(S10146)	81277	CPT	inpatient			3726	1334	Qualcare	Qualcare		2794.5	0.75			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICROARRAY(S10146)	81277	CPT	inpatient			3726	1334	Three Rivers	Three Rivers		3539.7	0.95			131.4		3539.7 percent of total billed charges	
REVEAL SNP,MICROARRAY(S10146)	81277	CPT	inpatient			3726	1334	UHC	Medicare		1160				131.4		3539.7 case rate	
REVEAL SNP,MICROARRAY(S10146)	81277	CPT	inpatient			3726	1334	UHC	Medicaid		928				131.4		3539.7 case rate	
REVEAL SNP,MICROARRAY(S10146)	81277	CPT	inpatient			3726	1334	Wellcare	Medicaid		928				131.4		3539.7 case rate	
REVEAL SNP,MICROARRAY(S10146)	81277	CPT	inpatient			3726	1334	Wellcare	Medicare		1160				131.4		3539.7 case rate	
JAK2.EXON.12 13 14&15.MUTATION(115101)	81279	CPT	outpatient			1036	212.98	Aetna	Commercial		393.68	0.38			148.16		984.2 percent of total billed charges	
JAK2.EXON.12 13 14&15.MUTATION(115101)	81279	CPT	outpatient			1036	212.98	Aetna	Better Health		325.93	0.3146			148.16		984.2 percent of total billed charges	
JAK2.EXON.12 13 14&15.MUTATION(115101)	81279	CPT	outpatient			1036	212.98	Aetna	Medicare		185.2				148.16		984.2 case rate	
JAK2.EXON.12 13 14&15.MUTATION(115101)	81279	CPT	outpatient			1036	212.98	Americare	Americare		777	0.75			148.16		984.2 percent of total billed charges	
JAK2.EXON.12 13 14&15.MUTATION(115101)	81279	CPT	outpatient			1036	212.98	WellPoint	WellPoint		332.35	0.3208			148.16		984.2 percent of total billed charges	
JAK2.EXON.12 13 14&15.MUTATION(115101)	81279	CPT	outpatient			1036	212.98	Amerihealth	Medicare		185.2				148.16		984.2 case rate	
JAK2.EXON.12 13 14&15.MUTATION(115101)	81279	CPT	outpatient			1036	212.98	Consumer	Consumer		984.2	0.95			148.16		984.2 percent of total billed charges	
JAK2.EXON.12 13 14&15.MUTATION(115101)	81279	CPT	outpatient			1036	212.98	Corrections	Corrections		828.8	0.8			148.16		984.2 percent of total billed charges	
JAK2.EXON.12 13 14&15.MUTATION(115101)	81279	CPT	outpatient			1036	212.98	First Health	First Health		725.2	0.7			148.16		984.2 percent of total billed charges	
JAK2.EXON.12 13 14&15.MUTATION(115101)	81279	CPT	outpatient			1036	212.98	First Trenton	First Trenton		932.4	0.9			148.16		984.2 percent of total billed charges	
JAK2.EXON.12 13 14&15.MUTATION(115101)	81279	CPT	outpatient			1036	212.98	Horizon	MGD		396.58	0.3828			148.16		984.2 percent of total billed charges	
JAK2.EXON.12 13 14&15.MUTATION(115101)	81279	CPT	outpatient			1036	212.98	Horizon	Medicare Blue		310.8	0.3			148.16		984.2 percent of total billed charges	
JAK2.EXON.12 13 14&15.MUTATION(115101)	81279	CPT	outpatient			1036	212.98	Horizon	Indemnity		396.58	0.3828			148.16		984.2 percent of total billed charges	
JAK2.EXON.12 13 14&15.MUTATION(115101)	81279	CPT	outpatient			1036	212.98	Horizon	PPO		396.58	0.3828			148.16		984.2 percent of total billed charges	
JAK2.EXON.12 13 14&15.MUTATION(115101)	81279	CPT	outpatient			1036	212.98	Managed Care Inc	Managed Care Inc		932.4	0.9			148.16		984.2 percent of total billed charges	
JAK2.EXON.12 13 14&15.MUTATION(115101)	81279	CPT	outpatient			1036	212.98	Multiplan	Multiplan		828.8	0.8			148.16		984.2 percent of total billed charges	
JAK2.EXON.12 13 14&15.MUTATION(115101)	81279	CPT	outpatient			1036	212.98	Qualcare	Qualcare		777	0.75			148.16		984.2 percent of total billed charges	
JAK2.EXON.12 13 14&15.MUTATION(115101)	81279	CPT	outpatient			1036	212.98	Three Rivers	Three Rivers		984.2	0.95			148.16		984.2 percent of total billed charges	
JAK2.EXON.12 13 14&15.MUTATION(115101)	81279	CPT	outpatient			1036	212.98	UHC	Medicaid		148.16				148.16		984.2 case rate	
JAK2.EXON.12 13 14&15.MUTATION(115101)	81279	CPT	outpatient			1036	212.98	UHC	Medicare		185.2				148.16		984.2 case rate	
JAK2.EXON.12 13 14&15.MUTATION(115101)	81279	CPT	outpatient			1036	212.98	Wellcare	Medicaid		148.16				148.16		984.2 case rate	
JAK2.EXON.12 13 14&15.MUTATION(115101)	81279	CPT	outpatient			1036	212.98	Wellcare	Medicare		185.2				148.16		984.2 case rate	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Aetna	Better Health		105.39	0.3146			99.71		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Aetna	Medicare		124.64				99.71		318.25 case rate	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Aetna	Commercial		127.3	0.38			99.71		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Americare	Americare		251.25	0.75			99.71		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	WellPoint	WellPoint		107.47	0.3208			99.71		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Amerihealth	Medicare		124.64				99.71		318.25 case rate	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Consumer	Consumer		318.25	0.95			99.71		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Corrections	Corrections		268	0.8			99.71		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	First Health	First Health		234.5	0.7			99.71		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	First Trenton	First Trenton		301.5	0.9			99.71		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Horizon	Medicare Blue		100.5	0.3			99.71		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Horizon	Indemnity		128.24	0.3828			99.71		318.25 percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Horizon	MGD		128.24	0.3828			99.71		318.25 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Horizon	PPO		128.24	0.3828			99.71	318.25	percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Managed Care Inc	Managed Care Inc		301.5	0.9			99.71	318.25	percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Multiplan	Multiplan		268	0.8			99.71	318.25	percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Qualcare	Qualcare		251.25	0.75			99.71	318.25	percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Three Rivers	Three Rivers		318.25	0.95			99.71	318.25	percent of total billed charges	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	UHC	Medicaid		99.71				99.71	318.25	case rate	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	UHC	Medicare		124.64				99.71	318.25	case rate	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Wellcare	Medicare		124.64				99.71	318.25	case rate	
MGMT PROMOTER METHYTION DET	81287	CPT	both			335	143.34	Wellcare	Medicaid		99.71				99.71	318.25	case rate	
MTHFR	81291	CPT	both			716	75.14	Aetna	Commercial		272.08	0.38			17.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Aetna	Medicare		65.34				17.5	680.2	case rate	
MTHFR	81291	CPT	both			716	75.14	Aetna	Better Health		225.25	0.3146			17.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Americare	Americare		537	0.75			17.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	WellPoint	WellPoint		229.69	0.3208			17.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Amerihealth	Medicare		65.34				17.5	680.2	case rate	
MTHFR	81291	CPT	both			716	75.14	Consumer	Consumer		680.2	0.95			17.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Corrections	Corrections		572.8	0.8			17.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	First Health	First Health		501.2	0.7			17.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	First Trenton	First Trenton		644.4	0.9			17.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Horizon	NJ Health		71.6	0.1			17.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Horizon	MGD		274.08	0.3828			17.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Horizon	Indemnity		274.08	0.3828			17.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Horizon	PPO		274.08	0.3828			17.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Horizon	Medicare Blue		214.8	0.3			17.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Managed Care Inc	Managed Care Inc		644.4	0.9			17.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Multiplan	Multiplan		572.8	0.8			17.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Qualcare	Qualcare		537	0.75			17.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	Three Rivers	Three Rivers		680.2	0.95			17.5	680.2	percent of total billed charges	
MTHFR	81291	CPT	both			716	75.14	UHC	Medicare		65.34				17.5	680.2	case rate	
MTHFR	81291	CPT	both			716	75.14	UHC	Medicaid		52.27				17.5	680.2	case rate	
MTHFR	81291	CPT	both			716	75.14	Wellcare	Medicaid		52.27				17.5	680.2	case rate	
MTHFR	81291	CPT	both			716	75.14	Wellcare	Medicare		65.34				17.5	680.2	case rate	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Aetna	Better Health		1628.37	0.3146			179.1	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Aetna	Commercial		1966.88	0.38			179.1	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Aetna	Medicare		1594.21	0.308			179.1	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Americare	Americare		3882	0.75			179.1	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	WellPoint	WellPoint		1660.46	0.3208			179.1	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Amerihealth	Medicare		675.4				179.1	4917.2	case rate	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Consumer	Consumer		4917.2	0.95			179.1	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Corrections	Corrections		4140.8	0.8			179.1	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	First Health	First Health		3623.2	0.7			179.1	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	First Trenton	First Trenton		4658.4	0.9			179.1	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Horizon	Indemnity		1981.37	0.3828			179.1	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Horizon	Medicare Blue		1552.8	0.3			179.1	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Horizon	NJ Health		517.6	0.1			179.1	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Horizon	MGD		1981.37	0.3828			179.1	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Horizon	PPO		1981.37	0.3828			179.1	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Managed Care Inc	Managed Care Inc		4658.4	0.9			179.1	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Multiplan	Multiplan		4140.8	0.8			179.1	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Qualcare	Qualcare		3882	0.75			179.1	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Three Rivers	Three Rivers		4917.2	0.95			179.1	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	UHC	Medicaid		1628.37	0.3146			179.1	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	UHC	Medicare		675.4				179.1	4917.2	case rate	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Wellcare	Medicaid		1628.37	0.3146			179.1	4917.2	percent of total billed charges	
MLH1 GENE FULL SEQ	81292	CPT	both			5176	776.71	Wellcare	Medicare		675.4				179.1	4917.2	case rate	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Aetna	Medicare		204.82	0.308			66.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Aetna	Better Health		209.21	0.3146			66.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Aetna	Commercial		252.7	0.38			66.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Americare	Americare		498.75	0.75			66.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	WellPoint	WellPoint		213.33	0.3208			66.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Amerihealth	Medicare		202.4				66.5	631.75	case rate	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Consumer	Consumer		631.75	0.95			66.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Corrections	Corrections		532	0.8			66.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	First Health	First Health		465.5	0.7			66.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	First Trenton	First Trenton		598.5	0.9			66.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Horizon	MGD		254.56	0.3828			66.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Horizon	PPO		254.56	0.3828			66.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Horizon	Indemnity		254.56	0.3828			66.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Horizon	Medicare Blue		199.5	0.3			66.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Horizon	NJ Health		66.5	0.1			66.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Managed Care Inc	Managed Care Inc		598.5	0.9			66.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Multiplan	Multiplan		532	0.8			66.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Qualcare	Qualcare		498.75	0.75			66.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Three Rivers	Three Rivers		631.75	0.95			66.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	UHC	Medicaid		209.21	0.3146			66.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	UHC	Medicare		202.4				66.5	631.75	case rate	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Wellcare	Medicaid		209.21	0.3146			66.5	631.75	percent of total billed charges	
MLH1 GENE DUP/DELETE VARIANT	81294	CPT	inpatient			665	232.76	Wellcare	Medicare		202.4				66.5	631.75	case rate	
MSH2 GENE ANAL;FULL SEQ(MSO)	81295	CPT	outpatient			2476	438.96	Aetna	Better Health		778.95	0.3146			125.3	2352.2	percent of total billed charges	
MSH2 GENE ANAL;FULL SEQ(MSO)	81295	CPT	outpatient			2476	438.96	Aetna	Commercial		940.88	0.38			125.3	2352.2	percent of total billed charges	
MSH2 GENE ANAL;FULL SEQ(MSO)	81295	CPT	outpatient			2476	438.96	Aetna	Medicare		381.7				125.3	2352.2	case rate	
MSH2 GENE ANAL;FULL SEQ(MSO)	81295	CPT	outpatient			2476	438.96	Americare	Americare		1857	0.75			125.3	2352.2	percent of total billed charges	
MSH2 GENE ANAL;FULL SEQ(MSO)	81295	CPT	outpatient			2476	438.96	WellPoint	WellPoint		794.3	0.3208			125.3	2352.2	percent of total billed charges	
MSH2 GENE ANAL;FULL SEQ(MSO)	81295	CPT	outpatient			2476	438.96	Amerihealth	Medicare		381.7				125.3	2352.2	case rate	
MSH2 GENE ANAL;FULL SEQ(MSO)	81295	CPT	outpatient			2476	438.96	Consumer	Consumer		2352.2	0.95			125.3	2352.2	percent of total billed charges	
MSH2 GENE ANAL;FULL SEQ(MSO)	81295	CPT	outpatient			2476	438.96	Corrections	Corrections		1980.8	0.8			125.3	2352.2	percent of total billed charges	
MSH2 GENE ANAL;FULL SEQ(MSO)	81295	CPT	outpatient			2476	438.96	First Health	First Health		1733.2	0.7			125.3	2352.2	percent of total billed charges	
MSH2 GENE ANAL;FULL SEQ(MSO)	81295	CPT	outpatient			2476	438.96	First Trenton	First Trenton		2228.4	0.9			125.3	2352.2	percent of total billed charges	
MSH2 GENE ANAL;FULL SEQ(MSO)	81295	CPT	outpatient			2476	438.96	Horizon	MGD		947.81	0.3828			125.3	2352.2	percent of total billed charges	
MSH2 GENE ANAL;FULL SEQ(MSO)	81295	CPT	outpatient			2476	438.96	Horizon	Indemnity		947.81	0.3828			125.3	2352.2	percent of total billed charges	
MSH2 GENE ANAL;FULL SEQ(MSO)	81295	CPT	outpatient			2476	438.96	Horizon	Medicare Blue		742.8	0.3			125.3	2352.2	percent of total billed charges	
MSH2 GENE ANAL;FULL SEQ(MSO)	81295	CPT	outpatient			2476	438.96	Horizon	PPO		947.81	0.3828			125.3	2352.2	percent of total billed charges	
MSH2 GENE ANAL;FULL SEQ(MSO)	81295	CPT	outpatient			2476	438.96	Horizon	NJ Health		247.6	0.1			125.3	2352.2	percent of total billed charges	
MSH2 GENE ANAL;FULL SEQ(MSO)	81295	CPT	outpatient			2476	438.96	Managed Care Inc	Managed Care Inc		2228.4	0.9			125.3	2352.2	percent of total billed charges	
MSH2 GENE ANAL;FULL SEQ(MSO)	81295	CPT	outpatient			2476	438.96	Multiplan	Multiplan		1980.8	0.8			125.3	2352.2	percent of total billed charges	
MSH2 GENE ANAL;FULL SEQ(MSO)	81295	CPT	outpatient			2476	438.96	Qualcare	Qualcare		1857	0.75			125.3	2352.2	percent of total billed charges	
MSH2 GENE ANAL;FULL SEQ(MSO)	81295	CPT	outpatient			2476	438.96	Three Rivers	Three Rivers		2352.2	0.95			125.3	2352.2	percent of total billed charges	
MSH2 GENE ANAL;FULL SEQ(MSO)	81295	CPT	outpatient			2476	438.96	UHC	Medicaid		305.36				125.3	2352.2	case rate	
MSH2 GENE ANAL;FULL SEQ(MSO)	81295	CPT	outpatient			2476	438.96	UHC	Medicare		381.7				125.3	2352.2	case rate	
MSH2 GENE ANAL;FULL SEQ(MSO)	81295	CPT	outpatient			2476	438.96	Wellcare	Medicaid		305.36				125.3	2352.2	case rate	
MSH2 GENE ANAL;FULL SEQ(MSO)	81295	CPT	outpatient			2476	438.96	Wellcare	Medicare		381.7				125.3	2352.2	case rate	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Aetna	Medicare		215.91	0.308			70.1	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Aetna	Commercial		266.38	0.38			70.1	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Aetna	Better Health		220.53	0.3146			70.1	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Americare	Americare		525.75	0.75			70.1	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	WellPoint	WellPoint		224.88	0.3208			70.1	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Amerihealth	Medicare		213.3				70.1	665.95	case rate	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Consumer	Consumer		665.95	0.95			70.1	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Corrections	Corrections		560.8	0.8			70.1	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	First Health	First Health		490.7	0.7			70.1	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	First Trenton	First Trenton		630.9	0.9			70.1	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Horizon	Medicare Blue		210.3	0.3			70.1	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Horizon	Indemnity		268.34	0.3828			70.1	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Horizon	MGD		268.34	0.3828			70.1	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Horizon	NJ Health		70.1	0.1			70.1	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Horizon	PPO		268.34	0.3828			70.1	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Managed Care Inc	Managed Care Inc		630.9	0.9			70.1	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Multiplan	Multiplan		560.8	0.8			70.1	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Qualcare	Qualcare		525.75	0.75			70.1	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Three Rivers	Three Rivers		665.95	0.95			70.1	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	UHC	Medicaid		220.53	0.3146			70.1	665.95	percent of total billed charges	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	UHC	Medicare		213.3				70.1	665.95	case rate	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Wellcare	Medicare		213.3				70.1	665.95	case rate	
MLH2 GENE DUP/DELETE VARIANT	81297	CPT	inpatient			701	245.3	Wellcare	Medicaid		220.53	0.3146			70.1	665.95	percent of total billed charges	
MSH6 GENE ANAL;FULL SEQ(MSO)	81298	CPT	outpatient			3052	738.13	Aetna	Medicare		641.85				179.1	2899.4	case rate	
MSH6 GENE ANAL;FULL SEQ(MSO)	81298	CPT	outpatient			3052	738.13	Aetna	Better Health		960.16	0.3146			179.1	2899.4	percent of total billed charges	
MSH6 GENE ANAL;FULL SEQ(MSO)	81298	CPT	outpatient			3052	738.13	Aetna	Commercial		1159.76	0.38			179.1	2899.4	percent of total billed charges	
MSH6 GENE ANAL;FULL SEQ(MSO)	81298	CPT	outpatient			3052	738.13	Americare	Americare		2289	0.75			179.1	2899.4	percent of total billed charges	
MSH6 GENE ANAL;FULL SEQ(MSO)	81298	CPT	outpatient			3052	738.13	WellPoint	WellPoint		979.08	0.3208			179.1	2899.4	percent of total billed charges	
MSH6 GENE ANAL;FULL SEQ(MSO)	81298	CPT	outpatient			3052	738.13	Amerihealth	Medicare		641.85				179.1	2899.4	case rate	
MSH6 GENE ANAL;FULL SEQ(MSO)	81298	CPT	outpatient			3052	738.13	Consumer	Consumer		2899.4	0.95			179.1	2899.4	percent of total billed charges	
MSH6 GENE ANAL;FULL SEQ(MSO)	81298	CPT	outpatient			3052	738.13	Corrections	Corrections		2441.6	0.8			179.1	2899.4	percent of total billed charges	
MSH6 GENE ANAL;FULL SEQ(MSO)	81298	CPT	outpatient			3052	738.13	First Health	First Health		2136.4	0.7			179.1	2899.4	percent of total billed charges	
MSH6 GENE ANAL;FULL SEQ(MSO)	81298	CPT	outpatient			3052	738.13	First Trenton	First Trenton		2746.8	0.9			179.1	2899.4	percent of total billed charges	
MSH6 GENE ANAL;FULL SEQ(MSO)	81298	CPT	outpatient			3052	738.13	Horizon	MGD		1168.31	0.3828			179.1	2899.4	percent of total billed charges	
MSH6 GENE ANAL;FULL SEQ(MSO)	81298	CPT	outpatient			3052	738.13	Horizon	Indemnity		1168.31	0.3828			179.1	2899.4	percent of total billed charges	
MSH6 GENE ANAL;FULL SEQ(MSO)	81298	CPT	outpatient			3052	738.13	Horizon	Medicare Blue		915.6	0.3			179.1	2899.4	percent of total billed charges	
MSH6 GENE ANAL;FULL SEQ(MSO)	81298	CPT	outpatient			3052	738.13	Horizon	PPO		1168.31	0.3828			179.1	2899.4	percent of total billed charges	
MSH6 GENE ANAL;FULL SEQ(MSO)	81298	CPT	outpatient			3052	738.13	Horizon	NJ Health		305.2	0.1			179.1	2899.4	percent of total billed charges	
MSH6 GENE ANAL;FULL SEQ(MSO)	81298	CPT	outpatient			3052	738.13	Managed Care Inc	Managed Care Inc		2746.8	0.9			179.1	2899.4	percent of total billed charges	
MSH6 GENE ANAL;FULL SEQ(MSO)	81298	CPT	outpatient			3052	738.13	Multiplan	Multiplan		2441.6	0.8			179.1	2899.4	percent of total billed charges	
MSH6 GENE ANAL;FULL SEQ(MSO)	81298	CPT	outpatient			3052	738.13	Qualcare	Qualcare		2289	0.75			179.1	2899.4	percent of total billed charges	
MSH6 GENE ANAL;FULL SEQ(MSO)	81298	CPT	outpatient			3052	738.13	Three Rivers	Three Rivers		2899.4	0.95			179.1	2899.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MSH6 GENE ANAL;FULL SEQ(MSO)	81298	CPT	outpatient			3052	738.13	UHC	Medicaid		513.48				179.1	2899.4	case rate	
MSH6 GENE ANAL;FULL SEQ(MSO)	81298	CPT	outpatient			3052	738.13	UHC	Medicare		641.85				179.1	2899.4	case rate	
MSH6 GENE ANAL;FULL SEQ(MSO)	81298	CPT	outpatient			3052	738.13	Wellcare	Medicaid		513.48				179.1	2899.4	case rate	
MSH6 GENE ANAL;FULL SEQ(MSO)	81298	CPT	outpatient			3052	738.13	Wellcare	Medicare		641.85				179.1	2899.4	case rate	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Aetna	Better Health		875.85	0.3146			246.4	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Aetna	Medicare		308				246.4	2644.8	case rate	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Aetna	Commercial		1057.92	0.38			246.4	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Americare	Americare		2088	0.75			246.4	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	WellPoint	WellPoint		893.11	0.3208			246.4	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Amerihealth	Medicare		308				246.4	2644.8	case rate	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Consumer	Consumer		2644.8	0.95			246.4	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Corrections	Corrections		2227.2	0.8			246.4	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	First Health	First Health		1948.8	0.7			246.4	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	First Trenton	First Trenton		2505.6	0.9			246.4	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Horizon	MGD		1065.72	0.3828			246.4	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Horizon	Indemnity		1065.72	0.3828			246.4	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Horizon	Medicare Blue		835.2	0.3			246.4	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Horizon	PPO		1065.72	0.3828			246.4	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Horizon	NJ Health		278.4	0.1			246.4	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Managed Care Inc	Managed Care Inc		2505.6	0.9			246.4	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Multiplan	Multiplan		2227.2	0.8			246.4	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Qualcare	Qualcare		2088	0.75			246.4	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Three Rivers	Three Rivers		2644.8	0.95			246.4	2644.8	percent of total billed charges	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	UHC	Medicaid		246.4				246.4	2644.8	case rate	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	UHC	Medicare		308				246.4	2644.8	case rate	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Wellcare	Medicaid		246.4				246.4	2644.8	case rate	
CGH FOR MYELOD SYNDROME (MDS)	81299	CPT	outpatient			2784	354.2	Wellcare	Medicare		308				246.4	2644.8	case rate	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782	273.7	Aetna	Commercial		297.16	0.38			78.2	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782	273.7	Aetna	Better Health		246.02	0.3146			78.2	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782	273.7	Aetna	Medicare		238				78.2	742.9	case rate	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782	273.7	Americare	Americare		586.5	0.75			78.2	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782	273.7	WellPoint	WellPoint		250.87	0.3208			78.2	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782	273.7	Amerihealth	Medicare		238				78.2	742.9	case rate	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782	273.7	Consumer	Consumer		742.9	0.95			78.2	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782	273.7	Corrections	Corrections		625.6	0.8			78.2	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782	273.7	First Health	First Health		547.4	0.7			78.2	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782	273.7	First Trenton	First Trenton		703.8	0.9			78.2	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782	273.7	Horizon	Indemnity		299.35	0.3828			78.2	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782	273.7	Horizon	MGD		299.35	0.3828			78.2	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782	273.7	Horizon	Medicare Blue		234.6	0.3			78.2	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782	273.7	Horizon	PPO		299.35	0.3828			78.2	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782	273.7	Horizon	NJ Health		78.2	0.1			78.2	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782	273.7	Managed Care Inc	Managed Care Inc		703.8	0.9			78.2	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782	273.7	Multiplan	Multiplan		625.6	0.8			78.2	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782	273.7	Qualcare	Qualcare		586.5	0.75			78.2	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782	273.7	Three Rivers	Three Rivers		742.9	0.95			78.2	742.9	percent of total billed charges	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782	273.7	UHC	Medicaid		190.4				78.2	742.9	case rate	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782	273.7	UHC	Medicare		238				78.2	742.9	case rate	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782	273.7	Wellcare	Medicaid		190.4				78.2	742.9	case rate	
MLH6 GENE DUP/DELETE VARIANT	81300	CPT	inpatient			782	273.7	Wellcare	Medicare		238				78.2	742.9	case rate	
MSI CRC	81301	CPT	both			678	400.84	Aetna	Medicare		348.56				67.8	644.1	case rate	
MSI CRC	81301	CPT	both			678	400.84	Aetna	Better Health		213.3	0.3146			67.8	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678	400.84	Aetna	Commercial		257.64	0.38			67.8	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678	400.84	Americare	Americare		508.5	0.75			67.8	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678	400.84	WellPoint	WellPoint		217.5	0.3208			67.8	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678	400.84	Amerihealth	Medicare		348.56				67.8	644.1	case rate	
MSI CRC	81301	CPT	both			678	400.84	Consumer	Consumer		644.1	0.95			67.8	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678	400.84	Corrections	Corrections		542.4	0.8			67.8	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678	400.84	First Health	First Health		474.6	0.7			67.8	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678	400.84	First Trenton	First Trenton		610.2	0.9			67.8	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678	400.84	Horizon	Medicare Blue		203.4	0.3			67.8	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678	400.84	Horizon	MGD		259.54	0.3828			67.8	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678	400.84	Horizon	Indemnity		259.54	0.3828			67.8	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678	400.84	Horizon	PPO		259.54	0.3828			67.8	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678	400.84	Horizon	NJ Health		67.8	0.1			67.8	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678	400.84	Managed Care Inc	Managed Care Inc		610.2	0.9			67.8	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678	400.84	Multiplan	Multiplan		542.4	0.8			67.8	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678	400.84	Qualcare	Qualcare		508.5	0.75			67.8	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678	400.84	Three Rivers	Three Rivers		644.1	0.95			67.8	644.1	percent of total billed charges	
MSI CRC	81301	CPT	both			678	400.84	UHC	Medicare		348.56				67.8	644.1	case rate	
MSI CRC	81301	CPT	both			678	400.84	UHC	Medicaid		278.85				67.8	644.1	case rate	
MSI CRC	81301	CPT	both			678	400.84	Wellcare	Medicare		348.56				67.8	644.1	case rate	
MSI CRC	81301	CPT	both			678	400.84	Wellcare	Medicaid		278.85				67.8	644.1	case rate	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490	607.05	Aetna	Commercial		1706.2	0.38			422.3	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490	607.05	Aetna	Medicare		527.87				422.3	4265.5	case rate	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490	607.05	Aetna	Better Health		1412.55	0.3146			422.3	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490	607.05	Americare	Americare		3367.5	0.75			422.3	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490	607.05	WellPoint	WellPoint		1440.39	0.3208			422.3	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490	607.05	Amerihealth	Medicare		527.87				422.3	4265.5	case rate	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490	607.05	Consumer	Consumer		4265.5	0.95			422.3	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490	607.05	Corrections	Corrections		3592	0.8			422.3	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490	607.05	First Health	First Health		3143	0.7			422.3	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490	607.05	First Trenton	First Trenton		4041	0.9			422.3	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490	607.05	Horizon	MGD		1718.77	0.3828			422.3	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490	607.05	Horizon	Indemnity		1718.77	0.3828			422.3	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490	607.05	Horizon	NJ Health		449	0.1			422.3	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490	607.05	Horizon	Medicare Blue		1347	0.3			422.3	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490	607.05	Horizon	PPO		1718.77	0.3828			422.3	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490	607.05	Managed Care Inc	Managed Care Inc		4041	0.9			422.3	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490	607.05	Multiplan	Multiplan		3592	0.8			422.3	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490	607.05	Qualcare	Qualcare		3367.5	0.75			422.3	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490	607.05	Three Rivers	Three Rivers		4265.5	0.95			422.3	4265.5	percent of total billed charges	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490	607.05	UHC	Medicare		527.87				422.3	4265.5	case rate	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490	607.05	UHC	Medicaid		422.3				422.3	4265.5	case rate	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490	607.05	Wellcare	Medicaid		422.3				422.3	4265.5	case rate	
MECP2 SEQUENCING FULL GENE	81302	CPT	outpatient			4490	607.05	Wellcare	Medicare		527.87				422.3	4265.5	case rate	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766	201.71	Aetna	Better Health		240.98	0.3146			140.32	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766	201.71	Aetna	Medicare		175.4				140.32	727.7	case rate	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766	201.71	Aetna	Commercial		291.08	0.38			140.32	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766	201.71	Americare	Americare		574.5	0.75			140.32	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766	201.71	WellPoint	WellPoint		245.73	0.3208			140.32	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766	201.71	Amerihealth	Medicare		175.4				140.32	727.7	case rate	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766	201.71	Consumer	Consumer		727.7	0.95			140.32	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766	201.71	Corrections	Corrections		612.8	0.8			140.32	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766	201.71	First Health	First Health		536.2	0.7			140.32	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766	201.71	First Trenton	First Trenton		689.4	0.9			140.32	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766	201.71	Horizon	Medicare Blue		229.8	0.3			140.32	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766	201.71	Horizon	MGD		293.22	0.3828			140.32	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766	201.71	Horizon	Indemnity		293.22	0.3828			140.32	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766	201.71	Horizon	PPO		293.22	0.3828			140.32	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766	201.71	Managed Care Inc	Managed Care Inc		689.4	0.9			140.32	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766	201.71	Multiplan	Multiplan		612.8	0.8			140.32	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766	201.71	Qualcare	Qualcare		574.5	0.75			140.32	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766	201.71	Three Rivers	Three Rivers		727.7	0.95			140.32	727.7	percent of total billed charges	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766	201.71	UHC	Medicaid		140.32				140.32	727.7	case rate	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766	201.71	UHC	Medicare		175.4				140.32	727.7	case rate	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766	201.71	Wellcare	Medicaid		140.32				140.32	727.7	case rate	
MDY88 MUTATION DETECTION(MSO)	81305	CPT	outpatient			766	201.71	Wellcare	Medicare		175.4				140.32	727.7	case rate	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633	777.98	Aetna	Medicare		194.96	0.308			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633	777.98	Aetna	Better Health		199.14	0.3146			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633	777.98	Aetna	Commercial		240.54	0.38			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633	777.98	Americare	Americare		474.75	0.75			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633	777.98	WellPoint	WellPoint		203.07	0.3208			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633	777.98	Amerihealth	Medicare		676.5				189.9	676.5	case rate	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633	777.98	Consumer	Consumer		601.35	0.95			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633	777.98	Corrections	Corrections		506.4	0.8			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633	777.98	First Health	First Health		443.1	0.7			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633	777.98	First Trenton	First Trenton		569.7	0.9			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633	777.98	Horizon	Medicare Blue		189.9	0.3			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633	777.98	Horizon	MGD		242.31	0.3828			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633	777.98	Horizon	Indemnity		242.31	0.3828			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633	777.98	Horizon	PPO		242.31	0.3828			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633	777.98	Managed Care Inc	Managed Care Inc		569.7	0.9			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633	777.98	Multiplan	Multiplan		506.4	0.8			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633	777.98	Qualcare	Qualcare		474.75	0.75			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633	777.98	Three Rivers	Three Rivers		601.35	0.95			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633	777.98	UHC	Medicaid		199.14	0.3146			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633	777.98	UHC	Medicare		676.5				189.9	676.5	case rate	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633	777.98	Wellcare	Medicaid		199.14	0.3146			189.9	676.5	percent of total billed charges	
PALB2 GENE ANALYSIS	81307	CPT	outpatient			633	777.98	Wellcare	Medicare		676.5				189.9	676.5	case rate	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	Aetna	Better Health		257.34	0.3146			197.22	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	Aetna	Medicare		246.52				197.22	777.1	case rate	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	Aetna	Commercial		310.84	0.38			197.22	777.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	Americare	Americare		613.5	0.75			197.22	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	WellPoint	WellPoint		262.41	0.3208			197.22	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	Amerihealth	Medicare		246.52				197.22	777.1	case rate	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	Consumer	Consumer		777.1	0.95			197.22	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	Corrections	Corrections		654.4	0.8			197.22	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	First Health	First Health		572.6	0.7			197.22	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	First Trenton	First Trenton		736.2	0.9			197.22	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	Horizon	Medicare Blue		245.4	0.3			197.22	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	Horizon	Indemnity		313.13	0.3828			197.22	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	Horizon	MGD		313.13	0.3828			197.22	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	Horizon	PPO		313.13	0.3828			197.22	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	Managed Care Inc	Managed Care Inc		736.2	0.9			197.22	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	Multiplan	Multiplan		654.4	0.8			197.22	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	Qualcare	Qualcare		613.5	0.75			197.22	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	Three Rivers	Three Rivers		777.1	0.95			197.22	777.1	percent of total billed charges	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	UHC	Medicaid		197.22				197.22	777.1	case rate	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	UHC	Medicare		246.52				197.22	777.1	case rate	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	Wellcare	Medicaid		197.22				197.22	777.1	case rate	
NPM1 MUTATION ANALYSIS (MSO)	81310	CPT	outpatient			818	283.5	Wellcare	Medicare		246.52				197.22	777.1	case rate	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	inpatient			1066	340.16	Aetna	Better Health		335.36	0.3146			236.63	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	inpatient			1066	340.16	Aetna	Medicare		295.79				236.63	1012.7	case rate	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	inpatient			1066	340.16	Aetna	Commercial		405.08	0.38			236.63	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	inpatient			1066	340.16	Americare	Americare		799.5	0.75			236.63	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	inpatient			1066	340.16	WellPoint	WellPoint		341.97	0.3208			236.63	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	inpatient			1066	340.16	Amerihealth	Medicare		295.79				236.63	1012.7	case rate	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	inpatient			1066	340.16	Consumer	Consumer		1012.7	0.95			236.63	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	inpatient			1066	340.16	Corrections	Corrections		852.8	0.8			236.63	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	inpatient			1066	340.16	First Health	First Health		746.2	0.7			236.63	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	inpatient			1066	340.16	First Trenton	First Trenton		959.4	0.9			236.63	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	inpatient			1066	340.16	Horizon	Medicare Blue		319.8	0.3			236.63	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	inpatient			1066	340.16	Horizon	Indemnity		408.06	0.3828			236.63	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	inpatient			1066	340.16	Horizon	MGD		408.06	0.3828			236.63	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	inpatient			1066	340.16	Horizon	PPO		408.06	0.3828			236.63	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	inpatient			1066	340.16	Managed Care Inc	Managed Care Inc		959.4	0.9			236.63	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	inpatient			1066	340.16	Multiplan	Multiplan		852.8	0.8			236.63	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	inpatient			1066	340.16	Qualcare	Qualcare		799.5	0.75			236.63	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	inpatient			1066	340.16	Three Rivers	Three Rivers		1012.7	0.95			236.63	1012.7	percent of total billed charges	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	inpatient			1066	340.16	UHC	Medicaid		236.63				236.63	1012.7	case rate	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	inpatient			1066	340.16	UHC	Medicare		295.79				236.63	1012.7	case rate	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	inpatient			1066	340.16	Wellcare	Medicaid		236.63				236.63	1012.7	case rate	
NRAS.GENE.VARIANTS.IN.EXON2&3	81311	CPT	inpatient			1066	340.16	Wellcare	Medicare		295.79				236.63	1012.7	case rate	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	both			968	378.94	Aetna	Medicare		329.51				263.61	919.6	case rate	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	both			968	378.94	Aetna	Better Health		304.53	0.3146			263.61	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	both			968	378.94	Aetna	Commercial		367.84	0.38			263.61	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	both			968	378.94	Americare	Americare		726	0.75			263.61	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	both			968	378.94	WellPoint	WellPoint		310.53	0.3208			263.61	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	both			968	378.94	Amerihealth	Medicare		329.51				263.61	919.6	case rate	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	both			968	378.94	Consumer	Consumer		919.6	0.95			263.61	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	both			968	378.94	Corrections	Corrections		774.4	0.8			263.61	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	both			968	378.94	First Health	First Health		677.6	0.7			263.61	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	both			968	378.94	First Trenton	First Trenton		871.2	0.9			263.61	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	both			968	378.94	Horizon	MGD		370.55	0.3828			263.61	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	both			968	378.94	Horizon	Indemnity		370.55	0.3828			263.61	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	both			968	378.94	Horizon	PPO		370.55	0.3828			263.61	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	both			968	378.94	Horizon	Medicare Blue		290.4	0.3			263.61	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	both			968	378.94	Managed Care Inc	Managed Care Inc		871.2	0.9			263.61	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	both			968	378.94	Multiplan	Multiplan		774.4	0.8			263.61	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	both			968	378.94	Qualcare	Qualcare		726	0.75			263.61	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	both			968	378.94	Three Rivers	Three Rivers		919.6	0.95			263.61	919.6	percent of total billed charges	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	both			968	378.94	UHC	Medicaid		263.61				263.61	919.6	case rate	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	both			968	378.94	UHC	Medicare		329.51				263.61	919.6	case rate	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	both			968	378.94	Wellcare	Medicare		329.51				263.61	919.6	case rate	
PDGFRA ANALYSIS GENE 12-18 EXONS	81314	CPT	both			968	378.94	Wellcare	Medicaid		263.61				263.61	919.6	case rate	
APL QUANTITATIVE (MSO)	81315	CPT	inpatient			639	238.41	Aetna	Medicare		207.31				165.85	607.05	case rate	
APL QUANTITATIVE (MSO)	81315	CPT	inpatient			639	238.41	Aetna	Commercial		242.82	0.38			165.85	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	inpatient			639	238.41	Aetna	Better Health		201.03	0.3146			165.85	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	inpatient			639	238.41	Americare	Americare		479.25	0.75			165.85	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	inpatient			639	238.41	WellPoint	WellPoint		204.99	0.3208			165.85	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	inpatient			639	238.41	Amerihealth	Medicare		207.31				165.85	607.05	case rate	
APL QUANTITATIVE (MSO)	81315	CPT	inpatient			639	238.41	Consumer	Consumer		607.05	0.95			165.85	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	inpatient			639	238.41	Corrections	Corrections		511.2	0.8			165.85	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	inpatient			639	238.41	First Health	First Health		447.3	0.7			165.85	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	inpatient			639	238.41	First Trenton	First Trenton		575.1	0.9			165.85	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	inpatient			639	238.41	Horizon	Indemnity		244.61	0.3828			165.85	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	inpatient			639	238.41	Horizon	MGD		244.61	0.3828			165.85	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	inpatient			639	238.41	Horizon	Medicare Blue		191.7	0.3			165.85	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	inpatient			639	238.41	Horizon	PPO		244.61	0.3828			165.85	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	inpatient			639	238.41	Managed Care Inc	Managed Care Inc		575.1	0.9			165.85	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	inpatient			639	238.41	Multiplan	Multiplan		511.2	0.8			165.85	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	inpatient			639	238.41	Qualcare	Qualcare		479.25	0.75			165.85	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	inpatient			639	238.41	Three Rivers	Three Rivers		607.05	0.95			165.85	607.05	percent of total billed charges	
APL QUANTITATIVE (MSO)	81315	CPT	inpatient			639	238.41	UHC	Medicaid		165.85				165.85	607.05	case rate	
APL QUANTITATIVE (MSO)	81315	CPT	inpatient			639	238.41	UHC	Medicare		207.31				165.85	607.05	case rate	
APL QUANTITATIVE (MSO)	81315	CPT	inpatient			639	238.41	Wellcare	Medicare		207.31				165.85	607.05	case rate	
APL QUANTITATIVE (MSO)	81315	CPT	inpatient			639	238.41	Wellcare	Medicaid		165.85				165.85	607.05	case rate	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Aetna	Medicare		676.5				179.1	5426.4	case rate	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Aetna	Better Health		1797	0.3146			179.1	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Aetna	Commercial		2170.56	0.38			179.1	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Americare	Americare		4284	0.75			179.1	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	WellPoint	WellPoint		1832.41	0.3208			179.1	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Amerihealth	Medicare		676.5				179.1	5426.4	case rate	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Consumer	Consumer		5426.4	0.95			179.1	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Corrections	Corrections		4569.6	0.8			179.1	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	First Health	First Health		3998.4	0.7			179.1	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	First Trenton	First Trenton		5140.8	0.9			179.1	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Horizon	Medicare Blue		1713.6	0.3			179.1	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Horizon	Indemnity		2186.55	0.3828			179.1	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Horizon	MGD		2186.55	0.3828			179.1	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Horizon	PPO		2186.55	0.3828			179.1	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Horizon	NJ Health		571.2	0.1			179.1	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Managed Care Inc	Managed Care Inc		5140.8	0.9			179.1	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Multiplan	Multiplan		4569.6	0.8			179.1	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Qualcare	Qualcare		4284	0.75			179.1	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Three Rivers	Three Rivers		5426.4	0.95			179.1	5426.4	percent of total billed charges	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	UHC	Medicaid		541.2				179.1	5426.4	case rate	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	UHC	Medicare		676.5				179.1	5426.4	case rate	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Wellcare	Medicaid		541.2				179.1	5426.4	case rate	
PMS2 GENE ANAL; FULL SEQ(MSO)	81317	CPT	outpatient			5712	777.98	Wellcare	Medicare		676.5				179.1	5426.4	case rate	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Aetna	Commercial		253.84	0.38			66.8	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Aetna	Better Health		210.15	0.3146			66.8	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Aetna	Medicare		205.74	0.308			66.8	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Americare	Americare		501	0.75			66.8	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	WellPoint	WellPoint		214.29	0.3208			66.8	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Amerihealth	Medicare		203.5				66.8	634.6	case rate	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Consumer	Consumer		634.6	0.95			66.8	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Corrections	Corrections		534.4	0.8			66.8	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	First Health	First Health		467.6	0.7			66.8	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	First Trenton	First Trenton		601.2	0.9			66.8	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Horizon	MGD		255.71	0.3828			66.8	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Horizon	Medicare Blue		200.4	0.3			66.8	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Horizon	NJ Health		66.8	0.1			66.8	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Horizon	Indemnity		255.71	0.3828			66.8	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Horizon	PPO		255.71	0.3828			66.8	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Managed Care Inc	Managed Care Inc		601.2	0.9			66.8	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Multiplan	Multiplan		534.4	0.8			66.8	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Qualcare	Qualcare		501	0.75			66.8	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Three Rivers	Three Rivers		634.6	0.95			66.8	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	UHC	Medicaid		210.15	0.3146			66.8	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	UHC	Medicare		203.5				66.8	634.6	case rate	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Wellcare	Medicaid		210.15	0.3146			66.8	634.6	percent of total billed charges	
PMS GENE DUP/DELETE VARIANT	81319	CPT	inpatient			668	234.03	Wellcare	Medicare		203.5				66.8	634.6	case rate	
PTEN SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Aetna	Medicare		412.1	0.308			401.4	1271.1	percent of total billed charges	
PTEN SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Aetna	Better Health		420.93	0.3146			401.4	1271.1	percent of total billed charges	
PTEN SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Aetna	Commercial		508.44	0.38			401.4	1271.1	percent of total billed charges	
PTEN SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Americare	Americare		1003.5	0.75			401.4	1271.1	percent of total billed charges	
PTEN SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	WellPoint	WellPoint		429.23	0.3208			401.4	1271.1	percent of total billed charges	
PTEN SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Amerihealth	Medicare		600				401.4	1271.1	case rate	
PTEN SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Consumer	Consumer		1271.1	0.95			401.4	1271.1	percent of total billed charges	
PTEN SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Corrections	Corrections		1070.4	0.8			401.4	1271.1	percent of total billed charges	
PTEN SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	First Health	First Health		936.6	0.7			401.4	1271.1	percent of total billed charges	
PTEN SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	First Trenton	First Trenton		1204.2	0.9			401.4	1271.1	percent of total billed charges	
PTEN SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Horizon	MGD		512.19	0.3828			401.4	1271.1	percent of total billed charges	
PTEN SYMDROME.GENE.ANALYSIS	81321	CPT	outpatient			1338	690	Horizon	Indemnity		512.19	0.3828			401.4	1271.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PTEN SYMDROME,GENE ANALYSIS	81321	CPT	outpatient			1338		690 Horizon	PPO		512.19	0.3828			401.4		1271.1 percent of total billed charges	
PTEN SYMDROME,GENE ANALYSIS	81321	CPT	outpatient			1338		690 Horizon	Medicare Blue		401.4	0.3			401.4		1271.1 percent of total billed charges	
PTEN SYMDROME,GENE ANALYSIS	81321	CPT	outpatient			1338		690 Managed Care Inc	Managed Care Inc		1204.2	0.9			401.4		1271.1 percent of total billed charges	
PTEN SYMDROME,GENE ANALYSIS	81321	CPT	outpatient			1338		690 Multiplan	Multiplan		1070.4	0.8			401.4		1271.1 percent of total billed charges	
PTEN SYMDROME,GENE ANALYSIS	81321	CPT	outpatient			1338		690 Qualcare	Qualcare		1003.5	0.75			401.4		1271.1 percent of total billed charges	
PTEN SYMDROME,GENE ANALYSIS	81321	CPT	outpatient			1338		690 Three Rivers	Three Rivers		1271.1	0.95			401.4		1271.1 percent of total billed charges	
PTEN SYMDROME,GENE ANALYSIS	81321	CPT	outpatient			1338		690 UHC	Medicaid		420.93	0.3146			401.4		1271.1 percent of total billed charges	
PTEN SYMDROME,GENE ANALYSIS	81321	CPT	outpatient			1338		690 UHC	Medicare		600				401.4		1271.1 case rate	
PTEN SYMDROME,GENE ANALYSIS	81321	CPT	outpatient			1338		690 Wellcare	Medicare		600				401.4		1271.1 case rate	
PTEN SYMDROME,GENE ANALYSIS	81321	CPT	outpatient			1338		690 Wellcare	Medicaid		420.93	0.3146			401.4		1271.1 percent of total billed charges	
PTEN DUPLICATION,GENE ANALYSIS	81323	CPT	outpatient			670		345 Aetna	Medicare		206.36	0.308			201		636.5 percent of total billed charges	
PTEN DUPLICATION,GENE ANALYSIS	81323	CPT	outpatient			670		345 Aetna	Better Health		210.78	0.3146			201		636.5 percent of total billed charges	
PTEN DUPLICATION,GENE ANALYSIS	81323	CPT	outpatient			670		345 Aetna	Commercial		254.6	0.38			201		636.5 percent of total billed charges	
PTEN DUPLICATION,GENE ANALYSIS	81323	CPT	outpatient			670		345 Americare	Americare		502.5	0.75			201		636.5 percent of total billed charges	
PTEN DUPLICATION,GENE ANALYSIS	81323	CPT	outpatient			670		345 WellPoint	WellPoint		214.94	0.3208			201		636.5 percent of total billed charges	
PTEN DUPLICATION,GENE ANALYSIS	81323	CPT	outpatient			670		345 Amerihealth	Medicare		300				201		636.5 case rate	
PTEN DUPLICATION,GENE ANALYSIS	81323	CPT	outpatient			670		345 Consumer	Consumer		636.5	0.95			201		636.5 percent of total billed charges	
PTEN DUPLICATION,GENE ANALYSIS	81323	CPT	outpatient			670		345 Corrections	Corrections		536	0.8			201		636.5 percent of total billed charges	
PTEN DUPLICATION,GENE ANALYSIS	81323	CPT	outpatient			670		345 First Health	First Health		469	0.7			201		636.5 percent of total billed charges	
PTEN DUPLICATION,GENE ANALYSIS	81323	CPT	outpatient			670		345 First Trenton	First Trenton		603	0.9			201		636.5 percent of total billed charges	
PTEN DUPLICATION,GENE ANALYSIS	81323	CPT	outpatient			670		345 Horizon	MGD		256.48	0.3828			201		636.5 percent of total billed charges	
PTEN DUPLICATION,GENE ANALYSIS	81323	CPT	outpatient			670		345 Horizon	Medicare Blue		201	0.3			201		636.5 percent of total billed charges	
PTEN DUPLICATION,GENE ANALYSIS	81323	CPT	outpatient			670		345 Horizon	Indemnity		256.48	0.3828			201		636.5 percent of total billed charges	
PTEN DUPLICATION,GENE ANALYSIS	81323	CPT	outpatient			670		345 Horizon	PPO		256.48	0.3828			201		636.5 percent of total billed charges	
PTEN DUPLICATION,GENE ANALYSIS	81323	CPT	outpatient			670		345 Managed Care Inc	Managed Care Inc		603	0.9			201		636.5 percent of total billed charges	
PTEN DUPLICATION,GENE ANALYSIS	81323	CPT	outpatient			670		345 Multiplan	Multiplan		536	0.8			201		636.5 percent of total billed charges	
PTEN DUPLICATION,GENE ANALYSIS	81323	CPT	outpatient			670		345 Qualcare	Qualcare		502.5	0.75			201		636.5 percent of total billed charges	
PTEN DUPLICATION,GENE ANALYSIS	81323	CPT	outpatient			670		345 Three Rivers	Three Rivers		636.5	0.95			201		636.5 percent of total billed charges	
PTEN DUPLICATION,GENE ANALYSIS	81323	CPT	outpatient			670		345 UHC	Medicaid		210.78	0.3146			201		636.5 percent of total billed charges	
PTEN DUPLICATION,GENE ANALYSIS	81323	CPT	outpatient			670		345 UHC	Medicare		300				201		636.5 case rate	
PTEN DUPLICATION,GENE ANALYSIS	81323	CPT	outpatient			670		345 Wellcare	Medicare		300				201		636.5 case rate	
PTEN DUPLICATION,GENE ANALYSIS	81323	CPT	outpatient			670		345 Wellcare	Medicaid		210.78	0.3146			201		636.5 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	both			1486		885.02 Aetna	Medicare		457.69	0.308			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	both			1486		885.02 Aetna	Better Health		467.5	0.3146			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	both			1486		885.02 Aetna	Commercial		564.68	0.38			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	both			1486		885.02 Americare	Americare		1114.5	0.75			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	both			1486		885.02 WellPoint	WellPoint		476.71	0.3208			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	both			1486		885.02 Amerihealth	Medicare		769.58				445.8		1411.7 case rate	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	both			1486		885.02 Consumer	Consumer		1411.7	0.95			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	both			1486		885.02 Corrections	Corrections		1188.8	0.8			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	both			1486		885.02 First Health	First Health		1040.2	0.7			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	both			1486		885.02 First Trenton	First Trenton		1337.4	0.9			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	both			1486		885.02 Horizon	Indemnity		568.84	0.3828			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	both			1486		885.02 Horizon	Medicare Blue		445.8	0.3			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	both			1486		885.02 Horizon	MGD		568.84	0.3828			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	both			1486		885.02 Horizon	PPO		568.84	0.3828			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	both			1486		885.02 Managed Care Inc	Managed Care Inc		1337.4	0.9			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	both			1486		885.02 Multiplan	Multiplan		1188.8	0.8			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	both			1486		885.02 Qualcare	Qualcare		1114.5	0.75			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	both			1486		885.02 Three Rivers	Three Rivers		1411.7	0.95			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	both			1486		885.02 UHC	Medicaid		467.5	0.3146			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	both			1486		885.02 UHC	Medicare		769.58				445.8		1411.7 case rate	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	both			1486		885.02 Wellcare	Medicaid		467.5	0.3146			445.8		1411.7 percent of total billed charges	
PMP22 FULL SEQUENCE ANALYSIS	81325	CPT	both			1486		885.02 Wellcare	Medicare		769.58				445.8		1411.7 case rate	
COLON CANCER SCREENING	81327	CPT	outpatient			296		220.8 Aetna	Better Health		93.12	0.3146			88.8		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296		220.8 Aetna	Commercial		112.48	0.38			88.8		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296		220.8 Aetna	Medicare		192				88.8		281.2 case rate	
COLON CANCER SCREENING	81327	CPT	outpatient			296		220.8 Americare	Americare		222	0.75			88.8		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296		220.8 WellPoint	WellPoint		94.96	0.3208			88.8		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296		220.8 Amerihealth	Medicare		192				88.8		281.2 case rate	
COLON CANCER SCREENING	81327	CPT	outpatient			296		220.8 Consumer	Consumer		281.2	0.95			88.8		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296		220.8 Corrections	Corrections		236.8	0.8			88.8		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296		220.8 First Health	First Health		207.2	0.7			88.8		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296		220.8 First Trenton	First Trenton		266.4	0.9			88.8		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296		220.8 Horizon	Indemnity		113.31	0.3828			88.8		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296		220.8 Horizon	Medicare Blue		88.8	0.3			88.8		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296		220.8 Horizon	MGD		113.31	0.3828			88.8		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296		220.8 Horizon	PPO		113.31	0.3828			88.8		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296		220.8 Managed Care Inc	Managed Care Inc		266.4	0.9			88.8		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296		220.8 Multiplan	Multiplan		236.8	0.8			88.8		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296		220.8 Qualcare	Qualcare		222	0.75			88.8		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296		220.8 Three Rivers	Three Rivers		281.2	0.95			88.8		281.2 percent of total billed charges	
COLON CANCER SCREENING	81327	CPT	outpatient			296		220.8 UHC	Medicare		192				88.8		281.2 case rate	
COLON CANCER SCREENING	81327	CPT	outpatient			296		220.8 UHC	Medicaid		153.6				88.8		281.2 case rate	
COLON CANCER SCREENING	81327	CPT	outpatient			296		220.8 Wellcare	Medicaid		153.6				88.8		281.2 case rate	
COLON CANCER SCREENING	81327	CPT	outpatient			296		220.8 Wellcare	Medicare		192				88.8		281.2 case rate	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	both			1878		157.55 Aetna	Commercial		713.64	0.38			109.6		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	both			1878		157.55 Aetna	Medicare		137				109.6		1784.1 case rate	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	both			1878		157.55 Aetna	Better Health		590.82	0.3146			109.6		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	both			1878		157.55 Americare	Americare		1408.5	0.75			109.6		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	both			1878		157.55 WellPoint	WellPoint		602.46	0.3208			109.6		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	both			1878		157.55 Amerihealth	Medicare		137				109.6		1784.1 case rate	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	both			1878		157.55 Consumer	Consumer		1784.1	0.95			109.6		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	both			1878		157.55 Corrections	Corrections		1502.4	0.8			109.6		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	both			1878		157.55 First Health	First Health		1314.6	0.7			109.6		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	both			1878		157.55 First Trenton	First Trenton		1690.2	0.9			109.6		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	both			1878		157.55 Horizon	Indemnity		718.9	0.3828			109.6		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	both			1878		157.55 Horizon	MGD		718.9	0.3828			109.6		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	both			1878		157.55 Horizon	PPO		718.9	0.3828			109.6		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	both			1878		157.55 Horizon	Medicare Blue		563.4	0.3			109.6		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	both			1878		157.55 Managed Care Inc	Managed Care Inc		1690.2	0.9			109.6		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	both			1878		157.55 Multiplan	Multiplan		1502.4	0.8			109.6		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	both			1878		157.55 Qualcare	Qualcare		1408.5	0.75			109.6		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	both			1878		157.55 Three Rivers	Three Rivers		1784.1	0.95			109.6		1784.1 percent of total billed charges	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	both			1878		157.55 UHC	Medicaid		109.6				109.6		1784.1 case rate	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	both			1878		157.55 UHC	Medicare		137				109.6		1784.1 case rate	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	both			1878		157.55 Wellcare	Medicaid		109.6				109.6		1784.1 case rate	
SPINAL MUSCULAR ATROPHY(SMN1)	81329	CPT	both			1878		157.55 Wellcare	Medicare		137				109.6		1784.1 case rate	
PRADER WILLI SYNDROME	81331	CPT	outpatient			691		58.73 Aetna	Commercial		262.58	0.38			16.3		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	outpatient			691		58.73 Aetna	Better Health		217.39	0.3146			16.3		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	outpatient			691		58.73 Aetna	Medicare		51.07				16.3		656.45 case rate	
PRADER WILLI SYNDROME	81331	CPT	outpatient			691		58.73 Americare	Americare		518.25	0.75			16.3		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	outpatient			691		58.73 WellPoint	WellPoint		221.67	0.3208			16.3		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	outpatient			691		58.73 Amerihealth	Medicare		51.07				16.3		656.45 case rate	
PRADER WILLI SYNDROME	81331	CPT	outpatient			691		58.73 Consumer	Consumer		656.45	0.95			16.3		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	outpatient			691		58.73 Corrections	Corrections		552.8	0.8			16.3		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	outpatient			691		58.73 First Health	First Health		483.7	0.7			16.3		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	outpatient			691		58.73 First Trenton	First Trenton		621.9	0.9			16.3		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	outpatient			691		58.73 Horizon	MGD		264.51	0.3828			16.3		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	outpatient			691		58.73 Horizon	Medicare Blue		207.3	0.3			16.3		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	outpatient			691		58.73 Horizon	NJ Health		69.1	0.1			16.3		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	outpatient			691		58.73 Horizon	Indemnity		264.51	0.3828			16.3		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	outpatient			691		58.73 Horizon	PPO		264.51	0.3828			16.3		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	outpatient			691		58.73 Managed Care Inc	Managed Care Inc		621.9	0.9			16.3		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	outpatient			691		58.73 Multiplan	Multiplan		552.8	0.8			16.3		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	outpatient			691		58.73 Qualcare	Qualcare		518.25	0.75			16.3		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	outpatient			691		58.73 Three Rivers	Three Rivers		656.45	0.95			16.3		656.45 percent of total billed charges	
PRADER WILLI SYNDROME	81331	CPT	outpatient			691		58.73 UHC	Medicaid		40.86				16.3		656.45 case rate	
PRADER WILLI SYNDROME	81331	CPT	outpatient			691		58.73 UHC	Medicare		51.07				16.3		656.45 case rate	
PRADER WILLI SYNDROME	81331	CPT	outpatient			691		58.73 Wellcare	Medicaid		40.86				16.3		656.45 case rate	
PRADER WILLI SYNDROME	81331	CPT	outpatient			691		58.73 Wellcare	Medicare		51.07				16.3		656.45 case rate	
SERPINA1	81332	CPT	inpatient			628		50.2 Aetna	Better Health		197.57	0.3146			34.92		596.6 percent of total billed charges	
SERPINA1	81332	CPT	inpatient			628		50.2 Aetna	Medicare		43.65				34.92		596.6 case rate	
SERPINA1	81332	CPT	inpatient			628		50.2 Aetna	Commercial		238.64	0.38			34.92		596.6 percent of total billed charges	
SERPINA1	81332	CPT	inpatient			628		50.2 Americare	Americare		471	0.75			34.92		596.6 percent of total billed charges	
SERPINA1	81332	CPT	inpatient			628		50.2 WellPoint	WellPoint		201.46	0.3208			34.92		596.6 percent of total billed charges	
SERPINA1	81332	CPT	inpatient			628		50.2 Amerihealth	Medicare		43.65				34.92		596.6 case rate	
SERPINA1	81332	CPT	inpatient			628		50.2 Consumer	Consumer		596.6	0.95			34.92		596.6 percent of total billed charges	
SERPINA1	81332	CPT	inpatient			628		50.2 Corrections	Corrections		502.4	0.8			34.92		596.6 percent of total billed charges	
SERPINA1	81332	CPT	inpatient			628		50.2 First Health	First Health		439.6	0.7			34.92		596.6 percent of total billed charges	
SERPINA1	81332	CPT	inpatient			628		50.2 First Trenton	First Trenton		565.2	0.9			34.92		596.6 percent of total billed charges	
SERPINA1	81332	CPT	inpatient			628		50.2 Horizon	MGD		240.4	0.3828			34.92		596.6 percent of total billed charges	
SERPINA1	81332	CPT	inpatient			628		50.2 Horizon	Indemnity		240.4	0.3828			34.92		596.6 percent of total billed charges	
SERPINA1	81332	CPT	inpatient			628		50.2 Horizon	NJ Health		62.8	0.1			34.92		596.6 percent of total billed charges	
SERPINA1	81332	CPT	inpatient			628		50.2 Horizon	Medicare Blue		188.4	0.3			34.92		596.6 percent of total billed charges	
SERPINA1	81332	CPT	inpatient			628		50.2 Horizon	PPO		240.4	0.3828			34.92		596.6 percent of total billed charges	
SERPINA1	81332	CPT	inpatient			628		50.2 Managed Care Inc	Managed Care Inc		565.2	0.9			34.92		596.6 percent of total billed charges	
SERPINA1	81332	CPT	inpatient			628		50.2 Multiplan	Multiplan		502.4	0.8			34.92		596.6 percent of total billed charges	
SERPINA1	81332	CPT	inpatient			628		50.2 Qualcare	Qualcare		471	0.75			34.92		596.6 percent of total billed charges	
SERPINA1	81332	CPT	inpatient			628		50.2 Three Rivers	Three Rivers		596.6	0.95			34.92		596.6 percent of total billed charges	
SERPINA1	81332	CPT	inpatient			628		50.2 UHC	Medicaid		34.92				34.92		596.6 case rate	
SERPINA1	81332	CPT	inpatient			628		50.2 UHC	Medicare		43.65				34.92		596.6 case rate	
SERPINA1	81332	CPT	inpatient			628		50.2 Wellcare	Medicare		43.65				34.92		596.6 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SERPINA1	81332	CPT	inpatient			628	50.2	Wellcare	Medicaid		34.92				34.92		596.6 case rate	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	outpatient			864	201.03	Aetna	Medicare		174.81				139.85		820.8 case rate	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	outpatient			864	201.03	Aetna	Commercial		328.32	0.38			139.85		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	outpatient			864	201.03	Aetna	Better Health		271.81	0.3146			139.85		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	outpatient			864	201.03	Americare	Americare		648	0.75			139.85		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	outpatient			864	201.03	WellPoint	WellPoint		277.17	0.3208			139.85		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	outpatient			864	201.03	Amerihealth	Medicare		174.81				139.85		820.8 case rate	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	outpatient			864	201.03	Consumer	Consumer		820.8	0.95			139.85		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	outpatient			864	201.03	Corrections	Corrections		691.2	0.8			139.85		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	outpatient			864	201.03	First Health	First Health		604.8	0.7			139.85		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	outpatient			864	201.03	First Trenton	First Trenton		777.6	0.9			139.85		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	outpatient			864	201.03	Horizon	Medicare Blue		259.2	0.3			139.85		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	outpatient			864	201.03	Horizon	Indemnity		330.74	0.3828			139.85		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	outpatient			864	201.03	Horizon	MGD		330.74	0.3828			139.85		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	outpatient			864	201.03	Horizon	PPO		330.74	0.3828			139.85		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	outpatient			864	201.03	Managed Care Inc	Managed Care Inc		777.6	0.9			139.85		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	outpatient			864	201.03	Multiplan	Multiplan		691.2	0.8			139.85		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	outpatient			864	201.03	Qualcare	Qualcare		648	0.75			139.85		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	outpatient			864	201.03	Three Rivers	Three Rivers		820.8	0.95			139.85		820.8 percent of total billed charges	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	outpatient			864	201.03	UHC	Medicare		174.81				139.85		820.8 case rate	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	outpatient			864	201.03	UHC	Medicaid		139.85				139.85		820.8 case rate	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	outpatient			864	201.03	Wellcare	Medicare		174.81				139.85		820.8 case rate	
TPMT GENETIC TEST - GENOTYPE	81335	CPT	outpatient			864	201.03	Wellcare	Medicaid		139.85				139.85		820.8 case rate	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130	172.88	Aetna	Better Health		355.5	0.3146			120.26		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130	172.88	Aetna	Medicare		150.33				120.26		1073.5 case rate	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130	172.88	Aetna	Commercial		429.4	0.38			120.26		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130	172.88	Americare	Americare		847.5	0.75			120.26		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130	172.88	WellPoint	WellPoint		362.5	0.3208			120.26		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130	172.88	Amerihealth	Medicare		150.33				120.26		1073.5 case rate	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130	172.88	Consumer	Consumer		1073.5	0.95			120.26		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130	172.88	Corrections	Corrections		904	0.8			120.26		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130	172.88	First Health	First Health		791	0.7			120.26		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130	172.88	First Trenton	First Trenton		1017	0.9			120.26		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130	172.88	Horizon	MGD		432.56	0.3828			120.26		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130	172.88	Horizon	Indemnity		432.56	0.3828			120.26		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130	172.88	Horizon	Medicare Blue		339	0.3			120.26		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130	172.88	Horizon	PPO		432.56	0.3828			120.26		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130	172.88	Managed Care Inc	Managed Care Inc		1017	0.9			120.26		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130	172.88	Multiplan	Multiplan		904	0.8			120.26		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130	172.88	Qualcare	Qualcare		847.5	0.75			120.26		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130	172.88	Three Rivers	Three Rivers		1073.5	0.95			120.26		1073.5 percent of total billed charges	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130	172.88	UHC	Medicaid		120.26				120.26		1073.5 case rate	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130	172.88	UHC	Medicare		150.33				120.26		1073.5 case rate	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130	172.88	Wellcare	Medicare		150.33				120.26		1073.5 case rate	
MPL.GENE.ANALYSIS	81338	CPT	outpatient			1130	172.88	Wellcare	Medicaid		120.26				120.26		1073.5 case rate	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115	240.26	Aetna	Better Health		350.78	0.3146			167.14		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115	240.26	Aetna	Commercial		423.7	0.38			167.14		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115	240.26	Aetna	Medicare		208.92				167.14		1059.25 case rate	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115	240.26	Americare	Americare		836.25	0.75			167.14		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115	240.26	WellPoint	WellPoint		357.69	0.3208			167.14		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115	240.26	Amerihealth	Medicare		208.92				167.14		1059.25 case rate	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115	240.26	Consumer	Consumer		1059.25	0.95			167.14		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115	240.26	Corrections	Corrections		892	0.8			167.14		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115	240.26	First Health	First Health		780.5	0.7			167.14		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115	240.26	First Trenton	First Trenton		1003.5	0.9			167.14		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115	240.26	Horizon	Medicare Blue		334.5	0.3			167.14		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115	240.26	Horizon	MGD		426.82	0.3828			167.14		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115	240.26	Horizon	Indemnity		426.82	0.3828			167.14		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115	240.26	Horizon	PPO		426.82	0.3828			167.14		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115	240.26	Managed Care Inc	Managed Care Inc		1003.5	0.9			167.14		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115	240.26	Multiplan	Multiplan		892	0.8			167.14		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115	240.26	Qualcare	Qualcare		836.25	0.75			167.14		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115	240.26	Three Rivers	Three Rivers		1059.25	0.95			167.14		1059.25 percent of total billed charges	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115	240.26	UHC	Medicare		208.92				167.14		1059.25 case rate	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115	240.26	UHC	Medicaid		167.14				167.14		1059.25 case rate	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115	240.26	Wellcare	Medicare		208.92				167.14		1059.25 case rate	
T CELL ANTIGEN BETA	81340	CPT	outpatient			1115	240.26	Wellcare	Medicaid		167.14				167.14		1059.25 case rate	
T CELL CLONALITY	81342	CPT	both			763	231.73	Aetna	Medicare		201.5				150.3		724.85 case rate	
T CELL CLONALITY	81342	CPT	both			763	231.73	Aetna	Better Health		240.04	0.3146			150.3		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763	231.73	Aetna	Commercial		289.94	0.38			150.3		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763	231.73	Americare	Americare		572.25	0.75			150.3		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763	231.73	WellPoint	WellPoint		244.77	0.3208			150.3		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763	231.73	Amerihealth	Medicare		201.5				150.3		724.85 case rate	
T CELL CLONALITY	81342	CPT	both			763	231.73	Consumer	Consumer		724.85	0.95			150.3		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763	231.73	Corrections	Corrections		610.4	0.8			150.3		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763	231.73	First Health	First Health		534.1	0.7			150.3		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763	231.73	First Trenton	First Trenton		686.7	0.9			150.3		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763	231.73	Horizon	Indemnity		292.08	0.3828			150.3		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763	231.73	Horizon	MGD		292.08	0.3828			150.3		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763	231.73	Horizon	Medicare Blue		228.9	0.3			150.3		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763	231.73	Horizon	PPO		292.08	0.3828			150.3		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763	231.73	Managed Care Inc	Managed Care Inc		686.7	0.9			150.3		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763	231.73	Multiplan	Multiplan		610.4	0.8			150.3		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763	231.73	Qualcare	Qualcare		572.25	0.75			150.3		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763	231.73	Three Rivers	Three Rivers		724.85	0.95			150.3		724.85 percent of total billed charges	
T CELL CLONALITY	81342	CPT	both			763	231.73	UHC	Medicare		201.5				150.3		724.85 case rate	
T CELL CLONALITY	81342	CPT	both			763	231.73	UHC	Medicaid		161.2				150.3		724.85 case rate	
T CELL CLONALITY	81342	CPT	both			763	231.73	Wellcare	Medicare		201.5				150.3		724.85 case rate	
T CELL CLONALITY	81342	CPT	both			763	231.73	Wellcare	Medicaid		161.2				150.3		724.85 case rate	
PPP2R2B	81343	CPT	outpatient			437	157.55	Aetna	Medicare		137				109.6		415.15 case rate	
PPP2R2B	81343	CPT	outpatient			437	157.55	Aetna	Better Health		137.48	0.3146			109.6		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437	157.55	Aetna	Commercial		166.06	0.38			109.6		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437	157.55	Americare	Americare		327.75	0.75			109.6		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437	157.55	WellPoint	WellPoint		140.19	0.3208			109.6		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437	157.55	Amerihealth	Medicare		137				109.6		415.15 case rate	
PPP2R2B	81343	CPT	outpatient			437	157.55	Consumer	Consumer		415.15	0.95			109.6		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437	157.55	Corrections	Corrections		349.6	0.8			109.6		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437	157.55	First Health	First Health		305.9	0.7			109.6		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437	157.55	First Trenton	First Trenton		393.3	0.9			109.6		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437	157.55	Horizon	Indemnity		167.28	0.3828			109.6		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437	157.55	Horizon	MGD		167.28	0.3828			109.6		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437	157.55	Horizon	Medicare Blue		131.1	0.3			109.6		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437	157.55	Horizon	PPO		167.28	0.3828			109.6		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437	157.55	Managed Care Inc	Managed Care Inc		393.3	0.9			109.6		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437	157.55	Multiplan	Multiplan		349.6	0.8			109.6		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437	157.55	Qualcare	Qualcare		327.75	0.75			109.6		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437	157.55	Three Rivers	Three Rivers		415.15	0.95			109.6		415.15 percent of total billed charges	
PPP2R2B	81343	CPT	outpatient			437	157.55	UHC	Medicare		137				109.6		415.15 case rate	
PPP2R2B	81343	CPT	outpatient			437	157.55	UHC	Medicaid		109.6				109.6		415.15 case rate	
PPP2R2B	81343	CPT	outpatient			437	157.55	Wellcare	Medicare		137				109.6		415.15 case rate	
PPP2R2B	81343	CPT	outpatient			437	157.55	Wellcare	Medicaid		109.6				109.6		415.15 case rate	
TBPà	81344	CPT	outpatient			437	157.55	Aetna	Better Health		137.48	0.3146			131.1		415.15 percent of total billed charges	
TBPà	81344	CPT	outpatient			437	157.55	Aetna	Commercial		166.06	0.38			131.1		415.15 percent of total billed charges	
TBPà	81344	CPT	outpatient			437	157.55	Aetna	Medicare		134.6	0.308			131.1		415.15 percent of total billed charges	
TBPà	81344	CPT	outpatient			437	157.55	Americare	Americare		327.75	0.75			131.1		415.15 percent of total billed charges	
TBPà	81344	CPT	outpatient			437	157.55	WellPoint	WellPoint		140.19	0.3208			131.1		415.15 percent of total billed charges	
TBPà	81344	CPT	outpatient			437	157.55	Amerihealth	Medicare		137				131.1		415.15 case rate	
TBPà	81344	CPT	outpatient			437	157.55	Consumer	Consumer		415.15	0.95			131.1		415.15 percent of total billed charges	
TBPà	81344	CPT	outpatient			437	157.55	Corrections	Corrections		349.6	0.8			131.1		415.15 percent of total billed charges	
TBPà	81344	CPT	outpatient			437	157.55	First Health	First Health		305.9	0.7			131.1		415.15 percent of total billed charges	
TBPà	81344	CPT	outpatient			437	157.55	First Trenton	First Trenton		393.3	0.9			131.1		415.15 percent of total billed charges	
TBPà	81344	CPT	outpatient			437	157.55	Horizon	PPO		167.28	0.3828			131.1		415.15 percent of total billed charges	
TBPà	81344	CPT	outpatient			437	157.55	Horizon	MGD		167.28	0.3828			131.1		415.15 percent of total billed charges	
TBPà	81344	CPT	outpatient			437	157.55	Horizon	Medicare Blue		131.1	0.3			131.1		415.15 percent of total billed charges	
TBPà	81344	CPT	outpatient			437	157.55	Horizon	Indemnity		167.28	0.3828			131.1		415.15 percent of total billed charges	
TBPà	81344	CPT	outpatient			437	157.55	Managed Care Inc	Managed Care Inc		393.3	0.9			131.1		415.15 percent of total billed charges	
TBPà	81344	CPT	outpatient			437	157.55	Multiplan	Multiplan		349.6	0.8			131.1		415.15 percent of total billed charges	
TBPà	81344	CPT	outpatient			437	157.55	Qualcare	Qualcare		327.75	0.75			131.1		415.15 percent of total billed charges	
TBPà	81344	CPT	outpatient			437	157.55	Three Rivers	Three Rivers		415.15	0.95			131.1		415.15 percent of total billed charges	
TBPà	81344	CPT	outpatient			437	157.55	UHC	Medicaid		137.48	0.3146			131.1		415.15 percent of total billed charges	
TBPà	81344	CPT	outpatient			437	157.55	UHC	Medicare		137				131.1		415.15 case rate	
TBPà	81344	CPT	outpatient			437	157.55	Wellcare	Medicaid		137.48	0.3146			131.1		415.15 percent of total billed charges	
TBPà	81344	CPT	outpatient			437	157.55	Wellcare	Medicare		137				131.1		415.15 case rate	
TERT.PROMOTER.MUTATION	81345	CPT	both			609	212.98	Aetna	Better Health		191.59	0.3146			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	both			609	212.98	Aetna	Commercial		231.42	0.38			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	both			609	212.98	Aetna	Medicare		185.2				134.4		578.55 case rate	
TERT.PROMOTER.MUTATION	81345	CPT	both			609	212.98	Americare	Americare		456.75	0.75			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	both			609	212.98	WellPoint	WellPoint		195.37	0.3208			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	both			609	212.98	Amerihealth	Medicare		185.2				134.4		578.55 case rate	
TERT.PROMOTER.MUTATION	81345	CPT	both			609	212.98	Consumer	Consumer		578.55	0.95			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	both			609	212.98	Corrections	Corrections		487.2	0.8			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	both			609	212.98	First Health	First Health		426.3	0.7			134.4		578.55 percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	both			609	212.98	First Trenton	First Trenton		548.1	0.9			134.4		578.55 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TERT.PROMOTER.MUTATION	81345	CPT	both			609	212.98	Horizon	MCD		233.13	0.3828			134.4	578.55	percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	both			609	212.98	Horizon	Medicare Blue		182.7	0.3			134.4	578.55	percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	both			609	212.98	Horizon	Indemnity		233.13	0.3828			134.4	578.55	percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	both			609	212.98	Horizon	PPO		233.13	0.3828			134.4	578.55	percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	both			609	212.98	Managed Care Inc	Managed Care Inc		548.1	0.9			134.4	578.55	percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	both			609	212.98	Multiplan	Multiplan		487.2	0.8			134.4	578.55	percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	both			609	212.98	Qualcare	Qualcare		456.75	0.75			134.4	578.55	percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	both			609	212.98	Three Rivers	Three Rivers		578.55	0.95			134.4	578.55	percent of total billed charges	
TERT.PROMOTER.MUTATION	81345	CPT	both			609	212.98	UHC	Medicaid		148.16				134.4	578.55	case rate	
TERT.PROMOTER.MUTATION	81345	CPT	both			609	212.98	UHC	Medicare		185.2				134.4	578.55	case rate	
TERT.PROMOTER.MUTATION	81345	CPT	both			609	212.98	Wellcare	Medicaid		148.16				134.4	578.55	case rate	
TERT.PROMOTER.MUTATION	81345	CPT	both			609	212.98	Wellcare	Medicare		185.2				134.4	578.55	case rate	
UGT1A1.IRINOTECAN.TOXICITY(511200)	81350	CPT	both			672	269.1	Aetna	Better Health		211.41	0.3146			67.2	638.4	percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(511200)	81350	CPT	both			672	269.1	Aetna	Medicare		234				67.2	638.4	case rate	
UGT1A1.IRINOTECAN.TOXICITY(511200)	81350	CPT	both			672	269.1	Aetna	Commercial		255.36	0.38			67.2	638.4	percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(511200)	81350	CPT	both			672	269.1	Americare	Americare		504	0.75			67.2	638.4	percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(511200)	81350	CPT	both			672	269.1	WellPoint	WellPoint		215.58	0.3208			67.2	638.4	percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(511200)	81350	CPT	both			672	269.1	AmerihealthI	Medicare		234				67.2	638.4	case rate	
UGT1A1.IRINOTECAN.TOXICITY(511200)	81350	CPT	both			672	269.1	Consumer	Consumer		638.4	0.95			67.2	638.4	percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(511200)	81350	CPT	both			672	269.1	Corrections	Corrections		537.6	0.8			67.2	638.4	percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(511200)	81350	CPT	both			672	269.1	First Health	First Health		470.4	0.7			67.2	638.4	percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(511200)	81350	CPT	both			672	269.1	First Trenton	First Trenton		604.8	0.9			67.2	638.4	percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(511200)	81350	CPT	both			672	269.1	Horizon	MCD		257.24	0.3828			67.2	638.4	percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(511200)	81350	CPT	both			672	269.1	Horizon	Indemnity		257.24	0.3828			67.2	638.4	percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(511200)	81350	CPT	both			672	269.1	Horizon	PPO		257.24	0.3828			67.2	638.4	percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(511200)	81350	CPT	both			672	269.1	Horizon	Medicare Blue		201.6	0.3			67.2	638.4	percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(511200)	81350	CPT	both			672	269.1	Horizon	NJ Health		67.2	0.1			67.2	638.4	percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(511200)	81350	CPT	both			672	269.1	Managed Care Inc	Managed Care Inc		604.8	0.9			67.2	638.4	percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(511200)	81350	CPT	both			672	269.1	Multiplan	Multiplan		537.6	0.8			67.2	638.4	percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(511200)	81350	CPT	both			672	269.1	Qualcare	Qualcare		504	0.75			67.2	638.4	percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(511200)	81350	CPT	both			672	269.1	Three Rivers	Three Rivers		638.4	0.95			67.2	638.4	percent of total billed charges	
UGT1A1.IRINOTECAN.TOXICITY(511200)	81350	CPT	both			672	269.1	UHC	Medicaid		187.2				67.2	638.4	case rate	
UGT1A1.IRINOTECAN.TOXICITY(511200)	81350	CPT	both			672	269.1	UHC	Medicare		234				67.2	638.4	case rate	
UGT1A1.IRINOTECAN.TOXICITY(511200)	81350	CPT	both			672	269.1	Wellcare	Medicaid		187.2				67.2	638.4	case rate	
UGT1A1.IRINOTECAN.TOXICITY(511200)	81350	CPT	both			672	269.1	Wellcare	Medicare		234				67.2	638.4	case rate	
P53 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Aetna	Commercial		399	0.38			263.61	997.5	percent of total billed charges	
P53 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Aetna	Better Health		330.33	0.3146			263.61	997.5	percent of total billed charges	
P53 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Aetna	Medicare		329.51				263.61	997.5	case rate	
P53 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Americare	Americare		787.5	0.75			263.61	997.5	percent of total billed charges	
P53 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	WellPoint	WellPoint		336.84	0.3208			263.61	997.5	percent of total billed charges	
P53 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	AmerihealthI	Medicare		329.51				263.61	997.5	case rate	
P53 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Consumer	Consumer		997.5	0.95			263.61	997.5	percent of total billed charges	
P53 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Corrections	Corrections		840	0.8			263.61	997.5	percent of total billed charges	
P53 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	First Health	First Health		735	0.7			263.61	997.5	percent of total billed charges	
P53 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	First Trenton	First Trenton		945	0.9			263.61	997.5	percent of total billed charges	
P53 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Horizon	Indemnity		401.94	0.3828			263.61	997.5	percent of total billed charges	
P53 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Horizon	MCD		401.94	0.3828			263.61	997.5	percent of total billed charges	
P53 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Horizon	Medicare Blue		315	0.3			263.61	997.5	percent of total billed charges	
P53 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Horizon	PPO		401.94	0.3828			263.61	997.5	percent of total billed charges	
P53 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Managed Care Inc	Managed Care Inc		945	0.9			263.61	997.5	percent of total billed charges	
P53 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Multiplan	Multiplan		840	0.8			263.61	997.5	percent of total billed charges	
P53 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Qualcare	Qualcare		787.5	0.75			263.61	997.5	percent of total billed charges	
P53 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Three Rivers	Three Rivers		997.5	0.95			263.61	997.5	percent of total billed charges	
P53 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	UHC	Medicare		329.51				263.61	997.5	case rate	
P53 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	UHC	Medicaid		263.61				263.61	997.5	case rate	
P53 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Wellcare	Medicaid		263.61				263.61	997.5	case rate	
P53 MUTATION ANALYSIS SEQUENCE (489590)	81352	CPT	outpatient			1050	378.94	Wellcare	Medicare		329.51				263.61	997.5	case rate	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Aetna	Commercial		175.56	0.38			46.2	438.9	percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Aetna	Medicare		88.2				46.2	438.9	case rate	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Aetna	Better Health		145.35	0.3146			46.2	438.9	percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Americare	Americare		346.5	0.75			46.2	438.9	percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	WellPoint	WellPoint		148.21	0.3208			46.2	438.9	percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	AmerihealthI	Medicare		88.2				46.2	438.9	case rate	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Consumer	Consumer		438.9	0.95			46.2	438.9	percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Corrections	Corrections		369.6	0.8			46.2	438.9	percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	First Health	First Health		323.4	0.7			46.2	438.9	percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	First Trenton	First Trenton		415.8	0.9			46.2	438.9	percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Horizon	MCD		176.85	0.3828			46.2	438.9	percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Horizon	Medicare Blue		138.6	0.3			46.2	438.9	percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Horizon	Indemnity		176.85	0.3828			46.2	438.9	percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Horizon	PPO		176.85	0.3828			46.2	438.9	percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Horizon	NJ Health		46.2	0.1			46.2	438.9	percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Managed Care Inc	Managed Care Inc		415.8	0.9			46.2	438.9	percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Multiplan	Multiplan		369.6	0.8			46.2	438.9	percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Qualcare	Qualcare		346.5	0.75			46.2	438.9	percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Three Rivers	Three Rivers		438.9	0.95			46.2	438.9	percent of total billed charges	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	UHC	Medicare		88.2				46.2	438.9	case rate	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	UHC	Medicaid		70.56				46.2	438.9	case rate	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Wellcare	Medicaid		70.56				46.2	438.9	case rate	
VKORC1 GENE ANALYSIS	81355	CPT	outpatient			462	101.43	Wellcare	Medicare		88.2				46.2	438.9	case rate	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Aetna	Medicare		174.81				139.85	460.75	case rate	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Aetna	Commercial		184.3	0.38			139.85	460.75	percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Aetna	Better Health		152.58	0.3146			139.85	460.75	percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Americare	Americare		363.75	0.75			139.85	460.75	percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	WellPoint	WellPoint		155.59	0.3208			139.85	460.75	percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	AmerihealthI	Medicare		174.81				139.85	460.75	case rate	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Consumer	Consumer		460.75	0.95			139.85	460.75	percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Corrections	Corrections		388	0.8			139.85	460.75	percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	First Health	First Health		339.5	0.7			139.85	460.75	percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	First Trenton	First Trenton		436.5	0.9			139.85	460.75	percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Horizon	Medicare Blue		145.5	0.3			139.85	460.75	percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Horizon	Indemnity		185.66	0.3828			139.85	460.75	percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Horizon	MCD		185.66	0.3828			139.85	460.75	percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Horizon	PPO		185.66	0.3828			139.85	460.75	percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Managed Care Inc	Managed Care Inc		436.5	0.9			139.85	460.75	percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Multiplan	Multiplan		388	0.8			139.85	460.75	percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Qualcare	Qualcare		363.75	0.75			139.85	460.75	percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Three Rivers	Three Rivers		460.75	0.95			139.85	460.75	percent of total billed charges	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	UHC	Medicare		174.81				139.85	460.75	case rate	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	UHC	Medicaid		139.85				139.85	460.75	case rate	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Wellcare	Medicaid		139.85				139.85	460.75	case rate	
SICKLE CELL DISEASE GENE	81361	CPT	outpatient			485	201.03	Wellcare	Medicare		174.81				139.85	460.75	case rate	
HBB FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Aetna	Better Health		1595.97	0.3146			259.66	4819.35	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Aetna	Medicare		324.58				259.66	4819.35	case rate	
HBB FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Aetna	Commercial		1927.74	0.38			259.66	4819.35	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Americare	Americare		3804.75	0.75			259.66	4819.35	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	WellPoint	WellPoint		1627.42	0.3208			259.66	4819.35	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	AmerihealthI	Medicare		324.58				259.66	4819.35	case rate	
HBB FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Consumer	Consumer		4819.35	0.95			259.66	4819.35	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Corrections	Corrections		4058.4	0.8			259.66	4819.35	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	First Health	First Health		3551.1	0.7			259.66	4819.35	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	First Trenton	First Trenton		4565.7	0.9			259.66	4819.35	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Horizon	MCD		1941.94	0.3828			259.66	4819.35	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Horizon	Medicare Blue		1521.9	0.3			259.66	4819.35	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Horizon	Indemnity		1941.94	0.3828			259.66	4819.35	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Horizon	PPO		1941.94	0.3828			259.66	4819.35	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Managed Care Inc	Managed Care Inc		4565.7	0.9			259.66	4819.35	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Multiplan	Multiplan		4058.4	0.8			259.66	4819.35	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Qualcare	Qualcare		3804.75	0.75			259.66	4819.35	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Three Rivers	Three Rivers		4819.35	0.95			259.66	4819.35	percent of total billed charges	
HBB FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	UHC	Medicaid		259.66				259.66	4819.35	case rate	
HBB FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	UHC	Medicare		324.58				259.66	4819.35	case rate	
HBB FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Wellcare	Medicaid		259.66				259.66	4819.35	case rate	
HBB FULL GENE SEQUENCE	81364	CPT	outpatient			5073	373.27	Wellcare	Medicare		324.58				259.66	4819.35	case rate	
HLA ABC DR1345 DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Aetna	Medicare		402.12				321.7	1216.95	case rate	
HLA ABC DR1345 DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Aetna	Better Health		403	0.3146			321.7	1216.95	percent of total billed charges	
HLA ABC DR1345 DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Aetna	Commercial		486.78	0.38			321.7	1216.95	percent of total billed charges	
HLA ABC DR1345 DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Americare	Americare		960.75	0.75			321.7	1216.95	percent of total billed charges	
HLA ABC DR1345 DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	WellPoint	WellPoint		410.94	0.3208			321.7	1216.95	percent of total billed charges	
HLA ABC DR1345 DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	AmerihealthI	Medicare		402.12				321.7	1216.95	case rate	
HLA ABC DR1345 DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Consumer	Consumer		1216.95	0.95			321.7	1216.95	percent of total billed charges	
HLA ABC DR1345 DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Corrections	Corrections		1024.8	0.8			321.7	1216.95	percent of total billed charges	
HLA ABC DR1345 DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	First Health	First Health		896.7	0.7			321.7	1216.95	percent of total billed charges	
HLA ABC DR1345 DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	First Trenton	First Trenton		1152.9	0.9			321.7	1216.95	percent of total billed charges	
HLA ABC DR1345 DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Horizon	Indemnity		490.37	0.3828			321.7	1216.95	percent of total billed charges	
HLA ABC DR1345 DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Horizon	MCD		490.37	0.3828			321.7	1216.95	percent of total billed charges	
HLA ABC DR1345 DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Horizon	Medicare Blue		384.3	0.3			321.7	1216.95	percent of total billed charges	
HLA ABC DR1345 DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Horizon	PPO		490.37	0.3828			321.7	1216.95	percent of total billed charges	
HLA ABC DR1345 DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Managed Care Inc	Managed Care Inc		1152.9	0.9			321.7	1216.95	percent of total billed charges	
HLA ABC DR1345 DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Multiplan	Multiplan		1024.8	0.8			321.7	1216.95	percent of total billed charges	
HLA ABC DR1345 DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Qualcare	Qualcare		960.75	0.75			321.7	1216.95	percent of total billed charges	
HLA ABC DR1345 DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Three Rivers	Three Rivers		1216.95	0.95			321.7	1216.95	percent of total billed charges	
HLA ABC DR1345 DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	UHC	Medicaid		321.7				321.7	1216.95	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HLA ABC DR1345 DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	UHC	Medicare		402.12				321.7	1216.95	case rate	
HLA ABC DR1345 DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Wellcare	Medicaid		321.7				321.7	1216.95	case rate	
HLA ABC DR1345 DQ INTERM RES (167096)	81370	CPT	outpatient			1281	462.44	Wellcare	Medicare		402.12				321.7	1216.95	case rate	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240	464.13	Aetna	Commercial		471.2	0.38			90.3	1178	percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240	464.13	Aetna	Better Health		390.1	0.3146			90.3	1178	percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240	464.13	Aetna	Medicare		403.59				90.3	1178	case rate	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240	464.13	Americare	Americare		930	0.75			90.3	1178	percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240	464.13	WellPoint	WellPoint		397.79	0.3208			90.3	1178	percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240	464.13	Amerihealth	Medicare		403.59				90.3	1178	case rate	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240	464.13	Consumer	Consumer		1178	0.95			90.3	1178	percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240	464.13	Corrections	Corrections		992	0.8			90.3	1178	percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240	464.13	First Health	First Health		868	0.7			90.3	1178	percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240	464.13	First Trenton	First Trenton		1116	0.9			90.3	1178	percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240	464.13	Horizon	MGD		474.67	0.3828			90.3	1178	percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240	464.13	Horizon	PPO		474.67	0.3828			90.3	1178	percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240	464.13	Horizon	Indemnity		474.67	0.3828			90.3	1178	percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240	464.13	Horizon	Medicare Blue		372	0.3			90.3	1178	percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240	464.13	Managed Care Inc	Managed Care Inc		1116	0.9			90.3	1178	percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240	464.13	Multiplan	Multiplan		992	0.8			90.3	1178	percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240	464.13	Qualcare	Qualcare		930	0.75			90.3	1178	percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240	464.13	Three Rivers	Three Rivers		1178	0.95			90.3	1178	percent of total billed charges	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240	464.13	UHC	Medicaid		322.87				90.3	1178	case rate	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240	464.13	UHC	Medicare		403.59				90.3	1178	case rate	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240	464.13	Wellcare	Medicaid		322.87				90.3	1178	case rate	
HLA PANEL (ABC TRANSPLANT)	81372	CPT	outpatient			1240	464.13	Wellcare	Medicare		403.59				90.3	1178	case rate	
HLA-C	81373	CPT	both			639	146.54	Aetna	Better Health		201.03	0.3146			10.2	607.05	percent of total billed charges	
HLA-C	81373	CPT	both			639	146.54	Aetna	Medicare		127.43				10.2	607.05	case rate	
HLA-C	81373	CPT	both			639	146.54	Aetna	Commercial		242.82	0.38			10.2	607.05	percent of total billed charges	
HLA-C	81373	CPT	both			639	146.54	Americare	Americare		479.25	0.75			10.2	607.05	percent of total billed charges	
HLA-C	81373	CPT	both			639	146.54	WellPoint	WellPoint		204.99	0.3208			10.2	607.05	percent of total billed charges	
HLA-C	81373	CPT	both			639	146.54	Amerihealth	Medicare		127.43				10.2	607.05	case rate	
HLA-C	81373	CPT	both			639	146.54	Consumer	Consumer		607.05	0.95			10.2	607.05	percent of total billed charges	
HLA-C	81373	CPT	both			639	146.54	Corrections	Corrections		511.2	0.8			10.2	607.05	percent of total billed charges	
HLA-C	81373	CPT	both			639	146.54	First Health	First Health		447.3	0.7			10.2	607.05	percent of total billed charges	
HLA-C	81373	CPT	both			639	146.54	First Trenton	First Trenton		575.1	0.9			10.2	607.05	percent of total billed charges	
HLA-C	81373	CPT	both			639	146.54	Horizon	MGD		244.61	0.3828			10.2	607.05	percent of total billed charges	
HLA-C	81373	CPT	both			639	146.54	Horizon	Indemnity		244.61	0.3828			10.2	607.05	percent of total billed charges	
HLA-C	81373	CPT	both			639	146.54	Horizon	PPO		244.61	0.3828			10.2	607.05	percent of total billed charges	
HLA-C	81373	CPT	both			639	146.54	Horizon	Medicare Blue		191.7	0.3			10.2	607.05	percent of total billed charges	
HLA-C	81373	CPT	both			639	146.54	Managed Care Inc	Managed Care Inc		575.1	0.9			10.2	607.05	percent of total billed charges	
HLA-C	81373	CPT	both			639	146.54	Multiplan	Multiplan		511.2	0.8			10.2	607.05	percent of total billed charges	
HLA-C	81373	CPT	both			639	146.54	Qualcare	Qualcare		479.25	0.75			10.2	607.05	percent of total billed charges	
HLA-C	81373	CPT	both			639	146.54	Three Rivers	Three Rivers		607.05	0.95			10.2	607.05	percent of total billed charges	
HLA-C	81373	CPT	both			639	146.54	UHC	Medicare		127.43				10.2	607.05	case rate	
HLA-C	81373	CPT	both			639	146.54	UHC	Medicaid		101.94				10.2	607.05	case rate	
HLA-C	81373	CPT	both			639	146.54	Wellcare	Medicaid		101.94				10.2	607.05	case rate	
HLA-C	81373	CPT	both			639	146.54	Wellcare	Medicare		127.43				10.2	607.05	case rate	
HLA-B27 ANTIGEN	81374	CPT	both			411	85.48	Aetna	Commercial		156.18	0.38			50.1	390.45	percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411	85.48	Aetna	Medicare		74.33				50.1	390.45	case rate	
HLA-B27 ANTIGEN	81374	CPT	both			411	85.48	Aetna	Better Health		129.3	0.3146			50.1	390.45	percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411	85.48	Americare	Americare		308.25	0.75			50.1	390.45	percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411	85.48	WellPoint	WellPoint		131.85	0.3208			50.1	390.45	percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411	85.48	Amerihealth	Medicare		74.33				50.1	390.45	case rate	
HLA-B27 ANTIGEN	81374	CPT	both			411	85.48	Consumer	Consumer		390.45	0.95			50.1	390.45	percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411	85.48	Corrections	Corrections		328.8	0.8			50.1	390.45	percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411	85.48	First Health	First Health		287.7	0.7			50.1	390.45	percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411	85.48	First Trenton	First Trenton		369.9	0.9			50.1	390.45	percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411	85.48	Horizon	Indemnity		157.33	0.3828			50.1	390.45	percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411	85.48	Horizon	Medicare Blue		123.3	0.3			50.1	390.45	percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411	85.48	Horizon	MGD		157.33	0.3828			50.1	390.45	percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411	85.48	Horizon	PPO		157.33	0.3828			50.1	390.45	percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411	85.48	Managed Care Inc	Managed Care Inc		369.9	0.9			50.1	390.45	percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411	85.48	Multiplan	Multiplan		328.8	0.8			50.1	390.45	percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411	85.48	Qualcare	Qualcare		308.25	0.75			50.1	390.45	percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411	85.48	Three Rivers	Three Rivers		390.45	0.95			50.1	390.45	percent of total billed charges	
HLA-B27 ANTIGEN	81374	CPT	both			411	85.48	UHC	Medicaid		59.46				50.1	390.45	case rate	
HLA-B27 ANTIGEN	81374	CPT	both			411	85.48	UHC	Medicare		74.33				50.1	390.45	case rate	
HLA-B27 ANTIGEN	81374	CPT	both			411	85.48	Wellcare	Medicare		74.33				50.1	390.45	case rate	
HLA-B27 ANTIGEN	81374	CPT	both			411	85.48	Wellcare	Medicaid		59.46				50.1	390.45	case rate	
HLA DR1/3/4/5 DQ INTERMEDIATE RES	81375	CPT	outpatient			1164	253.85	Aetna	Commercial		442.32	0.38			176.59	1105.8	percent of total billed charges	
HLA DR1/3/4/5 DQ INTERMEDIATE RES	81375	CPT	outpatient			1164	253.85	Aetna	Medicare		220.74				176.59	1105.8	case rate	
HLA DR1/3/4/5 DQ INTERMEDIATE RES	81375	CPT	outpatient			1164	253.85	Aetna	Better Health		366.19	0.3146			176.59	1105.8	percent of total billed charges	
HLA DR1/3/4/5 DQ INTERMEDIATE RES	81375	CPT	outpatient			1164	253.85	Americare	Americare		873	0.75			176.59	1105.8	percent of total billed charges	
HLA DR1/3/4/5 DQ INTERMEDIATE RES	81375	CPT	outpatient			1164	253.85	WellPoint	WellPoint		373.41	0.3208			176.59	1105.8	percent of total billed charges	
HLA DR1/3/4/5 DQ INTERMEDIATE RES	81375	CPT	outpatient			1164	253.85	Amerihealth	Medicare		220.74				176.59	1105.8	case rate	
HLA DR1/3/4/5 DQ INTERMEDIATE RES	81375	CPT	outpatient			1164	253.85	Consumer	Consumer		1105.8	0.95			176.59	1105.8	percent of total billed charges	
HLA DR1/3/4/5 DQ INTERMEDIATE RES	81375	CPT	outpatient			1164	253.85	Corrections	Corrections		931.2	0.8			176.59	1105.8	percent of total billed charges	
HLA DR1/3/4/5 DQ INTERMEDIATE RES	81375	CPT	outpatient			1164	253.85	First Health	First Health		814.8	0.7			176.59	1105.8	percent of total billed charges	
HLA DR1/3/4/5 DQ INTERMEDIATE RES	81375	CPT	outpatient			1164	253.85	First Trenton	First Trenton		1047.6	0.9			176.59	1105.8	percent of total billed charges	
HLA DR1/3/4/5 DQ INTERMEDIATE RES	81375	CPT	outpatient			1164	253.85	Horizon	Indemnity		445.58	0.3828			176.59	1105.8	percent of total billed charges	
HLA DR1/3/4/5 DQ INTERMEDIATE RES	81375	CPT	outpatient			1164	253.85	Horizon	PPO		445.58	0.3828			176.59	1105.8	percent of total billed charges	
HLA DR1/3/4/5 DQ INTERMEDIATE RES	81375	CPT	outpatient			1164	253.85	Horizon	MGD		445.58	0.3828			176.59	1105.8	percent of total billed charges	
HLA DR1/3/4/5 DQ INTERMEDIATE RES	81375	CPT	outpatient			1164	253.85	Horizon	Medicare Blue		349.2	0.3			176.59	1105.8	percent of total billed charges	
HLA DR1/3/4/5 DQ INTERMEDIATE RES	81375	CPT	outpatient			1164	253.85	Managed Care Inc	Managed Care Inc		1047.6	0.9			176.59	1105.8	percent of total billed charges	
HLA DR1/3/4/5 DQ INTERMEDIATE RES	81375	CPT	outpatient			1164	253.85	Multiplan	Multiplan		931.2	0.8			176.59	1105.8	percent of total billed charges	
HLA DR1/3/4/5 DQ INTERMEDIATE RES	81375	CPT	outpatient			1164	253.85	Qualcare	Qualcare		873	0.75			176.59	1105.8	percent of total billed charges	
HLA DR1/3/4/5 DQ INTERMEDIATE RES	81375	CPT	outpatient			1164	253.85	Three Rivers	Three Rivers		1105.8	0.95			176.59	1105.8	percent of total billed charges	
HLA DR1/3/4/5 DQ INTERMEDIATE RES	81375	CPT	outpatient			1164	253.85	UHC	Medicare		220.74				176.59	1105.8	case rate	
HLA DR1/3/4/5 DQ INTERMEDIATE RES	81375	CPT	outpatient			1164	253.85	UHC	Medicaid		176.59				176.59	1105.8	case rate	
HLA DR1/3/4/5 DQ INTERMEDIATE RES	81375	CPT	outpatient			1164	253.85	Wellcare	Medicaid		176.59				176.59	1105.8	case rate	
HLA DR1/3/4/5 DQ INTERMEDIATE RES	81375	CPT	outpatient			1164	253.85	Wellcare	Medicare		220.74				176.59	1105.8	case rate	
HLA-DQB1	81376	CPT	inpatient			806	140.55	Aetna	Commercial		306.28	0.38			97.78	765.7	percent of total billed charges	
HLA-DQB1	81376	CPT	inpatient			806	140.55	Aetna	Medicare		122.22				97.78	765.7	case rate	
HLA-DQB1	81376	CPT	inpatient			806	140.55	Aetna	Better Health		253.57	0.3146			97.78	765.7	percent of total billed charges	
HLA-DQB1	81376	CPT	inpatient			806	140.55	Americare	Americare		604.5	0.75			97.78	765.7	percent of total billed charges	
HLA-DQB1	81376	CPT	inpatient			806	140.55	WellPoint	WellPoint		258.56	0.3208			97.78	765.7	percent of total billed charges	
HLA-DQB1	81376	CPT	inpatient			806	140.55	Amerihealth	Medicare		122.22				97.78	765.7	case rate	
HLA-DQB1	81376	CPT	inpatient			806	140.55	Consumer	Consumer		765.7	0.95			97.78	765.7	percent of total billed charges	
HLA-DQB1	81376	CPT	inpatient			806	140.55	Corrections	Corrections		644.8	0.8			97.78	765.7	percent of total billed charges	
HLA-DQB1	81376	CPT	inpatient			806	140.55	First Health	First Health		564.2	0.7			97.78	765.7	percent of total billed charges	
HLA-DQB1	81376	CPT	inpatient			806	140.55	First Trenton	First Trenton		725.4	0.9			97.78	765.7	percent of total billed charges	
HLA-DQB1	81376	CPT	inpatient			806	140.55	Horizon	Indemnity		308.54	0.3828			97.78	765.7	percent of total billed charges	
HLA-DQB1	81376	CPT	inpatient			806	140.55	Horizon	Medicare Blue		241.8	0.3			97.78	765.7	percent of total billed charges	
HLA-DQB1	81376	CPT	inpatient			806	140.55	Horizon	MGD		308.54	0.3828			97.78	765.7	percent of total billed charges	
HLA-DQB1	81376	CPT	inpatient			806	140.55	Horizon	PPO		308.54	0.3828			97.78	765.7	percent of total billed charges	
HLA-DQB1	81376	CPT	inpatient			806	140.55	Managed Care Inc	Managed Care Inc		725.4	0.9			97.78	765.7	percent of total billed charges	
HLA-DQB1	81376	CPT	inpatient			806	140.55	Multiplan	Multiplan		644.8	0.8			97.78	765.7	percent of total billed charges	
HLA-DQB1	81376	CPT	inpatient			806	140.55	Qualcare	Qualcare		604.5	0.75			97.78	765.7	percent of total billed charges	
HLA-DQB1	81376	CPT	inpatient			806	140.55	Three Rivers	Three Rivers		765.7	0.95			97.78	765.7	percent of total billed charges	
HLA-DQB1	81376	CPT	inpatient			806	140.55	UHC	Medicaid		97.78				97.78	765.7	case rate	
HLA-DQB1	81376	CPT	inpatient			806	140.55	UHC	Medicare		122.22				97.78	765.7	case rate	
HLA-DQB1	81376	CPT	inpatient			806	140.55	Wellcare	Medicare		122.22				97.78	765.7	case rate	
HLA-DQB1	81376	CPT	inpatient			806	140.55	Wellcare	Medicaid		97.78				97.78	765.7	case rate	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	Aetna	Medicare		345.57				276.46	1880.05	case rate	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	Aetna	Better Health		622.59	0.3146			276.46	1880.05	percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	Aetna	Commercial		752.02	0.38			276.46	1880.05	percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	Americare	Americare		1484.25	0.75			276.46	1880.05	percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	WellPoint	WellPoint		634.86	0.3208			276.46	1880.05	percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	Amerihealth	Medicare		345.57				276.46	1880.05	case rate	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	Consumer	Consumer		1880.05	0.95			276.46	1880.05	percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	Corrections	Corrections		1583.2	0.8			276.46	1880.05	percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	First Health	First Health		1385.3	0.7			276.46	1880.05	percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	First Trenton	First Trenton		1781.1	0.9			276.46	1880.05	percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	Horizon	Medicare Blue		593.7	0.3			276.46	1880.05	percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	Horizon	Indemnity		757.56	0.3828			276.46	1880.05	percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	Horizon	PPO		757.56	0.3828			276.46	1880.05	percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	Horizon	MGD		757.56	0.3828			276.46	1880.05	percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	Managed Care Inc	Managed Care Inc		1781.1	0.9			276.46	1880.05	percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	Multiplan	Multiplan		1583.2	0.8			276.46	1880.05	percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	Qualcare	Qualcare		1484.25	0.75			276.46	1880.05	percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	Three Rivers	Three Rivers		1880.05	0.95			276.46	1880.05	percent of total billed charges	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	UHC	Medicare		345.57				276.46	1880.05	case rate	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	UHC	Medicaid		276.46				276.46	1880.05	case rate	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	Wellcare	Medicaid		276.46				276.46	1880.05	case rate	
HLA TYPING; DRB1 ; CLASS II HIGH RESOLU	81378	CPT	outpatient			1979	397.41	Wellcare	Medicare		345.57				276.46	1880.05	case rate	
HLA TYPING; A B OR C MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Aetna	Better Health		1862.12	0.3146			268.3	5623.05	percent of total billed charges	
HLA TYPING; A B OR C MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Aetna	Medicare		335.38				268.3	5623.05	case rate	
HLA TYPING; A B OR C MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Aetna	Commercial		2249.22	0.38			268.3	5623.05	percent of total billed charges	
HLA TYPING; A B OR C MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Americare	Americare		4439.25	0.75			268.3	5623.05	percent of total billed charges	
HLA TYPING; A B OR C MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	WellPoint	WellPoint		1898.82	0.3208			268.3	5623.05	percent of total billed charges	
HLA TYPING; A B OR C MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Amerihealth	Medicare		335.38				268.3	5623.05	case rate	
HLA TYPING; A B OR C MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Consumer	Consumer		5623.05	0.95			268.3	5623.05	percent of total billed charges	
HLA TYPING; A B OR C MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Corrections	Corrections		4735.2	0.8			268.3	5623.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HLA TYPING; A B OR C MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	First Health	First Health		4143.3	0.7			268.3	5623.05	percent of total billed charges	
HLA TYPING; A B OR C MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	First Trenton	First Trenton		5327.1	0.9			268.3	5623.05	percent of total billed charges	
HLA TYPING; A B OR C MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Horizon	MGD		2265.79	0.3828			268.3	5623.05	percent of total billed charges	
HLA TYPING; A B OR C MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Horizon	Indemnity		2265.79	0.3828			268.3	5623.05	percent of total billed charges	
HLA TYPING; A B OR C MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Horizon	Medicare Blue		1775.7	0.3			268.3	5623.05	percent of total billed charges	
HLA TYPING; A B OR C MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Horizon	PPO		2265.79	0.3828			268.3	5623.05	percent of total billed charges	
HLA TYPING; A B OR C MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Managed Care Inc	Managed Care Inc		5327.1	0.9			268.3	5623.05	percent of total billed charges	
HLA TYPING; A B OR C MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Multiplan	Multiplan		4735.2	0.8			268.3	5623.05	percent of total billed charges	
HLA TYPING; A B OR C MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Qualcare	Qualcare		4439.25	0.75			268.3	5623.05	percent of total billed charges	
HLA TYPING; A B OR C MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Three Rivers	Three Rivers		5623.05	0.95			268.3	5623.05	percent of total billed charges	
HLA TYPING; A B OR C MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	UHC	Medicaid		268.3				268.3	5623.05	case rate	
HLA TYPING; A B OR C MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	UHC	Medicare		335.38				268.3	5623.05	case rate	
HLA TYPING; A B OR C MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Wellcare	Medicaid		268.3				268.3	5623.05	case rate	
HLA TYPING; A B OR C MULTIPLE ANTIGENS	81379	CPT	outpatient			5919	385.69	Wellcare	Medicare		335.38				268.3	5623.05	case rate	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Aetna	Better Health		253.57	0.3146			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Aetna	Medicare		169.9				59.4	765.7	case rate	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Aetna	Commercial		306.28	0.38			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Americare	Americare		604.5	0.75			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	WellPoint	WellPoint		258.56	0.3208			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Amerihealth	Medicare		169.9				59.4	765.7	case rate	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Consumer	Consumer		765.7	0.95			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Corrections	Corrections		644.8	0.8			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	First Health	First Health		564.2	0.7			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	First Trenton	First Trenton		725.4	0.9			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Horizon	Medicare Blue		241.8	0.3			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Horizon	MGD		308.54	0.3828			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Horizon	Indemnity		308.54	0.3828			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Horizon	PPO		308.54	0.3828			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Managed Care Inc	Managed Care Inc		725.4	0.9			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Multiplan	Multiplan		644.8	0.8			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Qualcare	Qualcare		604.5	0.75			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Three Rivers	Three Rivers		765.7	0.95			59.4	765.7	percent of total billed charges	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	UHC	Medicaid		135.92				59.4	765.7	case rate	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	UHC	Medicare		169.9				59.4	765.7	case rate	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Wellcare	Medicaid		135.92				59.4	765.7	case rate	
HLA-A29 UVEITIS	81381	CPT	both			806	195.39	Wellcare	Medicare		169.9				59.4	765.7	case rate	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Aetna	Medicare		123.68				98.94	984.2	case rate	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Aetna	Better Health		325.93	0.3146			98.94	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Aetna	Commercial		393.68	0.38			98.94	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Americare	Americare		777	0.75			98.94	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	WellPoint	WellPoint		332.35	0.3208			98.94	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Amerihealth	Medicare		123.68				98.94	984.2	case rate	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Consumer	Consumer		984.2	0.95			98.94	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Corrections	Corrections		828.8	0.8			98.94	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	First Health	First Health		725.2	0.7			98.94	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	First Trenton	First Trenton		932.4	0.9			98.94	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Horizon	MGD		396.58	0.3828			98.94	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Horizon	Indemnity		396.58	0.3828			98.94	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Horizon	Medicare Blue		310.8	0.3			98.94	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Horizon	PPO		396.58	0.3828			98.94	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Managed Care Inc	Managed Care Inc		932.4	0.9			98.94	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Multiplan	Multiplan		828.8	0.8			98.94	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Qualcare	Qualcare		777	0.75			98.94	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Three Rivers	Three Rivers		984.2	0.95			98.94	984.2	percent of total billed charges	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	UHC	Medicaid		98.94				98.94	984.2	case rate	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	UHC	Medicare		123.68				98.94	984.2	case rate	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Wellcare	Medicaid		98.94				98.94	984.2	case rate	
HLA-DRB1 HIGH RESOLUTION	81382	CPT	outpatient			1036	142.23	Wellcare	Medicare		123.68				98.94	984.2	case rate	
USHER SYNDROME TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Aetna	Commercial		335.16	0.38			46.2	837.9	percent of total billed charges	
USHER SYNDROME TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Aetna	Better Health		277.48	0.3146			46.2	837.9	percent of total billed charges	
USHER SYNDROME TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Aetna	Medicare		63.96				46.2	837.9	case rate	
USHER SYNDROME TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Americare	Americare		661.5	0.75			46.2	837.9	percent of total billed charges	
USHER SYNDROME TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	WellPoint	WellPoint		282.95	0.3208			46.2	837.9	percent of total billed charges	
USHER SYNDROME TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Amerihealth	Medicare		63.96				46.2	837.9	case rate	
USHER SYNDROME TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Consumer	Consumer		837.9	0.95			46.2	837.9	percent of total billed charges	
USHER SYNDROME TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Corrections	Corrections		705.6	0.8			46.2	837.9	percent of total billed charges	
USHER SYNDROME TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	First Health	First Health		617.4	0.7			46.2	837.9	percent of total billed charges	
USHER SYNDROME TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	First Trenton	First Trenton		793.8	0.9			46.2	837.9	percent of total billed charges	
USHER SYNDROME TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Horizon	NJ Health		88.2	0.1			46.2	837.9	percent of total billed charges	
USHER SYNDROME TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Horizon	MGD		337.63	0.3828			46.2	837.9	percent of total billed charges	
USHER SYNDROME TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Horizon	Indemnity		337.63	0.3828			46.2	837.9	percent of total billed charges	
USHER SYNDROME TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Horizon	Medicare Blue		264.6	0.3			46.2	837.9	percent of total billed charges	
USHER SYNDROME TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Horizon	PPO		337.63	0.3828			46.2	837.9	percent of total billed charges	
USHER SYNDROME TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Managed Care Inc	Managed Care Inc		793.8	0.9			46.2	837.9	percent of total billed charges	
USHER SYNDROME TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Multiplan	Multiplan		705.6	0.8			46.2	837.9	percent of total billed charges	
USHER SYNDROME TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Qualcare	Qualcare		661.5	0.75			46.2	837.9	percent of total billed charges	
USHER SYNDROME TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Three Rivers	Three Rivers		837.9	0.95			46.2	837.9	percent of total billed charges	
USHER SYNDROME TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	UHC	Medicaid		51.17				46.2	837.9	case rate	
USHER SYNDROME TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	UHC	Medicare		63.96				46.2	837.9	case rate	
USHER SYNDROME TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Wellcare	Medicare		63.96				46.2	837.9	case rate	
USHER SYNDROME TYPE 1F&3 (2013750)	81400	CPT	both			882	73.55	Wellcare	Medicaid		51.17				46.2	837.9	case rate	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Aetna	Better Health		1490.26	0.3146			39.6	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Aetna	Commercial		1800.06	0.38			39.6	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Aetna	Medicare		137				39.6	4500.15	case rate	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Americare	Americare		3552.75	0.75			39.6	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	WellPoint	WellPoint		1519.63	0.3208			39.6	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Amerihealth	Medicare		137				39.6	4500.15	case rate	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Consumer	Consumer		4500.15	0.95			39.6	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Corrections	Corrections		3789.6	0.8			39.6	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	First Health	First Health		3315.9	0.7			39.6	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	First Trenton	First Trenton		4263.3	0.9			39.6	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Horizon	MGD		1813.32	0.3828			39.6	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Horizon	Indemnity		1813.32	0.3828			39.6	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Horizon	PPO		1813.32	0.3828			39.6	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Horizon	Medicare Blue		1421.1	0.3			39.6	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Horizon	NJ Health		473.7	0.1			39.6	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Managed Care Inc	Managed Care Inc		4263.3	0.9			39.6	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Multiplan	Multiplan		3789.6	0.8			39.6	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Qualcare	Qualcare		3552.75	0.75			39.6	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Three Rivers	Three Rivers		4500.15	0.95			39.6	4500.15	percent of total billed charges	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	UHC	Medicare		137				39.6	4500.15	case rate	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	UHC	Medicaid		109.6				39.6	4500.15	case rate	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Wellcare	Medicaid		109.6				39.6	4500.15	case rate	
SMA CARRIER DETECTION	81401	CPT	both			4737	157.55	Wellcare	Medicare		137				39.6	4500.15	case rate	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Aetna	Better Health		371.23	0.3146			55.9	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Aetna	Medicare		150.33				55.9	1121	case rate	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Aetna	Commercial		448.4	0.38			55.9	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Americare	Americare		885	0.75			55.9	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	WellPoint	WellPoint		378.54	0.3208			55.9	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Amerihealth	Medicare		150.33				55.9	1121	case rate	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Consumer	Consumer		1121	0.95			55.9	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Corrections	Corrections		944	0.8			55.9	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	First Health	First Health		826	0.7			55.9	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	First Trenton	First Trenton		1062	0.9			55.9	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Horizon	Medicare Blue		354	0.3			55.9	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Horizon	Indemnity		451.7	0.3828			55.9	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Horizon	MGD		451.7	0.3828			55.9	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Horizon	PPO		451.7	0.3828			55.9	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Horizon	NJ Health		118	0.1			55.9	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Managed Care Inc	Managed Care Inc		1062	0.9			55.9	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Multiplan	Multiplan		944	0.8			55.9	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Qualcare	Qualcare		885	0.75			55.9	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Three Rivers	Three Rivers		1121	0.95			55.9	1121	percent of total billed charges	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	UHC	Medicaid		120.26				55.9	1121	case rate	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	UHC	Medicare		150.33				55.9	1121	case rate	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Wellcare	Medicaid		120.26				55.9	1121	case rate	
UNIPARENTAL DISOMY CHROM	81402	CPT	both			1180	172.88	Wellcare	Medicare		150.33				55.9	1121	case rate	
RHD GENOTYPING (3872)	81403	CPT	both			2244	212.98	Aetna	Medicare		691.15	0.308			38.1	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244	212.98	Aetna	Better Health		705.96	0.3146			38.1	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244	212.98	Aetna	Commercial		852.72	0.38			38.1	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244	212.98	Americare	Americare		1683	0.75			38.1	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244	212.98	WellPoint	WellPoint		719.88	0.3208			38.1	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244	212.98	Amerihealth	Medicare		185.2				38.1	2131.8	case rate	
RHD GENOTYPING (3872)	81403	CPT	both			2244	212.98	Consumer	Consumer		2131.8	0.95			38.1	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244	212.98	Corrections	Corrections		1795.2	0.8			38.1	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244	212.98	First Health	First Health		1570.8	0.7			38.1	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244	212.98	First Trenton	First Trenton		2019.6	0.9			38.1	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244	212.98	Horizon	Indemnity		859	0.3828			38.1	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244	212.98	Horizon	PPO		859	0.3828			38.1	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244	212.98	Horizon	MGD		859	0.3828			38.1	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244	212.98	Horizon	Medicare Blue		673.2	0.3			38.1	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244	212.98	Horizon	NJ Health		224.4	0.1			38.1	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244	212.98	Managed Care Inc	Managed Care Inc		2019.6	0.9			38.1	2131.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 Multiplan	Multiplan		1795.2	0.8			38.1	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 Qualcare	Qualcare		1683	0.75			38.1	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 Three Rivers	Three Rivers		2131.8	0.95			38.1	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 UHC	Medicare		185.2				38.1	2131.8	case rate	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 UHC	Medicaid		705.96	0.3146			38.1	2131.8	percent of total billed charges	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 Wellcare	Medicare		185.2				38.1	2131.8	case rate	
RHD GENOTYPING (3872)	81403	CPT	both			2244		212.98 Wellcare	Medicaid		705.96	0.3146			38.1	2131.8	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Aetna	Commercial		823.84	0.38			29.3	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Aetna	Medicare		274.83				29.3	2059.6	case rate	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Aetna	Better Health		682.05	0.3146			29.3	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Americare	Americare		1626	0.75			29.3	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 WellPoint	WellPoint		695.49	0.3208			29.3	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Amerihealth	Medicare		274.83				29.3	2059.6	case rate	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Consumer	Consumer		2059.6	0.95			29.3	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Corrections	Corrections		1734.4	0.8			29.3	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 First Health	First Health		1517.6	0.7			29.3	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 First Trenton	First Trenton		1951.2	0.9			29.3	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Horizon	Indemnity		829.91	0.3828			29.3	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Horizon	Medicare Blue		650.4	0.3			29.3	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Horizon	MGD		829.91	0.3828			29.3	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Horizon	NJ Health		216.8	0.1			29.3	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Horizon	PPO		829.91	0.3828			29.3	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Managed Care Inc	Managed Care Inc		1951.2	0.9			29.3	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Multiplan	Multiplan		1734.4	0.8			29.3	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Qualcare	Qualcare		1626	0.75			29.3	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Three Rivers	Three Rivers		2059.6	0.95			29.3	2059.6	percent of total billed charges	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 UHC	Medicare		274.83				29.3	2059.6	case rate	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 UHC	Medicaid		219.86				29.3	2059.6	case rate	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Wellcare	Medicare		274.83				29.3	2059.6	case rate	
TRANSTHYRETIN-ASSOCIATE FAM	81404	CPT	both			2168		316.05 Wellcare	Medicaid		219.86				29.3	2059.6	case rate	
SCAD SCREENING	81405	CPT	both			8039		346.55 Aetna	Better Health		2529.07	0.3146			62.7	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Aetna	Commercial		3054.82	0.38			62.7	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Aetna	Medicare		301.35				62.7	7637.05	case rate	
SCAD SCREENING	81405	CPT	both			8039		346.55 Americare	Americare		6029.25	0.75			62.7	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 WellPoint	WellPoint		2578.91	0.3208			62.7	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Amerihealth	Medicare		301.35				62.7	7637.05	case rate	
SCAD SCREENING	81405	CPT	both			8039		346.55 Consumer	Consumer		7637.05	0.95			62.7	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Corrections	Corrections		6431.2	0.8			62.7	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 First Health	First Health		5627.3	0.7			62.7	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 First Trenton	First Trenton		7235.1	0.9			62.7	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Horizon	MGD		3077.33	0.3828			62.7	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Horizon	Indemnity		3077.33	0.3828			62.7	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Horizon	PPO		3077.33	0.3828			62.7	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Horizon	Medicare Blue		2411.7	0.3			62.7	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Horizon	NJ Health		803.9	0.1			62.7	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Managed Care Inc	Managed Care Inc		7235.1	0.9			62.7	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Multiplan	Multiplan		6431.2	0.8			62.7	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Qualcare	Qualcare		6029.25	0.75			62.7	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 Three Rivers	Three Rivers		7637.05	0.95			62.7	7637.05	percent of total billed charges	
SCAD SCREENING	81405	CPT	both			8039		346.55 UHC	Medicare		301.35				62.7	7637.05	case rate	
SCAD SCREENING	81405	CPT	both			8039		346.55 UHC	Medicaid		241.08				62.7	7637.05	case rate	
SCAD SCREENING	81405	CPT	both			8039		346.55 Wellcare	Medicaid		241.08				62.7	7637.05	case rate	
SCAD SCREENING	81405	CPT	both			8039		346.55 Wellcare	Medicare		301.35				62.7	7637.05	case rate	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Aetna	Commercial		5164.2	0.38			62.7	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Aetna	Medicare		282.88				62.7	12910.5	case rate	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Aetna	Better Health		4275.41	0.3146			62.7	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Americare	Americare		10192.5	0.75			62.7	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 WellPoint	WellPoint		4359.67	0.3208			62.7	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Amerihealth	Medicare		282.88				62.7	12910.5	case rate	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Consumer	Consumer		12910.5	0.95			62.7	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Corrections	Corrections		10872	0.8			62.7	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 First Health	First Health		9513	0.7			62.7	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 First Trenton	First Trenton		12231	0.9			62.7	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Horizon	Indemnity		5202.25	0.3828			62.7	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Horizon	Medicare Blue		4077	0.3			62.7	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Horizon	NJ Health		1359	0.1			62.7	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Horizon	MGD		5202.25	0.3828			62.7	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Horizon	PPO		5202.25	0.3828			62.7	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Managed Care Inc	Managed Care Inc		12231	0.9			62.7	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Multiplan	Multiplan		10872	0.8			62.7	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Qualcare	Qualcare		10192.5	0.75			62.7	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Three Rivers	Three Rivers		12910.5	0.95			62.7	12910.5	percent of total billed charges	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 UHC	Medicare		282.88				62.7	12910.5	case rate	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 UHC	Medicaid		226.3				62.7	12910.5	case rate	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Wellcare	Medicare		282.88				62.7	12910.5	case rate	
WILSON DISEASE(ATP7B) SEQ	81406	CPT	both			13590		325.31 Wellcare	Medicaid		226.3				62.7	12910.5	case rate	
CHD7 SEQUENCING	81407	CPT	outpatient			3034		973.21 Aetna	Medicare		846.27				269.4	2882.3	case rate	
CHD7 SEQUENCING	81407	CPT	outpatient			3034		973.21 Aetna	Better Health		954.5	0.3146			269.4	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	outpatient			3034		973.21 Aetna	Commercial		1152.92	0.38			269.4	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	outpatient			3034		973.21 Americare	Americare		2275.5	0.75			269.4	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	outpatient			3034		973.21 WellPoint	WellPoint		973.31	0.3208			269.4	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	outpatient			3034		973.21 Amerihealth	Medicare		846.27				269.4	2882.3	case rate	
CHD7 SEQUENCING	81407	CPT	outpatient			3034		973.21 Consumer	Consumer		2882.3	0.95			269.4	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	outpatient			3034		973.21 Corrections	Corrections		2427.2	0.8			269.4	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	outpatient			3034		973.21 First Health	First Health		2123.8	0.7			269.4	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	outpatient			3034		973.21 First Trenton	First Trenton		2730.6	0.9			269.4	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	outpatient			3034		973.21 Horizon	Indemnity		1161.42	0.3828			269.4	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	outpatient			3034		973.21 Horizon	MGD		1161.42	0.3828			269.4	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	outpatient			3034		973.21 Horizon	NJ Health		303.4	0.1			269.4	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	outpatient			3034		973.21 Horizon	Medicare Blue		910.2	0.3			269.4	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	outpatient			3034		973.21 Horizon	PPO		1161.42	0.3828			269.4	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	outpatient			3034		973.21 Managed Care Inc	Managed Care Inc		2730.6	0.9			269.4	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	outpatient			3034		973.21 Multiplan	Multiplan		2427.2	0.8			269.4	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	outpatient			3034		973.21 Qualcare	Qualcare		2275.5	0.75			269.4	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	outpatient			3034		973.21 Three Rivers	Three Rivers		2882.3	0.95			269.4	2882.3	percent of total billed charges	
CHD7 SEQUENCING	81407	CPT	outpatient			3034		973.21 UHC	Medicaid		677.02				269.4	2882.3	case rate	
CHD7 SEQUENCING	81407	CPT	outpatient			3034		973.21 UHC	Medicare		846.27				269.4	2882.3	case rate	
CHD7 SEQUENCING	81407	CPT	outpatient			3034		973.21 Wellcare	Medicaid		677.02				269.4	2882.3	case rate	
CHD7 SEQUENCING	81407	CPT	outpatient			3034		973.21 Wellcare	Medicare		846.27				269.4	2882.3	case rate	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Aetna	Better Health		2062.83	0.3146			334.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Aetna	Medicare		2000				334.5	6229.15	case rate	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Aetna	Commercial		2491.66	0.38			334.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Americare	Americare		4917.75	0.75			334.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 WellPoint	WellPoint		2103.49	0.3208			334.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Amerihealth	Medicare		2000				334.5	6229.15	case rate	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Consumer	Consumer		6229.15	0.95			334.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Corrections	Corrections		5245.6	0.8			334.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 First Health	First Health		4589.9	0.7			334.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 First Trenton	First Trenton		5901.3	0.9			334.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Horizon	Medicare Blue		1967.1	0.3			334.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Horizon	Indemnity		2510.02	0.3828			334.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Horizon	MGD		2510.02	0.3828			334.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Horizon	PPO		2510.02	0.3828			334.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Horizon	NJ Health		655.7	0.1			334.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Managed Care Inc	Managed Care Inc		5901.3	0.9			334.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Multiplan	Multiplan		5245.6	0.8			334.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Qualcare	Qualcare		4917.75	0.75			334.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Three Rivers	Three Rivers		6229.15	0.95			334.5	6229.15	percent of total billed charges	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 UHC	Medicaid		1600				334.5	6229.15	case rate	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 UHC	Medicare		2000				334.5	6229.15	case rate	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Wellcare	Medicaid		1600				334.5	6229.15	case rate	
MOLECULAR PATHOLOGY LEVEL 9	81408	CPT	outpatient			6557		2300 Wellcare	Medicare		2000				334.5	6229.15	case rate	
GENESEQ FAMILIAL AORTOPATHY PROF	451432		outpatient			1654		579.6 Aetna	Medicare		504				403.2	1571.3	case rate	
GENESEQ FAMILIAL AORTOPATHY PROF	451432		outpatient			1654		579.6 Aetna	Better Health		520.35	0.3146			403.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF	451432		outpatient			1654		579.6 Aetna	Commercial		628.52	0.38			403.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF	451432		outpatient			1654		579.6 Americare	Americare		1240.5	0.75			403.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF	451432		outpatient			1654		579.6 WellPoint	WellPoint		530.6	0.3208			403.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF	451432		outpatient			1654		579.6 Amerihealth	Medicare		504				403.2	1571.3	case rate	
GENESEQ FAMILIAL AORTOPATHY PROF	451432		outpatient			1654		579.6 Consumer	Consumer		1571.3	0.95			403.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF	451432		outpatient			1654		579.6 Corrections	Corrections		1323.2	0.8			403.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF	451432		outpatient			1654		579.6 First Health	First Health		1157.8	0.7			403.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF	451432		outpatient			1654		579.6 First Trenton	First Trenton		1488.6	0.9			403.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF	451432		outpatient			1654		579.6 Horizon	Medicare Blue		496.2	0.3			403.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF	451432		outpatient			1654		579.6 Horizon	MGD		633.15	0.3828			403.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF	451432		outpatient			1654		579.6 Horizon	Indemnity		633.15	0.3828			403.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF	451432		outpatient			1654		579.6 Horizon	PPO		633.15	0.3828			403.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF	451432		outpatient			1654		579.6 Managed Care Inc	Managed Care Inc		1488.6	0.9			403.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF	451432		outpatient			1654		579.6 Multiplan	Multiplan		1323.2	0.8			403.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF	451432		outpatient			1654		579.6 Qualcare	Qualcare		1240.5	0.75			403.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF	451432		outpatient			1654		579.6 Three Rivers	Three Rivers		1571.3	0.95			403.2	1571.3	percent of total billed charges	
GENESEQ FAMILIAL AORTOPATHY PROF	451432		outpatient			1654		579.6 UHC	Medicare		504				403.2	1571.3	case rate	
GENESEQ FAMILIAL AORTOPATHY PROF	451432		outpatient			1654		579.6 UHC	Medicaid		403.2				403.2	1571.3	case rate	
GENESEQ FAMILIAL AORTOPATHY PROF	451432		outpatient			1654		579.6 Wellcare	Medicare		504				403.2	1571.3	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GENESEQ FAMILAL AORTOPATHY PROF 451432	81410	CPT	outpatient			1654	579.6	Wellcare	Medicaid		403.2				403.2	1571.3	case rate	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315	672.64	Aetna	Better Health		2615.9	0.3146			467.92	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315	672.64	Aetna	Medicare		584.9				467.92	7899.25	case rate	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315	672.64	Aetna	Commercial		3159.7	0.38			467.92	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315	672.64	Americare	Americare		6236.25	0.75			467.92	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315	672.64	WellPoint	WellPoint		2667.45	0.3208			467.92	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315	672.64	Amerihealth	Medicare		584.9				467.92	7899.25	case rate	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315	672.64	Consumer	Consumer		7899.25	0.95			467.92	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315	672.64	Corrections	Corrections		6652	0.8			467.92	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315	672.64	First Health	First Health		5820.5	0.7			467.92	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315	672.64	First Trenton	First Trenton		7483.5	0.9			467.92	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315	672.64	Horizon	Indemnity		3182.98	0.3828			467.92	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315	672.64	Horizon	Medicare Blue		2494.5	0.3			467.92	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315	672.64	Horizon	MGD		3182.98	0.3828			467.92	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315	672.64	Horizon	PPO		3182.98	0.3828			467.92	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315	672.64	Managed Care Inc	Managed Care Inc		7483.5	0.9			467.92	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315	672.64	Multiplan	Multiplan		6652	0.8			467.92	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315	672.64	Qualcare	Qualcare		6236.25	0.75			467.92	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315	672.64	Three Rivers	Three Rivers		7899.25	0.95			467.92	7899.25	percent of total billed charges	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315	672.64	UHC	Medicare		584.9				467.92	7899.25	case rate	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315	672.64	UHC	Medicaid		457.92				457.92	7899.25	case rate	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315	672.64	Wellcare	Medicare		584.9				467.92	7899.25	case rate	
CARDIAC ION CHANNELOPATHIES	81413	CPT	outpatient			8315	672.64	Wellcare	Medicaid		457.92				457.92	7899.25	case rate	
DUPLICATION/DELETION	81414	CPT	outpatient			8315	672.64	Aetna	Commercial		3159.7	0.38			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315	672.64	Aetna	Better Health		2615.9	0.3146			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315	672.64	Aetna	Medicare		2561.02	0.308			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315	672.64	Americare	Americare		6236.25	0.75			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315	672.64	WellPoint	WellPoint		2667.45	0.3208			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315	672.64	Amerihealth	Medicare		584.9				584.9	7899.25	case rate	
DUPLICATION/DELETION	81414	CPT	outpatient			8315	672.64	Consumer	Consumer		7899.25	0.95			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315	672.64	Corrections	Corrections		6652	0.8			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315	672.64	First Health	First Health		5820.5	0.7			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315	672.64	First Trenton	First Trenton		7483.5	0.9			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315	672.64	Horizon	PPO		3182.98	0.3828			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315	672.64	Horizon	Indemnity		3182.98	0.3828			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315	672.64	Horizon	MGD		3182.98	0.3828			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315	672.64	Horizon	Medicare Blue		2494.5	0.3			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315	672.64	Managed Care Inc	Managed Care Inc		7483.5	0.9			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315	672.64	Multiplan	Multiplan		6652	0.8			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315	672.64	Qualcare	Qualcare		6236.25	0.75			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315	672.64	Three Rivers	Three Rivers		7899.25	0.95			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315	672.64	UHC	Medicaid		2615.9	0.3146			584.9	7899.25	percent of total billed charges	
DUPLICATION/DELETION	81414	CPT	outpatient			8315	672.64	UHC	Medicare		584.9				584.9	7899.25	case rate	
DUPLICATION/DELETION	81414	CPT	outpatient			8315	672.64	Wellcare	Medicare		584.9				584.9	7899.25	case rate	
DUPLICATION/DELETION	81414	CPT	outpatient			8315	672.64	Wellcare	Medicaid		2615.9	0.3146			584.9	7899.25	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102	5497	Aetna	Commercial		1178.76	0.38			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102	5497	Aetna	Better Health		975.89	0.3146			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102	5497	Aetna	Medicare		4780				930.6	4780	case rate	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102	5497	Americare	Americare		2326.5	0.75			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102	5497	WellPoint	WellPoint		995.12	0.3208			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102	5497	Amerihealth	Medicare		4780				930.6	4780	case rate	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102	5497	Consumer	Consumer		2946.9	0.95			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102	5497	Corrections	Corrections		2481.6	0.8			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102	5497	First Health	First Health		2171.4	0.7			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102	5497	First Trenton	First Trenton		2791.8	0.9			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102	5497	Horizon	Indemnity		1187.45	0.3828			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102	5497	Horizon	Medicare Blue		930.6	0.3			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102	5497	Horizon	MGD		1187.45	0.3828			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102	5497	Horizon	PPO		1187.45	0.3828			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102	5497	Managed Care Inc	Managed Care Inc		2791.8	0.9			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102	5497	Multiplan	Multiplan		2481.6	0.8			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102	5497	Qualcare	Qualcare		2326.5	0.75			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102	5497	Three Rivers	Three Rivers		2946.9	0.95			930.6	4780	percent of total billed charges	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102	5497	UHC	Medicare		4780				930.6	4780	case rate	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102	5497	UHC	Medicaid		3824				930.6	4780	case rate	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102	5497	Wellcare	Medicare		4780				930.6	4780	case rate	
MEDICAL EXOME PHENOTYPE DRIVEN	81415	CPT	both			3102	5497	Wellcare	Medicaid		3824				930.6	4780	case rate	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958	368	Aetna	Better Health		301.39	0.3146			256	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958	368	Aetna	Medicare		320				256	910.1	case rate	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958	368	Aetna	Commercial		364.04	0.38			256	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958	368	Americare	Americare		718.5	0.75			256	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958	368	WellPoint	WellPoint		307.33	0.3208			256	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958	368	Amerihealth	Medicare		320				256	910.1	case rate	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958	368	Consumer	Consumer		910.1	0.95			256	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958	368	Corrections	Corrections		766.4	0.8			256	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958	368	First Health	First Health		670.6	0.7			256	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958	368	First Trenton	First Trenton		862.2	0.9			256	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958	368	Horizon	Indemnity		366.72	0.3828			256	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958	368	Horizon	MGD		366.72	0.3828			256	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958	368	Horizon	PPO		366.72	0.3828			256	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958	368	Horizon	Medicare Blue		287.4	0.3			256	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958	368	Managed Care Inc	Managed Care Inc		862.2	0.9			256	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958	368	Multiplan	Multiplan		766.4	0.8			256	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958	368	Qualcare	Qualcare		718.5	0.75			256	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958	368	Three Rivers	Three Rivers		910.1	0.95			256	910.1	percent of total billed charges	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958	368	UHC	Medicare		320				256	910.1	case rate	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958	368	UHC	Medicaid		256				256	910.1	case rate	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958	368	Wellcare	Medicare		320				256	910.1	case rate	
REANALYSIS DATA MEDICAL EXOME	81417	CPT	outpatient			958	368	Wellcare	Medicaid		256				256	910.1	case rate	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	outpatient			7795	2815.84	Aetna	Commercial		2962.1	0.38			1958.85	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	outpatient			7795	2815.84	Aetna	Medicare		2448.56				1958.85	7405.25	case rate	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	outpatient			7795	2815.84	Aetna	Better Health		2452.31	0.3146			1958.85	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	outpatient			7795	2815.84	Americare	Americare		5846.25	0.75			1958.85	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	outpatient			7795	2815.84	WellPoint	WellPoint		2500.64	0.3208			1958.85	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	outpatient			7795	2815.84	Amerihealth	Medicare		2448.56				1958.85	7405.25	case rate	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	outpatient			7795	2815.84	Consumer	Consumer		7405.25	0.95			1958.85	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	outpatient			7795	2815.84	Corrections	Corrections		6236	0.8			1958.85	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	outpatient			7795	2815.84	First Health	First Health		5456.5	0.7			1958.85	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	outpatient			7795	2815.84	First Trenton	First Trenton		7015.5	0.9			1958.85	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	outpatient			7795	2815.84	Horizon	MGD		2983.93	0.3828			1958.85	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	outpatient			7795	2815.84	Horizon	Indemnity		2983.93	0.3828			1958.85	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	outpatient			7795	2815.84	Horizon	Medicare Blue		2338.5	0.3			1958.85	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	outpatient			7795	2815.84	Horizon	PPO		2983.93	0.3828			1958.85	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	outpatient			7795	2815.84	Managed Care Inc	Managed Care Inc		7015.5	0.9			1958.85	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	outpatient			7795	2815.84	Multiplan	Multiplan		6236	0.8			1958.85	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	outpatient			7795	2815.84	Qualcare	Qualcare		5846.25	0.75			1958.85	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	outpatient			7795	2815.84	Three Rivers	Three Rivers		7405.25	0.95			1958.85	7405.25	percent of total billed charges	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	outpatient			7795	2815.84	UHC	Medicaid		1958.85				1958.85	7405.25	case rate	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	outpatient			7795	2815.84	UHC	Medicare		2448.56				1958.85	7405.25	case rate	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	outpatient			7795	2815.84	Wellcare	Medicaid		1958.85				1958.85	7405.25	case rate	
CLINICAL EPILEPSY NGS PANEL (630550)	81419	CPT	outpatient			7795	2815.84	Wellcare	Medicare		2448.56				1958.85	7405.25	case rate	
NIPT CELL (ANAL 13 18 21 X&Y)	81420	CPT	both			1401	872.91	Aetna	Better Health		440.75	0.3146			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13 18 21 X&Y)	81420	CPT	both			1401	872.91	Aetna	Medicare		759.05				276.3	1330.95	case rate	
NIPT CELL (ANAL 13 18 21 X&Y)	81420	CPT	both			1401	872.91	Aetna	Commercial		532.38	0.38			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13 18 21 X&Y)	81420	CPT	both			1401	872.91	Americare	Americare		1050.75	0.75			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13 18 21 X&Y)	81420	CPT	both			1401	872.91	WellPoint	WellPoint		449.44	0.3208			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13 18 21 X&Y)	81420	CPT	both			1401	872.91	Amerihealth	Medicare		759.05				276.3	1330.95	case rate	
NIPT CELL (ANAL 13 18 21 X&Y)	81420	CPT	both			1401	872.91	Consumer	Consumer		1330.95	0.95			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13 18 21 X&Y)	81420	CPT	both			1401	872.91	Corrections	Corrections		1120.8	0.8			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13 18 21 X&Y)	81420	CPT	both			1401	872.91	First Health	First Health		980.7	0.7			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13 18 21 X&Y)	81420	CPT	both			1401	872.91	First Trenton	First Trenton		1260.9	0.9			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13 18 21 X&Y)	81420	CPT	both			1401	872.91	Horizon	PPO		536.3	0.3828			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13 18 21 X&Y)	81420	CPT	both			1401	872.91	Horizon	MGD		536.3	0.3828			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13 18 21 X&Y)	81420	CPT	both			1401	872.91	Horizon	Medicare Blue		420.3	0.3			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13 18 21 X&Y)	81420	CPT	both			1401	872.91	Horizon	Indemnity		536.3	0.3828			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13 18 21 X&Y)	81420	CPT	both			1401	872.91	Managed Care Inc	Managed Care Inc		1260.9	0.9			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13 18 21 X&Y)	81420	CPT	both			1401	872.91	Multiplan	Multiplan		1120.8	0.8			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13 18 21 X&Y)	81420	CPT	both			1401	872.91	Qualcare	Qualcare		1050.75	0.75			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13 18 21 X&Y)	81420	CPT	both			1401	872.91	Three Rivers	Three Rivers		1330.95	0.95			276.3	1330.95	percent of total billed charges	
NIPT CELL (ANAL 13 18 21 X&Y)	81420	CPT	both			1401	872.91	UHC	Medicaid		607.24				276.3	1330.95	case rate	
NIPT CELL (ANAL 13 18 21 X&Y)	81420	CPT	both			1401	872.91	UHC	Medicare		759.05				276.3	1330.95	case rate	
NIPT CELL (ANAL 13 18 21 X&Y)	81420	CPT	both			1401	872.91	Wellcare	Medicaid		607.24				276.3	1330.95	case rate	
NIPT CELL (ANAL 13 18 21 X&Y)	81420	CPT	both			1401	872.91	Wellcare	Medicare		759.05				276.3	1330.95	case rate	
PRENATAL NOONAN SYNDROME	81422	CPT	outpatient			4652	872.91	Aetna	Medicare		759.05				607.24	4419.4	case rate	
PRENATAL NOONAN SYNDROME	81422	CPT	outpatient			4652	872.91	Aetna	Better Health		1463.52	0.3146			607.24	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	outpatient			4652	872.91	Aetna	Commercial		1767.76	0.38			607.24	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	outpatient			4652	872.91	Americare	Americare		3489	0.75			607.24	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	outpatient			4652	872.91	WellPoint	WellPoint		1492.36	0.3208			607.24	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	outpatient			4652	872.91	Amerihealth	Medicare		759.05				607.24	4419.4	case rate	
PRENATAL NOONAN SYNDROME	81422	CPT	outpatient			4652	872.91	Consumer	Consumer		4419.4	0.95			607.24	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	outpatient			4652	872.91	Corrections	Corrections		3721.6	0.8			607.24	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	outpatient			4652	872.91	First Health	First Health		3256.4	0.7			607.24	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	outpatient			4652	872.91	First Trenton	First Trenton		4186.8	0.9			607.24	4419.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PRENATAL NOONAN SYNDROME	81422	CPT	outpatient			4652	872.91	Horizon	Indemnity		1780.79	0.3828			607.24	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	outpatient			4652	872.91	Horizon	MCD		1780.79	0.3828			607.24	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	outpatient			4652	872.91	Horizon	Medicare Blue		1395.6	0.3			607.24	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	outpatient			4652	872.91	Horizon	PPO		1780.79	0.3828			607.24	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	outpatient			4652	872.91	Managed Care Inc	Managed Care Inc		4186.8	0.9			607.24	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	outpatient			4652	872.91	Multiplan	Multiplan		3721.6	0.8			607.24	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	outpatient			4652	872.91	Qualcare	Qualcare		3489	0.75			607.24	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	outpatient			4652	872.91	Three Rivers	Three Rivers		4419.4	0.95			607.24	4419.4	percent of total billed charges	
PRENATAL NOONAN SYNDROME	81422	CPT	outpatient			4652	872.91	UHC	Medicare		759.05				607.24	4419.4	case rate	
PRENATAL NOONAN SYNDROME	81422	CPT	outpatient			4652	872.91	UHC	Medicaid		607.24				607.24	4419.4	case rate	
PRENATAL NOONAN SYNDROME	81422	CPT	outpatient			4652	872.91	Wellcare	Medicare		759.05				607.24	4419.4	case rate	
PRENATAL NOONAN SYNDROME	81422	CPT	outpatient			4652	872.91	Wellcare	Medicaid		607.24				607.24	4419.4	case rate	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173	1868.75	Aetna	Medicare		1625				1300	4914.35	case rate	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173	1868.75	Aetna	Commercial		1955.74	0.38			1300	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173	1868.75	Aetna	Better Health		1627.43	0.3146			1300	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173	1868.75	Americare	Americare		3879.75	0.75			1300	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173	1868.75	WellPoint	WellPoint		1659.5	0.3208			1300	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173	1868.75	Amerihealth	Medicare		1625				1300	4914.35	case rate	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173	1868.75	Consumer	Consumer		4914.35	0.95			1300	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173	1868.75	Corrections	Corrections		4138.4	0.8			1300	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173	1868.75	First Health	First Health		3621.1	0.7			1300	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173	1868.75	First Trenton	First Trenton		4655.7	0.9			1300	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173	1868.75	Horizon	MCD		1980.22	0.3828			1300	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173	1868.75	Horizon	Indemnity		1980.22	0.3828			1300	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173	1868.75	Horizon	PPO		1980.22	0.3828			1300	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173	1868.75	Horizon	Medicare Blue		1561.9	0.3			1300	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173	1868.75	Managed Care Inc	Managed Care Inc		4655.7	0.9			1300	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173	1868.75	Multiplan	Multiplan		4138.4	0.8			1300	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173	1868.75	Qualcare	Qualcare		3879.75	0.75			1300	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173	1868.75	Three Rivers	Three Rivers		4914.35	0.95			1300	4914.35	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173	1868.75	UHC	Medicare		1625				1300	4914.35	case rate	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173	1868.75	UHC	Medicaid		1300				1300	4914.35	case rate	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173	1868.75	Wellcare	Medicaid		1300				1300	4914.35	case rate	
HEARING LOSS GEN SEQ ANAL	81430	CPT	outpatient			5173	1868.75	Wellcare	Medicare		1625				1300	4914.35	case rate	
HEARING LOSS GEN SEQ ANAL DUP/DELL	81431	CPT	outpatient			2163	781.51	Aetna	Better Health		680.48	0.3146			543.66	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL DUP/DELL	81431	CPT	outpatient			2163	781.51	Aetna	Medicare		679.57				543.66	2054.85	case rate	
HEARING LOSS GEN SEQ ANAL DUP/DELL	81431	CPT	outpatient			2163	781.51	Aetna	Commercial		821.94	0.38			543.66	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL DUP/DELL	81431	CPT	outpatient			2163	781.51	Americare	Americare		1622.25	0.75			543.66	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL DUP/DELL	81431	CPT	outpatient			2163	781.51	WellPoint	WellPoint		693.89	0.3208			543.66	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL DUP/DELL	81431	CPT	outpatient			2163	781.51	Amerihealth	Medicare		679.57				543.66	2054.85	case rate	
HEARING LOSS GEN SEQ ANAL DUP/DELL	81431	CPT	outpatient			2163	781.51	Consumer	Consumer		2054.85	0.95			543.66	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL DUP/DELL	81431	CPT	outpatient			2163	781.51	Corrections	Corrections		1730.4	0.8			543.66	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL DUP/DELL	81431	CPT	outpatient			2163	781.51	First Health	First Health		1514.1	0.7			543.66	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL DUP/DELL	81431	CPT	outpatient			2163	781.51	First Trenton	First Trenton		1946.7	0.9			543.66	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL DUP/DELL	81431	CPT	outpatient			2163	781.51	Horizon	PPO		828	0.3828			543.66	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL DUP/DELL	81431	CPT	outpatient			2163	781.51	Horizon	MCD		828	0.3828			543.66	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL DUP/DELL	81431	CPT	outpatient			2163	781.51	Horizon	Medicare Blue		648.9	0.3			543.66	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL DUP/DELL	81431	CPT	outpatient			2163	781.51	Horizon	Indemnity		828	0.3828			543.66	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL DUP/DELL	81431	CPT	outpatient			2163	781.51	Managed Care Inc	Managed Care Inc		1946.7	0.9			543.66	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL DUP/DELL	81431	CPT	outpatient			2163	781.51	Multiplan	Multiplan		1730.4	0.8			543.66	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL DUP/DELL	81431	CPT	outpatient			2163	781.51	Qualcare	Qualcare		1622.25	0.75			543.66	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL DUP/DELL	81431	CPT	outpatient			2163	781.51	Three Rivers	Three Rivers		2054.85	0.95			543.66	2054.85	percent of total billed charges	
HEARING LOSS GEN SEQ ANAL DUP/DELL	81431	CPT	outpatient			2163	781.51	UHC	Medicaid		543.66				543.66	2054.85	case rate	
HEARING LOSS GEN SEQ ANAL DUP/DELL	81431	CPT	outpatient			2163	781.51	UHC	Medicare		679.57				543.66	2054.85	case rate	
HEARING LOSS GEN SEQ ANAL DUP/DELL	81431	CPT	outpatient			2163	781.51	Wellcare	Medicaid		543.66				543.66	2054.85	case rate	
HEARING LOSS GEN SEQ ANAL DUP/DELL	81431	CPT	outpatient			2163	781.51	Wellcare	Medicare		679.57				543.66	2054.85	case rate	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375	687.6	Aetna	Better Health		432.58	0.3146			137.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375	687.6	Aetna	Medicare		423.5	0.308			137.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375	687.6	Aetna	Commercial		522.5	0.38			137.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375	687.6	Americare	Americare		1031.25	0.75			137.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375	687.6	WellPoint	WellPoint		441.1	0.3208			137.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375	687.6	Amerihealth	Medicare		597.91				137.5	1306.25	case rate	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375	687.6	Consumer	Consumer		1306.25	0.95			137.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375	687.6	Corrections	Corrections		1100	0.8			137.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375	687.6	First Health	First Health		962.5	0.7			137.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375	687.6	First Trenton	First Trenton		1237.5	0.9			137.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375	687.6	Horizon	MCD		526.35	0.3828			137.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375	687.6	Horizon	Medicare Blue		412.5	0.3			137.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375	687.6	Horizon	NJ Health		137.5	0.1			137.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375	687.6	Horizon	Indemnity		526.35	0.3828			137.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375	687.6	Horizon	PPO		526.35	0.3828			137.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375	687.6	Managed Care Inc	Managed Care Inc		1237.5	0.9			137.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375	687.6	Multiplan	Multiplan		1100	0.8			137.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375	687.6	Qualcare	Qualcare		1031.25	0.75			137.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375	687.6	Three Rivers	Three Rivers		1306.25	0.95			137.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375	687.6	UHC	Medicare		597.91				137.5	1306.25	case rate	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375	687.6	UHC	Medicaid		432.58	0.3146			137.5	1306.25	percent of total billed charges	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375	687.6	Wellcare	Medicare		597.91				137.5	1306.25	case rate	
HEREDITARY RETINAL DISORDERS	81434	CPT	outpatient			1375	687.6	Wellcare	Medicaid		432.58	0.3146			137.5	1306.25	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494	672.64	Aetna	Medicare		584.9				448.2	1419.3	case rate	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494	672.64	Aetna	Commercial		567.72	0.38			448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494	672.64	Aetna	Better Health		470.01	0.3146			448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494	672.64	Americare	Americare		1120.5	0.75			448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494	672.64	WellPoint	WellPoint		479.28	0.3208			448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494	672.64	Amerihealth	Medicare		584.9				448.2	1419.3	case rate	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494	672.64	Consumer	Consumer		1419.3	0.95			448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494	672.64	Corrections	Corrections		1195.2	0.8			448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494	672.64	First Health	First Health		1045.8	0.7			448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494	672.64	First Trenton	First Trenton		1344.6	0.9			448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494	672.64	Horizon	MCD		571.9	0.3828			448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494	672.64	Horizon	Indemnity		571.9	0.3828			448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494	672.64	Horizon	Medicare Blue		448.2	0.3			448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494	672.64	Horizon	PPO		571.9	0.3828			448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494	672.64	Managed Care Inc	Managed Care Inc		1344.6	0.9			448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494	672.64	Multiplan	Multiplan		1195.2	0.8			448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494	672.64	Qualcare	Qualcare		1120.5	0.75			448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494	672.64	Three Rivers	Three Rivers		1419.3	0.95			448.2	1419.3	percent of total billed charges	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494	672.64	UHC	Medicaid		457.92				448.2	1419.3	case rate	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494	672.64	UHC	Medicare		584.9				448.2	1419.3	case rate	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494	672.64	Wellcare	Medicaid		457.92				448.2	1419.3	case rate	
INHERITED CARDIOMYOPATHY-DSG2	81439	CPT	outpatient			1494	672.64	Wellcare	Medicare		584.9				448.2	1419.3	case rate	
COMP SHORT STATURE PANEL (630520)	81442	CPT	outpatient			6823	2465.14	Aetna	Medicare		2101.48	0.308			682.3	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630520)	81442	CPT	outpatient			6823	2465.14	Aetna	Better Health		2146.52	0.3146			682.3	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630520)	81442	CPT	outpatient			6823	2465.14	Aetna	Commercial		2592.74	0.38			682.3	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630520)	81442	CPT	outpatient			6823	2465.14	Americare	Americare		5117.25	0.75			682.3	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630520)	81442	CPT	outpatient			6823	2465.14	WellPoint	WellPoint		2188.82	0.3208			682.3	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630520)	81442	CPT	outpatient			6823	2465.14	Amerihealth	Medicare		2143.6				682.3	6481.85	case rate	
COMP SHORT STATURE PANEL (630520)	81442	CPT	outpatient			6823	2465.14	Consumer	Consumer		6481.85	0.95			682.3	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630520)	81442	CPT	outpatient			6823	2465.14	Corrections	Corrections		5458.4	0.8			682.3	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630520)	81442	CPT	outpatient			6823	2465.14	First Health	First Health		4776.1	0.7			682.3	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630520)	81442	CPT	outpatient			6823	2465.14	First Trenton	First Trenton		6140.7	0.9			682.3	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630520)	81442	CPT	outpatient			6823	2465.14	Horizon	Medicare Blue		2046.9	0.3			682.3	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630520)	81442	CPT	outpatient			6823	2465.14	Horizon	MCD		2611.84	0.3828			682.3	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630520)	81442	CPT	outpatient			6823	2465.14	Horizon	NJ Health		682.3	0.1			682.3	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630520)	81442	CPT	outpatient			6823	2465.14	Horizon	Indemnity		2611.84	0.3828			682.3	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630520)	81442	CPT	outpatient			6823	2465.14	Horizon	PPO		2611.84	0.3828			682.3	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630520)	81442	CPT	outpatient			6823	2465.14	Managed Care Inc	Managed Care Inc		6140.7	0.9			682.3	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630520)	81442	CPT	outpatient			6823	2465.14	Multiplan	Multiplan		5458.4	0.8			682.3	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630520)	81442	CPT	outpatient			6823	2465.14	Qualcare	Qualcare		5117.25	0.75			682.3	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630520)	81442	CPT	outpatient			6823	2465.14	Three Rivers	Three Rivers		6481.85	0.95			682.3	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630520)	81442	CPT	outpatient			6823	2465.14	UHC	Medicaid		2146.52	0.3146			682.3	6481.85	percent of total billed charges	
COMP SHORT STATURE PANEL (630520)	81442	CPT	outpatient			6823	2465.14	UHC	Medicare		2143.6				682.3	6481.85	case rate	
COMP SHORT STATURE PANEL (630520)	81442	CPT	outpatient			6823	2465.14	Wellcare	Medicare		2143.6				682.3	6481.85	case rate	
COMP SHORT STATURE PANEL (630520)	81442	CPT	outpatient			6823	2465.14	Wellcare	Medicaid		2146.52	0.3146			682.3	6481.85	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795	2815.84	Aetna	Medicare		2400.86	0.308			1924.8	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795	2815.84	Aetna	Better Health		2452.31	0.3146			1924.8	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795	2815.84	Aetna	Commercial		2962.1	0.38			1924.8	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795	2815.84	Americare	Americare		5846.25	0.75			1924.8	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795	2815.84	WellPoint	WellPoint		2500.64	0.3208			1924.8	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795	2815.84	Amerihealth	Medicare		2448.56				1924.8	7405.25	case rate	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795	2815.84	Consumer	Consumer		7405.25	0.95			1924.8	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795	2815.84	Corrections	Corrections		6236	0.8			1924.8	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795	2815.84	First Health	First Health		5456.5	0.7			1924.8	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795	2815.84	First Trenton	First Trenton		7015.5	0.9			1924.8	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795	2815.84	Horizon	Medicare Blue		2338.5	0.3			1924.8	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795	2815.84	Horizon	Indemnity		2983.93	0.3828			1924.8	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795	2815.84	Horizon	MCD		2983.93	0.3828			1924.8	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795	2815.84	Horizon	PPO		2983.93	0.3828			1924.8	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795	2815.84	Managed Care Inc	Managed Care Inc		7015.5	0.9			1924.8	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795	2815.84	Multiplan	Multiplan		6236	0.8			1924.8	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795	2815.84	Qualcare	Qualcare		5846.25	0.75			1924.8	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795	2815.84	Three Rivers	Three Rivers		7405.25	0.95			1924.8	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795	2815.84	UHC	Medicaid		2452.31	0.3146			1924.8	7405.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795	2815.84	UHC	Medicare		2448.56				1924.8	7405.25	case rate	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795	2815.84	Wellcare	Medicaid		2452.31	0.3146			1924.8	7405.25	percent of total billed charges	
MYOPATHY EXPANDED PNL-NMS GENETIC	81443	CPT	outpatient			7795	2815.84	Wellcare	Medicare		2448.56				1924.8	7405.25	case rate	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650	687.6	Aetna	Medicare		597.91				352.5	1567.5	case rate	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650	687.6	Aetna	Commercial		627	0.38			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650	687.6	Aetna	Better Health		519.09	0.3146			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650	687.6	Americare	Americare		1237.5	0.75			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650	687.6	WellPoint	WellPoint		529.32	0.3208			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650	687.6	Amerihealth	Medicare		597.91				352.5	1567.5	case rate	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650	687.6	Consumer	Consumer		1567.5	0.95			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650	687.6	Corrections	Corrections		1320	0.8			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650	687.6	First Health	First Health		1155	0.7			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650	687.6	First Trenton	First Trenton		1485	0.9			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650	687.6	Horizon	Medicare Blue		495	0.3			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650	687.6	Horizon	Indemnity		631.62	0.3828			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650	687.6	Horizon	MGD		631.62	0.3828			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650	687.6	Horizon	PPO		631.62	0.3828			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650	687.6	Managed Care Inc	Managed Care Inc		1485	0.9			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650	687.6	Multiplan	Multiplan		1320	0.8			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650	687.6	Qualcare	Qualcare		1237.5	0.75			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650	687.6	Three Rivers	Three Rivers		1567.5	0.95			352.5	1567.5	percent of total billed charges	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650	687.6	UHC	Medicare		597.91				352.5	1567.5	case rate	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650	687.6	UHC	Medicaid		478.33				352.5	1567.5	case rate	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650	687.6	Wellcare	Medicare		597.91				352.5	1567.5	case rate	
ONCOLOGY 50 GENE MUT SEQ	81445	CPT	both			1650	687.6	Wellcare	Medicaid		478.33				352.5	1567.5	case rate	
INTELLIGEN« MYELOID	81450	CPT	outpatient			5272	873.46	Aetna	Better Health		1658.57	0.3146			607.62	5008.4	percent of total billed charges	
INTELLIGEN« MYELOID	81450	CPT	outpatient			5272	873.46	Aetna	Commercial		2003.36	0.38			607.62	5008.4	percent of total billed charges	
INTELLIGEN« MYELOID	81450	CPT	outpatient			5272	873.46	Aetna	Medicare		759.53				607.62	5008.4	case rate	
INTELLIGEN« MYELOID	81450	CPT	outpatient			5272	873.46	Americare	Americare		3954	0.75			607.62	5008.4	percent of total billed charges	
INTELLIGEN« MYELOID	81450	CPT	outpatient			5272	873.46	WellPoint	WellPoint		1691.26	0.3208			607.62	5008.4	percent of total billed charges	
INTELLIGEN« MYELOID	81450	CPT	outpatient			5272	873.46	Amerihealth	Medicare		759.53				607.62	5008.4	case rate	
INTELLIGEN« MYELOID	81450	CPT	outpatient			5272	873.46	Consumer	Consumer		5008.4	0.95			607.62	5008.4	percent of total billed charges	
INTELLIGEN« MYELOID	81450	CPT	outpatient			5272	873.46	Corrections	Corrections		4217.6	0.8			607.62	5008.4	percent of total billed charges	
INTELLIGEN« MYELOID	81450	CPT	outpatient			5272	873.46	First Health	First Health		3690.4	0.7			607.62	5008.4	percent of total billed charges	
INTELLIGEN« MYELOID	81450	CPT	outpatient			5272	873.46	First Trenton	First Trenton		4744.8	0.9			607.62	5008.4	percent of total billed charges	
INTELLIGEN« MYELOID	81450	CPT	outpatient			5272	873.46	Horizon	Indemnity		2018.12	0.3828			607.62	5008.4	percent of total billed charges	
INTELLIGEN« MYELOID	81450	CPT	outpatient			5272	873.46	Horizon	Medicare Blue		1581.6	0.3			607.62	5008.4	percent of total billed charges	
INTELLIGEN« MYELOID	81450	CPT	outpatient			5272	873.46	Horizon	MGD		2018.12	0.3828			607.62	5008.4	percent of total billed charges	
INTELLIGEN« MYELOID	81450	CPT	outpatient			5272	873.46	Horizon	PPO		2018.12	0.3828			607.62	5008.4	percent of total billed charges	
INTELLIGEN« MYELOID	81450	CPT	outpatient			5272	873.46	Managed Care Inc	Managed Care Inc		4744.8	0.9			607.62	5008.4	percent of total billed charges	
INTELLIGEN« MYELOID	81450	CPT	outpatient			5272	873.46	Multiplan	Multiplan		4217.6	0.8			607.62	5008.4	percent of total billed charges	
INTELLIGEN« MYELOID	81450	CPT	outpatient			5272	873.46	Qualcare	Qualcare		3954	0.75			607.62	5008.4	percent of total billed charges	
INTELLIGEN« MYELOID	81450	CPT	outpatient			5272	873.46	Three Rivers	Three Rivers		5008.4	0.95			607.62	5008.4	percent of total billed charges	
INTELLIGEN« MYELOID	81450	CPT	outpatient			5272	873.46	UHC	Medicare		759.53				607.62	5008.4	case rate	
INTELLIGEN« MYELOID	81450	CPT	outpatient			5272	873.46	UHC	Medicaid		607.62				607.62	5008.4	case rate	
INTELLIGEN« MYELOID	81450	CPT	outpatient			5272	873.46	Wellcare	Medicare		759.53				607.62	5008.4	case rate	
INTELLIGEN« MYELOID	81450	CPT	outpatient			5272	873.46	Wellcare	Medicaid		607.62				607.62	5008.4	case rate	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382	3357.54	Aetna	Better Health		2007.78	0.3146			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382	3357.54	Aetna	Commercial		2425.16	0.38			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382	3357.54	Aetna	Medicare		2919.6				895.8	6062.9	case rate	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382	3357.54	Americare	Americare		4786.5	0.75			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382	3357.54	WellPoint	WellPoint		2047.35	0.3208			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382	3357.54	Amerihealth	Medicare		2919.6				895.8	6062.9	case rate	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382	3357.54	Consumer	Consumer		6062.9	0.95			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382	3357.54	Corrections	Corrections		5105.6	0.8			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382	3357.54	First Health	First Health		4467.4	0.7			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382	3357.54	First Trenton	First Trenton		5743.8	0.9			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382	3357.54	Horizon	Indemnity		2443.03	0.3828			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382	3357.54	Horizon	Medicare Blue		1914.6	0.3			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382	3357.54	Horizon	MGD		2443.03	0.3828			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382	3357.54	Horizon	PPO		2443.03	0.3828			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382	3357.54	Managed Care Inc	Managed Care Inc		5743.8	0.9			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382	3357.54	Multiplan	Multiplan		5105.6	0.8			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382	3357.54	Qualcare	Qualcare		4786.5	0.75			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382	3357.54	Three Rivers	Three Rivers		6062.9	0.95			895.8	6062.9	percent of total billed charges	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382	3357.54	UHC	Medicare		2919.6				895.8	6062.9	case rate	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382	3357.54	UHC	Medicaid		2335.68				895.8	6062.9	case rate	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382	3357.54	Wellcare	Medicare		2919.6				895.8	6062.9	case rate	
TARGETED.GENO.SEQ.ANAL.51<GENES	81455	CPT	outpatient			6382	3357.54	Wellcare	Medicaid		2335.68				895.8	6062.9	case rate	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097	1480.05	Aetna	Medicare		1261.88	0.308			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097	1480.05	Aetna	Better Health		1288.92	0.3146			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097	1480.05	Aetna	Commercial		1556.86	0.38			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097	1480.05	Americare	Americare		3072.75	0.75			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097	1480.05	WellPoint	WellPoint		1314.32	0.3208			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097	1480.05	Amerihealth	Medicare		1287				482.7	3892.15	case rate	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097	1480.05	Consumer	Consumer		3892.15	0.95			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097	1480.05	Corrections	Corrections		3277.6	0.8			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097	1480.05	First Health	First Health		2867.9	0.7			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097	1480.05	First Trenton	First Trenton		3687.3	0.9			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097	1480.05	Horizon	MGD		1568.33	0.3828			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097	1480.05	Horizon	Medicare Blue		1229.1	0.3			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097	1480.05	Horizon	Indemnity		1568.33	0.3828			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097	1480.05	Horizon	PPO		1568.33	0.3828			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097	1480.05	Managed Care Inc	Managed Care Inc		3687.3	0.9			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097	1480.05	Multiplan	Multiplan		3277.6	0.8			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097	1480.05	Qualcare	Qualcare		3072.75	0.75			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097	1480.05	Three Rivers	Three Rivers		3892.15	0.95			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097	1480.05	UHC	Medicare		1287				482.7	3892.15	case rate	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097	1480.05	UHC	Medicaid		1288.92	0.3146			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097	1480.05	Wellcare	Medicare		1287				482.7	3892.15	case rate	
WHOLE MITOCHONDRIAL GENOME	81460	CPT	both			4097	1480.05	Wellcare	Medicaid		1288.92	0.3146			482.7	3892.15	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980	1076.4	Aetna	Medicare		936				748.8	2831	case rate	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980	1076.4	Aetna	Better Health		937.51	0.3146			748.8	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980	1076.4	Aetna	Commercial		1132.4	0.38			748.8	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980	1076.4	Americare	Americare		2235	0.75			748.8	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980	1076.4	WellPoint	WellPoint		955.98	0.3208			748.8	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980	1076.4	Amerihealth	Medicare		936				748.8	2831	case rate	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980	1076.4	Consumer	Consumer		2831	0.95			748.8	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980	1076.4	Corrections	Corrections		2384	0.8			748.8	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980	1076.4	First Health	First Health		2086	0.7			748.8	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980	1076.4	First Trenton	First Trenton		2682	0.9			748.8	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980	1076.4	Horizon	Medicare Blue		894	0.3			748.8	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980	1076.4	Horizon	MGD		1140.74	0.3828			748.8	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980	1076.4	Horizon	Indemnity		1140.74	0.3828			748.8	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980	1076.4	Horizon	PPO		1140.74	0.3828			748.8	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980	1076.4	Managed Care Inc	Managed Care Inc		2682	0.9			748.8	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980	1076.4	Multiplan	Multiplan		2384	0.8			748.8	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980	1076.4	Qualcare	Qualcare		2235	0.75			748.8	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980	1076.4	Three Rivers	Three Rivers		2831	0.95			748.8	2831	percent of total billed charges	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980	1076.4	UHC	Medicaid		748.8				748.8	2831	case rate	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980	1076.4	UHC	Medicare		936				748.8	2831	case rate	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980	1076.4	Wellcare	Medicaid		748.8				748.8	2831	case rate	
WHOLE MITOCHONDRIAL GENOME DEL ANAL	81465	CPT	outpatient			2980	1076.4	Wellcare	Medicare		936				748.8	2831	case rate	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Aetna	Better Health		2221.39	0.3146			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Aetna	Medicare		2174.79	0.308			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Aetna	Commercial		2683.18	0.38			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Americare	Americare		5295.75	0.75			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		WellPoint	WellPoint		2265.17	0.3208			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Consumer	Consumer		6707.95	0.95			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Corrections	Corrections		5648.8	0.8			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		First Health	First Health		4942.7	0.7			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		First Trenton	First Trenton		6354.9	0.9			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Horizon	Indemnity		2702.95	0.3828			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Horizon	MGD		2702.95	0.3828			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Horizon	PPO		2702.95	0.3828			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Horizon	Medicare Blue		2118.3	0.3			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Managed Care Inc	Managed Care Inc		6354.9	0.9			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Multiplan	Multiplan		5648.8	0.8			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Qualcare	Qualcare		5295.75	0.75			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Three Rivers	Three Rivers		6707.95	0.95			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		UHC	Medicaid		2221.39	0.3146			49.5	6707.95	percent of total billed charges	
UNLISTED.MOLECULAR PATHOLOGY	81479	CPT	both			7061		Wellcare	Medicaid		2221.39	0.3146			49.5	6707.95	percent of total billed charges	
VECTRA« (504965)	81490	CPT	outpatient			2676	966.75	Aetna	Better Health		841.87	0.3146			267.6	2542.2	percent of total billed charges	
VECTRA« (504965)	81490	CPT	outpatient			2676	966.75	Aetna	Commercial		1016.88	0.38			267.6	2542.2	percent of total billed charges	
VECTRA« (504965)	81490	CPT	outpatient			2676	966.75	Aetna	Medicare		840.65				267.6	2542.2	case rate	
VECTRA« (504965)	81490	CPT	outpatient			2676	966.75	Americare	Americare		2007	0.75			267.6	2542.2	percent of total billed charges	
VECTRA« (504965)	81490	CPT	outpatient			2676	966.75	WellPoint	WellPoint		858.46	0.3208			267.6	2542.2	percent of total billed charges	
VECTRA« (504965)	81490	CPT	outpatient			2676	966.75	Amerihealth	Medicare		840.65				267.6	2542.2	case rate	
VECTRA« (504965)	81490	CPT	outpatient			2676	966.75	Consumer	Consumer		2542.2	0.95			267.6	2542.2	percent of total billed charges	
VECTRA« (504965)	81490	CPT	outpatient			2676	966.75	Corrections	Corrections		2140.8	0.8			267.6	2542.2	percent of total billed charges	
VECTRA« (504965)	81490	CPT	outpatient			2676	966.75	First Health	First Health		1873.2	0.7			267.6	2542.2	percent of total billed charges	
VECTRA« (504965)	81490	CPT	outpatient			2676	966.75	First Trenton	First Trenton		2408.4	0.9			267.6	2542.2	percent of total billed charges	
VECTRA« (504965)	81490	CPT	outpatient			2676	966.75	Horizon	MGD		1024.37	0.3828			267.6	2542.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Horizon	Indemnity		1024.37	0.3828			267.6	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Horizon	PPO		1024.37	0.3828			267.6	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Horizon	Medicare Blue		802.8	0.3			267.6	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Horizon	NJ Health		267.6	0.1			267.6	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Managed Care Inc	Managed Care Inc		2408.4	0.9			267.6	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Multiplan	Multiplan		2140.8	0.8			267.6	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Qualcare	Qualcare		2007	0.75			267.6	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Three Rivers	Three Rivers		2542.2	0.95			267.6	2542.2	percent of total billed charges	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	UHC	Medicare		840.65				267.6	2542.2	case rate	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	UHC	Medicaid		672.52				267.6	2542.2	case rate	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Wellcare	Medicaid		672.52				267.6	2542.2	case rate	
VECTRA® (504965)	81490	CPT	outpatient			2676	966.75	Wellcare	Medicare		840.65				267.6	2542.2	case rate	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Aetna	Medicare		260.5				176.7	559.55	case rate	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Aetna	Commercial		223.82	0.38			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Aetna	Better Health		185.3	0.3146			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Americare	Americare		441.75	0.75			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	WellPoint	WellPoint		188.95	0.3208			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Amerihealth	Medicare		260.5				176.7	559.55	case rate	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Consumer	Consumer		559.55	0.95			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Corrections	Corrections		471.2	0.8			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	First Health	First Health		412.3	0.7			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	First Trenton	First Trenton		530.1	0.9			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Horizon	Medicare Blue		176.7	0.3			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Horizon	Indemnity		225.47	0.3828			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Horizon	MGD		225.47	0.3828			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Horizon	PPO		225.47	0.3828			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Managed Care Inc	Managed Care Inc		530.1	0.9			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Multiplan	Multiplan		471.2	0.8			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Qualcare	Qualcare		441.75	0.75			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Three Rivers	Three Rivers		559.55	0.95			176.7	559.55	percent of total billed charges	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	UHC	Medicaid		208.4				176.7	559.55	case rate	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	UHC	Medicare		260.5				176.7	559.55	case rate	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Wellcare	Medicaid		208.4				176.7	559.55	case rate	
OVARIAN MALIGNANCY RISK-ROMA	81500	CPT	outpatient			589	299.58	Wellcare	Medicare		260.5				176.7	559.55	case rate	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Aetna	Medicare		153.5				122.8	864.5	case rate	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Aetna	Better Health		286.29	0.3146			122.8	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Aetna	Commercial		345.8	0.38			122.8	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Americare	Americare		682.5	0.75			122.8	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	WellPoint	WellPoint		291.93	0.3208			122.8	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Amerihealth	Medicare		153.5				122.8	864.5	case rate	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Consumer	Consumer		864.5	0.95			122.8	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Corrections	Corrections		728	0.8			122.8	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	First Health	First Health		637	0.7			122.8	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	First Trenton	First Trenton		819	0.9			122.8	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Horizon	Medicare Blue		273	0.3			122.8	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Horizon	MGD		348.35	0.3828			122.8	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Horizon	Indemnity		348.35	0.3828			122.8	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Horizon	PPO		348.35	0.3828			122.8	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Managed Care Inc	Managed Care Inc		819	0.9			122.8	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Multiplan	Multiplan		728	0.8			122.8	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Qualcare	Qualcare		682.5	0.75			122.8	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Three Rivers	Three Rivers		864.5	0.95			122.8	864.5	percent of total billed charges	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	UHC	Medicaid		122.8				122.8	864.5	case rate	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	UHC	Medicare		153.5				122.8	864.5	case rate	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Wellcare	Medicaid		122.8				122.8	864.5	case rate	
QUAD SCREEN	81511	CPT	outpatient			910	176.53	Wellcare	Medicare		153.5				122.8	864.5	case rate	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Aetna	Medicare		760				528.3	1672.95	case rate	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Aetna	Better Health		554.01	0.3146			528.3	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Aetna	Commercial		669.18	0.38			528.3	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Americare	Americare		1320.75	0.75			528.3	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	WellPoint	WellPoint		564.93	0.3208			528.3	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Amerihealth	Medicare		760				528.3	1672.95	case rate	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Consumer	Consumer		1672.95	0.95			528.3	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Corrections	Corrections		1408.8	0.8			528.3	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	First Health	First Health		1232.7	0.7			528.3	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	First Trenton	First Trenton		1584.9	0.9			528.3	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Horizon	Medicare Blue		528.3	0.3			528.3	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Horizon	Indemnity		674.11	0.3828			528.3	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Horizon	MGD		674.11	0.3828			528.3	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Horizon	PPO		674.11	0.3828			528.3	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Managed Care Inc	Managed Care Inc		1584.9	0.9			528.3	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Multiplan	Multiplan		1408.8	0.8			528.3	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Qualcare	Qualcare		1320.75	0.75			528.3	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Three Rivers	Three Rivers		1672.95	0.95			528.3	1672.95	percent of total billed charges	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	UHC	Medicare		760				528.3	1672.95	case rate	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	UHC	Medicaid		608				528.3	1672.95	case rate	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Wellcare	Medicaid		608				528.3	1672.95	case rate	
PROSTATE-SPECIFIE-KALLIKREIN.4KSCORE(20	81539	CPT	outpatient			1761	874	Wellcare	Medicare		760				528.3	1672.95	case rate	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Aetna	Better Health		227.77	0.3146			72.19	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Aetna	Medicare		222.99	0.308			72.19	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Aetna	Commercial		275.12	0.38			72.19	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Americare	Americare		543	0.75			72.19	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	WellPoint	WellPoint		232.26	0.3208			72.19	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Amerihealth	Medicare		72.19				72.19	687.8	case rate	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Consumer	Consumer		687.8	0.95			72.19	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Corrections	Corrections		579.2	0.8			72.19	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	First Health	First Health		506.8	0.7			72.19	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	First Trenton	First Trenton		651.6	0.9			72.19	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Horizon	MGD		277.15	0.3828			72.19	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Horizon	Medicare Blue		217.2	0.3			72.19	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Horizon	Indemnity		277.15	0.3828			72.19	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Horizon	PPO		277.15	0.3828			72.19	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Managed Care Inc	Managed Care Inc		651.6	0.9			72.19	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Multiplan	Multiplan		579.2	0.8			72.19	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Qualcare	Qualcare		543	0.75			72.19	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Three Rivers	Three Rivers		687.8	0.95			72.19	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	UHC	Medicare		72.19				72.19	687.8	case rate	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	UHC	Medicaid		227.77	0.3146			72.19	687.8	percent of total billed charges	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Wellcare	Medicare		72.19				72.19	687.8	case rate	
LIVER FIBROSIS	81596	CPT	outpatient			724	83.02	Wellcare	Medicaid		227.77	0.3146			72.19	687.8	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Aetna	Medicare		4.52				4.52	44.65	case rate	
ACETONE	82009	CPT	both			47	5.2	Aetna	Better Health		14.79	0.3146			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Aetna	Commercial		17.86	0.38			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Americare	Americare		35.25	0.75			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	WellPoint	WellPoint		15.08	0.3208			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Amerihealth	Medicare		4.52				4.52	44.65	case rate	
ACETONE	82009	CPT	both			47	5.2	Consumer	Consumer		44.65	0.95			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Corrections	Corrections		37.6	0.8			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	First Health	First Health		32.9	0.7			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	First Trenton	First Trenton		42.3	0.9			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Horizon	MGD		17.99	0.3828			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Horizon	Medicare Blue		14.1	0.3			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Horizon	Indemnity		17.99	0.3828			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Horizon	PPO		17.99	0.3828			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Managed Care Inc	Managed Care Inc		42.3	0.9			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Multiplan	Multiplan		37.6	0.8			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Qualcare	Qualcare		35.25	0.75			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	Three Rivers	Three Rivers		44.65	0.95			4.52	44.65	percent of total billed charges	
ACETONE	82009	CPT	both			47	5.2	UHC	Medicare		4.52				4.52	44.65	case rate	
ACETONE	82009	CPT	both			47	5.2	UHC	Medicaid		5				4.52	44.65	case rate	
ACETONE	82009	CPT	both			47	5.2	Wellcare	Medicare		4.52				4.52	44.65	case rate	
ACETONE	82009	CPT	both			47	5.2	Wellcare	Medicaid		5				4.52	44.65	case rate	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85	9.4	Aetna	Commercial		32.3	0.38			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85	9.4	Aetna	Better Health		26.74	0.3146			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85	9.4	Aetna	Medicare		8.17				8.1	80.75	case rate	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85	9.4	Americare	Americare		63.75	0.75			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85	9.4	WellPoint	WellPoint		27.27	0.3208			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85	9.4	Amerihealth	Medicare		8.17				8.1	80.75	case rate	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85	9.4	Consumer	Consumer		80.75	0.95			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85	9.4	Corrections	Corrections		68	0.8			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85	9.4	First Health	First Health		59.5	0.7			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85	9.4	First Trenton	First Trenton		76.5	0.9			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85	9.4	Horizon	Indemnity		32.54	0.3828			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85	9.4	Horizon	PPO		32.54	0.3828			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85	9.4	Horizon	MGD		32.54	0.3828			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85	9.4	Horizon	Medicare Blue		25.5	0.3			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85	9.4	Managed Care Inc	Managed Care Inc		76.5	0.9			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85	9.4	Multiplan	Multiplan		68	0.8			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85	9.4	Qualcare	Qualcare		63.75	0.75			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85	9.4	Three Rivers	Three Rivers		80.75	0.95			8.1	80.75	percent of total billed charges	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85	9.4	UHC	Medicare		8.17				8.1	80.75	case rate	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85	9.4	UHC	Medicaid		9.9				8.1	80.75	case rate	
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85	9.4	Wellcare	Medicaid		9.9				8.1	80.75	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BETA-HYDROXYBUTYRIC ACID	82010	CPT	both			85	9.4	Wellcare	Medicare		8.17				8.1	80.75	case rate	
ACHE-REFLEX TO HBF AMNIOTIC	82013	CPT	outpatient			409	14.13	Aetna	Medicare		12.29				12	388.55	case rate	
ACHE-REFLEX TO HBF AMNIOTIC	82013	CPT	outpatient			409	14.13	Aetna	Commercial		155.42	0.38			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF AMNIOTIC	82013	CPT	outpatient			409	14.13	Aetna	Better Health		128.67	0.3146			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF AMNIOTIC	82013	CPT	outpatient			409	14.13	Americare	Americare		306.75	0.75			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF AMNIOTIC	82013	CPT	outpatient			409	14.13	WellPoint	WellPoint		131.21	0.3208			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF AMNIOTIC	82013	CPT	outpatient			409	14.13	Amerihealth	Medicare		12.29				12	388.55	case rate	
ACHE-REFLEX TO HBF AMNIOTIC	82013	CPT	outpatient			409	14.13	Consumer	Consumer		388.55	0.95			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF AMNIOTIC	82013	CPT	outpatient			409	14.13	Corrections	Corrections		327.2	0.8			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF AMNIOTIC	82013	CPT	outpatient			409	14.13	First Health	First Health		286.3	0.7			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF AMNIOTIC	82013	CPT	outpatient			409	14.13	First Trenton	First Trenton		368.1	0.9			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF AMNIOTIC	82013	CPT	outpatient			409	14.13	Horizon	MGD		156.57	0.3828			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF AMNIOTIC	82013	CPT	outpatient			409	14.13	Horizon	Medicare Blue		122.7	0.3			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF AMNIOTIC	82013	CPT	outpatient			409	14.13	Horizon	Indemnity		156.57	0.3828			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF AMNIOTIC	82013	CPT	outpatient			409	14.13	Horizon	PPO		156.57	0.3828			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF AMNIOTIC	82013	CPT	outpatient			409	14.13	Managed Care Inc	Managed Care Inc		368.1	0.9			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF AMNIOTIC	82013	CPT	outpatient			409	14.13	Multiplan	Multiplan		327.2	0.8			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF AMNIOTIC	82013	CPT	outpatient			409	14.13	Qualcare	Qualcare		306.75	0.75			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF AMNIOTIC	82013	CPT	outpatient			409	14.13	Three Rivers	Three Rivers		388.55	0.95			12	388.55	percent of total billed charges	
ACHE-REFLEX TO HBF AMNIOTIC	82013	CPT	outpatient			409	14.13	UHC	Medicare		12.29				12	388.55	case rate	
ACHE-REFLEX TO HBF AMNIOTIC	82013	CPT	outpatient			409	14.13	UHC	Medicaid		14				12	388.55	case rate	
ACHE-REFLEX TO HBF AMNIOTIC	82013	CPT	outpatient			409	14.13	Wellcare	Medicaid		14				12	388.55	case rate	
ACHE-REFLEX TO HBF AMNIOTIC	82013	CPT	outpatient			409	14.13	Wellcare	Medicare		12.29				12	388.55	case rate	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499	19.4	Aetna	Better Health		156.99	0.3146			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499	19.4	Aetna	Medicare		16.87				16.87	474.05	case rate	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499	19.4	Aetna	Commercial		189.62	0.38			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499	19.4	Americare	Americare		374.25	0.75			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499	19.4	WellPoint	WellPoint		160.08	0.3208			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499	19.4	Amerihealth	Medicare		16.87				16.87	474.05	case rate	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499	19.4	Consumer	Consumer		474.05	0.95			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499	19.4	Corrections	Corrections		399.2	0.8			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499	19.4	First Health	First Health		349.3	0.7			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499	19.4	First Trenton	First Trenton		449.1	0.9			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499	19.4	Horizon	Medicare Blue		149.7	0.3			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499	19.4	Horizon	Indemnity		191.02	0.3828			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499	19.4	Horizon	MGD		191.02	0.3828			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499	19.4	Horizon	PPO		191.02	0.3828			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499	19.4	Managed Care Inc	Managed Care Inc		449.1	0.9			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499	19.4	Multiplan	Multiplan		399.2	0.8			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499	19.4	Qualcare	Qualcare		374.25	0.75			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499	19.4	Three Rivers	Three Rivers		474.05	0.95			16.87	474.05	percent of total billed charges	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499	19.4	UHC	Medicare		16.87				16.87	474.05	case rate	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499	19.4	UHC	Medicaid		18.6				16.87	474.05	case rate	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499	19.4	Wellcare	Medicare		16.87				16.87	474.05	case rate	
ACYLCARNITINE PROFILE PKU CARD	82017	CPT	both			499	19.4	Wellcare	Medicaid		18.6				16.87	474.05	case rate	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88	44.41	Aetna	Medicare		38.62				26.4	83.6	case rate	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88	44.41	Aetna	Better Health		27.68	0.3146			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88	44.41	Aetna	Commercial		33.44	0.38			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88	44.41	Americare	Americare		66	0.75			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88	44.41	WellPoint	WellPoint		28.23	0.3208			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88	44.41	Amerihealth	Medicare		38.62				26.4	83.6	case rate	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88	44.41	Consumer	Consumer		83.6	0.95			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88	44.41	Corrections	Corrections		70.4	0.8			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88	44.41	First Health	First Health		61.6	0.7			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88	44.41	First Trenton	First Trenton		79.2	0.9			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88	44.41	Horizon	MGD		33.69	0.3828			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88	44.41	Horizon	Medicare Blue		26.4	0.3			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88	44.41	Horizon	Indemnity		33.69	0.3828			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88	44.41	Horizon	PPO		33.69	0.3828			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88	44.41	Managed Care Inc	Managed Care Inc		79.2	0.9			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88	44.41	Multiplan	Multiplan		70.4	0.8			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88	44.41	Qualcare	Qualcare		66	0.75			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88	44.41	Three Rivers	Three Rivers		83.6	0.95			26.4	83.6	percent of total billed charges	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88	44.41	UHC	Medicaid		30				26.4	83.6	case rate	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88	44.41	UHC	Medicare		38.62				26.4	83.6	case rate	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88	44.41	Wellcare	Medicaid		30				26.4	83.6	case rate	
ADRENOCORTICOTROPHIC HORMONE	82024	CPT	both			88	44.41	Wellcare	Medicare		38.62				26.4	83.6	case rate	
CYCLIC AMP	82030	CPT	outpatient			86	29.67	Aetna	Better Health		27.06	0.3146			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86	29.67	Aetna	Commercial		32.68	0.38			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86	29.67	Aetna	Medicare		25.8				25.8	81.7	case rate	
CYCLIC AMP	82030	CPT	outpatient			86	29.67	Americare	Americare		64.5	0.75			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86	29.67	WellPoint	WellPoint		27.59	0.3208			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86	29.67	Amerihealth	Medicare		25.8				25.8	81.7	case rate	
CYCLIC AMP	82030	CPT	outpatient			86	29.67	Consumer	Consumer		81.7	0.95			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86	29.67	Corrections	Corrections		68.8	0.8			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86	29.67	First Health	First Health		60.2	0.7			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86	29.67	First Trenton	First Trenton		77.4	0.9			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86	29.67	Horizon	Medicare Blue		25.8	0.3			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86	29.67	Horizon	MGD		32.92	0.3828			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86	29.67	Horizon	Indemnity		32.92	0.3828			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86	29.67	Horizon	PPO		32.92	0.3828			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86	29.67	Managed Care Inc	Managed Care Inc		77.4	0.9			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86	29.67	Multiplan	Multiplan		68.8	0.8			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86	29.67	Qualcare	Qualcare		64.5	0.75			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86	29.67	Three Rivers	Three Rivers		81.7	0.95			25.8	81.7	percent of total billed charges	
CYCLIC AMP	82030	CPT	outpatient			86	29.67	UHC	Medicaid		34				25.8	81.7	case rate	
CYCLIC AMP	82030	CPT	outpatient			86	29.67	UHC	Medicare		25.8				25.8	81.7	case rate	
CYCLIC AMP	82030	CPT	outpatient			86	29.67	Wellcare	Medicaid		34				25.8	81.7	case rate	
CYCLIC AMP	82030	CPT	outpatient			86	29.67	Wellcare	Medicare		25.8				25.8	81.7	case rate	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168	5.69	Aetna	Better Health		52.85	0.3146			1.8	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168	5.69	Aetna	Medicare		4.95				1.8	159.6	case rate	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168	5.69	Aetna	Commercial		63.84	0.38			1.8	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168	5.69	Americare	Americare		126	0.75			1.8	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168	5.69	WellPoint	WellPoint		53.89	0.3208			1.8	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168	5.69	Amerihealth	Medicare		4.95				1.8	159.6	case rate	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168	5.69	Consumer	Consumer		159.6	0.95			1.8	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168	5.69	Corrections	Corrections		134.4	0.8			1.8	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168	5.69	First Health	First Health		117.6	0.7			1.8	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168	5.69	First Trenton	First Trenton		151.2	0.9			1.8	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168	5.69	Horizon	Indemnity		64.31	0.3828			1.8	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168	5.69	Horizon	MGD		64.31	0.3828			1.8	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168	5.69	Horizon	PPO		64.31	0.3828			1.8	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168	5.69	Horizon	Medicare Blue		50.4	0.3			1.8	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168	5.69	Managed Care Inc	Managed Care Inc		151.2	0.9			1.8	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168	5.69	Multiplan	Multiplan		134.4	0.8			1.8	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168	5.69	Qualcare	Qualcare		126	0.75			1.8	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168	5.69	Three Rivers	Three Rivers		159.6	0.95			1.8	159.6	percent of total billed charges	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168	5.69	UHC	Medicaid		1.8				1.8	159.6	case rate	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168	5.69	UHC	Medicare		4.95				1.8	159.6	case rate	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168	5.69	Wellcare	Medicaid		1.8				1.8	159.6	case rate	
ALBUMIN;SER/PLSM/WB	82040	CPT	both			168	5.69	Wellcare	Medicare		4.95				1.8	159.6	case rate	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168	8.95	Aetna	Commercial		63.84	0.38			2.43	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168	8.95	Aetna	Better Health		52.85	0.3146			2.43	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168	8.95	Aetna	Medicare		7.78				2.43	159.6	case rate	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168	8.95	Americare	Americare		126	0.75			2.43	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168	8.95	WellPoint	WellPoint		53.89	0.3208			2.43	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168	8.95	Amerihealth	Medicare		7.78				2.43	159.6	case rate	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168	8.95	Consumer	Consumer		159.6	0.95			2.43	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168	8.95	Corrections	Corrections		134.4	0.8			2.43	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168	8.95	First Health	First Health		117.6	0.7			2.43	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168	8.95	First Trenton	First Trenton		151.2	0.9			2.43	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168	8.95	Horizon	Indemnity		64.31	0.3828			2.43	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168	8.95	Horizon	Medicare Blue		50.4	0.3			2.43	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168	8.95	Horizon	MGD		64.31	0.3828			2.43	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168	8.95	Horizon	PPO		64.31	0.3828			2.43	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168	8.95	Managed Care Inc	Managed Care Inc		151.2	0.9			2.43	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168	8.95	Multiplan	Multiplan		134.4	0.8			2.43	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168	8.95	Qualcare	Qualcare		126	0.75			2.43	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168	8.95	Three Rivers	Three Rivers		159.6	0.95			2.43	159.6	percent of total billed charges	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168	8.95	UHC	Medicare		7.78				2.43	159.6	case rate	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168	8.95	UHC	Medicaid		2.43				2.43	159.6	case rate	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168	8.95	Wellcare	Medicaid		2.43				2.43	159.6	case rate	
ISCHEMIA OTHER SOURCE QUANT EA.	82042	CPT	both			168	8.95	Wellcare	Medicare		7.78				2.43	159.6	case rate	
URINE MICROALBUMIN QUANTO	82043	CPT	both			376	6.65	Aetna	Medicare		5.78				4.3	357.2	case rate	
URINE MICROALBUMIN QUANTO	82043	CPT	both			376	6.65	Aetna	Better Health		118.29	0.3146			4.3	357.2	percent of total billed charges	
URINE MICROALBUMIN QUANTO	82043	CPT	both			376	6.65	Aetna	Commercial		142.88	0.38			4.3	357.2	percent of total billed charges	
URINE MICROALBUMIN QUANTO	82043	CPT	both			376	6.65	Americare	Americare		282	0.75			4.3	357.2	percent of total billed charges	
URINE MICROALBUMIN QUANTO	82043	CPT	both			376	6.65	WellPoint	WellPoint		120.62	0.3208			4.3	357.2	percent of total billed charges	
URINE MICROALBUMIN QUANTO	82043	CPT	both			376	6.65	Amerihealth	Medicare		5.78				4.3	357.2	case rate	
URINE MICROALBUMIN QUANTO	82043	CPT	both			376	6.65	Consumer	Consumer		357.2	0.95			4.3	357.2	percent of total billed charges	
URINE MICROALBUMIN QUANTO	82043	CPT	both			376	6.65	Corrections	Corrections		300.8	0.8			4.3	357.2	percent of total billed charges	
URINE MICROALBUMIN QUANTO	82043	CPT	both			376	6.65	First Health	First Health		263.2	0.7			4.3	357.2	percent of total billed charges	
URINE MICROALBUMIN QUANTO	82043	CPT	both			376	6.65	First Trenton	First Trenton		338.4	0.9			4.3	357.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
URINE MICROALBUMIN QUANTO	82043	CPT	both			376	6.65	Horizon	Medicare Blue		112.8	0.3			4.3	357.2	percent of total billed charges	
URINE MICROALBUMIN QUANTO	82043	CPT	both			376	6.65	Horizon	Indemnity		143.93	0.3828			4.3	357.2	percent of total billed charges	
URINE MICROALBUMIN QUANTO	82043	CPT	both			376	6.65	Horizon	MGD		143.93	0.3828			4.3	357.2	percent of total billed charges	
URINE MICROALBUMIN QUANTO	82043	CPT	both			376	6.65	Horizon	PPO		143.93	0.3828			4.3	357.2	percent of total billed charges	
URINE MICROALBUMIN QUANTO	82043	CPT	both			376	6.65	Managed Care Inc	Managed Care Inc		338.4	0.9			4.3	357.2	percent of total billed charges	
URINE MICROALBUMIN QUANTO	82043	CPT	both			376	6.65	Multiplan	Multiplan		300.8	0.8			4.3	357.2	percent of total billed charges	
URINE MICROALBUMIN QUANTO	82043	CPT	both			376	6.65	Qualcare	Qualcare		282	0.75			4.3	357.2	percent of total billed charges	
URINE MICROALBUMIN QUANTO	82043	CPT	both			376	6.65	Three Rivers	Three Rivers		357.2	0.95			4.3	357.2	percent of total billed charges	
URINE MICROALBUMIN QUANTO	82043	CPT	both			376	6.65	UHC	Medicare		5.78				4.3	357.2	case rate	
URINE MICROALBUMIN QUANTO	82043	CPT	both			376	6.65	UHC	Medicaid		4.3				4.3	357.2	case rate	
URINE MICROALBUMIN QUANTO	82043	CPT	both			376	6.65	Wellcare	Medicaid		4.3				4.3	357.2	case rate	
URINE MICROALBUMIN QUANTO	82043	CPT	both			376	6.65	Wellcare	Medicare		5.78				4.3	357.2	case rate	
ALDOLASE	82085	CPT	both			23	11.17	Aetna	Better Health		7.24	0.3146			6.9	21.85	percent of total billed charges	
ALDOLASE	82085	CPT	both			23	11.17	Aetna	Commercial		8.74	0.38			6.9	21.85	percent of total billed charges	
ALDOLASE	82085	CPT	both			23	11.17	Aetna	Medicare		9.71				6.9	21.85	case rate	
ALDOLASE	82085	CPT	both			23	11.17	Americare	Americare		17.25	0.75			6.9	21.85	percent of total billed charges	
ALDOLASE	82085	CPT	both			23	11.17	WellPoint	WellPoint		7.38	0.3208			6.9	21.85	percent of total billed charges	
ALDOLASE	82085	CPT	both			23	11.17	Amerihealth	Medicare		9.71				6.9	21.85	case rate	
ALDOLASE	82085	CPT	both			23	11.17	Consumer	Consumer		21.85	0.95			6.9	21.85	percent of total billed charges	
ALDOLASE	82085	CPT	both			23	11.17	Corrections	Corrections		18.4	0.8			6.9	21.85	percent of total billed charges	
ALDOLASE	82085	CPT	both			23	11.17	First Health	First Health		16.1	0.7			6.9	21.85	percent of total billed charges	
ALDOLASE	82085	CPT	both			23	11.17	First Trenton	First Trenton		20.7	0.9			6.9	21.85	percent of total billed charges	
ALDOLASE	82085	CPT	both			23	11.17	Horizon	MGD		8.8	0.3828			6.9	21.85	percent of total billed charges	
ALDOLASE	82085	CPT	both			23	11.17	Horizon	Indemnity		8.8	0.3828			6.9	21.85	percent of total billed charges	
ALDOLASE	82085	CPT	both			23	11.17	Horizon	PPO		8.8	0.3828			6.9	21.85	percent of total billed charges	
ALDOLASE	82085	CPT	both			23	11.17	Horizon	Medicare Blue		6.9	0.3			6.9	21.85	percent of total billed charges	
ALDOLASE	82085	CPT	both			23	11.17	Managed Care Inc	Managed Care Inc		20.7	0.9			6.9	21.85	percent of total billed charges	
ALDOLASE	82085	CPT	both			23	11.17	Multiplan	Multiplan		18.4	0.8			6.9	21.85	percent of total billed charges	
ALDOLASE	82085	CPT	both			23	11.17	Qualcare	Qualcare		17.25	0.75			6.9	21.85	percent of total billed charges	
ALDOLASE	82085	CPT	both			23	11.17	Three Rivers	Three Rivers		21.85	0.95			6.9	21.85	percent of total billed charges	
ALDOLASE	82085	CPT	both			23	11.17	UHC	Medicare		9.71				6.9	21.85	case rate	
ALDOLASE	82085	CPT	both			23	11.17	UHC	Medicaid		11				6.9	21.85	case rate	
ALDOLASE	82085	CPT	both			23	11.17	Wellcare	Medicaid		11				6.9	21.85	case rate	
ALDOLASE	82085	CPT	both			23	11.17	Wellcare	Medicare		9.71				6.9	21.85	case rate	
ALDOSTERONE URINE	82088	CPT	both			234	46.86	Aetna	Better Health		73.62	0.3146			27.3	222.3	percent of total billed charges	
ALDOSTERONE URINE	82088	CPT	both			234	46.86	Aetna	Medicare		40.75				27.3	222.3	case rate	
ALDOSTERONE URINE	82088	CPT	both			234	46.86	Aetna	Commercial		88.92	0.38			27.3	222.3	percent of total billed charges	
ALDOSTERONE URINE	82088	CPT	both			234	46.86	Americare	Americare		175.5	0.75			27.3	222.3	percent of total billed charges	
ALDOSTERONE URINE	82088	CPT	both			234	46.86	WellPoint	WellPoint		75.07	0.3208			27.3	222.3	percent of total billed charges	
ALDOSTERONE URINE	82088	CPT	both			234	46.86	Amerihealth	Medicare		40.75				27.3	222.3	case rate	
ALDOSTERONE URINE	82088	CPT	both			234	46.86	Consumer	Consumer		222.3	0.95			27.3	222.3	percent of total billed charges	
ALDOSTERONE URINE	82088	CPT	both			234	46.86	Corrections	Corrections		187.2	0.8			27.3	222.3	percent of total billed charges	
ALDOSTERONE URINE	82088	CPT	both			234	46.86	First Health	First Health		163.8	0.7			27.3	222.3	percent of total billed charges	
ALDOSTERONE URINE	82088	CPT	both			234	46.86	First Trenton	First Trenton		210.6	0.9			27.3	222.3	percent of total billed charges	
ALDOSTERONE URINE	82088	CPT	both			234	46.86	Horizon	MGD		89.58	0.3828			27.3	222.3	percent of total billed charges	
ALDOSTERONE URINE	82088	CPT	both			234	46.86	Horizon	PPO		89.58	0.3828			27.3	222.3	percent of total billed charges	
ALDOSTERONE URINE	82088	CPT	both			234	46.86	Horizon	Indemnity		89.58	0.3828			27.3	222.3	percent of total billed charges	
ALDOSTERONE URINE	82088	CPT	both			234	46.86	Horizon	Medicare Blue		70.2	0.3			27.3	222.3	percent of total billed charges	
ALDOSTERONE URINE	82088	CPT	both			234	46.86	Managed Care Inc	Managed Care Inc		210.6	0.9			27.3	222.3	percent of total billed charges	
ALDOSTERONE URINE	82088	CPT	both			234	46.86	Multiplan	Multiplan		187.2	0.8			27.3	222.3	percent of total billed charges	
ALDOSTERONE URINE	82088	CPT	both			234	46.86	Qualcare	Qualcare		175.5	0.75			27.3	222.3	percent of total billed charges	
ALDOSTERONE URINE	82088	CPT	both			234	46.86	Three Rivers	Three Rivers		222.3	0.95			27.3	222.3	percent of total billed charges	
ALDOSTERONE URINE	82088	CPT	both			234	46.86	UHC	Medicaid		40				27.3	222.3	case rate	
ALDOSTERONE URINE	82088	CPT	both			234	46.86	UHC	Medicare		40.75				27.3	222.3	case rate	
ALDOSTERONE URINE	82088	CPT	both			234	46.86	Wellcare	Medicaid		40				27.3	222.3	case rate	
ALDOSTERONE URINE	82088	CPT	both			234	46.86	Wellcare	Medicare		40.75				27.3	222.3	case rate	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325	15.46	Aetna	Commercial		123.5	0.38			7.8	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325	15.46	Aetna	Medicare		13.44				7.8	308.75	case rate	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325	15.46	Aetna	Better Health		102.25	0.3146			7.8	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325	15.46	Americare	Americare		243.75	0.75			7.8	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325	15.46	WellPoint	WellPoint		104.26	0.3208			7.8	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325	15.46	Amerihealth	Medicare		13.44				7.8	308.75	case rate	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325	15.46	Consumer	Consumer		308.75	0.95			7.8	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325	15.46	Corrections	Corrections		260	0.8			7.8	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325	15.46	First Health	First Health		227.5	0.7			7.8	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325	15.46	First Trenton	First Trenton		292.5	0.9			7.8	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325	15.46	Horizon	Medicare Blue		97.5	0.3			7.8	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325	15.46	Horizon	Indemnity		124.41	0.3828			7.8	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325	15.46	Horizon	MGD		124.41	0.3828			7.8	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325	15.46	Horizon	PPO		124.41	0.3828			7.8	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325	15.46	Managed Care Inc	Managed Care Inc		292.5	0.9			7.8	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325	15.46	Multiplan	Multiplan		260	0.8			7.8	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325	15.46	Qualcare	Qualcare		243.75	0.75			7.8	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325	15.46	Three Rivers	Three Rivers		308.75	0.95			7.8	308.75	percent of total billed charges	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325	15.46	UHC	Medicaid		7.8				7.8	308.75	case rate	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325	15.46	UHC	Medicare		13.44				7.8	308.75	case rate	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325	15.46	Wellcare	Medicaid		7.8				7.8	308.75	case rate	
ALPHA-1-ANTITRYPSIN; TOTAL	82103	CPT	both			325	15.46	Wellcare	Medicare		13.44				7.8	308.75	case rate	
PHENOTYPE	82104	CPT	inpatient			78	16.63	Aetna	Better Health		24.54	0.3146			7.8	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	inpatient			78	16.63	Aetna	Medicare		14.46				7.8	74.1	case rate	
PHENOTYPE	82104	CPT	inpatient			78	16.63	Aetna	Commercial		29.64	0.38			7.8	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	inpatient			78	16.63	Americare	Americare		58.5	0.75			7.8	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	inpatient			78	16.63	WellPoint	WellPoint		25.02	0.3208			7.8	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	inpatient			78	16.63	Amerihealth	Medicare		14.46				7.8	74.1	case rate	
PHENOTYPE	82104	CPT	inpatient			78	16.63	Consumer	Consumer		74.1	0.95			7.8	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	inpatient			78	16.63	Corrections	Corrections		62.4	0.8			7.8	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	inpatient			78	16.63	First Health	First Health		54.6	0.7			7.8	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	inpatient			78	16.63	First Trenton	First Trenton		70.2	0.9			7.8	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	inpatient			78	16.63	Horizon	Indemnity		29.86	0.3828			7.8	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	inpatient			78	16.63	Horizon	MGD		29.86	0.3828			7.8	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	inpatient			78	16.63	Horizon	PPO		29.86	0.3828			7.8	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	inpatient			78	16.63	Horizon	Medicare Blue		23.4	0.3			7.8	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	inpatient			78	16.63	Managed Care Inc	Managed Care Inc		70.2	0.9			7.8	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	inpatient			78	16.63	Multiplan	Multiplan		62.4	0.8			7.8	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	inpatient			78	16.63	Qualcare	Qualcare		58.5	0.75			7.8	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	inpatient			78	16.63	Three Rivers	Three Rivers		74.1	0.95			7.8	74.1	percent of total billed charges	
PHENOTYPE	82104	CPT	inpatient			78	16.63	UHC	Medicaid		7.8				7.8	74.1	case rate	
PHENOTYPE	82104	CPT	inpatient			78	16.63	UHC	Medicare		14.46				7.8	74.1	case rate	
PHENOTYPE	82104	CPT	inpatient			78	16.63	Wellcare	Medicaid		7.8				7.8	74.1	case rate	
PHENOTYPE	82104	CPT	inpatient			78	16.63	Wellcare	Medicare		14.46				7.8	74.1	case rate	
MS-AFP	82105	CPT	both			252	19.29	Aetna	Medicare		16.77				10.2	239.4	case rate	
MS-AFP	82105	CPT	both			252	19.29	Aetna	Better Health		79.28	0.3146			10.2	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252	19.29	Aetna	Commercial		95.76	0.38			10.2	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252	19.29	Americare	Americare		189	0.75			10.2	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252	19.29	WellPoint	WellPoint		80.84	0.3208			10.2	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252	19.29	Amerihealth	Medicare		16.77				10.2	239.4	case rate	
MS-AFP	82105	CPT	both			252	19.29	Consumer	Consumer		239.4	0.95			10.2	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252	19.29	Corrections	Corrections		201.6	0.8			10.2	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252	19.29	First Health	First Health		176.4	0.7			10.2	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252	19.29	First Trenton	First Trenton		226.8	0.9			10.2	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252	19.29	Horizon	Medicare Blue		75.6	0.3			10.2	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252	19.29	Horizon	MGD		96.47	0.3828			10.2	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252	19.29	Horizon	Indemnity		96.47	0.3828			10.2	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252	19.29	Horizon	PPO		96.47	0.3828			10.2	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252	19.29	Managed Care Inc	Managed Care Inc		226.8	0.9			10.2	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252	19.29	Multiplan	Multiplan		201.6	0.8			10.2	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252	19.29	Qualcare	Qualcare		189	0.75			10.2	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252	19.29	Three Rivers	Three Rivers		239.4	0.95			10.2	239.4	percent of total billed charges	
MS-AFP	82105	CPT	both			252	19.29	UHC	Medicaid		10.2				10.2	239.4	case rate	
MS-AFP	82105	CPT	both			252	19.29	UHC	Medicare		16.77				10.2	239.4	case rate	
MS-AFP	82105	CPT	both			252	19.29	Wellcare	Medicare		16.77				10.2	239.4	case rate	
MS-AFP	82105	CPT	both			252	19.29	Wellcare	Medicaid		10.2				10.2	239.4	case rate	
S.A.F.P.	82106	CPT	outpatient			211	19.55	Aetna	Better Health		66.38	0.3146			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211	19.55	Aetna	Medicare		17				7.5	200.45	case rate	
S.A.F.P.	82106	CPT	outpatient			211	19.55	Aetna	Commercial		80.18	0.38			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211	19.55	Americare	Americare		158.25	0.75			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211	19.55	WellPoint	WellPoint		67.69	0.3208			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211	19.55	Amerihealth	Medicare		17				7.5	200.45	case rate	
S.A.F.P.	82106	CPT	outpatient			211	19.55	Consumer	Consumer		200.45	0.95			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211	19.55	Corrections	Corrections		168.8	0.8			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211	19.55	First Health	First Health		147.7	0.7			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211	19.55	First Trenton	First Trenton		189.9	0.9			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211	19.55	Horizon	MGD		80.77	0.3828			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211	19.55	Horizon	Medicare Blue		63.3	0.3			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211	19.55	Horizon	Indemnity		80.77	0.3828			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211	19.55	Horizon	PPO		80.77	0.3828			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211	19.55	Managed Care Inc	Managed Care Inc		189.9	0.9			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211	19.55	Multiplan	Multiplan		168.8	0.8			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211	19.55	Qualcare	Qualcare		158.25	0.75			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211	19.55	Three Rivers	Three Rivers		200.45	0.95			7.5	200.45	percent of total billed charges	
S.A.F.P.	82106	CPT	outpatient			211	19.55	UHC	Medicaid		10.2				7.5	200.45	case rate	
S.A.F.P.	82106	CPT	outpatient			211	19.55	UHC	Medicare		17				7.5	200.45	case rate	
S.A.F.P.	82106	CPT	outpatient			211	19.55	Wellcare	Medicare		17				7.5	200.45	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
S.A.F.P.	82106	CPT	outpatient			211	19.55	Wellcare	Medicaid		10.2				7.5	200.45	case rate	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738	74.07	Aetna	Commercial		280.44	0.38			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738	74.07	Aetna	Better Health		232.17	0.3146			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738	74.07	Aetna	Medicare		227.3	0.308			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738	74.07	Americare	Americare		553.5	0.75			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738	74.07	WellPoint	WellPoint		236.75	0.3208			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738	74.07	Amerihealth	Medicare		64.41				64.41	701.1	case rate	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738	74.07	Consumer	Consumer		701.1	0.95			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738	74.07	Corrections	Corrections		590.4	0.8			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738	74.07	First Health	First Health		516.6	0.7			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738	74.07	First Trenton	First Trenton		664.2	0.9			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738	74.07	Horizon	MGD		282.51	0.3828			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738	74.07	Horizon	Indemnity		282.51	0.3828			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738	74.07	Horizon	PPO		282.51	0.3828			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738	74.07	Horizon	Medicare Blue		221.4	0.3			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738	74.07	Managed Care Inc	Managed Care Inc		664.2	0.9			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738	74.07	Multiplan	Multiplan		590.4	0.8			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738	74.07	Qualcare	Qualcare		553.5	0.75			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738	74.07	Three Rivers	Three Rivers		701.1	0.95			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738	74.07	UHC	Medicaid		232.17	0.3146			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738	74.07	UHC	Medicare		64.41				64.41	701.1	case rate	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738	74.07	Wellcare	Medicaid		232.17	0.3146			64.41	701.1	percent of total billed charges	
AFP-L3 FRACT ISOFORM&TOT AFP INCLUDE	82107	CPT	outpatient			738	74.07	Wellcare	Medicare		64.41				64.41	701.1	case rate	
ALUMINUM(071548)	82108	CPT	outpatient			29	29.3	Aetna	Commercial		11.02	0.38			8.7	28.17	percent of total billed charges	
ALUMINUM(071548)	82108	CPT	outpatient			29	29.3	Aetna	Better Health		9.12	0.3146			8.7	28.17	percent of total billed charges	
ALUMINUM(071548)	82108	CPT	outpatient			29	29.3	Aetna	Medicare		25.48				8.7	28.17	case rate	
ALUMINUM(071548)	82108	CPT	outpatient			29	29.3	Americare	Americare		21.75	0.75			8.7	28.17	percent of total billed charges	
ALUMINUM(071548)	82108	CPT	outpatient			29	29.3	WellPoint	WellPoint		9.3	0.3208			8.7	28.17	percent of total billed charges	
ALUMINUM(071548)	82108	CPT	outpatient			29	29.3	Amerihealth	Medicare		25.48				8.7	28.17	case rate	
ALUMINUM(071548)	82108	CPT	outpatient			29	29.3	Consumer	Consumer		27.55	0.95			8.7	28.17	percent of total billed charges	
ALUMINUM(071548)	82108	CPT	outpatient			29	29.3	Corrections	Corrections		23.2	0.8			8.7	28.17	percent of total billed charges	
ALUMINUM(071548)	82108	CPT	outpatient			29	29.3	First Health	First Health		20.3	0.7			8.7	28.17	percent of total billed charges	
ALUMINUM(071548)	82108	CPT	outpatient			29	29.3	First Trenton	First Trenton		26.1	0.9			8.7	28.17	percent of total billed charges	
ALUMINUM(071548)	82108	CPT	outpatient			29	29.3	Horizon	MGD		11.1	0.3828			8.7	28.17	percent of total billed charges	
ALUMINUM(071548)	82108	CPT	outpatient			29	29.3	Horizon	Medicare Blue		8.7	0.3			8.7	28.17	percent of total billed charges	
ALUMINUM(071548)	82108	CPT	outpatient			29	29.3	Horizon	Indemnity		11.1	0.3828			8.7	28.17	percent of total billed charges	
ALUMINUM(071548)	82108	CPT	outpatient			29	29.3	Horizon	PPO		11.1	0.3828			8.7	28.17	percent of total billed charges	
ALUMINUM(071548)	82108	CPT	outpatient			29	29.3	Managed Care Inc	Managed Care Inc		26.1	0.9			8.7	28.17	percent of total billed charges	
ALUMINUM(071548)	82108	CPT	outpatient			29	29.3	Multiplan	Multiplan		23.2	0.8			8.7	28.17	percent of total billed charges	
ALUMINUM(071548)	82108	CPT	outpatient			29	29.3	Qualcare	Qualcare		21.75	0.75			8.7	28.17	percent of total billed charges	
ALUMINUM(071548)	82108	CPT	outpatient			29	29.3	Three Rivers	Three Rivers		27.55	0.95			8.7	28.17	percent of total billed charges	
ALUMINUM(071548)	82108	CPT	outpatient			29	29.3	UHC	Medicaid		28.17				8.7	28.17	case rate	
ALUMINUM(071548)	82108	CPT	outpatient			29	29.3	UHC	Medicare		25.48				8.7	28.17	case rate	
ALUMINUM(071548)	82108	CPT	outpatient			29	29.3	Wellcare	Medicare		25.48				8.7	28.17	case rate	
ALUMINUM(071548)	82108	CPT	outpatient			29	29.3	Wellcare	Medicaid		28.17				8.7	28.17	case rate	
AMINO ACIDS; SINGLE QUALIT EA	82127	CPT	outpatient			519	16.31	Aetna	Better Health		163.28	0.3146			14.18	493.05	percent of total billed charges	
AMINO ACIDS; SINGLE QUALIT EA	82127	CPT	outpatient			519	16.31	Aetna	Medicare		159.85	0.308			14.18	493.05	percent of total billed charges	
AMINO ACIDS; SINGLE QUALIT EA	82127	CPT	outpatient			519	16.31	Aetna	Commercial		197.22	0.38			14.18	493.05	percent of total billed charges	
AMINO ACIDS; SINGLE QUALIT EA	82127	CPT	outpatient			519	16.31	Americare	Americare		389.25	0.75			14.18	493.05	percent of total billed charges	
AMINO ACIDS; SINGLE QUALIT EA	82127	CPT	outpatient			519	16.31	WellPoint	WellPoint		166.5	0.3208			14.18	493.05	percent of total billed charges	
AMINO ACIDS; SINGLE QUALIT EA	82127	CPT	outpatient			519	16.31	Amerihealth	Medicare		14.18				14.18	493.05	case rate	
AMINO ACIDS; SINGLE QUALIT EA	82127	CPT	outpatient			519	16.31	Consumer	Consumer		493.05	0.95			14.18	493.05	percent of total billed charges	
AMINO ACIDS; SINGLE QUALIT EA	82127	CPT	outpatient			519	16.31	Corrections	Corrections		415.2	0.8			14.18	493.05	percent of total billed charges	
AMINO ACIDS; SINGLE QUALIT EA	82127	CPT	outpatient			519	16.31	First Health	First Health		363.3	0.7			14.18	493.05	percent of total billed charges	
AMINO ACIDS; SINGLE QUALIT EA	82127	CPT	outpatient			519	16.31	First Trenton	First Trenton		467.1	0.9			14.18	493.05	percent of total billed charges	
AMINO ACIDS; SINGLE QUALIT EA	82127	CPT	outpatient			519	16.31	Horizon	Medicare Blue		155.7	0.3			14.18	493.05	percent of total billed charges	
AMINO ACIDS; SINGLE QUALIT EA	82127	CPT	outpatient			519	16.31	Horizon	MGD		198.67	0.3828			14.18	493.05	percent of total billed charges	
AMINO ACIDS; SINGLE QUALIT EA	82127	CPT	outpatient			519	16.31	Horizon	Indemnity		198.67	0.3828			14.18	493.05	percent of total billed charges	
AMINO ACIDS; SINGLE QUALIT EA	82127	CPT	outpatient			519	16.31	Horizon	PPO		198.67	0.3828			14.18	493.05	percent of total billed charges	
AMINO ACIDS; SINGLE QUALIT EA	82127	CPT	outpatient			519	16.31	Managed Care Inc	Managed Care Inc		467.1	0.9			14.18	493.05	percent of total billed charges	
AMINO ACIDS; SINGLE QUALIT EA	82127	CPT	outpatient			519	16.31	Multiplan	Multiplan		415.2	0.8			14.18	493.05	percent of total billed charges	
AMINO ACIDS; SINGLE QUALIT EA	82127	CPT	outpatient			519	16.31	Qualcare	Qualcare		389.25	0.75			14.18	493.05	percent of total billed charges	
AMINO ACIDS; SINGLE QUALIT EA	82127	CPT	outpatient			519	16.31	Three Rivers	Three Rivers		493.05	0.95			14.18	493.05	percent of total billed charges	
AMINO ACIDS; SINGLE QUALIT EA	82127	CPT	outpatient			519	16.31	UHC	Medicaid		163.28	0.3146			14.18	493.05	percent of total billed charges	
AMINO ACIDS; SINGLE QUALIT EA	82127	CPT	outpatient			519	16.31	UHC	Medicare		14.18				14.18	493.05	case rate	
AMINO ACIDS; SINGLE QUALIT EA	82127	CPT	outpatient			519	16.31	Wellcare	Medicare		14.18				14.18	493.05	case rate	
AMINO ACIDS; SINGLE QUALIT EA	82127	CPT	outpatient			519	16.31	Wellcare	Medicaid		163.28	0.3146			14.18	493.05	percent of total billed charges	
MULTIPLE ACIDS EACH SPECIMEN	82128	CPT	outpatient			313	15.95	Aetna	Medicare		13.87				12.9	297.35	case rate	
MULTIPLE ACIDS EACH SPECIMEN	82128	CPT	outpatient			313	15.95	Aetna	Better Health		98.47	0.3146			12.9	297.35	percent of total billed charges	
MULTIPLE ACIDS EACH SPECIMEN	82128	CPT	outpatient			313	15.95	Aetna	Commercial		118.94	0.38			12.9	297.35	percent of total billed charges	
MULTIPLE ACIDS EACH SPECIMEN	82128	CPT	outpatient			313	15.95	Americare	Americare		234.75	0.75			12.9	297.35	percent of total billed charges	
MULTIPLE ACIDS EACH SPECIMEN	82128	CPT	outpatient			313	15.95	WellPoint	WellPoint		100.41	0.3208			12.9	297.35	percent of total billed charges	
MULTIPLE ACIDS EACH SPECIMEN	82128	CPT	outpatient			313	15.95	Amerihealth	Medicare		13.87				12.9	297.35	case rate	
MULTIPLE ACIDS EACH SPECIMEN	82128	CPT	outpatient			313	15.95	Consumer	Consumer		297.35	0.95			12.9	297.35	percent of total billed charges	
MULTIPLE ACIDS EACH SPECIMEN	82128	CPT	outpatient			313	15.95	Corrections	Corrections		250.4	0.8			12.9	297.35	percent of total billed charges	
MULTIPLE ACIDS EACH SPECIMEN	82128	CPT	outpatient			313	15.95	First Health	First Health		219.1	0.7			12.9	297.35	percent of total billed charges	
MULTIPLE ACIDS EACH SPECIMEN	82128	CPT	outpatient			313	15.95	First Trenton	First Trenton		281.7	0.9			12.9	297.35	percent of total billed charges	
MULTIPLE ACIDS EACH SPECIMEN	82128	CPT	outpatient			313	15.95	Horizon	Medicare Blue		93.9	0.3			12.9	297.35	percent of total billed charges	
MULTIPLE ACIDS EACH SPECIMEN	82128	CPT	outpatient			313	15.95	Horizon	Indemnity		119.82	0.3828			12.9	297.35	percent of total billed charges	
MULTIPLE ACIDS EACH SPECIMEN	82128	CPT	outpatient			313	15.95	Horizon	MGD		119.82	0.3828			12.9	297.35	percent of total billed charges	
MULTIPLE ACIDS EACH SPECIMEN	82128	CPT	outpatient			313	15.95	Horizon	PPO		119.82	0.3828			12.9	297.35	percent of total billed charges	
MULTIPLE ACIDS EACH SPECIMEN	82128	CPT	outpatient			313	15.95	Managed Care Inc	Managed Care Inc		281.7	0.9			12.9	297.35	percent of total billed charges	
MULTIPLE ACIDS EACH SPECIMEN	82128	CPT	outpatient			313	15.95	Multiplan	Multiplan		250.4	0.8			12.9	297.35	percent of total billed charges	
MULTIPLE ACIDS EACH SPECIMEN	82128	CPT	outpatient			313	15.95	Qualcare	Qualcare		234.75	0.75			12.9	297.35	percent of total billed charges	
MULTIPLE ACIDS EACH SPECIMEN	82128	CPT	outpatient			313	15.95	Three Rivers	Three Rivers		297.35	0.95			12.9	297.35	percent of total billed charges	
MULTIPLE ACIDS EACH SPECIMEN	82128	CPT	outpatient			313	15.95	UHC	Medicaid		12.9				12.9	297.35	case rate	
MULTIPLE ACIDS EACH SPECIMEN	82128	CPT	outpatient			313	15.95	UHC	Medicare		13.87				12.9	297.35	case rate	
MULTIPLE ACIDS EACH SPECIMEN	82128	CPT	outpatient			313	15.95	Wellcare	Medicaid		12.9				12.9	297.35	case rate	
MULTIPLE ACIDS EACH SPECIMEN	82128	CPT	outpatient			313	15.95	Wellcare	Medicare		13.87				12.9	297.35	case rate	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	outpatient			1325	26.43	Aetna	Commercial		503.5	0.38			18.64	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	outpatient			1325	26.43	Aetna	Medicare		22.98				18.64	1258.75	case rate	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	outpatient			1325	26.43	Aetna	Better Health		416.85	0.3146			18.64	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	outpatient			1325	26.43	Americare	Americare		993.75	0.75			18.64	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	outpatient			1325	26.43	WellPoint	WellPoint		425.06	0.3208			18.64	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	outpatient			1325	26.43	Amerihealth	Medicare		22.98				18.64	1258.75	case rate	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	outpatient			1325	26.43	Consumer	Consumer		1258.75	0.95			18.64	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	outpatient			1325	26.43	Corrections	Corrections		1060	0.8			18.64	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	outpatient			1325	26.43	First Health	First Health		927.5	0.7			18.64	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	outpatient			1325	26.43	First Trenton	First Trenton		1192.5	0.9			18.64	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	outpatient			1325	26.43	Horizon	MGD		507.21	0.3828			18.64	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	outpatient			1325	26.43	Horizon	Indemnity		507.21	0.3828			18.64	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	outpatient			1325	26.43	Horizon	PPO		507.21	0.3828			18.64	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	outpatient			1325	26.43	Horizon	Medicare Blue		397.5	0.3			18.64	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	outpatient			1325	26.43	Managed Care Inc	Managed Care Inc		1192.5	0.9			18.64	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	outpatient			1325	26.43	Multiplan	Multiplan		1060	0.8			18.64	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	outpatient			1325	26.43	Qualcare	Qualcare		993.75	0.75			18.64	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	outpatient			1325	26.43	Three Rivers	Three Rivers		1258.75	0.95			18.64	1258.75	percent of total billed charges	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	outpatient			1325	26.43	UHC	Medicare		22.98				18.64	1258.75	case rate	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	outpatient			1325	26.43	UHC	Medicaid		18.64				18.64	1258.75	case rate	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	outpatient			1325	26.43	Wellcare	Medicare		22.98				18.64	1258.75	case rate	
WHITE CELL ISOLATION WBC CYSTINE	82131	CPT	outpatient			1325	26.43	Wellcare	Medicaid		18.64				18.64	1258.75	case rate	
ALA DELTA RANDOM URINE	82135	CPT	both			113	18.92	Aetna	Commercial		42.94	0.38			16.45	107.35	percent of total billed charges	
ALA DELTA RANDOM URINE	82135	CPT	both			113	18.92	Aetna	Better Health		35.55	0.3146			16.45	107.35	percent of total billed charges	
ALA DELTA RANDOM URINE	82135	CPT	both			113	18.92	Aetna	Medicare		16.45				16.45	107.35	case rate	
ALA DELTA RANDOM URINE	82135	CPT	both			113	18.92	Americare	Americare		84.75	0.75			16.45	107.35	percent of total billed charges	
ALA DELTA RANDOM URINE	82135	CPT	both			113	18.92	WellPoint	WellPoint		36.25	0.3208			16.45	107.35	percent of total billed charges	
ALA DELTA RANDOM URINE	82135	CPT	both			113	18.92	Amerihealth	Medicare		16.45				16.45	107.35	case rate	
ALA DELTA RANDOM URINE	82135	CPT	both			113	18.92	Consumer	Consumer		107.35	0.95			16.45	107.35	percent of total billed charges	
ALA DELTA RANDOM URINE	82135	CPT	both			113	18.92	Corrections	Corrections		90.4	0.8			16.45	107.35	percent of total billed charges	
ALA DELTA RANDOM URINE	82135	CPT	both			113	18.92	First Health	First Health		79.1	0.7			16.45	107.35	percent of total billed charges	
ALA DELTA RANDOM URINE	82135	CPT	both			113	18.92	First Trenton	First Trenton		101.7	0.9			16.45	107.35	percent of total billed charges	
ALA DELTA RANDOM URINE	82135	CPT	both			113	18.92	Horizon	MGD		43.26	0.3828			16.45	107.35	percent of total billed charges	
ALA DELTA RANDOM URINE	82135	CPT	both			113	18.92	Horizon	Indemnity		43.26	0.3828			16.45	107.35	percent of total billed charges	
ALA DELTA RANDOM URINE	82135	CPT	both			113	18.92	Horizon	PPO		43.26	0.3828			16.45	107.35	percent of total billed charges	
ALA DELTA RANDOM URINE	82135	CPT	both			113	18.92	Horizon	Medicare Blue		33.9	0.3			16.45	107.35	percent of total billed charges	
ALA DELTA RANDOM URINE	82135	CPT	both			113	18.92	Managed Care Inc	Managed Care Inc		101.7	0.9			16.45	107.35	percent of total billed charges	
ALA DELTA RANDOM URINE	82135	CPT	both			113	18.92	Multiplan	Multiplan		90.4	0.8			16.45	107.35	percent of total billed charges	
ALA DELTA RANDOM URINE	82135	CPT	both			113	18.92	Qualcare	Qualcare		84.75	0.75			16.45	107.35	percent of total billed charges	
ALA DELTA RANDOM URINE	82135	CPT	both			113	18.92	Three Rivers	Three Rivers		107.35	0.95			16.45	107.35	percent of total billed charges	
ALA DELTA RANDOM URINE	82135	CPT	both			113	18.92	UHC	Medicaid		20				16.45	107.35	case rate	
ALA DELTA RANDOM URINE	82135	CPT	both			113	18.92	UHC	Medicare		16.45				16.45	107.35	case rate	
ALA DELTA RANDOM URINE	82135	CPT	both			113	18.92	Wellcare	Medicare		16.45				16.45	107.35	case rate	
ALA DELTA RANDOM URINE	82135	CPT	both			113	18.92	Wellcare	Medicaid		20				16.45	107.35	case rate	
AMINOACID GLYCINE QN CSF/PLSM	82136	CPT	inpatient			834	22.55	Aetna	Better Health		262.38	0.3146			18.64	792.3	percent of total billed charges	
AMINOACID GLYCINE QN CSF/PLSM	82136	CPT	inpatient			834	22.55	Aetna	Medicare		19.61				18.64	792.3	case rate	
AMINOACID GLYCINE QN CSF/PLSM	82136	CPT	inpatient			834	22.55	Aetna	Commercial		316.92	0.38			18.64	792.3	percent of total billed charges	
AMINOACID GLYCINE QN CSF/PLSM	82136	CPT	inpatient			834	22.55	Americare	Americare		625.5	0.75			18.64	792.3	percent of total billed charges	
AMINOACID GLYCINE QN CSF/PLSM	82136	CPT	inpatient			834	22.55	WellPoint	WellPoint		267.55	0.3208			18.64	792.3	percent of total billed charges	
AMINOACID GLYCINE QN CSF/PLSM	82136	CPT	inpatient			834	22.55	Amerihealth	Medicare		19.61				18.64	792.3	case rate	
AMINOACID GLYCINE QN CSF/PLSM	82136	CPT	inpatient			834	22.55	Consumer	Consumer		792.3	0.95			18.64	792.3	percent of total billed charges	
AMINOACID GLYCINE QN CSF/PLSM	82136	CPT	inpatient			834	22.55	Corrections	Corrections		667.2	0.8			18.64	792.3	percent of total billed charges	
AMINOACID GLYCINE QN CSF/PLSM	82136	CPT	inpatient			834	22.55	First Health	First Health		583.8	0.7			18.64	792.3	percent of total billed charges	
AMINOACID GLYCINE QN CSF/PLSM	82136	CPT	inpatient			834	22.55	First Trenton	First Trenton		750.6	0.9			18.64	792.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMINOACID GLYCINE QN CSF/PLSM	82136	CPT	inpatient			834	22.55	Horizon	MCD		319.26	0.3828			18.64		792.3 percent of total billed charges	
AMINOACID GLYCINE QN CSF/PLSM	82136	CPT	inpatient			834	22.55	Horizon	Indemnity		319.26	0.3828			18.64		792.3 percent of total billed charges	
AMINOACID GLYCINE QN CSF/PLSM	82136	CPT	inpatient			834	22.55	Horizon	PPO		319.26	0.3828			18.64		792.3 percent of total billed charges	
AMINOACID GLYCINE QN CSF/PLSM	82136	CPT	inpatient			834	22.55	Horizon	Medicare Blue		250.2	0.3			18.64		792.3 percent of total billed charges	
AMINOACID GLYCINE QN CSF/PLSM	82136	CPT	inpatient			834	22.55	Managed Care Inc	Managed Care Inc		750.6	0.9			18.64		792.3 percent of total billed charges	
AMINOACID GLYCINE QN CSF/PLSM	82136	CPT	inpatient			834	22.55	Multiplan	Multiplan		667.2	0.8			18.64		792.3 percent of total billed charges	
AMINOACID GLYCINE QN CSF/PLSM	82136	CPT	inpatient			834	22.55	Qualcare	Qualcare		625.5	0.75			18.64		792.3 percent of total billed charges	
AMINOACID GLYCINE QN CSF/PLSM	82136	CPT	inpatient			834	22.55	Three Rivers	Three Rivers		792.3	0.95			18.64		792.3 percent of total billed charges	
AMINOACID GLYCINE QN CSF/PLSM	82136	CPT	inpatient			834	22.55	UHC	Medicare		19.61				18.64		792.3 case rate	
AMINOACID GLYCINE QN CSF/PLSM	82136	CPT	inpatient			834	22.55	UHC	Medicaid		18.64				18.64		792.3 case rate	
AMINOACID GLYCINE QN CSF/PLSM	82136	CPT	inpatient			834	22.55	Wellcare	Medicaid		18.64				18.64		792.3 case rate	
AMINOACID GLYCINE QN CSF/PLSM	82136	CPT	inpatient			834	22.55	Wellcare	Medicare		19.61				18.64		792.3 case rate	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942	19.4	Aetna	Better Health		610.95	0.3146			16.87		1844.9 percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942	19.4	Aetna	Medicare		598.14	0.308			16.87		1844.9 percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942	19.4	Aetna	Commercial		737.96	0.38			16.87		1844.9 percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942	19.4	Americare	Americare		1456.5	0.75			16.87		1844.9 percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942	19.4	WellPoint	WellPoint		622.99	0.3208			16.87		1844.9 percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942	19.4	Amerihealth	Medicare		16.87				16.87		1844.9 case rate	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942	19.4	Consumer	Consumer		1844.9	0.95			16.87		1844.9 percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942	19.4	Corrections	Corrections		1553.6	0.8			16.87		1844.9 percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942	19.4	First Health	First Health		1359.4	0.7			16.87		1844.9 percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942	19.4	First Trenton	First Trenton		1747.8	0.9			16.87		1844.9 percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942	19.4	Horizon	PPO		743.4	0.3828			16.87		1844.9 percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942	19.4	Horizon	Indemnity		743.4	0.3828			16.87		1844.9 percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942	19.4	Horizon	MCD		743.4	0.3828			16.87		1844.9 percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942	19.4	Horizon	Medicare Blue		582.6	0.3			16.87		1844.9 percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942	19.4	Managed Care Inc	Managed Care Inc		1747.8	0.9			16.87		1844.9 percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942	19.4	Multiplan	Multiplan		1553.6	0.8			16.87		1844.9 percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942	19.4	Qualcare	Qualcare		1456.5	0.75			16.87		1844.9 percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942	19.4	Three Rivers	Three Rivers		1844.9	0.95			16.87		1844.9 percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942	19.4	UHC	Medicaid		610.95	0.3146			16.87		1844.9 percent of total billed charges	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942	19.4	UHC	Medicare		16.87				16.87		1844.9 case rate	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942	19.4	Wellcare	Medicare		16.87				16.87		1844.9 case rate	
AUTOIMMUNE MYELOPATHY EVAL	82139	CPT	both			1942	19.4	Wellcare	Medicaid		610.95	0.3146			16.87		1844.9 percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347	16.76	Aetna	Medicare		14.57				6		329.65 case rate	
AMMONIUM 24-HR URINE	82140	CPT	both			347	16.76	Aetna	Better Health		109.17	0.3146			6		329.65 percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347	16.76	Aetna	Commercial		131.86	0.38			6		329.65 percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347	16.76	Americare	Americare		260.25	0.75			6		329.65 percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347	16.76	WellPoint	WellPoint		111.32	0.3208			6		329.65 percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347	16.76	Amerihealth	Medicare		14.57				6		329.65 case rate	
AMMONIUM 24-HR URINE	82140	CPT	both			347	16.76	Consumer	Consumer		329.65	0.95			6		329.65 percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347	16.76	Corrections	Corrections		277.6	0.8			6		329.65 percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347	16.76	First Health	First Health		242.9	0.7			6		329.65 percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347	16.76	First Trenton	First Trenton		312.3	0.9			6		329.65 percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347	16.76	Horizon	MCD		132.83	0.3828			6		329.65 percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347	16.76	Horizon	PPO		132.83	0.3828			6		329.65 percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347	16.76	Horizon	Indemnity		132.83	0.3828			6		329.65 percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347	16.76	Horizon	Medicare Blue		104.1	0.3			6		329.65 percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347	16.76	Managed Care Inc	Managed Care Inc		312.3	0.9			6		329.65 percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347	16.76	Multiplan	Multiplan		277.6	0.8			6		329.65 percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347	16.76	Qualcare	Qualcare		260.25	0.75			6		329.65 percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347	16.76	Three Rivers	Three Rivers		329.65	0.95			6		329.65 percent of total billed charges	
AMMONIUM 24-HR URINE	82140	CPT	both			347	16.76	UHC	Medicaid		6				6		329.65 case rate	
AMMONIUM 24-HR URINE	82140	CPT	both			347	16.76	UHC	Medicare		14.57				6		329.65 case rate	
AMMONIUM 24-HR URINE	82140	CPT	both			347	16.76	Wellcare	Medicare		14.57				6		329.65 case rate	
AMMONIUM 24-HR URINE	82140	CPT	both			347	16.76	Wellcare	Medicaid		6				6		329.65 case rate	
BODY FLUID AMYLASE	82150	CPT	both			66	7.45	Aetna	Medicare		6.48				4.5		62.7 case rate	
BODY FLUID AMYLASE	82150	CPT	both			66	7.45	Aetna	Better Health		20.76	0.3146			4.5		62.7 percent of total billed charges	
BODY FLUID AMYLASE	82150	CPT	both			66	7.45	Aetna	Commercial		25.08	0.38			4.5		62.7 percent of total billed charges	
BODY FLUID AMYLASE	82150	CPT	both			66	7.45	Americare	Americare		49.5	0.75			4.5		62.7 percent of total billed charges	
BODY FLUID AMYLASE	82150	CPT	both			66	7.45	WellPoint	WellPoint		21.17	0.3208			4.5		62.7 percent of total billed charges	
BODY FLUID AMYLASE	82150	CPT	both			66	7.45	Amerihealth	Medicare		6.48				4.5		62.7 case rate	
BODY FLUID AMYLASE	82150	CPT	both			66	7.45	Consumer	Consumer		62.7	0.95			4.5		62.7 percent of total billed charges	
BODY FLUID AMYLASE	82150	CPT	both			66	7.45	Corrections	Corrections		52.8	0.8			4.5		62.7 percent of total billed charges	
BODY FLUID AMYLASE	82150	CPT	both			66	7.45	First Health	First Health		46.2	0.7			4.5		62.7 percent of total billed charges	
BODY FLUID AMYLASE	82150	CPT	both			66	7.45	First Trenton	First Trenton		59.4	0.9			4.5		62.7 percent of total billed charges	
BODY FLUID AMYLASE	82150	CPT	both			66	7.45	Horizon	MCD		25.26	0.3828			4.5		62.7 percent of total billed charges	
BODY FLUID AMYLASE	82150	CPT	both			66	7.45	Horizon	Indemnity		25.26	0.3828			4.5		62.7 percent of total billed charges	
BODY FLUID AMYLASE	82150	CPT	both			66	7.45	Horizon	PPO		25.26	0.3828			4.5		62.7 percent of total billed charges	
BODY FLUID AMYLASE	82150	CPT	both			66	7.45	Horizon	Medicare Blue		19.8	0.3			4.5		62.7 percent of total billed charges	
BODY FLUID AMYLASE	82150	CPT	both			66	7.45	Managed Care Inc	Managed Care Inc		59.4	0.9			4.5		62.7 percent of total billed charges	
BODY FLUID AMYLASE	82150	CPT	both			66	7.45	Multiplan	Multiplan		52.8	0.8			4.5		62.7 percent of total billed charges	
BODY FLUID AMYLASE	82150	CPT	both			66	7.45	Qualcare	Qualcare		49.5	0.75			4.5		62.7 percent of total billed charges	
BODY FLUID AMYLASE	82150	CPT	both			66	7.45	Three Rivers	Three Rivers		62.7	0.95			4.5		62.7 percent of total billed charges	
BODY FLUID AMYLASE	82150	CPT	both			66	7.45	UHC	Medicaid		4.5				4.5		62.7 case rate	
BODY FLUID AMYLASE	82150	CPT	both			66	7.45	UHC	Medicare		6.48				4.5		62.7 case rate	
BODY FLUID AMYLASE	82150	CPT	both			66	7.45	Wellcare	Medicaid		4.5				4.5		62.7 case rate	
BODY FLUID AMYLASE	82150	CPT	both			66	7.45	Wellcare	Medicare		6.48				4.5		62.7 case rate	
ANDROSTENEDIONE SERUM	82160	CPT	outpatient			688	29.38	Aetna	Better Health		216.44	0.3146			25.55		653.6 percent of total billed charges	
ANDROSTENEDIONE SERUM	82160	CPT	outpatient			688	29.38	Aetna	Medicare		25.55				25.55		653.6 case rate	
ANDROSTENEDIONE SERUM	82160	CPT	outpatient			688	29.38	Aetna	Commercial		261.44	0.38			25.55		653.6 percent of total billed charges	
ANDROSTENEDIONE SERUM	82160	CPT	outpatient			688	29.38	Americare	Americare		516	0.75			25.55		653.6 percent of total billed charges	
ANDROSTENEDIONE SERUM	82160	CPT	outpatient			688	29.38	WellPoint	WellPoint		220.71	0.3208			25.55		653.6 percent of total billed charges	
ANDROSTENEDIONE SERUM	82160	CPT	outpatient			688	29.38	Amerihealth	Medicare		25.55				25.55		653.6 case rate	
ANDROSTENEDIONE SERUM	82160	CPT	outpatient			688	29.38	Consumer	Consumer		653.6	0.95			25.55		653.6 percent of total billed charges	
ANDROSTENEDIONE SERUM	82160	CPT	outpatient			688	29.38	Corrections	Corrections		550.4	0.8			25.55		653.6 percent of total billed charges	
ANDROSTENEDIONE SERUM	82160	CPT	outpatient			688	29.38	First Health	First Health		481.6	0.7			25.55		653.6 percent of total billed charges	
ANDROSTENEDIONE SERUM	82160	CPT	outpatient			688	29.38	First Trenton	First Trenton		619.2	0.9			25.55		653.6 percent of total billed charges	
ANDROSTENEDIONE SERUM	82160	CPT	outpatient			688	29.38	Horizon	Medicare Blue		206.4	0.3			25.55		653.6 percent of total billed charges	
ANDROSTENEDIONE SERUM	82160	CPT	outpatient			688	29.38	Horizon	Indemnity		263.37	0.3828			25.55		653.6 percent of total billed charges	
ANDROSTENEDIONE SERUM	82160	CPT	outpatient			688	29.38	Horizon	MCD		263.37	0.3828			25.55		653.6 percent of total billed charges	
ANDROSTENEDIONE SERUM	82160	CPT	outpatient			688	29.38	Horizon	PPO		263.37	0.3828			25.55		653.6 percent of total billed charges	
ANDROSTENEDIONE SERUM	82160	CPT	outpatient			688	29.38	Managed Care Inc	Managed Care Inc		619.2	0.9			25.55		653.6 percent of total billed charges	
ANDROSTENEDIONE SERUM	82160	CPT	outpatient			688	29.38	Multiplan	Multiplan		550.4	0.8			25.55		653.6 percent of total billed charges	
ANDROSTENEDIONE SERUM	82160	CPT	outpatient			688	29.38	Qualcare	Qualcare		516	0.75			25.55		653.6 percent of total billed charges	
ANDROSTENEDIONE SERUM	82160	CPT	outpatient			688	29.38	Three Rivers	Three Rivers		653.6	0.95			25.55		653.6 percent of total billed charges	
ANDROSTENEDIONE SERUM	82160	CPT	outpatient			688	29.38	UHC	Medicare		25.55				25.55		653.6 case rate	
ANDROSTENEDIONE SERUM	82160	CPT	outpatient			688	29.38	UHC	Medicaid		27.65				25.55		653.6 case rate	
ANDROSTENEDIONE SERUM	82160	CPT	outpatient			688	29.38	Wellcare	Medicaid		27.65				25.55		653.6 case rate	
ANDROSTENEDIONE SERUM	82160	CPT	outpatient			688	29.38	Wellcare	Medicare		25.55				25.55		653.6 case rate	
ANGIOTENSIN II	82163	CPT	outpatient			209	23.6	Aetna	Medicare		20.52				20.52		198.55 case rate	
ANGIOTENSIN II	82163	CPT	outpatient			209	23.6	Aetna	Commercial		79.42	0.38			20.52		198.55 percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209	23.6	Aetna	Better Health		65.75	0.3146			20.52		198.55 percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209	23.6	Americare	Americare		156.75	0.75			20.52		198.55 percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209	23.6	WellPoint	WellPoint		67.05	0.3208			20.52		198.55 percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209	23.6	Amerihealth	Medicare		20.52				20.52		198.55 case rate	
ANGIOTENSIN II	82163	CPT	outpatient			209	23.6	Consumer	Consumer		198.55	0.95			20.52		198.55 percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209	23.6	Corrections	Corrections		167.2	0.8			20.52		198.55 percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209	23.6	First Health	First Health		146.3	0.7			20.52		198.55 percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209	23.6	First Trenton	First Trenton		188.1	0.9			20.52		198.55 percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209	23.6	Horizon	Medicare Blue		62.7	0.3			20.52		198.55 percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209	23.6	Horizon	MCD		80.01	0.3828			20.52		198.55 percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209	23.6	Horizon	Indemnity		80.01	0.3828			20.52		198.55 percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209	23.6	Horizon	PPO		80.01	0.3828			20.52		198.55 percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209	23.6	Managed Care Inc	Managed Care Inc		188.1	0.9			20.52		198.55 percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209	23.6	Multiplan	Multiplan		167.2	0.8			20.52		198.55 percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209	23.6	Qualcare	Qualcare		156.75	0.75			20.52		198.55 percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209	23.6	Three Rivers	Three Rivers		198.55	0.95			20.52		198.55 percent of total billed charges	
ANGIOTENSIN II	82163	CPT	outpatient			209	23.6	UHC	Medicare		20.52				20.52		198.55 case rate	
ANGIOTENSIN II	82163	CPT	outpatient			209	23.6	UHC	Medicaid		21				20.52		198.55 case rate	
ANGIOTENSIN II	82163	CPT	outpatient			209	23.6	Wellcare	Medicare		20.52				20.52		198.55 case rate	
ANGIOTENSIN II	82163	CPT	outpatient			209	23.6	Wellcare	Medicaid		21				20.52		198.55 case rate	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89	16.79	Aetna	Better Health		28	0.3146			9.9		84.55 percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89	16.79	Aetna	Commercial		33.82	0.38			9.9		84.55 percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89	16.79	Aetna	Medicare		27.41	0.308			9.9		84.55 percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89	16.79	Americare	Americare		66.75	0.75			9.9		84.55 percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89	16.79	WellPoint	WellPoint		28.55	0.3208			9.9		84.55 percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89	16.79	Amerihealth	Medicare		14.6				9.9		84.55 case rate	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89	16.79	Consumer	Consumer		84.55	0.95			9.9		84.55 percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89	16.79	Corrections	Corrections		71.2	0.8			9.9		84.55 percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89	16.79	First Health	First Health		62.3	0.7			9.9		84.55 percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89	16.79	First Trenton	First Trenton		80.1	0.9			9.9		84.55 percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89	16.79	Horizon	MCD		34.07	0.3828			9.9		84.55 percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89	16.79	Horizon	PPO		34.07	0.3828			9.9		84.55 percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89	16.79	Horizon	Indemnity		34.07	0.3828			9.9		84.55 percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89	16.79	Horizon	Medicare Blue		26.7	0.3			9.9		84.55 percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89	16.79	Managed Care Inc	Managed Care Inc		80.1	0.9			9.9		84.55 percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89	16.79	Multiplan	Multiplan		71.2	0.8			9.9		84.55 percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89	16.79	Qualcare	Qualcare		66.75	0.75			9.9		84.55 percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89	16.79	Three Rivers	Three Rivers		84.55	0.95			9.9		84.55 percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89	16.79	UHC	Medicaid		28	0.3146			9.9		84.55 percent of total billed charges	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89	16.79	UHC	Medicare		14.6				9.9		84.55 case rate	
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89	16.79	Wellcare	Medicaid		28	0.3146			9.9		84.55 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CSF ANGIOTENSIN CONVERTING ENZ	82164	CPT	both			89	16.79	Wellcare	Medicare		14.6				9.9	84.55	case rate	
APOLIPROTEIN EACH	82172	CPT	both			157	24.25	Aetna	Better Health		49.39	0.3146			14.4	149.15	percent of total billed charges	
APOLIPROTEIN EACH	82172	CPT	both			157	24.25	Aetna	Medicare		21.09				14.4	149.15	case rate	
APOLIPROTEIN EACH	82172	CPT	both			157	24.25	Aetna	Commercial		59.66	0.38			14.4	149.15	percent of total billed charges	
APOLIPROTEIN EACH	82172	CPT	both			157	24.25	Americare	Americare		117.75	0.75			14.4	149.15	percent of total billed charges	
APOLIPROTEIN EACH	82172	CPT	both			157	24.25	WellPoint	WellPoint		50.37	0.3208			14.4	149.15	percent of total billed charges	
APOLIPROTEIN EACH	82172	CPT	both			157	24.25	Amerihealth	Medicare		21.09				14.4	149.15	case rate	
APOLIPROTEIN EACH	82172	CPT	both			157	24.25	Consumer	Consumer		149.15	0.95			14.4	149.15	percent of total billed charges	
APOLIPROTEIN EACH	82172	CPT	both			157	24.25	Corrections	Corrections		125.6	0.8			14.4	149.15	percent of total billed charges	
APOLIPROTEIN EACH	82172	CPT	both			157	24.25	First Health	First Health		109.9	0.7			14.4	149.15	percent of total billed charges	
APOLIPROTEIN EACH	82172	CPT	both			157	24.25	First Trenton	First Trenton		141.3	0.9			14.4	149.15	percent of total billed charges	
APOLIPROTEIN EACH	82172	CPT	both			157	24.25	Horizon	MGD		60.1	0.3828			14.4	149.15	percent of total billed charges	
APOLIPROTEIN EACH	82172	CPT	both			157	24.25	Horizon	Indemnity		60.1	0.3828			14.4	149.15	percent of total billed charges	
APOLIPROTEIN EACH	82172	CPT	both			157	24.25	Horizon	Medicare Blue		47.1	0.3			14.4	149.15	percent of total billed charges	
APOLIPROTEIN EACH	82172	CPT	both			157	24.25	Horizon	PPO		60.1	0.3828			14.4	149.15	percent of total billed charges	
APOLIPROTEIN EACH	82172	CPT	both			157	24.25	Managed Care Inc	Managed Care Inc		141.3	0.9			14.4	149.15	percent of total billed charges	
APOLIPROTEIN EACH	82172	CPT	both			157	24.25	Multiplan	Multiplan		125.6	0.8			14.4	149.15	percent of total billed charges	
APOLIPROTEIN EACH	82172	CPT	both			157	24.25	Qualcare	Qualcare		117.75	0.75			14.4	149.15	percent of total billed charges	
APOLIPROTEIN EACH	82172	CPT	both			157	24.25	Three Rivers	Three Rivers		149.15	0.95			14.4	149.15	percent of total billed charges	
APOLIPROTEIN EACH	82172	CPT	both			157	24.25	UHC	Medicaid		20				14.4	149.15	case rate	
APOLIPROTEIN EACH	82172	CPT	both			157	24.25	UHC	Medicare		21.09				14.4	149.15	case rate	
APOLIPROTEIN EACH	82172	CPT	both			157	24.25	Wellcare	Medicare		21.09				14.4	149.15	case rate	
APOLIPROTEIN EACH	82172	CPT	both			157	24.25	Wellcare	Medicaid		20				14.4	149.15	case rate	
HEAVY METALS PROF URINE	82175	CPT	both			334	21.82	Aetna	Commercial		126.92	0.38			7.2	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334	21.82	Aetna	Medicare		18.97				7.2	317.3	case rate	
HEAVY METALS PROF URINE	82175	CPT	both			334	21.82	Aetna	Better Health		105.08	0.3146			7.2	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334	21.82	Americare	Americare		250.5	0.75			7.2	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334	21.82	WellPoint	WellPoint		107.15	0.3208			7.2	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334	21.82	Amerihealth	Medicare		18.97				7.2	317.3	case rate	
HEAVY METALS PROF URINE	82175	CPT	both			334	21.82	Consumer	Consumer		317.3	0.95			7.2	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334	21.82	Corrections	Corrections		267.2	0.8			7.2	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334	21.82	First Health	First Health		233.8	0.7			7.2	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334	21.82	First Trenton	First Trenton		300.6	0.9			7.2	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334	21.82	Horizon	Indemnity		127.86	0.3828			7.2	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334	21.82	Horizon	Medicare Blue		100.2	0.3			7.2	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334	21.82	Horizon	MGD		127.86	0.3828			7.2	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334	21.82	Horizon	PPO		127.86	0.3828			7.2	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334	21.82	Managed Care Inc	Managed Care Inc		300.6	0.9			7.2	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334	21.82	Multiplan	Multiplan		267.2	0.8			7.2	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334	21.82	Qualcare	Qualcare		250.5	0.75			7.2	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334	21.82	Three Rivers	Three Rivers		317.3	0.95			7.2	317.3	percent of total billed charges	
HEAVY METALS PROF URINE	82175	CPT	both			334	21.82	UHC	Medicare		18.97				7.2	317.3	case rate	
HEAVY METALS PROF URINE	82175	CPT	both			334	21.82	UHC	Medicaid		7.2				7.2	317.3	case rate	
HEAVY METALS PROF URINE	82175	CPT	both			334	21.82	Wellcare	Medicare		18.97				7.2	317.3	case rate	
HEAVY METALS PROF URINE	82175	CPT	both			334	21.82	Wellcare	Medicaid		7.2				7.2	317.3	case rate	
VITAMIN C (ASCORBIC ACID) LAB	82180	CPT	both			189	11.37	Aetna	Better Health		59.46	0.3146			3.6	179.55	percent of total billed charges	
VITAMIN C (ASCORBIC ACID) LAB	82180	CPT	both			189	11.37	Aetna	Medicare		9.89				3.6	179.55	case rate	
VITAMIN C (ASCORBIC ACID) LAB	82180	CPT	both			189	11.37	Aetna	Commercial		71.82	0.38			3.6	179.55	percent of total billed charges	
VITAMIN C (ASCORBIC ACID) LAB	82180	CPT	both			189	11.37	Americare	Americare		141.75	0.75			3.6	179.55	percent of total billed charges	
VITAMIN C (ASCORBIC ACID) LAB	82180	CPT	both			189	11.37	WellPoint	WellPoint		60.63	0.3208			3.6	179.55	percent of total billed charges	
VITAMIN C (ASCORBIC ACID) LAB	82180	CPT	both			189	11.37	Amerihealth	Medicare		9.89				3.6	179.55	case rate	
VITAMIN C (ASCORBIC ACID) LAB	82180	CPT	both			189	11.37	Consumer	Consumer		179.55	0.95			3.6	179.55	percent of total billed charges	
VITAMIN C (ASCORBIC ACID) LAB	82180	CPT	both			189	11.37	Corrections	Corrections		151.2	0.8			3.6	179.55	percent of total billed charges	
VITAMIN C (ASCORBIC ACID) LAB	82180	CPT	both			189	11.37	First Health	First Health		132.3	0.7			3.6	179.55	percent of total billed charges	
VITAMIN C (ASCORBIC ACID) LAB	82180	CPT	both			189	11.37	First Trenton	First Trenton		170.1	0.9			3.6	179.55	percent of total billed charges	
VITAMIN C (ASCORBIC ACID) LAB	82180	CPT	both			189	11.37	Horizon	MGD		72.35	0.3828			3.6	179.55	percent of total billed charges	
VITAMIN C (ASCORBIC ACID) LAB	82180	CPT	both			189	11.37	Horizon	Indemnity		72.35	0.3828			3.6	179.55	percent of total billed charges	
VITAMIN C (ASCORBIC ACID) LAB	82180	CPT	both			189	11.37	Horizon	Medicare Blue		56.7	0.3			3.6	179.55	percent of total billed charges	
VITAMIN C (ASCORBIC ACID) LAB	82180	CPT	both			189	11.37	Horizon	PPO		72.35	0.3828			3.6	179.55	percent of total billed charges	
VITAMIN C (ASCORBIC ACID) LAB	82180	CPT	both			189	11.37	Managed Care Inc	Managed Care Inc		170.1	0.9			3.6	179.55	percent of total billed charges	
VITAMIN C (ASCORBIC ACID) LAB	82180	CPT	both			189	11.37	Multiplan	Multiplan		151.2	0.8			3.6	179.55	percent of total billed charges	
VITAMIN C (ASCORBIC ACID) LAB	82180	CPT	both			189	11.37	Qualcare	Qualcare		141.75	0.75			3.6	179.55	percent of total billed charges	
VITAMIN C (ASCORBIC ACID) LAB	82180	CPT	both			189	11.37	Three Rivers	Three Rivers		179.55	0.95			3.6	179.55	percent of total billed charges	
VITAMIN C (ASCORBIC ACID) LAB	82180	CPT	both			189	11.37	UHC	Medicaid		3.6				3.6	179.55	case rate	
VITAMIN C (ASCORBIC ACID) LAB	82180	CPT	both			189	11.37	UHC	Medicare		9.89				3.6	179.55	case rate	
VITAMIN C (ASCORBIC ACID) LAB	82180	CPT	both			189	11.37	Wellcare	Medicaid		3.6				3.6	179.55	case rate	
VITAMIN C (ASCORBIC ACID) LAB	82180	CPT	both			189	11.37	Wellcare	Medicare		9.89				3.6	179.55	case rate	
BETA-2 MICROGLOBULIN SERUM	82232	CPT	both			111	18.61	Aetna	Better Health		34.92	0.3146			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN SERUM	82232	CPT	both			111	18.61	Aetna	Medicare		16.18				12	105.45	case rate	
BETA-2 MICROGLOBULIN SERUM	82232	CPT	both			111	18.61	Aetna	Commercial		42.18	0.38			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN SERUM	82232	CPT	both			111	18.61	Americare	Americare		83.25	0.75			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN SERUM	82232	CPT	both			111	18.61	WellPoint	WellPoint		35.61	0.3208			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN SERUM	82232	CPT	both			111	18.61	Amerihealth	Medicare		16.18				12	105.45	case rate	
BETA-2 MICROGLOBULIN SERUM	82232	CPT	both			111	18.61	Consumer	Consumer		105.45	0.95			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN SERUM	82232	CPT	both			111	18.61	Corrections	Corrections		88.8	0.8			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN SERUM	82232	CPT	both			111	18.61	First Health	First Health		77.7	0.7			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN SERUM	82232	CPT	both			111	18.61	First Trenton	First Trenton		99.9	0.9			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN SERUM	82232	CPT	both			111	18.61	Horizon	Indemnity		42.49	0.3828			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN SERUM	82232	CPT	both			111	18.61	Horizon	PPO		42.49	0.3828			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN SERUM	82232	CPT	both			111	18.61	Horizon	MGD		42.49	0.3828			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN SERUM	82232	CPT	both			111	18.61	Horizon	Medicare Blue		33.3	0.3			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN SERUM	82232	CPT	both			111	18.61	Managed Care Inc	Managed Care Inc		99.9	0.9			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN SERUM	82232	CPT	both			111	18.61	Multiplan	Multiplan		88.8	0.8			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN SERUM	82232	CPT	both			111	18.61	Qualcare	Qualcare		83.25	0.75			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN SERUM	82232	CPT	both			111	18.61	Three Rivers	Three Rivers		105.45	0.95			12	105.45	percent of total billed charges	
BETA-2 MICROGLOBULIN SERUM	82232	CPT	both			111	18.61	UHC	Medicaid		17.8				12	105.45	case rate	
BETA-2 MICROGLOBULIN SERUM	82232	CPT	both			111	18.61	UHC	Medicare		16.18				12	105.45	case rate	
BETA-2 MICROGLOBULIN SERUM	82232	CPT	both			111	18.61	Wellcare	Medicaid		17.8				12	105.45	case rate	
BETA-2 MICROGLOBULIN SERUM	82232	CPT	both			111	18.61	Wellcare	Medicare		16.18				12	105.45	case rate	
BILE ACIDS	82239	CPT	both			41	19.69	Aetna	Medicare		17.12				12.3	38.95	case rate	
BILE ACIDS	82239	CPT	both			41	19.69	Aetna	Commercial		15.58	0.38			12.3	38.95	percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Aetna	Better Health		12.9	0.3146			12.3	38.95	percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Americare	Americare		30.75	0.75			12.3	38.95	percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	WellPoint	WellPoint		13.15	0.3208			12.3	38.95	percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Amerihealth	Medicare		17.12				12.3	38.95	case rate	
BILE ACIDS	82239	CPT	both			41	19.69	Consumer	Consumer		38.95	0.95			12.3	38.95	percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Corrections	Corrections		32.8	0.8			12.3	38.95	percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	First Health	First Health		28.7	0.7			12.3	38.95	percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	First Trenton	First Trenton		36.9	0.9			12.3	38.95	percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Horizon	Medicare Blue		12.3	0.3			12.3	38.95	percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Horizon	Indemnity		15.69	0.3828			12.3	38.95	percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Horizon	MGD		15.69	0.3828			12.3	38.95	percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Horizon	PPO		15.69	0.3828			12.3	38.95	percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Managed Care Inc	Managed Care Inc		36.9	0.9			12.3	38.95	percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Multiplan	Multiplan		32.8	0.8			12.3	38.95	percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Qualcare	Qualcare		30.75	0.75			12.3	38.95	percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	Three Rivers	Three Rivers		38.95	0.95			12.3	38.95	percent of total billed charges	
BILE ACIDS	82239	CPT	both			41	19.69	UHC	Medicaid		20				12.3	38.95	case rate	
BILE ACIDS	82239	CPT	both			41	19.69	UHC	Medicare		17.12				12.3	38.95	case rate	
BILE ACIDS	82239	CPT	both			41	19.69	Wellcare	Medicaid		20				12.3	38.95	case rate	
BILE ACIDS	82239	CPT	both			41	19.69	Wellcare	Medicare		17.12				12.3	38.95	case rate	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Aetna	Better Health		28	0.3146			3	84.55	percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Aetna	Commercial		33.82	0.38			3	84.55	percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Aetna	Medicare		5.02				3	84.55	case rate	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Americare	Americare		66.75	0.75			3	84.55	percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	WellPoint	WellPoint		28.55	0.3208			3	84.55	percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Amerihealth	Medicare		5.02				3	84.55	case rate	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Consumer	Consumer		84.55	0.95			3	84.55	percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Corrections	Corrections		71.2	0.8			3	84.55	percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	First Health	First Health		62.3	0.7			3	84.55	percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	First Trenton	First Trenton		80.1	0.9			3	84.55	percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Horizon	MGD		34.07	0.3828			3	84.55	percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Horizon	Medicare Blue		26.7	0.3			3	84.55	percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Horizon	Indemnity		34.07	0.3828			3	84.55	percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Horizon	PPO		34.07	0.3828			3	84.55	percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Managed Care Inc	Managed Care Inc		80.1	0.9			3	84.55	percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Multiplan	Multiplan		71.2	0.8			3	84.55	percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Qualcare	Qualcare		66.75	0.75			3	84.55	percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Three Rivers	Three Rivers		84.55	0.95			3	84.55	percent of total billed charges	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	UHC	Medicaid		3				3	84.55	case rate	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	UHC	Medicare		5.02				3	84.55	case rate	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Wellcare	Medicare		5.02				3	84.55	case rate	
BILIRUBIN;TOTAL	82247	CPT	both			89	5.77	Wellcare	Medicaid		3				3	84.55	case rate	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Aetna	Medicare		5.02				4.5	71.25	case rate	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Aetna	Better Health		23.6	0.3146			4.5	71.25	percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Aetna	Commercial		28.5	0.38			4.5	71.25	percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Americare	Americare		56.25	0.75			4.5	71.25	percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	WellPoint	WellPoint		24.06	0.3208			4.5	71.25	percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Amerihealth	Medicare		5.02				4.5	71.25	case rate	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Consumer	Consumer		71.25	0.95			4.5	71.25	percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Corrections	Corrections		60	0.8			4.5	71.25	percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	First Health	First Health		52.5	0.7			4.5	71.25	percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	First Trenton	First Trenton		67.5	0.9			4.5	71.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Horizon	MGD		28.71	0.3828			4.5	71.25	percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Horizon	Indemnity		28.71	0.3828			4.5	71.25	percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Horizon	Medicare Blue		22.5	0.3			4.5	71.25	percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Horizon	PPO		28.71	0.3828			4.5	71.25	percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Managed Care Inc	Managed Care Inc		67.5	0.9			4.5	71.25	percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Multiplan	Multiplan		60	0.8			4.5	71.25	percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Qualcare	Qualcare		56.25	0.75			4.5	71.25	percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Three Rivers	Three Rivers		71.25	0.95			4.5	71.25	percent of total billed charges	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	UHC	Medicaid		4.5				4.5	71.25	case rate	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	UHC	Medicare		5.02				4.5	71.25	case rate	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Wellcare	Medicare		5.02				4.5	71.25	case rate	
BILIRUBIN; DIRECT	82248	CPT	both			75	5.77	Wellcare	Medicaid		4.5				4.5	71.25	case rate	
ENZYME BIOTINIDASE DEF SERUM	82261	CPT	outpatient			276	19.4	Aetna	Better Health		86.83	0.3146			16.87	262.2	percent of total billed charges	
ENZYME BIOTINIDASE DEF SERUM	82261	CPT	outpatient			276	19.4	Aetna	Medicare		85.01	0.308			16.87	262.2	percent of total billed charges	
ENZYME BIOTINIDASE DEF SERUM	82261	CPT	outpatient			276	19.4	Aetna	Commercial		104.88	0.38			16.87	262.2	percent of total billed charges	
ENZYME BIOTINIDASE DEF SERUM	82261	CPT	outpatient			276	19.4	Americare	Americare		207	0.75			16.87	262.2	percent of total billed charges	
ENZYME BIOTINIDASE DEF SERUM	82261	CPT	outpatient			276	19.4	WellPoint	WellPoint		88.54	0.3208			16.87	262.2	percent of total billed charges	
ENZYME BIOTINIDASE DEF SERUM	82261	CPT	outpatient			276	19.4	Amerihealth	Medicare		16.87				16.87	262.2	case rate	
ENZYME BIOTINIDASE DEF SERUM	82261	CPT	outpatient			276	19.4	Consumer	Consumer		262.2	0.95			16.87	262.2	percent of total billed charges	
ENZYME BIOTINIDASE DEF SERUM	82261	CPT	outpatient			276	19.4	Corrections	Corrections		220.8	0.8			16.87	262.2	percent of total billed charges	
ENZYME BIOTINIDASE DEF SERUM	82261	CPT	outpatient			276	19.4	First Health	First Health		193.2	0.7			16.87	262.2	percent of total billed charges	
ENZYME BIOTINIDASE DEF SERUM	82261	CPT	outpatient			276	19.4	First Trenton	First Trenton		248.4	0.9			16.87	262.2	percent of total billed charges	
ENZYME BIOTINIDASE DEF SERUM	82261	CPT	outpatient			276	19.4	Horizon	Medicare Blue		82.8	0.3			16.87	262.2	percent of total billed charges	
ENZYME BIOTINIDASE DEF SERUM	82261	CPT	outpatient			276	19.4	Horizon	MGD		105.65	0.3828			16.87	262.2	percent of total billed charges	
ENZYME BIOTINIDASE DEF SERUM	82261	CPT	outpatient			276	19.4	Horizon	Indemnity		105.65	0.3828			16.87	262.2	percent of total billed charges	
ENZYME BIOTINIDASE DEF SERUM	82261	CPT	outpatient			276	19.4	Horizon	PPO		105.65	0.3828			16.87	262.2	percent of total billed charges	
ENZYME BIOTINIDASE DEF SERUM	82261	CPT	outpatient			276	19.4	Managed Care Inc	Managed Care Inc		248.4	0.9			16.87	262.2	percent of total billed charges	
ENZYME BIOTINIDASE DEF SERUM	82261	CPT	outpatient			276	19.4	Multiplan	Multiplan		220.8	0.8			16.87	262.2	percent of total billed charges	
ENZYME BIOTINIDASE DEF SERUM	82261	CPT	outpatient			276	19.4	Qualcare	Qualcare		207	0.75			16.87	262.2	percent of total billed charges	
ENZYME BIOTINIDASE DEF SERUM	82261	CPT	outpatient			276	19.4	Three Rivers	Three Rivers		262.2	0.95			16.87	262.2	percent of total billed charges	
ENZYME BIOTINIDASE DEF SERUM	82261	CPT	outpatient			276	19.4	UHC	Medicare		16.87				16.87	262.2	case rate	
ENZYME BIOTINIDASE DEF SERUM	82261	CPT	outpatient			276	19.4	UHC	Medicaid		86.83	0.3146			16.87	262.2	percent of total billed charges	
ENZYME BIOTINIDASE DEF SERUM	82261	CPT	outpatient			276	19.4	Wellcare	Medicaid		86.83	0.3146			16.87	262.2	percent of total billed charges	
ENZYME BIOTINIDASE DEF SERUM	82261	CPT	outpatient			276	19.4	Wellcare	Medicare		16.87				16.87	262.2	case rate	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Aetna	Better Health		20.76	0.3146			3.63	62.7	percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Aetna	Commercial		25.08	0.38			3.63	62.7	percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Aetna	Medicare		4.38				3.63	62.7	case rate	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Americare	Americare		49.5	0.75			3.63	62.7	percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	WellPoint	WellPoint		21.17	0.3208			3.63	62.7	percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Amerihealth	Medicare		4.38				3.63	62.7	case rate	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Consumer	Consumer		62.7	0.95			3.63	62.7	percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Corrections	Corrections		52.8	0.8			3.63	62.7	percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	First Health	First Health		46.2	0.7			3.63	62.7	percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	First Trenton	First Trenton		59.4	0.9			3.63	62.7	percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Horizon	MGD		25.26	0.3828			3.63	62.7	percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Horizon	Indemnity		25.26	0.3828			3.63	62.7	percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Horizon	PPO		25.26	0.3828			3.63	62.7	percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Horizon	Medicare Blue		19.8	0.3			3.63	62.7	percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Managed Care Inc	Managed Care Inc		59.4	0.9			3.63	62.7	percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Multiplan	Multiplan		52.8	0.8			3.63	62.7	percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Qualcare	Qualcare		49.5	0.75			3.63	62.7	percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Three Rivers	Three Rivers		62.7	0.95			3.63	62.7	percent of total billed charges	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	UHC	Medicaid		3.63				3.63	62.7	case rate	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	UHC	Medicare		4.38				3.63	62.7	case rate	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Wellcare	Medicaid		3.63				3.63	62.7	case rate	
STOOL HEMOCULT	82270	CPT	outpatient			66	5.04	Wellcare	Medicare		4.38				3.63	62.7	case rate	
OCCULT BLOOD GASTRIC FLUID	82271	CPT	inpatient			54	6.12	Aetna	Better Health		16.99	0.3146			5.32	51.3	percent of total billed charges	
OCCULT BLOOD GASTRIC FLUID	82271	CPT	inpatient			54	6.12	Aetna	Medicare		16.63	0.308			5.32	51.3	percent of total billed charges	
OCCULT BLOOD GASTRIC FLUID	82271	CPT	inpatient			54	6.12	Aetna	Commercial		20.52	0.38			5.32	51.3	percent of total billed charges	
OCCULT BLOOD GASTRIC FLUID	82271	CPT	inpatient			54	6.12	Americare	Americare		40.5	0.75			5.32	51.3	percent of total billed charges	
OCCULT BLOOD GASTRIC FLUID	82271	CPT	inpatient			54	6.12	WellPoint	WellPoint		17.32	0.3208			5.32	51.3	percent of total billed charges	
OCCULT BLOOD GASTRIC FLUID	82271	CPT	inpatient			54	6.12	Amerihealth	Medicare		5.32				5.32	51.3	case rate	
OCCULT BLOOD GASTRIC FLUID	82271	CPT	inpatient			54	6.12	Consumer	Consumer		51.3	0.95			5.32	51.3	percent of total billed charges	
OCCULT BLOOD GASTRIC FLUID	82271	CPT	inpatient			54	6.12	Corrections	Corrections		43.2	0.8			5.32	51.3	percent of total billed charges	
OCCULT BLOOD GASTRIC FLUID	82271	CPT	inpatient			54	6.12	First Health	First Health		37.8	0.7			5.32	51.3	percent of total billed charges	
OCCULT BLOOD GASTRIC FLUID	82271	CPT	inpatient			54	6.12	First Trenton	First Trenton		48.6	0.9			5.32	51.3	percent of total billed charges	
OCCULT BLOOD GASTRIC FLUID	82271	CPT	inpatient			54	6.12	Horizon	Medicare Blue		16.2	0.3			5.32	51.3	percent of total billed charges	
OCCULT BLOOD GASTRIC FLUID	82271	CPT	inpatient			54	6.12	Horizon	Indemnity		20.67	0.3828			5.32	51.3	percent of total billed charges	
OCCULT BLOOD GASTRIC FLUID	82271	CPT	inpatient			54	6.12	Horizon	MGD		20.67	0.3828			5.32	51.3	percent of total billed charges	
OCCULT BLOOD GASTRIC FLUID	82271	CPT	inpatient			54	6.12	Horizon	PPO		20.67	0.3828			5.32	51.3	percent of total billed charges	
OCCULT BLOOD GASTRIC FLUID	82271	CPT	inpatient			54	6.12	Managed Care Inc	Managed Care Inc		48.6	0.9			5.32	51.3	percent of total billed charges	
OCCULT BLOOD GASTRIC FLUID	82271	CPT	inpatient			54	6.12	Multiplan	Multiplan		43.2	0.8			5.32	51.3	percent of total billed charges	
OCCULT BLOOD GASTRIC FLUID	82271	CPT	inpatient			54	6.12	Qualcare	Qualcare		40.5	0.75			5.32	51.3	percent of total billed charges	
OCCULT BLOOD GASTRIC FLUID	82271	CPT	inpatient			54	6.12	Three Rivers	Three Rivers		51.3	0.95			5.32	51.3	percent of total billed charges	
OCCULT BLOOD GASTRIC FLUID	82271	CPT	inpatient			54	6.12	UHC	Medicare		5.32				5.32	51.3	case rate	
OCCULT BLOOD GASTRIC FLUID	82271	CPT	inpatient			54	6.12	UHC	Medicaid		16.99	0.3146			5.32	51.3	percent of total billed charges	
OCCULT BLOOD GASTRIC FLUID	82271	CPT	inpatient			54	6.12	Wellcare	Medicare		5.32				5.32	51.3	case rate	
OCCULT BLOOD GASTRIC FLUID	82271	CPT	inpatient			54	6.12	Wellcare	Medicaid		16.99	0.3146			5.32	51.3	percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166	18.31	Aetna	Commercial		63.08	0.38			3.7	157.7	percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166	18.31	Aetna	Medicare		15.92				3.7	157.7	case rate	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166	18.31	Aetna	Better Health		52.22	0.3146			3.7	157.7	percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166	18.31	Americare	Americare		124.5	0.75			3.7	157.7	percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166	18.31	WellPoint	WellPoint		53.25	0.3208			3.7	157.7	percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166	18.31	Amerihealth	Medicare		15.92				3.7	157.7	case rate	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166	18.31	Consumer	Consumer		157.7	0.95			3.7	157.7	percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166	18.31	Corrections	Corrections		132.8	0.8			3.7	157.7	percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166	18.31	First Health	First Health		116.2	0.7			3.7	157.7	percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166	18.31	First Trenton	First Trenton		149.4	0.9			3.7	157.7	percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166	18.31	Horizon	MGD		63.54	0.3828			3.7	157.7	percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166	18.31	Horizon	Indemnity		63.54	0.3828			3.7	157.7	percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166	18.31	Horizon	Medicare Blue		49.8	0.3			3.7	157.7	percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166	18.31	Horizon	PPO		63.54	0.3828			3.7	157.7	percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166	18.31	Managed Care Inc	Managed Care Inc		149.4	0.9			3.7	157.7	percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166	18.31	Multiplan	Multiplan		132.8	0.8			3.7	157.7	percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166	18.31	Qualcare	Qualcare		124.5	0.75			3.7	157.7	percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166	18.31	Three Rivers	Three Rivers		157.7	0.95			3.7	157.7	percent of total billed charges	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166	18.31	UHC	Medicare		15.92				3.7	157.7	case rate	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166	18.31	UHC	Medicaid		3.7				3.7	157.7	case rate	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166	18.31	Wellcare	Medicaid		3.7				3.7	157.7	case rate	
STOOL OCCULT BLOOD (SBL 1-3)	82274	CPT	both			166	18.31	Wellcare	Medicare		15.92				3.7	157.7	case rate	
CADMIUM	82300	CPT	both			123	27.19	Aetna	Better Health		38.7	0.3146			7.8	116.85	percent of total billed charges	
CADMIUM	82300	CPT	both			123	27.19	Aetna	Medicare		23.64				7.8	116.85	case rate	
CADMIUM	82300	CPT	both			123	27.19	Aetna	Commercial		46.74	0.38			7.8	116.85	percent of total billed charges	
CADMIUM	82300	CPT	both			123	27.19	Americare	Americare		92.25	0.75			7.8	116.85	percent of total billed charges	
CADMIUM	82300	CPT	both			123	27.19	WellPoint	WellPoint		39.46	0.3208			7.8	116.85	percent of total billed charges	
CADMIUM	82300	CPT	both			123	27.19	Amerihealth	Medicare		23.64				7.8	116.85	case rate	
CADMIUM	82300	CPT	both			123	27.19	Consumer	Consumer		116.85	0.95			7.8	116.85	percent of total billed charges	
CADMIUM	82300	CPT	both			123	27.19	Corrections	Corrections		98.4	0.8			7.8	116.85	percent of total billed charges	
CADMIUM	82300	CPT	both			123	27.19	First Health	First Health		86.1	0.7			7.8	116.85	percent of total billed charges	
CADMIUM	82300	CPT	both			123	27.19	First Trenton	First Trenton		110.7	0.9			7.8	116.85	percent of total billed charges	
CADMIUM	82300	CPT	both			123	27.19	Horizon	MGD		47.08	0.3828			7.8	116.85	percent of total billed charges	
CADMIUM	82300	CPT	both			123	27.19	Horizon	Indemnity		47.08	0.3828			7.8	116.85	percent of total billed charges	
CADMIUM	82300	CPT	both			123	27.19	Horizon	Medicare Blue		36.9	0.3			7.8	116.85	percent of total billed charges	
CADMIUM	82300	CPT	both			123	27.19	Horizon	PPO		47.08	0.3828			7.8	116.85	percent of total billed charges	
CADMIUM	82300	CPT	both			123	27.19	Managed Care Inc	Managed Care Inc		110.7	0.9			7.8	116.85	percent of total billed charges	
CADMIUM	82300	CPT	both			123	27.19	Multiplan	Multiplan		98.4	0.8			7.8	116.85	percent of total billed charges	
CADMIUM	82300	CPT	both			123	27.19	Qualcare	Qualcare		92.25	0.75			7.8	116.85	percent of total billed charges	
CADMIUM	82300	CPT	both			123	27.19	Three Rivers	Three Rivers		116.85	0.95			7.8	116.85	percent of total billed charges	
CADMIUM	82300	CPT	both			123	27.19	UHC	Medicare		23.64				7.8	116.85	case rate	
CADMIUM	82300	CPT	both			123	27.19	UHC	Medicaid		28				7.8	116.85	case rate	
CADMIUM	82300	CPT	both			123	27.19	Wellcare	Medicare		23.64				7.8	116.85	case rate	
CADMIUM	82300	CPT	both			123	27.19	Wellcare	Medicaid		28				7.8	116.85	case rate	
VITAMIN D 25-HYDROXY(D81950)	82306	CPT	both			561	34.04	Aetna	Commercial		213.18	0.38			19.5	532.95	percent of total billed charges	
VITAMIN D 25-HYDROXY(D81950)	82306	CPT	both			561	34.04	Aetna	Better Health		176.49	0.3146			19.5	532.95	percent of total billed charges	
VITAMIN D 25-HYDROXY(D81950)	82306	CPT	both			561	34.04	Aetna	Medicare		29.6				19.5	532.95	case rate	
VITAMIN D 25-HYDROXY(D81950)	82306	CPT	both			561	34.04	Americare	Americare		420.75	0.75			19.5	532.95	percent of total billed charges	
VITAMIN D 25-HYDROXY(D81950)	82306	CPT	both			561	34.04	WellPoint	WellPoint		179.97	0.3208			19.5	532.95	percent of total billed charges	
VITAMIN D 25-HYDROXY(D81950)	82306	CPT	both			561	34.04	Amerihealth	Medicare		29.6				19.5	532.95	case rate	
VITAMIN D 25-HYDROXY(D81950)	82306	CPT	both			561	34.04	Consumer	Consumer		532.95	0.95			19.5	532.95	percent of total billed charges	
VITAMIN D 25-HYDROXY(D81950)	82306	CPT	both			561	34.04	Corrections	Corrections		448.8	0.8			19.5	532.95	percent of total billed charges	
VITAMIN D 25-HYDROXY(D81950)	82306	CPT	both			561	34.04	First Health	First Health		392.7	0.7			19.5	532.95	percent of total billed charges	
VITAMIN D 25-HYDROXY(D81950)	82306	CPT	both			561	34.04	First Trenton	First Trenton		504.9	0.9			19.5	532.95	percent of total billed charges	
VITAMIN D 25-HYDROXY(D81950)	82306	CPT	both			561	34.04	Horizon	MGD		214.75	0.3828			19.5	532.95	percent of total billed charges	
VITAMIN D 25-HYDROXY(D81950)	82306	CPT	both			561	34.04	Horizon	Indemnity		214.75	0.3828			19.5	532.95	percent of total billed charges	
VITAMIN D 25-HYDROXY(D81950)	82306	CPT	both			561	34.04	Horizon	PPO		214.75	0.3828			19.5	532.95	percent of total billed charges	
VITAMIN D 25-HYDROXY(D81950)	82306	CPT	both			561	34.04	Horizon	Medicare Blue		168.3	0.3			19.5	532.95	percent of total billed charges	
VITAMIN D 25-HYDROXY(D81950)	82306	CPT	both			561	34.04	Managed Care Inc	Managed Care Inc		504.9	0.9			19.5	532.95	percent of total billed charges	
VITAMIN D 25-HYDROXY(D81950)	82306	CPT	both			561	34.04	Multiplan	Multiplan		448.8	0.8			19.5	532.95	percent of total billed charges	
VITAMIN D 25-HYDROXY(D81950)	82306	CPT	both			561	34.04	Qualcare	Qualcare		420.75	0.75			19.5	532.95	percent of total billed charges	
VITAMIN D 25-HYDROXY(D81950)	82306	CPT	both			561	34.04	Three Rivers	Three Rivers		532.95	0.95			19.5	532.95	percent of total billed charges	
VITAMIN D 25-HYDROXY(D81950)	82306	CPT	both			561	34.04	UHC	Medicaid		30				19.5	532.95	case rate	
VITAMIN D 25-HYDROXY(D81950)	82306	CPT	both			561	34.04	UHC	Medicare		29.6				19.5	532.95	case rate	
VITAMIN D 25-HYDROXY(D81950)	82306	CPT	both			561	34.04	Wellcare	Medicaid		30				19.5	532.95	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VITAMIN D 25-HYDROXY(081950)	82306	CPT	both			561	34.04	Wellcare	Medicare		29.6				19.5	532.95	case rate	
CALCITONIN SERUM	82308	CPT	both			61	30.81	Aetna	Commercial		23.18	0.38			18.3	57.95	percent of total billed charges	
CALCITONIN SERUM	82308	CPT	both			61	30.81	Aetna	Medicare		26.79				18.3	57.95	case rate	
CALCITONIN SERUM	82308	CPT	both			61	30.81	Aetna	Better Health		19.19	0.3146			18.3	57.95	percent of total billed charges	
CALCITONIN SERUM	82308	CPT	both			61	30.81	Americare	Americare		45.75	0.75			18.3	57.95	percent of total billed charges	
CALCITONIN SERUM	82308	CPT	both			61	30.81	WellPoint	WellPoint		19.57	0.3208			18.3	57.95	percent of total billed charges	
CALCITONIN SERUM	82308	CPT	both			61	30.81	Amerihealth	Medicare		26.79				18.3	57.95	case rate	
CALCITONIN SERUM	82308	CPT	both			61	30.81	Consumer	Consumer		57.95	0.95			18.3	57.95	percent of total billed charges	
CALCITONIN SERUM	82308	CPT	both			61	30.81	Corrections	Corrections		48.8	0.8			18.3	57.95	percent of total billed charges	
CALCITONIN SERUM	82308	CPT	both			61	30.81	First Health	First Health		42.7	0.7			18.3	57.95	percent of total billed charges	
CALCITONIN SERUM	82308	CPT	both			61	30.81	First Trenton	First Trenton		54.9	0.9			18.3	57.95	percent of total billed charges	
CALCITONIN SERUM	82308	CPT	both			61	30.81	Horizon	Indemnity		23.35	0.3828			18.3	57.95	percent of total billed charges	
CALCITONIN SERUM	82308	CPT	both			61	30.81	Horizon	Medicare Blue		18.3	0.3			18.3	57.95	percent of total billed charges	
CALCITONIN SERUM	82308	CPT	both			61	30.81	Horizon	MGD		23.35	0.3828			18.3	57.95	percent of total billed charges	
CALCITONIN SERUM	82308	CPT	both			61	30.81	Horizon	PPO		23.35	0.3828			18.3	57.95	percent of total billed charges	
CALCITONIN SERUM	82308	CPT	both			61	30.81	Managed Care Inc	Managed Care Inc		54.9	0.9			18.3	57.95	percent of total billed charges	
CALCITONIN SERUM	82308	CPT	both			61	30.81	Multiplan	Multiplan		48.8	0.8			18.3	57.95	percent of total billed charges	
CALCITONIN SERUM	82308	CPT	both			61	30.81	Qualcare	Qualcare		45.75	0.75			18.3	57.95	percent of total billed charges	
CALCITONIN SERUM	82308	CPT	both			61	30.81	Three Rivers	Three Rivers		57.95	0.95			18.3	57.95	percent of total billed charges	
CALCITONIN SERUM	82308	CPT	both			61	30.81	UHC	Medicare		26.79				18.3	57.95	case rate	
CALCITONIN SERUM	82308	CPT	both			61	30.81	UHC	Medicaid		34				18.3	57.95	case rate	
CALCITONIN SERUM	82308	CPT	both			61	30.81	Wellcare	Medicare		26.79				18.3	57.95	case rate	
CALCITONIN SERUM	82308	CPT	both			61	30.81	Wellcare	Medicaid		34				18.3	57.95	case rate	
POC-BG CALCIUM	82310	CPT	both			90	5.93	Aetna	Commercial		34.2	0.38			3	85.5	percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90	5.93	Aetna	Better Health		28.31	0.3146			3	85.5	percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90	5.93	Aetna	Medicare		5.16				3	85.5	case rate	
POC-BG CALCIUM	82310	CPT	both			90	5.93	Americare	Americare		67.5	0.75			3	85.5	percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90	5.93	WellPoint	WellPoint		28.87	0.3208			3	85.5	percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90	5.93	Amerihealth	Medicare		5.16				3	85.5	case rate	
POC-BG CALCIUM	82310	CPT	both			90	5.93	Consumer	Consumer		85.5	0.95			3	85.5	percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90	5.93	Corrections	Corrections		72	0.8			3	85.5	percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90	5.93	First Health	First Health		63	0.7			3	85.5	percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90	5.93	First Trenton	First Trenton		81	0.9			3	85.5	percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90	5.93	Horizon	Medicare Blue		27	0.3			3	85.5	percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90	5.93	Horizon	Indemnity		34.45	0.3828			3	85.5	percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90	5.93	Horizon	MGD		34.45	0.3828			3	85.5	percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90	5.93	Horizon	PPO		34.45	0.3828			3	85.5	percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90	5.93	Managed Care Inc	Managed Care Inc		81	0.9			3	85.5	percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90	5.93	Multiplan	Multiplan		72	0.8			3	85.5	percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90	5.93	Qualcare	Qualcare		67.5	0.75			3	85.5	percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90	5.93	Three Rivers	Three Rivers		85.5	0.95			3	85.5	percent of total billed charges	
POC-BG CALCIUM	82310	CPT	both			90	5.93	UHC	Medicaid		3				3	85.5	case rate	
POC-BG CALCIUM	82310	CPT	both			90	5.93	UHC	Medicare		5.16				3	85.5	case rate	
POC-BG CALCIUM	82310	CPT	both			90	5.93	Wellcare	Medicaid		3				3	85.5	case rate	
POC-BG CALCIUM	82310	CPT	both			90	5.93	Wellcare	Medicare		5.16				3	85.5	case rate	
CALCIUM IONIZED	82330	CPT	both			252	15.73	Aetna	Commercial		95.76	0.38			9.3	239.4	percent of total billed charges	
CALCIUM IONIZED	82330	CPT	both			252	15.73	Aetna	Medicare		13.68				9.3	239.4	case rate	
CALCIUM IONIZED	82330	CPT	both			252	15.73	Aetna	Better Health		79.28	0.3146			9.3	239.4	percent of total billed charges	
CALCIUM IONIZED	82330	CPT	both			252	15.73	Americare	Americare		189	0.75			9.3	239.4	percent of total billed charges	
CALCIUM IONIZED	82330	CPT	both			252	15.73	WellPoint	WellPoint		80.84	0.3208			9.3	239.4	percent of total billed charges	
CALCIUM IONIZED	82330	CPT	both			252	15.73	Amerihealth	Medicare		13.68				9.3	239.4	case rate	
CALCIUM IONIZED	82330	CPT	both			252	15.73	Consumer	Consumer		239.4	0.95			9.3	239.4	percent of total billed charges	
CALCIUM IONIZED	82330	CPT	both			252	15.73	Corrections	Corrections		201.6	0.8			9.3	239.4	percent of total billed charges	
CALCIUM IONIZED	82330	CPT	both			252	15.73	First Health	First Health		176.4	0.7			9.3	239.4	percent of total billed charges	
CALCIUM IONIZED	82330	CPT	both			252	15.73	First Trenton	First Trenton		226.8	0.9			9.3	239.4	percent of total billed charges	
CALCIUM IONIZED	82330	CPT	both			252	15.73	Horizon	Indemnity		96.47	0.3828			9.3	239.4	percent of total billed charges	
CALCIUM IONIZED	82330	CPT	both			252	15.73	Horizon	Medicare Blue		75.6	0.3			9.3	239.4	percent of total billed charges	
CALCIUM IONIZED	82330	CPT	both			252	15.73	Horizon	MGD		96.47	0.3828			9.3	239.4	percent of total billed charges	
CALCIUM IONIZED	82330	CPT	both			252	15.73	Horizon	PPO		96.47	0.3828			9.3	239.4	percent of total billed charges	
CALCIUM IONIZED	82330	CPT	both			252	15.73	Managed Care Inc	Managed Care Inc		226.8	0.9			9.3	239.4	percent of total billed charges	
CALCIUM IONIZED	82330	CPT	both			252	15.73	Multiplan	Multiplan		201.6	0.8			9.3	239.4	percent of total billed charges	
CALCIUM IONIZED	82330	CPT	both			252	15.73	Qualcare	Qualcare		189	0.75			9.3	239.4	percent of total billed charges	
CALCIUM IONIZED	82330	CPT	both			252	15.73	Three Rivers	Three Rivers		239.4	0.95			9.3	239.4	percent of total billed charges	
CALCIUM IONIZED	82330	CPT	both			252	15.73	UHC	Medicaid		14.7				9.3	239.4	case rate	
CALCIUM IONIZED	82330	CPT	both			252	15.73	UHC	Medicare		13.68				9.3	239.4	case rate	
CALCIUM IONIZED	82330	CPT	both			252	15.73	Wellcare	Medicaid		14.7				9.3	239.4	case rate	
CALCIUM IONIZED	82330	CPT	both			252	15.73	Wellcare	Medicare		13.68				9.3	239.4	case rate	
CALCIUM URINE 24HRS	82340	CPT	both			59	6.93	Aetna	Better Health		18.56	0.3146			3.6	56.05	percent of total billed charges	
CALCIUM URINE 24HRS	82340	CPT	both			59	6.93	Aetna	Medicare		6.03				3.6	56.05	case rate	
CALCIUM URINE 24HRS	82340	CPT	both			59	6.93	Aetna	Commercial		22.42	0.38			3.6	56.05	percent of total billed charges	
CALCIUM URINE 24HRS	82340	CPT	both			59	6.93	Americare	Americare		44.25	0.75			3.6	56.05	percent of total billed charges	
CALCIUM URINE 24HRS	82340	CPT	both			59	6.93	WellPoint	WellPoint		18.93	0.3208			3.6	56.05	percent of total billed charges	
CALCIUM URINE 24HRS	82340	CPT	both			59	6.93	Amerihealth	Medicare		6.03				3.6	56.05	case rate	
CALCIUM URINE 24HRS	82340	CPT	both			59	6.93	Consumer	Consumer		56.05	0.95			3.6	56.05	percent of total billed charges	
CALCIUM URINE 24HRS	82340	CPT	both			59	6.93	Corrections	Corrections		47.2	0.8			3.6	56.05	percent of total billed charges	
CALCIUM URINE 24HRS	82340	CPT	both			59	6.93	First Health	First Health		41.3	0.7			3.6	56.05	percent of total billed charges	
CALCIUM URINE 24HRS	82340	CPT	both			59	6.93	First Trenton	First Trenton		53.1	0.9			3.6	56.05	percent of total billed charges	
CALCIUM URINE 24HRS	82340	CPT	both			59	6.93	Horizon	Indemnity		22.59	0.3828			3.6	56.05	percent of total billed charges	
CALCIUM URINE 24HRS	82340	CPT	both			59	6.93	Horizon	PPO		22.59	0.3828			3.6	56.05	percent of total billed charges	
CALCIUM URINE 24HRS	82340	CPT	both			59	6.93	Horizon	MGD		22.59	0.3828			3.6	56.05	percent of total billed charges	
CALCIUM URINE 24HRS	82340	CPT	both			59	6.93	Horizon	Medicare Blue		17.7	0.3			3.6	56.05	percent of total billed charges	
CALCIUM URINE 24HRS	82340	CPT	both			59	6.93	Managed Care Inc	Managed Care Inc		53.1	0.9			3.6	56.05	percent of total billed charges	
CALCIUM URINE 24HRS	82340	CPT	both			59	6.93	Multiplan	Multiplan		47.2	0.8			3.6	56.05	percent of total billed charges	
CALCIUM URINE 24HRS	82340	CPT	both			59	6.93	Qualcare	Qualcare		44.25	0.75			3.6	56.05	percent of total billed charges	
CALCIUM URINE 24HRS	82340	CPT	both			59	6.93	Three Rivers	Three Rivers		56.05	0.95			3.6	56.05	percent of total billed charges	
CALCIUM URINE 24HRS	82340	CPT	both			59	6.93	UHC	Medicare		6.03				3.6	56.05	case rate	
CALCIUM URINE 24HRS	82340	CPT	both			59	6.93	UHC	Medicaid		3.6				3.6	56.05	case rate	
CALCIUM URINE 24HRS	82340	CPT	both			59	6.93	Wellcare	Medicaid		3.6				3.6	56.05	case rate	
CALCIUM URINE 24HRS	82340	CPT	both			59	6.93	Wellcare	Medicare		6.03				3.6	56.05	case rate	
CALCIJI URINARY	82360	CPT	outpatient			64	14.8	Aetna	Medicare		12.87				12	60.8	case rate	
CALCIJI URINARY	82360	CPT	outpatient			64	14.8	Aetna	Better Health		20.13	0.3146			12	60.8	percent of total billed charges	
CALCIJI URINARY	82360	CPT	outpatient			64	14.8	Aetna	Commercial		24.32	0.38			12	60.8	percent of total billed charges	
CALCIJI URINARY	82360	CPT	outpatient			64	14.8	Americare	Americare		48	0.75			12	60.8	percent of total billed charges	
CALCIJI URINARY	82360	CPT	outpatient			64	14.8	WellPoint	WellPoint		20.53	0.3208			12	60.8	percent of total billed charges	
CALCIJI URINARY	82360	CPT	outpatient			64	14.8	Amerihealth	Medicare		12.87				12	60.8	case rate	
CALCIJI URINARY	82360	CPT	outpatient			64	14.8	Consumer	Consumer		60.8	0.95			12	60.8	percent of total billed charges	
CALCIJI URINARY	82360	CPT	outpatient			64	14.8	Corrections	Corrections		51.2	0.8			12	60.8	percent of total billed charges	
CALCIJI URINARY	82360	CPT	outpatient			64	14.8	First Health	First Health		44.8	0.7			12	60.8	percent of total billed charges	
CALCIJI URINARY	82360	CPT	outpatient			64	14.8	First Trenton	First Trenton		57.6	0.9			12	60.8	percent of total billed charges	
CALCIJI URINARY	82360	CPT	outpatient			64	14.8	Horizon	MGD		24.5	0.3828			12	60.8	percent of total billed charges	
CALCIJI URINARY	82360	CPT	outpatient			64	14.8	Horizon	Medicare Blue		19.2	0.3			12	60.8	percent of total billed charges	
CALCIJI URINARY	82360	CPT	outpatient			64	14.8	Horizon	PPO		24.5	0.3828			12	60.8	percent of total billed charges	
CALCIJI URINARY	82360	CPT	outpatient			64	14.8	Horizon	Indemnity		24.5	0.3828			12	60.8	percent of total billed charges	
CALCIJI URINARY	82360	CPT	outpatient			64	14.8	Managed Care Inc	Managed Care Inc		57.6	0.9			12	60.8	percent of total billed charges	
CALCIJI URINARY	82360	CPT	outpatient			64	14.8	Multiplan	Multiplan		51.2	0.8			12	60.8	percent of total billed charges	
CALCIJI URINARY	82360	CPT	outpatient			64	14.8	Qualcare	Qualcare		48	0.75			12	60.8	percent of total billed charges	
CALCIJI URINARY	82360	CPT	outpatient			64	14.8	Three Rivers	Three Rivers		60.8	0.95			12	60.8	percent of total billed charges	
CALCIJI URINARY	82360	CPT	outpatient			64	14.8	UHC	Medicare		12.87				12	60.8	case rate	
CALCIJI URINARY	82360	CPT	outpatient			64	14.8	UHC	Medicaid		12				12	60.8	case rate	
CALCIJI URINARY	82360	CPT	outpatient			64	14.8	Wellcare	Medicaid		12				12	60.8	case rate	
CALCIJI URINARY	82360	CPT	outpatient			64	14.8	Wellcare	Medicare		12.87				12	60.8	case rate	
CALCIJI URINARY W PHOTOGRAPH	82365	CPT	both			32	14.84	Aetna	Commercial		12.16	0.38			9	30.4	percent of total billed charges	
CALCIJI URINARY W PHOTOGRAPH	82365	CPT	both			32	14.84	Aetna	Medicare		12.9				9	30.4	case rate	
CALCIJI URINARY W PHOTOGRAPH	82365	CPT	both			32	14.84	Aetna	Better Health		10.07	0.3146			9	30.4	percent of total billed charges	
CALCIJI URINARY W PHOTOGRAPH	82365	CPT	both			32	14.84	Americare	Americare		24	0.75			9	30.4	percent of total billed charges	
CALCIJI URINARY W PHOTOGRAPH	82365	CPT	both			32	14.84	WellPoint	WellPoint		10.27	0.3208			9	30.4	percent of total billed charges	
CALCIJI URINARY W PHOTOGRAPH	82365	CPT	both			32	14.84	Amerihealth	Medicare		12.9				9	30.4	case rate	
CALCIJI URINARY W PHOTOGRAPH	82365	CPT	both			32	14.84	Consumer	Consumer		30.4	0.95			9	30.4	percent of total billed charges	
CALCIJI URINARY W PHOTOGRAPH	82365	CPT	both			32	14.84	Corrections	Corrections		25.6	0.8			9	30.4	percent of total billed charges	
CALCIJI URINARY W PHOTOGRAPH	82365	CPT	both			32	14.84	First Health	First Health		22.4	0.7			9	30.4	percent of total billed charges	
CALCIJI URINARY W PHOTOGRAPH	82365	CPT	both			32	14.84	First Trenton	First Trenton		28.8	0.9			9	30.4	percent of total billed charges	
CALCIJI URINARY W PHOTOGRAPH	82365	CPT	both			32	14.84	Horizon	MGD		12.25	0.3828			9	30.4	percent of total billed charges	
CALCIJI URINARY W PHOTOGRAPH	82365	CPT	both			32	14.84	Horizon	Medicare Blue		9.6	0.3			9	30.4	percent of total billed charges	
CALCIJI URINARY W PHOTOGRAPH	82365	CPT	both			32	14.84	Horizon	Indemnity		12.25	0.3828			9	30.4	percent of total billed charges	
CALCIJI URINARY W PHOTOGRAPH	82365	CPT	both			32	14.84	Horizon	PPO		12.25	0.3828			9	30.4	percent of total billed charges	
CALCIJI URINARY W PHOTOGRAPH	82365	CPT	both			32	14.84	Managed Care Inc	Managed Care Inc		28.8	0.9			9	30.4	percent of total billed charges	
CALCIJI URINARY W PHOTOGRAPH	82365	CPT	both			32	14.84	Multiplan	Multiplan		25.6	0.8			9	30.4	percent of total billed charges	
CALCIJI URINARY W PHOTOGRAPH	82365	CPT	both			32	14.84	Qualcare	Qualcare		24	0.75			9	30.4	percent of total billed charges	
CALCIJI URINARY W PHOTOGRAPH	82365	CPT	both			32	14.84	Three Rivers	Three Rivers		30.4	0.95			9	30.4	percent of total billed charges	
CALCIJI URINARY W PHOTOGRAPH	82365	CPT	both			32	14.84	UHC	Medicare		12.9				9	30.4	case rate	
CALCIJI URINARY W PHOTOGRAPH	82365	CPT	both			32	14.84	UHC	Medicaid		9				9	30.4	case rate	
CALCIJI URINARY W PHOTOGRAPH	82365	CPT	both			32	14.84	Wellcare	Medicaid		9				9	30.4	case rate	
CALCIJI URINARY W PHOTOGRAPH	82365	CPT	both			32	14.84	Wellcare	Medicare		12.9				9	30.4	case rate	
CDG S	82373	CPT	outpatient			1050	20.77	Aetna	Better Health		330.33	0.3146			7.95	997.5	percent of total billed charges	
CDG S	82373	CPT	outpatient			1050	20.77	Aetna	Medicare		18.06				7.95	997.5	case rate	
CDG S	82373	CPT	outpatient			1050	20.77	Aetna	Commercial		399	0.38			7.95	997.5	percent of total billed charges	
CDG S	82373	CPT	outpatient			1050	20.77	Americare	Americare		787.5	0.75			7.95	997.5	percent of total billed charges	
CDG S	82373	CPT	outpatient			1050	20.77	WellPoint	WellPoint		336.84	0.3208			7.95	997.5	percent of total billed charges	
CDG S	82373	CPT	outpatient			1050	20.77	Amerihealth	Medicare		18.06				7.95	997.5	case rate	
CDG S	82373	CPT	outpatient			1050	20.77	Consumer	Consumer		997.5	0.95			7.95	997.5	percent of total billed charges	
CDG S	82373	CPT	outpatient			1050	20.77	Corrections	Corrections		840	0.8			7.95	997.5	percent of total billed charges	
CDG S	82373	CPT	outpatient			1050	20.77	First Health	First Health		735	0.7			7.95	997.5	percent of total billed charges	
CDG S	82373	CPT	outpatient			1050	20.77	First Trenton	First Trenton		945	0.9			7.95	997.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CDG S	82373	CPT	outpatient			1050	20.77	Horizon	Indemnity		401.94	0.3828			7.95		997.5 percent of total billed charges	
CDG S	82373	CPT	outpatient			1050	20.77	Horizon	Medicare Blue		315	0.3			7.95		997.5 percent of total billed charges	
CDG S	82373	CPT	outpatient			1050	20.77	Horizon	PPO		401.94	0.3828			7.95		997.5 percent of total billed charges	
CDG S	82373	CPT	outpatient			1050	20.77	Horizon	MGD		401.94	0.3828			7.95		997.5 percent of total billed charges	
CDG S	82373	CPT	outpatient			1050	20.77	Managed Care Inc	Managed Care Inc		945	0.9			7.95		997.5 percent of total billed charges	
CDG S	82373	CPT	outpatient			1050	20.77	Multiplan	Multiplan		840	0.8			7.95		997.5 percent of total billed charges	
CDG S	82373	CPT	outpatient			1050	20.77	Qualcare	Qualcare		787.5	0.75			7.95		997.5 percent of total billed charges	
CDG S	82373	CPT	outpatient			1050	20.77	Three Rivers	Three Rivers		997.5	0.95			7.95		997.5 percent of total billed charges	
CDG S	82373	CPT	outpatient			1050	20.77	UHC	Medicaid		7.95				7.95		997.5 case rate	
CDG S	82373	CPT	outpatient			1050	20.77	UHC	Medicare		18.06				7.95		997.5 case rate	
CDG S	82373	CPT	outpatient			1050	20.77	Wellcare	Medicaid		7.95				7.95		997.5 case rate	
CDG S	82373	CPT	outpatient			1050	20.77	Wellcare	Medicare		18.06				7.95		997.5 case rate	
CO2 CONTENT LAB	82374	CPT	inpatient			142	5.61	Aetna	Medicare		4.88				3.3		134.9 case rate	
CO2 CONTENT LAB	82374	CPT	inpatient			142	5.61	Aetna	Commercial		53.96	0.38			3.3		134.9 percent of total billed charges	
CO2 CONTENT LAB	82374	CPT	inpatient			142	5.61	Aetna	Better Health		44.67	0.3146			3.3		134.9 percent of total billed charges	
CO2 CONTENT LAB	82374	CPT	inpatient			142	5.61	Americare	Americare		106.5	0.75			3.3		134.9 percent of total billed charges	
CO2 CONTENT LAB	82374	CPT	inpatient			142	5.61	WellPoint	WellPoint		45.55	0.3208			3.3		134.9 percent of total billed charges	
CO2 CONTENT LAB	82374	CPT	inpatient			142	5.61	Amerihealth	Medicare		4.88				3.3		134.9 case rate	
CO2 CONTENT LAB	82374	CPT	inpatient			142	5.61	Consumer	Consumer		134.9	0.95			3.3		134.9 percent of total billed charges	
CO2 CONTENT LAB	82374	CPT	inpatient			142	5.61	Corrections	Corrections		113.6	0.8			3.3		134.9 percent of total billed charges	
CO2 CONTENT LAB	82374	CPT	inpatient			142	5.61	First Health	First Health		99.4	0.7			3.3		134.9 percent of total billed charges	
CO2 CONTENT LAB	82374	CPT	inpatient			142	5.61	First Trenton	First Trenton		127.8	0.9			3.3		134.9 percent of total billed charges	
CO2 CONTENT LAB	82374	CPT	inpatient			142	5.61	Horizon	MGD		54.36	0.3828			3.3		134.9 percent of total billed charges	
CO2 CONTENT LAB	82374	CPT	inpatient			142	5.61	Horizon	Indemnity		54.36	0.3828			3.3		134.9 percent of total billed charges	
CO2 CONTENT LAB	82374	CPT	inpatient			142	5.61	Horizon	PPO		54.36	0.3828			3.3		134.9 percent of total billed charges	
CO2 CONTENT LAB	82374	CPT	inpatient			142	5.61	Horizon	Medicare Blue		42.6	0.3			3.3		134.9 percent of total billed charges	
CO2 CONTENT LAB	82374	CPT	inpatient			142	5.61	Managed Care Inc	Managed Care Inc		127.8	0.9			3.3		134.9 percent of total billed charges	
CO2 CONTENT LAB	82374	CPT	inpatient			142	5.61	Multiplan	Multiplan		113.6	0.8			3.3		134.9 percent of total billed charges	
CO2 CONTENT LAB	82374	CPT	inpatient			142	5.61	Qualcare	Qualcare		106.5	0.75			3.3		134.9 percent of total billed charges	
CO2 CONTENT LAB	82374	CPT	inpatient			142	5.61	Three Rivers	Three Rivers		134.9	0.95			3.3		134.9 percent of total billed charges	
CO2 CONTENT LAB	82374	CPT	inpatient			142	5.61	UHC	Medicaid		3.3				3.3		134.9 case rate	
CO2 CONTENT LAB	82374	CPT	inpatient			142	5.61	UHC	Medicare		4.88				3.3		134.9 case rate	
CO2 CONTENT LAB	82374	CPT	inpatient			142	5.61	Wellcare	Medicaid		3.3				3.3		134.9 case rate	
CO2 CONTENT LAB	82374	CPT	inpatient			142	5.61	Wellcare	Medicare		4.88				3.3		134.9 case rate	
CO-OXIMETER PANEL	82375	CPT	both			111	14.17	Aetna	Medicare		12.32				6		105.45 case rate	
CO-OXIMETER PANEL	82375	CPT	both			111	14.17	Aetna	Commercial		42.18	0.38			6		105.45 percent of total billed charges	
CO-OXIMETER PANEL	82375	CPT	both			111	14.17	Aetna	Better Health		34.92	0.3146			6		105.45 percent of total billed charges	
CO-OXIMETER PANEL	82375	CPT	both			111	14.17	Americare	Americare		83.25	0.75			6		105.45 percent of total billed charges	
CO-OXIMETER PANEL	82375	CPT	both			111	14.17	WellPoint	WellPoint		35.61	0.3208			6		105.45 percent of total billed charges	
CO-OXIMETER PANEL	82375	CPT	both			111	14.17	Amerihealth	Medicare		12.32				6		105.45 case rate	
CO-OXIMETER PANEL	82375	CPT	both			111	14.17	Consumer	Consumer		105.45	0.95			6		105.45 percent of total billed charges	
CO-OXIMETER PANEL	82375	CPT	both			111	14.17	Corrections	Corrections		88.8	0.8			6		105.45 percent of total billed charges	
CO-OXIMETER PANEL	82375	CPT	both			111	14.17	First Health	First Health		77.7	0.7			6		105.45 percent of total billed charges	
CO-OXIMETER PANEL	82375	CPT	both			111	14.17	First Trenton	First Trenton		99.9	0.9			6		105.45 percent of total billed charges	
CO-OXIMETER PANEL	82375	CPT	both			111	14.17	Horizon	MGD		42.49	0.3828			6		105.45 percent of total billed charges	
CO-OXIMETER PANEL	82375	CPT	both			111	14.17	Horizon	PPO		42.49	0.3828			6		105.45 percent of total billed charges	
CO-OXIMETER PANEL	82375	CPT	both			111	14.17	Horizon	Indemnity		42.49	0.3828			6		105.45 percent of total billed charges	
CO-OXIMETER PANEL	82375	CPT	both			111	14.17	Horizon	Medicare Blue		33.3	0.3			6		105.45 percent of total billed charges	
CO-OXIMETER PANEL	82375	CPT	both			111	14.17	Managed Care Inc	Managed Care Inc		99.9	0.9			6		105.45 percent of total billed charges	
CO-OXIMETER PANEL	82375	CPT	both			111	14.17	Multiplan	Multiplan		88.8	0.8			6		105.45 percent of total billed charges	
CO-OXIMETER PANEL	82375	CPT	both			111	14.17	Qualcare	Qualcare		83.25	0.75			6		105.45 percent of total billed charges	
CO-OXIMETER PANEL	82375	CPT	both			111	14.17	Three Rivers	Three Rivers		105.45	0.95			6		105.45 percent of total billed charges	
CO-OXIMETER PANEL	82375	CPT	both			111	14.17	UHC	Medicare		12.32				6		105.45 case rate	
CO-OXIMETER PANEL	82375	CPT	both			111	14.17	UHC	Medicaid		6				6		105.45 case rate	
CO-OXIMETER PANEL	82375	CPT	both			111	14.17	Wellcare	Medicare		12.32				6		105.45 case rate	
CO-OXIMETER PANEL	82375	CPT	both			111	14.17	Wellcare	Medicaid		6				6		105.45 case rate	
CEA FLUID	82378	CPT	both			169	21.8	Aetna	Better Health		53.17	0.3146			14.1		160.55 percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	Aetna	Commercial		64.22	0.38			14.1		160.55 percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	Aetna	Medicare		18.96				14.1		160.55 case rate	
CEA FLUID	82378	CPT	both			169	21.8	Americare	Americare		126.75	0.75			14.1		160.55 percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	WellPoint	WellPoint		54.22	0.3208			14.1		160.55 percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	Amerihealth	Medicare		18.96				14.1		160.55 case rate	
CEA FLUID	82378	CPT	both			169	21.8	Consumer	Consumer		160.55	0.95			14.1		160.55 percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	Corrections	Corrections		135.2	0.8			14.1		160.55 percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	First Health	First Health		118.3	0.7			14.1		160.55 percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	First Trenton	First Trenton		152.1	0.9			14.1		160.55 percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	Horizon	Indemnity		64.69	0.3828			14.1		160.55 percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	Horizon	Medicare Blue		50.7	0.3			14.1		160.55 percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	Horizon	MGD		64.69	0.3828			14.1		160.55 percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	Horizon	PPO		64.69	0.3828			14.1		160.55 percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	Managed Care Inc	Managed Care Inc		152.1	0.9			14.1		160.55 percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	Multiplan	Multiplan		135.2	0.8			14.1		160.55 percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	Qualcare	Qualcare		126.75	0.75			14.1		160.55 percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	Three Rivers	Three Rivers		160.55	0.95			14.1		160.55 percent of total billed charges	
CEA FLUID	82378	CPT	both			169	21.8	UHC	Medicare		18.96				14.1		160.55 case rate	
CEA FLUID	82378	CPT	both			169	21.8	UHC	Medicaid		22.4				14.1		160.55 case rate	
CEA FLUID	82378	CPT	both			169	21.8	Wellcare	Medicare		18.96				14.1		160.55 case rate	
CEA FLUID	82378	CPT	both			169	21.8	Wellcare	Medicaid		22.4				14.1		160.55 case rate	
CARNITINE PLASMA/URINE	82379	CPT	both			495	19.4	Aetna	Better Health		155.73	0.3146			16.8		470.25 percent of total billed charges	
CARNITINE PLASMA/URINE	82379	CPT	both			495	19.4	Aetna	Medicare		16.87				16.8		470.25 case rate	
CARNITINE PLASMA/URINE	82379	CPT	both			495	19.4	Aetna	Commercial		188.1	0.38			16.8		470.25 percent of total billed charges	
CARNITINE PLASMA/URINE	82379	CPT	both			495	19.4	Americare	Americare		371.25	0.75			16.8		470.25 percent of total billed charges	
CARNITINE PLASMA/URINE	82379	CPT	both			495	19.4	WellPoint	WellPoint		158.8	0.3208			16.8		470.25 percent of total billed charges	
CARNITINE PLASMA/URINE	82379	CPT	both			495	19.4	Amerihealth	Medicare		16.87				16.8		470.25 case rate	
CARNITINE PLASMA/URINE	82379	CPT	both			495	19.4	Consumer	Consumer		470.25	0.95			16.8		470.25 percent of total billed charges	
CARNITINE PLASMA/URINE	82379	CPT	both			495	19.4	Corrections	Corrections		396	0.8			16.8		470.25 percent of total billed charges	
CARNITINE PLASMA/URINE	82379	CPT	both			495	19.4	First Health	First Health		346.5	0.7			16.8		470.25 percent of total billed charges	
CARNITINE PLASMA/URINE	82379	CPT	both			495	19.4	First Trenton	First Trenton		445.5	0.9			16.8		470.25 percent of total billed charges	
CARNITINE PLASMA/URINE	82379	CPT	both			495	19.4	Horizon	MGD		189.49	0.3828			16.8		470.25 percent of total billed charges	
CARNITINE PLASMA/URINE	82379	CPT	both			495	19.4	Horizon	Indemnity		189.49	0.3828			16.8		470.25 percent of total billed charges	
CARNITINE PLASMA/URINE	82379	CPT	both			495	19.4	Horizon	PPO		189.49	0.3828			16.8		470.25 percent of total billed charges	
CARNITINE PLASMA/URINE	82379	CPT	both			495	19.4	Horizon	Medicare Blue		148.5	0.3			16.8		470.25 percent of total billed charges	
CARNITINE PLASMA/URINE	82379	CPT	both			495	19.4	Managed Care Inc	Managed Care Inc		445.5	0.9			16.8		470.25 percent of total billed charges	
CARNITINE PLASMA/URINE	82379	CPT	both			495	19.4	Multiplan	Multiplan		396	0.8			16.8		470.25 percent of total billed charges	
CARNITINE PLASMA/URINE	82379	CPT	both			495	19.4	Qualcare	Qualcare		371.25	0.75			16.8		470.25 percent of total billed charges	
CARNITINE PLASMA/URINE	82379	CPT	both			495	19.4	Three Rivers	Three Rivers		470.25	0.95			16.8		470.25 percent of total billed charges	
CARNITINE PLASMA/URINE	82379	CPT	both			495	19.4	UHC	Medicare		16.87				16.8		470.25 case rate	
CARNITINE PLASMA/URINE	82379	CPT	both			495	19.4	UHC	Medicaid		18.64				16.8		470.25 case rate	
CARNITINE PLASMA/URINE	82379	CPT	both			495	19.4	Wellcare	Medicaid		18.64				16.8		470.25 case rate	
CARNITINE PLASMA/URINE	82379	CPT	both			495	19.4	Wellcare	Medicare		16.87				16.8		470.25 case rate	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Aetna	Medicare		9.22				6		133.95 case rate	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Aetna	Commercial		53.58	0.38			6		133.95 percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Aetna	Better Health		44.36	0.3146			6		133.95 percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Americare	Americare		105.75	0.75			6		133.95 percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	WellPoint	WellPoint		45.23	0.3208			6		133.95 percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Amerihealth	Medicare		9.22				6		133.95 case rate	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Consumer	Consumer		133.95	0.95			6		133.95 percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Corrections	Corrections		112.8	0.8			6		133.95 percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	First Health	First Health		98.7	0.7			6		133.95 percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	First Trenton	First Trenton		126.9	0.9			6		133.95 percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Horizon	Medicare Blue		42.3	0.3			6		133.95 percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Horizon	Indemnity		53.97	0.3828			6		133.95 percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Horizon	MGD		53.97	0.3828			6		133.95 percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Horizon	PPO		53.97	0.3828			6		133.95 percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Managed Care Inc	Managed Care Inc		126.9	0.9			6		133.95 percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Multiplan	Multiplan		112.8	0.8			6		133.95 percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Qualcare	Qualcare		105.75	0.75			6		133.95 percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Three Rivers	Three Rivers		133.95	0.95			6		133.95 percent of total billed charges	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	UHC	Medicaid		6				6		133.95 case rate	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	UHC	Medicare		9.22				6		133.95 case rate	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Wellcare	Medicare		9.22				6		133.95 case rate	
SERUM-CAROTENE LAB	82380	CPT	outpatient			141	10.6	Wellcare	Medicaid		6				6		133.95 case rate	
CATECHOLAMINES UR	82384	CPT	both			204	29.04	Aetna	Better Health		64.18	0.3146			17.4		193.8 percent of total billed charges	
CATECHOLAMINES UR	82384	CPT	both			204	29.04	Aetna	Commercial		77.52	0.38			17.4		193.8 percent of total billed charges	
CATECHOLAMINES UR	82384	CPT	both			204	29.04	Aetna	Medicare		25.25				17.4		193.8 case rate	
CATECHOLAMINES UR	82384	CPT	both			204	29.04	Americare	Americare		153	0.75			17.4		193.8 percent of total billed charges	
CATECHOLAMINES UR	82384	CPT	both			204	29.04	WellPoint	WellPoint		65.44	0.3208			17.4		193.8 percent of total billed charges	
CATECHOLAMINES UR	82384	CPT	both			204	29.04	Amerihealth	Medicare		25.25				17.4		193.8 case rate	
CATECHOLAMINES UR	82384	CPT	both			204	29.04	Consumer	Consumer		193.8	0.95			17.4		193.8 percent of total billed charges	
CATECHOLAMINES UR	82384	CPT	both			204	29.04	Corrections	Corrections		163.2	0.8			17.4		193.8 percent of total billed charges	
CATECHOLAMINES UR	82384	CPT	both			204	29.04	First Health	First Health		142.8	0.7			17.4		193.8 percent of total billed charges	
CATECHOLAMINES UR	82384	CPT	both			204	29.04	First Trenton	First Trenton		183.6	0.9			17.4		193.8 percent of total billed charges	
CATECHOLAMINES UR	82384	CPT	both			204	29.04	Horizon	Medicare Blue		61.2	0.3			17.4		193.8 percent of total billed charges	
CATECHOLAMINES UR	82384	CPT	both			204	29.04	Horizon	MGD		78.09	0.3828			17.4		193.8 percent of total billed charges	
CATECHOLAMINES UR	82384	CPT	both			204	29.04	Horizon	PPO		78.09	0.3828			17.4		193.8 percent of total billed charges	
CATECHOLAMINES UR	82384	CPT	both			204	29.04	Horizon	Indemnity		78.09	0.3828			17.4		193.8 percent of total billed charges	
CATECHOLAMINES UR	82384	CPT	both			204	29.04	Managed Care Inc	Managed Care Inc		183.6	0.9			17.4		193.8 percent of total billed charges	
CATECHOLAMINES UR	82384	CPT	both			204	29.04	Multiplan	Multiplan		163.2	0.8			17.4		193.8 percent of total billed charges	
CATECHOLAMINES UR	82384	CPT	both			204	29.04	Qualcare	Qualcare		153	0.75			17.4		193.8 percent of total billed charges	
CATECHOLAMINES UR	82384	CPT	both			204	29.04	Three Rivers	Three Rivers		193.8	0.95			17.4		193.8 percent of total billed charges	
CATECHOLAMINES UR	82384	CPT	both			204	29.04	UHC	Medicaid		18				17.4		193.8 case rate	
CATECHOLAMINES UR	82384	CPT	both			204	29.04	UHC	Medicare		25.25				17.4		193.8 case rate	
CATECHOLAMINES UR	82384	CPT	both			204	29.04	Wellcare	Medicare		25.25				17.4		193.8 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CATECHOLAMINES UR	82384	CPT	both			204	29.04	Wellcare	Medicaid		18				17.4	6	193.8	case rate	
CERULOPLASMIN	82390	CPT	both			25	12.35	Aetna	Medicare		10.74					6	23.75	case rate	
CERULOPLASMIN	82390	CPT	both			25	12.35	Aetna	Better Health		7.87	0.3146				6	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Aetna	Commercial		9.5	0.38				6	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Americare	Americare		18.75	0.75				6	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	WellPoint	WellPoint		8.02	0.3208				6	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Amerihealth	Medicare		10.74					6	23.75	case rate	
CERULOPLASMIN	82390	CPT	both			25	12.35	Consumer	Consumer		23.75	0.95				6	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Corrections	Corrections		20	0.8				6	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	First Health	First Health		17.5	0.7				6	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	First Trenton	First Trenton		22.5	0.9				6	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Horizon	Indemnity		9.57	0.3828				6	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Horizon	Medicare Blue		7.5	0.3				6	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Horizon	MGD		9.57	0.3828				6	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Horizon	PPO		9.57	0.3828				6	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Managed Care Inc	Managed Care Inc		22.5	0.9				6	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Multiplan	Multiplan		20	0.8				6	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Qualcare	Qualcare		18.75	0.75				6	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	Three Rivers	Three Rivers		23.75	0.95				6	23.75	percent of total billed charges	
CERULOPLASMIN	82390	CPT	both			25	12.35	UHC	Medicare		10.74					6	23.75	case rate	
CERULOPLASMIN	82390	CPT	both			25	12.35	UHC	Medicaid		6					6	23.75	case rate	
CERULOPLASMIN	82390	CPT	both			25	12.35	Wellcare	Medicaid		6					6	23.75	case rate	
CERULOPLASMIN	82390	CPT	both			25	12.35	Wellcare	Medicare		10.74					6	23.75	case rate	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Aetna	Better Health		181.52	0.3146			13.8		548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Aetna	Medicare		14.12				13.8		548.15	case rate	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Aetna	Commercial		219.26	0.38			13.8		548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Americare	Americare		432.75	0.75			13.8		548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	WellPoint	WellPoint		185.1	0.3208			13.8		548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Amerihealth	Medicare		14.12				13.8		548.15	case rate	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Consumer	Consumer		548.15	0.95			13.8		548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Corrections	Corrections		461.6	0.8			13.8		548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	First Health	First Health		403.9	0.7			13.8		548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	First Trenton	First Trenton		519.3	0.9			13.8		548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Horizon	MGD		220.88	0.3828			13.8		548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Horizon	Medicare Blue		173.1	0.3			13.8		548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Horizon	Indemnity		220.88	0.3828			13.8		548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Horizon	PPO		220.88	0.3828			13.8		548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Managed Care Inc	Managed Care Inc		519.3	0.9			13.8		548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Multiplan	Multiplan		461.6	0.8			13.8		548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Qualcare	Qualcare		432.75	0.75			13.8		548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Three Rivers	Three Rivers		548.15	0.95			13.8		548.15	percent of total billed charges	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	UHC	Medicare		14.12				13.8		548.15	case rate	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	UHC	Medicaid		15.42				13.8		548.15	case rate	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Wellcare	Medicaid		15.42				13.8		548.15	case rate	
PTHRP(PTH-RELATED PEPTIDE)	82397	CPT	both			577	16.24	Wellcare	Medicare		14.12				13.8		548.15	case rate	
CHLORIDE LAB	82435	CPT	both			70	5.29	Aetna	Better Health		22.02	0.3146			3		66.5	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	Aetna	Medicare		4.6				3		66.5	case rate	
CHLORIDE LAB	82435	CPT	both			70	5.29	Aetna	Commercial		26.6	0.38			3		66.5	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	Americare	Americare		52.5	0.75			3		66.5	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	WellPoint	WellPoint		22.46	0.3208			3		66.5	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	Amerihealth	Medicare		4.6				3		66.5	case rate	
CHLORIDE LAB	82435	CPT	both			70	5.29	Consumer	Consumer		66.5	0.95			3		66.5	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	Corrections	Corrections		56	0.8			3		66.5	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	First Health	First Health		49	0.7			3		66.5	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	First Trenton	First Trenton		63	0.9			3		66.5	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	Horizon	MGD		26.8	0.3828			3		66.5	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	Horizon	Medicare Blue		21	0.3			3		66.5	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	Horizon	Indemnity		26.8	0.3828			3		66.5	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	Horizon	PPO		26.8	0.3828			3		66.5	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	Managed Care Inc	Managed Care Inc		63	0.9			3		66.5	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	Multiplan	Multiplan		56	0.8			3		66.5	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	Qualcare	Qualcare		52.5	0.75			3		66.5	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	Three Rivers	Three Rivers		66.5	0.95			3		66.5	percent of total billed charges	
CHLORIDE LAB	82435	CPT	both			70	5.29	UHC	Medicaid		3				3		66.5	case rate	
CHLORIDE LAB	82435	CPT	both			70	5.29	UHC	Medicare		4.6				3		66.5	case rate	
CHLORIDE LAB	82435	CPT	both			70	5.29	Wellcare	Medicare		4.6				3		66.5	case rate	
CHLORIDE LAB	82435	CPT	both			70	5.29	Wellcare	Medicaid		3				3		66.5	case rate	
CHLORIDE URINE RANDOM	82436	CPT	both			55	6.61	Aetna	Better Health		17.3	0.3146			3		52.25	percent of total billed charges	
CHLORIDE URINE RANDOM	82436	CPT	both			55	6.61	Aetna	Commercial		20.9	0.38			3		52.25	percent of total billed charges	
CHLORIDE URINE RANDOM	82436	CPT	both			55	6.61	Aetna	Medicare		5.75				3		52.25	case rate	
CHLORIDE URINE RANDOM	82436	CPT	both			55	6.61	Americare	Americare		41.25	0.75			3		52.25	percent of total billed charges	
CHLORIDE URINE RANDOM	82436	CPT	both			55	6.61	WellPoint	WellPoint		17.64	0.3208			3		52.25	percent of total billed charges	
CHLORIDE URINE RANDOM	82436	CPT	both			55	6.61	Amerihealth	Medicare		5.75				3		52.25	case rate	
CHLORIDE URINE RANDOM	82436	CPT	both			55	6.61	Consumer	Consumer		52.25	0.95			3		52.25	percent of total billed charges	
CHLORIDE URINE RANDOM	82436	CPT	both			55	6.61	Corrections	Corrections		44	0.8			3		52.25	percent of total billed charges	
CHLORIDE URINE RANDOM	82436	CPT	both			55	6.61	First Health	First Health		38.5	0.7			3		52.25	percent of total billed charges	
CHLORIDE URINE RANDOM	82436	CPT	both			55	6.61	First Trenton	First Trenton		49.5	0.9			3		52.25	percent of total billed charges	
CHLORIDE URINE RANDOM	82436	CPT	both			55	6.61	Horizon	MGD		21.05	0.3828			3		52.25	percent of total billed charges	
CHLORIDE URINE RANDOM	82436	CPT	both			55	6.61	Horizon	Indemnity		21.05	0.3828			3		52.25	percent of total billed charges	
CHLORIDE URINE RANDOM	82436	CPT	both			55	6.61	Horizon	Medicare Blue		16.5	0.3			3		52.25	percent of total billed charges	
CHLORIDE URINE RANDOM	82436	CPT	both			55	6.61	Horizon	PPO		21.05	0.3828			3		52.25	percent of total billed charges	
CHLORIDE URINE RANDOM	82436	CPT	both			55	6.61	Managed Care Inc	Managed Care Inc		49.5	0.9			3		52.25	percent of total billed charges	
CHLORIDE URINE RANDOM	82436	CPT	both			55	6.61	Multiplan	Multiplan		44	0.8			3		52.25	percent of total billed charges	
CHLORIDE URINE RANDOM	82436	CPT	both			55	6.61	Qualcare	Qualcare		41.25	0.75			3		52.25	percent of total billed charges	
CHLORIDE URINE RANDOM	82436	CPT	both			55	6.61	Three Rivers	Three Rivers		52.25	0.95			3		52.25	percent of total billed charges	
CHLORIDE URINE RANDOM	82436	CPT	both			55	6.61	UHC	Medicaid		3				3		52.25	case rate	
CHLORIDE URINE RANDOM	82436	CPT	both			55	6.61	UHC	Medicare		5.75				3		52.25	case rate	
CHLORIDE URINE RANDOM	82436	CPT	both			55	6.61	Wellcare	Medicaid		3				3		52.25	case rate	
CHLORIDE URINE RANDOM	82436	CPT	both			55	6.61	Wellcare	Medicare		5.75				3		52.25	case rate	
SWEAT CHLORIDE	82438	CPT	both			177	5.75	Aetna	Commercial		67.26	0.38			5		168.15	percent of total billed charges	
SWEAT CHLORIDE	82438	CPT	both			177	5.75	Aetna	Medicare		54.52	0.308			5		168.15	percent of total billed charges	
SWEAT CHLORIDE	82438	CPT	both			177	5.75	Aetna	Better Health		55.68	0.3146			5		168.15	percent of total billed charges	
SWEAT CHLORIDE	82438	CPT	both			177	5.75	Americare	Americare		132.75	0.75			5		168.15	percent of total billed charges	
SWEAT CHLORIDE	82438	CPT	both			177	5.75	WellPoint	WellPoint		56.78	0.3208			5		168.15	percent of total billed charges	
SWEAT CHLORIDE	82438	CPT	both			177	5.75	Amerihealth	Medicare		5				5		168.15	case rate	
SWEAT CHLORIDE	82438	CPT	both			177	5.75	Consumer	Consumer		168.15	0.95			5		168.15	percent of total billed charges	
SWEAT CHLORIDE	82438	CPT	both			177	5.75	Corrections	Corrections		141.6	0.8			5		168.15	percent of total billed charges	
SWEAT CHLORIDE	82438	CPT	both			177	5.75	First Health	First Health		123.9	0.7			5		168.15	percent of total billed charges	
SWEAT CHLORIDE	82438	CPT	both			177	5.75	First Trenton	First Trenton		159.3	0.9			5		168.15	percent of total billed charges	
SWEAT CHLORIDE	82438	CPT	both			177	5.75	Horizon	MGD		67.76	0.3828			5		168.15	percent of total billed charges	
SWEAT CHLORIDE	82438	CPT	both			177	5.75	Horizon	PPO		67.76	0.3828			5		168.15	percent of total billed charges	
SWEAT CHLORIDE	82438	CPT	both			177	5.75	Horizon	Indemnity		67.76	0.3828			5		168.15	percent of total billed charges	
SWEAT CHLORIDE	82438	CPT	both			177	5.75	Horizon	Medicare Blue		53.1	0.3			5		168.15	percent of total billed charges	
SWEAT CHLORIDE	82438	CPT	both			177	5.75	Managed Care Inc	Managed Care Inc		159.3	0.9			5		168.15	percent of total billed charges	
SWEAT CHLORIDE	82438	CPT	both			177	5.75	Multiplan	Multiplan		141.6	0.8			5		168.15	percent of total billed charges	
SWEAT CHLORIDE	82438	CPT	both			177	5.75	Qualcare	Qualcare		132.75	0.75			5		168.15	percent of total billed charges	
SWEAT CHLORIDE	82438	CPT	both			177	5.75	Three Rivers	Three Rivers		168.15	0.95			5		168.15	percent of total billed charges	
SWEAT CHLORIDE	82438	CPT	both			177	5.75	UHC	Medicare		5				5		168.15	case rate	
SWEAT CHLORIDE	82438	CPT	both			177	5.75	UHC	Medicaid		55.68	0.3146			5		168.15	percent of total billed charges	
SWEAT CHLORIDE	82438	CPT	both			177	5.75	Wellcare	Medicare		5				5		168.15	case rate	
SWEAT CHLORIDE	82438	CPT	both			177	5.75	Wellcare	Medicaid		55.68	0.3146			5		168.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD	82441	CPT	inpatient			417	6.91	Aetna	Medicare		6.01				6.01		396.15	case rate	
METHYLENE CHLORIDE BLOOD	82441	CPT	inpatient			417	6.91	Aetna	Commercial		158.46	0.38			6.01		396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD	82441	CPT	inpatient			417	6.91	Aetna	Better Health		131.19	0.3146			6.01		396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD	82441	CPT	inpatient			417	6.91	Americare	Americare		312.75	0.75			6.01		396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD	82441	CPT	inpatient			417	6.91	WellPoint	WellPoint		133.77	0.3208			6.01		396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD	82441	CPT	inpatient			417	6.91	Amerihealth	Medicare		6.01				6.01		396.15	case rate	
METHYLENE CHLORIDE BLOOD	82441	CPT	inpatient			417	6.91	Consumer	Consumer		396.15	0.95			6.01		396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD	82441	CPT	inpatient			417	6.91	Corrections	Corrections		333.6	0.8			6.01		396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD	82441	CPT	inpatient			417	6.91	First Health	First Health		291.9	0.7			6.01		396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD	82441	CPT	inpatient			417	6.91	First Trenton	First Trenton		375.3	0.9			6.01		396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD	82441	CPT	inpatient			417	6.91	Horizon	MGD		159.63	0.3828			6.01		396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD	82441	CPT	inpatient			417	6.91	Horizon	Indemnity		159.63	0.3828			6.01		396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD	82441	CPT	inpatient			417	6.91	Horizon	PPO		159.63	0.3828			6.01		396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD	82441	CPT	inpatient			417	6.91	Horizon	Medicare Blue		125.1	0.3			6.01		396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD	82441	CPT	inpatient			417	6.91	Managed Care Inc	Managed Care Inc		375.3	0.9			6.01		396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD	82441	CPT	inpatient			417	6.91	Multiplan	Multiplan		333.6	0.8			6.01		396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD	82441	CPT	inpatient			417	6.91	Qualcare	Qualcare		312.75	0.75			6.01		396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD	82441	CPT	inpatient			417	6.91	Three Rivers	Three Rivers		396.15	0.95			6.01		396.15	percent of total billed charges	
METHYLENE CHLORIDE BLOOD	82441	CPT	inpatient			417	6.91	UHC	Medicare		6.01				6.01		396.15	case rate	
METHYLENE CHLORIDE BLOOD	82441	CPT	inpatient			417	6.91	UHC	Medicaid		8				6.01		396.15	case rate	
METHYLENE CHLORIDE BLOOD	82441	CPT	inpatient			417	6.91	Wellcare	Medicaid		8				6.01		396.15	case rate	
METHYLENE CHLORIDE BLOOD	82441	CPT	inpatient			417	6.91	Wellcare	Medicare		6.01				6.01		396.15	case rate	
CHOLESTEROL SERUM/WB	82465	CPT	both			88	5	Aetna	Medicare		4.35				3		83.6	case rate	
CHOLESTEROL SERUM/WB	82465	CPT	both			88	5	Aetna	Commercial		33.44	0.38			3		83.6	percent of total billed charges	
CHOLESTEROL SERUM/WB	82465	CPT	both			88	5	Aetna	Better Health		27.68	0.3146			3		83.6	percent of total billed charges	
CHOLESTEROL SERUM/WB	82465	CPT	both			88	5	Americare	Americare		66	0.75			3		83.6	percent of total billed charges	
CHOLESTEROL SERUM/WB	82465	CPT	both			88	5	WellPoint	WellPoint		28.23	0.3208			3		83.6	percent of total billed charges	
CHOLESTEROL SERUM/WB	82465	CPT	both			88	5	Amerihealth	Medicare		4.35				3		83.6	case rate	
CHOLESTEROL SERUM/WB	82465	CPT	both			88	5	Consumer	Consumer		83.6	0.95			3		83.6	percent of total billed charges	
CHOLESTEROL SERUM/WB	82465	CPT	both			88	5	Corrections	Corrections		70.4	0.8			3		83.6	percent of total billed charges	
CHOLESTEROL SERUM/WB	82465	CPT	both			88	5	First Health	First Health		61.6	0.7			3		83.6	percent of total billed charges	
CHOLESTEROL SERUM/WB	82465	CPT	both			88	5	First Trenton	First Trenton		79.2	0.9			3		83.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHOLESTEROL SERUM/WB	82465	CPT	both			88		5 Horizon	Medicare Blue		26.4	0.3			3		83.6 percent of total billed charges	
CHOLESTEROL SERUM/WB	82465	CPT	both			88		5 Horizon	Indemnity		33.69	0.3828			3		83.6 percent of total billed charges	
CHOLESTEROL SERUM/WB	82465	CPT	both			88		5 Horizon	MGD		33.69	0.3828			3		83.6 percent of total billed charges	
CHOLESTEROL SERUM/WB	82465	CPT	both			88		5 Horizon	PPO		33.69	0.3828			3		83.6 percent of total billed charges	
CHOLESTEROL SERUM/WB	82465	CPT	both			88		5 Managed Care Inc	Managed Care Inc		79.2	0.9			3		83.6 percent of total billed charges	
CHOLESTEROL SERUM/WB	82465	CPT	both			88		5 Multiplan	Multiplan		70.4	0.8			3		83.6 percent of total billed charges	
CHOLESTEROL SERUM/WB	82465	CPT	both			88		5 Qualcare	Qualcare		66	0.75			3		83.6 percent of total billed charges	
CHOLESTEROL SERUM/WB	82465	CPT	both			88		5 Three Rivers	Three Rivers		83.6	0.95			3		83.6 percent of total billed charges	
CHOLESTEROL SERUM/WB	82465	CPT	both			88		5 UHC	Medicaid		3				3		83.6 case rate	
CHOLESTEROL SERUM/WB	82465	CPT	both			88		5 UHC	Medicare		4.35				3		83.6 case rate	
CHOLESTEROL SERUM/WB	82465	CPT	both			88		5 Wellcare	Medicaid		3				3		83.6 case rate	
CHOLESTEROL SERUM/WB	82465	CPT	both			88		5 Wellcare	Medicare		4.35				3		83.6 case rate	
CHOLINESTERASE SERUM	82480	CPT	both			51		9.05 Aetna	Medicare		7.87				4.5		48.45 case rate	
CHOLINESTERASE SERUM	82480	CPT	both			51		9.05 Aetna	Better Health		16.04	0.3146			4.5		48.45 percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT	both			51		9.05 Aetna	Commercial		19.38	0.38			4.5		48.45 percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT	both			51		9.05 Americare	Americare		38.25	0.75			4.5		48.45 percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT	both			51		9.05 WellPoint	WellPoint		16.36	0.3208			4.5		48.45 percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT	both			51		9.05 Amerihealth	Medicare		7.87				4.5		48.45 case rate	
CHOLINESTERASE SERUM	82480	CPT	both			51		9.05 Consumer	Consumer		48.45	0.95			4.5		48.45 percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT	both			51		9.05 Corrections	Corrections		40.8	0.8			4.5		48.45 percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT	both			51		9.05 First Health	First Health		35.7	0.7			4.5		48.45 percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT	both			51		9.05 First Trenton	First Trenton		45.9	0.9			4.5		48.45 percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT	both			51		9.05 Horizon	MGD		19.52	0.3828			4.5		48.45 percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT	both			51		9.05 Horizon	Indemnity		19.52	0.3828			4.5		48.45 percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT	both			51		9.05 Horizon	PPO		19.52	0.3828			4.5		48.45 percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT	both			51		9.05 Horizon	Medicare Blue		15.3	0.3			4.5		48.45 percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT	both			51		9.05 Managed Care Inc	Managed Care Inc		45.9	0.9			4.5		48.45 percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT	both			51		9.05 Multiplan	Multiplan		40.8	0.8			4.5		48.45 percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT	both			51		9.05 Qualcare	Qualcare		38.25	0.75			4.5		48.45 percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT	both			51		9.05 Three Rivers	Three Rivers		48.45	0.95			4.5		48.45 percent of total billed charges	
CHOLINESTERASE SERUM	82480	CPT	both			51		9.05 UHC	Medicaid		4.5				4.5		48.45 case rate	
CHOLINESTERASE SERUM	82480	CPT	both			51		9.05 UHC	Medicare		7.87				4.5		48.45 case rate	
CHOLINESTERASE SERUM	82480	CPT	both			51		9.05 Wellcare	Medicaid		4.5				4.5		48.45 case rate	
CHOLINESTERASE SERUM	82480	CPT	both			51		9.05 Wellcare	Medicare		7.87				4.5		48.45 case rate	
CHROMIUM BLOOD	82495	CPT	both			451		23.32 Aetna	Better Health		141.88	0.3146			9.66		428.45 percent of total billed charges	
CHROMIUM BLOOD	82495	CPT	both			451		23.32 Aetna	Medicare		20.28				9.66		428.45 case rate	
CHROMIUM BLOOD	82495	CPT	both			451		23.32 Aetna	Commercial		171.38	0.38			9.66		428.45 percent of total billed charges	
CHROMIUM BLOOD	82495	CPT	both			451		23.32 Americare	Americare		338.25	0.75			9.66		428.45 percent of total billed charges	
CHROMIUM BLOOD	82495	CPT	both			451		23.32 WellPoint	WellPoint		144.68	0.3208			9.66		428.45 percent of total billed charges	
CHROMIUM BLOOD	82495	CPT	both			451		23.32 Amerihealth	Medicare		20.28				9.66		428.45 case rate	
CHROMIUM BLOOD	82495	CPT	both			451		23.32 Consumer	Consumer		428.45	0.95			9.66		428.45 percent of total billed charges	
CHROMIUM BLOOD	82495	CPT	both			451		23.32 Corrections	Corrections		360.8	0.8			9.66		428.45 percent of total billed charges	
CHROMIUM BLOOD	82495	CPT	both			451		23.32 First Health	First Health		315.7	0.7			9.66		428.45 percent of total billed charges	
CHROMIUM BLOOD	82495	CPT	both			451		23.32 First Trenton	First Trenton		405.9	0.9			9.66		428.45 percent of total billed charges	
CHROMIUM BLOOD	82495	CPT	both			451		23.32 Horizon	Medicare Blue		135.3	0.3			9.66		428.45 percent of total billed charges	
CHROMIUM BLOOD	82495	CPT	both			451		23.32 Horizon	Indemnity		172.64	0.3828			9.66		428.45 percent of total billed charges	
CHROMIUM BLOOD	82495	CPT	both			451		23.32 Horizon	MGD		172.64	0.3828			9.66		428.45 percent of total billed charges	
CHROMIUM BLOOD	82495	CPT	both			451		23.32 Horizon	PPO		172.64	0.3828			9.66		428.45 percent of total billed charges	
CHROMIUM BLOOD	82495	CPT	both			451		23.32 Managed Care Inc	Managed Care Inc		405.9	0.9			9.66		428.45 percent of total billed charges	
CHROMIUM BLOOD	82495	CPT	both			451		23.32 Multiplan	Multiplan		360.8	0.8			9.66		428.45 percent of total billed charges	
CHROMIUM BLOOD	82495	CPT	both			451		23.32 Qualcare	Qualcare		338.25	0.75			9.66		428.45 percent of total billed charges	
CHROMIUM BLOOD	82495	CPT	both			451		23.32 Three Rivers	Three Rivers		428.45	0.95			9.66		428.45 percent of total billed charges	
CHROMIUM BLOOD	82495	CPT	both			451		23.32 UHC	Medicaid		9.66				9.66		428.45 case rate	
CHROMIUM BLOOD	82495	CPT	both			451		23.32 UHC	Medicare		20.28				9.66		428.45 case rate	
CHROMIUM BLOOD	82495	CPT	both			451		23.32 Wellcare	Medicaid		9.66				9.66		428.45 case rate	
CHROMIUM BLOOD	82495	CPT	both			451		23.32 Wellcare	Medicare		20.28				9.66		428.45 case rate	
CITRIC ACID (CITRATE) URINE	82507	CPT	both			63		31.97 Aetna	Better Health		19.82	0.3146			18.9		59.85 percent of total billed charges	
CITRIC ACID (CITRATE) URINE	82507	CPT	both			63		31.97 Aetna	Medicare		27.8				18.9		59.85 case rate	
CITRIC ACID (CITRATE) URINE	82507	CPT	both			63		31.97 Aetna	Commercial		23.94	0.38			18.9		59.85 percent of total billed charges	
CITRIC ACID (CITRATE) URINE	82507	CPT	both			63		31.97 Americare	Americare		47.25	0.75			18.9		59.85 percent of total billed charges	
CITRIC ACID (CITRATE) URINE	82507	CPT	both			63		31.97 WellPoint	WellPoint		20.21	0.3208			18.9		59.85 percent of total billed charges	
CITRIC ACID (CITRATE) URINE	82507	CPT	both			63		31.97 Amerihealth	Medicare		27.8				18.9		59.85 case rate	
CITRIC ACID (CITRATE) URINE	82507	CPT	both			63		31.97 Consumer	Consumer		59.85	0.95			18.9		59.85 percent of total billed charges	
CITRIC ACID (CITRATE) URINE	82507	CPT	both			63		31.97 Corrections	Corrections		50.4	0.8			18.9		59.85 percent of total billed charges	
CITRIC ACID (CITRATE) URINE	82507	CPT	both			63		31.97 First Health	First Health		44.1	0.7			18.9		59.85 percent of total billed charges	
CITRIC ACID (CITRATE) URINE	82507	CPT	both			63		31.97 First Trenton	First Trenton		56.7	0.9			18.9		59.85 percent of total billed charges	
CITRIC ACID (CITRATE) URINE	82507	CPT	both			63		31.97 Horizon	Medicare Blue		18.9	0.3			18.9		59.85 percent of total billed charges	
CITRIC ACID (CITRATE) URINE	82507	CPT	both			63		31.97 Horizon	Indemnity		24.12	0.3828			18.9		59.85 percent of total billed charges	
CITRIC ACID (CITRATE) URINE	82507	CPT	both			63		31.97 Horizon	MGD		24.12	0.3828			18.9		59.85 percent of total billed charges	
CITRIC ACID (CITRATE) URINE	82507	CPT	both			63		31.97 Horizon	PPO		24.12	0.3828			18.9		59.85 percent of total billed charges	
CITRIC ACID (CITRATE) URINE	82507	CPT	both			63		31.97 Managed Care Inc	Managed Care Inc		56.7	0.9			18.9		59.85 percent of total billed charges	
CITRIC ACID (CITRATE) URINE	82507	CPT	both			63		31.97 Multiplan	Multiplan		50.4	0.8			18.9		59.85 percent of total billed charges	
CITRIC ACID (CITRATE) URINE	82507	CPT	both			63		31.97 Qualcare	Qualcare		47.25	0.75			18.9		59.85 percent of total billed charges	
CITRIC ACID (CITRATE) URINE	82507	CPT	both			63		31.97 Three Rivers	Three Rivers		59.85	0.95			18.9		59.85 percent of total billed charges	
CITRIC ACID (CITRATE) URINE	82507	CPT	both			63		31.97 UHC	Medicare		27.8				18.9		59.85 case rate	
CITRIC ACID (CITRATE) URINE	82507	CPT	both			63		31.97 UHC	Medicaid		37				18.9		59.85 case rate	
CITRIC ACID (CITRATE) URINE	82507	CPT	both			63		31.97 Wellcare	Medicare		27.8				18.9		59.85 case rate	
CITRIC ACID (CITRATE) URINE	82507	CPT	both			63		31.97 Wellcare	Medicaid		37				18.9		59.85 case rate	
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Aetna	Better Health		115.14	0.3146			11.86		347.7 percent of total billed charges	
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Aetna	Medicare		18.68				11.86		347.7 case rate	
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Aetna	Commercial		139.08	0.38			11.86		347.7 percent of total billed charges	
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Americare	Americare		274.5	0.75			11.86		347.7 percent of total billed charges	
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 WellPoint	WellPoint		117.41	0.3208			11.86		347.7 percent of total billed charges	
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Amerihealth	Medicare		18.68				11.86		347.7 case rate	
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Consumer	Consumer		347.7	0.95			11.86		347.7 percent of total billed charges	
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Corrections	Corrections		292.8	0.8			11.86		347.7 percent of total billed charges	
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 First Health	First Health		256.2	0.7			11.86		347.7 percent of total billed charges	
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 First Trenton	First Trenton		329.4	0.9			11.86		347.7 percent of total billed charges	
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Horizon	Medicare Blue		109.8	0.3			11.86		347.7 percent of total billed charges	
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Horizon	MGD		140.1	0.3828			11.86		347.7 percent of total billed charges	
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Horizon	Indemnity		140.1	0.3828			11.86		347.7 percent of total billed charges	
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Horizon	PPO		140.1	0.3828			11.86		347.7 percent of total billed charges	
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Managed Care Inc	Managed Care Inc		329.4	0.9			11.86		347.7 percent of total billed charges	
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Multiplan	Multiplan		292.8	0.8			11.86		347.7 percent of total billed charges	
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Qualcare	Qualcare		274.5	0.75			11.86		347.7 percent of total billed charges	
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Three Rivers	Three Rivers		347.7	0.95			11.86		347.7 percent of total billed charges	
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 UHC	Medicaid		11.86				11.86		347.7 case rate	
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 UHC	Medicare		18.68				11.86		347.7 case rate	
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Wellcare	Medicaid		11.86				11.86		347.7 case rate	
PROPEPTIDE TYPE I COLLAGEN	82523	CPT	both			366		21.48 Wellcare	Medicare		18.68				11.86		347.7 case rate	
COPPER SERUM/PLASMA	82525	CPT	both			34		14.27 Aetna	Medicare		12.41				9		32.3 case rate	
COPPER SERUM/PLASMA	82525	CPT	both			34		14.27 Aetna	Better Health		10.7	0.3146			9		32.3 percent of total billed charges	
COPPER SERUM/PLASMA	82525	CPT	both			34		14.27 Aetna	Commercial		12.92	0.38			9		32.3 percent of total billed charges	
COPPER SERUM/PLASMA	82525	CPT	both			34		14.27 Americare	Americare		25.5	0.75			9		32.3 percent of total billed charges	
COPPER SERUM/PLASMA	82525	CPT	both			34		14.27 WellPoint	WellPoint		10.91	0.3208			9		32.3 percent of total billed charges	
COPPER SERUM/PLASMA	82525	CPT	both			34		14.27 Amerihealth	Medicare		12.41				9		32.3 case rate	
COPPER SERUM/PLASMA	82525	CPT	both			34		14.27 Consumer	Consumer		32.3	0.95			9		32.3 percent of total billed charges	
COPPER SERUM/PLASMA	82525	CPT	both			34		14.27 Corrections	Corrections		27.2	0.8			9		32.3 percent of total billed charges	
COPPER SERUM/PLASMA	82525	CPT	both			34		14.27 First Health	First Health		23.8	0.7			9		32.3 percent of total billed charges	
COPPER SERUM/PLASMA	82525	CPT	both			34		14.27 First Trenton	First Trenton		30.6	0.9			9		32.3 percent of total billed charges	
COPPER SERUM/PLASMA	82525	CPT	both			34		14.27 Horizon	Medicare Blue		10.2	0.3			9		32.3 percent of total billed charges	
COPPER SERUM/PLASMA	82525	CPT	both			34		14.27 Horizon	MGD		13.02	0.3828			9		32.3 percent of total billed charges	
COPPER SERUM/PLASMA	82525	CPT	both			34		14.27 Horizon	Indemnity		13.02	0.3828			9		32.3 percent of total billed charges	
COPPER SERUM/PLASMA	82525	CPT	both			34		14.27 Horizon	PPO		13.02	0.3828			9		32.3 percent of total billed charges	
COPPER SERUM/PLASMA	82525	CPT	both			34		14.27 Managed Care Inc	Managed Care Inc		30.6	0.9			9		32.3 percent of total billed charges	
COPPER SERUM/PLASMA	82525	CPT	both			34		14.27 Multiplan	Multiplan		27.2	0.8			9		32.3 percent of total billed charges	
COPPER SERUM/PLASMA	82525	CPT	both			34		14.27 Qualcare	Qualcare		25.5	0.75			9		32.3 percent of total billed charges	
COPPER SERUM/PLASMA	82525	CPT	both			34		14.27 Three Rivers	Three Rivers		32.3	0.95			9		32.3 percent of total billed charges	
COPPER SERUM/PLASMA	82525	CPT	both			34		14.27 UHC	Medicaid		9				9		32.3 case rate	
COPPER SERUM/PLASMA	82525	CPT	both			34		14.27 UHC	Medicare		12.41				9		32.3 case rate	
COPPER SERUM/PLASMA	82525	CPT	both			34		14.27 Wellcare	Medicare		12.41				9		32.3 case rate	
COPPER SERUM/PLASMA	82525	CPT	both			34		14.27 Wellcare	Medicaid		9				9		32.3 case rate	
CORTCOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Aetna	Better Health		95.95	0.3146			19.7		289.75 percent of total billed charges	
CORTCOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Aetna	Commercial		115.9	0.38			19.7		289.75 percent of total billed charges	
CORTCOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Aetna	Medicare		22.52				19.7		289.75 case rate	
CORTCOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Americare	Americare		228.75	0.75			19.7		289.75 percent of total billed charges	
CORTCOSTERONE SERUM	82528	CPT	outpatient			305		25.9 WellPoint	WellPoint		97.84	0.3208			19.7		289.75 percent of total billed charges	
CORTCOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Amerihealth	Medicare		22.52				19.7		289.75 case rate	
CORTCOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Consumer	Consumer		289.75	0.95			19.7		289.75 percent of total billed charges	
CORTCOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Corrections	Corrections		244	0.8			19.7		289.75 percent of total billed charges	
CORTCOSTERONE SERUM	82528	CPT	outpatient			305		25.9 First Health	First Health		213.5	0.7			19.7		289.75 percent of total billed charges	
CORTCOSTERONE SERUM	82528	CPT	outpatient			305		25.9 First Trenton	First Trenton		274.5	0.9			19.7		289.75 percent of total billed charges	
CORTCOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Horizon	Indemnity		116.75	0.3828			19.7		289.75 percent of total billed charges	
CORTCOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Horizon	MGD		116.75	0.3828			19.7		289.75 percent of total billed charges	
CORTCOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Horizon	Medicare Blue		91.5	0.3			19.7		289.75 percent of total billed charges	
CORTCOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Horizon	PPO		116.75	0.3828			19.7		289.75 percent of total billed charges	
CORTCOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Managed Care Inc	Managed Care Inc		274.5	0.9			19.7		289.75 percent of total billed charges	
CORTCOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Multiplan	Multiplan		244	0.8			19.7		289.75 percent of total billed charges	
CORTCOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Qualcare	Qualcare		228.75	0.75			19.7		289.75 percent of total billed charges	
CORTCOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Three Rivers	Three Rivers		289.75	0.95			19.7		289.75 percent of total billed charges	
CORTCOSTERONE SERUM	82528	CPT	outpatient			305		25.9 UHC	Medicare		22.52				19.7		289.75 case rate	
CORTCOSTERONE SERUM	82528	CPT	outpatient			305		25.9 UHC	Medicaid		19.7				19.7		289.75 case rate	
CORTCOSTERONE SERUM	82528	CPT	outpatient			305		25.9 Wellcare	Medicare		22.52				19.7		289.75 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CORTCOSTERONE SERUM	82528	CPT	outpatient			305	25.9	Wellcare	Medicaid		19.7				19.7	269.75	case rate	
CORTISONE URINE	82530	CPT	both			354	19.22	Aetna	Medicare		16.71				12.3	336.3	case rate	
CORTISONE URINE	82530	CPT	both			354	19.22	Aetna	Better Health		111.37	0.3146			12.3	336.3	percent of total billed charges	
CORTISONE URINE	82530	CPT	both			354	19.22	Aetna	Commercial		134.52	0.38			12.3	336.3	percent of total billed charges	
CORTISONE URINE	82530	CPT	both			354	19.22	Americare	Americare		265.5	0.75			12.3	336.3	percent of total billed charges	
CORTISONE URINE	82530	CPT	both			354	19.22	WellPoint	WellPoint		113.56	0.3208			12.3	336.3	percent of total billed charges	
CORTISONE URINE	82530	CPT	both			354	19.22	Amerihealth	Medicare		16.71				12.3	336.3	case rate	
CORTISONE URINE	82530	CPT	both			354	19.22	Consumer	Consumer		336.3	0.95			12.3	336.3	percent of total billed charges	
CORTISONE URINE	82530	CPT	both			354	19.22	Corrections	Corrections		283.2	0.8			12.3	336.3	percent of total billed charges	
CORTISONE URINE	82530	CPT	both			354	19.22	First Health	First Health		247.8	0.7			12.3	336.3	percent of total billed charges	
CORTISONE URINE	82530	CPT	both			354	19.22	First Trenton	First Trenton		318.6	0.9			12.3	336.3	percent of total billed charges	
CORTISONE URINE	82530	CPT	both			354	19.22	Horizon	MGD		135.51	0.3828			12.3	336.3	percent of total billed charges	
CORTISONE URINE	82530	CPT	both			354	19.22	Horizon	Medicare Blue		106.2	0.3			12.3	336.3	percent of total billed charges	
CORTISONE URINE	82530	CPT	both			354	19.22	Horizon	Indemnity		135.51	0.3828			12.3	336.3	percent of total billed charges	
CORTISONE URINE	82530	CPT	both			354	19.22	Horizon	PPO		135.51	0.3828			12.3	336.3	percent of total billed charges	
CORTISONE URINE	82530	CPT	both			354	19.22	Managed Care Inc	Managed Care Inc		318.6	0.9			12.3	336.3	percent of total billed charges	
CORTISONE URINE	82530	CPT	both			354	19.22	Multiplan	Multiplan		283.2	0.8			12.3	336.3	percent of total billed charges	
CORTISONE URINE	82530	CPT	both			354	19.22	Qualcare	Qualcare		265.5	0.75			12.3	336.3	percent of total billed charges	
CORTISONE URINE	82530	CPT	both			354	19.22	Three Rivers	Three Rivers		336.3	0.95			12.3	336.3	percent of total billed charges	
CORTISONE URINE	82530	CPT	both			354	19.22	UHC	Medicaid		17				12.3	336.3	case rate	
CORTISONE URINE	82530	CPT	both			354	19.22	UHC	Medicare		16.71				12.3	336.3	case rate	
CORTISONE URINE	82530	CPT	both			354	19.22	Wellcare	Medicare		16.71				12.3	336.3	case rate	
CORTISONE URINE	82530	CPT	both			354	19.22	Wellcare	Medicaid		17				12.3	336.3	case rate	
SALIVARY CORTISOL X3 TIMED(502122)	82533	CPT	both			420	18.75	Aetna	Commercial		159.6	0.38			11.4	399	percent of total billed charges	
SALIVARY CORTISOL X3 TIMED(502122)	82533	CPT	both			420	18.75	Aetna	Medicare		16.3				11.4	399	case rate	
SALIVARY CORTISOL X3 TIMED(502122)	82533	CPT	both			420	18.75	Aetna	Better Health		132.13	0.3146			11.4	399	percent of total billed charges	
SALIVARY CORTISOL X3 TIMED(502122)	82533	CPT	both			420	18.75	Americare	Americare		315	0.75			11.4	399	percent of total billed charges	
SALIVARY CORTISOL X3 TIMED(502122)	82533	CPT	both			420	18.75	WellPoint	WellPoint		134.74	0.3208			11.4	399	percent of total billed charges	
SALIVARY CORTISOL X3 TIMED(502122)	82533	CPT	both			420	18.75	Amerihealth	Medicare		16.3				11.4	399	case rate	
SALIVARY CORTISOL X3 TIMED(502122)	82533	CPT	both			420	18.75	Consumer	Consumer		399	0.95			11.4	399	percent of total billed charges	
SALIVARY CORTISOL X3 TIMED(502122)	82533	CPT	both			420	18.75	Corrections	Corrections		336	0.8			11.4	399	percent of total billed charges	
SALIVARY CORTISOL X3 TIMED(502122)	82533	CPT	both			420	18.75	First Health	First Health		294	0.7			11.4	399	percent of total billed charges	
SALIVARY CORTISOL X3 TIMED(502122)	82533	CPT	both			420	18.75	First Trenton	First Trenton		378	0.9			11.4	399	percent of total billed charges	
SALIVARY CORTISOL X3 TIMED(502122)	82533	CPT	both			420	18.75	Horizon	MGD		160.78	0.3828			11.4	399	percent of total billed charges	
SALIVARY CORTISOL X3 TIMED(502122)	82533	CPT	both			420	18.75	Horizon	PPO		160.78	0.3828			11.4	399	percent of total billed charges	
SALIVARY CORTISOL X3 TIMED(502122)	82533	CPT	both			420	18.75	Horizon	Indemnity		160.78	0.3828			11.4	399	percent of total billed charges	
SALIVARY CORTISOL X3 TIMED(502122)	82533	CPT	both			420	18.75	Horizon	Medicare Blue		126	0.3			11.4	399	percent of total billed charges	
SALIVARY CORTISOL X3 TIMED(502122)	82533	CPT	both			420	18.75	Managed Care Inc	Managed Care Inc		378	0.9			11.4	399	percent of total billed charges	
SALIVARY CORTISOL X3 TIMED(502122)	82533	CPT	both			420	18.75	Multiplan	Multiplan		336	0.8			11.4	399	percent of total billed charges	
SALIVARY CORTISOL X3 TIMED(502122)	82533	CPT	both			420	18.75	Qualcare	Qualcare		315	0.75			11.4	399	percent of total billed charges	
SALIVARY CORTISOL X3 TIMED(502122)	82533	CPT	both			420	18.75	Three Rivers	Three Rivers		399	0.95			11.4	399	percent of total billed charges	
SALIVARY CORTISOL X3 TIMED(502122)	82533	CPT	both			420	18.75	UHC	Medicaid		17				11.4	399	case rate	
SALIVARY CORTISOL X3 TIMED(502122)	82533	CPT	both			420	18.75	UHC	Medicare		16.3				11.4	399	case rate	
SALIVARY CORTISOL X3 TIMED(502122)	82533	CPT	both			420	18.75	Wellcare	Medicaid		17				11.4	399	case rate	
SALIVARY CORTISOL X3 TIMED(502122)	82533	CPT	both			420	18.75	Wellcare	Medicare		16.3				11.4	399	case rate	
URINETOXICOLOGY	82542	CPT	both			1917	27.7	Aetna	Medicare		24.09				21.5	1821.15	case rate	
URINETOXICOLOGY	82542	CPT	both			1917	27.7	Aetna	Commercial		728.46	0.38			21.5	1821.15	percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917	27.7	Aetna	Better Health		603.09	0.3146			21.5	1821.15	percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917	27.7	Americare	Americare		1437.75	0.75			21.5	1821.15	percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917	27.7	WellPoint	WellPoint		614.97	0.3208			21.5	1821.15	percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917	27.7	Amerihealth	Medicare		24.09				21.5	1821.15	case rate	
URINETOXICOLOGY	82542	CPT	both			1917	27.7	Consumer	Consumer		1821.15	0.95			21.5	1821.15	percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917	27.7	Corrections	Corrections		1533.6	0.8			21.5	1821.15	percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917	27.7	First Health	First Health		1341.9	0.7			21.5	1821.15	percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917	27.7	First Trenton	First Trenton		1725.3	0.9			21.5	1821.15	percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917	27.7	Horizon	Indemnity		733.83	0.3828			21.5	1821.15	percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917	27.7	Horizon	Medicare Blue		575.1	0.3			21.5	1821.15	percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917	27.7	Horizon	MGD		733.83	0.3828			21.5	1821.15	percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917	27.7	Horizon	PPO		733.83	0.3828			21.5	1821.15	percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917	27.7	Managed Care Inc	Managed Care Inc		1725.3	0.9			21.5	1821.15	percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917	27.7	Multiplan	Multiplan		1533.6	0.8			21.5	1821.15	percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917	27.7	Qualcare	Qualcare		1437.75	0.75			21.5	1821.15	percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917	27.7	Three Rivers	Three Rivers		1821.15	0.95			21.5	1821.15	percent of total billed charges	
URINETOXICOLOGY	82542	CPT	both			1917	27.7	UHC	Medicare		24.09				21.5	1821.15	case rate	
URINETOXICOLOGY	82542	CPT	both			1917	27.7	UHC	Medicaid		21.5				21.5	1821.15	case rate	
URINETOXICOLOGY	82542	CPT	both			1917	27.7	Wellcare	Medicare		24.09				21.5	1821.15	case rate	
URINETOXICOLOGY	82542	CPT	both			1917	27.7	Wellcare	Medicaid		21.5				21.5	1821.15	case rate	
CREATINE KINASE(CK)	82550	CPT	both			49	7.49	Aetna	Commercial		18.62	0.38			4.8	46.55	percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49	7.49	Aetna	Medicare		6.51				4.8	46.55	case rate	
CREATINE KINASE(CK)	82550	CPT	both			49	7.49	Aetna	Better Health		15.42	0.3146			4.8	46.55	percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49	7.49	Americare	Americare		36.75	0.75			4.8	46.55	percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49	7.49	WellPoint	WellPoint		15.72	0.3208			4.8	46.55	percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49	7.49	Amerihealth	Medicare		6.51				4.8	46.55	case rate	
CREATINE KINASE(CK)	82550	CPT	both			49	7.49	Consumer	Consumer		46.55	0.95			4.8	46.55	percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49	7.49	Corrections	Corrections		39.2	0.8			4.8	46.55	percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49	7.49	First Health	First Health		34.3	0.7			4.8	46.55	percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49	7.49	First Trenton	First Trenton		44.1	0.9			4.8	46.55	percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49	7.49	Horizon	MGD		18.76	0.3828			4.8	46.55	percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49	7.49	Horizon	Indemnity		18.76	0.3828			4.8	46.55	percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49	7.49	Horizon	Medicare Blue		14.7	0.3			4.8	46.55	percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49	7.49	Horizon	PPO		18.76	0.3828			4.8	46.55	percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49	7.49	Managed Care Inc	Managed Care Inc		44.1	0.9			4.8	46.55	percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49	7.49	Multiplan	Multiplan		39.2	0.8			4.8	46.55	percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49	7.49	Qualcare	Qualcare		36.75	0.75			4.8	46.55	percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49	7.49	Three Rivers	Three Rivers		46.55	0.95			4.8	46.55	percent of total billed charges	
CREATINE KINASE(CK)	82550	CPT	both			49	7.49	UHC	Medicaid		4.8				4.8	46.55	case rate	
CREATINE KINASE(CK)	82550	CPT	both			49	7.49	UHC	Medicare		6.51				4.8	46.55	case rate	
CREATINE KINASE(CK)	82550	CPT	both			49	7.49	Wellcare	Medicaid		4.8				4.8	46.55	case rate	
CREATINE KINASE(CK)	82550	CPT	both			49	7.49	Wellcare	Medicare		6.51				4.8	46.55	case rate	
CPK-MB IMMUNOASSAY	82553	CPT	both			67	13.28	Aetna	Commercial		25.46	0.38			11.55	63.65	percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67	13.28	Aetna	Better Health		21.08	0.3146			11.55	63.65	percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67	13.28	Aetna	Medicare		20.64	0.308			11.55	63.65	percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67	13.28	Americare	Americare		50.25	0.75			11.55	63.65	percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67	13.28	WellPoint	WellPoint		21.49	0.3208			11.55	63.65	percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67	13.28	Amerihealth	Medicare		11.55				11.55	63.65	case rate	
CPK-MB IMMUNOASSAY	82553	CPT	both			67	13.28	Consumer	Consumer		63.65	0.95			11.55	63.65	percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67	13.28	Corrections	Corrections		53.6	0.8			11.55	63.65	percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67	13.28	First Health	First Health		46.9	0.7			11.55	63.65	percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67	13.28	First Trenton	First Trenton		60.3	0.9			11.55	63.65	percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67	13.28	Horizon	MGD		25.65	0.3828			11.55	63.65	percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67	13.28	Horizon	Indemnity		25.65	0.3828			11.55	63.65	percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67	13.28	Horizon	PPO		25.65	0.3828			11.55	63.65	percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67	13.28	Horizon	Medicare Blue		20.1	0.3			11.55	63.65	percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67	13.28	Managed Care Inc	Managed Care Inc		60.3	0.9			11.55	63.65	percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67	13.28	Multiplan	Multiplan		53.6	0.8			11.55	63.65	percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67	13.28	Qualcare	Qualcare		50.25	0.75			11.55	63.65	percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67	13.28	Three Rivers	Three Rivers		63.65	0.95			11.55	63.65	percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67	13.28	UHC	Medicare		11.55				11.55	63.65	case rate	
CPK-MB IMMUNOASSAY	82553	CPT	both			67	13.28	UHC	Medicaid		21.08	0.3146			11.55	63.65	percent of total billed charges	
CPK-MB IMMUNOASSAY	82553	CPT	both			67	13.28	Wellcare	Medicare		11.55				11.55	63.65	case rate	
CPK-MB IMMUNOASSAY	82553	CPT	both			67	13.28	Wellcare	Medicaid		21.08	0.3146			11.55	63.65	percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70	5.89	Aetna	Better Health		22.02	0.3146			5.1	66.5	percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70	5.89	Aetna	Medicare		21.56	0.308			5.1	66.5	percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70	5.89	Aetna	Commercial		26.6	0.38			5.1	66.5	percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70	5.89	Americare	Americare		52.5	0.75			5.1	66.5	percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70	5.89	WellPoint	WellPoint		22.46	0.3208			5.1	66.5	percent of total billed charges	
GLOMERULAR FILTRATION RATE	82565	CPT	both			70	5.89	Amerihealth	Medicare		5.12				5.1	66.5	case rate	
CREATININE; BLOOD	82565	CPT	both			70	5.89	Consumer	Consumer		66.5	0.95			5.1	66.5	percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70	5.89	Corrections	Corrections		56	0.8			5.1	66.5	percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70	5.89	First Health	First Health		49	0.7			5.1	66.5	percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70	5.89	First Trenton	First Trenton		63	0.9			5.1	66.5	percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70	5.89	Horizon	MGD		26.8	0.3828			5.1	66.5	percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70	5.89	Horizon	Indemnity		26.8	0.3828			5.1	66.5	percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70	5.89	Horizon	Medicare Blue		21	0.3			5.1	66.5	percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70	5.89	Horizon	PPO		26.8	0.3828			5.1	66.5	percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70	5.89	Managed Care Inc	Managed Care Inc		63	0.9			5.1	66.5	percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70	5.89	Multiplan	Multiplan		56	0.8			5.1	66.5	percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70	5.89	Qualcare	Qualcare		52.5	0.75			5.1	66.5	percent of total billed charges	
CREATININE; BLOOD	82565	CPT	both			70	5.89	Three Rivers	Three Rivers		66.5	0.95			5.1	66.5	percent of total billed charges	
GLOMERULAR FILTRATION RATE	82565	CPT	both			70	5.89	UHC	Medicare		5.12				5.1	66.5	case rate	
CREATININE; BLOOD	82565	CPT	both			70	5.89	UHC	Medicaid		22.02	0.3146			5.1	66.5	percent of total billed charges	
GLOMERULAR FILTRATION RATE	82565	CPT	both			70	5.89	Wellcare	Medicare		5.12				5.1	66.5	case rate	
CREATININE; BLOOD	82565	CPT	both			70	5.89	Wellcare	Medicaid		22.02	0.3146			5.1	66.5	percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665	5.96	Aetna	Medicare		204.82	0.308			3.9	631.75	percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665	5.96	Aetna	Better Health		209.21	0.3146			3.9	631.75	percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665	5.96	Aetna	Commercial		252.7	0.38			3.9	631.75	percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665	5.96	Americare	Americare		498.75	0.75			3.9	631.75	percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665	5.96	WellPoint	WellPoint		213.33	0.3208			3.9	631.75	percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665	5.96	Amerihealth	Medicare		5.18				3.9	631.75	case rate	
URINE CREATININE RANDOM	82570	CPT	both			665	5.96	Consumer	Consumer		631.75	0.95			3.9	631.75	percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665	5.96	Corrections	Corrections		532	0.8			3.9	631.75	percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665	5.96	First Health	First Health		465.5	0.7			3.9	631.75	percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665	5.96	First Trenton	First Trenton		598.5	0.9			3.9	631.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
URINE CREATININE RANDOM	82570	CPT	both			665	5.96	Horizon	MCD		254.56	0.3828			3.9	631.75	percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665	5.96	Horizon	Medicare Blue		199.5	0.3			3.9	631.75	percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665	5.96	Horizon	Indemnity		254.56	0.3828			3.9	631.75	percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665	5.96	Horizon	PPO		254.56	0.3828			3.9	631.75	percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665	5.96	Managed Care Inc	Managed Care Inc		598.5	0.9			3.9	631.75	percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665	5.96	Multiplan	Multiplan		532	0.8			3.9	631.75	percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665	5.96	Qualcare	Qualcare		498.75	0.75			3.9	631.75	percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665	5.96	Three Rivers	Three Rivers		631.75	0.95			3.9	631.75	percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665	5.96	UHC	Medicare		5.18				3.9	631.75	case rate	
URINE CREATININE RANDOM	82570	CPT	both			665	5.96	UHC	Medicaid		209.21	0.3146			3.9	631.75	percent of total billed charges	
URINE CREATININE RANDOM	82570	CPT	both			665	5.96	Wellcare	Medicare		5.18				3.9	631.75	case rate	
URINE CREATININE RANDOM	82570	CPT	both			665	5.96	Wellcare	Medicaid		209.21	0.3146			3.9	631.75	percent of total billed charges	
CREATININE CLEAR:LAB CAL ONLY	82575	CPT	both			68	10.88	Aetna	Better Health		21.39	0.3146			9.46	64.6	percent of total billed charges	
CREATININE CLEAR:LAB CAL ONLY	82575	CPT	both			68	10.88	Aetna	Medicare		20.94	0.308			9.46	64.6	percent of total billed charges	
CREATININE CLEAR:LAB CAL ONLY	82575	CPT	both			68	10.88	Aetna	Commercial		25.84	0.38			9.46	64.6	percent of total billed charges	
CREATININE CLEAR:LAB CAL ONLY	82575	CPT	both			68	10.88	Americare	Americare		51	0.75			9.46	64.6	percent of total billed charges	
CREATININE CLEAR:LAB CAL ONLY	82575	CPT	both			68	10.88	WellPoint	WellPoint		21.81	0.3208			9.46	64.6	percent of total billed charges	
CREATININE CLEAR:LAB CAL ONLY	82575	CPT	both			68	10.88	Amerihealth	Medicare		9.46				9.46	64.6	case rate	
CREATININE CLEAR:LAB CAL ONLY	82575	CPT	both			68	10.88	Consumer	Consumer		64.6	0.95			9.46	64.6	percent of total billed charges	
CREATININE CLEAR:LAB CAL ONLY	82575	CPT	both			68	10.88	Corrections	Corrections		54.4	0.8			9.46	64.6	percent of total billed charges	
CREATININE CLEAR:LAB CAL ONLY	82575	CPT	both			68	10.88	First Health	First Health		47.6	0.7			9.46	64.6	percent of total billed charges	
CREATININE CLEAR:LAB CAL ONLY	82575	CPT	both			68	10.88	First Trenton	First Trenton		61.2	0.9			9.46	64.6	percent of total billed charges	
CREATININE CLEAR:LAB CAL ONLY	82575	CPT	both			68	10.88	Horizon	MCD		26.03	0.3828			9.46	64.6	percent of total billed charges	
CREATININE CLEAR:LAB CAL ONLY	82575	CPT	both			68	10.88	Horizon	Indemnity		26.03	0.3828			9.46	64.6	percent of total billed charges	
CREATININE CLEAR:LAB CAL ONLY	82575	CPT	both			68	10.88	Horizon	Medicare Blue		20.4	0.3			9.46	64.6	percent of total billed charges	
CREATININE CLEAR:LAB CAL ONLY	82575	CPT	both			68	10.88	Horizon	PPO		26.03	0.3828			9.46	64.6	percent of total billed charges	
CREATININE CLEAR:LAB CAL ONLY	82575	CPT	both			68	10.88	Managed Care Inc	Managed Care Inc		61.2	0.9			9.46	64.6	percent of total billed charges	
CREATININE CLEAR:LAB CAL ONLY	82575	CPT	both			68	10.88	Multiplan	Multiplan		54.4	0.8			9.46	64.6	percent of total billed charges	
CREATININE CLEAR:LAB CAL ONLY	82575	CPT	both			68	10.88	Qualcare	Qualcare		51	0.75			9.46	64.6	percent of total billed charges	
CREATININE CLEAR:LAB CAL ONLY	82575	CPT	both			68	10.88	Three Rivers	Three Rivers		64.6	0.95			9.46	64.6	percent of total billed charges	
CREATININE CLEAR:LAB CAL ONLY	82575	CPT	both			68	10.88	UHC	Medicaid		21.39	0.3146			9.46	64.6	percent of total billed charges	
CREATININE CLEAR:LAB CAL ONLY	82575	CPT	both			68	10.88	UHC	Medicare		9.46				9.46	64.6	case rate	
CREATININE CLEAR:LAB CAL ONLY	82575	CPT	both			68	10.88	Wellcare	Medicaid		21.39	0.3146			9.46	64.6	percent of total billed charges	
CREATININE CLEAR:LAB CAL ONLY	82575	CPT	both			68	10.88	Wellcare	Medicare		9.46				9.46	64.6	case rate	
CRYOFIBRINOGEN QUALITATIVE	82585	CPT	outpatient			54	16.26	Aetna	Better Health		16.99	0.3146			14.14	51.3	percent of total billed charges	
CRYOFIBRINOGEN QUALITATIVE	82585	CPT	outpatient			54	16.26	Aetna	Commercial		20.52	0.38			14.14	51.3	percent of total billed charges	
CRYOFIBRINOGEN QUALITATIVE	82585	CPT	outpatient			54	16.26	Aetna	Medicare		16.63	0.308			14.14	51.3	percent of total billed charges	
CRYOFIBRINOGEN QUALITATIVE	82585	CPT	outpatient			54	16.26	Americare	Americare		40.5	0.75			14.14	51.3	percent of total billed charges	
CRYOFIBRINOGEN QUALITATIVE	82585	CPT	outpatient			54	16.26	WellPoint	WellPoint		17.32	0.3208			14.14	51.3	percent of total billed charges	
CRYOFIBRINOGEN QUALITATIVE	82585	CPT	outpatient			54	16.26	Amerihealth	Medicare		14.14				14.14	51.3	case rate	
CRYOFIBRINOGEN QUALITATIVE	82585	CPT	outpatient			54	16.26	Consumer	Consumer		51.3	0.95			14.14	51.3	percent of total billed charges	
CRYOFIBRINOGEN QUALITATIVE	82585	CPT	outpatient			54	16.26	Corrections	Corrections		43.2	0.8			14.14	51.3	percent of total billed charges	
CRYOFIBRINOGEN QUALITATIVE	82585	CPT	outpatient			54	16.26	First Health	First Health		37.8	0.7			14.14	51.3	percent of total billed charges	
CRYOFIBRINOGEN QUALITATIVE	82585	CPT	outpatient			54	16.26	First Trenton	First Trenton		48.6	0.9			14.14	51.3	percent of total billed charges	
CRYOFIBRINOGEN QUALITATIVE	82585	CPT	outpatient			54	16.26	Horizon	Medicare Blue		16.2	0.3			14.14	51.3	percent of total billed charges	
CRYOFIBRINOGEN QUALITATIVE	82585	CPT	outpatient			54	16.26	Horizon	MCD		20.67	0.3828			14.14	51.3	percent of total billed charges	
CRYOFIBRINOGEN QUALITATIVE	82585	CPT	outpatient			54	16.26	Horizon	Indemnity		20.67	0.3828			14.14	51.3	percent of total billed charges	
CRYOFIBRINOGEN QUALITATIVE	82585	CPT	outpatient			54	16.26	Horizon	PPO		20.67	0.3828			14.14	51.3	percent of total billed charges	
CRYOFIBRINOGEN QUALITATIVE	82585	CPT	outpatient			54	16.26	Managed Care Inc	Managed Care Inc		48.6	0.9			14.14	51.3	percent of total billed charges	
CRYOFIBRINOGEN QUALITATIVE	82585	CPT	outpatient			54	16.26	Multiplan	Multiplan		43.2	0.8			14.14	51.3	percent of total billed charges	
CRYOFIBRINOGEN QUALITATIVE	82585	CPT	outpatient			54	16.26	Qualcare	Qualcare		40.5	0.75			14.14	51.3	percent of total billed charges	
CRYOFIBRINOGEN QUALITATIVE	82585	CPT	outpatient			54	16.26	Three Rivers	Three Rivers		51.3	0.95			14.14	51.3	percent of total billed charges	
CRYOFIBRINOGEN QUALITATIVE	82585	CPT	outpatient			54	16.26	UHC	Medicaid		16.99	0.3146			14.14	51.3	percent of total billed charges	
CRYOFIBRINOGEN QUALITATIVE	82585	CPT	outpatient			54	16.26	UHC	Medicare		14.14				14.14	51.3	case rate	
CRYOFIBRINOGEN QUALITATIVE	82585	CPT	outpatient			54	16.26	Wellcare	Medicaid		16.99	0.3146			14.14	51.3	percent of total billed charges	
CRYOFIBRINOGEN QUALITATIVE	82585	CPT	outpatient			54	16.26	Wellcare	Medicare		14.14				14.14	51.3	case rate	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Aetna	Better Health		61.98	0.3146			1.5	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Aetna	Commercial		74.86	0.38			1.5	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Aetna	Medicare		6.47				1.5	187.15	case rate	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Americare	Americare		147.75	0.75			1.5	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	WellPoint	WellPoint		63.2	0.3208			1.5	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Amerihealth	Medicare		6.47				1.5	187.15	case rate	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Consumer	Consumer		187.15	0.95			1.5	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Corrections	Corrections		157.6	0.8			1.5	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	First Health	First Health		137.9	0.7			1.5	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	First Trenton	First Trenton		177.3	0.9			1.5	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Horizon	MCD		75.41	0.3828			1.5	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Horizon	PPO		75.41	0.3828			1.5	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Horizon	Indemnity		75.41	0.3828			1.5	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Horizon	Medicare Blue		59.1	0.3			1.5	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Managed Care Inc	Managed Care Inc		177.3	0.9			1.5	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Multiplan	Multiplan		157.6	0.8			1.5	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Qualcare	Qualcare		147.75	0.75			1.5	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Three Rivers	Three Rivers		187.15	0.95			1.5	187.15	percent of total billed charges	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	UHC	Medicare		6.47				1.5	187.15	case rate	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	UHC	Medicaid		1.5				1.5	187.15	case rate	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Wellcare	Medicaid		1.5				1.5	187.15	case rate	
IMMUNOFIX RFLX(CRYOPRECIP)	82595	CPT	both			197	7.44	Wellcare	Medicare		6.47				1.5	187.15	case rate	
CYANIDE SCREEN BLOOD	82600	CPT	inpatient			259	22.31	Aetna	Medicare		19.4				19.4	246.05	case rate	
CYANIDE SCREEN BLOOD	82600	CPT	inpatient			259	22.31	Aetna	Better Health		81.48	0.3146			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN BLOOD	82600	CPT	inpatient			259	22.31	Aetna	Commercial		98.42	0.38			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN BLOOD	82600	CPT	inpatient			259	22.31	Americare	Americare		194.25	0.75			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN BLOOD	82600	CPT	inpatient			259	22.31	WellPoint	WellPoint		83.09	0.3208			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN BLOOD	82600	CPT	inpatient			259	22.31	Amerihealth	Medicare		19.4				19.4	246.05	case rate	
CYANIDE SCREEN BLOOD	82600	CPT	inpatient			259	22.31	Consumer	Consumer		246.05	0.95			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN BLOOD	82600	CPT	inpatient			259	22.31	Corrections	Corrections		207.2	0.8			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN BLOOD	82600	CPT	inpatient			259	22.31	First Health	First Health		181.3	0.7			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN BLOOD	82600	CPT	inpatient			259	22.31	First Trenton	First Trenton		233.1	0.9			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN BLOOD	82600	CPT	inpatient			259	22.31	Horizon	Medicare Blue		77.7	0.3			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN BLOOD	82600	CPT	inpatient			259	22.31	Horizon	MCD		99.15	0.3828			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN BLOOD	82600	CPT	inpatient			259	22.31	Horizon	Indemnity		99.15	0.3828			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN BLOOD	82600	CPT	inpatient			259	22.31	Horizon	PPO		99.15	0.3828			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN BLOOD	82600	CPT	inpatient			259	22.31	Managed Care Inc	Managed Care Inc		233.1	0.9			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN BLOOD	82600	CPT	inpatient			259	22.31	Multiplan	Multiplan		207.2	0.8			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN BLOOD	82600	CPT	inpatient			259	22.31	Qualcare	Qualcare		194.25	0.75			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN BLOOD	82600	CPT	inpatient			259	22.31	Three Rivers	Three Rivers		246.05	0.95			19.4	246.05	percent of total billed charges	
CYANIDE SCREEN BLOOD	82600	CPT	inpatient			259	22.31	UHC	Medicaid		25				19.4	246.05	case rate	
CYANIDE SCREEN BLOOD	82600	CPT	inpatient			259	22.31	UHC	Medicare		19.4				19.4	246.05	case rate	
CYANIDE SCREEN BLOOD	82600	CPT	inpatient			259	22.31	Wellcare	Medicare		19.4				19.4	246.05	case rate	
CYANIDE SCREEN BLOOD	82600	CPT	inpatient			259	22.31	Wellcare	Medicaid		25				19.4	246.05	case rate	
VITAMIN B12 CYANOCOBALAMI RIA	82607	CPT	both			274	17.34	Aetna	Commercial		104.12	0.38			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI RIA	82607	CPT	both			274	17.34	Aetna	Better Health		86.2	0.3146			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI RIA	82607	CPT	both			274	17.34	Aetna	Medicare		15.08				6.9	260.3	case rate	
VITAMIN B12 CYANOCOBALAMI RIA	82607	CPT	both			274	17.34	Americare	Americare		205.5	0.75			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI RIA	82607	CPT	both			274	17.34	WellPoint	WellPoint		87.9	0.3208			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI RIA	82607	CPT	both			274	17.34	Amerihealth	Medicare		15.08				6.9	260.3	case rate	
VITAMIN B12 CYANOCOBALAMI RIA	82607	CPT	both			274	17.34	Consumer	Consumer		260.3	0.95			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI RIA	82607	CPT	both			274	17.34	Corrections	Corrections		219.2	0.8			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI RIA	82607	CPT	both			274	17.34	First Health	First Health		191.8	0.7			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI RIA	82607	CPT	both			274	17.34	First Trenton	First Trenton		246.6	0.9			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI RIA	82607	CPT	both			274	17.34	Horizon	MCD		104.89	0.3828			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI RIA	82607	CPT	both			274	17.34	Horizon	Medicare Blue		82.2	0.3			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI RIA	82607	CPT	both			274	17.34	Horizon	Indemnity		104.89	0.3828			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI RIA	82607	CPT	both			274	17.34	Horizon	PPO		104.89	0.3828			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI RIA	82607	CPT	both			274	17.34	Managed Care Inc	Managed Care Inc		246.6	0.9			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI RIA	82607	CPT	both			274	17.34	Multiplan	Multiplan		219.2	0.8			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI RIA	82607	CPT	both			274	17.34	Qualcare	Qualcare		205.5	0.75			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI RIA	82607	CPT	both			274	17.34	Three Rivers	Three Rivers		260.3	0.95			6.9	260.3	percent of total billed charges	
VITAMIN B12 CYANOCOBALAMI RIA	82607	CPT	both			274	17.34	UHC	Medicare		15.08				6.9	260.3	case rate	
VITAMIN B12 CYANOCOBALAMI RIA	82607	CPT	both			274	17.34	UHC	Medicaid		15				6.9	260.3	case rate	
VITAMIN B12 CYANOCOBALAMI RIA	82607	CPT	both			274	17.34	Wellcare	Medicaid		15				6.9	260.3	case rate	
VITAMIN B12 CYANOCOBALAMI RIA	82607	CPT	both			274	17.34	Wellcare	Medicare		15.08				6.9	260.3	case rate	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	inpatient			49	16.47	Aetna	Better Health		15.42	0.3146			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	inpatient			49	16.47	Aetna	Medicare		14.32				14.32	46.55	case rate	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	inpatient			49	16.47	Aetna	Commercial		18.62	0.38			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	inpatient			49	16.47	Americare	Americare		36.75	0.75			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	inpatient			49	16.47	WellPoint	WellPoint		15.72	0.3208			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	inpatient			49	16.47	Amerihealth	Medicare		14.32				14.32	46.55	case rate	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	inpatient			49	16.47	Consumer	Consumer		46.55	0.95			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	inpatient			49	16.47	Corrections	Corrections		39.2	0.8			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	inpatient			49	16.47	First Health	First Health		34.3	0.7			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	inpatient			49	16.47	First Trenton	First Trenton		44.1	0.9			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	inpatient			49	16.47	Horizon	MCD		18.76	0.3828			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	inpatient			49	16.47	Horizon	Indemnity		18.76	0.3828			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	inpatient			49	16.47	Horizon	Medicare Blue		14.7	0.3			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	inpatient			49	16.47	Horizon	PPO		18.76	0.3828			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	inpatient			49	16.47	Managed Care Inc	Managed Care Inc		44.1	0.9			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	inpatient			49	16.47	Multiplan	Multiplan		39.2	0.8			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	inpatient			49	16.47	Qualcare	Qualcare		36.75	0.75			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	inpatient			49	16.47	Three Rivers	Three Rivers		46.55	0.95			14.32	46.55	percent of total billed charges	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	inpatient			49	16.47	UHC	Medicaid		15				14.32	46.55	case rate	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	inpatient			49	16.47	UHC	Medicare		14.32				14.32	46.55	case rate	
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	inpatient			49	16.47	Wellcare	Medicare		14.32				14.32	46.55	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VIT B-12 UNSAT BINDING CAPACITY	82608	CPT	inpatient			49	16.47	Wellcare	Medicaid		15				14.32	46.55	case rate	
CYSTATIN C	82610	CPT	both			272	21.3	Aetna	Commercial		103.36	0.38			14.82	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Aetna	Medicare		18.52				14.82	258.4	case rate	
CYSTATIN C	82610	CPT	both			272	21.3	Aetna	Better Health		85.57	0.3146			14.82	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Americare	Americare		204	0.75			14.82	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	WellPoint	WellPoint		87.26	0.3208			14.82	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Amerihealth	Medicare		18.52				14.82	258.4	case rate	
CYSTATIN C	82610	CPT	both			272	21.3	Consumer	Consumer		258.4	0.95			14.82	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Corrections	Corrections		217.6	0.8			14.82	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	First Health	First Health		190.4	0.7			14.82	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	First Trenton	First Trenton		244.8	0.9			14.82	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Horizon	MGD		104.12	0.3828			14.82	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Horizon	Indemnity		104.12	0.3828			14.82	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Horizon	Medicare Blue		81.6	0.3			14.82	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Horizon	PPO		104.12	0.3828			14.82	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Managed Care Inc	Managed Care Inc		244.8	0.9			14.82	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Multiplan	Multiplan		217.6	0.8			14.82	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Qualcare	Qualcare		204	0.75			14.82	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	Three Rivers	Three Rivers		258.4	0.95			14.82	258.4	percent of total billed charges	
CYSTATIN C	82610	CPT	both			272	21.3	UHC	Medicare		18.52				14.82	258.4	case rate	
CYSTATIN C	82610	CPT	both			272	21.3	UHC	Medicaid		14.82				14.82	258.4	case rate	
CYSTATIN C	82610	CPT	both			272	21.3	Wellcare	Medicare		18.52				14.82	258.4	case rate	
CYSTATIN C	82610	CPT	both			272	21.3	Wellcare	Medicaid		14.82				14.82	258.4	case rate	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Aetna	Better Health		8.81	0.3146			8.4	29.6	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Aetna	Commercial		10.64	0.38			8.4	29.6	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Aetna	Medicare		25.27				8.4	29.6	case rate	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Americare	Americare		21	0.75			8.4	29.6	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	WellPoint	WellPoint		8.98	0.3208			8.4	29.6	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Amerihealth	Medicare		25.27				8.4	29.6	case rate	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Consumer	Consumer		26.6	0.95			8.4	29.6	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Corrections	Corrections		22.4	0.8			8.4	29.6	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	First Health	First Health		19.6	0.7			8.4	29.6	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	First Trenton	First Trenton		25.2	0.9			8.4	29.6	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Horizon	MGD		10.72	0.3828			8.4	29.6	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Horizon	PPO		10.72	0.3828			8.4	29.6	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Horizon	Indemnity		10.72	0.3828			8.4	29.6	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Horizon	Medicare Blue		8.4	0.3			8.4	29.6	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Managed Care Inc	Managed Care Inc		25.2	0.9			8.4	29.6	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Multiplan	Multiplan		22.4	0.8			8.4	29.6	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Qualcare	Qualcare		21	0.75			8.4	29.6	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Three Rivers	Three Rivers		26.6	0.95			8.4	29.6	percent of total billed charges	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	UHC	Medicaid		29.6				8.4	29.6	case rate	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	UHC	Medicare		25.27				8.4	29.6	case rate	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Wellcare	Medicare		25.27				8.4	29.6	case rate	
DEHYDROEPIANDROSTERONE(DHEA)SR	82626	CPT	both			28	29.06	Wellcare	Medicaid		29.6				8.4	29.6	case rate	
DHEA SULFATE	82627	CPT	both			52	25.56	Aetna	Medicare		22.23				15.6	49.4	case rate	
DHEA SULFATE	82627	CPT	both			52	25.56	Aetna	Commercial		19.76	0.38			15.6	49.4	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Aetna	Better Health		16.36	0.3146			15.6	49.4	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Americare	Americare		39	0.75			15.6	49.4	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	WellPoint	WellPoint		16.68	0.3208			15.6	49.4	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Amerihealth	Medicare		22.23				15.6	49.4	case rate	
DHEA SULFATE	82627	CPT	both			52	25.56	Consumer	Consumer		49.4	0.95			15.6	49.4	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Corrections	Corrections		41.6	0.8			15.6	49.4	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	First Health	First Health		36.4	0.7			15.6	49.4	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	First Trenton	First Trenton		46.8	0.9			15.6	49.4	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Horizon	Medicare Blue		15.6	0.3			15.6	49.4	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Horizon	Indemnity		19.91	0.3828			15.6	49.4	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Horizon	MGD		19.91	0.3828			15.6	49.4	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Horizon	PPO		19.91	0.3828			15.6	49.4	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Managed Care Inc	Managed Care Inc		46.8	0.9			15.6	49.4	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Multiplan	Multiplan		41.6	0.8			15.6	49.4	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Qualcare	Qualcare		39	0.75			15.6	49.4	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	Three Rivers	Three Rivers		49.4	0.95			15.6	49.4	percent of total billed charges	
DHEA SULFATE	82627	CPT	both			52	25.56	UHC	Medicaid		29				15.6	49.4	case rate	
DHEA SULFATE	82627	CPT	both			52	25.56	UHC	Medicare		22.23				15.6	49.4	case rate	
DHEA SULFATE	82627	CPT	both			52	25.56	Wellcare	Medicaid		29				15.6	49.4	case rate	
DHEA SULFATE	82627	CPT	both			52	25.56	Wellcare	Medicare		22.23				15.6	49.4	case rate	
DEOXYCORTICOSTERONE	82633	CPT	outpatient			213	35.63	Aetna	Better Health		67.01	0.3146			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	outpatient			213	35.63	Aetna	Medicare		30.98				30.98	202.35	case rate	
DEOXYCORTICOSTERONE	82633	CPT	outpatient			213	35.63	Aetna	Commercial		80.94	0.38			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	outpatient			213	35.63	Americare	Americare		159.75	0.75			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	outpatient			213	35.63	WellPoint	WellPoint		68.33	0.3208			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	outpatient			213	35.63	Amerihealth	Medicare		30.98				30.98	202.35	case rate	
DEOXYCORTICOSTERONE	82633	CPT	outpatient			213	35.63	Consumer	Consumer		202.35	0.95			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	outpatient			213	35.63	Corrections	Corrections		170.4	0.8			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	outpatient			213	35.63	First Health	First Health		149.1	0.7			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	outpatient			213	35.63	First Trenton	First Trenton		191.7	0.9			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	outpatient			213	35.63	Horizon	Medicare Blue		63.9	0.3			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	outpatient			213	35.63	Horizon	PPO		81.54	0.3828			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	outpatient			213	35.63	Horizon	MGD		81.54	0.3828			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	outpatient			213	35.63	Horizon	Indemnity		81.54	0.3828			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	outpatient			213	35.63	Managed Care Inc	Managed Care Inc		191.7	0.9			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	outpatient			213	35.63	Multiplan	Multiplan		170.4	0.8			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	outpatient			213	35.63	Qualcare	Qualcare		159.75	0.75			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	outpatient			213	35.63	Three Rivers	Three Rivers		202.35	0.95			30.98	202.35	percent of total billed charges	
DEOXYCORTICOSTERONE	82633	CPT	outpatient			213	35.63	UHC	Medicaid		38.52				30.98	202.35	case rate	
DEOXYCORTICOSTERONE	82633	CPT	outpatient			213	35.63	UHC	Medicare		30.98				30.98	202.35	case rate	
DEOXYCORTICOSTERONE	82633	CPT	outpatient			213	35.63	Wellcare	Medicaid		38.52				30.98	202.35	case rate	
DEOXYCORTICOSTERONE	82633	CPT	outpatient			213	35.63	Wellcare	Medicare		30.98				30.98	202.35	case rate	
11-DEOXYCORTISOL	82634	CPT	outpatient			111	33.67	Aetna	Better Health		34.92	0.3146			25.72	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	outpatient			111	33.67	Aetna	Medicare		29.28				25.72	105.45	case rate	
11-DEOXYCORTISOL	82634	CPT	outpatient			111	33.67	Aetna	Commercial		42.18	0.38			25.72	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	outpatient			111	33.67	Americare	Americare		83.25	0.75			25.72	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	outpatient			111	33.67	WellPoint	WellPoint		35.61	0.3208			25.72	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	outpatient			111	33.67	Amerihealth	Medicare		29.28				25.72	105.45	case rate	
11-DEOXYCORTISOL	82634	CPT	outpatient			111	33.67	Consumer	Consumer		105.45	0.95			25.72	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	outpatient			111	33.67	Corrections	Corrections		88.8	0.8			25.72	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	outpatient			111	33.67	First Health	First Health		77.7	0.7			25.72	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	outpatient			111	33.67	First Trenton	First Trenton		99.9	0.9			25.72	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	outpatient			111	33.67	Horizon	Medicare Blue		33.3	0.3			25.72	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	outpatient			111	33.67	Horizon	Indemnity		42.49	0.3828			25.72	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	outpatient			111	33.67	Horizon	MGD		42.49	0.3828			25.72	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	outpatient			111	33.67	Horizon	PPO		42.49	0.3828			25.72	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	outpatient			111	33.67	Managed Care Inc	Managed Care Inc		99.9	0.9			25.72	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	outpatient			111	33.67	Multiplan	Multiplan		88.8	0.8			25.72	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	outpatient			111	33.67	Qualcare	Qualcare		83.25	0.75			25.72	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	outpatient			111	33.67	Three Rivers	Three Rivers		105.45	0.95			25.72	105.45	percent of total billed charges	
11-DEOXYCORTISOL	82634	CPT	outpatient			111	33.67	UHC	Medicaid		25.72				25.72	105.45	case rate	
11-DEOXYCORTISOL	82634	CPT	outpatient			111	33.67	UHC	Medicare		29.28				25.72	105.45	case rate	
11-DEOXYCORTISOL	82634	CPT	outpatient			111	33.67	Wellcare	Medicaid		25.72				25.72	105.45	case rate	
11-DEOXYCORTISOL	82634	CPT	outpatient			111	33.67	Wellcare	Medicare		29.28				25.72	105.45	case rate	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Aetna	Better Health		9.75	0.3146			9.3	29.45	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Aetna	Commercial		11.78	0.38			9.3	29.45	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Aetna	Medicare		9.55	0.308			9.3	29.45	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Americare	Americare		23.25	0.75			9.3	29.45	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	WellPoint	WellPoint		9.94	0.3208			9.3	29.45	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Amerihealth	Medicare		12.25				9.3	29.45	case rate	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Consumer	Consumer		29.45	0.95			9.3	29.45	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Corrections	Corrections		24.8	0.8			9.3	29.45	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	First Health	First Health		21.7	0.7			9.3	29.45	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	First Trenton	First Trenton		27.9	0.9			9.3	29.45	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Horizon	MGD		11.87	0.3828			9.3	29.45	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Horizon	Indemnity		11.87	0.3828			9.3	29.45	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Horizon	PPO		11.87	0.3828			9.3	29.45	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Horizon	Medicare Blue		9.3	0.3			9.3	29.45	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Managed Care Inc	Managed Care Inc		27.9	0.9			9.3	29.45	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Multiplan	Multiplan		24.8	0.8			9.3	29.45	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Qualcare	Qualcare		23.25	0.75			9.3	29.45	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Three Rivers	Three Rivers		29.45	0.95			9.3	29.45	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	UHC	Medicare		12.25				9.3	29.45	case rate	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	UHC	Medicaid		9.75	0.3146			9.3	29.45	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Wellcare	Medicaid		9.75	0.3146			9.3	29.45	percent of total billed charges	
DIBUCAINE NUMBER(081513)	82638	CPT	both			31	14.09	Wellcare	Medicare		12.25				9.3	29.45	case rate	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Aetna	Better Health		50.02	0.3146			23.42	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Aetna	Commercial		60.42	0.38			23.42	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Aetna	Medicare		29.28				23.42	151.05	case rate	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Americare	Americare		119.25	0.75			23.42	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	WellPoint	WellPoint		51.01	0.3208			23.42	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Amerihealth	Medicare		29.28				23.42	151.05	case rate	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Consumer	Consumer		151.05	0.95			23.42	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Corrections	Corrections		127.2	0.8			23.42	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	First Health	First Health		111.3	0.7			23.42	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	First Trenton	First Trenton		143.1	0.9			23.42	151.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Horizon	MGD		60.87	0.3828			23.42	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Horizon	PPO		60.87	0.3828			23.42	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Horizon	Indemnity		60.87	0.3828			23.42	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Horizon	Medicare Blue		47.7	0.3			23.42	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Managed Care Inc	Managed Care Inc		143.1	0.9			23.42	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Multiplan	Multiplan		127.2	0.8			23.42	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Qualcare	Qualcare		119.25	0.75			23.42	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Three Rivers	Three Rivers		151.05	0.95			23.42	151.05	percent of total billed charges	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	UHC	Medicare		29.28				23.42	151.05	case rate	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	UHC	Medicaid		23.42				23.42	151.05	case rate	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Wellcare	Medicaid		23.42				23.42	151.05	case rate	
DIHYDROTESTOSTERONE (DHT)	82642	CPT	outpatient			159	33.67	Wellcare	Medicare		29.28				23.42	151.05	case rate	
VITAMIN D, 1 25 DIHYDROXY	82652	CPT	both			483	44.28	Aetna	Better Health		151.95	0.3146			26.4	458.85	percent of total billed charges	
VITAMIN D, 1 25 DIHYDROXY	82652	CPT	both			483	44.28	Aetna	Medicare		38.5				26.4	458.85	case rate	
VITAMIN D, 1 25 DIHYDROXY	82652	CPT	both			483	44.28	Aetna	Commercial		183.54	0.38			26.4	458.85	percent of total billed charges	
VITAMIN D, 1 25 DIHYDROXY	82652	CPT	both			483	44.28	Americare	Americare		362.25	0.75			26.4	458.85	percent of total billed charges	
VITAMIN D, 1 25 DIHYDROXY	82652	CPT	both			483	44.28	WellPoint	WellPoint		154.95	0.3208			26.4	458.85	percent of total billed charges	
VITAMIN D, 1 25 DIHYDROXY	82652	CPT	both			483	44.28	Amerihealth	Medicare		38.5				26.4	458.85	case rate	
VITAMIN D, 1 25 DIHYDROXY	82652	CPT	both			483	44.28	Consumer	Consumer		458.85	0.95			26.4	458.85	percent of total billed charges	
VITAMIN D, 1 25 DIHYDROXY	82652	CPT	both			483	44.28	Corrections	Corrections		386.4	0.8			26.4	458.85	percent of total billed charges	
VITAMIN D, 1 25 DIHYDROXY	82652	CPT	both			483	44.28	First Health	First Health		338.1	0.7			26.4	458.85	percent of total billed charges	
VITAMIN D, 1 25 DIHYDROXY	82652	CPT	both			483	44.28	First Trenton	First Trenton		434.7	0.9			26.4	458.85	percent of total billed charges	
VITAMIN D, 1 25 DIHYDROXY	82652	CPT	both			483	44.28	Horizon	Medicare Blue		144.9	0.3			26.4	458.85	percent of total billed charges	
VITAMIN D, 1 25 DIHYDROXY	82652	CPT	both			483	44.28	Horizon	Indemnity		184.89	0.3828			26.4	458.85	percent of total billed charges	
VITAMIN D, 1 25 DIHYDROXY	82652	CPT	both			483	44.28	Horizon	MGD		184.89	0.3828			26.4	458.85	percent of total billed charges	
VITAMIN D, 1 25 DIHYDROXY	82652	CPT	both			483	44.28	Horizon	PPO		184.89	0.3828			26.4	458.85	percent of total billed charges	
VITAMIN D, 1 25 DIHYDROXY	82652	CPT	both			483	44.28	Managed Care Inc	Managed Care Inc		434.7	0.9			26.4	458.85	percent of total billed charges	
VITAMIN D, 1 25 DIHYDROXY	82652	CPT	both			483	44.28	Multiplan	Multiplan		386.4	0.8			26.4	458.85	percent of total billed charges	
VITAMIN D, 1 25 DIHYDROXY	82652	CPT	both			483	44.28	Qualcare	Qualcare		362.25	0.75			26.4	458.85	percent of total billed charges	
VITAMIN D, 1 25 DIHYDROXY	82652	CPT	both			483	44.28	Three Rivers	Three Rivers		458.85	0.95			26.4	458.85	percent of total billed charges	
VITAMIN D, 1 25 DIHYDROXY	82652	CPT	both			483	44.28	UHC	Medicare		38.5				26.4	458.85	case rate	
VITAMIN D, 1 25 DIHYDROXY	82652	CPT	both			483	44.28	UHC	Medicaid		47.87				26.4	458.85	case rate	
VITAMIN D, 1 25 DIHYDROXY	82652	CPT	both			483	44.28	Wellcare	Medicaid		47.87				26.4	458.85	case rate	
VITAMIN D, 1 25 DIHYDROXY	82652	CPT	both			483	44.28	Wellcare	Medicare		38.5				26.4	458.85	case rate	
PANCREATIC ELASTASE FECAL	82656	CPT	both			565	13.26	Aetna	Commercial		214.7	0.38			9.22	536.75	percent of total billed charges	
PANCREATIC ELASTASE FECAL	82656	CPT	both			565	13.26	Aetna	Medicare		11.53				9.22	536.75	case rate	
PANCREATIC ELASTASE FECAL	82656	CPT	both			565	13.26	Aetna	Better Health		177.75	0.3146			9.22	536.75	percent of total billed charges	
PANCREATIC ELASTASE FECAL	82656	CPT	both			565	13.26	Americare	Americare		423.75	0.75			9.22	536.75	percent of total billed charges	
PANCREATIC ELASTASE FECAL	82656	CPT	both			565	13.26	WellPoint	WellPoint		181.25	0.3208			9.22	536.75	percent of total billed charges	
PANCREATIC ELASTASE FECAL	82656	CPT	both			565	13.26	Amerihealth	Medicare		11.53				9.22	536.75	case rate	
PANCREATIC ELASTASE FECAL	82656	CPT	both			565	13.26	Consumer	Consumer		536.75	0.95			9.22	536.75	percent of total billed charges	
PANCREATIC ELASTASE FECAL	82656	CPT	both			565	13.26	Corrections	Corrections		452	0.8			9.22	536.75	percent of total billed charges	
PANCREATIC ELASTASE FECAL	82656	CPT	both			565	13.26	First Health	First Health		395.5	0.7			9.22	536.75	percent of total billed charges	
PANCREATIC ELASTASE FECAL	82656	CPT	both			565	13.26	First Trenton	First Trenton		508.5	0.9			9.22	536.75	percent of total billed charges	
PANCREATIC ELASTASE FECAL	82656	CPT	both			565	13.26	Horizon	MGD		216.28	0.3828			9.22	536.75	percent of total billed charges	
PANCREATIC ELASTASE FECAL	82656	CPT	both			565	13.26	Horizon	PPO		216.28	0.3828			9.22	536.75	percent of total billed charges	
PANCREATIC ELASTASE FECAL	82656	CPT	both			565	13.26	Horizon	Indemnity		216.28	0.3828			9.22	536.75	percent of total billed charges	
PANCREATIC ELASTASE FECAL	82656	CPT	both			565	13.26	Horizon	Medicare Blue		169.5	0.3			9.22	536.75	percent of total billed charges	
PANCREATIC ELASTASE FECAL	82656	CPT	both			565	13.26	Managed Care Inc	Managed Care Inc		508.5	0.9			9.22	536.75	percent of total billed charges	
PANCREATIC ELASTASE FECAL	82656	CPT	both			565	13.26	Multiplan	Multiplan		452	0.8			9.22	536.75	percent of total billed charges	
PANCREATIC ELASTASE FECAL	82656	CPT	both			565	13.26	Qualcare	Qualcare		423.75	0.75			9.22	536.75	percent of total billed charges	
PANCREATIC ELASTASE FECAL	82656	CPT	both			565	13.26	Three Rivers	Three Rivers		536.75	0.95			9.22	536.75	percent of total billed charges	
PANCREATIC ELASTASE FECAL	82656	CPT	both			565	13.26	UHC	Medicare		11.53				9.22	536.75	case rate	
PANCREATIC ELASTASE FECAL	82656	CPT	both			565	13.26	UHC	Medicaid		9.22				9.22	536.75	case rate	
PANCREATIC ELASTASE FECAL	82656	CPT	both			565	13.26	Wellcare	Medicaid		9.22				9.22	536.75	case rate	
PANCREATIC ELASTASE FECAL	82656	CPT	both			565	13.26	Wellcare	Medicare		11.53				9.22	536.75	case rate	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Aetna	Better Health		429.74	0.3146			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Aetna	Medicare		22.17				16.8	1297.7	case rate	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Aetna	Commercial		519.08	0.38			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Americare	Americare		1024.5	0.75			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	WellPoint	WellPoint		438.21	0.3208			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Amerihealth	Medicare		22.17				16.8	1297.7	case rate	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Consumer	Consumer		1297.7	0.95			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Corrections	Corrections		1092.8	0.8			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	First Health	First Health		956.2	0.7			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	First Trenton	First Trenton		1229.4	0.9			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Horizon	Medicare Blue		409.8	0.3			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Horizon	Indemnity		522.9	0.3828			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Horizon	MGD		522.9	0.3828			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Horizon	PPO		522.9	0.3828			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Managed Care Inc	Managed Care Inc		1229.4	0.9			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Multiplan	Multiplan		1092.8	0.8			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Qualcare	Qualcare		1024.5	0.75			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Three Rivers	Three Rivers		1297.7	0.95			16.8	1297.7	percent of total billed charges	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	UHC	Medicaid		21.5				16.8	1297.7	case rate	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	UHC	Medicare		22.17				16.8	1297.7	case rate	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Wellcare	Medicare		22.17				16.8	1297.7	case rate	
THIOPURINE METHYLTRANSFERASE	82657	CPT	both			1366	25.5	Wellcare	Medicaid		21.5				16.8	1297.7	case rate	
ENZYME ACTI RADACT SUBS EA SPEC	82658	CPT	outpatient			751	50.63	Aetna	Better Health		236.26	0.3146			21.5	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS EA SPEC	82658	CPT	outpatient			751	50.63	Aetna	Commercial		285.38	0.38			21.5	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS EA SPEC	82658	CPT	outpatient			751	50.63	Aetna	Medicare		44.03				21.5	713.45	case rate	
ENZYME ACTI RADACT SUBS EA SPEC	82658	CPT	outpatient			751	50.63	Americare	Americare		563.25	0.75			21.5	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS EA SPEC	82658	CPT	outpatient			751	50.63	WellPoint	WellPoint		240.92	0.3208			21.5	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS EA SPEC	82658	CPT	outpatient			751	50.63	Amerihealth	Medicare		44.03				21.5	713.45	case rate	
ENZYME ACTI RADACT SUBS EA SPEC	82658	CPT	outpatient			751	50.63	Consumer	Consumer		713.45	0.95			21.5	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS EA SPEC	82658	CPT	outpatient			751	50.63	Corrections	Corrections		600.8	0.8			21.5	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS EA SPEC	82658	CPT	outpatient			751	50.63	First Health	First Health		525.7	0.7			21.5	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS EA SPEC	82658	CPT	outpatient			751	50.63	First Trenton	First Trenton		675.9	0.9			21.5	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS EA SPEC	82658	CPT	outpatient			751	50.63	Horizon	Medicare Blue		225.3	0.3			21.5	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS EA SPEC	82658	CPT	outpatient			751	50.63	Horizon	MGD		287.48	0.3828			21.5	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS EA SPEC	82658	CPT	outpatient			751	50.63	Horizon	Indemnity		287.48	0.3828			21.5	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS EA SPEC	82658	CPT	outpatient			751	50.63	Horizon	PPO		287.48	0.3828			21.5	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS EA SPEC	82658	CPT	outpatient			751	50.63	Managed Care Inc	Managed Care Inc		675.9	0.9			21.5	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS EA SPEC	82658	CPT	outpatient			751	50.63	Multiplan	Multiplan		600.8	0.8			21.5	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS EA SPEC	82658	CPT	outpatient			751	50.63	Qualcare	Qualcare		563.25	0.75			21.5	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS EA SPEC	82658	CPT	outpatient			751	50.63	Three Rivers	Three Rivers		713.45	0.95			21.5	713.45	percent of total billed charges	
ENZYME ACTI RADACT SUBS EA SPEC	82658	CPT	outpatient			751	50.63	UHC	Medicaid		21.5				21.5	713.45	case rate	
ENZYME ACTI RADACT SUBS EA SPEC	82658	CPT	outpatient			751	50.63	UHC	Medicare		44.03				21.5	713.45	case rate	
ENZYME ACTI RADACT SUBS EA SPEC	82658	CPT	outpatient			751	50.63	Wellcare	Medicare		44.03				21.5	713.45	case rate	
ENZYME ACTI RADACT SUBS EA SPEC	82658	CPT	outpatient			751	50.63	Wellcare	Medicaid		21.5				21.5	713.45	case rate	
ELECTROPHORETIC TECH	82664	CPT	outpatient			483	70.73	Aetna	Better Health		151.95	0.3146			13.6	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	outpatient			483	70.73	Aetna	Medicare		61.5				13.6	458.85	case rate	
ELECTROPHORETIC TECH	82664	CPT	outpatient			483	70.73	Aetna	Commercial		183.54	0.38			13.6	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	outpatient			483	70.73	Americare	Americare		362.25	0.75			13.6	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	outpatient			483	70.73	WellPoint	WellPoint		154.95	0.3208			13.6	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	outpatient			483	70.73	Amerihealth	Medicare		61.5				13.6	458.85	case rate	
ELECTROPHORETIC TECH	82664	CPT	outpatient			483	70.73	Consumer	Consumer		458.85	0.95			13.6	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	outpatient			483	70.73	Corrections	Corrections		386.4	0.8			13.6	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	outpatient			483	70.73	First Health	First Health		338.1	0.7			13.6	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	outpatient			483	70.73	First Trenton	First Trenton		434.7	0.9			13.6	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	outpatient			483	70.73	Horizon	MGD		184.89	0.3828			13.6	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	outpatient			483	70.73	Horizon	Medicare Blue		144.9	0.3			13.6	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	outpatient			483	70.73	Horizon	Indemnity		184.89	0.3828			13.6	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	outpatient			483	70.73	Horizon	PPO		184.89	0.3828			13.6	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	outpatient			483	70.73	Managed Care Inc	Managed Care Inc		434.7	0.9			13.6	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	outpatient			483	70.73	Multiplan	Multiplan		386.4	0.8			13.6	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	outpatient			483	70.73	Qualcare	Qualcare		362.25	0.75			13.6	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	outpatient			483	70.73	Three Rivers	Three Rivers		458.85	0.95			13.6	458.85	percent of total billed charges	
ELECTROPHORETIC TECH	82664	CPT	outpatient			483	70.73	UHC	Medicaid		13.6				13.6	458.85	case rate	
ELECTROPHORETIC TECH	82664	CPT	outpatient			483	70.73	UHC	Medicare		61.5				13.6	458.85	case rate	
ELECTROPHORETIC TECH	82664	CPT	outpatient			483	70.73	Wellcare	Medicare		61.5				13.6	458.85	case rate	
ELECTROPHORETIC TECH	82664	CPT	outpatient			483	70.73	Wellcare	Medicaid		13.6				13.6	458.85	case rate	
ERYTHROPOIETIN (EPO) SERUM	82668	CPT	both			45	21.61	Aetna	Better Health		14.16	0.3146			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO) SERUM	82668	CPT	both			45	21.61	Aetna	Commercial		17.1	0.38			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO) SERUM	82668	CPT	both			45	21.61	Aetna	Medicare		13.86	0.308			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO) SERUM	82668	CPT	both			45	21.61	Americare	Americare		33.75	0.75			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO) SERUM	82668	CPT	both			45	21.61	WellPoint	WellPoint		14.44	0.3208			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO) SERUM	82668	CPT	both			45	21.61	Amerihealth	Medicare		18.79				13.5	42.75	case rate	
ERYTHROPOIETIN (EPO) SERUM	82668	CPT	both			45	21.61	Consumer	Consumer		42.75	0.95			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO) SERUM	82668	CPT	both			45	21.61	Corrections	Corrections		36	0.8			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO) SERUM	82668	CPT	both			45	21.61	First Health	First Health		31.5	0.7			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO) SERUM	82668	CPT	both			45	21.61	First Trenton	First Trenton		40.5	0.9			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO) SERUM	82668	CPT	both			45	21.61	Horizon	Indemnity		17.23	0.3828			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO) SERUM	82668	CPT	both			45	21.61	Horizon	MGD		17.23	0.3828			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO) SERUM	82668	CPT	both			45	21.61	Horizon	Medicare Blue		13.5	0.3			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO) SERUM	82668	CPT	both			45	21.61	Horizon	PPO		17.23	0.3828			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO) SERUM	82668	CPT	both			45	21.61	Managed Care Inc	Managed Care Inc		40.5	0.9			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO) SERUM	82668	CPT	both			45	21.61	Multiplan	Multiplan		36	0.8			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO) SERUM	82668	CPT	both			45	21.61	Qualcare	Qualcare		33.75	0.75			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO) SERUM	82668	CPT	both			45	21.61	Three Rivers	Three Rivers		42.75	0.95			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO) SERUM	82668	CPT	both			45	21.61	UHC	Medicare		18.79				13.5	42.75	case rate	
ERYTHROPOIETIN (EPO) SERUM	82668	CPT	both			45	21.61	UHC	Medicaid		14.16	0.3146			13.5	42.75	percent of total billed charges	
ERYTHROPOIETIN (EPO) SERUM	82668	CPT	both			45	21.61	Wellcare	Medicaid		14.16	0.3146			13.5	42.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ERYTHROPOIETIN (EPO) SERUM	82668	CPT	both			45	21.61	Wellcare	Medicare		18.79				13.5	42.75	case rate	
ESTRADIOL LCMS (ENDO SCI)	82670	CPT	both			451	32.13	Aetna	Better Health		141.88	0.3146			18.9	428.45	percent of total billed charges	
ESTRADIOL LCMS (ENDO SCI)	82670	CPT	both			451	32.13	Aetna	Medicare		27.94				18.9	428.45	case rate	
ESTRADIOL LCMS (ENDO SCI)	82670	CPT	both			451	32.13	Aetna	Commercial		171.38	0.38			18.9	428.45	percent of total billed charges	
ESTRADIOL LCMS (ENDO SCI)	82670	CPT	both			451	32.13	Americare	Americare		338.25	0.75			18.9	428.45	percent of total billed charges	
ESTRADIOL LCMS (ENDO SCI)	82670	CPT	both			451	32.13	WellPoint	WellPoint		144.68	0.3208			18.9	428.45	percent of total billed charges	
ESTRADIOL LCMS (ENDO SCI)	82670	CPT	both			451	32.13	AmeriHealth	Medicare		27.94				18.9	428.45	case rate	
ESTRADIOL LCMS (ENDO SCI)	82670	CPT	both			451	32.13	Consumer	Consumer		428.45	0.95			18.9	428.45	percent of total billed charges	
ESTRADIOL LCMS (ENDO SCI)	82670	CPT	both			451	32.13	Corrections	Corrections		360.8	0.8			18.9	428.45	percent of total billed charges	
ESTRADIOL LCMS (ENDO SCI)	82670	CPT	both			451	32.13	First Health	First Health		315.7	0.7			18.9	428.45	percent of total billed charges	
ESTRADIOL LCMS (ENDO SCI)	82670	CPT	both			451	32.13	First Trenton	First Trenton		405.9	0.9			18.9	428.45	percent of total billed charges	
ESTRADIOL LCMS (ENDO SCI)	82670	CPT	both			451	32.13	Horizon	MGD		172.64	0.3828			18.9	428.45	percent of total billed charges	
ESTRADIOL LCMS (ENDO SCI)	82670	CPT	both			451	32.13	Horizon	Indemnity		172.64	0.3828			18.9	428.45	percent of total billed charges	
ESTRADIOL LCMS (ENDO SCI)	82670	CPT	both			451	32.13	Horizon	Medicare Blue		135.3	0.3			18.9	428.45	percent of total billed charges	
ESTRADIOL LCMS (ENDO SCI)	82670	CPT	both			451	32.13	Horizon	PPO		172.64	0.3828			18.9	428.45	percent of total billed charges	
ESTRADIOL LCMS (ENDO SCI)	82670	CPT	both			451	32.13	Managed Care Inc	Managed Care Inc		405.9	0.9			18.9	428.45	percent of total billed charges	
ESTRADIOL LCMS (ENDO SCI)	82670	CPT	both			451	32.13	Multiplan	Multiplan		360.8	0.8			18.9	428.45	percent of total billed charges	
ESTRADIOL LCMS (ENDO SCI)	82670	CPT	both			451	32.13	Qualcare	Qualcare		338.25	0.75			18.9	428.45	percent of total billed charges	
ESTRADIOL LCMS (ENDO SCI)	82670	CPT	both			451	32.13	Three Rivers	Three Rivers		428.45	0.95			18.9	428.45	percent of total billed charges	
ESTRADIOL LCMS (ENDO SCI)	82670	CPT	both			451	32.13	UHC	Medicare		27.94				18.9	428.45	case rate	
ESTRADIOL LCMS (ENDO SCI)	82670	CPT	both			451	32.13	UHC	Medicaid		25				18.9	428.45	case rate	
ESTRADIOL LCMS (ENDO SCI)	82670	CPT	both			451	32.13	Wellcare	Medicaid		25				18.9	428.45	case rate	
ESTRADIOL LCMS (ENDO SCI)	82670	CPT	both			451	32.13	Wellcare	Medicare		27.94				18.9	428.45	case rate	
ESTROGEN TOTAL	82672	CPT	both			52	24.96	Aetna	Medicare		21.7				15.6	49.4	case rate	
ESTROGEN TOTAL	82672	CPT	both			52	24.96	Aetna	Better Health		16.36	0.3146			15.6	49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52	24.96	Aetna	Commercial		19.76	0.38			15.6	49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52	24.96	Americare	Americare		39	0.75			15.6	49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52	24.96	WellPoint	WellPoint		16.68	0.3208			15.6	49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52	24.96	AmeriHealth	Medicare		21.7				15.6	49.4	case rate	
ESTROGEN TOTAL	82672	CPT	both			52	24.96	Consumer	Consumer		49.4	0.95			15.6	49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52	24.96	Corrections	Corrections		41.6	0.8			15.6	49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52	24.96	First Health	First Health		36.4	0.7			15.6	49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52	24.96	First Trenton	First Trenton		46.8	0.9			15.6	49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52	24.96	Horizon	MGD		19.91	0.3828			15.6	49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52	24.96	Horizon	Indemnity		19.91	0.3828			15.6	49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52	24.96	Horizon	Medicare Blue		15.6	0.3			15.6	49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52	24.96	Horizon	PPO		19.91	0.3828			15.6	49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52	24.96	Managed Care Inc	Managed Care Inc		46.8	0.9			15.6	49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52	24.96	Multiplan	Multiplan		41.6	0.8			15.6	49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52	24.96	Qualcare	Qualcare		39	0.75			15.6	49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52	24.96	Three Rivers	Three Rivers		49.4	0.95			15.6	49.4	percent of total billed charges	
ESTROGEN TOTAL	82672	CPT	both			52	24.96	UHC	Medicaid		25				15.6	49.4	case rate	
ESTROGEN TOTAL	82672	CPT	both			52	24.96	UHC	Medicare		21.7				15.6	49.4	case rate	
ESTROGEN TOTAL	82672	CPT	both			52	24.96	Wellcare	Medicare		21.7				15.6	49.4	case rate	
ESTROGEN TOTAL	82672	CPT	both			52	24.96	Wellcare	Medicaid		25				15.6	49.4	case rate	
ESTRIOL LAB	82677	CPT	both			175	27.81	Aetna	Medicare		53.9	0.308			24.18	166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	both			175	27.81	Aetna	Commercial		66.5	0.38			24.18	166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	both			175	27.81	Aetna	Better Health		55.06	0.3146			24.18	166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	both			175	27.81	Americare	Americare		131.25	0.75			24.18	166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	both			175	27.81	WellPoint	WellPoint		56.14	0.3208			24.18	166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	both			175	27.81	AmeriHealth	Medicare		24.18				24.18	166.25	case rate	
ESTRIOL LAB	82677	CPT	both			175	27.81	Consumer	Consumer		166.25	0.95			24.18	166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	both			175	27.81	Corrections	Corrections		140	0.8			24.18	166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	both			175	27.81	First Health	First Health		122.5	0.7			24.18	166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	both			175	27.81	First Trenton	First Trenton		157.5	0.9			24.18	166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	both			175	27.81	Horizon	MGD		66.99	0.3828			24.18	166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	both			175	27.81	Horizon	Indemnity		66.99	0.3828			24.18	166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	both			175	27.81	Horizon	Medicare Blue		52.5	0.3			24.18	166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	both			175	27.81	Horizon	PPO		66.99	0.3828			24.18	166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	both			175	27.81	Managed Care Inc	Managed Care Inc		157.5	0.9			24.18	166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	both			175	27.81	Multiplan	Multiplan		140	0.8			24.18	166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	both			175	27.81	Qualcare	Qualcare		131.25	0.75			24.18	166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	both			175	27.81	Three Rivers	Three Rivers		166.25	0.95			24.18	166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	both			175	27.81	UHC	Medicaid		55.06	0.3146			24.18	166.25	percent of total billed charges	
ESTRIOL LAB	82677	CPT	both			175	27.81	UHC	Medicare		24.18				24.18	166.25	case rate	
ESTRIOL LAB	82677	CPT	both			175	27.81	Wellcare	Medicare		24.18				24.18	166.25	case rate	
ESTRIOL LAB	82677	CPT	both			175	27.81	Wellcare	Medicaid		55.06	0.3146			24.18	166.25	percent of total billed charges	
ESTRONE LCMS ENDO SCI	82679	CPT	outpatient			192	28.69	Aetna	Medicare		24.95				16.8	182.4	case rate	
ESTRONE LCMS ENDO SCI	82679	CPT	outpatient			192	28.69	Aetna	Better Health		60.4	0.3146			16.8	182.4	percent of total billed charges	
ESTRONE LCMS ENDO SCI	82679	CPT	outpatient			192	28.69	Aetna	Commercial		72.96	0.38			16.8	182.4	percent of total billed charges	
ESTRONE LCMS ENDO SCI	82679	CPT	outpatient			192	28.69	Americare	Americare		144	0.75			16.8	182.4	percent of total billed charges	
ESTRONE LCMS ENDO SCI	82679	CPT	outpatient			192	28.69	WellPoint	WellPoint		61.59	0.3208			16.8	182.4	percent of total billed charges	
ESTRONE LCMS ENDO SCI	82679	CPT	outpatient			192	28.69	AmeriHealth	Medicare		24.95				16.8	182.4	case rate	
ESTRONE LCMS ENDO SCI	82679	CPT	outpatient			192	28.69	Consumer	Consumer		182.4	0.95			16.8	182.4	percent of total billed charges	
ESTRONE LCMS ENDO SCI	82679	CPT	outpatient			192	28.69	Corrections	Corrections		153.6	0.8			16.8	182.4	percent of total billed charges	
ESTRONE LCMS ENDO SCI	82679	CPT	outpatient			192	28.69	First Health	First Health		134.4	0.7			16.8	182.4	percent of total billed charges	
ESTRONE LCMS ENDO SCI	82679	CPT	outpatient			192	28.69	First Trenton	First Trenton		172.8	0.9			16.8	182.4	percent of total billed charges	
ESTRONE LCMS ENDO SCI	82679	CPT	outpatient			192	28.69	Horizon	Medicare Blue		57.6	0.3			16.8	182.4	percent of total billed charges	
ESTRONE LCMS ENDO SCI	82679	CPT	outpatient			192	28.69	Horizon	Indemnity		73.5	0.3828			16.8	182.4	percent of total billed charges	
ESTRONE LCMS ENDO SCI	82679	CPT	outpatient			192	28.69	Horizon	MGD		73.5	0.3828			16.8	182.4	percent of total billed charges	
ESTRONE LCMS ENDO SCI	82679	CPT	outpatient			192	28.69	Horizon	PPO		73.5	0.3828			16.8	182.4	percent of total billed charges	
ESTRONE LCMS ENDO SCI	82679	CPT	outpatient			192	28.69	Managed Care Inc	Managed Care Inc		172.8	0.9			16.8	182.4	percent of total billed charges	
ESTRONE LCMS ENDO SCI	82679	CPT	outpatient			192	28.69	Multiplan	Multiplan		153.6	0.8			16.8	182.4	percent of total billed charges	
ESTRONE LCMS ENDO SCI	82679	CPT	outpatient			192	28.69	Qualcare	Qualcare		144	0.75			16.8	182.4	percent of total billed charges	
ESTRONE LCMS ENDO SCI	82679	CPT	outpatient			192	28.69	Three Rivers	Three Rivers		182.4	0.95			16.8	182.4	percent of total billed charges	
ESTRONE LCMS ENDO SCI	82679	CPT	outpatient			192	28.69	UHC	Medicaid		25				16.8	182.4	case rate	
ESTRONE LCMS ENDO SCI	82679	CPT	outpatient			192	28.69	UHC	Medicare		24.95				16.8	182.4	case rate	
ESTRONE LCMS ENDO SCI	82679	CPT	outpatient			192	28.69	Wellcare	Medicaid		25				16.8	182.4	case rate	
ESTRONE LCMS ENDO SCI	82679	CPT	outpatient			192	28.69	Wellcare	Medicare		24.95				16.8	182.4	case rate	
ETHYLENE GLYCOL SERUM	82693	CPT	both			248	17.14	Aetna	Better Health		78.02	0.3146			11.4	235.6	percent of total billed charges	
ETHYLENE GLYCOL SERUM	82693	CPT	both			248	17.14	Aetna	Commercial		94.24	0.38			11.4	235.6	percent of total billed charges	
ETHYLENE GLYCOL SERUM	82693	CPT	both			248	17.14	Aetna	Medicare		76.38	0.308			11.4	235.6	percent of total billed charges	
ETHYLENE GLYCOL SERUM	82693	CPT	both			248	17.14	Americare	Americare		186	0.75			11.4	235.6	percent of total billed charges	
ETHYLENE GLYCOL SERUM	82693	CPT	both			248	17.14	WellPoint	WellPoint		79.56	0.3208			11.4	235.6	percent of total billed charges	
ETHYLENE GLYCOL SERUM	82693	CPT	both			248	17.14	AmeriHealth	Medicare		14.9				11.4	235.6	case rate	
ETHYLENE GLYCOL SERUM	82693	CPT	both			248	17.14	Consumer	Consumer		235.6	0.95			11.4	235.6	percent of total billed charges	
ETHYLENE GLYCOL SERUM	82693	CPT	both			248	17.14	Corrections	Corrections		198.4	0.8			11.4	235.6	percent of total billed charges	
ETHYLENE GLYCOL SERUM	82693	CPT	both			248	17.14	First Health	First Health		173.6	0.7			11.4	235.6	percent of total billed charges	
ETHYLENE GLYCOL SERUM	82693	CPT	both			248	17.14	First Trenton	First Trenton		223.2	0.9			11.4	235.6	percent of total billed charges	
ETHYLENE GLYCOL SERUM	82693	CPT	both			248	17.14	Horizon	Medicare Blue		74.4	0.3			11.4	235.6	percent of total billed charges	
ETHYLENE GLYCOL SERUM	82693	CPT	both			248	17.14	Horizon	MGD		94.93	0.3828			11.4	235.6	percent of total billed charges	
ETHYLENE GLYCOL SERUM	82693	CPT	both			248	17.14	Horizon	Indemnity		94.93	0.3828			11.4	235.6	percent of total billed charges	
ETHYLENE GLYCOL SERUM	82693	CPT	both			248	17.14	Horizon	PPO		94.93	0.3828			11.4	235.6	percent of total billed charges	
ETHYLENE GLYCOL SERUM	82693	CPT	both			248	17.14	Managed Care Inc	Managed Care Inc		223.2	0.9			11.4	235.6	percent of total billed charges	
ETHYLENE GLYCOL SERUM	82693	CPT	both			248	17.14	Multiplan	Multiplan		198.4	0.8			11.4	235.6	percent of total billed charges	
ETHYLENE GLYCOL SERUM	82693	CPT	both			248	17.14	Qualcare	Qualcare		186	0.75			11.4	235.6	percent of total billed charges	
ETHYLENE GLYCOL SERUM	82693	CPT	both			248	17.14	Three Rivers	Three Rivers		235.6	0.95			11.4	235.6	percent of total billed charges	
ETHYLENE GLYCOL SERUM	82693	CPT	both			248	17.14	UHC	Medicare		14.9				11.4	235.6	case rate	
ETHYLENE GLYCOL SERUM	82693	CPT	both			248	17.14	UHC	Medicaid		78.02	0.3146			11.4	235.6	percent of total billed charges	
ETHYLENE GLYCOL SERUM	82693	CPT	both			248	17.14	Wellcare	Medicare		14.9				11.4	235.6	case rate	
ETHYLENE GLYCOL SERUM	82693	CPT	both			248	17.14	Wellcare	Medicaid		78.02	0.3146			11.4	235.6	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38	5.87	Aetna	Commercial		14.44	0.38			0.51	36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38	5.87	Aetna	Better Health		11.95	0.3146			0.51	36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38	5.87	Aetna	Medicare		5.1				0.51	36.1	case rate	
FECAL FAT QUALITATIVE	82705	CPT	both			38	5.87	Americare	Americare		28.5	0.75			0.51	36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38	5.87	WellPoint	WellPoint		12.19	0.3208			0.51	36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38	5.87	AmeriHealth	Medicare		5.1				0.51	36.1	case rate	
FECAL FAT QUALITATIVE	82705	CPT	both			38	5.87	Consumer	Consumer		36.1	0.95			0.51	36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38	5.87	Corrections	Corrections		30.4	0.8			0.51	36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38	5.87	First Health	First Health		26.6	0.7			0.51	36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38	5.87	First Trenton	First Trenton		34.2	0.9			0.51	36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38	5.87	Horizon	Medicare Blue		11.4	0.3			0.51	36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38	5.87	Horizon	Indemnity		14.55	0.3828			0.51	36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38	5.87	Horizon	MGD		14.55	0.3828			0.51	36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38	5.87	Horizon	PPO		14.55	0.3828			0.51	36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38	5.87	Managed Care Inc	Managed Care Inc		34.2	0.9			0.51	36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38	5.87	Multiplan	Multiplan		30.4	0.8			0.51	36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38	5.87	Qualcare	Qualcare		28.5	0.75			0.51	36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38	5.87	Three Rivers	Three Rivers		36.1	0.95			0.51	36.1	percent of total billed charges	
FECAL FAT QUALITATIVE	82705	CPT	both			38	5.87	UHC	Medicaid		0.51				0.51	36.1	case rate	
FECAL FAT QUALITATIVE	82705	CPT	both			38	5.87	UHC	Medicare		5.1				0.51	36.1	case rate	
FECAL FAT QUALITATIVE	82705	CPT	both			38	5.87	Wellcare	Medicaid		0.51				0.51	36.1	case rate	
FECAL FAT QUALITATIVE	82705	CPT	both			38	5.87	Wellcare	Medicare		5.1				0.51	36.1	case rate	
FECAL FAT QUANTITATIVE	82710	CPT	both			41	19.32	Aetna	Better Health		12.9	0.3146			7.8	38.95	percent of total billed charges	
FECAL FAT QUANTITATIVE	82710	CPT	both			41	19.32	Aetna	Medicare		16.8				7.8	38.95	case rate	
FECAL FAT QUANTITATIVE	82710	CPT	both			41	19.32	Aetna	Commercial		15.58	0.38			7.8	38.95	percent of total billed charges	
FECAL FAT QUANTITATIVE	82710	CPT	both			41	19.32	Americare	Americare		30.75	0.75			7.8	38.95	percent of total billed charges	
FECAL FAT QUANTITATIVE	82710	CPT	both			41	19.32	WellPoint	WellPoint		13.15	0.3208			7.8	38.95	percent of total billed charges	
FECAL FAT QUANTITATIVE	82710	CPT	both			41	19.32	AmeriHealth	Medicare		16.8				7.8	38.95	case rate	
FECAL FAT QUANTITATIVE	82710	CPT	both			41	19.32	Consumer	Consumer		38.95	0.95			7.8	38.95	percent of total billed charges	
FECAL FAT QUANTITATIVE	82710	CPT	both			41	19.32	Corrections	Corrections		32.8	0.8			7.8	38.95	percent of total billed charges	
FECAL FAT QUANTITATIVE	82710	CPT	both			41	19.32	First Health	First Health		28.7	0.7			7.8	38.95	percent of total billed charges	
FECAL FAT QUANTITATIVE	82710	CPT	both			41	19.32	First Trenton	First Trenton		36.9	0.9			7.8	38.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FECAL FAT QUANTITATIVE	82710	CPT	both			41		19.32 Horizon	Medicare Blue		12.3	0.3			7.8		38.95 percent of total billed charges	
FECAL FAT QUANTITATIVE	82710	CPT	both			41		19.32 Horizon	Indemnity		15.69	0.3828			7.8		38.95 percent of total billed charges	
FECAL FAT QUANTITATIVE	82710	CPT	both			41		19.32 Horizon	MGD		15.69	0.3828			7.8		38.95 percent of total billed charges	
FECAL FAT QUANTITATIVE	82710	CPT	both			41		19.32 Horizon	PPO		15.69	0.3828			7.8		38.95 percent of total billed charges	
FECAL FAT QUANTITATIVE	82710	CPT	both			41		19.32 Managed Care Inc	Managed Care Inc		36.9	0.9			7.8		38.95 percent of total billed charges	
FECAL FAT QUANTITATIVE	82710	CPT	both			41		19.32 Multiplan	Multiplan		32.8	0.8			7.8		38.95 percent of total billed charges	
FECAL FAT QUANTITATIVE	82710	CPT	both			41		19.32 Qualcare	Qualcare		30.75	0.75			7.8		38.95 percent of total billed charges	
FECAL FAT QUANTITATIVE	82710	CPT	both			41		19.32 Three Rivers	Three Rivers		38.95	0.95			7.8		38.95 percent of total billed charges	
FECAL FAT QUANTITATIVE	82710	CPT	both			41		19.32 UHC	Medicaid		7.8				7.8		38.95 case rate	
FECAL FAT QUANTITATIVE	82710	CPT	both			41		19.32 UHC	Medicare		16.8				7.8		38.95 case rate	
FECAL FAT QUANTITATIVE	82710	CPT	both			41		19.32 Wellcare	Medicaid		7.8				7.8		38.95 case rate	
FECAL FAT QUANTITATIVE	82710	CPT	both			41		19.32 Wellcare	Medicare		16.8				7.8		38.95 case rate	
FREE FATTY ACID	82725	CPT	inpatient			83		21.59 Aetna	Medicare		18.77				15.5		78.85 case rate	
FREE FATTY ACID	82725	CPT	inpatient			83		21.59 Aetna	Commercial		31.54	0.38			15.5		78.85 percent of total billed charges	
FREE FATTY ACID	82725	CPT	inpatient			83		21.59 Aetna	Better Health		26.11	0.3146			15.5		78.85 percent of total billed charges	
FREE FATTY ACID	82725	CPT	inpatient			83		21.59 Americare	Americare		62.25	0.75			15.5		78.85 percent of total billed charges	
FREE FATTY ACID	82725	CPT	inpatient			83		21.59 WellPoint	WellPoint		26.63	0.3208			15.5		78.85 percent of total billed charges	
FREE FATTY ACID	82725	CPT	inpatient			83		21.59 Amerihealth	Medicare		18.77				15.5		78.85 case rate	
FREE FATTY ACID	82725	CPT	inpatient			83		21.59 Consumer	Consumer		78.85	0.95			15.5		78.85 percent of total billed charges	
FREE FATTY ACID	82725	CPT	inpatient			83		21.59 Corrections	Corrections		66.4	0.8			15.5		78.85 percent of total billed charges	
FREE FATTY ACID	82725	CPT	inpatient			83		21.59 First Health	First Health		58.1	0.7			15.5		78.85 percent of total billed charges	
FREE FATTY ACID	82725	CPT	inpatient			83		21.59 First Trenton	First Trenton		74.7	0.9			15.5		78.85 percent of total billed charges	
FREE FATTY ACID	82725	CPT	inpatient			83		21.59 Horizon	Medicare Blue		24.9	0.3			15.5		78.85 percent of total billed charges	
FREE FATTY ACID	82725	CPT	inpatient			83		21.59 Horizon	Indemnity		31.77	0.3828			15.5		78.85 percent of total billed charges	
FREE FATTY ACID	82725	CPT	inpatient			83		21.59 Horizon	MGD		31.77	0.3828			15.5		78.85 percent of total billed charges	
FREE FATTY ACID	82725	CPT	inpatient			83		21.59 Horizon	PPO		31.77	0.3828			15.5		78.85 percent of total billed charges	
FREE FATTY ACID	82725	CPT	inpatient			83		21.59 Managed Care Inc	Managed Care Inc		74.7	0.9			15.5		78.85 percent of total billed charges	
FREE FATTY ACID	82725	CPT	inpatient			83		21.59 Multiplan	Multiplan		66.4	0.8			15.5		78.85 percent of total billed charges	
FREE FATTY ACID	82725	CPT	inpatient			83		21.59 Qualcare	Qualcare		62.25	0.75			15.5		78.85 percent of total billed charges	
FREE FATTY ACID	82725	CPT	inpatient			83		21.59 Three Rivers	Three Rivers		78.85	0.95			15.5		78.85 percent of total billed charges	
FREE FATTY ACID	82725	CPT	inpatient			83		21.59 UHC	Medicaid		15.5				15.5		78.85 case rate	
FREE FATTY ACID	82725	CPT	inpatient			83		21.59 UHC	Medicare		18.77				15.5		78.85 case rate	
FREE FATTY ACID	82725	CPT	inpatient			83		21.59 Wellcare	Medicaid		15.5				15.5		78.85 case rate	
FREE FATTY ACID	82725	CPT	inpatient			83		21.59 Wellcare	Medicare		18.77				15.5		78.85 case rate	
VERY LONG CHAIN FATTY ACID	82726	CPT	both			692		22.71 Aetna	Medicare		19.75				19.75		657.4 case rate	
VERY LONG CHAIN FATTY ACID	82726	CPT	both			692		22.71 Aetna	Better Health		217.7	0.3146			19.75		657.4 percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	both			692		22.71 Aetna	Commercial		262.96	0.38			19.75		657.4 percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	both			692		22.71 Americare	Americare		519	0.75			19.75		657.4 percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	both			692		22.71 WellPoint	WellPoint		221.99	0.3208			19.75		657.4 percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	both			692		22.71 Amerihealth	Medicare		19.75				19.75		657.4 case rate	
VERY LONG CHAIN FATTY ACID	82726	CPT	both			692		22.71 Consumer	Consumer		657.4	0.95			19.75		657.4 percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	both			692		22.71 Corrections	Corrections		553.6	0.8			19.75		657.4 percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	both			692		22.71 First Health	First Health		484.4	0.7			19.75		657.4 percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	both			692		22.71 First Trenton	First Trenton		622.8	0.9			19.75		657.4 percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	both			692		22.71 Horizon	Medicare Blue		207.6	0.3			19.75		657.4 percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	both			692		22.71 Horizon	Indemnity		264.9	0.3828			19.75		657.4 percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	both			692		22.71 Horizon	MGD		264.9	0.3828			19.75		657.4 percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	both			692		22.71 Horizon	PPO		264.9	0.3828			19.75		657.4 percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	both			692		22.71 Managed Care Inc	Managed Care Inc		622.8	0.9			19.75		657.4 percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	both			692		22.71 Multiplan	Multiplan		553.6	0.8			19.75		657.4 percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	both			692		22.71 Qualcare	Qualcare		519	0.75			19.75		657.4 percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	both			692		22.71 Three Rivers	Three Rivers		657.4	0.95			19.75		657.4 percent of total billed charges	
VERY LONG CHAIN FATTY ACID	82726	CPT	both			692		22.71 UHC	Medicaid		21.5				19.75		657.4 case rate	
VERY LONG CHAIN FATTY ACID	82726	CPT	both			692		22.71 UHC	Medicare		19.75				19.75		657.4 case rate	
VERY LONG CHAIN FATTY ACID	82726	CPT	both			692		22.71 Wellcare	Medicaid		21.5				19.75		657.4 case rate	
VERY LONG CHAIN FATTY ACID	82726	CPT	both			692		22.71 Wellcare	Medicare		19.75				19.75		657.4 case rate	
FERRITIN	82728	CPT	both			570		15.67 Aetna	Medicare		13.63				13.5		541.5 case rate	
FERRITIN	82728	CPT	both			570		15.67 Aetna	Commercial		216.6	0.38			13.5		541.5 percent of total billed charges	
FERRITIN	82728	CPT	both			570		15.67 Aetna	Better Health		179.32	0.3146			13.5		541.5 percent of total billed charges	
FERRITIN	82728	CPT	both			570		15.67 Americare	Americare		427.5	0.75			13.5		541.5 percent of total billed charges	
FERRITIN	82728	CPT	both			570		15.67 WellPoint	WellPoint		182.86	0.3208			13.5		541.5 percent of total billed charges	
FERRITIN	82728	CPT	both			570		15.67 Amerihealth	Medicare		13.63				13.5		541.5 case rate	
FERRITIN	82728	CPT	both			570		15.67 Consumer	Consumer		541.5	0.95			13.5		541.5 percent of total billed charges	
FERRITIN	82728	CPT	both			570		15.67 Corrections	Corrections		456	0.8			13.5		541.5 percent of total billed charges	
FERRITIN	82728	CPT	both			570		15.67 First Health	First Health		399	0.7			13.5		541.5 percent of total billed charges	
FERRITIN	82728	CPT	both			570		15.67 First Trenton	First Trenton		513	0.9			13.5		541.5 percent of total billed charges	
FERRITIN	82728	CPT	both			570		15.67 Horizon	Indemnity		218.2	0.3828			13.5		541.5 percent of total billed charges	
FERRITIN	82728	CPT	both			570		15.67 Horizon	Medicare Blue		171	0.3			13.5		541.5 percent of total billed charges	
FERRITIN	82728	CPT	both			570		15.67 Horizon	MGD		218.2	0.3828			13.5		541.5 percent of total billed charges	
FERRITIN	82728	CPT	both			570		15.67 Horizon	PPO		218.2	0.3828			13.5		541.5 percent of total billed charges	
FERRITIN	82728	CPT	both			570		15.67 Managed Care Inc	Managed Care Inc		513	0.9			13.5		541.5 percent of total billed charges	
FERRITIN	82728	CPT	both			570		15.67 Multiplan	Multiplan		456	0.8			13.5		541.5 percent of total billed charges	
FERRITIN	82728	CPT	both			570		15.67 Qualcare	Qualcare		427.5	0.75			13.5		541.5 percent of total billed charges	
FERRITIN	82728	CPT	both			570		15.67 Three Rivers	Three Rivers		541.5	0.95			13.5		541.5 percent of total billed charges	
FERRITIN	82728	CPT	both			570		15.67 UHC	Medicaid		16				13.5		541.5 case rate	
FERRITIN	82728	CPT	both			570		15.67 UHC	Medicare		13.63				13.5		541.5 case rate	
FERRITIN	82728	CPT	both			570		15.67 Wellcare	Medicare		13.63				13.5		541.5 case rate	
FERRITIN	82728	CPT	both			570		15.67 Wellcare	Medicaid		16				13.5		541.5 case rate	
FETAL FIBRONECTIN	82731	CPT	both			963		74.07 Aetna	Medicare		64.41				64.41		914.85 case rate	
FETAL FIBRONECTIN	82731	CPT	both			963		74.07 Aetna	Better Health		302.96	0.3146			64.41		914.85 percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963		74.07 Aetna	Commercial		365.94	0.38			64.41		914.85 percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963		74.07 Americare	Americare		722.25	0.75			64.41		914.85 percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963		74.07 WellPoint	WellPoint		308.93	0.3208			64.41		914.85 percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963		74.07 Amerihealth	Medicare		64.41				64.41		914.85 case rate	
FETAL FIBRONECTIN	82731	CPT	both			963		74.07 Consumer	Consumer		914.85	0.95			64.41		914.85 percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963		74.07 Corrections	Corrections		770.4	0.8			64.41		914.85 percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963		74.07 First Health	First Health		674.1	0.7			64.41		914.85 percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963		74.07 First Trenton	First Trenton		866.7	0.9			64.41		914.85 percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963		74.07 Horizon	MGD		368.64	0.3828			64.41		914.85 percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963		74.07 Horizon	Indemnity		368.64	0.3828			64.41		914.85 percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963		74.07 Horizon	Medicare Blue		288.9	0.3			64.41		914.85 percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963		74.07 Horizon	PPO		368.64	0.3828			64.41		914.85 percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963		74.07 Managed Care Inc	Managed Care Inc		866.7	0.9			64.41		914.85 percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963		74.07 Multiplan	Multiplan		770.4	0.8			64.41		914.85 percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963		74.07 Qualcare	Qualcare		722.25	0.75			64.41		914.85 percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963		74.07 Three Rivers	Three Rivers		914.85	0.95			64.41		914.85 percent of total billed charges	
FETAL FIBRONECTIN	82731	CPT	both			963		74.07 UHC	Medicaid		71.2				64.41		914.85 case rate	
FETAL FIBRONECTIN	82731	CPT	both			963		74.07 UHC	Medicare		64.41				64.41		914.85 case rate	
FETAL FIBRONECTIN	82731	CPT	both			963		74.07 Wellcare	Medicaid		71.2				64.41		914.85 case rate	
FETAL FIBRONECTIN	82731	CPT	both			963		74.07 Wellcare	Medicare		64.41				64.41		914.85 case rate	
FOLIC ACID;SERUM	82746	CPT	both			265		16.91 Aetna	Commercial		100.7	0.38			10.8		251.75 percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265		16.91 Aetna	Better Health		83.37	0.3146			10.8		251.75 percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265		16.91 Aetna	Medicare		81.62	0.308			10.8		251.75 percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265		16.91 Americare	Americare		198.75	0.75			10.8		251.75 percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265		16.91 WellPoint	WellPoint		85.01	0.3208			10.8		251.75 percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265		16.91 Amerihealth	Medicare		14.7				10.8		251.75 case rate	
FOLIC ACID;SERUM	82746	CPT	both			265		16.91 Consumer	Consumer		251.75	0.95			10.8		251.75 percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265		16.91 Corrections	Corrections		212	0.8			10.8		251.75 percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265		16.91 First Health	First Health		185.5	0.7			10.8		251.75 percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265		16.91 First Trenton	First Trenton		238.5	0.9			10.8		251.75 percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265		16.91 Horizon	Medicare Blue		79.5	0.3			10.8		251.75 percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265		16.91 Horizon	Indemnity		101.44	0.3828			10.8		251.75 percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265		16.91 Horizon	MGD		101.44	0.3828			10.8		251.75 percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265		16.91 Horizon	PPO		101.44	0.3828			10.8		251.75 percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265		16.91 Managed Care Inc	Managed Care Inc		238.5	0.9			10.8		251.75 percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265		16.91 Multiplan	Multiplan		212	0.8			10.8		251.75 percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265		16.91 Qualcare	Qualcare		198.75	0.75			10.8		251.75 percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265		16.91 Three Rivers	Three Rivers		251.75	0.95			10.8		251.75 percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265		16.91 UHC	Medicaid		83.37	0.3146			10.8		251.75 percent of total billed charges	
FOLIC ACID;SERUM	82746	CPT	both			265		16.91 UHC	Medicare		14.7				10.8		251.75 case rate	
FOLIC ACID;SERUM	82746	CPT	both			265		16.91 Wellcare	Medicare		14.7				10.8		251.75 case rate	
FOLIC ACID;SERUM	82746	CPT	both			265		16.91 Wellcare	Medicaid		83.37	0.3146			10.8		251.75 percent of total billed charges	
FOLIC ACID RBC	82747	CPT	both			314		20.3 Aetna	Commercial		119.32	0.38			17.65		298.3 percent of total billed charges	
FOLIC ACID RBC	82747	CPT	both			314		20.3 Aetna	Medicare		17.65				17.65		298.3 case rate	
FOLIC ACID RBC	82747	CPT	both			314		20.3 Aetna	Better Health		98.78	0.3146			17.65		298.3 percent of total billed charges	
FOLIC ACID RBC	82747	CPT	both			314		20.3 Americare	Americare		235.5	0.75			17.65		298.3 percent of total billed charges	
FOLIC ACID RBC	82747	CPT	both			314		20.3 WellPoint	WellPoint		100.73	0.3208			17.65		298.3 percent of total billed charges	
FOLIC ACID RBC	82747	CPT	both			314		20.3 Amerihealth	Medicare		17.65				17.65		298.3 case rate	
FOLIC ACID RBC	82747	CPT	both			314		20.3 Consumer	Consumer		298.3	0.95			17.65		298.3 percent of total billed charges	
FOLIC ACID RBC	82747	CPT	both			314		20.3 Corrections	Corrections		251.2	0.8			17.65		298.3 percent of total billed charges	
FOLIC ACID RBC	82747	CPT	both			314		20.3 First Health	First Health		219.8	0.7			17.65		298.3 percent of total billed charges	
FOLIC ACID RBC	82747	CPT	both			314		20.3 First Trenton	First Trenton		282.6	0.9			17.65		298.3 percent of total billed charges	
FOLIC ACID RBC	82747	CPT	both			314		20.3 Horizon	MGD		120.2	0.3828			17.65		298.3 percent of total billed charges	
FOLIC ACID RBC	82747	CPT	both			314		20.3 Horizon	Indemnity		120.2	0.3828			17.65		298.3 percent of total billed charges	
FOLIC ACID RBC	82747	CPT	both			314		20.3 Horizon	PPO		120.2	0.3828			17.65		298.3 percent of total billed charges	
FOLIC ACID RBC	82747	CPT	both			314		20.3 Horizon	Medicare Blue		94.2	0.3			17.65		298.3 percent of total billed charges	
FOLIC ACID RBC	82747	CPT	both			314		20.3 Managed Care Inc	Managed Care Inc		282.6	0.9			17.65		298.3 percent of total billed charges	
FOLIC ACID RBC	82747	CPT	both			314		20.3 Multiplan	Multiplan		251.2	0.8			17.65		298.3 percent of total billed charges	
FOLIC ACID RBC	82747	CPT	both			314		20.3 Qualcare	Qualcare		235.5	0.75			17.65		298.3 percent of total billed charges	
FOLIC ACID RBC	82747	CPT	both			314		20.3 Three Rivers	Three Rivers		298.3	0.95			17.65		298.3 percent of total billed charges	
FOLIC ACID RBC	82747	CPT	both			314		20.3 UHC	Medicaid		18				17.65		298.3 case rate	
FOLIC ACID RBC	82747	CPT	both			314		20.3 UHC	Medicare		17.65				17.65		298.3 case rate	
FOLIC ACID RBC	82747	CPT	both			314		20.3 Wellcare	Medicare		17.65				17.65		298.3 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FOLIC ACID RBC	82747	CPT	both			314	20.3	Wellcare	Medicaid		18				17.65	298.3	case rate	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300	19.94	Aetna	Medicare		17.34				17.34	285	case rate	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300	19.94	Aetna	Better Health		94.38	0.3146			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300	19.94	Aetna	Commercial		114	0.38			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300	19.94	Americare	Americare		225	0.75			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300	19.94	WellPoint	WellPoint		96.24	0.3208			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300	19.94	Amerihealth	Medicare		17.34				17.34	285	case rate	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300	19.94	Consumer	Consumer		285	0.95			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300	19.94	Corrections	Corrections		240	0.8			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300	19.94	First Health	First Health		210	0.7			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300	19.94	First Trenton	First Trenton		270	0.9			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300	19.94	Horizon	MGD		114.84	0.3828			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300	19.94	Horizon	Indemnity		114.84	0.3828			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300	19.94	Horizon	PPO		114.84	0.3828			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300	19.94	Horizon	Medicare Blue		90	0.3			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300	19.94	Managed Care Inc	Managed Care Inc		270	0.9			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300	19.94	Multiplan	Multiplan		240	0.8			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300	19.94	Qualcare	Qualcare		225	0.75			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300	19.94	Three Rivers	Three Rivers		285	0.95			17.34	285	percent of total billed charges	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300	19.94	UHC	Medicare		17.34				17.34	285	case rate	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300	19.94	UHC	Medicaid		22.5				17.34	285	case rate	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300	19.94	Wellcare	Medicaid		22.5				17.34	285	case rate	
SEMEN FRUCTOSE TEST	82757	CPT	outpatient			300	19.94	Wellcare	Medicare		17.34				17.34	285	case rate	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155	24.7	Aetna	Commercial		438.9	0.38			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155	24.7	Aetna	Medicare		355.74	0.308			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155	24.7	Aetna	Better Health		363.36	0.3146			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155	24.7	Americare	Americare		866.25	0.75			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155	24.7	WellPoint	WellPoint		370.52	0.3208			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155	24.7	Amerihealth	Medicare		21.48				21.48	1097.25	case rate	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155	24.7	Consumer	Consumer		1097.25	0.95			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155	24.7	Corrections	Corrections		924	0.8			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155	24.7	First Health	First Health		808.5	0.7			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155	24.7	First Trenton	First Trenton		1039.5	0.9			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155	24.7	Horizon	Indemnity		442.13	0.3828			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155	24.7	Horizon	MGD		442.13	0.3828			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155	24.7	Horizon	Medicare Blue		346.5	0.3			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155	24.7	Horizon	PPO		442.13	0.3828			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155	24.7	Managed Care Inc	Managed Care Inc		1039.5	0.9			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155	24.7	Multiplan	Multiplan		924	0.8			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155	24.7	Qualcare	Qualcare		866.25	0.75			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155	24.7	Three Rivers	Three Rivers		1097.25	0.95			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155	24.7	UHC	Medicare		21.48				21.48	1097.25	case rate	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155	24.7	UHC	Medicaid		363.36	0.3146			21.48	1097.25	percent of total billed charges	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155	24.7	Wellcare	Medicare		21.48				21.48	1097.25	case rate	
GALACTOKINASE ASSAY - RBC	82759	CPT	outpatient			1155	24.7	Wellcare	Medicaid		363.36	0.3146			21.48	1097.25	percent of total billed charges	
GALACTOSE URINE	82760	CPT	outpatient			614	12.88	Aetna	Commercial		233.32	0.38			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	outpatient			614	12.88	Aetna	Better Health		193.16	0.3146			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	outpatient			614	12.88	Aetna	Medicare		11.2				11.2	583.3	case rate	
GALACTOSE URINE	82760	CPT	outpatient			614	12.88	Americare	Americare		460.5	0.75			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	outpatient			614	12.88	WellPoint	WellPoint		196.97	0.3208			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	outpatient			614	12.88	Amerihealth	Medicare		11.2				11.2	583.3	case rate	
GALACTOSE URINE	82760	CPT	outpatient			614	12.88	Consumer	Consumer		583.3	0.95			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	outpatient			614	12.88	Corrections	Corrections		491.2	0.8			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	outpatient			614	12.88	First Health	First Health		429.8	0.7			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	outpatient			614	12.88	First Trenton	First Trenton		552.6	0.9			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	outpatient			614	12.88	Horizon	MGD		235.04	0.3828			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	outpatient			614	12.88	Horizon	Indemnity		235.04	0.3828			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	outpatient			614	12.88	Horizon	Medicare Blue		184.2	0.3			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	outpatient			614	12.88	Horizon	PPO		235.04	0.3828			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	outpatient			614	12.88	Managed Care Inc	Managed Care Inc		552.6	0.9			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	outpatient			614	12.88	Multiplan	Multiplan		491.2	0.8			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	outpatient			614	12.88	Qualcare	Qualcare		460.5	0.75			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	outpatient			614	12.88	Three Rivers	Three Rivers		583.3	0.95			11.2	583.3	percent of total billed charges	
GALACTOSE URINE	82760	CPT	outpatient			614	12.88	UHC	Medicare		11.2				11.2	583.3	case rate	
GALACTOSE URINE	82760	CPT	outpatient			614	12.88	UHC	Medicaid		15				11.2	583.3	case rate	
GALACTOSE URINE	82760	CPT	outpatient			614	12.88	Wellcare	Medicare		11.2				11.2	583.3	case rate	
GALACTOSE URINE	82760	CPT	outpatient			614	12.88	Wellcare	Medicaid		15				11.2	583.3	case rate	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340	24.23	Aetna	Medicare		21.07				3.74	323	case rate	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340	24.23	Aetna	Better Health		106.96	0.3146			3.74	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340	24.23	Aetna	Commercial		129.2	0.38			3.74	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340	24.23	Americare	Americare		255	0.75			3.74	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340	24.23	WellPoint	WellPoint		109.07	0.3208			3.74	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340	24.23	Amerihealth	Medicare		21.07				3.74	323	case rate	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340	24.23	Consumer	Consumer		323	0.95			3.74	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340	24.23	Corrections	Corrections		272	0.8			3.74	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340	24.23	First Health	First Health		238	0.7			3.74	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340	24.23	First Trenton	First Trenton		306	0.9			3.74	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340	24.23	Horizon	MGD		130.15	0.3828			3.74	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340	24.23	Horizon	Medicare Blue		102	0.3			3.74	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340	24.23	Horizon	Indemnity		130.15	0.3828			3.74	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340	24.23	Horizon	PPO		130.15	0.3828			3.74	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340	24.23	Managed Care Inc	Managed Care Inc		306	0.9			3.74	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340	24.23	Multiplan	Multiplan		272	0.8			3.74	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340	24.23	Qualcare	Qualcare		255	0.75			3.74	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340	24.23	Three Rivers	Three Rivers		323	0.95			3.74	323	percent of total billed charges	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340	24.23	UHC	Medicare		21.07				3.74	323	case rate	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340	24.23	UHC	Medicaid		3.74				3.74	323	case rate	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340	24.23	Wellcare	Medicare		21.07				3.74	323	case rate	
GALACTOSE-1-PHOSPHATE UR	82775	CPT	both			340	24.23	Wellcare	Medicaid		3.74				3.74	323	case rate	
TOTAL IGA	82784	CPT	both			517	10.7	Aetna	Medicare		9.3				6.3	491.15	case rate	
TOTAL IGA	82784	CPT	both			517	10.7	Aetna	Better Health		162.65	0.3146			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517	10.7	Aetna	Commercial		196.46	0.38			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517	10.7	Americare	Americare		387.75	0.75			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517	10.7	WellPoint	WellPoint		165.85	0.3208			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517	10.7	Amerihealth	Medicare		9.3				6.3	491.15	case rate	
TOTAL IGA	82784	CPT	both			517	10.7	Consumer	Consumer		491.15	0.95			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517	10.7	Corrections	Corrections		413.6	0.8			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517	10.7	First Health	First Health		361.9	0.7			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517	10.7	First Trenton	First Trenton		465.3	0.9			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517	10.7	Horizon	MGD		197.91	0.3828			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517	10.7	Horizon	Indemnity		197.91	0.3828			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517	10.7	Horizon	Medicare Blue		155.1	0.3			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517	10.7	Horizon	PPO		197.91	0.3828			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517	10.7	Managed Care Inc	Managed Care Inc		465.3	0.9			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517	10.7	Multiplan	Multiplan		413.6	0.8			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517	10.7	Qualcare	Qualcare		387.75	0.75			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517	10.7	Three Rivers	Three Rivers		491.15	0.95			6.3	491.15	percent of total billed charges	
TOTAL IGA	82784	CPT	both			517	10.7	UHC	Medicaid		11.3				6.3	491.15	case rate	
TOTAL IGA	82784	CPT	both			517	10.7	UHC	Medicare		9.3				6.3	491.15	case rate	
TOTAL IGA	82784	CPT	both			517	10.7	Wellcare	Medicare		9.3				6.3	491.15	case rate	
TOTAL IGA	82784	CPT	both			517	10.7	Wellcare	Medicaid		11.3				6.3	491.15	case rate	
IMMUNOGLOBULIN IGE TOTAL	82785	CPT	both			780	18.93	Aetna	Better Health		245.39	0.3146			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN IGE TOTAL	82785	CPT	both			780	18.93	Aetna	Commercial		296.4	0.38			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN IGE TOTAL	82785	CPT	both			780	18.93	Aetna	Medicare		16.46				15.9	741	case rate	
IMMUNOGLOBULIN IGE TOTAL	82785	CPT	both			780	18.93	Americare	Americare		585	0.75			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN IGE TOTAL	82785	CPT	both			780	18.93	WellPoint	WellPoint		250.22	0.3208			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN IGE TOTAL	82785	CPT	both			780	18.93	Amerihealth	Medicare		16.46				15.9	741	case rate	
IMMUNOGLOBULIN IGE TOTAL	82785	CPT	both			780	18.93	Consumer	Consumer		741	0.95			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN IGE TOTAL	82785	CPT	both			780	18.93	Corrections	Corrections		624	0.8			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN IGE TOTAL	82785	CPT	both			780	18.93	First Health	First Health		546	0.7			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN IGE TOTAL	82785	CPT	both			780	18.93	First Trenton	First Trenton		702	0.9			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN IGE TOTAL	82785	CPT	both			780	18.93	Horizon	Medicare Blue		234	0.3			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN IGE TOTAL	82785	CPT	both			780	18.93	Horizon	MGD		298.58	0.3828			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN IGE TOTAL	82785	CPT	both			780	18.93	Horizon	Indemnity		298.58	0.3828			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN IGE TOTAL	82785	CPT	both			780	18.93	Horizon	PPO		298.58	0.3828			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN IGE TOTAL	82785	CPT	both			780	18.93	Managed Care Inc	Managed Care Inc		702	0.9			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN IGE TOTAL	82785	CPT	both			780	18.93	Multiplan	Multiplan		624	0.8			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN IGE TOTAL	82785	CPT	both			780	18.93	Qualcare	Qualcare		585	0.75			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN IGE TOTAL	82785	CPT	both			780	18.93	Three Rivers	Three Rivers		741	0.95			15.9	741	percent of total billed charges	
IMMUNOGLOBULIN IGE TOTAL	82785	CPT	both			780	18.93	UHC	Medicaid		16				15.9	741	case rate	
IMMUNOGLOBULIN IGE TOTAL	82785	CPT	both			780	18.93	UHC	Medicare		16.46				15.9	741	case rate	
IMMUNOGLOBULIN IGE TOTAL	82785	CPT	both			780	18.93	Wellcare	Medicaid		16				15.9	741	case rate	
IMMUNOGLOBULIN IGE TOTAL	82785	CPT	both			780	18.93	Wellcare	Medicare		16.46				15.9	741	case rate	
IMMUNOGLOBULIN IGG SUBCLASS 4	82787	CPT	both			30	9.22	Aetna	Better Health		9.44	0.3146			7.8	28.5	percent of total billed charges	
IMMUNOGLOBULIN IGG SUBCLASS 4	82787	CPT	both			30	9.22	Aetna	Commercial		11.4	0.38			7.8	28.5	percent of total billed charges	
IMMUNOGLOBULIN IGG SUBCLASS 4	82787	CPT	both			30	9.22	Aetna	Medicare		9.24	0.308			7.8	28.5	percent of total billed charges	
IMMUNOGLOBULIN IGG SUBCLASS 4	82787	CPT	both			30	9.22	Americare	Americare		22.5	0.75			7.8	28.5	percent of total billed charges	
IMMUNOGLOBULIN IGG SUBCLASS 4	82787	CPT	both			30	9.22	WellPoint	WellPoint		9.62	0.3208			7.8	28.5	percent of total billed charges	
IMMUNOGLOBULIN IGG SUBCLASS 4	82787	CPT	both			30	9.22	Amerihealth	Medicare		8.02				7.8	28.5	case rate	
IMMUNOGLOBULIN IGG SUBCLASS 4	82787	CPT	both			30	9.22	Consumer	Consumer		28.5	0.95			7.8	28.5	percent of total billed charges	
IMMUNOGLOBULIN IGG SUBCLASS 4	82787	CPT	both			30	9.22	Corrections	Corrections		24	0.8			7.8	28.5	percent of total billed charges	
IMMUNOGLOBULIN IGG SUBCLASS 4	82787	CPT	both			30	9.22	First Health	First Health		21	0.7			7.8	28.5	percent of total billed charges	
IMMUNOGLOBULIN IGG SUBCLASS 4	82787	CPT	both			30	9.22	First Trenton	First Trenton		27	0.9			7.8	28.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IMMUNOGLOBULIN IGG SUBCLASS 4	82787	CPT	both			30	9.22	Horizon	Medicare Blue		9	0.3			7.8	28.5	percent of total billed charges	
IMMUNOGLOBULIN IGG SUBCLASS 4	82787	CPT	both			30	9.22	Horizon	MGD		11.48	0.3828			7.8	28.5	percent of total billed charges	
IMMUNOGLOBULIN IGG SUBCLASS 4	82787	CPT	both			30	9.22	Horizon	Indemnity		11.48	0.3828			7.8	28.5	percent of total billed charges	
IMMUNOGLOBULIN IGG SUBCLASS 4	82787	CPT	both			30	9.22	Horizon	PPO		11.48	0.3828			7.8	28.5	percent of total billed charges	
IMMUNOGLOBULIN IGG SUBCLASS 4	82787	CPT	both			30	9.22	Managed Care Inc	Managed Care Inc		27	0.9			7.8	28.5	percent of total billed charges	
IMMUNOGLOBULIN IGG SUBCLASS 4	82787	CPT	both			30	9.22	Multiplan	Multiplan		24	0.8			7.8	28.5	percent of total billed charges	
IMMUNOGLOBULIN IGG SUBCLASS 4	82787	CPT	both			30	9.22	Qualcare	Qualcare		22.5	0.75			7.8	28.5	percent of total billed charges	
IMMUNOGLOBULIN IGG SUBCLASS 4	82787	CPT	both			30	9.22	Three Rivers	Three Rivers		28.5	0.95			7.8	28.5	percent of total billed charges	
IMMUNOGLOBULIN IGG SUBCLASS 4	82787	CPT	both			30	9.22	UHC	Medicare		8.02				7.8	28.5	case rate	
IMMUNOGLOBULIN IGG SUBCLASS 4	82787	CPT	both			30	9.22	UHC	Medicaid		9.44	0.3146			7.8	28.5	percent of total billed charges	
IMMUNOGLOBULIN IGG SUBCLASS 4	82787	CPT	both			30	9.22	Wellcare	Medicare		8.02				7.8	28.5	case rate	
IMMUNOGLOBULIN IGG SUBCLASS 4	82787	CPT	both			30	9.22	Wellcare	Medicaid		9.44	0.3146			7.8	28.5	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Aetna	Commercial		131.86	0.38			16.5	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Aetna	Better Health		109.17	0.3146			16.5	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Aetna	Medicare		26.07				16.5	329.65	case rate	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Americare	Americare		260.25	0.75			16.5	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	WellPoint	WellPoint		111.32	0.3208			16.5	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Amerihealth	Medicare		26.07				16.5	329.65	case rate	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Consumer	Consumer		329.65	0.95			16.5	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Corrections	Corrections		277.6	0.8			16.5	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	First Health	First Health		242.9	0.7			16.5	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	First Trenton	First Trenton		312.3	0.9			16.5	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Horizon	Indemnity		132.83	0.3828			16.5	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Horizon	MGD		132.83	0.3828			16.5	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Horizon	Medicare Blue		104.1	0.3			16.5	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Horizon	PPO		132.83	0.3828			16.5	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Managed Care Inc	Managed Care Inc		312.3	0.9			16.5	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Multiplan	Multiplan		277.6	0.8			16.5	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Qualcare	Qualcare		260.25	0.75			16.5	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Three Rivers	Three Rivers		329.65	0.95			16.5	329.65	percent of total billed charges	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	UHC	Medicaid		16.5				16.5	329.65	case rate	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	UHC	Medicare		26.07				16.5	329.65	case rate	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Wellcare	Medicaid		16.5				16.5	329.65	case rate	
VENOUS BLOOD GAS/ELEC.PANEL	82803	CPT	both			347	29.98	Wellcare	Medicare		26.07				16.5	329.65	case rate	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Aetna	Medicare		78.77				8	470.25	case rate	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Aetna	Better Health		155.73	0.3146			8	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Aetna	Commercial		188.1	0.38			8	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Americare	Americare		371.25	0.75			8	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	WellPoint	WellPoint		158.8	0.3208			8	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Amerihealth	Medicare		78.77				8	470.25	case rate	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Consumer	Consumer		470.25	0.95			8	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Corrections	Corrections		396	0.8			8	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	First Health	First Health		346.5	0.7			8	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	First Trenton	First Trenton		445.5	0.9			8	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Horizon	Indemnity		189.49	0.3828			8	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Horizon	MGD		189.49	0.3828			8	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Horizon	Medicare Blue		148.5	0.3			8	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Horizon	PPO		189.49	0.3828			8	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Managed Care Inc	Managed Care Inc		445.5	0.9			8	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Multiplan	Multiplan		396	0.8			8	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Qualcare	Qualcare		371.25	0.75			8	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Three Rivers	Three Rivers		470.25	0.95			8	470.25	percent of total billed charges	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	UHC	Medicare		78.77				8	470.25	case rate	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	UHC	Medicaid		8				8	470.25	case rate	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Wellcare	Medicare		78.77				8	470.25	case rate	
VENOUS BLOOD GAS.PANEL	82805	CPT	both			495	90.59	Wellcare	Medicaid		8				8	470.25	case rate	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Aetna	Better Health		33.66	0.3146			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Aetna	Medicare		9.77				9.77	101.65	case rate	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Aetna	Commercial		40.66	0.38			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Americare	Americare		80.25	0.75			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	WellPoint	WellPoint		34.33	0.3208			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Amerihealth	Medicare		9.77				9.77	101.65	case rate	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Consumer	Consumer		101.65	0.95			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Corrections	Corrections		85.6	0.8			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	First Health	First Health		74.9	0.7			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	First Trenton	First Trenton		96.3	0.9			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Horizon	Medicare Blue		32.1	0.3			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Horizon	MGD		40.96	0.3828			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Horizon	Indemnity		40.96	0.3828			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Horizon	PPO		40.96	0.3828			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Managed Care Inc	Managed Care Inc		96.3	0.9			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Multiplan	Multiplan		85.6	0.8			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Qualcare	Qualcare		80.25	0.75			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Three Rivers	Three Rivers		101.65	0.95			9.77	101.65	percent of total billed charges	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	UHC	Medicaid		10				9.77	101.65	case rate	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	UHC	Medicare		9.77				9.77	101.65	case rate	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Wellcare	Medicaid		10				9.77	101.65	case rate	
FRACTIONAL O2 SATURATION	82810	CPT	both			107	11.24	Wellcare	Medicare		9.77				9.77	101.65	case rate	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Aetna	Commercial		17.48	0.38			10.98	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Aetna	Better Health		14.47	0.3146			10.98	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Aetna	Medicare		13.34				10.98	43.7	case rate	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Americare	Americare		34.5	0.75			10.98	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	WellPoint	WellPoint		14.76	0.3208			10.98	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Amerihealth	Medicare		13.34				10.98	43.7	case rate	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Consumer	Consumer		43.7	0.95			10.98	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Corrections	Corrections		36.8	0.8			10.98	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	First Health	First Health		32.2	0.7			10.98	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	First Trenton	First Trenton		41.4	0.9			10.98	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Horizon	MGD		17.61	0.3828			10.98	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Horizon	Indemnity		17.61	0.3828			10.98	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Horizon	Medicare Blue		13.8	0.3			10.98	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Horizon	PPO		17.61	0.3828			10.98	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Managed Care Inc	Managed Care Inc		41.4	0.9			10.98	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Multiplan	Multiplan		36.8	0.8			10.98	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Qualcare	Qualcare		34.5	0.75			10.98	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Three Rivers	Three Rivers		43.7	0.95			10.98	43.7	percent of total billed charges	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	UHC	Medicaid		10.98				10.98	43.7	case rate	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	UHC	Medicare		13.34				10.98	43.7	case rate	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Wellcare	Medicare		13.34				10.98	43.7	case rate	
HEMOGLOBIN O2 AFFINITY (PS0)	82820	CPT	outpatient			46	15.34	Wellcare	Medicaid		10.98				10.98	43.7	case rate	
GASTRIN SERUM	82941	CPT	both			42	20.27	Aetna	Better Health		13.21	0.3146			12.6	39.9	percent of total billed charges	
GASTRIN SERUM	82941	CPT	both			42	20.27	Aetna	Commercial		15.96	0.38			12.6	39.9	percent of total billed charges	
GASTRIN SERUM	82941	CPT	both			42	20.27	Aetna	Medicare		17.63				12.6	39.9	case rate	
GASTRIN SERUM	82941	CPT	both			42	20.27	Americare	Americare		31.5	0.75			12.6	39.9	percent of total billed charges	
GASTRIN SERUM	82941	CPT	both			42	20.27	WellPoint	WellPoint		13.47	0.3208			12.6	39.9	percent of total billed charges	
GASTRIN SERUM	82941	CPT	both			42	20.27	Amerihealth	Medicare		17.63				12.6	39.9	case rate	
GASTRIN SERUM	82941	CPT	both			42	20.27	Consumer	Consumer		39.9	0.95			12.6	39.9	percent of total billed charges	
GASTRIN SERUM	82941	CPT	both			42	20.27	Corrections	Corrections		33.6	0.8			12.6	39.9	percent of total billed charges	
GASTRIN SERUM	82941	CPT	both			42	20.27	First Health	First Health		29.4	0.7			12.6	39.9	percent of total billed charges	
GASTRIN SERUM	82941	CPT	both			42	20.27	First Trenton	First Trenton		37.8	0.9			12.6	39.9	percent of total billed charges	
GASTRIN SERUM	82941	CPT	both			42	20.27	Horizon	Indemnity		16.08	0.3828			12.6	39.9	percent of total billed charges	
GASTRIN SERUM	82941	CPT	both			42	20.27	Horizon	Medicare Blue		12.6	0.3			12.6	39.9	percent of total billed charges	
GASTRIN SERUM	82941	CPT	both			42	20.27	Horizon	MGD		16.08	0.3828			12.6	39.9	percent of total billed charges	
GASTRIN SERUM	82941	CPT	both			42	20.27	Horizon	PPO		16.08	0.3828			12.6	39.9	percent of total billed charges	
GASTRIN SERUM	82941	CPT	both			42	20.27	Managed Care Inc	Managed Care Inc		37.8	0.9			12.6	39.9	percent of total billed charges	
GASTRIN SERUM	82941	CPT	both			42	20.27	Multiplan	Multiplan		33.6	0.8			12.6	39.9	percent of total billed charges	
GASTRIN SERUM	82941	CPT	both			42	20.27	Qualcare	Qualcare		31.5	0.75			12.6	39.9	percent of total billed charges	
GASTRIN SERUM	82941	CPT	both			42	20.27	Three Rivers	Three Rivers		39.9	0.95			12.6	39.9	percent of total billed charges	
GASTRIN SERUM	82941	CPT	both			42	20.27	UHC	Medicare		17.63				12.6	39.9	case rate	
GASTRIN SERUM	82941	CPT	both			42	20.27	UHC	Medicaid		16				12.6	39.9	case rate	
GASTRIN SERUM	82941	CPT	both			42	20.27	Wellcare	Medicaid		16				12.6	39.9	case rate	
GASTRIN SERUM	82941	CPT	both			42	20.27	Wellcare	Medicare		17.63				12.6	39.9	case rate	
GLUCAGON PLASMA	82943	CPT	outpatient			251	16.43	Aetna	Better Health		78.96	0.3146			14.29	238.45	percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	outpatient			251	16.43	Aetna	Medicare		77.31	0.308			14.29	238.45	percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	outpatient			251	16.43	Aetna	Commercial		95.38	0.38			14.29	238.45	percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	outpatient			251	16.43	Americare	Americare		188.25	0.75			14.29	238.45	percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	outpatient			251	16.43	WellPoint	WellPoint		80.52	0.3208			14.29	238.45	percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	outpatient			251	16.43	Amerihealth	Medicare		14.29				14.29	238.45	case rate	
GLUCAGON PLASMA	82943	CPT	outpatient			251	16.43	Consumer	Consumer		238.45	0.95			14.29	238.45	percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	outpatient			251	16.43	Corrections	Corrections		200.8	0.8			14.29	238.45	percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	outpatient			251	16.43	First Health	First Health		175.7	0.7			14.29	238.45	percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	outpatient			251	16.43	First Trenton	First Trenton		225.9	0.9			14.29	238.45	percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	outpatient			251	16.43	Horizon	Medicare Blue		75.3	0.3			14.29	238.45	percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	outpatient			251	16.43	Horizon	MGD		96.08	0.3828			14.29	238.45	percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	outpatient			251	16.43	Horizon	Indemnity		96.08	0.3828			14.29	238.45	percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	outpatient			251	16.43	Horizon	PPO		96.08	0.3828			14.29	238.45	percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	outpatient			251	16.43	Managed Care Inc	Managed Care Inc		225.9	0.9			14.29	238.45	percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	outpatient			251	16.43	Multiplan	Multiplan		200.8	0.8			14.29	238.45	percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	outpatient			251	16.43	Qualcare	Qualcare		188.25	0.75			14.29	238.45	percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	outpatient			251	16.43	Three Rivers	Three Rivers		238.45	0.95			14.29	238.45	percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	outpatient			251	16.43	UHC	Medicaid		78.96	0.3146			14.29	238.45	percent of total billed charges	
GLUCAGON PLASMA	82943	CPT	outpatient			251	16.43	UHC	Medicare		14.29				14.29	238.45	case rate	
GLUCAGON PLASMA	82943	CPT	outpatient			251	16.43	Wellcare	Medicaid		78.96	0.3146			14.29	238.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GLUCAGON PLASMA	82943	CPT	outpatient			251	16.43	Wellcare	Medicare		14.29				14.29	238.45	case rate	
GOUCOSE BODY FLUID	82945	CPT	both			125	4.52	Aetna	Better Health		39.33	0.3146			3.93	118.75	percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125	4.52	Aetna	Commercial		47.5	0.38			3.93	118.75	percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125	4.52	Aetna	Medicare		38.5	0.308			3.93	118.75	percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125	4.52	Americare	Americare		93.75	0.75			3.93	118.75	percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125	4.52	WellPoint	WellPoint		40.1	0.3208			3.93	118.75	percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125	4.52	Amerihealth	Medicare		3.93				3.93	118.75	case rate	
GOUCOSE BODY FLUID	82945	CPT	both			125	4.52	Consumer	Consumer		118.75	0.95			3.93	118.75	percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125	4.52	Corrections	Corrections		100	0.8			3.93	118.75	percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125	4.52	First Health	First Health		87.5	0.7			3.93	118.75	percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125	4.52	First Trenton	First Trenton		112.5	0.9			3.93	118.75	percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125	4.52	Horizon	MGD		47.85	0.3828			3.93	118.75	percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125	4.52	Horizon	Indemnity		47.85	0.3828			3.93	118.75	percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125	4.52	Horizon	Medicare Blue		37.5	0.3			3.93	118.75	percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125	4.52	Horizon	PPO		47.85	0.3828			3.93	118.75	percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125	4.52	Managed Care Inc	Managed Care Inc		112.5	0.9			3.93	118.75	percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125	4.52	Multiplan	Multiplan		100	0.8			3.93	118.75	percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125	4.52	Qualcare	Qualcare		93.75	0.75			3.93	118.75	percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125	4.52	Three Rivers	Three Rivers		118.75	0.95			3.93	118.75	percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125	4.52	UHC	Medicaid		39.33	0.3146			3.93	118.75	percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125	4.52	UHC	Medicare		3.93				3.93	118.75	case rate	
GOUCOSE BODY FLUID	82945	CPT	both			125	4.52	Wellcare	Medicaid		39.33	0.3146			3.93	118.75	percent of total billed charges	
GOUCOSE BODY FLUID	82945	CPT	both			125	4.52	Wellcare	Medicare		3.93				3.93	118.75	case rate	
URINE.GLUCOSE.RANDOM	82947	CPT	both			146	4.52	Aetna	Commercial		55.48	0.38			3.3	138.7	percent of total billed charges	
URINE.GLUCOSE.RANDOM	82947	CPT	both			146	4.52	Aetna	Better Health		45.93	0.3146			3.3	138.7	percent of total billed charges	
URINE.GLUCOSE.RANDOM	82947	CPT	both			146	4.52	Aetna	Medicare		3.93				3.3	138.7	case rate	
URINE.GLUCOSE.RANDOM	82947	CPT	both			146	4.52	Americare	Americare		109.5	0.75			3.3	138.7	percent of total billed charges	
URINE.GLUCOSE.RANDOM	82947	CPT	both			146	4.52	WellPoint	WellPoint		46.84	0.3208			3.3	138.7	percent of total billed charges	
URINE.GLUCOSE.RANDOM	82947	CPT	both			146	4.52	Amerihealth	Medicare		3.93				3.3	138.7	case rate	
URINE.GLUCOSE.RANDOM	82947	CPT	both			146	4.52	Consumer	Consumer		138.7	0.95			3.3	138.7	percent of total billed charges	
URINE.GLUCOSE.RANDOM	82947	CPT	both			146	4.52	Corrections	Corrections		116.8	0.8			3.3	138.7	percent of total billed charges	
URINE.GLUCOSE.RANDOM	82947	CPT	both			146	4.52	First Health	First Health		102.2	0.7			3.3	138.7	percent of total billed charges	
URINE.GLUCOSE.RANDOM	82947	CPT	both			146	4.52	First Trenton	First Trenton		131.4	0.9			3.3	138.7	percent of total billed charges	
URINE.GLUCOSE.RANDOM	82947	CPT	both			146	4.52	Horizon	Indemnity		55.89	0.3828			3.3	138.7	percent of total billed charges	
URINE.GLUCOSE.RANDOM	82947	CPT	both			146	4.52	Horizon	MGD		55.89	0.3828			3.3	138.7	percent of total billed charges	
URINE.GLUCOSE.RANDOM	82947	CPT	both			146	4.52	Horizon	Medicare Blue		43.8	0.3			3.3	138.7	percent of total billed charges	
URINE.GLUCOSE.RANDOM	82947	CPT	both			146	4.52	Horizon	PPO		55.89	0.3828			3.3	138.7	percent of total billed charges	
URINE.GLUCOSE.RANDOM	82947	CPT	both			146	4.52	Managed Care Inc	Managed Care Inc		131.4	0.9			3.3	138.7	percent of total billed charges	
URINE.GLUCOSE.RANDOM	82947	CPT	both			146	4.52	Multiplan	Multiplan		116.8	0.8			3.3	138.7	percent of total billed charges	
URINE.GLUCOSE.RANDOM	82947	CPT	both			146	4.52	Qualcare	Qualcare		109.5	0.75			3.3	138.7	percent of total billed charges	
URINE.GLUCOSE.RANDOM	82947	CPT	both			146	4.52	Three Rivers	Three Rivers		138.7	0.95			3.3	138.7	percent of total billed charges	
URINE.GLUCOSE.RANDOM	82947	CPT	both			146	4.52	UHC	Medicare		3.93				3.3	138.7	case rate	
URINE.GLUCOSE.RANDOM	82947	CPT	both			146	4.52	UHC	Medicaid		4.34				3.3	138.7	case rate	
URINE.GLUCOSE.RANDOM	82947	CPT	both			146	4.52	Wellcare	Medicare		3.93				3.3	138.7	case rate	
URINE.GLUCOSE.RANDOM	82947	CPT	both			146	4.52	Wellcare	Medicaid		4.34				3.3	138.7	case rate	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44	5.8	Aetna	Commercial		16.72	0.38			4.8	41.8	percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44	5.8	Aetna	Better Health		13.84	0.3146			4.8	41.8	percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44	5.8	Aetna	Medicare		13.55	0.308			4.8	41.8	percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44	5.8	Americare	Americare		33	0.75			4.8	41.8	percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44	5.8	WellPoint	WellPoint		14.12	0.3208			4.8	41.8	percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44	5.8	Amerihealth	Medicare		5.04				4.8	41.8	case rate	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44	5.8	Consumer	Consumer		41.8	0.95			4.8	41.8	percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44	5.8	Corrections	Corrections		35.2	0.8			4.8	41.8	percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44	5.8	First Health	First Health		30.8	0.7			4.8	41.8	percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44	5.8	First Trenton	First Trenton		39.6	0.9			4.8	41.8	percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44	5.8	Horizon	MGD		16.84	0.3828			4.8	41.8	percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44	5.8	Horizon	Indemnity		16.84	0.3828			4.8	41.8	percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44	5.8	Horizon	Medicare Blue		13.2	0.3			4.8	41.8	percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44	5.8	Horizon	PPO		16.84	0.3828			4.8	41.8	percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44	5.8	Managed Care Inc	Managed Care Inc		39.6	0.9			4.8	41.8	percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44	5.8	Multiplan	Multiplan		35.2	0.8			4.8	41.8	percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44	5.8	Qualcare	Qualcare		33	0.75			4.8	41.8	percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44	5.8	Three Rivers	Three Rivers		41.8	0.95			4.8	41.8	percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44	5.8	UHC	Medicaid		13.84	0.3146			4.8	41.8	percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44	5.8	UHC	Medicare		5.04				4.8	41.8	case rate	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44	5.8	Wellcare	Medicaid		13.84	0.3146			4.8	41.8	percent of total billed charges	
GLUCOSE; BLOOD REAGENT STRIP	82948	CPT	both			44	5.8	Wellcare	Medicare		5.04				4.8	41.8	case rate	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83	5.46	Aetna	Better Health		26.11	0.3146			3	78.85	percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83	5.46	Aetna	Commercial		31.54	0.38			3	78.85	percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83	5.46	Aetna	Medicare		4.75				3	78.85	case rate	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83	5.46	Americare	Americare		62.25	0.75			3	78.85	percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83	5.46	WellPoint	WellPoint		26.63	0.3208			3	78.85	percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83	5.46	Amerihealth	Medicare		4.75				3	78.85	case rate	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83	5.46	Consumer	Consumer		78.85	0.95			3	78.85	percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83	5.46	Corrections	Corrections		66.4	0.8			3	78.85	percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83	5.46	First Health	First Health		58.1	0.7			3	78.85	percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83	5.46	First Trenton	First Trenton		74.7	0.9			3	78.85	percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83	5.46	Horizon	Indemnity		31.77	0.3828			3	78.85	percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83	5.46	Horizon	Medicare Blue		24.9	0.3			3	78.85	percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83	5.46	Horizon	MGD		31.77	0.3828			3	78.85	percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83	5.46	Horizon	PPO		31.77	0.3828			3	78.85	percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83	5.46	Managed Care Inc	Managed Care Inc		74.7	0.9			3	78.85	percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83	5.46	Multiplan	Multiplan		66.4	0.8			3	78.85	percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83	5.46	Qualcare	Qualcare		62.25	0.75			3	78.85	percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83	5.46	Three Rivers	Three Rivers		78.85	0.95			3	78.85	percent of total billed charges	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83	5.46	UHC	Medicaid		3				3	78.85	case rate	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83	5.46	UHC	Medicare		4.75				3	78.85	case rate	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83	5.46	Wellcare	Medicare		4.75				3	78.85	case rate	
GLUCOSE CHALLENGE TEST	82950	CPT	both			83	5.46	Wellcare	Medicaid		3				3	78.85	case rate	
GLUCOSE 2 HOURS	82951	CPT	outpatient			110	14.8	Aetna	Commercial		41.8	0.38			5	104.5	percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	outpatient			110	14.8	Aetna	Better Health		34.61	0.3146			5	104.5	percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	outpatient			110	14.8	Aetna	Medicare		12.87				5	104.5	case rate	
GLUCOSE 2 HOURS	82951	CPT	outpatient			110	14.8	Americare	Americare		82.5	0.75			5	104.5	percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	outpatient			110	14.8	WellPoint	WellPoint		35.29	0.3208			5	104.5	percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	outpatient			110	14.8	Amerihealth	Medicare		12.87				5	104.5	case rate	
GLUCOSE 2 HOURS	82951	CPT	outpatient			110	14.8	Consumer	Consumer		104.5	0.95			5	104.5	percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	outpatient			110	14.8	Corrections	Corrections		88	0.8			5	104.5	percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	outpatient			110	14.8	First Health	First Health		77	0.7			5	104.5	percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	outpatient			110	14.8	First Trenton	First Trenton		99	0.9			5	104.5	percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	outpatient			110	14.8	Horizon	Medicare Blue		33	0.3			5	104.5	percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	outpatient			110	14.8	Horizon	MGD		42.11	0.3828			5	104.5	percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	outpatient			110	14.8	Horizon	Indemnity		42.11	0.3828			5	104.5	percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	outpatient			110	14.8	Horizon	PPO		42.11	0.3828			5	104.5	percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	outpatient			110	14.8	Managed Care Inc	Managed Care Inc		99	0.9			5	104.5	percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	outpatient			110	14.8	Multiplan	Multiplan		88	0.8			5	104.5	percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	outpatient			110	14.8	Qualcare	Qualcare		82.5	0.75			5	104.5	percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	outpatient			110	14.8	Three Rivers	Three Rivers		104.5	0.95			5	104.5	percent of total billed charges	
GLUCOSE 2 HOURS	82951	CPT	outpatient			110	14.8	UHC	Medicaid		5				5	104.5	case rate	
GLUCOSE 2 HOURS	82951	CPT	outpatient			110	14.8	UHC	Medicare		12.87				5	104.5	case rate	
GLUCOSE 2 HOURS	82951	CPT	outpatient			110	14.8	Wellcare	Medicaid		5				5	104.5	case rate	
GLUCOSE 2 HOURS	82951	CPT	outpatient			110	14.8	Wellcare	Medicare		12.87				5	104.5	case rate	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Aetna	Better Health		9.12	0.3146			1	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Aetna	Medicare		3.92				1	27.55	case rate	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Aetna	Commercial		11.02	0.38			1	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Americare	Americare		21.75	0.75			1	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	WellPoint	WellPoint		9.3	0.3208			1	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Amerihealth	Medicare		3.92				1	27.55	case rate	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Consumer	Consumer		27.55	0.95			1	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Corrections	Corrections		23.2	0.8			1	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	First Health	First Health		20.3	0.7			1	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	First Trenton	First Trenton		26.1	0.9			1	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Horizon	MGD		11.1	0.3828			1	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Horizon	Medicare Blue		8.7	0.3			1	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Horizon	Indemnity		11.1	0.3828			1	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Horizon	PPO		11.1	0.3828			1	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Managed Care Inc	Managed Care Inc		26.1	0.9			1	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Multiplan	Multiplan		23.2	0.8			1	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Qualcare	Qualcare		21.75	0.75			1	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Three Rivers	Three Rivers		27.55	0.95			1	27.55	percent of total billed charges	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	UHC	Medicaid		1				1	27.55	case rate	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	UHC	Medicare		3.92				1	27.55	case rate	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Wellcare	Medicare		3.92				1	27.55	case rate	
GLUCOSE 3 HOURS	82952	CPT	both			29	4.51	Wellcare	Medicaid		1				1	27.55	case rate	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Aetna	Medicare		9.7				6	170.05	case rate	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Aetna	Better Health		56.31	0.3146			6	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Aetna	Commercial		68.02	0.38			6	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Americare	Americare		134.25	0.75			6	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	WellPoint	WellPoint		57.42	0.3208			6	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Amerihealth	Medicare		9.7				6	170.05	case rate	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Consumer	Consumer		170.05	0.95			6	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Corrections	Corrections		143.2	0.8			6	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	First Health	First Health		125.3	0.7			6	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	First Trenton	First Trenton		161.1	0.9			6	170.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Horizon	MGD		68.52	0.3828			6	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Horizon	Medicare Blue		53.7	0.3			6	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Horizon	Indemnity		68.52	0.3828			6	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Horizon	PPO		68.52	0.3828			6	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Managed Care Inc	Managed Care Inc		161.1	0.9			6	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Multiplan	Multiplan		143.2	0.8			6	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Qualcare	Qualcare		134.25	0.75			6	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Three Rivers	Three Rivers		170.05	0.95			6	170.05	percent of total billed charges	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	UHC	Medicaid		6				6	170.05	case rate	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	UHC	Medicare		9.7				6	170.05	case rate	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Wellcare	Medicare		9.7				6	170.05	case rate	
WHOLE BLOOD GLUCOSE	82955	CPT	both			179	11.16	Wellcare	Medicaid		6				6	170.05	case rate	
G6PD SCREEN	82960	CPT	both			36	6.96	Aetna	Commercial		13.68	0.38			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Aetna	Better Health		11.33	0.3146			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Aetna	Medicare		6.05				6.05	34.2	case rate	
G6PD SCREEN	82960	CPT	both			36	6.96	Americare	Americare		27	0.75			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	WellPoint	WellPoint		11.55	0.3208			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Amerihealth	Medicare		6.05				6.05	34.2	case rate	
G6PD SCREEN	82960	CPT	both			36	6.96	Consumer	Consumer		34.2	0.95			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Corrections	Corrections		28.8	0.8			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	First Health	First Health		25.2	0.7			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	First Trenton	First Trenton		32.4	0.9			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Horizon	Indemnity		13.78	0.3828			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Horizon	PPO		13.78	0.3828			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Horizon	MGD		13.78	0.3828			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Horizon	Medicare Blue		10.8	0.3			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Managed Care Inc	Managed Care Inc		32.4	0.9			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Multiplan	Multiplan		28.8	0.8			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Qualcare	Qualcare		27	0.75			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	Three Rivers	Three Rivers		34.2	0.95			6.05	34.2	percent of total billed charges	
G6PD SCREEN	82960	CPT	both			36	6.96	UHC	Medicaid		7				6.05	34.2	case rate	
G6PD SCREEN	82960	CPT	both			36	6.96	UHC	Medicare		6.05				6.05	34.2	case rate	
G6PD SCREEN	82960	CPT	both			36	6.96	Wellcare	Medicaid		7				6.05	34.2	case rate	
G6PD SCREEN	82960	CPT	both			36	6.96	Wellcare	Medicare		6.05				6.05	34.2	case rate	
POC-BG GLUCOSE	82962	CPT	both			23	3.77	Aetna	Commercial		8.74	0.38			2.6	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	both			23	3.77	Aetna	Better Health		7.24	0.3146			2.6	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	both			23	3.77	Aetna	Medicare		3.28				2.6	21.85	case rate	
POC-BG GLUCOSE	82962	CPT	both			23	3.77	Americare	Americare		17.25	0.75			2.6	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	both			23	3.77	WellPoint	WellPoint		7.38	0.3208			2.6	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	both			23	3.77	Amerihealth	Medicare		3.28				2.6	21.85	case rate	
POC-BG GLUCOSE	82962	CPT	both			23	3.77	Consumer	Consumer		21.85	0.95			2.6	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	both			23	3.77	Corrections	Corrections		18.4	0.8			2.6	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	both			23	3.77	First Health	First Health		16.1	0.7			2.6	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	both			23	3.77	First Trenton	First Trenton		20.7	0.9			2.6	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	both			23	3.77	Horizon	Medicare Blue		6.9	0.3			2.6	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	both			23	3.77	Horizon	Indemnity		8.8	0.3828			2.6	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	both			23	3.77	Horizon	MGD		8.8	0.3828			2.6	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	both			23	3.77	Horizon	PPO		8.8	0.3828			2.6	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	both			23	3.77	Managed Care Inc	Managed Care Inc		20.7	0.9			2.6	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	both			23	3.77	Multiplan	Multiplan		18.4	0.8			2.6	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	both			23	3.77	Qualcare	Qualcare		17.25	0.75			2.6	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	both			23	3.77	Three Rivers	Three Rivers		21.85	0.95			2.6	21.85	percent of total billed charges	
POC-BG GLUCOSE	82962	CPT	both			23	3.77	UHC	Medicare		3.28				2.6	21.85	case rate	
POC-BG GLUCOSE	82962	CPT	both			23	3.77	UHC	Medicaid		2.6				2.6	21.85	case rate	
POC-BG GLUCOSE	82962	CPT	both			23	3.77	Wellcare	Medicare		3.28				2.6	21.85	case rate	
POC-BG GLUCOSE	82962	CPT	both			23	3.77	Wellcare	Medicaid		2.6				2.6	21.85	case rate	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Aetna	Commercial		231.42	0.38			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Aetna	Medicare		21.48				21.48	578.55	case rate	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Aetna	Better Health		191.59	0.3146			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Americare	Americare		456.75	0.75			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	WellPoint	WellPoint		195.37	0.3208			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Amerihealth	Medicare		21.48				21.48	578.55	case rate	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Consumer	Consumer		578.55	0.95			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Corrections	Corrections		487.2	0.8			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	First Health	First Health		426.3	0.7			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	First Trenton	First Trenton		548.1	0.9			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Horizon	Indemnity		233.13	0.3828			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Horizon	PPO		233.13	0.3828			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Horizon	MGD		233.13	0.3828			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Horizon	Medicare Blue		182.7	0.3			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Managed Care Inc	Managed Care Inc		548.1	0.9			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Multiplan	Multiplan		487.2	0.8			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Qualcare	Qualcare		456.75	0.75			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Three Rivers	Three Rivers		578.55	0.95			21.48	578.55	percent of total billed charges	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	UHC	Medicare		21.48				21.48	578.55	case rate	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	UHC	Medicaid		26.5				21.48	578.55	case rate	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Wellcare	Medicaid		26.5				21.48	578.55	case rate	
TAY SACHS (M/P PREGANCY) LAB	82963	CPT	outpatient			609	24.7	Wellcare	Medicare		21.48				21.48	578.55	case rate	
GLUTAMYLTRANSFERASE GAMMA (GTT)	82977	CPT	both			100	8.28	Aetna	Better Health		31.46	0.3146			4.8	95	percent of total billed charges	
GLUTAMYLTRANSFERASE GAMMA (GTT)	82977	CPT	both			100	8.28	Aetna	Medicare		7.2				4.8	95	case rate	
GLUTAMYLTRANSFERASE GAMMA (GTT)	82977	CPT	both			100	8.28	Aetna	Commercial		38	0.38			4.8	95	percent of total billed charges	
GLUTAMYLTRANSFERASE GAMMA (GTT)	82977	CPT	both			100	8.28	Americare	Americare		75	0.75			4.8	95	percent of total billed charges	
GLUTAMYLTRANSFERASE GAMMA (GTT)	82977	CPT	both			100	8.28	WellPoint	WellPoint		32.08	0.3208			4.8	95	percent of total billed charges	
GLUTAMYLTRANSFERASE GAMMA (GTT)	82977	CPT	both			100	8.28	Amerihealth	Medicare		7.2				4.8	95	case rate	
GLUTAMYLTRANSFERASE GAMMA (GTT)	82977	CPT	both			100	8.28	Consumer	Consumer		95	0.95			4.8	95	percent of total billed charges	
GLUTAMYLTRANSFERASE GAMMA (GTT)	82977	CPT	both			100	8.28	Corrections	Corrections		80	0.8			4.8	95	percent of total billed charges	
GLUTAMYLTRANSFERASE GAMMA (GTT)	82977	CPT	both			100	8.28	First Health	First Health		70	0.7			4.8	95	percent of total billed charges	
GLUTAMYLTRANSFERASE GAMMA (GTT)	82977	CPT	both			100	8.28	First Trenton	First Trenton		90	0.9			4.8	95	percent of total billed charges	
GLUTAMYLTRANSFERASE GAMMA (GTT)	82977	CPT	both			100	8.28	Horizon	Medicare Blue		30	0.3			4.8	95	percent of total billed charges	
GLUTAMYLTRANSFERASE GAMMA (GTT)	82977	CPT	both			100	8.28	Horizon	MGD		38.28	0.3828			4.8	95	percent of total billed charges	
GLUTAMYLTRANSFERASE GAMMA (GTT)	82977	CPT	both			100	8.28	Horizon	Indemnity		38.28	0.3828			4.8	95	percent of total billed charges	
GLUTAMYLTRANSFERASE GAMMA (GTT)	82977	CPT	both			100	8.28	Horizon	PPO		38.28	0.3828			4.8	95	percent of total billed charges	
GLUTAMYLTRANSFERASE GAMMA (GTT)	82977	CPT	both			100	8.28	Managed Care Inc	Managed Care Inc		90	0.9			4.8	95	percent of total billed charges	
GLUTAMYLTRANSFERASE GAMMA (GTT)	82977	CPT	both			100	8.28	Multiplan	Multiplan		80	0.8			4.8	95	percent of total billed charges	
GLUTAMYLTRANSFERASE GAMMA (GTT)	82977	CPT	both			100	8.28	Qualcare	Qualcare		75	0.75			4.8	95	percent of total billed charges	
GLUTAMYLTRANSFERASE GAMMA (GTT)	82977	CPT	both			100	8.28	Three Rivers	Three Rivers		95	0.95			4.8	95	percent of total billed charges	
GLUTAMYLTRANSFERASE GAMMA (GTT)	82977	CPT	both			100	8.28	UHC	Medicaid		4.8				4.8	95	case rate	
GLUTAMYLTRANSFERASE GAMMA (GTT)	82977	CPT	both			100	8.28	UHC	Medicare		7.2				4.8	95	case rate	
GLUTAMYLTRANSFERASE GAMMA (GTT)	82977	CPT	both			100	8.28	Wellcare	Medicaid		4.8				4.8	95	case rate	
GLUTAMYLTRANSFERASE GAMMA (GTT)	82977	CPT	both			100	8.28	Wellcare	Medicare		7.2				4.8	95	case rate	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Aetna	Commercial		15.96	0.38			6.6	39.9	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Aetna	Better Health		13.21	0.3146			6.6	39.9	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Aetna	Medicare		16.76				6.6	39.9	case rate	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Americare	Americare		31.5	0.75			6.6	39.9	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	WellPoint	WellPoint		13.47	0.3208			6.6	39.9	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Amerihealth	Medicare		16.76				6.6	39.9	case rate	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Consumer	Consumer		39.9	0.95			6.6	39.9	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Corrections	Corrections		33.6	0.8			6.6	39.9	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	First Health	First Health		29.4	0.7			6.6	39.9	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	First Trenton	First Trenton		37.8	0.9			6.6	39.9	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Horizon	Indemnity		16.08	0.3828			6.6	39.9	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Horizon	Medicare Blue		12.6	0.3			6.6	39.9	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Horizon	MGD		16.08	0.3828			6.6	39.9	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Horizon	PPO		16.08	0.3828			6.6	39.9	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Managed Care Inc	Managed Care Inc		37.8	0.9			6.6	39.9	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Multiplan	Multiplan		33.6	0.8			6.6	39.9	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Qualcare	Qualcare		31.5	0.75			6.6	39.9	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Three Rivers	Three Rivers		39.9	0.95			6.6	39.9	percent of total billed charges	
FRUCTOSAMINE	82985	CPT	both			42	19.27	UHC	Medicare		16.76				6.6	39.9	case rate	
FRUCTOSAMINE	82985	CPT	both			42	19.27	UHC	Medicaid		6.6				6.6	39.9	case rate	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Wellcare	Medicaid		6.6				6.6	39.9	case rate	
FRUCTOSAMINE	82985	CPT	both			42	19.27	Wellcare	Medicare		16.76				6.6	39.9	case rate	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192	21.37	Aetna	Medicare		18.58				7.2	182.4	case rate	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192	21.37	Aetna	Commercial		72.96	0.38			7.2	182.4	percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192	21.37	Aetna	Better Health		60.4	0.3146			7.2	182.4	percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192	21.37	Americare	Americare		144	0.75			7.2	182.4	percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192	21.37	WellPoint	WellPoint		61.59	0.3208			7.2	182.4	percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192	21.37	Amerihealth	Medicare		18.58				7.2	182.4	case rate	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192	21.37	Consumer	Consumer		182.4	0.95			7.2	182.4	percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192	21.37	Corrections	Corrections		153.6	0.8			7.2	182.4	percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192	21.37	First Health	First Health		134.4	0.7			7.2	182.4	percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192	21.37	First Trenton	First Trenton		172.8	0.9			7.2	182.4	percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192	21.37	Horizon	Medicare Blue		57.6	0.3			7.2	182.4	percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192	21.37	Horizon	Indemnity		73.5	0.3828			7.2	182.4	percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192	21.37	Horizon	MGD		73.5	0.3828			7.2	182.4	percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192	21.37	Horizon	PPO		73.5	0.3828			7.2	182.4	percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192	21.37	Managed Care Inc	Managed Care Inc		172.8	0.9			7.2	182.4	percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192	21.37	Multiplan	Multiplan		153.6	0.8			7.2	182.4	percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192	21.37	Qualcare	Qualcare		144	0.75			7.2	182.4	percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192	21.37	Three Rivers	Three Rivers		182.4	0.95			7.2	182.4	percent of total billed charges	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192	21.37	UHC	Medicare		18.58				7.2	182.4	case rate	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192	21.37	UHC	Medicaid		17				7.2	182.4	case rate	
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192	21.37	Wellcare	Medicare		18.58				7.2	182.4	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FSH PEDIATRIC(ENDO SCI)	83001	CPT	both			192	21.37	Wellcare	Medicaid		17				7.2	182.4	case rate	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166	21.3	Aetna	Better Health		52.22	0.3146			7.2	157.7	percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166	21.3	Aetna	Commercial		63.08	0.38			7.2	157.7	percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166	21.3	Aetna	Medicare		18.52				7.2	157.7	case rate	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166	21.3	Americare	Americare		124.5	0.75			7.2	157.7	percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166	21.3	WellPoint	WellPoint		53.25	0.3208			7.2	157.7	percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166	21.3	AmeriHealth	Medicare		18.52				7.2	157.7	case rate	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166	21.3	Consumer	Consumer		157.7	0.95			7.2	157.7	percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166	21.3	Corrections	Corrections		132.8	0.8			7.2	157.7	percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166	21.3	First Health	First Health		116.2	0.7			7.2	157.7	percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166	21.3	First Trenton	First Trenton		149.4	0.9			7.2	157.7	percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166	21.3	Horizon	Indemnity		63.54	0.3828			7.2	157.7	percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166	21.3	Horizon	Medicare Blue		49.8	0.3			7.2	157.7	percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166	21.3	Horizon	MGD		63.54	0.3828			7.2	157.7	percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166	21.3	Horizon	PPO		63.54	0.3828			7.2	157.7	percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166	21.3	Managed Care Inc	Managed Care Inc		149.4	0.9			7.2	157.7	percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166	21.3	Multiplan	Multiplan		132.8	0.8			7.2	157.7	percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166	21.3	Qualcare	Qualcare		124.5	0.75			7.2	157.7	percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166	21.3	Three Rivers	Three Rivers		157.7	0.95			7.2	157.7	percent of total billed charges	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166	21.3	UHC	Medicare		18.52				7.2	157.7	case rate	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166	21.3	UHC	Medicaid		17				7.2	157.7	case rate	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166	21.3	Wellcare	Medicare		18.52				7.2	157.7	case rate	
LUTEINIZING HORMONE PEDS	83002	CPT	both			166	21.3	Wellcare	Medicaid		17				7.2	157.7	case rate	
GROWTH HORMONE SERUM	83003	CPT	both			41	19.17	Aetna	Better Health		12.9	0.3146			12.3	38.95	percent of total billed charges	
GROWTH HORMONE SERUM	83003	CPT	both			41	19.17	Aetna	Medicare		16.67				12.3	38.95	case rate	
GROWTH HORMONE SERUM	83003	CPT	both			41	19.17	Aetna	Commercial		15.58	0.38			12.3	38.95	percent of total billed charges	
GROWTH HORMONE SERUM	83003	CPT	both			41	19.17	Americare	Americare		30.75	0.75			12.3	38.95	percent of total billed charges	
GROWTH HORMONE SERUM	83003	CPT	both			41	19.17	WellPoint	WellPoint		13.15	0.3208			12.3	38.95	percent of total billed charges	
GROWTH HORMONE SERUM	83003	CPT	both			41	19.17	AmeriHealth	Medicare		16.67				12.3	38.95	case rate	
GROWTH HORMONE SERUM	83003	CPT	both			41	19.17	Consumer	Consumer		38.95	0.95			12.3	38.95	percent of total billed charges	
GROWTH HORMONE SERUM	83003	CPT	both			41	19.17	Corrections	Corrections		32.8	0.8			12.3	38.95	percent of total billed charges	
GROWTH HORMONE SERUM	83003	CPT	both			41	19.17	First Health	First Health		28.7	0.7			12.3	38.95	percent of total billed charges	
GROWTH HORMONE SERUM	83003	CPT	both			41	19.17	First Trenton	First Trenton		36.9	0.9			12.3	38.95	percent of total billed charges	
GROWTH HORMONE SERUM	83003	CPT	both			41	19.17	Horizon	MGD		15.69	0.3828			12.3	38.95	percent of total billed charges	
GROWTH HORMONE SERUM	83003	CPT	both			41	19.17	Horizon	Indemnity		15.69	0.3828			12.3	38.95	percent of total billed charges	
GROWTH HORMONE SERUM	83003	CPT	both			41	19.17	Horizon	Medicare Blue		12.3	0.3			12.3	38.95	percent of total billed charges	
GROWTH HORMONE SERUM	83003	CPT	both			41	19.17	Horizon	PPO		15.69	0.3828			12.3	38.95	percent of total billed charges	
GROWTH HORMONE SERUM	83003	CPT	both			41	19.17	Managed Care Inc	Managed Care Inc		36.9	0.9			12.3	38.95	percent of total billed charges	
GROWTH HORMONE SERUM	83003	CPT	both			41	19.17	Multiplan	Multiplan		32.8	0.8			12.3	38.95	percent of total billed charges	
GROWTH HORMONE SERUM	83003	CPT	both			41	19.17	Qualcare	Qualcare		30.75	0.75			12.3	38.95	percent of total billed charges	
GROWTH HORMONE SERUM	83003	CPT	both			41	19.17	Three Rivers	Three Rivers		38.95	0.95			12.3	38.95	percent of total billed charges	
GROWTH HORMONE SERUM	83003	CPT	both			41	19.17	UHC	Medicaid		16				12.3	38.95	case rate	
GROWTH HORMONE SERUM	83003	CPT	both			41	19.17	UHC	Medicare		16.67				12.3	38.95	case rate	
GROWTH HORMONE SERUM	83003	CPT	both			41	19.17	Wellcare	Medicaid		16				12.3	38.95	case rate	
GROWTH HORMONE SERUM	83003	CPT	both			41	19.17	Wellcare	Medicare		16.67				12.3	38.95	case rate	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135	14.47	Aetna	Medicare		12.58				8.7	128.25	case rate	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135	14.47	Aetna	Better Health		42.47	0.3146			8.7	128.25	percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135	14.47	Aetna	Commercial		51.3	0.38			8.7	128.25	percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135	14.47	Americare	Americare		101.25	0.75			8.7	128.25	percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135	14.47	WellPoint	WellPoint		43.31	0.3208			8.7	128.25	percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135	14.47	AmeriHealth	Medicare		12.58				8.7	128.25	case rate	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135	14.47	Consumer	Consumer		128.25	0.95			8.7	128.25	percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135	14.47	Corrections	Corrections		108	0.8			8.7	128.25	percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135	14.47	First Health	First Health		94.5	0.7			8.7	128.25	percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135	14.47	First Trenton	First Trenton		121.5	0.9			8.7	128.25	percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135	14.47	Horizon	MGD		51.68	0.3828			8.7	128.25	percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135	14.47	Horizon	Medicare Blue		40.5	0.3			8.7	128.25	percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135	14.47	Horizon	Indemnity		51.68	0.3828			8.7	128.25	percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135	14.47	Horizon	PPO		51.68	0.3828			8.7	128.25	percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135	14.47	Managed Care Inc	Managed Care Inc		121.5	0.9			8.7	128.25	percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135	14.47	Multiplan	Multiplan		108	0.8			8.7	128.25	percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135	14.47	Qualcare	Qualcare		101.25	0.75			8.7	128.25	percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135	14.47	Three Rivers	Three Rivers		128.25	0.95			8.7	128.25	percent of total billed charges	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135	14.47	UHC	Medicaid		12				8.7	128.25	case rate	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135	14.47	UHC	Medicare		12.58				8.7	128.25	case rate	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135	14.47	Wellcare	Medicaid		12				8.7	128.25	case rate	
HAPTOGLOBIN; QUANTITATIVE	83010	CPT	both			135	14.47	Wellcare	Medicare		12.58				8.7	128.25	case rate	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634	77.46	Aetna	Medicare		67.36				48	602.3	case rate	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634	77.46	Aetna	Better Health		199.46	0.3146			48	602.3	percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634	77.46	Aetna	Commercial		240.92	0.38			48	602.3	percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634	77.46	Americare	Americare		475.5	0.75			48	602.3	percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634	77.46	WellPoint	WellPoint		203.39	0.3208			48	602.3	percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634	77.46	AmeriHealth	Medicare		67.36				48	602.3	case rate	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634	77.46	Consumer	Consumer		602.3	0.95			48	602.3	percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634	77.46	Corrections	Corrections		507.2	0.8			48	602.3	percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634	77.46	First Health	First Health		443.8	0.7			48	602.3	percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634	77.46	First Trenton	First Trenton		570.6	0.9			48	602.3	percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634	77.46	Horizon	Medicare Blue		190.2	0.3			48	602.3	percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634	77.46	Horizon	MGD		242.7	0.3828			48	602.3	percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634	77.46	Horizon	Indemnity		242.7	0.3828			48	602.3	percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634	77.46	Horizon	PPO		242.7	0.3828			48	602.3	percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634	77.46	Managed Care Inc	Managed Care Inc		570.6	0.9			48	602.3	percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634	77.46	Multiplan	Multiplan		507.2	0.8			48	602.3	percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634	77.46	Qualcare	Qualcare		475.5	0.75			48	602.3	percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634	77.46	Three Rivers	Three Rivers		602.3	0.95			48	602.3	percent of total billed charges	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634	77.46	UHC	Medicare		67.36				48	602.3	case rate	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634	77.46	UHC	Medicaid		48				48	602.3	case rate	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634	77.46	Wellcare	Medicare		67.36				48	602.3	case rate	
H.PYLORI BREATH TEST ANALYS FOR UREASE	83013	CPT	both			634	77.46	Wellcare	Medicaid		48				48	602.3	case rate	
TITANIUM WB	83018	CPT	both			531	25.25	Aetna	Medicare		21.96				21.96	504.45	case rate	
TITANIUM WB	83018	CPT	both			531	25.25	Aetna	Better Health		167.05	0.3146			21.96	504.45	percent of total billed charges	
TITANIUM WB	83018	CPT	both			531	25.25	Aetna	Commercial		201.78	0.38			21.96	504.45	percent of total billed charges	
TITANIUM WB	83018	CPT	both			531	25.25	Americare	Americare		398.25	0.75			21.96	504.45	percent of total billed charges	
TITANIUM WB	83018	CPT	both			531	25.25	WellPoint	WellPoint		170.34	0.3208			21.96	504.45	percent of total billed charges	
TITANIUM WB	83018	CPT	both			531	25.25	AmeriHealth	Medicare		21.96				21.96	504.45	case rate	
TITANIUM WB	83018	CPT	both			531	25.25	Consumer	Consumer		504.45	0.95			21.96	504.45	percent of total billed charges	
TITANIUM WB	83018	CPT	both			531	25.25	Corrections	Corrections		424.8	0.8			21.96	504.45	percent of total billed charges	
TITANIUM WB	83018	CPT	both			531	25.25	First Health	First Health		371.7	0.7			21.96	504.45	percent of total billed charges	
TITANIUM WB	83018	CPT	both			531	25.25	First Trenton	First Trenton		477.9	0.9			21.96	504.45	percent of total billed charges	
TITANIUM WB	83018	CPT	both			531	25.25	Horizon	MGD		203.27	0.3828			21.96	504.45	percent of total billed charges	
TITANIUM WB	83018	CPT	both			531	25.25	Horizon	PPO		203.27	0.3828			21.96	504.45	percent of total billed charges	
TITANIUM WB	83018	CPT	both			531	25.25	Horizon	Indemnity		203.27	0.3828			21.96	504.45	percent of total billed charges	
TITANIUM WB	83018	CPT	both			531	25.25	Horizon	Medicare Blue		159.3	0.3			21.96	504.45	percent of total billed charges	
TITANIUM WB	83018	CPT	both			531	25.25	Managed Care Inc	Managed Care Inc		477.9	0.9			21.96	504.45	percent of total billed charges	
TITANIUM WB	83018	CPT	both			531	25.25	Multiplan	Multiplan		424.8	0.8			21.96	504.45	percent of total billed charges	
TITANIUM WB	83018	CPT	both			531	25.25	Qualcare	Qualcare		398.25	0.75			21.96	504.45	percent of total billed charges	
TITANIUM WB	83018	CPT	both			531	25.25	Three Rivers	Three Rivers		504.45	0.95			21.96	504.45	percent of total billed charges	
TITANIUM WB	83018	CPT	both			531	25.25	UHC	Medicaid		25				21.96	504.45	case rate	
TITANIUM WB	83018	CPT	both			531	25.25	UHC	Medicare		21.96				21.96	504.45	case rate	
TITANIUM WB	83018	CPT	both			531	25.25	Wellcare	Medicaid		25				21.96	504.45	case rate	
TITANIUM WB	83018	CPT	both			531	25.25	Wellcare	Medicare		21.96				21.96	504.45	case rate	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237	14.8	Aetna	Better Health		74.56	0.3146			8.7	225.15	percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237	14.8	Aetna	Medicare		73	0.308			8.7	225.15	percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237	14.8	Aetna	Commercial		90.06	0.38			8.7	225.15	percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237	14.8	Americare	Americare		177.75	0.75			8.7	225.15	percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237	14.8	WellPoint	WellPoint		76.03	0.3208			8.7	225.15	percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237	14.8	AmeriHealth	Medicare		12.87				8.7	225.15	case rate	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237	14.8	Consumer	Consumer		225.15	0.95			8.7	225.15	percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237	14.8	Corrections	Corrections		189.6	0.8			8.7	225.15	percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237	14.8	First Health	First Health		165.9	0.7			8.7	225.15	percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237	14.8	First Trenton	First Trenton		213.3	0.9			8.7	225.15	percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237	14.8	Horizon	Medicare Blue		71.1	0.3			8.7	225.15	percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237	14.8	Horizon	MGD		90.72	0.3828			8.7	225.15	percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237	14.8	Horizon	Indemnity		90.72	0.3828			8.7	225.15	percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237	14.8	Horizon	PPO		90.72	0.3828			8.7	225.15	percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237	14.8	Managed Care Inc	Managed Care Inc		213.3	0.9			8.7	225.15	percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237	14.8	Multiplan	Multiplan		189.6	0.8			8.7	225.15	percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237	14.8	Qualcare	Qualcare		177.75	0.75			8.7	225.15	percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237	14.8	Three Rivers	Three Rivers		225.15	0.95			8.7	225.15	percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237	14.8	UHC	Medicare		12.87				8.7	225.15	case rate	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237	14.8	UHC	Medicaid		74.56	0.3146			8.7	225.15	percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237	14.8	Wellcare	Medicaid		74.56	0.3146			8.7	225.15	percent of total billed charges	
HGB.FRACTIONATION.CASCADE	83020	CPT	both			237	14.8	Wellcare	Medicare		12.87				8.7	225.15	case rate	
HPLC HB VARIANT	83021	CPT	both			595	20.77	Aetna	Medicare		183.26	0.308			8.7	565.25	percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595	20.77	Aetna	Better Health		187.19	0.3146			8.7	565.25	percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595	20.77	Aetna	Commercial		226.1	0.38			8.7	565.25	percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595	20.77	Americare	Americare		446.25	0.75			8.7	565.25	percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595	20.77	WellPoint	WellPoint		190.88	0.3208			8.7	565.25	percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595	20.77	AmeriHealth	Medicare		18.06				8.7	565.25	case rate	
HPLC HB VARIANT	83021	CPT	both			595	20.77	Consumer	Consumer		565.25	0.95			8.7	565.25	percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595	20.77	Corrections	Corrections		476	0.8			8.7	565.25	percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595	20.77	First Health	First Health		416.5	0.7			8.7	565.25	percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595	20.77	First Trenton	First Trenton		535.5	0.9			8.7	565.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HPLC HB VARIANT	83021	CPT	both			595		20.77 Horizon	MCD		227.77	0.3828			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Horizon	Indemnity		227.77	0.3828			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Horizon	Medicare Blue		178.5	0.3			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Horizon	PPO		227.77	0.3828			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Managed Care Inc	Managed Care Inc		535.5	0.9			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Multiplan	Multiplan		476	0.8			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Qualcare	Qualcare		446.25	0.75			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Three Rivers	Three Rivers		565.25	0.95			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 UHC	Medicaid		187.19	0.3146			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 UHC	Medicare		18.06				8.7		565.25 case rate	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Wellcare	Medicaid		187.19	0.3146			8.7		565.25 percent of total billed charges	
HPLC HB VARIANT	83021	CPT	both			595		20.77 Wellcare	Medicare		18.06				8.7		565.25 case rate	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Aetna	Medicare		10.74				10		298.3 case rate	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Aetna	Commercial		119.32	0.38			10		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Aetna	Better Health		98.78	0.3146			10		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Americare	Americare		235.5	0.75			10		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 WellPoint	WellPoint		100.73	0.3208			10		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Amerihealth	Medicare		10.74				10		298.3 case rate	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Consumer	Consumer		298.3	0.95			10		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Corrections	Corrections		251.2	0.8			10		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 First Health	First Health		219.8	0.7			10		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 First Trenton	First Trenton		282.6	0.9			10		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Horizon	Indemnity		120.2	0.3828			10		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Horizon	MGD		120.2	0.3828			10		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Horizon	Medicare Blue		94.2	0.3			10		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Horizon	PPO		120.2	0.3828			10		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Managed Care Inc	Managed Care Inc		282.6	0.9			10		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Multiplan	Multiplan		251.2	0.8			10		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Qualcare	Qualcare		235.5	0.75			10		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Three Rivers	Three Rivers		298.3	0.95			10		298.3 percent of total billed charges	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 UHC	Medicaid		10				10		298.3 case rate	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 UHC	Medicare		10.74				10		298.3 case rate	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Wellcare	Medicaid		10				10		298.3 case rate	
HGB F(ETAL)	83030	CPT	outpatient			314		12.35 Wellcare	Medicare		10.74				10		298.3 case rate	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Aetna	Medicare		8				7		171 case rate	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Aetna	Commercial		68.4	0.38			7		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Aetna	Better Health		56.63	0.3146			7		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Americare	Americare		135	0.75			7		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 WellPoint	WellPoint		57.74	0.3208			7		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Amerihealth	Medicare		8				7		171 case rate	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Consumer	Consumer		171	0.95			7		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Corrections	Corrections		144	0.8			7		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 First Health	First Health		126	0.7			7		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 First Trenton	First Trenton		162	0.9			7		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Horizon	MGD		68.9	0.3828			7		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Horizon	Medicare Blue		54	0.3			7		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Horizon	Indemnity		68.9	0.3828			7		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Horizon	PPO		68.9	0.3828			7		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Managed Care Inc	Managed Care Inc		162	0.9			7		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Multiplan	Multiplan		144	0.8			7		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Qualcare	Qualcare		135	0.75			7		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Three Rivers	Three Rivers		171	0.95			7		171 percent of total billed charges	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 UHC	Medicaid		7				7		171 case rate	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 UHC	Medicare		8				7		171 case rate	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Wellcare	Medicaid		7				7		171 case rate	
REFLEX TO FETAL HEMOGLOBIN (HBF) QUAL (5	83033	CPT	outpatient			180		9.2 Wellcare	Medicare		8				7		171 case rate	
POC HBA1C	83036	CPT	both			113		11.17 Aetna	Medicare		34.8	0.308			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Aetna	Commercial		42.94	0.38			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Aetna	Better Health		35.55	0.3146			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Americare	Americare		84.75	0.75			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 WellPoint	WellPoint		36.25	0.3208			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Amerihealth	Medicare		9.71				9.71		107.35 case rate	
POC HBA1C	83036	CPT	both			113		11.17 Consumer	Consumer		107.35	0.95			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Corrections	Corrections		90.4	0.8			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 First Health	First Health		79.1	0.7			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 First Trenton	First Trenton		101.7	0.9			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Horizon	Indemnity		43.26	0.3828			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Horizon	MGD		43.26	0.3828			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Horizon	Medicare Blue		33.9	0.3			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Horizon	PPO		43.26	0.3828			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Managed Care Inc	Managed Care Inc		101.7	0.9			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Multiplan	Multiplan		90.4	0.8			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Qualcare	Qualcare		84.75	0.75			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 Three Rivers	Three Rivers		107.35	0.95			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 UHC	Medicaid		35.55	0.3146			9.71		107.35 percent of total billed charges	
POC HBA1C	83036	CPT	both			113		11.17 UHC	Medicare		9.71				9.71		107.35 case rate	
POC HBA1C	83036	CPT	both			113		11.17 Wellcare	Medicare		9.71				9.71		107.35 case rate	
POC HBA1C	83036	CPT	both			113		11.17 Wellcare	Medicaid		35.55	0.3146			9.71		107.35 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Aetna	Better Health		11.33	0.3146			7.77		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Aetna	Medicare		9.71				7.77		34.2 case rate	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Aetna	Commercial		13.68	0.38			7.77		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Americare	Americare		27	0.75			7.77		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 WellPoint	WellPoint		11.55	0.3208			7.77		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Amerihealth	Medicare		9.71				7.77		34.2 case rate	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Consumer	Consumer		34.2	0.95			7.77		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Corrections	Corrections		28.8	0.8			7.77		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 First Health	First Health		25.2	0.7			7.77		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 First Trenton	First Trenton		32.4	0.9			7.77		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Horizon	MGD		13.78	0.3828			7.77		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Horizon	Indemnity		13.78	0.3828			7.77		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Horizon	Medicare Blue		10.8	0.3			7.77		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Horizon	PPO		13.78	0.3828			7.77		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Managed Care Inc	Managed Care Inc		32.4	0.9			7.77		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Multiplan	Multiplan		28.8	0.8			7.77		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Qualcare	Qualcare		27	0.75			7.77		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Three Rivers	Three Rivers		34.2	0.95			7.77		34.2 percent of total billed charges	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 UHC	Medicaid		7.77				7.77		34.2 case rate	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 UHC	Medicare		9.71				7.77		34.2 case rate	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Wellcare	Medicaid		7.77				7.77		34.2 case rate	
POCT HEMOGLOBIN A1C	83037	CPT	outpatient			36		11.17 Wellcare	Medicare		9.71				7.77		34.2 case rate	
METHEMOGLOBIN BLOOD	83050	CPT	inpatient			44		9.43 Aetna	Better Health		13.84	0.3146			3		41.8 percent of total billed charges	
METHEMOGLOBIN BLOOD	83050	CPT	inpatient			44		9.43 Aetna	Commercial		16.72	0.38			3		41.8 percent of total billed charges	
METHEMOGLOBIN BLOOD	83050	CPT	inpatient			44		9.43 Aetna	Medicare		8.2				3		41.8 case rate	
METHEMOGLOBIN BLOOD	83050	CPT	inpatient			44		9.43 Americare	Americare		33	0.75			3		41.8 percent of total billed charges	
METHEMOGLOBIN BLOOD	83050	CPT	inpatient			44		9.43 WellPoint	WellPoint		14.12	0.3208			3		41.8 percent of total billed charges	
METHEMOGLOBIN BLOOD	83050	CPT	inpatient			44		9.43 Amerihealth	Medicare		8.2				3		41.8 case rate	
METHEMOGLOBIN BLOOD	83050	CPT	inpatient			44		9.43 Consumer	Consumer		41.8	0.95			3		41.8 percent of total billed charges	
METHEMOGLOBIN BLOOD	83050	CPT	inpatient			44		9.43 Corrections	Corrections		35.2	0.8			3		41.8 percent of total billed charges	
METHEMOGLOBIN BLOOD	83050	CPT	inpatient			44		9.43 First Health	First Health		30.8	0.7			3		41.8 percent of total billed charges	
METHEMOGLOBIN BLOOD	83050	CPT	inpatient			44		9.43 First Trenton	First Trenton		39.6	0.9			3		41.8 percent of total billed charges	
METHEMOGLOBIN BLOOD	83050	CPT	inpatient			44		9.43 Horizon	MGD		16.84	0.3828			3		41.8 percent of total billed charges	
METHEMOGLOBIN BLOOD	83050	CPT	inpatient			44		9.43 Horizon	Medicare Blue		13.2	0.3			3		41.8 percent of total billed charges	
METHEMOGLOBIN BLOOD	83050	CPT	inpatient			44		9.43 Horizon	Indemnity		16.84	0.3828			3		41.8 percent of total billed charges	
METHEMOGLOBIN BLOOD	83050	CPT	inpatient			44		9.43 Horizon	PPO		16.84	0.3828			3		41.8 percent of total billed charges	
METHEMOGLOBIN BLOOD	83050	CPT	inpatient			44		9.43 Managed Care Inc	Managed Care Inc		39.6	0.9			3		41.8 percent of total billed charges	
METHEMOGLOBIN BLOOD	83050	CPT	inpatient			44		9.43 Multiplan	Multiplan		35.2	0.8			3		41.8 percent of total billed charges	
METHEMOGLOBIN BLOOD	83050	CPT	inpatient			44		9.43 Qualcare	Qualcare		33	0.75			3		41.8 percent of total billed charges	
METHEMOGLOBIN BLOOD	83050	CPT	inpatient			44		9.43 Three Rivers	Three Rivers		41.8	0.95			3		41.8 percent of total billed charges	
METHEMOGLOBIN BLOOD	83050	CPT	inpatient			44		9.43 UHC	Medicaid		3				3		41.8 case rate	
METHEMOGLOBIN BLOOD	83050	CPT	inpatient			44		9.43 UHC	Medicare		8.2				3		41.8 case rate	
METHEMOGLOBIN BLOOD	83050	CPT	inpatient			44		9.43 Wellcare	Medicaid		3				3		41.8 case rate	
METHEMOGLOBIN BLOOD	83050	CPT	inpatient			44		9.43 Wellcare	Medicare		8.2				3		41.8 case rate	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83		8.41 Aetna	Commercial		31.54	0.38			1.2		78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83		8.41 Aetna	Better Health		26.11	0.3146			1.2		78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83		8.41 Aetna	Medicare		7.31				1.2		78.85 case rate	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83		8.41 Americare	Americare		62.25	0.75			1.2		78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83		8.41 WellPoint	WellPoint		26.63	0.3208			1.2		78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83		8.41 Amerihealth	Medicare		7.31				1.2		78.85 case rate	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83		8.41 Consumer	Consumer		78.85	0.95			1.2		78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83		8.41 Corrections	Corrections		66.4	0.8			1.2		78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83		8.41 First Health	First Health		58.1	0.7			1.2		78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83		8.41 First Trenton	First Trenton		74.7	0.9			1.2		78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83		8.41 Horizon	Indemnity		31.77	0.3828			1.2		78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83		8.41 Horizon	MGD		31.77	0.3828			1.2		78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83		8.41 Horizon	PPO		31.77	0.3828			1.2		78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83		8.41 Horizon	Medicare Blue		24.9	0.3			1.2		78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83		8.41 Managed Care Inc	Managed Care Inc		74.7	0.9			1.2		78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83		8.41 Multiplan	Multiplan		66.4	0.8			1.2		78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83		8.41 Qualcare	Qualcare		62.25	0.75			1.2		78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83		8.41 Three Rivers	Three Rivers		78.85	0.95			1.2		78.85 percent of total billed charges	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83		8.41 UHC	Medicare		7.31				1.2		78.85 case rate	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83		8.41 UHC	Medicaid		1.2				1.2		78.85 case rate	
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83		8.41 Wellcare	Medicaid		1.2				1.2		78.85 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PLASMA FREE HEMOGLOBIN	83051	CPT	inpatient			83	8.41	Wellcare	Medicare		7.31				1.2	78.85	case rate	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Aetna	Better Health		38.07				9.47	114.95	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Aetna	Medicare		37.27	0.308			9.47	114.95	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Aetna	Commercial		45.98	0.38			9.47	114.95	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Americare	Americare		90.75	0.75			9.47	114.95	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	WellPoint	WellPoint		38.82	0.3208			9.47	114.95	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Amerihealth	Medicare		9.47				9.47	114.95	case rate	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Consumer	Consumer		114.95	0.95			9.47	114.95	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Corrections	Corrections		96.8	0.8			9.47	114.95	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	First Health	First Health		84.7	0.7			9.47	114.95	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	First Trenton	First Trenton		108.9	0.9			9.47	114.95	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Horizon	Medicare Blue		36.3	0.3			9.47	114.95	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Horizon	Indemnity		46.32	0.3828			9.47	114.95	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Horizon	MGD		46.32	0.3828			9.47	114.95	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Horizon	PPO		46.32	0.3828			9.47	114.95	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Managed Care Inc	Managed Care Inc		108.9	0.9			9.47	114.95	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Multiplan	Multiplan		96.8	0.8			9.47	114.95	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Qualcare	Qualcare		90.75	0.75			9.47	114.95	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Three Rivers	Three Rivers		114.95	0.95			9.47	114.95	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	UHC	Medicare		9.47				9.47	114.95	case rate	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	UHC	Medicaid		38.07	0.3146			9.47	114.95	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Wellcare	Medicaid		38.07	0.3146			9.47	114.95	percent of total billed charges	
HEMOGLOBIN UNSTABLE SCRN	83068	CPT	outpatient			121	10.89	Wellcare	Medicare		9.47				9.47	114.95	case rate	
HEMOSIDERIN URINE	83070	CPT	inpatient			88	5.46	Aetna	Better Health		27.68	0.3146			4.75	83.6	percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	inpatient			88	5.46	Aetna	Medicare		4.75				4.75	83.6	case rate	
HEMOSIDERIN URINE	83070	CPT	inpatient			88	5.46	Aetna	Commercial		33.44	0.38			4.75	83.6	percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	inpatient			88	5.46	Americare	Americare		66	0.75			4.75	83.6	percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	inpatient			88	5.46	WellPoint	WellPoint		28.23	0.3208			4.75	83.6	percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	inpatient			88	5.46	Amerihealth	Medicare		4.75				4.75	83.6	case rate	
HEMOSIDERIN URINE	83070	CPT	inpatient			88	5.46	Consumer	Consumer		83.6	0.95			4.75	83.6	percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	inpatient			88	5.46	Corrections	Corrections		70.4	0.8			4.75	83.6	percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	inpatient			88	5.46	First Health	First Health		61.6	0.7			4.75	83.6	percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	inpatient			88	5.46	First Trenton	First Trenton		79.2	0.9			4.75	83.6	percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	inpatient			88	5.46	Horizon	Medicare Blue		26.4	0.3			4.75	83.6	percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	inpatient			88	5.46	Horizon	Indemnity		33.69	0.3828			4.75	83.6	percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	inpatient			88	5.46	Horizon	MGD		33.69	0.3828			4.75	83.6	percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	inpatient			88	5.46	Horizon	PPO		33.69	0.3828			4.75	83.6	percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	inpatient			88	5.46	Managed Care Inc	Managed Care Inc		79.2	0.9			4.75	83.6	percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	inpatient			88	5.46	Multiplan	Multiplan		70.4	0.8			4.75	83.6	percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	inpatient			88	5.46	Qualcare	Qualcare		66	0.75			4.75	83.6	percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	inpatient			88	5.46	Three Rivers	Three Rivers		83.6	0.95			4.75	83.6	percent of total billed charges	
HEMOSIDERIN URINE	83070	CPT	inpatient			88	5.46	UHC	Medicaid		6				4.75	83.6	case rate	
HEMOSIDERIN URINE	83070	CPT	inpatient			88	5.46	UHC	Medicare		4.75				4.75	83.6	case rate	
HEMOSIDERIN URINE	83070	CPT	inpatient			88	5.46	Wellcare	Medicaid		6				4.75	83.6	case rate	
HEMOSIDERIN URINE	83070	CPT	inpatient			88	5.46	Wellcare	Medicare		4.75				4.75	83.6	case rate	
TAY-SACHS BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Aetna	Commercial		100.7	0.38			16.87	251.75	percent of total billed charges	
TAY-SACHS BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Aetna	Medicare		16.87				16.87	251.75	case rate	
TAY-SACHS BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Aetna	Better Health		83.37	0.3146			16.87	251.75	percent of total billed charges	
TAY-SACHS BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Americare	Americare		198.75	0.75			16.87	251.75	percent of total billed charges	
TAY-SACHS BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	WellPoint	WellPoint		85.01	0.3208			16.87	251.75	percent of total billed charges	
TAY-SACHS BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Amerihealth	Medicare		16.87				16.87	251.75	case rate	
TAY-SACHS BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Consumer	Consumer		251.75	0.95			16.87	251.75	percent of total billed charges	
TAY-SACHS BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Corrections	Corrections		212	0.8			16.87	251.75	percent of total billed charges	
TAY-SACHS BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	First Health	First Health		185.5	0.7			16.87	251.75	percent of total billed charges	
TAY-SACHS BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	First Trenton	First Trenton		238.5	0.9			16.87	251.75	percent of total billed charges	
TAY-SACHS BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Horizon	Indemnity		101.44	0.3828			16.87	251.75	percent of total billed charges	
TAY-SACHS BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Horizon	Medicare Blue		79.5	0.3			16.87	251.75	percent of total billed charges	
TAY-SACHS BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Horizon	PPO		101.44	0.3828			16.87	251.75	percent of total billed charges	
TAY-SACHS BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Horizon	MGD		101.44	0.3828			16.87	251.75	percent of total billed charges	
TAY-SACHS BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Managed Care Inc	Managed Care Inc		238.5	0.9			16.87	251.75	percent of total billed charges	
TAY-SACHS BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Multiplan	Multiplan		212	0.8			16.87	251.75	percent of total billed charges	
TAY-SACHS BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Qualcare	Qualcare		198.75	0.75			16.87	251.75	percent of total billed charges	
TAY-SACHS BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Three Rivers	Three Rivers		251.75	0.95			16.87	251.75	percent of total billed charges	
TAY-SACHS BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	UHC	Medicaid		19.2				16.87	251.75	case rate	
TAY-SACHS BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	UHC	Medicare		16.87				16.87	251.75	case rate	
TAY-SACHS BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Wellcare	Medicaid		19.2				16.87	251.75	case rate	
TAY-SACHS BIOCHEMICAL SERUM	83080	CPT	both			265	19.4	Wellcare	Medicare		16.87				16.87	251.75	case rate	
HISTAMINE PLASMA	83088	CPT	both			67	33.96	Aetna	Better Health		21.08	0.3146			20.1	63.65	percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	both			67	33.96	Aetna	Medicare		20.64	0.308			20.1	63.65	percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	both			67	33.96	Aetna	Commercial		25.46	0.38			20.1	63.65	percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	both			67	33.96	Americare	Americare		50.25	0.75			20.1	63.65	percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	both			67	33.96	WellPoint	WellPoint		21.49	0.3208			20.1	63.65	percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	both			67	33.96	Amerihealth	Medicare		29.53				20.1	63.65	case rate	
HISTAMINE PLASMA	83088	CPT	both			67	33.96	Consumer	Consumer		63.65	0.95			20.1	63.65	percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	both			67	33.96	Corrections	Corrections		53.6	0.8			20.1	63.65	percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	both			67	33.96	First Health	First Health		46.9	0.7			20.1	63.65	percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	both			67	33.96	First Trenton	First Trenton		60.3	0.9			20.1	63.65	percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	both			67	33.96	Horizon	MGD		25.65	0.3828			20.1	63.65	percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	both			67	33.96	Horizon	PPO		25.65	0.3828			20.1	63.65	percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	both			67	33.96	Horizon	Medicare Blue		20.1	0.3			20.1	63.65	percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	both			67	33.96	Horizon	Indemnity		25.65	0.3828			20.1	63.65	percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	both			67	33.96	Managed Care Inc	Managed Care Inc		60.3	0.9			20.1	63.65	percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	both			67	33.96	Multiplan	Multiplan		53.6	0.8			20.1	63.65	percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	both			67	33.96	Qualcare	Qualcare		50.25	0.75			20.1	63.65	percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	both			67	33.96	Three Rivers	Three Rivers		63.65	0.95			20.1	63.65	percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	both			67	33.96	UHC	Medicaid		21.08	0.3146			20.1	63.65	percent of total billed charges	
HISTAMINE PLASMA	83088	CPT	both			67	33.96	UHC	Medicare		29.53				20.1	63.65	case rate	
HISTAMINE PLASMA	83088	CPT	both			67	33.96	Wellcare	Medicare		29.53				20.1	63.65	case rate	
HISTAMINE PLASMA	83088	CPT	both			67	33.96	Wellcare	Medicaid		21.08	0.3146			20.1	63.65	percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Aetna	Better Health		36.81	0.3146			17.92	111.15	percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Aetna	Medicare		17.92				17.92	111.15	case rate	
HOMOCYSTINE	83090	CPT	both			117	20.61	Aetna	Commercial		44.46	0.38			17.92	111.15	percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Americare	Americare		87.75	0.75			17.92	111.15	percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	WellPoint	WellPoint		37.53	0.3208			17.92	111.15	percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Amerihealth	Medicare		17.92				17.92	111.15	case rate	
HOMOCYSTINE	83090	CPT	both			117	20.61	Consumer	Consumer		111.15	0.95			17.92	111.15	percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Corrections	Corrections		93.6	0.8			17.92	111.15	percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	First Health	First Health		81.9	0.7			17.92	111.15	percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	First Trenton	First Trenton		105.3	0.9			17.92	111.15	percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Horizon	Medicare Blue		35.1	0.3			17.92	111.15	percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Horizon	Indemnity		44.79	0.3828			17.92	111.15	percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Horizon	MGD		44.79	0.3828			17.92	111.15	percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Horizon	PPO		44.79	0.3828			17.92	111.15	percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Managed Care Inc	Managed Care Inc		105.3	0.9			17.92	111.15	percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Multiplan	Multiplan		93.6	0.8			17.92	111.15	percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Qualcare	Qualcare		87.75	0.75			17.92	111.15	percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	Three Rivers	Three Rivers		111.15	0.95			17.92	111.15	percent of total billed charges	
HOMOCYSTINE	83090	CPT	both			117	20.61	UHC	Medicare		17.92				17.92	111.15	case rate	
HOMOCYSTINE	83090	CPT	both			117	20.61	UHC	Medicaid		18.65				17.92	111.15	case rate	
HOMOCYSTINE	83090	CPT	both			117	20.61	Wellcare	Medicare		17.92				17.92	111.15	case rate	
HOMOCYSTINE	83090	CPT	both			117	20.61	Wellcare	Medicaid		18.65				17.92	111.15	case rate	
HVA	83150	CPT	inpatient			222	25.77	Aetna	Medicare		22.41				12	210.9	case rate	
HVA	83150	CPT	inpatient			222	25.77	Aetna	Better Health		69.84	0.3146			12	210.9	percent of total billed charges	
HVA	83150	CPT	inpatient			222	25.77	Aetna	Commercial		84.36	0.38			12	210.9	percent of total billed charges	
HVA	83150	CPT	inpatient			222	25.77	Americare	Americare		166.5	0.75			12	210.9	percent of total billed charges	
HVA	83150	CPT	inpatient			222	25.77	WellPoint	WellPoint		71.22	0.3208			12	210.9	percent of total billed charges	
HVA	83150	CPT	inpatient			222	25.77	Amerihealth	Medicare		22.41				12	210.9	case rate	
HVA	83150	CPT	inpatient			222	25.77	Consumer	Consumer		210.9	0.95			12	210.9	percent of total billed charges	
HVA	83150	CPT	inpatient			222	25.77	Corrections	Corrections		177.6	0.8			12	210.9	percent of total billed charges	
HVA	83150	CPT	inpatient			222	25.77	First Health	First Health		155.4	0.7			12	210.9	percent of total billed charges	
HVA	83150	CPT	inpatient			222	25.77	First Trenton	First Trenton		199.8	0.9			12	210.9	percent of total billed charges	
HVA	83150	CPT	inpatient			222	25.77	Horizon	MGD		84.98	0.3828			12	210.9	percent of total billed charges	
HVA	83150	CPT	inpatient			222	25.77	Horizon	Indemnity		84.98	0.3828			12	210.9	percent of total billed charges	
HVA	83150	CPT	inpatient			222	25.77	Horizon	PPO		84.98	0.3828			12	210.9	percent of total billed charges	
HVA	83150	CPT	inpatient			222	25.77	Horizon	Medicare Blue		66.6	0.3			12	210.9	percent of total billed charges	
HVA	83150	CPT	inpatient			222	25.77	Managed Care Inc	Managed Care Inc		199.8	0.9			12	210.9	percent of total billed charges	
HVA	83150	CPT	inpatient			222	25.77	Multiplan	Multiplan		177.6	0.8			12	210.9	percent of total billed charges	
HVA	83150	CPT	inpatient			222	25.77	Qualcare	Qualcare		166.5	0.75			12	210.9	percent of total billed charges	
HVA	83150	CPT	inpatient			222	25.77	Three Rivers	Three Rivers		210.9	0.95			12	210.9	percent of total billed charges	
HVA	83150	CPT	inpatient			222	25.77	UHC	Medicaid		12				12	210.9	case rate	
HVA	83150	CPT	inpatient			222	25.77	UHC	Medicare		22.41				12	210.9	case rate	
HVA	83150	CPT	inpatient			222	25.77	Wellcare	Medicaid		12				12	210.9	case rate	
HVA	83150	CPT	inpatient			222	25.77	Wellcare	Medicare		22.41				12	210.9	case rate	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Aetna	Medicare		17.9				12.6	202.35	case rate	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Aetna	Better Health		67.01	0.3146			12.6	202.35	percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Aetna	Commercial		80.94	0.38			12.6	202.35	percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Americare	Americare		159.75	0.75			12.6	202.35	percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	WellPoint	WellPoint		68.33	0.3208			12.6	202.35	percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Amerihealth	Medicare		17.9				12.6	202.35	case rate	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Consumer	Consumer		202.35	0.95			12.6	202.35	percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Corrections	Corrections		170.4	0.8			12.6	202.35	percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	First Health	First Health		149.1	0.7			12.6	202.35	percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	First Trenton	First Trenton		191.7	0.9			12.6	202.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Horizon	Indemnity		81.54	0.3828			12.6	202.35	percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Horizon	Medicare Blue		63.9	0.3			12.6	202.35	percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Horizon	MGD		81.54	0.3828			12.6	202.35	percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Horizon	PPO		81.54	0.3828			12.6	202.35	percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Managed Care Inc	Managed Care Inc		191.7	0.9			12.6	202.35	percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Multiplan	Multiplan		170.4	0.8			12.6	202.35	percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Qualcare	Qualcare		159.75	0.75			12.6	202.35	percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Three Rivers	Three Rivers		202.35	0.95			12.6	202.35	percent of total billed charges	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	UHC	Medicaid		12.6				12.6	202.35	case rate	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	UHC	Medicare		17.9				12.6	202.35	case rate	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Wellcare	Medicaid		12.6				12.6	202.35	case rate	
17 HYDROXYCORTICOSTEROIDS	83491	CPT	outpatient			213	20.59	Wellcare	Medicare		17.9				12.6	202.35	case rate	
HYDROXYINDOLACETIC ACID 5-(HIAA)	83497	CPT	both			179	14.84	Aetna	Medicare		12.9				6	170.05	case rate	
HYDROXYINDOLACETIC ACID 5-(HIAA)	83497	CPT	both			179	14.84	Aetna	Better Health		56.31	0.3146			6	170.05	percent of total billed charges	
HYDROXYINDOLACETIC ACID 5-(HIAA)	83497	CPT	both			179	14.84	Aetna	Commercial		68.02	0.38			6	170.05	percent of total billed charges	
HYDROXYINDOLACETIC ACID 5-(HIAA)	83497	CPT	both			179	14.84	Americare	Americare		134.25	0.75			6	170.05	percent of total billed charges	
HYDROXYINDOLACETIC ACID 5-(HIAA)	83497	CPT	both			179	14.84	WellPoint	WellPoint		57.42	0.3208			6	170.05	percent of total billed charges	
HYDROXYINDOLACETIC ACID 5-(HIAA)	83497	CPT	both			179	14.84	Amerihealth	Medicare		12.9				6	170.05	case rate	
HYDROXYINDOLACETIC ACID 5-(HIAA)	83497	CPT	both			179	14.84	Consumer	Consumer		170.05	0.95			6	170.05	percent of total billed charges	
HYDROXYINDOLACETIC ACID 5-(HIAA)	83497	CPT	both			179	14.84	Corrections	Corrections		143.2	0.8			6	170.05	percent of total billed charges	
HYDROXYINDOLACETIC ACID 5-(HIAA)	83497	CPT	both			179	14.84	First Health	First Health		125.3	0.7			6	170.05	percent of total billed charges	
HYDROXYINDOLACETIC ACID 5-(HIAA)	83497	CPT	both			179	14.84	First Trenton	First Trenton		161.1	0.9			6	170.05	percent of total billed charges	
HYDROXYINDOLACETIC ACID 5-(HIAA)	83497	CPT	both			179	14.84	Horizon	MGD		68.52	0.3828			6	170.05	percent of total billed charges	
HYDROXYINDOLACETIC ACID 5-(HIAA)	83497	CPT	both			179	14.84	Horizon	Medicare Blue		53.7	0.3			6	170.05	percent of total billed charges	
HYDROXYINDOLACETIC ACID 5-(HIAA)	83497	CPT	both			179	14.84	Horizon	Indemnity		68.52	0.3828			6	170.05	percent of total billed charges	
HYDROXYINDOLACETIC ACID 5-(HIAA)	83497	CPT	both			179	14.84	Horizon	PPO		68.52	0.3828			6	170.05	percent of total billed charges	
HYDROXYINDOLACETIC ACID 5-(HIAA)	83497	CPT	both			179	14.84	Managed Care Inc	Managed Care Inc		161.1	0.9			6	170.05	percent of total billed charges	
HYDROXYINDOLACETIC ACID 5-(HIAA)	83497	CPT	both			179	14.84	Multiplan	Multiplan		143.2	0.8			6	170.05	percent of total billed charges	
HYDROXYINDOLACETIC ACID 5-(HIAA)	83497	CPT	both			179	14.84	Qualcare	Qualcare		134.25	0.75			6	170.05	percent of total billed charges	
HYDROXYINDOLACETIC ACID 5-(HIAA)	83497	CPT	both			179	14.84	Three Rivers	Three Rivers		170.05	0.95			6	170.05	percent of total billed charges	
HYDROXYINDOLACETIC ACID 5-(HIAA)	83497	CPT	both			179	14.84	UHC	Medicare		12.9				6	170.05	case rate	
HYDROXYINDOLACETIC ACID 5-(HIAA)	83497	CPT	both			179	14.84	UHC	Medicaid		6				6	170.05	case rate	
HYDROXYINDOLACETIC ACID 5-(HIAA)	83497	CPT	both			179	14.84	Wellcare	Medicare		12.9				6	170.05	case rate	
HYDROXYINDOLACETIC ACID 5-(HIAA)	83497	CPT	both			179	14.84	Wellcare	Medicaid		6				6	170.05	case rate	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Aetna	Medicare		45.28	0.308			12.9	139.65	percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Aetna	Commercial		55.86	0.38			12.9	139.65	percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Aetna	Better Health		46.25	0.3146			12.9	139.65	percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Americare	Americare		110.25	0.75			12.9	139.65	percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	WellPoint	WellPoint		47.16	0.3208			12.9	139.65	percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Amerihealth	Medicare		27.17				12.9	139.65	case rate	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Consumer	Consumer		139.65	0.95			12.9	139.65	percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Corrections	Corrections		117.6	0.8			12.9	139.65	percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	First Health	First Health		102.9	0.7			12.9	139.65	percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	First Trenton	First Trenton		132.3	0.9			12.9	139.65	percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Horizon	MGD		56.27	0.3828			12.9	139.65	percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Horizon	Indemnity		56.27	0.3828			12.9	139.65	percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Horizon	PPO		56.27	0.3828			12.9	139.65	percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Horizon	Medicare Blue		44.1	0.3			12.9	139.65	percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Managed Care Inc	Managed Care Inc		132.3	0.9			12.9	139.65	percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Multiplan	Multiplan		117.6	0.8			12.9	139.65	percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Qualcare	Qualcare		110.25	0.75			12.9	139.65	percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Three Rivers	Three Rivers		139.65	0.95			12.9	139.65	percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	UHC	Medicare		27.17				12.9	139.65	case rate	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	UHC	Medicaid		46.25	0.3146			12.9	139.65	percent of total billed charges	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Wellcare	Medicare		27.17				12.9	139.65	case rate	
HYDROXYPROGESTERONE(17 OHP)	83498	CPT	both			147	31.25	Wellcare	Medicaid		46.25	0.3146			12.9	139.65	percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Aetna	Better Health		499.27	0.3146			8.1	1507.65	percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Aetna	Medicare		11.53				8.1	1507.65	case rate	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Aetna	Commercial		603.06	0.38			8.1	1507.65	percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Americare	Americare		1190.25	0.75			8.1	1507.65	percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	WellPoint	WellPoint		509.11	0.3208			8.1	1507.65	percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Amerihealth	Medicare		11.53				8.1	1507.65	case rate	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Consumer	Consumer		1507.65	0.95			8.1	1507.65	percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Corrections	Corrections		1269.6	0.8			8.1	1507.65	percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	First Health	First Health		1110.9	0.7			8.1	1507.65	percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	First Trenton	First Trenton		1428.3	0.9			8.1	1507.65	percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Horizon	MGD		607.5	0.3828			8.1	1507.65	percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Horizon	Indemnity		607.5	0.3828			8.1	1507.65	percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Horizon	Medicare Blue		476.1	0.3			8.1	1507.65	percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Horizon	PPO		607.5	0.3828			8.1	1507.65	percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Managed Care Inc	Managed Care Inc		1428.3	0.9			8.1	1507.65	percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Multiplan	Multiplan		1269.6	0.8			8.1	1507.65	percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Qualcare	Qualcare		1190.25	0.75			8.1	1507.65	percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Three Rivers	Three Rivers		1507.65	0.95			8.1	1507.65	percent of total billed charges	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	UHC	Medicaid		9				8.1	1507.65	case rate	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	UHC	Medicare		11.53				8.1	1507.65	case rate	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Wellcare	Medicaid		9				8.1	1507.65	case rate	
VGCC ANTIBODY	83516	CPT	both			1587	13.26	Wellcare	Medicare		11.53				8.1	1507.65	case rate	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Aetna	Better Health		1093.86	0.3146			17.1	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Aetna	Medicare		1070.92	0.308			17.1	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Aetna	Commercial		1321.26	0.38			17.1	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Americare	Americare		2607.75	0.75			17.1	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	WellPoint	WellPoint		1115.42	0.3208			17.1	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Amerihealth	Medicare		18.4				17.1	3303.15	case rate	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Consumer	Consumer		3303.15	0.95			17.1	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Corrections	Corrections		2781.6	0.8			17.1	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	First Health	First Health		2433.9	0.7			17.1	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	First Trenton	First Trenton		3129.3	0.9			17.1	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Horizon	MGD		1331	0.3828			17.1	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Horizon	PPO		1331	0.3828			17.1	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Horizon	Indemnity		1331	0.3828			17.1	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Horizon	Medicare Blue		1043.1	0.3			17.1	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Managed Care Inc	Managed Care Inc		3129.3	0.9			17.1	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Multiplan	Multiplan		2781.6	0.8			17.1	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Qualcare	Qualcare		2607.75	0.75			17.1	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Three Rivers	Three Rivers		3303.15	0.95			17.1	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	UHC	Medicare		18.4				17.1	3303.15	case rate	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	UHC	Medicaid		1093.86	0.3146			17.1	3303.15	percent of total billed charges	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Wellcare	Medicare		18.4				17.1	3303.15	case rate	
VGKC ANTIBODY	83519	CPT	both			3477	21.16	Wellcare	Medicaid		1093.86	0.3146			17.1	3303.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.86	Aetna	Medicare		1539.08	0.308			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.86	Aetna	Better Health		1572.06	0.3146			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.86	Aetna	Commercial		1898.86	0.38			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.86	Americare	Americare		3747.75	0.75			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.86	WellPoint	WellPoint		1603.04	0.3208			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.86	Amerihealth	Medicare		17.27				12.6	4747.15	case rate	
VEGF LEVELS	83520	CPT	both			4997	19.86	Consumer	Consumer		4747.15	0.95			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.86	Corrections	Corrections		3997.6	0.8			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.86	First Health	First Health		3497.9	0.7			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.86	First Trenton	First Trenton		4497.3	0.9			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.86	Horizon	Medicare Blue		1499.1	0.3			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.86	Horizon	MGD		1912.85	0.3828			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.86	Horizon	Indemnity		1912.85	0.3828			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.86	Horizon	PPO		1912.85	0.3828			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.86	Managed Care Inc	Managed Care Inc		4497.3	0.9			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.86	Multiplan	Multiplan		3997.6	0.8			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.86	Qualcare	Qualcare		3747.75	0.75			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.86	Three Rivers	Three Rivers		4747.15	0.95			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.86	UHC	Medicare		17.27				12.6	4747.15	case rate	
VEGF LEVELS	83520	CPT	both			4997	19.86	UHC	Medicaid		1572.06	0.3146			12.6	4747.15	percent of total billed charges	
VEGF LEVELS	83520	CPT	both			4997	19.86	Wellcare	Medicare		17.27				12.6	4747.15	case rate	
VEGF LEVELS	83520	CPT	both			4997	19.86	Wellcare	Medicaid		1572.06	0.3146			12.6	4747.15	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	outpatient			56	19.86	Aetna	Medicare		17.27				13.82	53.2	case rate	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	outpatient			56	19.86	Aetna	Better Health		17.62	0.3146			13.82	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	outpatient			56	19.86	Aetna	Commercial		21.28	0.38			13.82	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	outpatient			56	19.86	Americare	Americare		42	0.75			13.82	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	outpatient			56	19.86	WellPoint	WellPoint		17.96	0.3208			13.82	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	outpatient			56	19.86	Amerihealth	Medicare		17.27				13.82	53.2	case rate	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	outpatient			56	19.86	Consumer	Consumer		53.2	0.95			13.82	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	outpatient			56	19.86	Corrections	Corrections		44.8	0.8			13.82	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	outpatient			56	19.86	First Health	First Health		39.2	0.7			13.82	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	outpatient			56	19.86	First Trenton	First Trenton		50.4	0.9			13.82	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	outpatient			56	19.86	Horizon	MGD		21.44	0.3828			13.82	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	outpatient			56	19.86	Horizon	Medicare Blue		16.8	0.3			13.82	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	outpatient			56	19.86	Horizon	Indemnity		21.44	0.3828			13.82	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	outpatient			56	19.86	Horizon	PPO		21.44	0.3828			13.82	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	outpatient			56	19.86	Managed Care Inc	Managed Care Inc		50.4	0.9			13.82	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	outpatient			56	19.86	Multiplan	Multiplan		44.8	0.8			13.82	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	outpatient			56	19.86	Qualcare	Qualcare		42	0.75			13.82	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	outpatient			56	19.86	Three Rivers	Three Rivers		53.2	0.95			13.82	53.2	percent of total billed charges	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	outpatient			56	19.86	UHC	Medicaid		13.82				13.82	53.2	case rate	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	outpatient			56	19.86	UHC	Medicare		17.27				13.82	53.2	case rate	
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	outpatient			56	19.86	Wellcare	Medicare		17.27				13.82	53.2	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IMMUNOGLOBULIN LIGHT CHAINS	83521	CPT	outpatient			56	19.86	Wellcare	Medicaid		13.82				13.82		53.2	case rate	
INSULN. IV.FLUID(70240)	83525	CPT	both			194	13.14	Aetna	Better Health		61.03	0.3146			7.8		184.3	percent of total billed charges	
INSULN. IV.FLUID(70240)	83525	CPT	both			194	13.14	Aetna	Medicare		11.43				7.8		184.3	case rate	
INSULN. IV.FLUID(70240)	83525	CPT	both			194	13.14	Aetna	Commercial		73.72	0.38			7.8		184.3	percent of total billed charges	
INSULN. IV.FLUID(70240)	83525	CPT	both			194	13.14	Americare	Americare		145.5	0.75			7.8		184.3	percent of total billed charges	
INSULN. IV.FLUID(70240)	83525	CPT	both			194	13.14	WellPoint	WellPoint		62.24	0.3208			7.8		184.3	percent of total billed charges	
INSULN. IV.FLUID(70240)	83525	CPT	both			194	13.14	Amerihealth	Medicare		11.43				7.8		184.3	case rate	
INSULN. IV.FLUID(70240)	83525	CPT	both			194	13.14	Consumer	Consumer		184.3	0.95			7.8		184.3	percent of total billed charges	
INSULN. IV.FLUID(70240)	83525	CPT	both			194	13.14	Corrections	Corrections		155.2	0.8			7.8		184.3	percent of total billed charges	
INSULN. IV.FLUID(70240)	83525	CPT	both			194	13.14	First Health	First Health		135.8	0.7			7.8		184.3	percent of total billed charges	
INSULN. IV.FLUID(70240)	83525	CPT	both			194	13.14	First Trenton	First Trenton		174.6	0.9			7.8		184.3	percent of total billed charges	
INSULN. IV.FLUID(70240)	83525	CPT	both			194	13.14	Horizon	MGD		74.26	0.3828			7.8		184.3	percent of total billed charges	
INSULN. IV.FLUID(70240)	83525	CPT	both			194	13.14	Horizon	Indemnity		74.26	0.3828			7.8		184.3	percent of total billed charges	
INSULN. IV.FLUID(70240)	83525	CPT	both			194	13.14	Horizon	Medicare Blue		58.2	0.3			7.8		184.3	percent of total billed charges	
INSULN. IV.FLUID(70240)	83525	CPT	both			194	13.14	Horizon	PPO		74.26	0.3828			7.8		184.3	percent of total billed charges	
INSULN. IV.FLUID(70240)	83525	CPT	both			194	13.14	Managed Care Inc	Managed Care Inc		174.6	0.9			7.8		184.3	percent of total billed charges	
INSULN. IV.FLUID(70240)	83525	CPT	both			194	13.14	Multiplan	Multiplan		155.2	0.8			7.8		184.3	percent of total billed charges	
INSULN. IV.FLUID(70240)	83525	CPT	both			194	13.14	Qualcare	Qualcare		145.5	0.75			7.8		184.3	percent of total billed charges	
INSULN. IV.FLUID(70240)	83525	CPT	both			194	13.14	Three Rivers	Three Rivers		184.3	0.95			7.8		184.3	percent of total billed charges	
INSULN. IV.FLUID(70240)	83525	CPT	both			194	13.14	UHC	Medicaid		12				7.8		184.3	case rate	
INSULN. IV.FLUID(70240)	83525	CPT	both			194	13.14	UHC	Medicare		11.43				7.8		184.3	case rate	
INSULN. IV.FLUID(70240)	83525	CPT	both			194	13.14	Wellcare	Medicaid		12				7.8		184.3	case rate	
INSULN. IV.FLUID(70240)	83525	CPT	both			194	13.14	Wellcare	Medicare		11.43				7.8		184.3	case rate	
INSULIN FREE	83527	CPT	outpatient			43	14.89	Aetna	Medicare		12.95				12.9		40.85	case rate	
INSULIN FREE	83527	CPT	outpatient			43	14.89	Aetna	Commercial		16.34	0.38			12.9		40.85	percent of total billed charges	
INSULIN FREE	83527	CPT	outpatient			43	14.89	Aetna	Better Health		13.53	0.3146			12.9		40.85	percent of total billed charges	
INSULIN FREE	83527	CPT	outpatient			43	14.89	Americare	Americare		32.25	0.75			12.9		40.85	percent of total billed charges	
INSULIN FREE	83527	CPT	outpatient			43	14.89	WellPoint	WellPoint		13.79	0.3208			12.9		40.85	percent of total billed charges	
INSULIN FREE	83527	CPT	outpatient			43	14.89	Amerihealth	Medicare		12.95				12.9		40.85	case rate	
INSULIN FREE	83527	CPT	outpatient			43	14.89	Consumer	Consumer		40.85	0.95			12.9		40.85	percent of total billed charges	
INSULIN FREE	83527	CPT	outpatient			43	14.89	Corrections	Corrections		34.4	0.8			12.9		40.85	percent of total billed charges	
INSULIN FREE	83527	CPT	outpatient			43	14.89	First Health	First Health		30.1	0.7			12.9		40.85	percent of total billed charges	
INSULIN FREE	83527	CPT	outpatient			43	14.89	First Trenton	First Trenton		38.7	0.9			12.9		40.85	percent of total billed charges	
INSULIN FREE	83527	CPT	outpatient			43	14.89	Horizon	Medicare Blue		12.9	0.3			12.9		40.85	percent of total billed charges	
INSULIN FREE	83527	CPT	outpatient			43	14.89	Horizon	PPO		16.46	0.3828			12.9		40.85	percent of total billed charges	
INSULIN FREE	83527	CPT	outpatient			43	14.89	Horizon	Indemnity		16.46	0.3828			12.9		40.85	percent of total billed charges	
INSULIN FREE	83527	CPT	outpatient			43	14.89	Horizon	MGD		16.46	0.3828			12.9		40.85	percent of total billed charges	
INSULIN FREE	83527	CPT	outpatient			43	14.89	Managed Care Inc	Managed Care Inc		38.7	0.9			12.9		40.85	percent of total billed charges	
INSULIN FREE	83527	CPT	outpatient			43	14.89	Multiplan	Multiplan		34.4	0.8			12.9		40.85	percent of total billed charges	
INSULIN FREE	83527	CPT	outpatient			43	14.89	Qualcare	Qualcare		32.25	0.75			12.9		40.85	percent of total billed charges	
INSULIN FREE	83527	CPT	outpatient			43	14.89	Three Rivers	Three Rivers		40.85	0.95			12.9		40.85	percent of total billed charges	
INSULIN FREE	83527	CPT	outpatient			43	14.89	UHC	Medicare		12.95				12.9		40.85	case rate	
INSULIN FREE	83527	CPT	outpatient			43	14.89	UHC	Medicaid		16.11				12.9		40.85	case rate	
INSULIN FREE	83527	CPT	outpatient			43	14.89	Wellcare	Medicaid		16.11				12.9		40.85	case rate	
INSULIN FREE	83527	CPT	outpatient			43	14.89	Wellcare	Medicare		12.95				12.9		40.85	case rate	
INTERLEUKIN-6 (IL-6)	83529	CPT	inpatient			187	19.86	Aetna	Better Health		58.83	0.3146			13.82		177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	inpatient			187	19.86	Aetna	Medicare		17.27				13.82		177.65	case rate	
INTERLEUKIN-6 (IL-6)	83529	CPT	inpatient			187	19.86	Aetna	Commercial		71.06	0.38			13.82		177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	inpatient			187	19.86	Americare	Americare		140.25	0.75			13.82		177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	inpatient			187	19.86	WellPoint	WellPoint		59.99	0.3208			13.82		177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	inpatient			187	19.86	Amerihealth	Medicare		17.27				13.82		177.65	case rate	
INTERLEUKIN-6 (IL-6)	83529	CPT	inpatient			187	19.86	Consumer	Consumer		177.65	0.95			13.82		177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	inpatient			187	19.86	Corrections	Corrections		149.6	0.8			13.82		177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	inpatient			187	19.86	First Health	First Health		130.9	0.7			13.82		177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	inpatient			187	19.86	First Trenton	First Trenton		168.3	0.9			13.82		177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	inpatient			187	19.86	Horizon	Indemnity		71.58	0.3828			13.82		177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	inpatient			187	19.86	Horizon	MGD		71.58	0.3828			13.82		177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	inpatient			187	19.86	Horizon	Medicare Blue		56.1	0.3			13.82		177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	inpatient			187	19.86	Horizon	PPO		71.58	0.3828			13.82		177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	inpatient			187	19.86	Managed Care Inc	Managed Care Inc		168.3	0.9			13.82		177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	inpatient			187	19.86	Multiplan	Multiplan		149.6	0.8			13.82		177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	inpatient			187	19.86	Qualcare	Qualcare		140.25	0.75			13.82		177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	inpatient			187	19.86	Three Rivers	Three Rivers		177.65	0.95			13.82		177.65	percent of total billed charges	
INTERLEUKIN-6 (IL-6)	83529	CPT	inpatient			187	19.86	UHC	Medicaid		13.82				13.82		177.65	case rate	
INTERLEUKIN-6 (IL-6)	83529	CPT	inpatient			187	19.86	UHC	Medicare		17.27				13.82		177.65	case rate	
INTERLEUKIN-6 (IL-6)	83529	CPT	inpatient			187	19.86	Wellcare	Medicaid		13.82				13.82		177.65	case rate	
INTERLEUKIN-6 (IL-6)	83529	CPT	inpatient			187	19.86	Wellcare	Medicare		17.27				13.82		177.65	case rate	
LIVER TISSUE	83540	CPT	both			728	7.44	Aetna	Medicare		6.47				4.5		691.6	case rate	
LIVER TISSUE	83540	CPT	both			728	7.44	Aetna	Better Health		229.03	0.3146			4.5		691.6	percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728	7.44	Aetna	Commercial		276.64	0.38			4.5		691.6	percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728	7.44	Americare	Americare		546	0.75			4.5		691.6	percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728	7.44	WellPoint	WellPoint		233.54	0.3208			4.5		691.6	percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728	7.44	Amerihealth	Medicare		6.47				4.5		691.6	case rate	
LIVER TISSUE	83540	CPT	both			728	7.44	Consumer	Consumer		691.6	0.95			4.5		691.6	percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728	7.44	Corrections	Corrections		582.4	0.8			4.5		691.6	percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728	7.44	First Health	First Health		509.6	0.7			4.5		691.6	percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728	7.44	First Trenton	First Trenton		655.2	0.9			4.5		691.6	percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728	7.44	Horizon	Medicare Blue		218.4	0.3			4.5		691.6	percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728	7.44	Horizon	MGD		278.68	0.3828			4.5		691.6	percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728	7.44	Horizon	Indemnity		278.68	0.3828			4.5		691.6	percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728	7.44	Horizon	PPO		278.68	0.3828			4.5		691.6	percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728	7.44	Managed Care Inc	Managed Care Inc		655.2	0.9			4.5		691.6	percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728	7.44	Multiplan	Multiplan		582.4	0.8			4.5		691.6	percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728	7.44	Qualcare	Qualcare		546	0.75			4.5		691.6	percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728	7.44	Three Rivers	Three Rivers		691.6	0.95			4.5		691.6	percent of total billed charges	
LIVER TISSUE	83540	CPT	both			728	7.44	UHC	Medicaid		4.5				4.5		691.6	case rate	
LIVER TISSUE	83540	CPT	both			728	7.44	UHC	Medicare		6.47				4.5		691.6	case rate	
LIVER TISSUE	83540	CPT	both			728	7.44	Wellcare	Medicaid		4.5				4.5		691.6	case rate	
LIVER TISSUE	83540	CPT	both			728	7.44	Wellcare	Medicare		6.47				4.5		691.6	case rate	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162	10.05	Aetna	Medicare		8.74				7.2		153.9	case rate	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162	10.05	Aetna	Better Health		50.97	0.3146			7.2		153.9	percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162	10.05	Aetna	Commercial		61.56	0.38			7.2		153.9	percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162	10.05	Americare	Americare		121.5	0.75			7.2		153.9	percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162	10.05	WellPoint	WellPoint		51.97	0.3208			7.2		153.9	percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162	10.05	Amerihealth	Medicare		8.74				7.2		153.9	case rate	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162	10.05	Consumer	Consumer		153.9	0.95			7.2		153.9	percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162	10.05	Corrections	Corrections		129.6	0.8			7.2		153.9	percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162	10.05	First Health	First Health		113.4	0.7			7.2		153.9	percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162	10.05	First Trenton	First Trenton		145.8	0.9			7.2		153.9	percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162	10.05	Horizon	MGD		62.01	0.3828			7.2		153.9	percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162	10.05	Horizon	Indemnity		62.01	0.3828			7.2		153.9	percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162	10.05	Horizon	Medicare Blue		48.6	0.3			7.2		153.9	percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162	10.05	Horizon	PPO		62.01	0.3828			7.2		153.9	percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162	10.05	Managed Care Inc	Managed Care Inc		145.8	0.9			7.2		153.9	percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162	10.05	Multiplan	Multiplan		129.6	0.8			7.2		153.9	percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162	10.05	Qualcare	Qualcare		121.5	0.75			7.2		153.9	percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162	10.05	Three Rivers	Three Rivers		153.9	0.95			7.2		153.9	percent of total billed charges	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162	10.05	UHC	Medicaid		7.2				7.2		153.9	case rate	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162	10.05	UHC	Medicare		8.74				7.2		153.9	case rate	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162	10.05	Wellcare	Medicaid		7.2				7.2		153.9	case rate	
IRON BINDING CAPACITY (UIBC)	83550	CPT	both			162	10.05	Wellcare	Medicare		8.74				7.2		153.9	case rate	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198	17.79	Aetna	Better Health		62.29	0.3146			6		188.1	percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198	17.79	Aetna	Medicare		15.47				6		188.1	case rate	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198	17.79	Aetna	Commercial		75.24	0.38			6		188.1	percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198	17.79	Americare	Americare		148.5	0.75			6		188.1	percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198	17.79	WellPoint	WellPoint		63.52	0.3208			6		188.1	percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198	17.79	Amerihealth	Medicare		15.47				6		188.1	case rate	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198	17.79	Consumer	Consumer		188.1	0.95			6		188.1	percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198	17.79	Corrections	Corrections		158.4	0.8			6		188.1	percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198	17.79	First Health	First Health		138.6	0.7			6		188.1	percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198	17.79	First Trenton	First Trenton		178.2	0.9			6		188.1	percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198	17.79	Horizon	MGD		75.79	0.3828			6		188.1	percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198	17.79	Horizon	Medicare Blue		59.4	0.3			6		188.1	percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198	17.79	Horizon	Indemnity		75.79	0.3828			6		188.1	percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198	17.79	Horizon	PPO		75.79	0.3828			6		188.1	percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198	17.79	Managed Care Inc	Managed Care Inc		178.2	0.9			6		188.1	percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198	17.79	Multiplan	Multiplan		158.4	0.8			6		188.1	percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198	17.79	Qualcare	Qualcare		148.5	0.75			6		188.1	percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198	17.79	Three Rivers	Three Rivers		188.1	0.95			6		188.1	percent of total billed charges	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198	17.79	UHC	Medicaid		6				6		188.1	case rate	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198	17.79	UHC	Medicare		15.47				6		188.1	case rate	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198	17.79	Wellcare	Medicaid		6				6		188.1	case rate	
17-KETOGENIC STEROIDS	83582	CPT	outpatient			198	17.79	Wellcare	Medicare		15.47				6		188.1	case rate	
17 KETOSTEROIDS	83586	CPT	outpatient			410	14.72	Aetna	Medicare		126.28	0.308			12.8		389.5	percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410	14.72	Aetna	Better Health		128.99	0.3146			12.8		389.5	percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410	14.72	Aetna	Commercial		155.8	0.38			12.8		389.5	percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410	14.72	Americare	Americare		307.5	0.75			12.8		389.5	percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410	14.72	WellPoint	WellPoint		131.53	0.3208			12.8		389.5	percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410	14.72	Amerihealth	Medicare		12.8				12.8		389.5	case rate	
17 KETOSTEROIDS	83586	CPT	outpatient			410	14.72	Consumer	Consumer		389.5	0.95			12.8		389.5	percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410	14.72	Corrections	Corrections		328	0.8			12.8		389.5	percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410	14.72	First Health	First Health		287	0.7			12.8		389.5	percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410	14.72	First Trenton	First Trenton		369	0.9			12.8		389.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
17 KETOSTEROIDS	83586	CPT	outpatient			410	14.72	Horizon	Medicare Blue		123	0.3			12.8	389.5	percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410	14.72	Horizon	Indemnity		156.95	0.3828			12.8	389.5	percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410	14.72	Horizon	MGD		156.95	0.3828			12.8	389.5	percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410	14.72	Horizon	PPO		156.95	0.3828			12.8	389.5	percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410	14.72	Managed Care Inc	Managed Care Inc		369	0.9			12.8	389.5	percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410	14.72	Multiplan	Multiplan		328	0.8			12.8	389.5	percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410	14.72	Qualcare	Qualcare		307.5	0.75			12.8	389.5	percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410	14.72	Three Rivers	Three Rivers		389.5	0.95			12.8	389.5	percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410	14.72	UHC	Medicare		12.8				12.8	389.5	case rate	
17 KETOSTEROIDS	83586	CPT	outpatient			410	14.72	UHC	Medicaid		128.99	0.3146			12.8	389.5	percent of total billed charges	
17 KETOSTEROIDS	83586	CPT	outpatient			410	14.72	Wellcare	Medicare		12.8				12.8	389.5	case rate	
17 KETOSTEROIDS	83586	CPT	outpatient			410	14.72	Wellcare	Medicaid		128.99	0.3146			12.8	389.5	percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938	13.31	Aetna	Better Health		295.09	0.3146			6	891.1	percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938	13.31	Aetna	Medicare		11.57				6	891.1	case rate	
POC-BG LACTATE	83605	CPT	both			938	13.31	Aetna	Commercial		356.44	0.38			6	891.1	percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938	13.31	Americare	Americare		703.5	0.75			6	891.1	percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938	13.31	WellPoint	WellPoint		300.91	0.3208			6	891.1	percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938	13.31	Amerihealth	Medicare		11.57				6	891.1	case rate	
POC-BG LACTATE	83605	CPT	both			938	13.31	Consumer	Consumer		891.1	0.95			6	891.1	percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938	13.31	Corrections	Corrections		750.4	0.8			6	891.1	percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938	13.31	First Health	First Health		656.6	0.7			6	891.1	percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938	13.31	First Trenton	First Trenton		844.2	0.9			6	891.1	percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938	13.31	Horizon	Indemnity		359.07	0.3828			6	891.1	percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938	13.31	Horizon	MGD		359.07	0.3828			6	891.1	percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938	13.31	Horizon	PPO		359.07	0.3828			6	891.1	percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938	13.31	Horizon	Medicare Blue		281.4	0.3			6	891.1	percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938	13.31	Managed Care Inc	Managed Care Inc		844.2	0.9			6	891.1	percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938	13.31	Multiplan	Multiplan		750.4	0.8			6	891.1	percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938	13.31	Qualcare	Qualcare		703.5	0.75			6	891.1	percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938	13.31	Three Rivers	Three Rivers		891.1	0.95			6	891.1	percent of total billed charges	
POC-BG LACTATE	83605	CPT	both			938	13.31	UHC	Medicaid		13.5				6	891.1	case rate	
POC-BG LACTATE	83605	CPT	both			938	13.31	UHC	Medicare		11.57				6	891.1	case rate	
POC-BG LACTATE	83605	CPT	both			938	13.31	Wellcare	Medicare		11.57				6	891.1	case rate	
POC-BG LACTATE	83605	CPT	both			938	13.31	Wellcare	Medicaid		13.5				6	891.1	case rate	
LDH (CSF) LAB	83615	CPT	both			81	6.95	Aetna	Commercial		30.78	0.38			4.2	76.95	percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81	6.95	Aetna	Better Health		25.48	0.3146			4.2	76.95	percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81	6.95	Aetna	Medicare		6.04				4.2	76.95	case rate	
LDH (CSF) LAB	83615	CPT	both			81	6.95	Americare	Americare		60.75	0.75			4.2	76.95	percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81	6.95	WellPoint	WellPoint		25.98	0.3208			4.2	76.95	percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81	6.95	Amerihealth	Medicare		6.04				4.2	76.95	case rate	
LDH (CSF) LAB	83615	CPT	both			81	6.95	Consumer	Consumer		76.95	0.95			4.2	76.95	percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81	6.95	Corrections	Corrections		64.8	0.8			4.2	76.95	percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81	6.95	First Health	First Health		56.7	0.7			4.2	76.95	percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81	6.95	First Trenton	First Trenton		72.9	0.9			4.2	76.95	percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81	6.95	Horizon	Indemnity		31.01	0.3828			4.2	76.95	percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81	6.95	Horizon	Medicare Blue		24.3	0.3			4.2	76.95	percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81	6.95	Horizon	MGD		31.01	0.3828			4.2	76.95	percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81	6.95	Horizon	PPO		31.01	0.3828			4.2	76.95	percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81	6.95	Managed Care Inc	Managed Care Inc		72.9	0.9			4.2	76.95	percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81	6.95	Multiplan	Multiplan		64.8	0.8			4.2	76.95	percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81	6.95	Qualcare	Qualcare		60.75	0.75			4.2	76.95	percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81	6.95	Three Rivers	Three Rivers		76.95	0.95			4.2	76.95	percent of total billed charges	
LDH (CSF) LAB	83615	CPT	both			81	6.95	UHC	Medicaid		4.2				4.2	76.95	case rate	
LDH (CSF) LAB	83615	CPT	both			81	6.95	UHC	Medicare		6.04				4.2	76.95	case rate	
LDH (CSF) LAB	83615	CPT	both			81	6.95	Wellcare	Medicare		6.04				4.2	76.95	case rate	
LDH (CSF) LAB	83615	CPT	both			81	6.95	Wellcare	Medicaid		4.2				4.2	76.95	case rate	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191	14.71	Aetna	Commercial		72.58	0.38			9	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191	14.71	Aetna	Medicare		12.79				9	181.45	case rate	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191	14.71	Aetna	Better Health		60.09	0.3146			9	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191	14.71	Americare	Americare		143.25	0.75			9	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191	14.71	WellPoint	WellPoint		61.27	0.3208			9	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191	14.71	Amerihealth	Medicare		12.79				9	181.45	case rate	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191	14.71	Consumer	Consumer		181.45	0.95			9	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191	14.71	Corrections	Corrections		152.8	0.8			9	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191	14.71	First Health	First Health		133.7	0.7			9	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191	14.71	First Trenton	First Trenton		171.9	0.9			9	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191	14.71	Horizon	Indemnity		73.11	0.3828			9	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191	14.71	Horizon	MGD		73.11	0.3828			9	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191	14.71	Horizon	PPO		73.11	0.3828			9	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191	14.71	Horizon	Medicare Blue		57.3	0.3			9	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191	14.71	Managed Care Inc	Managed Care Inc		171.9	0.9			9	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191	14.71	Multiplan	Multiplan		152.8	0.8			9	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191	14.71	Qualcare	Qualcare		143.25	0.75			9	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191	14.71	Three Rivers	Three Rivers		181.45	0.95			9	181.45	percent of total billed charges	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191	14.71	UHC	Medicaid		9				9	181.45	case rate	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191	14.71	UHC	Medicare		12.79				9	181.45	case rate	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191	14.71	Wellcare	Medicaid		9				9	181.45	case rate	
LACTATE/PLASMA/ENZYMATIC	83625	CPT	inpatient			191	14.71	Wellcare	Medicare		12.79				9	181.45	case rate	
LACTOFERRIN FECAL QUANT	83631	CPT	both			298	22.57	Aetna	Medicare		19.63				15.7	283.1	case rate	
LACTOFERRIN FECAL QUANT	83631	CPT	both			298	22.57	Aetna	Better Health		93.75	0.3146			15.7	283.1	percent of total billed charges	
LACTOFERRIN FECAL QUANT	83631	CPT	both			298	22.57	Aetna	Commercial		113.24	0.38			15.7	283.1	percent of total billed charges	
LACTOFERRIN FECAL QUANT	83631	CPT	both			298	22.57	Americare	Americare		223.5	0.75			15.7	283.1	percent of total billed charges	
LACTOFERRIN FECAL QUANT	83631	CPT	both			298	22.57	WellPoint	WellPoint		95.6	0.3208			15.7	283.1	percent of total billed charges	
LACTOFERRIN FECAL QUANT	83631	CPT	both			298	22.57	Amerihealth	Medicare		19.63				15.7	283.1	case rate	
LACTOFERRIN FECAL QUANT	83631	CPT	both			298	22.57	Consumer	Consumer		283.1	0.95			15.7	283.1	percent of total billed charges	
LACTOFERRIN FECAL QUANT	83631	CPT	both			298	22.57	Corrections	Corrections		238.4	0.8			15.7	283.1	percent of total billed charges	
LACTOFERRIN FECAL QUANT	83631	CPT	both			298	22.57	First Health	First Health		208.6	0.7			15.7	283.1	percent of total billed charges	
LACTOFERRIN FECAL QUANT	83631	CPT	both			298	22.57	First Trenton	First Trenton		268.2	0.9			15.7	283.1	percent of total billed charges	
LACTOFERRIN FECAL QUANT	83631	CPT	both			298	22.57	Horizon	Indemnity		114.07	0.3828			15.7	283.1	percent of total billed charges	
LACTOFERRIN FECAL QUANT	83631	CPT	both			298	22.57	Horizon	MGD		114.07	0.3828			15.7	283.1	percent of total billed charges	
LACTOFERRIN FECAL QUANT	83631	CPT	both			298	22.57	Horizon	PPO		114.07	0.3828			15.7	283.1	percent of total billed charges	
LACTOFERRIN FECAL QUANT	83631	CPT	both			298	22.57	Horizon	Medicare Blue		89.4	0.3			15.7	283.1	percent of total billed charges	
LACTOFERRIN FECAL QUANT	83631	CPT	both			298	22.57	Managed Care Inc	Managed Care Inc		268.2	0.9			15.7	283.1	percent of total billed charges	
LACTOFERRIN FECAL QUANT	83631	CPT	both			298	22.57	Multiplan	Multiplan		238.4	0.8			15.7	283.1	percent of total billed charges	
LACTOFERRIN FECAL QUANT	83631	CPT	both			298	22.57	Qualcare	Qualcare		223.5	0.75			15.7	283.1	percent of total billed charges	
LACTOFERRIN FECAL QUANT	83631	CPT	both			298	22.57	Three Rivers	Three Rivers		283.1	0.95			15.7	283.1	percent of total billed charges	
LACTOFERRIN FECAL QUANT	83631	CPT	both			298	22.57	UHC	Medicaid		15.7				15.7	283.1	case rate	
LACTOFERRIN FECAL QUANT	83631	CPT	both			298	22.57	UHC	Medicare		19.63				15.7	283.1	case rate	
LACTOFERRIN FECAL QUANT	83631	CPT	both			298	22.57	Wellcare	Medicaid		15.7				15.7	283.1	case rate	
LACTOFERRIN FECAL QUANT	83631	CPT	both			298	22.57	Wellcare	Medicare		19.63				15.7	283.1	case rate	
LEAD HAIR SAMPLE	83655	CPT	both			776	13.93	Aetna	Commercial		294.88	0.38			7.8	737.2	percent of total billed charges	
LEAD HAIR SAMPLE	83655	CPT	both			776	13.93	Aetna	Better Health		244.13	0.3146			7.8	737.2	percent of total billed charges	
LEAD HAIR SAMPLE	83655	CPT	both			776	13.93	Aetna	Medicare		239.01	0.308			7.8	737.2	percent of total billed charges	
LEAD HAIR SAMPLE	83655	CPT	both			776	13.93	Americare	Americare		582	0.75			7.8	737.2	percent of total billed charges	
LEAD HAIR SAMPLE	83655	CPT	both			776	13.93	WellPoint	WellPoint		248.94	0.3208			7.8	737.2	percent of total billed charges	
LEAD HAIR SAMPLE	83655	CPT	both			776	13.93	Amerihealth	Medicare		12.11				7.8	737.2	case rate	
LEAD HAIR SAMPLE	83655	CPT	both			776	13.93	Consumer	Consumer		737.2	0.95			7.8	737.2	percent of total billed charges	
LEAD HAIR SAMPLE	83655	CPT	both			776	13.93	Corrections	Corrections		620.8	0.8			7.8	737.2	percent of total billed charges	
LEAD HAIR SAMPLE	83655	CPT	both			776	13.93	First Health	First Health		543.2	0.7			7.8	737.2	percent of total billed charges	
LEAD HAIR SAMPLE	83655	CPT	both			776	13.93	First Trenton	First Trenton		698.4	0.9			7.8	737.2	percent of total billed charges	
LEAD HAIR SAMPLE	83655	CPT	both			776	13.93	Horizon	Medicare Blue		232.8	0.3			7.8	737.2	percent of total billed charges	
LEAD HAIR SAMPLE	83655	CPT	both			776	13.93	Horizon	Indemnity		297.05	0.3828			7.8	737.2	percent of total billed charges	
LEAD HAIR SAMPLE	83655	CPT	both			776	13.93	Horizon	MGD		297.05	0.3828			7.8	737.2	percent of total billed charges	
LEAD HAIR SAMPLE	83655	CPT	both			776	13.93	Horizon	PPO		297.05	0.3828			7.8	737.2	percent of total billed charges	
LEAD HAIR SAMPLE	83655	CPT	both			776	13.93	Managed Care Inc	Managed Care Inc		698.4	0.9			7.8	737.2	percent of total billed charges	
LEAD HAIR SAMPLE	83655	CPT	both			776	13.93	Multiplan	Multiplan		620.8	0.8			7.8	737.2	percent of total billed charges	
LEAD HAIR SAMPLE	83655	CPT	both			776	13.93	Qualcare	Qualcare		582	0.75			7.8	737.2	percent of total billed charges	
LEAD HAIR SAMPLE	83655	CPT	both			776	13.93	Three Rivers	Three Rivers		737.2	0.95			7.8	737.2	percent of total billed charges	
LEAD HAIR SAMPLE	83655	CPT	both			776	13.93	UHC	Medicaid		244.13	0.3146			7.8	737.2	percent of total billed charges	
LEAD HAIR SAMPLE	83655	CPT	both			776	13.93	UHC	Medicare		12.11				7.8	737.2	case rate	
LEAD HAIR SAMPLE	83655	CPT	both			776	13.93	Wellcare	Medicaid		244.13	0.3146			7.8	737.2	percent of total billed charges	
LEAD HAIR SAMPLE	83655	CPT	both			776	13.93	Wellcare	Medicare		12.11				7.8	737.2	case rate	
L/S RATIO	83661	CPT	outpatient			391	25.29	Aetna	Better Health		123.01	0.3146			10.5	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391	25.29	Aetna	Medicare		21.99				10.5	371.45	case rate	
L/S RATIO	83661	CPT	outpatient			391	25.29	Aetna	Commercial		148.58	0.38			10.5	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391	25.29	Americare	Americare		293.25	0.75			10.5	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391	25.29	WellPoint	WellPoint		125.43	0.3208			10.5	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391	25.29	Amerihealth	Medicare		21.99				10.5	371.45	case rate	
L/S RATIO	83661	CPT	outpatient			391	25.29	Consumer	Consumer		371.45	0.95			10.5	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391	25.29	Corrections	Corrections		312.8	0.8			10.5	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391	25.29	First Health	First Health		273.7	0.7			10.5	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391	25.29	First Trenton	First Trenton		351.9	0.9			10.5	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391	25.29	Horizon	MGD		149.67	0.3828			10.5	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391	25.29	Horizon	Indemnity		149.67	0.3828			10.5	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391	25.29	Horizon	Medicare Blue		117.3	0.3			10.5	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391	25.29	Horizon	PPO		149.67	0.3828			10.5	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391	25.29	Managed Care Inc	Managed Care Inc		351.9	0.9			10.5	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391	25.29	Multiplan	Multiplan		312.8	0.8			10.5	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391	25.29	Qualcare	Qualcare		293.25	0.75			10.5	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391	25.29	Three Rivers	Three Rivers		371.45	0.95			10.5	371.45	percent of total billed charges	
L/S RATIO	83661	CPT	outpatient			391	25.29	UHC	Medicaid		10.5				10.5	371.45	case rate	
L/S RATIO	83661	CPT	outpatient			391	25.29	UHC	Medicare		21.99				10.5	371.45	case rate	
L/S RATIO	83661	CPT	outpatient			391	25.29	Wellcare	Medicare		21.99				10.5	371.45	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
I/S RATIO	83661	CPT	outpatient			391	25.29	Wellcare	Medicaid		10.5				10.5	371.45	case rate	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215	11.28	Aetna	Medicare		9.81				2.1	204.25	case rate	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215	11.28	Aetna	Commercial		81.7	0.38			2.1	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215	11.28	Aetna	Better Health		67.64	0.3146			2.1	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215	11.28	Americare	Americare		161.25	0.75			2.1	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215	11.28	WellPoint	WellPoint		68.97	0.3208			2.1	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215	11.28	Amerihealth	Medicare		9.81				2.1	204.25	case rate	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215	11.28	Consumer	Consumer		204.25	0.95			2.1	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215	11.28	Corrections	Corrections		172	0.8			2.1	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215	11.28	First Health	First Health		150.5	0.7			2.1	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215	11.28	First Trenton	First Trenton		193.5	0.9			2.1	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215	11.28	Horizon	MGD		82.3	0.3828			2.1	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215	11.28	Horizon	Indemnity		82.3	0.3828			2.1	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215	11.28	Horizon	Medicare Blue		64.5	0.3			2.1	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215	11.28	Horizon	PPO		82.3	0.3828			2.1	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215	11.28	Managed Care Inc	Managed Care Inc		193.5	0.9			2.1	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215	11.28	Multiplan	Multiplan		172	0.8			2.1	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215	11.28	Qualcare	Qualcare		161.25	0.75			2.1	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215	11.28	Three Rivers	Three Rivers		204.25	0.95			2.1	204.25	percent of total billed charges	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215	11.28	UHC	Medicaid		2.1				2.1	204.25	case rate	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215	11.28	UHC	Medicare		9.81				2.1	204.25	case rate	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215	11.28	Wellcare	Medicaid		2.1				2.1	204.25	case rate	
LEUCINE AMINOPEPTIDASE	83670	CPT	outpatient			215	11.28	Wellcare	Medicare		9.81				2.1	204.25	case rate	
LIPASE SERUM/PLASMA	83690	CPT	both			83	7.92	Aetna	Commercial		31.54	0.38			4.5	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83	7.92	Aetna	Better Health		26.11	0.3146			4.5	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83	7.92	Aetna	Medicare		6.89				4.5	78.85	case rate	
LIPASE SERUM/PLASMA	83690	CPT	both			83	7.92	Americare	Americare		62.25	0.75			4.5	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83	7.92	WellPoint	WellPoint		26.63	0.3208			4.5	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83	7.92	Amerihealth	Medicare		6.89				4.5	78.85	case rate	
LIPASE SERUM/PLASMA	83690	CPT	both			83	7.92	Consumer	Consumer		78.85	0.95			4.5	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83	7.92	Corrections	Corrections		66.4	0.8			4.5	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83	7.92	First Health	First Health		58.1	0.7			4.5	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83	7.92	First Trenton	First Trenton		74.7	0.9			4.5	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83	7.92	Horizon	Indemnity		31.77	0.3828			4.5	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83	7.92	Horizon	MGD		31.77	0.3828			4.5	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83	7.92	Horizon	Medicare Blue		24.9	0.3			4.5	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83	7.92	Horizon	PPO		31.77	0.3828			4.5	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83	7.92	Managed Care Inc	Managed Care Inc		74.7	0.9			4.5	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83	7.92	Multiplan	Multiplan		66.4	0.8			4.5	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83	7.92	Qualcare	Qualcare		62.25	0.75			4.5	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83	7.92	Three Rivers	Three Rivers		78.85	0.95			4.5	78.85	percent of total billed charges	
LIPASE SERUM/PLASMA	83690	CPT	both			83	7.92	UHC	Medicare		6.89				4.5	78.85	case rate	
LIPASE SERUM/PLASMA	83690	CPT	both			83	7.92	UHC	Medicaid		4.5				4.5	78.85	case rate	
LIPASE SERUM/PLASMA	83690	CPT	both			83	7.92	Wellcare	Medicare		6.89				4.5	78.85	case rate	
LIPASE SERUM/PLASMA	83690	CPT	both			83	7.92	Wellcare	Medicaid		4.5				4.5	78.85	case rate	
LIPOPROTEIN (A) -	83695	CPT	both			100	16.47	Aetna	Medicare		14.32				11.46	95	case rate	
LIPOPROTEIN (A) -	83695	CPT	both			100	16.47	Aetna	Commercial		38	0.38			11.46	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100	16.47	Aetna	Better Health		31.46	0.3146			11.46	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100	16.47	Americare	Americare		75	0.75			11.46	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100	16.47	WellPoint	WellPoint		32.08	0.3208			11.46	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100	16.47	Amerihealth	Medicare		14.32				11.46	95	case rate	
LIPOPROTEIN (A) -	83695	CPT	both			100	16.47	Consumer	Consumer		95	0.95			11.46	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100	16.47	Corrections	Corrections		80	0.8			11.46	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100	16.47	First Health	First Health		70	0.7			11.46	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100	16.47	First Trenton	First Trenton		90	0.9			11.46	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100	16.47	Horizon	MGD		38.28	0.3828			11.46	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100	16.47	Horizon	Indemnity		38.28	0.3828			11.46	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100	16.47	Horizon	Medicare Blue		30	0.3			11.46	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100	16.47	Horizon	PPO		38.28	0.3828			11.46	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100	16.47	Managed Care Inc	Managed Care Inc		90	0.9			11.46	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100	16.47	Multiplan	Multiplan		80	0.8			11.46	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100	16.47	Qualcare	Qualcare		75	0.75			11.46	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100	16.47	Three Rivers	Three Rivers		95	0.95			11.46	95	percent of total billed charges	
LIPOPROTEIN (A) -	83695	CPT	both			100	16.47	UHC	Medicaid		11.46				11.46	95	case rate	
LIPOPROTEIN (A) -	83695	CPT	both			100	16.47	UHC	Medicare		14.32				11.46	95	case rate	
LIPOPROTEIN (A) -	83695	CPT	both			100	16.47	Wellcare	Medicare		14.32				11.46	95	case rate	
LIPOPROTEIN (A) -	83695	CPT	both			100	16.47	Wellcare	Medicaid		11.46				11.46	95	case rate	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	outpatient			88	53.26	Aetna	Commercial		33.44	0.38			26.4	83.6	percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	outpatient			88	53.26	Aetna	Better Health		27.68	0.3146			26.4	83.6	percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	outpatient			88	53.26	Aetna	Medicare		27.1	0.308			26.4	83.6	percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	outpatient			88	53.26	Americare	Americare		66	0.75			26.4	83.6	percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	outpatient			88	53.26	WellPoint	WellPoint		28.23	0.3208			26.4	83.6	percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	outpatient			88	53.26	Amerihealth	Medicare		46.31				26.4	83.6	case rate	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	outpatient			88	53.26	Consumer	Consumer		83.6	0.95			26.4	83.6	percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	outpatient			88	53.26	Corrections	Corrections		70.4	0.8			26.4	83.6	percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	outpatient			88	53.26	First Health	First Health		61.6	0.7			26.4	83.6	percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	outpatient			88	53.26	First Trenton	First Trenton		79.2	0.9			26.4	83.6	percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	outpatient			88	53.26	Horizon	Indemnity		33.69	0.3828			26.4	83.6	percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	outpatient			88	53.26	Horizon	Medicare Blue		26.4	0.3			26.4	83.6	percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	outpatient			88	53.26	Horizon	MGD		33.69	0.3828			26.4	83.6	percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	outpatient			88	53.26	Horizon	PPO		33.69	0.3828			26.4	83.6	percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	outpatient			88	53.26	Managed Care Inc	Managed Care Inc		79.2	0.9			26.4	83.6	percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	outpatient			88	53.26	Multiplan	Multiplan		70.4	0.8			26.4	83.6	percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	outpatient			88	53.26	Qualcare	Qualcare		66	0.75			26.4	83.6	percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	outpatient			88	53.26	Three Rivers	Three Rivers		83.6	0.95			26.4	83.6	percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	outpatient			88	53.26	UHC	Medicaid		27.68	0.3146			26.4	83.6	percent of total billed charges	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	outpatient			88	53.26	UHC	Medicare		46.31				26.4	83.6	case rate	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	outpatient			88	53.26	Wellcare	Medicare		46.31				26.4	83.6	case rate	
LIPOPROTEIN ASSO.PHOS A2	83698	CPT	outpatient			88	53.26	Wellcare	Medicaid		27.68	0.3146			26.4	83.6	percent of total billed charges	
LIPOPROTEIN BLOOD	83700	CPT	outpatient			37	12.95	Aetna	Medicare		11.26				9.01	35.15	case rate	
LIPOPROTEIN BLOOD	83700	CPT	outpatient			37	12.95	Aetna	Better Health		11.64	0.3146			9.01	35.15	percent of total billed charges	
LIPOPROTEIN BLOOD	83700	CPT	outpatient			37	12.95	Aetna	Commercial		14.06	0.38			9.01	35.15	percent of total billed charges	
LIPOPROTEIN BLOOD	83700	CPT	outpatient			37	12.95	Americare	Americare		27.75	0.75			9.01	35.15	percent of total billed charges	
LIPOPROTEIN BLOOD	83700	CPT	outpatient			37	12.95	WellPoint	WellPoint		11.87	0.3208			9.01	35.15	percent of total billed charges	
LIPOPROTEIN BLOOD	83700	CPT	outpatient			37	12.95	Amerihealth	Medicare		11.26				9.01	35.15	case rate	
LIPOPROTEIN BLOOD	83700	CPT	outpatient			37	12.95	Consumer	Consumer		35.15	0.95			9.01	35.15	percent of total billed charges	
LIPOPROTEIN BLOOD	83700	CPT	outpatient			37	12.95	Corrections	Corrections		29.6	0.8			9.01	35.15	percent of total billed charges	
LIPOPROTEIN BLOOD	83700	CPT	outpatient			37	12.95	First Health	First Health		25.9	0.7			9.01	35.15	percent of total billed charges	
LIPOPROTEIN BLOOD	83700	CPT	outpatient			37	12.95	First Trenton	First Trenton		33.3	0.9			9.01	35.15	percent of total billed charges	
LIPOPROTEIN BLOOD	83700	CPT	outpatient			37	12.95	Horizon	MGD		14.16	0.3828			9.01	35.15	percent of total billed charges	
LIPOPROTEIN BLOOD	83700	CPT	outpatient			37	12.95	Horizon	Medicare Blue		11.1	0.3			9.01	35.15	percent of total billed charges	
LIPOPROTEIN BLOOD	83700	CPT	outpatient			37	12.95	Horizon	Indemnity		14.16	0.3828			9.01	35.15	percent of total billed charges	
LIPOPROTEIN BLOOD	83700	CPT	outpatient			37	12.95	Horizon	PPO		14.16	0.3828			9.01	35.15	percent of total billed charges	
LIPOPROTEIN BLOOD	83700	CPT	outpatient			37	12.95	Managed Care Inc	Managed Care Inc		33.3	0.9			9.01	35.15	percent of total billed charges	
LIPOPROTEIN BLOOD	83700	CPT	outpatient			37	12.95	Multiplan	Multiplan		29.6	0.8			9.01	35.15	percent of total billed charges	
LIPOPROTEIN BLOOD	83700	CPT	outpatient			37	12.95	Qualcare	Qualcare		27.75	0.75			9.01	35.15	percent of total billed charges	
LIPOPROTEIN BLOOD	83700	CPT	outpatient			37	12.95	Three Rivers	Three Rivers		35.15	0.95			9.01	35.15	percent of total billed charges	
LIPOPROTEIN BLOOD	83700	CPT	outpatient			37	12.95	UHC	Medicaid		9.01				9.01	35.15	case rate	
LIPOPROTEIN BLOOD	83700	CPT	outpatient			37	12.95	UHC	Medicare		11.26				9.01	35.15	case rate	
LIPOPROTEIN BLOOD	83700	CPT	outpatient			37	12.95	Wellcare	Medicare		11.26				9.01	35.15	case rate	
LIPOPROTEIN BLOOD	83700	CPT	outpatient			37	12.95	Wellcare	Medicaid		9.01				9.01	35.15	case rate	
LIPOPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53	39.32	Aetna	Commercial		20.14	0.38			15.9	50.35	percent of total billed charges	
LIPOPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53	39.32	Aetna	Better Health		16.67	0.3146			15.9	50.35	percent of total billed charges	
LIPOPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53	39.32	Aetna	Medicare		16.32	0.308			15.9	50.35	percent of total billed charges	
LIPOPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53	39.32	Americare	Americare		39.75	0.75			15.9	50.35	percent of total billed charges	
LIPOPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53	39.32	WellPoint	WellPoint		17	0.3208			15.9	50.35	percent of total billed charges	
LIPOPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53	39.32	Amerihealth	Medicare		34.19				15.9	50.35	case rate	
LIPOPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53	39.32	Consumer	Consumer		50.35	0.95			15.9	50.35	percent of total billed charges	
LIPOPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53	39.32	Corrections	Corrections		42.4	0.8			15.9	50.35	percent of total billed charges	
LIPOPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53	39.32	First Health	First Health		37.1	0.7			15.9	50.35	percent of total billed charges	
LIPOPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53	39.32	First Trenton	First Trenton		47.7	0.9			15.9	50.35	percent of total billed charges	
LIPOPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53	39.32	Horizon	MGD		20.29	0.3828			15.9	50.35	percent of total billed charges	
LIPOPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53	39.32	Horizon	Medicare Blue		15.9	0.3			15.9	50.35	percent of total billed charges	
LIPOPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53	39.32	Horizon	Indemnity		20.29	0.3828			15.9	50.35	percent of total billed charges	
LIPOPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53	39.32	Horizon	PPO		20.29	0.3828			15.9	50.35	percent of total billed charges	
LIPOPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53	39.32	Managed Care Inc	Managed Care Inc		47.7	0.9			15.9	50.35	percent of total billed charges	
LIPOPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53	39.32	Multiplan	Multiplan		42.4	0.8			15.9	50.35	percent of total billed charges	
LIPOPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53	39.32	Qualcare	Qualcare		39.75	0.75			15.9	50.35	percent of total billed charges	
LIPOPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53	39.32	Three Rivers	Three Rivers		50.35	0.95			15.9	50.35	percent of total billed charges	
LIPOPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53	39.32	UHC	Medicaid		16.67	0.3146			15.9	50.35	percent of total billed charges	
LIPOPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53	39.32	UHC	Medicare		34.19				15.9	50.35	case rate	
LIPOPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53	39.32	Wellcare	Medicaid		16.67	0.3146			15.9	50.35	percent of total billed charges	
LIPOPROTEIN QUANT PARTICLE & SUBCL	83704	CPT	outpatient			53	39.32	Wellcare	Medicare		34.19				15.9	50.35	case rate	
LIPOPROTEIN DIRECT MEASUREMENT	83718	CPT	both			71	9.42	Aetna	Better Health		22.34	0.3146			7.2	67.45	percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT	83718	CPT	both			71	9.42	Aetna	Commercial		26.98	0.38			7.2	67.45	percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT	83718	CPT	both			71	9.42	Aetna	Medicare		8.19				7.2	67.45	case rate	
LIPOPROTEIN DIRECT MEASUREMENT	83718	CPT	both			71	9.42	Americare	Americare		53.25	0.75			7.2	67.45	percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT	83718	CPT	both			71	9.42	WellPoint	WellPoint		22.78	0.3208			7.2	67.45	percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT	83718	CPT	both			71	9.42	Amerihealth	Medicare		8.19				7.2	67.45	case rate	
LIPOPROTEIN DIRECT MEASUREMENT	83718	CPT	both			71	9.42	Consumer	Consumer		67.45	0.95			7.2	67.45	percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT	83718	CPT	both			71	9.42	Corrections	Corrections		56.8	0.8			7.2	67.45	percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT	83718	CPT	both			71	9.42	First Health	First Health		49.7	0.7			7.2	67.45	percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT	83718	CPT	both			71	9.42	First Trenton	First Trenton		63.9	0.9			7.2	67.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LIPOPROTEIN DIRECT MEASUREMENT	83718	CPT	both			71	9.42	Horizon	MCD		27.18	0.3828			7.2	67.45	percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT	83718	CPT	both			71	9.42	Horizon	Indemnity		27.18	0.3828			7.2	67.45	percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT	83718	CPT	both			71	9.42	Horizon	Medicare Blue		21.3	0.3			7.2	67.45	percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT	83718	CPT	both			71	9.42	Horizon	PPO		27.18	0.3828			7.2	67.45	percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT	83718	CPT	both			71	9.42	Managed Care Inc	Managed Care Inc		63.9	0.9			7.2	67.45	percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT	83718	CPT	both			71	9.42	Multiplan	Multiplan		56.8	0.8			7.2	67.45	percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT	83718	CPT	both			71	9.42	Qualcare	Qualcare		53.25	0.75			7.2	67.45	percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT	83718	CPT	both			71	9.42	Three Rivers	Three Rivers		67.45	0.95			7.2	67.45	percent of total billed charges	
LIPOPROTEIN DIRECT MEASUREMENT	83718	CPT	both			71	9.42	UHC	Medicaid		8				7.2	67.45	case rate	
LIPOPROTEIN DIRECT MEASUREMENT	83718	CPT	both			71	9.42	UHC	Medicare		8.19				7.2	67.45	case rate	
LIPOPROTEIN DIRECT MEASUREMENT	83718	CPT	both			71	9.42	Wellcare	Medicare		8.19				7.2	67.45	case rate	
LIPOPROTEIN DIRECT MEASUREMENT	83718	CPT	both			71	9.42	Wellcare	Medicaid		8				7.2	67.45	case rate	
LDL CHOLESTEROL	83721	CPT	both			70	12.08	Aetna	Better Health		22.02	0.3146			8.38	66.5	percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70	12.08	Aetna	Commercial		26.6	0.38			8.38	66.5	percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70	12.08	Aetna	Medicare		10.5				8.38	66.5	case rate	
LDL CHOLESTEROL	83721	CPT	both			70	12.08	Americare	Americare		52.5	0.75			8.38	66.5	percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70	12.08	WellPoint	WellPoint		22.46	0.3208			8.38	66.5	percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70	12.08	Amerihealth	Medicare		10.5				8.38	66.5	case rate	
LDL CHOLESTEROL	83721	CPT	both			70	12.08	Consumer	Consumer		66.5	0.95			8.38	66.5	percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70	12.08	Corrections	Corrections		56	0.8			8.38	66.5	percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70	12.08	First Health	First Health		49	0.7			8.38	66.5	percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70	12.08	First Trenton	First Trenton		63	0.9			8.38	66.5	percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70	12.08	Horizon	Indemnity		26.8	0.3828			8.38	66.5	percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70	12.08	Horizon	PPO		26.8	0.3828			8.38	66.5	percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70	12.08	Horizon	MCD		26.8	0.3828			8.38	66.5	percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70	12.08	Horizon	Medicare Blue		21	0.3			8.38	66.5	percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70	12.08	Managed Care Inc	Managed Care Inc		63	0.9			8.38	66.5	percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70	12.08	Multiplan	Multiplan		56	0.8			8.38	66.5	percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70	12.08	Qualcare	Qualcare		52.5	0.75			8.38	66.5	percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70	12.08	Three Rivers	Three Rivers		66.5	0.95			8.38	66.5	percent of total billed charges	
LDL CHOLESTEROL	83721	CPT	both			70	12.08	UHC	Medicare		10.5				8.38	66.5	case rate	
LDL CHOLESTEROL	83721	CPT	both			70	12.08	UHC	Medicaid		8.38				8.38	66.5	case rate	
LDL CHOLESTEROL	83721	CPT	both			70	12.08	Wellcare	Medicaid		8.38				8.38	66.5	case rate	
LDL CHOLESTEROL	83721	CPT	both			70	12.08	Wellcare	Medicare		10.5				8.38	66.5	case rate	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	Aetna	Commercial		376.2	0.38			17.19	940.5	percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	Aetna	Medicare		304.92	0.308			17.19	940.5	percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	Aetna	Better Health		311.45	0.3146			17.19	940.5	percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	Americare	Americare		742.5	0.75			17.19	940.5	percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	WellPoint	WellPoint		317.59	0.3208			17.19	940.5	percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	Amerihealth	Medicare		17.19				17.19	940.5	case rate	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	Consumer	Consumer		940.5	0.95			17.19	940.5	percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	Corrections	Corrections		792	0.8			17.19	940.5	percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	First Health	First Health		693	0.7			17.19	940.5	percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	First Trenton	First Trenton		891	0.9			17.19	940.5	percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	Horizon	Indemnity		378.97	0.3828			17.19	940.5	percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	Horizon	MCD		378.97	0.3828			17.19	940.5	percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	Horizon	PPO		378.97	0.3828			17.19	940.5	percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	Horizon	Medicare Blue		297	0.3			17.19	940.5	percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	Managed Care Inc	Managed Care Inc		891	0.9			17.19	940.5	percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	Multiplan	Multiplan		792	0.8			17.19	940.5	percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	Qualcare	Qualcare		742.5	0.75			17.19	940.5	percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	Three Rivers	Three Rivers		940.5	0.95			17.19	940.5	percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	UHC	Medicaid		311.45	0.3146			17.19	940.5	percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	UHC	Medicare		17.19				17.19	940.5	case rate	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	Wellcare	Medicaid		311.45	0.3146			17.19	940.5	percent of total billed charges	
GONADOTROPIN RELEASE HORM	83727	CPT	outpatient			990	19.77	Wellcare	Medicare		17.19				17.19	940.5	case rate	
MAGNESIUM URINE 24 HR	83735	CPT	both			128	7.71	Aetna	Commercial		48.64	0.38			4.5	121.6	percent of total billed charges	
MAGNESIUM URINE 24 HR	83735	CPT	both			128	7.71	Aetna	Better Health		40.27	0.3146			4.5	121.6	percent of total billed charges	
MAGNESIUM URINE 24 HR	83735	CPT	both			128	7.71	Aetna	Medicare		6.7				4.5	121.6	case rate	
MAGNESIUM URINE 24 HR	83735	CPT	both			128	7.71	Americare	Americare		96	0.75			4.5	121.6	percent of total billed charges	
MAGNESIUM URINE 24 HR	83735	CPT	both			128	7.71	WellPoint	WellPoint		41.06	0.3208			4.5	121.6	percent of total billed charges	
MAGNESIUM URINE 24 HR	83735	CPT	both			128	7.71	Amerihealth	Medicare		6.7				4.5	121.6	case rate	
MAGNESIUM URINE 24 HR	83735	CPT	both			128	7.71	Consumer	Consumer		121.6	0.95			4.5	121.6	percent of total billed charges	
MAGNESIUM URINE 24 HR	83735	CPT	both			128	7.71	Corrections	Corrections		102.4	0.8			4.5	121.6	percent of total billed charges	
MAGNESIUM URINE 24 HR	83735	CPT	both			128	7.71	First Health	First Health		89.6	0.7			4.5	121.6	percent of total billed charges	
MAGNESIUM URINE 24 HR	83735	CPT	both			128	7.71	First Trenton	First Trenton		115.2	0.9			4.5	121.6	percent of total billed charges	
MAGNESIUM URINE 24 HR	83735	CPT	both			128	7.71	Horizon	Indemnity		49	0.3828			4.5	121.6	percent of total billed charges	
MAGNESIUM URINE 24 HR	83735	CPT	both			128	7.71	Horizon	MCD		49	0.3828			4.5	121.6	percent of total billed charges	
MAGNESIUM URINE 24 HR	83735	CPT	both			128	7.71	Horizon	Medicare Blue		38.4	0.3			4.5	121.6	percent of total billed charges	
MAGNESIUM URINE 24 HR	83735	CPT	both			128	7.71	Horizon	PPO		49	0.3828			4.5	121.6	percent of total billed charges	
MAGNESIUM URINE 24 HR	83735	CPT	both			128	7.71	Managed Care Inc	Managed Care Inc		115.2	0.9			4.5	121.6	percent of total billed charges	
MAGNESIUM URINE 24 HR	83735	CPT	both			128	7.71	Multiplan	Multiplan		102.4	0.8			4.5	121.6	percent of total billed charges	
MAGNESIUM URINE 24 HR	83735	CPT	both			128	7.71	Qualcare	Qualcare		96	0.75			4.5	121.6	percent of total billed charges	
MAGNESIUM URINE 24 HR	83735	CPT	both			128	7.71	Three Rivers	Three Rivers		121.6	0.95			4.5	121.6	percent of total billed charges	
MAGNESIUM URINE 24 HR	83735	CPT	both			128	7.71	UHC	Medicaid		4.5				4.5	121.6	case rate	
MAGNESIUM URINE 24 HR	83735	CPT	both			128	7.71	UHC	Medicare		6.7				4.5	121.6	case rate	
MAGNESIUM URINE 24 HR	83735	CPT	both			128	7.71	Wellcare	Medicaid		4.5				4.5	121.6	case rate	
MAGNESIUM URINE 24 HR	83735	CPT	both			128	7.71	Wellcare	Medicare		6.7				4.5	121.6	case rate	
MANGANESE BLOOD (724195)	83785	CPT	inpatient			421	30.65	Aetna	Commercial		159.98	0.38			26.65	399.95	percent of total billed charges	
MANGANESE BLOOD (724195)	83785	CPT	inpatient			421	30.65	Aetna	Better Health		132.45	0.3146			26.65	399.95	percent of total billed charges	
MANGANESE BLOOD (724195)	83785	CPT	inpatient			421	30.65	Aetna	Medicare		129.67	0.308			26.65	399.95	percent of total billed charges	
MANGANESE BLOOD (724195)	83785	CPT	inpatient			421	30.65	Americare	Americare		315.75	0.75			26.65	399.95	percent of total billed charges	
MANGANESE BLOOD (724195)	83785	CPT	inpatient			421	30.65	WellPoint	WellPoint		135.06	0.3208			26.65	399.95	percent of total billed charges	
MANGANESE BLOOD (724195)	83785	CPT	inpatient			421	30.65	Amerihealth	Medicare		26.65				26.65	399.95	case rate	
MANGANESE BLOOD (724195)	83785	CPT	inpatient			421	30.65	Consumer	Consumer		399.95	0.95			26.65	399.95	percent of total billed charges	
MANGANESE BLOOD (724195)	83785	CPT	inpatient			421	30.65	Corrections	Corrections		336.8	0.8			26.65	399.95	percent of total billed charges	
MANGANESE BLOOD (724195)	83785	CPT	inpatient			421	30.65	First Health	First Health		294.7	0.7			26.65	399.95	percent of total billed charges	
MANGANESE BLOOD (724195)	83785	CPT	inpatient			421	30.65	First Trenton	First Trenton		378.9	0.9			26.65	399.95	percent of total billed charges	
MANGANESE BLOOD (724195)	83785	CPT	inpatient			421	30.65	Horizon	MCD		161.16	0.3828			26.65	399.95	percent of total billed charges	
MANGANESE BLOOD (724195)	83785	CPT	inpatient			421	30.65	Horizon	Indemnity		161.16	0.3828			26.65	399.95	percent of total billed charges	
MANGANESE BLOOD (724195)	83785	CPT	inpatient			421	30.65	Horizon	Medicare Blue		126.3	0.3			26.65	399.95	percent of total billed charges	
MANGANESE BLOOD (724195)	83785	CPT	inpatient			421	30.65	Horizon	PPO		161.16	0.3828			26.65	399.95	percent of total billed charges	
MANGANESE BLOOD (724195)	83785	CPT	inpatient			421	30.65	Managed Care Inc	Managed Care Inc		378.9	0.9			26.65	399.95	percent of total billed charges	
MANGANESE BLOOD (724195)	83785	CPT	inpatient			421	30.65	Multiplan	Multiplan		336.8	0.8			26.65	399.95	percent of total billed charges	
MANGANESE BLOOD (724195)	83785	CPT	inpatient			421	30.65	Qualcare	Qualcare		315.75	0.75			26.65	399.95	percent of total billed charges	
MANGANESE BLOOD (724195)	83785	CPT	inpatient			421	30.65	Three Rivers	Three Rivers		399.95	0.95			26.65	399.95	percent of total billed charges	
MANGANESE BLOOD (724195)	83785	CPT	inpatient			421	30.65	UHC	Medicare		26.65				26.65	399.95	case rate	
MANGANESE BLOOD (724195)	83785	CPT	inpatient			421	30.65	UHC	Medicaid		132.45	0.3146			26.65	399.95	percent of total billed charges	
MANGANESE BLOOD (724195)	83785	CPT	inpatient			421	30.65	Wellcare	Medicare		26.65				26.65	399.95	case rate	
MANGANESE BLOOD (724195)	83785	CPT	inpatient			421	30.65	Wellcare	Medicaid		132.45	0.3146			26.65	399.95	percent of total billed charges	
N-METHYLHISTAMINE URINE	83789	CPT	inpatient			899	27.73	Aetna	Better Health		282.83	0.3146			4.4	854.05	percent of total billed charges	
N-METHYLHISTAMINE URINE	83789	CPT	inpatient			899	27.73	Aetna	Commercial		341.62	0.38			4.4	854.05	percent of total billed charges	
N-METHYLHISTAMINE URINE	83789	CPT	inpatient			899	27.73	Aetna	Medicare		24.11				4.4	854.05	case rate	
N-METHYLHISTAMINE URINE	83789	CPT	inpatient			899	27.73	Americare	Americare		674.25	0.75			4.4	854.05	percent of total billed charges	
N-METHYLHISTAMINE URINE	83789	CPT	inpatient			899	27.73	WellPoint	WellPoint		288.4	0.3208			4.4	854.05	percent of total billed charges	
N-METHYLHISTAMINE URINE	83789	CPT	inpatient			899	27.73	Amerihealth	Medicare		24.11				4.4	854.05	case rate	
N-METHYLHISTAMINE URINE	83789	CPT	inpatient			899	27.73	Consumer	Consumer		854.05	0.95			4.4	854.05	percent of total billed charges	
N-METHYLHISTAMINE URINE	83789	CPT	inpatient			899	27.73	Corrections	Corrections		719.2	0.8			4.4	854.05	percent of total billed charges	
N-METHYLHISTAMINE URINE	83789	CPT	inpatient			899	27.73	First Health	First Health		629.3	0.7			4.4	854.05	percent of total billed charges	
N-METHYLHISTAMINE URINE	83789	CPT	inpatient			899	27.73	First Trenton	First Trenton		809.1	0.9			4.4	854.05	percent of total billed charges	
N-METHYLHISTAMINE URINE	83789	CPT	inpatient			899	27.73	Horizon	Indemnity		344.14	0.3828			4.4	854.05	percent of total billed charges	
N-METHYLHISTAMINE URINE	83789	CPT	inpatient			899	27.73	Horizon	Medicare Blue		269.7	0.3			4.4	854.05	percent of total billed charges	
N-METHYLHISTAMINE URINE	83789	CPT	inpatient			899	27.73	Horizon	MCD		344.14	0.3828			4.4	854.05	percent of total billed charges	
N-METHYLHISTAMINE URINE	83789	CPT	inpatient			899	27.73	Horizon	PPO		344.14	0.3828			4.4	854.05	percent of total billed charges	
N-METHYLHISTAMINE URINE	83789	CPT	inpatient			899	27.73	Managed Care Inc	Managed Care Inc		809.1	0.9			4.4	854.05	percent of total billed charges	
N-METHYLHISTAMINE URINE	83789	CPT	inpatient			899	27.73	Multiplan	Multiplan		719.2	0.8			4.4	854.05	percent of total billed charges	
N-METHYLHISTAMINE URINE	83789	CPT	inpatient			899	27.73	Qualcare	Qualcare		674.25	0.75			4.4	854.05	percent of total billed charges	
N-METHYLHISTAMINE URINE	83789	CPT	inpatient			899	27.73	Three Rivers	Three Rivers		854.05	0.95			4.4	854.05	percent of total billed charges	
N-METHYLHISTAMINE URINE	83789	CPT	inpatient			899	27.73	UHC	Medicaid		4.4				4.4	854.05	case rate	
N-METHYLHISTAMINE URINE	83789	CPT	inpatient			899	27.73	UHC	Medicare		24.11				4.4	854.05	case rate	
N-METHYLHISTAMINE URINE	83789	CPT	inpatient			899	27.73	Wellcare	Medicaid		4.4				4.4	854.05	case rate	
N-METHYLHISTAMINE URINE	83789	CPT	inpatient			899	27.73	Wellcare	Medicare		24.11				4.4	854.05	case rate	
MERCURY WHOLE BLOOD	83825	CPT	both			285	18.7	Aetna	Commercial		108.3	0.38			7.8	270.75	percent of total billed charges	
MERCURY WHOLE BLOOD	83825	CPT	both			285	18.7	Aetna	Better Health		89.66	0.3146			7.8	270.75	percent of total billed charges	
MERCURY WHOLE BLOOD	83825	CPT	both			285	18.7	Aetna	Medicare		87.78	0.308			7.8	270.75	percent of total billed charges	
MERCURY WHOLE BLOOD	83825	CPT	both			285	18.7	Americare	Americare		213.75	0.75			7.8	270.75	percent of total billed charges	
MERCURY WHOLE BLOOD	83825	CPT	both			285	18.7	WellPoint	WellPoint		91.43	0.3208			7.8	270.75	percent of total billed charges	
MERCURY WHOLE BLOOD	83825	CPT	both			285	18.7	Amerihealth	Medicare		16.26				7.8	270.75	case rate	
MERCURY WHOLE BLOOD	83825	CPT	both			285	18.7	Consumer	Consumer		270.75	0.95			7.8	270.75	percent of total billed charges	
MERCURY WHOLE BLOOD	83825	CPT	both			285	18.7	Corrections	Corrections		228	0.8			7.8	270.75	percent of total billed charges	
MERCURY WHOLE BLOOD	83825	CPT	both			285	18.7	First Health	First Health		199.5	0.7			7.8	270.75	percent of total billed charges	
MERCURY WHOLE BLOOD	83825	CPT	both			285	18.7	First Trenton	First Trenton		256.5	0.9			7.8	270.75	percent of total billed charges	
MERCURY WHOLE BLOOD	83825	CPT	both			285	18.7	Horizon	MCD		109.1	0.3828			7.8	270.75	percent of total billed charges	
MERCURY WHOLE BLOOD	83825	CPT	both			285	18.7	Horizon	Indemnity		109.1	0.3828			7.8	270.75	percent of total billed charges	
MERCURY WHOLE BLOOD	83825	CPT	both			285	18.7	Horizon	PPO		109.1	0.3828			7.8	270.75	percent of total billed charges	
MERCURY WHOLE BLOOD	83825	CPT	both			285	18.7	Horizon	Medicare Blue		85.5	0.3			7.8	270.75	percent of total billed charges	
MERCURY WHOLE BLOOD	83825	CPT	both			285	18.7	Managed Care Inc	Managed Care Inc		256.5	0.9			7.8	270.75	percent of total billed charges	
MERCURY WHOLE BLOOD	83825	CPT	both			285	18.7	Multiplan	Multiplan		228	0.8			7.8	270.75	percent of total billed charges	
MERCURY WHOLE BLOOD	83825	CPT	both			285	18.7	Qualcare	Qualcare		213.75	0.75			7.8	270.75	percent of total billed charges	
MERCURY WHOLE BLOOD	83825	CPT	both			285	18.7	Three Rivers	Three Rivers		270.75	0.95			7.8	270.75	percent of total billed charges	
MERCURY WHOLE BLOOD	83825	CPT	both			285	18.7	UHC	Medicare		16.26				7.8	270.75	case rate	
MERCURY WHOLE BLOOD	83825	CPT	both			285	18.7	UHC	Medicaid		89.66	0.3146			7.8	270.75	percent of total billed charges	
MERCURY WHOLE BLOOD	83825	CPT	both			285	18.7	Wellcare	Medicare		16.26				7.8	270.75	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MERCURY WHOLE BLOOD	83825	CPT	both			285	18.7	Wellcare	Medicaid		89.66	0.3146			7.8	270.75	percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Aetna	Better Health		25.48	0.3146			10.2	76.95	percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Aetna	Medicare		16.94				10.2	76.95	case rate	
METANEPHRINES	83835	CPT	both			81	19.48	Aetna	Commercial		30.78	0.38			10.2	76.95	percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Americare	Americare		60.75	0.75			10.2	76.95	percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	WellPoint	WellPoint		25.98	0.3208			10.2	76.95	percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Amerihealth	Medicare		16.94				10.2	76.95	case rate	
METANEPHRINES	83835	CPT	both			81	19.48	Consumer	Consumer		76.95	0.95			10.2	76.95	percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Corrections	Corrections		64.8	0.8			10.2	76.95	percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	First Health	First Health		56.7	0.7			10.2	76.95	percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	First Trenton	First Trenton		72.9	0.9			10.2	76.95	percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Horizon	MGD		31.01	0.3828			10.2	76.95	percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Horizon	Indemnity		31.01	0.3828			10.2	76.95	percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Horizon	PPO		31.01	0.3828			10.2	76.95	percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Horizon	Medicare Blue		24.3	0.3			10.2	76.95	percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Managed Care Inc	Managed Care Inc		72.9	0.9			10.2	76.95	percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Multiplan	Multiplan		64.8	0.8			10.2	76.95	percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Qualcare	Qualcare		60.75	0.75			10.2	76.95	percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	Three Rivers	Three Rivers		76.95	0.95			10.2	76.95	percent of total billed charges	
METANEPHRINES	83835	CPT	both			81	19.48	UHC	Medicaid		10.2				10.2	76.95	case rate	
METANEPHRINES	83835	CPT	both			81	19.48	UHC	Medicare		16.94				10.2	76.95	case rate	
METANEPHRINES	83835	CPT	both			81	19.48	Wellcare	Medicare		16.94				10.2	76.95	case rate	
METANEPHRINES	83835	CPT	both			81	19.48	Wellcare	Medicaid		10.2				10.2	76.95	case rate	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Aetna	Better Health		158.87	0.3146			13	479.75	percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Aetna	Medicare		28.5				13	479.75	case rate	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Aetna	Commercial		191.9	0.38			13	479.75	percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Americare	Americare		378.75	0.75			13	479.75	percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	WellPoint	WellPoint		162	0.3208			13	479.75	percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Amerihealth	Medicare		28.5				13	479.75	case rate	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Consumer	Consumer		479.75	0.95			13	479.75	percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Corrections	Corrections		404	0.8			13	479.75	percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	First Health	First Health		353.5	0.7			13	479.75	percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	First Trenton	First Trenton		454.5	0.9			13	479.75	percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Horizon	Indemnity		193.31	0.3828			13	479.75	percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Horizon	MGD		193.31	0.3828			13	479.75	percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Horizon	Medicare Blue		151.5	0.3			13	479.75	percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Horizon	PPO		193.31	0.3828			13	479.75	percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Managed Care Inc	Managed Care Inc		454.5	0.9			13	479.75	percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Multiplan	Multiplan		404	0.8			13	479.75	percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Qualcare	Qualcare		378.75	0.75			13	479.75	percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Three Rivers	Three Rivers		479.75	0.95			13	479.75	percent of total billed charges	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	UHC	Medicaid		13				13	479.75	case rate	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	UHC	Medicare		28.5				13	479.75	case rate	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Wellcare	Medicaid		13				13	479.75	case rate	
MUCOPOLYSACCHARIDES-TLC	83864	CPT	both			505	32.78	Wellcare	Medicare		28.5				13	479.75	case rate	
MUCIN SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Aetna	Better Health		14.79	0.3146			3.2	44.65	percent of total billed charges	
MUCIN SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Aetna	Commercial		17.86	0.38			3.2	44.65	percent of total billed charges	
MUCIN SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Aetna	Medicare		5.86				3.2	44.65	case rate	
MUCIN SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Americare	Americare		35.25	0.75			3.2	44.65	percent of total billed charges	
MUCIN SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	WellPoint	WellPoint		15.08	0.3208			3.2	44.65	percent of total billed charges	
MUCIN SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Amerihealth	Medicare		5.86				3.2	44.65	case rate	
MUCIN SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Consumer	Consumer		44.65	0.95			3.2	44.65	percent of total billed charges	
MUCIN SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Corrections	Corrections		37.6	0.8			3.2	44.65	percent of total billed charges	
MUCIN SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	First Health	First Health		32.9	0.7			3.2	44.65	percent of total billed charges	
MUCIN SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	First Trenton	First Trenton		42.3	0.9			3.2	44.65	percent of total billed charges	
MUCIN SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Horizon	MGD		17.99	0.3828			3.2	44.65	percent of total billed charges	
MUCIN SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Horizon	Indemnity		17.99	0.3828			3.2	44.65	percent of total billed charges	
MUCIN SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Horizon	PPO		17.99	0.3828			3.2	44.65	percent of total billed charges	
MUCIN SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Horizon	Medicare Blue		14.1	0.3			3.2	44.65	percent of total billed charges	
MUCIN SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Managed Care Inc	Managed Care Inc		42.3	0.9			3.2	44.65	percent of total billed charges	
MUCIN SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Multiplan	Multiplan		37.6	0.8			3.2	44.65	percent of total billed charges	
MUCIN SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Qualcare	Qualcare		35.25	0.75			3.2	44.65	percent of total billed charges	
MUCIN SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Three Rivers	Three Rivers		44.65	0.95			3.2	44.65	percent of total billed charges	
MUCIN SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	UHC	Medicare		5.86				3.2	44.65	case rate	
MUCIN SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	UHC	Medicaid		3.2				3.2	44.65	case rate	
MUCIN SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Wellcare	Medicaid		3.2				3.2	44.65	case rate	
MUCIN SYNOVIAL FLUID (ROPES TEST)	83872	CPT	outpatient			47	6.74	Wellcare	Medicare		5.86				3.2	44.65	case rate	
MYELIN BASIC PROTEIN CSF	83873	CPT	outpatient			425	19.78	Aetna	Medicare		17.2				17.2	403.75	case rate	
MYELIN BASIC PROTEIN CSF	83873	CPT	outpatient			425	19.78	Aetna	Better Health		133.71	0.3146			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN CSF	83873	CPT	outpatient			425	19.78	Aetna	Commercial		161.5	0.38			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN CSF	83873	CPT	outpatient			425	19.78	Americare	Americare		318.75	0.75			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN CSF	83873	CPT	outpatient			425	19.78	WellPoint	WellPoint		136.34	0.3208			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN CSF	83873	CPT	outpatient			425	19.78	Amerihealth	Medicare		17.2				17.2	403.75	case rate	
MYELIN BASIC PROTEIN CSF	83873	CPT	outpatient			425	19.78	Consumer	Consumer		403.75	0.95			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN CSF	83873	CPT	outpatient			425	19.78	Corrections	Corrections		340	0.8			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN CSF	83873	CPT	outpatient			425	19.78	First Health	First Health		297.5	0.7			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN CSF	83873	CPT	outpatient			425	19.78	First Trenton	First Trenton		382.5	0.9			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN CSF	83873	CPT	outpatient			425	19.78	Horizon	MGD		162.69	0.3828			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN CSF	83873	CPT	outpatient			425	19.78	Horizon	Indemnity		162.69	0.3828			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN CSF	83873	CPT	outpatient			425	19.78	Horizon	PPO		162.69	0.3828			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN CSF	83873	CPT	outpatient			425	19.78	Horizon	Medicare Blue		127.5	0.3			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN CSF	83873	CPT	outpatient			425	19.78	Managed Care Inc	Managed Care Inc		382.5	0.9			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN CSF	83873	CPT	outpatient			425	19.78	Multiplan	Multiplan		340	0.8			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN CSF	83873	CPT	outpatient			425	19.78	Qualcare	Qualcare		318.75	0.75			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN CSF	83873	CPT	outpatient			425	19.78	Three Rivers	Three Rivers		403.75	0.95			17.2	403.75	percent of total billed charges	
MYELIN BASIC PROTEIN CSF	83873	CPT	outpatient			425	19.78	UHC	Medicaid		20				17.2	403.75	case rate	
MYELIN BASIC PROTEIN CSF	83873	CPT	outpatient			425	19.78	UHC	Medicare		17.2				17.2	403.75	case rate	
MYELIN BASIC PROTEIN CSF	83873	CPT	outpatient			425	19.78	Wellcare	Medicare		17.2				17.2	403.75	case rate	
MYELIN BASIC PROTEIN CSF	83873	CPT	outpatient			425	19.78	Wellcare	Medicaid		20				17.2	403.75	case rate	
MYOGLOBIN SERUM	83874	CPT	both			236	14.86	Aetna	Better Health		74.25	0.3146			9	224.2	percent of total billed charges	
MYOGLOBIN SERUM	83874	CPT	both			236	14.86	Aetna	Medicare		12.92				9	224.2	case rate	
MYOGLOBIN SERUM	83874	CPT	both			236	14.86	Aetna	Commercial		89.68	0.38			9	224.2	percent of total billed charges	
MYOGLOBIN SERUM	83874	CPT	both			236	14.86	Americare	Americare		177	0.75			9	224.2	percent of total billed charges	
MYOGLOBIN SERUM	83874	CPT	both			236	14.86	WellPoint	WellPoint		75.71	0.3208			9	224.2	percent of total billed charges	
MYOGLOBIN SERUM	83874	CPT	both			236	14.86	Amerihealth	Medicare		12.92				9	224.2	case rate	
MYOGLOBIN SERUM	83874	CPT	both			236	14.86	Consumer	Consumer		224.2	0.95			9	224.2	percent of total billed charges	
MYOGLOBIN SERUM	83874	CPT	both			236	14.86	Corrections	Corrections		188.8	0.8			9	224.2	percent of total billed charges	
MYOGLOBIN SERUM	83874	CPT	both			236	14.86	First Health	First Health		165.2	0.7			9	224.2	percent of total billed charges	
MYOGLOBIN SERUM	83874	CPT	both			236	14.86	First Trenton	First Trenton		212.4	0.9			9	224.2	percent of total billed charges	
MYOGLOBIN SERUM	83874	CPT	both			236	14.86	Horizon	Medicare Blue		70.8	0.3			9	224.2	percent of total billed charges	
MYOGLOBIN SERUM	83874	CPT	both			236	14.86	Horizon	MGD		90.34	0.3828			9	224.2	percent of total billed charges	
MYOGLOBIN SERUM	83874	CPT	both			236	14.86	Horizon	Indemnity		90.34	0.3828			9	224.2	percent of total billed charges	
MYOGLOBIN SERUM	83874	CPT	both			236	14.86	Horizon	PPO		90.34	0.3828			9	224.2	percent of total billed charges	
MYOGLOBIN SERUM	83874	CPT	both			236	14.86	Managed Care Inc	Managed Care Inc		212.4	0.9			9	224.2	percent of total billed charges	
MYOGLOBIN SERUM	83874	CPT	both			236	14.86	Multiplan	Multiplan		188.8	0.8			9	224.2	percent of total billed charges	
MYOGLOBIN SERUM	83874	CPT	both			236	14.86	Qualcare	Qualcare		177	0.75			9	224.2	percent of total billed charges	
MYOGLOBIN SERUM	83874	CPT	both			236	14.86	Three Rivers	Three Rivers		224.2	0.95			9	224.2	percent of total billed charges	
MYOGLOBIN SERUM	83874	CPT	both			236	14.86	UHC	Medicaid		12				9	224.2	case rate	
MYOGLOBIN SERUM	83874	CPT	both			236	14.86	UHC	Medicare		12.92				9	224.2	case rate	
MYOGLOBIN SERUM	83874	CPT	both			236	14.86	Wellcare	Medicare		12.92				9	224.2	case rate	
MYOGLOBIN SERUM	83874	CPT	both			236	14.86	Wellcare	Medicaid		12				9	224.2	case rate	
MYELOPEROXIDASE (MPO)	83876	CPT	outpatient			121	58.49	Aetna	Medicare		50.86				36.3	114.95	case rate	
MYELOPEROXIDASE (MPO)	83876	CPT	outpatient			121	58.49	Aetna	Better Health		38.07	0.3146			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	outpatient			121	58.49	Aetna	Commercial		45.98	0.38			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	outpatient			121	58.49	Americare	Americare		90.75	0.75			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	outpatient			121	58.49	WellPoint	WellPoint		38.82	0.3208			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	outpatient			121	58.49	Amerihealth	Medicare		50.86				36.3	114.95	case rate	
MYELOPEROXIDASE (MPO)	83876	CPT	outpatient			121	58.49	Consumer	Consumer		114.95	0.95			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	outpatient			121	58.49	Corrections	Corrections		96.8	0.8			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	outpatient			121	58.49	First Health	First Health		84.7	0.7			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	outpatient			121	58.49	First Trenton	First Trenton		108.9	0.9			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	outpatient			121	58.49	Horizon	Medicare Blue		36.3	0.3			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	outpatient			121	58.49	Horizon	MGD		46.32	0.3828			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	outpatient			121	58.49	Horizon	Indemnity		46.32	0.3828			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	outpatient			121	58.49	Horizon	PPO		46.32	0.3828			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	outpatient			121	58.49	Managed Care Inc	Managed Care Inc		108.9	0.9			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	outpatient			121	58.49	Multiplan	Multiplan		96.8	0.8			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	outpatient			121	58.49	Qualcare	Qualcare		90.75	0.75			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	outpatient			121	58.49	Three Rivers	Three Rivers		114.95	0.95			36.3	114.95	percent of total billed charges	
MYELOPEROXIDASE (MPO)	83876	CPT	outpatient			121	58.49	UHC	Medicaid		40.69				36.3	114.95	case rate	
MYELOPEROXIDASE (MPO)	83876	CPT	outpatient			121	58.49	UHC	Medicare		50.86				36.3	114.95	case rate	
MYELOPEROXIDASE (MPO)	83876	CPT	outpatient			121	58.49	Wellcare	Medicaid		40.69				36.3	114.95	case rate	
MYELOPEROXIDASE (MPO)	83876	CPT	outpatient			121	58.49	Wellcare	Medicare		50.86				36.3	114.95	case rate	
NT-PROBNP	83880	CPT	both			316	45.15	Aetna	Better Health		99.41	0.3146			39.26	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Aetna	Commercial		120.08	0.38			39.26	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Aetna	Medicare		97.33	0.308			39.26	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Americare	Americare		237	0.75			39.26	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	WellPoint	WellPoint		101.37	0.3208			39.26	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Amerihealth	Medicare		39.26				39.26	300.2	case rate	
NT-PROBNP	83880	CPT	both			316	45.15	Consumer	Consumer		300.2	0.95			39.26	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Corrections	Corrections		252.8	0.8			39.26	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	First Health	First Health		221.2	0.7			39.26	300.2	percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	First Trenton	First Trenton		284.4	0.9			39.26	300.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NT-PROBNP	83880	CPT	both			316	45.15	Horizon	MCD		120.96	0.3828			39.26		300.2 percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Horizon	Indemnity		120.96	0.3828			39.26		300.2 percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Horizon	PPO		120.96	0.3828			39.26		300.2 percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Horizon	Medicare Blue		94.8	0.3			39.26		300.2 percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Managed Care Inc	Managed Care Inc		284.4	0.9			39.26		300.2 percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Multiplan	Multiplan		252.8	0.8			39.26		300.2 percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Qualcare	Qualcare		237	0.75			39.26		300.2 percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Three Rivers	Three Rivers		300.2	0.95			39.26		300.2 percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	UHC	Medicare		39.26				39.26		300.2 case rate	
NT-PROBNP	83880	CPT	both			316	45.15	UHC	Medicaid		99.41	0.3146			39.26		300.2 percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Wellcare	Medicaid		99.41	0.3146			39.26		300.2 percent of total billed charges	
NT-PROBNP	83880	CPT	both			316	45.15	Wellcare	Medicare		39.26				39.26		300.2 case rate	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	outpatient			273	15.64	Aetna	Better Health		85.89	0.3146			9.6		259.35 percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	outpatient			273	15.64	Aetna	Medicare		13.6				9.6		259.35 case rate	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	outpatient			273	15.64	Aetna	Commercial		103.74	0.38			9.6		259.35 percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	outpatient			273	15.64	Americare	Americare		204.75	0.75			9.6		259.35 percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	outpatient			273	15.64	WellPoint	WellPoint		87.58	0.3208			9.6		259.35 percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	outpatient			273	15.64	Amerihealth	Medicare		13.6				9.6		259.35 case rate	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	outpatient			273	15.64	Consumer	Consumer		259.35	0.95			9.6		259.35 percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	outpatient			273	15.64	Corrections	Corrections		218.4	0.8			9.6		259.35 percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	outpatient			273	15.64	First Health	First Health		191.1	0.7			9.6		259.35 percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	outpatient			273	15.64	First Trenton	First Trenton		245.7	0.9			9.6		259.35 percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	outpatient			273	15.64	Horizon	Medicare Blue		81.9	0.3			9.6		259.35 percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	outpatient			273	15.64	Horizon	MGD		104.5	0.3828			9.6		259.35 percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	outpatient			273	15.64	Horizon	Indemnity		104.5	0.3828			9.6		259.35 percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	outpatient			273	15.64	Horizon	PPO		104.5	0.3828			9.6		259.35 percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	outpatient			273	15.64	Managed Care Inc	Managed Care Inc		245.7	0.9			9.6		259.35 percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	outpatient			273	15.64	Multiplan	Multiplan		218.4	0.8			9.6		259.35 percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	outpatient			273	15.64	Qualcare	Qualcare		204.75	0.75			9.6		259.35 percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	outpatient			273	15.64	Three Rivers	Three Rivers		259.35	0.95			9.6		259.35 percent of total billed charges	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	outpatient			273	15.64	UHC	Medicaid		15				9.6		259.35 case rate	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	outpatient			273	15.64	UHC	Medicare		13.6				9.6		259.35 case rate	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	outpatient			273	15.64	Wellcare	Medicare		13.6				9.6		259.35 case rate	
RETINOL BINDING PROTEIN(RBP)	83883	CPT	outpatient			273	15.64	Wellcare	Medicaid		15				9.6		259.35 case rate	
5 NUCLEOTIDASE	83915	CPT	inpatient			26	12.82	Aetna	Medicare		11.15				6		24.7 case rate	
5 NUCLEOTIDASE	83915	CPT	inpatient			26	12.82	Aetna	Commercial		9.88	0.38			6		24.7 percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	inpatient			26	12.82	Aetna	Better Health		8.18	0.3146			6		24.7 percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	inpatient			26	12.82	Americare	Americare		19.5	0.75			6		24.7 percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	inpatient			26	12.82	WellPoint	WellPoint		8.34	0.3208			6		24.7 percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	inpatient			26	12.82	Amerihealth	Medicare		11.15				6		24.7 case rate	
5 NUCLEOTIDASE	83915	CPT	inpatient			26	12.82	Consumer	Consumer		24.7	0.95			6		24.7 percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	inpatient			26	12.82	Corrections	Corrections		20.8	0.8			6		24.7 percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	inpatient			26	12.82	First Health	First Health		18.2	0.7			6		24.7 percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	inpatient			26	12.82	First Trenton	First Trenton		23.4	0.9			6		24.7 percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	inpatient			26	12.82	Horizon	Indemnity		9.95	0.3828			6		24.7 percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	inpatient			26	12.82	Horizon	Medicare Blue		7.8	0.3			6		24.7 percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	inpatient			26	12.82	Horizon	MGD		9.95	0.3828			6		24.7 percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	inpatient			26	12.82	Horizon	PPO		9.95	0.3828			6		24.7 percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	inpatient			26	12.82	Managed Care Inc	Managed Care Inc		23.4	0.9			6		24.7 percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	inpatient			26	12.82	Multiplan	Multiplan		20.8	0.8			6		24.7 percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	inpatient			26	12.82	Qualcare	Qualcare		19.5	0.75			6		24.7 percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	inpatient			26	12.82	Three Rivers	Three Rivers		24.7	0.95			6		24.7 percent of total billed charges	
5 NUCLEOTIDASE	83915	CPT	inpatient			26	12.82	UHC	Medicaid		6				6		24.7 case rate	
5 NUCLEOTIDASE	83915	CPT	inpatient			26	12.82	UHC	Medicare		11.15				6		24.7 case rate	
5 NUCLEOTIDASE	83915	CPT	inpatient			26	12.82	Wellcare	Medicare		11.15				6		24.7 case rate	
5 NUCLEOTIDASE	83915	CPT	inpatient			26	12.82	Wellcare	Medicaid		6				6		24.7 case rate	
OLIGOCLONAL IMMUNE	83916	CPT	outpatient			352	31.5	Aetna	Better Health		110.74	0.3146			14.1		334.4 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT	outpatient			352	31.5	Aetna	Commercial		133.76	0.38			14.1		334.4 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT	outpatient			352	31.5	Aetna	Medicare		108.42	0.308			14.1		334.4 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT	outpatient			352	31.5	Americare	Americare		264	0.75			14.1		334.4 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT	outpatient			352	31.5	WellPoint	WellPoint		112.92	0.3208			14.1		334.4 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT	outpatient			352	31.5	Amerihealth	Medicare		27.39				14.1		334.4 case rate	
OLIGOCLONAL IMMUNE	83916	CPT	outpatient			352	31.5	Consumer	Consumer		334.4	0.95			14.1		334.4 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT	outpatient			352	31.5	Corrections	Corrections		281.6	0.8			14.1		334.4 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT	outpatient			352	31.5	First Health	First Health		246.4	0.7			14.1		334.4 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT	outpatient			352	31.5	First Trenton	First Trenton		316.8	0.9			14.1		334.4 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT	outpatient			352	31.5	Horizon	Medicare Blue		105.6	0.3			14.1		334.4 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT	outpatient			352	31.5	Horizon	MGD		134.75	0.3828			14.1		334.4 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT	outpatient			352	31.5	Horizon	Indemnity		134.75	0.3828			14.1		334.4 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT	outpatient			352	31.5	Horizon	PPO		134.75	0.3828			14.1		334.4 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT	outpatient			352	31.5	Managed Care Inc	Managed Care Inc		316.8	0.9			14.1		334.4 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT	outpatient			352	31.5	Multiplan	Multiplan		281.6	0.8			14.1		334.4 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT	outpatient			352	31.5	Qualcare	Qualcare		264	0.75			14.1		334.4 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT	outpatient			352	31.5	Three Rivers	Three Rivers		334.4	0.95			14.1		334.4 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT	outpatient			352	31.5	UHC	Medicaid		110.74	0.3146			14.1		334.4 percent of total billed charges	
OLIGOCLONAL IMMUNE	83916	CPT	outpatient			352	31.5	UHC	Medicare		27.39				14.1		334.4 case rate	
OLIGOCLONAL IMMUNE	83916	CPT	outpatient			352	31.5	Wellcare	Medicare		27.39				14.1		334.4 case rate	
OLIGOCLONAL IMMUNE	83916	CPT	outpatient			352	31.5	Wellcare	Medicaid		110.74	0.3146			14.1		334.4 percent of total billed charges	
ORGANIC ACIDS QUANT EA.SPEC.	83918	CPT	outpatient			766	27.14	Aetna	Better Health		240.98	0.3146			19		727.7 percent of total billed charges	
ORGANIC ACIDS QUANT EA.SPEC.	83918	CPT	outpatient			766	27.14	Aetna	Medicare		23.6				19		727.7 case rate	
ORGANIC ACIDS QUANT EA.SPEC.	83918	CPT	outpatient			766	27.14	Aetna	Commercial		291.08	0.38			19		727.7 percent of total billed charges	
ORGANIC ACIDS QUANT EA.SPEC.	83918	CPT	outpatient			766	27.14	Americare	Americare		574.5	0.75			19		727.7 percent of total billed charges	
ORGANIC ACIDS QUANT EA.SPEC.	83918	CPT	outpatient			766	27.14	WellPoint	WellPoint		246.73	0.3208			19		727.7 percent of total billed charges	
ORGANIC ACIDS QUANT EA.SPEC.	83918	CPT	outpatient			766	27.14	Amerihealth	Medicare		23.6				19		727.7 case rate	
ORGANIC ACIDS QUANT EA.SPEC.	83918	CPT	outpatient			766	27.14	Consumer	Consumer		727.7	0.95			19		727.7 percent of total billed charges	
ORGANIC ACIDS QUANT EA.SPEC.	83918	CPT	outpatient			766	27.14	Corrections	Corrections		612.8	0.8			19		727.7 percent of total billed charges	
ORGANIC ACIDS QUANT EA.SPEC.	83918	CPT	outpatient			766	27.14	First Health	First Health		536.2	0.7			19		727.7 percent of total billed charges	
ORGANIC ACIDS QUANT EA.SPEC.	83918	CPT	outpatient			766	27.14	First Trenton	First Trenton		689.4	0.9			19		727.7 percent of total billed charges	
ORGANIC ACIDS QUANT EA.SPEC.	83918	CPT	outpatient			766	27.14	Horizon	Medicare Blue		229.8	0.3			19		727.7 percent of total billed charges	
ORGANIC ACIDS QUANT EA.SPEC.	83918	CPT	outpatient			766	27.14	Horizon	MGD		293.22	0.3828			19		727.7 percent of total billed charges	
ORGANIC ACIDS QUANT EA.SPEC.	83918	CPT	outpatient			766	27.14	Horizon	Indemnity		293.22	0.3828			19		727.7 percent of total billed charges	
ORGANIC ACIDS QUANT EA.SPEC.	83918	CPT	outpatient			766	27.14	Horizon	PPO		293.22	0.3828			19		727.7 percent of total billed charges	
ORGANIC ACIDS QUANT EA.SPEC.	83918	CPT	outpatient			766	27.14	Managed Care Inc	Managed Care Inc		689.4	0.9			19		727.7 percent of total billed charges	
ORGANIC ACIDS QUANT EA.SPEC.	83918	CPT	outpatient			766	27.14	Multiplan	Multiplan		612.8	0.8			19		727.7 percent of total billed charges	
ORGANIC ACIDS QUANT EA.SPEC.	83918	CPT	outpatient			766	27.14	Qualcare	Qualcare		574.5	0.75			19		727.7 percent of total billed charges	
ORGANIC ACIDS QUANT EA.SPEC.	83918	CPT	outpatient			766	27.14	Three Rivers	Three Rivers		727.7	0.95			19		727.7 percent of total billed charges	
ORGANIC ACIDS QUANT EA.SPEC.	83918	CPT	outpatient			766	27.14	UHC	Medicaid		19				19		727.7 case rate	
ORGANIC ACIDS QUANT EA.SPEC.	83918	CPT	outpatient			766	27.14	UHC	Medicare		23.6				19		727.7 case rate	
ORGANIC ACIDS QUANT EA.SPEC.	83918	CPT	outpatient			766	27.14	Wellcare	Medicaid		19				19		727.7 case rate	
ORGANIC ACIDS QUANT EA.SPEC.	83918	CPT	outpatient			766	27.14	Wellcare	Medicare		23.6				19		727.7 case rate	
ORGANIC ACIDS QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Aetna	Better Health		201.97	0.3146			16.45		609.9 percent of total billed charges	
ORGANIC ACIDS QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Aetna	Medicare		16.45				16.45		609.9 case rate	
ORGANIC ACIDS QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Aetna	Commercial		243.96	0.38			16.45		609.9 percent of total billed charges	
ORGANIC ACIDS QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Americare	Americare		481.5	0.75			16.45		609.9 percent of total billed charges	
ORGANIC ACIDS QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	WellPoint	WellPoint		205.95	0.3208			16.45		609.9 percent of total billed charges	
ORGANIC ACIDS QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Amerihealth	Medicare		16.45				16.45		609.9 case rate	
ORGANIC ACIDS QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Consumer	Consumer		609.9	0.95			16.45		609.9 percent of total billed charges	
ORGANIC ACIDS QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Corrections	Corrections		513.6	0.8			16.45		609.9 percent of total billed charges	
ORGANIC ACIDS QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	First Health	First Health		449.4	0.7			16.45		609.9 percent of total billed charges	
ORGANIC ACIDS QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	First Trenton	First Trenton		577.8	0.9			16.45		609.9 percent of total billed charges	
ORGANIC ACIDS QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Horizon	Medicare Blue		192.6	0.3			16.45		609.9 percent of total billed charges	
ORGANIC ACIDS QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Horizon	MGD		245.76	0.3828			16.45		609.9 percent of total billed charges	
ORGANIC ACIDS QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Horizon	Indemnity		245.76	0.3828			16.45		609.9 percent of total billed charges	
ORGANIC ACIDS QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Horizon	PPO		245.76	0.3828			16.45		609.9 percent of total billed charges	
ORGANIC ACIDS QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Managed Care Inc	Managed Care Inc		577.8	0.9			16.45		609.9 percent of total billed charges	
ORGANIC ACIDS QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Multiplan	Multiplan		513.6	0.8			16.45		609.9 percent of total billed charges	
ORGANIC ACIDS QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Qualcare	Qualcare		481.5	0.75			16.45		609.9 percent of total billed charges	
ORGANIC ACIDS QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Three Rivers	Three Rivers		609.9	0.95			16.45		609.9 percent of total billed charges	
ORGANIC ACIDS QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	UHC	Medicaid		19				16.45		609.9 case rate	
ORGANIC ACIDS QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	UHC	Medicare		16.45				16.45		609.9 case rate	
ORGANIC ACIDS QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Wellcare	Medicaid		19				16.45		609.9 case rate	
ORGANIC ACIDS QUAL EA.SPECIMEN	83919	CPT	both			642	18.92	Wellcare	Medicare		16.45				16.45		609.9 case rate	
ORGANIC ACID SINGLE QUANT	83921	CPT	both			206	24.39	Aetna	Commercial		78.28	0.38			15		195.7 percent of total billed charges	
ORGANIC ACID SINGLE QUANT	83921	CPT	both			206	24.39	Aetna	Medicare		21.21				15		195.7 case rate	
ORGANIC ACID SINGLE QUANT	83921	CPT	both			206	24.39	Aetna	Better Health		64.81	0.3146			15		195.7 percent of total billed charges	
ORGANIC ACID SINGLE QUANT	83921	CPT	both			206	24.39	Americare	Americare		154.5	0.75			15		195.7 percent of total billed charges	
ORGANIC ACID SINGLE QUANT	83921	CPT	both			206	24.39	WellPoint	WellPoint		66.08	0.3208			15		195.7 percent of total billed charges	
ORGANIC ACID SINGLE QUANT	83921	CPT	both			206	24.39	Amerihealth	Medicare		21.21				15		195.7 case rate	
ORGANIC ACID SINGLE QUANT	83921	CPT	both			206	24.39	Consumer	Consumer		195.7	0.95			15		195.7 percent of total billed charges	
ORGANIC ACID SINGLE QUANT	83921	CPT	both			206	24.39	Corrections	Corrections		164.8	0.8			15		195.7 percent of total billed charges	
ORGANIC ACID SINGLE QUANT	83921	CPT	both			206	24.39	First Health	First Health		144.2	0.7			15		195.7 percent of total billed charges	
ORGANIC ACID SINGLE QUANT	83921	CPT	both			206	24.39	First Trenton	First Trenton		185.4	0.9			15		195.7 percent of total billed charges	
ORGANIC ACID SINGLE QUANT	83921	CPT	both			206	24.39	Horizon	MGD		78.86	0.3828			15		195.7 percent of total billed charges	
ORGANIC ACID SINGLE QUANT	83921	CPT	both			206	24.39	Horizon	PPO		78.86	0.3828			15		195.7 percent of total billed charges	
ORGANIC ACID SINGLE QUANT	83921	CPT	both			206	24.39	Horizon	Indemnity		78.86	0.3828			15		195.7 percent of total billed charges	
ORGANIC ACID SINGLE QUANT	83921	CPT	both			206	24.39	Horizon	Medicare Blue		61.8	0.3			15		195.7 percent of total billed charges	
ORGANIC ACID SINGLE QUANT	83921	CPT	both			206	24.39	Managed Care Inc	Managed Care Inc		185.4	0.9			15		195.7 percent of total billed charges	
ORGANIC ACID SINGLE QUANT	83921	CPT	both			206	24.39	Multiplan	Multiplan		164.8	0.8			15		195.7 percent of total billed charges	
ORGANIC ACID SINGLE QUANT	83921	CPT	both			206	24.39	Qualcare	Qualcare		154.5	0.75			15		195.7 percent of total billed charges	
ORGANIC ACID SINGLE QUANT	83921	CPT	both			206	24.39	Three Rivers	Three Rivers		195.7	0.95			15		195.7 percent of total billed charges	
ORGANIC ACID SINGLE QUANT	83921	CPT	both			206	24.39	UHC	Medicare		21.21				15		195.7 case rate	
ORGANIC ACID SINGLE QUANT	83921	CPT	both			206	24.39	UHC	Medicaid		19				15		195.7 case rate	
ORGANIC ACID SINGLE QUANT	83921	CPT	both			206	24.39	Wellcare	Medicaid		19				15		195.7 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ORGANIC ACID SINGLE QUANT	83921	CPT	both			206	24.39	Wellcare	Medicare		21.21				15	195.7	case rate	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Aetna	Medicare		19.4	0.308			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Aetna	Better Health		19.82	0.3146			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Aetna	Commercial		23.94	0.38			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Americare	Americare		47.25	0.75			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	WellPoint	WellPoint		20.21	0.3208			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Amerihealth	Medicare		6.61				5.1	59.85	case rate	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Consumer	Consumer		59.85	0.95			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Corrections	Corrections		50.4	0.8			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	First Health	First Health		44.1	0.7			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	First Trenton	First Trenton		56.7	0.9			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Horizon	Medicare Blue		18.9	0.3			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Horizon	MGD		24.12	0.3828			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Horizon	Indemnity		24.12	0.3828			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Horizon	PPO		24.12	0.3828			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Managed Care Inc	Managed Care Inc		56.7	0.9			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Multiplan	Multiplan		50.4	0.8			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Qualcare	Qualcare		47.25	0.75			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Three Rivers	Three Rivers		59.85	0.95			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	UHC	Medicare		6.61				5.1	59.85	case rate	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	UHC	Medicaid		19.82	0.3146			5.1	59.85	percent of total billed charges	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Wellcare	Medicare		6.61				5.1	59.85	case rate	
OSMOLALITY; BLOOD	83930	CPT	both			63	7.6	Wellcare	Medicaid		19.82	0.3146			5.1	59.85	percent of total billed charges	
OSMOLALITY URINE	83935	CPT	both			65	7.84	Aetna	Better Health		20.45	0.3146			6.82	61.75	percent of total billed charges	
OSMOLALITY URINE	83935	CPT	both			65	7.84	Aetna	Commercial		24.7	0.38			6.82	61.75	percent of total billed charges	
OSMOLALITY URINE	83935	CPT	both			65	7.84	Aetna	Medicare		6.82				6.82	61.75	case rate	
OSMOLALITY URINE	83935	CPT	both			65	7.84	Americare	Americare		48.75	0.75			6.82	61.75	percent of total billed charges	
OSMOLALITY URINE	83935	CPT	both			65	7.84	WellPoint	WellPoint		20.85	0.3208			6.82	61.75	percent of total billed charges	
OSMOLALITY URINE	83935	CPT	both			65	7.84	Amerihealth	Medicare		6.82				6.82	61.75	case rate	
OSMOLALITY URINE	83935	CPT	both			65	7.84	Consumer	Consumer		61.75	0.95			6.82	61.75	percent of total billed charges	
OSMOLALITY URINE	83935	CPT	both			65	7.84	Corrections	Corrections		52	0.8			6.82	61.75	percent of total billed charges	
OSMOLALITY URINE	83935	CPT	both			65	7.84	First Health	First Health		45.5	0.7			6.82	61.75	percent of total billed charges	
OSMOLALITY URINE	83935	CPT	both			65	7.84	First Trenton	First Trenton		58.5	0.9			6.82	61.75	percent of total billed charges	
OSMOLALITY URINE	83935	CPT	both			65	7.84	Horizon	MGD		24.88	0.3828			6.82	61.75	percent of total billed charges	
OSMOLALITY URINE	83935	CPT	both			65	7.84	Horizon	Indemnity		24.88	0.3828			6.82	61.75	percent of total billed charges	
OSMOLALITY URINE	83935	CPT	both			65	7.84	Horizon	Medicare Blue		19.5	0.3			6.82	61.75	percent of total billed charges	
OSMOLALITY URINE	83935	CPT	both			65	7.84	Horizon	PPO		24.88	0.3828			6.82	61.75	percent of total billed charges	
OSMOLALITY URINE	83935	CPT	both			65	7.84	Managed Care Inc	Managed Care Inc		58.5	0.9			6.82	61.75	percent of total billed charges	
OSMOLALITY URINE	83935	CPT	both			65	7.84	Multiplan	Multiplan		52	0.8			6.82	61.75	percent of total billed charges	
OSMOLALITY URINE	83935	CPT	both			65	7.84	Qualcare	Qualcare		48.75	0.75			6.82	61.75	percent of total billed charges	
OSMOLALITY URINE	83935	CPT	both			65	7.84	Three Rivers	Three Rivers		61.75	0.95			6.82	61.75	percent of total billed charges	
OSMOLALITY URINE	83935	CPT	both			65	7.84	UHC	Medicaid		9				6.82	61.75	case rate	
OSMOLALITY URINE	83935	CPT	both			65	7.84	UHC	Medicare		6.82				6.82	61.75	case rate	
OSMOLALITY URINE	83935	CPT	both			65	7.84	Wellcare	Medicare		6.82				6.82	61.75	case rate	
OSMOLALITY URINE	83935	CPT	both			65	7.84	Wellcare	Medicaid		9				6.82	61.75	case rate	
OSTEOCALCIN SERUM	83937	CPT	both			71	34.33	Aetna	Commercial		26.98	0.38			21.3	67.45	percent of total billed charges	
OSTEOCALCIN SERUM	83937	CPT	both			71	34.33	Aetna	Medicare		29.85				21.3	67.45	case rate	
OSTEOCALCIN SERUM	83937	CPT	both			71	34.33	Aetna	Better Health		22.34	0.3146			21.3	67.45	percent of total billed charges	
OSTEOCALCIN SERUM	83937	CPT	both			71	34.33	Americare	Americare		53.25	0.75			21.3	67.45	percent of total billed charges	
OSTEOCALCIN SERUM	83937	CPT	both			71	34.33	WellPoint	WellPoint		22.78	0.3208			21.3	67.45	percent of total billed charges	
OSTEOCALCIN SERUM	83937	CPT	both			71	34.33	Amerihealth	Medicare		29.85				21.3	67.45	case rate	
OSTEOCALCIN SERUM	83937	CPT	both			71	34.33	Consumer	Consumer		67.45	0.95			21.3	67.45	percent of total billed charges	
OSTEOCALCIN SERUM	83937	CPT	both			71	34.33	Corrections	Corrections		56.8	0.8			21.3	67.45	percent of total billed charges	
OSTEOCALCIN SERUM	83937	CPT	both			71	34.33	First Health	First Health		49.7	0.7			21.3	67.45	percent of total billed charges	
OSTEOCALCIN SERUM	83937	CPT	both			71	34.33	First Trenton	First Trenton		63.9	0.9			21.3	67.45	percent of total billed charges	
OSTEOCALCIN SERUM	83937	CPT	both			71	34.33	Horizon	Indemnity		27.18	0.3828			21.3	67.45	percent of total billed charges	
OSTEOCALCIN SERUM	83937	CPT	both			71	34.33	Horizon	Medicare Blue		21.3	0.3			21.3	67.45	percent of total billed charges	
OSTEOCALCIN SERUM	83937	CPT	both			71	34.33	Horizon	MGD		27.18	0.3828			21.3	67.45	percent of total billed charges	
OSTEOCALCIN SERUM	83937	CPT	both			71	34.33	Horizon	PPO		27.18	0.3828			21.3	67.45	percent of total billed charges	
OSTEOCALCIN SERUM	83937	CPT	both			71	34.33	Managed Care Inc	Managed Care Inc		63.9	0.9			21.3	67.45	percent of total billed charges	
OSTEOCALCIN SERUM	83937	CPT	both			71	34.33	Multiplan	Multiplan		56.8	0.8			21.3	67.45	percent of total billed charges	
OSTEOCALCIN SERUM	83937	CPT	both			71	34.33	Qualcare	Qualcare		53.25	0.75			21.3	67.45	percent of total billed charges	
OSTEOCALCIN SERUM	83937	CPT	both			71	34.33	Three Rivers	Three Rivers		67.45	0.95			21.3	67.45	percent of total billed charges	
OSTEOCALCIN SERUM	83937	CPT	both			71	34.33	UHC	Medicare		29.85				21.3	67.45	case rate	
OSTEOCALCIN SERUM	83937	CPT	both			71	34.33	UHC	Medicaid		40				21.3	67.45	case rate	
OSTEOCALCIN SERUM	83937	CPT	both			71	34.33	Wellcare	Medicaid		40				21.3	67.45	case rate	
OSTEOCALCIN SERUM	83937	CPT	both			71	34.33	Wellcare	Medicare		29.85				21.3	67.45	case rate	
OXALATE QUANT 24-HR URINE	83945	CPT	outpatient			81	16.62	Aetna	Commercial		30.78	0.38			9.9	76.95	percent of total billed charges	
OXALATE QUANT 24-HR URINE	83945	CPT	outpatient			81	16.62	Aetna	Medicare		14.45				9.9	76.95	case rate	
OXALATE QUANT 24-HR URINE	83945	CPT	outpatient			81	16.62	Aetna	Better Health		25.48	0.3146			9.9	76.95	percent of total billed charges	
OXALATE QUANT 24-HR URINE	83945	CPT	outpatient			81	16.62	Americare	Americare		60.75	0.75			9.9	76.95	percent of total billed charges	
OXALATE QUANT 24-HR URINE	83945	CPT	outpatient			81	16.62	WellPoint	WellPoint		25.98	0.3208			9.9	76.95	percent of total billed charges	
OXALATE QUANT 24-HR URINE	83945	CPT	outpatient			81	16.62	Amerihealth	Medicare		14.45				9.9	76.95	case rate	
OXALATE QUANT 24-HR URINE	83945	CPT	outpatient			81	16.62	Consumer	Consumer		76.95	0.95			9.9	76.95	percent of total billed charges	
OXALATE QUANT 24-HR URINE	83945	CPT	outpatient			81	16.62	Corrections	Corrections		64.8	0.8			9.9	76.95	percent of total billed charges	
OXALATE QUANT 24-HR URINE	83945	CPT	outpatient			81	16.62	First Health	First Health		56.7	0.7			9.9	76.95	percent of total billed charges	
OXALATE QUANT 24-HR URINE	83945	CPT	outpatient			81	16.62	First Trenton	First Trenton		72.9	0.9			9.9	76.95	percent of total billed charges	
OXALATE QUANT 24-HR URINE	83945	CPT	outpatient			81	16.62	Horizon	Medicare Blue		24.3	0.3			9.9	76.95	percent of total billed charges	
OXALATE QUANT 24-HR URINE	83945	CPT	outpatient			81	16.62	Horizon	Indemnity		31.01	0.3828			9.9	76.95	percent of total billed charges	
OXALATE QUANT 24-HR URINE	83945	CPT	outpatient			81	16.62	Horizon	MGD		31.01	0.3828			9.9	76.95	percent of total billed charges	
OXALATE QUANT 24-HR URINE	83945	CPT	outpatient			81	16.62	Horizon	PPO		31.01	0.3828			9.9	76.95	percent of total billed charges	
OXALATE QUANT 24-HR URINE	83945	CPT	outpatient			81	16.62	Managed Care Inc	Managed Care Inc		72.9	0.9			9.9	76.95	percent of total billed charges	
OXALATE QUANT 24-HR URINE	83945	CPT	outpatient			81	16.62	Multiplan	Multiplan		64.8	0.8			9.9	76.95	percent of total billed charges	
OXALATE QUANT 24-HR URINE	83945	CPT	outpatient			81	16.62	Qualcare	Qualcare		60.75	0.75			9.9	76.95	percent of total billed charges	
OXALATE QUANT 24-HR URINE	83945	CPT	outpatient			81	16.62	Three Rivers	Three Rivers		76.95	0.95			9.9	76.95	percent of total billed charges	
OXALATE QUANT 24-HR URINE	83945	CPT	outpatient			81	16.62	UHC	Medicaid		17				9.9	76.95	case rate	
OXALATE QUANT 24-HR URINE	83945	CPT	outpatient			81	16.62	UHC	Medicare		14.45				9.9	76.95	case rate	
OXALATE QUANT 24-HR URINE	83945	CPT	outpatient			81	16.62	Wellcare	Medicaid		17				9.9	76.95	case rate	
OXALATE QUANT 24-HR URINE	83945	CPT	outpatient			81	16.62	Wellcare	Medicare		14.45				9.9	76.95	case rate	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Aetna	Better Health		125.21	0.3146			51.53	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Aetna	Commercial		151.24	0.38			51.53	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Aetna	Medicare		64.41				51.53	378.1	case rate	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Americare	Americare		298.5	0.75			51.53	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	WellPoint	WellPoint		127.68	0.3208			51.53	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Amerihealth	Medicare		64.41				51.53	378.1	case rate	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Consumer	Consumer		378.1	0.95			51.53	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Corrections	Corrections		318.4	0.8			51.53	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	First Health	First Health		278.6	0.7			51.53	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	First Trenton	First Trenton		358.2	0.9			51.53	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Horizon	Indemnity		152.35	0.3828			51.53	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Horizon	Medicare Blue		119.4	0.3			51.53	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Horizon	MGD		152.35	0.3828			51.53	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Horizon	PPO		152.35	0.3828			51.53	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Managed Care Inc	Managed Care Inc		358.2	0.9			51.53	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Multiplan	Multiplan		318.4	0.8			51.53	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Qualcare	Qualcare		298.5	0.75			51.53	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Three Rivers	Three Rivers		378.1	0.95			51.53	378.1	percent of total billed charges	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	UHC	Medicare		64.41				51.53	378.1	case rate	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	UHC	Medicaid		51.53				51.53	378.1	case rate	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Wellcare	Medicare		64.41				51.53	378.1	case rate	
DES-Y-CARBOXY PROTHROMBIN (DCP)	83951	CPT	both			398	74.07	Wellcare	Medicaid		51.53				51.53	378.1	case rate	
PTH INTACT	83970	CPT	both			588	47.47	Aetna	Better Health		184.98	0.3146			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Aetna	Commercial		223.44	0.38			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Aetna	Medicare		181.1	0.308			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Americare	Americare		441	0.75			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	WellPoint	WellPoint		188.63	0.3208			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Amerihealth	Medicare		41.28				16.2	558.6	case rate	
PTH INTACT	83970	CPT	both			588	47.47	Consumer	Consumer		558.6	0.95			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Corrections	Corrections		470.4	0.8			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	First Health	First Health		411.6	0.7			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	First Trenton	First Trenton		529.2	0.9			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Horizon	Indemnity		225.09	0.3828			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Horizon	MGD		225.09	0.3828			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Horizon	Medicare Blue		176.4	0.3			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Horizon	PPO		225.09	0.3828			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Managed Care Inc	Managed Care Inc		529.2	0.9			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Multiplan	Multiplan		470.4	0.8			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Qualcare	Qualcare		441	0.75			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Three Rivers	Three Rivers		558.6	0.95			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	UHC	Medicaid		184.98	0.3146			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	UHC	Medicare		41.28				16.2	558.6	case rate	
PTH INTACT	83970	CPT	both			588	47.47	Wellcare	Medicaid		184.98	0.3146			16.2	558.6	percent of total billed charges	
PTH INTACT	83970	CPT	both			588	47.47	Wellcare	Medicare		41.28				16.2	558.6	case rate	
URINE PH ONLY	83986	CPT	both			106	4.12	Aetna	Better Health		33.35	0.3146			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Aetna	Medicare		3.58				3.58	100.7	case rate	
URINE PH ONLY	83986	CPT	both			106	4.12	Aetna	Commercial		40.28	0.38			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Americare	Americare		79.5	0.75			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	WellPoint	WellPoint		34	0.3208			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Amerihealth	Medicare		3.58				3.58	100.7	case rate	
URINE PH ONLY	83986	CPT	both			106	4.12	Consumer	Consumer		100.7	0.95			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Corrections	Corrections		84.8	0.8			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	First Health	First Health		74.2	0.7			3.58	100.7	percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	First Trenton	First Trenton		95.4	0.9			3.58	100.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
URINE PH ONLY	83986	CPT	both			106	4.12	Horizon	MGD		40.58	0.3828			3.58		100.7 percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Horizon	Indemnity		40.58	0.3828			3.58		100.7 percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Horizon	Medicare Blue		31.8	0.3			3.58		100.7 percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Horizon	PPO		40.58	0.3828			3.58		100.7 percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Managed Care Inc	Managed Care Inc		95.4	0.9			3.58		100.7 percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Multiplan	Multiplan		84.8	0.8			3.58		100.7 percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Qualcare	Qualcare		79.5	0.75			3.58		100.7 percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	Three Rivers	Three Rivers		100.7	0.95			3.58		100.7 percent of total billed charges	
URINE PH ONLY	83986	CPT	both			106	4.12	UHC	Medicaid		4.3				3.58		100.7 case rate	
URINE PH ONLY	83986	CPT	both			106	4.12	UHC	Medicare		3.58				3.58		100.7 case rate	
URINE PH ONLY	83986	CPT	both			106	4.12	Wellcare	Medicaid		4.3				3.58		100.7 case rate	
URINE PH ONLY	83986	CPT	both			106	4.12	Wellcare	Medicare		3.58				3.58		100.7 case rate	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Aetna	Medicare		19.63				15.7		438.9 case rate	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Aetna	Better Health		146.35	0.3146			15.7		438.9 percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Aetna	Commercial		175.56	0.38			15.7		438.9 percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Americare	Americare		346.5	0.75			15.7		438.9 percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	WellPoint	WellPoint		148.21	0.3208			15.7		438.9 percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Amerihealth	Medicare		19.63				15.7		438.9 case rate	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Consumer	Consumer		438.9	0.95			15.7		438.9 percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Corrections	Corrections		369.6	0.8			15.7		438.9 percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	First Health	First Health		323.4	0.7			15.7		438.9 percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	First Trenton	First Trenton		415.8	0.9			15.7		438.9 percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Horizon	Indemnity		176.85	0.3828			15.7		438.9 percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Horizon	PPO		176.85	0.3828			15.7		438.9 percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Horizon	MGD		176.85	0.3828			15.7		438.9 percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Horizon	Medicare Blue		138.6	0.3			15.7		438.9 percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Managed Care Inc	Managed Care Inc		415.8	0.9			15.7		438.9 percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Multiplan	Multiplan		369.6	0.8			15.7		438.9 percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Qualcare	Qualcare		346.5	0.75			15.7		438.9 percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Three Rivers	Three Rivers		438.9	0.95			15.7		438.9 percent of total billed charges	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	UHC	Medicaid		15.7				15.7		438.9 case rate	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	UHC	Medicare		19.63				15.7		438.9 case rate	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Wellcare	Medicaid		15.7				15.7		438.9 case rate	
CALPROTECTIN FECAL	83993	CPT	both			462	22.57	Wellcare	Medicare		19.63				15.7		438.9 case rate	
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Aetna	Commercial		155.42	0.38			5.5		388.55 percent of total billed charges	
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Aetna	Better Health		128.67	0.3146			5.5		388.55 percent of total billed charges	
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Aetna	Medicare		5.5				5.5		388.55 case rate	
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Americare	Americare		306.75	0.75			5.5		388.55 percent of total billed charges	
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	WellPoint	WellPoint		131.21	0.3208			5.5		388.55 percent of total billed charges	
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Amerihealth	Medicare		5.5				5.5		388.55 case rate	
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Consumer	Consumer		388.55	0.95			5.5		388.55 percent of total billed charges	
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Corrections	Corrections		327.2	0.8			5.5		388.55 percent of total billed charges	
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	First Health	First Health		286.3	0.7			5.5		388.55 percent of total billed charges	
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	First Trenton	First Trenton		368.1	0.9			5.5		388.55 percent of total billed charges	
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Horizon	PPO		156.57	0.3828			5.5		388.55 percent of total billed charges	
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Horizon	MGD		156.57	0.3828			5.5		388.55 percent of total billed charges	
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Horizon	Medicare Blue		122.7	0.3			5.5		388.55 percent of total billed charges	
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Horizon	Indemnity		156.57	0.3828			5.5		388.55 percent of total billed charges	
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Managed Care Inc	Managed Care Inc		368.1	0.9			5.5		388.55 percent of total billed charges	
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Multiplan	Multiplan		327.2	0.8			5.5		388.55 percent of total billed charges	
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Qualcare	Qualcare		306.75	0.75			5.5		388.55 percent of total billed charges	
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Three Rivers	Three Rivers		388.55	0.95			5.5		388.55 percent of total billed charges	
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	UHC	Medicaid		6				5.5		388.55 case rate	
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	UHC	Medicare		5.5				5.5		388.55 case rate	
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Wellcare	Medicaid		6				5.5		388.55 case rate	
PHENYLALANINE IN PLASMA	84030	CPT	outpatient			409	6.33	Wellcare	Medicare		5.5				5.5		388.55 case rate	
TYROSINE PLASMA	84035	CPT	outpatient			409	4.58	Aetna	Commercial		155.42	0.38			3.98		388.55 percent of total billed charges	
TYROSINE PLASMA	84035	CPT	outpatient			409	4.58	Aetna	Better Health		128.67	0.3146			3.98		388.55 percent of total billed charges	
TYROSINE PLASMA	84035	CPT	outpatient			409	4.58	Aetna	Medicare		3.98				3.98		388.55 case rate	
TYROSINE PLASMA	84035	CPT	outpatient			409	4.58	Americare	Americare		306.75	0.75			3.98		388.55 percent of total billed charges	
TYROSINE PLASMA	84035	CPT	outpatient			409	4.58	WellPoint	WellPoint		131.21	0.3208			3.98		388.55 percent of total billed charges	
TYROSINE PLASMA	84035	CPT	outpatient			409	4.58	Amerihealth	Medicare		3.98				3.98		388.55 case rate	
TYROSINE PLASMA	84035	CPT	outpatient			409	4.58	Consumer	Consumer		388.55	0.95			3.98		388.55 percent of total billed charges	
TYROSINE PLASMA	84035	CPT	outpatient			409	4.58	Corrections	Corrections		327.2	0.8			3.98		388.55 percent of total billed charges	
TYROSINE PLASMA	84035	CPT	outpatient			409	4.58	First Health	First Health		286.3	0.7			3.98		388.55 percent of total billed charges	
TYROSINE PLASMA	84035	CPT	outpatient			409	4.58	First Trenton	First Trenton		368.1	0.9			3.98		388.55 percent of total billed charges	
TYROSINE PLASMA	84035	CPT	outpatient			409	4.58	Horizon	Medicare Blue		122.7	0.3			3.98		388.55 percent of total billed charges	
TYROSINE PLASMA	84035	CPT	outpatient			409	4.58	Horizon	Indemnity		156.57	0.3828			3.98		388.55 percent of total billed charges	
TYROSINE PLASMA	84035	CPT	outpatient			409	4.58	Horizon	MGD		156.57	0.3828			3.98		388.55 percent of total billed charges	
TYROSINE PLASMA	84035	CPT	outpatient			409	4.58	Horizon	PPO		156.57	0.3828			3.98		388.55 percent of total billed charges	
TYROSINE PLASMA	84035	CPT	outpatient			409	4.58	Managed Care Inc	Managed Care Inc		368.1	0.9			3.98		388.55 percent of total billed charges	
TYROSINE PLASMA	84035	CPT	outpatient			409	4.58	Multiplan	Multiplan		327.2	0.8			3.98		388.55 percent of total billed charges	
TYROSINE PLASMA	84035	CPT	outpatient			409	4.58	Qualcare	Qualcare		306.75	0.75			3.98		388.55 percent of total billed charges	
TYROSINE PLASMA	84035	CPT	outpatient			409	4.58	Three Rivers	Three Rivers		388.55	0.95			3.98		388.55 percent of total billed charges	
TYROSINE PLASMA	84035	CPT	outpatient			409	4.58	UHC	Medicare		3.98				3.98		388.55 case rate	
TYROSINE PLASMA	84035	CPT	outpatient			409	4.58	UHC	Medicaid		4.9				3.98		388.55 case rate	
TYROSINE PLASMA	84035	CPT	outpatient			409	4.58	Wellcare	Medicaid		4.9				3.98		388.55 case rate	
TYROSINE PLASMA	84035	CPT	outpatient			409	4.58	Wellcare	Medicare		3.98				3.98		388.55 case rate	
ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient			223	8.79	Aetna	Commercial		84.74	0.38			3.6		211.85 percent of total billed charges	
ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient			223	8.79	Aetna	Medicare		7.64				3.6		211.85 case rate	
ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient			223	8.79	Aetna	Better Health		70.16	0.3146			3.6		211.85 percent of total billed charges	
ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient			223	8.79	Americare	Americare		167.25	0.75			3.6		211.85 percent of total billed charges	
ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient			223	8.79	WellPoint	WellPoint		71.54	0.3208			3.6		211.85 percent of total billed charges	
ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient			223	8.79	Amerihealth	Medicare		7.64				3.6		211.85 case rate	
ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient			223	8.79	Consumer	Consumer		211.85	0.95			3.6		211.85 percent of total billed charges	
ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient			223	8.79	Corrections	Corrections		178.4	0.8			3.6		211.85 percent of total billed charges	
ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient			223	8.79	First Health	First Health		156.1	0.7			3.6		211.85 percent of total billed charges	
ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient			223	8.79	First Trenton	First Trenton		200.7	0.9			3.6		211.85 percent of total billed charges	
ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient			223	8.79	Horizon	MGD		85.36	0.3828			3.6		211.85 percent of total billed charges	
ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient			223	8.79	Horizon	Medicare Blue		66.9	0.3			3.6		211.85 percent of total billed charges	
ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient			223	8.79	Horizon	PPO		85.36	0.3828			3.6		211.85 percent of total billed charges	
ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient			223	8.79	Horizon	Indemnity		85.36	0.3828			3.6		211.85 percent of total billed charges	
ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient			223	8.79	Managed Care Inc	Managed Care Inc		200.7	0.9			3.6		211.85 percent of total billed charges	
ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient			223	8.79	Multiplan	Multiplan		178.4	0.8			3.6		211.85 percent of total billed charges	
ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient			223	8.79	Qualcare	Qualcare		167.25	0.75			3.6		211.85 percent of total billed charges	
ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient			223	8.79	Three Rivers	Three Rivers		211.85	0.95			3.6		211.85 percent of total billed charges	
ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient			223	8.79	UHC	Medicare		7.64				3.6		211.85 case rate	
ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient			223	8.79	UHC	Medicaid		3.6				3.6		211.85 case rate	
ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient			223	8.79	Wellcare	Medicaid		3.6				3.6		211.85 case rate	
ACID PHOSPHATASE TOTAL SERUM	84060	CPT	outpatient			223	8.79	Wellcare	Medicare		7.64				3.6		211.85 case rate	
PROSTATIC ACID PHOS SERUM	84066	CPT	inpatient			23	11.11	Aetna	Commercial		8.74	0.38			6.9		21.85 percent of total billed charges	
PROSTATIC ACID PHOS SERUM	84066	CPT	inpatient			23	11.11	Aetna	Medicare		7.08	0.308			6.9		21.85 percent of total billed charges	
PROSTATIC ACID PHOS SERUM	84066	CPT	inpatient			23	11.11	Aetna	Better Health		7.24	0.3146			6.9		21.85 percent of total billed charges	
PROSTATIC ACID PHOS SERUM	84066	CPT	inpatient			23	11.11	Americare	Americare		17.25	0.75			6.9		21.85 percent of total billed charges	
PROSTATIC ACID PHOS SERUM	84066	CPT	inpatient			23	11.11	WellPoint	WellPoint		7.38	0.3208			6.9		21.85 percent of total billed charges	
PROSTATIC ACID PHOS SERUM	84066	CPT	inpatient			23	11.11	Amerihealth	Medicare		9.66				6.9		21.85 case rate	
PROSTATIC ACID PHOS SERUM	84066	CPT	inpatient			23	11.11	Consumer	Consumer		21.85	0.95			6.9		21.85 percent of total billed charges	
PROSTATIC ACID PHOS SERUM	84066	CPT	inpatient			23	11.11	Corrections	Corrections		18.4	0.8			6.9		21.85 percent of total billed charges	
PROSTATIC ACID PHOS SERUM	84066	CPT	inpatient			23	11.11	First Health	First Health		16.1	0.7			6.9		21.85 percent of total billed charges	
PROSTATIC ACID PHOS SERUM	84066	CPT	inpatient			23	11.11	First Trenton	First Trenton		20.7	0.9			6.9		21.85 percent of total billed charges	
PROSTATIC ACID PHOS SERUM	84066	CPT	inpatient			23	11.11	Horizon	Indemnity		8.8	0.3828			6.9		21.85 percent of total billed charges	
PROSTATIC ACID PHOS SERUM	84066	CPT	inpatient			23	11.11	Horizon	Medicare Blue		6.9	0.3			6.9		21.85 percent of total billed charges	
PROSTATIC ACID PHOS SERUM	84066	CPT	inpatient			23	11.11	Horizon	PPO		8.8	0.3828			6.9		21.85 percent of total billed charges	
PROSTATIC ACID PHOS SERUM	84066	CPT	inpatient			23	11.11	Horizon	MGD		8.8	0.3828			6.9		21.85 percent of total billed charges	
PROSTATIC ACID PHOS SERUM	84066	CPT	inpatient			23	11.11	Managed Care Inc	Managed Care Inc		20.7	0.9			6.9		21.85 percent of total billed charges	
PROSTATIC ACID PHOS SERUM	84066	CPT	inpatient			23	11.11	Multiplan	Multiplan		18.4	0.8			6.9		21.85 percent of total billed charges	
PROSTATIC ACID PHOS SERUM	84066	CPT	inpatient			23	11.11	Qualcare	Qualcare		17.25	0.75			6.9		21.85 percent of total billed charges	
PROSTATIC ACID PHOS SERUM	84066	CPT	inpatient			23	11.11	Three Rivers	Three Rivers		21.85	0.95			6.9		21.85 percent of total billed charges	
PROSTATIC ACID PHOS SERUM	84066	CPT	inpatient			23	11.11	UHC	Medicare		9.66				6.9		21.85 case rate	
PROSTATIC ACID PHOS SERUM	84066	CPT	inpatient			23	11.11	UHC	Medicaid		7.24	0.3146			6.9		21.85 percent of total billed charges	
PROSTATIC ACID PHOS SERUM	84066	CPT	inpatient			23	11.11	Wellcare	Medicare		9.66				6.9		21.85 case rate	
PROSTATIC ACID PHOS SERUM	84066	CPT	inpatient			23	11.11	Wellcare	Medicaid		7.24	0.3146			6.9		21.85 percent of total billed charges	
PHOSPHATASE ALKALINE	84075	CPT	both			107	5.96	Aetna	Better Health		33.66	0.3146			3.6		101.65 percent of total billed charges	
PHOSPHATASE ALKALINE	84075	CPT	both			107	5.96	Aetna	Medicare		5.18				3.6		101.65 case rate	
PHOSPHATASE ALKALINE	84075	CPT	both			107	5.96	Aetna	Commercial		40.66	0.38			3.6		101.65 percent of total billed charges	
PHOSPHATASE ALKALINE	84075	CPT	both			107	5.96	Americare	Americare		80.25	0.75			3.6		101.65 percent of total billed charges	
PHOSPHATASE ALKALINE	84075	CPT	both			107	5.96	WellPoint	WellPoint		34.33	0.3208			3.6		101.65 percent of total billed charges	
PHOSPHATASE ALKALINE	84075	CPT	both			107	5.96	Amerihealth	Medicare		5.18				3.6		101.65 case rate	
PHOSPHATASE ALKALINE	84075	CPT	both			107	5.96	Consumer	Consumer		101.65	0.95			3.6		101.65 percent of total billed charges	
PHOSPHATASE ALKALINE	84075	CPT	both			107	5.96	Corrections	Corrections		85.6	0.8			3.6		101.65 percent of total billed charges	
PHOSPHATASE ALKALINE	84075	CPT	both			107	5.96	First Health	First Health		74.9	0.7			3.6		101.65 percent of total billed charges	
PHOSPHATASE ALKALINE	84075	CPT	both			107	5.96	First Trenton	First Trenton		96.3	0.9			3.6		101.65 percent of total billed charges	
PHOSPHATASE ALKALINE	84075	CPT	both			107	5.96	Horizon	MGD		40.96	0.3828			3.6		101.65 percent of total billed charges	
PHOSPHATASE ALKALINE	84075	CPT	both			107	5.96	Horizon	Indemnity		40.96	0.3828			3.6		101.65 percent of total billed charges	
PHOSPHATASE ALKALINE	84075	CPT	both			107	5.96	Horizon	PPO		40.96	0.3828			3.6		101.65 percent of total billed charges	
PHOSPHATASE ALKALINE	84075	CPT	both			107	5.96	Horizon	Medicare Blue		32.1	0.3			3.6		101.65 percent of total billed charges	
PHOSPHATASE ALKALINE	84075	CPT	both			107	5.96	Managed Care Inc	Managed Care Inc		96.3	0.9			3.6		101.65 percent of total billed charges	
PHOSPHATASE ALKALINE	84075	CPT	both			107	5.96	Multiplan	Multiplan		85.6	0.8			3.6		101.65 percent of total billed charges	
PHOSPHATASE ALKALINE	84075	CPT	both			107	5.96	Qualcare	Qualcare		80.25	0.75			3.6		101.65 percent of total billed charges	
PHOSPHATASE ALKALINE	84075	CPT	both			107	5.96	Three Rivers	Three Rivers		101.65	0.95			3.6		101.65 percent of total billed charges	
PHOSPHATASE ALKALINE	84075	CPT	both			107	5.96	UHC	Medicare		5.18				3.6		101.65 case rate	
PHOSPHATASE ALKALINE	84075	CPT	both			107	5.96	UHC	Medicaid		3.6				3.6		101.65 case rate	
PHOSPHATASE ALKALINE	84075	CPT	both			107	5.96	Wellcare	Medicare		5.18				3.6		101.65 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PHOSPHATASE ALKALINE	84075	CPT	both			107	5.96	Wellcare	Medicaid		3.6				3.6	101.65	case rate	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Aetna	Better Health		42.79	0.3146			8.26	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Aetna	Commercial		51.68	0.38			8.26	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Aetna	Medicare		41.89	0.308			8.26	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Americare	Americare		102	0.75			8.26	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	WellPoint	WellPoint		43.63	0.3208			8.26	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Amerihealth	Medicare		8.26				8.26	129.2	case rate	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Consumer	Consumer		129.2	0.95			8.26	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Corrections	Corrections		108.8	0.8			8.26	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	First Health	First Health		95.2	0.7			8.26	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	First Trenton	First Trenton		122.4	0.9			8.26	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Horizon	Indemnity		52.06	0.3828			8.26	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Horizon	Medicare Blue		40.8	0.3			8.26	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Horizon	MGD		52.06	0.3828			8.26	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Horizon	PPO		52.06	0.3828			8.26	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Managed Care Inc	Managed Care Inc		122.4	0.9			8.26	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Multiplan	Multiplan		108.8	0.8			8.26	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Qualcare	Qualcare		102	0.75			8.26	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Three Rivers	Three Rivers		129.2	0.95			8.26	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	UHC	Medicaid		42.79	0.3146			8.26	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	UHC	Medicare		8.26				8.26	129.2	case rate	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Wellcare	Medicaid		42.79	0.3146			8.26	129.2	percent of total billed charges	
ALK PHOSPHATASE ISOENZYME LAB	84078	CPT	outpatient			136	9.5	Wellcare	Medicare		8.26				8.26	129.2	case rate	
PHOSPHATASE ISOENZYMES	84080	CPT	both			107	17	Aetna	Better Health		33.66	0.3146			3.6	101.65	percent of total billed charges	
PHOSPHATASE ISOENZYMES	84080	CPT	both			107	17	Aetna	Medicare		14.78				3.6	101.65	case rate	
PHOSPHATASE ISOENZYMES	84080	CPT	both			107	17	Aetna	Commercial		40.66	0.38			3.6	101.65	percent of total billed charges	
PHOSPHATASE ISOENZYMES	84080	CPT	both			107	17	Americare	Americare		80.25	0.75			3.6	101.65	percent of total billed charges	
PHOSPHATASE ISOENZYMES	84080	CPT	both			107	17	WellPoint	WellPoint		34.33	0.3208			3.6	101.65	percent of total billed charges	
PHOSPHATASE ISOENZYMES	84080	CPT	both			107	17	Amerihealth	Medicare		14.78				3.6	101.65	case rate	
PHOSPHATASE ISOENZYMES	84080	CPT	both			107	17	Consumer	Consumer		101.65	0.95			3.6	101.65	percent of total billed charges	
PHOSPHATASE ISOENZYMES	84080	CPT	both			107	17	Corrections	Corrections		85.6	0.8			3.6	101.65	percent of total billed charges	
PHOSPHATASE ISOENZYMES	84080	CPT	both			107	17	First Health	First Health		74.9	0.7			3.6	101.65	percent of total billed charges	
PHOSPHATASE ISOENZYMES	84080	CPT	both			107	17	First Trenton	First Trenton		96.3	0.9			3.6	101.65	percent of total billed charges	
PHOSPHATASE ISOENZYMES	84080	CPT	both			107	17	Horizon	Medicare Blue		32.1	0.3			3.6	101.65	percent of total billed charges	
PHOSPHATASE ISOENZYMES	84080	CPT	both			107	17	Horizon	Indemnity		40.96	0.3828			3.6	101.65	percent of total billed charges	
PHOSPHATASE ISOENZYMES	84080	CPT	both			107	17	Horizon	MGD		40.96	0.3828			3.6	101.65	percent of total billed charges	
PHOSPHATASE ISOENZYMES	84080	CPT	both			107	17	Horizon	PPO		40.96	0.3828			3.6	101.65	percent of total billed charges	
PHOSPHATASE ISOENZYMES	84080	CPT	both			107	17	Managed Care Inc	Managed Care Inc		96.3	0.9			3.6	101.65	percent of total billed charges	
PHOSPHATASE ISOENZYMES	84080	CPT	both			107	17	Multiplan	Multiplan		85.6	0.8			3.6	101.65	percent of total billed charges	
PHOSPHATASE ISOENZYMES	84080	CPT	both			107	17	Qualcare	Qualcare		80.25	0.75			3.6	101.65	percent of total billed charges	
PHOSPHATASE ISOENZYMES	84080	CPT	both			107	17	Three Rivers	Three Rivers		101.65	0.95			3.6	101.65	percent of total billed charges	
PHOSPHATASE ISOENZYMES	84080	CPT	both			107	17	UHC	Medicaid		3.6				3.6	101.65	case rate	
PHOSPHATASE ISOENZYMES	84080	CPT	both			107	17	UHC	Medicare		14.78				3.6	101.65	case rate	
PHOSPHATASE ISOENZYMES	84080	CPT	both			107	17	Wellcare	Medicaid		3.6				3.6	101.65	case rate	
PHOSPHATASE ISOENZYMES	84080	CPT	both			107	17	Wellcare	Medicare		14.78				3.6	101.65	case rate	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121	12.34	Aetna	Better Health		38.07	0.3146			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121	12.34	Aetna	Medicare		37.27	0.308			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121	12.34	Aetna	Commercial		45.98	0.38			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121	12.34	Americare	Americare		90.75	0.75			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121	12.34	WellPoint	WellPoint		38.82	0.3208			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121	12.34	Amerihealth	Medicare		10.73				10.73	114.95	case rate	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121	12.34	Consumer	Consumer		114.95	0.95			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121	12.34	Corrections	Corrections		96.8	0.8			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121	12.34	First Health	First Health		84.7	0.7			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121	12.34	First Trenton	First Trenton		108.9	0.9			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121	12.34	Horizon	MGD		46.32	0.3828			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121	12.34	Horizon	Indemnity		46.32	0.3828			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121	12.34	Horizon	Medicare Blue		36.3	0.3			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121	12.34	Horizon	PPO		46.32	0.3828			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121	12.34	Managed Care Inc	Managed Care Inc		108.9	0.9			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121	12.34	Multiplan	Multiplan		96.8	0.8			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121	12.34	Qualcare	Qualcare		90.75	0.75			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121	12.34	Three Rivers	Three Rivers		114.95	0.95			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121	12.34	UHC	Medicaid		38.07	0.3146			10.73	114.95	percent of total billed charges	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121	12.34	UHC	Medicare		10.73				10.73	114.95	case rate	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121	12.34	Wellcare	Medicare		10.73				10.73	114.95	case rate	
PHOSPHOHEXOSE ISOMERASE	84087	CPT	outpatient			121	12.34	Wellcare	Medicaid		38.07	0.3146			10.73	114.95	percent of total billed charges	
PHOSPHORUS.SERUM	84100	CPT	both			85	5.45	Aetna	Medicare		4.74				3	80.75	case rate	
PHOSPHORUS.SERUM	84100	CPT	both			85	5.45	Aetna	Better Health		26.74	0.3146			3	80.75	percent of total billed charges	
PHOSPHORUS.SERUM	84100	CPT	both			85	5.45	Aetna	Commercial		32.3	0.38			3	80.75	percent of total billed charges	
PHOSPHORUS.SERUM	84100	CPT	both			85	5.45	Americare	Americare		63.75	0.75			3	80.75	percent of total billed charges	
PHOSPHORUS.SERUM	84100	CPT	both			85	5.45	WellPoint	WellPoint		27.27	0.3208			3	80.75	percent of total billed charges	
PHOSPHORUS.SERUM	84100	CPT	both			85	5.45	Amerihealth	Medicare		4.74				3	80.75	case rate	
PHOSPHORUS.SERUM	84100	CPT	both			85	5.45	Consumer	Consumer		80.75	0.95			3	80.75	percent of total billed charges	
PHOSPHORUS.SERUM	84100	CPT	both			85	5.45	Corrections	Corrections		68	0.8			3	80.75	percent of total billed charges	
PHOSPHORUS.SERUM	84100	CPT	both			85	5.45	First Health	First Health		59.5	0.7			3	80.75	percent of total billed charges	
PHOSPHORUS.SERUM	84100	CPT	both			85	5.45	First Trenton	First Trenton		76.5	0.9			3	80.75	percent of total billed charges	
PHOSPHORUS.SERUM	84100	CPT	both			85	5.45	Horizon	Medicare Blue		25.5	0.3			3	80.75	percent of total billed charges	
PHOSPHORUS.SERUM	84100	CPT	both			85	5.45	Horizon	MGD		32.54	0.3828			3	80.75	percent of total billed charges	
PHOSPHORUS.SERUM	84100	CPT	both			85	5.45	Horizon	Indemnity		32.54	0.3828			3	80.75	percent of total billed charges	
PHOSPHORUS.SERUM	84100	CPT	both			85	5.45	Horizon	PPO		32.54	0.3828			3	80.75	percent of total billed charges	
PHOSPHORUS.SERUM	84100	CPT	both			85	5.45	Managed Care Inc	Managed Care Inc		76.5	0.9			3	80.75	percent of total billed charges	
PHOSPHORUS.SERUM	84100	CPT	both			85	5.45	Multiplan	Multiplan		68	0.8			3	80.75	percent of total billed charges	
PHOSPHORUS.SERUM	84100	CPT	both			85	5.45	Qualcare	Qualcare		63.75	0.75			3	80.75	percent of total billed charges	
PHOSPHORUS.SERUM	84100	CPT	both			85	5.45	Three Rivers	Three Rivers		80.75	0.95			3	80.75	percent of total billed charges	
PHOSPHORUS.SERUM	84100	CPT	both			85	5.45	UHC	Medicaid		3				3	80.75	case rate	
PHOSPHORUS.SERUM	84100	CPT	both			85	5.45	UHC	Medicare		4.74				3	80.75	case rate	
PHOSPHORUS.SERUM	84100	CPT	both			85	5.45	Wellcare	Medicaid		3				3	80.75	case rate	
PHOSPHORUS.SERUM	84100	CPT	both			85	5.45	Wellcare	Medicare		4.74				3	80.75	case rate	
PHOSPHORUS URINE 24 HRS	84105	CPT	both			202	6.65	Aetna	Better Health		63.55	0.3146			3	191.9	percent of total billed charges	
PHOSPHORUS URINE 24 HRS	84105	CPT	both			202	6.65	Aetna	Medicare		5.78				3	191.9	case rate	
PHOSPHORUS URINE 24 HRS	84105	CPT	both			202	6.65	Aetna	Commercial		76.76	0.38			3	191.9	percent of total billed charges	
PHOSPHORUS URINE 24 HRS	84105	CPT	both			202	6.65	Americare	Americare		151.5	0.75			3	191.9	percent of total billed charges	
PHOSPHORUS URINE 24 HRS	84105	CPT	both			202	6.65	WellPoint	WellPoint		64.8	0.3208			3	191.9	percent of total billed charges	
PHOSPHORUS URINE 24 HRS	84105	CPT	both			202	6.65	Amerihealth	Medicare		5.78				3	191.9	case rate	
PHOSPHORUS URINE 24 HRS	84105	CPT	both			202	6.65	Consumer	Consumer		191.9	0.95			3	191.9	percent of total billed charges	
PHOSPHORUS URINE 24 HRS	84105	CPT	both			202	6.65	Corrections	Corrections		161.6	0.8			3	191.9	percent of total billed charges	
PHOSPHORUS URINE 24 HRS	84105	CPT	both			202	6.65	First Health	First Health		141.4	0.7			3	191.9	percent of total billed charges	
PHOSPHORUS URINE 24 HRS	84105	CPT	both			202	6.65	First Trenton	First Trenton		181.8	0.9			3	191.9	percent of total billed charges	
PHOSPHORUS URINE 24 HRS	84105	CPT	both			202	6.65	Horizon	Medicare Blue		60.6	0.3			3	191.9	percent of total billed charges	
PHOSPHORUS URINE 24 HRS	84105	CPT	both			202	6.65	Horizon	MGD		77.33	0.3828			3	191.9	percent of total billed charges	
PHOSPHORUS URINE 24 HRS	84105	CPT	both			202	6.65	Horizon	Indemnity		77.33	0.3828			3	191.9	percent of total billed charges	
PHOSPHORUS URINE 24 HRS	84105	CPT	both			202	6.65	Horizon	PPO		77.33	0.3828			3	191.9	percent of total billed charges	
PHOSPHORUS URINE 24 HRS	84105	CPT	both			202	6.65	Managed Care Inc	Managed Care Inc		181.8	0.9			3	191.9	percent of total billed charges	
PHOSPHORUS URINE 24 HRS	84105	CPT	both			202	6.65	Multiplan	Multiplan		161.6	0.8			3	191.9	percent of total billed charges	
PHOSPHORUS URINE 24 HRS	84105	CPT	both			202	6.65	Qualcare	Qualcare		151.5	0.75			3	191.9	percent of total billed charges	
PHOSPHORUS URINE 24 HRS	84105	CPT	both			202	6.65	Three Rivers	Three Rivers		191.9	0.95			3	191.9	percent of total billed charges	
PHOSPHORUS URINE 24 HRS	84105	CPT	both			202	6.65	UHC	Medicaid		3				3	191.9	case rate	
PHOSPHORUS URINE 24 HRS	84105	CPT	both			202	6.65	UHC	Medicare		5.78				3	191.9	case rate	
PHOSPHORUS URINE 24 HRS	84105	CPT	both			202	6.65	Wellcare	Medicare		5.78				3	191.9	case rate	
PHOSPHORUS URINE 24 HRS	84105	CPT	both			202	6.65	Wellcare	Medicaid		3				3	191.9	case rate	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54	9.71	Aetna	Commercial		20.52	0.38			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54	9.71	Aetna	Better Health		16.99	0.3146			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54	9.71	Aetna	Medicare		8.44				6.3	51.3	case rate	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54	9.71	Americare	Americare		40.5	0.75			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54	9.71	WellPoint	WellPoint		17.32	0.3208			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54	9.71	Amerihealth	Medicare		8.44				6.3	51.3	case rate	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54	9.71	Consumer	Consumer		51.3	0.95			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54	9.71	Corrections	Corrections		43.2	0.8			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54	9.71	First Health	First Health		37.8	0.7			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54	9.71	First Trenton	First Trenton		48.6	0.9			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54	9.71	Horizon	Indemnity		20.67	0.3828			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54	9.71	Horizon	Medicare Blue		16.2	0.3			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54	9.71	Horizon	MGD		20.67	0.3828			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54	9.71	Horizon	PPO		20.67	0.3828			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54	9.71	Managed Care Inc	Managed Care Inc		48.6	0.9			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54	9.71	Multiplan	Multiplan		43.2	0.8			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54	9.71	Qualcare	Qualcare		40.5	0.75			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54	9.71	Three Rivers	Three Rivers		51.3	0.95			6.3	51.3	percent of total billed charges	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54	9.71	UHC	Medicare		8.44				6.3	51.3	case rate	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54	9.71	UHC	Medicaid		7.5				6.3	51.3	case rate	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54	9.71	Wellcare	Medicare		8.44				6.3	51.3	case rate	
PORPHYOBILINOGEN QUALITATIVE	84110	CPT	both			54	9.71	Wellcare	Medicaid		7.5				6.3	51.3	case rate	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89	16.92	Aetna	Medicare		14.71				7.5	84.55	case rate	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89	16.92	Aetna	Commercial		33.82	0.38			7.5	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89	16.92	Aetna	Better Health		28	0.3146			7.5	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89	16.92	Americare	Americare		66.75	0.75			7.5	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89	16.92	WellPoint	WellPoint		28.55	0.3208			7.5	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89	16.92	Amerihealth	Medicare		14.71				7.5	84.55	case rate	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89	16.92	Consumer	Consumer		84.55	0.95			7.5	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89	16.92	Corrections	Corrections		71.2	0.8			7.5	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89	16.92	First Health	First Health		62.3	0.7			7.5	84.55	percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89	16.92	First Trenton	First Trenton		80.1	0.9			7.5	84.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Horizon	Medicare Blue		26.7	0.3			7.5		84.55 percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Horizon	Indemnity		34.07	0.3828			7.5		84.55 percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Horizon	MGD		34.07	0.3828			7.5		84.55 percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Horizon	PPO		34.07	0.3828			7.5		84.55 percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Managed Care Inc	Managed Care Inc		80.1	0.9			7.5		84.55 percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Multiplan	Multiplan		71.2	0.8			7.5		84.55 percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Qualcare	Qualcare		66.75	0.75			7.5		84.55 percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Three Rivers	Three Rivers		84.55	0.95			7.5		84.55 percent of total billed charges	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 UHC	Medicaid		7.5				7.5		84.55 case rate	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 UHC	Medicare		14.71				7.5		84.55 case rate	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Wellcare	Medicaid		7.5				7.5		84.55 case rate	
URINE PROTOPORPHYRIN IX	84120	CPT	both			89		16.92 Wellcare	Medicare		14.71				7.5		84.55 case rate	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Aetna	Medicare		4.76				3.9		66.5 case rate	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Aetna	Commercial		26.6	0.38			3.9		66.5 percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Aetna	Better Health		22.02	0.3146			3.9		66.5 percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Americare	Americare		52.5	0.75			3.9		66.5 percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 WellPoint	WellPoint		22.46	0.3208			3.9		66.5 percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Amerihealth	Medicare		4.76				3.9		66.5 case rate	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Consumer	Consumer		66.5	0.95			3.9		66.5 percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Corrections	Corrections		56	0.8			3.9		66.5 percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 First Health	First Health		49	0.7			3.9		66.5 percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 First Trenton	First Trenton		63	0.9			3.9		66.5 percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Horizon	Indemnity		26.8	0.3828			3.9		66.5 percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Horizon	Medicare Blue		21	0.3			3.9		66.5 percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Horizon	MGD		26.8	0.3828			3.9		66.5 percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Horizon	PPO		26.8	0.3828			3.9		66.5 percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Managed Care Inc	Managed Care Inc		63	0.9			3.9		66.5 percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Multiplan	Multiplan		56	0.8			3.9		66.5 percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Qualcare	Qualcare		52.5	0.75			3.9		66.5 percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Three Rivers	Three Rivers		66.5	0.95			3.9		66.5 percent of total billed charges	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 UHC	Medicaid		3.9				3.9		66.5 case rate	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 UHC	Medicare		4.76				3.9		66.5 case rate	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Wellcare	Medicare		4.76				3.9		66.5 case rate	
WHOLE BLOOD POTASSIUM	84132	CPT	both			70		5.47 Wellcare	Medicaid		3.9				3.9		66.5 case rate	
POTASSIUM.URINE.RANDOM	84133	CPT	both			88		5.44 Aetna	Better Health		27.68	0.3146			3.9		83.6 percent of total billed charges	
POTASSIUM.URINE.RANDOM	84133	CPT	both			88		5.44 Aetna	Medicare		4.73				3.9		83.6 case rate	
POTASSIUM.URINE.RANDOM	84133	CPT	both			88		5.44 Aetna	Commercial		33.44	0.38			3.9		83.6 percent of total billed charges	
POTASSIUM.URINE.RANDOM	84133	CPT	both			88		5.44 Americare	Americare		66	0.75			3.9		83.6 percent of total billed charges	
POTASSIUM.URINE.RANDOM	84133	CPT	both			88		5.44 WellPoint	WellPoint		28.23	0.3208			3.9		83.6 percent of total billed charges	
POTASSIUM.URINE.RANDOM	84133	CPT	both			88		5.44 Amerihealth	Medicare		4.73				3.9		83.6 case rate	
POTASSIUM.URINE.RANDOM	84133	CPT	both			88		5.44 Consumer	Consumer		83.6	0.95			3.9		83.6 percent of total billed charges	
POTASSIUM.URINE.RANDOM	84133	CPT	both			88		5.44 Corrections	Corrections		70.4	0.8			3.9		83.6 percent of total billed charges	
POTASSIUM.URINE.RANDOM	84133	CPT	both			88		5.44 First Health	First Health		61.6	0.7			3.9		83.6 percent of total billed charges	
POTASSIUM.URINE.RANDOM	84133	CPT	both			88		5.44 First Trenton	First Trenton		79.2	0.9			3.9		83.6 percent of total billed charges	
POTASSIUM.URINE.RANDOM	84133	CPT	both			88		5.44 Horizon	Medicare Blue		26.4	0.3			3.9		83.6 percent of total billed charges	
POTASSIUM.URINE.RANDOM	84133	CPT	both			88		5.44 Horizon	MGD		33.69	0.3828			3.9		83.6 percent of total billed charges	
POTASSIUM.URINE.RANDOM	84133	CPT	both			88		5.44 Horizon	Indemnity		33.69	0.3828			3.9		83.6 percent of total billed charges	
POTASSIUM.URINE.RANDOM	84133	CPT	both			88		5.44 Horizon	PPO		33.69	0.3828			3.9		83.6 percent of total billed charges	
POTASSIUM.URINE.RANDOM	84133	CPT	both			88		5.44 Managed Care Inc	Managed Care Inc		79.2	0.9			3.9		83.6 percent of total billed charges	
POTASSIUM.URINE.RANDOM	84133	CPT	both			88		5.44 Multiplan	Multiplan		70.4	0.8			3.9		83.6 percent of total billed charges	
POTASSIUM.URINE.RANDOM	84133	CPT	both			88		5.44 Qualcare	Qualcare		66	0.75			3.9		83.6 percent of total billed charges	
POTASSIUM.URINE.RANDOM	84133	CPT	both			88		5.44 Three Rivers	Three Rivers		83.6	0.95			3.9		83.6 percent of total billed charges	
POTASSIUM.URINE.RANDOM	84133	CPT	both			88		5.44 UHC	Medicaid		3.9				3.9		83.6 case rate	
POTASSIUM.URINE.RANDOM	84133	CPT	both			88		5.44 UHC	Medicare		4.73				3.9		83.6 case rate	
POTASSIUM.URINE.RANDOM	84133	CPT	both			88		5.44 Wellcare	Medicaid		3.9				3.9		83.6 case rate	
POTASSIUM.URINE.RANDOM	84133	CPT	both			88		5.44 Wellcare	Medicare		4.73				3.9		83.6 case rate	
PREALBUMIN	84134	CPT	both			33		16.78 Aetna	Better Health		10.38	0.3146			9.9		31.35 percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Aetna	Commercial		12.54	0.38			9.9		31.35 percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Aetna	Medicare		14.59				9.9		31.35 case rate	
PREALBUMIN	84134	CPT	both			33		16.78 Americare	Americare		24.75	0.75			9.9		31.35 percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 WellPoint	WellPoint		10.59	0.3208			9.9		31.35 percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Amerihealth	Medicare		14.59				9.9		31.35 case rate	
PREALBUMIN	84134	CPT	both			33		16.78 Consumer	Consumer		31.35	0.95			9.9		31.35 percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Corrections	Corrections		26.4	0.8			9.9		31.35 percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 First Health	First Health		23.1	0.7			9.9		31.35 percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 First Trenton	First Trenton		29.7	0.9			9.9		31.35 percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Horizon	Indemnity		12.63	0.3828			9.9		31.35 percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Horizon	MGD		12.63	0.3828			9.9		31.35 percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Horizon	PPO		12.63	0.3828			9.9		31.35 percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Horizon	Medicare Blue		9.9	0.3			9.9		31.35 percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Managed Care Inc	Managed Care Inc		29.7	0.9			9.9		31.35 percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Multiplan	Multiplan		26.4	0.8			9.9		31.35 percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Qualcare	Qualcare		24.75	0.75			9.9		31.35 percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 Three Rivers	Three Rivers		31.35	0.95			9.9		31.35 percent of total billed charges	
PREALBUMIN	84134	CPT	both			33		16.78 UHC	Medicaid		15.91				9.9		31.35 case rate	
PREALBUMIN	84134	CPT	both			33		16.78 UHC	Medicare		14.59				9.9		31.35 case rate	
PREALBUMIN	84134	CPT	both			33		16.78 Wellcare	Medicare		14.59				9.9		31.35 case rate	
PREALBUMIN	84134	CPT	both			33		16.78 Wellcare	Medicaid		15.91				9.9		31.35 case rate	
PREGNENOLONE MS	84140	CPT	outpatient			127		23.77 Aetna	Better Health		39.95	0.3146			20.67		120.65 percent of total billed charges	
PREGNENOLONE MS	84140	CPT	outpatient			127		23.77 Aetna	Medicare		20.67				20.67		120.65 case rate	
PREGNENOLONE MS	84140	CPT	outpatient			127		23.77 Aetna	Commercial		48.26	0.38			20.67		120.65 percent of total billed charges	
PREGNENOLONE MS	84140	CPT	outpatient			127		23.77 Americare	Americare		95.25	0.75			20.67		120.65 percent of total billed charges	
PREGNENOLONE MS	84140	CPT	outpatient			127		23.77 WellPoint	WellPoint		40.74	0.3208			20.67		120.65 percent of total billed charges	
PREGNENOLONE MS	84140	CPT	outpatient			127		23.77 Amerihealth	Medicare		20.67				20.67		120.65 case rate	
PREGNENOLONE MS	84140	CPT	outpatient			127		23.77 Consumer	Consumer		120.65	0.95			20.67		120.65 percent of total billed charges	
PREGNENOLONE MS	84140	CPT	outpatient			127		23.77 Corrections	Corrections		101.6	0.8			20.67		120.65 percent of total billed charges	
PREGNENOLONE MS	84140	CPT	outpatient			127		23.77 First Health	First Health		88.9	0.7			20.67		120.65 percent of total billed charges	
PREGNENOLONE MS	84140	CPT	outpatient			127		23.77 First Trenton	First Trenton		114.3	0.9			20.67		120.65 percent of total billed charges	
PREGNENOLONE MS	84140	CPT	outpatient			127		23.77 Horizon	MGD		48.62	0.3828			20.67		120.65 percent of total billed charges	
PREGNENOLONE MS	84140	CPT	outpatient			127		23.77 Horizon	Medicare Blue		38.1	0.3			20.67		120.65 percent of total billed charges	
PREGNENOLONE MS	84140	CPT	outpatient			127		23.77 Horizon	Indemnity		48.62	0.3828			20.67		120.65 percent of total billed charges	
PREGNENOLONE MS	84140	CPT	outpatient			127		23.77 Horizon	PPO		48.62	0.3828			20.67		120.65 percent of total billed charges	
PREGNENOLONE MS	84140	CPT	outpatient			127		23.77 Managed Care Inc	Managed Care Inc		114.3	0.9			20.67		120.65 percent of total billed charges	
PREGNENOLONE MS	84140	CPT	outpatient			127		23.77 Multiplan	Multiplan		101.6	0.8			20.67		120.65 percent of total billed charges	
PREGNENOLONE MS	84140	CPT	outpatient			127		23.77 Qualcare	Qualcare		95.25	0.75			20.67		120.65 percent of total billed charges	
PREGNENOLONE MS	84140	CPT	outpatient			127		23.77 Three Rivers	Three Rivers		120.65	0.95			20.67		120.65 percent of total billed charges	
PREGNENOLONE MS	84140	CPT	outpatient			127		23.77 UHC	Medicaid		27.5				20.67		120.65 case rate	
PREGNENOLONE MS	84140	CPT	outpatient			127		23.77 UHC	Medicare		20.67				20.67		120.65 case rate	
PREGNENOLONE MS	84140	CPT	outpatient			127		23.77 Wellcare	Medicaid		27.5				20.67		120.65 case rate	
PREGNENOLONE MS	84140	CPT	outpatient			127		23.77 Wellcare	Medicare		20.67				20.67		120.65 case rate	
17-HYDROXYPREGNENOLONE MS	84143	CPT	outpatient			121		26.23 Aetna	Commercial		45.98	0.38			22.81		114.95 percent of total billed charges	
17-HYDROXYPREGNENOLONE MS	84143	CPT	outpatient			121		26.23 Aetna	Better Health		38.07	0.3146			22.81		114.95 percent of total billed charges	
17-HYDROXYPREGNENOLONE MS	84143	CPT	outpatient			121		26.23 Aetna	Medicare		22.81				22.81		114.95 case rate	
17-HYDROXYPREGNENOLONE MS	84143	CPT	outpatient			121		26.23 Americare	Americare		90.75	0.75			22.81		114.95 percent of total billed charges	
17-HYDROXYPREGNENOLONE MS	84143	CPT	outpatient			121		26.23 WellPoint	WellPoint		38.82	0.3208			22.81		114.95 percent of total billed charges	
17-HYDROXYPREGNENOLONE MS	84143	CPT	outpatient			121		26.23 Amerihealth	Medicare		22.81				22.81		114.95 case rate	
17-HYDROXYPREGNENOLONE MS	84143	CPT	outpatient			121		26.23 Consumer	Consumer		114.95	0.95			22.81		114.95 percent of total billed charges	
17-HYDROXYPREGNENOLONE MS	84143	CPT	outpatient			121		26.23 Corrections	Corrections		96.8	0.8			22.81		114.95 percent of total billed charges	
17-HYDROXYPREGNENOLONE MS	84143	CPT	outpatient			121		26.23 First Health	First Health		84.7	0.7			22.81		114.95 percent of total billed charges	
17-HYDROXYPREGNENOLONE MS	84143	CPT	outpatient			121		26.23 First Trenton	First Trenton		108.9	0.9			22.81		114.95 percent of total billed charges	
17-HYDROXYPREGNENOLONE MS	84143	CPT	outpatient			121		26.23 Horizon	Indemnity		46.32	0.3828			22.81		114.95 percent of total billed charges	
17-HYDROXYPREGNENOLONE MS	84143	CPT	outpatient			121		26.23 Horizon	Medicare Blue		36.3	0.3			22.81		114.95 percent of total billed charges	
17-HYDROXYPREGNENOLONE MS	84143	CPT	outpatient			121		26.23 Horizon	MGD		46.32	0.3828			22.81		114.95 percent of total billed charges	
17-HYDROXYPREGNENOLONE MS	84143	CPT	outpatient			121		26.23 Horizon	PPO		46.32	0.3828			22.81		114.95 percent of total billed charges	
17-HYDROXYPREGNENOLONE MS	84143	CPT	outpatient			121		26.23 Managed Care Inc	Managed Care Inc		108.9	0.9			22.81		114.95 percent of total billed charges	
17-HYDROXYPREGNENOLONE MS	84143	CPT	outpatient			121		26.23 Multiplan	Multiplan		96.8	0.8			22.81		114.95 percent of total billed charges	
17-HYDROXYPREGNENOLONE MS	84143	CPT	outpatient			121		26.23 Qualcare	Qualcare		90.75	0.75			22.81		114.95 percent of total billed charges	
17-HYDROXYPREGNENOLONE MS	84143	CPT	outpatient			121		26.23 Three Rivers	Three Rivers		114.95	0.95			22.81		114.95 percent of total billed charges	
17-HYDROXYPREGNENOLONE MS	84143	CPT	outpatient			121		26.23 UHC	Medicaid		30				22.81		114.95 case rate	
17-HYDROXYPREGNENOLONE MS	84143	CPT	outpatient			121		26.23 UHC	Medicare		22.81				22.81		114.95 case rate	
17-HYDROXYPREGNENOLONE MS	84143	CPT	outpatient			121		26.23 Wellcare	Medicare		22.81				22.81		114.95 case rate	
17-HYDROXYPREGNENOLONE MS	84143	CPT	outpatient			121		26.23 Wellcare	Medicaid		30				22.81		114.95 case rate	
PROGESTERONE	84144	CPT	both			49		23.99 Aetna	Better Health		15.42	0.3146			14.7		46.55 percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Aetna	Commercial		18.62	0.38			14.7		46.55 percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Aetna	Medicare		15.09	0.308			14.7		46.55 percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Americare	Americare		36.75	0.75			14.7		46.55 percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 WellPoint	WellPoint		15.72	0.3208			14.7		46.55 percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Amerihealth	Medicare		20.86				14.7		46.55 case rate	
PROGESTERONE	84144	CPT	both			49		23.99 Consumer	Consumer		46.55	0.95			14.7		46.55 percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Corrections	Corrections		39.2	0.8			14.7		46.55 percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 First Health	First Health		34.3	0.7			14.7		46.55 percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 First Trenton	First Trenton		44.1	0.9			14.7		46.55 percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Horizon	Medicare Blue		14.7	0.3			14.7		46.55 percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Horizon	Indemnity		18.76	0.3828			14.7		46.55 percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Horizon	MGD		18.76	0.3828			14.7		46.55 percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Horizon	PPO		18.76	0.3828			14.7		46.55 percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Managed Care Inc	Managed Care Inc		44.1	0.9			14.7		46.55 percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Multiplan	Multiplan		39.2	0.8			14.7		46.55 percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Qualcare	Qualcare		36.75	0.75			14.7		46.55 percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 Three Rivers	Three Rivers		46.55	0.95			14.7		46.55 percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 UHC	Medicaid		15.42	0.3146			14.7		46.55 percent of total billed charges	
PROGESTERONE	84144	CPT	both			49		23.99 UHC	Medicare		20.86				14.7		46.55 case rate	
PROGESTERONE	84144	CPT	both			49		23.99 Wellcare	Medicaid		15.42	0.3146			14.7		46.55 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROGESTERONE	84144	CPT	both			49	23.99	Wellcare	Medicare		20.86				14.7		46.55	case rate	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Aetna	Better Health		337.88	0.3146			21.78		1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Aetna	Medicare		27.22				21.78		1020.3	case rate	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Aetna	Commercial		408.12	0.38			21.78		1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Americare	Americare		805.5	0.75			21.78		1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	WellPoint	WellPoint		344.54	0.3208			21.78		1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Amerihealth	Medicare		27.22				21.78		1020.3	case rate	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Consumer	Consumer		1020.3	0.95			21.78		1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Corrections	Corrections		859.2	0.8			21.78		1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	First Health	First Health		751.8	0.7			21.78		1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	First Trenton	First Trenton		966.6	0.9			21.78		1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Horizon	Medicare Blue		322.2	0.3			21.78		1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Horizon	MGD		411.13	0.3828			21.78		1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Horizon	Indemnity		411.13	0.3828			21.78		1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Horizon	PPO		411.13	0.3828			21.78		1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Managed Care Inc	Managed Care Inc		966.6	0.9			21.78		1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Multiplan	Multiplan		859.2	0.8			21.78		1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Qualcare	Qualcare		805.5	0.75			21.78		1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Three Rivers	Three Rivers		1020.3	0.95			21.78		1020.3	percent of total billed charges	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	UHC	Medicaid		21.78				21.78		1020.3	case rate	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	UHC	Medicare		27.22				21.78		1020.3	case rate	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Wellcare	Medicaid		21.78				21.78		1020.3	case rate	
PROCALCITONIN LEVEL	84145	CPT	both			1074	31.3	Wellcare	Medicare		27.22				21.78		1020.3	case rate	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Aetna	Medicare		19.38				13.2		171.95	case rate	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Aetna	Better Health		56.94	0.3146			13.2		171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Aetna	Commercial		68.78	0.38			13.2		171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Americare	Americare		135.75	0.75			13.2		171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	WellPoint	WellPoint		58.06	0.3208			13.2		171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Amerihealth	Medicare		19.38				13.2		171.95	case rate	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Consumer	Consumer		171.95	0.95			13.2		171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Corrections	Corrections		144.8	0.8			13.2		171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	First Health	First Health		126.7	0.7			13.2		171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	First Trenton	First Trenton		162.9	0.9			13.2		171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Horizon	Medicare Blue		54.3	0.3			13.2		171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Horizon	PPO		69.29	0.3828			13.2		171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Horizon	MGD		69.29	0.3828			13.2		171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Horizon	Indemnity		69.29	0.3828			13.2		171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Managed Care Inc	Managed Care Inc		162.9	0.9			13.2		171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Multiplan	Multiplan		144.8	0.8			13.2		171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Qualcare	Qualcare		135.75	0.75			13.2		171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Three Rivers	Three Rivers		171.95	0.95			13.2		171.95	percent of total billed charges	
PROLACTIN(004465)	84146	CPT	both			181	22.29	UHC	Medicaid		20				13.2		171.95	case rate	
PROLACTIN(004465)	84146	CPT	both			181	22.29	UHC	Medicare		19.38				13.2		171.95	case rate	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Wellcare	Medicaid		20				13.2		171.95	case rate	
PROLACTIN(004465)	84146	CPT	both			181	22.29	Wellcare	Medicare		19.38				13.2		171.95	case rate	
PSA ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Aetna	Medicare		18.39				13.2		212.8	case rate	
PSA ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Aetna	Commercial		85.12	0.38			13.2		212.8	percent of total billed charges	
PSA ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Aetna	Better Health		70.47	0.3146			13.2		212.8	percent of total billed charges	
PSA ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Americare	Americare		168	0.75			13.2		212.8	percent of total billed charges	
PSA ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	WellPoint	WellPoint		71.86	0.3208			13.2		212.8	percent of total billed charges	
PSA ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Amerihealth	Medicare		18.39				13.2		212.8	case rate	
PSA ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Consumer	Consumer		212.8	0.95			13.2		212.8	percent of total billed charges	
PSA ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Corrections	Corrections		179.2	0.8			13.2		212.8	percent of total billed charges	
PSA ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	First Health	First Health		156.8	0.7			13.2		212.8	percent of total billed charges	
PSA ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	First Trenton	First Trenton		201.6	0.9			13.2		212.8	percent of total billed charges	
PSA ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Horizon	Medicare Blue		67.2	0.3			13.2		212.8	percent of total billed charges	
PSA ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Horizon	MGD		85.75	0.3828			13.2		212.8	percent of total billed charges	
PSA ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Horizon	Indemnity		85.75	0.3828			13.2		212.8	percent of total billed charges	
PSA ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Horizon	PPO		85.75	0.3828			13.2		212.8	percent of total billed charges	
PSA ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Managed Care Inc	Managed Care Inc		201.6	0.9			13.2		212.8	percent of total billed charges	
PSA ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Multiplan	Multiplan		179.2	0.8			13.2		212.8	percent of total billed charges	
PSA ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Qualcare	Qualcare		168	0.75			13.2		212.8	percent of total billed charges	
PSA ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Three Rivers	Three Rivers		212.8	0.95			13.2		212.8	percent of total billed charges	
PSA ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	UHC	Medicare		18.39				13.2		212.8	case rate	
PSA ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	UHC	Medicaid		24.5				13.2		212.8	case rate	
PSA ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Wellcare	Medicaid		24.5				13.2		212.8	case rate	
PSA ULTRASENSITIVE W/O.SERIAL	84153	CPT	both			224	21.15	Wellcare	Medicare		18.39				13.2		212.8	case rate	
PSA FREE	84154	CPT	both			30	21.15	Aetna	Better Health		9.44	0.3146			9		28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Aetna	Commercial		11.4	0.38			9		28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Aetna	Medicare		18.39				9		28.5	case rate	
PSA FREE	84154	CPT	both			30	21.15	Americare	Americare		22.5	0.75			9		28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	WellPoint	WellPoint		9.62	0.3208			9		28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Amerihealth	Medicare		18.39				9		28.5	case rate	
PSA FREE	84154	CPT	both			30	21.15	Consumer	Consumer		28.5	0.95			9		28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Corrections	Corrections		24	0.8			9		28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	First Health	First Health		21	0.7			9		28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	First Trenton	First Trenton		27	0.9			9		28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Horizon	Indemnity		11.48	0.3828			9		28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Horizon	MGD		11.48	0.3828			9		28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Horizon	Medicare Blue		9	0.3			9		28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Horizon	PPO		11.48	0.3828			9		28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Managed Care Inc	Managed Care Inc		27	0.9			9		28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Multiplan	Multiplan		24	0.8			9		28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Qualcare	Qualcare		22.5	0.75			9		28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	Three Rivers	Three Rivers		28.5	0.95			9		28.5	percent of total billed charges	
PSA FREE	84154	CPT	both			30	21.15	UHC	Medicare		18.39				9		28.5	case rate	
PSA FREE	84154	CPT	both			30	21.15	UHC	Medicaid		24.5				9		28.5	case rate	
PSA FREE	84154	CPT	both			30	21.15	Wellcare	Medicare		18.39				9		28.5	case rate	
PSA FREE	84154	CPT	both			30	21.15	Wellcare	Medicaid		24.5				9		28.5	case rate	
TOTAL PROTEIN LEVEL BLOOD	84155	CPT	both			121	4.22	Aetna	Better Health		38.07	0.3146			1.8		114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL BLOOD	84155	CPT	both			121	4.22	Aetna	Medicare		3.67				1.8		114.95	case rate	
TOTAL PROTEIN LEVEL BLOOD	84155	CPT	both			121	4.22	Aetna	Commercial		45.98	0.38			1.8		114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL BLOOD	84155	CPT	both			121	4.22	Americare	Americare		90.75	0.75			1.8		114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL BLOOD	84155	CPT	both			121	4.22	WellPoint	WellPoint		38.82	0.3208			1.8		114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL BLOOD	84155	CPT	both			121	4.22	Amerihealth	Medicare		3.67				1.8		114.95	case rate	
TOTAL PROTEIN LEVEL BLOOD	84155	CPT	both			121	4.22	Consumer	Consumer		114.95	0.95			1.8		114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL BLOOD	84155	CPT	both			121	4.22	Corrections	Corrections		96.8	0.8			1.8		114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL BLOOD	84155	CPT	both			121	4.22	First Health	First Health		84.7	0.7			1.8		114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL BLOOD	84155	CPT	both			121	4.22	First Trenton	First Trenton		108.9	0.9			1.8		114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL BLOOD	84155	CPT	both			121	4.22	Horizon	Medicare Blue		36.3	0.3			1.8		114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL BLOOD	84155	CPT	both			121	4.22	Horizon	MGD		46.32	0.3828			1.8		114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL BLOOD	84155	CPT	both			121	4.22	Horizon	Indemnity		46.32	0.3828			1.8		114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL BLOOD	84155	CPT	both			121	4.22	Horizon	PPO		46.32	0.3828			1.8		114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL BLOOD	84155	CPT	both			121	4.22	Managed Care Inc	Managed Care Inc		108.9	0.9			1.8		114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL BLOOD	84155	CPT	both			121	4.22	Multiplan	Multiplan		96.8	0.8			1.8		114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL BLOOD	84155	CPT	both			121	4.22	Qualcare	Qualcare		90.75	0.75			1.8		114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL BLOOD	84155	CPT	both			121	4.22	Three Rivers	Three Rivers		114.95	0.95			1.8		114.95	percent of total billed charges	
TOTAL PROTEIN LEVEL BLOOD	84155	CPT	both			121	4.22	UHC	Medicaid		1.8				1.8		114.95	case rate	
TOTAL PROTEIN LEVEL BLOOD	84155	CPT	both			121	4.22	UHC	Medicare		3.67				1.8		114.95	case rate	
TOTAL PROTEIN LEVEL BLOOD	84155	CPT	both			121	4.22	Wellcare	Medicaid		1.8				1.8		114.95	case rate	
TOTAL PROTEIN LEVEL BLOOD	84155	CPT	both			121	4.22	Wellcare	Medicare		3.67				1.8		114.95	case rate	
PROTEIN URINE	84156	CPT	both			47	4.22	Aetna	Better Health		14.79	0.3146			1.8		44.65	percent of total billed charges	
PROTEIN URINE	84156	CPT	both			47	4.22	Aetna	Commercial		17.86	0.38			1.8		44.65	percent of total billed charges	
PROTEIN URINE	84156	CPT	both			47	4.22	Aetna	Medicare		3.67				1.8		44.65	case rate	
PROTEIN URINE	84156	CPT	both			47	4.22	Americare	Americare		35.25	0.75			1.8		44.65	percent of total billed charges	
PROTEIN URINE	84156	CPT	both			47	4.22	WellPoint	WellPoint		15.08	0.3208			1.8		44.65	percent of total billed charges	
PROTEIN URINE	84156	CPT	both			47	4.22	Amerihealth	Medicare		3.67				1.8		44.65	case rate	
PROTEIN URINE	84156	CPT	both			47	4.22	Consumer	Consumer		44.65	0.95			1.8		44.65	percent of total billed charges	
PROTEIN URINE	84156	CPT	both			47	4.22	Corrections	Corrections		37.6	0.8			1.8		44.65	percent of total billed charges	
PROTEIN URINE	84156	CPT	both			47	4.22	First Health	First Health		32.9	0.7			1.8		44.65	percent of total billed charges	
PROTEIN URINE	84156	CPT	both			47	4.22	First Trenton	First Trenton		42.3	0.9			1.8		44.65	percent of total billed charges	
PROTEIN URINE	84156	CPT	both			47	4.22	Horizon	Medicare Blue		14.1	0.3			1.8		44.65	percent of total billed charges	
PROTEIN URINE	84156	CPT	both			47	4.22	Horizon	Indemnity		17.99	0.3828			1.8		44.65	percent of total billed charges	
PROTEIN URINE	84156	CPT	both			47	4.22	Horizon	MGD		17.99	0.3828			1.8		44.65	percent of total billed charges	
PROTEIN URINE	84156	CPT	both			47	4.22	Horizon	PPO		17.99	0.3828			1.8		44.65	percent of total billed charges	
PROTEIN URINE	84156	CPT	both			47	4.22	Managed Care Inc	Managed Care Inc		42.3	0.9			1.8		44.65	percent of total billed charges	
PROTEIN URINE	84156	CPT	both			47	4.22	Multiplan	Multiplan		37.6	0.8			1.8		44.65	percent of total billed charges	
PROTEIN URINE	84156	CPT	both			47	4.22	Qualcare	Qualcare		35.25	0.75			1.8		44.65	percent of total billed charges	
PROTEIN URINE	84156	CPT	both			47	4.22	Three Rivers	Three Rivers		44.65	0.95			1.8		44.65	percent of total billed charges	
PROTEIN URINE	84156	CPT	both			47	4.22	UHC	Medicaid		1.8				1.8		44.65	case rate	
PROTEIN URINE	84156	CPT	both			47	4.22	UHC	Medicare		3.67				1.8		44.65	case rate	
PROTEIN URINE	84156	CPT	both			47	4.22	Wellcare	Medicaid		1.8				1.8		44.65	case rate	
PROTEIN URINE	84156	CPT	both			47	4.22	Wellcare	Medicare		3.67				1.8		44.65	case rate	
PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID)	84157	CPT	both			47	4.6	Aetna	Medicare		4				1.8		44.65	case rate	
PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID)	84157	CPT	both			47	4.6	Aetna	Better Health		14.79	0.3146			1.8		44.65	percent of total billed charges	
PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID)	84157	CPT	both			47	4.6	Aetna	Commercial		17.86	0.38			1.8		44.65	percent of total billed charges	
PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID)	84157	CPT	both			47	4.6	Americare	Americare		35.25	0.75			1.8		44.65	percent of total billed charges	
PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID)	84157	CPT	both			47	4.6	WellPoint	WellPoint		15.08	0.3208			1.8		44.65	percent of total billed charges	
PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID)	84157	CPT	both			47	4.6	Amerihealth	Medicare		4				1.8		44.65	case rate	
PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID)	84157	CPT	both			47	4.6	Consumer	Consumer		44.65	0.95			1.8		44.65	percent of total billed charges	
PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID)	84157	CPT	both			47	4.6	Corrections	Corrections		37.6	0.8			1.8		44.65	percent of total billed charges	
PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID)	84157	CPT	both			47	4.6	First Health	First Health		32.9	0.7			1.8		44.65	percent of total billed charges	
PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID)	84157	CPT	both			47	4.6	First Trenton	First Trenton		42.3	0.9			1.8		44.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Horizon	MGD		17.99	0.3828			1.8	44.65	percent of total billed charges	
PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Horizon	Medicare Blue		14.1	0.3			1.8	44.65	percent of total billed charges	
PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Horizon	Indemnity		17.99	0.3828			1.8	44.65	percent of total billed charges	
PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Horizon	PPO		17.99	0.3828			1.8	44.65	percent of total billed charges	
PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Managed Care Inc	Managed Care Inc		42.3	0.9			1.8	44.65	percent of total billed charges	
PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Multiplan	Multiplan		37.6	0.8			1.8	44.65	percent of total billed charges	
PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Qualcare	Qualcare		35.25	0.75			1.8	44.65	percent of total billed charges	
PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Three Rivers	Three Rivers		44.65	0.95			1.8	44.65	percent of total billed charges	
PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID)	84157	CPT	both			47		4.6 UHC	Medicaid		1.8				1.8	44.65	case rate	
PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID)	84157	CPT	both			47		4.6 UHC	Medicare		4				1.8	44.65	case rate	
PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Wellcare	Medicare		4				1.8	44.65	case rate	
PROTEIN OTHER SOURCE(CSF SYNOVIAL FLUID)	84157	CPT	both			47		4.6 Wellcare	Medicaid		1.8				1.8	44.65	case rate	
PROTEIN,EP,FRACT&QUANT,SERUM	84165	CPT	both			157		12.35 Aetna	Commercial		59.66	0.38			7.5	149.15	percent of total billed charges	
PROTEIN,EP,FRACT&QUANT,SERUM	84165	CPT	both			157		12.35 Aetna	Better Health		49.39	0.3146			7.5	149.15	percent of total billed charges	
PROTEIN,EP,FRACT&QUANT,SERUM	84165	CPT	both			157		12.35 Aetna	Medicare		48.36	0.308			7.5	149.15	percent of total billed charges	
PROTEIN,EP,FRACT&QUANT,SERUM	84165	CPT	both			157		12.35 Americare	Americare		117.75	0.75			7.5	149.15	percent of total billed charges	
PROTEIN,EP,FRACT&QUANT,SERUM	84165	CPT	both			157		12.35 WellPoint	WellPoint		50.37	0.3208			7.5	149.15	percent of total billed charges	
PROTEIN,EP,FRACT&QUANT,SERUM	84165	CPT	both			157		12.35 Amerihealth	Medicare		10.74				7.5	149.15	case rate	
PROTEIN,EP,FRACT&QUANT,SERUM	84165	CPT	both			157		12.35 Consumer	Consumer		149.15	0.95			7.5	149.15	percent of total billed charges	
PROTEIN,EP,FRACT&QUANT,SERUM	84165	CPT	both			157		12.35 Corrections	Corrections		125.6	0.8			7.5	149.15	percent of total billed charges	
PROTEIN,EP,FRACT&QUANT,SERUM	84165	CPT	both			157		12.35 First Health	First Health		109.9	0.7			7.5	149.15	percent of total billed charges	
PROTEIN,EP,FRACT&QUANT,SERUM	84165	CPT	both			157		12.35 First Trenton	First Trenton		141.3	0.9			7.5	149.15	percent of total billed charges	
PROTEIN,EP,FRACT&QUANT,SERUM	84165	CPT	both			157		12.35 Horizon	MGD		60.1	0.3828			7.5	149.15	percent of total billed charges	
PROTEIN,EP,FRACT&QUANT,SERUM	84165	CPT	both			157		12.35 Horizon	Indemnity		60.1	0.3828			7.5	149.15	percent of total billed charges	
PROTEIN,EP,FRACT&QUANT,SERUM	84165	CPT	both			157		12.35 Horizon	Medicare Blue		47.1	0.3			7.5	149.15	percent of total billed charges	
PROTEIN,EP,FRACT&QUANT,SERUM	84165	CPT	both			157		12.35 Horizon	PPO		60.1	0.3828			7.5	149.15	percent of total billed charges	
PROTEIN,EP,FRACT&QUANT,SERUM	84165	CPT	both			157		12.35 Managed Care Inc	Managed Care Inc		141.3	0.9			7.5	149.15	percent of total billed charges	
PROTEIN,EP,FRACT&QUANT,SERUM	84165	CPT	both			157		12.35 Multiplan	Multiplan		125.6	0.8			7.5	149.15	percent of total billed charges	
PROTEIN,EP,FRACT&QUANT,SERUM	84165	CPT	both			157		12.35 Qualcare	Qualcare		117.75	0.75			7.5	149.15	percent of total billed charges	
PROTEIN,EP,FRACT&QUANT,SERUM	84165	CPT	both			157		12.35 Three Rivers	Three Rivers		149.15	0.95			7.5	149.15	percent of total billed charges	
PROTEIN,EP,FRACT&QUANT,SERUM	84165	CPT	both			157		12.35 UHC	Medicaid		49.39	0.3146			7.5	149.15	percent of total billed charges	
PROTEIN,EP,FRACT&QUANT,SERUM	84165	CPT	both			157		12.35 UHC	Medicare		10.74				7.5	149.15	case rate	
PROTEIN,EP,FRACT&QUANT,SERUM	84165	CPT	both			157		12.35 Wellcare	Medicaid		49.39	0.3146			7.5	149.15	percent of total billed charges	
PROTEIN,EP,FRACT&QUANT,SERUM	84165	CPT	both			157		12.35 Wellcare	Medicare		10.74				7.5	149.15	case rate	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Aetna	Better Health		52.54	0.3146			6.3	158.65	percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Aetna	Commercial		63.46	0.38			6.3	158.65	percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Aetna	Medicare		17.83				6.3	158.65	case rate	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Americare	Americare		125.25	0.75			6.3	158.65	percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 WellPoint	WellPoint		53.57	0.3208			6.3	158.65	percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Amerihealth	Medicare		17.83				6.3	158.65	case rate	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Consumer	Consumer		158.65	0.95			6.3	158.65	percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Corrections	Corrections		133.6	0.8			6.3	158.65	percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 First Health	First Health		116.9	0.7			6.3	158.65	percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 First Trenton	First Trenton		150.3	0.9			6.3	158.65	percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Horizon	MGD		63.93	0.3828			6.3	158.65	percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Horizon	Indemnity		63.93	0.3828			6.3	158.65	percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Horizon	Medicare Blue		50.1	0.3			6.3	158.65	percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Horizon	PPO		63.93	0.3828			6.3	158.65	percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Managed Care Inc	Managed Care Inc		150.3	0.9			6.3	158.65	percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Multiplan	Multiplan		133.6	0.8			6.3	158.65	percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Qualcare	Qualcare		125.25	0.75			6.3	158.65	percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Three Rivers	Three Rivers		158.65	0.95			6.3	158.65	percent of total billed charges	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 UHC	Medicaid		14.26				6.3	158.65	case rate	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 UHC	Medicare		17.83				6.3	158.65	case rate	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Wellcare	Medicaid		14.26				6.3	158.65	case rate	
PROTEIN E-PHORESIS/URINE/CSF	84166	CPT	both			167		20.5 Wellcare	Medicare		17.83				6.3	158.65	case rate	
WESTERN BLOT W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Aetna	Medicare		17.03				16.5	1149.5	case rate	
WESTERN BLOT W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Aetna	Better Health		380.67	0.3146			16.5	1149.5	percent of total billed charges	
WESTERN BLOT W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Aetna	Commercial		459.8	0.38			16.5	1149.5	percent of total billed charges	
WESTERN BLOT W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Americare	Americare		907.5	0.75			16.5	1149.5	percent of total billed charges	
WESTERN BLOT W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 WellPoint	WellPoint		388.17	0.3208			16.5	1149.5	percent of total billed charges	
WESTERN BLOT W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Amerihealth	Medicare		17.03				16.5	1149.5	case rate	
WESTERN BLOT W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Consumer	Consumer		1149.5	0.95			16.5	1149.5	percent of total billed charges	
WESTERN BLOT W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Corrections	Corrections		968	0.8			16.5	1149.5	percent of total billed charges	
WESTERN BLOT W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 First Health	First Health		847	0.7			16.5	1149.5	percent of total billed charges	
WESTERN BLOT W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 First Trenton	First Trenton		1089	0.9			16.5	1149.5	percent of total billed charges	
WESTERN BLOT W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Horizon	MGD		463.19	0.3828			16.5	1149.5	percent of total billed charges	
WESTERN BLOT W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Horizon	Indemnity		463.19	0.3828			16.5	1149.5	percent of total billed charges	
WESTERN BLOT W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Horizon	Medicare Blue		363	0.3			16.5	1149.5	percent of total billed charges	
WESTERN BLOT W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Horizon	PPO		463.19	0.3828			16.5	1149.5	percent of total billed charges	
WESTERN BLOT W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Managed Care Inc	Managed Care Inc		1089	0.9			16.5	1149.5	percent of total billed charges	
WESTERN BLOT W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Multiplan	Multiplan		968	0.8			16.5	1149.5	percent of total billed charges	
WESTERN BLOT W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Qualcare	Qualcare		907.5	0.75			16.5	1149.5	percent of total billed charges	
WESTERN BLOT W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Three Rivers	Three Rivers		1149.5	0.95			16.5	1149.5	percent of total billed charges	
WESTERN BLOT W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 UHC	Medicaid		20				16.5	1149.5	case rate	
WESTERN BLOT W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 UHC	Medicare		17.03				16.5	1149.5	case rate	
WESTERN BLOT W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Wellcare	Medicare		17.03				16.5	1149.5	case rate	
WESTERN BLOT W INTERP & REPORT BLD/BOD	84181	CPT	outpatient			1210		19.58 Wellcare	Medicaid		20				16.5	1149.5	case rate	
YO IGG IB SERUM	84182	CPT	both			1622		33.59 Aetna	Medicare		29.21				23.5	1540.9	case rate	
YO IGG IB SERUM	84182	CPT	both			1622		33.59 Aetna	Better Health		510.28	0.3146			23.5	1540.9	percent of total billed charges	
YO IGG IB SERUM	84182	CPT	both			1622		33.59 Aetna	Commercial		616.36	0.38			23.5	1540.9	percent of total billed charges	
YO IGG IB SERUM	84182	CPT	both			1622		33.59 Americare	Americare		1216.5	0.75			23.5	1540.9	percent of total billed charges	
YO IGG IB SERUM	84182	CPT	both			1622		33.59 WellPoint	WellPoint		520.34	0.3208			23.5	1540.9	percent of total billed charges	
YO IGG IB SERUM	84182	CPT	both			1622		33.59 Amerihealth	Medicare		29.21				23.5	1540.9	case rate	
YO IGG IB SERUM	84182	CPT	both			1622		33.59 Consumer	Consumer		1540.9	0.95			23.5	1540.9	percent of total billed charges	
YO IGG IB SERUM	84182	CPT	both			1622		33.59 Corrections	Corrections		1297.6	0.8			23.5	1540.9	percent of total billed charges	
YO IGG IB SERUM	84182	CPT	both			1622		33.59 First Health	First Health		1135.4	0.7			23.5	1540.9	percent of total billed charges	
YO IGG IB SERUM	84182	CPT	both			1622		33.59 First Trenton	First Trenton		1459.8	0.9			23.5	1540.9	percent of total billed charges	
YO IGG IB SERUM	84182	CPT	both			1622		33.59 Horizon	PPO		620.9	0.3828			23.5	1540.9	percent of total billed charges	
YO IGG IB SERUM	84182	CPT	both			1622		33.59 Horizon	MGD		620.9	0.3828			23.5	1540.9	percent of total billed charges	
YO IGG IB SERUM	84182	CPT	both			1622		33.59 Horizon	Medicare Blue		486.6	0.3			23.5	1540.9	percent of total billed charges	
YO IGG IB SERUM	84182	CPT	both			1622		33.59 Horizon	Indemnity		620.9	0.3828			23.5	1540.9	percent of total billed charges	
YO IGG IB SERUM	84182	CPT	both			1622		33.59 Managed Care Inc	Managed Care Inc		1459.8	0.9			23.5	1540.9	percent of total billed charges	
YO IGG IB SERUM	84182	CPT	both			1622		33.59 Multiplan	Multiplan		1297.6	0.8			23.5	1540.9	percent of total billed charges	
YO IGG IB SERUM	84182	CPT	both			1622		33.59 Qualcare	Qualcare		1216.5	0.75			23.5	1540.9	percent of total billed charges	
YO IGG IB SERUM	84182	CPT	both			1622		33.59 Three Rivers	Three Rivers		1540.9	0.95			23.5	1540.9	percent of total billed charges	
YO IGG IB SERUM	84182	CPT	both			1622		33.59 UHC	Medicaid		23.5				23.5	1540.9	case rate	
YO IGG IB SERUM	84182	CPT	both			1622		33.59 UHC	Medicare		29.21				23.5	1540.9	case rate	
YO IGG IB SERUM	84182	CPT	both			1622		33.59 Wellcare	Medicaid		23.5				23.5	1540.9	case rate	
YO IGG IB SERUM	84182	CPT	both			1622		33.59 Wellcare	Medicare		29.21				23.5	1540.9	case rate	
PROTOPORPHYRIN RBC;QAUNT	84202	CPT	both			136		16.5 Aetna	Commercial		51.68	0.38			9.6	129.2	percent of total billed charges	
PROTOPORPHYRIN RBC;QAUNT	84202	CPT	both			136		16.5 Aetna	Medicare		41.89	0.308			9.6	129.2	percent of total billed charges	
PROTOPORPHYRIN RBC;QAUNT	84202	CPT	both			136		16.5 Aetna	Better Health		42.79	0.3146			9.6	129.2	percent of total billed charges	
PROTOPORPHYRIN RBC;QAUNT	84202	CPT	both			136		16.5 Americare	Americare		102	0.75			9.6	129.2	percent of total billed charges	
PROTOPORPHYRIN RBC;QAUNT	84202	CPT	both			136		16.5 WellPoint	WellPoint		43.63	0.3208			9.6	129.2	percent of total billed charges	
PROTOPORPHYRIN RBC;QAUNT	84202	CPT	both			136		16.5 Amerihealth	Medicare		14.35				9.6	129.2	case rate	
PROTOPORPHYRIN RBC;QAUNT	84202	CPT	both			136		16.5 Consumer	Consumer		129.2	0.95			9.6	129.2	percent of total billed charges	
PROTOPORPHYRIN RBC;QAUNT	84202	CPT	both			136		16.5 Corrections	Corrections		108.8	0.8			9.6	129.2	percent of total billed charges	
PROTOPORPHYRIN RBC;QAUNT	84202	CPT	both			136		16.5 First Health	First Health		95.2	0.7			9.6	129.2	percent of total billed charges	
PROTOPORPHYRIN RBC;QAUNT	84202	CPT	both			136		16.5 First Trenton	First Trenton		122.4	0.9			9.6	129.2	percent of total billed charges	
PROTOPORPHYRIN RBC;QAUNT	84202	CPT	both			136		16.5 Horizon	Medicare Blue		40.8	0.3			9.6	129.2	percent of total billed charges	
PROTOPORPHYRIN RBC;QAUNT	84202	CPT	both			136		16.5 Horizon	Indemnity		52.06	0.3828			9.6	129.2	percent of total billed charges	
PROTOPORPHYRIN RBC;QAUNT	84202	CPT	both			136		16.5 Horizon	MGD		52.06	0.3828			9.6	129.2	percent of total billed charges	
PROTOPORPHYRIN RBC;QAUNT	84202	CPT	both			136		16.5 Horizon	PPO		52.06	0.3828			9.6	129.2	percent of total billed charges	
PROTOPORPHYRIN RBC;QAUNT	84202	CPT	both			136		16.5 Managed Care Inc	Managed Care Inc		122.4	0.9			9.6	129.2	percent of total billed charges	
PROTOPORPHYRIN RBC;QAUNT	84202	CPT	both			136		16.5 Multiplan	Multiplan		108.8	0.8			9.6	129.2	percent of total billed charges	
PROTOPORPHYRIN RBC;QAUNT	84202	CPT	both			136		16.5 Qualcare	Qualcare		102	0.75			9.6	129.2	percent of total billed charges	
PROTOPORPHYRIN RBC;QAUNT	84202	CPT	both			136		16.5 Three Rivers	Three Rivers		129.2	0.95			9.6	129.2	percent of total billed charges	
PROTOPORPHYRIN RBC;QAUNT	84202	CPT	both			136		16.5 UHC	Medicare		14.35				9.6	129.2	case rate	
PROTOPORPHYRIN RBC;QAUNT	84202	CPT	both			136		16.5 UHC	Medicaid		42.79	0.3146			9.6	129.2	percent of total billed charges	
PROTOPORPHYRIN RBC;QAUNT	84202	CPT	both			136		16.5 Wellcare	Medicare		14.35				9.6	129.2	case rate	
PROTOPORPHYRIN RBC;QAUNT	84202	CPT	both			136		16.5 Wellcare	Medicaid		42.79	0.3146			9.6	129.2	percent of total billed charges	
PROINSULIN	84206	CPT	both			73		30.69 Aetna	Better Health		22.97	0.3146			19	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73		30.69 Aetna	Commercial		27.74	0.38			19	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73		30.69 Aetna	Medicare		26.69				19	69.35	case rate	
PROINSULIN	84206	CPT	both			73		30.69 Americare	Americare		54.75	0.75			19	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73		30.69 WellPoint	WellPoint		23.42	0.3208			19	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73		30.69 Amerihealth	Medicare		26.69				19	69.35	case rate	
PROINSULIN	84206	CPT	both			73		30.69 Consumer	Consumer		69.35	0.95			19	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73		30.69 Corrections	Corrections		58.4	0.8			19	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73		30.69 First Health	First Health		51.1	0.7			19	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73		30.69 First Trenton	First Trenton		65.7	0.9			19	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73		30.69 Horizon	Indemnity		27.94	0.3828			19	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73		30.69 Horizon	MGD		27.94	0.3828			19	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73		30.69 Horizon	Medicare Blue		21.9	0.3			19	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73		30.69 Horizon	PPO		27.94	0.3828			19	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73		30.69 Managed Care Inc	Managed Care Inc		65.7	0.9			19	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73		30.69 Multiplan	Multiplan		58.4	0.8			19	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73		30.69 Qualcare	Qualcare		54.75	0.75			19	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73		30.69 Three Rivers	Three Rivers		69.35	0.95			19	69.35	percent of total billed charges	
PROINSULIN	84206	CPT	both			73		30.69 UHC	Medicaid		19				19	69.35	case rate	
PROINSULIN	84206	CPT	both			73		30.69 UHC	Medicare		26.69				19	69.35	case rate	
PROINSULIN	84206	CPT	both			73		30.69 Wellcare	Medicaid		19				19	69.35	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROINSULIN	84206	CPT	both			73	30.69	Wellcare	Medicare		26.69				19	69.35	case rate	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Aetna	Better Health		126.15	0.3146			19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Aetna	Medicare		28.1				19.8	380.95	case rate	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Aetna	Commercial		152.38	0.38			19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Americare	Americare		300.75	0.75			19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	WellPoint	WellPoint		128.64	0.3208			19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Amerihealth	Medicare		28.1				19.8	380.95	case rate	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Consumer	Consumer		380.95	0.95			19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Corrections	Corrections		320.8	0.8			19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	First Health	First Health		280.7	0.7			19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	First Trenton	First Trenton		360.9	0.9			19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Horizon	Indemnity		153.5	0.3828			19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Horizon	MGD		153.5	0.3828			19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Horizon	Medicare Blue		120.3	0.3			19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Horizon	PPO		153.5	0.3828			19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Managed Care Inc	Managed Care Inc		360.9	0.9			19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Multiplan	Multiplan		320.8	0.8			19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Qualcare	Qualcare		300.75	0.75			19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Three Rivers	Three Rivers		380.95	0.95			19.8	380.95	percent of total billed charges	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	UHC	Medicare		28.1				19.8	380.95	case rate	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	UHC	Medicaid		32				19.8	380.95	case rate	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Wellcare	Medicare		28.1				19.8	380.95	case rate	
VITAMIN B6 (PIRADOXINE) LAB	84207	CPT	both			401	32.32	Wellcare	Medicaid		32				19.8	380.95	case rate	
PYRUVIC.ACID.BLOOD	84210	CPT	both			495	16.65	Aetna	Better Health		155.73	0.3146			6.6	470.25	percent of total billed charges	
PYRUVIC.ACID.BLOOD	84210	CPT	both			495	16.65	Aetna	Medicare		152.46	0.308			6.6	470.25	percent of total billed charges	
PYRUVIC.ACID.BLOOD	84210	CPT	both			495	16.65	Aetna	Commercial		188.1	0.38			6.6	470.25	percent of total billed charges	
PYRUVIC.ACID.BLOOD	84210	CPT	both			495	16.65	Americare	Americare		371.25	0.75			6.6	470.25	percent of total billed charges	
PYRUVIC.ACID.BLOOD	84210	CPT	both			495	16.65	WellPoint	WellPoint		158.8	0.3208			6.6	470.25	percent of total billed charges	
PYRUVIC.ACID.BLOOD	84210	CPT	both			495	16.65	Amerihealth	Medicare		14.48				6.6	470.25	case rate	
PYRUVIC.ACID.BLOOD	84210	CPT	both			495	16.65	Consumer	Consumer		470.25	0.95			6.6	470.25	percent of total billed charges	
PYRUVIC.ACID.BLOOD	84210	CPT	both			495	16.65	Corrections	Corrections		396	0.8			6.6	470.25	percent of total billed charges	
PYRUVIC.ACID.BLOOD	84210	CPT	both			495	16.65	First Health	First Health		346.5	0.7			6.6	470.25	percent of total billed charges	
PYRUVIC.ACID.BLOOD	84210	CPT	both			495	16.65	First Trenton	First Trenton		445.5	0.9			6.6	470.25	percent of total billed charges	
PYRUVIC.ACID.BLOOD	84210	CPT	both			495	16.65	Horizon	Medicare Blue		148.5	0.3			6.6	470.25	percent of total billed charges	
PYRUVIC.ACID.BLOOD	84210	CPT	both			495	16.65	Horizon	MGD		189.49	0.3828			6.6	470.25	percent of total billed charges	
PYRUVIC.ACID.BLOOD	84210	CPT	both			495	16.65	Horizon	Indemnity		189.49	0.3828			6.6	470.25	percent of total billed charges	
PYRUVIC.ACID.BLOOD	84210	CPT	both			495	16.65	Horizon	PPO		189.49	0.3828			6.6	470.25	percent of total billed charges	
PYRUVIC.ACID.BLOOD	84210	CPT	both			495	16.65	Managed Care Inc	Managed Care Inc		445.5	0.9			6.6	470.25	percent of total billed charges	
PYRUVIC.ACID.BLOOD	84210	CPT	both			495	16.65	Multiplan	Multiplan		396	0.8			6.6	470.25	percent of total billed charges	
PYRUVIC.ACID.BLOOD	84210	CPT	both			495	16.65	Qualcare	Qualcare		371.25	0.75			6.6	470.25	percent of total billed charges	
PYRUVIC.ACID.BLOOD	84210	CPT	both			495	16.65	Three Rivers	Three Rivers		470.25	0.95			6.6	470.25	percent of total billed charges	
PYRUVIC.ACID.BLOOD	84210	CPT	both			495	16.65	UHC	Medicare		14.48				6.6	470.25	case rate	
PYRUVIC.ACID.BLOOD	84210	CPT	both			495	16.65	UHC	Medicaid		155.73	0.3146			6.6	470.25	percent of total billed charges	
PYRUVIC.ACID.BLOOD	84210	CPT	both			495	16.65	Wellcare	Medicare		14.48				6.6	470.25	case rate	
PYRUVIC.ACID.BLOOD	84210	CPT	both			495	16.65	Wellcare	Medicaid		155.73	0.3146			6.6	470.25	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Aetna	Better Health		38.07	0.3146			9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Aetna	Commercial		45.98	0.38			9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Aetna	Medicare		9.44				9.44	114.95	case rate	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Americare	Americare		90.75	0.75			9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	WellPoint	WellPoint		38.82	0.3208			9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Amerihealth	Medicare		9.44				9.44	114.95	case rate	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Consumer	Consumer		114.95	0.95			9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Corrections	Corrections		96.8	0.8			9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	First Health	First Health		84.7	0.7			9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	First Trenton	First Trenton		108.9	0.9			9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Horizon	Indemnity		46.32	0.3828			9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Horizon	Medicare Blue		36.3	0.3			9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Horizon	MGD		46.32	0.3828			9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Horizon	PPO		46.32	0.3828			9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Managed Care Inc	Managed Care Inc		108.9	0.9			9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Multiplan	Multiplan		96.8	0.8			9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Qualcare	Qualcare		90.75	0.75			9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Three Rivers	Three Rivers		114.95	0.95			9.44	114.95	percent of total billed charges	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	UHC	Medicare		9.44				9.44	114.95	case rate	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	UHC	Medicaid		10.3				9.44	114.95	case rate	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Wellcare	Medicare		9.44				9.44	114.95	case rate	
PYRUVATE KINASE	84220	CPT	outpatient			121	10.86	Wellcare	Medicaid		10.3				9.44	114.95	case rate	
SOLUBLE.TRANSFERRIN.RECEPTOR(143305)	84238	CPT	outpatient			495	42.06	Aetna	Better Health		155.73	0.3146			21.3	470.25	percent of total billed charges	
SOLUBLE.TRANSFERRIN.RECEPTOR(143305)	84238	CPT	outpatient			495	42.06	Aetna	Medicare		36.57				21.3	470.25	case rate	
SOLUBLE.TRANSFERRIN.RECEPTOR(143305)	84238	CPT	outpatient			495	42.06	Aetna	Commercial		188.1	0.38			21.3	470.25	percent of total billed charges	
SOLUBLE.TRANSFERRIN.RECEPTOR(143305)	84238	CPT	outpatient			495	42.06	Americare	Americare		371.25	0.75			21.3	470.25	percent of total billed charges	
SOLUBLE.TRANSFERRIN.RECEPTOR(143305)	84238	CPT	outpatient			495	42.06	WellPoint	WellPoint		158.8	0.3208			21.3	470.25	percent of total billed charges	
SOLUBLE.TRANSFERRIN.RECEPTOR(143305)	84238	CPT	outpatient			495	42.06	Amerihealth	Medicare		36.57				21.3	470.25	case rate	
SOLUBLE.TRANSFERRIN.RECEPTOR(143305)	84238	CPT	outpatient			495	42.06	Consumer	Consumer		470.25	0.95			21.3	470.25	percent of total billed charges	
SOLUBLE.TRANSFERRIN.RECEPTOR(143305)	84238	CPT	outpatient			495	42.06	Corrections	Corrections		396	0.8			21.3	470.25	percent of total billed charges	
SOLUBLE.TRANSFERRIN.RECEPTOR(143305)	84238	CPT	outpatient			495	42.06	First Health	First Health		346.5	0.7			21.3	470.25	percent of total billed charges	
SOLUBLE.TRANSFERRIN.RECEPTOR(143305)	84238	CPT	outpatient			495	42.06	First Trenton	First Trenton		445.5	0.9			21.3	470.25	percent of total billed charges	
SOLUBLE.TRANSFERRIN.RECEPTOR(143305)	84238	CPT	outpatient			495	42.06	Horizon	Medicare Blue		148.5	0.3			21.3	470.25	percent of total billed charges	
SOLUBLE.TRANSFERRIN.RECEPTOR(143305)	84238	CPT	outpatient			495	42.06	Horizon	MGD		189.49	0.3828			21.3	470.25	percent of total billed charges	
SOLUBLE.TRANSFERRIN.RECEPTOR(143305)	84238	CPT	outpatient			495	42.06	Horizon	Indemnity		189.49	0.3828			21.3	470.25	percent of total billed charges	
SOLUBLE.TRANSFERRIN.RECEPTOR(143305)	84238	CPT	outpatient			495	42.06	Horizon	PPO		189.49	0.3828			21.3	470.25	percent of total billed charges	
SOLUBLE.TRANSFERRIN.RECEPTOR(143305)	84238	CPT	outpatient			495	42.06	Managed Care Inc	Managed Care Inc		445.5	0.9			21.3	470.25	percent of total billed charges	
SOLUBLE.TRANSFERRIN.RECEPTOR(143305)	84238	CPT	outpatient			495	42.06	Multiplan	Multiplan		396	0.8			21.3	470.25	percent of total billed charges	
SOLUBLE.TRANSFERRIN.RECEPTOR(143305)	84238	CPT	outpatient			495	42.06	Qualcare	Qualcare		371.25	0.75			21.3	470.25	percent of total billed charges	
SOLUBLE.TRANSFERRIN.RECEPTOR(143305)	84238	CPT	outpatient			495	42.06	Three Rivers	Three Rivers		470.25	0.95			21.3	470.25	percent of total billed charges	
SOLUBLE.TRANSFERRIN.RECEPTOR(143305)	84238	CPT	outpatient			495	42.06	UHC	Medicaid		43				21.3	470.25	case rate	
SOLUBLE.TRANSFERRIN.RECEPTOR(143305)	84238	CPT	outpatient			495	42.06	UHC	Medicare		36.57				21.3	470.25	case rate	
SOLUBLE.TRANSFERRIN.RECEPTOR(143305)	84238	CPT	outpatient			495	42.06	Wellcare	Medicare		36.57				21.3	470.25	case rate	
SOLUBLE.TRANSFERRIN.RECEPTOR(143305)	84238	CPT	outpatient			495	42.06	Wellcare	Medicaid		43				21.3	470.25	case rate	
RENIN LEVEL	84244	CPT	both			71	25.29	Aetna	Better Health		22.34	0.3146			15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Aetna	Medicare		21.99				15	67.45	case rate	
RENIN LEVEL	84244	CPT	both			71	25.29	Aetna	Commercial		26.98	0.38			15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Americare	Americare		53.25	0.75			15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	WellPoint	WellPoint		22.78	0.3208			15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Amerihealth	Medicare		21.99				15	67.45	case rate	
RENIN LEVEL	84244	CPT	both			71	25.29	Consumer	Consumer		67.45	0.95			15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Corrections	Corrections		56.8	0.8			15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	First Health	First Health		49.7	0.7			15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	First Trenton	First Trenton		63.9	0.9			15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Horizon	MGD		27.18	0.3828			15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Horizon	Indemnity		27.18	0.3828			15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Horizon	Medicare Blue		21.3	0.3			15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Horizon	PPO		27.18	0.3828			15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Managed Care Inc	Managed Care Inc		63.9	0.9			15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Multiplan	Multiplan		56.8	0.8			15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Qualcare	Qualcare		53.25	0.75			15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	Three Rivers	Three Rivers		67.45	0.95			15	67.45	percent of total billed charges	
RENIN LEVEL	84244	CPT	both			71	25.29	UHC	Medicaid		25				15	67.45	case rate	
RENIN LEVEL	84244	CPT	both			71	25.29	UHC	Medicare		21.99				15	67.45	case rate	
RENIN LEVEL	84244	CPT	both			71	25.29	Wellcare	Medicaid		25				15	67.45	case rate	
RENIN LEVEL	84244	CPT	both			71	25.29	Wellcare	Medicare		21.99				15	67.45	case rate	
VITAMIN B2 (RIBOFLAVIN) LAB	84252	CPT	both			298	23.28	Aetna	Medicare		20.24				20.24	283.1	case rate	
VITAMIN B2 (RIBOFLAVIN) LAB	84252	CPT	both			298	23.28	Aetna	Better Health		93.75	0.3146			20.24	283.1	percent of total billed charges	
VITAMIN B2 (RIBOFLAVIN) LAB	84252	CPT	both			298	23.28	Aetna	Commercial		113.24	0.38			20.24	283.1	percent of total billed charges	
VITAMIN B2 (RIBOFLAVIN) LAB	84252	CPT	both			298	23.28	Americare	Americare		223.5	0.75			20.24	283.1	percent of total billed charges	
VITAMIN B2 (RIBOFLAVIN) LAB	84252	CPT	both			298	23.28	WellPoint	WellPoint		95.6	0.3208			20.24	283.1	percent of total billed charges	
VITAMIN B2 (RIBOFLAVIN) LAB	84252	CPT	both			298	23.28	Amerihealth	Medicare		20.24				20.24	283.1	case rate	
VITAMIN B2 (RIBOFLAVIN) LAB	84252	CPT	both			298	23.28	Consumer	Consumer		283.1	0.95			20.24	283.1	percent of total billed charges	
VITAMIN B2 (RIBOFLAVIN) LAB	84252	CPT	both			298	23.28	Corrections	Corrections		238.4	0.8			20.24	283.1	percent of total billed charges	
VITAMIN B2 (RIBOFLAVIN) LAB	84252	CPT	both			298	23.28	First Health	First Health		208.6	0.7			20.24	283.1	percent of total billed charges	
VITAMIN B2 (RIBOFLAVIN) LAB	84252	CPT	both			298	23.28	First Trenton	First Trenton		268.2	0.9			20.24	283.1	percent of total billed charges	
VITAMIN B2 (RIBOFLAVIN) LAB	84252	CPT	both			298	23.28	Horizon	Medicare Blue		89.4	0.3			20.24	283.1	percent of total billed charges	
VITAMIN B2 (RIBOFLAVIN) LAB	84252	CPT	both			298	23.28	Horizon	Indemnity		114.07	0.3828			20.24	283.1	percent of total billed charges	
VITAMIN B2 (RIBOFLAVIN) LAB	84252	CPT	both			298	23.28	Horizon	MGD		114.07	0.3828			20.24	283.1	percent of total billed charges	
VITAMIN B2 (RIBOFLAVIN) LAB	84252	CPT	both			298	23.28	Horizon	PPO		114.07	0.3828			20.24	283.1	percent of total billed charges	
VITAMIN B2 (RIBOFLAVIN) LAB	84252	CPT	both			298	23.28	Managed Care Inc	Managed Care Inc		268.2	0.9			20.24	283.1	percent of total billed charges	
VITAMIN B2 (RIBOFLAVIN) LAB	84252	CPT	both			298	23.28	Multiplan	Multiplan		238.4	0.8			20.24	283.1	percent of total billed charges	
VITAMIN B2 (RIBOFLAVIN) LAB	84252	CPT	both			298	23.28	Qualcare	Qualcare		223.5	0.75			20.24	283.1	percent of total billed charges	
VITAMIN B2 (RIBOFLAVIN) LAB	84252	CPT	both			298	23.28	Three Rivers	Three Rivers		283.1	0.95			20.24	283.1	percent of total billed charges	
VITAMIN B2 (RIBOFLAVIN) LAB	84252	CPT	both			298	23.28	UHC	Medicaid		24				20.24	283.1	case rate	
VITAMIN B2 (RIBOFLAVIN) LAB	84252	CPT	both			298	23.28	UHC	Medicare		20.24				20.24	283.1	case rate	
VITAMIN B2 (RIBOFLAVIN) LAB	84252	CPT	both			298	23.28	Wellcare	Medicare		20.24				20.24	283.1	case rate	
VITAMIN B2 (RIBOFLAVIN) LAB	84252	CPT	both			298	23.28	Wellcare	Medicaid		24				20.24	283.1	case rate	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Aetna	Commercial		31.16	0.38			20.1	77.9	percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Aetna	Medicare		25.53				20.1	77.9	case rate	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Aetna	Better Health		25.8	0.3146			20.1	77.9	percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Americare	Americare		61.5	0.75			20.1	77.9	percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	WellPoint	WellPoint		26.31	0.3208			20.1	77.9	percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Amerihealth	Medicare		25.53				20.1	77.9	case rate	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Consumer	Consumer		77.9	0.95			20.1	77.9	percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Corrections	Corrections		65.6	0.8			20.1	77.9	percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	First Health	First Health		57.4	0.7			20.1	77.9	percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	First Trenton	First Trenton		73.8	0.9			20.1	77.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Horizon	MCD		31.39	0.3828			20.1	77.9	percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Horizon	Indemnity		31.39	0.3828			20.1	77.9	percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Horizon	Medicare Blue		24.6	0.3			20.1	77.9	percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Horizon	PPO		31.39	0.3828			20.1	77.9	percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Managed Care Inc	Managed Care Inc		73.8	0.9			20.1	77.9	percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Multiplan	Multiplan		65.6	0.8			20.1	77.9	percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Qualcare	Qualcare		61.5	0.75			20.1	77.9	percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Three Rivers	Three Rivers		77.9	0.95			20.1	77.9	percent of total billed charges	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	UHC	Medicaid		29.6				20.1	77.9	case rate	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	UHC	Medicare		25.53				20.1	77.9	case rate	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Wellcare	Medicaid		29.6				20.1	77.9	case rate	
SELENIUM SERUM/PLASMA	84255	CPT	both			82	29.36	Wellcare	Medicare		25.53				20.1	77.9	case rate	
SEROTONIN SERUM	84260	CPT	inpatient			49	35.63	Aetna	Medicare		30.98				14.7	46.55	case rate	
SEROTONIN SERUM	84260	CPT	inpatient			49	35.63	Aetna	Better Health		15.42	0.3146			14.7	46.55	percent of total billed charges	
SEROTONIN SERUM	84260	CPT	inpatient			49	35.63	Aetna	Commercial		18.62	0.38			14.7	46.55	percent of total billed charges	
SEROTONIN SERUM	84260	CPT	inpatient			49	35.63	Americare	Americare		36.75	0.75			14.7	46.55	percent of total billed charges	
SEROTONIN SERUM	84260	CPT	inpatient			49	35.63	WellPoint	WellPoint		15.72	0.3208			14.7	46.55	percent of total billed charges	
SEROTONIN SERUM	84260	CPT	inpatient			49	35.63	Amerihealth	Medicare		30.98				14.7	46.55	case rate	
SEROTONIN SERUM	84260	CPT	inpatient			49	35.63	Consumer	Consumer		46.55	0.95			14.7	46.55	percent of total billed charges	
SEROTONIN SERUM	84260	CPT	inpatient			49	35.63	Corrections	Corrections		39.2	0.8			14.7	46.55	percent of total billed charges	
SEROTONIN SERUM	84260	CPT	inpatient			49	35.63	First Health	First Health		34.3	0.7			14.7	46.55	percent of total billed charges	
SEROTONIN SERUM	84260	CPT	inpatient			49	35.63	First Trenton	First Trenton		44.1	0.9			14.7	46.55	percent of total billed charges	
SEROTONIN SERUM	84260	CPT	inpatient			49	35.63	Horizon	MCD		18.76	0.3828			14.7	46.55	percent of total billed charges	
SEROTONIN SERUM	84260	CPT	inpatient			49	35.63	Horizon	Indemnity		18.76	0.3828			14.7	46.55	percent of total billed charges	
SEROTONIN SERUM	84260	CPT	inpatient			49	35.63	Horizon	PPO		18.76	0.3828			14.7	46.55	percent of total billed charges	
SEROTONIN SERUM	84260	CPT	inpatient			49	35.63	Horizon	Medicare Blue		14.7	0.3			14.7	46.55	percent of total billed charges	
SEROTONIN SERUM	84260	CPT	inpatient			49	35.63	Managed Care Inc	Managed Care Inc		44.1	0.9			14.7	46.55	percent of total billed charges	
SEROTONIN SERUM	84260	CPT	inpatient			49	35.63	Multiplan	Multiplan		39.2	0.8			14.7	46.55	percent of total billed charges	
SEROTONIN SERUM	84260	CPT	inpatient			49	35.63	Qualcare	Qualcare		36.75	0.75			14.7	46.55	percent of total billed charges	
SEROTONIN SERUM	84260	CPT	inpatient			49	35.63	Three Rivers	Three Rivers		46.55	0.95			14.7	46.55	percent of total billed charges	
SEROTONIN SERUM	84260	CPT	inpatient			49	35.63	UHC	Medicare		30.98				14.7	46.55	case rate	
SEROTONIN SERUM	84260	CPT	inpatient			49	35.63	UHC	Medicaid		35.2				14.7	46.55	case rate	
SEROTONIN SERUM	84260	CPT	inpatient			49	35.63	Wellcare	Medicaid		35.2				14.7	46.55	case rate	
SEROTONIN SERUM	84260	CPT	inpatient			49	35.63	Wellcare	Medicare		30.98				14.7	46.55	case rate	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Aetna	Medicare		21.73				15.3	224.2	case rate	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Aetna	Better Health		74.25	0.3146			15.3	224.2	percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Aetna	Commercial		89.68	0.38			15.3	224.2	percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Americare	Americare		177	0.75			15.3	224.2	percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	WellPoint	WellPoint		75.71	0.3208			15.3	224.2	percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Amerihealth	Medicare		21.73				15.3	224.2	case rate	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Consumer	Consumer		224.2	0.95			15.3	224.2	percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Corrections	Corrections		188.8	0.8			15.3	224.2	percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	First Health	First Health		165.2	0.7			15.3	224.2	percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	First Trenton	First Trenton		212.4	0.9			15.3	224.2	percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Horizon	MCD		90.34	0.3828			15.3	224.2	percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Horizon	Indemnity		90.34	0.3828			15.3	224.2	percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Horizon	Medicare Blue		70.8	0.3			15.3	224.2	percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Horizon	PPO		90.34	0.3828			15.3	224.2	percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Managed Care Inc	Managed Care Inc		212.4	0.9			15.3	224.2	percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Multiplan	Multiplan		188.8	0.8			15.3	224.2	percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Qualcare	Qualcare		177	0.75			15.3	224.2	percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Three Rivers	Three Rivers		224.2	0.95			15.3	224.2	percent of total billed charges	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	UHC	Medicaid		25				15.3	224.2	case rate	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	UHC	Medicare		21.73				15.3	224.2	case rate	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Wellcare	Medicaid		25				15.3	224.2	case rate	
TESTOST BIND PROTEIN	84270	CPT	both			236	24.99	Wellcare	Medicare		21.73				15.3	224.2	case rate	
SODIUM LAB	84295	CPT	both			70	5.53	Aetna	Commercial		26.6	0.38			3.9	66.5	percent of total billed charges	
SODIUM LAB	84295	CPT	both			70	5.53	Aetna	Medicare		4.81				3.9	66.5	case rate	
SODIUM LAB	84295	CPT	both			70	5.53	Aetna	Better Health		22.02	0.3146			3.9	66.5	percent of total billed charges	
SODIUM LAB	84295	CPT	both			70	5.53	Americare	Americare		52.5	0.75			3.9	66.5	percent of total billed charges	
SODIUM LAB	84295	CPT	both			70	5.53	WellPoint	WellPoint		22.46	0.3208			3.9	66.5	percent of total billed charges	
SODIUM LAB	84295	CPT	both			70	5.53	Amerihealth	Medicare		4.81				3.9	66.5	case rate	
SODIUM LAB	84295	CPT	both			70	5.53	Consumer	Consumer		66.5	0.95			3.9	66.5	percent of total billed charges	
SODIUM LAB	84295	CPT	both			70	5.53	Corrections	Corrections		56	0.8			3.9	66.5	percent of total billed charges	
SODIUM LAB	84295	CPT	both			70	5.53	First Health	First Health		49	0.7			3.9	66.5	percent of total billed charges	
SODIUM LAB	84295	CPT	both			70	5.53	First Trenton	First Trenton		63	0.9			3.9	66.5	percent of total billed charges	
SODIUM LAB	84295	CPT	both			70	5.53	Horizon	MCD		26.8	0.3828			3.9	66.5	percent of total billed charges	
SODIUM LAB	84295	CPT	both			70	5.53	Horizon	Medicare Blue		21	0.3			3.9	66.5	percent of total billed charges	
SODIUM LAB	84295	CPT	both			70	5.53	Horizon	Indemnity		26.8	0.3828			3.9	66.5	percent of total billed charges	
SODIUM LAB	84295	CPT	both			70	5.53	Horizon	PPO		26.8	0.3828			3.9	66.5	percent of total billed charges	
SODIUM LAB	84295	CPT	both			70	5.53	Managed Care Inc	Managed Care Inc		63	0.9			3.9	66.5	percent of total billed charges	
SODIUM LAB	84295	CPT	both			70	5.53	Multiplan	Multiplan		56	0.8			3.9	66.5	percent of total billed charges	
SODIUM LAB	84295	CPT	both			70	5.53	Qualcare	Qualcare		52.5	0.75			3.9	66.5	percent of total billed charges	
SODIUM LAB	84295	CPT	both			70	5.53	Three Rivers	Three Rivers		66.5	0.95			3.9	66.5	percent of total billed charges	
SODIUM LAB	84295	CPT	both			70	5.53	UHC	Medicaid		3.9				3.9	66.5	case rate	
SODIUM LAB	84295	CPT	both			70	5.53	UHC	Medicare		4.81				3.9	66.5	case rate	
SODIUM LAB	84295	CPT	both			70	5.53	Wellcare	Medicaid		3.9				3.9	66.5	case rate	
SODIUM LAB	84295	CPT	both			70	5.53	Wellcare	Medicare		4.81				3.9	66.5	case rate	
SODIUM URINE RANDOM	84300	CPT	both			100	5.82	Aetna	Better Health		31.46	0.3146			3.9	95	percent of total billed charges	
SODIUM URINE RANDOM	84300	CPT	both			100	5.82	Aetna	Medicare		5.06				3.9	95	case rate	
SODIUM URINE RANDOM	84300	CPT	both			100	5.82	Aetna	Commercial		38	0.38			3.9	95	percent of total billed charges	
SODIUM URINE RANDOM	84300	CPT	both			100	5.82	Americare	Americare		75	0.75			3.9	95	percent of total billed charges	
SODIUM URINE RANDOM	84300	CPT	both			100	5.82	WellPoint	WellPoint		32.08	0.3208			3.9	95	percent of total billed charges	
SODIUM URINE RANDOM	84300	CPT	both			100	5.82	Amerihealth	Medicare		5.06				3.9	95	case rate	
SODIUM URINE RANDOM	84300	CPT	both			100	5.82	Consumer	Consumer		95	0.95			3.9	95	percent of total billed charges	
SODIUM URINE RANDOM	84300	CPT	both			100	5.82	Corrections	Corrections		80	0.8			3.9	95	percent of total billed charges	
SODIUM URINE RANDOM	84300	CPT	both			100	5.82	First Health	First Health		70	0.7			3.9	95	percent of total billed charges	
SODIUM URINE RANDOM	84300	CPT	both			100	5.82	First Trenton	First Trenton		90	0.9			3.9	95	percent of total billed charges	
SODIUM URINE RANDOM	84300	CPT	both			100	5.82	Horizon	MCD		38.28	0.3828			3.9	95	percent of total billed charges	
SODIUM URINE RANDOM	84300	CPT	both			100	5.82	Horizon	Indemnity		38.28	0.3828			3.9	95	percent of total billed charges	
SODIUM URINE RANDOM	84300	CPT	both			100	5.82	Horizon	PPO		38.28	0.3828			3.9	95	percent of total billed charges	
SODIUM URINE RANDOM	84300	CPT	both			100	5.82	Horizon	Medicare Blue		30	0.3			3.9	95	percent of total billed charges	
SODIUM URINE RANDOM	84300	CPT	both			100	5.82	Managed Care Inc	Managed Care Inc		90	0.9			3.9	95	percent of total billed charges	
SODIUM URINE RANDOM	84300	CPT	both			100	5.82	Multiplan	Multiplan		80	0.8			3.9	95	percent of total billed charges	
SODIUM URINE RANDOM	84300	CPT	both			100	5.82	Qualcare	Qualcare		75	0.75			3.9	95	percent of total billed charges	
SODIUM URINE RANDOM	84300	CPT	both			100	5.82	Three Rivers	Three Rivers		95	0.95			3.9	95	percent of total billed charges	
SODIUM URINE RANDOM	84300	CPT	both			100	5.82	UHC	Medicaid		3.9				3.9	95	case rate	
SODIUM URINE RANDOM	84300	CPT	both			100	5.82	UHC	Medicare		5.06				3.9	95	case rate	
SODIUM URINE RANDOM	84300	CPT	both			100	5.82	Wellcare	Medicaid		3.9				3.9	95	case rate	
SODIUM URINE RANDOM	84300	CPT	both			100	5.82	Wellcare	Medicare		5.06				3.9	95	case rate	
SODIUM FECAL	84302	CPT	both			280	5.59	Aetna	Commercial		106.4	0.38			4.86	266	percent of total billed charges	
SODIUM FECAL	84302	CPT	both			280	5.59	Aetna	Better Health		88.09	0.3146			4.86	266	percent of total billed charges	
SODIUM FECAL	84302	CPT	both			280	5.59	Aetna	Medicare		86.24	0.308			4.86	266	percent of total billed charges	
SODIUM FECAL	84302	CPT	both			280	5.59	Americare	Americare		210	0.75			4.86	266	percent of total billed charges	
SODIUM FECAL	84302	CPT	both			280	5.59	WellPoint	WellPoint		89.82	0.3208			4.86	266	percent of total billed charges	
SODIUM FECAL	84302	CPT	both			280	5.59	Amerihealth	Medicare		4.86				4.86	266	case rate	
SODIUM FECAL	84302	CPT	both			280	5.59	Consumer	Consumer		266	0.95			4.86	266	percent of total billed charges	
SODIUM FECAL	84302	CPT	both			280	5.59	Corrections	Corrections		224	0.8			4.86	266	percent of total billed charges	
SODIUM FECAL	84302	CPT	both			280	5.59	First Health	First Health		196	0.7			4.86	266	percent of total billed charges	
SODIUM FECAL	84302	CPT	both			280	5.59	First Trenton	First Trenton		252	0.9			4.86	266	percent of total billed charges	
SODIUM FECAL	84302	CPT	both			280	5.59	Horizon	Indemnity		107.18	0.3828			4.86	266	percent of total billed charges	
SODIUM FECAL	84302	CPT	both			280	5.59	Horizon	MCD		107.18	0.3828			4.86	266	percent of total billed charges	
SODIUM FECAL	84302	CPT	both			280	5.59	Horizon	Medicare Blue		84	0.3			4.86	266	percent of total billed charges	
SODIUM FECAL	84302	CPT	both			280	5.59	Horizon	PPO		107.18	0.3828			4.86	266	percent of total billed charges	
SODIUM FECAL	84302	CPT	both			280	5.59	Managed Care Inc	Managed Care Inc		252	0.9			4.86	266	percent of total billed charges	
SODIUM FECAL	84302	CPT	both			280	5.59	Multiplan	Multiplan		224	0.8			4.86	266	percent of total billed charges	
SODIUM FECAL	84302	CPT	both			280	5.59	Qualcare	Qualcare		210	0.75			4.86	266	percent of total billed charges	
SODIUM FECAL	84302	CPT	both			280	5.59	Three Rivers	Three Rivers		266	0.95			4.86	266	percent of total billed charges	
SODIUM FECAL	84302	CPT	both			280	5.59	UHC	Medicaid		88.09	0.3146			4.86	266	percent of total billed charges	
SODIUM FECAL	84302	CPT	both			280	5.59	UHC	Medicare		4.86				4.86	266	case rate	
SODIUM FECAL	84302	CPT	both			280	5.59	Wellcare	Medicare		4.86				4.86	266	case rate	
SODIUM FECAL	84302	CPT	both			280	5.59	Wellcare	Medicaid		88.09	0.3146			4.86	266	percent of total billed charges	
IGF-1 WITH Z SCORE	84305	CPT	both			440	24.45	Aetna	Better Health		138.42	0.3146			15.3	418	percent of total billed charges	
IGF-1 WITH Z SCORE	84305	CPT	both			440	24.45	Aetna	Commercial		167.2	0.38			15.3	418	percent of total billed charges	
IGF-1 WITH Z SCORE	84305	CPT	both			440	24.45	Aetna	Medicare		21.26				15.3	418	case rate	
IGF-1 WITH Z SCORE	84305	CPT	both			440	24.45	Americare	Americare		330	0.75			15.3	418	percent of total billed charges	
IGF-1 WITH Z SCORE	84305	CPT	both			440	24.45	WellPoint	WellPoint		141.15	0.3208			15.3	418	percent of total billed charges	
IGF-1 WITH Z SCORE	84305	CPT	both			440	24.45	Amerihealth	Medicare		21.26				15.3	418	case rate	
IGF-1 WITH Z SCORE	84305	CPT	both			440	24.45	Consumer	Consumer		418	0.95			15.3	418	percent of total billed charges	
IGF-1 WITH Z SCORE	84305	CPT	both			440	24.45	Corrections	Corrections		352	0.8			15.3	418	percent of total billed charges	
IGF-1 WITH Z SCORE	84305	CPT	both			440	24.45	First Health	First Health		308	0.7			15.3	418	percent of total billed charges	
IGF-1 WITH Z SCORE	84305	CPT	both			440	24.45	First Trenton	First Trenton		396	0.9			15.3	418	percent of total billed charges	
IGF-1 WITH Z SCORE	84305	CPT	both			440	24.45	Horizon	Indemnity		168.43	0.3828			15.3	418	percent of total billed charges	
IGF-1 WITH Z SCORE	84305	CPT	both			440	24.45	Horizon	Medicare Blue		132	0.3			15.3	418	percent of total billed charges	
IGF-1 WITH Z SCORE	84305	CPT	both			440	24.45	Horizon	MCD		168.43	0.3828			15.3	418	percent of total billed charges	
IGF-1 WITH Z SCORE	84305	CPT	both			440	24.45	Horizon	PPO		168.43	0.3828			15.3	418	percent of total billed charges	
IGF-1 WITH Z SCORE	84305	CPT	both			440	24.45	Managed Care Inc	Managed Care Inc		396	0.9			15.3	418	percent of total billed charges	
IGF-1 WITH Z SCORE	84305	CPT	both			440	24.45	Multiplan	Multiplan		352	0.8			15.3	418	percent of total billed charges	
IGF-1 WITH Z SCORE	84305	CPT	both			440	24.45	Qualcare	Qualcare		330	0.75			15.3	418	percent of total billed charges	
IGF-1 WITH Z SCORE	84305	CPT	both			440	24.45	Three Rivers	Three Rivers		418	0.95			15.3	418	percent of total billed charges	
IGF-1 WITH Z SCORE	84305	CPT	both			440	24.45	UHC	Medicare		21.26				15.3	418	case rate	
IGF-1 WITH Z SCORE	84305	CPT	both			440	24.45	UHC	Medicaid		16				15.3	418	case rate	
IGF-1 WITH Z SCORE	84305	CPT	both			440	24.45	Wellcare	Medicare		21.26				15.3	418	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IGF-1 WITH Z SCORE	84305	CPT	both			440	24.45	Wellcare	Medicaid		16				15.3	418	case rate	
SOMATOSTATIN (34480)	84307	CPT	outpatient			59	21.02	Aetna	Better Health		18.56	0.3146			17.7	56.05	percent of total billed charges	
SOMATOSTATIN (34480)	84307	CPT	outpatient			59	21.02	Aetna	Commercial		22.42	0.38			17.7	56.05	percent of total billed charges	
SOMATOSTATIN (34480)	84307	CPT	outpatient			59	21.02	Aetna	Medicare		18.17	0.308			17.7	56.05	percent of total billed charges	
SOMATOSTATIN (34480)	84307	CPT	outpatient			59	21.02	Americare	Americare		44.25	0.75			17.7	56.05	percent of total billed charges	
SOMATOSTATIN (34480)	84307	CPT	outpatient			59	21.02	WellPoint	WellPoint		18.93	0.3208			17.7	56.05	percent of total billed charges	
SOMATOSTATIN (34480)	84307	CPT	outpatient			59	21.02	Amerihealth	Medicare		18.28				17.7	56.05	case rate	
SOMATOSTATIN (34480)	84307	CPT	outpatient			59	21.02	Consumer	Consumer		56.05	0.95			17.7	56.05	percent of total billed charges	
SOMATOSTATIN (34480)	84307	CPT	outpatient			59	21.02	Corrections	Corrections		47.2	0.8			17.7	56.05	percent of total billed charges	
SOMATOSTATIN (34480)	84307	CPT	outpatient			59	21.02	First Health	First Health		41.3	0.7			17.7	56.05	percent of total billed charges	
SOMATOSTATIN (34480)	84307	CPT	outpatient			59	21.02	First Trenton	First Trenton		53.1	0.9			17.7	56.05	percent of total billed charges	
SOMATOSTATIN (34480)	84307	CPT	outpatient			59	21.02	Horizon	Indemnity		22.59	0.3828			17.7	56.05	percent of total billed charges	
SOMATOSTATIN (34480)	84307	CPT	outpatient			59	21.02	Horizon	Medicare Blue		17.7	0.3			17.7	56.05	percent of total billed charges	
SOMATOSTATIN (34480)	84307	CPT	outpatient			59	21.02	Horizon	MGD		22.59	0.3828			17.7	56.05	percent of total billed charges	
SOMATOSTATIN (34480)	84307	CPT	outpatient			59	21.02	Horizon	PPO		22.59	0.3828			17.7	56.05	percent of total billed charges	
SOMATOSTATIN (34480)	84307	CPT	outpatient			59	21.02	Managed Care Inc	Managed Care Inc		53.1	0.9			17.7	56.05	percent of total billed charges	
SOMATOSTATIN (34480)	84307	CPT	outpatient			59	21.02	Multiplan	Multiplan		47.2	0.8			17.7	56.05	percent of total billed charges	
SOMATOSTATIN (34480)	84307	CPT	outpatient			59	21.02	Qualcare	Qualcare		44.25	0.75			17.7	56.05	percent of total billed charges	
SOMATOSTATIN (34480)	84307	CPT	outpatient			59	21.02	Three Rivers	Three Rivers		56.05	0.95			17.7	56.05	percent of total billed charges	
SOMATOSTATIN (34480)	84307	CPT	outpatient			59	21.02	UHC	Medicaid		18.56	0.3146			17.7	56.05	percent of total billed charges	
SOMATOSTATIN (34480)	84307	CPT	outpatient			59	21.02	UHC	Medicare		18.28				17.7	56.05	case rate	
SOMATOSTATIN (34480)	84307	CPT	outpatient			59	21.02	Wellcare	Medicaid		18.56	0.3146			17.7	56.05	percent of total billed charges	
SOMATOSTATIN (34480)	84307	CPT	outpatient			59	21.02	Wellcare	Medicare		18.28				17.7	56.05	case rate	
SPECTROPHOTOMETRY METHOD	84311	CPT	inpatient			490	9.32	Aetna	Medicare		8.1				7.5	465.5	case rate	
SPECTROPHOTOMETRY METHOD	84311	CPT	inpatient			490	9.32	Aetna	Commercial		186.2	0.38			7.5	465.5	percent of total billed charges	
SPECTROPHOTOMETRY METHOD	84311	CPT	inpatient			490	9.32	Aetna	Better Health		154.15	0.3146			7.5	465.5	percent of total billed charges	
SPECTROPHOTOMETRY METHOD	84311	CPT	inpatient			490	9.32	Americare	Americare		367.5	0.75			7.5	465.5	percent of total billed charges	
SPECTROPHOTOMETRY METHOD	84311	CPT	inpatient			490	9.32	WellPoint	WellPoint		157.19	0.3208			7.5	465.5	percent of total billed charges	
SPECTROPHOTOMETRY METHOD	84311	CPT	inpatient			490	9.32	Amerihealth	Medicare		8.1				7.5	465.5	case rate	
SPECTROPHOTOMETRY METHOD	84311	CPT	inpatient			490	9.32	Consumer	Consumer		465.5	0.95			7.5	465.5	percent of total billed charges	
SPECTROPHOTOMETRY METHOD	84311	CPT	inpatient			490	9.32	Corrections	Corrections		392	0.8			7.5	465.5	percent of total billed charges	
SPECTROPHOTOMETRY METHOD	84311	CPT	inpatient			490	9.32	First Health	First Health		343	0.7			7.5	465.5	percent of total billed charges	
SPECTROPHOTOMETRY METHOD	84311	CPT	inpatient			490	9.32	First Trenton	First Trenton		441	0.9			7.5	465.5	percent of total billed charges	
SPECTROPHOTOMETRY METHOD	84311	CPT	inpatient			490	9.32	Horizon	Medicare Blue		147	0.3			7.5	465.5	percent of total billed charges	
SPECTROPHOTOMETRY METHOD	84311	CPT	inpatient			490	9.32	Horizon	Indemnity		187.57	0.3828			7.5	465.5	percent of total billed charges	
SPECTROPHOTOMETRY METHOD	84311	CPT	inpatient			490	9.32	Horizon	MGD		187.57	0.3828			7.5	465.5	percent of total billed charges	
SPECTROPHOTOMETRY METHOD	84311	CPT	inpatient			490	9.32	Horizon	PPO		187.57	0.3828			7.5	465.5	percent of total billed charges	
SPECTROPHOTOMETRY METHOD	84311	CPT	inpatient			490	9.32	Managed Care Inc	Managed Care Inc		441	0.9			7.5	465.5	percent of total billed charges	
SPECTROPHOTOMETRY METHOD	84311	CPT	inpatient			490	9.32	Multiplan	Multiplan		392	0.8			7.5	465.5	percent of total billed charges	
SPECTROPHOTOMETRY METHOD	84311	CPT	inpatient			490	9.32	Qualcare	Qualcare		367.5	0.75			7.5	465.5	percent of total billed charges	
SPECTROPHOTOMETRY METHOD	84311	CPT	inpatient			490	9.32	Three Rivers	Three Rivers		465.5	0.95			7.5	465.5	percent of total billed charges	
SPECTROPHOTOMETRY METHOD	84311	CPT	inpatient			490	9.32	UHC	Medicaid		7.5				7.5	465.5	case rate	
SPECTROPHOTOMETRY METHOD	84311	CPT	inpatient			490	9.32	UHC	Medicare		8.1				7.5	465.5	case rate	
SPECTROPHOTOMETRY METHOD	84311	CPT	inpatient			490	9.32	Wellcare	Medicaid		7.5				7.5	465.5	case rate	
SPECTROPHOTOMETRY METHOD	84311	CPT	inpatient			490	9.32	Wellcare	Medicare		8.1				7.5	465.5	case rate	
SPECIFIC GRAVITY	84315	CPT	outpatient			236	3.77	Aetna	Better Health		74.25	0.3146			3.28	224.2	percent of total billed charges	
SPECIFIC GRAVITY	84315	CPT	outpatient			236	3.77	Aetna	Commercial		89.68	0.38			3.28	224.2	percent of total billed charges	
SPECIFIC GRAVITY	84315	CPT	outpatient			236	3.77	Aetna	Medicare		72.69	0.308			3.28	224.2	percent of total billed charges	
SPECIFIC GRAVITY	84315	CPT	outpatient			236	3.77	Americare	Americare		177	0.75			3.28	224.2	percent of total billed charges	
SPECIFIC GRAVITY	84315	CPT	outpatient			236	3.77	WellPoint	WellPoint		75.71	0.3208			3.28	224.2	percent of total billed charges	
SPECIFIC GRAVITY	84315	CPT	outpatient			236	3.77	Amerihealth	Medicare		3.28				3.28	224.2	case rate	
SPECIFIC GRAVITY	84315	CPT	outpatient			236	3.77	Consumer	Consumer		224.2	0.95			3.28	224.2	percent of total billed charges	
SPECIFIC GRAVITY	84315	CPT	outpatient			236	3.77	Corrections	Corrections		188.8	0.8			3.28	224.2	percent of total billed charges	
SPECIFIC GRAVITY	84315	CPT	outpatient			236	3.77	First Health	First Health		165.2	0.7			3.28	224.2	percent of total billed charges	
SPECIFIC GRAVITY	84315	CPT	outpatient			236	3.77	First Trenton	First Trenton		212.4	0.9			3.28	224.2	percent of total billed charges	
SPECIFIC GRAVITY	84315	CPT	outpatient			236	3.77	Horizon	PPO		90.34	0.3828			3.28	224.2	percent of total billed charges	
SPECIFIC GRAVITY	84315	CPT	outpatient			236	3.77	Horizon	MGD		90.34	0.3828			3.28	224.2	percent of total billed charges	
SPECIFIC GRAVITY	84315	CPT	outpatient			236	3.77	Horizon	Indemnity		90.34	0.3828			3.28	224.2	percent of total billed charges	
SPECIFIC GRAVITY	84315	CPT	outpatient			236	3.77	Horizon	Medicare Blue		70.8	0.3			3.28	224.2	percent of total billed charges	
SPECIFIC GRAVITY	84315	CPT	outpatient			236	3.77	Managed Care Inc	Managed Care Inc		212.4	0.9			3.28	224.2	percent of total billed charges	
SPECIFIC GRAVITY	84315	CPT	outpatient			236	3.77	Multiplan	Multiplan		188.8	0.8			3.28	224.2	percent of total billed charges	
SPECIFIC GRAVITY	84315	CPT	outpatient			236	3.77	Qualcare	Qualcare		177	0.75			3.28	224.2	percent of total billed charges	
SPECIFIC GRAVITY	84315	CPT	outpatient			236	3.77	Three Rivers	Three Rivers		224.2	0.95			3.28	224.2	percent of total billed charges	
SPECIFIC GRAVITY	84315	CPT	outpatient			236	3.77	UHC	Medicaid		74.25	0.3146			3.28	224.2	percent of total billed charges	
SPECIFIC GRAVITY	84315	CPT	outpatient			236	3.77	UHC	Medicare		3.28				3.28	224.2	case rate	
SPECIFIC GRAVITY	84315	CPT	outpatient			236	3.77	Wellcare	Medicaid		74.25	0.3146			3.28	224.2	percent of total billed charges	
SPECIFIC GRAVITY	84315	CPT	outpatient			236	3.77	Wellcare	Medicare		3.28				3.28	224.2	case rate	
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272	44.85	Aetna	Better Health		85.57	0.3146			23.2	258.4	percent of total billed charges	
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272	44.85	Aetna	Medicare		39				23.2	258.4	case rate	
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272	44.85	Aetna	Commercial		103.36	0.38			23.2	258.4	percent of total billed charges	
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272	44.85	Americare	Americare		204	0.75			23.2	258.4	percent of total billed charges	
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272	44.85	WellPoint	WellPoint		87.26	0.3208			23.2	258.4	percent of total billed charges	
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272	44.85	Amerihealth	Medicare		39				23.2	258.4	case rate	
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272	44.85	Consumer	Consumer		258.4	0.95			23.2	258.4	percent of total billed charges	
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272	44.85	Corrections	Corrections		217.6	0.8			23.2	258.4	percent of total billed charges	
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272	44.85	First Health	First Health		190.4	0.7			23.2	258.4	percent of total billed charges	
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272	44.85	First Trenton	First Trenton		244.8	0.9			23.2	258.4	percent of total billed charges	
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272	44.85	Horizon	Medicare Blue		81.6	0.3			23.2	258.4	percent of total billed charges	
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272	44.85	Horizon	Indemnity		104.12	0.3828			23.2	258.4	percent of total billed charges	
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272	44.85	Horizon	MGD		104.12	0.3828			23.2	258.4	percent of total billed charges	
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272	44.85	Horizon	PPO		104.12	0.3828			23.2	258.4	percent of total billed charges	
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272	44.85	Managed Care Inc	Managed Care Inc		244.8	0.9			23.2	258.4	percent of total billed charges	
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272	44.85	Multiplan	Multiplan		217.6	0.8			23.2	258.4	percent of total billed charges	
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272	44.85	Qualcare	Qualcare		204	0.75			23.2	258.4	percent of total billed charges	
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272	44.85	Three Rivers	Three Rivers		258.4	0.95			23.2	258.4	percent of total billed charges	
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272	44.85	UHC	Medicare		39				23.2	258.4	case rate	
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272	44.85	UHC	Medicaid		23.2				23.2	258.4	case rate	
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272	44.85	Wellcare	Medicare		39				23.2	258.4	case rate	
URINE SUGAR CHROMATOGRAPH	84375	CPT	outpatient			272	44.85	Wellcare	Medicaid		23.2				23.2	258.4	case rate	
REDUCING SUBSTANCE FECES	84376	CPT	inpatient			749	6.33	Aetna	Better Health		235.64	0.3146			5.5	711.55	percent of total billed charges	
REDUCING SUBSTANCE FECES	84376	CPT	inpatient			749	6.33	Aetna	Medicare		230.69	0.308			5.5	711.55	percent of total billed charges	
REDUCING SUBSTANCE FECES	84376	CPT	inpatient			749	6.33	Aetna	Commercial		284.62	0.38			5.5	711.55	percent of total billed charges	
REDUCING SUBSTANCE FECES	84376	CPT	inpatient			749	6.33	Americare	Americare		561.75	0.75			5.5	711.55	percent of total billed charges	
REDUCING SUBSTANCE FECES	84376	CPT	inpatient			749	6.33	WellPoint	WellPoint		240.28	0.3208			5.5	711.55	percent of total billed charges	
REDUCING SUBSTANCE FECES	84376	CPT	inpatient			749	6.33	Amerihealth	Medicare		5.5				5.5	711.55	case rate	
REDUCING SUBSTANCE FECES	84376	CPT	inpatient			749	6.33	Consumer	Consumer		711.55	0.95			5.5	711.55	percent of total billed charges	
REDUCING SUBSTANCE FECES	84376	CPT	inpatient			749	6.33	Corrections	Corrections		599.2	0.8			5.5	711.55	percent of total billed charges	
REDUCING SUBSTANCE FECES	84376	CPT	inpatient			749	6.33	First Health	First Health		524.3	0.7			5.5	711.55	percent of total billed charges	
REDUCING SUBSTANCE FECES	84376	CPT	inpatient			749	6.33	First Trenton	First Trenton		674.1	0.9			5.5	711.55	percent of total billed charges	
REDUCING SUBSTANCE FECES	84376	CPT	inpatient			749	6.33	Horizon	Medicare Blue		224.7	0.3			5.5	711.55	percent of total billed charges	
REDUCING SUBSTANCE FECES	84376	CPT	inpatient			749	6.33	Horizon	Indemnity		286.72	0.3828			5.5	711.55	percent of total billed charges	
REDUCING SUBSTANCE FECES	84376	CPT	inpatient			749	6.33	Horizon	MGD		286.72	0.3828			5.5	711.55	percent of total billed charges	
REDUCING SUBSTANCE FECES	84376	CPT	inpatient			749	6.33	Horizon	PPO		286.72	0.3828			5.5	711.55	percent of total billed charges	
REDUCING SUBSTANCE FECES	84376	CPT	inpatient			749	6.33	Managed Care Inc	Managed Care Inc		674.1	0.9			5.5	711.55	percent of total billed charges	
REDUCING SUBSTANCE FECES	84376	CPT	inpatient			749	6.33	Multiplan	Multiplan		599.2	0.8			5.5	711.55	percent of total billed charges	
REDUCING SUBSTANCE FECES	84376	CPT	inpatient			749	6.33	Qualcare	Qualcare		561.75	0.75			5.5	711.55	percent of total billed charges	
REDUCING SUBSTANCE FECES	84376	CPT	inpatient			749	6.33	Three Rivers	Three Rivers		711.55	0.95			5.5	711.55	percent of total billed charges	
REDUCING SUBSTANCE FECES	84376	CPT	inpatient			749	6.33	UHC	Medicare		5.5				5.5	711.55	case rate	
REDUCING SUBSTANCE FECES	84376	CPT	inpatient			749	6.33	UHC	Medicaid		235.64	0.3146			5.5	711.55	percent of total billed charges	
REDUCING SUBSTANCE FECES	84376	CPT	inpatient			749	6.33	Wellcare	Medicare		5.5				5.5	711.55	case rate	
REDUCING SUBSTANCE FECES	84376	CPT	inpatient			749	6.33	Wellcare	Medicaid		235.64	0.3146			5.5	711.55	percent of total billed charges	
SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient			274	6.33	Aetna	Better Health		86.2	0.3146			5.5	260.3	percent of total billed charges	
SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient			274	6.33	Aetna	Commercial		104.12	0.38			5.5	260.3	percent of total billed charges	
SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient			274	6.33	Aetna	Medicare		84.39	0.308			5.5	260.3	percent of total billed charges	
SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient			274	6.33	Americare	Americare		205.5	0.75			5.5	260.3	percent of total billed charges	
SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient			274	6.33	WellPoint	WellPoint		87.9	0.3208			5.5	260.3	percent of total billed charges	
SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient			274	6.33	Amerihealth	Medicare		5.5				5.5	260.3	case rate	
SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient			274	6.33	Consumer	Consumer		260.3	0.95			5.5	260.3	percent of total billed charges	
SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient			274	6.33	Corrections	Corrections		219.2	0.8			5.5	260.3	percent of total billed charges	
SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient			274	6.33	First Health	First Health		191.8	0.7			5.5	260.3	percent of total billed charges	
SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient			274	6.33	First Trenton	First Trenton		246.6	0.9			5.5	260.3	percent of total billed charges	
SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient			274	6.33	Horizon	MGD		104.89	0.3828			5.5	260.3	percent of total billed charges	
SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient			274	6.33	Horizon	Medicare Blue		82.2	0.3			5.5	260.3	percent of total billed charges	
SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient			274	6.33	Horizon	Indemnity		104.89	0.3828			5.5	260.3	percent of total billed charges	
SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient			274	6.33	Horizon	PPO		104.89	0.3828			5.5	260.3	percent of total billed charges	
SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient			274	6.33	Managed Care Inc	Managed Care Inc		246.6	0.9			5.5	260.3	percent of total billed charges	
SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient			274	6.33	Multiplan	Multiplan		219.2	0.8			5.5	260.3	percent of total billed charges	
SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient			274	6.33	Qualcare	Qualcare		205.5	0.75			5.5	260.3	percent of total billed charges	
SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient			274	6.33	Three Rivers	Three Rivers		260.3	0.95			5.5	260.3	percent of total billed charges	
SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient			274	6.33	UHC	Medicaid		86.2	0.3146			5.5	260.3	percent of total billed charges	
SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient			274	6.33	UHC	Medicare		5.5				5.5	260.3	case rate	
SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient			274	6.33	Wellcare	Medicaid		86.2	0.3146			5.5	260.3	percent of total billed charges	
SUGARS MULTIPLE QUANT EA SPECIMEN	84377	CPT	outpatient			274	6.33	Wellcare	Medicare		5.5				5.5	260.3	case rate	
GLYCOMARK (1 5 AG)	84378	CPT	both			376	13.26	Aetna	Medicare		11.53				11.53	357.2	case rate	
GLYCOMARK (1 5 AG)	84378	CPT	both			376	13.26	Aetna	Better Health		118.29	0.3146			11.53	357.2	percent of total billed charges	
GLYCOMARK (1 5 AG)	84378	CPT	both			376	13.26	Aetna	Commercial		142.88	0.38			11.53	357.2	percent of total billed charges	
GLYCOMARK (1 5 AG)	84378	CPT	both			376	13.26	Americare	Americare		282	0.75			11.53	357.2	percent of total billed charges	
GLYCOMARK (1 5 AG)	84378	CPT	both			376	13.26	WellPoint	WellPoint		120.62	0.3208			11.53	357.2	percent of total billed charges	
GLYCOMARK (1 5 AG)	84378	CPT	both			376	13.26	Amerihealth	Medicare		11.53				11.53	357.2	case rate	
GLYCOMARK (1 5 AG)	84378	CPT	both			376	13.26	Consumer	Consumer		357.2	0.95			11.53	357.2	percent of total billed charges	
GLYCOMARK (1 5 AG)	84378	CPT	both			376	13.26	Corrections	Corrections		300.8	0.8			11.53	357.2	percent of total billed charges	
GLYCOMARK (1 5 AG)	84378	CPT	both			376	13.26	First Health	First Health		263.2	0.7			11.53	357.2	percent of total billed charges	
GLYCOMARK (1 5 AG)	84378	CPT	both			376	13.26	First Trenton	First Trenton		338.4	0.9			11.53	357.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GLYCOMARK (1 5 AG)	84378	CPT	both			376	13.26	Horizon	MGD		143.93	0.3828			11.53		357.2 percent of total billed charges	
GLYCOMARK (1 5 AG)	84378	CPT	both			376	13.26	Horizon	Indemnity		143.93	0.3828			11.53		357.2 percent of total billed charges	
GLYCOMARK (1 5 AG)	84378	CPT	both			376	13.26	Horizon	PPO		143.93	0.3828			11.53		357.2 percent of total billed charges	
GLYCOMARK (1 5 AG)	84378	CPT	both			376	13.26	Horizon	Medicare Blue		112.8	0.3			11.53		357.2 percent of total billed charges	
GLYCOMARK (1 5 AG)	84378	CPT	both			376	13.26	Managed Care Inc	Managed Care Inc		338.4	0.9			11.53		357.2 percent of total billed charges	
GLYCOMARK (1 5 AG)	84378	CPT	both			376	13.26	Multiplan	Multiplan		300.8	0.8			11.53		357.2 percent of total billed charges	
GLYCOMARK (1 5 AG)	84378	CPT	both			376	13.26	Qualcare	Qualcare		282	0.75			11.53		357.2 percent of total billed charges	
GLYCOMARK (1 5 AG)	84378	CPT	both			376	13.26	Three Rivers	Three Rivers		357.2	0.95			11.53		357.2 percent of total billed charges	
GLYCOMARK (1 5 AG)	84378	CPT	both			376	13.26	UHC	Medicare		11.53				11.53		357.2 case rate	
GLYCOMARK (1 5 AG)	84378	CPT	both			376	13.26	UHC	Medicaid		14				11.53		357.2 case rate	
GLYCOMARK (1 5 AG)	84378	CPT	both			376	13.26	Wellcare	Medicaid		14				11.53		357.2 case rate	
GLYCOMARK (1 5 AG)	84378	CPT	both			376	13.26	Wellcare	Medicare		11.53				11.53		357.2 case rate	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44	6.31	Aetna	Better Health		13.84	0.3146			5.49		41.8 percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44	6.31	Aetna	Medicare		5.49				5.49		41.8 case rate	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44	6.31	Aetna	Commercial		16.72	0.38			5.49		41.8 percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44	6.31	Americare	Americare		33	0.75			5.49		41.8 percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44	6.31	WellPoint	WellPoint		14.12	0.3208			5.49		41.8 percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44	6.31	Amerihealth	Medicare		5.49				5.49		41.8 case rate	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44	6.31	Consumer	Consumer		41.8	0.95			5.49		41.8 percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44	6.31	Corrections	Corrections		35.2	0.8			5.49		41.8 percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44	6.31	First Health	First Health		30.8	0.7			5.49		41.8 percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44	6.31	First Trenton	First Trenton		39.6	0.9			5.49		41.8 percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44	6.31	Horizon	MGD		16.84	0.3828			5.49		41.8 percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44	6.31	Horizon	Indemnity		16.84	0.3828			5.49		41.8 percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44	6.31	Horizon	Medicare Blue		13.2	0.3			5.49		41.8 percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44	6.31	Horizon	PPO		16.84	0.3828			5.49		41.8 percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44	6.31	Managed Care Inc	Managed Care Inc		39.6	0.9			5.49		41.8 percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44	6.31	Multiplan	Multiplan		35.2	0.8			5.49		41.8 percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44	6.31	Qualcare	Qualcare		33	0.75			5.49		41.8 percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44	6.31	Three Rivers	Three Rivers		41.8	0.95			5.49		41.8 percent of total billed charges	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44	6.31	UHC	Medicaid		5.6				5.49		41.8 case rate	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44	6.31	UHC	Medicare		5.49				5.49		41.8 case rate	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44	6.31	Wellcare	Medicare		5.49				5.49		41.8 case rate	
SULFATE QUANT 24-HR URINE	84392	CPT	outpatient			44	6.31	Wellcare	Medicaid		5.6				5.49		41.8 case rate	
TESTOSTERONE; FREE	84402	CPT	both			117	29.29	Aetna	Commercial		44.46	0.38			17.4		111.15 percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117	29.29	Aetna	Better Health		36.81	0.3146			17.4		111.15 percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117	29.29	Aetna	Medicare		25.47				17.4		111.15 case rate	
TESTOSTERONE; FREE	84402	CPT	both			117	29.29	Americare	Americare		87.75	0.75			17.4		111.15 percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117	29.29	WellPoint	WellPoint		37.53	0.3208			17.4		111.15 percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117	29.29	Amerihealth	Medicare		25.47				17.4		111.15 case rate	
TESTOSTERONE; FREE	84402	CPT	both			117	29.29	Consumer	Consumer		111.15	0.95			17.4		111.15 percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117	29.29	Corrections	Corrections		93.6	0.8			17.4		111.15 percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117	29.29	First Health	First Health		81.9	0.7			17.4		111.15 percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117	29.29	First Trenton	First Trenton		105.3	0.9			17.4		111.15 percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117	29.29	Horizon	MGD		44.79	0.3828			17.4		111.15 percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117	29.29	Horizon	PPO		44.79	0.3828			17.4		111.15 percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117	29.29	Horizon	Indemnity		44.79	0.3828			17.4		111.15 percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117	29.29	Horizon	Medicare Blue		35.1	0.3			17.4		111.15 percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117	29.29	Managed Care Inc	Managed Care Inc		105.3	0.9			17.4		111.15 percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117	29.29	Multiplan	Multiplan		93.6	0.8			17.4		111.15 percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117	29.29	Qualcare	Qualcare		87.75	0.75			17.4		111.15 percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117	29.29	Three Rivers	Three Rivers		111.15	0.95			17.4		111.15 percent of total billed charges	
TESTOSTERONE; FREE	84402	CPT	both			117	29.29	UHC	Medicaid		30.4				17.4		111.15 case rate	
TESTOSTERONE; FREE	84402	CPT	both			117	29.29	UHC	Medicare		25.47				17.4		111.15 case rate	
TESTOSTERONE; FREE	84402	CPT	both			117	29.29	Wellcare	Medicaid		30.4				17.4		111.15 case rate	
TESTOSTERONE; FREE	84402	CPT	both			117	29.29	Wellcare	Medicare		25.47				17.4		111.15 case rate	
TESTOSTERONE; TOTAL	84403	CPT	both			117	29.68	Aetna	Better Health		36.81	0.3146			17.7		111.15 percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117	29.68	Aetna	Medicare		25.81				17.7		111.15 case rate	
TESTOSTERONE; TOTAL	84403	CPT	both			117	29.68	Aetna	Commercial		44.46	0.38			17.7		111.15 percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117	29.68	Americare	Americare		87.75	0.75			17.7		111.15 percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117	29.68	WellPoint	WellPoint		37.53	0.3208			17.7		111.15 percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117	29.68	Amerihealth	Medicare		25.81				17.7		111.15 case rate	
TESTOSTERONE; TOTAL	84403	CPT	both			117	29.68	Consumer	Consumer		111.15	0.95			17.7		111.15 percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117	29.68	Corrections	Corrections		93.6	0.8			17.7		111.15 percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117	29.68	First Health	First Health		81.9	0.7			17.7		111.15 percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117	29.68	First Trenton	First Trenton		105.3	0.9			17.7		111.15 percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117	29.68	Horizon	Medicare Blue		35.1	0.3			17.7		111.15 percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117	29.68	Horizon	Indemnity		44.79	0.3828			17.7		111.15 percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117	29.68	Horizon	MGD		44.79	0.3828			17.7		111.15 percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117	29.68	Horizon	PPO		44.79	0.3828			17.7		111.15 percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117	29.68	Managed Care Inc	Managed Care Inc		105.3	0.9			17.7		111.15 percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117	29.68	Multiplan	Multiplan		93.6	0.8			17.7		111.15 percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117	29.68	Qualcare	Qualcare		87.75	0.75			17.7		111.15 percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117	29.68	Three Rivers	Three Rivers		111.15	0.95			17.7		111.15 percent of total billed charges	
TESTOSTERONE; TOTAL	84403	CPT	both			117	29.68	UHC	Medicaid		32				17.7		111.15 case rate	
TESTOSTERONE; TOTAL	84403	CPT	both			117	29.68	UHC	Medicare		25.81				17.7		111.15 case rate	
TESTOSTERONE; TOTAL	84403	CPT	both			117	29.68	Wellcare	Medicaid		32				17.7		111.15 case rate	
TESTOSTERONE; TOTAL	84403	CPT	both			117	29.68	Wellcare	Medicare		25.81				17.7		111.15 case rate	
TESTOSTERONE FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	Aetna	Commercial		62.32	0.38			41.02		155.8 percent of total billed charges	
TESTOSTERONE FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	Aetna	Medicare		51.28				41.02		155.8 case rate	
TESTOSTERONE FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	Aetna	Better Health		51.59	0.3146			41.02		155.8 percent of total billed charges	
TESTOSTERONE FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	Americare	Americare		123	0.75			41.02		155.8 percent of total billed charges	
TESTOSTERONE FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	WellPoint	WellPoint		52.61	0.3208			41.02		155.8 percent of total billed charges	
TESTOSTERONE FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	Amerihealth	Medicare		51.28				41.02		155.8 case rate	
TESTOSTERONE FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	Consumer	Consumer		155.8	0.95			41.02		155.8 percent of total billed charges	
TESTOSTERONE FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	Corrections	Corrections		131.2	0.8			41.02		155.8 percent of total billed charges	
TESTOSTERONE FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	First Health	First Health		114.8	0.7			41.02		155.8 percent of total billed charges	
TESTOSTERONE FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	First Trenton	First Trenton		147.6	0.9			41.02		155.8 percent of total billed charges	
TESTOSTERONE FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	Horizon	Indemnity		62.78	0.3828			41.02		155.8 percent of total billed charges	
TESTOSTERONE FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	Horizon	Medicare Blue		49.2	0.3			41.02		155.8 percent of total billed charges	
TESTOSTERONE FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	Horizon	MGD		62.78	0.3828			41.02		155.8 percent of total billed charges	
TESTOSTERONE FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	Horizon	PPO		62.78	0.3828			41.02		155.8 percent of total billed charges	
TESTOSTERONE FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	Managed Care Inc	Managed Care Inc		147.6	0.9			41.02		155.8 percent of total billed charges	
TESTOSTERONE FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	Multiplan	Multiplan		131.2	0.8			41.02		155.8 percent of total billed charges	
TESTOSTERONE FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	Qualcare	Qualcare		123	0.75			41.02		155.8 percent of total billed charges	
TESTOSTERONE FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	Three Rivers	Three Rivers		155.8	0.95			41.02		155.8 percent of total billed charges	
TESTOSTERONE FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	UHC	Medicare		51.28				41.02		155.8 case rate	
TESTOSTERONE FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	UHC	Medicaid		41.02				41.02		155.8 case rate	
TESTOSTERONE FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	Wellcare	Medicare		51.28				41.02		155.8 case rate	
TESTOSTERONE FREE&WEAKLY BOUND (143255)	84410	CPT	outpatient			164	58.97	Wellcare	Medicaid		41.02				41.02		155.8 case rate	
VITAMIN B1 (THIAMINE) BLOOD	84425	CPT	both			267	24.41	Aetna	Medicare		21.23				10.8		253.65 case rate	
VITAMIN B1 (THIAMINE) BLOOD	84425	CPT	both			267	24.41	Aetna	Better Health		84	0.3146			10.8		253.65 percent of total billed charges	
VITAMIN B1 (THIAMINE) BLOOD	84425	CPT	both			267	24.41	Aetna	Commercial		101.46	0.38			10.8		253.65 percent of total billed charges	
VITAMIN B1 (THIAMINE) BLOOD	84425	CPT	both			267	24.41	Americare	Americare		200.25	0.75			10.8		253.65 percent of total billed charges	
VITAMIN B1 (THIAMINE) BLOOD	84425	CPT	both			267	24.41	WellPoint	WellPoint		85.65	0.3208			10.8		253.65 percent of total billed charges	
VITAMIN B1 (THIAMINE) BLOOD	84425	CPT	both			267	24.41	Amerihealth	Medicare		21.23				10.8		253.65 case rate	
VITAMIN B1 (THIAMINE) BLOOD	84425	CPT	both			267	24.41	Consumer	Consumer		253.65	0.95			10.8		253.65 percent of total billed charges	
VITAMIN B1 (THIAMINE) BLOOD	84425	CPT	both			267	24.41	Corrections	Corrections		213.6	0.8			10.8		253.65 percent of total billed charges	
VITAMIN B1 (THIAMINE) BLOOD	84425	CPT	both			267	24.41	First Health	First Health		186.9	0.7			10.8		253.65 percent of total billed charges	
VITAMIN B1 (THIAMINE) BLOOD	84425	CPT	both			267	24.41	First Trenton	First Trenton		240.3	0.9			10.8		253.65 percent of total billed charges	
VITAMIN B1 (THIAMINE) BLOOD	84425	CPT	both			267	24.41	Horizon	MGD		102.21	0.3828			10.8		253.65 percent of total billed charges	
VITAMIN B1 (THIAMINE) BLOOD	84425	CPT	both			267	24.41	Horizon	Indemnity		102.21	0.3828			10.8		253.65 percent of total billed charges	
VITAMIN B1 (THIAMINE) BLOOD	84425	CPT	both			267	24.41	Horizon	PPO		102.21	0.3828			10.8		253.65 percent of total billed charges	
VITAMIN B1 (THIAMINE) BLOOD	84425	CPT	both			267	24.41	Horizon	Medicare Blue		80.1	0.3			10.8		253.65 percent of total billed charges	
VITAMIN B1 (THIAMINE) BLOOD	84425	CPT	both			267	24.41	Managed Care Inc	Managed Care Inc		240.3	0.9			10.8		253.65 percent of total billed charges	
VITAMIN B1 (THIAMINE) BLOOD	84425	CPT	both			267	24.41	Multiplan	Multiplan		213.6	0.8			10.8		253.65 percent of total billed charges	
VITAMIN B1 (THIAMINE) BLOOD	84425	CPT	both			267	24.41	Qualcare	Qualcare		200.25	0.75			10.8		253.65 percent of total billed charges	
VITAMIN B1 (THIAMINE) BLOOD	84425	CPT	both			267	24.41	Three Rivers	Three Rivers		253.65	0.95			10.8		253.65 percent of total billed charges	
VITAMIN B1 (THIAMINE) BLOOD	84425	CPT	both			267	24.41	UHC	Medicare		21.23				10.8		253.65 case rate	
VITAMIN B1 (THIAMINE) BLOOD	84425	CPT	both			267	24.41	UHC	Medicaid		23.11				10.8		253.65 case rate	
VITAMIN B1 (THIAMINE) BLOOD	84425	CPT	both			267	24.41	Wellcare	Medicaid		23.11				10.8		253.65 case rate	
VITAMIN B1 (THIAMINE) BLOOD	84425	CPT	both			267	24.41	Wellcare	Medicare		21.23				10.8		253.65 case rate	
THIOCYANATE SERUM	84430	CPT	inpatient			291	13.37	Aetna	Better Health		91.55	0.3146			3.6		276.45 percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	inpatient			291	13.37	Aetna	Medicare		11.63				3.6		276.45 case rate	
THIOCYANATE SERUM	84430	CPT	inpatient			291	13.37	Aetna	Commercial		110.58	0.38			3.6		276.45 percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	inpatient			291	13.37	Americare	Americare		218.25	0.75			3.6		276.45 percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	inpatient			291	13.37	WellPoint	WellPoint		93.35	0.3208			3.6		276.45 percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	inpatient			291	13.37	Amerihealth	Medicare		11.63				3.6		276.45 case rate	
THIOCYANATE SERUM	84430	CPT	inpatient			291	13.37	Consumer	Consumer		276.45	0.95			3.6		276.45 percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	inpatient			291	13.37	Corrections	Corrections		232.8	0.8			3.6		276.45 percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	inpatient			291	13.37	First Health	First Health		203.7	0.7			3.6		276.45 percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	inpatient			291	13.37	First Trenton	First Trenton		261.9	0.9			3.6		276.45 percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	inpatient			291	13.37	Horizon	Indemnity		111.39	0.3828			3.6		276.45 percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	inpatient			291	13.37	Horizon	MGD		111.39	0.3828			3.6		276.45 percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	inpatient			291	13.37	Horizon	Medicare Blue		87.3	0.3			3.6		276.45 percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	inpatient			291	13.37	Horizon	PPO		111.39	0.3828			3.6		276.45 percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	inpatient			291	13.37	Managed Care Inc	Managed Care Inc		261.9	0.9			3.6		276.45 percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	inpatient			291	13.37	Multiplan	Multiplan		232.8	0.8			3.6		276.45 percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	inpatient			291	13.37	Qualcare	Qualcare		218.25	0.75			3.6		276.45 percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	inpatient			291	13.37	Three Rivers	Three Rivers		276.45	0.95			3.6		276.45 percent of total billed charges	
THIOCYANATE SERUM	84430	CPT	inpatient			291	13.37	UHC	Medicaid		3.6				3.6		276.45 case rate	
THIOCYANATE SERUM	84430	CPT	inpatient			291	13.37	UHC	Medicare		11.63				3.6		276.45 case rate	
THIOCYANATE SERUM	84430	CPT	inpatient			291	13.37	Wellcare	Medicaid		3.6				3.6		276.45 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THIOCYANATE SERUM	84430	CPT	inpatient			291	13.37	Wellcare	Medicare		11.63				3.6	276.45	case rate	
THYROGLOBULIN BY RIA	84432	CPT	both			291	18.47	Aetna	Better Health		91.55	0.3146			11.4	276.45	percent of total billed charges	
THYROGLOBULIN BY RIA	84432	CPT	both			291	18.47	Aetna	Medicare		16.06				11.4	276.45	case rate	
THYROGLOBULIN BY RIA	84432	CPT	both			291	18.47	Aetna	Commercial		110.58	0.38			11.4	276.45	percent of total billed charges	
THYROGLOBULIN BY RIA	84432	CPT	both			291	18.47	Americare	Americare		218.25	0.75			11.4	276.45	percent of total billed charges	
THYROGLOBULIN BY RIA	84432	CPT	both			291	18.47	WellPoint	WellPoint		93.35	0.3208			11.4	276.45	percent of total billed charges	
THYROGLOBULIN BY RIA	84432	CPT	both			291	18.47	Amerihealth	Medicare		16.06				11.4	276.45	case rate	
THYROGLOBULIN BY RIA	84432	CPT	both			291	18.47	Consumer	Consumer		276.45	0.95			11.4	276.45	percent of total billed charges	
THYROGLOBULIN BY RIA	84432	CPT	both			291	18.47	Corrections	Corrections		232.8	0.8			11.4	276.45	percent of total billed charges	
THYROGLOBULIN BY RIA	84432	CPT	both			291	18.47	First Health	First Health		203.7	0.7			11.4	276.45	percent of total billed charges	
THYROGLOBULIN BY RIA	84432	CPT	both			291	18.47	First Trenton	First Trenton		261.9	0.9			11.4	276.45	percent of total billed charges	
THYROGLOBULIN BY RIA	84432	CPT	both			291	18.47	Horizon	MGD		111.39	0.3828			11.4	276.45	percent of total billed charges	
THYROGLOBULIN BY RIA	84432	CPT	both			291	18.47	Horizon	Indemnity		111.39	0.3828			11.4	276.45	percent of total billed charges	
THYROGLOBULIN BY RIA	84432	CPT	both			291	18.47	Horizon	Medicare Blue		87.3	0.3			11.4	276.45	percent of total billed charges	
THYROGLOBULIN BY RIA	84432	CPT	both			291	18.47	Horizon	PPO		111.39	0.3828			11.4	276.45	percent of total billed charges	
THYROGLOBULIN BY RIA	84432	CPT	both			291	18.47	Managed Care Inc	Managed Care Inc		261.9	0.9			11.4	276.45	percent of total billed charges	
THYROGLOBULIN BY RIA	84432	CPT	both			291	18.47	Multiplan	Multiplan		232.8	0.8			11.4	276.45	percent of total billed charges	
THYROGLOBULIN BY RIA	84432	CPT	both			291	18.47	Qualcare	Qualcare		218.25	0.75			11.4	276.45	percent of total billed charges	
THYROGLOBULIN BY RIA	84432	CPT	both			291	18.47	Three Rivers	Three Rivers		276.45	0.95			11.4	276.45	percent of total billed charges	
THYROGLOBULIN BY RIA	84432	CPT	both			291	18.47	UHC	Medicaid		13				11.4	276.45	case rate	
THYROGLOBULIN BY RIA	84432	CPT	both			291	18.47	UHC	Medicare		16.06				11.4	276.45	case rate	
THYROGLOBULIN BY RIA	84432	CPT	both			291	18.47	Wellcare	Medicare		16.06				11.4	276.45	case rate	
THYROGLOBULIN BY RIA	84432	CPT	both			291	18.47	Wellcare	Medicaid		13				11.4	276.45	case rate	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Aetna	Commercial		24.7	0.38			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Aetna	Better Health		20.45	0.3146			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Aetna	Medicare		20.02	0.308			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Americare	Americare		48.75	0.75			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	WellPoint	WellPoint		20.85	0.3208			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Amerihealth	Medicare		6.87				5.4	61.75	case rate	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Consumer	Consumer		61.75	0.95			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Corrections	Corrections		52	0.8			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	First Health	First Health		45.5	0.7			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	First Trenton	First Trenton		58.5	0.9			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Horizon	Indemnity		24.88	0.3828			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Horizon	PPO		24.88	0.3828			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Horizon	MGD		24.88	0.3828			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Horizon	Medicare Blue		19.5	0.3			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Managed Care Inc	Managed Care Inc		58.5	0.9			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Multiplan	Multiplan		52	0.8			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Qualcare	Qualcare		48.75	0.75			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Three Rivers	Three Rivers		61.75	0.95			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	UHC	Medicare		6.87				5.4	61.75	case rate	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	UHC	Medicaid		20.45	0.3146			5.4	61.75	percent of total billed charges	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Wellcare	Medicare		6.87				5.4	61.75	case rate	
THYROXINE; TOTAL	84436	CPT	both			65	7.9	Wellcare	Medicaid		20.45	0.3146			5.4	61.75	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Aetna	Commercial		140.6	0.38			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Aetna	Better Health		116.4	0.3146			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Aetna	Medicare		9.02				6	351.5	case rate	
THYROXINE;FREE	84439	CPT	both			370	10.37	Americare	Americare		277.5	0.75			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	WellPoint	WellPoint		118.7	0.3208			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Amerihealth	Medicare		9.02				6	351.5	case rate	
THYROXINE;FREE	84439	CPT	both			370	10.37	Consumer	Consumer		351.5	0.95			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Corrections	Corrections		296	0.8			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	First Health	First Health		259	0.7			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	First Trenton	First Trenton		333	0.9			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Horizon	PPO		141.64	0.3828			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Horizon	Medicare Blue		111	0.3			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Horizon	MGD		141.64	0.3828			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Horizon	Indemnity		141.64	0.3828			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Managed Care Inc	Managed Care Inc		333	0.9			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Multiplan	Multiplan		296	0.8			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Qualcare	Qualcare		277.5	0.75			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	Three Rivers	Three Rivers		351.5	0.95			6	351.5	percent of total billed charges	
THYROXINE;FREE	84439	CPT	both			370	10.37	UHC	Medicaid		10				6	351.5	case rate	
THYROXINE;FREE	84439	CPT	both			370	10.37	UHC	Medicare		9.02				6	351.5	case rate	
THYROXINE;FREE	84439	CPT	both			370	10.37	Wellcare	Medicaid		10				6	351.5	case rate	
THYROXINE;FREE	84439	CPT	both			370	10.37	Wellcare	Medicare		9.02				6	351.5	case rate	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Aetna	Better Health		10.7	0.3146			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Aetna	Medicare		14.78				10.2	32.3	case rate	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Aetna	Commercial		12.92	0.38			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Americare	Americare		25.5	0.75			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	WellPoint	WellPoint		10.91	0.3208			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Amerihealth	Medicare		14.78				10.2	32.3	case rate	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Consumer	Consumer		32.3	0.95			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Corrections	Corrections		27.2	0.8			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	First Health	First Health		23.8	0.7			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	First Trenton	First Trenton		30.6	0.9			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Horizon	MGD		13.02	0.3828			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Horizon	Medicare Blue		10.2	0.3			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Horizon	Indemnity		13.02	0.3828			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Horizon	PPO		13.02	0.3828			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Managed Care Inc	Managed Care Inc		30.6	0.9			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Multiplan	Multiplan		27.2	0.8			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Qualcare	Qualcare		25.5	0.75			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Three Rivers	Three Rivers		32.3	0.95			10.2	32.3	percent of total billed charges	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	UHC	Medicare		14.78				10.2	32.3	case rate	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	UHC	Medicaid		12				10.2	32.3	case rate	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Wellcare	Medicaid		12				10.2	32.3	case rate	
THYROXINE BINDING GLOBULIN	84442	CPT	both			34	17	Wellcare	Medicare		14.78				10.2	32.3	case rate	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625	19.32	Aetna	Better Health		196.63	0.3146			11.7	593.75	percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625	19.32	Aetna	Medicare		16.8				11.7	593.75	case rate	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625	19.32	Aetna	Commercial		237.5	0.38			11.7	593.75	percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625	19.32	Americare	Americare		468.75	0.75			11.7	593.75	percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625	19.32	WellPoint	WellPoint		200.5	0.3208			11.7	593.75	percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625	19.32	Amerihealth	Medicare		16.8				11.7	593.75	case rate	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625	19.32	Consumer	Consumer		593.75	0.95			11.7	593.75	percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625	19.32	Corrections	Corrections		500	0.8			11.7	593.75	percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625	19.32	First Health	First Health		437.5	0.7			11.7	593.75	percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625	19.32	First Trenton	First Trenton		562.5	0.9			11.7	593.75	percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625	19.32	Horizon	MGD		239.25	0.3828			11.7	593.75	percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625	19.32	Horizon	PPO		239.25	0.3828			11.7	593.75	percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625	19.32	Horizon	Indemnity		239.25	0.3828			11.7	593.75	percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625	19.32	Horizon	Medicare Blue		187.5	0.3			11.7	593.75	percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625	19.32	Managed Care Inc	Managed Care Inc		562.5	0.9			11.7	593.75	percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625	19.32	Multiplan	Multiplan		500	0.8			11.7	593.75	percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625	19.32	Qualcare	Qualcare		468.75	0.75			11.7	593.75	percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625	19.32	Three Rivers	Three Rivers		593.75	0.95			11.7	593.75	percent of total billed charges	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625	19.32	UHC	Medicare		16.8				11.7	593.75	case rate	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625	19.32	UHC	Medicaid		18.3				11.7	593.75	case rate	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625	19.32	Wellcare	Medicare		16.8				11.7	593.75	case rate	
TSH.RFX.ON.ABNORMAL.TO.FREE.T4	84443	CPT	both			625	19.32	Wellcare	Medicaid		18.3				11.7	593.75	case rate	
THYROID-STIMULAT IMMUNOGLOBULIN	84445	CPT	both			321	58.49	Aetna	Medicare		98.87	0.308			36.9	304.95	percent of total billed charges	
THYROID-STIMULAT IMMUNOGLOBULIN	84445	CPT	both			321	58.49	Aetna	Better Health		100.99	0.3146			36.9	304.95	percent of total billed charges	
THYROID-STIMULAT IMMUNOGLOBULIN	84445	CPT	both			321	58.49	Aetna	Commercial		121.98	0.38			36.9	304.95	percent of total billed charges	
THYROID-STIMULAT IMMUNOGLOBULIN	84445	CPT	both			321	58.49	Americare	Americare		240.75	0.75			36.9	304.95	percent of total billed charges	
THYROID-STIMULAT IMMUNOGLOBULIN	84445	CPT	both			321	58.49	WellPoint	WellPoint		102.98	0.3208			36.9	304.95	percent of total billed charges	
THYROID-STIMULAT IMMUNOGLOBULIN	84445	CPT	both			321	58.49	Amerihealth	Medicare		50.86				36.9	304.95	case rate	
THYROID-STIMULAT IMMUNOGLOBULIN	84445	CPT	both			321	58.49	Consumer	Consumer		304.95	0.95			36.9	304.95	percent of total billed charges	
THYROID-STIMULAT IMMUNOGLOBULIN	84445	CPT	both			321	58.49	Corrections	Corrections		256.8	0.8			36.9	304.95	percent of total billed charges	
THYROID-STIMULAT IMMUNOGLOBULIN	84445	CPT	both			321	58.49	First Health	First Health		224.7	0.7			36.9	304.95	percent of total billed charges	
THYROID-STIMULAT IMMUNOGLOBULIN	84445	CPT	both			321	58.49	First Trenton	First Trenton		288.9	0.9			36.9	304.95	percent of total billed charges	
THYROID-STIMULAT IMMUNOGLOBULIN	84445	CPT	both			321	58.49	Horizon	MGD		122.88	0.3828			36.9	304.95	percent of total billed charges	
THYROID-STIMULAT IMMUNOGLOBULIN	84445	CPT	both			321	58.49	Horizon	Medicare Blue		96.3	0.3			36.9	304.95	percent of total billed charges	
THYROID-STIMULAT IMMUNOGLOBULIN	84445	CPT	both			321	58.49	Horizon	Indemnity		122.88	0.3828			36.9	304.95	percent of total billed charges	
THYROID-STIMULAT IMMUNOGLOBULIN	84445	CPT	both			321	58.49	Horizon	PPO		122.88	0.3828			36.9	304.95	percent of total billed charges	
THYROID-STIMULAT IMMUNOGLOBULIN	84445	CPT	both			321	58.49	Managed Care Inc	Managed Care Inc		288.9	0.9			36.9	304.95	percent of total billed charges	
THYROID-STIMULAT IMMUNOGLOBULIN	84445	CPT	both			321	58.49	Multiplan	Multiplan		256.8	0.8			36.9	304.95	percent of total billed charges	
THYROID-STIMULAT IMMUNOGLOBULIN	84445	CPT	both			321	58.49	Qualcare	Qualcare		240.75	0.75			36.9	304.95	percent of total billed charges	
THYROID-STIMULAT IMMUNOGLOBULIN	84445	CPT	both			321	58.49	Three Rivers	Three Rivers		304.95	0.95			36.9	304.95	percent of total billed charges	
THYROID-STIMULAT IMMUNOGLOBULIN	84445	CPT	both			321	58.49	UHC	Medicaid		100.99	0.3146			36.9	304.95	percent of total billed charges	
THYROID-STIMULAT IMMUNOGLOBULIN	84445	CPT	both			321	58.49	UHC	Medicare		50.86				36.9	304.95	case rate	
THYROID-STIMULAT IMMUNOGLOBULIN	84445	CPT	both			321	58.49	Wellcare	Medicare		50.86				36.9	304.95	case rate	
THYROID-STIMULAT IMMUNOGLOBULIN	84445	CPT	both			321	58.49	Wellcare	Medicaid		100.99	0.3146			36.9	304.95	percent of total billed charges	
VITAMIN E SERUM	84446	CPT	both			258	16.31	Aetna	Commercial		98.04	0.38			9.6	245.1	percent of total billed charges	
VITAMIN E SERUM	84446	CPT	both			258	16.31	Aetna	Medicare		14.18				9.6	245.1	case rate	
VITAMIN E SERUM	84446	CPT	both			258	16.31	Aetna	Better Health		81.17	0.3146			9.6	245.1	percent of total billed charges	
VITAMIN E SERUM	84446	CPT	both			258	16.31	Americare	Americare		193.5	0.75			9.6	245.1	percent of total billed charges	
VITAMIN E SERUM	84446	CPT	both			258	16.31	WellPoint	WellPoint		82.77	0.3208			9.6	245.1	percent of total billed charges	
VITAMIN E SERUM	84446	CPT	both			258	16.31	Amerihealth	Medicare		14.18				9.6	245.1	case rate	
VITAMIN E SERUM	84446	CPT	both			258	16.31	Consumer	Consumer		245.1	0.95			9.6	245.1	percent of total billed charges	
VITAMIN E SERUM	84446	CPT	both			258	16.31	Corrections	Corrections		206.4	0.8			9.6	245.1	percent of total billed charges	
VITAMIN E SERUM	84446	CPT	both			258	16.31	First Health	First Health		180.6	0.7			9.6	245.1	percent of total billed charges	
VITAMIN E SERUM	84446	CPT	both			258	16.31	First Trenton	First Trenton		232.2	0.9			9.6	245.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VITAMIN E SERUM		84446 CPT	both			258	16.31	Horizon	Indemnity		98.76	0.3828			9.6		245.1 percent of total billed charges	
VITAMIN E SERUM		84446 CPT	both			258	16.31	Horizon	MGD		98.76	0.3828			9.6		245.1 percent of total billed charges	
VITAMIN E SERUM		84446 CPT	both			258	16.31	Horizon	PPO		98.76	0.3828			9.6		245.1 percent of total billed charges	
VITAMIN E SERUM		84446 CPT	both			258	16.31	Horizon	Medicare Blue		77.4	0.3			9.6		245.1 percent of total billed charges	
VITAMIN E SERUM		84446 CPT	both			258	16.31	Managed Care Inc	Managed Care Inc		232.2	0.9			9.6		245.1 percent of total billed charges	
VITAMIN E SERUM		84446 CPT	both			258	16.31	Multiplan	Multiplan		206.4	0.8			9.6		245.1 percent of total billed charges	
VITAMIN E SERUM		84446 CPT	both			258	16.31	Qualcare	Qualcare		193.5	0.75			9.6		245.1 percent of total billed charges	
VITAMIN E SERUM		84446 CPT	both			258	16.31	Three Rivers	Three Rivers		245.1	0.95			9.6		245.1 percent of total billed charges	
VITAMIN E SERUM		84446 CPT	both			258	16.31	UHC	Medicaid		16.8				9.6		245.1 case rate	
VITAMIN E SERUM		84446 CPT	both			258	16.31	UHC	Medicare		14.18				9.6		245.1 case rate	
VITAMIN E SERUM		84446 CPT	both			258	16.31	Wellcare	Medicare		14.18				9.6		245.1 case rate	
VITAMIN E SERUM		84446 CPT	both			258	16.31	Wellcare	Medicaid		16.8				9.6		245.1 case rate	
CORTICOSTEROID BIND GLOBULIN (CBG)		84449 CPT	both			97	20.7	Aetna	Medicare		18				17.4		92.15 case rate	
CORTICOSTEROID BIND GLOBULIN (CBG)		84449 CPT	both			97	20.7	Aetna	Better Health		30.52	0.3146			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)		84449 CPT	both			97	20.7	Aetna	Commercial		36.86	0.38			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)		84449 CPT	both			97	20.7	Americare	Americare		72.75	0.75			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)		84449 CPT	both			97	20.7	WellPoint	WellPoint		31.12	0.3208			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)		84449 CPT	both			97	20.7	Amerihealth	Medicare		18				17.4		92.15 case rate	
CORTICOSTEROID BIND GLOBULIN (CBG)		84449 CPT	both			97	20.7	Consumer	Consumer		92.15	0.95			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)		84449 CPT	both			97	20.7	Corrections	Corrections		77.6	0.8			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)		84449 CPT	both			97	20.7	First Health	First Health		67.9	0.7			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)		84449 CPT	both			97	20.7	First Trenton	First Trenton		87.3	0.9			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)		84449 CPT	both			97	20.7	Horizon	Indemnity		37.13	0.3828			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)		84449 CPT	both			97	20.7	Horizon	MGD		37.13	0.3828			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)		84449 CPT	both			97	20.7	Horizon	Medicare Blue		29.1	0.3			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)		84449 CPT	both			97	20.7	Horizon	PPO		37.13	0.3828			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)		84449 CPT	both			97	20.7	Managed Care Inc	Managed Care Inc		87.3	0.9			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)		84449 CPT	both			97	20.7	Multiplan	Multiplan		77.6	0.8			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)		84449 CPT	both			97	20.7	Qualcare	Qualcare		72.75	0.75			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)		84449 CPT	both			97	20.7	Three Rivers	Three Rivers		92.15	0.95			17.4		92.15 percent of total billed charges	
CORTICOSTEROID BIND GLOBULIN (CBG)		84449 CPT	both			97	20.7	UHC	Medicare		18				17.4		92.15 case rate	
CORTICOSTEROID BIND GLOBULIN (CBG)		84449 CPT	both			97	20.7	UHC	Medicaid		24				17.4		92.15 case rate	
CORTICOSTEROID BIND GLOBULIN (CBG)		84449 CPT	both			97	20.7	Wellcare	Medicare		18				17.4		92.15 case rate	
CORTICOSTEROID BIND GLOBULIN (CBG)		84449 CPT	both			97	20.7	Wellcare	Medicaid		24				17.4		92.15 case rate	
TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT)		84450 CPT	both			70	5.96	Aetna	Better Health		22.02	0.3146			3		66.5 percent of total billed charges	
TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT)		84450 CPT	both			70	5.96	Aetna	Medicare		5.18				3		66.5 case rate	
TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT)		84450 CPT	both			70	5.96	Aetna	Commercial		26.6	0.38			3		66.5 percent of total billed charges	
TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT)		84450 CPT	both			70	5.96	Americare	Americare		52.5	0.75			3		66.5 percent of total billed charges	
TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT)		84450 CPT	both			70	5.96	WellPoint	WellPoint		22.46	0.3208			3		66.5 percent of total billed charges	
TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT)		84450 CPT	both			70	5.96	Amerihealth	Medicare		5.18				3		66.5 case rate	
TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT)		84450 CPT	both			70	5.96	Consumer	Consumer		66.5	0.95			3		66.5 percent of total billed charges	
TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT)		84450 CPT	both			70	5.96	Corrections	Corrections		56	0.8			3		66.5 percent of total billed charges	
TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT)		84450 CPT	both			70	5.96	First Health	First Health		49	0.7			3		66.5 percent of total billed charges	
TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT)		84450 CPT	both			70	5.96	First Trenton	First Trenton		63	0.9			3		66.5 percent of total billed charges	
TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT)		84450 CPT	both			70	5.96	Horizon	Medicare Blue		21	0.3			3		66.5 percent of total billed charges	
TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT)		84450 CPT	both			70	5.96	Horizon	Indemnity		26.8	0.3828			3		66.5 percent of total billed charges	
TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT)		84450 CPT	both			70	5.96	Horizon	MGD		26.8	0.3828			3		66.5 percent of total billed charges	
TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT)		84450 CPT	both			70	5.96	Horizon	PPO		26.8	0.3828			3		66.5 percent of total billed charges	
TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT)		84450 CPT	both			70	5.96	Managed Care Inc	Managed Care Inc		63	0.9			3		66.5 percent of total billed charges	
TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT)		84450 CPT	both			70	5.96	Multiplan	Multiplan		56	0.8			3		66.5 percent of total billed charges	
TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT)		84450 CPT	both			70	5.96	Qualcare	Qualcare		52.5	0.75			3		66.5 percent of total billed charges	
TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT)		84450 CPT	both			70	5.96	Three Rivers	Three Rivers		66.5	0.95			3		66.5 percent of total billed charges	
TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT)		84450 CPT	both			70	5.96	UHC	Medicaid		3				3		66.5 case rate	
TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT)		84450 CPT	both			70	5.96	UHC	Medicare		5.18				3		66.5 case rate	
TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT)		84450 CPT	both			70	5.96	Wellcare	Medicaid		3				3		66.5 case rate	
TRANSFERASE;ASPARTATE AMIINO (AST)(SGOT)		84450 CPT	both			70	5.96	Wellcare	Medicare		5.18				3		66.5 case rate	
SGPT		84460 CPT	both			116	6.1	Aetna	Commercial		44.08	0.38			5.3		110.2 percent of total billed charges	
SGPT		84460 CPT	both			116	6.1	Aetna	Better Health		36.49	0.3146			5.3		110.2 percent of total billed charges	
SGPT		84460 CPT	both			116	6.1	Aetna	Medicare		35.73	0.308			5.3		110.2 percent of total billed charges	
SGPT		84460 CPT	both			116	6.1	Americare	Americare		87	0.75			5.3		110.2 percent of total billed charges	
SGPT		84460 CPT	both			116	6.1	WellPoint	WellPoint		37.21	0.3208			5.3		110.2 percent of total billed charges	
SGPT		84460 CPT	both			116	6.1	Amerihealth	Medicare		5.3				5.3		110.2 case rate	
SGPT		84460 CPT	both			116	6.1	Consumer	Consumer		110.2	0.95			5.3		110.2 percent of total billed charges	
SGPT		84460 CPT	both			116	6.1	Corrections	Corrections		92.8	0.8			5.3		110.2 percent of total billed charges	
SGPT		84460 CPT	both			116	6.1	First Health	First Health		81.2	0.7			5.3		110.2 percent of total billed charges	
SGPT		84460 CPT	both			116	6.1	First Trenton	First Trenton		104.4	0.9			5.3		110.2 percent of total billed charges	
SGPT		84460 CPT	both			116	6.1	Horizon	MGD		44.4	0.3828			5.3		110.2 percent of total billed charges	
SGPT		84460 CPT	both			116	6.1	Horizon	PPO		44.4	0.3828			5.3		110.2 percent of total billed charges	
SGPT		84460 CPT	both			116	6.1	Horizon	Indemnity		44.4	0.3828			5.3		110.2 percent of total billed charges	
SGPT		84460 CPT	both			116	6.1	Horizon	Medicare Blue		34.8	0.3			5.3		110.2 percent of total billed charges	
SGPT		84460 CPT	both			116	6.1	Managed Care Inc	Managed Care Inc		104.4	0.9			5.3		110.2 percent of total billed charges	
SGPT		84460 CPT	both			116	6.1	Multiplan	Multiplan		92.8	0.8			5.3		110.2 percent of total billed charges	
SGPT		84460 CPT	both			116	6.1	Qualcare	Qualcare		87	0.75			5.3		110.2 percent of total billed charges	
SGPT		84460 CPT	both			116	6.1	Three Rivers	Three Rivers		110.2	0.95			5.3		110.2 percent of total billed charges	
SGPT		84460 CPT	both			116	6.1	UHC	Medicare		5.3				5.3		110.2 case rate	
SGPT		84460 CPT	both			116	6.1	UHC	Medicaid		36.49	0.3146			5.3		110.2 percent of total billed charges	
SGPT		84460 CPT	both			116	6.1	Wellcare	Medicare		5.3				5.3		110.2 case rate	
SGPT		84460 CPT	both			116	6.1	Wellcare	Medicaid		36.49	0.3146			5.3		110.2 percent of total billed charges	
TRANSFERRIN		84466 CPT	both			59	14.67	Aetna	Commercial		22.42	0.38			12.76		56.05 percent of total billed charges	
TRANSFERRIN		84466 CPT	both			59	14.67	Aetna	Medicare		12.76				12.76		56.05 case rate	
TRANSFERRIN		84466 CPT	both			59	14.67	Aetna	Better Health		18.56	0.3146			12.76		56.05 percent of total billed charges	
TRANSFERRIN		84466 CPT	both			59	14.67	Americare	Americare		44.25	0.75			12.76		56.05 percent of total billed charges	
TRANSFERRIN		84466 CPT	both			59	14.67	WellPoint	WellPoint		18.93	0.3208			12.76		56.05 percent of total billed charges	
TRANSFERRIN		84466 CPT	both			59	14.67	Amerihealth	Medicare		12.76				12.76		56.05 case rate	
TRANSFERRIN		84466 CPT	both			59	14.67	Consumer	Consumer		56.05	0.95			12.76		56.05 percent of total billed charges	
TRANSFERRIN		84466 CPT	both			59	14.67	Corrections	Corrections		47.2	0.8			12.76		56.05 percent of total billed charges	
TRANSFERRIN		84466 CPT	both			59	14.67	First Health	First Health		41.3	0.7			12.76		56.05 percent of total billed charges	
TRANSFERRIN		84466 CPT	both			59	14.67	First Trenton	First Trenton		53.1	0.9			12.76		56.05 percent of total billed charges	
TRANSFERRIN		84466 CPT	both			59	14.67	Horizon	MGD		22.59	0.3828			12.76		56.05 percent of total billed charges	
TRANSFERRIN		84466 CPT	both			59	14.67	Horizon	Indemnity		22.59	0.3828			12.76		56.05 percent of total billed charges	
TRANSFERRIN		84466 CPT	both			59	14.67	Horizon	PPO		22.59	0.3828			12.76		56.05 percent of total billed charges	
TRANSFERRIN		84466 CPT	both			59	14.67	Horizon	Medicare Blue		17.7	0.3			12.76		56.05 percent of total billed charges	
TRANSFERRIN		84466 CPT	both			59	14.67	Managed Care Inc	Managed Care Inc		53.1	0.9			12.76		56.05 percent of total billed charges	
TRANSFERRIN		84466 CPT	both			59	14.67	Multiplan	Multiplan		47.2	0.8			12.76		56.05 percent of total billed charges	
TRANSFERRIN		84466 CPT	both			59	14.67	Qualcare	Qualcare		44.25	0.75			12.76		56.05 percent of total billed charges	
TRANSFERRIN		84466 CPT	both			59	14.67	Three Rivers	Three Rivers		56.05	0.95			12.76		56.05 percent of total billed charges	
TRANSFERRIN		84466 CPT	both			59	14.67	UHC	Medicaid		15.2				12.76		56.05 case rate	
TRANSFERRIN		84466 CPT	both			59	14.67	UHC	Medicare		12.76				12.76		56.05 case rate	
TRANSFERRIN		84466 CPT	both			59	14.67	Wellcare	Medicaid		15.2				12.76		56.05 case rate	
TRANSFERRIN		84466 CPT	both			59	14.67	Wellcare	Medicare		12.76				12.76		56.05 case rate	
TRIGLYCERIDES	LAB	84478 CPT	both			116	6.6	Aetna	Better Health		36.49	0.3146			5.74		110.2 percent of total billed charges	
TRIGLYCERIDES	LAB	84478 CPT	both			116	6.6	Aetna	Medicare		5.74				5.74		110.2 case rate	
TRIGLYCERIDES	LAB	84478 CPT	both			116	6.6	Aetna	Commercial		44.08	0.38			5.74		110.2 percent of total billed charges	
TRIGLYCERIDES	LAB	84478 CPT	both			116	6.6	Americare	Americare		87	0.75			5.74		110.2 percent of total billed charges	
TRIGLYCERIDES	LAB	84478 CPT	both			116	6.6	WellPoint	WellPoint		37.21	0.3208			5.74		110.2 percent of total billed charges	
TRIGLYCERIDES	LAB	84478 CPT	both			116	6.6	Amerihealth	Medicare		5.74				5.74		110.2 case rate	
TRIGLYCERIDES	LAB	84478 CPT	both			116	6.6	Consumer	Consumer		110.2	0.95			5.74		110.2 percent of total billed charges	
TRIGLYCERIDES	LAB	84478 CPT	both			116	6.6	Corrections	Corrections		92.8	0.8			5.74		110.2 percent of total billed charges	
TRIGLYCERIDES	LAB	84478 CPT	both			116	6.6	First Health	First Health		81.2	0.7			5.74		110.2 percent of total billed charges	
TRIGLYCERIDES	LAB	84478 CPT	both			116	6.6	First Trenton	First Trenton		104.4	0.9			5.74		110.2 percent of total billed charges	
TRIGLYCERIDES	LAB	84478 CPT	both			116	6.6	Horizon	MGD		44.4	0.3828			5.74		110.2 percent of total billed charges	
TRIGLYCERIDES	LAB	84478 CPT	both			116	6.6	Horizon	Indemnity		44.4	0.3828			5.74		110.2 percent of total billed charges	
TRIGLYCERIDES	LAB	84478 CPT	both			116	6.6	Horizon	Medicare Blue		34.8	0.3			5.74		110.2 percent of total billed charges	
TRIGLYCERIDES	LAB	84478 CPT	both			116	6.6	Horizon	PPO		44.4	0.3828			5.74		110.2 percent of total billed charges	
TRIGLYCERIDES	LAB	84478 CPT	both			116	6.6	Managed Care Inc	Managed Care Inc		104.4	0.9			5.74		110.2 percent of total billed charges	
TRIGLYCERIDES	LAB	84478 CPT	both			116	6.6	Multiplan	Multiplan		92.8	0.8			5.74		110.2 percent of total billed charges	
TRIGLYCERIDES	LAB	84478 CPT	both			116	6.6	Qualcare	Qualcare		87	0.75			5.74		110.2 percent of total billed charges	
TRIGLYCERIDES	LAB	84478 CPT	both			116	6.6	Three Rivers	Three Rivers		110.2	0.95			5.74		110.2 percent of total billed charges	
TRIGLYCERIDES	LAB	84478 CPT	both			116	6.6	UHC	Medicaid		7.3				5.74		110.2 case rate	
TRIGLYCERIDES	LAB	84478 CPT	both			116	6.6	UHC	Medicare		5.74				5.74		110.2 case rate	
TRIGLYCERIDES	LAB	84478 CPT	both			116	6.6	Wellcare	Medicaid		7.3				5.74		110.2 case rate	
TRIGLYCERIDES	LAB	84478 CPT	both			116	6.6	Wellcare	Medicare		5.74				5.74		110.2 case rate	
THYROID HORMONE T3/T4		84479 CPT	both			44	7.44	Aetna	Better Health		13.84	0.3146			5.1		41.8 percent of total billed charges	
THYROID HORMONE T3/T4		84479 CPT	both			44	7.44	Aetna	Medicare		6.47				5.1		41.8 case rate	
THYROID HORMONE T3/T4		84479 CPT	both			44	7.44	Aetna	Commercial		16.72	0.38			5.1		41.8 percent of total billed charges	
THYROID HORMONE T3/T4		84479 CPT	both			44	7.44	Americare	Americare		33	0.75			5.1		41.8 percent of total billed charges	
THYROID HORMONE T3/T4		84479 CPT	both			44	7.44	WellPoint	WellPoint		14.12	0.3208			5.1		41.8 percent of total billed charges	
THYROID HORMONE T3/T4		84479 CPT	both			44	7.44	Amerihealth	Medicare		6.47				5.1		41.8 case rate	
THYROID HORMONE T3/T4		84479 CPT	both			44	7.44	Consumer	Consumer		41.8	0.95			5.1		41.8 percent of total billed charges	
THYROID HORMONE T3/T4		84479 CPT	both			44	7.44	Corrections	Corrections		35.2	0.8			5.1		41.8 percent of total billed charges	
THYROID HORMONE T3/T4		84479 CPT	both			44	7.44	First Health	First Health		30.8	0.7			5.1		41.8 percent of total billed charges	
THYROID HORMONE T3/T4		84479 CPT	both			44	7.44	First Trenton	First Trenton		39.6	0.9			5.1		41.8 percent of total billed charges	
THYROID HORMONE T3/T4		84479 CPT	both			44	7.44	Horizon	Indemnity		16.84	0.3828			5.1		41.8 percent of total billed charges	
THYROID HORMONE T3/T4		84479 CPT	both			44	7.44	Horizon	MGD		16.84	0.3828			5.1		41.8 percent of total billed charges	
THYROID HORMONE T3/T4		84479 CPT	both			44	7.44	Horizon	Medicare Blue		13.2	0.3			5.1		41.8 percent of total billed charges	
THYROID HORMONE T3/T4		84479 CPT	both			44	7.44	Horizon	PPO		16.84	0.3828			5.1		41.8 percent of total billed charges	
THYROID HORMONE T3/T4		84479 CPT	both			44	7.44	Managed Care Inc	Managed Care Inc		39.6	0.9			5.1		41.8 percent of total billed charges	
THYROID HORMONE T3/T4		84479 CPT	both			44	7.44	Multiplan	Multiplan		35.2	0.8			5.1		41.8 percent of total billed charges	
THYROID HORMONE T3/T4		84479 CPT	both			44	7.44	Qualcare	Qualcare		33	0.75			5.1		41.8 percent of total billed charges	
THYROID HORMONE T3/T4		84479 CPT	both			44	7.44	Three Rivers	Three Rivers		41.8	0.95			5.1		41.8 percent of total billed charges	
THYROID HORMONE T3/T4		84479 CPT	both			44	7.44	UHC	Medicare		6.47				5.1		41.8 case rate	
THYROID HORMONE T3/T4		84479 CPT	both			44	7.44	UHC	Medicaid		6				5.1		41.8 case rate	
THYROID HORMONE T3/T4		84479 CPT	both			44	7.44	Wellcare	Medicare		6.47				5.1		41.8 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THYROID HORMONE T3/T4	84479	CPT	both			44	7.44	Wellcare	Medicaid		6				5.1	41.8	case rate	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	both			74	16.31	Aetna	Medicare		14.18				9.6	70.3	case rate	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	both			74	16.31	Aetna	Better Health		23.28	0.3146			9.6	70.3	percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	both			74	16.31	Aetna	Commercial		28.12	0.38			9.6	70.3	percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	both			74	16.31	Americare	Americare		55.5	0.75			9.6	70.3	percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	both			74	16.31	WellPoint	WellPoint		23.74	0.3208			9.6	70.3	percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	both			74	16.31	Amerihealth	Medicare		14.18				9.6	70.3	case rate	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	both			74	16.31	Consumer	Consumer		70.3	0.95			9.6	70.3	percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	both			74	16.31	Corrections	Corrections		59.2	0.8			9.6	70.3	percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	both			74	16.31	First Health	First Health		51.8	0.7			9.6	70.3	percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	both			74	16.31	First Trenton	First Trenton		66.6	0.9			9.6	70.3	percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	both			74	16.31	Horizon	Medicare Blue		22.2	0.3			9.6	70.3	percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	both			74	16.31	Horizon	MGD		28.33	0.3828			9.6	70.3	percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	both			74	16.31	Horizon	Indemnity		28.33	0.3828			9.6	70.3	percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	both			74	16.31	Horizon	PPO		28.33	0.3828			9.6	70.3	percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	both			74	16.31	Managed Care Inc	Managed Care Inc		66.6	0.9			9.6	70.3	percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	both			74	16.31	Multiplan	Multiplan		59.2	0.8			9.6	70.3	percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	both			74	16.31	Qualcare	Qualcare		55.5	0.75			9.6	70.3	percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	both			74	16.31	Three Rivers	Three Rivers		70.3	0.95			9.6	70.3	percent of total billed charges	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	both			74	16.31	UHC	Medicaid		15				9.6	70.3	case rate	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	both			74	16.31	UHC	Medicare		14.18				9.6	70.3	case rate	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	both			74	16.31	Wellcare	Medicare		14.18				9.6	70.3	case rate	
TRIIODOTHYRONINE SERUM(T3)	84480	CPT	both			74	16.31	Wellcare	Medicaid		15				9.6	70.3	case rate	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Aetna	Medicare		16.94				12.3	531.05	case rate	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Aetna	Better Health		175.86	0.3146			12.3	531.05	percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Aetna	Commercial		212.42	0.38			12.3	531.05	percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Americare	Americare		419.25	0.75			12.3	531.05	percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	WellPoint	WellPoint		179.33	0.3208			12.3	531.05	percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Amerihealth	Medicare		16.94				12.3	531.05	case rate	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Consumer	Consumer		531.05	0.95			12.3	531.05	percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Corrections	Corrections		447.2	0.8			12.3	531.05	percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	First Health	First Health		391.3	0.7			12.3	531.05	percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	First Trenton	First Trenton		503.1	0.9			12.3	531.05	percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Horizon	Medicare Blue		167.7	0.3			12.3	531.05	percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Horizon	MGD		213.99	0.3828			12.3	531.05	percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Horizon	PPO		213.99	0.3828			12.3	531.05	percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Horizon	Indemnity		213.99	0.3828			12.3	531.05	percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Managed Care Inc	Managed Care Inc		503.1	0.9			12.3	531.05	percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Multiplan	Multiplan		447.2	0.8			12.3	531.05	percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Qualcare	Qualcare		419.25	0.75			12.3	531.05	percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Three Rivers	Three Rivers		531.05	0.95			12.3	531.05	percent of total billed charges	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	UHC	Medicaid		15				12.3	531.05	case rate	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	UHC	Medicare		16.94				12.3	531.05	case rate	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Wellcare	Medicare		16.94				12.3	531.05	case rate	
TRIIODOTHYRONINE (T3) FREE	84481	CPT	both			559	19.48	Wellcare	Medicaid		15				12.3	531.05	case rate	
REVERSE T3 SERUM	84482	CPT	both			49	18.12	Aetna	Commercial		18.62	0.38			14.7	46.55	percent of total billed charges	
REVERSE T3 SERUM	84482	CPT	both			49	18.12	Aetna	Better Health		15.42	0.3146			14.7	46.55	percent of total billed charges	
REVERSE T3 SERUM	84482	CPT	both			49	18.12	Aetna	Medicare		15.76				14.7	46.55	case rate	
REVERSE T3 SERUM	84482	CPT	both			49	18.12	Americare	Americare		36.75	0.75			14.7	46.55	percent of total billed charges	
REVERSE T3 SERUM	84482	CPT	both			49	18.12	WellPoint	WellPoint		15.72	0.3208			14.7	46.55	percent of total billed charges	
REVERSE T3 SERUM	84482	CPT	both			49	18.12	Amerihealth	Medicare		15.76				14.7	46.55	case rate	
REVERSE T3 SERUM	84482	CPT	both			49	18.12	Consumer	Consumer		46.55	0.95			14.7	46.55	percent of total billed charges	
REVERSE T3 SERUM	84482	CPT	both			49	18.12	Corrections	Corrections		39.2	0.8			14.7	46.55	percent of total billed charges	
REVERSE T3 SERUM	84482	CPT	both			49	18.12	First Health	First Health		34.3	0.7			14.7	46.55	percent of total billed charges	
REVERSE T3 SERUM	84482	CPT	both			49	18.12	First Trenton	First Trenton		44.1	0.9			14.7	46.55	percent of total billed charges	
REVERSE T3 SERUM	84482	CPT	both			49	18.12	Horizon	Indemnity		18.76	0.3828			14.7	46.55	percent of total billed charges	
REVERSE T3 SERUM	84482	CPT	both			49	18.12	Horizon	Medicare Blue		14.7	0.3			14.7	46.55	percent of total billed charges	
REVERSE T3 SERUM	84482	CPT	both			49	18.12	Horizon	MGD		18.76	0.3828			14.7	46.55	percent of total billed charges	
REVERSE T3 SERUM	84482	CPT	both			49	18.12	Horizon	PPO		18.76	0.3828			14.7	46.55	percent of total billed charges	
REVERSE T3 SERUM	84482	CPT	both			49	18.12	Managed Care Inc	Managed Care Inc		44.1	0.9			14.7	46.55	percent of total billed charges	
REVERSE T3 SERUM	84482	CPT	both			49	18.12	Multiplan	Multiplan		39.2	0.8			14.7	46.55	percent of total billed charges	
REVERSE T3 SERUM	84482	CPT	both			49	18.12	Qualcare	Qualcare		36.75	0.75			14.7	46.55	percent of total billed charges	
REVERSE T3 SERUM	84482	CPT	both			49	18.12	Three Rivers	Three Rivers		46.55	0.95			14.7	46.55	percent of total billed charges	
REVERSE T3 SERUM	84482	CPT	both			49	18.12	UHC	Medicaid		15				14.7	46.55	case rate	
REVERSE T3 SERUM	84482	CPT	both			49	18.12	UHC	Medicare		15.76				14.7	46.55	case rate	
REVERSE T3 SERUM	84482	CPT	both			49	18.12	Wellcare	Medicare		15.76				14.7	46.55	case rate	
REVERSE T3 SERUM	84482	CPT	both			49	18.12	Wellcare	Medicaid		15				14.7	46.55	case rate	
TROPONIN T	84484	CPT	both			192	14.34	Aetna	Commercial		72.96	0.38			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Aetna	Better Health		60.4	0.3146			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Aetna	Medicare		59.14	0.308			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Americare	Americare		144	0.75			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	WellPoint	WellPoint		61.59	0.3208			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Amerihealth	Medicare		12.47				12.47	182.4	case rate	
TROPONIN T	84484	CPT	both			192	14.34	Consumer	Consumer		182.4	0.95			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Corrections	Corrections		153.6	0.8			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	First Health	First Health		134.4	0.7			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	First Trenton	First Trenton		172.8	0.9			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Horizon	MGD		73.5	0.3828			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Horizon	Medicare Blue		57.6	0.3			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Horizon	Indemnity		73.5	0.3828			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Horizon	PPO		73.5	0.3828			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Managed Care Inc	Managed Care Inc		172.8	0.9			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Multiplan	Multiplan		153.6	0.8			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Qualcare	Qualcare		144	0.75			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Three Rivers	Three Rivers		182.4	0.95			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	UHC	Medicaid		60.4	0.3146			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	UHC	Medicare		12.47				12.47	182.4	case rate	
TROPONIN T	84484	CPT	both			192	14.34	Wellcare	Medicaid		60.4	0.3146			12.47	182.4	percent of total billed charges	
TROPONIN T	84484	CPT	both			192	14.34	Wellcare	Medicare		12.47				12.47	182.4	case rate	
TYROSIN	84510	CPT	outpatient			141	12.22	Aetna	Better Health		44.36	0.3146			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Aetna	Commercial		53.58	0.38			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Aetna	Medicare		10.63				10.63	133.95	case rate	
TYROSIN	84510	CPT	outpatient			141	12.22	Americare	Americare		105.75	0.75			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	WellPoint	WellPoint		45.23	0.3208			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Amerihealth	Medicare		10.63				10.63	133.95	case rate	
TYROSIN	84510	CPT	outpatient			141	12.22	Consumer	Consumer		133.95	0.95			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Corrections	Corrections		112.8	0.8			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	First Health	First Health		98.7	0.7			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	First Trenton	First Trenton		126.9	0.9			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Horizon	Medicare Blue		42.3	0.3			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Horizon	MGD		53.97	0.3828			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Horizon	Indemnity		53.97	0.3828			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Horizon	PPO		53.97	0.3828			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Managed Care Inc	Managed Care Inc		126.9	0.9			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Multiplan	Multiplan		112.8	0.8			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Qualcare	Qualcare		105.75	0.75			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	Three Rivers	Three Rivers		133.95	0.95			10.63	133.95	percent of total billed charges	
TYROSIN	84510	CPT	outpatient			141	12.22	UHC	Medicaid		12.7				10.63	133.95	case rate	
TYROSIN	84510	CPT	outpatient			141	12.22	UHC	Medicare		10.63				10.63	133.95	case rate	
TYROSIN	84510	CPT	outpatient			141	12.22	Wellcare	Medicaid		12.7				10.63	133.95	case rate	
TYROSIN	84510	CPT	outpatient			141	12.22	Wellcare	Medicare		10.63				10.63	133.95	case rate	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Aetna	Better Health		22.02	0.3146			3	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Aetna	Medicare		3.95				3	66.5	case rate	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Aetna	Commercial		26.6	0.38			3	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Americare	Americare		52.5	0.75			3	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	WellPoint	WellPoint		22.46	0.3208			3	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Amerihealth	Medicare		3.95				3	66.5	case rate	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Consumer	Consumer		66.5	0.95			3	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Corrections	Corrections		56	0.8			3	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	First Health	First Health		49	0.7			3	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	First Trenton	First Trenton		63	0.9			3	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Horizon	MGD		26.8	0.3828			3	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Horizon	Medicare Blue		21	0.3			3	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Horizon	Indemnity		26.8	0.3828			3	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Horizon	PPO		26.8	0.3828			3	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Managed Care Inc	Managed Care Inc		63	0.9			3	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Multiplan	Multiplan		56	0.8			3	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Qualcare	Qualcare		52.5	0.75			3	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Three Rivers	Three Rivers		66.5	0.95			3	66.5	percent of total billed charges	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	UHC	Medicare		3.95				3	66.5	case rate	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	UHC	Medicaid		3				3	66.5	case rate	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Wellcare	Medicaid		3				3	66.5	case rate	
UREA NITROGEN (BODY FLUID)	84520	CPT	both			70	4.54	Wellcare	Medicare		3.95				3	66.5	case rate	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Aetna	Better Health		29.26	0.3146			3	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Aetna	Medicare		5.56				3	88.35	case rate	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Aetna	Commercial		35.34	0.38			3	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Americare	Americare		69.75	0.75			3	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	WellPoint	WellPoint		29.83	0.3208			3	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Amerihealth	Medicare		5.56				3	88.35	case rate	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Consumer	Consumer		88.35	0.95			3	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Corrections	Corrections		74.4	0.8			3	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	First Health	First Health		65.1	0.7			3	88.35	percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	First Trenton	First Trenton		83.7	0.9			3	88.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Horizon	Indemnity		35.6	0.3828			3		88.35 percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Horizon	MGD		35.6	0.3828			3		88.35 percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Horizon	PPO		35.6	0.3828			3		88.35 percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Horizon	Medicare Blue		27.9	0.3			3		88.35 percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Managed Care Inc	Managed Care Inc		83.7	0.9			3		88.35 percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Multiplan	Multiplan		74.4	0.8			3		88.35 percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Qualcare	Qualcare		69.75	0.75			3		88.35 percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Three Rivers	Three Rivers		88.35	0.95			3		88.35 percent of total billed charges	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	UHC	Medicaid		3				3		88.35 case rate	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	UHC	Medicare		5.56				3		88.35 case rate	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Wellcare	Medicaid		3				3		88.35 case rate	
URINE CA/CRE RATIO	84540	CPT	both			93	6.39	Wellcare	Medicare		5.56				3		88.35 case rate	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Aetna	Better Health		39.33	0.3146			3		118.75 percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Aetna	Medicare		4.52				3		118.75 case rate	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Aetna	Commercial		47.5	0.38			3		118.75 percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Americare	Americare		93.75	0.75			3		118.75 percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	WellPoint	WellPoint		40.1	0.3208			3		118.75 percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Amerihealth	Medicare		4.52				3		118.75 case rate	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Consumer	Consumer		118.75	0.95			3		118.75 percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Corrections	Corrections		100	0.8			3		118.75 percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	First Health	First Health		87.5	0.7			3		118.75 percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	First Trenton	First Trenton		112.5	0.9			3		118.75 percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Horizon	MGD		47.85	0.3828			3		118.75 percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Horizon	Indemnity		47.85	0.3828			3		118.75 percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Horizon	Medicare Blue		37.5	0.3			3		118.75 percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Horizon	PPO		47.85	0.3828			3		118.75 percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Managed Care Inc	Managed Care Inc		112.5	0.9			3		118.75 percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Multiplan	Multiplan		100	0.8			3		118.75 percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Qualcare	Qualcare		93.75	0.75			3		118.75 percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Three Rivers	Three Rivers		118.75	0.95			3		118.75 percent of total billed charges	
URIC ACIDS LAB	84550	CPT	both			125	5.2	UHC	Medicaid		3				3		118.75 case rate	
URIC ACIDS LAB	84550	CPT	both			125	5.2	UHC	Medicare		4.52				3		118.75 case rate	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Wellcare	Medicare		4.52				3		118.75 case rate	
URIC ACIDS LAB	84550	CPT	both			125	5.2	Wellcare	Medicaid		3				3		118.75 case rate	
URIC ACID URINE 24 HOURS	84560	CPT	both			246	5.84	Aetna	Commercial		93.48	0.38			5.08		233.7 percent of total billed charges	
URIC ACID URINE 24 HOURS	84560	CPT	both			246	5.84	Aetna	Better Health		77.39	0.3146			5.08		233.7 percent of total billed charges	
URIC ACID URINE 24 HOURS	84560	CPT	both			246	5.84	Aetna	Medicare		75.77	0.308			5.08		233.7 percent of total billed charges	
URIC ACID URINE 24 HOURS	84560	CPT	both			246	5.84	Americare	Americare		184.5	0.75			5.08		233.7 percent of total billed charges	
URIC ACID URINE 24 HOURS	84560	CPT	both			246	5.84	WellPoint	WellPoint		78.92	0.3208			5.08		233.7 percent of total billed charges	
URIC ACID URINE 24 HOURS	84560	CPT	both			246	5.84	Amerihealth	Medicare		5.08				5.08		233.7 case rate	
URIC ACID URINE 24 HOURS	84560	CPT	both			246	5.84	Consumer	Consumer		233.7	0.95			5.08		233.7 percent of total billed charges	
URIC ACID URINE 24 HOURS	84560	CPT	both			246	5.84	Corrections	Corrections		196.8	0.8			5.08		233.7 percent of total billed charges	
URIC ACID URINE 24 HOURS	84560	CPT	both			246	5.84	First Health	First Health		172.2	0.7			5.08		233.7 percent of total billed charges	
URIC ACID URINE 24 HOURS	84560	CPT	both			246	5.84	First Trenton	First Trenton		221.4	0.9			5.08		233.7 percent of total billed charges	
URIC ACID URINE 24 HOURS	84560	CPT	both			246	5.84	Horizon	Medicare Blue		73.8	0.3			5.08		233.7 percent of total billed charges	
URIC ACID URINE 24 HOURS	84560	CPT	both			246	5.84	Horizon	Indemnity		94.17	0.3828			5.08		233.7 percent of total billed charges	
URIC ACID URINE 24 HOURS	84560	CPT	both			246	5.84	Horizon	MGD		94.17	0.3828			5.08		233.7 percent of total billed charges	
URIC ACID URINE 24 HOURS	84560	CPT	both			246	5.84	Horizon	PPO		94.17	0.3828			5.08		233.7 percent of total billed charges	
URIC ACID URINE 24 HOURS	84560	CPT	both			246	5.84	Managed Care Inc	Managed Care Inc		221.4	0.9			5.08		233.7 percent of total billed charges	
URIC ACID URINE 24 HOURS	84560	CPT	both			246	5.84	Multiplan	Multiplan		196.8	0.8			5.08		233.7 percent of total billed charges	
URIC ACID URINE 24 HOURS	84560	CPT	both			246	5.84	Qualcare	Qualcare		184.5	0.75			5.08		233.7 percent of total billed charges	
URIC ACID URINE 24 HOURS	84560	CPT	both			246	5.84	Three Rivers	Three Rivers		233.7	0.95			5.08		233.7 percent of total billed charges	
URIC ACID URINE 24 HOURS	84560	CPT	both			246	5.84	UHC	Medicaid		77.39	0.3146			5.08		233.7 percent of total billed charges	
URIC ACID URINE 24 HOURS	84560	CPT	both			246	5.84	UHC	Medicare		5.08				5.08		233.7 case rate	
URIC ACID URINE 24 HOURS	84560	CPT	both			246	5.84	Wellcare	Medicare		5.08				5.08		233.7 case rate	
URIC ACID URINE 24 HOURS	84560	CPT	both			246	5.84	Wellcare	Medicaid		77.39	0.3146			5.08		233.7 percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	Aetna	Better Health		88.09	0.3146			10.2		266 percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	Aetna	Medicare		15.5				10.2		266 case rate	
VMA URINE	84585	CPT	both			280	17.83	Aetna	Commercial		106.4	0.38			10.2		266 percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	Americare	Americare		210	0.75			10.2		266 percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	WellPoint	WellPoint		89.82	0.3208			10.2		266 percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	Amerihealth	Medicare		15.5				10.2		266 case rate	
VMA URINE	84585	CPT	both			280	17.83	Consumer	Consumer		266	0.95			10.2		266 percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	Corrections	Corrections		224	0.8			10.2		266 percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	First Health	First Health		196	0.7			10.2		266 percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	First Trenton	First Trenton		252	0.9			10.2		266 percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	Horizon	PPO		107.18	0.3828			10.2		266 percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	Horizon	MGD		107.18	0.3828			10.2		266 percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	Horizon	Indemnity		107.18	0.3828			10.2		266 percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	Horizon	Medicare Blue		84	0.3			10.2		266 percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	Managed Care Inc	Managed Care Inc		252	0.9			10.2		266 percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	Multiplan	Multiplan		224	0.8			10.2		266 percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	Qualcare	Qualcare		210	0.75			10.2		266 percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	Three Rivers	Three Rivers		266	0.95			10.2		266 percent of total billed charges	
VMA URINE	84585	CPT	both			280	17.83	UHC	Medicaid		12				10.2		266 case rate	
VMA URINE	84585	CPT	both			280	17.83	UHC	Medicare		15.5				10.2		266 case rate	
VMA URINE	84585	CPT	both			280	17.83	Wellcare	Medicaid		12				10.2		266 case rate	
VMA URINE	84585	CPT	both			280	17.83	Wellcare	Medicare		15.5				10.2		266 case rate	
VIP PLAMA	84586	CPT	both			354	40.63	Aetna	Medicare		109.03	0.308			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	both			354	40.63	Aetna	Better Health		111.37	0.3146			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	both			354	40.63	Aetna	Commercial		134.52	0.38			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	both			354	40.63	Americare	Americare		265.5	0.75			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	both			354	40.63	WellPoint	WellPoint		113.56	0.3208			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	both			354	40.63	Amerihealth	Medicare		35.33				35.33		336.3 case rate	
VIP PLAMA	84586	CPT	both			354	40.63	Consumer	Consumer		336.3	0.95			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	both			354	40.63	Corrections	Corrections		283.2	0.8			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	both			354	40.63	First Health	First Health		247.8	0.7			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	both			354	40.63	First Trenton	First Trenton		318.6	0.9			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	both			354	40.63	Horizon	MGD		135.51	0.3828			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	both			354	40.63	Horizon	Medicare Blue		106.2	0.3			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	both			354	40.63	Horizon	PPO		135.51	0.3828			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	both			354	40.63	Horizon	Indemnity		135.51	0.3828			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	both			354	40.63	Managed Care Inc	Managed Care Inc		318.6	0.9			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	both			354	40.63	Multiplan	Multiplan		283.2	0.8			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	both			354	40.63	Qualcare	Qualcare		265.5	0.75			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	both			354	40.63	Three Rivers	Three Rivers		336.3	0.95			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	both			354	40.63	UHC	Medicare		35.33				35.33		336.3 case rate	
VIP PLAMA	84586	CPT	both			354	40.63	UHC	Medicaid		111.37	0.3146			35.33		336.3 percent of total billed charges	
VIP PLAMA	84586	CPT	both			354	40.63	Wellcare	Medicare		35.33				35.33		336.3 case rate	
VIP PLAMA	84586	CPT	both			354	40.63	Wellcare	Medicaid		111.37	0.3146			35.33		336.3 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	inpatient			847	39.03	Aetna	Commercial		321.86	0.38			23.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	inpatient			847	39.03	Aetna	Better Health		266.47	0.3146			23.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	inpatient			847	39.03	Aetna	Medicare		33.94				23.7		804.65 case rate	
VASOPRESSIN (ADH)	84588	CPT	inpatient			847	39.03	Americare	Americare		635.25	0.75			23.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	inpatient			847	39.03	WellPoint	WellPoint		271.72	0.3208			23.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	inpatient			847	39.03	Amerihealth	Medicare		33.94				23.7		804.65 case rate	
VASOPRESSIN (ADH)	84588	CPT	inpatient			847	39.03	Consumer	Consumer		804.65	0.95			23.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	inpatient			847	39.03	Corrections	Corrections		677.6	0.8			23.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	inpatient			847	39.03	First Health	First Health		592.9	0.7			23.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	inpatient			847	39.03	First Trenton	First Trenton		762.3	0.9			23.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	inpatient			847	39.03	Horizon	Medicare Blue		254.1	0.3			23.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	inpatient			847	39.03	Horizon	MGD		324.23	0.3828			23.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	inpatient			847	39.03	Horizon	Indemnity		324.23	0.3828			23.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	inpatient			847	39.03	Horizon	PPO		324.23	0.3828			23.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	inpatient			847	39.03	Managed Care Inc	Managed Care Inc		762.3	0.9			23.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	inpatient			847	39.03	Multiplan	Multiplan		677.6	0.8			23.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	inpatient			847	39.03	Qualcare	Qualcare		635.25	0.75			23.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	inpatient			847	39.03	Three Rivers	Three Rivers		804.65	0.95			23.7		804.65 percent of total billed charges	
VASOPRESSIN (ADH)	84588	CPT	inpatient			847	39.03	UHC	Medicaid		45				23.7		804.65 case rate	
VASOPRESSIN (ADH)	84588	CPT	inpatient			847	39.03	UHC	Medicare		33.94				23.7		804.65 case rate	
VASOPRESSIN (ADH)	84588	CPT	inpatient			847	39.03	Wellcare	Medicaid		45				23.7		804.65 case rate	
VASOPRESSIN (ADH)	84588	CPT	inpatient			847	39.03	Wellcare	Medicare		33.94				23.7		804.65 case rate	
VITAMIN A LAB	84590	CPT	both			211	13.35	Aetna	Better Health		66.38	0.3146			9.3		200.45 percent of total billed charges	
VITAMIN A LAB	84590	CPT	both			211	13.35	Aetna	Medicare		64.99	0.308			9.3		200.45 percent of total billed charges	
VITAMIN A LAB	84590	CPT	both			211	13.35	Aetna	Commercial		80.18	0.38			9.3		200.45 percent of total billed charges	
VITAMIN A LAB	84590	CPT	both			211	13.35	Americare	Americare		158.25	0.75			9.3		200.45 percent of total billed charges	
VITAMIN A LAB	84590	CPT	both			211	13.35	WellPoint	WellPoint		67.69	0.3208			9.3		200.45 percent of total billed charges	
VITAMIN A LAB	84590	CPT	both			211	13.35	Amerihealth	Medicare		11.61				9.3		200.45 case rate	
VITAMIN A LAB	84590	CPT	both			211	13.35	Consumer	Consumer		200.45	0.95			9.3		200.45 percent of total billed charges	
VITAMIN A LAB	84590	CPT	both			211	13.35	Corrections	Corrections		168.8	0.8			9.3		200.45 percent of total billed charges	
VITAMIN A LAB	84590	CPT	both			211	13.35	First Health	First Health		147.7	0.7			9.3		200.45 percent of total billed charges	
VITAMIN A LAB	84590	CPT	both			211	13.35	First Trenton	First Trenton		189.9	0.9			9.3		200.45 percent of total billed charges	
VITAMIN A LAB	84590	CPT	both			211	13.35	Horizon	MGD		80.77	0.3828			9.3		200.45 percent of total billed charges	
VITAMIN A LAB	84590	CPT	both			211	13.35	Horizon	Indemnity		80.77	0.3828			9.3		200.45 percent of total billed charges	
VITAMIN A LAB	84590	CPT	both			211	13.35	Horizon	PPO		80.77	0.3828			9.3		200.45 percent of total billed charges	
VITAMIN A LAB	84590	CPT	both			211	13.35	Horizon	Medicare Blue		63.3	0.3			9.3		200.45 percent of total billed charges	
VITAMIN A LAB	84590	CPT	both			211	13.35	Managed Care Inc	Managed Care Inc		189.9	0.9			9.3		200.45 percent of total billed charges	
VITAMIN A LAB	84590	CPT	both			211	13.35	Multiplan	Multiplan		168.8	0.8			9.3		200.45 percent of total billed charges	
VITAMIN A LAB	84590	CPT	both			211	13.35	Qualcare	Qualcare		158.25	0.75			9.3		200.45 percent of total billed charges	
VITAMIN A LAB	84590	CPT	both			211	13.35	Three Rivers	Three Rivers		200.45	0.95			9.3		200.45 percent of total billed charges	
VITAMIN A LAB	84590	CPT	both			211	13.35	UHC	Medicaid		66.38	0.3146			9.3		200.45 percent of total billed charges	
VITAMIN A LAB	84590	CPT	both			211	13.35	UHC	Medicare		11.61				9.3		200.45 case rate	
VITAMIN A LAB	84590	CPT	both			211	13.35	Wellcare	Medicaid		66.38	0.3146			9.3		200.45 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VITAMIN A LAB	84590	CPT	both			211	13.35	Wellcare	Medicare		11.61				9.3	200.45	case rate	
VITAMIN.B3(NIACIN+METABOLITE)(70115	84591	CPT	both			714	19.62	Aetna	Commercial		271.32	0.38			12.82	678.3	percent of total billed charges	
VITAMIN.B3(NIACIN+METABOLITE)(70115	84591	CPT	both			714	19.62	Aetna	Better Health		224.62	0.3146			12.82	678.3	percent of total billed charges	
VITAMIN.B3(NIACIN+METABOLITE)(70115	84591	CPT	both			714	19.62	Aetna	Medicare		17.06				12.82	678.3	case rate	
VITAMIN.B3(NIACIN+METABOLITE)(70115	84591	CPT	both			714	19.62	Americare	Americare		535.5	0.75			12.82	678.3	percent of total billed charges	
VITAMIN.B3(NIACIN+METABOLITE)(70115	84591	CPT	both			714	19.62	WellPoint	WellPoint		229.05	0.3208			12.82	678.3	percent of total billed charges	
VITAMIN.B3(NIACIN+METABOLITE)(70115	84591	CPT	both			714	19.62	Amerihealth	Medicare		17.06				12.82	678.3	case rate	
VITAMIN.B3(NIACIN+METABOLITE)(70115	84591	CPT	both			714	19.62	Consumer	Consumer		678.3	0.95			12.82	678.3	percent of total billed charges	
VITAMIN.B3(NIACIN+METABOLITE)(70115	84591	CPT	both			714	19.62	Corrections	Corrections		571.2	0.8			12.82	678.3	percent of total billed charges	
VITAMIN.B3(NIACIN+METABOLITE)(70115	84591	CPT	both			714	19.62	First Health	First Health		499.8	0.7			12.82	678.3	percent of total billed charges	
VITAMIN.B3(NIACIN+METABOLITE)(70115	84591	CPT	both			714	19.62	First Trenton	First Trenton		642.6	0.9			12.82	678.3	percent of total billed charges	
VITAMIN.B3(NIACIN+METABOLITE)(70115	84591	CPT	both			714	19.62	Horizon	Indemnity		273.32	0.3828			12.82	678.3	percent of total billed charges	
VITAMIN.B3(NIACIN+METABOLITE)(70115	84591	CPT	both			714	19.62	Horizon	MGD		273.32	0.3828			12.82	678.3	percent of total billed charges	
VITAMIN.B3(NIACIN+METABOLITE)(70115	84591	CPT	both			714	19.62	Horizon	Medicare Blue		214.2	0.3			12.82	678.3	percent of total billed charges	
VITAMIN.B3(NIACIN+METABOLITE)(70115	84591	CPT	both			714	19.62	Horizon	PPO		273.32	0.3828			12.82	678.3	percent of total billed charges	
VITAMIN.B3(NIACIN+METABOLITE)(70115	84591	CPT	both			714	19.62	Managed Care Inc	Managed Care Inc		642.6	0.9			12.82	678.3	percent of total billed charges	
VITAMIN.B3(NIACIN+METABOLITE)(70115	84591	CPT	both			714	19.62	Multiplan	Multiplan		571.2	0.8			12.82	678.3	percent of total billed charges	
VITAMIN.B3(NIACIN+METABOLITE)(70115	84591	CPT	both			714	19.62	Qualcare	Qualcare		535.5	0.75			12.82	678.3	percent of total billed charges	
VITAMIN.B3(NIACIN+METABOLITE)(70115	84591	CPT	both			714	19.62	Three Rivers	Three Rivers		678.3	0.95			12.82	678.3	percent of total billed charges	
VITAMIN.B3(NIACIN+METABOLITE)(70115	84591	CPT	both			714	19.62	UHC	Medicare		17.06				12.82	678.3	case rate	
VITAMIN.B3(NIACIN+METABOLITE)(70115	84591	CPT	both			714	19.62	UHC	Medicaid		12.82				12.82	678.3	case rate	
VITAMIN.B3(NIACIN+METABOLITE)(70115	84591	CPT	both			714	19.62	Wellcare	Medicare		17.06				12.82	678.3	case rate	
VITAMIN.B3(NIACIN+METABOLITE)(70115	84591	CPT	both			714	19.62	Wellcare	Medicaid		12.82				12.82	678.3	case rate	
VITAMIN K1	84597	CPT	both			392	15.78	Aetna	Commercial		148.96	0.38			13.72	372.4	percent of total billed charges	
VITAMIN K1	84597	CPT	both			392	15.78	Aetna	Medicare		13.72				13.72	372.4	case rate	
VITAMIN K1	84597	CPT	both			392	15.78	Aetna	Better Health		123.32	0.3146			13.72	372.4	percent of total billed charges	
VITAMIN K1	84597	CPT	both			392	15.78	Americare	Americare		294	0.75			13.72	372.4	percent of total billed charges	
VITAMIN K1	84597	CPT	both			392	15.78	WellPoint	WellPoint		125.75	0.3208			13.72	372.4	percent of total billed charges	
VITAMIN K1	84597	CPT	both			392	15.78	Amerihealth	Medicare		13.72				13.72	372.4	case rate	
VITAMIN K1	84597	CPT	both			392	15.78	Consumer	Consumer		372.4	0.95			13.72	372.4	percent of total billed charges	
VITAMIN K1	84597	CPT	both			392	15.78	Corrections	Corrections		313.6	0.8			13.72	372.4	percent of total billed charges	
VITAMIN K1	84597	CPT	both			392	15.78	First Health	First Health		274.4	0.7			13.72	372.4	percent of total billed charges	
VITAMIN K1	84597	CPT	both			392	15.78	First Trenton	First Trenton		352.8	0.9			13.72	372.4	percent of total billed charges	
VITAMIN K1	84597	CPT	both			392	15.78	Horizon	Indemnity		150.06	0.3828			13.72	372.4	percent of total billed charges	
VITAMIN K1	84597	CPT	both			392	15.78	Horizon	Medicare Blue		117.6	0.3			13.72	372.4	percent of total billed charges	
VITAMIN K1	84597	CPT	both			392	15.78	Horizon	MGD		150.06	0.3828			13.72	372.4	percent of total billed charges	
VITAMIN K1	84597	CPT	both			392	15.78	Horizon	PPO		150.06	0.3828			13.72	372.4	percent of total billed charges	
VITAMIN K1	84597	CPT	both			392	15.78	Managed Care Inc	Managed Care Inc		352.8	0.9			13.72	372.4	percent of total billed charges	
VITAMIN K1	84597	CPT	both			392	15.78	Multiplan	Multiplan		313.6	0.8			13.72	372.4	percent of total billed charges	
VITAMIN K1	84597	CPT	both			392	15.78	Qualcare	Qualcare		294	0.75			13.72	372.4	percent of total billed charges	
VITAMIN K1	84597	CPT	both			392	15.78	Three Rivers	Three Rivers		372.4	0.95			13.72	372.4	percent of total billed charges	
VITAMIN K1	84597	CPT	both			392	15.78	UHC	Medicare		13.72				13.72	372.4	case rate	
VITAMIN K1	84597	CPT	both			392	15.78	UHC	Medicaid		18				13.72	372.4	case rate	
VITAMIN K1	84597	CPT	both			392	15.78	Wellcare	Medicaid		18				13.72	372.4	case rate	
VITAMIN K1	84597	CPT	both			392	15.78	Wellcare	Medicare		13.72				13.72	372.4	case rate	
VOLATILES BLOOD	84600	CPT	both			399	19.68	Aetna	Medicare		17.11				17.11	379.05	case rate	
VOLATILES BLOOD	84600	CPT	both			399	19.68	Aetna	Better Health		125.53	0.3146			17.11	379.05	percent of total billed charges	
VOLATILES BLOOD	84600	CPT	both			399	19.68	Aetna	Commercial		151.62	0.38			17.11	379.05	percent of total billed charges	
VOLATILES BLOOD	84600	CPT	both			399	19.68	Americare	Americare		299.25	0.75			17.11	379.05	percent of total billed charges	
VOLATILES BLOOD	84600	CPT	both			399	19.68	WellPoint	WellPoint		128	0.3208			17.11	379.05	percent of total billed charges	
VOLATILES BLOOD	84600	CPT	both			399	19.68	Amerihealth	Medicare		17.11				17.11	379.05	case rate	
VOLATILES BLOOD	84600	CPT	both			399	19.68	Consumer	Consumer		379.05	0.95			17.11	379.05	percent of total billed charges	
VOLATILES BLOOD	84600	CPT	both			399	19.68	Corrections	Corrections		319.2	0.8			17.11	379.05	percent of total billed charges	
VOLATILES BLOOD	84600	CPT	both			399	19.68	First Health	First Health		279.3	0.7			17.11	379.05	percent of total billed charges	
VOLATILES BLOOD	84600	CPT	both			399	19.68	First Trenton	First Trenton		359.1	0.9			17.11	379.05	percent of total billed charges	
VOLATILES BLOOD	84600	CPT	both			399	19.68	Horizon	Medicare Blue		119.7	0.3			17.11	379.05	percent of total billed charges	
VOLATILES BLOOD	84600	CPT	both			399	19.68	Horizon	Indemnity		152.74	0.3828			17.11	379.05	percent of total billed charges	
VOLATILES BLOOD	84600	CPT	both			399	19.68	Horizon	MGD		152.74	0.3828			17.11	379.05	percent of total billed charges	
VOLATILES BLOOD	84600	CPT	both			399	19.68	Horizon	PPO		152.74	0.3828			17.11	379.05	percent of total billed charges	
VOLATILES BLOOD	84600	CPT	both			399	19.68	Managed Care Inc	Managed Care Inc		359.1	0.9			17.11	379.05	percent of total billed charges	
VOLATILES BLOOD	84600	CPT	both			399	19.68	Multiplan	Multiplan		319.2	0.8			17.11	379.05	percent of total billed charges	
VOLATILES BLOOD	84600	CPT	both			399	19.68	Qualcare	Qualcare		299.25	0.75			17.11	379.05	percent of total billed charges	
VOLATILES BLOOD	84600	CPT	both			399	19.68	Three Rivers	Three Rivers		379.05	0.95			17.11	379.05	percent of total billed charges	
VOLATILES BLOOD	84600	CPT	both			399	19.68	UHC	Medicaid		18				17.11	379.05	case rate	
VOLATILES BLOOD	84600	CPT	both			399	19.68	UHC	Medicare		17.11				17.11	379.05	case rate	
VOLATILES BLOOD	84600	CPT	both			399	19.68	Wellcare	Medicaid		18				17.11	379.05	case rate	
VOLATILES BLOOD	84600	CPT	both			399	19.68	Wellcare	Medicare		17.11				17.11	379.05	case rate	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Aetna	Better Health		69.84	0.3146			12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Aetna	Medicare		12.91				12.91	210.9	case rate	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Aetna	Commercial		84.36	0.38			12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Americare	Americare		166.5	0.75			12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	WellPoint	WellPoint		71.22	0.3208			12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Amerihealth	Medicare		12.91				12.91	210.9	case rate	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Consumer	Consumer		210.9	0.95			12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Corrections	Corrections		177.6	0.8			12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	First Health	First Health		155.4	0.7			12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	First Trenton	First Trenton		199.8	0.9			12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Horizon	MGD		84.98	0.3828			12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Horizon	Medicare Blue		66.6	0.3			12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Horizon	Indemnity		84.98	0.3828			12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Horizon	PPO		84.98	0.3828			12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Managed Care Inc	Managed Care Inc		199.8	0.9			12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Multiplan	Multiplan		177.6	0.8			12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Qualcare	Qualcare		166.5	0.75			12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Three Rivers	Three Rivers		210.9	0.95			12.91	210.9	percent of total billed charges	
D-XYLOSE	84620	CPT	outpatient			222	14.85	UHC	Medicaid		16				12.91	210.9	case rate	
D-XYLOSE	84620	CPT	outpatient			222	14.85	UHC	Medicare		12.91				12.91	210.9	case rate	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Wellcare	Medicare		12.91				12.91	210.9	case rate	
D-XYLOSE	84620	CPT	outpatient			222	14.85	Wellcare	Medicaid		16				12.91	210.9	case rate	
ZINC RBC (070029)	84630	CPT	both			204	13.1	Aetna	Commercial		77.52	0.38			8.1	193.8	percent of total billed charges	
ZINC RBC (070029)	84630	CPT	both			204	13.1	Aetna	Medicare		62.83	0.308			8.1	193.8	percent of total billed charges	
ZINC RBC (070029)	84630	CPT	both			204	13.1	Aetna	Better Health		64.18	0.3146			8.1	193.8	percent of total billed charges	
ZINC RBC (070029)	84630	CPT	both			204	13.1	Americare	Americare		153	0.75			8.1	193.8	percent of total billed charges	
ZINC RBC (070029)	84630	CPT	both			204	13.1	WellPoint	WellPoint		65.44	0.3208			8.1	193.8	percent of total billed charges	
ZINC RBC (070029)	84630	CPT	both			204	13.1	Amerihealth	Medicare		11.39				8.1	193.8	case rate	
ZINC RBC (070029)	84630	CPT	both			204	13.1	Consumer	Consumer		193.8	0.95			8.1	193.8	percent of total billed charges	
ZINC RBC (070029)	84630	CPT	both			204	13.1	Corrections	Corrections		163.2	0.8			8.1	193.8	percent of total billed charges	
ZINC RBC (070029)	84630	CPT	both			204	13.1	First Health	First Health		142.8	0.7			8.1	193.8	percent of total billed charges	
ZINC RBC (070029)	84630	CPT	both			204	13.1	First Trenton	First Trenton		183.6	0.9			8.1	193.8	percent of total billed charges	
ZINC RBC (070029)	84630	CPT	both			204	13.1	Horizon	Medicare Blue		61.2	0.3			8.1	193.8	percent of total billed charges	
ZINC RBC (070029)	84630	CPT	both			204	13.1	Horizon	Indemnity		78.09	0.3828			8.1	193.8	percent of total billed charges	
ZINC RBC (070029)	84630	CPT	both			204	13.1	Horizon	MGD		78.09	0.3828			8.1	193.8	percent of total billed charges	
ZINC RBC (070029)	84630	CPT	both			204	13.1	Horizon	PPO		78.09	0.3828			8.1	193.8	percent of total billed charges	
ZINC RBC (070029)	84630	CPT	both			204	13.1	Managed Care Inc	Managed Care Inc		183.6	0.9			8.1	193.8	percent of total billed charges	
ZINC RBC (070029)	84630	CPT	both			204	13.1	Multiplan	Multiplan		163.2	0.8			8.1	193.8	percent of total billed charges	
ZINC RBC (070029)	84630	CPT	both			204	13.1	Qualcare	Qualcare		153	0.75			8.1	193.8	percent of total billed charges	
ZINC RBC (070029)	84630	CPT	both			204	13.1	Three Rivers	Three Rivers		193.8	0.95			8.1	193.8	percent of total billed charges	
ZINC RBC (070029)	84630	CPT	both			204	13.1	UHC	Medicaid		64.18	0.3146			8.1	193.8	percent of total billed charges	
ZINC RBC (070029)	84630	CPT	both			204	13.1	UHC	Medicare		11.39				8.1	193.8	case rate	
ZINC RBC (070029)	84630	CPT	both			204	13.1	Wellcare	Medicare		11.39				8.1	193.8	case rate	
ZINC RBC (070029)	84630	CPT	both			204	13.1	Wellcare	Medicaid		64.18	0.3146			8.1	193.8	percent of total billed charges	
INSULIN C-PEPTIDE SERUM	84681	CPT	both			150	23.93	Aetna	Commercial		57	0.38			14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE SERUM	84681	CPT	both			150	23.93	Aetna	Better Health		47.19	0.3146			14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE SERUM	84681	CPT	both			150	23.93	Aetna	Medicare		20.81				14.1	142.5	case rate	
INSULIN C-PEPTIDE SERUM	84681	CPT	both			150	23.93	Americare	Americare		112.5	0.75			14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE SERUM	84681	CPT	both			150	23.93	WellPoint	WellPoint		48.12	0.3208			14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE SERUM	84681	CPT	both			150	23.93	Amerihealth	Medicare		20.81				14.1	142.5	case rate	
INSULIN C-PEPTIDE SERUM	84681	CPT	both			150	23.93	Consumer	Consumer		142.5	0.95			14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE SERUM	84681	CPT	both			150	23.93	Corrections	Corrections		120	0.8			14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE SERUM	84681	CPT	both			150	23.93	First Health	First Health		105	0.7			14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE SERUM	84681	CPT	both			150	23.93	First Trenton	First Trenton		135	0.9			14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE SERUM	84681	CPT	both			150	23.93	Horizon	Medicare Blue		45	0.3			14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE SERUM	84681	CPT	both			150	23.93	Horizon	MGD		57.42	0.3828			14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE SERUM	84681	CPT	both			150	23.93	Horizon	Indemnity		57.42	0.3828			14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE SERUM	84681	CPT	both			150	23.93	Horizon	PPO		57.42	0.3828			14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE SERUM	84681	CPT	both			150	23.93	Managed Care Inc	Managed Care Inc		135	0.9			14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE SERUM	84681	CPT	both			150	23.93	Multiplan	Multiplan		120	0.8			14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE SERUM	84681	CPT	both			150	23.93	Qualcare	Qualcare		112.5	0.75			14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE SERUM	84681	CPT	both			150	23.93	Three Rivers	Three Rivers		142.5	0.95			14.1	142.5	percent of total billed charges	
INSULIN C-PEPTIDE SERUM	84681	CPT	both			150	23.93	UHC	Medicare		20.81				14.1	142.5	case rate	
INSULIN C-PEPTIDE SERUM	84681	CPT	both			150	23.93	UHC	Medicaid		22				14.1	142.5	case rate	
INSULIN C-PEPTIDE SERUM	84681	CPT	both			150	23.93	Wellcare	Medicaid		22				14.1	142.5	case rate	
INSULIN C-PEPTIDE SERUM	84681	CPT	both			150	23.93	Wellcare	Medicare		20.81				14.1	142.5	case rate	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Aetna	Better Health		48.13	0.3146			10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Aetna	Commercial		58.14	0.38			10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Aetna	Medicare		15.05				10.2	145.35	case rate	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Americare	Americare		114.75	0.75			10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	WellPoint	WellPoint		49.08	0.3208			10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Amerihealth	Medicare		15.05				10.2	145.35	case rate	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Consumer	Consumer		145.35	0.95			10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	Corrections	Corrections		122.4	0.8			10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	First Health	First Health		107.1	0.7			10.2	145.35	percent of total billed charges	
HCG, QUANTITATIVE	84702	CPT	both			153	17.31	First Trenton	First Trenton		137.7	0.9			10.2	145.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HCG; QUANTITATIVE	84702	CPT	both			153	17.31	Horizon	MGD		58.57	0.3828			10.2	145.35	percent of total billed charges	
HCG; QUANTITATIVE	84702	CPT	both			153	17.31	Horizon	Medicare Blue		45.9	0.3			10.2	145.35	percent of total billed charges	
HCG; QUANTITATIVE	84702	CPT	both			153	17.31	Horizon	Indemnity		58.57	0.3828			10.2	145.35	percent of total billed charges	
HCG; QUANTITATIVE	84702	CPT	both			153	17.31	Horizon	PPO		58.57	0.3828			10.2	145.35	percent of total billed charges	
HCG; QUANTITATIVE	84702	CPT	both			153	17.31	Managed Care Inc	Managed Care Inc		137.7	0.9			10.2	145.35	percent of total billed charges	
HCG; QUANTITATIVE	84702	CPT	both			153	17.31	Multiplan	Multiplan		122.4	0.8			10.2	145.35	percent of total billed charges	
HCG; QUANTITATIVE	84702	CPT	both			153	17.31	Qualcare	Qualcare		114.75	0.75			10.2	145.35	percent of total billed charges	
HCG; QUANTITATIVE	84702	CPT	both			153	17.31	Three Rivers	Three Rivers		145.35	0.95			10.2	145.35	percent of total billed charges	
HCG; QUANTITATIVE	84702	CPT	both			153	17.31	UHC	Medicaid		11.39				10.2	145.35	case rate	
HCG; QUANTITATIVE	84702	CPT	both			153	17.31	UHC	Medicare		15.05				10.2	145.35	case rate	
HCG; QUANTITATIVE	84702	CPT	both			153	17.31	Wellcare	Medicare		15.05				10.2	145.35	case rate	
HCG; QUANTITATIVE	84702	CPT	both			153	17.31	Wellcare	Medicaid		11.39				10.2	145.35	case rate	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Aetna	Commercial		66.88	0.38			3	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Aetna	Better Health		55.37	0.3146			3	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Aetna	Medicare		7.52				3	167.2	case rate	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Americare	Americare		132	0.75			3	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	WellPoint	WellPoint		56.46	0.3208			3	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Amerihealth	Medicare		7.52				3	167.2	case rate	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Consumer	Consumer		167.2	0.95			3	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Corrections	Corrections		140.8	0.8			3	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	First Health	First Health		123.2	0.7			3	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	First Trenton	First Trenton		158.4	0.9			3	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Horizon	PPO		67.37	0.3828			3	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Horizon	Medicare Blue		52.8	0.3			3	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Horizon	Indemnity		67.37	0.3828			3	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Horizon	MGD		67.37	0.3828			3	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Managed Care Inc	Managed Care Inc		158.4	0.9			3	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Multiplan	Multiplan		140.8	0.8			3	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Qualcare	Qualcare		132	0.75			3	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Three Rivers	Three Rivers		167.2	0.95			3	167.2	percent of total billed charges	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	UHC	Medicaid		3				3	167.2	case rate	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	UHC	Medicare		7.52				3	167.2	case rate	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Wellcare	Medicare		7.52				3	167.2	case rate	
SERUM PREGNANCY TEST	84703	CPT	both			176	8.65	Wellcare	Medicaid		3				3	167.2	case rate	
POTASSIUM FECAL	84999	CPT	both			751		Aetna	Better Health		236.26	0.3146			1.6	713.45	percent of total billed charges	
POTASSIUM FECAL	84999	CPT	both			751		Aetna	Medicare		231.31	0.308			1.6	713.45	percent of total billed charges	
POTASSIUM FECAL	84999	CPT	both			751		Aetna	Commercial		285.38	0.38			1.6	713.45	percent of total billed charges	
POTASSIUM FECAL	84999	CPT	both			751		Americare	Americare		563.25	0.75			1.6	713.45	percent of total billed charges	
POTASSIUM FECAL	84999	CPT	both			751		WellPoint	WellPoint		240.92	0.3208			1.6	713.45	percent of total billed charges	
POTASSIUM FECAL	84999	CPT	both			751		Consumer	Consumer		713.45	0.95			1.6	713.45	percent of total billed charges	
POTASSIUM FECAL	84999	CPT	both			751		Corrections	Corrections		600.8	0.8			1.6	713.45	percent of total billed charges	
POTASSIUM FECAL	84999	CPT	both			751		First Health	First Health		525.7	0.7			1.6	713.45	percent of total billed charges	
POTASSIUM FECAL	84999	CPT	both			751		First Trenton	First Trenton		675.9	0.9			1.6	713.45	percent of total billed charges	
POTASSIUM FECAL	84999	CPT	both			751		Horizon	MGD		287.48	0.3828			1.6	713.45	percent of total billed charges	
POTASSIUM FECAL	84999	CPT	both			751		Horizon	Indemnity		287.48	0.3828			1.6	713.45	percent of total billed charges	
POTASSIUM FECAL	84999	CPT	both			751		Horizon	NJ Health		75.1	0.1			1.6	713.45	percent of total billed charges	
POTASSIUM FECAL	84999	CPT	both			751		Horizon	PPO		287.48	0.3828			1.6	713.45	percent of total billed charges	
POTASSIUM FECAL	84999	CPT	both			751		Horizon	Medicare Blue		225.3	0.3			1.6	713.45	percent of total billed charges	
POTASSIUM FECAL	84999	CPT	both			751		Managed Care Inc	Managed Care Inc		675.9	0.9			1.6	713.45	percent of total billed charges	
POTASSIUM FECAL	84999	CPT	both			751		Multiplan	Multiplan		600.8	0.8			1.6	713.45	percent of total billed charges	
POTASSIUM FECAL	84999	CPT	both			751		Qualcare	Qualcare		563.25	0.75			1.6	713.45	percent of total billed charges	
POTASSIUM FECAL	84999	CPT	both			751		Three Rivers	Three Rivers		713.45	0.95			1.6	713.45	percent of total billed charges	
POTASSIUM FECAL	84999	CPT	both			751		UHC	Medicaid		236.26	0.3146			1.6	713.45	percent of total billed charges	
POTASSIUM FECAL	84999	CPT	both			751		Wellcare	Medicaid		236.26	0.3146			1.6	713.45	percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Aetna	Medicare		3.8				2.4	37.05	case rate	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Aetna	Commercial		14.82	0.38			2.4	37.05	percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Aetna	Better Health		12.27	0.3146			2.4	37.05	percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Americare	Americare		29.25	0.75			2.4	37.05	percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	WellPoint	WellPoint		12.51	0.3208			2.4	37.05	percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Amerihealth	Medicare		3.8				2.4	37.05	case rate	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Consumer	Consumer		37.05	0.95			2.4	37.05	percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Corrections	Corrections		31.2	0.8			2.4	37.05	percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	First Health	First Health		27.3	0.7			2.4	37.05	percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	First Trenton	First Trenton		35.1	0.9			2.4	37.05	percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Horizon	Indemnity		14.93	0.3828			2.4	37.05	percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Horizon	Medicare Blue		11.7	0.3			2.4	37.05	percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Horizon	MGD		14.93	0.3828			2.4	37.05	percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Horizon	PPO		14.93	0.3828			2.4	37.05	percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Managed Care Inc	Managed Care Inc		35.1	0.9			2.4	37.05	percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Multiplan	Multiplan		31.2	0.8			2.4	37.05	percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Qualcare	Qualcare		29.25	0.75			2.4	37.05	percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Three Rivers	Three Rivers		37.05	0.95			2.4	37.05	percent of total billed charges	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	UHC	Medicare		3.8				2.4	37.05	case rate	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	UHC	Medicaid		2.4				2.4	37.05	case rate	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Wellcare	Medicare		3.8				2.4	37.05	case rate	
MANUAL DIFFERENTIAL	85007	CPT	both			39	4.37	Wellcare	Medicaid		2.4				2.4	37.05	case rate	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Aetna	Medicare		3.43				1.2	27.55	case rate	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Aetna	Commercial		11.02	0.38			1.2	27.55	percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Aetna	Better Health		9.12	0.3146			1.2	27.55	percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Americare	Americare		21.75	0.75			1.2	27.55	percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	WellPoint	WellPoint		9.3	0.3208			1.2	27.55	percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Amerihealth	Medicare		3.43				1.2	27.55	case rate	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Consumer	Consumer		27.55	0.95			1.2	27.55	percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Corrections	Corrections		23.2	0.8			1.2	27.55	percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	First Health	First Health		20.3	0.7			1.2	27.55	percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	First Trenton	First Trenton		26.1	0.9			1.2	27.55	percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Horizon	Medicare Blue		8.7	0.3			1.2	27.55	percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Horizon	PPO		11.1	0.3828			1.2	27.55	percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Horizon	Indemnity		11.1	0.3828			1.2	27.55	percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Horizon	MGD		11.1	0.3828			1.2	27.55	percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Managed Care Inc	Managed Care Inc		26.1	0.9			1.2	27.55	percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Multiplan	Multiplan		23.2	0.8			1.2	27.55	percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Qualcare	Qualcare		21.75	0.75			1.2	27.55	percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Three Rivers	Three Rivers		27.55	0.95			1.2	27.55	percent of total billed charges	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	UHC	Medicare		3.43				1.2	27.55	case rate	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	UHC	Medicaid		1.2				1.2	27.55	case rate	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Wellcare	Medicaid		1.2				1.2	27.55	case rate	
BLOOD SMEAR W/O MANUAL DIFF WBC COUNT	85008	CPT	outpatient			29	3.94	Wellcare	Medicare		3.43				1.2	27.55	case rate	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Aetna	Medicare		5.07				1.2	28.5	case rate	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Aetna	Commercial		11.4	0.38			1.2	28.5	percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Aetna	Better Health		9.44	0.3146			1.2	28.5	percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Americare	Americare		22.5	0.75			1.2	28.5	percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	WellPoint	WellPoint		9.62	0.3208			1.2	28.5	percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Amerihealth	Medicare		5.07				1.2	28.5	case rate	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Consumer	Consumer		28.5	0.95			1.2	28.5	percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Corrections	Corrections		24	0.8			1.2	28.5	percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	First Health	First Health		21	0.7			1.2	28.5	percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	First Trenton	First Trenton		27	0.9			1.2	28.5	percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Horizon	Indemnity		11.48	0.3828			1.2	28.5	percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Horizon	Medicare Blue		9	0.3			1.2	28.5	percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Horizon	MGD		11.48	0.3828			1.2	28.5	percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Horizon	PPO		11.48	0.3828			1.2	28.5	percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Managed Care Inc	Managed Care Inc		27	0.9			1.2	28.5	percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Multiplan	Multiplan		24	0.8			1.2	28.5	percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Qualcare	Qualcare		22.5	0.75			1.2	28.5	percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Three Rivers	Three Rivers		28.5	0.95			1.2	28.5	percent of total billed charges	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	UHC	Medicare		5.07				1.2	28.5	case rate	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	UHC	Medicaid		1.2				1.2	28.5	case rate	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Wellcare	Medicare		5.07				1.2	28.5	case rate	
MANUAL DIFF WBC COUNT BUFFY COAT	85009	CPT	outpatient			30	5.83	Wellcare	Medicaid		1.2				1.2	28.5	case rate	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Aetna	Commercial		9.12	0.38			7	22.8	percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Aetna	Better Health		7.55	0.3146			7	22.8	percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Aetna	Medicare		7.39	0.308			7	22.8	percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Americare	Americare		18	0.75			7	22.8	percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	WellPoint	WellPoint		7.7	0.3208			7	22.8	percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Amerihealth	Medicare		7				7	22.8	case rate	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Consumer	Consumer		22.8	0.95			7	22.8	percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Corrections	Corrections		19.2	0.8			7	22.8	percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	First Health	First Health		16.8	0.7			7	22.8	percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	First Trenton	First Trenton		21.6	0.9			7	22.8	percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Horizon	MGD		9.19	0.3828			7	22.8	percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Horizon	Medicare Blue		7.2	0.3			7	22.8	percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Horizon	Indemnity		9.19	0.3828			7	22.8	percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Horizon	PPO		9.19	0.3828			7	22.8	percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Managed Care Inc	Managed Care Inc		21.6	0.9			7	22.8	percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Multiplan	Multiplan		19.2	0.8			7	22.8	percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Qualcare	Qualcare		18	0.75			7	22.8	percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Three Rivers	Three Rivers		22.8	0.95			7	22.8	percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	UHC	Medicaid		7.55	0.3146			7	22.8	percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	UHC	Medicare		7				7	22.8	case rate	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Wellcare	Medicaid		7.55	0.3146			7	22.8	percent of total billed charges	
SPUN HEMATOCRIT	85013	CPT	outpatient			24	8.05	Wellcare	Medicare		7				7	22.8	case rate	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Aetna	Medicare		2.37				1.5	22.8	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Aetna	Better Health		7.55	0.3146			1.5	22.8	percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Aetna	Commercial		9.12	0.38			1.5	22.8	percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Americare	Americare		18	0.75			1.5	22.8	percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	WellPoint	WellPoint		7.7	0.3208			1.5	22.8	percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Amerihealth	Medicare		2.37				1.5	22.8	case rate	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Consumer	Consumer		22.8	0.95			1.5	22.8	percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Corrections	Corrections		19.2	0.8			1.5	22.8	percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	First Health	First Health		16.8	0.7			1.5	22.8	percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	First Trenton	First Trenton		21.6	0.9			1.5	22.8	percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Horizon	Medicare Blue		7.2	0.3			1.5	22.8	percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Horizon	Indemnity		9.19	0.3828			1.5	22.8	percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Horizon	MGD		9.19	0.3828			1.5	22.8	percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Horizon	PPO		9.19	0.3828			1.5	22.8	percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Managed Care Inc	Managed Care Inc		21.6	0.9			1.5	22.8	percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Multiplan	Multiplan		19.2	0.8			1.5	22.8	percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Qualcare	Qualcare		18	0.75			1.5	22.8	percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Three Rivers	Three Rivers		22.8	0.95			1.5	22.8	percent of total billed charges	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	UHC	Medicare		2.37				1.5	22.8	case rate	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	UHC	Medicaid		1.5				1.5	22.8	case rate	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Wellcare	Medicare		2.37				1.5	22.8	case rate	
HEMATOCRIT(HCT)	85014	CPT	both			24	2.73	Wellcare	Medicaid		1.5				1.5	22.8	case rate	
HGB	85018	CPT	both			65	2.73	Aetna	Commercial		24.7	0.38			2.37	61.75	percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Aetna	Better Health		20.45	0.3146			2.37	61.75	percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Aetna	Medicare		20.02	0.308			2.37	61.75	percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Americare	Americare		48.75	0.75			2.37	61.75	percent of total billed charges	
HGB	85018	CPT	both			65	2.73	WellPoint	WellPoint		20.85	0.3208			2.37	61.75	percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Amerihealth	Medicare		2.37				2.37	61.75	case rate	
HGB	85018	CPT	both			65	2.73	Consumer	Consumer		61.75	0.95			2.37	61.75	percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Corrections	Corrections		52	0.8			2.37	61.75	percent of total billed charges	
HGB	85018	CPT	both			65	2.73	First Health	First Health		45.5	0.7			2.37	61.75	percent of total billed charges	
HGB	85018	CPT	both			65	2.73	First Trenton	First Trenton		58.5	0.9			2.37	61.75	percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Horizon	Medicare Blue		19.5	0.3			2.37	61.75	percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Horizon	MGD		24.88	0.3828			2.37	61.75	percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Horizon	Indemnity		24.88	0.3828			2.37	61.75	percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Horizon	PPO		24.88	0.3828			2.37	61.75	percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Managed Care Inc	Managed Care Inc		58.5	0.9			2.37	61.75	percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Multiplan	Multiplan		52	0.8			2.37	61.75	percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Qualcare	Qualcare		48.75	0.75			2.37	61.75	percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Three Rivers	Three Rivers		61.75	0.95			2.37	61.75	percent of total billed charges	
HGB	85018	CPT	both			65	2.73	UHC	Medicare		2.37				2.37	61.75	case rate	
HGB	85018	CPT	both			65	2.73	UHC	Medicaid		20.45	0.3146			2.37	61.75	percent of total billed charges	
HGB	85018	CPT	both			65	2.73	Wellcare	Medicare		2.37				2.37	61.75	case rate	
HGB	85018	CPT	both			65	2.73	Wellcare	Medicaid		20.45	0.3146			2.37	61.75	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Aetna	Commercial		16.72	0.38			5	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Aetna	Better Health		13.84	0.3146			5	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Aetna	Medicare		7.77				5	41.8	case rate	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Americare	Americare		33	0.75			5	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	WellPoint	WellPoint		14.12	0.3208			5	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Amerihealth	Medicare		7.77				5	41.8	case rate	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Consumer	Consumer		41.8	0.95			5	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Corrections	Corrections		35.2	0.8			5	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	First Health	First Health		30.8	0.7			5	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	First Trenton	First Trenton		39.6	0.9			5	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Horizon	Indemnity		16.84	0.3828			5	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Horizon	MGD		16.84	0.3828			5	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Horizon	Medicare Blue		13.2	0.3			5	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Horizon	PPO		16.84	0.3828			5	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Managed Care Inc	Managed Care Inc		39.6	0.9			5	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Multiplan	Multiplan		35.2	0.8			5	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Qualcare	Qualcare		33	0.75			5	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Three Rivers	Three Rivers		41.8	0.95			5	41.8	percent of total billed charges	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	UHC	Medicaid		5				5	41.8	case rate	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	UHC	Medicare		7.77				5	41.8	case rate	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Wellcare	Medicaid		5				5	41.8	case rate	
CBC W/ DIFFERENTIAL	85025	CPT	both			44	8.94	Wellcare	Medicare		7.77				5	41.8	case rate	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Aetna	Commercial		12.92	0.38			4.8	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Aetna	Medicare		6.47				4.8	32.3	case rate	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Aetna	Better Health		10.7	0.3146			4.8	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Americare	Americare		25.5	0.75			4.8	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	WellPoint	WellPoint		10.91	0.3208			4.8	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Amerihealth	Medicare		6.47				4.8	32.3	case rate	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Consumer	Consumer		32.3	0.95			4.8	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Corrections	Corrections		27.2	0.8			4.8	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	First Health	First Health		23.8	0.7			4.8	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	First Trenton	First Trenton		30.6	0.9			4.8	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Horizon	Indemnity		13.02	0.3828			4.8	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Horizon	Medicare Blue		10.2	0.3			4.8	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Horizon	MGD		13.02	0.3828			4.8	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Horizon	PPO		13.02	0.3828			4.8	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Managed Care Inc	Managed Care Inc		30.6	0.9			4.8	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Multiplan	Multiplan		27.2	0.8			4.8	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Qualcare	Qualcare		25.5	0.75			4.8	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Three Rivers	Three Rivers		32.3	0.95			4.8	32.3	percent of total billed charges	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	UHC	Medicare		6.47				4.8	32.3	case rate	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	UHC	Medicaid		4.8				4.8	32.3	case rate	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Wellcare	Medicare		6.47				4.8	32.3	case rate	
COMP.BLOOD COUNT (CBC)	85027	CPT	both			34	7.44	Wellcare	Medicaid		4.8				4.8	32.3	case rate	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Aetna	Better Health		58.52	0.3146			3	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Aetna	Commercial		70.68	0.38			3	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Aetna	Medicare		57.29	0.308			3	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Americare	Americare		139.5	0.75			3	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	WellPoint	WellPoint		59.67	0.3208			3	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Amerihealth	Medicare		3.02				3	176.7	case rate	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Consumer	Consumer		176.7	0.95			3	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Corrections	Corrections		148.8	0.8			3	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	First Health	First Health		130.2	0.7			3	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	First Trenton	First Trenton		167.4	0.9			3	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Horizon	Medicare Blue		55.8	0.3			3	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Horizon	Indemnity		71.2	0.3828			3	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Horizon	MGD		71.2	0.3828			3	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Horizon	PPO		71.2	0.3828			3	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Managed Care Inc	Managed Care Inc		167.4	0.9			3	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Multiplan	Multiplan		148.8	0.8			3	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Qualcare	Qualcare		139.5	0.75			3	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Three Rivers	Three Rivers		176.7	0.95			3	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	UHC	Medicaid		58.52	0.3146			3	176.7	percent of total billed charges	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	UHC	Medicare		3.02				3	176.7	case rate	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Wellcare	Medicare		3.02				3	176.7	case rate	
RBC; AUTOMATED	85041	CPT	outpatient			186	3.47	Wellcare	Medicaid		58.52	0.3146			3	176.7	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Aetna	Better Health		6.29	0.3146			3	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Aetna	Medicare		4.31				3	19	case rate	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Aetna	Commercial		7.6	0.38			3	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Americare	Americare		15	0.75			3	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	WellPoint	WellPoint		6.42	0.3208			3	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Amerihealth	Medicare		4.31				3	19	case rate	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Consumer	Consumer		19	0.95			3	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Corrections	Corrections		16	0.8			3	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	First Health	First Health		14	0.7			3	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	First Trenton	First Trenton		18	0.9			3	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Horizon	MGD		7.66	0.3828			3	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Horizon	Indemnity		7.66	0.3828			3	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Horizon	PPO		7.66	0.3828			3	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Horizon	Medicare Blue		6	0.3			3	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Managed Care Inc	Managed Care Inc		18	0.9			3	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Multiplan	Multiplan		16	0.8			3	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Qualcare	Qualcare		15	0.75			3	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Three Rivers	Three Rivers		19	0.95			3	19	percent of total billed charges	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	UHC	Medicare		4.31				3	19	case rate	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	UHC	Medicaid		3				3	19	case rate	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Wellcare	Medicaid		3				3	19	case rate	
RETICULOCYTE MANUAL	85044	CPT	outpatient			20	4.96	Wellcare	Medicare		4.31				3	19	case rate	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Aetna	Better Health		13.53	0.3146			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Aetna	Medicare		3.99				3.99	40.85	case rate	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Aetna	Commercial		16.34	0.38			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Americare	Americare		32.25	0.75			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	WellPoint	WellPoint		13.79	0.3208			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Amerihealth	Medicare		3.99				3.99	40.85	case rate	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Consumer	Consumer		40.85	0.95			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Corrections	Corrections		34.4	0.8			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	First Health	First Health		30.1	0.7			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	First Trenton	First Trenton		38.7	0.9			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Horizon	MGD		16.46	0.3828			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Horizon	Indemnity		16.46	0.3828			3.99	40.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Horizon	Medicare Blue		12.9	0.3			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Horizon	PPO		16.46	0.3828			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Managed Care Inc	Managed Care Inc		38.7	0.9			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Multiplan	Multiplan		34.4	0.8			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Qualcare	Qualcare		32.25	0.75			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Three Rivers	Three Rivers		40.85	0.95			3.99	40.85	percent of total billed charges	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	UHC	Medicare		3.99				3.99	40.85	case rate	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	UHC	Medicaid		4				3.99	40.85	case rate	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Wellcare	Medicaid		4				3.99	40.85	case rate	
RETICULOCYTE AUTOMATED	85045	CPT	both			43	4.59	Wellcare	Medicare		3.99				3.99	40.85	case rate	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Aetna	Medicare		4.48				4.48	40.85	case rate	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Aetna	Commercial		16.34	0.38			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Aetna	Better Health		13.53	0.3146			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Americare	Americare		32.25	0.75			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	WellPoint	WellPoint		13.79	0.3208			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Amerihealth	Medicare		4.48				4.48	40.85	case rate	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Consumer	Consumer		40.85	0.95			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Corrections	Corrections		34.4	0.8			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	First Health	First Health		30.1	0.7			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	First Trenton	First Trenton		38.7	0.9			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Horizon	Medicare Blue		12.9	0.3			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Horizon	MGD		16.46	0.3828			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Horizon	Indemnity		16.46	0.3828			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Horizon	PPO		16.46	0.3828			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Managed Care Inc	Managed Care Inc		38.7	0.9			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Multiplan	Multiplan		34.4	0.8			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Qualcare	Qualcare		32.25	0.75			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Three Rivers	Three Rivers		40.85	0.95			4.48	40.85	percent of total billed charges	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	UHC	Medicaid		5				4.48	40.85	case rate	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	UHC	Medicare		4.48				4.48	40.85	case rate	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Wellcare	Medicaid		5				4.48	40.85	case rate	
RECTICULOCYTES PLATELET AUTO	85049	CPT	both			43	5.15	Wellcare	Medicare		4.48				4.48	40.85	case rate	
BLD SMEAR PERIPHERAL INTERP	85060	CPT	outpatient			144		Aetna	Better Health		45.3	0.3146			8	136.8	percent of total billed charges	
BLD SMEAR PERIPHERAL INTERP	85060	CPT	outpatient			144		Aetna	Medicare		44.35	0.308			8	136.8	percent of total billed charges	
BLD SMEAR PERIPHERAL INTERP	85060	CPT	outpatient			144		Aetna	Commercial		54.72	0.38			8	136.8	percent of total billed charges	
BLD SMEAR PERIPHERAL INTERP	85060	CPT	outpatient			144		Americare	Americare		108	0.75			8	136.8	percent of total billed charges	
BLD SMEAR PERIPHERAL INTERP	85060	CPT	outpatient			144		WellPoint	WellPoint		46.2	0.3208			8	136.8	percent of total billed charges	
BLD SMEAR PERIPHERAL INTERP	85060	CPT	outpatient			144		Consumer	Consumer		136.8	0.95			8	136.8	percent of total billed charges	
BLD SMEAR PERIPHERAL INTERP	85060	CPT	outpatient			144		Corrections	Corrections		115.2	0.8			8	136.8	percent of total billed charges	
BLD SMEAR PERIPHERAL INTERP	85060	CPT	outpatient			144		First Health	First Health		100.8	0.7			8	136.8	percent of total billed charges	
BLD SMEAR PERIPHERAL INTERP	85060	CPT	outpatient			144		First Trenton	First Trenton		129.6	0.9			8	136.8	percent of total billed charges	
BLD SMEAR PERIPHERAL INTERP	85060	CPT	outpatient			144		Horizon	MGD		55.12	0.3828			8	136.8	percent of total billed charges	
BLD SMEAR PERIPHERAL INTERP	85060	CPT	outpatient			144		Horizon	Medicare Blue		43.2	0.3			8	136.8	percent of total billed charges	
BLD SMEAR PERIPHERAL INTERP	85060	CPT	outpatient			144		Horizon	Indemnity		55.12	0.3828			8	136.8	percent of total billed charges	
BLD SMEAR PERIPHERAL INTERP	85060	CPT	outpatient			144		Horizon	PPO		55.12	0.3828			8	136.8	percent of total billed charges	
BLD SMEAR PERIPHERAL INTERP	85060	CPT	outpatient			144		Managed Care Inc	Managed Care Inc		129.6	0.9			8	136.8	percent of total billed charges	
BLD SMEAR PERIPHERAL INTERP	85060	CPT	outpatient			144		Multiplan	Multiplan		115.2	0.8			8	136.8	percent of total billed charges	
BLD SMEAR PERIPHERAL INTERP	85060	CPT	outpatient			144		Qualcare	Qualcare		108	0.75			8	136.8	percent of total billed charges	
BLD SMEAR PERIPHERAL INTERP	85060	CPT	outpatient			144		Three Rivers	Three Rivers		136.8	0.95			8	136.8	percent of total billed charges	
BLOOD SMEAR INTER BY DR WI REPORT	85060	CPT	outpatient			144		UHC	Medicaid		8				8	136.8	case rate	
BLOOD SMEAR INTER BY DR WI REPORT	85060	CPT	outpatient			144		Wellcare	Medicaid		8				8	136.8	case rate	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Aetna	Better Health		617.87	0.3146			74.54	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Aetna	Medicare		604.91	0.308			74.54	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Aetna	Commercial		1565.62	1.592			74.54	1865.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Americare	Americare		1473	0.75			74.54	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	WellPoint	WellPoint		630.05	0.3208			74.54	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Amerihealth	Medicare		983.43	1			74.54	1865.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Consumer	Consumer		1865.8	0.95			74.54	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Corrections	Corrections		1571.2	0.8			74.54	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	First Health	First Health		1374.8	0.7			74.54	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	First Trenton	First Trenton		1767.6	0.9			74.54	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Horizon	Medicare Blue		983.43	1			74.54	1865.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Horizon	Indemnity		1796.73	1.827			74.54	1865.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Horizon	MGD		1796.73	1.827			74.54	1865.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Horizon	PPO		1796.73	1.827			74.54	1865.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Managed Care Inc	Managed Care Inc		1767.6	0.9			74.54	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Multiplan	Multiplan		1571.2	0.8			74.54	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Qualcare	Qualcare		1473	0.75			74.54	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Three Rivers	Three Rivers		1865.8	0.95			74.54	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	UHC	Medicaid		617.87	0.3146			74.54	1865.8	percent of total billed charges	
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	UHC	Medicare		983.43	1			74.54	1865.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Wellcare	Medicare		983.43	1			74.54	1865.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BONE MARROWSMEAR INTERP	85097	CPT	both			1964	1130.94	Wellcare	Medicaid		617.87	0.3146			74.54	1865.8	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Aetna	Better Health		44.04	0.3146			3	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Aetna	Commercial		53.2	0.38			3	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Aetna	Medicare		12.98				3	133	case rate	
FACTOR II	85210	CPT	both			140	14.93	Americare	Americare		105	0.75			3	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	WellPoint	WellPoint		44.91	0.3208			3	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Amerihealth	Medicare		12.98				3	133	case rate	
FACTOR II	85210	CPT	both			140	14.93	Consumer	Consumer		133	0.95			3	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Corrections	Corrections		112	0.8			3	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	First Health	First Health		98	0.7			3	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	First Trenton	First Trenton		126	0.9			3	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Horizon	Medicare Blue		42	0.3			3	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Horizon	Indemnity		53.59	0.3828			3	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Horizon	MGD		53.59	0.3828			3	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Horizon	PPO		53.59	0.3828			3	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Managed Care Inc	Managed Care Inc		126	0.9			3	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Multiplan	Multiplan		112	0.8			3	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Qualcare	Qualcare		105	0.75			3	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	Three Rivers	Three Rivers		133	0.95			3	133	percent of total billed charges	
FACTOR II	85210	CPT	both			140	14.93	UHC	Medicare		12.98				3	133	case rate	
FACTOR II	85210	CPT	both			140	14.93	UHC	Medicaid		3				3	133	case rate	
FACTOR II	85210	CPT	both			140	14.93	Wellcare	Medicare		12.98				3	133	case rate	
FACTOR II	85210	CPT	both			140	14.93	Wellcare	Medicaid		3				3	133	case rate	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Aetna	Better Health		50.34	0.3146			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Aetna	Medicare		17.65				17.65	152	case rate	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Aetna	Commercial		60.8	0.38			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Americare	Americare		120	0.75			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	WellPoint	WellPoint		51.33	0.3208			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Amerihealth	Medicare		17.65				17.65	152	case rate	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Consumer	Consumer		152	0.95			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Corrections	Corrections		128	0.8			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	First Health	First Health		112	0.7			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	First Trenton	First Trenton		144	0.9			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Horizon	MGD		61.25	0.3828			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Horizon	Indemnity		61.25	0.3828			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Horizon	PPO		61.25	0.3828			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Horizon	Medicare Blue		48	0.3			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Managed Care Inc	Managed Care Inc		144	0.9			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Multiplan	Multiplan		128	0.8			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Qualcare	Qualcare		120	0.75			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Three Rivers	Three Rivers		152	0.95			17.65	152	percent of total billed charges	
FACTOR V ASSAY	85220	CPT	both			160	20.3	UHC	Medicare		17.65				17.65	152	case rate	
FACTOR V ASSAY	85220	CPT	both			160	20.3	UHC	Medicaid		24				17.65	152	case rate	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Wellcare	Medicaid		24				17.65	152	case rate	
FACTOR V ASSAY	85220	CPT	both			160	20.3	Wellcare	Medicare		17.65				17.65	152	case rate	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Aetna	Medicare		17.9				17.9	152.95	case rate	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Aetna	Better Health		50.65	0.3146			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Aetna	Commercial		61.18	0.38			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Americare	Americare		120.75	0.75			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	WellPoint	WellPoint		51.65	0.3208			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Amerihealth	Medicare		17.9				17.9	152.95	case rate	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Consumer	Consumer		152.95	0.95			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Corrections	Corrections		128.8	0.8			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	First Health	First Health		112.7	0.7			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	First Trenton	First Trenton		144.9	0.9			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Horizon	PPO		61.63	0.3828			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Horizon	MGD		61.63	0.3828			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Horizon	Medicare Blue		48.3	0.3			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Horizon	Indemnity		61.63	0.3828			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Managed Care Inc	Managed Care Inc		144.9	0.9			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Multiplan	Multiplan		128.8	0.8			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Qualcare	Qualcare		120.75	0.75			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Three Rivers	Three Rivers		152.95	0.95			17.9	152.95	percent of total billed charges	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	UHC	Medicaid		24				17.9	152.95	case rate	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	UHC	Medicare		17.9				17.9	152.95	case rate	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Wellcare	Medicaid		24				17.9	152.95	case rate	
FACTOR VII ASSAY	85230	CPT	both			161	20.59	Wellcare	Medicare		17.9				17.9	152.95	case rate	
FACTOR VIII(AHG) 1-STAGE	85240	CPT	both			714	20.59	Aetna	Medicare		17.9				17.4	678.3	case rate	
FACTOR VIII(AHG) 1-STAGE	85240	CPT	both			714	20.59	Aetna	Better Health		224.62	0.3146			17.4	678.3	percent of total billed charges	
FACTOR VIII(AHG) 1-STAGE	85240	CPT	both			714	20.59	Aetna	Commercial		271.32	0.38			17.4	678.3	percent of total billed charges	
FACTOR VIII(AHG) 1-STAGE	85240	CPT	both			714	20.59	Americare	Americare		535.5	0.75			17.4	678.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FACTOR VIII(AHG) 1-STAGE	85240	CPT	both			714	20.59	WellPoint	WellPoint		229.05	0.3208			17.4		678.3 percent of total billed charges	
FACTOR VIII(AHG) 1-STAGE	85240	CPT	both			714	20.59	AmeriHealth	Medicare		17.9				17.4		678.3 case rate	
FACTOR VIII(AHG) 1-STAGE	85240	CPT	both			714	20.59	Consumer	Consumer		678.3	0.95			17.4		678.3 percent of total billed charges	
FACTOR VIII(AHG) 1-STAGE	85240	CPT	both			714	20.59	Corrections	Corrections		571.2	0.8			17.4		678.3 percent of total billed charges	
FACTOR VIII(AHG) 1-STAGE	85240	CPT	both			714	20.59	First Health	First Health		499.8	0.7			17.4		678.3 percent of total billed charges	
FACTOR VIII(AHG) 1-STAGE	85240	CPT	both			714	20.59	First Trenton	First Trenton		642.6	0.9			17.4		678.3 percent of total billed charges	
FACTOR VIII(AHG) 1-STAGE	85240	CPT	both			714	20.59	Horizon	MGD		273.32	0.3828			17.4		678.3 percent of total billed charges	
FACTOR VIII(AHG) 1-STAGE	85240	CPT	both			714	20.59	Horizon	Indemnity		273.32	0.3828			17.4		678.3 percent of total billed charges	
FACTOR VIII(AHG) 1-STAGE	85240	CPT	both			714	20.59	Horizon	PPO		273.32	0.3828			17.4		678.3 percent of total billed charges	
FACTOR VIII(AHG) 1-STAGE	85240	CPT	both			714	20.59	Horizon	Medicare Blue		214.2	0.3			17.4		678.3 percent of total billed charges	
FACTOR VIII(AHG) 1-STAGE	85240	CPT	both			714	20.59	Managed Care Inc	Managed Care Inc		642.6	0.9			17.4		678.3 percent of total billed charges	
FACTOR VIII(AHG) 1-STAGE	85240	CPT	both			714	20.59	Multiplan	Multiplan		571.2	0.8			17.4		678.3 percent of total billed charges	
FACTOR VIII(AHG) 1-STAGE	85240	CPT	both			714	20.59	Qualcare	Qualcare		535.5	0.75			17.4		678.3 percent of total billed charges	
FACTOR VIII(AHG) 1-STAGE	85240	CPT	both			714	20.59	Three Rivers	Three Rivers		678.3	0.95			17.4		678.3 percent of total billed charges	
FACTOR VIII(AHG) 1-STAGE	85240	CPT	both			714	20.59	UHC	Medicare		17.9				17.4		678.3 case rate	
FACTOR VIII(AHG) 1-STAGE	85240	CPT	both			714	20.59	UHC	Medicaid		24				17.4		678.3 case rate	
FACTOR VIII(AHG) 1-STAGE	85240	CPT	both			714	20.59	Wellcare	Medicaid		24				17.4		678.3 case rate	
FACTOR VIII(AHG) 1-STAGE	85240	CPT	both			714	20.59	Wellcare	Medicare		17.9				17.4		678.3 case rate	
VWF ACTIVITY	85245	CPT	both			370	26.38	Aetna	Better Health		116.4	0.3146			10		351.5 percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	Aetna	Medicare		22.94				10		351.5 case rate	
VWF ACTIVITY	85245	CPT	both			370	26.38	Aetna	Commercial		140.6	0.38			10		351.5 percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	Americare	Americare		277.5	0.75			10		351.5 percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	WellPoint	WellPoint		118.7	0.3208			10		351.5 percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	AmeriHealth	Medicare		22.94				10		351.5 case rate	
VWF ACTIVITY	85245	CPT	both			370	26.38	Consumer	Consumer		351.5	0.95			10		351.5 percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	Corrections	Corrections		296	0.8			10		351.5 percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	First Health	First Health		259	0.7			10		351.5 percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	First Trenton	First Trenton		333	0.9			10		351.5 percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	Horizon	MGD		141.64	0.3828			10		351.5 percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	Horizon	Indemnity		141.64	0.3828			10		351.5 percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	Horizon	Medicare Blue		111	0.3			10		351.5 percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	Horizon	PPO		141.64	0.3828			10		351.5 percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	Managed Care Inc	Managed Care Inc		333	0.9			10		351.5 percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	Multiplan	Multiplan		296	0.8			10		351.5 percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	Qualcare	Qualcare		277.5	0.75			10		351.5 percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	Three Rivers	Three Rivers		351.5	0.95			10		351.5 percent of total billed charges	
VWF ACTIVITY	85245	CPT	both			370	26.38	UHC	Medicaid		10				10		351.5 case rate	
VWF ACTIVITY	85245	CPT	both			370	26.38	UHC	Medicare		22.94				10		351.5 case rate	
VWF ACTIVITY	85245	CPT	both			370	26.38	Wellcare	Medicaid		10				10		351.5 case rate	
VWF ACTIVITY	85245	CPT	both			370	26.38	Wellcare	Medicare		22.94				10		351.5 case rate	
VWF ACTIVITY	85246	CPT	outpatient			403	26.38	Aetna	Medicare		22.94				10		382.85 case rate	
VWF ACTIVITY	85246	CPT	outpatient			403	26.38	Aetna	Better Health		126.78	0.3146			10		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	outpatient			403	26.38	Aetna	Commercial		153.14	0.38			10		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	outpatient			403	26.38	Americare	Americare		302.25	0.75			10		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	outpatient			403	26.38	WellPoint	WellPoint		129.28	0.3208			10		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	outpatient			403	26.38	AmeriHealth	Medicare		22.94				10		382.85 case rate	
VWF ACTIVITY	85246	CPT	outpatient			403	26.38	Consumer	Consumer		382.85	0.95			10		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	outpatient			403	26.38	Corrections	Corrections		322.4	0.8			10		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	outpatient			403	26.38	First Health	First Health		282.1	0.7			10		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	outpatient			403	26.38	First Trenton	First Trenton		362.7	0.9			10		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	outpatient			403	26.38	Horizon	Indemnity		154.27	0.3828			10		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	outpatient			403	26.38	Horizon	Medicare Blue		120.9	0.3			10		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	outpatient			403	26.38	Horizon	MGD		154.27	0.3828			10		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	outpatient			403	26.38	Horizon	PPO		154.27	0.3828			10		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	outpatient			403	26.38	Managed Care Inc	Managed Care Inc		362.7	0.9			10		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	outpatient			403	26.38	Multiplan	Multiplan		322.4	0.8			10		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	outpatient			403	26.38	Qualcare	Qualcare		302.25	0.75			10		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	outpatient			403	26.38	Three Rivers	Three Rivers		382.85	0.95			10		382.85 percent of total billed charges	
VWF ACTIVITY	85246	CPT	outpatient			403	26.38	UHC	Medicare		22.94				10		382.85 case rate	
VWF ACTIVITY	85246	CPT	outpatient			403	26.38	UHC	Medicaid		10				10		382.85 case rate	
VWF ACTIVITY	85246	CPT	outpatient			403	26.38	Wellcare	Medicare		22.94				10		382.85 case rate	
VWF ACTIVITY	85246	CPT	outpatient			403	26.38	Wellcare	Medicaid		10				10		382.85 case rate	
VON WILLERBRAND FACTOR MULTI	85247	CPT	both			457	26.38	Aetna	Better Health		143.77	0.3146			10		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	both			457	26.38	Aetna	Medicare		22.94				10		434.15 case rate	
VON WILLERBRAND FACTOR MULTI	85247	CPT	both			457	26.38	Aetna	Commercial		173.66	0.38			10		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	both			457	26.38	Americare	Americare		342.75	0.75			10		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	both			457	26.38	WellPoint	WellPoint		146.61	0.3208			10		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	both			457	26.38	AmeriHealth	Medicare		22.94				10		434.15 case rate	
VON WILLERBRAND FACTOR MULTI	85247	CPT	both			457	26.38	Consumer	Consumer		434.15	0.95			10		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	both			457	26.38	Corrections	Corrections		365.6	0.8			10		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	both			457	26.38	First Health	First Health		319.9	0.7			10		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	both			457	26.38	First Trenton	First Trenton		411.3	0.9			10		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	both			457	26.38	Horizon	MGD		174.94	0.3828			10		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	both			457	26.38	Horizon	Indemnity		174.94	0.3828			10		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	both			457	26.38	Horizon	PPO		174.94	0.3828			10		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	both			457	26.38	Horizon	Medicare Blue		137.1	0.3			10		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	both			457	26.38	Managed Care Inc	Managed Care Inc		411.3	0.9			10		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	both			457	26.38	Multiplan	Multiplan		365.6	0.8			10		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	both			457	26.38	Qualcare	Qualcare		342.75	0.75			10		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	both			457	26.38	Three Rivers	Three Rivers		434.15	0.95			10		434.15 percent of total billed charges	
VON WILLERBRAND FACTOR MULTI	85247	CPT	both			457	26.38	UHC	Medicare		22.94				10		434.15 case rate	
VON WILLERBRAND FACTOR MULTI	85247	CPT	both			457	26.38	UHC	Medicaid		10				10		434.15 case rate	
VON WILLERBRAND FACTOR MULTI	85247	CPT	both			457	26.38	Wellcare	Medicaid		10				10		434.15 case rate	
VON WILLERBRAND FACTOR MULTI	85247	CPT	both			457	26.38	Wellcare	Medicare		22.94				10		434.15 case rate	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169	21.9	Aetna	Better Health		53.17	0.3146			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169	21.9	Aetna	Medicare		19.04				19.04		160.55 case rate	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169	21.9	Aetna	Commercial		64.22	0.38			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169	21.9	Americare	Americare		126.75	0.75			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169	21.9	WellPoint	WellPoint		54.22	0.3208			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169	21.9	AmeriHealth	Medicare		19.04				19.04		160.55 case rate	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169	21.9	Consumer	Consumer		160.55	0.95			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169	21.9	Corrections	Corrections		135.2	0.8			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169	21.9	First Health	First Health		118.3	0.7			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169	21.9	First Trenton	First Trenton		152.1	0.9			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169	21.9	Horizon	MGD		64.69	0.3828			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169	21.9	Horizon	Medicare Blue		50.7	0.3			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169	21.9	Horizon	Indemnity		64.69	0.3828			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169	21.9	Horizon	PPO		64.69	0.3828			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169	21.9	Managed Care Inc	Managed Care Inc		152.1	0.9			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169	21.9	Multiplan	Multiplan		135.2	0.8			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169	21.9	Qualcare	Qualcare		126.75	0.75			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169	21.9	Three Rivers	Three Rivers		160.55	0.95			19.04		160.55 percent of total billed charges	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169	21.9	UHC	Medicare		19.04				19.04		160.55 case rate	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169	21.9	UHC	Medicaid		20.73				19.04		160.55 case rate	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169	21.9	Wellcare	Medicaid		20.73				19.04		160.55 case rate	
FACTOR IX INHIBITOR PANEL	85250	CPT	both			169	21.9	Wellcare	Medicare		19.04				19.04		160.55 case rate	
FACTOR X ASSAY	85260	CPT	both			161	20.59	Aetna	Commercial		61.18	0.38			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161	20.59	Aetna	Medicare		17.9				17.9		152.95 case rate	
FACTOR X ASSAY	85260	CPT	both			161	20.59	Aetna	Better Health		50.65	0.3146			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161	20.59	Americare	Americare		120.75	0.75			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161	20.59	WellPoint	WellPoint		51.65	0.3208			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161	20.59	AmeriHealth	Medicare		17.9				17.9		152.95 case rate	
FACTOR X ASSAY	85260	CPT	both			161	20.59	Consumer	Consumer		152.95	0.95			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161	20.59	Corrections	Corrections		128.8	0.8			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161	20.59	First Health	First Health		112.7	0.7			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161	20.59	First Trenton	First Trenton		144.9	0.9			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161	20.59	Horizon	Indemnity		61.63	0.3828			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161	20.59	Horizon	MGD		61.63	0.3828			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161	20.59	Horizon	Medicare Blue		48.3	0.3			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161	20.59	Horizon	PPO		61.63	0.3828			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161	20.59	Managed Care Inc	Managed Care Inc		144.9	0.9			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161	20.59	Multiplan	Multiplan		128.8	0.8			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161	20.59	Qualcare	Qualcare		120.75	0.75			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161	20.59	Three Rivers	Three Rivers		152.95	0.95			17.9		152.95 percent of total billed charges	
FACTOR X ASSAY	85260	CPT	both			161	20.59	UHC	Medicaid		24				17.9		152.95 case rate	
FACTOR X ASSAY	85260	CPT	both			161	20.59	UHC	Medicare		17.9				17.9		152.95 case rate	
FACTOR X ASSAY	85260	CPT	both			161	20.59	Wellcare	Medicaid		24				17.9		152.95 case rate	
FACTOR X ASSAY	85260	CPT	both			161	20.59	Wellcare	Medicare		17.9				17.9		152.95 case rate	
FACTOR XI (FXI)	85270	CPT	both			43	20.59	Aetna	Commercial		16.34	0.38			12.9		40.85 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43	20.59	Aetna	Better Health		13.53	0.3146			12.9		40.85 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43	20.59	Aetna	Medicare		17.9				12.9		40.85 case rate	
FACTOR XI (FXI)	85270	CPT	both			43	20.59	Americare	Americare		32.25	0.75			12.9		40.85 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43	20.59	WellPoint	WellPoint		13.79	0.3208			12.9		40.85 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43	20.59	AmeriHealth	Medicare		17.9				12.9		40.85 case rate	
FACTOR XI (FXI)	85270	CPT	both			43	20.59	Consumer	Consumer		40.85	0.95			12.9		40.85 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43	20.59	Corrections	Corrections		34.4	0.8			12.9		40.85 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43	20.59	First Health	First Health		30.1	0.7			12.9		40.85 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43	20.59	First Trenton	First Trenton		38.7	0.9			12.9		40.85 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43	20.59	Horizon	PPO		16.46	0.3828			12.9		40.85 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43	20.59	Horizon	MGD		16.46	0.3828			12.9		40.85 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43	20.59	Horizon	Indemnity		16.46	0.3828			12.9		40.85 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43	20.59	Horizon	Medicare Blue		12.9	0.3			12.9		40.85 percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43	20.59	Managed Care Inc	Managed Care Inc		38.7	0.9			12.9		40.85 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FACTOR XI (FXI)	85270	CPT	both			43	20.59	Multiplan	Multiplan		34.4	0.8			12.9	40.85	percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43	20.59	Qualcare	Qualcare		32.25	0.75			12.9	40.85	percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43	20.59	Three Rivers	Three Rivers		40.85	0.95			12.9	40.85	percent of total billed charges	
FACTOR XI (FXI)	85270	CPT	both			43	20.59	UHC	Medicaid		24				12.9	40.85	case rate	
FACTOR XI (FXI)	85270	CPT	both			43	20.59	UHC	Medicare		17.9				12.9	40.85	case rate	
FACTOR XI (FXI)	85270	CPT	both			43	20.59	Wellcare	Medicaid		24				12.9	40.85	case rate	
FACTOR XI (FXI)	85270	CPT	both			43	20.59	Wellcare	Medicare		17.9				12.9	40.85	case rate	
FACTOR XII ASSAY	85280	CPT	both			244	22.25	Aetna	Medicare		19.35				19.35	231.8	case rate	
FACTOR XII ASSAY	85280	CPT	both			244	22.25	Aetna	Commercial		92.72	0.38			19.35	231.8	percent of total billed charges	
FACTOR XII ASSAY	85280	CPT	both			244	22.25	Aetna	Better Health		76.76	0.3146			19.35	231.8	percent of total billed charges	
FACTOR XII ASSAY	85280	CPT	both			244	22.25	Americare	Americare		183	0.75			19.35	231.8	percent of total billed charges	
FACTOR XII ASSAY	85280	CPT	both			244	22.25	WellPoint	WellPoint		78.28	0.3208			19.35	231.8	percent of total billed charges	
FACTOR XII ASSAY	85280	CPT	both			244	22.25	Amerihealth	Medicare		19.35				19.35	231.8	case rate	
FACTOR XII ASSAY	85280	CPT	both			244	22.25	Consumer	Consumer		231.8	0.95			19.35	231.8	percent of total billed charges	
FACTOR XII ASSAY	85280	CPT	both			244	22.25	Corrections	Corrections		195.2	0.8			19.35	231.8	percent of total billed charges	
FACTOR XII ASSAY	85280	CPT	both			244	22.25	First Health	First Health		170.8	0.7			19.35	231.8	percent of total billed charges	
FACTOR XII ASSAY	85280	CPT	both			244	22.25	First Trenton	First Trenton		219.6	0.9			19.35	231.8	percent of total billed charges	
FACTOR XII ASSAY	85280	CPT	both			244	22.25	Horizon	MGD		93.4	0.3828			19.35	231.8	percent of total billed charges	
FACTOR XII ASSAY	85280	CPT	both			244	22.25	Horizon	Indemnity		93.4	0.3828			19.35	231.8	percent of total billed charges	
FACTOR XII ASSAY	85280	CPT	both			244	22.25	Horizon	PPO		93.4	0.3828			19.35	231.8	percent of total billed charges	
FACTOR XII ASSAY	85280	CPT	both			244	22.25	Horizon	Medicare Blue		73.2	0.3			19.35	231.8	percent of total billed charges	
FACTOR XII ASSAY	85280	CPT	both			244	22.25	Managed Care Inc	Managed Care Inc		219.6	0.9			19.35	231.8	percent of total billed charges	
FACTOR XII ASSAY	85280	CPT	both			244	22.25	Multiplan	Multiplan		195.2	0.8			19.35	231.8	percent of total billed charges	
FACTOR XII ASSAY	85280	CPT	both			244	22.25	Qualcare	Qualcare		183	0.75			19.35	231.8	percent of total billed charges	
FACTOR XII ASSAY	85280	CPT	both			244	22.25	Three Rivers	Three Rivers		231.8	0.95			19.35	231.8	percent of total billed charges	
FACTOR XII ASSAY	85280	CPT	both			244	22.25	UHC	Medicaid		26				19.35	231.8	case rate	
FACTOR XII ASSAY	85280	CPT	both			244	22.25	UHC	Medicare		19.35				19.35	231.8	case rate	
FACTOR XII ASSAY	85280	CPT	both			244	22.25	Wellcare	Medicaid		26				19.35	231.8	case rate	
FACTOR XII ASSAY	85280	CPT	both			244	22.25	Wellcare	Medicare		19.35				19.35	231.8	case rate	
FACTOR XIII ACTIVITY (500185)	85290	CPT	outpatient			53	18.79	Aetna	Better Health		16.67	0.3146			8	50.35	percent of total billed charges	
FACTOR XIII ACTIVITY (500185)	85290	CPT	outpatient			53	18.79	Aetna	Commercial		20.14	0.38			8	50.35	percent of total billed charges	
FACTOR XIII ACTIVITY (500185)	85290	CPT	outpatient			53	18.79	Aetna	Medicare		16.34				8	50.35	case rate	
FACTOR XIII ACTIVITY (500185)	85290	CPT	outpatient			53	18.79	Americare	Americare		39.75	0.75			8	50.35	percent of total billed charges	
FACTOR XIII ACTIVITY (500185)	85290	CPT	outpatient			53	18.79	WellPoint	WellPoint		17	0.3208			8	50.35	percent of total billed charges	
FACTOR XIII ACTIVITY (500185)	85290	CPT	outpatient			53	18.79	Amerihealth	Medicare		16.34				8	50.35	case rate	
FACTOR XIII ACTIVITY (500185)	85290	CPT	outpatient			53	18.79	Consumer	Consumer		50.35	0.95			8	50.35	percent of total billed charges	
FACTOR XIII ACTIVITY (500185)	85290	CPT	outpatient			53	18.79	Corrections	Corrections		42.4	0.8			8	50.35	percent of total billed charges	
FACTOR XIII ACTIVITY (500185)	85290	CPT	outpatient			53	18.79	First Health	First Health		37.1	0.7			8	50.35	percent of total billed charges	
FACTOR XIII ACTIVITY (500185)	85290	CPT	outpatient			53	18.79	First Trenton	First Trenton		47.7	0.9			8	50.35	percent of total billed charges	
FACTOR XIII ACTIVITY (500185)	85290	CPT	outpatient			53	18.79	Horizon	MGD		20.29	0.3828			8	50.35	percent of total billed charges	
FACTOR XIII ACTIVITY (500185)	85290	CPT	outpatient			53	18.79	Horizon	PPO		20.29	0.3828			8	50.35	percent of total billed charges	
FACTOR XIII ACTIVITY (500185)	85290	CPT	outpatient			53	18.79	Horizon	Indemnity		20.29	0.3828			8	50.35	percent of total billed charges	
FACTOR XIII ACTIVITY (500185)	85290	CPT	outpatient			53	18.79	Horizon	Medicare Blue		15.9	0.3			8	50.35	percent of total billed charges	
FACTOR XIII ACTIVITY (500185)	85290	CPT	outpatient			53	18.79	Managed Care Inc	Managed Care Inc		47.7	0.9			8	50.35	percent of total billed charges	
FACTOR XIII ACTIVITY (500185)	85290	CPT	outpatient			53	18.79	Multiplan	Multiplan		42.4	0.8			8	50.35	percent of total billed charges	
FACTOR XIII ACTIVITY (500185)	85290	CPT	outpatient			53	18.79	Qualcare	Qualcare		39.75	0.75			8	50.35	percent of total billed charges	
FACTOR XIII ACTIVITY (500185)	85290	CPT	outpatient			53	18.79	Three Rivers	Three Rivers		50.35	0.95			8	50.35	percent of total billed charges	
FACTOR XIII ACTIVITY (500185)	85290	CPT	outpatient			53	18.79	UHC	Medicaid		8				8	50.35	case rate	
FACTOR XIII ACTIVITY (500185)	85290	CPT	outpatient			53	18.79	UHC	Medicare		16.34				8	50.35	case rate	
FACTOR XIII ACTIVITY (500185)	85290	CPT	outpatient			53	18.79	Wellcare	Medicaid		8				8	50.35	case rate	
FACTOR XIII ACTIVITY (500185)	85290	CPT	outpatient			53	18.79	Wellcare	Medicare		16.34				8	50.35	case rate	
MYCO/UREAPLASMA SWAB/ URINE	85291	CPT	both			815	10.48	Aetna	Medicare		9.11				7	774.25	case rate	
MYCO/UREAPLASMA SWAB/ URINE	85291	CPT	both			815	10.48	Aetna	Commercial		309.7	0.38			7	774.25	percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	85291	CPT	both			815	10.48	Aetna	Better Health		256.4	0.3146			7	774.25	percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	85291	CPT	both			815	10.48	Americare	Americare		611.25	0.75			7	774.25	percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	85291	CPT	both			815	10.48	WellPoint	WellPoint		261.45	0.3208			7	774.25	percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	85291	CPT	both			815	10.48	Amerihealth	Medicare		9.11				7	774.25	case rate	
MYCO/UREAPLASMA SWAB/ URINE	85291	CPT	both			815	10.48	Consumer	Consumer		774.25	0.95			7	774.25	percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	85291	CPT	both			815	10.48	Corrections	Corrections		652	0.8			7	774.25	percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	85291	CPT	both			815	10.48	First Health	First Health		570.5	0.7			7	774.25	percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	85291	CPT	both			815	10.48	First Trenton	First Trenton		733.5	0.9			7	774.25	percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	85291	CPT	both			815	10.48	Horizon	Medicare Blue		244.5	0.3			7	774.25	percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	85291	CPT	both			815	10.48	Horizon	Indemnity		311.98	0.3828			7	774.25	percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	85291	CPT	both			815	10.48	Horizon	MGD		311.98	0.3828			7	774.25	percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	85291	CPT	both			815	10.48	Horizon	PPO		311.98	0.3828			7	774.25	percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	85291	CPT	both			815	10.48	Managed Care Inc	Managed Care Inc		733.5	0.9			7	774.25	percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	85291	CPT	both			815	10.48	Multiplan	Multiplan		652	0.8			7	774.25	percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	85291	CPT	both			815	10.48	Qualcare	Qualcare		611.25	0.75			7	774.25	percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	85291	CPT	both			815	10.48	Three Rivers	Three Rivers		774.25	0.95			7	774.25	percent of total billed charges	
MYCO/UREAPLASMA SWAB/ URINE	85291	CPT	both			815	10.48	UHC	Medicaid		7				7	774.25	case rate	
MYCO/UREAPLASMA SWAB/ URINE	85291	CPT	both			815	10.48	UHC	Medicare		9.11				7	774.25	case rate	
MYCO/UREAPLASMA SWAB/ URINE	85291	CPT	both			815	10.48	Wellcare	Medicaid		7				7	774.25	case rate	
MYCO/UREAPLASMA SWAB/ URINE	85291	CPT	both			815	10.48	Wellcare	Medicare		9.11				7	774.25	case rate	
PREKALLIKREIN ASSAY	85292	CPT	inpatient			612	21.77	Aetna	Medicare		18.93				18.93	581.4	case rate	
PREKALLIKREIN ASSAY	85292	CPT	inpatient			612	21.77	Aetna	Better Health		192.54	0.3146			18.93	581.4	percent of total billed charges	
PREKALLIKREIN ASSAY	85292	CPT	inpatient			612	21.77	Aetna	Commercial		232.56	0.38			18.93	581.4	percent of total billed charges	
PREKALLIKREIN ASSAY	85292	CPT	inpatient			612	21.77	Americare	Americare		459	0.75			18.93	581.4	percent of total billed charges	
PREKALLIKREIN ASSAY	85292	CPT	inpatient			612	21.77	WellPoint	WellPoint		196.33	0.3208			18.93	581.4	percent of total billed charges	
PREKALLIKREIN ASSAY	85292	CPT	inpatient			612	21.77	Amerihealth	Medicare		18.93				18.93	581.4	case rate	
PREKALLIKREIN ASSAY	85292	CPT	inpatient			612	21.77	Consumer	Consumer		581.4	0.95			18.93	581.4	percent of total billed charges	
PREKALLIKREIN ASSAY	85292	CPT	inpatient			612	21.77	Corrections	Corrections		489.6	0.8			18.93	581.4	percent of total billed charges	
PREKALLIKREIN ASSAY	85292	CPT	inpatient			612	21.77	First Health	First Health		428.4	0.7			18.93	581.4	percent of total billed charges	
PREKALLIKREIN ASSAY	85292	CPT	inpatient			612	21.77	First Trenton	First Trenton		550.8	0.9			18.93	581.4	percent of total billed charges	
PREKALLIKREIN ASSAY	85292	CPT	inpatient			612	21.77	Horizon	MGD		234.27	0.3828			18.93	581.4	percent of total billed charges	
PREKALLIKREIN ASSAY	85292	CPT	inpatient			612	21.77	Horizon	Indemnity		234.27	0.3828			18.93	581.4	percent of total billed charges	
PREKALLIKREIN ASSAY	85292	CPT	inpatient			612	21.77	Horizon	Medicare Blue		183.6	0.3			18.93	581.4	percent of total billed charges	
PREKALLIKREIN ASSAY	85292	CPT	inpatient			612	21.77	Horizon	PPO		234.27	0.3828			18.93	581.4	percent of total billed charges	
PREKALLIKREIN ASSAY	85292	CPT	inpatient			612	21.77	Managed Care Inc	Managed Care Inc		550.8	0.9			18.93	581.4	percent of total billed charges	
PREKALLIKREIN ASSAY	85292	CPT	inpatient			612	21.77	Multiplan	Multiplan		489.6	0.8			18.93	581.4	percent of total billed charges	
PREKALLIKREIN ASSAY	85292	CPT	inpatient			612	21.77	Qualcare	Qualcare		459	0.75			18.93	581.4	percent of total billed charges	
PREKALLIKREIN ASSAY	85292	CPT	inpatient			612	21.77	Three Rivers	Three Rivers		581.4	0.95			18.93	581.4	percent of total billed charges	
PREKALLIKREIN ASSAY	85292	CPT	inpatient			612	21.77	UHC	Medicaid		20.67				18.93	581.4	case rate	
PREKALLIKREIN ASSAY	85292	CPT	inpatient			612	21.77	UHC	Medicare		18.93				18.93	581.4	case rate	
PREKALLIKREIN ASSAY	85292	CPT	inpatient			612	21.77	Wellcare	Medicaid		20.67				18.93	581.4	case rate	
PREKALLIKREIN ASSAY	85292	CPT	inpatient			612	21.77	Wellcare	Medicare		18.93				18.93	581.4	case rate	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339	21.77	Aetna	Commercial		128.82	0.38			18.93	322.05	percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339	21.77	Aetna	Medicare		18.93				18.93	322.05	case rate	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339	21.77	Aetna	Better Health		106.65	0.3146			18.93	322.05	percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339	21.77	Americare	Americare		254.25	0.75			18.93	322.05	percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339	21.77	WellPoint	WellPoint		108.75	0.3208			18.93	322.05	percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339	21.77	Amerihealth	Medicare		18.93				18.93	322.05	case rate	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339	21.77	Consumer	Consumer		322.05	0.95			18.93	322.05	percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339	21.77	Corrections	Corrections		271.2	0.8			18.93	322.05	percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339	21.77	First Health	First Health		237.3	0.7			18.93	322.05	percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339	21.77	First Trenton	First Trenton		305.1	0.9			18.93	322.05	percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339	21.77	Horizon	Medicare Blue		101.7	0.3			18.93	322.05	percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339	21.77	Horizon	Indemnity		129.77	0.3828			18.93	322.05	percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339	21.77	Horizon	MGD		129.77	0.3828			18.93	322.05	percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339	21.77	Horizon	PPO		129.77	0.3828			18.93	322.05	percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339	21.77	Managed Care Inc	Managed Care Inc		305.1	0.9			18.93	322.05	percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339	21.77	Multiplan	Multiplan		271.2	0.8			18.93	322.05	percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339	21.77	Qualcare	Qualcare		254.25	0.75			18.93	322.05	percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339	21.77	Three Rivers	Three Rivers		322.05	0.95			18.93	322.05	percent of total billed charges	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339	21.77	UHC	Medicare		18.93				18.93	322.05	case rate	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339	21.77	UHC	Medicaid		20.67				18.93	322.05	case rate	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339	21.77	Wellcare	Medicare		18.93				18.93	322.05	case rate	
HIGH MOLECU WEIGHT KININOGEN	85293	CPT	inpatient			339	21.77	Wellcare	Medicaid		20.67				18.93	322.05	case rate	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89	13.63	Aetna	Better Health		28	0.3146			11.85	84.55	percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89	13.63	Aetna	Medicare		11.85				11.85	84.55	case rate	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89	13.63	Aetna	Commercial		33.82	0.38			11.85	84.55	percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89	13.63	Americare	Americare		66.75	0.75			11.85	84.55	percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89	13.63	WellPoint	WellPoint		28.55	0.3208			11.85	84.55	percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89	13.63	Amerihealth	Medicare		11.85				11.85	84.55	case rate	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89	13.63	Consumer	Consumer		84.55	0.95			11.85	84.55	percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89	13.63	Corrections	Corrections		71.2	0.8			11.85	84.55	percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89	13.63	First Health	First Health		62.3	0.7			11.85	84.55	percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89	13.63	First Trenton	First Trenton		80.1	0.9			11.85	84.55	percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89	13.63	Horizon	Medicare Blue		26.7	0.3			11.85	84.55	percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89	13.63	Horizon	MGD		34.07	0.3828			11.85	84.55	percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89	13.63	Horizon	Indemnity		34.07	0.3828			11.85	84.55	percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89	13.63	Horizon	PPO		34.07	0.3828			11.85	84.55	percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89	13.63	Managed Care Inc	Managed Care Inc		80.1	0.9			11.85	84.55	percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89	13.63	Multiplan	Multiplan		71.2	0.8			11.85	84.55	percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89	13.63	Qualcare	Qualcare		66.75	0.75			11.85	84.55	percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89	13.63	Three Rivers	Three Rivers		84.55	0.95			11.85	84.55	percent of total billed charges	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89	13.63	UHC	Medicaid		15				11.85	84.55	case rate	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89	13.63	UHC	Medicare		11.85				11.85	84.55	case rate	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89	13.63	Wellcare	Medicare		11.85				11.85	84.55	case rate	
CLOT INHIBIT OR ANTICOAG ANTITHROM III	85300	CPT	both			89	13.63	Wellcare	Medicaid		15				11.85	84.55	case rate	
ANTITHROMBIN III ANTIGEN ASSAY	85301	CPT	both			195	12.43	Aetna	Better Health		61.35	0.3146			10.81	185.25	percent of total billed charges	
ANTITHROMBIN III ANTIGEN ASSAY	85301	CPT	both			195	12.43	Aetna	Commercial		74.1	0.38			10.81	185.25	percent of total billed charges	
ANTITHROMBIN III ANTIGEN ASSAY	85301	CPT	both			195	12.43	Aetna	Medicare		10.81				10.81	185.25	case rate	
ANTITHROMBIN III ANTIGEN ASSAY	85301	CPT	both			195	12.43	Americare	Americare		146.25	0.75			10.81	185.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANTITHROMBIN III ANTIGEN ASSAY	85301	CPT	both			195	12.43	WellPoint	WellPoint		62.56	0.3208			10.81	185.25	percent of total billed charges	
ANTITHROMBIN III ANTIGEN ASSAY	85301	CPT	both			195	12.43	Amerihealth	Medicare		10.81				10.81	185.25	case rate	
ANTITHROMBIN III ANTIGEN ASSAY	85301	CPT	both			195	12.43	Consumer	Consumer		185.25	0.95			10.81	185.25	percent of total billed charges	
ANTITHROMBIN III ANTIGEN ASSAY	85301	CPT	both			195	12.43	Corrections	Corrections		156	0.8			10.81	185.25	percent of total billed charges	
ANTITHROMBIN III ANTIGEN ASSAY	85301	CPT	both			195	12.43	First Health	First Health		136.5	0.7			10.81	185.25	percent of total billed charges	
ANTITHROMBIN III ANTIGEN ASSAY	85301	CPT	both			195	12.43	First Trenton	First Trenton		175.5	0.9			10.81	185.25	percent of total billed charges	
ANTITHROMBIN III ANTIGEN ASSAY	85301	CPT	both			195	12.43	Horizon	MGD		74.65	0.3828			10.81	185.25	percent of total billed charges	
ANTITHROMBIN III ANTIGEN ASSAY	85301	CPT	both			195	12.43	Horizon	Indemnity		74.65	0.3828			10.81	185.25	percent of total billed charges	
ANTITHROMBIN III ANTIGEN ASSAY	85301	CPT	both			195	12.43	Horizon	PPO		74.65	0.3828			10.81	185.25	percent of total billed charges	
ANTITHROMBIN III ANTIGEN ASSAY	85301	CPT	both			195	12.43	Horizon	Medicare Blue		58.5	0.3			10.81	185.25	percent of total billed charges	
ANTITHROMBIN III ANTIGEN ASSAY	85301	CPT	both			195	12.43	Managed Care Inc	Managed Care Inc		175.5	0.9			10.81	185.25	percent of total billed charges	
ANTITHROMBIN III ANTIGEN ASSAY	85301	CPT	both			195	12.43	Multiplan	Multiplan		156	0.8			10.81	185.25	percent of total billed charges	
ANTITHROMBIN III ANTIGEN ASSAY	85301	CPT	both			195	12.43	Qualcare	Qualcare		146.25	0.75			10.81	185.25	percent of total billed charges	
ANTITHROMBIN III ANTIGEN ASSAY	85301	CPT	both			195	12.43	Three Rivers	Three Rivers		185.25	0.95			10.81	185.25	percent of total billed charges	
ANTITHROMBIN III ANTIGEN ASSAY	85301	CPT	both			195	12.43	UHC	Medicare		10.81				10.81	185.25	case rate	
ANTITHROMBIN III ANTIGEN ASSAY	85301	CPT	both			195	12.43	UHC	Medicaid		14				10.81	185.25	case rate	
ANTITHROMBIN III ANTIGEN ASSAY	85301	CPT	both			195	12.43	Wellcare	Medicaid		14				10.81	185.25	case rate	
ANTITHROMBIN III ANTIGEN ASSAY	85301	CPT	both			195	12.43	Wellcare	Medicare		10.81				10.81	185.25	case rate	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Aetna	Medicare		24.02	0.308			12.01	74.1	percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Aetna	Commercial		29.64	0.38			12.01	74.1	percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Aetna	Better Health		24.54	0.3146			12.01	74.1	percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Americare	Americare		58.5	0.75			12.01	74.1	percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	WellPoint	WellPoint		25.02	0.3208			12.01	74.1	percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Amerihealth	Medicare		12.01				12.01	74.1	case rate	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Consumer	Consumer		74.1	0.95			12.01	74.1	percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Corrections	Corrections		62.4	0.8			12.01	74.1	percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	First Health	First Health		54.6	0.7			12.01	74.1	percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	First Trenton	First Trenton		70.2	0.9			12.01	74.1	percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Horizon	Medicare Blue		23.4	0.3			12.01	74.1	percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Horizon	Indemnity		29.86	0.3828			12.01	74.1	percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Horizon	MGD		29.86	0.3828			12.01	74.1	percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Horizon	PPO		29.86	0.3828			12.01	74.1	percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Managed Care Inc	Managed Care Inc		70.2	0.9			12.01	74.1	percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Multiplan	Multiplan		62.4	0.8			12.01	74.1	percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Qualcare	Qualcare		58.5	0.75			12.01	74.1	percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Three Rivers	Three Rivers		74.1	0.95			12.01	74.1	percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	UHC	Medicaid		24.54	0.3146			12.01	74.1	percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	UHC	Medicare		12.01				12.01	74.1	case rate	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Wellcare	Medicaid		24.54	0.3146			12.01	74.1	percent of total billed charges	
PROTEIN.C.ANTIGEN(080465)	85302	CPT	outpatient			78	13.81	Wellcare	Medicare		12.01				12.01	74.1	case rate	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Aetna	Commercial		47.88	0.38			13.84	119.7	percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Aetna	Better Health		39.64	0.3146			13.84	119.7	percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Aetna	Medicare		38.81	0.308			13.84	119.7	percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Americare	Americare		94.5	0.75			13.84	119.7	percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	WellPoint	WellPoint		40.42	0.3208			13.84	119.7	percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Amerihealth	Medicare		13.84				13.84	119.7	case rate	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Consumer	Consumer		119.7	0.95			13.84	119.7	percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Corrections	Corrections		100.8	0.8			13.84	119.7	percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	First Health	First Health		88.2	0.7			13.84	119.7	percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	First Trenton	First Trenton		113.4	0.9			13.84	119.7	percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Horizon	MGD		48.23	0.3828			13.84	119.7	percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Horizon	Indemnity		48.23	0.3828			13.84	119.7	percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Horizon	Medicare Blue		37.8	0.3			13.84	119.7	percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Horizon	PPO		48.23	0.3828			13.84	119.7	percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Managed Care Inc	Managed Care Inc		113.4	0.9			13.84	119.7	percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Multiplan	Multiplan		100.8	0.8			13.84	119.7	percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Qualcare	Qualcare		94.5	0.75			13.84	119.7	percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Three Rivers	Three Rivers		119.7	0.95			13.84	119.7	percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	UHC	Medicaid		39.64	0.3146			13.84	119.7	percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	UHC	Medicare		13.84				13.84	119.7	case rate	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Wellcare	Medicaid		39.64	0.3146			13.84	119.7	percent of total billed charges	
PROTEIN C. ACTIVITY	85303	CPT	both			126	15.92	Wellcare	Medicare		13.84				13.84	119.7	case rate	
PROTEIN S. TOTAL	85305	CPT	outpatient			175	13.35	Aetna	Better Health		55.06	0.3146			11.61	166.25	percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	outpatient			175	13.35	Aetna	Medicare		11.61				11.61	166.25	case rate	
PROTEIN S. TOTAL	85305	CPT	outpatient			175	13.35	Aetna	Commercial		66.5	0.38			11.61	166.25	percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	outpatient			175	13.35	Americare	Americare		131.25	0.75			11.61	166.25	percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	outpatient			175	13.35	WellPoint	WellPoint		56.14	0.3208			11.61	166.25	percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	outpatient			175	13.35	Amerihealth	Medicare		11.61				11.61	166.25	case rate	
PROTEIN S. TOTAL	85305	CPT	outpatient			175	13.35	Consumer	Consumer		166.25	0.95			11.61	166.25	percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	outpatient			175	13.35	Corrections	Corrections		140	0.8			11.61	166.25	percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	outpatient			175	13.35	First Health	First Health		122.5	0.7			11.61	166.25	percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	outpatient			175	13.35	First Trenton	First Trenton		157.5	0.9			11.61	166.25	percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	outpatient			175	13.35	Horizon	MGD		66.99	0.3828			11.61	166.25	percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	outpatient			175	13.35	Horizon	Indemnity		66.99	0.3828			11.61	166.25	percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	outpatient			175	13.35	Horizon	Medicare Blue		52.5	0.3			11.61	166.25	percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	outpatient			175	13.35	Horizon	PPO		66.99	0.3828			11.61	166.25	percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	outpatient			175	13.35	Managed Care Inc	Managed Care Inc		157.5	0.9			11.61	166.25	percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	outpatient			175	13.35	Multiplan	Multiplan		140	0.8			11.61	166.25	percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	outpatient			175	13.35	Qualcare	Qualcare		131.25	0.75			11.61	166.25	percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	outpatient			175	13.35	Three Rivers	Three Rivers		166.25	0.95			11.61	166.25	percent of total billed charges	
PROTEIN S. TOTAL	85305	CPT	outpatient			175	13.35	UHC	Medicaid		12.66				11.61	166.25	case rate	
PROTEIN S. TOTAL	85305	CPT	outpatient			175	13.35	UHC	Medicare		11.61				11.61	166.25	case rate	
PROTEIN S. TOTAL	85305	CPT	outpatient			175	13.35	Wellcare	Medicaid		12.66				11.61	166.25	case rate	
PROTEIN S. TOTAL	85305	CPT	outpatient			175	13.35	Wellcare	Medicare		11.61				11.61	166.25	case rate	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Aetna	Medicare		15.32				12.9	215.65	case rate	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Aetna	Better Health		71.41	0.3146			12.9	215.65	percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Aetna	Commercial		86.26	0.38			12.9	215.65	percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Americare	Americare		170.25	0.75			12.9	215.65	percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	WellPoint	WellPoint		72.82	0.3208			12.9	215.65	percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Amerihealth	Medicare		15.32				12.9	215.65	case rate	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Consumer	Consumer		215.65	0.95			12.9	215.65	percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Corrections	Corrections		181.6	0.8			12.9	215.65	percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	First Health	First Health		158.9	0.7			12.9	215.65	percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	First Trenton	First Trenton		204.3	0.9			12.9	215.65	percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Horizon	MGD		86.9	0.3828			12.9	215.65	percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Horizon	Indemnity		86.9	0.3828			12.9	215.65	percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Horizon	Medicare Blue		68.1	0.3			12.9	215.65	percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Horizon	PPO		86.9	0.3828			12.9	215.65	percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Managed Care Inc	Managed Care Inc		204.3	0.9			12.9	215.65	percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Multiplan	Multiplan		181.6	0.8			12.9	215.65	percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Qualcare	Qualcare		170.25	0.75			12.9	215.65	percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Three Rivers	Three Rivers		215.65	0.95			12.9	215.65	percent of total billed charges	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	UHC	Medicaid		18				12.9	215.65	case rate	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	UHC	Medicare		15.32				12.9	215.65	case rate	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Wellcare	Medicaid		18				12.9	215.65	case rate	
PROTEIN S-FUNCTIONAL	85306	CPT	both			227	17.62	Wellcare	Medicare		15.32				12.9	215.65	case rate	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	both			66	17.62	Aetna	Medicare		15.32				15.32	62.7	case rate	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	both			66	17.62	Aetna	Better Health		20.76	0.3146			15.32	62.7	percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	both			66	17.62	Aetna	Commercial		25.08	0.38			15.32	62.7	percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	both			66	17.62	Americare	Americare		49.5	0.75			15.32	62.7	percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	both			66	17.62	WellPoint	WellPoint		21.17	0.3208			15.32	62.7	percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	both			66	17.62	Amerihealth	Medicare		15.32				15.32	62.7	case rate	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	both			66	17.62	Consumer	Consumer		62.7	0.95			15.32	62.7	percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	both			66	17.62	Corrections	Corrections		52.8	0.8			15.32	62.7	percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	both			66	17.62	First Health	First Health		46.2	0.7			15.32	62.7	percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	both			66	17.62	First Trenton	First Trenton		59.4	0.9			15.32	62.7	percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	both			66	17.62	Horizon	Medicare Blue		19.8	0.3			15.32	62.7	percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	both			66	17.62	Horizon	MGD		25.26	0.3828			15.32	62.7	percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	both			66	17.62	Horizon	Indemnity		25.26	0.3828			15.32	62.7	percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	both			66	17.62	Horizon	PPO		25.26	0.3828			15.32	62.7	percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	both			66	17.62	Managed Care Inc	Managed Care Inc		59.4	0.9			15.32	62.7	percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	both			66	17.62	Multiplan	Multiplan		52.8	0.8			15.32	62.7	percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	both			66	17.62	Qualcare	Qualcare		49.5	0.75			15.32	62.7	percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	both			66	17.62	Three Rivers	Three Rivers		62.7	0.95			15.32	62.7	percent of total billed charges	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	both			66	17.62	UHC	Medicaid		18				15.32	62.7	case rate	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	both			66	17.62	UHC	Medicare		15.32				15.32	62.7	case rate	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	both			66	17.62	Wellcare	Medicaid		18				15.32	62.7	case rate	
ACTIVATED.PROTEIN.C.RESISTANCE(117762)	85307	CPT	both			66	17.62	Wellcare	Medicare		15.32				15.32	62.7	case rate	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Aetna	Better Health		39.01	0.3146			9	117.8	percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Aetna	Medicare		12.87				9	117.8	case rate	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Aetna	Commercial		47.12	0.38			9	117.8	percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Americare	Americare		93	0.75			9	117.8	percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	WellPoint	WellPoint		39.78	0.3208			9	117.8	percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Amerihealth	Medicare		12.87				9	117.8	case rate	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Consumer	Consumer		117.8	0.95			9	117.8	percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Corrections	Corrections		99.2	0.8			9	117.8	percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	First Health	First Health		86.8	0.7			9	117.8	percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	First Trenton	First Trenton		111.6	0.9			9	117.8	percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Horizon	Medicare Blue		37.2	0.3			9	117.8	percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Horizon	MGD		47.47	0.3828			9	117.8	percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Horizon	Indemnity		47.47	0.3828			9	117.8	percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Horizon	PPO		47.47	0.3828			9	117.8	percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Managed Care Inc	Managed Care Inc		111.6	0.9			9	117.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Multiplan	Multiplan		99.2	0.8			9	117.8	percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Qualcare	Qualcare		93	0.75			9	117.8	percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Three Rivers	Three Rivers		117.8	0.95			9	117.8	percent of total billed charges	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	UHC	Medicare		12.87				9	117.8	case rate	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	UHC	Medicaid		10				9	117.8	case rate	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Wellcare	Medicare		12.87				9	117.8	case rate	
FACTOR VIII BETHESDA TITER- RFLX TO 1171	85335	CPT	both			124	14.8	Wellcare	Medicaid		10				9	117.8	case rate	
COAGULATION TIME;ACTIVATED	85347	CPT	both			110	4.92	Aetna	Medicare		4.28				3	104.5	case rate	
COAGULATION TIME;ACTIVATED	85347	CPT	both			110	4.92	Aetna	Better Health		34.61	0.3146			3	104.5	percent of total billed charges	
COAGULATION TIME;ACTIVATED	85347	CPT	both			110	4.92	Aetna	Commercial		41.8	0.38			3	104.5	percent of total billed charges	
COAGULATION TIME;ACTIVATED	85347	CPT	both			110	4.92	Americare	Americare		82.5	0.75			3	104.5	percent of total billed charges	
COAGULATION TIME;ACTIVATED	85347	CPT	both			110	4.92	WellPoint	WellPoint		35.29	0.3208			3	104.5	percent of total billed charges	
COAGULATION TIME;ACTIVATED	85347	CPT	both			110	4.92	Amerihealth	Medicare		4.28				3	104.5	case rate	
COAGULATION TIME;ACTIVATED	85347	CPT	both			110	4.92	Consumer	Consumer		104.5	0.95			3	104.5	percent of total billed charges	
COAGULATION TIME;ACTIVATED	85347	CPT	both			110	4.92	Corrections	Corrections		88	0.8			3	104.5	percent of total billed charges	
COAGULATION TIME;ACTIVATED	85347	CPT	both			110	4.92	First Health	First Health		77	0.7			3	104.5	percent of total billed charges	
COAGULATION TIME;ACTIVATED	85347	CPT	both			110	4.92	First Trenton	First Trenton		99	0.9			3	104.5	percent of total billed charges	
COAGULATION TIME;ACTIVATED	85347	CPT	both			110	4.92	Horizon	Medicare Blue		33	0.3			3	104.5	percent of total billed charges	
COAGULATION TIME;ACTIVATED	85347	CPT	both			110	4.92	Horizon	Indemnity		42.11	0.3828			3	104.5	percent of total billed charges	
COAGULATION TIME;ACTIVATED	85347	CPT	both			110	4.92	Horizon	MGD		42.11	0.3828			3	104.5	percent of total billed charges	
COAGULATION TIME;ACTIVATED	85347	CPT	both			110	4.92	Horizon	PPO		42.11	0.3828			3	104.5	percent of total billed charges	
COAGULATION TIME;ACTIVATED	85347	CPT	both			110	4.92	Managed Care Inc	Managed Care Inc		99	0.9			3	104.5	percent of total billed charges	
COAGULATION TIME;ACTIVATED	85347	CPT	both			110	4.92	Multiplan	Multiplan		88	0.8			3	104.5	percent of total billed charges	
COAGULATION TIME;ACTIVATED	85347	CPT	both			110	4.92	Qualcare	Qualcare		82.5	0.75			3	104.5	percent of total billed charges	
COAGULATION TIME;ACTIVATED	85347	CPT	both			110	4.92	Three Rivers	Three Rivers		104.5	0.95			3	104.5	percent of total billed charges	
COAGULATION TIME;ACTIVATED	85347	CPT	both			110	4.92	UHC	Medicaid		3				3	104.5	case rate	
COAGULATION TIME;ACTIVATED	85347	CPT	both			110	4.92	UHC	Medicare		4.28				3	104.5	case rate	
COAGULATION TIME;ACTIVATED	85347	CPT	both			110	4.92	Wellcare	Medicaid		3				3	104.5	case rate	
COAGULATION TIME;ACTIVATED	85347	CPT	both			110	4.92	Wellcare	Medicare		4.28				3	104.5	case rate	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189	9.67	Aetna	Medicare		8.41				8.41	179.55	case rate	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189	9.67	Aetna	Better Health		59.46	0.3146			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189	9.67	Aetna	Commercial		71.82	0.38			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189	9.67	Americare	Americare		141.75	0.75			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189	9.67	WellPoint	WellPoint		60.63	0.3208			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189	9.67	Amerihealth	Medicare		8.41				8.41	179.55	case rate	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189	9.67	Consumer	Consumer		179.55	0.95			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189	9.67	Corrections	Corrections		151.2	0.8			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189	9.67	First Health	First Health		132.3	0.7			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189	9.67	First Trenton	First Trenton		170.1	0.9			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189	9.67	Horizon	MGD		72.35	0.3828			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189	9.67	Horizon	Indemnity		72.35	0.3828			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189	9.67	Horizon	Medicare Blue		56.7	0.3			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189	9.67	Horizon	PPO		72.35	0.3828			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189	9.67	Managed Care Inc	Managed Care Inc		170.1	0.9			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189	9.67	Multiplan	Multiplan		151.2	0.8			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189	9.67	Qualcare	Qualcare		141.75	0.75			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189	9.67	Three Rivers	Three Rivers		179.55	0.95			8.41	179.55	percent of total billed charges	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189	9.67	UHC	Medicaid		11				8.41	179.55	case rate	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189	9.67	UHC	Medicare		8.41				8.41	179.55	case rate	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189	9.67	Wellcare	Medicaid		11				8.41	179.55	case rate	
EUGLOBULIN LYSIS TIME	85360	CPT	outpatient			189	9.67	Wellcare	Medicare		8.41				8.41	179.55	case rate	
FIBRIN SPLIT PRODUCT	85362	CPT	both			76	7.92	Aetna	Commercial		28.88	0.38			3	72.2	percent of total billed charges	
FIBRIN SPLIT PRODUCT	85362	CPT	both			76	7.92	Aetna	Better Health		23.91	0.3146			3	72.2	percent of total billed charges	
FIBRIN SPLIT PRODUCT	85362	CPT	both			76	7.92	Aetna	Medicare		6.89				3	72.2	case rate	
FIBRIN SPLIT PRODUCT	85362	CPT	both			76	7.92	Americare	Americare		57	0.75			3	72.2	percent of total billed charges	
FIBRIN SPLIT PRODUCT	85362	CPT	both			76	7.92	WellPoint	WellPoint		24.38	0.3208			3	72.2	percent of total billed charges	
FIBRIN SPLIT PRODUCT	85362	CPT	both			76	7.92	Amerihealth	Medicare		6.89				3	72.2	case rate	
FIBRIN SPLIT PRODUCT	85362	CPT	both			76	7.92	Consumer	Consumer		72.2	0.95			3	72.2	percent of total billed charges	
FIBRIN SPLIT PRODUCT	85362	CPT	both			76	7.92	Corrections	Corrections		60.8	0.8			3	72.2	percent of total billed charges	
FIBRIN SPLIT PRODUCT	85362	CPT	both			76	7.92	First Health	First Health		53.2	0.7			3	72.2	percent of total billed charges	
FIBRIN SPLIT PRODUCT	85362	CPT	both			76	7.92	First Trenton	First Trenton		68.4	0.9			3	72.2	percent of total billed charges	
FIBRIN SPLIT PRODUCT	85362	CPT	both			76	7.92	Horizon	MGD		29.09	0.3828			3	72.2	percent of total billed charges	
FIBRIN SPLIT PRODUCT	85362	CPT	both			76	7.92	Horizon	PPO		29.09	0.3828			3	72.2	percent of total billed charges	
FIBRIN SPLIT PRODUCT	85362	CPT	both			76	7.92	Horizon	Indemnity		29.09	0.3828			3	72.2	percent of total billed charges	
FIBRIN SPLIT PRODUCT	85362	CPT	both			76	7.92	Horizon	Medicare Blue		22.8	0.3			3	72.2	percent of total billed charges	
FIBRIN SPLIT PRODUCT	85362	CPT	both			76	7.92	Managed Care Inc	Managed Care Inc		68.4	0.9			3	72.2	percent of total billed charges	
FIBRIN SPLIT PRODUCT	85362	CPT	both			76	7.92	Multiplan	Multiplan		60.8	0.8			3	72.2	percent of total billed charges	
FIBRIN SPLIT PRODUCT	85362	CPT	both			76	7.92	Qualcare	Qualcare		57	0.75			3	72.2	percent of total billed charges	
FIBRIN SPLIT PRODUCT	85362	CPT	both			76	7.92	Three Rivers	Three Rivers		72.2	0.95			3	72.2	percent of total billed charges	
FIBRIN SPLIT PRODUCT	85362	CPT	both			76	7.92	UHC	Medicaid		3				3	72.2	case rate	
FIBRIN SPLIT PRODUCT	85362	CPT	both			76	7.92	UHC	Medicare		6.89				3	72.2	case rate	
FIBRIN SPLIT PRODUCT	85362	CPT	both			76	7.92	Wellcare	Medicaid		3				3	72.2	case rate	
FIBRIN SPLIT PRODUCT	85362	CPT	both			76	7.92	Wellcare	Medicare		6.89				3	72.2	case rate	
D - DIMER (D - DI)	85378	CPT	both			60	11.18	Aetna	Better Health		18.88	0.3146			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60	11.18	Aetna	Medicare		18.48	0.308			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60	11.18	Aetna	Commercial		22.8	0.38			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60	11.18	Americare	Americare		45	0.75			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60	11.18	WellPoint	WellPoint		19.25	0.3208			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60	11.18	Amerihealth	Medicare		9.72				9.72	57	case rate	
D - DIMER (D - DI)	85378	CPT	both			60	11.18	Consumer	Consumer		57	0.95			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60	11.18	Corrections	Corrections		48	0.8			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60	11.18	First Health	First Health		42	0.7			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60	11.18	First Trenton	First Trenton		54	0.9			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60	11.18	Horizon	MGD		22.97	0.3828			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60	11.18	Horizon	Medicare Blue		18	0.3			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60	11.18	Horizon	Indemnity		22.97	0.3828			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60	11.18	Horizon	PPO		22.97	0.3828			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60	11.18	Managed Care Inc	Managed Care Inc		54	0.9			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60	11.18	Multiplan	Multiplan		48	0.8			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60	11.18	Qualcare	Qualcare		45	0.75			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60	11.18	Three Rivers	Three Rivers		57	0.95			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60	11.18	UHC	Medicare		9.72				9.72	57	case rate	
D - DIMER (D - DI)	85378	CPT	both			60	11.18	UHC	Medicaid		18.88	0.3146			9.72	57	percent of total billed charges	
D - DIMER (D - DI)	85378	CPT	both			60	11.18	Wellcare	Medicare		9.72				9.72	57	case rate	
D - DIMER (D - DI)	85378	CPT	both			60	11.18	Wellcare	Medicaid		18.88	0.3146			9.72	57	percent of total billed charges	
PLATELELET AGGREGATION;EA	85384	CPT	both			234	11.18	Aetna	Medicare		72.07	0.308			9.72	222.3	percent of total billed charges	
PLATELELET AGGREGATION;EA	85384	CPT	both			234	11.18	Aetna	Better Health		73.62	0.3146			9.72	222.3	percent of total billed charges	
PLATELELET AGGREGATION;EA	85384	CPT	both			234	11.18	Aetna	Commercial		88.92	0.38			9.72	222.3	percent of total billed charges	
PLATELELET AGGREGATION;EA	85384	CPT	both			234	11.18	Americare	Americare		175.5	0.75			9.72	222.3	percent of total billed charges	
PLATELELET AGGREGATION;EA	85384	CPT	both			234	11.18	WellPoint	WellPoint		75.07	0.3208			9.72	222.3	percent of total billed charges	
PLATELELET AGGREGATION;EA	85384	CPT	both			234	11.18	Amerihealth	Medicare		9.72				9.72	222.3	case rate	
PLATELELET AGGREGATION;EA	85384	CPT	both			234	11.18	Consumer	Consumer		222.3	0.95			9.72	222.3	percent of total billed charges	
PLATELELET AGGREGATION;EA	85384	CPT	both			234	11.18	Corrections	Corrections		187.2	0.8			9.72	222.3	percent of total billed charges	
PLATELELET AGGREGATION;EA	85384	CPT	both			234	11.18	First Health	First Health		163.8	0.7			9.72	222.3	percent of total billed charges	
PLATELELET AGGREGATION;EA	85384	CPT	both			234	11.18	First Trenton	First Trenton		210.6	0.9			9.72	222.3	percent of total billed charges	
PLATELELET AGGREGATION;EA	85384	CPT	both			234	11.18	Horizon	MGD		89.58	0.3828			9.72	222.3	percent of total billed charges	
PLATELELET AGGREGATION;EA	85384	CPT	both			234	11.18	Horizon	Medicare Blue		70.2	0.3			9.72	222.3	percent of total billed charges	
PLATELELET AGGREGATION;EA	85384	CPT	both			234	11.18	Horizon	Indemnity		89.58	0.3828			9.72	222.3	percent of total billed charges	
PLATELELET AGGREGATION;EA	85384	CPT	both			234	11.18	Horizon	PPO		89.58	0.3828			9.72	222.3	percent of total billed charges	
PLATELELET AGGREGATION;EA	85384	CPT	both			234	11.18	Managed Care Inc	Managed Care Inc		210.6	0.9			9.72	222.3	percent of total billed charges	
PLATELELET AGGREGATION;EA	85384	CPT	both			234	11.18	Multiplan	Multiplan		187.2	0.8			9.72	222.3	percent of total billed charges	
PLATELELET AGGREGATION;EA	85384	CPT	both			234	11.18	Qualcare	Qualcare		175.5	0.75			9.72	222.3	percent of total billed charges	
PLATELELET AGGREGATION;EA	85384	CPT	both			234	11.18	Three Rivers	Three Rivers		222.3	0.95			9.72	222.3	percent of total billed charges	
PLATELELET AGGREGATION;EA	85384	CPT	both			234	11.18	UHC	Medicare		9.72				9.72	222.3	case rate	
PLATELELET AGGREGATION;EA	85384	CPT	both			234	11.18	UHC	Medicaid		73.62	0.3146			9.72	222.3	percent of total billed charges	
PLATELELET AGGREGATION;EA	85384	CPT	both			234	11.18	Wellcare	Medicare		9.72				9.72	222.3	case rate	
PLATELELET AGGREGATION;EA	85384	CPT	both			234	11.18	Wellcare	Medicaid		73.62	0.3146			9.72	222.3	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189	16.63	Aetna	Commercial		71.82	0.38			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189	16.63	Aetna	Better Health		59.46	0.3146			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189	16.63	Aetna	Medicare		58.21	0.308			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189	16.63	Americare	Americare		141.75	0.75			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189	16.63	WellPoint	WellPoint		60.63	0.3208			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189	16.63	Amerihealth	Medicare		14.46				14.46	179.55	case rate	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189	16.63	Consumer	Consumer		179.55	0.95			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189	16.63	Corrections	Corrections		151.2	0.8			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189	16.63	First Health	First Health		132.3	0.7			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189	16.63	First Trenton	First Trenton		170.1	0.9			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189	16.63	Horizon	Indemnity		72.35	0.3828			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189	16.63	Horizon	Medicare Blue		56.7	0.3			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189	16.63	Horizon	MGD		72.35	0.3828			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189	16.63	Horizon	PPO		72.35	0.3828			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189	16.63	Managed Care Inc	Managed Care Inc		170.1	0.9			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189	16.63	Multiplan	Multiplan		151.2	0.8			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189	16.63	Qualcare	Qualcare		141.75	0.75			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189	16.63	Three Rivers	Three Rivers		179.55	0.95			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189	16.63	UHC	Medicaid		59.46	0.3146			14.46	179.55	percent of total billed charges	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189	16.63	UHC	Medicare		14.46				14.46	179.55	case rate	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189	16.63	Wellcare	Medicare		14.46				14.46	179.55	case rate	
FIBRINOGEN ANTIGEN	85385	CPT	outpatient			189	16.63	Wellcare	Medicaid		59.46	0.3146			14.46	179.55	percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Aetna	Medicare		15.48				7	183.35	case rate	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Aetna	Better Health		60.72	0.3146			7	183.35	percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Aetna	Commercial		73.34	0.38			7	183.35	percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Americare	Americare		144.75	0.75			7	183.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	WellPoint	WellPoint		61.91	0.3208			7		183.35 percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Amerihealth	Medicare		15.48				7		183.35 case rate	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Consumer	Consumer		183.35	0.95			7		183.35 percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Corrections	Corrections		154.4	0.8			7		183.35 percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	First Health	First Health		135.1	0.7			7		183.35 percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	First Trenton	First Trenton		173.7	0.9			7		183.35 percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Horizon	Medicare Blue		57.9	0.3			7		183.35 percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Horizon	MGD		73.88	0.3828			7		183.35 percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Horizon	Indemnity		73.88	0.3828			7		183.35 percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Horizon	PPO		73.88	0.3828			7		183.35 percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Managed Care Inc	Managed Care Inc		173.7	0.9			7		183.35 percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Multiplan	Multiplan		154.4	0.8			7		183.35 percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Qualcare	Qualcare		144.75	0.75			7		183.35 percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Three Rivers	Three Rivers		183.35	0.95			7		183.35 percent of total billed charges	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	UHC	Medicaid		7				7		183.35 case rate	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	UHC	Medicare		15.48				7		183.35 case rate	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Wellcare	Medicaid		7				7		183.35 case rate	
FIBRINOLYSIS/COAG INTERP&REPORT	85390	CPT	outpatient			193	17.8	Wellcare	Medicare		15.48				7		183.35 case rate	
ADAMTS13.ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Aetna	Better Health		157.93	0.3146			24.69		476.9 percent of total billed charges	
ADAMTS13.ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Aetna	Medicare		30.86				24.69		476.9 case rate	
ADAMTS13.ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Aetna	Commercial		190.76	0.38			24.69		476.9 percent of total billed charges	
ADAMTS13.ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Americare	Americare		376.5	0.75			24.69		476.9 percent of total billed charges	
ADAMTS13.ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	WellPoint	WellPoint		161.04	0.3208			24.69		476.9 percent of total billed charges	
ADAMTS13.ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Amerihealth	Medicare		30.86				24.69		476.9 case rate	
ADAMTS13.ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Consumer	Consumer		476.9	0.95			24.69		476.9 percent of total billed charges	
ADAMTS13.ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Corrections	Corrections		401.6	0.8			24.69		476.9 percent of total billed charges	
ADAMTS13.ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	First Health	First Health		351.4	0.7			24.69		476.9 percent of total billed charges	
ADAMTS13.ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	First Trenton	First Trenton		451.8	0.9			24.69		476.9 percent of total billed charges	
ADAMTS13.ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Horizon	MGD		192.17	0.3828			24.69		476.9 percent of total billed charges	
ADAMTS13.ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Horizon	Medicare Blue		150.6	0.3			24.69		476.9 percent of total billed charges	
ADAMTS13.ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Horizon	Indemnity		192.17	0.3828			24.69		476.9 percent of total billed charges	
ADAMTS13.ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Horizon	PPO		192.17	0.3828			24.69		476.9 percent of total billed charges	
ADAMTS13.ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Managed Care Inc	Managed Care Inc		451.8	0.9			24.69		476.9 percent of total billed charges	
ADAMTS13.ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Multiplan	Multiplan		401.6	0.8			24.69		476.9 percent of total billed charges	
ADAMTS13.ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Qualcare	Qualcare		376.5	0.75			24.69		476.9 percent of total billed charges	
ADAMTS13.ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Three Rivers	Three Rivers		476.9	0.95			24.69		476.9 percent of total billed charges	
ADAMTS13.ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	UHC	Medicaid		24.69				24.69		476.9 case rate	
ADAMTS13.ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	UHC	Medicare		30.86				24.69		476.9 case rate	
ADAMTS13.ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Wellcare	Medicaid		24.69				24.69		476.9 case rate	
ADAMTS13.ACTIVITY&INHIB.PROF(ADM13)	85397	CPT	both			502	35.49	Wellcare	Medicare		30.86				24.69		476.9 case rate	
ANTIPLASMIN	85410	CPT	inpatient			100	8.87	Aetna	Medicare		7.71				7.71		95 case rate	
ANTIPLASMIN	85410	CPT	inpatient			100	8.87	Aetna	Commercial		38	0.38			7.71		95 percent of total billed charges	
ANTIPLASMIN	85410	CPT	inpatient			100	8.87	Aetna	Better Health		31.46	0.3146			7.71		95 percent of total billed charges	
ANTIPLASMIN	85410	CPT	inpatient			100	8.87	Americare	Americare		75	0.75			7.71		95 percent of total billed charges	
ANTIPLASMIN	85410	CPT	inpatient			100	8.87	WellPoint	WellPoint		32.08	0.3208			7.71		95 percent of total billed charges	
ANTIPLASMIN	85410	CPT	inpatient			100	8.87	Amerihealth	Medicare		7.71				7.71		95 case rate	
ANTIPLASMIN	85410	CPT	inpatient			100	8.87	Consumer	Consumer		95	0.95			7.71		95 percent of total billed charges	
ANTIPLASMIN	85410	CPT	inpatient			100	8.87	Corrections	Corrections		80	0.8			7.71		95 percent of total billed charges	
ANTIPLASMIN	85410	CPT	inpatient			100	8.87	First Health	First Health		70	0.7			7.71		95 percent of total billed charges	
ANTIPLASMIN	85410	CPT	inpatient			100	8.87	First Trenton	First Trenton		90	0.9			7.71		95 percent of total billed charges	
ANTIPLASMIN	85410	CPT	inpatient			100	8.87	Horizon	Indemnity		38.28	0.3828			7.71		95 percent of total billed charges	
ANTIPLASMIN	85410	CPT	inpatient			100	8.87	Horizon	Medicare Blue		30	0.3			7.71		95 percent of total billed charges	
ANTIPLASMIN	85410	CPT	inpatient			100	8.87	Horizon	MGD		38.28	0.3828			7.71		95 percent of total billed charges	
ANTIPLASMIN	85410	CPT	inpatient			100	8.87	Horizon	PPO		38.28	0.3828			7.71		95 percent of total billed charges	
ANTIPLASMIN	85410	CPT	inpatient			100	8.87	Managed Care Inc	Managed Care Inc		90	0.9			7.71		95 percent of total billed charges	
ANTIPLASMIN	85410	CPT	inpatient			100	8.87	Multiplan	Multiplan		80	0.8			7.71		95 percent of total billed charges	
ANTIPLASMIN	85410	CPT	inpatient			100	8.87	Qualcare	Qualcare		75	0.75			7.71		95 percent of total billed charges	
ANTIPLASMIN	85410	CPT	inpatient			100	8.87	Three Rivers	Three Rivers		95	0.95			7.71		95 percent of total billed charges	
ANTIPLASMIN	85410	CPT	inpatient			100	8.87	UHC	Medicaid		9				7.71		95 case rate	
ANTIPLASMIN	85410	CPT	inpatient			100	8.87	UHC	Medicare		7.71				7.71		95 case rate	
ANTIPLASMIN	85410	CPT	inpatient			100	8.87	Wellcare	Medicaid		9				7.71		95 case rate	
ANTIPLASMIN	85410	CPT	inpatient			100	8.87	Wellcare	Medicare		7.71				7.71		95 case rate	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	outpatient			592	19.77	Aetna	Commercial		224.96	0.38			10		562.4 percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	outpatient			592	19.77	Aetna	Better Health		186.24	0.3146			10		562.4 percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	outpatient			592	19.77	Aetna	Medicare		17.19				10		562.4 case rate	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	outpatient			592	19.77	Americare	Americare		444	0.75			10		562.4 percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	outpatient			592	19.77	WellPoint	WellPoint		189.91	0.3208			10		562.4 percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	outpatient			592	19.77	Amerihealth	Medicare		17.19				10		562.4 case rate	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	outpatient			592	19.77	Consumer	Consumer		562.4	0.95			10		562.4 percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	outpatient			592	19.77	Corrections	Corrections		473.6	0.8			10		562.4 percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	outpatient			592	19.77	First Health	First Health		414.4	0.7			10		562.4 percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	outpatient			592	19.77	First Trenton	First Trenton		532.8	0.9			10		562.4 percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	outpatient			592	19.77	Horizon	MGD		226.62	0.3828			10		562.4 percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	outpatient			592	19.77	Horizon	Indemnity		226.62	0.3828			10		562.4 percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	outpatient			592	19.77	Horizon	Medicare Blue		177.6	0.3			10		562.4 percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	outpatient			592	19.77	Horizon	PPO		226.62	0.3828			10		562.4 percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	outpatient			592	19.77	Managed Care Inc	Managed Care Inc		532.8	0.9			10		562.4 percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	outpatient			592	19.77	Multiplan	Multiplan		473.6	0.8			10		562.4 percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	outpatient			592	19.77	Qualcare	Qualcare		444	0.75			10		562.4 percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	outpatient			592	19.77	Three Rivers	Three Rivers		562.4	0.95			10		562.4 percent of total billed charges	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	outpatient			592	19.77	UHC	Medicaid		10				10		562.4 case rate	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	outpatient			592	19.77	UHC	Medicare		17.19				10		562.4 case rate	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	outpatient			592	19.77	Wellcare	Medicaid		10				10		562.4 case rate	
PLASMINOGEN ACT INHIBITOR -1	85415	CPT	outpatient			592	19.77	Wellcare	Medicare		17.19				10		562.4 case rate	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Aetna	Commercial		17.86	0.38			6.53		44.65 percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Aetna	Medicare		6.53				6.53		44.65 case rate	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Aetna	Better Health		14.79	0.3146			6.53		44.65 percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Americare	Americare		35.25	0.75			6.53		44.65 percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	WellPoint	WellPoint		15.08	0.3208			6.53		44.65 percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Amerihealth	Medicare		6.53				6.53		44.65 case rate	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Consumer	Consumer		44.65	0.95			6.53		44.65 percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Corrections	Corrections		37.6	0.8			6.53		44.65 percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	First Health	First Health		32.9	0.7			6.53		44.65 percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	First Trenton	First Trenton		42.3	0.9			6.53		44.65 percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Horizon	MGD		17.99	0.3828			6.53		44.65 percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Horizon	Indemnity		17.99	0.3828			6.53		44.65 percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Horizon	Medicare Blue		14.1	0.3			6.53		44.65 percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Horizon	PPO		17.99	0.3828			6.53		44.65 percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Managed Care Inc	Managed Care Inc		42.3	0.9			6.53		44.65 percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Multiplan	Multiplan		37.6	0.8			6.53		44.65 percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Qualcare	Qualcare		35.25	0.75			6.53		44.65 percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Three Rivers	Three Rivers		44.65	0.95			6.53		44.65 percent of total billed charges	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	UHC	Medicaid		7.14				6.53		44.65 case rate	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	UHC	Medicare		6.53				6.53		44.65 case rate	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Wellcare	Medicaid		7.14				6.53		44.65 case rate	
PLASMINOGEN ACTIVITY(117713)	85420	CPT	outpatient			47	7.51	Wellcare	Medicare		6.53				6.53		44.65 case rate	
HEINZ.BODIES;DIRECT	85441	CPT	outpatient			197	4.83	Aetna	Medicare		4.2				4.2		187.15 case rate	
HEINZ.BODIES;DIRECT	85441	CPT	outpatient			197	4.83	Aetna	Better Health		61.98	0.3146			4.2		187.15 percent of total billed charges	
HEINZ.BODIES;DIRECT	85441	CPT	outpatient			197	4.83	Aetna	Commercial		74.86	0.38			4.2		187.15 percent of total billed charges	
HEINZ.BODIES;DIRECT	85441	CPT	outpatient			197	4.83	Americare	Americare		147.75	0.75			4.2		187.15 percent of total billed charges	
HEINZ.BODIES;DIRECT	85441	CPT	outpatient			197	4.83	WellPoint	WellPoint		63.2	0.3208			4.2		187.15 percent of total billed charges	
HEINZ.BODIES;DIRECT	85441	CPT	outpatient			197	4.83	Amerihealth	Medicare		4.2				4.2		187.15 case rate	
HEINZ.BODIES;DIRECT	85441	CPT	outpatient			197	4.83	Consumer	Consumer		187.15	0.95			4.2		187.15 percent of total billed charges	
HEINZ.BODIES;DIRECT	85441	CPT	outpatient			197	4.83	Corrections	Corrections		157.6	0.8			4.2		187.15 percent of total billed charges	
HEINZ.BODIES;DIRECT	85441	CPT	outpatient			197	4.83	First Health	First Health		137.9	0.7			4.2		187.15 percent of total billed charges	
HEINZ.BODIES;DIRECT	85441	CPT	outpatient			197	4.83	First Trenton	First Trenton		177.3	0.9			4.2		187.15 percent of total billed charges	
HEINZ.BODIES;DIRECT	85441	CPT	outpatient			197	4.83	Horizon	MGD		75.41	0.3828			4.2		187.15 percent of total billed charges	
HEINZ.BODIES;DIRECT	85441	CPT	outpatient			197	4.83	Horizon	Indemnity		75.41	0.3828			4.2		187.15 percent of total billed charges	
HEINZ.BODIES;DIRECT	85441	CPT	outpatient			197	4.83	Horizon	PPO		75.41	0.3828			4.2		187.15 percent of total billed charges	
HEINZ.BODIES;DIRECT	85441	CPT	outpatient			197	4.83	Horizon	Medicare Blue		59.1	0.3			4.2		187.15 percent of total billed charges	
HEINZ.BODIES;DIRECT	85441	CPT	outpatient			197	4.83	Managed Care Inc	Managed Care Inc		177.3	0.9			4.2		187.15 percent of total billed charges	
HEINZ.BODIES;DIRECT	85441	CPT	outpatient			197	4.83	Multiplan	Multiplan		157.6	0.8			4.2		187.15 percent of total billed charges	
HEINZ.BODIES;DIRECT	85441	CPT	outpatient			197	4.83	Qualcare	Qualcare		147.75	0.75			4.2		187.15 percent of total billed charges	
HEINZ.BODIES;DIRECT	85441	CPT	outpatient			197	4.83	Three Rivers	Three Rivers		187.15	0.95			4.2		187.15 percent of total billed charges	
HEINZ.BODIES;DIRECT	85441	CPT	outpatient			197	4.83	UHC	Medicare		4.2				4.2		187.15 case rate	
HEINZ.BODIES;DIRECT	85441	CPT	outpatient			197	4.83	UHC	Medicaid		5				4.2		187.15 case rate	
HEINZ.BODIES;DIRECT	85441	CPT	outpatient			197	4.83	Wellcare	Medicaid		5				4.2		187.15 case rate	
HEINZ.BODIES;DIRECT	85441	CPT	outpatient			197	4.83	Wellcare	Medicare		4.2				4.2		187.15 case rate	
INDUCED ACETYL.PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Aetna	Commercial		74.86	0.38			5		187.15 percent of total billed charges	
INDUCED ACETYL.PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Aetna	Better Health		61.98	0.3146			5		187.15 percent of total billed charges	
INDUCED ACETYL.PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Aetna	Medicare		6.82				5		187.15 case rate	
INDUCED ACETYL.PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Americare	Americare		147.75	0.75			5		187.15 percent of total billed charges	
INDUCED ACETYL.PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	WellPoint	WellPoint		63.2	0.3208			5		187.15 percent of total billed charges	
INDUCED ACETYL.PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Amerihealth	Medicare		6.82				5		187.15 case rate	
INDUCED ACETYL.PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Consumer	Consumer		187.15	0.95			5		187.15 percent of total billed charges	
INDUCED ACETYL.PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Corrections	Corrections		157.6	0.8			5		187.15 percent of total billed charges	
INDUCED ACETYL.PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	First Health	First Health		137.9	0.7			5		187.15 percent of total billed charges	
INDUCED ACETYL.PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	First Trenton	First Trenton		177.3	0.9			5		187.15 percent of total billed charges	
INDUCED ACETYL.PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Horizon	MGD		75.41	0.3828			5		187.15 percent of total billed charges	
INDUCED ACETYL.PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Horizon	Medicare Blue		59.1	0.3			5		187.15 percent of total billed charges	
INDUCED ACETYL.PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Horizon	PPO		75.41	0.3828			5		187.15 percent of total billed charges	
INDUCED ACETYL.PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Horizon	Indemnity		75.41	0.3828			5		187.15 percent of total billed charges	
INDUCED ACETYL.PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Managed Care Inc	Managed Care Inc		177.3	0.9			5		187.15 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INDUCED ACETYL.PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Multiplan	Multiplan		157.6	0.8			5	187.15	percent of total billed charges	
INDUCED ACETYL.PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Qualcare	Qualcare		147.75	0.75			5	187.15	percent of total billed charges	
INDUCED ACETYL.PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Three Rivers	Three Rivers		187.15	0.95			5	187.15	percent of total billed charges	
INDUCED ACETYL.PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	UHC	Medicare		6.82				5	187.15	case rate	
INDUCED ACETYL.PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	UHC	Medicaid		5				5	187.15	case rate	
INDUCED ACETYL.PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Wellcare	Medicare		6.82				5	187.15	case rate	
INDUCED ACETYL.PHENYLHYDRAZINE	85445	CPT	outpatient			197	7.84	Wellcare	Medicaid		5				5	187.15	case rate	
KLEIHAUER-BETKE(KLB)	85460	CPT	inpatient			274	8.89	Aetna	Commercial		104.12	0.38			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	inpatient			274	8.89	Aetna	Medicare		84.39	0.308			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	inpatient			274	8.89	Aetna	Better Health		86.2	0.3146			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	inpatient			274	8.89	Americare	Americare		205.5	0.75			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	inpatient			274	8.89	WellPoint	WellPoint		87.9	0.3208			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	inpatient			274	8.89	Amerihealth	Medicare		7.73				7.73	260.3	case rate	
KLEIHAUER-BETKE(KLB)	85460	CPT	inpatient			274	8.89	Consumer	Consumer		260.3	0.95			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	inpatient			274	8.89	Corrections	Corrections		219.2	0.8			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	inpatient			274	8.89	First Health	First Health		191.8	0.7			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	inpatient			274	8.89	First Trenton	First Trenton		246.6	0.9			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	inpatient			274	8.89	Horizon	Indemnity		104.89	0.3828			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	inpatient			274	8.89	Horizon	Medicare Blue		82.2	0.3			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	inpatient			274	8.89	Horizon	MGD		104.89	0.3828			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	inpatient			274	8.89	Horizon	PPO		104.89	0.3828			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	inpatient			274	8.89	Managed Care Inc	Managed Care Inc		246.6	0.9			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	inpatient			274	8.89	Multiplan	Multiplan		219.2	0.8			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	inpatient			274	8.89	Qualcare	Qualcare		205.5	0.75			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	inpatient			274	8.89	Three Rivers	Three Rivers		260.3	0.95			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	inpatient			274	8.89	UHC	Medicare		7.73				7.73	260.3	case rate	
KLEIHAUER-BETKE(KLB)	85460	CPT	inpatient			274	8.89	UHC	Medicaid		86.2	0.3146			7.73	260.3	percent of total billed charges	
KLEIHAUER-BETKE(KLB)	85460	CPT	inpatient			274	8.89	Wellcare	Medicare		7.73				7.73	260.3	case rate	
KLEIHAUER-BETKE(KLB)	85460	CPT	inpatient			274	8.89	Wellcare	Medicaid		86.2	0.3146			7.73	260.3	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128	10.76	Aetna	Medicare		9.36				9	121.6	case rate	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128	10.76	Aetna	Better Health		40.27	0.3146			9	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128	10.76	Aetna	Commercial		48.64	0.38			9	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128	10.76	Americare	Americare		96	0.75			9	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128	10.76	WellPoint	WellPoint		41.06	0.3208			9	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128	10.76	Amerihealth	Medicare		9.36				9	121.6	case rate	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128	10.76	Consumer	Consumer		121.6	0.95			9	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128	10.76	Corrections	Corrections		102.4	0.8			9	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128	10.76	First Health	First Health		89.6	0.7			9	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128	10.76	First Trenton	First Trenton		115.2	0.9			9	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128	10.76	Horizon	MGD		49	0.3828			9	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128	10.76	Horizon	PPO		49	0.3828			9	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128	10.76	Horizon	Indemnity		49	0.3828			9	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128	10.76	Horizon	Medicare Blue		38.4	0.3			9	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128	10.76	Managed Care Inc	Managed Care Inc		115.2	0.9			9	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128	10.76	Multiplan	Multiplan		102.4	0.8			9	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128	10.76	Qualcare	Qualcare		96	0.75			9	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128	10.76	Three Rivers	Three Rivers		121.6	0.95			9	121.6	percent of total billed charges	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128	10.76	UHC	Medicare		9.36				9	121.6	case rate	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128	10.76	UHC	Medicaid		9				9	121.6	case rate	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128	10.76	Wellcare	Medicare		9.36				9	121.6	case rate	
ROSETTE (FETAL CELL SCREEN)	85461	CPT	both			128	10.76	Wellcare	Medicaid		9				9	121.6	case rate	
HEPARIN ASSAY	85520	CPT	both			519	15.05	Aetna	Better Health		163.28	0.3146			7.97	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519	15.05	Aetna	Commercial		197.22	0.38			7.97	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519	15.05	Aetna	Medicare		13.09				7.97	493.05	case rate	
HEPARIN ASSAY	85520	CPT	both			519	15.05	Americare	Americare		389.25	0.75			7.97	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519	15.05	WellPoint	WellPoint		166.5	0.3208			7.97	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519	15.05	Amerihealth	Medicare		13.09				7.97	493.05	case rate	
HEPARIN ASSAY	85520	CPT	both			519	15.05	Consumer	Consumer		493.05	0.95			7.97	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519	15.05	Corrections	Corrections		415.2	0.8			7.97	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519	15.05	First Health	First Health		363.3	0.7			7.97	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519	15.05	First Trenton	First Trenton		467.1	0.9			7.97	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519	15.05	Horizon	Medicare Blue		155.7	0.3			7.97	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519	15.05	Horizon	MGD		198.67	0.3828			7.97	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519	15.05	Horizon	Indemnity		198.67	0.3828			7.97	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519	15.05	Horizon	PPO		198.67	0.3828			7.97	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519	15.05	Managed Care Inc	Managed Care Inc		467.1	0.9			7.97	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519	15.05	Multiplan	Multiplan		415.2	0.8			7.97	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519	15.05	Qualcare	Qualcare		389.25	0.75			7.97	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519	15.05	Three Rivers	Three Rivers		493.05	0.95			7.97	493.05	percent of total billed charges	
HEPARIN ASSAY	85520	CPT	both			519	15.05	UHC	Medicaid		7.97				7.97	493.05	case rate	
HEPARIN ASSAY	85520	CPT	both			519	15.05	UHC	Medicare		13.09				7.97	493.05	case rate	
HEPARIN ASSAY	85520	CPT	both			519	15.05	Wellcare	Medicare		13.09				7.97	493.05	case rate	
HEPARIN ASSAY	85520	CPT	both			519	15.05	Wellcare	Medicaid		7.97				7.97	493.05	case rate	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31	13.62	Aetna	Commercial		11.78	0.38			9.3	29.45	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31	13.62	Aetna	Medicare		9.55	0.308			9.3	29.45	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31	13.62	Aetna	Better Health		9.75	0.3146			9.3	29.45	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31	13.62	Americare	Americare		23.25	0.75			9.3	29.45	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31	13.62	WellPoint	WellPoint		9.94	0.3208			9.3	29.45	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31	13.62	Amerihealth	Medicare		11.84				9.3	29.45	case rate	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31	13.62	Consumer	Consumer		29.45	0.95			9.3	29.45	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31	13.62	Corrections	Corrections		24.8	0.8			9.3	29.45	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31	13.62	First Health	First Health		21.7	0.7			9.3	29.45	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31	13.62	First Trenton	First Trenton		27.9	0.9			9.3	29.45	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31	13.62	Horizon	Medicare Blue		9.3	0.3			9.3	29.45	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31	13.62	Horizon	Indemnity		11.87	0.3828			9.3	29.45	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31	13.62	Horizon	MGD		11.87	0.3828			9.3	29.45	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31	13.62	Horizon	PPO		11.87	0.3828			9.3	29.45	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31	13.62	Managed Care Inc	Managed Care Inc		27.9	0.9			9.3	29.45	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31	13.62	Multiplan	Multiplan		24.8	0.8			9.3	29.45	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31	13.62	Qualcare	Qualcare		23.25	0.75			9.3	29.45	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31	13.62	Three Rivers	Three Rivers		29.45	0.95			9.3	29.45	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31	13.62	UHC	Medicaid		9.75	0.3146			9.3	29.45	percent of total billed charges	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31	13.62	UHC	Medicare		11.84				9.3	29.45	case rate	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31	13.62	Wellcare	Medicare		11.84				9.3	29.45	case rate	
HEPARIN NEUTRALIZATION	85525	CPT	outpatient			31	13.62	Wellcare	Medicaid		9.75	0.3146			9.3	29.45	percent of total billed charges	
LEUK-AKL PTASE (LAP) LAB	85540	CPT	outpatient			162	9.89	Aetna	Better Health		50.97	0.3146			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE (LAP) LAB	85540	CPT	outpatient			162	9.89	Aetna	Medicare		8.6				8.6	153.9	case rate	
LEUK-AKL PTASE (LAP) LAB	85540	CPT	outpatient			162	9.89	Aetna	Commercial		61.56	0.38			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE (LAP) LAB	85540	CPT	outpatient			162	9.89	Americare	Americare		121.5	0.75			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE (LAP) LAB	85540	CPT	outpatient			162	9.89	WellPoint	WellPoint		51.97	0.3208			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE (LAP) LAB	85540	CPT	outpatient			162	9.89	Amerihealth	Medicare		8.6				8.6	153.9	case rate	
LEUK-AKL PTASE (LAP) LAB	85540	CPT	outpatient			162	9.89	Consumer	Consumer		153.9	0.95			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE (LAP) LAB	85540	CPT	outpatient			162	9.89	Corrections	Corrections		129.6	0.8			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE (LAP) LAB	85540	CPT	outpatient			162	9.89	First Health	First Health		113.4	0.7			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE (LAP) LAB	85540	CPT	outpatient			162	9.89	First Trenton	First Trenton		145.8	0.9			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE (LAP) LAB	85540	CPT	outpatient			162	9.89	Horizon	MGD		62.01	0.3828			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE (LAP) LAB	85540	CPT	outpatient			162	9.89	Horizon	Indemnity		62.01	0.3828			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE (LAP) LAB	85540	CPT	outpatient			162	9.89	Horizon	Medicare Blue		48.6	0.3			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE (LAP) LAB	85540	CPT	outpatient			162	9.89	Horizon	PPO		62.01	0.3828			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE (LAP) LAB	85540	CPT	outpatient			162	9.89	Managed Care Inc	Managed Care Inc		145.8	0.9			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE (LAP) LAB	85540	CPT	outpatient			162	9.89	Multiplan	Multiplan		129.6	0.8			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE (LAP) LAB	85540	CPT	outpatient			162	9.89	Qualcare	Qualcare		121.5	0.75			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE (LAP) LAB	85540	CPT	outpatient			162	9.89	Three Rivers	Three Rivers		153.9	0.95			8.6	153.9	percent of total billed charges	
LEUK-AKL PTASE (LAP) LAB	85540	CPT	outpatient			162	9.89	UHC	Medicare		8.6				8.6	153.9	case rate	
LEUK-AKL PTASE (LAP) LAB	85540	CPT	outpatient			162	9.89	UHC	Medicaid		8.9				8.6	153.9	case rate	
LEUK-AKL PTASE (LAP) LAB	85540	CPT	outpatient			162	9.89	Wellcare	Medicaid		8.9				8.6	153.9	case rate	
LEUK-AKL PTASE (LAP) LAB	85540	CPT	outpatient			162	9.89	Wellcare	Medicare		8.6				8.6	153.9	case rate	
LYSOZYME SERUM	85549	CPT	both			33	21.56	Aetna	Commercial		12.54	0.38			9.9	31.35	percent of total billed charges	
LYSOZYME SERUM	85549	CPT	both			33	21.56	Aetna	Medicare		18.75				9.9	31.35	case rate	
LYSOZYME SERUM	85549	CPT	both			33	21.56	Aetna	Better Health		10.38	0.3146			9.9	31.35	percent of total billed charges	
LYSOZYME SERUM	85549	CPT	both			33	21.56	Americare	Americare		24.75	0.75			9.9	31.35	percent of total billed charges	
LYSOZYME SERUM	85549	CPT	both			33	21.56	WellPoint	WellPoint		10.59	0.3208			9.9	31.35	percent of total billed charges	
LYSOZYME SERUM	85549	CPT	both			33	21.56	Amerihealth	Medicare		18.75				9.9	31.35	case rate	
LYSOZYME SERUM	85549	CPT	both			33	21.56	Consumer	Consumer		31.35	0.95			9.9	31.35	percent of total billed charges	
LYSOZYME SERUM	85549	CPT	both			33	21.56	Corrections	Corrections		26.4	0.8			9.9	31.35	percent of total billed charges	
LYSOZYME SERUM	85549	CPT	both			33	21.56	First Health	First Health		23.1	0.7			9.9	31.35	percent of total billed charges	
LYSOZYME SERUM	85549	CPT	both			33	21.56	First Trenton	First Trenton		29.7	0.9			9.9	31.35	percent of total billed charges	
LYSOZYME SERUM	85549	CPT	both			33	21.56	Horizon	Indemnity		12.63	0.3828			9.9	31.35	percent of total billed charges	
LYSOZYME SERUM	85549	CPT	both			33	21.56	Horizon	Medicare Blue		9.9	0.3			9.9	31.35	percent of total billed charges	
LYSOZYME SERUM	85549	CPT	both			33	21.56	Horizon	MGD		12.63	0.3828			9.9	31.35	percent of total billed charges	
LYSOZYME SERUM	85549	CPT	both			33	21.56	Horizon	PPO		12.63	0.3828			9.9	31.35	percent of total billed charges	
LYSOZYME SERUM	85549	CPT	both			33	21.56	Managed Care Inc	Managed Care Inc		29.7	0.9			9.9	31.35	percent of total billed charges	
LYSOZYME SERUM	85549	CPT	both			33	21.56	Multiplan	Multiplan		26.4	0.8			9.9	31.35	percent of total billed charges	
LYSOZYME SERUM	85549	CPT	both			33	21.56	Qualcare	Qualcare		24.75	0.75			9.9	31.35	percent of total billed charges	
LYSOZYME SERUM	85549	CPT	both			33	21.56	Three Rivers	Three Rivers		31.35	0.95			9.9	31.35	percent of total billed charges	
LYSOZYME SERUM	85549	CPT	both			33	21.56	UHC	Medicaid		25				9.9	31.35	case rate	
LYSOZYME SERUM	85549	CPT	both			33	21.56	UHC	Medicare		18.75				9.9	31.35	case rate	
LYSOZYME SERUM	85549	CPT	both			33	21.56	Wellcare	Medicare		18.75				9.9	31.35	case rate	
LYSOZYME SERUM	85549	CPT	both			33	21.56	Wellcare	Medicaid		25				9.9	31.35	case rate	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Aetna	Better Health		150.38	0.3146			4.8	454.1	percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Aetna	Medicare		7.47				4.8	454.1	case rate	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Aetna	Commercial		181.64	0.38			4.8	454.1	percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Americare	Americare		358.5	0.75			4.8	454.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	WellPoint	WellPoint		153.34	0.3208			4.8	454.1	percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Amerihealth	Medicare		7.47				4.8	454.1	case rate	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Consumer	Consumer		454.1	0.95			4.8	454.1	percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Corrections	Corrections		382.4	0.8			4.8	454.1	percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	First Health	First Health		334.6	0.7			4.8	454.1	percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	First Trenton	First Trenton		430.2	0.9			4.8	454.1	percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Horizon	Medicare Blue		143.4	0.3			4.8	454.1	percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Horizon	Indemnity		182.98	0.3828			4.8	454.1	percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Horizon	MGD		182.98	0.3828			4.8	454.1	percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Horizon	PPO		182.98	0.3828			4.8	454.1	percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Managed Care Inc	Managed Care Inc		430.2	0.9			4.8	454.1	percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Multiplan	Multiplan		382.4	0.8			4.8	454.1	percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Qualcare	Qualcare		358.5	0.75			4.8	454.1	percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Three Rivers	Three Rivers		454.1	0.95			4.8	454.1	percent of total billed charges	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	UHC	Medicaid		4.8				4.8	454.1	case rate	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	UHC	Medicare		7.47				4.8	454.1	case rate	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Wellcare	Medicaid		4.8				4.8	454.1	case rate	
OSMOTIC FRAGILITY	85555	CPT	outpatient			478	8.59	Wellcare	Medicare		7.47				4.8	454.1	case rate	
OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient			121	15.36	Aetna	Better Health		38.07	0.3146			13.36	114.95	percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient			121	15.36	Aetna	Medicare		37.27	0.308			13.36	114.95	percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient			121	15.36	Aetna	Commercial		45.98	0.38			13.36	114.95	percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient			121	15.36	Americare	Americare		90.75	0.75			13.36	114.95	percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient			121	15.36	WellPoint	WellPoint		38.82	0.3208			13.36	114.95	percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient			121	15.36	Amerihealth	Medicare		13.36				13.36	114.95	case rate	
OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient			121	15.36	Consumer	Consumer		114.95	0.95			13.36	114.95	percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient			121	15.36	Corrections	Corrections		96.8	0.8			13.36	114.95	percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient			121	15.36	First Health	First Health		84.7	0.7			13.36	114.95	percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient			121	15.36	First Trenton	First Trenton		108.9	0.9			13.36	114.95	percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient			121	15.36	Horizon	Medicare Blue		36.3	0.3			13.36	114.95	percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient			121	15.36	Horizon	MGD		46.32	0.3828			13.36	114.95	percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient			121	15.36	Horizon	Indemnity		46.32	0.3828			13.36	114.95	percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient			121	15.36	Horizon	PPO		46.32	0.3828			13.36	114.95	percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient			121	15.36	Managed Care Inc	Managed Care Inc		108.9	0.9			13.36	114.95	percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient			121	15.36	Multiplan	Multiplan		96.8	0.8			13.36	114.95	percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient			121	15.36	Qualcare	Qualcare		90.75	0.75			13.36	114.95	percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient			121	15.36	Three Rivers	Three Rivers		114.95	0.95			13.36	114.95	percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient			121	15.36	UHC	Medicare		13.36				13.36	114.95	case rate	
OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient			121	15.36	UHC	Medicaid		38.07	0.3146			13.36	114.95	percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient			121	15.36	Wellcare	Medicaid		38.07	0.3146			13.36	114.95	percent of total billed charges	
OSMOTIC FRAG RBC INCUBATED	85557	CPT	outpatient			121	15.36	Wellcare	Medicare		13.36				13.36	114.95	case rate	
VERIFYNOW PLAVIX	85576	CPT	both			391	28.65	Aetna	Better Health		123.01	0.3146			24.91	371.45	percent of total billed charges	
VERIFYNOW PLAVIX	85576	CPT	both			391	28.65	Aetna	Medicare		120.43	0.308			24.91	371.45	percent of total billed charges	
VERIFYNOW PLAVIX	85576	CPT	both			391	28.65	Aetna	Commercial		148.58	0.38			24.91	371.45	percent of total billed charges	
VERIFYNOW PLAVIX	85576	CPT	both			391	28.65	Americare	Americare		293.25	0.75			24.91	371.45	percent of total billed charges	
VERIFYNOW PLAVIX	85576	CPT	both			391	28.65	WellPoint	WellPoint		125.43	0.3208			24.91	371.45	percent of total billed charges	
VERIFYNOW PLAVIX	85576	CPT	both			391	28.65	Amerihealth	Medicare		24.91				24.91	371.45	case rate	
VERIFYNOW PLAVIX	85576	CPT	both			391	28.65	Consumer	Consumer		371.45	0.95			24.91	371.45	percent of total billed charges	
VERIFYNOW PLAVIX	85576	CPT	both			391	28.65	Corrections	Corrections		312.8	0.8			24.91	371.45	percent of total billed charges	
VERIFYNOW PLAVIX	85576	CPT	both			391	28.65	First Health	First Health		273.7	0.7			24.91	371.45	percent of total billed charges	
VERIFYNOW PLAVIX	85576	CPT	both			391	28.65	First Trenton	First Trenton		351.9	0.9			24.91	371.45	percent of total billed charges	
VERIFYNOW PLAVIX	85576	CPT	both			391	28.65	Horizon	MGD		149.67	0.3828			24.91	371.45	percent of total billed charges	
VERIFYNOW PLAVIX	85576	CPT	both			391	28.65	Horizon	Medicare Blue		117.3	0.3			24.91	371.45	percent of total billed charges	
VERIFYNOW PLAVIX	85576	CPT	both			391	28.65	Horizon	Indemnity		149.67	0.3828			24.91	371.45	percent of total billed charges	
VERIFYNOW PLAVIX	85576	CPT	both			391	28.65	Horizon	PPO		149.67	0.3828			24.91	371.45	percent of total billed charges	
VERIFYNOW PLAVIX	85576	CPT	both			391	28.65	Managed Care Inc	Managed Care Inc		351.9	0.9			24.91	371.45	percent of total billed charges	
VERIFYNOW PLAVIX	85576	CPT	both			391	28.65	Multiplan	Multiplan		312.8	0.8			24.91	371.45	percent of total billed charges	
VERIFYNOW PLAVIX	85576	CPT	both			391	28.65	Qualcare	Qualcare		293.25	0.75			24.91	371.45	percent of total billed charges	
VERIFYNOW PLAVIX	85576	CPT	both			391	28.65	Three Rivers	Three Rivers		371.45	0.95			24.91	371.45	percent of total billed charges	
VERIFYNOW PLAVIX	85576	CPT	both			391	28.65	UHC	Medicaid		123.01	0.3146			24.91	371.45	percent of total billed charges	
VERIFYNOW PLAVIX	85576	CPT	both			391	28.65	UHC	Medicare		24.91				24.91	371.45	case rate	
VERIFYNOW PLAVIX	85576	CPT	both			391	28.65	Wellcare	Medicare		24.91				24.91	371.45	case rate	
VERIFYNOW PLAVIX	85576	CPT	both			391	28.65	Wellcare	Medicaid		123.01	0.3146			24.91	371.45	percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	85597	CPT	outpatient			58	20.68	Aetna	Better Health		18.25	0.3146			17.4	55.1	percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	85597	CPT	outpatient			58	20.68	Aetna	Medicare		17.98				17.4	55.1	case rate	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	85597	CPT	outpatient			58	20.68	Aetna	Commercial		22.04	0.38			17.4	55.1	percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	85597	CPT	outpatient			58	20.68	Americare	Americare		43.5	0.75			17.4	55.1	percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	85597	CPT	outpatient			58	20.68	WellPoint	WellPoint		18.61	0.3208			17.4	55.1	percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	85597	CPT	outpatient			58	20.68	Amerihealth	Medicare		17.98				17.4	55.1	case rate	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	85597	CPT	outpatient			58	20.68	Consumer	Consumer		55.1	0.95			17.4	55.1	percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	85597	CPT	outpatient			58	20.68	Corrections	Corrections		46.4	0.8			17.4	55.1	percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	85597	CPT	outpatient			58	20.68	First Health	First Health		40.6	0.7			17.4	55.1	percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	85597	CPT	outpatient			58	20.68	First Trenton	First Trenton		52.2	0.9			17.4	55.1	percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	85597	CPT	outpatient			58	20.68	Horizon	Indemnity		22.2	0.3828			17.4	55.1	percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	85597	CPT	outpatient			58	20.68	Horizon	PPO		22.2	0.3828			17.4	55.1	percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	85597	CPT	outpatient			58	20.68	Horizon	MGD		22.2	0.3828			17.4	55.1	percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	85597	CPT	outpatient			58	20.68	Horizon	Medicare Blue		17.4	0.3			17.4	55.1	percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	85597	CPT	outpatient			58	20.68	Managed Care Inc	Managed Care Inc		52.2	0.9			17.4	55.1	percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	85597	CPT	outpatient			58	20.68	Multiplan	Multiplan		46.4	0.8			17.4	55.1	percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	85597	CPT	outpatient			58	20.68	Qualcare	Qualcare		43.5	0.75			17.4	55.1	percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	85597	CPT	outpatient			58	20.68	Three Rivers	Three Rivers		55.1	0.95			17.4	55.1	percent of total billed charges	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	85597	CPT	outpatient			58	20.68	UHC	Medicaid		20				17.4	55.1	case rate	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	85597	CPT	outpatient			58	20.68	UHC	Medicare		17.98				17.4	55.1	case rate	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	85597	CPT	outpatient			58	20.68	Wellcare	Medicaid		20				17.4	55.1	case rate	
DRVVT CONFIRM RFLX TO LUP ANTICOAG (1178	85597	CPT	outpatient			58	20.68	Wellcare	Medicare		17.98				17.4	55.1	case rate	
PROTHROMBIN TIME;	85598	CPT	outpatient			226	20.68	Aetna	Better Health		71.1	0.3146			14.38	214.7	percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	outpatient			226	20.68	Aetna	Medicare		17.98				14.38	214.7	case rate	
PROTHROMBIN TIME;	85598	CPT	outpatient			226	20.68	Aetna	Commercial		85.88	0.38			14.38	214.7	percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	outpatient			226	20.68	Americare	Americare		169.5	0.75			14.38	214.7	percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	outpatient			226	20.68	WellPoint	WellPoint		72.5	0.3208			14.38	214.7	percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	outpatient			226	20.68	Amerihealth	Medicare		17.98				14.38	214.7	case rate	
PROTHROMBIN TIME;	85598	CPT	outpatient			226	20.68	Consumer	Consumer		214.7	0.95			14.38	214.7	percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	outpatient			226	20.68	Corrections	Corrections		180.8	0.8			14.38	214.7	percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	outpatient			226	20.68	First Health	First Health		158.2	0.7			14.38	214.7	percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	outpatient			226	20.68	First Trenton	First Trenton		203.4	0.9			14.38	214.7	percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	outpatient			226	20.68	Horizon	MGD		86.51	0.3828			14.38	214.7	percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	outpatient			226	20.68	Horizon	Medicare Blue		67.8	0.3			14.38	214.7	percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	outpatient			226	20.68	Horizon	Indemnity		86.51	0.3828			14.38	214.7	percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	outpatient			226	20.68	Horizon	PPO		86.51	0.3828			14.38	214.7	percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	outpatient			226	20.68	Managed Care Inc	Managed Care Inc		203.4	0.9			14.38	214.7	percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	outpatient			226	20.68	Multiplan	Multiplan		180.8	0.8			14.38	214.7	percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	outpatient			226	20.68	Qualcare	Qualcare		169.5	0.75			14.38	214.7	percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	outpatient			226	20.68	Three Rivers	Three Rivers		214.7	0.95			14.38	214.7	percent of total billed charges	
PROTHROMBIN TIME;	85598	CPT	outpatient			226	20.68	UHC	Medicare		17.98				14.38	214.7	case rate	
PROTHROMBIN TIME;	85598	CPT	outpatient			226	20.68	UHC	Medicaid		14.38				14.38	214.7	case rate	
PROTHROMBIN TIME;	85598	CPT	outpatient			226	20.68	Wellcare	Medicaid		14.38				14.38	214.7	case rate	
PROTHROMBIN TIME;	85598	CPT	outpatient			226	20.68	Wellcare	Medicare		17.98				14.38	214.7	case rate	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Aetna	Commercial		5.7	0.38			3	14.25	percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Aetna	Medicare		4.29				3	14.25	case rate	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Aetna	Better Health		4.72	0.3146			3	14.25	percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Americare	Americare		11.25	0.75			3	14.25	percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	WellPoint	WellPoint		4.81	0.3208			3	14.25	percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Amerihealth	Medicare		4.29				3	14.25	case rate	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Consumer	Consumer		14.25	0.95			3	14.25	percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Corrections	Corrections		12	0.8			3	14.25	percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	First Health	First Health		10.5	0.7			3	14.25	percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	First Trenton	First Trenton		13.5	0.9			3	14.25	percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Horizon	MGD		5.74	0.3828			3	14.25	percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Horizon	Indemnity		5.74	0.3828			3	14.25	percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Horizon	Medicare Blue		4.5	0.3			3	14.25	percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Horizon	PPO		5.74	0.3828			3	14.25	percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Managed Care Inc	Managed Care Inc		13.5	0.9			3	14.25	percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Multiplan	Multiplan		12	0.8			3	14.25	percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Qualcare	Qualcare		11.25	0.75			3	14.25	percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Three Rivers	Three Rivers		14.25	0.95			3	14.25	percent of total billed charges	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	UHC	Medicaid		3				3	14.25	case rate	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	UHC	Medicare		4.29				3	14.25	case rate	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Wellcare	Medicare		4.29				3	14.25	case rate	
PT/INR POC ABOTT ISTAT	85610	CPT	both			15	4.93	Wellcare	Medicaid		3				3	14.25	case rate	
PT SUBST PLASMA FRACTION EACH	85611	CPT	inpatient			14	4.53	Aetna	Medicare		3.94				3.94	13.3	case rate	
PT SUBST PLASMA FRACTION EACH	85611	CPT	inpatient			14	4.53	Aetna	Better Health		4.4	0.3146			3.94	13.3	percent of total billed charges	
PT SUBST PLASMA FRACTION EACH	85611	CPT	inpatient			14	4.53	Aetna	Commercial		5.32	0.38			3.94	13.3	percent of total billed charges	
PT SUBST PLASMA FRACTION EACH	85611	CPT	inpatient			14	4.53	Americare	Americare		10.5	0.75			3.94	13.3	percent of total billed charges	
PT SUBST PLASMA FRACTION EACH	85611	CPT	inpatient			14	4.53	WellPoint	WellPoint		4.49	0.3208			3.94	13.3	percent of total billed charges	
PT SUBST PLASMA FRACTION EACH	85611	CPT	inpatient			14	4.53	Amerihealth	Medicare		3.94				3.94	13.3	case rate	
PT SUBST PLASMA FRACTION EACH	85611	CPT	inpatient			14	4.53	Consumer	Consumer		13.3	0.95			3.94	13.3	percent of total billed charges	
PT SUBST PLASMA FRACTION EACH	85611	CPT	inpatient			14	4.53	Corrections	Corrections		11.2	0.8			3.94	13.3	percent of total billed charges	
PT SUBST PLASMA FRACTION EACH	85611	CPT	inpatient			14	4.53	First Health	First Health		9.8	0.7			3.94	13.3	percent of total billed charges	
PT SUBST PLASMA FRACTION EACH	85611	CPT	inpatient			14	4.53	First Trenton	First Trenton		12.6	0.9			3.94	13.3	percent of total billed charges	
PT SUBST PLASMA FRACTION EACH	85611	CPT	inpatient			14	4.53	Horizon	MGD		5.36	0.3828			3.94	13.3	percent of total billed charges	
PT SUBST PLASMA FRACTION EACH	85611	CPT	inpatient			14	4.53	Horizon	Indemnity		5.36	0.3828			3.94	13.3	percent of total billed charges	
PT SUBST PLASMA FRACTION EACH	85611	CPT	inpatient			14	4.53	Horizon	Medicare Blue		4.2	0.3			3.94	13.3	percent of total billed charges	
PT SUBST PLASMA FRACTION EACH	85611	CPT	inpatient			14	4.53	Horizon	PPO		5.36	0.3828			3.94	13.3	percent of total billed charges	
PT SUBST PLASMA FRACTION EACH	85611	CPT	inpatient			14	4.53	Managed Care Inc	Managed Care Inc		12.6	0.9			3.94	13.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PT SUBST PLASMA FRACTION EACH	85611	CPT	inpatient			14	4.53	Multiplan	Multiplan		11.2	0.8			3.94	13.3	percent of total billed charges	
PT SUBST PLASMA FRACTION EACH	85611	CPT	inpatient			14	4.53	Qualcare	Qualcare		10.5	0.75			3.94	13.3	percent of total billed charges	
PT SUBST PLASMA FRACTION EACH	85611	CPT	inpatient			14	4.53	Three Rivers	Three Rivers		13.3	0.95			3.94	13.3	percent of total billed charges	
PT SUBST PLASMA FRACTION EACH	85611	CPT	inpatient			14	4.53	UHC	Medicaid		4.5				3.94	13.3	case rate	
PT SUBST PLASMA FRACTION EACH	85611	CPT	inpatient			14	4.53	UHC	Medicare		3.94				3.94	13.3	case rate	
PT SUBST PLASMA FRACTION EACH	85611	CPT	inpatient			14	4.53	Wellcare	Medicaid		4.5				3.94	13.3	case rate	
PT SUBST PLASMA FRACTION EACH	85611	CPT	inpatient			14	4.53	Wellcare	Medicare		3.94				3.94	13.3	case rate	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Aetna	Better Health		22.97	0.3146			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Aetna	Medicare		22.48	0.308			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Aetna	Commercial		27.74	0.38			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Americare	Americare		54.75	0.75			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	WellPoint	WellPoint		23.42	0.3208			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Amerihealth	Medicare		17.49				17.49	69.35	case rate	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Consumer	Consumer		69.35	0.95			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Corrections	Corrections		58.4	0.8			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	First Health	First Health		51.1	0.7			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	First Trenton	First Trenton		65.7	0.9			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Horizon	Medicare Blue		21.9	0.3			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Horizon	MGD		27.94	0.3828			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Horizon	Indemnity		27.94	0.3828			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Horizon	PPO		27.94	0.3828			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Managed Care Inc	Managed Care Inc		65.7	0.9			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Multiplan	Multiplan		58.4	0.8			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Qualcare	Qualcare		54.75	0.75			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Three Rivers	Three Rivers		69.35	0.95			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	UHC	Medicaid		22.97	0.3146			17.49	69.35	percent of total billed charges	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	UHC	Medicare		17.49				17.49	69.35	case rate	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Wellcare	Medicare		17.49				17.49	69.35	case rate	
LUPUS ANTICOAG SCREENING	85612	CPT	outpatient			73	20.11	Wellcare	Medicaid		22.97	0.3146			17.49	69.35	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Aetna	Medicare		9.58				9	239.4	case rate	
RVVT DILUTED	85613	CPT	both			252	11.02	Aetna	Better Health		79.28	0.3146			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Aetna	Commercial		95.76	0.38			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Americare	Americare		189	0.75			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	WellPoint	WellPoint		80.84	0.3208			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Amerihealth	Medicare		9.58				9	239.4	case rate	
RVVT DILUTED	85613	CPT	both			252	11.02	Consumer	Consumer		239.4	0.95			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Corrections	Corrections		201.6	0.8			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	First Health	First Health		176.4	0.7			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	First Trenton	First Trenton		226.8	0.9			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Horizon	Indemnity		96.47	0.3828			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Horizon	MGD		96.47	0.3828			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Horizon	Medicare Blue		75.6	0.3			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Horizon	PPO		96.47	0.3828			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Managed Care Inc	Managed Care Inc		226.8	0.9			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Multiplan	Multiplan		201.6	0.8			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Qualcare	Qualcare		189	0.75			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	Three Rivers	Three Rivers		239.4	0.95			9	239.4	percent of total billed charges	
RVVT DILUTED	85613	CPT	both			252	11.02	UHC	Medicare		9.58				9	239.4	case rate	
RVVT DILUTED	85613	CPT	both			252	11.02	UHC	Medicaid		10				9	239.4	case rate	
RVVT DILUTED	85613	CPT	both			252	11.02	Wellcare	Medicare		9.58				9	239.4	case rate	
RVVT DILUTED	85613	CPT	both			252	11.02	Wellcare	Medicaid		10				9	239.4	case rate	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Aetna	Medicare		9.85				8.4	62.7	case rate	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Aetna	Better Health		20.76	0.3146			8.4	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Aetna	Commercial		25.08	0.38			8.4	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Americare	Americare		49.5	0.75			8.4	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	WellPoint	WellPoint		21.17	0.3208			8.4	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Amerihealth	Medicare		9.85				8.4	62.7	case rate	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Consumer	Consumer		62.7	0.95			8.4	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Corrections	Corrections		52.8	0.8			8.4	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	First Health	First Health		46.2	0.7			8.4	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	First Trenton	First Trenton		59.4	0.9			8.4	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Horizon	Medicare Blue		19.8	0.3			8.4	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Horizon	Indemnity		25.26	0.3828			8.4	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Horizon	MGD		25.26	0.3828			8.4	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Horizon	PPO		25.26	0.3828			8.4	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Managed Care Inc	Managed Care Inc		59.4	0.9			8.4	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Multiplan	Multiplan		52.8	0.8			8.4	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Qualcare	Qualcare		49.5	0.75			8.4	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Three Rivers	Three Rivers		62.7	0.95			8.4	62.7	percent of total billed charges	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	UHC	Medicaid		8.4				8.4	62.7	case rate	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	UHC	Medicare		9.85				8.4	62.7	case rate	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Wellcare	Medicaid		8.4				8.4	62.7	case rate	
REPTILASE TIME (REPT)	85635	CPT	inpatient			66	11.33	Wellcare	Medicare		9.85				8.4	62.7	case rate	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Aetna	Better Health		19.19	0.3146			1.5	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Aetna	Medicare		2.7				1.5	57.95	case rate	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Aetna	Commercial		23.18	0.38			1.5	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Americare	Americare		45.75	0.75			1.5	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	WellPoint	WellPoint		19.57	0.3208			1.5	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Amerihealth	Medicare		2.7				1.5	57.95	case rate	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Consumer	Consumer		57.95	0.95			1.5	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Corrections	Corrections		48.8	0.8			1.5	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	First Health	First Health		42.7	0.7			1.5	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	First Trenton	First Trenton		54.9	0.9			1.5	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Horizon	MGD		23.35	0.3828			1.5	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Horizon	Medicare Blue		18.3	0.3			1.5	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Horizon	Indemnity		23.35	0.3828			1.5	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Horizon	PPO		23.35	0.3828			1.5	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Managed Care Inc	Managed Care Inc		54.9	0.9			1.5	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Multiplan	Multiplan		48.8	0.8			1.5	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Qualcare	Qualcare		45.75	0.75			1.5	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Three Rivers	Three Rivers		57.95	0.95			1.5	57.95	percent of total billed charges	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	UHC	Medicare		2.7				1.5	57.95	case rate	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	UHC	Medicaid		1.5				1.5	57.95	case rate	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Wellcare	Medicaid		1.5				1.5	57.95	case rate	
SEDIMENTATION RATE AUTO	85652	CPT	both			61	3.11	Wellcare	Medicare		2.7				1.5	57.95	case rate	
SICKLING OF RBC REDUCTION	85660	CPT	both			527	6.34	Aetna	Better Health		165.79	0.3146			3	500.65	percent of total billed charges	
SICKLING OF RBC REDUCTION	85660	CPT	both			527	6.34	Aetna	Commercial		200.26	0.38			3	500.65	percent of total billed charges	
SICKLING OF RBC REDUCTION	85660	CPT	both			527	6.34	Aetna	Medicare		5.51				3	500.65	case rate	
SICKLING OF RBC REDUCTION	85660	CPT	both			527	6.34	Americare	Americare		395.25	0.75			3	500.65	percent of total billed charges	
SICKLING OF RBC REDUCTION	85660	CPT	both			527	6.34	WellPoint	WellPoint		169.06	0.3208			3	500.65	percent of total billed charges	
SICKLING OF RBC REDUCTION	85660	CPT	both			527	6.34	Amerihealth	Medicare		5.51				3	500.65	case rate	
SICKLING OF RBC REDUCTION	85660	CPT	both			527	6.34	Consumer	Consumer		500.65	0.95			3	500.65	percent of total billed charges	
SICKLING OF RBC REDUCTION	85660	CPT	both			527	6.34	Corrections	Corrections		421.6	0.8			3	500.65	percent of total billed charges	
SICKLING OF RBC REDUCTION	85660	CPT	both			527	6.34	First Health	First Health		368.9	0.7			3	500.65	percent of total billed charges	
SICKLING OF RBC REDUCTION	85660	CPT	both			527	6.34	First Trenton	First Trenton		474.3	0.9			3	500.65	percent of total billed charges	
SICKLING OF RBC REDUCTION	85660	CPT	both			527	6.34	Horizon	Medicare Blue		158.1	0.3			3	500.65	percent of total billed charges	
SICKLING OF RBC REDUCTION	85660	CPT	both			527	6.34	Horizon	MGD		201.74	0.3828			3	500.65	percent of total billed charges	
SICKLING OF RBC REDUCTION	85660	CPT	both			527	6.34	Horizon	Indemnity		201.74	0.3828			3	500.65	percent of total billed charges	
SICKLING OF RBC REDUCTION	85660	CPT	both			527	6.34	Horizon	PPO		201.74	0.3828			3	500.65	percent of total billed charges	
SICKLING OF RBC REDUCTION	85660	CPT	both			527	6.34	Managed Care Inc	Managed Care Inc		474.3	0.9			3	500.65	percent of total billed charges	
SICKLING OF RBC REDUCTION	85660	CPT	both			527	6.34	Multiplan	Multiplan		421.6	0.8			3	500.65	percent of total billed charges	
SICKLING OF RBC REDUCTION	85660	CPT	both			527	6.34	Qualcare	Qualcare		395.25	0.75			3	500.65	percent of total billed charges	
SICKLING OF RBC REDUCTION	85660	CPT	both			527	6.34	Three Rivers	Three Rivers		500.65	0.95			3	500.65	percent of total billed charges	
SICKLING OF RBC REDUCTION	85660	CPT	both			527	6.34	UHC	Medicaid		3				3	500.65	case rate	
SICKLING OF RBC REDUCTION	85660	CPT	both			527	6.34	UHC	Medicare		5.51				3	500.65	case rate	
SICKLING OF RBC REDUCTION	85660	CPT	both			527	6.34	Wellcare	Medicare		5.51				3	500.65	case rate	
SICKLING OF RBC REDUCTION	85660	CPT	both			527	6.34	Wellcare	Medicaid		3				3	500.65	case rate	
THROMBIN TIME; PLSM	85670	CPT	both			226	6.64	Aetna	Commercial		85.88	0.38			5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226	6.64	Aetna	Better Health		71.1	0.3146			5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226	6.64	Aetna	Medicare		5.77				5.7	214.7	case rate	
THROMBIN TIME; PLSM	85670	CPT	both			226	6.64	Americare	Americare		169.5	0.75			5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226	6.64	WellPoint	WellPoint		72.5	0.3208			5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226	6.64	Amerihealth	Medicare		5.77				5.7	214.7	case rate	
THROMBIN TIME; PLSM	85670	CPT	both			226	6.64	Consumer	Consumer		214.7	0.95			5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226	6.64	Corrections	Corrections		180.8	0.8			5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226	6.64	First Health	First Health		158.2	0.7			5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226	6.64	First Trenton	First Trenton		203.4	0.9			5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226	6.64	Horizon	MGD		86.51	0.3828			5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226	6.64	Horizon	Indemnity		86.51	0.3828			5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226	6.64	Horizon	Medicare Blue		67.8	0.3			5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226	6.64	Horizon	PPO		86.51	0.3828			5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226	6.64	Managed Care Inc	Managed Care Inc		203.4	0.9			5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226	6.64	Multiplan	Multiplan		180.8	0.8			5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226	6.64	Qualcare	Qualcare		169.5	0.75			5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226	6.64	Three Rivers	Three Rivers		214.7	0.95			5.7	214.7	percent of total billed charges	
THROMBIN TIME; PLSM	85670	CPT	both			226	6.64	UHC	Medicaid		6.6				5.7	214.7	case rate	
THROMBIN TIME; PLSM	85670	CPT	both			226	6.64	UHC	Medicare		5.77				5.7	214.7	case rate	
THROMBIN TIME; PLSM	85670	CPT	both			226	6.64	Wellcare	Medicaid		6.6				5.7	214.7	case rate	
THROMBIN TIME; PLSM	85670	CPT	both			226	6.64	Wellcare	Medicare		5.77				5.7	214.7	case rate	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252	11.07	Aetna	Better Health		79.28	0.3146			7.9	239.4	percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252	11.07	Aetna	Medicare		9.63				7.9	239.4	case rate	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252	11.07	Aetna	Commercial		95.76	0.38			7.9	239.4	percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252	11.07	Americare	Americare		189	0.75			7.9	239.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252	11.07	WellPoint	WellPoint		80.84	0.3208			7.9		239.4 percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252	11.07	Amerihealth	Medicare		9.63				7.9		239.4 case rate	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252	11.07	Consumer	Consumer		239.4	0.95			7.9		239.4 percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252	11.07	Corrections	Corrections		201.6	0.8			7.9		239.4 percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252	11.07	First Health	First Health		176.4	0.7			7.9		239.4 percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252	11.07	First Trenton	First Trenton		226.8	0.9			7.9		239.4 percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252	11.07	Horizon	Medicare Blue		75.6	0.3			7.9		239.4 percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252	11.07	Horizon	MGD		96.47	0.3828			7.9		239.4 percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252	11.07	Horizon	Indemnity		96.47	0.3828			7.9		239.4 percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252	11.07	Horizon	PPO		96.47	0.3828			7.9		239.4 percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252	11.07	Managed Care Inc	Managed Care Inc		226.8	0.9			7.9		239.4 percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252	11.07	Multiplan	Multiplan		201.6	0.8			7.9		239.4 percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252	11.07	Qualcare	Qualcare		189	0.75			7.9		239.4 percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252	11.07	Three Rivers	Three Rivers		239.4	0.95			7.9		239.4 percent of total billed charges	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252	11.07	UHC	Medicaid		7.9				7.9		239.4 case rate	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252	11.07	UHC	Medicare		9.63				7.9		239.4 case rate	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252	11.07	Wellcare	Medicare		9.63				7.9		239.4 case rate	
THROMBOPLASTIN INHIB TISSUE	85705	CPT	outpatient			252	11.07	Wellcare	Medicaid		7.9				7.9		239.4 case rate	
PTT;PLSM;WB	85730	CPT	both			20	6.91	Aetna	Commercial		7.6	0.38			3		19 percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20	6.91	Aetna	Medicare		6.01				3		19 case rate	
PTT;PLSM;WB	85730	CPT	both			20	6.91	Aetna	Better Health		6.29	0.3146			3		19 percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20	6.91	Americare	Americare		15	0.75			3		19 percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20	6.91	WellPoint	WellPoint		6.42	0.3208			3		19 percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20	6.91	Amerihealth	Medicare		6.01				3		19 case rate	
PTT;PLSM;WB	85730	CPT	both			20	6.91	Consumer	Consumer		19	0.95			3		19 percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20	6.91	Corrections	Corrections		16	0.8			3		19 percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20	6.91	First Health	First Health		14	0.7			3		19 percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20	6.91	First Trenton	First Trenton		18	0.9			3		19 percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20	6.91	Horizon	Indemnity		7.66	0.3828			3		19 percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20	6.91	Horizon	PPO		7.66	0.3828			3		19 percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20	6.91	Horizon	MGD		7.66	0.3828			3		19 percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20	6.91	Horizon	Medicare Blue		6	0.3			3		19 percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20	6.91	Managed Care Inc	Managed Care Inc		18	0.9			3		19 percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20	6.91	Multiplan	Multiplan		16	0.8			3		19 percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20	6.91	Qualcare	Qualcare		15	0.75			3		19 percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20	6.91	Three Rivers	Three Rivers		19	0.95			3		19 percent of total billed charges	
PTT;PLSM;WB	85730	CPT	both			20	6.91	UHC	Medicare		6.01				3		19 case rate	
PTT;PLSM;WB	85730	CPT	both			20	6.91	UHC	Medicaid		3				3		19 case rate	
PTT;PLSM;WB	85730	CPT	both			20	6.91	Wellcare	Medicaid		3				3		19 case rate	
PTT;PLSM;WB	85730	CPT	both			20	6.91	Wellcare	Medicare		6.01				3		19 case rate	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	outpatient			186	7.44	Aetna	Better Health		58.52	0.3146			3		176.7 percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	outpatient			186	7.44	Aetna	Medicare		6.47				3		176.7 case rate	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	outpatient			186	7.44	Aetna	Commercial		70.68	0.38			3		176.7 percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	outpatient			186	7.44	Americare	Americare		139.5	0.75			3		176.7 percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	outpatient			186	7.44	WellPoint	WellPoint		59.67	0.3208			3		176.7 percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	outpatient			186	7.44	Amerihealth	Medicare		6.47				3		176.7 case rate	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	outpatient			186	7.44	Consumer	Consumer		176.7	0.95			3		176.7 percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	outpatient			186	7.44	Corrections	Corrections		148.8	0.8			3		176.7 percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	outpatient			186	7.44	First Health	First Health		130.2	0.7			3		176.7 percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	outpatient			186	7.44	First Trenton	First Trenton		167.4	0.9			3		176.7 percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	outpatient			186	7.44	Horizon	Medicare Blue		55.8	0.3			3		176.7 percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	outpatient			186	7.44	Horizon	MGD		71.2	0.3828			3		176.7 percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	outpatient			186	7.44	Horizon	Indemnity		71.2	0.3828			3		176.7 percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	outpatient			186	7.44	Horizon	PPO		71.2	0.3828			3		176.7 percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	outpatient			186	7.44	Managed Care Inc	Managed Care Inc		167.4	0.9			3		176.7 percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	outpatient			186	7.44	Multiplan	Multiplan		148.8	0.8			3		176.7 percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	outpatient			186	7.44	Qualcare	Qualcare		139.5	0.75			3		176.7 percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	outpatient			186	7.44	Three Rivers	Three Rivers		176.7	0.95			3		176.7 percent of total billed charges	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	outpatient			186	7.44	UHC	Medicaid		3				3		176.7 case rate	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	outpatient			186	7.44	UHC	Medicare		6.47				3		176.7 case rate	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	outpatient			186	7.44	Wellcare	Medicaid		3				3		176.7 case rate	
SUBSTITUTION PLASMA FRACT EA	85732	CPT	outpatient			186	7.44	Wellcare	Medicare		6.47				3		176.7 case rate	
VISCOSITY SERUM	85810	CPT	both			84	13.42	Aetna	Better Health		26.43	0.3146			8.1		79.8 percent of total billed charges	
VISCOSITY SERUM	85810	CPT	both			84	13.42	Aetna	Commercial		31.92	0.38			8.1		79.8 percent of total billed charges	
VISCOSITY SERUM	85810	CPT	both			84	13.42	Aetna	Medicare		25.87	0.308			8.1		79.8 percent of total billed charges	
VISCOSITY SERUM	85810	CPT	both			84	13.42	Americare	Americare		63	0.75			8.1		79.8 percent of total billed charges	
VISCOSITY SERUM	85810	CPT	both			84	13.42	WellPoint	WellPoint		26.95	0.3208			8.1		79.8 percent of total billed charges	
VISCOSITY SERUM	85810	CPT	both			84	13.42	Amerihealth	Medicare		11.67				8.1		79.8 case rate	
VISCOSITY SERUM	85810	CPT	both			84	13.42	Consumer	Consumer		79.8	0.95			8.1		79.8 percent of total billed charges	
VISCOSITY SERUM	85810	CPT	both			84	13.42	Corrections	Corrections		67.2	0.8			8.1		79.8 percent of total billed charges	
VISCOSITY SERUM	85810	CPT	both			84	13.42	First Health	First Health		58.8	0.7			8.1		79.8 percent of total billed charges	
VISCOSITY SERUM	85810	CPT	both			84	13.42	First Trenton	First Trenton		75.6	0.9			8.1		79.8 percent of total billed charges	
VISCOSITY SERUM	85810	CPT	both			84	13.42	Horizon	MGD		32.16	0.3828			8.1		79.8 percent of total billed charges	
VISCOSITY SERUM	85810	CPT	both			84	13.42	Horizon	Indemnity		32.16	0.3828			8.1		79.8 percent of total billed charges	
VISCOSITY SERUM	85810	CPT	both			84	13.42	Horizon	Medicare Blue		25.2	0.3			8.1		79.8 percent of total billed charges	
VISCOSITY SERUM	85810	CPT	both			84	13.42	Horizon	PPO		32.16	0.3828			8.1		79.8 percent of total billed charges	
VISCOSITY SERUM	85810	CPT	both			84	13.42	Managed Care Inc	Managed Care Inc		75.6	0.9			8.1		79.8 percent of total billed charges	
VISCOSITY SERUM	85810	CPT	both			84	13.42	Multiplan	Multiplan		67.2	0.8			8.1		79.8 percent of total billed charges	
VISCOSITY SERUM	85810	CPT	both			84	13.42	Qualcare	Qualcare		63	0.75			8.1		79.8 percent of total billed charges	
VISCOSITY SERUM	85810	CPT	both			84	13.42	Three Rivers	Three Rivers		79.8	0.95			8.1		79.8 percent of total billed charges	
VISCOSITY SERUM	85810	CPT	both			84	13.42	UHC	Medicaid		26.43	0.3146			8.1		79.8 percent of total billed charges	
VISCOSITY SERUM	85810	CPT	both			84	13.42	UHC	Medicare		11.67				8.1		79.8 case rate	
VISCOSITY SERUM	85810	CPT	both			84	13.42	Wellcare	Medicaid		26.43	0.3146			8.1		79.8 percent of total billed charges	
VISCOSITY SERUM	85810	CPT	both			84	13.42	Wellcare	Medicare		11.67				8.1		79.8 case rate	
WHITEFISH	86003	CPT	both			1050	6	Aetna	Better Health		330.33	0.3146			3.6		997.5 percent of total billed charges	
WHITEFISH	86003	CPT	both			1050	6	Aetna	Commercial		399	0.38			3.6		997.5 percent of total billed charges	
WHITEFISH	86003	CPT	both			1050	6	Aetna	Medicare		5.22				3.6		997.5 case rate	
WHITEFISH	86003	CPT	both			1050	6	Americare	Americare		787.5	0.75			3.6		997.5 percent of total billed charges	
WHITEFISH	86003	CPT	both			1050	6	WellPoint	WellPoint		336.84	0.3208			3.6		997.5 percent of total billed charges	
WHITEFISH	86003	CPT	both			1050	6	Amerihealth	Medicare		5.22				3.6		997.5 case rate	
WHITEFISH	86003	CPT	both			1050	6	Consumer	Consumer		997.5	0.95			3.6		997.5 percent of total billed charges	
WHITEFISH	86003	CPT	both			1050	6	Corrections	Corrections		840	0.8			3.6		997.5 percent of total billed charges	
WHITEFISH	86003	CPT	both			1050	6	First Health	First Health		735	0.7			3.6		997.5 percent of total billed charges	
WHITEFISH	86003	CPT	both			1050	6	First Trenton	First Trenton		945	0.9			3.6		997.5 percent of total billed charges	
WHITEFISH	86003	CPT	both			1050	6	Horizon	Indemnity		401.94	0.3828			3.6		997.5 percent of total billed charges	
WHITEFISH	86003	CPT	both			1050	6	Horizon	Medicare Blue		315	0.3			3.6		997.5 percent of total billed charges	
WHITEFISH	86003	CPT	both			1050	6	Horizon	MGD		401.94	0.3828			3.6		997.5 percent of total billed charges	
WHITEFISH	86003	CPT	both			1050	6	Horizon	PPO		401.94	0.3828			3.6		997.5 percent of total billed charges	
WHITEFISH	86003	CPT	both			1050	6	Managed Care Inc	Managed Care Inc		945	0.9			3.6		997.5 percent of total billed charges	
WHITEFISH	86003	CPT	both			1050	6	Multiplan	Multiplan		840	0.8			3.6		997.5 percent of total billed charges	
WHITEFISH	86003	CPT	both			1050	6	Qualcare	Qualcare		787.5	0.75			3.6		997.5 percent of total billed charges	
WHITEFISH	86003	CPT	both			1050	6	Three Rivers	Three Rivers		997.5	0.95			3.6		997.5 percent of total billed charges	
WHITEFISH	86003	CPT	both			1050	6	UHC	Medicare		5.22				3.6		997.5 case rate	
WHITEFISH	86003	CPT	both			1050	6	UHC	Medicaid		4				3.6		997.5 case rate	
WHITEFISH	86003	CPT	both			1050	6	Wellcare	Medicaid		4				3.6		997.5 case rate	
WHITEFISH	86003	CPT	both			1050	6	Wellcare	Medicare		5.22				3.6		997.5 case rate	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Aetna	Medicare		14.78	0.308			7.97		45.6 percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Aetna	Better Health		15.1	0.3146			7.97		45.6 percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Aetna	Commercial		18.24	0.38			7.97		45.6 percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Americare	Americare		36	0.75			7.97		45.6 percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	WellPoint	WellPoint		15.4	0.3208			7.97		45.6 percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Amerihealth	Medicare		7.97				7.97		45.6 case rate	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Consumer	Consumer		45.6	0.95			7.97		45.6 percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Corrections	Corrections		38.4	0.8			7.97		45.6 percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	First Health	First Health		33.6	0.7			7.97		45.6 percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	First Trenton	First Trenton		43.2	0.9			7.97		45.6 percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Horizon	MGD		18.37	0.3828			7.97		45.6 percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Horizon	Indemnity		18.37	0.3828			7.97		45.6 percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Horizon	Medicare Blue		14.4	0.3			7.97		45.6 percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Horizon	PPO		18.37	0.3828			7.97		45.6 percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Managed Care Inc	Managed Care Inc		43.2	0.9			7.97		45.6 percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Multiplan	Multiplan		38.4	0.8			7.97		45.6 percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Qualcare	Qualcare		36	0.75			7.97		45.6 percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Three Rivers	Three Rivers		45.6	0.95			7.97		45.6 percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	UHC	Medicaid		15.1	0.3146			7.97		45.6 percent of total billed charges	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	UHC	Medicare		7.97				7.97		45.6 case rate	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Wellcare	Medicare		7.97				7.97		45.6 case rate	
FX02-IGE FOOD MIX (SEAFOODS)	86005	CPT	outpatient			48	9.17	Wellcare	Medicaid		15.1	0.3146			7.97		45.6 percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Aetna	Medicare		17.93				9.6		199.5 case rate	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Aetna	Better Health		66.07	0.3146			9.6		199.5 percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Aetna	Commercial		79.8	0.38			9.6		199.5 percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Americare	Americare		157.5	0.75			9.6		199.5 percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	WellPoint	WellPoint		67.37	0.3208			9.6		199.5 percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Amerihealth	Medicare		17.93				9.6		199.5 case rate	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Consumer	Consumer		199.5	0.95			9.6		199.5 percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Corrections	Corrections		168	0.8			9.6		199.5 percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	First Health	First Health		147	0.7			9.6		199.5 percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	First Trenton	First Trenton		189	0.9			9.6		199.5 percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Horizon	Medicare Blue		63	0.3			9.6		199.5 percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Horizon	MGD		80.39	0.3828			9.6		199.5 percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Horizon	Indemnity		80.39	0.3828			9.6		199.5 percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Horizon	PPO		80.39	0.3828			9.6		199.5 percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Managed Care Inc	Managed Care Inc		189	0.9			9.6		199.5 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Multiplan	Multiplan		168	0.8			9.6	199.5	percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Qualcare	Qualcare		157.5	0.75			9.6	199.5	percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Three Rivers	Three Rivers		199.5	0.95			9.6	199.5	percent of total billed charges	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	UHC	Medicaid		14.34				9.6	199.5	case rate	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	UHC	Medicare		17.93				9.6	199.5	case rate	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Wellcare	Medicaid		14.34				9.6	199.5	case rate	
O215-IGE ALPHA-GAL	86008	CPT	outpatient			210	20.62	Wellcare	Medicare		17.93				9.6	199.5	case rate	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Aetna	Better Health		210.15	0.3146			9	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Aetna	Commercial		253.84	0.38			9	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Aetna	Medicare		15.05				9	634.6	case rate	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Americare	Americare		501	0.75			9	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	WellPoint	WellPoint		214.29	0.3208			9	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Amerihealth	Medicare		15.05				9	634.6	case rate	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Consumer	Consumer		634.6	0.95			9	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Corrections	Corrections		534.4	0.8			9	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	First Health	First Health		467.6	0.7			9	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	First Trenton	First Trenton		601.2	0.9			9	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Horizon	Medicare Blue		200.4	0.3			9	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Horizon	Indemnity		255.71	0.3828			9	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Horizon	MGD		255.71	0.3828			9	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Horizon	PPO		255.71	0.3828			9	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Managed Care Inc	Managed Care Inc		601.2	0.9			9	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Multiplan	Multiplan		534.4	0.8			9	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Qualcare	Qualcare		501	0.75			9	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Three Rivers	Three Rivers		634.6	0.95			9	634.6	percent of total billed charges	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	UHC	Medicaid		9				9	634.6	case rate	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	UHC	Medicare		15.05				9	634.6	case rate	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Wellcare	Medicare		15.05				9	634.6	case rate	
NEUTROPHIL ASSOCIATED ABS	86021	CPT	outpatient			668	17.31	Wellcare	Medicaid		9				9	634.6	case rate	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Aetna	Better Health		398.6	0.3146			18.37	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Aetna	Commercial		481.46	0.38			18.37	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Aetna	Medicare		390.24	0.308			18.37	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Americare	Americare		950.25	0.75			18.37	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	WellPoint	WellPoint		406.45	0.3208			18.37	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Amerihealth	Medicare		18.37				18.37	1203.65	case rate	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Consumer	Consumer		1203.65	0.95			18.37	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Corrections	Corrections		1013.6	0.8			18.37	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	First Health	First Health		886.9	0.7			18.37	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	First Trenton	First Trenton		1140.3	0.9			18.37	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Horizon	Medicare Blue		380.1	0.3			18.37	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Horizon	Indemnity		485.01	0.3828			18.37	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Horizon	MGD		485.01	0.3828			18.37	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Horizon	PPO		485.01	0.3828			18.37	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Managed Care Inc	Managed Care Inc		1140.3	0.9			18.37	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Multiplan	Multiplan		1013.6	0.8			18.37	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Qualcare	Qualcare		950.25	0.75			18.37	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Three Rivers	Three Rivers		1203.65	0.95			18.37	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	UHC	Medicaid		398.6	0.3146			18.37	1203.65	percent of total billed charges	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	UHC	Medicare		18.37				18.37	1203.65	case rate	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Wellcare	Medicare		18.37				18.37	1203.65	case rate	
PLATELET. ANTIBODY.PROFILE(117150)	86022	CPT	both			1267	21.13	Wellcare	Medicaid		398.6	0.3146			18.37	1203.65	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	outpatient			40	13.86	Aetna	Better Health		12.58	0.3146			9.64	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	outpatient			40	13.86	Aetna	Medicare		12.05				9.64	38	case rate	
ATYPICAL PANCA	86036	CPT	outpatient			40	13.86	Aetna	Commercial		15.2	0.38			9.64	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	outpatient			40	13.86	Americare	Americare		30	0.75			9.64	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	outpatient			40	13.86	WellPoint	WellPoint		12.83	0.3208			9.64	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	outpatient			40	13.86	Amerihealth	Medicare		12.05				9.64	38	case rate	
ATYPICAL PANCA	86036	CPT	outpatient			40	13.86	Consumer	Consumer		38	0.95			9.64	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	outpatient			40	13.86	Corrections	Corrections		32	0.8			9.64	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	outpatient			40	13.86	First Health	First Health		28	0.7			9.64	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	outpatient			40	13.86	First Trenton	First Trenton		36	0.9			9.64	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	outpatient			40	13.86	Horizon	Medicare Blue		12	0.3			9.64	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	outpatient			40	13.86	Horizon	Indemnity		15.31	0.3828			9.64	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	outpatient			40	13.86	Horizon	MGD		15.31	0.3828			9.64	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	outpatient			40	13.86	Horizon	PPO		15.31	0.3828			9.64	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	outpatient			40	13.86	Managed Care Inc	Managed Care Inc		36	0.9			9.64	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	outpatient			40	13.86	Multiplan	Multiplan		32	0.8			9.64	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	outpatient			40	13.86	Qualcare	Qualcare		30	0.75			9.64	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	outpatient			40	13.86	Three Rivers	Three Rivers		38	0.95			9.64	38	percent of total billed charges	
ATYPICAL PANCA	86036	CPT	outpatient			40	13.86	UHC	Medicaid		9.64				9.64	38	case rate	
ATYPICAL PANCA	86036	CPT	outpatient			40	13.86	UHC	Medicare		12.05				9.64	38	case rate	
ATYPICAL PANCA	86036	CPT	outpatient			40	13.86	Wellcare	Medicaid		9.64				9.64	38	case rate	
ATYPICAL PANCA	86036	CPT	outpatient			40	13.86	Wellcare	Medicare		12.05				9.64	38	case rate	
PERINUCLEAR (P-ANCA)	86037	CPT	outpatient			40	13.86	Aetna	Better Health		12.58	0.3146			9.64	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	outpatient			40	13.86	Aetna	Medicare		12.05				9.64	38	case rate	
PERINUCLEAR (P-ANCA)	86037	CPT	outpatient			40	13.86	Aetna	Commercial		15.2	0.38			9.64	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	outpatient			40	13.86	Americare	Americare		30	0.75			9.64	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	outpatient			40	13.86	WellPoint	WellPoint		12.83	0.3208			9.64	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	outpatient			40	13.86	Amerihealth	Medicare		12.05				9.64	38	case rate	
PERINUCLEAR (P-ANCA)	86037	CPT	outpatient			40	13.86	Consumer	Consumer		38	0.95			9.64	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	outpatient			40	13.86	Corrections	Corrections		32	0.8			9.64	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	outpatient			40	13.86	First Health	First Health		28	0.7			9.64	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	outpatient			40	13.86	First Trenton	First Trenton		36	0.9			9.64	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	outpatient			40	13.86	Horizon	Medicare Blue		12	0.3			9.64	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	outpatient			40	13.86	Horizon	MGD		15.31	0.3828			9.64	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	outpatient			40	13.86	Horizon	Indemnity		15.31	0.3828			9.64	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	outpatient			40	13.86	Horizon	PPO		15.31	0.3828			9.64	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	outpatient			40	13.86	Managed Care Inc	Managed Care Inc		36	0.9			9.64	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	outpatient			40	13.86	Multiplan	Multiplan		32	0.8			9.64	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	outpatient			40	13.86	Qualcare	Qualcare		30	0.75			9.64	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	outpatient			40	13.86	Three Rivers	Three Rivers		38	0.95			9.64	38	percent of total billed charges	
PERINUCLEAR (P-ANCA)	86037	CPT	outpatient			40	13.86	UHC	Medicaid		9.64				9.64	38	case rate	
PERINUCLEAR (P-ANCA)	86037	CPT	outpatient			40	13.86	UHC	Medicare		12.05				9.64	38	case rate	
PERINUCLEAR (P-ANCA)	86037	CPT	outpatient			40	13.86	Wellcare	Medicare		12.05				9.64	38	case rate	
PERINUCLEAR (P-ANCA)	86037	CPT	outpatient			40	13.86	Wellcare	Medicaid		9.64				9.64	38	case rate	
ANTINUCLEAR ANTIBODIES IFA(164947)	86038	CPT	both			132	13.9	Aetna	Medicare		12.09				7.8	125.4	case rate	
ANTINUCLEAR ANTIBODIES IFA(164947)	86038	CPT	both			132	13.9	Aetna	Better Health		41.53	0.3146			7.8	125.4	percent of total billed charges	
ANTINUCLEAR ANTIBODIES IFA(164947)	86038	CPT	both			132	13.9	Aetna	Commercial		50.16	0.38			7.8	125.4	percent of total billed charges	
ANTINUCLEAR ANTIBODIES IFA(164947)	86038	CPT	both			132	13.9	Americare	Americare		99	0.75			7.8	125.4	percent of total billed charges	
ANTINUCLEAR ANTIBODIES IFA(164947)	86038	CPT	both			132	13.9	WellPoint	WellPoint		42.35	0.3208			7.8	125.4	percent of total billed charges	
ANTINUCLEAR ANTIBODIES IFA(164947)	86038	CPT	both			132	13.9	Amerihealth	Medicare		12.09				7.8	125.4	case rate	
ANTINUCLEAR ANTIBODIES IFA(164947)	86038	CPT	both			132	13.9	Consumer	Consumer		125.4	0.95			7.8	125.4	percent of total billed charges	
ANTINUCLEAR ANTIBODIES IFA(164947)	86038	CPT	both			132	13.9	Corrections	Corrections		105.6	0.8			7.8	125.4	percent of total billed charges	
ANTINUCLEAR ANTIBODIES IFA(164947)	86038	CPT	both			132	13.9	First Health	First Health		92.4	0.7			7.8	125.4	percent of total billed charges	
ANTINUCLEAR ANTIBODIES IFA(164947)	86038	CPT	both			132	13.9	First Trenton	First Trenton		118.8	0.9			7.8	125.4	percent of total billed charges	
ANTINUCLEAR ANTIBODIES IFA(164947)	86038	CPT	both			132	13.9	Horizon	Indemnity		50.53	0.3828			7.8	125.4	percent of total billed charges	
ANTINUCLEAR ANTIBODIES IFA(164947)	86038	CPT	both			132	13.9	Horizon	MGD		50.53	0.3828			7.8	125.4	percent of total billed charges	
ANTINUCLEAR ANTIBODIES IFA(164947)	86038	CPT	both			132	13.9	Horizon	Medicare Blue		39.6	0.3			7.8	125.4	percent of total billed charges	
ANTINUCLEAR ANTIBODIES IFA(164947)	86038	CPT	both			132	13.9	Horizon	PPO		50.53	0.3828			7.8	125.4	percent of total billed charges	
ANTINUCLEAR ANTIBODIES IFA(164947)	86038	CPT	both			132	13.9	Managed Care Inc	Managed Care Inc		118.8	0.9			7.8	125.4	percent of total billed charges	
ANTINUCLEAR ANTIBODIES IFA(164947)	86038	CPT	both			132	13.9	Multiplan	Multiplan		105.6	0.8			7.8	125.4	percent of total billed charges	
ANTINUCLEAR ANTIBODIES IFA(164947)	86038	CPT	both			132	13.9	Qualcare	Qualcare		99	0.75			7.8	125.4	percent of total billed charges	
ANTINUCLEAR ANTIBODIES IFA(164947)	86038	CPT	both			132	13.9	Three Rivers	Three Rivers		125.4	0.95			7.8	125.4	percent of total billed charges	
ANTINUCLEAR ANTIBODIES IFA(164947)	86038	CPT	both			132	13.9	UHC	Medicaid		7.8				7.8	125.4	case rate	
ANTINUCLEAR ANTIBODIES IFA(164947)	86038	CPT	both			132	13.9	UHC	Medicare		12.09				7.8	125.4	case rate	
ANTINUCLEAR ANTIBODIES IFA(164947)	86038	CPT	both			132	13.9	Wellcare	Medicaid		7.8				7.8	125.4	case rate	
ANTINUCLEAR ANTIBODIES IFA(164947)	86038	CPT	both			132	13.9	Wellcare	Medicare		12.09				7.8	125.4	case rate	
TITER	86039	CPT	inpatient			61	12.83	Aetna	Medicare		11.16				11.1	57.95	case rate	
TITER	86039	CPT	inpatient			61	12.83	Aetna	Better Health		19.19	0.3146			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	inpatient			61	12.83	Aetna	Commercial		23.18	0.38			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	inpatient			61	12.83	Americare	Americare		45.75	0.75			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	inpatient			61	12.83	WellPoint	WellPoint		19.57	0.3208			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	inpatient			61	12.83	Amerihealth	Medicare		11.16				11.1	57.95	case rate	
TITER	86039	CPT	inpatient			61	12.83	Consumer	Consumer		57.95	0.95			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	inpatient			61	12.83	Corrections	Corrections		48.8	0.8			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	inpatient			61	12.83	First Health	First Health		42.7	0.7			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	inpatient			61	12.83	First Trenton	First Trenton		54.9	0.9			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	inpatient			61	12.83	Horizon	Medicare Blue		18.3	0.3			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	inpatient			61	12.83	Horizon	MGD		23.35	0.3828			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	inpatient			61	12.83	Horizon	Indemnity		23.35	0.3828			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	inpatient			61	12.83	Horizon	PPO		23.35	0.3828			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	inpatient			61	12.83	Managed Care Inc	Managed Care Inc		54.9	0.9			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	inpatient			61	12.83	Multiplan	Multiplan		48.8	0.8			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	inpatient			61	12.83	Qualcare	Qualcare		45.75	0.75			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	inpatient			61	12.83	Three Rivers	Three Rivers		57.95	0.95			11.1	57.95	percent of total billed charges	
TITER	86039	CPT	inpatient			61	12.83	UHC	Medicaid		15				11.1	57.95	case rate	
TITER	86039	CPT	inpatient			61	12.83	UHC	Medicare		11.16				11.1	57.95	case rate	
TITER	86039	CPT	inpatient			61	12.83	Wellcare	Medicaid		15				11.1	57.95	case rate	
TITER	86039	CPT	inpatient			61	12.83	Wellcare	Medicare		11.16				11.1	57.95	case rate	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	inpatient			38	13.26	Aetna	Medicare		11.53				9.22	36.1	case rate	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	inpatient			38	13.26	Aetna	Commercial		14.44	0.38			9.22	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	inpatient			38	13.26	Aetna	Better Health		11.95	0.3146			9.22	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	inpatient			38	13.26	Americare	Americare		28.5	0.75			9.22	36.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	inpatient			38	13.26	WellPoint	WellPoint		12.19	0.3208			9.22	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	inpatient			38	13.26	Amerihealth	Medicare		11.53				9.22	36.1	case rate	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	inpatient			38	13.26	Consumer	Consumer		36.1	0.95			9.22	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	inpatient			38	13.26	Corrections	Corrections		30.4	0.8			9.22	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	inpatient			38	13.26	First Health	First Health		26.6	0.7			9.22	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	inpatient			38	13.26	First Trenton	First Trenton		34.2	0.9			9.22	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	inpatient			38	13.26	Horizon	Medicare Blue		11.4	0.3			9.22	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	inpatient			38	13.26	Horizon	Indemnity		14.55	0.3828			9.22	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	inpatient			38	13.26	Horizon	MGD		14.55	0.3828			9.22	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	inpatient			38	13.26	Horizon	PPO		14.55	0.3828			9.22	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	inpatient			38	13.26	Managed Care Inc	Managed Care Inc		34.2	0.9			9.22	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	inpatient			38	13.26	Multiplan	Multiplan		30.4	0.8			9.22	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	inpatient			38	13.26	Qualcare	Qualcare		28.5	0.75			9.22	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	inpatient			38	13.26	Three Rivers	Three Rivers		36.1	0.95			9.22	36.1	percent of total billed charges	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	inpatient			38	13.26	UHC	Medicaid		9.22				9.22	36.1	case rate	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	inpatient			38	13.26	UHC	Medicare		11.53				9.22	36.1	case rate	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	inpatient			38	13.26	Wellcare	Medicaid		9.22				9.22	36.1	case rate	
NMO IGG AUTOANTIBODIES (004210)	86051	CPT	inpatient			38	13.26	Wellcare	Medicare		11.53				9.22	36.1	case rate	
NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO	86053	CPT	inpatient			121	43.39	Aetna	Better Health		38.07	0.3146			36.3	114.95	percent of total billed charges	
NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO	86053	CPT	inpatient			121	43.39	Aetna	Commercial		45.98	0.38			36.3	114.95	percent of total billed charges	
NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO	86053	CPT	inpatient			121	43.39	Aetna	Medicare		37.27	0.308			36.3	114.95	percent of total billed charges	
NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO	86053	CPT	inpatient			121	43.39	Americare	Americare		90.75	0.75			36.3	114.95	percent of total billed charges	
NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO	86053	CPT	inpatient			121	43.39	WellPoint	WellPoint		38.82	0.3208			36.3	114.95	percent of total billed charges	
NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO	86053	CPT	inpatient			121	43.39	Amerihealth	Medicare		37.73				36.3	114.95	case rate	
NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO	86053	CPT	inpatient			121	43.39	Consumer	Consumer		114.95	0.95			36.3	114.95	percent of total billed charges	
NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO	86053	CPT	inpatient			121	43.39	Corrections	Corrections		96.8	0.8			36.3	114.95	percent of total billed charges	
NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO	86053	CPT	inpatient			121	43.39	First Health	First Health		84.7	0.7			36.3	114.95	percent of total billed charges	
NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO	86053	CPT	inpatient			121	43.39	First Trenton	First Trenton		108.9	0.9			36.3	114.95	percent of total billed charges	
NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO	86053	CPT	inpatient			121	43.39	Horizon	Indemnity		46.32	0.3828			36.3	114.95	percent of total billed charges	
NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO	86053	CPT	inpatient			121	43.39	Horizon	Medicare Blue		36.3	0.3			36.3	114.95	percent of total billed charges	
NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO	86053	CPT	inpatient			121	43.39	Horizon	MGD		46.32	0.3828			36.3	114.95	percent of total billed charges	
NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO	86053	CPT	inpatient			121	43.39	Horizon	PPO		46.32	0.3828			36.3	114.95	percent of total billed charges	
NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO	86053	CPT	inpatient			121	43.39	Managed Care Inc	Managed Care Inc		108.9	0.9			36.3	114.95	percent of total billed charges	
NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO	86053	CPT	inpatient			121	43.39	Multiplan	Multiplan		96.8	0.8			36.3	114.95	percent of total billed charges	
NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO	86053	CPT	inpatient			121	43.39	Qualcare	Qualcare		90.75	0.75			36.3	114.95	percent of total billed charges	
NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO	86053	CPT	inpatient			121	43.39	Three Rivers	Three Rivers		114.95	0.95			36.3	114.95	percent of total billed charges	
NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO	86053	CPT	inpatient			121	43.39	UHC	Medicaid		38.07	0.3146			36.3	114.95	percent of total billed charges	
NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO	86053	CPT	inpatient			121	43.39	UHC	Medicare		37.73				36.3	114.95	case rate	
NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO	86053	CPT	inpatient			121	43.39	Wellcare	Medicare		37.73				36.3	114.95	case rate	
NMO/AQ4 FACS S (NMOFS) TITER (REFLEX TO	86053	CPT	inpatient			121	43.39	Wellcare	Medicaid		38.07	0.3146			36.3	114.95	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Aetna	Better Health		14.79	0.3146			3.6	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Aetna	Commercial		17.86	0.38			3.6	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Aetna	Medicare		7.3				3.6	44.65	case rate	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Americare	Americare		35.25	0.75			3.6	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	WellPoint	WellPoint		15.08	0.3208			3.6	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Amerihealth	Medicare		7.3				3.6	44.65	case rate	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Consumer	Consumer		44.65	0.95			3.6	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Corrections	Corrections		37.6	0.8			3.6	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	First Health	First Health		32.9	0.7			3.6	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	First Trenton	First Trenton		42.3	0.9			3.6	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Horizon	MGD		17.99	0.3828			3.6	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Horizon	Indemnity		17.99	0.3828			3.6	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Horizon	PPO		17.99	0.3828			3.6	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Horizon	Medicare Blue		14.1	0.3			3.6	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Managed Care Inc	Managed Care Inc		42.3	0.9			3.6	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Multiplan	Multiplan		37.6	0.8			3.6	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Qualcare	Qualcare		35.25	0.75			3.6	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Three Rivers	Three Rivers		44.65	0.95			3.6	44.65	percent of total billed charges	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	UHC	Medicare		7.3				3.6	44.65	case rate	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	UHC	Medicaid		3.6				3.6	44.65	case rate	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Wellcare	Medicaid		3.6				3.6	44.65	case rate	
ANTISTREPTOLYSIN O AB	86060	CPT	both			47	8.4	Wellcare	Medicare		7.3				3.6	44.65	case rate	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Aetna	Medicare		752.75	0.308			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Aetna	Better Health		768.88	0.3146			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Aetna	Commercial		54.21	1.592			34.05	2321.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Americare	Americare		1833	0.75			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	WellPoint	WellPoint		784.04	0.3208			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Amerihealth	Medicare		34.05	1			34.05	2321.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Consumer	Consumer		2321.8	0.95			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Corrections	Corrections		1955.2	0.8			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	First Health	First Health		1710.8	0.7			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	First Trenton	First Trenton		2199.6	0.9			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Horizon	Indemnity		62.21	1.827			34.05	2321.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Horizon	MGD		62.21	1.827			34.05	2321.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Horizon	Medicare Blue		34.05	1			34.05	2321.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Horizon	PPO		62.21	1.827			34.05	2321.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Managed Care Inc	Managed Care Inc		2199.6	0.9			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Multiplan	Multiplan		1955.2	0.8			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Qualcare	Qualcare		1833	0.75			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Three Rivers	Three Rivers		2321.8	0.95			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	UHC	Medicare		34.05	1			34.05	2321.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	UHC	Medicaid		768.88	0.3146			34.05	2321.8	percent of total billed charges	
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Wellcare	Medicare		34.05	1			34.05	2321.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FINAL CROSS MATCH (RECIPIENT)	86077	CPT	outpatient			2444	39.16	Wellcare	Medicaid		768.88	0.3146			34.05	2321.8	percent of total billed charges	
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Aetna	Medicare		159.24	0.308			159.24	491.15	percent of total billed charges	
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Aetna	Better Health		162.65	0.3146			159.24	491.15	percent of total billed charges	
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Aetna	Commercial		310.98	1.592			159.24	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Americare	Americare		387.75	0.75			159.24	491.15	percent of total billed charges	
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	WellPoint	WellPoint		165.85	0.3208			159.24	491.15	percent of total billed charges	
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Amerihealth	Medicare		195.34	1			159.24	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Consumer	Consumer		491.15	0.95			159.24	491.15	percent of total billed charges	
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Corrections	Corrections		413.6	0.8			159.24	491.15	percent of total billed charges	
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	First Health	First Health		361.9	0.7			159.24	491.15	percent of total billed charges	
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	First Trenton	First Trenton		465.3	0.9			159.24	491.15	percent of total billed charges	
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Horizon	PPO		356.89	1.827			159.24	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Horizon	MGD		356.89	1.827			159.24	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Horizon	Medicare Blue		195.34	1			159.24	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Horizon	Indemnity		356.89	1.827			159.24	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Managed Care Inc	Managed Care Inc		465.3	0.9			159.24	491.15	percent of total billed charges	
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Multiplan	Multiplan		413.6	0.8			159.24	491.15	percent of total billed charges	
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Qualcare	Qualcare		387.75	0.75			159.24	491.15	percent of total billed charges	
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Three Rivers	Three Rivers		491.15	0.95			159.24	491.15	percent of total billed charges	
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	UHC	Medicaid		162.65	0.3146			159.24	491.15	percent of total billed charges	
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	UHC	Medicare		195.34	1			159.24	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Wellcare	Medicare		195.34	1			159.24	491.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANST RX WORKUP & EVAL	86078	CPT	outpatient			517	224.64	Wellcare	Medicaid		162.65	0.3146			159.24	491.15	percent of total billed charges	
CRP-SF	86140	CPT	both			61	5.96	Aetna	Medicare		5.18				3	57.95	case rate	
CRP-SF	86140	CPT	both			61	5.96	Aetna	Better Health		19.19	0.3146			3	57.95	percent of total billed charges	
CRP-SF	86140	CPT	both			61	5.96	Aetna	Commercial		23.18	0.38			3	57.95	percent of total billed charges	
CRP-SF	86140	CPT	both			61	5.96	Americare	Americare		45.75	0.75			3	57.95	percent of total billed charges	
CRP-SF	86140	CPT	both			61	5.96	WellPoint	WellPoint		19.57	0.3208			3	57.95	percent of total billed charges	
CRP-SF	86140	CPT	both			61	5.96	Amerihealth	Medicare		5.18				3	57.95	case rate	
CRP-SF	86140	CPT	both			61	5.96	Consumer	Consumer		57.95	0.95			3	57.95	percent of total billed charges	
CRP-SF	86140	CPT	both			61	5.96	Corrections	Corrections		48.8	0.8			3	57.95	percent of total billed charges	
CRP-SF	86140	CPT	both			61	5.96	First Health	First Health		42.7	0.7			3	57.95	percent of total billed charges	
CRP-SF	86140	CPT	both			61	5.96	First Trenton	First Trenton		54.9	0.9			3	57.95	percent of total billed charges	
CRP-SF	86140	CPT	both			61	5.96	Horizon	MGD		23.35	0.3828			3	57.95	percent of total billed charges	
CRP-SF	86140	CPT	both			61	5.96	Horizon	Medicare Blue		18.3	0.3			3	57.95	percent of total billed charges	
CRP-SF	86140	CPT	both			61	5.96	Horizon	Indemnity		23.35	0.3828			3	57.95	percent of total billed charges	
CRP-SF	86140	CPT	both			61	5.96	Horizon	PPO		23.35	0.3828			3	57.95	percent of total billed charges	
CRP-SF	86140	CPT	both			61	5.96	Managed Care Inc	Managed Care Inc		54.9	0.9			3	57.95	percent of total billed charges	
CRP-SF	86140	CPT	both			61	5.96	Multiplan	Multiplan		48.8	0.8			3	57.95	percent of total billed charges	
CRP-SF	86140	CPT	both			61	5.96	Qualcare	Qualcare		45.75	0.75			3	57.95	percent of total billed charges	
CRP-SF	86140	CPT	both			61	5.96	Three Rivers	Three Rivers		57.95	0.95			3	57.95	percent of total billed charges	
CRP-SF	86140	CPT	both			61	5.96	UHC	Medicaid		3				3	57.95	case rate	
CRP-SF	86140	CPT	both			61	5.96	UHC	Medicare		5.18				3	57.95	case rate	
CRP-SF	86140	CPT	both			61	5.96	Wellcare	Medicare		5.18				3	57.95	case rate	
CRP-SF	86140	CPT	both			61	5.96	Wellcare	Medicaid		3				3	57.95	case rate	
BETA-2 GLYCOPROTEIN I AB IGM	86146	CPT	outpatient			226	29.27	Aetna	Medicare		25.45				17.4	214.7	case rate	
BETA-2 GLYCOPROTEIN I AB IGM	86146	CPT	outpatient			226	29.27	Aetna	Commercial		85.88	0.38			17.4	214.7	percent of total billed charges	
BETA-2 GLYCOPROTEIN I AB IGM	86146	CPT	outpatient			226	29.27	Aetna	Better Health		71.1	0.3146			17.4	214.7	percent of total billed charges	
BETA-2 GLYCOPROTEIN I AB IGM	86146	CPT	outpatient			226	29.27	Americare	Americare		169.5	0.75			17.4	214.7	percent of total billed charges	
BETA-2 GLYCOPROTEIN I AB IGM	86146	CPT	outpatient			226	29.27	WellPoint	WellPoint		72.5	0.3208			17.4	214.7	percent of total billed charges	
BETA-2 GLYCOPROTEIN I AB IGM	86146	CPT	outpatient			226	29.27	Amerihealth	Medicare		25.45				17.4	214.7	case rate	
BETA-2 GLYCOPROTEIN I AB IGM	86146	CPT	outpatient			226	29.27	Consumer	Consumer		214.7	0.95			17.4	214.7	percent of total billed charges	
BETA-2 GLYCOPROTEIN I AB IGM	86146	CPT	outpatient			226	29.27	Corrections	Corrections		180.8	0.8			17.4	214.7	percent of total billed charges	
BETA-2 GLYCOPROTEIN I AB IGM	86146	CPT	outpatient			226	29.27	First Health	First Health		158.2	0.7			17.4	214.7	percent of total billed charges	
BETA-2 GLYCOPROTEIN I AB IGM	86146	CPT	outpatient			226	29.27	First Trenton	First Trenton		203.4	0.9			17.4	214.7	percent of total billed charges	
BETA-2 GLYCOPROTEIN I AB IGM	86146	CPT	outpatient			226	29.27	Horizon	MGD		86.51	0.3828			17.4	214.7	percent of total billed charges	
BETA-2 GLYCOPROTEIN I AB IGM	86146	CPT	outpatient			226	29.27	Horizon	Medicare Blue		67.8	0.3			17.4	214.7	percent of total billed charges	
BETA-2 GLYCOPROTEIN I AB IGM	86146	CPT	outpatient			226	29.27	Horizon	Indemnity		86.51	0.3828			17.4	214.7	percent of total billed charges	
BETA-2 GLYCOPROTEIN I AB IGM	86146	CPT	outpatient			226	29.27	Horizon	PPO		86.51	0.3828			17.4	214.7	percent of total billed charges	
BETA-2 GLYCOPROTEIN I AB IGM	86146	CPT	outpatient			226	29.27	Managed Care Inc	Managed Care Inc		203.4	0.9			17.4	214.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BETA-2 GLYCOPROTEIN I AB IGM	86146	CPT	outpatient			226	29.27	Multiplan	Multiplan		180.8	0.8			17.4	214.7	percent of total billed charges	
BETA-2 GLYCOPROTEIN I AB IGM	86146	CPT	outpatient			226	29.27	Qualcare	Qualcare		169.5	0.75			17.4	214.7	percent of total billed charges	
BETA-2 GLYCOPROTEIN I AB IGM	86146	CPT	outpatient			226	29.27	Three Rivers	Three Rivers		214.7	0.95			17.4	214.7	percent of total billed charges	
BETA-2 GLYCOPROTEIN I AB IGM	86146	CPT	outpatient			226	29.27	UHC	Medicare		25.45				17.4	214.7	case rate	
BETA-2 GLYCOPROTEIN I AB IGM	86146	CPT	outpatient			226	29.27	UHC	Medicaid		27.77				17.4	214.7	case rate	
BETA-2 GLYCOPROTEIN I AB IGM	86146	CPT	outpatient			226	29.27	Wellcare	Medicaid		27.77				17.4	214.7	case rate	
BETA-2 GLYCOPROTEIN I AB IGM	86146	CPT	outpatient			226	29.27	Wellcare	Medicare		25.45				17.4	214.7	case rate	
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Aetna	Better Health		72.99	0.3146			11.4	220.4	percent of total billed charges	
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Aetna	Commercial		88.16	0.38			11.4	220.4	percent of total billed charges	
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Aetna	Medicare		25.45				11.4	220.4	case rate	
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Americare	Americare		174	0.75			11.4	220.4	percent of total billed charges	
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	WellPoint	WellPoint		74.43	0.3208			11.4	220.4	percent of total billed charges	
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Amerihealth	Medicare		25.45				11.4	220.4	case rate	
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Consumer	Consumer		220.4	0.95			11.4	220.4	percent of total billed charges	
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Corrections	Corrections		185.6	0.8			11.4	220.4	percent of total billed charges	
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	First Health	First Health		162.4	0.7			11.4	220.4	percent of total billed charges	
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	First Trenton	First Trenton		208.8	0.9			11.4	220.4	percent of total billed charges	
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Horizon	MCD		88.81	0.3828			11.4	220.4	percent of total billed charges	
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Horizon	Indemnity		88.81	0.3828			11.4	220.4	percent of total billed charges	
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Horizon	PPO		88.81	0.3828			11.4	220.4	percent of total billed charges	
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Horizon	Medicare Blue		69.6	0.3			11.4	220.4	percent of total billed charges	
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Managed Care Inc	Managed Care Inc		208.8	0.9			11.4	220.4	percent of total billed charges	
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Multiplan	Multiplan		185.6	0.8			11.4	220.4	percent of total billed charges	
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Qualcare	Qualcare		174	0.75			11.4	220.4	percent of total billed charges	
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Three Rivers	Three Rivers		220.4	0.95			11.4	220.4	percent of total billed charges	
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	UHC	Medicaid		27.77				11.4	220.4	case rate	
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	UHC	Medicare		25.45				11.4	220.4	case rate	
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Wellcare	Medicare		25.45				11.4	220.4	case rate	
IGM ANTICARDIOLIPIN ANTIBODIES	86147	CPT	both			232	29.27	Wellcare	Medicaid		27.77				11.4	220.4	case rate	
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	inpatient			52	18.48	Aetna	Better Health		16.36	0.3146			15.6	49.4	percent of total billed charges	
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	inpatient			52	18.48	Aetna	Commercial		19.76	0.38			15.6	49.4	percent of total billed charges	
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	inpatient			52	18.48	Aetna	Medicare		16.07				15.6	49.4	case rate	
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	inpatient			52	18.48	Americare	Americare		39	0.75			15.6	49.4	percent of total billed charges	
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	inpatient			52	18.48	WellPoint	WellPoint		16.68	0.3208			15.6	49.4	percent of total billed charges	
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	inpatient			52	18.48	Amerihealth	Medicare		16.07				15.6	49.4	case rate	
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	inpatient			52	18.48	Consumer	Consumer		49.4	0.95			15.6	49.4	percent of total billed charges	
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	inpatient			52	18.48	Corrections	Corrections		41.6	0.8			15.6	49.4	percent of total billed charges	
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	inpatient			52	18.48	First Health	First Health		36.4	0.7			15.6	49.4	percent of total billed charges	
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	inpatient			52	18.48	First Trenton	First Trenton		46.8	0.9			15.6	49.4	percent of total billed charges	
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	inpatient			52	18.48	Horizon	Indemnity		19.91	0.3828			15.6	49.4	percent of total billed charges	
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	inpatient			52	18.48	Horizon	MCD		19.91	0.3828			15.6	49.4	percent of total billed charges	
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	inpatient			52	18.48	Horizon	Medicare Blue		15.6	0.3			15.6	49.4	percent of total billed charges	
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	inpatient			52	18.48	Horizon	PPO		19.91	0.3828			15.6	49.4	percent of total billed charges	
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	inpatient			52	18.48	Managed Care Inc	Managed Care Inc		46.8	0.9			15.6	49.4	percent of total billed charges	
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	inpatient			52	18.48	Multiplan	Multiplan		41.6	0.8			15.6	49.4	percent of total billed charges	
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	inpatient			52	18.48	Qualcare	Qualcare		39	0.75			15.6	49.4	percent of total billed charges	
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	inpatient			52	18.48	Three Rivers	Three Rivers		49.4	0.95			15.6	49.4	percent of total billed charges	
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	inpatient			52	18.48	UHC	Medicaid		17.5				15.6	49.4	case rate	
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	inpatient			52	18.48	UHC	Medicare		16.07				15.6	49.4	case rate	
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	inpatient			52	18.48	Wellcare	Medicaid		17.5				15.6	49.4	case rate	
ANTIPHOSPHATIDYLSERINE IGM	86148	CPT	inpatient			52	18.48	Wellcare	Medicare		16.07				15.6	49.4	case rate	
CIRCULATING TUMOR CELLS COLON	86152	CPT	outpatient			1732	288.4	Aetna	Better Health		544.89	0.3146			250.78	1645.4	percent of total billed charges	
CIRCULATING TUMOR CELLS COLON	86152	CPT	outpatient			1732	288.4	Aetna	Commercial		658.16	0.38			250.78	1645.4	percent of total billed charges	
CIRCULATING TUMOR CELLS COLON	86152	CPT	outpatient			1732	288.4	Aetna	Medicare		533.46	0.308			250.78	1645.4	percent of total billed charges	
CIRCULATING TUMOR CELLS COLON	86152	CPT	outpatient			1732	288.4	Americare	Americare		1299	0.75			250.78	1645.4	percent of total billed charges	
CIRCULATING TUMOR CELLS COLON	86152	CPT	outpatient			1732	288.4	WellPoint	WellPoint		555.63	0.3208			250.78	1645.4	percent of total billed charges	
CIRCULATING TUMOR CELLS COLON	86152	CPT	outpatient			1732	288.4	Amerihealth	Medicare		250.78				250.78	1645.4	case rate	
CIRCULATING TUMOR CELLS COLON	86152	CPT	outpatient			1732	288.4	Consumer	Consumer		1645.4	0.95			250.78	1645.4	percent of total billed charges	
CIRCULATING TUMOR CELLS COLON	86152	CPT	outpatient			1732	288.4	Corrections	Corrections		1385.6	0.8			250.78	1645.4	percent of total billed charges	
CIRCULATING TUMOR CELLS COLON	86152	CPT	outpatient			1732	288.4	First Health	First Health		1212.4	0.7			250.78	1645.4	percent of total billed charges	
CIRCULATING TUMOR CELLS COLON	86152	CPT	outpatient			1732	288.4	First Trenton	First Trenton		1558.8	0.9			250.78	1645.4	percent of total billed charges	
CIRCULATING TUMOR CELLS COLON	86152	CPT	outpatient			1732	288.4	Horizon	Medicare Blue		519.6	0.3			250.78	1645.4	percent of total billed charges	
CIRCULATING TUMOR CELLS COLON	86152	CPT	outpatient			1732	288.4	Horizon	MCD		663.01	0.3828			250.78	1645.4	percent of total billed charges	
CIRCULATING TUMOR CELLS COLON	86152	CPT	outpatient			1732	288.4	Horizon	Indemnity		663.01	0.3828			250.78	1645.4	percent of total billed charges	
CIRCULATING TUMOR CELLS COLON	86152	CPT	outpatient			1732	288.4	Horizon	PPO		663.01	0.3828			250.78	1645.4	percent of total billed charges	
CIRCULATING TUMOR CELLS COLON	86152	CPT	outpatient			1732	288.4	Managed Care Inc	Managed Care Inc		1558.8	0.9			250.78	1645.4	percent of total billed charges	
CIRCULATING TUMOR CELLS COLON	86152	CPT	outpatient			1732	288.4	Multiplan	Multiplan		1385.6	0.8			250.78	1645.4	percent of total billed charges	
CIRCULATING TUMOR CELLS COLON	86152	CPT	outpatient			1732	288.4	Qualcare	Qualcare		1299	0.75			250.78	1645.4	percent of total billed charges	
CIRCULATING TUMOR CELLS COLON	86152	CPT	outpatient			1732	288.4	Three Rivers	Three Rivers		1645.4	0.95			250.78	1645.4	percent of total billed charges	
CIRCULATING TUMOR CELLS COLON	86152	CPT	outpatient			1732	288.4	UHC	Medicare		250.78				250.78	1645.4	case rate	
CIRCULATING TUMOR CELLS COLON	86152	CPT	outpatient			1732	288.4	UHC	Medicaid		544.89	0.3146			250.78	1645.4	percent of total billed charges	
CIRCULATING TUMOR CELLS COLON	86152	CPT	outpatient			1732	288.4	Wellcare	Medicare		250.78				250.78	1645.4	case rate	
CIRCULATING TUMOR CELLS COLON	86152	CPT	outpatient			1732	288.4	Wellcare	Medicaid		544.89	0.3146			250.78	1645.4	percent of total billed charges	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Aetna	Commercial		69.16	0.38			15.99	172.9	percent of total billed charges	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Aetna	Better Health		57.26	0.3146			15.99	172.9	percent of total billed charges	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Aetna	Medicare		15.99				15.99	172.9	case rate	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Americare	Americare		136.5	0.75			15.99	172.9	percent of total billed charges	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	WellPoint	WellPoint		58.39	0.3208			15.99	172.9	percent of total billed charges	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Amerihealth	Medicare		15.99				15.99	172.9	case rate	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Consumer	Consumer		172.9	0.95			15.99	172.9	percent of total billed charges	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Corrections	Corrections		145.6	0.8			15.99	172.9	percent of total billed charges	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	First Health	First Health		127.4	0.7			15.99	172.9	percent of total billed charges	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	First Trenton	First Trenton		163.8	0.9			15.99	172.9	percent of total billed charges	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Horizon	MCD		69.67	0.3828			15.99	172.9	percent of total billed charges	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Horizon	Indemnity		69.67	0.3828			15.99	172.9	percent of total billed charges	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Horizon	Medicare Blue		54.6	0.3			15.99	172.9	percent of total billed charges	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Horizon	PPO		69.67	0.3828			15.99	172.9	percent of total billed charges	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Managed Care Inc	Managed Care Inc		163.8	0.9			15.99	172.9	percent of total billed charges	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Multiplan	Multiplan		145.6	0.8			15.99	172.9	percent of total billed charges	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Qualcare	Qualcare		136.5	0.75			15.99	172.9	percent of total billed charges	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Three Rivers	Three Rivers		172.9	0.95			15.99	172.9	percent of total billed charges	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	UHC	Medicaid		17.41				15.99	172.9	case rate	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	UHC	Medicare		15.99				15.99	172.9	case rate	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Wellcare	Medicare		15.99				15.99	172.9	case rate	
CHEMOTAXIS ASSAY	86155	CPT	outpatient			182	18.39	Wellcare	Medicaid		17.41				15.99	172.9	case rate	
COLD AGGLUTININ TITER QUANT	86157	CPT	both			51	9.27	Aetna	Commercial		19.38	0.38			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	both			51	9.27	Aetna	Medicare		8.06				6.6	48.45	case rate	
COLD AGGLUTININ TITER QUANT	86157	CPT	both			51	9.27	Aetna	Better Health		16.04	0.3146			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	both			51	9.27	Americare	Americare		38.25	0.75			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	both			51	9.27	WellPoint	WellPoint		16.36	0.3208			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	both			51	9.27	Amerihealth	Medicare		8.06				6.6	48.45	case rate	
COLD AGGLUTININ TITER QUANT	86157	CPT	both			51	9.27	Consumer	Consumer		48.45	0.95			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	both			51	9.27	Corrections	Corrections		40.8	0.8			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	both			51	9.27	First Health	First Health		35.7	0.7			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	both			51	9.27	First Trenton	First Trenton		45.9	0.9			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	both			51	9.27	Horizon	Indemnity		19.52	0.3828			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	both			51	9.27	Horizon	Medicare Blue		15.3	0.3			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	both			51	9.27	Horizon	MCD		19.52	0.3828			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	both			51	9.27	Horizon	PPO		19.52	0.3828			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	both			51	9.27	Managed Care Inc	Managed Care Inc		45.9	0.9			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	both			51	9.27	Multiplan	Multiplan		40.8	0.8			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	both			51	9.27	Qualcare	Qualcare		38.25	0.75			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	both			51	9.27	Three Rivers	Three Rivers		48.45	0.95			6.6	48.45	percent of total billed charges	
COLD AGGLUTININ TITER QUANT	86157	CPT	both			51	9.27	UHC	Medicaid		9				6.6	48.45	case rate	
COLD AGGLUTININ TITER QUANT	86157	CPT	both			51	9.27	UHC	Medicare		8.06				6.6	48.45	case rate	
COLD AGGLUTININ TITER QUANT	86157	CPT	both			51	9.27	Wellcare	Medicare		8.06				6.6	48.45	case rate	
COLD AGGLUTININ TITER QUANT	86157	CPT	both			51	9.27	Wellcare	Medicaid		9				6.6	48.45	case rate	
FACTOR.H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Aetna	Medicare		12				8.4	423.7	case rate	
FACTOR.H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Aetna	Better Health		140.31	0.3146			8.4	423.7	percent of total billed charges	
FACTOR.H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Aetna	Commercial		169.48	0.38			8.4	423.7	percent of total billed charges	
FACTOR.H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Americare	Americare		334.5	0.75			8.4	423.7	percent of total billed charges	
FACTOR.H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	WellPoint	WellPoint		143.08	0.3208			8.4	423.7	percent of total billed charges	
FACTOR.H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Amerihealth	Medicare		12				8.4	423.7	case rate	
FACTOR.H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Consumer	Consumer		423.7	0.95			8.4	423.7	percent of total billed charges	
FACTOR.H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Corrections	Corrections		356.8	0.8			8.4	423.7	percent of total billed charges	
FACTOR.H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	First Health	First Health		312.2	0.7			8.4	423.7	percent of total billed charges	
FACTOR.H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	First Trenton	First Trenton		401.4	0.9			8.4	423.7	percent of total billed charges	
FACTOR.H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Horizon	MCD		170.73	0.3828			8.4	423.7	percent of total billed charges	
FACTOR.H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Horizon	Medicare Blue		133.8	0.3			8.4	423.7	percent of total billed charges	
FACTOR.H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Horizon	Indemnity		170.73	0.3828			8.4	423.7	percent of total billed charges	
FACTOR.H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Horizon	PPO		170.73	0.3828			8.4	423.7	percent of total billed charges	
FACTOR.H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Managed Care Inc	Managed Care Inc		401.4	0.9			8.4	423.7	percent of total billed charges	
FACTOR.H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Multiplan	Multiplan		356.8	0.8			8.4	423.7	percent of total billed charges	
FACTOR.H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Qualcare	Qualcare		334.5	0.75			8.4	423.7	percent of total billed charges	
FACTOR.H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Three Rivers	Three Rivers		423.7	0.95			8.4	423.7	percent of total billed charges	
FACTOR.H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	UHC	Medicaid		9				8.4	423.7	case rate	
FACTOR.H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	UHC	Medicare		12				8.4	423.7	case rate	
FACTOR.H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Wellcare	Medicare		12				8.4	423.7	case rate	
FACTOR.H(B1H)LEVEL(FHL)	86160	CPT	both			446	13.8	Wellcare	Medicaid		9				8.4	423.7	case rate	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Aetna	Medicare		12				9	570	case rate	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Aetna	Better Health		188.76	0.3146			9	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Aetna	Commercial		228	0.38			9	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Americare	Americare		450	0.75			9	570	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HAE REFLEX (123020)	86161	CPT	both			600	13.8	WellPoint	WellPoint		192.48	0.3208			9	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Amerihealth	Medicare		12				9	570	case rate	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Consumer	Consumer		570	0.95			9	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Corrections	Corrections		480	0.8			9	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	First Health	First Health		420	0.7			9	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	First Trenton	First Trenton		540	0.9			9	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Horizon	MGD		229.68	0.3828			9	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Horizon	PPO		229.68	0.3828			9	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Horizon	Indemnity		229.68	0.3828			9	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Horizon	Medicare Blue		180	0.3			9	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Managed Care Inc	Managed Care Inc		540	0.9			9	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Multiplan	Multiplan		480	0.8			9	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Qualcare	Qualcare		450	0.75			9	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Three Rivers	Three Rivers		570	0.95			9	570	percent of total billed charges	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	UHC	Medicaid		9				9	570	case rate	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	UHC	Medicare		12				9	570	case rate	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Wellcare	Medicaid		9				9	570	case rate	
HAE REFLEX (123020)	86161	CPT	both			600	13.8	Wellcare	Medicare		12				9	570	case rate	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Aetna	Medicare		20.32				14.7	339.15	case rate	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Aetna	Better Health		112.31	0.3146			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Aetna	Commercial		135.66	0.38			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Americare	Americare		267.75	0.75			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	WellPoint	WellPoint		114.53	0.3208			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Amerihealth	Medicare		20.32				14.7	339.15	case rate	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Consumer	Consumer		339.15	0.95			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Corrections	Corrections		285.6	0.8			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	First Health	First Health		249.9	0.7			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	First Trenton	First Trenton		321.3	0.9			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Horizon	Medicare Blue		107.1	0.3			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Horizon	Indemnity		136.66	0.3828			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Horizon	MGD		136.66	0.3828			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Horizon	PPO		136.66	0.3828			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Managed Care Inc	Managed Care Inc		321.3	0.9			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Multiplan	Multiplan		285.6	0.8			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Qualcare	Qualcare		267.75	0.75			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Three Rivers	Three Rivers		339.15	0.95			14.7	339.15	percent of total billed charges	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	UHC	Medicaid		15.6				14.7	339.15	case rate	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	UHC	Medicare		20.32				14.7	339.15	case rate	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Wellcare	Medicare		20.32				14.7	339.15	case rate	
CH50 COMPLEMENT	86162	CPT	both			357	23.37	Wellcare	Medicaid		15.6				14.7	339.15	case rate	
CCP,AB	86200	CPT	both			125	14.89	Aetna	Better Health		39.33	0.3146			10.36	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Aetna	Commercial		47.5	0.38			10.36	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Aetna	Medicare		12.95				10.36	118.75	case rate	
CCP,AB	86200	CPT	both			125	14.89	Americare	Americare		93.75	0.75			10.36	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	WellPoint	WellPoint		40.1	0.3208			10.36	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Amerihealth	Medicare		12.95				10.36	118.75	case rate	
CCP,AB	86200	CPT	both			125	14.89	Consumer	Consumer		118.75	0.95			10.36	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Corrections	Corrections		100	0.8			10.36	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	First Health	First Health		87.5	0.7			10.36	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	First Trenton	First Trenton		112.5	0.9			10.36	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Horizon	Indemnity		47.85	0.3828			10.36	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Horizon	Medicare Blue		37.5	0.3			10.36	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Horizon	MGD		47.85	0.3828			10.36	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Horizon	PPO		47.85	0.3828			10.36	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Managed Care Inc	Managed Care Inc		112.5	0.9			10.36	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Multiplan	Multiplan		100	0.8			10.36	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Qualcare	Qualcare		93.75	0.75			10.36	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	Three Rivers	Three Rivers		118.75	0.95			10.36	118.75	percent of total billed charges	
CCP,AB	86200	CPT	both			125	14.89	UHC	Medicare		12.95				10.36	118.75	case rate	
CCP,AB	86200	CPT	both			125	14.89	UHC	Medicaid		10.36				10.36	118.75	case rate	
CCP,AB	86200	CPT	both			125	14.89	Wellcare	Medicaid		10.36				10.36	118.75	case rate	
CCP,AB	86200	CPT	both			125	14.89	Wellcare	Medicare		12.95				10.36	118.75	case rate	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Aetna	Medicare		13.25				10.2	32.3	case rate	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Aetna	Commercial		12.92	0.38			10.2	32.3	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Aetna	Better Health		10.7	0.3146			10.2	32.3	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Americare	Americare		25.5	0.75			10.2	32.3	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	WellPoint	WellPoint		10.91	0.3208			10.2	32.3	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Amerihealth	Medicare		13.25				10.2	32.3	case rate	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Consumer	Consumer		32.3	0.95			10.2	32.3	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Corrections	Corrections		27.2	0.8			10.2	32.3	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	First Health	First Health		23.8	0.7			10.2	32.3	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	First Trenton	First Trenton		30.6	0.9			10.2	32.3	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Horizon	Medicare Blue		10.2	0.3			10.2	32.3	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Horizon	Indemnity		13.02	0.3828			10.2	32.3	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Horizon	PPO		13.02	0.3828			10.2	32.3	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Horizon	MGD		13.02	0.3828			10.2	32.3	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Managed Care Inc	Managed Care Inc		30.6	0.9			10.2	32.3	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Multiplan	Multiplan		27.2	0.8			10.2	32.3	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Qualcare	Qualcare		25.5	0.75			10.2	32.3	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Three Rivers	Three Rivers		32.3	0.95			10.2	32.3	percent of total billed charges	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	UHC	Medicaid		18				10.2	32.3	case rate	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	UHC	Medicare		13.25				10.2	32.3	case rate	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Wellcare	Medicaid		18				10.2	32.3	case rate	
ANTI-DNASE B STREP ANTIBODIES	86215	CPT	both			34	15.24	Wellcare	Medicare		13.25				10.2	32.3	case rate	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Aetna	Better Health		120.49	0.3146			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Aetna	Commercial		145.54	0.38			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Aetna	Medicare		117.96	0.308			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Americare	Americare		287.25	0.75			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	WellPoint	WellPoint		122.87	0.3208			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Amerihealth	Medicare		13.74				9.6	363.85	case rate	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Consumer	Consumer		363.85	0.95			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Corrections	Corrections		306.4	0.8			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	First Health	First Health		268.1	0.7			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	First Trenton	First Trenton		344.7	0.9			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Horizon	Medicare Blue		114.9	0.3			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Horizon	MGD		146.61	0.3828			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Horizon	Indemnity		146.61	0.3828			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Horizon	PPO		146.61	0.3828			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Managed Care Inc	Managed Care Inc		344.7	0.9			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Multiplan	Multiplan		306.4	0.8			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Qualcare	Qualcare		287.25	0.75			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Three Rivers	Three Rivers		363.85	0.95			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	UHC	Medicaid		120.49	0.3146			9.6	363.85	percent of total billed charges	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	UHC	Medicare		13.74				9.6	363.85	case rate	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Wellcare	Medicare		13.74				9.6	363.85	case rate	
FLUORESCENCE TITER ANA/IFA	86225	CPT	both			383	15.8	Wellcare	Medicaid		120.49	0.3146			9.6	363.85	percent of total billed charges	
ANTI-DNA (SS) 1GG AB QN	86226	CPT	both			85	13.93	Aetna	Commercial		32.3	0.38			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG AB QN	86226	CPT	both			85	13.93	Aetna	Better Health		26.74	0.3146			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG AB QN	86226	CPT	both			85	13.93	Aetna	Medicare		12.11				12.11	80.75	case rate	
ANTI-DNA (SS) 1GG AB QN	86226	CPT	both			85	13.93	Americare	Americare		63.75	0.75			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG AB QN	86226	CPT	both			85	13.93	WellPoint	WellPoint		27.27	0.3208			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG AB QN	86226	CPT	both			85	13.93	Amerihealth	Medicare		12.11				12.11	80.75	case rate	
ANTI-DNA (SS) 1GG AB QN	86226	CPT	both			85	13.93	Consumer	Consumer		80.75	0.95			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG AB QN	86226	CPT	both			85	13.93	Corrections	Corrections		68	0.8			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG AB QN	86226	CPT	both			85	13.93	First Health	First Health		59.5	0.7			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG AB QN	86226	CPT	both			85	13.93	First Trenton	First Trenton		76.5	0.9			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG AB QN	86226	CPT	both			85	13.93	Horizon	Medicare Blue		25.5	0.3			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG AB QN	86226	CPT	both			85	13.93	Horizon	Indemnity		32.54	0.3828			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG AB QN	86226	CPT	both			85	13.93	Horizon	MGD		32.54	0.3828			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG AB QN	86226	CPT	both			85	13.93	Horizon	PPO		32.54	0.3828			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG AB QN	86226	CPT	both			85	13.93	Managed Care Inc	Managed Care Inc		76.5	0.9			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG AB QN	86226	CPT	both			85	13.93	Multiplan	Multiplan		68	0.8			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG AB QN	86226	CPT	both			85	13.93	Qualcare	Qualcare		63.75	0.75			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG AB QN	86226	CPT	both			85	13.93	Three Rivers	Three Rivers		80.75	0.95			12.11	80.75	percent of total billed charges	
ANTI-DNA (SS) 1GG AB QN	86226	CPT	both			85	13.93	UHC	Medicare		12.11				12.11	80.75	case rate	
ANTI-DNA (SS) 1GG AB QN	86226	CPT	both			85	13.93	UHC	Medicaid		15				12.11	80.75	case rate	
ANTI-DNA (SS) 1GG AB QN	86226	CPT	both			85	13.93	Wellcare	Medicaid		15				12.11	80.75	case rate	
ANTI-DNA (SS) 1GG AB QN	86226	CPT	both			85	13.93	Wellcare	Medicare		12.11				12.11	80.75	case rate	
EMA IGA	86231	CPT	outpatient			40	13.9	Aetna	Medicare		12.09				9.67	38	case rate	
EMA IGA	86231	CPT	outpatient			40	13.9	Aetna	Better Health		12.58	0.3146			9.67	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Aetna	Commercial		15.2	0.38			9.67	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Americare	Americare		30	0.75			9.67	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	WellPoint	WellPoint		12.83	0.3208			9.67	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Amerihealth	Medicare		12.09				9.67	38	case rate	
EMA IGA	86231	CPT	outpatient			40	13.9	Consumer	Consumer		38	0.95			9.67	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Corrections	Corrections		32	0.8			9.67	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	First Health	First Health		28	0.7			9.67	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	First Trenton	First Trenton		36	0.9			9.67	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Horizon	Medicare Blue		12	0.3			9.67	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Horizon	Indemnity		15.31	0.3828			9.67	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Horizon	MGD		15.31	0.3828			9.67	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Horizon	PPO		15.31	0.3828			9.67	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Managed Care Inc	Managed Care Inc		36	0.9			9.67	38	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EMA IGA	86231	CPT	outpatient			40	13.9	Multiplan	Multiplan		32	0.8			9.67	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Qualcare	Qualcare		30	0.75			9.67	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	Three Rivers	Three Rivers		38	0.95			9.67	38	percent of total billed charges	
EMA IGA	86231	CPT	outpatient			40	13.9	UHC	Medicaid		9.67				9.67	38	case rate	
EMA IGA	86231	CPT	outpatient			40	13.9	UHC	Medicare		12.09				9.67	38	case rate	
EMA IGA	86231	CPT	outpatient			40	13.9	Wellcare	Medicaid		9.67				9.67	38	case rate	
EMA IGA	86231	CPT	outpatient			40	13.9	Wellcare	Medicare		12.09				9.67	38	case rate	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Aetna	Commercial		441.56	0.38			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Aetna	Better Health		365.57	0.3146			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Aetna	Medicare		357.9	0.308			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Americare	Americare		871.5	0.75			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	WellPoint	WellPoint		372.77	0.3208			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Amerihealth	Medicare		17.93				9.9	1103.9	case rate	
ANTI-U1 RNP AB (RDL)	86235	CPT	both			53.79	20.62	Amerihealth	Medicare		17.75	0.33			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Consumer	Consumer		1103.9	0.95			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Corrections	Corrections		929.6	0.8			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	First Health	First Health		813.4	0.7			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	First Trenton	First Trenton		1046.8	0.9			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Horizon	MGD		444.81	0.3828			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Horizon	PPO		444.81	0.3828			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Horizon	Indemnity		444.81	0.3828			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Horizon	Medicare Blue		348.6	0.3			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Managed Care Inc	Managed Care Inc		1045.8	0.9			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Multiplan	Multiplan		929.6	0.8			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Qualcare	Qualcare		871.5	0.75			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Three Rivers	Three Rivers		1103.9	0.95			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	UHC	Medicare		17.93				9.9	1103.9	case rate	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	UHC	Medicaid		365.57	0.3146			9.9	1103.9	percent of total billed charges	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Wellcare	Medicare		17.93				9.9	1103.9	case rate	
XTRACTABLE NUC AG AB ANT MTHOD	86235	CPT	both			1162	20.62	Wellcare	Medicaid		365.57	0.3146			9.9	1103.9	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Aetna	Better Health		1137.28	0.3146			7.8	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Aetna	Commercial		1373.7	0.38			7.8	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Aetna	Medicare		12.05				7.8	3434.25	case rate	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Americare	Americare		2711.25	0.75			7.8	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	WellPoint	WellPoint		1159.69	0.3208			7.8	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Amerihealth	Medicare		12.05				7.8	3434.25	case rate	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Consumer	Consumer		3434.25	0.95			7.8	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Corrections	Corrections		2892	0.8			7.8	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	First Health	First Health		2530.5	0.7			7.8	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	First Trenton	First Trenton		3253.5	0.9			7.8	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Horizon	Indemnity		1383.82	0.3828			7.8	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Horizon	Medicare Blue		1084.5	0.3			7.8	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Horizon	MGD		1383.82	0.3828			7.8	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Horizon	PPO		1383.82	0.3828			7.8	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Managed Care Inc	Managed Care Inc		3253.5	0.9			7.8	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Multiplan	Multiplan		2892	0.8			7.8	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Qualcare	Qualcare		2711.25	0.75			7.8	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Three Rivers	Three Rivers		3434.25	0.95			7.8	3434.25	percent of total billed charges	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	UHC	Medicaid		7.8				7.8	3434.25	case rate	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	UHC	Medicare		12.05				7.8	3434.25	case rate	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Wellcare	Medicaid		7.8				7.8	3434.25	case rate	
ZIC4 ANTIBODY	86255	CPT	both			3615	13.86	Wellcare	Medicare		12.05				7.8	3434.25	case rate	
THSD7A ANTIBODY IGG TITER (REFLEX TO 30	86256	CPT	outpatient			633	13.86	Aetna	Commercial		240.54	0.38			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY IGG TITER (REFLEX TO 30	86256	CPT	outpatient			633	13.86	Aetna	Better Health		199.14	0.3146			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY IGG TITER (REFLEX TO 30	86256	CPT	outpatient			633	13.86	Aetna	Medicare		194.96	0.308			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY IGG TITER (REFLEX TO 30	86256	CPT	outpatient			633	13.86	Americare	Americare		474.75	0.75			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY IGG TITER (REFLEX TO 30	86256	CPT	outpatient			633	13.86	WellPoint	WellPoint		203.07	0.3208			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY IGG TITER (REFLEX TO 30	86256	CPT	outpatient			633	13.86	Amerihealth	Medicare		12.05				8.4	601.35	case rate	
THSD7A ANTIBODY IGG TITER (REFLEX TO 30	86256	CPT	outpatient			633	13.86	Consumer	Consumer		601.35	0.95			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY IGG TITER (REFLEX TO 30	86256	CPT	outpatient			633	13.86	Corrections	Corrections		506.4	0.8			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY IGG TITER (REFLEX TO 30	86256	CPT	outpatient			633	13.86	First Health	First Health		443.1	0.7			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY IGG TITER (REFLEX TO 30	86256	CPT	outpatient			633	13.86	First Trenton	First Trenton		569.7	0.9			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY IGG TITER (REFLEX TO 30	86256	CPT	outpatient			633	13.86	Horizon	MGD		242.31	0.3828			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY IGG TITER (REFLEX TO 30	86256	CPT	outpatient			633	13.86	Horizon	Indemnity		242.31	0.3828			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY IGG TITER (REFLEX TO 30	86256	CPT	outpatient			633	13.86	Horizon	PPO		242.31	0.3828			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY IGG TITER (REFLEX TO 30	86256	CPT	outpatient			633	13.86	Horizon	Medicare Blue		189.9	0.3			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY IGG TITER (REFLEX TO 30	86256	CPT	outpatient			633	13.86	Managed Care Inc	Managed Care Inc		569.7	0.9			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY IGG TITER (REFLEX TO 30	86256	CPT	outpatient			633	13.86	Multiplan	Multiplan		506.4	0.8			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY IGG TITER (REFLEX TO 30	86256	CPT	outpatient			633	13.86	Qualcare	Qualcare		474.75	0.75			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY IGG TITER (REFLEX TO 30	86256	CPT	outpatient			633	13.86	Three Rivers	Three Rivers		601.35	0.95			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY IGG TITER (REFLEX TO 30	86256	CPT	outpatient			633	13.86	UHC	Medicare		12.05				8.4	601.35	case rate	
THSD7A ANTIBODY IGG TITER (REFLEX TO 30	86256	CPT	outpatient			633	13.86	UHC	Medicaid		199.14	0.3146			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY IGG TITER (REFLEX TO 30	86256	CPT	outpatient			633	13.86	Wellcare	Medicaid		199.14	0.3146			8.4	601.35	percent of total billed charges	
THSD7A ANTIBODY IGG TITER (REFLEX TO 30	86256	CPT	outpatient			633	13.86	Wellcare	Medicare		12.05				8.4	601.35	case rate	
DGP IGG	86258	CPT	outpatient			38	13.86	Aetna	Medicare		12.05				9.22	36.1	case rate	
DGP IGG	86258	CPT	outpatient			38	13.86	Aetna	Better Health		11.95	0.3146			9.22	36.1	percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Aetna	Commercial		14.44	0.38			9.22	36.1	percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Americare	Americare		28.5	0.75			9.22	36.1	percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	WellPoint	WellPoint		12.19	0.3208			9.22	36.1	percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Amerihealth	Medicare		12.05				9.22	36.1	case rate	
DGP IGG	86258	CPT	outpatient			38	13.86	Consumer	Consumer		36.1	0.95			9.22	36.1	percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Corrections	Corrections		30.4	0.8			9.22	36.1	percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	First Health	First Health		26.6	0.7			9.22	36.1	percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	First Trenton	First Trenton		34.2	0.9			9.22	36.1	percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Horizon	MGD		14.55	0.3828			9.22	36.1	percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Horizon	Indemnity		14.55	0.3828			9.22	36.1	percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Horizon	PPO		14.55	0.3828			9.22	36.1	percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Horizon	Medicare Blue		11.4	0.3			9.22	36.1	percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Managed Care Inc	Managed Care Inc		34.2	0.9			9.22	36.1	percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Multiplan	Multiplan		30.4	0.8			9.22	36.1	percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Qualcare	Qualcare		28.5	0.75			9.22	36.1	percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	Three Rivers	Three Rivers		36.1	0.95			9.22	36.1	percent of total billed charges	
DGP IGG	86258	CPT	outpatient			38	13.86	UHC	Medicare		12.05				9.22	36.1	case rate	
DGP IGG	86258	CPT	outpatient			38	13.86	UHC	Medicaid		9.22				9.22	36.1	case rate	
DGP IGG	86258	CPT	outpatient			38	13.86	Wellcare	Medicaid		9.22				9.22	36.1	case rate	
DGP IGG	86258	CPT	outpatient			38	13.86	Wellcare	Medicare		12.05				9.22	36.1	case rate	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Aetna	Better Health		15.73	0.3146			13.2	47.5	percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Aetna	Medicare		20.81				13.2	47.5	case rate	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Aetna	Commercial		19	0.38			13.2	47.5	percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Americare	Americare		37.5	0.75			13.2	47.5	percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	WellPoint	WellPoint		16.04	0.3208			13.2	47.5	percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Amerihealth	Medicare		20.81				13.2	47.5	case rate	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Consumer	Consumer		47.5	0.95			13.2	47.5	percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Corrections	Corrections		40	0.8			13.2	47.5	percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	First Health	First Health		35	0.7			13.2	47.5	percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	First Trenton	First Trenton		45	0.9			13.2	47.5	percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Horizon	Medicare Blue		15	0.3			13.2	47.5	percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Horizon	Indemnity		19.14	0.3828			13.2	47.5	percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Horizon	MGD		19.14	0.3828			13.2	47.5	percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Horizon	PPO		19.14	0.3828			13.2	47.5	percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Managed Care Inc	Managed Care Inc		45	0.9			13.2	47.5	percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Multiplan	Multiplan		40	0.8			13.2	47.5	percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Qualcare	Qualcare		37.5	0.75			13.2	47.5	percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Three Rivers	Three Rivers		47.5	0.95			13.2	47.5	percent of total billed charges	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	UHC	Medicare		20.81				13.2	47.5	case rate	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	UHC	Medicaid		23				13.2	47.5	case rate	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Wellcare	Medicare		20.81				13.2	47.5	case rate	
CARBOHYDRATE ANTIGEN 19-9	86300	CPT	both			50	23.93	Wellcare	Medicaid		23				13.2	47.5	case rate	
CA 19-9 (SERIAL)	86301	CPT	both			131	23.93	Aetna	Medicare		40.35	0.308			20.81	124.45	percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	both			131	23.93	Aetna	Better Health		41.21	0.3146			20.81	124.45	percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	both			131	23.93	Aetna	Commercial		49.78	0.38			20.81	124.45	percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	both			131	23.93	Americare	Americare		98.25	0.75			20.81	124.45	percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	both			131	23.93	WellPoint	WellPoint		42.02	0.3208			20.81	124.45	percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	both			131	23.93	Amerihealth	Medicare		20.81				20.81	124.45	case rate	
CA 19-9 (SERIAL)	86301	CPT	both			131	23.93	Consumer	Consumer		124.45	0.95			20.81	124.45	percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	both			131	23.93	Corrections	Corrections		104.8	0.8			20.81	124.45	percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	both			131	23.93	First Health	First Health		91.7	0.7			20.81	124.45	percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	both			131	23.93	First Trenton	First Trenton		117.9	0.9			20.81	124.45	percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	both			131	23.93	Horizon	MGD		50.15	0.3828			20.81	124.45	percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	both			131	23.93	Horizon	Indemnity		50.15	0.3828			20.81	124.45	percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	both			131	23.93	Horizon	Medicare Blue		39.3	0.3			20.81	124.45	percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	both			131	23.93	Horizon	PPO		50.15	0.3828			20.81	124.45	percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	both			131	23.93	Managed Care Inc	Managed Care Inc		117.9	0.9			20.81	124.45	percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	both			131	23.93	Multiplan	Multiplan		104.8	0.8			20.81	124.45	percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	both			131	23.93	Qualcare	Qualcare		98.25	0.75			20.81	124.45	percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	both			131	23.93	Three Rivers	Three Rivers		124.45	0.95			20.81	124.45	percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	both			131	23.93	UHC	Medicaid		41.21	0.3146			20.81	124.45	percent of total billed charges	
CA 19-9 (SERIAL)	86301	CPT	both			131	23.93	UHC	Medicare		20.81				20.81	124.45	case rate	
CA 19-9 (SERIAL)	86301	CPT	both			131	23.93	Wellcare	Medicare		20.81				20.81	124.45	case rate	
CA 19-9 (SERIAL)	86301	CPT	both			131	23.93	Wellcare	Medicaid		41.21	0.3146			20.81	124.45	percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Aetna	Better Health		30.52	0.3146			12.6	92.15	percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Aetna	Medicare		20.81				12.6	92.15	case rate	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Aetna	Commercial		36.86	0.38			12.6	92.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Americare	Americare		72.75	0.75			12.6	92.15	percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	WellPoint	WellPoint		31.12	0.3208			12.6	92.15	percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Amerihealth	Medicare		20.81				12.6	92.15	case rate	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Consumer	Consumer		92.15	0.95			12.6	92.15	percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Corrections	Corrections		77.6	0.8			12.6	92.15	percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	First Health	First Health		67.9	0.7			12.6	92.15	percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	First Trenton	First Trenton		87.3	0.9			12.6	92.15	percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Horizon	Indemnity		37.13	0.3828			12.6	92.15	percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Horizon	PPO		37.13	0.3828			12.6	92.15	percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Horizon	MCD		37.13	0.3828			12.6	92.15	percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Horizon	Medicare Blue		29.1	0.3			12.6	92.15	percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Managed Care Inc	Managed Care Inc		87.3	0.9			12.6	92.15	percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Multiplan	Multiplan		77.6	0.8			12.6	92.15	percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Qualcare	Qualcare		72.75	0.75			12.6	92.15	percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Three Rivers	Three Rivers		92.15	0.95			12.6	92.15	percent of total billed charges	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	UHC	Medicare		20.81				12.6	92.15	case rate	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	UHC	Medicaid		23				12.6	92.15	case rate	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Wellcare	Medicaid		23				12.6	92.15	case rate	
CANCER ANTIGEN (CA) 125	86304	CPT	both			97	23.93	Wellcare	Medicare		20.81				12.6	92.15	case rate	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	outpatient			65	23.93	Aetna	Better Health		20.45	0.3146			19.5	61.75	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	outpatient			65	23.93	Aetna	Medicare		20.02	0.308			19.5	61.75	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	outpatient			65	23.93	Aetna	Commercial		24.7	0.38			19.5	61.75	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	outpatient			65	23.93	Americare	Americare		48.75	0.75			19.5	61.75	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	outpatient			65	23.93	WellPoint	WellPoint		20.85	0.3208			19.5	61.75	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	outpatient			65	23.93	Amerihealth	Medicare		20.81				19.5	61.75	case rate	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	outpatient			65	23.93	Consumer	Consumer		61.75	0.95			19.5	61.75	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	outpatient			65	23.93	Corrections	Corrections		52	0.8			19.5	61.75	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	outpatient			65	23.93	First Health	First Health		45.5	0.7			19.5	61.75	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	outpatient			65	23.93	First Trenton	First Trenton		58.5	0.9			19.5	61.75	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	outpatient			65	23.93	Horizon	MCD		24.88	0.3828			19.5	61.75	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	outpatient			65	23.93	Horizon	Medicare Blue		19.5	0.3			19.5	61.75	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	outpatient			65	23.93	Horizon	Indemnity		24.88	0.3828			19.5	61.75	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	outpatient			65	23.93	Horizon	PPO		24.88	0.3828			19.5	61.75	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	outpatient			65	23.93	Managed Care Inc	Managed Care Inc		58.5	0.9			19.5	61.75	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	outpatient			65	23.93	Multiplan	Multiplan		52	0.8			19.5	61.75	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	outpatient			65	23.93	Qualcare	Qualcare		48.75	0.75			19.5	61.75	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	outpatient			65	23.93	Three Rivers	Three Rivers		61.75	0.95			19.5	61.75	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	outpatient			65	23.93	UHC	Medicaid		20.45	0.3146			19.5	61.75	percent of total billed charges	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	outpatient			65	23.93	UHC	Medicare		20.81				19.5	61.75	case rate	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	outpatient			65	23.93	Wellcare	Medicare		20.81				19.5	61.75	case rate	
HUMAN EPIDIDYMIS PROTEIN 4 (081700)	86305	CPT	outpatient			65	23.93	Wellcare	Medicaid		20.45	0.3146			19.5	61.75	percent of total billed charges	
MONONUCLEOSIS TEST QUAL (006189)	86308	CPT	both			18	5.96	Aetna	Better Health		5.66	0.3146			3	17.1	percent of total billed charges	
MONONUCLEOSIS TEST QUAL (006189)	86308	CPT	both			18	5.96	Aetna	Medicare		5.18				3	17.1	case rate	
MONONUCLEOSIS TEST QUAL (006189)	86308	CPT	both			18	5.96	Aetna	Commercial		6.84	0.38			3	17.1	percent of total billed charges	
MONONUCLEOSIS TEST QUAL (006189)	86308	CPT	both			18	5.96	Americare	Americare		13.5	0.75			3	17.1	percent of total billed charges	
MONONUCLEOSIS TEST QUAL (006189)	86308	CPT	both			18	5.96	WellPoint	WellPoint		5.77	0.3208			3	17.1	percent of total billed charges	
MONONUCLEOSIS TEST QUAL (006189)	86308	CPT	both			18	5.96	Amerihealth	Medicare		5.18				3	17.1	case rate	
MONONUCLEOSIS TEST QUAL (006189)	86308	CPT	both			18	5.96	Consumer	Consumer		17.1	0.95			3	17.1	percent of total billed charges	
MONONUCLEOSIS TEST QUAL (006189)	86308	CPT	both			18	5.96	Corrections	Corrections		14.4	0.8			3	17.1	percent of total billed charges	
MONONUCLEOSIS TEST QUAL (006189)	86308	CPT	both			18	5.96	First Health	First Health		12.6	0.7			3	17.1	percent of total billed charges	
MONONUCLEOSIS TEST QUAL (006189)	86308	CPT	both			18	5.96	First Trenton	First Trenton		16.2	0.9			3	17.1	percent of total billed charges	
MONONUCLEOSIS TEST QUAL (006189)	86308	CPT	both			18	5.96	Horizon	Medicare Blue		5.4	0.3			3	17.1	percent of total billed charges	
MONONUCLEOSIS TEST QUAL (006189)	86308	CPT	both			18	5.96	Horizon	Indemnity		6.89	0.3828			3	17.1	percent of total billed charges	
MONONUCLEOSIS TEST QUAL (006189)	86308	CPT	both			18	5.96	Horizon	MCD		6.89	0.3828			3	17.1	percent of total billed charges	
MONONUCLEOSIS TEST QUAL (006189)	86308	CPT	both			18	5.96	Horizon	PPO		6.89	0.3828			3	17.1	percent of total billed charges	
MONONUCLEOSIS TEST QUAL (006189)	86308	CPT	both			18	5.96	Managed Care Inc	Managed Care Inc		16.2	0.9			3	17.1	percent of total billed charges	
MONONUCLEOSIS TEST QUAL (006189)	86308	CPT	both			18	5.96	Multiplan	Multiplan		14.4	0.8			3	17.1	percent of total billed charges	
MONONUCLEOSIS TEST QUAL (006189)	86308	CPT	both			18	5.96	Qualcare	Qualcare		13.5	0.75			3	17.1	percent of total billed charges	
MONONUCLEOSIS TEST QUAL (006189)	86308	CPT	both			18	5.96	Three Rivers	Three Rivers		17.1	0.95			3	17.1	percent of total billed charges	
MONONUCLEOSIS TEST QUAL (006189)	86308	CPT	both			18	5.96	UHC	Medicaid		3				3	17.1	case rate	
MONONUCLEOSIS TEST QUAL (006189)	86308	CPT	both			18	5.96	UHC	Medicare		5.18				3	17.1	case rate	
MONONUCLEOSIS TEST QUAL (006189)	86308	CPT	both			18	5.96	Wellcare	Medicaid		3				3	17.1	case rate	
MONONUCLEOSIS TEST QUAL (006189)	86308	CPT	both			18	5.96	Wellcare	Medicare		5.18				3	17.1	case rate	
S-100B.PROTEIN SERUM(2001766)	86316	CPT	both			421	23.93	Aetna	Medicare		20.81				20.81	399.95	case rate	
S-100B.PROTEIN SERUM(2001766)	86316	CPT	both			421	23.93	Aetna	Better Health		132.45	0.3146			20.81	399.95	percent of total billed charges	
S-100B.PROTEIN SERUM(2001766)	86316	CPT	both			421	23.93	Aetna	Commercial		159.98	0.38			20.81	399.95	percent of total billed charges	
S-100B.PROTEIN SERUM(2001766)	86316	CPT	both			421	23.93	Americare	Americare		315.75	0.75			20.81	399.95	percent of total billed charges	
S-100B.PROTEIN SERUM(2001766)	86316	CPT	both			421	23.93	WellPoint	WellPoint		135.06	0.3208			20.81	399.95	percent of total billed charges	
S-100B.PROTEIN SERUM(2001766)	86316	CPT	both			421	23.93	Amerihealth	Medicare		20.81				20.81	399.95	case rate	
S-100B.PROTEIN SERUM(2001766)	86316	CPT	both			421	23.93	Consumer	Consumer		399.95	0.95			20.81	399.95	percent of total billed charges	
S-100B.PROTEIN SERUM(2001766)	86316	CPT	both			421	23.93	Corrections	Corrections		336.8	0.8			20.81	399.95	percent of total billed charges	
S-100B.PROTEIN SERUM(2001766)	86316	CPT	both			421	23.93	First Health	First Health		294.7	0.7			20.81	399.95	percent of total billed charges	
S-100B.PROTEIN SERUM(2001766)	86316	CPT	both			421	23.93	First Trenton	First Trenton		378.9	0.9			20.81	399.95	percent of total billed charges	
S-100B.PROTEIN SERUM(2001766)	86316	CPT	both			421	23.93	Horizon	MCD		161.16	0.3828			20.81	399.95	percent of total billed charges	
S-100B.PROTEIN SERUM(2001766)	86316	CPT	both			421	23.93	Horizon	Indemnity		161.16	0.3828			20.81	399.95	percent of total billed charges	
S-100B.PROTEIN SERUM(2001766)	86316	CPT	both			421	23.93	Horizon	Medicare Blue		126.3	0.3			20.81	399.95	percent of total billed charges	
S-100B.PROTEIN SERUM(2001766)	86316	CPT	both			421	23.93	Horizon	PPO		161.16	0.3828			20.81	399.95	percent of total billed charges	
S-100B.PROTEIN SERUM(2001766)	86316	CPT	both			421	23.93	Managed Care Inc	Managed Care Inc		378.9	0.9			20.81	399.95	percent of total billed charges	
S-100B.PROTEIN SERUM(2001766)	86316	CPT	both			421	23.93	Multiplan	Multiplan		336.8	0.8			20.81	399.95	percent of total billed charges	
S-100B.PROTEIN SERUM(2001766)	86316	CPT	both			421	23.93	Qualcare	Qualcare		315.75	0.75			20.81	399.95	percent of total billed charges	
S-100B.PROTEIN SERUM(2001766)	86316	CPT	both			421	23.93	Three Rivers	Three Rivers		399.95	0.95			20.81	399.95	percent of total billed charges	
S-100B.PROTEIN SERUM(2001766)	86316	CPT	both			421	23.93	UHC	Medicaid		28				20.81	399.95	case rate	
S-100B.PROTEIN SERUM(2001766)	86316	CPT	both			421	23.93	UHC	Medicare		20.81				20.81	399.95	case rate	
S-100B.PROTEIN SERUM(2001766)	86316	CPT	both			421	23.93	Wellcare	Medicaid		28				20.81	399.95	case rate	
S-100B.PROTEIN SERUM(2001766)	86316	CPT	both			421	23.93	Wellcare	Medicare		20.81				20.81	399.95	case rate	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Aetna	Better Health		234.69	0.3146			10.2	708.7	percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Aetna	Medicare		229.77	0.308			10.2	708.7	percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Aetna	Commercial		283.48	0.38			10.2	708.7	percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Americare	Americare		559.5	0.75			10.2	708.7	percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	WellPoint	WellPoint		239.32	0.3208			10.2	708.7	percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Amerihealth	Medicare		14.99				10.2	708.7	case rate	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Consumer	Consumer		708.7	0.95			10.2	708.7	percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Corrections	Corrections		596.8	0.8			10.2	708.7	percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	First Health	First Health		522.2	0.7			10.2	708.7	percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	First Trenton	First Trenton		671.4	0.9			10.2	708.7	percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Horizon	Indemnity		285.57	0.3828			10.2	708.7	percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Horizon	MCD		285.57	0.3828			10.2	708.7	percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Horizon	PPO		285.57	0.3828			10.2	708.7	percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Horizon	Medicare Blue		223.8	0.3			10.2	708.7	percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Managed Care Inc	Managed Care Inc		671.4	0.9			10.2	708.7	percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Multiplan	Multiplan		596.8	0.8			10.2	708.7	percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Qualcare	Qualcare		559.5	0.75			10.2	708.7	percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Three Rivers	Three Rivers		708.7	0.95			10.2	708.7	percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	UHC	Medicaid		234.69	0.3146			10.2	708.7	percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	UHC	Medicare		14.99				10.2	708.7	case rate	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Wellcare	Medicaid		234.69	0.3146			10.2	708.7	percent of total billed charges	
TETANUS ANTITOXOID IGG AB	86317	CPT	both			746	17.24	Wellcare	Medicare		14.99				10.2	708.7	case rate	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Aetna	Commercial		32.68	0.38			14.05	81.7	percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Aetna	Better Health		27.06	0.3146			14.05	81.7	percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Aetna	Medicare		14.05				14.05	81.7	case rate	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Americare	Americare		64.5	0.75			14.05	81.7	percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	WellPoint	WellPoint		27.59	0.3208			14.05	81.7	percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Amerihealth	Medicare		14.05				14.05	81.7	case rate	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Consumer	Consumer		81.7	0.95			14.05	81.7	percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Corrections	Corrections		68.8	0.8			14.05	81.7	percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	First Health	First Health		60.2	0.7			14.05	81.7	percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	First Trenton	First Trenton		77.4	0.9			14.05	81.7	percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Horizon	Indemnity		32.92	0.3828			14.05	81.7	percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Horizon	MCD		32.92	0.3828			14.05	81.7	percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Horizon	Medicare Blue		25.8	0.3			14.05	81.7	percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Horizon	PPO		32.92	0.3828			14.05	81.7	percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Managed Care Inc	Managed Care Inc		77.4	0.9			14.05	81.7	percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Multiplan	Multiplan		68.8	0.8			14.05	81.7	percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Qualcare	Qualcare		64.5	0.75			14.05	81.7	percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Three Rivers	Three Rivers		81.7	0.95			14.05	81.7	percent of total billed charges	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	UHC	Medicaid		19				14.05	81.7	case rate	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	UHC	Medicare		14.05				14.05	81.7	case rate	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Wellcare	Medicaid		19				14.05	81.7	case rate	
TEICHOIC ACID AB	86329	CPT	outpatient			86	16.16	Wellcare	Medicare		14.05				14.05	81.7	case rate	
PIGEON SERUM IGG	86331	CPT	outpatient			110	13.78	Aetna	Commercial		41.8	0.38			11.98	104.5	percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	outpatient			110	13.78	Aetna	Medicare		33.88	0.308			11.98	104.5	percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	outpatient			110	13.78	Aetna	Better Health		34.61	0.3146			11.98	104.5	percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	outpatient			110	13.78	Americare	Americare		82.5	0.75			11.98	104.5	percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	outpatient			110	13.78	WellPoint	WellPoint		35.29	0.3208			11.98	104.5	percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	outpatient			110	13.78	Amerihealth	Medicare		11.98				11.98	104.5	case rate	
PIGEON SERUM IGG	86331	CPT	outpatient			110	13.78	Consumer	Consumer		104.5	0.95			11.98	104.5	percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	outpatient			110	13.78	Corrections	Corrections		88	0.8			11.98	104.5	percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	outpatient			110	13.78	First Health	First Health		77	0.7			11.98	104.5	percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	outpatient			110	13.78	First Trenton	First Trenton		99	0.9			11.98	104.5	percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	outpatient			110	13.78	Horizon	Indemnity		42.11	0.3828			11.98	104.5	percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	outpatient			110	13.78	Horizon	PPO		42.11	0.3828			11.98	104.5	percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	outpatient			110	13.78	Horizon	MCD		42.11	0.3828			11.98	104.5	percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	outpatient			110	13.78	Horizon	Medicare Blue		33	0.3			11.98	104.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PIGEON SERUM IGG	86331	CPT	outpatient			110	13.78	Managed Care Inc	Managed Care Inc		99	0.9			11.98	104.5	percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	outpatient			110	13.78	Multiplan	Multiplan		88	0.8			11.98	104.5	percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	outpatient			110	13.78	Qualcare	Qualcare		82.5	0.75			11.98	104.5	percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	outpatient			110	13.78	Three Rivers	Three Rivers		104.5	0.95			11.98	104.5	percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	outpatient			110	13.78	UHC	Medicare		11.98				11.98	104.5	case rate	
PIGEON SERUM IGG	86331	CPT	outpatient			110	13.78	UHC	Medicaid		34.61	0.3146			11.98	104.5	percent of total billed charges	
PIGEON SERUM IGG	86331	CPT	outpatient			110	13.78	Wellcare	Medicare		11.98				11.98	104.5	case rate	
PIGEON SERUM IGG	86331	CPT	outpatient			110	13.78	Wellcare	Medicaid		34.61	0.3146			11.98	104.5	percent of total billed charges	
IMMUNE COMPLEXES C1Q BINDING	86332	CPT	both			139	28.03	Aetna	Better Health		43.73	0.3146			17.7	132.05	percent of total billed charges	
IMMUNE COMPLEXES C1Q BINDING	86332	CPT	both			139	28.03	Aetna	Commercial		52.82	0.38			17.7	132.05	percent of total billed charges	
IMMUNE COMPLEXES C1Q BINDING	86332	CPT	both			139	28.03	Aetna	Medicare		24.37				17.7	132.05	case rate	
IMMUNE COMPLEXES C1Q BINDING	86332	CPT	both			139	28.03	Americare	Americare		104.25	0.75			17.7	132.05	percent of total billed charges	
IMMUNE COMPLEXES C1Q BINDING	86332	CPT	both			139	28.03	WellPoint	WellPoint		44.59	0.3208			17.7	132.05	percent of total billed charges	
IMMUNE COMPLEXES C1Q BINDING	86332	CPT	both			139	28.03	Amerihealth	Medicare		24.37				17.7	132.05	case rate	
IMMUNE COMPLEXES C1Q BINDING	86332	CPT	both			139	28.03	Consumer	Consumer		132.05	0.95			17.7	132.05	percent of total billed charges	
IMMUNE COMPLEXES C1Q BINDING	86332	CPT	both			139	28.03	Corrections	Corrections		111.2	0.8			17.7	132.05	percent of total billed charges	
IMMUNE COMPLEXES C1Q BINDING	86332	CPT	both			139	28.03	First Health	First Health		97.3	0.7			17.7	132.05	percent of total billed charges	
IMMUNE COMPLEXES C1Q BINDING	86332	CPT	both			139	28.03	First Trenton	First Trenton		125.1	0.9			17.7	132.05	percent of total billed charges	
IMMUNE COMPLEXES C1Q BINDING	86332	CPT	both			139	28.03	Horizon	Medicare Blue		41.7	0.3			17.7	132.05	percent of total billed charges	
IMMUNE COMPLEXES C1Q BINDING	86332	CPT	both			139	28.03	Horizon	Indemnity		53.21	0.3828			17.7	132.05	percent of total billed charges	
IMMUNE COMPLEXES C1Q BINDING	86332	CPT	both			139	28.03	Horizon	MGD		53.21	0.3828			17.7	132.05	percent of total billed charges	
IMMUNE COMPLEXES C1Q BINDING	86332	CPT	both			139	28.03	Horizon	PPO		53.21	0.3828			17.7	132.05	percent of total billed charges	
IMMUNE COMPLEXES C1Q BINDING	86332	CPT	both			139	28.03	Managed Care Inc	Managed Care Inc		125.1	0.9			17.7	132.05	percent of total billed charges	
IMMUNE COMPLEXES C1Q BINDING	86332	CPT	both			139	28.03	Multiplan	Multiplan		111.2	0.8			17.7	132.05	percent of total billed charges	
IMMUNE COMPLEXES C1Q BINDING	86332	CPT	both			139	28.03	Qualcare	Qualcare		104.25	0.75			17.7	132.05	percent of total billed charges	
IMMUNE COMPLEXES C1Q BINDING	86332	CPT	both			139	28.03	Three Rivers	Three Rivers		132.05	0.95			17.7	132.05	percent of total billed charges	
IMMUNE COMPLEXES C1Q BINDING	86332	CPT	both			139	28.03	UHC	Medicaid		33				17.7	132.05	case rate	
IMMUNE COMPLEXES C1Q BINDING	86332	CPT	both			139	28.03	UHC	Medicare		24.37				17.7	132.05	case rate	
IMMUNE COMPLEXES C1Q BINDING	86332	CPT	both			139	28.03	Wellcare	Medicaid		33				17.7	132.05	case rate	
IMMUNE COMPLEXES C1Q BINDING	86332	CPT	both			139	28.03	Wellcare	Medicare		24.37				17.7	132.05	case rate	
IMMUNOFIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Aetna	Medicare		22.34				9.6	289.75	case rate	
IMMUNOFIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Aetna	Better Health		95.95	0.3146			9.6	289.75	percent of total billed charges	
IMMUNOFIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Aetna	Commercial		115.9	0.38			9.6	289.75	percent of total billed charges	
IMMUNOFIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Americare	Americare		228.75	0.75			9.6	289.75	percent of total billed charges	
IMMUNOFIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	WellPoint	WellPoint		97.84	0.3208			9.6	289.75	percent of total billed charges	
IMMUNOFIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Amerihealth	Medicare		22.34				9.6	289.75	case rate	
IMMUNOFIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Consumer	Consumer		289.75	0.95			9.6	289.75	percent of total billed charges	
IMMUNOFIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Corrections	Corrections		244	0.8			9.6	289.75	percent of total billed charges	
IMMUNOFIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	First Health	First Health		213.5	0.7			9.6	289.75	percent of total billed charges	
IMMUNOFIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	First Trenton	First Trenton		274.5	0.9			9.6	289.75	percent of total billed charges	
IMMUNOFIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Horizon	Indemnity		116.75	0.3828			9.6	289.75	percent of total billed charges	
IMMUNOFIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Horizon	PPO		116.75	0.3828			9.6	289.75	percent of total billed charges	
IMMUNOFIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Horizon	MGD		116.75	0.3828			9.6	289.75	percent of total billed charges	
IMMUNOFIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Horizon	Medicare Blue		91.5	0.3			9.6	289.75	percent of total billed charges	
IMMUNOFIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Managed Care Inc	Managed Care Inc		274.5	0.9			9.6	289.75	percent of total billed charges	
IMMUNOFIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Multiplan	Multiplan		244	0.8			9.6	289.75	percent of total billed charges	
IMMUNOFIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Qualcare	Qualcare		228.75	0.75			9.6	289.75	percent of total billed charges	
IMMUNOFIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Three Rivers	Three Rivers		289.75	0.95			9.6	289.75	percent of total billed charges	
IMMUNOFIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	UHC	Medicare		22.34				9.6	289.75	case rate	
IMMUNOFIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	UHC	Medicaid		30				9.6	289.75	case rate	
IMMUNOFIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Wellcare	Medicaid		30				9.6	289.75	case rate	
IMMUNOFIXATION ELECTROPHORESIS	86334	CPT	both			305	25.69	Wellcare	Medicare		22.34				9.6	289.75	case rate	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Aetna	Medicare		29.35				16.2	268.85	case rate	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Aetna	Commercial		107.54	0.38			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Aetna	Better Health		89.03	0.3146			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Americare	Americare		212.25	0.75			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	WellPoint	WellPoint		90.79	0.3208			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Amerihealth	Medicare		29.35				16.2	268.85	case rate	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Consumer	Consumer		268.85	0.95			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Corrections	Corrections		226.4	0.8			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	First Health	First Health		198.1	0.7			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	First Trenton	First Trenton		254.7	0.9			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Horizon	Medicare Blue		84.9	0.3			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Horizon	Indemnity		108.33	0.3828			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Horizon	MGD		108.33	0.3828			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Horizon	PPO		108.33	0.3828			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Managed Care Inc	Managed Care Inc		254.7	0.9			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Multiplan	Multiplan		226.4	0.8			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Qualcare	Qualcare		212.25	0.75			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Three Rivers	Three Rivers		268.85	0.95			16.2	268.85	percent of total billed charges	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	UHC	Medicaid		23.48				16.2	268.85	case rate	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	UHC	Medicare		29.35				16.2	268.85	case rate	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Wellcare	Medicare		29.35				16.2	268.85	case rate	
U IFE & PE RANDOM	86335	CPT	both			283	33.75	Wellcare	Medicaid		23.48				16.2	268.85	case rate	
INHIBIN A ULTRA (146803)	86336	CPT	both			518	17.93	Aetna	Better Health		162.96	0.3146			15.59	492.1	percent of total billed charges	
INHIBIN A ULTRA (146803)	86336	CPT	both			518	17.93	Aetna	Medicare		15.59				15.59	492.1	case rate	
INHIBIN A ULTRA (146803)	86336	CPT	both			518	17.93	Aetna	Commercial		196.84	0.38			15.59	492.1	percent of total billed charges	
INHIBIN A ULTRA (146803)	86336	CPT	both			518	17.93	Americare	Americare		388.5	0.75			15.59	492.1	percent of total billed charges	
INHIBIN A ULTRA (146803)	86336	CPT	both			518	17.93	WellPoint	WellPoint		166.17	0.3208			15.59	492.1	percent of total billed charges	
INHIBIN A ULTRA (146803)	86336	CPT	both			518	17.93	Amerihealth	Medicare		15.59				15.59	492.1	case rate	
INHIBIN A ULTRA (146803)	86336	CPT	both			518	17.93	Consumer	Consumer		492.1	0.95			15.59	492.1	percent of total billed charges	
INHIBIN A ULTRA (146803)	86336	CPT	both			518	17.93	Corrections	Corrections		414.4	0.8			15.59	492.1	percent of total billed charges	
INHIBIN A ULTRA (146803)	86336	CPT	both			518	17.93	First Health	First Health		362.6	0.7			15.59	492.1	percent of total billed charges	
INHIBIN A ULTRA (146803)	86336	CPT	both			518	17.93	First Trenton	First Trenton		466.2	0.9			15.59	492.1	percent of total billed charges	
INHIBIN A ULTRA (146803)	86336	CPT	both			518	17.93	Horizon	Medicare Blue		155.4	0.3			15.59	492.1	percent of total billed charges	
INHIBIN A ULTRA (146803)	86336	CPT	both			518	17.93	Horizon	Indemnity		198.29	0.3828			15.59	492.1	percent of total billed charges	
INHIBIN A ULTRA (146803)	86336	CPT	both			518	17.93	Horizon	MGD		198.29	0.3828			15.59	492.1	percent of total billed charges	
INHIBIN A ULTRA (146803)	86336	CPT	both			518	17.93	Horizon	PPO		198.29	0.3828			15.59	492.1	percent of total billed charges	
INHIBIN A ULTRA (146803)	86336	CPT	both			518	17.93	Managed Care Inc	Managed Care Inc		466.2	0.9			15.59	492.1	percent of total billed charges	
INHIBIN A ULTRA (146803)	86336	CPT	both			518	17.93	Multiplan	Multiplan		414.4	0.8			15.59	492.1	percent of total billed charges	
INHIBIN A ULTRA (146803)	86336	CPT	both			518	17.93	Qualcare	Qualcare		388.5	0.75			15.59	492.1	percent of total billed charges	
INHIBIN A ULTRA (146803)	86336	CPT	both			518	17.93	Three Rivers	Three Rivers		492.1	0.95			15.59	492.1	percent of total billed charges	
INHIBIN A ULTRA (146803)	86336	CPT	both			518	17.93	UHC	Medicare		15.59				15.59	492.1	case rate	
INHIBIN A ULTRA (146803)	86336	CPT	both			518	17.93	UHC	Medicaid		17.5				15.59	492.1	case rate	
INHIBIN A ULTRA (146803)	86336	CPT	both			518	17.93	Wellcare	Medicare		15.59				15.59	492.1	case rate	
INHIBIN A ULTRA (146803)	86336	CPT	both			518	17.93	Wellcare	Medicaid		17.5				15.59	492.1	case rate	
INSULIN ANTIBODIES	86337	CPT	both			73	24.62	Aetna	Better Health		22.97	0.3146			13.71	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73	24.62	Aetna	Medicare		21.41				13.71	69.35	case rate	
INSULIN ANTIBODIES	86337	CPT	both			73	24.62	Aetna	Commercial		27.74	0.38			13.71	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73	24.62	Americare	Americare		54.75	0.75			13.71	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73	24.62	WellPoint	WellPoint		23.42	0.3208			13.71	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73	24.62	Amerihealth	Medicare		21.41				13.71	69.35	case rate	
INSULIN ANTIBODIES	86337	CPT	both			73	24.62	Consumer	Consumer		69.35	0.95			13.71	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73	24.62	Corrections	Corrections		58.4	0.8			13.71	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73	24.62	First Health	First Health		51.1	0.7			13.71	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73	24.62	First Trenton	First Trenton		65.7	0.9			13.71	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73	24.62	Horizon	PPO		27.94	0.3828			13.71	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73	24.62	Horizon	MGD		27.94	0.3828			13.71	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73	24.62	Horizon	Medicare Blue		21.9	0.3			13.71	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73	24.62	Horizon	Indemnity		27.94	0.3828			13.71	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73	24.62	Managed Care Inc	Managed Care Inc		65.7	0.9			13.71	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73	24.62	Multiplan	Multiplan		58.4	0.8			13.71	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73	24.62	Qualcare	Qualcare		54.75	0.75			13.71	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73	24.62	Three Rivers	Three Rivers		69.35	0.95			13.71	69.35	percent of total billed charges	
INSULIN ANTIBODIES	86337	CPT	both			73	24.62	UHC	Medicaid		13.71				13.71	69.35	case rate	
INSULIN ANTIBODIES	86337	CPT	both			73	24.62	UHC	Medicare		21.41				13.71	69.35	case rate	
INSULIN ANTIBODIES	86337	CPT	both			73	24.62	Wellcare	Medicaid		13.71				13.71	69.35	case rate	
INSULIN ANTIBODIES	86337	CPT	both			73	24.62	Wellcare	Medicare		21.41				13.71	69.35	case rate	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300	17.34	Aetna	Medicare		15.08				10.2	285	case rate	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300	17.34	Aetna	Better Health		94.38	0.3146			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300	17.34	Aetna	Commercial		114	0.38			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300	17.34	Americare	Americare		225	0.75			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300	17.34	WellPoint	WellPoint		96.24	0.3208			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300	17.34	Amerihealth	Medicare		15.08				10.2	285	case rate	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300	17.34	Consumer	Consumer		285	0.95			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300	17.34	Corrections	Corrections		240	0.8			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300	17.34	First Health	First Health		210	0.7			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300	17.34	First Trenton	First Trenton		270	0.9			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300	17.34	Horizon	Medicare Blue		90	0.3			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300	17.34	Horizon	MGD		114.84	0.3828			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300	17.34	Horizon	Indemnity		114.84	0.3828			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300	17.34	Horizon	PPO		114.84	0.3828			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300	17.34	Managed Care Inc	Managed Care Inc		270	0.9			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300	17.34	Multiplan	Multiplan		240	0.8			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300	17.34	Qualcare	Qualcare		225	0.75			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300	17.34	Three Rivers	Three Rivers		285	0.95			10.2	285	percent of total billed charges	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300	17.34	UHC	Medicaid		20				10.2	285	case rate	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300	17.34	UHC	Medicare		15.08				10.2	285	case rate	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300	17.34	Wellcare	Medicaid		20				10.2	285	case rate	
INTRINSIC FACTOR BLOCK AB	86340	CPT	both			300	17.34	Wellcare	Medicare		15.08				10.2	285	case rate	
ZNT8 ANTIBODIES	86341	CPT	both			992	27.11	Aetna	Medicare		23.57				16.5	942.4	case rate	
ZNT8 ANTIBODIES	86341	CPT	both			992	27.11	Aetna	Better Health		312.08	0.3146			16.5	942.4	percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992	27.11	Aetna	Commercial		376.96	0.38			16.5	942.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ZNT8 ANTIBODIES	86341	CPT	both			992	27.11	Americare	Americare		744	0.75			16.5		942.4 percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992	27.11	WellPoint	WellPoint		318.23	0.3208			16.5		942.4 percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992	27.11	Amerihealth	Medicare		23.57				16.5		942.4 case rate	
ZNT8 ANTIBODIES	86341	CPT	both			992	27.11	Consumer	Consumer		942.4	0.95			16.5		942.4 percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992	27.11	Corrections	Corrections		793.6	0.8			16.5		942.4 percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992	27.11	First Health	First Health		694.4	0.7			16.5		942.4 percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992	27.11	First Trenton	First Trenton		892.8	0.9			16.5		942.4 percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992	27.11	Horizon	MGD		379.74	0.3828			16.5		942.4 percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992	27.11	Horizon	Indemnity		379.74	0.3828			16.5		942.4 percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992	27.11	Horizon	PPO		379.74	0.3828			16.5		942.4 percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992	27.11	Horizon	Medicare Blue		297.6	0.3			16.5		942.4 percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992	27.11	Managed Care Inc	Managed Care Inc		892.8	0.9			16.5		942.4 percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992	27.11	Multiplan	Multiplan		793.6	0.8			16.5		942.4 percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992	27.11	Qualcare	Qualcare		744	0.75			16.5		942.4 percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992	27.11	Three Rivers	Three Rivers		942.4	0.95			16.5		942.4 percent of total billed charges	
ZNT8 ANTIBODIES	86341	CPT	both			992	27.11	UHC	Medicare		23.57				16.5		942.4 case rate	
ZNT8 ANTIBODIES	86341	CPT	both			992	27.11	UHC	Medicaid		25				16.5		942.4 case rate	
ZNT8 ANTIBODIES	86341	CPT	both			992	27.11	Wellcare	Medicare		23.57				16.5		942.4 case rate	
ZNT8 ANTIBODIES	86341	CPT	both			992	27.11	Wellcare	Medicaid		25				16.5		942.4 case rate	
CHRONIC URTICARIA	86343	CPT	outpatient			599	14.33	Aetna	Better Health		188.45	0.3146			12.46		569.05 percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599	14.33	Aetna	Medicare		184.49	0.308			12.46		569.05 percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599	14.33	Aetna	Commercial		227.62	0.38			12.46		569.05 percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599	14.33	Americare	Americare		449.25	0.75			12.46		569.05 percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599	14.33	WellPoint	WellPoint		192.16	0.3208			12.46		569.05 percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599	14.33	Amerihealth	Medicare		12.46				12.46		569.05 case rate	
CHRONIC URTICARIA	86343	CPT	outpatient			599	14.33	Consumer	Consumer		569.05	0.95			12.46		569.05 percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599	14.33	Corrections	Corrections		479.2	0.8			12.46		569.05 percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599	14.33	First Health	First Health		419.3	0.7			12.46		569.05 percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599	14.33	First Trenton	First Trenton		539.1	0.9			12.46		569.05 percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599	14.33	Horizon	Medicare Blue		179.7	0.3			12.46		569.05 percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599	14.33	Horizon	Indemnity		229.3	0.3828			12.46		569.05 percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599	14.33	Horizon	MGD		229.3	0.3828			12.46		569.05 percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599	14.33	Horizon	PPO		229.3	0.3828			12.46		569.05 percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599	14.33	Managed Care Inc	Managed Care Inc		539.1	0.9			12.46		569.05 percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599	14.33	Multiplan	Multiplan		479.2	0.8			12.46		569.05 percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599	14.33	Qualcare	Qualcare		449.25	0.75			12.46		569.05 percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599	14.33	Three Rivers	Three Rivers		569.05	0.95			12.46		569.05 percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599	14.33	UHC	Medicaid		188.45	0.3146			12.46		569.05 percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599	14.33	UHC	Medicare		12.46				12.46		569.05 case rate	
CHRONIC URTICARIA	86343	CPT	outpatient			599	14.33	Wellcare	Medicaid		188.45	0.3146			12.46		569.05 percent of total billed charges	
CHRONIC URTICARIA	86343	CPT	outpatient			599	14.33	Wellcare	Medicare		12.46				12.46		569.05 case rate	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Aetna	Commercial		36.48	0.38			10.39		91.2 percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Aetna	Medicare		10.39				10.39		91.2 case rate	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Aetna	Better Health		30.2	0.3146			10.39		91.2 percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Americare	Americare		72	0.75			10.39		91.2 percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	WellPoint	WellPoint		30.8	0.3208			10.39		91.2 percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Amerihealth	Medicare		10.39				10.39		91.2 case rate	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Consumer	Consumer		91.2	0.95			10.39		91.2 percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Corrections	Corrections		76.8	0.8			10.39		91.2 percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	First Health	First Health		67.2	0.7			10.39		91.2 percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	First Trenton	First Trenton		86.4	0.9			10.39		91.2 percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Horizon	Indemnity		36.75	0.3828			10.39		91.2 percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Horizon	Medicare Blue		28.8	0.3			10.39		91.2 percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Horizon	MGD		36.75	0.3828			10.39		91.2 percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Horizon	PPO		36.75	0.3828			10.39		91.2 percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Managed Care Inc	Managed Care Inc		86.4	0.9			10.39		91.2 percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Multiplan	Multiplan		76.8	0.8			10.39		91.2 percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Qualcare	Qualcare		72	0.75			10.39		91.2 percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Three Rivers	Three Rivers		91.2	0.95			10.39		91.2 percent of total billed charges	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	UHC	Medicare		10.39				10.39		91.2 case rate	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	UHC	Medicaid		10.86				10.39		91.2 case rate	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Wellcare	Medicare		10.39				10.39		91.2 case rate	
LEUKOCYTE PHAGOCYTOSIS	86344	CPT	outpatient			96	11.95	Wellcare	Medicaid		10.86				10.39		91.2 case rate	
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Aetna	Better Health		188.13	0.3146			108.69		568.1 percent of total billed charges	
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Aetna	Commercial		227.24	0.38			108.69		568.1 percent of total billed charges	
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Aetna	Medicare		135.86				108.69		568.1 case rate	
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Americare	Americare		448.5	0.75			108.69		568.1 percent of total billed charges	
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	WellPoint	WellPoint		191.84	0.3208			108.69		568.1 percent of total billed charges	
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Amerihealth	Medicare		135.86				108.69		568.1 case rate	
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Consumer	Consumer		568.1	0.95			108.69		568.1 percent of total billed charges	
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Corrections	Corrections		478.4	0.8			108.69		568.1 percent of total billed charges	
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	First Health	First Health		418.6	0.7			108.69		568.1 percent of total billed charges	
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	First Trenton	First Trenton		538.2	0.9			108.69		568.1 percent of total billed charges	
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Horizon	Medicare Blue		179.4	0.3			108.69		568.1 percent of total billed charges	
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Horizon	Indemnity		228.91	0.3828			108.69		568.1 percent of total billed charges	
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Horizon	MGD		228.91	0.3828			108.69		568.1 percent of total billed charges	
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Horizon	PPO		228.91	0.3828			108.69		568.1 percent of total billed charges	
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Managed Care Inc	Managed Care Inc		538.2	0.9			108.69		568.1 percent of total billed charges	
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Multiplan	Multiplan		478.4	0.8			108.69		568.1 percent of total billed charges	
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Qualcare	Qualcare		448.5	0.75			108.69		568.1 percent of total billed charges	
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Three Rivers	Three Rivers		568.1	0.95			108.69		568.1 percent of total billed charges	
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	UHC	Medicare		135.86				108.69		568.1 case rate	
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	UHC	Medicaid		108.69				108.69		568.1 case rate	
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Wellcare	Medicare		135.86				108.69		568.1 case rate	
IMMUKNOW IMMUNE CELL ASSAY	86352	CPT	both			598	156.24	Wellcare	Medicaid		108.69				108.69		568.1 case rate	
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	both			1942	56.38	Aetna	Medicare		49.03				32		1844.9 case rate	
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	both			1942	56.38	Aetna	Better Health		610.95	0.3146			32		1844.9 percent of total billed charges	
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	both			1942	56.38	Aetna	Commercial		737.96	0.38			32		1844.9 percent of total billed charges	
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	both			1942	56.38	Americare	Americare		1456.5	0.75			32		1844.9 percent of total billed charges	
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	both			1942	56.38	WellPoint	WellPoint		622.99	0.3208			32		1844.9 percent of total billed charges	
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	both			1942	56.38	Amerihealth	Medicare		49.03				32		1844.9 case rate	
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	both			1942	56.38	Consumer	Consumer		1844.9	0.95			32		1844.9 percent of total billed charges	
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	both			1942	56.38	Corrections	Corrections		1553.6	0.8			32		1844.9 percent of total billed charges	
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	both			1942	56.38	First Health	First Health		1359.4	0.7			32		1844.9 percent of total billed charges	
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	both			1942	56.38	First Trenton	First Trenton		1747.8	0.9			32		1844.9 percent of total billed charges	
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	both			1942	56.38	Horizon	MGD		743.4	0.3828			32		1844.9 percent of total billed charges	
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	both			1942	56.38	Horizon	Indemnity		743.4	0.3828			32		1844.9 percent of total billed charges	
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	both			1942	56.38	Horizon	PPO		743.4	0.3828			32		1844.9 percent of total billed charges	
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	both			1942	56.38	Horizon	Medicare Blue		582.6	0.3			32		1844.9 percent of total billed charges	
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	both			1942	56.38	Managed Care Inc	Managed Care Inc		1747.8	0.9			32		1844.9 percent of total billed charges	
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	both			1942	56.38	Multiplan	Multiplan		1553.6	0.8			32		1844.9 percent of total billed charges	
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	both			1942	56.38	Qualcare	Qualcare		1456.5	0.75			32		1844.9 percent of total billed charges	
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	both			1942	56.38	Three Rivers	Three Rivers		1844.9	0.95			32		1844.9 percent of total billed charges	
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	both			1942	56.38	UHC	Medicare		49.03				32		1844.9 case rate	
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	both			1942	56.38	UHC	Medicaid		32				32		1844.9 case rate	
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	both			1942	56.38	Wellcare	Medicare		49.03				32		1844.9 case rate	
T&B LYMPHOCYTE/NAT KILLER	86353	CPT	both			1942	56.38	Wellcare	Medicaid		32				32		1844.9 case rate	
B CELLS TOTAL COUNT	86355	CPT	both			171	43.39	Aetna	Commercial		64.98	0.38			30.18		162.45 percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT	both			171	43.39	Aetna	Medicare		37.73				30.18		162.45 case rate	
B CELLS TOTAL COUNT	86355	CPT	both			171	43.39	Aetna	Better Health		53.8	0.3146			30.18		162.45 percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT	both			171	43.39	Americare	Americare		128.25	0.75			30.18		162.45 percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT	both			171	43.39	WellPoint	WellPoint		54.86	0.3208			30.18		162.45 percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT	both			171	43.39	Amerihealth	Medicare		37.73				30.18		162.45 case rate	
B CELLS TOTAL COUNT	86355	CPT	both			171	43.39	Consumer	Consumer		162.45	0.95			30.18		162.45 percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT	both			171	43.39	Corrections	Corrections		136.8	0.8			30.18		162.45 percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT	both			171	43.39	First Health	First Health		119.7	0.7			30.18		162.45 percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT	both			171	43.39	First Trenton	First Trenton		153.9	0.9			30.18		162.45 percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT	both			171	43.39	Horizon	Indemnity		65.46	0.3828			30.18		162.45 percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT	both			171	43.39	Horizon	Medicare Blue		51.3	0.3			30.18		162.45 percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT	both			171	43.39	Horizon	MGD		65.46	0.3828			30.18		162.45 percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT	both			171	43.39	Horizon	PPO		65.46	0.3828			30.18		162.45 percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT	both			171	43.39	Managed Care Inc	Managed Care Inc		153.9	0.9			30.18		162.45 percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT	both			171	43.39	Multiplan	Multiplan		136.8	0.8			30.18		162.45 percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT	both			171	43.39	Qualcare	Qualcare		128.25	0.75			30.18		162.45 percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT	both			171	43.39	Three Rivers	Three Rivers		162.45	0.95			30.18		162.45 percent of total billed charges	
B CELLS TOTAL COUNT	86355	CPT	both			171	43.39	UHC	Medicaid		30.18				30.18		162.45 case rate	
B CELLS TOTAL COUNT	86355	CPT	both			171	43.39	UHC	Medicare		37.73				30.18		162.45 case rate	
B CELLS TOTAL COUNT	86355	CPT	both			171	43.39	Wellcare	Medicare		37.73				30.18		162.45 case rate	
B CELLS TOTAL COUNT	86355	CPT	both			171	43.39	Wellcare	Medicaid		30.18				30.18		162.45 case rate	
MONONUCLEAR CELL ANTIGEN QUANT NOS	86356	CPT	both			586	30.8	Aetna	Medicare		26.78				21.42		556.7 case rate	
MONONUCLEAR CELL ANTIGEN QUANT NOS	86356	CPT	both			586	30.8	Aetna	Better Health		184.36	0.3146			21.42		556.7 percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANT NOS	86356	CPT	both			586	30.8	Aetna	Commercial		222.68	0.38			21.42		556.7 percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANT NOS	86356	CPT	both			586	30.8	Americare	Americare		439.5	0.75			21.42		556.7 percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANT NOS	86356	CPT	both			586	30.8	WellPoint	WellPoint		187.99	0.3208			21.42		556.7 percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANT NOS	86356	CPT	both			586	30.8	Amerihealth	Medicare		26.78				21.42		556.7 case rate	
MONONUCLEAR CELL ANTIGEN QUANT NOS	86356	CPT	both			586	30.8	Consumer	Consumer		556.7	0.95			21.42		556.7 percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANT NOS	86356	CPT	both			586	30.8	Corrections	Corrections		468.8	0.8			21.42		556.7 percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANT NOS	86356	CPT	both			586	30.8	First Health	First Health		410.2	0.7			21.42		556.7 percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANT NOS	86356	CPT	both			586	30.8	First Trenton	First Trenton		527.4	0.9			21.42		556.7 percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANT NOS	86356	CPT	both			586	30.8	Horizon	Medicare Blue		175.8	0.3			21.42		556.7 percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANT NOS	86356	CPT	both			586	30.8	Horizon	MGD		224.32	0.3828			21.42		556.7 percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANT NOS	86356	CPT	both			586	30.8	Horizon	Indemnity		224.32	0.3828			21.42		556.7 percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANT NOS	86356	CPT	both			586	30.8	Horizon	PPO		224.32	0.3828			21.42		556.7 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MONONUCLEAR CELL ANTIGEN QUANT NOS	86356	CPT	both			586	30.8	Managed Care Inc	Managed Care Inc		527.4	0.9			21.42	556.7	percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANT NOS	86356	CPT	both			586	30.8	Multiplan	Multiplan		468.8	0.8			21.42	556.7	percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANT NOS	86356	CPT	both			586	30.8	Qualcare	Qualcare		439.5	0.75			21.42	556.7	percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANT NOS	86356	CPT	both			586	30.8	Three Rivers	Three Rivers		556.7	0.95			21.42	556.7	percent of total billed charges	
MONONUCLEAR CELL ANTIGEN QUANT NOS	86356	CPT	both			586	30.8	UHC	Medicaid		21.42				21.42	556.7	case rate	
MONONUCLEAR CELL ANTIGEN QUANT NOS	86356	CPT	both			586	30.8	UHC	Medicare		26.78				21.42	556.7	case rate	
MONONUCLEAR CELL ANTIGEN QUANT NOS	86356	CPT	both			586	30.8	Wellcare	Medicaid		21.42				21.42	556.7	case rate	
MONONUCLEAR CELL ANTIGEN QUANT NOS	86356	CPT	both			586	30.8	Wellcare	Medicare		26.78				21.42	556.7	case rate	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT	both			171	43.39	Aetna	Better Health		53.8	0.3146			36.3	162.45	percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT	both			171	43.39	Aetna	Medicare		52.67	0.308			36.3	162.45	percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT	both			171	43.39	Aetna	Commercial		64.98	0.38			36.3	162.45	percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT	both			171	43.39	Americare	Americare		128.25	0.75			36.3	162.45	percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT	both			171	43.39	WellPoint	WellPoint		54.86	0.3208			36.3	162.45	percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT	both			171	43.39	Amerihealth	Medicare		37.73				36.3	162.45	case rate	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT	both			171	43.39	Consumer	Consumer		162.45	0.95			36.3	162.45	percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT	both			171	43.39	Corrections	Corrections		136.8	0.8			36.3	162.45	percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT	both			171	43.39	First Health	First Health		119.7	0.7			36.3	162.45	percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT	both			171	43.39	First Trenton	First Trenton		153.9	0.9			36.3	162.45	percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT	both			171	43.39	Horizon	MGD		65.46	0.3828			36.3	162.45	percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT	both			171	43.39	Horizon	Medicare Blue		51.3	0.3			36.3	162.45	percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT	both			171	43.39	Horizon	Indemnity		65.46	0.3828			36.3	162.45	percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT	both			171	43.39	Horizon	PPO		65.46	0.3828			36.3	162.45	percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT	both			171	43.39	Managed Care Inc	Managed Care Inc		153.9	0.9			36.3	162.45	percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT	both			171	43.39	Multiplan	Multiplan		136.8	0.8			36.3	162.45	percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT	both			171	43.39	Qualcare	Qualcare		128.25	0.75			36.3	162.45	percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT	both			171	43.39	Three Rivers	Three Rivers		162.45	0.95			36.3	162.45	percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT	both			171	43.39	UHC	Medicaid		53.8	0.3146			36.3	162.45	percent of total billed charges	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT	both			171	43.39	UHC	Medicare		37.73				36.3	162.45	case rate	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT	both			171	43.39	Wellcare	Medicare		37.73				36.3	162.45	case rate	
NATURAL KILLER CELLS TOTAL COUNT	86357	CPT	both			171	43.39	Wellcare	Medicaid		53.8	0.3146			36.3	162.45	percent of total billed charges	
T-CELLS TOTAL COUNT	86359	CPT	both			171	43.39	Aetna	Medicare		37.73				35.4	162.45	case rate	
T-CELLS TOTAL COUNT	86359	CPT	both			171	43.39	Aetna	Better Health		53.8	0.3146			35.4	162.45	percent of total billed charges	
T-CELLS TOTAL COUNT	86359	CPT	both			171	43.39	Aetna	Commercial		64.98	0.38			35.4	162.45	percent of total billed charges	
T-CELLS TOTAL COUNT	86359	CPT	both			171	43.39	Americare	Americare		128.25	0.75			35.4	162.45	percent of total billed charges	
T-CELLS TOTAL COUNT	86359	CPT	both			171	43.39	WellPoint	WellPoint		54.86	0.3208			35.4	162.45	percent of total billed charges	
T-CELLS TOTAL COUNT	86359	CPT	both			171	43.39	Amerihealth	Medicare		37.73				35.4	162.45	case rate	
T-CELLS TOTAL COUNT	86359	CPT	both			171	43.39	Consumer	Consumer		162.45	0.95			35.4	162.45	percent of total billed charges	
T-CELLS TOTAL COUNT	86359	CPT	both			171	43.39	Corrections	Corrections		136.8	0.8			35.4	162.45	percent of total billed charges	
T-CELLS TOTAL COUNT	86359	CPT	both			171	43.39	First Health	First Health		119.7	0.7			35.4	162.45	percent of total billed charges	
T-CELLS TOTAL COUNT	86359	CPT	both			171	43.39	First Trenton	First Trenton		153.9	0.9			35.4	162.45	percent of total billed charges	
T-CELLS TOTAL COUNT	86359	CPT	both			171	43.39	Horizon	MGD		65.46	0.3828			35.4	162.45	percent of total billed charges	
T-CELLS TOTAL COUNT	86359	CPT	both			171	43.39	Horizon	Indemnity		65.46	0.3828			35.4	162.45	percent of total billed charges	
T-CELLS TOTAL COUNT	86359	CPT	both			171	43.39	Horizon	Medicare Blue		51.3	0.3			35.4	162.45	percent of total billed charges	
T-CELLS TOTAL COUNT	86359	CPT	both			171	43.39	Horizon	PPO		65.46	0.3828			35.4	162.45	percent of total billed charges	
T-CELLS TOTAL COUNT	86359	CPT	both			171	43.39	Managed Care Inc	Managed Care Inc		153.9	0.9			35.4	162.45	percent of total billed charges	
T-CELLS TOTAL COUNT	86359	CPT	both			171	43.39	Multiplan	Multiplan		136.8	0.8			35.4	162.45	percent of total billed charges	
T-CELLS TOTAL COUNT	86359	CPT	both			171	43.39	Qualcare	Qualcare		128.25	0.75			35.4	162.45	percent of total billed charges	
T-CELLS TOTAL COUNT	86359	CPT	both			171	43.39	Three Rivers	Three Rivers		162.45	0.95			35.4	162.45	percent of total billed charges	
T-CELLS TOTAL COUNT	86359	CPT	both			171	43.39	UHC	Medicare		37.73				35.4	162.45	case rate	
T-CELLS TOTAL COUNT	86359	CPT	both			171	43.39	UHC	Medicaid		40				35.4	162.45	case rate	
T-CELLS TOTAL COUNT	86359	CPT	both			171	43.39	Wellcare	Medicaid		40				35.4	162.45	case rate	
T-CELLS TOTAL COUNT	86359	CPT	both			171	43.39	Wellcare	Medicare		37.73				35.4	162.45	case rate	
T CELL; ABSOLUTE CD4 & CD8 COUNT INCL	86360	CPT	both			211	54.03	Aetna	Medicare		64.99	0.308			35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT INCL	86360	CPT	both			211	54.03	Aetna	Better Health		66.38	0.3146			35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT INCL	86360	CPT	both			211	54.03	Aetna	Commercial		80.18	0.38			35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT INCL	86360	CPT	both			211	54.03	Americare	Americare		158.25	0.75			35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT INCL	86360	CPT	both			211	54.03	WellPoint	WellPoint		67.69	0.3208			35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT INCL	86360	CPT	both			211	54.03	Amerihealth	Medicare		46.98				35.4	200.45	case rate	
T CELL; ABSOLUTE CD4 & CD8 COUNT INCL	86360	CPT	both			211	54.03	Consumer	Consumer		200.45	0.95			35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT INCL	86360	CPT	both			211	54.03	Corrections	Corrections		168.8	0.8			35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT INCL	86360	CPT	both			211	54.03	First Health	First Health		147.7	0.7			35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT INCL	86360	CPT	both			211	54.03	First Trenton	First Trenton		189.9	0.9			35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT INCL	86360	CPT	both			211	54.03	Horizon	MGD		80.77	0.3828			35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT INCL	86360	CPT	both			211	54.03	Horizon	PPO		80.77	0.3828			35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT INCL	86360	CPT	both			211	54.03	Horizon	Indemnity		80.77	0.3828			35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT INCL	86360	CPT	both			211	54.03	Horizon	Medicare Blue		63.3	0.3			35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT INCL	86360	CPT	both			211	54.03	Managed Care Inc	Managed Care Inc		189.9	0.9			35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT INCL	86360	CPT	both			211	54.03	Multiplan	Multiplan		168.8	0.8			35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT INCL	86360	CPT	both			211	54.03	Qualcare	Qualcare		158.25	0.75			35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT INCL	86360	CPT	both			211	54.03	Three Rivers	Three Rivers		200.45	0.95			35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT INCL	86360	CPT	both			211	54.03	UHC	Medicaid		66.38	0.3146			35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT INCL	86360	CPT	both			211	54.03	UHC	Medicare		46.98				35.4	200.45	case rate	
T CELL; ABSOLUTE CD4 & CD8 COUNT INCL	86360	CPT	both			211	54.03	Wellcare	Medicaid		66.38	0.3146			35.4	200.45	percent of total billed charges	
T CELL; ABSOLUTE CD4 & CD8 COUNT INCL	86360	CPT	both			211	54.03	Wellcare	Medicare		46.98				35.4	200.45	case rate	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Aetna	Better Health		30.2	0.3146			16.8	91.2	percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Aetna	Medicare		26.78				16.8	91.2	case rate	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Aetna	Commercial		36.48	0.38			16.8	91.2	percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Americare	Americare		72	0.75			16.8	91.2	percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	WellPoint	WellPoint		30.8	0.3208			16.8	91.2	percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Amerihealth	Medicare		26.78				16.8	91.2	case rate	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Consumer	Consumer		91.2	0.95			16.8	91.2	percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Corrections	Corrections		76.8	0.8			16.8	91.2	percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	First Health	First Health		67.2	0.7			16.8	91.2	percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	First Trenton	First Trenton		86.4	0.9			16.8	91.2	percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Horizon	Medicare Blue		28.8	0.3			16.8	91.2	percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Horizon	MGD		36.75	0.3828			16.8	91.2	percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Horizon	Indemnity		36.75	0.3828			16.8	91.2	percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Horizon	PPO		36.75	0.3828			16.8	91.2	percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Managed Care Inc	Managed Care Inc		86.4	0.9			16.8	91.2	percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Multiplan	Multiplan		76.8	0.8			16.8	91.2	percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Qualcare	Qualcare		72	0.75			16.8	91.2	percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Three Rivers	Three Rivers		91.2	0.95			16.8	91.2	percent of total billed charges	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	UHC	Medicaid		29.93				16.8	91.2	case rate	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	UHC	Medicare		26.78				16.8	91.2	case rate	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Wellcare	Medicaid		29.93				16.8	91.2	case rate	
T CELLS ABSOLUTE CD4 COUNT	86361	CPT	both			96	30.8	Wellcare	Medicare		26.78				16.8	91.2	case rate	
MOG FAC S TITER	86363	CPT	both			40	43.39	Aetna	Better Health		12.58	0.3146			9.64	38	percent of total billed charges	
MOG FAC S TITER	86363	CPT	both			40	43.39	Aetna	Commercial		15.2	0.38			9.64	38	percent of total billed charges	
MOG FAC S TITER	86363	CPT	both			40	43.39	Aetna	Medicare		37.73				9.64	38	case rate	
MOG FAC S TITER	86363	CPT	both			40	43.39	Americare	Americare		30	0.75			9.64	38	percent of total billed charges	
MOG FAC S TITER	86363	CPT	both			40	43.39	WellPoint	WellPoint		12.83	0.3208			9.64	38	percent of total billed charges	
MOG FAC S TITER	86363	CPT	both			40	43.39	Amerihealth	Medicare		37.73				9.64	38	case rate	
MOG FAC S TITER	86363	CPT	both			40	43.39	Consumer	Consumer		38	0.95			9.64	38	percent of total billed charges	
MOG FAC S TITER	86363	CPT	both			40	43.39	Corrections	Corrections		32	0.8			9.64	38	percent of total billed charges	
MOG FAC S TITER	86363	CPT	both			40	43.39	First Health	First Health		28	0.7			9.64	38	percent of total billed charges	
MOG FAC S TITER	86363	CPT	both			40	43.39	First Trenton	First Trenton		36	0.9			9.64	38	percent of total billed charges	
MOG FAC S TITER	86363	CPT	both			40	43.39	Horizon	MGD		15.31	0.3828			9.64	38	percent of total billed charges	
MOG FAC S TITER	86363	CPT	both			40	43.39	Horizon	Indemnity		15.31	0.3828			9.64	38	percent of total billed charges	
MOG FAC S TITER	86363	CPT	both			40	43.39	Horizon	Medicare Blue		12	0.3			9.64	38	percent of total billed charges	
MOG FAC S TITER	86363	CPT	both			40	43.39	Horizon	PPO		15.31	0.3828			9.64	38	percent of total billed charges	
MOG FAC S TITER	86363	CPT	both			40	43.39	Managed Care Inc	Managed Care Inc		36	0.9			9.64	38	percent of total billed charges	
MOG FAC S TITER	86363	CPT	both			40	43.39	Multiplan	Multiplan		32	0.8			9.64	38	percent of total billed charges	
MOG FAC S TITER	86363	CPT	both			40	43.39	Qualcare	Qualcare		30	0.75			9.64	38	percent of total billed charges	
MOG FAC S TITER	86363	CPT	both			40	43.39	Three Rivers	Three Rivers		38	0.95			9.64	38	percent of total billed charges	
MOG FAC S TITER	86363	CPT	both			40	43.39	UHC	Medicaid		9.64				9.64	38	case rate	
MOG FAC S TITER	86363	CPT	both			40	43.39	UHC	Medicare		37.73				9.64	38	case rate	
MOG FAC S TITER	86363	CPT	both			40	43.39	Wellcare	Medicare		37.73				9.64	38	case rate	
MOG FAC S TITER	86363	CPT	both			40	43.39	Wellcare	Medicaid		9.64				9.64	38	case rate	
TTG IGG	86364	CPT	outpatient			38	13.26	Aetna	Better Health		11.95	0.3146			9.22	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Aetna	Medicare		11.53				9.22	36.1	case rate	
TTG IGG	86364	CPT	outpatient			38	13.26	Aetna	Commercial		14.44	0.38			9.22	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Americare	Americare		28.5	0.75			9.22	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	WellPoint	WellPoint		12.19	0.3208			9.22	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Amerihealth	Medicare		11.53				9.22	36.1	case rate	
TTG IGG	86364	CPT	outpatient			38	13.26	Consumer	Consumer		36.1	0.95			9.22	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Corrections	Corrections		30.4	0.8			9.22	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	First Health	First Health		26.6	0.7			9.22	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	First Trenton	First Trenton		34.2	0.9			9.22	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Horizon	MGD		14.55	0.3828			9.22	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Horizon	Medicare Blue		11.4	0.3			9.22	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Horizon	Indemnity		14.55	0.3828			9.22	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Horizon	PPO		14.55	0.3828			9.22	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Managed Care Inc	Managed Care Inc		34.2	0.9			9.22	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Multiplan	Multiplan		30.4	0.8			9.22	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Qualcare	Qualcare		28.5	0.75			9.22	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	Three Rivers	Three Rivers		36.1	0.95			9.22	36.1	percent of total billed charges	
TTG IGG	86364	CPT	outpatient			38	13.26	UHC	Medicare		11.53				9.22	36.1	case rate	
TTG IGG	86364	CPT	outpatient			38	13.26	UHC	Medicaid		9.22				9.22	36.1	case rate	
TTG IGG	86364	CPT	outpatient			38	13.26	Wellcare	Medicare		11.53				9.22	36.1	case rate	
TTG IGG	86364	CPT	outpatient			38	13.26	Wellcare	Medicaid		9.22				9.22	36.1	case rate	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Aetna	Medicare		14.55				6.6	371.45	case rate	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Aetna	Better Health		123.01	0.3146			6.6	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Aetna	Commercial		148.58	0.38			6.6	371.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Americare	Americare		293.25	0.75			6.6	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	WellPoint	WellPoint		125.43	0.3208			6.6	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Amerihealth	Medicare		14.55				6.6	371.45	case rate	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Consumer	Consumer		371.45	0.95			6.6	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Corrections	Corrections		312.8	0.8			6.6	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	First Health	First Health		273.7	0.7			6.6	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	First Trenton	First Trenton		351.9	0.9			6.6	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Horizon	MGD		149.67	0.3828			6.6	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Horizon	Medicare Blue		117.3	0.3			6.6	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Horizon	Indemnity		149.67	0.3828			6.6	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Horizon	PPO		149.67	0.3828			6.6	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Managed Care Inc	Managed Care Inc		351.9	0.9			6.6	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Multiplan	Multiplan		312.8	0.8			6.6	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Qualcare	Qualcare		293.25	0.75			6.6	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Three Rivers	Three Rivers		371.45	0.95			6.6	371.45	percent of total billed charges	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	UHC	Medicare		14.55				6.6	371.45	case rate	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	UHC	Medicaid		6.6				6.6	371.45	case rate	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Wellcare	Medicaid		6.6				6.6	371.45	case rate	
THYROID PEROXODASE(TPO)	86376	CPT	both			391	16.73	Wellcare	Medicare		14.55				6.6	371.45	case rate	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Aetna	Commercial		31.16	0.38			20.36	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Aetna	Medicare		25.45				20.36	77.9	case rate	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Aetna	Better Health		25.8	0.3146			20.36	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Americare	Americare		61.5	0.75			20.36	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	WellPoint	WellPoint		26.31	0.3208			20.36	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Amerihealth	Medicare		25.45				20.36	77.9	case rate	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Consumer	Consumer		77.9	0.95			20.36	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Corrections	Corrections		65.6	0.8			20.36	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	First Health	First Health		57.4	0.7			20.36	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	First Trenton	First Trenton		73.8	0.9			20.36	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Horizon	MGD		31.39	0.3828			20.36	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Horizon	Indemnity		31.39	0.3828			20.36	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Horizon	PPO		31.39	0.3828			20.36	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Horizon	Medicare Blue		24.6	0.3			20.36	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Managed Care Inc	Managed Care Inc		73.8	0.9			20.36	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Multiplan	Multiplan		65.6	0.8			20.36	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Qualcare	Qualcare		61.5	0.75			20.36	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Three Rivers	Three Rivers		77.9	0.95			20.36	77.9	percent of total billed charges	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	UHC	Medicare		25.45				20.36	77.9	case rate	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	UHC	Medicaid		20.36				20.36	77.9	case rate	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Wellcare	Medicare		25.45				20.36	77.9	case rate	
ANTI-MITOCHONDRIAL M2 AB (RDL)	86381	CPT	both			82	29.27	Wellcare	Medicaid		20.36				20.36	77.9	case rate	
RABIES.NEU.ABS TITRAT(RFFIT)	86382	CPT	both			252	19.45	Aetna	Medicare		16.91				16.91	239.4	case rate	
RABIES.NEU.ABS TITRAT(RFFIT)	86382	CPT	both			252	19.45	Aetna	Better Health		79.28	0.3146			16.91	239.4	percent of total billed charges	
RABIES.NEU.ABS TITRAT(RFFIT)	86382	CPT	both			252	19.45	Aetna	Commercial		95.76	0.38			16.91	239.4	percent of total billed charges	
RABIES.NEU.ABS TITRAT(RFFIT)	86382	CPT	both			252	19.45	Americare	Americare		189	0.75			16.91	239.4	percent of total billed charges	
RABIES.NEU.ABS TITRAT(RFFIT)	86382	CPT	both			252	19.45	WellPoint	WellPoint		80.84	0.3208			16.91	239.4	percent of total billed charges	
RABIES.NEU.ABS TITRAT(RFFIT)	86382	CPT	both			252	19.45	Amerihealth	Medicare		16.91				16.91	239.4	case rate	
RABIES.NEU.ABS TITRAT(RFFIT)	86382	CPT	both			252	19.45	Consumer	Consumer		239.4	0.95			16.91	239.4	percent of total billed charges	
RABIES.NEU.ABS TITRAT(RFFIT)	86382	CPT	both			252	19.45	Corrections	Corrections		201.6	0.8			16.91	239.4	percent of total billed charges	
RABIES.NEU.ABS TITRAT(RFFIT)	86382	CPT	both			252	19.45	First Health	First Health		176.4	0.7			16.91	239.4	percent of total billed charges	
RABIES.NEU.ABS TITRAT(RFFIT)	86382	CPT	both			252	19.45	First Trenton	First Trenton		226.8	0.9			16.91	239.4	percent of total billed charges	
RABIES.NEU.ABS TITRAT(RFFIT)	86382	CPT	both			252	19.45	Horizon	Medicare Blue		75.6	0.3			16.91	239.4	percent of total billed charges	
RABIES.NEU.ABS TITRAT(RFFIT)	86382	CPT	both			252	19.45	Horizon	Indemnity		96.47	0.3828			16.91	239.4	percent of total billed charges	
RABIES.NEU.ABS TITRAT(RFFIT)	86382	CPT	both			252	19.45	Horizon	MGD		96.47	0.3828			16.91	239.4	percent of total billed charges	
RABIES.NEU.ABS TITRAT(RFFIT)	86382	CPT	both			252	19.45	Horizon	PPO		96.47	0.3828			16.91	239.4	percent of total billed charges	
RABIES.NEU.ABS TITRAT(RFFIT)	86382	CPT	both			252	19.45	Managed Care Inc	Managed Care Inc		226.8	0.9			16.91	239.4	percent of total billed charges	
RABIES.NEU.ABS TITRAT(RFFIT)	86382	CPT	both			252	19.45	Multiplan	Multiplan		201.6	0.8			16.91	239.4	percent of total billed charges	
RABIES.NEU.ABS TITRAT(RFFIT)	86382	CPT	both			252	19.45	Qualcare	Qualcare		189	0.75			16.91	239.4	percent of total billed charges	
RABIES.NEU.ABS TITRAT(RFFIT)	86382	CPT	both			252	19.45	Three Rivers	Three Rivers		239.4	0.95			16.91	239.4	percent of total billed charges	
RABIES.NEU.ABS TITRAT(RFFIT)	86382	CPT	both			252	19.45	UHC	Medicaid		20				16.91	239.4	case rate	
RABIES.NEU.ABS TITRAT(RFFIT)	86382	CPT	both			252	19.45	UHC	Medicare		16.91				16.91	239.4	case rate	
RABIES.NEU.ABS TITRAT(RFFIT)	86382	CPT	both			252	19.45	Wellcare	Medicaid		20				16.91	239.4	case rate	
RABIES.NEU.ABS TITRAT(RFFIT)	86382	CPT	both			252	19.45	Wellcare	Medicare		16.91				16.91	239.4	case rate	
PARTICLE AGGLUTINATION;SCREEN EACH AB	86403	CPT	both			190	13.27	Aetna	Medicare		11.54				8	180.5	case rate	
PARTICLE AGGLUTINATION;SCREEN EACH AB	86403	CPT	both			190	13.27	Aetna	Commercial		72.2	0.38			8	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN EACH AB	86403	CPT	both			190	13.27	Aetna	Better Health		59.77	0.3146			8	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN EACH AB	86403	CPT	both			190	13.27	Americare	Americare		142.5	0.75			8	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN EACH AB	86403	CPT	both			190	13.27	WellPoint	WellPoint		60.95	0.3208			8	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN EACH AB	86403	CPT	both			190	13.27	Amerihealth	Medicare		11.54				8	180.5	case rate	
PARTICLE AGGLUTINATION;SCREEN EACH AB	86403	CPT	both			190	13.27	Consumer	Consumer		180.5	0.95			8	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN EACH AB	86403	CPT	both			190	13.27	Corrections	Corrections		152	0.8			8	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN EACH AB	86403	CPT	both			190	13.27	First Health	First Health		133	0.7			8	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN EACH AB	86403	CPT	both			190	13.27	First Trenton	First Trenton		171	0.9			8	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN EACH AB	86403	CPT	both			190	13.27	Horizon	Indemnity		72.73	0.3828			8	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN EACH AB	86403	CPT	both			190	13.27	Horizon	Medicare Blue		57	0.3			8	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN EACH AB	86403	CPT	both			190	13.27	Horizon	MGD		72.73	0.3828			8	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN EACH AB	86403	CPT	both			190	13.27	Horizon	PPO		72.73	0.3828			8	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN EACH AB	86403	CPT	both			190	13.27	Managed Care Inc	Managed Care Inc		171	0.9			8	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN EACH AB	86403	CPT	both			190	13.27	Multiplan	Multiplan		152	0.8			8	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN EACH AB	86403	CPT	both			190	13.27	Qualcare	Qualcare		142.5	0.75			8	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN EACH AB	86403	CPT	both			190	13.27	Three Rivers	Three Rivers		180.5	0.95			8	180.5	percent of total billed charges	
PARTICLE AGGLUTINATION;SCREEN EACH AB	86403	CPT	both			190	13.27	UHC	Medicaid		8				8	180.5	case rate	
PARTICLE AGGLUTINATION;SCREEN EACH AB	86403	CPT	both			190	13.27	UHC	Medicare		11.54				8	180.5	case rate	
PARTICLE AGGLUTINATION;SCREEN EACH AB	86403	CPT	both			190	13.27	Wellcare	Medicare		11.54				8	180.5	case rate	
PARTICLE AGGLUTINATION;SCREEN EACH AB	86403	CPT	both			190	13.27	Wellcare	Medicaid		8				8	180.5	case rate	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Aetna	Medicare		6.14				1.8	42.75	case rate	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Aetna	Better Health		14.16	0.3146			1.8	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Aetna	Commercial		17.1	0.38			1.8	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Americare	Americare		33.75	0.75			1.8	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	WellPoint	WellPoint		14.44	0.3208			1.8	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Amerihealth	Medicare		6.14				1.8	42.75	case rate	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Consumer	Consumer		42.75	0.95			1.8	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Corrections	Corrections		36	0.8			1.8	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	First Health	First Health		31.5	0.7			1.8	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	First Trenton	First Trenton		40.5	0.9			1.8	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Horizon	MGD		17.23	0.3828			1.8	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Horizon	Indemnity		17.23	0.3828			1.8	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Horizon	PPO		17.23	0.3828			1.8	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Horizon	Medicare Blue		13.5	0.3			1.8	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Managed Care Inc	Managed Care Inc		40.5	0.9			1.8	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Multiplan	Multiplan		36	0.8			1.8	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Qualcare	Qualcare		33.75	0.75			1.8	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Three Rivers	Three Rivers		42.75	0.95			1.8	42.75	percent of total billed charges	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	UHC	Medicaid		1.8				1.8	42.75	case rate	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	UHC	Medicare		6.14				1.8	42.75	case rate	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Wellcare	Medicaid		1.8				1.8	42.75	case rate	
RHEUMATOID FACTOR QUALITATIVE	86430	CPT	both			45	7.06	Wellcare	Medicare		6.14				1.8	42.75	case rate	
RHEUMATOID FACTOR BODY FLD	86431	CPT	both			181	6.52	Aetna	Commercial		68.78	0.38			4.5	171.95	percent of total billed charges	
RHEUMATOID FACTOR BODY FLD	86431	CPT	both			181	6.52	Aetna	Medicare		55.75	0.308			4.5	171.95	percent of total billed charges	
RHEUMATOID FACTOR BODY FLD	86431	CPT	both			181	6.52	Aetna	Better Health		56.94	0.3146			4.5	171.95	percent of total billed charges	
RHEUMATOID FACTOR BODY FLD	86431	CPT	both			181	6.52	Americare	Americare		135.75	0.75			4.5	171.95	percent of total billed charges	
RHEUMATOID FACTOR BODY FLD	86431	CPT	both			181	6.52	WellPoint	WellPoint		58.06	0.3208			4.5	171.95	percent of total billed charges	
RHEUMATOID FACTOR BODY FLD	86431	CPT	both			181	6.52	Amerihealth	Medicare		5.67				4.5	171.95	case rate	
RHEUMATOID FACTOR BODY FLD	86431	CPT	both			181	6.52	Consumer	Consumer		171.95	0.95			4.5	171.95	percent of total billed charges	
RHEUMATOID FACTOR BODY FLD	86431	CPT	both			181	6.52	Corrections	Corrections		144.8	0.8			4.5	171.95	percent of total billed charges	
RHEUMATOID FACTOR BODY FLD	86431	CPT	both			181	6.52	First Health	First Health		126.7	0.7			4.5	171.95	percent of total billed charges	
RHEUMATOID FACTOR BODY FLD	86431	CPT	both			181	6.52	First Trenton	First Trenton		162.9	0.9			4.5	171.95	percent of total billed charges	
RHEUMATOID FACTOR BODY FLD	86431	CPT	both			181	6.52	Horizon	Indemnity		69.29	0.3828			4.5	171.95	percent of total billed charges	
RHEUMATOID FACTOR BODY FLD	86431	CPT	both			181	6.52	Horizon	Medicare Blue		54.3	0.3			4.5	171.95	percent of total billed charges	
RHEUMATOID FACTOR BODY FLD	86431	CPT	both			181	6.52	Horizon	MGD		69.29	0.3828			4.5	171.95	percent of total billed charges	
RHEUMATOID FACTOR BODY FLD	86431	CPT	both			181	6.52	Horizon	PPO		69.29	0.3828			4.5	171.95	percent of total billed charges	
RHEUMATOID FACTOR BODY FLD	86431	CPT	both			181	6.52	Managed Care Inc	Managed Care Inc		162.9	0.9			4.5	171.95	percent of total billed charges	
RHEUMATOID FACTOR BODY FLD	86431	CPT	both			181	6.52	Multiplan	Multiplan		144.8	0.8			4.5	171.95	percent of total billed charges	
RHEUMATOID FACTOR BODY FLD	86431	CPT	both			181	6.52	Qualcare	Qualcare		135.75	0.75			4.5	171.95	percent of total billed charges	
RHEUMATOID FACTOR BODY FLD	86431	CPT	both			181	6.52	Three Rivers	Three Rivers		171.95	0.95			4.5	171.95	percent of total billed charges	
RHEUMATOID FACTOR BODY FLD	86431	CPT	both			181	6.52	UHC	Medicaid		56.94	0.3146			4.5	171.95	percent of total billed charges	
RHEUMATOID FACTOR BODY FLD	86431	CPT	both			181	6.52	UHC	Medicare		5.67				4.5	171.95	case rate	
RHEUMATOID FACTOR BODY FLD	86431	CPT	both			181	6.52	Wellcare	Medicaid		56.94	0.3146			4.5	171.95	percent of total billed charges	
RHEUMATOID FACTOR BODY FLD	86431	CPT	both			181	6.52	Wellcare	Medicare		5.67				4.5	171.95	case rate	
TB TEST CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Aetna	Better Health		173.34	0.3146			49.58	523.45	percent of total billed charges	
TB TEST CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Aetna	Medicare		61.98				49.58	523.45	case rate	
TB TEST CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Aetna	Commercial		209.38	0.38			49.58	523.45	percent of total billed charges	
TB TEST CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Americare	Americare		413.25	0.75			49.58	523.45	percent of total billed charges	
TB TEST CELL IMMUN MEASURE	86480	CPT	both			551	71.28	WellPoint	WellPoint		176.76	0.3208			49.58	523.45	percent of total billed charges	
TB TEST CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Amerihealth	Medicare		61.98				49.58	523.45	case rate	
TB TEST CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Consumer	Consumer		523.45	0.95			49.58	523.45	percent of total billed charges	
TB TEST CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Corrections	Corrections		440.8	0.8			49.58	523.45	percent of total billed charges	
TB TEST CELL IMMUN MEASURE	86480	CPT	both			551	71.28	First Health	First Health		385.7	0.7			49.58	523.45	percent of total billed charges	
TB TEST CELL IMMUN MEASURE	86480	CPT	both			551	71.28	First Trenton	First Trenton		495.9	0.9			49.58	523.45	percent of total billed charges	
TB TEST CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Horizon	Medicare Blue		165.3	0.3			49.58	523.45	percent of total billed charges	
TB TEST CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Horizon	MGD		210.92	0.3828			49.58	523.45	percent of total billed charges	
TB TEST CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Horizon	Indemnity		210.92	0.3828			49.58	523.45	percent of total billed charges	
TB TEST CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Horizon	PPO		210.92	0.3828			49.58	523.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TB TEST CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Managed Care Inc	Managed Care Inc		495.9	0.9			49.58	523.45	percent of total billed charges	
TB TEST CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Multiplan	Multiplan		440.8	0.8			49.58	523.45	percent of total billed charges	
TB TEST CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Qualcare	Qualcare		413.25	0.75			49.58	523.45	percent of total billed charges	
TB TEST CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Three Rivers	Three Rivers		523.45	0.95			49.58	523.45	percent of total billed charges	
TB TEST CELL IMMUN MEASURE	86480	CPT	both			551	71.28	UHC	Medicare		61.98				49.58	523.45	case rate	
TB TEST CELL IMMUN MEASURE	86480	CPT	both			551	71.28	UHC	Medicaid		49.58				49.58	523.45	case rate	
TB TEST CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Wellcare	Medicare		61.98				49.58	523.45	case rate	
TB TEST CELL IMMUN MEASURE	86480	CPT	both			551	71.28	Wellcare	Medicaid		49.58				49.58	523.45	case rate	
SKIN TEST CANDIDA	86485	CPT	outpatient			93	39.16	Aetna	Better Health		29.26	0.3146			4	88.35	percent of total billed charges	
SKIN TEST CANDIDA	86485	CPT	outpatient			93	39.16	Aetna	Commercial		54.21	1.592			4	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST CANDIDA	86485	CPT	outpatient			93	39.16	Aetna	Medicare		34.05	1			4	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST CANDIDA	86485	CPT	outpatient			93	39.16	Americare	Americare		69.75	0.75			4	88.35	percent of total billed charges	
SKIN TEST CANDIDA	86485	CPT	outpatient			93	39.16	WellPoint	WellPoint		29.83	0.3208			4	88.35	percent of total billed charges	
SKIN TEST CANDIDA	86485	CPT	outpatient			93	39.16	Amerihealth	Medicare		34.05	1			4	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST CANDIDA	86485	CPT	outpatient			93	39.16	Consumer	Consumer		88.35	0.95			4	88.35	percent of total billed charges	
SKIN TEST CANDIDA	86485	CPT	outpatient			93	39.16	Corrections	Corrections		74.4	0.8			4	88.35	percent of total billed charges	
SKIN TEST CANDIDA	86485	CPT	outpatient			93	39.16	First Health	First Health		65.1	0.7			4	88.35	percent of total billed charges	
SKIN TEST CANDIDA	86485	CPT	outpatient			93	39.16	First Trenton	First Trenton		83.7	0.9			4	88.35	percent of total billed charges	
SKIN TEST CANDIDA	86485	CPT	outpatient			93	39.16	Horizon	Medicare Blue		34.05	1			4	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST CANDIDA	86485	CPT	outpatient			93	39.16	Horizon	MGD		62.21	1.827			4	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST CANDIDA	86485	CPT	outpatient			93	39.16	Horizon	Indemnity		62.21	1.827			4	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST CANDIDA	86485	CPT	outpatient			93	39.16	Horizon	PPO		62.21	1.827			4	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST CANDIDA	86485	CPT	outpatient			93	39.16	Managed Care Inc	Managed Care Inc		83.7	0.9			4	88.35	percent of total billed charges	
SKIN TEST CANDIDA	86485	CPT	outpatient			93	39.16	Multiplan	Multiplan		74.4	0.8			4	88.35	percent of total billed charges	
SKIN TEST CANDIDA	86485	CPT	outpatient			93	39.16	Qualcare	Qualcare		69.75	0.75			4	88.35	percent of total billed charges	
SKIN TEST CANDIDA	86485	CPT	outpatient			93	39.16	Three Rivers	Three Rivers		88.35	0.95			4	88.35	percent of total billed charges	
SKIN TEST CANDIDA	86485	CPT	outpatient			93	39.16	UHC	Medicaid		4				4	88.35	case rate	
SKIN TEST CANDIDA	86485	CPT	outpatient			93	39.16	UHC	Medicare		34.05	1			4	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST CANDIDA	86485	CPT	outpatient			93	39.16	Wellcare	Medicaid		4				4	88.35	case rate	
SKIN TEST CANDIDA	86485	CPT	outpatient			93	39.16	Wellcare	Medicare		34.05	1			4	88.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST; UNLISTED ANTIGEN	86486	CPT	outpatient			45	39.16	Aetna	Commercial		54.21	1.592			5.1	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST; UNLISTED ANTIGEN	86486	CPT	outpatient			45	39.16	Aetna	Medicare		34.05	1			5.1	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST; UNLISTED ANTIGEN	86486	CPT	outpatient			45	39.16	Aetna	Better Health		14.16	0.3146			5.1	62.21	percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN	86486	CPT	outpatient			45	39.16	Americare	Americare		33.75	0.75			5.1	62.21	percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN	86486	CPT	outpatient			45	39.16	WellPoint	WellPoint		14.44	0.3208			5.1	62.21	percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN	86486	CPT	outpatient			45	39.16	Amerihealth	Medicare		34.05	1			5.1	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST; UNLISTED ANTIGEN	86486	CPT	outpatient			45	39.16	Consumer	Consumer		42.75	0.95			5.1	62.21	percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN	86486	CPT	outpatient			45	39.16	Corrections	Corrections		36	0.8			5.1	62.21	percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN	86486	CPT	outpatient			45	39.16	First Health	First Health		31.5	0.7			5.1	62.21	percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN	86486	CPT	outpatient			45	39.16	First Trenton	First Trenton		40.5	0.9			5.1	62.21	percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN	86486	CPT	outpatient			45	39.16	Horizon	Medicare Blue		34.05	1			5.1	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST; UNLISTED ANTIGEN	86486	CPT	outpatient			45	39.16	Horizon	MGD		62.21	1.827			5.1	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST; UNLISTED ANTIGEN	86486	CPT	outpatient			45	39.16	Horizon	Indemnity		62.21	1.827			5.1	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST; UNLISTED ANTIGEN	86486	CPT	outpatient			45	39.16	Horizon	PPO		62.21	1.827			5.1	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST; UNLISTED ANTIGEN	86486	CPT	outpatient			45	39.16	Managed Care Inc	Managed Care Inc		40.5	0.9			5.1	62.21	percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN	86486	CPT	outpatient			45	39.16	Multiplan	Multiplan		36	0.8			5.1	62.21	percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN	86486	CPT	outpatient			45	39.16	Qualcare	Qualcare		33.75	0.75			5.1	62.21	percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN	86486	CPT	outpatient			45	39.16	Three Rivers	Three Rivers		42.75	0.95			5.1	62.21	percent of total billed charges	
SKIN TEST; UNLISTED ANTIGEN	86486	CPT	outpatient			45	39.16	UHC	Medicare		34.05	1			5.1	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SKIN TEST; UNLISTED ANTIGEN	86486	CPT	outpatient			45	39.16	UHC	Medicaid		5.1				5.1	62.21	case rate	
SKIN TEST; UNLISTED ANTIGEN	86486	CPT	outpatient			45	39.16	Wellcare	Medicaid		5.1				5.1	62.21	case rate	
SKIN TEST; UNLISTED ANTIGEN	86486	CPT	outpatient			45	39.16	Wellcare	Medicare		34.05	1			5.1	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TB SKIN TEST	86580	CPT	outpatient			438	39.16	Aetna	Better Health		137.79	0.3146			9.86	416.1	percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438	39.16	Aetna	Medicare		134.9	0.308			9.86	416.1	percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438	39.16	Aetna	Commercial		54.21	1.592			9.86	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TB SKIN TEST	86580	CPT	outpatient			438	39.16	Americare	Americare		328.5	0.75			9.86	416.1	percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438	39.16	WellPoint	WellPoint		140.51	0.3208			9.86	416.1	percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438	39.16	Amerihealth	Medicare		34.05	1			9.86	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TB SKIN TEST	86580	CPT	outpatient			438	39.16	Consumer	Consumer		416.1	0.95			9.86	416.1	percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438	39.16	Corrections	Corrections		350.4	0.8			9.86	416.1	percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438	39.16	First Health	First Health		306.6	0.7			9.86	416.1	percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438	39.16	First Trenton	First Trenton		394.2	0.9			9.86	416.1	percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438	39.16	Horizon	Indemnity		62.21	1.827			9.86	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TB SKIN TEST	86580	CPT	outpatient			438	39.16	Horizon	Medicare Blue		34.05	1			9.86	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TB SKIN TEST	86580	CPT	outpatient			438	39.16	Horizon	PPO		62.21	1.827			9.86	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TB SKIN TEST	86580	CPT	outpatient			438	39.16	Horizon	MGD		62.21	1.827			9.86	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TB SKIN TEST	86580	CPT	outpatient			438	39.16	Managed Care Inc	Managed Care Inc		394.2	0.9			9.86	416.1	percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438	39.16	Multiplan	Multiplan		350.4	0.8			9.86	416.1	percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438	39.16	Qualcare	Qualcare		328.5	0.75			9.86	416.1	percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438	39.16	Three Rivers	Three Rivers		416.1	0.95			9.86	416.1	percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438	39.16	UHC	Medicaid		137.79	0.3146			9.86	416.1	percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438	39.16	UHC	Medicare		34.05	1			9.86	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TB SKIN TEST	86580	CPT	outpatient			438	39.16	Wellcare	Medicaid		137.79	0.3146			9.86	416.1	percent of total billed charges	
TB SKIN TEST	86580	CPT	outpatient			438	39.16	Wellcare	Medicare		34.05	1			9.86	416.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VDRL TITER CSF	86592	CPT	both			94	4.91	Aetna	Medicare		28.95	0.308			4.27	89.3	percent of total billed charges	
VDRL TITER CSF	86592	CPT	both			94	4.91	Aetna	Better Health		29.57	0.3146			4.27	89.3	percent of total billed charges	
VDRL TITER CSF	86592	CPT	both			94	4.91	Aetna	Commercial		35.72	0.38			4.27	89.3	percent of total billed charges	
VDRL TITER CSF	86592	CPT	both			94	4.91	Americare	Americare		70.5	0.75			4.27	89.3	percent of total billed charges	
VDRL TITER CSF	86592	CPT	both			94	4.91	WellPoint	WellPoint		30.16	0.3208			4.27	89.3	percent of total billed charges	
VDRL TITER CSF	86592	CPT	both			94	4.91	Amerihealth	Medicare		4.27				4.27	89.3	case rate	
VDRL TITER CSF	86592	CPT	both			94	4.91	Consumer	Consumer		89.3	0.95			4.27	89.3	percent of total billed charges	
VDRL TITER CSF	86592	CPT	both			94	4.91	Corrections	Corrections		75.2	0.8			4.27	89.3	percent of total billed charges	
VDRL TITER CSF	86592	CPT	both			94	4.91	First Health	First Health		65.8	0.7			4.27	89.3	percent of total billed charges	
VDRL TITER CSF	86592	CPT	both			94	4.91	First Trenton	First Trenton		84.6	0.9			4.27	89.3	percent of total billed charges	
VDRL TITER CSF	86592	CPT	both			94	4.91	Horizon	Medicare Blue		28.2	0.3			4.27	89.3	percent of total billed charges	
VDRL TITER CSF	86592	CPT	both			94	4.91	Horizon	Indemnity		35.98	0.3828			4.27	89.3	percent of total billed charges	
VDRL TITER CSF	86592	CPT	both			94	4.91	Horizon	MGD		35.98	0.3828			4.27	89.3	percent of total billed charges	
VDRL TITER CSF	86592	CPT	both			94	4.91	Horizon	PPO		35.98	0.3828			4.27	89.3	percent of total billed charges	
VDRL TITER CSF	86592	CPT	both			94	4.91	Managed Care Inc	Managed Care Inc		84.6	0.9			4.27	89.3	percent of total billed charges	
VDRL TITER CSF	86592	CPT	both			94	4.91	Multiplan	Multiplan		75.2	0.8			4.27	89.3	percent of total billed charges	
VDRL TITER CSF	86592	CPT	both			94	4.91	Qualcare	Qualcare		70.5	0.75			4.27	89.3	percent of total billed charges	
VDRL TITER CSF	86592	CPT	both			94	4.91	Three Rivers	Three Rivers		89.3	0.95			4.27	89.3	percent of total billed charges	
VDRL TITER CSF	86592	CPT	both			94	4.91	UHC	Medicaid		29.57	0.3146			4.27	89.3	percent of total billed charges	
VDRL TITER CSF	86592	CPT	both			94	4.91	UHC	Medicare		4.27				4.27	89.3	case rate	
VDRL TITER CSF	86592	CPT	both			94	4.91	Wellcare	Medicaid		29.57	0.3146			4.27	89.3	percent of total billed charges	
VDRL TITER CSF	86592	CPT	both			94	4.91	Wellcare	Medicare		4.27				4.27	89.3	case rate	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33	5.06	Aetna	Better Health		10.38	0.3146			3	31.35	percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33	5.06	Aetna	Medicare		4.4				3	31.35	case rate	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33	5.06	Aetna	Commercial		12.54	0.38			3	31.35	percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33	5.06	Americare	Americare		24.75	0.75			3	31.35	percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33	5.06	WellPoint	WellPoint		10.59	0.3208			3	31.35	percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33	5.06	Amerihealth	Medicare		4.4				3	31.35	case rate	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33	5.06	Consumer	Consumer		31.35	0.95			3	31.35	percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33	5.06	Corrections	Corrections		26.4	0.8			3	31.35	percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33	5.06	First Health	First Health		23.1	0.7			3	31.35	percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33	5.06	First Trenton	First Trenton		29.7	0.9			3	31.35	percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33	5.06	Horizon	Medicare Blue		9.9	0.3			3	31.35	percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33	5.06	Horizon	Indemnity		12.63	0.3828			3	31.35	percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33	5.06	Horizon	MGD		12.63	0.3828			3	31.35	percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33	5.06	Horizon	PPO		12.63	0.3828			3	31.35	percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33	5.06	Managed Care Inc	Managed Care Inc		29.7	0.9			3	31.35	percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33	5.06	Multiplan	Multiplan		26.4	0.8			3	31.35	percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33	5.06	Qualcare	Qualcare		24.75	0.75			3	31.35	percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33	5.06	Three Rivers	Three Rivers		31.35	0.95			3	31.35	percent of total billed charges	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33	5.06	UHC	Medicare		4.4				3	31.35	case rate	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33	5.06	UHC	Medicaid		3				3	31.35	case rate	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33	5.06	Wellcare	Medicare		4.4				3	31.35	case rate	
TREPONEMA PALLIDUM (VDRL) TITER (0093093	86593	CPT	both			33	5.06	Wellcare	Medicaid		3				3	31.35	case rate	
VGCC TYPE P/Q AUTOAB	86596	CPT	inpatient			59	13.86	Aetna	Commercial		22.42	0.38			12.05	56.05	percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	inpatient			59	13.86	Aetna	Medicare		12.05				12.05	56.05	case rate	
VGCC TYPE P/Q AUTOAB	86596	CPT	inpatient			59	13.86	Aetna	Better Health		18.56	0.3146			12.05	56.05	percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	inpatient			59	13.86	Americare	Americare		44.25	0.75			12.05	56.05	percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	inpatient			59	13.86	WellPoint	WellPoint		18.93	0.3208			12.05	56.05	percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	inpatient			59	13.86	Amerihealth	Medicare		12.05				12.05	56.05	case rate	
VGCC TYPE P/Q AUTOAB	86596	CPT	inpatient			59	13.86	Consumer	Consumer		56.05	0.95			12.05	56.05	percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	inpatient			59	13.86	Corrections	Corrections		47.2	0.8			12.05	56.05	percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	inpatient			59	13.86	First Health	First Health		41.3	0.7			12.05	56.05	percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	inpatient			59	13.86	First Trenton	First Trenton		53.1	0.9			12.05	56.05	percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	inpatient			59	13.86	Horizon	MGD		22.59	0.3828			12.05	56.05	percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	inpatient			59	13.86	Horizon	Indemnity		22.59	0.3828			12.05	56.05	percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	inpatient			59	13.86	Horizon	PPO		22.59	0.3828			12.05	56.05	percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	inpatient			59	13.86	Horizon	Medicare Blue		17.7	0.3			12.05	56.05	percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	inpatient			59	13.86	Managed Care Inc	Managed Care Inc		53.1	0.9			12.05	56.05	percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	inpatient			59	13.86	Multiplan	Multiplan		47.2	0.8			12.05	56.05	percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	inpatient			59	13.86	Qualcare	Qualcare		44.25	0.75			12.05	56.05	percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	inpatient			59	13.86	Three Rivers	Three Rivers		56.05	0.95			12.05	56.05	percent of total billed charges	
VGCC TYPE P/Q AUTOAB	86596	CPT	inpatient			59	13.86	UHC	Medicaid		14.72				12.05	56.05	case rate	
VGCC TYPE P/Q AUTOAB	86596	CPT	inpatient			59	13.86	UHC	Medicare		12.05				12.05	56.05	case rate	
VGCC TYPE P/Q AUTOAB	86596	CPT	inpatient			59	13.86	Wellcare	Medicaid		14.72				12.05	56.05	case rate	
VGCC TYPE P/Q AUTOAB	86596	CPT	inpatient			59	13.86	Wellcare	Medicare		12.05				12.05	56.05	case rate	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	outpatient			110	11.71	Aetna	Commercial		41.8	0.38			9.9	104.5	percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	outpatient			110	11.71	Aetna	Better Health		34.61	0.3146			9.9	104.5	percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	outpatient			110	11.71	Aetna	Medicare		33.88	0.308			9.9	104.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	outpatient			110	11.71	Americare	Americare		82.5	0.75			9.9	104.5	percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	outpatient			110	11.71	WellPoint	WellPoint		35.29	0.3208			9.9	104.5	percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	outpatient			110	11.71	Amerihealth	Medicare		10.18				9.9	104.5	case rate	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	outpatient			110	11.71	Consumer	Consumer		104.5	0.95			9.9	104.5	percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	outpatient			110	11.71	Corrections	Corrections		88	0.8			9.9	104.5	percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	outpatient			110	11.71	First Health	First Health		77	0.7			9.9	104.5	percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	outpatient			110	11.71	First Trenton	First Trenton		99	0.9			9.9	104.5	percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	outpatient			110	11.71	Horizon	PPO		42.11	0.3828			9.9	104.5	percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	outpatient			110	11.71	Horizon	Indemnity		42.11	0.3828			9.9	104.5	percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	outpatient			110	11.71	Horizon	MGD		42.11	0.3828			9.9	104.5	percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	outpatient			110	11.71	Horizon	Medicare Blue		33	0.3			9.9	104.5	percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	outpatient			110	11.71	Managed Care Inc	Managed Care Inc		99	0.9			9.9	104.5	percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	outpatient			110	11.71	Multiplan	Multiplan		88	0.8			9.9	104.5	percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	outpatient			110	11.71	Qualcare	Qualcare		82.5	0.75			9.9	104.5	percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	outpatient			110	11.71	Three Rivers	Three Rivers		104.5	0.95			9.9	104.5	percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	outpatient			110	11.71	UHC	Medicaid		34.61	0.3146			9.9	104.5	percent of total billed charges	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	outpatient			110	11.71	UHC	Medicare		10.18				9.9	104.5	case rate	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	outpatient			110	11.71	Wellcare	Medicare		10.18				9.9	104.5	case rate	
THERMOACTINOMYCES VULGARIS IGG	86602	CPT	outpatient			110	11.71	Wellcare	Medicaid		34.61	0.3146			9.9	104.5	percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30	14.8	Aetna	Better Health		9.44	0.3146			9	28.5	percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30	14.8	Aetna	Commercial		11.4	0.38			9	28.5	percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30	14.8	Aetna	Medicare		9.24	0.308			9	28.5	percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30	14.8	Americare	Americare		22.5	0.75			9	28.5	percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30	14.8	WellPoint	WellPoint		9.62	0.3208			9	28.5	percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30	14.8	Amerihealth	Medicare		12.87				9	28.5	case rate	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30	14.8	Consumer	Consumer		28.5	0.95			9	28.5	percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30	14.8	Corrections	Corrections		24	0.8			9	28.5	percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30	14.8	First Health	First Health		21	0.7			9	28.5	percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30	14.8	First Trenton	First Trenton		27	0.9			9	28.5	percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30	14.8	Horizon	Medicare Blue		9	0.3			9	28.5	percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30	14.8	Horizon	Indemnity		11.48	0.3828			9	28.5	percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30	14.8	Horizon	MGD		11.48	0.3828			9	28.5	percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30	14.8	Horizon	PPO		11.48	0.3828			9	28.5	percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30	14.8	Managed Care Inc	Managed Care Inc		27	0.9			9	28.5	percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30	14.8	Multiplan	Multiplan		24	0.8			9	28.5	percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30	14.8	Qualcare	Qualcare		22.5	0.75			9	28.5	percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30	14.8	Three Rivers	Three Rivers		28.5	0.95			9	28.5	percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30	14.8	UHC	Medicaid		9.44	0.3146			9	28.5	percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30	14.8	UHC	Medicare		12.87				9	28.5	case rate	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30	14.8	Wellcare	Medicaid		9.44	0.3146			9	28.5	percent of total billed charges	
ADENOVIRUS GROUP AB QUANT	86603	CPT	both			30	14.8	Wellcare	Medicare		12.87				9	28.5	case rate	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110	17.31	Aetna	Better Health		34.61	0.3146			10.2	104.5	percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110	17.31	Aetna	Commercial		41.8	0.38			10.2	104.5	percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110	17.31	Aetna	Medicare		33.88	0.308			10.2	104.5	percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110	17.31	Americare	Americare		82.5	0.75			10.2	104.5	percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110	17.31	WellPoint	WellPoint		35.29	0.3208			10.2	104.5	percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110	17.31	Amerihealth	Medicare		15.05				10.2	104.5	case rate	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110	17.31	Consumer	Consumer		104.5	0.95			10.2	104.5	percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110	17.31	Corrections	Corrections		88	0.8			10.2	104.5	percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110	17.31	First Health	First Health		77	0.7			10.2	104.5	percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110	17.31	First Trenton	First Trenton		99	0.9			10.2	104.5	percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110	17.31	Horizon	MGD		42.11	0.3828			10.2	104.5	percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110	17.31	Horizon	Indemnity		42.11	0.3828			10.2	104.5	percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110	17.31	Horizon	Medicare Blue		33	0.3			10.2	104.5	percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110	17.31	Horizon	PPO		42.11	0.3828			10.2	104.5	percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110	17.31	Managed Care Inc	Managed Care Inc		99	0.9			10.2	104.5	percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110	17.31	Multiplan	Multiplan		88	0.8			10.2	104.5	percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110	17.31	Qualcare	Qualcare		82.5	0.75			10.2	104.5	percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110	17.31	Three Rivers	Three Rivers		104.5	0.95			10.2	104.5	percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110	17.31	UHC	Medicaid		34.61	0.3146			10.2	104.5	percent of total billed charges	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110	17.31	UHC	Medicare		15.05				10.2	104.5	case rate	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110	17.31	Wellcare	Medicare		15.05				10.2	104.5	case rate	
ASPERGILLUS TERREUS IGG	86606	CPT	both			110	17.31	Wellcare	Medicaid		34.61	0.3146			10.2	104.5	percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593	14.81	Aetna	Medicare		12.88				10	563.35	case rate	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593	14.81	Aetna	Better Health		186.56	0.3146			10	563.35	percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593	14.81	Aetna	Commercial		225.34	0.38			10	563.35	percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593	14.81	Americare	Americare		444.75	0.75			10	563.35	percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593	14.81	WellPoint	WellPoint		190.23	0.3208			10	563.35	percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593	14.81	Amerihealth	Medicare		12.88				10	563.35	case rate	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593	14.81	Consumer	Consumer		563.35	0.95			10	563.35	percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593	14.81	Corrections	Corrections		474.4	0.8			10	563.35	percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593	14.81	First Health	First Health		415.1	0.7			10	563.35	percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593	14.81	First Trenton	First Trenton		533.7	0.9			10	563.35	percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593	14.81	Horizon	MGD		227	0.3828			10	563.35	percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593	14.81	Horizon	Indemnity		227	0.3828			10	563.35	percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593	14.81	Horizon	Medicare Blue		177.9	0.3			10	563.35	percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593	14.81	Horizon	PPO		227	0.3828			10	563.35	percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593	14.81	Managed Care Inc	Managed Care Inc		533.7	0.9			10	563.35	percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593	14.81	Multiplan	Multiplan		474.4	0.8			10	563.35	percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593	14.81	Qualcare	Qualcare		444.75	0.75			10	563.35	percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593	14.81	Three Rivers	Three Rivers		563.35	0.95			10	563.35	percent of total billed charges	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593	14.81	UHC	Medicaid		10				10	563.35	case rate	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593	14.81	UHC	Medicare		12.88				10	563.35	case rate	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593	14.81	Wellcare	Medicaid		10				10	563.35	case rate	
MICROPOLYSPORA FAENI IGG	86609	CPT	both			593	14.81	Wellcare	Medicare		12.88				10	563.35	case rate	
B. QUINTANA IGM	86611	CPT	both			33	11.71	Aetna	Better Health		10.38	0.3146			9.9	31.35	percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33	11.71	Aetna	Commercial		12.54	0.38			9.9	31.35	percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33	11.71	Aetna	Medicare		10.18				9.9	31.35	case rate	
B. QUINTANA IGM	86611	CPT	both			33	11.71	Americare	Americare		24.75	0.75			9.9	31.35	percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33	11.71	WellPoint	WellPoint		10.59	0.3208			9.9	31.35	percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33	11.71	Amerihealth	Medicare		10.18				9.9	31.35	case rate	
B. QUINTANA IGM	86611	CPT	both			33	11.71	Consumer	Consumer		31.35	0.95			9.9	31.35	percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33	11.71	Corrections	Corrections		26.4	0.8			9.9	31.35	percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33	11.71	First Health	First Health		23.1	0.7			9.9	31.35	percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33	11.71	First Trenton	First Trenton		29.7	0.9			9.9	31.35	percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33	11.71	Horizon	Medicare Blue		9.9	0.3			9.9	31.35	percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33	11.71	Horizon	MGD		12.63	0.3828			9.9	31.35	percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33	11.71	Horizon	Indemnity		12.63	0.3828			9.9	31.35	percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33	11.71	Horizon	PPO		12.63	0.3828			9.9	31.35	percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33	11.71	Managed Care Inc	Managed Care Inc		29.7	0.9			9.9	31.35	percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33	11.71	Multiplan	Multiplan		26.4	0.8			9.9	31.35	percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33	11.71	Qualcare	Qualcare		24.75	0.75			9.9	31.35	percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33	11.71	Three Rivers	Three Rivers		31.35	0.95			9.9	31.35	percent of total billed charges	
B. QUINTANA IGM	86611	CPT	both			33	11.71	UHC	Medicaid		11.2				9.9	31.35	case rate	
B. QUINTANA IGM	86611	CPT	both			33	11.71	UHC	Medicare		10.18				9.9	31.35	case rate	
B. QUINTANA IGM	86611	CPT	both			33	11.71	Wellcare	Medicaid		11.2				9.9	31.35	case rate	
B. QUINTANA IGM	86611	CPT	both			33	11.71	Wellcare	Medicare		10.18				9.9	31.35	case rate	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238	14.84	Aetna	Medicare		12.9				8.7	226.1	case rate	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238	14.84	Aetna	Better Health		74.87	0.3146			8.7	226.1	percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238	14.84	Aetna	Commercial		90.44	0.38			8.7	226.1	percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238	14.84	Americare	Americare		178.5	0.75			8.7	226.1	percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238	14.84	WellPoint	WellPoint		76.35	0.3208			8.7	226.1	percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238	14.84	Amerihealth	Medicare		12.9				8.7	226.1	case rate	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238	14.84	Consumer	Consumer		226.1	0.95			8.7	226.1	percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238	14.84	Corrections	Corrections		190.4	0.8			8.7	226.1	percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238	14.84	First Health	First Health		166.6	0.7			8.7	226.1	percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238	14.84	First Trenton	First Trenton		214.2	0.9			8.7	226.1	percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238	14.84	Horizon	Medicare Blue		71.4	0.3			8.7	226.1	percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238	14.84	Horizon	MGD		91.11	0.3828			8.7	226.1	percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238	14.84	Horizon	Indemnity		91.11	0.3828			8.7	226.1	percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238	14.84	Horizon	PPO		91.11	0.3828			8.7	226.1	percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238	14.84	Managed Care Inc	Managed Care Inc		214.2	0.9			8.7	226.1	percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238	14.84	Multiplan	Multiplan		190.4	0.8			8.7	226.1	percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238	14.84	Qualcare	Qualcare		178.5	0.75			8.7	226.1	percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238	14.84	Three Rivers	Three Rivers		226.1	0.95			8.7	226.1	percent of total billed charges	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238	14.84	UHC	Medicaid		10				8.7	226.1	case rate	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238	14.84	UHC	Medicare		12.9				8.7	226.1	case rate	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238	14.84	Wellcare	Medicaid		10				8.7	226.1	case rate	
BLASTOMYCES.DERMATITIDIS.ABS	86612	CPT	both			238	14.84	Wellcare	Medicare		12.9				8.7	226.1	case rate	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154	15.17	Aetna	Better Health		48.45	0.3146			10	146.3	percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154	15.17	Aetna	Medicare		13.19				10	146.3	case rate	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154	15.17	Aetna	Commercial		58.52	0.38			10	146.3	percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154	15.17	Americare	Americare		115.5	0.75			10	146.3	percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154	15.17	WellPoint	WellPoint		49.4	0.3208			10	146.3	percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154	15.17	Amerihealth	Medicare		13.19				10	146.3	case rate	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154	15.17	Consumer	Consumer		146.3	0.95			10	146.3	percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154	15.17	Corrections	Corrections		123.2	0.8			10	146.3	percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154	15.17	First Health	First Health		107.8	0.7			10	146.3	percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154	15.17	First Trenton	First Trenton		138.6	0.9			10	146.3	percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154	15.17	Horizon	MGD		58.95	0.3828			10	146.3	percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154	15.17	Horizon	Medicare Blue		46.2	0.3			10	146.3	percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154	15.17	Horizon	Indemnity		58.95	0.3828			10	146.3	percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154	15.17	Horizon	PPO		58.95	0.3828			10	146.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154	15.17	Managed Care Inc	Managed Care Inc		138.6	0.9			10		146.3 percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154	15.17	Multiplan	Multiplan		123.2	0.8			10		146.3 percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154	15.17	Qualcare	Qualcare		115.5	0.75			10		146.3 percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154	15.17	Three Rivers	Three Rivers		146.3	0.95			10		146.3 percent of total billed charges	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154	15.17	UHC	Medicare		13.19				10		146.3 case rate	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154	15.17	UHC	Medicaid		10				10		146.3 case rate	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154	15.17	Wellcare	Medicare		13.19				10		146.3 case rate	
B.PERTUSSIS.IGG/IGM. AB	86615	CPT	outpatient			154	15.17	Wellcare	Medicaid		10				10		146.3 case rate	
LYME LINE.BLOT CSF(160457)	86617	CPT	both			311	17.81	Aetna	Better Health		97.84	0.3146			15		295.45 percent of total billed charges	
LYME LINE.BLOT CSF(160457)	86617	CPT	both			311	17.81	Aetna	Medicare		95.79	0.308			15		295.45 percent of total billed charges	
LYME LINE.BLOT CSF(160457)	86617	CPT	both			311	17.81	Aetna	Commercial		118.18	0.38			15		295.45 percent of total billed charges	
LYME LINE.BLOT CSF(160457)	86617	CPT	both			311	17.81	Americare	Americare		233.25	0.75			15		295.45 percent of total billed charges	
LYME LINE.BLOT CSF(160457)	86617	CPT	both			311	17.81	WellPoint	WellPoint		99.77	0.3208			15		295.45 percent of total billed charges	
LYME LINE.BLOT CSF(160457)	86617	CPT	both			311	17.81	Amerihealth	Medicare		15.49				15		295.45 case rate	
LYME LINE.BLOT CSF(160457)	86617	CPT	both			311	17.81	Consumer	Consumer		295.45	0.95			15		295.45 percent of total billed charges	
LYME LINE.BLOT CSF(160457)	86617	CPT	both			311	17.81	Corrections	Corrections		248.8	0.8			15		295.45 percent of total billed charges	
LYME LINE.BLOT CSF(160457)	86617	CPT	both			311	17.81	First Health	First Health		217.7	0.7			15		295.45 percent of total billed charges	
LYME LINE.BLOT CSF(160457)	86617	CPT	both			311	17.81	First Trenton	First Trenton		279.9	0.9			15		295.45 percent of total billed charges	
LYME LINE.BLOT CSF(160457)	86617	CPT	both			311	17.81	Horizon	Medicare Blue		93.3	0.3			15		295.45 percent of total billed charges	
LYME LINE.BLOT CSF(160457)	86617	CPT	both			311	17.81	Horizon	Indemnity		119.05	0.3828			15		295.45 percent of total billed charges	
LYME LINE.BLOT CSF(160457)	86617	CPT	both			311	17.81	Horizon	MGD		119.05	0.3828			15		295.45 percent of total billed charges	
LYME LINE.BLOT CSF(160457)	86617	CPT	both			311	17.81	Horizon	PPO		119.05	0.3828			15		295.45 percent of total billed charges	
LYME LINE.BLOT CSF(160457)	86617	CPT	both			311	17.81	Managed Care Inc	Managed Care Inc		279.9	0.9			15		295.45 percent of total billed charges	
LYME LINE.BLOT CSF(160457)	86617	CPT	both			311	17.81	Multiplan	Multiplan		248.8	0.8			15		295.45 percent of total billed charges	
LYME LINE.BLOT CSF(160457)	86617	CPT	both			311	17.81	Qualcare	Qualcare		233.25	0.75			15		295.45 percent of total billed charges	
LYME LINE.BLOT CSF(160457)	86617	CPT	both			311	17.81	Three Rivers	Three Rivers		295.45	0.95			15		295.45 percent of total billed charges	
LYME LINE.BLOT CSF(160457)	86617	CPT	both			311	17.81	UHC	Medicaid		97.84	0.3146			15		295.45 percent of total billed charges	
LYME LINE.BLOT CSF(160457)	86617	CPT	both			311	17.81	UHC	Medicare		15.49				15		295.45 case rate	
LYME LINE.BLOT CSF(160457)	86617	CPT	both			311	17.81	Wellcare	Medicaid		97.84	0.3146			15		295.45 percent of total billed charges	
LYME LINE.BLOT CSF(160457)	86617	CPT	both			311	17.81	Wellcare	Medicare		15.49				15		295.45 case rate	
LYME AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472	19.58	Aetna	Better Health		148.49	0.3146			10.8		448.4 percent of total billed charges	
LYME AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472	19.58	Aetna	Medicare		145.38	0.308			10.8		448.4 percent of total billed charges	
LYME AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472	19.58	Aetna	Commercial		179.36	0.38			10.8		448.4 percent of total billed charges	
LYME AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472	19.58	Americare	Americare		354	0.75			10.8		448.4 percent of total billed charges	
LYME AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472	19.58	WellPoint	WellPoint		151.42	0.3208			10.8		448.4 percent of total billed charges	
LYME AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472	19.58	Amerihealth	Medicare		17.03				10.8		448.4 case rate	
LYME AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472	19.58	Consumer	Consumer		448.4	0.95			10.8		448.4 percent of total billed charges	
LYME AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472	19.58	Corrections	Corrections		377.6	0.8			10.8		448.4 percent of total billed charges	
LYME AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472	19.58	First Health	First Health		330.4	0.7			10.8		448.4 percent of total billed charges	
LYME AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472	19.58	First Trenton	First Trenton		424.8	0.9			10.8		448.4 percent of total billed charges	
LYME AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472	19.58	Horizon	MGD		180.68	0.3828			10.8		448.4 percent of total billed charges	
LYME AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472	19.58	Horizon	Medicare Blue		141.6	0.3			10.8		448.4 percent of total billed charges	
LYME AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472	19.58	Horizon	Indemnity		180.68	0.3828			10.8		448.4 percent of total billed charges	
LYME AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472	19.58	Horizon	PPO		180.68	0.3828			10.8		448.4 percent of total billed charges	
LYME AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472	19.58	Managed Care Inc	Managed Care Inc		424.8	0.9			10.8		448.4 percent of total billed charges	
LYME AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472	19.58	Multiplan	Multiplan		377.6	0.8			10.8		448.4 percent of total billed charges	
LYME AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472	19.58	Qualcare	Qualcare		354	0.75			10.8		448.4 percent of total billed charges	
LYME AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472	19.58	Three Rivers	Three Rivers		448.4	0.95			10.8		448.4 percent of total billed charges	
LYME AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472	19.58	UHC	Medicaid		148.49	0.3146			10.8		448.4 percent of total billed charges	
LYME AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472	19.58	UHC	Medicare		17.03				10.8		448.4 case rate	
LYME AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472	19.58	Wellcare	Medicare		17.03				10.8		448.4 case rate	
LYME AB/LINE.BLOT.RFX(258004)	86618	CPT	both			472	19.58	Wellcare	Medicaid		148.49	0.3146			10.8		448.4 percent of total billed charges	
BRUCELLA TOTAL AB CONF AGGLUTINATION S	86622	CPT	both			55	10.27	Aetna	Medicare		8.93				8		52.25 case rate	
BRUCELLA TOTAL AB CONF AGGLUTINATION S	86622	CPT	both			55	10.27	Aetna	Better Health		17.3	0.3146			8		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF AGGLUTINATION S	86622	CPT	both			55	10.27	Aetna	Commercial		20.9	0.38			8		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF AGGLUTINATION S	86622	CPT	both			55	10.27	Americare	Americare		41.25	0.75			8		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF AGGLUTINATION S	86622	CPT	both			55	10.27	WellPoint	WellPoint		17.64	0.3208			8		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF AGGLUTINATION S	86622	CPT	both			55	10.27	Amerihealth	Medicare		8.93				8		52.25 case rate	
BRUCELLA TOTAL AB CONF AGGLUTINATION S	86622	CPT	both			55	10.27	Consumer	Consumer		52.25	0.95			8		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF AGGLUTINATION S	86622	CPT	both			55	10.27	Corrections	Corrections		44	0.8			8		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF AGGLUTINATION S	86622	CPT	both			55	10.27	First Health	First Health		38.5	0.7			8		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF AGGLUTINATION S	86622	CPT	both			55	10.27	First Trenton	First Trenton		49.5	0.9			8		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF AGGLUTINATION S	86622	CPT	both			55	10.27	Horizon	Indemnity		21.05	0.3828			8		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF AGGLUTINATION S	86622	CPT	both			55	10.27	Horizon	MGD		21.05	0.3828			8		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF AGGLUTINATION S	86622	CPT	both			55	10.27	Horizon	PPO		21.05	0.3828			8		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF AGGLUTINATION S	86622	CPT	both			55	10.27	Horizon	Medicare Blue		16.5	0.3			8		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF AGGLUTINATION S	86622	CPT	both			55	10.27	Managed Care Inc	Managed Care Inc		49.5	0.9			8		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF AGGLUTINATION S	86622	CPT	both			55	10.27	Multiplan	Multiplan		44	0.8			8		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF AGGLUTINATION S	86622	CPT	both			55	10.27	Qualcare	Qualcare		41.25	0.75			8		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF AGGLUTINATION S	86622	CPT	both			55	10.27	Three Rivers	Three Rivers		52.25	0.95			8		52.25 percent of total billed charges	
BRUCELLA TOTAL AB CONF AGGLUTINATION S	86622	CPT	both			55	10.27	UHC	Medicaid		8				8		52.25 case rate	
BRUCELLA TOTAL AB CONF AGGLUTINATION S	86622	CPT	both			55	10.27	UHC	Medicare		8.93				8		52.25 case rate	
BRUCELLA TOTAL AB CONF AGGLUTINATION S	86622	CPT	both			55	10.27	Wellcare	Medicaid		8				8		52.25 case rate	
BRUCELLA TOTAL AB CONF AGGLUTINATION S	86622	CPT	both			55	10.27	Wellcare	Medicare		8.93				8		52.25 case rate	
CAMPYLOBACTER JEJUNI AB	86625	CPT	outpatient			640	15.09	Aetna	Better Health		201.34	0.3146			10		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	outpatient			640	15.09	Aetna	Medicare		13.12				10		608 case rate	
CAMPYLOBACTER JEJUNI AB	86625	CPT	outpatient			640	15.09	Aetna	Commercial		243.2	0.38			10		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	outpatient			640	15.09	Americare	Americare		480	0.75			10		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	outpatient			640	15.09	WellPoint	WellPoint		205.31	0.3208			10		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	outpatient			640	15.09	Amerihealth	Medicare		13.12				10		608 case rate	
CAMPYLOBACTER JEJUNI AB	86625	CPT	outpatient			640	15.09	Consumer	Consumer		608	0.95			10		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	outpatient			640	15.09	Corrections	Corrections		512	0.8			10		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	outpatient			640	15.09	First Health	First Health		448	0.7			10		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	outpatient			640	15.09	First Trenton	First Trenton		576	0.9			10		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	outpatient			640	15.09	Horizon	MGD		244.99	0.3828			10		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	outpatient			640	15.09	Horizon	Indemnity		244.99	0.3828			10		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	outpatient			640	15.09	Horizon	Medicare Blue		192	0.3			10		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	outpatient			640	15.09	Horizon	PPO		244.99	0.3828			10		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	outpatient			640	15.09	Managed Care Inc	Managed Care Inc		576	0.9			10		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	outpatient			640	15.09	Multiplan	Multiplan		512	0.8			10		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	outpatient			640	15.09	Qualcare	Qualcare		480	0.75			10		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	outpatient			640	15.09	Three Rivers	Three Rivers		608	0.95			10		608 percent of total billed charges	
CAMPYLOBACTER JEJUNI AB	86625	CPT	outpatient			640	15.09	UHC	Medicaid		10				10		608 case rate	
CAMPYLOBACTER JEJUNI AB	86625	CPT	outpatient			640	15.09	UHC	Medicare		13.12				10		608 case rate	
CAMPYLOBACTER JEJUNI AB	86625	CPT	outpatient			640	15.09	Wellcare	Medicaid		10				10		608 case rate	
CAMPYLOBACTER JEJUNI AB	86625	CPT	outpatient			640	15.09	Wellcare	Medicare		13.12				10		608 case rate	
CHLAMYDIA PSITTACI IGG AB	86631	CPT	both			564	13.59	Aetna	Medicare		11.82				9.6		535.8 case rate	
CHLAMYDIA PSITTACI IGG AB	86631	CPT	both			564	13.59	Aetna	Better Health		177.43	0.3146			9.6		535.8 percent of total billed charges	
CHLAMYDIA PSITTACI IGG AB	86631	CPT	both			564	13.59	Aetna	Commercial		214.32	0.38			9.6		535.8 percent of total billed charges	
CHLAMYDIA PSITTACI IGG AB	86631	CPT	both			564	13.59	Americare	Americare		423	0.75			9.6		535.8 percent of total billed charges	
CHLAMYDIA PSITTACI IGG AB	86631	CPT	both			564	13.59	WellPoint	WellPoint		180.93	0.3208			9.6		535.8 percent of total billed charges	
CHLAMYDIA PSITTACI IGG AB	86631	CPT	both			564	13.59	Amerihealth	Medicare		11.82				9.6		535.8 case rate	
CHLAMYDIA PSITTACI IGG AB	86631	CPT	both			564	13.59	Consumer	Consumer		535.8	0.95			9.6		535.8 percent of total billed charges	
CHLAMYDIA PSITTACI IGG AB	86631	CPT	both			564	13.59	Corrections	Corrections		451.2	0.8			9.6		535.8 percent of total billed charges	
CHLAMYDIA PSITTACI IGG AB	86631	CPT	both			564	13.59	First Health	First Health		394.8	0.7			9.6		535.8 percent of total billed charges	
CHLAMYDIA PSITTACI IGG AB	86631	CPT	both			564	13.59	First Trenton	First Trenton		507.6	0.9			9.6		535.8 percent of total billed charges	
CHLAMYDIA PSITTACI IGG AB	86631	CPT	both			564	13.59	Horizon	Medicare Blue		169.2	0.3			9.6		535.8 percent of total billed charges	
CHLAMYDIA PSITTACI IGG AB	86631	CPT	both			564	13.59	Horizon	Indemnity		215.9	0.3828			9.6		535.8 percent of total billed charges	
CHLAMYDIA PSITTACI IGG AB	86631	CPT	both			564	13.59	Horizon	MGD		215.9	0.3828			9.6		535.8 percent of total billed charges	
CHLAMYDIA PSITTACI IGG AB	86631	CPT	both			564	13.59	Horizon	PPO		215.9	0.3828			9.6		535.8 percent of total billed charges	
CHLAMYDIA PSITTACI IGG AB	86631	CPT	both			564	13.59	Managed Care Inc	Managed Care Inc		507.6	0.9			9.6		535.8 percent of total billed charges	
CHLAMYDIA PSITTACI IGG AB	86631	CPT	both			564	13.59	Multiplan	Multiplan		451.2	0.8			9.6		535.8 percent of total billed charges	
CHLAMYDIA PSITTACI IGG AB	86631	CPT	both			564	13.59	Qualcare	Qualcare		423	0.75			9.6		535.8 percent of total billed charges	
CHLAMYDIA PSITTACI IGG AB	86631	CPT	both			564	13.59	Three Rivers	Three Rivers		535.8	0.95			9.6		535.8 percent of total billed charges	
CHLAMYDIA PSITTACI IGG AB	86631	CPT	both			564	13.59	UHC	Medicare		11.82				9.6		535.8 case rate	
CHLAMYDIA PSITTACI IGG AB	86631	CPT	both			564	13.59	UHC	Medicaid		10				9.6		535.8 case rate	
CHLAMYDIA PSITTACI IGG AB	86631	CPT	both			564	13.59	Wellcare	Medicare		11.82				9.6		535.8 case rate	
CHLAMYDIA PSITTACI IGG AB	86631	CPT	both			564	13.59	Wellcare	Medicaid		10				9.6		535.8 case rate	
CHLAMYDIA TRACHOMATIS AB IGM	86632	CPT	both			158	14.58	Aetna	Commercial		60.04	0.38			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB IGM	86632	CPT	both			158	14.58	Aetna	Better Health		49.71	0.3146			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB IGM	86632	CPT	both			158	14.58	Aetna	Medicare		12.68				10.2		150.1 case rate	
CHLAMYDIA TRACHOMATIS AB IGM	86632	CPT	both			158	14.58	Americare	Americare		118.5	0.75			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB IGM	86632	CPT	both			158	14.58	WellPoint	WellPoint		50.69	0.3208			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB IGM	86632	CPT	both			158	14.58	Amerihealth	Medicare		12.68				10.2		150.1 case rate	
CHLAMYDIA TRACHOMATIS AB IGM	86632	CPT	both			158	14.58	Consumer	Consumer		150.1	0.95			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB IGM	86632	CPT	both			158	14.58	Corrections	Corrections		126.4	0.8			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB IGM	86632	CPT	both			158	14.58	First Health	First Health		110.6	0.7			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB IGM	86632	CPT	both			158	14.58	First Trenton	First Trenton		142.2	0.9			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB IGM	86632	CPT	both			158	14.58	Horizon	MGD		60.48	0.3828			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB IGM	86632	CPT	both			158	14.58	Horizon	Indemnity		60.48	0.3828			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB IGM	86632	CPT	both			158	14.58	Horizon	PPO		60.48	0.3828			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB IGM	86632	CPT	both			158	14.58	Horizon	Medicare Blue		47.4	0.3			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB IGM	86632	CPT	both			158	14.58	Managed Care Inc	Managed Care Inc		142.2	0.9			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB IGM	86632	CPT	both			158	14.58	Multiplan	Multiplan		126.4	0.8			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB IGM	86632	CPT	both			158	14.58	Qualcare	Qualcare		118.5	0.75			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB IGM	86632	CPT	both			158	14.58	Three Rivers	Three Rivers		150.1	0.95			10.2		150.1 percent of total billed charges	
CHLAMYDIA TRACHOMATIS AB IGM	86632	CPT	both			158	14.58	UHC	Medicaid		15				10.2		150.1 case rate	
CHLAMYDIA TRACHOMATIS AB IGM	86632	CPT	both			158	14.58	UHC	Medicare		12.68				10.2		150.1 case rate	
CHLAMYDIA TRACHOMATIS AB IGM	86632	CPT	both			158	14.58	Wellcare	Medicaid		15				10.2		150.1 case rate	
CHLAMYDIA TRACHOMATIS AB IGM	86632	CPT	both			158	14.58	Wellcare	Medicare		12.68				10.2		150.1 case rate	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325	13.19	Aetna	Medicare		11.47				10		308.75 case rate	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325	13.19	Aetna	Better Health		102.25	0.3146			10		308.75 percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325	13.19	Aetna	Commercial		123.5	0.38			10		308.75 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325	13.19	Americare	Americare		243.75	0.75			10	308.75	percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325	13.19	WellPoint	WellPoint		104.26	0.3208			10	308.75	percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325	13.19	Amerihealth	Medicare		11.47				10	308.75	case rate	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325	13.19	Consumer	Consumer		308.75	0.95			10	308.75	percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325	13.19	Corrections	Corrections		260	0.8			10	308.75	percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325	13.19	First Health	First Health		227.5	0.7			10	308.75	percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325	13.19	First Trenton	First Trenton		292.5	0.9			10	308.75	percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325	13.19	Horizon	MGD		124.41	0.3828			10	308.75	percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325	13.19	Horizon	Indemnity		124.41	0.3828			10	308.75	percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325	13.19	Horizon	PPO		124.41	0.3828			10	308.75	percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325	13.19	Horizon	Medicare Blue		97.5	0.3			10	308.75	percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325	13.19	Managed Care Inc	Managed Care Inc		292.5	0.9			10	308.75	percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325	13.19	Multiplan	Multiplan		260	0.8			10	308.75	percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325	13.19	Qualcare	Qualcare		243.75	0.75			10	308.75	percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325	13.19	Three Rivers	Three Rivers		308.75	0.95			10	308.75	percent of total billed charges	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325	13.19	UHC	Medicare		11.47				10	308.75	case rate	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325	13.19	UHC	Medicaid		10				10	308.75	case rate	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325	13.19	Wellcare	Medicare		11.47				10	308.75	case rate	
PARACOCCID.BRASILIENSIS AB	86635	CPT	both			325	13.19	Wellcare	Medicaid		10				10	308.75	case rate	
Q FEVER AB IGG	86638	CPT	both			42	13.94	Aetna	Commercial		15.96	0.38			12.12	39.9	percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42	13.94	Aetna	Medicare		12.12				12.12	39.9	case rate	
Q FEVER AB IGG	86638	CPT	both			42	13.94	Aetna	Better Health		13.21	0.3146			12.12	39.9	percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42	13.94	Americare	Americare		31.5	0.75			12.12	39.9	percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42	13.94	WellPoint	WellPoint		13.47	0.3208			12.12	39.9	percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42	13.94	Amerihealth	Medicare		12.12				12.12	39.9	case rate	
Q FEVER AB IGG	86638	CPT	both			42	13.94	Consumer	Consumer		39.9	0.95			12.12	39.9	percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42	13.94	Corrections	Corrections		33.6	0.8			12.12	39.9	percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42	13.94	First Health	First Health		29.4	0.7			12.12	39.9	percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42	13.94	First Trenton	First Trenton		37.8	0.9			12.12	39.9	percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42	13.94	Horizon	PPO		16.08	0.3828			12.12	39.9	percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42	13.94	Horizon	Medicare Blue		12.6	0.3			12.12	39.9	percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42	13.94	Horizon	Indemnity		16.08	0.3828			12.12	39.9	percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42	13.94	Horizon	MGD		16.08	0.3828			12.12	39.9	percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42	13.94	Managed Care Inc	Managed Care Inc		37.8	0.9			12.12	39.9	percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42	13.94	Multiplan	Multiplan		33.6	0.8			12.12	39.9	percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42	13.94	Qualcare	Qualcare		31.5	0.75			12.12	39.9	percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42	13.94	Three Rivers	Three Rivers		39.9	0.95			12.12	39.9	percent of total billed charges	
Q FEVER AB IGG	86638	CPT	both			42	13.94	UHC	Medicaid		12.5				12.12	39.9	case rate	
Q FEVER AB IGG	86638	CPT	both			42	13.94	UHC	Medicare		12.12				12.12	39.9	case rate	
Q FEVER AB IGG	86638	CPT	both			42	13.94	Wellcare	Medicare		12.12				12.12	39.9	case rate	
Q FEVER AB IGG	86638	CPT	both			42	13.94	Wellcare	Medicaid		12.5				12.12	39.9	case rate	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265	16.57	Aetna	Medicare		14.41				12.5	251.75	case rate	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265	16.57	Aetna	Better Health		83.37	0.3146			12.5	251.75	percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265	16.57	Aetna	Commercial		100.7	0.38			12.5	251.75	percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265	16.57	Americare	Americare		198.75	0.75			12.5	251.75	percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265	16.57	WellPoint	WellPoint		85.01	0.3208			12.5	251.75	percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265	16.57	Amerihealth	Medicare		14.41				12.5	251.75	case rate	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265	16.57	Consumer	Consumer		251.75	0.95			12.5	251.75	percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265	16.57	Corrections	Corrections		212	0.8			12.5	251.75	percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265	16.57	First Health	First Health		185.5	0.7			12.5	251.75	percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265	16.57	First Trenton	First Trenton		238.5	0.9			12.5	251.75	percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265	16.57	Horizon	Medicare Blue		79.5	0.3			12.5	251.75	percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265	16.57	Horizon	MGD		101.44	0.3828			12.5	251.75	percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265	16.57	Horizon	Indemnity		101.44	0.3828			12.5	251.75	percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265	16.57	Horizon	PPO		101.44	0.3828			12.5	251.75	percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265	16.57	Managed Care Inc	Managed Care Inc		238.5	0.9			12.5	251.75	percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265	16.57	Multiplan	Multiplan		212	0.8			12.5	251.75	percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265	16.57	Qualcare	Qualcare		198.75	0.75			12.5	251.75	percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265	16.57	Three Rivers	Three Rivers		251.75	0.95			12.5	251.75	percent of total billed charges	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265	16.57	UHC	Medicaid		12.5				12.5	251.75	case rate	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265	16.57	UHC	Medicare		14.41				12.5	251.75	case rate	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265	16.57	Wellcare	Medicare		14.41				12.5	251.75	case rate	
CRYPTOCOCCUS AB; QUANT	86641	CPT	inpatient			265	16.57	Wellcare	Medicaid		12.5				12.5	251.75	case rate	
CYTOMEGALOVIRUS(CMV)AB IGG	86644	CPT	both			98	16.55	Aetna	Better Health		30.83	0.3146			9.6	93.1	percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB IGG	86644	CPT	both			98	16.55	Aetna	Medicare		14.39				9.6	93.1	case rate	
CYTOMEGALOVIRUS(CMV)AB IGG	86644	CPT	both			98	16.55	Aetna	Commercial		37.24	0.38			9.6	93.1	percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB IGG	86644	CPT	both			98	16.55	Americare	Americare		73.5	0.75			9.6	93.1	percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB IGG	86644	CPT	both			98	16.55	WellPoint	WellPoint		31.44	0.3208			9.6	93.1	percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB IGG	86644	CPT	both			98	16.55	Amerihealth	Medicare		14.39				9.6	93.1	case rate	
CYTOMEGALOVIRUS(CMV)AB IGG	86644	CPT	both			98	16.55	Consumer	Consumer		93.1	0.95			9.6	93.1	percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB IGG	86644	CPT	both			98	16.55	Corrections	Corrections		78.4	0.8			9.6	93.1	percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB IGG	86644	CPT	both			98	16.55	First Health	First Health		68.6	0.7			9.6	93.1	percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB IGG	86644	CPT	both			98	16.55	First Trenton	First Trenton		88.2	0.9			9.6	93.1	percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB IGG	86644	CPT	both			98	16.55	Horizon	MGD		37.51	0.3828			9.6	93.1	percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB IGG	86644	CPT	both			98	16.55	Horizon	Indemnity		37.51	0.3828			9.6	93.1	percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB IGG	86644	CPT	both			98	16.55	Horizon	PPO		37.51	0.3828			9.6	93.1	percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB IGG	86644	CPT	both			98	16.55	Horizon	Medicare Blue		29.4	0.3			9.6	93.1	percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB IGG	86644	CPT	both			98	16.55	Managed Care Inc	Managed Care Inc		88.2	0.9			9.6	93.1	percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB IGG	86644	CPT	both			98	16.55	Multiplan	Multiplan		78.4	0.8			9.6	93.1	percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB IGG	86644	CPT	both			98	16.55	Qualcare	Qualcare		73.5	0.75			9.6	93.1	percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB IGG	86644	CPT	both			98	16.55	Three Rivers	Three Rivers		93.1	0.95			9.6	93.1	percent of total billed charges	
CYTOMEGALOVIRUS(CMV)AB IGG	86644	CPT	both			98	16.55	UHC	Medicaid		12				9.6	93.1	case rate	
CYTOMEGALOVIRUS(CMV)AB IGG	86644	CPT	both			98	16.55	UHC	Medicare		14.39				9.6	93.1	case rate	
CYTOMEGALOVIRUS(CMV)AB IGG	86644	CPT	both			98	16.55	Wellcare	Medicaid		12				9.6	93.1	case rate	
CYTOMEGALOVIRUS(CMV)AB IGG	86644	CPT	both			98	16.55	Wellcare	Medicare		14.39				9.6	93.1	case rate	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300	19.38	Aetna	Medicare		16.85				11.7	285	case rate	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300	19.38	Aetna	Better Health		94.38	0.3146			11.7	285	percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300	19.38	Aetna	Commercial		114	0.38			11.7	285	percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300	19.38	Americare	Americare		225	0.75			11.7	285	percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300	19.38	WellPoint	WellPoint		96.24	0.3208			11.7	285	percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300	19.38	Amerihealth	Medicare		16.85				11.7	285	case rate	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300	19.38	Consumer	Consumer		285	0.95			11.7	285	percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300	19.38	Corrections	Corrections		240	0.8			11.7	285	percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300	19.38	First Health	First Health		210	0.7			11.7	285	percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300	19.38	First Trenton	First Trenton		270	0.9			11.7	285	percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300	19.38	Horizon	MGD		114.84	0.3828			11.7	285	percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300	19.38	Horizon	PPO		114.84	0.3828			11.7	285	percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300	19.38	Horizon	Indemnity		114.84	0.3828			11.7	285	percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300	19.38	Horizon	Medicare Blue		90	0.3			11.7	285	percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300	19.38	Managed Care Inc	Managed Care Inc		270	0.9			11.7	285	percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300	19.38	Multiplan	Multiplan		240	0.8			11.7	285	percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300	19.38	Qualcare	Qualcare		225	0.75			11.7	285	percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300	19.38	Three Rivers	Three Rivers		285	0.95			11.7	285	percent of total billed charges	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300	19.38	UHC	Medicare		16.85				11.7	285	case rate	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300	19.38	UHC	Medicaid		12				11.7	285	case rate	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300	19.38	Wellcare	Medicare		16.85				11.7	285	case rate	
CYTOMEGALOVIRUS.IGM	86645	CPT	both			300	19.38	Wellcare	Medicaid		12				11.7	285	case rate	
ENCEPHALITIS CA (LA CROSSE)	86651	CPT	inpatient			79	15.17	Aetna	Medicare		13.19				12	75.05	case rate	
ENCEPHALITIS CA (LA CROSSE)	86651	CPT	inpatient			79	15.17	Aetna	Better Health		24.85	0.3146			12	75.05	percent of total billed charges	
ENCEPHALITIS CA (LA CROSSE)	86651	CPT	inpatient			79	15.17	Aetna	Commercial		30.02	0.38			12	75.05	percent of total billed charges	
ENCEPHALITIS CA (LA CROSSE)	86651	CPT	inpatient			79	15.17	Americare	Americare		59.25	0.75			12	75.05	percent of total billed charges	
ENCEPHALITIS CA (LA CROSSE)	86651	CPT	inpatient			79	15.17	WellPoint	WellPoint		25.34	0.3208			12	75.05	percent of total billed charges	
ENCEPHALITIS CA (LA CROSSE)	86651	CPT	inpatient			79	15.17	Amerihealth	Medicare		13.19				12	75.05	case rate	
ENCEPHALITIS CA (LA CROSSE)	86651	CPT	inpatient			79	15.17	Consumer	Consumer		75.05	0.95			12	75.05	percent of total billed charges	
ENCEPHALITIS CA (LA CROSSE)	86651	CPT	inpatient			79	15.17	Corrections	Corrections		63.2	0.8			12	75.05	percent of total billed charges	
ENCEPHALITIS CA (LA CROSSE)	86651	CPT	inpatient			79	15.17	First Health	First Health		55.3	0.7			12	75.05	percent of total billed charges	
ENCEPHALITIS CA (LA CROSSE)	86651	CPT	inpatient			79	15.17	First Trenton	First Trenton		71.1	0.9			12	75.05	percent of total billed charges	
ENCEPHALITIS CA (LA CROSSE)	86651	CPT	inpatient			79	15.17	Horizon	Indemnity		30.24	0.3828			12	75.05	percent of total billed charges	
ENCEPHALITIS CA (LA CROSSE)	86651	CPT	inpatient			79	15.17	Horizon	MGD		30.24	0.3828			12	75.05	percent of total billed charges	
ENCEPHALITIS CA (LA CROSSE)	86651	CPT	inpatient			79	15.17	Horizon	Medicare Blue		23.7	0.3			12	75.05	percent of total billed charges	
ENCEPHALITIS CA (LA CROSSE)	86651	CPT	inpatient			79	15.17	Horizon	PPO		30.24	0.3828			12	75.05	percent of total billed charges	
ENCEPHALITIS CA (LA CROSSE)	86651	CPT	inpatient			79	15.17	Managed Care Inc	Managed Care Inc		71.1	0.9			12	75.05	percent of total billed charges	
ENCEPHALITIS CA (LA CROSSE)	86651	CPT	inpatient			79	15.17	Multiplan	Multiplan		63.2	0.8			12	75.05	percent of total billed charges	
ENCEPHALITIS CA (LA CROSSE)	86651	CPT	inpatient			79	15.17	Qualcare	Qualcare		59.25	0.75			12	75.05	percent of total billed charges	
ENCEPHALITIS CA (LA CROSSE)	86651	CPT	inpatient			79	15.17	Three Rivers	Three Rivers		75.05	0.95			12	75.05	percent of total billed charges	
ENCEPHALITIS CA (LA CROSSE)	86651	CPT	inpatient			79	15.17	UHC	Medicare		13.19				12	75.05	case rate	
ENCEPHALITIS CA (LA CROSSE)	86651	CPT	inpatient			79	15.17	UHC	Medicaid		12				12	75.05	case rate	
ENCEPHALITIS CA (LA CROSSE)	86651	CPT	inpatient			79	15.17	Wellcare	Medicare		13.19				12	75.05	case rate	
ENCEPHALITIS CA (LA CROSSE)	86651	CPT	inpatient			79	15.17	Wellcare	Medicaid		12				12	75.05	case rate	
ENCEPHALITIS EASTERN EQUINE	86652	CPT	inpatient			493	15.17	Aetna	Better Health		155.1	0.3146			12	468.35	percent of total billed charges	
ENCEPHALITIS EASTERN EQUINE	86652	CPT	inpatient			493	15.17	Aetna	Medicare		13.19				12	468.35	case rate	
ENCEPHALITIS EASTERN EQUINE	86652	CPT	inpatient			493	15.17	Aetna	Commercial		187.34	0.38			12	468.35	percent of total billed charges	
ENCEPHALITIS EASTERN EQUINE	86652	CPT	inpatient			493	15.17	Americare	Americare		369.75	0.75			12	468.35	percent of total billed charges	
ENCEPHALITIS EASTERN EQUINE	86652	CPT	inpatient			493	15.17	WellPoint	WellPoint		158.15	0.3208			12	468.35	percent of total billed charges	
ENCEPHALITIS EASTERN EQUINE	86652	CPT	inpatient			493	15.17	Amerihealth	Medicare		13.19				12	468.35	case rate	
ENCEPHALITIS EASTERN EQUINE	86652	CPT	inpatient			493	15.17	Consumer	Consumer		468.35	0.95			12	468.35	percent of total billed charges	
ENCEPHALITIS EASTERN EQUINE	86652	CPT	inpatient			493	15.17	Corrections	Corrections		394.4	0.8			12	468.35	percent of total billed charges	
ENCEPHALITIS EASTERN EQUINE	86652	CPT	inpatient			493	15.17	First Health	First Health		345.1	0.7			12	468.35	percent of total billed charges	
ENCEPHALITIS EASTERN EQUINE	86652	CPT	inpatient			493	15.17	First Trenton	First Trenton		443.7	0.9			12	468.35	percent of total billed charges	
ENCEPHALITIS EASTERN EQUINE	86652	CPT	inpatient			493	15.17	Horizon	MGD		188.72	0.3828			12	468.35	percent of total billed charges	
ENCEPHALITIS EASTERN EQUINE	86652	CPT	inpatient			493	15.17	Horizon	Indemnity		188.72	0.3828			12	468.35	percent of total billed charges	
ENCEPHALITIS EASTERN EQUINE	86652	CPT	inpatient			493	15.17	Horizon	Medicare Blue		147.9	0.3			12	468.35	percent of total billed charges	
ENCEPHALITIS EASTERN EQUINE	86652	CPT	inpatient			493	15.17	Horizon	PPO		188.72	0.3828			12	468.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ENCEPHALITIS EASTERN EQUINE	86652	CPT	inpatient			493	15.17	Managed Care Inc	Managed Care Inc		443.7	0.9			12	468.35	percent of total billed charges	
ENCEPHALITIS EASTERN EQUINE	86652	CPT	inpatient			493	15.17	Multiplan	Multiplan		394.4	0.8			12	468.35	percent of total billed charges	
ENCEPHALITIS EASTERN EQUINE	86652	CPT	inpatient			493	15.17	Qualcare	Qualcare		369.75	0.75			12	468.35	percent of total billed charges	
ENCEPHALITIS EASTERN EQUINE	86652	CPT	inpatient			493	15.17	Three Rivers	Three Rivers		468.35	0.95			12	468.35	percent of total billed charges	
ENCEPHALITIS EASTERN EQUINE	86652	CPT	inpatient			493	15.17	UHC	Medicaid		12				12	468.35	case rate	
ENCEPHALITIS EASTERN EQUINE	86652	CPT	inpatient			493	15.17	UHC	Medicare		13.19				12	468.35	case rate	
ENCEPHALITIS EASTERN EQUINE	86652	CPT	inpatient			493	15.17	Wellcare	Medicaid		12				12	468.35	case rate	
ENCEPHALITIS EASTERN EQUINE	86652	CPT	inpatient			493	15.17	Wellcare	Medicare		13.19				12	468.35	case rate	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	inpatient			500	15.17	Aetna	Commercial		190	0.38			12	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	inpatient			500	15.17	Aetna	Better Health		197.3	0.3146			12	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	inpatient			500	15.17	Aetna	Medicare		13.19				12	475	case rate	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	inpatient			500	15.17	Americare	Americare		375	0.75			12	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	inpatient			500	15.17	WellPoint	WellPoint		160.4	0.3208			12	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	inpatient			500	15.17	Amerihealth	Medicare		13.19				12	475	case rate	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	inpatient			500	15.17	Consumer	Consumer		475	0.95			12	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	inpatient			500	15.17	Corrections	Corrections		400	0.8			12	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	inpatient			500	15.17	First Health	First Health		350	0.7			12	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	inpatient			500	15.17	First Trenton	First Trenton		450	0.9			12	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	inpatient			500	15.17	Horizon	Indemnity		191.4	0.3828			12	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	inpatient			500	15.17	Horizon	PPO		191.4	0.3828			12	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	inpatient			500	15.17	Horizon	MGD		191.4	0.3828			12	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	inpatient			500	15.17	Horizon	Medicare Blue		150	0.3			12	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	inpatient			500	15.17	Managed Care Inc	Managed Care Inc		450	0.9			12	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	inpatient			500	15.17	Multiplan	Multiplan		400	0.8			12	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	inpatient			500	15.17	Qualcare	Qualcare		375	0.75			12	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	inpatient			500	15.17	Three Rivers	Three Rivers		475	0.95			12	475	percent of total billed charges	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	inpatient			500	15.17	UHC	Medicaid		12				12	475	case rate	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	inpatient			500	15.17	UHC	Medicare		13.19				12	475	case rate	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	inpatient			500	15.17	Wellcare	Medicaid		12				12	475	case rate	
STLOUIS.ENCEPH.AB.PNL.CSF.STLPC	86653	CPT	inpatient			500	15.17	Wellcare	Medicare		13.19				12	475	case rate	
ENCEPHALITIS WESTERN EQUINE	86654	CPT	inpatient			79	15.17	Aetna	Better Health		24.85	0.3146			12	75.05	percent of total billed charges	
ENCEPHALITIS WESTERN EQUINE	86654	CPT	inpatient			79	15.17	Aetna	Medicare		13.19				12	75.05	case rate	
ENCEPHALITIS WESTERN EQUINE	86654	CPT	inpatient			79	15.17	Aetna	Commercial		30.02	0.38			12	75.05	percent of total billed charges	
ENCEPHALITIS WESTERN EQUINE	86654	CPT	inpatient			79	15.17	Americare	Americare		59.25	0.75			12	75.05	percent of total billed charges	
ENCEPHALITIS WESTERN EQUINE	86654	CPT	inpatient			79	15.17	WellPoint	WellPoint		25.34	0.3208			12	75.05	percent of total billed charges	
ENCEPHALITIS WESTERN EQUINE	86654	CPT	inpatient			79	15.17	Amerihealth	Medicare		13.19				12	75.05	case rate	
ENCEPHALITIS WESTERN EQUINE	86654	CPT	inpatient			79	15.17	Consumer	Consumer		75.05	0.95			12	75.05	percent of total billed charges	
ENCEPHALITIS WESTERN EQUINE	86654	CPT	inpatient			79	15.17	Corrections	Corrections		63.2	0.8			12	75.05	percent of total billed charges	
ENCEPHALITIS WESTERN EQUINE	86654	CPT	inpatient			79	15.17	First Health	First Health		55.3	0.7			12	75.05	percent of total billed charges	
ENCEPHALITIS WESTERN EQUINE	86654	CPT	inpatient			79	15.17	First Trenton	First Trenton		71.1	0.9			12	75.05	percent of total billed charges	
ENCEPHALITIS WESTERN EQUINE	86654	CPT	inpatient			79	15.17	Horizon	MGD		30.24	0.3828			12	75.05	percent of total billed charges	
ENCEPHALITIS WESTERN EQUINE	86654	CPT	inpatient			79	15.17	Horizon	Indemnity		30.24	0.3828			12	75.05	percent of total billed charges	
ENCEPHALITIS WESTERN EQUINE	86654	CPT	inpatient			79	15.17	Horizon	Medicare Blue		23.7	0.3			12	75.05	percent of total billed charges	
ENCEPHALITIS WESTERN EQUINE	86654	CPT	inpatient			79	15.17	Horizon	PPO		30.24	0.3828			12	75.05	percent of total billed charges	
ENCEPHALITIS WESTERN EQUINE	86654	CPT	inpatient			79	15.17	Managed Care Inc	Managed Care Inc		71.1	0.9			12	75.05	percent of total billed charges	
ENCEPHALITIS WESTERN EQUINE	86654	CPT	inpatient			79	15.17	Multiplan	Multiplan		63.2	0.8			12	75.05	percent of total billed charges	
ENCEPHALITIS WESTERN EQUINE	86654	CPT	inpatient			79	15.17	Qualcare	Qualcare		59.25	0.75			12	75.05	percent of total billed charges	
ENCEPHALITIS WESTERN EQUINE	86654	CPT	inpatient			79	15.17	Three Rivers	Three Rivers		75.05	0.95			12	75.05	percent of total billed charges	
ENCEPHALITIS WESTERN EQUINE	86654	CPT	inpatient			79	15.17	UHC	Medicaid		12				12	75.05	case rate	
ENCEPHALITIS WESTERN EQUINE	86654	CPT	inpatient			79	15.17	UHC	Medicare		13.19				12	75.05	case rate	
ENCEPHALITIS WESTERN EQUINE	86654	CPT	inpatient			79	15.17	Wellcare	Medicaid		12				12	75.05	case rate	
ENCEPHALITIS WESTERN EQUINE	86654	CPT	inpatient			79	15.17	Wellcare	Medicare		13.19				12	75.05	case rate	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042	14.98	Aetna	Medicare		13.03				12	989.9	case rate	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042	14.98	Aetna	Commercial		395.96	0.38			12	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042	14.98	Aetna	Better Health		327.81	0.3146			12	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042	14.98	Americare	Americare		781.5	0.75			12	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042	14.98	WellPoint	WellPoint		334.27	0.3208			12	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042	14.98	Amerihealth	Medicare		13.03				12	989.9	case rate	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042	14.98	Consumer	Consumer		989.9	0.95			12	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042	14.98	Corrections	Corrections		833.6	0.8			12	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042	14.98	First Health	First Health		729.4	0.7			12	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042	14.98	First Trenton	First Trenton		937.8	0.9			12	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042	14.98	Horizon	MGD		398.88	0.3828			12	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042	14.98	Horizon	PPO		398.88	0.3828			12	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042	14.98	Horizon	Indemnity		398.88	0.3828			12	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042	14.98	Horizon	Medicare Blue		312.6	0.3			12	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042	14.98	Managed Care Inc	Managed Care Inc		937.8	0.9			12	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042	14.98	Multiplan	Multiplan		833.6	0.8			12	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042	14.98	Qualcare	Qualcare		781.5	0.75			12	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042	14.98	Three Rivers	Three Rivers		989.9	0.95			12	989.9	percent of total billed charges	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042	14.98	UHC	Medicare		13.03				12	989.9	case rate	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042	14.98	UHC	Medicaid		12				12	989.9	case rate	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042	14.98	Wellcare	Medicare		13.03				12	989.9	case rate	
POLIOVIRUS AB TYPE 3	86658	CPT	both			1042	14.98	Wellcare	Medicaid		12				12	989.9	case rate	
EBV EARLY ANTIGEN AB IGG	86663	CPT	both			236	15.09	Aetna	Medicare		13.12				8.7	224.2	case rate	
EBV EARLY ANTIGEN AB IGG	86663	CPT	both			236	15.09	Aetna	Commercial		89.68	0.38			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB IGG	86663	CPT	both			236	15.09	Aetna	Better Health		74.25	0.3146			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB IGG	86663	CPT	both			236	15.09	Americare	Americare		177	0.75			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB IGG	86663	CPT	both			236	15.09	WellPoint	WellPoint		75.71	0.3208			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB IGG	86663	CPT	both			236	15.09	Amerihealth	Medicare		13.12				8.7	224.2	case rate	
EBV EARLY ANTIGEN AB IGG	86663	CPT	both			236	15.09	Consumer	Consumer		224.2	0.95			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB IGG	86663	CPT	both			236	15.09	Corrections	Corrections		188.8	0.8			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB IGG	86663	CPT	both			236	15.09	First Health	First Health		165.2	0.7			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB IGG	86663	CPT	both			236	15.09	First Trenton	First Trenton		212.4	0.9			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB IGG	86663	CPT	both			236	15.09	Horizon	MGD		90.34	0.3828			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB IGG	86663	CPT	both			236	15.09	Horizon	Indemnity		90.34	0.3828			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB IGG	86663	CPT	both			236	15.09	Horizon	Medicare Blue		70.8	0.3			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB IGG	86663	CPT	both			236	15.09	Horizon	PPO		90.34	0.3828			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB IGG	86663	CPT	both			236	15.09	Managed Care Inc	Managed Care Inc		212.4	0.9			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB IGG	86663	CPT	both			236	15.09	Multiplan	Multiplan		188.8	0.8			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB IGG	86663	CPT	both			236	15.09	Qualcare	Qualcare		177	0.75			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB IGG	86663	CPT	both			236	15.09	Three Rivers	Three Rivers		224.2	0.95			8.7	224.2	percent of total billed charges	
EBV EARLY ANTIGEN AB IGG	86663	CPT	both			236	15.09	UHC	Medicaid		12				8.7	224.2	case rate	
EBV EARLY ANTIGEN AB IGG	86663	CPT	both			236	15.09	UHC	Medicare		13.12				8.7	224.2	case rate	
EBV EARLY ANTIGEN AB IGG	86663	CPT	both			236	15.09	Wellcare	Medicaid		12				8.7	224.2	case rate	
EBV EARLY ANTIGEN AB IGG	86663	CPT	both			236	15.09	Wellcare	Medicare		13.12				8.7	224.2	case rate	
EBV NUCLEAR ANTIGEN AB IGG	86664	CPT	both			109	17.58	Aetna	Commercial		41.42	0.38			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB IGG	86664	CPT	both			109	17.58	Aetna	Medicare		15.29				8.7	103.55	case rate	
EBV NUCLEAR ANTIGEN AB IGG	86664	CPT	both			109	17.58	Aetna	Better Health		34.29	0.3146			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB IGG	86664	CPT	both			109	17.58	Americare	Americare		81.75	0.75			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB IGG	86664	CPT	both			109	17.58	WellPoint	WellPoint		34.97	0.3208			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB IGG	86664	CPT	both			109	17.58	Amerihealth	Medicare		15.29				8.7	103.55	case rate	
EBV NUCLEAR ANTIGEN AB IGG	86664	CPT	both			109	17.58	Consumer	Consumer		103.55	0.95			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB IGG	86664	CPT	both			109	17.58	Corrections	Corrections		87.2	0.8			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB IGG	86664	CPT	both			109	17.58	First Health	First Health		76.3	0.7			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB IGG	86664	CPT	both			109	17.58	First Trenton	First Trenton		98.1	0.9			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB IGG	86664	CPT	both			109	17.58	Horizon	MGD		41.73	0.3828			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB IGG	86664	CPT	both			109	17.58	Horizon	PPO		41.73	0.3828			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB IGG	86664	CPT	both			109	17.58	Horizon	Indemnity		41.73	0.3828			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB IGG	86664	CPT	both			109	17.58	Horizon	Medicare Blue		32.7	0.3			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB IGG	86664	CPT	both			109	17.58	Managed Care Inc	Managed Care Inc		98.1	0.9			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB IGG	86664	CPT	both			109	17.58	Multiplan	Multiplan		87.2	0.8			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB IGG	86664	CPT	both			109	17.58	Qualcare	Qualcare		81.75	0.75			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB IGG	86664	CPT	both			109	17.58	Three Rivers	Three Rivers		103.55	0.95			8.7	103.55	percent of total billed charges	
EBV NUCLEAR ANTIGEN AB IGG	86664	CPT	both			109	17.58	UHC	Medicaid		16.7				8.7	103.55	case rate	
EBV NUCLEAR ANTIGEN AB IGG	86664	CPT	both			109	17.58	UHC	Medicare		15.29				8.7	103.55	case rate	
EBV NUCLEAR ANTIGEN AB IGG	86664	CPT	both			109	17.58	Wellcare	Medicaid		16.7				8.7	103.55	case rate	
EBV NUCLEAR ANTIGEN AB IGG	86664	CPT	both			109	17.58	Wellcare	Medicare		15.29				8.7	103.55	case rate	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239	20.86	Aetna	Commercial		90.82	0.38			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239	20.86	Aetna	Better Health		75.19	0.3146			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239	20.86	Aetna	Medicare		73.61	0.308			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239	20.86	Americare	Americare		179.25	0.75			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239	20.86	WellPoint	WellPoint		76.67	0.3208			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239	20.86	Amerihealth	Medicare		18.14				17.7	227.05	case rate	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239	20.86	Consumer	Consumer		227.05	0.95			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239	20.86	Corrections	Corrections		191.2	0.8			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239	20.86	First Health	First Health		167.3	0.7			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239	20.86	First Trenton	First Trenton		215.1	0.9			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239	20.86	Horizon	Indemnity		91.49	0.3828			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239	20.86	Horizon	PPO		91.49	0.3828			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239	20.86	Horizon	MGD		91.49	0.3828			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239	20.86	Horizon	Medicare Blue		71.7	0.3			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239	20.86	Managed Care Inc	Managed Care Inc		215.1	0.9			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239	20.86	Multiplan	Multiplan		191.2	0.8			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239	20.86	Qualcare	Qualcare		179.25	0.75			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239	20.86	Three Rivers	Three Rivers		227.05	0.95			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239	20.86	UHC	Medicare		18.14				17.7	227.05	case rate	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239	20.86	UHC	Medicaid		75.19	0.3146			17.7	227.05	percent of total billed charges	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239	20.86	Wellcare	Medicare		18.14				17.7	227.05	case rate	
EPSTEIN-BARR.VIRUS.AB.PNL.II(0050602)	86665	CPT	both			239	20.86	Wellcare	Medicaid		75.19	0.3146			17.7	227.05	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Aetna	Medicare		91.48	0.308			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Aetna	Better Health		93.44	0.3146			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Aetna	Commercial		112.86	0.38			9.9	282.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HGE IGM TITER	86666	CPT	both			297	11.71	Americare	Americare		222.75	0.75			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	WellPoint	WellPoint		95.28	0.3208			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Amerihealth	Medicare		10.18				9.9	282.15	case rate	
HGE IGM TITER	86666	CPT	both			297	11.71	Consumer	Consumer		282.15	0.95			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Corrections	Corrections		237.6	0.8			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	First Health	First Health		207.9	0.7			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	First Trenton	First Trenton		267.3	0.9			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Horizon	Medicare Blue		89.1	0.3			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Horizon	Indemnity		113.69	0.3828			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Horizon	MGD		113.69	0.3828			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Horizon	PPO		113.69	0.3828			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Managed Care Inc	Managed Care Inc		267.3	0.9			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Multiplan	Multiplan		237.6	0.8			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Qualcare	Qualcare		222.75	0.75			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	Three Rivers	Three Rivers		282.15	0.95			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	UHC	Medicaid		93.44	0.3146			9.9	282.15	percent of total billed charges	
HGE IGM TITER	86666	CPT	both			297	11.71	UHC	Medicare		10.18				9.9	282.15	case rate	
HGE IGM TITER	86666	CPT	both			297	11.71	Wellcare	Medicare		10.18				9.9	282.15	case rate	
HGE IGM TITER	86666	CPT	both			297	11.71	Wellcare	Medicaid		93.44	0.3146			9.9	282.15	percent of total billed charges	
SACCHAROMYCES CEREVISIAE PANEL	86671	CPT	both			383	14.09	Aetna	Better Health		120.49	0.3146			12	363.85	percent of total billed charges	
SACCHAROMYCES CEREVISIAE PANEL	86671	CPT	both			383	14.09	Aetna	Medicare		12.25				12	363.85	case rate	
SACCHAROMYCES CEREVISIAE PANEL	86671	CPT	both			383	14.09	Aetna	Commercial		145.54	0.38			12	363.85	percent of total billed charges	
SACCHAROMYCES CEREVISIAE PANEL	86671	CPT	both			383	14.09	Americare	Americare		287.25	0.75			12	363.85	percent of total billed charges	
SACCHAROMYCES CEREVISIAE PANEL	86671	CPT	both			383	14.09	WellPoint	WellPoint		122.87	0.3208			12	363.85	percent of total billed charges	
SACCHAROMYCES CEREVISIAE PANEL	86671	CPT	both			383	14.09	Amerihealth	Medicare		12.25				12	363.85	case rate	
SACCHAROMYCES CEREVISIAE PANEL	86671	CPT	both			383	14.09	Consumer	Consumer		363.85	0.95			12	363.85	percent of total billed charges	
SACCHAROMYCES CEREVISIAE PANEL	86671	CPT	both			383	14.09	Corrections	Corrections		306.4	0.8			12	363.85	percent of total billed charges	
SACCHAROMYCES CEREVISIAE PANEL	86671	CPT	both			383	14.09	First Health	First Health		268.1	0.7			12	363.85	percent of total billed charges	
SACCHAROMYCES CEREVISIAE PANEL	86671	CPT	both			383	14.09	First Trenton	First Trenton		344.7	0.9			12	363.85	percent of total billed charges	
SACCHAROMYCES CEREVISIAE PANEL	86671	CPT	both			383	14.09	Horizon	Medicare Blue		114.9	0.3			12	363.85	percent of total billed charges	
SACCHAROMYCES CEREVISIAE PANEL	86671	CPT	both			383	14.09	Horizon	Indemnity		146.61	0.3828			12	363.85	percent of total billed charges	
SACCHAROMYCES CEREVISIAE PANEL	86671	CPT	both			383	14.09	Horizon	MGD		146.61	0.3828			12	363.85	percent of total billed charges	
SACCHAROMYCES CEREVISIAE PANEL	86671	CPT	both			383	14.09	Horizon	PPO		146.61	0.3828			12	363.85	percent of total billed charges	
SACCHAROMYCES CEREVISIAE PANEL	86671	CPT	both			383	14.09	Managed Care Inc	Managed Care Inc		344.7	0.9			12	363.85	percent of total billed charges	
SACCHAROMYCES CEREVISIAE PANEL	86671	CPT	both			383	14.09	Multiplan	Multiplan		306.4	0.8			12	363.85	percent of total billed charges	
SACCHAROMYCES CEREVISIAE PANEL	86671	CPT	both			383	14.09	Qualcare	Qualcare		287.25	0.75			12	363.85	percent of total billed charges	
SACCHAROMYCES CEREVISIAE PANEL	86671	CPT	both			383	14.09	Three Rivers	Three Rivers		363.85	0.95			12	363.85	percent of total billed charges	
SACCHAROMYCES CEREVISIAE PANEL	86671	CPT	both			383	14.09	UHC	Medicaid		15				12	363.85	case rate	
SACCHAROMYCES CEREVISIAE PANEL	86671	CPT	both			383	14.09	UHC	Medicare		12.25				12	363.85	case rate	
SACCHAROMYCES CEREVISIAE PANEL	86671	CPT	both			383	14.09	Wellcare	Medicaid		15				12	363.85	case rate	
SACCHAROMYCES CEREVISIAE PANEL	86671	CPT	both			383	14.09	Wellcare	Medicare		12.25				12	363.85	case rate	
HELICOBACTER PYLORI IGG	86677	CPT	both			136	19.38	Aetna	Better Health		42.79	0.3146			12	129.2	percent of total billed charges	
HELICOBACTER PYLORI IGG	86677	CPT	both			136	19.38	Aetna	Medicare		16.85				12	129.2	case rate	
HELICOBACTER PYLORI IGG	86677	CPT	both			136	19.38	Aetna	Commercial		51.68	0.38			12	129.2	percent of total billed charges	
HELICOBACTER PYLORI IGG	86677	CPT	both			136	19.38	Americare	Americare		102	0.75			12	129.2	percent of total billed charges	
HELICOBACTER PYLORI IGG	86677	CPT	both			136	19.38	WellPoint	WellPoint		43.63	0.3208			12	129.2	percent of total billed charges	
HELICOBACTER PYLORI IGG	86677	CPT	both			136	19.38	Amerihealth	Medicare		16.85				12	129.2	case rate	
HELICOBACTER PYLORI IGG	86677	CPT	both			136	19.38	Consumer	Consumer		129.2	0.95			12	129.2	percent of total billed charges	
HELICOBACTER PYLORI IGG	86677	CPT	both			136	19.38	Corrections	Corrections		108.8	0.8			12	129.2	percent of total billed charges	
HELICOBACTER PYLORI IGG	86677	CPT	both			136	19.38	First Health	First Health		95.2	0.7			12	129.2	percent of total billed charges	
HELICOBACTER PYLORI IGG	86677	CPT	both			136	19.38	First Trenton	First Trenton		122.4	0.9			12	129.2	percent of total billed charges	
HELICOBACTER PYLORI IGG	86677	CPT	both			136	19.38	Horizon	MGD		52.06	0.3828			12	129.2	percent of total billed charges	
HELICOBACTER PYLORI IGG	86677	CPT	both			136	19.38	Horizon	Indemnity		52.06	0.3828			12	129.2	percent of total billed charges	
HELICOBACTER PYLORI IGG	86677	CPT	both			136	19.38	Horizon	PPO		52.06	0.3828			12	129.2	percent of total billed charges	
HELICOBACTER PYLORI IGG	86677	CPT	both			136	19.38	Horizon	Medicare Blue		40.8	0.3			12	129.2	percent of total billed charges	
HELICOBACTER PYLORI IGG	86677	CPT	both			136	19.38	Managed Care Inc	Managed Care Inc		122.4	0.9			12	129.2	percent of total billed charges	
HELICOBACTER PYLORI IGG	86677	CPT	both			136	19.38	Multiplan	Multiplan		108.8	0.8			12	129.2	percent of total billed charges	
HELICOBACTER PYLORI IGG	86677	CPT	both			136	19.38	Qualcare	Qualcare		102	0.75			12	129.2	percent of total billed charges	
HELICOBACTER PYLORI IGG	86677	CPT	both			136	19.38	Three Rivers	Three Rivers		129.2	0.95			12	129.2	percent of total billed charges	
HELICOBACTER PYLORI IGG	86677	CPT	both			136	19.38	UHC	Medicaid		12				12	129.2	case rate	
HELICOBACTER PYLORI IGG	86677	CPT	both			136	19.38	UHC	Medicare		16.85				12	129.2	case rate	
HELICOBACTER PYLORI IGG	86677	CPT	both			136	19.38	Wellcare	Medicare		16.85				12	129.2	case rate	
HELICOBACTER PYLORI IGG	86677	CPT	both			136	19.38	Wellcare	Medicaid		12				12	129.2	case rate	
TOXOCARA AB.IGG.SERM	86682	CPT	both			536	14.96	Aetna	Commercial		203.68	0.38			12	509.2	percent of total billed charges	
TOXOCARA AB.IGG.SERM	86682	CPT	both			536	14.96	Aetna	Better Health		168.63	0.3146			12	509.2	percent of total billed charges	
TOXOCARA AB.IGG.SERM	86682	CPT	both			536	14.96	Aetna	Medicare		13.01				12	509.2	case rate	
TOXOCARA AB.IGG.SERM	86682	CPT	both			536	14.96	Americare	Americare		402	0.75			12	509.2	percent of total billed charges	
TOXOCARA AB.IGG.SERM	86682	CPT	both			536	14.96	WellPoint	WellPoint		171.95	0.3208			12	509.2	percent of total billed charges	
TOXOCARA AB.IGG.SERM	86682	CPT	both			536	14.96	Amerihealth	Medicare		13.01				12	509.2	case rate	
TOXOCARA AB.IGG.SERM	86682	CPT	both			536	14.96	Consumer	Consumer		509.2	0.95			12	509.2	percent of total billed charges	
TOXOCARA AB.IGG.SERM	86682	CPT	both			536	14.96	Corrections	Corrections		428.8	0.8			12	509.2	percent of total billed charges	
TOXOCARA AB.IGG.SERM	86682	CPT	both			536	14.96	First Health	First Health		375.2	0.7			12	509.2	percent of total billed charges	
TOXOCARA AB.IGG.SERM	86682	CPT	both			536	14.96	First Trenton	First Trenton		482.4	0.9			12	509.2	percent of total billed charges	
TOXOCARA AB.IGG.SERM	86682	CPT	both			536	14.96	Horizon	Indemnity		205.18	0.3828			12	509.2	percent of total billed charges	
TOXOCARA AB.IGG.SERM	86682	CPT	both			536	14.96	Horizon	MGD		205.18	0.3828			12	509.2	percent of total billed charges	
TOXOCARA AB.IGG.SERM	86682	CPT	both			536	14.96	Horizon	Medicare Blue		160.8	0.3			12	509.2	percent of total billed charges	
TOXOCARA AB.IGG.SERM	86682	CPT	both			536	14.96	Horizon	PPO		205.18	0.3828			12	509.2	percent of total billed charges	
TOXOCARA AB.IGG.SERM	86682	CPT	both			536	14.96	Managed Care Inc	Managed Care Inc		482.4	0.9			12	509.2	percent of total billed charges	
TOXOCARA AB.IGG.SERM	86682	CPT	both			536	14.96	Multiplan	Multiplan		428.8	0.8			12	509.2	percent of total billed charges	
TOXOCARA AB.IGG.SERM	86682	CPT	both			536	14.96	Qualcare	Qualcare		402	0.75			12	509.2	percent of total billed charges	
TOXOCARA AB.IGG.SERM	86682	CPT	both			536	14.96	Three Rivers	Three Rivers		509.2	0.95			12	509.2	percent of total billed charges	
TOXOCARA AB.IGG.SERM	86682	CPT	both			536	14.96	UHC	Medicaid		12				12	509.2	case rate	
TOXOCARA AB.IGG.SERM	86682	CPT	both			536	14.96	UHC	Medicare		13.01				12	509.2	case rate	
TOXOCARA AB.IGG.SERM	86682	CPT	both			536	14.96	Wellcare	Medicaid		12				12	509.2	case rate	
TOXOCARA AB.IGG.SERM	86682	CPT	both			536	14.96	Wellcare	Medicare		13.01				12	509.2	case rate	
IMMUNIZATION INFLUENZA	86684	CPT	both			198	18.22	Aetna	Better Health		62.29	0.3146			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	both			198	18.22	Aetna	Commercial		75.24	0.38			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	both			198	18.22	Aetna	Medicare		15.84				15	188.1	case rate	
IMMUNIZATION INFLUENZA	86684	CPT	both			198	18.22	Americare	Americare		148.5	0.75			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	both			198	18.22	WellPoint	WellPoint		63.52	0.3208			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	both			198	18.22	Amerihealth	Medicare		15.84				15	188.1	case rate	
IMMUNIZATION INFLUENZA	86684	CPT	both			198	18.22	Consumer	Consumer		188.1	0.95			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	both			198	18.22	Corrections	Corrections		158.4	0.8			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	both			198	18.22	First Health	First Health		138.6	0.7			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	both			198	18.22	First Trenton	First Trenton		178.2	0.9			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	both			198	18.22	Horizon	Indemnity		75.79	0.3828			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	both			198	18.22	Horizon	PPO		75.79	0.3828			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	both			198	18.22	Horizon	MGD		75.79	0.3828			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	both			198	18.22	Horizon	Medicare Blue		59.4	0.3			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	both			198	18.22	Managed Care Inc	Managed Care Inc		178.2	0.9			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	both			198	18.22	Multiplan	Multiplan		158.4	0.8			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	both			198	18.22	Qualcare	Qualcare		148.5	0.75			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	both			198	18.22	Three Rivers	Three Rivers		188.1	0.95			15	188.1	percent of total billed charges	
IMMUNIZATION INFLUENZA	86684	CPT	both			198	18.22	UHC	Medicare		15.84				15	188.1	case rate	
IMMUNIZATION INFLUENZA	86684	CPT	both			198	18.22	UHC	Medicaid		15				15	188.1	case rate	
IMMUNIZATION INFLUENZA	86684	CPT	both			198	18.22	Wellcare	Medicaid		15				15	188.1	case rate	
IMMUNIZATION INFLUENZA	86684	CPT	both			198	18.22	Wellcare	Medicare		15.84				15	188.1	case rate	
HTLV-I	86687	CPT	outpatient			94	10.45	Aetna	Medicare		9.09				9.09	89.3	case rate	
HTLV-I	86687	CPT	outpatient			94	10.45	Aetna	Better Health		29.57	0.3146			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Aetna	Commercial		35.72	0.38			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Americare	Americare		70.5	0.75			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	WellPoint	WellPoint		30.16	0.3208			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Amerihealth	Medicare		9.09				9.09	89.3	case rate	
HTLV-I	86687	CPT	outpatient			94	10.45	Consumer	Consumer		89.3	0.95			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Corrections	Corrections		75.2	0.8			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	First Health	First Health		65.8	0.7			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	First Trenton	First Trenton		84.6	0.9			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Horizon	MGD		35.98	0.3828			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Horizon	Indemnity		35.98	0.3828			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Horizon	PPO		35.98	0.3828			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Horizon	Medicare Blue		28.2	0.3			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Managed Care Inc	Managed Care Inc		84.6	0.9			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Multiplan	Multiplan		75.2	0.8			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Qualcare	Qualcare		70.5	0.75			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	Three Rivers	Three Rivers		89.3	0.95			9.09	89.3	percent of total billed charges	
HTLV-I	86687	CPT	outpatient			94	10.45	UHC	Medicare		9.09				9.09	89.3	case rate	
HTLV-I	86687	CPT	outpatient			94	10.45	UHC	Medicaid		9.23				9.09	89.3	case rate	
HTLV-I	86687	CPT	outpatient			94	10.45	Wellcare	Medicare		9.09				9.09	89.3	case rate	
HTLV-I	86687	CPT	outpatient			94	10.45	Wellcare	Medicaid		9.23				9.09	89.3	case rate	
HTLV-II	86688	CPT	outpatient			94	16.1	Aetna	Better Health		29.57	0.3146			13	89.3	percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94	16.1	Aetna	Medicare		14				13	89.3	case rate	
HTLV-II	86688	CPT	outpatient			94	16.1	Aetna	Commercial		35.72	0.38			13	89.3	percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94	16.1	Americare	Americare		70.5	0.75			13	89.3	percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94	16.1	WellPoint	WellPoint		30.16	0.3208			13	89.3	percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94	16.1	Amerihealth	Medicare		14				13	89.3	case rate	
HTLV-II	86688	CPT	outpatient			94	16.1	Consumer	Consumer		89.3	0.95			13	89.3	percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94	16.1	Corrections	Corrections		75.2	0.8			13	89.3	percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94	16.1	First Health	First Health		65.8	0.7			13	89.3	percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94	16.1	First Trenton	First Trenton		84.6	0.9			13	89.3	percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94	16.1	Horizon	MGD		35.98	0.3828			13	89.3	percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94	16.1	Horizon	Medicare Blue		28.2	0.3			13	89.3	percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94	16.1	Horizon	Indemnity		35.98	0.3828			13	89.3	percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94	16.1	Horizon	PPO		35.98	0.3828			13	89.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HTLV-II	86688	CPT	outpatient			94	16.1	Managed Care Inc	Managed Care Inc		84.6	0.9			13	89.3	percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94	16.1	Multiplan	Multiplan		75.2	0.8			13	89.3	percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94	16.1	Qualcare	Qualcare		70.5	0.75			13	89.3	percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94	16.1	Three Rivers	Three Rivers		89.3	0.95			13	89.3	percent of total billed charges	
HTLV-II	86688	CPT	outpatient			94	16.1	UHC	Medicare		14				13	89.3	case rate	
HTLV-II	86688	CPT	outpatient			94	16.1	UHC	Medicaid		13				13	89.3	case rate	
HTLV-II	86688	CPT	outpatient			94	16.1	Wellcare	Medicaid		13				13	89.3	case rate	
HTLV-II	86688	CPT	outpatient			94	16.1	Wellcare	Medicare		14				13	89.3	case rate	
WESTERN BLOT	86689	CPT	inpatient			911	22.25	Aetna	Better Health		286.6	0.3146			18.6	865.45	percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911	22.25	Aetna	Medicare		19.35				18.6	865.45	case rate	
WESTERN BLOT	86689	CPT	inpatient			911	22.25	Aetna	Commercial		346.18	0.38			18.6	865.45	percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911	22.25	Americare	Americare		683.25	0.75			18.6	865.45	percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911	22.25	WellPoint	WellPoint		292.25	0.3208			18.6	865.45	percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911	22.25	Amerihealth	Medicare		19.35				18.6	865.45	case rate	
WESTERN BLOT	86689	CPT	inpatient			911	22.25	Consumer	Consumer		865.45	0.95			18.6	865.45	percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911	22.25	Corrections	Corrections		728.8	0.8			18.6	865.45	percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911	22.25	First Health	First Health		637.7	0.7			18.6	865.45	percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911	22.25	First Trenton	First Trenton		819.9	0.9			18.6	865.45	percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911	22.25	Horizon	MGD		348.73	0.3828			18.6	865.45	percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911	22.25	Horizon	Medicare Blue		273.3	0.3			18.6	865.45	percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911	22.25	Horizon	Indemnity		348.73	0.3828			18.6	865.45	percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911	22.25	Horizon	PPO		348.73	0.3828			18.6	865.45	percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911	22.25	Managed Care Inc	Managed Care Inc		819.9	0.9			18.6	865.45	percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911	22.25	Multiplan	Multiplan		728.8	0.8			18.6	865.45	percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911	22.25	Qualcare	Qualcare		683.25	0.75			18.6	865.45	percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911	22.25	Three Rivers	Three Rivers		865.45	0.95			18.6	865.45	percent of total billed charges	
WESTERN BLOT	86689	CPT	inpatient			911	22.25	UHC	Medicare		19.35				18.6	865.45	case rate	
WESTERN BLOT	86689	CPT	inpatient			911	22.25	UHC	Medicaid		21.2				18.6	865.45	case rate	
WESTERN BLOT	86689	CPT	inpatient			911	22.25	Wellcare	Medicare		19.35				18.6	865.45	case rate	
WESTERN BLOT	86689	CPT	inpatient			911	22.25	Wellcare	Medicaid		21.2				18.6	865.45	case rate	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314	19.73	Aetna	Commercial		119.32	0.38			16.8	298.3	percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314	19.73	Aetna	Better Health		98.78	0.3146			16.8	298.3	percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314	19.73	Aetna	Medicare		96.71	0.308			16.8	298.3	percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314	19.73	Americare	Americare		235.5	0.75			16.8	298.3	percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314	19.73	WellPoint	WellPoint		100.73	0.3208			16.8	298.3	percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314	19.73	Amerihealth	Medicare		17.16				16.8	298.3	case rate	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314	19.73	Consumer	Consumer		298.3	0.95			16.8	298.3	percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314	19.73	Corrections	Corrections		251.2	0.8			16.8	298.3	percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314	19.73	First Health	First Health		219.8	0.7			16.8	298.3	percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314	19.73	First Trenton	First Trenton		282.6	0.9			16.8	298.3	percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314	19.73	Horizon	MGD		120.2	0.3828			16.8	298.3	percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314	19.73	Horizon	Indemnity		120.2	0.3828			16.8	298.3	percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314	19.73	Horizon	PPO		120.2	0.3828			16.8	298.3	percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314	19.73	Horizon	Medicare Blue		94.2	0.3			16.8	298.3	percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314	19.73	Managed Care Inc	Managed Care Inc		282.6	0.9			16.8	298.3	percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314	19.73	Multiplan	Multiplan		251.2	0.8			16.8	298.3	percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314	19.73	Qualcare	Qualcare		235.5	0.75			16.8	298.3	percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314	19.73	Three Rivers	Three Rivers		298.3	0.95			16.8	298.3	percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314	19.73	UHC	Medicaid		98.78	0.3146			16.8	298.3	percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314	19.73	UHC	Medicare		17.16				16.8	298.3	case rate	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314	19.73	Wellcare	Medicaid		98.78	0.3146			16.8	298.3	percent of total billed charges	
HEPATITIS.D.VIRUS.AB(0020799)	86692	CPT	both			314	19.73	Wellcare	Medicare		17.16				16.8	298.3	case rate	
HSV 1/2 ABS IGM BY ELISA (0050641)	86694	CPT	both			82	16.55	Aetna	Medicare		14.39				12.6	77.9	case rate	
HSV 1/2 ABS IGM BY ELISA (0050641)	86694	CPT	both			82	16.55	Aetna	Commercial		31.16	0.38			12.6	77.9	percent of total billed charges	
HSV 1/2 ABS IGM BY ELISA (0050641)	86694	CPT	both			82	16.55	Aetna	Better Health		25.8	0.3146			12.6	77.9	percent of total billed charges	
HSV 1/2 ABS IGM BY ELISA (0050641)	86694	CPT	both			82	16.55	Americare	Americare		61.5	0.75			12.6	77.9	percent of total billed charges	
HSV 1/2 ABS IGM BY ELISA (0050641)	86694	CPT	both			82	16.55	WellPoint	WellPoint		26.31	0.3208			12.6	77.9	percent of total billed charges	
HSV 1/2 ABS IGM BY ELISA (0050641)	86694	CPT	both			82	16.55	Amerihealth	Medicare		14.39				12.6	77.9	case rate	
HSV 1/2 ABS IGM BY ELISA (0050641)	86694	CPT	both			82	16.55	Consumer	Consumer		77.9	0.95			12.6	77.9	percent of total billed charges	
HSV 1/2 ABS IGM BY ELISA (0050641)	86694	CPT	both			82	16.55	Corrections	Corrections		65.6	0.8			12.6	77.9	percent of total billed charges	
HSV 1/2 ABS IGM BY ELISA (0050641)	86694	CPT	both			82	16.55	First Health	First Health		57.4	0.7			12.6	77.9	percent of total billed charges	
HSV 1/2 ABS IGM BY ELISA (0050641)	86694	CPT	both			82	16.55	First Trenton	First Trenton		73.8	0.9			12.6	77.9	percent of total billed charges	
HSV 1/2 ABS IGM BY ELISA (0050641)	86694	CPT	both			82	16.55	Horizon	MGD		31.39	0.3828			12.6	77.9	percent of total billed charges	
HSV 1/2 ABS IGM BY ELISA (0050641)	86694	CPT	both			82	16.55	Horizon	Indemnity		31.39	0.3828			12.6	77.9	percent of total billed charges	
HSV 1/2 ABS IGM BY ELISA (0050641)	86694	CPT	both			82	16.55	Horizon	Medicare Blue		24.6	0.3			12.6	77.9	percent of total billed charges	
HSV 1/2 ABS IGM BY ELISA (0050641)	86694	CPT	both			82	16.55	Horizon	PPO		31.39	0.3828			12.6	77.9	percent of total billed charges	
HSV 1/2 ABS IGM BY ELISA (0050641)	86694	CPT	both			82	16.55	Managed Care Inc	Managed Care Inc		73.8	0.9			12.6	77.9	percent of total billed charges	
HSV 1/2 ABS IGM BY ELISA (0050641)	86694	CPT	both			82	16.55	Multiplan	Multiplan		65.6	0.8			12.6	77.9	percent of total billed charges	
HSV 1/2 ABS IGM BY ELISA (0050641)	86694	CPT	both			82	16.55	Qualcare	Qualcare		61.5	0.75			12.6	77.9	percent of total billed charges	
HSV 1/2 ABS IGM BY ELISA (0050641)	86694	CPT	both			82	16.55	Three Rivers	Three Rivers		77.9	0.95			12.6	77.9	percent of total billed charges	
HSV 1/2 ABS IGM BY ELISA (0050641)	86694	CPT	both			82	16.55	UHC	Medicaid		12.8				12.6	77.9	case rate	
HSV 1/2 ABS IGM BY ELISA (0050641)	86694	CPT	both			82	16.55	UHC	Medicare		14.39				12.6	77.9	case rate	
HSV 1/2 ABS IGM BY ELISA (0050641)	86694	CPT	both			82	16.55	Wellcare	Medicaid		12.8				12.6	77.9	case rate	
HSV 1/2 ABS IGM BY ELISA (0050641)	86694	CPT	both			82	16.55	Wellcare	Medicare		14.39				12.6	77.9	case rate	
HSV TYPE 2	86695	CPT	both			242	15.17	Aetna	Better Health		76.13	0.3146			8.7	229.9	percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242	15.17	Aetna	Commercial		91.96	0.38			8.7	229.9	percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242	15.17	Aetna	Medicare		13.19				8.7	229.9	case rate	
HSV TYPE 2	86695	CPT	both			242	15.17	Americare	Americare		181.5	0.75			8.7	229.9	percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242	15.17	WellPoint	WellPoint		77.63	0.3208			8.7	229.9	percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242	15.17	Amerihealth	Medicare		13.19				8.7	229.9	case rate	
HSV TYPE 2	86695	CPT	both			242	15.17	Consumer	Consumer		229.9	0.95			8.7	229.9	percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242	15.17	Corrections	Corrections		193.6	0.8			8.7	229.9	percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242	15.17	First Health	First Health		169.4	0.7			8.7	229.9	percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242	15.17	First Trenton	First Trenton		217.8	0.9			8.7	229.9	percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242	15.17	Horizon	Indemnity		92.64	0.3828			8.7	229.9	percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242	15.17	Horizon	Medicare Blue		72.6	0.3			8.7	229.9	percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242	15.17	Horizon	MGD		92.64	0.3828			8.7	229.9	percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242	15.17	Horizon	PPO		92.64	0.3828			8.7	229.9	percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242	15.17	Managed Care Inc	Managed Care Inc		217.8	0.9			8.7	229.9	percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242	15.17	Multiplan	Multiplan		193.6	0.8			8.7	229.9	percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242	15.17	Qualcare	Qualcare		181.5	0.75			8.7	229.9	percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242	15.17	Three Rivers	Three Rivers		229.9	0.95			8.7	229.9	percent of total billed charges	
HSV TYPE 2	86695	CPT	both			242	15.17	UHC	Medicaid		12.8				8.7	229.9	case rate	
HSV TYPE 2	86695	CPT	both			242	15.17	UHC	Medicare		13.19				8.7	229.9	case rate	
HSV TYPE 2	86695	CPT	both			242	15.17	Wellcare	Medicaid		12.8				8.7	229.9	case rate	
HSV TYPE 2	86695	CPT	both			242	15.17	Wellcare	Medicare		13.19				8.7	229.9	case rate	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224	22.25	Aetna	Commercial		85.12	0.38			8.7	212.8	percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224	22.25	Aetna	Better Health		70.47	0.3146			8.7	212.8	percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224	22.25	Aetna	Medicare		19.35				8.7	212.8	case rate	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224	22.25	Americare	Americare		168	0.75			8.7	212.8	percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224	22.25	WellPoint	WellPoint		71.86	0.3208			8.7	212.8	percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224	22.25	Amerihealth	Medicare		19.35				8.7	212.8	case rate	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224	22.25	Consumer	Consumer		212.8	0.95			8.7	212.8	percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224	22.25	Corrections	Corrections		179.2	0.8			8.7	212.8	percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224	22.25	First Health	First Health		156.8	0.7			8.7	212.8	percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224	22.25	First Trenton	First Trenton		201.6	0.9			8.7	212.8	percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224	22.25	Horizon	MGD		85.75	0.3828			8.7	212.8	percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224	22.25	Horizon	Indemnity		85.75	0.3828			8.7	212.8	percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224	22.25	Horizon	Medicare Blue		67.2	0.3			8.7	212.8	percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224	22.25	Horizon	PPO		85.75	0.3828			8.7	212.8	percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224	22.25	Managed Care Inc	Managed Care Inc		201.6	0.9			8.7	212.8	percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224	22.25	Multiplan	Multiplan		179.2	0.8			8.7	212.8	percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224	22.25	Qualcare	Qualcare		168	0.75			8.7	212.8	percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224	22.25	Three Rivers	Three Rivers		212.8	0.95			8.7	212.8	percent of total billed charges	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224	22.25	UHC	Medicaid		21.4				8.7	212.8	case rate	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224	22.25	UHC	Medicare		19.35				8.7	212.8	case rate	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224	22.25	Wellcare	Medicaid		21.4				8.7	212.8	case rate	
HSV2 IGG SUPP TEST REFLEX (164922)	86696	CPT	both			224	22.25	Wellcare	Medicare		19.35				8.7	212.8	case rate	
HISTOPLASMOSIS AB	86698	CPT	both			218	15.86	Aetna	Medicare		13.79				9.3	207.1	case rate	
HISTOPLASMOSIS AB	86698	CPT	both			218	15.86	Aetna	Better Health		68.58	0.3146			9.3	207.1	percent of total billed charges	
HISTOPLASMOSIS AB	86698	CPT	both			218	15.86	Aetna	Commercial		82.84	0.38			9.3	207.1	percent of total billed charges	
HISTOPLASMOSIS AB	86698	CPT	both			218	15.86	Americare	Americare		163.5	0.75			9.3	207.1	percent of total billed charges	
HISTOPLASMOSIS AB	86698	CPT	both			218	15.86	WellPoint	WellPoint		69.93	0.3208			9.3	207.1	percent of total billed charges	
HISTOPLASMOSIS AB	86698	CPT	both			218	15.86	Amerihealth	Medicare		13.79				9.3	207.1	case rate	
HISTOPLASMOSIS AB	86698	CPT	both			218	15.86	Consumer	Consumer		207.1	0.95			9.3	207.1	percent of total billed charges	
HISTOPLASMOSIS AB	86698	CPT	both			218	15.86	Corrections	Corrections		174.4	0.8			9.3	207.1	percent of total billed charges	
HISTOPLASMOSIS AB	86698	CPT	both			218	15.86	First Health	First Health		152.6	0.7			9.3	207.1	percent of total billed charges	
HISTOPLASMOSIS AB	86698	CPT	both			218	15.86	First Trenton	First Trenton		196.2	0.9			9.3	207.1	percent of total billed charges	
HISTOPLASMOSIS AB	86698	CPT	both			218	15.86	Horizon	Medicare Blue		65.4	0.3			9.3	207.1	percent of total billed charges	
HISTOPLASMOSIS AB	86698	CPT	both			218	15.86	Horizon	Indemnity		83.45	0.3828			9.3	207.1	percent of total billed charges	
HISTOPLASMOSIS AB	86698	CPT	both			218	15.86	Horizon	MGD		83.45	0.3828			9.3	207.1	percent of total billed charges	
HISTOPLASMOSIS AB	86698	CPT	both			218	15.86	Horizon	PPO		83.45	0.3828			9.3	207.1	percent of total billed charges	
HISTOPLASMOSIS AB	86698	CPT	both			218	15.86	Managed Care Inc	Managed Care Inc		196.2	0.9			9.3	207.1	percent of total billed charges	
HISTOPLASMOSIS AB	86698	CPT	both			218	15.86	Multiplan	Multiplan		174.4	0.8			9.3	207.1	percent of total billed charges	
HISTOPLASMOSIS AB	86698	CPT	both			218	15.86	Qualcare	Qualcare		163.5	0.75			9.3	207.1	percent of total billed charges	
HISTOPLASMOSIS AB	86698	CPT	both			218	15.86	Three Rivers	Three Rivers		207.1	0.95			9.3	207.1	percent of total billed charges	
HISTOPLASMOSIS AB	86698	CPT	both			218	15.86	UHC	Medicare		13.79				9.3	207.1	case rate	
HISTOPLASMOSIS AB	86698	CPT	both			218	15.86	UHC	Medicaid		15				9.3	207.1	case rate	
HISTOPLASMOSIS AB	86698	CPT	both			218	15.86	Wellcare	Medicare		13.79				9.3	207.1	case rate	
HISTOPLASMOSIS AB	86698	CPT	both			218	15.86	Wellcare	Medicaid		15				9.3	207.1	case rate	
HIV-1	86701	CPT	both			374	10.22	Aetna	Medicare		115.19	0.308			8.89	355.3	percent of total billed charges	
HIV-1	86701	CPT	both			374	10.22	Aetna	Better Health		117.66	0.3146			8.89	355.3	percent of total billed charges	
HIV-1	86701	CPT	both			374	10.22	Aetna	Commercial		142.12	0.38			8.89	355.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HIV-1	86701	CPT	both			374	10.22	Americare	Americare		280.5	0.75			8.89		355.3 percent of total billed charges	
HIV-1	86701	CPT	both			374	10.22	WellPoint	WellPoint		119.98	0.3208			8.89		355.3 percent of total billed charges	
HIV-1	86701	CPT	both			374	10.22	Amerihealth	Medicare		8.89				8.89		355.3 case rate	
HIV-1	86701	CPT	both			374	10.22	Consumer	Consumer		355.3	0.95			8.89		355.3 percent of total billed charges	
HIV-1	86701	CPT	both			374	10.22	Corrections	Corrections		299.2	0.8			8.89		355.3 percent of total billed charges	
HIV-1	86701	CPT	both			374	10.22	First Health	First Health		261.8	0.7			8.89		355.3 percent of total billed charges	
HIV-1	86701	CPT	both			374	10.22	First Trenton	First Trenton		336.6	0.9			8.89		355.3 percent of total billed charges	
HIV-1	86701	CPT	both			374	10.22	Horizon	MGD		143.17	0.3828			8.89		355.3 percent of total billed charges	
HIV-1	86701	CPT	both			374	10.22	Horizon	Medicare Blue		112.2	0.3			8.89		355.3 percent of total billed charges	
HIV-1	86701	CPT	both			374	10.22	Horizon	Indemnity		143.17	0.3828			8.89		355.3 percent of total billed charges	
HIV-1	86701	CPT	both			374	10.22	Horizon	PPO		143.17	0.3828			8.89		355.3 percent of total billed charges	
HIV-1	86701	CPT	both			374	10.22	Managed Care Inc	Managed Care Inc		336.6	0.9			8.89		355.3 percent of total billed charges	
HIV-1	86701	CPT	both			374	10.22	Multiplan	Multiplan		299.2	0.8			8.89		355.3 percent of total billed charges	
HIV-1	86701	CPT	both			374	10.22	Qualcare	Qualcare		280.5	0.75			8.89		355.3 percent of total billed charges	
HIV-1	86701	CPT	both			374	10.22	Three Rivers	Three Rivers		355.3	0.95			8.89		355.3 percent of total billed charges	
HIV-1	86701	CPT	both			374	10.22	UHC	Medicare		8.89				8.89		355.3 case rate	
HIV-1	86701	CPT	both			374	10.22	UHC	Medicaid		117.66	0.3146			8.89		355.3 percent of total billed charges	
HIV-1	86701	CPT	both			374	10.22	Wellcare	Medicare		8.89				8.89		355.3 case rate	
HIV-1	86701	CPT	both			374	10.22	Wellcare	Medicaid		117.66	0.3146			8.89		355.3 percent of total billed charges	
HIV-2	86702	CPT	outpatient			598	15.55	Aetna	Medicare		13.52				13		568.1 case rate	
HIV-2	86702	CPT	outpatient			598	15.55	Aetna	Better Health		188.13	0.3146			13		568.1 percent of total billed charges	
HIV-2	86702	CPT	outpatient			598	15.55	Aetna	Commercial		227.24	0.38			13		568.1 percent of total billed charges	
HIV-2	86702	CPT	outpatient			598	15.55	Americare	Americare		448.5	0.75			13		568.1 percent of total billed charges	
HIV-2	86702	CPT	outpatient			598	15.55	WellPoint	WellPoint		191.84	0.3208			13		568.1 percent of total billed charges	
HIV-2	86702	CPT	outpatient			598	15.55	Amerihealth	Medicare		13.52				13		568.1 case rate	
HIV-2	86702	CPT	outpatient			598	15.55	Consumer	Consumer		568.1	0.95			13		568.1 percent of total billed charges	
HIV-2	86702	CPT	outpatient			598	15.55	Corrections	Corrections		478.4	0.8			13		568.1 percent of total billed charges	
HIV-2	86702	CPT	outpatient			598	15.55	First Health	First Health		418.6	0.7			13		568.1 percent of total billed charges	
HIV-2	86702	CPT	outpatient			598	15.55	First Trenton	First Trenton		538.2	0.9			13		568.1 percent of total billed charges	
HIV-2	86702	CPT	outpatient			598	15.55	Horizon	MGD		228.91	0.3828			13		568.1 percent of total billed charges	
HIV-2	86702	CPT	outpatient			598	15.55	Horizon	Indemnity		228.91	0.3828			13		568.1 percent of total billed charges	
HIV-2	86702	CPT	outpatient			598	15.55	Horizon	Medicare Blue		179.4	0.3			13		568.1 percent of total billed charges	
HIV-2	86702	CPT	outpatient			598	15.55	Horizon	PPO		228.91	0.3828			13		568.1 percent of total billed charges	
HIV-2	86702	CPT	outpatient			598	15.55	Managed Care Inc	Managed Care Inc		538.2	0.9			13		568.1 percent of total billed charges	
HIV-2	86702	CPT	outpatient			598	15.55	Multiplan	Multiplan		478.4	0.8			13		568.1 percent of total billed charges	
HIV-2	86702	CPT	outpatient			598	15.55	Qualcare	Qualcare		448.5	0.75			13		568.1 percent of total billed charges	
HIV-2	86702	CPT	outpatient			598	15.55	Three Rivers	Three Rivers		568.1	0.95			13		568.1 percent of total billed charges	
HIV-2	86702	CPT	outpatient			598	15.55	UHC	Medicaid		13				13		568.1 case rate	
HIV-2	86702	CPT	outpatient			598	15.55	UHC	Medicare		13.52				13		568.1 case rate	
HIV-2	86702	CPT	outpatient			598	15.55	Wellcare	Medicare		13.52				13		568.1 case rate	
HIV-2	86702	CPT	outpatient			598	15.55	Wellcare	Medicaid		13				13		568.1 case rate	
RAPID HIV	86703	CPT	both			76	15.77	Aetna	Commercial		28.88	0.38			13.2		72.2 percent of total billed charges	
RAPID HIV	86703	CPT	both			76	15.77	Aetna	Medicare		23.41	0.308			13.2		72.2 percent of total billed charges	
RAPID HIV	86703	CPT	both			76	15.77	Aetna	Better Health		23.91	0.3146			13.2		72.2 percent of total billed charges	
RAPID HIV	86703	CPT	both			76	15.77	Americare	Americare		57	0.75			13.2		72.2 percent of total billed charges	
RAPID HIV	86703	CPT	both			76	15.77	WellPoint	WellPoint		24.38	0.3208			13.2		72.2 percent of total billed charges	
RAPID HIV	86703	CPT	both			76	15.77	Amerihealth	Medicare		13.71				13.2		72.2 case rate	
RAPID HIV	86703	CPT	both			76	15.77	Consumer	Consumer		72.2	0.95			13.2		72.2 percent of total billed charges	
RAPID HIV	86703	CPT	both			76	15.77	Corrections	Corrections		60.8	0.8			13.2		72.2 percent of total billed charges	
RAPID HIV	86703	CPT	both			76	15.77	First Health	First Health		53.2	0.7			13.2		72.2 percent of total billed charges	
RAPID HIV	86703	CPT	both			76	15.77	First Trenton	First Trenton		68.4	0.9			13.2		72.2 percent of total billed charges	
RAPID HIV	86703	CPT	both			76	15.77	Horizon	Indemnity		29.09	0.3828			13.2		72.2 percent of total billed charges	
RAPID HIV	86703	CPT	both			76	15.77	Horizon	Medicare Blue		22.8	0.3			13.2		72.2 percent of total billed charges	
RAPID HIV	86703	CPT	both			76	15.77	Horizon	MGD		29.09	0.3828			13.2		72.2 percent of total billed charges	
RAPID HIV	86703	CPT	both			76	15.77	Horizon	PPO		29.09	0.3828			13.2		72.2 percent of total billed charges	
RAPID HIV	86703	CPT	both			76	15.77	Managed Care Inc	Managed Care Inc		68.4	0.9			13.2		72.2 percent of total billed charges	
RAPID HIV	86703	CPT	both			76	15.77	Multiplan	Multiplan		60.8	0.8			13.2		72.2 percent of total billed charges	
RAPID HIV	86703	CPT	both			76	15.77	Qualcare	Qualcare		57	0.75			13.2		72.2 percent of total billed charges	
RAPID HIV	86703	CPT	both			76	15.77	Three Rivers	Three Rivers		72.2	0.95			13.2		72.2 percent of total billed charges	
RAPID HIV	86703	CPT	both			76	15.77	UHC	Medicaid		23.91	0.3146			13.2		72.2 percent of total billed charges	
RAPID HIV	86703	CPT	both			76	15.77	UHC	Medicare		13.71				13.2		72.2 case rate	
RAPID HIV	86703	CPT	both			76	15.77	Wellcare	Medicare		13.71				13.2		72.2 case rate	
RAPID HIV	86703	CPT	both			76	15.77	Wellcare	Medicaid		23.91	0.3146			13.2		72.2 percent of total billed charges	
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121	13.86	Aetna	Better Health		38.07	0.3146			8.4		114.95 percent of total billed charges	
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121	13.86	Aetna	Commercial		45.98	0.38			8.4		114.95 percent of total billed charges	
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121	13.86	Aetna	Medicare		12.05				8.4		114.95 case rate	
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121	13.86	Americare	Americare		90.75	0.75			8.4		114.95 percent of total billed charges	
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121	13.86	WellPoint	WellPoint		38.82	0.3208			8.4		114.95 percent of total billed charges	
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121	13.86	Amerihealth	Medicare		12.05				8.4		114.95 case rate	
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121	13.86	Consumer	Consumer		114.95	0.95			8.4		114.95 percent of total billed charges	
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121	13.86	Corrections	Corrections		96.8	0.8			8.4		114.95 percent of total billed charges	
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121	13.86	First Health	First Health		84.7	0.7			8.4		114.95 percent of total billed charges	
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121	13.86	First Trenton	First Trenton		108.9	0.9			8.4		114.95 percent of total billed charges	
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121	13.86	Horizon	Indemnity		46.32	0.3828			8.4		114.95 percent of total billed charges	
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121	13.86	Horizon	Medicare Blue		36.3	0.3			8.4		114.95 percent of total billed charges	
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121	13.86	Horizon	MGD		46.32	0.3828			8.4		114.95 percent of total billed charges	
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121	13.86	Horizon	PPO		46.32	0.3828			8.4		114.95 percent of total billed charges	
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121	13.86	Managed Care Inc	Managed Care Inc		108.9	0.9			8.4		114.95 percent of total billed charges	
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121	13.86	Multiplan	Multiplan		96.8	0.8			8.4		114.95 percent of total billed charges	
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121	13.86	Qualcare	Qualcare		90.75	0.75			8.4		114.95 percent of total billed charges	
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121	13.86	Three Rivers	Three Rivers		114.95	0.95			8.4		114.95 percent of total billed charges	
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121	13.86	UHC	Medicare		12.05				8.4		114.95 case rate	
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121	13.86	UHC	Medicaid		15				8.4		114.95 case rate	
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121	13.86	Wellcare	Medicaid		15				8.4		114.95 case rate	
HEPATITIS.B.CORE.AB.TOTAL(HBCAB)	86704	CPT	both			121	13.86	Wellcare	Medicare		12.05				8.4		114.95 case rate	
HEPATITIS B CORE AB IGM	86705	CPT	both			121	13.54	Aetna	Medicare		11.77				8.4		114.95 case rate	
HEPATITIS B CORE AB IGM	86705	CPT	both			121	13.54	Aetna	Better Health		38.07	0.3146			8.4		114.95 percent of total billed charges	
HEPATITIS B CORE AB IGM	86705	CPT	both			121	13.54	Aetna	Commercial		45.98	0.38			8.4		114.95 percent of total billed charges	
HEPATITIS B CORE AB IGM	86705	CPT	both			121	13.54	Americare	Americare		90.75	0.75			8.4		114.95 percent of total billed charges	
HEPATITIS B CORE AB IGM	86705	CPT	both			121	13.54	WellPoint	WellPoint		38.82	0.3208			8.4		114.95 percent of total billed charges	
HEPATITIS B CORE AB IGM	86705	CPT	both			121	13.54	Amerihealth	Medicare		11.77				8.4		114.95 case rate	
HEPATITIS B CORE AB IGM	86705	CPT	both			121	13.54	Consumer	Consumer		114.95	0.95			8.4		114.95 percent of total billed charges	
HEPATITIS B CORE AB IGM	86705	CPT	both			121	13.54	Corrections	Corrections		96.8	0.8			8.4		114.95 percent of total billed charges	
HEPATITIS B CORE AB IGM	86705	CPT	both			121	13.54	First Health	First Health		84.7	0.7			8.4		114.95 percent of total billed charges	
HEPATITIS B CORE AB IGM	86705	CPT	both			121	13.54	First Trenton	First Trenton		108.9	0.9			8.4		114.95 percent of total billed charges	
HEPATITIS B CORE AB IGM	86705	CPT	both			121	13.54	Horizon	Medicare Blue		36.3	0.3			8.4		114.95 percent of total billed charges	
HEPATITIS B CORE AB IGM	86705	CPT	both			121	13.54	Horizon	Indemnity		46.32	0.3828			8.4		114.95 percent of total billed charges	
HEPATITIS B CORE AB IGM	86705	CPT	both			121	13.54	Horizon	MGD		46.32	0.3828			8.4		114.95 percent of total billed charges	
HEPATITIS B CORE AB IGM	86705	CPT	both			121	13.54	Horizon	PPO		46.32	0.3828			8.4		114.95 percent of total billed charges	
HEPATITIS B CORE AB IGM	86705	CPT	both			121	13.54	Managed Care Inc	Managed Care Inc		108.9	0.9			8.4		114.95 percent of total billed charges	
HEPATITIS B CORE AB IGM	86705	CPT	both			121	13.54	Multiplan	Multiplan		96.8	0.8			8.4		114.95 percent of total billed charges	
HEPATITIS B CORE AB IGM	86705	CPT	both			121	13.54	Qualcare	Qualcare		90.75	0.75			8.4		114.95 percent of total billed charges	
HEPATITIS B CORE AB IGM	86705	CPT	both			121	13.54	Three Rivers	Three Rivers		114.95	0.95			8.4		114.95 percent of total billed charges	
HEPATITIS B CORE AB IGM	86705	CPT	both			121	13.54	UHC	Medicaid		12.6				8.4		114.95 case rate	
HEPATITIS B CORE AB IGM	86705	CPT	both			121	13.54	UHC	Medicare		11.77				8.4		114.95 case rate	
HEPATITIS B CORE AB IGM	86705	CPT	both			121	13.54	Wellcare	Medicaid		12.6				8.4		114.95 case rate	
HEPATITIS B CORE AB IGM	86705	CPT	both			121	13.54	Wellcare	Medicare		11.77				8.4		114.95 case rate	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97	12.35	Aetna	Better Health		30.52	0.3146			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97	12.35	Aetna	Commercial		36.86	0.38			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97	12.35	Aetna	Medicare		10.74				7.5		92.15 case rate	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97	12.35	Americare	Americare		72.75	0.75			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97	12.35	WellPoint	WellPoint		31.12	0.3208			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97	12.35	Amerihealth	Medicare		10.74				7.5		92.15 case rate	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97	12.35	Consumer	Consumer		92.15	0.95			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97	12.35	Corrections	Corrections		77.6	0.8			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97	12.35	First Health	First Health		67.9	0.7			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97	12.35	First Trenton	First Trenton		87.3	0.9			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97	12.35	Horizon	Indemnity		37.13	0.3828			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97	12.35	Horizon	Medicare Blue		29.1	0.3			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97	12.35	Horizon	MGD		37.13	0.3828			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97	12.35	Horizon	PPO		37.13	0.3828			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97	12.35	Managed Care Inc	Managed Care Inc		87.3	0.9			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97	12.35	Multiplan	Multiplan		77.6	0.8			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97	12.35	Qualcare	Qualcare		72.75	0.75			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97	12.35	Three Rivers	Three Rivers		92.15	0.95			7.5		92.15 percent of total billed charges	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97	12.35	UHC	Medicare		10.74				7.5		92.15 case rate	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97	12.35	UHC	Medicaid		12				7.5		92.15 case rate	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97	12.35	Wellcare	Medicare		10.74				7.5		92.15 case rate	
HEPATITIS B SURF. AB. QUANT.	86706	CPT	both			97	12.35	Wellcare	Medicaid		12				7.5		92.15 case rate	
HEPATITIS BE ANTIBODY	86707	CPT	both			38	13.31	Aetna	Commercial		14.44	0.38			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38	13.31	Aetna	Medicare		11.57				8.1		36.1 case rate	
HEPATITIS BE ANTIBODY	86707	CPT	both			38	13.31	Aetna	Better Health		11.95	0.3146			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38	13.31	Americare	Americare		28.5	0.75			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38	13.31	WellPoint	WellPoint		12.19	0.3208			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38	13.31	Amerihealth	Medicare		11.57				8.1		36.1 case rate	
HEPATITIS BE ANTIBODY	86707	CPT	both			38	13.31	Consumer	Consumer		36.1	0.95			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38	13.31	Corrections	Corrections		30.4	0.8			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38	13.31	First Health	First Health		26.6	0.7			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38	13.31	First Trenton	First Trenton		34.2	0.9			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38	13.31	Horizon	Indemnity		14.55	0.3828			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38	13.31	Horizon	PPO		14.55	0.3828			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38	13.31	Horizon	MGD		14.55	0.3828			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38	13.31	Horizon	Medicare Blue		11.4	0.3			8.1		36.1 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEPATITIS BE ANTIBODY	86707	CPT	both			38	13.31	Managed Care Inc	Managed Care Inc		34.2	0.9			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38	13.31	Multiplan	Multiplan		30.4	0.8			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38	13.31	Qualcare	Qualcare		28.5	0.75			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38	13.31	Three Rivers	Three Rivers		36.1	0.95			8.1		36.1 percent of total billed charges	
HEPATITIS BE ANTIBODY	86707	CPT	both			38	13.31	UHC	Medicare		11.57				8.1		36.1 case rate	
HEPATITIS BE ANTIBODY	86707	CPT	both			38	13.31	UHC	Medicaid		12				8.1		36.1 case rate	
HEPATITIS BE ANTIBODY	86707	CPT	both			38	13.31	Wellcare	Medicaid		12				8.1		36.1 case rate	
HEPATITIS BE ANTIBODY	86707	CPT	both			38	13.31	Wellcare	Medicare		11.57				8.1		36.1 case rate	
HEP A IGG AB SERUM (HAIGG)	86708	CPT	both			41	14.25	Aetna	Commercial		15.58	0.38			11.4		38.95 percent of total billed charges	
HEP A IGG AB SERUM (HAIGG)	86708	CPT	both			41	14.25	Aetna	Better Health		12.9	0.3146			11.4		38.95 percent of total billed charges	
HEP A IGG AB SERUM (HAIGG)	86708	CPT	both			41	14.25	Aetna	Medicare		12.63	0.308			11.4		38.95 percent of total billed charges	
HEP A IGG AB SERUM (HAIGG)	86708	CPT	both			41	14.25	Americare	Americare		30.75	0.75			11.4		38.95 percent of total billed charges	
HEP A IGG AB SERUM (HAIGG)	86708	CPT	both			41	14.25	WellPoint	WellPoint		13.15	0.3208			11.4		38.95 percent of total billed charges	
HEP A IGG AB SERUM (HAIGG)	86708	CPT	both			41	14.25	Amerihealth	Medicare		12.39				11.4		38.95 case rate	
HEP A IGG AB SERUM (HAIGG)	86708	CPT	both			41	14.25	Consumer	Consumer		38.95	0.95			11.4		38.95 percent of total billed charges	
HEP A IGG AB SERUM (HAIGG)	86708	CPT	both			41	14.25	Corrections	Corrections		32.8	0.8			11.4		38.95 percent of total billed charges	
HEP A IGG AB SERUM (HAIGG)	86708	CPT	both			41	14.25	First Health	First Health		28.7	0.7			11.4		38.95 percent of total billed charges	
HEP A IGG AB SERUM (HAIGG)	86708	CPT	both			41	14.25	First Trenton	First Trenton		36.9	0.9			11.4		38.95 percent of total billed charges	
HEP A IGG AB SERUM (HAIGG)	86708	CPT	both			41	14.25	Horizon	Medicare Blue		12.3	0.3			11.4		38.95 percent of total billed charges	
HEP A IGG AB SERUM (HAIGG)	86708	CPT	both			41	14.25	Horizon	Indemnity		15.69	0.3828			11.4		38.95 percent of total billed charges	
HEP A IGG AB SERUM (HAIGG)	86708	CPT	both			41	14.25	Horizon	MGD		15.69	0.3828			11.4		38.95 percent of total billed charges	
HEP A IGG AB SERUM (HAIGG)	86708	CPT	both			41	14.25	Horizon	PPO		15.69	0.3828			11.4		38.95 percent of total billed charges	
HEP A IGG AB SERUM (HAIGG)	86708	CPT	both			41	14.25	Managed Care Inc	Managed Care Inc		36.9	0.9			11.4		38.95 percent of total billed charges	
HEP A IGG AB SERUM (HAIGG)	86708	CPT	both			41	14.25	Multiplan	Multiplan		32.8	0.8			11.4		38.95 percent of total billed charges	
HEP A IGG AB SERUM (HAIGG)	86708	CPT	both			41	14.25	Qualcare	Qualcare		30.75	0.75			11.4		38.95 percent of total billed charges	
HEP A IGG AB SERUM (HAIGG)	86708	CPT	both			41	14.25	Three Rivers	Three Rivers		38.95	0.95			11.4		38.95 percent of total billed charges	
HEP A IGG AB SERUM (HAIGG)	86708	CPT	both			41	14.25	UHC	Medicaid		12.9	0.3146			11.4		38.95 case rate	
HEP A IGG AB SERUM (HAIGG)	86708	CPT	both			41	14.25	UHC	Medicare		12.39				11.4		38.95 case rate	
HEP A IGG AB SERUM (HAIGG)	86708	CPT	both			41	14.25	Wellcare	Medicaid		12.9	0.3146			11.4		38.95 percent of total billed charges	
HEP A IGG AB SERUM (HAIGG)	86708	CPT	both			41	14.25	Wellcare	Medicare		12.39				11.4		38.95 case rate	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102	12.95	Aetna	Better Health		32.09	0.3146			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102	12.95	Aetna	Commercial		38.76	0.38			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102	12.95	Aetna	Medicare		11.26				7.8		96.9 case rate	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102	12.95	Americare	Americare		76.5	0.75			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102	12.95	WellPoint	WellPoint		32.72	0.3208			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102	12.95	Amerihealth	Medicare		11.26				7.8		96.9 case rate	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102	12.95	Consumer	Consumer		96.9	0.95			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102	12.95	Corrections	Corrections		81.6	0.8			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102	12.95	First Health	First Health		71.4	0.7			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102	12.95	First Trenton	First Trenton		91.8	0.9			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102	12.95	Horizon	Medicare Blue		30.6	0.3			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102	12.95	Horizon	MGD		39.05	0.3828			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102	12.95	Horizon	Indemnity		39.05	0.3828			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102	12.95	Horizon	PPO		39.05	0.3828			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102	12.95	Managed Care Inc	Managed Care Inc		91.8	0.9			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102	12.95	Multiplan	Multiplan		81.6	0.8			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102	12.95	Qualcare	Qualcare		76.5	0.75			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102	12.95	Three Rivers	Three Rivers		96.9	0.95			7.8		96.9 percent of total billed charges	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102	12.95	UHC	Medicaid		12.6				7.8		96.9 case rate	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102	12.95	UHC	Medicare		11.26				7.8		96.9 case rate	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102	12.95	Wellcare	Medicaid		12.6				7.8		96.9 case rate	
HEPATITIS A ANTIBODY IGM	86709	CPT	both			102	12.95	Wellcare	Medicare		11.26				7.8		96.9 case rate	
INFLUENZA A/B AB QUANT	86710	CPT	both			146	15.58	Aetna	Better Health		45.93	0.3146			12		138.7 percent of total billed charges	
INFLUENZA A/B AB QUANT	86710	CPT	both			146	15.58	Aetna	Medicare		13.55				12		138.7 case rate	
INFLUENZA A/B AB QUANT	86710	CPT	both			146	15.58	Aetna	Commercial		55.48	0.38			12		138.7 percent of total billed charges	
INFLUENZA A/B AB QUANT	86710	CPT	both			146	15.58	Americare	Americare		109.5	0.75			12		138.7 percent of total billed charges	
INFLUENZA A/B AB QUANT	86710	CPT	both			146	15.58	WellPoint	WellPoint		46.84	0.3208			12		138.7 percent of total billed charges	
INFLUENZA A/B AB QUANT	86710	CPT	both			146	15.58	Amerihealth	Medicare		13.55				12		138.7 case rate	
INFLUENZA A/B AB QUANT	86710	CPT	both			146	15.58	Consumer	Consumer		138.7	0.95			12		138.7 percent of total billed charges	
INFLUENZA A/B AB QUANT	86710	CPT	both			146	15.58	Corrections	Corrections		116.8	0.8			12		138.7 percent of total billed charges	
INFLUENZA A/B AB QUANT	86710	CPT	both			146	15.58	First Health	First Health		102.2	0.7			12		138.7 percent of total billed charges	
INFLUENZA A/B AB QUANT	86710	CPT	both			146	15.58	First Trenton	First Trenton		131.4	0.9			12		138.7 percent of total billed charges	
INFLUENZA A/B AB QUANT	86710	CPT	both			146	15.58	Horizon	Medicare Blue		43.8	0.3			12		138.7 percent of total billed charges	
INFLUENZA A/B AB QUANT	86710	CPT	both			146	15.58	Horizon	Indemnity		55.89	0.3828			12		138.7 percent of total billed charges	
INFLUENZA A/B AB QUANT	86710	CPT	both			146	15.58	Horizon	MGD		55.89	0.3828			12		138.7 percent of total billed charges	
INFLUENZA A/B AB QUANT	86710	CPT	both			146	15.58	Horizon	PPO		55.89	0.3828			12		138.7 percent of total billed charges	
INFLUENZA A/B AB QUANT	86710	CPT	both			146	15.58	Managed Care Inc	Managed Care Inc		131.4	0.9			12		138.7 percent of total billed charges	
INFLUENZA A/B AB QUANT	86710	CPT	both			146	15.58	Multiplan	Multiplan		116.8	0.8			12		138.7 percent of total billed charges	
INFLUENZA A/B AB QUANT	86710	CPT	both			146	15.58	Qualcare	Qualcare		109.5	0.75			12		138.7 percent of total billed charges	
INFLUENZA A/B AB QUANT	86710	CPT	both			146	15.58	Three Rivers	Three Rivers		138.7	0.95			12		138.7 percent of total billed charges	
INFLUENZA A/B AB QUANT	86710	CPT	both			146	15.58	UHC	Medicare		13.55				12		138.7 case rate	
INFLUENZA A/B AB QUANT	86710	CPT	both			146	15.58	UHC	Medicaid		12				12		138.7 case rate	
INFLUENZA A/B AB QUANT	86710	CPT	both			146	15.58	Wellcare	Medicaid		12				12		138.7 case rate	
INFLUENZA A/B AB QUANT	86710	CPT	both			146	15.58	Wellcare	Medicare		13.55				12		138.7 case rate	
STRATIFY JCV (TM) AB W/INDEX	86711	CPT	both				19.42	Aetna	Medicare		16.89				13.51		16.89 case rate	
STRATIFY JCV (TM) AB W/INDEX	86711	CPT	both				19.42	Amerihealth	Medicare		16.89				13.51		16.89 case rate	
STRATIFY JCV (TM) AB W/INDEX	86711	CPT	both				19.42	UHC	Medicaid		13.51				13.51		16.89 case rate	
STRATIFY JCV (TM) AB W/INDEX	86711	CPT	both				19.42	UHC	Medicare		16.89				13.51		16.89 case rate	
STRATIFY JCV (TM) AB W/INDEX	86711	CPT	both				19.42	Wellcare	Medicaid		13.51				13.51		16.89 case rate	
STRATIFY JCV (TM) AB W/INDEX	86711	CPT	both				19.42	Wellcare	Medicare		16.89				13.51		16.89 case rate	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121	17.6	Aetna	Medicare		37.27	0.308			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121	17.6	Aetna	Better Health		38.07	0.3146			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121	17.6	Aetna	Commercial		45.98	0.38			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121	17.6	Americare	Americare		90.75	0.75			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121	17.6	WellPoint	WellPoint		38.82	0.3208			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121	17.6	Amerihealth	Medicare		15.3				15.3		114.95 case rate	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121	17.6	Consumer	Consumer		114.95	0.95			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121	17.6	Corrections	Corrections		96.8	0.8			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121	17.6	First Health	First Health		84.7	0.7			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121	17.6	First Trenton	First Trenton		108.9	0.9			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121	17.6	Horizon	MGD		46.32	0.3828			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121	17.6	Horizon	Indemnity		46.32	0.3828			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121	17.6	Horizon	Medicare Blue		36.3	0.3			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121	17.6	Horizon	PPO		46.32	0.3828			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121	17.6	Managed Care Inc	Managed Care Inc		108.9	0.9			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121	17.6	Multiplan	Multiplan		96.8	0.8			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121	17.6	Qualcare	Qualcare		90.75	0.75			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121	17.6	Three Rivers	Three Rivers		114.95	0.95			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121	17.6	UHC	Medicaid		38.07	0.3146			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121	17.6	UHC	Medicare		15.3				15.3		114.95 case rate	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121	17.6	Wellcare	Medicaid		38.07	0.3146			15.3		114.95 percent of total billed charges	
LEGIONELLA PHENUMOPHILA ABS	86713	CPT	both			121	17.6	Wellcare	Medicare		15.3				15.3		114.95 case rate	
LEISHMANIAANTIBODY IGG (0051726)	86717	CPT	both			633	14.09	Aetna	Medicare		12.25				11.4		601.35 case rate	
LEISHMANIAANTIBODY IGG (0051726)	86717	CPT	both			633	14.09	Aetna	Commercial		240.54	0.38			11.4		601.35 percent of total billed charges	
LEISHMANIAANTIBODY IGG (0051726)	86717	CPT	both			633	14.09	Aetna	Better Health		199.14	0.3146			11.4		601.35 percent of total billed charges	
LEISHMANIAANTIBODY IGG (0051726)	86717	CPT	both			633	14.09	Americare	Americare		474.75	0.75			11.4		601.35 percent of total billed charges	
LEISHMANIAANTIBODY IGG (0051726)	86717	CPT	both			633	14.09	WellPoint	WellPoint		203.07	0.3208			11.4		601.35 percent of total billed charges	
LEISHMANIAANTIBODY IGG (0051726)	86717	CPT	both			633	14.09	Amerihealth	Medicare		12.25				11.4		601.35 case rate	
LEISHMANIAANTIBODY IGG (0051726)	86717	CPT	both			633	14.09	Consumer	Consumer		601.35	0.95			11.4		601.35 percent of total billed charges	
LEISHMANIAANTIBODY IGG (0051726)	86717	CPT	both			633	14.09	Corrections	Corrections		506.4	0.8			11.4		601.35 percent of total billed charges	
LEISHMANIAANTIBODY IGG (0051726)	86717	CPT	both			633	14.09	First Health	First Health		443.1	0.7			11.4		601.35 percent of total billed charges	
LEISHMANIAANTIBODY IGG (0051726)	86717	CPT	both			633	14.09	First Trenton	First Trenton		569.7	0.9			11.4		601.35 percent of total billed charges	
LEISHMANIAANTIBODY IGG (0051726)	86717	CPT	both			633	14.09	Horizon	PPO		242.31	0.3828			11.4		601.35 percent of total billed charges	
LEISHMANIAANTIBODY IGG (0051726)	86717	CPT	both			633	14.09	Horizon	MGD		242.31	0.3828			11.4		601.35 percent of total billed charges	
LEISHMANIAANTIBODY IGG (0051726)	86717	CPT	both			633	14.09	Horizon	Indemnity		242.31	0.3828			11.4		601.35 percent of total billed charges	
LEISHMANIAANTIBODY IGG (0051726)	86717	CPT	both			633	14.09	Horizon	Medicare Blue		189.9	0.3			11.4		601.35 percent of total billed charges	
LEISHMANIAANTIBODY IGG (0051726)	86717	CPT	both			633	14.09	Managed Care Inc	Managed Care Inc		569.7	0.9			11.4		601.35 percent of total billed charges	
LEISHMANIAANTIBODY IGG (0051726)	86717	CPT	both			633	14.09	Multiplan	Multiplan		506.4	0.8			11.4		601.35 percent of total billed charges	
LEISHMANIAANTIBODY IGG (0051726)	86717	CPT	both			633	14.09	Qualcare	Qualcare		474.75	0.75			11.4		601.35 percent of total billed charges	
LEISHMANIAANTIBODY IGG (0051726)	86717	CPT	both			633	14.09	Three Rivers	Three Rivers		601.35	0.95			11.4		601.35 percent of total billed charges	
LEISHMANIAANTIBODY IGG (0051726)	86717	CPT	both			633	14.09	UHC	Medicaid		16				11.4		601.35 case rate	
LEISHMANIAANTIBODY IGG (0051726)	86717	CPT	both			633	14.09	UHC	Medicare		12.25				11.4		601.35 case rate	
LEISHMANIAANTIBODY IGG (0051726)	86717	CPT	both			633	14.09	Wellcare	Medicaid		16				11.4		601.35 case rate	
LEISHMANIAANTIBODY IGG (0051726)	86717	CPT	both			633	14.09	Wellcare	Medicare		12.25				11.4		601.35 case rate	
LEPTOSPIRA ANTIBODY IGM BY DOT BLOT (005	86720	CPT	outpatient			53	18.63	Aetna	Commercial		20.14	0.38			15		50.35 percent of total billed charges	
LEPTOSPIRA ANTIBODY IGM BY DOT BLOT (005	86720	CPT	outpatient			53	18.63	Aetna	Better Health		16.67	0.3146			15		50.35 percent of total billed charges	
LEPTOSPIRA ANTIBODY IGM BY DOT BLOT (005	86720	CPT	outpatient			53	18.63	Aetna	Medicare		16.2				15		50.35 case rate	
LEPTOSPIRA ANTIBODY IGM BY DOT BLOT (005	86720	CPT	outpatient			53	18.63	Americare	Americare		39.75	0.75			15		50.35 percent of total billed charges	
LEPTOSPIRA ANTIBODY IGM BY DOT BLOT (005	86720	CPT	outpatient			53	18.63	WellPoint	WellPoint		17	0.3208			15		50.35 percent of total billed charges	
LEPTOSPIRA ANTIBODY IGM BY DOT BLOT (005	86720	CPT	outpatient			53	18.63	Amerihealth	Medicare		16.2				15		50.35 case rate	
LEPTOSPIRA ANTIBODY IGM BY DOT BLOT (005	86720	CPT	outpatient			53	18.63	Consumer	Consumer		50.35	0.95			15		50.35 percent of total billed charges	
LEPTOSPIRA ANTIBODY IGM BY DOT BLOT (005	86720	CPT	outpatient			53	18.63	Corrections	Corrections		42.4	0.8			15		50.35 percent of total billed charges	
LEPTOSPIRA ANTIBODY IGM BY DOT BLOT (005	86720	CPT	outpatient			53	18.63	First Health	First Health		37.1	0.7			15		50.35 percent of total billed charges	
LEPTOSPIRA ANTIBODY IGM BY DOT BLOT (005	86720	CPT	outpatient			53	18.63	First Trenton	First Trenton		47.7	0.9			15		50.35 percent of total billed charges	
LEPTOSPIRA ANTIBODY IGM BY DOT BLOT (005	86720	CPT	outpatient			53	18.63	Horizon	Indemnity		20.29	0.3828			15		50.35 percent of total billed charges	
LEPTOSPIRA ANTIBODY IGM BY DOT BLOT (005	86720	CPT	outpatient			53	18.63	Horizon	MGD		20.29	0.3828			15		50.35 percent of total billed charges	
LEPTOSPIRA ANTIBODY IGM BY DOT BLOT (005	86720	CPT	outpatient			53	18.63	Horizon	Medicare Blue		15.9	0.3			15		50.35 percent of total billed charges	
LEPTOSPIRA ANTIBODY IGM BY DOT BLOT (005	86720	CPT	outpatient			53	18.63	Horizon	PPO		20.29	0.3828			15		50.35 percent of total billed charges	
LEPTOSPIRA ANTIBODY IGM BY DOT BLOT (005	86720	CPT	outpatient			53	18.63	Managed Care Inc	Managed Care Inc		47.7	0.9			15		50.35 percent of total billed charges	
LEPTOSPIRA ANTIBODY IGM BY DOT BLOT (005	86720	CPT	outpatient			53	18.63	Multiplan	Multiplan		42.4	0.8			15		50.35 percent of total billed charges	
LEPTOSPIRA ANTIBODY IGM BY DOT BLOT (005	86720	CPT	outpatient			53	18.63	Qualcare	Qualcare		39.75	0.75			15		50.35 percent of total billed charges	
LEPTOSPIRA ANTIBODY IGM BY DOT BLOT (005	86720	CPT	outpatient			53	18.63	Three Rivers	Three Rivers		50.35	0.95			15		50.35 percent of total billed charges	
LEPTOSPIRA ANTIBODY IGM BY DOT BLOT (005	86720	CPT	outpatient			53	18.63	UHC	Medicare		16.2				15		50.35 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LEPTOSPIRA ANTIBODY IGM BY DOT BLOT (005	86720	CPT	outpatient			53	18.63	UHC	Medicaid		15				15	50.35	case rate	
LEPTOSPIRA ANTIBODY IGM BY DOT BLOT (005	86720	CPT	outpatient			53	18.63	Wellcare	Medicare		16.2				15	50.35	case rate	
LEPTOSPIRA ANTIBODY IGM BY DOT BLOT (005	86720	CPT	outpatient			53	18.63	Wellcare	Medicaid		15				15	50.35	case rate	
LISTERIA ANTIBODY CF	86723	CPT	outpatient			557	15.17	Aetna	Medicare		13.19				13.19	529.15	case rate	
LISTERIA ANTIBODY CF	86723	CPT	outpatient			557	15.17	Aetna	Better Health		175.23	0.3146			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY CF	86723	CPT	outpatient			557	15.17	Aetna	Commercial		211.66	0.38			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY CF	86723	CPT	outpatient			557	15.17	Americare	Americare		417.75	0.75			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY CF	86723	CPT	outpatient			557	15.17	WellPoint	WellPoint		178.69	0.3208			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY CF	86723	CPT	outpatient			557	15.17	Amerihealth	Medicare		13.19				13.19	529.15	case rate	
LISTERIA ANTIBODY CF	86723	CPT	outpatient			557	15.17	Consumer	Consumer		529.15	0.95			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY CF	86723	CPT	outpatient			557	15.17	Corrections	Corrections		445.6	0.8			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY CF	86723	CPT	outpatient			557	15.17	First Health	First Health		389.9	0.7			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY CF	86723	CPT	outpatient			557	15.17	First Trenton	First Trenton		501.3	0.9			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY CF	86723	CPT	outpatient			557	15.17	Horizon	MGD		213.22	0.3828			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY CF	86723	CPT	outpatient			557	15.17	Horizon	PPO		213.22	0.3828			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY CF	86723	CPT	outpatient			557	15.17	Horizon	Indemnity		213.22	0.3828			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY CF	86723	CPT	outpatient			557	15.17	Horizon	Medicare Blue		167.1	0.3			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY CF	86723	CPT	outpatient			557	15.17	Managed Care Inc	Managed Care Inc		501.3	0.9			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY CF	86723	CPT	outpatient			557	15.17	Multiplan	Multiplan		445.6	0.8			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY CF	86723	CPT	outpatient			557	15.17	Qualcare	Qualcare		417.75	0.75			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY CF	86723	CPT	outpatient			557	15.17	Three Rivers	Three Rivers		529.15	0.95			13.19	529.15	percent of total billed charges	
LISTERIA ANTIBODY CF	86723	CPT	outpatient			557	15.17	UHC	Medicaid		15				13.19	529.15	case rate	
LISTERIA ANTIBODY CF	86723	CPT	outpatient			557	15.17	UHC	Medicare		13.19				13.19	529.15	case rate	
LISTERIA ANTIBODY CF	86723	CPT	outpatient			557	15.17	Wellcare	Medicaid		15				13.19	529.15	case rate	
LISTERIA ANTIBODY CF	86723	CPT	outpatient			557	15.17	Wellcare	Medicare		13.19				13.19	529.15	case rate	
LCM VIRUS AB IGG CSF	86727	CPT	inpatient			319	14.8	Aetna	Better Health		100.36	0.3146			12.87	303.05	percent of total billed charges	
LCM VIRUS AB IGG CSF	86727	CPT	inpatient			319	14.8	Aetna	Commercial		121.22	0.38			12.87	303.05	percent of total billed charges	
LCM VIRUS AB IGG CSF	86727	CPT	inpatient			319	14.8	Aetna	Medicare		98.25	0.308			12.87	303.05	percent of total billed charges	
LCM VIRUS AB IGG CSF	86727	CPT	inpatient			319	14.8	Americare	Americare		239.25	0.75			12.87	303.05	percent of total billed charges	
LCM VIRUS AB IGG CSF	86727	CPT	inpatient			319	14.8	WellPoint	WellPoint		102.34	0.3208			12.87	303.05	percent of total billed charges	
LCM VIRUS AB IGG CSF	86727	CPT	inpatient			319	14.8	Amerihealth	Medicare		12.87				12.87	303.05	case rate	
LCM VIRUS AB IGG CSF	86727	CPT	inpatient			319	14.8	Consumer	Consumer		303.05	0.95			12.87	303.05	percent of total billed charges	
LCM VIRUS AB IGG CSF	86727	CPT	inpatient			319	14.8	Corrections	Corrections		255.2	0.8			12.87	303.05	percent of total billed charges	
LCM VIRUS AB IGG CSF	86727	CPT	inpatient			319	14.8	First Health	First Health		223.3	0.7			12.87	303.05	percent of total billed charges	
LCM VIRUS AB IGG CSF	86727	CPT	inpatient			319	14.8	First Trenton	First Trenton		287.1	0.9			12.87	303.05	percent of total billed charges	
LCM VIRUS AB IGG CSF	86727	CPT	inpatient			319	14.8	Horizon	MGD		122.11	0.3828			12.87	303.05	percent of total billed charges	
LCM VIRUS AB IGG CSF	86727	CPT	inpatient			319	14.8	Horizon	PPO		122.11	0.3828			12.87	303.05	percent of total billed charges	
LCM VIRUS AB IGG CSF	86727	CPT	inpatient			319	14.8	Horizon	Indemnity		122.11	0.3828			12.87	303.05	percent of total billed charges	
LCM VIRUS AB IGG CSF	86727	CPT	inpatient			319	14.8	Horizon	Medicare Blue		95.7	0.3			12.87	303.05	percent of total billed charges	
LCM VIRUS AB IGG CSF	86727	CPT	inpatient			319	14.8	Managed Care Inc	Managed Care Inc		287.1	0.9			12.87	303.05	percent of total billed charges	
LCM VIRUS AB IGG CSF	86727	CPT	inpatient			319	14.8	Multiplan	Multiplan		255.2	0.8			12.87	303.05	percent of total billed charges	
LCM VIRUS AB IGG CSF	86727	CPT	inpatient			319	14.8	Qualcare	Qualcare		239.25	0.75			12.87	303.05	percent of total billed charges	
LCM VIRUS AB IGG CSF	86727	CPT	inpatient			319	14.8	Three Rivers	Three Rivers		303.05	0.95			12.87	303.05	percent of total billed charges	
LCM VIRUS AB IGG CSF	86727	CPT	inpatient			319	14.8	UHC	Medicare		12.87				12.87	303.05	case rate	
LCM VIRUS AB IGG CSF	86727	CPT	inpatient			319	14.8	UHC	Medicaid		100.36	0.3146			12.87	303.05	percent of total billed charges	
LCM VIRUS AB IGG CSF	86727	CPT	inpatient			319	14.8	Wellcare	Medicare		12.87				12.87	303.05	case rate	
LCM VIRUS AB IGG CSF	86727	CPT	inpatient			319	14.8	Wellcare	Medicaid		100.36	0.3146			12.87	303.05	percent of total billed charges	
MUMPS.ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Aetna	Better Health		28.94	0.3146			9.3	87.4	percent of total billed charges	
MUMPS.ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Aetna	Commercial		34.96	0.38			9.3	87.4	percent of total billed charges	
MUMPS.ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Aetna	Medicare		13.05				9.3	87.4	case rate	
MUMPS.ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Americare	Americare		69	0.75			9.3	87.4	percent of total billed charges	
MUMPS.ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	WellPoint	WellPoint		29.51	0.3208			9.3	87.4	percent of total billed charges	
MUMPS.ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Amerihealth	Medicare		13.05				9.3	87.4	case rate	
MUMPS.ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Consumer	Consumer		87.4	0.95			9.3	87.4	percent of total billed charges	
MUMPS.ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Corrections	Corrections		73.6	0.8			9.3	87.4	percent of total billed charges	
MUMPS.ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	First Health	First Health		64.4	0.7			9.3	87.4	percent of total billed charges	
MUMPS.ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	First Trenton	First Trenton		82.8	0.9			9.3	87.4	percent of total billed charges	
MUMPS.ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Horizon	MGD		35.22	0.3828			9.3	87.4	percent of total billed charges	
MUMPS.ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Horizon	Medicare Blue		27.6	0.3			9.3	87.4	percent of total billed charges	
MUMPS.ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Horizon	Indemnity		35.22	0.3828			9.3	87.4	percent of total billed charges	
MUMPS.ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Horizon	PPO		35.22	0.3828			9.3	87.4	percent of total billed charges	
MUMPS.ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Managed Care Inc	Managed Care Inc		82.8	0.9			9.3	87.4	percent of total billed charges	
MUMPS.ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Multiplan	Multiplan		73.6	0.8			9.3	87.4	percent of total billed charges	
MUMPS.ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Qualcare	Qualcare		69	0.75			9.3	87.4	percent of total billed charges	
MUMPS.ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Three Rivers	Three Rivers		87.4	0.95			9.3	87.4	percent of total billed charges	
MUMPS.ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	UHC	Medicaid		15				9.3	87.4	case rate	
MUMPS.ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	UHC	Medicare		13.05				9.3	87.4	case rate	
MUMPS.ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Wellcare	Medicaid		15				9.3	87.4	case rate	
MUMPS.ANTIBODIES IGM(160499)	86735	CPT	both			92	15.01	Wellcare	Medicare		13.05				9.3	87.4	case rate	
MYCOPLASMA PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Aetna	Better Health		141.88	0.3146			9.3	428.45	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Aetna	Commercial		171.38	0.38			9.3	428.45	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Aetna	Medicare		13.24				9.3	428.45	case rate	
MYCOPLASMA PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Americare	Americare		338.25	0.75			9.3	428.45	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;IGM	86738	CPT	both			451	15.23	WellPoint	WellPoint		144.68	0.3208			9.3	428.45	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Amerihealth	Medicare		13.24				9.3	428.45	case rate	
MYCOPLASMA PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Consumer	Consumer		428.45	0.95			9.3	428.45	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Corrections	Corrections		360.8	0.8			9.3	428.45	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;IGM	86738	CPT	both			451	15.23	First Health	First Health		315.7	0.7			9.3	428.45	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;IGM	86738	CPT	both			451	15.23	First Trenton	First Trenton		405.9	0.9			9.3	428.45	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Horizon	Medicare Blue		135.3	0.3			9.3	428.45	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Horizon	MGD		172.64	0.3828			9.3	428.45	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Horizon	Indemnity		172.64	0.3828			9.3	428.45	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Horizon	PPO		172.64	0.3828			9.3	428.45	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Managed Care Inc	Managed Care Inc		405.9	0.9			9.3	428.45	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Multiplan	Multiplan		360.8	0.8			9.3	428.45	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Qualcare	Qualcare		338.25	0.75			9.3	428.45	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Three Rivers	Three Rivers		428.45	0.95			9.3	428.45	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;IGM	86738	CPT	both			451	15.23	UHC	Medicaid		12				9.3	428.45	case rate	
MYCOPLASMA PNUEMONIAE;IGM	86738	CPT	both			451	15.23	UHC	Medicare		13.24				9.3	428.45	case rate	
MYCOPLASMA PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Wellcare	Medicare		13.24				9.3	428.45	case rate	
MYCOPLASMA PNUEMONIAE;IGM	86738	CPT	both			451	15.23	Wellcare	Medicaid		12				9.3	428.45	case rate	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Aetna	Medicare		15.03				12	260.3	case rate	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Aetna	Better Health		86.2	0.3146			12	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Aetna	Commercial		104.12	0.38			12	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Americare	Americare		205.5	0.75			12	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	WellPoint	WellPoint		87.9	0.3208			12	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Amerihealth	Medicare		15.03				12	260.3	case rate	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Consumer	Consumer		260.3	0.95			12	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Corrections	Corrections		219.2	0.8			12	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	First Health	First Health		191.8	0.7			12	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	First Trenton	First Trenton		246.6	0.9			12	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Horizon	Medicare Blue		82.2	0.3			12	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Horizon	MGD		104.89	0.3828			12	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Horizon	Indemnity		104.89	0.3828			12	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Horizon	PPO		104.89	0.3828			12	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Managed Care Inc	Managed Care Inc		246.6	0.9			12	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Multiplan	Multiplan		219.2	0.8			12	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Qualcare	Qualcare		205.5	0.75			12	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Three Rivers	Three Rivers		260.3	0.95			12	260.3	percent of total billed charges	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	UHC	Medicaid		12				12	260.3	case rate	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	UHC	Medicare		15.03				12	260.3	case rate	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Wellcare	Medicaid		12				12	260.3	case rate	
PARVOVIRUS	86747	CPT	outpatient			274	17.28	Wellcare	Medicare		15.03				12	260.3	case rate	
MALARIA RAPID TEST	86750	CPT	outpatient			406	15.17	Aetna	Better Health		127.73	0.3146			12	385.7	percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406	15.17	Aetna	Medicare		13.19				12	385.7	case rate	
MALARIA RAPID TEST	86750	CPT	outpatient			406	15.17	Aetna	Commercial		154.28	0.38			12	385.7	percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406	15.17	Americare	Americare		304.5	0.75			12	385.7	percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406	15.17	WellPoint	WellPoint		130.24	0.3208			12	385.7	percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406	15.17	Amerihealth	Medicare		13.19				12	385.7	case rate	
MALARIA RAPID TEST	86750	CPT	outpatient			406	15.17	Consumer	Consumer		385.7	0.95			12	385.7	percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406	15.17	Corrections	Corrections		324.8	0.8			12	385.7	percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406	15.17	First Health	First Health		284.2	0.7			12	385.7	percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406	15.17	First Trenton	First Trenton		365.4	0.9			12	385.7	percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406	15.17	Horizon	MGD		155.42	0.3828			12	385.7	percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406	15.17	Horizon	Indemnity		155.42	0.3828			12	385.7	percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406	15.17	Horizon	PPO		155.42	0.3828			12	385.7	percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406	15.17	Horizon	Medicare Blue		121.8	0.3			12	385.7	percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406	15.17	Managed Care Inc	Managed Care Inc		365.4	0.9			12	385.7	percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406	15.17	Multiplan	Multiplan		324.8	0.8			12	385.7	percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406	15.17	Qualcare	Qualcare		304.5	0.75			12	385.7	percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406	15.17	Three Rivers	Three Rivers		385.7	0.95			12	385.7	percent of total billed charges	
MALARIA RAPID TEST	86750	CPT	outpatient			406	15.17	UHC	Medicare		13.19				12	385.7	case rate	
MALARIA RAPID TEST	86750	CPT	outpatient			406	15.17	UHC	Medicaid		12				12	385.7	case rate	
MALARIA RAPID TEST	86750	CPT	outpatient			406	15.17	Wellcare	Medicare		13.19				12	385.7	case rate	
MALARIA RAPID TEST	86750	CPT	outpatient			406	15.17	Wellcare	Medicaid		12				12	385.7	case rate	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483	14.25	Aetna	Commercial		183.54	0.38			12	458.85	percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483	14.25	Aetna	Medicare		12.39				12	458.85	case rate	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483	14.25	Aetna	Better Health		151.95	0.3146			12	458.85	percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483	14.25	Americare	Americare		362.25	0.75			12	458.85	percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483	14.25	WellPoint	WellPoint		154.95	0.3208			12	458.85	percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483	14.25	Amerihealth	Medicare		12.39				12	458.85	case rate	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483	14.25	Consumer	Consumer		458.85	0.95			12	458.85	percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483	14.25	Corrections	Corrections		386.4	0.8			12	458.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483	14.25	First Health	First Health		338.1	0.7			12	458.85	percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483	14.25	First Trenton	First Trenton		434.7	0.9			12	458.85	percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483	14.25	Horizon	MGD		184.89	0.3828			12	458.85	percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483	14.25	Horizon	Indemnity		184.89	0.3828			12	458.85	percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483	14.25	Horizon	Medicare Blue		144.9	0.3			12	458.85	percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483	14.25	Horizon	PPO		184.89	0.3828			12	458.85	percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483	14.25	Managed Care Inc	Managed Care Inc		434.7	0.9			12	458.85	percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483	14.25	Multiplan	Multiplan		386.4	0.8			12	458.85	percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483	14.25	Qualcare	Qualcare		362.25	0.75			12	458.85	percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483	14.25	Three Rivers	Three Rivers		458.85	0.95			12	458.85	percent of total billed charges	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483	14.25	UHC	Medicaid		12				12	458.85	case rate	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483	14.25	UHC	Medicare		12.39				12	458.85	case rate	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483	14.25	Wellcare	Medicaid		12				12	458.85	case rate	
TRYPANOSOMA CRUZI AB IGM	86753	CPT	both			483	14.25	Wellcare	Medicare		12.39				12	458.85	case rate	
RSV RESP SYN VIRUS AG ID FL	86756	CPT	both			175	18.27	Aetna	Commercial		66.5	0.38			12	166.25	percent of total billed charges	
RSV RESP SYN VIRUS AG ID FL	86756	CPT	both			175	18.27	Aetna	Medicare		15.89				12	166.25	case rate	
RSV RESP SYN VIRUS AG ID FL	86756	CPT	both			175	18.27	Aetna	Better Health		55.06	0.3146			12	166.25	percent of total billed charges	
RSV RESP SYN VIRUS AG ID FL	86756	CPT	both			175	18.27	Americare	Americare		131.25	0.75			12	166.25	percent of total billed charges	
RSV RESP SYN VIRUS AG ID FL	86756	CPT	both			175	18.27	WellPoint	WellPoint		56.14	0.3208			12	166.25	percent of total billed charges	
RSV RESP SYN VIRUS AG ID FL	86756	CPT	both			175	18.27	Amerihealth	Medicare		15.89				12	166.25	case rate	
RSV RESP SYN VIRUS AG ID FL	86756	CPT	both			175	18.27	Consumer	Consumer		166.25	0.95			12	166.25	percent of total billed charges	
RSV RESP SYN VIRUS AG ID FL	86756	CPT	both			175	18.27	Corrections	Corrections		140	0.8			12	166.25	percent of total billed charges	
RSV RESP SYN VIRUS AG ID FL	86756	CPT	both			175	18.27	First Health	First Health		122.5	0.7			12	166.25	percent of total billed charges	
RSV RESP SYN VIRUS AG ID FL	86756	CPT	both			175	18.27	First Trenton	First Trenton		157.5	0.9			12	166.25	percent of total billed charges	
RSV RESP SYN VIRUS AG ID FL	86756	CPT	both			175	18.27	Horizon	Indemnity		66.99	0.3828			12	166.25	percent of total billed charges	
RSV RESP SYN VIRUS AG ID FL	86756	CPT	both			175	18.27	Horizon	Medicare Blue		52.5	0.3			12	166.25	percent of total billed charges	
RSV RESP SYN VIRUS AG ID FL	86756	CPT	both			175	18.27	Horizon	MGD		66.99	0.3828			12	166.25	percent of total billed charges	
RSV RESP SYN VIRUS AG ID FL	86756	CPT	both			175	18.27	Horizon	PPO		66.99	0.3828			12	166.25	percent of total billed charges	
RSV RESP SYN VIRUS AG ID FL	86756	CPT	both			175	18.27	Managed Care Inc	Managed Care Inc		157.5	0.9			12	166.25	percent of total billed charges	
RSV RESP SYN VIRUS AG ID FL	86756	CPT	both			175	18.27	Multiplan	Multiplan		140	0.8			12	166.25	percent of total billed charges	
RSV RESP SYN VIRUS AG ID FL	86756	CPT	both			175	18.27	Qualcare	Qualcare		131.25	0.75			12	166.25	percent of total billed charges	
RSV RESP SYN VIRUS AG ID FL	86756	CPT	both			175	18.27	Three Rivers	Three Rivers		166.25	0.95			12	166.25	percent of total billed charges	
RSV RESP SYN VIRUS AG ID FL	86756	CPT	both			175	18.27	UHC	Medicare		15.89				12	166.25	case rate	
RSV RESP SYN VIRUS AG ID FL	86756	CPT	both			175	18.27	UHC	Medicaid		12				12	166.25	case rate	
RSV RESP SYN VIRUS AG ID FL	86756	CPT	both			175	18.27	Wellcare	Medicare		15.89				12	166.25	case rate	
RSV RESP SYN VIRUS AG ID FL	86756	CPT	both			175	18.27	Wellcare	Medicaid		12				12	166.25	case rate	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111	22.25	Aetna	Commercial		42.18	0.38			18.6	105.45	percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111	22.25	Aetna	Better Health		34.92	0.3146			18.6	105.45	percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111	22.25	Aetna	Medicare		19.35				18.6	105.45	case rate	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111	22.25	Americare	Americare		83.25	0.75			18.6	105.45	percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111	22.25	WellPoint	WellPoint		35.61	0.3208			18.6	105.45	percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111	22.25	Amerihealth	Medicare		19.35				18.6	105.45	case rate	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111	22.25	Consumer	Consumer		105.45	0.95			18.6	105.45	percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111	22.25	Corrections	Corrections		88.8	0.8			18.6	105.45	percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111	22.25	First Health	First Health		77.7	0.7			18.6	105.45	percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111	22.25	First Trenton	First Trenton		99.9	0.9			18.6	105.45	percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111	22.25	Horizon	Indemnity		42.49	0.3828			18.6	105.45	percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111	22.25	Horizon	Medicare Blue		33.3	0.3			18.6	105.45	percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111	22.25	Horizon	MGD		42.49	0.3828			18.6	105.45	percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111	22.25	Horizon	PPO		42.49	0.3828			18.6	105.45	percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111	22.25	Managed Care Inc	Managed Care Inc		99.9	0.9			18.6	105.45	percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111	22.25	Multiplan	Multiplan		88.8	0.8			18.6	105.45	percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111	22.25	Qualcare	Qualcare		83.25	0.75			18.6	105.45	percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111	22.25	Three Rivers	Three Rivers		105.45	0.95			18.6	105.45	percent of total billed charges	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111	22.25	UHC	Medicaid		21.4				18.6	105.45	case rate	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111	22.25	UHC	Medicare		19.35				18.6	105.45	case rate	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111	22.25	Wellcare	Medicare		19.35				18.6	105.45	case rate	
TYPHUS FEVER GROUP IGM	86757	CPT	inpatient			111	22.25	Wellcare	Medicaid		21.4				18.6	105.45	case rate	
RUBELLA IGM	86762	CPT	both			133	16.55	Aetna	Commercial		50.54	0.38			9.6	126.35	percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133	16.55	Aetna	Better Health		41.84	0.3146			9.6	126.35	percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133	16.55	Aetna	Medicare		14.39				9.6	126.35	case rate	
RUBELLA IGM	86762	CPT	both			133	16.55	Americare	Americare		99.75	0.75			9.6	126.35	percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133	16.55	WellPoint	WellPoint		42.67	0.3208			9.6	126.35	percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133	16.55	Amerihealth	Medicare		14.39				9.6	126.35	case rate	
RUBELLA IGM	86762	CPT	both			133	16.55	Consumer	Consumer		126.35	0.95			9.6	126.35	percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133	16.55	Corrections	Corrections		106.4	0.8			9.6	126.35	percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133	16.55	First Health	First Health		93.1	0.7			9.6	126.35	percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133	16.55	First Trenton	First Trenton		119.7	0.9			9.6	126.35	percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133	16.55	Horizon	Indemnity		50.91	0.3828			9.6	126.35	percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133	16.55	Horizon	Medicare Blue		39.9	0.3			9.6	126.35	percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133	16.55	Horizon	MGD		50.91	0.3828			9.6	126.35	percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133	16.55	Horizon	PPO		50.91	0.3828			9.6	126.35	percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133	16.55	Managed Care Inc	Managed Care Inc		119.7	0.9			9.6	126.35	percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133	16.55	Multiplan	Multiplan		106.4	0.8			9.6	126.35	percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133	16.55	Qualcare	Qualcare		99.75	0.75			9.6	126.35	percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133	16.55	Three Rivers	Three Rivers		126.35	0.95			9.6	126.35	percent of total billed charges	
RUBELLA IGM	86762	CPT	both			133	16.55	UHC	Medicare		14.39				9.6	126.35	case rate	
RUBELLA IGM	86762	CPT	both			133	16.55	UHC	Medicaid		12				9.6	126.35	case rate	
RUBELLA IGM	86762	CPT	both			133	16.55	Wellcare	Medicare		14.39				9.6	126.35	case rate	
RUBELLA IGM	86762	CPT	both			133	16.55	Wellcare	Medicaid		12				9.6	126.35	case rate	
MEASLES(RUBEOLA)AB.IGG(096560)	86765	CPT	both			177	14.81	Aetna	Commercial		67.26	0.38			10	168.15	percent of total billed charges	
MEASLES(RUBEOLA)AB.IGG(096560)	86765	CPT	both			177	14.81	Aetna	Better Health		55.68	0.3146			10	168.15	percent of total billed charges	
MEASLES(RUBEOLA)AB.IGG(096560)	86765	CPT	both			177	14.81	Aetna	Medicare		12.88				10	168.15	case rate	
MEASLES(RUBEOLA)AB.IGG(096560)	86765	CPT	both			177	14.81	Americare	Americare		132.75	0.75			10	168.15	percent of total billed charges	
MEASLES(RUBEOLA)AB.IGG(096560)	86765	CPT	both			177	14.81	WellPoint	WellPoint		56.78	0.3208			10	168.15	percent of total billed charges	
MEASLES(RUBEOLA)AB.IGG(096560)	86765	CPT	both			177	14.81	Amerihealth	Medicare		12.88				10	168.15	case rate	
MEASLES(RUBEOLA)AB.IGG(096560)	86765	CPT	both			177	14.81	Consumer	Consumer		168.15	0.95			10	168.15	percent of total billed charges	
MEASLES(RUBEOLA)AB.IGG(096560)	86765	CPT	both			177	14.81	Corrections	Corrections		141.6	0.8			10	168.15	percent of total billed charges	
MEASLES(RUBEOLA)AB.IGG(096560)	86765	CPT	both			177	14.81	First Health	First Health		123.9	0.7			10	168.15	percent of total billed charges	
MEASLES(RUBEOLA)AB.IGG(096560)	86765	CPT	both			177	14.81	First Trenton	First Trenton		159.3	0.9			10	168.15	percent of total billed charges	
MEASLES(RUBEOLA)AB.IGG(096560)	86765	CPT	both			177	14.81	Horizon	Medicare Blue		53.1	0.3			10	168.15	percent of total billed charges	
MEASLES(RUBEOLA)AB.IGG(096560)	86765	CPT	both			177	14.81	Horizon	Indemnity		67.76	0.3828			10	168.15	percent of total billed charges	
MEASLES(RUBEOLA)AB.IGG(096560)	86765	CPT	both			177	14.81	Horizon	MGD		67.76	0.3828			10	168.15	percent of total billed charges	
MEASLES(RUBEOLA)AB.IGG(096560)	86765	CPT	both			177	14.81	Horizon	PPO		67.76	0.3828			10	168.15	percent of total billed charges	
MEASLES(RUBEOLA)AB.IGG(096560)	86765	CPT	both			177	14.81	Managed Care Inc	Managed Care Inc		159.3	0.9			10	168.15	percent of total billed charges	
MEASLES(RUBEOLA)AB.IGG(096560)	86765	CPT	both			177	14.81	Multiplan	Multiplan		141.6	0.8			10	168.15	percent of total billed charges	
MEASLES(RUBEOLA)AB.IGG(096560)	86765	CPT	both			177	14.81	Qualcare	Qualcare		132.75	0.75			10	168.15	percent of total billed charges	
MEASLES(RUBEOLA)AB.IGG(096560)	86765	CPT	both			177	14.81	Three Rivers	Three Rivers		168.15	0.95			10	168.15	percent of total billed charges	
MEASLES(RUBEOLA)AB.IGG(096560)	86765	CPT	both			177	14.81	UHC	Medicare		12.88				10	168.15	case rate	
MEASLES(RUBEOLA)AB.IGG(096560)	86765	CPT	both			177	14.81	UHC	Medicaid		10				10	168.15	case rate	
MEASLES(RUBEOLA)AB.IGG(096560)	86765	CPT	both			177	14.81	Wellcare	Medicare		12.88				10	168.15	case rate	
MEASLES(RUBEOLA)AB.IGG(096560)	86765	CPT	both			177	14.81	Wellcare	Medicaid		10				10	168.15	case rate	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	outpatient			135	48.45	Aetna	Better Health		42.47	0.3146			27.9	128.25	percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	outpatient			135	48.45	Aetna	Medicare		42.13				27.9	128.25	case rate	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	outpatient			135	48.45	Aetna	Commercial		51.3	0.38			27.9	128.25	percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	outpatient			135	48.45	Americare	Americare		101.25	0.75			27.9	128.25	percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	outpatient			135	48.45	WellPoint	WellPoint		43.31	0.3208			27.9	128.25	percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	outpatient			135	48.45	Amerihealth	Medicare		42.13				27.9	128.25	case rate	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	outpatient			135	48.45	Consumer	Consumer		128.25	0.95			27.9	128.25	percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	outpatient			135	48.45	Corrections	Corrections		108	0.8			27.9	128.25	percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	outpatient			135	48.45	First Health	First Health		94.5	0.7			27.9	128.25	percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	outpatient			135	48.45	First Trenton	First Trenton		121.5	0.9			27.9	128.25	percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	outpatient			135	48.45	Horizon	PPO		51.68	0.3828			27.9	128.25	percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	outpatient			135	48.45	Horizon	MGD		51.68	0.3828			27.9	128.25	percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	outpatient			135	48.45	Horizon	Medicare Blue		40.5	0.3			27.9	128.25	percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	outpatient			135	48.45	Horizon	Indemnity		51.68	0.3828			27.9	128.25	percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	outpatient			135	48.45	Managed Care Inc	Managed Care Inc		121.5	0.9			27.9	128.25	percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	outpatient			135	48.45	Multiplan	Multiplan		108	0.8			27.9	128.25	percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	outpatient			135	48.45	Qualcare	Qualcare		101.25	0.75			27.9	128.25	percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	outpatient			135	48.45	Three Rivers	Three Rivers		128.25	0.95			27.9	128.25	percent of total billed charges	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	outpatient			135	48.45	UHC	Medicaid		33.7				27.9	128.25	case rate	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	outpatient			135	48.45	UHC	Medicare		42.13				27.9	128.25	case rate	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	outpatient			135	48.45	Wellcare	Medicaid		33.7				27.9	128.25	case rate	
SARS-COV2 SEMI-QUANT TOTAL AB	86769	CPT	outpatient			135	48.45	Wellcare	Medicare		42.13				27.9	128.25	case rate	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162	16.55	Aetna	Medicare		14.39				12	153.9	case rate	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162	16.55	Aetna	Better Health		50.97	0.3146			12	153.9	percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162	16.55	Aetna	Commercial		61.56	0.38			12	153.9	percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162	16.55	Americare	Americare		121.5	0.75			12	153.9	percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162	16.55	WellPoint	WellPoint		51.97	0.3208			12	153.9	percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162	16.55	Amerihealth	Medicare		14.39				12	153.9	case rate	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162	16.55	Consumer	Consumer		153.9	0.95			12	153.9	percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162	16.55	Corrections	Corrections		129.6	0.8			12	153.9	percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162	16.55	First Health	First Health		113.4	0.7			12	153.9	percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162	16.55	First Trenton	First Trenton		145.8	0.9			12	153.9	percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162	16.55	Horizon	MGD		62.01	0.3828			12	153.9	percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162	16.55	Horizon	Indemnity		62.01	0.3828			12	153.9	percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162	16.55	Horizon	PPO		62.01	0.3828			12	153.9	percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162	16.55	Horizon	Medicare Blue		48.6	0.3			12	153.9	percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162	16.55	Managed Care Inc	Managed Care Inc		145.8	0.9			12	153.9	percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162	16.55	Multiplan	Multiplan		129.6	0.8			12	153.9	percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162	16.55	Qualcare	Qualcare		121.5	0.75			12	153.9	percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162	16.55	Three Rivers	Three Rivers		153.9	0.95			12	153.9	percent of total billed charges	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162	16.55	UHC	Medicare		14.39				12	153.9	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162	16.55	UHC	Medicaid		12				12	153.9	case rate	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162	16.55	Wellcare	Medicaid		12				12	153.9	case rate	
TOXOPLASMA ANTIBODY IGG	86777	CPT	both			162	16.55	Wellcare	Medicare		14.39				12	153.9	case rate	
TOXOPLASMA IGM	86778	CPT	both			259	16.57	Aetna	Better Health		81.48	0.3146			14.41	246.05	percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259	16.57	Aetna	Medicare		14.41				14.41	246.05	case rate	
TOXOPLASMA IGM	86778	CPT	both			259	16.57	Aetna	Commercial		98.42	0.38			14.41	246.05	percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259	16.57	Americare	Americare		194.25	0.75			14.41	246.05	percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259	16.57	WellPoint	WellPoint		83.09	0.3208			14.41	246.05	percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259	16.57	Amerihealth	Medicare		14.41				14.41	246.05	case rate	
TOXOPLASMA IGM	86778	CPT	both			259	16.57	Consumer	Consumer		246.05	0.95			14.41	246.05	percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259	16.57	Corrections	Corrections		207.2	0.8			14.41	246.05	percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259	16.57	First Health	First Health		181.3	0.7			14.41	246.05	percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259	16.57	First Trenton	First Trenton		233.1	0.9			14.41	246.05	percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259	16.57	Horizon	MGD		99.15	0.3828			14.41	246.05	percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259	16.57	Horizon	PPO		99.15	0.3828			14.41	246.05	percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259	16.57	Horizon	Indemnity		99.15	0.3828			14.41	246.05	percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259	16.57	Horizon	Medicare Blue		77.7	0.3			14.41	246.05	percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259	16.57	Managed Care Inc	Managed Care Inc		233.1	0.9			14.41	246.05	percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259	16.57	Multiplan	Multiplan		207.2	0.8			14.41	246.05	percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259	16.57	Qualcare	Qualcare		194.25	0.75			14.41	246.05	percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259	16.57	Three Rivers	Three Rivers		246.05	0.95			14.41	246.05	percent of total billed charges	
TOXOPLASMA IGM	86778	CPT	both			259	16.57	UHC	Medicaid		15				14.41	246.05	case rate	
TOXOPLASMA IGM	86778	CPT	both			259	16.57	UHC	Medicare		14.41				14.41	246.05	case rate	
TOXOPLASMA IGM	86778	CPT	both			259	16.57	Wellcare	Medicaid		15				14.41	246.05	case rate	
TOXOPLASMA IGM	86778	CPT	both			259	16.57	Wellcare	Medicare		14.41				14.41	246.05	case rate	
TREPONEMA PALLIDUM; IGG+IGM AB SERUM IM	86780	CPT	both			190	15.23	Aetna	Better Health		59.77	0.3146			10.59	180.5	percent of total billed charges	
TREPONEMA PALLIDUM; IGG+IGM AB SERUM IM	86780	CPT	both			190	15.23	Aetna	Medicare		13.24				10.59	180.5	case rate	
TREPONEMA PALLIDUM; IGG+IGM AB SERUM IM	86780	CPT	both			190	15.23	Aetna	Commercial		72.2	0.38			10.59	180.5	percent of total billed charges	
TREPONEMA PALLIDUM; IGG+IGM AB SERUM IM	86780	CPT	both			190	15.23	Americare	Americare		142.5	0.75			10.59	180.5	percent of total billed charges	
TREPONEMA PALLIDUM; IGG+IGM AB SERUM IM	86780	CPT	both			190	15.23	WellPoint	WellPoint		60.95	0.3208			10.59	180.5	percent of total billed charges	
TREPONEMA PALLIDUM; IGG+IGM AB SERUM IM	86780	CPT	both			190	15.23	Amerihealth	Medicare		13.24				10.59	180.5	case rate	
TREPONEMA PALLIDUM; IGG+IGM AB SERUM IM	86780	CPT	both			190	15.23	Consumer	Consumer		180.5	0.95			10.59	180.5	percent of total billed charges	
TREPONEMA PALLIDUM; IGG+IGM AB SERUM IM	86780	CPT	both			190	15.23	Corrections	Corrections		152	0.8			10.59	180.5	percent of total billed charges	
TREPONEMA PALLIDUM; IGG+IGM AB SERUM IM	86780	CPT	both			190	15.23	First Health	First Health		133	0.7			10.59	180.5	percent of total billed charges	
TREPONEMA PALLIDUM; IGG+IGM AB SERUM IM	86780	CPT	both			190	15.23	First Trenton	First Trenton		171	0.9			10.59	180.5	percent of total billed charges	
TREPONEMA PALLIDUM; IGG+IGM AB SERUM IM	86780	CPT	both			190	15.23	Horizon	MGD		72.73	0.3828			10.59	180.5	percent of total billed charges	
TREPONEMA PALLIDUM; IGG+IGM AB SERUM IM	86780	CPT	both			190	15.23	Horizon	Indemnity		72.73	0.3828			10.59	180.5	percent of total billed charges	
TREPONEMA PALLIDUM; IGG+IGM AB SERUM IM	86780	CPT	both			190	15.23	Horizon	Medicare Blue		57	0.3			10.59	180.5	percent of total billed charges	
TREPONEMA PALLIDUM; IGG+IGM AB SERUM IM	86780	CPT	both			190	15.23	Horizon	PPO		72.73	0.3828			10.59	180.5	percent of total billed charges	
TREPONEMA PALLIDUM; IGG+IGM AB SERUM IM	86780	CPT	both			190	15.23	Managed Care Inc	Managed Care Inc		171	0.9			10.59	180.5	percent of total billed charges	
TREPONEMA PALLIDUM; IGG+IGM AB SERUM IM	86780	CPT	both			190	15.23	Multiplan	Multiplan		152	0.8			10.59	180.5	percent of total billed charges	
TREPONEMA PALLIDUM; IGG+IGM AB SERUM IM	86780	CPT	both			190	15.23	Qualcare	Qualcare		142.5	0.75			10.59	180.5	percent of total billed charges	
TREPONEMA PALLIDUM; IGG+IGM AB SERUM IM	86780	CPT	both			190	15.23	Three Rivers	Three Rivers		180.5	0.95			10.59	180.5	percent of total billed charges	
TREPONEMA PALLIDUM; IGG+IGM AB SERUM IM	86780	CPT	both			190	15.23	UHC	Medicaid		10.59				10.59	180.5	case rate	
TREPONEMA PALLIDUM; IGG+IGM AB SERUM IM	86780	CPT	both			190	15.23	UHC	Medicare		13.24				10.59	180.5	case rate	
TREPONEMA PALLIDUM; IGG+IGM AB SERUM IM	86780	CPT	both			190	15.23	Wellcare	Medicaid		10.59				10.59	180.5	case rate	
TREPONEMA PALLIDUM; IGG+IGM AB SERUM IM	86780	CPT	both			190	15.23	Wellcare	Medicare		13.24				10.59	180.5	case rate	
TRICHINELLA AB	86784	CPT	inpatient			490	14.44	Aetna	Commercial		186.2	0.38			12.56	465.5	percent of total billed charges	
TRICHINELLA AB	86784	CPT	inpatient			490	14.44	Aetna	Medicare		150.92	0.308			12.56	465.5	percent of total billed charges	
TRICHINELLA AB	86784	CPT	inpatient			490	14.44	Aetna	Better Health		154.15	0.3146			12.56	465.5	percent of total billed charges	
TRICHINELLA AB	86784	CPT	inpatient			490	14.44	Americare	Americare		367.5	0.75			12.56	465.5	percent of total billed charges	
TRICHINELLA AB	86784	CPT	inpatient			490	14.44	WellPoint	WellPoint		157.19	0.3208			12.56	465.5	percent of total billed charges	
TRICHINELLA AB	86784	CPT	inpatient			490	14.44	Amerihealth	Medicare		12.56				12.56	465.5	case rate	
TRICHINELLA AB	86784	CPT	inpatient			490	14.44	Consumer	Consumer		465.5	0.95			12.56	465.5	percent of total billed charges	
TRICHINELLA AB	86784	CPT	inpatient			490	14.44	Corrections	Corrections		392	0.8			12.56	465.5	percent of total billed charges	
TRICHINELLA AB	86784	CPT	inpatient			490	14.44	First Health	First Health		343	0.7			12.56	465.5	percent of total billed charges	
TRICHINELLA AB	86784	CPT	inpatient			490	14.44	First Trenton	First Trenton		441	0.9			12.56	465.5	percent of total billed charges	
TRICHINELLA AB	86784	CPT	inpatient			490	14.44	Horizon	Indemnity		187.57	0.3828			12.56	465.5	percent of total billed charges	
TRICHINELLA AB	86784	CPT	inpatient			490	14.44	Horizon	MGD		187.57	0.3828			12.56	465.5	percent of total billed charges	
TRICHINELLA AB	86784	CPT	inpatient			490	14.44	Horizon	PPO		187.57	0.3828			12.56	465.5	percent of total billed charges	
TRICHINELLA AB	86784	CPT	inpatient			490	14.44	Horizon	Medicare Blue		147	0.3			12.56	465.5	percent of total billed charges	
TRICHINELLA AB	86784	CPT	inpatient			490	14.44	Managed Care Inc	Managed Care Inc		441	0.9			12.56	465.5	percent of total billed charges	
TRICHINELLA AB	86784	CPT	inpatient			490	14.44	Multiplan	Multiplan		392	0.8			12.56	465.5	percent of total billed charges	
TRICHINELLA AB	86784	CPT	inpatient			490	14.44	Qualcare	Qualcare		367.5	0.75			12.56	465.5	percent of total billed charges	
TRICHINELLA AB	86784	CPT	inpatient			490	14.44	Three Rivers	Three Rivers		465.5	0.95			12.56	465.5	percent of total billed charges	
TRICHINELLA AB	86784	CPT	inpatient			490	14.44	UHC	Medicaid		154.15	0.3146			12.56	465.5	percent of total billed charges	
TRICHINELLA AB	86784	CPT	inpatient			490	14.44	UHC	Medicare		12.56				12.56	465.5	case rate	
TRICHINELLA AB	86784	CPT	inpatient			490	14.44	Wellcare	Medicaid		154.15	0.3146			12.56	465.5	percent of total billed charges	
TRICHINELLA AB	86784	CPT	inpatient			490	14.44	Wellcare	Medicare		12.56				12.56	465.5	case rate	
VDRL SCREEN CSF	86787	CPT	both			109	14.81	Aetna	Medicare		33.57	0.308			12.88	103.55	percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109	14.81	Aetna	Better Health		34.29	0.3146			12.88	103.55	percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109	14.81	Aetna	Commercial		41.42	0.38			12.88	103.55	percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109	14.81	Americare	Americare		81.75	0.75			12.88	103.55	percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109	14.81	WellPoint	WellPoint		34.97	0.3208			12.88	103.55	percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109	14.81	Amerihealth	Medicare		12.88				12.88	103.55	case rate	
VDRL SCREEN CSF	86787	CPT	both			109	14.81	Consumer	Consumer		103.55	0.95			12.88	103.55	percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109	14.81	Corrections	Corrections		87.2	0.8			12.88	103.55	percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109	14.81	First Health	First Health		76.3	0.7			12.88	103.55	percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109	14.81	First Trenton	First Trenton		98.1	0.9			12.88	103.55	percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109	14.81	Horizon	Medicare Blue		32.7	0.3			12.88	103.55	percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109	14.81	Horizon	Indemnity		41.73	0.3828			12.88	103.55	percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109	14.81	Horizon	MGD		41.73	0.3828			12.88	103.55	percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109	14.81	Horizon	PPO		41.73	0.3828			12.88	103.55	percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109	14.81	Managed Care Inc	Managed Care Inc		98.1	0.9			12.88	103.55	percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109	14.81	Multiplan	Multiplan		87.2	0.8			12.88	103.55	percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109	14.81	Qualcare	Qualcare		81.75	0.75			12.88	103.55	percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109	14.81	Three Rivers	Three Rivers		103.55	0.95			12.88	103.55	percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109	14.81	UHC	Medicaid		34.29	0.3146			12.88	103.55	percent of total billed charges	
VDRL SCREEN CSF	86787	CPT	both			109	14.81	UHC	Medicare		12.88				12.88	103.55	case rate	
VDRL SCREEN CSF	86787	CPT	both			109	14.81	Wellcare	Medicare		12.88				12.88	103.55	case rate	
VDRL SCREEN CSF	86787	CPT	both			109	14.81	Wellcare	Medicaid		34.29	0.3146			12.88	103.55	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175	19.38	Aetna	Commercial		66.5	0.38			13.48	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175	19.38	Aetna	Medicare		16.85				13.48	166.25	case rate	
WEST NILE VIRUS IGM	86788	CPT	both			175	19.38	Aetna	Better Health		55.06	0.3146			13.48	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175	19.38	Americare	Americare		131.25	0.75			13.48	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175	19.38	WellPoint	WellPoint		56.14	0.3208			13.48	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175	19.38	Amerihealth	Medicare		16.85				13.48	166.25	case rate	
WEST NILE VIRUS IGM	86788	CPT	both			175	19.38	Consumer	Consumer		166.25	0.95			13.48	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175	19.38	Corrections	Corrections		140	0.8			13.48	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175	19.38	First Health	First Health		122.5	0.7			13.48	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175	19.38	First Trenton	First Trenton		157.5	0.9			13.48	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175	19.38	Horizon	Medicare Blue		52.5	0.3			13.48	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175	19.38	Horizon	MGD		66.99	0.3828			13.48	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175	19.38	Horizon	Indemnity		66.99	0.3828			13.48	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175	19.38	Horizon	PPO		66.99	0.3828			13.48	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175	19.38	Managed Care Inc	Managed Care Inc		157.5	0.9			13.48	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175	19.38	Multiplan	Multiplan		140	0.8			13.48	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175	19.38	Qualcare	Qualcare		131.25	0.75			13.48	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175	19.38	Three Rivers	Three Rivers		166.25	0.95			13.48	166.25	percent of total billed charges	
WEST NILE VIRUS IGM	86788	CPT	both			175	19.38	UHC	Medicare		16.85				13.48	166.25	case rate	
WEST NILE VIRUS IGM	86788	CPT	both			175	19.38	UHC	Medicaid		13.48				13.48	166.25	case rate	
WEST NILE VIRUS IGM	86788	CPT	both			175	19.38	Wellcare	Medicaid		13.48				13.48	166.25	case rate	
WEST NILE VIRUS IGM	86788	CPT	both			175	19.38	Wellcare	Medicare		16.85				13.48	166.25	case rate	
WEST NILE VIRUS IGG	86789	CPT	both			150	16.55	Aetna	Medicare		14.39				11.51	142.5	case rate	
WEST NILE VIRUS IGG	86789	CPT	both			150	16.55	Aetna	Better Health		47.19	0.3146			11.51	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150	16.55	Aetna	Commercial		57	0.38			11.51	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150	16.55	Americare	Americare		112.5	0.75			11.51	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150	16.55	WellPoint	WellPoint		48.12	0.3208			11.51	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150	16.55	Amerihealth	Medicare		14.39				11.51	142.5	case rate	
WEST NILE VIRUS IGG	86789	CPT	both			150	16.55	Consumer	Consumer		142.5	0.95			11.51	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150	16.55	Corrections	Corrections		120	0.8			11.51	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150	16.55	First Health	First Health		105	0.7			11.51	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150	16.55	First Trenton	First Trenton		135	0.9			11.51	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150	16.55	Horizon	Medicare Blue		45	0.3			11.51	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150	16.55	Horizon	Indemnity		57.42	0.3828			11.51	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150	16.55	Horizon	MGD		57.42	0.3828			11.51	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150	16.55	Horizon	PPO		57.42	0.3828			11.51	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150	16.55	Managed Care Inc	Managed Care Inc		135	0.9			11.51	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150	16.55	Multiplan	Multiplan		120	0.8			11.51	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150	16.55	Qualcare	Qualcare		112.5	0.75			11.51	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150	16.55	Three Rivers	Three Rivers		142.5	0.95			11.51	142.5	percent of total billed charges	
WEST NILE VIRUS IGG	86789	CPT	both			150	16.55	UHC	Medicaid		11.51				11.51	142.5	case rate	
WEST NILE VIRUS IGG	86789	CPT	both			150	16.55	UHC	Medicare		14.39				11.51	142.5	case rate	
WEST NILE VIRUS IGG	86789	CPT	both			150	16.55	Wellcare	Medicaid		11.51				11.51	142.5	case rate	
WEST NILE VIRUS IGG	86789	CPT	both			150	16.55	Wellcare	Medicare		14.39				11.51	142.5	case rate	
ZIKA VIRUS AB IGM(163084)	86790	CPT	both			315	14.81	Aetna	Medicare		12.88				9.3	299.25	case rate	
ZIKA VIRUS AB IGM(163084)	86790	CPT	both			315	14.81	Aetna	Better Health		99.1	0.3146			9.3	299.25	percent of total billed charges	
ZIKA VIRUS AB IGM(163084)	86790	CPT	both			315	14.81	Aetna	Commercial		119.7	0.38			9.3	299.25	percent of total billed charges	
ZIKA VIRUS AB IGM(163084)	86790	CPT	both			315	14.81	Americare	Americare		236.25	0.75			9.3	299.25	percent of total billed charges	
ZIKA VIRUS AB IGM(163084)	86790	CPT	both			315	14.81	WellPoint	WellPoint		101.05	0.3208			9.3	299.25	percent of total billed charges	
ZIKA VIRUS AB IGM(163084)	86790	CPT	both			315	14.81	Amerihealth	Medicare		12.88				9.3	299.25	case rate	
ZIKA VIRUS AB IGM(163084)	86790	CPT	both			315	14.81	Consumer	Consumer		299.25	0.95			9.3	299.25	percent of total billed charges	
ZIKA VIRUS AB IGM(163084)	86790	CPT	both			315	14.81	Corrections	Corrections		252	0.8			9.3	299.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ZIKA VIRUS,AB IGM(163084)	86790	CPT	both			315	14.81	First Health	First Health		220.5	0.7			9.3	299.25	percent of total billed charges	
ZIKA VIRUS,AB IGM(163084)	86790	CPT	both			315	14.81	First Trenton	First Trenton		283.5	0.9			9.3	299.25	percent of total billed charges	
ZIKA VIRUS,AB IGM(163084)	86790	CPT	both			315	14.81	Horizon	MGD		120.58	0.3828			9.3	299.25	percent of total billed charges	
ZIKA VIRUS,AB IGM(163084)	86790	CPT	both			315	14.81	Horizon	Medicare Blue		94.5	0.3			9.3	299.25	percent of total billed charges	
ZIKA VIRUS,AB IGM(163084)	86790	CPT	both			315	14.81	Horizon	Indemnity		120.58	0.3828			9.3	299.25	percent of total billed charges	
ZIKA VIRUS,AB IGM(163084)	86790	CPT	both			315	14.81	Horizon	PPO		120.58	0.3828			9.3	299.25	percent of total billed charges	
ZIKA VIRUS,AB IGM(163084)	86790	CPT	both			315	14.81	Managed Care Inc	Managed Care Inc		283.5	0.9			9.3	299.25	percent of total billed charges	
ZIKA VIRUS,AB IGM(163084)	86790	CPT	both			315	14.81	Multiplan	Multiplan		252	0.8			9.3	299.25	percent of total billed charges	
ZIKA VIRUS,AB IGM(163084)	86790	CPT	both			315	14.81	Qualcare	Qualcare		236.25	0.75			9.3	299.25	percent of total billed charges	
ZIKA VIRUS,AB IGM(163084)	86790	CPT	both			315	14.81	Three Rivers	Three Rivers		299.25	0.95			9.3	299.25	percent of total billed charges	
ZIKA VIRUS,AB IGM(163084)	86790	CPT	both			315	14.81	UHC	Medicaid		17				9.3	299.25	case rate	
ZIKA VIRUS,AB IGM(163084)	86790	CPT	both			315	14.81	UHC	Medicare		12.88				9.3	299.25	case rate	
ZIKA VIRUS,AB IGM(163084)	86790	CPT	both			315	14.81	Wellcare	Medicaid		17				9.3	299.25	case rate	
ZIKA VIRUS,AB IGM(163084)	86790	CPT	both			315	14.81	Wellcare	Medicare		12.88				9.3	299.25	case rate	
THYROGLOBULIN BY IMA	86800	CPT	both			285	18.3	Aetna	Better Health		89.66	0.3146			10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285	18.3	Aetna	Medicare		15.91				10.8	270.75	case rate	
THYROGLOBULIN BY IMA	86800	CPT	both			285	18.3	Aetna	Commercial		108.3	0.38			10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285	18.3	Americare	Americare		213.75	0.75			10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285	18.3	WellPoint	WellPoint		91.43	0.3208			10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285	18.3	Amerihealth	Medicare		15.91				10.8	270.75	case rate	
THYROGLOBULIN BY IMA	86800	CPT	both			285	18.3	Consumer	Consumer		270.75	0.95			10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285	18.3	Corrections	Corrections		228	0.8			10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285	18.3	First Health	First Health		199.5	0.7			10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285	18.3	First Trenton	First Trenton		256.5	0.9			10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285	18.3	Horizon	MGD		109.1	0.3828			10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285	18.3	Horizon	Indemnity		109.1	0.3828			10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285	18.3	Horizon	Medicare Blue		85.5	0.3			10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285	18.3	Horizon	PPO		109.1	0.3828			10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285	18.3	Managed Care Inc	Managed Care Inc		256.5	0.9			10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285	18.3	Multiplan	Multiplan		228	0.8			10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285	18.3	Qualcare	Qualcare		213.75	0.75			10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285	18.3	Three Rivers	Three Rivers		270.75	0.95			10.8	270.75	percent of total billed charges	
THYROGLOBULIN BY IMA	86800	CPT	both			285	18.3	UHC	Medicaid		13				10.8	270.75	case rate	
THYROGLOBULIN BY IMA	86800	CPT	both			285	18.3	UHC	Medicare		15.91				10.8	270.75	case rate	
THYROGLOBULIN BY IMA	86800	CPT	both			285	18.3	Wellcare	Medicare		15.91				10.8	270.75	case rate	
THYROGLOBULIN BY IMA	86800	CPT	both			285	18.3	Wellcare	Medicaid		13				10.8	270.75	case rate	
HEPATITIS C VIRUS	86803	CPT	both			750	16.41	Aetna	Medicare		231	0.308			10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750	16.41	Aetna	Better Health		235.95	0.3146			10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750	16.41	Aetna	Commercial		285	0.38			10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750	16.41	Americare	Americare		562.5	0.75			10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750	16.41	WellPoint	WellPoint		240.6	0.3208			10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750	16.41	Amerihealth	Medicare		14.27				10.2	712.5	case rate	
HEPATITIS C VIRUS	86803	CPT	both			750	16.41	Consumer	Consumer		712.5	0.95			10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750	16.41	Corrections	Corrections		600	0.8			10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750	16.41	First Health	First Health		525	0.7			10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750	16.41	First Trenton	First Trenton		675	0.9			10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750	16.41	Horizon	Medicare Blue		225	0.3			10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750	16.41	Horizon	MGD		287.1	0.3828			10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750	16.41	Horizon	Indemnity		287.1	0.3828			10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750	16.41	Horizon	PPO		287.1	0.3828			10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750	16.41	Managed Care Inc	Managed Care Inc		675	0.9			10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750	16.41	Multiplan	Multiplan		600	0.8			10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750	16.41	Qualcare	Qualcare		562.5	0.75			10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750	16.41	Three Rivers	Three Rivers		712.5	0.95			10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750	16.41	UHC	Medicaid		235.95	0.3146			10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750	16.41	UHC	Medicare		14.27				10.2	712.5	case rate	
HEPATITIS C VIRUS	86803	CPT	both			750	16.41	Wellcare	Medicaid		235.95	0.3146			10.2	712.5	percent of total billed charges	
HEPATITIS C VIRUS	86803	CPT	both			750	16.41	Wellcare	Medicare		14.27				10.2	712.5	case rate	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395	17.81	Aetna	Better Health		124.27	0.3146			15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395	17.81	Aetna	Commercial		150.1	0.38			15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395	17.81	Aetna	Medicare		15.49				15.49	375.25	case rate	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395	17.81	Americare	Americare		296.25	0.75			15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395	17.81	WellPoint	WellPoint		126.72	0.3208			15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395	17.81	Amerihealth	Medicare		15.49				15.49	375.25	case rate	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395	17.81	Consumer	Consumer		375.25	0.95			15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395	17.81	Corrections	Corrections		316	0.8			15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395	17.81	First Health	First Health		276.5	0.7			15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395	17.81	First Trenton	First Trenton		355.5	0.9			15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395	17.81	Horizon	MGD		151.21	0.3828			15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395	17.81	Horizon	PPO		151.21	0.3828			15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395	17.81	Horizon	Indemnity		151.21	0.3828			15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395	17.81	Horizon	Medicare Blue		118.5	0.3			15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395	17.81	Managed Care Inc	Managed Care Inc		355.5	0.9			15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395	17.81	Multiplan	Multiplan		316	0.8			15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395	17.81	Qualcare	Qualcare		296.25	0.75			15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395	17.81	Three Rivers	Three Rivers		375.25	0.95			15.49	375.25	percent of total billed charges	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395	17.81	UHC	Medicaid		20				15.49	375.25	case rate	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395	17.81	UHC	Medicare		15.49				15.49	375.25	case rate	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395	17.81	Wellcare	Medicaid		20				15.49	375.25	case rate	
HEPATITIS C AB VERIFICATION TEST	86804	CPT	outpatient			395	17.81	Wellcare	Medicare		15.49				15.49	375.25	case rate	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453	29.68	Aetna	Commercial		172.14	0.38			12.6	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453	29.68	Aetna	Medicare		25.81				12.6	430.35	case rate	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453	29.68	Aetna	Better Health		142.51	0.3146			12.6	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453	29.68	Americare	Americare		339.75	0.75			12.6	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453	29.68	WellPoint	WellPoint		145.32	0.3208			12.6	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453	29.68	Amerihealth	Medicare		25.81				12.6	430.35	case rate	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453	29.68	Consumer	Consumer		430.35	0.95			12.6	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453	29.68	Corrections	Corrections		362.4	0.8			12.6	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453	29.68	First Health	First Health		317.1	0.7			12.6	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453	29.68	First Trenton	First Trenton		407.7	0.9			12.6	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453	29.68	Horizon	Indemnity		173.41	0.3828			12.6	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453	29.68	Horizon	Medicare Blue		135.9	0.3			12.6	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453	29.68	Horizon	MGD		173.41	0.3828			12.6	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453	29.68	Horizon	PPO		173.41	0.3828			12.6	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453	29.68	Managed Care Inc	Managed Care Inc		407.7	0.9			12.6	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453	29.68	Multiplan	Multiplan		362.4	0.8			12.6	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453	29.68	Qualcare	Qualcare		339.75	0.75			12.6	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453	29.68	Three Rivers	Three Rivers		430.35	0.95			12.6	430.35	percent of total billed charges	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453	29.68	UHC	Medicare		25.81				12.6	430.35	case rate	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453	29.68	UHC	Medicaid		12.6				12.6	430.35	case rate	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453	29.68	Wellcare	Medicare		25.81				12.6	430.35	case rate	
HLA-B27 ANTIGEN LAB	86812	CPT	outpatient			453	29.68	Wellcare	Medicaid		12.6				12.6	430.35	case rate	
DONOR TST PNL ABO HLA CLS I II(IMPORTED)	86816	CPT	inpatient			4612	34.7	Aetna	Better Health		1450.94	0.3146			19	4381.4	percent of total billed charges	
DONOR TST PNL ABO HLA CLS I II(IMPORTED)	86816	CPT	inpatient			4612	34.7	Aetna	Medicare		30.17				19	4381.4	case rate	
DONOR TST PNL ABO HLA CLS I II(IMPORTED)	86816	CPT	inpatient			4612	34.7	Aetna	Commercial		1752.56	0.38			19	4381.4	percent of total billed charges	
DONOR TST PNL ABO HLA CLS I II(IMPORTED)	86816	CPT	inpatient			4612	34.7	Americare	Americare		3459	0.75			19	4381.4	percent of total billed charges	
DONOR TST PNL ABO HLA CLS I II(IMPORTED)	86816	CPT	inpatient			4612	34.7	WellPoint	WellPoint		1479.53	0.3208			19	4381.4	percent of total billed charges	
DONOR TST PNL ABO HLA CLS I II(IMPORTED)	86816	CPT	inpatient			4612	34.7	Amerihealth	Medicare		30.17				19	4381.4	case rate	
DONOR TST PNL ABO HLA CLS I II(IMPORTED)	86816	CPT	inpatient			4612	34.7	Consumer	Consumer		4381.4	0.95			19	4381.4	percent of total billed charges	
DONOR TST PNL ABO HLA CLS I II(IMPORTED)	86816	CPT	inpatient			4612	34.7	Corrections	Corrections		3689.6	0.8			19	4381.4	percent of total billed charges	
DONOR TST PNL ABO HLA CLS I II(IMPORTED)	86816	CPT	inpatient			4612	34.7	First Health	First Health		3228.4	0.7			19	4381.4	percent of total billed charges	
DONOR TST PNL ABO HLA CLS I II(IMPORTED)	86816	CPT	inpatient			4612	34.7	First Trenton	First Trenton		4150.8	0.9			19	4381.4	percent of total billed charges	
DONOR TST PNL ABO HLA CLS I II(IMPORTED)	86816	CPT	inpatient			4612	34.7	Horizon	Indemnity		1765.47	0.3828			19	4381.4	percent of total billed charges	
DONOR TST PNL ABO HLA CLS I II(IMPORTED)	86816	CPT	inpatient			4612	34.7	Horizon	MGD		1765.47	0.3828			19	4381.4	percent of total billed charges	
DONOR TST PNL ABO HLA CLS I II(IMPORTED)	86816	CPT	inpatient			4612	34.7	Horizon	Medicare Blue		1383.6	0.3			19	4381.4	percent of total billed charges	
DONOR TST PNL ABO HLA CLS I II(IMPORTED)	86816	CPT	inpatient			4612	34.7	Horizon	PPO		1765.47	0.3828			19	4381.4	percent of total billed charges	
DONOR TST PNL ABO HLA CLS I II(IMPORTED)	86816	CPT	inpatient			4612	34.7	Managed Care Inc	Managed Care Inc		4150.8	0.9			19	4381.4	percent of total billed charges	
DONOR TST PNL ABO HLA CLS I II(IMPORTED)	86816	CPT	inpatient			4612	34.7	Multiplan	Multiplan		3689.6	0.8			19	4381.4	percent of total billed charges	
DONOR TST PNL ABO HLA CLS I II(IMPORTED)	86816	CPT	inpatient			4612	34.7	Qualcare	Qualcare		3459	0.75			19	4381.4	percent of total billed charges	
DONOR TST PNL ABO HLA CLS I II(IMPORTED)	86816	CPT	inpatient			4612	34.7	Three Rivers	Three Rivers		4381.4	0.95			19	4381.4	percent of total billed charges	
DONOR TST PNL ABO HLA CLS I II(IMPORTED)	86816	CPT	inpatient			4612	34.7	UHC	Medicaid		19				19	4381.4	case rate	
DONOR TST PNL ABO HLA CLS I II(IMPORTED)	86816	CPT	inpatient			4612	34.7	UHC	Medicare		30.17				19	4381.4	case rate	
DONOR TST PNL ABO HLA CLS I II(IMPORTED)	86816	CPT	inpatient			4612	34.7	Wellcare	Medicaid		19				19	4381.4	case rate	
DONOR TST PNL ABO HLA CLS I II(IMPORTED)	86816	CPT	inpatient			4612	34.7	Wellcare	Medicare		30.17				19	4381.4	case rate	
HLA TYPING;DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979	122.06	Aetna	Better Health		622.59	0.3146			19	1880.05	percent of total billed charges	
HLA TYPING;DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979	122.06	Aetna	Medicare		106.14				19	1880.05	case rate	
HLA TYPING;DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979	122.06	Aetna	Commercial		752.02	0.38			19	1880.05	percent of total billed charges	
HLA TYPING;DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979	122.06	Americare	Americare		1484.25	0.75			19	1880.05	percent of total billed charges	
HLA TYPING;DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979	122.06	WellPoint	WellPoint		634.86	0.3208			19	1880.05	percent of total billed charges	
HLA TYPING;DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979	122.06	Amerihealth	Medicare		106.14				19	1880.05	case rate	
HLA TYPING;DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979	122.06	Consumer	Consumer		1880.05	0.95			19	1880.05	percent of total billed charges	
HLA TYPING;DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979	122.06	Corrections	Corrections		1583.2	0.8			19	1880.05	percent of total billed charges	
HLA TYPING;DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979	122.06	First Health	First Health		1385.3	0.7			19	1880.05	percent of total billed charges	
HLA TYPING;DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979	122.06	First Trenton	First Trenton		1781.1	0.9			19	1880.05	percent of total billed charges	
HLA TYPING;DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979	122.06	Horizon	MGD		757.56	0.3828			19	1880.05	percent of total billed charges	
HLA TYPING;DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979	122.06	Horizon	Medicare Blue		593.7	0.3			19	1880.05	percent of total billed charges	
HLA TYPING;DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979	122.06	Horizon	Indemnity		757.56	0.3828			19	1880.05	percent of total billed charges	
HLA TYPING;DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979	122.06	Horizon	PPO		757.56	0.3828			19	1880.05	percent of total billed charges	
HLA TYPING;DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979	122.06	Managed Care Inc	Managed Care Inc		1781.1	0.9			19	1880.05	percent of total billed charges	
HLA TYPING;DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979	122.06	Multiplan	Multiplan		1583.2	0.8			19	1880.05	percent of total billed charges	
HLA TYPING;DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979	122.06	Qualcare	Qualcare		1484.25	0.75			19	1880.05	percent of total billed charges	
HLA TYPING;DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979	122.06	Three Rivers	Three Rivers		1880.05	0.95			19	1880.05	percent of total billed charges	
HLA TYPING;DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979	122.06	UHC	Medicaid		19				19	1880.05	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HLA TYPING;DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979	122.06	UHC	Medicare		106.14				19	1880.05	case rate	
HLA TYPING;DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979	122.06	Medicaid	Medicaid		19				19	1880.05	case rate	
HLA TYPING;DQB1; CLASS II HIGH RESOLUTI	86817	CPT	outpatient			1979	122.06	Wellcare	Medicare		106.14				19	1880.05	case rate	
HIGH DEF QUALTITATIVE HLA CLASS I	86832	CPT	inpatient			961	372.31	Aetna	Medicare		323.75				259	912.95	case rate	
HIGH DEF QUALTITATIVE HLA CLASS I	86832	CPT	inpatient			961	372.31	Aetna	Better Health		302.33	0.3146			259	912.95	percent of total billed charges	
HIGH DEF QUALTITATIVE HLA CLASS I	86832	CPT	inpatient			961	372.31	Aetna	Commercial		365.18	0.38			259	912.95	percent of total billed charges	
HIGH DEF QUALTITATIVE HLA CLASS I	86832	CPT	inpatient			961	372.31	Americare	Americare		720.75	0.75			259	912.95	percent of total billed charges	
HIGH DEF QUALTITATIVE HLA CLASS I	86832	CPT	inpatient			961	372.31	WellPoint	WellPoint		308.29	0.3208			259	912.95	percent of total billed charges	
HIGH DEF QUALTITATIVE HLA CLASS I	86832	CPT	inpatient			961	372.31	Amerihealth	Medicare		323.75				259	912.95	case rate	
HIGH DEF QUALTITATIVE HLA CLASS I	86832	CPT	inpatient			961	372.31	Consumer	Consumer		912.95	0.95			259	912.95	percent of total billed charges	
HIGH DEF QUALTITATIVE HLA CLASS I	86832	CPT	inpatient			961	372.31	Corrections	Corrections		768.8	0.8			259	912.95	percent of total billed charges	
HIGH DEF QUALTITATIVE HLA CLASS I	86832	CPT	inpatient			961	372.31	First Health	First Health		672.7	0.7			259	912.95	percent of total billed charges	
HIGH DEF QUALTITATIVE HLA CLASS I	86832	CPT	inpatient			961	372.31	First Trenton	First Trenton		864.9	0.9			259	912.95	percent of total billed charges	
HIGH DEF QUALTITATIVE HLA CLASS I	86832	CPT	inpatient			961	372.31	Horizon	MCD		367.87	0.3828			259	912.95	percent of total billed charges	
HIGH DEF QUALTITATIVE HLA CLASS I	86832	CPT	inpatient			961	372.31	Horizon	PPO		367.87	0.3828			259	912.95	percent of total billed charges	
HIGH DEF QUALTITATIVE HLA CLASS I	86832	CPT	inpatient			961	372.31	Horizon	Indemnity		367.87	0.3828			259	912.95	percent of total billed charges	
HIGH DEF QUALTITATIVE HLA CLASS I	86832	CPT	inpatient			961	372.31	Horizon	Medicare Blue		288.3	0.3			259	912.95	percent of total billed charges	
HIGH DEF QUALTITATIVE HLA CLASS I	86832	CPT	inpatient			961	372.31	Managed Care Inc	Managed Care Inc		864.9	0.9			259	912.95	percent of total billed charges	
HIGH DEF QUALTITATIVE HLA CLASS I	86832	CPT	inpatient			961	372.31	Multiplan	Multiplan		768.8	0.8			259	912.95	percent of total billed charges	
HIGH DEF QUALTITATIVE HLA CLASS I	86832	CPT	inpatient			961	372.31	Qualcare	Qualcare		720.75	0.75			259	912.95	percent of total billed charges	
HIGH DEF QUALTITATIVE HLA CLASS I	86832	CPT	inpatient			961	372.31	Three Rivers	Three Rivers		912.95	0.95			259	912.95	percent of total billed charges	
HIGH DEF QUALTITATIVE HLA CLASS I	86832	CPT	inpatient			961	372.31	UHC	Medicaid		259				259	912.95	case rate	
HIGH DEF QUALTITATIVE HLA CLASS I	86832	CPT	inpatient			961	372.31	UHC	Medicare		323.75				259	912.95	case rate	
HIGH DEF QUALTITATIVE HLA CLASS I	86832	CPT	inpatient			961	372.31	Wellcare	Medicare		323.75				259	912.95	case rate	
HIGH DEF QUALTITATIVE HLA CLASS I	86832	CPT	inpatient			961	372.31	Wellcare	Medicaid		259				259	912.95	case rate	
HLA CLASS II AB	86833	CPT	inpatient			883	374.67	Aetna	Medicare		271.96	0.308			206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	inpatient			883	374.67	Aetna	Better Health		277.79	0.3146			206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	inpatient			883	374.67	Aetna	Commercial		335.54	0.38			206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	inpatient			883	374.67	Americare	Americare		662.25	0.75			206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	inpatient			883	374.67	WellPoint	WellPoint		283.27	0.3208			206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	inpatient			883	374.67	Amerihealth	Medicare		325.8				206.4	838.85	case rate	
HLA CLASS II AB	86833	CPT	inpatient			883	374.67	Consumer	Consumer		838.85	0.95			206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	inpatient			883	374.67	Corrections	Corrections		706.4	0.8			206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	inpatient			883	374.67	First Health	First Health		618.1	0.7			206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	inpatient			883	374.67	First Trenton	First Trenton		794.7	0.9			206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	inpatient			883	374.67	Horizon	Medicare Blue		264.9	0.3			206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	inpatient			883	374.67	Horizon	MCD		338.01	0.3828			206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	inpatient			883	374.67	Horizon	Indemnity		338.01	0.3828			206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	inpatient			883	374.67	Horizon	PPO		338.01	0.3828			206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	inpatient			883	374.67	Managed Care Inc	Managed Care Inc		794.7	0.9			206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	inpatient			883	374.67	Multiplan	Multiplan		706.4	0.8			206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	inpatient			883	374.67	Qualcare	Qualcare		662.25	0.75			206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	inpatient			883	374.67	Three Rivers	Three Rivers		838.85	0.95			206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	inpatient			883	374.67	UHC	Medicaid		277.79	0.3146			206.4	838.85	percent of total billed charges	
HLA CLASS II AB	86833	CPT	inpatient			883	374.67	UHC	Medicare		325.8				206.4	838.85	case rate	
HLA CLASS II AB	86833	CPT	inpatient			883	374.67	Wellcare	Medicare		325.8				206.4	838.85	case rate	
HLA CLASS II AB	86833	CPT	inpatient			883	374.67	Wellcare	Medicaid		277.79	0.3146			206.4	838.85	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Aetna	Medicare		176.79	0.308			57.4	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Aetna	Better Health		180.58	0.3146			57.4	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Aetna	Commercial		218.12	0.38			57.4	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Americare	Americare		430.5	0.75			57.4	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		WellPoint	WellPoint		184.14	0.3208			57.4	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Consumer	Consumer		545.3	0.95			57.4	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Corrections	Corrections		459.2	0.8			57.4	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		First Health	First Health		401.8	0.7			57.4	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		First Trenton	First Trenton		516.6	0.9			57.4	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Horizon	PPO		219.73	0.3828			57.4	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Horizon	MCD		219.73	0.3828			57.4	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Horizon	Medicare Blue		172.2	0.3			57.4	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Horizon	Indemnity		219.73	0.3828			57.4	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Horizon	NJ Health		57.4	0.1			57.4	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Managed Care Inc	Managed Care Inc		516.6	0.9			57.4	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Multiplan	Multiplan		459.2	0.8			57.4	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Qualcare	Qualcare		430.5	0.75			57.4	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Three Rivers	Three Rivers		545.3	0.95			57.4	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		UHC	Medicaid		180.58	0.3146			57.4	545.3	percent of total billed charges	
UNLISTED IMMUNOLOGY PROCEDURE	86849	CPT	outpatient			574		Wellcare	Medicaid		180.58	0.3146			57.4	545.3	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212	71.27	Aetna	Commercial		98.66	1.592			4.2	201.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKO FILTER	86850	CPT	both			212	71.27	Aetna	Better Health		66.7	0.3146			4.2	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212	71.27	Aetna	Medicare		61.97	1			4.2	201.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKO FILTER	86850	CPT	both			212	71.27	Americare	Americare		159	0.75			4.2	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212	71.27	WellPoint	WellPoint		68.01	0.3208			4.2	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212	71.27	Amerihealth	Medicare		61.97	1			4.2	201.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKO FILTER	86850	CPT	both			212	71.27	Consumer	Consumer		201.4	0.95			4.2	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212	71.27	Corrections	Corrections		169.6	0.8			4.2	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212	71.27	First Health	First Health		148.4	0.7			4.2	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212	71.27	First Trenton	First Trenton		190.8	0.9			4.2	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212	71.27	Horizon	MCD		113.22	1.827			4.2	201.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKO FILTER	86850	CPT	both			212	71.27	Horizon	Indemnity		113.22	1.827			4.2	201.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKO FILTER	86850	CPT	both			212	71.27	Horizon	Medicare Blue		61.97	1			4.2	201.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKO FILTER	86850	CPT	both			212	71.27	Horizon	PPO		113.22	1.827			4.2	201.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKO FILTER	86850	CPT	both			212	71.27	Managed Care Inc	Managed Care Inc		190.8	0.9			4.2	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212	71.27	Multiplan	Multiplan		169.6	0.8			4.2	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212	71.27	Qualcare	Qualcare		159	0.75			4.2	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212	71.27	Three Rivers	Three Rivers		201.4	0.95			4.2	201.4	percent of total billed charges	
RBC LEUKO FILTER	86850	CPT	both			212	71.27	UHC	Medicaid		4.2				4.2	201.4	case rate	
RBC LEUKO FILTER	86850	CPT	both			212	71.27	UHC	Medicare		61.97	1			4.2	201.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKO FILTER	86850	CPT	both			212	71.27	Wellcare	Medicaid		4.2				4.2	201.4	case rate	
RBC LEUKO FILTER	86850	CPT	both			212	71.27	Wellcare	Medicare		61.97	1			4.2	201.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION (RBC) EA ELUTION	86860	CPT	both			491	224.64	Aetna	Commercial		310.98	1.592			4.2	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION (RBC) EA ELUTION	86860	CPT	both			491	224.64	Aetna	Medicare		195.34	1			4.2	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION (RBC) EA ELUTION	86860	CPT	both			491	224.64	Aetna	Better Health		154.47	0.3146			4.2	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC) EA ELUTION	86860	CPT	both			491	224.64	Americare	Americare		368.25	0.75			4.2	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC) EA ELUTION	86860	CPT	both			491	224.64	WellPoint	WellPoint		157.51	0.3208			4.2	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC) EA ELUTION	86860	CPT	both			491	224.64	Amerihealth	Medicare		195.34	1			4.2	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION (RBC) EA ELUTION	86860	CPT	both			491	224.64	Consumer	Consumer		466.45	0.95			4.2	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC) EA ELUTION	86860	CPT	both			491	224.64	Corrections	Corrections		392.8	0.8			4.2	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC) EA ELUTION	86860	CPT	both			491	224.64	First Health	First Health		343.7	0.7			4.2	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC) EA ELUTION	86860	CPT	both			491	224.64	First Trenton	First Trenton		441.9	0.9			4.2	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC) EA ELUTION	86860	CPT	both			491	224.64	Horizon	MCD		356.89	1.827			4.2	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION (RBC) EA ELUTION	86860	CPT	both			491	224.64	Horizon	Indemnity		356.89	1.827			4.2	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION (RBC) EA ELUTION	86860	CPT	both			491	224.64	Horizon	Medicare Blue		195.34	1			4.2	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION (RBC) EA ELUTION	86860	CPT	both			491	224.64	Horizon	PPO		356.89	1.827			4.2	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION (RBC) EA ELUTION	86860	CPT	both			491	224.64	Managed Care Inc	Managed Care Inc		441.9	0.9			4.2	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC) EA ELUTION	86860	CPT	both			491	224.64	Multiplan	Multiplan		392.8	0.8			4.2	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC) EA ELUTION	86860	CPT	both			491	224.64	Qualcare	Qualcare		368.25	0.75			4.2	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC) EA ELUTION	86860	CPT	both			491	224.64	Three Rivers	Three Rivers		466.45	0.95			4.2	466.45	percent of total billed charges	
ANTIBODY ELUTION (RBC) EA ELUTION	86860	CPT	both			491	224.64	UHC	Medicare		195.34	1			4.2	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY ELUTION (RBC) EA ELUTION	86860	CPT	both			491	224.64	UHC	Medicaid		4.2				4.2	466.45	case rate	
ANTIBODY ELUTION (RBC) EA ELUTION	86860	CPT	both			491	224.64	Wellcare	Medicaid		4.2				4.2	466.45	case rate	
ANTIBODY ELUTION (RBC) EA ELUTION	86860	CPT	both			491	224.64	Wellcare	Medicare		195.34	1			4.2	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY IDENTIFICATION	86870	CPT	both			911	472.75	Aetna	Commercial		654.46	1.592			9	865.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY IDENTIFICATION	86870	CPT	both			911	472.75	Aetna	Better Health		286.6	0.3146			9	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911	472.75	Aetna	Medicare		411.09	1			9	865.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY IDENTIFICATION	86870	CPT	both			911	472.75	Americare	Americare		683.25	0.75			9	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911	472.75	WellPoint	WellPoint		292.25	0.3208			9	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911	472.75	Amerihealth	Medicare		411.09	1			9	865.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY IDENTIFICATION	86870	CPT	both			911	472.75	Consumer	Consumer		865.45	0.95			9	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911	472.75	Corrections	Corrections		728.8	0.8			9	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911	472.75	First Health	First Health		637.7	0.7			9	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911	472.75	First Trenton	First Trenton		819.9	0.9			9	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911	472.75	Horizon	Medicare Blue		411.09	1			9	865.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY IDENTIFICATION	86870	CPT	both			911	472.75	Horizon	Indemnity		751.06	1.827			9	865.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY IDENTIFICATION	86870	CPT	both			911	472.75	Horizon	MCD		751.06	1.827			9	865.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY IDENTIFICATION	86870	CPT	both			911	472.75	Horizon	PPO		751.06	1.827			9	865.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY IDENTIFICATION	86870	CPT	both			911	472.75	Managed Care Inc	Managed Care Inc		819.9	0.9			9	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911	472.75	Multiplan	Multiplan		728.8	0.8			9	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911	472.75	Qualcare	Qualcare		683.25	0.75			9	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911	472.75	Three Rivers	Three Rivers		865.45	0.95			9	865.45	percent of total billed charges	
ANTIBODY IDENTIFICATION	86870	CPT	both			911	472.75	UHC	Medicaid		9				9	865.45	case rate	
ANTIBODY IDENTIFICATION	86870	CPT	both			911	472.75	UHC	Medicare		411.09	1			9	865.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIBODY IDENTIFICATION	86870	CPT	both			911	472.75	Wellcare	Medicaid		9				9	865.45	case rate	
ANTIBODY IDENTIFICATION	86870	CPT	both			911	472.75	Wellcare	Medicare		411.09	1			9	865.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAT POLY	86880	CPT	both			258	80.45	Aetna	Better Health		81.17	0.3146			5	245.1	percent of total billed charges	
DAT POLY	86880	CPT	both			258	80.45	Aetna	Commercial		111.38	1.592			5	245.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAT POLY	86880	CPT	both			258	80.45	Aetna	Medicare		69.96	1			5	245.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAT POLY	86880	CPT	both			258	80.45	Americare	Americare		193.5	0.75			5	245.1	percent of total billed charges	
DAT POLY	86880	CPT	both			258	80.45	WellPoint	WellPoint		82.77	0.3208			5	245.1	percent of total billed charges	
DAT POLY	86880	CPT	both			258	80.45	Amerihealth	Medicare		69.96	1			5	245.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAT POLY	86880	CPT	both			258	80.45	Consumer	Consumer		245.1	0.95			5	245.1	percent of total billed charges	
DAT POLY	86880	CPT	both			258	80.45	Corrections	Corrections		206.4	0.8			5	245.1	percent of total billed charges	
DAT POLY	86880	CPT	both			258	80.45	First Health	First Health		180.6	0.7			5	245.1	percent of total billed charges	
DAT POLY	86880	CPT	both			258	80.45	First Trenton	First Trenton		232.2	0.9			5	245.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DAT POLY	86880	CPT	both			258	80.45	Horizon	MGD		127.82	1.827			5	245.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAT POLY	86880	CPT	both			258	80.45	Horizon	Indemnity		127.82	1.827			5	245.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAT POLY	86880	CPT	both			258	80.45	Horizon	Medicare Blue		69.96	1			5	245.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAT POLY	86880	CPT	both			258	80.45	Horizon	PPO		127.82	1.827			5	245.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAT POLY	86880	CPT	both			258	80.45	Managed Care Inc	Managed Care Inc		232.2	0.9			5	245.1	percent of total billed charges	
DAT POLY	86880	CPT	both			258	80.45	Multiplan	Multiplan		206.4	0.8			5	245.1	percent of total billed charges	
DAT POLY	86880	CPT	both			258	80.45	Qualcare	Qualcare		193.5	0.75			5	245.1	percent of total billed charges	
DAT POLY	86880	CPT	both			258	80.45	Three Rivers	Three Rivers		245.1	0.95			5	245.1	percent of total billed charges	
DAT POLY	86880	CPT	both			258	80.45	UHC	Medicare		69.96	1			5	245.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAT POLY	86880	CPT	both			258	80.45	UHC	Medicaid		5				5	245.1	case rate	
DAT POLY	86880	CPT	both			258	80.45	Wellcare	Medicare		69.96	1			5	245.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAT POLY	86880	CPT	both			258	80.45	Wellcare	Medicaid		5				5	245.1	case rate	
ANTIHMN GLB TST INDIR EA RGT RED CL	86885	CPT	outpatient			453	224.64	Aetna	Medicare		139.52	0.308			139.52	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA RGT RED CL	86885	CPT	outpatient			453	224.64	Aetna	Commercial		310.98	1.592			139.52	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST INDIR EA RGT RED CL	86885	CPT	outpatient			453	224.64	Aetna	Better Health		142.51	0.3146			139.52	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA RGT RED CL	86885	CPT	outpatient			453	224.64	Americare	Amelcare		339.75	0.75			139.52	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA RGT RED CL	86885	CPT	outpatient			453	224.64	WellPoint	WellPoint		145.32	0.3208			139.52	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA RGT RED CL	86885	CPT	outpatient			453	224.64	Amerihealth	Medicare		195.34	1			139.52	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST INDIR EA RGT RED CL	86885	CPT	outpatient			453	224.64	Consumer	Consumer		430.35	0.95			139.52	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA RGT RED CL	86885	CPT	outpatient			453	224.64	Corrections	Corrections		362.4	0.8			139.52	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA RGT RED CL	86885	CPT	outpatient			453	224.64	First Health	First Health		317.1	0.7			139.52	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA RGT RED CL	86885	CPT	outpatient			453	224.64	First Trenton	First Trenton		407.7	0.9			139.52	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA RGT RED CL	86885	CPT	outpatient			453	224.64	Horizon	PPO		356.89	1.827			139.52	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST INDIR EA RGT RED CL	86885	CPT	outpatient			453	224.64	Horizon	MGD		356.89	1.827			139.52	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST INDIR EA RGT RED CL	86885	CPT	outpatient			453	224.64	Horizon	Indemnity		356.89	1.827			139.52	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST INDIR EA RGT RED CL	86885	CPT	outpatient			453	224.64	Horizon	Medicare Blue		195.34	1			139.52	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST INDIR EA RGT RED CL	86885	CPT	outpatient			453	224.64	Managed Care Inc	Managed Care Inc		407.7	0.9			139.52	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA RGT RED CL	86885	CPT	outpatient			453	224.64	Multiplan	Multiplan		362.4	0.8			139.52	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA RGT RED CL	86885	CPT	outpatient			453	224.64	Qualcare	Qualcare		339.75	0.75			139.52	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA RGT RED CL	86885	CPT	outpatient			453	224.64	Three Rivers	Three Rivers		430.35	0.95			139.52	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA RGT RED CL	86885	CPT	outpatient			453	224.64	UHC	Medicare		195.34	1			139.52	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST INDIR EA RGT RED CL	86885	CPT	outpatient			453	224.64	UHC	Medicaid		142.51	0.3146			139.52	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA RGT RED CL	86885	CPT	outpatient			453	224.64	Wellcare	Medicare		195.34	1			139.52	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST INDIR EA RGT RED CL	86885	CPT	outpatient			453	224.64	Wellcare	Medicaid		142.51	0.3146			139.52	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA ANTBD TITER	86886	CPT	both			453	224.64	Aetna	Commercial		310.98	1.592			5	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST INDIR EA ANTBD TITER	86886	CPT	both			453	224.64	Aetna	Better Health		142.51	0.3146			5	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA ANTBD TITER	86886	CPT	both			453	224.64	Aetna	Medicare		195.34	1			5	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST INDIR EA ANTBD TITER	86886	CPT	both			453	224.64	Americare	Amelcare		339.75	0.75			5	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA ANTBD TITER	86886	CPT	both			453	224.64	WellPoint	WellPoint		145.32	0.3208			5	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA ANTBD TITER	86886	CPT	both			453	224.64	Amerihealth	Medicare		195.34	1			5	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST INDIR EA ANTBD TITER	86886	CPT	both			453	224.64	Consumer	Consumer		430.35	0.95			5	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA ANTBD TITER	86886	CPT	both			453	224.64	Corrections	Corrections		362.4	0.8			5	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA ANTBD TITER	86886	CPT	both			453	224.64	First Health	First Health		317.1	0.7			5	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA ANTBD TITER	86886	CPT	both			453	224.64	First Trenton	First Trenton		407.7	0.9			5	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA ANTBD TITER	86886	CPT	both			453	224.64	Horizon	Medicare Blue		195.34	1			5	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST INDIR EA ANTBD TITER	86886	CPT	both			453	224.64	Horizon	Indemnity		356.89	1.827			5	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST INDIR EA ANTBD TITER	86886	CPT	both			453	224.64	Horizon	MGD		356.89	1.827			5	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST INDIR EA ANTBD TITER	86886	CPT	both			453	224.64	Horizon	PPO		356.89	1.827			5	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST INDIR EA ANTBD TITER	86886	CPT	both			453	224.64	Managed Care Inc	Managed Care Inc		407.7	0.9			5	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA ANTBD TITER	86886	CPT	both			453	224.64	Multiplan	Multiplan		362.4	0.8			5	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA ANTBD TITER	86886	CPT	both			453	224.64	Qualcare	Qualcare		339.75	0.75			5	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA ANTBD TITER	86886	CPT	both			453	224.64	Three Rivers	Three Rivers		430.35	0.95			5	430.35	percent of total billed charges	
ANTIHMN GLB TST INDIR EA ANTBD TITER	86886	CPT	both			453	224.64	UHC	Medicare		195.34	1			5	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHMN GLB TST INDIR EA ANTBD TITER	86886	CPT	both			453	224.64	UHC	Medicaid		5				5	430.35	case rate	
ANTIHMN GLB TST INDIR EA ANTBD TITER	86886	CPT	both			453	224.64	Wellcare	Medicaid		5				5	430.35	case rate	
ANTIHMN GLB TST INDIR EA ANTBD TITER	86886	CPT	both			453	224.64	Wellcare	Medicare		195.34	1			5	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Aetna	Better Health		342.6	0.3146			75	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Aetna	Medicare		195.34	1			75	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Aetna	Commercial		310.98	1.592			75	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Americare	Amelcare		816.75	0.75			75	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	WellPoint	WellPoint		349.35	0.3208			75	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Amerihealth	Medicare		195.34	1			75	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Consumer	Consumer		1034.55	0.95			75	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Corrections	Corrections		871.2	0.8			75	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	First Health	First Health		762.3	0.7			75	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	First Trenton	First Trenton		980.1	0.9			75	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Horizon	Medicare Blue		195.34	1			75	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Horizon	Indemnity		356.89	1.827			75	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Horizon	MGD		356.89	1.827			75	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Horizon	PPO		356.89	1.827			75	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Managed Care Inc	Managed Care Inc		980.1	0.9			75	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Multiplan	Multiplan		871.2	0.8			75	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Qualcare	Qualcare		816.75	0.75			75	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Three Rivers	Three Rivers		1034.55	0.95			75	1034.55	percent of total billed charges	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	UHC	Medicaid		75				75	1034.55	case rate	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	UHC	Medicare		195.34	1			75	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Wellcare	Medicaid		75				75	1034.55	case rate	
AUTOLOGUS BLD OR COMPONENT	86890	CPT	outpatient			1089	224.64	Wellcare	Medicare		195.34	1			75	1034.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Aetna	Medicare		983.43	1			75	2540.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Aetna	Commercial		1565.62	1.592			75	2540.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Aetna	Better Health		841.24	0.3146			75	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Americare	Amelcare		2005.5	0.75			75	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	WellPoint	WellPoint		857.82	0.3208			75	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Amerihealth	Medicare		983.43	1			75	2540.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Consumer	Consumer		2540.3	0.95			75	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Corrections	Corrections		2139.2	0.8			75	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	First Health	First Health		1871.8	0.7			75	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	First Trenton	First Trenton		2406.6	0.9			75	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Horizon	MGD		1796.73	1.827			75	2540.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Horizon	Indemnity		1796.73	1.827			75	2540.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Horizon	PPO		1796.73	1.827			75	2540.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Horizon	Medicare Blue		983.43	1			75	2540.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Managed Care Inc	Managed Care Inc		2406.6	0.9			75	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Multiplan	Multiplan		2139.2	0.8			75	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Qualcare	Qualcare		2005.5	0.75			75	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Three Rivers	Three Rivers		2540.3	0.95			75	2540.3	percent of total billed charges	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	UHC	Medicare		983.43	1			75	2540.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	UHC	Medicaid		75				75	2540.3	case rate	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Wellcare	Medicaid		75				75	2540.3	case rate	
AUTOTRANSFUSION CELL SAVING/SALVAGE	86891	CPT	both			2674	1130.94	Wellcare	Medicare		983.43	1			75	2540.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORD BLOOD ABORT & DAT	86900	CPT	both			258	168	Aetna	Medicare		146.09	1			2	266.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORD BLOOD ABORT & DAT	86900	CPT	both			258	168	Aetna	Better Health		81.17	0.3146			2	266.91	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	168	Aetna	Commercial		232.58	1.592			2	266.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORD BLOOD ABORT & DAT	86900	CPT	both			258	168	Americare	Amelcare		193.5	0.75			2	266.91	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	168	WellPoint	WellPoint		82.77	0.3208			2	266.91	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	168	Amerihealth	Medicare		146.09	1			2	266.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORD BLOOD ABORT & DAT	86900	CPT	both			258	168	Consumer	Consumer		245.1	0.95			2	266.91	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	168	Corrections	Corrections		206.4	0.8			2	266.91	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	168	First Health	First Health		180.6	0.7			2	266.91	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	168	First Trenton	First Trenton		232.2	0.9			2	266.91	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	168	Horizon	Indemnity		266.91	1.827			2	266.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORD BLOOD ABORT & DAT	86900	CPT	both			258	168	Horizon	Medicare Blue		146.09	1			2	266.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORD BLOOD ABORT & DAT	86900	CPT	both			258	168	Horizon	MGD		266.91	1.827			2	266.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORD BLOOD ABORT & DAT	86900	CPT	both			258	168	Horizon	PPO		266.91	1.827			2	266.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORD BLOOD ABORT & DAT	86900	CPT	both			258	168	Managed Care Inc	Managed Care Inc		232.2	0.9			2	266.91	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	168	Multiplan	Multiplan		206.4	0.8			2	266.91	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	168	Qualcare	Qualcare		193.5	0.75			2	266.91	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	168	Three Rivers	Three Rivers		245.1	0.95			2	266.91	percent of total billed charges	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	168	UHC	Medicaid		2				2	266.91	case rate	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	168	UHC	Medicare		146.09	1			2	266.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORD BLOOD ABORT & DAT	86900	CPT	both			258	168	Wellcare	Medicaid		2				2	266.91	case rate	
CORD BLOOD ABORT & DAT	86900	CPT	both			258	168	Wellcare	Medicare		146.09	1			2	266.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RHIG RHOGAM	86901	CPT	both			183	52.74	Aetna	Commercial		73.01	1.592			22.48	173.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RHIG RHOGAM	86901	CPT	both			183	52.74	Aetna	Medicare		56.36	0.308			22.48	173.85	percent of total billed charges	
RHIG RHOGAM	86901	CPT	both			183	52.74	Aetna	Better Health		57.57	0.3146			22.48	173.85	percent of total billed charges	
RHIG RHOGAM	86901	CPT	both			183	52.74	Americare	Amelcare		137.25	0.75			22.48	173.85	percent of total billed charges	
RHIG RHOGAM	86901	CPT	both			183	52.74	WellPoint	WellPoint		58.71	0.3208			22.48	173.85	percent of total billed charges	
RHIG RHOGAM	86901	CPT	both			183	52.74	Amerihealth	Medicare		45.86	1			22.48	173.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RHIG RHOGAM	86901	CPT	both			183	52.74	Consumer	Consumer		173.85	0.95			22.48	173.85	percent of total billed charges	
RHIG RHOGAM	86901	CPT	both			183	52.74	Corrections	Corrections		146.4	0.8			22.48	173.85	percent of total billed charges	
RHIG RHOGAM	86901	CPT	both			183	52.74	First Health	First Health		128.1	0.7			22.48	173.85	percent of total billed charges	
RHIG RHOGAM	86901	CPT	both			183	52.74	First Trenton	First Trenton		164.7	0.9			22.48	173.85	percent of total billed charges	
RHIG RHOGAM	86901	CPT	both			183	52.74	Horizon	Indemnity		83.79	1.827			22.48	173.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RHIG RHOGAM	86901	CPT	both			183	52.74	Horizon	MGD		83.79	1.827			22.48	173.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RHIG RHOGAM	86901	CPT	both			183	52.74	Horizon	PPO		83.79	1.827			22.48	173.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RHIG RHOGAM	86901	CPT	both			183	52.74	Horizon	Medicare Blue		45.86	1			22.48	173.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RHIG RHOGAM	86901	CPT	both			183	52.74	Managed Care Inc	Managed Care Inc		164.7	0.9			22.48	173.85	percent of total billed charges	
RHIG RHOGAM	86901	CPT	both			183	52.74	Multiplan	Multiplan		146.4	0.8			22.48	173.85	percent of total billed charges	
RHIG RHOGAM	86901	CPT	both			183	52.74	Qualcare	Qualcare		137.25	0.75			22.48	173.85	percent of total billed charges	
RHIG RHOGAM	86901	CPT	both			183	52.74	Three Rivers	Three Rivers		173.85	0.95			22.48	173.85	percent of total billed charges	
RHIG RHOGAM	86901	CPT	both			183	52.74	UHC	Medicaid		57.57	0.3146			22.48	173.85	percent of total billed charges	
RHIG RHOGAM	86901	CPT	both			183	52.74	UHC	Medicare		45.86	1			22.48	173.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RHIG RHOGAM	86901	CPT	both			183	52.74	Wellcare	Medicaid		57.57	0.3146			22.48	173.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RHIG RHOGAM	86901	CPT	both			183	52.74	Wellcare	Medicare		45.86	1			22.48	173.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	472.75	Aetna	Medicare		138.91	0.308			138.91	751.06	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	472.75	Aetna	Better Health		141.88	0.3146			138.91	751.06	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	472.75	Aetna	Commercial		654.46	1.592			138.91	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	472.75	Americare	Americare		338.25	0.75			138.91	751.06	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	472.75	WellPoint	WellPoint		144.68	0.3208			138.91	751.06	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	472.75	Amerihealth	Medicare		411.09	1			138.91	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	472.75	Consumer	Consumer		428.45	0.95			138.91	751.06	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	472.75	Corrections	Corrections		360.8	0.8			138.91	751.06	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	472.75	First Health	First Health		315.7	0.7			138.91	751.06	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	472.75	First Trenton	First Trenton		405.9	0.9			138.91	751.06	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	472.75	Horizon	MGD		751.06	1.827			138.91	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	472.75	Horizon	Indemnity		751.06	1.827			138.91	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	472.75	Horizon	Medicare Blue		411.09	1			138.91	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	472.75	Horizon	PPO		751.06	1.827			138.91	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	472.75	Managed Care Inc	Managed Care Inc		405.9	0.9			138.91	751.06	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	472.75	Multiplan	Multiplan		360.8	0.8			138.91	751.06	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	472.75	Qualcare	Qualcare		338.25	0.75			138.91	751.06	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	472.75	Three Rivers	Three Rivers		428.45	0.95			138.91	751.06	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	472.75	UHC	Medicaid		141.88	0.3146			138.91	751.06	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	472.75	UHC	Medicare		411.09	1			138.91	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	472.75	Wellcare	Medicaid		141.88	0.3146			138.91	751.06	percent of total billed charges	
AG TEST OF DONOR BLD;REAG SERUM EA	86902	CPT	both			451	472.75	Wellcare	Medicare		411.09	1			138.91	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	80.45	Aetna	Commercial		111.38	1.592			11.7	170.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	80.45	Aetna	Medicare		69.96	1			11.7	170.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	80.45	Aetna	Better Health		56.31	0.3146			11.7	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	80.45	Americare	Americare		134.25	0.75			11.7	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	80.45	WellPoint	WellPoint		57.42	0.3208			11.7	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	80.45	Amerihealth	Medicare		69.96	1			11.7	170.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	80.45	Consumer	Consumer		170.05	0.95			11.7	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	80.45	Corrections	Corrections		143.2	0.8			11.7	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	80.45	First Health	First Health		125.3	0.7			11.7	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	80.45	First Trenton	First Trenton		161.1	0.9			11.7	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	80.45	Horizon	Medicare Blue		69.96	1			11.7	170.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	80.45	Horizon	Indemnity		127.82	1.827			11.7	170.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	80.45	Horizon	MGD		127.82	1.827			11.7	170.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	80.45	Horizon	PPO		127.82	1.827			11.7	170.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	80.45	Managed Care Inc	Managed Care Inc		161.1	0.9			11.7	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	80.45	Multiplan	Multiplan		143.2	0.8			11.7	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	80.45	Qualcare	Qualcare		134.25	0.75			11.7	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	80.45	Three Rivers	Three Rivers		170.05	0.95			11.7	170.05	percent of total billed charges	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	80.45	UHC	Medicaid		11.7				11.7	170.05	case rate	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	80.45	UHC	Medicare		69.96	1			11.7	170.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	80.45	Wellcare	Medicaid		11.7				11.7	170.05	case rate	
AG SCREN FOR COMPAT PT SERUM	86904	CPT	outpatient			179	80.45	Wellcare	Medicare		69.96	1			11.7	170.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC ANTIGEN OTHER THAN ABO OR RH EA	86905	CPT	both			822	472.75	Aetna	Commercial		654.46	1.592			3	780.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC ANTIGEN OTHER THAN ABO OR RH EA	86905	CPT	both			822	472.75	Aetna	Better Health		258.6	0.3146			3	780.9	percent of total billed charges	
RBC ANTIGEN OTHER THAN ABO OR RH EA	86905	CPT	both			822	472.75	Aetna	Medicare		411.09	1			3	780.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC ANTIGEN OTHER THAN ABO OR RH EA	86905	CPT	both			822	472.75	Americare	Americare		616.5	0.75			3	780.9	percent of total billed charges	
RBC ANTIGEN OTHER THAN ABO OR RH EA	86905	CPT	both			822	472.75	WellPoint	WellPoint		263.7	0.3208			3	780.9	percent of total billed charges	
RBC ANTIGEN OTHER THAN ABO OR RH EA	86905	CPT	both			822	472.75	Amerihealth	Medicare		411.09	1			3	780.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC ANTIGEN OTHER THAN ABO OR RH EA	86905	CPT	both			822	472.75	Consumer	Consumer		780.9	0.95			3	780.9	percent of total billed charges	
RBC ANTIGEN OTHER THAN ABO OR RH EA	86905	CPT	both			822	472.75	Corrections	Corrections		657.6	0.8			3	780.9	percent of total billed charges	
RBC ANTIGEN OTHER THAN ABO OR RH EA	86905	CPT	both			822	472.75	First Health	First Health		575.4	0.7			3	780.9	percent of total billed charges	
RBC ANTIGEN OTHER THAN ABO OR RH EA	86905	CPT	both			822	472.75	First Trenton	First Trenton		739.8	0.9			3	780.9	percent of total billed charges	
RBC ANTIGEN OTHER THAN ABO OR RH EA	86905	CPT	both			822	472.75	Horizon	MGD		751.06	1.827			3	780.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC ANTIGEN OTHER THAN ABO OR RH EA	86905	CPT	both			822	472.75	Horizon	Medicare Blue		411.09	1			3	780.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC ANTIGEN OTHER THAN ABO OR RH EA	86905	CPT	both			822	472.75	Horizon	PPO		751.06	1.827			3	780.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC ANTIGEN OTHER THAN ABO OR RH EA	86905	CPT	both			822	472.75	Horizon	Indemnity		751.06	1.827			3	780.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC ANTIGEN OTHER THAN ABO OR RH EA	86905	CPT	both			822	472.75	Managed Care Inc	Managed Care Inc		739.8	0.9			3	780.9	percent of total billed charges	
RBC ANTIGEN OTHER THAN ABO OR RH EA	86905	CPT	both			822	472.75	Multiplan	Multiplan		657.6	0.8			3	780.9	percent of total billed charges	
RBC ANTIGEN OTHER THAN ABO OR RH EA	86905	CPT	both			822	472.75	Qualcare	Qualcare		616.5	0.75			3	780.9	percent of total billed charges	
RBC ANTIGEN OTHER THAN ABO OR RH EA	86905	CPT	both			822	472.75	Three Rivers	Three Rivers		780.9	0.95			3	780.9	percent of total billed charges	
RBC ANTIGEN OTHER THAN ABO OR RH EA	86905	CPT	both			822	472.75	UHC	Medicare		411.09	1			3	780.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC ANTIGEN OTHER THAN ABO OR RH EA	86905	CPT	both			822	472.75	UHC	Medicaid		3				3	780.9	case rate	
RBC ANTIGEN OTHER THAN ABO OR RH EA	86905	CPT	both			822	472.75	Wellcare	Medicare		411.09	1			3	780.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC ANTIGEN OTHER THAN ABO OR RH EA	86905	CPT	both			822	472.75	Wellcare	Medicaid		3				3	780.9	case rate	
COMPATIBILITY TEST EAUNIT.IMMED SPIN	86920	CPT	both			451	224.64	Aetna	Better Health		141.88	0.3146			12	428.45	percent of total billed charges	
COMPATIBILITY TEST EAUNIT.IMMED SPIN	86920	CPT	both			451	224.64	Aetna	Commercial		310.98	1.592			12	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EAUNIT.IMMED SPIN	86920	CPT	both			451	224.64	Aetna	Medicare		195.34	1			12	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EAUNIT.IMMED SPIN	86920	CPT	both			451	224.64	Americare	Americare		338.25	0.75			12	428.45	percent of total billed charges	
COMPATIBILITY TEST EAUNIT.IMMED SPIN	86920	CPT	both			451	224.64	WellPoint	WellPoint		144.68	0.3208			12	428.45	percent of total billed charges	
COMPATIBILITY TEST EAUNIT.IMMED SPIN	86920	CPT	both			451	224.64	Amerihealth	Medicare		195.34	1			12	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EAUNIT.IMMED SPIN	86920	CPT	both			451	224.64	Consumer	Consumer		428.45	0.95			12	428.45	percent of total billed charges	
COMPATIBILITY TEST EAUNIT.IMMED SPIN	86920	CPT	both			451	224.64	Corrections	Corrections		360.8	0.8			12	428.45	percent of total billed charges	
COMPATIBILITY TEST EAUNIT.IMMED SPIN	86920	CPT	both			451	224.64	First Health	First Health		315.7	0.7			12	428.45	percent of total billed charges	
COMPATIBILITY TEST EAUNIT.IMMED SPIN	86920	CPT	both			451	224.64	First Trenton	First Trenton		405.9	0.9			12	428.45	percent of total billed charges	
COMPATIBILITY TEST EAUNIT.IMMED SPIN	86920	CPT	both			451	224.64	Horizon	PPO		356.89	1.827			12	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EAUNIT.IMMED SPIN	86920	CPT	both			451	224.64	Horizon	Medicare Blue		195.34	1			12	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EAUNIT.IMMED SPIN	86920	CPT	both			451	224.64	Horizon	Indemnity		356.89	1.827			12	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EAUNIT.IMMED SPIN	86920	CPT	both			451	224.64	Horizon	MGD		356.89	1.827			12	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EAUNIT.IMMED SPIN	86920	CPT	both			451	224.64	Managed Care Inc	Managed Care Inc		405.9	0.9			12	428.45	percent of total billed charges	
COMPATIBILITY TEST EAUNIT.IMMED SPIN	86920	CPT	both			451	224.64	Multiplan	Multiplan		360.8	0.8			12	428.45	percent of total billed charges	
COMPATIBILITY TEST EAUNIT.IMMED SPIN	86920	CPT	both			451	224.64	Qualcare	Qualcare		338.25	0.75			12	428.45	percent of total billed charges	
COMPATIBILITY TEST EAUNIT.IMMED SPIN	86920	CPT	both			451	224.64	Three Rivers	Three Rivers		428.45	0.95			12	428.45	percent of total billed charges	
COMPATIBILITY TEST EAUNIT.IMMED SPIN	86920	CPT	both			451	224.64	UHC	Medicaid		12				12	428.45	case rate	
COMPATIBILITY TEST EAUNIT.IMMED SPIN	86920	CPT	both			451	224.64	UHC	Medicare		195.34	1			12	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EAUNIT.IMMED SPIN	86920	CPT	both			451	224.64	Wellcare	Medicare		195.34	1			12	428.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EAUNIT.IMMED SPIN	86920	CPT	both			451	224.64	Wellcare	Medicaid		12				12	428.45	case rate	
COMPATIBILITY TEST EAUNIT.INCUBATION	86921	CPT	both			453	224.64	Aetna	Better Health		142.51	0.3146			12	430.35	percent of total billed charges	
COMPATIBILITY TEST EAUNIT.INCUBATION	86921	CPT	both			453	224.64	Aetna	Medicare		195.34	1			12	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EAUNIT.INCUBATION	86921	CPT	both			453	224.64	Aetna	Commercial		310.98	1.592			12	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EAUNIT.INCUBATION	86921	CPT	both			453	224.64	Americare	Americare		339.75	0.75			12	430.35	percent of total billed charges	
COMPATIBILITY TEST EAUNIT.INCUBATION	86921	CPT	both			453	224.64	WellPoint	WellPoint		145.32	0.3208			12	430.35	percent of total billed charges	
COMPATIBILITY TEST EAUNIT.INCUBATION	86921	CPT	both			453	224.64	Amerihealth	Medicare		195.34	1			12	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EAUNIT.INCUBATION	86921	CPT	both			453	224.64	Consumer	Consumer		430.35	0.95			12	430.35	percent of total billed charges	
COMPATIBILITY TEST EAUNIT.INCUBATION	86921	CPT	both			453	224.64	Corrections	Corrections		362.4	0.8			12	430.35	percent of total billed charges	
COMPATIBILITY TEST EAUNIT.INCUBATION	86921	CPT	both			453	224.64	First Health	First Health		317.1	0.7			12	430.35	percent of total billed charges	
COMPATIBILITY TEST EAUNIT.INCUBATION	86921	CPT	both			453	224.64	First Trenton	First Trenton		407.7	0.9			12	430.35	percent of total billed charges	
COMPATIBILITY TEST EAUNIT.INCUBATION	86921	CPT	both			453	224.64	Horizon	Indemnity		356.89	1.827			12	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EAUNIT.INCUBATION	86921	CPT	both			453	224.64	Horizon	Medicare Blue		195.34	1			12	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EAUNIT.INCUBATION	86921	CPT	both			453	224.64	Horizon	PPO		356.89	1.827			12	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EAUNIT.INCUBATION	86921	CPT	both			453	224.64	Horizon	MGD		356.89	1.827			12	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EAUNIT.INCUBATION	86921	CPT	both			453	224.64	Managed Care Inc	Managed Care Inc		407.7	0.9			12	430.35	percent of total billed charges	
COMPATIBILITY TEST EAUNIT.INCUBATION	86921	CPT	both			453	224.64	Multiplan	Multiplan		362.4	0.8			12	430.35	percent of total billed charges	
COMPATIBILITY TEST EAUNIT.INCUBATION	86921	CPT	both			453	224.64	Qualcare	Qualcare		339.75	0.75			12	430.35	percent of total billed charges	
COMPATIBILITY TEST EAUNIT.INCUBATION	86921	CPT	both			453	224.64	Three Rivers	Three Rivers		430.35	0.95			12	430.35	percent of total billed charges	
COMPATIBILITY TEST EAUNIT.INCUBATION	86921	CPT	both			453	224.64	UHC	Medicaid		12				12	430.35	case rate	
COMPATIBILITY TEST EAUNIT.INCUBATION	86921	CPT	both			453	224.64	UHC	Medicare		195.34	1			12	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EAUNIT.INCUBATION	86921	CPT	both			453	224.64	Wellcare	Medicaid		12				12	430.35	case rate	
COMPATIBILITY TEST EAUNIT.INCUBATION	86921	CPT	both			453	224.64	Wellcare	Medicare		195.34	1			12	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPAT TEST ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Aetna	Better Health		155.73	0.3146			12	470.25	percent of total billed charges	
COMPAT TEST ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Aetna	Commercial		310.98	1.592			12	470.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPAT TEST ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Aetna	Medicare		195.34	1			12	470.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPAT TEST ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Americare	Americare		371.25	0.75			12	470.25	percent of total billed charges	
COMPAT TEST ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	WellPoint	WellPoint		158.8	0.3208			12	470.25	percent of total billed charges	
COMPAT TEST ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Amerihealth	Medicare		195.34	1			12	470.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPAT TEST ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Consumer	Consumer		470.25	0.95			12	470.25	percent of total billed charges	
COMPAT TEST ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Corrections	Corrections		396	0.8			12	470.25	percent of total billed charges	
COMPAT TEST ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	First Health	First Health		346.5	0.7			12	470.25	percent of total billed charges	
COMPAT TEST ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	First Trenton	First Trenton		445.5	0.9			12	470.25	percent of total billed charges	
COMPAT TEST ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Horizon	Indemnity		356.89	1.827			12	470.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPAT TEST ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Horizon	Medicare Blue		195.34	1			12	470.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPAT TEST ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Horizon	PPO		356.89	1.827			12	470.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPAT TEST ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Horizon	MGD		356.89	1.827			12	470.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPAT TEST ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Managed Care Inc	Managed Care Inc		445.5	0.9			12	470.25	percent of total billed charges	
COMPAT TEST ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Multiplan	Multiplan		396	0.8			12	470.25	percent of total billed charges	
COMPAT TEST ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Qualcare	Qualcare		371.25	0.75			12	470.25	percent of total billed charges	
COMPAT TEST ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Three Rivers	Three Rivers		470.25	0.95			12	470.25	percent of total billed charges	
COMPAT TEST ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	UHC	Medicaid		12				12	470.25	case rate	
COMPAT TEST ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	UHC	Medicare		195.34	1			12	470.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPAT TEST ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Wellcare	Medicaid		12				12	470.25	case rate	
COMPAT TEST ANTIGLOBULIN TECH	86922	CPT	both			495	224.64	Wellcare	Medicare		195.34	1			12	470.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA.ELECTRONIC	86923	CPT	both			469	224.64	Aetna	Medicare		195.34	1			12	445.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA.ELECTRONIC	86923	CPT	both			469	224.64	Aetna	Better Health		147.55	0.3146			12	445.55	percent of total billed charges	
COMPATIBILITY TEST EA.ELECTRONIC	86923	CPT	both			469	224.64	Aetna	Commercial		310.98	1.592			12	445.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA.ELECTRONIC	86923	CPT	both			469	224.64	Americare	Americare		351.75	0.75			12	445.55	percent of total billed charges	
COMPATIBILITY TEST EA.ELECTRONIC	86923	CPT	both			469	224.64	WellPoint	WellPoint		150.46	0.3208			12	445.55	percent of total billed charges	
COMPATIBILITY TEST EA.ELECTRONIC	86923	CPT	both			469	224.64	Amerihealth	Medicare		195.34	1			12	445.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA.ELECTRONIC	86923	CPT	both			469	224.64	Consumer	Consumer		445.55	0.95			12	445.55	percent of total billed charges	
COMPATIBILITY TEST EA.ELECTRONIC	86923	CPT	both			469	224.64	Corrections	Corrections		375.2	0.8			12	445.55	percent of total billed charges	
COMPATIBILITY TEST EA.ELECTRONIC	86923	CPT	both			469	224.64	First Health	First Health		328.3	0.7			12	445.55	percent of total billed charges	
COMPATIBILITY TEST EA.ELECTRONIC	86923	CPT	both			469	224.64	First Trenton	First Trenton		422.1	0.9			12	445.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Horizon	MCD		356.89	1.827			12	445.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Horizon	Medicare Blue		195.34	1			12	445.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Horizon	PPO		356.89	1.827			12	445.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Horizon	Indemnity		356.89	1.827			12	445.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Managed Care Inc	Managed Care Inc		422.1	0.9			12	445.55	percent of total billed charges	
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Multiplan	Multiplan		375.2	0.8			12	445.55	percent of total billed charges	
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Qualcare	Qualcare		351.75	0.75			12	445.55	percent of total billed charges	
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Three Rivers	Three Rivers		445.55	0.95			12	445.55	percent of total billed charges	
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	UHC	Medicare		195.34	1			12	445.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	UHC	Medicaid		12				12	445.55	case rate	
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Wellcare	Medicare		195.34	1			12	445.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPATIBILITY TEST EA,ELECTRONIC	86923	CPT	both			469	224.64	Wellcare	Medicaid		12				12	445.55	case rate	
FFP THAWING EA,UNIT	86927	CPT	outpatient			947	224.64	Aetna	Commercial		310.98	1.592			195.34	899.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FFP THAWING EA,UNIT	86927	CPT	outpatient			947	224.64	Aetna	Better Health		297.93	0.3146			195.34	899.65	percent of total billed charges	
FFP THAWING EA,UNIT	86927	CPT	outpatient			947	224.64	Aetna	Medicare		195.34	1			195.34	899.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FFP THAWING EA,UNIT	86927	CPT	outpatient			947	224.64	Americare	Americare		710.25	0.75			195.34	899.65	percent of total billed charges	
FFP THAWING EA,UNIT	86927	CPT	outpatient			947	224.64	WellPoint	WellPoint		303.8	0.3208			195.34	899.65	percent of total billed charges	
FFP THAWING EA,UNIT	86927	CPT	outpatient			947	224.64	Amerihealth	Medicare		195.34	1			195.34	899.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FFP THAWING EA,UNIT	86927	CPT	outpatient			947	224.64	Consumer	Consumer		899.65	0.95			195.34	899.65	percent of total billed charges	
FFP THAWING EA,UNIT	86927	CPT	outpatient			947	224.64	Corrections	Corrections		757.6	0.8			195.34	899.65	percent of total billed charges	
FFP THAWING EA,UNIT	86927	CPT	outpatient			947	224.64	First Health	First Health		662.9	0.7			195.34	899.65	percent of total billed charges	
FFP THAWING EA,UNIT	86927	CPT	outpatient			947	224.64	First Trenton	First Trenton		852.3	0.9			195.34	899.65	percent of total billed charges	
FFP THAWING EA,UNIT	86927	CPT	outpatient			947	224.64	Horizon	Medicare Blue		195.34	1			195.34	899.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FFP THAWING EA,UNIT	86927	CPT	outpatient			947	224.64	Horizon	MGD		356.89	1.827			195.34	899.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FFP THAWING EA,UNIT	86927	CPT	outpatient			947	224.64	Horizon	Indemnity		356.89	1.827			195.34	899.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FFP THAWING EA,UNIT	86927	CPT	outpatient			947	224.64	Horizon	PPO		356.89	1.827			195.34	899.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FFP THAWING EA,UNIT	86927	CPT	outpatient			947	224.64	Managed Care Inc	Managed Care Inc		852.3	0.9			195.34	899.65	percent of total billed charges	
FFP THAWING EA,UNIT	86927	CPT	outpatient			947	224.64	Multiplan	Multiplan		757.6	0.8			195.34	899.65	percent of total billed charges	
FFP THAWING EA,UNIT	86927	CPT	outpatient			947	224.64	Qualcare	Qualcare		710.25	0.75			195.34	899.65	percent of total billed charges	
FFP THAWING EA,UNIT	86927	CPT	outpatient			947	224.64	Three Rivers	Three Rivers		899.65	0.95			195.34	899.65	percent of total billed charges	
FFP THAWING EA,UNIT	86927	CPT	outpatient			947	224.64	UHC	Medicaid		297.93	0.3146			195.34	899.65	percent of total billed charges	
FFP THAWING EA,UNIT	86927	CPT	outpatient			947	224.64	UHC	Medicare		195.34	1			195.34	899.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FFP THAWING EA,UNIT	86927	CPT	outpatient			947	224.64	Wellcare	Medicare		195.34	1			195.34	899.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FFP THAWING EA,UNIT	86927	CPT	outpatient			947	224.64	Wellcare	Medicaid		297.93	0.3146			195.34	899.65	percent of total billed charges	
FROZ BLD PREP FOR FREEZE EA,UNIT	86930	CPT	outpatient			1064	224.64	Aetna	Commercial		310.98	1.592			195.34	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FOR FREEZE EA,UNIT	86930	CPT	outpatient			1064	224.64	Aetna	Better Health		334.73	0.3146			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FOR FREEZE EA,UNIT	86930	CPT	outpatient			1064	224.64	Aetna	Medicare		195.34	1			195.34	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FOR FREEZE EA,UNIT	86930	CPT	outpatient			1064	224.64	Americare	Americare		798	0.75			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FOR FREEZE EA,UNIT	86930	CPT	outpatient			1064	224.64	WellPoint	WellPoint		341.33	0.3208			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FOR FREEZE EA,UNIT	86930	CPT	outpatient			1064	224.64	Amerihealth	Medicare		195.34	1			195.34	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FOR FREEZE EA,UNIT	86930	CPT	outpatient			1064	224.64	Consumer	Consumer		1010.8	0.95			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FOR FREEZE EA,UNIT	86930	CPT	outpatient			1064	224.64	Corrections	Corrections		851.2	0.8			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FOR FREEZE EA,UNIT	86930	CPT	outpatient			1064	224.64	First Health	First Health		744.8	0.7			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FOR FREEZE EA,UNIT	86930	CPT	outpatient			1064	224.64	First Trenton	First Trenton		957.6	0.9			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FOR FREEZE EA,UNIT	86930	CPT	outpatient			1064	224.64	Horizon	Indemnity		356.89	1.827			195.34	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FOR FREEZE EA,UNIT	86930	CPT	outpatient			1064	224.64	Horizon	Medicare Blue		195.34	1			195.34	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FOR FREEZE EA,UNIT	86930	CPT	outpatient			1064	224.64	Horizon	MGD		356.89	1.827			195.34	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FOR FREEZE EA,UNIT	86930	CPT	outpatient			1064	224.64	Horizon	PPO		356.89	1.827			195.34	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FOR FREEZE EA,UNIT	86930	CPT	outpatient			1064	224.64	Managed Care Inc	Managed Care Inc		957.6	0.9			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FOR FREEZE EA,UNIT	86930	CPT	outpatient			1064	224.64	Multiplan	Multiplan		851.2	0.8			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FOR FREEZE EA,UNIT	86930	CPT	outpatient			1064	224.64	Qualcare	Qualcare		798	0.75			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FOR FREEZE EA,UNIT	86930	CPT	outpatient			1064	224.64	Three Rivers	Three Rivers		1010.8	0.95			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FOR FREEZE EA,UNIT	86930	CPT	outpatient			1064	224.64	UHC	Medicare		195.34	1			195.34	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FOR FREEZE EA,UNIT	86930	CPT	outpatient			1064	224.64	UHC	Medicaid		334.73	0.3146			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FOR FREEZE EA,UNIT	86930	CPT	outpatient			1064	224.64	Wellcare	Medicare		195.34	1			195.34	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FOR FREEZE EA,UNIT	86930	CPT	outpatient			1064	224.64	Wellcare	Medicaid		334.73	0.3146			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Aetna	Commercial		310.98	1.592			195.34	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Aetna	Medicare		327.71	0.308			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Aetna	Better Health		334.73	0.3146			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Americare	Americare		798	0.75			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	WellPoint	WellPoint		341.33	0.3208			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Amerihealth	Medicare		195.34	1			195.34	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Consumer	Consumer		1010.8	0.95			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Corrections	Corrections		851.2	0.8			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	First Health	First Health		744.8	0.7			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	First Trenton	First Trenton		957.6	0.9			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Horizon	Medicare Blue		195.34	1			195.34	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Horizon	MGD		356.89	1.827			195.34	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Horizon	Indemnity		356.89	1.827			195.34	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Horizon	PPO		356.89	1.827			195.34	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Managed Care Inc	Managed Care Inc		957.6	0.9			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Multiplan	Multiplan		851.2	0.8			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Qualcare	Qualcare		798	0.75			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Three Rivers	Three Rivers		1010.8	0.95			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	UHC	Medicaid		334.73	0.3146			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	UHC	Medicare		195.34	1			195.34	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Wellcare	Medicaid		334.73	0.3146			195.34	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT THAW	86931	CPT	outpatient			1064	224.64	Wellcare	Medicare		195.34	1			195.34	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FREZ/UNIT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Aetna	Better Health		334.73	0.3146			45.86	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Aetna	Medicare		327.71	0.308			45.86	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Aetna	Commercial		73.01	1.592			45.86	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FREZ/UNIT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Americare	Americare		798	0.75			45.86	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT FREZ&THAW	86932	CPT	outpatient			1064	52.74	WellPoint	WellPoint		341.33	0.3208			45.86	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Amerihealth	Medicare		45.86	1			45.86	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FREZ/UNIT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Consumer	Consumer		1010.8	0.95			45.86	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Corrections	Corrections		851.2	0.8			45.86	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT FREZ&THAW	86932	CPT	outpatient			1064	52.74	First Health	First Health		744.8	0.7			45.86	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT FREZ&THAW	86932	CPT	outpatient			1064	52.74	First Trenton	First Trenton		957.6	0.9			45.86	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Horizon	Medicare Blue		45.86	1			45.86	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FREZ/UNIT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Horizon	Indemnity		83.79	1.827			45.86	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FREZ/UNIT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Horizon	MGD		83.79	1.827			45.86	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FREZ/UNIT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Horizon	PPO		83.79	1.827			45.86	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FREZ/UNIT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Managed Care Inc	Managed Care Inc		957.6	0.9			45.86	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Multiplan	Multiplan		851.2	0.8			45.86	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Qualcare	Qualcare		798	0.75			45.86	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Three Rivers	Three Rivers		1010.8	0.95			45.86	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT FREZ&THAW	86932	CPT	outpatient			1064	52.74	UHC	Medicaid		334.73	0.3146			45.86	1010.8	percent of total billed charges	
FROZ BLD PREP FREZ/UNIT FREZ&THAW	86932	CPT	outpatient			1064	52.74	UHC	Medicare		45.86	1			45.86	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FREZ/UNIT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Wellcare	Medicare		45.86	1			45.86	1010.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FROZ BLD PREP FREZ/UNIT FREZ&THAW	86932	CPT	outpatient			1064	52.74	Wellcare	Medicaid		334.73	0.3146			45.86	1010.8	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Aetna	Better Health		83.37	0.3146			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Aetna	Medicare		8.77				8.77	251.75	case rate	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Aetna	Commercial		100.7	0.38			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Americare	Americare		198.75	0.75			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	WellPoint	WellPoint		85.01	0.3208			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Amerihealth	Medicare		8.77				8.77	251.75	case rate	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Consumer	Consumer		251.75	0.95			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Corrections	Corrections		212	0.8			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	First Health	First Health		185.5	0.7			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	First Trenton	First Trenton		238.5	0.9			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Horizon	Indemnity		101.44	0.3828			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Horizon	Medicare Blue		79.5	0.3			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Horizon	PPO		101.44	0.3828			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Horizon	MGD		101.44	0.3828			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Managed Care Inc	Managed Care Inc		238.5	0.9			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Multiplan	Multiplan		212	0.8			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Qualcare	Qualcare		198.75	0.75			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Three Rivers	Three Rivers		251.75	0.95			8.77	251.75	percent of total billed charges	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	UHC	Medicare		8.77				8.77	251.75	case rate	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	UHC	Medicaid		9.5				8.77	251.75	case rate	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Wellcare	Medicaid		9.5				8.77	251.75	case rate	
ISOHEMAGLUTININ TITER	86940	CPT	outpatient			265	10.09	Wellcare	Medicare		8.77				8.77	251.75	case rate	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Aetna	Better Health		83.37	0.3146			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Aetna	Medicare		12.11				12.11	251.75	case rate	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Aetna	Commercial		100.7	0.38			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Americare	Americare		198.75	0.75			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	WellPoint	WellPoint		85.01	0.3208			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Amerihealth	Medicare		12.11				12.11	251.75	case rate	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Consumer	Consumer		251.75	0.95			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Corrections	Corrections		212	0.8			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	First Health	First Health		185.5	0.7			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	First Trenton	First Trenton		238.5	0.9			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Horizon	MGD		101.44	0.3828			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Horizon	Medicare Blue		79.5	0.3			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Horizon	Indemnity		101.44	0.3828			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Horizon	PPO		101.44	0.3828			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Managed Care Inc	Managed Care Inc		238.5	0.9			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Multiplan	Multiplan		212	0.8			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Qualcare	Qualcare		198.75	0.75			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Three Rivers	Three Rivers		251.75	0.95			12.11	251.75	percent of total billed charges	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	UHC	Medicare		12.11				12.11	251.75	case rate	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	UHC	Medicaid		12.5				12.11	251.75	case rate	
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Wellcare	Medicaid		12.5				12.11	251.75	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEMOLYSIN&AGLUTIN INCUBATED	86941	CPT	outpatient			265	13.93	Wellcare	Medicare		12.11				12.11	251.75	case rate	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Aetna	Commercial		73.01	1.592			8	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Aetna	Better Health		47.19	0.3146			8	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Aetna	Medicare		45.86	1			8	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Americare	Americare		112.5	0.75			8	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	WellPoint	WellPoint		48.12	0.3208			8	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Amerihealth	Medicare		45.86	1			8	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Consumer	Consumer		142.5	0.95			8	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Corrections	Corrections		120	0.8			8	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	First Health	First Health		105	0.7			8	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	First Trenton	First Trenton		135	0.9			8	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Horizon	MGD		83.79	1.827			8	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Horizon	Indemnity		83.79	1.827			8	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Horizon	PPO		83.79	1.827			8	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Horizon	Medicare Blue		45.86	1			8	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Managed Care Inc	Managed Care Inc		135	0.9			8	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Multiplan	Multiplan		120	0.8			8	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Qualcare	Qualcare		112.5	0.75			8	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Three Rivers	Three Rivers		142.5	0.95			8	142.5	percent of total billed charges	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	UHC	Medicare		45.86	1			8	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	UHC	Medicaid		8				8	142.5	case rate	
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Wellcare	Medicare		45.86	1			8	142.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRRADIATION BLOOD PROD/EACH	86945	CPT	outpatient			150	52.74	Wellcare	Medicaid		8				8	142.5	case rate	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Aetna	Better Health		142.51	0.3146			32	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Aetna	Commercial		310.98	1.592			32	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Aetna	Medicare		195.34	1			32	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Americare	Americare		339.75	0.75			32	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	WellPoint	WellPoint		145.32	0.3208			32	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Amerihealth	Medicare		195.34	1			32	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Consumer	Consumer		430.35	0.95			32	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Corrections	Corrections		362.4	0.8			32	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	First Health	First Health		317.1	0.7			32	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	First Trenton	First Trenton		407.7	0.9			32	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Horizon	MGD		356.89	1.827			32	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Horizon	Medicare Blue		195.34	1			32	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Horizon	Indemnity		356.89	1.827			32	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Horizon	PPO		356.89	1.827			32	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Managed Care Inc	Managed Care Inc		407.7	0.9			32	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Multiplan	Multiplan		362.4	0.8			32	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Qualcare	Qualcare		339.75	0.75			32	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Three Rivers	Three Rivers		430.35	0.95			32	430.35	percent of total billed charges	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	UHC	Medicare		195.34	1			32	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	UHC	Medicaid		32				32	430.35	case rate	
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Wellcare	Medicare		195.34	1			32	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUKOCYTE TRANSFUSION	86950	CPT	outpatient			453	224.64	Wellcare	Medicaid		32				32	430.35	case rate	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	Aetna	Medicare		195.34	1			25	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	Aetna	Better Health		142.51	0.3146			25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	Aetna	Commercial		310.98	1.592			25	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	Americare	Americare		339.75	0.75			25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	WellPoint	WellPoint		145.32	0.3208			25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	Amerihealth	Medicare		195.34	1			25	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	Consumer	Consumer		430.35	0.95			25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	Corrections	Corrections		362.4	0.8			25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	First Health	First Health		317.1	0.7			25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	First Trenton	First Trenton		407.7	0.9			25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	Horizon	Indemnity		356.89	1.827			25	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	Horizon	PPO		356.89	1.827			25	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	Horizon	Medicare Blue		195.34	1			25	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	Horizon	MGD		356.89	1.827			25	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	Managed Care Inc	Managed Care Inc		407.7	0.9			25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	Multiplan	Multiplan		362.4	0.8			25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	Qualcare	Qualcare		339.75	0.75			25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	Three Rivers	Three Rivers		430.35	0.95			25	430.35	percent of total billed charges	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	UHC	Medicaid		25				25	430.35	case rate	
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	UHC	Medicare		195.34	1			25	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	Wellcare	Medicare		195.34	1			25	430.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VOL REDUCTION OF BLOOD/PROD	86960	CPT	outpatient			453	224.64	Wellcare	Medicaid		25				25	430.35	case rate	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287	224.64	Aetna	Medicare		195.34	1			25	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287	224.64	Aetna	Better Health		90.29	0.3146			25	356.89	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287	224.64	Aetna	Commercial		310.98	1.592			25	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287	224.64	Americare	Americare		215.25	0.75			25	356.89	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287	224.64	WellPoint	WellPoint		92.07	0.3208			25	356.89	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287	224.64	Amerihealth	Medicare		195.34	1			25	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287	224.64	Consumer	Consumer		272.65	0.95			25	356.89	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287	224.64	Corrections	Corrections		229.6	0.8			25	356.89	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287	224.64	First Health	First Health		200.9	0.7			25	356.89	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287	224.64	First Trenton	First Trenton		258.3	0.9			25	356.89	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287	224.64	Horizon	MGD		356.89	1.827			25	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287	224.64	Horizon	Indemnity		356.89	1.827			25	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287	224.64	Horizon	PPO		356.89	1.827			25	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287	224.64	Horizon	Medicare Blue		195.34	1			25	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287	224.64	Managed Care Inc	Managed Care Inc		258.3	0.9			25	356.89	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287	224.64	Multiplan	Multiplan		229.6	0.8			25	356.89	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287	224.64	Qualcare	Qualcare		215.25	0.75			25	356.89	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287	224.64	Three Rivers	Three Rivers		272.65	0.95			25	356.89	percent of total billed charges	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287	224.64	UHC	Medicaid		25				25	356.89	case rate	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287	224.64	UHC	Medicare		195.34	1			25	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287	224.64	Wellcare	Medicaid		25				25	356.89	case rate	
POOLING OF BLOOD PRODUCT	86965	CPT	outpatient			287	224.64	Wellcare	Medicare		195.34	1			25	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT ID CHEM AG	86970	CPT	outpatient			1201	80.45	Aetna	Better Health		377.83	0.3146			15	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT ID CHEM AG	86970	CPT	outpatient			1201	80.45	Aetna	Commercial		111.38	1.592			15	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT ID CHEM AG	86970	CPT	outpatient			1201	80.45	Aetna	Medicare		69.96	1			15	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT ID CHEM AG	86970	CPT	outpatient			1201	80.45	Americare	Americare		900.75	0.75			15	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT ID CHEM AG	86970	CPT	outpatient			1201	80.45	WellPoint	WellPoint		385.28	0.3208			15	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT ID CHEM AG	86970	CPT	outpatient			1201	80.45	Amerihealth	Medicare		69.96	1			15	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT ID CHEM AG	86970	CPT	outpatient			1201	80.45	Consumer	Consumer		1140.95	0.95			15	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT ID CHEM AG	86970	CPT	outpatient			1201	80.45	Corrections	Corrections		960.8	0.8			15	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT ID CHEM AG	86970	CPT	outpatient			1201	80.45	First Health	First Health		840.7	0.7			15	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT ID CHEM AG	86970	CPT	outpatient			1201	80.45	First Trenton	First Trenton		1080.9	0.9			15	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT ID CHEM AG	86970	CPT	outpatient			1201	80.45	Horizon	MGD		127.82	1.827			15	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT ID CHEM AG	86970	CPT	outpatient			1201	80.45	Horizon	Medicare Blue		69.96	1			15	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT ID CHEM AG	86970	CPT	outpatient			1201	80.45	Horizon	Indemnity		127.82	1.827			15	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT ID CHEM AG	86970	CPT	outpatient			1201	80.45	Horizon	PPO		127.82	1.827			15	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT ID CHEM AG	86970	CPT	outpatient			1201	80.45	Managed Care Inc	Managed Care Inc		1080.9	0.9			15	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT ID CHEM AG	86970	CPT	outpatient			1201	80.45	Multiplan	Multiplan		960.8	0.8			15	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT ID CHEM AG	86970	CPT	outpatient			1201	80.45	Qualcare	Qualcare		900.75	0.75			15	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT ID CHEM AG	86970	CPT	outpatient			1201	80.45	Three Rivers	Three Rivers		1140.95	0.95			15	1140.95	percent of total billed charges	
PRETRT RBC FOPR AB DETECT ID CHEM AG	86970	CPT	outpatient			1201	80.45	UHC	Medicaid		15				15	1140.95	case rate	
PRETRT RBC FOPR AB DETECT ID CHEM AG	86970	CPT	outpatient			1201	80.45	UHC	Medicare		69.96	1			15	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT ID CHEM AG	86970	CPT	outpatient			1201	80.45	Wellcare	Medicare		69.96	1			15	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT ID CHEM AG	86970	CPT	outpatient			1201	80.45	Wellcare	Medicaid		15				15	1140.95	case rate	
PRETRT RBC FOPR AB DETECT ID ENZYMES	86971	CPT	both			491	224.64	Aetna	Commercial		310.98	1.592			15	466.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT ID ENZYMES	86971	CPT	both			491	224.64	Aetna	Better Health		154.47	0.3146			15	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT ID ENZYMES	86971	CPT	both			491	224.64	Aetna	Medicare		195.34	1			15	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT ID ENZYMES	86971	CPT	both			491	224.64	Americare	Americare		368.25	0.75			15	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT ID ENZYMES	86971	CPT	both			491	224.64	WellPoint	WellPoint		157.51	0.3208			15	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT ID ENZYMES	86971	CPT	both			491	224.64	Amerihealth	Medicare		195.34	1			15	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT ID ENZYMES	86971	CPT	both			491	224.64	Consumer	Consumer		466.45	0.95			15	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT ID ENZYMES	86971	CPT	both			491	224.64	Corrections	Corrections		392.8	0.8			15	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT ID ENZYMES	86971	CPT	both			491	224.64	First Health	First Health		343.7	0.7			15	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT ID ENZYMES	86971	CPT	both			491	224.64	First Trenton	First Trenton		441.9	0.9			15	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT ID ENZYMES	86971	CPT	both			491	224.64	Horizon	MGD		356.89	1.827			15	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT ID ENZYMES	86971	CPT	both			491	224.64	Horizon	Medicare Blue		195.34	1			15	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT ID ENZYMES	86971	CPT	both			491	224.64	Horizon	Indemnity		356.89	1.827			15	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT ID ENZYMES	86971	CPT	both			491	224.64	Horizon	PPO		356.89	1.827			15	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT ID ENZYMES	86971	CPT	both			491	224.64	Managed Care Inc	Managed Care Inc		441.9	0.9			15	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT ID ENZYMES	86971	CPT	both			491	224.64	Multiplan	Multiplan		392.8	0.8			15	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT ID ENZYMES	86971	CPT	both			491	224.64	Qualcare	Qualcare		368.25	0.75			15	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT ID ENZYMES	86971	CPT	both			491	224.64	Three Rivers	Three Rivers		466.45	0.95			15	466.45	percent of total billed charges	
PRETRT RBC FOPR AB DETECT ID ENZYMES	86971	CPT	both			491	224.64	UHC	Medicare		195.34	1			15	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT RBC FOPR AB DETECT ID ENZYMES	86971	CPT	both			491	224.64	UHC	Medicaid		15				15	466.45	case rate	
PRETRT RBC FOPR AB DETECT ID ENZYMES	86971	CPT	both			491	224.64	Wellcare	Medicaid		15				15	466.45	case rate	
PRETRT RBC FOPR AB DETECT ID ENZYMES	86971	CPT	both			491	224.64	Wellcare	Medicare		195.34	1			15	466.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201	224.64	Aetna	Better Health		377.83	0.3146			52.67	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201	224.64	Aetna	Medicare		369.91	0.308			52.67	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201	224.64	Aetna	Commercial		310.98	1.592			52.67	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201	224.64	Americare	Americare		900.75	0.75			52.67	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201	224.64	WellPoint	WellPoint		385.28	0.3208			52.67	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201	224.64	Amerihealth	Medicare		195.34	1			52.67	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201	224.64	Consumer	Consumer		1140.95	0.95			52.67	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201	224.64	Corrections	Corrections		960.8	0.8			52.67	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201	224.64	First Health	First Health		840.7	0.7			52.67	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201	224.64	First Trenton	First Trenton		1080.9	0.9			52.67	1140.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201	224.64	Horizon	PPO		356.89	1.827			52.67	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201	224.64	Horizon	MCD		356.89	1.827			52.67	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201	224.64	Horizon	Medicare Blue		195.34	1			52.67	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201	224.64	Horizon	Indemnity		356.89	1.827			52.67	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201	224.64	Managed Care Inc	Managed Care Inc		1080.9	0.9			52.67	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201	224.64	Multiplan	Multiplan		960.8	0.8			52.67	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201	224.64	Qualcare	Qualcare		900.75	0.75			52.67	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201	224.64	Three Rivers	Three Rivers		1140.95	0.95			52.67	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201	224.64	UHC	Medicare		195.34	1			52.67	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201	224.64	UHC	Medicaid		377.83	0.3146			52.67	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201	224.64	Wellcare	Medicaid		377.83	0.3146			52.67	1140.95	percent of total billed charges	
WHITE BLOOD CELL ISOLATION	86972	CPT	outpatient			1201	224.64	Wellcare	Medicare		195.34	1			52.67	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID INCUB W/DRUGS EA	86975	CPT	outpatient			1201	524.04	Aetna	Commercial		725.46	1.592			25	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID INCUB W/DRUGS EA	86975	CPT	outpatient			1201	524.04	Aetna	Medicare		455.69	1			25	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID INCUB W/DRUGS EA	86975	CPT	outpatient			1201	524.04	Aetna	Better Health		377.83	0.3146			25	1140.95	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/DRUGS EA	86975	CPT	outpatient			1201	524.04	Americare	Americare		900.75	0.75			25	1140.95	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/DRUGS EA	86975	CPT	outpatient			1201	524.04	WellPoint	WellPoint		385.28	0.3208			25	1140.95	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/DRUGS EA	86975	CPT	outpatient			1201	524.04	Amerihealth	Medicare		455.69	1			25	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID INCUB W/DRUGS EA	86975	CPT	outpatient			1201	524.04	Consumer	Consumer		1140.95	0.95			25	1140.95	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/DRUGS EA	86975	CPT	outpatient			1201	524.04	Corrections	Corrections		960.8	0.8			25	1140.95	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/DRUGS EA	86975	CPT	outpatient			1201	524.04	First Health	First Health		840.7	0.7			25	1140.95	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/DRUGS EA	86975	CPT	outpatient			1201	524.04	First Trenton	First Trenton		1080.9	0.9			25	1140.95	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/DRUGS EA	86975	CPT	outpatient			1201	524.04	Horizon	MCD		832.55	1.827			25	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID INCUB W/DRUGS EA	86975	CPT	outpatient			1201	524.04	Horizon	Indemnity		832.55	1.827			25	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID INCUB W/DRUGS EA	86975	CPT	outpatient			1201	524.04	Horizon	Medicare Blue		455.69	1			25	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID INCUB W/DRUGS EA	86975	CPT	outpatient			1201	524.04	Horizon	PPO		832.55	1.827			25	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID INCUB W/DRUGS EA	86975	CPT	outpatient			1201	524.04	Managed Care Inc	Managed Care Inc		1080.9	0.9			25	1140.95	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/DRUGS EA	86975	CPT	outpatient			1201	524.04	Multiplan	Multiplan		960.8	0.8			25	1140.95	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/DRUGS EA	86975	CPT	outpatient			1201	524.04	Qualcare	Qualcare		900.75	0.75			25	1140.95	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/DRUGS EA	86975	CPT	outpatient			1201	524.04	Three Rivers	Three Rivers		1140.95	0.95			25	1140.95	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/DRUGS EA	86975	CPT	outpatient			1201	524.04	UHC	Medicare		455.69	1			25	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID INCUB W/DRUGS EA	86975	CPT	outpatient			1201	524.04	UHC	Medicaid		25				25	1140.95	case rate	
PRETRT SERUMRBC ID INCUB W/DRUGS EA	86975	CPT	outpatient			1201	524.04	Wellcare	Medicaid		25				25	1140.95	case rate	
PRETRT SERUMRBC ID INCUB W/DRUGS EA	86975	CPT	outpatient			1201	524.04	Wellcare	Medicare		455.69	1			25	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID DILUTION	86976	CPT	outpatient			1201	39.16	Aetna	Better Health		377.83	0.3146			25	1140.95	percent of total billed charges	
PRETRT SERUMRBC ID DILUTION	86976	CPT	outpatient			1201	39.16	Aetna	Medicare		34.05	1			25	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID DILUTION	86976	CPT	outpatient			1201	39.16	Aetna	Commercial		54.21	1.592			25	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID DILUTION	86976	CPT	outpatient			1201	39.16	Americare	Americare		900.75	0.75			25	1140.95	percent of total billed charges	
PRETRT SERUMRBC ID DILUTION	86976	CPT	outpatient			1201	39.16	WellPoint	WellPoint		385.28	0.3208			25	1140.95	percent of total billed charges	
PRETRT SERUMRBC ID DILUTION	86976	CPT	outpatient			1201	39.16	Amerihealth	Medicare		34.05	1			25	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID DILUTION	86976	CPT	outpatient			1201	39.16	Consumer	Consumer		1140.95	0.95			25	1140.95	percent of total billed charges	
PRETRT SERUMRBC ID DILUTION	86976	CPT	outpatient			1201	39.16	Corrections	Corrections		960.8	0.8			25	1140.95	percent of total billed charges	
PRETRT SERUMRBC ID DILUTION	86976	CPT	outpatient			1201	39.16	First Health	First Health		840.7	0.7			25	1140.95	percent of total billed charges	
PRETRT SERUMRBC ID DILUTION	86976	CPT	outpatient			1201	39.16	First Trenton	First Trenton		1080.9	0.9			25	1140.95	percent of total billed charges	
PRETRT SERUMRBC ID DILUTION	86976	CPT	outpatient			1201	39.16	Horizon	PPO		62.21	1.827			25	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID DILUTION	86976	CPT	outpatient			1201	39.16	Horizon	MCD		62.21	1.827			25	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID DILUTION	86976	CPT	outpatient			1201	39.16	Horizon	Indemnity		62.21	1.827			25	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID DILUTION	86976	CPT	outpatient			1201	39.16	Horizon	Medicare Blue		34.05	1			25	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID DILUTION	86976	CPT	outpatient			1201	39.16	Managed Care Inc	Managed Care Inc		1080.9	0.9			25	1140.95	percent of total billed charges	
PRETRT SERUMRBC ID DILUTION	86976	CPT	outpatient			1201	39.16	Multiplan	Multiplan		960.8	0.8			25	1140.95	percent of total billed charges	
PRETRT SERUMRBC ID DILUTION	86976	CPT	outpatient			1201	39.16	Qualcare	Qualcare		900.75	0.75			25	1140.95	percent of total billed charges	
PRETRT SERUMRBC ID DILUTION	86976	CPT	outpatient			1201	39.16	Three Rivers	Three Rivers		1140.95	0.95			25	1140.95	percent of total billed charges	
PRETRT SERUMRBC ID DILUTION	86976	CPT	outpatient			1201	39.16	UHC	Medicare		34.05	1			25	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID DILUTION	86976	CPT	outpatient			1201	39.16	UHC	Medicaid		25				25	1140.95	case rate	
PRETRT SERUMRBC ID DILUTION	86976	CPT	outpatient			1201	39.16	Wellcare	Medicaid		25				25	1140.95	case rate	
PRETRT SERUMRBC ID DILUTION	86976	CPT	outpatient			1201	39.16	Wellcare	Medicare		34.05	1			25	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID INCUB W/INHIBIT.	86977	CPT	both			1479	224.64	Aetna	Medicare		455.53	0.308			195.34	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/INHIBIT.	86977	CPT	both			1479	224.64	Aetna	Better Health		465.29	0.3146			195.34	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/INHIBIT.	86977	CPT	both			1479	224.64	Aetna	Commercial		310.98	1.592			195.34	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID INCUB W/INHIBIT.	86977	CPT	both			1479	224.64	Americare	Americare		1109.25	0.75			195.34	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/INHIBIT.	86977	CPT	both			1479	224.64	WellPoint	WellPoint		474.46	0.3208			195.34	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/INHIBIT.	86977	CPT	both			1479	224.64	Amerihealth	Medicare		195.34	1			195.34	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID INCUB W/INHIBIT.	86977	CPT	both			1479	224.64	Consumer	Consumer		1405.05	0.95			195.34	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/INHIBIT.	86977	CPT	both			1479	224.64	Corrections	Corrections		1183.2	0.8			195.34	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/INHIBIT.	86977	CPT	both			1479	224.64	First Health	First Health		1035.3	0.7			195.34	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/INHIBIT.	86977	CPT	both			1479	224.64	First Trenton	First Trenton		1331.1	0.9			195.34	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/INHIBIT.	86977	CPT	both			1479	224.64	Horizon	Indemnity		356.89	1.827			195.34	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID INCUB W/INHIBIT.	86977	CPT	both			1479	224.64	Horizon	MCD		356.89	1.827			195.34	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID INCUB W/INHIBIT.	86977	CPT	both			1479	224.64	Horizon	Medicare Blue		195.34	1			195.34	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID INCUB W/INHIBIT.	86977	CPT	both			1479	224.64	Horizon	PPO		356.89	1.827			195.34	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID INCUB W/INHIBIT.	86977	CPT	both			1479	224.64	Managed Care Inc	Managed Care Inc		1331.1	0.9			195.34	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/INHIBIT.	86977	CPT	both			1479	224.64	Multiplan	Multiplan		1183.2	0.8			195.34	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/INHIBIT.	86977	CPT	both			1479	224.64	Qualcare	Qualcare		1109.25	0.75			195.34	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/INHIBIT.	86977	CPT	both			1479	224.64	Three Rivers	Three Rivers		1405.05	0.95			195.34	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/INHIBIT.	86977	CPT	both			1479	224.64	UHC	Medicaid		465.29	0.3146			195.34	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/INHIBIT.	86977	CPT	both			1479	224.64	UHC	Medicare		195.34	1			195.34	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID INCUB W/INHIBIT.	86977	CPT	both			1479	224.64	Wellcare	Medicaid		465.29	0.3146			195.34	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID INCUB W/INHIBIT.	86977	CPT	both			1479	224.64	Wellcare	Medicare		195.34	1			195.34	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID DIFF REDCELL ABSORP.	86978	CPT	both			1479	80.45	Aetna	Commercial		111.38	1.592			35	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID DIFF REDCELL ABSORP.	86978	CPT	both			1479	80.45	Aetna	Better Health		465.29	0.3146			35	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID DIFF REDCELL ABSORP.	86978	CPT	both			1479	80.45	Aetna	Medicare		69.96	1			35	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID DIFF REDCELL ABSORP.	86978	CPT	both			1479	80.45	Americare	Americare		1109.25	0.75			35	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID DIFF REDCELL ABSORP.	86978	CPT	both			1479	80.45	WellPoint	WellPoint		474.46	0.3208			35	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID DIFF REDCELL ABSORP.	86978	CPT	both			1479	80.45	Amerihealth	Medicare		69.96	1			35	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID DIFF REDCELL ABSORP.	86978	CPT	both			1479	80.45	Consumer	Consumer		1405.05	0.95			35	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID DIFF REDCELL ABSORP.	86978	CPT	both			1479	80.45	Corrections	Corrections		1183.2	0.8			35	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID DIFF REDCELL ABSORP.	86978	CPT	both			1479	80.45	First Health	First Health		1035.3	0.7			35	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID DIFF REDCELL ABSORP.	86978	CPT	both			1479	80.45	First Trenton	First Trenton		1331.1	0.9			35	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID DIFF REDCELL ABSORP.	86978	CPT	both			1479	80.45	Horizon	PPO		127.82	1.827			35	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID DIFF REDCELL ABSORP.	86978	CPT	both			1479	80.45	Horizon	Medicare Blue		69.96	1			35	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID DIFF REDCELL ABSORP.	86978	CPT	both			1479	80.45	Horizon	MCD		127.82	1.827			35	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID DIFF REDCELL ABSORP.	86978	CPT	both			1479	80.45	Horizon	Indemnity		127.82	1.827			35	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID DIFF REDCELL ABSORP.	86978	CPT	both			1479	80.45	Managed Care Inc	Managed Care Inc		1331.1	0.9			35	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID DIFF REDCELL ABSORP.	86978	CPT	both			1479	80.45	Multiplan	Multiplan		1183.2	0.8			35	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID DIFF REDCELL ABSORP.	86978	CPT	both			1479	80.45	Qualcare	Qualcare		1109.25	0.75			35	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID DIFF REDCELL ABSORP.	86978	CPT	both			1479	80.45	Three Rivers	Three Rivers		1405.05	0.95			35	1405.05	percent of total billed charges	
PRETRT SERUMRBC ID DIFF REDCELL ABSORP.	86978	CPT	both			1479	80.45	UHC	Medicaid		35				35	1405.05	case rate	
PRETRT SERUMRBC ID DIFF REDCELL ABSORP.	86978	CPT	both			1479	80.45	UHC	Medicare		69.96	1			35	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID DIFF REDCELL ABSORP.	86978	CPT	both			1479	80.45	Wellcare	Medicare		69.96	1			35	1405.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRETRT SERUMRBC ID DIFF REDCELL ABSORP.	86978	CPT	both			1479	80.45	Wellcare	Medicaid		35				35	1405.05	case rate	
SPLITTING OF BLD OR BLD PROD EA UNIT	86985	CPT	both			440	224.64	Aetna	Commercial		310.98	1.592			25	418	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING OF BLD OR BLD PROD EA UNIT	86985	CPT	both			440	224.64	Aetna	Medicare		195.34	1			25	418	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING OF BLD OR BLD PROD EA UNIT	86985	CPT	both			440	224.64	Aetna	Better Health		138.42	0.3146			25	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA UNIT	86985	CPT	both			440	224.64	Americare	Americare		330	0.75			25	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA UNIT	86985	CPT	both			440	224.64	WellPoint	WellPoint		141.15	0.3208			25	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA UNIT	86985	CPT	both			440	224.64	Amerihealth	Medicare		195.34	1			25	418	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING OF BLD OR BLD PROD EA UNIT	86985	CPT	both			440	224.64	Consumer	Consumer		418	0.95			25	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA UNIT	86985	CPT	both			440	224.64	Corrections	Corrections		352	0.8			25	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA UNIT	86985	CPT	both			440	224.64	First Health	First Health		308	0.7			25	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA UNIT	86985	CPT	both			440	224.64	First Trenton	First Trenton		396	0.9			25	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA UNIT	86985	CPT	both			440	224.64	Horizon	PPO		356.89	1.827			25	418	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING OF BLD OR BLD PROD EA UNIT	86985	CPT	both			440	224.64	Horizon	Indemnity		356.89	1.827			25	418	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING OF BLD OR BLD PROD EA UNIT	86985	CPT	both			440	224.64	Horizon	MCD		356.89	1.827			25	418	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING OF BLD OR BLD PROD EA UNIT	86985	CPT	both			440	224.64	Horizon	Medicare Blue		195.34	1			25	418	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING OF BLD OR BLD PROD EA UNIT	86985	CPT	both			440	224.64	Managed Care Inc	Managed Care Inc		396	0.9			25	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA UNIT	86985	CPT	both			440	224.64	Multiplan	Multiplan		352	0.8			25	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA UNIT	86985	CPT	both			440	224.64	Qualcare	Qualcare		330	0.75			25	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA UNIT	86985	CPT	both			440	224.64	Three Rivers	Three Rivers		418	0.95			25	418	percent of total billed charges	
SPLITTING OF BLD OR BLD PROD EA UNIT	86985	CPT	both			440	224.64	UHC	Medicaid		25				25	418	case rate	
SPLITTING OF BLD OR BLD PROD EA UNIT	86985	CPT	both			440	224.64	UHC	Medicare		195.34	1			25	418	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING OF BLD OR BLD PROD EA UNIT	86985	CPT	both			440	224.64	Wellcare	Medicare		195.34	1			25	418	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPLITTING OF BLD OR BLD PROD EA UNIT	86985	CPT	both			440	224.64	Wellcare	Medicaid		25				25	418	case rate	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263	39.16	Aetna	Medicare		389	0.308			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263	39.16	Aetna	Commercial		54.21	1.592			34.05	1199.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263	39.16	Aetna	Better Health		397.34	0.3146			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263	39.16	Americare	Americare		947.25	0.75			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263	39.16	WellPoint	WellPoint		405.17	0.3208			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263	39.16	Amerihealth	Medicare		34.05	1			34.05	1199.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263	39.16	Consumer	Consumer		1199.85	0.95			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263	39.16	Corrections	Corrections		1010.4	0.8			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263	39.16	First Health	First Health		884.1	0.7			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263	39.16	First Trenton	First Trenton		1136.7	0.9			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263	39.16	Horizon	PPO		62.21	1.827			34.05	1199.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263	39.16	Horizon	MCD		62.21	1.827			34.05	1199.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263	39.16	Horizon	Indemnity		62.21	1.827			34.05	1199.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263	39.16	Horizon	Medicare Blue		34.05	1			34.05	1199.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263	39.16	Horizon	NJ Health		126.3	0.1			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263	39.16	Managed Care Inc	Managed Care Inc		1136.7	0.9			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263	39.16	Multiplan	Multiplan		1010.4	0.8			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263	39.16	Qualcare	Qualcare		947.25	0.75			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263	39.16	Three Rivers	Three Rivers		1199.85	0.95			34.05	1199.85	percent of total billed charges	
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263	39.16	UHC	Medicare		34.05	1			34.05	1199.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263	39.16	UHC	Medicaid		397.34	0.3146			34.05	1199.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263	39.16	Wellcare	Medicare		34.05				34.05	1199.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHAGOCYTIC FUNCTION PANEL	86999	CPT	outpatient			1263	39.16	Wellcare	Medicaid		397.34	0.3146			34.05	1199.85	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141	7.68	Aetna	Better Health		44.36	0.3146			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141	7.68	Aetna	Medicare		43.43	0.308			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141	7.68	Aetna	Commercial		53.58	0.38			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141	7.68	Americare	Americare		105.75	0.75			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141	7.68	WellPoint	WellPoint		45.23	0.3208			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141	7.68	Amerihealth	Medicare		6.68				5.1	133.95	case rate	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141	7.68	Consumer	Consumer		133.95	0.95			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141	7.68	Corrections	Corrections		112.8	0.8			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141	7.68	First Health	First Health		98.7	0.7			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141	7.68	First Trenton	First Trenton		126.9	0.9			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141	7.68	Horizon	MGD		53.97	0.3828			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141	7.68	Horizon	Indemnity		53.97	0.3828			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141	7.68	Horizon	PPO		53.97	0.3828			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141	7.68	Horizon	Medicare Blue		42.3	0.3			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141	7.68	Managed Care Inc	Managed Care Inc		126.9	0.9			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141	7.68	Multiplan	Multiplan		112.8	0.8			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141	7.68	Qualcare	Qualcare		105.75	0.75			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141	7.68	Three Rivers	Three Rivers		133.95	0.95			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141	7.68	UHC	Medicaid		44.36	0.3146			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141	7.68	UHC	Medicare		6.68				5.1	133.95	case rate	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141	7.68	Wellcare	Medicaid		44.36	0.3146			5.1	133.95	percent of total billed charges	
CRYTOSPORIDIUM ISOSPORA SMEAR	87015	CPT	both			141	7.68	Wellcare	Medicare		6.68				5.1	133.95	case rate	
PEDIATRIC.BLOOD.CULTURE	87040	CPT	both			92	11.87	Aetna	Commercial		34.96	0.38			10.32	87.4	percent of total billed charges	
PEDIATRIC.BLOOD.CULTURE	87040	CPT	both			92	11.87	Aetna	Medicare		28.34	0.308			10.32	87.4	percent of total billed charges	
PEDIATRIC.BLOOD.CULTURE	87040	CPT	both			92	11.87	Aetna	Better Health		28.94	0.3146			10.32	87.4	percent of total billed charges	
PEDIATRIC.BLOOD.CULTURE	87040	CPT	both			92	11.87	Americare	Americare		69	0.75			10.32	87.4	percent of total billed charges	
PEDIATRIC.BLOOD.CULTURE	87040	CPT	both			92	11.87	WellPoint	WellPoint		29.51	0.3208			10.32	87.4	percent of total billed charges	
PEDIATRIC.BLOOD.CULTURE	87040	CPT	both			92	11.87	Amerihealth	Medicare		10.32				10.32	87.4	case rate	
PEDIATRIC.BLOOD.CULTURE	87040	CPT	both			92	11.87	Consumer	Consumer		87.4	0.95			10.32	87.4	percent of total billed charges	
PEDIATRIC.BLOOD.CULTURE	87040	CPT	both			92	11.87	Corrections	Corrections		73.6	0.8			10.32	87.4	percent of total billed charges	
PEDIATRIC.BLOOD.CULTURE	87040	CPT	both			92	11.87	First Health	First Health		64.4	0.7			10.32	87.4	percent of total billed charges	
PEDIATRIC.BLOOD.CULTURE	87040	CPT	both			92	11.87	First Trenton	First Trenton		82.8	0.9			10.32	87.4	percent of total billed charges	
PEDIATRIC.BLOOD.CULTURE	87040	CPT	both			92	11.87	Horizon	Indemnity		35.22	0.3828			10.32	87.4	percent of total billed charges	
PEDIATRIC.BLOOD.CULTURE	87040	CPT	both			92	11.87	Horizon	PPO		35.22	0.3828			10.32	87.4	percent of total billed charges	
PEDIATRIC.BLOOD.CULTURE	87040	CPT	both			92	11.87	Horizon	MGD		35.22	0.3828			10.32	87.4	percent of total billed charges	
PEDIATRIC.BLOOD.CULTURE	87040	CPT	both			92	11.87	Horizon	Medicare Blue		27.6	0.3			10.32	87.4	percent of total billed charges	
PEDIATRIC.BLOOD.CULTURE	87040	CPT	both			92	11.87	Managed Care Inc	Managed Care Inc		82.8	0.9			10.32	87.4	percent of total billed charges	
PEDIATRIC.BLOOD.CULTURE	87040	CPT	both			92	11.87	Multiplan	Multiplan		73.6	0.8			10.32	87.4	percent of total billed charges	
PEDIATRIC.BLOOD.CULTURE	87040	CPT	both			92	11.87	Qualcare	Qualcare		69	0.75			10.32	87.4	percent of total billed charges	
PEDIATRIC.BLOOD.CULTURE	87040	CPT	both			92	11.87	Three Rivers	Three Rivers		87.4	0.95			10.32	87.4	percent of total billed charges	
PEDIATRIC.BLOOD.CULTURE	87040	CPT	both			92	11.87	UHC	Medicaid		28.94	0.3146			10.32	87.4	percent of total billed charges	
PEDIATRIC.BLOOD.CULTURE	87040	CPT	both			92	11.87	UHC	Medicare		10.32				10.32	87.4	case rate	
PEDIATRIC.BLOOD.CULTURE	87040	CPT	both			92	11.87	Wellcare	Medicaid		28.94	0.3146			10.32	87.4	percent of total billed charges	
PEDIATRIC.BLOOD.CULTURE	87040	CPT	both			92	11.87	Wellcare	Medicare		10.32				10.32	87.4	case rate	
STOOL AEROBIC.W/ISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Aetna	Better Health		55.68	0.3146			6.9	168.15	percent of total billed charges	
STOOL AEROBIC.W/ISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Aetna	Commercial		67.26	0.38			6.9	168.15	percent of total billed charges	
STOOL AEROBIC.W/ISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Aetna	Medicare		9.44				6.9	168.15	case rate	
STOOL AEROBIC.W/ISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Americare	Americare		132.75	0.75			6.9	168.15	percent of total billed charges	
STOOL AEROBIC.W/ISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	WellPoint	WellPoint		56.78	0.3208			6.9	168.15	percent of total billed charges	
STOOL AEROBIC.W/ISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Amerihealth	Medicare		9.44				6.9	168.15	case rate	
STOOL AEROBIC.W/ISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Consumer	Consumer		168.15	0.95			6.9	168.15	percent of total billed charges	
STOOL AEROBIC.W/ISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Corrections	Corrections		141.6	0.8			6.9	168.15	percent of total billed charges	
STOOL AEROBIC.W/ISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	First Health	First Health		123.9	0.7			6.9	168.15	percent of total billed charges	
STOOL AEROBIC.W/ISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	First Trenton	First Trenton		159.3	0.9			6.9	168.15	percent of total billed charges	
STOOL AEROBIC.W/ISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Horizon	MGD		67.76	0.3828			6.9	168.15	percent of total billed charges	
STOOL AEROBIC.W/ISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Horizon	Indemnity		67.76	0.3828			6.9	168.15	percent of total billed charges	
STOOL AEROBIC.W/ISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Horizon	Medicare Blue		53.1	0.3			6.9	168.15	percent of total billed charges	
STOOL AEROBIC.W/ISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Horizon	PPO		67.76	0.3828			6.9	168.15	percent of total billed charges	
STOOL AEROBIC.W/ISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Managed Care Inc	Managed Care Inc		159.3	0.9			6.9	168.15	percent of total billed charges	
STOOL AEROBIC.W/ISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Multiplan	Multiplan		141.6	0.8			6.9	168.15	percent of total billed charges	
STOOL AEROBIC.W/ISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Qualcare	Qualcare		132.75	0.75			6.9	168.15	percent of total billed charges	
STOOL AEROBIC.W/ISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Three Rivers	Three Rivers		168.15	0.95			6.9	168.15	percent of total billed charges	
STOOL AEROBIC.W/ISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	UHC	Medicaid		9				6.9	168.15	case rate	
STOOL AEROBIC.W/ISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	UHC	Medicare		9.44				6.9	168.15	case rate	
STOOL AEROBIC.W/ISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Wellcare	Medicaid		9				6.9	168.15	case rate	
STOOL AEROBIC.W/ISOL&PRELIM.EXAM	87045	CPT	both			177	10.86	Wellcare	Medicare		9.44				6.9	168.15	case rate	
STOOL AEROBIC.ADD.PATOGENS;EA.PLT	87046	CPT	both			177	10.86	Aetna	Better Health		55.68	0.3146			3	168.15	percent of total billed charges	
STOOL AEROBIC.ADD.PATOGENS;EA.PLT	87046	CPT	both			177	10.86	Aetna	Medicare		9.44				3	168.15	case rate	
STOOL AEROBIC.ADD.PATOGENS;EA.PLT	87046	CPT	both			177	10.86	Aetna	Commercial		67.26	0.38			3	168.15	percent of total billed charges	
STOOL AEROBIC.ADD.PATOGENS;EA.PLT	87046	CPT	both			177	10.86	Americare	Americare		132.75	0.75			3	168.15	percent of total billed charges	
STOOL AEROBIC.ADD.PATOGENS;EA.PLT	87046	CPT	both			177	10.86	WellPoint	WellPoint		56.78	0.3208			3	168.15	percent of total billed charges	
STOOL AEROBIC.ADD.PATOGENS;EA.PLT	87046	CPT	both			177	10.86	Amerihealth	Medicare		9.44				3	168.15	case rate	
STOOL AEROBIC.ADD.PATOGENS;EA.PLT	87046	CPT	both			177	10.86	Consumer	Consumer		168.15	0.95			3	168.15	percent of total billed charges	
STOOL AEROBIC.ADD.PATOGENS;EA.PLT	87046	CPT	both			177	10.86	Corrections	Corrections		141.6	0.8			3	168.15	percent of total billed charges	
STOOL AEROBIC.ADD.PATOGENS;EA.PLT	87046	CPT	both			177	10.86	First Health	First Health		123.9	0.7			3	168.15	percent of total billed charges	
STOOL AEROBIC.ADD.PATOGENS;EA.PLT	87046	CPT	both			177	10.86	First Trenton	First Trenton		159.3	0.9			3	168.15	percent of total billed charges	
STOOL AEROBIC.ADD.PATOGENS;EA.PLT	87046	CPT	both			177	10.86	Horizon	MGD		67.76	0.3828			3	168.15	percent of total billed charges	
STOOL AEROBIC.ADD.PATOGENS;EA.PLT	87046	CPT	both			177	10.86	Horizon	Indemnity		67.76	0.3828			3	168.15	percent of total billed charges	
STOOL AEROBIC.ADD.PATOGENS;EA.PLT	87046	CPT	both			177	10.86	Horizon	PPO		67.76	0.3828			3	168.15	percent of total billed charges	
STOOL AEROBIC.ADD.PATOGENS;EA.PLT	87046	CPT	both			177	10.86	Horizon	Medicare Blue		53.1	0.3			3	168.15	percent of total billed charges	
STOOL AEROBIC.ADD.PATOGENS;EA.PLT	87046	CPT	both			177	10.86	Managed Care Inc	Managed Care Inc		159.3	0.9			3	168.15	percent of total billed charges	
STOOL AEROBIC.ADD.PATOGENS;EA.PLT	87046	CPT	both			177	10.86	Multiplan	Multiplan		141.6	0.8			3	168.15	percent of total billed charges	
STOOL AEROBIC.ADD.PATOGENS;EA.PLT	87046	CPT	both			177	10.86	Qualcare	Qualcare		132.75	0.75			3	168.15	percent of total billed charges	
STOOL AEROBIC.ADD.PATOGENS;EA.PLT	87046	CPT	both			177	10.86	Three Rivers	Three Rivers		168.15	0.95			3	168.15	percent of total billed charges	
STOOL AEROBIC.ADD.PATOGENS;EA.PLT	87046	CPT	both			177	10.86	UHC	Medicaid		3				3	168.15	case rate	
STOOL AEROBIC.ADD.PATOGENS;EA.PLT	87046	CPT	both			177	10.86	UHC	Medicare		9.44				3	168.15	case rate	
STOOL AEROBIC.ADD.PATOGENS;EA.PLT	87046	CPT	both			177	10.86	Wellcare	Medicaid		3				3	168.15	case rate	
STOOL AEROBIC.ADD.PATOGENS;EA.PLT	87046	CPT	both			177	10.86	Wellcare	Medicare		9.44				3	168.15	case rate	
WOUND CULTURE	87070	CPT	both			434	9.91	Aetna	Better Health		136.54	0.3146			8.62	412.3	percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Aetna	Medicare		8.62				8.62	412.3	case rate	
WOUND CULTURE	87070	CPT	both			434	9.91	Aetna	Commercial		164.92	0.38			8.62	412.3	percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Americare	Americare		325.5	0.75			8.62	412.3	percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	WellPoint	WellPoint		139.23	0.3208			8.62	412.3	percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Amerihealth	Medicare		8.62				8.62	412.3	case rate	
WOUND CULTURE	87070	CPT	both			434	9.91	Consumer	Consumer		412.3	0.95			8.62	412.3	percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Corrections	Corrections		347.2	0.8			8.62	412.3	percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	First Health	First Health		303.8	0.7			8.62	412.3	percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	First Trenton	First Trenton		390.6	0.9			8.62	412.3	percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Horizon	MGD		166.14	0.3828			8.62	412.3	percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Horizon	Medicare Blue		130.2	0.3			8.62	412.3	percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Horizon	Indemnity		166.14	0.3828			8.62	412.3	percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Horizon	PPO		166.14	0.3828			8.62	412.3	percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Managed Care Inc	Managed Care Inc		390.6	0.9			8.62	412.3	percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Multiplan	Multiplan		347.2	0.8			8.62	412.3	percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Qualcare	Qualcare		325.5	0.75			8.62	412.3	percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	Three Rivers	Three Rivers		412.3	0.95			8.62	412.3	percent of total billed charges	
WOUND CULTURE	87070	CPT	both			434	9.91	UHC	Medicaid		9				8.62	412.3	case rate	
WOUND CULTURE	87070	CPT	both			434	9.91	UHC	Medicare		8.62				8.62	412.3	case rate	
WOUND CULTURE	87070	CPT	both			434	9.91	Wellcare	Medicare		8.62				8.62	412.3	case rate	
WOUND CULTURE	87070	CPT	both			434	9.91	Wellcare	Medicaid		9				8.62	412.3	case rate	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Aetna	Better Health		34.29	0.3146			6	103.55	percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Aetna	Medicare		9.89				6	103.55	case rate	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Aetna	Commercial		41.42	0.38			6	103.55	percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Americare	Americare		81.75	0.75			6	103.55	percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	WellPoint	WellPoint		34.97	0.3208			6	103.55	percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Amerihealth	Medicare		9.89				6	103.55	case rate	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Consumer	Consumer		103.55	0.95			6	103.55	percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Corrections	Corrections		87.2	0.8			6	103.55	percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	First Health	First Health		76.3	0.7			6	103.55	percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	First Trenton	First Trenton		98.1	0.9			6	103.55	percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Horizon	PPO		41.73	0.3828			6	103.55	percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Horizon	MGD		41.73	0.3828			6	103.55	percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Horizon	Indemnity		41.73	0.3828			6	103.55	percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Horizon	Medicare Blue		32.7	0.3			6	103.55	percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Managed Care Inc	Managed Care Inc		98.1	0.9			6	103.55	percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Multiplan	Multiplan		87.2	0.8			6	103.55	percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Qualcare	Qualcare		81.75	0.75			6	103.55	percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Three Rivers	Three Rivers		103.55	0.95			6	103.55	percent of total billed charges	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	UHC	Medicaid		6				6	103.55	case rate	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	UHC	Medicare		9.89				6	103.55	case rate	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Wellcare	Medicaid		6				6	103.55	case rate	
QUANTITATIVE;LOWER.RESP.CULT	87071	CPT	both			109	11.37	Wellcare	Medicare		9.89				6	103.55	case rate	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	outpatient			61	11.11	Aetna	Better Health		19.19	0.3146			6	57.95	percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	outpatient			61	11.11	Aetna	Medicare		9.66				6	57.95	case rate	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	outpatient			61	11.11	Aetna	Commercial		23.18	0.38			6	57.95	percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	outpatient			61	11.11	Americare	Americare		45.75	0.75			6	57.95	percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	outpatient			61	11.11	WellPoint	WellPoint		19.57	0.3208			6	57.95	percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	outpatient			61	11.11	Amerihealth	Medicare		9.66				6	57.95	case rate	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	outpatient			61	11.11	Consumer	Consumer		57.95	0.95			6	57.95	percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	outpatient			61	11.11	Corrections	Corrections		48.8	0.8			6	57.95	percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	outpatient			61	11.11	First Health	First Health		42.7	0.7			6	57.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	outpatient			61	11.11	First Trenton	First Trenton		54.9	0.9			6		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	outpatient			61	11.11	Horizon	Indemnity		23.35	0.3828			6		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	outpatient			61	11.11	Horizon	MGD		23.35	0.3828			6		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	outpatient			61	11.11	Horizon	PPO		23.35	0.3828			6		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	outpatient			61	11.11	Horizon	Medicare Blue		18.3	0.3			6		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	outpatient			61	11.11	Managed Care Inc	Managed Care Inc		54.9	0.9			6		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	outpatient			61	11.11	Multiplan	Multiplan		48.8	0.8			6		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	outpatient			61	11.11	Qualcare	Qualcare		45.75	0.75			6		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	outpatient			61	11.11	Three Rivers	Three Rivers		57.95	0.95			6		57.95 percent of total billed charges	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	outpatient			61	11.11	UHC	Medicare		9.66				6		57.95 case rate	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	outpatient			61	11.11	UHC	Medicaid		6				6		57.95 case rate	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	outpatient			61	11.11	Wellcare	Medicare		9.66				6		57.95 case rate	
CULTRE QNT ANAEROBIC W/ISO & PRESUMP	87073	CPT	outpatient			61	11.11	Wellcare	Medicaid		6				6		57.95 case rate	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Aetna	Medicare		27.1	0.308			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Aetna	Better Health		27.68	0.3146			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Aetna	Commercial		33.44	0.38			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Americare	Americare		66	0.75			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	WellPoint	WellPoint		28.23	0.3208			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Amerihealth	Medicare		9.47				9.47		83.6 case rate	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Consumer	Consumer		83.6	0.95			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Corrections	Corrections		70.4	0.8			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	First Health	First Health		61.6	0.7			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	First Trenton	First Trenton		79.2	0.9			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Horizon	MGD		33.69	0.3828			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Horizon	Medicare Blue		26.4	0.3			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Horizon	Indemnity		33.69	0.3828			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Horizon	PPO		33.69	0.3828			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Managed Care Inc	Managed Care Inc		79.2	0.9			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Multiplan	Multiplan		70.4	0.8			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Qualcare	Qualcare		66	0.75			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Three Rivers	Three Rivers		83.6	0.95			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	UHC	Medicare		9.47				9.47		83.6 case rate	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	UHC	Medicaid		27.68	0.3146			9.47		83.6 percent of total billed charges	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Wellcare	Medicare		9.47				9.47		83.6 case rate	
ANAEROBIC CULTURE	87075	CPT	both			88	10.89	Wellcare	Medicaid		27.68	0.3146			9.47		83.6 percent of total billed charges	
IDENTIFICATION ANAEROBIC BACTI	87076	CPT	both			174	9.29	Aetna	Medicare		8.08				6		165.3 case rate	
IDENTIFICATION ANAEROBIC BACTI	87076	CPT	both			174	9.29	Aetna	Commercial		66.12	0.38			6		165.3 percent of total billed charges	
IDENTIFICATION ANAEROBIC BACTI	87076	CPT	both			174	9.29	Aetna	Better Health		54.74	0.3146			6		165.3 percent of total billed charges	
IDENTIFICATION ANAEROBIC BACTI	87076	CPT	both			174	9.29	Americare	Americare		130.5	0.75			6		165.3 percent of total billed charges	
IDENTIFICATION ANAEROBIC BACTI	87076	CPT	both			174	9.29	WellPoint	WellPoint		55.82	0.3208			6		165.3 percent of total billed charges	
IDENTIFICATION ANAEROBIC BACTI	87076	CPT	both			174	9.29	Amerihealth	Medicare		8.08				6		165.3 case rate	
IDENTIFICATION ANAEROBIC BACTI	87076	CPT	both			174	9.29	Consumer	Consumer		165.3	0.95			6		165.3 percent of total billed charges	
IDENTIFICATION ANAEROBIC BACTI	87076	CPT	both			174	9.29	Corrections	Corrections		139.2	0.8			6		165.3 percent of total billed charges	
IDENTIFICATION ANAEROBIC BACTI	87076	CPT	both			174	9.29	First Health	First Health		121.8	0.7			6		165.3 percent of total billed charges	
IDENTIFICATION ANAEROBIC BACTI	87076	CPT	both			174	9.29	First Trenton	First Trenton		156.6	0.9			6		165.3 percent of total billed charges	
IDENTIFICATION ANAEROBIC BACTI	87076	CPT	both			174	9.29	Horizon	Medicare Blue		52.2	0.3			6		165.3 percent of total billed charges	
IDENTIFICATION ANAEROBIC BACTI	87076	CPT	both			174	9.29	Horizon	Indemnity		66.61	0.3828			6		165.3 percent of total billed charges	
IDENTIFICATION ANAEROBIC BACTI	87076	CPT	both			174	9.29	Horizon	MGD		66.61	0.3828			6		165.3 percent of total billed charges	
IDENTIFICATION ANAEROBIC BACTI	87076	CPT	both			174	9.29	Horizon	PPO		66.61	0.3828			6		165.3 percent of total billed charges	
IDENTIFICATION ANAEROBIC BACTI	87076	CPT	both			174	9.29	Managed Care Inc	Managed Care Inc		156.6	0.9			6		165.3 percent of total billed charges	
IDENTIFICATION ANAEROBIC BACTI	87076	CPT	both			174	9.29	Multiplan	Multiplan		139.2	0.8			6		165.3 percent of total billed charges	
IDENTIFICATION ANAEROBIC BACTI	87076	CPT	both			174	9.29	Qualcare	Qualcare		130.5	0.75			6		165.3 percent of total billed charges	
IDENTIFICATION ANAEROBIC BACTI	87076	CPT	both			174	9.29	Three Rivers	Three Rivers		165.3	0.95			6		165.3 percent of total billed charges	
IDENTIFICATION ANAEROBIC BACTI	87076	CPT	both			174	9.29	UHC	Medicaid		6				6		165.3 case rate	
IDENTIFICATION ANAEROBIC BACTI	87076	CPT	both			174	9.29	UHC	Medicare		8.08				6		165.3 case rate	
IDENTIFICATION ANAEROBIC BACTI	87076	CPT	both			174	9.29	Wellcare	Medicaid		6				6		165.3 case rate	
IDENTIFICATION ANAEROBIC BACTI	87076	CPT	both			174	9.29	Wellcare	Medicare		8.08				6		165.3 case rate	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Aetna	Medicare		24.33	0.308			8.08		75.05 percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Aetna	Commercial		30.02	0.38			8.08		75.05 percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Aetna	Better Health		24.85	0.3146			8.08		75.05 percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Americare	Americare		59.25	0.75			8.08		75.05 percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	WellPoint	WellPoint		25.34	0.3208			8.08		75.05 percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Amerihealth	Medicare		8.08				8.08		75.05 case rate	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Consumer	Consumer		75.05	0.95			8.08		75.05 percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Corrections	Corrections		63.2	0.8			8.08		75.05 percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	First Health	First Health		55.3	0.7			8.08		75.05 percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	First Trenton	First Trenton		71.1	0.9			8.08		75.05 percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Horizon	PPO		30.24	0.3828			8.08		75.05 percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Horizon	Indemnity		30.24	0.3828			8.08		75.05 percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Horizon	MGD		30.24	0.3828			8.08		75.05 percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Horizon	Medicare Blue		23.7	0.3			8.08		75.05 percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Managed Care Inc	Managed Care Inc		71.1	0.9			8.08		75.05 percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Multiplan	Multiplan		63.2	0.8			8.08		75.05 percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Qualcare	Qualcare		59.25	0.75			8.08		75.05 percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Three Rivers	Three Rivers		75.05	0.95			8.08		75.05 percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	UHC	Medicaid		24.85	0.3146			8.08		75.05 percent of total billed charges	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	UHC	Medicare		8.08				8.08		75.05 case rate	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Wellcare	Medicare		8.08				8.08		75.05 case rate	
ORGANISM ID(ONLY) BACTERIA	87077	CPT	both			79	9.29	Wellcare	Medicaid		24.85	0.3146			8.08		75.05 percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Aetna	Commercial		260.68	0.38			5.4		651.7 percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Aetna	Better Health		215.82	0.3146			5.4		651.7 percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Aetna	Medicare		6.63				5.4		651.7 case rate	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Americare	Americare		514.5	0.75			5.4		651.7 percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	WellPoint	WellPoint		220.07	0.3208			5.4		651.7 percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Amerihealth	Medicare		6.63				5.4		651.7 case rate	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Consumer	Consumer		651.7	0.95			5.4		651.7 percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Corrections	Corrections		548.8	0.8			5.4		651.7 percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	First Health	First Health		480.2	0.7			5.4		651.7 percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	First Trenton	First Trenton		617.4	0.9			5.4		651.7 percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Horizon	Indemnity		262.6	0.3828			5.4		651.7 percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Horizon	MGD		262.6	0.3828			5.4		651.7 percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Horizon	Medicare Blue		205.8	0.3			5.4		651.7 percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Horizon	PPO		262.6	0.3828			5.4		651.7 percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Managed Care Inc	Managed Care Inc		617.4	0.9			5.4		651.7 percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Multiplan	Multiplan		548.8	0.8			5.4		651.7 percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Qualcare	Qualcare		514.5	0.75			5.4		651.7 percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Three Rivers	Three Rivers		651.7	0.95			5.4		651.7 percent of total billed charges	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	UHC	Medicaid		9				5.4		651.7 case rate	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	UHC	Medicare		6.63				5.4		651.7 case rate	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Wellcare	Medicaid		9				5.4		651.7 case rate	
VANCO RESISTANT ENTERO SCRN	87081	CPT	both			686	7.62	Wellcare	Medicare		6.63				5.4		651.7 case rate	
URINE CULTURE	87086	CPT	both			133	9.28	Aetna	Better Health		41.84	0.3146			8.07		126.35 percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Aetna	Commercial		50.54	0.38			8.07		126.35 percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Aetna	Medicare		40.96	0.308			8.07		126.35 percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Americare	Americare		99.75	0.75			8.07		126.35 percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	WellPoint	WellPoint		42.67	0.3208			8.07		126.35 percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Amerihealth	Medicare		8.07				8.07		126.35 case rate	
URINE CULTURE	87086	CPT	both			133	9.28	Consumer	Consumer		126.35	0.95			8.07		126.35 percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Corrections	Corrections		106.4	0.8			8.07		126.35 percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	First Health	First Health		93.1	0.7			8.07		126.35 percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	First Trenton	First Trenton		119.7	0.9			8.07		126.35 percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Horizon	Indemnity		50.91	0.3828			8.07		126.35 percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Horizon	PPO		50.91	0.3828			8.07		126.35 percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Horizon	MGD		50.91	0.3828			8.07		126.35 percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Horizon	Medicare Blue		39.9	0.3			8.07		126.35 percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Managed Care Inc	Managed Care Inc		119.7	0.9			8.07		126.35 percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Multiplan	Multiplan		106.4	0.8			8.07		126.35 percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Qualcare	Qualcare		99.75	0.75			8.07		126.35 percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Three Rivers	Three Rivers		126.35	0.95			8.07		126.35 percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	UHC	Medicare		8.07				8.07		126.35 case rate	
URINE CULTURE	87086	CPT	both			133	9.28	UHC	Medicaid		41.84	0.3146			8.07		126.35 percent of total billed charges	
URINE CULTURE	87086	CPT	both			133	9.28	Wellcare	Medicare		8.07				8.07		126.35 case rate	
URINE CULTURE	87086	CPT	both			133	9.28	Wellcare	Medicaid		41.84	0.3146			8.07		126.35 percent of total billed charges	
CULT W/ISO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Aetna	Better Health		37.75	0.3146			8.09		114 percent of total billed charges	
CULT W/ISO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Aetna	Medicare		36.96	0.308			8.09		114 percent of total billed charges	
CULT W/ISO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Aetna	Commercial		45.6	0.38			8.09		114 percent of total billed charges	
CULT W/ISO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Americare	Americare		90	0.75			8.09		114 percent of total billed charges	
CULT W/ISO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	WellPoint	WellPoint		38.5	0.3208			8.09		114 percent of total billed charges	
CULT W/ISO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Amerihealth	Medicare		8.09				8.09		114 case rate	
CULT W/ISO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Consumer	Consumer		114	0.95			8.09		114 percent of total billed charges	
CULT W/ISO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Corrections	Corrections		96	0.8			8.09		114 percent of total billed charges	
CULT W/ISO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	First Health	First Health		84	0.7			8.09		114 percent of total billed charges	
CULT W/ISO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	First Trenton	First Trenton		108	0.9			8.09		114 percent of total billed charges	
CULT W/ISO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Horizon	Medicare Blue		36	0.3			8.09		114 percent of total billed charges	
CULT W/ISO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Horizon	Indemnity		45.94	0.3828			8.09		114 percent of total billed charges	
CULT W/ISO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Horizon	MGD		45.94	0.3828			8.09		114 percent of total billed charges	
CULT W/ISO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Horizon	PPO		45.94	0.3828			8.09		114 percent of total billed charges	
CULT W/ISO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Managed Care Inc	Managed Care Inc		108	0.9			8.09		114 percent of total billed charges	
CULT W/ISO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Multiplan	Multiplan		96	0.8			8.09		114 percent of total billed charges	
CULT W/ISO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Qualcare	Qualcare		90	0.75			8.09		114 percent of total billed charges	
CULT W/ISO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	Three Rivers	Three Rivers		114	0.95			8.09		114 percent of total billed charges	
CULT W/ISO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	UHC	Medicaid		37.75	0.3146			8.09		114 percent of total billed charges	
CULT W/ISO & PRESUMP IDENT ISOLA.	87088	CPT	outpatient			120	9.3	UHC	Medicare		8.09				8.09		114 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CULT W/LSO & PRESUMP IDENT ISOLA	87088	CPT	outpatient			120	9.3	Wellcare	Medicare		8.09				8.09	114	case rate	
CULT W/LSO & PRESUMP IDENT ISOLA	87088	CPT	outpatient			120	9.3	Wellcare	Medicaid		37.75	0.3146			8.09	114	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	Aetna	Medicare		7.71				7.71	108.3	case rate	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	Aetna	Better Health		35.86	0.3146			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	Aetna	Commercial		43.32	0.38			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	Americare	Americare		85.5	0.75			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	WellPoint	WellPoint		36.57	0.3208			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	Amerihealth	Medicare		7.71				7.71	108.3	case rate	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	Consumer	Consumer		108.3	0.95			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	Corrections	Corrections		91.2	0.8			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	First Health	First Health		79.8	0.7			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	First Trenton	First Trenton		102.6	0.9			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	Horizon	Medicare Blue		34.2	0.3			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	Horizon	Indemnity		43.64	0.3828			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	Horizon	MGD		43.64	0.3828			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	Horizon	PPO		43.64	0.3828			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	Managed Care Inc	Managed Care Inc		102.6	0.9			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	Multiplan	Multiplan		91.2	0.8			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	Qualcare	Qualcare		85.5	0.75			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	Three Rivers	Three Rivers		108.3	0.95			7.71	108.3	percent of total billed charges	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	UHC	Medicare		7.71				7.71	108.3	case rate	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	UHC	Medicaid		8				7.71	108.3	case rate	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	Wellcare	Medicare		7.71				7.71	108.3	case rate	
YEAST ID FUNGUS MYCOLOGY	87101	CPT	both			114	8.87	Wellcare	Medicaid		8				7.71	108.3	case rate	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Aetna	Medicare		8.41				8	247.95	case rate	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Aetna	Better Health		82.11	0.3146			8	247.95	percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Aetna	Commercial		99.18	0.38			8	247.95	percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Americare	Americare		195.75	0.75			8	247.95	percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	WellPoint	WellPoint		83.73	0.3208			8	247.95	percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Amerihealth	Medicare		8.41				8	247.95	case rate	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Consumer	Consumer		247.95	0.95			8	247.95	percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Corrections	Corrections		208.8	0.8			8	247.95	percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	First Health	First Health		182.7	0.7			8	247.95	percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	First Trenton	First Trenton		234.9	0.9			8	247.95	percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Horizon	MGD		99.91	0.3828			8	247.95	percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Horizon	Indemnity		99.91	0.3828			8	247.95	percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Horizon	Medicare Blue		78.3	0.3			8	247.95	percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Horizon	PPO		99.91	0.3828			8	247.95	percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Managed Care Inc	Managed Care Inc		234.9	0.9			8	247.95	percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Multiplan	Multiplan		208.8	0.8			8	247.95	percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Qualcare	Qualcare		195.75	0.75			8	247.95	percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Three Rivers	Three Rivers		247.95	0.95			8	247.95	percent of total billed charges	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	UHC	Medicaid		8				8	247.95	case rate	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	UHC	Medicare		8.41				8	247.95	case rate	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Wellcare	Medicare		8.41				8	247.95	case rate	
VAGINAL YEAST CULTURE	87102	CPT	both			261	9.67	Wellcare	Medicaid		8				8	247.95	case rate	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Aetna	Medicare		20.46				8	90.25	case rate	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Aetna	Better Health		29.89	0.3146			8	90.25	percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Aetna	Commercial		36.1	0.38			8	90.25	percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Americare	Americare		71.25	0.75			8	90.25	percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	WellPoint	WellPoint		30.48	0.3208			8	90.25	percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Amerihealth	Medicare		20.46				8	90.25	case rate	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Consumer	Consumer		90.25	0.95			8	90.25	percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Corrections	Corrections		76	0.8			8	90.25	percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	First Health	First Health		66.5	0.7			8	90.25	percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	First Trenton	First Trenton		85.5	0.9			8	90.25	percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Horizon	MGD		36.37	0.3828			8	90.25	percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Horizon	Medicare Blue		28.5	0.3			8	90.25	percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Horizon	Indemnity		36.37	0.3828			8	90.25	percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Horizon	PPO		36.37	0.3828			8	90.25	percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Managed Care Inc	Managed Care Inc		85.5	0.9			8	90.25	percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Multiplan	Multiplan		76	0.8			8	90.25	percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Qualcare	Qualcare		71.25	0.75			8	90.25	percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Three Rivers	Three Rivers		90.25	0.95			8	90.25	percent of total billed charges	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	UHC	Medicaid		8				8	90.25	case rate	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	UHC	Medicare		20.46				8	90.25	case rate	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Wellcare	Medicaid		8				8	90.25	case rate	
FUNGUS CULTURE-BLOOD	87103	CPT	both			95	23.53	Wellcare	Medicare		20.46				8	90.25	case rate	
IDENTIFICATION FUNGUS-YEAST	87106	CPT	both			114	11.87	Aetna	Medicare		10.32				8	108.3	case rate	
IDENTIFICATION FUNGUS-YEAST	87106	CPT	both			114	11.87	Aetna	Better Health		35.86	0.3146			8	108.3	percent of total billed charges	
IDENTIFICATION FUNGUS-YEAST	87106	CPT	both			114	11.87	Aetna	Commercial		43.32	0.38			8	108.3	percent of total billed charges	
IDENTIFICATION FUNGUS-YEAST	87106	CPT	both			114	11.87	Americare	Americare		85.5	0.75			8	108.3	percent of total billed charges	
IDENTIFICATION FUNGUS-YEAST	87106	CPT	both			114	11.87	WellPoint	WellPoint		36.57	0.3208			8	108.3	percent of total billed charges	
IDENTIFICATION FUNGUS-YEAST	87106	CPT	both			114	11.87	Amerihealth	Medicare		10.32				8	108.3	case rate	
IDENTIFICATION FUNGUS-YEAST	87106	CPT	both			114	11.87	Consumer	Consumer		108.3	0.95			8	108.3	percent of total billed charges	
IDENTIFICATION FUNGUS-YEAST	87106	CPT	both			114	11.87	Corrections	Corrections		91.2	0.8			8	108.3	percent of total billed charges	
IDENTIFICATION FUNGUS-YEAST	87106	CPT	both			114	11.87	First Health	First Health		79.8	0.7			8	108.3	percent of total billed charges	
IDENTIFICATION FUNGUS-YEAST	87106	CPT	both			114	11.87	First Trenton	First Trenton		102.6	0.9			8	108.3	percent of total billed charges	
IDENTIFICATION FUNGUS-YEAST	87106	CPT	both			114	11.87	Horizon	Medicare Blue		34.2	0.3			8	108.3	percent of total billed charges	
IDENTIFICATION FUNGUS-YEAST	87106	CPT	both			114	11.87	Horizon	MGD		43.64	0.3828			8	108.3	percent of total billed charges	
IDENTIFICATION FUNGUS-YEAST	87106	CPT	both			114	11.87	Horizon	Indemnity		43.64	0.3828			8	108.3	percent of total billed charges	
IDENTIFICATION FUNGUS-YEAST	87106	CPT	both			114	11.87	Horizon	PPO		43.64	0.3828			8	108.3	percent of total billed charges	
IDENTIFICATION FUNGUS-YEAST	87106	CPT	both			114	11.87	Managed Care Inc	Managed Care Inc		102.6	0.9			8	108.3	percent of total billed charges	
IDENTIFICATION FUNGUS-YEAST	87106	CPT	both			114	11.87	Multiplan	Multiplan		91.2	0.8			8	108.3	percent of total billed charges	
IDENTIFICATION FUNGUS-YEAST	87106	CPT	both			114	11.87	Qualcare	Qualcare		85.5	0.75			8	108.3	percent of total billed charges	
IDENTIFICATION FUNGUS-YEAST	87106	CPT	both			114	11.87	Three Rivers	Three Rivers		108.3	0.95			8	108.3	percent of total billed charges	
IDENTIFICATION FUNGUS-YEAST	87106	CPT	both			114	11.87	UHC	Medicaid		8				8	108.3	case rate	
IDENTIFICATION FUNGUS-YEAST	87106	CPT	both			114	11.87	UHC	Medicare		10.32				8	108.3	case rate	
IDENTIFICATION FUNGUS-YEAST	87106	CPT	both			114	11.87	Wellcare	Medicare		10.32				8	108.3	case rate	
IDENTIFICATION FUNGUS-YEAST	87106	CPT	both			114	11.87	Wellcare	Medicaid		8				8	108.3	case rate	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Aetna	Medicare		10.32				10.32	178.6	case rate	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Aetna	Better Health		59.14	0.3146			10.32	178.6	percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Aetna	Commercial		71.44	0.38			10.32	178.6	percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Americare	Americare		141	0.75			10.32	178.6	percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	WellPoint	WellPoint		60.31	0.3208			10.32	178.6	percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Amerihealth	Medicare		10.32				10.32	178.6	case rate	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Consumer	Consumer		178.6	0.95			10.32	178.6	percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Corrections	Corrections		150.4	0.8			10.32	178.6	percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	First Health	First Health		131.6	0.7			10.32	178.6	percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	First Trenton	First Trenton		169.2	0.9			10.32	178.6	percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Horizon	Medicare Blue		56.4	0.3			10.32	178.6	percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Horizon	Indemnity		71.97	0.3828			10.32	178.6	percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Horizon	MGD		71.97	0.3828			10.32	178.6	percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Horizon	PPO		71.97	0.3828			10.32	178.6	percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Managed Care Inc	Managed Care Inc		169.2	0.9			10.32	178.6	percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Multiplan	Multiplan		150.4	0.8			10.32	178.6	percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Qualcare	Qualcare		141	0.75			10.32	178.6	percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Three Rivers	Three Rivers		178.6	0.95			10.32	178.6	percent of total billed charges	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	UHC	Medicaid		11.42				10.32	178.6	case rate	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	UHC	Medicare		10.32				10.32	178.6	case rate	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Wellcare	Medicare		10.32				10.32	178.6	case rate	
ORGANISM,ID MOLD(008474)	87107	CPT	both			188	11.87	Wellcare	Medicaid		11.42				10.32	178.6	case rate	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	outpatient			55	17.7	Aetna	Better Health		17.3	0.3146			15.39	52.25	percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	outpatient			55	17.7	Aetna	Medicare		16.94	0.308			15.39	52.25	percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	outpatient			55	17.7	Aetna	Commercial		20.9	0.38			15.39	52.25	percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	outpatient			55	17.7	Americare	Americare		41.25	0.75			15.39	52.25	percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	outpatient			55	17.7	WellPoint	WellPoint		17.64	0.3208			15.39	52.25	percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	outpatient			55	17.7	Amerihealth	Medicare		15.39				15.39	52.25	case rate	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	outpatient			55	17.7	Consumer	Consumer		52.25	0.95			15.39	52.25	percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	outpatient			55	17.7	Corrections	Corrections		44	0.8			15.39	52.25	percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	outpatient			55	17.7	First Health	First Health		38.5	0.7			15.39	52.25	percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	outpatient			55	17.7	First Trenton	First Trenton		49.5	0.9			15.39	52.25	percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	outpatient			55	17.7	Horizon	MGD		21.05	0.3828			15.39	52.25	percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	outpatient			55	17.7	Horizon	Indemnity		21.05	0.3828			15.39	52.25	percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	outpatient			55	17.7	Horizon	PPO		21.05	0.3828			15.39	52.25	percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	outpatient			55	17.7	Horizon	Medicare Blue		16.5	0.3			15.39	52.25	percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	outpatient			55	17.7	Managed Care Inc	Managed Care Inc		49.5	0.9			15.39	52.25	percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	outpatient			55	17.7	Multiplan	Multiplan		44	0.8			15.39	52.25	percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	outpatient			55	17.7	Qualcare	Qualcare		41.25	0.75			15.39	52.25	percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	outpatient			55	17.7	Three Rivers	Three Rivers		52.25	0.95			15.39	52.25	percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	outpatient			55	17.7	UHC	Medicare		15.39				15.39	52.25	case rate	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	outpatient			55	17.7	UHC	Medicaid		17.3	0.3146			15.39	52.25	percent of total billed charges	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	outpatient			55	17.7	Wellcare	Medicare		15.39				15.39	52.25	case rate	
UREAPLASMA/MYCOPLASMA HOMINIS	87109	CPT	outpatient			55	17.7	Wellcare	Medicaid		17.3	0.3146			15.39	52.25	percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT	outpatient			252	22.54	Aetna	Medicare		19.6				15	239.4	case rate	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT	outpatient			252	22.54	Aetna	Better Health		79.28	0.3146			15	239.4	percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT	outpatient			252	22.54	Aetna	Commercial		95.76	0.38			15	239.4	percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT	outpatient			252	22.54	Americare	Americare		189	0.75			15	239.4	percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT	outpatient			252	22.54	WellPoint	WellPoint		80.84	0.3208			15	239.4	percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT	outpatient			252	22.54	Amerihealth	Medicare		19.6				15	239.4	case rate	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT	outpatient			252	22.54	Consumer	Consumer		239.4	0.95			15	239.4	percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT	outpatient			252	22.54	Corrections	Corrections		201.6	0.8			15	239.4	percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT	outpatient			252	22.54	First Health	First Health		176.4	0.7			15	239.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT	outpatient			252	22.54	First Trenton	First Trenton		226.8	0.9			15		239.4 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT	outpatient			252	22.54	Horizon	Indemnity		96.47	0.3828			15		239.4 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT	outpatient			252	22.54	Horizon	MGD		96.47	0.3828			15		239.4 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT	outpatient			252	22.54	Horizon	PPO		96.47	0.3828			15		239.4 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT	outpatient			252	22.54	Horizon	Medicare Blue		75.6	0.3			15		239.4 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT	outpatient			252	22.54	Managed Care Inc	Managed Care Inc		226.8	0.9			15		239.4 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT	outpatient			252	22.54	Multiplan	Multiplan		201.6	0.8			15		239.4 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT	outpatient			252	22.54	Qualcare	Qualcare		189	0.75			15		239.4 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT	outpatient			252	22.54	Three Rivers	Three Rivers		239.4	0.95			15		239.4 percent of total billed charges	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT	outpatient			252	22.54	UHC	Medicaid		15				15		239.4 case rate	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT	outpatient			252	22.54	UHC	Medicare		19.6				15		239.4 case rate	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT	outpatient			252	22.54	Wellcare	Medicaid		15				15		239.4 case rate	
CULTURE CHLAMYDIA ANY SOURCE	87110	CPT	outpatient			252	22.54	Wellcare	Medicare		19.6				15		239.4 case rate	
CULTURE TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Aetna	Commercial		230.28	0.38			6		575.7 percent of total billed charges	
CULTURE TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Aetna	Better Health		190.65	0.3146			6		575.7 percent of total billed charges	
CULTURE TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Aetna	Medicare		10.8				6		575.7 case rate	
CULTURE TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Americare	Americare		454.5	0.75			6		575.7 percent of total billed charges	
CULTURE TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	WellPoint	WellPoint		194.4	0.3208			6		575.7 percent of total billed charges	
CULTURE TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Amerihealth	Medicare		10.8				6		575.7 case rate	
CULTURE TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Consumer	Consumer		575.7	0.95			6		575.7 percent of total billed charges	
CULTURE TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Corrections	Corrections		484.8	0.8			6		575.7 percent of total billed charges	
CULTURE TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	First Health	First Health		424.2	0.7			6		575.7 percent of total billed charges	
CULTURE TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	First Trenton	First Trenton		545.4	0.9			6		575.7 percent of total billed charges	
CULTURE TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Horizon	MGD		231.98	0.3828			6		575.7 percent of total billed charges	
CULTURE TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Horizon	Indemnity		231.98	0.3828			6		575.7 percent of total billed charges	
CULTURE TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Horizon	PPO		231.98	0.3828			6		575.7 percent of total billed charges	
CULTURE TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Horizon	Medicare Blue		181.8	0.3			6		575.7 percent of total billed charges	
CULTURE TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Managed Care Inc	Managed Care Inc		545.4	0.9			6		575.7 percent of total billed charges	
CULTURE TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Multiplan	Multiplan		484.8	0.8			6		575.7 percent of total billed charges	
CULTURE TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Qualcare	Qualcare		454.5	0.75			6		575.7 percent of total billed charges	
CULTURE TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Three Rivers	Three Rivers		575.7	0.95			6		575.7 percent of total billed charges	
CULTURE TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	UHC	Medicaid		6				6		575.7 case rate	
CULTURE TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	UHC	Medicare		10.8				6		575.7 case rate	
CULTURE TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Wellcare	Medicare		10.8				6		575.7 case rate	
CULTURE TUBERCLE OR AFB BACT	87116	CPT	both			606	12.42	Wellcare	Medicaid		6				6		575.7 case rate	
AEROBIC,ID,BY,MALDI(183404)	87118	CPT	inpatient			576	16.8	Aetna	Better Health		181.21	0.3146			12		547.2 percent of total billed charges	
AEROBIC,ID,BY,MALDI(183404)	87118	CPT	inpatient			576	16.8	Aetna	Medicare		14.61				12		547.2 case rate	
AEROBIC,ID,BY,MALDI(183404)	87118	CPT	inpatient			576	16.8	Aetna	Commercial		218.88	0.38			12		547.2 percent of total billed charges	
AEROBIC,ID,BY,MALDI(183404)	87118	CPT	inpatient			576	16.8	Americare	Americare		432	0.75			12		547.2 percent of total billed charges	
AEROBIC,ID,BY,MALDI(183404)	87118	CPT	inpatient			576	16.8	WellPoint	WellPoint		184.78	0.3208			12		547.2 percent of total billed charges	
AEROBIC,ID,BY,MALDI(183404)	87118	CPT	inpatient			576	16.8	Amerihealth	Medicare		14.61				12		547.2 case rate	
AEROBIC,ID,BY,MALDI(183404)	87118	CPT	inpatient			576	16.8	Consumer	Consumer		547.2	0.95			12		547.2 percent of total billed charges	
AEROBIC,ID,BY,MALDI(183404)	87118	CPT	inpatient			576	16.8	Corrections	Corrections		460.8	0.8			12		547.2 percent of total billed charges	
AEROBIC,ID,BY,MALDI(183404)	87118	CPT	inpatient			576	16.8	First Health	First Health		403.2	0.7			12		547.2 percent of total billed charges	
AEROBIC,ID,BY,MALDI(183404)	87118	CPT	inpatient			576	16.8	First Trenton	First Trenton		518.4	0.9			12		547.2 percent of total billed charges	
AEROBIC,ID,BY,MALDI(183404)	87118	CPT	inpatient			576	16.8	Horizon	Medicare Blue		172.8	0.3			12		547.2 percent of total billed charges	
AEROBIC,ID,BY,MALDI(183404)	87118	CPT	inpatient			576	16.8	Horizon	Indemnity		220.49	0.3828			12		547.2 percent of total billed charges	
AEROBIC,ID,BY,MALDI(183404)	87118	CPT	inpatient			576	16.8	Horizon	MGD		220.49	0.3828			12		547.2 percent of total billed charges	
AEROBIC,ID,BY,MALDI(183404)	87118	CPT	inpatient			576	16.8	Horizon	PPO		220.49	0.3828			12		547.2 percent of total billed charges	
AEROBIC,ID,BY,MALDI(183404)	87118	CPT	inpatient			576	16.8	Managed Care Inc	Managed Care Inc		518.4	0.9			12		547.2 percent of total billed charges	
AEROBIC,ID,BY,MALDI(183404)	87118	CPT	inpatient			576	16.8	Multiplan	Multiplan		460.8	0.8			12		547.2 percent of total billed charges	
AEROBIC,ID,BY,MALDI(183404)	87118	CPT	inpatient			576	16.8	Qualcare	Qualcare		432	0.75			12		547.2 percent of total billed charges	
AEROBIC,ID,BY,MALDI(183404)	87118	CPT	inpatient			576	16.8	Three Rivers	Three Rivers		547.2	0.95			12		547.2 percent of total billed charges	
AEROBIC,ID,BY,MALDI(183404)	87118	CPT	inpatient			576	16.8	UHC	Medicaid		12				12		547.2 case rate	
AEROBIC,ID,BY,MALDI(183404)	87118	CPT	inpatient			576	16.8	UHC	Medicare		14.61				12		547.2 case rate	
AEROBIC,ID,BY,MALDI(183404)	87118	CPT	inpatient			576	16.8	Wellcare	Medicaid		12				12		547.2 case rate	
AEROBIC,ID,BY,MALDI(183404)	87118	CPT	inpatient			576	16.8	Wellcare	Medicare		14.61				12		547.2 case rate	
CULTURE TYPE IMMUNOFLUORES EA	87140	CPT	outpatient			33	6.41	Aetna	Better Health		10.38	0.3146			3		31.35 percent of total billed charges	
CULTURE TYPE IMMUNOFLUORES EA	87140	CPT	outpatient			33	6.41	Aetna	Medicare		5.57				3		31.35 case rate	
CULTURE TYPE IMMUNOFLUORES EA	87140	CPT	outpatient			33	6.41	Aetna	Commercial		12.54	0.38			3		31.35 percent of total billed charges	
CULTURE TYPE IMMUNOFLUORES EA	87140	CPT	outpatient			33	6.41	Americare	Americare		24.75	0.75			3		31.35 percent of total billed charges	
CULTURE TYPE IMMUNOFLUORES EA	87140	CPT	outpatient			33	6.41	WellPoint	WellPoint		10.59	0.3208			3		31.35 percent of total billed charges	
CULTURE TYPE IMMUNOFLUORES EA	87140	CPT	outpatient			33	6.41	Amerihealth	Medicare		5.57				3		31.35 case rate	
CULTURE TYPE IMMUNOFLUORES EA	87140	CPT	outpatient			33	6.41	Consumer	Consumer		31.35	0.95			3		31.35 percent of total billed charges	
CULTURE TYPE IMMUNOFLUORES EA	87140	CPT	outpatient			33	6.41	Corrections	Corrections		26.4	0.8			3		31.35 percent of total billed charges	
CULTURE TYPE IMMUNOFLUORES EA	87140	CPT	outpatient			33	6.41	First Health	First Health		23.1	0.7			3		31.35 percent of total billed charges	
CULTURE TYPE IMMUNOFLUORES EA	87140	CPT	outpatient			33	6.41	First Trenton	First Trenton		29.7	0.9			3		31.35 percent of total billed charges	
CULTURE TYPE IMMUNOFLUORES EA	87140	CPT	outpatient			33	6.41	Horizon	MGD		12.63	0.3828			3		31.35 percent of total billed charges	
CULTURE TYPE IMMUNOFLUORES EA	87140	CPT	outpatient			33	6.41	Horizon	Indemnity		12.63	0.3828			3		31.35 percent of total billed charges	
CULTURE TYPE IMMUNOFLUORES EA	87140	CPT	outpatient			33	6.41	Horizon	Medicare Blue		9.9	0.3			3		31.35 percent of total billed charges	
CULTURE TYPE IMMUNOFLUORES EA	87140	CPT	outpatient			33	6.41	Horizon	PPO		12.63	0.3828			3		31.35 percent of total billed charges	
CULTURE TYPE IMMUNOFLUORES EA	87140	CPT	outpatient			33	6.41	Managed Care Inc	Managed Care Inc		29.7	0.9			3		31.35 percent of total billed charges	
CULTURE TYPE IMMUNOFLUORES EA	87140	CPT	outpatient			33	6.41	Multiplan	Multiplan		26.4	0.8			3		31.35 percent of total billed charges	
CULTURE TYPE IMMUNOFLUORES EA	87140	CPT	outpatient			33	6.41	Qualcare	Qualcare		24.75	0.75			3		31.35 percent of total billed charges	
CULTURE TYPE IMMUNOFLUORES EA	87140	CPT	outpatient			33	6.41	Three Rivers	Three Rivers		31.35	0.95			3		31.35 percent of total billed charges	
CULTURE TYPE IMMUNOFLUORES EA	87140	CPT	outpatient			33	6.41	UHC	Medicare		5.57				3		31.35 case rate	
CULTURE TYPE IMMUNOFLUORES EA	87140	CPT	outpatient			33	6.41	UHC	Medicaid		3				3		31.35 case rate	
CULTURE TYPE IMMUNOFLUORES EA	87140	CPT	outpatient			33	6.41	Wellcare	Medicare		5.57				3		31.35 case rate	
CULTURE TYPE IMMUNOFLUORES EA	87140	CPT	outpatient			33	6.41	Wellcare	Medicaid		3				3		31.35 case rate	
PBP2A TEST	87147	CPT	both			205	5.96	Aetna	Better Health		64.49	0.3146			3		194.75 percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Aetna	Medicare		5.18				3		194.75 case rate	
PBP2A TEST	87147	CPT	both			205	5.96	Aetna	Commercial		77.9	0.38			3		194.75 percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Americare	Americare		153.75	0.75			3		194.75 percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	WellPoint	WellPoint		65.76	0.3208			3		194.75 percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Amerihealth	Medicare		5.18				3		194.75 case rate	
PBP2A TEST	87147	CPT	both			205	5.96	Consumer	Consumer		194.75	0.95			3		194.75 percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Corrections	Corrections		164	0.8			3		194.75 percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	First Health	First Health		143.5	0.7			3		194.75 percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	First Trenton	First Trenton		184.5	0.9			3		194.75 percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Horizon	MGD		78.47	0.3828			3		194.75 percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Horizon	PPO		78.47	0.3828			3		194.75 percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Horizon	Medicare Blue		61.5	0.3			3		194.75 percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Horizon	Indemnity		78.47	0.3828			3		194.75 percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Managed Care Inc	Managed Care Inc		184.5	0.9			3		194.75 percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Multiplan	Multiplan		164	0.8			3		194.75 percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Qualcare	Qualcare		153.75	0.75			3		194.75 percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	Three Rivers	Three Rivers		194.75	0.95			3		194.75 percent of total billed charges	
PBP2A TEST	87147	CPT	both			205	5.96	UHC	Medicare		5.18				3		194.75 case rate	
PBP2A TEST	87147	CPT	both			205	5.96	UHC	Medicaid		3				3		194.75 case rate	
PBP2A TEST	87147	CPT	both			205	5.96	Wellcare	Medicare		5.18				3		194.75 case rate	
PBP2A TEST	87147	CPT	both			205	5.96	Wellcare	Medicaid		3				3		194.75 case rate	
IDENTIFICATION AFB DNA PROBE	87149	CPT	both			224	23.06	Aetna	Commercial		85.12	0.38			20.05		212.8 percent of total billed charges	
IDENTIFICATION AFB DNA PROBE	87149	CPT	both			224	23.06	Aetna	Better Health		70.47	0.3146			20.05		212.8 percent of total billed charges	
IDENTIFICATION AFB DNA PROBE	87149	CPT	both			224	23.06	Aetna	Medicare		20.05				20.05		212.8 case rate	
IDENTIFICATION AFB DNA PROBE	87149	CPT	both			224	23.06	Americare	Americare		168	0.75			20.05		212.8 percent of total billed charges	
IDENTIFICATION AFB DNA PROBE	87149	CPT	both			224	23.06	WellPoint	WellPoint		71.86	0.3208			20.05		212.8 percent of total billed charges	
IDENTIFICATION AFB DNA PROBE	87149	CPT	both			224	23.06	Amerihealth	Medicare		20.05				20.05		212.8 case rate	
IDENTIFICATION AFB DNA PROBE	87149	CPT	both			224	23.06	Consumer	Consumer		212.8	0.95			20.05		212.8 percent of total billed charges	
IDENTIFICATION AFB DNA PROBE	87149	CPT	both			224	23.06	Corrections	Corrections		179.2	0.8			20.05		212.8 percent of total billed charges	
IDENTIFICATION AFB DNA PROBE	87149	CPT	both			224	23.06	First Health	First Health		156.8	0.7			20.05		212.8 percent of total billed charges	
IDENTIFICATION AFB DNA PROBE	87149	CPT	both			224	23.06	First Trenton	First Trenton		201.6	0.9			20.05		212.8 percent of total billed charges	
IDENTIFICATION AFB DNA PROBE	87149	CPT	both			224	23.06	Horizon	Medicare Blue		67.2	0.3			20.05		212.8 percent of total billed charges	
IDENTIFICATION AFB DNA PROBE	87149	CPT	both			224	23.06	Horizon	PPO		85.75	0.3828			20.05		212.8 percent of total billed charges	
IDENTIFICATION AFB DNA PROBE	87149	CPT	both			224	23.06	Horizon	MGD		85.75	0.3828			20.05		212.8 percent of total billed charges	
IDENTIFICATION AFB DNA PROBE	87149	CPT	both			224	23.06	Horizon	Indemnity		85.75	0.3828			20.05		212.8 percent of total billed charges	
IDENTIFICATION AFB DNA PROBE	87149	CPT	both			224	23.06	Managed Care Inc	Managed Care Inc		201.6	0.9			20.05		212.8 percent of total billed charges	
IDENTIFICATION AFB DNA PROBE	87149	CPT	both			224	23.06	Multiplan	Multiplan		179.2	0.8			20.05		212.8 percent of total billed charges	
IDENTIFICATION AFB DNA PROBE	87149	CPT	both			224	23.06	Qualcare	Qualcare		168	0.75			20.05		212.8 percent of total billed charges	
IDENTIFICATION AFB DNA PROBE	87149	CPT	both			224	23.06	Three Rivers	Three Rivers		212.8	0.95			20.05		212.8 percent of total billed charges	
IDENTIFICATION AFB DNA PROBE	87149	CPT	both			224	23.06	UHC	Medicaid		22				20.05		212.8 case rate	
IDENTIFICATION AFB DNA PROBE	87149	CPT	both			224	23.06	UHC	Medicare		20.05				20.05		212.8 case rate	
IDENTIFICATION AFB DNA PROBE	87149	CPT	both			224	23.06	Wellcare	Medicaid		22				20.05		212.8 case rate	
IDENTIFICATION AFB DNA PROBE	87149	CPT	both			224	23.06	Wellcare	Medicare		20.05				20.05		212.8 case rate	
PCR IDENTIFICATION	87150	CPT	both			2893	40.35	Aetna	Better Health		910.14	0.3146			28.07		2748.35 percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2893	40.35	Aetna	Commercial		1099.34	0.38			28.07		2748.35 percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2893	40.35	Aetna	Medicare		35.09				28.07		2748.35 case rate	
PCR IDENTIFICATION	87150	CPT	both			2893	40.35	Americare	Americare		2169.75	0.75			28.07		2748.35 percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2893	40.35	WellPoint	WellPoint		928.07	0.3208			28.07		2748.35 percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2893	40.35	Amerihealth	Medicare		35.09				28.07		2748.35 case rate	
PCR IDENTIFICATION	87150	CPT	both			2893	40.35	Consumer	Consumer		2748.35	0.95			28.07		2748.35 percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2893	40.35	Corrections	Corrections		2314.4	0.8			28.07		2748.35 percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2893	40.35	First Health	First Health		2025.1	0.7			28.07		2748.35 percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2893	40.35	First Trenton	First Trenton		2603.7	0.9			28.07		2748.35 percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2893	40.35	Horizon	MGD		1107.44	0.3828			28.07		2748.35 percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2893	40.35	Horizon	Indemnity		1107.44	0.3828			28.07		2748.35 percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2893	40.35	Horizon	Medicare Blue		867.9	0.3			28.07		2748.35 percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2893	40.35	Horizon	PPO		1107.44	0.3828			28.07		2748.35 percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2893	40.35	Managed Care Inc	Managed Care Inc		2603.7	0.9			28.07		2748.35 percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2893	40.35	Multiplan	Multiplan		2314.4	0.8			28.07		2748.35 percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2893	40.35	Qualcare	Qualcare		2169.75	0.75			28.07		2748.35 percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2893	40.35	Three Rivers	Three Rivers		2748.35	0.95			28.07		2748.35 percent of total billed charges	
PCR IDENTIFICATION	87150	CPT	both			2893	40.35	UHC	Medicaid		28.07				28.07		2748.35 case rate	
PCR IDENTIFICATION	87150	CPT	both			2893	40.35	UHC	Medicare		35.09				28.07		2748.35 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PCR IDENTIFICATION	87150	CPT	both			2893	40.35	Wellcare	Medicare		35.09				28.07	2748.35	case rate	
PCR IDENTIFICATION	87150	CPT	both			2893	40.35	Wellcare	Medicaid		28.07				28.07	2748.35	case rate	
ORGANISM IDENIFICATION GRP	87153	CPT	both			904	132.66	Aetna	Better Health		284.4	0.3146			92.29	858.8	percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	both			904	132.66	Aetna	Commercial		343.52	0.38			92.29	858.8	percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	both			904	132.66	Aetna	Medicare		115.36				92.29	858.8	case rate	
ORGANISM IDENIFICATION GRP	87153	CPT	both			904	132.66	Americare	Americare		678	0.75			92.29	858.8	percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	both			904	132.66	WellPoint	WellPoint		290	0.3208			92.29	858.8	percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	both			904	132.66	Amerihealth	Medicare		115.36				92.29	858.8	case rate	
ORGANISM IDENIFICATION GRP	87153	CPT	both			904	132.66	Consumer	Consumer		858.8	0.95			92.29	858.8	percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	both			904	132.66	Corrections	Corrections		723.2	0.8			92.29	858.8	percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	both			904	132.66	First Health	First Health		632.8	0.7			92.29	858.8	percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	both			904	132.66	First Trenton	First Trenton		813.6	0.9			92.29	858.8	percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	both			904	132.66	Horizon	Indemnity		346.05	0.3828			92.29	858.8	percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	both			904	132.66	Horizon	Medicare Blue		271.2	0.3			92.29	858.8	percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	both			904	132.66	Horizon	MGD		346.05	0.3828			92.29	858.8	percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	both			904	132.66	Horizon	PPO		346.05	0.3828			92.29	858.8	percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	both			904	132.66	Managed Care Inc	Managed Care Inc		813.6	0.9			92.29	858.8	percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	both			904	132.66	Multiplan	Multiplan		723.2	0.8			92.29	858.8	percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	both			904	132.66	Qualcare	Qualcare		678	0.75			92.29	858.8	percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	both			904	132.66	Three Rivers	Three Rivers		858.8	0.95			92.29	858.8	percent of total billed charges	
ORGANISM IDENIFICATION GRP	87153	CPT	both			904	132.66	UHC	Medicaid		92.29				92.29	858.8	case rate	
ORGANISM IDENIFICATION GRP	87153	CPT	both			904	132.66	UHC	Medicare		115.36				92.29	858.8	case rate	
ORGANISM IDENIFICATION GRP	87153	CPT	both			904	132.66	Wellcare	Medicare		115.36				92.29	858.8	case rate	
ORGANISM IDENIFICATION GRP	87153	CPT	both			904	132.66	Wellcare	Medicaid		92.29				92.29	858.8	case rate	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67	4.91	Aetna	Better Health		21.08	0.3146			4.27	63.65	percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67	4.91	Aetna	Medicare		4.27				4.27	63.65	case rate	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67	4.91	Aetna	Commercial		25.46	0.38			4.27	63.65	percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67	4.91	Americare	Americare		50.25	0.75			4.27	63.65	percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67	4.91	WellPoint	WellPoint		21.49	0.3208			4.27	63.65	percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67	4.91	Amerihealth	Medicare		4.27				4.27	63.65	case rate	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67	4.91	Consumer	Consumer		63.65	0.95			4.27	63.65	percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67	4.91	Corrections	Corrections		53.6	0.8			4.27	63.65	percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67	4.91	First Health	First Health		46.9	0.7			4.27	63.65	percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67	4.91	First Trenton	First Trenton		60.3	0.9			4.27	63.65	percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67	4.91	Horizon	Medicare Blue		20.1	0.3			4.27	63.65	percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67	4.91	Horizon	Indemnity		25.65	0.3828			4.27	63.65	percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67	4.91	Horizon	MGD		25.65	0.3828			4.27	63.65	percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67	4.91	Horizon	PPO		25.65	0.3828			4.27	63.65	percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67	4.91	Managed Care Inc	Managed Care Inc		60.3	0.9			4.27	63.65	percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67	4.91	Multiplan	Multiplan		53.6	0.8			4.27	63.65	percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67	4.91	Qualcare	Qualcare		50.25	0.75			4.27	63.65	percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67	4.91	Three Rivers	Three Rivers		63.65	0.95			4.27	63.65	percent of total billed charges	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67	4.91	UHC	Medicaid		4.72				4.27	63.65	case rate	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67	4.91	UHC	Medicare		4.27				4.27	63.65	case rate	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67	4.91	Wellcare	Medicaid		4.72				4.27	63.65	case rate	
OVA & PARASITE PINWORM	87172	CPT	outpatient			67	4.91	Wellcare	Medicare		4.27				4.27	63.65	case rate	
HOMOGENIZATION TISSUE FOR CULTURE	87176	CPT	both			43	6.76	Aetna	Better Health		13.53	0.3146			5.88	40.85	percent of total billed charges	
HOMOGENIZATION TISSUE FOR CULTURE	87176	CPT	both			43	6.76	Aetna	Commercial		16.34	0.38			5.88	40.85	percent of total billed charges	
HOMOGENIZATION TISSUE FOR CULTURE	87176	CPT	both			43	6.76	Aetna	Medicare		5.88				5.88	40.85	case rate	
HOMOGENIZATION TISSUE FOR CULTURE	87176	CPT	both			43	6.76	Americare	Americare		32.25	0.75			5.88	40.85	percent of total billed charges	
HOMOGENIZATION TISSUE FOR CULTURE	87176	CPT	both			43	6.76	WellPoint	WellPoint		13.79	0.3208			5.88	40.85	percent of total billed charges	
HOMOGENIZATION TISSUE FOR CULTURE	87176	CPT	both			43	6.76	Amerihealth	Medicare		5.88				5.88	40.85	case rate	
HOMOGENIZATION TISSUE FOR CULTURE	87176	CPT	both			43	6.76	Consumer	Consumer		40.85	0.95			5.88	40.85	percent of total billed charges	
HOMOGENIZATION TISSUE FOR CULTURE	87176	CPT	both			43	6.76	Corrections	Corrections		34.4	0.8			5.88	40.85	percent of total billed charges	
HOMOGENIZATION TISSUE FOR CULTURE	87176	CPT	both			43	6.76	First Health	First Health		30.1	0.7			5.88	40.85	percent of total billed charges	
HOMOGENIZATION TISSUE FOR CULTURE	87176	CPT	both			43	6.76	First Trenton	First Trenton		38.7	0.9			5.88	40.85	percent of total billed charges	
HOMOGENIZATION TISSUE FOR CULTURE	87176	CPT	both			43	6.76	Horizon	Indemnity		16.46	0.3828			5.88	40.85	percent of total billed charges	
HOMOGENIZATION TISSUE FOR CULTURE	87176	CPT	both			43	6.76	Horizon	MGD		16.46	0.3828			5.88	40.85	percent of total billed charges	
HOMOGENIZATION TISSUE FOR CULTURE	87176	CPT	both			43	6.76	Horizon	Medicare Blue		12.9	0.3			5.88	40.85	percent of total billed charges	
HOMOGENIZATION TISSUE FOR CULTURE	87176	CPT	both			43	6.76	Horizon	PPO		16.46	0.3828			5.88	40.85	percent of total billed charges	
HOMOGENIZATION TISSUE FOR CULTURE	87176	CPT	both			43	6.76	Managed Care Inc	Managed Care Inc		38.7	0.9			5.88	40.85	percent of total billed charges	
HOMOGENIZATION TISSUE FOR CULTURE	87176	CPT	both			43	6.76	Multiplan	Multiplan		34.4	0.8			5.88	40.85	percent of total billed charges	
HOMOGENIZATION TISSUE FOR CULTURE	87176	CPT	both			43	6.76	Qualcare	Qualcare		32.25	0.75			5.88	40.85	percent of total billed charges	
HOMOGENIZATION TISSUE FOR CULTURE	87176	CPT	both			43	6.76	Three Rivers	Three Rivers		40.85	0.95			5.88	40.85	percent of total billed charges	
HOMOGENIZATION TISSUE FOR CULTURE	87176	CPT	both			43	6.76	UHC	Medicaid		6.4				5.88	40.85	case rate	
HOMOGENIZATION TISSUE FOR CULTURE	87176	CPT	both			43	6.76	UHC	Medicare		5.88				5.88	40.85	case rate	
HOMOGENIZATION TISSUE FOR CULTURE	87176	CPT	both			43	6.76	Wellcare	Medicaid		6.4				5.88	40.85	case rate	
HOMOGENIZATION TISSUE FOR CULTURE	87176	CPT	both			43	6.76	Wellcare	Medicare		5.88				5.88	40.85	case rate	
OVA&PARASITES DIRECT/CONSENT/ID	87177	CPT	both			167	10.24	Aetna	Commercial		63.46	0.38			5.1	158.65	percent of total billed charges	
OVA&PARASITES DIRECT/CONSENT/ID	87177	CPT	both			167	10.24	Aetna	Better Health		52.54	0.3146			5.1	158.65	percent of total billed charges	
OVA&PARASITES DIRECT/CONSENT/ID	87177	CPT	both			167	10.24	Aetna	Medicare		8.9				5.1	158.65	case rate	
OVA&PARASITES DIRECT/CONSENT/ID	87177	CPT	both			167	10.24	Americare	Americare		125.25	0.75			5.1	158.65	percent of total billed charges	
OVA&PARASITES DIRECT/CONSENT/ID	87177	CPT	both			167	10.24	WellPoint	WellPoint		53.57	0.3208			5.1	158.65	percent of total billed charges	
OVA&PARASITES DIRECT/CONSENT/ID	87177	CPT	both			167	10.24	Amerihealth	Medicare		8.9				5.1	158.65	case rate	
OVA&PARASITES DIRECT/CONSENT/ID	87177	CPT	both			167	10.24	Consumer	Consumer		158.65	0.95			5.1	158.65	percent of total billed charges	
OVA&PARASITES DIRECT/CONSENT/ID	87177	CPT	both			167	10.24	Corrections	Corrections		133.6	0.8			5.1	158.65	percent of total billed charges	
OVA&PARASITES DIRECT/CONSENT/ID	87177	CPT	both			167	10.24	First Health	First Health		116.9	0.7			5.1	158.65	percent of total billed charges	
OVA&PARASITES DIRECT/CONSENT/ID	87177	CPT	both			167	10.24	First Trenton	First Trenton		150.3	0.9			5.1	158.65	percent of total billed charges	
OVA&PARASITES DIRECT/CONSENT/ID	87177	CPT	both			167	10.24	Horizon	Indemnity		63.93	0.3828			5.1	158.65	percent of total billed charges	
OVA&PARASITES DIRECT/CONSENT/ID	87177	CPT	both			167	10.24	Horizon	Medicare Blue		50.1	0.3			5.1	158.65	percent of total billed charges	
OVA&PARASITES DIRECT/CONSENT/ID	87177	CPT	both			167	10.24	Horizon	MGD		63.93	0.3828			5.1	158.65	percent of total billed charges	
OVA&PARASITES DIRECT/CONSENT/ID	87177	CPT	both			167	10.24	Horizon	PPO		63.93	0.3828			5.1	158.65	percent of total billed charges	
OVA&PARASITES DIRECT/CONSENT/ID	87177	CPT	both			167	10.24	Managed Care Inc	Managed Care Inc		150.3	0.9			5.1	158.65	percent of total billed charges	
OVA&PARASITES DIRECT/CONSENT/ID	87177	CPT	both			167	10.24	Multiplan	Multiplan		133.6	0.8			5.1	158.65	percent of total billed charges	
OVA&PARASITES DIRECT/CONSENT/ID	87177	CPT	both			167	10.24	Qualcare	Qualcare		125.25	0.75			5.1	158.65	percent of total billed charges	
OVA&PARASITES DIRECT/CONSENT/ID	87177	CPT	both			167	10.24	Three Rivers	Three Rivers		158.65	0.95			5.1	158.65	percent of total billed charges	
OVA&PARASITES DIRECT/CONSENT/ID	87177	CPT	both			167	10.24	UHC	Medicare		8.9				5.1	158.65	case rate	
OVA&PARASITES DIRECT/CONSENT/ID	87177	CPT	both			167	10.24	UHC	Medicaid		5.1				5.1	158.65	case rate	
OVA&PARASITES DIRECT/CONSENT/ID	87177	CPT	both			167	10.24	Wellcare	Medicare		8.9				5.1	158.65	case rate	
OVA&PARASITES DIRECT/CONSENT/ID	87177	CPT	both			167	10.24	Wellcare	Medicaid		5.1				5.1	158.65	case rate	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453	5.46	Aetna	Medicare		4.75				4.75	430.35	case rate	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453	5.46	Aetna	Commercial		172.14	0.38			4.75	430.35	percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453	5.46	Aetna	Better Health		142.51	0.3146			4.75	430.35	percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453	5.46	Americare	Americare		339.75	0.75			4.75	430.35	percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453	5.46	WellPoint	WellPoint		145.32	0.3208			4.75	430.35	percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453	5.46	Amerihealth	Medicare		4.75				4.75	430.35	case rate	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453	5.46	Consumer	Consumer		430.35	0.95			4.75	430.35	percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453	5.46	Corrections	Corrections		362.4	0.8			4.75	430.35	percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453	5.46	First Health	First Health		317.1	0.7			4.75	430.35	percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453	5.46	First Trenton	First Trenton		407.7	0.9			4.75	430.35	percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453	5.46	Horizon	Medicare Blue		135.9	0.3			4.75	430.35	percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453	5.46	Horizon	MGD		173.41	0.3828			4.75	430.35	percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453	5.46	Horizon	Indemnity		173.41	0.3828			4.75	430.35	percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453	5.46	Horizon	PPO		173.41	0.3828			4.75	430.35	percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453	5.46	Managed Care Inc	Managed Care Inc		407.7	0.9			4.75	430.35	percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453	5.46	Multiplan	Multiplan		362.4	0.8			4.75	430.35	percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453	5.46	Qualcare	Qualcare		339.75	0.75			4.75	430.35	percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453	5.46	Three Rivers	Three Rivers		430.35	0.95			4.75	430.35	percent of total billed charges	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453	5.46	UHC	Medicare		4.75				4.75	430.35	case rate	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453	5.46	UHC	Medicaid		5.8				4.75	430.35	case rate	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453	5.46	Wellcare	Medicare		4.75				4.75	430.35	case rate	
SUSCEPTIBILITY STUDIES	87181	CPT	both			453	5.46	Wellcare	Medicaid		5.8				4.75	430.35	case rate	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110	8.6	Aetna	Medicare		7.48				7.48	104.5	case rate	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110	8.6	Aetna	Commercial		41.8	0.38			7.48	104.5	percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110	8.6	Aetna	Better Health		34.61	0.3146			7.48	104.5	percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110	8.6	Americare	Americare		82.5	0.75			7.48	104.5	percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110	8.6	WellPoint	WellPoint		35.29	0.3208			7.48	104.5	percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110	8.6	Amerihealth	Medicare		7.48				7.48	104.5	case rate	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110	8.6	Consumer	Consumer		104.5	0.95			7.48	104.5	percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110	8.6	Corrections	Corrections		88	0.8			7.48	104.5	percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110	8.6	First Health	First Health		77	0.7			7.48	104.5	percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110	8.6	First Trenton	First Trenton		99	0.9			7.48	104.5	percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110	8.6	Horizon	Medicare Blue		33	0.3			7.48	104.5	percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110	8.6	Horizon	MGD		42.11	0.3828			7.48	104.5	percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110	8.6	Horizon	PPO		42.11	0.3828			7.48	104.5	percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110	8.6	Horizon	Indemnity		42.11	0.3828			7.48	104.5	percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110	8.6	Managed Care Inc	Managed Care Inc		99	0.9			7.48	104.5	percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110	8.6	Multiplan	Multiplan		88	0.8			7.48	104.5	percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110	8.6	Qualcare	Qualcare		82.5	0.75			7.48	104.5	percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110	8.6	Three Rivers	Three Rivers		104.5	0.95			7.48	104.5	percent of total billed charges	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110	8.6	UHC	Medicare		7.48				7.48	104.5	case rate	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110	8.6	UHC	Medicaid		58.58				7.48	104.5	case rate	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110	8.6	Wellcare	Medicare		7.48				7.48	104.5	case rate	
SUSCEPTIBILITY DISK METOD PER PLATE	87184	CPT	both			110	8.6	Wellcare	Medicaid		58.58				7.48	104.5	case rate	
NG.TEST CARBAS	87185	CPT	inpatient			61	5.46	Aetna	Medicare		4.75				4.75	57.95	case rate	
NG.TEST CARBAS	87185	CPT	inpatient			61	5.46	Aetna	Better Health		19.19	0.3146			4.75	57.95	percent of total billed charges	
NG.TEST CARBAS	87185	CPT	inpatient			61	5.46	Aetna	Commercial		23.18	0.38			4.75	57.95	percent of total billed charges	
NG.TEST CARBAS	87185	CPT	inpatient			61	5.46	Americare	Americare		45.75	0.75			4.75	57.95	percent of total billed charges	
NG.TEST CARBAS	87185	CPT	inpatient			61	5.46	WellPoint	WellPoint		19.57	0.3208			4.75	57.95	percent of total billed charges	
NG.TEST CARBAS	87185	CPT	inpatient			61	5.46	Amerihealth	Medicare		4.75				4.75	57.95	case rate	
NG.TEST CARBAS	87185	CPT	inpatient			61	5.46	Consumer	Consumer		57.95	0.95			4.75	57.95	percent of total billed charges	
NG.TEST CARBAS	87185	CPT	inpatient			61	5.46	Corrections	Corrections		48.8	0.8			4.75	57.95	percent of total billed charges	
NG.TEST CARBAS	87185	CPT	inpatient			61	5.46	First Health	First Health		42.7	0.7			4.75	57.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NG.TEST CARBA5	87185	CPT	inpatient			61	5.46	First Trenton	First Trenton		54.9	0.9			4.75	57.95	percent of total billed charges	
NG.TEST CARBA5	87185	CPT	inpatient			61	5.46	Horizon	MCD		23.35	0.3828			4.75	57.95	percent of total billed charges	
NG.TEST CARBA5	87185	CPT	inpatient			61	5.46	Horizon	Indemnity		23.35	0.3828			4.75	57.95	percent of total billed charges	
NG.TEST CARBA5	87185	CPT	inpatient			61	5.46	Horizon	PPO		23.35	0.3828			4.75	57.95	percent of total billed charges	
NG.TEST CARBA5	87185	CPT	inpatient			61	5.46	Horizon	Medicare Blue		18.3	0.3			4.75	57.95	percent of total billed charges	
NG.TEST CARBA5	87185	CPT	inpatient			61	5.46	Managed Care Inc	Managed Care Inc		54.9	0.9			4.75	57.95	percent of total billed charges	
NG.TEST CARBA5	87185	CPT	inpatient			61	5.46	Multiplan	Multiplan		48.8	0.8			4.75	57.95	percent of total billed charges	
NG.TEST CARBA5	87185	CPT	inpatient			61	5.46	Qualcare	Qualcare		45.75	0.75			4.75	57.95	percent of total billed charges	
NG.TEST CARBA5	87185	CPT	inpatient			61	5.46	Three Rivers	Three Rivers		57.95	0.95			4.75	57.95	percent of total billed charges	
NG.TEST CARBA5	87185	CPT	inpatient			61	5.46	UHC	Medicare		4.75				4.75	57.95	case rate	
NG.TEST CARBA5	87185	CPT	inpatient			61	5.46	UHC	Medicaid		5.25				4.75	57.95	case rate	
NG.TEST CARBA5	87185	CPT	inpatient			61	5.46	Wellcare	Medicare		4.75				4.75	57.95	case rate	
NG.TEST CARBA5	87185	CPT	inpatient			61	5.46	Wellcare	Medicaid		5.25				4.75	57.95	case rate	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Aetna	Medicare		8.65				8.65	2572.6	case rate	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Aetna	Commercial		1029.04	0.38			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Aetna	Better Health		851.94	0.3146			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Americare	Americare		2031	0.75			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	WellPoint	WellPoint		868.73	0.3208			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Amerihealth	Medicare		8.65				8.65	2572.6	case rate	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Consumer	Consumer		2572.6	0.95			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Corrections	Corrections		2166.4	0.8			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	First Health	First Health		1895.6	0.7			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	First Trenton	First Trenton		2437.2	0.9			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Horizon	Medicare Blue		812.4	0.3			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Horizon	PPO		1036.62	0.3828			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Horizon	MCD		1036.62	0.3828			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Horizon	Indemnity		1036.62	0.3828			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Managed Care Inc	Managed Care Inc		2437.2	0.9			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Multiplan	Multiplan		2166.4	0.8			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Qualcare	Qualcare		2031	0.75			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Three Rivers	Three Rivers		2572.6	0.95			8.65	2572.6	percent of total billed charges	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	UHC	Medicare		8.65				8.65	2572.6	case rate	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	UHC	Medicaid		11				8.65	2572.6	case rate	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Wellcare	Medicaid		11				8.65	2572.6	case rate	
SUSC.ANTIMICROBIAL.AERO(34191)	87186	CPT	both			2708	9.95	Wellcare	Medicare		8.65				8.65	2572.6	case rate	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	both			767	7.64	Aetna	Commercial		291.46	0.38			6	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	both			767	7.64	Aetna	Medicare		6.64				6	728.65	case rate	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	both			767	7.64	Aetna	Better Health		241.3	0.3146			6	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	both			767	7.64	Americare	Americare		575.25	0.75			6	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	both			767	7.64	WellPoint	WellPoint		246.05	0.3208			6	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	both			767	7.64	Amerihealth	Medicare		6.64				6	728.65	case rate	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	both			767	7.64	Consumer	Consumer		728.65	0.95			6	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	both			767	7.64	Corrections	Corrections		613.6	0.8			6	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	both			767	7.64	First Health	First Health		536.9	0.7			6	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	both			767	7.64	First Trenton	First Trenton		690.3	0.9			6	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	both			767	7.64	Horizon	Indemnity		293.61	0.3828			6	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	both			767	7.64	Horizon	Medicare Blue		230.1	0.3			6	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	both			767	7.64	Horizon	MCD		293.61	0.3828			6	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	both			767	7.64	Horizon	PPO		293.61	0.3828			6	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	both			767	7.64	Managed Care Inc	Managed Care Inc		690.3	0.9			6	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	both			767	7.64	Multiplan	Multiplan		613.6	0.8			6	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	both			767	7.64	Qualcare	Qualcare		575.25	0.75			6	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	both			767	7.64	Three Rivers	Three Rivers		728.65	0.95			6	728.65	percent of total billed charges	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	both			767	7.64	UHC	Medicare		6.64				6	728.65	case rate	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	both			767	7.64	UHC	Medicaid		6				6	728.65	case rate	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	both			767	7.64	Wellcare	Medicare		6.64				6	728.65	case rate	
MTB.SUCEPTIBILITY.BROTH(182578)	87188	CPT	both			767	7.64	Wellcare	Medicaid		6				6	728.65	case rate	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Aetna	Medicare		7.31				0.73	361	case rate	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Aetna	Better Health		119.55	0.3146			0.73	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Aetna	Commercial		144.4	0.38			0.73	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Americare	Americare		285	0.75			0.73	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	WellPoint	WellPoint		121.9	0.3208			0.73	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Amerihealth	Medicare		7.31				0.73	361	case rate	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Consumer	Consumer		361	0.95			0.73	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Corrections	Corrections		304	0.8			0.73	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	First Health	First Health		266	0.7			0.73	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	First Trenton	First Trenton		342	0.9			0.73	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Horizon	Medicare Blue		114	0.3			0.73	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Horizon	Indemnity		145.46	0.3828			0.73	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Horizon	MCD		145.46	0.3828			0.73	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Horizon	PPO		145.46	0.3828			0.73	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Managed Care Inc	Managed Care Inc		342	0.9			0.73	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Multiplan	Multiplan		304	0.8			0.73	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Qualcare	Qualcare		285	0.75			0.73	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Three Rivers	Three Rivers		361	0.95			0.73	361	percent of total billed charges	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	UHC	Medicaid		0.73				0.73	361	case rate	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	UHC	Medicare		7.31				0.73	361	case rate	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Wellcare	Medicaid		0.73				0.73	361	case rate	
STREPTOMYCIN 4.0 MCG/ML	87190	CPT	both			380	8.41	Wellcare	Medicare		7.31				0.73	361	case rate	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Aetna	Better Health		38.07	0.3146			4.2	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Aetna	Medicare		4.27				4.2	114.95	case rate	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Aetna	Commercial		45.98	0.38			4.2	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Americare	Americare		90.75	0.75			4.2	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	WellPoint	WellPoint		38.82	0.3208			4.2	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Amerihealth	Medicare		4.27				4.2	114.95	case rate	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Consumer	Consumer		114.95	0.95			4.2	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Corrections	Corrections		96.8	0.8			4.2	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	First Health	First Health		84.7	0.7			4.2	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	First Trenton	First Trenton		108.9	0.9			4.2	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Horizon	Medicare Blue		36.3	0.3			4.2	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Horizon	Indemnity		46.32	0.3828			4.2	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Horizon	MCD		46.32	0.3828			4.2	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Horizon	PPO		46.32	0.3828			4.2	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Managed Care Inc	Managed Care Inc		108.9	0.9			4.2	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Multiplan	Multiplan		96.8	0.8			4.2	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Qualcare	Qualcare		90.75	0.75			4.2	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Three Rivers	Three Rivers		114.95	0.95			4.2	114.95	percent of total billed charges	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	UHC	Medicaid		4.2				4.2	114.95	case rate	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	UHC	Medicare		4.27				4.2	114.95	case rate	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Wellcare	Medicaid		4.2				4.2	114.95	case rate	
SMEAR PRIM SOURCE W INTERP	87205	CPT	both			121	4.91	Wellcare	Medicare		4.27				4.2	114.95	case rate	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Aetna	Medicare		5.39				4.2	651.7	case rate	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Aetna	Better Health		215.82	0.3146			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Aetna	Commercial		260.68	0.38			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Americare	Americare		514.5	0.75			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	WellPoint	WellPoint		220.07	0.3208			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Amerihealth	Medicare		5.39				4.2	651.7	case rate	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Consumer	Consumer		651.7	0.95			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Corrections	Corrections		548.8	0.8			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	First Health	First Health		480.2	0.7			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	First Trenton	First Trenton		617.4	0.9			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Horizon	MCD		262.6	0.3828			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Horizon	Indemnity		262.6	0.3828			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Horizon	PPO		262.6	0.3828			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Horizon	Medicare Blue		205.8	0.3			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Managed Care Inc	Managed Care Inc		617.4	0.9			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Multiplan	Multiplan		548.8	0.8			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Qualcare	Qualcare		514.5	0.75			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Three Rivers	Three Rivers		651.7	0.95			4.2	651.7	percent of total billed charges	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	UHC	Medicaid		4.2				4.2	651.7	case rate	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	UHC	Medicare		5.39				4.2	651.7	case rate	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Wellcare	Medicaid		4.2				4.2	651.7	case rate	
NASAL MEASLE AG BY DFA	87206	CPT	both			686	6.2	Wellcare	Medicare		5.39				4.2	651.7	case rate	
PARASITE.EXAM BLOOD(008185)	87207	CPT	both			686	6.89	Aetna	Better Health		215.82	0.3146			3	651.7	percent of total billed charges	
PARASITE.EXAM BLOOD(008185)	87207	CPT	both			686	6.89	Aetna	Medicare		5.99				3	651.7	case rate	
PARASITE.EXAM BLOOD(008185)	87207	CPT	both			686	6.89	Aetna	Commercial		260.68	0.38			3	651.7	percent of total billed charges	
PARASITE.EXAM BLOOD(008185)	87207	CPT	both			686	6.89	Americare	Americare		514.5	0.75			3	651.7	percent of total billed charges	
PARASITE.EXAM BLOOD(008185)	87207	CPT	both			686	6.89	WellPoint	WellPoint		220.07	0.3208			3	651.7	percent of total billed charges	
PARASITE.EXAM BLOOD(008185)	87207	CPT	both			686	6.89	Amerihealth	Medicare		5.99				3	651.7	case rate	
PARASITE.EXAM BLOOD(008185)	87207	CPT	both			686	6.89	Consumer	Consumer		651.7	0.95			3	651.7	percent of total billed charges	
PARASITE.EXAM BLOOD(008185)	87207	CPT	both			686	6.89	Corrections	Corrections		548.8	0.8			3	651.7	percent of total billed charges	
PARASITE.EXAM BLOOD(008185)	87207	CPT	both			686	6.89	First Health	First Health		480.2	0.7			3	651.7	percent of total billed charges	
PARASITE.EXAM BLOOD(008185)	87207	CPT	both			686	6.89	First Trenton	First Trenton		617.4	0.9			3	651.7	percent of total billed charges	
PARASITE.EXAM BLOOD(008185)	87207	CPT	both			686	6.89	Horizon	Medicare Blue		205.8	0.3			3	651.7	percent of total billed charges	
PARASITE.EXAM BLOOD(008185)	87207	CPT	both			686	6.89	Horizon	MCD		262.6	0.3828			3	651.7	percent of total billed charges	
PARASITE.EXAM BLOOD(008185)	87207	CPT	both			686	6.89	Horizon	Indemnity		262.6	0.3828			3	651.7	percent of total billed charges	
PARASITE.EXAM BLOOD(008185)	87207	CPT	both			686	6.89	Horizon	PPO		262.6	0.3828			3	651.7	percent of total billed charges	
PARASITE.EXAM BLOOD(008185)	87207	CPT	both			686	6.89	Managed Care Inc	Managed Care Inc		617.4	0.9			3	651.7	percent of total billed charges	
PARASITE.EXAM BLOOD(008185)	87207	CPT	both			686	6.89	Multiplan	Multiplan		548.8	0.8			3	651.7	percent of total billed charges	
PARASITE.EXAM BLOOD(008185)	87207	CPT	both			686	6.89	Qualcare	Qualcare		514.5	0.75			3	651.7	percent of total billed charges	
PARASITE.EXAM BLOOD(008185)	87207	CPT	both			686	6.89	Three Rivers	Three Rivers		651.7	0.95			3	651.7	percent of total billed charges	
PARASITE.EXAM BLOOD(008185)	87207	CPT	both			686	6.89	UHC	Medicare		5.99				3	651.7	case rate	
PARASITE.EXAM BLOOD(008185)	87207	CPT	both			686	6.89	UHC	Medicaid		3				3	651.7	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PARASITE,EXAM BLOOD(008185)	87207	CPT	both			686	6.89	Wellcare	Medicare		5.99				3	3	651.7	case rate
PARASITE,EXAM BLOOD(008185)	87207	CPT	both			686	6.89	Wellcare	Medicaid		3				3	3	651.7	case rate
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162	20.68	Aetna	Medicare		17.98				12.9	153.9	case rate	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162	20.68	Aetna	Better Health		50.97	0.3146			12.9	153.9	percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162	20.68	Aetna	Commercial		61.56	0.38			12.9	153.9	percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162	20.68	Aetna	Amelcare		121.5	0.75			12.9	153.9	percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162	20.68	WellPoint	WellPoint		51.97	0.3208			12.9	153.9	percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162	20.68	Amerihealth	Medicare		17.98				12.9	153.9	case rate	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162	20.68	Consumer	Consumer		153.9	0.95			12.9	153.9	percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162	20.68	Corrections	Corrections		129.6	0.8			12.9	153.9	percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162	20.68	First Health	First Health		113.4	0.7			12.9	153.9	percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162	20.68	First Trenton	First Trenton		145.8	0.9			12.9	153.9	percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162	20.68	Horizon	Indemnity		62.01	0.3828			12.9	153.9	percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162	20.68	Horizon	MGD		62.01	0.3828			12.9	153.9	percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162	20.68	Horizon	Medicare Blue		48.6	0.3			12.9	153.9	percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162	20.68	Horizon	PPO		62.01	0.3828			12.9	153.9	percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162	20.68	Managed Care Inc	Managed Care Inc		145.8	0.9			12.9	153.9	percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162	20.68	Multiplan	Multiplan		129.6	0.8			12.9	153.9	percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162	20.68	Qualcare	Qualcare		121.5	0.75			12.9	153.9	percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162	20.68	Three Rivers	Three Rivers		153.9	0.95			12.9	153.9	percent of total billed charges	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162	20.68	UHC	Medicaid		14.38				12.9	153.9	case rate	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162	20.68	UHC	Medicare		17.98				12.9	153.9	case rate	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162	20.68	Wellcare	Medicaid		14.38				12.9	153.9	case rate	
TRICHROME STAIN FOR PARACITES	87209	CPT	both			162	20.68	Wellcare	Medicare		17.98				12.9	153.9	case rate	
WET PREP	87210	CPT	both			88	6.69	Aetna	Commercial		33.44	0.38			2.4	83.6	percent of total billed charges	
WET PREP	87210	CPT	both			88	6.69	Aetna	Medicare		5.82				2.4	83.6	case rate	
WET PREP	87210	CPT	both			88	6.69	Aetna	Better Health		27.68	0.3146			2.4	83.6	percent of total billed charges	
WET PREP	87210	CPT	both			88	6.69	Americare	Americare		66	0.75			2.4	83.6	percent of total billed charges	
WET PREP	87210	CPT	both			88	6.69	WellPoint	WellPoint		28.23	0.3208			2.4	83.6	percent of total billed charges	
WET PREP	87210	CPT	both			88	6.69	Amerihealth	Medicare		5.82				2.4	83.6	case rate	
WET PREP	87210	CPT	both			88	6.69	Consumer	Consumer		83.6	0.95			2.4	83.6	percent of total billed charges	
WET PREP	87210	CPT	both			88	6.69	Corrections	Corrections		70.4	0.8			2.4	83.6	percent of total billed charges	
WET PREP	87210	CPT	both			88	6.69	First Health	First Health		61.6	0.7			2.4	83.6	percent of total billed charges	
WET PREP	87210	CPT	both			88	6.69	First Trenton	First Trenton		79.2	0.9			2.4	83.6	percent of total billed charges	
WET PREP	87210	CPT	both			88	6.69	Horizon	Medicare Blue		26.4	0.3			2.4	83.6	percent of total billed charges	
WET PREP	87210	CPT	both			88	6.69	Horizon	Indemnity		33.69	0.3828			2.4	83.6	percent of total billed charges	
WET PREP	87210	CPT	both			88	6.69	Horizon	MGD		33.69	0.3828			2.4	83.6	percent of total billed charges	
WET PREP	87210	CPT	both			88	6.69	Horizon	PPO		33.69	0.3828			2.4	83.6	percent of total billed charges	
WET PREP	87210	CPT	both			88	6.69	Managed Care Inc	Managed Care Inc		79.2	0.9			2.4	83.6	percent of total billed charges	
WET PREP	87210	CPT	both			88	6.69	Multiplan	Multiplan		70.4	0.8			2.4	83.6	percent of total billed charges	
WET PREP	87210	CPT	both			88	6.69	Qualcare	Qualcare		66	0.75			2.4	83.6	percent of total billed charges	
WET PREP	87210	CPT	both			88	6.69	Three Rivers	Three Rivers		83.6	0.95			2.4	83.6	percent of total billed charges	
WET PREP	87210	CPT	both			88	6.69	UHC	Medicare		5.82				2.4	83.6	case rate	
WET PREP	87210	CPT	both			88	6.69	UHC	Medicaid		2.4				2.4	83.6	case rate	
WET PREP	87210	CPT	both			88	6.69	Wellcare	Medicare		5.82				2.4	83.6	case rate	
WET PREP	87210	CPT	both			88	6.69	Wellcare	Medicaid		2.4				2.4	83.6	case rate	
KOH PREP FUNGI	87220	CPT	both			88	4.91	Aetna	Commercial		33.44	0.38			2.4	83.6	percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88	4.91	Aetna	Better Health		27.68	0.3146			2.4	83.6	percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88	4.91	Aetna	Medicare		4.27				2.4	83.6	case rate	
KOH PREP FUNGI	87220	CPT	both			88	4.91	Americare	Americare		66	0.75			2.4	83.6	percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88	4.91	WellPoint	WellPoint		28.23	0.3208			2.4	83.6	percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88	4.91	Amerihealth	Medicare		4.27				2.4	83.6	case rate	
KOH PREP FUNGI	87220	CPT	both			88	4.91	Consumer	Consumer		83.6	0.95			2.4	83.6	percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88	4.91	Corrections	Corrections		70.4	0.8			2.4	83.6	percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88	4.91	First Health	First Health		61.6	0.7			2.4	83.6	percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88	4.91	First Trenton	First Trenton		79.2	0.9			2.4	83.6	percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88	4.91	Horizon	Indemnity		33.69	0.3828			2.4	83.6	percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88	4.91	Horizon	Medicare Blue		26.4	0.3			2.4	83.6	percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88	4.91	Horizon	MGD		33.69	0.3828			2.4	83.6	percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88	4.91	Horizon	PPO		33.69	0.3828			2.4	83.6	percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88	4.91	Managed Care Inc	Managed Care Inc		79.2	0.9			2.4	83.6	percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88	4.91	Multiplan	Multiplan		70.4	0.8			2.4	83.6	percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88	4.91	Qualcare	Qualcare		66	0.75			2.4	83.6	percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88	4.91	Three Rivers	Three Rivers		83.6	0.95			2.4	83.6	percent of total billed charges	
KOH PREP FUNGI	87220	CPT	both			88	4.91	UHC	Medicare		4.27				2.4	83.6	case rate	
KOH PREP FUNGI	87220	CPT	both			88	4.91	UHC	Medicaid		2.4				2.4	83.6	case rate	
KOH PREP FUNGI	87220	CPT	both			88	4.91	Wellcare	Medicare		4.27				2.4	83.6	case rate	
KOH PREP FUNGI	87220	CPT	both			88	4.91	Wellcare	Medicaid		2.4				2.4	83.6	case rate	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64	22.7	Aetna	Medicare		19.71	0.308			19.2	60.8	percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64	22.7	Aetna	Better Health		20.13	0.3146			19.2	60.8	percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64	22.7	Aetna	Commercial		24.32	0.38			19.2	60.8	percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64	22.7	Americare	Amelcare		48	0.75			19.2	60.8	percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64	22.7	WellPoint	WellPoint		20.53	0.3208			19.2	60.8	percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64	22.7	Amerihealth	Medicare		19.74				19.2	60.8	case rate	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64	22.7	Consumer	Consumer		60.8	0.95			19.2	60.8	percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64	22.7	Corrections	Corrections		51.2	0.8			19.2	60.8	percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64	22.7	First Health	First Health		44.8	0.7			19.2	60.8	percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64	22.7	First Trenton	First Trenton		57.6	0.9			19.2	60.8	percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64	22.7	Horizon	MGD		24.5	0.3828			19.2	60.8	percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64	22.7	Horizon	Indemnity		24.5	0.3828			19.2	60.8	percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64	22.7	Horizon	PPO		24.5	0.3828			19.2	60.8	percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64	22.7	Horizon	Medicare Blue		19.2	0.3			19.2	60.8	percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64	22.7	Managed Care Inc	Managed Care Inc		57.6	0.9			19.2	60.8	percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64	22.7	Multiplan	Multiplan		51.2	0.8			19.2	60.8	percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64	22.7	Qualcare	Qualcare		48	0.75			19.2	60.8	percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64	22.7	Three Rivers	Three Rivers		60.8	0.95			19.2	60.8	percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64	22.7	UHC	Medicaid		20.13	0.3146			19.2	60.8	percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64	22.7	UHC	Medicare		19.74				19.2	60.8	case rate	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64	22.7	Wellcare	Medicaid		20.13	0.3146			19.2	60.8	percent of total billed charges	
CL DIFFICILE CYTOTOXCITY	87230	CPT	outpatient			64	22.7	Wellcare	Medicare		19.74				19.2	60.8	case rate	
VIRAL CULTURE GENERAL	87252	CPT	both			755	29.98	Aetna	Commercial		286.9	0.38			18	717.25	percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755	29.98	Aetna	Medicare		26.07				18	717.25	case rate	
VIRAL CULTURE GENERAL	87252	CPT	both			755	29.98	Aetna	Better Health		237.52	0.3146			18	717.25	percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755	29.98	Americare	Americare		566.25	0.75			18	717.25	percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755	29.98	WellPoint	WellPoint		242.2	0.3208			18	717.25	percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755	29.98	Amerihealth	Medicare		26.07				18	717.25	case rate	
VIRAL CULTURE GENERAL	87252	CPT	both			755	29.98	Consumer	Consumer		717.25	0.95			18	717.25	percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755	29.98	Corrections	Corrections		604	0.8			18	717.25	percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755	29.98	First Health	First Health		528.5	0.7			18	717.25	percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755	29.98	First Trenton	First Trenton		679.5	0.9			18	717.25	percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755	29.98	Horizon	Indemnity		289.01	0.3828			18	717.25	percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755	29.98	Horizon	MGD		289.01	0.3828			18	717.25	percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755	29.98	Horizon	Medicare Blue		226.5	0.3			18	717.25	percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755	29.98	Horizon	PPO		289.01	0.3828			18	717.25	percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755	29.98	Managed Care Inc	Managed Care Inc		679.5	0.9			18	717.25	percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755	29.98	Multiplan	Multiplan		604	0.8			18	717.25	percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755	29.98	Qualcare	Qualcare		566.25	0.75			18	717.25	percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755	29.98	Three Rivers	Three Rivers		717.25	0.95			18	717.25	percent of total billed charges	
VIRAL CULTURE GENERAL	87252	CPT	both			755	29.98	UHC	Medicaid		29.5				18	717.25	case rate	
VIRAL CULTURE GENERAL	87252	CPT	both			755	29.98	UHC	Medicare		26.07				18	717.25	case rate	
VIRAL CULTURE GENERAL	87252	CPT	both			755	29.98	Wellcare	Medicare		26.07				18	717.25	case rate	
VIRAL CULTURE GENERAL	87252	CPT	both			755	29.98	Wellcare	Medicaid		29.5				18	717.25	case rate	
TISSUE CULTURE ADD STUDIES	87253	CPT	outpatient			537	23.23	Aetna	Medicare		20.2				6	510.15	case rate	
TISSUE CULTURE ADD STUDIES	87253	CPT	outpatient			537	23.23	Aetna	Better Health		168.94	0.3146			6	510.15	percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	outpatient			537	23.23	Aetna	Commercial		204.06	0.38			6	510.15	percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	outpatient			537	23.23	Americare	Amelcare		402.75	0.75			6	510.15	percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	outpatient			537	23.23	WellPoint	WellPoint		172.27	0.3208			6	510.15	percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	outpatient			537	23.23	Amerihealth	Medicare		20.2				6	510.15	case rate	
TISSUE CULTURE ADD STUDIES	87253	CPT	outpatient			537	23.23	Consumer	Consumer		510.15	0.95			6	510.15	percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	outpatient			537	23.23	Corrections	Corrections		429.6	0.8			6	510.15	percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	outpatient			537	23.23	First Health	First Health		375.9	0.7			6	510.15	percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	outpatient			537	23.23	First Trenton	First Trenton		483.3	0.9			6	510.15	percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	outpatient			537	23.23	Horizon	Medicare Blue		161.1	0.3			6	510.15	percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	outpatient			537	23.23	Horizon	Indemnity		205.56	0.3828			6	510.15	percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	outpatient			537	23.23	Horizon	MGD		205.56	0.3828			6	510.15	percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	outpatient			537	23.23	Horizon	PPO		205.56	0.3828			6	510.15	percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	outpatient			537	23.23	Managed Care Inc	Managed Care Inc		483.3	0.9			6	510.15	percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	outpatient			537	23.23	Multiplan	Multiplan		429.6	0.8			6	510.15	percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	outpatient			537	23.23	Qualcare	Qualcare		402.75	0.75			6	510.15	percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	outpatient			537	23.23	Three Rivers	Three Rivers		510.15	0.95			6	510.15	percent of total billed charges	
TISSUE CULTURE ADD STUDIES	87253	CPT	outpatient			537	23.23	UHC	Medicaid		6				6	510.15	case rate	
TISSUE CULTURE ADD STUDIES	87253	CPT	outpatient			537	23.23	UHC	Medicare		20.2				6	510.15	case rate	
TISSUE CULTURE ADD STUDIES	87253	CPT	outpatient			537	23.23	Wellcare	Medicaid		6				6	510.15	case rate	
TISSUE CULTURE ADD STUDIES	87253	CPT	outpatient			537	23.23	Wellcare	Medicare		20.2				6	510.15	case rate	
VIRAL CULTURE RAPID VARICELLA	87254	CPT	both			113	22.49	Aetna	Better Health		35.55	0.3146			13.8	107.35	percent of total billed charges	
VIRAL CULTURE RAPID VARICELLA	87254	CPT	both			113	22.49	Aetna	Commercial		42.94	0.38			13.8	107.35	percent of total billed charges	
VIRAL CULTURE RAPID VARICELLA	87254	CPT	both			113	22.49	Aetna	Medicare		34.8	0.308			13.8	107.35	percent of total billed charges	
VIRAL CULTURE RAPID VARICELLA	87254	CPT	both			113	22.49	Americare	Amelcare		84.75	0.75			13.8	107.35	percent of total billed charges	
VIRAL CULTURE RAPID VARICELLA	87254	CPT	both			113	22.49	WellPoint	WellPoint		36.25	0.3208			13.8	107.35	percent of total billed charges	
VIRAL CULTURE RAPID VARICELLA	87254	CPT	both			113	22.49	Amerihealth	Medicare		19.56				13.8	107.35	case rate	
VIRAL CULTURE RAPID VARICELLA	87254	CPT	both			113	22.49	Consumer	Consumer		107.35	0.95			13.8	107.35	percent of total billed charges	
VIRAL CULTURE RAPID VARICELLA	87254	CPT	both			113	22.49	Corrections	Corrections		90.4	0.8			13.8	107.35	percent of total billed charges	
VIRAL CULTURE RAPID VARICELLA	87254	CPT	both			113	22.49	First Health	First Health		79.1	0.7			13.8	107.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VIRAL CULTURE RAPID VARICELLA	87254	CPT	both			113	22.49	First Trenton	First Trenton		101.7	0.9			13.8		107.35 percent of total billed charges	
VIRAL CULTURE RAPID VARICELLA	87254	CPT	both			113	22.49	Horizon	Indemnity		43.26	0.3828			13.8		107.35 percent of total billed charges	
VIRAL CULTURE RAPID VARICELLA	87254	CPT	both			113	22.49	Horizon	Medicare Blue		33.9	0.3			13.8		107.35 percent of total billed charges	
VIRAL CULTURE RAPID VARICELLA	87254	CPT	both			113	22.49	Horizon	MGD		43.26	0.3828			13.8		107.35 percent of total billed charges	
VIRAL CULTURE RAPID VARICELLA	87254	CPT	both			113	22.49	Horizon	PPO		43.26	0.3828			13.8		107.35 percent of total billed charges	
VIRAL CULTURE RAPID VARICELLA	87254	CPT	both			113	22.49	Managed Care Inc	Managed Care Inc		101.7	0.9			13.8		107.35 percent of total billed charges	
VIRAL CULTURE RAPID VARICELLA	87254	CPT	both			113	22.49	Multiplan	Multiplan		90.4	0.8			13.8		107.35 percent of total billed charges	
VIRAL CULTURE RAPID VARICELLA	87254	CPT	both			113	22.49	Qualcare	Qualcare		84.75	0.75			13.8		107.35 percent of total billed charges	
VIRAL CULTURE RAPID VARICELLA	87254	CPT	both			113	22.49	Three Rivers	Three Rivers		107.35	0.95			13.8		107.35 percent of total billed charges	
VIRAL CULTURE RAPID VARICELLA	87254	CPT	both			113	22.49	UHC	Medicaid		35.55	0.3146			13.8		107.35 percent of total billed charges	
VIRAL CULTURE RAPID VARICELLA	87254	CPT	both			113	22.49	UHC	Medicare		19.56				13.8		107.35 case rate	
VIRAL CULTURE RAPID VARICELLA	87254	CPT	both			113	22.49	Wellcare	Medicare		19.56				13.8		107.35 case rate	
VIRAL CULTURE RAPID VARICELLA	87254	CPT	both			113	22.49	Wellcare	Medicaid		35.55	0.3146			13.8		107.35 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195	38.94	Aetna	Medicare		33.86				30		185.25 case rate	
HSV CULTURE/TYPE	87255	CPT	outpatient			195	38.94	Aetna	Better Health		61.35	0.3146			30		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195	38.94	Aetna	Commercial		74.1	0.38			30		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195	38.94	Americare	Americare		146.25	0.75			30		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195	38.94	WellPoint	WellPoint		62.56	0.3208			30		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195	38.94	Amerihealth	Medicare		33.86				30		185.25 case rate	
HSV CULTURE/TYPE	87255	CPT	outpatient			195	38.94	Consumer	Consumer		185.25	0.95			30		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195	38.94	Corrections	Corrections		156	0.8			30		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195	38.94	First Health	First Health		136.5	0.7			30		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195	38.94	First Trenton	First Trenton		175.5	0.9			30		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195	38.94	Horizon	Medicare Blue		58.5	0.3			30		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195	38.94	Horizon	Indemnity		74.65	0.3828			30		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195	38.94	Horizon	MGD		74.65	0.3828			30		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195	38.94	Horizon	PPO		74.65	0.3828			30		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195	38.94	Managed Care Inc	Managed Care Inc		175.5	0.9			30		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195	38.94	Multiplan	Multiplan		156	0.8			30		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195	38.94	Qualcare	Qualcare		146.25	0.75			30		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195	38.94	Three Rivers	Three Rivers		185.25	0.95			30		185.25 percent of total billed charges	
HSV CULTURE/TYPE	87255	CPT	outpatient			195	38.94	UHC	Medicaid		30				30		185.25 case rate	
HSV CULTURE/TYPE	87255	CPT	outpatient			195	38.94	UHC	Medicare		33.86				30		185.25 case rate	
HSV CULTURE/TYPE	87255	CPT	outpatient			195	38.94	Wellcare	Medicare		33.86				30		185.25 case rate	
HSV CULTURE/TYPE	87255	CPT	outpatient			195	38.94	Wellcare	Medicaid		30				30		185.25 case rate	
VIRUS ADENOVIRUS AG DFA	87260	CPT	inpatient			71	16.59	Aetna	Better Health		22.34	0.3146			10		67.45 percent of total billed charges	
VIRUS ADENOVIRUS AG DFA	87260	CPT	inpatient			71	16.59	Aetna	Commercial		26.98	0.38			10		67.45 percent of total billed charges	
VIRUS ADENOVIRUS AG DFA	87260	CPT	inpatient			71	16.59	Aetna	Medicare		14.43				10		67.45 case rate	
VIRUS ADENOVIRUS AG DFA	87260	CPT	inpatient			71	16.59	Americare	Americare		53.25	0.75			10		67.45 percent of total billed charges	
VIRUS ADENOVIRUS AG DFA	87260	CPT	inpatient			71	16.59	WellPoint	WellPoint		22.78	0.3208			10		67.45 percent of total billed charges	
VIRUS ADENOVIRUS AG DFA	87260	CPT	inpatient			71	16.59	Amerihealth	Medicare		14.43				10		67.45 case rate	
VIRUS ADENOVIRUS AG DFA	87260	CPT	inpatient			71	16.59	Consumer	Consumer		67.45	0.95			10		67.45 percent of total billed charges	
VIRUS ADENOVIRUS AG DFA	87260	CPT	inpatient			71	16.59	Corrections	Corrections		56.8	0.8			10		67.45 percent of total billed charges	
VIRUS ADENOVIRUS AG DFA	87260	CPT	inpatient			71	16.59	First Health	First Health		49.7	0.7			10		67.45 percent of total billed charges	
VIRUS ADENOVIRUS AG DFA	87260	CPT	inpatient			71	16.59	First Trenton	First Trenton		63.9	0.9			10		67.45 percent of total billed charges	
VIRUS ADENOVIRUS AG DFA	87260	CPT	inpatient			71	16.59	Horizon	PPO		27.18	0.3828			10		67.45 percent of total billed charges	
VIRUS ADENOVIRUS AG DFA	87260	CPT	inpatient			71	16.59	Horizon	MGD		27.18	0.3828			10		67.45 percent of total billed charges	
VIRUS ADENOVIRUS AG DFA	87260	CPT	inpatient			71	16.59	Horizon	Indemnity		27.18	0.3828			10		67.45 percent of total billed charges	
VIRUS ADENOVIRUS AG DFA	87260	CPT	inpatient			71	16.59	Horizon	Medicare Blue		21.3	0.3			10		67.45 percent of total billed charges	
VIRUS ADENOVIRUS AG DFA	87260	CPT	inpatient			71	16.59	Managed Care Inc	Managed Care Inc		63.9	0.9			10		67.45 percent of total billed charges	
VIRUS ADENOVIRUS AG DFA	87260	CPT	inpatient			71	16.59	Multiplan	Multiplan		56.8	0.8			10		67.45 percent of total billed charges	
VIRUS ADENOVIRUS AG DFA	87260	CPT	inpatient			71	16.59	Qualcare	Qualcare		53.25	0.75			10		67.45 percent of total billed charges	
VIRUS ADENOVIRUS AG DFA	87260	CPT	inpatient			71	16.59	Three Rivers	Three Rivers		67.45	0.95			10		67.45 percent of total billed charges	
VIRUS ADENOVIRUS AG DFA	87260	CPT	inpatient			71	16.59	UHC	Medicaid		10				10		67.45 case rate	
VIRUS ADENOVIRUS AG DFA	87260	CPT	inpatient			71	16.59	UHC	Medicare		14.43				10		67.45 case rate	
VIRUS ADENOVIRUS AG DFA	87260	CPT	inpatient			71	16.59	Wellcare	Medicaid		10				10		67.45 case rate	
VIRUS ADENOVIRUS AG DFA	87260	CPT	inpatient			71	16.59	Wellcare	Medicare		14.43				10		67.45 case rate	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200	13.78	Aetna	Better Health		62.92	0.3146			10		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200	13.78	Aetna	Commercial		76	0.38			10		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200	13.78	Aetna	Medicare		11.98				10		190 case rate	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200	13.78	Americare	Americare		150	0.75			10		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200	13.78	WellPoint	WellPoint		64.16	0.3208			10		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200	13.78	Amerihealth	Medicare		11.98				10		190 case rate	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200	13.78	Consumer	Consumer		190	0.95			10		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200	13.78	Corrections	Corrections		160	0.8			10		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200	13.78	First Health	First Health		140	0.7			10		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200	13.78	First Trenton	First Trenton		180	0.9			10		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200	13.78	Horizon	Medicare Blue		60	0.3			10		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200	13.78	Horizon	MGD		76.56	0.3828			10		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200	13.78	Horizon	Indemnity		76.56	0.3828			10		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200	13.78	Horizon	PPO		76.56	0.3828			10		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200	13.78	Managed Care Inc	Managed Care Inc		180	0.9			10		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200	13.78	Multiplan	Multiplan		160	0.8			10		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200	13.78	Qualcare	Qualcare		150	0.75			10		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200	13.78	Three Rivers	Three Rivers		190	0.95			10		190 percent of total billed charges	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200	13.78	UHC	Medicaid		10				10		190 case rate	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200	13.78	UHC	Medicare		11.98				10		190 case rate	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200	13.78	Wellcare	Medicaid		10				10		190 case rate	
BORDETELLA PERTUSSIS DFA	87265	CPT	inpatient			200	13.78	Wellcare	Medicare		11.98				10		190 case rate	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161	13.78	Aetna	Better Health		50.65	0.3146			10		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161	13.78	Aetna	Medicare		11.98				10		152.95 case rate	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161	13.78	Aetna	Commercial		61.18	0.38			10		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161	13.78	Americare	Americare		120.75	0.75			10		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161	13.78	WellPoint	WellPoint		51.65	0.3208			10		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161	13.78	Amerihealth	Medicare		11.98				10		152.95 case rate	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161	13.78	Consumer	Consumer		152.95	0.95			10		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161	13.78	Corrections	Corrections		128.8	0.8			10		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161	13.78	First Health	First Health		112.7	0.7			10		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161	13.78	First Trenton	First Trenton		144.9	0.9			10		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161	13.78	Horizon	MGD		61.63	0.3828			10		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161	13.78	Horizon	Indemnity		61.63	0.3828			10		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161	13.78	Horizon	PPO		61.63	0.3828			10		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161	13.78	Horizon	Medicare Blue		48.3	0.3			10		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161	13.78	Managed Care Inc	Managed Care Inc		144.9	0.9			10		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161	13.78	Multiplan	Multiplan		128.8	0.8			10		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161	13.78	Qualcare	Qualcare		120.75	0.75			10		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161	13.78	Three Rivers	Three Rivers		152.95	0.95			10		152.95 percent of total billed charges	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161	13.78	UHC	Medicaid		10				10		152.95 case rate	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161	13.78	UHC	Medicare		11.98				10		152.95 case rate	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161	13.78	Wellcare	Medicare		11.98				10		152.95 case rate	
CHLAMYDIA TRACHOMATIS	87270	CPT	outpatient			161	13.78	Wellcare	Medicaid		10				10		152.95 case rate	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83	13.78	Aetna	Better Health		26.11	0.3146			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83	13.78	Aetna	Medicare		11.98				11.98		78.85 case rate	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83	13.78	Aetna	Commercial		31.54	0.38			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83	13.78	Americare	Americare		62.25	0.75			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83	13.78	WellPoint	WellPoint		26.63	0.3208			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83	13.78	Amerihealth	Medicare		11.98				11.98		78.85 case rate	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83	13.78	Consumer	Consumer		78.85	0.95			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83	13.78	Corrections	Corrections		66.4	0.8			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83	13.78	First Health	First Health		58.1	0.7			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83	13.78	First Trenton	First Trenton		74.7	0.9			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83	13.78	Horizon	Medicare Blue		24.9	0.3			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83	13.78	Horizon	Indemnity		31.77	0.3828			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83	13.78	Horizon	MGD		31.77	0.3828			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83	13.78	Horizon	PPO		31.77	0.3828			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83	13.78	Managed Care Inc	Managed Care Inc		74.7	0.9			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83	13.78	Multiplan	Multiplan		66.4	0.8			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83	13.78	Qualcare	Qualcare		62.25	0.75			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83	13.78	Three Rivers	Three Rivers		78.85	0.95			11.98		78.85 percent of total billed charges	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83	13.78	UHC	Medicare		11.98				11.98		78.85 case rate	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83	13.78	UHC	Medicaid		12				11.98		78.85 case rate	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83	13.78	Wellcare	Medicare		11.98				11.98		78.85 case rate	
CRYPTOSPORIDIUM SMEAR	87272	CPT	outpatient			83	13.78	Wellcare	Medicaid		12				11.98		78.85 case rate	
LEGIONELLA PNEUMOPHILA	87278	CPT	inpatient			164	17.94	Aetna	Better Health		51.59	0.3146			15.6		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	inpatient			164	17.94	Aetna	Commercial		62.32	0.38			15.6		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	inpatient			164	17.94	Aetna	Medicare		50.51	0.308			15.6		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	inpatient			164	17.94	Americare	Americare		123	0.75			15.6		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	inpatient			164	17.94	WellPoint	WellPoint		52.61	0.3208			15.6		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	inpatient			164	17.94	Amerihealth	Medicare		15.6				15.6		155.8 case rate	
LEGIONELLA PNEUMOPHILA	87278	CPT	inpatient			164	17.94	Consumer	Consumer		155.8	0.95			15.6		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	inpatient			164	17.94	Corrections	Corrections		131.2	0.8			15.6		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	inpatient			164	17.94	First Health	First Health		114.8	0.7			15.6		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	inpatient			164	17.94	First Trenton	First Trenton		147.6	0.9			15.6		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	inpatient			164	17.94	Horizon	MGD		62.78	0.3828			15.6		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	inpatient			164	17.94	Horizon	PPO		62.78	0.3828			15.6		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	inpatient			164	17.94	Horizon	Indemnity		62.78	0.3828			15.6		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	inpatient			164	17.94	Horizon	Medicare Blue		49.2	0.3			15.6		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	inpatient			164	17.94	Managed Care Inc	Managed Care Inc		147.6	0.9			15.6		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	inpatient			164	17.94	Multiplan	Multiplan		131.2	0.8			15.6		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	inpatient			164	17.94	Qualcare	Qualcare		123	0.75			15.6		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	inpatient			164	17.94	Three Rivers	Three Rivers		155.8	0.95			15.6		155.8 percent of total billed charges	
LEGIONELLA PNEUMOPHILA	87278	CPT	inpatient			164	17.94	UHC	Medicare		15.6				15.6		155.8 case rate	
LEGIONELLA PNEUMOPHILA	87278	CPT	inpatient			164	17.94	UHC	Medicaid		51.59	0.3146			15.6		155.8 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LEGIONELLA PNEUMOPHILA	87278	CPT	inpatient			164	17.94	Wellcare	Medicare		15.6				15.6	155.8	case rate	
LEGIONELLA PNEUMOPHILA	87278	CPT	inpatient			164	17.94	Wellcare	Medicaid		51.59	0.3146			15.6	155.8	percent of total billed charges	
PNEUMOCYSTIS SMEAR DFA	87281	CPT	both			175	13.78	Aetna	Commercial		66.5	0.38			11.98	166.25	percent of total billed charges	
PNEUMOCYSTIS SMEAR DFA	87281	CPT	both			175	13.78	Aetna	Better Health		55.06	0.3146			11.98	166.25	percent of total billed charges	
PNEUMOCYSTIS SMEAR DFA	87281	CPT	both			175	13.78	Aetna	Medicare		53.9	0.308			11.98	166.25	percent of total billed charges	
PNEUMOCYSTIS SMEAR DFA	87281	CPT	both			175	13.78	Americare	Americare		131.25	0.75			11.98	166.25	percent of total billed charges	
PNEUMOCYSTIS SMEAR DFA	87281	CPT	both			175	13.78	WellPoint	WellPoint		56.14	0.3208			11.98	166.25	percent of total billed charges	
PNEUMOCYSTIS SMEAR DFA	87281	CPT	both			175	13.78	Amerihealth	Medicare		11.98				11.98	166.25	case rate	
PNEUMOCYSTIS SMEAR DFA	87281	CPT	both			175	13.78	Consumer	Consumer		166.25	0.95			11.98	166.25	percent of total billed charges	
PNEUMOCYSTIS SMEAR DFA	87281	CPT	both			175	13.78	Corrections	Corrections		140	0.8			11.98	166.25	percent of total billed charges	
PNEUMOCYSTIS SMEAR DFA	87281	CPT	both			175	13.78	First Health	First Health		122.5	0.7			11.98	166.25	percent of total billed charges	
PNEUMOCYSTIS SMEAR DFA	87281	CPT	both			175	13.78	First Trenton	First Trenton		157.5	0.9			11.98	166.25	percent of total billed charges	
PNEUMOCYSTIS SMEAR DFA	87281	CPT	both			175	13.78	Horizon	MGD		66.99	0.3828			11.98	166.25	percent of total billed charges	
PNEUMOCYSTIS SMEAR DFA	87281	CPT	both			175	13.78	Horizon	Medicare Blue		52.5	0.3			11.98	166.25	percent of total billed charges	
PNEUMOCYSTIS SMEAR DFA	87281	CPT	both			175	13.78	Horizon	Indemnity		66.99	0.3828			11.98	166.25	percent of total billed charges	
PNEUMOCYSTIS SMEAR DFA	87281	CPT	both			175	13.78	Horizon	PPO		66.99	0.3828			11.98	166.25	percent of total billed charges	
PNEUMOCYSTIS SMEAR DFA	87281	CPT	both			175	13.78	Managed Care Inc	Managed Care Inc		157.5	0.9			11.98	166.25	percent of total billed charges	
PNEUMOCYSTIS SMEAR DFA	87281	CPT	both			175	13.78	Multiplan	Multiplan		140	0.8			11.98	166.25	percent of total billed charges	
PNEUMOCYSTIS SMEAR DFA	87281	CPT	both			175	13.78	Qualcare	Qualcare		131.25	0.75			11.98	166.25	percent of total billed charges	
PNEUMOCYSTIS SMEAR DFA	87281	CPT	both			175	13.78	Three Rivers	Three Rivers		166.25	0.95			11.98	166.25	percent of total billed charges	
PNEUMOCYSTIS SMEAR DFA	87281	CPT	both			175	13.78	UHC	Medicaid		55.06	0.3146			11.98	166.25	percent of total billed charges	
PNEUMOCYSTIS SMEAR DFA	87281	CPT	both			175	13.78	UHC	Medicare		11.98				11.98	166.25	case rate	
PNEUMOCYSTIS SMEAR DFA	87281	CPT	both			175	13.78	Wellcare	Medicaid		55.06	0.3146			11.98	166.25	percent of total billed charges	
PNEUMOCYSTIS SMEAR DFA	87281	CPT	both			175	13.78	Wellcare	Medicare		11.98				11.98	166.25	case rate	
ASPRGILLUS GALACTOMANNAN AG	87305	CPT	both			478	13.78	Aetna	Commercial		181.64	0.38			9.58	454.1	percent of total billed charges	
ASPRGILLUS GALACTOMANNAN AG	87305	CPT	both			478	13.78	Aetna	Medicare		11.98				9.58	454.1	case rate	
ASPRGILLUS GALACTOMANNAN AG	87305	CPT	both			478	13.78	Aetna	Better Health		150.38	0.3146			9.58	454.1	percent of total billed charges	
ASPRGILLUS GALACTOMANNAN AG	87305	CPT	both			478	13.78	Americare	Americare		358.5	0.75			9.58	454.1	percent of total billed charges	
ASPRGILLUS GALACTOMANNAN AG	87305	CPT	both			478	13.78	WellPoint	WellPoint		153.34	0.3208			9.58	454.1	percent of total billed charges	
ASPRGILLUS GALACTOMANNAN AG	87305	CPT	both			478	13.78	Amerihealth	Medicare		11.98				9.58	454.1	case rate	
ASPRGILLUS GALACTOMANNAN AG	87305	CPT	both			478	13.78	Consumer	Consumer		454.1	0.95			9.58	454.1	percent of total billed charges	
ASPRGILLUS GALACTOMANNAN AG	87305	CPT	both			478	13.78	Corrections	Corrections		382.4	0.8			9.58	454.1	percent of total billed charges	
ASPRGILLUS GALACTOMANNAN AG	87305	CPT	both			478	13.78	First Health	First Health		334.6	0.7			9.58	454.1	percent of total billed charges	
ASPRGILLUS GALACTOMANNAN AG	87305	CPT	both			478	13.78	First Trenton	First Trenton		430.2	0.9			9.58	454.1	percent of total billed charges	
ASPRGILLUS GALACTOMANNAN AG	87305	CPT	both			478	13.78	Horizon	MGD		182.98	0.3828			9.58	454.1	percent of total billed charges	
ASPRGILLUS GALACTOMANNAN AG	87305	CPT	both			478	13.78	Horizon	Indemnity		182.98	0.3828			9.58	454.1	percent of total billed charges	
ASPRGILLUS GALACTOMANNAN AG	87305	CPT	both			478	13.78	Horizon	Medicare Blue		143.4	0.3			9.58	454.1	percent of total billed charges	
ASPRGILLUS GALACTOMANNAN AG	87305	CPT	both			478	13.78	Horizon	PPO		182.98	0.3828			9.58	454.1	percent of total billed charges	
ASPRGILLUS GALACTOMANNAN AG	87305	CPT	both			478	13.78	Managed Care Inc	Managed Care Inc		430.2	0.9			9.58	454.1	percent of total billed charges	
ASPRGILLUS GALACTOMANNAN AG	87305	CPT	both			478	13.78	Multiplan	Multiplan		382.4	0.8			9.58	454.1	percent of total billed charges	
ASPRGILLUS GALACTOMANNAN AG	87305	CPT	both			478	13.78	Qualcare	Qualcare		358.5	0.75			9.58	454.1	percent of total billed charges	
ASPRGILLUS GALACTOMANNAN AG	87305	CPT	both			478	13.78	Three Rivers	Three Rivers		454.1	0.95			9.58	454.1	percent of total billed charges	
ASPRGILLUS GALACTOMANNAN AG	87305	CPT	both			478	13.78	UHC	Medicaid		9.58				9.58	454.1	case rate	
ASPRGILLUS GALACTOMANNAN AG	87305	CPT	both			478	13.78	UHC	Medicare		11.98				9.58	454.1	case rate	
ASPRGILLUS GALACTOMANNAN AG	87305	CPT	both			478	13.78	Wellcare	Medicaid		9.58				9.58	454.1	case rate	
ASPRGILLUS GALACTOMANNAN AG	87305	CPT	both			478	13.78	Wellcare	Medicare		11.98				9.58	454.1	case rate	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588	13.78	Aetna	Medicare		11.98				11.98	1508.6	case rate	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588	13.78	Aetna	Commercial		603.44	0.38			11.98	1508.6	percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588	13.78	Aetna	Better Health		499.58	0.3146			11.98	1508.6	percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588	13.78	Americare	Americare		1191	0.75			11.98	1508.6	percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588	13.78	WellPoint	WellPoint		509.43	0.3208			11.98	1508.6	percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588	13.78	Amerihealth	Medicare		11.98				11.98	1508.6	case rate	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588	13.78	Consumer	Consumer		1508.6	0.95			11.98	1508.6	percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588	13.78	Corrections	Corrections		1270.4	0.8			11.98	1508.6	percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588	13.78	First Health	First Health		1111.6	0.7			11.98	1508.6	percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588	13.78	First Trenton	First Trenton		1429.2	0.9			11.98	1508.6	percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588	13.78	Horizon	MGD		607.89	0.3828			11.98	1508.6	percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588	13.78	Horizon	Medicare Blue		476.4	0.3			11.98	1508.6	percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588	13.78	Horizon	PPO		607.89	0.3828			11.98	1508.6	percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588	13.78	Horizon	Indemnity		607.89	0.3828			11.98	1508.6	percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588	13.78	Managed Care Inc	Managed Care Inc		1429.2	0.9			11.98	1508.6	percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588	13.78	Multiplan	Multiplan		1270.4	0.8			11.98	1508.6	percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588	13.78	Qualcare	Qualcare		1191	0.75			11.98	1508.6	percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588	13.78	Three Rivers	Three Rivers		1508.6	0.95			11.98	1508.6	percent of total billed charges	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588	13.78	UHC	Medicare		11.98				11.98	1508.6	case rate	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588	13.78	UHC	Medicaid		12.5				11.98	1508.6	case rate	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588	13.78	Wellcare	Medicaid		12.5				11.98	1508.6	case rate	
CLOSTRIDIUM DIFFICILE PCR	87324	CPT	both			1588	13.78	Wellcare	Medicare		11.98				11.98	1508.6	case rate	
GIARDIA LAMBLIA AG EIA	87329	CPT	both			200	13.78	Aetna	Better Health		62.92	0.3146			11.98	190	percent of total billed charges	
GIARDIA LAMBLIA AG EIA	87329	CPT	both			200	13.78	Aetna	Commercial		76	0.38			11.98	190	percent of total billed charges	
GIARDIA LAMBLIA AG EIA	87329	CPT	both			200	13.78	Aetna	Medicare		11.98				11.98	190	case rate	
GIARDIA LAMBLIA AG EIA	87329	CPT	both			200	13.78	Americare	Americare		150	0.75			11.98	190	percent of total billed charges	
GIARDIA LAMBLIA AG EIA	87329	CPT	both			200	13.78	WellPoint	WellPoint		64.16	0.3208			11.98	190	percent of total billed charges	
GIARDIA LAMBLIA AG EIA	87329	CPT	both			200	13.78	Amerihealth	Medicare		11.98				11.98	190	case rate	
GIARDIA LAMBLIA AG EIA	87329	CPT	both			200	13.78	Consumer	Consumer		190	0.95			11.98	190	percent of total billed charges	
GIARDIA LAMBLIA AG EIA	87329	CPT	both			200	13.78	Corrections	Corrections		160	0.8			11.98	190	percent of total billed charges	
GIARDIA LAMBLIA AG EIA	87329	CPT	both			200	13.78	First Health	First Health		140	0.7			11.98	190	percent of total billed charges	
GIARDIA LAMBLIA AG EIA	87329	CPT	both			200	13.78	First Trenton	First Trenton		180	0.9			11.98	190	percent of total billed charges	
GIARDIA LAMBLIA AG EIA	87329	CPT	both			200	13.78	Horizon	Indemnity		76.56	0.3828			11.98	190	percent of total billed charges	
GIARDIA LAMBLIA AG EIA	87329	CPT	both			200	13.78	Horizon	Medicare Blue		60	0.3			11.98	190	percent of total billed charges	
GIARDIA LAMBLIA AG EIA	87329	CPT	both			200	13.78	Horizon	MGD		76.56	0.3828			11.98	190	percent of total billed charges	
GIARDIA LAMBLIA AG EIA	87329	CPT	both			200	13.78	Horizon	PPO		76.56	0.3828			11.98	190	percent of total billed charges	
GIARDIA LAMBLIA AG EIA	87329	CPT	both			200	13.78	Managed Care Inc	Managed Care Inc		180	0.9			11.98	190	percent of total billed charges	
GIARDIA LAMBLIA AG EIA	87329	CPT	both			200	13.78	Multiplan	Multiplan		160	0.8			11.98	190	percent of total billed charges	
GIARDIA LAMBLIA AG EIA	87329	CPT	both			200	13.78	Qualcare	Qualcare		150	0.75			11.98	190	percent of total billed charges	
GIARDIA LAMBLIA AG EIA	87329	CPT	both			200	13.78	Three Rivers	Three Rivers		190	0.95			11.98	190	percent of total billed charges	
GIARDIA LAMBLIA AG EIA	87329	CPT	both			200	13.78	UHC	Medicare		11.98				11.98	190	case rate	
GIARDIA LAMBLIA AG EIA	87329	CPT	both			200	13.78	UHC	Medicaid		12				11.98	190	case rate	
GIARDIA LAMBLIA AG EIA	87329	CPT	both			200	13.78	Wellcare	Medicare		11.98				11.98	190	case rate	
GIARDIA LAMBLIA AG EIA	87329	CPT	both			200	13.78	Wellcare	Medicaid		12				11.98	190	case rate	
ENTAMOEBA HISTOLYTICA&AG EIA (0058001)	87337	CPT	both			147	13.78	Aetna	Better Health		46.25	0.3146			11.98	139.65	percent of total billed charges	
ENTAMOEBA HISTOLYTICA&AG EIA (0058001)	87337	CPT	both			147	13.78	Aetna	Medicare		11.98				11.98	139.65	case rate	
ENTAMOEBA HISTOLYTICA&AG EIA (0058001)	87337	CPT	both			147	13.78	Aetna	Commercial		55.86	0.38			11.98	139.65	percent of total billed charges	
ENTAMOEBA HISTOLYTICA&AG EIA (0058001)	87337	CPT	both			147	13.78	Americare	Americare		110.25	0.75			11.98	139.65	percent of total billed charges	
ENTAMOEBA HISTOLYTICA&AG EIA (0058001)	87337	CPT	both			147	13.78	WellPoint	WellPoint		47.16	0.3208			11.98	139.65	percent of total billed charges	
ENTAMOEBA HISTOLYTICA&AG EIA (0058001)	87337	CPT	both			147	13.78	Amerihealth	Medicare		11.98				11.98	139.65	case rate	
ENTAMOEBA HISTOLYTICA&AG EIA (0058001)	87337	CPT	both			147	13.78	Consumer	Consumer		139.65	0.95			11.98	139.65	percent of total billed charges	
ENTAMOEBA HISTOLYTICA&AG EIA (0058001)	87337	CPT	both			147	13.78	Corrections	Corrections		117.6	0.8			11.98	139.65	percent of total billed charges	
ENTAMOEBA HISTOLYTICA&AG EIA (0058001)	87337	CPT	both			147	13.78	First Health	First Health		102.9	0.7			11.98	139.65	percent of total billed charges	
ENTAMOEBA HISTOLYTICA&AG EIA (0058001)	87337	CPT	both			147	13.78	First Trenton	First Trenton		132.3	0.9			11.98	139.65	percent of total billed charges	
ENTAMOEBA HISTOLYTICA&AG EIA (0058001)	87337	CPT	both			147	13.78	Horizon	MGD		56.27	0.3828			11.98	139.65	percent of total billed charges	
ENTAMOEBA HISTOLYTICA&AG EIA (0058001)	87337	CPT	both			147	13.78	Horizon	Medicare Blue		44.1	0.3			11.98	139.65	percent of total billed charges	
ENTAMOEBA HISTOLYTICA&AG EIA (0058001)	87337	CPT	both			147	13.78	Horizon	Indemnity		56.27	0.3828			11.98	139.65	percent of total billed charges	
ENTAMOEBA HISTOLYTICA&AG EIA (0058001)	87337	CPT	both			147	13.78	Horizon	PPO		56.27	0.3828			11.98	139.65	percent of total billed charges	
ENTAMOEBA HISTOLYTICA&AG EIA (0058001)	87337	CPT	both			147	13.78	Managed Care Inc	Managed Care Inc		132.3	0.9			11.98	139.65	percent of total billed charges	
ENTAMOEBA HISTOLYTICA&AG EIA (0058001)	87337	CPT	both			147	13.78	Multiplan	Multiplan		117.6	0.8			11.98	139.65	percent of total billed charges	
ENTAMOEBA HISTOLYTICA&AG EIA (0058001)	87337	CPT	both			147	13.78	Qualcare	Qualcare		110.25	0.75			11.98	139.65	percent of total billed charges	
ENTAMOEBA HISTOLYTICA&AG EIA (0058001)	87337	CPT	both			147	13.78	Three Rivers	Three Rivers		139.65	0.95			11.98	139.65	percent of total billed charges	
ENTAMOEBA HISTOLYTICA&AG EIA (0058001)	87337	CPT	both			147	13.78	UHC	Medicaid		12.18				11.98	139.65	case rate	
ENTAMOEBA HISTOLYTICA&AG EIA (0058001)	87337	CPT	both			147	13.78	UHC	Medicare		11.98				11.98	139.65	case rate	
ENTAMOEBA HISTOLYTICA&AG EIA (0058001)	87337	CPT	both			147	13.78	Wellcare	Medicaid		12.18				11.98	139.65	case rate	
ENTAMOEBA HISTOLYTICA&AG EIA (0058001)	87337	CPT	both			147	13.78	Wellcare	Medicare		11.98				11.98	139.65	case rate	
HELICOBACTER PYLORI STOOL AG	87338	CPT	both			160	16.54	Aetna	Medicare		14.38				9	152	case rate	
HELICOBACTER PYLORI STOOL AG	87338	CPT	both			160	16.54	Aetna	Better Health		50.34	0.3146			9	152	percent of total billed charges	
HELICOBACTER PYLORI STOOL AG	87338	CPT	both			160	16.54	Aetna	Commercial		60.8	0.38			9	152	percent of total billed charges	
HELICOBACTER PYLORI STOOL AG	87338	CPT	both			160	16.54	Americare	Americare		120	0.75			9	152	percent of total billed charges	
HELICOBACTER PYLORI STOOL AG	87338	CPT	both			160	16.54	WellPoint	WellPoint		51.33	0.3208			9	152	percent of total billed charges	
HELICOBACTER PYLORI STOOL AG	87338	CPT	both			160	16.54	Amerihealth	Medicare		14.38				9	152	case rate	
HELICOBACTER PYLORI STOOL AG	87338	CPT	both			160	16.54	Consumer	Consumer		152	0.95			9	152	percent of total billed charges	
HELICOBACTER PYLORI STOOL AG	87338	CPT	both			160	16.54	Corrections	Corrections		128	0.8			9	152	percent of total billed charges	
HELICOBACTER PYLORI STOOL AG	87338	CPT	both			160	16.54	First Health	First Health		112	0.7			9	152	percent of total billed charges	
HELICOBACTER PYLORI STOOL AG	87338	CPT	both			160	16.54	First Trenton	First Trenton		144	0.9			9	152	percent of total billed charges	
HELICOBACTER PYLORI STOOL AG	87338	CPT	both			160	16.54	Horizon	MGD		61.25	0.3828			9	152	percent of total billed charges	
HELICOBACTER PYLORI STOOL AG	87338	CPT	both			160	16.54	Horizon	Indemnity		61.25	0.3828			9	152	percent of total billed charges	
HELICOBACTER PYLORI STOOL AG	87338	CPT	both			160	16.54	Horizon	PPO		61.25	0.3828			9	152	percent of total billed charges	
HELICOBACTER PYLORI STOOL AG	87338	CPT	both			160	16.54	Horizon	Medicare Blue		48	0.3			9	152	percent of total billed charges	
HELICOBACTER PYLORI STOOL AG	87338	CPT	both			160	16.54	Managed Care Inc	Managed Care Inc		144	0.9			9	152	percent of total billed charges	
HELICOBACTER PYLORI STOOL AG	87338	CPT	both			160	16.54	Multiplan	Multiplan		128	0.8			9	152	percent of total billed charges	
HELICOBACTER PYLORI STOOL AG	87338	CPT	both			160	16.54	Qualcare	Qualcare		120	0.75			9	152	percent of total billed charges	
HELICOBACTER PYLORI STOOL AG	87338	CPT	both			160	16.54	Three Rivers	Three Rivers		152	0.95			9	152	percent of total billed charges	
HELICOBACTER PYLORI STOOL AG	87338	CPT	both			160	16.54	UHC	Medicaid		9				9	152	case rate	
HELICOBACTER PYLORI STOOL AG	87338	CPT	both			160	16.54	UHC	Medicare		14.38				9	152	case rate	
HELICOBACTER PYLORI STOOL AG	87338	CPT	both			160	16.54	Wellcare	Medicaid		9				9	152	case rate	
HELICOBACTER PYLORI STOOL AG	87338	CPT	both			160	16.54	Wellcare	Medicare		14.38				9	152	case rate	
HEPATITIS B SURFACE LAB	87340	CPT	both			96	11.88	Aetna	Medicare		10.33				7.5	91.2	case rate	
HEPATITIS B SURFACE LAB	87340	CPT	both			96	11.88	Aetna	Commercial		36.48	0.38			7.5	91.2	percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96	11.88	Aetna	Better Health		30.2	0.3146			7.5	91.2	percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96	11.88	Americare	Americare		72	0.75			7.5	91.2	percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96	11.88	WellPoint	WellPoint		30.8	0.3208			7.5	91.2	percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96	11.88	Amerihealth	Medicare		10.33				7.5	91.2	case rate	
HEPATITIS B SURFACE LAB	87340	CPT	both			96	11.88	Consumer	Consumer		91.2	0.95			7.5	91.2	percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96	11.88	Corrections	Corrections		76.8	0.8			7.5	91.2	percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96	11.88	First Health	First Health		67.2	0.7			7.5	91.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEPATITIS B SURFACE LAB	87340	CPT	both			96	11.88	First Trenton	First Trenton		86.4	0.9			7.5	91.2	percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96	11.88	Horizon	Medicare Blue		28.8	0.3			7.5	91.2	percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96	11.88	Horizon	Indemnity		36.75	0.3828			7.5	91.2	percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96	11.88	Horizon	MGD		36.75	0.3828			7.5	91.2	percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96	11.88	Horizon	PPO		36.75	0.3828			7.5	91.2	percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96	11.88	Managed Care Inc	Managed Care Inc		86.4	0.9			7.5	91.2	percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96	11.88	Multiplan	Multiplan		76.8	0.8			7.5	91.2	percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96	11.88	Qualcare	Qualcare		72	0.75			7.5	91.2	percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96	11.88	Three Rivers	Three Rivers		91.2	0.95			7.5	91.2	percent of total billed charges	
HEPATITIS B SURFACE LAB	87340	CPT	both			96	11.88	UHC	Medicare		10.33				7.5	91.2	case rate	
HEPATITIS B SURFACE LAB	87340	CPT	both			96	11.88	UHC	Medicaid		14				7.5	91.2	case rate	
HEPATITIS B SURFACE LAB	87340	CPT	both			96	11.88	Wellcare	Medicare		10.33				7.5	91.2	case rate	
HEPATITIS B SURFACE LAB	87340	CPT	both			96	11.88	Wellcare	Medicaid		14				7.5	91.2	case rate	
HEPATITIS BE ANTIGEN	87350	CPT	both			68	13.26	Aetna	Medicare		11.53				7.8	64.6	case rate	
HEPATITIS BE ANTIGEN	87350	CPT	both			68	13.26	Aetna	Better Health		21.39	0.3146			7.8	64.6	percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68	13.26	Aetna	Commercial		25.84	0.38			7.8	64.6	percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68	13.26	Americare	Americare		51	0.75			7.8	64.6	percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68	13.26	WellPoint	WellPoint		21.81	0.3208			7.8	64.6	percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68	13.26	Amerihealth	Medicare		11.53				7.8	64.6	case rate	
HEPATITIS BE ANTIGEN	87350	CPT	both			68	13.26	Consumer	Consumer		64.6	0.95			7.8	64.6	percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68	13.26	Corrections	Corrections		54.4	0.8			7.8	64.6	percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68	13.26	First Health	First Health		47.6	0.7			7.8	64.6	percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68	13.26	First Trenton	First Trenton		61.2	0.9			7.8	64.6	percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68	13.26	Horizon	MGD		26.03	0.3828			7.8	64.6	percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68	13.26	Horizon	Indemnity		26.03	0.3828			7.8	64.6	percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68	13.26	Horizon	Medicare Blue		20.4	0.3			7.8	64.6	percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68	13.26	Horizon	PPO		26.03	0.3828			7.8	64.6	percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68	13.26	Managed Care Inc	Managed Care Inc		61.2	0.9			7.8	64.6	percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68	13.26	Multiplan	Multiplan		54.4	0.8			7.8	64.6	percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68	13.26	Qualcare	Qualcare		51	0.75			7.8	64.6	percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68	13.26	Three Rivers	Three Rivers		64.6	0.95			7.8	64.6	percent of total billed charges	
HEPATITIS BE ANTIGEN	87350	CPT	both			68	13.26	UHC	Medicaid		14				7.8	64.6	case rate	
HEPATITIS BE ANTIGEN	87350	CPT	both			68	13.26	UHC	Medicare		11.53				7.8	64.6	case rate	
HEPATITIS BE ANTIGEN	87350	CPT	both			68	13.26	Wellcare	Medicaid		14				7.8	64.6	case rate	
HEPATITIS BE ANTIGEN	87350	CPT	both			68	13.26	Wellcare	Medicare		11.53				7.8	64.6	case rate	
HEPATITIS D IGG	87380	CPT	both			269	21.11	Aetna	Better Health		84.63	0.3146			18.36	255.55	percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269	21.11	Aetna	Medicare		18.36				18.36	255.55	case rate	
HEPATITIS D IGG	87380	CPT	both			269	21.11	Aetna	Commercial		102.22	0.38			18.36	255.55	percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269	21.11	Americare	Americare		201.75	0.75			18.36	255.55	percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269	21.11	WellPoint	WellPoint		86.3	0.3208			18.36	255.55	percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269	21.11	Amerihealth	Medicare		18.36				18.36	255.55	case rate	
HEPATITIS D IGG	87380	CPT	both			269	21.11	Consumer	Consumer		255.55	0.95			18.36	255.55	percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269	21.11	Corrections	Corrections		215.2	0.8			18.36	255.55	percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269	21.11	First Health	First Health		188.3	0.7			18.36	255.55	percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269	21.11	First Trenton	First Trenton		242.1	0.9			18.36	255.55	percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269	21.11	Horizon	MGD		102.97	0.3828			18.36	255.55	percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269	21.11	Horizon	Indemnity		102.97	0.3828			18.36	255.55	percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269	21.11	Horizon	Medicare Blue		80.7	0.3			18.36	255.55	percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269	21.11	Horizon	PPO		102.97	0.3828			18.36	255.55	percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269	21.11	Managed Care Inc	Managed Care Inc		242.1	0.9			18.36	255.55	percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269	21.11	Multiplan	Multiplan		215.2	0.8			18.36	255.55	percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269	21.11	Qualcare	Qualcare		201.75	0.75			18.36	255.55	percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269	21.11	Three Rivers	Three Rivers		255.55	0.95			18.36	255.55	percent of total billed charges	
HEPATITIS D IGG	87380	CPT	both			269	21.11	UHC	Medicare		18.36				18.36	255.55	case rate	
HEPATITIS D IGG	87380	CPT	both			269	21.11	UHC	Medicaid		20				18.36	255.55	case rate	
HEPATITIS D IGG	87380	CPT	both			269	21.11	Wellcare	Medicaid		20				18.36	255.55	case rate	
HEPATITIS D IGG	87380	CPT	both			269	21.11	Wellcare	Medicare		18.36				18.36	255.55	case rate	
HISTOPLASMA GALACTOMANNAN AG UR	87385	CPT	both			201	15.24	Aetna	Commercial		76.38	0.38			11.99	190.95	percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG UR	87385	CPT	both			201	15.24	Aetna	Better Health		63.23	0.3146			11.99	190.95	percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG UR	87385	CPT	both			201	15.24	Aetna	Medicare		13.25				11.99	190.95	case rate	
HISTOPLASMA GALACTOMANNAN AG UR	87385	CPT	both			201	15.24	Americare	Americare		150.75	0.75			11.99	190.95	percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG UR	87385	CPT	both			201	15.24	WellPoint	WellPoint		64.48	0.3208			11.99	190.95	percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG UR	87385	CPT	both			201	15.24	Amerihealth	Medicare		13.25				11.99	190.95	case rate	
HISTOPLASMA GALACTOMANNAN AG UR	87385	CPT	both			201	15.24	Consumer	Consumer		190.95	0.95			11.99	190.95	percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG UR	87385	CPT	both			201	15.24	Corrections	Corrections		160.8	0.8			11.99	190.95	percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG UR	87385	CPT	both			201	15.24	First Health	First Health		140.7	0.7			11.99	190.95	percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG UR	87385	CPT	both			201	15.24	First Trenton	First Trenton		180.9	0.9			11.99	190.95	percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG UR	87385	CPT	both			201	15.24	Horizon	Indemnity		76.94	0.3828			11.99	190.95	percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG UR	87385	CPT	both			201	15.24	Horizon	Medicare Blue		60.3	0.3			11.99	190.95	percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG UR	87385	CPT	both			201	15.24	Horizon	PPO		76.94	0.3828			11.99	190.95	percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG UR	87385	CPT	both			201	15.24	Horizon	MGD		76.94	0.3828			11.99	190.95	percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG UR	87385	CPT	both			201	15.24	Managed Care Inc	Managed Care Inc		180.9	0.9			11.99	190.95	percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG UR	87385	CPT	both			201	15.24	Multiplan	Multiplan		160.8	0.8			11.99	190.95	percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG UR	87385	CPT	both			201	15.24	Qualcare	Qualcare		150.75	0.75			11.99	190.95	percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG UR	87385	CPT	both			201	15.24	Three Rivers	Three Rivers		190.95	0.95			11.99	190.95	percent of total billed charges	
HISTOPLASMA GALACTOMANNAN AG UR	87385	CPT	both			201	15.24	UHC	Medicaid		11.99				11.99	190.95	case rate	
HISTOPLASMA GALACTOMANNAN AG UR	87385	CPT	both			201	15.24	UHC	Medicare		13.25				11.99	190.95	case rate	
HISTOPLASMA GALACTOMANNAN AG UR	87385	CPT	both			201	15.24	Wellcare	Medicare		13.25				11.99	190.95	case rate	
HISTOPLASMA GALACTOMANNAN AG UR	87385	CPT	both			201	15.24	Wellcare	Medicaid		11.99				11.99	190.95	case rate	
PANEL 083935	87389	CPT	both			196	27.69	Aetna	Commercial		74.48	0.38			16.2	186.2	percent of total billed charges	
PANEL 083935	87389	CPT	both			196	27.69	Aetna	Medicare		24.08				16.2	186.2	case rate	
PANEL 083935	87389	CPT	both			196	27.69	Aetna	Better Health		61.66	0.3146			16.2	186.2	percent of total billed charges	
PANEL 083935	87389	CPT	both			196	27.69	Americare	Americare		147	0.75			16.2	186.2	percent of total billed charges	
PANEL 083935	87389	CPT	both			196	27.69	WellPoint	WellPoint		62.88	0.3208			16.2	186.2	percent of total billed charges	
PANEL 083935	87389	CPT	both			196	27.69	Amerihealth	Medicare		24.08				16.2	186.2	case rate	
PANEL 083935	87389	CPT	both			196	27.69	Consumer	Consumer		186.2	0.95			16.2	186.2	percent of total billed charges	
PANEL 083935	87389	CPT	both			196	27.69	Corrections	Corrections		156.8	0.8			16.2	186.2	percent of total billed charges	
PANEL 083935	87389	CPT	both			196	27.69	First Health	First Health		137.2	0.7			16.2	186.2	percent of total billed charges	
PANEL 083935	87389	CPT	both			196	27.69	First Trenton	First Trenton		176.4	0.9			16.2	186.2	percent of total billed charges	
PANEL 083935	87389	CPT	both			196	27.69	Horizon	Medicare Blue		58.8	0.3			16.2	186.2	percent of total billed charges	
PANEL 083935	87389	CPT	both			196	27.69	Horizon	Indemnity		75.03	0.3828			16.2	186.2	percent of total billed charges	
PANEL 083935	87389	CPT	both			196	27.69	Horizon	MGD		75.03	0.3828			16.2	186.2	percent of total billed charges	
PANEL 083935	87389	CPT	both			196	27.69	Horizon	PPO		75.03	0.3828			16.2	186.2	percent of total billed charges	
PANEL 083935	87389	CPT	both			196	27.69	Managed Care Inc	Managed Care Inc		176.4	0.9			16.2	186.2	percent of total billed charges	
PANEL 083935	87389	CPT	both			196	27.69	Multiplan	Multiplan		156.8	0.8			16.2	186.2	percent of total billed charges	
PANEL 083935	87389	CPT	both			196	27.69	Qualcare	Qualcare		147	0.75			16.2	186.2	percent of total billed charges	
PANEL 083935	87389	CPT	both			196	27.69	Three Rivers	Three Rivers		186.2	0.95			16.2	186.2	percent of total billed charges	
PANEL 083935	87389	CPT	both			196	27.69	UHC	Medicare		24.08				16.2	186.2	case rate	
PANEL 083935	87389	CPT	both			196	27.69	UHC	Medicaid		19.26				16.2	186.2	case rate	
PANEL 083935	87389	CPT	both			196	27.69	Wellcare	Medicare		24.08				16.2	186.2	case rate	
PANEL 083935	87389	CPT	both			196	27.69	Wellcare	Medicaid		19.26				16.2	186.2	case rate	
HIV-1	87390	CPT	outpatient			901	27.67	Aetna	Medicare		24.06				15	855.95	case rate	
HIV-1	87390	CPT	outpatient			901	27.67	Aetna	Better Health		283.45	0.3146			15	855.95	percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	Aetna	Commercial		342.38	0.38			15	855.95	percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	Americare	Americare		675.75	0.75			15	855.95	percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	WellPoint	WellPoint		289.04	0.3208			15	855.95	percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	Amerihealth	Medicare		24.06				15	855.95	case rate	
HIV-1	87390	CPT	outpatient			901	27.67	Consumer	Consumer		855.95	0.95			15	855.95	percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	Corrections	Corrections		720.8	0.8			15	855.95	percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	First Health	First Health		630.7	0.7			15	855.95	percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	First Trenton	First Trenton		810.9	0.9			15	855.95	percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	Horizon	MGD		344.9	0.3828			15	855.95	percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	Horizon	PPO		344.9	0.3828			15	855.95	percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	Horizon	Indemnity		344.9	0.3828			15	855.95	percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	Horizon	Medicare Blue		270.3	0.3			15	855.95	percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	Managed Care Inc	Managed Care Inc		810.9	0.9			15	855.95	percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	Multiplan	Multiplan		720.8	0.8			15	855.95	percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	Qualcare	Qualcare		675.75	0.75			15	855.95	percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	Three Rivers	Three Rivers		855.95	0.95			15	855.95	percent of total billed charges	
HIV-1	87390	CPT	outpatient			901	27.67	UHC	Medicaid		15				15	855.95	case rate	
HIV-1	87390	CPT	outpatient			901	27.67	UHC	Medicare		24.06				15	855.95	case rate	
HIV-1	87390	CPT	outpatient			901	27.67	Wellcare	Medicare		24.06				15	855.95	case rate	
HIV-1	87390	CPT	outpatient			901	27.67	Wellcare	Medicaid		15				15	855.95	case rate	
AB HIV-2	87391	CPT	both			97	25.19	Aetna	Medicare		29.88	0.308			21.9	92.15	percent of total billed charges	
AB HIV-2	87391	CPT	both			97	25.19	Aetna	Commercial		36.86	0.38			21.9	92.15	percent of total billed charges	
AB HIV-2	87391	CPT	both			97	25.19	Aetna	Better Health		30.52	0.3146			21.9	92.15	percent of total billed charges	
AB HIV-2	87391	CPT	both			97	25.19	Americare	Americare		72.75	0.75			21.9	92.15	percent of total billed charges	
AB HIV-2	87391	CPT	both			97	25.19	WellPoint	WellPoint		31.12	0.3208			21.9	92.15	percent of total billed charges	
AB HIV-2	87391	CPT	both			97	25.19	Amerihealth	Medicare		21.9				21.9	92.15	case rate	
AB HIV-2	87391	CPT	both			97	25.19	Consumer	Consumer		92.15	0.95			21.9	92.15	percent of total billed charges	
AB HIV-2	87391	CPT	both			97	25.19	Corrections	Corrections		77.6	0.8			21.9	92.15	percent of total billed charges	
AB HIV-2	87391	CPT	both			97	25.19	First Health	First Health		67.9	0.7			21.9	92.15	percent of total billed charges	
AB HIV-2	87391	CPT	both			97	25.19	First Trenton	First Trenton		87.3	0.9			21.9	92.15	percent of total billed charges	
AB HIV-2	87391	CPT	both			97	25.19	Horizon	MGD		37.13	0.3828			21.9	92.15	percent of total billed charges	
AB HIV-2	87391	CPT	both			97	25.19	Horizon	Indemnity		37.13	0.3828			21.9	92.15	percent of total billed charges	
AB HIV-2	87391	CPT	both			97	25.19	Horizon	Medicare Blue		29.1	0.3			21.9	92.15	percent of total billed charges	
AB HIV-2	87391	CPT	both			97	25.19	Horizon	PPO		37.13	0.3828			21.9	92.15	percent of total billed charges	
AB HIV-2	87391	CPT	both			97	25.19	Managed Care Inc	Managed Care Inc		87.3	0.9			21.9	92.15	percent of total billed charges	
AB HIV-2	87391	CPT	both			97	25.19	Multiplan	Multiplan		77.6	0.8			21.9	92.15	percent of total billed charges	
AB HIV-2	87391	CPT	both			97	25.19	Qualcare	Qualcare		72.75	0.75			21.9	92.15	percent of total billed charges	
AB HIV-2	87391	CPT	both			97	25.19	Three Rivers	Three Rivers		92.15	0.95			21.9	92.15	percent of total billed charges	
AB HIV-2	87391	CPT	both			97	25.19	UHC	Medicaid		30.52	0.3146			21.9	92.15	percent of total billed charges	
AB HIV-2	87391	CPT	both			97	25.19	UHC	Medicare		21.9				21.9	92.15	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AB HIV-2	87391	CPT	both			97	25.19	Wellcare	Medicaid		30.52	0.3146			21.9		92.15 percent of total billed charges	
AB HIV-2	87391	CPT	both			97	25.19	Wellcare	Medicare		21.9				21.9		92.15 case rate	
INFLUENZA A OR B AG BY EIA EACH	87400	CPT	outpatient			81	16.25	Aetna	Better Health		25.48	0.3146			6		76.95 percent of total billed charges	
INFLUENZA A OR B AG BY EIA EACH	87400	CPT	outpatient			81	16.25	Aetna	Medicare		14.13				6		76.95 case rate	
INFLUENZA A OR B AG BY EIA EACH	87400	CPT	outpatient			81	16.25	Aetna	Commercial		30.78	0.38			6		76.95 percent of total billed charges	
INFLUENZA A OR B AG BY EIA EACH	87400	CPT	outpatient			81	16.25	Americare	Americare		60.75	0.75			6		76.95 percent of total billed charges	
INFLUENZA A OR B AG BY EIA EACH	87400	CPT	outpatient			81	16.25	WellPoint	WellPoint		25.98	0.3208			6		76.95 percent of total billed charges	
INFLUENZA A OR B AG BY EIA EACH	87400	CPT	outpatient			81	16.25	Amerihealth	Medicare		14.13				6		76.95 case rate	
INFLUENZA A OR B AG BY EIA EACH	87400	CPT	outpatient			81	16.25	Consumer	Consumer		76.95	0.95			6		76.95 percent of total billed charges	
INFLUENZA A OR B AG BY EIA EACH	87400	CPT	outpatient			81	16.25	Corrections	Corrections		64.8	0.8			6		76.95 percent of total billed charges	
INFLUENZA A OR B AG BY EIA EACH	87400	CPT	outpatient			81	16.25	First Health	First Health		56.7	0.7			6		76.95 percent of total billed charges	
INFLUENZA A OR B AG BY EIA EACH	87400	CPT	outpatient			81	16.25	First Trenton	First Trenton		72.9	0.9			6		76.95 percent of total billed charges	
INFLUENZA A OR B AG BY EIA EACH	87400	CPT	outpatient			81	16.25	Horizon	MGD		31.01	0.3828			6		76.95 percent of total billed charges	
INFLUENZA A OR B AG BY EIA EACH	87400	CPT	outpatient			81	16.25	Horizon	Indemnity		31.01	0.3828			6		76.95 percent of total billed charges	
INFLUENZA A OR B AG BY EIA EACH	87400	CPT	outpatient			81	16.25	Horizon	PPO		31.01	0.3828			6		76.95 percent of total billed charges	
INFLUENZA A OR B AG BY EIA EACH	87400	CPT	outpatient			81	16.25	Horizon	Medicare Blue		24.3	0.3			6		76.95 percent of total billed charges	
INFLUENZA A OR B AG BY EIA EACH	87400	CPT	outpatient			81	16.25	Managed Care Inc	Managed Care Inc		72.9	0.9			6		76.95 percent of total billed charges	
INFLUENZA A OR B AG BY EIA EACH	87400	CPT	outpatient			81	16.25	Multiplan	Multiplan		64.8	0.8			6		76.95 percent of total billed charges	
INFLUENZA A OR B AG BY EIA EACH	87400	CPT	outpatient			81	16.25	Qualcare	Qualcare		60.75	0.75			6		76.95 percent of total billed charges	
INFLUENZA A OR B AG BY EIA EACH	87400	CPT	outpatient			81	16.25	Three Rivers	Three Rivers		76.95	0.95			6		76.95 percent of total billed charges	
INFLUENZA A OR B AG BY EIA EACH	87400	CPT	outpatient			81	16.25	UHC	Medicaid		6				6		76.95 case rate	
INFLUENZA A OR B AG BY EIA EACH	87400	CPT	outpatient			81	16.25	UHC	Medicare		14.13				6		76.95 case rate	
INFLUENZA A OR B AG BY EIA EACH	87400	CPT	outpatient			81	16.25	Wellcare	Medicaid		6				6		76.95 case rate	
INFLUENZA A OR B AG BY EIA EACH	87400	CPT	outpatient			81	16.25	Wellcare	Medicare		14.13				6		76.95 case rate	
ROTAVIRUS	87425	CPT	both			91	13.78	Aetna	Commercial		34.58	0.38			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	both			91	13.78	Aetna	Medicare		11.98				11.98		86.45 case rate	
ROTAVIRUS	87425	CPT	both			91	13.78	Aetna	Better Health		28.63	0.3146			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	both			91	13.78	Americare	Americare		68.25	0.75			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	both			91	13.78	WellPoint	WellPoint		29.19	0.3208			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	both			91	13.78	Amerihealth	Medicare		11.98				11.98		86.45 case rate	
ROTAVIRUS	87425	CPT	both			91	13.78	Consumer	Consumer		86.45	0.95			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	both			91	13.78	Corrections	Corrections		72.8	0.8			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	both			91	13.78	First Health	First Health		63.7	0.7			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	both			91	13.78	First Trenton	First Trenton		81.9	0.9			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	both			91	13.78	Horizon	MGD		34.83	0.3828			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	both			91	13.78	Horizon	Medicare Blue		27.3	0.3			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	both			91	13.78	Horizon	Indemnity		34.83	0.3828			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	both			91	13.78	Horizon	PPO		34.83	0.3828			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	both			91	13.78	Managed Care Inc	Managed Care Inc		81.9	0.9			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	both			91	13.78	Multiplan	Multiplan		72.8	0.8			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	both			91	13.78	Qualcare	Qualcare		68.25	0.75			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	both			91	13.78	Three Rivers	Three Rivers		86.45	0.95			11.98		86.45 percent of total billed charges	
ROTAVIRUS	87425	CPT	both			91	13.78	UHC	Medicaid		12				11.98		86.45 case rate	
ROTAVIRUS	87425	CPT	both			91	13.78	UHC	Medicare		11.98				11.98		86.45 case rate	
ROTAVIRUS	87425	CPT	both			91	13.78	Wellcare	Medicaid		12				11.98		86.45 case rate	
ROTAVIRUS	87425	CPT	both			91	13.78	Wellcare	Medicare		11.98				11.98		86.45 case rate	
SHIGA-LIKE TOXIN/ECOLI.0157	87427	CPT	both			83	13.78	Aetna	Medicare		11.98				11.98		78.85 case rate	
SHIGA-LIKE TOXIN/ECOLI.0157	87427	CPT	both			83	13.78	Aetna	Commercial		31.54	0.38			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN/ECOLI.0157	87427	CPT	both			83	13.78	Aetna	Better Health		26.11	0.3146			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN/ECOLI.0157	87427	CPT	both			83	13.78	Americare	Americare		62.25	0.75			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN/ECOLI.0157	87427	CPT	both			83	13.78	WellPoint	WellPoint		26.63	0.3208			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN/ECOLI.0157	87427	CPT	both			83	13.78	Amerihealth	Medicare		11.98				11.98		78.85 case rate	
SHIGA-LIKE TOXIN/ECOLI.0157	87427	CPT	both			83	13.78	Consumer	Consumer		78.85	0.95			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN/ECOLI.0157	87427	CPT	both			83	13.78	Corrections	Corrections		66.4	0.8			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN/ECOLI.0157	87427	CPT	both			83	13.78	First Health	First Health		58.1	0.7			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN/ECOLI.0157	87427	CPT	both			83	13.78	First Trenton	First Trenton		74.7	0.9			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN/ECOLI.0157	87427	CPT	both			83	13.78	Horizon	MGD		31.77	0.3828			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN/ECOLI.0157	87427	CPT	both			83	13.78	Horizon	Medicare Blue		24.9	0.3			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN/ECOLI.0157	87427	CPT	both			83	13.78	Horizon	Indemnity		31.77	0.3828			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN/ECOLI.0157	87427	CPT	both			83	13.78	Horizon	PPO		31.77	0.3828			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN/ECOLI.0157	87427	CPT	both			83	13.78	Managed Care Inc	Managed Care Inc		74.7	0.9			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN/ECOLI.0157	87427	CPT	both			83	13.78	Multiplan	Multiplan		66.4	0.8			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN/ECOLI.0157	87427	CPT	both			83	13.78	Qualcare	Qualcare		62.25	0.75			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN/ECOLI.0157	87427	CPT	both			83	13.78	Three Rivers	Three Rivers		78.85	0.95			11.98		78.85 percent of total billed charges	
SHIGA-LIKE TOXIN/ECOLI.0157	87427	CPT	both			83	13.78	UHC	Medicaid		12.18				11.98		78.85 case rate	
SHIGA-LIKE TOXIN/ECOLI.0157	87427	CPT	both			83	13.78	UHC	Medicare		11.98				11.98		78.85 case rate	
SHIGA-LIKE TOXIN/ECOLI.0157	87427	CPT	both			83	13.78	Wellcare	Medicaid		12.18				11.98		78.85 case rate	
SHIGA-LIKE TOXIN/ECOLI.0157	87427	CPT	both			83	13.78	Wellcare	Medicare		11.98				11.98		78.85 case rate	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Aetna	Better Health		47.19	0.3146			16.81		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Aetna	Medicare		46.2	0.308			16.81		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Aetna	Commercial		57	0.38			16.81		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Americare	Americare		112.5	0.75			16.81		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	WellPoint	WellPoint		48.12	0.3208			16.81		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Amerihealth	Medicare		16.81				16.81		142.5 case rate	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Consumer	Consumer		142.5	0.95			16.81		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Corrections	Corrections		120	0.8			16.81		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	First Health	First Health		105	0.7			16.81		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	First Trenton	First Trenton		135	0.9			16.81		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Horizon	Medicare Blue		45	0.3			16.81		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Horizon	MGD		57.42	0.3828			16.81		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Horizon	Indemnity		57.42	0.3828			16.81		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Horizon	PPO		57.42	0.3828			16.81		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Managed Care Inc	Managed Care Inc		135	0.9			16.81		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Multiplan	Multiplan		120	0.8			16.81		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Qualcare	Qualcare		112.5	0.75			16.81		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Three Rivers	Three Rivers		142.5	0.95			16.81		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	UHC	Medicaid		47.19	0.3146			16.81		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	UHC	Medicare		16.81				16.81		142.5 case rate	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Wellcare	Medicaid		47.19	0.3146			16.81		142.5 percent of total billed charges	
RAPID GRP A STREP SCREEN	87430	CPT	both			150	19.33	Wellcare	Medicare		16.81				16.81		142.5 case rate	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Aetna	Medicare		11.98				11.98		355.3 case rate	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Aetna	Better Health		117.66	0.3146			11.98		355.3 percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Aetna	Commercial		142.12	0.38			11.98		355.3 percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Americare	Americare		280.5	0.75			11.98		355.3 percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	WellPoint	WellPoint		119.98	0.3208			11.98		355.3 percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Amerihealth	Medicare		11.98				11.98		355.3 case rate	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Consumer	Consumer		355.3	0.95			11.98		355.3 percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Corrections	Corrections		299.2	0.8			11.98		355.3 percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	First Health	First Health		261.8	0.7			11.98		355.3 percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	First Trenton	First Trenton		336.6	0.9			11.98		355.3 percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Horizon	Indemnity		143.17	0.3828			11.98		355.3 percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Horizon	MGD		143.17	0.3828			11.98		355.3 percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Horizon	Medicare Blue		112.2	0.3			11.98		355.3 percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Horizon	PPO		143.17	0.3828			11.98		355.3 percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Managed Care Inc	Managed Care Inc		336.6	0.9			11.98		355.3 percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Multiplan	Multiplan		299.2	0.8			11.98		355.3 percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Qualcare	Qualcare		280.5	0.75			11.98		355.3 percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Three Rivers	Three Rivers		355.3	0.95			11.98		355.3 percent of total billed charges	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	UHC	Medicaid		12				11.98		355.3 case rate	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	UHC	Medicare		11.98				11.98		355.3 case rate	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Wellcare	Medicaid		12				11.98		355.3 case rate	
LEGIONELLA URINE ANTIGEN	87449	CPT	both			374	13.78	Wellcare	Medicare		11.98				11.98		355.3 case rate	
BARTONELLA DNA PCR	87471	CPT	both			871	40.35	Aetna	Commercial		330.98	0.38			30		827.45 percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	both			871	40.35	Aetna	Better Health		274.02	0.3146			30		827.45 percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	both			871	40.35	Aetna	Medicare		35.09				30		827.45 case rate	
BARTONELLA DNA PCR	87471	CPT	both			871	40.35	Americare	Americare		653.25	0.75			30		827.45 percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	both			871	40.35	WellPoint	WellPoint		279.42	0.3208			30		827.45 percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	both			871	40.35	Amerihealth	Medicare		35.09				30		827.45 case rate	
BARTONELLA DNA PCR	87471	CPT	both			871	40.35	Consumer	Consumer		827.45	0.95			30		827.45 percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	both			871	40.35	Corrections	Corrections		696.8	0.8			30		827.45 percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	both			871	40.35	First Health	First Health		609.7	0.7			30		827.45 percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	both			871	40.35	First Trenton	First Trenton		783.9	0.9			30		827.45 percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	both			871	40.35	Horizon	MGD		333.42	0.3828			30		827.45 percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	both			871	40.35	Horizon	Indemnity		333.42	0.3828			30		827.45 percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	both			871	40.35	Horizon	PPO		333.42	0.3828			30		827.45 percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	both			871	40.35	Horizon	Medicare Blue		261.3	0.3			30		827.45 percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	both			871	40.35	Managed Care Inc	Managed Care Inc		783.9	0.9			30		827.45 percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	both			871	40.35	Multiplan	Multiplan		696.8	0.8			30		827.45 percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	both			871	40.35	Qualcare	Qualcare		653.25	0.75			30		827.45 percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	both			871	40.35	Three Rivers	Three Rivers		827.45	0.95			30		827.45 percent of total billed charges	
BARTONELLA DNA PCR	87471	CPT	both			871	40.35	UHC	Medicaid		30				30		827.45 case rate	
BARTONELLA DNA PCR	87471	CPT	both			871	40.35	UHC	Medicare		35.09				30		827.45 case rate	
BARTONELLA DNA PCR	87471	CPT	both			871	40.35	Wellcare	Medicare		35.09				30		827.45 case rate	
BARTONELLA DNA PCR	87471	CPT	both			871	40.35	Wellcare	Medicaid		30				30		827.45 case rate	
LYME (BURGDORFERI)PCR	87476	CPT	both			545	40.35	Aetna	Better Health		171.46	0.3146			35.09		517.75 percent of total billed charges	
LYME (BURGDORFERI)PCR	87476	CPT	both			545	40.35	Aetna	Medicare		35.09				35.09		517.75 case rate	
LYME (BURGDORFERI)PCR	87476	CPT	both			545	40.35	Aetna	Commercial		207.1	0.38			35.09		517.75 percent of total billed charges	
LYME (BURGDORFERI)PCR	87476	CPT	both			545	40.35	Americare	Americare		408.75	0.75			35.09		517.75 percent of total billed charges	
LYME (BURGDORFERI)PCR	87476	CPT	both			545	40.35	WellPoint	WellPoint		174.84	0.3208			35.09		517.75 percent of total billed charges	
LYME (BURGDORFERI)PCR	87476	CPT	both			545	40.35	Amerihealth	Medicare		35.09				35.09		517.75 case rate	
LYME (BURGDORFERI)PCR	87476	CPT	both			545	40.35	Consumer	Consumer		517.75	0.95			35.09		517.75 percent of total billed charges	
LYME (BURGDORFERI)PCR	87476	CPT	both			545	40.35	Corrections	Corrections		436	0.8			35.09		517.75 percent of total billed charges	
LYME (BURGDORFERI)PCR	87476	CPT	both			545	40.35	First Health	First Health		381.5	0.7			35.09		517.75 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LYME (BURGDORFERI)PCR	87476	CPT	both			545	40.35	First Trenton	First Trenton		490.5	0.9			35.09	517.75	percent of total billed charges	
LYME (BURGDORFERI)PCR	87476	CPT	both			545	40.35	Horizon	MGD		208.63	0.3828			35.09	517.75	percent of total billed charges	
LYME (BURGDORFERI)PCR	87476	CPT	both			545	40.35	Horizon	Indemnity		208.63	0.3828			35.09	517.75	percent of total billed charges	
LYME (BURGDORFERI)PCR	87476	CPT	both			545	40.35	Horizon	PPO		208.63	0.3828			35.09	517.75	percent of total billed charges	
LYME (BURGDORFERI)PCR	87476	CPT	both			545	40.35	Horizon	Medicare Blue		163.5	0.3			35.09	517.75	percent of total billed charges	
LYME (BURGDORFERI)PCR	87476	CPT	both			545	40.35	Managed Care Inc	Managed Care Inc		490.5	0.9			35.09	517.75	percent of total billed charges	
LYME (BURGDORFERI)PCR	87476	CPT	both			545	40.35	Multiplan	Multiplan		436	0.8			35.09	517.75	percent of total billed charges	
LYME (BURGDORFERI)PCR	87476	CPT	both			545	40.35	Qualcare	Qualcare		408.75	0.75			35.09	517.75	percent of total billed charges	
LYME (BURGDORFERI)PCR	87476	CPT	both			545	40.35	Three Rivers	Three Rivers		517.75	0.95			35.09	517.75	percent of total billed charges	
LYME (BURGDORFERI)PCR	87476	CPT	both			545	40.35	UHC	Medicaid		38				35.09	517.75	case rate	
LYME (BURGDORFERI)PCR	87476	CPT	both			545	40.35	UHC	Medicare		35.09				35.09	517.75	case rate	
LYME (BURGDORFERI)PCR	87476	CPT	both			545	40.35	Wellcare	Medicaid		38				35.09	517.75	case rate	
LYME (BURGDORFERI)PCR	87476	CPT	both			545	40.35	Wellcare	Medicare		35.09				35.09	517.75	case rate	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Aetna	Medicare		416.78				268.2	849.3	case rate	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Aetna	Better Health		281.25	0.3146			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Aetna	Commercial		339.72	0.38			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Americare	Americare		670.5	0.75			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	WellPoint	WellPoint		286.8	0.3208			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Amerihealth	Medicare		416.78				268.2	849.3	case rate	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Consumer	Consumer		849.3	0.95			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Corrections	Corrections		715.2	0.8			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	First Health	First Health		625.8	0.7			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	First Trenton	First Trenton		804.6	0.9			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Horizon	MGD		342.22	0.3828			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Horizon	Medicare Blue		268.2	0.3			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Horizon	Indemnity		342.22	0.3828			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Horizon	PPO		342.22	0.3828			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Managed Care Inc	Managed Care Inc		804.6	0.9			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Multiplan	Multiplan		715.2	0.8			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Qualcare	Qualcare		670.5	0.75			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Three Rivers	Three Rivers		849.3	0.95			268.2	849.3	percent of total billed charges	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	UHC	Medicare		416.78				268.2	849.3	case rate	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	UHC	Medicaid		333.42				268.2	849.3	case rate	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Wellcare	Medicare		416.78				268.2	849.3	case rate	
MENINGITIS.ENCEPH.PNL.CSF(CSFME)	87483	CPT	inpatient			894	479.3	Wellcare	Medicaid		333.42				268.2	849.3	case rate	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Aetna	Commercial		175.56	0.38			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Aetna	Better Health		145.35	0.3146			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Aetna	Medicare		35.09				35.09	438.9	case rate	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Americare	Americare		346.5	0.75			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	WellPoint	WellPoint		148.21	0.3208			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Amerihealth	Medicare		35.09				35.09	438.9	case rate	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Consumer	Consumer		438.9	0.95			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Corrections	Corrections		369.6	0.8			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	First Health	First Health		323.4	0.7			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	First Trenton	First Trenton		415.8	0.9			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Horizon	Medicare Blue		138.6	0.3			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Horizon	MGD		176.85	0.3828			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Horizon	Indemnity		176.85	0.3828			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Horizon	PPO		176.85	0.3828			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Managed Care Inc	Managed Care Inc		415.8	0.9			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Multiplan	Multiplan		369.6	0.8			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Qualcare	Qualcare		346.5	0.75			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Three Rivers	Three Rivers		438.9	0.95			35.09	438.9	percent of total billed charges	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	UHC	Medicaid		38				35.09	438.9	case rate	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	UHC	Medicare		35.09				35.09	438.9	case rate	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Wellcare	Medicaid		38				35.09	438.9	case rate	
CHLAMYDIA PNEUMONIAE AMP	87486	CPT	both			462	40.35	Wellcare	Medicare		35.09				35.09	438.9	case rate	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Aetna	Medicare		35.09				23.7	340.1	case rate	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Aetna	Commercial		136.04	0.38			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Aetna	Better Health		112.63	0.3146			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Americare	Americare		268.5	0.75			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	WellPoint	WellPoint		114.85	0.3208			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Amerihealth	Medicare		35.09				23.7	340.1	case rate	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Consumer	Consumer		340.1	0.95			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Corrections	Corrections		286.4	0.8			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	First Health	First Health		250.6	0.7			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	First Trenton	First Trenton		322.2	0.9			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Horizon	Indemnity		137.04	0.3828			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Horizon	Medicare Blue		107.4	0.3			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Horizon	MGD		137.04	0.3828			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Horizon	PPO		137.04	0.3828			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Managed Care Inc	Managed Care Inc		322.2	0.9			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Multiplan	Multiplan		286.4	0.8			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Qualcare	Qualcare		268.5	0.75			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Three Rivers	Three Rivers		340.1	0.95			23.7	340.1	percent of total billed charges	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	UHC	Medicaid		38				23.7	340.1	case rate	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	UHC	Medicare		35.09				23.7	340.1	case rate	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Wellcare	Medicare		35.09				23.7	340.1	case rate	
CT.AMP.PROBE.TECH	87491	CPT	both			358	40.35	Wellcare	Medicaid		38				23.7	340.1	case rate	
C DIFFICILE TOXIN GENE NAA	87493	CPT	inpatient			237	42.86	Aetna	Better Health		74.56	0.3146			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	inpatient			237	42.86	Aetna	Commercial		90.06	0.38			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	inpatient			237	42.86	Aetna	Medicare		73	0.308			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	inpatient			237	42.86	Americare	Americare		177.75	0.75			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	inpatient			237	42.86	WellPoint	WellPoint		76.03	0.3208			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	inpatient			237	42.86	Amerihealth	Medicare		37.27				37.27	225.15	case rate	
C DIFFICILE TOXIN GENE NAA	87493	CPT	inpatient			237	42.86	Consumer	Consumer		225.15	0.95			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	inpatient			237	42.86	Corrections	Corrections		189.6	0.8			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	inpatient			237	42.86	First Health	First Health		165.9	0.7			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	inpatient			237	42.86	First Trenton	First Trenton		213.3	0.9			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	inpatient			237	42.86	Horizon	Medicare Blue		71.1	0.3			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	inpatient			237	42.86	Horizon	Indemnity		90.72	0.3828			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	inpatient			237	42.86	Horizon	MGD		90.72	0.3828			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	inpatient			237	42.86	Horizon	PPO		90.72	0.3828			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	inpatient			237	42.86	Managed Care Inc	Managed Care Inc		213.3	0.9			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	inpatient			237	42.86	Multiplan	Multiplan		189.6	0.8			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	inpatient			237	42.86	Qualcare	Qualcare		177.75	0.75			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	inpatient			237	42.86	Three Rivers	Three Rivers		225.15	0.95			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	inpatient			237	42.86	UHC	Medicare		37.27				37.27	225.15	case rate	
C DIFFICILE TOXIN GENE NAA	87493	CPT	inpatient			237	42.86	UHC	Medicaid		74.56	0.3146			37.27	225.15	percent of total billed charges	
C DIFFICILE TOXIN GENE NAA	87493	CPT	inpatient			237	42.86	Wellcare	Medicare		37.27				37.27	225.15	case rate	
C DIFFICILE TOXIN GENE NAA	87493	CPT	inpatient			237	42.86	Wellcare	Medicaid		74.56	0.3146			37.27	225.15	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Aetna	Commercial		517.56	0.38			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Aetna	Better Health		428.49	0.3146			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Aetna	Medicare		419.5	0.308			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Americare	Americare		1021.5	0.75			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	WellPoint	WellPoint		436.93	0.3208			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Amerihealth	Medicare		35.09				35.09	1293.9	case rate	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Consumer	Consumer		1293.9	0.95			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Corrections	Corrections		1089.6	0.8			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	First Health	First Health		953.4	0.7			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	First Trenton	First Trenton		1225.8	0.9			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Horizon	Medicare Blue		408.6	0.3			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Horizon	Indemnity		521.37	0.3828			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Horizon	MGD		521.37	0.3828			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Horizon	PPO		521.37	0.3828			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Managed Care Inc	Managed Care Inc		1225.8	0.9			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Multiplan	Multiplan		1089.6	0.8			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Qualcare	Qualcare		1021.5	0.75			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Three Rivers	Three Rivers		1293.9	0.95			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	UHC	Medicaid		428.49	0.3146			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	UHC	Medicare		35.09				35.09	1293.9	case rate	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Wellcare	Medicare		35.09				35.09	1293.9	case rate	
CYTOMEGALOVIRUS QUAL	87496	CPT	both			1362	40.35	Wellcare	Medicaid		428.49	0.3146			35.09	1293.9	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Aetna	Commercial		551	0.38			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Aetna	Better Health		456.17	0.3146			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Aetna	Medicare		446.6	0.308			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Americare	Americare		1087.5	0.75			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	WellPoint	WellPoint		465.16	0.3208			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Amerihealth	Medicare		42.84				41.1	1377.5	case rate	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Consumer	Consumer		1377.5	0.95			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Corrections	Corrections		1160	0.8			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	First Health	First Health		1015	0.7			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	First Trenton	First Trenton		1305	0.9			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Horizon	MGD		555.06	0.3828			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Horizon	Medicare Blue		435	0.3			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Horizon	Indemnity		555.06	0.3828			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Horizon	PPO		555.06	0.3828			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Managed Care Inc	Managed Care Inc		1305	0.9			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Multiplan	Multiplan		1160	0.8			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Qualcare	Qualcare		1087.5	0.75			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Three Rivers	Three Rivers		1377.5	0.95			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	UHC	Medicaid		456.17	0.3146			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	UHC	Medicare		42.84				41.1	1377.5	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Wellcare	Medicaid		456.17	0.3146			41.1	1377.5	percent of total billed charges	
CYTOMEGALOVIRUS QUANT	87497	CPT	both			1450	49.27	Wellcare	Medicare		42.84				41.1	1377.5	case rate	
ENTEROVIRUS RT-PCR(138636)	87498	CPT	both			1060	40.35	Aetna	Better Health		333.48	0.3146			28.07	1007	percent of total billed charges	
ENTEROVIRUS RT-PCR(138636)	87498	CPT	both			1060	40.35	Aetna	Commercial		402.8	0.38			28.07	1007	percent of total billed charges	
ENTEROVIRUS RT-PCR(138636)	87498	CPT	both			1060	40.35	Aetna	Medicare		35.09				28.07	1007	case rate	
ENTEROVIRUS RT-PCR(138636)	87498	CPT	both			1060	40.35	Americare	Americare		795	0.75			28.07	1007	percent of total billed charges	
ENTEROVIRUS RT-PCR(138636)	87498	CPT	both			1060	40.35	WellPoint	WellPoint		340.05	0.3208			28.07	1007	percent of total billed charges	
ENTEROVIRUS RT-PCR(138636)	87498	CPT	both			1060	40.35	Amerihealth	Medicare		35.09				28.07	1007	case rate	
ENTEROVIRUS RT-PCR(138636)	87498	CPT	both			1060	40.35	Consumer	Consumer		1007	0.95			28.07	1007	percent of total billed charges	
ENTEROVIRUS RT-PCR(138636)	87498	CPT	both			1060	40.35	Corrections	Corrections		848	0.8			28.07	1007	percent of total billed charges	
ENTEROVIRUS RT-PCR(138636)	87498	CPT	both			1060	40.35	First Health	First Health		742	0.7			28.07	1007	percent of total billed charges	
ENTEROVIRUS RT-PCR(138636)	87498	CPT	both			1060	40.35	First Trenton	First Trenton		954	0.9			28.07	1007	percent of total billed charges	
ENTEROVIRUS RT-PCR(138636)	87498	CPT	both			1060	40.35	Horizon	MGD		405.77	0.3828			28.07	1007	percent of total billed charges	
ENTEROVIRUS RT-PCR(138636)	87498	CPT	both			1060	40.35	Horizon	Indemnity		405.77	0.3828			28.07	1007	percent of total billed charges	
ENTEROVIRUS RT-PCR(138636)	87498	CPT	both			1060	40.35	Horizon	Medicare Blue		318	0.3			28.07	1007	percent of total billed charges	
ENTEROVIRUS RT-PCR(138636)	87498	CPT	both			1060	40.35	Horizon	PPO		405.77	0.3828			28.07	1007	percent of total billed charges	
ENTEROVIRUS RT-PCR(138636)	87498	CPT	both			1060	40.35	Managed Care Inc	Managed Care Inc		954	0.9			28.07	1007	percent of total billed charges	
ENTEROVIRUS RT-PCR(138636)	87498	CPT	both			1060	40.35	Multiplan	Multiplan		848	0.8			28.07	1007	percent of total billed charges	
ENTEROVIRUS RT-PCR(138636)	87498	CPT	both			1060	40.35	Qualcare	Qualcare		795	0.75			28.07	1007	percent of total billed charges	
ENTEROVIRUS RT-PCR(138636)	87498	CPT	both			1060	40.35	Three Rivers	Three Rivers		1007	0.95			28.07	1007	percent of total billed charges	
ENTEROVIRUS RT-PCR(138636)	87498	CPT	both			1060	40.35	UHC	Medicaid		28.07				28.07	1007	case rate	
ENTEROVIRUS RT-PCR(138636)	87498	CPT	both			1060	40.35	UHC	Medicare		35.09				28.07	1007	case rate	
ENTEROVIRUS RT-PCR(138636)	87498	CPT	both			1060	40.35	Wellcare	Medicaid		28.07				28.07	1007	case rate	
ENTEROVIRUS RT-PCR(138636)	87498	CPT	both			1060	40.35	Wellcare	Medicare		35.09				28.07	1007	case rate	
INF AGNT DET NUC ACID VANCO R	87500	CPT	outpatient			252	40.35	Aetna	Better Health		79.28	0.3146			28.07	239.4	percent of total billed charges	
INF AGNT DET NUC ACID VANCO R	87500	CPT	outpatient			252	40.35	Aetna	Medicare		35.09				28.07	239.4	case rate	
INF AGNT DET NUC ACID VANCO R	87500	CPT	outpatient			252	40.35	Aetna	Commercial		95.76	0.38			28.07	239.4	percent of total billed charges	
INF AGNT DET NUC ACID VANCO R	87500	CPT	outpatient			252	40.35	Americare	Americare		189	0.75			28.07	239.4	percent of total billed charges	
INF AGNT DET NUC ACID VANCO R	87500	CPT	outpatient			252	40.35	WellPoint	WellPoint		80.84	0.3208			28.07	239.4	percent of total billed charges	
INF AGNT DET NUC ACID VANCO R	87500	CPT	outpatient			252	40.35	Amerihealth	Medicare		35.09				28.07	239.4	case rate	
INF AGNT DET NUC ACID VANCO R	87500	CPT	outpatient			252	40.35	Consumer	Consumer		239.4	0.95			28.07	239.4	percent of total billed charges	
INF AGNT DET NUC ACID VANCO R	87500	CPT	outpatient			252	40.35	Corrections	Corrections		201.6	0.8			28.07	239.4	percent of total billed charges	
INF AGNT DET NUC ACID VANCO R	87500	CPT	outpatient			252	40.35	First Health	First Health		176.4	0.7			28.07	239.4	percent of total billed charges	
INF AGNT DET NUC ACID VANCO R	87500	CPT	outpatient			252	40.35	First Trenton	First Trenton		226.8	0.9			28.07	239.4	percent of total billed charges	
INF AGNT DET NUC ACID VANCO R	87500	CPT	outpatient			252	40.35	Horizon	MGD		96.47	0.3828			28.07	239.4	percent of total billed charges	
INF AGNT DET NUC ACID VANCO R	87500	CPT	outpatient			252	40.35	Horizon	Indemnity		96.47	0.3828			28.07	239.4	percent of total billed charges	
INF AGNT DET NUC ACID VANCO R	87500	CPT	outpatient			252	40.35	Horizon	PPO		96.47	0.3828			28.07	239.4	percent of total billed charges	
INF AGNT DET NUC ACID VANCO R	87500	CPT	outpatient			252	40.35	Horizon	Medicare Blue		75.6	0.3			28.07	239.4	percent of total billed charges	
INF AGNT DET NUC ACID VANCO R	87500	CPT	outpatient			252	40.35	Managed Care Inc	Managed Care Inc		226.8	0.9			28.07	239.4	percent of total billed charges	
INF AGNT DET NUC ACID VANCO R	87500	CPT	outpatient			252	40.35	Multiplan	Multiplan		201.6	0.8			28.07	239.4	percent of total billed charges	
INF AGNT DET NUC ACID VANCO R	87500	CPT	outpatient			252	40.35	Qualcare	Qualcare		189	0.75			28.07	239.4	percent of total billed charges	
INF AGNT DET NUC ACID VANCO R	87500	CPT	outpatient			252	40.35	Three Rivers	Three Rivers		239.4	0.95			28.07	239.4	percent of total billed charges	
INF AGNT DET NUC ACID VANCO R	87500	CPT	outpatient			252	40.35	UHC	Medicare		35.09				28.07	239.4	case rate	
INF AGNT DET NUC ACID VANCO R	87500	CPT	outpatient			252	40.35	UHC	Medicaid		28.07				28.07	239.4	case rate	
INF AGNT DET NUC ACID VANCO R	87500	CPT	outpatient			252	40.35	Wellcare	Medicaid		28.07				28.07	239.4	case rate	
INF AGNT DET NUC ACID VANCO R	87500	CPT	outpatient			252	40.35	Wellcare	Medicare		35.09				28.07	239.4	case rate	
GPP PANEL	87507	CPT	both			1994	479.3	Aetna	Medicare		416.78				333.42	1894.3	case rate	
GPP PANEL	87507	CPT	both			1994	479.3	Aetna	Better Health		627.31	0.3146			333.42	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Aetna	Commercial		757.72	0.38			333.42	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Americare	Americare		1495.5	0.75			333.42	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	WellPoint	WellPoint		639.68	0.3208			333.42	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Amerihealth	Medicare		416.78				333.42	1894.3	case rate	
GPP PANEL	87507	CPT	both			1994	479.3	Consumer	Consumer		1894.3	0.95			333.42	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Corrections	Corrections		1595.2	0.8			333.42	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	First Health	First Health		1395.8	0.7			333.42	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	First Trenton	First Trenton		1794.6	0.9			333.42	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Horizon	Medicare Blue		598.2	0.3			333.42	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Horizon	MGD		763.3	0.3828			333.42	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Horizon	Indemnity		763.3	0.3828			333.42	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Horizon	PPO		763.3	0.3828			333.42	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Managed Care Inc	Managed Care Inc		1794.6	0.9			333.42	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Multiplan	Multiplan		1595.2	0.8			333.42	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Qualcare	Qualcare		1495.5	0.75			333.42	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	Three Rivers	Three Rivers		1894.3	0.95			333.42	1894.3	percent of total billed charges	
GPP PANEL	87507	CPT	both			1994	479.3	UHC	Medicaid		333.42				333.42	1894.3	case rate	
GPP PANEL	87507	CPT	both			1994	479.3	UHC	Medicare		416.78				333.42	1894.3	case rate	
GPP PANEL	87507	CPT	both			1994	479.3	Wellcare	Medicare		416.78				333.42	1894.3	case rate	
GPP PANEL	87507	CPT	both			1994	479.3	Wellcare	Medicaid		333.42				333.42	1894.3	case rate	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Aetna	Medicare		35.09				35.09	117.8	case rate	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Aetna	Commercial		47.12	0.38			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Aetna	Better Health		39.01	0.3146			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Americare	Americare		93	0.75			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	WellPoint	WellPoint		39.78	0.3208			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Amerihealth	Medicare		35.09				35.09	117.8	case rate	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Consumer	Consumer		117.8	0.95			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Corrections	Corrections		99.2	0.8			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	First Health	First Health		86.8	0.7			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	First Trenton	First Trenton		111.6	0.9			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Horizon	MGD		47.47	0.3828			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Horizon	PPO		47.47	0.3828			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Horizon	Indemnity		47.47	0.3828			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Horizon	Medicare Blue		37.2	0.3			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Managed Care Inc	Managed Care Inc		111.6	0.9			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Multiplan	Multiplan		99.2	0.8			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Qualcare	Qualcare		93	0.75			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Three Rivers	Three Rivers		117.8	0.95			35.09	117.8	percent of total billed charges	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	UHC	Medicare		35.09				35.09	117.8	case rate	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	UHC	Medicaid		38				35.09	117.8	case rate	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Wellcare	Medicaid		38				35.09	117.8	case rate	
HEPATITIS B CORE	87516	CPT	outpatient			124	40.35	Wellcare	Medicare		35.09				35.09	117.8	case rate	
HEPATITIS B VIRUS	87517	CPT	both			1160	49.27	Aetna	Better Health		364.94	0.3146			20	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160	49.27	Aetna	Medicare		42.84				20	1102	case rate	
HEPATITIS B VIRUS	87517	CPT	both			1160	49.27	Aetna	Commercial		440.8	0.38			20	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160	49.27	Americare	Americare		870	0.75			20	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160	49.27	WellPoint	WellPoint		372.13	0.3208			20	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160	49.27	Amerihealth	Medicare		42.84				20	1102	case rate	
HEPATITIS B VIRUS	87517	CPT	both			1160	49.27	Consumer	Consumer		1102	0.95			20	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160	49.27	Corrections	Corrections		928	0.8			20	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160	49.27	First Health	First Health		812	0.7			20	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160	49.27	First Trenton	First Trenton		1044	0.9			20	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160	49.27	Horizon	Medicare Blue		348	0.3			20	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160	49.27	Horizon	MGD		444.05	0.3828			20	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160	49.27	Horizon	Indemnity		444.05	0.3828			20	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160	49.27	Horizon	PPO		444.05	0.3828			20	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160	49.27	Managed Care Inc	Managed Care Inc		1044	0.9			20	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160	49.27	Multiplan	Multiplan		928	0.8			20	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160	49.27	Qualcare	Qualcare		870	0.75			20	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160	49.27	Three Rivers	Three Rivers		1102	0.95			20	1102	percent of total billed charges	
HEPATITIS B VIRUS	87517	CPT	both			1160	49.27	UHC	Medicaid		20				20	1102	case rate	
HEPATITIS B VIRUS	87517	CPT	both			1160	49.27	UHC	Medicare		42.84				20	1102	case rate	
HEPATITIS B VIRUS	87517	CPT	both			1160	49.27	Wellcare	Medicare		42.84				20	1102	case rate	
HEPATITIS B VIRUS	87517	CPT	both			1160	49.27	Wellcare	Medicaid		20				20	1102	case rate	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001	40.35	Aetna	Medicare		35.09				35.09	950.95	case rate	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001	40.35	Aetna	Better Health		314.91	0.3146			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001	40.35	Aetna	Commercial		380.38	0.38			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001	40.35	Americare	Americare		750.75	0.75			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001	40.35	WellPoint	WellPoint		321.12	0.3208			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001	40.35	Amerihealth	Medicare		35.09				35.09	950.95	case rate	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001	40.35	Consumer	Consumer		950.95	0.95			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001	40.35	Corrections	Corrections		800.8	0.8			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001	40.35	First Health	First Health		700.7	0.7			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001	40.35	First Trenton	First Trenton		900.9	0.9			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001	40.35	Horizon	MGD		383.18	0.3828			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001	40.35	Horizon	Indemnity		383.18	0.3828			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001	40.35	Horizon	PPO		383.18	0.3828			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001	40.35	Horizon	Medicare Blue		300.3	0.3			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001	40.35	Managed Care Inc	Managed Care Inc		900.9	0.9			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001	40.35	Multiplan	Multiplan		800.8	0.8			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001	40.35	Qualcare	Qualcare		750.75	0.75			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001	40.35	Three Rivers	Three Rivers		950.95	0.95			35.09	950.95	percent of total billed charges	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001	40.35	UHC	Medicaid		38				35.09	950.95	case rate	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001	40.35	UHC	Medicare		35.09				35.09	950.95	case rate	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001	40.35	Wellcare	Medicaid		38				35.09	950.95	case rate	
HEPATITIS C VIRUS (QUAL)	87521	CPT	both			1001	40.35	Wellcare	Medicare		35.09				35.09	950.95	case rate	
NGI HCV QUANTASURE	87522	CPT	both			2652	49.27	Aetna	Medicare		42.84				20	2519.4	case rate	
NGI HCV QUANTASURE	87522	CPT	both			2652	49.27	Aetna	Commercial		1007.76	0.38			20	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652	49.27	Aetna	Better Health		834.32	0.3146			20	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652	49.27	Americare	Americare		1989	0.75			20	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652	49.27	WellPoint	WellPoint		850.76	0.3208			20	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652	49.27	Amerihealth	Medicare		42.84				20	2519.4	case rate	
NGI HCV QUANTASURE	87522	CPT	both			2652	49.27	Consumer	Consumer		2519.4	0.95			20	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652	49.27	Corrections	Corrections		2121.6	0.8			20	2519.4	percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652	49.27	First Health	First Health		1856.4	0.7			20	2519.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 First Trenton	First Trenton		2386.8	0.9			20		2519.4 percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Horizon	Medicare Blue		795.6	0.3			20		2519.4 percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Horizon	Indemnity		1015.19	0.3828			20		2519.4 percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Horizon	MGD		1015.19	0.3828			20		2519.4 percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Horizon	PPO		1015.19	0.3828			20		2519.4 percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Managed Care Inc	Managed Care Inc		2386.8	0.9			20		2519.4 percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Multiplan	Multiplan		2121.6	0.8			20		2519.4 percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Qualcare	Qualcare		1989	0.75			20		2519.4 percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Three Rivers	Three Rivers		2519.4	0.95			20		2519.4 percent of total billed charges	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 UHC	Medicare		42.84				20		2519.4 case rate	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 UHC	Medicaid		20				20		2519.4 case rate	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Wellcare	Medicare		42.84				20		2519.4 case rate	
NGI HCV QUANTASURE	87522	CPT	both			2652		49.27 Wellcare	Medicaid		20				20		2519.4 case rate	
HSV2 DNA	87529	CPT	both			448		40.35 Aetna	Commercial		170.24	0.38			35.09		425.6 percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Aetna	Better Health		140.94	0.3146			35.09		425.6 percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Aetna	Medicare		35.09				35.09		425.6 case rate	
HSV2 DNA	87529	CPT	both			448		40.35 Americare	Americare		336	0.75			35.09		425.6 percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 WellPoint	WellPoint		143.72	0.3208			35.09		425.6 percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Amerihealth	Medicare		35.09				35.09		425.6 case rate	
HSV2 DNA	87529	CPT	both			448		40.35 Consumer	Consumer		425.6	0.95			35.09		425.6 percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Corrections	Corrections		358.4	0.8			35.09		425.6 percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 First Health	First Health		313.6	0.7			35.09		425.6 percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 First Trenton	First Trenton		403.2	0.9			35.09		425.6 percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Horizon	Indemnity		171.49	0.3828			35.09		425.6 percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Horizon	Medicare Blue		134.4	0.3			35.09		425.6 percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Horizon	MGD		171.49	0.3828			35.09		425.6 percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Horizon	PPO		171.49	0.3828			35.09		425.6 percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Managed Care Inc	Managed Care Inc		403.2	0.9			35.09		425.6 percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Multiplan	Multiplan		358.4	0.8			35.09		425.6 percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Qualcare	Qualcare		336	0.75			35.09		425.6 percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 Three Rivers	Three Rivers		425.6	0.95			35.09		425.6 percent of total billed charges	
HSV2 DNA	87529	CPT	both			448		40.35 UHC	Medicare		35.09				35.09		425.6 case rate	
HSV2 DNA	87529	CPT	both			448		40.35 UHC	Medicaid		38				35.09		425.6 case rate	
HSV2 DNA	87529	CPT	both			448		40.35 Wellcare	Medicare		35.09				35.09		425.6 case rate	
HSV2 DNA	87529	CPT	both			448		40.35 Wellcare	Medicaid		38				35.09		425.6 case rate	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	outpatient			899		49.27 Aetna	Better Health		282.83	0.3146			20		854.05 percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	outpatient			899		49.27 Aetna	Commercial		341.62	0.38			20		854.05 percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	outpatient			899		49.27 Aetna	Medicare		42.84				20		854.05 case rate	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	outpatient			899		49.27 Americare	Americare		674.25	0.75			20		854.05 percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	outpatient			899		49.27 WellPoint	WellPoint		288.4	0.3208			20		854.05 percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	outpatient			899		49.27 Amerihealth	Medicare		42.84				20		854.05 case rate	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	outpatient			899		49.27 Consumer	Consumer		854.05	0.95			20		854.05 percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	outpatient			899		49.27 Corrections	Corrections		719.2	0.8			20		854.05 percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	outpatient			899		49.27 First Health	First Health		629.3	0.7			20		854.05 percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	outpatient			899		49.27 First Trenton	First Trenton		809.1	0.9			20		854.05 percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	outpatient			899		49.27 Horizon	Indemnity		344.14	0.3828			20		854.05 percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	outpatient			899		49.27 Horizon	Medicare Blue		269.7	0.3			20		854.05 percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	outpatient			899		49.27 Horizon	MGD		344.14	0.3828			20		854.05 percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	outpatient			899		49.27 Horizon	PPO		344.14	0.3828			20		854.05 percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	outpatient			899		49.27 Managed Care Inc	Managed Care Inc		809.1	0.9			20		854.05 percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	outpatient			899		49.27 Multiplan	Multiplan		719.2	0.8			20		854.05 percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	outpatient			899		49.27 Qualcare	Qualcare		674.25	0.75			20		854.05 percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	outpatient			899		49.27 Three Rivers	Three Rivers		854.05	0.95			20		854.05 percent of total billed charges	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	outpatient			899		49.27 UHC	Medicaid		20				20		854.05 case rate	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	outpatient			899		49.27 UHC	Medicare		42.84				20		854.05 case rate	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	outpatient			899		49.27 Wellcare	Medicaid		20				20		854.05 case rate	
HSV.DNA.QUANT.RT.PCR(19502)	87530	CPT	outpatient			899		49.27 Wellcare	Medicare		42.84				20		854.05 case rate	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Aetna	Better Health		146.92	0.3146			35.09		443.65 percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Aetna	Medicare		143.84	0.308			35.09		443.65 percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Aetna	Commercial		177.46	0.38			35.09		443.65 percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Americare	Americare		350.25	0.75			35.09		443.65 percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 WellPoint	WellPoint		149.81	0.3208			35.09		443.65 percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Amerihealth	Medicare		35.09				35.09		443.65 case rate	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Consumer	Consumer		443.65	0.95			35.09		443.65 percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Corrections	Corrections		373.6	0.8			35.09		443.65 percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 First Health	First Health		326.9	0.7			35.09		443.65 percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 First Trenton	First Trenton		420.3	0.9			35.09		443.65 percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Horizon	MGD		178.77	0.3828			35.09		443.65 percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Horizon	Medicare Blue		140.1	0.3			35.09		443.65 percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Horizon	Indemnity		178.77	0.3828			35.09		443.65 percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Horizon	PPO		178.77	0.3828			35.09		443.65 percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Managed Care Inc	Managed Care Inc		420.3	0.9			35.09		443.65 percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Multiplan	Multiplan		373.6	0.8			35.09		443.65 percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Qualcare	Qualcare		350.25	0.75			35.09		443.65 percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Three Rivers	Three Rivers		443.65	0.95			35.09		443.65 percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 UHC	Medicare		35.09				35.09		443.65 case rate	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 UHC	Medicaid		146.92	0.3146			35.09		443.65 percent of total billed charges	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Wellcare	Medicare		35.09				35.09		443.65 case rate	
HUMAN HERPES VIRUS 6 PCR	87532	CPT	both			467		40.35 Wellcare	Medicaid		146.92	0.3146			35.09		443.65 percent of total billed charges	
HHV-6.QUANTIFICATION.DNA.PCR(139310)	87533	CPT	both			793		48.02 Aetna	Better Health		249.48	0.3146			20		753.35 percent of total billed charges	
HHV-6.QUANTIFICATION.DNA.PCR(139310)	87533	CPT	both			793		48.02 Aetna	Commercial		301.34	0.38			20		753.35 percent of total billed charges	
HHV-6.QUANTIFICATION.DNA.PCR(139310)	87533	CPT	both			793		48.02 Aetna	Medicare		41.76				20		753.35 case rate	
HHV-6.QUANTIFICATION.DNA.PCR(139310)	87533	CPT	both			793		48.02 Americare	Americare		594.75	0.75			20		753.35 percent of total billed charges	
HHV-6.QUANTIFICATION.DNA.PCR(139310)	87533	CPT	both			793		48.02 WellPoint	WellPoint		254.39	0.3208			20		753.35 percent of total billed charges	
HHV-6.QUANTIFICATION.DNA.PCR(139310)	87533	CPT	both			793		48.02 Amerihealth	Medicare		41.76				20		753.35 case rate	
HHV-6.QUANTIFICATION.DNA.PCR(139310)	87533	CPT	both			793		48.02 Consumer	Consumer		753.35	0.95			20		753.35 percent of total billed charges	
HHV-6.QUANTIFICATION.DNA.PCR(139310)	87533	CPT	both			793		48.02 Corrections	Corrections		634.4	0.8			20		753.35 percent of total billed charges	
HHV-6.QUANTIFICATION.DNA.PCR(139310)	87533	CPT	both			793		48.02 First Health	First Health		555.1	0.7			20		753.35 percent of total billed charges	
HHV-6.QUANTIFICATION.DNA.PCR(139310)	87533	CPT	both			793		48.02 First Trenton	First Trenton		713.7	0.9			20		753.35 percent of total billed charges	
HHV-6.QUANTIFICATION.DNA.PCR(139310)	87533	CPT	both			793		48.02 Horizon	Indemnity		303.56	0.3828			20		753.35 percent of total billed charges	
HHV-6.QUANTIFICATION.DNA.PCR(139310)	87533	CPT	both			793		48.02 Horizon	MGD		303.56	0.3828			20		753.35 percent of total billed charges	
HHV-6.QUANTIFICATION.DNA.PCR(139310)	87533	CPT	both			793		48.02 Horizon	PPO		303.56	0.3828			20		753.35 percent of total billed charges	
HHV-6.QUANTIFICATION.DNA.PCR(139310)	87533	CPT	both			793		48.02 Horizon	Medicare Blue		237.9	0.3			20		753.35 percent of total billed charges	
HHV-6.QUANTIFICATION.DNA.PCR(139310)	87533	CPT	both			793		48.02 Managed Care Inc	Managed Care Inc		713.7	0.9			20		753.35 percent of total billed charges	
HHV-6.QUANTIFICATION.DNA.PCR(139310)	87533	CPT	both			793		48.02 Multiplan	Multiplan		634.4	0.8			20		753.35 percent of total billed charges	
HHV-6.QUANTIFICATION.DNA.PCR(139310)	87533	CPT	both			793		48.02 Qualcare	Qualcare		594.75	0.75			20		753.35 percent of total billed charges	
HHV-6.QUANTIFICATION.DNA.PCR(139310)	87533	CPT	both			793		48.02 Three Rivers	Three Rivers		753.35	0.95			20		753.35 percent of total billed charges	
HHV-6.QUANTIFICATION.DNA.PCR(139310)	87533	CPT	both			793		48.02 UHC	Medicare		41.76				20		753.35 case rate	
HHV-6.QUANTIFICATION.DNA.PCR(139310)	87533	CPT	both			793		48.02 UHC	Medicaid		20				20		753.35 case rate	
HHV-6.QUANTIFICATION.DNA.PCR(139310)	87533	CPT	both			793		48.02 Wellcare	Medicaid		20				20		753.35 case rate	
HHV-6.QUANTIFICATION.DNA.PCR(139310)	87533	CPT	both			793		48.02 Wellcare	Medicare		41.76				20		753.35 case rate	
HIV-1.DNA.QUAL.PCR(8401)	87535	CPT	both			761		40.35 Aetna	Commercial		289.18	0.38			33.9		722.95 percent of total billed charges	
HIV-1.DNA.QUAL.PCR(8401)	87535	CPT	both			761		40.35 Aetna	Medicare		35.09				33.9		722.95 case rate	
HIV-1.DNA.QUAL.PCR(8401)	87535	CPT	both			761		40.35 Aetna	Better Health		239.41	0.3146			33.9		722.95 percent of total billed charges	
HIV-1.DNA.QUAL.PCR(8401)	87535	CPT	both			761		40.35 Americare	Americare		570.75	0.75			33.9		722.95 percent of total billed charges	
HIV-1.DNA.QUAL.PCR(8401)	87535	CPT	both			761		40.35 WellPoint	WellPoint		244.13	0.3208			33.9		722.95 percent of total billed charges	
HIV-1.DNA.QUAL.PCR(8401)	87535	CPT	both			761		40.35 Amerihealth	Medicare		35.09				33.9		722.95 case rate	
HIV-1.DNA.QUAL.PCR(8401)	87535	CPT	both			761		40.35 Consumer	Consumer		722.95	0.95			33.9		722.95 percent of total billed charges	
HIV-1.DNA.QUAL.PCR(8401)	87535	CPT	both			761		40.35 Corrections	Corrections		608.8	0.8			33.9		722.95 percent of total billed charges	
HIV-1.DNA.QUAL.PCR(8401)	87535	CPT	both			761		40.35 First Health	First Health		532.7	0.7			33.9		722.95 percent of total billed charges	
HIV-1.DNA.QUAL.PCR(8401)	87535	CPT	both			761		40.35 First Trenton	First Trenton		684.9	0.9			33.9		722.95 percent of total billed charges	
HIV-1.DNA.QUAL.PCR(8401)	87535	CPT	both			761		40.35 Horizon	Indemnity		291.31	0.3828			33.9		722.95 percent of total billed charges	
HIV-1.DNA.QUAL.PCR(8401)	87535	CPT	both			761		40.35 Horizon	PPO		291.31	0.3828			33.9		722.95 percent of total billed charges	
HIV-1.DNA.QUAL.PCR(8401)	87535	CPT	both			761		40.35 Horizon	MGD		291.31	0.3828			33.9		722.95 percent of total billed charges	
HIV-1.DNA.QUAL.PCR(8401)	87535	CPT	both			761		40.35 Horizon	Medicare Blue		228.3	0.3			33.9		722.95 percent of total billed charges	
HIV-1.DNA.QUAL.PCR(8401)	87535	CPT	both			761		40.35 Managed Care Inc	Managed Care Inc		684.9	0.9			33.9		722.95 percent of total billed charges	
HIV-1.DNA.QUAL.PCR(8401)	87535	CPT	both			761		40.35 Multiplan	Multiplan		608.8	0.8			33.9		722.95 percent of total billed charges	
HIV-1.DNA.QUAL.PCR(8401)	87535	CPT	both			761		40.35 Qualcare	Qualcare		570.75	0.75			33.9		722.95 percent of total billed charges	
HIV-1.DNA.QUAL.PCR(8401)	87535	CPT	both			761		40.35 Three Rivers	Three Rivers		722.95	0.95			33.9		722.95 percent of total billed charges	
HIV-1.DNA.QUAL.PCR(8401)	87535	CPT	both			761		40.35 UHC	Medicare		35.09				33.9		722.95 case rate	
HIV-1.DNA.QUAL.PCR(8401)	87535	CPT	both			761		40.35 UHC	Medicaid		38				33.9		722.95 case rate	
HIV-1.DNA.QUAL.PCR(8401)	87535	CPT	both			761		40.35 Wellcare	Medicaid		38				33.9		722.95 case rate	
HIV-1.DNA.QUAL.PCR(8401)	87535	CPT	both			761		40.35 Wellcare	Medicare		35.09				33.9		722.95 case rate	
QUANT RNA PCR	87536	CPT	both			271		97.87 Aetna	Commercial		102.98	0.38			81.3		257.45 percent of total billed charges	
QUANT RNA PCR	87536	CPT	both			271		97.87 Aetna	Better Health		85.26	0.3146			81.3		257.45 percent of total billed charges	
QUANT RNA PCR	87536	CPT	both			271		97.87 Aetna	Medicare		85.1				81.3		257.45 case rate	
QUANT RNA PCR	87536	CPT	both			271		97.87 Americare	Americare		203.25	0.75			81.3		257.45 percent of total billed charges	
QUANT RNA PCR	87536	CPT	both			271		97.87 WellPoint	WellPoint		86.94	0.3208			81.3		257.45 percent of total billed charges	
QUANT RNA PCR	87536	CPT	both			271		97.87 Amerihealth	Medicare		85.1				81.3		257.45 case rate	
QUANT RNA PCR	87536	CPT	both			271		97.87 Consumer	Consumer		257.45	0.95			81.3		257.45 percent of total billed charges	
QUANT RNA PCR	87536	CPT	both			271		97.87 Corrections	Corrections		216.8	0.8			81.3		257.45 percent of total billed charges	
QUANT RNA PCR	87536	CPT	both			271		97.87 First Health	First Health		189.7	0.7			81.3		257.45 percent of total billed charges	
QUANT RNA PCR	87536	CPT	both			271		97.87 First Trenton	First Trenton		243.9	0.9			81.3		257.45 percent of total billed charges	
QUANT RNA PCR	87536	CPT	both			271		97.87 Horizon	Indemnity		103.74	0.3828			81.3		257.45 percent of total billed charges	
QUANT RNA PCR	87536	CPT	both			271		97.87 Horizon	PPO		103.74	0.3828			81.3		257.45 percent of total billed charges	
QUANT RNA PCR	87536	CPT	both			271		97.87 Horizon	MGD		103.74	0.3828			81.3		257.45 percent of total billed charges	
QUANT RNA PCR	87536	CPT	both			271		97.87 Horizon	Medicare Blue		81.3	0.3			81.3		257.45 percent of total billed charges	
QUANT RNA PCR	87536	CPT	both			271		97.87 Managed Care Inc	Managed Care Inc		243.9	0.9			81.3		257.45 percent of total billed charges	
QUANT RNA PCR	87536	CPT	both			271		97.87 Multiplan	Multiplan		216.8	0.8			81.3		257.45 percent of total billed charges	
QUANT RNA PCR	87536	CPT	both			271		97.87 Qualcare	Qualcare		203.25	0.75			81.3		257.45 percent of total billed charges	
QUANT RNA PCR	87536	CPT	both			271		97.87 Three Rivers	Three Rivers		257.45	0.95			81.3		257.45 percent of total billed charges	
QUANT RNA PCR	87536	CPT	both			271		97.87 UHC	Medicaid		92.87				81.3		257.45 case rate	
QUANT RNA PCR	87536	CPT	both			271		97.87 UHC	Medicare		85.1				81.3		257.45 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
QUANT RNA PCR	87536	CPT	both			271	97.87	Wellcare	Medicaid		92.87				81.3	257.45	case rate	
QUANT RNA PCR	87536	CPT	both			271	97.87	Wellcare	Medicare		85.1				81.3	257.45	case rate	
HIV-2 RNA	87538	CPT	inpatient			999	40.35	Aetna	Commercial		379.62	0.38			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	inpatient			999	40.35	Aetna	Better Health		314.29	0.3146			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	inpatient			999	40.35	Aetna	Medicare		307.69	0.308			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	inpatient			999	40.35	Americare	Americare		749.25	0.75			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	inpatient			999	40.35	WellPoint	WellPoint		320.48	0.3208			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	inpatient			999	40.35	Amerihealth	Medicare		35.09				33.9	949.05	case rate	
HIV-2 RNA	87538	CPT	inpatient			999	40.35	Consumer	Consumer		949.05	0.95			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	inpatient			999	40.35	Corrections	Corrections		799.2	0.8			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	inpatient			999	40.35	First Health	First Health		699.3	0.7			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	inpatient			999	40.35	First Trenton	First Trenton		899.1	0.9			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	inpatient			999	40.35	Horizon	MGD		382.42	0.3828			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	inpatient			999	40.35	Horizon	Indemnity		382.42	0.3828			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	inpatient			999	40.35	Horizon	Medicare Blue		299.7	0.3			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	inpatient			999	40.35	Horizon	PPO		382.42	0.3828			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	inpatient			999	40.35	Managed Care Inc	Managed Care Inc		899.1	0.9			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	inpatient			999	40.35	Multiplan	Multiplan		799.2	0.8			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	inpatient			999	40.35	Qualcare	Qualcare		749.25	0.75			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	inpatient			999	40.35	Three Rivers	Three Rivers		949.05	0.95			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	inpatient			999	40.35	UHC	Medicaid		314.29	0.3146			33.9	949.05	percent of total billed charges	
HIV-2 RNA	87538	CPT	inpatient			999	40.35	UHC	Medicare		35.09				33.9	949.05	case rate	
HIV-2 RNA	87538	CPT	inpatient			999	40.35	Wellcare	Medicare		35.09				33.9	949.05	case rate	
HIV-2 RNA	87538	CPT	inpatient			999	40.35	Wellcare	Medicaid		314.29	0.3146			33.9	949.05	percent of total billed charges	
LEGIONELLA.PNUEMOPNILA.AMP.PROB	87541	CPT	inpatient			203	40.35	Aetna	Medicare		35.09				35.09	192.85	case rate	
LEGIONELLA.PNUEMOPNILA.AMP.PROB	87541	CPT	inpatient			203	40.35	Aetna	Better Health		63.86	0.3146			35.09	192.85	percent of total billed charges	
LEGIONELLA.PNUEMOPNILA.AMP.PROB	87541	CPT	inpatient			203	40.35	Aetna	Commercial		77.14	0.38			35.09	192.85	percent of total billed charges	
LEGIONELLA.PNUEMOPNILA.AMP.PROB	87541	CPT	inpatient			203	40.35	Americare	Americare		152.25	0.75			35.09	192.85	percent of total billed charges	
LEGIONELLA.PNUEMOPNILA.AMP.PROB	87541	CPT	inpatient			203	40.35	WellPoint	WellPoint		65.12	0.3208			35.09	192.85	percent of total billed charges	
LEGIONELLA.PNUEMOPNILA.AMP.PROB	87541	CPT	inpatient			203	40.35	Amerihealth	Medicare		35.09				35.09	192.85	case rate	
LEGIONELLA.PNUEMOPNILA.AMP.PROB	87541	CPT	inpatient			203	40.35	Consumer	Consumer		192.85	0.95			35.09	192.85	percent of total billed charges	
LEGIONELLA.PNUEMOPNILA.AMP.PROB	87541	CPT	inpatient			203	40.35	Corrections	Corrections		162.4	0.8			35.09	192.85	percent of total billed charges	
LEGIONELLA.PNUEMOPNILA.AMP.PROB	87541	CPT	inpatient			203	40.35	First Health	First Health		142.1	0.7			35.09	192.85	percent of total billed charges	
LEGIONELLA.PNUEMOPNILA.AMP.PROB	87541	CPT	inpatient			203	40.35	First Trenton	First Trenton		182.7	0.9			35.09	192.85	percent of total billed charges	
LEGIONELLA.PNUEMOPNILA.AMP.PROB	87541	CPT	inpatient			203	40.35	Horizon	Medicare Blue		60.9	0.3			35.09	192.85	percent of total billed charges	
LEGIONELLA.PNUEMOPNILA.AMP.PROB	87541	CPT	inpatient			203	40.35	Horizon	Indemnity		77.71	0.3828			35.09	192.85	percent of total billed charges	
LEGIONELLA.PNUEMOPNILA.AMP.PROB	87541	CPT	inpatient			203	40.35	Horizon	MGD		77.71	0.3828			35.09	192.85	percent of total billed charges	
LEGIONELLA.PNUEMOPNILA.AMP.PROB	87541	CPT	inpatient			203	40.35	Horizon	PPO		77.71	0.3828			35.09	192.85	percent of total billed charges	
LEGIONELLA.PNUEMOPNILA.AMP.PROB	87541	CPT	inpatient			203	40.35	Managed Care Inc	Managed Care Inc		182.7	0.9			35.09	192.85	percent of total billed charges	
LEGIONELLA.PNUEMOPNILA.AMP.PROB	87541	CPT	inpatient			203	40.35	Multiplan	Multiplan		162.4	0.8			35.09	192.85	percent of total billed charges	
LEGIONELLA.PNUEMOPNILA.AMP.PROB	87541	CPT	inpatient			203	40.35	Qualcare	Qualcare		152.25	0.75			35.09	192.85	percent of total billed charges	
LEGIONELLA.PNUEMOPNILA.AMP.PROB	87541	CPT	inpatient			203	40.35	Three Rivers	Three Rivers		192.85	0.95			35.09	192.85	percent of total billed charges	
LEGIONELLA.PNUEMOPNILA.AMP.PROB	87541	CPT	inpatient			203	40.35	UHC	Medicaid		38				35.09	192.85	case rate	
LEGIONELLA.PNUEMOPNILA.AMP.PROB	87541	CPT	inpatient			203	40.35	UHC	Medicare		35.09				35.09	192.85	case rate	
LEGIONELLA.PNUEMOPNILA.AMP.PROB	87541	CPT	inpatient			203	40.35	Wellcare	Medicaid		38				35.09	192.85	case rate	
LEGIONELLA.PNUEMOPNILA.AMP.PROB	87541	CPT	inpatient			203	40.35	Wellcare	Medicare		35.09				35.09	192.85	case rate	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	outpatient			155	55.48	Aetna	Commercial		58.9	0.38			38	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	outpatient			155	55.48	Aetna	Medicare		48.24				38	147.25	case rate	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	outpatient			155	55.48	Aetna	Better Health		48.76	0.3146			38	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	outpatient			155	55.48	Americare	Americare		116.25	0.75			38	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	outpatient			155	55.48	WellPoint	WellPoint		49.72	0.3208			38	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	outpatient			155	55.48	Amerihealth	Medicare		48.24				38	147.25	case rate	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	outpatient			155	55.48	Consumer	Consumer		147.25	0.95			38	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	outpatient			155	55.48	Corrections	Corrections		124	0.8			38	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	outpatient			155	55.48	First Health	First Health		108.5	0.7			38	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	outpatient			155	55.48	First Trenton	First Trenton		139.5	0.9			38	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	outpatient			155	55.48	Horizon	Indemnity		59.33	0.3828			38	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	outpatient			155	55.48	Horizon	Medicare Blue		46.5	0.3			38	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	outpatient			155	55.48	Horizon	MGD		59.33	0.3828			38	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	outpatient			155	55.48	Horizon	PPO		59.33	0.3828			38	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	outpatient			155	55.48	Managed Care Inc	Managed Care Inc		139.5	0.9			38	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	outpatient			155	55.48	Multiplan	Multiplan		124	0.8			38	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	outpatient			155	55.48	Qualcare	Qualcare		116.25	0.75			38	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	outpatient			155	55.48	Three Rivers	Three Rivers		147.25	0.95			38	147.25	percent of total billed charges	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	outpatient			155	55.48	UHC	Medicaid		38				38	147.25	case rate	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	outpatient			155	55.48	UHC	Medicare		48.24				38	147.25	case rate	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	outpatient			155	55.48	Wellcare	Medicare		48.24				38	147.25	case rate	
NONTB MYCOBACTERIA DNA DETECT	87551	CPT	outpatient			155	55.48	Wellcare	Medicaid		38				38	147.25	case rate	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Aetna	Medicare		41.68				38	510.15	case rate	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Aetna	Commercial		204.06	0.38			38	510.15	percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Aetna	Better Health		168.94	0.3146			38	510.15	percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Americare	Americare		402.75	0.75			38	510.15	percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	WellPoint	WellPoint		172.27	0.3208			38	510.15	percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Amerihealth	Medicare		41.68				38	510.15	case rate	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Consumer	Consumer		510.15	0.95			38	510.15	percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Corrections	Corrections		429.6	0.8			38	510.15	percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	First Health	First Health		375.9	0.7			38	510.15	percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	First Trenton	First Trenton		483.3	0.9			38	510.15	percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Horizon	MGD		205.56	0.3828			38	510.15	percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Horizon	PPO		205.56	0.3828			38	510.15	percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Horizon	Indemnity		205.56	0.3828			38	510.15	percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Horizon	Medicare Blue		161.1	0.3			38	510.15	percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Managed Care Inc	Managed Care Inc		483.3	0.9			38	510.15	percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Multiplan	Multiplan		429.6	0.8			38	510.15	percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Qualcare	Qualcare		402.75	0.75			38	510.15	percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Three Rivers	Three Rivers		510.15	0.95			38	510.15	percent of total billed charges	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	UHC	Medicaid		38				38	510.15	case rate	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	UHC	Medicare		41.68				38	510.15	case rate	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Wellcare	Medicaid		38				38	510.15	case rate	
TB PCR(CSF) TESTCODE 183059	87556	CPT	both			537	47.93	Wellcare	Medicare		41.68				38	510.15	case rate	
MYCOPLASMA GENITALIUM.AMP	87563	CPT	outpatient			156	40.35	Aetna	Commercial		59.28	0.38			24.9	148.2	percent of total billed charges	
MYCOPLASMA GENITALIUM.AMP	87563	CPT	outpatient			156	40.35	Aetna	Medicare		35.09				24.9	148.2	case rate	
MYCOPLASMA GENITALIUM.AMP	87563	CPT	outpatient			156	40.35	Aetna	Better Health		49.08	0.3146			24.9	148.2	percent of total billed charges	
MYCOPLASMA GENITALIUM.AMP	87563	CPT	outpatient			156	40.35	Americare	Americare		117	0.75			24.9	148.2	percent of total billed charges	
MYCOPLASMA GENITALIUM.AMP	87563	CPT	outpatient			156	40.35	WellPoint	WellPoint		50.04	0.3208			24.9	148.2	percent of total billed charges	
MYCOPLASMA GENITALIUM.AMP	87563	CPT	outpatient			156	40.35	Amerihealth	Medicare		35.09				24.9	148.2	case rate	
MYCOPLASMA GENITALIUM.AMP	87563	CPT	outpatient			156	40.35	Consumer	Consumer		148.2	0.95			24.9	148.2	percent of total billed charges	
MYCOPLASMA GENITALIUM.AMP	87563	CPT	outpatient			156	40.35	Corrections	Corrections		124.8	0.8			24.9	148.2	percent of total billed charges	
MYCOPLASMA GENITALIUM.AMP	87563	CPT	outpatient			156	40.35	First Health	First Health		109.2	0.7			24.9	148.2	percent of total billed charges	
MYCOPLASMA GENITALIUM.AMP	87563	CPT	outpatient			156	40.35	First Trenton	First Trenton		140.4	0.9			24.9	148.2	percent of total billed charges	
MYCOPLASMA GENITALIUM.AMP	87563	CPT	outpatient			156	40.35	Horizon	MGD		59.72	0.3828			24.9	148.2	percent of total billed charges	
MYCOPLASMA GENITALIUM.AMP	87563	CPT	outpatient			156	40.35	Horizon	Indemnity		59.72	0.3828			24.9	148.2	percent of total billed charges	
MYCOPLASMA GENITALIUM.AMP	87563	CPT	outpatient			156	40.35	Horizon	PPO		59.72	0.3828			24.9	148.2	percent of total billed charges	
MYCOPLASMA GENITALIUM.AMP	87563	CPT	outpatient			156	40.35	Horizon	Medicare Blue		46.8	0.3			24.9	148.2	percent of total billed charges	
MYCOPLASMA GENITALIUM.AMP	87563	CPT	outpatient			156	40.35	Managed Care Inc	Managed Care Inc		140.4	0.9			24.9	148.2	percent of total billed charges	
MYCOPLASMA GENITALIUM.AMP	87563	CPT	outpatient			156	40.35	Multiplan	Multiplan		124.8	0.8			24.9	148.2	percent of total billed charges	
MYCOPLASMA GENITALIUM.AMP	87563	CPT	outpatient			156	40.35	Qualcare	Qualcare		117	0.75			24.9	148.2	percent of total billed charges	
MYCOPLASMA GENITALIUM.AMP	87563	CPT	outpatient			156	40.35	Three Rivers	Three Rivers		148.2	0.95			24.9	148.2	percent of total billed charges	
MYCOPLASMA GENITALIUM.AMP	87563	CPT	outpatient			156	40.35	UHC	Medicaid		28.07				24.9	148.2	case rate	
MYCOPLASMA GENITALIUM.AMP	87563	CPT	outpatient			156	40.35	UHC	Medicare		35.09				24.9	148.2	case rate	
MYCOPLASMA GENITALIUM.AMP	87563	CPT	outpatient			156	40.35	Wellcare	Medicaid		28.07				24.9	148.2	case rate	
MYCOPLASMA GENITALIUM.AMP	87563	CPT	outpatient			156	40.35	Wellcare	Medicare		35.09				24.9	148.2	case rate	
MYCOPLASMA PNUEMONIAE;BY PCR	87581	CPT	both			464	40.35	Aetna	Commercial		176.32	0.38			35.09	440.8	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;BY PCR	87581	CPT	both			464	40.35	Aetna	Medicare		142.91	0.308			35.09	440.8	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;BY PCR	87581	CPT	both			464	40.35	Aetna	Better Health		145.97	0.3146			35.09	440.8	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;BY PCR	87581	CPT	both			464	40.35	Americare	Americare		348	0.75			35.09	440.8	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;BY PCR	87581	CPT	both			464	40.35	WellPoint	WellPoint		148.85	0.3208			35.09	440.8	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;BY PCR	87581	CPT	both			464	40.35	Amerihealth	Medicare		35.09				35.09	440.8	case rate	
MYCOPLASMA PNUEMONIAE;BY PCR	87581	CPT	both			464	40.35	Consumer	Consumer		440.8	0.95			35.09	440.8	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;BY PCR	87581	CPT	both			464	40.35	Corrections	Corrections		371.2	0.8			35.09	440.8	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;BY PCR	87581	CPT	both			464	40.35	First Health	First Health		324.8	0.7			35.09	440.8	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;BY PCR	87581	CPT	both			464	40.35	First Trenton	First Trenton		417.6	0.9			35.09	440.8	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;BY PCR	87581	CPT	both			464	40.35	Horizon	Indemnity		177.62	0.3828			35.09	440.8	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;BY PCR	87581	CPT	both			464	40.35	Horizon	Medicare Blue		139.2	0.3			35.09	440.8	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;BY PCR	87581	CPT	both			464	40.35	Horizon	MGD		177.62	0.3828			35.09	440.8	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;BY PCR	87581	CPT	both			464	40.35	Horizon	PPO		177.62	0.3828			35.09	440.8	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;BY PCR	87581	CPT	both			464	40.35	Managed Care Inc	Managed Care Inc		417.6	0.9			35.09	440.8	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;BY PCR	87581	CPT	both			464	40.35	Multiplan	Multiplan		371.2	0.8			35.09	440.8	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;BY PCR	87581	CPT	both			464	40.35	Qualcare	Qualcare		348	0.75			35.09	440.8	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;BY PCR	87581	CPT	both			464	40.35	Three Rivers	Three Rivers		440.8	0.95			35.09	440.8	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;BY PCR	87581	CPT	both			464	40.35	UHC	Medicaid		145.97	0.3146			35.09	440.8	percent of total billed charges	
MYCOPLASMA PNUEMONIAE;BY PCR	87581	CPT	both			464	40.35	UHC	Medicare		35.09				35.09	440.8	case rate	
MYCOPLASMA PNUEMONIAE;BY PCR	87581	CPT	both			464	40.35	Wellcare	Medicare		35.09				35.09	440.8	case rate	
MYCOPLASMA PNUEMONIAE;BY PCR	87581	CPT	both			464	40.35	Wellcare	Medicaid		145.97	0.3146			35.09	440.8	percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Aetna	Medicare		35.09				23.7	340.1	case rate	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Aetna	Better Health		112.63	0.3146			23.7	340.1	percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Aetna	Commercial		136.04	0.38			23.7	340.1	percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Americare	Americare		268.5	0.75			23.7	340.1	percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	WellPoint	WellPoint		114.85	0.3208			23.7	340.1	percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Amerihealth	Medicare		35.09				23.7	340.1	case rate	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Consumer	Consumer		340.1	0.95			23.7	340.1	percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Corrections	Corrections		286.4	0.8			23.7	340.1	percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	First Health	First Health		250.6	0.7			23.7	340.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	First Trenton	First Trenton		322.2	0.9			23.7	340.1	percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Horizon	MGD		137.04	0.3828			23.7	340.1	percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Horizon	Indemnity		137.04	0.3828			23.7	340.1	percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Horizon	Medicare Blue		107.4	0.3			23.7	340.1	percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Horizon	PPO		137.04	0.3828			23.7	340.1	percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Managed Care Inc	Managed Care Inc		322.2	0.9			23.7	340.1	percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Multiplan	Multiplan		286.4	0.8			23.7	340.1	percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Qualcare	Qualcare		268.5	0.75			23.7	340.1	percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Three Rivers	Three Rivers		340.1	0.95			23.7	340.1	percent of total billed charges	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	UHC	Medicaid		38				23.7	340.1	case rate	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	UHC	Medicare		35.09				23.7	340.1	case rate	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Wellcare	Medicaid		38				23.7	340.1	case rate	
NG.AMP.PROBE.TECH	87591	CPT	both			358	40.35	Wellcare	Medicare		35.09				23.7	340.1	case rate	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Aetna	Better Health		35.55	0.3146			33.9	107.35	percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Aetna	Medicare		34.8	0.308			33.9	107.35	percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Aetna	Commercial		42.94	0.38			33.9	107.35	percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Americare	Americare		84.75	0.75			33.9	107.35	percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		WellPoint	WellPoint		36.25	0.3208			33.9	107.35	percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Consumer	Consumer		107.35	0.95			33.9	107.35	percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Corrections	Corrections		90.4	0.8			33.9	107.35	percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		First Health	First Health		79.1	0.7			33.9	107.35	percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		First Trenton	First Trenton		101.7	0.9			33.9	107.35	percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Horizon	MGD		43.26	0.3828			33.9	107.35	percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Horizon	Indemnity		43.26	0.3828			33.9	107.35	percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Horizon	Medicare Blue		33.9	0.3			33.9	107.35	percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Horizon	PPO		43.26	0.3828			33.9	107.35	percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Managed Care Inc	Managed Care Inc		101.7	0.9			33.9	107.35	percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Multiplan	Multiplan		90.4	0.8			33.9	107.35	percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Qualcare	Qualcare		84.75	0.75			33.9	107.35	percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Three Rivers	Three Rivers		107.35	0.95			33.9	107.35	percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		UHC	Medicaid		35.55	0.3146			33.9	107.35	percent of total billed charges	
ORTHOPOXVIRUS(MONKEYPOX)AMPPRBEACH140230	87593	CPT	both			113		Wellcare	Medicaid		35.55	0.3146			33.9	107.35	percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Aetna	Better Health		201.34	0.3146			28.07	608	percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Aetna	Medicare		35.09				28.07	608	case rate	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Aetna	Commercial		243.2	0.38			28.07	608	percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Americare	Americare		480	0.75			28.07	608	percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	WellPoint	WellPoint		205.31	0.3208			28.07	608	percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Amerihealth	Medicare		35.09				28.07	608	case rate	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Consumer	Consumer		608	0.95			28.07	608	percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Corrections	Corrections		512	0.8			28.07	608	percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	First Health	First Health		448	0.7			28.07	608	percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	First Trenton	First Trenton		576	0.9			28.07	608	percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Horizon	Medicare Blue		192	0.3			28.07	608	percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Horizon	Indemnity		244.99	0.3828			28.07	608	percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Horizon	MGD		244.99	0.3828			28.07	608	percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Horizon	PPO		244.99	0.3828			28.07	608	percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Managed Care Inc	Managed Care Inc		576	0.9			28.07	608	percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Multiplan	Multiplan		512	0.8			28.07	608	percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Qualcare	Qualcare		480	0.75			28.07	608	percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Three Rivers	Three Rivers		608	0.95			28.07	608	percent of total billed charges	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	UHC	Medicaid		28.07				28.07	608	case rate	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	UHC	Medicare		35.09				28.07	608	case rate	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Wellcare	Medicaid		28.07				28.07	608	case rate	
HUMAN PAPILLOMA VIRUS (QUAL)	87624	CPT	both			640	40.35	Wellcare	Medicare		35.09				28.07	608	case rate	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Aetna	Better Health		234.69	0.3146			114.1	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Aetna	Medicare		142.63				114.1	708.7	case rate	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Aetna	Commercial		283.48	0.38			114.1	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Americare	Americare		559.5	0.75			114.1	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	WellPoint	WellPoint		239.32	0.3208			114.1	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Amerihealth	Medicare		142.63				114.1	708.7	case rate	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Consumer	Consumer		708.7	0.95			114.1	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Corrections	Corrections		596.8	0.8			114.1	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	First Health	First Health		522.2	0.7			114.1	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	First Trenton	First Trenton		671.4	0.9			114.1	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Horizon	MGD		285.57	0.3828			114.1	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Horizon	Indemnity		285.57	0.3828			114.1	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Horizon	PPO		285.57	0.3828			114.1	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Horizon	Medicare Blue		223.8	0.3			114.1	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Managed Care Inc	Managed Care Inc		671.4	0.9			114.1	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Multiplan	Multiplan		596.8	0.8			114.1	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Qualcare	Qualcare		559.5	0.75			114.1	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Three Rivers	Three Rivers		708.7	0.95			114.1	708.7	percent of total billed charges	
FLU/A/B/RSV	87631	CPT	both			746	164.02	UHC	Medicaid		114.1				114.1	708.7	case rate	
FLU/A/B/RSV	87631	CPT	both			746	164.02	UHC	Medicare		142.63				114.1	708.7	case rate	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Wellcare	Medicare		142.63				114.1	708.7	case rate	
FLU/A/B/RSV	87631	CPT	both			746	164.02	Wellcare	Medicaid		114.1				114.1	708.7	case rate	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Aetna	Medicare		416.78				240.3	1365.15	case rate	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Aetna	Commercial		546.06	0.38			240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Aetna	Better Health		452.08	0.3146			240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Americare	Americare		1077.75	0.75			240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	WellPoint	WellPoint		460.99	0.3208			240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Amerihealth	Medicare		416.78				240.3	1365.15	case rate	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Consumer	Consumer		1365.15	0.95			240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Corrections	Corrections		1149.6	0.8			240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	First Health	First Health		1005.9	0.7			240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	First Trenton	First Trenton		1293.3	0.9			240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Horizon	MGD		550.08	0.3828			240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Horizon	Indemnity		550.08	0.3828			240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Horizon	Medicare Blue		431.1	0.3			240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Horizon	PPO		550.08	0.3828			240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Managed Care Inc	Managed Care Inc		1293.3	0.9			240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Multiplan	Multiplan		1149.6	0.8			240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Qualcare	Qualcare		1077.75	0.75			240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Three Rivers	Three Rivers		1365.15	0.95			240.3	1365.15	percent of total billed charges	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	UHC	Medicare		416.78				240.3	1365.15	case rate	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	UHC	Medicaid		333.42				240.3	1365.15	case rate	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Wellcare	Medicare		416.78				240.3	1365.15	case rate	
RESPIRATORY VIRUS 12-25 TRGT	87633	CPT	both			1437	479.3	Wellcare	Medicaid		333.42				240.3	1365.15	case rate	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Aetna	Better Health		50.02	0.3146			47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Aetna	Medicare		51.31				47.7	151.05	case rate	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Aetna	Commercial		60.42	0.38			47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Americare	Americare		119.25	0.75			47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	WellPoint	WellPoint		51.01	0.3208			47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Amerihealth	Medicare		51.31				47.7	151.05	case rate	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Consumer	Consumer		151.05	0.95			47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Corrections	Corrections		127.2	0.8			47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	First Health	First Health		111.3	0.7			47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	First Trenton	First Trenton		143.1	0.9			47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Horizon	PPO		60.87	0.3828			47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Horizon	MGD		60.87	0.3828			47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Horizon	Medicare Blue		47.7	0.3			47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Horizon	Indemnity		60.87	0.3828			47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Managed Care Inc	Managed Care Inc		143.1	0.9			47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Multiplan	Multiplan		127.2	0.8			47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Qualcare	Qualcare		119.25	0.75			47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Three Rivers	Three Rivers		151.05	0.95			47.7	151.05	percent of total billed charges	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	UHC	Medicaid		51.31				47.7	151.05	case rate	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	UHC	Medicare		51.31				47.7	151.05	case rate	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Wellcare	Medicaid		51.31				47.7	151.05	case rate	
SARS-COV-2 RNA(CEPHEID)	87635	CPT	both			159	59.01	Wellcare	Medicare		51.31				47.7	151.05	case rate	
MRSA PCR	87641	CPT	both			603	40.35	Aetna	Commercial		229.14	0.38			28.07	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Aetna	Medicare		35.09				28.07	572.85	case rate	
MRSA PCR	87641	CPT	both			603	40.35	Aetna	Better Health		189.7	0.3146			28.07	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Americare	Americare		452.25	0.75			28.07	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	WellPoint	WellPoint		193.44	0.3208			28.07	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Amerihealth	Medicare		35.09				28.07	572.85	case rate	
MRSA PCR	87641	CPT	both			603	40.35	Consumer	Consumer		572.85	0.95			28.07	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Corrections	Corrections		482.4	0.8			28.07	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	First Health	First Health		422.1	0.7			28.07	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	First Trenton	First Trenton		542.7	0.9			28.07	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Horizon	MGD		230.83	0.3828			28.07	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Horizon	Indemnity		230.83	0.3828			28.07	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Horizon	Medicare Blue		180.9	0.3			28.07	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Horizon	PPO		230.83	0.3828			28.07	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Managed Care Inc	Managed Care Inc		542.7	0.9			28.07	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Multiplan	Multiplan		482.4	0.8			28.07	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Qualcare	Qualcare		452.25	0.75			28.07	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	Three Rivers	Three Rivers		572.85	0.95			28.07	572.85	percent of total billed charges	
MRSA PCR	87641	CPT	both			603	40.35	UHC	Medicaid		28.07				28.07	572.85	case rate	
MRSA PCR	87641	CPT	both			603	40.35	UHC	Medicare		35.09				28.07	572.85	case rate	
MRSA PCR	87641	CPT	both			603	40.35	Wellcare	Medicaid		28.07				28.07	572.85	case rate	
MRSA PCR	87641	CPT	both			603	40.35	Wellcare	Medicare		35.09				28.07	572.85	case rate	
TRICHOMONAS VAGINALIS NAA	87661	CPT	outpatient			358	40.35	Aetna	Better Health		112.63	0.3146			26.4	340.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRICHOMONAS VAGINALIS NAA	87661	CPT	outpatient			358		40.35 Aetna	Medicare		35.09				26.4		340.1 case rate	
TRICHOMONAS VAGINALIS NAA	87661	CPT	outpatient			358		40.35 Aetna	Commercial		136.04	0.38			26.4		340.1 percent of total billed charges	
TRICHOMONAS VAGINALIS NAA	87661	CPT	outpatient			358		40.35 Americare	Americare		268.5	0.75			26.4		340.1 percent of total billed charges	
TRICHOMONAS VAGINALIS NAA	87661	CPT	outpatient			358		40.35 WellPoint	WellPoint		114.85	0.3208			26.4		340.1 percent of total billed charges	
TRICHOMONAS VAGINALIS NAA	87661	CPT	outpatient			358		40.35 Amerihealth	Medicare		35.09				26.4		340.1 case rate	
TRICHOMONAS VAGINALIS NAA	87661	CPT	outpatient			358		40.35 Consumer	Consumer		340.1	0.95			26.4		340.1 percent of total billed charges	
TRICHOMONAS VAGINALIS NAA	87661	CPT	outpatient			358		40.35 Corrections	Corrections		286.4	0.8			26.4		340.1 percent of total billed charges	
TRICHOMONAS VAGINALIS NAA	87661	CPT	outpatient			358		40.35 First Health	First Health		250.6	0.7			26.4		340.1 percent of total billed charges	
TRICHOMONAS VAGINALIS NAA	87661	CPT	outpatient			358		40.35 First Trenton	First Trenton		322.2	0.9			26.4		340.1 percent of total billed charges	
TRICHOMONAS VAGINALIS NAA	87661	CPT	outpatient			358		40.35 Horizon	MGD		137.04	0.3828			26.4		340.1 percent of total billed charges	
TRICHOMONAS VAGINALIS NAA	87661	CPT	outpatient			358		40.35 Horizon	Indemnity		137.04	0.3828			26.4		340.1 percent of total billed charges	
TRICHOMONAS VAGINALIS NAA	87661	CPT	outpatient			358		40.35 Horizon	PPO		137.04	0.3828			26.4		340.1 percent of total billed charges	
TRICHOMONAS VAGINALIS NAA	87661	CPT	outpatient			358		40.35 Horizon	Medicare Blue		107.4	0.3			26.4		340.1 percent of total billed charges	
TRICHOMONAS VAGINALIS NAA	87661	CPT	outpatient			358		40.35 Managed Care Inc	Managed Care Inc		322.2	0.9			26.4		340.1 percent of total billed charges	
TRICHOMONAS VAGINALIS NAA	87661	CPT	outpatient			358		40.35 Multiplan	Multiplan		286.4	0.8			26.4		340.1 percent of total billed charges	
TRICHOMONAS VAGINALIS NAA	87661	CPT	outpatient			358		40.35 Qualcare	Qualcare		268.5	0.75			26.4		340.1 percent of total billed charges	
TRICHOMONAS VAGINALIS NAA	87661	CPT	outpatient			358		40.35 Three Rivers	Three Rivers		340.1	0.95			26.4		340.1 percent of total billed charges	
TRICHOMONAS VAGINALIS NAA	87661	CPT	outpatient			358		40.35 UHC	Medicare		35.09				26.4		340.1 case rate	
TRICHOMONAS VAGINALIS NAA	87661	CPT	outpatient			358		40.35 UHC	Medicaid		28.07				26.4		340.1 case rate	
TRICHOMONAS VAGINALIS NAA	87661	CPT	outpatient			358		40.35 Wellcare	Medicaid		28.07				26.4		340.1 case rate	
TRICHOMONAS VAGINALIS NAA	87661	CPT	outpatient			358		40.35 Wellcare	Medicare		35.09				26.4		340.1 case rate	
ZIKA RNA REAL TIME RT-PCR(93870)	87662	CPT	inpatient			1172		59.01 Aetna	Better Health		368.71	0.3146			41.05		1113.4 percent of total billed charges	
ZIKA RNA REAL TIME RT-PCR(93870)	87662	CPT	inpatient			1172		59.01 Aetna	Medicare		51.31				41.05		1113.4 case rate	
ZIKA RNA REAL TIME RT-PCR(93870)	87662	CPT	inpatient			1172		59.01 Aetna	Commercial		445.36	0.38			41.05		1113.4 percent of total billed charges	
ZIKA RNA REAL TIME RT-PCR(93870)	87662	CPT	inpatient			1172		59.01 Americare	Americare		879	0.75			41.05		1113.4 percent of total billed charges	
ZIKA RNA REAL TIME RT-PCR(93870)	87662	CPT	inpatient			1172		59.01 WellPoint	WellPoint		375.98	0.3208			41.05		1113.4 percent of total billed charges	
ZIKA RNA REAL TIME RT-PCR(93870)	87662	CPT	inpatient			1172		59.01 Amerihealth	Medicare		51.31				41.05		1113.4 case rate	
ZIKA RNA REAL TIME RT-PCR(93870)	87662	CPT	inpatient			1172		59.01 Consumer	Consumer		1113.4	0.95			41.05		1113.4 percent of total billed charges	
ZIKA RNA REAL TIME RT-PCR(93870)	87662	CPT	inpatient			1172		59.01 Corrections	Corrections		937.6	0.8			41.05		1113.4 percent of total billed charges	
ZIKA RNA REAL TIME RT-PCR(93870)	87662	CPT	inpatient			1172		59.01 First Health	First Health		820.4	0.7			41.05		1113.4 percent of total billed charges	
ZIKA RNA REAL TIME RT-PCR(93870)	87662	CPT	inpatient			1172		59.01 First Trenton	First Trenton		1054.8	0.9			41.05		1113.4 percent of total billed charges	
ZIKA RNA REAL TIME RT-PCR(93870)	87662	CPT	inpatient			1172		59.01 Horizon	Medicare Blue		351.6	0.3			41.05		1113.4 percent of total billed charges	
ZIKA RNA REAL TIME RT-PCR(93870)	87662	CPT	inpatient			1172		59.01 Horizon	Indemnity		448.64	0.3828			41.05		1113.4 percent of total billed charges	
ZIKA RNA REAL TIME RT-PCR(93870)	87662	CPT	inpatient			1172		59.01 Horizon	MGD		448.64	0.3828			41.05		1113.4 percent of total billed charges	
ZIKA RNA REAL TIME RT-PCR(93870)	87662	CPT	inpatient			1172		59.01 Horizon	PPO		448.64	0.3828			41.05		1113.4 percent of total billed charges	
ZIKA RNA REAL TIME RT-PCR(93870)	87662	CPT	inpatient			1172		59.01 Managed Care Inc	Managed Care Inc		1054.8	0.9			41.05		1113.4 percent of total billed charges	
ZIKA RNA REAL TIME RT-PCR(93870)	87662	CPT	inpatient			1172		59.01 Multiplan	Multiplan		937.6	0.8			41.05		1113.4 percent of total billed charges	
ZIKA RNA REAL TIME RT-PCR(93870)	87662	CPT	inpatient			1172		59.01 Qualcare	Qualcare		879	0.75			41.05		1113.4 percent of total billed charges	
ZIKA RNA REAL TIME RT-PCR(93870)	87662	CPT	inpatient			1172		59.01 Three Rivers	Three Rivers		1113.4	0.95			41.05		1113.4 percent of total billed charges	
ZIKA RNA REAL TIME RT-PCR(93870)	87662	CPT	inpatient			1172		59.01 UHC	Medicaid		41.05				41.05		1113.4 case rate	
ZIKA RNA REAL TIME RT-PCR(93870)	87662	CPT	inpatient			1172		59.01 UHC	Medicare		51.31				41.05		1113.4 case rate	
ZIKA RNA REAL TIME RT-PCR(93870)	87662	CPT	inpatient			1172		59.01 Wellcare	Medicaid		41.05				41.05		1113.4 case rate	
ZIKA RNA REAL TIME RT-PCR(93870)	87662	CPT	inpatient			1172		59.01 Wellcare	Medicare		51.31				41.05		1113.4 case rate	
ZIKA VIRUS PCR SERUM	87798	CPT	both			1682		40.35 Aetna	Commercial		639.16	0.38			25.8		1597.9 percent of total billed charges	
ZIKA VIRUS PCR SERUM	87798	CPT	both			1682		40.35 Aetna	Medicare		35.09				25.8		1597.9 case rate	
ZIKA VIRUS PCR SERUM	87798	CPT	both			1682		40.35 Aetna	Better Health		529.16	0.3146			25.8		1597.9 percent of total billed charges	
ZIKA VIRUS PCR SERUM	87798	CPT	both			1682		40.35 Americare	Americare		1261.5	0.75			25.8		1597.9 percent of total billed charges	
ZIKA VIRUS PCR SERUM	87798	CPT	both			1682		40.35 WellPoint	WellPoint		539.59	0.3208			25.8		1597.9 percent of total billed charges	
ZIKA VIRUS PCR SERUM	87798	CPT	both			1682		40.35 Amerihealth	Medicare		35.09				25.8		1597.9 case rate	
ZIKA VIRUS PCR SERUM	87798	CPT	both			1682		40.35 Consumer	Consumer		1597.9	0.95			25.8		1597.9 percent of total billed charges	
ZIKA VIRUS PCR SERUM	87798	CPT	both			1682		40.35 Corrections	Corrections		1345.6	0.8			25.8		1597.9 percent of total billed charges	
ZIKA VIRUS PCR SERUM	87798	CPT	both			1682		40.35 First Health	First Health		1177.4	0.7			25.8		1597.9 percent of total billed charges	
ZIKA VIRUS PCR SERUM	87798	CPT	both			1682		40.35 First Trenton	First Trenton		1513.8	0.9			25.8		1597.9 percent of total billed charges	
ZIKA VIRUS PCR SERUM	87798	CPT	both			1682		40.35 Horizon	MGD		643.87	0.3828			25.8		1597.9 percent of total billed charges	
ZIKA VIRUS PCR SERUM	87798	CPT	both			1682		40.35 Horizon	Medicare Blue		504.6	0.3			25.8		1597.9 percent of total billed charges	
ZIKA VIRUS PCR SERUM	87798	CPT	both			1682		40.35 Horizon	PPO		643.87	0.3828			25.8		1597.9 percent of total billed charges	
ZIKA VIRUS PCR SERUM	87798	CPT	both			1682		40.35 Horizon	Indemnity		643.87	0.3828			25.8		1597.9 percent of total billed charges	
ZIKA VIRUS PCR SERUM	87798	CPT	both			1682		40.35 Managed Care Inc	Managed Care Inc		1513.8	0.9			25.8		1597.9 percent of total billed charges	
ZIKA VIRUS PCR SERUM	87798	CPT	both			1682		40.35 Multiplan	Multiplan		1345.6	0.8			25.8		1597.9 percent of total billed charges	
ZIKA VIRUS PCR SERUM	87798	CPT	both			1682		40.35 Qualcare	Qualcare		1261.5	0.75			25.8		1597.9 percent of total billed charges	
ZIKA VIRUS PCR SERUM	87798	CPT	both			1682		40.35 Three Rivers	Three Rivers		1597.9	0.95			25.8		1597.9 percent of total billed charges	
ZIKA VIRUS PCR SERUM	87798	CPT	both			1682		40.35 UHC	Medicare		35.09				25.8		1597.9 case rate	
ZIKA VIRUS PCR SERUM	87798	CPT	both			1682		40.35 UHC	Medicaid		38				25.8		1597.9 case rate	
ZIKA VIRUS PCR SERUM	87798	CPT	both			1682		40.35 Wellcare	Medicaid		38				25.8		1597.9 case rate	
ZIKA VIRUS PCR SERUM	87798	CPT	both			1682		40.35 Wellcare	Medicare		35.09				25.8		1597.9 case rate	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Aetna	Medicare		42.84				20		1473.45 case rate	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Aetna	Commercial		589.38	0.38			20		1473.45 percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Aetna	Better Health		487.94	0.3146			20		1473.45 percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Americare	Americare		1163.25	0.75			20		1473.45 percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 WellPoint	WellPoint		497.56	0.3208			20		1473.45 percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Amerihealth	Medicare		42.84				20		1473.45 case rate	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Consumer	Consumer		1473.45	0.95			20		1473.45 percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Corrections	Corrections		1240.8	0.8			20		1473.45 percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 First Health	First Health		1085.7	0.7			20		1473.45 percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 First Trenton	First Trenton		1395.9	0.9			20		1473.45 percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Horizon	MGD		593.72	0.3828			20		1473.45 percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Horizon	Indemnity		593.72	0.3828			20		1473.45 percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Horizon	Medicare Blue		465.3	0.3			20		1473.45 percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Horizon	PPO		593.72	0.3828			20		1473.45 percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Managed Care Inc	Managed Care Inc		1395.9	0.9			20		1473.45 percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Multiplan	Multiplan		1240.8	0.8			20		1473.45 percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Qualcare	Qualcare		1163.25	0.75			20		1473.45 percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Three Rivers	Three Rivers		1473.45	0.95			20		1473.45 percent of total billed charges	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 UHC	Medicaid		20				20		1473.45 case rate	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 UHC	Medicare		42.84				20		1473.45 case rate	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Wellcare	Medicaid		20				20		1473.45 case rate	
VARICELLA ZOSTER DN RT PCR	87799	CPT	both			1551		49.27 Wellcare	Medicare		42.84				20		1473.45 case rate	
POCT STREP A	87800	CPT	both			193		50.22 Aetna	Medicare		43.67				18		183.35 case rate	
POCT STREP A	87800	CPT	both			193		50.22 Aetna	Better Health		60.72	0.3146			18		183.35 percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Aetna	Commercial		73.34	0.38			18		183.35 percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Americare	Americare		144.75	0.75			18		183.35 percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 WellPoint	WellPoint		61.91	0.3208			18		183.35 percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Amerihealth	Medicare		43.67				18		183.35 case rate	
POCT STREP A	87800	CPT	both			193		50.22 Consumer	Consumer		183.35	0.95			18		183.35 percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Corrections	Corrections		154.4	0.8			18		183.35 percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 First Health	First Health		135.1	0.7			18		183.35 percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 First Trenton	First Trenton		173.7	0.9			18		183.35 percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Horizon	MGD		73.88	0.3828			18		183.35 percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Horizon	Medicare Blue		57.9	0.3			18		183.35 percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Horizon	Indemnity		73.88	0.3828			18		183.35 percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Horizon	PPO		73.88	0.3828			18		183.35 percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Managed Care Inc	Managed Care Inc		173.7	0.9			18		183.35 percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Multiplan	Multiplan		154.4	0.8			18		183.35 percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Qualcare	Qualcare		144.75	0.75			18		183.35 percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 Three Rivers	Three Rivers		183.35	0.95			18		183.35 percent of total billed charges	
POCT STREP A	87800	CPT	both			193		50.22 UHC	Medicaid		25				18		183.35 case rate	
POCT STREP A	87800	CPT	both			193		50.22 UHC	Medicare		43.67				18		183.35 case rate	
POCT STREP A	87800	CPT	both			193		50.22 Wellcare	Medicare		43.67				18		183.35 case rate	
POCT STREP A	87800	CPT	both			193		50.22 Wellcare	Medicaid		25				18		183.35 case rate	
LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Aetna	Better Health		268.98	0.3146			38		812.25 percent of total billed charges	
LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Aetna	Medicare		70.2				38		812.25 case rate	
LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Aetna	Commercial		324.9	0.38			38		812.25 percent of total billed charges	
LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Americare	Americare		641.25	0.75			38		812.25 percent of total billed charges	
LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C	87801	CPT	both			855		80.73 WellPoint	WellPoint		274.28	0.3208			38		812.25 percent of total billed charges	
LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Amerihealth	Medicare		70.2				38		812.25 case rate	
LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Consumer	Consumer		812.25	0.95			38		812.25 percent of total billed charges	
LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Corrections	Corrections		684	0.8			38		812.25 percent of total billed charges	
LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C	87801	CPT	both			855		80.73 First Health	First Health		598.5	0.7			38		812.25 percent of total billed charges	
LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C	87801	CPT	both			855		80.73 First Trenton	First Trenton		769.5	0.9			38		812.25 percent of total billed charges	
LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Horizon	Indemnity		327.29	0.3828			38		812.25 percent of total billed charges	
LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Horizon	Medicare Blue		256.5	0.3			38		812.25 percent of total billed charges	
LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Horizon	MGD		327.29	0.3828			38		812.25 percent of total billed charges	
LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Horizon	PPO		327.29	0.3828			38		812.25 percent of total billed charges	
LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Managed Care Inc	Managed Care Inc		769.5	0.9			38		812.25 percent of total billed charges	
LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Multiplan	Multiplan		684	0.8			38		812.25 percent of total billed charges	
LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Qualcare	Qualcare		641.25	0.75			38		812.25 percent of total billed charges	
LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Three Rivers	Three Rivers		812.25	0.95			38		812.25 percent of total billed charges	
LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C	87801	CPT	both			855		80.73 UHC	Medicaid		38				38		812.25 case rate	
LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C	87801	CPT	both			855		80.73 UHC	Medicare		70.2				38		812.25 case rate	
LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Wellcare	Medicare		70.2				38		812.25 case rate	
LYME DISEASE DNA QUAL PCR SYNOVIAL FLD/C	87801	CPT	both			855		80.73 Wellcare	Medicaid		38				38		812.25 case rate	
INFCT AGNT IMMUNO NOS	87802	CPT	both			50		14.64 Aetna	Medicare		12.73				12.17		47.5 case rate	
INFCT AGNT IMMUNO NOS	87802	CPT	both			50		14.64 Aetna	Better Health		15.73	0.3146			12.17		47.5 percent of total billed charges	
INFCT AGNT IMMUNO NOS	87802	CPT	both			50		14.64 Aetna	Commercial		19	0.38			12.17		47.5 percent of total billed charges	
INFCT AGNT IMMUNO NOS	87802	CPT	both			50		14.64 Americare	Americare		37.5	0.75			12.17		47.5 percent of total billed charges	
INFCT AGNT IMMUNO NOS	87802	CPT	both			50		14.64 WellPoint	WellPoint		16.04	0.3208			12.17		47.5 percent of total billed charges	
INFCT AGNT IMMUNO NOS	87802	CPT	both			50		14.64 Amerihealth	Medicare		12.73				12.17		47.5 case rate	
INFCT AGNT IMMUNO NOS	87802	CPT	both			50		14.64 Consumer	Consumer		47.5	0.95			12.17		47.5 percent of total billed charges	
INFCT AGNT IMMUNO NOS	87802	CPT	both			50		14.64 Corrections	Corrections		40	0.8			12.17		47.5 percent of total billed charges	
INFCT AGNT IMMUNO NOS	87802	CPT	both			50		14.64 First Health	First Health		35	0.7			12.17		47.5 percent of total billed charges	
INFCT AGNT IMMUNO NOS	87802	CPT	both			50		14.64 First Trenton	First Trenton		45	0.9			12.17		47.5 percent of total billed charges	
INFCT AGNT IMMUNO NOS	87802	CPT	both			50		14.64 Horizon	MGD		19.14	0.3828			12.17		47.5 percent of total billed charges	
INFCT AGNT IMMUNO NOS	87802	CPT	both			50		14.64 Horizon	PPO		19.14	0.3828			12.17		47.5 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INFCT AGNT IMMUNO NOS	87802	CPT	both			50	14.64	Horizon	Indemnity		19.14	0.3828			12.17	47.5	percent of total billed charges	
INFCT AGNT IMMUNO NOS	87802	CPT	both			50	14.64	Horizon	Medicare Blue		15	0.3			12.17	47.5	percent of total billed charges	
INFCT AGNT IMMUNO NOS	87802	CPT	both			50	14.64	Managed Care Inc	Managed Care Inc		45	0.9			12.17	47.5	percent of total billed charges	
INFCT AGNT IMMUNO NOS	87802	CPT	both			50	14.64	Multiplan	Multiplan		40	0.8			12.17	47.5	percent of total billed charges	
INFCT AGNT IMMUNO NOS	87802	CPT	both			50	14.64	Qualcare	Qualcare		37.5	0.75			12.17	47.5	percent of total billed charges	
INFCT AGNT IMMUNO NOS	87802	CPT	both			50	14.64	Three Rivers	Three Rivers		47.5	0.95			12.17	47.5	percent of total billed charges	
INFCT AGNT IMMUNO NOS	87802	CPT	both			50	14.64	UHC	Medicaid		12.17				12.17	47.5	case rate	
INFCT AGNT IMMUNO NOS	87802	CPT	both			50	14.64	UHC	Medicare		12.73				12.17	47.5	case rate	
INFCT AGNT IMMUNO NOS	87802	CPT	both			50	14.64	Wellcare	Medicaid		12.17				12.17	47.5	case rate	
INFCT AGNT IMMUNO NOS	87802	CPT	both			50	14.64	Wellcare	Medicare		12.73				12.17	47.5	case rate	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86	25.02	Aetna	Medicare		26.49	0.308			21.76	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86	25.02	Aetna	Better Health		27.06	0.3146			21.76	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86	25.02	Aetna	Commercial		32.68	0.38			21.76	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86	25.02	Americare	Americare		64.5	0.75			21.76	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86	25.02	WellPoint	WellPoint		27.59	0.3208			21.76	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86	25.02	Amerihealth	Medicare		21.76				21.76	81.7	case rate	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86	25.02	Consumer	Consumer		81.7	0.95			21.76	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86	25.02	Corrections	Corrections		68.8	0.8			21.76	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86	25.02	First Health	First Health		60.2	0.7			21.76	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86	25.02	First Trenton	First Trenton		77.4	0.9			21.76	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86	25.02	Horizon	Medicare Blue		25.8	0.3			21.76	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86	25.02	Horizon	MGD		32.92	0.3828			21.76	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86	25.02	Horizon	Indemnity		32.92	0.3828			21.76	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86	25.02	Horizon	PPO		32.92	0.3828			21.76	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86	25.02	Managed Care Inc	Managed Care Inc		77.4	0.9			21.76	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86	25.02	Multiplan	Multiplan		68.8	0.8			21.76	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86	25.02	Qualcare	Qualcare		64.5	0.75			21.76	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86	25.02	Three Rivers	Three Rivers		81.7	0.95			21.76	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86	25.02	UHC	Medicaid		27.06	0.3146			21.76	81.7	percent of total billed charges	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86	25.02	UHC	Medicare		21.76				21.76	81.7	case rate	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86	25.02	Wellcare	Medicare		21.76				21.76	81.7	case rate	
INF AGNT DET IMUNNO;ADENOVIRUS	87809	CPT	outpatient			86	25.02	Wellcare	Medicaid		27.06	0.3146			21.76	81.7	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136	19.01	Aetna	Commercial		51.68	0.38			12	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136	19.01	Aetna	Medicare		16.53				12	129.2	case rate	
POCT STREP A	87880	CPT	outpatient			136	19.01	Aetna	Better Health		42.79	0.3146			12	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136	19.01	Americare	Americare		102	0.75			12	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136	19.01	WellPoint	WellPoint		43.63	0.3208			12	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136	19.01	Amerihealth	Medicare		16.53				12	129.2	case rate	
POCT STREP A	87880	CPT	outpatient			136	19.01	Consumer	Consumer		129.2	0.95			12	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136	19.01	Corrections	Corrections		108.8	0.8			12	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136	19.01	First Health	First Health		95.2	0.7			12	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136	19.01	First Trenton	First Trenton		122.4	0.9			12	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136	19.01	Horizon	Medicare Blue		40.8	0.3			12	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136	19.01	Horizon	Indemnity		52.06	0.3828			12	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136	19.01	Horizon	MGD		52.06	0.3828			12	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136	19.01	Horizon	PPO		52.06	0.3828			12	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136	19.01	Managed Care Inc	Managed Care Inc		122.4	0.9			12	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136	19.01	Multiplan	Multiplan		108.8	0.8			12	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136	19.01	Qualcare	Qualcare		102	0.75			12	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136	19.01	Three Rivers	Three Rivers		129.2	0.95			12	129.2	percent of total billed charges	
POCT STREP A	87880	CPT	outpatient			136	19.01	UHC	Medicaid		12				12	129.2	case rate	
POCT STREP A	87880	CPT	outpatient			136	19.01	UHC	Medicare		16.53				12	129.2	case rate	
POCT STREP A	87880	CPT	outpatient			136	19.01	Wellcare	Medicaid		12				12	129.2	case rate	
POCT STREP A	87880	CPT	outpatient			136	19.01	Wellcare	Medicare		16.53				12	129.2	case rate	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297	18.48	Aetna	Better Health		93.44	0.3146			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297	18.48	Aetna	Commercial		112.86	0.38			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297	18.48	Aetna	Medicare		16.07				5.7	282.15	case rate	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297	18.48	Americare	Americare		222.75	0.75			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297	18.48	WellPoint	WellPoint		95.28	0.3208			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297	18.48	Amerihealth	Medicare		16.07				5.7	282.15	case rate	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297	18.48	Consumer	Consumer		282.15	0.95			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297	18.48	Corrections	Corrections		237.6	0.8			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297	18.48	First Health	First Health		207.9	0.7			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297	18.48	First Trenton	First Trenton		267.3	0.9			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297	18.48	Horizon	MGD		113.69	0.3828			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297	18.48	Horizon	Indemnity		113.69	0.3828			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297	18.48	Horizon	Medicare Blue		89.1	0.3			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297	18.48	Horizon	PPO		113.69	0.3828			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297	18.48	Managed Care Inc	Managed Care Inc		267.3	0.9			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297	18.48	Multiplan	Multiplan		237.6	0.8			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297	18.48	Qualcare	Qualcare		222.75	0.75			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297	18.48	Three Rivers	Three Rivers		282.15	0.95			5.7	282.15	percent of total billed charges	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297	18.48	UHC	Medicaid		12				5.7	282.15	case rate	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297	18.48	UHC	Medicare		16.07				5.7	282.15	case rate	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297	18.48	Wellcare	Medicaid		12				5.7	282.15	case rate	
STREP PNEUMONIA ANTIGEN	87899	CPT	both			297	18.48	Wellcare	Medicare		16.07				5.7	282.15	case rate	
INFECTAGN DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853	149.9	Aetna	Medicare		130.35				87.6	810.35	case rate	
INFECTAGN DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853	149.9	Aetna	Better Health		268.35	0.3146			87.6	810.35	percent of total billed charges	
INFECTAGN DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853	149.9	Aetna	Commercial		324.14	0.38			87.6	810.35	percent of total billed charges	
INFECTAGN DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853	149.9	Americare	Americare		639.75	0.75			87.6	810.35	percent of total billed charges	
INFECTAGN DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853	149.9	WellPoint	WellPoint		273.64	0.3208			87.6	810.35	percent of total billed charges	
INFECTAGN DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853	149.9	Amerihealth	Medicare		130.35				87.6	810.35	case rate	
INFECTAGN DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853	149.9	Consumer	Consumer		810.35	0.95			87.6	810.35	percent of total billed charges	
INFECTAGN DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853	149.9	Corrections	Corrections		682.4	0.8			87.6	810.35	percent of total billed charges	
INFECTAGN DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853	149.9	First Health	First Health		597.1	0.7			87.6	810.35	percent of total billed charges	
INFECTAGN DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853	149.9	First Trenton	First Trenton		767.7	0.9			87.6	810.35	percent of total billed charges	
INFECTAGN DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853	149.9	Horizon	Medicare Blue		256.9	0.3			87.6	810.35	percent of total billed charges	
INFECTAGN DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853	149.9	Horizon	Indemnity		326.53	0.3828			87.6	810.35	percent of total billed charges	
INFECTAGN DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853	149.9	Horizon	MGD		326.53	0.3828			87.6	810.35	percent of total billed charges	
INFECTAGN DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853	149.9	Horizon	PPO		326.53	0.3828			87.6	810.35	percent of total billed charges	
INFECTAGN DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853	149.9	Managed Care Inc	Managed Care Inc		767.7	0.9			87.6	810.35	percent of total billed charges	
INFECTAGN DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853	149.9	Multiplan	Multiplan		682.4	0.8			87.6	810.35	percent of total billed charges	
INFECTAGN DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853	149.9	Qualcare	Qualcare		639.75	0.75			87.6	810.35	percent of total billed charges	
INFECTAGN DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853	149.9	Three Rivers	Three Rivers		810.35	0.95			87.6	810.35	percent of total billed charges	
INFECTAGN DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853	149.9	UHC	Medicaid		104.28				87.6	810.35	case rate	
INFECTAGN DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853	149.9	UHC	Medicare		130.35				87.6	810.35	case rate	
INFECTAGN DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853	149.9	Wellcare	Medicaid		104.28				87.6	810.35	case rate	
INFECTAGN DRUG/SUSCEPT/PHENOTYPE	87900	CPT	both			853	149.9	Wellcare	Medicare		130.35				87.6	810.35	case rate	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780	296.07	Aetna	Medicare		257.45				113.1	741	case rate	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780	296.07	Aetna	Better Health		245.39	0.3146			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780	296.07	Aetna	Commercial		296.4	0.38			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780	296.07	Americare	Americare		585	0.75			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780	296.07	WellPoint	WellPoint		250.22	0.3208			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780	296.07	Amerihealth	Medicare		257.45				113.1	741	case rate	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780	296.07	Consumer	Consumer		741	0.95			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780	296.07	Corrections	Corrections		624	0.8			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780	296.07	First Health	First Health		546	0.7			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780	296.07	First Trenton	First Trenton		702	0.9			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780	296.07	Horizon	MGD		298.58	0.3828			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780	296.07	Horizon	Medicare Blue		234	0.3			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780	296.07	Horizon	Indemnity		298.58	0.3828			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780	296.07	Horizon	PPO		298.58	0.3828			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780	296.07	Managed Care Inc	Managed Care Inc		702	0.9			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780	296.07	Multiplan	Multiplan		624	0.8			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780	296.07	Qualcare	Qualcare		585	0.75			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780	296.07	Three Rivers	Three Rivers		741	0.95			113.1	741	percent of total billed charges	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780	296.07	UHC	Medicaid		287.75				113.1	741	case rate	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780	296.07	UHC	Medicare		257.45				113.1	741	case rate	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780	296.07	Wellcare	Medicare		257.45				113.1	741	case rate	
HIV-1REVERSETRANSCRIPT/PROTASE	87901	CPT	both			780	296.07	Wellcare	Medicaid		287.75				113.1	741	case rate	
HEPATITIS C VIRUS	87902	CPT	both			1810	296.07	Aetna	Medicare		257.45				225	1719.5	case rate	
HEPATITIS C VIRUS	87902	CPT	both			1810	296.07	Aetna	Better Health		569.43	0.3146			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810	296.07	Aetna	Commercial		687.8	0.38			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810	296.07	Americare	Americare		1357.5	0.75			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810	296.07	WellPoint	WellPoint		580.65	0.3208			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810	296.07	Amerihealth	Medicare		257.45				225	1719.5	case rate	
HEPATITIS C VIRUS	87902	CPT	both			1810	296.07	Consumer	Consumer		1719.5	0.95			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810	296.07	Corrections	Corrections		1448	0.8			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810	296.07	First Health	First Health		1267	0.7			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810	296.07	First Trenton	First Trenton		1629	0.9			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810	296.07	Horizon	MGD		692.87	0.3828			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810	296.07	Horizon	Indemnity		692.87	0.3828			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810	296.07	Horizon	Medicare Blue		543	0.3			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810	296.07	Horizon	PPO		692.87	0.3828			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810	296.07	Managed Care Inc	Managed Care Inc		1629	0.9			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810	296.07	Multiplan	Multiplan		1448	0.8			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810	296.07	Qualcare	Qualcare		1357.5	0.75			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810	296.07	Three Rivers	Three Rivers		1719.5	0.95			225	1719.5	percent of total billed charges	
HEPATITIS C VIRUS	87902	CPT	both			1810	296.07	UHC	Medicaid		287.75				225	1719.5	case rate	
HEPATITIS C VIRUS	87902	CPT	both			1810	296.07	UHC	Medicare		257.45				225	1719.5	case rate	
HEPATITIS C VIRUS	87902	CPT	both			1810	296.07	Wellcare	Medicaid		287.75				225	1719.5	case rate	
HEPATITIS C VIRUS	87902	CPT	both			1810	296.07	Wellcare	Medicare		257.45				225	1719.5	case rate	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	both			2973	561.96	Aetna	Medicare		488.66				327	2824.35	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INTEGRASE INHIBIT RESISTANCE	87903	CPT	both			2973	561.96	Aetna	Better Health		935.31	0.3146			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	both			2973	561.96	Aetna	Commercial		1129.74	0.38			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	both			2973	561.96	Americare	Americare		2229.75	0.75			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	both			2973	561.96	WellPoint	WellPoint		953.74	0.3208			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	both			2973	561.96	Amerihealth	Medicare		488.66				327	2824.35	case rate	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	both			2973	561.96	Consumer	Consumer		2824.35	0.95			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	both			2973	561.96	Corrections	Corrections		2378.4	0.8			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	both			2973	561.96	First Health	First Health		2081.1	0.7			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	both			2973	561.96	First Trenton	First Trenton		2675.7	0.9			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	both			2973	561.96	Horizon	MGD		1138.06	0.3828			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	both			2973	561.96	Horizon	Indemnity		1138.06	0.3828			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	both			2973	561.96	Horizon	PPO		1138.06	0.3828			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	both			2973	561.96	Horizon	Medicare Blue		891.9	0.3			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	both			2973	561.96	Managed Care Inc	Managed Care Inc		2675.7	0.9			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	both			2973	561.96	Multiplan	Multiplan		2378.4	0.8			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	both			2973	561.96	Qualcare	Qualcare		2229.75	0.75			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	both			2973	561.96	Three Rivers	Three Rivers		2824.35	0.95			327	2824.35	percent of total billed charges	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	both			2973	561.96	UHC	Medicare		488.66				327	2824.35	case rate	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	both			2973	561.96	UHC	Medicaid		546.18				327	2824.35	case rate	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	both			2973	561.96	Wellcare	Medicaid		546.18				327	2824.35	case rate	
INTEGRASE INHIBIT RESISTANCE	87903	CPT	both			2973	561.96	Wellcare	Medicare		488.66				327	2824.35	case rate	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	both			932	29.98	Aetna	Medicare		26.07				26.07	885.4	case rate	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	both			932	29.98	Aetna	Better Health		293.21	0.3146			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	both			932	29.98	Aetna	Commercial		354.16	0.38			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	both			932	29.98	Americare	Americare		699	0.75			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	both			932	29.98	WellPoint	WellPoint		298.99	0.3208			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	both			932	29.98	Amerihealth	Medicare		26.07				26.07	885.4	case rate	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	both			932	29.98	Consumer	Consumer		885.4	0.95			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	both			932	29.98	Corrections	Corrections		745.6	0.8			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	both			932	29.98	First Health	First Health		652.4	0.7			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	both			932	29.98	First Trenton	First Trenton		838.8	0.9			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	both			932	29.98	Horizon	Indemnity		356.77	0.3828			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	both			932	29.98	Horizon	MGD		356.77	0.3828			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	both			932	29.98	Horizon	PPO		356.77	0.3828			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	both			932	29.98	Horizon	Medicare Blue		279.6	0.3			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	both			932	29.98	Managed Care Inc	Managed Care Inc		838.8	0.9			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	both			932	29.98	Multiplan	Multiplan		745.6	0.8			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	both			932	29.98	Qualcare	Qualcare		699	0.75			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	both			932	29.98	Three Rivers	Three Rivers		885.4	0.95			26.07	885.4	percent of total billed charges	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	both			932	29.98	UHC	Medicaid		28.66				26.07	885.4	case rate	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	both			932	29.98	UHC	Medicare		26.07				26.07	885.4	case rate	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	both			932	29.98	Wellcare	Medicare		26.07				26.07	885.4	case rate	
INFECTAGN EA ADD DRUG TESTED	87904	CPT	both			932	29.98	Wellcare	Medicaid		28.66				26.07	885.4	case rate	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Aetna	Better Health		30.52	0.3146			9.78	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Aetna	Medicare		12.22				9.78	92.15	case rate	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Aetna	Commercial		36.86	0.38			9.78	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Americare	Americare		72.75	0.75			9.78	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	WellPoint	WellPoint		31.12	0.3208			9.78	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Amerihealth	Medicare		12.22				9.78	92.15	case rate	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Consumer	Consumer		92.15	0.95			9.78	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Corrections	Corrections		77.6	0.8			9.78	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	First Health	First Health		67.9	0.7			9.78	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	First Trenton	First Trenton		87.3	0.9			9.78	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Horizon	Indemnity		37.13	0.3828			9.78	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Horizon	MGD		37.13	0.3828			9.78	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Horizon	Medicare Blue		29.1	0.3			9.78	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Horizon	PPO		37.13	0.3828			9.78	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Managed Care Inc	Managed Care Inc		87.3	0.9			9.78	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Multiplan	Multiplan		77.6	0.8			9.78	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Qualcare	Qualcare		72.75	0.75			9.78	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Three Rivers	Three Rivers		92.15	0.95			9.78	92.15	percent of total billed charges	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	UHC	Medicare		12.22				9.78	92.15	case rate	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	UHC	Medicaid		9.78				9.78	92.15	case rate	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Wellcare	Medicare		12.22				9.78	92.15	case rate	
SIALIDASE ENZYME ASSAY	87905	CPT	outpatient			97	14.05	Wellcare	Medicaid		9.78				9.78	92.15	case rate	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	outpatient			2297	148.04	Aetna	Better Health		722.64	0.3146			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	outpatient			2297	148.04	Aetna	Commercial		872.86	0.38			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	outpatient			2297	148.04	Aetna	Medicare		128.73				71.1	2182.15	case rate	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	outpatient			2297	148.04	Americare	Americare		1722.75	0.75			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	outpatient			2297	148.04	WellPoint	WellPoint		736.88	0.3208			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	outpatient			2297	148.04	Amerihealth	Medicare		128.73				71.1	2182.15	case rate	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	outpatient			2297	148.04	Consumer	Consumer		2182.15	0.95			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	outpatient			2297	148.04	Corrections	Corrections		1837.6	0.8			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	outpatient			2297	148.04	First Health	First Health		1607.9	0.7			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	outpatient			2297	148.04	First Trenton	First Trenton		2067.3	0.9			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	outpatient			2297	148.04	Horizon	MGD		879.29	0.3828			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	outpatient			2297	148.04	Horizon	Indemnity		879.29	0.3828			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	outpatient			2297	148.04	Horizon	PPO		879.29	0.3828			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	outpatient			2297	148.04	Horizon	Medicare Blue		689.1	0.3			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	outpatient			2297	148.04	Managed Care Inc	Managed Care Inc		2067.3	0.9			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	outpatient			2297	148.04	Multiplan	Multiplan		1837.6	0.8			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	outpatient			2297	148.04	Qualcare	Qualcare		1722.75	0.75			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	outpatient			2297	148.04	Three Rivers	Three Rivers		2182.15	0.95			71.1	2182.15	percent of total billed charges	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	outpatient			2297	148.04	UHC	Medicaid		102.98				71.1	2182.15	case rate	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	outpatient			2297	148.04	UHC	Medicare		128.73				71.1	2182.15	case rate	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	outpatient			2297	148.04	Wellcare	Medicare		128.73				71.1	2182.15	case rate	
INFECTAGNGENOTYPE OTHR REGION	87906	CPT	outpatient			2297	148.04	Wellcare	Medicaid		102.98				71.1	2182.15	case rate	
CMV GENOTYPE	87910	CPT	inpatient			1696	296.07	Aetna	Better Health		533.56	0.3146			205.96	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	inpatient			1696	296.07	Aetna	Medicare		257.45				205.96	1611.2	case rate	
CMV GENOTYPE	87910	CPT	inpatient			1696	296.07	Aetna	Commercial		644.48	0.38			205.96	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	inpatient			1696	296.07	Americare	Americare		1272	0.75			205.96	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	inpatient			1696	296.07	WellPoint	WellPoint		544.08	0.3208			205.96	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	inpatient			1696	296.07	Amerihealth	Medicare		257.45				205.96	1611.2	case rate	
CMV GENOTYPE	87910	CPT	inpatient			1696	296.07	Consumer	Consumer		1611.2	0.95			205.96	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	inpatient			1696	296.07	Corrections	Corrections		1356.8	0.8			205.96	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	inpatient			1696	296.07	First Health	First Health		1187.2	0.7			205.96	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	inpatient			1696	296.07	First Trenton	First Trenton		1526.4	0.9			205.96	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	inpatient			1696	296.07	Horizon	MGD		649.23	0.3828			205.96	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	inpatient			1696	296.07	Horizon	Medicare Blue		508.8	0.3			205.96	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	inpatient			1696	296.07	Horizon	Indemnity		649.23	0.3828			205.96	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	inpatient			1696	296.07	Horizon	PPO		649.23	0.3828			205.96	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	inpatient			1696	296.07	Managed Care Inc	Managed Care Inc		1526.4	0.9			205.96	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	inpatient			1696	296.07	Multiplan	Multiplan		1356.8	0.8			205.96	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	inpatient			1696	296.07	Qualcare	Qualcare		1272	0.75			205.96	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	inpatient			1696	296.07	Three Rivers	Three Rivers		1611.2	0.95			205.96	1611.2	percent of total billed charges	
CMV GENOTYPE	87910	CPT	inpatient			1696	296.07	UHC	Medicare		257.45				205.96	1611.2	case rate	
CMV GENOTYPE	87910	CPT	inpatient			1696	296.07	UHC	Medicaid		205.96				205.96	1611.2	case rate	
CMV GENOTYPE	87910	CPT	inpatient			1696	296.07	Wellcare	Medicaid		205.96				205.96	1611.2	case rate	
CMV GENOTYPE	87910	CPT	inpatient			1696	296.07	Wellcare	Medicare		257.45				205.96	1611.2	case rate	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Aetna	Medicare		257.45				150.9	1369.9	case rate	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Aetna	Commercial		547.96	0.38			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Aetna	Better Health		453.65	0.3146			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Americare	Americare		1081.5	0.75			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	WellPoint	WellPoint		462.59	0.3208			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Amerihealth	Medicare		257.45				150.9	1369.9	case rate	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Consumer	Consumer		1369.9	0.95			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Corrections	Corrections		1153.6	0.8			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	First Health	First Health		1009.4	0.7			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	First Trenton	First Trenton		1297.8	0.9			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Horizon	Medicare Blue		432.6	0.3			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Horizon	Indemnity		552	0.3828			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Horizon	MGD		552	0.3828			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Horizon	PPO		552	0.3828			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Managed Care Inc	Managed Care Inc		1297.8	0.9			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Multiplan	Multiplan		1153.6	0.8			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Qualcare	Qualcare		1081.5	0.75			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Three Rivers	Three Rivers		1369.9	0.95			150.9	1369.9	percent of total billed charges	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	UHC	Medicare		257.45				150.9	1369.9	case rate	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	UHC	Medicaid		205.96				150.9	1369.9	case rate	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Wellcare	Medicare		257.45				150.9	1369.9	case rate	
HEPATITIS B VIRUS	87912	CPT	both			1442	296.07	Wellcare	Medicaid		205.96				150.9	1369.9	case rate	
TROPISM	87999	CPT	inpatient			11462		Aetna	Commercial		4355.56	0.38			15.7	10888.9	percent of total billed charges	
TROPISM	87999	CPT	inpatient			11462		Aetna	Better Health		3605.95	0.3146			15.7	10888.9	percent of total billed charges	
TROPISM	87999	CPT	inpatient			11462		Aetna	Medicare		3530.3	0.308			15.7	10888.9	percent of total billed charges	
TROPISM	87999	CPT	inpatient			11462		Americare	Americare		8596.5	0.75			15.7	10888.9	percent of total billed charges	
TROPISM	87999	CPT	inpatient			11462		WellPoint	WellPoint		3677.01	0.3208			15.7	10888.9	percent of total billed charges	
TROPISM	87999	CPT	inpatient			11462		Consumer	Consumer		10888.9	0.95			15.7	10888.9	percent of total billed charges	
TROPISM	87999	CPT	inpatient			11462		Corrections	Corrections		9169.6	0.8			15.7	10888.9	percent of total billed charges	
TROPISM	87999	CPT	inpatient			11462		First Health	First Health		8023.4	0.7			15.7	10888.9	percent of total billed charges	
TROPISM	87999	CPT	inpatient			11462		First Trenton	First Trenton		10315.8	0.9			15.7	10888.9	percent of total billed charges	
TROPISM	87999	CPT	inpatient			11462		Horizon	MGD		4387.65	0.3828			15.7	10888.9	percent of total billed charges	
TROPISM	87999	CPT	inpatient			11462		Horizon	PPO		4387.65	0.3828			15.7	10888.9	percent of total billed charges	
TROPISM	87999	CPT	inpatient			11462		Horizon	Indemnity		4387.65	0.3828			15.7	10888.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TROPISM	87999	CPT	inpatient			11462		Horizon	Medicare Blue		3438.6	0.3			15.7	10888.9	percent of total billed charges	
TROPISM	87999	CPT	inpatient			11462		Horizon	NJ Health		1146.2	0.1			15.7	10888.9	percent of total billed charges	
TROPISM	87999	CPT	inpatient			11462		Managed Care Inc	Managed Care Inc		10315.8	0.9			15.7	10888.9	percent of total billed charges	
TROPISM	87999	CPT	inpatient			11462		Multiplan	Multiplan		9169.6	0.8			15.7	10888.9	percent of total billed charges	
TROPISM	87999	CPT	inpatient			11462		Qualcare	Qualcare		8596.5	0.75			15.7	10888.9	percent of total billed charges	
TROPISM	87999	CPT	inpatient			11462		Three Rivers	Three Rivers		10888.9	0.95			15.7	10888.9	percent of total billed charges	
TROPISM	87999	CPT	inpatient			11462		UHC	Medicaid		3605.95	0.3146			15.7	10888.9	percent of total billed charges	
TROPISM	87999	CPT	inpatient			11462		Wellcare	Medicaid		3605.95	0.3146			15.7	10888.9	percent of total billed charges	
CYTOPATH FLUIDS	88104	CPT	both			192		52.74 Aetna	Commercial		73.01	1.592			12	182.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOPATH FLUIDS	88104	CPT	both			192		52.74 Aetna	Better Health		60.4	0.3146			12	182.4	percent of total billed charges	
CYTOPATH FLUIDS	88104	CPT	both			192		52.74 Aetna	Medicare		45.86	1			12	182.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOPATH FLUIDS	88104	CPT	both			192		52.74 Americare	Americare		144	0.75			12	182.4	percent of total billed charges	
CYTOPATH FLUIDS	88104	CPT	both			192		52.74 WellPoint	WellPoint		61.59	0.3208			12	182.4	percent of total billed charges	
CYTOPATH FLUIDS	88104	CPT	both			192		52.74 Amerihealth	Medicare		45.86	1			12	182.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOPATH FLUIDS	88104	CPT	both			192		52.74 Consumer	Consumer		182.4	0.95			12	182.4	percent of total billed charges	
CYTOPATH FLUIDS	88104	CPT	both			192		52.74 Corrections	Corrections		153.6	0.8			12	182.4	percent of total billed charges	
CYTOPATH FLUIDS	88104	CPT	both			192		52.74 First Health	First Health		134.4	0.7			12	182.4	percent of total billed charges	
CYTOPATH FLUIDS	88104	CPT	both			192		52.74 First Trenton	First Trenton		172.8	0.9			12	182.4	percent of total billed charges	
CYTOPATH FLUIDS	88104	CPT	both			192		52.74 Horizon	Indemnity		83.79	1.827			12	182.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOPATH FLUIDS	88104	CPT	both			192		52.74 Horizon	MGD		83.79	1.827			12	182.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOPATH FLUIDS	88104	CPT	both			192		52.74 Horizon	Medicare Blue		45.86	1			12	182.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOPATH FLUIDS	88104	CPT	both			192		52.74 Horizon	PPO		83.79	1.827			12	182.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOPATH FLUIDS	88104	CPT	both			192		52.74 Managed Care Inc	Managed Care Inc		172.8	0.9			12	182.4	percent of total billed charges	
CYTOPATH FLUIDS	88104	CPT	both			192		52.74 Multiplan	Multiplan		153.6	0.8			12	182.4	percent of total billed charges	
CYTOPATH FLUIDS	88104	CPT	both			192		52.74 Qualcare	Qualcare		144	0.75			12	182.4	percent of total billed charges	
CYTOPATH FLUIDS	88104	CPT	both			192		52.74 Three Rivers	Three Rivers		182.4	0.95			12	182.4	percent of total billed charges	
CYTOPATH FLUIDS	88104	CPT	both			192		52.74 UHC	Medicaid		12				12	182.4	case rate	
CYTOPATH FLUIDS	88104	CPT	both			192		52.74 UHC	Medicare		45.86	1			12	182.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOPATH FLUIDS	88104	CPT	both			192		52.74 Wellcare	Medicare		45.86	1			12	182.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOPATH FLUIDS	88104	CPT	both			192		52.74 Wellcare	Medicaid		12				12	182.4	case rate	
CYTO CONC TECH	88108	CPT	both			242		52.74 Aetna	Medicare		45.86	1			12	229.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO CONC TECH	88108	CPT	both			242		52.74 Aetna	Commercial		73.01	1.592			12	229.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO CONC TECH	88108	CPT	both			242		52.74 Aetna	Better Health		76.13	0.3146			12	229.9	percent of total billed charges	
CYTO CONC TECH	88108	CPT	both			242		52.74 Americare	Americare		181.5	0.75			12	229.9	percent of total billed charges	
CYTO CONC TECH	88108	CPT	both			242		52.74 WellPoint	WellPoint		77.63	0.3208			12	229.9	percent of total billed charges	
CYTO CONC TECH	88108	CPT	both			242		52.74 Amerihealth	Medicare		45.86	1			12	229.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO CONC TECH	88108	CPT	both			242		52.74 Consumer	Consumer		229.9	0.95			12	229.9	percent of total billed charges	
CYTO CONC TECH	88108	CPT	both			242		52.74 Corrections	Corrections		193.6	0.8			12	229.9	percent of total billed charges	
CYTO CONC TECH	88108	CPT	both			242		52.74 First Health	First Health		169.4	0.7			12	229.9	percent of total billed charges	
CYTO CONC TECH	88108	CPT	both			242		52.74 First Trenton	First Trenton		217.8	0.9			12	229.9	percent of total billed charges	
CYTO CONC TECH	88108	CPT	both			242		52.74 Horizon	MGD		83.79	1.827			12	229.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO CONC TECH	88108	CPT	both			242		52.74 Horizon	Medicare Blue		45.86	1			12	229.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO CONC TECH	88108	CPT	both			242		52.74 Horizon	PPO		83.79	1.827			12	229.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO CONC TECH	88108	CPT	both			242		52.74 Horizon	Indemnity		83.79	1.827			12	229.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO CONC TECH	88108	CPT	both			242		52.74 Managed Care Inc	Managed Care Inc		217.8	0.9			12	229.9	percent of total billed charges	
CYTO CONC TECH	88108	CPT	both			242		52.74 Multiplan	Multiplan		193.6	0.8			12	229.9	percent of total billed charges	
CYTO CONC TECH	88108	CPT	both			242		52.74 Qualcare	Qualcare		181.5	0.75			12	229.9	percent of total billed charges	
CYTO CONC TECH	88108	CPT	both			242		52.74 Three Rivers	Three Rivers		229.9	0.95			12	229.9	percent of total billed charges	
CYTO CONC TECH	88108	CPT	both			242		52.74 UHC	Medicaid		12				12	229.9	case rate	
CYTO CONC TECH	88108	CPT	both			242		52.74 UHC	Medicare		45.86	1			12	229.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO CONC TECH	88108	CPT	both			242		52.74 Wellcare	Medicaid		12				12	229.9	case rate	
CYTO CONC TECH	88108	CPT	both			242		52.74 Wellcare	Medicare		45.86	1			12	229.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URINE CYTOLOGY (009068)	88112	CPT	outpatient			248		71.27 Aetna	Better Health		78.02	0.3146			18	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	outpatient			248		71.27 Aetna	Commercial		98.66	1.592			18	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URINE CYTOLOGY (009068)	88112	CPT	outpatient			248		71.27 Aetna	Medicare		61.97	1			18	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URINE CYTOLOGY (009068)	88112	CPT	outpatient			248		71.27 Americare	Americare		186	0.75			18	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	outpatient			248		71.27 WellPoint	WellPoint		79.56	0.3208			18	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	outpatient			248		71.27 Amerihealth	Medicare		61.97	1			18	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URINE CYTOLOGY (009068)	88112	CPT	outpatient			248		71.27 Consumer	Consumer		235.6	0.95			18	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	outpatient			248		71.27 Corrections	Corrections		198.4	0.8			18	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	outpatient			248		71.27 First Health	First Health		173.6	0.7			18	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	outpatient			248		71.27 First Trenton	First Trenton		223.2	0.9			18	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	outpatient			248		71.27 Horizon	Medicare Blue		61.97	1			18	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URINE CYTOLOGY (009068)	88112	CPT	outpatient			248		71.27 Horizon	MGD		113.22	1.827			18	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URINE CYTOLOGY (009068)	88112	CPT	outpatient			248		71.27 Horizon	Indemnity		113.22	1.827			18	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URINE CYTOLOGY (009068)	88112	CPT	outpatient			248		71.27 Horizon	PPO		113.22	1.827			18	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URINE CYTOLOGY (009068)	88112	CPT	outpatient			248		71.27 Managed Care Inc	Managed Care Inc		223.2	0.9			18	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	outpatient			248		71.27 Multiplan	Multiplan		198.4	0.8			18	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	outpatient			248		71.27 Qualcare	Qualcare		186	0.75			18	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	outpatient			248		71.27 Three Rivers	Three Rivers		235.6	0.95			18	235.6	percent of total billed charges	
URINE CYTOLOGY (009068)	88112	CPT	outpatient			248		71.27 UHC	Medicaid		18				18	235.6	case rate	
URINE CYTOLOGY (009068)	88112	CPT	outpatient			248		71.27 UHC	Medicare		61.97	1			18	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
URINE CYTOLOGY (009068)	88112	CPT	outpatient			248		71.27 Wellcare	Medicaid		18				18	235.6	case rate	
URINE CYTOLOGY (009068)	88112	CPT	outpatient			248		71.27 Wellcare	Medicare		61.97	1			18	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PAPILLOMAVIRUS HUMAN AMPL PROB	88142	CPT	both			406		23.3 Aetna	Better Health		127.73	0.3146			18	385.7	percent of total billed charges	
PAPILLOMAVIRUS HUMAN AMPL PROB	88142	CPT	both			406		23.3 Aetna	Medicare		20.26				18	385.7	case rate	
PAPILLOMAVIRUS HUMAN AMPL PROB	88142	CPT	both			406		23.3 Aetna	Commercial		154.28	0.38			18	385.7	percent of total billed charges	
PAPILLOMAVIRUS HUMAN AMPL PROB	88142	CPT	both			406		23.3 Americare	Americare		304.5	0.75			18	385.7	percent of total billed charges	
PAPILLOMAVIRUS HUMAN AMPL PROB	88142	CPT	both			406		23.3 WellPoint	WellPoint		130.24	0.3208			18	385.7	percent of total billed charges	
PAPILLOMAVIRUS HUMAN AMPL PROB	88142	CPT	both			406		23.3 Amerihealth	Medicare		20.26				18	385.7	case rate	
PAPILLOMAVIRUS HUMAN AMPL PROB	88142	CPT	both			406		23.3 Consumer	Consumer		385.7	0.95			18	385.7	percent of total billed charges	
PAPILLOMAVIRUS HUMAN AMPL PROB	88142	CPT	both			406		23.3 Corrections	Corrections		324.8	0.8			18	385.7	percent of total billed charges	
PAPILLOMAVIRUS HUMAN AMPL PROB	88142	CPT	both			406		23.3 First Health	First Health		284.2	0.7			18	385.7	percent of total billed charges	
PAPILLOMAVIRUS HUMAN AMPL PROB	88142	CPT	both			406		23.3 First Trenton	First Trenton		365.4	0.9			18	385.7	percent of total billed charges	
PAPILLOMAVIRUS HUMAN AMPL PROB	88142	CPT	both			406		23.3 Horizon	Indemnity		155.42	0.3828			18	385.7	percent of total billed charges	
PAPILLOMAVIRUS HUMAN AMPL PROB	88142	CPT	both			406		23.3 Horizon	Medicare Blue		121.8	0.3			18	385.7	percent of total billed charges	
PAPILLOMAVIRUS HUMAN AMPL PROB	88142	CPT	both			406		23.3 Horizon	MGD		155.42	0.3828			18	385.7	percent of total billed charges	
PAPILLOMAVIRUS HUMAN AMPL PROB	88142	CPT	both			406		23.3 Horizon	PPO		155.42	0.3828			18	385.7	percent of total billed charges	
PAPILLOMAVIRUS HUMAN AMPL PROB	88142	CPT	both			406		23.3 Managed Care Inc	Managed Care Inc		365.4	0.9			18	385.7	percent of total billed charges	
PAPILLOMAVIRUS HUMAN AMPL PROB	88142	CPT	both			406		23.3 Multiplan	Multiplan		324.8	0.8			18	385.7	percent of total billed charges	
PAPILLOMAVIRUS HUMAN AMPL PROB	88142	CPT	both			406		23.3 Qualcare	Qualcare		304.5	0.75			18	385.7	percent of total billed charges	
PAPILLOMAVIRUS HUMAN AMPL PROB	88142	CPT	both			406		23.3 Three Rivers	Three Rivers		385.7	0.95			18	385.7	percent of total billed charges	
PAPILLOMAVIRUS HUMAN AMPL PROB	88142	CPT	both			406		23.3 UHC	Medicare		20.26				18	385.7	case rate	
PAPILLOMAVIRUS HUMAN AMPL PROB	88142	CPT	both			406		23.3 UHC	Medicaid		18				18	385.7	case rate	
PAPILLOMAVIRUS HUMAN AMPL PROB	88142	CPT	both			406		23.3 Wellcare	Medicare		20.26				18	385.7	case rate	
PAPILLOMAVIRUS HUMAN AMPL PROB	88142	CPT	both			406		23.3 Wellcare	Medicaid		18				18	385.7	case rate	
CYTOPATH C/V INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Aetna	Better Health		22.97	0.3146			6	69.35	percent of total billed charges	
CYTOPATH C/V INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Aetna	Medicare		14.65				6	69.35	case rate	
CYTOPATH C/V INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Aetna	Commercial		27.74	0.38			6	69.35	percent of total billed charges	
CYTOPATH C/V INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Americare	Americare		54.75	0.75			6	69.35	percent of total billed charges	
CYTOPATH C/V INDEX ADD-ON	88155	CPT	outpatient			73		16.85 WellPoint	WellPoint		23.42	0.3208			6	69.35	percent of total billed charges	
CYTOPATH C/V INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Amerihealth	Medicare		14.65				6	69.35	case rate	
CYTOPATH C/V INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Consumer	Consumer		69.35	0.95			6	69.35	percent of total billed charges	
CYTOPATH C/V INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Corrections	Corrections		58.4	0.8			6	69.35	percent of total billed charges	
CYTOPATH C/V INDEX ADD-ON	88155	CPT	outpatient			73		16.85 First Health	First Health		51.1	0.7			6	69.35	percent of total billed charges	
CYTOPATH C/V INDEX ADD-ON	88155	CPT	outpatient			73		16.85 First Trenton	First Trenton		65.7	0.9			6	69.35	percent of total billed charges	
CYTOPATH C/V INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Horizon	MGD		27.94	0.3828			6	69.35	percent of total billed charges	
CYTOPATH C/V INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Horizon	Medicare Blue		21.9	0.3			6	69.35	percent of total billed charges	
CYTOPATH C/V INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Horizon	Indemnity		27.94	0.3828			6	69.35	percent of total billed charges	
CYTOPATH C/V INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Horizon	PPO		27.94	0.3828			6	69.35	percent of total billed charges	
CYTOPATH C/V INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Managed Care Inc	Managed Care Inc		65.7	0.9			6	69.35	percent of total billed charges	
CYTOPATH C/V INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Multiplan	Multiplan		58.4	0.8			6	69.35	percent of total billed charges	
CYTOPATH C/V INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Qualcare	Qualcare		54.75	0.75			6	69.35	percent of total billed charges	
CYTOPATH C/V INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Three Rivers	Three Rivers		69.35	0.95			6	69.35	percent of total billed charges	
CYTOPATH C/V INDEX ADD-ON	88155	CPT	outpatient			73		16.85 UHC	Medicaid		6				6	69.35	case rate	
CYTOPATH C/V INDEX ADD-ON	88155	CPT	outpatient			73		16.85 UHC	Medicare		14.65				6	69.35	case rate	
CYTOPATH C/V INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Wellcare	Medicare		14.65				6	69.35	case rate	
CYTOPATH C/V INDEX ADD-ON	88155	CPT	outpatient			73		16.85 Wellcare	Medicaid		6				6	69.35	case rate	
CYTOLOGY SMEARS ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Aetna	Better Health		91.86	0.3146			7.69	277.4	percent of total billed charges	
CYTOLOGY SMEARS ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Aetna	Medicare		34.05	1			7.69	277.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOLOGY SMEARS ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Aetna	Commercial		54.21	1.592			7.69	277.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOLOGY SMEARS ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Americare	Americare		219	0.75			7.69	277.4	percent of total billed charges	
CYTOLOGY SMEARS ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 WellPoint	WellPoint		93.67	0.3208			7.69	277.4	percent of total billed charges	
CYTOLOGY SMEARS ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Amerihealth	Medicare		34.05	1			7.69	277.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOLOGY SMEARS ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Consumer	Consumer		277.4	0.95			7.69	277.4	percent of total billed charges	
CYTOLOGY SMEARS ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Corrections	Corrections		233.6	0.8			7.69	277.4	percent of total billed charges	
CYTOLOGY SMEARS ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 First Health	First Health		204.4	0.7			7.69	277.4	percent of total billed charges	
CYTOLOGY SMEARS ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 First Trenton	First Trenton		262.8	0.9			7.69	277.4	percent of total billed charges	
CYTOLOGY SMEARS ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Horizon	Indemnity		62.21	1.827			7.69	277.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOLOGY SMEARS ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Horizon	Medicare Blue		34.05	1			7.69	277.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOLOGY SMEARS ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Horizon	MGD		62.21	1.827			7.69	277.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOLOGY SMEARS ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Horizon	PPO		62.21	1.827			7.69	277.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOLOGY SMEARS ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Managed Care Inc	Managed Care Inc		262.8	0.9			7.69	277.4	percent of total billed charges	
CYTOLOGY SMEARS ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Multiplan	Multiplan		233.6	0.8			7.69	277.4	percent of total billed charges	
CYTOLOGY SMEARS ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Qualcare	Qualcare		219	0.75			7.69	277.4	percent of total billed charges	
CYTOLOGY SMEARS ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Three Rivers	Three Rivers		277.4	0.95			7.69	277.4	percent of total billed charges	
CYTOLOGY SMEARS ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 UHC	Medicaid		7.69				7.69	277.4	case rate	
CYTOLOGY SMEARS ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 UHC	Medicare		34.05	1			7.69	277.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOLOGY SMEARS ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Wellcare	Medicaid		7.69				7.69	277.4	case rate	
CYTOLOGY SMEARS ANY OTHER SOURCE	88160	CPT	inpatient			292		39.16 Wellcare	Medicare		34.05	1			7.69	277.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO SMEARS ANY OTHER SOURCE	88161	CPT	inpatient			345		39.16 Aetna	Commercial		54.21	1.592			12	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO SMEARS ANY OTHER SOURCE	88161	CPT	inpatient			345		39.16 Aetna	Medicare		34.05	1			12	327.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO SMEARS ANY OTHER SOURCE	88161	CPT	inpatient			345		39.16 Aetna	Better Health		108.54	0.3146			12	327.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CYTO SMEARS ANY OTHER SOURCE	88161	CPT	inpatient			345	39.16	Americare	Americare		258.75	0.75			12		327.75 percent of total billed charges	
CYTO SMEARS ANY OTHER SOURCE	88161	CPT	inpatient			345	39.16	WellPoint	WellPoint		110.68	0.3208			12		327.75 percent of total billed charges	
CYTO SMEARS ANY OTHER SOURCE	88161	CPT	inpatient			345	39.16	Amerihealth	Medicare		34.05	1			12		327.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO SMEARS ANY OTHER SOURCE	88161	CPT	inpatient			345	39.16	Consumer	Consumer		327.75	0.95			12		327.75 percent of total billed charges	
CYTO SMEARS ANY OTHER SOURCE	88161	CPT	inpatient			345	39.16	Corrections	Corrections		276	0.8			12		327.75 percent of total billed charges	
CYTO SMEARS ANY OTHER SOURCE	88161	CPT	inpatient			345	39.16	First Health	First Health		241.5	0.7			12		327.75 percent of total billed charges	
CYTO SMEARS ANY OTHER SOURCE	88161	CPT	inpatient			345	39.16	First Trenton	First Trenton		310.5	0.9			12		327.75 percent of total billed charges	
CYTO SMEARS ANY OTHER SOURCE	88161	CPT	inpatient			345	39.16	Horizon	PPO		62.21	1.827			12		327.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO SMEARS ANY OTHER SOURCE	88161	CPT	inpatient			345	39.16	Horizon	MGD		62.21	1.827			12		327.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO SMEARS ANY OTHER SOURCE	88161	CPT	inpatient			345	39.16	Horizon	Medicare Blue		34.05	1			12		327.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO SMEARS ANY OTHER SOURCE	88161	CPT	inpatient			345	39.16	Horizon	Indemnity		62.21	1.827			12		327.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO SMEARS ANY OTHER SOURCE	88161	CPT	inpatient			345	39.16	Managed Care Inc	Managed Care Inc		310.5	0.9			12		327.75 percent of total billed charges	
CYTO SMEARS ANY OTHER SOURCE	88161	CPT	inpatient			345	39.16	Multiplan	Multiplan		276	0.8			12		327.75 percent of total billed charges	
CYTO SMEARS ANY OTHER SOURCE	88161	CPT	inpatient			345	39.16	Qualcare	Qualcare		258.75	0.75			12		327.75 percent of total billed charges	
CYTO SMEARS ANY OTHER SOURCE	88161	CPT	inpatient			345	39.16	Three Rivers	Three Rivers		327.75	0.95			12		327.75 percent of total billed charges	
CYTO SMEARS ANY OTHER SOURCE	88161	CPT	inpatient			345	39.16	UHC	Medicare		34.05	1			12		327.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO SMEARS ANY OTHER SOURCE	88161	CPT	inpatient			345	39.16	UHC	Medicaid		12				12		327.75 case rate	
CYTO SMEARS ANY OTHER SOURCE	88161	CPT	inpatient			345	39.16	Wellcare	Medicaid		12				12		327.75 case rate	
CYTO SMEARS ANY OTHER SOURCE	88161	CPT	inpatient			345	39.16	Wellcare	Medicare		34.05	1			12		327.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO SMEARS ANY OTHER SOURCE	88162	CPT	outpatient			117	71.27	Aetna	Better Health		36.81	0.3146			36.81		113.22 percent of total billed charges	
CYTO SMEARS ANY OTHER SOURCE	88162	CPT	outpatient			117	71.27	Aetna	Commercial		98.66	1.592			36.81		113.22 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO SMEARS ANY OTHER SOURCE	88162	CPT	outpatient			117	71.27	Aetna	Medicare		61.97	1			36.81		113.22 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO SMEARS ANY OTHER SOURCE	88162	CPT	outpatient			117	71.27	Americare	Americare		87.75	0.75			36.81		113.22 percent of total billed charges	
CYTO SMEARS ANY OTHER SOURCE	88162	CPT	outpatient			117	71.27	WellPoint	WellPoint		37.53	0.3208			36.81		113.22 percent of total billed charges	
CYTO SMEARS ANY OTHER SOURCE	88162	CPT	outpatient			117	71.27	Amerihealth	Medicare		61.97	1			36.81		113.22 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO SMEARS ANY OTHER SOURCE	88162	CPT	outpatient			117	71.27	Consumer	Consumer		111.15	0.95			36.81		113.22 percent of total billed charges	
CYTO SMEARS ANY OTHER SOURCE	88162	CPT	outpatient			117	71.27	Corrections	Corrections		93.6	0.8			36.81		113.22 percent of total billed charges	
CYTO SMEARS ANY OTHER SOURCE	88162	CPT	outpatient			117	71.27	First Health	First Health		81.9	0.7			36.81		113.22 percent of total billed charges	
CYTO SMEARS ANY OTHER SOURCE	88162	CPT	outpatient			117	71.27	First Trenton	First Trenton		105.3	0.9			36.81		113.22 percent of total billed charges	
CYTO SMEARS ANY OTHER SOURCE	88162	CPT	outpatient			117	71.27	Horizon	Indemnity		113.22	1.827			36.81		113.22 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO SMEARS ANY OTHER SOURCE	88162	CPT	outpatient			117	71.27	Horizon	Medicare Blue		61.97	1			36.81		113.22 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO SMEARS ANY OTHER SOURCE	88162	CPT	outpatient			117	71.27	Horizon	MGD		113.22	1.827			36.81		113.22 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO SMEARS ANY OTHER SOURCE	88162	CPT	outpatient			117	71.27	Horizon	PPO		113.22	1.827			36.81		113.22 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO SMEARS ANY OTHER SOURCE	88162	CPT	outpatient			117	71.27	Managed Care Inc	Managed Care Inc		105.3	0.9			36.81		113.22 percent of total billed charges	
CYTO SMEARS ANY OTHER SOURCE	88162	CPT	outpatient			117	71.27	Multiplan	Multiplan		93.6	0.8			36.81		113.22 percent of total billed charges	
CYTO SMEARS ANY OTHER SOURCE	88162	CPT	outpatient			117	71.27	Qualcare	Qualcare		87.75	0.75			36.81		113.22 percent of total billed charges	
CYTO SMEARS ANY OTHER SOURCE	88162	CPT	outpatient			117	71.27	Three Rivers	Three Rivers		111.15	0.95			36.81		113.22 percent of total billed charges	
CYTO SMEARS ANY OTHER SOURCE	88162	CPT	outpatient			117	71.27	UHC	Medicaid		55.78				36.81		113.22 case rate	
CYTO SMEARS ANY OTHER SOURCE	88162	CPT	outpatient			117	71.27	UHC	Medicare		61.97	1			36.81		113.22 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO SMEARS ANY OTHER SOURCE	88162	CPT	outpatient			117	71.27	Wellcare	Medicare		61.97	1			36.81		113.22 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO SMEARS ANY OTHER SOURCE	88162	CPT	outpatient			117	71.27	Wellcare	Medicaid		55.78				36.81		113.22 case rate	
CYTOPATH TBS C/V MANUAL	88164	CPT	outpatient			150	20.42	Aetna	Medicare		17.76				6		142.5 case rate	
CYTOPATH TBS C/V MANUAL	88164	CPT	outpatient			150	20.42	Aetna	Better Health		47.19	0.3146			6		142.5 percent of total billed charges	
CYTOPATH TBS C/V MANUAL	88164	CPT	outpatient			150	20.42	Aetna	Commercial		57	0.38			6		142.5 percent of total billed charges	
CYTOPATH TBS C/V MANUAL	88164	CPT	outpatient			150	20.42	Americare	Americare		112.5	0.75			6		142.5 percent of total billed charges	
CYTOPATH TBS C/V MANUAL	88164	CPT	outpatient			150	20.42	WellPoint	WellPoint		48.12	0.3208			6		142.5 percent of total billed charges	
CYTOPATH TBS C/V MANUAL	88164	CPT	outpatient			150	20.42	Amerihealth	Medicare		17.76				6		142.5 case rate	
CYTOPATH TBS C/V MANUAL	88164	CPT	outpatient			150	20.42	Consumer	Consumer		142.5	0.95			6		142.5 percent of total billed charges	
CYTOPATH TBS C/V MANUAL	88164	CPT	outpatient			150	20.42	Corrections	Corrections		120	0.8			6		142.5 percent of total billed charges	
CYTOPATH TBS C/V MANUAL	88164	CPT	outpatient			150	20.42	First Health	First Health		105	0.7			6		142.5 percent of total billed charges	
CYTOPATH TBS C/V MANUAL	88164	CPT	outpatient			150	20.42	First Trenton	First Trenton		135	0.9			6		142.5 percent of total billed charges	
CYTOPATH TBS C/V MANUAL	88164	CPT	outpatient			150	20.42	Horizon	MGD		57.42	0.3828			6		142.5 percent of total billed charges	
CYTOPATH TBS C/V MANUAL	88164	CPT	outpatient			150	20.42	Horizon	Indemnity		57.42	0.3828			6		142.5 percent of total billed charges	
CYTOPATH TBS C/V MANUAL	88164	CPT	outpatient			150	20.42	Horizon	PPO		57.42	0.3828			6		142.5 percent of total billed charges	
CYTOPATH TBS C/V MANUAL	88164	CPT	outpatient			150	20.42	Horizon	Medicare Blue		45	0.3			6		142.5 percent of total billed charges	
CYTOPATH TBS C/V MANUAL	88164	CPT	outpatient			150	20.42	Managed Care Inc	Managed Care Inc		135	0.9			6		142.5 percent of total billed charges	
CYTOPATH TBS C/V MANUAL	88164	CPT	outpatient			150	20.42	Multiplan	Multiplan		120	0.8			6		142.5 percent of total billed charges	
CYTOPATH TBS C/V MANUAL	88164	CPT	outpatient			150	20.42	Qualcare	Qualcare		112.5	0.75			6		142.5 percent of total billed charges	
CYTOPATH TBS C/V MANUAL	88164	CPT	outpatient			150	20.42	Three Rivers	Three Rivers		142.5	0.95			6		142.5 percent of total billed charges	
CYTOPATH TBS C/V MANUAL	88164	CPT	outpatient			150	20.42	UHC	Medicaid		6				6		142.5 case rate	
CYTOPATH TBS C/V MANUAL	88164	CPT	outpatient			150	20.42	UHC	Medicare		17.76				6		142.5 case rate	
CYTOPATH TBS C/V MANUAL	88164	CPT	outpatient			150	20.42	Wellcare	Medicaid		6				6		142.5 case rate	
CYTOPATH TBS C/V MANUAL	88164	CPT	outpatient			150	20.42	Wellcare	Medicare		17.76				6		142.5 case rate	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798	224.64	Aetna	Better Health		251.05	0.3146			40		758.1 percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798	224.64	Aetna	Commercial		310.98	1.592			40		758.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798	224.64	Aetna	Medicare		195.34	1			40		758.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798	224.64	Americare	Americare		598.5	0.75			40		758.1 percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798	224.64	WellPoint	WellPoint		256	0.3208			40		758.1 percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798	224.64	Amerihealth	Medicare		195.34	1			40		758.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798	224.64	Consumer	Consumer		758.1	0.95			40		758.1 percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798	224.64	Corrections	Corrections		638.4	0.8			40		758.1 percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798	224.64	First Health	First Health		558.6	0.7			40		758.1 percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798	224.64	First Trenton	First Trenton		718.2	0.9			40		758.1 percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798	224.64	Horizon	Medicare Blue		195.34	1			40		758.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798	224.64	Horizon	PPO		356.89	1.827			40		758.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798	224.64	Horizon	MGD		356.89	1.827			40		758.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798	224.64	Horizon	Indemnity		356.89	1.827			40		758.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798	224.64	Managed Care Inc	Managed Care Inc		718.2	0.9			40		758.1 percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798	224.64	Multiplan	Multiplan		638.4	0.8			40		758.1 percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798	224.64	Qualcare	Qualcare		598.5	0.75			40		758.1 percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798	224.64	Three Rivers	Three Rivers		758.1	0.95			40		758.1 percent of total billed charges	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798	224.64	UHC	Medicare		195.34	1			40		758.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798	224.64	UHC	Medicaid		40				40		758.1 case rate	
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798	224.64	Wellcare	Medicare		195.34	1			40		758.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTP DX EVAL FNA 1ST EA SITE	88172	CPT	both			798	224.64	Wellcare	Medicaid		40				40		758.1 case rate	
CYTO EVALUATION FNA	88173	CPT	both			398	71.27	Aetna	Better Health		125.21	0.3146			25		378.1 percent of total billed charges	
CYTO EVALUATION FNA	88173	CPT	both			398	71.27	Aetna	Medicare		61.97	1			25		378.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO EVALUATION FNA	88173	CPT	both			398	71.27	Aetna	Commercial		98.66	1.592			25		378.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO EVALUATION FNA	88173	CPT	both			398	71.27	Americare	Americare		298.5	0.75			25		378.1 percent of total billed charges	
CYTO EVALUATION FNA	88173	CPT	both			398	71.27	WellPoint	WellPoint		127.68	0.3208			25		378.1 percent of total billed charges	
CYTO EVALUATION FNA	88173	CPT	both			398	71.27	Amerihealth	Medicare		61.97	1			25		378.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO EVALUATION FNA	88173	CPT	both			398	71.27	Consumer	Consumer		378.1	0.95			25		378.1 percent of total billed charges	
CYTO EVALUATION FNA	88173	CPT	both			398	71.27	Corrections	Corrections		318.4	0.8			25		378.1 percent of total billed charges	
CYTO EVALUATION FNA	88173	CPT	both			398	71.27	First Health	First Health		278.6	0.7			25		378.1 percent of total billed charges	
CYTO EVALUATION FNA	88173	CPT	both			398	71.27	First Trenton	First Trenton		358.2	0.9			25		378.1 percent of total billed charges	
CYTO EVALUATION FNA	88173	CPT	both			398	71.27	Horizon	MGD		113.22	1.827			25		378.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO EVALUATION FNA	88173	CPT	both			398	71.27	Horizon	Indemnity		113.22	1.827			25		378.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO EVALUATION FNA	88173	CPT	both			398	71.27	Horizon	Medicare Blue		61.97	1			25		378.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO EVALUATION FNA	88173	CPT	both			398	71.27	Horizon	PPO		113.22	1.827			25		378.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO EVALUATION FNA	88173	CPT	both			398	71.27	Managed Care Inc	Managed Care Inc		358.2	0.9			25		378.1 percent of total billed charges	
CYTO EVALUATION FNA	88173	CPT	both			398	71.27	Multiplan	Multiplan		318.4	0.8			25		378.1 percent of total billed charges	
CYTO EVALUATION FNA	88173	CPT	both			398	71.27	Qualcare	Qualcare		298.5	0.75			25		378.1 percent of total billed charges	
CYTO EVALUATION FNA	88173	CPT	both			398	71.27	Three Rivers	Three Rivers		378.1	0.95			25		378.1 percent of total billed charges	
CYTO EVALUATION FNA	88173	CPT	both			398	71.27	UHC	Medicaid		25				25		378.1 case rate	
CYTO EVALUATION FNA	88173	CPT	both			398	71.27	UHC	Medicare		61.97	1			25		378.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO EVALUATION FNA	88173	CPT	both			398	71.27	Wellcare	Medicaid		25				25		378.1 case rate	
CYTO EVALUATION FNA	88173	CPT	both			398	71.27	Wellcare	Medicare		61.97	1			25		378.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121	30.6	Aetna	Better Health		38.07	0.3146			26.61		114.95 percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121	30.6	Aetna	Commercial		45.98	0.38			26.61		114.95 percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121	30.6	Aetna	Medicare		26.61				26.61		114.95 case rate	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121	30.6	Americare	Americare		90.75	0.75			26.61		114.95 percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121	30.6	WellPoint	WellPoint		38.82	0.3208			26.61		114.95 percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121	30.6	Amerihealth	Medicare		26.61				26.61		114.95 case rate	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121	30.6	Consumer	Consumer		114.95	0.95			26.61		114.95 percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121	30.6	Corrections	Corrections		96.8	0.8			26.61		114.95 percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121	30.6	First Health	First Health		84.7	0.7			26.61		114.95 percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121	30.6	First Trenton	First Trenton		108.9	0.9			26.61		114.95 percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121	30.6	Horizon	Indemnity		46.32	0.3828			26.61		114.95 percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121	30.6	Horizon	Medicare Blue		36.3	0.3			26.61		114.95 percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121	30.6	Horizon	MGD		46.32	0.3828			26.61		114.95 percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121	30.6	Horizon	PPO		46.32	0.3828			26.61		114.95 percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121	30.6	Managed Care Inc	Managed Care Inc		108.9	0.9			26.61		114.95 percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121	30.6	Multiplan	Multiplan		96.8	0.8			26.61		114.95 percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121	30.6	Qualcare	Qualcare		90.75	0.75			26.61		114.95 percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121	30.6	Three Rivers	Three Rivers		114.95	0.95			26.61		114.95 percent of total billed charges	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121	30.6	UHC	Medicare		26.61				26.61		114.95 case rate	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121	30.6	UHC	Medicaid		28.5				26.61		114.95 case rate	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121	30.6	Wellcare	Medicare		26.61				26.61		114.95 case rate	
CYTOPATH W SCREEN &REVIEW	88175	CPT	outpatient			121	30.6	Wellcare	Medicaid		28.5				26.61		114.95 case rate	
FLOW CYTOMETRY,CELL DNA,ANAL	88182	CPT	outpatient			1515	71.27	Aetna	Better Health		476.62	0.3146			34.61		1439.25 percent of total billed charges	
FLOW CYTOMETRY,CELL DNA,ANAL	88182	CPT	outpatient			1515	71.27	Aetna	Medicare		61.97	1			34.61		1439.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY,CELL DNA,ANAL	88182	CPT	outpatient			1515	71.27	Aetna	Commercial		98.66	1.592			34.61		1439.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY,CELL DNA,ANAL	88182	CPT	outpatient			1515	71.27	Americare	Americare		1136.25	0.75			34.61		1439.25 percent of total billed charges	
FLOW CYTOMETRY,CELL DNA,ANAL	88182	CPT	outpatient			1515	71.27	WellPoint	WellPoint		486.01	0.3208			34.61		1439.25 percent of total billed charges	
FLOW CYTOMETRY,CELL DNA,ANAL	88182	CPT	outpatient			1515	71.27	Amerihealth	Medicare		61.97	1			34.61		1439.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY,CELL DNA,ANAL	88182	CPT	outpatient			1515	71.27	Consumer	Consumer		1439.25	0.95			34.61		1439.25 percent of total billed charges	
FLOW CYTOMETRY,CELL DNA,ANAL	88182	CPT	outpatient			1515	71.27	Corrections	Corrections		1212	0.8			34.61		1439.25 percent of total billed charges	
FLOW CYTOMETRY,CELL DNA,ANAL	88182	CPT	outpatient			1515	71.27	First Health	First Health		1060.5	0.7			34.61		1439.25 percent of total billed charges	
FLOW CYTOMETRY,CELL DNA,ANAL	88182	CPT	outpatient			1515	71.27	First Trenton	First Trenton		1363.5	0.9			34.61		1439.25 percent of total billed charges	
FLOW CYTOMETRY,CELL DNA,ANAL	88182	CPT	outpatient			1515	71.27	Horizon	Medicare Blue		61.97	1			34.61		1439.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY,CELL DNA,ANAL	88182	CPT	outpatient			1515	71.27	Horizon	Indemnity		113.22	1.827			34.61		1439.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY,CELL DNA,ANAL	88182	CPT	outpatient			1515	71.27	Horizon	PPO		113.22	1.827			34.61		1439.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY,CELL DNA,ANAL	88182	CPT	outpatient			1515	71.27	Horizon	MGD		113.22	1.827			34.61		1439.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FLOW CYTOMETRY,CELL DNA,ANAL	88182	CPT	outpatient			1515	71.27	Managed Care Inc	Managed Care Inc		1363.5	0.9			34.61	1439.25	percent of total billed charges	
FLOW CYTOMETRY,CELL DNA,ANAL	88182	CPT	outpatient			1515	71.27	Multiplan	Multiplan		1212	0.8			34.61	1439.25	percent of total billed charges	
FLOW CYTOMETRY,CELL DNA,ANAL	88182	CPT	outpatient			1515	71.27	Qualcare	Qualcare		1136.25	0.75			34.61	1439.25	percent of total billed charges	
FLOW CYTOMETRY,CELL DNA,ANAL	88182	CPT	outpatient			1515	71.27	Three Rivers	Three Rivers		1439.25	0.95			34.61	1439.25	percent of total billed charges	
FLOW CYTOMETRY,CELL DNA,ANAL	88182	CPT	outpatient			1515	71.27	UHC	Medicare		61.97	1			34.61	1439.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY,CELL DNA,ANAL	88182	CPT	outpatient			1515	71.27	UHC	Medicaid		86.3				34.61	1439.25	case rate	
FLOW CYTOMETRY,CELL DNA,ANAL	88182	CPT	outpatient			1515	71.27	Wellcare	Medicaid		86.3				34.61	1439.25	case rate	
FLOW CYTOMETRY,CELL DNA,ANAL	88182	CPT	outpatient			1515	71.27	Wellcare	Medicare		61.97	1			34.61	1439.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Aetna	Better Health		352.35	0.3146			57.72	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Aetna	Commercial		654.46	1.592			57.72	1064	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Aetna	Medicare		411.09	1			57.72	1064	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Americare	Americare		840	0.75			57.72	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	WellPoint	WellPoint		359.3	0.3208			57.72	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Amerihealth	Medicare		411.09	1			57.72	1064	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Consumer	Consumer		1064	0.95			57.72	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Corrections	Corrections		896	0.8			57.72	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	First Health	First Health		784	0.7			57.72	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	First Trenton	First Trenton		1008	0.9			57.72	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Horizon	MGD		751.06	1.827			57.72	1064	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Horizon	Medicare Blue		411.09	1			57.72	1064	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Horizon	PPO		751.06	1.827			57.72	1064	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Horizon	Indemnity		751.06	1.827			57.72	1064	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Managed Care Inc	Managed Care Inc		1008	0.9			57.72	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Multiplan	Multiplan		896	0.8			57.72	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Qualcare	Qualcare		840	0.75			57.72	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Three Rivers	Three Rivers		1064	0.95			57.72	1064	percent of total billed charges	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	UHC	Medicaid		57.72				57.72	1064	case rate	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	UHC	Medicare		411.09	1			57.72	1064	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Wellcare	Medicaid		57.72				57.72	1064	case rate	
NEUTROPHIL OXIDATIVE BURST	88184	CPT	both			1120	472.75	Wellcare	Medicare		411.09	1			57.72	1064	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLOW CYTOMETRY EA,ADD,MARK	88185	CPT	both			1411		Aetna	Better Health		443.9	0.3146			19.25	1340.45	percent of total billed charges	
FLOW CYTOMETRY EA,ADD,MARK	88185	CPT	both			1411		Aetna	Commercial		536.18	0.38			19.25	1340.45	percent of total billed charges	
FLOW CYTOMETRY EA,ADD,MARK	88185	CPT	both			1411		Aetna	Medicare		434.59	0.308			19.25	1340.45	percent of total billed charges	
FLOW CYTOMETRY EA,ADD,MARK	88185	CPT	both			1411		Americare	Americare		1058.25	0.75			19.25	1340.45	percent of total billed charges	
FLOW CYTOMETRY EA,ADD,MARK	88185	CPT	both			1411		WellPoint	WellPoint		452.65	0.3208			19.25	1340.45	percent of total billed charges	
FLOW CYTOMETRY EA,ADD,MARK	88185	CPT	both			1411		Consumer	Consumer		1340.45	0.95			19.25	1340.45	percent of total billed charges	
FLOW CYTOMETRY EA,ADD,MARK	88185	CPT	both			1411		Corrections	Corrections		1128.8	0.8			19.25	1340.45	percent of total billed charges	
FLOW CYTOMETRY EA,ADD,MARK	88185	CPT	both			1411		First Health	First Health		987.7	0.7			19.25	1340.45	percent of total billed charges	
FLOW CYTOMETRY EA,ADD,MARK	88185	CPT	both			1411		First Trenton	First Trenton		1269.9	0.9			19.25	1340.45	percent of total billed charges	
FLOW CYTOMETRY EA,ADD,MARK	88185	CPT	both			1411		Horizon	MGD		540.13	0.3828			19.25	1340.45	percent of total billed charges	
FLOW CYTOMETRY EA,ADD,MARK	88185	CPT	both			1411		Horizon	Indemnity		540.13	0.3828			19.25	1340.45	percent of total billed charges	
FLOW CYTOMETRY EA,ADD,MARK	88185	CPT	both			1411		Horizon	PPO		540.13	0.3828			19.25	1340.45	percent of total billed charges	
FLOW CYTOMETRY EA,ADD,MARK	88185	CPT	both			1411		Horizon	Medicare Blue		423.3	0.3			19.25	1340.45	percent of total billed charges	
FLOW CYTOMETRY EA,ADD,MARK	88185	CPT	both			1411		Managed Care Inc	Managed Care Inc		1269.9	0.9			19.25	1340.45	percent of total billed charges	
FLOW CYTOMETRY EA,ADD,MARK	88185	CPT	both			1411		Multiplan	Multiplan		1128.8	0.8			19.25	1340.45	percent of total billed charges	
FLOW CYTOMETRY EA,ADD,MARK	88185	CPT	both			1411		Qualcare	Qualcare		1058.25	0.75			19.25	1340.45	percent of total billed charges	
FLOW CYTOMETRY EA,ADD,MARK	88185	CPT	both			1411		Three Rivers	Three Rivers		1340.45	0.95			19.25	1340.45	percent of total billed charges	
FLOW CYTOMETRY EA,ADD,MARK	88185	CPT	both			1411		UHC	Medicaid		19.25				19.25	1340.45	case rate	
FLOW CYTOMETRY EA,ADD,MARK	88185	CPT	both			1411		Wellcare	Medicaid		19.25				19.25	1340.45	case rate	
FLOW INTERP 2- 8 MARKERS	88187	CPT	outpatient			849		Aetna	Medicare		261.49	0.308			31.53	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	outpatient			849		Aetna	Better Health		267.1	0.3146			31.53	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	outpatient			849		Aetna	Commercial		322.62	0.38			31.53	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	outpatient			849		Americare	Americare		636.75	0.75			31.53	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	outpatient			849		WellPoint	WellPoint		272.36	0.3208			31.53	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	outpatient			849		Consumer	Consumer		806.55	0.95			31.53	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	outpatient			849		Corrections	Corrections		679.2	0.8			31.53	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	outpatient			849		First Health	First Health		594.3	0.7			31.53	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	outpatient			849		First Trenton	First Trenton		764.1	0.9			31.53	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	outpatient			849		Horizon	Medicare Blue		254.7	0.3			31.53	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	outpatient			849		Horizon	Indemnity		325	0.3828			31.53	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	outpatient			849		Horizon	MGD		325	0.3828			31.53	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	outpatient			849		Horizon	PPO		325	0.3828			31.53	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	outpatient			849		Managed Care Inc	Managed Care Inc		764.1	0.9			31.53	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	outpatient			849		Multiplan	Multiplan		679.2	0.8			31.53	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	outpatient			849		Qualcare	Qualcare		636.75	0.75			31.53	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	outpatient			849		Three Rivers	Three Rivers		806.55	0.95			31.53	806.55	percent of total billed charges	
FLOW INTERP 2- 8 MARKERS	88187	CPT	outpatient			849		UHC	Medicaid		31.53				31.53	806.55	case rate	
FLOW INTERP 2- 8 MARKERS	88187	CPT	outpatient			849		Wellcare	Medicaid		31.53				31.53	806.55	case rate	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	inpatient			431		Aetna	Commercial		163.78	0.38			71.18	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	inpatient			431		Aetna	Better Health		135.59	0.3146			71.18	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	inpatient			431		Aetna	Medicare		132.75	0.308			71.18	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	inpatient			431		Americare	Americare		323.25	0.75			71.18	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	inpatient			431		WellPoint	WellPoint		138.26	0.3208			71.18	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	inpatient			431		Consumer	Consumer		409.45	0.95			71.18	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	inpatient			431		Corrections	Corrections		344.8	0.8			71.18	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	inpatient			431		First Health	First Health		301.7	0.7			71.18	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	inpatient			431		First Trenton	First Trenton		387.9	0.9			71.18	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	inpatient			431		Horizon	Indemnity		164.99	0.3828			71.18	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	inpatient			431		Horizon	Medicare Blue		129.3	0.3			71.18	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	inpatient			431		Horizon	MGD		164.99	0.3828			71.18	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	inpatient			431		Horizon	PPO		164.99	0.3828			71.18	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	inpatient			431		Managed Care Inc	Managed Care Inc		387.9	0.9			71.18	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	inpatient			431		Multiplan	Multiplan		344.8	0.8			71.18	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	inpatient			431		Qualcare	Qualcare		323.25	0.75			71.18	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	inpatient			431		Three Rivers	Three Rivers		409.45	0.95			71.18	409.45	percent of total billed charges	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	inpatient			431		UHC	Medicaid		71.18				71.18	409.45	case rate	
FLOW INTERP 16 OR MORE MARKERS	88189	CPT	inpatient			431		Wellcare	Medicaid		71.18				71.18	409.45	case rate	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Aetna	Medicare		61.97	1			17.6	167.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Aetna	Commercial		98.66	1.592			17.6	167.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Aetna	Better Health		55.37	0.3146			17.6	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Americare	Americare		132	0.75			17.6	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	WellPoint	WellPoint		56.46	0.3208			17.6	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Amerihealth	Medicare		61.97	1			17.6	167.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Consumer	Consumer		167.2	0.95			17.6	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Corrections	Corrections		140.8	0.8			17.6	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	First Health	First Health		123.2	0.7			17.6	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	First Trenton	First Trenton		158.4	0.9			17.6	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Horizon	MGD		113.22	1.827			17.6	167.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Horizon	Medicare Blue		61.97	1			17.6	167.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Horizon	NJ Health		17.6	0.1			17.6	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Horizon	Indemnity		113.22	1.827			17.6	167.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Horizon	PPO		113.22	1.827			17.6	167.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Managed Care Inc	Managed Care Inc		158.4	0.9			17.6	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Multiplan	Multiplan		140.8	0.8			17.6	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Qualcare	Qualcare		132	0.75			17.6	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Three Rivers	Three Rivers		167.2	0.95			17.6	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	UHC	Medicaid		55.37	0.3146			17.6	167.2	percent of total billed charges	
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	UHC	Medicare		61.97	1			17.6	167.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Wellcare	Medicare		61.97	1			17.6	167.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYTO UNLISTED PROCEDURE	88199	CPT	outpatient			176	71.27	Wellcare	Medicaid		55.37	0.3146			17.6	167.2	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Aetna	Commercial		669.18	0.38			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Aetna	Medicare		116.49				67.5	1672.95	case rate	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Aetna	Better Health		554.01	0.3146			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Americare	Americare		1320.75	0.75			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	WellPoint	WellPoint		564.93	0.3208			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Amerihealth	Medicare		116.49				67.5	1672.95	case rate	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Consumer	Consumer		1672.95	0.95			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Corrections	Corrections		1408.8	0.8			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	First Health	First Health		1232.7	0.7			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	First Trenton	First Trenton		1584.9	0.9			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Horizon	Medicare Blue		528.3	0.3			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Horizon	Indemnity		674.11	0.3828			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Horizon	MGD		674.11	0.3828			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Horizon	PPO		674.11	0.3828			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Managed Care Inc	Managed Care Inc		1584.9	0.9			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Multiplan	Multiplan		1408.8	0.8			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Qualcare	Qualcare		1320.75	0.75			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Three Rivers	Three Rivers		1672.95	0.95			67.5	1672.95	percent of total billed charges	
TISSUE CULTURE	88230	CPT	both			1761	133.96	UHC	Medicaid		90				67.5	1672.95	case rate	
TISSUE CULTURE	88230	CPT	both			1761	133.96	UHC	Medicare		116.49				67.5	1672.95	case rate	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Wellcare	Medicaid		90				67.5	1672.95	case rate	
TISSUE CULTURE	88230	CPT	both			1761	133.96	Wellcare	Medicare		116.49				67.5	1672.95	case rate	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Aetna	Better Health		457.74	0.3146			90	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Aetna	Medicare		140.73				90	1382.25	case rate	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Aetna	Commercial		552.9	0.38			90	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Americare	Americare		1091.25	0.75			90	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	WellPoint	WellPoint		466.76	0.3208			90	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Amerihealth	Medicare		140.73				90	1382.25	case rate	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Consumer	Consumer		1382.25	0.95			90	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Corrections	Corrections		1164	0.8			90	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	First Health	First Health		1018.5	0.7			90	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	First Trenton	First Trenton		1309.5	0.9			90	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Horizon	Medicare Blue		436.5	0.3			90	1382.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Horizon	Indemnity		556.97	0.3828			90	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Horizon	MGD		556.97	0.3828			90	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Horizon	PPO		556.97	0.3828			90	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Managed Care Inc	Managed Care Inc		1309.5	0.9			90	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Multiplan	Multiplan		1164	0.8			90	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Qualcare	Qualcare		1091.25	0.75			90	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Three Rivers	Three Rivers		1382.25	0.95			90	1382.25	percent of total billed charges	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	UHC	Medicare		140.73				90	1382.25	case rate	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	UHC	Medicaid		90				90	1382.25	case rate	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Wellcare	Medicare		140.73				90	1382.25	case rate	
TC:NON-NEOPLAS DISORD SOLID AMF	88233	CPT	both			1455	161.84	Wellcare	Medicaid		90				90	1382.25	case rate	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565	172.85	Aetna	Medicare		174.02	0.308			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565	172.85	Aetna	Better Health		177.75	0.3146			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565	172.85	Aetna	Commercial		214.7	0.38			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565	172.85	Americare	Americare		423.75	0.75			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565	172.85	WellPoint	WellPoint		181.25	0.3208			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565	172.85	Amerihealth	Medicare		150.3				69.9	536.75	case rate	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565	172.85	Consumer	Consumer		536.75	0.95			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565	172.85	Corrections	Corrections		452	0.8			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565	172.85	First Health	First Health		395.5	0.7			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565	172.85	First Trenton	First Trenton		508.5	0.9			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565	172.85	Horizon	MGD		216.28	0.3828			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565	172.85	Horizon	Indemnity		216.28	0.3828			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565	172.85	Horizon	PPO		216.28	0.3828			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565	172.85	Horizon	Medicare Blue		169.5	0.3			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565	172.85	Managed Care Inc	Managed Care Inc		508.5	0.9			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565	172.85	Multiplan	Multiplan		452	0.8			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565	172.85	Qualcare	Qualcare		423.75	0.75			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565	172.85	Three Rivers	Three Rivers		536.75	0.95			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565	172.85	UHC	Medicaid		177.75	0.3146			69.9	536.75	percent of total billed charges	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565	172.85	UHC	Medicare		150.3				69.9	536.75	case rate	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565	172.85	Wellcare	Medicare		150.3				69.9	536.75	case rate	
T CUL AMNIOTIC/CHORIONIC VILLUS CELL	88235	CPT	outpatient			565	172.85	Wellcare	Medicaid		177.75	0.3146			69.9	536.75	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498	165.31	Aetna	Better Health		156.67	0.3146			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498	165.31	Aetna	Commercial		189.24	0.38			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498	165.31	Aetna	Medicare		143.75				79.2	473.1	case rate	
TISSUE CULTURE; CLL	88237	CPT	both			498	165.31	Americare	Americare		373.5	0.75			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498	165.31	WellPoint	WellPoint		159.76	0.3208			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498	165.31	Amerihealth	Medicare		143.75				79.2	473.1	case rate	
TISSUE CULTURE; CLL	88237	CPT	both			498	165.31	Consumer	Consumer		473.1	0.95			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498	165.31	Corrections	Corrections		398.4	0.8			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498	165.31	First Health	First Health		348.6	0.7			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498	165.31	First Trenton	First Trenton		448.2	0.9			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498	165.31	Horizon	Indemnity		190.63	0.3828			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498	165.31	Horizon	MGD		190.63	0.3828			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498	165.31	Horizon	Medicare Blue		149.4	0.3			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498	165.31	Horizon	PPO		190.63	0.3828			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498	165.31	Managed Care Inc	Managed Care Inc		448.2	0.9			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498	165.31	Multiplan	Multiplan		398.4	0.8			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498	165.31	Qualcare	Qualcare		373.5	0.75			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498	165.31	Three Rivers	Three Rivers		473.1	0.95			79.2	473.1	percent of total billed charges	
TISSUE CULTURE; CLL	88237	CPT	both			498	165.31	UHC	Medicaid		90				79.2	473.1	case rate	
TISSUE CULTURE; CLL	88237	CPT	both			498	165.31	UHC	Medicare		143.75				79.2	473.1	case rate	
TISSUE CULTURE; CLL	88237	CPT	both			498	165.31	Wellcare	Medicaid		90				79.2	473.1	case rate	
TISSUE CULTURE; CLL	88237	CPT	both			498	165.31	Wellcare	Medicare		143.75				79.2	473.1	case rate	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568	169.65	Aetna	Better Health		178.69	0.3146			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568	169.65	Aetna	Medicare		174.94	0.308			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568	169.65	Aetna	Commercial		215.84	0.38			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568	169.65	Americare	Americare		426	0.75			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568	169.65	WellPoint	WellPoint		182.21	0.3208			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568	169.65	Amerihealth	Medicare		147.52				107.7	539.6	case rate	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568	169.65	Consumer	Consumer		539.6	0.95			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568	169.65	Corrections	Corrections		454.4	0.8			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568	169.65	First Health	First Health		397.6	0.7			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568	169.65	First Trenton	First Trenton		511.2	0.9			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568	169.65	Horizon	Medicare Blue		170.4	0.3			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568	169.65	Horizon	Indemnity		217.43	0.3828			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568	169.65	Horizon	MGD		217.43	0.3828			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568	169.65	Horizon	PPO		217.43	0.3828			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568	169.65	Managed Care Inc	Managed Care Inc		511.2	0.9			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568	169.65	Multiplan	Multiplan		454.4	0.8			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568	169.65	Qualcare	Qualcare		426	0.75			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568	169.65	Three Rivers	Three Rivers		539.6	0.95			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568	169.65	UHC	Medicare		147.52				107.7	539.6	case rate	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568	169.65	UHC	Medicaid		178.69	0.3146			107.7	539.6	percent of total billed charges	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568	169.65	Wellcare	Medicare		147.52				107.7	539.6	case rate	
TISSUE CULTURE FOR SOLID TUMOR	88239	CPT	both			568	169.65	Wellcare	Medicaid		178.69	0.3146			107.7	539.6	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190	15.03	Aetna	Commercial		72.2	0.38			7.75	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190	15.03	Aetna	Better Health		59.77	0.3146			7.75	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190	15.03	Aetna	Medicare		13.07				7.75	180.5	case rate	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190	15.03	Americare	Americare		142.5	0.75			7.75	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190	15.03	WellPoint	WellPoint		60.95	0.3208			7.75	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190	15.03	Amerihealth	Medicare		13.07				7.75	180.5	case rate	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190	15.03	Consumer	Consumer		180.5	0.95			7.75	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190	15.03	Corrections	Corrections		152	0.8			7.75	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190	15.03	First Health	First Health		133	0.7			7.75	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190	15.03	First Trenton	First Trenton		171	0.9			7.75	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190	15.03	Horizon	Medicare Blue		57	0.3			7.75	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190	15.03	Horizon	Indemnity		72.73	0.3828			7.75	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190	15.03	Horizon	MGD		72.73	0.3828			7.75	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190	15.03	Horizon	PPO		72.73	0.3828			7.75	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190	15.03	Managed Care Inc	Managed Care Inc		171	0.9			7.75	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190	15.03	Multiplan	Multiplan		152	0.8			7.75	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190	15.03	Qualcare	Qualcare		142.5	0.75			7.75	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190	15.03	Three Rivers	Three Rivers		180.5	0.95			7.75	180.5	percent of total billed charges	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190	15.03	UHC	Medicare		13.07				7.75	180.5	case rate	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190	15.03	UHC	Medicaid		7.75				7.75	180.5	case rate	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190	15.03	Wellcare	Medicaid		7.75				7.75	180.5	case rate	
FREEZE (TISSUE BANKING)	88240	CPT	outpatient			190	15.03	Wellcare	Medicare		13.07				7.75	180.5	case rate	
THAW./EXPAN./FROZEN CEEL EA.ALIQUOT	88241	CPT	outpatient			157	13.9	Aetna	Commercial		59.66	0.38			7.75	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA.ALIQUOT	88241	CPT	outpatient			157	13.9	Aetna	Better Health		49.39	0.3146			7.75	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA.ALIQUOT	88241	CPT	outpatient			157	13.9	Aetna	Medicare		12.09				7.75	149.15	case rate	
THAW./EXPAN./FROZEN CEEL EA.ALIQUOT	88241	CPT	outpatient			157	13.9	Americare	Americare		117.75	0.75			7.75	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA.ALIQUOT	88241	CPT	outpatient			157	13.9	WellPoint	WellPoint		50.37	0.3208			7.75	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA.ALIQUOT	88241	CPT	outpatient			157	13.9	Amerihealth	Medicare		12.09				7.75	149.15	case rate	
THAW./EXPAN./FROZEN CEEL EA.ALIQUOT	88241	CPT	outpatient			157	13.9	Consumer	Consumer		149.15	0.95			7.75	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA.ALIQUOT	88241	CPT	outpatient			157	13.9	Corrections	Corrections		125.6	0.8			7.75	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA.ALIQUOT	88241	CPT	outpatient			157	13.9	First Health	First Health		109.9	0.7			7.75	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA.ALIQUOT	88241	CPT	outpatient			157	13.9	First Trenton	First Trenton		141.3	0.9			7.75	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA.ALIQUOT	88241	CPT	outpatient			157	13.9	Horizon	Indemnity		60.1	0.3828			7.75	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA.ALIQUOT	88241	CPT	outpatient			157	13.9	Horizon	Medicare Blue		47.1	0.3			7.75	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA.ALIQUOT	88241	CPT	outpatient			157	13.9	Horizon	MGD		60.1	0.3828			7.75	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA.ALIQUOT	88241	CPT	outpatient			157	13.9	Horizon	PPO		60.1	0.3828			7.75	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA.ALIQUOT	88241	CPT	outpatient			157	13.9	Managed Care Inc	Managed Care Inc		141.3	0.9			7.75	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA.ALIQUOT	88241	CPT	outpatient			157	13.9	Multiplan	Multiplan		125.6	0.8			7.75	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA.ALIQUOT	88241	CPT	outpatient			157	13.9	Qualcare	Qualcare		117.75	0.75			7.75	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA.ALIQUOT	88241	CPT	outpatient			157	13.9	Three Rivers	Three Rivers		149.15	0.95			7.75	149.15	percent of total billed charges	
THAW./EXPAN./FROZEN CEEL EA.ALIQUOT	88241	CPT	outpatient			157	13.9	UHC	Medicaid		7.75				7.75	149.15	case rate	
THAW./EXPAN./FROZEN CEEL EA.ALIQUOT	88241	CPT	outpatient			157	13.9	UHC	Medicare		12.09				7.75	149.15	case rate	
THAW./EXPAN./FROZEN CEEL EA.ALIQUOT	88241	CPT	outpatient			157	13.9	Wellcare	Medicare		12.09				7.75	149.15	case rate	
THAW./EXPAN./FROZEN CEEL EA.ALIQUOT	88241	CPT	outpatient			157	13.9	Wellcare	Medicaid		7.75				7.75	149.15	case rate	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	Aetna	Better Health		55.06	0.3146			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	Aetna	Commercial		66.5	0.38			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	Aetna	Medicare		53.9	0.308			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	Americare	Americare		131.25	0.75			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	WellPoint	WellPoint		56.14	0.3208			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	Amerihealth	Medicare		264.34				52.5	264.34	case rate	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	Consumer	Consumer		166.25	0.95			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	Corrections	Corrections		140	0.8			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	First Health	First Health		122.5	0.7			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	First Trenton	First Trenton		157.5	0.9			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	Horizon	Medicare Blue		52.5	0.3			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	Horizon	Indemnity		66.99	0.3828			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	Horizon	MGD		66.99	0.3828			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	Horizon	PPO		66.99	0.3828			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	Managed Care Inc	Managed Care Inc		157.5	0.9			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	Multiplan	Multiplan		140	0.8			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	Qualcare	Qualcare		131.25	0.75			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	Three Rivers	Three Rivers		166.25	0.95			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	UHC	Medicaid		55.06	0.3146			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	UHC	Medicare		264.34				52.5	264.34	case rate	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	Wellcare	Medicaid		55.06	0.3146			52.5	264.34	percent of total billed charges	
CHROM ANAL CT.5 CLS 1KARY.W BAN	88261	CPT	outpatient			175	303.99	Wellcare	Medicare		264.34				52.5	264.34	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHROMO ANALYS;CT 15-20 CELLS 2KARYO W	88262	CPT	both			1761	144.31	Aetna	Medicare		125.49				108.9	1672.95	case rate	
CHROMO ANALYS;CT 15-20 CELLS 2KARYO W	88262	CPT	both			1761	144.31	Aetna	Better Health		554.01	0.3146			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS;CT 15-20 CELLS 2KARYO W	88262	CPT	both			1761	144.31	Aetna	Commercial		669.18	0.38			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS;CT 15-20 CELLS 2KARYO W	88262	CPT	both			1761	144.31	Americare	Americare		1320.75	0.75			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS;CT 15-20 CELLS 2KARYO W	88262	CPT	both			1761	144.31	WellPoint	WellPoint		564.93	0.3208			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS;CT 15-20 CELLS 2KARYO W	88262	CPT	both			1761	144.31	Amerihealth	Medicare		125.49				108.9	1672.95	case rate	
CHROMO ANALYS;CT 15-20 CELLS 2KARYO W	88262	CPT	both			1761	144.31	Consumer	Consumer		1672.95	0.95			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS;CT 15-20 CELLS 2KARYO W	88262	CPT	both			1761	144.31	Corrections	Corrections		1408.8	0.8			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS;CT 15-20 CELLS 2KARYO W	88262	CPT	both			1761	144.31	First Health	First Health		1232.7	0.7			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS;CT 15-20 CELLS 2KARYO W	88262	CPT	both			1761	144.31	First Trenton	First Trenton		1584.9	0.9			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS;CT 15-20 CELLS 2KARYO W	88262	CPT	both			1761	144.31	Horizon	Medicare Blue		528.3	0.3			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS;CT 15-20 CELLS 2KARYO W	88262	CPT	both			1761	144.31	Horizon	Indemnity		674.11	0.3828			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS;CT 15-20 CELLS 2KARYO W	88262	CPT	both			1761	144.31	Horizon	MGD		674.11	0.3828			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS;CT 15-20 CELLS 2KARYO W	88262	CPT	both			1761	144.31	Horizon	PPO		674.11	0.3828			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS;CT 15-20 CELLS 2KARYO W	88262	CPT	both			1761	144.31	Managed Care Inc	Managed Care Inc		1584.9	0.9			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS;CT 15-20 CELLS 2KARYO W	88262	CPT	both			1761	144.31	Multiplan	Multiplan		1408.8	0.8			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS;CT 15-20 CELLS 2KARYO W	88262	CPT	both			1761	144.31	Qualcare	Qualcare		1320.75	0.75			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS;CT 15-20 CELLS 2KARYO W	88262	CPT	both			1761	144.31	Three Rivers	Three Rivers		1672.95	0.95			108.9	1672.95	percent of total billed charges	
CHROMO ANALYS;CT 15-20 CELLS 2KARYO W	88262	CPT	both			1761	144.31	UHC	Medicaid		136.03				108.9	1672.95	case rate	
CHROMO ANALYS;CT 15-20 CELLS 2KARYO W	88262	CPT	both			1761	144.31	UHC	Medicare		125.49				108.9	1672.95	case rate	
CHROMO ANALYS;CT 15-20 CELLS 2KARYO W	88262	CPT	both			1761	144.31	Wellcare	Medicaid		136.03				108.9	1672.95	case rate	
CHROMO ANALYS;CT 15-20 CELLS 2KARYO W	88262	CPT	both			1761	144.31	Wellcare	Medicare		125.49				108.9	1672.95	case rate	
CHROMOSOME ANALYZE 20-25 CELLS	88264	CPT	both			654	166.3	Aetna	Commercial		248.52	0.38			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE 20-25 CELLS	88264	CPT	both			654	166.3	Aetna	Medicare		144.61				90.6	621.3	case rate	
CHROMOSOME ANALYZE 20-25 CELLS	88264	CPT	both			654	166.3	Aetna	Better Health		205.75	0.3146			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE 20-25 CELLS	88264	CPT	both			654	166.3	Americare	Americare		490.5	0.75			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE 20-25 CELLS	88264	CPT	both			654	166.3	WellPoint	WellPoint		209.8	0.3208			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE 20-25 CELLS	88264	CPT	both			654	166.3	Amerihealth	Medicare		144.61				90.6	621.3	case rate	
CHROMOSOME ANALYZE 20-25 CELLS	88264	CPT	both			654	166.3	Consumer	Consumer		621.3	0.95			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE 20-25 CELLS	88264	CPT	both			654	166.3	Corrections	Corrections		523.2	0.8			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE 20-25 CELLS	88264	CPT	both			654	166.3	First Health	First Health		457.8	0.7			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE 20-25 CELLS	88264	CPT	both			654	166.3	First Trenton	First Trenton		588.6	0.9			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE 20-25 CELLS	88264	CPT	both			654	166.3	Horizon	MGD		250.35	0.3828			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE 20-25 CELLS	88264	CPT	both			654	166.3	Horizon	Medicare Blue		196.2	0.3			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE 20-25 CELLS	88264	CPT	both			654	166.3	Horizon	Indemnity		250.35	0.3828			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE 20-25 CELLS	88264	CPT	both			654	166.3	Horizon	PPO		250.35	0.3828			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE 20-25 CELLS	88264	CPT	both			654	166.3	Managed Care Inc	Managed Care Inc		588.6	0.9			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE 20-25 CELLS	88264	CPT	both			654	166.3	Multiplan	Multiplan		523.2	0.8			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE 20-25 CELLS	88264	CPT	both			654	166.3	Qualcare	Qualcare		490.5	0.75			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE 20-25 CELLS	88264	CPT	both			654	166.3	Three Rivers	Three Rivers		621.3	0.95			90.6	621.3	percent of total billed charges	
CHROMOSOME ANALYZE 20-25 CELLS	88264	CPT	both			654	166.3	UHC	Medicare		144.61				90.6	621.3	case rate	
CHROMOSOME ANALYZE 20-25 CELLS	88264	CPT	both			654	166.3	UHC	Medicaid		136.03				90.6	621.3	case rate	
CHROMOSOME ANALYZE 20-25 CELLS	88264	CPT	both			654	166.3	Wellcare	Medicaid		136.03				90.6	621.3	case rate	
CHROMOSOME ANALYZE 20-25 CELLS	88264	CPT	both			654	166.3	Wellcare	Medicare		144.61				90.6	621.3	case rate	
CHROM ANLYS INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Aetna	Medicare		173.66				69.9	380.95	case rate	
CHROM ANLYS INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Aetna	Better Health		126.15	0.3146			69.9	380.95	percent of total billed charges	
CHROM ANLYS INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Aetna	Commercial		152.38	0.38			69.9	380.95	percent of total billed charges	
CHROM ANLYS INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Americare	Americare		300.75	0.75			69.9	380.95	percent of total billed charges	
CHROM ANLYS INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	WellPoint	WellPoint		128.64	0.3208			69.9	380.95	percent of total billed charges	
CHROM ANLYS INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Amerihealth	Medicare		173.66				69.9	380.95	case rate	
CHROM ANLYS INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Consumer	Consumer		380.95	0.95			69.9	380.95	percent of total billed charges	
CHROM ANLYS INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Corrections	Corrections		320.8	0.8			69.9	380.95	percent of total billed charges	
CHROM ANLYS INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	First Health	First Health		280.7	0.7			69.9	380.95	percent of total billed charges	
CHROM ANLYS INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	First Trenton	First Trenton		360.9	0.9			69.9	380.95	percent of total billed charges	
CHROM ANLYS INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Horizon	Medicare Blue		120.3	0.3			69.9	380.95	percent of total billed charges	
CHROM ANLYS INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Horizon	Indemnity		153.5	0.3828			69.9	380.95	percent of total billed charges	
CHROM ANLYS INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Horizon	MGD		153.5	0.3828			69.9	380.95	percent of total billed charges	
CHROM ANLYS INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Horizon	PPO		153.5	0.3828			69.9	380.95	percent of total billed charges	
CHROM ANLYS INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Managed Care Inc	Managed Care Inc		360.9	0.9			69.9	380.95	percent of total billed charges	
CHROM ANLYS INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Multiplan	Multiplan		320.8	0.8			69.9	380.95	percent of total billed charges	
CHROM ANLYS INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Qualcare	Qualcare		300.75	0.75			69.9	380.95	percent of total billed charges	
CHROM ANLYS INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Three Rivers	Three Rivers		380.95	0.95			69.9	380.95	percent of total billed charges	
CHROM ANLYS INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	UHC	Medicaid		126.15	0.3146			69.9	380.95	percent of total billed charges	
CHROM ANLYS INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	UHC	Medicare		173.66				69.9	380.95	case rate	
CHROM ANLYS INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Wellcare	Medicaid		126.15	0.3146			69.9	380.95	percent of total billed charges	
CHROM ANLYS INSITU AMNIOTIC FLD	88269	CPT	outpatient			401	199.71	Wellcare	Medicare		173.66				69.9	380.95	case rate	
MOLECULAR CYTOGENETICS;DNA PROBE EACH	88271	CPT	both			1286	24.63	Aetna	Commercial		488.68	0.38			16	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS;DNA PROBE EACH	88271	CPT	both			1286	24.63	Aetna	Better Health		404.58	0.3146			16	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS;DNA PROBE EACH	88271	CPT	both			1286	24.63	Aetna	Medicare		21.42				16	1221.7	case rate	
MOLECULAR CYTOGENETICS;DNA PROBE EACH	88271	CPT	both			1286	24.63	Americare	Americare		964.5	0.75			16	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS;DNA PROBE EACH	88271	CPT	both			1286	24.63	WellPoint	WellPoint		412.55	0.3208			16	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS;DNA PROBE EACH	88271	CPT	both			1286	24.63	Amerihealth	Medicare		21.42				16	1221.7	case rate	
MOLECULAR CYTOGENETICS;DNA PROBE EACH	88271	CPT	both			1286	24.63	Consumer	Consumer		1221.7	0.95			16	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS;DNA PROBE EACH	88271	CPT	both			1286	24.63	Corrections	Corrections		1028.8	0.8			16	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS;DNA PROBE EACH	88271	CPT	both			1286	24.63	First Health	First Health		900.2	0.7			16	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS;DNA PROBE EACH	88271	CPT	both			1286	24.63	First Trenton	First Trenton		1157.4	0.9			16	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS;DNA PROBE EACH	88271	CPT	both			1286	24.63	Horizon	Medicare Blue		385.8	0.3			16	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS;DNA PROBE EACH	88271	CPT	both			1286	24.63	Horizon	Indemnity		492.28	0.3828			16	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS;DNA PROBE EACH	88271	CPT	both			1286	24.63	Horizon	MGD		492.28	0.3828			16	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS;DNA PROBE EACH	88271	CPT	both			1286	24.63	Horizon	PPO		492.28	0.3828			16	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS;DNA PROBE EACH	88271	CPT	both			1286	24.63	Managed Care Inc	Managed Care Inc		1157.4	0.9			16	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS;DNA PROBE EACH	88271	CPT	both			1286	24.63	Multiplan	Multiplan		1028.8	0.8			16	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS;DNA PROBE EACH	88271	CPT	both			1286	24.63	Qualcare	Qualcare		964.5	0.75			16	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS;DNA PROBE EACH	88271	CPT	both			1286	24.63	Three Rivers	Three Rivers		1221.7	0.95			16	1221.7	percent of total billed charges	
MOLECULAR CYTOGENETICS;DNA PROBE EACH	88271	CPT	both			1286	24.63	UHC	Medicare		21.42				16	1221.7	case rate	
MOLECULAR CYTOGENETICS;DNA PROBE EACH	88271	CPT	both			1286	24.63	UHC	Medicaid		16				16	1221.7	case rate	
MOLECULAR CYTOGENETICS;DNA PROBE EACH	88271	CPT	both			1286	24.63	Wellcare	Medicare		21.42				16	1221.7	case rate	
MOLECULAR CYTOGENETICS;DNA PROBE EACH	88271	CPT	both			1286	24.63	Wellcare	Medicaid		16				16	1221.7	case rate	
CHROMOSOMAL IN SITU HYBRIDIZATION ANALY	88273	CPT	outpatient			112	40.03	Aetna	Commercial		42.56	0.38			33.6	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION ANALY	88273	CPT	outpatient			112	40.03	Aetna	Better Health		35.24	0.3146			33.6	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION ANALY	88273	CPT	outpatient			112	40.03	Aetna	Medicare		34.5	0.308			33.6	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION ANALY	88273	CPT	outpatient			112	40.03	Americare	Americare		84	0.75			33.6	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION ANALY	88273	CPT	outpatient			112	40.03	WellPoint	WellPoint		35.93	0.3208			33.6	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION ANALY	88273	CPT	outpatient			112	40.03	Amerihealth	Medicare		34.81				33.6	106.4	case rate	
CHROMOSOMAL IN SITU HYBRIDIZATION ANALY	88273	CPT	outpatient			112	40.03	Consumer	Consumer		106.4	0.95			33.6	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION ANALY	88273	CPT	outpatient			112	40.03	Corrections	Corrections		89.6	0.8			33.6	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION ANALY	88273	CPT	outpatient			112	40.03	First Health	First Health		78.4	0.7			33.6	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION ANALY	88273	CPT	outpatient			112	40.03	First Trenton	First Trenton		100.8	0.9			33.6	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION ANALY	88273	CPT	outpatient			112	40.03	Horizon	Indemnity		42.87	0.3828			33.6	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION ANALY	88273	CPT	outpatient			112	40.03	Horizon	MGD		42.87	0.3828			33.6	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION ANALY	88273	CPT	outpatient			112	40.03	Horizon	Medicare Blue		33.6	0.3			33.6	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION ANALY	88273	CPT	outpatient			112	40.03	Horizon	PPO		42.87	0.3828			33.6	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION ANALY	88273	CPT	outpatient			112	40.03	Managed Care Inc	Managed Care Inc		100.8	0.9			33.6	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION ANALY	88273	CPT	outpatient			112	40.03	Multiplan	Multiplan		89.6	0.8			33.6	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION ANALY	88273	CPT	outpatient			112	40.03	Qualcare	Qualcare		84	0.75			33.6	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION ANALY	88273	CPT	outpatient			112	40.03	Three Rivers	Three Rivers		106.4	0.95			33.6	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION ANALY	88273	CPT	outpatient			112	40.03	UHC	Medicaid		35.24	0.3146			33.6	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION ANALY	88273	CPT	outpatient			112	40.03	UHC	Medicare		34.81				33.6	106.4	case rate	
CHROMOSOMAL IN SITU HYBRIDIZATION ANALY	88273	CPT	outpatient			112	40.03	Wellcare	Medicaid		35.24	0.3146			33.6	106.4	percent of total billed charges	
CHROMOSOMAL IN SITU HYBRIDIZATION ANALY	88273	CPT	outpatient			112	40.03	Wellcare	Medicare		34.81				33.6	106.4	case rate	
INSITU HYBRID 25-99 CELLS	88274	CPT	both			285	48.74	Aetna	Medicare		42.38				40.5	270.75	case rate	
INSITU HYBRID 25-99 CELLS	88274	CPT	both			285	48.74	Aetna	Better Health		89.66	0.3146			40.5	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	both			285	48.74	Aetna	Commercial		108.3	0.38			40.5	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	both			285	48.74	Americare	Americare		213.75	0.75			40.5	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	both			285	48.74	WellPoint	WellPoint		91.43	0.3208			40.5	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	both			285	48.74	Amerihealth	Medicare		42.38				40.5	270.75	case rate	
INSITU HYBRID 25-99 CELLS	88274	CPT	both			285	48.74	Consumer	Consumer		270.75	0.95			40.5	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	both			285	48.74	Corrections	Corrections		228	0.8			40.5	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	both			285	48.74	First Health	First Health		199.5	0.7			40.5	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	both			285	48.74	First Trenton	First Trenton		256.5	0.9			40.5	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	both			285	48.74	Horizon	MGD		109.1	0.3828			40.5	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	both			285	48.74	Horizon	Indemnity		109.1	0.3828			40.5	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	both			285	48.74	Horizon	Medicare Blue		85.5	0.3			40.5	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	both			285	48.74	Horizon	PPO		109.1	0.3828			40.5	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	both			285	48.74	Managed Care Inc	Managed Care Inc		256.5	0.9			40.5	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	both			285	48.74	Multiplan	Multiplan		228	0.8			40.5	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	both			285	48.74	Qualcare	Qualcare		213.75	0.75			40.5	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	both			285	48.74	Three Rivers	Three Rivers		270.75	0.95			40.5	270.75	percent of total billed charges	
INSITU HYBRID 25-99 CELLS	88274	CPT	both			285	48.74	UHC	Medicaid		45				40.5	270.75	case rate	
INSITU HYBRID 25-99 CELLS	88274	CPT	both			285	48.74	UHC	Medicare		42.38				40.5	270.75	case rate	
INSITU HYBRID 25-99 CELLS	88274	CPT	both			285	48.74	Wellcare	Medicaid		45				40.5	270.75	case rate	
INSITU HYBRID 25-99 CELLS	88274	CPT	both			285	48.74	Wellcare	Medicare		42.38				40.5	270.75	case rate	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899	58.87	Aetna	Better Health		282.83	0.3146			43.72	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899	58.87	Aetna	Commercial		341.62	0.38			43.72	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899	58.87	Aetna	Medicare		51.19				43.72	854.05	case rate	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899	58.87	Americare	Americare		674.25	0.75			43.72	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899	58.87	WellPoint	WellPoint		288.4	0.3208			43.72	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899	58.87	Amerihealth	Medicare		51.19				43.72	854.05	case rate	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899	58.87	Consumer	Consumer		854.05	0.95			43.72	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899	58.87	Corrections	Corrections		719.2	0.8			43.72	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899	58.87	First Health	First Health		629.3	0.7			43.72	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899	58.87	First Trenton	First Trenton		809.1	0.9			43.72	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899	58.87	Horizon	Medicare Blue		269.7	0.3			43.72	854.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899	58.87	Horizon	MCD		344.14	0.3828			43.72	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899	58.87	Horizon	Indemnity		344.14	0.3828			43.72	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899	58.87	Horizon	PPO		344.14	0.3828			43.72	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899	58.87	Managed Care Inc	Managed Care Inc		809.1	0.9			43.72	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899	58.87	Multiplan	Multiplan		719.2	0.8			43.72	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899	58.87	Qualcare	Qualcare		674.25	0.75			43.72	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899	58.87	Three Rivers	Three Rivers		854.05	0.95			43.72	854.05	percent of total billed charges	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899	58.87	UHC	Medicaid		43.72				43.72	854.05	case rate	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899	58.87	UHC	Medicare		51.19				43.72	854.05	case rate	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899	58.87	Wellcare	Medicare		51.19				43.72	854.05	case rate	
MOLECULAR CYTOGENETICS;INTERPHASE IN SIT	88275	CPT	both			899	58.87	Wellcare	Medicaid		43.72				43.72	854.05	case rate	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654	38.49	Aetna	Medicare		33.47				24	621.3	case rate	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654	38.49	Aetna	Better Health		205.75	0.3146			24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654	38.49	Aetna	Commercial		248.52	0.38			24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654	38.49	Americare	Americare		490.5	0.75			24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654	38.49	WellPoint	WellPoint		209.8	0.3208			24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654	38.49	Amerihealth	Medicare		33.47				24	621.3	case rate	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654	38.49	Consumer	Consumer		621.3	0.95			24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654	38.49	Corrections	Corrections		523.2	0.8			24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654	38.49	First Health	First Health		457.8	0.7			24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654	38.49	First Trenton	First Trenton		588.6	0.9			24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654	38.49	Horizon	Indemnity		250.35	0.3828			24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654	38.49	Horizon	MCD		250.35	0.3828			24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654	38.49	Horizon	Medicare Blue		196.2	0.3			24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654	38.49	Horizon	PPO		250.35	0.3828			24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654	38.49	Managed Care Inc	Managed Care Inc		588.6	0.9			24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654	38.49	Multiplan	Multiplan		523.2	0.8			24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654	38.49	Qualcare	Qualcare		490.5	0.75			24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654	38.49	Three Rivers	Three Rivers		621.3	0.95			24	621.3	percent of total billed charges	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654	38.49	UHC	Medicare		33.47				24	621.3	case rate	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654	38.49	UHC	Medicaid		34				24	621.3	case rate	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654	38.49	Wellcare	Medicaid		34				24	621.3	case rate	
CHROMO ANAL ADD KARYOTYPES EA STUDY	88280	CPT	both			654	38.49	Wellcare	Medicare		33.47				24	621.3	case rate	
ADDITIONAL BANDING EA; STUDY	88283	CPT	outpatient			400	78.89	Aetna	Commercial		152	0.38			46	380	percent of total billed charges	
ADDITIONAL BANDING EA; STUDY	88283	CPT	outpatient			400	78.89	Aetna	Medicare		68.6				46	380	case rate	
ADDITIONAL BANDING EA; STUDY	88283	CPT	outpatient			400	78.89	Aetna	Better Health		125.84	0.3146			46	380	percent of total billed charges	
ADDITIONAL BANDING EA; STUDY	88283	CPT	outpatient			400	78.89	Americare	Americare		300	0.75			46	380	percent of total billed charges	
ADDITIONAL BANDING EA; STUDY	88283	CPT	outpatient			400	78.89	WellPoint	WellPoint		128.32	0.3208			46	380	percent of total billed charges	
ADDITIONAL BANDING EA; STUDY	88283	CPT	outpatient			400	78.89	Amerihealth	Medicare		68.6				46	380	case rate	
ADDITIONAL BANDING EA; STUDY	88283	CPT	outpatient			400	78.89	Consumer	Consumer		380	0.95			46	380	percent of total billed charges	
ADDITIONAL BANDING EA; STUDY	88283	CPT	outpatient			400	78.89	Corrections	Corrections		320	0.8			46	380	percent of total billed charges	
ADDITIONAL BANDING EA; STUDY	88283	CPT	outpatient			400	78.89	First Health	First Health		280	0.7			46	380	percent of total billed charges	
ADDITIONAL BANDING EA; STUDY	88283	CPT	outpatient			400	78.89	First Trenton	First Trenton		360	0.9			46	380	percent of total billed charges	
ADDITIONAL BANDING EA; STUDY	88283	CPT	outpatient			400	78.89	Horizon	Indemnity		153.12	0.3828			46	380	percent of total billed charges	
ADDITIONAL BANDING EA; STUDY	88283	CPT	outpatient			400	78.89	Horizon	Medicare Blue		120	0.3			46	380	percent of total billed charges	
ADDITIONAL BANDING EA; STUDY	88283	CPT	outpatient			400	78.89	Horizon	MCD		153.12	0.3828			46	380	percent of total billed charges	
ADDITIONAL BANDING EA; STUDY	88283	CPT	outpatient			400	78.89	Horizon	PPO		153.12	0.3828			46	380	percent of total billed charges	
ADDITIONAL BANDING EA; STUDY	88283	CPT	outpatient			400	78.89	Managed Care Inc	Managed Care Inc		360	0.9			46	380	percent of total billed charges	
ADDITIONAL BANDING EA; STUDY	88283	CPT	outpatient			400	78.89	Multiplan	Multiplan		320	0.8			46	380	percent of total billed charges	
ADDITIONAL BANDING EA; STUDY	88283	CPT	outpatient			400	78.89	Qualcare	Qualcare		300	0.75			46	380	percent of total billed charges	
ADDITIONAL BANDING EA; STUDY	88283	CPT	outpatient			400	78.89	Three Rivers	Three Rivers		380	0.95			46	380	percent of total billed charges	
ADDITIONAL BANDING EA; STUDY	88283	CPT	outpatient			400	78.89	UHC	Medicaid		46				46	380	case rate	
ADDITIONAL BANDING EA; STUDY	88283	CPT	outpatient			400	78.89	UHC	Medicare		68.6				46	380	case rate	
ADDITIONAL BANDING EA; STUDY	88283	CPT	outpatient			400	78.89	Wellcare	Medicare		68.6				46	380	case rate	
ADDITIONAL BANDING EA; STUDY	88283	CPT	outpatient			400	78.89	Wellcare	Medicaid		46				46	380	case rate	
CHROM ANALS ADD CELL CT EA	88285	CPT	outpatient			233	30.95	Aetna	Better Health		73.3	0.3146			19.2	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	outpatient			233	30.95	Aetna	Commercial		88.54	0.38			19.2	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	outpatient			233	30.95	Aetna	Medicare		71.76	0.308			19.2	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	outpatient			233	30.95	Americare	Americare		174.75	0.75			19.2	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	outpatient			233	30.95	WellPoint	WellPoint		74.75	0.3208			19.2	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	outpatient			233	30.95	Amerihealth	Medicare		26.91				19.2	221.35	case rate	
CHROM ANALS ADD CELL CT EA	88285	CPT	outpatient			233	30.95	Consumer	Consumer		221.35	0.95			19.2	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	outpatient			233	30.95	Corrections	Corrections		186.4	0.8			19.2	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	outpatient			233	30.95	First Health	First Health		163.1	0.7			19.2	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	outpatient			233	30.95	First Trenton	First Trenton		209.7	0.9			19.2	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	outpatient			233	30.95	Horizon	Medicare Blue		69.9	0.3			19.2	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	outpatient			233	30.95	Horizon	Indemnity		89.19	0.3828			19.2	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	outpatient			233	30.95	Horizon	MCD		89.19	0.3828			19.2	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	outpatient			233	30.95	Horizon	PPO		89.19	0.3828			19.2	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	outpatient			233	30.95	Managed Care Inc	Managed Care Inc		209.7	0.9			19.2	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	outpatient			233	30.95	Multiplan	Multiplan		186.4	0.8			19.2	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	outpatient			233	30.95	Qualcare	Qualcare		174.75	0.75			19.2	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	outpatient			233	30.95	Three Rivers	Three Rivers		221.35	0.95			19.2	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	outpatient			233	30.95	UHC	Medicare		26.91				19.2	221.35	case rate	
CHROM ANALS ADD CELL CT EA	88285	CPT	outpatient			233	30.95	UHC	Medicaid		73.3	0.3146			19.2	221.35	percent of total billed charges	
CHROM ANALS ADD CELL CT EA	88285	CPT	outpatient			233	30.95	Wellcare	Medicare		26.91				19.2	221.35	case rate	
CHROM ANALS ADD CELL CT EA	88285	CPT	outpatient			233	30.95	Wellcare	Medicaid		73.3	0.3146			19.2	221.35	percent of total billed charges	
GT G BAND RESOLUTION	88289	CPT	outpatient			3693	39.59	Aetna	Better Health		1161.82	0.3146			34.43	3508.35	percent of total billed charges	
GT G BAND RESOLUTION	88289	CPT	outpatient			3693	39.59	Aetna	Medicare		34.43				34.43	3508.35	case rate	
GT G BAND RESOLUTION	88289	CPT	outpatient			3693	39.59	Aetna	Commercial		1403.34	0.38			34.43	3508.35	percent of total billed charges	
GT G BAND RESOLUTION	88289	CPT	outpatient			3693	39.59	Americare	Americare		2769.75	0.75			34.43	3508.35	percent of total billed charges	
GT G BAND RESOLUTION	88289	CPT	outpatient			3693	39.59	WellPoint	WellPoint		1184.71	0.3208			34.43	3508.35	percent of total billed charges	
GT G BAND RESOLUTION	88289	CPT	outpatient			3693	39.59	Amerihealth	Medicare		34.43				34.43	3508.35	case rate	
GT G BAND RESOLUTION	88289	CPT	outpatient			3693	39.59	Consumer	Consumer		3508.35	0.95			34.43	3508.35	percent of total billed charges	
GT G BAND RESOLUTION	88289	CPT	outpatient			3693	39.59	Corrections	Corrections		2954.4	0.8			34.43	3508.35	percent of total billed charges	
GT G BAND RESOLUTION	88289	CPT	outpatient			3693	39.59	First Health	First Health		2585.1	0.7			34.43	3508.35	percent of total billed charges	
GT G BAND RESOLUTION	88289	CPT	outpatient			3693	39.59	First Trenton	First Trenton		3323.7	0.9			34.43	3508.35	percent of total billed charges	
GT G BAND RESOLUTION	88289	CPT	outpatient			3693	39.59	Horizon	MCD		1413.68	0.3828			34.43	3508.35	percent of total billed charges	
GT G BAND RESOLUTION	88289	CPT	outpatient			3693	39.59	Horizon	Indemnity		1413.68	0.3828			34.43	3508.35	percent of total billed charges	
GT G BAND RESOLUTION	88289	CPT	outpatient			3693	39.59	Horizon	PPO		1413.68	0.3828			34.43	3508.35	percent of total billed charges	
GT G BAND RESOLUTION	88289	CPT	outpatient			3693	39.59	Horizon	Medicare Blue		1107.9	0.3			34.43	3508.35	percent of total billed charges	
GT G BAND RESOLUTION	88289	CPT	outpatient			3693	39.59	Managed Care Inc	Managed Care Inc		3323.7	0.9			34.43	3508.35	percent of total billed charges	
GT G BAND RESOLUTION	88289	CPT	outpatient			3693	39.59	Multiplan	Multiplan		2954.4	0.8			34.43	3508.35	percent of total billed charges	
GT G BAND RESOLUTION	88289	CPT	outpatient			3693	39.59	Qualcare	Qualcare		2769.75	0.75			34.43	3508.35	percent of total billed charges	
GT G BAND RESOLUTION	88289	CPT	outpatient			3693	39.59	Three Rivers	Three Rivers		3508.35	0.95			34.43	3508.35	percent of total billed charges	
GT G BAND RESOLUTION	88289	CPT	outpatient			3693	39.59	UHC	Medicaid		40				34.43	3508.35	case rate	
GT G BAND RESOLUTION	88289	CPT	outpatient			3693	39.59	UHC	Medicare		34.43				34.43	3508.35	case rate	
GT G BAND RESOLUTION	88289	CPT	outpatient			3693	39.59	Wellcare	Medicaid		40				34.43	3508.35	case rate	
GT G BAND RESOLUTION	88289	CPT	outpatient			3693	39.59	Wellcare	Medicare		34.43				34.43	3508.35	case rate	
CYTO&MOLE INTERP & REPORT	88291	CPT	inpatient			1286		Aetna	Medicare		396.09	0.308			21.05	1221.7	percent of total billed charges	
CYTO&MOLE INTERP & REPORT	88291	CPT	inpatient			1286		Aetna	Commercial		488.68	0.38			21.05	1221.7	percent of total billed charges	
CYTO&MOLE INTERP & REPORT	88291	CPT	inpatient			1286		Aetna	Better Health		404.58	0.3146			21.05	1221.7	percent of total billed charges	
CYTO&MOLE INTERP & REPORT	88291	CPT	inpatient			1286		Americare	Americare		964.5	0.75			21.05	1221.7	percent of total billed charges	
CYTO&MOLE INTERP & REPORT	88291	CPT	inpatient			1286		WellPoint	WellPoint		412.55	0.3208			21.05	1221.7	percent of total billed charges	
CYTO&MOLE INTERP & REPORT	88291	CPT	inpatient			1286		Consumer	Consumer		1221.7	0.95			21.05	1221.7	percent of total billed charges	
CYTO&MOLE INTERP & REPORT	88291	CPT	inpatient			1286		Corrections	Corrections		1028.8	0.8			21.05	1221.7	percent of total billed charges	
CYTO&MOLE INTERP & REPORT	88291	CPT	inpatient			1286		First Health	First Health		900.2	0.7			21.05	1221.7	percent of total billed charges	
CYTO&MOLE INTERP & REPORT	88291	CPT	inpatient			1286		First Trenton	First Trenton		1157.4	0.9			21.05	1221.7	percent of total billed charges	
CYTO&MOLE INTERP & REPORT	88291	CPT	inpatient			1286		Horizon	Indemnity		492.28	0.3828			21.05	1221.7	percent of total billed charges	
CYTO&MOLE INTERP & REPORT	88291	CPT	inpatient			1286		Horizon	Medicare Blue		385.8	0.3			21.05	1221.7	percent of total billed charges	
CYTO&MOLE INTERP & REPORT	88291	CPT	inpatient			1286		Horizon	MCD		492.28	0.3828			21.05	1221.7	percent of total billed charges	
CYTO&MOLE INTERP & REPORT	88291	CPT	inpatient			1286		Horizon	PPO		492.28	0.3828			21.05	1221.7	percent of total billed charges	
CYTO&MOLE INTERP & REPORT	88291	CPT	inpatient			1286		Managed Care Inc	Managed Care Inc		1157.4	0.9			21.05	1221.7	percent of total billed charges	
CYTO&MOLE INTERP & REPORT	88291	CPT	inpatient			1286		Multiplan	Multiplan		1028.8	0.8			21.05	1221.7	percent of total billed charges	
CYTO&MOLE INTERP & REPORT	88291	CPT	inpatient			1286		Qualcare	Qualcare		964.5	0.75			21.05	1221.7	percent of total billed charges	
CYTO&MOLE INTERP & REPORT	88291	CPT	inpatient			1286		Three Rivers	Three Rivers		1221.7	0.95			21.05	1221.7	percent of total billed charges	
CYTO&MOLE INTERP & REPORT	88291	CPT	inpatient			1286		UHC	Medicaid		21.05				21.05	1221.7	case rate	
CYTO&MOLE INTERP & REPORT	88291	CPT	inpatient			1286		Wellcare	Medicaid		21.05				21.05	1221.7	case rate	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210	71.27	Aetna	Better Health		380.67	0.3146			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210	71.27	Aetna	Commercial		98.66	1.592			61.97	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210	71.27	Aetna	Medicare		372.68	0.308			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210	71.27	Americare	Americare		907.5	0.75			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210	71.27	WellPoint	WellPoint		388.17	0.3208			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210	71.27	Amerihealth	Medicare		61.97	1			61.97	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210	71.27	Consumer	Consumer		1149.5	0.95			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210	71.27	Corrections	Corrections		968	0.8			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210	71.27	First Health	First Health		847	0.7			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210	71.27	First Trenton	First Trenton		1089	0.9			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210	71.27	Horizon	Indemnity		113.22	1.827			61.97	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210	71.27	Horizon	Medicare Blue		61.97	1			61.97	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210	71.27	Horizon	NJ Health		121	0.1			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210	71.27	Horizon	MCD		113.22	1.827			61.97	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210	71.27	Horizon	PPO		113.22	1.827			61.97	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210	71.27	Managed Care Inc	Managed Care Inc		1089	0.9			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210	71.27	Multiplan	Multiplan		968	0.8			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210	71.27	Qualcare	Qualcare		907.5	0.75			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210	71.27	Three Rivers	Three Rivers		1149.5	0.95			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210	71.27	UHC	Medicaid		380.67	0.3146			61.97	1149.5	percent of total billed charges	
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210	71.27	UHC	Medicare		61.97	1			61.97	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210	71.27	Wellcare	Medicare		61.97	1			61.97	1149.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCENT IN SITU HYBRIDIZATION (FISH)	88299	CPT	outpatient			1210	71.27	Wellcare	Medicaid		380.67	0.3146			61.97	1149.5	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53	39.16	Aetna	Medicare		34.05	1			12.9	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53	39.16	Aetna	Commercial		54.21	1.592			12.9	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53	39.16	Aetna	Better Health		16.67	0.3146			12.9	62.21	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53	39.16	Americare	Americare		39.75	0.75			12.9	62.21	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53	39.16	WellPoint	WellPoint		17	0.3208			12.9	62.21	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53	39.16	AmeriHealth	Medicare		34.05	1			12.9	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53	39.16	Consumer	Consumer		50.35	0.95			12.9	62.21	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53	39.16	Corrections	Corrections		42.4	0.8			12.9	62.21	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53	39.16	First Health	First Health		37.1	0.7			12.9	62.21	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53	39.16	First Trenton	First Trenton		47.7	0.9			12.9	62.21	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53	39.16	Horizon	Indemnity		62.21	1.827			12.9	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53	39.16	Horizon	Medicare Blue		34.05	1			12.9	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53	39.16	Horizon	MGD		62.21	1.827			12.9	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53	39.16	Horizon	PPO		62.21	1.827			12.9	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53	39.16	Managed Care Inc	Managed Care Inc		47.7	0.9			12.9	62.21	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53	39.16	Multiplan	Multiplan		42.4	0.8			12.9	62.21	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53	39.16	Qualcare	Qualcare		39.75	0.75			12.9	62.21	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53	39.16	Three Rivers	Three Rivers		50.35	0.95			12.9	62.21	percent of total billed charges	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53	39.16	UHC	Medicaid		12.9				12.9	62.21	case rate	
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53	39.16	UHC	Medicare		34.05	1			12.9	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53	39.16	Wellcare	Medicare		34.05	1			12.9	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 1-SURGPATH GROSS&MIC EXAM	88300	CPT	both			53	39.16	Wellcare	Medicaid		12.9				12.9	62.21	case rate	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53	39.16	Aetna	Better Health		16.67	0.3146			16.67	62.21	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53	39.16	Aetna	Commercial		54.21	1.592			16.67	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53	39.16	Aetna	Medicare		34.05	1			16.67	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53	39.16	Americare	Americare		39.75	0.75			16.67	62.21	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53	39.16	WellPoint	WellPoint		17	0.3208			16.67	62.21	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53	39.16	AmeriHealth	Medicare		34.05	1			16.67	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53	39.16	Consumer	Consumer		50.35	0.95			16.67	62.21	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53	39.16	Corrections	Corrections		42.4	0.8			16.67	62.21	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53	39.16	First Health	First Health		37.1	0.7			16.67	62.21	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53	39.16	First Trenton	First Trenton		47.7	0.9			16.67	62.21	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53	39.16	Horizon	Indemnity		62.21	1.827			16.67	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53	39.16	Horizon	MGD		62.21	1.827			16.67	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53	39.16	Horizon	Medicare Blue		34.05	1			16.67	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53	39.16	Horizon	PPO		62.21	1.827			16.67	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53	39.16	Managed Care Inc	Managed Care Inc		47.7	0.9			16.67	62.21	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53	39.16	Multiplan	Multiplan		42.4	0.8			16.67	62.21	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53	39.16	Qualcare	Qualcare		39.75	0.75			16.67	62.21	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53	39.16	Three Rivers	Three Rivers		50.35	0.95			16.67	62.21	percent of total billed charges	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53	39.16	UHC	Medicaid		27.47				16.67	62.21	case rate	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53	39.16	UHC	Medicare		34.05	1			16.67	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53	39.16	Wellcare	Medicaid		27.47				16.67	62.21	case rate	
LEVEL 2-SURGPATH GROSS&MIC EXAM	88302	CPT	both			53	39.16	Wellcare	Medicare		34.05	1			16.67	62.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798	71.27	Aetna	Better Health		251.05	0.3146			35.55	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798	71.27	Aetna	Medicare		61.97	1			35.55	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798	71.27	Aetna	Commercial		98.66	1.592			35.55	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798	71.27	Americare	Americare		598.5	0.75			35.55	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798	71.27	WellPoint	WellPoint		256	0.3208			35.55	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798	71.27	AmeriHealth	Medicare		61.97	1			35.55	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798	71.27	Consumer	Consumer		758.1	0.95			35.55	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798	71.27	Corrections	Corrections		638.4	0.8			35.55	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798	71.27	First Health	First Health		558.6	0.7			35.55	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798	71.27	First Trenton	First Trenton		718.2	0.9			35.55	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798	71.27	Horizon	Indemnity		113.22	1.827			35.55	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798	71.27	Horizon	MGD		113.22	1.827			35.55	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798	71.27	Horizon	Medicare Blue		61.97	1			35.55	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798	71.27	Horizon	PPO		113.22	1.827			35.55	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798	71.27	Managed Care Inc	Managed Care Inc		718.2	0.9			35.55	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798	71.27	Multiplan	Multiplan		638.4	0.8			35.55	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798	71.27	Qualcare	Qualcare		598.5	0.75			35.55	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798	71.27	Three Rivers	Three Rivers		758.1	0.95			35.55	758.1	percent of total billed charges	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798	71.27	UHC	Medicaid		39.47				35.55	758.1	case rate	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798	71.27	UHC	Medicare		61.97	1			35.55	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798	71.27	Wellcare	Medicaid		39.47				35.55	758.1	case rate	
LEVEL 3-SURGPATH GROSS&MIC EXAM	88304	CPT	both			798	71.27	Wellcare	Medicare		61.97	1			35.55	758.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492	71.27	Aetna	Medicare		61.97	1			29.26	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492	71.27	Aetna	Commercial		98.66	1.592			29.26	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492	71.27	Aetna	Better Health		154.78	0.3146			29.26	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492	71.27	Americare	Americare		369	0.75			29.26	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492	71.27	WellPoint	WellPoint		157.83	0.3208			29.26	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492	71.27	AmeriHealth	Medicare		61.97	1			29.26	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492	71.27	Consumer	Consumer		467.4	0.95			29.26	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492	71.27	Corrections	Corrections		393.6	0.8			29.26	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492	71.27	First Health	First Health		344.4	0.7			29.26	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492	71.27	First Trenton	First Trenton		442.8	0.9			29.26	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492	71.27	Horizon	Indemnity		113.22	1.827			29.26	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492	71.27	Horizon	Medicare Blue		61.97	1			29.26	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492	71.27	Horizon	MGD		113.22	1.827			29.26	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492	71.27	Horizon	PPO		113.22	1.827			29.26	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492	71.27	Managed Care Inc	Managed Care Inc		442.8	0.9			29.26	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492	71.27	Multiplan	Multiplan		393.6	0.8			29.26	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492	71.27	Qualcare	Qualcare		369	0.75			29.26	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492	71.27	Three Rivers	Three Rivers		467.4	0.95			29.26	467.4	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492	71.27	UHC	Medicaid		40				29.26	467.4	case rate	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492	71.27	UHC	Medicare		61.97	1			29.26	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492	71.27	Wellcare	Medicaid		40				29.26	467.4	case rate	
TISSUE EXAM BY PATHOLOGIST	88305	CPT	both			492	71.27	Wellcare	Medicare		61.97	1			29.26	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634	472.75	Aetna	Commercial		654.46	1.592			59	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634	472.75	Aetna	Better Health		199.46	0.3146			59	751.06	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634	472.75	Aetna	Medicare		411.09	1			59	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634	472.75	Americare	Americare		475.5	0.75			59	751.06	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634	472.75	WellPoint	WellPoint		203.39	0.3208			59	751.06	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634	472.75	AmeriHealth	Medicare		411.09	1			59	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634	472.75	Consumer	Consumer		602.3	0.95			59	751.06	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634	472.75	Corrections	Corrections		507.2	0.8			59	751.06	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634	472.75	First Health	First Health		443.8	0.7			59	751.06	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634	472.75	First Trenton	First Trenton		570.6	0.9			59	751.06	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634	472.75	Horizon	PPO		751.06	1.827			59	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634	472.75	Horizon	MGD		751.06	1.827			59	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634	472.75	Horizon	Indemnity		751.06	1.827			59	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634	472.75	Horizon	Medicare Blue		411.09	1			59	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634	472.75	Managed Care Inc	Managed Care Inc		570.6	0.9			59	751.06	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634	472.75	Multiplan	Multiplan		507.2	0.8			59	751.06	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634	472.75	Qualcare	Qualcare		475.5	0.75			59	751.06	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634	472.75	Three Rivers	Three Rivers		602.3	0.95			59	751.06	percent of total billed charges	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634	472.75	UHC	Medicaid		59				59	751.06	case rate	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634	472.75	UHC	Medicare		411.09	1			59	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634	472.75	Wellcare	Medicaid		59				59	751.06	case rate	
TISSUE EXAM BY PATHOLOGIST	88307	CPT	both			634	472.75	Wellcare	Medicare		411.09	1			59	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402	1130.94	Aetna	Commercial		1565.62	1.592			89	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402	1130.94	Aetna	Better Health		441.07	0.3146			89	1796.73	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402	1130.94	Aetna	Medicare		983.43	1			89	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402	1130.94	Americare	Americare		1051.5	0.75			89	1796.73	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402	1130.94	WellPoint	WellPoint		449.76	0.3208			89	1796.73	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402	1130.94	AmeriHealth	Medicare		983.43	1			89	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402	1130.94	Consumer	Consumer		1331.9	0.95			89	1796.73	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402	1130.94	Corrections	Corrections		1121.6	0.8			89	1796.73	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402	1130.94	First Health	First Health		981.4	0.7			89	1796.73	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402	1130.94	First Trenton	First Trenton		1261.8	0.9			89	1796.73	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402	1130.94	Horizon	PPO		1796.73	1.827			89	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402	1130.94	Horizon	Medicare Blue		983.43	1			89	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402	1130.94	Horizon	Indemnity		1796.73	1.827			89	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402	1130.94	Horizon	MGD		1796.73	1.827			89	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402	1130.94	Managed Care Inc	Managed Care Inc		1261.8	0.9			89	1796.73	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402	1130.94	Multiplan	Multiplan		1121.6	0.8			89	1796.73	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402	1130.94	Qualcare	Qualcare		1051.5	0.75			89	1796.73	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402	1130.94	Three Rivers	Three Rivers		1331.9	0.95			89	1796.73	percent of total billed charges	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402	1130.94	UHC	Medicaid		89				89	1796.73	case rate	
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402	1130.94	UHC	Medicare		983.43	1			89	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402	1130.94	Wellcare	Medicare		983.43	1			89	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 6-SURGPATH GROSS&MIC EXAM	88309	CPT	both			1402	1130.94	Wellcare	Medicaid		89				89	1796.73	case rate	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Aetna	Commercial		18.24	0.38			6	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Aetna	Better Health		15.1	0.3146			6	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Aetna	Medicare		14.78	0.308			6	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Americare	Americare		36	0.75			6	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		WellPoint	WellPoint		15.4	0.3208			6	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Consumer	Consumer		45.6	0.95			6	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Corrections	Corrections		38.4	0.8			6	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		First Health	First Health		33.6	0.7			6	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		First Trenton	First Trenton		43.2	0.9			6	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Horizon	Medicare Blue		14.4	0.3			6	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Horizon	MGD		18.37	0.3828			6	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Horizon	Indemnity		18.37	0.3828			6	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Horizon	PPO		18.37	0.3828			6	45.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Managed Care Inc	Managed Care Inc		43.2	0.9			6	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Multiplan	Multiplan		38.4	0.8			6	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Qualcare	Qualcare		36	0.75			6	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Three Rivers	Three Rivers		45.6	0.95			6	45.6	percent of total billed charges	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		UHC	Medicaid		6				6	45.6	case rate	
DECALCIFICATION PROCEDURE	88311	CPT	both			48		Wellcare	Medicaid		6				6	45.6	case rate	
SPECIAL STAINS GROUP I	88312	CPT	both			486		71.27 Aetna	Better Health		152.9	0.3146			13	461.7	percent of total billed charges	
SPECIAL STAINS GROUP I	88312	CPT	both			486		71.27 Aetna	Commercial		98.66	1.592			13	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAINS GROUP I	88312	CPT	both			486		71.27 Aetna	Medicare		61.97	1			13	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAINS GROUP I	88312	CPT	both			486		71.27 Americare	Americare		364.5	0.75			13	461.7	percent of total billed charges	
SPECIAL STAINS GROUP I	88312	CPT	both			486		71.27 WellPoint	WellPoint		155.91	0.3208			13	461.7	percent of total billed charges	
SPECIAL STAINS GROUP I	88312	CPT	both			486		71.27 Amerihealth	Medicare		61.97	1			13	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAINS GROUP I	88312	CPT	both			486		71.27 Consumer	Consumer		461.7	0.95			13	461.7	percent of total billed charges	
SPECIAL STAINS GROUP I	88312	CPT	both			486		71.27 Corrections	Corrections		388.8	0.8			13	461.7	percent of total billed charges	
SPECIAL STAINS GROUP I	88312	CPT	both			486		71.27 First Health	First Health		340.2	0.7			13	461.7	percent of total billed charges	
SPECIAL STAINS GROUP I	88312	CPT	both			486		71.27 First Trenton	First Trenton		437.4	0.9			13	461.7	percent of total billed charges	
SPECIAL STAINS GROUP I	88312	CPT	both			486		71.27 Horizon	MGD		113.22	1.827			13	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAINS GROUP I	88312	CPT	both			486		71.27 Horizon	Medicare Blue		61.97	1			13	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAINS GROUP I	88312	CPT	both			486		71.27 Horizon	PPO		113.22	1.827			13	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAINS GROUP I	88312	CPT	both			486		71.27 Horizon	Indemnity		113.22	1.827			13	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAINS GROUP I	88312	CPT	both			486		71.27 Managed Care Inc	Managed Care Inc		437.4	0.9			13	461.7	percent of total billed charges	
SPECIAL STAINS GROUP I	88312	CPT	both			486		71.27 Multiplan	Multiplan		388.8	0.8			13	461.7	percent of total billed charges	
SPECIAL STAINS GROUP I	88312	CPT	both			486		71.27 Qualcare	Qualcare		364.5	0.75			13	461.7	percent of total billed charges	
SPECIAL STAINS GROUP I	88312	CPT	both			486		71.27 Three Rivers	Three Rivers		461.7	0.95			13	461.7	percent of total billed charges	
SPECIAL STAINS GROUP I	88312	CPT	both			486		71.27 UHC	Medicaid		13				13	461.7	case rate	
SPECIAL STAINS GROUP I	88312	CPT	both			486		71.27 UHC	Medicare		61.97	1			13	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPECIAL STAINS GROUP I	88312	CPT	both			486		71.27 Wellcare	Medicaid		13				13	461.7	case rate	
SPECIAL STAINS GROUP I	88312	CPT	both			486		71.27 Wellcare	Medicare		61.97	1			13	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRICHROME STAIN	88313	CPT	both			459		80.45 Aetna	Better Health		144.4	0.3146			10	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 Aetna	Medicare		69.96	1			10	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRICHROME STAIN	88313	CPT	both			459		80.45 Aetna	Commercial		111.38	1.592			10	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRICHROME STAIN	88313	CPT	both			459		80.45 Americare	Americare		344.25	0.75			10	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 WellPoint	WellPoint		147.25	0.3208			10	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 Amerihealth	Medicare		69.96	1			10	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRICHROME STAIN	88313	CPT	both			459		80.45 Consumer	Consumer		436.05	0.95			10	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 Corrections	Corrections		367.2	0.8			10	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 First Health	First Health		321.3	0.7			10	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 First Trenton	First Trenton		413.1	0.9			10	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 Horizon	MGD		127.82	1.827			10	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRICHROME STAIN	88313	CPT	both			459		80.45 Horizon	Indemnity		127.82	1.827			10	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRICHROME STAIN	88313	CPT	both			459		80.45 Horizon	PPO		127.82	1.827			10	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRICHROME STAIN	88313	CPT	both			459		80.45 Horizon	Medicare Blue		69.96	1			10	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRICHROME STAIN	88313	CPT	both			459		80.45 Managed Care Inc	Managed Care Inc		413.1	0.9			10	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 Multiplan	Multiplan		367.2	0.8			10	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 Qualcare	Qualcare		344.25	0.75			10	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 Three Rivers	Three Rivers		436.05	0.95			10	436.05	percent of total billed charges	
TRICHROME STAIN	88313	CPT	both			459		80.45 UHC	Medicaid		10				10	436.05	case rate	
TRICHROME STAIN	88313	CPT	both			459		80.45 UHC	Medicare		69.96	1			10	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRICHROME STAIN	88313	CPT	both			459		80.45 Wellcare	Medicare		69.96	1			10	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRICHROME STAIN	88313	CPT	both			459		80.45 Wellcare	Medicaid		10				10	436.05	case rate	
HISTOCHEMICAL STAIN-MSO	88314	CPT	outpatient			235		Aetna	Better Health		73.93	0.3146			12	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	outpatient			235		Aetna	Medicare		72.38	0.308			12	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	outpatient			235		Aetna	Commercial		89.3	0.38			12	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	outpatient			235		Americare	Americare		176.25	0.75			12	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	outpatient			235		WellPoint	WellPoint		75.39	0.3208			12	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	outpatient			235		Consumer	Consumer		223.25	0.95			12	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	outpatient			235		Corrections	Corrections		188	0.8			12	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	outpatient			235		First Health	First Health		164.5	0.7			12	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	outpatient			235		First Trenton	First Trenton		211.5	0.9			12	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	outpatient			235		Horizon	Indemnity		89.96	0.3828			12	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	outpatient			235		Horizon	Medicare Blue		70.5	0.3			12	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	outpatient			235		Horizon	MGD		89.96	0.3828			12	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	outpatient			235		Horizon	PPO		89.96	0.3828			12	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	outpatient			235		Managed Care Inc	Managed Care Inc		211.5	0.9			12	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	outpatient			235		Multiplan	Multiplan		188	0.8			12	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	outpatient			235		Qualcare	Qualcare		176.25	0.75			12	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	outpatient			235		Three Rivers	Three Rivers		223.25	0.95			12	223.25	percent of total billed charges	
HISTOCHEMICAL STAIN-MSO	88314	CPT	outpatient			235		UHC	Medicaid		12				12	223.25	case rate	
HISTOCHEMICAL STAIN-MSO	88314	CPT	outpatient			235		Wellcare	Medicaid		12				12	223.25	case rate	
TAY SACHS - SKIN FIB	88319	CPT	outpatient			1402		1130.94 Aetna	Better Health		441.07	0.3146			12.94	1796.73	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	outpatient			1402		1130.94 Aetna	Medicare		983.43	1			12.94	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAY SACHS - SKIN FIB	88319	CPT	outpatient			1402		1130.94 Aetna	Commercial		1565.62	1.592			12.94	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAY SACHS - SKIN FIB	88319	CPT	outpatient			1402		1130.94 Americare	Americare		1051.5	0.75			12.94	1796.73	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	outpatient			1402		1130.94 WellPoint	WellPoint		449.76	0.3208			12.94	1796.73	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	outpatient			1402		1130.94 Amerihealth	Medicare		983.43	1			12.94	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAY SACHS - SKIN FIB	88319	CPT	outpatient			1402		1130.94 Consumer	Consumer		1331.9	0.95			12.94	1796.73	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	outpatient			1402		1130.94 Corrections	Corrections		1121.6	0.8			12.94	1796.73	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	outpatient			1402		1130.94 First Health	First Health		981.4	0.7			12.94	1796.73	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	outpatient			1402		1130.94 First Trenton	First Trenton		1261.8	0.9			12.94	1796.73	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	outpatient			1402		1130.94 Horizon	MGD		1796.73	1.827			12.94	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAY SACHS - SKIN FIB	88319	CPT	outpatient			1402		1130.94 Horizon	PPO		1796.73	1.827			12.94	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAY SACHS - SKIN FIB	88319	CPT	outpatient			1402		1130.94 Horizon	Medicare Blue		983.43	1			12.94	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAY SACHS - SKIN FIB	88319	CPT	outpatient			1402		1130.94 Horizon	Indemnity		1796.73	1.827			12.94	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAY SACHS - SKIN FIB	88319	CPT	outpatient			1402		1130.94 Managed Care Inc	Managed Care Inc		1261.8	0.9			12.94	1796.73	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	outpatient			1402		1130.94 Multiplan	Multiplan		1121.6	0.8			12.94	1796.73	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	outpatient			1402		1130.94 Qualcare	Qualcare		1051.5	0.75			12.94	1796.73	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	outpatient			1402		1130.94 Three Rivers	Three Rivers		1331.9	0.95			12.94	1796.73	percent of total billed charges	
TAY SACHS - SKIN FIB	88319	CPT	outpatient			1402		1130.94 UHC	Medicaid		12.94				12.94	1796.73	case rate	
TAY SACHS - SKIN FIB	88319	CPT	outpatient			1402		1130.94 UHC	Medicare		983.43	1			12.94	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAY SACHS - SKIN FIB	88319	CPT	outpatient			1402		1130.94 Wellcare	Medicare		983.43	1			12.94	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAY SACHS - SKIN FIB	88319	CPT	outpatient			1402		1130.94 Wellcare	Medicaid		12.94				12.94	1796.73	case rate	
CONSULT ON REF SLIDE	88321	CPT	both			557		52.74 Aetna	Commercial		73.01	1.592			28	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSULT ON REF SLIDE	88321	CPT	both			557		52.74 Aetna	Better Health		175.23	0.3146			28	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	both			557		52.74 Aetna	Medicare		45.86	1			28	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSULT ON REF SLIDE	88321	CPT	both			557		52.74 Americare	Americare		417.75	0.75			28	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	both			557		52.74 WellPoint	WellPoint		178.69	0.3208			28	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	both			557		52.74 Amerihealth	Medicare		45.86	1			28	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSULT ON REF SLIDE	88321	CPT	both			557		52.74 Consumer	Consumer		529.15	0.95			28	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	both			557		52.74 Corrections	Corrections		445.6	0.8			28	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	both			557		52.74 First Health	First Health		389.9	0.7			28	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	both			557		52.74 First Trenton	First Trenton		501.3	0.9			28	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	both			557		52.74 Horizon	PPO		83.79	1.827			28	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSULT ON REF SLIDE	88321	CPT	both			557		52.74 Horizon	Medicare Blue		45.86	1			28	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSULT ON REF SLIDE	88321	CPT	both			557		52.74 Horizon	Indemnity		83.79	1.827			28	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSULT ON REF SLIDE	88321	CPT	both			557		52.74 Horizon	MGD		83.79	1.827			28	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSULT ON REF SLIDE	88321	CPT	both			557		52.74 Managed Care Inc	Managed Care Inc		501.3	0.9			28	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	both			557		52.74 Multiplan	Multiplan		445.6	0.8			28	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	both			557		52.74 Qualcare	Qualcare		417.75	0.75			28	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	both			557		52.74 Three Rivers	Three Rivers		529.15	0.95			28	529.15	percent of total billed charges	
CONSULT ON REF SLIDE	88321	CPT	both			557		52.74 UHC	Medicaid		28				28	529.15	case rate	
CONSULT ON REF SLIDE	88321	CPT	both			557		52.74 UHC	Medicare		45.86	1			28	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONSULT ON REF SLIDE	88321	CPT	both			557		52.74 Wellcare	Medicaid		28				28	529.15	case rate	
CONSULT ON REF SLIDE	88321	CPT	both			557		52.74 Wellcare	Medicare		45.86	1			28	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264		71.27 Aetna	Commercial		98.66	1.592			33	1200.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264		71.27 Aetna	Better Health		397.65	0.3146			33	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264		71.27 Aetna	Medicare		61.97	1			33	1200.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264		71.27 Americare	Americare		948	0.75			33	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264		71.27 WellPoint	WellPoint		405.49	0.3208			33	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264		71.27 Amerihealth	Medicare		61.97	1			33	1200.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264		71.27 Consumer	Consumer		1200.8	0.95			33	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264		71.27 Corrections	Corrections		1011.2	0.8			33	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264		71.27 First Health	First Health		884.8	0.7			33	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264		71.27 First Trenton	First Trenton		1137.6	0.9			33	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264		71.27 Horizon	MGD		113.22	1.827			33	1200.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264		71.27 Horizon	Indemnity		113.22	1.827			33	1200.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264		71.27 Horizon	PPO		113.22	1.827			33	1200.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264		71.27 Horizon	Medicare Blue		61.97	1			33	1200.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264		71.27 Managed Care Inc	Managed Care Inc		1137.6	0.9			33	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264		71.27 Multiplan	Multiplan		1011.2	0.8			33	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264		71.27 Qualcare	Qualcare		948	0.75			33	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264		71.27 Three Rivers	Three Rivers		1200.8	0.95			33	1200.8	percent of total billed charges	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264		71.27 UHC	Medicaid		33				33	1200.8	case rate	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264		71.27 UHC	Medicare		61.97	1			33	1200.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264		71.27 Wellcare	Medicaid		33				33	1200.8	case rate	
MICROSLIDE CONSULTATION	88323	CPT	outpatient			1264		71.27 Wellcare	Medicare		61.97	1			33	1200.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176		224.64 Aetna	Commercial		310.98	1.592			44	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176		224.64 Aetna	Better Health		55.37	0.3146			44	356.89	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176		224.64 Aetna	Medicare		195.34	1			44	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176		224.64 Americare	Americare		132	0.75			44	356.89	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176		224.64 WellPoint	WellPoint		56.46	0.3208			44	356.89	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176		224.64 Amerihealth	Medicare		195.34	1			44	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176		224.64 Consumer	Consumer		167.2	0.95			44	356.89	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176		224.64 Corrections	Corrections		140.8	0.8			44	356.89	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	First Health	First Health		123.2	0.7			44	356.89	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	First Trenton	First Trenton		158.4	0.9			44	356.89	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Horizon	MGD		356.89	1.827			44	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Horizon	Medicare Blue		195.34	1			44	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Horizon	PPO		356.89	1.827			44	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Horizon	Indemnity		356.89	1.827			44	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Managed Care Inc	Managed Care Inc		158.4	0.9			44	356.89	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Multiplan	Multiplan		140.8	0.8			44	356.89	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Qualcare	Qualcare		132	0.75			44	356.89	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Three Rivers	Three Rivers		167.2	0.95			44	356.89	percent of total billed charges	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	UHC	Medicare		195.34	1			44	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	UHC	Medicaid		44				44	356.89	case rate	
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Wellcare	Medicare		195.34	1			44	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE REVIEW OF DATA	88325	CPT	outpatient			176	224.64	Wellcare	Medicaid		44				44	356.89	case rate	
PATHOLOGY CONSULT DURING SURGERY	88329	CPT	both				80.45	Aetna	Commercial		111.38	1.592			33	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULT DURING SURGERY	88329	CPT	both				80.45	Aetna	Medicare		69.96	1			33	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULT DURING SURGERY	88329	CPT	both				80.45	AmeriHealth	Medicare		69.96	1			33	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULT DURING SURGERY	88329	CPT	both				80.45	Horizon	Indemnity		127.82	1.827			33	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULT DURING SURGERY	88329	CPT	both				80.45	Horizon	MGD		127.82	1.827			33	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULT DURING SURGERY	88329	CPT	both				80.45	Horizon	Medicare Blue		69.96	1			33	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULT DURING SURGERY	88329	CPT	both				80.45	Horizon	PPO		127.82	1.827			33	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULT DURING SURGERY	88329	CPT	both				80.45	UHC	Medicare		69.96	1			33	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHOLOGY CONSULT DURING SURGERY	88329	CPT	both				80.45	UHC	Medicaid		33				33	127.82	case rate	
PATHOLOGY CONSULT DURING SURGERY	88329	CPT	both				80.45	Wellcare	Medicaid		33				33	127.82	case rate	
PATHOLOGY CONSULT DURING SURGERY	88329	CPT	both				80.45	Wellcare	Medicare		69.96	1			33	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSULT INTRAOP 1 BLOC	88331	CPT	both			322	224.64	Aetna	Commercial		310.98	1.592			99.18	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSULT INTRAOP 1 BLOC	88331	CPT	both			322	224.64	Aetna	Better Health		101.3	0.3146			99.18	356.89	percent of total billed charges	
PATH CONSULT INTRAOP 1 BLOC	88331	CPT	both			322	224.64	Aetna	Medicare		99.18	0.308			99.18	356.89	percent of total billed charges	
PATH CONSULT INTRAOP 1 BLOC	88331	CPT	both			322	224.64	Americare	Americare		241.5	0.75			99.18	356.89	percent of total billed charges	
PATH CONSULT INTRAOP 1 BLOC	88331	CPT	both			322	224.64	WellPoint	WellPoint		103.3	0.3208			99.18	356.89	percent of total billed charges	
PATH CONSULT INTRAOP 1 BLOC	88331	CPT	both			322	224.64	AmeriHealth	Medicare		195.34	1			99.18	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSULT INTRAOP 1 BLOC	88331	CPT	both			322	224.64	Consumer	Consumer		305.9	0.95			99.18	356.89	percent of total billed charges	
PATH CONSULT INTRAOP 1 BLOC	88331	CPT	both			322	224.64	Corrections	Corrections		257.6	0.8			99.18	356.89	percent of total billed charges	
PATH CONSULT INTRAOP 1 BLOC	88331	CPT	both			322	224.64	First Health	First Health		225.4	0.7			99.18	356.89	percent of total billed charges	
PATH CONSULT INTRAOP 1 BLOC	88331	CPT	both			322	224.64	First Trenton	First Trenton		289.8	0.9			99.18	356.89	percent of total billed charges	
PATH CONSULT INTRAOP 1 BLOC	88331	CPT	both			322	224.64	Horizon	Indemnity		356.89	1.827			99.18	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSULT INTRAOP 1 BLOC	88331	CPT	both			322	224.64	Horizon	MGD		356.89	1.827			99.18	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSULT INTRAOP 1 BLOC	88331	CPT	both			322	224.64	Horizon	Medicare Blue		195.34	1			99.18	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSULT INTRAOP 1 BLOC	88331	CPT	both			322	224.64	Horizon	PPO		356.89	1.827			99.18	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSULT INTRAOP 1 BLOC	88331	CPT	both			322	224.64	Managed Care Inc	Managed Care Inc		289.8	0.9			99.18	356.89	percent of total billed charges	
PATH CONSULT INTRAOP 1 BLOC	88331	CPT	both			322	224.64	Multiplan	Multiplan		257.6	0.8			99.18	356.89	percent of total billed charges	
PATH CONSULT INTRAOP 1 BLOC	88331	CPT	both			322	224.64	Qualcare	Qualcare		241.5	0.75			99.18	356.89	percent of total billed charges	
PATH CONSULT INTRAOP 1 BLOC	88331	CPT	both			322	224.64	Three Rivers	Three Rivers		305.9	0.95			99.18	356.89	percent of total billed charges	
PATH CONSULT INTRAOP 1 BLOC	88331	CPT	both			322	224.64	UHC	Medicare		195.34	1			99.18	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSULT INTRAOP 1 BLOC	88331	CPT	both			322	224.64	UHC	Medicaid		101.3	0.3146			99.18	356.89	percent of total billed charges	
PATH CONSULT INTRAOP 1 BLOC	88331	CPT	both			322	224.64	Wellcare	Medicare		195.34	1			99.18	356.89	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATH CONSULT INTRAOP 1 BLOC	88331	CPT	both			322	224.64	Wellcare	Medicaid		101.3	0.3146			99.18	356.89	percent of total billed charges	
PATH CONSULT INTRAOP ADDL	88332	CPT	both			162		Aetna	Medicare		49.9	0.308			15	153.9	percent of total billed charges	
PATH CONSULT INTRAOP ADDL	88332	CPT	both			162		Aetna	Better Health		50.97	0.3146			15	153.9	percent of total billed charges	
PATH CONSULT INTRAOP ADDL	88332	CPT	both			162		Aetna	Commercial		61.56	0.38			15	153.9	percent of total billed charges	
PATH CONSULT INTRAOP ADDL	88332	CPT	both			162		Americare	Americare		121.5	0.75			15	153.9	percent of total billed charges	
PATH CONSULT INTRAOP ADDL	88332	CPT	both			162		WellPoint	WellPoint		51.97	0.3208			15	153.9	percent of total billed charges	
PATH CONSULT INTRAOP ADDL	88332	CPT	both			162		Consumer	Consumer		153.9	0.95			15	153.9	percent of total billed charges	
PATH CONSULT INTRAOP ADDL	88332	CPT	both			162		Corrections	Corrections		129.6	0.8			15	153.9	percent of total billed charges	
PATH CONSULT INTRAOP ADDL	88332	CPT	both			162		First Health	First Health		113.4	0.7			15	153.9	percent of total billed charges	
PATH CONSULT INTRAOP ADDL	88332	CPT	both			162		First Trenton	First Trenton		145.8	0.9			15	153.9	percent of total billed charges	
PATH CONSULT INTRAOP ADDL	88332	CPT	both			162		Horizon	MGD		62.01	0.3828			15	153.9	percent of total billed charges	
PATH CONSULT INTRAOP ADDL	88332	CPT	both			162		Horizon	Medicare Blue		48.6	0.3			15	153.9	percent of total billed charges	
PATH CONSULT INTRAOP ADDL	88332	CPT	both			162		Horizon	PPO		62.01	0.3828			15	153.9	percent of total billed charges	
PATH CONSULT INTRAOP ADDL	88332	CPT	both			162		Horizon	Indemnity		62.01	0.3828			15	153.9	percent of total billed charges	
PATH CONSULT INTRAOP ADDL	88332	CPT	both			162		Managed Care Inc	Managed Care Inc		145.8	0.9			15	153.9	percent of total billed charges	
PATH CONSULT INTRAOP ADDL	88332	CPT	both			162		Multiplan	Multiplan		129.6	0.8			15	153.9	percent of total billed charges	
PATH CONSULT INTRAOP ADDL	88332	CPT	both			162		Qualcare	Qualcare		121.5	0.75			15	153.9	percent of total billed charges	
PATH CONSULT INTRAOP ADDL	88332	CPT	both			162		Three Rivers	Three Rivers		153.9	0.95			15	153.9	percent of total billed charges	
PATH CONSULT INTRAOP ADDL	88332	CPT	both			162		UHC	Medicaid		15				15	153.9	case rate	
PATH CONSULT INTRAOP ADDL	88332	CPT	both			162		Wellcare	Medicaid		15				15	153.9	case rate	
INTRAOP CYTO PATH CONSULT 1	88333	CPT	both			1402	1130.94	Aetna	Medicare		983.43	1			80.06	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOP CYTO PATH CONSULT 1	88333	CPT	both			1402	1130.94	Aetna	Commercial		1565.62	1.592			80.06	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOP CYTO PATH CONSULT 1	88333	CPT	both			1402	1130.94	Aetna	Better Health		441.07	0.3146			80.06	1796.73	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 1	88333	CPT	both			1402	1130.94	Americare	Americare		1051.5	0.75			80.06	1796.73	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 1	88333	CPT	both			1402	1130.94	WellPoint	WellPoint		449.76	0.3208			80.06	1796.73	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 1	88333	CPT	both			1402	1130.94	AmeriHealth	Medicare		983.43	1			80.06	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOP CYTO PATH CONSULT 1	88333	CPT	both			1402	1130.94	Consumer	Consumer		1331.9	0.95			80.06	1796.73	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 1	88333	CPT	both			1402	1130.94	Corrections	Corrections		1121.6	0.8			80.06	1796.73	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 1	88333	CPT	both			1402	1130.94	First Health	First Health		981.4	0.7			80.06	1796.73	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 1	88333	CPT	both			1402	1130.94	First Trenton	First Trenton		1261.8	0.9			80.06	1796.73	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 1	88333	CPT	both			1402	1130.94	Horizon	Indemnity		1796.73	1.827			80.06	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOP CYTO PATH CONSULT 1	88333	CPT	both			1402	1130.94	Horizon	Medicare Blue		983.43	1			80.06	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOP CYTO PATH CONSULT 1	88333	CPT	both			1402	1130.94	Horizon	PPO		1796.73	1.827			80.06	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOP CYTO PATH CONSULT 1	88333	CPT	both			1402	1130.94	Horizon	MGD		1796.73	1.827			80.06	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOP CYTO PATH CONSULT 1	88333	CPT	both			1402	1130.94	Managed Care Inc	Managed Care Inc		1261.8	0.9			80.06	1796.73	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 1	88333	CPT	both			1402	1130.94	Multiplan	Multiplan		1121.6	0.8			80.06	1796.73	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 1	88333	CPT	both			1402	1130.94	Qualcare	Qualcare		1051.5	0.75			80.06	1796.73	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 1	88333	CPT	both			1402	1130.94	Three Rivers	Three Rivers		1331.9	0.95			80.06	1796.73	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 1	88333	CPT	both			1402	1130.94	UHC	Medicare		983.43	1			80.06	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOP CYTO PATH CONSULT 1	88333	CPT	both			1402	1130.94	UHC	Medicaid		80.06				80.06	1796.73	case rate	
INTRAOP CYTO PATH CONSULT 1	88333	CPT	both			1402	1130.94	Wellcare	Medicare		983.43	1			80.06	1796.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAOP CYTO PATH CONSULT 1	88333	CPT	both			1402	1130.94	Wellcare	Medicaid		80.06				80.06	1796.73	case rate	
INTRAOP CYTO PATH CONSULT 2	88334	CPT	both			162		Aetna	Better Health		50.97	0.3146			47.56	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 2	88334	CPT	both			162		Aetna	Commercial		61.56	0.38			47.56	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 2	88334	CPT	both			162		Aetna	Medicare		49.9	0.308			47.56	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 2	88334	CPT	both			162		Americare	Americare		121.5	0.75			47.56	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 2	88334	CPT	both			162		WellPoint	WellPoint		51.97	0.3208			47.56	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 2	88334	CPT	both			162		Consumer	Consumer		153.9	0.95			47.56	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 2	88334	CPT	both			162		Corrections	Corrections		129.6	0.8			47.56	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 2	88334	CPT	both			162		First Health	First Health		113.4	0.7			47.56	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 2	88334	CPT	both			162		First Trenton	First Trenton		145.8	0.9			47.56	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 2	88334	CPT	both			162		Horizon	Medicare Blue		48.6	0.3			47.56	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 2	88334	CPT	both			162		Horizon	Indemnity		62.01	0.3828			47.56	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 2	88334	CPT	both			162		Horizon	MGD		62.01	0.3828			47.56	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 2	88334	CPT	both			162		Horizon	PPO		62.01	0.3828			47.56	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 2	88334	CPT	both			162		Managed Care Inc	Managed Care Inc		145.8	0.9			47.56	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 2	88334	CPT	both			162		Multiplan	Multiplan		129.6	0.8			47.56	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 2	88334	CPT	both			162		Qualcare	Qualcare		121.5	0.75			47.56	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 2	88334	CPT	both			162		Three Rivers	Three Rivers		153.9	0.95			47.56	153.9	percent of total billed charges	
INTRAOP CYTO PATH CONSULT 2	88334	CPT	both			162		UHC	Medicaid		47.56				47.56	153.9	case rate	
INTRAOP CYTO PATH CONSULT 2	88334	CPT	both			162		Wellcare	Medicaid		47.56				47.56	153.9	case rate	
IMMUNOHISTOCHEM EA;ADD SINGLE	88341	CPT	both			480		Aetna	Medicare		147.84	0.308			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA;ADD SINGLE	88341	CPT	both			480		Aetna	Commercial		182.4	0.38			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA;ADD SINGLE	88341	CPT	both			480		Aetna	Better Health		151.01	0.3146			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA;ADD SINGLE	88341	CPT	both			480		Americare	Americare		360	0.75			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA;ADD SINGLE	88341	CPT	both			480		WellPoint	WellPoint		153.98	0.3208			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA;ADD SINGLE	88341	CPT	both			480		Consumer	Consumer		456	0.95			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA;ADD SINGLE	88341	CPT	both			480		Corrections	Corrections		384	0.8			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA;ADD SINGLE	88341	CPT	both			480		First Health	First Health		336	0.7			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA;ADD SINGLE	88341	CPT	both			480		First Trenton	First Trenton		432	0.9			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA;ADD SINGLE	88341	CPT	both			480		Horizon	Indemnity		183.74	0.3828			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA;ADD SINGLE	88341	CPT	both			480		Horizon	Medicare Blue		144	0.3			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA;ADD SINGLE	88341	CPT	both			480		Horizon	MGD		183.74	0.3828			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA;ADD SINGLE	88341	CPT	both			480		Horizon	PPO		183.74	0.3828			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA;ADD SINGLE	88341	CPT	both			480		Managed Care Inc	Managed Care Inc		432	0.9			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA;ADD SINGLE	88341	CPT	both			480		Multiplan	Multiplan		384	0.8			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA;ADD SINGLE	88341	CPT	both			480		Qualcare	Qualcare		360	0.75			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA;ADD SINGLE	88341	CPT	both			480		Three Rivers	Three Rivers		456	0.95			48.6	456	percent of total billed charges	
IMMUNOHISTOCHEM EA;ADD SINGLE	88341	CPT	both			480		UHC	Medicaid		79.8				48.6	456	case rate	
IMMUNOHISTOCHEM EA;ADD SINGLE	88341	CPT	both			480		Wellcare	Medicaid		79.8				48.6	456	case rate	
SALL4 BY IHC	88342	CPT	both			1011	224.64	Aetna	Commercial		310.98	1.592			10.85	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALL4 BY IHC	88342	CPT	both			1011	224.64	Aetna	Better Health		318.06	0.3146			10.85	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	Aetna	Medicare		195.34	1			10.85	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALL4 BY IHC	88342	CPT	both			1011	224.64	Americare	Americare		758.25	0.75			10.85	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	WellPoint	WellPoint		324.33	0.3208			10.85	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	AmeriHealth	Medicare		195.34	1			10.85	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALL4 BY IHC	88342	CPT	both			1011	224.64	Consumer	Consumer		960.45	0.95			10.85	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	Corrections	Corrections		808.8	0.8			10.85	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	First Health	First Health		707.7	0.7			10.85	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	First Trenton	First Trenton		909.9	0.9			10.85	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	Horizon	MGD		356.89	1.827			10.85	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALL4 BY IHC	88342	CPT	both			1011	224.64	Horizon	Indemnity		356.89	1.827			10.85	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALL4 BY IHC	88342	CPT	both			1011	224.64	Horizon	Medicare Blue		195.34	1			10.85	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALL4 BY IHC	88342	CPT	both			1011	224.64	Horizon	PPO		356.89	1.827			10.85	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALL4 BY IHC	88342	CPT	both			1011	224.64	Managed Care Inc	Managed Care Inc		909.9	0.9			10.85	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	Multiplan	Multiplan		808.8	0.8			10.85	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011	224.64	Qualcare	Qualcare		758.25	0.75			10.85	960.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SALL4 BY IHC	88342	CPT	both			1011		224.64 Three Rivers	Three Rivers		960.45	0.95			10.85	960.45	percent of total billed charges	
SALL4 BY IHC	88342	CPT	both			1011		224.64 UHC	Medicare		195.34	1			10.85	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SALL4 BY IHC	88342	CPT	both			1011		224.64 UHC	Medicaid		10.85				10.85	960.45	case rate	
SALL4 BY IHC	88342	CPT	both			1011		224.64 Wellcare	Medicaid		10.85				10.85	960.45	case rate	
SALL4 BY IHC	88342	CPT	both			1011		224.64 Wellcare	Medicare		195.34	1			10.85	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOHISTOCHEM EA MULTIPLEX	88344	CPT	both			634		472.75 Aetna	Medicare		195.27	0.308			195.27	751.06	percent of total billed charges	
IMMUNOHISTOCHEM EA MULTIPLEX	88344	CPT	both			634		472.75 Aetna	Commercial		654.46	1.592			195.27	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOHISTOCHEM EA MULTIPLEX	88344	CPT	both			634		472.75 Aetna	Better Health		199.46	0.3146			195.27	751.06	percent of total billed charges	
IMMUNOHISTOCHEM EA MULTIPLEX	88344	CPT	both			634		472.75 Americare	Americare		475.5	0.75			195.27	751.06	percent of total billed charges	
IMMUNOHISTOCHEM EA MULTIPLEX	88344	CPT	both			634		472.75 WellPoint	WellPoint		203.39	0.3208			195.27	751.06	percent of total billed charges	
IMMUNOHISTOCHEM EA MULTIPLEX	88344	CPT	both			634		472.75 Amerihealth	Medicare		411.09	1			195.27	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOHISTOCHEM EA MULTIPLEX	88344	CPT	both			634		472.75 Consumer	Consumer		602.3	0.95			195.27	751.06	percent of total billed charges	
IMMUNOHISTOCHEM EA MULTIPLEX	88344	CPT	both			634		472.75 Corrections	Corrections		507.2	0.8			195.27	751.06	percent of total billed charges	
IMMUNOHISTOCHEM EA MULTIPLEX	88344	CPT	both			634		472.75 First Health	First Health		443.8	0.7			195.27	751.06	percent of total billed charges	
IMMUNOHISTOCHEM EA MULTIPLEX	88344	CPT	both			634		472.75 First Trenton	First Trenton		570.6	0.9			195.27	751.06	percent of total billed charges	
IMMUNOHISTOCHEM EA MULTIPLEX	88344	CPT	both			634		472.75 Horizon	Medicare Blue		411.09	1			195.27	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOHISTOCHEM EA MULTIPLEX	88344	CPT	both			634		472.75 Horizon	MGD		751.06	1.827			195.27	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOHISTOCHEM EA MULTIPLEX	88344	CPT	both			634		472.75 Horizon	PPO		751.06	1.827			195.27	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOHISTOCHEM EA MULTIPLEX	88344	CPT	both			634		472.75 Horizon	Indemnity		751.06	1.827			195.27	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOHISTOCHEM EA MULTIPLEX	88344	CPT	both			634		472.75 Managed Care Inc	Managed Care Inc		570.6	0.9			195.27	751.06	percent of total billed charges	
IMMUNOHISTOCHEM EA MULTIPLEX	88344	CPT	both			634		472.75 Multiplan	Multiplan		507.2	0.8			195.27	751.06	percent of total billed charges	
IMMUNOHISTOCHEM EA MULTIPLEX	88344	CPT	both			634		472.75 Qualcare	Qualcare		475.5	0.75			195.27	751.06	percent of total billed charges	
IMMUNOHISTOCHEM EA MULTIPLEX	88344	CPT	both			634		472.75 Three Rivers	Three Rivers		602.3	0.95			195.27	751.06	percent of total billed charges	
IMMUNOHISTOCHEM EA MULTIPLEX	88344	CPT	both			634		472.75 UHC	Medicaid		199.46	0.3146			195.27	751.06	percent of total billed charges	
IMMUNOHISTOCHEM EA MULTIPLEX	88344	CPT	both			634		472.75 UHC	Medicare		411.09	1			195.27	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOHISTOCHEM EA MULTIPLEX	88344	CPT	both			634		472.75 Wellcare	Medicare		411.09	1			195.27	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOHISTOCHEM EA MULTIPLEX	88344	CPT	both			634		472.75 Wellcare	Medicaid		199.46	0.3146			195.27	751.06	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084		224.64 Aetna	Better Health		341.03	0.3146			125.05	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084		224.64 Aetna	Medicare		333.87	0.308			125.05	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084		224.64 Aetna	Commercial		310.98	1.592			125.05	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084		224.64 Americare	Americare		813	0.75			125.05	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084		224.64 WellPoint	WellPoint		347.75	0.3208			125.05	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084		224.64 Amerihealth	Medicare		195.34	1			125.05	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084		224.64 Consumer	Consumer		1029.8	0.95			125.05	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084		224.64 Corrections	Corrections		867.2	0.8			125.05	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084		224.64 First Health	First Health		758.8	0.7			125.05	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084		224.64 First Trenton	First Trenton		975.6	0.9			125.05	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084		224.64 Horizon	PPO		356.89	1.827			125.05	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084		224.64 Horizon	MGD		356.89	1.827			125.05	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084		224.64 Horizon	Medicare Blue		195.34	1			125.05	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084		224.64 Horizon	Indemnity		356.89	1.827			125.05	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084		224.64 Managed Care Inc	Managed Care Inc		975.6	0.9			125.05	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084		224.64 Multiplan	Multiplan		867.2	0.8			125.05	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084		224.64 Qualcare	Qualcare		813	0.75			125.05	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084		224.64 Three Rivers	Three Rivers		1029.8	0.95			125.05	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084		224.64 UHC	Medicaid		341.03	0.3146			125.05	1029.8	percent of total billed charges	
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084		224.64 UHC	Medicare		195.34	1			125.05	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084		224.64 Wellcare	Medicare		195.34	1			125.05	1029.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOFLUORS INITIAL BLOCK	88346	CPT	both			1084		224.64 Wellcare	Medicaid		341.03	0.3146			125.05	1029.8	percent of total billed charges	
MUSCLEBIOPSY1 MICRON PLASTIC-MSO	88348	CPT	both			2191		1130.94 Aetna	Better Health		689.29	0.3146			186.03	2081.45	percent of total billed charges	
MUSCLEBIOPSY1 MICRON PLASTIC-MSO	88348	CPT	both			2191		1130.94 Aetna	Medicare		674.83	0.308			186.03	2081.45	percent of total billed charges	
MUSCLEBIOPSY1 MICRON PLASTIC-MSO	88348	CPT	both			2191		1130.94 Aetna	Commercial		1565.62	1.592			186.03	2081.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLEBIOPSY1 MICRON PLASTIC-MSO	88348	CPT	both			2191		1130.94 Americare	Americare		1643.25	0.75			186.03	2081.45	percent of total billed charges	
MUSCLEBIOPSY1 MICRON PLASTIC-MSO	88348	CPT	both			2191		1130.94 WellPoint	WellPoint		702.87	0.3208			186.03	2081.45	percent of total billed charges	
MUSCLEBIOPSY1 MICRON PLASTIC-MSO	88348	CPT	both			2191		1130.94 Amerihealth	Medicare		983.43	1			186.03	2081.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLEBIOPSY1 MICRON PLASTIC-MSO	88348	CPT	both			2191		1130.94 Consumer	Consumer		2081.45	0.95			186.03	2081.45	percent of total billed charges	
MUSCLEBIOPSY1 MICRON PLASTIC-MSO	88348	CPT	both			2191		1130.94 Corrections	Corrections		1752.8	0.8			186.03	2081.45	percent of total billed charges	
MUSCLEBIOPSY1 MICRON PLASTIC-MSO	88348	CPT	both			2191		1130.94 First Health	First Health		1533.7	0.7			186.03	2081.45	percent of total billed charges	
MUSCLEBIOPSY1 MICRON PLASTIC-MSO	88348	CPT	both			2191		1130.94 First Trenton	First Trenton		1971.9	0.9			186.03	2081.45	percent of total billed charges	
MUSCLEBIOPSY1 MICRON PLASTIC-MSO	88348	CPT	both			2191		1130.94 Horizon	Indemnity		1796.73	1.827			186.03	2081.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLEBIOPSY1 MICRON PLASTIC-MSO	88348	CPT	both			2191		1130.94 Horizon	MGD		1796.73	1.827			186.03	2081.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLEBIOPSY1 MICRON PLASTIC-MSO	88348	CPT	both			2191		1130.94 Horizon	PPO		1796.73	1.827			186.03	2081.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLEBIOPSY1 MICRON PLASTIC-MSO	88348	CPT	both			2191		1130.94 Horizon	Medicare Blue		983.43	1			186.03	2081.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLEBIOPSY1 MICRON PLASTIC-MSO	88348	CPT	both			2191		1130.94 Managed Care Inc	Managed Care Inc		1971.9	0.9			186.03	2081.45	percent of total billed charges	
MUSCLEBIOPSY1 MICRON PLASTIC-MSO	88348	CPT	both			2191		1130.94 Multiplan	Multiplan		1752.8	0.8			186.03	2081.45	percent of total billed charges	
MUSCLEBIOPSY1 MICRON PLASTIC-MSO	88348	CPT	both			2191		1130.94 Qualcare	Qualcare		1643.25	0.75			186.03	2081.45	percent of total billed charges	
MUSCLEBIOPSY1 MICRON PLASTIC-MSO	88348	CPT	both			2191		1130.94 Three Rivers	Three Rivers		2081.45	0.95			186.03	2081.45	percent of total billed charges	
MUSCLEBIOPSY1 MICRON PLASTIC-MSO	88348	CPT	both			2191		1130.94 UHC	Medicare		983.43	1			186.03	2081.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLEBIOPSY1 MICRON PLASTIC-MSO	88348	CPT	both			2191		1130.94 UHC	Medicaid		689.29	0.3146			186.03	2081.45	percent of total billed charges	
MUSCLEBIOPSY1 MICRON PLASTIC-MSO	88348	CPT	both			2191		1130.94 Wellcare	Medicare		983.43	1			186.03	2081.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MUSCLEBIOPSY1 MICRON PLASTIC-MSO	88348	CPT	both			2191		1130.94 Wellcare	Medicaid		689.29	0.3146			186.03	2081.45	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Aetna	Commercial		63.08	0.38			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Aetna	Better Health		52.22	0.3146			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Aetna	Medicare		51.13	0.308			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Americare	Americare		124.5	0.75			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		WellPoint	WellPoint		53.25	0.3208			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Consumer	Consumer		157.7	0.95			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Corrections	Corrections		132.8	0.8			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		First Health	First Health		116.2	0.7			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		First Trenton	First Trenton		149.4	0.9			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Horizon	Medicare Blue		49.8	0.3			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Horizon	Indemnity		63.54	0.3828			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Horizon	MGD		63.54	0.3828			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Horizon	PPO		63.54	0.3828			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Managed Care Inc	Managed Care Inc		149.4	0.9			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Multiplan	Multiplan		132.8	0.8			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Qualcare	Qualcare		124.5	0.75			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Three Rivers	Three Rivers		157.7	0.95			48.6	157.7	percent of total billed charges	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		UHC	Medicaid		87.06				48.6	157.7	case rate	
IMMUNOFLUORES ADD BLOCK EA	88350	CPT	both			166		Wellcare	Medicaid		87.06				48.6	157.7	case rate	
QUANT./SEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Aetna	Commercial		310.98	1.592			101.3	707.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT./SEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Aetna	Better Health		234.38	0.3146			101.3	707.75	percent of total billed charges	
QUANT./SEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Aetna	Medicare		195.34	1			101.3	707.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT./SEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Americare	Americare		558.75	0.75			101.3	707.75	percent of total billed charges	
QUANT./SEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 WellPoint	WellPoint		239	0.3208			101.3	707.75	percent of total billed charges	
QUANT./SEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Amerihealth	Medicare		195.34	1			101.3	707.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT./SEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Consumer	Consumer		707.75	0.95			101.3	707.75	percent of total billed charges	
QUANT./SEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Corrections	Corrections		596	0.8			101.3	707.75	percent of total billed charges	
QUANT./SEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 First Health	First Health		521.5	0.7			101.3	707.75	percent of total billed charges	
QUANT./SEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 First Trenton	First Trenton		670.5	0.9			101.3	707.75	percent of total billed charges	
QUANT./SEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Horizon	MGD		356.89	1.827			101.3	707.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT./SEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Horizon	Indemnity		356.89	1.827			101.3	707.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT./SEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Horizon	PPO		356.89	1.827			101.3	707.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT./SEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Horizon	Medicare Blue		195.34	1			101.3	707.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT./SEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Managed Care Inc	Managed Care Inc		670.5	0.9			101.3	707.75	percent of total billed charges	
QUANT./SEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Multiplan	Multiplan		596	0.8			101.3	707.75	percent of total billed charges	
QUANT./SEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Qualcare	Qualcare		558.75	0.75			101.3	707.75	percent of total billed charges	
QUANT./SEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Three Rivers	Three Rivers		707.75	0.95			101.3	707.75	percent of total billed charges	
QUANT./SEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 UHC	Medicare		195.34	1			101.3	707.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
QUANT./SEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 UHC	Medicaid		107.12				101.3	707.75	case rate	
QUANT./SEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Wellcare	Medicaid		107.12				101.3	707.75	case rate	
QUANT./SEMIQUANT IM HISTOCHEM EA	88360	CPT	both			745		224.64 Wellcare	Medicare		195.34	1			101.3	707.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MORP ANALYSIS TUMOR IHC COMP	88361	CPT	inpatient			513		472.75 Aetna	Better Health		161.39	0.3146			133.36	751.06	percent of total billed charges	
MORP ANALYSIS TUMOR IHC COMP	88361	CPT	inpatient			513		472.75 Aetna	Commercial		654.46	1.592			133.36	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MORP ANALYSIS TUMOR IHC COMP	88361	CPT	inpatient			513		472.75 Aetna	Medicare		158	0.308			133.36	751.06	percent of total billed charges	
MORP ANALYSIS TUMOR IHC COMP	88361	CPT	inpatient			513		472.75 Americare	Americare		384.75	0.75			133.36	751.06	percent of total billed charges	
MORP ANALYSIS TUMOR IHC COMP	88361	CPT	inpatient			513		472.75 WellPoint	WellPoint		164.57	0.3208			133.36	751.06	percent of total billed charges	
MORP ANALYSIS TUMOR IHC COMP	88361	CPT	inpatient			513		472.75 Amerihealth	Medicare		411.09	1			133.36	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MORP ANALYSIS TUMOR IHC COMP	88361	CPT	inpatient			513		472.75 Consumer	Consumer		487.35	0.95			133.36	751.06	percent of total billed charges	
MORP ANALYSIS TUMOR IHC COMP	88361	CPT	inpatient			513		472.75 Corrections	Corrections		410.4	0.8			133.36	751.06	percent of total billed charges	
MORP ANALYSIS TUMOR IHC COMP	88361	CPT	inpatient			513		472.75 First Health	First Health		359.1	0.7			133.36	751.06	percent of total billed charges	
MORP ANALYSIS TUMOR IHC COMP	88361	CPT	inpatient			513		472.75 First Trenton	First Trenton		461.7	0.9			133.36	751.06	percent of total billed charges	
MORP ANALYSIS TUMOR IHC COMP	88361	CPT	inpatient			513		472.75 Horizon	PPO		751.06	1.827			133.36	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MORP ANALYSIS TUMOR IHC COMP	88361	CPT	inpatient			513		472.75 Horizon	Indemnity		751.06	1.827			133.36	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MORP ANALYSIS TUMOR IHC COMP	88361	CPT	inpatient			513		472.75 Horizon	MGD		751.06	1.827			133.36	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MORP ANALYSIS TUMOR IHC COMP	88361	CPT	inpatient			513		472.75 Horizon	Medicare Blue		411.09	1			133.36	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MORP ANALYSIS TUMOR IHC COMP	88361	CPT	inpatient			513		472.75 Managed Care Inc	Managed Care Inc		461.7	0.9			133.36	751.06	percent of total billed charges	
MORP ANALYSIS TUMOR IHC COMP	88361	CPT	inpatient			513		472.75 Multiplan	Multiplan		410.4	0.8			133.36	751.06	percent of total billed charges	
MORP ANALYSIS TUMOR IHC COMP	88361	CPT	inpatient			513		472.75 Qualcare	Qualcare		384.75	0.75			133.36	751.06	percent of total billed charges	
MORP ANALYSIS TUMOR IHC COMP	88361	CPT	inpatient			513		472.75 Three Rivers	Three Rivers		487.35	0.95			133.36	751.06	percent of total billed charges	
MORP ANALYSIS TUMOR IHC COMP	88361	CPT	inpatient			513		472.75 UHC	Medicare		411.09	1			133.36	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MORP ANALYSIS TUMOR IHC COMP	88361	CPT	inpatient			513		472.75 UHC	Medicaid		161.39	0.3146			133.36	751.06	percent of total billed charges	
MORP ANALYSIS TUMOR IHC COMP	88361	CPT	inpatient			513		472.75 Wellcare	Medicare		411.09	1			133.36	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MORP ANALYSIS TUMOR IHC COMP	88361	CPT	inpatient			513		472.75 Wellcare	Medicaid		161.39	0.3146			133.36	751.06	percent of total billed charges	
INSITU HYBRID EA ADD PROB STAIN	88364	CPT	outpatient			697		Aetna	Better Health		219.28	0.3146			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA ADD PROB STAIN	88364	CPT	outpatient			697		Aetna	Commercial		264.86	0.38			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA ADD PROB STAIN	88364	CPT	outpatient			697		Aetna	Medicare		214.68	0.308			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA ADD PROB STAIN	88364	CPT	outpatient			697		Americare	Americare		522.75	0.75			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA ADD PROB STAIN	88364	CPT	outpatient			697		WellPoint	WellPoint		223.6	0.3208			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA ADD PROB STAIN	88364	CPT	outpatient			697		Consumer	Consumer		662.15	0.95			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA ADD PROB STAIN	88364	CPT	outpatient			697		Corrections	Corrections		557.6	0.8			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA ADD PROB STAIN	88364	CPT	outpatient			697		First Health	First Health		487.9	0.7			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA ADD PROB STAIN	88364	CPT	outpatient			697		First Trenton	First Trenton		627.3	0.9			48.6	662.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INSITU HYBRID EA ADD PROB STAIN	88364	CPT	outpatient			697		Horizon	Indemnity		266.81	0.3828			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA ADD PROB STAIN	88364	CPT	outpatient			697		Horizon	MGD		266.81	0.3828			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA ADD PROB STAIN	88364	CPT	outpatient			697		Horizon	Medicare Blue		209.1	0.3			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA ADD PROB STAIN	88364	CPT	outpatient			697		Horizon	PPO		266.81	0.3828			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA ADD PROB STAIN	88364	CPT	outpatient			697		Managed Care Inc	Managed Care Inc		627.3	0.9			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA ADD PROB STAIN	88364	CPT	outpatient			697		Multiplan	Multiplan		557.6	0.8			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA ADD PROB STAIN	88364	CPT	outpatient			697		Qualcare	Qualcare		522.75	0.75			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA ADD PROB STAIN	88364	CPT	outpatient			697		Three Rivers	Three Rivers		662.15	0.95			48.6	662.15	percent of total billed charges	
INSITU HYBRID EA ADD PROB STAIN	88364	CPT	outpatient			697		UHC	Medicaid		123.24				48.6	662.15	case rate	
INSITU HYBRID EA ADD PROB STAIN	88364	CPT	outpatient			697		Wellcare	Medicaid		123.24				48.6	662.15	case rate	
TISSUE IN SITU HYBRIDIZATION INT & REP	88365	CPT	both			1011	224.64	Aetna	Better Health		318.06	0.3146			47.25	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION INT & REP	88365	CPT	both			1011	224.64	Aetna	Commercial		310.98	1.592			47.25	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE IN SITU HYBRIDIZATION INT & REP	88365	CPT	both			1011	224.64	Aetna	Medicare		195.34	1			47.25	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE IN SITU HYBRIDIZATION INT & REP	88365	CPT	both			1011	224.64	Americare	Americare		758.25	0.75			47.25	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION INT & REP	88365	CPT	both			1011	224.64	WellPoint	WellPoint		324.33	0.3208			47.25	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION INT & REP	88365	CPT	both			1011	224.64	Amerihealth	Medicare		195.34	1			47.25	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE IN SITU HYBRIDIZATION INT & REP	88365	CPT	both			1011	224.64	Consumer	Consumer		960.45	0.95			47.25	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION INT & REP	88365	CPT	both			1011	224.64	Corrections	Corrections		808.8	0.8			47.25	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION INT & REP	88365	CPT	both			1011	224.64	First Health	First Health		707.7	0.7			47.25	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION INT & REP	88365	CPT	both			1011	224.64	First Trenton	First Trenton		909.9	0.9			47.25	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION INT & REP	88365	CPT	both			1011	224.64	Horizon	MGD		356.89	1.827			47.25	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE IN SITU HYBRIDIZATION INT & REP	88365	CPT	both			1011	224.64	Horizon	Indemnity		356.89	1.827			47.25	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE IN SITU HYBRIDIZATION INT & REP	88365	CPT	both			1011	224.64	Horizon	Medicare Blue		195.34	1			47.25	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE IN SITU HYBRIDIZATION INT & REP	88365	CPT	both			1011	224.64	Horizon	PPO		356.89	1.827			47.25	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE IN SITU HYBRIDIZATION INT & REP	88365	CPT	both			1011	224.64	Managed Care Inc	Managed Care Inc		909.9	0.9			47.25	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION INT & REP	88365	CPT	both			1011	224.64	Multiplan	Multiplan		808.8	0.8			47.25	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION INT & REP	88365	CPT	both			1011	224.64	Qualcare	Qualcare		758.25	0.75			47.25	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION INT & REP	88365	CPT	both			1011	224.64	Three Rivers	Three Rivers		960.45	0.95			47.25	960.45	percent of total billed charges	
TISSUE IN SITU HYBRIDIZATION INT & REP	88365	CPT	both			1011	224.64	UHC	Medicaid		47.25				47.25	960.45	case rate	
TISSUE IN SITU HYBRIDIZATION INT & REP	88365	CPT	both			1011	224.64	UHC	Medicare		195.34	1			47.25	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE IN SITU HYBRIDIZATION INT & REP	88365	CPT	both			1011	224.64	Wellcare	Medicare		195.34	1			47.25	960.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TISSUE IN SITU HYBRIDIZATION INT & REP	88365	CPT	both			1011	224.64	Wellcare	Medicaid		47.25				47.25	960.45	case rate	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Aetna	Better Health		330.33	0.3146			174.29	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Aetna	Commercial		310.98	1.592			174.29	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Aetna	Medicare		195.34	1			174.29	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Americare	Americare		787.5	0.75			174.29	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	WellPoint	WellPoint		336.84	0.3208			174.29	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Amerihealth	Medicare		195.34	1			174.29	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Consumer	Consumer		997.5	0.95			174.29	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Corrections	Corrections		840	0.8			174.29	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	First Health	First Health		735	0.7			174.29	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	First Trenton	First Trenton		945	0.9			174.29	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Horizon	Indemnity		356.89	1.827			174.29	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Horizon	Medicare Blue		195.34	1			174.29	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Horizon	PPO		356.89	1.827			174.29	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Horizon	MGD		356.89	1.827			174.29	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Managed Care Inc	Managed Care Inc		945	0.9			174.29	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Multiplan	Multiplan		840	0.8			174.29	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Qualcare	Qualcare		787.5	0.75			174.29	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Three Rivers	Three Rivers		997.5	0.95			174.29	997.5	percent of total billed charges	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	UHC	Medicaid		250.86				174.29	997.5	case rate	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	UHC	Medicare		195.34	1			174.29	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Wellcare	Medicaid		250.86				174.29	997.5	case rate	
PANCREATOBILIARY FISH (2002528)	88366	CPT	both			1050	224.64	Wellcare	Medicare		195.34	1			174.29	997.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMPTR IN SITU HYBRIDIZATION EA PROBE	88367	CPT	outpatient			852	472.75	Aetna	Medicare		262.42	0.308			262.42	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION EA PROBE	88367	CPT	outpatient			852	472.75	Aetna	Better Health		268.04	0.3146			262.42	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION EA PROBE	88367	CPT	outpatient			852	472.75	Aetna	Commercial		654.46	1.592			262.42	809.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMPTR IN SITU HYBRIDIZATION EA PROBE	88367	CPT	outpatient			852	472.75	Americare	Americare		639	0.75			262.42	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION EA PROBE	88367	CPT	outpatient			852	472.75	WellPoint	WellPoint		273.32	0.3208			262.42	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION EA PROBE	88367	CPT	outpatient			852	472.75	Amerihealth	Medicare		411.09	1			262.42	809.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMPTR IN SITU HYBRIDIZATION EA PROBE	88367	CPT	outpatient			852	472.75	Consumer	Consumer		809.4	0.95			262.42	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION EA PROBE	88367	CPT	outpatient			852	472.75	Corrections	Corrections		681.6	0.8			262.42	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION EA PROBE	88367	CPT	outpatient			852	472.75	First Health	First Health		596.4	0.7			262.42	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION EA PROBE	88367	CPT	outpatient			852	472.75	First Trenton	First Trenton		766.8	0.9			262.42	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION EA PROBE	88367	CPT	outpatient			852	472.75	Horizon	MGD		751.06	1.827			262.42	809.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMPTR IN SITU HYBRIDIZATION EA PROBE	88367	CPT	outpatient			852	472.75	Horizon	Medicare Blue		411.09	1			262.42	809.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMPTR IN SITU HYBRIDIZATION EA PROBE	88367	CPT	outpatient			852	472.75	Horizon	PPO		751.06	1.827			262.42	809.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMPTR IN SITU HYBRIDIZATION EA PROBE	88367	CPT	outpatient			852	472.75	Horizon	Indemnity		751.06	1.827			262.42	809.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMPTR IN SITU HYBRIDIZATION EA PROBE	88367	CPT	outpatient			852	472.75	Managed Care Inc	Managed Care Inc		766.8	0.9			262.42	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION EA PROBE	88367	CPT	outpatient			852	472.75	Multiplan	Multiplan		681.6	0.8			262.42	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION EA PROBE	88367	CPT	outpatient			852	472.75	Qualcare	Qualcare		639	0.75			262.42	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION EA PROBE	88367	CPT	outpatient			852	472.75	Three Rivers	Three Rivers		809.4	0.95			262.42	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION EA PROBE	88367	CPT	outpatient			852	472.75	UHC	Medicaid		268.04	0.3146			262.42	809.4	percent of total billed charges	
CMPTR IN SITU HYBRIDIZATION EA PROBE	88367	CPT	outpatient			852	472.75	UHC	Medicare		411.09	1			262.42	809.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMPTR IN SITU HYBRIDIZATION EA PROBE	88367	CPT	outpatient			852	472.75	Wellcare	Medicare		411.09	1			262.42	809.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMPTR IN SITU HYBRIDIZATION EA PROBE	88367	CPT	outpatient			852	472.75	Wellcare	Medicaid		268.04	0.3146			262.42	809.4	percent of total billed charges	
MNL IN SITU HYBRIDIZATION EA	88368	CPT	outpatient			696	472.75	Aetna	Commercial		654.46	1.592			112.58	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MNL IN SITU HYBRIDIZATION EA	88368	CPT	outpatient			696	472.75	Aetna	Better Health		218.96	0.3146			112.58	751.06	percent of total billed charges	
MNL IN SITU HYBRIDIZATION EA	88368	CPT	outpatient			696	472.75	Aetna	Medicare		411.09	1			112.58	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MNL IN SITU HYBRIDIZATION EA	88368	CPT	outpatient			696	472.75	Americare	Americare		522	0.75			112.58	751.06	percent of total billed charges	
MNL IN SITU HYBRIDIZATION EA	88368	CPT	outpatient			696	472.75	WellPoint	WellPoint		223.28	0.3208			112.58	751.06	percent of total billed charges	
MNL IN SITU HYBRIDIZATION EA	88368	CPT	outpatient			696	472.75	Amerihealth	Medicare		411.09	1			112.58	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MNL IN SITU HYBRIDIZATION EA	88368	CPT	outpatient			696	472.75	Consumer	Consumer		661.2	0.95			112.58	751.06	percent of total billed charges	
MNL IN SITU HYBRIDIZATION EA	88368	CPT	outpatient			696	472.75	Corrections	Corrections		556.8	0.8			112.58	751.06	percent of total billed charges	
MNL IN SITU HYBRIDIZATION EA	88368	CPT	outpatient			696	472.75	First Health	First Health		487.2	0.7			112.58	751.06	percent of total billed charges	
MNL IN SITU HYBRIDIZATION EA	88368	CPT	outpatient			696	472.75	First Trenton	First Trenton		626.4	0.9			112.58	751.06	percent of total billed charges	
MNL IN SITU HYBRIDIZATION EA	88368	CPT	outpatient			696	472.75	Horizon	Indemnity		751.06	1.827			112.58	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MNL IN SITU HYBRIDIZATION EA	88368	CPT	outpatient			696	472.75	Horizon	Medicare Blue		411.09	1			112.58	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MNL IN SITU HYBRIDIZATION EA	88368	CPT	outpatient			696	472.75	Horizon	MGD		751.06	1.827			112.58	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MNL IN SITU HYBRIDIZATION EA	88368	CPT	outpatient			696	472.75	Horizon	PPO		751.06	1.827			112.58	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MNL IN SITU HYBRIDIZATION EA	88368	CPT	outpatient			696	472.75	Managed Care Inc	Managed Care Inc		626.4	0.9			112.58	751.06	percent of total billed charges	
MNL IN SITU HYBRIDIZATION EA	88368	CPT	outpatient			696	472.75	Multiplan	Multiplan		556.8	0.8			112.58	751.06	percent of total billed charges	
MNL IN SITU HYBRIDIZATION EA	88368	CPT	outpatient			696	472.75	Qualcare	Qualcare		522	0.75			112.58	751.06	percent of total billed charges	
MNL IN SITU HYBRIDIZATION EA	88368	CPT	outpatient			696	472.75	Three Rivers	Three Rivers		661.2	0.95			112.58	751.06	percent of total billed charges	
MNL IN SITU HYBRIDIZATION EA	88368	CPT	outpatient			696	472.75	UHC	Medicare		411.09	1			112.58	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MNL IN SITU HYBRIDIZATION EA	88368	CPT	outpatient			696	472.75	UHC	Medicaid		112.58				112.58	751.06	case rate	
MNL IN SITU HYBRIDIZATION EA	88368	CPT	outpatient			696	472.75	Wellcare	Medicaid		112.58				112.58	751.06	case rate	
MNL IN SITU HYBRIDIZATION EA	88368	CPT	outpatient			696	472.75	Wellcare	Medicare		411.09	1			112.58	751.06	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HER2 BY FISH	88377	CPT	both			2530	224.64	Aetna	Better Health		795.94	0.3146			195.34	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	Aetna	Commercial		310.98	1.592			195.34	2403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HER2 BY FISH	88377	CPT	both			2530	224.64	Aetna	Medicare		779.24	0.308			195.34	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	Americare	Americare		1897.5	0.75			195.34	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	WellPoint	WellPoint		811.62	0.3208			195.34	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	Amerihealth	Medicare		195.34	1			195.34	2403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HER2 BY FISH	88377	CPT	both			2530	224.64	Consumer	Consumer		2403.5	0.95			195.34	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	Corrections	Corrections		2024	0.8			195.34	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	First Health	First Health		1771	0.7			195.34	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	First Trenton	First Trenton		2277	0.9			195.34	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	Horizon	MGD		356.89	1.827			195.34	2403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HER2 BY FISH	88377	CPT	both			2530	224.64	Horizon	Indemnity		356.89	1.827			195.34	2403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HER2 BY FISH	88377	CPT	both			2530	224.64	Horizon	Medicare Blue		195.34	1			195.34	2403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HER2 BY FISH	88377	CPT	both			2530	224.64	Horizon	PPO		356.89	1.827			195.34	2403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HER2 BY FISH	88377	CPT	both			2530	224.64	Managed Care Inc	Managed Care Inc		2277	0.9			195.34	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	Multiplan	Multiplan		2024	0.8			195.34	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	Qualcare	Qualcare		1897.5	0.75			195.34	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	Three Rivers	Three Rivers		2403.5	0.95			195.34	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	UHC	Medicare		195.34	1			195.34	2403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HER2 BY FISH	88377	CPT	both			2530	224.64	UHC	Medicaid		795.94	0.3146			195.34	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	Wellcare	Medicaid		795.94	0.3146			195.34	2403.5	percent of total billed charges	
HER2 BY FISH	88377	CPT	both			2530	224.64	Wellcare	Medicare		195.34	1			195.34	2403.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MSI (MSO)	88381	CPT	both			2040		Aetna	Medicare		628.32	0.308			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	both			2040		Aetna	Commercial		775.2	0.38			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	both			2040		Aetna	Better Health		641.78	0.3146			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	both			2040		Americare	Americare		1530	0.75			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	both			2040		WellPoint	WellPoint		654.43	0.3208			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	both			2040		Consumer	Consumer		1938	0.95			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	both			2040		Corrections	Corrections		1632	0.8			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	both			2040		First Health	First Health		1428	0.7			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	both			2040		First Trenton	First Trenton		1836	0.9			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	both			2040		Horizon	MGD		780.91	0.3828			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	both			2040		Horizon	Indemnity		780.91	0.3828			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	both			2040		Horizon	PPO		780.91	0.3828			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	both			2040		Horizon	Medicare Blue		612	0.3			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	both			2040		Managed Care Inc	Managed Care Inc		1836	0.9			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	both			2040		Multiplan	Multiplan		1632	0.8			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	both			2040		Qualcare	Qualcare		1530	0.75			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	both			2040		Three Rivers	Three Rivers		1938	0.95			134.4	1938	percent of total billed charges	
MSI (MSO)	88381	CPT	both			2040		UHC	Medicaid		175.91				134.4	1938	case rate	
MSI (MSO)	88381	CPT	both			2040		Wellcare	Medicaid		175.91				134.4	1938	case rate	
MICRODISSECTION	88387	CPT	outpatient			332		Aetna	Commercial		126.16	0.38			29.06	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Aetna	Medicare		102.26	0.308			29.06	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Aetna	Better Health		104.45	0.3146			29.06	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Americare	Americare		249	0.75			29.06	315.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MICRODISSECTION	88387	CPT	outpatient			332		WellPoint	WellPoint		106.51	0.3208			29.06	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Consumer	Consumer		315.4	0.95			29.06	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Corrections	Corrections		265.6	0.8			29.06	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		First Health	First Health		232.4	0.7			29.06	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		First Trenton	First Trenton		298.8	0.9			29.06	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Horizon	Indemnity		127.09	0.3828			29.06	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Horizon	Medicare Blue		99.6	0.3			29.06	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Horizon	MGD		127.09	0.3828			29.06	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Horizon	PPO		127.09	0.3828			29.06	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Managed Care Inc	Managed Care Inc		298.8	0.9			29.06	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Multiplan	Multiplan		265.6	0.8			29.06	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Qualcare	Qualcare		249	0.75			29.06	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		Three Rivers	Three Rivers		315.4	0.95			29.06	315.4	percent of total billed charges	
MICRODISSECTION	88387	CPT	outpatient			332		UHC	Medicaid		29.06				29.06	315.4	case rate	
MICRODISSECTION	88387	CPT	outpatient			332		Wellcare	Medicaid		29.06				29.06	315.4	case rate	
CSF ANALYSIS	89051	CPT	both			101	6.44	Aetna	Commercial		38.38	0.38			0.9	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Aetna	Medicare		5.6				0.9	95.95	case rate	
CSF ANALYSIS	89051	CPT	both			101	6.44	Aetna	Better Health		31.77	0.3146			0.9	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Americare	Americare		75.75	0.75			0.9	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	WellPoint	WellPoint		32.4	0.3208			0.9	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Amerihealth	Medicare		5.6				0.9	95.95	case rate	
CSF ANALYSIS	89051	CPT	both			101	6.44	Consumer	Consumer		95.95	0.95			0.9	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Corrections	Corrections		80.8	0.8			0.9	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	First Health	First Health		70.7	0.7			0.9	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	First Trenton	First Trenton		90.9	0.9			0.9	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Horizon	MGD		38.66	0.3828			0.9	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Horizon	Medicare Blue		30.3	0.3			0.9	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Horizon	PPO		38.66	0.3828			0.9	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Horizon	Indemnity		38.66	0.3828			0.9	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Managed Care Inc	Managed Care Inc		90.9	0.9			0.9	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Multiplan	Multiplan		80.8	0.8			0.9	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Qualcare	Qualcare		75.75	0.75			0.9	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	Three Rivers	Three Rivers		95.95	0.95			0.9	95.95	percent of total billed charges	
CSF ANALYSIS	89051	CPT	both			101	6.44	UHC	Medicaid		0.9				0.9	95.95	case rate	
CSF ANALYSIS	89051	CPT	both			101	6.44	UHC	Medicare		5.6				0.9	95.95	case rate	
CSF ANALYSIS	89051	CPT	both			101	6.44	Wellcare	Medicaid		0.9				0.9	95.95	case rate	
CSF ANALYSIS	89051	CPT	both			101	6.44	Wellcare	Medicare		5.6				0.9	95.95	case rate	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Aetna	Medicare		27.1	0.308			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Aetna	Better Health		27.68	0.3146			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Aetna	Commercial		33.44	0.38			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Americare	Americare		66	0.75			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	WellPoint	WellPoint		28.23	0.3208			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Amerihealth	Medicare		4.27				4.27	83.6	case rate	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Consumer	Consumer		83.6	0.95			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Corrections	Corrections		70.4	0.8			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	First Health	First Health		61.6	0.7			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	First Trenton	First Trenton		79.2	0.9			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Horizon	Medicare Blue		26.4	0.3			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Horizon	MGD		33.69	0.3828			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Horizon	Indemnity		33.69	0.3828			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Horizon	PPO		33.69	0.3828			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Managed Care Inc	Managed Care Inc		79.2	0.9			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Multiplan	Multiplan		70.4	0.8			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Qualcare	Qualcare		66	0.75			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Three Rivers	Three Rivers		83.6	0.95			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	UHC	Medicare		4.27				4.27	83.6	case rate	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	UHC	Medicaid		27.68	0.3146			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Wellcare	Medicaid		27.68	0.3146			4.27	83.6	percent of total billed charges	
FECAL LEUKOCYTE STAINS	89055	CPT	outpatient			88	4.91	Wellcare	Medicare		4.27				4.27	83.6	case rate	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Aetna	Better Health		27.06	0.3146			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Aetna	Commercial		32.68	0.38			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Aetna	Medicare		7.33				7.33	81.7	case rate	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Americare	Americare		64.5	0.75			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	WellPoint	WellPoint		27.59	0.3208			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Amerihealth	Medicare		7.33				7.33	81.7	case rate	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Consumer	Consumer		81.7	0.95			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Corrections	Corrections		68.8	0.8			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	First Health	First Health		60.2	0.7			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	First Trenton	First Trenton		77.4	0.9			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Horizon	Indemnity		32.92	0.3828			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Horizon	PPO		32.92	0.3828			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Horizon	MGD		32.92	0.3828			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Horizon	Medicare Blue		25.8	0.3			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Managed Care Inc	Managed Care Inc		77.4	0.9			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Multiplan	Multiplan		68.8	0.8			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Qualcare	Qualcare		64.5	0.75			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Three Rivers	Three Rivers		81.7	0.95			7.33	81.7	percent of total billed charges	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	UHC	Medicare		7.33				7.33	81.7	case rate	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	UHC	Medicaid		8.5				7.33	81.7	case rate	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Wellcare	Medicaid		8.5				7.33	81.7	case rate	
EXAM SYNOVIAL FLUID CRYSTALS	89060	CPT	outpatient			86	8.43	Wellcare	Medicare		7.33				7.33	81.7	case rate	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Aetna	Better Health		37.75	0.3146			5.7	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Aetna	Commercial		45.6	0.38			5.7	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Aetna	Medicare		36.96	0.308			5.7	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Americare	Americare		90	0.75			5.7	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	WellPoint	WellPoint		38.5	0.3208			5.7	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Amerihealth	Medicare		5.88				5.7	114	case rate	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Consumer	Consumer		114	0.95			5.7	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Corrections	Corrections		96	0.8			5.7	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	First Health	First Health		84	0.7			5.7	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	First Trenton	First Trenton		108	0.9			5.7	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Horizon	MGD		45.94	0.3828			5.7	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Horizon	Indemnity		45.94	0.3828			5.7	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Horizon	PPO		45.94	0.3828			5.7	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Horizon	Medicare Blue		36	0.3			5.7	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Managed Care Inc	Managed Care Inc		108	0.9			5.7	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Multiplan	Multiplan		96	0.8			5.7	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Qualcare	Qualcare		90	0.75			5.7	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Three Rivers	Three Rivers		114	0.95			5.7	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	UHC	Medicaid		37.75	0.3146			5.7	114	percent of total billed charges	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	UHC	Medicare		5.88				5.7	114	case rate	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Wellcare	Medicare		5.88				5.7	114	case rate	
STOOL FAT STAIN (SUDAN)	89125	CPT	both			120	6.76	Wellcare	Medicaid		37.75	0.3146			5.7	114	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Aetna	Medicare		4.85				2.1	15.2	case rate	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Aetna	Commercial		6.08	0.38			2.1	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Aetna	Better Health		5.03	0.3146			2.1	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Americare	Americare		12	0.75			2.1	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	WellPoint	WellPoint		5.13	0.3208			2.1	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Amerihealth	Medicare		4.85				2.1	15.2	case rate	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Consumer	Consumer		15.2	0.95			2.1	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Corrections	Corrections		12.8	0.8			2.1	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	First Health	First Health		11.2	0.7			2.1	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	First Trenton	First Trenton		14.4	0.9			2.1	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Horizon	MGD		6.12	0.3828			2.1	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Horizon	Indemnity		6.12	0.3828			2.1	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Horizon	Medicare Blue		4.8	0.3			2.1	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Horizon	PPO		6.12	0.3828			2.1	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Managed Care Inc	Managed Care Inc		14.4	0.9			2.1	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Multiplan	Multiplan		12.8	0.8			2.1	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Qualcare	Qualcare		12	0.75			2.1	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Three Rivers	Three Rivers		15.2	0.95			2.1	15.2	percent of total billed charges	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	UHC	Medicaid		2.1				2.1	15.2	case rate	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	UHC	Medicare		4.85				2.1	15.2	case rate	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Wellcare	Medicare		4.85				2.1	15.2	case rate	
STOOL MEAT FIBER	89160	CPT	outpatient			16	5.58	Wellcare	Medicaid		2.1				2.1	15.2	case rate	
EOSINOPHILS NASAL SMEAR	89190	CPT	outpatient			38	6.66	Aetna	Better Health		11.95	0.3146			2.2	36.1	percent of total billed charges	
EOSINOPHILS NASAL SMEAR	89190	CPT	outpatient			38	6.66	Aetna	Medicare		5.79				2.2	36.1	case rate	
EOSINOPHILS NASAL SMEAR	89190	CPT	outpatient			38	6.66	Aetna	Commercial		14.44	0.38			2.2	36.1	percent of total billed charges	
EOSINOPHILS NASAL SMEAR	89190	CPT	outpatient			38	6.66	Americare	Americare		28.5	0.75			2.2	36.1	percent of total billed charges	
EOSINOPHILS NASAL SMEAR	89190	CPT	outpatient			38	6.66	WellPoint	WellPoint		12.19	0.3208			2.2	36.1	percent of total billed charges	
EOSINOPHILS NASAL SMEAR	89190	CPT	outpatient			38	6.66	Amerihealth	Medicare		5.79				2.2	36.1	case rate	
EOSINOPHILS NASAL SMEAR	89190	CPT	outpatient			38	6.66	Consumer	Consumer		36.1	0.95			2.2	36.1	percent of total billed charges	
EOSINOPHILS NASAL SMEAR	89190	CPT	outpatient			38	6.66	Corrections	Corrections		30.4	0.8			2.2	36.1	percent of total billed charges	
EOSINOPHILS NASAL SMEAR	89190	CPT	outpatient			38	6.66	First Health	First Health		26.6	0.7			2.2	36.1	percent of total billed charges	
EOSINOPHILS NASAL SMEAR	89190	CPT	outpatient			38	6.66	First Trenton	First Trenton		34.2	0.9			2.2	36.1	percent of total billed charges	
EOSINOPHILS NASAL SMEAR	89190	CPT	outpatient			38	6.66	Horizon	MGD		14.55	0.3828			2.2	36.1	percent of total billed charges	
EOSINOPHILS NASAL SMEAR	89190	CPT	outpatient			38	6.66	Horizon	Medicare Blue		11.4	0.3			2.2	36.1	percent of total billed charges	
EOSINOPHILS NASAL SMEAR	89190	CPT	outpatient			38	6.66	Horizon	Indemnity		14.55	0.3828			2.2	36.1	percent of total billed charges	
EOSINOPHILS NASAL SMEAR	89190	CPT	outpatient			38	6.66	Horizon	PPO		14.55	0.3828			2.2	36.1	percent of total billed charges	
EOSINOPHILS NASAL SMEAR	89190	CPT	outpatient			38	6.66	Managed Care Inc	Managed Care Inc		34.2	0.9			2.2	36.1	percent of total billed charges	
EOSINOPHILS NASAL SMEAR	89190	CPT	outpatient			38	6.66	Multiplan	Multiplan		30.4	0.8			2.2	36.1	percent of total billed charges	
EOSINOPHILS NASAL SMEAR	89190	CPT	outpatient			38	6.66	Qualcare	Qualcare		28.5	0.75			2.2	36.1	percent of total billed charges	
EOSINOPHILS NASAL SMEAR	89190	CPT	outpatient			38	6.66	Three Rivers	Three Rivers		36.1	0.95			2.2	36.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EOSINOPHILS NASAL SMEAR	89190	CPT	outpatient			38	6.66	UHC	Medicaid		2.2				2.2	36.1	case rate	
EOSINOPHILS NASAL SMEAR	89190	CPT	outpatient			38	6.66	UHC	Medicare		5.79				2.2	36.1	case rate	
EOSINOPHILS NASAL SMEAR	89190	CPT	outpatient			38	6.66	Wellcare	Medicare		5.79				2.2	36.1	case rate	
EOSINOPHILS NASAL SMEAR	89190	CPT	outpatient			38	6.66	Wellcare	Medicaid		2.2				2.2	36.1	case rate	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Aetna	Commercial		310.98	1.592			8	546.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Aetna	Better Health		180.9	0.3146			8	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Aetna	Medicare		195.34	1			8	546.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Americare	Americare		431.25	0.75			8	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	WellPoint	WellPoint		184.46	0.3208			8	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Amerihealth	Medicare		195.34	1			8	546.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Consumer	Consumer		546.25	0.95			8	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Corrections	Corrections		460	0.8			8	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	First Health	First Health		402.5	0.7			8	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	First Trenton	First Trenton		517.5	0.9			8	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Horizon	PPO		356.89	1.827			8	546.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Horizon	Medicare Blue		195.34	1			8	546.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Horizon	Indemnity		356.89	1.827			8	546.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Horizon	MGD		356.89	1.827			8	546.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Managed Care Inc	Managed Care Inc		517.5	0.9			8	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Multiplan	Multiplan		460	0.8			8	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Qualcare	Qualcare		431.25	0.75			8	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Three Rivers	Three Rivers		546.25	0.95			8	546.25	percent of total billed charges	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	UHC	Medicaid		8				8	546.25	case rate	
SPUTUM INDUCTION	89220	CPT	both			575	224.64	UHC	Medicare		195.34	1			8	546.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Wellcare	Medicare		195.34	1			8	546.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPUTUM INDUCTION	89220	CPT	both			575	224.64	Wellcare	Medicaid		8				8	546.25	case rate	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Aetna	Medicare		121.35	0.308			39.4	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Aetna	Better Health		123.95	0.3146			39.4	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Aetna	Commercial		98.66	1.592			39.4	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Americare	Americare		295.5	0.75			39.4	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	WellPoint	WellPoint		126.4	0.3208			39.4	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Amerihealth	Medicare		61.97	1			39.4	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Consumer	Consumer		374.3	0.95			39.4	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Corrections	Corrections		315.2	0.8			39.4	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	First Health	First Health		275.8	0.7			39.4	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	First Trenton	First Trenton		354.6	0.9			39.4	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Horizon	MGD		113.22	1.827			39.4	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Horizon	Medicare Blue		61.97	1			39.4	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Horizon	Indemnity		113.22	1.827			39.4	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Horizon	NJ Health		39.4	0.1			39.4	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Horizon	PPO		113.22	1.827			39.4	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Managed Care Inc	Managed Care Inc		354.6	0.9			39.4	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Multiplan	Multiplan		315.2	0.8			39.4	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Qualcare	Qualcare		295.5	0.75			39.4	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Three Rivers	Three Rivers		374.3	0.95			39.4	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	UHC	Medicare		61.97	1			39.4	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	UHC	Medicaid		123.95	0.3146			39.4	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Wellcare	Medicaid		123.95	0.3146			39.4	374.3	percent of total billed charges	
TRIAL SWIM UP OR ART PREP	89260	CPT	outpatient			394	71.27	Wellcare	Medicare		61.97	1			39.4	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Aetna	Commercial		98.66	1.592			61.97	1270.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Aetna	Medicare		61.97	1			61.97	1270.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Aetna	Better Health		420.62	0.3146			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Americare	Americare		1002.75	0.75			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	WellPoint	WellPoint		428.91	0.3208			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Amerihealth	Medicare		61.97	1			61.97	1270.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Consumer	Consumer		1270.15	0.95			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Corrections	Corrections		1069.6	0.8			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	First Health	First Health		935.9	0.7			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	First Trenton	First Trenton		1203.3	0.9			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Horizon	Medicare Blue		61.97	1			61.97	1270.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Horizon	MGD		113.22	1.827			61.97	1270.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Horizon	PPO		113.22	1.827			61.97	1270.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Horizon	Indemnity		113.22	1.827			61.97	1270.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Horizon	NJ Health		133.7	0.1			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Managed Care Inc	Managed Care Inc		1203.3	0.9			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Multiplan	Multiplan		1069.6	0.8			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Qualcare	Qualcare		1002.75	0.75			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Three Rivers	Three Rivers		1270.15	0.95			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	UHC	Medicaid		420.62	0.3146			61.97	1270.15	percent of total billed charges	
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	UHC	Medicare		61.97	1			61.97	1270.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Wellcare	Medicare		61.97	1			61.97	1270.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM PREPARATION & CAPACITATION	89261	CPT	outpatient			1337	71.27	Wellcare	Medicaid		420.62	0.3146			61.97	1270.15	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Aetna	Commercial		16.34	0.38			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Aetna	Better Health		13.53	0.3146			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Aetna	Medicare		13.24	0.308			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Americare	Americare		32.25	0.75			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	WellPoint	WellPoint		13.79	0.3208			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Amerihealth	Medicare		10.38				10.38	40.85	case rate	
PCT TEST	89330	CPT	outpatient			43	11.94	Consumer	Consumer		40.85	0.95			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Corrections	Corrections		34.4	0.8			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	First Health	First Health		30.1	0.7			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	First Trenton	First Trenton		38.7	0.9			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Horizon	Medicare Blue		12.9	0.3			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Horizon	Indemnity		16.46	0.3828			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Horizon	MGD		16.46	0.3828			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Horizon	PPO		16.46	0.3828			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Managed Care Inc	Managed Care Inc		38.7	0.9			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Multiplan	Multiplan		34.4	0.8			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Qualcare	Qualcare		32.25	0.75			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Three Rivers	Three Rivers		40.85	0.95			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	UHC	Medicaid		13.53	0.3146			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	UHC	Medicare		10.38				10.38	40.85	case rate	
PCT TEST	89330	CPT	outpatient			43	11.94	Wellcare	Medicaid		13.53	0.3146			10.38	40.85	percent of total billed charges	
PCT TEST	89330	CPT	outpatient			43	11.94	Wellcare	Medicare		10.38				10.38	40.85	case rate	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Aetna	Better Health		123.95	0.3146			15.67	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Aetna	Medicare		19.59				15.67	374.3	case rate	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Aetna	Commercial		149.72	0.38			15.67	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Americare	Americare		295.5	0.75			15.67	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	WellPoint	WellPoint		126.4	0.3208			15.67	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Amerihealth	Medicare		19.59				15.67	374.3	case rate	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Consumer	Consumer		374.3	0.95			15.67	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Corrections	Corrections		315.2	0.8			15.67	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	First Health	First Health		275.8	0.7			15.67	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	First Trenton	First Trenton		354.6	0.9			15.67	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Horizon	MGD		150.82	0.3828			15.67	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Horizon	Medicare Blue		118.2	0.3			15.67	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Horizon	Indemnity		150.82	0.3828			15.67	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Horizon	PPO		150.82	0.3828			15.67	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Managed Care Inc	Managed Care Inc		354.6	0.9			15.67	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Multiplan	Multiplan		315.2	0.8			15.67	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Qualcare	Qualcare		295.5	0.75			15.67	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Three Rivers	Three Rivers		374.3	0.95			15.67	374.3	percent of total billed charges	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	UHC	Medicare		19.59				15.67	374.3	case rate	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	UHC	Medicaid		15.67				15.67	374.3	case rate	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Wellcare	Medicaid		15.67				15.67	374.3	case rate	
RETROGRADE EJACULATION	89331	CPT	outpatient			394	22.53	Wellcare	Medicare		19.59				15.67	374.3	case rate	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Aetna	Better Health		123.95	0.3146			39.4	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Aetna	Commercial		310.98	1.592			39.4	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Aetna	Medicare		121.35	0.308			39.4	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Americare	Americare		295.5	0.75			39.4	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	WellPoint	WellPoint		126.4	0.3208			39.4	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Amerihealth	Medicare		195.34	1			39.4	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Consumer	Consumer		374.3	0.95			39.4	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Corrections	Corrections		315.2	0.8			39.4	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	First Health	First Health		275.8	0.7			39.4	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	First Trenton	First Trenton		354.6	0.9			39.4	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Horizon	PPO		356.89	1.827			39.4	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Horizon	Medicare Blue		195.34	1			39.4	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Horizon	Indemnity		356.89	1.827			39.4	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Horizon	NJ Health		39.4	0.1			39.4	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Horizon	MGD		356.89	1.827			39.4	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Managed Care Inc	Managed Care Inc		354.6	0.9			39.4	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Multiplan	Multiplan		315.2	0.8			39.4	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Qualcare	Qualcare		295.5	0.75			39.4	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Three Rivers	Three Rivers		374.3	0.95			39.4	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	UHC	Medicaid		123.95	0.3146			39.4	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	UHC	Medicare		195.34	1			39.4	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Wellcare	Medicaid		123.95	0.3146			39.4	374.3	percent of total billed charges	
SPERM STORAGE 1 YR	89343	CPT	outpatient			394	224.64	Wellcare	Medicare		195.34	1			39.4	374.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	Aetna	Better Health		199.14	0.3146			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	Aetna	Medicare		137.89				137.89	601.35	case rate	
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	Aetna	Commercial		263.49	1.592			137.89	601.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULINS HEP B INFUSION	90371	CPT	outpatient			633	158.58	Americare	Americare		474.75	0.75			137.89	601.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IMMUNE GLOBULINS HEP B INF(USION	90371	CPT	outpatient			633	158.58	WellPoint	WellPoint		203.07	0.3208			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INF(USION	90371	CPT	outpatient			633	158.58	Amerihealth	Medicare		137.89				137.89	601.35	case rate	
IMMUNE GLOBULINS HEP B INF(USION	90371	CPT	outpatient			633	158.58	Consumer	Consumer		601.35	0.95			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INF(USION	90371	CPT	outpatient			633	158.58	Corrections	Corrections		506.4	0.8			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INF(USION	90371	CPT	outpatient			633	158.58	First Health	First Health		443.1	0.7			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INF(USION	90371	CPT	outpatient			633	158.58	First Trenton	First Trenton		569.7	0.9			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INF(USION	90371	CPT	outpatient			633	158.58	Horizon	Indemnity		302.39	1.827			137.89	601.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULINS HEP B INF(USION	90371	CPT	outpatient			633	158.58	Horizon	NJ Health		146.17				137.89	601.35	case rate	
IMMUNE GLOBULINS HEP B INF(USION	90371	CPT	outpatient			633	158.58	Horizon	PPO		302.39	1.827			137.89	601.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULINS HEP B INF(USION	90371	CPT	outpatient			633	158.58	Horizon	Medicare Blue		165.51	1			137.89	601.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULINS HEP B INF(USION	90371	CPT	outpatient			633	158.58	Horizon	MGD		302.39	1.827			137.89	601.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULINS HEP B INF(USION	90371	CPT	outpatient			633	158.58	Managed Care Inc	Managed Care Inc		569.7	0.9			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INF(USION	90371	CPT	outpatient			633	158.58	Multiplan	Multiplan		506.4	0.8			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INF(USION	90371	CPT	outpatient			633	158.58	Qualcare	Qualcare		474.75	0.75			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INF(USION	90371	CPT	outpatient			633	158.58	Three Rivers	Three Rivers		601.35	0.95			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INF(USION	90371	CPT	outpatient			633	158.58	UHC	Medicaid		199.14	0.3146			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INF(USION	90371	CPT	outpatient			633	158.58	UHC	Medicare		137.89				137.89	601.35	case rate	
IMMUNE GLOBULINS HEP B INF(USION	90371	CPT	outpatient			633	158.58	Wellcare	Medicaid		199.14	0.3146			137.89	601.35	percent of total billed charges	
IMMUNE GLOBULINS HEP B INF(USION	90371	CPT	outpatient			633	158.58	Wellcare	Medicare		137.89				137.89	601.35	case rate	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Aetna	Better Health		471.43	0.3146			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Aetna	Commercial		554.13	1.592			289.98	1423.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Aetna	Medicare		461.54	0.308			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Americare	Americare		1123.88	0.75			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	WellPoint	WellPoint		480.72	0.3208			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Amerihealth	Medicare		289.98				289.98	1423.58	case rate	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Consumer	Consumer		1423.58	0.95			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Corrections	Corrections		1198.8	0.8			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	First Health	First Health		1048.95	0.7			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	First Trenton	First Trenton		1348.65	0.9			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Horizon	PPO		635.92	1.827			289.98	1423.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Horizon	Medicare Blue		348.07	1			289.98	1423.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Horizon	MGD		635.92	1.827			289.98	1423.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Horizon	Indemnity		635.92	1.827			289.98	1423.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Horizon	NJ Health		307.38				289.98	1423.58	case rate	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Managed Care Inc	Managed Care Inc		1348.65	0.9			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Multiplan	Multiplan		1198.8	0.8			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Qualcare	Qualcare		1123.88	0.75			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Three Rivers	Three Rivers		1423.58	0.95			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	UHC	Medicaid		471.43	0.3146			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	UHC	Medicare		289.98				289.98	1423.58	case rate	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Wellcare	Medicare		289.98				289.98	1423.58	case rate	
RABIES IMMUNE GLOBULIN(HYPERRAB)150U	90375	CPT	both			1498.5	333.48	Wellcare	Medicaid		471.43	0.3146			289.98	1423.58	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Aetna	Better Health		492.03	0.3146			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Aetna	Commercial		916.72	1.592			479.72	1485.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Aetna	Medicare		479.72				479.72	1485.8	case rate	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Americare	Americare		1173	0.75			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	WellPoint	WellPoint		501.73	0.3208			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Amerihealth	Medicare		479.72				479.72	1485.8	case rate	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Consumer	Consumer		1485.8	0.95			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Corrections	Corrections		1251.2	0.8			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	First Health	First Health		1094.8	0.7			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	First Trenton	First Trenton		1407.6	0.9			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Horizon	NJ Health		508.5				479.72	1485.8	case rate	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Horizon	Medicare Blue		575.83	1			479.72	1485.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Horizon	Indemnity		1052.04	1.827			479.72	1485.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Horizon	MGD		1052.04	1.827			479.72	1485.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Horizon	PPO		1052.04	1.827			479.72	1485.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Managed Care Inc	Managed Care Inc		1407.6	0.9			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Multiplan	Multiplan		1251.2	0.8			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Qualcare	Qualcare		1173	0.75			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Three Rivers	Three Rivers		1485.8	0.95			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	UHC	Medicaid		492.03	0.3146			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	UHC	Medicare		479.72				479.72	1485.8	case rate	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Wellcare	Medicaid		492.03	0.3146			479.72	1485.8	percent of total billed charges	
RABIES IMMUNE GLOBULIN(IMOGAM)150U	90376	CPT	outpatient			1564	551.68	Wellcare	Medicare		479.72				479.72	1485.8	case rate	
PALIVIZUMAB 50MG INJ	90378	CPT	inpatient			2273.5	468.89	Aetna	Medicare		407.73	1			407.73	2159.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIVIZUMAB 50MG INJ	90378	CPT	inpatient			2273.5	468.89	Aetna	Better Health		715.24	0.3146			407.73	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	inpatient			2273.5	468.89	Aetna	Commercial		649.11	1.592			407.73	2159.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIVIZUMAB 50MG INJ	90378	CPT	inpatient			2273.5	468.89	Americare	Americare		1705.13	0.75			407.73	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	inpatient			2273.5	468.89	WellPoint	WellPoint		729.34	0.3208			407.73	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	inpatient			2273.5	468.89	Amerihealth	Medicare		407.73	1			407.73	2159.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIVIZUMAB 50MG INJ	90378	CPT	inpatient			2273.5	468.89	Consumer	Consumer		2159.83	0.95			407.73	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	inpatient			2273.5	468.89	Corrections	Corrections		1818.8	0.8			407.73	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	inpatient			2273.5	468.89	First Health	First Health		1591.45	0.7			407.73	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	inpatient			2273.5	468.89	First Trenton	First Trenton		2046.15	0.9			407.73	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	inpatient			2273.5	468.89	Horizon	Indemnity		744.92	1.827			407.73	2159.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIVIZUMAB 50MG INJ	90378	CPT	inpatient			2273.5	468.89	Horizon	MGD		744.92	1.827			407.73	2159.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIVIZUMAB 50MG INJ	90378	CPT	inpatient			2273.5	468.89	Horizon	NJ Health		1887.01	0.83			407.73	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	inpatient			2273.5	468.89	Horizon	Medicare Blue		407.73	1			407.73	2159.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIVIZUMAB 50MG INJ	90378	CPT	inpatient			2273.5	468.89	Horizon	PPO		744.92	1.827			407.73	2159.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIVIZUMAB 50MG INJ	90378	CPT	inpatient			2273.5	468.89	Managed Care Inc	Managed Care Inc		2046.15	0.9			407.73	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	inpatient			2273.5	468.89	Multiplan	Multiplan		1818.8	0.8			407.73	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	inpatient			2273.5	468.89	Qualcare	Qualcare		1705.13	0.75			407.73	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	inpatient			2273.5	468.89	Three Rivers	Three Rivers		2159.83	0.95			407.73	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	inpatient			2273.5	468.89	UHC	Medicaid		715.24	0.3146			407.73	2159.83	percent of total billed charges	
PALIVIZUMAB 50MG INJ	90378	CPT	inpatient			2273.5	468.89	UHC	Medicare		407.73	1			407.73	2159.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIVIZUMAB 50MG INJ	90378	CPT	inpatient			2273.5	468.89	Wellcare	Medicare		407.73	1			407.73	2159.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIVIZUMAB 50MG INJ	90378	CPT	inpatient			2273.5	468.89	Wellcare	Medicaid		715.24	0.3146			407.73	2159.83	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Aetna	Medicare		565.33	0.308			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Aetna	Commercial		697.49	0.38			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Aetna	Better Health		577.45	0.3146			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Americare	Americare		1376.63	0.75			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		WellPoint	WellPoint		588.83	0.3208			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Consumer	Consumer		1743.73	0.95			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Corrections	Corrections		1468.4	0.8			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		First Health	First Health		1284.85	0.7			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		First Trenton	First Trenton		1651.95	0.9			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Horizon	Indemnity		702.63	0.3828			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Horizon	Medicare Blue		550.65	0.3			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Horizon	NJ Health		1523.47	0.83			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Horizon	MGD		702.63	0.3828			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Horizon	PPO		702.63	0.3828			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Managed Care Inc	Managed Care Inc		1651.95	0.9			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Multiplan	Multiplan		1468.4	0.8			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Qualcare	Qualcare		1376.63	0.75			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Three Rivers	Three Rivers		1743.73	0.95			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		UHC	Medicaid		577.45	0.3146			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 0.5ML INJ	90380	CPT	outpatient			1835.5		Wellcare	Medicaid		577.45	0.3146			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Aetna	Commercial		697.49	0.38			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Aetna	Better Health		577.45	0.3146			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Aetna	Medicare		565.33	0.308			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Americare	Americare		1376.63	0.75			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		WellPoint	WellPoint		588.83	0.3208			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Consumer	Consumer		1743.73	0.95			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Corrections	Corrections		1468.4	0.8			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		First Health	First Health		1284.85	0.7			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		First Trenton	First Trenton		1651.95	0.9			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Horizon	Medicare Blue		550.65	0.3			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Horizon	NJ Health		1523.47	0.83			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Horizon	MGD		702.63	0.3828			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Horizon	PPO		702.63	0.3828			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Horizon	Indemnity		702.63	0.3828			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Managed Care Inc	Managed Care Inc		1651.95	0.9			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Multiplan	Multiplan		1468.4	0.8			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Qualcare	Qualcare		1376.63	0.75			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Three Rivers	Three Rivers		1743.73	0.95			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		UHC	Medicaid		577.45	0.3146			550.65	1743.73	percent of total billed charges	
NIRSEVIMAB-ALIP(BEYFORTUS) 1ML INJ	90381	CPT	outpatient			1835.5		Wellcare	Medicaid		577.45	0.3146			550.65	1743.73	percent of total billed charges	
RHIG FULL DOSE IM	90384	CPT	outpatient			202		Aetna	Better Health		63.55	0.3146			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE IM	90384	CPT	outpatient			202		Aetna	Commercial		76.76	0.38			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE IM	90384	CPT	outpatient			202		Aetna	Medicare		62.22	0.308			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE IM	90384	CPT	outpatient			202		Americare	Americare		151.5	0.75			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE IM	90384	CPT	outpatient			202		WellPoint	WellPoint		64.8	0.3208			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE IM	90384	CPT	outpatient			202		Consumer	Consumer		191.9	0.95			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE IM	90384	CPT	outpatient			202		Corrections	Corrections		161.6	0.8			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE IM	90384	CPT	outpatient			202		First Health	First Health		141.4	0.7			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE IM	90384	CPT	outpatient			202		First Trenton	First Trenton		181.8	0.9			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE IM	90384	CPT	outpatient			202		Horizon	MGD		77.33	0.3828			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE IM	90384	CPT	outpatient			202		Horizon	Indemnity		77.33	0.3828			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE IM	90384	CPT	outpatient			202		Horizon	PPO		77.33	0.3828			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE IM	90384	CPT	outpatient			202		Horizon	Medicare Blue		60.6	0.3			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE IM	90384	CPT	outpatient			202		Managed Care Inc	Managed Care Inc		181.8	0.9			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE IM	90384	CPT	outpatient			202		Multiplan	Multiplan		161.6	0.8			60.6	191.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RHIG FULL DOSE IM	90384	CPT	outpatient			202		Qualcare	Qualcare		151.5	0.75			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE IM	90384	CPT	outpatient			202		Three Rivers	Three Rivers		191.9	0.95			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE IM	90384	CPT	outpatient			202		UHC	Medicaid		63.55	0.3146			60.6	191.9	percent of total billed charges	
RHIG FULL DOSE IM	90384	CPT	outpatient			202		Wellcare	Medicaid		63.55	0.3146			60.6	191.9	percent of total billed charges	
VARICELLA ZOSTER(MMU GLOB) 125U INJ	90396	CPT	outpatient			3181		3114.1 Aetna	Commercial		4310.99	1.592			976.2	4947.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VARICELLA ZOSTER(MMU GLOB) 125U INJ	90396	CPT	outpatient			3181		3114.1 Aetna	Better Health		1000.74	0.3146			976.2	4947.35	percent of total billed charges	
VARICELLA ZOSTER(MMU GLOB) 125U INJ	90396	CPT	outpatient			3181		3114.1 Aetna	Medicare		2707.91	1			976.2	4947.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VARICELLA ZOSTER(MMU GLOB) 125U INJ	90396	CPT	outpatient			3181		3114.1 Americare	Americare		2385.75	0.75			976.2	4947.35	percent of total billed charges	
VARICELLA ZOSTER(MMU GLOB) 125U INJ	90396	CPT	outpatient			3181		3114.1 WellPoint	WellPoint		1020.46	0.3208			976.2	4947.35	percent of total billed charges	
VARICELLA ZOSTER(MMU GLOB) 125U INJ	90396	CPT	outpatient			3181		3114.1 Amerihealth	Medicare		2707.91	1			976.2	4947.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VARICELLA ZOSTER(MMU GLOB) 125U INJ	90396	CPT	outpatient			3181		3114.1 Consumer	Consumer		3021.95	0.95			976.2	4947.35	percent of total billed charges	
VARICELLA ZOSTER(MMU GLOB) 125U INJ	90396	CPT	outpatient			3181		3114.1 Corrections	Corrections		2544.8	0.8			976.2	4947.35	percent of total billed charges	
VARICELLA ZOSTER(MMU GLOB) 125U INJ	90396	CPT	outpatient			3181		3114.1 First Health	First Health		2226.7	0.7			976.2	4947.35	percent of total billed charges	
VARICELLA ZOSTER(MMU GLOB) 125U INJ	90396	CPT	outpatient			3181		3114.1 First Trenton	First Trenton		2862.9	0.9			976.2	4947.35	percent of total billed charges	
VARICELLA ZOSTER(MMU GLOB) 125U INJ	90396	CPT	outpatient			3181		3114.1 Horizon	MGD		4947.35	1.827			976.2	4947.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VARICELLA ZOSTER(MMU GLOB) 125U INJ	90396	CPT	outpatient			3181		3114.1 Horizon	Medicare Blue		2707.91	1			976.2	4947.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VARICELLA ZOSTER(MMU GLOB) 125U INJ	90396	CPT	outpatient			3181		3114.1 Horizon	Indemnity		4947.35	1.827			976.2	4947.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VARICELLA ZOSTER(MMU GLOB) 125U INJ	90396	CPT	outpatient			3181		3114.1 Horizon	NJ Health		2640.23	0.83			976.2	4947.35	percent of total billed charges	
VARICELLA ZOSTER(MMU GLOB) 125U INJ	90396	CPT	outpatient			3181		3114.1 Horizon	PPO		4947.35	1.827			976.2	4947.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VARICELLA ZOSTER(MMU GLOB) 125U INJ	90396	CPT	outpatient			3181		3114.1 Managed Care Inc	Managed Care Inc		2862.9	0.9			976.2	4947.35	percent of total billed charges	
VARICELLA ZOSTER(MMU GLOB) 125U INJ	90396	CPT	outpatient			3181		3114.1 Multiplan	Multiplan		2544.8	0.8			976.2	4947.35	percent of total billed charges	
VARICELLA ZOSTER(MMU GLOB) 125U INJ	90396	CPT	outpatient			3181		3114.1 Qualcare	Qualcare		2385.75	0.75			976.2	4947.35	percent of total billed charges	
VARICELLA ZOSTER(MMU GLOB) 125U INJ	90396	CPT	outpatient			3181		3114.1 Three Rivers	Three Rivers		3021.95	0.95			976.2	4947.35	percent of total billed charges	
VARICELLA ZOSTER(MMU GLOB) 125U INJ	90396	CPT	outpatient			3181		3114.1 UHC	Medicare		2707.91	1			976.2	4947.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VARICELLA ZOSTER(MMU GLOB) 125U INJ	90396	CPT	outpatient			3181		3114.1 UHC	Medicaid		1000.74	0.3146			976.2	4947.35	percent of total billed charges	
VARICELLA ZOSTER(MMU GLOB) 125U INJ	90396	CPT	outpatient			3181		3114.1 Wellcare	Medicare		2707.91	1			976.2	4947.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VARICELLA ZOSTER(MMU GLOB) 125U INJ	90396	CPT	outpatient			3181		3114.1 Wellcare	Medicaid		1000.74	0.3146			976.2	4947.35	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248		92.66 Aetna	Commercial		128.27	1.592			57.6	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248		92.66 Aetna	Better Health		78.02	0.3146			57.6	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248		92.66 Aetna	Medicare		76.38	0.308			57.6	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248		92.66 Americare	Americare		186	0.75			57.6	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248		92.66 WellPoint	WellPoint		79.56	0.3208			57.6	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248		92.66 Amerihealth	Medicare		80.57	1			57.6	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248		92.66 Consumer	Consumer		235.6	0.95			57.6	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248		92.66 Corrections	Corrections		198.4	0.8			57.6	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248		92.66 First Health	First Health		173.6	0.7			57.6	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248		92.66 First Trenton	First Trenton		223.2	0.9			57.6	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248		92.66 Horizon	MGD		147.2	1.827			57.6	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248		92.66 Horizon	Indemnity		147.2	1.827			57.6	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248		92.66 Horizon	Medicare Blue		80.57	1			57.6	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248		92.66 Horizon	PPO		147.2	1.827			57.6	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248		92.66 Managed Care Inc	Managed Care Inc		223.2	0.9			57.6	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248		92.66 Multiplan	Multiplan		198.4	0.8			57.6	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248		92.66 Qualcare	Qualcare		186	0.75			57.6	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248		92.66 Three Rivers	Three Rivers		235.6	0.95			57.6	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248		92.66 UHC	Medicaid		78.02	0.3146			57.6	235.6	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248		92.66 UHC	Medicare		80.57	1			57.6	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248		92.66 Wellcare	Medicare		80.57	1			57.6	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	90471	CPT	both			248		92.66 Wellcare	Medicaid		78.02	0.3146			57.6	235.6	percent of total billed charges	
IMMUNIZATION ADMIN EACH ADD	90472	CPT	both			171		Aetna	Better Health		53.8	0.3146			39.9	162.45	percent of total billed charges	
IMMUNIZATION ADMIN EACH ADD	90472	CPT	both			171		Aetna	Medicare		52.67	0.308			39.9	162.45	percent of total billed charges	
IMMUNIZATION ADMIN EACH ADD	90472	CPT	both			171		Aetna	Commercial		64.98	0.38			39.9	162.45	percent of total billed charges	
IMMUNIZATION ADMIN EACH ADD	90472	CPT	both			171		Americare	Americare		128.25	0.75			39.9	162.45	percent of total billed charges	
IMMUNIZATION ADMIN EACH ADD	90472	CPT	both			171		WellPoint	WellPoint		54.86	0.3208			39.9	162.45	percent of total billed charges	
IMMUNIZATION ADMIN EACH ADD	90472	CPT	both			171		Consumer	Consumer		162.45	0.95			39.9	162.45	percent of total billed charges	
IMMUNIZATION ADMIN EACH ADD	90472	CPT	both			171		Corrections	Corrections		136.8	0.8			39.9	162.45	percent of total billed charges	
IMMUNIZATION ADMIN EACH ADD	90472	CPT	both			171		First Health	First Health		119.7	0.7			39.9	162.45	percent of total billed charges	
IMMUNIZATION ADMIN EACH ADD	90472	CPT	both			171		First Trenton	First Trenton		153.9	0.9			39.9	162.45	percent of total billed charges	
IMMUNIZATION ADMIN EACH ADD	90472	CPT	both			171		Horizon	MGD		65.46	0.3828			39.9	162.45	percent of total billed charges	
IMMUNIZATION ADMIN EACH ADD	90472	CPT	both			171		Horizon	PPO		65.46	0.3828			39.9	162.45	percent of total billed charges	
IMMUNIZATION ADMIN EACH ADD	90472	CPT	both			171		Horizon	Indemnity		65.46	0.3828			39.9	162.45	percent of total billed charges	
IMMUNIZATION ADMIN EACH ADD	90472	CPT	both			171		Horizon	Medicare Blue		51.3	0.3			39.9	162.45	percent of total billed charges	
IMMUNIZATION ADMIN EACH ADD	90472	CPT	both			171		Managed Care Inc	Managed Care Inc		153.9	0.9			39.9	162.45	percent of total billed charges	
IMMUNIZATION ADMIN EACH ADD	90472	CPT	both			171		Multiplan	Multiplan		136.8	0.8			39.9	162.45	percent of total billed charges	
IMMUNIZATION ADMIN EACH ADD	90472	CPT	both			171		Qualcare	Qualcare		128.25	0.75			39.9	162.45	percent of total billed charges	
IMMUNIZATION ADMIN EACH ADD	90472	CPT	both			171		Three Rivers	Three Rivers		162.45	0.95			39.9	162.45	percent of total billed charges	
IMMUNIZATION ADMIN EACH ADD	90472	CPT	both			171		UHC	Medicaid		53.8	0.3146			39.9	162.45	percent of total billed charges	
IMMUNIZATION ADMIN EACH ADD	90472	CPT	both			171		Wellcare	Medicaid		53.8	0.3146			39.9	162.45	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Aetna	Commercial		128.27	1.592			76.76	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Aetna	Better Health		78.02	0.3146			76.76	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Aetna	Medicare		80.57	1			76.76	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Americare	Americare		186	0.75			76.76	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 WellPoint	WellPoint		79.56	0.3208			76.76	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Amerihealth	Medicare		80.57	1			76.76	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Consumer	Consumer		235.6	0.95			76.76	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Corrections	Corrections		198.4	0.8			76.76	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 First Health	First Health		173.6	0.7			76.76	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 First Trenton	First Trenton		223.2	0.9			76.76	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Horizon	MGD		147.2	1.827			76.76	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Horizon	Medicare Blue		80.57	1			76.76	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Horizon	Indemnity		147.2	1.827			76.76	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Horizon	PPO		147.2	1.827			76.76	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Managed Care Inc	Managed Care Inc		223.2	0.9			76.76	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Multiplan	Multiplan		198.4	0.8			76.76	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Qualcare	Qualcare		186	0.75			76.76	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Three Rivers	Three Rivers		235.6	0.95			76.76	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 UHC	Medicaid		78.02	0.3146			76.76	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 UHC	Medicare		80.57	1			76.76	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Wellcare	Medicaid		78.02	0.3146			76.76	235.6	percent of total billed charges	
IMMUNIZATION ADMIN ORAL/NASAL	90473	CPT	outpatient			248		92.66 Wellcare	Medicare		80.57	1			76.76	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Aetna	Commercial		79.35	1.592			49.84	213.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Aetna	Better Health		70.79	0.3146			49.84	213.75	percent of total billed charges	
ADMIN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Aetna	Medicare		49.84	1			49.84	213.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Americare	Americare		168.75	0.75			49.84	213.75	percent of total billed charges	
ADMIN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 WellPoint	WellPoint		72.18	0.3208			49.84	213.75	percent of total billed charges	
ADMIN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Amerihealth	Medicare		49.84	1			49.84	213.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Consumer	Consumer		213.75	0.95			49.84	213.75	percent of total billed charges	
ADMIN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Corrections	Corrections		180	0.8			49.84	213.75	percent of total billed charges	
ADMIN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 First Health	First Health		157.5	0.7			49.84	213.75	percent of total billed charges	
ADMIN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 First Trenton	First Trenton		202.5	0.9			49.84	213.75	percent of total billed charges	
ADMIN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Horizon	PPO		91.06	1.827			49.84	213.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Horizon	Indemnity		91.06	1.827			49.84	213.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Horizon	MGD		91.06	1.827			49.84	213.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Horizon	Medicare Blue		49.84	1			49.84	213.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Managed Care Inc	Managed Care Inc		202.5	0.9			49.84	213.75	percent of total billed charges	
ADMIN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Multiplan	Multiplan		180	0.8			49.84	213.75	percent of total billed charges	
ADMIN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Qualcare	Qualcare		168.75	0.75			49.84	213.75	percent of total billed charges	
ADMIN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Three Rivers	Three Rivers		213.75	0.95			49.84	213.75	percent of total billed charges	
ADMIN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 UHC	Medicare		49.84	1			49.84	213.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 UHC	Medicaid		70.79	0.3146			49.84	213.75	percent of total billed charges	
ADMIN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Wellcare	Medicare		49.84	1			49.84	213.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN SARSCOV2 VAC 1 DOSE 6 MOS -11YRS	90480	CPT	outpatient			225		57.32 Wellcare	Medicaid		70.79	0.3146			49.84	213.75	percent of total billed charges	
ANTHRAX VACCINE SC	90581	CPT	outpatient			432		Aetna	Medicare		133.06	0.308			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE SC	90581	CPT	outpatient			432		Aetna	Better Health		135.91	0.3146			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE SC	90581	CPT	outpatient			432		Aetna	Commercial		164.16	0.38			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE SC	90581	CPT	outpatient			432		Americare	Americare		324	0.75			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE SC	90581	CPT	outpatient			432		WellPoint	WellPoint		138.59	0.3208			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE SC	90581	CPT	outpatient			432		Consumer	Consumer		410.4	0.95			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE SC	90581	CPT	outpatient			432		Corrections	Corrections		345.6	0.8			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE SC	90581	CPT	outpatient			432		First Health	First Health		302.4	0.7			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE SC	90581	CPT	outpatient			432		First Trenton	First Trenton		388.8	0.9			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE SC	90581	CPT	outpatient			432		Horizon	Medicare Blue		129.6	0.3			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE SC	90581	CPT	outpatient			432		Horizon	Indemnity		165.37	0.3828			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE SC	90581	CPT	outpatient			432		Horizon	MGD		165.37	0.3828			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE SC	90581	CPT	outpatient			432		Horizon	PPO		165.37	0.3828			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE SC	90581	CPT	outpatient			432		Horizon	NJ Health		358.56	0.83			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE SC	90581	CPT	outpatient			432		Managed Care Inc	Managed Care Inc		388.8	0.9			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE SC	90581	CPT	outpatient			432		Multiplan	Multiplan		345.6	0.8			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE SC	90581	CPT	outpatient			432		Qualcare	Qualcare		324	0.75			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE SC	90581	CPT	outpatient			432		Three Rivers	Three Rivers		410.4	0.95			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE SC	90581	CPT	outpatient			432		UHC	Medicaid		135.91	0.3146			129.6	410.4	percent of total billed charges	
ANTHRAX VACCINE SC	90581	CPT	outpatient			432		Wellcare	Medicaid		135.91	0.3146			129.6	410.4	percent of total billed charges	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Aetna	Commercial		0.02	1.592			0.01	0.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Aetna	Medicare		0.01	1			0.01	0.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Americare	Americare		0.01	0.75			0.01	0.02	percent of total billed charges	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Amerihealth	Medicare		0.01	1			0.01	0.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Consumer	Consumer		0.01	0.95			0.01	0.02	percent of total billed charges	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Corrections	Corrections		0.01	0.8			0.01	0.02	percent of total billed charges	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 First Health	First Health		0.01	0.7			0.01	0.02	percent of total billed charges	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 First Trenton	First Trenton		0.01	0.9			0.01	0.02	percent of total billed charges	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Horizon	MGD		0.02	1.827			0.01	0.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Horizon	Medicare Blue		0.01	1			0.01	0.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01		0.01 Horizon	PPO		0.02	1.827			0.01	0.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01	0.01	Horizon	Indemnity		0.02	1.827			0.01	0.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01	0.01	Horizon	NJ Health		0.01	0.83			0.01	0.02	percent of total billed charges	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01	0.01	Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.02	percent of total billed charges	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01	0.01	Multiplan	Multiplan		0.01	0.8			0.01	0.02	percent of total billed charges	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01	0.01	Qualcare	Qualcare		0.01	0.75			0.01	0.02	percent of total billed charges	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01	0.01	Three Rivers	Three Rivers		0.01	0.95			0.01	0.02	percent of total billed charges	
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01	0.01	UHC	Medicare		0.01	1			0.01	0.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
JYNNEOS VACCINE 0.5ML SUBQ <18	90611	CPT	outpatient			0.01	0.01	Wellcare	Medicare		0.01	1			0.01	0.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Aetna	Medicare		214.21	0.308			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Aetna	Better Health		218.8	0.3146			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Aetna	Commercial		264.29	0.38			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Americare	Americare		521.63	0.75			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		WellPoint	WellPoint		223.12	0.3208			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Consumer	Consumer		660.73	0.95			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Corrections	Corrections		556.4	0.8			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		First Health	First Health		486.85	0.7			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		First Trenton	First Trenton		625.95	0.9			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Horizon	PPO		266.24	0.3828			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Horizon	MGD		266.24	0.3828			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Horizon	Medicare Blue		208.65	0.3			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Horizon	Indemnity		266.24	0.3828			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Horizon	NJ Health		577.27	0.83			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Managed Care Inc	Managed Care Inc		625.95	0.9			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Multiplan	Multiplan		556.4	0.8			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Qualcare	Qualcare		521.63	0.75			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Three Rivers	Three Rivers		660.73	0.95			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		UHC	Medicaid		218.8	0.3146			208.65	660.73	percent of total billed charges	
MENINGOCOCCAL B VACC 4(BEXSERO)0.5ML	90620	CPT	both			695.5		Wellcare	Medicaid		218.8	0.3146			208.65	660.73	percent of total billed charges	
HEPATITIS A VACC ADULT IM	90632	CPT	both			224		80.8 Aetna	Medicare		70.26				56.4	212.8	case rate	
HEPATITIS A VACC ADULT IM	90632	CPT	both			224		80.8 Aetna	Commercial		85.12	0.38			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC ADULT IM	90632	CPT	both			224		80.8 Aetna	Better Health		70.47	0.3146			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC ADULT IM	90632	CPT	both			224		80.8 Americare	Americare		168	0.75			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC ADULT IM	90632	CPT	both			224		80.8 WellPoint	WellPoint		71.86	0.3208			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC ADULT IM	90632	CPT	both			224		80.8 Amerihealth	Medicare		70.26				56.4	212.8	case rate	
HEPATITIS A VACC ADULT IM	90632	CPT	both			224		80.8 Consumer	Consumer		212.8	0.95			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC ADULT IM	90632	CPT	both			224		80.8 Corrections	Corrections		179.2	0.8			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC ADULT IM	90632	CPT	both			224		80.8 First Health	First Health		156.8	0.7			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC ADULT IM	90632	CPT	both			224		80.8 First Trenton	First Trenton		201.6	0.9			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC ADULT IM	90632	CPT	both			224		80.8 Horizon	Indemnity		85.75	0.3828			56.4	212.8	percent of total billed charges	
HEPATITIS (HAVRIX) 720U	90632	CPT	both			224		80.8 Horizon	NJ Health		74.48				56.4	212.8	case rate	
HEPATITIS A VACC ADULT IM	90632	CPT	both			224		80.8 Horizon	MGD		85.75	0.3828			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC ADULT IM	90632	CPT	both			224		80.8 Horizon	PPO		85.75	0.3828			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC ADULT IM	90632	CPT	both			224		80.8 Horizon	Medicare Blue		67.2	0.3			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC ADULT IM	90632	CPT	both			224		80.8 Managed Care Inc	Managed Care Inc		201.6	0.9			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC ADULT IM	90632	CPT	both			224		80.8 Multiplan	Multiplan		179.2	0.8			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC ADULT IM	90632	CPT	both			224		80.8 Qualcare	Qualcare		168	0.75			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC ADULT IM	90632	CPT	both			224		80.8 Three Rivers	Three Rivers		212.8	0.95			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC ADULT IM	90632	CPT	both			224		80.8 UHC	Medicare		70.26				56.4	212.8	case rate	
HEPATITIS A VACC ADULT IM	90632	CPT	both			224		80.8 UHC	Medicaid		70.47	0.3146			56.4	212.8	percent of total billed charges	
HEPATITIS A VACC ADULT IM	90632	CPT	both			224		80.8 Wellcare	Medicare		70.26				56.4	212.8	case rate	
HEPATITIS A VACC ADULT IM	90632	CPT	both			224		80.8 Wellcare	Medicaid		70.47	0.3146			56.4	212.8	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Aetna	Commercial		213.18	0.38			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Aetna	Better Health		176.49	0.3146			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Aetna	Medicare		172.79	0.308			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Americare	Americare		420.75	0.75			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		WellPoint	WellPoint		179.97	0.3208			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Consumer	Consumer		532.95	0.95			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Corrections	Corrections		448.8	0.8			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		First Health	First Health		392.7	0.7			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		First Trenton	First Trenton		504.9	0.9			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Horizon	Indemnity		214.75	0.3828			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Horizon	Medicare Blue		168.3	0.3			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Horizon	MGD		214.75	0.3828			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Horizon	PPO		214.75	0.3828			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Horizon	NJ Health		465.63	0.83			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Managed Care Inc	Managed Care Inc		504.9	0.9			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Multiplan	Multiplan		448.8	0.8			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Qualcare	Qualcare		420.75	0.75			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Three Rivers	Three Rivers		532.95	0.95			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		UHC	Medicaid		176.49	0.3146			40.95	532.95	percent of total billed charges	
HEPATITIS A VACCINE(HAVRIX) 720ELU 0.5ML	90633	CPT	outpatient			561		Wellcare	Medicaid		176.49	0.3146			40.95	532.95	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Aetna	Better Health		135.59	0.3146			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Aetna	Commercial		163.78	0.38			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Aetna	Medicare		132.75	0.308			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Americare	Americare		323.25	0.75			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		WellPoint	WellPoint		138.26	0.3208			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Consumer	Consumer		409.45	0.95			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Corrections	Corrections		344.8	0.8			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		First Health	First Health		301.7	0.7			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		First Trenton	First Trenton		387.9	0.9			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Horizon	NJ Health		357.73	0.83			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Horizon	Indemnity		164.99	0.3828			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Horizon	MGD		164.99	0.3828			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Horizon	PPO		164.99	0.3828			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Horizon	Medicare Blue		129.3	0.3			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Managed Care Inc	Managed Care Inc		387.9	0.9			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Multiplan	Multiplan		344.8	0.8			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Qualcare	Qualcare		323.25	0.75			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Three Rivers	Three Rivers		409.45	0.95			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		UHC	Medicaid		135.59	0.3146			129.3	409.45	percent of total billed charges	
HEPB RECOMB-HEPA VIR(TWINRIX)1ML INJ	90636	CPT	outpatient			431		Wellcare	Medicaid		135.59	0.3146			129.3	409.45	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Aetna	Commercial		65.55	0.38			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Aetna	Medicare		53.13	0.308			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Aetna	Better Health		54.27	0.3146			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Americare	Americare		129.38	0.75			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		WellPoint	WellPoint		55.34	0.3208			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Consumer	Consumer		163.88	0.95			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Corrections	Corrections		138	0.8			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		First Health	First Health		120.75	0.7			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		First Trenton	First Trenton		155.25	0.9			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Horizon	NJ Health		143.18	0.83			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Horizon	MGD		66.03	0.3828			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Horizon	Indemnity		66.03	0.3828			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Horizon	Medicare Blue		51.75	0.3			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Horizon	PPO		66.03	0.3828			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Managed Care Inc	Managed Care Inc		155.25	0.9			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Multiplan	Multiplan		138	0.8			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Qualcare	Qualcare		129.38	0.75			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Three Rivers	Three Rivers		163.88	0.95			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		UHC	Medicaid		54.27	0.3146			51.75	163.88	percent of total billed charges	
HEMOPHILUS B CONJ VAC	90648	CPT	both			172.5		Wellcare	Medicaid		54.27	0.3146			51.75	163.88	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Aetna	Medicare		224.84	0.308			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Aetna	Commercial		277.4	0.38			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Aetna	Better Health		229.66	0.3146			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Americare	Americare		547.5	0.75			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		WellPoint	WellPoint		234.18	0.3208			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Consumer	Consumer		693.5	0.95			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Corrections	Corrections		584	0.8			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		First Health	First Health		511	0.7			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		First Trenton	First Trenton		657	0.9			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Horizon	MGD		279.44	0.3828			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Horizon	Medicare Blue		219	0.3			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Horizon	NJ Health		605.9	0.83			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Horizon	Indemnity		279.44	0.3828			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Horizon	PPO		279.44	0.3828			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Managed Care Inc	Managed Care Inc		657	0.9			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Multiplan	Multiplan		584	0.8			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Qualcare	Qualcare		547.5	0.75			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Three Rivers	Three Rivers		693.5	0.95			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		UHC	Medicaid		229.66	0.3146			219	693.5	percent of total billed charges	
H PAPILLOMA VACC 3 DOSE IM	90649	CPT	outpatient			730		Wellcare	Medicaid		229.66	0.3146			219	693.5	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Aetna	Better Health		202.6	0.3146			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Aetna	Medicare		198.35	0.308			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Aetna	Commercial		244.72	0.38			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Americare	Americare		483	0.75			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		WellPoint	WellPoint		206.6	0.3208			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Consumer	Consumer		611.8	0.95			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Corrections	Corrections		515.2	0.8			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		First Health	First Health		450.8	0.7			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		First Trenton	First Trenton		579.6	0.9			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Horizon	MGD		246.52	0.3828			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Horizon	Indemnity		246.52	0.3828			193.2	611.8	percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Horizon	NJ Health		534.52	0.83			193.2	611.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Horizon	Medicare Blue		193.2	0.3			193.2		611.8 percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Horizon	PPO		246.52	0.3828			193.2		611.8 percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Managed Care Inc	Managed Care Inc		579.6	0.9			193.2		611.8 percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Multiplan	Multiplan		515.2	0.8			193.2		611.8 percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Qualcare	Qualcare		483	0.75			193.2		611.8 percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Three Rivers	Three Rivers		611.8	0.95			193.2		611.8 percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		UHC	Medicaid		202.6	0.3146			193.2		611.8 percent of total billed charges	
HPAPILLOMAV VAC9(GARDASIL)0.5ML	90651	CPT	both			644		Wellcare	Medicaid		202.6	0.3146			193.2		611.8 percent of total billed charges	
INFLU VAC.1ML(18-64)(INTRADERM	90654	CPT	outpatient			62		Aetna	Better Health		19.51	0.3146			18.6		58.9 percent of total billed charges	
INFLU VAC.1ML(18-64)(INTRADERM	90654	CPT	outpatient			62		Aetna	Medicare		19.1	0.308			18.6		58.9 percent of total billed charges	
INFLU VAC.1ML(18-64)(INTRADERM	90654	CPT	outpatient			62		Aetna	Commercial		23.56	0.38			18.6		58.9 percent of total billed charges	
INFLU VAC.1ML(18-64)(INTRADERM	90654	CPT	outpatient			62		Americare	Americare		46.5	0.75			18.6		58.9 percent of total billed charges	
INFLU VAC.1ML(18-64)(INTRADERM	90654	CPT	outpatient			62		WellPoint	WellPoint		19.89	0.3208			18.6		58.9 percent of total billed charges	
INFLU VAC.1ML(18-64)(INTRADERM	90654	CPT	outpatient			62		Consumer	Consumer		58.9	0.95			18.6		58.9 percent of total billed charges	
INFLU VAC.1ML(18-64)(INTRADERM	90654	CPT	outpatient			62		Corrections	Corrections		49.6	0.8			18.6		58.9 percent of total billed charges	
INFLU VAC.1ML(18-64)(INTRADERM	90654	CPT	outpatient			62		First Health	First Health		43.4	0.7			18.6		58.9 percent of total billed charges	
INFLU VAC.1ML(18-64)(INTRADERM	90654	CPT	outpatient			62		First Trenton	First Trenton		55.8	0.9			18.6		58.9 percent of total billed charges	
INFLU VAC.1ML(18-64)(INTRADERM	90654	CPT	outpatient			62		Horizon	Medicare Blue		18.6	0.3			18.6		58.9 percent of total billed charges	
INFLU VAC.1ML(18-64)(INTRADERM	90654	CPT	outpatient			62		Horizon	NJ Health		51.46	0.83			18.6		58.9 percent of total billed charges	
INFLU VAC.1ML(18-64)(INTRADERM	90654	CPT	outpatient			62		Horizon	MGD		23.73	0.3828			18.6		58.9 percent of total billed charges	
INFLU VAC.1ML(18-64)(INTRADERM	90654	CPT	outpatient			62		Horizon	Indemnity		23.73	0.3828			18.6		58.9 percent of total billed charges	
INFLU VAC.1ML(18-64)(INTRADERM	90654	CPT	outpatient			62		Horizon	PPO		23.73	0.3828			18.6		58.9 percent of total billed charges	
INFLU VAC.1ML(18-64)(INTRADERM	90654	CPT	outpatient			62		Managed Care Inc	Managed Care Inc		55.8	0.9			18.6		58.9 percent of total billed charges	
INFLU VAC.1ML(18-64)(INTRADERM	90654	CPT	outpatient			62		Multiplan	Multiplan		49.6	0.8			18.6		58.9 percent of total billed charges	
INFLU VAC.1ML(18-64)(INTRADERM	90654	CPT	outpatient			62		Qualcare	Qualcare		46.5	0.75			18.6		58.9 percent of total billed charges	
INFLU VAC.1ML(18-64)(INTRADERM	90654	CPT	outpatient			62		Three Rivers	Three Rivers		58.9	0.95			18.6		58.9 percent of total billed charges	
INFLU VAC.1ML(18-64)(INTRADERM	90654	CPT	outpatient			62		UHC	Medicaid		19.51	0.3146			18.6		58.9 percent of total billed charges	
INFLU VAC.1ML(18-64)(INTRADERM	90654	CPT	outpatient			62		Wellcare	Medicaid		19.51	0.3146			18.6		58.9 percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Aetna	Commercial		27.74	0.38			19.2		69.35 percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Aetna	Medicare		22.48	0.308			19.2		69.35 percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Aetna	Better Health		22.97	0.3146			19.2		69.35 percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Americare	Americare		54.75	0.75			19.2		69.35 percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		WellPoint	WellPoint		23.42	0.3208			19.2		69.35 percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Consumer	Consumer		69.35	0.95			19.2		69.35 percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Corrections	Corrections		58.4	0.8			19.2		69.35 percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		First Health	First Health		51.1	0.7			19.2		69.35 percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		First Trenton	First Trenton		65.7	0.9			19.2		69.35 percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Horizon	NJ Health		60.59	0.83			19.2		69.35 percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Horizon	MGD		27.94	0.3828			19.2		69.35 percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Horizon	Indemnity		27.94	0.3828			19.2		69.35 percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Horizon	Medicare Blue		21.9	0.3			19.2		69.35 percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Horizon	PPO		27.94	0.3828			19.2		69.35 percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Managed Care Inc	Managed Care Inc		65.7	0.9			19.2		69.35 percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Multiplan	Multiplan		58.4	0.8			19.2		69.35 percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Qualcare	Qualcare		54.75	0.75			19.2		69.35 percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Three Rivers	Three Rivers		69.35	0.95			19.2		69.35 percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		UHC	Medicaid		22.97	0.3146			19.2		69.35 percent of total billed charges	
INFLUENZA VACCINE> 3 YRS	90658	CPT	outpatient			73		Wellcare	Medicaid		22.97	0.3146			19.2		69.35 percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Aetna	Better Health		61.66	0.3146			58.8		186.2 percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Aetna	Commercial		74.48	0.38			58.8		186.2 percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Aetna	Medicare		73.4				58.8		186.2 case rate	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Americare	Americare		147	0.75			58.8		186.2 percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	WellPoint	WellPoint		62.88	0.3208			58.8		186.2 percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Amerihealth	Medicare		73.4				58.8		186.2 case rate	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Consumer	Consumer		186.2	0.95			58.8		186.2 percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Corrections	Corrections		156.8	0.8			58.8		186.2 percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	First Health	First Health		137.2	0.7			58.8		186.2 percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	First Trenton	First Trenton		176.4	0.9			58.8		186.2 percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Horizon	NJ Health		77.81				58.8		186.2 case rate	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Horizon	MGD		75.03	0.3828			58.8		186.2 percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Horizon	Medicare Blue		58.8	0.3			58.8		186.2 percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Horizon	Indemnity		75.03	0.3828			58.8		186.2 percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Horizon	PPO		75.03	0.3828			58.8		186.2 percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Managed Care Inc	Managed Care Inc		176.4	0.9			58.8		186.2 percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Multiplan	Multiplan		156.8	0.8			58.8		186.2 percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Qualcare	Qualcare		147	0.75			58.8		186.2 percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Three Rivers	Three Rivers		186.2	0.95			58.8		186.2 percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	UHC	Medicaid		61.66	0.3146			58.8		186.2 percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	UHC	Medicare		73.4				58.8		186.2 case rate	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Wellcare	Medicaid		61.66	0.3146			58.8		186.2 percent of total billed charges	
INFLUENZA VACCINE(FLUZONE) HD 0.7ML SYR	90662	CPT	outpatient			196	84.41	Wellcare	Medicare		73.4				58.8		186.2 case rate	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Aetna	Better Health		189.86	0.3146			181.05		573.33 percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Aetna	Medicare		257.99				181.05		573.33 case rate	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Aetna	Commercial		229.33	0.38			181.05		573.33 percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Americare	Americare		452.63	0.75			181.05		573.33 percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	WellPoint	WellPoint		193.6	0.3208			181.05		573.33 percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Amerihealth	Medicare		257.99				181.05		573.33 case rate	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Consumer	Consumer		573.33	0.95			181.05		573.33 percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Corrections	Corrections		482.8	0.8			181.05		573.33 percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	First Health	First Health		422.45	0.7			181.05		573.33 percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	First Trenton	First Trenton		543.15	0.9			181.05		573.33 percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Horizon	MGD		231.02	0.3828			181.05		573.33 percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Horizon	Indemnity		231.02	0.3828			181.05		573.33 percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Horizon	Medicare Blue		181.05	0.3			181.05		573.33 percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Horizon	PPO		231.02	0.3828			181.05		573.33 percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Horizon	NJ Health		273.47				181.05		573.33 case rate	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Managed Care Inc	Managed Care Inc		543.15	0.9			181.05		573.33 percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Multiplan	Multiplan		482.8	0.8			181.05		573.33 percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Qualcare	Qualcare		452.63	0.75			181.05		573.33 percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Three Rivers	Three Rivers		573.33	0.95			181.05		573.33 percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	UHC	Medicaid		189.86	0.3146			181.05		573.33 percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	UHC	Medicare		257.99				181.05		573.33 case rate	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Wellcare	Medicaid		189.86	0.3146			181.05		573.33 percent of total billed charges	
PNEUMOCOCCAL 13 VAL VACCINE	90670	CPT	both			603.5	296.69	Wellcare	Medicare		257.99				181.05		573.33 case rate	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Aetna	Commercial		50.73	0.38			40.05		126.83 percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Aetna	Better Health		42	0.3146			40.05		126.83 percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Aetna	Medicare		41.12	0.308			40.05		126.83 percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Americare	Americare		100.13	0.75			40.05		126.83 percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		WellPoint	WellPoint		42.83	0.3208			40.05		126.83 percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Consumer	Consumer		126.83	0.95			40.05		126.83 percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Corrections	Corrections		106.8	0.8			40.05		126.83 percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		First Health	First Health		93.45	0.7			40.05		126.83 percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		First Trenton	First Trenton		120.15	0.9			40.05		126.83 percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Horizon	MGD		51.1	0.3828			40.05		126.83 percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Horizon	NJ Health		110.81	0.83			40.05		126.83 percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Horizon	Indemnity		51.1	0.3828			40.05		126.83 percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Horizon	PPO		51.1	0.3828			40.05		126.83 percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Horizon	Medicare Blue		40.05	0.3			40.05		126.83 percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Managed Care Inc	Managed Care Inc		120.15	0.9			40.05		126.83 percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Multiplan	Multiplan		106.8	0.8			40.05		126.83 percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Qualcare	Qualcare		100.13	0.75			40.05		126.83 percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Three Rivers	Three Rivers		126.83	0.95			40.05		126.83 percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		UHC	Medicaid		42	0.3146			40.05		126.83 percent of total billed charges	
INFLUENZA VACC(FLUBLOK) 0.5ML IM	90673	CPT	outpatient			133.5		Wellcare	Medicaid		42	0.3146			40.05		126.83 percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Aetna	Commercial		620.56	1.592			318.53		1121.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Aetna	Medicare		324.74				318.53		1121.95 case rate	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Aetna	Better Health		371.54	0.3146			318.53		1121.95 percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Americare	Americare		885.75	0.75			318.53		1121.95 percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	WellPoint	WellPoint		378.86	0.3208			318.53		1121.95 percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Amerihealth	Medicare		324.74				318.53		1121.95 case rate	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Consumer	Consumer		1121.95	0.95			318.53		1121.95 percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Corrections	Corrections		944.8	0.8			318.53		1121.95 percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	First Health	First Health		826.7	0.7			318.53		1121.95 percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	First Trenton	First Trenton		1062.9	0.9			318.53		1121.95 percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Horizon	NJ Health		344.23				318.53		1121.95 case rate	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Horizon	Medicare Blue		389.8	1			318.53		1121.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Horizon	Indemnity		712.16	1.827			318.53		1121.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Horizon	MGD		712.16	1.827			318.53		1121.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Horizon	PPO		712.16	1.827			318.53		1121.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Managed Care Inc	Managed Care Inc		1062.9	0.9			318.53		1121.95 percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Multiplan	Multiplan		944.8	0.8			318.53		1121.95 percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Qualcare	Qualcare		885.75	0.75			318.53		1121.95 percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Three Rivers	Three Rivers		1121.95	0.95			318.53		1121.95 percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	UHC	Medicaid		371.54	0.3146			318.53		1121.95 percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	UHC	Medicare		324.74				318.53		1121.95 case rate	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Wellcare	Medicaid		371.54	0.3146			318.53		1121.95 percent of total billed charges	
RABIES VACCINE HUM(IMOVAX)2.5U	90675	CPT	both			1181	373.46	Wellcare	Medicare		324.74				318.53		1121.95 case rate	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Aetna	Better Health		317.9	0.3146			288.66		959.98 percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Aetna	Medicare		288.66				288.66		959.98 case rate	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Aetna	Commercial		383.99	0.38			288.66		959.98 percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Americare	Americare		757.88	0.75			288.66		959.98 percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	WellPoint	WellPoint		324.17	0.3208			288.66		959.98 percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Amerihealth	Medicare		288.66				288.66		959.98 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Consumer	Consumer		959.98	0.95			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Corrections	Corrections		808.4	0.8			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	First Health	First Health		707.35	0.7			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	First Trenton	First Trenton		909.45	0.9			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Horizon	Indemnity		386.82	0.3828			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Horizon	NJ Health		305.98				288.66	959.98	case rate	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Horizon	MGD		386.82	0.3828			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Horizon	PPO		386.82	0.3828			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Horizon	Medicare Blue		303.15	0.3			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Managed Care Inc	Managed Care Inc		909.45	0.9			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Multiplan	Multiplan		808.4	0.8			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Qualcare	Qualcare		757.88	0.75			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Three Rivers	Three Rivers		959.98	0.95			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	UHC	Medicare		288.66				288.66	959.98	case rate	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	UHC	Medicaid		317.9	0.3146			288.66	959.98	percent of total billed charges	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Wellcare	Medicare		288.66				288.66	959.98	case rate	
PNEUMOCOCCAL20 (PREVNAR20) VACC 0.5ML	90677	CPT	both			1010.5	331.96	Wellcare	Medicaid		317.9	0.3146			288.66	959.98	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Aetna	Better Health		344.17	0.3146			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Aetna	Medicare		336.95	0.308			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Aetna	Commercial		415.72	0.38			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Americare	Americare		820.5	0.75			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		WellPoint	WellPoint		350.96	0.3208			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Consumer	Consumer		1039.3	0.95			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Corrections	Corrections		875.2	0.8			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		First Health	First Health		765.8	0.7			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		First Trenton	First Trenton		984.6	0.9			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Horizon	MGD		418.78	0.3828			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Horizon	Medicare Blue		328.2	0.3			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Horizon	NJ Health		908.02	0.83			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Horizon	Indemnity		418.78	0.3828			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Horizon	PPO		418.78	0.3828			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Managed Care Inc	Managed Care Inc		984.6	0.9			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Multiplan	Multiplan		875.2	0.8			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Qualcare	Qualcare		820.5	0.75			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Three Rivers	Three Rivers		1039.3	0.95			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		UHC	Medicaid		344.17	0.3146			328.2	1039.3	percent of total billed charges	
RSV VACC (ABRYSVO) 0.5ML	90678	CPT	outpatient			1094		Wellcare	Medicaid		344.17	0.3146			328.2	1039.3	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Aetna	Commercial		194.18	0.38			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Aetna	Medicare		157.39	0.308			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Aetna	Better Health		160.76	0.3146			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Americare	Americare		383.25	0.75			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		WellPoint	WellPoint		163.93	0.3208			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Consumer	Consumer		485.45	0.95			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Corrections	Corrections		408.8	0.8			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		First Health	First Health		357.7	0.7			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		First Trenton	First Trenton		459.9	0.9			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Horizon	Medicare Blue		153.3	0.3			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Horizon	MGD		195.61	0.3828			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Horizon	Indemnity		195.61	0.3828			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Horizon	PPO		195.61	0.3828			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Horizon	NJ Health		424.13	0.83			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Managed Care Inc	Managed Care Inc		459.9	0.9			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Multiplan	Multiplan		408.8	0.8			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Qualcare	Qualcare		383.25	0.75			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Three Rivers	Three Rivers		485.45	0.95			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		UHC	Medicaid		160.76	0.3146			150	485.45	percent of total billed charges	
ROTAVIRUS(ROTARIX) 1ML VACC	90681	CPT	inpatient			511		Wellcare	Medicaid		160.76	0.3146			150	485.45	percent of total billed charges	
INFLUENZA VACCINE 6-35 MONTHS	90685	CPT	outpatient			104.5		Aetna	Medicare		32.19	0.308			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE 6-35 MONTHS	90685	CPT	outpatient			104.5		Aetna	Better Health		32.88	0.3146			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE 6-35 MONTHS	90685	CPT	outpatient			104.5		Aetna	Commercial		39.71	0.38			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE 6-35 MONTHS	90685	CPT	outpatient			104.5		Americare	Americare		78.38	0.75			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE 6-35 MONTHS	90685	CPT	outpatient			104.5		WellPoint	WellPoint		33.52	0.3208			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE 6-35 MONTHS	90685	CPT	outpatient			104.5		Consumer	Consumer		99.28	0.95			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE 6-35 MONTHS	90685	CPT	outpatient			104.5		Corrections	Corrections		83.6	0.8			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE 6-35 MONTHS	90685	CPT	outpatient			104.5		First Health	First Health		73.15	0.7			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE 6-35 MONTHS	90685	CPT	outpatient			104.5		First Trenton	First Trenton		94.05	0.9			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE 6-35 MONTHS	90685	CPT	outpatient			104.5		Horizon	Medicare Blue		31.35	0.3			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE 6-35 MONTHS	90685	CPT	outpatient			104.5		Horizon	Indemnity		40	0.3828			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE 6-35 MONTHS	90685	CPT	outpatient			104.5		Horizon	MGD		40	0.3828			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE 6-35 MONTHS	90685	CPT	outpatient			104.5		Horizon	PPO		40	0.3828			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE 6-35 MONTHS	90685	CPT	outpatient			104.5		Horizon	NJ Health		86.74	0.83			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE 6-35 MONTHS	90685	CPT	outpatient			104.5		Managed Care Inc	Managed Care Inc		94.05	0.9			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE 6-35 MONTHS	90685	CPT	outpatient			104.5		Multiplan	Multiplan		83.6	0.8			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE 6-35 MONTHS	90685	CPT	outpatient			104.5		Qualcare	Qualcare		78.38	0.75			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE 6-35 MONTHS	90685	CPT	outpatient			104.5		Three Rivers	Three Rivers		99.28	0.95			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE 6-35 MONTHS	90685	CPT	outpatient			104.5		UHC	Medicaid		32.88	0.3146			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE 6-35 MONTHS	90685	CPT	outpatient			104.5		Wellcare	Medicaid		32.88	0.3146			31.35	99.28	percent of total billed charges	
INFLUENZA VACCINE(FLUAVAL)0.5ML SYR	90686	CPT	both			83.5	25.7	Aetna	Better Health		26.27	0.3146			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE(FLUAVAL)0.5ML SYR	90686	CPT	both			83.5	25.7	Aetna	Medicare		22.35				17.7	79.33	case rate	
INFLUENZA VACCINE(FLUAVAL)0.5ML SYR	90686	CPT	both			83.5	25.7	Aetna	Commercial		31.73	0.38			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE(FLUAVAL)0.5ML SYR	90686	CPT	both			83.5	25.7	Americare	Americare		62.63	0.75			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE(FLUAVAL)0.5ML SYR	90686	CPT	both			83.5	25.7	WellPoint	WellPoint		26.79	0.3208			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE(FLUAVAL)0.5ML SYR	90686	CPT	both			83.5	25.7	Amerihealth	Medicare		22.35				17.7	79.33	case rate	
INFLUENZA VACCINE(FLUAVAL)0.5ML SYR	90686	CPT	both			83.5	25.7	Consumer	Consumer		79.33	0.95			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE(FLUAVAL)0.5ML SYR	90686	CPT	both			83.5	25.7	Corrections	Corrections		66.8	0.8			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE(FLUAVAL)0.5ML SYR	90686	CPT	both			83.5	25.7	First Health	First Health		58.45	0.7			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE(FLUAVAL)0.5ML SYR	90686	CPT	both			83.5	25.7	First Trenton	First Trenton		75.15	0.9			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE(FLUAVAL)0.5ML SYR	90686	CPT	both			83.5	25.7	Horizon	MGD		31.96	0.3828			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE(FLUAVAL)0.5ML SYR	90686	CPT	both			83.5	25.7	Horizon	PPO		31.96	0.3828			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE(FLUAVAL)0.5ML SYR	90686	CPT	both			83.5	25.7	Horizon	Indemnity		31.96	0.3828			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE(FLUAVAL)0.5ML SYR	90686	CPT	both			83.5	25.7	Horizon	NJ Health		23.69				17.7	79.33	case rate	
INFLUENZA VACCINE(FLUAVAL)0.5ML SYR	90686	CPT	both			83.5	25.7	Horizon	Medicare Blue		25.05	0.3			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE(FLUAVAL)0.5ML SYR	90686	CPT	both			83.5	25.7	Managed Care Inc	Managed Care Inc		75.15	0.9			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE(FLUAVAL)0.5ML SYR	90686	CPT	both			83.5	25.7	Multiplan	Multiplan		66.8	0.8			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE(FLUAVAL)0.5ML SYR	90686	CPT	both			83.5	25.7	Qualcare	Qualcare		62.63	0.75			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE(FLUAVAL)0.5ML SYR	90686	CPT	both			83.5	25.7	Three Rivers	Three Rivers		79.33	0.95			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE(FLUAVAL)0.5ML SYR	90686	CPT	both			83.5	25.7	UHC	Medicaid		26.27	0.3146			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE(FLUAVAL)0.5ML SYR	90686	CPT	both			83.5	25.7	UHC	Medicare		22.35				17.7	79.33	case rate	
INFLUENZA VACCINE(FLUAVAL)0.5ML SYR	90686	CPT	both			83.5	25.7	Wellcare	Medicaid		26.27	0.3146			17.7	79.33	percent of total billed charges	
INFLUENZA VACCINE(FLUAVAL)0.5ML SYR	90686	CPT	both			83.5	25.7	Wellcare	Medicare		22.35				17.7	79.33	case rate	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	outpatient			219		Aetna	Better Health		68.9	0.3146			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	outpatient			219		Aetna	Medicare		67.45	0.308			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	outpatient			219		Aetna	Commercial		83.22	0.38			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	outpatient			219		Americare	Americare		164.25	0.75			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	outpatient			219		WellPoint	WellPoint		70.26	0.3208			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	outpatient			219		Consumer	Consumer		208.05	0.95			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	outpatient			219		Corrections	Corrections		175.2	0.8			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	outpatient			219		First Health	First Health		153.3	0.7			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	outpatient			219		First Trenton	First Trenton		197.1	0.9			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	outpatient			219		Horizon	NJ Health		181.77	0.83			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	outpatient			219		Horizon	MGD		83.83	0.3828			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	outpatient			219		Horizon	Indemnity		83.83	0.3828			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	outpatient			219		Horizon	PPO		83.83	0.3828			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	outpatient			219		Horizon	Medicare Blue		65.7	0.3			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	outpatient			219		Managed Care Inc	Managed Care Inc		197.1	0.9			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	outpatient			219		Multiplan	Multiplan		175.2	0.8			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	outpatient			219		Qualcare	Qualcare		164.25	0.75			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	outpatient			219		Three Rivers	Three Rivers		208.05	0.95			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	outpatient			219		UHC	Medicaid		68.9	0.3146			65.7	208.05	percent of total billed charges	
DIPHTHER PERTUSS TET POLIO(KINRIX) 0.5ML	90696	CPT	outpatient			219		Wellcare	Medicaid		68.9	0.3146			65.7	208.05	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Aetna	Better Health		129.3	0.3146			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Aetna	Commercial		156.18	0.38			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Aetna	Medicare		126.59	0.308			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Americare	Americare		308.25	0.75			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		WellPoint	WellPoint		131.85	0.3208			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Consumer	Consumer		390.45	0.95			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Corrections	Corrections		328.8	0.8			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		First Health	First Health		287.7	0.7			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		First Trenton	First Trenton		369.9	0.9			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Horizon	Indemnity		157.33	0.3828			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Horizon	MGD		157.33	0.3828			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Horizon	Medicare Blue		123.3	0.3			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Horizon	PPO		157.33	0.3828			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Horizon	NJ Health		341.13	0.83			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Managed Care Inc	Managed Care Inc		369.9	0.9			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Multiplan	Multiplan		328.8	0.8			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Qualcare	Qualcare		308.25	0.75			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Three Rivers	Three Rivers		390.45	0.95			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		UHC	Medicaid		129.3	0.3146			123.3	390.45	percent of total billed charges	
PENTACEL VACCINE 0.5 ML INJ	90698	CPT	outpatient			411		Wellcare	Medicaid		129.3	0.3146			123.3	390.45	percent of total billed charges	
DTAP VACCINE <7 YRS IM USE	90700	CPT	outpatient			137		Aetna	Commercial		52.06	0.38			41.1	130.15	percent of total billed charges	
DTAP VACCINE <7 YRS IM USE	90700	CPT	outpatient			137		Aetna	Medicare		42.2	0.308			41.1	130.15	percent of total billed charges	
DTAP VACCINE <7 YRS IM USE	90700	CPT	outpatient			137		Aetna	Better Health		43.1	0.3146			41.1	130.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DTAP VACCINE <7 YRS IM USE	90700	CPT	outpatient			137		Americare	Americare		102.75	0.75			41.1	130.15	percent of total billed charges	
DTAP VACCINE <7 YRS IM USE	90700	CPT	outpatient			137		WellPoint	WellPoint		43.95	0.3208			41.1	130.15	percent of total billed charges	
DTAP VACCINE <7 YRS IM USE	90700	CPT	outpatient			137		Consumer	Consumer		130.15	0.95			41.1	130.15	percent of total billed charges	
DTAP VACCINE <7 YRS IM USE	90700	CPT	outpatient			137		Corrections	Corrections		109.6	0.8			41.1	130.15	percent of total billed charges	
DTAP VACCINE <7 YRS IM USE	90700	CPT	outpatient			137		First Health	First Health		95.9	0.7			41.1	130.15	percent of total billed charges	
DTAP VACCINE <7 YRS IM USE	90700	CPT	outpatient			137		First Trenton	First Trenton		123.3	0.9			41.1	130.15	percent of total billed charges	
DTAP VACCINE <7 YRS IM USE	90700	CPT	outpatient			137		Horizon	Medicare Blue		41.1	0.3			41.1	130.15	percent of total billed charges	
DTAP VACCINE <7 YRS IM USE	90700	CPT	outpatient			137		Horizon	Indemnity		52.44	0.3828			41.1	130.15	percent of total billed charges	
DTAP VACCINE <7 YRS IM USE	90700	CPT	outpatient			137		Horizon	MGD		52.44	0.3828			41.1	130.15	percent of total billed charges	
DTAP VACCINE <7 YRS IM USE	90700	CPT	outpatient			137		Horizon	PPO		52.44	0.3828			41.1	130.15	percent of total billed charges	
DTAP VACCINE <7 YRS IM USE	90700	CPT	outpatient			137		Managed Care Inc	Managed Care Inc		123.3	0.9			41.1	130.15	percent of total billed charges	
DTAP VACCINE <7 YRS IM USE	90700	CPT	outpatient			137		Multiplan	Multiplan		109.6	0.8			41.1	130.15	percent of total billed charges	
DTAP VACCINE <7 YRS IM USE	90700	CPT	outpatient			137		Qualcare	Qualcare		102.75	0.75			41.1	130.15	percent of total billed charges	
DTAP VACCINE <7 YRS IM USE	90700	CPT	outpatient			137		Three Rivers	Three Rivers		130.15	0.95			41.1	130.15	percent of total billed charges	
DTAP VACCINE <7 YRS IM USE	90700	CPT	outpatient			137		UHC	Medicaid		43.1	0.3146			41.1	130.15	percent of total billed charges	
DTAP VACCINE <7 YRS IM USE	90700	CPT	outpatient			137		Wellcare	Medicaid		43.1	0.3146			41.1	130.15	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Aetna	Medicare		35.73	0.308			26.4	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Aetna	Better Health		36.49	0.3146			26.4	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Aetna	Commercial		44.08	0.38			26.4	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Americare	Americare		87	0.75			26.4	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		WellPoint	WellPoint		37.21	0.3208			26.4	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Consumer	Consumer		110.2	0.95			26.4	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Corrections	Corrections		92.8	0.8			26.4	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		First Health	First Health		81.2	0.7			26.4	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		First Trenton	First Trenton		104.4	0.9			26.4	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Horizon	Medicare Blue		34.8	0.3			26.4	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Horizon	NJ Health		96.28	0.83			26.4	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Horizon	MGD		44.4	0.3828			26.4	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Horizon	Indemnity		44.4	0.3828			26.4	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Horizon	PPO		44.4	0.3828			26.4	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Managed Care Inc	Managed Care Inc		104.4	0.9			26.4	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Multiplan	Multiplan		92.8	0.8			26.4	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Qualcare	Qualcare		87	0.75			26.4	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Three Rivers	Three Rivers		110.2	0.95			26.4	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		UHC	Medicaid		36.49	0.3146			26.4	110.2	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90702	CPT	outpatient			116		Wellcare	Medicaid		36.49	0.3146			26.4	110.2	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Aetna	Better Health		107.59	0.3146			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Aetna	Medicare		105.34	0.308			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Aetna	Commercial		129.96	0.38			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Americare	Americare		256.5	0.75			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		WellPoint	WellPoint		109.71	0.3208			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Consumer	Consumer		324.9	0.95			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Corrections	Corrections		273.6	0.8			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		First Health	First Health		239.4	0.7			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		First Trenton	First Trenton		307.8	0.9			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Horizon	MGD		130.92	0.3828			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Horizon	Medicare Blue		102.6	0.3			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Horizon	NJ Health		283.86	0.83			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Horizon	Indemnity		130.92	0.3828			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Horizon	PPO		130.92	0.3828			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Managed Care Inc	Managed Care Inc		307.8	0.9			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Multiplan	Multiplan		273.6	0.8			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Qualcare	Qualcare		256.5	0.75			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Three Rivers	Three Rivers		324.9	0.95			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		UHC	Medicaid		107.59	0.3146			40.5	324.9	percent of total billed charges	
MMR VACCINE	90707	CPT	both			342		Wellcare	Medicaid		107.59	0.3146			40.5	324.9	percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Aetna	Commercial		253.56	1.592			34.61	858.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Aetna	Better Health		284.24	0.3146			34.61	858.33	percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Aetna	Medicare		159.27	1			34.61	858.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Americare	Americare		677.63	0.75			34.61	858.33	percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 WellPoint	WellPoint		289.84	0.3208			34.61	858.33	percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Amerihealth	Medicare		159.27	1			34.61	858.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Consumer	Consumer		858.33	0.95			34.61	858.33	percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Corrections	Corrections		722.8	0.8			34.61	858.33	percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 First Health	First Health		632.45	0.7			34.61	858.33	percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 First Trenton	First Trenton		813.15	0.9			34.61	858.33	percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Horizon	PPO		290.99	1.827			34.61	858.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Horizon	MGD		290.99	1.827			34.61	858.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Horizon	Indemnity		290.99	1.827			34.61	858.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Horizon	Medicare Blue		159.27	1			34.61	858.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Horizon	NJ Health		749.91	0.83			34.61	858.33	percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Managed Care Inc	Managed Care Inc		813.15	0.9			34.61	858.33	percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Multiplan	Multiplan		722.8	0.8			34.61	858.33	percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Qualcare	Qualcare		677.63	0.75			34.61	858.33	percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Three Rivers	Three Rivers		858.33	0.95			34.61	858.33	percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 UHC	Medicaid		284.24	0.3146			34.61	858.33	percent of total billed charges	
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 UHC	Medicare		159.27	1			34.61	858.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Wellcare	Medicare		159.27	1			34.61	858.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOPV (ORAL POLIO)	90710	CPT	outpatient			903.5		183.16 Wellcare	Medicaid		284.24	0.3146			34.61	858.33	percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Aetna	Medicare		56.98	0.308			55.5	175.75	percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Aetna	Better Health		58.2	0.3146			55.5	175.75	percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Aetna	Commercial		70.3	0.38			55.5	175.75	percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Americare	Americare		138.75	0.75			55.5	175.75	percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		WellPoint	WellPoint		59.35	0.3208			55.5	175.75	percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Consumer	Consumer		175.75	0.95			55.5	175.75	percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Corrections	Corrections		148	0.8			55.5	175.75	percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		First Health	First Health		129.5	0.7			55.5	175.75	percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		First Trenton	First Trenton		166.5	0.9			55.5	175.75	percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Horizon	Indemnity		70.82	0.3828			55.5	175.75	percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Horizon	NJ Health		153.55	0.83			55.5	175.75	percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Horizon	Medicare Blue		55.5	0.3			55.5	175.75	percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Horizon	MGD		70.82	0.3828			55.5	175.75	percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Horizon	PPO		70.82	0.3828			55.5	175.75	percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Managed Care Inc	Managed Care Inc		166.5	0.9			55.5	175.75	percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Multiplan	Multiplan		148	0.8			55.5	175.75	percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Qualcare	Qualcare		138.75	0.75			55.5	175.75	percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Three Rivers	Three Rivers		175.75	0.95			55.5	175.75	percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		UHC	Medicaid		58.2	0.3146			55.5	175.75	percent of total billed charges	
POLIOVIRUS (IPOL) INJ	90713	CPT	both			185		Wellcare	Medicaid		58.2	0.3146			55.5	175.75	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141		34.9 Aetna	Better Health		44.36	0.3146			16.05	133.95	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141		34.9 Aetna	Commercial		53.58	0.38			16.05	133.95	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141		34.9 Aetna	Medicare		43.43	0.308			16.05	133.95	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141		34.9 Americare	Americare		105.75	0.75			16.05	133.95	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141		34.9 WellPoint	WellPoint		45.23	0.3208			16.05	133.95	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141		34.9 Amerihealth	Medicare		30.34				16.05	133.95	case rate	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141		34.9 Consumer	Consumer		133.95	0.95			16.05	133.95	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141		34.9 Corrections	Corrections		112.8	0.8			16.05	133.95	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141		34.9 First Health	First Health		98.7	0.7			16.05	133.95	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141		34.9 First Trenton	First Trenton		126.9	0.9			16.05	133.95	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141		34.9 Horizon	Indemnity		53.97	0.3828			16.05	133.95	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141		34.9 Horizon	Medicare Blue		42.3	0.3			16.05	133.95	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141		34.9 Horizon	MGD		53.97	0.3828			16.05	133.95	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141		34.9 Horizon	NJ Health		32.16				16.05	133.95	case rate	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141		34.9 Horizon	PPO		53.97	0.3828			16.05	133.95	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141		34.9 Managed Care Inc	Managed Care Inc		126.9	0.9			16.05	133.95	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141		34.9 Multiplan	Multiplan		112.8	0.8			16.05	133.95	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141		34.9 Qualcare	Qualcare		105.75	0.75			16.05	133.95	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141		34.9 Three Rivers	Three Rivers		133.95	0.95			16.05	133.95	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141		34.9 UHC	Medicaid		44.36	0.3146			16.05	133.95	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141		34.9 UHC	Medicare		30.34				16.05	133.95	case rate	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141		34.9 Wellcare	Medicaid		44.36	0.3146			16.05	133.95	percent of total billed charges	
TETANUS/DIPHTHERIA TOX (>7YRS)	90714	CPT	both			141		34.9 Wellcare	Medicare		30.34				16.05	133.95	case rate	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765		44.05 Aetna	Commercial		290.7	0.38			38.31	726.75	percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765		44.05 Aetna	Better Health		240.67	0.3146			38.31	726.75	percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765		44.05 Aetna	Medicare		38.31				38.31	726.75	case rate	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765		44.05 Americare	Americare		573.75	0.75			38.31	726.75	percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765		44.05 WellPoint	WellPoint		245.41	0.3208			38.31	726.75	percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765		44.05 Amerihealth	Medicare		38.31				38.31	726.75	case rate	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765		44.05 Consumer	Consumer		726.75	0.95			38.31	726.75	percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765		44.05 Corrections	Corrections		612	0.8			38.31	726.75	percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765		44.05 First Health	First Health		535.5	0.7			38.31	726.75	percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765		44.05 First Trenton	First Trenton		688.5	0.9			38.31	726.75	percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765		44.05 Horizon	Indemnity		292.84	0.3828			38.31	726.75	percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765		44.05 Horizon	MGD		292.84	0.3828			38.31	726.75	percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765		44.05 Horizon	Medicare Blue		229.5	0.3			38.31	726.75	percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765		44.05 Horizon	PPO		292.84	0.3828			38.31	726.75	percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765		44.05 Horizon	NJ Health		40.6				38.31	726.75	case rate	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765		44.05 Managed Care Inc	Managed Care Inc		688.5	0.9			38.31	726.75	percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765		44.05 Multiplan	Multiplan		612	0.8			38.31	726.75	percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765		44.05 Qualcare	Qualcare		573.75	0.75			38.31	726.75	percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765		44.05 Three Rivers	Three Rivers		726.75	0.95			38.31	726.75	percent of total billed charges	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765		44.05 UHC	Medicare		38.31				38.31	726.75	case rate	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765		44.05 UHC	Medicaid		240.67	0.3146			38.31	726.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	Wellcare	Medicare		38.31				38.31	726.75	case rate	
TDAP(BOOSTRIX) 0.5ML VACCINE	90715	CPT	both			765	44.05	Wellcare	Medicaid		240.67	0.3146			38.31	726.75	percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Aetna	Better Health		150.69	0.3146			21.9	455.05	percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Aetna	Commercial		182.02	0.38			21.9	455.05	percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Aetna	Medicare		133.47				21.9	455.05	case rate	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Americare	Americare		359.25	0.75			21.9	455.05	percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	WellPoint	WellPoint		153.66	0.3208			21.9	455.05	percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Amerihealth	Medicare		133.47				21.9	455.05	case rate	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Consumer	Consumer		455.05	0.95			21.9	455.05	percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Corrections	Corrections		383.2	0.8			21.9	455.05	percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	First Health	First Health		335.3	0.7			21.9	455.05	percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	First Trenton	First Trenton		431.1	0.9			21.9	455.05	percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Horizon	Indemnity		183.36	0.3828			21.9	455.05	percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Horizon	Medicare Blue		143.7	0.3			21.9	455.05	percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Horizon	NJ Health		141.48				21.9	455.05	case rate	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Horizon	MGD		183.36	0.3828			21.9	455.05	percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Horizon	PPO		183.36	0.3828			21.9	455.05	percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Managed Care Inc	Managed Care Inc		431.1	0.9			21.9	455.05	percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Multiplan	Multiplan		383.2	0.8			21.9	455.05	percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Qualcare	Qualcare		359.25	0.75			21.9	455.05	percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Three Rivers	Three Rivers		455.05	0.95			21.9	455.05	percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	UHC	Medicaid		150.69	0.3146			21.9	455.05	percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	UHC	Medicare		133.47				21.9	455.05	case rate	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Wellcare	Medicaid		150.69	0.3146			21.9	455.05	percent of total billed charges	
PREVNAR INJ 0.5ML	90732	CPT	both			479	153.49	Wellcare	Medicare		133.47				21.9	455.05	case rate	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Aetna	Commercial		197.98	0.38			135	494.95	percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Aetna	Better Health		163.91	0.3146			135	494.95	percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Aetna	Medicare		160.47	0.308			135	494.95	percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Americare	Americare		390.75	0.75			135	494.95	percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		WellPoint	WellPoint		167.14	0.3208			135	494.95	percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Consumer	Consumer		494.95	0.95			135	494.95	percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Corrections	Corrections		416.8	0.8			135	494.95	percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		First Health	First Health		364.7	0.7			135	494.95	percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		First Trenton	First Trenton		468.9	0.9			135	494.95	percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Horizon	MGD		199.44	0.3828			135	494.95	percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Horizon	Medicare Blue		156.3	0.3			135	494.95	percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Horizon	Indemnity		199.44	0.3828			135	494.95	percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Horizon	PPO		199.44	0.3828			135	494.95	percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			450		Horizon	NJ Health		373.5	0.83			135	494.95	percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Managed Care Inc	Managed Care Inc		468.9	0.9			135	494.95	percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Multiplan	Multiplan		416.8	0.8			135	494.95	percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Qualcare	Qualcare		390.75	0.75			135	494.95	percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Three Rivers	Three Rivers		494.95	0.95			135	494.95	percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		UHC	Medicaid		163.91	0.3146			135	494.95	percent of total billed charges	
MENINGOCOCCAL W-135 A/C/Y/W SQ	90733	CPT	outpatient			521		Wellcare	Medicaid		163.91	0.3146			135	494.95	percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Aetna	Better Health		173.5	0.3146			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Aetna	Commercial		209.57	0.38			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Aetna	Medicare		169.86	0.308			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Americare	Americare		413.63	0.75			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		WellPoint	WellPoint		176.92	0.3208			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Consumer	Consumer		523.93	0.95			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Corrections	Corrections		441.2	0.8			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		First Health	First Health		386.05	0.7			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		First Trenton	First Trenton		496.35	0.9			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Horizon	MGD		211.11	0.3828			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Horizon	NJ Health		457.75	0.83			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Horizon	Medicare Blue		165.45	0.3			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Horizon	Indemnity		211.11	0.3828			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Horizon	PPO		211.11	0.3828			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Managed Care Inc	Managed Care Inc		496.35	0.9			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Multiplan	Multiplan		441.2	0.8			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Qualcare	Qualcare		413.63	0.75			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Three Rivers	Three Rivers		523.93	0.95			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		UHC	Medicaid		173.5	0.3146			165.45	523.93	percent of total billed charges	
MENINGOCOCCAL/DIPTHERIA IM	90734	CPT	both			551.5		Wellcare	Medicaid		173.5	0.3146			165.45	523.93	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5	184.33	Aetna	Commercial		184.87	0.38			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5	184.33	Aetna	Medicare		160.28				145.95	462.18	case rate	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5	184.33	Aetna	Better Health		153.05	0.3146			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5	184.33	Americare	Americare		364.88	0.75			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5	184.33	WellPoint	WellPoint		156.07	0.3208			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5	184.33	Amerihealth	Medicare		160.28				145.95	462.18	case rate	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5	184.33	Consumer	Consumer		462.18	0.95			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5	184.33	Corrections	Corrections		389.2	0.8			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5	184.33	First Health	First Health		340.55	0.7			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5	184.33	First Trenton	First Trenton		437.85	0.9			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5	184.33	Horizon	MGD		186.23	0.3828			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5	184.33	Horizon	NJ Health		169.9				145.95	462.18	case rate	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5	184.33	Horizon	Indemnity		186.23	0.3828			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5	184.33	Horizon	Medicare Blue		145.95	0.3			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5	184.33	Horizon	PPO		186.23	0.3828			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5	184.33	Managed Care Inc	Managed Care Inc		437.85	0.9			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5	184.33	Multiplan	Multiplan		389.2	0.8			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5	184.33	Qualcare	Qualcare		364.88	0.75			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5	184.33	Three Rivers	Three Rivers		462.18	0.95			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5	184.33	UHC	Medicare		160.28				145.95	462.18	case rate	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5	184.33	UHC	Medicaid		153.05	0.3146			145.95	462.18	percent of total billed charges	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5	184.33	Wellcare	Medicare		160.28				145.95	462.18	case rate	
HEPATITIS B VACC(HEPLISAV) 0.5ML VIAL	90739	CPT	outpatient			486.5	184.33	Wellcare	Medicaid		153.05	0.3146			145.95	462.18	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229	35.39	Aetna	Commercial		87.02	0.38			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229	35.39	Aetna	Better Health		72.04	0.3146			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229	35.39	Aetna	Medicare		30.77				30.77	217.55	case rate	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229	35.39	Americare	Americare		171.75	0.75			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229	35.39	WellPoint	WellPoint		73.46	0.3208			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229	35.39	Amerihealth	Medicare		30.77				30.77	217.55	case rate	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229	35.39	Consumer	Consumer		217.55	0.95			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229	35.39	Corrections	Corrections		183.2	0.8			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229	35.39	First Health	First Health		160.3	0.7			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229	35.39	First Trenton	First Trenton		206.1	0.9			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229	35.39	Horizon	NJ Health		32.62				30.77	217.55	case rate	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229	35.39	Horizon	Indemnity		87.66	0.3828			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229	35.39	Horizon	MGD		87.66	0.3828			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229	35.39	Horizon	Medicare Blue		68.7	0.3			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229	35.39	Horizon	PPO		87.66	0.3828			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229	35.39	Managed Care Inc	Managed Care Inc		206.1	0.9			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229	35.39	Multiplan	Multiplan		183.2	0.8			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229	35.39	Qualcare	Qualcare		171.75	0.75			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229	35.39	Three Rivers	Three Rivers		217.55	0.95			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229	35.39	UHC	Medicare		30.77				30.77	217.55	case rate	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229	35.39	UHC	Medicaid		72.04	0.3146			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229	35.39	Wellcare	Medicaid		72.04	0.3146			30.77	217.55	percent of total billed charges	
HEPATITIS B VAC PED/DOL IM	90744	CPT	both			229	35.39	Wellcare	Medicare		30.77				30.77	217.55	case rate	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5	80.93	Aetna	Better Health		410.08	0.3146			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5	80.93	Aetna	Medicare		70.38				70.38	1238.33	case rate	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5	80.93	Aetna	Commercial		495.33	0.38			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5	80.93	Americare	Americare		977.63	0.75			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5	80.93	WellPoint	WellPoint		418.16	0.3208			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5	80.93	Amerihealth	Medicare		70.38				70.38	1238.33	case rate	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5	80.93	Consumer	Consumer		1238.33	0.95			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5	80.93	Corrections	Corrections		1042.8	0.8			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5	80.93	First Health	First Health		912.45	0.7			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5	80.93	First Trenton	First Trenton		1173.15	0.9			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5	80.93	Horizon	Medicare Blue		391.05	0.3			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5	80.93	Horizon	MGD		498.98	0.3828			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5	80.93	Horizon	Indemnity		498.98	0.3828			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5	80.93	Horizon	NJ Health		74.6				70.38	1238.33	case rate	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5	80.93	Horizon	PPO		498.98	0.3828			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5	80.93	Managed Care Inc	Managed Care Inc		1173.15	0.9			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5	80.93	Multiplan	Multiplan		1042.8	0.8			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5	80.93	Qualcare	Qualcare		977.63	0.75			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5	80.93	Three Rivers	Three Rivers		1238.33	0.95			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5	80.93	UHC	Medicare		70.38				70.38	1238.33	case rate	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5	80.93	UHC	Medicaid		410.08	0.3146			70.38	1238.33	percent of total billed charges	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5	80.93	Wellcare	Medicare		70.38				70.38	1238.33	case rate	
HEPATITIS B VAC ADULT	90746	CPT	both			1303.5	80.93	Wellcare	Medicaid		410.08	0.3146			70.38	1238.33	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495		Aetna	Better Health		155.73	0.3146			148.5	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495		Aetna	Medicare		152.46	0.308			148.5	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495		Aetna	Commercial		188.1	0.38			148.5	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495		Americare	Americare		371.25	0.75			148.5	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495		WellPoint	WellPoint		158.8	0.3208			148.5	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495		Consumer	Consumer		470.25	0.95			148.5	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495		Corrections	Corrections		396	0.8			148.5	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495		First Health	First Health		346.5	0.7			148.5	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495		First Trenton	First Trenton		445.5	0.9			148.5	470.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495		Horizon	Medicare Blue		148.5				148.5	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495		Horizon	NJ Health		410.85				148.5	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495		Horizon	MGD		189.49	0.3828			148.5	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495		Horizon	Indemnity		189.49	0.3828			148.5	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495		Horizon	PPO		189.49	0.3828			148.5	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495		Managed Care Inc	Managed Care Inc		445.5	0.9			148.5	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495		Multiplan	Multiplan		396	0.8			148.5	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495		Qualcare	Qualcare		371.25	0.75			148.5	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495		Three Rivers	Three Rivers		470.25	0.95			148.5	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495		UHC	Medicaid		155.73	0.3146			148.5	470.25	percent of total billed charges	
HEP.B VACC DIALYSIS/IMMUNSUPP PT ANY	90748	CPT	outpatient			495		Wellcare	Medicaid		155.73	0.3146			148.5	470.25	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55		Aetna	Commercial		20.9	0.38			16.5	52.25	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55		Aetna	Medicare		16.94	0.308			16.5	52.25	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55		Aetna	Better Health		17.3	0.3146			16.5	52.25	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55		Americare	Americare		41.25	0.75			16.5	52.25	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55		WellPoint	WellPoint		17.64	0.3208			16.5	52.25	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55		Consumer	Consumer		52.25	0.95			16.5	52.25	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55		Corrections	Corrections		44	0.8			16.5	52.25	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55		First Health	First Health		38.5	0.7			16.5	52.25	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55		First Trenton	First Trenton		49.5	0.9			16.5	52.25	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55		Horizon	MGD		21.05	0.3828			16.5	52.25	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55		Horizon	Medicare Blue		16.5	0.3			16.5	52.25	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55		Horizon	NJ Health		45.65	0.83			16.5	52.25	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55		Horizon	Indemnity		21.05	0.3828			16.5	52.25	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55		Horizon	PPO		21.05	0.3828			16.5	52.25	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55		Managed Care Inc	Managed Care Inc		49.5	0.9			16.5	52.25	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55		Multiplan	Multiplan		44	0.8			16.5	52.25	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55		Qualcare	Qualcare		41.25	0.75			16.5	52.25	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55		Three Rivers	Three Rivers		52.25	0.95			16.5	52.25	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55		UHC	Medicaid		17.3	0.3146			16.5	52.25	percent of total billed charges	
IPV (INACTIVATED POLIO)	90749	CPT	outpatient			55		Wellcare	Medicaid		17.3	0.3146			16.5	52.25	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	outpatient			607		Aetna	Commercial		230.66	0.38			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	outpatient			607		Aetna	Medicare		186.96	0.308			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	outpatient			607		Aetna	Better Health		190.96	0.3146			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	outpatient			607		Americare	Americare		455.25	0.75			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	outpatient			607		WellPoint	WellPoint		194.73	0.3208			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	outpatient			607		Consumer	Consumer		576.65	0.95			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	outpatient			607		Corrections	Corrections		485.6	0.8			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	outpatient			607		First Health	First Health		424.9	0.7			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	outpatient			607		First Trenton	First Trenton		546.3	0.9			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	outpatient			607		Horizon	Medicare Blue		182.1	0.3			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	outpatient			607		Horizon	Indemnity		232.36	0.3828			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	outpatient			607		Horizon	MGD		232.36	0.3828			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	outpatient			607		Horizon	PPO		232.36	0.3828			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	outpatient			607		Horizon	NJ Health		503.81	0.83			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	outpatient			607		Managed Care Inc	Managed Care Inc		546.3	0.9			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	outpatient			607		Multiplan	Multiplan		485.6	0.8			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	outpatient			607		Qualcare	Qualcare		455.25	0.75			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	outpatient			607		Three Rivers	Three Rivers		576.65	0.95			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	outpatient			607		UHC	Medicaid		190.96	0.3146			182.1	576.65	percent of total billed charges	
VARICELLA-ZOSTER(SHINGRIX) 0.5ML VACC	90750	CPT	outpatient			607		Wellcare	Medicaid		190.96	0.3146			182.1	576.65	percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532	209.69	Aetna	Commercial		290.29	1.592			161.7	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532	209.69	Aetna	Better Health		167.37	0.3146			161.7	505.4	percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532	209.69	Aetna	Medicare		163.86	0.308			161.7	505.4	percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532	209.69	Americare	Americare		399	0.75			161.7	505.4	percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532	209.69	WellPoint	WellPoint		170.67	0.3208			161.7	505.4	percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532	209.69	Amerihealth	Medicare		182.34	1			161.7	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532	209.69	Consumer	Consumer		505.4	0.95			161.7	505.4	percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532	209.69	Corrections	Corrections		425.6	0.8			161.7	505.4	percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532	209.69	First Health	First Health		372.4	0.7			161.7	505.4	percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532	209.69	First Trenton	First Trenton		478.8	0.9			161.7	505.4	percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532	209.69	Horizon	Indemnity		333.14	1.827			161.7	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532	209.69	Horizon	Medicare Blue		182.34	1			161.7	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532	209.69	Horizon	PPO		333.14	1.827			161.7	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532	209.69	Horizon	MGD		333.14	1.827			161.7	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532	209.69	Managed Care Inc	Managed Care Inc		478.8	0.9			161.7	505.4	percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532	209.69	Multiplan	Multiplan		425.6	0.8			161.7	505.4	percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532	209.69	Qualcare	Qualcare		399	0.75			161.7	505.4	percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532	209.69	Three Rivers	Three Rivers		505.4	0.95			161.7	505.4	percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532	209.69	UHC	Medicare		182.34	1			161.7	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532	209.69	UHC	Medicaid		167.37	0.3146			161.7	505.4	percent of total billed charges	
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532	209.69	Wellcare	Medicare		182.34	1			161.7	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PSYCH DIAGNOS.INTERVIEW EXAM	90791	CPT	outpatient			532	209.69	Wellcare	Medicaid		167.37	0.3146			161.7	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532	209.69	Aetna	Medicare		182.34	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532	209.69	Aetna	Better Health		167.37	0.3146			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532	209.69	Aetna	Commercial		290.29	1.592			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532	209.69	Americare	Americare		399	0.75			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532	209.69	WellPoint	WellPoint		170.67	0.3208			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532	209.69	Amerihealth	Medicare		182.34	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532	209.69	Consumer	Consumer		505.4	0.95			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532	209.69	Corrections	Corrections		425.6	0.8			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532	209.69	First Health	First Health		372.4	0.7			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532	209.69	First Trenton	First Trenton		478.8	0.9			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532	209.69	Horizon	MGD		333.14	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532	209.69	Horizon	Indemnity		333.14	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532	209.69	Horizon	PPO		333.14	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532	209.69	Horizon	Medicare Blue		182.34	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532	209.69	Managed Care Inc	Managed Care Inc		478.8	0.9			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532	209.69	Multiplan	Multiplan		425.6	0.8			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532	209.69	Qualcare	Qualcare		399	0.75			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532	209.69	Three Rivers	Three Rivers		505.4	0.95			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532	209.69	UHC	Medicare		182.34	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532	209.69	UHC	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532	209.69	Wellcare	Medicare		182.34	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 30 MIN	90832	CPT	outpatient			532	209.69	Wellcare	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532	209.69	Aetna	Commercial		290.29	1.592			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532	209.69	Aetna	Medicare		182.34	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532	209.69	Aetna	Better Health		167.37	0.3146			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532	209.69	Americare	Americare		399	0.75			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532	209.69	WellPoint	WellPoint		170.67	0.3208			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532	209.69	Amerihealth	Medicare		182.34	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532	209.69	Consumer	Consumer		505.4	0.95			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532	209.69	Corrections	Corrections		425.6	0.8			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532	209.69	First Health	First Health		372.4	0.7			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532	209.69	First Trenton	First Trenton		478.8	0.9			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532	209.69	Horizon	Medicare Blue		182.34	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532	209.69	Horizon	PPO		333.14	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532	209.69	Horizon	Indemnity		333.14	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532	209.69	Horizon	MGD		333.14	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532	209.69	Managed Care Inc	Managed Care Inc		478.8	0.9			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532	209.69	Multiplan	Multiplan		425.6	0.8			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532	209.69	Qualcare	Qualcare		399	0.75			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532	209.69	Three Rivers	Three Rivers		505.4	0.95			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532	209.69	UHC	Medicare		182.34	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532	209.69	UHC	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532	209.69	Wellcare	Medicare		182.34	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 45 MIN	90834	CPT	outpatient			532	209.69	Wellcare	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532	209.69	Aetna	Better Health		167.37	0.3146			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532	209.69	Aetna	Commercial		290.29	1.592			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532	209.69	Aetna	Medicare		182.34	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532	209.69	Americare	Americare		399	0.75			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532	209.69	WellPoint	WellPoint		170.67	0.3208			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532	209.69	Amerihealth	Medicare		182.34	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532	209.69	Consumer	Consumer		505.4	0.95			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532	209.69	Corrections	Corrections		425.6	0.8			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532	209.69	First Health	First Health		372.4	0.7			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532	209.69	First Trenton	First Trenton		478.8	0.9			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532	209.69	Horizon	MGD		333.14	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532	209.69	Horizon	Indemnity		333.14	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532	209.69	Horizon	Medicare Blue		182.34	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532	209.69	Horizon	PPO		333.14	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532	209.69	Managed Care Inc	Managed Care Inc		478.8	0.9			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532	209.69	Multiplan	Multiplan		425.6	0.8			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532	209.69	Qualcare	Qualcare		399	0.75			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532	209.69	Three Rivers	Three Rivers		505.4	0.95			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532	209.69	UHC	Medicare		182.34	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532	209.69	UHC	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532	209.69	Wellcare	Medicare		182.34	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDIVIDUAL THERAPY 60 MIN	90837	CPT	outpatient			532	209.69	Wellcare	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279	117.23	Aetna	Commercial		162.29	1.592			87.77	265.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279	117.23	Aetna	Better Health		87.77	0.3146			87.77	265.05	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279	117.23	Aetna	Medicare		101.94	1			87.77	265.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279	117.23	Americare	Americare		209.25	0.75			87.77	265.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279	117.23	WellPoint	WellPoint		89.5	0.3208			87.77	265.05	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279	117.23	AmeriHealth	Medicare		101.94	1			87.77	265.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279	117.23	Consumer	Consumer		265.05	0.95			87.77	265.05	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279	117.23	Corrections	Corrections		223.2	0.8			87.77	265.05	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279	117.23	First Health	First Health		195.3	0.7			87.77	265.05	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279	117.23	First Trenton	First Trenton		251.1	0.9			87.77	265.05	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279	117.23	Horizon	MGD		186.24	1.827			87.77	265.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279	117.23	Horizon	Indemnity		186.24	1.827			87.77	265.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279	117.23	Horizon	Medicare Blue		101.94	1			87.77	265.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279	117.23	Horizon	PPO		186.24	1.827			87.77	265.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279	117.23	Managed Care Inc	Managed Care Inc		251.1	0.9			87.77	265.05	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279	117.23	Multiplan	Multiplan		223.2	0.8			87.77	265.05	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279	117.23	Qualcare	Qualcare		209.25	0.75			87.77	265.05	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279	117.23	Three Rivers	Three Rivers		265.05	0.95			87.77	265.05	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279	117.23	UHC	Medicaid		87.77	0.3146			87.77	265.05	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279	117.23	UHC	Medicare		101.94	1			87.77	265.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279	117.23	Wellcare	Medicaid		87.77	0.3146			87.77	265.05	percent of total billed charges	
GROUP PSYCHOTHERAPY	90853	CPT	outpatient			279	117.23	Wellcare	Medicare		101.94	1			87.77	265.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Aetna	Commercial		685.14	0.38			540.9	1712.85	percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Aetna	Medicare		555.32	0.308			540.9	1712.85	percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Aetna	Better Health		567.22	0.3146			540.9	1712.85	percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Americare	Americare		1352.25	0.75			540.9	1712.85	percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		WellPoint	WellPoint		578.4	0.3208			540.9	1712.85	percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Consumer	Consumer		1712.85	0.95			540.9	1712.85	percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Corrections	Corrections		1442.4	0.8			540.9	1712.85	percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		First Health	First Health		1262.1	0.7			540.9	1712.85	percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		First Trenton	First Trenton		1622.7	0.9			540.9	1712.85	percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Horizon	Indemnity		690.19	0.3828			540.9	1712.85	percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Horizon	PPO		690.19	0.3828			540.9	1712.85	percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Horizon	MGD		690.19	0.3828			540.9	1712.85	percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Horizon	Medicare Blue		540.9	0.3			540.9	1712.85	percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Managed Care Inc	Managed Care Inc		1622.7	0.9			540.9	1712.85	percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Multiplan	Multiplan		1442.4	0.8			540.9	1712.85	percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Qualcare	Qualcare		1352.25	0.75			540.9	1712.85	percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Three Rivers	Three Rivers		1712.85	0.95			540.9	1712.85	percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		UHC	Medicaid		567.22	0.3146			540.9	1712.85	percent of total billed charges	
DRUG MANAGEMENT	90863	CPT	outpatient			1803		Wellcare	Medicaid		567.22	0.3146			540.9	1712.85	percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	both			1912	704.94	Aetna	Better Health		601.52	0.3146			601.52	1816.4	percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	both			1912	704.94	Aetna	Medicare		612.99	1			601.52	1816.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELCTROCONVULSIVE THERAPY	90870	CPT	both			1912	704.94	Aetna	Commercial		975.88	1.592			601.52	1816.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELCTROCONVULSIVE THERAPY	90870	CPT	both			1912	704.94	Americare	Americare		1434	0.75			601.52	1816.4	percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	both			1912	704.94	WellPoint	WellPoint		613.37	0.3208			601.52	1816.4	percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	both			1912	704.94	Amerihealth	Medicare		612.99	1			601.52	1816.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELCTROCONVULSIVE THERAPY	90870	CPT	both			1912	704.94	Consumer	Consumer		1816.4	0.95			601.52	1816.4	percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	both			1912	704.94	Corrections	Corrections		1529.6	0.8			601.52	1816.4	percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	both			1912	704.94	First Health	First Health		1338.4	0.7			601.52	1816.4	percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	both			1912	704.94	First Trenton	First Trenton		1720.8	0.9			601.52	1816.4	percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	both			1912	704.94	Horizon	MGD		1119.93	1.827			601.52	1816.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELCTROCONVULSIVE THERAPY	90870	CPT	both			1912	704.94	Horizon	Indemnity		1119.93	1.827			601.52	1816.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELCTROCONVULSIVE THERAPY	90870	CPT	both			1912	704.94	Horizon	Medicare Blue		612.99	1			601.52	1816.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELCTROCONVULSIVE THERAPY	90870	CPT	both			1912	704.94	Horizon	PPO		1119.93	1.827			601.52	1816.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELCTROCONVULSIVE THERAPY	90870	CPT	both			1912	704.94	Managed Care Inc	Managed Care Inc		1720.8	0.9			601.52	1816.4	percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	both			1912	704.94	Multiplan	Multiplan		1529.6	0.8			601.52	1816.4	percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	both			1912	704.94	Qualcare	Qualcare		1434	0.75			601.52	1816.4	percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	both			1912	704.94	Three Rivers	Three Rivers		1816.4	0.95			601.52	1816.4	percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	both			1912	704.94	UHC	Medicare		612.99	1			601.52	1816.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELCTROCONVULSIVE THERAPY	90870	CPT	both			1912	704.94	UHC	Medicaid		601.52	0.3146			601.52	1816.4	percent of total billed charges	
ELCTROCONVULSIVE THERAPY	90870	CPT	both			1912	704.94	Wellcare	Medicare		612.99	1			601.52	1816.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELCTROCONVULSIVE THERAPY	90870	CPT	both			1912	704.94	Wellcare	Medicaid		601.52	0.3146			601.52	1816.4	percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Aetna	Better Health		93.75	0.3146			89.4	283.1	percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Aetna	Medicare		91.78	0.308			89.4	283.1	percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Aetna	Commercial		113.24	0.38			89.4	283.1	percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Americare	Americare		223.5	0.75			89.4	283.1	percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		WellPoint	WellPoint		95.6	0.3208			89.4	283.1	percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Consumer	Consumer		283.1	0.95			89.4	283.1	percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Corrections	Corrections		238.4	0.8			89.4	283.1	percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		First Health	First Health		208.6	0.7			89.4	283.1	percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		First Trenton	First Trenton		268.2	0.9			89.4	283.1	percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Horizon	Medicare Blue		89.4	0.3			89.4	283.1	percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Horizon	MGD		114.07	0.3828			89.4	283.1	percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Horizon	Indemnity		114.07	0.3828			89.4	283.1	percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Horizon	PPO		114.07	0.3828			89.4	283.1	percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Managed Care Inc	Managed Care Inc		268.2	0.9			89.4	283.1	percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Multiplan	Multiplan		238.4	0.8			89.4	283.1	percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Qualcare	Qualcare		223.5	0.75			89.4	283.1	percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Three Rivers	Three Rivers		283.1	0.95			89.4	283.1	percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		UHC	Medicaid		93.75	0.3146			89.4	283.1	percent of total billed charges	
BIOFEEDBACK	90901	CPT	both			298		Wellcare	Medicaid		93.75	0.3146			89.4	283.1	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	both			2772	919.08	Aetna	Better Health		872.07	0.3146			793.74	2633.4	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	both			2772	919.08	Aetna	Commercial		1272.33	1.592			793.74	2633.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	both			2772	919.08	Aetna	Medicare		799.2	1			793.74	2633.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	both			2772	919.08	Americare	Americare		2079	0.75			793.74	2633.4	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	both			2772	919.08	WellPoint	WellPoint		889.26	0.3208			793.74	2633.4	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	both			2772	919.08	Amerihealth	Medicare		799.2	1			793.74	2633.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	both			2772	919.08	Consumer	Consumer		2633.4	0.95			793.74	2633.4	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	both			2772	919.08	Corrections	Corrections		2217.6	0.8			793.74	2633.4	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	both			2772	919.08	First Health	First Health		1940.4	0.7			793.74	2633.4	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	both			2772	919.08	First Trenton	First Trenton		2494.8	0.9			793.74	2633.4	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	both			2772	919.08	Horizon	Medicare Blue		799.2	1			793.74	2633.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	both			2772	919.08	Horizon	Indemnity		1460.14	1.827			793.74	2633.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	both			2772	919.08	Horizon	MGD		1460.14	1.827			793.74	2633.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	both			2772	919.08	Horizon	PPO		1460.14	1.827			793.74	2633.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	both			2772	919.08	Managed Care Inc	Managed Care Inc		2494.8	0.9			793.74	2633.4	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	both			2772	919.08	Multiplan	Multiplan		2217.6	0.8			793.74	2633.4	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	both			2772	919.08	Qualcare	Qualcare		2079	0.75			793.74	2633.4	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	both			2772	919.08	Three Rivers	Three Rivers		2633.4	0.95			793.74	2633.4	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	both			2772	919.08	UHC	Medicaid		872.07	0.3146			793.74	2633.4	percent of total billed charges	
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	both			2772	919.08	UHC	Medicare		799.2	1			793.74	2633.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	both			2772	919.08	Wellcare	Medicare		799.2	1			793.74	2633.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS PROCEDURE W/SINGLE EVAL BY	90935	CPT	both			2772	919.08	Wellcare	Medicaid		872.07	0.3146			793.74	2633.4	percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895	704.94	Aetna	Medicare		612.99	1			596.17	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895	704.94	Aetna	Commercial		975.88	1.592			596.17	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895	704.94	Aetna	Better Health		596.17	0.3146			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895	704.94	Americare	Americare		1421.25	0.75			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895	704.94	WellPoint	WellPoint		607.92	0.3208			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895	704.94	Amerihealth	Medicare		612.99	1			596.17	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895	704.94	Consumer	Consumer		1800.25	0.95			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895	704.94	Corrections	Corrections		1516	0.8			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895	704.94	First Health	First Health		1326.5	0.7			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895	704.94	First Trenton	First Trenton		1705.5	0.9			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895	704.94	Horizon	Medicare Blue		612.99	1			596.17	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895	704.94	Horizon	Indemnity		1119.93	1.827			596.17	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895	704.94	Horizon	MGD		1119.93	1.827			596.17	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895	704.94	Horizon	PPO		1119.93	1.827			596.17	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895	704.94	Managed Care Inc	Managed Care Inc		1705.5	0.9			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895	704.94	Multiplan	Multiplan		1516	0.8			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895	704.94	Qualcare	Qualcare		1421.25	0.75			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895	704.94	Three Rivers	Three Rivers		1800.25	0.95			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895	704.94	UHC	Medicaid		596.17	0.3146			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895	704.94	UHC	Medicare		612.99	1			596.17	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895	704.94	Wellcare	Medicare		612.99	1			596.17	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL MOTILITY	91010	CPT	outpatient			1895	704.94	Wellcare	Medicaid		596.17	0.3146			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Aetna	Commercial		559.36	0.38			441.6	1398.4	percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Aetna	Medicare		453.38	0.308			441.6	1398.4	percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Aetna	Better Health		463.09	0.3146			441.6	1398.4	percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Americare	Americare		1104	0.75			441.6	1398.4	percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		WellPoint	WellPoint		472.22	0.3208			441.6	1398.4	percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Consumer	Consumer		1398.4	0.95			441.6	1398.4	percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Corrections	Corrections		1177.6	0.8			441.6	1398.4	percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		First Health	First Health		1030.4	0.7			441.6	1398.4	percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		First Trenton	First Trenton		1324.8	0.9			441.6	1398.4	percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Horizon	Indemnity		563.48	0.3828			441.6	1398.4	percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Horizon	MGD		563.48	0.3828			441.6	1398.4	percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Horizon	Medicare Blue		441.6	0.3			441.6	1398.4	percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Horizon	PPO		563.48	0.3828			441.6	1398.4	percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Managed Care Inc	Managed Care Inc		1324.8	0.9			441.6	1398.4	percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Multiplan	Multiplan		1177.6	0.8			441.6	1398.4	percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Qualcare	Qualcare		1104	0.75			441.6	1398.4	percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Three Rivers	Three Rivers		1398.4	0.95			441.6	1398.4	percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		UHC	Medicaid		463.09	0.3146			441.6	1398.4	percent of total billed charges	
ESOPHAGEAL MOTILITY W/ACIC PERFUSION	91013	CPT	outpatient			1472		Wellcare	Medicaid		463.09	0.3146			441.6	1398.4	percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229	704.94	Aetna	Better Health		386.64	0.3146			386.64	1167.55	percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229	704.94	Aetna	Commercial		975.88	1.592			386.64	1167.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229	704.94	Aetna	Medicare		612.99				386.64	1167.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229	704.94	Americare	Americare		921.75	0.75			386.64	1167.55	percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229	704.94	WellPoint	WellPoint		394.26	0.3208			386.64	1167.55	percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229	704.94	Amerihealth	Medicare		612.99	1			386.64	1167.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229	704.94	Consumer	Consumer		1167.55	0.95			386.64	1167.55	percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229	704.94	Corrections	Corrections		983.2	0.8			386.64	1167.55	percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229	704.94	First Health	First Health		860.3	0.7			386.64	1167.55	percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229	704.94	First Trenton	First Trenton		1106.1	0.9			386.64	1167.55	percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229	704.94	Horizon	MGD		1119.93	1.827			386.64	1167.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229	704.94	Horizon	Medicare Blue		612.99	1			386.64	1167.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229	704.94	Horizon	Indemnity		1119.93	1.827			386.64	1167.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229	704.94	Horizon	PPO		1119.93	1.827			386.64	1167.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229	704.94	Managed Care Inc	Managed Care Inc		1106.1	0.9			386.64	1167.55	percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229	704.94	Multiplan	Multiplan		983.2	0.8			386.64	1167.55	percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229	704.94	Qualcare	Qualcare		921.75	0.75			386.64	1167.55	percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229	704.94	Three Rivers	Three Rivers		1167.55	0.95			386.64	1167.55	percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229	704.94	UHC	Medicare		612.99	1			386.64	1167.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229	704.94	UHC	Medicaid		386.64	0.3146			386.64	1167.55	percent of total billed charges	
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229	704.94	Wellcare	Medicare		612.99	1			386.64	1167.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGOGASTRIC MANOMETRIC STD	91020	CPT	outpatient			1229	704.94	Wellcare	Medicaid		386.64	0.3146			386.64	1167.55	percent of total billed charges	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517	704.94	Aetna	Better Health		477.25	0.3146			477.25	1441.15	percent of total billed charges	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517	704.94	Aetna	Commercial		975.88	1.592			477.25	1441.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517	704.94	Aetna	Medicare		612.99	1			477.25	1441.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517	704.94	Americare	Americare		1137.75	0.75			477.25	1441.15	percent of total billed charges	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517	704.94	WellPoint	WellPoint		486.65	0.3208			477.25	1441.15	percent of total billed charges	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517	704.94	Amerihealth	Medicare		612.99	1			477.25	1441.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517	704.94	Consumer	Consumer		1441.15	0.95			477.25	1441.15	percent of total billed charges	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517	704.94	Corrections	Corrections		1213.6	0.8			477.25	1441.15	percent of total billed charges	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517	704.94	First Health	First Health		1061.9	0.7			477.25	1441.15	percent of total billed charges	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517	704.94	First Trenton	First Trenton		1365.3	0.9			477.25	1441.15	percent of total billed charges	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517	704.94	Horizon	MGD		1119.93	1.827			477.25	1441.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517	704.94	Horizon	Medicare Blue		612.99	1			477.25	1441.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517	704.94	Horizon	Indemnity		1119.93	1.827			477.25	1441.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517	704.94	Horizon	PPO		1119.93	1.827			477.25	1441.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517	704.94	Managed Care Inc	Managed Care Inc		1365.3	0.9			477.25	1441.15	percent of total billed charges	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517	704.94	Multiplan	Multiplan		1213.6	0.8			477.25	1441.15	percent of total billed charges	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517	704.94	Qualcare	Qualcare		1137.75	0.75			477.25	1441.15	percent of total billed charges	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517	704.94	Three Rivers	Three Rivers		1441.15	0.95			477.25	1441.15	percent of total billed charges	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517	704.94	UHC	Medicare		612.99	1			477.25	1441.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517	704.94	UHC	Medicaid		477.25	0.3146			477.25	1441.15	percent of total billed charges	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517	704.94	Wellcare	Medicaid		477.25	0.3146			477.25	1441.15	percent of total billed charges	
ESOPHAGUS (BERNSTEIN TEST)	91030	CPT	outpatient			1517	704.94	Wellcare	Medicare		612.99	1			477.25	1441.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGUS ACID REFLUX TEST	91034	CPT	outpatient			1100	704.94	Aetna	Commercial		975.88	1.592			338.8	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGUS ACID REFLUX TEST	91034	CPT	outpatient			1100	704.94	Aetna	Better Health		346.06	0.3146			338.8	1119.93	percent of total billed charges	
ESOPHAGUS ACID REFLUX TEST	91034	CPT	outpatient			1100	704.94	Aetna	Medicare		338.8	0.308			338.8	1119.93	percent of total billed charges	
ESOPHAGUS ACID REFLUX TEST	91034	CPT	outpatient			1100	704.94	Americare	Americare		825	0.75			338.8	1119.93	percent of total billed charges	
ESOPHAGUS ACID REFLUX TEST	91034	CPT	outpatient			1100	704.94	WellPoint	WellPoint		352.88	0.3208			338.8	1119.93	percent of total billed charges	
ESOPHAGUS ACID REFLUX TEST	91034	CPT	outpatient			1100	704.94	Amerihealth	Medicare		612.99	1			338.8	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGUS ACID REFLUX TEST	91034	CPT	outpatient			1100	704.94	Consumer	Consumer		1045	0.95			338.8	1119.93	percent of total billed charges	
ESOPHAGUS ACID REFLUX TEST	91034	CPT	outpatient			1100	704.94	Corrections	Corrections		880	0.8			338.8	1119.93	percent of total billed charges	
ESOPHAGUS ACID REFLUX TEST	91034	CPT	outpatient			1100	704.94	First Health	First Health		770	0.7			338.8	1119.93	percent of total billed charges	
ESOPHAGUS ACID REFLUX TEST	91034	CPT	outpatient			1100	704.94	First Trenton	First Trenton		990	0.9			338.8	1119.93	percent of total billed charges	
ESOPHAGUS ACID REFLUX TEST	91034	CPT	outpatient			1100	704.94	Horizon	PPO		1119.93	1.827			338.8	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGUS ACID REFLUX TEST	91034	CPT	outpatient			1100	704.94	Horizon	Medicare Blue		612.99	1			338.8	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGUS ACID REFLUX TEST	91034	CPT	outpatient			1100	704.94	Horizon	MGD		1119.93	1.827			338.8	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGUS ACID REFLUX TEST	91034	CPT	outpatient			1100	704.94	Horizon	Indemnity		1119.93	1.827			338.8	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGUS ACID REFLUX TEST	91034	CPT	outpatient			1100	704.94	Managed Care Inc	Managed Care Inc		990	0.9			338.8	1119.93	percent of total billed charges	
ESOPHAGUS ACID REFLUX TEST	91034	CPT	outpatient			1100	704.94	Multiplan	Multiplan		880	0.8			338.8	1119.93	percent of total billed charges	
ESOPHAGUS ACID REFLUX TEST	91034	CPT	outpatient			1100	704.94	Qualcare	Qualcare		825	0.75			338.8	1119.93	percent of total billed charges	
ESOPHAGUS ACID REFLUX TEST	91034	CPT	outpatient			1100	704.94	Three Rivers	Three Rivers		1045	0.95			338.8	1119.93	percent of total billed charges	
ESOPHAGUS ACID REFLUX TEST	91034	CPT	outpatient			1100	704.94	UHC	Medicare		612.99	1			338.8	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGUS ACID REFLUX TEST	91034	CPT	outpatient			1100	704.94	UHC	Medicaid		346.06	0.3146			338.8	1119.93	percent of total billed charges	
ESOPHAGUS ACID REFLUX TEST	91034	CPT	outpatient			1100	704.94	Wellcare	Medicaid		346.06	0.3146			338.8	1119.93	percent of total billed charges	
ESOPHAGUS ACID REFLUX TEST	91034	CPT	outpatient			1100	704.94	Wellcare	Medicare		612.99	1			338.8	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895	704.94	Aetna	Better Health		596.17	0.3146			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895	704.94	Aetna	Medicare		612.99	1			596.17	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895	704.94	Aetna	Commercial		975.88	1.592			596.17	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895	704.94	Americare	Americare		1421.25	0.75			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895	704.94	WellPoint	WellPoint		607.92	0.3208			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895	704.94	Amerihealth	Medicare		612.99	1			596.17	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895	704.94	Consumer	Consumer		1800.25	0.95			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895	704.94	Corrections	Corrections		1516	0.8			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895	704.94	First Health	First Health		1326.5	0.7			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895	704.94	First Trenton	First Trenton		1705.5	0.9			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895	704.94	Horizon	Medicare Blue		612.99	1			596.17	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895	704.94	Horizon	Indemnity		1119.93	1.827			596.17	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895	704.94	Horizon	MGD		1119.93	1.827			596.17	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895	704.94	Horizon	PPO		1119.93	1.827			596.17	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895	704.94	Managed Care Inc	Managed Care Inc		1705.5	0.9			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895	704.94	Multiplan	Multiplan		1516	0.8			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895	704.94	Qualcare	Qualcare		1421.25	0.75			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895	704.94	Three Rivers	Three Rivers		1800.25	0.95			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895	704.94	UHC	Medicaid		596.17	0.3146			596.17	1800.25	percent of total billed charges	
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895	704.94	UHC	Medicare		612.99	1			596.17	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895	704.94	Wellcare	Medicare		612.99	1			596.17	1800.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPHAGEAL PH MONITORING(24HRS)	91035	CPT	outpatient			1895	704.94	Wellcare	Medicaid		596.17	0.3146			596.17	1800.25	percent of total billed charges	
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255	412.82	Aetna	Medicare		386.54	0.308			358.97	1192.25	percent of total billed charges	
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255	412.82	Aetna	Better Health		394.82	0.3146			358.97	1192.25	percent of total billed charges	
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255	412.82	Aetna	Commercial		571.48	1.592			358.97	1192.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255	412.82	Americare	Americare		941.25	0.75			358.97	1192.25	percent of total billed charges	
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255	412.82	WellPoint	WellPoint		402.6	0.3208			358.97	1192.25	percent of total billed charges	
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255	412.82	Amerihealth	Medicare		358.97	1			358.97	1192.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255	412.82	Consumer	Consumer		1192.25	0.95			358.97	1192.25	percent of total billed charges	
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255	412.82	Corrections	Corrections		1004	0.8			358.97	1192.25	percent of total billed charges	
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255	412.82	First Health	First Health		878.5	0.7			358.97	1192.25	percent of total billed charges	
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255	412.82	First Trenton	First Trenton		1129.5	0.9			358.97	1192.25	percent of total billed charges	
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255	412.82	Horizon	Medicare Blue		358.97	1			358.97	1192.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255	412.82	Horizon	MGD		655.84	1.827			358.97	1192.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255	412.82	Horizon	Indemnity		655.84	1.827			358.97	1192.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255	412.82	Horizon	PPO		655.84	1.827			358.97	1192.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255	412.82	Managed Care Inc	Managed Care Inc		1129.5	0.9			358.97	1192.25	percent of total billed charges	
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255	412.82	Multiplan	Multiplan		1004	0.8			358.97	1192.25	percent of total billed charges	
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255	412.82	Qualcare	Qualcare		941.25	0.75			358.97	1192.25	percent of total billed charges	
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255	412.82	Three Rivers	Three Rivers		1192.25	0.95			358.97	1192.25	percent of total billed charges	
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255	412.82	UHC	Medicaid		394.82	0.3146			358.97	1192.25	percent of total billed charges	
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255	412.82	UHC	Medicare		358.97	1			358.97	1192.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255	412.82	Wellcare	Medicare		358.97	1			358.97	1192.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH IMPED FUNCTION TEST	91037	CPT	outpatient			1255	412.82	Wellcare	Medicaid		394.82	0.3146			358.97	1192.25	percent of total billed charges	
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255	704.94	Aetna	Commercial		975.88	1.592			394.82	1192.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255	704.94	Aetna	Better Health		394.82	0.3146			394.82	1192.25	percent of total billed charges	
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255	704.94	Aetna	Medicare		612.99	1			394.82	1192.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255	704.94	Americare	Americare		941.25	0.75			394.82	1192.25	percent of total billed charges	
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255	704.94	WellPoint	WellPoint		402.6	0.3208			394.82	1192.25	percent of total billed charges	
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255	704.94	Amerihealth	Medicare		612.99	1			394.82	1192.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255	704.94	Consumer	Consumer		1192.25	0.95			394.82	1192.25	percent of total billed charges	
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255	704.94	Corrections	Corrections		1004	0.8			394.82	1192.25	percent of total billed charges	
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255	704.94	First Health	First Health		878.5	0.7			394.82	1192.25	percent of total billed charges	
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255	704.94	First Trenton	First Trenton		1129.5	0.9			394.82	1192.25	percent of total billed charges	
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255	704.94	Horizon	MGD		1119.93	1.827			394.82	1192.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255	704.94	Horizon	Medicare Blue		612.99	1			394.82	1192.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255	704.94	Horizon	Indemnity		1119.93	1.827			394.82	1192.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255	704.94	Horizon	PPO		1119.93	1.827			394.82	1192.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255	704.94	Managed Care Inc	Managed Care Inc		1129.5	0.9			394.82	1192.25	percent of total billed charges	
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255	704.94	Multiplan	Multiplan		1004	0.8			394.82	1192.25	percent of total billed charges	
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255	704.94	Qualcare	Qualcare		941.25	0.75			394.82	1192.25	percent of total billed charges	
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255	704.94	Three Rivers	Three Rivers		1192.25	0.95			394.82	1192.25	percent of total billed charges	
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255	704.94	UHC	Medicaid		394.82	0.3146			394.82	1192.25	percent of total billed charges	
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255	704.94	UHC	Medicare		612.99	1			394.82	1192.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255	704.94	Wellcare	Medicaid		394.82	0.3146			394.82	1192.25	percent of total billed charges	
ESOPH IMPED FUNCT TEST> 1H	91038	CPT	outpatient			1255	704.94	Wellcare	Medicare		612.99	1			394.82	1192.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866	704.94	Aetna	Medicare		574.73	0.308			574.73	1772.7	percent of total billed charges	
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866	704.94	Aetna	Commercial		975.88	1.592			574.73	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866	704.94	Aetna	Better Health		587.04	0.3146			574.73	1772.7	percent of total billed charges	
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866	704.94	Americare	Americare		1399.5	0.75			574.73	1772.7	percent of total billed charges	
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866	704.94	WellPoint	WellPoint		598.61	0.3208			574.73	1772.7	percent of total billed charges	
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866	704.94	Amerihealth	Medicare		612.99	1			574.73	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866	704.94	Consumer	Consumer		1772.7	0.95			574.73	1772.7	percent of total billed charges	
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866	704.94	Corrections	Corrections		1492.8	0.8			574.73	1772.7	percent of total billed charges	
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866	704.94	First Health	First Health		1306.2	0.7			574.73	1772.7	percent of total billed charges	
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866	704.94	First Trenton	First Trenton		1679.4	0.9			574.73	1772.7	percent of total billed charges	
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866	704.94	Horizon	Indemnity		1119.93	1.827			574.73	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866	704.94	Horizon	MGD		1119.93	1.827			574.73	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866	704.94	Horizon	Medicare Blue		612.99	1			574.73	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866	704.94	Horizon	PPO		1119.93	1.827			574.73	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866	704.94	Managed Care Inc	Managed Care Inc		1679.4	0.9			574.73	1772.7	percent of total billed charges	
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866	704.94	Multiplan	Multiplan		1492.8	0.8			574.73	1772.7	percent of total billed charges	
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866	704.94	Qualcare	Qualcare		1399.5	0.75			574.73	1772.7	percent of total billed charges	
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866	704.94	Three Rivers	Three Rivers		1772.7	0.95			574.73	1772.7	percent of total billed charges	
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866	704.94	UHC	Medicare		612.99	1			574.73	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866	704.94	UHC	Medicaid		587.04	0.3146			574.73	1772.7	percent of total billed charges	
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866	704.94	Wellcare	Medicare		612.99	1			574.73	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ESOPH BALLOON DISTENSION IST	91040	CPT	outpatient			1866	704.94	Wellcare	Medicaid		587.04	0.3146			574.73	1772.7	percent of total billed charges	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643	205.45	Aetna	Better Health		202.29	0.3146			167.37	610.85	percent of total billed charges	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643	205.45	Aetna	Medicare		178.65	1			167.37	610.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREATH HYDROGEN TEST	91065	CPT	outpatient			643	205.45	Aetna	Commercial		284.41	1.592			167.37	610.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREATH HYDROGEN TEST	91065	CPT	outpatient			643	205.45	Americare	Americare		482.25	0.75			167.37	610.85	percent of total billed charges	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643	205.45	WellPoint	WellPoint		206.27	0.3208			167.37	610.85	percent of total billed charges	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643	205.45	AmeriHealth	Medicare		178.65	1			167.37	610.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREATH HYDROGEN TEST	91065	CPT	outpatient			643	205.45	Consumer	Consumer		610.85	0.95			167.37	610.85	percent of total billed charges	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643	205.45	Corrections	Corrections		514.4	0.8			167.37	610.85	percent of total billed charges	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643	205.45	First Health	First Health		460.1	0.7			167.37	610.85	percent of total billed charges	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643	205.45	First Trenton	First Trenton		578.7	0.9			167.37	610.85	percent of total billed charges	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643	205.45	Horizon	MGD		326.39	1.827			167.37	610.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREATH HYDROGEN TEST	91065	CPT	outpatient			643	205.45	Horizon	Medicare Blue		178.65	1			167.37	610.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREATH HYDROGEN TEST	91065	CPT	outpatient			643	205.45	Horizon	PPO		326.39	1.827			167.37	610.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREATH HYDROGEN TEST	91065	CPT	outpatient			643	205.45	Horizon	Indemnity		326.39	1.827			167.37	610.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREATH HYDROGEN TEST	91065	CPT	outpatient			643	205.45	Managed Care Inc	Managed Care Inc		578.7	0.9			167.37	610.85	percent of total billed charges	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643	205.45	Multiplan	Multiplan		514.4	0.8			167.37	610.85	percent of total billed charges	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643	205.45	Qualcare	Qualcare		482.25	0.75			167.37	610.85	percent of total billed charges	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643	205.45	Three Rivers	Three Rivers		610.85	0.95			167.37	610.85	percent of total billed charges	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643	205.45	UHC	Medicaid		202.29	0.3146			167.37	610.85	percent of total billed charges	
BREATH HYDROGEN TEST	91065	CPT	outpatient			643	205.45	UHC	Medicare		178.65	1			167.37	610.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREATH HYDROGEN TEST	91065	CPT	outpatient			643	205.45	Wellcare	Medicare		178.65	1			167.37	610.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BREATH HYDROGEN TEST	91065	CPT	outpatient			643	205.45	Wellcare	Medicaid		202.29	0.3146			167.37	610.85	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305	1192.23	Aetna	Better Health		1668.95	0.3146			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305	1192.23	Aetna	Commercial		1650.46	1.592			1036.72	5039.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305	1192.23	Aetna	Medicare		1036.72	1			1036.72	5039.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305	1192.23	Americare	Americare		3978.75	0.75			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305	1192.23	WellPoint	WellPoint		1701.84	0.3208			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305	1192.23	AmeriHealth	Medicare		1036.72	1			1036.72	5039.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305	1192.23	Consumer	Consumer		5039.75	0.95			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305	1192.23	Corrections	Corrections		4244	0.8			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305	1192.23	First Health	First Health		3713.5	0.7			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305	1192.23	First Trenton	First Trenton		4774.5	0.9			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305	1192.23	Horizon	PPO		1894.09	1.827			1036.72	5039.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305	1192.23	Horizon	Indemnity		1894.09	1.827			1036.72	5039.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305	1192.23	Horizon	MGD		1894.09	1.827			1036.72	5039.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305	1192.23	Horizon	Medicare Blue		1036.72	1			1036.72	5039.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305	1192.23	Managed Care Inc	Managed Care Inc		4774.5	0.9			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305	1192.23	Multiplan	Multiplan		4244	0.8			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305	1192.23	Qualcare	Qualcare		3978.75	0.75			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305	1192.23	Three Rivers	Three Rivers		5039.75	0.95			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305	1192.23	UHC	Medicare		1036.72	1			1036.72	5039.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305	1192.23	UHC	Medicaid		1668.95	0.3146			1036.72	5039.75	percent of total billed charges	
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305	1192.23	Wellcare	Medicare		1036.72	1			1036.72	5039.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GASTROINTE TRACT IMAGING (CAPSULE ENDOS	91110	CPT	outpatient			5305	1192.23	Wellcare	Medicaid		1668.95	0.3146			1036.72	5039.75	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549	1192.23	Aetna	Medicare		1036.72	1			1036.72	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549	1192.23	Aetna	Better Health		1431.12	0.3146			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549	1192.23	Aetna	Commercial		1650.46	1.592			1036.72	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549	1192.23	Americare	Americare		3411.75	0.75			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549	1192.23	WellPoint	WellPoint		1459.32	0.3208			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549	1192.23	AmeriHealth	Medicare		1036.72	1			1036.72	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549	1192.23	Consumer	Consumer		4321.55	0.95			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549	1192.23	Corrections	Corrections		3639.2	0.8			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549	1192.23	First Health	First Health		3184.3	0.7			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549	1192.23	First Trenton	First Trenton		4094.1	0.9			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549	1192.23	Horizon	Indemnity		1894.09	1.827			1036.72	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549	1192.23	Horizon	Medicare Blue		1036.72	1			1036.72	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549	1192.23	Horizon	PPO		1894.09	1.827			1036.72	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549	1192.23	Horizon	MGD		1894.09	1.827			1036.72	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549	1192.23	Managed Care Inc	Managed Care Inc		4094.1	0.9			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549	1192.23	Multiplan	Multiplan		3639.2	0.8			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549	1192.23	Qualcare	Qualcare		3411.75	0.75			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549	1192.23	Three Rivers	Three Rivers		4321.55	0.95			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549	1192.23	UHC	Medicare		1036.72	1			1036.72	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549	1192.23	UHC	Medicaid		1431.12	0.3146			1036.72	4321.55	percent of total billed charges	
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549	1192.23	Wellcare	Medicare		1036.72	1			1036.72	4321.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GI TRACT ESOPH CAPSULE ENDO	91111	CPT	outpatient			4549	1192.23	Wellcare	Medicaid		1431.12	0.3146			1036.72	4321.55	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924	412.82	Aetna	Better Health		290.69	0.3146			284.59	877.8	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924	412.82	Aetna	Medicare		284.59	0.308			284.59	877.8	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924	412.82	Aetna	Commercial		571.48	1.592			284.59	877.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECTAL SENSATION TEST	91120	CPT	outpatient			924	412.82	Americare	Americare		693	0.75			284.59	877.8	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924	412.82	WellPoint	WellPoint		296.42	0.3208			284.59	877.8	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924	412.82	AmeriHealth	Medicare		358.97	1			284.59	877.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECTAL SENSATION TEST	91120	CPT	outpatient			924	412.82	Consumer	Consumer		877.8	0.95			284.59	877.8	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924	412.82	Corrections	Corrections		739.2	0.8			284.59	877.8	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924	412.82	First Health	First Health		646.8	0.7			284.59	877.8	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924	412.82	First Trenton	First Trenton		831.6	0.9			284.59	877.8	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924	412.82	Horizon	Indemnity		655.84	1.827			284.59	877.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECTAL SENSATION TEST	91120	CPT	outpatient			924	412.82	Horizon	MGD		655.84	1.827			284.59	877.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECTAL SENSATION TEST	91120	CPT	outpatient			924	412.82	Horizon	PPO		655.84	1.827			284.59	877.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECTAL SENSATION TEST	91120	CPT	outpatient			924	412.82	Horizon	Medicare Blue		358.97	1			284.59	877.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECTAL SENSATION TEST	91120	CPT	outpatient			924	412.82	Managed Care Inc	Managed Care Inc		831.6	0.9			284.59	877.8	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924	412.82	Multiplan	Multiplan		739.2	0.8			284.59	877.8	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924	412.82	Qualcare	Qualcare		693	0.75			284.59	877.8	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924	412.82	Three Rivers	Three Rivers		877.8	0.95			284.59	877.8	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924	412.82	UHC	Medicare		358.97	1			284.59	877.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECTAL SENSATION TEST	91120	CPT	outpatient			924	412.82	UHC	Medicaid		290.69	0.3146			284.59	877.8	percent of total billed charges	
RECTAL SENSATION TEST	91120	CPT	outpatient			924	412.82	Wellcare	Medicare		358.97	1			284.59	877.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECTAL SENSATION TEST	91120	CPT	outpatient			924	412.82	Wellcare	Medicaid		290.69	0.3146			284.59	877.8	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196	412.82	Aetna	Better Health		376.26	0.3146			358.97	1136.2	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196	412.82	Aetna	Medicare		368.37	0.308			358.97	1136.2	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196	412.82	Aetna	Commercial		571.48	1.592			358.97	1136.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196	412.82	Americare	Americare		897	0.75			358.97	1136.2	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196	412.82	WellPoint	WellPoint		383.68	0.3208			358.97	1136.2	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196	412.82	AmeriHealth	Medicare		358.97	1			358.97	1136.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196	412.82	Consumer	Consumer		1136.2	0.95			358.97	1136.2	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196	412.82	Corrections	Corrections		956.8	0.8			358.97	1136.2	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196	412.82	First Health	First Health		837.2	0.7			358.97	1136.2	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196	412.82	First Trenton	First Trenton		1076.4	0.9			358.97	1136.2	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196	412.82	Horizon	MGD		655.84	1.827			358.97	1136.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196	412.82	Horizon	Indemnity		655.84	1.827			358.97	1136.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196	412.82	Horizon	Medicare Blue		358.97	1			358.97	1136.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196	412.82	Horizon	PPO		655.84	1.827			358.97	1136.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196	412.82	Managed Care Inc	Managed Care Inc		1076.4	0.9			358.97	1136.2	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196	412.82	Multiplan	Multiplan		956.8	0.8			358.97	1136.2	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196	412.82	Qualcare	Qualcare		897	0.75			358.97	1136.2	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196	412.82	Three Rivers	Three Rivers		1136.2	0.95			358.97	1136.2	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196	412.82	UHC	Medicaid		376.26	0.3146			358.97	1136.2	percent of total billed charges	
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196	412.82	UHC	Medicare		358.97	1			358.97	1136.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196	412.82	Wellcare	Medicare		358.97	1			358.97	1136.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANORECTAL MONOMETRY	91122	CPT	outpatient			1196	412.82	Wellcare	Medicaid		376.26	0.3146			358.97	1136.2	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	Aetna	Commercial		571.48	1.592			159.5	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	Aetna	Better Health		159.5	0.3146			159.5	655.84	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	Aetna	Medicare		358.97	1			159.5	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	Americare	Americare		380.25	0.75			159.5	655.84	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	WellPoint	WellPoint		162.65	0.3208			159.5	655.84	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	AmeriHealth	Medicare		358.97	1			159.5	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	Consumer	Consumer		481.65	0.95			159.5	655.84	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	Corrections	Corrections		405.6	0.8			159.5	655.84	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	First Health	First Health		354.9	0.7			159.5	655.84	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	First Trenton	First Trenton		456.3	0.9			159.5	655.84	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	Horizon	Medicare Blue		358.97	1			159.5	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	Horizon	PPO		655.84	1.827			159.5	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	Horizon	Indemnity		655.84	1.827			159.5	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	Horizon	MGD		655.84	1.827			159.5	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	Managed Care Inc	Managed Care Inc		456.3	0.9			159.5	655.84	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	Multiplan	Multiplan		405.6	0.8			159.5	655.84	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	Qualcare	Qualcare		380.25	0.75			159.5	655.84	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	Three Rivers	Three Rivers		481.65	0.95			159.5	655.84	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	UHC	Medicaid		159.5	0.3146			159.5	655.84	percent of total billed charges	
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	UHC	Medicare		358.97	1			159.5	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	Wellcare	Medicare		358.97	1			159.5	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGRAM	91132	CPT	outpatient			507	412.82	Wellcare	Medicaid		159.5	0.3146			159.5	655.84	percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507	168	Aetna	Commercial		232.58	1.592			146.09	481.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507	168	Aetna	Better Health		159.5	0.3146			146.09	481.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Aetna	Medicare		146.09				146.09	481.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Americare	Americare		380.25	0.75			146.09	481.65	percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 WellPoint	WellPoint		162.65	0.3208			146.09	481.65	percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Amerihealth	Medicare		146.09	1			146.09	481.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Consumer	Consumer		481.65	0.95			146.09	481.65	percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Corrections	Corrections		405.6	0.8			146.09	481.65	percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 First Health	First Health		354.9	0.7			146.09	481.65	percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 First Trenton	First Trenton		456.3	0.9			146.09	481.65	percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Horizon	MGD		266.91	1.827			146.09	481.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Horizon	PPO		266.91	1.827			146.09	481.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Horizon	Medicare Blue		146.09	1			146.09	481.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Horizon	Indemnity		266.91	1.827			146.09	481.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Managed Care Inc	Managed Care Inc		456.3	0.9			146.09	481.65	percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Multiplan	Multiplan		405.6	0.8			146.09	481.65	percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Qualcare	Qualcare		380.25	0.75			146.09	481.65	percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Three Rivers	Three Rivers		481.65	0.95			146.09	481.65	percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 UHC	Medicare		146.09	1			146.09	481.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 UHC	Medicaid		159.5	0.3146			146.09	481.65	percent of total billed charges	
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Wellcare	Medicare		146.09	1			146.09	481.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSC DX ELECTROGASTROGR W PROVOCAT	91133	CPT	outpatient			507		168 Wellcare	Medicaid		159.5	0.3146			146.09	481.65	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Aetna	Medicare		170.94	0.308			163.86	527.25	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Aetna	Better Health		174.6	0.3146			163.86	527.25	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Aetna	Commercial		284.41	1.592			163.86	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Americare	Americare		416.25	0.75			163.86	527.25	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 WellPoint	WellPoint		178.04	0.3208			163.86	527.25	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Amerihealth	Medicare		178.65	1			163.86	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Consumer	Consumer		527.25	0.95			163.86	527.25	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Corrections	Corrections		444	0.8			163.86	527.25	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 First Health	First Health		388.5	0.7			163.86	527.25	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 First Trenton	First Trenton		499.5	0.9			163.86	527.25	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Horizon	Indemnity		326.39	1.827			163.86	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Horizon	MGD		326.39	1.827			163.86	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Horizon	PPO		326.39	1.827			163.86	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Horizon	Medicare Blue		178.65	1			163.86	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Managed Care Inc	Managed Care Inc		499.5	0.9			163.86	527.25	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Multiplan	Multiplan		444	0.8			163.86	527.25	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Qualcare	Qualcare		416.25	0.75			163.86	527.25	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Three Rivers	Three Rivers		527.25	0.95			163.86	527.25	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 UHC	Medicaid		174.6	0.3146			163.86	527.25	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 UHC	Medicare		178.65	1			163.86	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Wellcare	Medicaid		174.6	0.3146			163.86	527.25	percent of total billed charges	
LIVER ELASTOGRAPHY W/O IMAGING	91200	CPT	both			555		205.45 Wellcare	Medicare		178.65	1			163.86	527.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Aetna	Medicare		178.65	1			178.06	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Aetna	Better Health		178.06	0.3146			178.06	537.7	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Aetna	Commercial		284.41	1.592			178.06	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Americare	Americare		424.5	0.75			178.06	537.7	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 WellPoint	WellPoint		181.57	0.3208			178.06	537.7	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Amerihealth	Medicare		178.65	1			178.06	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Consumer	Consumer		537.7	0.95			178.06	537.7	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Corrections	Corrections		452.8	0.8			178.06	537.7	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 First Health	First Health		396.2	0.7			178.06	537.7	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 First Trenton	First Trenton		509.4	0.9			178.06	537.7	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Horizon	Indemnity		326.39	1.827			178.06	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Horizon	Medicare Blue		178.65	1			178.06	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Horizon	MGD		326.39	1.827			178.06	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Horizon	PPO		326.39	1.827			178.06	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Managed Care Inc	Managed Care Inc		509.4	0.9			178.06	537.7	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Multiplan	Multiplan		452.8	0.8			178.06	537.7	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Qualcare	Qualcare		424.5	0.75			178.06	537.7	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Three Rivers	Three Rivers		537.7	0.95			178.06	537.7	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 UHC	Medicaid		178.06	0.3146			178.06	537.7	percent of total billed charges	
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 UHC	Medicare		178.65	1			178.06	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Wellcare	Medicare		178.65	1			178.06	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED DIAGNOSTIC GASTROENTEROLOGY PR	91299	CPT	outpatient			566		205.45 Wellcare	Medicaid		178.06	0.3146			178.06	537.7	percent of total billed charges	
PFIZER VAC 30MCG/0.3ML IM	91300	CPT	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges	
PFIZER VAC 30MCG/0.3ML IM	91300	CPT	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges	
PFIZER VAC 30MCG/0.3ML IM	91300	CPT	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges	
PFIZER VAC 30MCG/0.3ML IM	91300	CPT	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges	
PFIZER VAC 30MCG/0.3ML IM	91300	CPT	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges	
PFIZER VAC 30MCG/0.3ML IM	91300	CPT	outpatient			0.01		Horizon	NJ Health		0.01	0.83			0.01	0.01	percent of total billed charges	
PFIZER VAC 30MCG/0.3ML IM	91300	CPT	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges	
PFIZER VAC 30MCG/0.3ML IM	91300	CPT	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges	
PFIZER VAC 30MCG/0.3ML IM	91300	CPT	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges	
PFIZER VAC 30MCG/0.3ML IM	91300	CPT	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges	
MODERNA VAC 100MCG/0.5ML IM	91301	CPT	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges	
MODERNA VAC 100MCG/0.5ML IM	91301	CPT	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges	
MODERNA VAC 100MCG/0.5ML IM	91301	CPT	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges	
MODERNA VAC 100MCG/0.5ML IM	91301	CPT	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges	
MODERNA VAC 100MCG/0.5ML IM	91301	CPT	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges	
MODERNA VAC 100MCG/0.5ML IM	91301	CPT	outpatient			0.01		Horizon	NJ Health		0.01	0.83			0.01	0.01	percent of total billed charges	
MODERNA VAC 100MCG/0.5ML IM	91301	CPT	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges	
MODERNA VAC 100MCG/0.5ML IM	91301	CPT	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges	
MODERNA VAC 100MCG/0.5ML IM	91301	CPT	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges	
MODERNA VAC 100MCG/0.5ML IM	91301	CPT	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges	
JANSSEN VAC 0.5ML IM	91303	CPT	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges	
JANSSEN VAC 0.5ML IM	91303	CPT	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges	
JANSSEN VAC 0.5ML IM	91303	CPT	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges	
JANSSEN VAC 0.5ML IM	91303	CPT	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges	
JANSSEN VAC 0.5ML IM	91303	CPT	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges	
JANSSEN VAC 0.5ML IM	91303	CPT	outpatient			0.01		Horizon	NJ Health		0.01	0.83			0.01	0.01	percent of total billed charges	
JANSSEN VAC 0.5ML IM	91303	CPT	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges	
JANSSEN VAC 0.5ML IM	91303	CPT	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges	
JANSSEN VAC 0.5ML IM	91303	CPT	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges	
JANSSEN VAC 0.5ML IM	91303	CPT	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Aetna	Commercial		128.63	0.38			101.55	321.58	percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Aetna	Better Health		106.49	0.3146			101.55	321.58	percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Aetna	Medicare		145.92				101.55	321.58	case rate	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Americare	Americare		253.88	0.75			101.55	321.58	percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 WellPoint	WellPoint		108.59	0.3208			101.55	321.58	percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Amerihealth	Medicare		145.92				101.55	321.58	case rate	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Consumer	Consumer		321.58	0.95			101.55	321.58	percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Corrections	Corrections		270.8	0.8			101.55	321.58	percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 First Health	First Health		236.95	0.7			101.55	321.58	percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 First Trenton	First Trenton		304.65	0.9			101.55	321.58	percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Horizon	NJ Health		154.68				101.55	321.58	case rate	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Horizon	Indemnity		129.58	0.3828			101.55	321.58	percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Horizon	MGD		129.58	0.3828			101.55	321.58	percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Horizon	PPO		129.58	0.3828			101.55	321.58	percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Horizon	Medicare Blue		101.55	0.3			101.55	321.58	percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Managed Care Inc	Managed Care Inc		304.65	0.9			101.55	321.58	percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Multiplan	Multiplan		270.8	0.8			101.55	321.58	percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Qualcare	Qualcare		253.88	0.75			101.55	321.58	percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Three Rivers	Three Rivers		321.58	0.95			101.55	321.58	percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 UHC	Medicaid		106.49	0.3146			101.55	321.58	percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 UHC	Medicare		145.92				101.55	321.58	case rate	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Wellcare	Medicaid		106.49	0.3146			101.55	321.58	percent of total billed charges	
SARSCOV2 VAC 25 MCG/.25ML IM(6MO-11YR)	91321	CPT	outpatient			338.5		167.81 Wellcare	Medicare		145.92				101.55	321.58	case rate	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	outpatient			342		167.81 Aetna	Better Health		107.59	0.3146			102.6	324.9	percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	outpatient			342		167.81 Aetna	Medicare		145.92				102.6	324.9	case rate	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	outpatient			342		167.81 Aetna	Commercial		129.96	0.38			102.6	324.9	percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	outpatient			342		167.81 Americare	Americare		256.5	0.75			102.6	324.9	percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	outpatient			342		167.81 WellPoint	WellPoint		109.71	0.3208			102.6	324.9	percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	outpatient			342		167.81 Amerihealth	Medicare		145.92				102.6	324.9	case rate	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	outpatient			342		167.81 Consumer	Consumer		324.9	0.95			102.6	324.9	percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	outpatient			342		167.81 Corrections	Corrections		273.6	0.8			102.6	324.9	percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	outpatient			342		167.81 First Health	First Health		239.4	0.7			102.6	324.9	percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	outpatient			342		167.81 First Trenton	First Trenton		307.8	0.9			102.6	324.9	percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	outpatient			342		167.81 Horizon	MGD		130.92	0.3828			102.6	324.9	percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	outpatient			342		167.81 Horizon	Indemnity		130.92	0.3828			102.6	324.9	percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	outpatient			342		167.81 Horizon	NJ Health		154.68				102.6	324.9	case rate	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	outpatient			342		167.81 Horizon	Medicare Blue		102.6	0.3			102.6	324.9	percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	outpatient			342		167.81 Horizon	PPO		130.92	0.3828			102.6	324.9	percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	outpatient			342		167.81 Managed Care Inc	Managed Care Inc		307.8	0.9			102.6	324.9	percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	outpatient			342		167.81 Multiplan	Multiplan		273.6	0.8			102.6	324.9	percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	outpatient			342		167.81 Qualcare	Qualcare		256.5	0.75			102.6	324.9	percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	outpatient			342		167.81 Three Rivers	Three Rivers		324.9	0.95			102.6	324.9	percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	outpatient			342		167.81 UHC	Medicare		145.92				102.6	324.9	case rate	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	outpatient			342		167.81 UHC	Medicaid		107.59	0.3146			102.6	324.9	percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	outpatient			342		167.81 Wellcare	Medicaid		107.59	0.3146			102.6	324.9	percent of total billed charges	
SARSCOV2 VAC 50MCG/0.5ML IM(12YRS&OLDER)	91322	CPT	outpatient			342		167.81 Wellcare	Medicare		145.92				102.6	324.9	case rate	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442		173.86 Aetna	Commercial		240.68	1.592			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442		173.86 Aetna	Better Health		139.05	0.3146			139.05	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442		173.86 Aetna	Medicare		151.18	1			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.86	Americare	Americare		331.5	0.75			139.05	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.86	WellPoint	WellPoint		141.79	0.3208			139.05	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.86	Amerihealth	Medicare		151.18	1			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.86	Consumer	Consumer		419.9	0.95			139.05	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.86	Corrections	Corrections		353.6	0.8			139.05	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.86	First Health	First Health		309.4	0.7			139.05	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.86	First Trenton	First Trenton		397.8	0.9			139.05	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.86	Horizon	PPO		276.21	1.827			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.86	Horizon	MGD		276.21	1.827			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.86	Horizon	Indemnity		276.21	1.827			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.86	Horizon	Medicare Blue		151.18	1			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.86	Managed Care Inc	Managed Care Inc		397.8	0.9			139.05	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.86	Multiplan	Multiplan		353.6	0.8			139.05	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.86	Qualcare	Qualcare		331.5	0.75			139.05	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.86	Three Rivers	Three Rivers		419.9	0.95			139.05	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.86	UHC	Medicare		151.18	1			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.86	UHC	Medicaid		139.05	0.3146			139.05	419.9	percent of total billed charges	
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.86	Wellcare	Medicare		151.18	1			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPLETE	92002	CPT	outpatient			442	173.86	Wellcare	Medicaid		139.05	0.3146			139.05	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.86	Aetna	Medicare		136.14	0.308			136.14	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.86	Aetna	Commercial		240.68	1.592			136.14	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.86	Aetna	Better Health		139.05	0.3146			136.14	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.86	Americare	Americare		331.5	0.75			136.14	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.86	WellPoint	WellPoint		141.79	0.3208			136.14	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.86	Amerihealth	Medicare		151.18	1			136.14	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.86	Consumer	Consumer		419.9	0.95			136.14	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.86	Corrections	Corrections		353.6	0.8			136.14	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.86	First Health	First Health		309.4	0.7			136.14	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.86	First Trenton	First Trenton		397.8	0.9			136.14	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.86	Horizon	Indemnity		276.21	1.827			136.14	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.86	Horizon	Medicare Blue		151.18	1			136.14	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.86	Horizon	PPO		276.21	1.827			136.14	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.86	Horizon	MGD		276.21	1.827			136.14	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.86	Managed Care Inc	Managed Care Inc		397.8	0.9			136.14	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.86	Multiplan	Multiplan		353.6	0.8			136.14	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.86	Qualcare	Qualcare		331.5	0.75			136.14	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.86	Three Rivers	Three Rivers		419.9	0.95			136.14	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.86	UHC	Medicare		151.18	1			136.14	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.86	UHC	Medicaid		139.05	0.3146			136.14	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.86	Wellcare	Medicaid		139.05	0.3146			136.14	419.9	percent of total billed charges	
NEW PATIENT-COMPREHENSIVE	92004	CPT	outpatient			442	173.86	Wellcare	Medicare		151.18	1			136.14	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.86	Aetna	Commercial		240.68	1.592			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.86	Aetna	Better Health		139.05	0.3146			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.86	Aetna	Medicare		151.18	1			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.86	Americare	Americare		331.5	0.75			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.86	WellPoint	WellPoint		141.79	0.3208			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.86	Amerihealth	Medicare		151.18	1			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.86	Consumer	Consumer		419.9	0.95			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.86	Corrections	Corrections		353.6	0.8			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.86	First Health	First Health		309.4	0.7			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.86	First Trenton	First Trenton		397.8	0.9			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.86	Horizon	Indemnity		276.21	1.827			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.86	Horizon	MGD		276.21	1.827			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.86	Horizon	Medicare Blue		151.18	1			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.86	Horizon	PPO		276.21	1.827			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.86	Managed Care Inc	Managed Care Inc		397.8	0.9			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.86	Multiplan	Multiplan		353.6	0.8			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.86	Qualcare	Qualcare		331.5	0.75			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.86	Three Rivers	Three Rivers		419.9	0.95			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.86	UHC	Medicare		151.18	1			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.86	UHC	Medicaid		139.05	0.3146			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.86	Wellcare	Medicare		151.18	1			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPLETE	92012	CPT	outpatient			442	173.86	Wellcare	Medicaid		139.05	0.3146			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.86	Aetna	Commercial		240.68	1.592			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.86	Aetna	Better Health		139.05	0.3146			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.86	Aetna	Medicare		151.18	1			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.86	Americare	Americare		331.5	0.75			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.86	WellPoint	WellPoint		141.79	0.3208			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.86	Amerihealth	Medicare		151.18	1			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.86	Consumer	Consumer		419.9	0.95			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.86	Corrections	Corrections		353.6	0.8			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.86	First Health	First Health		309.4	0.7			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.86	First Trenton	First Trenton		397.8	0.9			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.86	Horizon	Indemnity		276.21	1.827			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.86	Horizon	MGD		276.21	1.827			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.86	Horizon	Medicare Blue		151.18	1			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.86	Horizon	PPO		276.21	1.827			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.86	Managed Care Inc	Managed Care Inc		397.8	0.9			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.86	Multiplan	Multiplan		353.6	0.8			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.86	Qualcare	Qualcare		331.5	0.75			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.86	Three Rivers	Three Rivers		419.9	0.95			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.86	UHC	Medicare		151.18	1			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.86	UHC	Medicaid		139.05	0.3146			139.05	419.9	percent of total billed charges	
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.86	Wellcare	Medicare		151.18	1			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EYE EXAM-EST.PT.COMPREHENSIVE	92014	CPT	outpatient			442	173.86	Wellcare	Medicaid		139.05	0.3146			139.05	419.9	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Aetna	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Aetna	Commercial		4254.67	1.592			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Aetna	Better Health		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Americare	Americare		5778	0.75			2423.68	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	WellPoint	WellPoint		2471.44	0.3208			2423.68	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Amerihealth	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Consumer	Consumer		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Corrections	Corrections		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	First Health	First Health		5392.8	0.7			2423.68	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	First Trenton	First Trenton		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Horizon	MGD		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Horizon	Indemnity		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Horizon	Medicare Blue		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Horizon	PPO		4882.71	1.827			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Managed Care Inc	Managed Care Inc		6933.6	0.9			2423.68	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Multiplan	Multiplan		6163.2	0.8			2423.68	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Qualcare	Qualcare		5778	0.75			2423.68	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Three Rivers	Three Rivers		7318.8	0.95			2423.68	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	UHC	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	UHC	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Wellcare	Medicare		2572.53	1			2423.68	7318.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTH EXAM AND EVAL;COMPLETE	92018	CPT	outpatient			7704	3073.41	Wellcare	Medicaid		2423.68	0.3146			2423.68	7318.8	percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424	168	Aetna	Commercial		232.58	1.592			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY	92020	CPT	outpatient			424	168	Aetna	Better Health		133.39	0.3146			133.39	402.8	percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424	168	Aetna	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY	92020	CPT	outpatient			424	168	Americare	Americare		318	0.75			133.39	402.8	percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424	168	WellPoint	WellPoint		136.02	0.3208			133.39	402.8	percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424	168	Amerihealth	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY	92020	CPT	outpatient			424	168	Consumer	Consumer		402.8	0.95			133.39	402.8	percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424	168	Corrections	Corrections		339.2	0.8			133.39	402.8	percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424	168	First Health	First Health		296.8	0.7			133.39	402.8	percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	0.9			133.39	402.8	percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424	168	Horizon	Indemnity		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY	92020	CPT	outpatient			424	168	Horizon	MGD		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY	92020	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY	92020	CPT	outpatient			424	168	Horizon	PPO		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY	92020	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	0.9			133.39	402.8	percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	0.8			133.39	402.8	percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424	168	Qualcare	Qualcare		318	0.75			133.39	402.8	percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	0.95			133.39	402.8	percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424	168	UHC	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
GONIOSCOPY	92020	CPT	outpatient			424	168	UHC	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY	92020	CPT	outpatient			424	168	Wellcare	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GONIOSCOPY	92020	CPT	outpatient			424	168	Wellcare	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211	80.45	Aetna	Commercial		111.38	1.592			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211	80.45	Aetna	Better Health		66.38	0.3146			66.38	200.45	percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211	80.45	Aetna	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211	80.45	Americare	Americare		158.25	0.75			66.38	200.45	percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211	80.45	WellPoint	WellPoint		67.69	0.3208			66.38	200.45	percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211	80.45	Amerihealth	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211	80.45	Consumer	Consumer		200.45	0.95			66.38	200.45	percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211	80.45	Corrections	Corrections		168.8	0.8			66.38	200.45	percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211	80.45	First Health	First Health		147.7	0.7			66.38	200.45	percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211	80.45	First Trenton	First Trenton		189.9	0.9			66.38	200.45	percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211	80.45	Horizon	Indemnity		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211	80.45	Horizon	Medicare Blue		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211	80.45	Horizon	PPO		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211	80.45	Horizon	MGD		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Managed Care Inc	Managed Care Inc		189.9	0.9			66.38	200.45	percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Multiplan	Multiplan		168.8	0.8			66.38	200.45	percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Qualcare	Qualcare		158.25	0.75			66.38	200.45	percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Three Rivers	Three Rivers		200.45	0.95			66.38	200.45	percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 UHC	Medicaid		66.38	0.3146			66.38	200.45	percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 UHC	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Wellcare	Medicaid		66.38	0.3146			66.38	200.45	percent of total billed charges	
CORNEAL TOPOGRAPHY	92025	CPT	outpatient			211		80.45 Wellcare	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Aetna	Better Health		66.38	0.3146			64.99	200.45	percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Aetna	Commercial		111.38	1.592			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Aetna	Medicare		64.99	0.308			64.99	200.45	percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Americare	Americare		158.25	0.75			64.99	200.45	percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 WellPoint	WellPoint		67.69	0.3208			64.99	200.45	percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Amerihealth	Medicare		69.96	1			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Consumer	Consumer		200.45	0.95			64.99	200.45	percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Corrections	Corrections		168.8	0.8			64.99	200.45	percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 First Health	First Health		147.7	0.7			64.99	200.45	percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 First Trenton	First Trenton		189.9	0.9			64.99	200.45	percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Horizon	PPO		127.82	1.827			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Horizon	MGD		127.82	1.827			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Horizon	Indemnity		127.82	1.827			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Horizon	Medicare Blue		69.96	1			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Managed Care Inc	Managed Care Inc		189.9	0.9			64.99	200.45	percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Multiplan	Multiplan		168.8	0.8			64.99	200.45	percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Qualcare	Qualcare		158.25	0.75			64.99	200.45	percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Three Rivers	Three Rivers		200.45	0.95			64.99	200.45	percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 UHC	Medicare		69.96	1			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 UHC	Medicaid		66.38	0.3146			64.99	200.45	percent of total billed charges	
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Wellcare	Medicare		69.96	1			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORTHOPTIC EVALUATION	92060	CPT	outpatient			211		80.45 Wellcare	Medicaid		66.38	0.3146			64.99	200.45	percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Aetna	Commercial		111.38	1.592			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Aetna	Better Health		66.38	0.3146			66.38	200.45	percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Aetna	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Americare	Americare		158.25	0.75			66.38	200.45	percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 WellPoint	WellPoint		67.69	0.3208			66.38	200.45	percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Amerihealth	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Consumer	Consumer		200.45	0.95			66.38	200.45	percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Corrections	Corrections		168.8	0.8			66.38	200.45	percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 First Health	First Health		147.7	0.7			66.38	200.45	percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 First Trenton	First Trenton		189.9	0.9			66.38	200.45	percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Horizon	PPO		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Horizon	MGD		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Horizon	Indemnity		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Horizon	Medicare Blue		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Managed Care Inc	Managed Care Inc		189.9	0.9			66.38	200.45	percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Multiplan	Multiplan		168.8	0.8			66.38	200.45	percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Qualcare	Qualcare		158.25	0.75			66.38	200.45	percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Three Rivers	Three Rivers		200.45	0.95			66.38	200.45	percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 UHC	Medicaid		66.38	0.3146			66.38	200.45	percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 UHC	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Wellcare	Medicaid		66.38	0.3146			66.38	200.45	percent of total billed charges	
TANGENT SCREEN	92081	CPT	outpatient			211		80.45 Wellcare	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Aetna	Commercial		111.38	1.592			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Aetna	Better Health		66.38	0.3146			66.38	200.45	percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Aetna	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Americare	Americare		158.25	0.75			66.38	200.45	percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 WellPoint	WellPoint		67.69	0.3208			66.38	200.45	percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Amerihealth	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Consumer	Consumer		200.45	0.95			66.38	200.45	percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Corrections	Corrections		168.8	0.8			66.38	200.45	percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 First Health	First Health		147.7	0.7			66.38	200.45	percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 First Trenton	First Trenton		189.9	0.9			66.38	200.45	percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Horizon	Indemnity		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Horizon	MGD		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Horizon	Medicare Blue		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Horizon	PPO		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Managed Care Inc	Managed Care Inc		189.9	0.9			66.38	200.45	percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Multiplan	Multiplan		168.8	0.8			66.38	200.45	percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Qualcare	Qualcare		158.25	0.75			66.38	200.45	percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Three Rivers	Three Rivers		200.45	0.95			66.38	200.45	percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 UHC	Medicaid		66.38	0.3146			66.38	200.45	percent of total billed charges	
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 UHC	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Wellcare	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD INTERMED	92082	CPT	outpatient			211		80.45 Wellcare	Medicaid		66.38	0.3146			66.38	200.45	percent of total billed charges	
GOLDMANN FIELD EXTEND	92083	CPT	both			424		168 Aetna	Commercial		232.58	1.592			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD EXTEND	92083	CPT	both			424		168 Aetna	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD EXTEND	92083	CPT	both			424		168 Aetna	Better Health		133.39	0.3146			133.39	402.8	percent of total billed charges	
GOLDMANN FIELD EXTEND	92083	CPT	both			424		168 Americare	Americare		318	0.75			133.39	402.8	percent of total billed charges	
GOLDMANN FIELD EXTEND	92083	CPT	both			424		168 WellPoint	WellPoint		136.02	0.3208			133.39	402.8	percent of total billed charges	
GOLDMANN FIELD EXTEND	92083	CPT	both			424		168 Amerihealth	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD EXTEND	92083	CPT	both			424		168 Consumer	Consumer		402.8	0.95			133.39	402.8	percent of total billed charges	
GOLDMANN FIELD EXTEND	92083	CPT	both			424		168 Corrections	Corrections		339.2	0.8			133.39	402.8	percent of total billed charges	
GOLDMANN FIELD EXTEND	92083	CPT	both			424		168 First Health	First Health		296.8	0.7			133.39	402.8	percent of total billed charges	
GOLDMANN FIELD EXTEND	92083	CPT	both			424		168 First Trenton	First Trenton		381.6	0.9			133.39	402.8	percent of total billed charges	
GOLDMANN FIELD EXTEND	92083	CPT	both			424		168 Horizon	Indemnity		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD EXTEND	92083	CPT	both			424		168 Horizon	MGD		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD EXTEND	92083	CPT	both			424		168 Horizon	PPO		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD EXTEND	92083	CPT	both			424		168 Horizon	Medicare Blue		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD EXTEND	92083	CPT	both			424		168 Managed Care Inc	Managed Care Inc		381.6	0.9			133.39	402.8	percent of total billed charges	
GOLDMANN FIELD EXTEND	92083	CPT	both			424		168 Multiplan	Multiplan		339.2	0.8			133.39	402.8	percent of total billed charges	
GOLDMANN FIELD EXTEND	92083	CPT	both			424		168 Qualcare	Qualcare		318	0.75			133.39	402.8	percent of total billed charges	
GOLDMANN FIELD EXTEND	92083	CPT	both			424		168 Three Rivers	Three Rivers		402.8	0.95			133.39	402.8	percent of total billed charges	
GOLDMANN FIELD EXTEND	92083	CPT	both			424		168 UHC	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD EXTEND	92083	CPT	both			424		168 UHC	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
GOLDMANN FIELD EXTEND	92083	CPT	both			424		168 Wellcare	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOLDMANN FIELD EXTEND	92083	CPT	both			424		168 Wellcare	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Aetna	Better Health		69.21	0.3146			66.38	209	percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Aetna	Commercial		111.38	1.592			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Aetna	Medicare		69.96	1			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Americare	Americare		165	0.75			66.38	209	percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 WellPoint	WellPoint		70.58	0.3208			66.38	209	percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Amerihealth	Medicare		69.96	1			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Consumer	Consumer		209	0.95			66.38	209	percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Corrections	Corrections		176	0.8			66.38	209	percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 First Health	First Health		154	0.7			66.38	209	percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 First Trenton	First Trenton		198	0.9			66.38	209	percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Horizon	MGD		127.82	1.827			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Horizon	Indemnity		127.82	1.827			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Horizon	PPO		127.82	1.827			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Horizon	Medicare Blue		69.96	1			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Managed Care Inc	Managed Care Inc		198	0.9			66.38	209	percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Multiplan	Multiplan		176	0.8			66.38	209	percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Qualcare	Qualcare		165	0.75			66.38	209	percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Three Rivers	Three Rivers		209	0.95			66.38	209	percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 UHC	Medicaid		69.21	0.3146			66.38	209	percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 UHC	Medicare		69.96	1			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Wellcare	Medicaid		69.21	0.3146			66.38	209	percent of total billed charges	
OCT -ANT SEG (ONE EYE)	92132	CPT	outpatient			220		80.45 Wellcare	Medicare		69.96	1			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	outpatient			220		80.45 Aetna	Better Health		69.21	0.3146			66.38	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	outpatient			220		80.45 Aetna	Commercial		111.38	1.592			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	outpatient			220		80.45 Aetna	Medicare		69.96	1			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	outpatient			220		80.45 Americare	Americare		165	0.75			66.38	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	outpatient			220		80.45 WellPoint	WellPoint		70.58	0.3208			66.38	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	outpatient			220		80.45 Amerihealth	Medicare		69.96	1			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	outpatient			220		80.45 Consumer	Consumer		209	0.95			66.38	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	outpatient			220		80.45 Corrections	Corrections		176	0.8			66.38	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	outpatient			220		80.45 First Health	First Health		154	0.7			66.38	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	outpatient			220		80.45 First Trenton	First Trenton		198	0.9			66.38	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	outpatient			220		80.45 Horizon	Medicare Blue		69.96	1			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	outpatient			220		80.45 Horizon	Indemnity		127.82	1.827			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	outpatient			220		80.45 Horizon	MGD		127.82	1.827			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	outpatient			220		80.45 Horizon	PPO		127.82	1.827			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	outpatient			220		80.45 Managed Care Inc	Managed Care Inc		198	0.9			66.38	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	outpatient			220		80.45 Multiplan	Multiplan		176	0.8			66.38	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	outpatient			220		80.45 Qualcare	Qualcare		165	0.75			66.38	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	outpatient			220		80.45 Three Rivers	Three Rivers		209	0.95			66.38	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	outpatient			220		80.45 UHC	Medicaid		69.21	0.3146			66.38	209	percent of total billed charges	
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	outpatient			220		80.45 UHC	Medicare		69.96	1			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	outpatient			220		80.45 Wellcare	Medicare		69.96	1			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -OPTIC NERVE (ONE EYE)	92133	CPT	outpatient			220		80.45 Wellcare	Medicaid		69.21	0.3146			66.38	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220		80.45 Aetna	Medicare		69.96	1			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -RETINA (ONE EYE)	92134	CPT	both			220		80.45 Aetna	Commercial		111.38	1.592			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -RETINA (ONE EYE)	92134	CPT	both			220		80.45 Aetna	Better Health		69.21	0.3146			66.38	209	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Americare	Americare		165	0.75			66.38	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	WellPoint	WellPoint		70.58	0.3208			66.38	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Amerihealth	Medicare		69.96	1			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Consumer	Consumer		209	0.95			66.38	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Corrections	Corrections		176	0.8			66.38	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	First Health	First Health		154	0.7			66.38	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	First Trenton	First Trenton		198	0.9			66.38	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Horizon	MGD		127.82	1.827			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Horizon	Indemnity		127.82	1.827			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Horizon	Medicare Blue		69.96	1			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Horizon	PPO		127.82	1.827			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Managed Care Inc	Managed Care Inc		198	0.9			66.38	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Multiplan	Multiplan		176	0.8			66.38	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Qualcare	Qualcare		165	0.75			66.38	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Three Rivers	Three Rivers		209	0.95			66.38	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	UHC	Medicaid		69.21	0.3146			66.38	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	UHC	Medicare		69.96	1			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Wellcare	Medicaid		69.21	0.3146			66.38	209	percent of total billed charges	
OCT -RETINA (ONE EYE)	92134	CPT	both			220	80.45	Wellcare	Medicare		69.96	1			66.38	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Aetna	Commercial		232.58	1.592			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Aetna	Better Health		133.39	0.3146			133.39	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Aetna	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Americare	Americare		318	0.75			133.39	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	WellPoint	WellPoint		136.02	0.3208			133.39	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Amerihealth	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Consumer	Consumer		402.8	0.95			133.39	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Corrections	Corrections		339.2	0.8			133.39	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	First Health	First Health		296.8	0.7			133.39	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	0.9			133.39	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Horizon	PPO		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Horizon	Indemnity		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Horizon	MGD		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	0.9			133.39	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	0.8			133.39	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Qualcare	Qualcare		318	0.75			133.39	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	0.95			133.39	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	UHC	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	UHC	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Wellcare	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPTICAL C BIOMETRY /IOL CALC	92136	CPT	outpatient			424	168	Wellcare	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Aetna	Medicare		64.99	0.308			64.99	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Aetna	Better Health		66.38	0.3146			64.99	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Aetna	Commercial		111.38	1.592			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Americare	Americare		158.25	0.75			64.99	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	WellPoint	WellPoint		67.69	0.3208			64.99	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Amerihealth	Medicare		69.96	1			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Consumer	Consumer		200.45	0.95			64.99	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Corrections	Corrections		168.8	0.8			64.99	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	First Health	First Health		147.7	0.7			64.99	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	First Trenton	First Trenton		189.9	0.9			64.99	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Horizon	Medicare Blue		69.96	1			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Horizon	MGD		127.82	1.827			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Horizon	Indemnity		127.82	1.827			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Horizon	PPO		127.82	1.827			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Managed Care Inc	Managed Care Inc		189.9	0.9			64.99	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Multiplan	Multiplan		168.8	0.8			64.99	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Qualcare	Qualcare		158.25	0.75			64.99	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Three Rivers	Three Rivers		200.45	0.95			64.99	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	UHC	Medicaid		66.38	0.3146			64.99	200.45	percent of total billed charges	
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	UHC	Medicare		69.96	1			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Wellcare	Medicare		69.96	1			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND RTA DRAW UNIBIL	92201	CPT	outpatient			211	80.45	Wellcare	Medicaid		66.38	0.3146			64.99	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Aetna	Better Health		66.38	0.3146			64.99	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Aetna	Medicare		64.99	0.308			64.99	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Aetna	Commercial		111.38	1.592			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Americare	Americare		158.25	0.75			64.99	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	WellPoint	WellPoint		67.69	0.3208			64.99	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Amerihealth	Medicare		69.96	1			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Consumer	Consumer		200.45	0.95			64.99	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Corrections	Corrections		168.8	0.8			64.99	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	First Health	First Health		147.7	0.7			64.99	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	First Trenton	First Trenton		189.9	0.9			64.99	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Horizon	MGD		127.82	1.827			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Horizon	Indemnity		127.82	1.827			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Horizon	PPO		127.82	1.827			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Horizon	Medicare Blue		69.96	1			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Managed Care Inc	Managed Care Inc		189.9	0.9			64.99	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Multiplan	Multiplan		168.8	0.8			64.99	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Qualcare	Qualcare		158.25	0.75			64.99	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Three Rivers	Three Rivers		200.45	0.95			64.99	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	UHC	Medicaid		66.38	0.3146			64.99	200.45	percent of total billed charges	
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	UHC	Medicare		69.96	1			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Wellcare	Medicare		69.96	1			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPSCPY EXTND OPTIC N/MAC DRAW	92202	CPT	outpatient			211	80.45	Wellcare	Medicaid		66.38	0.3146			64.99	200.45	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Aetna	Commercial		111.38	1.592			39.01	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Aetna	Better Health		39.01	0.3146			39.01	127.82	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Aetna	Medicare		69.96	1			39.01	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Americare	Americare		93	0.75			39.01	127.82	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	WellPoint	WellPoint		39.78	0.3208			39.01	127.82	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Amerihealth	Medicare		69.96	1			39.01	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Consumer	Consumer		117.8	0.95			39.01	127.82	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Corrections	Corrections		99.2	0.8			39.01	127.82	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	First Health	First Health		86.8	0.7			39.01	127.82	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	First Trenton	First Trenton		111.6	0.9			39.01	127.82	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Horizon	Medicare Blue		69.96	1			39.01	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Horizon	Indemnity		127.82	1.827			39.01	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Horizon	MGD		127.82	1.827			39.01	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Horizon	PPO		127.82	1.827			39.01	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Managed Care Inc	Managed Care Inc		111.6	0.9			39.01	127.82	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Multiplan	Multiplan		99.2	0.8			39.01	127.82	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Qualcare	Qualcare		93	0.75			39.01	127.82	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Three Rivers	Three Rivers		117.8	0.95			39.01	127.82	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	UHC	Medicare		69.96	1			39.01	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	UHC	Medicaid		39.01	0.3146			39.01	127.82	percent of total billed charges	
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Wellcare	Medicare		69.96	1			39.01	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE DX RETINAL IMAGING	92227	CPT	outpatient			124	80.45	Wellcare	Medicaid		39.01	0.3146			39.01	127.82	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Aetna	Better Health		39.01	0.3146			39.01	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Aetna	Commercial		73.01	1.592			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Aetna	Medicare		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Americare	Americare		93	0.75			39.01	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	WellPoint	WellPoint		39.78	0.3208			39.01	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Amerihealth	Medicare		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Consumer	Consumer		117.8	0.95			39.01	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Corrections	Corrections		99.2	0.8			39.01	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	First Health	First Health		86.8	0.7			39.01	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	First Trenton	First Trenton		111.6	0.9			39.01	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Horizon	MGD		83.79	1.827			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Horizon	Indemnity		83.79	1.827			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Horizon	Medicare Blue		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Horizon	PPO		83.79	1.827			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Managed Care Inc	Managed Care Inc		111.6	0.9			39.01	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Multiplan	Multiplan		99.2	0.8			39.01	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Qualcare	Qualcare		93	0.75			39.01	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Three Rivers	Three Rivers		117.8	0.95			39.01	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	UHC	Medicaid		39.01	0.3146			39.01	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	UHC	Medicare		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Wellcare	Medicaid		39.01	0.3146			39.01	117.8	percent of total billed charges	
REMOTE RETINAL IMAGING MGMT	92228	CPT	outpatient			124	52.74	Wellcare	Medicare		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Aetna	Better Health		321.84	0.3146			276.53	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Aetna	Commercial		571.48	1.592			276.53	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Aetna	Medicare		358.97	1			276.53	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Americare	Americare		767.25	0.75			276.53	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	WellPoint	WellPoint		328.18	0.3208			276.53	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Amerihealth	Medicare		358.97	1			276.53	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Consumer	Consumer		971.85	0.95			276.53	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Corrections	Corrections		818.4	0.8			276.53	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	First Health	First Health		716.1	0.7			276.53	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	First Trenton	First Trenton		920.7	0.9			276.53	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Horizon	Indemnity		655.84	1.827			276.53	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Horizon	MGD		655.84	1.827			276.53	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Horizon	Medicare Blue		358.97	1			276.53	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Horizon	PPO		655.84	1.827			276.53	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Managed Care Inc	Managed Care Inc		920.7	0.9			276.53	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Multiplan	Multiplan		818.4	0.8			276.53	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Qualcare	Qualcare		767.25	0.75			276.53	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Three Rivers	Three Rivers		971.85	0.95			276.53	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	UHC	Medicare		358.97	1			276.53	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	UHC	Medicaid		321.84	0.3146			276.53	971.85	percent of total billed charges	
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Wellcare	Medicare		358.97	1			276.53	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUORESCEIN ANGIOGRAPHY-BOTH	92235	CPT	outpatient			1023	412.82	Wellcare	Medicaid		321.84	0.3146			276.53	971.85	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Aetna	Commercial		571.48	1.592			321.84	1349	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Aetna	Better Health		446.73	0.3146			321.84	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Aetna	Medicare		358.97	1			321.84	1349	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Americare	Americare		1065	0.75			321.84	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	WellPoint	WellPoint		455.54	0.3208			321.84	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Amerihealth	Medicare		358.97	1			321.84	1349	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Consumer	Consumer		1349	0.95			321.84	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Corrections	Corrections		1136	0.8			321.84	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	First Health	First Health		994	0.7			321.84	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	First Trenton	First Trenton		1278	0.9			321.84	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Horizon	MGD		655.84	1.827			321.84	1349	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Horizon	Indemnity		655.84	1.827			321.84	1349	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Horizon	Medicare Blue		358.97	1			321.84	1349	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Horizon	PPO		655.84	1.827			321.84	1349	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Managed Care Inc	Managed Care Inc		1278	0.9			321.84	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Multiplan	Multiplan		1136	0.8			321.84	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Qualcare	Qualcare		1065	0.75			321.84	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Three Rivers	Three Rivers		1349	0.95			321.84	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	UHC	Medicare		358.97	1			321.84	1349	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	UHC	Medicaid		446.73	0.3146			321.84	1349	percent of total billed charges	
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Wellcare	Medicare		358.97	1			321.84	1349	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICG ANGIOGRAPHY-BOTH	92240	CPT	outpatient			1420	412.82	Wellcare	Medicaid		446.73	0.3146			321.84	1349	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Aetna	Better Health		321.84	0.3146			321.84	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Aetna	Commercial		571.48	1.592			321.84	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Aetna	Medicare		358.97	1			321.84	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Americare	Americare		767.25	0.75			321.84	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	WellPoint	WellPoint		328.18	0.3208			321.84	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Amerihealth	Medicare		358.97	1			321.84	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Consumer	Consumer		971.85	0.95			321.84	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Corrections	Corrections		818.4	0.8			321.84	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	First Health	First Health		716.1	0.7			321.84	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	First Trenton	First Trenton		920.7	0.9			321.84	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Horizon	PPO		655.84	1.827			321.84	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Horizon	Medicare Blue		358.97	1			321.84	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Horizon	MGD		655.84	1.827			321.84	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Horizon	Indemnity		655.84	1.827			321.84	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Managed Care Inc	Managed Care Inc		920.7	0.9			321.84	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Multiplan	Multiplan		818.4	0.8			321.84	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Qualcare	Qualcare		767.25	0.75			321.84	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Three Rivers	Three Rivers		971.85	0.95			321.84	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	UHC	Medicaid		321.84	0.3146			321.84	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	UHC	Medicare		358.97	1			321.84	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Wellcare	Medicaid		321.84	0.3146			321.84	971.85	percent of total billed charges	
FLUO ICG ANGRPH W/MULTIFRAME I&R UNI/BI	92242	CPT	outpatient			1023	412.82	Wellcare	Medicare		358.97	1			321.84	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Aetna	Better Health		133.39	0.3146			133.39	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Aetna	Commercial		232.58	1.592			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Aetna	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Americare	Americare		318	0.75			133.39	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	WellPoint	WellPoint		136.02	0.3208			133.39	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Amerihealth	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Consumer	Consumer		402.8	0.95			133.39	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Corrections	Corrections		339.2	0.8			133.39	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	First Health	First Health		296.8	0.7			133.39	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	0.9			133.39	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Horizon	Indemnity		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Horizon	MGD		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Horizon	PPO		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	0.9			133.39	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	0.8			133.39	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Qualcare	Qualcare		318	0.75			133.39	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	0.95			133.39	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	UHC	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	UHC	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Wellcare	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STEREO DISC PHOTOS	92250	CPT	outpatient			424	168	Wellcare	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Aetna	Better Health		39.01	0.3146			39.01	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Aetna	Medicare		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Aetna	Commercial		73.01	1.592			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Americare	Americare		93	0.75			39.01	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	WellPoint	WellPoint		39.78	0.3208			39.01	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Amerihealth	Medicare		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Consumer	Consumer		117.8	0.95			39.01	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Corrections	Corrections		99.2	0.8			39.01	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	First Health	First Health		86.8	0.7			39.01	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	First Trenton	First Trenton		111.6	0.9			39.01	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Horizon	PPO		83.79	1.827			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Horizon	Medicare Blue		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Horizon	MGD		83.79	1.827			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Horizon	Indemnity		83.79	1.827			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Managed Care Inc	Managed Care Inc		111.6	0.9			39.01	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Multiplan	Multiplan		99.2	0.8			39.01	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Qualcare	Qualcare		93	0.75			39.01	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Three Rivers	Three Rivers		117.8	0.95			39.01	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	UHC	Medicaid		39.01	0.3146			39.01	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	UHC	Medicare		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Wellcare	Medicaid		39.01	0.3146			39.01	117.8	percent of total billed charges	
OPHTHALMODYNAMOMETRY	92260	CPT	outpatient			124	52.74	Wellcare	Medicare		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EOG-TECHNICAL	92270	CPT	outpatient			424	168	Aetna	Commercial		232.58	1.592			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EOG-TECHNICAL	92270	CPT	outpatient			424	168	Aetna	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EOG-TECHNICAL	92270	CPT	outpatient			424	168	Aetna	Better Health		133.39	0.3146			133.39	402.8	percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424	168	Americare	Americare		318	0.75			133.39	402.8	percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424	168	WellPoint	WellPoint		136.02	0.3208			133.39	402.8	percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424	168	Amerihealth	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EOG-TECHNICAL	92270	CPT	outpatient			424	168	Consumer	Consumer		402.8	0.95			133.39	402.8	percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424	168	Corrections	Corrections		339.2	0.8			133.39	402.8	percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424	168	First Health	First Health		296.8	0.7			133.39	402.8	percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	0.9			133.39	402.8	percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424	168	Horizon	MGD		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EOG-TECHNICAL	92270	CPT	outpatient			424	168	Horizon	Indemnity		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EOG-TECHNICAL	92270	CPT	outpatient			424	168	Horizon	PPO		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EOG-TECHNICAL	92270	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EOG-TECHNICAL	92270	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	0.9			133.39	402.8	percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	0.8			133.39	402.8	percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424	168	Qualcare	Qualcare		318	0.75			133.39	402.8	percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	0.95			133.39	402.8	percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424	168	UHC	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
EOG-TECHNICAL	92270	CPT	outpatient			424	168	UHC	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EOG-TECHNICAL	92270	CPT	outpatient			424	168	Wellcare	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EOG-TECHNICAL	92270	CPT	outpatient			424	168	Wellcare	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Aetna	Better Health		167.37	0.3146			167.37	505.4	percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Aetna	Commercial		284.41	1.592			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Aetna	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Americare	Americare		399	0.75			167.37	505.4	percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	WellPoint	WellPoint		170.67	0.3208			167.37	505.4	percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Amerihealth	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Consumer	Consumer		505.4	0.95			167.37	505.4	percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Corrections	Corrections		425.6	0.8			167.37	505.4	percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	First Health	First Health		372.4	0.7			167.37	505.4	percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	First Trenton	First Trenton		478.8	0.9			167.37	505.4	percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Horizon	Indemnity		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Horizon	MGD		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Horizon	PPO		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Horizon	Medicare Blue		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Managed Care Inc	Managed Care Inc		478.8	0.9			167.37	505.4	percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Multiplan	Multiplan		425.6	0.8			167.37	505.4	percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Qualcare	Qualcare		399	0.75			167.37	505.4	percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Three Rivers	Three Rivers		505.4	0.95			167.37	505.4	percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	UHC	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	UHC	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Wellcare	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
MULTIFOC ERG W I&R	92274	CPT	outpatient			532	205.45	Wellcare	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Aetna	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Aetna	Better Health		66.38	0.3146			66.38	200.45	percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Aetna	Commercial		111.38	1.592			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Americare	Americare		158.25	0.75			66.38	200.45	percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	WellPoint	WellPoint		67.69	0.3208			66.38	200.45	percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Amerihealth	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Consumer	Consumer		200.45	0.95			66.38	200.45	percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Corrections	Corrections		168.8	0.8			66.38	200.45	percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	First Health	First Health		147.7	0.7			66.38	200.45	percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	First Trenton	First Trenton		189.9	0.9			66.38	200.45	percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Horizon	Medicare Blue		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Horizon	MGD		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Horizon	Indemnity		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Horizon	PPO		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Managed Care Inc	Managed Care Inc		189.9	0.9			66.38	200.45	percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Multiplan	Multiplan		168.8	0.8			66.38	200.45	percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Qualcare	Qualcare		158.25	0.75			66.38	200.45	percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Three Rivers	Three Rivers		200.45	0.95			66.38	200.45	percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	UHC	Medicaid		66.38	0.3146			66.38	200.45	percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	UHC	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Wellcare	Medicaid		66.38	0.3146			66.38	200.45	percent of total billed charges	
COLOR VISION EXTENDED	92283	CPT	outpatient			211	80.45	Wellcare	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Aetna	Better Health		66.38	0.3146			45.86	200.45	percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Aetna	Medicare		45.86	1			45.86	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Aetna	Commercial		73.01	1.592			45.86	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Americare	Americare		158.25	0.75			45.86	200.45	percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	WellPoint	WellPoint		67.69	0.3208			45.86	200.45	percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Amerihealth	Medicare		45.86	1			45.86	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Consumer	Consumer		200.45	0.95			45.86	200.45	percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Corrections	Corrections		168.8	0.8			45.86	200.45	percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	First Health	First Health		147.7	0.7			45.86	200.45	percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	First Trenton	First Trenton		189.9	0.9			45.86	200.45	percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Horizon	MGD		83.79	1.827			45.86	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Horizon	Medicare Blue		45.86	1			45.86	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Horizon	PPO		83.79	1.827			45.86	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Horizon	Indemnity		83.79	1.827			45.86	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Managed Care Inc	Managed Care Inc		189.9	0.9			45.86	200.45	percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Multiplan	Multiplan		168.8	0.8			45.86	200.45	percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Qualcare	Qualcare		158.25	0.75			45.86	200.45	percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Three Rivers	Three Rivers		200.45	0.95			45.86	200.45	percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	UHC	Medicaid		66.38	0.3146			45.86	200.45	percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	UHC	Medicare		45.86	1			45.86	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Wellcare	Medicaid		66.38	0.3146			45.86	200.45	percent of total billed charges	
EXTERNAL EYE PHOTO	92285	CPT	outpatient			211	52.74	Wellcare	Medicare		45.86	1			45.86	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Aetna	Better Health		133.39	0.3146			133.39	402.8	percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Aetna	Commercial		232.58	1.592			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Aetna	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Americare	Americare		318	0.75			133.39	402.8	percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	WellPoint	WellPoint		136.02	0.3208			133.39	402.8	percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Amerihealth	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Consumer	Consumer		402.8	0.95			133.39	402.8	percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Corrections	Corrections		339.2	0.8			133.39	402.8	percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	First Health	First Health		296.8	0.7			133.39	402.8	percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	0.9			133.39	402.8	percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Horizon	Indemnity		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Horizon	PPO		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Horizon	MGD		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	0.9			133.39	402.8	percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	0.8			133.39	402.8	percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Qualcare	Qualcare		318	0.75			133.39	402.8	percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	0.95			133.39	402.8	percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	UHC	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	UHC	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Wellcare	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANT SEGM PHOTO W FLUOROSC ANGIO	92287	CPT	outpatient			424	168	Wellcare	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Aetna	Better Health		433.83	0.3146			433.83	1310.05	percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Aetna	Commercial		725.46	1.592			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Aetna	Medicare		455.69	1			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Americare	Americare		1034.25	0.75			433.83	1310.05	percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	WellPoint	WellPoint		442.38	0.3208			433.83	1310.05	percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Amerihealth	Medicare		455.69	1			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Consumer	Consumer		1310.05	0.95			433.83	1310.05	percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Corrections	Corrections		1103.2	0.8			433.83	1310.05	percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	First Health	First Health		965.3	0.7			433.83	1310.05	percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	First Trenton	First Trenton		1241.1	0.9			433.83	1310.05	percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Horizon	Medicare Blue		455.69	1			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Horizon	Indemnity		832.55	1.827			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Horizon	MGD		832.55	1.827			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Horizon	PPO		832.55	1.827			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Managed Care Inc	Managed Care Inc		1241.1	0.9			433.83	1310.05	percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Multiplan	Multiplan		1103.2	0.8			433.83	1310.05	percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Qualcare	Qualcare		1034.25	0.75			433.83	1310.05	percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Three Rivers	Three Rivers		1310.05	0.95			433.83	1310.05	percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	UHC	Medicaid		433.83	0.3146			433.83	1310.05	percent of total billed charges	
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	UHC	Medicare		455.69	1			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Wellcare	Medicare		455.69	1			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILAT APHAKIC CL FIT	92311	CPT	outpatient			1379	524.04	Wellcare	Medicaid		433.83	0.3146			433.83	1310.05	percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Aetna	Medicare		130.59	0.308			130.59	402.8	percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Aetna	Commercial		232.58	1.592			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Aetna	Better Health		133.39	0.3146			130.59	402.8	percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Americare	Americare		318	0.75			130.59	402.8	percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	WellPoint	WellPoint		136.02	0.3208			130.59	402.8	percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Amerihealth	Medicare		146.09	1			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Consumer	Consumer		402.8	0.95			130.59	402.8	percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Corrections	Corrections		339.2	0.8			130.59	402.8	percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	First Health	First Health		296.8	0.7			130.59	402.8	percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	0.9			130.59	402.8	percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Horizon	MGD		266.91	1.827			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Horizon	Indemnity		266.91	1.827			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Horizon	PPO		266.91	1.827			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09	1			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	0.9			130.59	402.8	percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	0.8			130.59	402.8	percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Qualcare	Qualcare		318	0.75			130.59	402.8	percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	0.95			130.59	402.8	percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	UHC	Medicare		146.09	1			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	UHC	Medicaid		133.39	0.3146			130.59	402.8	percent of total billed charges	
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Wellcare	Medicare		146.09	1			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BILAT APHAKIC CL FIT	92312	CPT	outpatient			424	168	Wellcare	Medicaid		133.39	0.3146			130.59	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424	168	Aetna	Commercial		232.58	1.592			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424	168	Aetna	Medicare		130.59	0.308			130.59	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424	168	Aetna	Better Health		133.39	0.3146			130.59	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424	168	Americare	Americare		318	0.75			130.59	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424	168	WellPoint	WellPoint		136.02	0.3208			130.59	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424	168	Amerihealth	Medicare		146.09	1			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424	168	Consumer	Consumer		402.8	0.95			130.59	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424	168	Corrections	Corrections		339.2	0.8			130.59	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424	168	First Health	First Health		296.8	0.7			130.59	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	0.9			130.59	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09	1			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424	168	Horizon	Indemnity		266.91	1.827			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424	168	Horizon	PPO		266.91	1.827			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424	168	Horizon	MGD		266.91	1.827			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	0.9			130.59	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	0.8			130.59	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424	168	Qualcare	Qualcare		318	0.75			130.59	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	0.95			130.59	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424	168	UHC	Medicare		146.09	1			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424	168	UHC	Medicaid		133.39	0.3146			130.59	402.8	percent of total billed charges	
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424	168	Wellcare	Medicare		146.09	1			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORNEOSCLERAL LENS FITTING	92313	CPT	outpatient			424	168	Wellcare	Medicaid		133.39	0.3146			130.59	402.8	percent of total billed charges	
REPLACEMENT CONTACT LENS	92326	CPT	outpatient			220	80.45	Aetna	Medicare		69.96	1			69.21	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACEMENT CONTACT LENS	92326	CPT	outpatient			220	80.45	Aetna	Commercial		111.38	1.592			69.21	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACEMENT CONTACT LENS	92326	CPT	outpatient			220	80.45	Aetna	Better Health		69.21	0.3146			69.21	209	percent of total billed charges	
REPLACEMENT CONTACT LENS	92326	CPT	outpatient			220	80.45	Americare	Americare		165	0.75			69.21	209	percent of total billed charges	
REPLACEMENT CONTACT LENS	92326	CPT	outpatient			220	80.45	WellPoint	WellPoint		70.58	0.3208			69.21	209	percent of total billed charges	
REPLACEMENT CONTACT LENS	92326	CPT	outpatient			220	80.45	Amerihealth	Medicare		69.96	1			69.21	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACEMENT CONTACT LENS	92326	CPT	outpatient			220	80.45	Consumer	Consumer		209	0.95			69.21	209	percent of total billed charges	
REPLACEMENT CONTACT LENS	92326	CPT	outpatient			220	80.45	Corrections	Corrections		176	0.8			69.21	209	percent of total billed charges	
REPLACEMENT CONTACT LENS	92326	CPT	outpatient			220	80.45	First Health	First Health		154	0.7			69.21	209	percent of total billed charges	
REPLACEMENT CONTACT LENS	92326	CPT	outpatient			220	80.45	First Trenton	First Trenton		198	0.9			69.21	209	percent of total billed charges	
REPLACEMENT CONTACT LENS	92326	CPT	outpatient			220	80.45	Horizon	MGD		127.82	1.827			69.21	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACEMENT CONTACT LENS	92326	CPT	outpatient			220	80.45	Horizon	Medicare Blue		69.96	1			69.21	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACEMENT CONTACT LENS	92326	CPT	outpatient			220	80.45	Horizon	Indemnity		127.82	1.827			69.21	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACEMENT CONTACT LENS	92326	CPT	outpatient			220	80.45	Horizon	PPO		127.82	1.827			69.21	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPLACEMENT CONTACT LENS	92326	CPT	outpatient			220	80.45	Managed Care Inc	Managed Care Inc		198	0.9			69.21	209	percent of total billed charges	
REPLACEMENT CONTACT LENS	92326	CPT	outpatient			220	80.45	Multiplan	Multiplan		176	0.8			69.21	209	percent of total billed charges	
REPLACEMENT CONTACT LENS	92326	CPT	outpatient			220	80.45	Qualcare	Qualcare		165	0.75			69.21	209	percent of total billed charges	
REPLACEMENT CONTACT LENS	92326	CPT	outpatient			220	80.45	Three Rivers	Three Rivers		209	0.95			69.21	209	percent of total billed charges	
REPLACEMENT CONTACT LENS	92326	CPT	outpatient			220	80.45	UHC	Medicaid		69.21	0.3146			69.21	209	percent of total billed charges	
REPLACEMENT CONTACT LENS	92326	CPT	outpatient			220	80.45	UHC	Medicare		69.96	1			69.21	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPLACEMENT CONTACT LENS	92326	CPT	outpatient			220	80.45	Wellcare	Medicaid		69.21	0.3146			69.21	209	percent of total billed charges	
REPLACEMENT CONTACT LENS	92326	CPT	outpatient			220	80.45	Wellcare	Medicare		69.96	1			69.21	209	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343	39.16	Aetna	Better Health		107.91	0.3146			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343	39.16	Aetna	Commercial		54.21	1.592			34.05	325.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343	39.16	Aetna	Medicare		34.05	1			34.05	325.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343	39.16	Americare	Americare		257.25	0.75			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343	39.16	WellPoint	WellPoint		110.03	0.3208			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343	39.16	Amerihealth	Medicare		34.05	1			34.05	325.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343	39.16	Consumer	Consumer		325.85	0.95			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343	39.16	Corrections	Corrections		274.4	0.8			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343	39.16	First Health	First Health		240.1	0.7			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343	39.16	First Trenton	First Trenton		308.7	0.9			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343	39.16	Horizon	PPO		62.21	1.827			34.05	325.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343	39.16	Horizon	Medicare Blue		34.05	1			34.05	325.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343	39.16	Horizon	MGD		62.21	1.827			34.05	325.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343	39.16	Horizon	Indemnity		62.21	1.827			34.05	325.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343	39.16	Managed Care Inc	Managed Care Inc		308.7	0.9			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343	39.16	Multiplan	Multiplan		274.4	0.8			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343	39.16	Qualcare	Qualcare		257.25	0.75			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343	39.16	Three Rivers	Three Rivers		325.85	0.95			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343	39.16	UHC	Medicaid		107.91	0.3146			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343	39.16	UHC	Medicare		34.05	1			34.05	325.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343	39.16	Wellcare	Medicaid		107.91	0.3146			34.05	325.85	percent of total billed charges	
UNLIST. OPTH SERVICE/PROC	92499	CPT	outpatient			343	39.16	Wellcare	Medicare		34.05	1			34.05	325.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Aetna	Better Health		201.97	0.3146			57	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Aetna	Commercial		243.96	0.38			57	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Aetna	Medicare		197.74	0.308			57	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Americare	Americare		481.5	0.75			57	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		WellPoint	WellPoint		205.95	0.3208			57	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Consumer	Consumer		609.9	0.95			57	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Corrections	Corrections		513.6	0.8			57	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		First Health	First Health		449.4	0.7			57	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		First Trenton	First Trenton		577.8	0.9			57	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Horizon	Medicare Blue		192.6	0.3			57	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Horizon	MGD		245.76	0.3828			57	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Horizon	PPO		245.76	0.3828			57	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Horizon	Indemnity		245.76	0.3828			57	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Managed Care Inc	Managed Care Inc		577.8	0.9			57	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Multiplan	Multiplan		513.6	0.8			57	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Qualcare	Qualcare		481.5	0.75			57	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Three Rivers	Three Rivers		609.9	0.95			57	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		UHC	Medicaid		201.97	0.3146			57	609.9	percent of total billed charges	
TREAT SPH/LANG/VOICE-8-22 MIN	92507	CPT	both			642		Wellcare	Medicaid		201.97	0.3146			57	609.9	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Aetna	Commercial		360.65	1.592			82.11	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Aetna	Better Health		205.12	0.3146			82.11	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Aetna	Medicare		226.54	1			82.11	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Americare	Americare		489	0.75			82.11	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	WellPoint	WellPoint		209.16	0.3208			82.11	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Amerihealth	Medicare		226.54	1			82.11	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Consumer	Consumer		619.4	0.95			82.11	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Corrections	Corrections		521.6	0.8			82.11	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	First Health	First Health		456.4	0.7			82.11	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	First Trenton	First Trenton		586.8	0.9			82.11	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Horizon	Medicare Blue		226.54	1			82.11	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Horizon	MGD		413.89	1.827			82.11	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Horizon	Indemnity		413.89	1.827			82.11	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Horizon	PPO		413.89	1.827			82.11	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Managed Care Inc	Managed Care Inc		586.8	0.9			82.11	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Multiplan	Multiplan		521.6	0.8			82.11	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Qualcare	Qualcare		489	0.75			82.11	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Three Rivers	Three Rivers		619.4	0.95			82.11	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	UHC	Medicaid		205.12	0.3146			82.11	619.4	percent of total billed charges	
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	UHC	Medicare		226.54	1			82.11	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Wellcare	Medicare		226.54	1			82.11	619.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NASOPHARYNGOSCOPY W/ENDOSCOPE	92511	CPT	outpatient			652	260.52	Wellcare	Medicaid		205.12	0.3146			82.11	619.4	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Aetna	Commercial		571.48	1.592			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Aetna	Better Health		321.84	0.3146			315.08	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Aetna	Medicare		315.08	0.308			315.08	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Americare	Americare		767.25	0.75			315.08	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	WellPoint	WellPoint		328.18	0.3208			315.08	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Amerihealth	Medicare		358.97	1			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Consumer	Consumer		971.85	0.95			315.08	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Corrections	Corrections		818.4	0.8			315.08	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	First Health	First Health		716.1	0.7			315.08	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	First Trenton	First Trenton		920.7	0.9			315.08	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Horizon	MGD		655.84	1.827			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Horizon	Medicare Blue		358.97	1			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Horizon	Indemnity		655.84	1.827			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Horizon	PPO		655.84	1.827			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Managed Care Inc	Managed Care Inc		920.7	0.9			315.08	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Multiplan	Multiplan		818.4	0.8			315.08	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Qualcare	Qualcare		767.25	0.75			315.08	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Three Rivers	Three Rivers		971.85	0.95			315.08	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	UHC	Medicare		358.97	1			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	UHC	Medicaid		321.84	0.3146			315.08	971.85	percent of total billed charges	
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Wellcare	Medicare		358.97	1			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACIAL NERVE FUNCTION STUDIES	92516	CPT	outpatient			1023	412.82	Wellcare	Medicaid		321.84	0.3146			315.08	971.85	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	Aetna	Commercial		284.41	1.592			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP	92517	CPT	outpatient			532	205.45	Aetna	Better Health		167.37	0.3146			167.37	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	Aetna	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP	92517	CPT	outpatient			532	205.45	Americare	Americare		399	0.75			167.37	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	WellPoint	WellPoint		170.67	0.3208			167.37	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	Amerihealth	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP	92517	CPT	outpatient			532	205.45	Consumer	Consumer		505.4	0.95			167.37	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	Corrections	Corrections		425.6	0.8			167.37	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	First Health	First Health		372.4	0.7			167.37	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	First Trenton	First Trenton		478.8	0.9			167.37	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	Horizon	MGD		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP	92517	CPT	outpatient			532	205.45	Horizon	Medicare Blue		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP	92517	CPT	outpatient			532	205.45	Horizon	Indemnity		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP	92517	CPT	outpatient			532	205.45	Horizon	PPO		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP	92517	CPT	outpatient			532	205.45	Managed Care Inc	Managed Care Inc		478.8	0.9			167.37	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	Multiplan	Multiplan		425.6	0.8			167.37	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	Qualcare	Qualcare		399	0.75			167.37	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	Three Rivers	Three Rivers		505.4	0.95			167.37	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	UHC	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP	92517	CPT	outpatient			532	205.45	UHC	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
CVEMP	92517	CPT	outpatient			532	205.45	Wellcare	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP	92517	CPT	outpatient			532	205.45	Wellcare	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	Aetna	Commercial		284.41	1.592			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVEMP	92518	CPT	outpatient			532	205.45	Aetna	Better Health		167.37	0.3146			167.37	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	Aetna	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVEMP	92518	CPT	outpatient			532	205.45	Americare	Americare		399	0.75			167.37	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	WellPoint	WellPoint		170.67	0.3208			167.37	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	Amerihealth	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVEMP	92518	CPT	outpatient			532	205.45	Consumer	Consumer		505.4	0.95			167.37	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	Corrections	Corrections		425.6	0.8			167.37	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	First Health	First Health		372.4	0.7			167.37	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	First Trenton	First Trenton		478.8	0.9			167.37	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	Horizon	MGD		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVEMP	92518	CPT	outpatient			532	205.45	Horizon	Medicare Blue		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVEMP	92518	CPT	outpatient			532	205.45	Horizon	Indemnity		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVEMP	92518	CPT	outpatient			532	205.45	Horizon	PPO		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVEMP	92518	CPT	outpatient			532	205.45	Managed Care Inc	Managed Care Inc		478.8	0.9			167.37	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	Multiplan	Multiplan		425.6	0.8			167.37	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	Qualcare	Qualcare		399	0.75			167.37	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	Three Rivers	Three Rivers		505.4	0.95			167.37	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	UHC	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVEMP	92518	CPT	outpatient			532	205.45	UHC	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
OVEMP	92518	CPT	outpatient			532	205.45	Wellcare	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OVEMP	92518	CPT	outpatient			532	205.45	Wellcare	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Aetna	Better Health		321.84	0.3146			315.08	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Aetna	Commercial		571.48	1.592			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Aetna	Medicare		315.08	0.308			315.08	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Americare	Americare		767.25	0.75			315.08	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	WellPoint	WellPoint		328.18	0.3208			315.08	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Amerihealth	Medicare		358.97	1			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Consumer	Consumer		971.85	0.95			315.08	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Corrections	Corrections		818.4	0.8			315.08	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	First Health	First Health		716.1	0.7			315.08	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	First Trenton	First Trenton		920.7	0.9			315.08	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Horizon	Indemnity		655.84	1.827			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Horizon	MGD		655.84	1.827			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Horizon	Medicare Blue		358.97	1			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Horizon	PPO		655.84	1.827			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Managed Care Inc	Managed Care Inc		920.7	0.9			315.08	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Multiplan	Multiplan		818.4	0.8			315.08	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Qualcare	Qualcare		767.25	0.75			315.08	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Three Rivers	Three Rivers		971.85	0.95			315.08	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	UHC	Medicare		358.97	1			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	UHC	Medicaid		321.84	0.3146			315.08	971.85	percent of total billed charges	
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Wellcare	Medicare		358.97	1			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CVEMP + OVEMP	92519	CPT	outpatient			1023	412.82	Wellcare	Medicaid		321.84	0.3146			315.08	971.85	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Aetna	Medicare		174.94	0.308			170.4	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Aetna	Better Health		178.69	0.3146			170.4	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Aetna	Commercial		215.84	0.38			170.4	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Americare	Americare		426	0.75			170.4	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		WellPoint	WellPoint		182.21	0.3208			170.4	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Consumer	Consumer		539.6	0.95			170.4	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Corrections	Corrections		454.4	0.8			170.4	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		First Health	First Health		397.6	0.7			170.4	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		First Trenton	First Trenton		511.2	0.9			170.4	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Horizon	MGD		217.43	0.3828			170.4	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Horizon	Indemnity		217.43	0.3828			170.4	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Horizon	PPO		217.43	0.3828			170.4	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Horizon	Medicare Blue		170.4	0.3			170.4	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Managed Care Inc	Managed Care Inc		511.2	0.9			170.4	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Multiplan	Multiplan		454.4	0.8			170.4	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Qualcare	Qualcare		426	0.75			170.4	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Three Rivers	Three Rivers		539.6	0.95			170.4	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		UHC	Medicaid		178.69	0.3146			170.4	539.6	percent of total billed charges	
EVALUATION OF SPEECH FLUENCY	92521	CPT	both			568		Wellcare	Medicaid		178.69	0.3146			170.4	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Aetna	Medicare		174.94	0.308			170.4	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Aetna	Better Health		178.69	0.3146			170.4	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Aetna	Commercial		215.84	0.38			170.4	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Americare	Americare		426	0.75			170.4	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		WellPoint	WellPoint		182.21	0.3208			170.4	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Consumer	Consumer		539.6	0.95			170.4	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Corrections	Corrections		454.4	0.8			170.4	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		First Health	First Health		397.6	0.7			170.4	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		First Trenton	First Trenton		511.2	0.9			170.4	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Horizon	MGD		217.43	0.3828			170.4	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Horizon	Indemnity		217.43	0.3828			170.4	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Horizon	PPO		217.43	0.3828			170.4	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Horizon	Medicare Blue		170.4	0.3			170.4	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Managed Care Inc	Managed Care Inc		511.2	0.9			170.4	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Multiplan	Multiplan		454.4	0.8			170.4	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Qualcare	Qualcare		426	0.75			170.4	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Three Rivers	Three Rivers		539.6	0.95			170.4	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		UHC	Medicaid		178.69	0.3146			170.4	539.6	percent of total billed charges	
EVAL. OF SPEECH PRODUCTION	92522	CPT	both			568		Wellcare	Medicaid		178.69	0.3146			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Aetna	Medicare		174.94	0.308			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Aetna	Better Health		178.69	0.3146			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Aetna	Commercial		215.84	0.38			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Americare	Americare		426	0.75			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		WellPoint	WellPoint		182.21	0.3208			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Consumer	Consumer		539.6	0.95			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Corrections	Corrections		454.4	0.8			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		First Health	First Health		397.6	0.7			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		First Trenton	First Trenton		511.2	0.9			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Horizon	MGD		217.43	0.3828			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Horizon	Indemnity		217.43	0.3828			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Horizon	Medicare Blue		170.4	0.3			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Horizon	PPO		217.43	0.3828			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Managed Care Inc	Managed Care Inc		511.2	0.9			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Multiplan	Multiplan		454.4	0.8			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Qualcare	Qualcare		426	0.75			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Three Rivers	Three Rivers		539.6	0.95			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		UHC	Medicaid		178.69	0.3146			170.4	539.6	percent of total billed charges	
SPEECH SOUND LANGUAGECOMPREHEN	92523	CPT	both			568		Wellcare	Medicaid		178.69	0.3146			170.4	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Aetna	Medicare		174.94	0.308			170.4	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Aetna	Better Health		178.69	0.3146			170.4	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Aetna	Commercial		215.84	0.38			170.4	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Americare	Americare		426	0.75			170.4	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		WellPoint	WellPoint		182.21	0.3208			170.4	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Consumer	Consumer		539.6	0.95			170.4	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Corrections	Corrections		454.4	0.8			170.4	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		First Health	First Health		397.6	0.7			170.4	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		First Trenton	First Trenton		511.2	0.9			170.4	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Horizon	MGD		217.43	0.3828			170.4	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Horizon	Medicare Blue		170.4	0.3			170.4	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Horizon	Indemnity		217.43	0.3828			170.4	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Horizon	PPO		217.43	0.3828			170.4	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Managed Care Inc	Managed Care Inc		511.2	0.9			170.4	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Multiplan	Multiplan		454.4	0.8			170.4	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Qualcare	Qualcare		426	0.75			170.4	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Three Rivers	Three Rivers		539.6	0.95			170.4	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		UHC	Medicaid		178.69	0.3146			170.4	539.6	percent of total billed charges	
BEHAVIORAL QUALIT ANALYS VOICE	92524	CPT	both			568		Wellcare	Medicaid		178.69	0.3146			170.4	539.6	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Aetna	Medicare		215.91	0.308			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Aetna	Commercial		266.38	0.38			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Aetna	Better Health		220.53	0.3146			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Americare	Americare		525.75	0.75			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		WellPoint	WellPoint		224.88	0.3208			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Consumer	Consumer		665.95	0.95			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Corrections	Corrections		560.8	0.8			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		First Health	First Health		490.7	0.7			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		First Trenton	First Trenton		630.9	0.9			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Horizon	Indemnity		268.34	0.3828			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Horizon	MGD		268.34	0.3828			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Horizon	Medicare Blue		210.3	0.3			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Horizon	PPO		268.34	0.3828			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Managed Care Inc	Managed Care Inc		630.9	0.9			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Multiplan	Multiplan		560.8	0.8			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Qualcare	Qualcare		525.75	0.75			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Three Rivers	Three Rivers		665.95	0.95			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		UHC	Medicaid		220.53	0.3146			57	665.95	percent of total billed charges	
TREAT SWALL/ORAL DYSF-8-22 MIN	92526	CPT	both			701		Wellcare	Medicaid		220.53	0.3146			57	665.95	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Aetna	Commercial		284.41	1.592			167.37	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Aetna	Medicare		178.65	1			167.37	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Aetna	Better Health		284.4	0.3146			167.37	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Americare	Americare		678	0.75			167.37	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	WellPoint	WellPoint		290	0.3208			167.37	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Amerihealth	Medicare		178.65	1			167.37	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Consumer	Consumer		858.8	0.95			167.37	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Corrections	Corrections		723.2	0.8			167.37	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	First Health	First Health		632.8	0.7			167.37	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	First Trenton	First Trenton		813.6	0.9			167.37	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Horizon	MGD		326.39	1.827			167.37	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Horizon	Indemnity		326.39	1.827			167.37	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Horizon	PPO		326.39	1.827			167.37	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Horizon	Medicare Blue		178.65	1			167.37	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Managed Care Inc	Managed Care Inc		813.6	0.9			167.37	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Multiplan	Multiplan		723.2	0.8			167.37	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Qualcare	Qualcare		678	0.75			167.37	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Three Rivers	Three Rivers		858.8	0.95			167.37	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	UHC	Medicaid		284.4	0.3146			167.37	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	UHC	Medicare		178.65	1			167.37	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Wellcare	Medicare		178.65	1			167.37	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-BITHERMAL	92537	CPT	outpatient			904	205.45	Wellcare	Medicaid		284.4	0.3146			167.37	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Aetna	Medicare		278.43	0.308			163.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Aetna	Better Health		284.4	0.3146			163.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Aetna	Commercial		284.41	1.592			163.86	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Americare	Americare		678	0.75			163.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	WellPoint	WellPoint		290	0.3208			163.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Amerihealth	Medicare		178.65	1			163.86	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Consumer	Consumer		858.8	0.95			163.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	Corrections	Corrections		723.2	0.8			163.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	First Health	First Health		632.8	0.7			163.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904	205.45	First Trenton	First Trenton		813.6	0.9			163.86	858.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904		205.45 Horizon	MCD		326.39	1.827			163.86	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904		205.45 Horizon	Indemnity		326.39	1.827			163.86	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904		205.45 Horizon	PPO		326.39	1.827			163.86	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904		205.45 Horizon	Medicare Blue		178.65	1			163.86	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904		205.45 Managed Care Inc	Managed Care Inc		813.6	0.9			163.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904		205.45 Multiplan	Multiplan		723.2	0.8			163.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904		205.45 Qualcare	Qualcare		678	0.75			163.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904		205.45 Three Rivers	Three Rivers		858.8	0.95			163.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904		205.45 UHC	Medicaid		284.4	0.3146			163.86	858.8	percent of total billed charges	
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904		205.45 UHC	Medicare		178.65	1			163.86	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904		205.45 Wellcare	Medicare		178.65	1			163.86	858.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALOR VESTIB TEST W/REC-MONOTHERMAL	92538	CPT	outpatient			904		205.45 Wellcare	Medicaid		284.4	0.3146			163.86	858.8	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532		205.45 Aetna	Commercial		284.41	1.592			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532		205.45 Aetna	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532		205.45 Aetna	Better Health		167.37	0.3146			167.37	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532		205.45 Americare	Americare		399	0.75			167.37	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532		205.45 WellPoint	WellPoint		170.67	0.3208			167.37	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532		205.45 Amerihealth	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532		205.45 Consumer	Consumer		505.4	0.95			167.37	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532		205.45 Corrections	Corrections		425.6	0.8			167.37	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532		205.45 First Health	First Health		372.4	0.7			167.37	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532		205.45 First Trenton	First Trenton		478.8	0.9			167.37	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532		205.45 Horizon	MCD		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532		205.45 Horizon	Indemnity		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532		205.45 Horizon	Medicare Blue		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532		205.45 Horizon	PPO		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532		205.45 Managed Care Inc	Managed Care Inc		478.8	0.9			167.37	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532		205.45 Multiplan	Multiplan		425.6	0.8			167.37	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532		205.45 Qualcare	Qualcare		399	0.75			167.37	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532		205.45 Three Rivers	Three Rivers		505.4	0.95			167.37	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532		205.45 UHC	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532		205.45 UHC	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532		205.45 Wellcare	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASIC VESTIBULAR EVALUATION	92540	CPT	outpatient			532		205.45 Wellcare	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TSTW/REC	92541	CPT	outpatient			424		168 Aetna	Commercial		232.58	1.592			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TSTW/REC	92541	CPT	outpatient			424		168 Aetna	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TSTW/REC	92541	CPT	outpatient			424		168 Aetna	Better Health		133.39	0.3146			133.39	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TSTW/REC	92541	CPT	outpatient			424		168 Americare	Americare		318	0.75			133.39	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TSTW/REC	92541	CPT	outpatient			424		168 WellPoint	WellPoint		136.02	0.3208			133.39	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TSTW/REC	92541	CPT	outpatient			424		168 Amerihealth	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TSTW/REC	92541	CPT	outpatient			424		168 Consumer	Consumer		402.8	0.95			133.39	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TSTW/REC	92541	CPT	outpatient			424		168 Corrections	Corrections		339.2	0.8			133.39	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TSTW/REC	92541	CPT	outpatient			424		168 First Health	First Health		296.8	0.7			133.39	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TSTW/REC	92541	CPT	outpatient			424		168 First Trenton	First Trenton		381.6	0.9			133.39	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TSTW/REC	92541	CPT	outpatient			424		168 Horizon	MCD		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TSTW/REC	92541	CPT	outpatient			424		168 Horizon	Medicare Blue		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TSTW/REC	92541	CPT	outpatient			424		168 Horizon	Indemnity		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TSTW/REC	92541	CPT	outpatient			424		168 Horizon	PPO		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TSTW/REC	92541	CPT	outpatient			424		168 Managed Care Inc	Managed Care Inc		381.6	0.9			133.39	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TSTW/REC	92541	CPT	outpatient			424		168 Multiplan	Multiplan		339.2	0.8			133.39	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TSTW/REC	92541	CPT	outpatient			424		168 Qualcare	Qualcare		318	0.75			133.39	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TSTW/REC	92541	CPT	outpatient			424		168 Three Rivers	Three Rivers		402.8	0.95			133.39	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TSTW/REC	92541	CPT	outpatient			424		168 UHC	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPONTANEOUS NYSTAGMUS TSTW/REC	92541	CPT	outpatient			424		168 UHC	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TSTW/REC	92541	CPT	outpatient			424		168 Wellcare	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
SPONTANEOUS NYSTAGMUS TSTW/REC	92541	CPT	outpatient			424		168 Wellcare	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Aetna	Commercial		232.58	1.592			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Aetna	Medicare		130.59	0.308			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Aetna	Better Health		133.39	0.3146			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Americare	Americare		318	0.75			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 WellPoint	WellPoint		136.02	0.3208			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Amerihealth	Medicare		146.09	1			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Consumer	Consumer		402.8	0.95			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Corrections	Corrections		339.2	0.8			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 First Health	First Health		296.8	0.7			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 First Trenton	First Trenton		381.6	0.9			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Horizon	MCD		266.91	1.827			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Horizon	Indemnity		266.91	1.827			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Horizon	Medicare Blue		146.09	1			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Horizon	PPO		266.91	1.827			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Managed Care Inc	Managed Care Inc		381.6	0.9			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Multiplan	Multiplan		339.2	0.8			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Qualcare	Qualcare		318	0.75			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Three Rivers	Three Rivers		402.8	0.95			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 UHC	Medicare		146.09	1			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 UHC	Medicaid		133.39	0.3146			130.59	402.8	percent of total billed charges	
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Wellcare	Medicare		146.09	1			130.59	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POSITIONAL NYSTAGMUS TST W/REC	92542	CPT	outpatient			424		168 Wellcare	Medicaid		133.39	0.3146			130.59	402.8	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Aetna	Commercial		284.41	1.592			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Aetna	Better Health		167.37	0.3146			167.37	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Aetna	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Americare	Americare		399	0.75			167.37	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 WellPoint	WellPoint		170.67	0.3208			167.37	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Amerihealth	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Consumer	Consumer		505.4	0.95			167.37	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Corrections	Corrections		425.6	0.8			167.37	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 First Health	First Health		372.4	0.7			167.37	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 First Trenton	First Trenton		478.8	0.9			167.37	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Horizon	Medicare Blue		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Horizon	Indemnity		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Horizon	MCD		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Horizon	PPO		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Managed Care Inc	Managed Care Inc		478.8	0.9			167.37	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Multiplan	Multiplan		425.6	0.8			167.37	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Qualcare	Qualcare		399	0.75			167.37	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Three Rivers	Three Rivers		505.4	0.95			167.37	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 UHC	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 UHC	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Wellcare	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
SINUDOIDAL VERT AXIS ROTA TEST	92546	CPT	outpatient			532		205.45 Wellcare	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY & REFLEX THRESH	92550	CPT	outpatient			532		205.45 Aetna	Commercial		284.41	1.592			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY & REFLEX THRESH	92550	CPT	outpatient			532		205.45 Aetna	Better Health		167.37	0.3146			167.37	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	outpatient			532		205.45 Aetna	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY & REFLEX THRESH	92550	CPT	outpatient			532		205.45 Americare	Americare		399	0.75			167.37	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	outpatient			532		205.45 WellPoint	WellPoint		170.67	0.3208			167.37	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	outpatient			532		205.45 Amerihealth	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY & REFLEX THRESH	92550	CPT	outpatient			532		205.45 Consumer	Consumer		505.4	0.95			167.37	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	outpatient			532		205.45 Corrections	Corrections		425.6	0.8			167.37	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	outpatient			532		205.45 First Health	First Health		372.4	0.7			167.37	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	outpatient			532		205.45 First Trenton	First Trenton		478.8	0.9			167.37	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	outpatient			532		205.45 Horizon	MCD		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY & REFLEX THRESH	92550	CPT	outpatient			532		205.45 Horizon	Indemnity		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY & REFLEX THRESH	92550	CPT	outpatient			532		205.45 Horizon	PPO		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY & REFLEX THRESH	92550	CPT	outpatient			532		205.45 Horizon	Medicare Blue		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY & REFLEX THRESH	92550	CPT	outpatient			532		205.45 Managed Care Inc	Managed Care Inc		478.8	0.9			167.37	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	outpatient			532		205.45 Multiplan	Multiplan		425.6	0.8			167.37	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	outpatient			532		205.45 Qualcare	Qualcare		399	0.75			167.37	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	outpatient			532		205.45 Three Rivers	Three Rivers		505.4	0.95			167.37	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	outpatient			532		205.45 UHC	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY & REFLEX THRESH	92550	CPT	outpatient			532		205.45 UHC	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
TYMPANOMETRY & REFLEX THRESH	92550	CPT	outpatient			532		205.45 Wellcare	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY & REFLEX THRESH	92550	CPT	outpatient			532		205.45 Wellcare	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Aetna	Commercial		48.64	0.38			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Aetna	Better Health		40.27	0.3146			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Aetna	Medicare		39.42	0.308			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Americare	Americare		96	0.75			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		WellPoint	WellPoint		41.06	0.3208			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Consumer	Consumer		121.6	0.95			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Corrections	Corrections		102.4	0.8			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		First Health	First Health		89.6	0.7			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		First Trenton	First Trenton		115.2	0.9			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Horizon	MCD		49	0.3828			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Horizon	Indemnity		49	0.3828			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Horizon	Medicare Blue		38.4	0.3			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Horizon	PPO		49	0.3828			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Managed Care Inc	Managed Care Inc		115.2	0.9			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Multiplan	Multiplan		102.4	0.8			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Qualcare	Qualcare		96	0.75			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Three Rivers	Three Rivers		121.6	0.95			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		UHC	Medicaid		40.27	0.3146			38.4	121.6	percent of total billed charges	
AUDIOMETRY	92551	CPT	outpatient			128		Wellcare	Medicaid		40.27	0.3146			38.4	121.6	percent of total billed charges	
PURE TONE AUDIO(THRES)(1EAR	92552	CPT	both			424		168 Aetna	Better Health		133.39	0.3146			125.84	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)(1EAR	92552	CPT	both			424		168 Aetna	Commercial		232.58	1.592			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PURE TONE AUDIO(THRES)(1EAR	92552	CPT	both			424		168 Aetna	Medicare		146.09	1			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIO(THRES)(1EAR	92552	CPT	both			424		168 Americare	Americare		318	0.75			125.84	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)(1EAR	92552	CPT	both			424		168 WellPoint	WellPoint		136.02	0.3208			125.84	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)(1EAR	92552	CPT	both			424		168 AmeriHealth	Medicare		146.09	1			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIO(THRES)(1EAR	92552	CPT	both			424		168 Consumer	Consumer		402.8	0.95			125.84	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)(1EAR	92552	CPT	both			424		168 Corrections	Corrections		339.2	0.8			125.84	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)(1EAR	92552	CPT	both			424		168 First Health	First Health		296.8	0.7			125.84	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)(1EAR	92552	CPT	both			424		168 First Trenton	First Trenton		381.6	0.9			125.84	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)(1EAR	92552	CPT	both			424		168 Horizon	Indemnity		266.91	1.827			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIO(THRES)(1EAR	92552	CPT	both			424		168 Horizon	MCD		266.91	1.827			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIO(THRES)(1EAR	92552	CPT	both			424		168 Horizon	Medicare Blue		146.09	1			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIO(THRES)(1EAR	92552	CPT	both			424		168 Horizon	PPO		266.91	1.827			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIO(THRES)(1EAR	92552	CPT	both			424		168 Managed Care Inc	Managed Care Inc		381.6	0.9			125.84	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)(1EAR	92552	CPT	both			424		168 Multiplan	Multiplan		339.2	0.8			125.84	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)(1EAR	92552	CPT	both			424		168 Qualcare	Qualcare		318	0.75			125.84	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)(1EAR	92552	CPT	both			424		168 Three Rivers	Three Rivers		402.8	0.95			125.84	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)(1EAR	92552	CPT	both			424		168 UHC	Medicare		146.09	1			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIO(THRES)(1EAR	92552	CPT	both			424		168 UHC	Medicaid		133.39	0.3146			125.84	402.8	percent of total billed charges	
PURE TONE AUDIO(THRES)(1EAR	92552	CPT	both			424		168 Wellcare	Medicare		146.09	1			125.84	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUDIO(THRES)(1EAR	92552	CPT	both			424		168 Wellcare	Medicaid		133.39	0.3146			125.84	402.8	percent of total billed charges	
PURE TONE AUD. AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Aetna	Commercial		284.41	1.592			167.37	828.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUD. AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Aetna	Better Health		274.33	0.3146			167.37	828.4	percent of total billed charges	
PURE TONE AUD. AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Aetna	Medicare		178.65	1			167.37	828.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUD. AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Americare	Americare		654	0.75			167.37	828.4	percent of total billed charges	
PURE TONE AUD. AIR&BONE(1EAR)	92553	CPT	both			872		205.45 WellPoint	WellPoint		279.74	0.3208			167.37	828.4	percent of total billed charges	
PURE TONE AUD. AIR&BONE(1EAR)	92553	CPT	both			872		205.45 AmeriHealth	Medicare		178.65	1			167.37	828.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUD. AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Consumer	Consumer		828.4	0.95			167.37	828.4	percent of total billed charges	
PURE TONE AUD. AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Corrections	Corrections		697.6	0.8			167.37	828.4	percent of total billed charges	
PURE TONE AUD. AIR&BONE(1EAR)	92553	CPT	both			872		205.45 First Health	First Health		610.4	0.7			167.37	828.4	percent of total billed charges	
PURE TONE AUD. AIR&BONE(1EAR)	92553	CPT	both			872		205.45 First Trenton	First Trenton		784.8	0.9			167.37	828.4	percent of total billed charges	
PURE TONE AUD. AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Horizon	PPO		326.39	1.827			167.37	828.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUD. AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Horizon	Indemnity		326.39	1.827			167.37	828.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUD. AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Horizon	MCD		326.39	1.827			167.37	828.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUD. AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Horizon	Medicare Blue		178.65	1			167.37	828.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUD. AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Managed Care Inc	Managed Care Inc		784.8	0.9			167.37	828.4	percent of total billed charges	
PURE TONE AUD. AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Multiplan	Multiplan		697.6	0.8			167.37	828.4	percent of total billed charges	
PURE TONE AUD. AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Qualcare	Qualcare		654	0.75			167.37	828.4	percent of total billed charges	
PURE TONE AUD. AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Three Rivers	Three Rivers		828.4	0.95			167.37	828.4	percent of total billed charges	
PURE TONE AUD. AIR&BONE(1EAR)	92553	CPT	both			872		205.45 UHC	Medicaid		274.33	0.3146			167.37	828.4	percent of total billed charges	
PURE TONE AUD. AIR&BONE(1EAR)	92553	CPT	both			872		205.45 UHC	Medicare		178.65	1			167.37	828.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUD. AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Wellcare	Medicare		178.65	1			167.37	828.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PURE TONE AUD. AIR&BONE(1EAR)	92553	CPT	both			872		205.45 Wellcare	Medicaid		274.33	0.3146			167.37	828.4	percent of total billed charges	
SPEECH AUDIO.THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Aetna	Commercial		111.38	1.592			38.19	369.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO.THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Aetna	Better Health		122.38	0.3146			38.19	369.55	percent of total billed charges	
SPEECH AUDIO.THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Aetna	Medicare		119.81	0.308			38.19	369.55	percent of total billed charges	
SPEECH AUDIO.THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Americare	Americare		291.75	0.75			38.19	369.55	percent of total billed charges	
SPEECH AUDIO.THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 WellPoint	WellPoint		124.79	0.3208			38.19	369.55	percent of total billed charges	
SPEECH AUDIO.THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 AmeriHealth	Medicare		69.96	1			38.19	369.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO.THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Consumer	Consumer		369.55	0.95			38.19	369.55	percent of total billed charges	
SPEECH AUDIO.THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Corrections	Corrections		311.2	0.8			38.19	369.55	percent of total billed charges	
SPEECH AUDIO.THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 First Health	First Health		272.3	0.7			38.19	369.55	percent of total billed charges	
SPEECH AUDIO.THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 First Trenton	First Trenton		350.1	0.9			38.19	369.55	percent of total billed charges	
SPEECH AUDIO.THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Horizon	Indemnity		127.82	1.827			38.19	369.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO.THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Horizon	MCD		127.82	1.827			38.19	369.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO.THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Horizon	PPO		127.82	1.827			38.19	369.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO.THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Horizon	Medicare Blue		69.96	1			38.19	369.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO.THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Managed Care Inc	Managed Care Inc		350.1	0.9			38.19	369.55	percent of total billed charges	
SPEECH AUDIO.THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Multiplan	Multiplan		311.2	0.8			38.19	369.55	percent of total billed charges	
SPEECH AUDIO.THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Qualcare	Qualcare		291.75	0.75			38.19	369.55	percent of total billed charges	
SPEECH AUDIO.THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Three Rivers	Three Rivers		369.55	0.95			38.19	369.55	percent of total billed charges	
SPEECH AUDIO.THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 UHC	Medicare		69.96	1			38.19	369.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO.THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 UHC	Medicaid		122.38	0.3146			38.19	369.55	percent of total billed charges	
SPEECH AUDIO.THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Wellcare	Medicare		69.96	1			38.19	369.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO.THRESHOLD ONLY	92555	CPT	outpatient			389		80.45 Wellcare	Medicaid		122.38	0.3146			38.19	369.55	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408		80.45 Aetna	Medicare		69.96	1			66.38	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408		80.45 Aetna	Commercial		111.38	1.592			66.38	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408		80.45 Aetna	Better Health		128.36	0.3146			66.38	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408		80.45 Americare	Americare		306	0.75			66.38	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408		80.45 WellPoint	WellPoint		130.89	0.3208			66.38	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408		80.45 AmeriHealth	Medicare		69.96	1			66.38	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408		80.45 Consumer	Consumer		387.6	0.95			66.38	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408		80.45 Corrections	Corrections		326.4	0.8			66.38	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408		80.45 First Health	First Health		285.6	0.7			66.38	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408		80.45 First Trenton	First Trenton		367.2	0.9			66.38	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408		80.45 Horizon	PPO		127.82	1.827			66.38	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408		80.45 Horizon	Medicare Blue		69.96	1			66.38	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408		80.45 Horizon	Indemnity		127.82	1.827			66.38	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408		80.45 Horizon	MCD		127.82	1.827			66.38	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408		80.45 Managed Care Inc	Managed Care Inc		367.2	0.9			66.38	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408		80.45 Multiplan	Multiplan		326.4	0.8			66.38	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408		80.45 Qualcare	Qualcare		306	0.75			66.38	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408		80.45 Three Rivers	Three Rivers		387.6	0.95			66.38	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408		80.45 UHC	Medicaid		128.36	0.3146			66.38	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408		80.45 UHC	Medicare		69.96	1			66.38	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408		80.45 Wellcare	Medicaid		128.36	0.3146			66.38	387.6	percent of total billed charges	
SPEECH AUDIO THRSHLD/DISCRIMIN	92556	CPT	outpatient			408		80.45 Wellcare	Medicare		69.96	1			66.38	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE AUDIOMETRY	92557	CPT	both			532		205.45 Aetna	Commercial		284.41	1.592			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE AUDIOMETRY	92557	CPT	both			532		205.45 Aetna	Better Health		167.37	0.3146			167.37	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	both			532		205.45 Aetna	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE AUDIOMETRY	92557	CPT	both			532		205.45 Americare	Americare		399	0.75			167.37	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	both			532		205.45 WellPoint	WellPoint		170.67	0.3208			167.37	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	both			532		205.45 AmeriHealth	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE AUDIOMETRY	92557	CPT	both			532		205.45 Consumer	Consumer		505.4	0.95			167.37	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	both			532		205.45 Corrections	Corrections		425.6	0.8			167.37	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	both			532		205.45 First Health	First Health		372.4	0.7			167.37	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	both			532		205.45 First Trenton	First Trenton		478.8	0.9			167.37	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	both			532		205.45 Horizon	PPO		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE AUDIOMETRY	92557	CPT	both			532		205.45 Horizon	Indemnity		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE AUDIOMETRY	92557	CPT	both			532		205.45 Horizon	MCD		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE AUDIOMETRY	92557	CPT	both			532		205.45 Horizon	Medicare Blue		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE AUDIOMETRY	92557	CPT	both			532		205.45 Managed Care Inc	Managed Care Inc		478.8	0.9			167.37	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	both			532		205.45 Multiplan	Multiplan		425.6	0.8			167.37	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	both			532		205.45 Qualcare	Qualcare		399	0.75			167.37	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	both			532		205.45 Three Rivers	Three Rivers		505.4	0.95			167.37	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	both			532		205.45 UHC	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
COMPREHENSIVE AUDIOMETRY	92557	CPT	both			532		205.45 UHC	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE AUDIOMETRY	92557	CPT	both			532		205.45 Wellcare	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENSIVE AUDIOMETRY	92557	CPT	both			532		205.45 Wellcare	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332		52.74 Aetna	Better Health		104.45	0.3146			38.19	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332		52.74 Aetna	Medicare		102.26	0.308			38.19	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332		52.74 Aetna	Commercial		73.01	1.592			38.19	315.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332		52.74 Americare	Americare		249	0.75			38.19	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332		52.74 WellPoint	WellPoint		106.51	0.3208			38.19	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332		52.74 AmeriHealth	Medicare		45.86	1			38.19	315.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332		52.74 Consumer	Consumer		315.4	0.95			38.19	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332		52.74 Corrections	Corrections		265.6	0.8			38.19	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332		52.74 First Health	First Health		232.4	0.7			38.19	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332		52.74 First Trenton	First Trenton		298.8	0.9			38.19	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332		52.74 Horizon	Indemnity		83.79	1.827			38.19	315.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332		52.74 Horizon	MCD		83.79	1.827			38.19	315.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332		52.74 Horizon	PPO		83.79	1.827			38.19	315.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332		52.74 Horizon	Medicare Blue		45.86	1			38.19	315.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332		52.74 Managed Care Inc	Managed Care Inc		298.8	0.9			38.19	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332		52.74 Multiplan	Multiplan		265.6	0.8			38.19	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332		52.74 Qualcare	Qualcare		249	0.75			38.19	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332		52.74 Three Rivers	Three Rivers		315.4	0.95			38.19	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332		52.74 UHC	Medicare		45.86	1			38.19	315.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332		52.74 UHC	Medicaid		104.45	0.3146			38.19	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332		52.74 Wellcare	Medicaid		104.45	0.3146			38.19	315.4	percent of total billed charges	
TONE DECAY TEST(ONE EAR)	92563	CPT	outpatient			332		52.74 Wellcare	Medicare		45.86	1			38.19	315.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST PURE TONE	92565	CPT	both			124		80.45 Aetna	Medicare		38.19	0.308			38.19	127.82	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT	both			124		80.45 Aetna	Better Health		39.01	0.3146			38.19	127.82	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT	both			124		80.45 Aetna	Commercial		111.38	1.592			38.19	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST PURE TONE	92565	CPT	both			124		80.45 Americare	Americare		93	0.75			38.19	127.82	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT	both			124		80.45 WellPoint	WellPoint		39.78	0.3208			38.19	127.82	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT	both			124		80.45 AmeriHealth	Medicare		69.96	1			38.19	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST PURE TONE	92565	CPT	both			124		80.45 Consumer	Consumer		117.8	0.95			38.19	127.82	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT	both			124		80.45 Corrections	Corrections		99.2	0.8			38.19	127.82	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT	both			124		80.45 First Health	First Health		86.8	0.7			38.19	127.82	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT	both			124		80.45 First Trenton	First Trenton		111.6	0.9			38.19	127.82	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT	both			124		80.45 Horizon	MCD		127.82	1.827			38.19	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST PURE TONE	92565	CPT	both			124		80.45 Horizon	Indemnity		127.82	1.827			38.19	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST PURE TONE	92565	CPT	both			124		80.45 Horizon	Medicare Blue		69.96	1			38.19	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
STENGER TEST PURE TONE	92565	CPT	both			124	80.45	Horizon	PPO		127.82	1.827			38.19	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST PURE TONE	92565	CPT	both			124	80.45	Managed Care Inc	Managed Care Inc		111.6	0.9			38.19	127.82	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT	both			124	80.45	Multiplan	Multiplan		99.2	0.8			38.19	127.82	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT	both			124	80.45	Qualcare	Qualcare		93	0.75			38.19	127.82	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT	both			124	80.45	Three Rivers	Three Rivers		117.8	0.95			38.19	127.82	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT	both			124	80.45	UHC	Medicaid		39.01	0.3146			38.19	127.82	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT	both			124	80.45	UHC	Medicare		69.96	1			38.19	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST PURE TONE	92565	CPT	both			124	80.45	Wellcare	Medicaid		39.01	0.3146			38.19	127.82	percent of total billed charges	
STENGER TEST PURE TONE	92565	CPT	both			124	80.45	Wellcare	Medicare		69.96	1			38.19	127.82	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT	outpatient			408	52.74	Aetna	Medicare		45.86	1			39.01	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT	outpatient			408	52.74	Aetna	Better Health		128.36	0.3146			39.01	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	outpatient			408	52.74	Aetna	Commercial		73.01	1.592			39.01	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT	outpatient			408	52.74	Americare	Americare		306	0.75			39.01	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	outpatient			408	52.74	WellPoint	WellPoint		130.89	0.3208			39.01	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	outpatient			408	52.74	Amerihealth	Medicare		45.86	1			39.01	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT	outpatient			408	52.74	Consumer	Consumer		387.6	0.95			39.01	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	outpatient			408	52.74	Corrections	Corrections		326.4	0.8			39.01	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	outpatient			408	52.74	First Health	First Health		285.6	0.7			39.01	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	outpatient			408	52.74	First Trenton	First Trenton		367.2	0.9			39.01	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	outpatient			408	52.74	Horizon	Indemnity		83.79	1.827			39.01	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT	outpatient			408	52.74	Horizon	Medicare Blue		45.86	1			39.01	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT	outpatient			408	52.74	Horizon	MGD		83.79	1.827			39.01	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT	outpatient			408	52.74	Horizon	PPO		83.79	1.827			39.01	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT	outpatient			408	52.74	Managed Care Inc	Managed Care Inc		367.2	0.9			39.01	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	outpatient			408	52.74	Multiplan	Multiplan		326.4	0.8			39.01	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	outpatient			408	52.74	Qualcare	Qualcare		306	0.75			39.01	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	outpatient			408	52.74	Three Rivers	Three Rivers		387.6	0.95			39.01	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	outpatient			408	52.74	UHC	Medicaid		128.36	0.3146			39.01	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	outpatient			408	52.74	UHC	Medicare		45.86	1			39.01	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TYMPANOMETRY	92567	CPT	outpatient			408	52.74	Wellcare	Medicaid		128.36	0.3146			39.01	387.6	percent of total billed charges	
TYMPANOMETRY	92567	CPT	outpatient			408	52.74	Wellcare	Medicare		45.86	1			39.01	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Aetna	Commercial		73.01	1.592			39.01	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Aetna	Better Health		128.36	0.3146			39.01	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Aetna	Medicare		45.86	1			39.01	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Americare	Americare		306	0.75			39.01	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	WellPoint	WellPoint		130.89	0.3208			39.01	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Amerihealth	Medicare		45.86	1			39.01	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Consumer	Consumer		387.6	0.95			39.01	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Corrections	Corrections		326.4	0.8			39.01	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	First Health	First Health		285.6	0.7			39.01	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	First Trenton	First Trenton		367.2	0.9			39.01	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Horizon	MGD		83.79	1.827			39.01	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Horizon	PPO		83.79	1.827			39.01	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Horizon	Medicare Blue		45.86	1			39.01	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Horizon	Indemnity		83.79	1.827			39.01	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Managed Care Inc	Managed Care Inc		367.2	0.9			39.01	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Multiplan	Multiplan		326.4	0.8			39.01	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Qualcare	Qualcare		306	0.75			39.01	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Three Rivers	Three Rivers		387.6	0.95			39.01	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	UHC	Medicaid		128.36	0.3146			39.01	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	UHC	Medicare		45.86	1			39.01	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Wellcare	Medicaid		128.36	0.3146			39.01	387.6	percent of total billed charges	
ACOUSTIC REFLX TEST - BOTH	92568	CPT	outpatient			408	52.74	Wellcare	Medicare		45.86	1			39.01	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532	205.45	Aetna	Commercial		284.41	1.592			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532	205.45	Aetna	Better Health		167.37	0.3146			167.37	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532	205.45	Aetna	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532	205.45	Americare	Americare		399	0.75			167.37	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532	205.45	WellPoint	WellPoint		170.67	0.3208			167.37	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532	205.45	Amerihealth	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532	205.45	Consumer	Consumer		505.4	0.95			167.37	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532	205.45	Corrections	Corrections		425.6	0.8			167.37	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532	205.45	First Health	First Health		372.4	0.7			167.37	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532	205.45	First Trenton	First Trenton		478.8	0.9			167.37	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532	205.45	Horizon	MGD		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532	205.45	Horizon	Indemnity		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532	205.45	Horizon	Medicare Blue		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532	205.45	Horizon	PPO		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532	205.45	Managed Care Inc	Managed Care Inc		478.8	0.9			167.37	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532	205.45	Multiplan	Multiplan		425.6	0.8			167.37	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532	205.45	Qualcare	Qualcare		399	0.75			167.37	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532	205.45	Three Rivers	Three Rivers		505.4	0.95			167.37	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532	205.45	UHC	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532	205.45	UHC	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532	205.45	Wellcare	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACOUSTIC IMMITTANCELTYMP/ACR/DECAY	92570	CPT	outpatient			532	205.45	Wellcare	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124	52.74	Aetna	Commercial		73.01	1.592			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT	outpatient			124	52.74	Aetna	Better Health		39.01	0.3146			39.01	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124	52.74	Aetna	Medicare		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT	outpatient			124	52.74	Americare	Americare		93	0.75			39.01	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124	52.74	WellPoint	WellPoint		39.78	0.3208			39.01	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124	52.74	Amerihealth	Medicare		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT	outpatient			124	52.74	Consumer	Consumer		117.8	0.95			39.01	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124	52.74	Corrections	Corrections		99.2	0.8			39.01	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124	52.74	First Health	First Health		86.8	0.7			39.01	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124	52.74	First Trenton	First Trenton		111.6	0.9			39.01	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124	52.74	Horizon	MGD		83.79	1.827			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT	outpatient			124	52.74	Horizon	Medicare Blue		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT	outpatient			124	52.74	Horizon	PPO		83.79	1.827			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT	outpatient			124	52.74	Horizon	Indemnity		83.79	1.827			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT	outpatient			124	52.74	Managed Care Inc	Managed Care Inc		111.6	0.9			39.01	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124	52.74	Multiplan	Multiplan		99.2	0.8			39.01	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124	52.74	Qualcare	Qualcare		93	0.75			39.01	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124	52.74	Three Rivers	Three Rivers		117.8	0.95			39.01	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124	52.74	UHC	Medicaid		39.01	0.3146			39.01	117.8	percent of total billed charges	
FILTERED SPEECH TEST	92571	CPT	outpatient			124	52.74	UHC	Medicare		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT	outpatient			124	52.74	Wellcare	Medicare		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILTERED SPEECH TEST	92571	CPT	outpatient			124	52.74	Wellcare	Medicaid		39.01	0.3146			39.01	117.8	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532	205.45	Aetna	Commercial		284.41	1.592			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532	205.45	Aetna	Better Health		167.37	0.3146			167.37	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532	205.45	Aetna	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532	205.45	Americare	Americare		399	0.75			167.37	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532	205.45	WellPoint	WellPoint		170.67	0.3208			167.37	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532	205.45	Amerihealth	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532	205.45	Consumer	Consumer		505.4	0.95			167.37	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532	205.45	Corrections	Corrections		425.6	0.8			167.37	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532	205.45	First Health	First Health		372.4	0.7			167.37	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532	205.45	First Trenton	First Trenton		478.8	0.9			167.37	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532	205.45	Horizon	MGD		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532	205.45	Horizon	Indemnity		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532	205.45	Horizon	PPO		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532	205.45	Horizon	Medicare Blue		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532	205.45	Managed Care Inc	Managed Care Inc		478.8	0.9			167.37	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532	205.45	Multiplan	Multiplan		425.6	0.8			167.37	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532	205.45	Qualcare	Qualcare		399	0.75			167.37	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532	205.45	Three Rivers	Three Rivers		505.4	0.95			167.37	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532	205.45	UHC	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532	205.45	UHC	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532	205.45	Wellcare	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STAGGERED SPONDAIC WORD TEST	92572	CPT	outpatient			532	205.45	Wellcare	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124	52.74	Aetna	Better Health		39.01	0.3146			39.01	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124	52.74	Aetna	Commercial		73.01	1.592			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124	52.74	Aetna	Medicare		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124	52.74	Americare	Americare		93	0.75			39.01	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124	52.74	WellPoint	WellPoint		39.78	0.3208			39.01	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124	52.74	Amerihealth	Medicare		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124	52.74	Consumer	Consumer		117.8	0.95			39.01	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124	52.74	Corrections	Corrections		99.2	0.8			39.01	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124	52.74	First Health	First Health		86.8	0.7			39.01	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124	52.74	First Trenton	First Trenton		111.6	0.9			39.01	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124	52.74	Horizon	MGD		83.79	1.827			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124	52.74	Horizon	Medicare Blue		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124	52.74	Horizon	Indemnity		83.79	1.827			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124	52.74	Horizon	PPO		83.79	1.827			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124	52.74	Managed Care Inc	Managed Care Inc		111.6	0.9			39.01	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124	52.74	Multiplan	Multiplan		99.2	0.8			39.01	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124	52.74	Qualcare	Qualcare		93	0.75			39.01	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124	52.74	Three Rivers	Three Rivers		117.8	0.95			39.01	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124	52.74	UHC	Medicare		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124	52.74	UHC	Medicaid		39.01	0.3146			39.01	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124	52.74	Wellcare	Medicaid		39.01	0.3146			39.01	117.8	percent of total billed charges	
SYNTHETIC SENTENCE ID TEST	92576	CPT	outpatient			124	52.74	Wellcare	Medicare		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST SPEECH	92577	CPT	outpatient			1762	704.94	Aetna	Commercial		975.88	1.592			554.33	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST SPEECH	92577	CPT	outpatient			1762	704.94	Aetna	Better Health		554.33	0.3146			554.33	1673.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
STENGER TEST SPEECH	92577	CPT	outpatient			1762	704.94	Aetna	Medicare		612.99				554.33	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST SPEECH	92577	CPT	outpatient			1762	704.94	Americare	Americare		1321.5	0.75			554.33	1673.9	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT	outpatient			1762	704.94	WellPoint	WellPoint		565.25	0.3208			554.33	1673.9	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT	outpatient			1762	704.94	Amerihealth	Medicare		612.99	1			554.33	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST SPEECH	92577	CPT	outpatient			1762	704.94	Consumer	Consumer		1673.9	0.95			554.33	1673.9	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT	outpatient			1762	704.94	Corrections	Corrections		1409.6	0.8			554.33	1673.9	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT	outpatient			1762	704.94	First Health	First Health		1233.4	0.7			554.33	1673.9	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT	outpatient			1762	704.94	First Trenton	First Trenton		1585.8	0.9			554.33	1673.9	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT	outpatient			1762	704.94	Horizon	Medicare Blue		612.99	1			554.33	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST SPEECH	92577	CPT	outpatient			1762	704.94	Horizon	MGD		1119.93	1.827			554.33	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST SPEECH	92577	CPT	outpatient			1762	704.94	Horizon	PPO		1119.93	1.827			554.33	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST SPEECH	92577	CPT	outpatient			1762	704.94	Horizon	Indemnity		1119.93	1.827			554.33	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST SPEECH	92577	CPT	outpatient			1762	704.94	Managed Care Inc	Managed Care Inc		1585.8	0.9			554.33	1673.9	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT	outpatient			1762	704.94	Multiplan	Multiplan		1409.6	0.8			554.33	1673.9	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT	outpatient			1762	704.94	Qualcare	Qualcare		1321.5	0.75			554.33	1673.9	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT	outpatient			1762	704.94	Three Rivers	Three Rivers		1673.9	0.95			554.33	1673.9	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT	outpatient			1762	704.94	UHC	Medicaid		554.33	0.3146			554.33	1673.9	percent of total billed charges	
STENGER TEST SPEECH	92577	CPT	outpatient			1762	704.94	UHC	Medicare		612.99	1			554.33	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST SPEECH	92577	CPT	outpatient			1762	704.94	Wellcare	Medicare		612.99	1			554.33	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STENGER TEST SPEECH	92577	CPT	outpatient			1762	704.94	Wellcare	Medicaid		554.33	0.3146			554.33	1673.9	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919	205.45	Aetna	Commercial		284.41	1.592			167.37	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919	205.45	Aetna	Better Health		289.12	0.3146			167.37	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919	205.45	Aetna	Medicare		178.65	1			167.37	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919	205.45	Americare	Americare		689.25	0.75			167.37	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919	205.45	WellPoint	WellPoint		294.82	0.3208			167.37	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919	205.45	Amerihealth	Medicare		178.65	1			167.37	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919	205.45	Consumer	Consumer		873.05	0.95			167.37	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919	205.45	Corrections	Corrections		735.2	0.8			167.37	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919	205.45	First Health	First Health		643.3	0.7			167.37	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919	205.45	First Trenton	First Trenton		827.1	0.9			167.37	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919	205.45	Horizon	Medicare Blue		178.65	1			167.37	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919	205.45	Horizon	MGD		326.39	1.827			167.37	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919	205.45	Horizon	Indemnity		326.39	1.827			167.37	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919	205.45	Horizon	PPO		326.39	1.827			167.37	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919	205.45	Managed Care Inc	Managed Care Inc		827.1	0.9			167.37	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919	205.45	Multiplan	Multiplan		735.2	0.8			167.37	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919	205.45	Qualcare	Qualcare		689.25	0.75			167.37	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919	205.45	Three Rivers	Three Rivers		873.05	0.95			167.37	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919	205.45	UHC	Medicaid		289.12	0.3146			167.37	873.05	percent of total billed charges	
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919	205.45	UHC	Medicare		178.65	1			167.37	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919	205.45	Wellcare	Medicare		178.65	1			167.37	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL REINFORMCEMENT AUDIOM	92579	CPT	both			919	205.45	Wellcare	Medicaid		289.12	0.3146			167.37	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919	205.45	Aetna	Medicare		283.05	0.308			163.86	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919	205.45	Aetna	Better Health		289.12	0.3146			163.86	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919	205.45	Aetna	Commercial		284.41	1.592			163.86	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919	205.45	Americare	Americare		689.25	0.75			163.86	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919	205.45	WellPoint	WellPoint		294.82	0.3208			163.86	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919	205.45	Amerihealth	Medicare		178.65	1			163.86	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919	205.45	Consumer	Consumer		873.05	0.95			163.86	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919	205.45	Corrections	Corrections		735.2	0.8			163.86	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919	205.45	First Health	First Health		643.3	0.7			163.86	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919	205.45	First Trenton	First Trenton		827.1	0.9			163.86	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919	205.45	Horizon	Indemnity		326.39	1.827			163.86	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919	205.45	Horizon	PPO		326.39	1.827			163.86	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919	205.45	Horizon	MGD		326.39	1.827			163.86	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919	205.45	Horizon	Medicare Blue		178.65	1			163.86	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919	205.45	Managed Care Inc	Managed Care Inc		827.1	0.9			163.86	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919	205.45	Multiplan	Multiplan		735.2	0.8			163.86	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919	205.45	Qualcare	Qualcare		689.25	0.75			163.86	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919	205.45	Three Rivers	Three Rivers		873.05	0.95			163.86	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919	205.45	UHC	Medicaid		289.12	0.3146			163.86	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919	205.45	UHC	Medicare		178.65	1			163.86	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919	205.45	Wellcare	Medicaid		289.12	0.3146			163.86	873.05	percent of total billed charges	
CONDITIONING PLAY AUDIOMETRY	92582	CPT	outpatient			919	205.45	Wellcare	Medicare		178.65	1			163.86	873.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211	80.45	Aetna	Better Health		66.38	0.3146			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211	80.45	Aetna	Medicare		64.99	0.308			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211	80.45	Aetna	Commercial		111.38	1.592			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211	80.45	Americare	Americare		158.25	0.75			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211	80.45	WellPoint	WellPoint		67.69	0.3208			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211	80.45	Amerihealth	Medicare		69.96	1			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211	80.45	Consumer	Consumer		200.45	0.95			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211	80.45	Corrections	Corrections		168.8	0.8			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211	80.45	First Health	First Health		147.7	0.7			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211	80.45	First Trenton	First Trenton		189.9	0.9			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211	80.45	Horizon	Medicare Blue		69.96	1			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211	80.45	Horizon	MGD		127.82	1.827			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211	80.45	Horizon	Indemnity		127.82	1.827			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211	80.45	Horizon	PPO		127.82	1.827			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211	80.45	Managed Care Inc	Managed Care Inc		189.9	0.9			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211	80.45	Multiplan	Multiplan		168.8	0.8			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211	80.45	Qualcare	Qualcare		158.25	0.75			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211	80.45	Three Rivers	Three Rivers		200.45	0.95			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211	80.45	UHC	Medicaid		66.38	0.3146			64.99	200.45	percent of total billed charges	
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211	80.45	UHC	Medicare		69.96	1			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211	80.45	Wellcare	Medicare		69.96	1			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SELECT PICTURE AUDIOMETRY	92583	CPT	outpatient			211	80.45	Wellcare	Medicaid		66.38	0.3146			64.99	200.45	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	outpatient			979	205.45	Aetna	Better Health		307.99	0.3146			167.37	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	outpatient			979	205.45	Aetna	Medicare		178.65	1			167.37	930.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	outpatient			979	205.45	Aetna	Commercial		284.41	1.592			167.37	930.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	outpatient			979	205.45	Americare	Americare		734.25	0.75			167.37	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	outpatient			979	205.45	WellPoint	WellPoint		314.06	0.3208			167.37	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	outpatient			979	205.45	Amerihealth	Medicare		178.65	1			167.37	930.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	outpatient			979	205.45	Consumer	Consumer		930.05	0.95			167.37	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	outpatient			979	205.45	Corrections	Corrections		783.2	0.8			167.37	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	outpatient			979	205.45	First Health	First Health		685.3	0.7			167.37	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	outpatient			979	205.45	First Trenton	First Trenton		881.1	0.9			167.37	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	outpatient			979	205.45	Horizon	PPO		326.39	1.827			167.37	930.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	outpatient			979	205.45	Horizon	MGD		326.39	1.827			167.37	930.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	outpatient			979	205.45	Horizon	Indemnity		326.39	1.827			167.37	930.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	outpatient			979	205.45	Horizon	Medicare Blue		178.65	1			167.37	930.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	outpatient			979	205.45	Managed Care Inc	Managed Care Inc		881.1	0.9			167.37	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	outpatient			979	205.45	Multiplan	Multiplan		783.2	0.8			167.37	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	outpatient			979	205.45	Qualcare	Qualcare		734.25	0.75			167.37	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	outpatient			979	205.45	Three Rivers	Three Rivers		930.05	0.95			167.37	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	outpatient			979	205.45	UHC	Medicare		178.65	1			167.37	930.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	outpatient			979	205.45	UHC	Medicaid		307.99	0.3146			167.37	930.05	percent of total billed charges	
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	outpatient			979	205.45	Wellcare	Medicare		178.65	1			167.37	930.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ECOCHG(PROM STIM)(ONE EAR)	92584	CPT	outpatient			979	205.45	Wellcare	Medicaid		307.99	0.3146			167.37	930.05	percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92585	CPT	both			1110		Aetna	Commercial		421.8	0.38			333	1054.5	percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92585	CPT	both			1110		Aetna	Better Health		349.21	0.3146			333	1054.5	percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92585	CPT	both			1110		Aetna	Medicare		341.88	0.308			333	1054.5	percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92585	CPT	both			1110		Americare	Americare		832.5	0.75			333	1054.5	percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92585	CPT	both			1110		WellPoint	WellPoint		356.09	0.3208			333	1054.5	percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92585	CPT	both			1110		Consumer	Consumer		1054.5	0.95			333	1054.5	percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92585	CPT	both			1110		Corrections	Corrections		888	0.8			333	1054.5	percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92585	CPT	both			1110		First Health	First Health		777	0.7			333	1054.5	percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92585	CPT	both			1110		First Trenton	First Trenton		999	0.9			333	1054.5	percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92585	CPT	both			1110		Horizon	MGD		424.91	0.3828			333	1054.5	percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92585	CPT	both			1110		Horizon	Indemnity		424.91	0.3828			333	1054.5	percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92585	CPT	both			1110		Horizon	PPO		424.91	0.3828			333	1054.5	percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92585	CPT	both			1110		Horizon	Medicare Blue		333	0.3			333	1054.5	percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92585	CPT	both			1110		Managed Care Inc	Managed Care Inc		999	0.9			333	1054.5	percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92585	CPT	both			1110		Multiplan	Multiplan		888	0.8			333	1054.5	percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92585	CPT	both			1110		Qualcare	Qualcare		832.5	0.75			333	1054.5	percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92585	CPT	both			1110		Three Rivers	Three Rivers		1054.5	0.95			333	1054.5	percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92585	CPT	both			1110		UHC	Medicaid		349.21	0.3146			333	1054.5	percent of total billed charges	
AUDITORY EVOKED POTENTIAL	92585	CPT	both			1110		Wellcare	Medicaid		349.21	0.3146			333	1054.5	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207	412.82	Aetna	Medicare		358.97	1			321.84	1146.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207	412.82	Aetna	Better Health		379.72	0.3146			321.84	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207	412.82	Aetna	Commercial		571.48	1.592			321.84	1146.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207	412.82	Americare	Americare		905.25	0.75			321.84	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207	412.82	WellPoint	WellPoint		387.21	0.3208			321.84	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207	412.82	Amerihealth	Medicare		358.97	1			321.84	1146.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207	412.82	Consumer	Consumer		1146.65	0.95			321.84	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207	412.82	Corrections	Corrections		965.6	0.8			321.84	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207	412.82	First Health	First Health		844.9	0.7			321.84	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207	412.82	First Trenton	First Trenton		1086.3	0.9			321.84	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207	412.82	Horizon	PPO		655.84	1.827			321.84	1146.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207	412.82	Horizon	Indemnity		655.84	1.827			321.84	1146.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207	412.82	Horizon	MGD		655.84	1.827			321.84	1146.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207	412.82	Horizon	Medicare Blue		358.97	1			321.84	1146.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207	412.82	Managed Care Inc	Managed Care Inc		1086.3	0.9			321.84	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207	412.82	Multiplan	Multiplan		965.6	0.8			321.84	1146.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 Qualcare	Qualcare		905.25	0.75			321.84	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 Three Rivers	Three Rivers		1146.65	0.95			321.84	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 UHC	Medicaid		379.72	0.3146			321.84	1146.65	percent of total billed charges	
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 UHC	Medicare		358.97	1			321.84	1146.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 Wellcare	Medicare		358.97	1			321.84	1146.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUSTIC EMISSIONS LIMITED	92587	CPT	both			1207		412.82 Wellcare	Medicaid		379.72	0.3146			321.84	1146.65	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Aetna	Better Health		321.84	0.3146			125.66	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Aetna	Medicare		315.08	0.308			125.66	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Aetna	Commercial		571.48	1.592			125.66	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Americare	Americare		767.25	0.75			125.66	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 WellPoint	WellPoint		328.18	0.3208			125.66	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Amerihealth	Medicare		358.97	1			125.66	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Consumer	Consumer		971.85	0.95			125.66	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Corrections	Corrections		818.4	0.8			125.66	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 First Health	First Health		716.1	0.7			125.66	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 First Trenton	First Trenton		920.7	0.9			125.66	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Horizon	MGD		655.84	1.827			125.66	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Horizon	Medicare Blue		358.97	1			125.66	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Horizon	Indemnity		655.84	1.827			125.66	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Horizon	PPO		655.84	1.827			125.66	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Managed Care Inc	Managed Care Inc		920.7	0.9			125.66	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Multiplan	Multiplan		818.4	0.8			125.66	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Qualcare	Qualcare		767.25	0.75			125.66	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Three Rivers	Three Rivers		971.85	0.95			125.66	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 UHC	Medicaid		321.84	0.3146			125.66	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 UHC	Medicare		358.97	1			125.66	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Wellcare	Medicaid		321.84	0.3146			125.66	971.85	percent of total billed charges	
OTOACOUST.EMISSNS COMP/DIAGN	92588	CPT	both			1023		412.82 Wellcare	Medicare		358.97	1			125.66	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Aetna	Commercial		163.4	0.38			129	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Aetna	Medicare		132.44	0.308			129	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Aetna	Better Health		135.28	0.3146			129	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Americare	Americare		322.5	0.75			129	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		WellPoint	WellPoint		137.94	0.3208			129	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Consumer	Consumer		408.5	0.95			129	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Corrections	Corrections		344	0.8			129	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		First Health	First Health		301	0.7			129	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		First Trenton	First Trenton		387	0.9			129	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Horizon	Medicare Blue		129	0.3			129	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Horizon	Indemnity		164.6	0.3828			129	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Horizon	MGD		164.6	0.3828			129	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Horizon	PPO		164.6	0.3828			129	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Managed Care Inc	Managed Care Inc		387	0.9			129	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Multiplan	Multiplan		344	0.8			129	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Qualcare	Qualcare		322.5	0.75			129	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Three Rivers	Three Rivers		408.5	0.95			129	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		UHC	Medicaid		135.28	0.3146			129	408.5	percent of total billed charges	
HEARING AID EXAM&SELECT RIGHT	92590	CPT	outpatient			430		Wellcare	Medicaid		135.28	0.3146			129	408.5	percent of total billed charges	
HEARING AID CHECK RIGHT	92592	CPT	outpatient			179		Aetna	Better Health		56.31	0.3146			53.7	170.05	percent of total billed charges	
HEARING AID CHECK RIGHT	92592	CPT	outpatient			179		Aetna	Commercial		68.02	0.38			53.7	170.05	percent of total billed charges	
HEARING AID CHECK RIGHT	92592	CPT	outpatient			179		Aetna	Medicare		55.13	0.308			53.7	170.05	percent of total billed charges	
HEARING AID CHECK RIGHT	92592	CPT	outpatient			179		Americare	Americare		134.25	0.75			53.7	170.05	percent of total billed charges	
HEARING AID CHECK RIGHT	92592	CPT	outpatient			179		WellPoint	WellPoint		57.42	0.3208			53.7	170.05	percent of total billed charges	
HEARING AID CHECK RIGHT	92592	CPT	outpatient			179		Consumer	Consumer		170.05	0.95			53.7	170.05	percent of total billed charges	
HEARING AID CHECK RIGHT	92592	CPT	outpatient			179		Corrections	Corrections		143.2	0.8			53.7	170.05	percent of total billed charges	
HEARING AID CHECK RIGHT	92592	CPT	outpatient			179		First Health	First Health		125.3	0.7			53.7	170.05	percent of total billed charges	
HEARING AID CHECK RIGHT	92592	CPT	outpatient			179		First Trenton	First Trenton		161.1	0.9			53.7	170.05	percent of total billed charges	
HEARING AID CHECK RIGHT	92592	CPT	outpatient			179		Horizon	Indemnity		68.52	0.3828			53.7	170.05	percent of total billed charges	
HEARING AID CHECK RIGHT	92592	CPT	outpatient			179		Horizon	Medicare Blue		53.7	0.3			53.7	170.05	percent of total billed charges	
HEARING AID CHECK RIGHT	92592	CPT	outpatient			179		Horizon	MGD		68.52	0.3828			53.7	170.05	percent of total billed charges	
HEARING AID CHECK RIGHT	92592	CPT	outpatient			179		Horizon	PPO		68.52	0.3828			53.7	170.05	percent of total billed charges	
HEARING AID CHECK RIGHT	92592	CPT	outpatient			179		Managed Care Inc	Managed Care Inc		161.1	0.9			53.7	170.05	percent of total billed charges	
HEARING AID CHECK RIGHT	92592	CPT	outpatient			179		Multiplan	Multiplan		143.2	0.8			53.7	170.05	percent of total billed charges	
HEARING AID CHECK RIGHT	92592	CPT	outpatient			179		Qualcare	Qualcare		134.25	0.75			53.7	170.05	percent of total billed charges	
HEARING AID CHECK RIGHT	92592	CPT	outpatient			179		Three Rivers	Three Rivers		170.05	0.95			53.7	170.05	percent of total billed charges	
HEARING AID CHECK RIGHT	92592	CPT	outpatient			179		UHC	Medicaid		56.31	0.3146			53.7	170.05	percent of total billed charges	
HEARING AID CHECK RIGHT	92592	CPT	outpatient			179		Wellcare	Medicaid		56.31	0.3146			53.7	170.05	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Aetna	Medicare		119.81	0.308			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Aetna	Commercial		147.82	0.38			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Aetna	Better Health		122.38	0.3146			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Americare	Americare		291.75	0.75			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		WellPoint	WellPoint		124.79	0.3208			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Consumer	Consumer		369.55	0.95			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Corrections	Corrections		311.2	0.8			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		First Health	First Health		272.3	0.7			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		First Trenton	First Trenton		350.1	0.9			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Horizon	Indemnity		148.91	0.3828			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Horizon	Medicare Blue		116.7	0.3			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Horizon	MGD		148.91	0.3828			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Horizon	PPO		148.91	0.3828			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Managed Care Inc	Managed Care Inc		350.1	0.9			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Multiplan	Multiplan		311.2	0.8			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Qualcare	Qualcare		291.75	0.75			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Three Rivers	Three Rivers		369.55	0.95			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		UHC	Medicaid		122.38	0.3146			30.6	369.55	percent of total billed charges	
ELECTROAC EVAL HEARING AID(RT)	92594	CPT	outpatient			389		Wellcare	Medicaid		122.38	0.3146			30.6	369.55	percent of total billed charges	
DX ANLYS CI W/ PRGM PT<7YRSOLD	92601	CPT	outpatient			1866		205.45 Aetna	Commercial		284.41	1.592			107.59	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM PT<7YRSOLD	92601	CPT	outpatient			1866		205.45 Aetna	Better Health		587.04	0.3146			107.59	1772.7	percent of total billed charges	
DX ANLYS CI W/ PRGM PT<7YRSOLD	92601	CPT	outpatient			1866		205.45 Aetna	Medicare		178.65	1			107.59	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM PT<7YRSOLD	92601	CPT	outpatient			1866		205.45 Americare	Americare		1399.5	0.75			107.59	1772.7	percent of total billed charges	
DX ANLYS CI W/ PRGM PT<7YRSOLD	92601	CPT	outpatient			1866		205.45 WellPoint	WellPoint		598.61	0.3208			107.59	1772.7	percent of total billed charges	
DX ANLYS CI W/ PRGM PT<7YRSOLD	92601	CPT	outpatient			1866		205.45 Amerihealth	Medicare		178.65	1			107.59	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM PT<7YRSOLD	92601	CPT	outpatient			1866		205.45 Consumer	Consumer		1772.7	0.95			107.59	1772.7	percent of total billed charges	
DX ANLYS CI W/ PRGM PT<7YRSOLD	92601	CPT	outpatient			1866		205.45 Corrections	Corrections		1492.8	0.8			107.59	1772.7	percent of total billed charges	
DX ANLYS CI W/ PRGM PT<7YRSOLD	92601	CPT	outpatient			1866		205.45 First Health	First Health		1306.2	0.7			107.59	1772.7	percent of total billed charges	
DX ANLYS CI W/ PRGM PT<7YRSOLD	92601	CPT	outpatient			1866		205.45 First Trenton	First Trenton		1679.4	0.9			107.59	1772.7	percent of total billed charges	
DX ANLYS CI W/ PRGM PT<7YRSOLD	92601	CPT	outpatient			1866		205.45 Horizon	Medicare Blue		178.65	1			107.59	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM PT<7YRSOLD	92601	CPT	outpatient			1866		205.45 Horizon	Indemnity		326.39	1.827			107.59	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM PT<7YRSOLD	92601	CPT	outpatient			1866		205.45 Horizon	PPO		326.39	1.827			107.59	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM PT<7YRSOLD	92601	CPT	outpatient			1866		205.45 Horizon	MGD		326.39	1.827			107.59	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM PT<7YRSOLD	92601	CPT	outpatient			1866		205.45 Managed Care Inc	Managed Care Inc		1679.4	0.9			107.59	1772.7	percent of total billed charges	
DX ANLYS CI W/ PRGM PT<7YRSOLD	92601	CPT	outpatient			1866		205.45 Multiplan	Multiplan		1492.8	0.8			107.59	1772.7	percent of total billed charges	
DX ANLYS CI W/ PRGM PT<7YRSOLD	92601	CPT	outpatient			1866		205.45 Qualcare	Qualcare		1399.5	0.75			107.59	1772.7	percent of total billed charges	
DX ANLYS CI W/ PRGM PT<7YRSOLD	92601	CPT	outpatient			1866		205.45 Three Rivers	Three Rivers		1772.7	0.95			107.59	1772.7	percent of total billed charges	
DX ANLYS CI W/ PRGM PT<7YRSOLD	92601	CPT	outpatient			1866		205.45 UHC	Medicare		178.65	1			107.59	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM PT<7YRSOLD	92601	CPT	outpatient			1866		205.45 UHC	Medicaid		587.04	0.3146			107.59	1772.7	percent of total billed charges	
DX ANLYS CI W/ PRGM PT<7YRSOLD	92601	CPT	outpatient			1866		205.45 Wellcare	Medicaid		587.04	0.3146			107.59	1772.7	percent of total billed charges	
DX ANLYS CI W/ PRGM PT<7YRSOLD	92601	CPT	outpatient			1866		205.45 Wellcare	Medicare		178.65	1			107.59	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI PT<7YRSOLD	92602	CPT	outpatient			1373		205.45 Aetna	Commercial		284.41	1.592			98.47	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI PT<7YRSOLD	92602	CPT	outpatient			1373		205.45 Aetna	Better Health		431.95	0.3146			98.47	1304.35	percent of total billed charges	
REPROGRAM CI PT<7YRSOLD	92602	CPT	outpatient			1373		205.45 Aetna	Medicare		178.65	1			98.47	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI PT<7YRSOLD	92602	CPT	outpatient			1373		205.45 Americare	Americare		1029.75	0.75			98.47	1304.35	percent of total billed charges	
REPROGRAM CI PT<7YRSOLD	92602	CPT	outpatient			1373		205.45 WellPoint	WellPoint		440.46	0.3208			98.47	1304.35	percent of total billed charges	
REPROGRAM CI PT<7YRSOLD	92602	CPT	outpatient			1373		205.45 Amerihealth	Medicare		178.65	1			98.47	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI PT<7YRSOLD	92602	CPT	outpatient			1373		205.45 Consumer	Consumer		1304.35	0.95			98.47	1304.35	percent of total billed charges	
REPROGRAM CI PT<7YRSOLD	92602	CPT	outpatient			1373		205.45 Corrections	Corrections		1098.4	0.8			98.47	1304.35	percent of total billed charges	
REPROGRAM CI PT<7YRSOLD	92602	CPT	outpatient			1373		205.45 First Health	First Health		961.1	0.7			98.47	1304.35	percent of total billed charges	
REPROGRAM CI PT<7YRSOLD	92602	CPT	outpatient			1373		205.45 First Trenton	First Trenton		1235.7	0.9			98.47	1304.35	percent of total billed charges	
REPROGRAM CI PT<7YRSOLD	92602	CPT	outpatient			1373		205.45 Horizon	MGD		326.39	1.827			98.47	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI PT<7YRSOLD	92602	CPT	outpatient			1373		205.45 Horizon	Indemnity		326.39	1.827			98.47	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI PT<7YRSOLD	92602	CPT	outpatient			1373		205.45 Horizon	PPO		326.39	1.827			98.47	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI PT<7YRSOLD	92602	CPT	outpatient			1373		205.45 Horizon	Medicare Blue		178.65	1			98.47	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI PT<7YRSOLD	92602	CPT	outpatient			1373		205.45 Managed Care Inc	Managed Care Inc		1235.7	0.9			98.47	1304.35	percent of total billed charges	
REPROGRAM CI PT<7YRSOLD	92602	CPT	outpatient			1373		205.45 Multiplan	Multiplan		1098.4	0.8			98.47	1304.35	percent of total billed charges	
REPROGRAM CI PT<7YRSOLD	92602	CPT	outpatient			1373		205.45 Qualcare	Qualcare		1029.75	0.75			98.47	1304.35	percent of total billed charges	
REPROGRAM CI PT<7YRSOLD	92602	CPT	outpatient			1373		205.45 Three Rivers	Three Rivers		1304.35	0.95			98.47	1304.35	percent of total billed charges	
REPROGRAM CI PT<7YRSOLD	92602	CPT	outpatient			1373		205.45 UHC	Medicare		178.65	1			98.47	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI PT<7YRSOLD	92602	CPT	outpatient			1373		205.45 UHC	Medicaid		431.95	0.3146			98.47	1304.35	percent of total billed charges	
REPROGRAM CI PT<7YRSOLD	92602	CPT	outpatient			1373		205.45 Wellcare	Medicare		178.65	1			98.47	1304.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI PT<7YRSOLD	92602	CPT	outpatient			1373		205.45 Wellcare	Medicaid		431.95	0.3146			98.47	1304.35	percent of total billed charges	
DX ANLYS CI W/ PRGM PT>7YR	92603	CPT	outpatient			1258		205.45 Aetna	Commercial		284.41	1.592			89.66	1195.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM PT>7YR	92603	CPT	outpatient			1258		205.45 Aetna	Better Health		395.77	0.3146			89.66	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM PT>7YR	92603	CPT	outpatient			1258		205.45 Aetna	Medicare		178.65	1			89.66	1195.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM PT>7YR	92603	CPT	outpatient			1258		205.45 Americare	Americare		943.5	0.75			89.66	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM PT>7YR	92603	CPT	outpatient			1258		205.45 WellPoint	WellPoint		403.57	0.3208			89.66	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM PT>7YR	92603	CPT	outpatient			1258		205.45 Amerihealth	Medicare		178.65	1			89.66	1195.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM PT>7YR	92603	CPT	outpatient			1258		205.45 Consumer	Consumer		1195.1	0.95			89.66	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM PT>7YR	92603	CPT	outpatient			1258		205.45 Corrections	Corrections		1006.4	0.8			89.66	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM PT>7YR	92603	CPT	outpatient			1258		205.45 First Health	First Health		880.6	0.7			89.66	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM PT>7YR	92603	CPT	outpatient			1258		205.45 First Trenton	First Trenton		1132.2	0.9			89.66	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM PT>7YR	92603	CPT	outpatient			1258		205.45 Horizon	Indemnity		326.39	1.827			89.66	1195.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM PT>7YR	92603	CPT	outpatient			1258		205.45 Horizon	Medicare Blue		178.65	1			89.66	1195.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM PT>7YR	92603	CPT	outpatient			1258		205.45 Horizon	PPO		326.39	1.827			89.66	1195.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM PT>7YR	92603	CPT	outpatient			1258		205.45 Horizon	MGD		326.39	1.827			89.66	1195.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DX ANLYS CI W/ PRGM PT>7YR	92603	CPT	outpatient			1258		205.45 Managed Care Inc	Managed Care Inc		1132.2	0.9			89.66	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM PT>7YR	92603	CPT	outpatient			1258		205.45 Multiplan	Multiplan		1006.4	0.8			89.66	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM PT>7YR	92603	CPT	outpatient			1258		205.45 Qualcare	Qualcare		943.5	0.75			89.66	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM PT>7YR	92603	CPT	outpatient			1258		205.45 Three Rivers	Three Rivers		1195.1	0.95			89.66	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM PT>7YR	92603	CPT	outpatient			1258		205.45 UHC	Medicaid		395.77	0.3146			89.66	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM PT>7YR	92603	CPT	outpatient			1258		205.45 UHC	Medicare		178.65	1			89.66	1195.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DX ANLYS CI W/ PRGM PT>7YR	92603	CPT	outpatient			1258		205.45 Wellcare	Medicaid		395.77	0.3146			89.66	1195.1	percent of total billed charges	
DX ANLYS CI W/ PRGM PT>7YR	92603	CPT	outpatient			1258		205.45 Wellcare	Medicare		178.65	1			89.66	1195.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI PT>7YRSOLD	92604	CPT	outpatient			903		205.45 Aetna	Better Health		284.08	0.3146			62.83	857.85	percent of total billed charges	
REPROGRAM CI PT>7YRSOLD	92604	CPT	outpatient			903		205.45 Aetna	Medicare		278.12	0.308			62.83	857.85	percent of total billed charges	
REPROGRAM CI PT>7YRSOLD	92604	CPT	outpatient			903		205.45 Aetna	Commercial		284.41	1.592			62.83	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI PT>7YRSOLD	92604	CPT	outpatient			903		205.45 Americare	Americare		677.25	0.75			62.83	857.85	percent of total billed charges	
REPROGRAM CI PT>7YRSOLD	92604	CPT	outpatient			903		205.45 WellPoint	WellPoint		289.68	0.3208			62.83	857.85	percent of total billed charges	
REPROGRAM CI PT>7YRSOLD	92604	CPT	outpatient			903		205.45 Amerihealth	Medicare		178.65	1			62.83	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI PT>7YRSOLD	92604	CPT	outpatient			903		205.45 Consumer	Consumer		857.85	0.95			62.83	857.85	percent of total billed charges	
REPROGRAM CI PT>7YRSOLD	92604	CPT	outpatient			903		205.45 Corrections	Corrections		722.4	0.8			62.83	857.85	percent of total billed charges	
REPROGRAM CI PT>7YRSOLD	92604	CPT	outpatient			903		205.45 First Health	First Health		632.1	0.7			62.83	857.85	percent of total billed charges	
REPROGRAM CI PT>7YRSOLD	92604	CPT	outpatient			903		205.45 First Trenton	First Trenton		812.7	0.9			62.83	857.85	percent of total billed charges	
REPROGRAM CI PT>7YRSOLD	92604	CPT	outpatient			903		205.45 Horizon	Medicare Blue		178.65	1			62.83	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI PT>7YRSOLD	92604	CPT	outpatient			903		205.45 Horizon	MGD		326.39	1.827			62.83	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI PT>7YRSOLD	92604	CPT	outpatient			903		205.45 Horizon	Indemnity		326.39	1.827			62.83	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI PT>7YRSOLD	92604	CPT	outpatient			903		205.45 Horizon	PPO		326.39	1.827			62.83	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI PT>7YRSOLD	92604	CPT	outpatient			903		205.45 Managed Care Inc	Managed Care Inc		812.7	0.9			62.83	857.85	percent of total billed charges	
REPROGRAM CI PT>7YRSOLD	92604	CPT	outpatient			903		205.45 Multiplan	Multiplan		722.4	0.8			62.83	857.85	percent of total billed charges	
REPROGRAM CI PT>7YRSOLD	92604	CPT	outpatient			903		205.45 Qualcare	Qualcare		677.25	0.75			62.83	857.85	percent of total billed charges	
REPROGRAM CI PT>7YRSOLD	92604	CPT	outpatient			903		205.45 Three Rivers	Three Rivers		857.85	0.95			62.83	857.85	percent of total billed charges	
REPROGRAM CI PT>7YRSOLD	92604	CPT	outpatient			903		205.45 UHC	Medicaid		284.08	0.3146			62.83	857.85	percent of total billed charges	
REPROGRAM CI PT>7YRSOLD	92604	CPT	outpatient			903		205.45 UHC	Medicare		178.65	1			62.83	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI PT>7YRSOLD	92604	CPT	outpatient			903		205.45 Wellcare	Medicare		178.65	1			62.83	857.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAM CI PT>7YRSOLD	92604	CPT	outpatient			903		205.45 Wellcare	Medicaid		284.08	0.3146			62.83	857.85	percent of total billed charges	
EVAL SWALLI/ORAL-23-37 MIN	92610	CPT	both			999		Aetna	Commercial		379.62	0.38			77.7	949.05	percent of total billed charges	
EVAL SWALLI/ORAL-23-37 MIN	92610	CPT	both			999		Aetna	Better Health		314.29	0.3146			77.7	949.05	percent of total billed charges	
EVAL SWALLI/ORAL-23-37 MIN	92610	CPT	both			999		Aetna	Medicare		307.69	0.308			77.7	949.05	percent of total billed charges	
EVAL SWALLI/ORAL-23-37 MIN	92610	CPT	both			999		Americare	Americare		749.25	0.75			77.7	949.05	percent of total billed charges	
EVAL SWALLI/ORAL-23-37 MIN	92610	CPT	both			999		WellPoint	WellPoint		320.48	0.3208			77.7	949.05	percent of total billed charges	
EVAL SWALLI/ORAL-23-37 MIN	92610	CPT	both			999		Consumer	Consumer		949.05	0.95			77.7	949.05	percent of total billed charges	
EVAL SWALLI/ORAL-23-37 MIN	92610	CPT	both			999		Corrections	Corrections		799.2	0.8			77.7	949.05	percent of total billed charges	
EVAL SWALLI/ORAL-23-37 MIN	92610	CPT	both			999		First Health	First Health		699.3	0.7			77.7	949.05	percent of total billed charges	
EVAL SWALLI/ORAL-23-37 MIN	92610	CPT	both			999		First Trenton	First Trenton		899.1	0.9			77.7	949.05	percent of total billed charges	
EVAL SWALLI/ORAL-23-37 MIN	92610	CPT	both			999		Horizon	Medicare Blue		299.7	0.3			77.7	949.05	percent of total billed charges	
EVAL SWALLI/ORAL-23-37 MIN	92610	CPT	both			999		Horizon	MGD		382.42	0.3828			77.7	949.05	percent of total billed charges	
EVAL SWALLI/ORAL-23-37 MIN	92610	CPT	both			999		Horizon	Indemnity		382.42	0.3828			77.7	949.05	percent of total billed charges	
EVAL SWALLI/ORAL-23-37 MIN	92610	CPT	both			999		Horizon	PPO		382.42	0.3828			77.7	949.05	percent of total billed charges	
EVAL SWALLI/ORAL-23-37 MIN	92610	CPT	both			999		Managed Care Inc	Managed Care Inc		899.1	0.9			77.7	949.05	percent of total billed charges	
EVAL SWALLI/ORAL-23-37 MIN	92610	CPT	both			999		Multiplan	Multiplan		799.2	0.8			77.7	949.05	percent of total billed charges	
EVAL SWALLI/ORAL-23-37 MIN	92610	CPT	both			999		Qualcare	Qualcare		749.25	0.75			77.7	949.05	percent of total billed charges	
EVAL SWALLI/ORAL-23-37 MIN	92610	CPT	both			999		Three Rivers	Three Rivers		949.05	0.95			77.7	949.05	percent of total billed charges	
EVAL SWALLI/ORAL-23-37 MIN	92610	CPT	both			999		UHC	Medicaid		314.29	0.3146			77.7	949.05	percent of total billed charges	
EVAL SWALLI/ORAL-23-37 MIN	92610	CPT	both			999		Wellcare	Medicaid		314.29	0.3146			77.7	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Aetna	Commercial		379.62	0.38			299.7	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Aetna	Better Health		314.29	0.3146			299.7	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Aetna	Medicare		307.69	0.308			299.7	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Americare	Americare		749.25	0.75			299.7	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		WellPoint	WellPoint		320.48	0.3208			299.7	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Consumer	Consumer		949.05	0.95			299.7	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Corrections	Corrections		799.2	0.8			299.7	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		First Health	First Health		699.3	0.7			299.7	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		First Trenton	First Trenton		899.1	0.9			299.7	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Horizon	Medicare Blue		299.7	0.3			299.7	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Horizon	Indemnity		382.42	0.3828			299.7	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Horizon	MGD		382.42	0.3828			299.7	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Horizon	PPO		382.42	0.3828			299.7	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Managed Care Inc	Managed Care Inc		899.1	0.9			299.7	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Multiplan	Multiplan		799.2	0.8			299.7	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Qualcare	Qualcare		749.25	0.75			299.7	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Three Rivers	Three Rivers		949.05	0.95			299.7	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		UHC	Medicaid		314.29	0.3146			299.7	949.05	percent of total billed charges	
MODIFIED BARIUM SWALLOW	92611	CPT	both			999		Wellcare	Medicaid		314.29	0.3146			299.7	949.05	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Aetna	Medicare		295.06	0.308			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Aetna	Better Health		301.39	0.3146			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Aetna	Commercial		364.04	0.38			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Americare	Americare		718.5	0.75			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		WellPoint	WellPoint		307.33	0.3208			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Consumer	Consumer		910.1	0.95			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Corrections	Corrections		766.4	0.8			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		First Health	First Health		670.6	0.7			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		First Trenton	First Trenton		862.2	0.9			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Horizon	MGD		366.72	0.3828			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Horizon	Indemnity		366.72	0.3828			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Horizon	Medicare Blue		287.4	0.3			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Horizon	PPO		366.72	0.3828			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Managed Care Inc	Managed Care Inc		862.2	0.9			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Multiplan	Multiplan		766.4	0.8			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Qualcare	Qualcare		718.5	0.75			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Three Rivers	Three Rivers		910.1	0.95			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		UHC	Medicaid		301.39	0.3146			287.4	910.1	percent of total billed charges	
FIBEROPTIC ENDOSCOPIC EVAL SWALLOW	92612	CPT	both			958		Wellcare	Medicaid		301.39	0.3146			287.4	910.1	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	inpatient			1076		Aetna	Better Health		338.51	0.3146			322.8	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	inpatient			1076		Aetna	Commercial		408.88	0.38			322.8	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	inpatient			1076		Aetna	Medicare		331.41	0.308			322.8	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	inpatient			1076		Americare	Americare		807	0.75			322.8	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	inpatient			1076		WellPoint	WellPoint		345.18	0.3208			322.8	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	inpatient			1076		Consumer	Consumer		1022.2	0.95			322.8	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	inpatient			1076		Corrections	Corrections		860.8	0.8			322.8	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	inpatient			1076		First Health	First Health		753.2	0.7			322.8	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	inpatient			1076		First Trenton	First Trenton		968.4	0.9			322.8	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	inpatient			1076		Horizon	Indemnity		411.89	0.3828			322.8	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	inpatient			1076		Horizon	Medicare Blue		322.8	0.3			322.8	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	inpatient			1076		Horizon	MGD		411.89	0.3828			322.8	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	inpatient			1076		Horizon	PPO		411.89	0.3828			322.8	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	inpatient			1076		Managed Care Inc	Managed Care Inc		968.4	0.9			322.8	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	inpatient			1076		Multiplan	Multiplan		860.8	0.8			322.8	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	inpatient			1076		Qualcare	Qualcare		807	0.75			322.8	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	inpatient			1076		Three Rivers	Three Rivers		1022.2	0.95			322.8	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	inpatient			1076		UHC	Medicaid		338.51	0.3146			322.8	1022.2	percent of total billed charges	
SENSORY TEST DURING ENDOSCOPY	92616	CPT	inpatient			1076		Wellcare	Medicaid		338.51	0.3146			322.8	1022.2	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Aetna	Better Health		167.37	0.3146			167.37	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Aetna	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Aetna	Commercial		284.41	1.592			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Americare	Americare		399	0.75			167.37	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 WellPoint	WellPoint		170.67	0.3208			167.37	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Amerihealth	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Consumer	Consumer		505.4	0.95			167.37	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Corrections	Corrections		425.6	0.8			167.37	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 First Health	First Health		372.4	0.7			167.37	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 First Trenton	First Trenton		478.8	0.9			167.37	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Horizon	Indemnity		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Horizon	MGD		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Horizon	Medicare Blue		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Horizon	PPO		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Managed Care Inc	Managed Care Inc		478.8	0.9			167.37	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Multiplan	Multiplan		425.6	0.8			167.37	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Qualcare	Qualcare		399	0.75			167.37	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Three Rivers	Three Rivers		505.4	0.95			167.37	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 UHC	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 UHC	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Wellcare	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
EVAL CENTRL AUD FUNC W/REPORT 60MIN	92620	CPT	outpatient			532		205.45 Wellcare	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Aetna	Better Health		167.37	0.3146			167.37	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Aetna	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Aetna	Commercial		284.41	1.592			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Americare	Americare		399	0.75			167.37	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 WellPoint	WellPoint		170.67	0.3208			167.37	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Amerihealth	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Consumer	Consumer		505.4	0.95			167.37	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Corrections	Corrections		425.6	0.8			167.37	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 First Health	First Health		372.4	0.7			167.37	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 First Trenton	First Trenton		478.8	0.9			167.37	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Horizon	Indemnity		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Horizon	Medicare Blue		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Horizon	MGD		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Horizon	PPO		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Managed Care Inc	Managed Care Inc		478.8	0.9			167.37	505.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Multiplan	Multiplan		425.6	0.8			167.37	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Qualcare	Qualcare		399	0.75			167.37	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Three Rivers	Three Rivers		505.4	0.95			167.37	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 UHC	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 UHC	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Wellcare	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSESSMENT OF TINNITUS	92625	CPT	outpatient			532		205.45 Wellcare	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Aetna	Better Health		167.37	0.3146			167.37	505.4	percent of total billed charges	
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Aetna	Commercial		284.41	1.592			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Aetna	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Americare	Americare		399	0.75			167.37	505.4	percent of total billed charges	
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 WellPoint	WellPoint		170.67	0.3208			167.37	505.4	percent of total billed charges	
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Amerihealth	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Consumer	Consumer		505.4	0.95			167.37	505.4	percent of total billed charges	
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Corrections	Corrections		425.6	0.8			167.37	505.4	percent of total billed charges	
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 First Health	First Health		372.4	0.7			167.37	505.4	percent of total billed charges	
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 First Trenton	First Trenton		478.8	0.9			167.37	505.4	percent of total billed charges	
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Horizon	Indemnity		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Horizon	MGD		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Horizon	Medicare Blue		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Horizon	PPO		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Managed Care Inc	Managed Care Inc		478.8	0.9			167.37	505.4	percent of total billed charges	
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Multiplan	Multiplan		425.6	0.8			167.37	505.4	percent of total billed charges	
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Qualcare	Qualcare		399	0.75			167.37	505.4	percent of total billed charges	
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Three Rivers	Three Rivers		505.4	0.95			167.37	505.4	percent of total billed charges	
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 UHC	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 UHC	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Wellcare	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EVAL OF AUDITORY REHAB	92626	CPT	outpatient			532		205.45 Wellcare	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Aetna	Better Health		167.37	0.3146			167.37	505.4	percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Aetna	Commercial		284.41	1.592			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Aetna	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Americare	Americare		399	0.75			167.37	505.4	percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 WellPoint	WellPoint		170.67	0.3208			167.37	505.4	percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Amerihealth	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Consumer	Consumer		505.4	0.95			167.37	505.4	percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Corrections	Corrections		425.6	0.8			167.37	505.4	percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 First Health	First Health		372.4	0.7			167.37	505.4	percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 First Trenton	First Trenton		478.8	0.9			167.37	505.4	percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Horizon	Medicare Blue		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Horizon	MGD		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Horizon	Indemnity		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Horizon	PPO		326.39	1.827			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Managed Care Inc	Managed Care Inc		478.8	0.9			167.37	505.4	percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Multiplan	Multiplan		425.6	0.8			167.37	505.4	percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Qualcare	Qualcare		399	0.75			167.37	505.4	percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Three Rivers	Three Rivers		505.4	0.95			167.37	505.4	percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 UHC	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 UHC	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Wellcare	Medicaid		167.37	0.3146			167.37	505.4	percent of total billed charges	
AUDITORY BRAINSTEM IMPLANT	92640	CPT	outpatient			532		205.45 Wellcare	Medicare		178.65	1			167.37	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH CLICK	92651	CPT	outpatient			532		412.82 Aetna	Better Health		167.37	0.3146			167.37	655.84	percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	outpatient			532		412.82 Aetna	Medicare		358.97	1			167.37	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH CLICK	92651	CPT	outpatient			532		412.82 Aetna	Commercial		571.48	1.592			167.37	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH CLICK	92651	CPT	outpatient			532		412.82 Americare	Americare		399	0.75			167.37	655.84	percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	outpatient			532		412.82 WellPoint	WellPoint		170.67	0.3208			167.37	655.84	percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	outpatient			532		412.82 Amerihealth	Medicare		358.97	1			167.37	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH CLICK	92651	CPT	outpatient			532		412.82 Consumer	Consumer		505.4	0.95			167.37	655.84	percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	outpatient			532		412.82 Corrections	Corrections		425.6	0.8			167.37	655.84	percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	outpatient			532		412.82 First Health	First Health		372.4	0.7			167.37	655.84	percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	outpatient			532		412.82 First Trenton	First Trenton		478.8	0.9			167.37	655.84	percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	outpatient			532		412.82 Horizon	MGD		655.84	1.827			167.37	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH CLICK	92651	CPT	outpatient			532		412.82 Horizon	Medicare Blue		358.97	1			167.37	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH CLICK	92651	CPT	outpatient			532		412.82 Horizon	Indemnity		655.84	1.827			167.37	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH CLICK	92651	CPT	outpatient			532		412.82 Horizon	PPO		655.84	1.827			167.37	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH CLICK	92651	CPT	outpatient			532		412.82 Managed Care Inc	Managed Care Inc		478.8	0.9			167.37	655.84	percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	outpatient			532		412.82 Multiplan	Multiplan		425.6	0.8			167.37	655.84	percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	outpatient			532		412.82 Qualcare	Qualcare		399	0.75			167.37	655.84	percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	outpatient			532		412.82 Three Rivers	Three Rivers		505.4	0.95			167.37	655.84	percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	outpatient			532		412.82 UHC	Medicaid		167.37	0.3146			167.37	655.84	percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	outpatient			532		412.82 UHC	Medicare		358.97	1			167.37	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH CLICK	92651	CPT	outpatient			532		412.82 Wellcare	Medicaid		167.37	0.3146			167.37	655.84	percent of total billed charges	
AUD EVOKE POT-THRESH CLICK	92651	CPT	outpatient			532		412.82 Wellcare	Medicare		358.97	1			167.37	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH TONEBURST	92652	CPT	outpatient			1023		412.82 Aetna	Commercial		571.48	1.592			321.84	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH TONEBURST	92652	CPT	outpatient			1023		412.82 Aetna	Medicare		358.97	1			321.84	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH TONEBURST	92652	CPT	outpatient			1023		412.82 Aetna	Better Health		321.84	0.3146			321.84	971.85	percent of total billed charges	
AUD EVOKE POT-THRESH TONEBURST	92652	CPT	outpatient			1023		412.82 Americare	Americare		767.25	0.75			321.84	971.85	percent of total billed charges	
AUD EVOKE POT-THRESH TONEBURST	92652	CPT	outpatient			1023		412.82 WellPoint	WellPoint		328.18	0.3208			321.84	971.85	percent of total billed charges	
AUD EVOKE POT-THRESH TONEBURST	92652	CPT	outpatient			1023		412.82 Amerihealth	Medicare		358.97	1			321.84	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH TONEBURST	92652	CPT	outpatient			1023		412.82 Consumer	Consumer		971.85	0.95			321.84	971.85	percent of total billed charges	
AUD EVOKE POT-THRESH TONEBURST	92652	CPT	outpatient			1023		412.82 Corrections	Corrections		818.4	0.8			321.84	971.85	percent of total billed charges	
AUD EVOKE POT-THRESH TONEBURST	92652	CPT	outpatient			1023		412.82 First Health	First Health		716.1	0.7			321.84	971.85	percent of total billed charges	
AUD EVOKE POT-THRESH TONEBURST	92652	CPT	outpatient			1023		412.82 First Trenton	First Trenton		920.7	0.9			321.84	971.85	percent of total billed charges	
AUD EVOKE POT-THRESH TONEBURST	92652	CPT	outpatient			1023		412.82 Horizon	Indemnity		655.84	1.827			321.84	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH TONEBURST	92652	CPT	outpatient			1023		412.82 Horizon	MGD		655.84	1.827			321.84	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH TONEBURST	92652	CPT	outpatient			1023		412.82 Horizon	PPO		655.84	1.827			321.84	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH TONEBURST	92652	CPT	outpatient			1023		412.82 Horizon	Medicare Blue		358.97	1			321.84	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH TONEBURST	92652	CPT	outpatient			1023		412.82 Managed Care Inc	Managed Care Inc		920.7	0.9			321.84	971.85	percent of total billed charges	
AUD EVOKE POT-THRESH TONEBURST	92652	CPT	outpatient			1023		412.82 Multiplan	Multiplan		818.4	0.8			321.84	971.85	percent of total billed charges	
AUD EVOKE POT-THRESH TONEBURST	92652	CPT	outpatient			1023		412.82 Qualcare	Qualcare		767.25	0.75			321.84	971.85	percent of total billed charges	
AUD EVOKE POT-THRESH TONEBURST	92652	CPT	outpatient			1023		412.82 Three Rivers	Three Rivers		971.85	0.95			321.84	971.85	percent of total billed charges	
AUD EVOKE POT-THRESH TONEBURST	92652	CPT	outpatient			1023		412.82 UHC	Medicare		358.97	1			321.84	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUD EVOKE POT-THRESH TONEBURST	92652	CPT	outpatient			1023		412.82 UHC	Medicaid		321.84	0.3146			321.84	971.85	percent of total billed charges	
AUD EVOKE POT-THRESH TONEBURST	92652	CPT	outpatient			1023		412.82 Wellcare	Medicaid		321.84	0.3146			321.84	971.85	percent of total billed charges	
AUD EVOKE POT-THRESH TONEBURST	92652	CPT	outpatient			1023		412.82 Wellcare	Medicare		358.97	1			321.84	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	outpatient			1023		412.82 Aetna	Medicare		315.08	0.308			315.08	971.85	percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	outpatient			1023		412.82 Aetna	Better Health		321.84	0.3146			315.08	971.85	percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	outpatient			1023		412.82 Aetna	Commercial		571.48	1.592			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	outpatient			1023		412.82 Americare	Americare		767.25	0.75			315.08	971.85	percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	outpatient			1023		412.82 WellPoint	WellPoint		328.18	0.3208			315.08	971.85	percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	outpatient			1023		412.82 Amerihealth	Medicare		358.97	1			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	outpatient			1023		412.82 Consumer	Consumer		971.85	0.95			315.08	971.85	percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	outpatient			1023		412.82 Corrections	Corrections		818.4	0.8			315.08	971.85	percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	outpatient			1023		412.82 First Health	First Health		716.1	0.7			315.08	971.85	percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	outpatient			1023		412.82 First Trenton	First Trenton		920.7	0.9			315.08	971.85	percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	outpatient			1023		412.82 Horizon	Indemnity		655.84	1.827			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	outpatient			1023		412.82 Horizon	MGD		655.84	1.827			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	outpatient			1023		412.82 Horizon	PPO		655.84	1.827			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	outpatient			1023		412.82 Horizon	Medicare Blue		358.97	1			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	outpatient			1023		412.82 Managed Care Inc	Managed Care Inc		920.7	0.9			315.08	971.85	percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	outpatient			1023		412.82 Multiplan	Multiplan		818.4	0.8			315.08	971.85	percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	outpatient			1023		412.82 Qualcare	Qualcare		767.25	0.75			315.08	971.85	percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	outpatient			1023		412.82 Three Rivers	Three Rivers		971.85	0.95			315.08	971.85	percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	outpatient			1023		412.82 UHC	Medicare		358.97	1			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	outpatient			1023		412.82 UHC	Medicaid		321.84	0.3146			315.08	971.85	percent of total billed charges	
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	outpatient			1023		412.82 Wellcare	Medicare		358.97	1			315.08	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AUDITORY EVOKED POT-NEURODIAG	92653	CPT	outpatient			1023		412.82 Wellcare	Medicaid		321.84	0.3146			315.08	971.85	percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Aetna	Better Health		6138.48	0.3146			6138.48	18536.4	percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Aetna	Commercial		10406.68	1.592			6138.48	18536.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Aetna	Medicare		6536.86	1			6138.48	18536.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Americare	Americare		14634	0.75			6138.48	18536.4	percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 WellPoint	WellPoint		6259.45	0.3208			6138.48	18536.4	percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Amerihealth	Medicare		6536.86	1			6138.48	18536.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Consumer	Consumer		18536.4	0.95			6138.48	18536.4	percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Corrections	Corrections		15609.6	0.8			6138.48	18536.4	percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 First Health	First Health		13658.4	0.7			6138.48	18536.4	percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 First Trenton	First Trenton		17560.8	0.9			6138.48	18536.4	percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Horizon	PPO		11942.84	1.827			6138.48	18536.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Horizon	Indemnity		11942.84	1.827			6138.48	18536.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Horizon	MGD		11942.84	1.827			6138.48	18536.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Horizon	Medicare Blue		6536.86	1			6138.48	18536.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Managed Care Inc	Managed Care Inc		17560.8	0.9			6138.48	18536.4	percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Multiplan	Multiplan		15609.6	0.8			6138.48	18536.4	percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Qualcare	Qualcare		14634	0.75			6138.48	18536.4	percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Three Rivers	Three Rivers		18536.4	0.95			6138.48	18536.4	percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 UHC	Medicaid		6138.48	0.3146			6138.48	18536.4	percent of total billed charges	
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 UHC	Medicare		6536.86	1			6138.48	18536.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Wellcare	Medicare		6536.86	1			6138.48	18536.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARDIAC ANIOPLAST 1 ART	92920	CPT	both			19512		7517.39 Wellcare	Medicaid		6138.48	0.3146			6138.48	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	inpatient			19512		Aetna	Better Health		6138.48	0.3146			5853.6	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	inpatient			19512		Aetna	Medicare		6009.7	0.308			5853.6	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	inpatient			19512		Aetna	Commercial		7414.56	0.38			5853.6	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	inpatient			19512		Americare	Americare		14634	0.75			5853.6	18536.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	inpatient			19512		WellPoint	WellPoint		6259.45	0.3208			5853.6	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	inpatient			19512		Consumer	Consumer		18536.4	0.95			5853.6	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	inpatient			19512		Corrections	Corrections		15609.6	0.8			5853.6	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	inpatient			19512		First Health	First Health		13658.4	0.7			5853.6	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	inpatient			19512		First Trenton	First Trenton		17560.8	0.9			5853.6	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	inpatient			19512		Horizon	MGD		7469.19	0.3828			5853.6	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	inpatient			19512		Horizon	Medicare Blue		5853.6	0.3			5853.6	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	inpatient			19512		Horizon	Indemnity		7469.19	0.3828			5853.6	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	inpatient			19512		Horizon	PPO		7469.19	0.3828			5853.6	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	inpatient			19512		Managed Care Inc	Managed Care Inc		17560.8	0.9			5853.6	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	inpatient			19512		Multiplan	Multiplan		15609.6	0.8			5853.6	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	inpatient			19512		Qualcare	Qualcare		14634	0.75			5853.6	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	inpatient			19512		Three Rivers	Three Rivers		18536.4	0.95			5853.6	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	inpatient			19512		UHC	Medicaid		6138.48	0.3146			5853.6	18536.4	percent of total billed charges	
PRQ CARDIAC ANGIO ADDL ART	92921	CPT	inpatient			19512		Wellcare	Medicaid		6138.48	0.3146			5853.6	18536.4	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	inpatient			37198		14469 Aetna	Better Health		11702.49	0.3146			11702.49	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	inpatient			37198		14469 Aetna	Commercial		20030.13	1.592			11702.49	35338.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	inpatient			37198		14469 Aetna	Medicare		12581.74	1			11702.49	35338.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	inpatient			37198		14469 Americare	Americare		27898.5	0.75			11702.49	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	inpatient			37198		14469 WellPoint	WellPoint		11933.12	0.3208			11702.49	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	inpatient			37198		14469 Amerihealth	Medicare		12581.74	1			11702.49	35338.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	inpatient			37198		14469 Consumer	Consumer		35338.1	0.95			11702.49	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	inpatient			37198		14469 Corrections	Corrections		29758.4	0.8			11702.49	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	inpatient			37198		14469 First Health	First Health		26038.6	0.7			11702.49	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	inpatient			37198		14469 First Trenton	First Trenton		33478.2	0.9			11702.49	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	inpatient			37198		14469 Horizon	Indemnity		22986.84	1.827			11702.49	35338.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	inpatient			37198		14469 Horizon	MGD		22986.84	1.827			11702.49	35338.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	inpatient			37198		14469 Horizon	Medicare Blue		12581.74	1			11702.49	35338.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	inpatient			37198		14469 Horizon	PPO		22986.84	1.827			11702.49	35338.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	inpatient			37198		14469 Managed Care Inc	Managed Care Inc		33478.2	0.9			11702.49	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	inpatient			37198		14469 Multiplan	Multiplan		29758.4	0.8			11702.49	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	inpatient			37198		14469 Qualcare	Qualcare		27898.5	0.75			11702.49	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	inpatient			37198		14469 Three Rivers	Three Rivers		35338.1	0.95			11702.49	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	inpatient			37198		14469 UHC	Medicare		12581.74	1			11702.49	35338.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	inpatient			37198		14469 UHC	Medicaid		11702.49	0.3146			11702.49	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	inpatient			37198		14469 Wellcare	Medicare		12581.74	1			11702.49	35338.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD ANGIO/ATHRECT 1 ART	92924	CPT	inpatient			37198		14469 Wellcare	Medicaid		11702.49	0.3146			11702.49	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Aetna	Better Health		11702.49	0.3146			11159.4	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Aetna	Medicare		11456.98	0.308			11159.4	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Aetna	Commercial		14135.24	0.38			11159.4	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Americare	Americare		27898.5	0.75			11159.4	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		WellPoint	WellPoint		11933.12	0.3208			11159.4	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Consumer	Consumer		35338.1	0.95			11159.4	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Corrections	Corrections		29758.4	0.8			11159.4	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		First Health	First Health		26038.6	0.7			11159.4	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		First Trenton	First Trenton		33478.2	0.9			11159.4	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Horizon	Indemnity		14239.39	0.3828			11159.4	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Horizon	PPO		14239.39	0.3828			11159.4	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Horizon	MGD		14239.39	0.3828			11159.4	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Horizon	Medicare Blue		11159.4	0.3			11159.4	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Managed Care Inc	Managed Care Inc		33478.2	0.9			11159.4	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Multiplan	Multiplan		29758.4	0.8			11159.4	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Qualcare	Qualcare		27898.5	0.75			11159.4	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Three Rivers	Three Rivers		35338.1	0.95			11159.4	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		UHC	Medicaid		11702.49	0.3146			11159.4	35338.1	percent of total billed charges	
PRQ CARD ANGIO/ATHRECT ADDL	92925	CPT	outpatient			37198		Wellcare	Medicaid		11702.49	0.3146			11159.4	35338.1	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Aetna	Better Health		9322.23	0.3146			9322.23	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Aetna	Medicare		12581.74	1			9322.23	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Aetna	Commercial		20030.13	1.592			9322.23	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Americare	Americare		22224	0.75			9322.23	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 WellPoint	WellPoint		9505.95	0.3208			9322.23	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Amerihealth	Medicare		12581.74	1			9322.23	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Consumer	Consumer		28150.4	0.95			9322.23	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Corrections	Corrections		23705.6	0.8			9322.23	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 First Health	First Health		20742.4	0.7			9322.23	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 First Trenton	First Trenton		26668.8	0.9			9322.23	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Horizon	Indemnity		22986.84	1.827			9322.23	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Horizon	MGD		22986.84	1.827			9322.23	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Horizon	PPO		22986.84	1.827			9322.23	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Horizon	Medicare Blue		12581.74	1			9322.23	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Managed Care Inc	Managed Care Inc		26668.8	0.9			9322.23	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Multiplan	Multiplan		23705.6	0.8			9322.23	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Qualcare	Qualcare		22224	0.75			9322.23	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Three Rivers	Three Rivers		28150.4	0.95			9322.23	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 UHC	Medicaid		9322.23	0.3146			9322.23	28150.4	percent of total billed charges	
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 UHC	Medicare		12581.74	1			9322.23	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Wellcare	Medicare		12581.74	1			9322.23	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STEND W/ANGIO 1 VSL	92928	CPT	both			29632		14469 Wellcare	Medicaid		9322.23	0.3146			9322.23	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Aetna	Better Health		9322.23	0.3146			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Aetna	Medicare		9126.66	0.308			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Aetna	Commercial		11260.16	0.38			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Americare	Americare		22224	0.75			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		WellPoint	WellPoint		9505.95	0.3208			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Consumer	Consumer		28150.4	0.95			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Corrections	Corrections		23705.6	0.8			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		First Health	First Health		20742.4	0.7			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		First Trenton	First Trenton		26668.8	0.9			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Horizon	Medicare Blue		8889.6	0.3			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Horizon	Indemnity		11343.13	0.3828			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Horizon	MGD		11343.13	0.3828			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Horizon	PPO		11343.13	0.3828			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Managed Care Inc	Managed Care Inc		26668.8	0.9			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Multiplan	Multiplan		23705.6	0.8			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Qualcare	Qualcare		22224	0.75			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Three Rivers	Three Rivers		28150.4	0.95			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		UHC	Medicaid		9322.23	0.3146			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT W/ANGIO ADDL	92929	CPT	inpatient			29632		Wellcare	Medicaid		9322.23	0.3146			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	inpatient			29632		23062.62 Aetna	Commercial		31926.68	1.592			9322.23	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STENT/ATH/ANGIO	92933	CPT	inpatient			29632		23062.62 Aetna	Medicare		20054.45	1			9322.23	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STENT/ATH/ANGIO	92933	CPT	inpatient			29632		23062.62 Aetna	Better Health		9322.23	0.3146			9322.23	36639.48	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	inpatient			29632		23062.62 Americare	Americare		22224	0.75			9322.23	36639.48	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	inpatient			29632		23062.62 WellPoint	WellPoint		9505.95	0.3208			9322.23	36639.48	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	inpatient			29632		23062.62 Amerihealth	Medicare		20054.45	1			9322.23	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STENT/ATH/ANGIO	92933	CPT	inpatient			29632		23062.62 Consumer	Consumer		28150.4	0.95			9322.23	36639.48	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	inpatient			29632		23062.62 Corrections	Corrections		23705.6	0.8			9322.23	36639.48	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	inpatient			29632		23062.62 First Health	First Health		20742.4	0.7			9322.23	36639.48	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	inpatient			29632		23062.62 First Trenton	First Trenton		26668.8	0.9			9322.23	36639.48	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	inpatient			29632		23062.62 Horizon	Indemnity		36639.48	1.827			9322.23	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STENT/ATH/ANGIO	92933	CPT	inpatient			29632		23062.62 Horizon	Medicare Blue		20054.45	1			9322.23	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STENT/ATH/ANGIO	92933	CPT	inpatient			29632		23062.62 Horizon	MGD		36639.48	1.827			9322.23	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STENT/ATH/ANGIO	92933	CPT	inpatient			29632		23062.62 Horizon	PPO		36639.48	1.827			9322.23	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STENT/ATH/ANGIO	92933	CPT	inpatient			29632		23062.62 Managed Care Inc	Managed Care Inc		26668.8	0.9			9322.23	36639.48	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	inpatient			29632		23062.62 Multiplan	Multiplan		23705.6	0.8			9322.23	36639.48	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	inpatient			29632		23062.62 Qualcare	Qualcare		22224	0.75			9322.23	36639.48	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	inpatient			29632		23062.62 Three Rivers	Three Rivers		28150.4	0.95			9322.23	36639.48	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	inpatient			29632		23062.62 UHC	Medicaid		9322.23	0.3146			9322.23	36639.48	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92933	CPT	inpatient			29632		23062.62 UHC	Medicare		20054.45	1			9322.23	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STENT/ATH/ANGIO	92933	CPT	inpatient			29632		23062.62 Wellcare	Medicare		20054.45	1			9322.23	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD STENT/ATH/ANGIO	92933	CPT	inpatient			29632		23062.62 Wellcare	Medicaid		9322.23	0.3146			9322.23	36639.48	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Aetna	Better Health		9322.23	0.3146			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Aetna	Medicare		9126.66	0.308			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Aetna	Commercial		11260.16	0.38			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Americare	Americare		22224	0.75			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		WellPoint	WellPoint		9505.95	0.3208			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Consumer	Consumer		28150.4	0.95			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Corrections	Corrections		23705.6	0.8			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		First Health	First Health		20742.4	0.7			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		First Trenton	First Trenton		26668.8	0.9			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Horizon	MGD		11343.13	0.3828			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Horizon	Medicare Blue		8889.6	0.3			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Horizon	Indemnity		11343.13	0.3828			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Horizon	PPO		11343.13	0.3828			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Managed Care Inc	Managed Care Inc		26668.8	0.9			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Multiplan	Multiplan		23705.6	0.8			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Qualcare	Qualcare		22224	0.75			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Three Rivers	Three Rivers		28150.4	0.95			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		UHC	Medicaid		9322.23	0.3146			8889.6	28150.4	percent of total billed charges	
PRQ CARD STENT/ATH/ANGIO	92934	CPT	inpatient			29632		Wellcare	Medicaid		9322.23	0.3146			8889.6	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Aetna	Commercial		20030.13	1.592			9126.66	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Aetna	Better Health		9322.23	0.3146			9126.66	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Aetna	Medicare		9126.66	0.308			9126.66	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Americare	Americare		22224	0.75			9126.66	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 WellPoint	WellPoint		9505.95	0.3208			9126.66	28150.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Amerihealth	Medicare		12581.74	1			9126.66	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Consumer	Consumer		28150.4	0.95			9126.66	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Corrections	Corrections		23705.6	0.8			9126.66	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 First Health	First Health		20742.4	0.7			9126.66	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 First Trenton	First Trenton		26668.8	0.9			9126.66	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Horizon	Indemnity		22986.84	1.827			9126.66	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Horizon	MGD		22986.84	1.827			9126.66	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Horizon	PPO		22986.84	1.827			9126.66	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Horizon	Medicare Blue		12581.74	1			9126.66	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Managed Care Inc	Managed Care Inc		26668.8	0.9			9126.66	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Multiplan	Multiplan		23705.6	0.8			9126.66	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Qualcare	Qualcare		22224	0.75			9126.66	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Three Rivers	Three Rivers		28150.4	0.95			9126.66	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 UHC	Medicare		12581.74	1			9126.66	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 UHC	Medicaid		9322.23	0.3146			9126.66	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Wellcare	Medicare		12581.74	1			9126.66	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ REVASC BYP GRAFT 1 VSL	92937	CPT	outpatient			29632		14469 Wellcare	Medicaid		9322.23	0.3146			9126.66	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Aetna	Better Health		9322.23	0.3146			8889.6	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Aetna	Commercial		11260.16	0.38			8889.6	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Aetna	Medicare		9126.66	0.308			8889.6	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Americare	Americare		22224	0.75			8889.6	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		WellPoint	WellPoint		9505.95	0.3208			8889.6	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Consumer	Consumer		28150.4	0.95			8889.6	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Corrections	Corrections		23705.6	0.8			8889.6	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		First Health	First Health		20742.4	0.7			8889.6	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		First Trenton	First Trenton		26668.8	0.9			8889.6	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Horizon	Medicare Blue		8889.6	0.3			8889.6	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Horizon	Indemnity		11343.13	0.3828			8889.6	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Horizon	MGD		11343.13	0.3828			8889.6	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Horizon	PPO		11343.13	0.3828			8889.6	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Managed Care Inc	Managed Care Inc		26668.8	0.9			8889.6	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Multiplan	Multiplan		23705.6	0.8			8889.6	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Qualcare	Qualcare		22224	0.75			8889.6	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Three Rivers	Three Rivers		28150.4	0.95			8889.6	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		UHC	Medicaid		9322.23	0.3146			8889.6	28150.4	percent of total billed charges	
PRQ REVASC BYP GRAFT ADDL	92938	CPT	outpatient			29632		Wellcare	Medicaid		9322.23	0.3146			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Aetna	Commercial		11260.16	0.38			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Aetna	Better Health		9322.23	0.3146			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Aetna	Medicare		9126.66	0.308			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Americare	Americare		22224	0.75			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		WellPoint	WellPoint		9505.95	0.3208			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Consumer	Consumer		28150.4	0.95			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Corrections	Corrections		23705.6	0.8			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		First Health	First Health		20742.4	0.7			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		First Trenton	First Trenton		26668.8	0.9			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Horizon	MGD		11343.13	0.3828			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Horizon	PPO		11343.13	0.3828			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Horizon	Indemnity		11343.13	0.3828			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Horizon	Medicare Blue		8889.6	0.3			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Managed Care Inc	Managed Care Inc		26668.8	0.9			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Multiplan	Multiplan		23705.6	0.8			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Qualcare	Qualcare		22224	0.75			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Three Rivers	Three Rivers		28150.4	0.95			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		UHC	Medicaid		9322.23	0.3146			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC MI 1 VSL	92941	CPT	both			29632		Wellcare	Medicaid		9322.23	0.3146			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Aetna	Medicare		12581.74	1			9322.23	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Aetna	Better Health		9322.23	0.3146			9322.23	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Aetna	Commercial		20030.13	1.592			9322.23	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Americare	Americare		22224	0.75			9322.23	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 WellPoint	WellPoint		9505.95	0.3208			9322.23	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Amerihealth	Medicare		12581.74	1			9322.23	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Consumer	Consumer		28150.4	0.95			9322.23	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Corrections	Corrections		23705.6	0.8			9322.23	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 First Health	First Health		20742.4	0.7			9322.23	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 First Trenton	First Trenton		26668.8	0.9			9322.23	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Horizon	Medicare Blue		12581.74	1			9322.23	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Horizon	MGD		22986.84	1.827			9322.23	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Horizon	Indemnity		22986.84	1.827			9322.23	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Horizon	PPO		22986.84	1.827			9322.23	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Managed Care Inc	Managed Care Inc		26668.8	0.9			9322.23	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Multiplan	Multiplan		23705.6	0.8			9322.23	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Qualcare	Qualcare		22224	0.75			9322.23	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Three Rivers	Three Rivers		28150.4	0.95			9322.23	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 UHC	Medicaid		9322.23	0.3146			9322.23	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 UHC	Medicare		12581.74	1			9322.23	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Wellcare	Medicare		12581.74	1			9322.23	28150.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRQ CARD REVASC CHRONIC 1VSL	92943	CPT	inpatient			29632		14469 Wellcare	Medicaid		9322.23	0.3146			9322.23	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	inpatient			29632		Aetna	Medicare		9126.66	0.308			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	inpatient			29632		Aetna	Better Health		9322.23	0.3146			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	inpatient			29632		Aetna	Commercial		11260.16	0.38			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	inpatient			29632		Americare	Americare		22224	0.75			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	inpatient			29632		WellPoint	WellPoint		9505.95	0.3208			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	inpatient			29632		Consumer	Consumer		28150.4	0.95			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	inpatient			29632		Corrections	Corrections		23705.6	0.8			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	inpatient			29632		First Health	First Health		20742.4	0.7			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	inpatient			29632		First Trenton	First Trenton		26668.8	0.9			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	inpatient			29632		Horizon	MGD		11343.13	0.3828			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	inpatient			29632		Horizon	Medicare Blue		8889.6	0.3			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	inpatient			29632		Horizon	Indemnity		11343.13	0.3828			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	inpatient			29632		Horizon	PPO		11343.13	0.3828			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	inpatient			29632		Managed Care Inc	Managed Care Inc		26668.8	0.9			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	inpatient			29632		Multiplan	Multiplan		23705.6	0.8			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	inpatient			29632		Qualcare	Qualcare		22224	0.75			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	inpatient			29632		Three Rivers	Three Rivers		28150.4	0.95			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	inpatient			29632		UHC	Medicaid		9322.23	0.3146			8889.6	28150.4	percent of total billed charges	
PRQ CARD REVASC CHRONIC ADDL	92944	CPT	inpatient			29632		Wellcare	Medicaid		9322.23	0.3146			8889.6	28150.4	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Aetna	Commercial		571.48	1.592			301.7	2759.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Aetna	Better Health		913.91	0.3146			301.7	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Aetna	Medicare		358.97	1			301.7	2759.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Americare	Americare		2178.75	0.75			301.7	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 WellPoint	WellPoint		931.92	0.3208			301.7	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Amerihealth	Medicare		358.97	1			301.7	2759.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Consumer	Consumer		2759.75	0.95			301.7	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Corrections	Corrections		2324	0.8			301.7	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 First Health	First Health		2033.5	0.7			301.7	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 First Trenton	First Trenton		2614.5	0.9			301.7	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Horizon	Medicare Blue		358.97	1			301.7	2759.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Horizon	Indemnity		655.84	1.827			301.7	2759.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Horizon	MGD		655.84	1.827			301.7	2759.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Horizon	PPO		655.84	1.827			301.7	2759.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Managed Care Inc	Managed Care Inc		2614.5	0.9			301.7	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Multiplan	Multiplan		2324	0.8			301.7	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Qualcare	Qualcare		2178.75	0.75			301.7	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Three Rivers	Three Rivers		2759.75	0.95			301.7	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 UHC	Medicaid		913.91	0.3146			301.7	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 UHC	Medicare		358.97	1			301.7	2759.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Wellcare	Medicaid		913.91	0.3146			301.7	2759.75	percent of total billed charges	
PACEMKR/TRAUMA CALL 6 MIN INCREMENTS	92950	CPT	both			2905		412.82 Wellcare	Medicare		358.97	1			301.7	2759.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082		855.98 Aetna	Better Health		655	0.3146			298.56	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082		855.98 Aetna	Medicare		744.33	1			298.56	1977.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082		855.98 Aetna	Commercial		1184.97	1.592			298.56	1977.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082		855.98 Americare	Americare		1561.5	0.75			298.56	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082		855.98 WellPoint	WellPoint		667.91	0.3208			298.56	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082		855.98 Amerihealth	Medicare		744.33	1			298.56	1977.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082		855.98 Consumer	Consumer		1977.9	0.95			298.56	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082		855.98 Corrections	Corrections		1665.6	0.8			298.56	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082		855.98 First Health	First Health		1457.4	0.7			298.56	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082		855.98 First Trenton	First Trenton		1873.8	0.9			298.56	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082		855.98 Horizon	Indemnity		1359.89	1.827			298.56	1977.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082		855.98 Horizon	MGD		1359.89	1.827			298.56	1977.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082		855.98 Horizon	Medicare Blue		744.33	1			298.56	1977.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082		855.98 Horizon	PPO		1359.89	1.827			298.56	1977.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082		855.98 Managed Care Inc	Managed Care Inc		1873.8	0.9			298.56	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082		855.98 Multiplan	Multiplan		1665.6	0.8			298.56	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082		855.98 Qualcare	Qualcare		1561.5	0.75			298.56	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082		855.98 Three Rivers	Three Rivers		1977.9	0.95			298.56	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082		855.98 UHC	Medicaid		655	0.3146			298.56	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082		855.98 UHC	Medicare		744.33	1			298.56	1977.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082		855.98 Wellcare	Medicaid		655	0.3146			298.56	1977.9	percent of total billed charges	
TEMPORARAY PERCUTANEOUS PACING	92953	CPT	outpatient			2082		855.98 Wellcare	Medicare		744.33	1			298.56	1977.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART ELECTROCONVERSION	92960	CPT	both			2353		855.98 Aetna	Better Health		740.25	0.3146			358.64	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353		855.98 Aetna	Commercial		1184.97	1.592			358.64	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART ELECTROCONVERSION	92960	CPT	both			2353		855.98 Aetna	Medicare		744.33	1			358.64	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Americare	Americare		1764.75	0.75			358.64	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	WellPoint	WellPoint		754.84	0.3208			358.64	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Amerihealth	Medicare		744.33	1			358.64	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Consumer	Consumer		2235.35	0.95			358.64	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Corrections	Corrections		1882.4	0.8			358.64	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	First Health	First Health		1647.1	0.7			358.64	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	First Trenton	First Trenton		2117.7	0.9			358.64	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Horizon	Indemnity		1359.89	1.827			358.64	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Horizon	MGD		1359.89	1.827			358.64	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Horizon	Medicare Blue		744.33	1			358.64	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Horizon	PPO		1359.89	1.827			358.64	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Managed Care Inc	Managed Care Inc		2117.7	0.9			358.64	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Multiplan	Multiplan		1882.4	0.8			358.64	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Qualcare	Qualcare		1764.75	0.75			358.64	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Three Rivers	Three Rivers		2235.35	0.95			358.64	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	UHC	Medicare		744.33	1			358.64	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	UHC	Medicaid		740.25	0.3146			358.64	2235.35	percent of total billed charges	
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Wellcare	Medicare		744.33	1			358.64	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEART ELECTROCONVERSION	92960	CPT	both			2353	855.98	Wellcare	Medicaid		740.25	0.3146			358.64	2235.35	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Aetna	Commercial		1184.97	1.592			536.23	1653.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Aetna	Medicare		536.23	0.308			536.23	1653.95	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Aetna	Better Health		547.72	0.3146			536.23	1653.95	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Americare	Americare		1305.75	0.75			536.23	1653.95	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	WellPoint	WellPoint		558.51	0.3208			536.23	1653.95	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Amerihealth	Medicare		744.33	1			536.23	1653.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Consumer	Consumer		1653.95	0.95			536.23	1653.95	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Corrections	Corrections		1392.8	0.8			536.23	1653.95	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	First Health	First Health		1218.7	0.7			536.23	1653.95	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	First Trenton	First Trenton		1566.9	0.9			536.23	1653.95	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Horizon	MGD		1359.89	1.827			536.23	1653.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Horizon	Medicare Blue		744.33	1			536.23	1653.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Horizon	Indemnity		1359.89	1.827			536.23	1653.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Horizon	PPO		1359.89	1.827			536.23	1653.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Managed Care Inc	Managed Care Inc		1566.9	0.9			536.23	1653.95	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Multiplan	Multiplan		1392.8	0.8			536.23	1653.95	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Qualcare	Qualcare		1305.75	0.75			536.23	1653.95	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Three Rivers	Three Rivers		1653.95	0.95			536.23	1653.95	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	UHC	Medicaid		547.72	0.3146			536.23	1653.95	percent of total billed charges	
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	UHC	Medicare		744.33	1			536.23	1653.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Wellcare	Medicare		744.33	1			536.23	1653.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVERSION ELECTIVE; INT	92961	CPT	outpatient			1741	855.98	Wellcare	Medicaid		547.72	0.3146			536.23	1653.95	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Aetna	Better Health		5424.65	0.3146			5172.9	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Aetna	Commercial		6552.34	0.38			5172.9	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Aetna	Medicare		5310.84	0.308			5172.9	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Americare	Americare		12932.25	0.75			5172.9	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		WellPoint	WellPoint		5531.55	0.3208			5172.9	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Consumer	Consumer		16380.85	0.95			5172.9	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Corrections	Corrections		13794.4	0.8			5172.9	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		First Health	First Health		12070.1	0.7			5172.9	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		First Trenton	First Trenton		15518.7	0.9			5172.9	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Horizon	MGD		6600.62	0.3828			5172.9	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Horizon	Indemnity		6600.62	0.3828			5172.9	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Horizon	Medicare Blue		5172.9	0.3			5172.9	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Horizon	PPO		6600.62	0.3828			5172.9	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Managed Care Inc	Managed Care Inc		15518.7	0.9			5172.9	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Multiplan	Multiplan		13794.4	0.8			5172.9	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Qualcare	Qualcare		12932.25	0.75			5172.9	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Three Rivers	Three Rivers		16380.85	0.95			5172.9	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		UHC	Medicaid		5424.65	0.3146			5172.9	16380.85	percent of total billed charges	
CARDIACASSIST METHOD OF CIRCULATORY AS	92970	CPT	outpatient			17243		Wellcare	Medicaid		5424.65	0.3146			5172.9	16380.85	percent of total billed charges	
PERC THROMBECTOMY ANGIO|ET	92973	CPT	both			15296		Aetna	Medicare		4711.17	0.308			4588.8	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO|ET	92973	CPT	both			15296		Aetna	Commercial		5812.48	0.38			4588.8	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO|ET	92973	CPT	both			15296		Aetna	Better Health		4812.12	0.3146			4588.8	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO|ET	92973	CPT	both			15296		Americare	Americare		11472	0.75			4588.8	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO|ET	92973	CPT	both			15296		WellPoint	WellPoint		4906.96	0.3208			4588.8	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO|ET	92973	CPT	both			15296		Consumer	Consumer		14531.2	0.95			4588.8	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO|ET	92973	CPT	both			15296		Corrections	Corrections		12236.8	0.8			4588.8	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO|ET	92973	CPT	both			15296		First Health	First Health		10707.2	0.7			4588.8	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO|ET	92973	CPT	both			15296		First Trenton	First Trenton		13766.4	0.9			4588.8	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO|ET	92973	CPT	both			15296		Horizon	MGD		5855.31	0.3828			4588.8	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO|ET	92973	CPT	both			15296		Horizon	Indemnity		5855.31	0.3828			4588.8	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO|ET	92973	CPT	both			15296		Horizon	Medicare Blue		4588.8	0.3			4588.8	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO|ET	92973	CPT	both			15296		Horizon	PPO		5855.31	0.3828			4588.8	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO|ET	92973	CPT	both			15296		Managed Care Inc	Managed Care Inc		13766.4	0.9			4588.8	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO|ET	92973	CPT	both			15296		Multiplan	Multiplan		12236.8	0.8			4588.8	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO|ET	92973	CPT	both			15296		Qualcare	Qualcare		11472	0.75			4588.8	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO|ET	92973	CPT	both			15296		Three Rivers	Three Rivers		14531.2	0.95			4588.8	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO|ET	92973	CPT	both			15296		UHC	Medicaid		4812.12	0.3146			4588.8	14531.2	percent of total billed charges	
PERC THROMBECTOMY ANGIO|ET	92973	CPT	both			15296		Wellcare	Medicaid		4812.12	0.3146			4588.8	14531.2	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Aetna	Medicare		1616.38	0.308			1574.4	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Aetna	Commercial		1994.24	0.38			1574.4	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Aetna	Better Health		1651.02	0.3146			1574.4	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Americare	Americare		3936	0.75			1574.4	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		WellPoint	WellPoint		1683.56	0.3208			1574.4	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Consumer	Consumer		4985.6	0.95			1574.4	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Corrections	Corrections		4198.4	0.8			1574.4	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		First Health	First Health		3673.6	0.7			1574.4	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		First Trenton	First Trenton		4723.2	0.9			1574.4	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Horizon	Indemnity		2008.93	0.3828			1574.4	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Horizon	MGD		2008.93	0.3828			1574.4	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Horizon	PPO		2008.93	0.3828			1574.4	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Horizon	Medicare Blue		1574.4	0.3			1574.4	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Managed Care Inc	Managed Care Inc		4723.2	0.9			1574.4	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Multiplan	Multiplan		4198.4	0.8			1574.4	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Qualcare	Qualcare		3936	0.75			1574.4	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Three Rivers	Three Rivers		4985.6	0.95			1574.4	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		UHC	Medicaid		1651.02	0.3146			1574.4	4985.6	percent of total billed charges	
THROMBOLYSIS INTRACORONARY	92975	CPT	outpatient			5248		Wellcare	Medicaid		1651.02	0.3146			1574.4	4985.6	percent of total billed charges	
THROMBOLYSIS INTRAVENOUS	92977	CPT	outpatient			3392	445.43	Aetna	Better Health		1067.12	0.3146			335.72	3222.4	percent of total billed charges	
THROMBOLYSIS INTRAVENOUS	92977	CPT	outpatient			3392	445.43	Aetna	Commercial		616.63	1.592			335.72	3222.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS INTRAVENOUS	92977	CPT	outpatient			3392	445.43	Aetna	Medicare		1044.74	0.308			335.72	3222.4	percent of total billed charges	
THROMBOLYSIS INTRAVENOUS	92977	CPT	outpatient			3392	445.43	Americare	Americare		2544	0.75			335.72	3222.4	percent of total billed charges	
THROMBOLYSIS INTRAVENOUS	92977	CPT	outpatient			3392	445.43	WellPoint	WellPoint		1088.15	0.3208			335.72	3222.4	percent of total billed charges	
THROMBOLYSIS INTRAVENOUS	92977	CPT	outpatient			3392	445.43	Amerihealth	Medicare		387.33	1			335.72	3222.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS INTRAVENOUS	92977	CPT	outpatient			3392	445.43	Consumer	Consumer		3222.4	0.95			335.72	3222.4	percent of total billed charges	
THROMBOLYSIS INTRAVENOUS	92977	CPT	outpatient			3392	445.43	Corrections	Corrections		2713.6	0.8			335.72	3222.4	percent of total billed charges	
THROMBOLYSIS INTRAVENOUS	92977	CPT	outpatient			3392	445.43	First Health	First Health		2374.4	0.7			335.72	3222.4	percent of total billed charges	
THROMBOLYSIS INTRAVENOUS	92977	CPT	outpatient			3392	445.43	First Trenton	First Trenton		3052.8	0.9			335.72	3222.4	percent of total billed charges	
THROMBOLYSIS INTRAVENOUS	92977	CPT	outpatient			3392	445.43	Horizon	Medicare Blue		387.33	1			335.72	3222.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS INTRAVENOUS	92977	CPT	outpatient			3392	445.43	Horizon	Indemnity		707.65	1.827			335.72	3222.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS INTRAVENOUS	92977	CPT	outpatient			3392	445.43	Horizon	MGD		707.65	1.827			335.72	3222.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS INTRAVENOUS	92977	CPT	outpatient			3392	445.43	Horizon	PPO		707.65	1.827			335.72	3222.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS INTRAVENOUS	92977	CPT	outpatient			3392	445.43	Managed Care Inc	Managed Care Inc		3052.8	0.9			335.72	3222.4	percent of total billed charges	
THROMBOLYSIS INTRAVENOUS	92977	CPT	outpatient			3392	445.43	Multiplan	Multiplan		2713.6	0.8			335.72	3222.4	percent of total billed charges	
THROMBOLYSIS INTRAVENOUS	92977	CPT	outpatient			3392	445.43	Qualcare	Qualcare		2544	0.75			335.72	3222.4	percent of total billed charges	
THROMBOLYSIS INTRAVENOUS	92977	CPT	outpatient			3392	445.43	Three Rivers	Three Rivers		3222.4	0.95			335.72	3222.4	percent of total billed charges	
THROMBOLYSIS INTRAVENOUS	92977	CPT	outpatient			3392	445.43	UHC	Medicare		387.33	1			335.72	3222.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THROMBOLYSIS INTRAVENOUS	92977	CPT	outpatient			3392	445.43	UHC	Medicaid		1067.12	0.3146			335.72	3222.4	percent of total billed charges	
THROMBOLYSIS INTRAVENOUS	92977	CPT	outpatient			3392	445.43	Wellcare	Medicaid		1067.12	0.3146			335.72	3222.4	percent of total billed charges	
THROMBOLYSIS INTRAVENOUS	92977	CPT	outpatient			3392	445.43	Wellcare	Medicare		387.33	1			335.72	3222.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVUS	92978	CPT	both			2372		Aetna	Medicare		730.58	0.308			711.6	2253.4	percent of total billed charges	
IVUS	92978	CPT	both			2372		Aetna	Commercial		901.36	0.38			711.6	2253.4	percent of total billed charges	
IVUS	92978	CPT	both			2372		Aetna	Better Health		746.23	0.3146			711.6	2253.4	percent of total billed charges	
IVUS	92978	CPT	both			2372		Americare	Americare		1719	0.75			711.6	2253.4	percent of total billed charges	
IVUS	92978	CPT	both			2372		WellPoint	WellPoint		760.94	0.3208			711.6	2253.4	percent of total billed charges	
IVUS	92978	CPT	both			2372		Consumer	Consumer		2253.4	0.95			711.6	2253.4	percent of total billed charges	
IVUS	92978	CPT	both			2372		Corrections	Corrections		1897.6	0.8			711.6	2253.4	percent of total billed charges	
IVUS	92978	CPT	both			2372		First Health	First Health		1660.4	0.7			711.6	2253.4	percent of total billed charges	
IVUS	92978	CPT	both			2372		First Trenton	First Trenton		2134.8	0.9			711.6	2253.4	percent of total billed charges	
IVUS	92978	CPT	both			2372		Horizon	Indemnity		908	0.3828			711.6	2253.4	percent of total billed charges	
IVUS	92978	CPT	both			2372		Horizon	Medicare Blue		711.6	0.3			711.6	2253.4	percent of total billed charges	
IVUS	92978	CPT	both			2372		Horizon	MGD		908	0.3828			711.6	2253.4	percent of total billed charges	
IVUS	92978	CPT	both			2372		Horizon	PPO		908	0.3828			711.6	2253.4	percent of total billed charges	
IVUS	92978	CPT	both			2372		Managed Care Inc	Managed Care Inc		2134.8	0.9			711.6	2253.4	percent of total billed charges	
IVUS	92978	CPT	both			2372		Multiplan	Multiplan		1897.6	0.8			711.6	2253.4	percent of total billed charges	
IVUS	92978	CPT	both			2372		Qualcare	Qualcare		1719	0.75			711.6	2253.4	percent of total billed charges	
IVUS	92978	CPT	both			2372		Three Rivers	Three Rivers		2253.4	0.95			711.6	2253.4	percent of total billed charges	
IVUS	92978	CPT	both			2372		UHC	Medicaid		746.23	0.3146			711.6	2253.4	percent of total billed charges	
IVUS	92978	CPT	both			2372		Wellcare	Medicaid		746.23	0.3146			711.6	2253.4	percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Aetna	Better Health		306.74	0.3146			292.5	926.25	percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Aetna	Commercial		370.5	0.38			292.5	926.25	percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Aetna	Medicare		300.3	0.308			292.5	926.25	percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Americare	Americare		731.25	0.75			292.5	926.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		WellPoint	WellPoint		312.78	0.3208			292.5	926.25	percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Consumer	Consumer		926.25	0.95			292.5	926.25	percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Corrections	Corrections		780	0.8			292.5	926.25	percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		First Health	First Health		682.5	0.7			292.5	926.25	percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		First Trenton	First Trenton		877.5	0.9			292.5	926.25	percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Horizon	MCD		373.23	0.3828			292.5	926.25	percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Horizon	Indemnity		373.23	0.3828			292.5	926.25	percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Horizon	Medicare Blue		292.5	0.3			292.5	926.25	percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Horizon	PPO		373.23	0.3828			292.5	926.25	percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Managed Care Inc	Managed Care Inc		877.5	0.9			292.5	926.25	percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Multiplan	Multiplan		780	0.8			292.5	926.25	percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Qualcare	Qualcare		731.25	0.75			292.5	926.25	percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Three Rivers	Three Rivers		926.25	0.95			292.5	926.25	percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		UHC	Medicaid		306.74	0.3146			292.5	926.25	percent of total billed charges	
IVUS ADDITIONAL VESSEL	92979	CPT	inpatient			975		Wellcare	Medicaid		306.74	0.3146			292.5	926.25	percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Aetna	Commercial		10406.68	1.592			6184.72	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Aetna	Better Health		6184.72	0.3146			6184.72	18676.05	percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Aetna	Medicare		6536.86	1			6184.72	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Americare	Americare		14744.25	0.75			6184.72	18676.05	percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	WellPoint	WellPoint		6306.61	0.3208			6184.72	18676.05	percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Amerihealth	Medicare		6536.86	1			6184.72	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Consumer	Consumer		18676.05	0.95			6184.72	18676.05	percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Corrections	Corrections		15727.2	0.8			6184.72	18676.05	percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	First Health	First Health		13761.3	0.7			6184.72	18676.05	percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	First Trenton	First Trenton		17693.1	0.9			6184.72	18676.05	percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Horizon	MCD		11942.84	1.827			6184.72	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Horizon	Indemnity		11942.84	1.827			6184.72	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Horizon	Medicare Blue		6536.86	1			6184.72	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Horizon	PPO		11942.84	1.827			6184.72	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Managed Care Inc	Managed Care Inc		17693.1	0.9			6184.72	18676.05	percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Multiplan	Multiplan		15727.2	0.8			6184.72	18676.05	percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Qualcare	Qualcare		14744.25	0.75			6184.72	18676.05	percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Three Rivers	Three Rivers		18676.05	0.95			6184.72	18676.05	percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	UHC	Medicare		6536.86	1			6184.72	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	UHC	Medicaid		6184.72	0.3146			6184.72	18676.05	percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Wellcare	Medicaid		6184.72	0.3146			6184.72	18676.05	percent of total billed charges	
VALVULOPLASTY AORTIC	92986	CPT	inpatient			19659	7517.39	Wellcare	Medicare		6536.86	1			6184.72	18676.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Aetna	Better Health		13859.07	0.3146			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Aetna	Commercial		20030.13	1.592			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Aetna	Medicare		12581.74	1			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Americare	Americare		33039.75	0.75			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	WellPoint	WellPoint		14132.2	0.3208			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Amerihealth	Medicare		12581.74	1			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Consumer	Consumer		41850.35	0.95			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Corrections	Corrections		35242.4	0.8			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	First Health	First Health		30837.1	0.7			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	First Trenton	First Trenton		39647.7	0.9			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Horizon	MCD		22986.84	1.827			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Horizon	Indemnity		22986.84	1.827			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Horizon	Medicare Blue		12581.74	1			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Horizon	PPO		22986.84	1.827			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Managed Care Inc	Managed Care Inc		39647.7	0.9			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Multiplan	Multiplan		35242.4	0.8			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Qualcare	Qualcare		33039.75	0.75			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Three Rivers	Three Rivers		41850.35	0.95			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	UHC	Medicare		12581.74	1			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	UHC	Medicaid		13859.07	0.3146			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Wellcare	Medicare		12581.74	1			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY MITRAL	92987	CPT	outpatient			44053	14469	Wellcare	Medicaid		13859.07	0.3146			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Aetna	Better Health		13859.07	0.3146			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Aetna	Medicare		13568.32	0.308			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Aetna	Commercial		20030.13	1.592			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Americare	Americare		33039.75	0.75			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	WellPoint	WellPoint		14132.2	0.3208			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Amerihealth	Medicare		12581.74	1			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Consumer	Consumer		41850.35	0.95			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Corrections	Corrections		35242.4	0.8			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	First Health	First Health		30837.1	0.7			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	First Trenton	First Trenton		39647.7	0.9			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Horizon	Medicare Blue		12581.74	1			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Horizon	MCD		22986.84	1.827			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Horizon	Indemnity		22986.84	1.827			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Horizon	PPO		22986.84	1.827			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Managed Care Inc	Managed Care Inc		39647.7	0.9			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Multiplan	Multiplan		35242.4	0.8			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Qualcare	Qualcare		33039.75	0.75			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Three Rivers	Three Rivers		41850.35	0.95			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	UHC	Medicaid		13859.07	0.3146			12581.74	41850.35	percent of total billed charges	
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	UHC	Medicare		12581.74	1			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Wellcare	Medicare		12581.74	1			12581.74	41850.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VALVULOPLASTY PULMONARY	92990	CPT	outpatient			44053	14469	Wellcare	Medicaid		13859.07	0.3146			12581.74	41850.35	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Aetna	Better Health		5609	0.3146			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Aetna	Commercial		5775.02	0.38			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Aetna	Medicare		5491.33	0.308			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Americare	Americare		13371.75	0.75			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		WellPoint	WellPoint		5719.54	0.3208			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Consumer	Consumer		16937.55	0.95			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Corrections	Corrections		14263.2	0.8			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		First Health	First Health		12480.3	0.7			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		First Trenton	First Trenton		16046.1	0.9			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Horizon	MCD		6824.94	0.3828			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Horizon	Indemnity		6824.94	0.3828			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Horizon	Medicare Blue		5348.7	0.3			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Horizon	PPO		6824.94	0.3828			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Managed Care Inc	Managed Care Inc		16046.1	0.9			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Multiplan	Multiplan		14263.2	0.8			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Qualcare	Qualcare		13371.75	0.75			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Three Rivers	Three Rivers		16937.55	0.95			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		UHC	Medicaid		5609	0.3146			5348.7	16937.55	percent of total billed charges	
PARK BLADE SEPTOSTOMY	92993	CPT	outpatient			17829		Wellcare	Medicaid		5609	0.3146			5348.7	16937.55	percent of total billed charges	
ELECTROCARDIOGRAM TRACING	93005	CPT	both			217	80.45	Aetna	Better Health		68.27	0.3146			44.66	206.15	percent of total billed charges	
ELECTROCARDIOGRAM TRACING	93005	CPT	both			217	80.45	Aetna	Medicare		66.84	0.308			44.66	206.15	percent of total billed charges	
ELECTROCARDIOGRAM TRACING	93005	CPT	both			217	80.45	Aetna	Commercial		111.38	1.592			44.66	206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCARDIOGRAM TRACING	93005	CPT	both			217	80.45	Americare	Americare		162.75	0.75			44.66	206.15	percent of total billed charges	
ELECTROCARDIOGRAM TRACING	93005	CPT	both			217	80.45	WellPoint	WellPoint		69.61	0.3208			44.66	206.15	percent of total billed charges	
ELECTROCARDIOGRAM TRACING	93005	CPT	both			217	80.45	Amerihealth	Medicare		69.96	1			44.66	206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCARDIOGRAM TRACING	93005	CPT	both			217	80.45	Consumer	Consumer		206.15	0.95			44.66	206.15	percent of total billed charges	
ELECTROCARDIOGRAM TRACING	93005	CPT	both			217	80.45	Corrections	Corrections		173.6	0.8			44.66	206.15	percent of total billed charges	
ELECTROCARDIOGRAM TRACING	93005	CPT	both			217	80.45	First Health	First Health		151.9	0.7			44.66	206.15	percent of total billed charges	
ELECTROCARDIOGRAM TRACING	93005	CPT	both			217	80.45	First Trenton	First Trenton		195.3	0.9			44.66	206.15	percent of total billed charges	
ELECTROCARDIOGRAM TRACING	93005	CPT	both			217	80.45	Horizon	MCD		127.82	1.827			44.66	206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCARDIOGRAM TRACING	93005	CPT	both			217	80.45	Horizon	Medicare Blue		69.96	1			44.66	206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCARDIOGRAM TRACING	93005	CPT	both			217	80.45	Horizon	Indemnity		127.82	1.827			44.66	206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCARDIOGRAM TRACING	93005	CPT	both			217	80.45	Horizon	PPO		127.82	1.827			44.66	206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCARDIOGRAM TRACING	93005	CPT	both			217	80.45	Managed Care Inc	Managed Care Inc		195.3	0.9			44.66	206.15	percent of total billed charges	
ELECTROCARDIOGRAM TRACING	93005	CPT	both			217	80.45	Multiplan	Multiplan		173.6	0.8			44.66	206.15	percent of total billed charges	
ELECTROCARDIOGRAM TRACING	93005	CPT	both			217	80.45	Qualcare	Qualcare		162.75	0.75			44.66	206.15	percent of total billed charges	
ELECTROCARDIOGRAM TRACING	93005	CPT	both			217	80.45	Three Rivers	Three Rivers		206.15	0.95			44.66	206.15	percent of total billed charges	
ELECTROCARDIOGRAM TRACING	93005	CPT	both			217	80.45	UHC	Medicaid		68.27	0.3146			44.66	206.15	percent of total billed charges	
ELECTROCARDIOGRAM TRACING	93005	CPT	both			217	80.45	UHC	Medicare		69.96	1			44.66	206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCARDIOGRAM TRACING	93005	CPT	both			217	80.45	Wellcare	Medicaid		68.27	0.3146			44.66	206.15	percent of total billed charges	
ELECTROCARDIOGRAM TRACING	93005	CPT	both			217	80.45	Wellcare	Medicare		69.96	1			44.66	206.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Aetna	Commercial		410.78	0.38			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Aetna	Better Health		340.08	0.3146			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Aetna	Medicare		332.95	0.308			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Americare	Americare		810.75	0.75			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		WellPoint	WellPoint		346.78	0.3208			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Consumer	Consumer		1026.95	0.95			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Corrections	Corrections		864.8	0.8			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		First Health	First Health		756.7	0.7			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		First Trenton	First Trenton		972.9	0.9			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Horizon	Indemnity		413.81	0.3828			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Horizon	MCD		413.81	0.3828			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Horizon	Medicare Blue		324.3	0.3			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Horizon	PPO		413.81	0.3828			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Managed Care Inc	Managed Care Inc		972.9	0.9			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Multiplan	Multiplan		864.8	0.8			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Qualcare	Qualcare		810.75	0.75			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Three Rivers	Three Rivers		1026.95	0.95			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		UHC	Medicaid		340.08	0.3146			237.6	1026.95	percent of total billed charges	
CARDIOVASCULAR STRESS TEST,GLOBAL	93015	CPT	outpatient			1081		Wellcare	Medicaid		340.08	0.3146			237.6	1026.95	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149	412.82	Aetna	Medicare		358.97	1			319.32	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149	412.82	Aetna	Better Health		361.48	0.3146			319.32	1091.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Aetna	Commercial		571.48	1.592			319.32	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Americare	Americare		861.75	0.75			319.32	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 WellPoint	WellPoint		368.6	0.3208			319.32	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 AmeriHealth	Medicare		358.97	1			319.32	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Consumer	Consumer		1091.55	0.95			319.32	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Corrections	Corrections		919.2	0.8			319.32	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 First Health	First Health		804.3	0.7			319.32	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 First Trenton	First Trenton		1034.1	0.9			319.32	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Horizon	MGD		655.84	1.827			319.32	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Horizon	Indemnity		655.84	1.827			319.32	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Horizon	PPO		655.84	1.827			319.32	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Horizon	Medicare Blue		358.97	1			319.32	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Managed Care Inc	Managed Care Inc		1034.1	0.9			319.32	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Multiplan	Multiplan		919.2	0.8			319.32	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Qualcare	Qualcare		861.75	0.75			319.32	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Three Rivers	Three Rivers		1091.55	0.95			319.32	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 UHC	Medicaid		361.48	0.3146			319.32	1091.55	percent of total billed charges	
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 UHC	Medicare		358.97	1			319.32	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Wellcare	Medicare		358.97	1			319.32	1091.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUCLEAR MEDICINE ECG STRESS TEST (NO IM	93017	CPT	both			1149		412.82 Wellcare	Medicaid		361.48	0.3146			319.32	1091.55	percent of total billed charges	
EKG TRACING ONLY	93041	CPT	outpatient			232		80.45 Aetna	Better Health		72.99	0.3146			64.99	220.4	percent of total billed charges	
EKG TRACING ONLY	93041	CPT	outpatient			232		80.45 Aetna	Medicare		71.46	0.308			64.99	220.4	percent of total billed charges	
EKG TRACING ONLY	93041	CPT	outpatient			232		80.45 Aetna	Commercial		111.38	1.592			64.99	220.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EKG TRACING ONLY	93041	CPT	outpatient			232		80.45 Americare	Americare		174	0.75			64.99	220.4	percent of total billed charges	
EKG TRACING ONLY	93041	CPT	outpatient			232		80.45 WellPoint	WellPoint		74.43	0.3208			64.99	220.4	percent of total billed charges	
EKG TRACING ONLY	93041	CPT	outpatient			232		80.45 AmeriHealth	Medicare		69.96	1			64.99	220.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EKG TRACING ONLY	93041	CPT	outpatient			232		80.45 Consumer	Consumer		220.4	0.95			64.99	220.4	percent of total billed charges	
EKG TRACING ONLY	93041	CPT	outpatient			232		80.45 Corrections	Corrections		185.6	0.8			64.99	220.4	percent of total billed charges	
EKG TRACING ONLY	93041	CPT	outpatient			232		80.45 First Health	First Health		162.4	0.7			64.99	220.4	percent of total billed charges	
EKG TRACING ONLY	93041	CPT	outpatient			232		80.45 First Trenton	First Trenton		208.8	0.9			64.99	220.4	percent of total billed charges	
EKG TRACING ONLY	93041	CPT	outpatient			232		80.45 Horizon	MGD		127.82	1.827			64.99	220.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EKG TRACING ONLY	93041	CPT	outpatient			232		80.45 Horizon	Medicare Blue		69.96	1			64.99	220.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EKG TRACING ONLY	93041	CPT	outpatient			232		80.45 Horizon	Indemnity		127.82	1.827			64.99	220.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EKG TRACING ONLY	93041	CPT	outpatient			232		80.45 Horizon	PPO		127.82	1.827			64.99	220.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EKG TRACING ONLY	93041	CPT	outpatient			232		80.45 Managed Care Inc	Managed Care Inc		208.8	0.9			64.99	220.4	percent of total billed charges	
EKG TRACING ONLY	93041	CPT	outpatient			232		80.45 Multiplan	Multiplan		185.6	0.8			64.99	220.4	percent of total billed charges	
EKG TRACING ONLY	93041	CPT	outpatient			232		80.45 Qualcare	Qualcare		174	0.75			64.99	220.4	percent of total billed charges	
EKG TRACING ONLY	93041	CPT	outpatient			232		80.45 Three Rivers	Three Rivers		220.4	0.95			64.99	220.4	percent of total billed charges	
EKG TRACING ONLY	93041	CPT	outpatient			232		80.45 UHC	Medicaid		72.99	0.3146			64.99	220.4	percent of total billed charges	
EKG TRACING ONLY	93041	CPT	outpatient			232		80.45 UHC	Medicare		69.96	1			64.99	220.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EKG TRACING ONLY	93041	CPT	outpatient			232		80.45 Wellcare	Medicaid		72.99	0.3146			64.99	220.4	percent of total billed charges	
EKG TRACING ONLY	93041	CPT	outpatient			232		80.45 Wellcare	Medicare		69.96	1			64.99	220.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Aetna	Commercial		232.58	1.592			139.37	669.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Aetna	Better Health		221.79	0.3146			139.37	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Aetna	Medicare		146.09	1			139.37	669.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Americare	Americare		528.75	0.75			139.37	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 WellPoint	WellPoint		226.16	0.3208			139.37	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 AmeriHealth	Medicare		146.09	1			139.37	669.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Consumer	Consumer		669.75	0.95			139.37	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Corrections	Corrections		564	0.8			139.37	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 First Health	First Health		493.5	0.7			139.37	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 First Trenton	First Trenton		634.5	0.9			139.37	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Horizon	MGD		266.91	1.827			139.37	669.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Horizon	Medicare Blue		146.09	1			139.37	669.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Horizon	Indemnity		266.91	1.827			139.37	669.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Horizon	PPO		266.91	1.827			139.37	669.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Managed Care Inc	Managed Care Inc		634.5	0.9			139.37	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Multiplan	Multiplan		564	0.8			139.37	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Qualcare	Qualcare		528.75	0.75			139.37	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Three Rivers	Three Rivers		669.75	0.95			139.37	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 UHC	Medicare		146.09	1			139.37	669.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 UHC	Medicaid		221.79	0.3146			139.37	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Wellcare	Medicaid		221.79	0.3146			139.37	669.75	percent of total billed charges	
XTRNL ECG UP TO 48 HR RECORD	93225	CPT	outpatient			705		168 Wellcare	Medicare		146.09	1			139.37	669.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Aetna	Better Health		172.09	0.3146			167.37	655.84	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Aetna	Commercial		571.48	1.592			167.37	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Aetna	Medicare		358.97	1			167.37	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Americare	Americare		410.25	0.75			167.37	655.84	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 WellPoint	WellPoint		175.48	0.3208			167.37	655.84	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 AmeriHealth	Medicare		358.97	1			167.37	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Consumer	Consumer		519.65	0.95			167.37	655.84	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Corrections	Corrections		437.6	0.8			167.37	655.84	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 First Health	First Health		382.9	0.7			167.37	655.84	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 First Trenton	First Trenton		492.3	0.9			167.37	655.84	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Horizon	Medicare Blue		358.97	1			167.37	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Horizon	PPO		655.84	1.827			167.37	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Horizon	MGD		655.84	1.827			167.37	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Horizon	Indemnity		655.84	1.827			167.37	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Managed Care Inc	Managed Care Inc		492.3	0.9			167.37	655.84	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Multiplan	Multiplan		437.6	0.8			167.37	655.84	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Qualcare	Qualcare		410.25	0.75			167.37	655.84	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Three Rivers	Three Rivers		519.65	0.95			167.37	655.84	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 UHC	Medicare		358.97	1			167.37	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 UHC	Medicaid		172.09	0.3146			167.37	655.84	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Wellcare	Medicaid		172.09	0.3146			167.37	655.84	percent of total billed charges	
XTNL MOB CV TELE W/TECH SUP	93229	CPT	outpatient			547		412.82 Wellcare	Medicare		358.97	1			167.37	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Aetna	Medicare		45.86	1			39.01	121.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Aetna	Commercial		73.01	1.592			39.01	121.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Aetna	Better Health		40.27	0.3146			39.01	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Americare	Americare		96	0.75			39.01	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 WellPoint	WellPoint		41.06	0.3208			39.01	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 AmeriHealth	Medicare		45.86	1			39.01	121.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Consumer	Consumer		121.6	0.95			39.01	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Corrections	Corrections		102.4	0.8			39.01	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 First Health	First Health		89.6	0.7			39.01	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 First Trenton	First Trenton		115.2	0.9			39.01	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Horizon	PPO		83.79	1.827			39.01	121.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Horizon	Indemnity		83.79	1.827			39.01	121.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Horizon	MGD		83.79	1.827			39.01	121.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Horizon	Medicare Blue		45.86	1			39.01	121.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Managed Care Inc	Managed Care Inc		115.2	0.9			39.01	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Multiplan	Multiplan		102.4	0.8			39.01	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Qualcare	Qualcare		96	0.75			39.01	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Three Rivers	Three Rivers		121.6	0.95			39.01	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 UHC	Medicaid		40.27	0.3146			39.01	121.6	percent of total billed charges	
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 UHC	Medicare		45.86	1			39.01	121.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Wellcare	Medicare		45.86	1			39.01	121.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>48HR<7D RECORDING	93242	CPT	outpatient			128		52.74 Wellcare	Medicaid		40.27	0.3146			39.01	121.6	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Aetna	Medicare		146.09	1			43.7	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Aetna	Better Health		137.48	0.3146			43.7	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Aetna	Commercial		232.58	1.592			43.7	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Americare	Americare		327.75	0.75			43.7	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 WellPoint	WellPoint		140.19	0.3208			43.7	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 AmeriHealth	Medicare		146.09	1			43.7	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Consumer	Consumer		415.15	0.95			43.7	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Corrections	Corrections		349.6	0.8			43.7	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 First Health	First Health		305.9	0.7			43.7	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 First Trenton	First Trenton		393.3	0.9			43.7	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Horizon	Indemnity		266.91	1.827			43.7	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Horizon	NJ Health		43.7	0.1			43.7	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Horizon	MGD		266.91	1.827			43.7	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Horizon	PPO		266.91	1.827			43.7	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Horizon	Medicare Blue		146.09	1			43.7	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Managed Care Inc	Managed Care Inc		393.3	0.9			43.7	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Multiplan	Multiplan		349.6	0.8			43.7	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Qualcare	Qualcare		327.75	0.75			43.7	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Three Rivers	Three Rivers		415.15	0.95			43.7	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 UHC	Medicaid		137.48	0.3146			43.7	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 UHC	Medicare		146.09	1			43.7	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Wellcare	Medicaid		137.48	0.3146			43.7	415.15	percent of total billed charges	
HOLTER MONITOR 3 TO 7 DAYS	93243	CPT	outpatient			437		168 Wellcare	Medicare		146.09	1			43.7	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>7D<15D FHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Aetna	Commercial		73.01	1.592			45.86	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>7D<15D FHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Aetna	Medicare		67.14	0.308			45.86	207.1	percent of total billed charges	
EXT ECG>7D<15D FHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Aetna	Better Health		68.58	0.3146			45.86	207.1	percent of total billed charges	
EXT ECG>7D<15D FHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Americare	Americare		163.5	0.75			45.86	207.1	percent of total billed charges	
EXT ECG>7D<15D FHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 WellPoint	WellPoint		69.93	0.3208			45.86	207.1	percent of total billed charges	
EXT ECG>7D<15D FHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 AmeriHealth	Medicare		45.86	1			45.86	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>7D<15D FHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Consumer	Consumer		207.1	0.95			45.86	207.1	percent of total billed charges	
EXT ECG>7D<15D FHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Corrections	Corrections		174.4	0.8			45.86	207.1	percent of total billed charges	
EXT ECG>7D<15D FHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 First Health	First Health		152.6	0.7			45.86	207.1	percent of total billed charges	
EXT ECG>7D<15D FHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 First Trenton	First Trenton		196.2	0.9			45.86	207.1	percent of total billed charges	
EXT ECG>7D<15D FHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Horizon	Medicare Blue		45.86	1			45.86	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>7D<15D FHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218		52.74 Horizon	PPO		83.79	1.827			45.86	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXT ECG>7D<15D FHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218	52.74	Horizon	Indemnity		83.79	1.827			45.86	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>7D<15D FHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218	52.74	Horizon	MGD		83.79	1.827			45.86	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>7D<15D FHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218	52.74	Managed Care Inc	Managed Care Inc		196.2	0.9			45.86	207.1	percent of total billed charges	
EXT ECG>7D<15D FHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218	52.74	Multiplan	Multiplan		174.4	0.8			45.86	207.1	percent of total billed charges	
EXT ECG>7D<15D FHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218	52.74	Qualcare	Qualcare		163.5	0.75			45.86	207.1	percent of total billed charges	
EXT ECG>7D<15D FHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218	52.74	Three Rivers	Three Rivers		207.1	0.95			45.86	207.1	percent of total billed charges	
EXT ECG>7D<15D FHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218	52.74	UHC	Medicare		45.86	1			45.86	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>7D<15D FHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218	52.74	UHC	Medicaid		68.58	0.3146			45.86	207.1	percent of total billed charges	
EXT ECG>7D<15D FHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218	52.74	Wellcare	Medicare		45.86	1			45.86	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG>7D<15D FHYTHM RECORDING&STORAGE	93246	CPT	outpatient			218	52.74	Wellcare	Medicaid		68.58	0.3146			45.86	207.1	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437	168	Aetna	Commercial		232.58	1.592			43.7	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437	168	Aetna	Better Health		137.48	0.3146			43.7	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437	168	Aetna	Medicare		146.09	1			43.7	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437	168	Americare	Americare		327.75	0.75			43.7	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437	168	WellPoint	WellPoint		140.19	0.3208			43.7	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437	168	Amerihealth	Medicare		146.09	1			43.7	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437	168	Consumer	Consumer		415.15	0.95			43.7	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437	168	Corrections	Corrections		349.6	0.8			43.7	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437	168	First Health	First Health		305.9	0.7			43.7	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437	168	First Trenton	First Trenton		393.3	0.9			43.7	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437	168	Horizon	Indemnity		266.91	1.827			43.7	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437	168	Horizon	Medicare Blue		146.09	1			43.7	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437	168	Horizon	NJ Health		43.7	0.1			43.7	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437	168	Horizon	MGD		266.91	1.827			43.7	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437	168	Horizon	PPO		266.91	1.827			43.7	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437	168	Managed Care Inc	Managed Care Inc		393.3	0.9			43.7	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437	168	Multiplan	Multiplan		349.6	0.8			43.7	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437	168	Qualcare	Qualcare		327.75	0.75			43.7	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437	168	Three Rivers	Three Rivers		415.15	0.95			43.7	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437	168	UHC	Medicare		146.09	1			43.7	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437	168	UHC	Medicaid		137.48	0.3146			43.7	415.15	percent of total billed charges	
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437	168	Wellcare	Medicare		146.09	1			43.7	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXT ECG 8-15 DAYS W/SCAN ANALYSIS&REPORT	93247	CPT	outpatient			437	168	Wellcare	Medicaid		137.48	0.3146			43.7	415.15	percent of total billed charges	
INTERROGATION EVAL 2F2 IMPLANT SUBQ LEA	93261	CPT	both			157	49.6	Aetna	Better Health		49.39	0.3146			40.9	149.15	percent of total billed charges	
INTERROGATION EVAL 2F2 IMPLANT SUBQ LEA	93261	CPT	both			157	49.6	Aetna	Medicare		43.13	1			40.9	149.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL 2F2 IMPLANT SUBQ LEA	93261	CPT	both			157	49.6	Aetna	Commercial		68.66	1.592			40.9	149.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL 2F2 IMPLANT SUBQ LEA	93261	CPT	both			157	49.6	Americare	Americare		117.75	0.75			40.9	149.15	percent of total billed charges	
INTERROGATION EVAL 2F2 IMPLANT SUBQ LEA	93261	CPT	both			157	49.6	WellPoint	WellPoint		50.37	0.3208			40.9	149.15	percent of total billed charges	
INTERROGATION EVAL 2F2 IMPLANT SUBQ LEA	93261	CPT	both			157	49.6	Amerihealth	Medicare		43.13	1			40.9	149.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL 2F2 IMPLANT SUBQ LEA	93261	CPT	both			157	49.6	Consumer	Consumer		149.15	0.95			40.9	149.15	percent of total billed charges	
INTERROGATION EVAL 2F2 IMPLANT SUBQ LEA	93261	CPT	both			157	49.6	Corrections	Corrections		125.6	0.8			40.9	149.15	percent of total billed charges	
INTERROGATION EVAL 2F2 IMPLANT SUBQ LEA	93261	CPT	both			157	49.6	First Health	First Health		109.9	0.7			40.9	149.15	percent of total billed charges	
INTERROGATION EVAL 2F2 IMPLANT SUBQ LEA	93261	CPT	both			157	49.6	First Trenton	First Trenton		141.3	0.9			40.9	149.15	percent of total billed charges	
INTERROGATION EVAL 2F2 IMPLANT SUBQ LEA	93261	CPT	both			157	49.6	Horizon	MGD		78.8	1.827			40.9	149.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL 2F2 IMPLANT SUBQ LEA	93261	CPT	both			157	49.6	Horizon	Medicare Blue		43.13	1			40.9	149.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL 2F2 IMPLANT SUBQ LEA	93261	CPT	both			157	49.6	Horizon	Indemnity		78.8	1.827			40.9	149.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL 2F2 IMPLANT SUBQ LEA	93261	CPT	both			157	49.6	Horizon	PPO		78.8	1.827			40.9	149.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL 2F2 IMPLANT SUBQ LEA	93261	CPT	both			157	49.6	Managed Care Inc	Managed Care Inc		141.3	0.9			40.9	149.15	percent of total billed charges	
INTERROGATION EVAL 2F2 IMPLANT SUBQ LEA	93261	CPT	both			157	49.6	Multiplan	Multiplan		125.6	0.8			40.9	149.15	percent of total billed charges	
INTERROGATION EVAL 2F2 IMPLANT SUBQ LEA	93261	CPT	both			157	49.6	Qualcare	Qualcare		117.75	0.75			40.9	149.15	percent of total billed charges	
INTERROGATION EVAL 2F2 IMPLANT SUBQ LEA	93261	CPT	both			157	49.6	Three Rivers	Three Rivers		149.15	0.95			40.9	149.15	percent of total billed charges	
INTERROGATION EVAL 2F2 IMPLANT SUBQ LEA	93261	CPT	both			157	49.6	UHC	Medicare		43.13	1			40.9	149.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION EVAL 2F2 IMPLANT SUBQ LEA	93261	CPT	both			157	49.6	UHC	Medicaid		49.39	0.3146			40.9	149.15	percent of total billed charges	
INTERROGATION EVAL 2F2 IMPLANT SUBQ LEA	93261	CPT	both			157	49.6	Wellcare	Medicaid		49.39	0.3146			40.9	149.15	percent of total billed charges	
INTERROGATION EVAL 2F2 IMPLANT SUBQ LEA	93261	CPT	both			157	49.6	Wellcare	Medicare		43.13	1			40.9	149.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Aetna	Commercial		68.66	1.592			40.04	125.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Aetna	Medicare		40.66	0.308			40.04	125.4	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Aetna	Better Health		41.53	0.3146			40.04	125.4	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Americare	Americare		99	0.75			40.04	125.4	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	WellPoint	WellPoint		42.35	0.3208			40.04	125.4	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Amerihealth	Medicare		43.13	1			40.04	125.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Consumer	Consumer		125.4	0.95			40.04	125.4	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Corrections	Corrections		105.6	0.8			40.04	125.4	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	First Health	First Health		92.4	0.7			40.04	125.4	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	First Trenton	First Trenton		118.8	0.9			40.04	125.4	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Horizon	Indemnity		78.8	1.827			40.04	125.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Horizon	MGD		78.8	1.827			40.04	125.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Horizon	Medicare Blue		43.13	1			40.04	125.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Horizon	PPO		78.8	1.827			40.04	125.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Managed Care Inc	Managed Care Inc		118.8	0.9			40.04	125.4	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Multiplan	Multiplan		105.6	0.8			40.04	125.4	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Qualcare	Qualcare		99	0.75			40.04	125.4	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Three Rivers	Three Rivers		125.4	0.95			40.04	125.4	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	UHC	Medicare		43.13	1			40.04	125.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	UHC	Medicaid		41.53	0.3146			40.04	125.4	percent of total billed charges	
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Wellcare	Medicare		43.13	1			40.04	125.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
XTL PT ACT ECG REC MON 30 DAYS	93270	CPT	outpatient			132	49.6	Wellcare	Medicaid		41.53	0.3146			40.04	125.4	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	both			403	127.32	Aetna	Commercial		176.25	1.592			110.71	382.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	both			403	127.32	Aetna	Better Health		126.78	0.3146			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	both			403	127.32	Aetna	Medicare		110.71	1			110.71	382.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	both			403	127.32	Americare	Americare		302.25	0.75			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	both			403	127.32	WellPoint	WellPoint		129.28	0.3208			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	both			403	127.32	Amerihealth	Medicare		110.71	1			110.71	382.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	both			403	127.32	Consumer	Consumer		382.85	0.95			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	both			403	127.32	Corrections	Corrections		322.4	0.8			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	both			403	127.32	First Health	First Health		282.1	0.7			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	both			403	127.32	First Trenton	First Trenton		362.7	0.9			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	both			403	127.32	Horizon	MGD		202.27	1.827			110.71	382.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	both			403	127.32	Horizon	Medicare Blue		110.71	1			110.71	382.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	both			403	127.32	Horizon	Indemnity		202.27	1.827			110.71	382.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	both			403	127.32	Horizon	PPO		202.27	1.827			110.71	382.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	both			403	127.32	Managed Care Inc	Managed Care Inc		362.7	0.9			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	both			403	127.32	Multiplan	Multiplan		322.4	0.8			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	both			403	127.32	Qualcare	Qualcare		302.25	0.75			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	both			403	127.32	Three Rivers	Three Rivers		382.85	0.95			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	both			403	127.32	UHC	Medicaid		126.78	0.3146			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	both			403	127.32	UHC	Medicare		110.71	1			110.71	382.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	both			403	127.32	Wellcare	Medicaid		126.78	0.3146			110.71	382.85	percent of total billed charges	
HOLTER HOOKUP W/ANALYSIS<=30DAYS	93271	CPT	both			403	127.32	Wellcare	Medicare		110.71	1			110.71	382.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Aetna	Commercial		111.38	1.592			44.97	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Aetna	Better Health		197.25	0.3146			44.97	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Aetna	Medicare		193.12	0.308			44.97	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Americare	Americare		470.25	0.75			44.97	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	WellPoint	WellPoint		201.14	0.3208			44.97	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Amerihealth	Medicare		69.96	1			44.97	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Consumer	Consumer		595.65	0.95			44.97	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Corrections	Corrections		501.6	0.8			44.97	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	First Health	First Health		438.9	0.7			44.97	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	First Trenton	First Trenton		564.3	0.9			44.97	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Horizon	MGD		127.82	1.827			44.97	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Horizon	Medicare Blue		69.96	1			44.97	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Horizon	Indemnity		127.82	1.827			44.97	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Horizon	PPO		127.82	1.827			44.97	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Managed Care Inc	Managed Care Inc		564.3	0.9			44.97	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Multiplan	Multiplan		501.6	0.8			44.97	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Qualcare	Qualcare		470.25	0.75			44.97	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Three Rivers	Three Rivers		595.65	0.95			44.97	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	UHC	Medicare		69.96	1			44.97	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	UHC	Medicaid		197.25	0.3146			44.97	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Wellcare	Medicaid		197.25	0.3146			44.97	595.65	percent of total billed charges	
SA ECG W/WO ECG	93278	CPT	outpatient			627	80.45	Wellcare	Medicare		69.96	1			44.97	595.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SGL PPM	93279	CPT	outpatient			244	49.6	Aetna	Commercial		68.66	1.592			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SGL PPM	93279	CPT	outpatient			244	49.6	Aetna	Better Health		76.76	0.3146			40.9	231.8	percent of total billed charges	
REPROGRAMMING SGL PPM	93279	CPT	outpatient			244	49.6	Aetna	Medicare		43.13	1			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SGL PPM	93279	CPT	outpatient			244	49.6	Americare	Americare		183	0.75			40.9	231.8	percent of total billed charges	
REPROGRAMMING SGL PPM	93279	CPT	outpatient			244	49.6	WellPoint	WellPoint		78.28	0.3208			40.9	231.8	percent of total billed charges	
REPROGRAMMING SGL PPM	93279	CPT	outpatient			244	49.6	Amerihealth	Medicare		43.13	1			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SGL PPM	93279	CPT	outpatient			244	49.6	Consumer	Consumer		231.8	0.95			40.9	231.8	percent of total billed charges	
REPROGRAMMING SGL PPM	93279	CPT	outpatient			244	49.6	Corrections	Corrections		195.2	0.8			40.9	231.8	percent of total billed charges	
REPROGRAMMING SGL PPM	93279	CPT	outpatient			244	49.6	First Health	First Health		170.8	0.7			40.9	231.8	percent of total billed charges	
REPROGRAMMING SGL PPM	93279	CPT	outpatient			244	49.6	First Trenton	First Trenton		219.6	0.9			40.9	231.8	percent of total billed charges	
REPROGRAMMING SGL PPM	93279	CPT	outpatient			244	49.6	Horizon	Indemnity		78.8	1.827			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SGL PPM	93279	CPT	outpatient			244	49.6	Horizon	MGD		78.8	1.827			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SGL PPM	93279	CPT	outpatient			244	49.6	Horizon	Medicare Blue		43.13	1			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SGL PPM	93279	CPT	outpatient			244	49.6	Horizon	PPO		78.8	1.827			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SGL PPM	93279	CPT	outpatient			244	49.6	Managed Care Inc	Managed Care Inc		219.6	0.9			40.9	231.8	percent of total billed charges	
REPROGRAMMING SGL PPM	93279	CPT	outpatient			244	49.6	Multiplan	Multiplan		195.2	0.8			40.9	231.8	percent of total billed charges	
REPROGRAMMING SGL PPM	93279	CPT	outpatient			244	49.6	Qualcare	Qualcare		183	0.75			40.9	231.8	percent of total billed charges	
REPROGRAMMING SGL PPM	93279	CPT	outpatient			244	49.6	Three Rivers	Three Rivers		231.8	0.95			40.9	231.8	percent of total billed charges	
REPROGRAMMING SGL PPM	93279	CPT	outpatient			244	49.6	UHC	Medicare		43.13	1			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SGL PPM	93279	CPT	outpatient			244	49.6	UHC	Medicaid		76.76	0.3146			40.9	231.8	percent of total billed charges	
REPROGRAMMING SGL PPM	93279	CPT	outpatient			244	49.6	Wellcare	Medicare		43.13	1			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SGL PPM	93279	CPT	outpatient			244	49.6	Wellcare	Medicaid		76.76	0.3146			40.9	231.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Aetna	Better Health		76.76	0.3146			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Aetna	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Aetna	Commercial		68.66	1.592			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Americare	Americare		183	0.75			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	WellPoint	WellPoint		78.28	0.3208			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Amerihealth	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Consumer	Consumer		231.8	0.95			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Corrections	Corrections		195.2	0.8			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	First Health	First Health		170.8	0.7			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	First Trenton	First Trenton		219.6	0.9			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Horizon	PPO		78.8	1.827			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Horizon	MGD		78.8	1.827			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Horizon	Medicare Blue		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Horizon	Indemnity		78.8	1.827			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Managed Care Inc	Managed Care Inc		219.6	0.9			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Multiplan	Multiplan		195.2	0.8			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Qualcare	Qualcare		183	0.75			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Three Rivers	Three Rivers		231.8	0.95			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	UHC	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	UHC	Medicaid		76.76	0.3146			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Wellcare	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL PPM	93280	CPT	outpatient			244	49.6	Wellcare	Medicaid		76.76	0.3146			43.13	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Aetna	Commercial		68.66	1.592			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Aetna	Better Health		76.76	0.3146			40.9	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Aetna	Medicare		43.13	1			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Americare	Americare		183	0.75			40.9	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	WellPoint	WellPoint		78.28	0.3208			40.9	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Amerihealth	Medicare		43.13	1			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Consumer	Consumer		231.8	0.95			40.9	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Corrections	Corrections		195.2	0.8			40.9	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	First Health	First Health		170.8	0.7			40.9	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	First Trenton	First Trenton		219.6	0.9			40.9	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Horizon	Indemnity		78.8	1.827			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Horizon	Medicare Blue		43.13	1			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Horizon	PPO		78.8	1.827			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Horizon	MGD		78.8	1.827			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Managed Care Inc	Managed Care Inc		219.6	0.9			40.9	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Multiplan	Multiplan		195.2	0.8			40.9	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Qualcare	Qualcare		183	0.75			40.9	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Three Rivers	Three Rivers		231.8	0.95			40.9	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	UHC	Medicaid		76.76	0.3146			40.9	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	UHC	Medicare		43.13	1			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Wellcare	Medicaid		76.76	0.3146			40.9	231.8	percent of total billed charges	
REPROGRAMMING BIV PPM	93281	CPT	outpatient			244	49.6	Wellcare	Medicare		43.13	1			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244	49.6	Aetna	Better Health		76.76	0.3146			43.13	231.8	percent of total billed charges	
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244	49.6	Aetna	Commercial		68.66	1.592			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244	49.6	Aetna	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244	49.6	Americare	Americare		183	0.75			43.13	231.8	percent of total billed charges	
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244	49.6	WellPoint	WellPoint		78.28	0.3208			43.13	231.8	percent of total billed charges	
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244	49.6	Amerihealth	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244	49.6	Consumer	Consumer		231.8	0.95			43.13	231.8	percent of total billed charges	
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244	49.6	Corrections	Corrections		195.2	0.8			43.13	231.8	percent of total billed charges	
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244	49.6	First Health	First Health		170.8	0.7			43.13	231.8	percent of total billed charges	
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244	49.6	First Trenton	First Trenton		219.6	0.9			43.13	231.8	percent of total billed charges	
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244	49.6	Horizon	PPO		78.8	1.827			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244	49.6	Horizon	Medicare Blue		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244	49.6	Horizon	Indemnity		78.8	1.827			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244	49.6	Horizon	MGD		78.8	1.827			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244	49.6	Managed Care Inc	Managed Care Inc		219.6	0.9			43.13	231.8	percent of total billed charges	
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244	49.6	Multiplan	Multiplan		195.2	0.8			43.13	231.8	percent of total billed charges	
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244	49.6	Qualcare	Qualcare		183	0.75			43.13	231.8	percent of total billed charges	
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244	49.6	Three Rivers	Three Rivers		231.8	0.95			43.13	231.8	percent of total billed charges	
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244	49.6	UHC	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244	49.6	UHC	Medicaid		76.76	0.3146			43.13	231.8	percent of total billed charges	
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244	49.6	Wellcare	Medicaid		76.76	0.3146			43.13	231.8	percent of total billed charges	
REPROGRAMMING SGL ICD	93282	CPT	outpatient			244	49.6	Wellcare	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244	49.6	Aetna	Commercial		68.66	1.592			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244	49.6	Aetna	Better Health		76.76	0.3146			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244	49.6	Aetna	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244	49.6	Americare	Americare		183	0.75			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244	49.6	WellPoint	WellPoint		78.28	0.3208			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244	49.6	Amerihealth	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244	49.6	Consumer	Consumer		231.8	0.95			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244	49.6	Corrections	Corrections		195.2	0.8			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244	49.6	First Health	First Health		170.8	0.7			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244	49.6	First Trenton	First Trenton		219.6	0.9			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244	49.6	Horizon	PPO		78.8	1.827			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244	49.6	Horizon	MGD		78.8	1.827			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244	49.6	Horizon	Medicare Blue		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244	49.6	Horizon	Indemnity		78.8	1.827			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244	49.6	Managed Care Inc	Managed Care Inc		219.6	0.9			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244	49.6	Multiplan	Multiplan		195.2	0.8			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244	49.6	Qualcare	Qualcare		183	0.75			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244	49.6	Three Rivers	Three Rivers		231.8	0.95			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244	49.6	UHC	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244	49.6	UHC	Medicaid		76.76	0.3146			43.13	231.8	percent of total billed charges	
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244	49.6	Wellcare	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING DUAL ICD	93283	CPT	outpatient			244	49.6	Wellcare	Medicaid		76.76	0.3146			43.13	231.8	percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244	49.6	Aetna	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244	49.6	Aetna	Better Health		76.76	0.3146			43.13	231.8	percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244	49.6	Aetna	Commercial		68.66	1.592			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244	49.6	Americare	Americare		183	0.75			43.13	231.8	percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244	49.6	WellPoint	WellPoint		78.28	0.3208			43.13	231.8	percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244	49.6	Amerihealth	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244	49.6	Consumer	Consumer		231.8	0.95			43.13	231.8	percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244	49.6	Corrections	Corrections		195.2	0.8			43.13	231.8	percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244	49.6	First Health	First Health		170.8	0.7			43.13	231.8	percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244	49.6	First Trenton	First Trenton		219.6	0.9			43.13	231.8	percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244	49.6	Horizon	MGD		78.8	1.827			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244	49.6	Horizon	Medicare Blue		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244	49.6	Horizon	PPO		78.8	1.827			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244	49.6	Horizon	Indemnity		78.8	1.827			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244	49.6	Managed Care Inc	Managed Care Inc		219.6	0.9			43.13	231.8	percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244	49.6	Multiplan	Multiplan		195.2	0.8			43.13	231.8	percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244	49.6	Qualcare	Qualcare		183	0.75			43.13	231.8	percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244	49.6	Three Rivers	Three Rivers		231.8	0.95			43.13	231.8	percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244	49.6	UHC	Medicaid		76.76	0.3146			43.13	231.8	percent of total billed charges	
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244	49.6	UHC	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244	49.6	Wellcare	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REPROGRAMMING BIV ICD	93284	CPT	outpatient			244	49.6	Wellcare	Medicaid		76.76	0.3146			43.13	231.8	percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244	49.6	Aetna	Medicare		75.15	0.308			43.13	231.8	percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244	49.6	Aetna	Commercial		68.66	1.592			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244	49.6	Aetna	Better Health		76.76	0.3146			43.13	231.8	percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244	49.6	Americare	Americare		183	0.75			43.13	231.8	percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244	49.6	WellPoint	WellPoint		78.28	0.3208			43.13	231.8	percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244	49.6	Amerihealth	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244	49.6	Consumer	Consumer		231.8	0.95			43.13	231.8	percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244	49.6	Corrections	Corrections		195.2	0.8			43.13	231.8	percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244	49.6	First Health	First Health		170.8	0.7			43.13	231.8	percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244	49.6	First Trenton	First Trenton		219.6	0.9			43.13	231.8	percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244	49.6	Horizon	MGD		78.8	1.827			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244	49.6	Horizon	Medicare Blue		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244	49.6	Horizon	Indemnity		78.8	1.827			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244	49.6	Horizon	PPO		78.8	1.827			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244	49.6	Managed Care Inc	Managed Care Inc		219.6	0.9			43.13	231.8	percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244	49.6	Multiplan	Multiplan		195.2	0.8			43.13	231.8	percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244	49.6	Qualcare	Qualcare		183	0.75			43.13	231.8	percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244	49.6	Three Rivers	Three Rivers		231.8	0.95			43.13	231.8	percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244	49.6	UHC	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244	49.6	UHC	Medicaid		76.76	0.3146			43.13	231.8	percent of total billed charges	
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244	49.6	Wellcare	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REGROGRAMMING LOOP RECORDER	93285	CPT	inpatient			244	49.6	Wellcare	Medicaid		76.76	0.3146			43.13	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Aetna	Better Health		76.76	0.3146			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Aetna	Medicare		75.15	0.308			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Aetna	Commercial		92.72	0.38			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Americare	Americare		183	0.75			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		WellPoint	WellPoint		78.28	0.3208			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Consumer	Consumer		231.8	0.95			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Corrections	Corrections		195.2	0.8			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		First Health	First Health		170.8	0.7			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		First Trenton	First Trenton		219.6	0.9			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Horizon	MGD		93.4	0.3828			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Horizon	Medicare Blue		73.2	0.3			73.2	231.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Horizon	Indemnity		93.4	0.3828			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Horizon	PPO		93.4	0.3828			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Managed Care Inc	Managed Care Inc		219.6	0.9			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Multiplan	Multiplan		195.2	0.8			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Qualcare	Qualcare		183	0.75			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Three Rivers	Three Rivers		231.8	0.95			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		UHC	Medicaid		76.76	0.3146			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE PPM	93286	CPT	outpatient			244		Wellcare	Medicaid		76.76	0.3146			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	both			244		Aetna	Medicare		75.15	0.308			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	both			244		Aetna	Better Health		76.76	0.3146			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	both			244		Aetna	Commercial		92.72	0.38			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	both			244		Americare	Americare		183	0.75			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	both			244		WellPoint	WellPoint		78.28	0.3208			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	both			244		Consumer	Consumer		231.8	0.95			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	both			244		Corrections	Corrections		195.2	0.8			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	both			244		First Health	First Health		170.8	0.7			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	both			244		First Trenton	First Trenton		219.6	0.9			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	both			244		Horizon	Indemnity		93.4	0.3828			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	both			244		Horizon	PPO		93.4	0.3828			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	both			244		Horizon	MGD		93.4	0.3828			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	both			244		Horizon	Medicare Blue		73.2	0.3			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	both			244		Managed Care Inc	Managed Care Inc		219.6	0.9			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	both			244		Multiplan	Multiplan		195.2	0.8			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	both			244		Qualcare	Qualcare		183	0.75			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	both			244		Three Rivers	Three Rivers		231.8	0.95			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	both			244		UHC	Medicaid		76.76	0.3146			73.2	231.8	percent of total billed charges	
REPROGRAMMING PER-PROCEDURE ICD	93287	CPT	both			244		Wellcare	Medicaid		76.76	0.3146			73.2	231.8	percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151	49.6	Aetna	Better Health		47.5	0.3146			40.04	143.45	percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151	49.6	Aetna	Commercial		68.66	1.592			40.04	143.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM DEVICE EVAL IN PERSON	93288	CPT	both			151	49.6	Aetna	Medicare		46.51	0.308			40.04	143.45	percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151	49.6	Americare	Americare		113.25	0.75			40.04	143.45	percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151	49.6	WellPoint	WellPoint		48.44	0.3208			40.04	143.45	percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151	49.6	Amerihealth	Medicare		43.13	1			40.04	143.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM DEVICE EVAL IN PERSON	93288	CPT	both			151	49.6	Consumer	Consumer		143.45	0.95			40.04	143.45	percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151	49.6	Corrections	Corrections		120.8	0.8			40.04	143.45	percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151	49.6	First Health	First Health		105.7	0.7			40.04	143.45	percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151	49.6	First Trenton	First Trenton		135.9	0.9			40.04	143.45	percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151	49.6	Horizon	Indemnity		78.8	1.827			40.04	143.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM DEVICE EVAL IN PERSON	93288	CPT	both			151	49.6	Horizon	MGD		78.8	1.827			40.04	143.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM DEVICE EVAL IN PERSON	93288	CPT	both			151	49.6	Horizon	PPO		78.8	1.827			40.04	143.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM DEVICE EVAL IN PERSON	93288	CPT	both			151	49.6	Horizon	Medicare Blue		43.13	1			40.04	143.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM DEVICE EVAL IN PERSON	93288	CPT	both			151	49.6	Managed Care Inc	Managed Care Inc		135.9	0.9			40.04	143.45	percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151	49.6	Multiplan	Multiplan		120.8	0.8			40.04	143.45	percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151	49.6	Qualcare	Qualcare		113.25	0.75			40.04	143.45	percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151	49.6	Three Rivers	Three Rivers		143.45	0.95			40.04	143.45	percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151	49.6	UHC	Medicaid		47.5	0.3146			40.04	143.45	percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151	49.6	UHC	Medicare		43.13	1			40.04	143.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM DEVICE EVAL IN PERSON	93288	CPT	both			151	49.6	Wellcare	Medicaid		47.5	0.3146			40.04	143.45	percent of total billed charges	
PM DEVICE EVAL IN PERSON	93288	CPT	both			151	49.6	Wellcare	Medicare		43.13	1			40.04	143.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93289	CPT	outpatient			151	49.6	Aetna	Better Health		47.5	0.3146			40.9	143.45	percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	outpatient			151	49.6	Aetna	Commercial		68.66	1.592			40.9	143.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93289	CPT	outpatient			151	49.6	Aetna	Medicare		43.13	1			40.9	143.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93289	CPT	outpatient			151	49.6	Americare	Americare		113.25	0.75			40.9	143.45	percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	outpatient			151	49.6	WellPoint	WellPoint		48.44	0.3208			40.9	143.45	percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	outpatient			151	49.6	Amerihealth	Medicare		43.13	1			40.9	143.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93289	CPT	outpatient			151	49.6	Consumer	Consumer		143.45	0.95			40.9	143.45	percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	outpatient			151	49.6	Corrections	Corrections		120.8	0.8			40.9	143.45	percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	outpatient			151	49.6	First Health	First Health		105.7	0.7			40.9	143.45	percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	outpatient			151	49.6	First Trenton	First Trenton		135.9	0.9			40.9	143.45	percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	outpatient			151	49.6	Horizon	Medicare Blue		43.13	1			40.9	143.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93289	CPT	outpatient			151	49.6	Horizon	MGD		78.8	1.827			40.9	143.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93289	CPT	outpatient			151	49.6	Horizon	Indemnity		78.8	1.827			40.9	143.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93289	CPT	outpatient			151	49.6	Horizon	PPO		78.8	1.827			40.9	143.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93289	CPT	outpatient			151	49.6	Managed Care Inc	Managed Care Inc		135.9	0.9			40.9	143.45	percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	outpatient			151	49.6	Multiplan	Multiplan		120.8	0.8			40.9	143.45	percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	outpatient			151	49.6	Qualcare	Qualcare		113.25	0.75			40.9	143.45	percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	outpatient			151	49.6	Three Rivers	Three Rivers		143.45	0.95			40.9	143.45	percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	outpatient			151	49.6	UHC	Medicare		43.13	1			40.9	143.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93289	CPT	outpatient			151	49.6	UHC	Medicaid		47.5	0.3146			40.9	143.45	percent of total billed charges	
INTERROGATION OF ICD	93289	CPT	outpatient			151	49.6	Wellcare	Medicare		43.13	1			40.9	143.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93289	CPT	outpatient			151	49.6	Wellcare	Medicaid		47.5	0.3146			40.9	143.45	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244	49.6	Aetna	Commercial		68.66	1.592			31.46	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93290	CPT	outpatient			244	49.6	Aetna	Better Health		76.76	0.3146			31.46	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244	49.6	Aetna	Medicare		43.13	1			31.46	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93290	CPT	outpatient			244	49.6	Americare	Americare		183	0.75			31.46	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244	49.6	WellPoint	WellPoint		78.28	0.3208			31.46	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244	49.6	Amerihealth	Medicare		43.13	1			31.46	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93290	CPT	outpatient			244	49.6	Consumer	Consumer		231.8	0.95			31.46	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244	49.6	Corrections	Corrections		195.2	0.8			31.46	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244	49.6	First Health	First Health		170.8	0.7			31.46	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244	49.6	First Trenton	First Trenton		219.6	0.9			31.46	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244	49.6	Horizon	Medicare Blue		43.13	1			31.46	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93290	CPT	outpatient			244	49.6	Horizon	Indemnity		78.8	1.827			31.46	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93290	CPT	outpatient			244	49.6	Horizon	PPO		78.8	1.827			31.46	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93290	CPT	outpatient			244	49.6	Horizon	MGD		78.8	1.827			31.46	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93290	CPT	outpatient			244	49.6	Managed Care Inc	Managed Care Inc		219.6	0.9			31.46	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244	49.6	Multiplan	Multiplan		195.2	0.8			31.46	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244	49.6	Qualcare	Qualcare		183	0.75			31.46	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244	49.6	Three Rivers	Three Rivers		231.8	0.95			31.46	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244	49.6	UHC	Medicare		43.13	1			31.46	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93290	CPT	outpatient			244	49.6	UHC	Medicaid		76.76	0.3146			31.46	231.8	percent of total billed charges	
INTERROGATION OF ICD	93290	CPT	outpatient			244	49.6	Wellcare	Medicare		43.13	1			31.46	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF ICD	93290	CPT	outpatient			244	49.6	Wellcare	Medicaid		76.76	0.3146			31.46	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	outpatient			244	39.16	Aetna	Better Health		76.76	0.3146			29.26	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	outpatient			244	39.16	Aetna	Commercial		54.21	1.592			29.26	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF LOOP RECORDER	93291	CPT	outpatient			244	39.16	Aetna	Medicare		34.05	1			29.26	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF LOOP RECORDER	93291	CPT	outpatient			244	39.16	Americare	Americare		183	0.75			29.26	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	outpatient			244	39.16	WellPoint	WellPoint		78.28	0.3208			29.26	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	outpatient			244	39.16	Amerihealth	Medicare		34.05	1			29.26	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF LOOP RECORDER	93291	CPT	outpatient			244	39.16	Consumer	Consumer		231.8	0.95			29.26	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	outpatient			244	39.16	Corrections	Corrections		195.2	0.8			29.26	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	outpatient			244	39.16	First Health	First Health		170.8	0.7			29.26	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	outpatient			244	39.16	First Trenton	First Trenton		219.6	0.9			29.26	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	outpatient			244	39.16	Horizon	MGD		62.21	1.827			29.26	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF LOOP RECORDER	93291	CPT	outpatient			244	39.16	Horizon	Medicare Blue		34.05	1			29.26	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF LOOP RECORDER	93291	CPT	outpatient			244	39.16	Horizon	Indemnity		62.21	1.827			29.26	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF LOOP RECORDER	93291	CPT	outpatient			244	39.16	Horizon	PPO		62.21	1.827			29.26	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF LOOP RECORDER	93291	CPT	outpatient			244	39.16	Managed Care Inc	Managed Care Inc		219.6	0.9			29.26	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	outpatient			244	39.16	Multiplan	Multiplan		195.2	0.8			29.26	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	outpatient			244	39.16	Qualcare	Qualcare		183	0.75			29.26	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	outpatient			244	39.16	Three Rivers	Three Rivers		231.8	0.95			29.26	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	outpatient			244	39.16	UHC	Medicare		34.05	1			29.26	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF LOOP RECORDER	93291	CPT	outpatient			244	39.16	UHC	Medicaid		76.76	0.3146			29.26	231.8	percent of total billed charges	
INTERROGATION OF LOOP RECORDER	93291	CPT	outpatient			244	39.16	Wellcare	Medicare		34.05	1			29.26	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF LOOP RECORDER	93291	CPT	outpatient			244	39.16	Wellcare	Medicaid		76.76	0.3146			29.26	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244	49.6	Aetna	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244	49.6	Aetna	Commercial		68.66	1.592			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244	49.6	Aetna	Better Health		76.76	0.3146			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244	49.6	Americare	Americare		183	0.75			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244	49.6	WellPoint	WellPoint		78.28	0.3208			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244	49.6	Amerihealth	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244	49.6	Consumer	Consumer		231.8	0.95			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244	49.6	Corrections	Corrections		195.2	0.8			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244	49.6	First Health	First Health		170.8	0.7			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244	49.6	First Trenton	First Trenton		219.6	0.9			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244	49.6	Horizon	MGD		78.8	1.827			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244	49.6	Horizon	Medicare Blue		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244	49.6	Horizon	Indemnity		78.8	1.827			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244	49.6	Horizon	PPO		78.8	1.827			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244	49.6	Managed Care Inc	Managed Care Inc		219.6	0.9			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244	49.6	Multiplan	Multiplan		195.2	0.8			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244	49.6	Qualcare	Qualcare		183	0.75			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244	49.6	Three Rivers	Three Rivers		231.8	0.95			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244	49.6	UHC	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244	49.6	UHC	Medicaid		76.76	0.3146			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244	49.6	Wellcare	Medicaid		76.76	0.3146			43.13	231.8	percent of total billed charges	
INTERROGATION OF WEARABLE ICD	93292	CPT	outpatient			244	49.6	Wellcare	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244	49.6	Aetna	Better Health		76.76	0.3146			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244	49.6	Aetna	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244	49.6	Aetna	Commercial		68.66	1.592			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244	49.6	Americare	Americare		183	0.75			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244	49.6	WellPoint	WellPoint		78.28	0.3208			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244	49.6	Amerihealth	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244	49.6	Consumer	Consumer		231.8	0.95			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244	49.6	Corrections	Corrections		195.2	0.8			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244	49.6	First Health	First Health		170.8	0.7			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244	49.6	First Trenton	First Trenton		219.6	0.9			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244	49.6	Horizon	MGD		78.8	1.827			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244	49.6	Horizon	PPO		78.8	1.827			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244	49.6	Horizon	Indemnity		78.8	1.827			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244	49.6	Horizon	Medicare Blue		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244	49.6	Managed Care Inc	Managed Care Inc		219.6	0.9			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244	49.6	Multiplan	Multiplan		195.2	0.8			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244	49.6	Qualcare	Qualcare		183	0.75			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244	49.6	Three Rivers	Three Rivers		231.8	0.95			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244	49.6	UHC	Medicaid		76.76	0.3146			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244	49.6	UHC	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244	49.6	Wellcare	Medicaid		76.76	0.3146			43.13	231.8	percent of total billed charges	
PM PHONE RSTRIP DEVC EVL <=90DAY	93293	CPT	outpatient			244	49.6	Wellcare	Medicare		43.13	1			43.13	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Aetna	Better Health		76.76	0.3146			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Aetna	Commercial		92.72	0.38			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Aetna	Medicare		75.15	0.308			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Americare	Americare		183	0.75			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		WellPoint	WellPoint		78.28	0.3208			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Consumer	Consumer		231.8	0.95			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Corrections	Corrections		195.2	0.8			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		First Health	First Health		170.8	0.7			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		First Trenton	First Trenton		219.6	0.9			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Horizon	Indemnity		93.4	0.3828			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Horizon	MGD		93.4	0.3828			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Horizon	Medicare Blue		73.2	0.3			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Horizon	PPO		93.4	0.3828			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Managed Care Inc	Managed Care Inc		219.6	0.9			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Multiplan	Multiplan		195.2	0.8			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Qualcare	Qualcare		183	0.75			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Three Rivers	Three Rivers		231.8	0.95			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		UHC	Medicaid		76.76	0.3146			73.2	231.8	percent of total billed charges	
PM DEVCE INTERROGT REMTE <=90DAY	93294	CPT	outpatient			244		Wellcare	Medicaid		76.76	0.3146			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		Aetna	Better Health		76.76	0.3146			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		Aetna	Commercial		92.72	0.38			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		Aetna	Medicare		75.15	0.308			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		Americare	Americare		183	0.75			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		WellPoint	WellPoint		78.28	0.3208			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		Consumer	Consumer		231.8	0.95			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		Corrections	Corrections		195.2	0.8			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		First Health	First Health		170.8	0.7			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		First Trenton	First Trenton		219.6	0.9			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		Horizon	MGD		93.4	0.3828			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		Horizon	Indemnity		93.4	0.3828			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		Horizon	Medicare Blue		73.2	0.3			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		Horizon	PPO		93.4	0.3828			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		Managed Care Inc	Managed Care Inc		219.6	0.9			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		Multiplan	Multiplan		195.2	0.8			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		Qualcare	Qualcare		183	0.75			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		Three Rivers	Three Rivers		231.8	0.95			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		UHC	Medicaid		76.76	0.3146			73.2	231.8	percent of total billed charges	
DEV INTERRG REMTE 1/2/MLT<=90DAY	93295	CPT	outpatient			244		Wellcare	Medicaid		76.76	0.3146			73.2	231.8	percent of total billed charges	
PMICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244	49.6	Aetna	Commercial		68.66	1.592			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244	49.6	Aetna	Better Health		76.76	0.3146			40.9	231.8	percent of total billed charges	
PMICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244	49.6	Aetna	Medicare		43.13	1			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244	49.6	Americare	Americare		183	0.75			40.9	231.8	percent of total billed charges	
PMICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244	49.6	WellPoint	WellPoint		78.28	0.3208			40.9	231.8	percent of total billed charges	
PMICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244	49.6	Amerihealth	Medicare		43.13	1			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244	49.6	Consumer	Consumer		231.8	0.95			40.9	231.8	percent of total billed charges	
PMICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244	49.6	Corrections	Corrections		195.2	0.8			40.9	231.8	percent of total billed charges	
PMICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244	49.6	First Health	First Health		170.8	0.7			40.9	231.8	percent of total billed charges	
PMICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244	49.6	First Trenton	First Trenton		219.6	0.9			40.9	231.8	percent of total billed charges	
PMICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244	49.6	Horizon	Indemnity		78.8	1.827			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244	49.6	Horizon	MGD		78.8	1.827			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244	49.6	Horizon	Medicare Blue		43.13	1			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244	49.6	Horizon	PPO		78.8	1.827			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244	49.6	Managed Care Inc	Managed Care Inc		219.6	0.9			40.9	231.8	percent of total billed charges	
PMICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244	49.6	Multiplan	Multiplan		195.2	0.8			40.9	231.8	percent of total billed charges	
PMICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244	49.6	Qualcare	Qualcare		183	0.75			40.9	231.8	percent of total billed charges	
PMICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244	49.6	Three Rivers	Three Rivers		231.8	0.95			40.9	231.8	percent of total billed charges	
PMICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244	49.6	UHC	Medicaid		76.76	0.3146			40.9	231.8	percent of total billed charges	
PMICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244	49.6	UHC	Medicare		43.13	1			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244	49.6	Wellcare	Medicare		43.13	1			40.9	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PMICD REMOTE TECH SERV <=90DAY	93296	CPT	outpatient			244	49.6	Wellcare	Medicaid		76.76	0.3146			40.9	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		Aetna	Better Health		76.76	0.3146			39	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		Aetna	Commercial		92.72	0.38			39	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		Aetna	Medicare		75.15	0.308			39	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		Americare	Americare		183	0.75			39	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		WellPoint	WellPoint		78.28	0.3208			39	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		Consumer	Consumer		231.8	0.95			39	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		Corrections	Corrections		195.2	0.8			39	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		First Health	First Health		170.8	0.7			39	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		First Trenton	First Trenton		219.6	0.9			39	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		Horizon	Indemnity		93.4	0.3828			39	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		Horizon	PPO		93.4	0.3828			39	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		Horizon	MGD		93.4	0.3828			39	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		Horizon	Medicare Blue		73.2	0.3			39	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		Managed Care Inc	Managed Care Inc		219.6	0.9			39	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		Multiplan	Multiplan		195.2	0.8			39	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		Qualcare	Qualcare		183	0.75			39	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		Three Rivers	Three Rivers		231.8	0.95			39	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		UHC	Medicaid		76.76	0.3146			39	231.8	percent of total billed charges	
ICM DEVIC INTERROGT REMTE<=30DAY	93297	CPT	outpatient			244		Wellcare	Medicaid		76.76	0.3146			39	231.8	percent of total billed charges	
ILR DEVIC INTERROGT REMTE<=30DAY	93298	CPT	outpatient			244		Aetna	Better Health		76.76	0.3146			73.2	231.8	percent of total billed charges	
ILR DEVIC INTERROGT REMTE<=30DAY	93298	CPT	outpatient			244		Aetna	Medicare		75.15	0.308			73.2	231.8	percent of total billed charges	
ILR DEVIC INTERROGT REMTE<=30DAY	93298	CPT	outpatient			244		Aetna	Commercial		92.72	0.38			73.2	231.8	percent of total billed charges	
ILR DEVIC INTERROGT REMTE<=30DAY	93298	CPT	outpatient			244		Americare	Americare		183	0.75			73.2	231.8	percent of total billed charges	
ILR DEVIC INTERROGT REMTE<=30DAY	93298	CPT	outpatient			244		WellPoint	WellPoint		78.28	0.3208			73.2	231.8	percent of total billed charges	
ILR DEVIC INTERROGT REMTE<=30DAY	93298	CPT	outpatient			244		Consumer	Consumer		231.8	0.95			73.2	231.8	percent of total billed charges	
ILR DEVIC INTERROGT REMTE<=30DAY	93298	CPT	outpatient			244		Corrections	Corrections		195.2	0.8			73.2	231.8	percent of total billed charges	
ILR DEVIC INTERROGT REMTE<=30DAY	93298	CPT	outpatient			244		First Health	First Health		170.8	0.7			73.2	231.8	percent of total billed charges	
ILR DEVIC INTERROGT REMTE<=30DAY	93298	CPT	outpatient			244		First Trenton	First Trenton		219.6	0.9			73.2	231.8	percent of total billed charges	
ILR DEVIC INTERROGT REMTE<=30DAY	93298	CPT	outpatient			244		Horizon	Medicare Blue		73.2	0.3			73.2	231.8	percent of total billed charges	
ILR DEVIC INTERROGT REMTE<=30DAY	93298	CPT	outpatient			244		Horizon	MGD		93.4	0.3828			73.2	231.8	percent of total billed charges	
ILR DEVIC INTERROGT REMTE<=30DAY	93298	CPT	outpatient			244		Horizon	Indemnity		93.4	0.3828			73.2	231.8	percent of total billed charges	
ILR DEVIC INTERROGT REMTE<=30DAY	93298	CPT	outpatient			244		Horizon	PPO		93.4	0.3828			73.2	231.8	percent of total billed charges	
ILR DEVIC INTERROGT REMTE<=30DAY	93298	CPT	outpatient			244		Managed Care Inc	Managed Care Inc		219.6	0.9			73.2	231.8	percent of total billed charges	
ILR DEVIC INTERROGT REMTE<=30DAY	93298	CPT	outpatient			244		Multiplan	Multiplan		195.2	0.8			73.2	231.8	percent of total billed charges	
ILR DEVIC INTERROGT REMTE<=30DAY	93298	CPT	outpatient			244		Qualcare	Qualcare		183	0.75			73.2	231.8	percent of total billed charges	
ILR DEVIC INTERROGT REMTE<=30DAY	93298	CPT	outpatient			244		Three Rivers	Three Rivers		231.8	0.95			73.2	231.8	percent of total billed charges	
ILR DEVIC INTERROGT REMTE<=30DAY	93298	CPT	outpatient			244		UHC	Medicaid		76.76	0.3146			73.2	231.8	percent of total billed charges	
ILR DEVIC INTERROGT REMTE<=30DAY	93298	CPT	outpatient			244		Wellcare	Medicaid		76.76	0.3146			73.2	231.8	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Aetna	Better Health		58.52	0.3146			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Aetna	Commercial		70.68	0.38			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Aetna	Medicare		57.29	0.308			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Americare	Americare		139.5	0.75			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		WellPoint	WellPoint		59.67	0.3208			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Consumer	Consumer		176.7	0.95			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Corrections	Corrections		148.8	0.8			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		First Health	First Health		130.2	0.7			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		First Trenton	First Trenton		167.4	0.9			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Horizon	Medicare Blue		55.8	0.3			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Horizon	Indemnity		71.2	0.3828			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Horizon	MGD		71.2	0.3828			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Horizon	PPO		71.2	0.3828			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Managed Care Inc	Managed Care Inc		167.4	0.9			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Multiplan	Multiplan		148.8	0.8			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Qualcare	Qualcare		139.5	0.75			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Three Rivers	Three Rivers		176.7	0.95			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		UHC	Medicaid		58.52	0.3146			55.8	176.7	percent of total billed charges	
ICM/ILR REMOTE TECH SERV<=30 DAY	93299	CPT	outpatient			186		Wellcare	Medicaid		58.52	0.3146			55.8	176.7	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792	725.57	Aetna	Better Health		878.36	0.3146			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792	725.57	Aetna	Medicare		630.93	1			630.93	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792	725.57	Aetna	Commercial		1004.44	1.592			630.93	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792	725.57	Americare	Americare		2094	0.75			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792	725.57	WellPoint	WellPoint		895.67	0.3208			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792	725.57	Amerihealth	Medicare		630.93	1			630.93	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792	725.57	Consumer	Consumer		2652.4	0.95			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792	725.57	Corrections	Corrections		2233.6	0.8			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792	725.57	First Health	First Health		1954.4	0.7			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792	725.57	First Trenton	First Trenton		2512.8	0.9			630.93	2652.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Horizon	MCD		1152.71	1.827			630.93	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Horizon	Medicare Blue		630.93	1			630.93	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Horizon	Indemnity		1152.71	1.827			630.93	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Horizon	PPO		1152.71	1.827			630.93	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Managed Care Inc	Managed Care Inc		2512.8	0.9			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Multiplan	Multiplan		2233.6	0.8			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Qualcare	Qualcare		2094	0.75			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Three Rivers	Three Rivers		2652.4	0.95			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 UHC	Medicaid		878.36	0.3146			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 UHC	Medicare		630.93	1			630.93	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Wellcare	Medicaid		878.36	0.3146			630.93	2652.4	percent of total billed charges	
TRANS ECHO.CONG.ANOMOLY COM.	93303	CPT	both			2792		725.57 Wellcare	Medicare		630.93	1			630.93	2652.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Aetna	Commercial		1004.44	1.592			235.62	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Aetna	Medicare		628.01	0.308			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Aetna	Better Health		641.47	0.3146			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Americare	Amelcare		1529.25	0.75			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 WellPoint	WellPoint		654.11	0.3208			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Amerihealth	Medicare		630.93	1			235.62	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Consumer	Consumer		1937.05	0.95			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Corrections	Corrections		1631.2	0.8			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 First Health	First Health		1427.3	0.7			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 First Trenton	First Trenton		1835.1	0.9			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Horizon	MCD		1152.71	1.827			235.62	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Horizon	Indemnity		1152.71	1.827			235.62	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Horizon	PPO		1152.71	1.827			235.62	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Horizon	Medicare Blue		630.93	1			235.62	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Managed Care Inc	Managed Care Inc		1835.1	0.9			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Multiplan	Multiplan		1631.2	0.8			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Qualcare	Qualcare		1529.25	0.75			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Three Rivers	Three Rivers		1937.05	0.95			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 UHC	Medicaid		641.47	0.3146			235.62	1937.05	percent of total billed charges	
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 UHC	Medicare		630.93	1			235.62	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Wellcare	Medicare		630.93	1			235.62	1937.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE CONG.ANOM.F/U OR LIMITED	93304	CPT	both			2039		725.57 Wellcare	Medicaid		641.47	0.3146			235.62	1937.05	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Aetna	Commercial		1004.44	1.592			613.47	1852.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Aetna	Medicare		630.93	1			613.47	1852.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Aetna	Better Health		613.47	0.3146			613.47	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Americare	Amelcare		1462.5	0.75			613.47	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 WellPoint	WellPoint		625.56	0.3208			613.47	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Amerihealth	Medicare		630.93	1			613.47	1852.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Consumer	Consumer		1852.5	0.95			613.47	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Corrections	Corrections		1560	0.8			613.47	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 First Health	First Health		1365	0.7			613.47	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 First Trenton	First Trenton		1755	0.9			613.47	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Horizon	Indemnity		1152.71	1.827			613.47	1852.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Horizon	PPO		1152.71	1.827			613.47	1852.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Horizon	MCD		1152.71	1.827			613.47	1852.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Horizon	Medicare Blue		630.93	1			613.47	1852.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Managed Care Inc	Managed Care Inc		1755	0.9			613.47	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Multiplan	Multiplan		1560	0.8			613.47	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Qualcare	Qualcare		1462.5	0.75			613.47	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Three Rivers	Three Rivers		1852.5	0.95			613.47	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 UHC	Medicaid		613.47	0.3146			613.47	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 UHC	Medicare		630.93	1			613.47	1852.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Wellcare	Medicaid		613.47	0.3146			613.47	1852.5	percent of total billed charges	
TRANS. ECHO. (TTE) COMPLETE	93306	CPT	both			1950		725.57 Wellcare	Medicare		630.93	1			613.47	1852.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W/O DOPPLER COMPLETE	93307	CPT	outpatient			2118		322.28 Aetna	Better Health		666.32	0.3146			268.35	2012.1	percent of total billed charges	
TTE W/O DOPPLER COMPLETE	93307	CPT	outpatient			2118		322.28 Aetna	Commercial		446.14	1.592			268.35	2012.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W/O DOPPLER COMPLETE	93307	CPT	outpatient			2118		322.28 Aetna	Medicare		280.24	1			268.35	2012.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W/O DOPPLER COMPLETE	93307	CPT	outpatient			2118		322.28 Americare	Amelcare		1588.5	0.75			268.35	2012.1	percent of total billed charges	
TTE W/O DOPPLER COMPLETE	93307	CPT	outpatient			2118		322.28 WellPoint	WellPoint		679.45	0.3208			268.35	2012.1	percent of total billed charges	
TTE W/O DOPPLER COMPLETE	93307	CPT	outpatient			2118		322.28 Amerihealth	Medicare		280.24	1			268.35	2012.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W/O DOPPLER COMPLETE	93307	CPT	outpatient			2118		322.28 Consumer	Consumer		2012.1	0.95			268.35	2012.1	percent of total billed charges	
TTE W/O DOPPLER COMPLETE	93307	CPT	outpatient			2118		322.28 Corrections	Corrections		1694.4	0.8			268.35	2012.1	percent of total billed charges	
TTE W/O DOPPLER COMPLETE	93307	CPT	outpatient			2118		322.28 First Health	First Health		1482.6	0.7			268.35	2012.1	percent of total billed charges	
TTE W/O DOPPLER COMPLETE	93307	CPT	outpatient			2118		322.28 First Trenton	First Trenton		1906.2	0.9			268.35	2012.1	percent of total billed charges	
TTE W/O DOPPLER COMPLETE	93307	CPT	outpatient			2118		322.28 Horizon	Indemnity		512	1.827			268.35	2012.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W/O DOPPLER COMPLETE	93307	CPT	outpatient			2118		322.28 Horizon	MCD		512	1.827			268.35	2012.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W/O DOPPLER COMPLETE	93307	CPT	outpatient			2118		322.28 Horizon	PPO		512	1.827			268.35	2012.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W/O DOPPLER COMPLETE	93307	CPT	outpatient			2118		322.28 Horizon	Medicare Blue		280.24	1			268.35	2012.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W/O DOPPLER COMPLETE	93307	CPT	outpatient			2118		322.28 Managed Care Inc	Managed Care Inc		1906.2	0.9			268.35	2012.1	percent of total billed charges	
TTE W/O DOPPLER COMPLETE	93307	CPT	outpatient			2118		322.28 Multiplan	Multiplan		1694.4	0.8			268.35	2012.1	percent of total billed charges	
TTE W/O DOPPLER COMPLETE	93307	CPT	outpatient			2118		322.28 Qualcare	Qualcare		1588.5	0.75			268.35	2012.1	percent of total billed charges	
TTE W/O DOPPLER COMPLETE	93307	CPT	outpatient			2118		322.28 Three Rivers	Three Rivers		2012.1	0.95			268.35	2012.1	percent of total billed charges	
TTE W/O DOPPLER COMPLETE	93307	CPT	outpatient			2118		322.28 UHC	Medicaid		666.32	0.3146			268.35	2012.1	percent of total billed charges	
TTE W/O DOPPLER COMPLETE	93307	CPT	outpatient			2118		322.28 UHC	Medicare		280.24	1			268.35	2012.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W/O DOPPLER COMPLETE	93307	CPT	outpatient			2118		322.28 Wellcare	Medicaid		666.32	0.3146			268.35	2012.1	percent of total billed charges	
TTE W/O DOPPLER COMPLETE	93307	CPT	outpatient			2118		322.28 Wellcare	Medicare		280.24	1			268.35	2012.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Aetna	Better Health		491.09	0.3146			273.39	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Aetna	Commercial		446.14	1.592			273.39	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Aetna	Medicare		280.24	1			273.39	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Americare	Amelcare		1170.75	0.75			273.39	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 WellPoint	WellPoint		500.77	0.3208			273.39	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Amerihealth	Medicare		280.24	1			273.39	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Consumer	Consumer		1482.95	0.95			273.39	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Corrections	Corrections		1248.8	0.8			273.39	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 First Health	First Health		1092.7	0.7			273.39	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 First Trenton	First Trenton		1404.9	0.9			273.39	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Horizon	Indemnity		512	1.827			273.39	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Horizon	Medicare Blue		280.24	1			273.39	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Horizon	PPO		512	1.827			273.39	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Horizon	MCD		512	1.827			273.39	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Managed Care Inc	Managed Care Inc		1404.9	0.9			273.39	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Multiplan	Multiplan		1248.8	0.8			273.39	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Qualcare	Qualcare		1170.75	0.75			273.39	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Three Rivers	Three Rivers		1482.95	0.95			273.39	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 UHC	Medicare		280.24	1			273.39	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 UHC	Medicaid		491.09	0.3146			273.39	1482.95	percent of total billed charges	
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Wellcare	Medicare		280.24	1			273.39	1482.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANS.ECHO.FOLLOW UP/LIMITED	93308	CPT	both			1561		322.28 Wellcare	Medicaid		491.09	0.3146			273.39	1482.95	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Aetna	Better Health		854.14	0.3146			630.93	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Aetna	Commercial		1004.44	1.592			630.93	2579.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Aetna	Medicare		630.93	1			630.93	2579.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Americare	Amelcare		2036.25	0.75			630.93	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 WellPoint	WellPoint		870.97	0.3208			630.93	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Amerihealth	Medicare		630.93	1			630.93	2579.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Consumer	Consumer		2579.25	0.95			630.93	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Corrections	Corrections		2172	0.8			630.93	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 First Health	First Health		1900.5	0.7			630.93	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 First Trenton	First Trenton		2443.5	0.9			630.93	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Horizon	Indemnity		1152.71	1.827			630.93	2579.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Horizon	MCD		1152.71	1.827			630.93	2579.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Horizon	Medicare Blue		630.93	1			630.93	2579.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Horizon	PPO		1152.71	1.827			630.93	2579.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Managed Care Inc	Managed Care Inc		2443.5	0.9			630.93	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Multiplan	Multiplan		2172	0.8			630.93	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Qualcare	Qualcare		2036.25	0.75			630.93	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Three Rivers	Three Rivers		2579.25	0.95			630.93	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 UHC	Medicare		630.93	1			630.93	2579.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 UHC	Medicaid		854.14	0.3146			630.93	2579.25	percent of total billed charges	
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Wellcare	Medicare		630.93	1			630.93	2579.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSESOPHAG.ECHO. (TEE)	93312	CPT	both			2715		725.57 Wellcare	Medicaid		854.14	0.3146			630.93	2579.25	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Aetna	Better Health		831.17	0.3146			630.93	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Aetna	Medicare		813.74	0.308			630.93	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Aetna	Commercial		1004.44	1.592			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Americare	Amelcare		1981.5	0.75			630.93	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 WellPoint	WellPoint		847.55	0.3208			630.93	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Amerihealth	Medicare		630.93	1			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Consumer	Consumer		2509.9	0.95			630.93	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Corrections	Corrections		2113.6	0.8			630.93	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 First Health	First Health		1849.4	0.7			630.93	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 First Trenton	First Trenton		2377.8	0.9			630.93	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Horizon	PPO		1152.71	1.827			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Horizon	Medicare Blue		630.93	1			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Horizon	MCD		1152.71	1.827			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Horizon	Indemnity		1152.71	1.827			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Managed Care Inc	Managed Care Inc		2377.8	0.9			630.93	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Multiplan	Multiplan		2113.6	0.8			630.93	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Qualcare	Qualcare		1981.5	0.75			630.93	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Three Rivers	Three Rivers		2509.9	0.95			630.93	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 UHC	Medicaid		831.17	0.3146			630.93	2509.9	percent of total billed charges	
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 UHC	Medicare		630.93	1			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Wellcare	Medicaid		831.17	0.3146			630.93	2509.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TEE PROBE PLACEMENT (ONLY) REG.	93313	CPT	outpatient			2642		725.57 Wellcare	Medicare		630.93	1			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE CONGENITAL; GLOBAL	93315	CPT	inpatient			2011		725.57 Aetna	Better Health		632.66	0.3146			630.93	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	inpatient			2011		725.57 Aetna	Commercial		1004.44	1.592			630.93	1910.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE CONGENITAL; GLOBAL	93315	CPT	inpatient			2011		725.57 Aetna	Medicare		630.93	1			630.93	1910.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE CONGENITAL; GLOBAL	93315	CPT	inpatient			2011		725.57 Americare	Americare		1508.25	0.75			630.93	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	inpatient			2011		725.57 WellPoint	WellPoint		645.13	0.3208			630.93	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	inpatient			2011		725.57 Amerihealth	Medicare		630.93	1			630.93	1910.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE CONGENITAL; GLOBAL	93315	CPT	inpatient			2011		725.57 Consumer	Consumer		1910.45	0.95			630.93	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	inpatient			2011		725.57 Corrections	Corrections		1608.8	0.8			630.93	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	inpatient			2011		725.57 First Health	First Health		1407.7	0.7			630.93	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	inpatient			2011		725.57 First Trenton	First Trenton		1809.9	0.9			630.93	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	inpatient			2011		725.57 Horizon	Indemnity		1152.71	1.827			630.93	1910.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE CONGENITAL; GLOBAL	93315	CPT	inpatient			2011		725.57 Horizon	PPO		1152.71	1.827			630.93	1910.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE CONGENITAL; GLOBAL	93315	CPT	inpatient			2011		725.57 Horizon	MGD		1152.71	1.827			630.93	1910.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE CONGENITAL; GLOBAL	93315	CPT	inpatient			2011		725.57 Horizon	Medicare Blue		630.93	1			630.93	1910.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE CONGENITAL; GLOBAL	93315	CPT	inpatient			2011		725.57 Managed Care Inc	Managed Care Inc		1809.9	0.9			630.93	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	inpatient			2011		725.57 Multiplan	Multiplan		1608.8	0.8			630.93	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	inpatient			2011		725.57 Qualcare	Qualcare		1508.25	0.75			630.93	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	inpatient			2011		725.57 Three Rivers	Three Rivers		1910.45	0.95			630.93	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	inpatient			2011		725.57 UHC	Medicaid		632.66	0.3146			630.93	1910.45	percent of total billed charges	
TEE CONGENITAL; GLOBAL	93315	CPT	inpatient			2011		725.57 UHC	Medicare		630.93	1			630.93	1910.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE CONGENITAL; GLOBAL	93315	CPT	inpatient			2011		725.57 Wellcare	Medicare		630.93	1			630.93	1910.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE CONGENITAL; GLOBAL	93315	CPT	inpatient			2011		725.57 Wellcare	Medicaid		632.66	0.3146			630.93	1910.45	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Aetna	Better Health		893.46	0.3146			630.93	2698	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Aetna	Medicare		630.93	1			630.93	2698	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Aetna	Commercial		1004.44	1.592			630.93	2698	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Americare	Americare		2130	0.75			630.93	2698	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 WellPoint	WellPoint		911.07	0.3208			630.93	2698	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Amerihealth	Medicare		630.93	1			630.93	2698	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Consumer	Consumer		2698	0.95			630.93	2698	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Corrections	Corrections		2272	0.8			630.93	2698	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 First Health	First Health		1988	0.7			630.93	2698	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 First Trenton	First Trenton		2556	0.9			630.93	2698	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Horizon	MGD		1152.71	1.827			630.93	2698	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Horizon	Indemnity		1152.71	1.827			630.93	2698	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Horizon	Medicare Blue		630.93	1			630.93	2698	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Horizon	PPO		1152.71	1.827			630.93	2698	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Managed Care Inc	Managed Care Inc		2556	0.9			630.93	2698	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Multiplan	Multiplan		2272	0.8			630.93	2698	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Qualcare	Qualcare		2130	0.75			630.93	2698	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Three Rivers	Three Rivers		2698	0.95			630.93	2698	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 UHC	Medicaid		893.46	0.3146			630.93	2698	percent of total billed charges	
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 UHC	Medicare		630.93	1			630.93	2698	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Wellcare	Medicare		630.93	1			630.93	2698	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEE FOR MONITORING	93318	CPT	outpatient			2840		725.57 Wellcare	Medicaid		893.46	0.3146			630.93	2698	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	outpatient			874		Aetna	Commercial		332.12	0.38			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	outpatient			874		Aetna	Better Health		274.96	0.3146			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	outpatient			874		Aetna	Medicare		269.19	0.308			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	outpatient			874		Americare	Americare		655.5	0.75			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	outpatient			874		WellPoint	WellPoint		280.38	0.3208			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	outpatient			874		Consumer	Consumer		830.3	0.95			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	outpatient			874		Corrections	Corrections		699.2	0.8			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	outpatient			874		First Health	First Health		611.8	0.7			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	outpatient			874		First Trenton	First Trenton		786.6	0.9			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	outpatient			874		Horizon	Medicare Blue		262.2	0.3			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	outpatient			874		Horizon	MGD		334.57	0.3828			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	outpatient			874		Horizon	Indemnity		334.57	0.3828			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	outpatient			874		Horizon	PPO		334.57	0.3828			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	outpatient			874		Managed Care Inc	Managed Care Inc		786.6	0.9			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	outpatient			874		Multiplan	Multiplan		699.2	0.8			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	outpatient			874		Qualcare	Qualcare		655.5	0.75			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	outpatient			874		Three Rivers	Three Rivers		830.3	0.95			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	outpatient			874		UHC	Medicaid		274.96	0.3146			262.2	830.3	percent of total billed charges	
DOPPLER CW/PW (SEPARATELY)	93320	CPT	outpatient			874		Wellcare	Medicaid		274.96	0.3146			262.2	830.3	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	both			1341		Aetna	Better Health		421.88	0.3146			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	both			1341		Aetna	Medicare		413.03	0.308			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	both			1341		Aetna	Commercial		509.58	0.38			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	both			1341		Americare	Americare		1005.75	0.75			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	both			1341		WellPoint	WellPoint		430.19	0.3208			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	both			1341		Consumer	Consumer		1273.95	0.95			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	both			1341		Corrections	Corrections		1072.8	0.8			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	both			1341		First Health	First Health		938.7	0.7			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	both			1341		First Trenton	First Trenton		1206.9	0.9			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	both			1341		Horizon	Medicare Blue		402.3	0.3			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	both			1341		Horizon	Indemnity		513.33	0.3828			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	both			1341		Horizon	MGD		513.33	0.3828			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	both			1341		Horizon	PPO		513.33	0.3828			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	both			1341		Managed Care Inc	Managed Care Inc		1206.9	0.9			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	both			1341		Multiplan	Multiplan		1072.8	0.8			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	both			1341		Qualcare	Qualcare		1005.75	0.75			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	both			1341		Three Rivers	Three Rivers		1273.95	0.95			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	both			1341		UHC	Medicaid		421.88	0.3146			391.2	1273.95	percent of total billed charges	
DOPPLER ECHO COLOR FLOW	93325	CPT	both			1341		Wellcare	Medicaid		421.88	0.3146			391.2	1273.95	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642		725.57 Aetna	Commercial		1004.44	1.592			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642		725.57 Aetna	Better Health		831.17	0.3146			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642		725.57 Aetna	Medicare		630.93	1			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642		725.57 Americare	Americare		1981.5	0.75			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642		725.57 WellPoint	WellPoint		847.55	0.3208			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642		725.57 Amerihealth	Medicare		630.93	1			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642		725.57 Consumer	Consumer		2509.9	0.95			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642		725.57 Corrections	Corrections		2113.6	0.8			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642		725.57 First Health	First Health		1849.4	0.7			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642		725.57 First Trenton	First Trenton		2377.8	0.9			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642		725.57 Horizon	Indemnity		1152.71	1.827			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642		725.57 Horizon	MGD		1152.71	1.827			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642		725.57 Horizon	Medicare Blue		630.93	1			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642		725.57 Horizon	PPO		1152.71	1.827			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642		725.57 Managed Care Inc	Managed Care Inc		2377.8	0.9			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642		725.57 Multiplan	Multiplan		2113.6	0.8			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642		725.57 Qualcare	Qualcare		1981.5	0.75			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642		725.57 Three Rivers	Three Rivers		2509.9	0.95			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642		725.57 UHC	Medicaid		831.17	0.3146			630.93	2509.9	percent of total billed charges	
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642		725.57 UHC	Medicare		630.93	1			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642		725.57 Wellcare	Medicare		630.93	1			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TEST (WITH IMAGING)	93350	CPT	both			2642		725.57 Wellcare	Medicaid		831.17	0.3146			630.93	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642		725.57 Aetna	Better Health		831.17	0.3146			630.93	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642		725.57 Aetna	Commercial		1004.44	1.592			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TTE COMPLETE	93351	CPT	outpatient			2642		725.57 Aetna	Medicare		813.74	0.308			630.93	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642		725.57 Americare	Americare		1981.5	0.75			630.93	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642		725.57 WellPoint	WellPoint		847.55	0.3208			630.93	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642		725.57 Amerihealth	Medicare		630.93	1			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TTE COMPLETE	93351	CPT	outpatient			2642		725.57 Consumer	Consumer		2509.9	0.95			630.93	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642		725.57 Corrections	Corrections		2113.6	0.8			630.93	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642		725.57 First Health	First Health		1849.4	0.7			630.93	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642		725.57 First Trenton	First Trenton		2377.8	0.9			630.93	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642		725.57 Horizon	Indemnity		1152.71	1.827			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TTE COMPLETE	93351	CPT	outpatient			2642		725.57 Horizon	MGD		1152.71	1.827			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TTE COMPLETE	93351	CPT	outpatient			2642		725.57 Horizon	PPO		1152.71	1.827			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TTE COMPLETE	93351	CPT	outpatient			2642		725.57 Horizon	Medicare Blue		630.93	1			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TTE COMPLETE	93351	CPT	outpatient			2642		725.57 Managed Care Inc	Managed Care Inc		2377.8	0.9			630.93	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642		725.57 Multiplan	Multiplan		2113.6	0.8			630.93	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642		725.57 Qualcare	Qualcare		1981.5	0.75			630.93	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642		725.57 Three Rivers	Three Rivers		2509.9	0.95			630.93	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642		725.57 UHC	Medicare		630.93	1			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TTE COMPLETE	93351	CPT	outpatient			2642		725.57 UHC	Medicaid		831.17	0.3146			630.93	2509.9	percent of total billed charges	
STRESS TTE COMPLETE	93351	CPT	outpatient			2642		725.57 Wellcare	Medicare		630.93	1			630.93	2509.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STRESS TTE COMPLETE	93351	CPT	outpatient			2642		725.57 Wellcare	Medicaid		831.17	0.3146			630.93	2509.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402		4285.74 Aetna	Commercial		5932.95	1.592			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH	93451	CPT	both			14402		4285.74 Aetna	Better Health		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402		4285.74 Aetna	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH	93451	CPT	both			14402		4285.74 Americare	Americare		10801.5	0.75			3726.73	13681.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402		4285.74 WellPoint	WellPoint		4620.16	0.3208			3726.73	13681.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402		4285.74 Amerihealth	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH	93451	CPT	both			14402		4285.74 Consumer	Consumer		13681.9	0.95			3726.73	13681.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402		4285.74 Corrections	Corrections		11521.6	0.8			3726.73	13681.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402		4285.74 First Health	First Health		10081.4	0.7			3726.73	13681.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402		4285.74 First Trenton	First Trenton		12961.8	0.9			3726.73	13681.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402		4285.74 Horizon	MGD		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH	93451	CPT	both			14402		4285.74 Horizon	Medicare Blue		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH	93451	CPT	both			14402		4285.74 Horizon	PPO		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH	93451	CPT	both			14402		4285.74 Horizon	Indemnity		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH	93451	CPT	both			14402		4285.74 Managed Care Inc	Managed Care Inc		12961.8	0.9			3726.73	13681.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402		4285.74 Multiplan	Multiplan		11521.6	0.8			3726.73	13681.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RIGHT HEART CATH	93451	CPT	both			14402		4285.74 Qualcare	Qualcare		10801.5	0.75			3726.73	13681.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402		4285.74 Three Rivers	Three Rivers		13681.9	0.95			3726.73	13681.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402		4285.74 UHC	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH	93451	CPT	both			14402		4285.74 UHC	Medicaid		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
RIGHT HEART CATH	93451	CPT	both			14402		4285.74 Wellcare	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT HEART CATH	93451	CPT	both			14402		4285.74 Wellcare	Medicaid		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74 Aetna	Better Health		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74 Aetna	Commercial		5932.95	1.592			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74 Aetna	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74 Americare	Americare		10801.5	0.75			3726.73	13681.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74 WellPoint	WellPoint		4620.16	0.3208			3726.73	13681.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74 Amerihealth	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74 Consumer	Consumer		13681.9	0.95			3726.73	13681.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74 Corrections	Corrections		11521.6	0.8			3726.73	13681.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74 First Health	First Health		10081.4	0.7			3726.73	13681.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74 First Trenton	First Trenton		12961.8	0.9			3726.73	13681.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74 Horizon	MGD		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74 Horizon	Indemnity		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74 Horizon	Medicare Blue		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74 Horizon	PPO		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74 Managed Care Inc	Managed Care Inc		12961.8	0.9			3726.73	13681.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74 Multiplan	Multiplan		11521.6	0.8			3726.73	13681.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74 Qualcare	Qualcare		10801.5	0.75			3726.73	13681.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74 Three Rivers	Three Rivers		13681.9	0.95			3726.73	13681.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74 UHC	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74 UHC	Medicaid		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74 Wellcare	Medicaid		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
LEFT HRT CATH W/VENTRCLGRPHY	93452	CPT	outpatient			14402		4285.74 Wellcare	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74 Aetna	Better Health		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74 Aetna	Commercial		5932.95	1.592			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74 Aetna	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74 Americare	Americare		10801.5	0.75			3726.73	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74 WellPoint	WellPoint		4620.16	0.3208			3726.73	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74 Amerihealth	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74 Consumer	Consumer		13681.9	0.95			3726.73	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74 Corrections	Corrections		11521.6	0.8			3726.73	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74 First Health	First Health		10081.4	0.7			3726.73	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74 First Trenton	First Trenton		12961.8	0.9			3726.73	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74 Horizon	Medicare Blue		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74 Horizon	Indemnity		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74 Horizon	MGD		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74 Horizon	PPO		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74 Managed Care Inc	Managed Care Inc		12961.8	0.9			3726.73	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74 Multiplan	Multiplan		11521.6	0.8			3726.73	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74 Qualcare	Qualcare		10801.5	0.75			3726.73	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74 Three Rivers	Three Rivers		13681.9	0.95			3726.73	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74 UHC	Medicaid		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74 UHC	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74 Wellcare	Medicaid		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
R&I HRT CATH W/VENTRICLGRPHY	93453	CPT	outpatient			14402		4285.74 Wellcare	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74 Aetna	Commercial		5932.95	1.592			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74 Aetna	Better Health		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74 Aetna	Medicare		4435.82	0.308			3726.73	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74 Americare	Americare		10801.5	0.75			3726.73	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74 WellPoint	WellPoint		4620.16	0.3208			3726.73	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74 Amerihealth	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74 Consumer	Consumer		13681.9	0.95			3726.73	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74 Corrections	Corrections		11521.6	0.8			3726.73	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74 First Health	First Health		10081.4	0.7			3726.73	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74 First Trenton	First Trenton		12961.8	0.9			3726.73	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74 Horizon	Medicare Blue		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74 Horizon	Indemnity		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74 Horizon	MGD		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74 Horizon	PPO		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74 Managed Care Inc	Managed Care Inc		12961.8	0.9			3726.73	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74 Multiplan	Multiplan		11521.6	0.8			3726.73	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74 Qualcare	Qualcare		10801.5	0.75			3726.73	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74 Three Rivers	Three Rivers		13681.9	0.95			3726.73	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74 UHC	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74 UHC	Medicaid		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74 Wellcare	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ARTERY ANGIO S&I	93454	CPT	both			14402		4285.74 Wellcare	Medicaid		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74 Aetna	Commercial		5932.95	1.592			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74 Aetna	Better Health		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74 Aetna	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74 Americare	Americare		10801.5	0.75			3726.73	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74 WellPoint	WellPoint		4620.16	0.3208			3726.73	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74 Amerihealth	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74 Consumer	Consumer		13681.9	0.95			3726.73	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74 Corrections	Corrections		11521.6	0.8			3726.73	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74 First Health	First Health		10081.4	0.7			3726.73	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74 First Trenton	First Trenton		12961.8	0.9			3726.73	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74 Horizon	MGD		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74 Horizon	Indemnity		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74 Horizon	PPO		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74 Horizon	Medicare Blue		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74 Managed Care Inc	Managed Care Inc		12961.8	0.9			3726.73	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74 Multiplan	Multiplan		11521.6	0.8			3726.73	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74 Qualcare	Qualcare		10801.5	0.75			3726.73	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74 Three Rivers	Three Rivers		13681.9	0.95			3726.73	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74 UHC	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74 UHC	Medicaid		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74 Wellcare	Medicaid		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
CORONARY ART/GRFT ANGIO S&I	93455	CPT	both			14402		4285.74 Wellcare	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74 Aetna	Commercial		5932.95	1.592			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74 Aetna	Better Health		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74 Aetna	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74 Americare	Americare		10801.5	0.75			3726.73	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74 WellPoint	WellPoint		4620.16	0.3208			3726.73	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74 Amerihealth	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74 Consumer	Consumer		13681.9	0.95			3726.73	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74 Corrections	Corrections		11521.6	0.8			3726.73	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74 First Health	First Health		10081.4	0.7			3726.73	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74 First Trenton	First Trenton		12961.8	0.9			3726.73	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74 Horizon	MGD		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74 Horizon	Indemnity		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74 Horizon	Medicare Blue		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74 Horizon	PPO		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74 Managed Care Inc	Managed Care Inc		12961.8	0.9			3726.73	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74 Multiplan	Multiplan		11521.6	0.8			3726.73	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74 Qualcare	Qualcare		10801.5	0.75			3726.73	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74 Three Rivers	Three Rivers		13681.9	0.95			3726.73	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74 UHC	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74 UHC	Medicaid		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74 Wellcare	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT CORONARY ARTERY ANGIO	93456	CPT	both			14402		4285.74 Wellcare	Medicaid		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	outpatient			14402		4285.74 Aetna	Better Health		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	outpatient			14402		4285.74 Aetna	Commercial		5932.95	1.592			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT ART/GRFT ANGIO	93457	CPT	outpatient			14402		4285.74 Aetna	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT ART/GRFT ANGIO	93457	CPT	outpatient			14402		4285.74 Americare	Americare		10801.5	0.75			3726.73	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	outpatient			14402		4285.74 WellPoint	WellPoint		4620.16	0.3208			3726.73	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	outpatient			14402		4285.74 Amerihealth	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT ART/GRFT ANGIO	93457	CPT	outpatient			14402		4285.74 Consumer	Consumer		13681.9	0.95			3726.73	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	outpatient			14402		4285.74 Corrections	Corrections		11521.6	0.8			3726.73	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	outpatient			14402		4285.74 First Health	First Health		10081.4	0.7			3726.73	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	outpatient			14402		4285.74 First Trenton	First Trenton		12961.8	0.9			3726.73	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	outpatient			14402		4285.74 Horizon	PPO		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT ART/GRFT ANGIO	93457	CPT	outpatient			14402		4285.74 Horizon	MGD		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT ART/GRFT ANGIO	93457	CPT	outpatient			14402		4285.74 Horizon	Medicare Blue		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT ART/GRFT ANGIO	93457	CPT	outpatient			14402		4285.74 Horizon	Indemnity		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT ART/GRFT ANGIO	93457	CPT	outpatient			14402		4285.74 Managed Care Inc	Managed Care Inc		12961.8	0.9			3726.73	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	outpatient			14402		4285.74 Multiplan	Multiplan		11521.6	0.8			3726.73	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	outpatient			14402		4285.74 Qualcare	Qualcare		10801.5	0.75			3726.73	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	outpatient			14402		4285.74 Three Rivers	Three Rivers		13681.9	0.95			3726.73	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	outpatient			14402		4285.74 UHC	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT ART/GRFT ANGIO	93457	CPT	outpatient			14402		4285.74 UHC	Medicaid		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
R HRT ART/GRFT ANGIO	93457	CPT	outpatient			14402		4285.74 Wellcare	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R HRT ART/GRFT ANGIO	93457	CPT	outpatient			14402		4285.74 Wellcare	Medicaid		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74 Aetna	Commercial		5932.95	1.592			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74 Aetna	Better Health		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74 Aetna	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74 Americare	Americare		10801.5	0.75			3726.73	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74 WellPoint	WellPoint		4620.16	0.3208			3726.73	13681.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74 Amerihealth	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74 Consumer	Consumer		13681.9	0.95			3726.73	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74 Corrections	Corrections		11521.6	0.8			3726.73	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74 First Health	First Health		10081.4	0.7			3726.73	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74 First Trenton	First Trenton		12961.8	0.9			3726.73	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74 Horizon	MGD		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74 Horizon	Indemnity		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74 Horizon	Medicare Blue		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74 Horizon	PPO		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74 Managed Care Inc	Managed Care Inc		12961.8	0.9			3726.73	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74 Multiplan	Multiplan		11521.6	0.8			3726.73	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74 Qualcare	Qualcare		10801.5	0.75			3726.73	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74 Three Rivers	Three Rivers		13681.9	0.95			3726.73	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74 UHC	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74 UHC	Medicaid		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74 Wellcare	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ARTERY/VENTRICLE ANGIO	93458	CPT	both			14402		4285.74 Wellcare	Medicaid		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402		4285.74 Aetna	Better Health		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402		4285.74 Aetna	Commercial		5932.95	1.592			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ART/GRFT ANGIO	93459	CPT	both			14402		4285.74 Aetna	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ART/GRFT ANGIO	93459	CPT	both			14402		4285.74 Americare	Americare		10801.5	0.75			3726.73	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402		4285.74 WellPoint	WellPoint		4620.16	0.3208			3726.73	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402		4285.74 Amerihealth	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ART/GRFT ANGIO	93459	CPT	both			14402		4285.74 Consumer	Consumer		13681.9	0.95			3726.73	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402		4285.74 Corrections	Corrections		11521.6	0.8			3726.73	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402		4285.74 First Health	First Health		10081.4	0.7			3726.73	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402		4285.74 First Trenton	First Trenton		12961.8	0.9			3726.73	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402		4285.74 Horizon	Medicare Blue		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ART/GRFT ANGIO	93459	CPT	both			14402		4285.74 Horizon	Indemnity		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ART/GRFT ANGIO	93459	CPT	both			14402		4285.74 Horizon	PPO		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ART/GRFT ANGIO	93459	CPT	both			14402		4285.74 Horizon	MGD		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
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L HRT ART/GRFT ANGIO	93459	CPT	both			14402		4285.74 Multiplan	Multiplan		11521.6	0.8			3726.73	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402		4285.74 Qualcare	Qualcare		10801.5	0.75			3726.73	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402		4285.74 Three Rivers	Three Rivers		13681.9	0.95			3726.73	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402		4285.74 UHC	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ART/GRFT ANGIO	93459	CPT	both			14402		4285.74 UHC	Medicaid		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
L HRT ART/GRFT ANGIO	93459	CPT	both			14402		4285.74 Wellcare	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
L HRT ART/GRFT ANGIO	93459	CPT	both			14402		4285.74 Wellcare	Medicaid		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402		4285.74 Aetna	Commercial		5932.95	1.592			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402		4285.74 Aetna	Better Health		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402		4285.74 Aetna	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402		4285.74 Americare	Americare		10801.5	0.75			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402		4285.74 WellPoint	WellPoint		4620.16	0.3208			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402		4285.74 Amerihealth	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402		4285.74 Consumer	Consumer		13681.9	0.95			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402		4285.74 Corrections	Corrections		11521.6	0.8			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402		4285.74 First Health	First Health		10081.4	0.7			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402		4285.74 First Trenton	First Trenton		12961.8	0.9			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402		4285.74 Horizon	MGD		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402		4285.74 Horizon	Medicare Blue		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402		4285.74 Horizon	Indemnity		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402		4285.74 Horizon	PPO		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
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R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402		4285.74 Multiplan	Multiplan		11521.6	0.8			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402		4285.74 Qualcare	Qualcare		10801.5	0.75			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402		4285.74 Three Rivers	Three Rivers		13681.9	0.95			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402		4285.74 UHC	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402		4285.74 UHC	Medicaid		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402		4285.74 Wellcare	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93460	CPT	both			14402		4285.74 Wellcare	Medicaid		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402		4285.74 Aetna	Better Health		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402		4285.74 Aetna	Commercial		5932.95	1.592			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402		4285.74 Aetna	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402		4285.74 Americare	Americare		10801.5	0.75			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402		4285.74 WellPoint	WellPoint		4620.16	0.3208			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402		4285.74 Amerihealth	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402		4285.74 Consumer	Consumer		13681.9	0.95			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402		4285.74 Corrections	Corrections		11521.6	0.8			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402		4285.74 First Health	First Health		10081.4	0.7			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402		4285.74 First Trenton	First Trenton		12961.8	0.9			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402		4285.74 Horizon	MGD		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402		4285.74 Horizon	Indemnity		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402		4285.74 Horizon	PPO		6808.74	1.827			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402		4285.74 Horizon	Medicare Blue		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402		4285.74 Managed Care Inc	Managed Care Inc		12961.8	0.9			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402		4285.74 Multiplan	Multiplan		11521.6	0.8			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402		4285.74 Qualcare	Qualcare		10801.5	0.75			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402		4285.74 Three Rivers	Three Rivers		13681.9	0.95			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402		4285.74 UHC	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402		4285.74 UHC	Medicaid		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402		4285.74 Wellcare	Medicare		3726.73	1			3726.73	13681.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
R&I HRT ART/VENTRICLE ANGIO	93461	CPT	both			14402		4285.74 Wellcare	Medicaid		4530.87	0.3146			3726.73	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Aetna	Better Health		4530.87	0.3146			4320.6	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Aetna	Commercial		5472.76	0.38			4320.6	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Aetna	Medicare		4435.82	0.308			4320.6	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Americare	Americare		10801.5	0.75			4320.6	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		WellPoint	WellPoint		4620.16	0.3208			4320.6	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Consumer	Consumer		13681.9	0.95			4320.6	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Corrections	Corrections		11521.6	0.8			4320.6	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		First Health	First Health		10081.4	0.7			4320.6	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		First Trenton	First Trenton		12961.8	0.9			4320.6	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Horizon	MGD		5513.09	0.3828			4320.6	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Horizon	PPO		5513.09	0.3828			4320.6	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Horizon	Indemnity		5513.09	0.3828			4320.6	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Horizon	Medicare Blue		4320.6	0.3			4320.6	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Managed Care Inc	Managed Care Inc		12961.8	0.9			4320.6	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Multiplan	Multiplan		11521.6	0.8			4320.6	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Qualcare	Qualcare		10801.5	0.75			4320.6	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Three Rivers	Three Rivers		13681.9	0.95			4320.6	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		UHC	Medicaid		4530.87	0.3146			4320.6	13681.9	percent of total billed charges	
L HRT CATH TRNSPTL PUNCTURE	93462	CPT	outpatient			14402		Wellcare	Medicaid		4530.87	0.3146			4320.6	13681.9	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	both			1979		Aetna	Medicare		609.53	0.308			593.7	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	both			1979		Aetna	Better Health		622.59	0.3146			593.7	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	both			1979		Aetna	Commercial		752.02	0.38			593.7	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	both			1979		Americare	Americare		1484.25	0.75			593.7	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	both			1979		WellPoint	WellPoint		634.86	0.3208			593.7	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	both			1979		Consumer	Consumer		1880.05	0.95			593.7	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	both			1979		Corrections	Corrections		1583.2	0.8			593.7	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	both			1979		First Health	First Health		1385.3	0.7			593.7	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	both			1979		First Trenton	First Trenton		1781.1	0.9			593.7	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	both			1979		Horizon	Medicare Blue		593.7	0.3			593.7	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	both			1979		Horizon	Indemnity		757.56	0.3828			593.7	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	both			1979		Horizon	PPO		757.56	0.3828			593.7	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	both			1979		Horizon	MGD		757.56	0.3828			593.7	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	both			1979		Managed Care Inc	Managed Care Inc		1781.1	0.9			593.7	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	both			1979		Multiplan	Multiplan		1583.2	0.8			593.7	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	both			1979		Qualcare	Qualcare		1484.25	0.75			593.7	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	both			1979		Three Rivers	Three Rivers		1880.05	0.95			593.7	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	both			1979		UHC	Medicaid		622.59	0.3146			593.7	1880.05	percent of total billed charges	
MEDICATION ADMIN	93463	CPT	both			1979		Wellcare	Medicaid		622.59	0.3146			593.7	1880.05	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	both			5971		2106.37 Aetna	Better Health		1878.48	0.3146			1831.63	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	both			5971		2106.37 Aetna	Commercial		2915.95	1.592			1831.63	5672.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWAN-GANZ INSERTION	93503	CPT	both			5971		2106.37 Aetna	Medicare		1831.63	1			1831.63	5672.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWAN-GANZ INSERTION	93503	CPT	both			5971		2106.37 Americare	Americare		4478.25	0.75			1831.63	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	both			5971		2106.37 WellPoint	WellPoint		1915.5	0.3208			1831.63	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	both			5971		2106.37 Amerihealth	Medicare		1831.63	1			1831.63	5672.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWAN-GANZ INSERTION	93503	CPT	both			5971		2106.37 Consumer	Consumer		5672.45	0.95			1831.63	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	both			5971		2106.37 Corrections	Corrections		4776.8	0.8			1831.63	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	both			5971		2106.37 First Health	First Health		4179.7	0.7			1831.63	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	both			5971		2106.37 First Trenton	First Trenton		5373.9	0.9			1831.63	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	both			5971		2106.37 Horizon	Indemnity		3346.39	1.827			1831.63	5672.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWAN-GANZ INSERTION	93503	CPT	both			5971		2106.37 Horizon	MGD		3346.39	1.827			1831.63	5672.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWAN-GANZ INSERTION	93503	CPT	both			5971		2106.37 Horizon	PPO		3346.39	1.827			1831.63	5672.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWAN-GANZ INSERTION	93503	CPT	both			5971		2106.37 Horizon	Medicare Blue		1831.63	1			1831.63	5672.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWAN-GANZ INSERTION	93503	CPT	both			5971		2106.37 Managed Care Inc	Managed Care Inc		5373.9	0.9			1831.63	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	both			5971		2106.37 Multiplan	Multiplan		4776.8	0.8			1831.63	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	both			5971		2106.37 Qualcare	Qualcare		4478.25	0.75			1831.63	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	both			5971		2106.37 Three Rivers	Three Rivers		5672.45	0.95			1831.63	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	both			5971		2106.37 UHC	Medicaid		1878.48	0.3146			1831.63	5672.45	percent of total billed charges	
SWAN-GANZ INSERTION	93503	CPT	both			5971		2106.37 UHC	Medicare		1831.63	1			1831.63	5672.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWAN-GANZ INSERTION	93503	CPT	both			5971		2106.37 Wellcare	Medicare		1831.63	1			1831.63	5672.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SWAN-GANZ INSERTION	93503	CPT	both			5971		2106.37 Wellcare	Medicaid		1878.48	0.3146			1831.63	5672.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5883		4192.26 Aetna	Better Health		1850.79	0.3146			1850.79	6660.22	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5883		4192.26 Aetna	Medicare		3645.44	1			1850.79	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5883		4192.26 Aetna	Commercial		5803.54	1.592			1850.79	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5883		4192.26 Americare	Amelcare		4412.25	0.75			1850.79	6660.22	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5883		4192.26 WellPoint	WellPoint		1887.27	0.3208			1850.79	6660.22	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5883		4192.26 Ameihealth	Medicare		3645.44	1			1850.79	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5883		4192.26 Consumer	Consumer		5588.85	0.95			1850.79	6660.22	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5883		4192.26 Corrections	Corrections		4706.4	0.8			1850.79	6660.22	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5883		4192.26 First Health	First Health		4118.1	0.7			1850.79	6660.22	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5883		4192.26 First Trenton	First Trenton		5294.7	0.9			1850.79	6660.22	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5883		4192.26 Horizon	MGD		6660.22	1.827			1850.79	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5883		4192.26 Horizon	Indemnity		6660.22	1.827			1850.79	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5883		4192.26 Horizon	Medicare Blue		3645.44	1			1850.79	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5883		4192.26 Horizon	PPO		6660.22	1.827			1850.79	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5883		4192.26 Managed Care Inc	Managed Care Inc		5294.7	0.9			1850.79	6660.22	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5883		4192.26 Multiplan	Multiplan		4706.4	0.8			1850.79	6660.22	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5883		4192.26 Qualcare	Qualcare		4412.25	0.75			1850.79	6660.22	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5883		4192.26 Three Rivers	Three Rivers		5588.85	0.95			1850.79	6660.22	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5883		4192.26 UHC	Medicare		3645.44	1			1850.79	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5883		4192.26 UHC	Medicaid		1850.79	0.3146			1850.79	6660.22	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5883		4192.26 Wellcare	Medicaid		1850.79	0.3146			1850.79	6660.22	percent of total billed charges	
ENDOMYOCARDIAL BIOPSY	93505	CPT	both			5883		4192.26 Wellcare	Medicare		3645.44	1			1850.79	6660.22	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Aetna	Commercial		2690.4	0.38			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Aetna	Better Health		2227.37	0.3146			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Aetna	Medicare		2180.64	0.308			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Americare	Americare		5310	0.75			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		WellPoint	WellPoint		2271.26	0.3208			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Consumer	Consumer		6726	0.95			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Corrections	Corrections		5664	0.8			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		First Health	First Health		4956	0.7			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		First Trenton	First Trenton		6372	0.9			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Horizon	MGD		2710.22	0.3828			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Horizon	PPO		2710.22	0.3828			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Horizon	Indemnity		2710.22	0.3828			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Horizon	Medicare Blue		2124	0.3			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Managed Care Inc	Managed Care Inc		6372	0.9			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Multiplan	Multiplan		5664	0.8			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Qualcare	Qualcare		5310	0.75			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Three Rivers	Three Rivers		6726	0.95			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		UHC	Medicaid		2227.37	0.3146			2124	6726	percent of total billed charges	
RHC (CONGENITAL ANOMALIES)	93530	CPT	outpatient			7080		Wellcare	Medicaid		2227.37	0.3146			2124	6726	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Aetna	Commercial		7678.28	0.38			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Aetna	Better Health		6356.81	0.3146			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Aetna	Medicare		6223.45	0.308			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Americare	Americare		15154.5	0.75			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		WellPoint	WellPoint		6482.08	0.3208			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Consumer	Consumer		19195.7	0.95			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Corrections	Corrections		16164.8	0.8			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		First Health	First Health		14144.2	0.7			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		First Trenton	First Trenton		18185.4	0.9			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Horizon	MGD		7734.86	0.3828			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Horizon	Indemnity		7734.86	0.3828			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Horizon	PPO		7734.86	0.3828			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Horizon	Medicare Blue		6061.8	0.3			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Managed Care Inc	Managed Care Inc		18185.4	0.9			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Multiplan	Multiplan		16164.8	0.8			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Qualcare	Qualcare		15154.5	0.75			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Three Rivers	Three Rivers		19195.7	0.95			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		UHC	Medicaid		6356.81	0.3146			6061.8	19195.7	percent of total billed charges	
COMBINED RHC & RETROGRADE LHC(CONG.ANOM)	93531	CPT	outpatient			20206		Wellcare	Medicaid		6356.81	0.3146			6061.8	19195.7	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Aetna	Medicare		151.54	0.308			147.6	467.4	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Aetna	Better Health		154.78	0.3146			147.6	467.4	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Aetna	Commercial		186.96	0.38			147.6	467.4	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Americare	Americare		369	0.75			147.6	467.4	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		WellPoint	WellPoint		157.83	0.3208			147.6	467.4	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Consumer	Consumer		467.4	0.95			147.6	467.4	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Corrections	Corrections		393.6	0.8			147.6	467.4	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		First Health	First Health		344.4	0.7			147.6	467.4	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		First Trenton	First Trenton		442.8	0.9			147.6	467.4	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Horizon	Indemnity		188.34	0.3828			147.6	467.4	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Horizon	MGD		188.34	0.3828			147.6	467.4	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Horizon	Medicare Blue		147.6	0.3			147.6	467.4	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Horizon	PPO		188.34	0.3828			147.6	467.4	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Managed Care Inc	Managed Care Inc		442.8	0.9			147.6	467.4	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Multiplan	Multiplan		393.6	0.8			147.6	467.4	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Qualcare	Qualcare		369	0.75			147.6	467.4	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Three Rivers	Three Rivers		467.4	0.95			147.6	467.4	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		UHC	Medicaid		154.78	0.3146			147.6	467.4	percent of total billed charges	
INJ. OF SELECTED CORONARY ARTERIES	93563	CPT	outpatient			492		Wellcare	Medicaid		154.78	0.3146			147.6	467.4	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Aetna	Commercial		2161.44	0.38			200.4	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Aetna	Better Health		1789.44	0.3146			200.4	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Aetna	Medicare		1751.9	0.308			200.4	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Americare	Americare		4266	0.75			200.4	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		WellPoint	WellPoint		1824.71	0.3208			200.4	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Consumer	Consumer		5403.6	0.95			200.4	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Corrections	Corrections		4550.4	0.8			200.4	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		First Health	First Health		3981.6	0.7			200.4	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		First Trenton	First Trenton		5119.2	0.9			200.4	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Horizon	MGD		2177.37	0.3828			200.4	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Horizon	Indemnity		2177.37	0.3828			200.4	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Horizon	PPO		2177.37	0.3828			200.4	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Horizon	Medicare Blue		1706.4	0.3			200.4	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Managed Care Inc	Managed Care Inc		5119.2	0.9			200.4	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Multiplan	Multiplan		4550.4	0.8			200.4	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Qualcare	Qualcare		4266	0.75			200.4	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Three Rivers	Three Rivers		5403.6	0.95			200.4	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		UHC	Medicaid		1789.44	0.3146			200.4	5403.6	percent of total billed charges	
INJECTION OF NATIVE OR BYPASS LIMA	93564	CPT	outpatient			5688		Wellcare	Medicaid		1789.44	0.3146			200.4	5403.6	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Aetna	Medicare		136.14	0.308			132.6	419.9	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Aetna	Better Health		139.05	0.3146			132.6	419.9	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Aetna	Commercial		167.96	0.38			132.6	419.9	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Americare	Americare		331.5	0.75			132.6	419.9	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		WellPoint	WellPoint		141.79	0.3208			132.6	419.9	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Consumer	Consumer		419.9	0.95			132.6	419.9	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Corrections	Corrections		353.6	0.8			132.6	419.9	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		First Health	First Health		309.4	0.7			132.6	419.9	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		First Trenton	First Trenton		397.8	0.9			132.6	419.9	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Horizon	Medicare Blue		132.6	0.3			132.6	419.9	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Horizon	Indemnity		169.2	0.3828			132.6	419.9	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Horizon	MGD		169.2	0.3828			132.6	419.9	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Horizon	PPO		169.2	0.3828			132.6	419.9	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Managed Care Inc	Managed Care Inc		397.8	0.9			132.6	419.9	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Multiplan	Multiplan		353.6	0.8			132.6	419.9	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Qualcare	Qualcare		331.5	0.75			132.6	419.9	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Three Rivers	Three Rivers		419.9	0.95			132.6	419.9	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		UHC	Medicaid		139.05	0.3146			132.6	419.9	percent of total billed charges	
INJECTION OF LA OR LV	93565	CPT	outpatient			442		Wellcare	Medicaid		139.05	0.3146			132.6	419.9	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	inpatient			254		Aetna	Better Health		79.91	0.3146			76.2	241.3	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	inpatient			254		Aetna	Commercial		96.52	0.38			76.2	241.3	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	inpatient			254		Aetna	Medicare		78.23	0.308			76.2	241.3	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	inpatient			254		Americare	Americare		190.5	0.75			76.2	241.3	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	inpatient			254		WellPoint	WellPoint		81.48	0.3208			76.2	241.3	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	inpatient			254		Consumer	Consumer		241.3	0.95			76.2	241.3	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	inpatient			254		Corrections	Corrections		203.2	0.8			76.2	241.3	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	inpatient			254		First Health	First Health		177.8	0.7			76.2	241.3	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	inpatient			254		First Trenton	First Trenton		228.6	0.9			76.2	241.3	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	inpatient			254		Horizon	Medicare Blue		76.2	0.3			76.2	241.3	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	inpatient			254		Horizon	Indemnity		97.23	0.3828			76.2	241.3	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	inpatient			254		Horizon	MGD		97.23	0.3828			76.2	241.3	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	inpatient			254		Horizon	PPO		97.23	0.3828			76.2	241.3	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	inpatient			254		Managed Care Inc	Managed Care Inc		228.6	0.9			76.2	241.3	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	inpatient			254		Multiplan	Multiplan		203.2	0.8			76.2	241.3	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	inpatient			254		Qualcare	Qualcare		190.5	0.75			76.2	241.3	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	inpatient			254		Three Rivers	Three Rivers		241.3	0.95			76.2	241.3	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	inpatient			254		UHC	Medicaid		79.91	0.3146			76.2	241.3	percent of total billed charges	
INJECTION OF RA OR RV	93566	CPT	inpatient			254		Wellcare	Medicaid		79.91	0.3146			76.2	241.3	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Aetna	Commercial		161.5	0.38			127.5	403.75	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Aetna	Better Health		133.71	0.3146			127.5	403.75	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Aetna	Medicare		130.9	0.308			127.5	403.75	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Americare	Americare		318.75	0.75			127.5	403.75	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		WellPoint	WellPoint		136.34	0.3208			127.5	403.75	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Consumer	Consumer		403.75	0.95			127.5	403.75	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Corrections	Corrections		340	0.8			127.5	403.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INJECTION OF AORTA	93567	CPT	both			425		First Health	First Health		297.5	0.7			127.5	403.75	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		First Trenton	First Trenton		382.5	0.9			127.5	403.75	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Horizon	Medicare Blue		127.5	0.3			127.5	403.75	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Horizon	Indemnity		162.69	0.3828			127.5	403.75	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Horizon	MGD		162.69	0.3828			127.5	403.75	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Horizon	PPO		162.69	0.3828			127.5	403.75	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Managed Care Inc	Managed Care Inc		382.5	0.9			127.5	403.75	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Multiplan	Multiplan		340	0.8			127.5	403.75	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Qualcare	Qualcare		318.75	0.75			127.5	403.75	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Three Rivers	Three Rivers		403.75	0.95			127.5	403.75	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		UHC	Medicaid		133.71	0.3146			127.5	403.75	percent of total billed charges	
INJECTION OF AORTA	93567	CPT	both			425		Wellcare	Medicaid		133.71	0.3146			127.5	403.75	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Aetna	Better Health		105.08	0.3146			100.2	317.3	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Aetna	Medicare		102.87	0.308			100.2	317.3	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Aetna	Commercial		126.92	0.38			100.2	317.3	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Americare	Americare		250.5	0.75			100.2	317.3	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		WellPoint	WellPoint		107.15	0.3208			100.2	317.3	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Consumer	Consumer		317.3	0.95			100.2	317.3	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Corrections	Corrections		267.2	0.8			100.2	317.3	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		First Health	First Health		233.8	0.7			100.2	317.3	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		First Trenton	First Trenton		300.6	0.9			100.2	317.3	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Horizon	Indemnity		127.86	0.3828			100.2	317.3	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Horizon	MGD		127.86	0.3828			100.2	317.3	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Horizon	PPO		127.86	0.3828			100.2	317.3	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Horizon	Medicare Blue		100.2	0.3			100.2	317.3	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Managed Care Inc	Managed Care Inc		300.6	0.9			100.2	317.3	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Multiplan	Multiplan		267.2	0.8			100.2	317.3	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Qualcare	Qualcare		250.5	0.75			100.2	317.3	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Three Rivers	Three Rivers		317.3	0.95			100.2	317.3	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		UHC	Medicaid		105.08	0.3146			100.2	317.3	percent of total billed charges	
INJECTION OF PULMONARY ARTERY	93568	CPT	outpatient			334		Wellcare	Medicaid		105.08	0.3146			100.2	317.3	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Aetna	Better Health		746.23	0.3146			711.6	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Aetna	Medicare		730.58	0.308			711.6	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Aetna	Commercial		901.36	0.38			711.6	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Americare	Americare		1779	0.75			711.6	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		WellPoint	WellPoint		760.94	0.3208			711.6	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Consumer	Consumer		2253.4	0.95			711.6	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Corrections	Corrections		1897.6	0.8			711.6	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		First Health	First Health		1660.4	0.7			711.6	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		First Trenton	First Trenton		2134.8	0.9			711.6	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Horizon	MGD		908	0.3828			711.6	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Horizon	Indemnity		908	0.3828			711.6	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Horizon	Medicare Blue		711.6	0.3			711.6	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Horizon	PPO		908	0.3828			711.6	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Managed Care Inc	Managed Care Inc		2134.8	0.9			711.6	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Multiplan	Multiplan		1897.6	0.8			711.6	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Qualcare	Qualcare		1779	0.75			711.6	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Three Rivers	Three Rivers		2253.4	0.95			711.6	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		UHC	Medicaid		746.23	0.3146			711.6	2253.4	percent of total billed charges	
INTRAVASCULAR DOPPLER	93571	CPT	both			2372		Wellcare	Medicaid		746.23	0.3146			711.6	2253.4	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	outpatient			1900		Aetna	Better Health		597.74	0.3146			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	outpatient			1900		Aetna	Medicare		585.2	0.308			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	outpatient			1900		Aetna	Commercial		722	0.38			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	outpatient			1900		Americare	Americare		1425	0.75			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	outpatient			1900		WellPoint	WellPoint		609.52	0.3208			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	outpatient			1900		Consumer	Consumer		1805	0.95			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	outpatient			1900		Corrections	Corrections		1520	0.8			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	outpatient			1900		First Health	First Health		1330	0.7			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	outpatient			1900		First Trenton	First Trenton		1710	0.9			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	outpatient			1900		Horizon	Medicare Blue		570	0.3			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	outpatient			1900		Horizon	Indemnity		727.32	0.3828			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	outpatient			1900		Horizon	MGD		727.32	0.3828			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	outpatient			1900		Horizon	PPO		727.32	0.3828			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	outpatient			1900		Managed Care Inc	Managed Care Inc		1710	0.9			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	outpatient			1900		Multiplan	Multiplan		1520	0.8			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	outpatient			1900		Qualcare	Qualcare		1425	0.75			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	outpatient			1900		Three Rivers	Three Rivers		1805	0.95			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	outpatient			1900		UHC	Medicaid		597.74	0.3146			570	1805	percent of total billed charges	
ADDITION VESSEL INTRAV. DOPPLE	93572	CPT	outpatient			1900		Wellcare	Medicaid		597.74	0.3146			570	1805	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Aetna	Commercial		31926.68	1.592			19668.48	59393.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Aetna	Better Health		19668.48	0.3146			19668.48	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Aetna	Medicare		20054.45	1			19668.48	59393.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Americare	Americare		46889.25	0.75			19668.48	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	WellPoint	WellPoint		20056.1	0.3208			19668.48	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Amerihealth	Medicare		20054.45	1			19668.48	59393.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Consumer	Consumer		59393.05	0.95			19668.48	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Corrections	Corrections		50015.2	0.8			19668.48	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	First Health	First Health		43763.3	0.7			19668.48	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	First Trenton	First Trenton		56267.1	0.9			19668.48	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Horizon	Medicare Blue		20054.45	1			19668.48	59393.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Horizon	Indemnity		36639.48	1.827			19668.48	59393.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Horizon	MGD		36639.48	1.827			19668.48	59393.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Horizon	PPO		36639.48	1.827			19668.48	59393.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Managed Care Inc	Managed Care Inc		56267.1	0.9			19668.48	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Multiplan	Multiplan		50015.2	0.8			19668.48	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Qualcare	Qualcare		46889.25	0.75			19668.48	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Three Rivers	Three Rivers		59393.05	0.95			19668.48	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	UHC	Medicaid		19668.48	0.3146			19668.48	59393.05	percent of total billed charges	
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	UHC	Medicare		20054.45	1			19668.48	59393.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Wellcare	Medicare		20054.45	1			19668.48	59393.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF ATRIAL DEFECT	93580	CPT	both			62519	23062.62	Wellcare	Medicaid		19668.48	0.3146			19668.48	59393.05	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Aetna	Medicare		18924.44	0.308			18924.44	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Aetna	Better Health		19329.97	0.3146			18924.44	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Aetna	Commercial		31926.68	1.592			18924.44	58370.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Americare	Americare		46082.25	0.75			18924.44	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	WellPoint	WellPoint		19710.91	0.3208			18924.44	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Amerihealth	Medicare		20054.45	1			18924.44	58370.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Consumer	Consumer		58370.85	0.95			18924.44	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Corrections	Corrections		49154.4	0.8			18924.44	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	First Health	First Health		43010.1	0.7			18924.44	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	First Trenton	First Trenton		55298.7	0.9			18924.44	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Horizon	Medicare Blue		20054.45	1			18924.44	58370.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Horizon	Indemnity		36639.48	1.827			18924.44	58370.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Horizon	MGD		36639.48	1.827			18924.44	58370.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Horizon	PPO		36639.48	1.827			18924.44	58370.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Managed Care Inc	Managed Care Inc		55298.7	0.9			18924.44	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Multiplan	Multiplan		49154.4	0.8			18924.44	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Qualcare	Qualcare		46082.25	0.75			18924.44	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Three Rivers	Three Rivers		58370.85	0.95			18924.44	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	UHC	Medicare		20054.45	1			18924.44	58370.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	UHC	Medicaid		19329.97	0.3146			18924.44	58370.85	percent of total billed charges	
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Wellcare	Medicare		20054.45	1			18924.44	58370.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSURE OF VENTRICULAR DEFECT	93581	CPT	outpatient			61443	23062.62	Wellcare	Medicaid		19329.97	0.3146			18924.44	58370.85	percent of total billed charges	
RT HRT CATH W/IMGNG GUID	93593	CPT	outpatient			11103	4285.74	Aetna	Commercial		5932.95	1.592			3493	10547.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RT HRT CATH W/IMGNG GUID	93593	CPT	outpatient			11103	4285.74	Aetna	Better Health		3493	0.3146			3493	10547.85	percent of total billed charges	
RT HRT CATH W/IMGNG GUID	93593	CPT	outpatient			11103	4285.74	Aetna	Medicare		3726.73	1			3493	10547.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RT HRT CATH W/IMGNG GUID	93593	CPT	outpatient			11103	4285.74	Americare	Americare		8327.25	0.75			3493	10547.85	percent of total billed charges	
RT HRT CATH W/IMGNG GUID	93593	CPT	outpatient			11103	4285.74	WellPoint	WellPoint		3561.84	0.3208			3493	10547.85	percent of total billed charges	
RT HRT CATH W/IMGNG GUID	93593	CPT	outpatient			11103	4285.74	Amerihealth	Medicare		3726.73	1			3493	10547.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RT HRT CATH W/IMGNG GUID	93593	CPT	outpatient			11103	4285.74	Consumer	Consumer		10547.85	0.95			3493	10547.85	percent of total billed charges	
RT HRT CATH W/IMGNG GUID	93593	CPT	outpatient			11103	4285.74	Corrections	Corrections		8882.4	0.8			3493	10547.85	percent of total billed charges	
RT HRT CATH W/IMGNG GUID	93593	CPT	outpatient			11103	4285.74	First Health	First Health		7772.1	0.7			3493	10547.85	percent of total billed charges	
RT HRT CATH W/IMGNG GUID	93593	CPT	outpatient			11103	4285.74	First Trenton	First Trenton		9992.7	0.9			3493	10547.85	percent of total billed charges	
RT HRT CATH W/IMGNG GUID	93593	CPT	outpatient			11103	4285.74	Horizon	Indemnity		6808.74	1.827			3493	10547.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RT HRT CATH W/IMGNG GUID	93593	CPT	outpatient			11103	4285.74	Horizon	MGD		6808.74	1.827			3493	10547.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RT HRT CATH W/IMGNG GUID	93593	CPT	outpatient			11103	4285.74	Horizon	Medicare Blue		3726.73	1			3493	10547.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RT HRT CATH W/IMGNG GUID	93593	CPT	outpatient			11103	4285.74	Horizon	PPO		6808.74	1.827			3493	10547.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RT HRT CATH W/IMGNG GUID	93593	CPT	outpatient			11103	4285.74	Managed Care Inc	Managed Care Inc		9992.7	0.9			3493	10547.85	percent of total billed charges	
RT HRT CATH W/IMGNG GUID	93593	CPT	outpatient			11103	4285.74	Multiplan	Multiplan		8882.4	0.8			3493	10547.85	percent of total billed charges	
RT HRT CATH W/IMGNG GUID	93593	CPT	outpatient			11103	4285.74	Qualcare	Qualcare		8327.25	0.75			3493	10547.85	percent of total billed charges	
RT HRT CATH W/IMGNG GUID	93593	CPT	outpatient			11103	4285.74	Three Rivers	Three Rivers		10547.85	0.95			3493	10547.85	percent of total billed charges	
RT HRT CATH W/IMGNG GUID	93593	CPT	outpatient			11103	4285.74	UHC	Medicaid		3493	0.3146			3493	10547.85	percent of total billed charges	
RT HRT CATH W/IMGNG GUID	93593	CPT	outpatient			11103	4285.74	UHC	Medicare		3726.73	1			3493	10547.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RT HRT CATH W/IMGNG GUID	93593	CPT	outpatient			11103	4285.74	Wellcare	Medicaid		3493	0.3146			3493	10547.85	percent of total billed charges	
RT HRT CATH W/IMGNG GUID	93593	CPT	outpatient			11103	4285.74	Wellcare	Medicare		3726.73	1			3493	10547.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Aetna	Better Health		7007.72	0.3146			7007.72	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Aetna	Medicare		8541.16	1			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Aetna	Commercial		13597.53	1.592			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Americare	Americare		16706.25	0.75			7007.72	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	WellPoint	WellPoint		7145.82	0.3208			7007.72	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Amerihealth	Medicare		8541.16	1			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Consumer	Consumer		21161.25	0.95			7007.72	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275	9822.33	Corrections	Corrections		17820	0.8			7007.72	21161.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275		9822.33 First Health	First Health		15592.5	0.7			7007.72	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275		9822.33 First Trenton	First Trenton		20047.5	0.9			7007.72	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275		9822.33 Horizon	MGD		15604.7	1.827			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275		9822.33 Horizon	Indemnity		15604.7	1.827			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275		9822.33 Horizon	Medicare Blue		8541.16	1			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275		9822.33 Horizon	PPO		15604.7	1.827			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275		9822.33 Managed Care Inc	Managed Care Inc		20047.5	0.9			7007.72	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275		9822.33 Multiplan	Multiplan		17820	0.8			7007.72	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275		9822.33 Qualcare	Qualcare		16706.25	0.75			7007.72	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275		9822.33 Three Rivers	Three Rivers		21161.25	0.95			7007.72	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275		9822.33 UHC	Medicare		8541.16	1			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275		9822.33 UHC	Medicaid		7007.72	0.3146			7007.72	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275		9822.33 Wellcare	Medicaid		7007.72	0.3146			7007.72	21161.25	percent of total billed charges	
BUNDLE OF HIS RECORDING	93600	CPT	outpatient			22275		9822.33 Wellcare	Medicare		8541.16	1			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275		9822.33 Aetna	Commercial		13597.53	1.592			6860.7	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275		9822.33 Aetna	Better Health		7007.72	0.3146			6860.7	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275		9822.33 Aetna	Medicare		6860.7	0.308			6860.7	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275		9822.33 Americare	Americare		16706.25	0.75			6860.7	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275		9822.33 WellPoint	WellPoint		7145.82	0.3208			6860.7	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275		9822.33 Amerihealth	Medicare		8541.16	1			6860.7	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275		9822.33 Consumer	Consumer		21161.25	0.95			6860.7	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275		9822.33 Corrections	Corrections		17820	0.8			6860.7	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275		9822.33 First Health	First Health		15592.5	0.7			6860.7	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275		9822.33 First Trenton	First Trenton		20047.5	0.9			6860.7	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275		9822.33 Horizon	Indemnity		15604.7	1.827			6860.7	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275		9822.33 Horizon	Medicare Blue		8541.16	1			6860.7	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275		9822.33 Horizon	PPO		15604.7	1.827			6860.7	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275		9822.33 Horizon	MGD		15604.7	1.827			6860.7	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275		9822.33 Managed Care Inc	Managed Care Inc		20047.5	0.9			6860.7	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275		9822.33 Multiplan	Multiplan		17820	0.8			6860.7	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275		9822.33 Qualcare	Qualcare		16706.25	0.75			6860.7	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275		9822.33 Three Rivers	Three Rivers		21161.25	0.95			6860.7	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275		9822.33 UHC	Medicare		8541.16	1			6860.7	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275		9822.33 UHC	Medicaid		7007.72	0.3146			6860.7	21161.25	percent of total billed charges	
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275		9822.33 Wellcare	Medicare		8541.16	1			6860.7	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL RECORDING	93602	CPT	outpatient			22275		9822.33 Wellcare	Medicaid		7007.72	0.3146			6860.7	21161.25	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569		1565.3 Aetna	Medicare		1099.25	0.308			1099.25	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569		1565.3 Aetna	Commercial		2166.92	1.592			1099.25	3390.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569		1565.3 Aetna	Better Health		1122.81	0.3146			1099.25	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569		1565.3 Americare	Americare		2676.75	0.75			1099.25	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569		1565.3 WellPoint	WellPoint		1144.94	0.3208			1099.25	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569		1565.3 Amerihealth	Medicare		1361.13	1			1099.25	3390.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569		1565.3 Consumer	Consumer		3390.55	0.95			1099.25	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569		1565.3 Corrections	Corrections		2855.2	0.8			1099.25	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569		1565.3 First Health	First Health		2498.3	0.7			1099.25	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569		1565.3 First Trenton	First Trenton		3212.1	0.9			1099.25	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569		1565.3 Horizon	MGD		2486.78	1.827			1099.25	3390.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569		1565.3 Horizon	Indemnity		2486.78	1.827			1099.25	3390.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569		1565.3 Horizon	PPO		2486.78	1.827			1099.25	3390.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569		1565.3 Horizon	Medicare Blue		1361.13	1			1099.25	3390.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569		1565.3 Managed Care Inc	Managed Care Inc		3212.1	0.9			1099.25	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569		1565.3 Multiplan	Multiplan		2855.2	0.8			1099.25	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569		1565.3 Qualcare	Qualcare		2676.75	0.75			1099.25	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569		1565.3 Three Rivers	Three Rivers		3390.55	0.95			1099.25	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569		1565.3 UHC	Medicare		1361.13	1			1099.25	3390.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569		1565.3 UHC	Medicaid		1122.81	0.3146			1099.25	3390.55	percent of total billed charges	
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569		1565.3 Wellcare	Medicare		1361.13	1			1099.25	3390.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIGHT VENTRICULAR RECORDING	93603	CPT	outpatient			3569		1565.3 Wellcare	Medicaid		1122.81	0.3146			1099.25	3390.55	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Aetna	Commercial		894.14	0.38			705.9	2235.35	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Aetna	Better Health		740.25	0.3146			705.9	2235.35	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Aetna	Medicare		724.72	0.308			705.9	2235.35	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Americare	Americare		1764.75	0.75			705.9	2235.35	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		WellPoint	WellPoint		754.84	0.3208			705.9	2235.35	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Consumer	Consumer		2235.35	0.95			705.9	2235.35	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Corrections	Corrections		1882.4	0.8			705.9	2235.35	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		First Health	First Health		1647.1	0.7			705.9	2235.35	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		First Trenton	First Trenton		2117.7	0.9			705.9	2235.35	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Horizon	MGD		900.73	0.3828			705.9	2235.35	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Horizon	Indemnity		900.73	0.3828			705.9	2235.35	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Horizon	PPO		900.73	0.3828			705.9	2235.35	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Horizon	Medicare Blue		705.9	0.3			705.9	2235.35	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Managed Care Inc	Managed Care Inc		2117.7	0.9			705.9	2235.35	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Multiplan	Multiplan		1882.4	0.8			705.9	2235.35	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Qualcare	Qualcare		1764.75	0.75			705.9	2235.35	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Three Rivers	Three Rivers		2235.35	0.95			705.9	2235.35	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		UHC	Medicaid		740.25	0.3146			705.9	2235.35	percent of total billed charges	
V OR A MAP OF TACHY SITE W/REC	93609	CPT	outpatient			2353		Wellcare	Medicaid		740.25	0.3146			705.9	2235.35	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Aetna	Better Health		7007.72	0.3146			7007.72	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Aetna	Commercial		13597.53	1.592			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Aetna	Medicare		8541.16	1			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Americare	Americare		16706.25	0.75			7007.72	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 WellPoint	WellPoint		7145.82	0.3208			7007.72	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Amerihealth	Medicare		8541.16	1			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Consumer	Consumer		21161.25	0.95			7007.72	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Corrections	Corrections		17820	0.8			7007.72	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 First Health	First Health		15592.5	0.7			7007.72	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 First Trenton	First Trenton		20047.5	0.9			7007.72	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Horizon	PPO		15604.7	1.827			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Horizon	MGD		15604.7	1.827			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Horizon	Indemnity		15604.7	1.827			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Horizon	Medicare Blue		8541.16	1			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Managed Care Inc	Managed Care Inc		20047.5	0.9			7007.72	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Multiplan	Multiplan		17820	0.8			7007.72	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Qualcare	Qualcare		16706.25	0.75			7007.72	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Three Rivers	Three Rivers		21161.25	0.95			7007.72	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 UHC	Medicare		8541.16	1			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 UHC	Medicaid		7007.72	0.3146			7007.72	21161.25	percent of total billed charges	
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Wellcare	Medicare		8541.16	1			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA-ATRIAL PACING	93610	CPT	outpatient			22275		9822.33 Wellcare	Medicaid		7007.72	0.3146			7007.72	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Aetna	Better Health		7007.72	0.3146			7007.72	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Aetna	Medicare		8541.16	1			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Aetna	Commercial		13597.53	1.592			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Americare	Americare		16706.25	0.75			7007.72	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 WellPoint	WellPoint		7145.82	0.3208			7007.72	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Amerihealth	Medicare		8541.16	1			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Consumer	Consumer		21161.25	0.95			7007.72	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Corrections	Corrections		17820	0.8			7007.72	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 First Health	First Health		15592.5	0.7			7007.72	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 First Trenton	First Trenton		20047.5	0.9			7007.72	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Horizon	Indemnity		15604.7	1.827			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Horizon	MGD		15604.7	1.827			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Horizon	Medicare Blue		8541.16	1			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Horizon	PPO		15604.7	1.827			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Managed Care Inc	Managed Care Inc		20047.5	0.9			7007.72	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Multiplan	Multiplan		17820	0.8			7007.72	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Qualcare	Qualcare		16706.25	0.75			7007.72	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Three Rivers	Three Rivers		21161.25	0.95			7007.72	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 UHC	Medicaid		7007.72	0.3146			7007.72	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 UHC	Medicare		8541.16	1			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Wellcare	Medicaid		7007.72	0.3146			7007.72	21161.25	percent of total billed charges	
INTRAVENTRICULAR PACING	93612	CPT	outpatient			22275		9822.33 Wellcare	Medicare		8541.16	1			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
3D CARDIAC MAPPING	93613	CPT	both			16868		Aetna	Better Health		5306.67	0.3146			5060.4	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Aetna	Commercial		6409.84	0.38			5060.4	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Aetna	Medicare		5195.34	0.308			5060.4	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Americare	Americare		12651	0.75			5060.4	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		WellPoint	WellPoint		5411.25	0.3208			5060.4	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Consumer	Consumer		16024.6	0.95			5060.4	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Corrections	Corrections		13494.4	0.8			5060.4	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		First Health	First Health		11807.6	0.7			5060.4	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		First Trenton	First Trenton		15181.2	0.9			5060.4	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Horizon	MGD		6457.07	0.3828			5060.4	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Horizon	PPO		6457.07	0.3828			5060.4	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Horizon	Indemnity		6457.07	0.3828			5060.4	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Horizon	Medicare Blue		5060.4	0.3			5060.4	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Managed Care Inc	Managed Care Inc		15181.2	0.9			5060.4	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Multiplan	Multiplan		13494.4	0.8			5060.4	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Qualcare	Qualcare		12651	0.75			5060.4	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Three Rivers	Three Rivers		16024.6	0.95			5060.4	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		UHC	Medicaid		5306.67	0.3146			5060.4	16024.6	percent of total billed charges	
3D CARDIAC MAPPING	93613	CPT	both			16868		Wellcare	Medicaid		5306.67	0.3146			5060.4	16024.6	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 Aetna	Commercial		2166.92	1.592			868.87	2679.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 Aetna	Better Health		887.49	0.3146			868.87	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821		1565.3 Aetna	Medicare		868.87	0.308			868.87	2679.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821	1565.3	Americare	Americare		2115.75	0.75			868.87	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821	1565.3	WellPoint	WellPoint		904.98	0.3208			868.87	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821	1565.3	Amerihealth	Medicare		1361.13	1			868.87	2679.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821	1565.3	Consumer	Consumer		2679.95	0.95			868.87	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821	1565.3	Corrections	Corrections		2256.8	0.8			868.87	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821	1565.3	First Health	First Health		1974.7	0.7			868.87	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821	1565.3	First Trenton	First Trenton		2538.9	0.9			868.87	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821	1565.3	Horizon	MGD		2486.78	1.827			868.87	2679.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821	1565.3	Horizon	Medicare Blue		1361.13	1			868.87	2679.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821	1565.3	Horizon	Indemnity		2486.78	1.827			868.87	2679.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821	1565.3	Horizon	PPO		2486.78	1.827			868.87	2679.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821	1565.3	Managed Care Inc	Managed Care Inc		2538.9	0.9			868.87	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821	1565.3	Multiplan	Multiplan		2256.8	0.8			868.87	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821	1565.3	Qualcare	Qualcare		2115.75	0.75			868.87	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821	1565.3	Three Rivers	Three Rivers		2679.95	0.95			868.87	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821	1565.3	UHC	Medicaid		887.49	0.3146			868.87	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821	1565.3	UHC	Medicare		1361.13	1			868.87	2679.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821	1565.3	Wellcare	Medicaid		887.49	0.3146			868.87	2679.95	percent of total billed charges	
INDUCTION OF ARRHYTHMIA BY ELECT.PACING	93618	CPT	outpatient			2821	1565.3	Wellcare	Medicare		1361.13	1			868.87	2679.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	inpatient			22275	9822.33	Aetna	Medicare		8541.16	1			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	inpatient			22275	9822.33	Aetna	Commercial		13597.53	1.592			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	inpatient			22275	9822.33	Aetna	Better Health		7007.72	0.3146			7007.72	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	inpatient			22275	9822.33	Americare	Americare		16706.25	0.75			7007.72	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	inpatient			22275	9822.33	WellPoint	WellPoint		7145.82	0.3208			7007.72	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	inpatient			22275	9822.33	Amerihealth	Medicare		8541.16	1			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	inpatient			22275	9822.33	Consumer	Consumer		21161.25	0.95			7007.72	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	inpatient			22275	9822.33	Corrections	Corrections		17820	0.8			7007.72	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	inpatient			22275	9822.33	First Health	First Health		15592.5	0.7			7007.72	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	inpatient			22275	9822.33	First Trenton	First Trenton		20047.5	0.9			7007.72	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	inpatient			22275	9822.33	Horizon	PPO		15604.7	1.827			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	inpatient			22275	9822.33	Horizon	MGD		15604.7	1.827			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	inpatient			22275	9822.33	Horizon	Medicare Blue		8541.16	1			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	inpatient			22275	9822.33	Horizon	Indemnity		15604.7	1.827			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	inpatient			22275	9822.33	Managed Care Inc	Managed Care Inc		20047.5	0.9			7007.72	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	inpatient			22275	9822.33	Multiplan	Multiplan		17820	0.8			7007.72	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	inpatient			22275	9822.33	Qualcare	Qualcare		16706.25	0.75			7007.72	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	inpatient			22275	9822.33	Three Rivers	Three Rivers		21161.25	0.95			7007.72	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	inpatient			22275	9822.33	UHC	Medicaid		7007.72	0.3146			7007.72	21161.25	percent of total billed charges	
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	inpatient			22275	9822.33	UHC	Medicare		8541.16	1			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	inpatient			22275	9822.33	Wellcare	Medicare		8541.16	1			7007.72	21161.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREH.ELECTROPHYSIOLOGHY EVALUATION	93619	CPT	inpatient			22275	9822.33	Wellcare	Medicaid		7007.72	0.3146			7007.72	21161.25	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	Aetna	Better Health		2717.83	0.3146			2717.83	15604.7	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	Aetna	Medicare		8541.16	1			2717.83	15604.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	Aetna	Commercial		13597.53	1.592			2717.83	15604.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	Americare	Americare		6479.25	0.75			2717.83	15604.7	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	WellPoint	WellPoint		2771.39	0.3208			2717.83	15604.7	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	Amerihealth	Medicare		8541.16	1			2717.83	15604.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	Consumer	Consumer		8207.05	0.95			2717.83	15604.7	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	Corrections	Corrections		6911.2	0.8			2717.83	15604.7	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	First Health	First Health		6047.3	0.7			2717.83	15604.7	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	First Trenton	First Trenton		7775.1	0.9			2717.83	15604.7	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	Horizon	PPO		15604.7	1.827			2717.83	15604.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	Horizon	Medicare Blue		8541.16	1			2717.83	15604.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	Horizon	Indemnity		15604.7	1.827			2717.83	15604.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	Horizon	MGD		15604.7	1.827			2717.83	15604.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	Managed Care Inc	Managed Care Inc		7775.1	0.9			2717.83	15604.7	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	Multiplan	Multiplan		6911.2	0.8			2717.83	15604.7	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	Qualcare	Qualcare		6479.25	0.75			2717.83	15604.7	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	Three Rivers	Three Rivers		8207.05	0.95			2717.83	15604.7	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	UHC	Medicare		8541.16	1			2717.83	15604.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	UHC	Medicaid		2717.83	0.3146			2717.83	15604.7	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	Wellcare	Medicaid		2717.83	0.3146			2717.83	15604.7	percent of total billed charges	
ADD.INDUCTION OR ATTEMP.INDUC.OF ARRTHY.	93620	CPT	both			8639	9822.33	Wellcare	Medicare		8541.16	1			2717.83	15604.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADD.LF ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Aetna	Commercial		4503	0.38			3555	11257.5	percent of total billed charges	
ADD.LF ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Aetna	Medicare		3649.8	0.308			3555	11257.5	percent of total billed charges	
ADD.LF ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Aetna	Better Health		3728.01	0.3146			3555	11257.5	percent of total billed charges	
ADD.LF ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Americare	Americare		8887.5	0.75			3555	11257.5	percent of total billed charges	
ADD.LF ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		WellPoint	WellPoint		3801.48	0.3208			3555	11257.5	percent of total billed charges	
ADD.LF ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Consumer	Consumer		11257.5	0.95			3555	11257.5	percent of total billed charges	
ADD.LF ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Corrections	Corrections		9480	0.8			3555	11257.5	percent of total billed charges	
ADD.LF ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		First Health	First Health		8295	0.7			3555	11257.5	percent of total billed charges	
ADD.LF ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		First Trenton	First Trenton		10665	0.9			3555	11257.5	percent of total billed charges	
ADD.LF ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Horizon	Medicare Blue		3555	0.3			3555	11257.5	percent of total billed charges	
ADD.LF ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Horizon	PPO		4536.18	0.3828			3555	11257.5	percent of total billed charges	
ADD.LF ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Horizon	MGD		4536.18	0.3828			3555	11257.5	percent of total billed charges	
ADD.LF ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Horizon	Indemnity		4536.18	0.3828			3555	11257.5	percent of total billed charges	
ADD.LF ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Managed Care Inc	Managed Care Inc		10665	0.9			3555	11257.5	percent of total billed charges	
ADD.LF ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Multiplan	Multiplan		9480	0.8			3555	11257.5	percent of total billed charges	
ADD.LF ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Qualcare	Qualcare		8887.5	0.75			3555	11257.5	percent of total billed charges	
ADD.LF ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Three Rivers	Three Rivers		11257.5	0.95			3555	11257.5	percent of total billed charges	
ADD.LF ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		UHC	Medicaid		3728.01	0.3146			3555	11257.5	percent of total billed charges	
ADD.LF ATR.RECORD.FROM COR SINUS OF LA	93621	CPT	both			11850		Wellcare	Medicaid		3728.01	0.3146			3555	11257.5	percent of total billed charges	
LV REC W/WO PACI/DUCE ARRHY	93622	CPT	outpatient			18594		Aetna	Better Health		5849.67	0.3146			5578.2	17664.3	percent of total billed charges	
LV REC W/WO PACI/DUCE ARRHY	93622	CPT	outpatient			18594		Aetna	Medicare		5726.95	0.308			5578.2	17664.3	percent of total billed charges	
LV REC W/WO PACI/DUCE ARRHY	93622	CPT	outpatient			18594		Aetna	Commercial		7065.72	0.38			5578.2	17664.3	percent of total billed charges	
LV REC W/WO PACI/DUCE ARRHY	93622	CPT	outpatient			18594		Americare	Americare		13945.5	0.75			5578.2	17664.3	percent of total billed charges	
LV REC W/WO PACI/DUCE ARRHY	93622	CPT	outpatient			18594		WellPoint	WellPoint		5964.96	0.3208			5578.2	17664.3	percent of total billed charges	
LV REC W/WO PACI/DUCE ARRHY	93622	CPT	outpatient			18594		Consumer	Consumer		17664.3	0.95			5578.2	17664.3	percent of total billed charges	
LV REC W/WO PACI/DUCE ARRHY	93622	CPT	outpatient			18594		Corrections	Corrections		14875.2	0.8			5578.2	17664.3	percent of total billed charges	
LV REC W/WO PACI/DUCE ARRHY	93622	CPT	outpatient			18594		First Health	First Health		13015.8	0.7			5578.2	17664.3	percent of total billed charges	
LV REC W/WO PACI/DUCE ARRHY	93622	CPT	outpatient			18594		First Trenton	First Trenton		16734.6	0.9			5578.2	17664.3	percent of total billed charges	
LV REC W/WO PACI/DUCE ARRHY	93622	CPT	outpatient			18594		Horizon	MGD		7117.78	0.3828			5578.2	17664.3	percent of total billed charges	
LV REC W/WO PACI/DUCE ARRHY	93622	CPT	outpatient			18594		Horizon	Medicare Blue		5578.2	0.3			5578.2	17664.3	percent of total billed charges	
LV REC W/WO PACI/DUCE ARRHY	93622	CPT	outpatient			18594		Horizon	Indemnity		7117.78	0.3828			5578.2	17664.3	percent of total billed charges	
LV REC W/WO PACI/DUCE ARRHY	93622	CPT	outpatient			18594		Horizon	PPO		7117.78	0.3828			5578.2	17664.3	percent of total billed charges	
LV REC W/WO PACI/DUCE ARRHY	93622	CPT	outpatient			18594		Managed Care Inc	Managed Care Inc		16734.6	0.9			5578.2	17664.3	percent of total billed charges	
LV REC W/WO PACI/DUCE ARRHY	93622	CPT	outpatient			18594		Multiplan	Multiplan		14875.2	0.8			5578.2	17664.3	percent of total billed charges	
LV REC W/WO PACI/DUCE ARRHY	93622	CPT	outpatient			18594		Qualcare	Qualcare		13945.5	0.75			5578.2	17664.3	percent of total billed charges	
LV REC W/WO PACI/DUCE ARRHY	93622	CPT	outpatient			18594		Three Rivers	Three Rivers		17664.3	0.95			5578.2	17664.3	percent of total billed charges	
LV REC W/WO PACI/DUCE ARRHY	93622	CPT	outpatient			18594		UHC	Medicaid		5849.67	0.3146			5578.2	17664.3	percent of total billed charges	
LV REC W/WO PACI/DUCE ARRHY	93622	CPT	outpatient			18594		Wellcare	Medicaid		5849.67	0.3146			5578.2	17664.3	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Aetna	Medicare		1084.78	0.308			1056.6	3345.9	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Aetna	Better Health		1108.02	0.3146			1056.6	3345.9	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Aetna	Commercial		1338.36	0.38			1056.6	3345.9	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Americare	Americare		2641.5	0.75			1056.6	3345.9	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		WellPoint	WellPoint		1129.86	0.3208			1056.6	3345.9	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Consumer	Consumer		3345.9	0.95			1056.6	3345.9	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Corrections	Corrections		2817.6	0.8			1056.6	3345.9	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		First Health	First Health		2465.4	0.7			1056.6	3345.9	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		First Trenton	First Trenton		3169.8	0.9			1056.6	3345.9	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Horizon	MGD		1348.22	0.3828			1056.6	3345.9	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Horizon	Medicare Blue		1056.6	0.3			1056.6	3345.9	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Horizon	Indemnity		1348.22	0.3828			1056.6	3345.9	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Horizon	PPO		1348.22	0.3828			1056.6	3345.9	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Managed Care Inc	Managed Care Inc		3169.8	0.9			1056.6	3345.9	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Multiplan	Multiplan		2817.6	0.8			1056.6	3345.9	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Qualcare	Qualcare		2641.5	0.75			1056.6	3345.9	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Three Rivers	Three Rivers		3345.9	0.95			1056.6	3345.9	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		UHC	Medicaid		1108.02	0.3146			1056.6	3345.9	percent of total billed charges	
PROG.STIMU.AND PACING AFTER IV DRUG INF.	93623	CPT	both			3522		Wellcare	Medicaid		1108.02	0.3146			1056.6	3345.9	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Aetna	Better Health		6012.32	0.3146			6012.32	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Aetna	Commercial		13597.53	1.592			6012.32	18155.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Aetna	Medicare		8541.16	1			6012.32	18155.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Americare	Americare		14333.25	0.75			6012.32	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	WellPoint	WellPoint		6130.81	0.3208			6012.32	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Amerihealth	Medicare		8541.16	1			6012.32	18155.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Consumer	Consumer		18155.45	0.95			6012.32	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Corrections	Corrections		15288.8	0.8			6012.32	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	First Health	First Health		13377.7	0.7			6012.32	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	First Trenton	First Trenton		17199.9	0.9			6012.32	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Horizon	Indemnity		15604.7	1.827			6012.32	18155.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Horizon	MGD		15604.7	1.827			6012.32	18155.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Horizon	PPO		15604.7	1.827			6012.32	18155.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Horizon	Medicare Blue		8541.16	1			6012.32	18155.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Managed Care Inc	Managed Care Inc		17199.9	0.9			6012.32	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Multiplan	Multiplan		15288.8	0.8			6012.32	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Qualcare	Qualcare		14333.25	0.75			6012.32	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Three Rivers	Three Rivers		18155.45	0.95			6012.32	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	UHC	Medicare		8541.16	1			6012.32	18155.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	UHC	Medicaid		6012.32	0.3146			6012.32	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Wellcare	Medicaid		6012.32	0.3146			6012.32	18155.45	percent of total billed charges	
EP FOLLOW UP STUDY WITH PACING	93624	CPT	outpatient			19111	9822.33	Wellcare	Medicare		8541.16	1			6012.32	18155.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Aetna	Medicare		1172.56	0.308			1142.1	3616.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Aetna	Better Health		1197.68	0.3146			1142.1	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Aetna	Commercial		1446.66	0.38			1142.1	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Americare	Americare		2855.25	0.75			1142.1	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		WellPoint	WellPoint		1221.29	0.3208			1142.1	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Consumer	Consumer		3616.65	0.95			1142.1	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Corrections	Corrections		3045.6	0.8			1142.1	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		First Health	First Health		2664.9	0.7			1142.1	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		First Trenton	First Trenton		3426.3	0.9			1142.1	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Horizon	Medicare Blue		1142.1	0.3			1142.1	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Horizon	Indemnity		1457.32	0.3828			1142.1	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Horizon	MGD		1457.32	0.3828			1142.1	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Horizon	PPO		1457.32	0.3828			1142.1	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Managed Care Inc	Managed Care Inc		3426.3	0.9			1142.1	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Multiplan	Multiplan		3045.6	0.8			1142.1	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Qualcare	Qualcare		2855.25	0.75			1142.1	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Three Rivers	Three Rivers		3616.65	0.95			1142.1	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		UHC	Medicaid		1197.68	0.3146			1142.1	3616.65	percent of total billed charges	
EP EVALUCTION OF ACID	93640	CPT	outpatient			3807		Wellcare	Medicaid		1197.68	0.3146			1142.1	3616.65	percent of total billed charges	
WTIH TESTING OF PULSE GENERATOR	93641	CPT	inpatient			4187		Aetna	Commercial		1591.06	0.38			1256.1	3977.65	percent of total billed charges	
WTIH TESTING OF PULSE GENERATOR	93641	CPT	inpatient			4187		Aetna	Better Health		1317.23	0.3146			1256.1	3977.65	percent of total billed charges	
WTIH TESTING OF PULSE GENERATOR	93641	CPT	inpatient			4187		Aetna	Medicare		1289.6	0.308			1256.1	3977.65	percent of total billed charges	
WTIH TESTING OF PULSE GENERATOR	93641	CPT	inpatient			4187		Americare	Americare		3140.25	0.75			1256.1	3977.65	percent of total billed charges	
WTIH TESTING OF PULSE GENERATOR	93641	CPT	inpatient			4187		WellPoint	WellPoint		1343.19	0.3208			1256.1	3977.65	percent of total billed charges	
WTIH TESTING OF PULSE GENERATOR	93641	CPT	inpatient			4187		Consumer	Consumer		3977.65	0.95			1256.1	3977.65	percent of total billed charges	
WTIH TESTING OF PULSE GENERATOR	93641	CPT	inpatient			4187		Corrections	Corrections		3349.6	0.8			1256.1	3977.65	percent of total billed charges	
WTIH TESTING OF PULSE GENERATOR	93641	CPT	inpatient			4187		First Health	First Health		2930.9	0.7			1256.1	3977.65	percent of total billed charges	
WTIH TESTING OF PULSE GENERATOR	93641	CPT	inpatient			4187		First Trenton	First Trenton		3768.3	0.9			1256.1	3977.65	percent of total billed charges	
WTIH TESTING OF PULSE GENERATOR	93641	CPT	inpatient			4187		Horizon	MGD		1602.78	0.3828			1256.1	3977.65	percent of total billed charges	
WTIH TESTING OF PULSE GENERATOR	93641	CPT	inpatient			4187		Horizon	Indemnity		1602.78	0.3828			1256.1	3977.65	percent of total billed charges	
WTIH TESTING OF PULSE GENERATOR	93641	CPT	inpatient			4187		Horizon	Medicare Blue		1256.1	0.3			1256.1	3977.65	percent of total billed charges	
WTIH TESTING OF PULSE GENERATOR	93641	CPT	inpatient			4187		Horizon	PPO		1602.78	0.3828			1256.1	3977.65	percent of total billed charges	
WTIH TESTING OF PULSE GENERATOR	93641	CPT	inpatient			4187		Managed Care Inc	Managed Care Inc		3768.3	0.9			1256.1	3977.65	percent of total billed charges	
WTIH TESTING OF PULSE GENERATOR	93641	CPT	inpatient			4187		Multiplan	Multiplan		3349.6	0.8			1256.1	3977.65	percent of total billed charges	
WTIH TESTING OF PULSE GENERATOR	93641	CPT	inpatient			4187		Qualcare	Qualcare		3140.25	0.75			1256.1	3977.65	percent of total billed charges	
WTIH TESTING OF PULSE GENERATOR	93641	CPT	inpatient			4187		Three Rivers	Three Rivers		3977.65	0.95			1256.1	3977.65	percent of total billed charges	
WTIH TESTING OF PULSE GENERATOR	93641	CPT	inpatient			4187		UHC	Medicaid		1317.23	0.3146			1256.1	3977.65	percent of total billed charges	
WTIH TESTING OF PULSE GENERATOR	93641	CPT	inpatient			4187		Wellcare	Medicaid		1317.23	0.3146			1256.1	3977.65	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	outpatient			4690	1565.3	Aetna	Commercial		2166.92	1.592			1361.13	4455.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	outpatient			4690	1565.3	Aetna	Medicare		1444.52	0.308			1361.13	4455.5	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	outpatient			4690	1565.3	Aetna	Better Health		1475.47	0.3146			1361.13	4455.5	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	outpatient			4690	1565.3	Americare	Americare		3517.5	0.75			1361.13	4455.5	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	outpatient			4690	1565.3	WellPoint	WellPoint		1504.55	0.3208			1361.13	4455.5	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	outpatient			4690	1565.3	Amerihealth	Medicare		1361.13	1			1361.13	4455.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	outpatient			4690	1565.3	Consumer	Consumer		4455.5	0.95			1361.13	4455.5	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	outpatient			4690	1565.3	Corrections	Corrections		3752	0.8			1361.13	4455.5	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	outpatient			4690	1565.3	First Health	First Health		3283	0.7			1361.13	4455.5	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	outpatient			4690	1565.3	First Trenton	First Trenton		4221	0.9			1361.13	4455.5	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	outpatient			4690	1565.3	Horizon	PPO		2486.78	1.827			1361.13	4455.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	outpatient			4690	1565.3	Horizon	MGD		2486.78	1.827			1361.13	4455.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	outpatient			4690	1565.3	Horizon	Indemnity		2486.78	1.827			1361.13	4455.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	outpatient			4690	1565.3	Horizon	Medicare Blue		1361.13	1			1361.13	4455.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	outpatient			4690	1565.3	Managed Care Inc	Managed Care Inc		4221	0.9			1361.13	4455.5	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	outpatient			4690	1565.3	Multiplan	Multiplan		3752	0.8			1361.13	4455.5	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	outpatient			4690	1565.3	Qualcare	Qualcare		3517.5	0.75			1361.13	4455.5	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	outpatient			4690	1565.3	Three Rivers	Three Rivers		4455.5	0.95			1361.13	4455.5	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	outpatient			4690	1565.3	UHC	Medicare		1361.13	1			1361.13	4455.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	outpatient			4690	1565.3	UHC	Medicaid		1475.47	0.3146			1361.13	4455.5	percent of total billed charges	
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	outpatient			4690	1565.3	Wellcare	Medicare		1361.13	1			1361.13	4455.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIPS NON-INVASIVE PHYSIOLOGY STUDY	93642	CPT	outpatient			4690	1565.3	Wellcare	Medicaid		1475.47	0.3146			1361.13	4455.5	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Aetna	Commercial		1558	0.38			1230	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Aetna	Better Health		1289.86	0.3146			1230	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Aetna	Medicare		1262.8	0.308			1230	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Americare	Americare		3075	0.75			1230	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		WellPoint	WellPoint		1315.28	0.3208			1230	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Consumer	Consumer		3895	0.95			1230	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Corrections	Corrections		3280	0.8			1230	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		First Health	First Health		2870	0.7			1230	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		First Trenton	First Trenton		3690	0.9			1230	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Horizon	MGD		1569.48	0.3828			1230	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Horizon	PPO		1569.48	0.3828			1230	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Horizon	Indemnity		1569.48	0.3828			1230	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Horizon	Medicare Blue		1230	0.3			1230	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Managed Care Inc	Managed Care Inc		3690	0.9			1230	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Multiplan	Multiplan		3280	0.8			1230	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Qualcare	Qualcare		3075	0.75			1230	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Three Rivers	Three Rivers		3895	0.95			1230	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		UHC	Medicaid		1289.86	0.3146			1230	3895	percent of total billed charges	
EPHYS EVAL SUBQ IMPLANTABLE DEFIBRILLATO	93644	CPT	outpatient			4100		Wellcare	Medicaid		1289.86	0.3146			1230	3895	percent of total billed charges	
INTRA CARD ABLA OF AV NODE FUNC AV CONDU	93650	CPT	both			14038	9822.33	Aetna	Better Health		4416.35	0.3146			4416.35	15604.7	percent of total billed charges	
INTRA CARD ABLA OF AV NODE FUNC AV CONDU	93650	CPT	both			14038	9822.33	Aetna	Medicare		8541.16	1			4416.35	15604.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA CARD ABLA OF AV NODE FUNC AV CONDU	93650	CPT	both			14038	9822.33	Aetna	Commercial		13597.53	1.592			4416.35	15604.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA CARD ABLA OF AV NODE FUNC AV CONDU	93650	CPT	both			14038	9822.33	Americare	Americare		10528.5	0.75			4416.35	15604.7	percent of total billed charges	
INTRA CARD ABLA OF AV NODE FUNC AV CONDU	93650	CPT	both			14038	9822.33	WellPoint	WellPoint		4503.39	0.3208			4416.35	15604.7	percent of total billed charges	
INTRA CARD ABLA OF AV NODE FUNC AV CONDU	93650	CPT	both			14038	9822.33	Amerihealth	Medicare		8541.16	1			4416.35	15604.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA CARD ABLA OF AV NODE FUNC AV CONDU	93650	CPT	both			14038	9822.33	Consumer	Consumer		13336.1	0.95			4416.35	15604.7	percent of total billed charges	
INTRA CARD ABLA OF AV NODE FUNC AV CONDU	93650	CPT	both			14038	9822.33	Corrections	Corrections		11230.4	0.8			4416.35	15604.7	percent of total billed charges	
INTRA CARD ABLA OF AV NODE FUNC AV CONDU	93650	CPT	both			14038	9822.33	First Health	First Health		9826.6	0.7			4416.35	15604.7	percent of total billed charges	
INTRA CARD ABLA OF AV NODE FUNC AV CONDU	93650	CPT	both			14038	9822.33	First Trenton	First Trenton		12634.2	0.9			4416.35	15604.7	percent of total billed charges	
INTRA CARD ABLA OF AV NODE FUNC AV CONDU	93650	CPT	both			14038	9822.33	Horizon	Medicare Blue		8541.16	1			4416.35	15604.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA CARD ABLA OF AV NODE FUNC AV CONDU	93650	CPT	both			14038	9822.33	Horizon	Indemnity		15604.7	1.827			4416.35	15604.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA CARD ABLA OF AV NODE FUNC AV CONDU	93650	CPT	both			14038	9822.33	Horizon	MGD		15604.7	1.827			4416.35	15604.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA CARD ABLA OF AV NODE FUNC AV CONDU	93650	CPT	both			14038	9822.33	Horizon	PPO		15604.7	1.827			4416.35	15604.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA CARD ABLA OF AV NODE FUNC AV CONDU	93650	CPT	both			14038	9822.33	Managed Care Inc	Managed Care Inc		12634.2	0.9			4416.35	15604.7	percent of total billed charges	
INTRA CARD ABLA OF AV NODE FUNC AV CONDU	93650	CPT	both			14038	9822.33	Multiplan	Multiplan		11230.4	0.8			4416.35	15604.7	percent of total billed charges	
INTRA CARD ABLA OF AV NODE FUNC AV CONDU	93650	CPT	both			14038	9822.33	Qualcare	Qualcare		10528.5	0.75			4416.35	15604.7	percent of total billed charges	
INTRA CARD ABLA OF AV NODE FUNC AV CONDU	93650	CPT	both			14038	9822.33	Three Rivers	Three Rivers		13336.1	0.95			4416.35	15604.7	percent of total billed charges	
INTRA CARD ABLA OF AV NODE FUNC AV CONDU	93650	CPT	both			14038	9822.33	UHC	Medicare		8541.16	1			4416.35	15604.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA CARD ABLA OF AV NODE FUNC AV CONDU	93650	CPT	both			14038	9822.33	UHC	Medicaid		4416.35	0.3146			4416.35	15604.7	percent of total billed charges	
INTRA CARD ABLA OF AV NODE FUNC AV CONDU	93650	CPT	both			14038	9822.33	Wellcare	Medicare		8541.16	1			4416.35	15604.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRA CARD ABLA OF AV NODE FUNC AV CONDU	93650	CPT	both			14038	9822.33	Wellcare	Medicaid		4416.35	0.3146			4416.35	15604.7	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Aetna	Commercial		43243.05	1.592			17001.93	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Aetna	Better Health		17001.93	0.3146			17001.93	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Aetna	Medicare		27162.72	1			17001.93	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Americare	Americare		40532.25	0.75			17001.93	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	WellPoint	WellPoint		17336.99	0.3208			17001.93	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Amerihealth	Medicare		27162.72	1			17001.93	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Consumer	Consumer		51340.85	0.95			17001.93	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Corrections	Corrections		43234.4	0.8			17001.93	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	First Health	First Health		37830.1	0.7			17001.93	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	First Trenton	First Trenton		48638.7	0.9			17001.93	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Horizon	Indemnity		49626.29	1.827			17001.93	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Horizon	MGD		49626.29	1.827			17001.93	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Horizon	PPO		49626.29	1.827			17001.93	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Horizon	Medicare Blue		27162.72	1			17001.93	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Managed Care Inc	Managed Care Inc		48638.7	0.9			17001.93	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Multiplan	Multiplan		43234.4	0.8			17001.93	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Qualcare	Qualcare		40532.25	0.75			17001.93	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Three Rivers	Three Rivers		51340.85	0.95			17001.93	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	UHC	Medicare		27162.72	1			17001.93	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	UHC	Medicaid		17001.93	0.3146			17001.93	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Wellcare	Medicaid		17001.93	0.3146			17001.93	51340.85	percent of total billed charges	
EP & ABLATE SUPRA ARRHYT	93653	CPT	both			54043	31237.13	Wellcare	Medicare		27162.72	1			17001.93	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Aetna	Commercial		43243.05	1.592			17001.93	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Aetna	Better Health		17001.93	0.3146			17001.93	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Aetna	Medicare		27162.72	1			17001.93	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Americare	Americare		40532.25	0.75			17001.93	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	WellPoint	WellPoint		17336.99	0.3208			17001.93	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Amerihealth	Medicare		27162.72	1			17001.93	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Consumer	Consumer		51340.85	0.95			17001.93	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Corrections	Corrections		43234.4	0.8			17001.93	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	First Health	First Health		37830.1	0.7			17001.93	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	First Trenton	First Trenton		48638.7	0.9			17001.93	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Horizon	Indemnity		49626.29	1.827			17001.93	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Horizon	MGD		49626.29	1.827			17001.93	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Horizon	Medicare Blue		27162.72	1			17001.93	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Horizon	PPO		49626.29	1.827			17001.93	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Managed Care Inc	Managed Care Inc		48638.7	0.9			17001.93	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Multiplan	Multiplan		43234.4	0.8			17001.93	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Qualcare	Qualcare		40532.25	0.75			17001.93	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Three Rivers	Three Rivers		51340.85	0.95			17001.93	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	UHC	Medicare		27162.72	1			17001.93	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	UHC	Medicaid		17001.93	0.3146			17001.93	51340.85	percent of total billed charges	
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043	31237.13	Wellcare	Medicare		27162.72	1			17001.93	51340.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EP & ABLATE VENTRIC TACHY	93654	CPT	both			54043		31237.13 Wellcare	Medicaid		17001.93	0.3146			17001.93	51340.85	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13 Aetna	Commercial		43243.05	1.592			16318.46	50332.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13 Aetna	Better Health		16668.14	0.3146			16318.46	50332.9	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13 Aetna	Medicare		16318.46	0.308			16318.46	50332.9	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13 Americare	Americare		39736.5	0.75			16318.46	50332.9	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13 WellPoint	WellPoint		16996.63	0.3208			16318.46	50332.9	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13 Amerihealth	Medicare		27162.72	1			16318.46	50332.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13 Consumer	Consumer		50332.9	0.95			16318.46	50332.9	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13 Corrections	Corrections		42385.6	0.8			16318.46	50332.9	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13 First Health	First Health		37087.4	0.7			16318.46	50332.9	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13 First Trenton	First Trenton		47683.8	0.9			16318.46	50332.9	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13 Horizon	MGD		49626.29	1.827			16318.46	50332.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13 Horizon	Medicare Blue		27162.72	1			16318.46	50332.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13 Horizon	Indemnity		49626.29	1.827			16318.46	50332.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13 Horizon	PPO		49626.29	1.827			16318.46	50332.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13 Managed Care Inc	Managed Care Inc		47683.8	0.9			16318.46	50332.9	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13 Multiplan	Multiplan		42385.6	0.8			16318.46	50332.9	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13 Qualcare	Qualcare		39736.5	0.75			16318.46	50332.9	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13 Three Rivers	Three Rivers		50332.9	0.95			16318.46	50332.9	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13 UHC	Medicaid		16668.14	0.3146			16318.46	50332.9	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13 UHC	Medicare		27162.72	1			16318.46	50332.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13 Wellcare	Medicaid		16668.14	0.3146			16318.46	50332.9	percent of total billed charges	
TX ATRIAL FIB PULM VEIN ISOL	93656	CPT	both			52982		31237.13 Wellcare	Medicare		27162.72	1			16318.46	50332.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	outpatient			47685		Aetna	Commercial		18120.3	0.38			14305.5	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	outpatient			47685		Aetna	Medicare		14686.98	0.308			14305.5	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	outpatient			47685		Aetna	Better Health		15001.7	0.3146			14305.5	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	outpatient			47685		Americare	Americare		35763.75	0.75			14305.5	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	outpatient			47685		WellPoint	WellPoint		15297.35	0.3208			14305.5	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	outpatient			47685		Consumer	Consumer		45300.75	0.95			14305.5	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	outpatient			47685		Corrections	Corrections		38148	0.8			14305.5	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	outpatient			47685		First Health	First Health		33379.5	0.7			14305.5	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	outpatient			47685		First Trenton	First Trenton		42916.5	0.9			14305.5	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	outpatient			47685		Horizon	MGD		18253.82	0.3828			14305.5	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	outpatient			47685		Horizon	Indemnity		18253.82	0.3828			14305.5	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	outpatient			47685		Horizon	PPO		18253.82	0.3828			14305.5	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	outpatient			47685		Horizon	Medicare Blue		14305.5	0.3			14305.5	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	outpatient			47685		Managed Care Inc	Managed Care Inc		42916.5	0.9			14305.5	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	outpatient			47685		Multiplan	Multiplan		38148	0.8			14305.5	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	outpatient			47685		Qualcare	Qualcare		35763.75	0.75			14305.5	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	outpatient			47685		Three Rivers	Three Rivers		45300.75	0.95			14305.5	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	outpatient			47685		UHC	Medicaid		15001.7	0.3146			14305.5	45300.75	percent of total billed charges	
INTRACARDIAC CATHETER ABLATION OF AF	93657	CPT	outpatient			47685		Wellcare	Medicaid		15001.7	0.3146			14305.5	45300.75	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94 Aetna	Commercial		975.88	1.592			612.99	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TILT TABLE	93660	CPT	both			2353		704.94 Aetna	Better Health		740.25	0.3146			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94 Aetna	Medicare		612.99	1			612.99	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TILT TABLE	93660	CPT	both			2353		704.94 Americare	Americare		1764.75	0.75			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94 WellPoint	WellPoint		754.84	0.3208			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94 Amerihealth	Medicare		612.99	1			612.99	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TILT TABLE	93660	CPT	both			2353		704.94 Consumer	Consumer		2235.35	0.95			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94 Corrections	Corrections		1882.4	0.8			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94 First Health	First Health		1647.1	0.7			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94 First Trenton	First Trenton		2117.7	0.9			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94 Horizon	Indemnity		1119.93	1.827			612.99	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TILT TABLE	93660	CPT	both			2353		704.94 Horizon	Medicare Blue		612.99	1			612.99	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TILT TABLE	93660	CPT	both			2353		704.94 Horizon	MGD		1119.93	1.827			612.99	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TILT TABLE	93660	CPT	both			2353		704.94 Horizon	PPO		1119.93	1.827			612.99	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TILT TABLE	93660	CPT	both			2353		704.94 Managed Care Inc	Managed Care Inc		2117.7	0.9			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94 Multiplan	Multiplan		1882.4	0.8			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94 Qualcare	Qualcare		1764.75	0.75			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94 Three Rivers	Three Rivers		2235.35	0.95			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94 UHC	Medicaid		740.25	0.3146			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94 UHC	Medicare		612.99	1			612.99	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TILT TABLE	93660	CPT	both			2353		704.94 Wellcare	Medicaid		740.25	0.3146			612.99	2235.35	percent of total billed charges	
TILT TABLE	93660	CPT	both			2353		704.94 Wellcare	Medicare		612.99	1			612.99	2235.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646		Aetna	Better Health		12472.63	0.3146			11893.8	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646		Aetna	Commercial		15065.48	0.38			11893.8	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646		Aetna	Medicare		12210.97	0.308			11893.8	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646		Americare	Americare		29734.5	0.75			11893.8	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646		WellPoint	WellPoint		12718.44	0.3208			11893.8	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646		Consumer	Consumer		37663.7	0.95			11893.8	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646		Corrections	Corrections		31716.8	0.8			11893.8	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646		First Health	First Health		27752.2	0.7			11893.8	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646		First Trenton	First Trenton		35681.4	0.9			11893.8	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646		Horizon	MGD		15176.49	0.3828			11893.8	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646		Horizon	Indemnity		15176.49	0.3828			11893.8	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646		Horizon	Medicare Blue		11893.8	0.3			11893.8	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646		Horizon	PPO		15176.49	0.3828			11893.8	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646		Managed Care Inc	Managed Care Inc		35681.4	0.9			11893.8	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646		Multiplan	Multiplan		31716.8	0.8			11893.8	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646		Qualcare	Qualcare		29734.5	0.75			11893.8	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646		Three Rivers	Three Rivers		37663.7	0.95			11893.8	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646		UHC	Medicaid		12472.63	0.3146			11893.8	37663.7	percent of total billed charges	
INTRACARDIAC ECHOCARDIOGRAPHY(ICE)	93662	CPT	both			39646		Wellcare	Medicaid		12472.63	0.3146			11893.8	37663.7	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84 Aetna	Commercial		543.83	1.592			341.6	1046.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84 Aetna	Better Health		346.69	0.3146			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84 Aetna	Medicare		341.6	1			341.6	1046.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84 Americare	Americare		826.5	0.75			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84 WellPoint	WellPoint		353.52	0.3208			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84 Amerihealth	Medicare		341.6	1			341.6	1046.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84 Consumer	Consumer		1046.9	0.95			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84 Corrections	Corrections		881.6	0.8			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84 First Health	First Health		771.4	0.7			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84 First Trenton	First Trenton		991.8	0.9			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84 Horizon	MGD		624.1	1.827			341.6	1046.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84 Horizon	Indemnity		624.1	1.827			341.6	1046.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84 Horizon	PPO		624.1	1.827			341.6	1046.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84 Horizon	Medicare Blue		341.6	1			341.6	1046.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84 Managed Care Inc	Managed Care Inc		991.8	0.9			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84 Multiplan	Multiplan		881.6	0.8			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84 Qualcare	Qualcare		826.5	0.75			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84 Three Rivers	Three Rivers		1046.9	0.95			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84 UHC	Medicaid		346.69	0.3146			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84 UHC	Medicare		341.6	1			341.6	1046.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84 Wellcare	Medicaid		346.69	0.3146			341.6	1046.9	percent of total billed charges	
ANALYSIS ANTITACHY PPM	93724	CPT	outpatient			1102		392.84 Wellcare	Medicare		341.6	1			341.6	1046.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32 Aetna	Medicare		112.42	0.308			110.71	346.75	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32 Aetna	Better Health		114.83	0.3146			110.71	346.75	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32 Aetna	Commercial		176.25	1.592			110.71	346.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32 Americare	Americare		273.75	0.75			110.71	346.75	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32 WellPoint	WellPoint		117.09	0.3208			110.71	346.75	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32 Amerihealth	Medicare		110.71	1			110.71	346.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32 Consumer	Consumer		346.75	0.95			110.71	346.75	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32 Corrections	Corrections		292	0.8			110.71	346.75	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32 First Health	First Health		255.5	0.7			110.71	346.75	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32 First Trenton	First Trenton		328.5	0.9			110.71	346.75	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32 Horizon	Indemnity		202.27	1.827			110.71	346.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32 Horizon	Medicare Blue		110.71	1			110.71	346.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32 Horizon	PPO		202.27	1.827			110.71	346.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32 Horizon	MGD		202.27	1.827			110.71	346.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32 Managed Care Inc	Managed Care Inc		328.5	0.9			110.71	346.75	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32 Multiplan	Multiplan		292	0.8			110.71	346.75	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32 Qualcare	Qualcare		273.75	0.75			110.71	346.75	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32 Three Rivers	Three Rivers		346.75	0.95			110.71	346.75	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32 UHC	Medicare		110.71	1			110.71	346.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32 UHC	Medicaid		114.83	0.3146			110.71	346.75	percent of total billed charges	
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32 Wellcare	Medicare		110.71	1			110.71	346.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTER VAD IN PERSON	93750	CPT	outpatient			365		127.32 Wellcare	Medicaid		114.83	0.3146			110.71	346.75	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79 Aetna	Better Health		145.35	0.3146			145.35	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79 Aetna	Commercial		240.58	1.592			145.35	438.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79 Aetna	Medicare		151.12	1			145.35	438.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79 Americare	Americare		346.5	0.75			145.35	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79 WellPoint	WellPoint		148.21	0.3208			145.35	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79 Amerihealth	Medicare		151.12	1			145.35	438.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79 Consumer	Consumer		438.9	0.95			145.35	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79 Corrections	Corrections		369.6	0.8			145.35	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79 First Health	First Health		323.4	0.7			145.35	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79 First Trenton	First Trenton		415.8	0.9			145.35	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79 Horizon	PPO		276.1	1.827			145.35	438.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79 Horizon	MGD		276.1	1.827			145.35	438.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79 Horizon	Indemnity		276.1	1.827			145.35	438.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79 Horizon	Medicare Blue		151.12	1			145.35	438.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79 Managed Care Inc	Managed Care Inc		415.8	0.9			145.35	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462		173.79 Multiplan	Multiplan		369.6	0.8			145.35	438.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462	173.79	Qualcare	Qualcare		346.5	0.75			145.35	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462	173.79	Three Rivers	Three Rivers		438.9	0.95			145.35	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462	173.79	UHC	Medicare		151.12	1			145.35	438.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462	173.79	UHC	Medicaid		145.35	0.3146			145.35	438.9	percent of total billed charges	
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462	173.79	Wellcare	Medicare		151.12	1			145.35	438.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/O ECG	93797	CPT	outpatient			462	173.79	Wellcare	Medicaid		145.35	0.3146			145.35	438.9	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	both			408	173.79	Aetna	Medicare		151.12	1			128.36	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/ECG	93798	CPT	both			408	173.79	Aetna	Better Health		128.36	0.3146			128.36	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	both			408	173.79	Aetna	Commercial		240.58	1.592			128.36	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/ECG	93798	CPT	both			408	173.79	Americare	Americare		306	0.75			128.36	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	both			408	173.79	WellPoint	WellPoint		130.89	0.3208			128.36	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	both			408	173.79	Amerihealth	Medicare		151.12	1			128.36	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/ECG	93798	CPT	both			408	173.79	Consumer	Consumer		387.6	0.95			128.36	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	both			408	173.79	Corrections	Corrections		326.4	0.8			128.36	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	both			408	173.79	First Health	First Health		285.6	0.7			128.36	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	both			408	173.79	First Trenton	First Trenton		367.2	0.9			128.36	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	both			408	173.79	Horizon	MGD		276.1	1.827			128.36	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/ECG	93798	CPT	both			408	173.79	Horizon	PPO		276.1	1.827			128.36	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/ECG	93798	CPT	both			408	173.79	Horizon	Indemnity		276.1	1.827			128.36	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/ECG	93798	CPT	both			408	173.79	Horizon	Medicare Blue		151.12	1			128.36	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/ECG	93798	CPT	both			408	173.79	Managed Care Inc	Managed Care Inc		367.2	0.9			128.36	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	both			408	173.79	Multiplan	Multiplan		326.4	0.8			128.36	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	both			408	173.79	Qualcare	Qualcare		306	0.75			128.36	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	both			408	173.79	Three Rivers	Three Rivers		387.6	0.95			128.36	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	both			408	173.79	UHC	Medicaid		128.36	0.3146			128.36	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	both			408	173.79	UHC	Medicare		151.12	1			128.36	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIAC REHAB W/ECG	93798	CPT	both			408	173.79	Wellcare	Medicaid		128.36	0.3146			128.36	387.6	percent of total billed charges	
CARDIAC REHAB W/ECG	93798	CPT	both			408	173.79	Wellcare	Medicare		151.12	1			128.36	387.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP.OF IMPL.ACID PUL.GEN/OR LEADS	93799	CPT	inpatient			6442	205.45	Aetna	Better Health		2026.65	0.3146			34.7	6119.9	percent of total billed charges	
REP.OF IMPL.ACID PUL.GEN/OR LEADS	93799	CPT	inpatient			6442	205.45	Aetna	Commercial		284.41	1.592			34.7	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP.OF IMPL.ACID PUL.GEN/OR LEADS	93799	CPT	inpatient			6442	205.45	Aetna	Medicare		178.65	1			34.7	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP.OF IMPL.ACID PUL.GEN/OR LEADS	93799	CPT	inpatient			6442	205.45	Americare	Americare		4831.5	0.75			34.7	6119.9	percent of total billed charges	
REP.OF IMPL.ACID PUL.GEN/OR LEADS	93799	CPT	inpatient			6442	205.45	WellPoint	WellPoint		2066.59	0.3208			34.7	6119.9	percent of total billed charges	
REP.OF IMPL.ACID PUL.GEN/OR LEADS	93799	CPT	inpatient			6442	205.45	Amerihealth	Medicare		178.65	1			34.7	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP.OF IMPL.ACID PUL.GEN/OR LEADS	93799	CPT	inpatient			6442	205.45	Consumer	Consumer		6119.9	0.95			34.7	6119.9	percent of total billed charges	
REP.OF IMPL.ACID PUL.GEN/OR LEADS	93799	CPT	inpatient			6442	205.45	Corrections	Corrections		5153.6	0.8			34.7	6119.9	percent of total billed charges	
REP.OF IMPL.ACID PUL.GEN/OR LEADS	93799	CPT	inpatient			6442	205.45	First Health	First Health		4509.4	0.7			34.7	6119.9	percent of total billed charges	
REP.OF IMPL.ACID PUL.GEN/OR LEADS	93799	CPT	inpatient			6442	205.45	First Trenton	First Trenton		5797.8	0.9			34.7	6119.9	percent of total billed charges	
REP.OF IMPL.ACID PUL.GEN/OR LEADS	93799	CPT	inpatient			6442	205.45	Horizon	Indemnity		326.39	1.827			34.7	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP.OF IMPL.ACID PUL.GEN/OR LEADS	93799	CPT	inpatient			6442	205.45	Horizon	MGD		326.39	1.827			34.7	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP.OF IMPL.ACID PUL.GEN/OR LEADS	93799	CPT	inpatient			6442	205.45	Horizon	Medicare Blue		178.65	1			34.7	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP.OF IMPL.ACID PUL.GEN/OR LEADS	93799	CPT	inpatient			6442	205.45	Horizon	NJ Health		644.2	0.1			34.7	6119.9	percent of total billed charges	
REP.OF IMPL.ACID PUL.GEN/OR LEADS	93799	CPT	inpatient			6442	205.45	Horizon	PPO		326.39	1.827			34.7	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP.OF IMPL.ACID PUL.GEN/OR LEADS	93799	CPT	inpatient			6442	205.45	Managed Care Inc	Managed Care Inc		5797.8	0.9			34.7	6119.9	percent of total billed charges	
REP.OF IMPL.ACID PUL.GEN/OR LEADS	93799	CPT	inpatient			6442	205.45	Multiplan	Multiplan		5153.6	0.8			34.7	6119.9	percent of total billed charges	
REP.OF IMPL.ACID PUL.GEN/OR LEADS	93799	CPT	inpatient			6442	205.45	Qualcare	Qualcare		4831.5	0.75			34.7	6119.9	percent of total billed charges	
REP.OF IMPL.ACID PUL.GEN/OR LEADS	93799	CPT	inpatient			6442	205.45	Three Rivers	Three Rivers		6119.9	0.95			34.7	6119.9	percent of total billed charges	
REP.OF IMPL.ACID PUL.GEN/OR LEADS	93799	CPT	inpatient			6442	205.45	UHC	Medicaid		2026.65	0.3146			34.7	6119.9	percent of total billed charges	
REP.OF IMPL.ACID PUL.GEN/OR LEADS	93799	CPT	inpatient			6442	205.45	UHC	Medicare		178.65	1			34.7	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP.OF IMPL.ACID PUL.GEN/OR LEADS	93799	CPT	inpatient			6442	205.45	Wellcare	Medicare		178.65	1			34.7	6119.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REP.OF IMPL.ACID PUL.GEN/OR LEADS	93799	CPT	inpatient			6442	205.45	Wellcare	Medicaid		2026.65	0.3146			34.7	6119.9	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Aetna	Better Health		763.53	0.3146			268.35	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Aetna	Commercial		446.14	1.592			268.35	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Aetna	Medicare		280.24	1			268.35	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Americare	Americare		1820.25	0.75			268.35	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	WellPoint	WellPoint		778.58	0.3208			268.35	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Amerihealth	Medicare		280.24	1			268.35	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Consumer	Consumer		2305.65	0.95			268.35	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Corrections	Corrections		1941.6	0.8			268.35	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	First Health	First Health		1698.9	0.7			268.35	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	First Trenton	First Trenton		2184.3	0.9			268.35	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Horizon	Indemnity		512	1.827			268.35	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Horizon	MGD		512	1.827			268.35	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Horizon	PPO		512	1.827			268.35	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Horizon	Medicare Blue		280.24	1			268.35	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Managed Care Inc	Managed Care Inc		2184.3	0.9			268.35	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Multiplan	Multiplan		1941.6	0.8			268.35	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Qualcare	Qualcare		1820.25	0.75			268.35	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Three Rivers	Three Rivers		2305.65	0.95			268.35	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	UHC	Medicaid		763.53	0.3146			268.35	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	UHC	Medicare		280.24	1			268.35	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Wellcare	Medicaid		763.53	0.3146			268.35	2305.65	percent of total billed charges	
US EXTRACRAN ART COMP BIL	93880	CPT	both			2427	322.28	Wellcare	Medicare		280.24	1			268.35	2305.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Aetna	Better Health		510.28	0.3146			122.69	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Aetna	Commercial		200.18	1.592			122.69	1540.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Aetna	Medicare		125.74	1			122.69	1540.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Americare	Americare		1216.5	0.75			122.69	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	WellPoint	WellPoint		520.34	0.3208			122.69	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Amerihealth	Medicare		125.74	1			122.69	1540.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Consumer	Consumer		1540.9	0.95			122.69	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Corrections	Corrections		1297.6	0.8			122.69	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	First Health	First Health		1135.4	0.7			122.69	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	First Trenton	First Trenton		1459.8	0.9			122.69	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Horizon	PPO		229.73	1.827			122.69	1540.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Horizon	MGD		229.73	1.827			122.69	1540.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Horizon	Medicare Blue		125.74	1			122.69	1540.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Horizon	Indemnity		229.73	1.827			122.69	1540.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Managed Care Inc	Managed Care Inc		1459.8	0.9			122.69	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Multiplan	Multiplan		1297.6	0.8			122.69	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Qualcare	Qualcare		1216.5	0.75			122.69	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Three Rivers	Three Rivers		1540.9	0.95			122.69	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	UHC	Medicaid		510.28	0.3146			122.69	1540.9	percent of total billed charges	
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	UHC	Medicare		125.74	1			122.69	1540.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Wellcare	Medicare		125.74	1			122.69	1540.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED CAROTID DUPLEX	93882	CPT	inpatient			1622	144.6	Wellcare	Medicaid		510.28	0.3146			122.69	1540.9	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	both			1905	322.28	Aetna	Commercial		446.14	1.592			280.24	1809.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	both			1905	322.28	Aetna	Better Health		599.31	0.3146			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	both			1905	322.28	Aetna	Medicare		280.24	1			280.24	1809.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	both			1905	322.28	Americare	Americare		1428.75	0.75			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	both			1905	322.28	WellPoint	WellPoint		611.12	0.3208			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	both			1905	322.28	Amerihealth	Medicare		280.24	1			280.24	1809.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	both			1905	322.28	Consumer	Consumer		1809.75	0.95			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	both			1905	322.28	Corrections	Corrections		1524	0.8			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	both			1905	322.28	First Health	First Health		1333.5	0.7			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	both			1905	322.28	First Trenton	First Trenton		1714.5	0.9			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	both			1905	322.28	Horizon	Medicare Blue		280.24	1			280.24	1809.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	both			1905	322.28	Horizon	MGD		512	1.827			280.24	1809.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	both			1905	322.28	Horizon	Indemnity		512	1.827			280.24	1809.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	both			1905	322.28	Horizon	PPO		512	1.827			280.24	1809.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	both			1905	322.28	Managed Care Inc	Managed Care Inc		1714.5	0.9			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	both			1905	322.28	Multiplan	Multiplan		1524	0.8			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	both			1905	322.28	Qualcare	Qualcare		1428.75	0.75			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	both			1905	322.28	Three Rivers	Three Rivers		1809.75	0.95			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	both			1905	322.28	UHC	Medicaid		599.31	0.3146			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	both			1905	322.28	UHC	Medicare		280.24	1			280.24	1809.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	both			1905	322.28	Wellcare	Medicare		280.24	1			280.24	1809.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL INTRACRANIAL ARTERIES	93886	CPT	both			1905	322.28	Wellcare	Medicaid		599.31	0.3146			280.24	1809.75	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	both			1283	144.6	Aetna	Commercial		200.18	1.592			120.12	1218.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL LIMITED	93888	CPT	both			1283	144.6	Aetna	Better Health		403.63	0.3146			120.12	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	both			1283	144.6	Aetna	Medicare		395.16	0.308			120.12	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	both			1283	144.6	Americare	Americare		962.25	0.75			120.12	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	both			1283	144.6	WellPoint	WellPoint		411.59	0.3208			120.12	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	both			1283	144.6	Amerihealth	Medicare		125.74	1			120.12	1218.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL LIMITED	93888	CPT	both			1283	144.6	Consumer	Consumer		1218.85	0.95			120.12	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	both			1283	144.6	Corrections	Corrections		1026.4	0.8			120.12	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	both			1283	144.6	First Health	First Health		898.1	0.7			120.12	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	both			1283	144.6	First Trenton	First Trenton		1154.7	0.9			120.12	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	both			1283	144.6	Horizon	PPO		229.73	1.827			120.12	1218.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL LIMITED	93888	CPT	both			1283	144.6	Horizon	Medicare Blue		125.74	1			120.12	1218.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL LIMITED	93888	CPT	both			1283	144.6	Horizon	MGD		229.73	1.827			120.12	1218.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL LIMITED	93888	CPT	both			1283	144.6	Horizon	Indemnity		229.73	1.827			120.12	1218.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL LIMITED	93888	CPT	both			1283	144.6	Managed Care Inc	Managed Care Inc		1154.7	0.9			120.12	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	both			1283	144.6	Multiplan	Multiplan		1026.4	0.8			120.12	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	both			1283	144.6	Qualcare	Qualcare		962.25	0.75			120.12	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	both			1283	144.6	Three Rivers	Three Rivers		1218.85	0.95			120.12	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	both			1283	144.6	UHC	Medicare		125.74	1			120.12	1218.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL LIMITED	93888	CPT	both			1283	144.6	UHC	Medicaid		403.63	0.3146			120.12	1218.85	percent of total billed charges	
TRANSCRANIAL LIMITED	93888	CPT	both			1283	144.6	Wellcare	Medicare		125.74	1			120.12	1218.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRANIAL LIMITED	93888	CPT	both			1283	144.6	Wellcare	Medicaid		403.63	0.3146			120.12	1218.85	percent of total billed charges	
TRANSCRAN DOPPLER VASOREACT	93890	CPT	inpatient			786	322.28	Aetna	Medicare		280.24	1			225.25	746.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRAN DOPPLER VASOREACT	93890	CPT	inpatient			786	322.28	Aetna	Better Health		247.28	0.3146			225.25	746.7	percent of total billed charges	
TRANSCRAN DOPPLER VASOREACT	93890	CPT	inpatient			786	322.28	Aetna	Commercial		446.14	1.592			225.25	746.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRAN DOPPLER VASOREACT	93890	CPT	inpatient			786	322.28	Americare	Americare		589.5	0.75			225.25	746.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRANSCRAN DOPPLER VASOREACT	93890	CPT	inpatient			786		322.28 WellPoint	WellPoint		252.15	0.3208			225.25		746.7 percent of total billed charges	
TRANSCRAN DOPPLER VASOREACT	93890	CPT	inpatient			786		322.28 Amerihealth	Medicare		280.24	1			225.25		746.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRAN DOPPLER VASOREACT	93890	CPT	inpatient			786		322.28 Consumer	Consumer		746.7	0.95			225.25		746.7 percent of total billed charges	
TRANSCRAN DOPPLER VASOREACT	93890	CPT	inpatient			786		322.28 Corrections	Corrections		628.8	0.8			225.25		746.7 percent of total billed charges	
TRANSCRAN DOPPLER VASOREACT	93890	CPT	inpatient			786		322.28 First Health	First Health		550.2	0.7			225.25		746.7 percent of total billed charges	
TRANSCRAN DOPPLER VASOREACT	93890	CPT	inpatient			786		322.28 First Trenton	First Trenton		707.4	0.9			225.25		746.7 percent of total billed charges	
TRANSCRAN DOPPLER VASOREACT	93890	CPT	inpatient			786		322.28 Horizon	Indemnity		512	1.827			225.25		746.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRAN DOPPLER VASOREACT	93890	CPT	inpatient			786		322.28 Horizon	Medicare Blue		280.24	1			225.25		746.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRAN DOPPLER VASOREACT	93890	CPT	inpatient			786		322.28 Horizon	MGD		512	1.827			225.25		746.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRAN DOPPLER VASOREACT	93890	CPT	inpatient			786		322.28 Horizon	PPO		512	1.827			225.25		746.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRAN DOPPLER VASOREACT	93890	CPT	inpatient			786		322.28 Managed Care Inc	Managed Care Inc		707.4	0.9			225.25		746.7 percent of total billed charges	
TRANSCRAN DOPPLER VASOREACT	93890	CPT	inpatient			786		322.28 Multiplan	Multiplan		628.8	0.8			225.25		746.7 percent of total billed charges	
TRANSCRAN DOPPLER VASOREACT	93890	CPT	inpatient			786		322.28 Qualcare	Qualcare		589.5	0.75			225.25		746.7 percent of total billed charges	
TRANSCRAN DOPPLER VASOREACT	93890	CPT	inpatient			786		322.28 Three Rivers	Three Rivers		746.7	0.95			225.25		746.7 percent of total billed charges	
TRANSCRAN DOPPLER VASOREACT	93890	CPT	inpatient			786		322.28 UHC	Medicaid		247.28	0.3146			225.25		746.7 percent of total billed charges	
TRANSCRAN DOPPLER VASOREACT	93890	CPT	inpatient			786		322.28 UHC	Medicare		280.24	1			225.25		746.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRANSCRAN DOPPLER VASOREACT	93890	CPT	inpatient			786		322.28 Wellcare	Medicaid		247.28	0.3146			225.25		746.7 percent of total billed charges	
TRANSCRAN DOPPLER VASOREACT	93890	CPT	inpatient			786		322.28 Wellcare	Medicare		280.24	1			225.25		746.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH OUT INJECTION	93892	CPT	outpatient			650		144.6 Aetna	Medicare		200.2	0.308			125.74		617.5 percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	outpatient			650		144.6 Aetna	Commercial		200.18	1.592			125.74		617.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH OUT INJECTION	93892	CPT	outpatient			650		144.6 Aetna	Better Health		204.49	0.3146			125.74		617.5 percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	outpatient			650		144.6 Americare	Americare		487.5	0.75			125.74		617.5 percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	outpatient			650		144.6 WellPoint	WellPoint		208.52	0.3208			125.74		617.5 percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	outpatient			650		144.6 Amerihealth	Medicare		125.74	1			125.74		617.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH OUT INJECTION	93892	CPT	outpatient			650		144.6 Consumer	Consumer		617.5	0.95			125.74		617.5 percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	outpatient			650		144.6 Corrections	Corrections		520	0.8			125.74		617.5 percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	outpatient			650		144.6 First Health	First Health		455	0.7			125.74		617.5 percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	outpatient			650		144.6 First Trenton	First Trenton		585	0.9			125.74		617.5 percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	outpatient			650		144.6 Horizon	PPO		229.73	1.827			125.74		617.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH OUT INJECTION	93892	CPT	outpatient			650		144.6 Horizon	MGD		229.73	1.827			125.74		617.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH OUT INJECTION	93892	CPT	outpatient			650		144.6 Horizon	Indemnity		229.73	1.827			125.74		617.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH OUT INJECTION	93892	CPT	outpatient			650		144.6 Horizon	Medicare Blue		125.74	1			125.74		617.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH OUT INJECTION	93892	CPT	outpatient			650		144.6 Managed Care Inc	Managed Care Inc		585	0.9			125.74		617.5 percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	outpatient			650		144.6 Multiplan	Multiplan		520	0.8			125.74		617.5 percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	outpatient			650		144.6 Qualcare	Qualcare		487.5	0.75			125.74		617.5 percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	outpatient			650		144.6 Three Rivers	Three Rivers		617.5	0.95			125.74		617.5 percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	outpatient			650		144.6 UHC	Medicare		125.74	1			125.74		617.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH OUT INJECTION	93892	CPT	outpatient			650		144.6 UHC	Medicaid		204.49	0.3146			125.74		617.5 percent of total billed charges	
EMBOLI WITH OUT INJECTION	93892	CPT	outpatient			650		144.6 Wellcare	Medicare		125.74	1			125.74		617.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH OUT INJECTION	93892	CPT	outpatient			650		144.6 Wellcare	Medicaid		204.49	0.3146			125.74		617.5 percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Aetna	Commercial		200.18	1.592			125.74		617.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Aetna	Medicare		125.74	1			125.74		617.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Aetna	Better Health		204.49	0.3146			125.74		617.5 percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Americare	Americare		487.5	0.75			125.74		617.5 percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 WellPoint	WellPoint		208.52	0.3208			125.74		617.5 percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Amerihealth	Medicare		125.74	1			125.74		617.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Consumer	Consumer		617.5	0.95			125.74		617.5 percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Corrections	Corrections		520	0.8			125.74		617.5 percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 First Health	First Health		455	0.7			125.74		617.5 percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 First Trenton	First Trenton		585	0.9			125.74		617.5 percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Horizon	Indemnity		229.73	1.827			125.74		617.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Horizon	PPO		229.73	1.827			125.74		617.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Horizon	Medicare Blue		125.74	1			125.74		617.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Horizon	MGD		229.73	1.827			125.74		617.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Managed Care Inc	Managed Care Inc		585	0.9			125.74		617.5 percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Multiplan	Multiplan		520	0.8			125.74		617.5 percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Qualcare	Qualcare		487.5	0.75			125.74		617.5 percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Three Rivers	Three Rivers		617.5	0.95			125.74		617.5 percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 UHC	Medicaid		204.49	0.3146			125.74		617.5 percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 UHC	Medicare		125.74	1			125.74		617.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Wellcare	Medicaid		204.49	0.3146			125.74		617.5 percent of total billed charges	
EMBOLI WITH INJECTION	93893	CPT	outpatient			650		144.6 Wellcare	Medicare		125.74	1			125.74		617.5 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPER/LWEREXTREMARTSINGLLEVLBI	93922	CPT	both			536		168 Aetna	Better Health		168.63	0.3146			133.39		509.2 percent of total billed charges	
UPER/LWEREXTREMARTSINGLLEVLBI	93922	CPT	both			536		168 Aetna	Commercial		232.58	1.592			133.39		509.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPER/LWEREXTREMARTSINGLLEVLBI	93922	CPT	both			536		168 Aetna	Medicare		146.09	1			133.39		509.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPER/LWEREXTREMARTSINGLLEVLBI	93922	CPT	both			536		168 Americare	Americare		402	0.75			133.39		509.2 percent of total billed charges	
UPER/LWEREXTREMARTSINGLLEVLBI	93922	CPT	both			536		168 WellPoint	WellPoint		171.95	0.3208			133.39		509.2 percent of total billed charges	
UPER/LWEREXTREMARTSINGLLEVLBI	93922	CPT	both			536		168 Amerihealth	Medicare		146.09	1			133.39		509.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPER/LWEREXTREMARTSINGLLEVLBI	93922	CPT	both			536		168 Consumer	Consumer		509.2	0.95			133.39		509.2 percent of total billed charges	
UPER/LWEREXTREMARTSINGLLEVLBI	93922	CPT	both			536		168 Corrections	Corrections		428.8	0.8			133.39		509.2 percent of total billed charges	
UPER/LWEREXTREMARTSINGLLEVLBI	93922	CPT	both			536		168 First Health	First Health		375.2	0.7			133.39		509.2 percent of total billed charges	
UPER/LWEREXTREMARTSINGLLEVLBI	93922	CPT	both			536		168 First Trenton	First Trenton		482.4	0.9			133.39		509.2 percent of total billed charges	
UPER/LWEREXTREMARTSINGLLEVLBI	93922	CPT	both			536		168 Horizon	Medicare Blue		146.09	1			133.39		509.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPER/LWEREXTREMARTSINGLLEVLBI	93922	CPT	both			536		168 Horizon	Indemnity		266.91	1.827			133.39		509.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPER/LWEREXTREMARTSINGLLEVLBI	93922	CPT	both			536		168 Horizon	MGD		266.91	1.827			133.39		509.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPER/LWEREXTREMARTSINGLLEVLBI	93922	CPT	both			536		168 Horizon	PPO		266.91	1.827			133.39		509.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPER/LWEREXTREMARTSINGLLEVLBI	93922	CPT	both			536		168 Managed Care Inc	Managed Care Inc		482.4	0.9			133.39		509.2 percent of total billed charges	
UPER/LWEREXTREMARTSINGLLEVLBI	93922	CPT	both			536		168 Multiplan	Multiplan		428.8	0.8			133.39		509.2 percent of total billed charges	
UPER/LWEREXTREMARTSINGLLEVLBI	93922	CPT	both			536		168 Qualcare	Qualcare		402	0.75			133.39		509.2 percent of total billed charges	
UPER/LWEREXTREMARTSINGLLEVLBI	93922	CPT	both			536		168 Three Rivers	Three Rivers		509.2	0.95			133.39		509.2 percent of total billed charges	
UPER/LWEREXTREMARTSINGLLEVLBI	93922	CPT	both			536		168 UHC	Medicare		146.09	1			133.39		509.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPER/LWEREXTREMARTSINGLLEVLBI	93922	CPT	both			536		168 UHC	Medicaid		168.63	0.3146			133.39		509.2 percent of total billed charges	
UPER/LWEREXTREMARTSINGLLEVLBI	93922	CPT	both			536		168 Wellcare	Medicare		146.09	1			133.39		509.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPER/LWEREXTREMARTSINGLLEVLBI	93922	CPT	both			536		168 Wellcare	Medicaid		168.63	0.3146			133.39		509.2 percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Aetna	Better Health		316.17	0.3146			167.37		954.75 percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Aetna	Commercial		284.41	1.592			167.37		954.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Aetna	Medicare		178.65	1			167.37		954.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Americare	Americare		753.75	0.75			167.37		954.75 percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 WellPoint	WellPoint		322.4	0.3208			167.37		954.75 percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Amerihealth	Medicare		178.65	1			167.37		954.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Consumer	Consumer		954.75	0.95			167.37		954.75 percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Corrections	Corrections		804	0.8			167.37		954.75 percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 First Health	First Health		703.5	0.7			167.37		954.75 percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 First Trenton	First Trenton		904.5	0.9			167.37		954.75 percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Horizon	MGD		326.39	1.827			167.37		954.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Horizon	Medicare Blue		178.65	1			167.37		954.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Horizon	PPO		326.39	1.827			167.37		954.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Horizon	Indemnity		326.39	1.827			167.37		954.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Managed Care Inc	Managed Care Inc		904.5	0.9			167.37		954.75 percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Multiplan	Multiplan		804	0.8			167.37		954.75 percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Qualcare	Qualcare		753.75	0.75			167.37		954.75 percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Three Rivers	Three Rivers		954.75	0.95			167.37		954.75 percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 UHC	Medicare		178.65	1			167.37		954.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 UHC	Medicaid		316.17	0.3146			167.37		954.75 percent of total billed charges	
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Wellcare	Medicare		178.65	1			167.37		954.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VAS UE SEGMENTAL PRESSURE	93923	CPT	both			1005		205.45 Wellcare	Medicaid		316.17	0.3146			167.37		954.75 percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Aetna	Commercial		284.41	1.592			172.09		1034.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Aetna	Better Health		342.6	0.3146			172.09		1034.55 percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Aetna	Medicare		178.65	1			172.09		1034.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Americare	Americare		816.75	0.75			172.09		1034.55 percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 WellPoint	WellPoint		349.35	0.3208			172.09		1034.55 percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Amerihealth	Medicare		178.65	1			172.09		1034.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Consumer	Consumer		1034.55	0.95			172.09		1034.55 percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Corrections	Corrections		871.2	0.8			172.09		1034.55 percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 First Health	First Health		762.3	0.7			172.09		1034.55 percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 First Trenton	First Trenton		980.1	0.9			172.09		1034.55 percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Horizon	Indemnity		326.39	1.827			172.09		1034.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Horizon	Medicare Blue		178.65	1			172.09		1034.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Horizon	PPO		326.39	1.827			172.09		1034.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Horizon	MGD		326.39	1.827			172.09		1034.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Managed Care Inc	Managed Care Inc		980.1	0.9			172.09		1034.55 percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Multiplan	Multiplan		871.2	0.8			172.09		1034.55 percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Qualcare	Qualcare		816.75	0.75			172.09		1034.55 percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Three Rivers	Three Rivers		1034.55	0.95			172.09		1034.55 percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 UHC	Medicare		178.65	1			172.09		1034.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 UHC	Medicaid		342.6	0.3146			172.09		1034.55 percent of total billed charges	
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Wellcare	Medicare		178.65	1			172.09		1034.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART AT REST RT	93924	CPT	outpatient			1089		205.45 Wellcare	Medicaid		342.6	0.3146			172.09		1034.55 percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695		322.28 Aetna	Medicare		280.24	1			257.66		1610.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695		322.28 Aetna	Commercial		446.14	1.592			257.66		1610.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695		322.28 Aetna	Better Health		533.25	0.3146			257.66		1610.25 percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695		322.28 Americare	Americare		1271.25	0.75			257.66		1610.25 percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695		322.28 WellPoint	WellPoint		543.76	0.3208			257.66		1610.25 percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695		322.28 Amerihealth	Medicare		280.24	1			257.66		1610.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695		322.28 Consumer	Consumer		1610.25	0.95			257.66		1610.25 percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695		322.28 Corrections	Corrections		1356	0.8			257.66		1610.25 percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695		322.28 First Health	First Health		1186.5	0.7			257.66		1610.25 percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695		322.28 First Trenton	First Trenton		1525.5	0.9			257.66		1610.25 percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695		322.28 Horizon	PPO		512	1.827			257.66		1610.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695		322.28 Horizon	Indemnity		512	1.827			257.66		1610.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695		322.28 Horizon	MGD		512	1.827			257.66		1610.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695		322.28 Horizon	Medicare Blue		280.24	1			257.66		1610.25 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695		322.28 Managed Care Inc	Managed Care Inc		1525.5	0.9			257.66		1610.25 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Multiplan	Multiplan		1356	0.8			257.66	1610.25	percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Qualcare	Qualcare		1271.25	0.75			257.66	1610.25	percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Three Rivers	Three Rivers		1610.25	0.95			257.66	1610.25	percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	UHC	Medicare		280.24	1			257.66	1610.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	UHC	Medicaid		533.25	0.3146			257.66	1610.25	percent of total billed charges	
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Wellcare	Medicare		280.24	1			257.66	1610.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
U/S LOWER EXT ART COMP RT	93925	CPT	both			1695	322.28	Wellcare	Medicaid		533.25	0.3146			257.66	1610.25	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Aetna	Commercial		200.18	1.592			122.69	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Aetna	Better Health		439.81	0.3146			122.69	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Aetna	Medicare		125.74	1			122.69	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Americare	Americare		1048.5	0.75			122.69	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	WellPoint	WellPoint		448.48	0.3208			122.69	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Amerihealth	Medicare		125.74	1			122.69	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Consumer	Consumer		1328.1	0.95			122.69	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Corrections	Corrections		1118.4	0.8			122.69	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	First Health	First Health		978.6	0.7			122.69	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	First Trenton	First Trenton		1258.2	0.9			122.69	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Horizon	MGD		229.73	1.827			122.69	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Horizon	Indemnity		229.73	1.827			122.69	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Horizon	PPO		229.73	1.827			122.69	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Horizon	Medicare Blue		125.74	1			122.69	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Managed Care Inc	Managed Care Inc		1258.2	0.9			122.69	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Multiplan	Multiplan		1118.4	0.8			122.69	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Qualcare	Qualcare		1048.5	0.75			122.69	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Three Rivers	Three Rivers		1328.1	0.95			122.69	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	UHC	Medicaid		439.81	0.3146			122.69	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	UHC	Medicare		125.74	1			122.69	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Wellcare	Medicaid		439.81	0.3146			122.69	1328.1	percent of total billed charges	
UNILATERAL OR LIMITED BYPASS GRAFT	93926	CPT	both			1398	144.6	Wellcare	Medicare		125.74	1			122.69	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Aetna	Better Health		565.65	0.3146			257.66	1708.1	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Aetna	Commercial		446.14	1.592			257.66	1708.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Aetna	Medicare		280.24	1			257.66	1708.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Americare	Americare		1348.5	0.75			257.66	1708.1	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	WellPoint	WellPoint		576.8	0.3208			257.66	1708.1	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Amerihealth	Medicare		280.24	1			257.66	1708.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Consumer	Consumer		1708.1	0.95			257.66	1708.1	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Corrections	Corrections		1438.4	0.8			257.66	1708.1	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	First Health	First Health		1258.6	0.7			257.66	1708.1	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	First Trenton	First Trenton		1618.2	0.9			257.66	1708.1	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Horizon	Indemnity		512	1.827			257.66	1708.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Horizon	PPO		512	1.827			257.66	1708.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Horizon	MGD		512	1.827			257.66	1708.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Horizon	Medicare Blue		280.24	1			257.66	1708.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Managed Care Inc	Managed Care Inc		1618.2	0.9			257.66	1708.1	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Multiplan	Multiplan		1438.4	0.8			257.66	1708.1	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Qualcare	Qualcare		1348.5	0.75			257.66	1708.1	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Three Rivers	Three Rivers		1708.1	0.95			257.66	1708.1	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	UHC	Medicare		280.24	1			257.66	1708.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	UHC	Medicaid		565.65	0.3146			257.66	1708.1	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Wellcare	Medicaid		565.65	0.3146			257.66	1708.1	percent of total billed charges	
UPPER EXTREMARTERIES COMP BILATERAL	93930	CPT	both			1798	322.28	Wellcare	Medicare		280.24	1			257.66	1708.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Aetna	Commercial		200.18	1.592			122.69	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Aetna	Medicare		125.74	1			122.69	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Aetna	Better Health		377.83	0.3146			122.69	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Americare	Americare		900.75	0.75			122.69	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	WellPoint	WellPoint		385.28	0.3208			122.69	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Amerihealth	Medicare		125.74	1			122.69	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Consumer	Consumer		1140.95	0.95			122.69	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Corrections	Corrections		960.8	0.8			122.69	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	First Health	First Health		840.7	0.7			122.69	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	First Trenton	First Trenton		1080.9	0.9			122.69	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Horizon	MGD		229.73	1.827			122.69	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Horizon	Medicare Blue		125.74	1			122.69	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Horizon	Indemnity		229.73	1.827			122.69	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Horizon	PPO		229.73	1.827			122.69	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Managed Care Inc	Managed Care Inc		1080.9	0.9			122.69	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Multiplan	Multiplan		960.8	0.8			122.69	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Qualcare	Qualcare		900.75	0.75			122.69	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Three Rivers	Three Rivers		1140.95	0.95			122.69	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	UHC	Medicare		125.74	1			122.69	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	UHC	Medicaid		377.83	0.3146			122.69	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Wellcare	Medicaid		377.83	0.3146			122.69	1140.95	percent of total billed charges	
UPPER EXTREMITY ARTERIES LTD.	93931	CPT	both			1201	144.6	Wellcare	Medicare		125.74	1			122.69	1140.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UP EXT VEIN MAPPING BILATERAL	93970	CPT	both			2312	322.28	Aetna	Medicare		280.24	1			268.35	2196.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UP EXT VEIN MAPPING BILATERAL	93970	CPT	both			2312	322.28	Aetna	Better Health		727.36	0.3146			268.35	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING BILATERAL	93970	CPT	both			2312	322.28	Aetna	Commercial		446.14	1.592			268.35	2196.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UP EXT VEIN MAPPING BILATERAL	93970	CPT	both			2312	322.28	Americare	Americare		1734	0.75			268.35	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING BILATERAL	93970	CPT	both			2312	322.28	WellPoint	WellPoint		741.69	0.3208			268.35	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING BILATERAL	93970	CPT	both			2312	322.28	Amerihealth	Medicare		280.24	1			268.35	2196.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UP EXT VEIN MAPPING BILATERAL	93970	CPT	both			2312	322.28	Consumer	Consumer		2196.4	0.95			268.35	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING BILATERAL	93970	CPT	both			2312	322.28	Corrections	Corrections		1849.6	0.8			268.35	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING BILATERAL	93970	CPT	both			2312	322.28	First Health	First Health		1618.4	0.7			268.35	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING BILATERAL	93970	CPT	both			2312	322.28	First Trenton	First Trenton		2080.8	0.9			268.35	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING BILATERAL	93970	CPT	both			2312	322.28	Horizon	MGD		512	1.827			268.35	2196.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UP EXT VEIN MAPPING BILATERAL	93970	CPT	both			2312	322.28	Horizon	Medicare Blue		280.24	1			268.35	2196.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UP EXT VEIN MAPPING BILATERAL	93970	CPT	both			2312	322.28	Horizon	Indemnity		512	1.827			268.35	2196.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UP EXT VEIN MAPPING BILATERAL	93970	CPT	both			2312	322.28	Horizon	PPO		512	1.827			268.35	2196.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UP EXT VEIN MAPPING BILATERAL	93970	CPT	both			2312	322.28	Managed Care Inc	Managed Care Inc		2080.8	0.9			268.35	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING BILATERAL	93970	CPT	both			2312	322.28	Multiplan	Multiplan		1849.6	0.8			268.35	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING BILATERAL	93970	CPT	both			2312	322.28	Qualcare	Qualcare		1734	0.75			268.35	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING BILATERAL	93970	CPT	both			2312	322.28	Three Rivers	Three Rivers		2196.4	0.95			268.35	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING BILATERAL	93970	CPT	both			2312	322.28	UHC	Medicare		280.24	1			268.35	2196.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UP EXT VEIN MAPPING BILATERAL	93970	CPT	both			2312	322.28	UHC	Medicaid		727.36	0.3146			268.35	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING BILATERAL	93970	CPT	both			2312	322.28	Wellcare	Medicaid		727.36	0.3146			268.35	2196.4	percent of total billed charges	
UP EXT VEIN MAPPING BILATERAL	93970	CPT	both			2312	322.28	Wellcare	Medicare		280.24	1			268.35	2196.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Aetna	Better Health		486.69	0.3146			122.69	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Aetna	Medicare		125.74	1			122.69	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Aetna	Commercial		200.18	1.592			122.69	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Americare	Americare		1160.25	0.75			122.69	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	WellPoint	WellPoint		496.28	0.3208			122.69	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Amerihealth	Medicare		125.74	1			122.69	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Consumer	Consumer		1469.65	0.95			122.69	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Corrections	Corrections		1237.6	0.8			122.69	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	First Health	First Health		1082.9	0.7			122.69	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	First Trenton	First Trenton		1392.3	0.9			122.69	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Horizon	Indemnity		229.73	1.827			122.69	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Horizon	MGD		229.73	1.827			122.69	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Horizon	Medicare Blue		125.74	1			122.69	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Horizon	PPO		229.73	1.827			122.69	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Managed Care Inc	Managed Care Inc		1392.3	0.9			122.69	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Multiplan	Multiplan		1237.6	0.8			122.69	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Qualcare	Qualcare		1160.25	0.75			122.69	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Three Rivers	Three Rivers		1469.65	0.95			122.69	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	UHC	Medicare		125.74	1			122.69	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	UHC	Medicaid		486.69	0.3146			122.69	1469.65	percent of total billed charges	
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Wellcare	Medicare		125.74	1			122.69	1469.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS DUPLEX UE UNILATERAL	93971	CPT	both			1547	144.6	Wellcare	Medicaid		486.69	0.3146			122.69	1469.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Aetna	Commercial		446.14	1.592			268.35	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Aetna	Better Health		291.63	0.3146			268.35	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Aetna	Medicare		280.24	1			268.35	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Americare	Americare		695.25	0.75			268.35	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	WellPoint	WellPoint		297.38	0.3208			268.35	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Amerihealth	Medicare		280.24	1			268.35	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Consumer	Consumer		880.65	0.95			268.35	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Corrections	Corrections		741.6	0.8			268.35	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	First Health	First Health		648.9	0.7			268.35	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	First Trenton	First Trenton		834.3	0.9			268.35	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Horizon	MGD		512	1.827			268.35	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Horizon	Indemnity		512	1.827			268.35	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Horizon	Medicare Blue		280.24	1			268.35	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Horizon	PPO		512	1.827			268.35	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Managed Care Inc	Managed Care Inc		834.3	0.9			268.35	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Multiplan	Multiplan		741.6	0.8			268.35	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Qualcare	Qualcare		695.25	0.75			268.35	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Three Rivers	Three Rivers		880.65	0.95			268.35	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	UHC	Medicaid		291.63	0.3146			268.35	880.65	percent of total billed charges	
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	UHC	Medicare		280.24	1			268.35	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Wellcare	Medicare		280.24	1			268.35	880.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISCERAL DUPLEX SCANS	93975	CPT	both			927	322.28	Wellcare	Medicaid		291.63	0.3146			268.35	880.65	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Aetna	Better Health		282.51	0.3146			120.12	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Aetna	Medicare		276.58	0.308			120.12	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Aetna	Commercial		200.18	1.592			120.12	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Americare	Americare		673.5	0.75			120.12	853.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	WellPoint	WellPoint		288.08	0.3208			120.12	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Amerihealth	Medicare		125.74	1			120.12	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Consumer	Consumer		853.1	0.95			120.12	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Corrections	Corrections		718.4	0.8			120.12	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	First Health	First Health		628.6	0.7			120.12	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	First Trenton	First Trenton		808.2	0.9			120.12	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Horizon	MGD		229.73	1.827			120.12	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Horizon	Indemnity		229.73	1.827			120.12	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Horizon	Medicare Blue		125.74	1			120.12	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Horizon	PPO		229.73	1.827			120.12	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Managed Care Inc	Managed Care Inc		808.2	0.9			120.12	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Multiplan	Multiplan		718.4	0.8			120.12	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Qualcare	Qualcare		673.5	0.75			120.12	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Three Rivers	Three Rivers		853.1	0.95			120.12	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	UHC	Medicare		125.74	1			120.12	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	UHC	Medicaid		282.51	0.3146			120.12	853.1	percent of total billed charges	
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Wellcare	Medicare		125.74	1			120.12	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED STUDY DUPLEX SCAN OF ADDOMINAL	93976	CPT	outpatient			898	144.6	Wellcare	Medicaid		282.51	0.3146			120.12	853.1	percent of total billed charges	
IVC - ILIAC VEINS BILATERAL	93978	CPT	both			898	322.28	Aetna	Medicare		280.24	1			268.35	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS BILATERAL	93978	CPT	both			898	322.28	Aetna	Better Health		282.51	0.3146			268.35	853.1	percent of total billed charges	
IVC - ILIAC VEINS BILATERAL	93978	CPT	both			898	322.28	Aetna	Commercial		446.14	1.592			268.35	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS BILATERAL	93978	CPT	both			898	322.28	Americare	Americare		673.5	0.75			268.35	853.1	percent of total billed charges	
IVC - ILIAC VEINS BILATERAL	93978	CPT	both			898	322.28	WellPoint	WellPoint		288.08	0.3208			268.35	853.1	percent of total billed charges	
IVC - ILIAC VEINS BILATERAL	93978	CPT	both			898	322.28	Amerihealth	Medicare		280.24	1			268.35	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS BILATERAL	93978	CPT	both			898	322.28	Consumer	Consumer		853.1	0.95			268.35	853.1	percent of total billed charges	
IVC - ILIAC VEINS BILATERAL	93978	CPT	both			898	322.28	Corrections	Corrections		718.4	0.8			268.35	853.1	percent of total billed charges	
IVC - ILIAC VEINS BILATERAL	93978	CPT	both			898	322.28	First Health	First Health		628.6	0.7			268.35	853.1	percent of total billed charges	
IVC - ILIAC VEINS BILATERAL	93978	CPT	both			898	322.28	First Trenton	First Trenton		808.2	0.9			268.35	853.1	percent of total billed charges	
IVC - ILIAC VEINS BILATERAL	93978	CPT	both			898	322.28	Horizon	Medicare Blue		280.24	1			268.35	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS BILATERAL	93978	CPT	both			898	322.28	Horizon	Indemnity		512	1.827			268.35	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS BILATERAL	93978	CPT	both			898	322.28	Horizon	MGD		512	1.827			268.35	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS BILATERAL	93978	CPT	both			898	322.28	Horizon	PPO		512	1.827			268.35	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS BILATERAL	93978	CPT	both			898	322.28	Managed Care Inc	Managed Care Inc		808.2	0.9			268.35	853.1	percent of total billed charges	
IVC - ILIAC VEINS BILATERAL	93978	CPT	both			898	322.28	Multiplan	Multiplan		718.4	0.8			268.35	853.1	percent of total billed charges	
IVC - ILIAC VEINS BILATERAL	93978	CPT	both			898	322.28	Qualcare	Qualcare		673.5	0.75			268.35	853.1	percent of total billed charges	
IVC - ILIAC VEINS BILATERAL	93978	CPT	both			898	322.28	Three Rivers	Three Rivers		853.1	0.95			268.35	853.1	percent of total billed charges	
IVC - ILIAC VEINS BILATERAL	93978	CPT	both			898	322.28	UHC	Medicaid		282.51	0.3146			268.35	853.1	percent of total billed charges	
IVC - ILIAC VEINS BILATERAL	93978	CPT	both			898	322.28	UHC	Medicare		280.24	1			268.35	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS BILATERAL	93978	CPT	both			898	322.28	Wellcare	Medicare		280.24	1			268.35	853.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS BILATERAL	93978	CPT	both			898	322.28	Wellcare	Medicaid		282.51	0.3146			268.35	853.1	percent of total billed charges	
IVC - ILIAC VEINS RIGHT	93979	CPT	both			1167	144.6	Aetna	Better Health		367.14	0.3146			122.69	1108.65	percent of total billed charges	
IVC - ILIAC VEINS RIGHT	93979	CPT	both			1167	144.6	Aetna	Commercial		200.18	1.592			122.69	1108.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS RIGHT	93979	CPT	both			1167	144.6	Aetna	Medicare		125.74	1			122.69	1108.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS RIGHT	93979	CPT	both			1167	144.6	Americare	Americare		875.25	0.75			122.69	1108.65	percent of total billed charges	
IVC - ILIAC VEINS RIGHT	93979	CPT	both			1167	144.6	WellPoint	WellPoint		374.37	0.3208			122.69	1108.65	percent of total billed charges	
IVC - ILIAC VEINS RIGHT	93979	CPT	both			1167	144.6	Amerihealth	Medicare		125.74	1			122.69	1108.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS RIGHT	93979	CPT	both			1167	144.6	Consumer	Consumer		1108.65	0.95			122.69	1108.65	percent of total billed charges	
IVC - ILIAC VEINS RIGHT	93979	CPT	both			1167	144.6	Corrections	Corrections		933.6	0.8			122.69	1108.65	percent of total billed charges	
IVC - ILIAC VEINS RIGHT	93979	CPT	both			1167	144.6	First Health	First Health		816.9	0.7			122.69	1108.65	percent of total billed charges	
IVC - ILIAC VEINS RIGHT	93979	CPT	both			1167	144.6	First Trenton	First Trenton		1050.3	0.9			122.69	1108.65	percent of total billed charges	
IVC - ILIAC VEINS RIGHT	93979	CPT	both			1167	144.6	Horizon	Indemnity		229.73	1.827			122.69	1108.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS RIGHT	93979	CPT	both			1167	144.6	Horizon	Medicare Blue		125.74	1			122.69	1108.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS RIGHT	93979	CPT	both			1167	144.6	Horizon	PPO		229.73	1.827			122.69	1108.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS RIGHT	93979	CPT	both			1167	144.6	Horizon	MGD		229.73	1.827			122.69	1108.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS RIGHT	93979	CPT	both			1167	144.6	Managed Care Inc	Managed Care Inc		1050.3	0.9			122.69	1108.65	percent of total billed charges	
IVC - ILIAC VEINS RIGHT	93979	CPT	both			1167	144.6	Multiplan	Multiplan		933.6	0.8			122.69	1108.65	percent of total billed charges	
IVC - ILIAC VEINS RIGHT	93979	CPT	both			1167	144.6	Qualcare	Qualcare		875.25	0.75			122.69	1108.65	percent of total billed charges	
IVC - ILIAC VEINS RIGHT	93979	CPT	both			1167	144.6	Three Rivers	Three Rivers		1108.65	0.95			122.69	1108.65	percent of total billed charges	
IVC - ILIAC VEINS RIGHT	93979	CPT	both			1167	144.6	UHC	Medicaid		367.14	0.3146			122.69	1108.65	percent of total billed charges	
IVC - ILIAC VEINS RIGHT	93979	CPT	both			1167	144.6	UHC	Medicare		125.74	1			122.69	1108.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IVC - ILIAC VEINS RIGHT	93979	CPT	both			1167	144.6	Wellcare	Medicaid		367.14	0.3146			122.69	1108.65	percent of total billed charges	
IVC - ILIAC VEINS RIGHT	93979	CPT	both			1167	144.6	Wellcare	Medicare		125.74	1			122.69	1108.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Aetna	Better Health		500.53	0.3146			120.12	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Aetna	Commercial		200.18	1.592			120.12	1511.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Aetna	Medicare		490.03	0.308			120.12	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Americare	Americare		1193.25	0.75			120.12	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	WellPoint	WellPoint		510.39	0.3208			120.12	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Amerihealth	Medicare		125.74	1			120.12	1511.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Consumer	Consumer		1511.45	0.95			120.12	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Corrections	Corrections		1272.8	0.8			120.12	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	First Health	First Health		1113.7	0.7			120.12	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	First Trenton	First Trenton		1431.9	0.9			120.12	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Horizon	PPO		229.73	1.827			120.12	1511.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Horizon	Medicare Blue		125.74	1			120.12	1511.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Horizon	MGD		229.73	1.827			120.12	1511.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Horizon	Indemnity		229.73	1.827			120.12	1511.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Managed Care Inc	Managed Care Inc		1431.9	0.9			120.12	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Multiplan	Multiplan		1272.8	0.8			120.12	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Qualcare	Qualcare		1193.25	0.75			120.12	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Three Rivers	Three Rivers		1511.45	0.95			120.12	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	UHC	Medicaid		500.53	0.3146			120.12	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	UHC	Medicare		125.74	1			120.12	1511.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Wellcare	Medicaid		500.53	0.3146			120.12	1511.45	percent of total billed charges	
PENILE VASCULAR STUDY	93980	CPT	outpatient			1591	144.6	Wellcare	Medicare		125.74	1			120.12	1511.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SHUNT	93990	CPT	both			390	144.6	Aetna	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SHUNT	93990	CPT	both			390	144.6	Aetna	Better Health		122.69	0.3146			122.69	370.5	percent of total billed charges	
DUPLEX SHUNT	93990	CPT	both			390	144.6	Aetna	Commercial		200.18	1.592			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SHUNT	93990	CPT	both			390	144.6	Americare	Americare		292.5	0.75			122.69	370.5	percent of total billed charges	
DUPLEX SHUNT	93990	CPT	both			390	144.6	WellPoint	WellPoint		125.11	0.3208			122.69	370.5	percent of total billed charges	
DUPLEX SHUNT	93990	CPT	both			390	144.6	Amerihealth	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SHUNT	93990	CPT	both			390	144.6	Consumer	Consumer		370.5	0.95			122.69	370.5	percent of total billed charges	
DUPLEX SHUNT	93990	CPT	both			390	144.6	Corrections	Corrections		312	0.8			122.69	370.5	percent of total billed charges	
DUPLEX SHUNT	93990	CPT	both			390	144.6	First Health	First Health		273	0.7			122.69	370.5	percent of total billed charges	
DUPLEX SHUNT	93990	CPT	both			390	144.6	First Trenton	First Trenton		351	0.9			122.69	370.5	percent of total billed charges	
DUPLEX SHUNT	93990	CPT	both			390	144.6	Horizon	MGD		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SHUNT	93990	CPT	both			390	144.6	Horizon	PPO		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SHUNT	93990	CPT	both			390	144.6	Horizon	Indemnity		229.73	1.827			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SHUNT	93990	CPT	both			390	144.6	Horizon	Medicare Blue		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SHUNT	93990	CPT	both			390	144.6	Managed Care Inc	Managed Care Inc		351	0.9			122.69	370.5	percent of total billed charges	
DUPLEX SHUNT	93990	CPT	both			390	144.6	Multiplan	Multiplan		312	0.8			122.69	370.5	percent of total billed charges	
DUPLEX SHUNT	93990	CPT	both			390	144.6	Qualcare	Qualcare		292.5	0.75			122.69	370.5	percent of total billed charges	
DUPLEX SHUNT	93990	CPT	both			390	144.6	Three Rivers	Three Rivers		370.5	0.95			122.69	370.5	percent of total billed charges	
DUPLEX SHUNT	93990	CPT	both			390	144.6	UHC	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DUPLEX SHUNT	93990	CPT	both			390	144.6	UHC	Medicaid		122.69	0.3146			122.69	370.5	percent of total billed charges	
DUPLEX SHUNT	93990	CPT	both			390	144.6	Wellcare	Medicaid		122.69	0.3146			122.69	370.5	percent of total billed charges	
DUPLEX SHUNT	93990	CPT	both			390	144.6	Wellcare	Medicare		125.74	1			122.69	370.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Aetna	Better Health		850.36	0.3146			282.2	2567.85	percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Aetna	Medicare		716.7	1			282.2	2567.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Aetna	Commercial		1140.99	1.592			282.2	2567.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Americare	Americare		2027.25	0.75			282.2	2567.85	percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	WellPoint	WellPoint		867.12	0.3208			282.2	2567.85	percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Amerihealth	Medicare		716.7	1			282.2	2567.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Consumer	Consumer		2567.85	0.95			282.2	2567.85	percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Corrections	Corrections		2162.4	0.8			282.2	2567.85	percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	First Health	First Health		1892.1	0.7			282.2	2567.85	percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	First Trenton	First Trenton		2432.7	0.9			282.2	2567.85	percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Horizon	Medicare Blue		716.7	1			282.2	2567.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Horizon	MGD		1309.41	1.827			282.2	2567.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Horizon	Indemnity		1309.41	1.827			282.2	2567.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Horizon	PPO		1309.41	1.827			282.2	2567.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Managed Care Inc	Managed Care Inc		2432.7	0.9			282.2	2567.85	percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Multiplan	Multiplan		2162.4	0.8			282.2	2567.85	percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Qualcare	Qualcare		2027.25	0.75			282.2	2567.85	percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Three Rivers	Three Rivers		2567.85	0.95			282.2	2567.85	percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	UHC	Medicaid		850.36	0.3146			282.2	2567.85	percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	UHC	Medicare		716.7	1			282.2	2567.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Wellcare	Medicaid		850.36	0.3146			282.2	2567.85	percent of total billed charges	
VENTILATOR SET-UP	94002	CPT	both			2703	824.21	Wellcare	Medicare		716.7	1			282.2	2567.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR-DAY SUBSEQUENT X-	94003	CPT	both			999	824.21	Aetna	Commercial		1140.99	1.592			307.69	1309.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR-DAY SUBSEQUENT X-	94003	CPT	both			999	824.21	Aetna	Better Health		314.29	0.3146			307.69	1309.41	percent of total billed charges	
VENTILATOR-DAY SUBSEQUENT X-	94003	CPT	both			999	824.21	Aetna	Medicare		307.69	0.308			307.69	1309.41	percent of total billed charges	
VENTILATOR-DAY SUBSEQUENT X-	94003	CPT	both			999	824.21	Americare	Americare		749.25	0.75			307.69	1309.41	percent of total billed charges	
VENTILATOR-DAY SUBSEQUENT X-	94003	CPT	both			999	824.21	WellPoint	WellPoint		320.48	0.3208			307.69	1309.41	percent of total billed charges	
VENTILATOR-DAY SUBSEQUENT X-	94003	CPT	both			999	824.21	Amerihealth	Medicare		716.7	1			307.69	1309.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR-DAY SUBSEQUENT X-	94003	CPT	both			999	824.21	Consumer	Consumer		949.05	0.95			307.69	1309.41	percent of total billed charges	
VENTILATOR-DAY SUBSEQUENT X-	94003	CPT	both			999	824.21	Corrections	Corrections		799.2	0.8			307.69	1309.41	percent of total billed charges	
VENTILATOR-DAY SUBSEQUENT X-	94003	CPT	both			999	824.21	First Health	First Health		699.3	0.7			307.69	1309.41	percent of total billed charges	
VENTILATOR-DAY SUBSEQUENT X-	94003	CPT	both			999	824.21	First Trenton	First Trenton		899.1	0.9			307.69	1309.41	percent of total billed charges	
VENTILATOR-DAY SUBSEQUENT X-	94003	CPT	both			999	824.21	Horizon	Medicare Blue		716.7	1			307.69	1309.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR-DAY SUBSEQUENT X-	94003	CPT	both			999	824.21	Horizon	MGD		1309.41	1.827			307.69	1309.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR-DAY SUBSEQUENT X-	94003	CPT	both			999	824.21	Horizon	Indemnity		1309.41	1.827			307.69	1309.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR-DAY SUBSEQUENT X-	94003	CPT	both			999	824.21	Horizon	PPO		1309.41	1.827			307.69	1309.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR-DAY SUBSEQUENT X-	94003	CPT	both			999	824.21	Managed Care Inc	Managed Care Inc		899.1	0.9			307.69	1309.41	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VENTILATOR-DAY SUBSEQUENT X-	94003	CPT	both			999	824.21	Multiplan	Multiplan		799.2	0.8			307.69	1309.41	percent of total billed charges	
VENTILATOR-DAY SUBSEQUENT X-	94003	CPT	both			999	824.21	Qualcare	Qualcare		749.25	0.75			307.69	1309.41	percent of total billed charges	
VENTILATOR-DAY SUBSEQUENT X-	94003	CPT	both			999	824.21	Three Rivers	Three Rivers		949.05	0.95			307.69	1309.41	percent of total billed charges	
VENTILATOR-DAY SUBSEQUENT X-	94003	CPT	both			999	824.21	UHC	Medicaid		314.29	0.3146			307.69	1309.41	percent of total billed charges	
VENTILATOR-DAY SUBSEQUENT X-	94003	CPT	both			999	824.21	UHC	Medicare		716.7	1			307.69	1309.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR-DAY SUBSEQUENT X-	94003	CPT	both			999	824.21	Wellcare	Medicare		716.7	1			307.69	1309.41	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENTILATOR-DAY SUBSEQUENT X-	94003	CPT	both			999	824.21	Wellcare	Medicaid		314.29	0.3146			307.69	1309.41	percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	Aetna	Medicare		178.65	1			95.95	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY	94010	CPT	both			566	205.45	Aetna	Better Health		178.06	0.3146			95.95	537.7	percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	Aetna	Commercial		284.41	1.592			95.95	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY	94010	CPT	both			566	205.45	Americare	Americare		424.5	0.75			95.95	537.7	percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	WellPoint	WellPoint		181.57	0.3208			95.95	537.7	percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	Amerihealth	Medicare		178.65	1			95.95	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY	94010	CPT	both			566	205.45	Consumer	Consumer		537.7	0.95			95.95	537.7	percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	Corrections	Corrections		452.8	0.8			95.95	537.7	percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	First Health	First Health		396.2	0.7			95.95	537.7	percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	First Trenton	First Trenton		509.4	0.9			95.95	537.7	percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	Horizon	Indemnity		326.39	1.827			95.95	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY	94010	CPT	both			566	205.45	Horizon	MGD		326.39	1.827			95.95	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY	94010	CPT	both			566	205.45	Horizon	Medicare Blue		178.65	1			95.95	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY	94010	CPT	both			566	205.45	Horizon	PPO		326.39	1.827			95.95	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY	94010	CPT	both			566	205.45	Managed Care Inc	Managed Care Inc		509.4	0.9			95.95	537.7	percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	Multiplan	Multiplan		452.8	0.8			95.95	537.7	percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	Qualcare	Qualcare		424.5	0.75			95.95	537.7	percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	Three Rivers	Three Rivers		537.7	0.95			95.95	537.7	percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	UHC	Medicaid		178.06	0.3146			95.95	537.7	percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	UHC	Medicare		178.65	1			95.95	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY	94010	CPT	both			566	205.45	Wellcare	Medicaid		178.06	0.3146			95.95	537.7	percent of total billed charges	
SPIROMETRY	94010	CPT	both			566	205.45	Wellcare	Medicare		178.65	1			95.95	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATIENT RECORDED SPIROMETRY	94014	CPT	both			750	524.04	Aetna	Better Health		235.95	0.3146			235.95	832.55	percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	both			750	524.04	Aetna	Commercial		725.46	1.592			235.95	832.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATIENT RECORDED SPIROMETRY	94014	CPT	both			750	524.04	Aetna	Medicare		455.69	1			235.95	832.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATIENT RECORDED SPIROMETRY	94014	CPT	both			750	524.04	Americare	Americare		562.5	0.75			235.95	832.55	percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	both			750	524.04	WellPoint	WellPoint		240.6	0.3208			235.95	832.55	percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	both			750	524.04	Amerihealth	Medicare		455.69	1			235.95	832.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATIENT RECORDED SPIROMETRY	94014	CPT	both			750	524.04	Consumer	Consumer		712.5	0.95			235.95	832.55	percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	both			750	524.04	Corrections	Corrections		600	0.8			235.95	832.55	percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	both			750	524.04	First Health	First Health		525	0.7			235.95	832.55	percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	both			750	524.04	First Trenton	First Trenton		675	0.9			235.95	832.55	percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	both			750	524.04	Horizon	Indemnity		832.55	1.827			235.95	832.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATIENT RECORDED SPIROMETRY	94014	CPT	both			750	524.04	Horizon	Medicare Blue		455.69	1			235.95	832.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATIENT RECORDED SPIROMETRY	94014	CPT	both			750	524.04	Horizon	PPO		832.55	1.827			235.95	832.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATIENT RECORDED SPIROMETRY	94014	CPT	both			750	524.04	Horizon	MGD		832.55	1.827			235.95	832.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATIENT RECORDED SPIROMETRY	94014	CPT	both			750	524.04	Managed Care Inc	Managed Care Inc		675	0.9			235.95	832.55	percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	both			750	524.04	Multiplan	Multiplan		600	0.8			235.95	832.55	percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	both			750	524.04	Qualcare	Qualcare		562.5	0.75			235.95	832.55	percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	both			750	524.04	Three Rivers	Three Rivers		712.5	0.95			235.95	832.55	percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	both			750	524.04	UHC	Medicare		455.69	1			235.95	832.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATIENT RECORDED SPIROMETRY	94014	CPT	both			750	524.04	UHC	Medicaid		235.95	0.3146			235.95	832.55	percent of total billed charges	
PATIENT RECORDED SPIROMETRY	94014	CPT	both			750	524.04	Wellcare	Medicare		455.69	1			235.95	832.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATIENT RECORDED SPIROMETRY	94014	CPT	both			750	524.04	Wellcare	Medicaid		235.95	0.3146			235.95	832.55	percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Aetna	Better Health		321.84	0.3146			150	971.85	percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Aetna	Commercial		571.48	1.592			150	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Aetna	Medicare		315.08	0.308			150	971.85	percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Americare	Americare		767.25	0.75			150	971.85	percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	WellPoint	WellPoint		328.18	0.3208			150	971.85	percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Amerihealth	Medicare		358.97	1			150	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Consumer	Consumer		971.85	0.95			150	971.85	percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Corrections	Corrections		818.4	0.8			150	971.85	percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	First Health	First Health		716.1	0.7			150	971.85	percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	First Trenton	First Trenton		920.7	0.9			150	971.85	percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Horizon	MGD		655.84	1.827			150	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Horizon	Indemnity		655.84	1.827			150	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Horizon	Medicare Blue		358.97	1			150	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Horizon	PPO		655.84	1.827			150	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Managed Care Inc	Managed Care Inc		920.7	0.9			150	971.85	percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Multiplan	Multiplan		818.4	0.8			150	971.85	percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Qualcare	Qualcare		767.25	0.75			150	971.85	percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Three Rivers	Three Rivers		971.85	0.95			150	971.85	percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	UHC	Medicare		358.97	1			150	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	UHC	Medicaid		321.84	0.3146			150	971.85	percent of total billed charges	
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Wellcare	Medicare		358.97	1			150	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIROMETRY W/BRONCH	94060	CPT	both			1023	412.82	Wellcare	Medicaid		321.84	0.3146			150	971.85	percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Aetna	Commercial		571.48	1.592			269.19	956.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Aetna	Medicare		310.16	0.308			269.19	956.65	percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Aetna	Better Health		316.8	0.3146			269.19	956.65	percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Americare	Americare		755.25	0.75			269.19	956.65	percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	WellPoint	WellPoint		323.05	0.3208			269.19	956.65	percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Amerihealth	Medicare		358.97	1			269.19	956.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Consumer	Consumer		956.65	0.95			269.19	956.65	percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Corrections	Corrections		805.6	0.8			269.19	956.65	percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	First Health	First Health		704.9	0.7			269.19	956.65	percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	First Trenton	First Trenton		906.3	0.9			269.19	956.65	percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Horizon	Indemnity		655.84	1.827			269.19	956.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Horizon	Medicare Blue		358.97	1			269.19	956.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Horizon	MGD		655.84	1.827			269.19	956.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Horizon	PPO		655.84	1.827			269.19	956.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Managed Care Inc	Managed Care Inc		906.3	0.9			269.19	956.65	percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Multiplan	Multiplan		805.6	0.8			269.19	956.65	percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Qualcare	Qualcare		755.25	0.75			269.19	956.65	percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Three Rivers	Three Rivers		956.65	0.95			269.19	956.65	percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	UHC	Medicaid		316.8	0.3146			269.19	956.65	percent of total billed charges	
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	UHC	Medicare		358.97	1			269.19	956.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Wellcare	Medicare		358.97	1			269.19	956.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROL.POST EXPO.EVAL(METHOLOCOLINE)	94070	CPT	outpatient			1007	412.82	Wellcare	Medicaid		316.8	0.3146			269.19	956.65	percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Aetna	Commercial		284.41	1.592			85.57	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Aetna	Better Health		178.06	0.3146			85.57	537.7	percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Aetna	Medicare		178.65	1			85.57	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Americare	Americare		424.5	0.75			85.57	537.7	percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	WellPoint	WellPoint		181.57	0.3208			85.57	537.7	percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Amerihealth	Medicare		178.65	1			85.57	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Consumer	Consumer		537.7	0.95			85.57	537.7	percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Corrections	Corrections		452.8	0.8			85.57	537.7	percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	First Health	First Health		396.2	0.7			85.57	537.7	percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	First Trenton	First Trenton		509.4	0.9			85.57	537.7	percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Horizon	Indemnity		326.39	1.827			85.57	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Horizon	Medicare Blue		178.65	1			85.57	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Horizon	MGD		326.39	1.827			85.57	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Horizon	PPO		326.39	1.827			85.57	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Managed Care Inc	Managed Care Inc		509.4	0.9			85.57	537.7	percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Multiplan	Multiplan		452.8	0.8			85.57	537.7	percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Qualcare	Qualcare		424.5	0.75			85.57	537.7	percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Three Rivers	Three Rivers		537.7	0.95			85.57	537.7	percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	UHC	Medicaid		178.06	0.3146			85.57	537.7	percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	UHC	Medicare		178.65	1			85.57	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Wellcare	Medicaid		178.06	0.3146			85.57	537.7	percent of total billed charges	
VITAL CAPACITY TOTAL	94150	CPT	both			566	205.45	Wellcare	Medicare		178.65	1			85.57	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL TESTS PEAK FLOW RATE	94200	CPT	outpatient			599	80.45	Aetna	Commercial		111.38	1.592			61.66	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL TESTS PEAK FLOW RATE	94200	CPT	outpatient			599	80.45	Aetna	Medicare		69.96	1			61.66	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL TESTS PEAK FLOW RATE	94200	CPT	outpatient			599	80.45	Aetna	Better Health		188.45	0.3146			61.66	569.05	percent of total billed charges	
VITAL TESTS PEAK FLOW RATE	94200	CPT	outpatient			599	80.45	Americare	Americare		449.25	0.75			61.66	569.05	percent of total billed charges	
VITAL TESTS PEAK FLOW RATE	94200	CPT	outpatient			599	80.45	WellPoint	WellPoint		192.16	0.3208			61.66	569.05	percent of total billed charges	
VITAL TESTS PEAK FLOW RATE	94200	CPT	outpatient			599	80.45	Amerihealth	Medicare		69.96	1			61.66	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL TESTS PEAK FLOW RATE	94200	CPT	outpatient			599	80.45	Consumer	Consumer		569.05	0.95			61.66	569.05	percent of total billed charges	
VITAL TESTS PEAK FLOW RATE	94200	CPT	outpatient			599	80.45	Corrections	Corrections		479.2	0.8			61.66	569.05	percent of total billed charges	
VITAL TESTS PEAK FLOW RATE	94200	CPT	outpatient			599	80.45	First Health	First Health		419.3	0.7			61.66	569.05	percent of total billed charges	
VITAL TESTS PEAK FLOW RATE	94200	CPT	outpatient			599	80.45	First Trenton	First Trenton		539.1	0.9			61.66	569.05	percent of total billed charges	
VITAL TESTS PEAK FLOW RATE	94200	CPT	outpatient			599	80.45	Horizon	PPO		127.82	1.827			61.66	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL TESTS PEAK FLOW RATE	94200	CPT	outpatient			599	80.45	Horizon	Medicare Blue		69.96	1			61.66	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL TESTS PEAK FLOW RATE	94200	CPT	outpatient			599	80.45	Horizon	Indemnity		127.82	1.827			61.66	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL TESTS PEAK FLOW RATE	94200	CPT	outpatient			599	80.45	Horizon	MGD		127.82	1.827			61.66	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL TESTS PEAK FLOW RATE	94200	CPT	outpatient			599	80.45	Managed Care Inc	Managed Care Inc		539.1	0.9			61.66	569.05	percent of total billed charges	
VITAL TESTS PEAK FLOW RATE	94200	CPT	outpatient			599	80.45	Multiplan	Multiplan		479.2	0.8			61.66	569.05	percent of total billed charges	
VITAL TESTS PEAK FLOW RATE	94200	CPT	outpatient			599	80.45	Qualcare	Qualcare		449.25	0.75			61.66	569.05	percent of total billed charges	
VITAL TESTS PEAK FLOW RATE	94200	CPT	outpatient			599	80.45	Three Rivers	Three Rivers		569.05	0.95			61.66	569.05	percent of total billed charges	
VITAL TESTS PEAK FLOW RATE	94200	CPT	outpatient			599	80.45	UHC	Medicare		69.96	1			61.66	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VITAL TESTS PEAK FLOW RATE	94200	CPT	outpatient			599	80.45	UHC	Medicaid		188.45	0.3146			61.66	569.05	percent of total billed charges	
VITAL TESTS PEAK FLOW RATE	94200	CPT	outpatient			599	80.45	Wellcare	Medicaid		188.45	0.3146			61.66	569.05	percent of total billed charges	
VITAL TESTS PEAK FLOW RATE	94200	CPT	outpatient			599	80.45	Wellcare	Medicare		69.96	1			61.66	569.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036	412.82	Aetna	Better Health		325.93	0.3146			117.96	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036	412.82	Aetna	Commercial		571.48	1.592			117.96	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036	412.82	Aetna	Medicare		319.09	0.308			117.96	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036	412.82	Americare	Americare		777	0.75			117.96	984.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 WellPoint	WellPoint		332.35	0.3208			117.96	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Amerihealth	Medicare		358.97	1			117.96	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Consumer	Consumer		984.2	0.95			117.96	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Corrections	Corrections		828.8	0.8			117.96	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 First Health	First Health		725.2	0.7			117.96	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 First Trenton	First Trenton		932.4	0.9			117.96	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Horizon	Indemnity		655.84	1.827			117.96	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Horizon	Medicare Blue		358.97	1			117.96	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Horizon	PPO		655.84	1.827			117.96	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Horizon	MGD		655.84	1.827			117.96	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Managed Care Inc	Managed Care Inc		932.4	0.9			117.96	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Multiplan	Multiplan		828.8	0.8			117.96	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Qualcare	Qualcare		777	0.75			117.96	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Three Rivers	Three Rivers		984.2	0.95			117.96	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 UHC	Medicare		358.97	1			117.96	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 UHC	Medicaid		325.93	0.3146			117.96	984.2	percent of total billed charges	
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Wellcare	Medicare		358.97	1			117.96	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESPIRATORY FLOW VOLUME LOOP	94375	CPT	outpatient			1036		412.82 Wellcare	Medicaid		325.93	0.3146			117.96	984.2	percent of total billed charges	
BREATHING RESP C02	94400	CPT	outpatient			391		Aetna	Medicare		120.43	0.308			117.3	371.45	percent of total billed charges	
BREATHING RESP C02	94400	CPT	outpatient			391		Aetna	Commercial		148.58	0.38			117.3	371.45	percent of total billed charges	
BREATHING RESP C02	94400	CPT	outpatient			391		Aetna	Better Health		123.01	0.3146			117.3	371.45	percent of total billed charges	
BREATHING RESP C02	94400	CPT	outpatient			391		Americare	Americare		293.25	0.75			117.3	371.45	percent of total billed charges	
BREATHING RESP C02	94400	CPT	outpatient			391		WellPoint	WellPoint		125.43	0.3208			117.3	371.45	percent of total billed charges	
BREATHING RESP C02	94400	CPT	outpatient			391		Consumer	Consumer		371.45	0.95			117.3	371.45	percent of total billed charges	
BREATHING RESP C02	94400	CPT	outpatient			391		Corrections	Corrections		312.8	0.8			117.3	371.45	percent of total billed charges	
BREATHING RESP C02	94400	CPT	outpatient			391		First Health	First Health		273.7	0.7			117.3	371.45	percent of total billed charges	
BREATHING RESP C02	94400	CPT	outpatient			391		First Trenton	First Trenton		351.9	0.9			117.3	371.45	percent of total billed charges	
BREATHING RESP C02	94400	CPT	outpatient			391		Horizon	Indemnity		149.67	0.3828			117.3	371.45	percent of total billed charges	
BREATHING RESP C02	94400	CPT	outpatient			391		Horizon	Medicare Blue		117.3	0.3			117.3	371.45	percent of total billed charges	
BREATHING RESP C02	94400	CPT	outpatient			391		Horizon	MGD		149.67	0.3828			117.3	371.45	percent of total billed charges	
BREATHING RESP C02	94400	CPT	outpatient			391		Horizon	PPO		149.67	0.3828			117.3	371.45	percent of total billed charges	
BREATHING RESP C02	94400	CPT	outpatient			391		Managed Care Inc	Managed Care Inc		351.9	0.9			117.3	371.45	percent of total billed charges	
BREATHING RESP C02	94400	CPT	outpatient			391		Multiplan	Multiplan		312.8	0.8			117.3	371.45	percent of total billed charges	
BREATHING RESP C02	94400	CPT	outpatient			391		Qualcare	Qualcare		293.25	0.75			117.3	371.45	percent of total billed charges	
BREATHING RESP C02	94400	CPT	outpatient			391		Three Rivers	Three Rivers		371.45	0.95			117.3	371.45	percent of total billed charges	
BREATHING RESP C02	94400	CPT	outpatient			391		UHC	Medicaid		123.01	0.3146			117.3	371.45	percent of total billed charges	
BREATHING RESP C02	94400	CPT	outpatient			391		Wellcare	Medicaid		123.01	0.3146			117.3	371.45	percent of total billed charges	
PULMONARY STRESS TEST SIMPLE	94618	CPT	both			484		168 Aetna	Medicare		146.09	1			133.39	459.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TEST SIMPLE	94618	CPT	both			484		168 Aetna	Commercial		232.58	1.592			133.39	459.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TEST SIMPLE	94618	CPT	both			484		168 Aetna	Better Health		152.27	0.3146			133.39	459.8	percent of total billed charges	
PULMONARY STRESS TEST SIMPLE	94618	CPT	both			484		168 Americare	Americare		363	0.75			133.39	459.8	percent of total billed charges	
PULMONARY STRESS TEST SIMPLE	94618	CPT	both			484		168 WellPoint	WellPoint		155.27	0.3208			133.39	459.8	percent of total billed charges	
PULMONARY STRESS TEST SIMPLE	94618	CPT	both			484		168 Amerihealth	Medicare		146.09	1			133.39	459.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TEST SIMPLE	94618	CPT	both			484		168 Consumer	Consumer		459.8	0.95			133.39	459.8	percent of total billed charges	
PULMONARY STRESS TEST SIMPLE	94618	CPT	both			484		168 Corrections	Corrections		387.2	0.8			133.39	459.8	percent of total billed charges	
PULMONARY STRESS TEST SIMPLE	94618	CPT	both			484		168 First Health	First Health		338.8	0.7			133.39	459.8	percent of total billed charges	
PULMONARY STRESS TEST SIMPLE	94618	CPT	both			484		168 First Trenton	First Trenton		435.6	0.9			133.39	459.8	percent of total billed charges	
PULMONARY STRESS TEST SIMPLE	94618	CPT	both			484		168 Horizon	Indemnity		266.91	1.827			133.39	459.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TEST SIMPLE	94618	CPT	both			484		168 Horizon	PPO		266.91	1.827			133.39	459.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TEST SIMPLE	94618	CPT	both			484		168 Horizon	MGD		266.91	1.827			133.39	459.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TEST SIMPLE	94618	CPT	both			484		168 Horizon	Medicare Blue		146.09	1			133.39	459.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TEST SIMPLE	94618	CPT	both			484		168 Managed Care Inc	Managed Care Inc		435.6	0.9			133.39	459.8	percent of total billed charges	
PULMONARY STRESS TEST SIMPLE	94618	CPT	both			484		168 Multiplan	Multiplan		387.2	0.8			133.39	459.8	percent of total billed charges	
PULMONARY STRESS TEST SIMPLE	94618	CPT	both			484		168 Qualcare	Qualcare		363	0.75			133.39	459.8	percent of total billed charges	
PULMONARY STRESS TEST SIMPLE	94618	CPT	both			484		168 Three Rivers	Three Rivers		459.8	0.95			133.39	459.8	percent of total billed charges	
PULMONARY STRESS TEST SIMPLE	94618	CPT	both			484		168 UHC	Medicaid		152.27	0.3146			133.39	459.8	percent of total billed charges	
PULMONARY STRESS TEST SIMPLE	94618	CPT	both			484		168 UHC	Medicare		146.09	1			133.39	459.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TEST SIMPLE	94618	CPT	both			484		168 Wellcare	Medicaid		152.27	0.3146			133.39	459.8	percent of total billed charges	
PULMONARY STRESS TEST SIMPLE	94618	CPT	both			484		168 Wellcare	Medicare		146.09	1			133.39	459.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Aetna	Commercial		384.18	0.38			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Aetna	Medicare		311.39	0.308			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Aetna	Better Health		318.06	0.3146			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Americare	Americare		758.25	0.75			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		WellPoint	WellPoint		324.33	0.3208			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Consumer	Consumer		960.45	0.95			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Corrections	Corrections		808.8	0.8			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		First Health	First Health		707.7	0.7			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		First Trenton	First Trenton		909.9	0.9			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Horizon	Indemnity		387.01	0.3828			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Horizon	MGD		387.01	0.3828			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Horizon	PPO		387.01	0.3828			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Horizon	Medicare Blue		303.3	0.3			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Managed Care Inc	Managed Care Inc		909.9	0.9			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Multiplan	Multiplan		808.8	0.8			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Qualcare	Qualcare		758.25	0.75			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Three Rivers	Three Rivers		960.45	0.95			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		UHC	Medicaid		318.06	0.3146			303.3	960.45	percent of total billed charges	
PULMONARY STRESS TEST	94620	CPT	outpatient			1011		Wellcare	Medicaid		318.06	0.3146			303.3	960.45	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Aetna	Medicare		330.79	0.308			330.79	1020.3	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Aetna	Commercial		571.48	1.592			330.79	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Aetna	Better Health		337.88	0.3146			330.79	1020.3	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Americare	Americare		805.5	0.75			330.79	1020.3	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 WellPoint	WellPoint		344.54	0.3208			330.79	1020.3	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Amerihealth	Medicare		358.97	1			330.79	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Consumer	Consumer		1020.3	0.95			330.79	1020.3	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Corrections	Corrections		859.2	0.8			330.79	1020.3	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 First Health	First Health		751.8	0.7			330.79	1020.3	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 First Trenton	First Trenton		966.6	0.9			330.79	1020.3	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Horizon	PPO		655.84	1.827			330.79	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Horizon	Indemnity		655.84	1.827			330.79	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Horizon	Medicare Blue		358.97	1			330.79	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Horizon	MGD		655.84	1.827			330.79	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Managed Care Inc	Managed Care Inc		966.6	0.9			330.79	1020.3	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Multiplan	Multiplan		859.2	0.8			330.79	1020.3	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Qualcare	Qualcare		805.5	0.75			330.79	1020.3	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Three Rivers	Three Rivers		1020.3	0.95			330.79	1020.3	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 UHC	Medicaid		337.88	0.3146			330.79	1020.3	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 UHC	Medicare		358.97	1			330.79	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Wellcare	Medicaid		337.88	0.3146			330.79	1020.3	percent of total billed charges	
CARDIOPULMONARY EXERC.STRESSTEST	94621	CPT	outpatient			1074		412.82 Wellcare	Medicare		358.97	1			330.79	1020.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBAVIRIN ADMINISTRATION	94640	CPT	both			750		280.52 Aetna	Better Health		235.95	0.3146			204.8	712.5	percent of total billed charges	
RIBAVIRIN ADMINISTRATION	94640	CPT	both			750		280.52 Aetna	Commercial		388.34	1.592			204.8	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBAVIRIN ADMINISTRATION	94640	CPT	both			750		280.52 Aetna	Medicare		243.93	1			204.8	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBAVIRIN ADMINISTRATION	94640	CPT	both			750		280.52 Americare	Americare		562.5	0.75			204.8	712.5	percent of total billed charges	
RIBAVIRIN ADMINISTRATION	94640	CPT	both			750		280.52 WellPoint	WellPoint		240.6	0.3208			204.8	712.5	percent of total billed charges	
RIBAVIRIN ADMINISTRATION	94640	CPT	both			750		280.52 Amerihealth	Medicare		243.93	1			204.8	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBAVIRIN ADMINISTRATION	94640	CPT	both			750		280.52 Consumer	Consumer		712.5	0.95			204.8	712.5	percent of total billed charges	
RIBAVIRIN ADMINISTRATION	94640	CPT	both			750		280.52 Corrections	Corrections		600	0.8			204.8	712.5	percent of total billed charges	
RIBAVIRIN ADMINISTRATION	94640	CPT	both			750		280.52 First Health	First Health		525	0.7			204.8	712.5	percent of total billed charges	
RIBAVIRIN ADMINISTRATION	94640	CPT	both			750		280.52 First Trenton	First Trenton		675	0.9			204.8	712.5	percent of total billed charges	
RIBAVIRIN ADMINISTRATION	94640	CPT	both			750		280.52 Horizon	Medicare Blue		243.93	1			204.8	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBAVIRIN ADMINISTRATION	94640	CPT	both			750		280.52 Horizon	PPO		445.66	1.827			204.8	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBAVIRIN ADMINISTRATION	94640	CPT	both			750		280.52 Horizon	MGD		445.66	1.827			204.8	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBAVIRIN ADMINISTRATION	94640	CPT	both			750		280.52 Horizon	Indemnity		445.66	1.827			204.8	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBAVIRIN ADMINISTRATION	94640	CPT	both			750		280.52 Managed Care Inc	Managed Care Inc		675	0.9			204.8	712.5	percent of total billed charges	
RIBAVIRIN ADMINISTRATION	94640	CPT	both			750		280.52 Multiplan	Multiplan		600	0.8			204.8	712.5	percent of total billed charges	
RIBAVIRIN ADMINISTRATION	94640	CPT	both			750		280.52 Qualcare	Qualcare		562.5	0.75			204.8	712.5	percent of total billed charges	
RIBAVIRIN ADMINISTRATION	94640	CPT	both			750		280.52 Three Rivers	Three Rivers		712.5	0.95			204.8	712.5	percent of total billed charges	
RIBAVIRIN ADMINISTRATION	94640	CPT	both			750		280.52 UHC	Medicaid		235.95	0.3146			204.8	712.5	percent of total billed charges	
RIBAVIRIN ADMINISTRATION	94640	CPT	both			750		280.52 UHC	Medicare		243.93	1			204.8	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBAVIRIN ADMINISTRATION	94640	CPT	both			750		280.52 Wellcare	Medicare		243.93	1			204.8	712.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RIBAVIRIN ADMINISTRATION	94640	CPT	both			750		280.52 Wellcare	Medicaid		235.95	0.3146			204.8	712.5	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699		280.52 Aetna	Commercial		388.34	1.592			219.91	664.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699		280.52 Aetna	Better Health		219.91	0.3146			219.91	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699		280.52 Aetna	Medicare		243.93	1			219.91	664.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699		280.52 Americare	Americare		524.25	0.75			219.91	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699		280.52 WellPoint	WellPoint		224.24	0.3208			219.91	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699		280.52 Amerihealth	Medicare		243.93	1			219.91	664.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699		280.52 Consumer	Consumer		664.05	0.95			219.91	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699		280.52 Corrections	Corrections		559.2	0.8			219.91	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699		280.52 First Health	First Health		489.3	0.7			219.91	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699		280.52 First Trenton	First Trenton		629.1	0.9			219.91	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699		280.52 Horizon	MGD		445.66	1.827			219.91	664.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699		280.52 Horizon	Medicare Blue		243.93	1			219.91	664.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699		280.52 Horizon	Indemnity		445.66	1.827			219.91	664.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699		280.52 Horizon	PPO		445.66	1.827			219.91	664.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699		280.52 Managed Care Inc	Managed Care Inc		629.1	0.9			219.91	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699		280.52 Multiplan	Multiplan		559.2	0.8			219.91	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699		280.52 Qualcare	Qualcare		524.25	0.75			219.91	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699		280.52 Three Rivers	Three Rivers		664.05	0.95			219.91	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699		280.52 UHC	Medicare		243.93	1			219.91	664.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699		280.52 UHC	Medicaid		219.91	0.3146			219.91	664.05	percent of total billed charges	
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699		280.52 Wellcare	Medicaid		219.91	0.3146			219.91	664.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PENTAMADINE INHALATION THREATME	94642	CPT	outpatient			699	280.52	Wellcare	Medicare		243.93	1			219.91	664.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS NEB	94644	CPT	both			467	168	Aetna	Better Health		146.92	0.3146			123.2	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	Aetna	Commercial		232.58	1.592			123.2	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS NEB	94644	CPT	both			467	168	Aetna	Medicare		143.84	0.308			123.2	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	Americare	Americare		350.25	0.75			123.2	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	WellPoint	WellPoint		149.81	0.3208			123.2	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	Amerihealth	Medicare		146.09	1			123.2	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS NEB	94644	CPT	both			467	168	Consumer	Consumer		443.65	0.95			123.2	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	Corrections	Corrections		373.6	0.8			123.2	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	First Health	First Health		326.9	0.7			123.2	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	First Trenton	First Trenton		420.3	0.9			123.2	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	Horizon	Indemnity		266.91	1.827			123.2	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS NEB	94644	CPT	both			467	168	Horizon	MGD		266.91	1.827			123.2	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS NEB	94644	CPT	both			467	168	Horizon	Medicare Blue		146.09	1			123.2	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS NEB	94644	CPT	both			467	168	Horizon	PPO		266.91	1.827			123.2	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS NEB	94644	CPT	both			467	168	Managed Care Inc	Managed Care Inc		420.3	0.9			123.2	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	Multiplan	Multiplan		373.6	0.8			123.2	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	Qualcare	Qualcare		350.25	0.75			123.2	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	Three Rivers	Three Rivers		443.65	0.95			123.2	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	UHC	Medicare		146.09	1			123.2	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS NEB	94644	CPT	both			467	168	UHC	Medicaid		146.92	0.3146			123.2	443.65	percent of total billed charges	
CONTINUOUS NEB	94644	CPT	both			467	168	Wellcare	Medicare		146.09	1			123.2	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONTINUOUS NEB	94644	CPT	both			467	168	Wellcare	Medicaid		146.92	0.3146			123.2	443.65	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410		Aetna	Better Health		128.99	0.3146			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410		Aetna	Commercial		155.8	0.38			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410		Aetna	Medicare		126.28	0.308			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410		Americare	Americare		307.5	0.75			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410		WellPoint	WellPoint		131.53	0.3208			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410		Consumer	Consumer		389.5	0.95			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410		Corrections	Corrections		328	0.8			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410		First Health	First Health		287	0.7			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410		First Trenton	First Trenton		369	0.9			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410		Horizon	Medicare Blue		123	0.3			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410		Horizon	MGD		156.95	0.3828			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410		Horizon	Indemnity		156.95	0.3828			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410		Horizon	PPO		156.95	0.3828			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410		Managed Care Inc	Managed Care Inc		369	0.9			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410		Multiplan	Multiplan		328	0.8			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410		Qualcare	Qualcare		307.5	0.75			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410		Three Rivers	Three Rivers		389.5	0.95			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410		UHC	Medicaid		128.99	0.3146			76.5	389.5	percent of total billed charges	
CONT INHAL TRT W/AER EA ADD HR	94645	CPT	both			410		Wellcare	Medicaid		128.99	0.3146			76.5	389.5	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	Aetna	Medicare		243.93	1			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP - DAY	94660	CPT	both			754	280.52	Aetna	Commercial		388.34	1.592			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP - DAY	94660	CPT	both			754	280.52	Aetna	Better Health		237.21	0.3146			237.21	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	Americare	Americare		565.5	0.75			237.21	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	WellPoint	WellPoint		241.88	0.3208			237.21	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	Amerihealth	Medicare		243.93	1			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP - DAY	94660	CPT	both			754	280.52	Consumer	Consumer		716.3	0.95			237.21	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	Corrections	Corrections		603.2	0.8			237.21	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	First Health	First Health		527.8	0.7			237.21	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	First Trenton	First Trenton		678.6	0.9			237.21	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	Horizon	Indemnity		445.66	1.827			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP - DAY	94660	CPT	both			754	280.52	Horizon	PPO		445.66	1.827			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP - DAY	94660	CPT	both			754	280.52	Horizon	Medicare Blue		243.93	1			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP - DAY	94660	CPT	both			754	280.52	Horizon	MGD		445.66	1.827			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP - DAY	94660	CPT	both			754	280.52	Managed Care Inc	Managed Care Inc		678.6	0.9			237.21	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	Multiplan	Multiplan		603.2	0.8			237.21	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	Qualcare	Qualcare		565.5	0.75			237.21	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	Three Rivers	Three Rivers		716.3	0.95			237.21	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	UHC	Medicare		243.93	1			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CPAP - DAY	94660	CPT	both			754	280.52	UHC	Medicaid		237.21	0.3146			237.21	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	Wellcare	Medicaid		237.21	0.3146			237.21	716.3	percent of total billed charges	
CPAP - DAY	94660	CPT	both			754	280.52	Wellcare	Medicare		243.93	1			237.21	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Aetna	Better Health		247.9	0.3146			219.91	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Aetna	Commercial		388.34	1.592			219.91	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Aetna	Medicare		243.93	1			219.91	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Americare	Americare		591	0.75			219.91	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	WellPoint	WellPoint		252.79	0.3208			219.91	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Amerihealth	Medicare		243.93	1			219.91	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Consumer	Consumer		748.6	0.95			219.91	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Corrections	Corrections		630.4	0.8			219.91	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	First Health	First Health		551.6	0.7			219.91	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	First Trenton	First Trenton		709.2	0.9			219.91	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Horizon	PPO		445.66	1.827			219.91	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Horizon	MGD		445.66	1.827			219.91	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Horizon	Indemnity		445.66	1.827			219.91	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Horizon	Medicare Blue		243.93	1			219.91	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Managed Care Inc	Managed Care Inc		709.2	0.9			219.91	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Multiplan	Multiplan		630.4	0.8			219.91	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Qualcare	Qualcare		591	0.75			219.91	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Three Rivers	Three Rivers		748.6	0.95			219.91	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	UHC	Medicare		243.93	1			219.91	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	UHC	Medicaid		247.9	0.3146			219.91	748.6	percent of total billed charges	
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Wellcare	Medicare		243.93	1			219.91	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEBULIZER TREATMENT INITIAL	94664	CPT	both			788	280.52	Wellcare	Medicaid		247.9	0.3146			219.91	748.6	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505	168	Aetna	Medicare		146.09	1			125.84	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - INITIAL	94667	CPT	both			505	168	Aetna	Better Health		158.87	0.3146			125.84	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505	168	Aetna	Commercial		232.58	1.592			125.84	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - INITIAL	94667	CPT	both			505	168	Americare	Americare		378.75	0.75			125.84	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505	168	WellPoint	WellPoint		162	0.3208			125.84	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505	168	Amerihealth	Medicare		146.09	1			125.84	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - INITIAL	94667	CPT	both			505	168	Consumer	Consumer		479.75	0.95			125.84	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505	168	Corrections	Corrections		404	0.8			125.84	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505	168	First Health	First Health		353.5	0.7			125.84	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505	168	First Trenton	First Trenton		454.5	0.9			125.84	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505	168	Horizon	PPO		266.91	1.827			125.84	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - INITIAL	94667	CPT	both			505	168	Horizon	MGD		266.91	1.827			125.84	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - INITIAL	94667	CPT	both			505	168	Horizon	Indemnity		266.91	1.827			125.84	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - INITIAL	94667	CPT	both			505	168	Horizon	Medicare Blue		146.09	1			125.84	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - INITIAL	94667	CPT	both			505	168	Managed Care Inc	Managed Care Inc		454.5	0.9			125.84	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505	168	Multiplan	Multiplan		404	0.8			125.84	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505	168	Qualcare	Qualcare		378.75	0.75			125.84	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505	168	Three Rivers	Three Rivers		479.75	0.95			125.84	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505	168	UHC	Medicaid		158.87	0.3146			125.84	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505	168	UHC	Medicare		146.09	1			125.84	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - INITIAL	94667	CPT	both			505	168	Wellcare	Medicaid		158.87	0.3146			125.84	479.75	percent of total billed charges	
CHEST PT - INITIAL	94667	CPT	both			505	168	Wellcare	Medicare		146.09	1			125.84	479.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - FOLLOW-UP	94668	CPT	both			259	168	Aetna	Medicare		146.09	1			77.71	266.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - FOLLOW-UP	94668	CPT	both			259	168	Aetna	Better Health		81.48	0.3146			77.71	266.91	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259	168	Aetna	Commercial		232.58	1.592			77.71	266.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - FOLLOW-UP	94668	CPT	both			259	168	Americare	Americare		194.25	0.75			77.71	266.91	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259	168	WellPoint	WellPoint		83.09	0.3208			77.71	266.91	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259	168	Amerihealth	Medicare		146.09	1			77.71	266.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - FOLLOW-UP	94668	CPT	both			259	168	Consumer	Consumer		246.05	0.95			77.71	266.91	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259	168	Corrections	Corrections		207.2	0.8			77.71	266.91	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259	168	First Health	First Health		181.3	0.7			77.71	266.91	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259	168	First Trenton	First Trenton		233.1	0.9			77.71	266.91	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259	168	Horizon	Indemnity		266.91	1.827			77.71	266.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - FOLLOW-UP	94668	CPT	both			259	168	Horizon	MGD		266.91	1.827			77.71	266.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - FOLLOW-UP	94668	CPT	both			259	168	Horizon	PPO		266.91	1.827			77.71	266.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - FOLLOW-UP	94668	CPT	both			259	168	Horizon	Medicare Blue		146.09	1			77.71	266.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - FOLLOW-UP	94668	CPT	both			259	168	Managed Care Inc	Managed Care Inc		233.1	0.9			77.71	266.91	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259	168	Multiplan	Multiplan		207.2	0.8			77.71	266.91	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259	168	Qualcare	Qualcare		194.25	0.75			77.71	266.91	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259	168	Three Rivers	Three Rivers		246.05	0.95			77.71	266.91	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259	168	UHC	Medicare		146.09	1			77.71	266.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEST PT - FOLLOW-UP	94668	CPT	both			259	168	UHC	Medicaid		81.48	0.3146			77.71	266.91	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259	168	Wellcare	Medicaid		81.48	0.3146			77.71	266.91	percent of total billed charges	
CHEST PT - FOLLOW-UP	94668	CPT	both			259	168	Wellcare	Medicare		146.09	1			77.71	266.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	both			959	412.82	Aetna	Medicare		358.97	1			301.7	911.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	both			959	412.82	Aetna	Commercial		571.48	1.592			301.7	911.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	both			959	412.82	Aetna	Better Health		301.7	0.3146			301.7	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	both			959	412.82	Americare	Americare		719.25	0.75			301.7	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	both			959	412.82	WellPoint	WellPoint		307.65	0.3208			301.7	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	both			959	412.82	Amerihealth	Medicare		358.97	1			301.7	911.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	both			959	412.82	Consumer	Consumer		911.05	0.95			301.7	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	both			959	412.82	Corrections	Corrections		767.2	0.8			301.7	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	both			959	412.82	First Health	First Health		671.3	0.7			301.7	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	both			959	412.82	First Trenton	First Trenton		863.1	0.9			301.7	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	both			959	412.82	Horizon	MGD		655.84	1.827			301.7	911.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	both			959	412.82	Horizon	Indemnity		655.84	1.827			301.7	911.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHALED AIR ANALYSIS 02/CO2	94681	CPT	both			959	412.82	Horizon	PPO		655.84	1.827			301.7	911.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXHALED AIR ANALYSIS 02/C02	94681	CPT	both			959		412.82 Horizon	Medicare Blue		358.97	1			301.7	911.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHALED AIR ANALYSIS 02/C02	94681	CPT	both			959		412.82 Managed Care Inc	Managed Care Inc		863.1	0.9			301.7	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/C02	94681	CPT	both			959		412.82 Multiplan	Multiplan		767.2	0.8			301.7	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/C02	94681	CPT	both			959		412.82 Qualcare	Qualcare		719.25	0.75			301.7	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/C02	94681	CPT	both			959		412.82 Three Rivers	Three Rivers		911.05	0.95			301.7	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/C02	94681	CPT	both			959		412.82 UHC	Medicaid		301.7	0.3146			301.7	911.05	percent of total billed charges	
EXHALED AIR ANALYSIS 02/C02	94681	CPT	both			959		412.82 UHC	Medicare		358.97	1			301.7	911.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHALED AIR ANALYSIS 02/C02	94681	CPT	both			959		412.82 Wellcare	Medicare		358.97	1			301.7	911.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXHALED AIR ANALYSIS 02/C02	94681	CPT	both			959		412.82 Wellcare	Medicaid		301.7	0.3146			301.7	911.05	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Aetna	Better Health		321.84	0.3146			139.05	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Aetna	Commercial		571.48	1.592			139.05	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Aetna	Medicare		358.97	1			139.05	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Americare	Americare		767.25	0.75			139.05	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 WellPoint	WellPoint		328.18	0.3208			139.05	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Amerihealth	Medicare		358.97	1			139.05	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Consumer	Consumer		971.85	0.95			139.05	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Corrections	Corrections		818.4	0.8			139.05	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 First Health	First Health		716.1	0.7			139.05	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 First Trenton	First Trenton		920.7	0.9			139.05	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Horizon	Indemnity		655.84	1.827			139.05	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Horizon	MGD		655.84	1.827			139.05	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Horizon	Medicare Blue		358.97	1			139.05	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Horizon	PPO		655.84	1.827			139.05	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Managed Care Inc	Managed Care Inc		920.7	0.9			139.05	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Multiplan	Multiplan		818.4	0.8			139.05	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Qualcare	Qualcare		767.25	0.75			139.05	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Three Rivers	Three Rivers		971.85	0.95			139.05	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 UHC	Medicaid		321.84	0.3146			139.05	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 UHC	Medicare		358.97	1			139.05	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Wellcare	Medicaid		321.84	0.3146			139.05	971.85	percent of total billed charges	
RESIDUAL CAPACITY	94726	CPT	outpatient			1023		412.82 Wellcare	Medicare		358.97	1			139.05	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Aetna	Commercial		284.41	1.592			163.86	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Aetna	Better Health		178.06	0.3146			163.86	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Aetna	Medicare		174.33	0.308			163.86	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Americare	Americare		424.5	0.75			163.86	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 WellPoint	WellPoint		181.57	0.3208			163.86	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Amerihealth	Medicare		178.65	1			163.86	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Consumer	Consumer		537.7	0.95			163.86	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Corrections	Corrections		452.8	0.8			163.86	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 First Health	First Health		396.2	0.7			163.86	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 First Trenton	First Trenton		509.4	0.9			163.86	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Horizon	PPO		326.39	1.827			163.86	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Horizon	Indemnity		326.39	1.827			163.86	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Horizon	MGD		326.39	1.827			163.86	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Horizon	Medicare Blue		178.65	1			163.86	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Managed Care Inc	Managed Care Inc		509.4	0.9			163.86	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Multiplan	Multiplan		452.8	0.8			163.86	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Qualcare	Qualcare		424.5	0.75			163.86	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Three Rivers	Three Rivers		537.7	0.95			163.86	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 UHC	Medicaid		178.06	0.3146			163.86	537.7	percent of total billed charges	
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 UHC	Medicare		178.65	1			163.86	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Wellcare	Medicare		178.65	1			163.86	537.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THORACIC GAS VOLUME	94727	CPT	both			566		205.45 Wellcare	Medicaid		178.06	0.3146			163.86	537.7	percent of total billed charges	
OSCILLARTORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Aetna	Medicare		178.65	1			174.6	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSCILLARTORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Aetna	Commercial		284.41	1.592			174.6	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSCILLARTORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Aetna	Better Health		321.84	0.3146			174.6	971.85	percent of total billed charges	
OSCILLARTORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Americare	Americare		767.25	0.75			174.6	971.85	percent of total billed charges	
OSCILLARTORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 WellPoint	WellPoint		328.18	0.3208			174.6	971.85	percent of total billed charges	
OSCILLARTORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Amerihealth	Medicare		178.65	1			174.6	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSCILLARTORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Consumer	Consumer		971.85	0.95			174.6	971.85	percent of total billed charges	
OSCILLARTORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Corrections	Corrections		818.4	0.8			174.6	971.85	percent of total billed charges	
OSCILLARTORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 First Health	First Health		716.1	0.7			174.6	971.85	percent of total billed charges	
OSCILLARTORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 First Trenton	First Trenton		920.7	0.9			174.6	971.85	percent of total billed charges	
OSCILLARTORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Horizon	MGD		326.39	1.827			174.6	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSCILLARTORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Horizon	Indemnity		326.39	1.827			174.6	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSCILLARTORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Horizon	Medicare Blue		178.65	1			174.6	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSCILLARTORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Horizon	PPO		326.39	1.827			174.6	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSCILLARTORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Managed Care Inc	Managed Care Inc		920.7	0.9			174.6	971.85	percent of total billed charges	
OSCILLARTORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Multiplan	Multiplan		818.4	0.8			174.6	971.85	percent of total billed charges	
OSCILLARTORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Qualcare	Qualcare		767.25	0.75			174.6	971.85	percent of total billed charges	
OSCILLARTORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Three Rivers	Three Rivers		971.85	0.95			174.6	971.85	percent of total billed charges	
OSCILLARTORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 UHC	Medicare		178.65	1			174.6	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSCILLARTORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 UHC	Medicaid		321.84	0.3146			174.6	971.85	percent of total billed charges	
OSCILLARTORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Wellcare	Medicare		178.65	1			174.6	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OSCILLARTORY/AIRWAY RESISTANCE	94728	CPT	outpatient			1023		205.45 Wellcare	Medicaid		321.84	0.3146			174.6	971.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Aetna	Better Health		120.49	0.3146			114.9	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Aetna	Commercial		145.54	0.38			114.9	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Aetna	Medicare		117.96	0.308			114.9	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Americare	Americare		287.25	0.75			114.9	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		WellPoint	WellPoint		122.87	0.3208			114.9	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Consumer	Consumer		363.85	0.95			114.9	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Corrections	Corrections		306.4	0.8			114.9	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		First Health	First Health		268.1	0.7			114.9	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		First Trenton	First Trenton		344.7	0.9			114.9	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Horizon	MGD		146.61	0.3828			114.9	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Horizon	Indemnity		146.61	0.3828			114.9	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Horizon	Medicare Blue		114.9	0.3			114.9	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Horizon	PPO		146.61	0.3828			114.9	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Managed Care Inc	Managed Care Inc		344.7	0.9			114.9	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Multiplan	Multiplan		306.4	0.8			114.9	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Qualcare	Qualcare		287.25	0.75			114.9	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Three Rivers	Three Rivers		363.85	0.95			114.9	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		UHC	Medicaid		120.49	0.3146			114.9	363.85	percent of total billed charges	
CARBON MON DIFF CAP	94729	CPT	both			383		Wellcare	Medicaid		120.49	0.3146			114.9	363.85	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Aetna	Medicare		129.05	0.308			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Aetna	Better Health		131.82	0.3146			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Aetna	Commercial		159.22	0.38			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Americare	Americare		314.25	0.75			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		WellPoint	WellPoint		134.42	0.3208			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Consumer	Consumer		398.05	0.95			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Corrections	Corrections		335.2	0.8			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		First Health	First Health		293.3	0.7			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		First Trenton	First Trenton		377.1	0.9			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Horizon	Indemnity		160.39	0.3828			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Horizon	MGD		160.39	0.3828			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Horizon	PPO		160.39	0.3828			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Horizon	Medicare Blue		125.7	0.3			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Managed Care Inc	Managed Care Inc		377.1	0.9			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Multiplan	Multiplan		335.2	0.8			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Qualcare	Qualcare		314.25	0.75			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Three Rivers	Three Rivers		398.05	0.95			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		UHC	Medicaid		131.82	0.3146			125.7	398.05	percent of total billed charges	
PULM COMPLIANCE STDY	94750	CPT	outpatient			419		Wellcare	Medicaid		131.82	0.3146			125.7	398.05	percent of total billed charges	
PULSE OXIMETRY SINGLE	94760	CPT	both			285		Aetna	Better Health		89.66	0.3146			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY SINGLE	94760	CPT	both			285		Aetna	Commercial		108.3	0.38			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY SINGLE	94760	CPT	both			285		Aetna	Medicare		87.78	0.308			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY SINGLE	94760	CPT	both			285		Americare	Americare		213.75	0.75			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY SINGLE	94760	CPT	both			285		WellPoint	WellPoint		91.43	0.3208			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY SINGLE	94760	CPT	both			285		Consumer	Consumer		270.75	0.95			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY SINGLE	94760	CPT	both			285		Corrections	Corrections		228	0.8			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY SINGLE	94760	CPT	both			285		First Health	First Health		199.5	0.7			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY SINGLE	94760	CPT	both			285		First Trenton	First Trenton		256.5	0.9			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY SINGLE	94760	CPT	both			285		Horizon	MGD		109.1	0.3828			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY SINGLE	94760	CPT	both			285		Horizon	Indemnity		109.1	0.3828			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY SINGLE	94760	CPT	both			285		Horizon	PPO		109.1	0.3828			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY SINGLE	94760	CPT	both			285		Horizon	Medicare Blue		85.5	0.3			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY SINGLE	94760	CPT	both			285		Managed Care Inc	Managed Care Inc		256.5	0.9			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY SINGLE	94760	CPT	both			285		Multiplan	Multiplan		228	0.8			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY SINGLE	94760	CPT	both			285		Qualcare	Qualcare		213.75	0.75			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY SINGLE	94760	CPT	both			285		Three Rivers	Three Rivers		270.75	0.95			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY SINGLE	94760	CPT	both			285		UHC	Medicaid		89.66	0.3146			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY SINGLE	94760	CPT	both			285		Wellcare	Medicaid		89.66	0.3146			39.9	270.75	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Aetna	Commercial		145.54	0.38			97.5	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Aetna	Medicare		117.96	0.308			97.5	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Aetna	Better Health		120.49	0.3146			97.5	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Americare	Americare		287.25	0.75			97.5	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		WellPoint	WellPoint		122.87	0.3208			97.5	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Consumer	Consumer		363.85	0.95			97.5	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Corrections	Corrections		306.4	0.8			97.5	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		First Health	First Health		268.1	0.7			97.5	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		First Trenton	First Trenton		344.7	0.9			97.5	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Horizon	Indemnity		146.61	0.3828			97.5	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Horizon	Medicare Blue		114.9	0.3			97.5	363.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Horizon	MGD		146.61	0.3828			97.5	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Horizon	PPO		146.61	0.3828			97.5	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Managed Care Inc	Managed Care Inc		344.7	0.9			97.5	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Multiplan	Multiplan		306.4	0.8			97.5	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Qualcare	Qualcare		287.25	0.75			97.5	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Three Rivers	Three Rivers		363.85	0.95			97.5	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		UHC	Medicaid		120.49	0.3146			97.5	363.85	percent of total billed charges	
PULSE OXIMETRY-CONTIN.(PER DAY)	94761	CPT	both			383		Wellcare	Medicaid		120.49	0.3146			97.5	363.85	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Aetna	Better Health		329.07	0.3146			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Aetna	Medicare		322.17	0.308			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Aetna	Commercial		397.48	0.38			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Americare	Americare		784.5	0.75			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		WellPoint	WellPoint		335.56	0.3208			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Consumer	Consumer		993.7	0.95			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Corrections	Corrections		836.8	0.8			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		First Health	First Health		732.2	0.7			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		First Trenton	First Trenton		941.4	0.9			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Horizon	MGD		400.41	0.3828			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Horizon	Medicare Blue		313.8	0.3			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Horizon	Indemnity		400.41	0.3828			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Horizon	PPO		400.41	0.3828			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Managed Care Inc	Managed Care Inc		941.4	0.9			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Multiplan	Multiplan		836.8	0.8			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Qualcare	Qualcare		784.5	0.75			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Three Rivers	Three Rivers		993.7	0.95			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		UHC	Medicaid		329.07	0.3146			313.8	993.7	percent of total billed charges	
CO2 EXP GAS DETERM BRONCHOS	94770	CPT	outpatient			1046		Wellcare	Medicaid		329.07	0.3146			313.8	993.7	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Aetna	Better Health		306.42	0.3146			306.42	1119.93	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Aetna	Medicare		612.99	1			306.42	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Aetna	Commercial		975.88	1.592			306.42	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Americare	Americare		730.5	0.75			306.42	1119.93	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	WellPoint	WellPoint		312.46	0.3208			306.42	1119.93	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Amerihealth	Medicare		612.99	1			306.42	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Consumer	Consumer		925.3	0.95			306.42	1119.93	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Corrections	Corrections		779.2	0.8			306.42	1119.93	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	First Health	First Health		681.8	0.7			306.42	1119.93	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	First Trenton	First Trenton		876.6	0.9			306.42	1119.93	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Horizon	MGD		1119.93	1.827			306.42	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Horizon	Medicare Blue		612.99	1			306.42	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Horizon	Indemnity		1119.93	1.827			306.42	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Horizon	PPO		1119.93	1.827			306.42	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Managed Care Inc	Managed Care Inc		876.6	0.9			306.42	1119.93	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Multiplan	Multiplan		779.2	0.8			306.42	1119.93	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Qualcare	Qualcare		730.5	0.75			306.42	1119.93	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Three Rivers	Three Rivers		925.3	0.95			306.42	1119.93	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	UHC	Medicaid		306.42	0.3146			306.42	1119.93	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	UHC	Medicare		612.99	1			306.42	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Wellcare	Medicaid		306.42	0.3146			306.42	1119.93	percent of total billed charges	
PHEUMOGRAM	94772	CPT	outpatient			974	704.94	Wellcare	Medicare		612.99	1			306.42	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY SCREENING	94799	CPT	inpatient			554	205.45	Aetna	Commercial		284.41	1.592			174.29	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY SCREENING	94799	CPT	inpatient			554	205.45	Aetna	Better Health		174.29	0.3146			174.29	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	inpatient			554	205.45	Aetna	Medicare		178.65	1			174.29	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY SCREENING	94799	CPT	inpatient			554	205.45	Americare	Americare		415.5	0.75			174.29	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	inpatient			554	205.45	WellPoint	WellPoint		177.72	0.3208			174.29	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	inpatient			554	205.45	Amerihealth	Medicare		178.65	1			174.29	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY SCREENING	94799	CPT	inpatient			554	205.45	Consumer	Consumer		526.3	0.95			174.29	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	inpatient			554	205.45	Corrections	Corrections		443.2	0.8			174.29	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	inpatient			554	205.45	First Health	First Health		387.8	0.7			174.29	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	inpatient			554	205.45	First Trenton	First Trenton		498.6	0.9			174.29	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	inpatient			554	205.45	Horizon	Indemnity		326.39	1.827			174.29	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY SCREENING	94799	CPT	inpatient			554	205.45	Horizon	PPO		326.39	1.827			174.29	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY SCREENING	94799	CPT	inpatient			554	205.45	Horizon	MGD		326.39	1.827			174.29	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY SCREENING	94799	CPT	inpatient			554	205.45	Horizon	Medicare Blue		178.65	1			174.29	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY SCREENING	94799	CPT	inpatient			554	205.45	Managed Care Inc	Managed Care Inc		498.6	0.9			174.29	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	inpatient			554	205.45	Multiplan	Multiplan		443.2	0.8			174.29	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	inpatient			554	205.45	Qualcare	Qualcare		415.5	0.75			174.29	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	inpatient			554	205.45	Three Rivers	Three Rivers		526.3	0.95			174.29	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	inpatient			554	205.45	UHC	Medicaid		174.29	0.3146			174.29	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	inpatient			554	205.45	UHC	Medicare		178.65	1			174.29	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULMONARY SCREENING	94799	CPT	inpatient			554	205.45	Wellcare	Medicaid		174.29	0.3146			174.29	526.3	percent of total billed charges	
PULMONARY SCREENING	94799	CPT	inpatient			554	205.45	Wellcare	Medicare		178.65	1			174.29	526.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Aetna	Medicare		1195.75	1			1071.53	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Aetna	Better Health		1071.53	0.3146			1071.53	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Aetna	Commercial		1903.63	1.592			1071.53	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Americare	Americare		2554.5	0.75			1071.53	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	WellPoint	WellPoint		1092.64	0.3208			1071.53	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Amerihealth	Medicare		1195.75	1			1071.53	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Consumer	Consumer		3235.7	0.95			1071.53	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Corrections	Corrections		2724.8	0.8			1071.53	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	First Health	First Health		2384.2	0.7			1071.53	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	First Trenton	First Trenton		3065.4	0.9			1071.53	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Horizon	Indemnity		2184.64	1.827			1071.53	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Horizon	MGD		2184.64	1.827			1071.53	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Horizon	PPO		2184.64	1.827			1071.53	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Horizon	Medicare Blue		1195.75	1			1071.53	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Managed Care Inc	Managed Care Inc		3065.4	0.9			1071.53	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Multiplan	Multiplan		2724.8	0.8			1071.53	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Qualcare	Qualcare		2554.5	0.75			1071.53	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Three Rivers	Three Rivers		3235.7	0.95			1071.53	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	UHC	Medicaid		1071.53	0.3146			1071.53	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	UHC	Medicare		1195.75	1			1071.53	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Wellcare	Medicaid		1071.53	0.3146			1071.53	3235.7	percent of total billed charges	
PERCUTANEOUS TESTS	95004	CPT	outpatient			3406	1375.11	Wellcare	Medicare		1195.75	1			1071.53	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Aetna	Commercial		73.01	1.592			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Aetna	Better Health		39.01	0.3146			39.01	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Aetna	Medicare		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Americare	Americare		93	0.75			39.01	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	WellPoint	WellPoint		39.78	0.3208			39.01	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Amerihealth	Medicare		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Consumer	Consumer		117.8	0.95			39.01	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Corrections	Corrections		99.2	0.8			39.01	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	First Health	First Health		86.8	0.7			39.01	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	First Trenton	First Trenton		111.6	0.9			39.01	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Horizon	MGD		83.79	1.827			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Horizon	PPO		83.79	1.827			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Horizon	Indemnity		83.79	1.827			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Horizon	Medicare Blue		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Managed Care Inc	Managed Care Inc		111.6	0.9			39.01	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Multiplan	Multiplan		99.2	0.8			39.01	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Qualcare	Qualcare		93	0.75			39.01	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Three Rivers	Three Rivers		117.8	0.95			39.01	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	UHC	Medicare		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	UHC	Medicaid		39.01	0.3146			39.01	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Wellcare	Medicaid		39.01	0.3146			39.01	117.8	percent of total billed charges	
ALLG TEST PQ&IC DR IMM REACT I&R	95018	CPT	outpatient			124	52.74	Wellcare	Medicare		45.86	1			39.01	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Aetna	Medicare		64.99	0.308			64.99	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Aetna	Better Health		66.38	0.3146			64.99	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Aetna	Commercial		111.38	1.592			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Americare	Americare		158.25	0.75			64.99	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	WellPoint	WellPoint		67.69	0.3208			64.99	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Amerihealth	Medicare		69.96	1			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Consumer	Consumer		200.45	0.95			64.99	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Corrections	Corrections		168.8	0.8			64.99	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	First Health	First Health		147.7	0.7			64.99	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	First Trenton	First Trenton		189.9	0.9			64.99	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Horizon	PPO		127.82	1.827			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Horizon	MGD		127.82	1.827			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Horizon	Indemnity		127.82	1.827			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Horizon	Medicare Blue		69.96	1			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Managed Care Inc	Managed Care Inc		189.9	0.9			64.99	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Multiplan	Multiplan		168.8	0.8			64.99	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Qualcare	Qualcare		158.25	0.75			64.99	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Three Rivers	Three Rivers		200.45	0.95			64.99	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	UHC	Medicare		69.96	1			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	UHC	Medicaid		66.38	0.3146			64.99	200.45	percent of total billed charges	
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Wellcare	Medicare		69.96	1			64.99	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRACUT TESTS W/ALL EXTRACTS	95024	CPT	outpatient			211	80.45	Wellcare	Medicaid		66.38	0.3146			64.99	200.45	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Aetna	Better Health		41.53	0.3146			39.01	125.4	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Aetna	Medicare		45.86	1			39.01	125.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Aetna	Commercial		73.01	1.592			39.01	125.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Americare	Americare		99	0.75			39.01	125.4	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	WellPoint	WellPoint		42.35	0.3208			39.01	125.4	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Amerihealth	Medicare		45.86	1			39.01	125.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Consumer	Consumer		125.4	0.95			39.01	125.4	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Corrections	Corrections		105.6	0.8			39.01	125.4	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	First Health	First Health		92.4	0.7			39.01	125.4	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	First Trenton	First Trenton		118.8	0.9			39.01	125.4	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Horizon	MGD		83.79	1.827			39.01	125.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Horizon	Indemnity		83.79	1.827			39.01	125.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Horizon	Medicare Blue		45.86	1			39.01	125.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Horizon	PPO		83.79	1.827			39.01	125.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Managed Care Inc	Managed Care Inc		118.8	0.9			39.01	125.4	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Multiplan	Multiplan		105.6	0.8			39.01	125.4	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Qualcare	Qualcare		99	0.75			39.01	125.4	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Three Rivers	Three Rivers		125.4	0.95			39.01	125.4	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	UHC	Medicaid		41.53	0.3146			39.01	125.4	percent of total billed charges	
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	UHC	Medicare		45.86	1			39.01	125.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Wellcare	Medicare		45.86	1			39.01	125.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IC TSTS W ALLG XTRCS DLYD W READ	95028	CPT	outpatient			132	52.74	Wellcare	Medicaid		41.53	0.3146			39.01	125.4	percent of total billed charges	
PATHAPP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Aetna	Better Health		1071.53	0.3146			1049.05	3235.7	percent of total billed charges	
PATHAPP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Aetna	Medicare		3065.4	0.308			1049.05	3235.7	percent of total billed charges	
PATHAPP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Aetna	Commercial		1903.63	1.592			1049.05	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHAPP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Americare	Americare		2554.5	0.75			1049.05	3235.7	percent of total billed charges	
PATHAPP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	WellPoint	WellPoint		1092.64	0.3208			1049.05	3235.7	percent of total billed charges	
PATHAPP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Amerihealth	Medicare		1195.75	1			1049.05	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHAPP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Consumer	Consumer		3235.7	0.95			1049.05	3235.7	percent of total billed charges	
PATHAPP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Corrections	Corrections		2724.8	0.8			1049.05	3235.7	percent of total billed charges	
PATHAPP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	First Health	First Health		2384.2	0.7			1049.05	3235.7	percent of total billed charges	
PATHAPP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	First Trenton	First Trenton		3065.4	0.9			1049.05	3235.7	percent of total billed charges	
PATHAPP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Horizon	MGD		2184.64	1.827			1049.05	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHAPP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Horizon	Medicare Blue		1195.75	1			1049.05	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHAPP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Horizon	PPO		2184.64	1.827			1049.05	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHAPP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Horizon	Indemnity		2184.64	1.827			1049.05	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHAPP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Managed Care Inc	Managed Care Inc		3065.4	0.9			1049.05	3235.7	percent of total billed charges	
PATHAPP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Multiplan	Multiplan		2724.8	0.8			1049.05	3235.7	percent of total billed charges	
PATHAPP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Qualcare	Qualcare		2554.5	0.75			1049.05	3235.7	percent of total billed charges	
PATHAPP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Three Rivers	Three Rivers		3235.7	0.95			1049.05	3235.7	percent of total billed charges	
PATHAPP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	UHC	Medicaid		1071.53	0.3146			1049.05	3235.7	percent of total billed charges	
PATHAPP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	UHC	Medicare		1195.75	1			1049.05	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PATHAPP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Wellcare	Medicaid		1071.53	0.3146			1049.05	3235.7	percent of total billed charges	
PATHAPP TEST(S)(SPECIFY NUM)	95044	CPT	outpatient			3406	1375.11	Wellcare	Medicare		1195.75	1			1049.05	3235.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Aetna	Commercial		232.58	1.592			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Aetna	Better Health		133.39	0.3146			133.39	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Aetna	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Americare	Americare		318	0.75			133.39	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	WellPoint	WellPoint		136.02	0.3208			133.39	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Amerihealth	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Consumer	Consumer		402.8	0.95			133.39	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Corrections	Corrections		339.2	0.8			133.39	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	First Health	First Health		296.8	0.7			133.39	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	First Trenton	First Trenton		381.6	0.9			133.39	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Horizon	MGD		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Horizon	Indemnity		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Horizon	Medicare Blue		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Horizon	PPO		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Managed Care Inc	Managed Care Inc		381.6	0.9			133.39	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Multiplan	Multiplan		339.2	0.8			133.39	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Qualcare	Qualcare		318	0.75			133.39	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Three Rivers	Three Rivers		402.8	0.95			133.39	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	UHC	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCHIRMERS TEST	95060	CPT	outpatient			424	168	UHC	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Wellcare	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
SCHIRMERS TEST	95060	CPT	outpatient			424	168	Wellcare	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070	704.94	Aetna	Commercial		975.88	1.592			336.62	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070	704.94	Aetna	Better Health		336.62	0.3146			336.62	1119.93	percent of total billed charges	
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070	704.94	Aetna	Medicare		612.99	1			336.62	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070	704.94	Americare	Americare		802.5	0.75			336.62	1119.93	percent of total billed charges	
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070	704.94	WellPoint	WellPoint		343.26	0.3208			336.62	1119.93	percent of total billed charges	
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070	704.94	Amerihealth	Medicare		612.99	1			336.62	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070	704.94	Consumer	Consumer		1016.5	0.95			336.62	1119.93	percent of total billed charges	
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070	704.94	Corrections	Corrections		856	0.8			336.62	1119.93	percent of total billed charges	
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070	704.94	First Health	First Health		749	0.7			336.62	1119.93	percent of total billed charges	
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070	704.94	First Trenton	First Trenton		963	0.9			336.62	1119.93	percent of total billed charges	
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070	704.94	Horizon	PPO		1119.93	1.827			336.62	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070	704.94	Horizon	MGD		1119.93	1.827			336.62	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070	704.94	Horizon	Medicare Blue		612.99	1			336.62	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070	704.94	Horizon	Indemnity		1119.93	1.827			336.62	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070	704.94	Managed Care Inc	Managed Care Inc		963	0.9			336.62	1119.93	percent of total billed charges	
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070	704.94	Multiplan	Multiplan		856	0.8			336.62	1119.93	percent of total billed charges	
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070	704.94	Qualcare	Qualcare		802.5	0.75			336.62	1119.93	percent of total billed charges	
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070	704.94	Three Rivers	Three Rivers		1016.5	0.95			336.62	1119.93	percent of total billed charges	
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070	704.94	UHC	Medicaid		336.62	0.3146			336.62	1119.93	percent of total billed charges	
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070	704.94	UHC	Medicare		612.99	1			336.62	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070	704.94	Wellcare	Medicare		612.99	1			336.62	1119.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INHALATION BRONCHIAL CHAL TEST	95070	CPT	outpatient			1070	704.94	Wellcare	Medicaid		336.62	0.3146			336.62	1119.93	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762	704.94	Aetna	Better Health		554.33	0.3146			542.7	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762	704.94	Aetna	Commercial		975.88	1.592			542.7	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762	704.94	Aetna	Medicare		542.7	0.308			542.7	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762	704.94	Americare	Americare		1321.5	0.75			542.7	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762	704.94	WellPoint	WellPoint		565.25	0.3208			542.7	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762	704.94	Amerihealth	Medicare		612.99	1			542.7	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762	704.94	Consumer	Consumer		1673.9	0.95			542.7	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762	704.94	Corrections	Corrections		1409.6	0.8			542.7	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762	704.94	First Health	First Health		1233.4	0.7			542.7	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762	704.94	First Trenton	First Trenton		1585.8	0.9			542.7	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762	704.94	Horizon	Indemnity		1119.93	1.827			542.7	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762	704.94	Horizon	Medicare Blue		612.99	1			542.7	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762	704.94	Horizon	PPO		1119.93	1.827			542.7	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762	704.94	Horizon	MGD		1119.93	1.827			542.7	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762	704.94	Managed Care Inc	Managed Care Inc		1585.8	0.9			542.7	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762	704.94	Multiplan	Multiplan		1409.6	0.8			542.7	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762	704.94	Qualcare	Qualcare		1321.5	0.75			542.7	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762	704.94	Three Rivers	Three Rivers		1673.9	0.95			542.7	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762	704.94	UHC	Medicare		612.99	1			542.7	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762	704.94	UHC	Medicaid		554.33	0.3146			542.7	1673.9	percent of total billed charges	
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762	704.94	Wellcare	Medicare		612.99	1			542.7	1673.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INGEST CHALL TEST INITIAL 120 MIN	95076	CPT	outpatient			1762	704.94	Wellcare	Medicaid		554.33	0.3146			542.7	1673.9	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155	62.48	Aetna	Medicare		54.33	1			48.76	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155	62.48	Aetna	Better Health		48.76	0.3146			48.76	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155	62.48	Aetna	Commercial		86.49	1.592			48.76	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155	62.48	Americare	Americare		116.25	0.75			48.76	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155	62.48	WellPoint	WellPoint		49.72	0.3208			48.76	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155	62.48	Amerihealth	Medicare		54.33	1			48.76	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155	62.48	Consumer	Consumer		147.25	0.95			48.76	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155	62.48	Corrections	Corrections		124	0.8			48.76	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155	62.48	First Health	First Health		108.5	0.7			48.76	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155	62.48	First Trenton	First Trenton		139.5	0.9			48.76	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155	62.48	Horizon	Indemnity		99.26	1.827			48.76	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155	62.48	Horizon	MGD		99.26	1.827			48.76	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155	62.48	Horizon	Medicare Blue		54.33	1			48.76	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155	62.48	Horizon	PPO		99.26	1.827			48.76	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155	62.48	Managed Care Inc	Managed Care Inc		139.5	0.9			48.76	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155	62.48	Multiplan	Multiplan		124	0.8			48.76	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155	62.48	Qualcare	Qualcare		116.25	0.75			48.76	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155	62.48	Three Rivers	Three Rivers		147.25	0.95			48.76	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155	62.48	UHC	Medicaid		48.76	0.3146			48.76	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155	62.48	UHC	Medicare		54.33	1			48.76	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155	62.48	Wellcare	Medicaid		48.76	0.3146			48.76	147.25	percent of total billed charges	
IMMUNOTHERAPY INJECTIONS	95117	CPT	outpatient			155	62.48	Wellcare	Medicare		54.33	1			48.76	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211	80.45	Aetna	Commercial		111.38	1.592			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211	80.45	Aetna	Better Health		66.38	0.3146			66.38	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211	80.45	Aetna	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211	80.45	Americare	Americare		158.25	0.75			66.38	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211	80.45	WellPoint	WellPoint		67.69	0.3208			66.38	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211	80.45	Amerihealth	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211	80.45	Consumer	Consumer		200.45	0.95			66.38	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211	80.45	Corrections	Corrections		168.8	0.8			66.38	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211	80.45	First Health	First Health		147.7	0.7			66.38	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211	80.45	First Trenton	First Trenton		189.9	0.9			66.38	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211	80.45	Horizon	Indemnity		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211	80.45	Horizon	MGD		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211	80.45	Horizon	PPO		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211	80.45	Horizon	Medicare Blue		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211	80.45	Managed Care Inc	Managed Care Inc		189.9	0.9			66.38	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211	80.45	Multiplan	Multiplan		168.8	0.8			66.38	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211	80.45	Qualcare	Qualcare		158.25	0.75			66.38	200.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211	80.45	Three Rivers	Three Rivers		200.45	0.95			66.38	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211	80.45	UHC	Medicaid		66.38	0.3146			66.38	200.45	percent of total billed charges	
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211	80.45	UHC	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211	80.45	Wellcare	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PT PROV EQPT	95249	CPT	outpatient			211	80.45	Wellcare	Medicaid		66.38	0.3146			66.38	200.45	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442	173.86	Aetna	Commercial		240.68	1.592			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442	173.86	Aetna	Better Health		139.05	0.3146			139.05	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442	173.86	Aetna	Medicare		151.18	1			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442	173.86	Americare	Americare		331.5	0.75			139.05	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442	173.86	WellPoint	WellPoint		141.79	0.3208			139.05	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442	173.86	Amerihealth	Medicare		151.18	1			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442	173.86	Consumer	Consumer		419.9	0.95			139.05	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442	173.86	Corrections	Corrections		353.6	0.8			139.05	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442	173.86	First Health	First Health		309.4	0.7			139.05	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442	173.86	First Trenton	First Trenton		397.8	0.9			139.05	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442	173.86	Horizon	Indemnity		276.21	1.827			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442	173.86	Horizon	Medicare Blue		151.18	1			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442	173.86	Horizon	MCD		276.21	1.827			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442	173.86	Horizon	PPO		276.21	1.827			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442	173.86	Managed Care Inc	Managed Care Inc		397.8	0.9			139.05	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442	173.86	Multiplan	Multiplan		353.6	0.8			139.05	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442	173.86	Qualcare	Qualcare		331.5	0.75			139.05	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442	173.86	Three Rivers	Three Rivers		419.9	0.95			139.05	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442	173.86	UHC	Medicare		151.18	1			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442	173.86	UHC	Medicaid		139.05	0.3146			139.05	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442	173.86	Wellcare	Medicaid		139.05	0.3146			139.05	419.9	percent of total billed charges	
CONT GLUC MONITOR PHY PROV EQPT	95250	CPT	outpatient			442	173.86	Wellcare	Medicare		151.18	1			139.05	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016	205.45	Aetna	Commercial		284.41	1.592			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016	205.45	Aetna	Better Health		319.63	0.3146			101.6	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016	205.45	Aetna	Medicare		178.65	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016	205.45	Americare	Americare		762	0.75			101.6	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016	205.45	WellPoint	WellPoint		325.93	0.3208			101.6	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016	205.45	Amerihealth	Medicare		178.65	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016	205.45	Consumer	Consumer		965.2	0.95			101.6	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016	205.45	Corrections	Corrections		812.8	0.8			101.6	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016	205.45	First Health	First Health		711.2	0.7			101.6	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016	205.45	First Trenton	First Trenton		914.4	0.9			101.6	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016	205.45	Horizon	Indemnity		326.39	1.827			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016	205.45	Horizon	Medicare Blue		178.65	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016	205.45	Horizon	NJ Health		101.6	0.1			101.6	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016	205.45	Horizon	MCD		326.39	1.827			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016	205.45	Horizon	PPO		326.39	1.827			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016	205.45	Managed Care Inc	Managed Care Inc		914.4	0.9			101.6	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016	205.45	Multiplan	Multiplan		812.8	0.8			101.6	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016	205.45	Qualcare	Qualcare		762	0.75			101.6	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016	205.45	Three Rivers	Three Rivers		965.2	0.95			101.6	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016	205.45	UHC	Medicaid		319.63	0.3146			101.6	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016	205.45	UHC	Medicare		178.65	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016	205.45	Wellcare	Medicaid		319.63	0.3146			101.6	965.2	percent of total billed charges	
EEG CONT REC W/VID EEG TECH	95700	CPT	both			1016	205.45	Wellcare	Medicare		178.65	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016	412.82	Aetna	Medicare		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016	412.82	Aetna	Better Health		319.63	0.3146			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016	412.82	Aetna	Commercial		571.48	1.592			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016	412.82	Americare	Americare		762	0.75			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016	412.82	WellPoint	WellPoint		325.93	0.3208			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016	412.82	Amerihealth	Medicare		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016	412.82	Consumer	Consumer		965.2	0.95			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016	412.82	Corrections	Corrections		812.8	0.8			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016	412.82	First Health	First Health		711.2	0.7			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016	412.82	First Trenton	First Trenton		914.4	0.9			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016	412.82	Horizon	NJ Health		101.6	0.1			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016	412.82	Horizon	Indemnity		655.84	1.827			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016	412.82	Horizon	PPO		655.84	1.827			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016	412.82	Horizon	MCD		655.84	1.827			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016	412.82	Horizon	Medicare Blue		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016	412.82	Managed Care Inc	Managed Care Inc		914.4	0.9			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016	412.82	Multiplan	Multiplan		812.8	0.8			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016	412.82	Qualcare	Qualcare		762	0.75			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016	412.82	Three Rivers	Three Rivers		965.2	0.95			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016	412.82	UHC	Medicare		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016	412.82	UHC	Medicaid		319.63	0.3146			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016	412.82	Wellcare	Medicare		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12 HR UNMNTR	95705	CPT	inpatient			1016	412.82	Wellcare	Medicaid		319.63	0.3146			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016	412.82	Aetna	Better Health		319.63	0.3146			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016	412.82	Aetna	Medicare		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016	412.82	Aetna	Commercial		571.48	1.592			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016	412.82	Americare	Americare		762	0.75			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016	412.82	WellPoint	WellPoint		325.93	0.3208			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016	412.82	Amerihealth	Medicare		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016	412.82	Consumer	Consumer		965.2	0.95			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016	412.82	Corrections	Corrections		812.8	0.8			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016	412.82	First Health	First Health		711.2	0.7			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016	412.82	First Trenton	First Trenton		914.4	0.9			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016	412.82	Horizon	PPO		655.84	1.827			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016	412.82	Horizon	NJ Health		101.6	0.1			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016	412.82	Horizon	Medicare Blue		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016	412.82	Horizon	MCD		655.84	1.827			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016	412.82	Horizon	Indemnity		655.84	1.827			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016	412.82	Managed Care Inc	Managed Care Inc		914.4	0.9			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016	412.82	Multiplan	Multiplan		812.8	0.8			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016	412.82	Qualcare	Qualcare		762	0.75			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016	412.82	Three Rivers	Three Rivers		965.2	0.95			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016	412.82	UHC	Medicaid		319.63	0.3146			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016	412.82	UHC	Medicare		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016	412.82	Wellcare	Medicaid		319.63	0.3146			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR INTMT MNTR	95706	CPT	outpatient			1016	412.82	Wellcare	Medicare		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016	412.82	Aetna	Better Health		319.63	0.3146			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016	412.82	Aetna	Medicare		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016	412.82	Aetna	Commercial		571.48	1.592			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016	412.82	Americare	Americare		762	0.75			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016	412.82	WellPoint	WellPoint		325.93	0.3208			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016	412.82	Amerihealth	Medicare		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016	412.82	Consumer	Consumer		965.2	0.95			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016	412.82	Corrections	Corrections		812.8	0.8			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016	412.82	First Health	First Health		711.2	0.7			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016	412.82	First Trenton	First Trenton		914.4	0.9			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016	412.82	Horizon	Indemnity		655.84	1.827			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016	412.82	Horizon	MCD		655.84	1.827			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016	412.82	Horizon	NJ Health		101.6	0.1			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016	412.82	Horizon	Medicare Blue		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016	412.82	Horizon	PPO		655.84	1.827			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016	412.82	Managed Care Inc	Managed Care Inc		914.4	0.9			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016	412.82	Multiplan	Multiplan		812.8	0.8			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016	412.82	Qualcare	Qualcare		762	0.75			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016	412.82	Three Rivers	Three Rivers		965.2	0.95			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016	412.82	UHC	Medicare		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016	412.82	UHC	Medicaid		319.63	0.3146			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016	412.82	Wellcare	Medicaid		319.63	0.3146			101.6	965.2	percent of total billed charges	
EEG W/O VID 2-12HR CONT MNTR	95707	CPT	outpatient			1016	412.82	Wellcare	Medicare		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-26HR UNMNTR	95708	CPT	outpatient			1948	704.94	Aetna	Commercial		975.88	1.592			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG WO VID EA 12-26HR UNMNTR	95708	CPT	outpatient			1948	704.94	Aetna	Better Health		612.84	0.3146			194.8	1850.6	percent of total billed charges	
EEG WO VID EA 12-26HR UNMNTR	95708	CPT	outpatient			1948	704.94	Aetna	Medicare		599.98	0.308			194.8	1850.6	percent of total billed charges	
EEG WO VID EA 12-26HR UNMNTR	95708	CPT	outpatient			1948	704.94	Americare	Americare		1461	0.75			194.8	1850.6	percent of total billed charges	
EEG WO VID EA 12-26HR UNMNTR	95708	CPT	outpatient			1948	704.94	WellPoint	WellPoint		624.92	0.3208			194.8	1850.6	percent of total billed charges	
EEG WO VID EA 12-26HR UNMNTR	95708	CPT	outpatient			1948	704.94	Amerihealth	Medicare		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG WO VID EA 12-26HR UNMNTR	95708	CPT	outpatient			1948	704.94	Consumer	Consumer		1850.6	0.95			194.8	1850.6	percent of total billed charges	
EEG WO VID EA 12-26HR UNMNTR	95708	CPT	outpatient			1948	704.94	Corrections	Corrections		1558.4	0.8			194.8	1850.6	percent of total billed charges	
EEG WO VID EA 12-26HR UNMNTR	95708	CPT	outpatient			1948	704.94	First Health	First Health		1363.6	0.7			194.8	1850.6	percent of total billed charges	
EEG WO VID EA 12-26HR UNMNTR	95708	CPT	outpatient			1948	704.94	First Trenton	First Trenton		1753.2	0.9			194.8	1850.6	percent of total billed charges	
EEG WO VID EA 12-26HR UNMNTR	95708	CPT	outpatient			1948	704.94	Horizon	PPO		1119.93	1.827			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG WO VID EA 12-26HR UNMNTR	95708	CPT	outpatient			1948	704.94	Horizon	Medicare Blue		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG WO VID EA 12-26HR UNMNTR	95708	CPT	outpatient			1948	704.94	Horizon	MCD		1119.93	1.827			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG WO VID EA 12-26HR UNMNTR	95708	CPT	outpatient			1948	704.94	Horizon	Indemnity		1119.93	1.827			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG WO VID EA 12-26HR UNMNTR	95708	CPT	outpatient			1948	704.94	Horizon	NJ Health		194.8	0.1			194.8	1850.6	percent of total billed charges	
EEG WO VID EA 12-26HR UNMNTR	95708	CPT	outpatient			1948	704.94	Managed Care Inc	Managed Care Inc		1753.2	0.9			194.8	1850.6	percent of total billed charges	
EEG WO VID EA 12-26HR UNMNTR	95708	CPT	outpatient			1948	704.94	Multiplan	Multiplan		1558.4	0.8			194.8	1850.6	percent of total billed charges	
EEG WO VID EA 12-26HR UNMNTR	95708	CPT	outpatient			1948	704.94	Qualcare	Qualcare		1461	0.75			194.8	1850.6	percent of total billed charges	
EEG WO VID EA 12-26HR UNMNTR	95708	CPT	outpatient			1948	704.94	Three Rivers	Three Rivers		1850.6	0.95			194.8	1850.6	percent of total billed charges	
EEG WO VID EA 12-26HR UNMNTR	95708	CPT	outpatient			1948	704.94	UHC	Medicaid		612.84	0.3146			194.8	1850.6	percent of total billed charges	
EEG WO VID EA 12-26HR UNMNTR	95708	CPT	outpatient			1948	704.94	UHC	Medicare		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG WO VID EA 12-26HR UNMNTR	95708	CPT	outpatient			1948	704.94	Wellcare	Medicare		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG WO VID EA 12-26HR UNMNTR	95708	CPT	outpatient			1948	704.94	Wellcare	Medicaid		612.84	0.3146			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR INTMT	95709	CPT	outpatient			1948	704.94	Aetna	Better Health		612.84	0.3146			194.8	1850.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EEG W/O VID EA 12-26HR INTMT	95709	CPT	outpatient			1948	704.94	Aetna	Medicare		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-26HR INTMT	95709	CPT	outpatient			1948	704.94	Aetna	Commercial		975.88	1.592			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-26HR INTMT	95709	CPT	outpatient			1948	704.94	Americare	Americare		1461	0.75			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR INTMT	95709	CPT	outpatient			1948	704.94	WellPoint	WellPoint		624.92	0.3208			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR INTMT	95709	CPT	outpatient			1948	704.94	Amerihealth	Medicare		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-26HR INTMT	95709	CPT	outpatient			1948	704.94	Consumer	Consumer		1850.6	0.95			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR INTMT	95709	CPT	outpatient			1948	704.94	Corrections	Corrections		1558.4	0.8			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR INTMT	95709	CPT	outpatient			1948	704.94	First Health	First Health		1363.6	0.7			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR INTMT	95709	CPT	outpatient			1948	704.94	First Trenton	First Trenton		1753.2	0.9			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR INTMT	95709	CPT	outpatient			1948	704.94	Horizon	PPO		1119.93	1.827			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-26HR INTMT	95709	CPT	outpatient			1948	704.94	Horizon	MGD		1119.93	1.827			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-26HR INTMT	95709	CPT	outpatient			1948	704.94	Horizon	Indemnity		1119.93	1.827			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-26HR INTMT	95709	CPT	outpatient			1948	704.94	Horizon	NJ Health		194.8	0.1			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR INTMT	95709	CPT	outpatient			1948	704.94	Horizon	Medicare Blue		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-26HR INTMT	95709	CPT	outpatient			1948	704.94	Managed Care Inc	Managed Care Inc		1753.2	0.9			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR INTMT	95709	CPT	outpatient			1948	704.94	Multiplan	Multiplan		1558.4	0.8			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR INTMT	95709	CPT	outpatient			1948	704.94	Qualcare	Qualcare		1461	0.75			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR INTMT	95709	CPT	outpatient			1948	704.94	Three Rivers	Three Rivers		1850.6	0.95			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR INTMT	95709	CPT	outpatient			1948	704.94	UHC	Medicare		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-26HR INTMT	95709	CPT	outpatient			1948	704.94	UHC	Medicaid		612.84	0.3146			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR INTMT	95709	CPT	outpatient			1948	704.94	Wellcare	Medicare		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-26HR INTMT	95709	CPT	outpatient			1948	704.94	Wellcare	Medicaid		612.84	0.3146			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR CONT	95710	CPT	inpatient			1948	704.94	Aetna	Commercial		975.88	1.592			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-26HR CONT	95710	CPT	inpatient			1948	704.94	Aetna	Medicare		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-26HR CONT	95710	CPT	inpatient			1948	704.94	Aetna	Better Health		612.84	0.3146			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR CONT	95710	CPT	inpatient			1948	704.94	Americare	Americare		1461	0.75			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR CONT	95710	CPT	inpatient			1948	704.94	WellPoint	WellPoint		624.92	0.3208			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR CONT	95710	CPT	inpatient			1948	704.94	Amerihealth	Medicare		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-26HR CONT	95710	CPT	inpatient			1948	704.94	Consumer	Consumer		1850.6	0.95			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR CONT	95710	CPT	inpatient			1948	704.94	Corrections	Corrections		1558.4	0.8			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR CONT	95710	CPT	inpatient			1948	704.94	First Health	First Health		1363.6	0.7			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR CONT	95710	CPT	inpatient			1948	704.94	First Trenton	First Trenton		1753.2	0.9			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR CONT	95710	CPT	inpatient			1948	704.94	Horizon	MGD		1119.93	1.827			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-26HR CONT	95710	CPT	inpatient			1948	704.94	Horizon	Medicare Blue		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-26HR CONT	95710	CPT	inpatient			1948	704.94	Horizon	Indemnity		1119.93	1.827			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-26HR CONT	95710	CPT	inpatient			1948	704.94	Horizon	PPO		1119.93	1.827			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-26HR CONT	95710	CPT	inpatient			1948	704.94	Horizon	NJ Health		194.8	0.1			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR CONT	95710	CPT	inpatient			1948	704.94	Managed Care Inc	Managed Care Inc		1753.2	0.9			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR CONT	95710	CPT	inpatient			1948	704.94	Multiplan	Multiplan		1558.4	0.8			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR CONT	95710	CPT	inpatient			1948	704.94	Qualcare	Qualcare		1461	0.75			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR CONT	95710	CPT	inpatient			1948	704.94	Three Rivers	Three Rivers		1850.6	0.95			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR CONT	95710	CPT	inpatient			1948	704.94	UHC	Medicare		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/O VID EA 12-26HR CONT	95710	CPT	inpatient			1948	704.94	UHC	Medicaid		612.84	0.3146			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR CONT	95710	CPT	inpatient			1948	704.94	Wellcare	Medicaid		612.84	0.3146			194.8	1850.6	percent of total billed charges	
EEG W/O VID EA 12-26HR CONT	95710	CPT	inpatient			1948	704.94	Wellcare	Medicare		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016	412.82	Aetna	Better Health		319.63	0.3146			101.6	965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016	412.82	Aetna	Commercial		571.48	1.592			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016	412.82	Aetna	Medicare		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016	412.82	Americare	Americare		762	0.75			101.6	965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016	412.82	WellPoint	WellPoint		325.93	0.3208			101.6	965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016	412.82	Amerihealth	Medicare		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016	412.82	Consumer	Consumer		965.2	0.95			101.6	965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016	412.82	Corrections	Corrections		812.8	0.8			101.6	965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016	412.82	First Health	First Health		711.2	0.7			101.6	965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016	412.82	First Trenton	First Trenton		914.4	0.9			101.6	965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016	412.82	Horizon	PPO		655.84	1.827			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016	412.82	Horizon	Indemnity		655.84	1.827			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016	412.82	Horizon	MGD		655.84	1.827			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016	412.82	Horizon	Medicare Blue		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016	412.82	Horizon	NJ Health		101.6	0.1			101.6	965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016	412.82	Managed Care Inc	Managed Care Inc		914.4	0.9			101.6	965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016	412.82	Multiplan	Multiplan		812.8	0.8			101.6	965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016	412.82	Qualcare	Qualcare		762	0.75			101.6	965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016	412.82	Three Rivers	Three Rivers		965.2	0.95			101.6	965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016	412.82	UHC	Medicare		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016	412.82	UHC	Medicaid		319.63	0.3146			101.6	965.2	percent of total billed charges	
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016	412.82	Wellcare	Medicare		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12HR UNMONITORED	95711	CPT	both			1016	412.82	Wellcare	Medicaid		319.63	0.3146			101.6	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	inpatient			1016	412.82	Aetna	Commercial		571.48	1.592			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR INTMT MNTR	95712	CPT	inpatient			1016	412.82	Aetna	Better Health		319.63	0.3146			101.6	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	inpatient			1016	412.82	Aetna	Medicare		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR INTMT MNTR	95712	CPT	inpatient			1016	412.82	Americare	Americare		762	0.75			101.6	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	inpatient			1016	412.82	WellPoint	WellPoint		325.93	0.3208			101.6	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	inpatient			1016	412.82	Amerihealth	Medicare		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR INTMT MNTR	95712	CPT	inpatient			1016	412.82	Consumer	Consumer		965.2	0.95			101.6	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	inpatient			1016	412.82	Corrections	Corrections		812.8	0.8			101.6	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	inpatient			1016	412.82	First Health	First Health		711.2	0.7			101.6	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	inpatient			1016	412.82	First Trenton	First Trenton		914.4	0.9			101.6	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	inpatient			1016	412.82	Horizon	Medicare Blue		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR INTMT MNTR	95712	CPT	inpatient			1016	412.82	Horizon	Indemnity		655.84	1.827			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR INTMT MNTR	95712	CPT	inpatient			1016	412.82	Horizon	PPO		655.84	1.827			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR INTMT MNTR	95712	CPT	inpatient			1016	412.82	Horizon	NJ Health		101.6	0.1			101.6	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	inpatient			1016	412.82	Horizon	MGD		655.84	1.827			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR INTMT MNTR	95712	CPT	inpatient			1016	412.82	Managed Care Inc	Managed Care Inc		914.4	0.9			101.6	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	inpatient			1016	412.82	Multiplan	Multiplan		812.8	0.8			101.6	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	inpatient			1016	412.82	Qualcare	Qualcare		762	0.75			101.6	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	inpatient			1016	412.82	Three Rivers	Three Rivers		965.2	0.95			101.6	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	inpatient			1016	412.82	UHC	Medicare		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR INTMT MNTR	95712	CPT	inpatient			1016	412.82	UHC	Medicaid		319.63	0.3146			101.6	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	inpatient			1016	412.82	Wellcare	Medicaid		319.63	0.3146			101.6	965.2	percent of total billed charges	
VEEG 2-12 HR INTMT MNTR	95712	CPT	inpatient			1016	412.82	Wellcare	Medicare		358.97	1			101.6	965.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR CONT MNTR	95713	CPT	inpatient			1948	704.94	Aetna	Better Health		612.84	0.3146			194.8	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	inpatient			1948	704.94	Aetna	Commercial		975.88	1.592			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR CONT MNTR	95713	CPT	inpatient			1948	704.94	Aetna	Medicare		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR CONT MNTR	95713	CPT	inpatient			1948	704.94	Americare	Americare		1461	0.75			194.8	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	inpatient			1948	704.94	WellPoint	WellPoint		624.92	0.3208			194.8	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	inpatient			1948	704.94	Amerihealth	Medicare		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR CONT MNTR	95713	CPT	inpatient			1948	704.94	Consumer	Consumer		1850.6	0.95			194.8	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	inpatient			1948	704.94	Corrections	Corrections		1558.4	0.8			194.8	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	inpatient			1948	704.94	First Health	First Health		1363.6	0.7			194.8	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	inpatient			1948	704.94	First Trenton	First Trenton		1753.2	0.9			194.8	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	inpatient			1948	704.94	Horizon	MGD		1119.93	1.827			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR CONT MNTR	95713	CPT	inpatient			1948	704.94	Horizon	Medicare Blue		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR CONT MNTR	95713	CPT	inpatient			1948	704.94	Horizon	Indemnity		1119.93	1.827			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR CONT MNTR	95713	CPT	inpatient			1948	704.94	Horizon	PPO		1119.93	1.827			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR CONT MNTR	95713	CPT	inpatient			1948	704.94	Horizon	NJ Health		194.8	0.1			194.8	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	inpatient			1948	704.94	Managed Care Inc	Managed Care Inc		1753.2	0.9			194.8	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	inpatient			1948	704.94	Multiplan	Multiplan		1558.4	0.8			194.8	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	inpatient			1948	704.94	Qualcare	Qualcare		1461	0.75			194.8	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	inpatient			1948	704.94	Three Rivers	Three Rivers		1850.6	0.95			194.8	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	inpatient			1948	704.94	UHC	Medicare		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG 2-12 HR CONT MNTR	95713	CPT	inpatient			1948	704.94	UHC	Medicaid		612.84	0.3146			194.8	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	inpatient			1948	704.94	Wellcare	Medicaid		612.84	0.3146			194.8	1850.6	percent of total billed charges	
VEEG 2-12 HR CONT MNTR	95713	CPT	inpatient			1948	704.94	Wellcare	Medicare		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Aetna	Medicare		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Aetna	Better Health		612.84	0.3146			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Aetna	Commercial		975.88	1.592			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Americare	Americare		1461	0.75			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	WellPoint	WellPoint		624.92	0.3208			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Amerihealth	Medicare		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Consumer	Consumer		1850.6	0.95			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Corrections	Corrections		1558.4	0.8			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	First Health	First Health		1363.6	0.7			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	First Trenton	First Trenton		1753.2	0.9			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Horizon	Medicare Blue		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Horizon	NJ Health		194.8	0.1			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Horizon	MGD		1119.93	1.827			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Horizon	PPO		1119.93	1.827			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Horizon	Indemnity		1119.93	1.827			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Managed Care Inc	Managed Care Inc		1753.2	0.9			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Multiplan	Multiplan		1558.4	0.8			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Qualcare	Qualcare		1461	0.75			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Three Rivers	Three Rivers		1850.6	0.95			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	UHC	Medicaid		612.84	0.3146			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	UHC	Medicare		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Wellcare	Medicare		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26 HR UNMNTR	95714	CPT	both			1948	704.94	Wellcare	Medicaid		612.84	0.3146			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Aetna	Better Health		612.84	0.3146			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Aetna	Commercial		975.88	1.592			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Aetna	Medicare		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Americare	Americare		1461	0.75			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	WellPoint	WellPoint		624.92	0.3208			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Amerihealth	Medicare		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Consumer	Consumer		1850.6	0.95			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Corrections	Corrections		1558.4	0.8			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	First Health	First Health		1363.6	0.7			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	First Trenton	First Trenton		1753.2	0.9			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Horizon	MGD		1119.93	1.827			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Horizon	PPO		1119.93	1.827			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Horizon	NJ Health		194.8	0.1			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Horizon	Medicare Blue		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Horizon	Indemnity		1119.93	1.827			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Managed Care Inc	Managed Care Inc		1753.2	0.9			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Multiplan	Multiplan		1558.4	0.8			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Qualcare	Qualcare		1461	0.75			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Three Rivers	Three Rivers		1850.6	0.95			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	UHC	Medicaid		612.84	0.3146			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	UHC	Medicare		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Wellcare	Medicare		612.99	1			194.8	1850.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR INTMT MNTR	95715	CPT	inpatient			1948	704.94	Wellcare	Medicaid		612.84	0.3146			194.8	1850.6	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	outpatient			3646	1375.11	Aetna	Better Health		1147.03	0.3146			364.6	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	outpatient			3646	1375.11	Aetna	Commercial		1903.63	1.592			364.6	3463.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR CONT MNTR	95716	CPT	outpatient			3646	1375.11	Aetna	Medicare		1195.75	1			364.6	3463.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR CONT MNTR	95716	CPT	outpatient			3646	1375.11	Americare	Americare		2734.5	0.75			364.6	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	outpatient			3646	1375.11	WellPoint	WellPoint		1169.64	0.3208			364.6	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	outpatient			3646	1375.11	Amerihealth	Medicare		1195.75	1			364.6	3463.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR CONT MNTR	95716	CPT	outpatient			3646	1375.11	Consumer	Consumer		3463.7	0.95			364.6	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	outpatient			3646	1375.11	Corrections	Corrections		2916.8	0.8			364.6	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	outpatient			3646	1375.11	First Health	First Health		2552.2	0.7			364.6	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	outpatient			3646	1375.11	First Trenton	First Trenton		3281.4	0.9			364.6	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	outpatient			3646	1375.11	Horizon	MGD		2184.64	1.827			364.6	3463.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR CONT MNTR	95716	CPT	outpatient			3646	1375.11	Horizon	PPO		2184.64	1.827			364.6	3463.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR CONT MNTR	95716	CPT	outpatient			3646	1375.11	Horizon	Medicare Blue		1195.75	1			364.6	3463.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR CONT MNTR	95716	CPT	outpatient			3646	1375.11	Horizon	Indemnity		2184.64	1.827			364.6	3463.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR CONT MNTR	95716	CPT	outpatient			3646	1375.11	Horizon	NJ Health		364.6	0.1			364.6	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	outpatient			3646	1375.11	Managed Care Inc	Managed Care Inc		3281.4	0.9			364.6	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	outpatient			3646	1375.11	Multiplan	Multiplan		2916.8	0.8			364.6	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	outpatient			3646	1375.11	Qualcare	Qualcare		2734.5	0.75			364.6	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	outpatient			3646	1375.11	Three Rivers	Three Rivers		3463.7	0.95			364.6	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	outpatient			3646	1375.11	UHC	Medicare		1195.75	1			364.6	3463.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR CONT MNTR	95716	CPT	outpatient			3646	1375.11	UHC	Medicaid		1147.03	0.3146			364.6	3463.7	percent of total billed charges	
VEEG EA 12-26HR CONT MNTR	95716	CPT	outpatient			3646	1375.11	Wellcare	Medicare		1195.75	1			364.6	3463.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VEEG EA 12-26HR CONT MNTR	95716	CPT	outpatient			3646	1375.11	Wellcare	Medicaid		1147.03	0.3146			364.6	3463.7	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Aetna	Commercial		284.41	1.592			176.79	545.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Aetna	Medicare		176.79	0.308			176.79	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Aetna	Better Health		180.58	0.3146			176.79	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Americare	Americare		430.5	0.75			176.79	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	WellPoint	WellPoint		184.14	0.3208			176.79	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Amerihealth	Medicare		178.65	1			176.79	545.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Consumer	Consumer		545.3	0.95			176.79	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Corrections	Corrections		459.2	0.8			176.79	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	First Health	First Health		401.8	0.7			176.79	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	First Trenton	First Trenton		516.6	0.9			176.79	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Horizon	Medicare Blue		178.65	1			176.79	545.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Horizon	PPO		326.39	1.827			176.79	545.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Horizon	Indemnity		326.39	1.827			176.79	545.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Horizon	MGD		326.39	1.827			176.79	545.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Managed Care Inc	Managed Care Inc		516.6	0.9			176.79	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Multiplan	Multiplan		459.2	0.8			176.79	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Qualcare	Qualcare		430.5	0.75			176.79	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Three Rivers	Three Rivers		545.3	0.95			176.79	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	UHC	Medicaid		180.58	0.3146			176.79	545.3	percent of total billed charges	
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	UHC	Medicare		178.65	1			176.79	545.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Wellcare	Medicare		178.65	1			176.79	545.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOME SLEEP STUDY UNATTENDED	95800	CPT	both			574	205.45	Wellcare	Medicaid		180.58	0.3146			176.79	545.3	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Aetna	Commercial		284.41	1.592			178.65	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Aetna	Better Health		268.35	0.3146			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Aetna	Medicare		262.72	0.308			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Americare	Americare		639.75	0.75			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	WellPoint	WellPoint		273.64	0.3208			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Amerihealth	Medicare		178.65	1			178.65	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Consumer	Consumer		810.35	0.95			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Corrections	Corrections		682.4	0.8			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	First Health	First Health		597.1	0.7			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	First Trenton	First Trenton		767.7	0.9			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Horizon	MGD		326.39	1.827			178.65	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Horizon	Indemnity		326.39	1.827			178.65	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Horizon	PPO		326.39	1.827			178.65	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Horizon	Medicare Blue		178.65	1			178.65	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Managed Care Inc	Managed Care Inc		767.7	0.9			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Multiplan	Multiplan		682.4	0.8			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Qualcare	Qualcare		639.75	0.75			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Three Rivers	Three Rivers		810.35	0.95			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	UHC	Medicaid		268.35	0.3146			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	UHC	Medicare		178.65	1			178.65	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Wellcare	Medicaid		268.35	0.3146			178.65	810.35	percent of total billed charges	
SLEEP APNEA SCREENING	95806	CPT	outpatient			853	205.45	Wellcare	Medicare		178.65	1			178.65	810.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Aetna	Commercial		571.48	1.592			257.66	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Aetna	Better Health		257.66	0.3146			257.66	778.05	percent of total billed charges	
EEG EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Aetna	Medicare		358.97	1			257.66	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Americare	Americare		614.25	0.75			257.66	778.05	percent of total billed charges	
EEG EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	WellPoint	WellPoint		262.74	0.3208			257.66	778.05	percent of total billed charges	
EEG EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Amerihealth	Medicare		358.97	1			257.66	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Consumer	Consumer		778.05	0.95			257.66	778.05	percent of total billed charges	
EEG EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Corrections	Corrections		655.2	0.8			257.66	778.05	percent of total billed charges	
EEG EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	First Health	First Health		573.3	0.7			257.66	778.05	percent of total billed charges	
EEG EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	First Trenton	First Trenton		737.1	0.9			257.66	778.05	percent of total billed charges	
EEG EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Horizon	Medicare Blue		358.97	1			257.66	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Horizon	Indemnity		655.84	1.827			257.66	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Horizon	MGD		655.84	1.827			257.66	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Horizon	PPO		655.84	1.827			257.66	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Managed Care Inc	Managed Care Inc		737.1	0.9			257.66	778.05	percent of total billed charges	
EEG EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Multiplan	Multiplan		655.2	0.8			257.66	778.05	percent of total billed charges	
EEG EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Qualcare	Qualcare		614.25	0.75			257.66	778.05	percent of total billed charges	
EEG EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Three Rivers	Three Rivers		778.05	0.95			257.66	778.05	percent of total billed charges	
EEG EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	UHC	Medicaid		257.66	0.3146			257.66	778.05	percent of total billed charges	
EEG EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	UHC	Medicare		358.97	1			257.66	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Wellcare	Medicaid		257.66	0.3146			257.66	778.05	percent of total billed charges	
EEG EXTND MONTORING 41-60 MIN	95812	CPT	both			819	412.82	Wellcare	Medicare		358.97	1			257.66	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Aetna	Better Health		257.66	0.3146			252.25	778.05	percent of total billed charges	
EEG EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Aetna	Commercial		571.48	1.592			252.25	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Aetna	Medicare		252.25	0.308			252.25	778.05	percent of total billed charges	
EEG EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Americare	Americare		614.25	0.75			252.25	778.05	percent of total billed charges	
EEG EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	WellPoint	WellPoint		262.74	0.3208			252.25	778.05	percent of total billed charges	
EEG EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Amerihealth	Medicare		358.97	1			252.25	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Consumer	Consumer		778.05	0.95			252.25	778.05	percent of total billed charges	
EEG EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Corrections	Corrections		655.2	0.8			252.25	778.05	percent of total billed charges	
EEG EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	First Health	First Health		573.3	0.7			252.25	778.05	percent of total billed charges	
EEG EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	First Trenton	First Trenton		737.1	0.9			252.25	778.05	percent of total billed charges	
EEG EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Horizon	Indemnity		655.84	1.827			252.25	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Horizon	MGD		655.84	1.827			252.25	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Horizon	PPO		655.84	1.827			252.25	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Horizon	Medicare Blue		358.97	1			252.25	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Managed Care Inc	Managed Care Inc		737.1	0.9			252.25	778.05	percent of total billed charges	
EEG EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Multiplan	Multiplan		655.2	0.8			252.25	778.05	percent of total billed charges	
EEG EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Qualcare	Qualcare		614.25	0.75			252.25	778.05	percent of total billed charges	
EEG EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Three Rivers	Three Rivers		778.05	0.95			252.25	778.05	percent of total billed charges	
EEG EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	UHC	Medicare		358.97	1			252.25	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	UHC	Medicaid		257.66	0.3146			252.25	778.05	percent of total billed charges	
EEG EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Wellcare	Medicaid		257.66	0.3146			252.25	778.05	percent of total billed charges	
EEG EXTENDED MONITORING>1HR	95813	CPT	both			819	412.82	Wellcare	Medicare		358.97	1			252.25	778.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG WIREC AWAKE&DROWSY	95816	CPT	both			1038	412.82	Aetna	Better Health		326.55	0.3146			326.55	986.1	percent of total billed charges	
EEG WIREC AWAKE&DROWSY	95816	CPT	both			1038	412.82	Aetna	Medicare		358.97	1			326.55	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG WIREC AWAKE&DROWSY	95816	CPT	both			1038	412.82	Aetna	Commercial		571.48	1.592			326.55	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG WIREC AWAKE&DROWSY	95816	CPT	both			1038	412.82	Americare	Americare		778.5	0.75			326.55	986.1	percent of total billed charges	
EEG WIREC AWAKE&DROWSY	95816	CPT	both			1038	412.82	WellPoint	WellPoint		332.99	0.3208			326.55	986.1	percent of total billed charges	
EEG WIREC AWAKE&DROWSY	95816	CPT	both			1038	412.82	Amerihealth	Medicare		358.97	1			326.55	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG WIREC AWAKE&DROWSY	95816	CPT	both			1038	412.82	Consumer	Consumer		986.1	0.95			326.55	986.1	percent of total billed charges	
EEG WIREC AWAKE&DROWSY	95816	CPT	both			1038	412.82	Corrections	Corrections		830.4	0.8			326.55	986.1	percent of total billed charges	
EEG WIREC AWAKE&DROWSY	95816	CPT	both			1038	412.82	First Health	First Health		726.6	0.7			326.55	986.1	percent of total billed charges	
EEG WIREC AWAKE&DROWSY	95816	CPT	both			1038	412.82	First Trenton	First Trenton		934.2	0.9			326.55	986.1	percent of total billed charges	
EEG WIREC AWAKE&DROWSY	95816	CPT	both			1038	412.82	Horizon	Medicare Blue		358.97	1			326.55	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG WIREC AWAKE&DROWSY	95816	CPT	both			1038	412.82	Horizon	Indemnity		655.84	1.827			326.55	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG WIREC AWAKE&DROWSY	95816	CPT	both			1038	412.82	Horizon	MGD		655.84	1.827			326.55	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG WIREC AWAKE&DROWSY	95816	CPT	both			1038	412.82	Horizon	PPO		655.84	1.827			326.55	986.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG WIREC AWAKE&DROWSY	95816	CPT	both			1038	412.82	Managed Care Inc	Managed Care Inc		934.2	0.9			326.55	986.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EEG W/REC AWAKE&DROWSY	95816	CPT	both			1038		412.82 Multiplan	Multiplan		830.4	0.8			326.55		986.1 percent of total billed charges	
EEG W/REC AWAKE&DROWSY	95816	CPT	both			1038		412.82 Qualcare	Qualcare		778.5	0.75			326.55		986.1 percent of total billed charges	
EEG W/REC AWAKE&DROWSY	95816	CPT	both			1038		412.82 Three Rivers	Three Rivers		986.1	0.95			326.55		986.1 percent of total billed charges	
EEG W/REC AWAKE&DROWSY	95816	CPT	both			1038		412.82 UHC	Medicare		358.97	1			326.55		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/REC AWAKE&DROWSY	95816	CPT	both			1038		412.82 UHC	Medicaid		326.55	0.3146			326.55		986.1 percent of total billed charges	
EEG W/REC AWAKE&DROWSY	95816	CPT	both			1038		412.82 Wellcare	Medicare		358.97	1			326.55		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG W/REC AWAKE&DROWSY	95816	CPT	both			1038		412.82 Wellcare	Medicaid		326.55	0.3146			326.55		986.1 percent of total billed charges	
EEG AWAKE/ASLEEP	95819	CPT	both			1038		412.82 Aetna	Commercial		571.48	1.592			326.55		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG AWAKE/ASLEEP	95819	CPT	both			1038		412.82 Aetna	Better Health		326.55	0.3146			326.55		986.1 percent of total billed charges	
EEG AWAKE/ASLEEP	95819	CPT	both			1038		412.82 Aetna	Medicare		358.97	1			326.55		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG AWAKE/ASLEEP	95819	CPT	both			1038		412.82 Americare	Americare		778.5	0.75			326.55		986.1 percent of total billed charges	
EEG AWAKE/ASLEEP	95819	CPT	both			1038		412.82 WellPoint	WellPoint		332.99	0.3208			326.55		986.1 percent of total billed charges	
EEG AWAKE/ASLEEP	95819	CPT	both			1038		412.82 Amerihealth	Medicare		358.97	1			326.55		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG AWAKE/ASLEEP	95819	CPT	both			1038		412.82 Consumer	Consumer		986.1	0.95			326.55		986.1 percent of total billed charges	
EEG AWAKE/ASLEEP	95819	CPT	both			1038		412.82 Corrections	Corrections		830.4	0.8			326.55		986.1 percent of total billed charges	
EEG AWAKE/ASLEEP	95819	CPT	both			1038		412.82 First Health	First Health		726.6	0.7			326.55		986.1 percent of total billed charges	
EEG AWAKE/ASLEEP	95819	CPT	both			1038		412.82 First Trenton	First Trenton		934.2	0.9			326.55		986.1 percent of total billed charges	
EEG AWAKE/ASLEEP	95819	CPT	both			1038		412.82 Horizon	MGD		655.84	1.827			326.55		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG AWAKE/ASLEEP	95819	CPT	both			1038		412.82 Horizon	Indemnity		655.84	1.827			326.55		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG AWAKE/ASLEEP	95819	CPT	both			1038		412.82 Horizon	PPO		655.84	1.827			326.55		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG AWAKE/ASLEEP	95819	CPT	both			1038		412.82 Horizon	Medicare Blue		358.97	1			326.55		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG AWAKE/ASLEEP	95819	CPT	both			1038		412.82 Managed Care Inc	Managed Care Inc		934.2	0.9			326.55		986.1 percent of total billed charges	
EEG AWAKE/ASLEEP	95819	CPT	both			1038		412.82 Multiplan	Multiplan		830.4	0.8			326.55		986.1 percent of total billed charges	
EEG AWAKE/ASLEEP	95819	CPT	both			1038		412.82 Qualcare	Qualcare		778.5	0.75			326.55		986.1 percent of total billed charges	
EEG AWAKE/ASLEEP	95819	CPT	both			1038		412.82 Three Rivers	Three Rivers		986.1	0.95			326.55		986.1 percent of total billed charges	
EEG AWAKE/ASLEEP	95819	CPT	both			1038		412.82 UHC	Medicare		358.97	1			326.55		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG AWAKE/ASLEEP	95819	CPT	both			1038		412.82 UHC	Medicaid		326.55	0.3146			326.55		986.1 percent of total billed charges	
EEG AWAKE/ASLEEP	95819	CPT	both			1038		412.82 Wellcare	Medicare		358.97	1			326.55		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG AWAKE/ASLEEP	95819	CPT	both			1038		412.82 Wellcare	Medicaid		326.55	0.3146			326.55		986.1 percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048		412.82 Aetna	Better Health		329.7	0.3146			329.7		995.6 percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048		412.82 Aetna	Commercial		571.48	1.592			329.7		995.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048		412.82 Aetna	Medicare		358.97	1			329.7		995.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048		412.82 Americare	Americare		786	0.75			329.7		995.6 percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048		412.82 WellPoint	WellPoint		336.2	0.3208			329.7		995.6 percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048		412.82 Amerihealth	Medicare		358.97	1			329.7		995.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048		412.82 Consumer	Consumer		995.6	0.95			329.7		995.6 percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048		412.82 Corrections	Corrections		838.4	0.8			329.7		995.6 percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048		412.82 First Health	First Health		733.6	0.7			329.7		995.6 percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048		412.82 First Trenton	First Trenton		943.2	0.9			329.7		995.6 percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048		412.82 Horizon	PPO		655.84	1.827			329.7		995.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048		412.82 Horizon	MGD		655.84	1.827			329.7		995.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048		412.82 Horizon	Indemnity		655.84	1.827			329.7		995.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048		412.82 Horizon	Medicare Blue		358.97	1			329.7		995.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048		412.82 Managed Care Inc	Managed Care Inc		943.2	0.9			329.7		995.6 percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048		412.82 Multiplan	Multiplan		838.4	0.8			329.7		995.6 percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048		412.82 Qualcare	Qualcare		786	0.75			329.7		995.6 percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048		412.82 Three Rivers	Three Rivers		995.6	0.95			329.7		995.6 percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048		412.82 UHC	Medicaid		329.7	0.3146			329.7		995.6 percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048		412.82 UHC	Medicare		358.97	1			329.7		995.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048		412.82 Wellcare	Medicaid		329.7	0.3146			329.7		995.6 percent of total billed charges	
COMA OR SLEEP ONLY	95822	CPT	inpatient			1048		412.82 Wellcare	Medicare		358.97	1			329.7		995.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Aetna	Better Health		775.8	0.3146			739.8		2342.7 percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Aetna	Commercial		937.08	0.38			739.8		2342.7 percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Aetna	Medicare		759.53	0.308			739.8		2342.7 percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Americare	Americare		1849.5	0.75			739.8		2342.7 percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		WellPoint	WellPoint		791.09	0.3208			739.8		2342.7 percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Consumer	Consumer		2342.7	0.95			739.8		2342.7 percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Corrections	Corrections		1972.8	0.8			739.8		2342.7 percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		First Health	First Health		1726.2	0.7			739.8		2342.7 percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		First Trenton	First Trenton		2219.4	0.9			739.8		2342.7 percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Horizon	MGD		943.98	0.3828			739.8		2342.7 percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Horizon	Indemnity		943.98	0.3828			739.8		2342.7 percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Horizon	Medicare Blue		739.8	0.3			739.8		2342.7 percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Horizon	PPO		943.98	0.3828			739.8		2342.7 percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Managed Care Inc	Managed Care Inc		2219.4	0.9			739.8		2342.7 percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Multiplan	Multiplan		1972.8	0.8			739.8		2342.7 percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Qualcare	Qualcare		1849.5	0.75			739.8		2342.7 percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Three Rivers	Three Rivers		2342.7	0.95			739.8		2342.7 percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		UHC	Medicaid		775.8	0.3146			739.8		2342.7 percent of total billed charges	
ELECTROCORTICOGRAM AT SURGERY	95829	CPT	outpatient			2466		Wellcare	Medicaid		775.8	0.3146			739.8		2342.7 percent of total billed charges	
ROM EACH EXT/EA.TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Aetna	Medicare		35.73	0.308			25.5		110.2 percent of total billed charges	
ROM EACH EXT/EA.TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Aetna	Better Health		36.49	0.3146			25.5		110.2 percent of total billed charges	
ROM EACH EXT/EA.TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Aetna	Commercial		44.08	0.38			25.5		110.2 percent of total billed charges	
ROM EACH EXT/EA.TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Americare	Americare		87	0.75			25.5		110.2 percent of total billed charges	
ROM EACH EXT/EA.TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		WellPoint	WellPoint		37.21	0.3208			25.5		110.2 percent of total billed charges	
ROM EACH EXT/EA.TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Consumer	Consumer		110.2	0.95			25.5		110.2 percent of total billed charges	
ROM EACH EXT/EA.TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Corrections	Corrections		92.8	0.8			25.5		110.2 percent of total billed charges	
ROM EACH EXT/EA.TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		First Health	First Health		81.2	0.7			25.5		110.2 percent of total billed charges	
ROM EACH EXT/EA.TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		First Trenton	First Trenton		104.4	0.9			25.5		110.2 percent of total billed charges	
ROM EACH EXT/EA.TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Horizon	MGD		44.4	0.3828			25.5		110.2 percent of total billed charges	
ROM EACH EXT/EA.TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Horizon	Medicare Blue		34.8	0.3			25.5		110.2 percent of total billed charges	
ROM EACH EXT/EA.TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Horizon	Indemnity		44.4	0.3828			25.5		110.2 percent of total billed charges	
ROM EACH EXT/EA.TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Horizon	PPO		44.4	0.3828			25.5		110.2 percent of total billed charges	
ROM EACH EXT/EA.TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Managed Care Inc	Managed Care Inc		104.4	0.9			25.5		110.2 percent of total billed charges	
ROM EACH EXT/EA.TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Multiplan	Multiplan		92.8	0.8			25.5		110.2 percent of total billed charges	
ROM EACH EXT/EA.TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Qualcare	Qualcare		87	0.75			25.5		110.2 percent of total billed charges	
ROM EACH EXT/EA.TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Three Rivers	Three Rivers		110.2	0.95			25.5		110.2 percent of total billed charges	
ROM EACH EXT/EA.TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		UHC	Medicaid		36.49	0.3146			25.5		110.2 percent of total billed charges	
ROM EACH EXT/EA.TRUNK SEC.(EXLL HANDS)	95851	CPT	both			116		Wellcare	Medicaid		36.49	0.3146			25.5		110.2 percent of total billed charges	
ROM –HAND	95852	CPT	outpatient			162		Aetna	Better Health		50.97	0.3146			48.6		153.9 percent of total billed charges	
ROM –HAND	95852	CPT	outpatient			162		Aetna	Commercial		61.56	0.38			48.6		153.9 percent of total billed charges	
ROM –HAND	95852	CPT	outpatient			162		Aetna	Medicare		49.9	0.308			48.6		153.9 percent of total billed charges	
ROM –HAND	95852	CPT	outpatient			162		Americare	Americare		121.5	0.75			48.6		153.9 percent of total billed charges	
ROM –HAND	95852	CPT	outpatient			162		WellPoint	WellPoint		51.97	0.3208			48.6		153.9 percent of total billed charges	
ROM –HAND	95852	CPT	outpatient			162		Consumer	Consumer		153.9	0.95			48.6		153.9 percent of total billed charges	
ROM –HAND	95852	CPT	outpatient			162		Corrections	Corrections		129.6	0.8			48.6		153.9 percent of total billed charges	
ROM –HAND	95852	CPT	outpatient			162		First Health	First Health		113.4	0.7			48.6		153.9 percent of total billed charges	
ROM –HAND	95852	CPT	outpatient			162		First Trenton	First Trenton		145.8	0.9			48.6		153.9 percent of total billed charges	
ROM –HAND	95852	CPT	outpatient			162		Horizon	Medicare Blue		48.6	0.3			48.6		153.9 percent of total billed charges	
ROM –HAND	95852	CPT	outpatient			162		Horizon	Indemnity		62.01	0.3828			48.6		153.9 percent of total billed charges	
ROM –HAND	95852	CPT	outpatient			162		Horizon	MGD		62.01	0.3828			48.6		153.9 percent of total billed charges	
ROM –HAND	95852	CPT	outpatient			162		Horizon	PPO		62.01	0.3828			48.6		153.9 percent of total billed charges	
ROM –HAND	95852	CPT	outpatient			162		Managed Care Inc	Managed Care Inc		145.8	0.9			48.6		153.9 percent of total billed charges	
ROM –HAND	95852	CPT	outpatient			162		Multiplan	Multiplan		129.6	0.8			48.6		153.9 percent of total billed charges	
ROM –HAND	95852	CPT	outpatient			162		Qualcare	Qualcare		121.5	0.75			48.6		153.9 percent of total billed charges	
ROM –HAND	95852	CPT	outpatient			162		Three Rivers	Three Rivers		153.9	0.95			48.6		153.9 percent of total billed charges	
ROM –HAND	95852	CPT	outpatient			162		UHC	Medicaid		50.97	0.3146			48.6		153.9 percent of total billed charges	
ROM –HAND	95852	CPT	outpatient			162		Wellcare	Medicaid		50.97	0.3146			48.6		153.9 percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036		412.82 Aetna	Medicare		358.97	1			321.84		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENSILON TEST	95857	CPT	outpatient			1036		412.82 Aetna	Commercial		571.48	1.592			321.84		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENSILON TEST	95857	CPT	outpatient			1036		412.82 Aetna	Better Health		325.93	0.3146			321.84		984.2 percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036		412.82 Americare	Americare		777	0.75			321.84		984.2 percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036		412.82 WellPoint	WellPoint		332.35	0.3208			321.84		984.2 percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036		412.82 Amerihealth	Medicare		358.97	1			321.84		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENSILON TEST	95857	CPT	outpatient			1036		412.82 Consumer	Consumer		984.2	0.95			321.84		984.2 percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036		412.82 Corrections	Corrections		828.8	0.8			321.84		984.2 percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036		412.82 First Health	First Health		725.2	0.7			321.84		984.2 percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036		412.82 First Trenton	First Trenton		932.4	0.9			321.84		984.2 percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036		412.82 Horizon	Medicare Blue		358.97	1			321.84		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENSILON TEST	95857	CPT	outpatient			1036		412.82 Horizon	PPO		655.84	1.827			321.84		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENSILON TEST	95857	CPT	outpatient			1036		412.82 Horizon	MGD		655.84	1.827			321.84		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENSILON TEST	95857	CPT	outpatient			1036		412.82 Horizon	Indemnity		655.84	1.827			321.84		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENSILON TEST	95857	CPT	outpatient			1036		412.82 Managed Care Inc	Managed Care Inc		932.4	0.9			321.84		984.2 percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036		412.82 Multiplan	Multiplan		828.8	0.8			321.84		984.2 percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036		412.82 Qualcare	Qualcare		777	0.75			321.84		984.2 percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036		412.82 Three Rivers	Three Rivers		984.2	0.95			321.84		984.2 percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036		412.82 UHC	Medicaid		325.93	0.3146			321.84		984.2 percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036		412.82 UHC	Medicare		358.97	1			321.84		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENSILON TEST	95857	CPT	outpatient			1036		412.82 Wellcare	Medicaid		325.93	0.3146			321.84		984.2 percent of total billed charges	
TENSILON TEST	95857	CPT	outpatient			1036		412.82 Wellcare	Medicare		358.97	1			321.84		984.2 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG ONE EXTREMITY	95860	CPT	both			438		168 Aetna	Better Health		137.79	0.3146			72.99		416.1 percent of total billed charges	
NEEDLE EMG ONE EXTREMITY	95860	CPT	both			438		168 Aetna	Commercial		232.58	1.592			72.99		416.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG ONE EXTREMITY	95860	CPT	both			438		168 Aetna	Medicare		146.09	1			72.99		416.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG ONE EXTREMITY	95860	CPT	both			438		168 Americare	Americare		328.5	0.75			72.99		416.1 percent of total billed charges	
NEEDLE EMG ONE EXTREMITY	95860	CPT	both			438		168 WellPoint	WellPoint		140.51	0.3208			72.99		416.1 percent of total billed charges	
NEEDLE EMG ONE EXTREMITY	95860	CPT	both			438		168 Amerihealth	Medicare		146.09	1			72.99		416.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG ONE EXTREMITY	95860	CPT	both			438		168 Consumer	Consumer		416.1	0.95			72.99		416.1 percent of total billed charges	
NEEDLE EMG ONE EXTREMITY	95860	CPT	both			438		168 Corrections	Corrections		350.4	0.8			72.99		416.1 percent of total billed charges	
NEEDLE EMG ONE EXTREMITY	95860	CPT	both			438		168 First Health	First Health		306.6	0.7			72.99		416.1 percent of total billed charges	
NEEDLE EMG ONE EXTREMITY	95860	CPT	both			438		168 First Trenton	First Trenton		394.2	0.9			72.99		416.1 percent of total billed charges	
NEEDLE EMG ONE EXTREMITY	95860	CPT	both			438		168 Horizon	MGD		266.91	1.827			72.99		416.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG ONE EXTREMITY	95860	CPT	both			438		168 Horizon	Indemnity		266.91	1.827			72.99		416.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG ONE EXTREMITY	95860	CPT	both			438		168 Horizon	PPO		266.91	1.827			72.99		416.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEEDLE EMG ONE EXTREMITY	95860	CPT	both			438		168 Horizon	Medicare Blue		146.09	1			72.99		416.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG ONE EXTREMITY	95860	CPT	both			438		168 Managed Care Inc	Managed Care Inc		394.2	0.9			72.99		416.1 percent of total billed charges	
NEEDLE EMG ONE EXTREMITY	95860	CPT	both			438		168 Multiplan	Multiplan		350.4	0.8			72.99		416.1 percent of total billed charges	
NEEDLE EMG ONE EXTREMITY	95860	CPT	both			438		168 Qualcare	Qualcare		328.5	0.75			72.99		416.1 percent of total billed charges	
NEEDLE EMG ONE EXTREMITY	95860	CPT	both			438		168 Three Rivers	Three Rivers		416.1	0.95			72.99		416.1 percent of total billed charges	
NEEDLE EMG ONE EXTREMITY	95860	CPT	both			438		168 UHC	Medicare		146.09	1			72.99		416.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG ONE EXTREMITY	95860	CPT	both			438		168 UHC	Medicaid		137.79	0.3146			72.99		416.1 percent of total billed charges	
NEEDLE EMG ONE EXTREMITY	95860	CPT	both			438		168 Wellcare	Medicare		146.09	1			72.99		416.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG ONE EXTREMITY	95860	CPT	both			438		168 Wellcare	Medicaid		137.79	0.3146			72.99		416.1 percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434		168 Aetna	Commercial		232.58	1.592			76.13		412.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-2 EXTREMITIES	95861	CPT	both			434		168 Aetna	Better Health		136.54	0.3146			76.13		412.3 percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434		168 Aetna	Medicare		146.09	1			76.13		412.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-2 EXTREMITIES	95861	CPT	both			434		168 Americare	Americare		325.5	0.75			76.13		412.3 percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434		168 WellPoint	WellPoint		139.23	0.3208			76.13		412.3 percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434		168 Amerihealth	Medicare		146.09	1			76.13		412.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-2 EXTREMITIES	95861	CPT	both			434		168 Consumer	Consumer		412.3	0.95			76.13		412.3 percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434		168 Corrections	Corrections		347.2	0.8			76.13		412.3 percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434		168 First Health	First Health		303.8	0.7			76.13		412.3 percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434		168 First Trenton	First Trenton		390.6	0.9			76.13		412.3 percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434		168 Horizon	MGD		266.91	1.827			76.13		412.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-2 EXTREMITIES	95861	CPT	both			434		168 Horizon	Indemnity		266.91	1.827			76.13		412.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-2 EXTREMITIES	95861	CPT	both			434		168 Horizon	Medicare Blue		146.09	1			76.13		412.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-2 EXTREMITIES	95861	CPT	both			434		168 Horizon	PPO		266.91	1.827			76.13		412.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-2 EXTREMITIES	95861	CPT	both			434		168 Managed Care Inc	Managed Care Inc		390.6	0.9			76.13		412.3 percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434		168 Multiplan	Multiplan		347.2	0.8			76.13		412.3 percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434		168 Qualcare	Qualcare		325.5	0.75			76.13		412.3 percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434		168 Three Rivers	Three Rivers		412.3	0.95			76.13		412.3 percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434		168 UHC	Medicaid		136.54	0.3146			76.13		412.3 percent of total billed charges	
EMG-2 EXTREMITIES	95861	CPT	both			434		168 UHC	Medicare		146.09	1			76.13		412.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-2 EXTREMITIES	95861	CPT	both			434		168 Wellcare	Medicare		146.09	1			76.13		412.3 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-2 EXTREMITIES	95861	CPT	both			434		168 Wellcare	Medicaid		136.54	0.3146			76.13		412.3 percent of total billed charges	
NEEDLE EMG THREE EXTREMITIES	95863	CPT	outpatient			545		205.45 Aetna	Commercial		284.41	1.592			155.1		517.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG THREE EXTREMITIES	95863	CPT	outpatient			545		205.45 Aetna	Medicare		178.65	1			155.1		517.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG THREE EXTREMITIES	95863	CPT	outpatient			545		205.45 Aetna	Better Health		171.46	0.3146			155.1		517.75 percent of total billed charges	
NEEDLE EMG THREE EXTREMITIES	95863	CPT	outpatient			545		205.45 Americare	Americare		408.75	0.75			155.1		517.75 percent of total billed charges	
NEEDLE EMG THREE EXTREMITIES	95863	CPT	outpatient			545		205.45 WellPoint	WellPoint		174.84	0.3208			155.1		517.75 percent of total billed charges	
NEEDLE EMG THREE EXTREMITIES	95863	CPT	outpatient			545		205.45 Amerihealth	Medicare		178.65	1			155.1		517.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG THREE EXTREMITIES	95863	CPT	outpatient			545		205.45 Consumer	Consumer		517.75	0.95			155.1		517.75 percent of total billed charges	
NEEDLE EMG THREE EXTREMITIES	95863	CPT	outpatient			545		205.45 Corrections	Corrections		436	0.8			155.1		517.75 percent of total billed charges	
NEEDLE EMG THREE EXTREMITIES	95863	CPT	outpatient			545		205.45 First Health	First Health		381.5	0.7			155.1		517.75 percent of total billed charges	
NEEDLE EMG THREE EXTREMITIES	95863	CPT	outpatient			545		205.45 First Trenton	First Trenton		490.5	0.9			155.1		517.75 percent of total billed charges	
NEEDLE EMG THREE EXTREMITIES	95863	CPT	outpatient			545		205.45 Horizon	MGD		326.39	1.827			155.1		517.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG THREE EXTREMITIES	95863	CPT	outpatient			545		205.45 Horizon	Indemnity		326.39	1.827			155.1		517.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG THREE EXTREMITIES	95863	CPT	outpatient			545		205.45 Horizon	Medicare Blue		178.65	1			155.1		517.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG THREE EXTREMITIES	95863	CPT	outpatient			545		205.45 Horizon	PPO		326.39	1.827			155.1		517.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG THREE EXTREMITIES	95863	CPT	outpatient			545		205.45 Managed Care Inc	Managed Care Inc		490.5	0.9			155.1		517.75 percent of total billed charges	
NEEDLE EMG THREE EXTREMITIES	95863	CPT	outpatient			545		205.45 Multiplan	Multiplan		436	0.8			155.1		517.75 percent of total billed charges	
NEEDLE EMG THREE EXTREMITIES	95863	CPT	outpatient			545		205.45 Qualcare	Qualcare		408.75	0.75			155.1		517.75 percent of total billed charges	
NEEDLE EMG THREE EXTREMITIES	95863	CPT	outpatient			545		205.45 Three Rivers	Three Rivers		517.75	0.95			155.1		517.75 percent of total billed charges	
NEEDLE EMG THREE EXTREMITIES	95863	CPT	outpatient			545		205.45 UHC	Medicare		178.65	1			155.1		517.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG THREE EXTREMITIES	95863	CPT	outpatient			545		205.45 UHC	Medicaid		171.46	0.3146			155.1		517.75 percent of total billed charges	
NEEDLE EMG THREE EXTREMITIES	95863	CPT	outpatient			545		205.45 Wellcare	Medicare		178.65	1			155.1		517.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG THREE EXTREMITIES	95863	CPT	outpatient			545		205.45 Wellcare	Medicaid		171.46	0.3146			155.1		517.75 percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	both			1032		205.45 Aetna	Commercial		284.41	1.592			167.37		980.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG 4 XTR W/WO	95864	CPT	both			1032		205.45 Aetna	Better Health		324.67	0.3146			167.37		980.4 percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	both			1032		205.45 Aetna	Medicare		178.65	1			167.37		980.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG 4 XTR W/WO	95864	CPT	both			1032		205.45 Americare	Americare		774	0.75			167.37		980.4 percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	both			1032		205.45 WellPoint	WellPoint		331.07	0.3208			167.37		980.4 percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	both			1032		205.45 Amerihealth	Medicare		178.65	1			167.37		980.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG 4 XTR W/WO	95864	CPT	both			1032		205.45 Consumer	Consumer		980.4	0.95			167.37		980.4 percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	both			1032		205.45 Corrections	Corrections		825.6	0.8			167.37		980.4 percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	both			1032		205.45 First Health	First Health		722.4	0.7			167.37		980.4 percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	both			1032		205.45 First Trenton	First Trenton		928.8	0.9			167.37		980.4 percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	both			1032		205.45 Horizon	Indemnity		326.39	1.827			167.37		980.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG 4 XTR W/WO	95864	CPT	both			1032		205.45 Horizon	Medicare Blue		178.65	1			167.37		980.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG 4 XTR W/WO	95864	CPT	both			1032		205.45 Horizon	MGD		326.39	1.827			167.37		980.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG 4 XTR W/WO	95864	CPT	both			1032		205.45 Horizon	PPO		326.39	1.827			167.37		980.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG 4 XTR W/WO	95864	CPT	both			1032		205.45 Managed Care Inc	Managed Care Inc		928.8	0.9			167.37		980.4 percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	both			1032		205.45 Multiplan	Multiplan		825.6	0.8			167.37		980.4 percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	both			1032		205.45 Qualcare	Qualcare		774	0.75			167.37		980.4 percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	both			1032		205.45 Three Rivers	Three Rivers		980.4	0.95			167.37		980.4 percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	both			1032		205.45 UHC	Medicaid		324.67	0.3146			167.37		980.4 percent of total billed charges	
NEEDLE EMG 4 XTR W/WO	95864	CPT	both			1032		205.45 UHC	Medicare		178.65	1			167.37		980.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG 4 XTR W/WO	95864	CPT	both			1032		205.45 Wellcare	Medicare		178.65	1			167.37		980.4 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG 4 XTR W/WO	95864	CPT	both			1032		205.45 Wellcare	Medicaid		324.67	0.3146			167.37		980.4 percent of total billed charges	
EMG - CRANIAL NERVES UNILAT.	95867	CPT	outpatient			1038		412.82 Aetna	Commercial		571.48	1.592			321.84		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG - CRANIAL NERVES UNILAT.	95867	CPT	outpatient			1038		412.82 Aetna	Better Health		326.55	0.3146			321.84		986.1 percent of total billed charges	
EMG - CRANIAL NERVES UNILAT.	95867	CPT	outpatient			1038		412.82 Aetna	Medicare		358.97	1			321.84		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG - CRANIAL NERVES UNILAT.	95867	CPT	outpatient			1038		412.82 Americare	Americare		778.5	0.75			321.84		986.1 percent of total billed charges	
EMG - CRANIAL NERVES UNILAT.	95867	CPT	outpatient			1038		412.82 WellPoint	WellPoint		332.99	0.3208			321.84		986.1 percent of total billed charges	
EMG - CRANIAL NERVES UNILAT.	95867	CPT	outpatient			1038		412.82 Amerihealth	Medicare		358.97	1			321.84		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG - CRANIAL NERVES UNILAT.	95867	CPT	outpatient			1038		412.82 Consumer	Consumer		986.1	0.95			321.84		986.1 percent of total billed charges	
EMG - CRANIAL NERVES UNILAT.	95867	CPT	outpatient			1038		412.82 Corrections	Corrections		830.4	0.8			321.84		986.1 percent of total billed charges	
EMG - CRANIAL NERVES UNILAT.	95867	CPT	outpatient			1038		412.82 First Health	First Health		726.6	0.7			321.84		986.1 percent of total billed charges	
EMG - CRANIAL NERVES UNILAT.	95867	CPT	outpatient			1038		412.82 First Trenton	First Trenton		934.2	0.9			321.84		986.1 percent of total billed charges	
EMG - CRANIAL NERVES UNILAT.	95867	CPT	outpatient			1038		412.82 Horizon	MGD		655.84	1.827			321.84		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG - CRANIAL NERVES UNILAT.	95867	CPT	outpatient			1038		412.82 Horizon	Indemnity		655.84	1.827			321.84		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG - CRANIAL NERVES UNILAT.	95867	CPT	outpatient			1038		412.82 Horizon	Medicare Blue		358.97	1			321.84		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG - CRANIAL NERVES UNILAT.	95867	CPT	outpatient			1038		412.82 Horizon	PPO		655.84	1.827			321.84		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG - CRANIAL NERVES UNILAT.	95867	CPT	outpatient			1038		412.82 Managed Care Inc	Managed Care Inc		934.2	0.9			321.84		986.1 percent of total billed charges	
EMG - CRANIAL NERVES UNILAT.	95867	CPT	outpatient			1038		412.82 Multiplan	Multiplan		830.4	0.8			321.84		986.1 percent of total billed charges	
EMG - CRANIAL NERVES UNILAT.	95867	CPT	outpatient			1038		412.82 Qualcare	Qualcare		778.5	0.75			321.84		986.1 percent of total billed charges	
EMG - CRANIAL NERVES UNILAT.	95867	CPT	outpatient			1038		412.82 Three Rivers	Three Rivers		986.1	0.95			321.84		986.1 percent of total billed charges	
EMG - CRANIAL NERVES UNILAT.	95867	CPT	outpatient			1038		412.82 UHC	Medicaid		326.55	0.3146			321.84		986.1 percent of total billed charges	
EMG - CRANIAL NERVES UNILAT.	95867	CPT	outpatient			1038		412.82 UHC	Medicare		358.97	1			321.84		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG - CRANIAL NERVES UNILAT.	95867	CPT	outpatient			1038		412.82 Wellcare	Medicaid		326.55	0.3146			321.84		986.1 percent of total billed charges	
EMG - CRANIAL NERVES UNILAT.	95867	CPT	outpatient			1038		412.82 Wellcare	Medicare		358.97	1			321.84		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-CRANIAL NERVES BILATERAL	95868	CPT	outpatient			1038		412.82 Aetna	Better Health		326.55	0.3146			128.36		986.1 percent of total billed charges	
EMG-CRANIAL NERVES BILATERAL	95868	CPT	outpatient			1038		412.82 Aetna	Commercial		571.48	1.592			128.36		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-CRANIAL NERVES BILATERAL	95868	CPT	outpatient			1038		412.82 Aetna	Medicare		358.97	1			128.36		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-CRANIAL NERVES BILATERAL	95868	CPT	outpatient			1038		412.82 Americare	Americare		778.5	0.75			128.36		986.1 percent of total billed charges	
EMG-CRANIAL NERVES BILATERAL	95868	CPT	outpatient			1038		412.82 WellPoint	WellPoint		332.99	0.3208			128.36		986.1 percent of total billed charges	
EMG-CRANIAL NERVES BILATERAL	95868	CPT	outpatient			1038		412.82 Amerihealth	Medicare		358.97	1			128.36		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-CRANIAL NERVES BILATERAL	95868	CPT	outpatient			1038		412.82 Consumer	Consumer		986.1	0.95			128.36		986.1 percent of total billed charges	
EMG-CRANIAL NERVES BILATERAL	95868	CPT	outpatient			1038		412.82 Corrections	Corrections		830.4	0.8			128.36		986.1 percent of total billed charges	
EMG-CRANIAL NERVES BILATERAL	95868	CPT	outpatient			1038		412.82 First Health	First Health		726.6	0.7			128.36		986.1 percent of total billed charges	
EMG-CRANIAL NERVES BILATERAL	95868	CPT	outpatient			1038		412.82 First Trenton	First Trenton		934.2	0.9			128.36		986.1 percent of total billed charges	
EMG-CRANIAL NERVES BILATERAL	95868	CPT	outpatient			1038		412.82 Horizon	Medicare Blue		358.97	1			128.36		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-CRANIAL NERVES BILATERAL	95868	CPT	outpatient			1038		412.82 Horizon	MGD		655.84	1.827			128.36		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-CRANIAL NERVES BILATERAL	95868	CPT	outpatient			1038		412.82 Horizon	PPO		655.84	1.827			128.36		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-CRANIAL NERVES BILATERAL	95868	CPT	outpatient			1038		412.82 Horizon	Indemnity		655.84	1.827			128.36		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-CRANIAL NERVES BILATERAL	95868	CPT	outpatient			1038		412.82 Managed Care Inc	Managed Care Inc		934.2	0.9			128.36		986.1 percent of total billed charges	
EMG-CRANIAL NERVES BILATERAL	95868	CPT	outpatient			1038		412.82 Multiplan	Multiplan		830.4	0.8			128.36		986.1 percent of total billed charges	
EMG-CRANIAL NERVES BILATERAL	95868	CPT	outpatient			1038		412.82 Qualcare	Qualcare		778.5	0.75			128.36		986.1 percent of total billed charges	
EMG-CRANIAL NERVES BILATERAL	95868	CPT	outpatient			1038		412.82 Three Rivers	Three Rivers		986.1	0.95			128.36		986.1 percent of total billed charges	
EMG-CRANIAL NERVES BILATERAL	95868	CPT	outpatient			1038		412.82 UHC	Medicaid		326.55	0.3146			128.36		986.1 percent of total billed charges	
EMG-CRANIAL NERVES BILATERAL	95868	CPT	outpatient			1038		412.82 UHC	Medicare		358.97	1			128.36		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-CRANIAL NERVES BILATERAL	95868	CPT	outpatient			1038		412.82 Wellcare	Medicare		358.97	1			128.36		986.1 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-CRANIAL NERVES BILATERAL	95868	CPT	outpatient			1038		412.82 Wellcare	Medicaid		326.55	0.3146			128.36		986.1 percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Aetna	Commercial		571.48	1.592			63.55		655.84 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Aetna	Better Health		175.86	0.3146			63.55		655.84 percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Aetna	Medicare		358.97	1			63.55		655.84 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Americare	Americare		419.25	0.75			63.55		655.84 percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 WellPoint	WellPoint		179.33	0.3208			63.55		655.84 percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Amerihealth	Medicare		358.97	1			63.55		655.84 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Consumer	Consumer		531.05	0.95			63.55		655.84 percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Corrections	Corrections		447.2	0.8			63.55		655.84 percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 First Health	First Health		391.3	0.7			63.55		655.84 percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 First Trenton	First Trenton		503.1	0.9			63.55		655.84 percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Horizon	Indemnity		655.84	1.827			63.55		655.84 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Horizon	Medicare Blue		358.97	1			63.55		655.84 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Horizon	MGD		655.84	1.827			63.55		655.84 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Horizon	PPO		655.84	1.827			63.55		655.84 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Managed Care Inc	Managed Care Inc		503.1	0.9			63.55		655.84 percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Multiplan	Multiplan		447.2	0.8			63.55		655.84 percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Qualcare	Qualcare		419.25	0.75			63.55		655.84 percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Three Rivers	Three Rivers		531.05	0.95			63.55		655.84 percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 UHC	Medicaid		175.86	0.3146			63.55		655.84 percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 UHC	Medicare		358.97	1			63.55		655.84 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Wellcare	Medicaid		175.86	0.3146			63.55		655.84 percent of total billed charges	
THOR. PARASPINALS	95869	CPT	outpatient			559		412.82 Wellcare	Medicare		358.97	1			63.55		655.84 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Aetna	Better Health		139.05	0.3146			133.39		419.9 percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Aetna	Commercial		232.58	1.592			133.39		419.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Aetna	Medicare		146.09	1			133.39	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Americare	Americare		331.5	0.75			133.39	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 WellPoint	WellPoint		141.79	0.3208			133.39	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Amerihealth	Medicare		146.09	1			133.39	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Consumer	Consumer		419.9	0.95			133.39	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Corrections	Corrections		353.6	0.8			133.39	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 First Health	First Health		309.4	0.7			133.39	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 First Trenton	First Trenton		397.8	0.9			133.39	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Horizon	MGD		266.91	1.827			133.39	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Horizon	Medicare Blue		146.09	1			133.39	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Horizon	Indemnity		266.91	1.827			133.39	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Horizon	PPO		266.91	1.827			133.39	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Managed Care Inc	Managed Care Inc		397.8	0.9			133.39	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Multiplan	Multiplan		353.6	0.8			133.39	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Qualcare	Qualcare		331.5	0.75			133.39	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Three Rivers	Three Rivers		419.9	0.95			133.39	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 UHC	Medicare		146.09	1			133.39	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OTHER PARASPINAL	95870	CPT	outpatient			442		168 UHC	Medicaid		139.05	0.3146			133.39	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Wellcare	Medicaid		139.05	0.3146			133.39	419.9	percent of total billed charges	
OTHER PARASPINAL	95870	CPT	outpatient			442		168 Wellcare	Medicare		146.09	1			133.39	419.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Aetna	Better Health		66.38	0.3146			66.38	326.39	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Aetna	Commercial		284.41	1.592			66.38	326.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Aetna	Medicare		178.65	1			66.38	326.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Americare	Americare		158.25	0.75			66.38	326.39	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 WellPoint	WellPoint		67.69	0.3208			66.38	326.39	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Amerihealth	Medicare		178.65	1			66.38	326.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Consumer	Consumer		200.45	0.95			66.38	326.39	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Corrections	Corrections		168.8	0.8			66.38	326.39	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 First Health	First Health		147.7	0.7			66.38	326.39	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 First Trenton	First Trenton		189.9	0.9			66.38	326.39	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Horizon	Indemnity		326.39	1.827			66.38	326.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Horizon	MGD		326.39	1.827			66.38	326.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Horizon	PPO		326.39	1.827			66.38	326.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Horizon	Medicare Blue		178.65	1			66.38	326.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Managed Care Inc	Managed Care Inc		189.9	0.9			66.38	326.39	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Multiplan	Multiplan		168.8	0.8			66.38	326.39	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Qualcare	Qualcare		158.25	0.75			66.38	326.39	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Three Rivers	Three Rivers		200.45	0.95			66.38	326.39	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 UHC	Medicare		178.65	1			66.38	326.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 UHC	Medicaid		66.38	0.3146			66.38	326.39	percent of total billed charges	
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Wellcare	Medicare		178.65	1			66.38	326.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EMG-SINGLE FIBER	95872	CPT	outpatient			211		205.45 Wellcare	Medicaid		66.38	0.3146			66.38	326.39	percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Aetna	Better Health		175.86	0.3146			175.86	531.05	percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Aetna	Commercial		284.41	1.592			175.86	531.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Aetna	Medicare		178.65	1			175.86	531.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Americare	Americare		419.25	0.75			175.86	531.05	percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 WellPoint	WellPoint		179.33	0.3208			175.86	531.05	percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Amerihealth	Medicare		178.65	1			175.86	531.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Consumer	Consumer		531.05	0.95			175.86	531.05	percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Corrections	Corrections		447.2	0.8			175.86	531.05	percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 First Health	First Health		391.3	0.7			175.86	531.05	percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 First Trenton	First Trenton		503.1	0.9			175.86	531.05	percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Horizon	Indemnity		326.39	1.827			175.86	531.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Horizon	PPO		326.39	1.827			175.86	531.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Horizon	MGD		326.39	1.827			175.86	531.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Horizon	Medicare Blue		178.65	1			175.86	531.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Managed Care Inc	Managed Care Inc		503.1	0.9			175.86	531.05	percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Multiplan	Multiplan		447.2	0.8			175.86	531.05	percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Qualcare	Qualcare		419.25	0.75			175.86	531.05	percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Three Rivers	Three Rivers		531.05	0.95			175.86	531.05	percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 UHC	Medicare		178.65	1			175.86	531.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 UHC	Medicaid		175.86	0.3146			175.86	531.05	percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Wellcare	Medicaid		175.86	0.3146			175.86	531.05	percent of total billed charges	
ISCHEMIC LIMB EXER EMG W/LACTIC ACID MUS	95875	CPT	outpatient			559		205.45 Wellcare	Medicare		178.65	1			175.86	531.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Aetna	Better Health		124.27	0.3146			118.5	375.25	percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Aetna	Commercial		150.1	0.38			118.5	375.25	percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Aetna	Medicare		121.66	0.308			118.5	375.25	percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Americare	Americare		296.25	0.75			118.5	375.25	percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		WellPoint	WellPoint		126.72	0.3208			118.5	375.25	percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Consumer	Consumer		375.25	0.95			118.5	375.25	percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Corrections	Corrections		316	0.8			118.5	375.25	percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		First Health	First Health		276.5	0.7			118.5	375.25	percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		First Trenton	First Trenton		355.5	0.9			118.5	375.25	percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Horizon	Indemnity		151.21	0.3828			118.5	375.25	percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Horizon	Medicare Blue		118.5	0.3			118.5	375.25	percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Horizon	MGD		151.21	0.3828			118.5	375.25	percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Horizon	PPO		151.21	0.3828			118.5	375.25	percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Managed Care Inc	Managed Care Inc		355.5	0.9			118.5	375.25	percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Multiplan	Multiplan		316	0.8			118.5	375.25	percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Qualcare	Qualcare		296.25	0.75			118.5	375.25	percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Three Rivers	Three Rivers		375.25	0.95			118.5	375.25	percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		UHC	Medicaid		124.27	0.3146			118.5	375.25	percent of total billed charges	
NEEDLE EMG EA EXTREMITY DONE W/NCS	95885	CPT	outpatient			395		Wellcare	Medicaid		124.27	0.3146			118.5	375.25	percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	outpatient			395		Aetna	Commercial		150.1	0.38			118.5	375.25	percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	outpatient			395		Aetna	Medicare		121.66	0.308			118.5	375.25	percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	outpatient			395		Aetna	Better Health		124.27	0.3146			118.5	375.25	percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	outpatient			395		Americare	Americare		296.25	0.75			118.5	375.25	percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	outpatient			395		WellPoint	WellPoint		126.72	0.3208			118.5	375.25	percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	outpatient			395		Consumer	Consumer		375.25	0.95			118.5	375.25	percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	outpatient			395		Corrections	Corrections		316	0.8			118.5	375.25	percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	outpatient			395		First Health	First Health		276.5	0.7			118.5	375.25	percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	outpatient			395		First Trenton	First Trenton		355.5	0.9			118.5	375.25	percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	outpatient			395		Horizon	Indemnity		151.21	0.3828			118.5	375.25	percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	outpatient			395		Horizon	Medicare Blue		118.5	0.3			118.5	375.25	percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	outpatient			395		Horizon	MGD		151.21	0.3828			118.5	375.25	percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	outpatient			395		Horizon	PPO		151.21	0.3828			118.5	375.25	percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	outpatient			395		Managed Care Inc	Managed Care Inc		355.5	0.9			118.5	375.25	percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	outpatient			395		Multiplan	Multiplan		316	0.8			118.5	375.25	percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	outpatient			395		Qualcare	Qualcare		296.25	0.75			118.5	375.25	percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	outpatient			395		Three Rivers	Three Rivers		375.25	0.95			118.5	375.25	percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	outpatient			395		UHC	Medicaid		124.27	0.3146			118.5	375.25	percent of total billed charges	
NEEDLE EMG COMPLETE 5 OR MORE MUSCLES	95886	CPT	outpatient			395		Wellcare	Medicaid		124.27	0.3146			118.5	375.25	percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Aetna	Better Health		433.83	0.3146			433.83	1310.05	percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Aetna	Medicare		455.69	1			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Aetna	Commercial		725.46	1.592			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Americare	Americare		1034.25	0.75			433.83	1310.05	percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 WellPoint	WellPoint		442.38	0.3208			433.83	1310.05	percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Amerihealth	Medicare		455.69	1			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Consumer	Consumer		1310.05	0.95			433.83	1310.05	percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Corrections	Corrections		1103.2	0.8			433.83	1310.05	percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 First Health	First Health		965.3	0.7			433.83	1310.05	percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 First Trenton	First Trenton		1241.1	0.9			433.83	1310.05	percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Horizon	Indemnity		832.55	1.827			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Horizon	Medicare Blue		455.69	1			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Horizon	MGD		832.55	1.827			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Horizon	PPO		832.55	1.827			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Managed Care Inc	Managed Care Inc		1241.1	0.9			433.83	1310.05	percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Multiplan	Multiplan		1103.2	0.8			433.83	1310.05	percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Qualcare	Qualcare		1034.25	0.75			433.83	1310.05	percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Three Rivers	Three Rivers		1310.05	0.95			433.83	1310.05	percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 UHC	Medicaid		433.83	0.3146			433.83	1310.05	percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 UHC	Medicare		455.69	1			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Wellcare	Medicaid		433.83	0.3146			433.83	1310.05	percent of total billed charges	
MOTOR &/SEN NRV CNDJ PRECON ELT	95905	CPT	outpatient			1379		524.04 Wellcare	Medicare		455.69	1			433.83	1310.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Aetna	Commercial		284.41	1.592			66.84	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Aetna	Medicare		163.86	0.308			66.84	505.4	percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Aetna	Better Health		167.37	0.3146			66.84	505.4	percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Americare	Americare		399	0.75			66.84	505.4	percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 WellPoint	WellPoint		170.67	0.3208			66.84	505.4	percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Amerihealth	Medicare		178.65	1			66.84	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Consumer	Consumer		505.4	0.95			66.84	505.4	percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Corrections	Corrections		425.6	0.8			66.84	505.4	percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 First Health	First Health		372.4	0.7			66.84	505.4	percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 First Trenton	First Trenton		478.8	0.9			66.84	505.4	percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Horizon	Medicare Blue		178.65	1			66.84	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Horizon	MGD		326.39	1.827			66.84	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Horizon	Indemnity		326.39	1.827			66.84	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Horizon	PPO		326.39	1.827			66.84	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Managed Care Inc	Managed Care Inc		478.8	0.9			66.84	505.4	percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Multiplan	Multiplan		425.6	0.8			66.84	505.4	percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Qualcare	Qualcare		399	0.75			66.84	505.4	percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 Three Rivers	Three Rivers		505.4	0.95			66.84	505.4	percent of total billed charges	
NVR CNDJ TST 1-2 STUDIES	95907	CPT	outpatient			532		205.45 UHC	Medicaid		167.37	0.3146			66.84	505.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																	
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes				
NVR CNDJ TST 1-2 STUDIES	99907	CPT	outpatient			532	205.45	UHC	Medicare		178.65	1			66.84	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 1-2 STUDIES	99907	CPT	outpatient			532	205.45	Wellcare	Medicare		178.65	1			66.84	505.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 1-2 STUDIES	99907	CPT	outpatient			532	205.45	Wellcare	Medicaid		167.37	0.3146			66.84	505.4	percent of total billed charges					
NVR CNDJ TST 3-4 STUDIES	99908	CPT	both			1036	412.82	Aetna	Medicare		358.97	1			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 3-4 STUDIES	99908	CPT	both			1036	412.82	Aetna	Better Health		325.93	0.3146			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 3-4 STUDIES	99908	CPT	both			1036	412.82	Aetna	Commercial		571.48	1.592			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 3-4 STUDIES	99908	CPT	both			1036	412.82	Americare	Americare		777	0.75			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 3-4 STUDIES	99908	CPT	both			1036	412.82	WellPoint	WellPoint		332.35	0.3208			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 3-4 STUDIES	99908	CPT	both			1036	412.82	Amerihealth	Medicare		358.97	1			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 3-4 STUDIES	99908	CPT	both			1036	412.82	Consumer	Consumer		984.2	0.95			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 3-4 STUDIES	99908	CPT	both			1036	412.82	Corrections	Corrections		828.8	0.8			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 3-4 STUDIES	99908	CPT	both			1036	412.82	First Health	First Health		725.2	0.7			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 3-4 STUDIES	99908	CPT	both			1036	412.82	First Trenton	First Trenton		932.4	0.9			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 3-4 STUDIES	99908	CPT	both			1036	412.82	Horizon	Indemnity		655.84	1.827			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 3-4 STUDIES	99908	CPT	both			1036	412.82	Horizon	Medicare Blue		358.97	1			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 3-4 STUDIES	99908	CPT	both			1036	412.82	Horizon	PPO		655.84	1.827			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 3-4 STUDIES	99908	CPT	both			1036	412.82	Horizon	MGD		655.84	1.827			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 3-4 STUDIES	99908	CPT	both			1036	412.82	Managed Care Inc	Managed Care Inc		932.4	0.9			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 3-4 STUDIES	99908	CPT	both			1036	412.82	Multiplan	Multiplan		828.8	0.8			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 3-4 STUDIES	99908	CPT	both			1036	412.82	Qualcare	Qualcare		777	0.75			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 3-4 STUDIES	99908	CPT	both			1036	412.82	Three Rivers	Three Rivers		984.2	0.95			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 3-4 STUDIES	99908	CPT	both			1036	412.82	UHC	Medicare		358.97	1			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 3-4 STUDIES	99908	CPT	both			1036	412.82	UHC	Medicaid		325.93	0.3146			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 3-4 STUDIES	99908	CPT	both			1036	412.82	Wellcare	Medicare		358.97	1			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 3-4 STUDIES	99908	CPT	both			1036	412.82	Wellcare	Medicaid		325.93	0.3146			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 5-6 STUDIES	99909	CPT	both			1036	412.82	Aetna	Better Health		325.93	0.3146			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 5-6 STUDIES	99909	CPT	both			1036	412.82	Aetna	Commercial		571.48	1.592			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 5-6 STUDIES	99909	CPT	both			1036	412.82	Aetna	Medicare		358.97	1			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 5-6 STUDIES	99909	CPT	both			1036	412.82	Americare	Americare		777	0.75			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 5-6 STUDIES	99909	CPT	both			1036	412.82	WellPoint	WellPoint		332.35	0.3208			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 5-6 STUDIES	99909	CPT	both			1036	412.82	Amerihealth	Medicare		358.97	1			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 5-6 STUDIES	99909	CPT	both			1036	412.82	Consumer	Consumer		984.2	0.95			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 5-6 STUDIES	99909	CPT	both			1036	412.82	Corrections	Corrections		828.8	0.8			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 5-6 STUDIES	99909	CPT	both			1036	412.82	First Health	First Health		725.2	0.7			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 5-6 STUDIES	99909	CPT	both			1036	412.82	First Trenton	First Trenton		932.4	0.9			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 5-6 STUDIES	99909	CPT	both			1036	412.82	Horizon	PPO		655.84	1.827			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 5-6 STUDIES	99909	CPT	both			1036	412.82	Horizon	Indemnity		655.84	1.827			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 5-6 STUDIES	99909	CPT	both			1036	412.82	Horizon	Medicare Blue		358.97	1			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 5-6 STUDIES	99909	CPT	both			1036	412.82	Horizon	MGD		655.84	1.827			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 5-6 STUDIES	99909	CPT	both			1036	412.82	Managed Care Inc	Managed Care Inc		932.4	0.9			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 5-6 STUDIES	99909	CPT	both			1036	412.82	Multiplan	Multiplan		828.8	0.8			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 5-6 STUDIES	99909	CPT	both			1036	412.82	Qualcare	Qualcare		777	0.75			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 5-6 STUDIES	99909	CPT	both			1036	412.82	Three Rivers	Three Rivers		984.2	0.95			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 5-6 STUDIES	99909	CPT	both			1036	412.82	UHC	Medicare		358.97	1			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 5-6 STUDIES	99909	CPT	both			1036	412.82	UHC	Medicaid		325.93	0.3146			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 5-6 STUDIES	99909	CPT	both			1036	412.82	Wellcare	Medicare		358.97	1			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 5-6 STUDIES	99909	CPT	both			1036	412.82	Wellcare	Medicaid		325.93	0.3146			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 7-8 STUDIES	99910	CPT	both			1036	412.82	Aetna	Commercial		571.48	1.592			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 7-8 STUDIES	99910	CPT	both			1036	412.82	Aetna	Better Health		325.93	0.3146			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 7-8 STUDIES	99910	CPT	both			1036	412.82	Aetna	Medicare		358.97	1			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 7-8 STUDIES	99910	CPT	both			1036	412.82	Americare	Americare		777	0.75			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 7-8 STUDIES	99910	CPT	both			1036	412.82	WellPoint	WellPoint		332.35	0.3208			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 7-8 STUDIES	99910	CPT	both			1036	412.82	Amerihealth	Medicare		358.97	1			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 7-8 STUDIES	99910	CPT	both			1036	412.82	Consumer	Consumer		984.2	0.95			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 7-8 STUDIES	99910	CPT	both			1036	412.82	Corrections	Corrections		828.8	0.8			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 7-8 STUDIES	99910	CPT	both			1036	412.82	First Health	First Health		725.2	0.7			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 7-8 STUDIES	99910	CPT	both			1036	412.82	First Trenton	First Trenton		932.4	0.9			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 7-8 STUDIES	99910	CPT	both			1036	412.82	Horizon	PPO		655.84	1.827			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 7-8 STUDIES	99910	CPT	both			1036	412.82	Horizon	Indemnity		655.84	1.827			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 7-8 STUDIES	99910	CPT	both			1036	412.82	Horizon	MGD		655.84	1.827			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 7-8 STUDIES	99910	CPT	both			1036	412.82	Horizon	Medicare Blue		358.97	1			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 7-8 STUDIES	99910	CPT	both			1036	412.82	Managed Care Inc	Managed Care Inc		932.4	0.9			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 7-8 STUDIES	99910	CPT	both			1036	412.82	Multiplan	Multiplan		828.8	0.8			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 7-8 STUDIES	99910	CPT	both			1036	412.82	Qualcare	Qualcare		777	0.75			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 7-8 STUDIES	99910	CPT	both			1036	412.82	Three Rivers	Three Rivers		984.2	0.95			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 7-8 STUDIES	99910	CPT	both			1036	412.82	UHC	Medicare		358.97	1			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 7-8 STUDIES	99910	CPT	both			1036	412.82	UHC	Medicaid		325.93	0.3146			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 7-8 STUDIES	99910	CPT	both			1036	412.82	Wellcare	Medicare		358.97	1			321.84	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 7-8 STUDIES	99910	CPT	both			1036	412.82	Wellcare	Medicaid		325.93	0.3146			321.84	984.2	percent of total billed charges					
NVR CNDJ TST 9-10 STUDIES	99911	CPT	both			1866	704.94	Aetna	Better Health		587.04	0.3146			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 9-10 STUDIES	99911	CPT	both			1866	704.94	Aetna	Medicare		612.99	1			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 9-10 STUDIES	99911	CPT	both			1866	704.94	Aetna	Commercial		975.88	1.592			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 9-10 STUDIES	99911	CPT	both			1866	704.94	Americare	Americare		1399.5	0.75			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 9-10 STUDIES	99911	CPT	both			1866	704.94	WellPoint	WellPoint		598.61	0.3208			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 9-10 STUDIES	99911	CPT	both			1866	704.94	Amerihealth	Medicare		612.99	1			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 9-10 STUDIES	99911	CPT	both			1866	704.94	Consumer	Consumer		1772.7	0.95			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 9-10 STUDIES	99911	CPT	both			1866	704.94	Corrections	Corrections		1492.8	0.8			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 9-10 STUDIES	99911	CPT	both			1866	704.94	First Health	First Health		1306.2	0.7			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 9-10 STUDIES	99911	CPT	both			1866	704.94	First Trenton	First Trenton		1679.4	0.9			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 9-10 STUDIES	99911	CPT	both			1866	704.94	Horizon	Medicare Blue		612.99	1			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 9-10 STUDIES	99911	CPT	both			1866	704.94	Horizon	MGD		1119.93	1.827			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 9-10 STUDIES	99911	CPT	both			1866	704.94	Horizon	Indemnity		1119.93	1.827			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 9-10 STUDIES	99911	CPT	both			1866	704.94	Horizon	PPO		1119.93	1.827			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 9-10 STUDIES	99911	CPT	both			1866	704.94	Managed Care Inc	Managed Care Inc		1679.4	0.9			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 9-10 STUDIES	99911	CPT	both			1866	704.94	Multiplan	Multiplan		1492.8	0.8			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 9-10 STUDIES	99911	CPT	both			1866	704.94	Qualcare	Qualcare		1399.5	0.75			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 9-10 STUDIES	99911	CPT	both			1866	704.94	Three Rivers	Three Rivers		1772.7	0.95			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 9-10 STUDIES	99911	CPT	both			1866	704.94	UHC	Medicaid		587.04	0.3146			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 9-10 STUDIES	99911	CPT	both			1866	704.94	UHC	Medicare		612.99	1			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 9-10 STUDIES	99911	CPT	both			1866	704.94	Wellcare	Medicaid		587.04	0.3146			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 9-10 STUDIES	99911	CPT	both			1866	704.94	Wellcare	Medicare		612.99	1			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 11-12 STUDIES	99912	CPT	both			1866	704.94	Aetna	Commercial		975.88	1.592			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 11-12 STUDIES	99912	CPT	both			1866	704.94	Aetna	Better Health		587.04	0.3146			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 11-12 STUDIES	99912	CPT	both			1866	704.94	Aetna	Medicare		612.99	1			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 11-12 STUDIES	99912	CPT	both			1866	704.94	Americare	Americare		1399.5	0.75			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 11-12 STUDIES	99912	CPT	both			1866	704.94	WellPoint	WellPoint		598.61	0.3208			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 11-12 STUDIES	99912	CPT	both			1866	704.94	Amerihealth	Medicare		612.99	1			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 11-12 STUDIES	99912	CPT	both			1866	704.94	Consumer	Consumer		1772.7	0.95			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 11-12 STUDIES	99912	CPT	both			1866	704.94	Corrections	Corrections		1492.8	0.8			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 11-12 STUDIES	99912	CPT	both			1866	704.94	First Health	First Health		1306.2	0.7			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 11-12 STUDIES	99912	CPT	both			1866	704.94	First Trenton	First Trenton		1679.4	0.9			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 11-12 STUDIES	99912	CPT	both			1866	704.94	Horizon	Indemnity		1119.93	1.827			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 11-12 STUDIES	99912	CPT	both			1866	704.94	Horizon	PPO		1119.93	1.827			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 11-12 STUDIES	99912	CPT	both			1866	704.94	Horizon	MGD		1119.93	1.827			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 11-12 STUDIES	99912	CPT	both			1866	704.94	Horizon	Medicare Blue		612.99	1			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 11-12 STUDIES	99912	CPT	both			1866	704.94	Managed Care Inc	Managed Care Inc		1679.4	0.9			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 11-12 STUDIES	99912	CPT	both			1866	704.94	Multiplan	Multiplan		1492.8	0.8			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 11-12 STUDIES	99912	CPT	both			1866	704.94	Qualcare	Qualcare		1399.5	0.75			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 11-12 STUDIES	99912	CPT	both			1866	704.94	Three Rivers	Three Rivers		1772.7	0.95			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 11-12 STUDIES	99912	CPT	both			1866	704.94	UHC	Medicaid		587.04	0.3146			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 11-12 STUDIES	99912	CPT	both			1866	704.94	UHC	Medicare		612.99	1			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 11-12 STUDIES	99912	CPT	both			1866	704.94	Wellcare	Medicare		612.99	1			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 11-12 STUDIES	99912	CPT	both			1866	704.94	Wellcare	Medicaid		587.04	0.3146			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 13/>STUDIES	99913	CPT	both			1866	704.94	Aetna	Medicare		612.99	1			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 13/>STUDIES	99913	CPT	both			1866	704.94	Aetna	Commercial		975.88	1.592			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 13/>STUDIES	99913	CPT	both			1866	704.94	Aetna	Better Health		587.04	0.3146			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 13/>STUDIES	99913	CPT	both			1866	704.94	Americare	Americare		1399.5	0.75			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 13/>STUDIES	99913	CPT	both			1866	704.94	WellPoint	WellPoint		598.61	0.3208			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 13/>STUDIES	99913	CPT	both			1866	704.94	Amerihealth	Medicare		612.99	1			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 13/>STUDIES	99913	CPT	both			1866	704.94	Consumer	Consumer		1772.7	0.95			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 13/>STUDIES	99913	CPT	both			1866	704.94	Corrections	Corrections		1492.8	0.8			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 13/>STUDIES	99913	CPT	both			1866	704.94	First Health	First Health		1306.2	0.7			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 13/>STUDIES	99913	CPT	both			1866	704.94	First Trenton	First Trenton		1679.4	0.9			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 13/>STUDIES	99913	CPT	both			1866	704.94	Horizon	MGD		1119.93	1.827			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 13/>STUDIES	99913	CPT	both			1866	704.94	Horizon	Medicare Blue		612.99	1			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 13/>STUDIES	99913	CPT	both			1866	704.94	Horizon	Indemnity		1119.93	1.827			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 13/>STUDIES	99913	CPT	both			1866	704.94	Horizon	PPO		1119.93	1.827			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 13/>STUDIES	99913	CPT	both			1866	704.94	Managed Care Inc	Managed Care Inc		1679.4	0.9			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 13/>STUDIES	99913	CPT	both			1866	704.94	Multiplan	Multiplan		1492.8	0.8			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 13/>STUDIES	99913	CPT	both			1866	704.94	Qualcare	Qualcare		1399.5	0.75			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 13/>STUDIES	99913	CPT	both			1866	704.94	Three Rivers	Three Rivers		1772.7	0.95			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 13/>STUDIES	99913	CPT	both			1866	704.94	UHC	Medicaid		587.04	0.3146			554.33	1772.7	percent of total billed charges					
NVR CNDJ TST 13/>STUDIES	99913	CPT	both			1866	704.94	UHC	Medicare		612.99	1			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 13/>STUDIES	99913	CPT	both			1866	704.94	Wellcare	Medicare		612.99	1			554.33	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
NVR CNDJ TST 13/>STUDIES	99913	CPT	both			1866	704.94	Wellcare	Medicaid		587.04	0.3146			554.33	1772.7	percent of total billed charges					
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	99925	CPT	inpatient			1036	412.82	Aetna	Commercial		571.48	1.592			253.25	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	99925	CPT	inpatient			1036	412.82	Aetna	Better Health		325.93	0.3146			253.25	984.2	percent of total billed charges					
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	99925	CPT	inpatient			1036	412.82	Aetna	Medicare		358.97	1			253.25	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	99925	CPT	inpatient			1036	412.82	Americare	Americare		777	0.75			253.25	984.2	percent of total billed charges					
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	99925	CPT	inpatient			1036	412.82	WellPoint	WellPoint		332.35	0.3208			253.25	984.2	percent of total billed charges					
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	99925	CPT	inpatient			1036	412.82	Amerihealth	Medicare		358.97	1			253.25	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value				
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	99925	CPT	inpatient			1036	412.82	Consumer	Consumer		984.2	0.95			253.25	984.2	percent of total billed charges					
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	99925	CPT	inpatient			1036	412.82	Corrections	Corrections		828.8	0.8			253.25	984.2	percent of total billed charges					

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	inpatient			1036		412.82 First Health	First Health		725.2	0.7			253.25	984.2	percent of total billed charges	
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	inpatient			1036		412.82 First Trenton	First Trenton		932.4	0.9			253.25	984.2	percent of total billed charges	
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	inpatient			1036		412.82 Horizon	Indemnity		655.84	1.827			253.25	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	inpatient			1036		412.82 Horizon	MGD		655.84	1.827			253.25	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	inpatient			1036		412.82 Horizon	Medicare Blue		358.97	1			253.25	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	inpatient			1036		412.82 Horizon	PPO		655.84	1.827			253.25	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	inpatient			1036		412.82 Managed Care Inc	Managed Care Inc		932.4	0.9			253.25	984.2	percent of total billed charges	
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	inpatient			1036		412.82 Multiplan	Multiplan		828.8	0.8			253.25	984.2	percent of total billed charges	
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	inpatient			1036		412.82 Qualcare	Qualcare		777	0.75			253.25	984.2	percent of total billed charges	
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	inpatient			1036		412.82 Three Rivers	Three Rivers		984.2	0.95			253.25	984.2	percent of total billed charges	
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	inpatient			1036		412.82 UHC	Medicare		358.97	1			253.25	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	inpatient			1036		412.82 UHC	Medicaid		325.93	0.3146			253.25	984.2	percent of total billed charges	
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	inpatient			1036		412.82 Wellcare	Medicare		358.97	1			253.25	984.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY TEST NERVES MEDIAN/PERONEL	95925	CPT	inpatient			1036		412.82 Wellcare	Medicaid		325.93	0.3146			253.25	984.2	percent of total billed charges	
SOMATOSENSORY EPS LOWER	95926	CPT	outpatient			517		412.82 Aetna	Commercial		571.48	1.592			162.65	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY EPS LOWER	95926	CPT	outpatient			517		412.82 Aetna	Better Health		162.65	0.3146			162.65	655.84	percent of total billed charges	
SOMATOSENSORY EPS LOWER	95926	CPT	outpatient			517		412.82 Aetna	Medicare		358.97	1			162.65	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY EPS LOWER	95926	CPT	outpatient			517		412.82 Americare	Americare		387.75	0.75			162.65	655.84	percent of total billed charges	
SOMATOSENSORY EPS LOWER	95926	CPT	outpatient			517		412.82 WellPoint	WellPoint		165.85	0.3208			162.65	655.84	percent of total billed charges	
SOMATOSENSORY EPS LOWER	95926	CPT	outpatient			517		412.82 Amerihealth	Medicare		358.97	1			162.65	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY EPS LOWER	95926	CPT	outpatient			517		412.82 Consumer	Consumer		491.15	0.95			162.65	655.84	percent of total billed charges	
SOMATOSENSORY EPS LOWER	95926	CPT	outpatient			517		412.82 Corrections	Corrections		413.6	0.8			162.65	655.84	percent of total billed charges	
SOMATOSENSORY EPS LOWER	95926	CPT	outpatient			517		412.82 First Health	First Health		361.9	0.7			162.65	655.84	percent of total billed charges	
SOMATOSENSORY EPS LOWER	95926	CPT	outpatient			517		412.82 First Trenton	First Trenton		465.3	0.9			162.65	655.84	percent of total billed charges	
SOMATOSENSORY EPS LOWER	95926	CPT	outpatient			517		412.82 Horizon	Indemnity		655.84	1.827			162.65	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY EPS LOWER	95926	CPT	outpatient			517		412.82 Horizon	MGD		655.84	1.827			162.65	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY EPS LOWER	95926	CPT	outpatient			517		412.82 Horizon	PPO		655.84	1.827			162.65	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY EPS LOWER	95926	CPT	outpatient			517		412.82 Horizon	Medicare Blue		358.97	1			162.65	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY EPS LOWER	95926	CPT	outpatient			517		412.82 Managed Care Inc	Managed Care Inc		465.3	0.9			162.65	655.84	percent of total billed charges	
SOMATOSENSORY EPS LOWER	95926	CPT	outpatient			517		412.82 Multiplan	Multiplan		413.6	0.8			162.65	655.84	percent of total billed charges	
SOMATOSENSORY EPS LOWER	95926	CPT	outpatient			517		412.82 Qualcare	Qualcare		387.75	0.75			162.65	655.84	percent of total billed charges	
SOMATOSENSORY EPS LOWER	95926	CPT	outpatient			517		412.82 Three Rivers	Three Rivers		491.15	0.95			162.65	655.84	percent of total billed charges	
SOMATOSENSORY EPS LOWER	95926	CPT	outpatient			517		412.82 UHC	Medicare		358.97	1			162.65	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY EPS LOWER	95926	CPT	outpatient			517		412.82 UHC	Medicaid		162.65	0.3146			162.65	655.84	percent of total billed charges	
SOMATOSENSORY EPS LOWER	95926	CPT	outpatient			517		412.82 Wellcare	Medicare		358.97	1			162.65	655.84	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATOSENSORY EPS LOWER	95926	CPT	outpatient			517		412.82 Wellcare	Medicaid		162.65	0.3146			162.65	655.84	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	both			1023		412.82 Aetna	Better Health		321.84	0.3146			320.58	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	both			1023		412.82 Aetna	Commercial		571.48	1.592			320.58	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EVOKED POTENTIAL	95930	CPT	both			1023		412.82 Aetna	Medicare		358.97	1			320.58	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EVOKED POTENTIAL	95930	CPT	both			1023		412.82 Americare	Americare		767.25	0.75			320.58	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	both			1023		412.82 WellPoint	WellPoint		328.18	0.3208			320.58	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	both			1023		412.82 Amerihealth	Medicare		358.97	1			320.58	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EVOKED POTENTIAL	95930	CPT	both			1023		412.82 Consumer	Consumer		971.85	0.95			320.58	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	both			1023		412.82 Corrections	Corrections		818.4	0.8			320.58	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	both			1023		412.82 First Health	First Health		716.1	0.7			320.58	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	both			1023		412.82 First Trenton	First Trenton		920.7	0.9			320.58	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	both			1023		412.82 Horizon	PPO		655.84	1.827			320.58	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EVOKED POTENTIAL	95930	CPT	both			1023		412.82 Horizon	Medicare Blue		358.97	1			320.58	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EVOKED POTENTIAL	95930	CPT	both			1023		412.82 Horizon	Indemnity		655.84	1.827			320.58	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EVOKED POTENTIAL	95930	CPT	both			1023		412.82 Horizon	MGD		655.84	1.827			320.58	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EVOKED POTENTIAL	95930	CPT	both			1023		412.82 Managed Care Inc	Managed Care Inc		920.7	0.9			320.58	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	both			1023		412.82 Multiplan	Multiplan		818.4	0.8			320.58	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	both			1023		412.82 Qualcare	Qualcare		767.25	0.75			320.58	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	both			1023		412.82 Three Rivers	Three Rivers		971.85	0.95			320.58	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	both			1023		412.82 UHC	Medicaid		321.84	0.3146			320.58	971.85	percent of total billed charges	
VISUAL EVOKED POTENTIAL	95930	CPT	both			1023		412.82 UHC	Medicare		358.97	1			320.58	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EVOKED POTENTIAL	95930	CPT	both			1023		412.82 Wellcare	Medicare		358.97	1			320.58	971.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VISUAL EVOKED POTENTIAL	95930	CPT	both			1023		412.82 Wellcare	Medicaid		321.84	0.3146			320.58	971.85	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Aetna	Better Health		64.18	0.3146			64.18	326.39	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Aetna	Commercial		284.41	1.592			64.18	326.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Aetna	Medicare		178.65	1			64.18	326.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Americare	Americare		153	0.75			64.18	326.39	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 WellPoint	WellPoint		65.44	0.3208			64.18	326.39	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Amerihealth	Medicare		178.65	1			64.18	326.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Consumer	Consumer		193.8	0.95			64.18	326.39	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Corrections	Corrections		163.2	0.8			64.18	326.39	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 First Health	First Health		142.8	0.7			64.18	326.39	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 First Trenton	First Trenton		183.6	0.9			64.18	326.39	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Horizon	PPO		326.39	1.827			64.18	326.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Horizon	Medicare Blue		178.65	1			64.18	326.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Horizon	Indemnity		326.39	1.827			64.18	326.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Horizon	MGD		326.39	1.827			64.18	326.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Managed Care Inc	Managed Care Inc		183.6	0.9			64.18	326.39	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Multiplan	Multiplan		163.2	0.8			64.18	326.39	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Qualcare	Qualcare		153	0.75			64.18	326.39	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Three Rivers	Three Rivers		193.8	0.95			64.18	326.39	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 UHC	Medicaid		64.18	0.3146			64.18	326.39	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 UHC	Medicare		178.65	1			64.18	326.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Wellcare	Medicaid		64.18	0.3146			64.18	326.39	percent of total billed charges	
NEUROMUSC JUNCT TEST EACH NERVE	95937	CPT	outpatient			204		205.45 Wellcare	Medicare		178.65	1			64.18	326.39	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Aetna	Medicare		66.84	0.308			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Aetna	Better Health		68.27	0.3146			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Aetna	Commercial		82.46	0.38			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Americare	Americare		162.75	0.75			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		WellPoint	WellPoint		69.61	0.3208			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Consumer	Consumer		206.15	0.95			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Corrections	Corrections		173.6	0.8			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		First Health	First Health		151.9	0.7			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		First Trenton	First Trenton		195.3	0.9			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Horizon	Indemnity		83.07	0.3828			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Horizon	MGD		83.07	0.3828			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Horizon	Medicare Blue		65.1	0.3			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Horizon	PPO		83.07	0.3828			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Managed Care Inc	Managed Care Inc		195.3	0.9			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Multiplan	Multiplan		173.6	0.8			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Qualcare	Qualcare		162.75	0.75			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Three Rivers	Three Rivers		206.15	0.95			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		UHC	Medicaid		68.27	0.3146			65.1	206.15	percent of total billed charges	
IONM IN OPERATING ROOM 15 MIN	95940	CPT	outpatient			217		Wellcare	Medicaid		68.27	0.3146			65.1	206.15	percent of total billed charges	
IONM IN REMOTE/>1 PT OR PER HR.	95941	CPT	outpatient			217		Aetna	Commercial		82.46	0.38			65.1	206.15	percent of total billed charges	
IONM IN REMOTE/>1 PT OR PER HR.	95941	CPT	outpatient			217		Aetna	Better Health		68.27	0.3146			65.1	206.15	percent of total billed charges	
IONM IN REMOTE/>1 PT OR PER HR.	95941	CPT	outpatient			217		Aetna	Medicare		66.84	0.308			65.1	206.15	percent of total billed charges	
IONM IN REMOTE/>1 PT OR PER HR.	95941	CPT	outpatient			217		Americare	Americare		162.75	0.75			65.1	206.15	percent of total billed charges	
IONM IN REMOTE/>1 PT OR PER HR.	95941	CPT	outpatient			217		WellPoint	WellPoint		69.61	0.3208			65.1	206.15	percent of total billed charges	
IONM IN REMOTE/>1 PT OR PER HR.	95941	CPT	outpatient			217		Consumer	Consumer		206.15	0.95			65.1	206.15	percent of total billed charges	
IONM IN REMOTE/>1 PT OR PER HR.	95941	CPT	outpatient			217		Corrections	Corrections		173.6	0.8			65.1	206.15	percent of total billed charges	
IONM IN REMOTE/>1 PT OR PER HR.	95941	CPT	outpatient			217		First Health	First Health		151.9	0.7			65.1	206.15	percent of total billed charges	
IONM IN REMOTE/>1 PT OR PER HR.	95941	CPT	outpatient			217		First Trenton	First Trenton		195.3	0.9			65.1	206.15	percent of total billed charges	
IONM IN REMOTE/>1 PT OR PER HR.	95941	CPT	outpatient			217		Horizon	MGD		83.07	0.3828			65.1	206.15	percent of total billed charges	
IONM IN REMOTE/>1 PT OR PER HR.	95941	CPT	outpatient			217		Horizon	Indemnity		83.07	0.3828			65.1	206.15	percent of total billed charges	
IONM IN REMOTE/>1 PT OR PER HR.	95941	CPT	outpatient			217		Horizon	PPO		83.07	0.3828			65.1	206.15	percent of total billed charges	
IONM IN REMOTE/>1 PT OR PER HR.	95941	CPT	outpatient			217		Horizon	Medicare Blue		65.1	0.3			65.1	206.15	percent of total billed charges	
IONM IN REMOTE/>1 PT OR PER HR.	95941	CPT	outpatient			217		Managed Care Inc	Managed Care Inc		195.3	0.9			65.1	206.15	percent of total billed charges	
IONM IN REMOTE/>1 PT OR PER HR.	95941	CPT	outpatient			217		Multiplan	Multiplan		173.6	0.8			65.1	206.15	percent of total billed charges	
IONM IN REMOTE/>1 PT OR PER HR.	95941	CPT	outpatient			217		Qualcare	Qualcare		162.75	0.75			65.1	206.15	percent of total billed charges	
IONM IN REMOTE/>1 PT OR PER HR.	95941	CPT	outpatient			217		Three Rivers	Three Rivers		206.15	0.95			65.1	206.15	percent of total billed charges	
IONM IN REMOTE/>1 PT OR PER HR.	95941	CPT	outpatient			217		UHC	Medicaid		68.27	0.3146			65.1	206.15	percent of total billed charges	
IONM IN REMOTE/>1 PT OR PER HR.	95941	CPT	outpatient			217		Wellcare	Medicaid		68.27	0.3146			65.1	206.15	percent of total billed charges	
STIM INDEPENDENT BOTH PARASYMPATHIC &	95943	CPT	inpatient			554		Aetna	Better Health		174.29	0.3146			166.2	526.3	percent of total billed charges	
STIM INDEPENDENT BOTH PARASYMPATHIC &	95943	CPT	inpatient			554		Aetna	Commercial		210.52	0.38			166.2	526.3	percent of total billed charges	
STIM INDEPENDENT BOTH PARASYMPATHIC &	95943	CPT	inpatient			554		Aetna	Medicare		170.63	0.308			166.2	526.3	percent of total billed charges	
STIM INDEPENDENT BOTH PARASYMPATHIC &	95943	CPT	inpatient			554		Americare	Americare		415.5	0.75			166.2	526.3	percent of total billed charges	
STIM INDEPENDENT BOTH PARASYMPATHIC &	95943	CPT	inpatient			554		WellPoint	WellPoint		177.72	0.3208			166.2	526.3	percent of total billed charges	
STIM INDEPENDENT BOTH PARASYMPATHIC &	95943	CPT	inpatient			554		Consumer	Consumer		526.3	0.95			166.2	526.3	percent of total billed charges	
STIM INDEPENDENT BOTH PARASYMPATHIC &	95943	CPT	inpatient			554		Corrections	Corrections		443.2	0.8			166.2	526.3	percent of total billed charges	
STIM INDEPENDENT BOTH PARASYMPATHIC &	95943	CPT	inpatient			554		First Health	First Health		387.8	0.7			166.2	526.3	percent of total billed charges	
STIM INDEPENDENT BOTH PARASYMPATHIC &	95943	CPT	inpatient			554		First Trenton	First Trenton		498.6	0.9			166.2	526.3	percent of total billed charges	
STIM INDEPENDENT BOTH PARASYMPATHIC &	95943	CPT	inpatient			554		Horizon	Medicare Blue		166.2	0.3			166.2	526.3	percent of total billed charges	
STIM INDEPENDENT BOTH PARASYMPATHIC &	95943	CPT	inpatient			554		Horizon	MGD		212.07	0.3828			166.2	526.3	percent of total billed charges	
STIM INDEPENDENT BOTH PARASYMPATHIC &	95943	CPT	inpatient			554		Horizon	Indemnity		212.07	0.3828			166.2	526.3	percent of total billed charges	
STIM INDEPENDENT BOTH PARASYMPATHIC &	95943	CPT	inpatient			554		Horizon	PPO		212.07	0.3828			166.2	526.3	percent of total billed charges	
STIM INDEPENDENT BOTH PARASYMPATHIC &	95943	CPT	inpatient			554		Managed Care Inc	Managed Care Inc		498.6	0.9			166.2	526.3	percent of total billed charges	
STIM INDEPENDENT BOTH PARASYMPATHIC &	95943	CPT	inpatient			554		Multiplan	Multiplan		443.2	0.8			166.2	526.3	percent of total billed charges	
STIM INDEPENDENT BOTH PARASYMPATHIC &	95943	CPT	inpatient			554		Qualcare	Qualcare		415.5	0.75			166.2	526.3	percent of total billed charges	
STIM INDEPENDENT BOTH PARASYMPATHIC &	95943	CPT	inpatient			554		Three Rivers	Three Rivers		526.3	0.95			166.2	526.3	percent of total billed charges	
STIM INDEPENDENT BOTH PARASYMPATHIC &	95943	CPT	inpatient			554		UHC	Medicaid		174.29	0.3146			166.2	526.3	percent of total billed charges	
STIM INDEPENDENT BOTH PARASYMPATHIC &	95943	CPT	inpatient			554		Wellcare	Medicaid		174.29	0.3146			166.2	526.3	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	both			4401		Aetna	Better Health		1384.55	0.3146			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	both			4401		Aetna	Medicare		1355.51	0.308			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	both			4401		Aetna	Commercial		1672.38	0.38			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	both			4401		Americare	Americare		3300.75	0.75			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	both			4401		WellPoint	WellPoint		1411.84	0.3208			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	both			4401		Consumer	Consumer		4180.95	0.95			1320.3	4180.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	both			4401		Corrections	Corrections		3520.8	0.8			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	both			4401		First Health	First Health		3080.7	0.7			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	both			4401		First Trenton	First Trenton		3960.9	0.9			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	both			4401		Horizon	MGD		1684.7	0.3828			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	both			4401		Horizon	Medicare Blue		1320.3	0.3			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	both			4401		Horizon	Indemnity		1684.7	0.3828			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	both			4401		Horizon	PPO		1684.7	0.3828			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	both			4401		Managed Care Inc	Managed Care Inc		3960.9	0.9			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	both			4401		Multiplan	Multiplan		3520.8	0.8			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	both			4401		Qualcare	Qualcare		3300.75	0.75			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	both			4401		Three Rivers	Three Rivers		4180.95	0.95			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	both			4401		UHC	Medicaid		1384.55	0.3146			1320.3	4180.95	percent of total billed charges	
EEG MONITORNG/VIDEORECORD EA24HR	95951	CPT	both			4401		Wellcare	Medicaid		1384.55	0.3146			1320.3	4180.95	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866		704.94 Aetna	Better Health		587.04	0.3146			587.04	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866		704.94 Aetna	Commercial		975.88	1.592			587.04	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866		704.94 Aetna	Medicare		612.99	1			587.04	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866		704.94 Americare	Americare		1399.5	0.75			587.04	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866		704.94 WellPoint	WellPoint		598.61	0.3208			587.04	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866		704.94 AmeriHealth	Medicare		612.99	1			587.04	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866		704.94 Consumer	Consumer		1772.7	0.95			587.04	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866		704.94 Corrections	Corrections		1492.8	0.8			587.04	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866		704.94 First Health	First Health		1306.2	0.7			587.04	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866		704.94 First Trenton	First Trenton		1679.4	0.9			587.04	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866		704.94 Horizon	Indemnity		1119.93	1.827			587.04	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866		704.94 Horizon	MGD		1119.93	1.827			587.04	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866		704.94 Horizon	Medicare Blue		612.99	1			587.04	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866		704.94 Horizon	PPO		1119.93	1.827			587.04	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866		704.94 Managed Care Inc	Managed Care Inc		1679.4	0.9			587.04	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866		704.94 Multiplan	Multiplan		1492.8	0.8			587.04	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866		704.94 Qualcare	Qualcare		1399.5	0.75			587.04	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866		704.94 Three Rivers	Three Rivers		1772.7	0.95			587.04	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866		704.94 UHC	Medicare		612.99	1			587.04	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866		704.94 UHC	Medicaid		587.04	0.3146			587.04	1772.7	percent of total billed charges	
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866		704.94 Wellcare	Medicare		612.99	1			587.04	1772.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG PHYSICAL OR PHARM ACTIVATION	95954	CPT	outpatient			1866		704.94 Wellcare	Medicaid		587.04	0.3146			587.04	1772.7	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Aetna	Better Health		1175.97	0.3146			1175.97	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Aetna	Commercial		1903.63	1.592			1175.97	3551.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Aetna	Medicare		1195.75	1			1175.97	3551.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Americare	Americare		2803.5	0.75			1175.97	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 WellPoint	WellPoint		1199.15	0.3208			1175.97	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 AmeriHealth	Medicare		1195.75	1			1175.97	3551.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Consumer	Consumer		3551.1	0.95			1175.97	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Corrections	Corrections		2990.4	0.8			1175.97	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 First Health	First Health		2616.6	0.7			1175.97	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 First Trenton	First Trenton		3364.2	0.9			1175.97	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Horizon	MGD		2184.64	1.827			1175.97	3551.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Horizon	Medicare Blue		1195.75	1			1175.97	3551.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Horizon	Indemnity		2184.64	1.827			1175.97	3551.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Horizon	PPO		2184.64	1.827			1175.97	3551.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Managed Care Inc	Managed Care Inc		3364.2	0.9			1175.97	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Multiplan	Multiplan		2990.4	0.8			1175.97	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Qualcare	Qualcare		2803.5	0.75			1175.97	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Three Rivers	Three Rivers		3551.1	0.95			1175.97	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 UHC	Medicaid		1175.97	0.3146			1175.97	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 UHC	Medicare		1195.75	1			1175.97	3551.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Wellcare	Medicaid		1175.97	0.3146			1175.97	3551.1	percent of total billed charges	
EEG MONITORING W/WADA ACTIV TEST	95958	CPT	outpatient			3738		1375.11 Wellcare	Medicare		1195.75	1			1175.97	3551.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Aetna	Commercial		232.58	1.592			128.36	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Aetna	Better Health		137.48	0.3146			128.36	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Aetna	Medicare		146.09	1			128.36	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Americare	Americare		327.75	0.75			128.36	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 WellPoint	WellPoint		140.19	0.3208			128.36	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 AmeriHealth	Medicare		146.09	1			128.36	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Consumer	Consumer		415.15	0.95			128.36	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Corrections	Corrections		349.6	0.8			128.36	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 First Health	First Health		305.9	0.7			128.36	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 First Trenton	First Trenton		393.3	0.9			128.36	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Horizon	MGD		266.91	1.827			128.36	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Horizon	Indemnity		266.91	1.827			128.36	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Horizon	Medicare Blue		146.09	1			128.36	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Horizon	PPO		266.91	1.827			128.36	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Managed Care Inc	Managed Care Inc		393.3	0.9			128.36	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Multiplan	Multiplan		349.6	0.8			128.36	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Qualcare	Qualcare		327.75	0.75			128.36	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Three Rivers	Three Rivers		415.15	0.95			128.36	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 UHC	Medicaid		137.48	0.3146			128.36	415.15	percent of total billed charges	
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 UHC	Medicare		146.09	1			128.36	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Wellcare	Medicare		146.09	1			128.36	415.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS NO ADJUSTMENT	95970	CPT	outpatient			437		168 Wellcare	Medicaid		137.48	0.3146			128.36	415.15	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Aetna	Medicare		150	0.308			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Aetna	Commercial		176.25	1.592			110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Aetna	Better Health		153.21	0.3146			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Americare	Americare		365.25	0.75			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 WellPoint	WellPoint		156.23	0.3208			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 AmeriHealth	Medicare		110.71	1			110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Consumer	Consumer		462.65	0.95			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Corrections	Corrections		389.6	0.8			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 First Health	First Health		340.9	0.7			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 First Trenton	First Trenton		438.3	0.9			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Horizon	Medicare Blue		110.71	1			110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Horizon	Indemnity		202.27	1.827			110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Horizon	PPO		202.27	1.827			110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Horizon	MGD		202.27	1.827			110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Managed Care Inc	Managed Care Inc		438.3	0.9			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Multiplan	Multiplan		389.6	0.8			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Qualcare	Qualcare		365.25	0.75			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Three Rivers	Three Rivers		462.65	0.95			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 UHC	Medicare		110.71	1			110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 UHC	Medicaid		153.21	0.3146			110.71	462.65	percent of total billed charges	
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Wellcare	Medicare		110.71	1			110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELECTRODE ANALYSIS W/NO REPROG	95971	CPT	outpatient			487		127.32 Wellcare	Medicaid		153.21	0.3146			110.71	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Aetna	Better Health		153.21	0.3146			110.71	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Aetna	Commercial		176.25	1.592			110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Aetna	Medicare		110.71	1			110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Americare	Americare		365.25	0.75			110.71	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 WellPoint	WellPoint		156.23	0.3208			110.71	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 AmeriHealth	Medicare		110.71	1			110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Consumer	Consumer		462.65	0.95			110.71	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Corrections	Corrections		389.6	0.8			110.71	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 First Health	First Health		340.9	0.7			110.71	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 First Trenton	First Trenton		438.3	0.9			110.71	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Horizon	MGD		202.27	1.827			110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Horizon	Indemnity		202.27	1.827			110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Horizon	PPO		202.27	1.827			110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Horizon	Medicare Blue		110.71	1			110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Managed Care Inc	Managed Care Inc		438.3	0.9			110.71	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Multiplan	Multiplan		389.6	0.8			110.71	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Qualcare	Qualcare		365.25	0.75			110.71	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Three Rivers	Three Rivers		462.65	0.95			110.71	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 UHC	Medicare		110.71	1			110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 UHC	Medicaid		153.21	0.3146			110.71	462.65	percent of total billed charges	
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Wellcare	Medicare		110.71	1			110.71	462.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELEC ANALYSIS-IMPL NEUROSTIM PULSE GEN;	95972	CPT	outpatient			487		127.32 Wellcare	Medicaid		153.21	0.3146			110.71	462.65	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Aetna	Better Health		40.9	0.3146			40.9	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Aetna	Commercial		68.66	1.592			40.9	123.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Aetna	Medicare		43.13	1			40.9	123.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Americare	Americare		97.5	0.75			40.9	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 WellPoint	WellPoint		41.7	0.3208			40.9	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 AmeriHealth	Medicare		43.13	1			40.9	123.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Consumer	Consumer		123.5	0.95			40.9	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Corrections	Corrections		104	0.8			40.9	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 First Health	First Health		91	0.7			40.9	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 First Trenton	First Trenton		117	0.9			40.9	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Horizon	Indemnity		78.8	1.827			40.9	123.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Horizon	MGD		78.8	1.827			40.9	123.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Horizon	Medicare Blue		43.13	1			40.9	123.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Horizon	PPO		78.8	1.827			40.9	123.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Managed Care Inc	Managed Care Inc		117	0.9			40.9	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Multiplan	Multiplan		104	0.8			40.9	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Qualcare	Qualcare		97.5	0.75			40.9	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 Three Rivers	Three Rivers		123.5	0.95			40.9	123.5	percent of total billed charges	
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 UHC	Medicare		43.13	1			40.9	123.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS ADJUSTMENT	95976	CPT	outpatient			130		49.6 UHC	Medicaid		40.9	0.3146			40.9	123.5	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VNS ADJUSTMENT	99076	CPT	outpatient			130	49.6	Wellcare	Medicare		43.13	1			40.9	123.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VNS ADJUSTMENT	99076	CPT	outpatient			130	49.6	Wellcare	Medicaid		40.9	0.3146			40.9	123.5	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	99090	CPT	outpatient			1183	445.43	Aetna	Medicare		387.33	1			372.17	1123.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFIL & MATNCE PUMP DRUP SPINAL	99090	CPT	outpatient			1183	445.43	Aetna	Commercial		616.63	1.592			372.17	1123.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFIL & MATNCE PUMP DRUP SPINAL	99090	CPT	outpatient			1183	445.43	Aetna	Better Health		372.17	0.3146			372.17	1123.85	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	99090	CPT	outpatient			1183	445.43	Americare	Americare		887.25	0.75			372.17	1123.85	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	99090	CPT	outpatient			1183	445.43	WellPoint	WellPoint		379.51	0.3208			372.17	1123.85	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	99090	CPT	outpatient			1183	445.43	Amerihealth	Medicare		387.33	1			372.17	1123.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFIL & MATNCE PUMP DRUP SPINAL	99090	CPT	outpatient			1183	445.43	Consumer	Consumer		1123.85	0.95			372.17	1123.85	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	99090	CPT	outpatient			1183	445.43	Corrections	Corrections		946.4	0.8			372.17	1123.85	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	99090	CPT	outpatient			1183	445.43	First Health	First Health		828.1	0.7			372.17	1123.85	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	99090	CPT	outpatient			1183	445.43	First Trenton	First Trenton		1064.7	0.9			372.17	1123.85	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	99090	CPT	outpatient			1183	445.43	Horizon	Indemnity		707.65	1.827			372.17	1123.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFIL & MATNCE PUMP DRUP SPINAL	99090	CPT	outpatient			1183	445.43	Horizon	MGD		707.65	1.827			372.17	1123.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFIL & MATNCE PUMP DRUP SPINAL	99090	CPT	outpatient			1183	445.43	Horizon	PPO		707.65	1.827			372.17	1123.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFIL & MATNCE PUMP DRUP SPINAL	99090	CPT	outpatient			1183	445.43	Horizon	Medicare Blue		387.33	1			372.17	1123.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFIL & MATNCE PUMP DRUP SPINAL	99090	CPT	outpatient			1183	445.43	Managed Care Inc	Managed Care Inc		1064.7	0.9			372.17	1123.85	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	99090	CPT	outpatient			1183	445.43	Multiplan	Multiplan		946.4	0.8			372.17	1123.85	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	99090	CPT	outpatient			1183	445.43	Qualcare	Qualcare		887.25	0.75			372.17	1123.85	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	99090	CPT	outpatient			1183	445.43	Three Rivers	Three Rivers		1123.85	0.95			372.17	1123.85	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	99090	CPT	outpatient			1183	445.43	UHC	Medicare		387.33	1			372.17	1123.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFIL & MATNCE PUMP DRUP SPINAL	99090	CPT	outpatient			1183	445.43	UHC	Medicaid		372.17	0.3146			372.17	1123.85	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	99090	CPT	outpatient			1183	445.43	Wellcare	Medicaid		372.17	0.3146			372.17	1123.85	percent of total billed charges	
REFIL & MATNCE PUMP DRUP SPINAL	99090	CPT	outpatient			1183	445.43	Wellcare	Medicare		387.33	1			372.17	1123.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIN/BRAIN PUMP REFIL & MAINT	99091	CPT	outpatient			1045	389.55	Aetna	Better Health		328.76	0.3146			328.76	992.75	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	99091	CPT	outpatient			1045	389.55	Aetna	Commercial		539.27	1.592			328.76	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIN/BRAIN PUMP REFIL & MAINT	99091	CPT	outpatient			1045	389.55	Aetna	Medicare		338.74	1			328.76	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIN/BRAIN PUMP REFIL & MAINT	99091	CPT	outpatient			1045	389.55	Americare	Americare		783.75	0.75			328.76	992.75	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	99091	CPT	outpatient			1045	389.55	WellPoint	WellPoint		335.24	0.3208			328.76	992.75	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	99091	CPT	outpatient			1045	389.55	Amerihealth	Medicare		338.74	1			328.76	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIN/BRAIN PUMP REFIL & MAINT	99091	CPT	outpatient			1045	389.55	Consumer	Consumer		992.75	0.95			328.76	992.75	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	99091	CPT	outpatient			1045	389.55	Corrections	Corrections		836	0.8			328.76	992.75	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	99091	CPT	outpatient			1045	389.55	First Health	First Health		731.5	0.7			328.76	992.75	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	99091	CPT	outpatient			1045	389.55	First Trenton	First Trenton		940.5	0.9			328.76	992.75	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	99091	CPT	outpatient			1045	389.55	Horizon	PPO		618.88	1.827			328.76	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIN/BRAIN PUMP REFIL & MAINT	99091	CPT	outpatient			1045	389.55	Horizon	MGD		618.88	1.827			328.76	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIN/BRAIN PUMP REFIL & MAINT	99091	CPT	outpatient			1045	389.55	Horizon	Medicare Blue		338.74	1			328.76	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIN/BRAIN PUMP REFIL & MAINT	99091	CPT	outpatient			1045	389.55	Horizon	Indemnity		618.88	1.827			328.76	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIN/BRAIN PUMP REFIL & MAINT	99091	CPT	outpatient			1045	389.55	Managed Care Inc	Managed Care Inc		940.5	0.9			328.76	992.75	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	99091	CPT	outpatient			1045	389.55	Multiplan	Multiplan		836	0.8			328.76	992.75	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	99091	CPT	outpatient			1045	389.55	Qualcare	Qualcare		783.75	0.75			328.76	992.75	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	99091	CPT	outpatient			1045	389.55	Three Rivers	Three Rivers		992.75	0.95			328.76	992.75	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	99091	CPT	outpatient			1045	389.55	UHC	Medicaid		328.76	0.3146			328.76	992.75	percent of total billed charges	
SPIN/BRAIN PUMP REFIL & MAINT	99091	CPT	outpatient			1045	389.55	UHC	Medicare		338.74	1			328.76	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIN/BRAIN PUMP REFIL & MAINT	99091	CPT	outpatient			1045	389.55	Wellcare	Medicare		338.74	1			328.76	992.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SPIN/BRAIN PUMP REFIL & MAINT	99091	CPT	outpatient			1045	389.55	Wellcare	Medicaid		328.76	0.3146			328.76	992.75	percent of total billed charges	
CANALITH REPOSIT PROC	99992	CPT	outpatient			159		Aetna	Better Health		50.02	0.3146			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	99992	CPT	outpatient			159		Aetna	Commercial		60.42	0.38			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	99992	CPT	outpatient			159		Aetna	Medicare		48.97	0.308			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	99992	CPT	outpatient			159		Americare	Americare		119.25	0.75			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	99992	CPT	outpatient			159		WellPoint	WellPoint		51.01	0.3208			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	99992	CPT	outpatient			159		Consumer	Consumer		151.05	0.95			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	99992	CPT	outpatient			159		Corrections	Corrections		127.2	0.8			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	99992	CPT	outpatient			159		First Health	First Health		111.3	0.7			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	99992	CPT	outpatient			159		First Trenton	First Trenton		143.1	0.9			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	99992	CPT	outpatient			159		Horizon	Medicare Blue		47.7	0.3			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	99992	CPT	outpatient			159		Horizon	Indemnity		60.87	0.3828			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	99992	CPT	outpatient			159		Horizon	MGD		60.87	0.3828			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	99992	CPT	outpatient			159		Horizon	PPO		60.87	0.3828			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	99992	CPT	outpatient			159		Managed Care Inc	Managed Care Inc		143.1	0.9			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	99992	CPT	outpatient			159		Multiplan	Multiplan		127.2	0.8			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	99992	CPT	outpatient			159		Qualcare	Qualcare		119.25	0.75			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	99992	CPT	outpatient			159		Three Rivers	Three Rivers		151.05	0.95			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	99992	CPT	outpatient			159		UHC	Medicaid		50.02	0.3146			47.7	151.05	percent of total billed charges	
CANALITH REPOSIT PROC	99992	CPT	outpatient			159		Wellcare	Medicaid		50.02	0.3146			47.7	151.05	percent of total billed charges	
UNLISTED NEUROLOG/NEUROMUS DX PROC	99999	CPT	outpatient			557	205.45	Aetna	Better Health		175.23	0.3146			175.23	529.15	percent of total billed charges	
UNLISTED NEUROLOG/NEUROMUS DX PROC	99999	CPT	outpatient			557	205.45	Aetna	Commercial		284.41	1.592			175.23	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOG/NEUROMUS DX PROC	99999	CPT	outpatient			557	205.45	Aetna	Medicare		178.65	1			175.23	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOG/NEUROMUS DX PROC	99999	CPT	outpatient			557	205.45	Americare	Americare		417.75	0.75			175.23	529.15	percent of total billed charges	
UNLISTED NEUROLOG/NEUROMUS DX PROC	99999	CPT	outpatient			557	205.45	WellPoint	WellPoint		178.69	0.3208			175.23	529.15	percent of total billed charges	
UNLISTED NEUROLOG/NEUROMUS DX PROC	99999	CPT	outpatient			557	205.45	Amerihealth	Medicare		178.65	1			175.23	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOG/NEUROMUS DX PROC	99999	CPT	outpatient			557	205.45	Consumer	Consumer		529.15	0.95			175.23	529.15	percent of total billed charges	
UNLISTED NEUROLOG/NEUROMUS DX PROC	99999	CPT	outpatient			557	205.45	Corrections	Corrections		445.6	0.8			175.23	529.15	percent of total billed charges	
UNLISTED NEUROLOG/NEUROMUS DX PROC	99999	CPT	outpatient			557	205.45	First Health	First Health		389.9	0.7			175.23	529.15	percent of total billed charges	
UNLISTED NEUROLOG/NEUROMUS DX PROC	99999	CPT	outpatient			557	205.45	First Trenton	First Trenton		501.3	0.9			175.23	529.15	percent of total billed charges	
UNLISTED NEUROLOG/NEUROMUS DX PROC	99999	CPT	outpatient			557	205.45	Horizon	Indemnity		326.39	1.827			175.23	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOG/NEUROMUS DX PROC	99999	CPT	outpatient			557	205.45	Horizon	PPO		326.39	1.827			175.23	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOG/NEUROMUS DX PROC	99999	CPT	outpatient			557	205.45	Horizon	MGD		326.39	1.827			175.23	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOG/NEUROMUS DX PROC	99999	CPT	outpatient			557	205.45	Horizon	Medicare Blue		178.65	1			175.23	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOG/NEUROMUS DX PROC	99999	CPT	outpatient			557	205.45	Managed Care Inc	Managed Care Inc		501.3	0.9			175.23	529.15	percent of total billed charges	
UNLISTED NEUROLOG/NEUROMUS DX PROC	99999	CPT	outpatient			557	205.45	Multiplan	Multiplan		445.6	0.8			175.23	529.15	percent of total billed charges	
UNLISTED NEUROLOG/NEUROMUS DX PROC	99999	CPT	outpatient			557	205.45	Qualcare	Qualcare		417.75	0.75			175.23	529.15	percent of total billed charges	
UNLISTED NEUROLOG/NEUROMUS DX PROC	99999	CPT	outpatient			557	205.45	Three Rivers	Three Rivers		529.15	0.95			175.23	529.15	percent of total billed charges	
UNLISTED NEUROLOG/NEUROMUS DX PROC	99999	CPT	outpatient			557	205.45	UHC	Medicare		178.65	1			175.23	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOG/NEUROMUS DX PROC	99999	CPT	outpatient			557	205.45	UHC	Medicaid		175.23	0.3146			175.23	529.15	percent of total billed charges	
UNLISTED NEUROLOG/NEUROMUS DX PROC	99999	CPT	outpatient			557	205.45	Wellcare	Medicare		178.65	1			175.23	529.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED NEUROLOG/NEUROMUS DX PROC	99999	CPT	outpatient			557	205.45	Wellcare	Medicaid		175.23	0.3146			175.23	529.15	percent of total billed charges	
FUNCTIONAL BRAIN MAPPING	96020	CPT	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges	
FUNCTIONAL BRAIN MAPPING	96020	CPT	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges	
FUNCTIONAL BRAIN MAPPING	96020	CPT	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges	
FUNCTIONAL BRAIN MAPPING	96020	CPT	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges	
FUNCTIONAL BRAIN MAPPING	96020	CPT	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges	
FUNCTIONAL BRAIN MAPPING	96020	CPT	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges	
FUNCTIONAL BRAIN MAPPING	96020	CPT	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges	
FUNCTIONAL BRAIN MAPPING	96020	CPT	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges	
FUNCTIONAL BRAIN MAPPING	96020	CPT	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Aetna	Better Health		102.87	0.3146			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Aetna	Medicare		100.72	0.308			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Aetna	Commercial		124.26	0.38			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Americare	Americare		245.25	0.75			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		WellPoint	WellPoint		104.9	0.3208			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Consumer	Consumer		310.65	0.95			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Corrections	Corrections		261.6	0.8			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		First Health	First Health		228.9	0.7			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		First Trenton	First Trenton		294.3	0.9			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Horizon	Indemnity		125.18	0.3828			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Horizon	Medicare Blue		98.1	0.3			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Horizon	MGD		125.18	0.3828			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Horizon	PPO		125.18	0.3828			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Managed Care Inc	Managed Care Inc		294.3	0.9			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Multiplan	Multiplan		261.6	0.8			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Qualcare	Qualcare		246.25	0.75			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Three Rivers	Three Rivers		310.65	0.95			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		UHC	Medicaid		102.87	0.3146			98.1	310.65	percent of total billed charges	
GENETIC COUNSELING EA 30MIN:QT:_____	96040	CPT	outpatient			327		Wellcare	Medicaid		102.87	0.3146			98.1	310.65	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Aetna	Medicare		288.9	0.308			16.5	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Aetna	Commercial		356.44	0.38			16.5	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Aetna	Better Health		295.09	0.3146			16.5	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Americare	Americare		703.5	0.75			16.5	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		WellPoint	WellPoint		300.91	0.3208			16.5	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Consumer	Consumer		891.1	0.95			16.5	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Corrections	Corrections		750.4	0.8			16.5	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		First Health	First Health		656.6	0.7			16.5	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		First Trenton	First Trenton		844.2	0.9			16.5	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Horizon	MGD		359.07	0.3828			16.5	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Horizon	Indemnity		359.07	0.3828			16.5	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Horizon	Medicare Blue		281.4	0.3			16.5	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Horizon	PPO		359.07	0.3828			16.5	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Managed Care Inc	Managed Care Inc		844.2	0.9			16.5	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Multiplan	Multiplan		750.4	0.8			16.5	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Qualcare	Qualcare		703.5	0.75			16.5	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Three Rivers	Three Rivers		891.1	0.95			16.5	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		UHC	Medicaid		295.09	0.3146			16.5	891.1	percent of total billed charges	
DEVELOPMENTAL SCREEN	96110	CPT	both			938		Wellcare	Medicaid		295.09	0.3146			16.5	891.1	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	outpatient			143	52.74	Aetna	Commercial		73.01	1.592			44.99	135.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	outpatient			143	52.74	Aetna	Better Health		44.99	0.3146			44.99	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	outpatient			143	52.74	Aetna	Medicare		45.86	1			44.99	135.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	outpatient			143	52.74	Americare	Americare		107.25	0.75			44.99	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	outpatient			143	52.74	WellPoint	WellPoint		45.87	0.3208			44.99	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	outpatient			143	52.74	Amerihealth	Medicare		45.86	1			44.99	135.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	outpatient			143	52.74	Consumer	Consumer		135.85	0.95			44.99	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	outpatient			143	52.74	Corrections	Corrections		114.4	0.8			44.99	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	outpatient			143	52.74	First Health	First Health		100.1	0.7			44.99	135.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	outpatient			143	52.74	First Trenton	First Trenton		128.7	0.9			44.99	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	outpatient			143	52.74	Horizon	Indemnity		83.79	1.827			44.99	135.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	outpatient			143	52.74	Horizon	Medicare Blue		45.86	1			44.99	135.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	outpatient			143	52.74	Horizon	PPO		83.79	1.827			44.99	135.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	outpatient			143	52.74	Horizon	MGD		83.79	1.827			44.99	135.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	outpatient			143	52.74	Managed Care Inc	Managed Care Inc		128.7	0.9			44.99	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	outpatient			143	52.74	Multiplan	Multiplan		114.4	0.8			44.99	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	outpatient			143	52.74	Qualcare	Qualcare		107.25	0.75			44.99	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	outpatient			143	52.74	Three Rivers	Three Rivers		135.85	0.95			44.99	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	outpatient			143	52.74	UHC	Medicare		45.86	1			44.99	135.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	outpatient			143	52.74	UHC	Medicaid		44.99	0.3146			44.99	135.85	percent of total billed charges	
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	outpatient			143	52.74	Wellcare	Medicare		45.86	1			44.99	135.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRIEF EMOTIONAL/BEHAV ASSMT	96127	CPT	outpatient			143	52.74	Wellcare	Medicaid		44.99	0.3146			44.99	135.85	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	outpatient			109	37.74	Aetna	Medicare		32.82	1			32.82	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	outpatient			109	37.74	Aetna	Better Health		34.29	0.3146			32.82	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	outpatient			109	37.74	Aetna	Commercial		52.25	1.592			32.82	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	outpatient			109	37.74	Americare	Americare		81.75	0.75			32.82	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	outpatient			109	37.74	WellPoint	WellPoint		34.97	0.3208			32.82	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	outpatient			109	37.74	Amerihealth	Medicare		32.82	1			32.82	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	outpatient			109	37.74	Consumer	Consumer		103.55	0.95			32.82	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	outpatient			109	37.74	Corrections	Corrections		87.2	0.8			32.82	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	outpatient			109	37.74	First Health	First Health		76.3	0.7			32.82	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	outpatient			109	37.74	First Trenton	First Trenton		98.1	0.9			32.82	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	outpatient			109	37.74	Horizon	PPO		59.96	1.827			32.82	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	outpatient			109	37.74	Horizon	MGD		59.96	1.827			32.82	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	outpatient			109	37.74	Horizon	Indemnity		59.96	1.827			32.82	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	outpatient			109	37.74	Horizon	Medicare Blue		32.82	1			32.82	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	outpatient			109	37.74	Managed Care Inc	Managed Care Inc		98.1	0.9			32.82	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	outpatient			109	37.74	Multiplan	Multiplan		87.2	0.8			32.82	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	outpatient			109	37.74	Qualcare	Qualcare		81.75	0.75			32.82	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	outpatient			109	37.74	Three Rivers	Three Rivers		103.55	0.95			32.82	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	outpatient			109	37.74	UHC	Medicaid		34.29	0.3146			32.82	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	outpatient			109	37.74	UHC	Medicare		32.82	1			32.82	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	outpatient			109	37.74	Wellcare	Medicaid		34.29	0.3146			32.82	103.55	percent of total billed charges	
PT-FOCUSED HLTH RISK ASSMT	96160	CPT	outpatient			109	37.74	Wellcare	Medicare		32.82	1			32.82	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION 1ST HR	96360	CPT	both			754	281.9	Aetna	Better Health		237.21	0.3146			119.55	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754	281.9	Aetna	Commercial		390.25	1.592			119.55	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION 1ST HR	96360	CPT	both			754	281.9	Aetna	Medicare		245.13	1			119.55	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION 1ST HR	96360	CPT	both			754	281.9	Americare	Americare		565.5	0.75			119.55	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754	281.9	WellPoint	WellPoint		241.88	0.3208			119.55	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754	281.9	Amerihealth	Medicare		245.13	1			119.55	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION 1ST HR	96360	CPT	both			754	281.9	Consumer	Consumer		716.3	0.95			119.55	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754	281.9	Corrections	Corrections		603.2	0.8			119.55	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754	281.9	First Health	First Health		527.8	0.7			119.55	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754	281.9	First Trenton	First Trenton		678.6	0.9			119.55	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754	281.9	Horizon	MGD		447.85	1.827			119.55	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION 1ST HR	96360	CPT	both			754	281.9	Horizon	PPO		447.85	1.827			119.55	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION 1ST HR	96360	CPT	both			754	281.9	Horizon	Indemnity		447.85	1.827			119.55	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION 1ST HR	96360	CPT	both			754	281.9	Horizon	Medicare Blue		245.13	1			119.55	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION 1ST HR	96360	CPT	both			754	281.9	Managed Care Inc	Managed Care Inc		678.6	0.9			119.55	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754	281.9	Multiplan	Multiplan		603.2	0.8			119.55	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754	281.9	Qualcare	Qualcare		565.5	0.75			119.55	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754	281.9	Three Rivers	Three Rivers		716.3	0.95			119.55	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754	281.9	UHC	Medicare		245.13	1			119.55	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION 1ST HR	96360	CPT	both			754	281.9	UHC	Medicaid		237.21	0.3146			119.55	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754	281.9	Wellcare	Medicaid		237.21	0.3146			119.55	716.3	percent of total billed charges	
IV HYDRATION 1ST HR	96360	CPT	both			754	281.9	Wellcare	Medicare		245.13	1			119.55	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317	62.48	Aetna	Better Health		99.73	0.3146			41.84	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317	62.48	Aetna	Medicare		54.33	1			41.84	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317	62.48	Aetna	Commercial		86.49	1.592			41.84	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317	62.48	Americare	Americare		237.75	0.75			41.84	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317	62.48	WellPoint	WellPoint		101.69	0.3208			41.84	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317	62.48	Amerihealth	Medicare		54.33	1			41.84	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317	62.48	Consumer	Consumer		301.15	0.95			41.84	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317	62.48	Corrections	Corrections		253.6	0.8			41.84	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317	62.48	First Health	First Health		221.9	0.7			41.84	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317	62.48	First Trenton	First Trenton		285.3	0.9			41.84	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317	62.48	Horizon	Indemnity		99.26	1.827			41.84	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317	62.48	Horizon	MGD		99.26	1.827			41.84	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317	62.48	Horizon	PPO		99.26	1.827			41.84	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317	62.48	Horizon	Medicare Blue		54.33	1			41.84	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317	62.48	Managed Care Inc	Managed Care Inc		285.3	0.9			41.84	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317	62.48	Multiplan	Multiplan		253.6	0.8			41.84	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317	62.48	Qualcare	Qualcare		237.75	0.75			41.84	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317	62.48	Three Rivers	Three Rivers		301.15	0.95			41.84	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317	62.48	UHC	Medicare		54.33	1			41.84	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317	62.48	UHC	Medicaid		99.73	0.3146			41.84	301.15	percent of total billed charges	
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317	62.48	Wellcare	Medicare		54.33	1			41.84	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV HYDRATION EACH ADDITIONAL HR	96361	CPT	both			317	62.48	Wellcare	Medicaid		99.73	0.3146			41.84	301.15	percent of total billed charges	
THER/PROPH/DIAG IV INF INTIAL	96365	CPT	both			813	281.9	Aetna	Commercial		390.25	1.592			237.21	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF INTIAL	96365	CPT	both			813	281.9	Aetna	Better Health		255.77	0.3146			237.21	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF INTIAL	96365	CPT	both			813	281.9	Aetna	Medicare		245.13	1			237.21	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF INTIAL	96365	CPT	both			813	281.9	Americare	Americare		609.75	0.75			237.21	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF INTIAL	96365	CPT	both			813	281.9	WellPoint	WellPoint		260.81	0.3208			237.21	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF INTIAL	96365	CPT	both			813	281.9	Amerihealth	Medicare		245.13	1			237.21	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF INTIAL	96365	CPT	both			813	281.9	Consumer	Consumer		772.35	0.95			237.21	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF INTIAL	96365	CPT	both			813	281.9	Corrections	Corrections		650.4	0.8			237.21	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF INTIAL	96365	CPT	both			813	281.9	First Health	First Health		569.1	0.7			237.21	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF INTIAL	96365	CPT	both			813	281.9	First Trenton	First Trenton		731.7	0.9			237.21	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF INTIAL	96365	CPT	both			813	281.9	Horizon	Indemnity		447.85	1.827			237.21	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF INTIAL	96365	CPT	both			813	281.9	Horizon	Medicare Blue		245.13	1			237.21	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF INTIAL	96365	CPT	both			813	281.9	Horizon	PPO		447.85	1.827			237.21	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF INTIAL	96365	CPT	both			813	281.9	Horizon	MGD		447.85	1.827			237.21	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF INTIAL	96365	CPT	both			813	281.9	Managed Care Inc	Managed Care Inc		731.7	0.9			237.21	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF INTIAL	96365	CPT	both			813	281.9	Multiplan	Multiplan		650.4	0.8			237.21	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF INTIAL	96365	CPT	both			813	281.9	Qualcare	Qualcare		609.75	0.75			237.21	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF INTIAL	96365	CPT	both			813	281.9	Three Rivers	Three Rivers		772.35	0.95			237.21	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF INTIAL	96365	CPT	both			813	281.9	UHC	Medicaid		255.77	0.3146			237.21	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF INTIAL	96365	CPT	both			813	281.9	UHC	Medicare		245.13	1			237.21	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF INTIAL	96365	CPT	both			813	281.9	Wellcare	Medicaid		255.77	0.3146			237.21	772.35	percent of total billed charges	
THER/PROPH/DIAG IV INF INTIAL	96365	CPT	both			813	281.9	Wellcare	Medicare		245.13	1			237.21	772.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259	62.48	Aetna	Medicare		79.77	0.308			39.42	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259	62.48	Aetna	Commercial		86.49	1.592			39.42	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259	62.48	Aetna	Better Health		81.48	0.3146			39.42	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259	62.48	Americare	Americare		194.25	0.75			39.42	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259	62.48	WellPoint	WellPoint		83.09	0.3208			39.42	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259	62.48	Amerihealth	Medicare		54.33	1			39.42	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259	62.48	Consumer	Consumer		246.05	0.95			39.42	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259	62.48	Corrections	Corrections		207.2	0.8			39.42	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259	62.48	First Health	First Health		181.3	0.7			39.42	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259	62.48	First Trenton	First Trenton		233.1	0.9			39.42	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259	62.48	Horizon	MGD		99.26	1.827			39.42	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259	62.48	Horizon	Indemnity		99.26	1.827			39.42	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259	62.48	Horizon	Medicare Blue		54.33	1			39.42	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259	62.48	Horizon	PPO		99.26	1.827			39.42	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259	62.48	Managed Care Inc	Managed Care Inc		233.1	0.9			39.42	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259	62.48	Multiplan	Multiplan		207.2	0.8			39.42	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259	62.48	Qualcare	Qualcare		194.25	0.75			39.42	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259	62.48	Three Rivers	Three Rivers		246.05	0.95			39.42	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259	62.48	UHC	Medicare		54.33	1			39.42	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259	62.48	UHC	Medicaid		81.48	0.3146			39.42	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259	62.48	Wellcare	Medicaid		81.48	0.3146			39.42	246.05	percent of total billed charges	
THER/PROPH/DIAG IV INF ADDON	96366	CPT	both			259	62.48	Wellcare	Medicare		54.33	1			39.42	246.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248	92.66	Aetna	Better Health		78.02	0.3146			47.82	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248	92.66	Aetna	Commercial		128.27	1.592			47.82	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248	92.66	Aetna	Medicare		80.57	1			47.82	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248	92.66	Americare	Americare		186	0.75			47.82	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248	92.66	WellPoint	WellPoint		79.56	0.3208			47.82	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248	92.66	Amerihealth	Medicare		80.57	1			47.82	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248	92.66	Consumer	Consumer		235.6	0.95			47.82	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248	92.66	Corrections	Corrections		198.4	0.8			47.82	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248	92.66	First Health	First Health		173.6	0.7			47.82	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248	92.66	First Trenton	First Trenton		223.2	0.9			47.82	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248	92.66	Horizon	PPO		147.2	1.827			47.82	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248	92.66	Horizon	MGD		147.2	1.827			47.82	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248	92.66	Horizon	Indemnity		147.2	1.827			47.82	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248	92.66	Horizon	Medicare Blue		80.57	1			47.82	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248	92.66	Managed Care Inc	Managed Care Inc		223.2	0.9			47.82	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248	92.66	Multiplan	Multiplan		198.4	0.8			47.82	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248	92.66	Qualcare	Qualcare		186	0.75			47.82	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248	92.66	Three Rivers	Three Rivers		235.6	0.95			47.82	235.6	percent of total billed charges	
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248	92.66	UHC	Medicare		80.57	1			47.82	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248	92.66	UHC	Medicaid		78.02	0.3146			47.82	235.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 Wellcare	Medicare		80.57				1	47.82	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX/PROPH/DG ADDL SEQ IV INF	96367	CPT	both			248		92.66 Wellcare	Medicaid		78.02	0.3146				47.82	235.6	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	both			152			Aetna	Better Health	47.82	0.3146				7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	both			152			Aetna	Medicare	46.82	0.308				7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	both			152			Aetna	Commercial	57.76	0.38				7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	both			152			Americare	Americare	114	0.75				7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	both			152			WellPoint	WellPoint	48.76	0.3208				7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	both			152			Consumer	Consumer	144.4	0.95				7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	both			152			Corrections	Corrections	121.6	0.8				7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	both			152			First Health	First Health	106.4	0.7				7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	both			152			First Trenton	First Trenton	136.8	0.9				7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	both			152			Horizon	Medicare Blue	45.6	0.3				7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	both			152			Horizon	Indemnity	58.19	0.3828				7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	both			152			Horizon	MGD	58.19	0.3828				7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	both			152			Horizon	PPO	58.19	0.3828				7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	both			152			Managed Care Inc	Managed Care Inc	136.8	0.9				7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	both			152			Multiplan	Multiplan	121.6	0.8				7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	both			152			Qualcare	Qualcare	114	0.75				7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	both			152			Three Rivers	Three Rivers	144.4	0.95				7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	both			152			UHC	Medicaid	47.82	0.3146				7.5	144.4	percent of total billed charges	
IV INFUSION FOR THERPAY CONCURRENT INFUS	96368	CPT	both			152			Wellcare	Medicaid	47.82	0.3146				7.5	144.4	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			248		92.66 Aetna	Medicare		80.57	1			48.13	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAUPETIC PROPH DX INJ	96372	CPT	both			248		92.66 Aetna	Commercial		128.27	1.592			48.13	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAUPETIC PROPH DX INJ	96372	CPT	both			248		92.66 Aetna	Better Health		78.02	0.3146			48.13	235.6	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			248		92.66 Americare	Americare		186	0.75			48.13	235.6	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			248		92.66 WellPoint	WellPoint		79.56	0.3208			48.13	235.6	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			248		92.66 Amerihealth	Medicare		80.57	1			48.13	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAUPETIC PROPH DX INJ	96372	CPT	both			248		92.66 Consumer	Consumer		235.6	0.95			48.13	235.6	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			248		92.66 Corrections	Corrections		198.4	0.8			48.13	235.6	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			248		92.66 First Health	First Health		173.6	0.7			48.13	235.6	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			248		92.66 First Trenton	First Trenton		223.2	0.9			48.13	235.6	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			248		92.66 Horizon	MGD		147.2	1.827			48.13	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAUPETIC PROPH DX INJ	96372	CPT	both			248		92.66 Horizon	Indemnity		147.2	1.827			48.13	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAUPETIC PROPH DX INJ	96372	CPT	both			248		92.66 Horizon	Medicare Blue		80.57	1			48.13	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAUPETIC PROPH DX INJ	96372	CPT	both			248		92.66 Horizon	PPO		147.2	1.827			48.13	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAUPETIC PROPH DX INJ	96372	CPT	both			248		92.66 Managed Care Inc	Managed Care Inc		223.2	0.9			48.13	235.6	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			248		92.66 Multiplan	Multiplan		198.4	0.8			48.13	235.6	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			248		92.66 Qualcare	Qualcare		186	0.75			48.13	235.6	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			248		92.66 Three Rivers	Three Rivers		235.6	0.95			48.13	235.6	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			248		92.66 UHC	Medicaid		78.02	0.3146			48.13	235.6	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			248		92.66 UHC	Medicare		80.57	1			48.13	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAUPETIC PROPH DX INJ	96372	CPT	both			248		92.66 Wellcare	Medicaid		78.02	0.3146			48.13	235.6	percent of total billed charges	
THERAUPETIC PROPH DX INJ	96372	CPT	both			248		92.66 Wellcare	Medicare		80.57	1			48.13	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPUTIC PROPHALYTIC OR DIAG INJECT	96373	CPT	both			781		281.9 Aetna	Better Health		245.7	0.3146			157.93	741.95	percent of total billed charges	
THERAPUTIC PROPHALYTIC OR DIAG INJECT	96373	CPT	both			781		281.9 Aetna	Commercial		390.25	1.592			157.93	741.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPUTIC PROPHALYTIC OR DIAG INJECT	96373	CPT	both			781		281.9 Aetna	Medicare		245.13	1			157.93	741.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPUTIC PROPHALYTIC OR DIAG INJECT	96373	CPT	both			781		281.9 Americare	Americare		585.75	0.75			157.93	741.95	percent of total billed charges	
THERAPUTIC PROPHALYTIC OR DIAG INJECT	96373	CPT	both			781		281.9 WellPoint	WellPoint		250.54	0.3208			157.93	741.95	percent of total billed charges	
THERAPUTIC PROPHALYTIC OR DIAG INJECT	96373	CPT	both			781		281.9 Amerihealth	Medicare		245.13	1			157.93	741.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPUTIC PROPHALYTIC OR DIAG INJECT	96373	CPT	both			781		281.9 Consumer	Consumer		741.95	0.95			157.93	741.95	percent of total billed charges	
THERAPUTIC PROPHALYTIC OR DIAG INJECT	96373	CPT	both			781		281.9 Corrections	Corrections		624.8	0.8			157.93	741.95	percent of total billed charges	
THERAPUTIC PROPHALYTIC OR DIAG INJECT	96373	CPT	both			781		281.9 First Health	First Health		546.7	0.7			157.93	741.95	percent of total billed charges	
THERAPUTIC PROPHALYTIC OR DIAG INJECT	96373	CPT	both			781		281.9 First Trenton	First Trenton		702.9	0.9			157.93	741.95	percent of total billed charges	
THERAPUTIC PROPHALYTIC OR DIAG INJECT	96373	CPT	both			781		281.9 Horizon	Indemnity		447.85	1.827			157.93	741.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPUTIC PROPHALYTIC OR DIAG INJECT	96373	CPT	both			781		281.9 Horizon	Medicare Blue		245.13	1			157.93	741.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPUTIC PROPHALYTIC OR DIAG INJECT	96373	CPT	both			781		281.9 Horizon	MGD		447.85	1.827			157.93	741.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPUTIC PROPHALYTIC OR DIAG INJECT	96373	CPT	both			781		281.9 Horizon	PPO		447.85	1.827			157.93	741.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPUTIC PROPHALYTIC OR DIAG INJECT	96373	CPT	both			781		281.9 Managed Care Inc	Managed Care Inc		702.9	0.9			157.93	741.95	percent of total billed charges	
THERAPUTIC PROPHALYTIC OR DIAG INJECT	96373	CPT	both			781		281.9 Multiplan	Multiplan		624.8	0.8			157.93	741.95	percent of total billed charges	
THERAPUTIC PROPHALYTIC OR DIAG INJECT	96373	CPT	both			781		281.9 Qualcare	Qualcare		585.75	0.75			157.93	741.95	percent of total billed charges	
THERAPUTIC PROPHALYTIC OR DIAG INJECT	96373	CPT	both			781		281.9 Three Rivers	Three Rivers		741.95	0.95			157.93	741.95	percent of total billed charges	
THERAPUTIC PROPHALYTIC OR DIAG INJECT	96373	CPT	both			781		281.9 UHC	Medicare		245.13	1			157.93	741.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPUTIC PROPHALYTIC OR DIAG INJECT	96373	CPT	both			781		281.9 UHC	Medicaid		245.7	0.3146			157.93	741.95	percent of total billed charges	
THERAPUTIC PROPHALYTIC OR DIAG INJECT	96373	CPT	both			781		281.9 Wellcare	Medicaid		245.7	0.3146			157.93	741.95	percent of total billed charges	
THERAPUTIC PROPHALYTIC OR DIAG INJECT	96373	CPT	both			781		281.9 Wellcare	Medicare		245.13	1			157.93	741.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPY/DX NJ. IV	96374	CPT	both			770		281.9 Aetna	Better Health		242.24	0.3146			57.6	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770		281.9 Aetna	Commercial		390.25	1.592			57.6	731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPY/DX NJ. IV	96374	CPT	both			770		281.9 Aetna	Medicare		237.16	0.308			57.6	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770		281.9 Americare	Americare		577.5	0.75			57.6	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770		281.9 WellPoint	WellPoint		247.02	0.3208			57.6	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770		281.9 Amerihealth	Medicare		245.13	1			57.6	731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPY/DX NJ. IV	96374	CPT	both			770		281.9 Consumer	Consumer		731.5	0.95			57.6	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770		281.9 Corrections	Corrections		616	0.8			57.6	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770		281.9 First Health	First Health		539	0.7			57.6	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770		281.9 First Trenton	First Trenton		693	0.9			57.6	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770		281.9 Horizon	MGD		447.85	1.827			57.6	731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPY/DX NJ. IV	96374	CPT	both			770		281.9 Horizon	Indemnity		447.85	1.827			57.6	731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPY/DX NJ. IV	96374	CPT	both			770		281.9 Horizon	Medicare Blue		245.13	1			57.6	731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPY/DX NJ. IV	96374	CPT	both			770		281.9 Horizon	PPO		447.85	1.827			57.6	731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPY/DX NJ. IV	96374	CPT	both			770		281.9 Managed Care Inc	Managed Care Inc		693	0.9			57.6	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770		281.9 Multiplan	Multiplan		616	0.8			57.6	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770		281.9 Qualcare	Qualcare		577.5	0.75			57.6	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770		281.9 Three Rivers	Three Rivers		731.5	0.95			57.6	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770		281.9 UHC	Medicaid		242.24	0.3146			57.6	731.5	percent of total billed charges	
THERAPY/DX NJ. IV	96374	CPT	both			770		281.9 UHC	Medicare		245.13	1			57.6	731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPY/DX NJ. IV	96374	CPT	both			770		281.9 Wellcare	Medicare		245.13	1			57.6	731.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THERAPY/DX NJ. IV	96374	CPT	both			770		281.9 Wellcare	Medicaid		242.24	0.3146			57.6	731.5	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219		62.48 Aetna	Medicare		54.33	1			48.76	208.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER INJ EACH ADD'L DRUG	96375	CPT	both			219		62.48 Aetna	Commercial		86.49	1.592			48.76	208.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER INJ EACH ADD'L DRUG	96375	CPT	both			219		62.48 Aetna	Better Health		68.9	0.3146			48.76	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219		62.48 Americare	Americare		164.25	0.75			48.76	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219		62.48 WellPoint	WellPoint		70.26	0.3208			48.76	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219		62.48 Amerihealth	Medicare		54.33	1			48.76	208.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER INJ EACH ADD'L DRUG	96375	CPT	both			219		62.48 Consumer	Consumer		208.05	0.95			48.76	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219		62.48 Corrections	Corrections		175.2	0.8			48.76	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219		62.48 First Health	First Health		153.3	0.7			48.76	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219		62.48 First Trenton	First Trenton		197.1	0.9			48.76	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219		62.48 Horizon	MGD		99.26	1.827			48.76	208.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER INJ EACH ADD'L DRUG	96375	CPT	both			219		62.48 Horizon	Indemnity		99.26	1.827			48.76	208.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER INJ EACH ADD'L DRUG	96375	CPT	both			219		62.48 Horizon	Medicare Blue		54.33	1			48.76	208.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER INJ EACH ADD'L DRUG	96375	CPT	both			219		62.48 Horizon	PPO		99.26	1.827			48.76	208.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER INJ EACH ADD'L DRUG	96375	CPT	both			219		62.48 Managed Care Inc	Managed Care Inc		197.1	0.9			48.76	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219		62.48 Multiplan	Multiplan		175.2	0.8			48.76	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219		62.48 Qualcare	Qualcare		164.25	0.75			48.76	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219		62.48 Three Rivers	Three Rivers		208.05	0.95			48.76	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219		62.48 UHC	Medicare		54.33	1			48.76	208.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER INJ EACH ADD'L DRUG	96375	CPT	both			219		62.48 UHC	Medicaid		68.9	0.3146			48.76	208.05	percent of total billed charges	
THER INJ EACH ADD'L DRUG	96375	CPT	both			219		62.48 Wellcare	Medicare		54.33	1			48.76	208.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THER INJ EACH ADD'L DRUG	96375	CPT	both			219		62.48 Wellcare	Medicaid		68.9	0.3146			48.76	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219			Aetna	Better Health	68.9	0.3146				63.6	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219			Aetna	Commercial	83.22	0.38				63.6	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219			Aetna	Medicare	67.45	0.308				63.6	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219			Americare	Americare	164.25	0.75				63.6	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219			WellPoint	WellPoint	70.26	0.3208				63.6	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219			Consumer	Consumer	208.05	0.95				63.6	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219			Corrections	Corrections	175.2	0.8				63.6	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219			First Health	First Health	153.3	0.7				63.6	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219			First Trenton	First Trenton	197.1	0.9				63.6	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219			Horizon	MGD	83.83	0.3828				63.6	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219			Horizon	Indemnity	83.83	0.3828				63.6	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219			Horizon	Medicare Blue	65.7	0.3				63.6	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219			Horizon	PPO	83.83	0.3828				63.6	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219			Managed Care Inc	Managed Care Inc	197.1	0.9				63.6	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219			Multiplan	Multiplan	175.2	0.8				63.6	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219			Qualcare	Qualcare	164.25	0.75				63.6	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219			Three Rivers	Three Rivers	208.05	0.95				63.6	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219			UHC	Medicaid	68.9	0.3146				63.6	208.05	percent of total billed charges	
IV PUSH EACH ADDITIONAL SAME DRUG	96376	CPT	both			219			Wellcare	Medicaid	68.9	0.3146				63.6	208.05	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	outpatient			155		62.48 Aetna	Medicare		54.33	1			48.76	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR	96377	CPT	outpatient			155		62.48 Aetna	Commercial		86.49	1.592			48.76	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR	96377	CPT	outpatient			155		62.48 Aetna	Better Health		48.76	0.3146			48.76	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	outpatient			155		62.48 Americare	Americare		116.25	0.75			48.76	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	outpatient			155		62.48 WellPoint	WellPoint		49.72	0.3208			48.76	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	outpatient			155		62.48 Amerihealth	Medicare		54.33	1			48.76	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR	96377	CPT	outpatient			155		62.48 Consumer	Consumer		147.25	0.95			48.76	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	outpatient			155		62.48 Corrections	Corrections		124	0.8			48.76	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	outpatient			155		62.48 First Health	First Health		108.5	0.7			48.76	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	outpatient			155		62.48 First Trenton	First Trenton		139.5	0.9			48.76	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	outpatient			155		62.48 Horizon	MGD		99.26	1.827			48.76	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR	96377	CPT	outpatient			155		62.48 Horizon	Indemnity		99.26	1.827			48.76	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR	96377	CPT	outpatient			155		62.48 Horizon	Medicare Blue		54.33	1			48.76	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR	96377	CPT	outpatient			155		62.48 Horizon	PPO		99.26	1.827			48.76	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR	96377	CPT	outpatient			155		62.48 Managed Care Inc	Managed Care Inc		139.5	0.9			48.76	147.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
APPL ON-BODY INJECTOR	96377	CPT	outpatient			155	62.48	Multiplan	Multiplan		124	0.8			48.76	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	outpatient			155	62.48	Qualcare	Qualcare		116.25	0.75			48.76	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	outpatient			155	62.48	Three Rivers	Three Rivers		147.25	0.95			48.76	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	outpatient			155	62.48	UHC	Medicaid		48.76	0.3146			48.76	147.25	percent of total billed charges	
APPL ON-BODY INJECTOR	96377	CPT	outpatient			155	62.48	UHC	Medicare		54.33	1			48.76	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR	96377	CPT	outpatient			155	62.48	Wellcare	Medicare		54.33	1			48.76	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APPL ON-BODY INJECTOR	96377	CPT	outpatient			155	62.48	Wellcare	Medicaid		48.76	0.3146			48.76	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Aetna	Commercial		86.49	1.592			47.82	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Aetna	Better Health		48.76	0.3146			47.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Aetna	Medicare		54.33	1			47.82	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Americare	Americare		116.25	0.75			47.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	WellPoint	WellPoint		49.72	0.3208			47.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Amerihealth	Medicare		54.33	1			47.82	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Consumer	Consumer		147.25	0.95			47.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Corrections	Corrections		124	0.8			47.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	First Health	First Health		108.5	0.7			47.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	First Trenton	First Trenton		139.5	0.9			47.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Horizon	Indemnity		99.26	1.827			47.82	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Horizon	MGD		99.26	1.827			47.82	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Horizon	Medicare Blue		54.33	1			47.82	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Horizon	PPO		99.26	1.827			47.82	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Managed Care Inc	Managed Care Inc		139.5	0.9			47.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Multiplan	Multiplan		124	0.8			47.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Qualcare	Qualcare		116.25	0.75			47.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Three Rivers	Three Rivers		147.25	0.95			47.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	UHC	Medicaid		48.76	0.3146			47.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	UHC	Medicare		54.33	1			47.82	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Wellcare	Medicaid		48.76	0.3146			47.82	147.25	percent of total billed charges	
UNLISTED THER/DIAG INJECT	96379	CPT	outpatient			155	62.48	Wellcare	Medicare		54.33	1			47.82	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Aetna	Better Health		154.78	0.3146			57.6	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Aetna	Medicare		151.54	0.308			57.6	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Aetna	Commercial		128.27	1.592			57.6	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Americare	Americare		369	0.75			57.6	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	WellPoint	WellPoint		157.83	0.3208			57.6	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Amerihealth	Medicare		80.57	1			57.6	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Consumer	Consumer		467.4	0.95			57.6	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Corrections	Corrections		393.6	0.8			57.6	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	First Health	First Health		344.4	0.7			57.6	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	First Trenton	First Trenton		442.8	0.9			57.6	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Horizon	PPO		147.2	1.827			57.6	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Horizon	Medicare Blue		80.57	1			57.6	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Horizon	Indemnity		147.2	1.827			57.6	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Horizon	MGD		147.2	1.827			57.6	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Managed Care Inc	Managed Care Inc		442.8	0.9			57.6	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Multiplan	Multiplan		393.6	0.8			57.6	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Qualcare	Qualcare		369	0.75			57.6	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Three Rivers	Three Rivers		467.4	0.95			57.6	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	UHC	Medicaid		154.78	0.3146			57.6	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	UHC	Medicare		80.57	1			57.6	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Wellcare	Medicaid		154.78	0.3146			57.6	467.4	percent of total billed charges	
CHEMOTX ADMN SQ/IM NON-HORM	96401	CPT	both			492	92.66	Wellcare	Medicare		80.57	1			57.6	467.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Aetna	Medicare		80.57	1			58.83	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Aetna	Better Health		97.21	0.3146			58.83	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Aetna	Commercial		128.27	1.592			58.83	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Americare	Americare		231.75	0.75			58.83	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	WellPoint	WellPoint		99.13	0.3208			58.83	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Amerihealth	Medicare		80.57	1			58.83	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Consumer	Consumer		293.55	0.95			58.83	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Corrections	Corrections		247.2	0.8			58.83	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	First Health	First Health		216.3	0.7			58.83	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	First Trenton	First Trenton		278.1	0.9			58.83	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Horizon	Medicare Blue		80.57	1			58.83	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Horizon	Indemnity		147.2	1.827			58.83	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Horizon	MGD		147.2	1.827			58.83	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Horizon	PPO		147.2	1.827			58.83	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Managed Care Inc	Managed Care Inc		278.1	0.9			58.83	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Multiplan	Multiplan		247.2	0.8			58.83	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Qualcare	Qualcare		231.75	0.75			58.83	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Three Rivers	Three Rivers		293.55	0.95			58.83	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	UHC	Medicare		80.57	1			58.83	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	UHC	Medicaid		97.21	0.3146			58.83	293.55	percent of total billed charges	
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Wellcare	Medicare		80.57	1			58.83	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IM CHEMO ADMIN HORMONAL	96402	CPT	outpatient			309	92.66	Wellcare	Medicaid		97.21	0.3146			58.83	293.55	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Aetna	Better Health		237.21	0.3146			206.69	716.3	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Aetna	Commercial		616.63	1.592			206.69	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Aetna	Medicare		387.33	1			206.69	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Americare	Americare		565.5	0.75			206.69	716.3	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	WellPoint	WellPoint		241.88	0.3208			206.69	716.3	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Amerihealth	Medicare		387.33	1			206.69	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Consumer	Consumer		716.3	0.95			206.69	716.3	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Corrections	Corrections		603.2	0.8			206.69	716.3	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	First Health	First Health		527.8	0.7			206.69	716.3	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	First Trenton	First Trenton		678.6	0.9			206.69	716.3	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Horizon	Medicare Blue		387.33	1			206.69	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Horizon	PPO		707.65	1.827			206.69	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Horizon	MGD		707.65	1.827			206.69	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Horizon	Indemnity		707.65	1.827			206.69	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Managed Care Inc	Managed Care Inc		678.6	0.9			206.69	716.3	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Multiplan	Multiplan		603.2	0.8			206.69	716.3	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Qualcare	Qualcare		565.5	0.75			206.69	716.3	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Three Rivers	Three Rivers		716.3	0.95			206.69	716.3	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	UHC	Medicaid		237.21	0.3146			206.69	716.3	percent of total billed charges	
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	UHC	Medicare		387.33	1			206.69	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Wellcare	Medicare		387.33	1			206.69	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV PUSH	96409	CPT	outpatient			754	445.43	Wellcare	Medicaid		237.21	0.3146			206.69	716.3	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Aetna	Better Health		119.55	0.3146			78.02	361	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Aetna	Commercial		128.27	1.592			78.02	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Aetna	Medicare		80.57	1			78.02	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Americare	Americare		285	0.75			78.02	361	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	WellPoint	WellPoint		121.9	0.3208			78.02	361	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Amerihealth	Medicare		80.57	1			78.02	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Consumer	Consumer		361	0.95			78.02	361	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Corrections	Corrections		304	0.8			78.02	361	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	First Health	First Health		266	0.7			78.02	361	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	First Trenton	First Trenton		342	0.9			78.02	361	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Horizon	PPO		147.2	1.827			78.02	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Horizon	MGD		147.2	1.827			78.02	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Horizon	Medicare Blue		80.57	1			78.02	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Horizon	Indemnity		147.2	1.827			78.02	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Managed Care Inc	Managed Care Inc		342	0.9			78.02	361	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Multiplan	Multiplan		304	0.8			78.02	361	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Qualcare	Qualcare		285	0.75			78.02	361	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Three Rivers	Three Rivers		361	0.95			78.02	361	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	UHC	Medicare		80.57	1			78.02	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	UHC	Medicaid		119.55	0.3146			78.02	361	percent of total billed charges	
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Wellcare	Medicare		80.57	1			78.02	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV PUSH SAME DRUG> 30 MINS	96411	CPT	outpatient			380	92.66	Wellcare	Medicaid		119.55	0.3146			78.02	361	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Aetna	Commercial		616.63	1.592			337.57	1203.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Aetna	Better Health		398.6	0.3146			337.57	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Aetna	Medicare		387.33	1			337.57	1203.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Americare	Americare		950.25	0.75			337.57	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	WellPoint	WellPoint		406.45	0.3208			337.57	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Amerihealth	Medicare		387.33	1			337.57	1203.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Consumer	Consumer		1203.65	0.95			337.57	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Corrections	Corrections		1013.6	0.8			337.57	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	First Health	First Health		886.9	0.7			337.57	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	First Trenton	First Trenton		1140.3	0.9			337.57	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Horizon	Indemnity		707.65	1.827			337.57	1203.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Horizon	MGD		707.65	1.827			337.57	1203.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Horizon	PPO		707.65	1.827			337.57	1203.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Horizon	Medicare Blue		387.33	1			337.57	1203.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Managed Care Inc	Managed Care Inc		1140.3	0.9			337.57	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Multiplan	Multiplan		1013.6	0.8			337.57	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Qualcare	Qualcare		950.25	0.75			337.57	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Three Rivers	Three Rivers		1203.65	0.95			337.57	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	UHC	Medicare		387.33	1			337.57	1203.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	UHC	Medicaid		398.6	0.3146			337.57	1203.65	percent of total billed charges	
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Wellcare	Medicare		387.33	1			337.57	1203.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INF TECH 1ST HR	96413	CPT	both			1267	445.43	Wellcare	Medicaid		398.6	0.3146			337.57	1203.65	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Aetna	Better Health		78.02	0.3146			58.83	235.6	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Aetna	Commercial		128.27	1.592			58.83	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Aetna	Medicare		80.57	1			58.83	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Americare	Americare		186	0.75			58.83	235.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	WellPoint	WellPoint		79.56	0.3208			58.83	235.6	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Amerihealth	Medicare		80.57	1			58.83	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Consumer	Consumer		235.6	0.95			58.83	235.6	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Corrections	Corrections		198.4	0.8			58.83	235.6	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	First Health	First Health		173.6	0.7			58.83	235.6	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	First Trenton	First Trenton		223.2	0.9			58.83	235.6	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Horizon	MGD		147.2	1.827			58.83	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Horizon	Indemnity		147.2	1.827			58.83	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Horizon	Medicare Blue		80.57	1			58.83	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Horizon	PPO		147.2	1.827			58.83	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Managed Care Inc	Managed Care Inc		223.2	0.9			58.83	235.6	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Multiplan	Multiplan		198.4	0.8			58.83	235.6	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Qualcare	Qualcare		186	0.75			58.83	235.6	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Three Rivers	Three Rivers		235.6	0.95			58.83	235.6	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	UHC	Medicaid		78.02	0.3146			58.83	235.6	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	UHC	Medicare		80.57	1			58.83	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Wellcare	Medicaid		78.02	0.3146			58.83	235.6	percent of total billed charges	
CHEMO IV INFUSION EA ADDL HR	96415	CPT	both			248	92.66	Wellcare	Medicare		80.57	1			58.83	235.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290	445.43	Aetna	Better Health		405.83	0.3146			387.33	1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290	445.43	Aetna	Commercial		616.63	1.592			387.33	1225.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290	445.43	Aetna	Medicare		387.33	1			387.33	1225.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290	445.43	Americare	Americare		967.5	0.75			387.33	1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290	445.43	WellPoint	WellPoint		413.83	0.3208			387.33	1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290	445.43	Amerihealth	Medicare		387.33	1			387.33	1225.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290	445.43	Consumer	Consumer		1225.5	0.95			387.33	1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290	445.43	Corrections	Corrections		1032	0.8			387.33	1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290	445.43	First Health	First Health		903	0.7			387.33	1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290	445.43	First Trenton	First Trenton		1161	0.9			387.33	1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290	445.43	Horizon	MGD		707.65	1.827			387.33	1225.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290	445.43	Horizon	Medicare Blue		387.33	1			387.33	1225.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290	445.43	Horizon	Indemnity		707.65	1.827			387.33	1225.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290	445.43	Horizon	PPO		707.65	1.827			387.33	1225.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290	445.43	Managed Care Inc	Managed Care Inc		1161	0.9			387.33	1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290	445.43	Multiplan	Multiplan		1032	0.8			387.33	1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290	445.43	Qualcare	Qualcare		967.5	0.75			387.33	1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290	445.43	Three Rivers	Three Rivers		1225.5	0.95			387.33	1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290	445.43	UHC	Medicaid		405.83	0.3146			387.33	1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290	445.43	UHC	Medicare		387.33	1			387.33	1225.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290	445.43	Wellcare	Medicaid		405.83	0.3146			387.33	1225.5	percent of total billed charges	
CHEMO PROLONG INFUSE W/PUMP >8HR	96416	CPT	outpatient			1290	445.43	Wellcare	Medicare		387.33	1			387.33	1225.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV EA ADD DRUG	96417	CPT	both			380	92.66	Aetna	Better Health		119.55	0.3146			78.02	361	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380	92.66	Aetna	Medicare		80.57	1			78.02	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV EA ADD DRUG	96417	CPT	both			380	92.66	Aetna	Commercial		128.27	1.592			78.02	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV EA ADD DRUG	96417	CPT	both			380	92.66	Americare	Americare		285	0.75			78.02	361	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380	92.66	WellPoint	WellPoint		121.9	0.3208			78.02	361	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380	92.66	Amerihealth	Medicare		80.57	1			78.02	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV EA ADD DRUG	96417	CPT	both			380	92.66	Consumer	Consumer		361	0.95			78.02	361	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380	92.66	Corrections	Corrections		304	0.8			78.02	361	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380	92.66	First Health	First Health		266	0.7			78.02	361	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380	92.66	First Trenton	First Trenton		342	0.9			78.02	361	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380	92.66	Horizon	PPO		147.2	1.827			78.02	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV EA ADD DRUG	96417	CPT	both			380	92.66	Horizon	Indemnity		147.2	1.827			78.02	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV EA ADD DRUG	96417	CPT	both			380	92.66	Horizon	MGD		147.2	1.827			78.02	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV EA ADD DRUG	96417	CPT	both			380	92.66	Horizon	Medicare Blue		80.57	1			78.02	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV EA ADD DRUG	96417	CPT	both			380	92.66	Managed Care Inc	Managed Care Inc		342	0.9			78.02	361	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380	92.66	Multiplan	Multiplan		304	0.8			78.02	361	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380	92.66	Qualcare	Qualcare		285	0.75			78.02	361	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380	92.66	Three Rivers	Three Rivers		361	0.95			78.02	361	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380	92.66	UHC	Medicare		80.57	1			78.02	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV EA ADD DRUG	96417	CPT	both			380	92.66	UHC	Medicaid		119.55	0.3146			78.02	361	percent of total billed charges	
CHEMO IV EA ADD DRUG	96417	CPT	both			380	92.66	Wellcare	Medicare		80.57	1			78.02	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IV EA ADD DRUG	96417	CPT	both			380	92.66	Wellcare	Medicaid		119.55	0.3146			78.02	361	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266	445.43	Aetna	Better Health		398.28	0.3146			184.67	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266	445.43	Aetna	Medicare		387.33	1			184.67	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266	445.43	Aetna	Commercial		616.63	1.592			184.67	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266	445.43	Americare	Americare		949.5	0.75			184.67	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266	445.43	WellPoint	WellPoint		406.13	0.3208			184.67	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266	445.43	Amerihealth	Medicare		387.33	1			184.67	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266	445.43	Consumer	Consumer		1202.7	0.95			184.67	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266	445.43	Corrections	Corrections		1012.8	0.8			184.67	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266	445.43	First Health	First Health		886.2	0.7			184.67	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266	445.43	First Trenton	First Trenton		1139.4	0.9			184.67	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266	445.43	Horizon	Indemnity		707.65	1.827			184.67	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266	445.43	Horizon	MGD		707.65	1.827			184.67	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266	445.43	Horizon	PPO		707.65	1.827			184.67	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266	445.43	Horizon	Medicare Blue		387.33	1			184.67	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266	445.43	Managed Care Inc	Managed Care Inc		1139.4	0.9			184.67	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266	445.43	Multiplan	Multiplan		1012.8	0.8			184.67	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266	445.43	Qualcare	Qualcare		949.5	0.75			184.67	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266	445.43	Three Rivers	Three Rivers		1202.7	0.95			184.67	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266	445.43	UHC	Medicaid		398.28	0.3146			184.67	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266	445.43	UHC	Medicare		387.33	1			184.67	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266	445.43	Wellcare	Medicaid		398.28	0.3146			184.67	1202.7	percent of total billed charges	
CHEMOTHERAPY ADMINISTRATION INTRA-ARTERI	96420	CPT	outpatient			1266	445.43	Wellcare	Medicare		387.33	1			184.67	1202.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO ADM INTR-ARTRL 1H	96422	CPT	outpatient			788	445.43	Aetna	Medicare		387.33	1			247.9	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO ADM INTR-ARTRL 1H	96422	CPT	outpatient			788	445.43	Aetna	Better Health		247.9	0.3146			247.9	748.6	percent of total billed charges	
CHEMO ADM INTR-ARTRL 1H	96422	CPT	outpatient			788	445.43	Aetna	Commercial		616.63	1.592			247.9	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO ADM INTR-ARTRL 1H	96422	CPT	outpatient			788	445.43	Americare	Americare		591	0.75			247.9	748.6	percent of total billed charges	
CHEMO ADM INTR-ARTRL 1H	96422	CPT	outpatient			788	445.43	WellPoint	WellPoint		252.79	0.3208			247.9	748.6	percent of total billed charges	
CHEMO ADM INTR-ARTRL 1H	96422	CPT	outpatient			788	445.43	Amerihealth	Medicare		387.33	1			247.9	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO ADM INTR-ARTRL 1H	96422	CPT	outpatient			788	445.43	Consumer	Consumer		748.6	0.95			247.9	748.6	percent of total billed charges	
CHEMO ADM INTR-ARTRL 1H	96422	CPT	outpatient			788	445.43	Corrections	Corrections		630.4	0.8			247.9	748.6	percent of total billed charges	
CHEMO ADM INTR-ARTRL 1H	96422	CPT	outpatient			788	445.43	First Health	First Health		551.6	0.7			247.9	748.6	percent of total billed charges	
CHEMO ADM INTR-ARTRL 1H	96422	CPT	outpatient			788	445.43	First Trenton	First Trenton		709.2	0.9			247.9	748.6	percent of total billed charges	
CHEMO ADM INTR-ARTRL 1H	96422	CPT	outpatient			788	445.43	Horizon	Medicare Blue		387.33	1			247.9	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO ADM INTR-ARTRL 1H	96422	CPT	outpatient			788	445.43	Horizon	Indemnity		707.65	1.827			247.9	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO ADM INTR-ARTRL 1H	96422	CPT	outpatient			788	445.43	Horizon	MGD		707.65	1.827			247.9	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO ADM INTR-ARTRL 1H	96422	CPT	outpatient			788	445.43	Horizon	PPO		707.65	1.827			247.9	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO ADM INTR-ARTRL 1H	96422	CPT	outpatient			788	445.43	Managed Care Inc	Managed Care Inc		709.2	0.9			247.9	748.6	percent of total billed charges	
CHEMO ADM INTR-ARTRL 1H	96422	CPT	outpatient			788	445.43	Multiplan	Multiplan		630.4	0.8			247.9	748.6	percent of total billed charges	
CHEMO ADM INTR-ARTRL 1H	96422	CPT	outpatient			788	445.43	Qualcare	Qualcare		591	0.75			247.9	748.6	percent of total billed charges	
CHEMO ADM INTR-ARTRL 1H	96422	CPT	outpatient			788	445.43	Three Rivers	Three Rivers		748.6	0.95			247.9	748.6	percent of total billed charges	
CHEMO ADM INTR-ARTRL 1H	96422	CPT	outpatient			788	445.43	UHC	Medicaid		247.9	0.3146			247.9	748.6	percent of total billed charges	
CHEMO ADM INTR-ARTRL 1H	96422	CPT	outpatient			788	445.43	UHC	Medicare		387.33	1			247.9	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO ADM INTR-ARTRL 1H	96422	CPT	outpatient			788	445.43	Wellcare	Medicaid		247.9	0.3146			247.9	748.6	percent of total billed charges	
CHEMO ADM INTR-ARTRL 1H	96422	CPT	outpatient			788	445.43	Wellcare	Medicare		387.33	1			247.9	748.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215	445.43	Aetna	Medicare		374.22	0.308			374.22	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215	445.43	Aetna	Commercial		616.63	1.592			374.22	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215	445.43	Aetna	Better Health		382.24	0.3146			374.22	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215	445.43	Americare	Americare		911.25	0.75			374.22	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215	445.43	WellPoint	WellPoint		389.77	0.3208			374.22	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215	445.43	Amerihealth	Medicare		387.33	1			374.22	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215	445.43	Consumer	Consumer		1154.25	0.95			374.22	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215	445.43	Corrections	Corrections		972	0.8			374.22	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215	445.43	First Health	First Health		850.5	0.7			374.22	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215	445.43	First Trenton	First Trenton		1093.5	0.9			374.22	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215	445.43	Horizon	Medicare Blue		387.33	1			374.22	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215	445.43	Horizon	PPO		707.65	1.827			374.22	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215	445.43	Horizon	MGD		707.65	1.827			374.22	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215	445.43	Horizon	Indemnity		707.65	1.827			374.22	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215	445.43	Managed Care Inc	Managed Care Inc		1093.5	0.9			374.22	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215	445.43	Multiplan	Multiplan		972	0.8			374.22	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215	445.43	Qualcare	Qualcare		911.25	0.75			374.22	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215	445.43	Three Rivers	Three Rivers		1154.25	0.95			374.22	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215	445.43	UHC	Medicaid		382.24	0.3146			374.22	1154.25	percent of total billed charges	
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215	445.43	UHC	Medicare		387.33	1			374.22	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215	445.43	Wellcare	Medicare		387.33	1			374.22	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMO IA; INFUSION; > 8 HRS	96425	CPT	outpatient			1215	445.43	Wellcare	Medicaid		382.24	0.3146			374.22	1154.25	percent of total billed charges	
CHEMOTX ADMN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	Aetna	Better Health		382.24	0.3146			206.69	1154.25	percent of total billed charges	
CHEMOTX ADMN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	Aetna	Medicare		387.33	1			206.69	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	Aetna	Commercial		616.63	1.592			206.69	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	Americare	Americare		911.25	0.75			206.69	1154.25	percent of total billed charges	
CHEMOTX ADMN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	WellPoint	WellPoint		389.77	0.3208			206.69	1154.25	percent of total billed charges	
CHEMOTX ADMN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	Amerihealth	Medicare		387.33	1			206.69	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	Consumer	Consumer		1154.25	0.95			206.69	1154.25	percent of total billed charges	
CHEMOTX ADMN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	Corrections	Corrections		972	0.8			206.69	1154.25	percent of total billed charges	
CHEMOTX ADMN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	First Health	First Health		850.5	0.7			206.69	1154.25	percent of total billed charges	
CHEMOTX ADMN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	First Trenton	First Trenton		1093.5	0.9			206.69	1154.25	percent of total billed charges	
CHEMOTX ADMN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	Horizon	PPO		707.65	1.827			206.69	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	Horizon	Medicare Blue		387.33	1			206.69	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	Horizon	Indemnity		707.65	1.827			206.69	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	Horizon	MGD		707.65	1.827			206.69	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	Managed Care Inc	Managed Care Inc		1093.5	0.9			206.69	1154.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHEMOTX ADMN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	Multiplan	Multiplan		972	0.8			206.69	1154.25	percent of total billed charges	
CHEMOTX ADMN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	Qualcare	Qualcare		911.25	0.75			206.69	1154.25	percent of total billed charges	
CHEMOTX ADMN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	Three Rivers	Three Rivers		1154.25	0.95			206.69	1154.25	percent of total billed charges	
CHEMOTX ADMN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	UHC	Medicare		387.33	1			206.69	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTX ADMN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	UHC	Medicaid		382.24	0.3146			206.69	1154.25	percent of total billed charges	
CHEMOTX ADMN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	Wellcare	Medicaid		382.24	0.3146			206.69	1154.25	percent of total billed charges	
CHEMOTX ADMN PRTL CAVITY PORT/CATH	96446	CPT	outpatient			1215	445.43	Wellcare	Medicare		387.33	1			206.69	1154.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Aetna	Commercial		616.63	1.592			255.46	1181.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Aetna	Better Health		391.36	0.3146			255.46	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Aetna	Medicare		387.33	1			255.46	1181.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Americare	Americare		933	0.75			255.46	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	WellPoint	WellPoint		399.08	0.3208			255.46	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Amerihealth	Medicare		387.33	1			255.46	1181.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Consumer	Consumer		1181.8	0.95			255.46	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Corrections	Corrections		995.2	0.8			255.46	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	First Health	First Health		870.8	0.7			255.46	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	First Trenton	First Trenton		1119.6	0.9			255.46	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Horizon	Indemnity		707.65	1.827			255.46	1181.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Horizon	Medicare Blue		387.33	1			255.46	1181.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Horizon	MGD		707.65	1.827			255.46	1181.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Horizon	PPO		707.65	1.827			255.46	1181.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Managed Care Inc	Managed Care Inc		1119.6	0.9			255.46	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Multiplan	Multiplan		995.2	0.8			255.46	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Qualcare	Qualcare		933	0.75			255.46	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Three Rivers	Three Rivers		1181.8	0.95			255.46	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	UHC	Medicaid		391.36	0.3146			255.46	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	UHC	Medicare		387.33	1			255.46	1181.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Wellcare	Medicaid		391.36	0.3146			255.46	1181.8	percent of total billed charges	
INTRATHECAL ADM-CNS+SPINAL PUNCTURE	96450	CPT	outpatient			1244	445.43	Wellcare	Medicare		387.33	1			255.46	1181.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	both			754	281.9	Aetna	Better Health		237.21	0.3146			206.69	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	both			754	281.9	Aetna	Commercial		390.25	1.592			206.69	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	both			754	281.9	Aetna	Medicare		245.13	1			206.69	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	both			754	281.9	Americare	Americare		565.5	0.75			206.69	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	both			754	281.9	WellPoint	WellPoint		241.88	0.3208			206.69	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	both			754	281.9	Amerihealth	Medicare		245.13	1			206.69	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	both			754	281.9	Consumer	Consumer		716.3	0.95			206.69	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	both			754	281.9	Corrections	Corrections		603.2	0.8			206.69	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	both			754	281.9	First Health	First Health		527.8	0.7			206.69	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	both			754	281.9	First Trenton	First Trenton		678.6	0.9			206.69	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	both			754	281.9	Horizon	MGD		447.85	1.827			206.69	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	both			754	281.9	Horizon	Medicare Blue		245.13	1			206.69	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	both			754	281.9	Horizon	PPO		447.85	1.827			206.69	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	both			754	281.9	Horizon	Indemnity		447.85	1.827			206.69	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	both			754	281.9	Managed Care Inc	Managed Care Inc		678.6	0.9			206.69	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	both			754	281.9	Multiplan	Multiplan		603.2	0.8			206.69	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	both			754	281.9	Qualcare	Qualcare		565.5	0.75			206.69	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	both			754	281.9	Three Rivers	Three Rivers		716.3	0.95			206.69	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	both			754	281.9	UHC	Medicaid		237.21	0.3146			206.69	716.3	percent of total billed charges	
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	both			754	281.9	UHC	Medicare		245.13	1			206.69	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	both			754	281.9	Wellcare	Medicare		245.13	1			206.69	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTENANCE PORTABLE PUMP	96521	CPT	both			754	281.9	Wellcare	Medicaid		237.21	0.3146			206.69	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVIOR	96522	CPT	both			754	281.9	Aetna	Better Health		237.21	0.3146			202.36	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVIOR	96522	CPT	both			754	281.9	Aetna	Medicare		232.23	0.308			202.36	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVIOR	96522	CPT	both			754	281.9	Aetna	Commercial		390.25	1.592			202.36	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTAIN IMPLANT PUMP/RESERVIOR	96522	CPT	both			754	281.9	Americare	Americare		565.5	0.75			202.36	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVIOR	96522	CPT	both			754	281.9	WellPoint	WellPoint		241.88	0.3208			202.36	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVIOR	96522	CPT	both			754	281.9	Amerihealth	Medicare		245.13	1			202.36	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTAIN IMPLANT PUMP/RESERVIOR	96522	CPT	both			754	281.9	Consumer	Consumer		716.3	0.95			202.36	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVIOR	96522	CPT	both			754	281.9	Corrections	Corrections		603.2	0.8			202.36	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVIOR	96522	CPT	both			754	281.9	First Health	First Health		527.8	0.7			202.36	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVIOR	96522	CPT	both			754	281.9	First Trenton	First Trenton		678.6	0.9			202.36	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVIOR	96522	CPT	both			754	281.9	Horizon	PPO		447.85	1.827			202.36	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTAIN IMPLANT PUMP/RESERVIOR	96522	CPT	both			754	281.9	Horizon	MGD		447.85	1.827			202.36	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTAIN IMPLANT PUMP/RESERVIOR	96522	CPT	both			754	281.9	Horizon	Medicare Blue		245.13	1			202.36	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTAIN IMPLANT PUMP/RESERVIOR	96522	CPT	both			754	281.9	Horizon	Indemnity		447.85	1.827			202.36	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTAIN IMPLANT PUMP/RESERVIOR	96522	CPT	both			754	281.9	Managed Care Inc	Managed Care Inc		678.6	0.9			202.36	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVIOR	96522	CPT	both			754	281.9	Multiplan	Multiplan		603.2	0.8			202.36	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVIOR	96522	CPT	both			754	281.9	Qualcare	Qualcare		565.5	0.75			202.36	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVIOR	96522	CPT	both			754	281.9	Three Rivers	Three Rivers		716.3	0.95			202.36	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVIOR	96522	CPT	both			754	281.9	UHC	Medicaid		237.21	0.3146			202.36	716.3	percent of total billed charges	
REFILL/MAINTAIN IMPLANT PUMP/RESERVIOR	96522	CPT	both			754	281.9	UHC	Medicare		245.13	1			202.36	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTAIN IMPLANT PUMP/RESERVIOR	96522	CPT	both			754	281.9	Wellcare	Medicare		245.13	1			202.36	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REFILL/MAINTAIN IMPLANT PUMP/RESERVIOR	96522	CPT	both			754	281.9	Wellcare	Medicaid		237.21	0.3146			202.36	716.3	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	both			227	80.45	Aetna	Commercial		111.38	1.592			59.44	215.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	both			227	80.45	Aetna	Medicare		69.92	0.308			59.44	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	both			227	80.45	Aetna	Better Health		71.41	0.3146			59.44	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	both			227	80.45	Americare	Americare		170.25	0.75			59.44	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	both			227	80.45	WellPoint	WellPoint		72.82	0.3208			59.44	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	both			227	80.45	Amerihealth	Medicare		69.96	1			59.44	215.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	both			227	80.45	Consumer	Consumer		215.65	0.95			59.44	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	both			227	80.45	Corrections	Corrections		181.6	0.8			59.44	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	both			227	80.45	First Health	First Health		158.9	0.7			59.44	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	both			227	80.45	First Trenton	First Trenton		204.3	0.9			59.44	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	both			227	80.45	Horizon	MGD		127.82	1.827			59.44	215.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	both			227	80.45	Horizon	Medicare Blue		69.96	1			59.44	215.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	both			227	80.45	Horizon	Indemnity		127.82	1.827			59.44	215.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	both			227	80.45	Horizon	PPO		127.82	1.827			59.44	215.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	both			227	80.45	Managed Care Inc	Managed Care Inc		204.3	0.9			59.44	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	both			227	80.45	Multiplan	Multiplan		181.6	0.8			59.44	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	both			227	80.45	Qualcare	Qualcare		170.25	0.75			59.44	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	both			227	80.45	Three Rivers	Three Rivers		215.65	0.95			59.44	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	both			227	80.45	UHC	Medicaid		71.41	0.3146			59.44	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	both			227	80.45	UHC	Medicare		69.96	1			59.44	215.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	both			227	80.45	Wellcare	Medicaid		71.41	0.3146			59.44	215.65	percent of total billed charges	
VENOUS ACCESS FOR DRUG DELIVER	96523	CPT	both			227	80.45	Wellcare	Medicare		69.96	1			59.44	215.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Aetna	Better Health		237.21	0.3146			182.15	716.3	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Aetna	Commercial		616.63	1.592			182.15	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Aetna	Medicare		387.33	1			182.15	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Americare	Americare		565.5	0.75			182.15	716.3	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	WellPoint	WellPoint		241.88	0.3208			182.15	716.3	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Amerihealth	Medicare		387.33	1			182.15	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Consumer	Consumer		716.3	0.95			182.15	716.3	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Corrections	Corrections		603.2	0.8			182.15	716.3	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	First Health	First Health		527.8	0.7			182.15	716.3	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	First Trenton	First Trenton		678.6	0.9			182.15	716.3	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Horizon	PPO		707.65	1.827			182.15	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Horizon	Medicare Blue		387.33	1			182.15	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Horizon	Indemnity		707.65	1.827			182.15	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Horizon	MGD		707.65	1.827			182.15	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Managed Care Inc	Managed Care Inc		678.6	0.9			182.15	716.3	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Multiplan	Multiplan		603.2	0.8			182.15	716.3	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Qualcare	Qualcare		565.5	0.75			182.15	716.3	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Three Rivers	Three Rivers		716.3	0.95			182.15	716.3	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	UHC	Medicaid		237.21	0.3146			182.15	716.3	percent of total billed charges	
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	UHC	Medicare		387.33	1			182.15	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Wellcare	Medicare		387.33	1			182.15	716.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHEMOTHERAPY INJECTION	96542	CPT	outpatient			754	445.43	Wellcare	Medicaid		237.21	0.3146			182.15	716.3	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Aetna	Medicare		54.33	1			15.5	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Aetna	Better Health		48.76	0.3146			15.5	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Aetna	Commercial		86.49	1.592			15.5	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Americare	Americare		116.25	0.75			15.5	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	WellPoint	WellPoint		49.72	0.3208			15.5	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Amerihealth	Medicare		54.33	1			15.5	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Consumer	Consumer		147.25	0.95			15.5	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Corrections	Corrections		124	0.8			15.5	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	First Health	First Health		108.5	0.7			15.5	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	First Trenton	First Trenton		139.5	0.9			15.5	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Horizon	MGD		99.26	1.827			15.5	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Horizon	Medicare Blue		54.33	1			15.5	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Horizon	Indemnity		99.26	1.827			15.5	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Horizon	NJ Health		15.5	0.1			15.5	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Horizon	PPO		99.26	1.827			15.5	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Managed Care Inc	Managed Care Inc		139.5	0.9			15.5	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Multiplan	Multiplan		124	0.8			15.5	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Qualcare	Qualcare		116.25	0.75			15.5	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Three Rivers	Three Rivers		147.25	0.95			15.5	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	UHC	Medicaid		48.76	0.3146			15.5	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	UHC	Medicare		54.33	1			15.5	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Wellcare	Medicaid		48.76	0.3146			15.5	147.25	percent of total billed charges	
UNLTD CHEMO PROCED	96549	CPT	outpatient			155	62.48	Wellcare	Medicare		54.33	1			15.5	147.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACTIONOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	both			142	52.74	Aetna	Commercial		73.01	1.592			39.01	134.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACTIONOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	both			142	52.74	Aetna	Better Health		44.67	0.3146			39.01	134.9	percent of total billed charges	
ACTIONOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	both			142	52.74	Aetna	Medicare		45.86	1			39.01	134.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ACTIONOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	both			142	52.74	Americare	Americare		106.5	0.75			39.01	134.9	percent of total billed charges	
ACTIONOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	both			142	52.74	WellPoint	WellPoint		45.55	0.3208			39.01	134.9	percent of total billed charges	
ACTIONOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	both			142	52.74	Amerihealth	Medicare		45.86	1			39.01	134.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACTIONOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	both			142	52.74	Consumer	Consumer		134.9	0.95			39.01	134.9	percent of total billed charges	
ACTIONOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	both			142	52.74	Corrections	Corrections		113.6	0.8			39.01	134.9	percent of total billed charges	
ACTIONOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	both			142	52.74	First Health	First Health		99.4	0.7			39.01	134.9	percent of total billed charges	
ACTIONOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	both			142	52.74	First Trenton	First Trenton		127.8	0.9			39.01	134.9	percent of total billed charges	
ACTIONOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	both			142	52.74	Horizon	Indemnity		83.79	1.827			39.01	134.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACTIONOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	both			142	52.74	Horizon	MGD		83.79	1.827			39.01	134.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACTIONOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	both			142	52.74	Horizon	PPO		83.79	1.827			39.01	134.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACTIONOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	both			142	52.74	Horizon	Medicare Blue		45.86	1			39.01	134.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACTIONOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	both			142	52.74	Managed Care Inc	Managed Care Inc		127.8	0.9			39.01	134.9	percent of total billed charges	
ACTIONOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	both			142	52.74	Multiplan	Multiplan		113.6	0.8			39.01	134.9	percent of total billed charges	
ACTIONOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	both			142	52.74	Qualcare	Qualcare		106.5	0.75			39.01	134.9	percent of total billed charges	
ACTIONOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	both			142	52.74	Three Rivers	Three Rivers		134.9	0.95			39.01	134.9	percent of total billed charges	
ACTIONOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	both			142	52.74	UHC	Medicare		45.86	1			39.01	134.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACTIONOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	both			142	52.74	UHC	Medicaid		44.67	0.3146			39.01	134.9	percent of total billed charges	
ACTIONOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	both			142	52.74	Wellcare	Medicare		45.86	1			39.01	134.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACTIONOTHERAPHY (ULTRAVIOLET LIGHT)	96900	CPT	both			142	52.74	Wellcare	Medicaid		44.67	0.3146			39.01	134.9	percent of total billed charges	
PHOTOTHERAPHY TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Aetna	Commercial		111.38	1.592			64.99	228	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOTHERAPHY TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Aetna	Medicare		73.92	0.308			64.99	228	percent of total billed charges	
PHOTOTHERAPHY TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Aetna	Better Health		75.5	0.3146			64.99	228	percent of total billed charges	
PHOTOTHERAPHY TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Americare	Americare		180	0.75			64.99	228	percent of total billed charges	
PHOTOTHERAPHY TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	WellPoint	WellPoint		76.99	0.3208			64.99	228	percent of total billed charges	
PHOTOTHERAPHY TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Amerihealth	Medicare		69.96	1			64.99	228	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOTHERAPHY TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Consumer	Consumer		228	0.95			64.99	228	percent of total billed charges	
PHOTOTHERAPHY TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Corrections	Corrections		192	0.8			64.99	228	percent of total billed charges	
PHOTOTHERAPHY TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	First Health	First Health		168	0.7			64.99	228	percent of total billed charges	
PHOTOTHERAPHY TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	First Trenton	First Trenton		216	0.9			64.99	228	percent of total billed charges	
PHOTOTHERAPHY TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Horizon	Indemnity		127.82	1.827			64.99	228	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOTHERAPHY TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Horizon	MGD		127.82	1.827			64.99	228	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOTHERAPHY TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Horizon	Medicare Blue		69.96	1			64.99	228	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOTHERAPHY TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Horizon	PPO		127.82	1.827			64.99	228	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOTHERAPHY TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Managed Care Inc	Managed Care Inc		216	0.9			64.99	228	percent of total billed charges	
PHOTOTHERAPHY TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Multiplan	Multiplan		192	0.8			64.99	228	percent of total billed charges	
PHOTOTHERAPHY TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Qualcare	Qualcare		180	0.75			64.99	228	percent of total billed charges	
PHOTOTHERAPHY TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Three Rivers	Three Rivers		228	0.95			64.99	228	percent of total billed charges	
PHOTOTHERAPHY TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	UHC	Medicaid		75.5	0.3146			64.99	228	percent of total billed charges	
PHOTOTHERAPHY TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	UHC	Medicare		69.96	1			64.99	228	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOTHERAPHY TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Wellcare	Medicare		69.96	1			64.99	228	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOTHERAPHY TAR & UVB/PETROLATUM&UVB	96910	CPT	outpatient			240	80.45	Wellcare	Medicaid		75.5	0.3146			64.99	228	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Aetna	Commercial		111.38	1.592			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Aetna	Better Health		66.38	0.3146			66.38	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Aetna	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Americare	Americare		158.25	0.75			66.38	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	WellPoint	WellPoint		67.69	0.3208			66.38	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Amerihealth	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Consumer	Consumer		200.45	0.95			66.38	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Corrections	Corrections		168.8	0.8			66.38	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	First Health	First Health		147.7	0.7			66.38	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	First Trenton	First Trenton		189.9	0.9			66.38	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Horizon	MGD		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Horizon	Medicare Blue		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Horizon	Indemnity		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Horizon	PPO		127.82	1.827			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Managed Care Inc	Managed Care Inc		189.9	0.9			66.38	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Multiplan	Multiplan		168.8	0.8			66.38	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Qualcare	Qualcare		158.25	0.75			66.38	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Three Rivers	Three Rivers		200.45	0.95			66.38	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	UHC	Medicaid		66.38	0.3146			66.38	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	UHC	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Wellcare	Medicaid		66.38	0.3146			66.38	200.45	percent of total billed charges	
PHOTOCHEM; PSORALENS & UV	96912	CPT	outpatient			211	80.45	Wellcare	Medicare		69.96	1			66.38	200.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HOT/COLD PACK	97010	CPT	outpatient			260		Aetna	Commercial		98.8	0.38			78	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Aetna	Better Health		81.8	0.3146			78	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Aetna	Medicare		80.08	0.308			78	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Americare	Americare		195	0.75			78	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		WellPoint	WellPoint		83.41	0.3208			78	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Consumer	Consumer		247	0.95			78	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Corrections	Corrections		208	0.8			78	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		First Health	First Health		182	0.7			78	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		First Trenton	First Trenton		234	0.9			78	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Horizon	MGD		99.53	0.3828			78	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Horizon	Indemnity		99.53	0.3828			78	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Horizon	PPO		99.53	0.3828			78	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Horizon	Medicare Blue		78	0.3			78	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Managed Care Inc	Managed Care Inc		234	0.9			78	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Multiplan	Multiplan		208	0.8			78	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Qualcare	Qualcare		195	0.75			78	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Three Rivers	Three Rivers		247	0.95			78	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		UHC	Medicaid		81.8	0.3146			78	247	percent of total billed charges	
HOT/COLD PACK	97010	CPT	outpatient			260		Wellcare	Medicaid		81.8	0.3146			78	247	percent of total billed charges	
TRACTION MECHANICAL	97012	CPT	both			103		Aetna	Commercial		39.14	0.38			30.9	97.85	percent of total billed charges	
TRACTION MECHANICAL	97012	CPT	both			103		Aetna	Better Health		32.4	0.3146			30.9	97.85	percent of total billed charges	
TRACTION MECHANICAL	97012	CPT	both			103		Aetna	Medicare		31.72	0.308			30.9	97.85	percent of total billed charges	
TRACTION MECHANICAL	97012	CPT	both			103		Americare	Americare		77.25	0.75			30.9	97.85	percent of total billed charges	
TRACTION MECHANICAL	97012	CPT	both			103		WellPoint	WellPoint		33.04	0.3208			30.9	97.85	percent of total billed charges	
TRACTION MECHANICAL	97012	CPT	both			103		Consumer	Consumer		97.85	0.95			30.9	97.85	percent of total billed charges	
TRACTION MECHANICAL	97012	CPT	both			103		Corrections	Corrections		82.4	0.8			30.9	97.85	percent of total billed charges	
TRACTION MECHANICAL	97012	CPT	both			103		First Health	First Health		72.1	0.7			30.9	97.85	percent of total billed charges	
TRACTION MECHANICAL	97012	CPT	both			103		First Trenton	First Trenton		92.7	0.9			30.9	97.85	percent of total billed charges	
TRACTION MECHANICAL	97012	CPT	both			103		Horizon	Indemnity		39.43	0.3828			30.9	97.85	percent of total billed charges	
TRACTION MECHANICAL	97012	CPT	both			103		Horizon	Medicare Blue		30.9	0.3			30.9	97.85	percent of total billed charges	
TRACTION MECHANICAL	97012	CPT	both			103		Horizon	PPO		39.43	0.3828			30.9	97.85	percent of total billed charges	
TRACTION MECHANICAL	97012	CPT	both			103		Horizon	MGD		39.43	0.3828			30.9	97.85	percent of total billed charges	
TRACTION MECHANICAL	97012	CPT	both			103		Managed Care Inc	Managed Care Inc		92.7	0.9			30.9	97.85	percent of total billed charges	
TRACTION MECHANICAL	97012	CPT	both			103		Multiplan	Multiplan		82.4	0.8			30.9	97.85	percent of total billed charges	
TRACTION MECHANICAL	97012	CPT	both			103		Qualcare	Qualcare		77.25	0.75			30.9	97.85	percent of total billed charges	
TRACTION MECHANICAL	97012	CPT	both			103		Three Rivers	Three Rivers		97.85	0.95			30.9	97.85	percent of total billed charges	
TRACTION MECHANICAL	97012	CPT	both			103		UHC	Medicaid		32.4	0.3146			30.9	97.85	percent of total billed charges	
TRACTION MECHANICAL	97012	CPT	both			103		Wellcare	Medicaid		32.4	0.3146			30.9	97.85	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Aetna	Better Health		41.84	0.3146			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Aetna	Medicare		40.96	0.308			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Aetna	Commercial		50.54	0.38			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Americare	Americare		99.75	0.75			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		WellPoint	WellPoint		42.67	0.3208			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Consumer	Consumer		126.35	0.95			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Corrections	Corrections		106.4	0.8			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		First Health	First Health		93.1	0.7			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		First Trenton	First Trenton		119.7	0.9			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Horizon	MGD		50.91	0.3828			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Horizon	Medicare Blue		39.9	0.3			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Horizon	Indemnity		50.91	0.3828			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Horizon	PPO		50.91	0.3828			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Managed Care Inc	Managed Care Inc		119.7	0.9			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Multiplan	Multiplan		106.4	0.8			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Qualcare	Qualcare		99.75	0.75			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Three Rivers	Three Rivers		126.35	0.95			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		UHC	Medicaid		41.84	0.3146			39.9	126.35	percent of total billed charges	
VASOPNEUMATIC DEVICE	97016	CPT	inpatient			133		Wellcare	Medicaid		41.84	0.3146			39.9	126.35	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Aetna	Better Health		36.49	0.3146			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Aetna	Medicare		35.73	0.308			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Aetna	Commercial		44.08	0.38			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Americare	Americare		87	0.75			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		WellPoint	WellPoint		37.21	0.3208			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Consumer	Consumer		110.2	0.95			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Corrections	Corrections		92.8	0.8			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		First Health	First Health		81.2	0.7			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		First Trenton	First Trenton		104.4	0.9			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Horizon	Indemnity		44.4	0.3828			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Horizon	Medicare Blue		34.8	0.3			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Horizon	MGD		44.4	0.3828			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Horizon	PPO		44.4	0.3828			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Managed Care Inc	Managed Care Inc		104.4	0.9			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Multiplan	Multiplan		92.8	0.8			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Qualcare	Qualcare		87	0.75			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Three Rivers	Three Rivers		110.2	0.95			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		UHC	Medicaid		36.49	0.3146			34.8	110.2	percent of total billed charges	
PARAFIN	97018	CPT	outpatient			116		Wellcare	Medicaid		36.49	0.3146			34.8	110.2	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Aetna	Commercial		61.56	0.38			48.6	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Aetna	Better Health		50.97	0.3146			48.6	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Aetna	Medicare		49.9	0.308			48.6	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Americare	Americare		121.5	0.75			48.6	153.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		WellPoint	WellPoint		51.97	0.3208			48.6	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Consumer	Consumer		153.9	0.95			48.6	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Corrections	Corrections		129.6	0.8			48.6	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		First Health	First Health		113.4	0.7			48.6	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		First Trenton	First Trenton		145.8	0.9			48.6	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Horizon	Medicare Blue		48.6	0.3			48.6	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Horizon	Indemnity		62.01	0.3828			48.6	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Horizon	MGD		62.01	0.3828			48.6	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Horizon	PPO		62.01	0.3828			48.6	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Managed Care Inc	Managed Care Inc		145.8	0.9			48.6	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Multiplan	Multiplan		129.6	0.8			48.6	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Qualcare	Qualcare		121.5	0.75			48.6	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Three Rivers	Three Rivers		153.9	0.95			48.6	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		UHC	Medicaid		50.97	0.3146			48.6	153.9	percent of total billed charges	
ELEC.STIM(ATTENDED)EA.15MIN.	97032	CPT	outpatient			162		Wellcare	Medicaid		50.97	0.3146			48.6	153.9	percent of total billed charges	
IONTOPHORESIS EACH 15	97033	CPT	outpatient			162		Aetna	Better Health		50.97	0.3146			39.9	153.9	percent of total billed charges	
IONTOPHORESIS EACH 15	97033	CPT	outpatient			162		Aetna	Medicare		49.9	0.308			39.9	153.9	percent of total billed charges	
IONTOPHORESIS EACH 15	97033	CPT	outpatient			162		Aetna	Commercial		61.56	0.38			39.9	153.9	percent of total billed charges	
IONTOPHORESIS EACH 15	97033	CPT	outpatient			162		Americare	Amelcare		121.5	0.75			39.9	153.9	percent of total billed charges	
IONTOPHORESIS EACH 15	97033	CPT	outpatient			162		WellPoint	WellPoint		51.97	0.3208			39.9	153.9	percent of total billed charges	
IONTOPHORESIS EACH 15	97033	CPT	outpatient			162		Consumer	Consumer		153.9	0.95			39.9	153.9	percent of total billed charges	
IONTOPHORESIS EACH 15	97033	CPT	outpatient			162		Corrections	Corrections		129.6	0.8			39.9	153.9	percent of total billed charges	
IONTOPHORESIS EACH 15	97033	CPT	outpatient			162		First Health	First Health		113.4	0.7			39.9	153.9	percent of total billed charges	
IONTOPHORESIS EACH 15	97033	CPT	outpatient			162		First Trenton	First Trenton		145.8	0.9			39.9	153.9	percent of total billed charges	
IONTOPHORESIS EACH 15	97033	CPT	outpatient			162		Horizon	Medicare Blue		48.6	0.3			39.9	153.9	percent of total billed charges	
IONTOPHORESIS EACH 15	97033	CPT	outpatient			162		Horizon	Indemnity		62.01	0.3828			39.9	153.9	percent of total billed charges	
IONTOPHORESIS EACH 15	97033	CPT	outpatient			162		Horizon	MGD		62.01	0.3828			39.9	153.9	percent of total billed charges	
IONTOPHORESIS EACH 15	97033	CPT	outpatient			162		Horizon	PPO		62.01	0.3828			39.9	153.9	percent of total billed charges	
IONTOPHORESIS EACH 15	97033	CPT	outpatient			162		Managed Care Inc	Managed Care Inc		145.8	0.9			39.9	153.9	percent of total billed charges	
IONTOPHORESIS EACH 15	97033	CPT	outpatient			162		Multiplan	Multiplan		129.6	0.8			39.9	153.9	percent of total billed charges	
IONTOPHORESIS EACH 15	97033	CPT	outpatient			162		Qualcare	Qualcare		121.5	0.75			39.9	153.9	percent of total billed charges	
IONTOPHORESIS EACH 15	97033	CPT	outpatient			162		Three Rivers	Three Rivers		153.9	0.95			39.9	153.9	percent of total billed charges	
IONTOPHORESIS EACH 15	97033	CPT	outpatient			162		UHC	Medicaid		50.97	0.3146			39.9	153.9	percent of total billed charges	
IONTOPHORESIS EACH 15	97033	CPT	outpatient			162		Wellcare	Medicaid		50.97	0.3146			39.9	153.9	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	inpatient			116		Aetna	Commercial		44.08	0.38			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	inpatient			116		Aetna	Better Health		36.49	0.3146			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	inpatient			116		Aetna	Medicare		35.73	0.308			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	inpatient			116		Americare	Amelcare		87	0.75			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	inpatient			116		WellPoint	WellPoint		37.21	0.3208			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	inpatient			116		Consumer	Consumer		110.2	0.95			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	inpatient			116		Corrections	Corrections		92.8	0.8			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	inpatient			116		First Health	First Health		81.2	0.7			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	inpatient			116		First Trenton	First Trenton		104.4	0.9			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	inpatient			116		Horizon	Indemnity		44.4	0.3828			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	inpatient			116		Horizon	MGD		44.4	0.3828			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	inpatient			116		Horizon	Medicare Blue		34.8	0.3			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	inpatient			116		Horizon	PPO		44.4	0.3828			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	inpatient			116		Managed Care Inc	Managed Care Inc		104.4	0.9			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	inpatient			116		Multiplan	Multiplan		92.8	0.8			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	inpatient			116		Qualcare	Qualcare		87	0.75			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	inpatient			116		Three Rivers	Three Rivers		110.2	0.95			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	inpatient			116		UHC	Medicaid		36.49	0.3146			23.7	110.2	percent of total billed charges	
CONTRAST BATH; EACH 15MIN.	97034	CPT	inpatient			116		Wellcare	Medicaid		36.49	0.3146			23.7	110.2	percent of total billed charges	
ULTRASOUND EA 15 MIN	97035	CPT	outpatient			116		Aetna	Commercial		44.08	0.38			34.8	110.2	percent of total billed charges	
ULTRASOUND EA 15 MIN	97035	CPT	outpatient			116		Aetna	Better Health		36.49	0.3146			34.8	110.2	percent of total billed charges	
ULTRASOUND EA 15 MIN	97035	CPT	outpatient			116		Aetna	Medicare		35.73	0.308			34.8	110.2	percent of total billed charges	
ULTRASOUND EA 15 MIN	97035	CPT	outpatient			116		Americare	Amelcare		87	0.75			34.8	110.2	percent of total billed charges	
ULTRASOUND EA 15 MIN	97035	CPT	outpatient			116		WellPoint	WellPoint		37.21	0.3208			34.8	110.2	percent of total billed charges	
ULTRASOUND EA 15 MIN	97035	CPT	outpatient			116		Consumer	Consumer		110.2	0.95			34.8	110.2	percent of total billed charges	
ULTRASOUND EA 15 MIN	97035	CPT	outpatient			116		Corrections	Corrections		92.8	0.8			34.8	110.2	percent of total billed charges	
ULTRASOUND EA 15 MIN	97035	CPT	outpatient			116		First Health	First Health		81.2	0.7			34.8	110.2	percent of total billed charges	
ULTRASOUND EA 15 MIN	97035	CPT	outpatient			116		First Trenton	First Trenton		104.4	0.9			34.8	110.2	percent of total billed charges	
ULTRASOUND EA 15 MIN	97035	CPT	outpatient			116		Horizon	Indemnity		44.4	0.3828			34.8	110.2	percent of total billed charges	
ULTRASOUND EA 15 MIN	97035	CPT	outpatient			116		Horizon	Medicare Blue		34.8	0.3			34.8	110.2	percent of total billed charges	
ULTRASOUND EA 15 MIN	97035	CPT	outpatient			116		Horizon	MGD		44.4	0.3828			34.8	110.2	percent of total billed charges	
ULTRASOUND EA 15 MIN	97035	CPT	outpatient			116		Horizon	PPO		44.4	0.3828			34.8	110.2	percent of total billed charges	
ULTRASOUND EA 15 MIN	97035	CPT	outpatient			116		Managed Care Inc	Managed Care Inc		104.4	0.9			34.8	110.2	percent of total billed charges	
ULTRASOUND EA 15 MIN	97035	CPT	outpatient			116		Multiplan	Multiplan		92.8	0.8			34.8	110.2	percent of total billed charges	
ULTRASOUND EA 15 MIN	97035	CPT	outpatient			116		Qualcare	Qualcare		87	0.75			34.8	110.2	percent of total billed charges	
ULTRASOUND EA 15 MIN	97035	CPT	outpatient			116		Three Rivers	Three Rivers		110.2	0.95			34.8	110.2	percent of total billed charges	
ULTRASOUND EA 15 MIN	97035	CPT	outpatient			116		UHC	Medicaid		36.49	0.3146			34.8	110.2	percent of total billed charges	
ULTRASOUND EA 15 MIN	97035	CPT	outpatient			116		Wellcare	Medicaid		36.49	0.3146			34.8	110.2	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Aetna	Medicare		87.78	0.308			35.4	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Aetna	Better Health		89.66	0.3146			35.4	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Aetna	Commercial		108.3	0.38			35.4	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Americare	Amelcare		213.75	0.75			35.4	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		WellPoint	WellPoint		91.43	0.3208			35.4	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Consumer	Consumer		270.75	0.95			35.4	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Corrections	Corrections		228	0.8			35.4	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		First Health	First Health		199.5	0.7			35.4	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		First Trenton	First Trenton		256.5	0.9			35.4	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Horizon	MGD		109.1	0.3828			35.4	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Horizon	Indemnity		109.1	0.3828			35.4	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Horizon	Medicare Blue		85.5	0.3			35.4	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Horizon	PPO		109.1	0.3828			35.4	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Managed Care Inc	Managed Care Inc		256.5	0.9			35.4	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Multiplan	Multiplan		228	0.8			35.4	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Qualcare	Qualcare		213.75	0.75			35.4	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Three Rivers	Three Rivers		270.75	0.95			35.4	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		UHC	Medicaid		89.66	0.3146			35.4	270.75	percent of total billed charges	
PHONOPHORESIS	97039	CPT	both			285		Wellcare	Medicaid		89.66	0.3146			35.4	270.75	percent of total billed charges	
THERAPEUTIC EXERCISE EA 15	97110	CPT	both			162		Aetna	Better Health		50.97	0.3146			48.6	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE EA 15	97110	CPT	both			162		Aetna	Medicare		49.9	0.308			48.6	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE EA 15	97110	CPT	both			162		Aetna	Commercial		61.56	0.38			48.6	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE EA 15	97110	CPT	both			162		Americare	Amelcare		121.5	0.75			48.6	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE EA 15	97110	CPT	both			162		WellPoint	WellPoint		51.97	0.3208			48.6	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE EA 15	97110	CPT	both			162		Consumer	Consumer		153.9	0.95			48.6	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE EA 15	97110	CPT	both			162		Corrections	Corrections		129.6	0.8			48.6	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE EA 15	97110	CPT	both			162		First Health	First Health		113.4	0.7			48.6	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE EA 15	97110	CPT	both			162		First Trenton	First Trenton		145.8	0.9			48.6	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE EA 15	97110	CPT	both			162		Horizon	Medicare Blue		48.6	0.3			48.6	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE EA 15	97110	CPT	both			162		Horizon	Indemnity		62.01	0.3828			48.6	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE EA 15	97110	CPT	both			162		Horizon	MGD		62.01	0.3828			48.6	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE EA 15	97110	CPT	both			162		Horizon	PPO		62.01	0.3828			48.6	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE EA 15	97110	CPT	both			162		Managed Care Inc	Managed Care Inc		145.8	0.9			48.6	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE EA 15	97110	CPT	both			162		Multiplan	Multiplan		129.6	0.8			48.6	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE EA 15	97110	CPT	both			162		Qualcare	Qualcare		121.5	0.75			48.6	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE EA 15	97110	CPT	both			162		Three Rivers	Three Rivers		153.9	0.95			48.6	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE EA 15	97110	CPT	both			162		UHC	Medicaid		50.97	0.3146			48.6	153.9	percent of total billed charges	
THERAPEUTIC EXERCISE EA 15	97110	CPT	both			162		Wellcare	Medicaid		50.97	0.3146			48.6	153.9	percent of total billed charges	
NEUROMS. RE-ED EA. 15 MIN.	97112	CPT	both			211		Aetna	Commercial		80.18	0.38			46.2	200.45	percent of total billed charges	
NEUROMS. RE-ED EA. 15 MIN.	97112	CPT	both			211		Aetna	Better Health		66.38	0.3146			46.2	200.45	percent of total billed charges	
NEUROMS. RE-ED EA. 15 MIN.	97112	CPT	both			211		Aetna	Medicare		64.99	0.308			46.2	200.45	percent of total billed charges	
NEUROMS. RE-ED EA. 15 MIN.	97112	CPT	both			211		Americare	Amelcare		158.25	0.75			46.2	200.45	percent of total billed charges	
NEUROMS. RE-ED EA. 15 MIN.	97112	CPT	both			211		WellPoint	WellPoint		67.69	0.3208			46.2	200.45	percent of total billed charges	
NEUROMS. RE-ED EA. 15 MIN.	97112	CPT	both			211		Consumer	Consumer		200.45	0.95			46.2	200.45	percent of total billed charges	
NEUROMS. RE-ED EA. 15 MIN.	97112	CPT	both			211		Corrections	Corrections		168.8	0.8			46.2	200.45	percent of total billed charges	
NEUROMS. RE-ED EA. 15 MIN.	97112	CPT	both			211		First Health	First Health		147.7	0.7			46.2	200.45	percent of total billed charges	
NEUROMS. RE-ED EA. 15 MIN.	97112	CPT	both			211		First Trenton	First Trenton		189.9	0.9			46.2	200.45	percent of total billed charges	
NEUROMS. RE-ED EA. 15 MIN.	97112	CPT	both			211		Horizon	MGD		80.77	0.3828			46.2	200.45	percent of total billed charges	
NEUROMS. RE-ED EA. 15 MIN.	97112	CPT	both			211		Horizon	PPO		80.77	0.3828			46.2	200.45	percent of total billed charges	
NEUROMS. RE-ED EA. 15 MIN.	97112	CPT	both			211		Horizon	Indemnity		80.77	0.3828			46.2	200.45	percent of total billed charges	
NEUROMS. RE-ED EA. 15 MIN.	97112	CPT	both			211		Horizon	Medicare Blue		63.3	0.3			46.2	200.45	percent of total billed charges	
NEUROMS. RE-ED EA. 15 MIN.	97112	CPT	both			211		Managed Care Inc	Managed Care Inc		189.9	0.9			46.2	200.45	percent of total billed charges	
NEUROMS. RE-ED EA. 15 MIN.	97112	CPT	both			211		Multiplan	Multiplan		168.8	0.8			46.2	200.45	percent of total billed charges	
NEUROMS. RE-ED EA. 15 MIN.	97112	CPT	both			211		Qualcare	Qualcare		158.25	0.75			46.2	200.45	percent of total billed charges	
NEUROMS. RE-ED EA. 15 MIN.	97112	CPT	both			211		Three Rivers	Three Rivers		200.45	0.95			46.2	200.45	percent of total billed charges	
NEUROMS. RE-ED EA. 15 MIN.	97112	CPT	both			211		UHC	Medicaid		66.38	0.3146			46.2	200.45	percent of total billed charges	
NEUROMS. RE-ED EA. 15 MIN.	97112	CPT	both			211		Wellcare	Medicaid		66.38	0.3146			46.2	200.45	percent of total billed charges	
GAIT TRAINING EA. 15 MIN	97116	CPT	both			313		Aetna	Medicare		96.4	0.308			78	297.35	percent of total billed charges	
GAIT TRAINING EA. 15 MIN	97116	CPT	both			313		Aetna	Better Health		98.47	0.3146			78	297.35	percent of total billed charges	
GAIT TRAINING EA. 15 MIN	97116	CPT	both			313		Aetna	Commercial		118.94	0.38			78	297.35	percent of total billed charges	
GAIT TRAINING EA. 15 MIN	97116	CPT	both			313		Americare	Amelcare		234.75	0.75			78	297.35	percent of total billed charges	
GAIT TRAINING EA. 15 MIN	97116	CPT	both			313		WellPoint	WellPoint		100.41	0.3208			78	297.35	percent of total billed charges	
GAIT TRAINING EA. 15 MIN	97116	CPT	both			313		Consumer	Consumer		297.35	0.95			78	297.35	percent of total billed charges	
GAIT TRAINING EA. 15 MIN	97116	CPT	both			313		Corrections	Corrections		250.4	0.8			78	297.35	percent of total billed charges	
GAIT TRAINING EA. 15 MIN	97116	CPT	both			313		First Health	First Health		219.1	0.7			78	297.35	percent of total billed charges	
GAIT TRAINING EA. 15 MIN	97116	CPT	both			313		First Trenton	First Trenton		281.7	0.9			78	297.35	percent of total billed charges	
GAIT TRAINING EA. 15 MIN	97116	CPT	both			313		Horizon	Medicare Blue		93.9	0.3			78	297.35	percent of total billed charges	
GAIT TRAINING EA. 15 MIN	97116	CPT	both			313		Horizon	Indemnity		119.82	0.3828			78	297.35	percent of total billed charges	
GAIT TRAINING EA. 15 MIN	97116	CPT	both			313		Horizon	MGD		119.82	0.3828			78	297.35	percent of total billed charges	
GAIT TRAINING EA. 15 MIN	97116	CPT	both			313		Horizon	PPO		119.82	0.3828			78	297.35	percent of total billed charges	
GAIT TRAINING EA. 15 MIN	97116	CPT	both			313		Managed Care Inc	Managed Care Inc		281.7	0.9			78	297.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GAIT TRAINING EA. 15 MIN	97116	CPT	both			313		Multiplan	Multiplan		250.4	0.8			78	297.35	percent of total billed charges	
GAIT TRAINING EA. 15 MIN	97116	CPT	both			313		Qualcare	Qualcare		234.75	0.75			78	297.35	percent of total billed charges	
GAIT TRAINING EA. 15 MIN	97116	CPT	both			313		Three Rivers	Three Rivers		297.35	0.95			78	297.35	percent of total billed charges	
GAIT TRAINING EA. 15 MIN	97116	CPT	both			313		UHC	Medicaid		98.47	0.3146			78	297.35	percent of total billed charges	
GAIT TRAINING EA. 15 MIN	97116	CPT	both			313		Wellcare	Medicaid		98.47	0.3146			78	297.35	percent of total billed charges	
MASSAGE EACH. 15 MIN	97124	CPT	both			211		Aetna	Better Health		66.38	0.3146			48.6	200.45	percent of total billed charges	
MASSAGE EACH. 15 MIN	97124	CPT	both			211		Aetna	Commercial		80.18	0.38			48.6	200.45	percent of total billed charges	
MASSAGE EACH. 15 MIN	97124	CPT	both			211		Aetna	Medicare		64.99	0.308			48.6	200.45	percent of total billed charges	
MASSAGE EACH. 15 MIN	97124	CPT	both			211		Americare	Americare		158.25	0.75			48.6	200.45	percent of total billed charges	
MASSAGE EACH. 15 MIN	97124	CPT	both			211		WellPoint	WellPoint		67.69	0.3208			48.6	200.45	percent of total billed charges	
MASSAGE EACH. 15 MIN	97124	CPT	both			211		Consumer	Consumer		200.45	0.95			48.6	200.45	percent of total billed charges	
MASSAGE EACH. 15 MIN	97124	CPT	both			211		Corrections	Corrections		168.8	0.8			48.6	200.45	percent of total billed charges	
MASSAGE EACH. 15 MIN	97124	CPT	both			211		First Health	First Health		147.7	0.7			48.6	200.45	percent of total billed charges	
MASSAGE EACH. 15 MIN	97124	CPT	both			211		First Trenton	First Trenton		189.9	0.9			48.6	200.45	percent of total billed charges	
MASSAGE EACH. 15 MIN	97124	CPT	both			211		Horizon	MGD		80.77	0.3828			48.6	200.45	percent of total billed charges	
MASSAGE EACH. 15 MIN	97124	CPT	both			211		Horizon	PPO		80.77	0.3828			48.6	200.45	percent of total billed charges	
MASSAGE EACH. 15 MIN	97124	CPT	both			211		Horizon	Indemnity		80.77	0.3828			48.6	200.45	percent of total billed charges	
MASSAGE EACH. 15 MIN	97124	CPT	both			211		Horizon	Medicare Blue		63.3	0.3			48.6	200.45	percent of total billed charges	
MASSAGE EACH. 15 MIN	97124	CPT	both			211		Managed Care Inc	Managed Care Inc		189.9	0.9			48.6	200.45	percent of total billed charges	
MASSAGE EACH. 15 MIN	97124	CPT	both			211		Multiplan	Multiplan		168.8	0.8			48.6	200.45	percent of total billed charges	
MASSAGE EACH. 15 MIN	97124	CPT	both			211		Qualcare	Qualcare		158.25	0.75			48.6	200.45	percent of total billed charges	
MASSAGE EACH. 15 MIN	97124	CPT	both			211		Three Rivers	Three Rivers		200.45	0.95			48.6	200.45	percent of total billed charges	
MASSAGE EACH. 15 MIN	97124	CPT	both			211		UHC	Medicaid		66.38	0.3146			48.6	200.45	percent of total billed charges	
MASSAGE EACH. 15 MIN	97124	CPT	both			211		Wellcare	Medicaid		66.38	0.3146			48.6	200.45	percent of total billed charges	
COGNITIVE TRAINING EA. 15 MIN	97129	CPT	both			190		Aetna	Commercial		72.2	0.38			57	180.5	percent of total billed charges	
COGNITIVE TRAINING EA. 15 MIN	97129	CPT	both			190		Aetna	Better Health		59.77	0.3146			57	180.5	percent of total billed charges	
COGNITIVE TRAINING EA. 15 MIN	97129	CPT	both			190		Aetna	Medicare		58.52	0.308			57	180.5	percent of total billed charges	
COGNITIVE TRAINING EA. 15 MIN	97129	CPT	both			190		Americare	Americare		142.5	0.75			57	180.5	percent of total billed charges	
COGNITIVE TRAINING EA. 15 MIN	97129	CPT	both			190		WellPoint	WellPoint		60.95	0.3208			57	180.5	percent of total billed charges	
COGNITIVE TRAINING EA. 15 MIN	97129	CPT	both			190		Consumer	Consumer		180.5	0.95			57	180.5	percent of total billed charges	
COGNITIVE TRAINING EA. 15 MIN	97129	CPT	both			190		Corrections	Corrections		152	0.8			57	180.5	percent of total billed charges	
COGNITIVE TRAINING EA. 15 MIN	97129	CPT	both			190		First Health	First Health		133	0.7			57	180.5	percent of total billed charges	
COGNITIVE TRAINING EA. 15 MIN	97129	CPT	both			190		First Trenton	First Trenton		171	0.9			57	180.5	percent of total billed charges	
COGNITIVE TRAINING EA. 15 MIN	97129	CPT	both			190		Horizon	MGD		72.73	0.3828			57	180.5	percent of total billed charges	
COGNITIVE TRAINING EA. 15 MIN	97129	CPT	both			190		Horizon	Indemnity		72.73	0.3828			57	180.5	percent of total billed charges	
COGNITIVE TRAINING EA. 15 MIN	97129	CPT	both			190		Horizon	PPO		72.73	0.3828			57	180.5	percent of total billed charges	
COGNITIVE TRAINING EA. 15 MIN	97129	CPT	both			190		Horizon	Medicare Blue		57	0.3			57	180.5	percent of total billed charges	
COGNITIVE TRAINING EA. 15 MIN	97129	CPT	both			190		Managed Care Inc	Managed Care Inc		171	0.9			57	180.5	percent of total billed charges	
COGNITIVE TRAINING EA. 15 MIN	97129	CPT	both			190		Multiplan	Multiplan		152	0.8			57	180.5	percent of total billed charges	
COGNITIVE TRAINING EA. 15 MIN	97129	CPT	both			190		Qualcare	Qualcare		142.5	0.75			57	180.5	percent of total billed charges	
COGNITIVE TRAINING EA. 15 MIN	97129	CPT	both			190		Three Rivers	Three Rivers		180.5	0.95			57	180.5	percent of total billed charges	
COGNITIVE TRAINING EA. 15 MIN	97129	CPT	both			190		UHC	Medicaid		59.77	0.3146			57	180.5	percent of total billed charges	
COGNITIVE TRAINING EA. 15 MIN	97129	CPT	both			190		Wellcare	Medicaid		59.77	0.3146			57	180.5	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Aetna	Better Health		66.38	0.3146			63.3	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Aetna	Commercial		80.18	0.38			63.3	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Aetna	Medicare		64.99	0.308			63.3	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Americare	Americare		158.25	0.75			63.3	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		WellPoint	WellPoint		67.69	0.3208			63.3	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Consumer	Consumer		200.45	0.95			63.3	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Corrections	Corrections		168.8	0.8			63.3	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		First Health	First Health		147.7	0.7			63.3	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		First Trenton	First Trenton		189.9	0.9			63.3	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Horizon	MGD		80.77	0.3828			63.3	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Horizon	Indemnity		80.77	0.3828			63.3	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Horizon	Medicare Blue		63.3	0.3			63.3	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Horizon	PPO		80.77	0.3828			63.3	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Managed Care Inc	Managed Care Inc		189.9	0.9			63.3	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Multiplan	Multiplan		168.8	0.8			63.3	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Qualcare	Qualcare		158.25	0.75			63.3	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Three Rivers	Three Rivers		200.45	0.95			63.3	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		UHC	Medicaid		66.38	0.3146			63.3	200.45	percent of total billed charges	
MANUAL THERAPY.EA.15 MIN.	97140	CPT	both			211		Wellcare	Medicaid		66.38	0.3146			63.3	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Aetna	Commercial		80.18	0.38			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Aetna	Better Health		66.38	0.3146			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Aetna	Medicare		64.99	0.308			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Americare	Americare		158.25	0.75			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		WellPoint	WellPoint		67.69	0.3208			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Consumer	Consumer		200.45	0.95			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Corrections	Corrections		168.8	0.8			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		First Health	First Health		147.7	0.7			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		First Trenton	First Trenton		189.9	0.9			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Horizon	Medicare Blue		63.3	0.3			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Horizon	MGD		80.77	0.3828			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Horizon	Indemnity		80.77	0.3828			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Horizon	PPO		80.77	0.3828			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Managed Care Inc	Managed Care Inc		189.9	0.9			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Multiplan	Multiplan		168.8	0.8			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Qualcare	Qualcare		158.25	0.75			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Three Rivers	Three Rivers		200.45	0.95			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		UHC	Medicaid		66.38	0.3146			57.6	200.45	percent of total billed charges	
GROUP THERAPY PROCEDURE	97150	CPT	both			211		Wellcare	Medicaid		66.38	0.3146			57.6	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Aetna	Better Health		66.38	0.3146			63.3	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Aetna	Medicare		64.99	0.308			63.3	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Aetna	Commercial		80.18	0.38			63.3	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Americare	Americare		158.25	0.75			63.3	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		WellPoint	WellPoint		67.69	0.3208			63.3	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Consumer	Consumer		200.45	0.95			63.3	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Corrections	Corrections		168.8	0.8			63.3	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		First Health	First Health		147.7	0.7			63.3	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		First Trenton	First Trenton		189.9	0.9			63.3	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Horizon	MGD		80.77	0.3828			63.3	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Horizon	Indemnity		80.77	0.3828			63.3	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Horizon	Medicare Blue		63.3	0.3			63.3	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Horizon	PPO		80.77	0.3828			63.3	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Managed Care Inc	Managed Care Inc		189.9	0.9			63.3	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Multiplan	Multiplan		168.8	0.8			63.3	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Qualcare	Qualcare		158.25	0.75			63.3	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Three Rivers	Three Rivers		200.45	0.95			63.3	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		UHC	Medicaid		66.38	0.3146			63.3	200.45	percent of total billed charges	
NEW PATIENT IE-LOW COMPLEXITY	97161	CPT	both			211		Wellcare	Medicaid		66.38	0.3146			63.3	200.45	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Aetna	Medicare		117.96	0.308			114.9	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Aetna	Better Health		120.49	0.3146			114.9	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Aetna	Commercial		145.54	0.38			114.9	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Americare	Americare		287.25	0.75			114.9	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		WellPoint	WellPoint		122.87	0.3208			114.9	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Consumer	Consumer		363.85	0.95			114.9	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Corrections	Corrections		306.4	0.8			114.9	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		First Health	First Health		268.1	0.7			114.9	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		First Trenton	First Trenton		344.7	0.9			114.9	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Horizon	Medicare Blue		114.9	0.3			114.9	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Horizon	Indemnity		146.61	0.3828			114.9	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Horizon	MGD		146.61	0.3828			114.9	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Horizon	PPO		146.61	0.3828			114.9	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Managed Care Inc	Managed Care Inc		344.7	0.9			114.9	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Multiplan	Multiplan		306.4	0.8			114.9	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Qualcare	Qualcare		287.25	0.75			114.9	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Three Rivers	Three Rivers		363.85	0.95			114.9	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		UHC	Medicaid		120.49	0.3146			114.9	363.85	percent of total billed charges	
NEW PATIENT IE-MOD COMPLEXITY	97162	CPT	both			383		Wellcare	Medicaid		120.49	0.3146			114.9	363.85	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Aetna	Better Health		235.95	0.3146			225	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Aetna	Commercial		285	0.38			225	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Aetna	Medicare		231	0.308			225	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Americare	Americare		562.5	0.75			225	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		WellPoint	WellPoint		240.6	0.3208			225	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Consumer	Consumer		712.5	0.95			225	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Corrections	Corrections		600	0.8			225	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		First Health	First Health		525	0.7			225	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		First Trenton	First Trenton		675	0.9			225	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Horizon	MGD		287.1	0.3828			225	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Horizon	Medicare Blue		225	0.3			225	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Horizon	PPO		287.1	0.3828			225	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Horizon	Indemnity		287.1	0.3828			225	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Managed Care Inc	Managed Care Inc		675	0.9			225	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Multiplan	Multiplan		600	0.8			225	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Qualcare	Qualcare		562.5	0.75			225	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Three Rivers	Three Rivers		712.5	0.95			225	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		UHC	Medicaid		235.95	0.3146			225	712.5	percent of total billed charges	
NEW PATIENT IE-HIGH COMPLEXITY	97163	CPT	both			750		Wellcare	Medicaid		235.95	0.3146			225	712.5	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Aetna	Better Health		66.38	0.3146			63.3	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Aetna	Commercial		80.18	0.38			63.3	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Aetna	Medicare		64.99	0.308			63.3	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Americare	Americare		158.25	0.75			63.3	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		WellPoint	WellPoint		67.69	0.3208			63.3	200.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PT RE-EVALUATION	97164	CPT	both			211		Consumer	Consumer		200.45	0.95			63.3	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Corrections	Corrections		168.8	0.8			63.3	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		First Health	First Health		147.7	0.7			63.3	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		First Trenton	First Trenton		189.9	0.9			63.3	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Horizon	MGD		80.77	0.3828			63.3	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Horizon	Indemnity		80.77	0.3828			63.3	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Horizon	Medicare Blue		63.3	0.3			63.3	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Horizon	PPO		80.77	0.3828			63.3	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Managed Care Inc	Managed Care Inc		189.9	0.9			63.3	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Multiplan	Multiplan		168.8	0.8			63.3	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Qualcare	Qualcare		158.25	0.75			63.3	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Three Rivers	Three Rivers		200.45	0.95			63.3	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		UHC	Medicaid		66.38	0.3146			63.3	200.45	percent of total billed charges	
PT RE-EVALUATION	97164	CPT	both			211		Wellcare	Medicaid		66.38	0.3146			63.3	200.45	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Aetna	Better Health		133.71	0.3146			63.3	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Aetna	Commercial		161.5	0.38			63.3	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Aetna	Medicare		130.9	0.308			63.3	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Americare	Americare		318.75	0.75			63.3	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		WellPoint	WellPoint		136.34	0.3208			63.3	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Consumer	Consumer		403.75	0.95			63.3	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Corrections	Corrections		340	0.8			63.3	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		First Health	First Health		297.5	0.7			63.3	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		First Trenton	First Trenton		382.5	0.9			63.3	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Horizon	Indemnity		162.69	0.3828			63.3	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Horizon	Medicare Blue		127.5	0.3			63.3	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Horizon	MGD		162.69	0.3828			63.3	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Horizon	PPO		162.69	0.3828			63.3	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Managed Care Inc	Managed Care Inc		382.5	0.9			63.3	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Multiplan	Multiplan		340	0.8			63.3	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Qualcare	Qualcare		318.75	0.75			63.3	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Three Rivers	Three Rivers		403.75	0.95			63.3	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		UHC	Medicaid		133.71	0.3146			63.3	403.75	percent of total billed charges	
OT EVAL LOW COMPLEX 30 MIN	97165	CPT	both			425		Wellcare	Medicaid		133.71	0.3146			63.3	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Aetna	Commercial		161.5	0.38			114.9	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Aetna	Medicare		130.9	0.308			114.9	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Aetna	Better Health		133.71	0.3146			114.9	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Americare	Americare		318.75	0.75			114.9	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		WellPoint	WellPoint		136.34	0.3208			114.9	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Consumer	Consumer		403.75	0.95			114.9	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Corrections	Corrections		340	0.8			114.9	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		First Health	First Health		297.5	0.7			114.9	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		First Trenton	First Trenton		382.5	0.9			114.9	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Horizon	Medicare Blue		127.5	0.3			114.9	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Horizon	MGD		162.69	0.3828			114.9	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Horizon	Indemnity		162.69	0.3828			114.9	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Horizon	PPO		162.69	0.3828			114.9	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Managed Care Inc	Managed Care Inc		382.5	0.9			114.9	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Multiplan	Multiplan		340	0.8			114.9	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Qualcare	Qualcare		318.75	0.75			114.9	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Three Rivers	Three Rivers		403.75	0.95			114.9	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		UHC	Medicaid		133.71	0.3146			114.9	403.75	percent of total billed charges	
OT EVAL MOD COMPLEX 45 MIN	97166	CPT	both			425		Wellcare	Medicaid		133.71	0.3146			114.9	403.75	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Aetna	Medicare		231	0.308			225	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Aetna	Better Health		235.95	0.3146			225	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Aetna	Commercial		285	0.38			225	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Americare	Americare		562.5	0.75			225	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		WellPoint	WellPoint		240.6	0.3208			225	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Consumer	Consumer		712.5	0.95			225	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Corrections	Corrections		600	0.8			225	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		First Health	First Health		525	0.7			225	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		First Trenton	First Trenton		675	0.9			225	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Horizon	MGD		287.1	0.3828			225	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Horizon	Medicare Blue		225	0.3			225	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Horizon	Indemnity		287.1	0.3828			225	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Horizon	PPO		287.1	0.3828			225	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Managed Care Inc	Managed Care Inc		675	0.9			225	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Multiplan	Multiplan		600	0.8			225	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Qualcare	Qualcare		562.5	0.75			225	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Three Rivers	Three Rivers		712.5	0.95			225	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		UHC	Medicaid		235.95	0.3146			225	712.5	percent of total billed charges	
OT EVAL HIGH COMPLEX 60 MIN	97167	CPT	both			750		Wellcare	Medicaid		235.95	0.3146			225	712.5	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Aetna	Commercial		80.18	0.38			63.3	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Aetna	Better Health		66.38	0.3146			63.3	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Aetna	Medicare		64.99	0.308			63.3	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Americare	Americare		158.25	0.75			63.3	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		WellPoint	WellPoint		67.69	0.3208			63.3	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Consumer	Consumer		200.45	0.95			63.3	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Corrections	Corrections		168.8	0.8			63.3	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		First Health	First Health		147.7	0.7			63.3	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		First Trenton	First Trenton		189.9	0.9			63.3	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Horizon	MGD		80.77	0.3828			63.3	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Horizon	Indemnity		80.77	0.3828			63.3	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Horizon	Medicare Blue		63.3	0.3			63.3	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Horizon	PPO		80.77	0.3828			63.3	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Managed Care Inc	Managed Care Inc		189.9	0.9			63.3	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Multiplan	Multiplan		168.8	0.8			63.3	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Qualcare	Qualcare		158.25	0.75			63.3	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Three Rivers	Three Rivers		200.45	0.95			63.3	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		UHC	Medicaid		66.38	0.3146			63.3	200.45	percent of total billed charges	
OT RE-EVALUATION	97168	CPT	both			211		Wellcare	Medicaid		66.38	0.3146			63.3	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Aetna	Better Health		66.38	0.3146			52.5	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Aetna	Commercial		80.18	0.38			52.5	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Aetna	Medicare		64.99	0.308			52.5	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Americare	Americare		158.25	0.75			52.5	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		WellPoint	WellPoint		67.69	0.3208			52.5	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Consumer	Consumer		200.45	0.95			52.5	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Corrections	Corrections		168.8	0.8			52.5	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		First Health	First Health		147.7	0.7			52.5	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		First Trenton	First Trenton		189.9	0.9			52.5	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Horizon	Medicare Blue		63.3	0.3			52.5	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Horizon	Indemnity		80.77	0.3828			52.5	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Horizon	MGD		80.77	0.3828			52.5	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Horizon	PPO		80.77	0.3828			52.5	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Managed Care Inc	Managed Care Inc		189.9	0.9			52.5	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Multiplan	Multiplan		168.8	0.8			52.5	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Qualcare	Qualcare		158.25	0.75			52.5	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Three Rivers	Three Rivers		200.45	0.95			52.5	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		UHC	Medicaid		66.38	0.3146			52.5	200.45	percent of total billed charges	
THER.ACTIVITIES(INDIV)EA 15MIN	97530	CPT	both			211		Wellcare	Medicaid		66.38	0.3146			52.5	200.45	percent of total billed charges	
SELF CARE/ADL; EACH 15 MIN	97535	CPT	both			211		Aetna	Medicare		64.99	0.308			48.6	200.45	percent of total billed charges	
SELF CARE/ADL; EACH 15 MIN	97535	CPT	both			211		Aetna	Better Health		66.38	0.3146			48.6	200.45	percent of total billed charges	
SELF CARE/ADL; EACH 15 MIN	97535	CPT	both			211		Aetna	Commercial		80.18	0.38			48.6	200.45	percent of total billed charges	
SELF CARE/ADL; EACH 15 MIN	97535	CPT	both			211		Americare	Americare		158.25	0.75			48.6	200.45	percent of total billed charges	
SELF CARE/ADL; EACH 15 MIN	97535	CPT	both			211		WellPoint	WellPoint		67.69	0.3208			48.6	200.45	percent of total billed charges	
SELF CARE/ADL; EACH 15 MIN	97535	CPT	both			211		Consumer	Consumer		200.45	0.95			48.6	200.45	percent of total billed charges	
SELF CARE/ADL; EACH 15 MIN	97535	CPT	both			211		Corrections	Corrections		168.8	0.8			48.6	200.45	percent of total billed charges	
SELF CARE/ADL; EACH 15 MIN	97535	CPT	both			211		First Health	First Health		147.7	0.7			48.6	200.45	percent of total billed charges	
SELF CARE/ADL; EACH 15 MIN	97535	CPT	both			211		First Trenton	First Trenton		189.9	0.9			48.6	200.45	percent of total billed charges	
SELF CARE/ADL; EACH 15 MIN	97535	CPT	both			211		Horizon	Indemnity		80.77	0.3828			48.6	200.45	percent of total billed charges	
SELF CARE/ADL; EACH 15 MIN	97535	CPT	both			211		Horizon	Medicare Blue		63.3	0.3			48.6	200.45	percent of total billed charges	
SELF CARE/ADL; EACH 15 MIN	97535	CPT	both			211		Horizon	MGD		80.77	0.3828			48.6	200.45	percent of total billed charges	
SELF CARE/ADL; EACH 15 MIN	97535	CPT	both			211		Horizon	PPO		80.77	0.3828			48.6	200.45	percent of total billed charges	
SELF CARE/ADL; EACH 15 MIN	97535	CPT	both			211		Managed Care Inc	Managed Care Inc		189.9	0.9			48.6	200.45	percent of total billed charges	
SELF CARE/ADL; EACH 15 MIN	97535	CPT	both			211		Multiplan	Multiplan		168.8	0.8			48.6	200.45	percent of total billed charges	
SELF CARE/ADL; EACH 15 MIN	97535	CPT	both			211		Qualcare	Qualcare		158.25	0.75			48.6	200.45	percent of total billed charges	
SELF CARE/ADL; EACH 15 MIN	97535	CPT	both			211		Three Rivers	Three Rivers		200.45	0.95			48.6	200.45	percent of total billed charges	
SELF CARE/ADL; EACH 15 MIN	97535	CPT	both			211		UHC	Medicaid		66.38	0.3146			48.6	200.45	percent of total billed charges	
SELF CARE/ADL; EACH 15 MIN	97535	CPT	both			211		Wellcare	Medicaid		66.38	0.3146			48.6	200.45	percent of total billed charges	
JOB SITE ANALYSIS EA. HOUR	97537	CPT	both			364		Aetna	Better Health		114.51	0.3146			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS EA. HOUR	97537	CPT	both			364		Aetna	Commercial		138.32	0.38			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS EA. HOUR	97537	CPT	both			364		Aetna	Medicare		112.11	0.308			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS EA. HOUR	97537	CPT	both			364		Americare	Americare		273	0.75			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS EA. HOUR	97537	CPT	both			364		WellPoint	WellPoint		116.77	0.3208			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS EA. HOUR	97537	CPT	both			364		Consumer	Consumer		345.8	0.95			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS EA. HOUR	97537	CPT	both			364		Corrections	Corrections		291.2	0.8			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS EA. HOUR	97537	CPT	both			364		First Health	First Health		254.8	0.7			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS EA. HOUR	97537	CPT	both			364		First Trenton	First Trenton		327.6	0.9			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS EA. HOUR	97537	CPT	both			364		Horizon	Medicare Blue		109.2	0.3			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS EA. HOUR	97537	CPT	both			364		Horizon	Indemnity		139.34	0.3828			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS EA. HOUR	97537	CPT	both			364		Horizon	MGD		139.34	0.3828			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS EA. HOUR	97537	CPT	both			364		Horizon	PPO		139.34	0.3828			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS EA. HOUR	97537	CPT	both			364		Managed Care Inc	Managed Care Inc		327.6	0.9			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS EA. HOUR	97537	CPT	both			364		Multiplan	Multiplan		291.2	0.8			48.6	345.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
JOB SITE ANALYSIS EA. HOUR	97537	CPT	both			364		Qualcare	Qualcare		273	0.75			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS EA. HOUR	97537	CPT	both			364		Three Rivers	Three Rivers		345.8	0.95			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS EA. HOUR	97537	CPT	both			364		UHC	Medicaid		114.51	0.3146			48.6	345.8	percent of total billed charges	
JOB SITE ANALYSIS EA. HOUR	97537	CPT	both			364		Wellcare	Medicaid		114.51	0.3146			48.6	345.8	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Aetna	Commercial		61.56	0.38			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Aetna	Better Health		50.97	0.3146			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Aetna	Medicare		49.9	0.308			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Americare	Americare		121.5	0.75			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		WellPoint	WellPoint		51.97	0.3208			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Consumer	Consumer		153.9	0.95			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Corrections	Corrections		129.6	0.8			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		First Health	First Health		113.4	0.7			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		First Trenton	First Trenton		145.8	0.9			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Horizon	MGD		62.01	0.3828			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Horizon	Indemnity		62.01	0.3828			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Horizon	PPO		62.01	0.3828			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Horizon	Medicare Blue		48.6	0.3			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Managed Care Inc	Managed Care Inc		145.8	0.9			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Multiplan	Multiplan		129.6	0.8			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Qualcare	Qualcare		121.5	0.75			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Three Rivers	Three Rivers		153.9	0.95			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		UHC	Medicaid		50.97	0.3146			45.3	153.9	percent of total billed charges	
W/C MGMT; EACH 15 MIN.	97542	CPT	both			162		Wellcare	Medicaid		50.97	0.3146			45.3	153.9	percent of total billed charges	
WORK CONDITIONING INITAL 2HRS	97545	CPT	both			409		Aetna	Medicare		125.97	0.308			122.7	388.55	percent of total billed charges	
WORK CONDITIONING INITAL 2HRS	97545	CPT	both			409		Aetna	Better Health		128.67	0.3146			122.7	388.55	percent of total billed charges	
WORK CONDITIONING INITAL 2HRS	97545	CPT	both			409		Aetna	Commercial		155.42	0.38			122.7	388.55	percent of total billed charges	
WORK CONDITIONING INITAL 2HRS	97545	CPT	both			409		Americare	Americare		306.75	0.75			122.7	388.55	percent of total billed charges	
WORK CONDITIONING INITAL 2HRS	97545	CPT	both			409		WellPoint	WellPoint		131.21	0.3208			122.7	388.55	percent of total billed charges	
WORK CONDITIONING INITAL 2HRS	97545	CPT	both			409		Consumer	Consumer		388.55	0.95			122.7	388.55	percent of total billed charges	
WORK CONDITIONING INITAL 2HRS	97545	CPT	both			409		Corrections	Corrections		327.2	0.8			122.7	388.55	percent of total billed charges	
WORK CONDITIONING INITAL 2HRS	97545	CPT	both			409		First Health	First Health		286.3	0.7			122.7	388.55	percent of total billed charges	
WORK CONDITIONING INITAL 2HRS	97545	CPT	both			409		First Trenton	First Trenton		368.1	0.9			122.7	388.55	percent of total billed charges	
WORK CONDITIONING INITAL 2HRS	97545	CPT	both			409		Horizon	Indemnity		156.57	0.3828			122.7	388.55	percent of total billed charges	
WORK CONDITIONING INITAL 2HRS	97545	CPT	both			409		Horizon	MGD		156.57	0.3828			122.7	388.55	percent of total billed charges	
WORK CONDITIONING INITAL 2HRS	97545	CPT	both			409		Horizon	PPO		156.57	0.3828			122.7	388.55	percent of total billed charges	
WORK CONDITIONING INITAL 2HRS	97545	CPT	both			409		Horizon	Medicare Blue		122.7	0.3			122.7	388.55	percent of total billed charges	
WORK CONDITIONING INITAL 2HRS	97545	CPT	both			409		Managed Care Inc	Managed Care Inc		368.1	0.9			122.7	388.55	percent of total billed charges	
WORK CONDITIONING INITAL 2HRS	97545	CPT	both			409		Multiplan	Multiplan		327.2	0.8			122.7	388.55	percent of total billed charges	
WORK CONDITIONING INITAL 2HRS	97545	CPT	both			409		Qualcare	Qualcare		306.75	0.75			122.7	388.55	percent of total billed charges	
WORK CONDITIONING INITAL 2HRS	97545	CPT	both			409		Three Rivers	Three Rivers		388.55	0.95			122.7	388.55	percent of total billed charges	
WORK CONDITIONING INITAL 2HRS	97545	CPT	both			409		UHC	Medicaid		128.67	0.3146			122.7	388.55	percent of total billed charges	
WORK CONDITIONING INITAL 2HRS	97545	CPT	both			409		Wellcare	Medicaid		128.67	0.3146			122.7	388.55	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Aetna	Commercial		66.5	0.38			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Aetna	Medicare		53.9	0.308			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Aetna	Better Health		55.06	0.3146			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Americare	Americare		131.25	0.75			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		WellPoint	WellPoint		56.14	0.3208			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Consumer	Consumer		166.25	0.95			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Corrections	Corrections		140	0.8			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		First Health	First Health		122.5	0.7			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		First Trenton	First Trenton		157.5	0.9			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Horizon	Indemnity		66.99	0.3828			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Horizon	Medicare Blue		52.5	0.3			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Horizon	MGD		66.99	0.3828			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Horizon	PPO		66.99	0.3828			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Managed Care Inc	Managed Care Inc		157.5	0.9			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Multiplan	Multiplan		140	0.8			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Qualcare	Qualcare		131.25	0.75			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Three Rivers	Three Rivers		166.25	0.95			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		UHC	Medicaid		55.06	0.3146			46.2	166.25	percent of total billed charges	
WORK CONDITIONING;EACH ADDL HR	97546	CPT	inpatient			175		Wellcare	Medicaid		55.06	0.3146			46.2	166.25	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Aetna	Medicare		228.96	1			91.55	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Aetna	Better Health		224	0.3146			91.55	676.4	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Aetna	Commercial		364.5	1.592			91.55	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Americare	Americare		534	0.75			91.55	676.4	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	WellPoint	WellPoint		228.41	0.3208			91.55	676.4	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Amerihealth	Medicare		228.96	1			91.55	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Consumer	Consumer		676.4	0.95			91.55	676.4	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Corrections	Corrections		569.6	0.8			91.55	676.4	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	First Health	First Health		498.4	0.7			91.55	676.4	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	First Trenton	First Trenton		640.8	0.9			91.55	676.4	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Horizon	MGD		418.31	1.827			91.55	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Horizon	Indemnity		418.31	1.827			91.55	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Horizon	PPO		418.31	1.827			91.55	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Horizon	Medicare Blue		228.96	1			91.55	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Managed Care Inc	Managed Care Inc		640.8	0.9			91.55	676.4	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Multiplan	Multiplan		569.6	0.8			91.55	676.4	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Qualcare	Qualcare		534	0.75			91.55	676.4	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Three Rivers	Three Rivers		676.4	0.95			91.55	676.4	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	UHC	Medicaid		224	0.3146			91.55	676.4	percent of total billed charges	
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	UHC	Medicare		228.96	1			91.55	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Wellcare	Medicare		228.96	1			91.55	676.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SLEECTIVE DEBRIDEMENT <20 CM	97597	CPT	both			712	263.3	Wellcare	Medicaid		224	0.3146			91.55	676.4	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	outpatient			493		Aetna	Better Health		155.1	0.3146			119.7	468.35	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	outpatient			493		Aetna	Medicare		151.84	0.308			119.7	468.35	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	outpatient			493		Aetna	Commercial		187.34	0.38			119.7	468.35	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	outpatient			493		Americare	Americare		369.75	0.75			119.7	468.35	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	outpatient			493		WellPoint	WellPoint		158.15	0.3208			119.7	468.35	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	outpatient			493		Consumer	Consumer		468.35	0.95			119.7	468.35	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	outpatient			493		Corrections	Corrections		394.4	0.8			119.7	468.35	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	outpatient			493		First Health	First Health		345.1	0.7			119.7	468.35	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	outpatient			493		First Trenton	First Trenton		443.7	0.9			119.7	468.35	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	outpatient			493		Horizon	MGD		188.72	0.3828			119.7	468.35	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	outpatient			493		Horizon	Medicare Blue		147.9	0.3			119.7	468.35	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	outpatient			493		Horizon	Indemnity		188.72	0.3828			119.7	468.35	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	outpatient			493		Horizon	PPO		188.72	0.3828			119.7	468.35	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	outpatient			493		Managed Care Inc	Managed Care Inc		443.7	0.9			119.7	468.35	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	outpatient			493		Multiplan	Multiplan		394.4	0.8			119.7	468.35	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	outpatient			493		Qualcare	Qualcare		369.75	0.75			119.7	468.35	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	outpatient			493		Three Rivers	Three Rivers		468.35	0.95			119.7	468.35	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	outpatient			493		UHC	Medicaid		155.1	0.3146			119.7	468.35	percent of total billed charges	
SKIN FULL THICK DEBR ADDL<=20CM	97598	CPT	outpatient			493		Wellcare	Medicaid		155.1	0.3146			119.7	468.35	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	both			725	263.3	Aetna	Better Health		228.09	0.3146			93.32	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	both			725	263.3	Aetna	Commercial		364.5	1.592			93.32	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	both			725	263.3	Aetna	Medicare		223.3	0.308			93.32	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	both			725	263.3	Americare	Americare		543.75	0.75			93.32	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	both			725	263.3	WellPoint	WellPoint		232.58	0.3208			93.32	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	both			725	263.3	Amerihealth	Medicare		228.96	1			93.32	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	both			725	263.3	Consumer	Consumer		688.75	0.95			93.32	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	both			725	263.3	Corrections	Corrections		580	0.8			93.32	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	both			725	263.3	First Health	First Health		507.5	0.7			93.32	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	both			725	263.3	First Trenton	First Trenton		652.5	0.9			93.32	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	both			725	263.3	Horizon	PPO		418.31	1.827			93.32	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	both			725	263.3	Horizon	MGD		418.31	1.827			93.32	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	both			725	263.3	Horizon	Indemnity		418.31	1.827			93.32	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	both			725	263.3	Horizon	Medicare Blue		228.96	1			93.32	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	both			725	263.3	Managed Care Inc	Managed Care Inc		652.5	0.9			93.32	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	both			725	263.3	Multiplan	Multiplan		580	0.8			93.32	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	both			725	263.3	Qualcare	Qualcare		543.75	0.75			93.32	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	both			725	263.3	Three Rivers	Three Rivers		688.75	0.95			93.32	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	both			725	263.3	UHC	Medicaid		228.09	0.3146			93.32	688.75	percent of total billed charges	
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	both			725	263.3	UHC	Medicare		228.96	1			93.32	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	both			725	263.3	Wellcare	Medicare		228.96	1			93.32	688.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND CARE NONSELECTIVE /SESSION	97602	CPT	both			725	263.3	Wellcare	Medicaid		228.09	0.3146			93.32	688.75	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718	263.3	Aetna	Commercial		364.5	1.592			125.53	682.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND VAC<50SQ CM	97605	CPT	outpatient			718	263.3	Aetna	Better Health		225.88	0.3146			125.53	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718	263.3	Aetna	Medicare		228.96	1			125.53	682.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND VAC<50SQ CM	97605	CPT	outpatient			718	263.3	Americare	Americare		538.5	0.75			125.53	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718	263.3	WellPoint	WellPoint		230.33	0.3208			125.53	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718	263.3	Amerihealth	Medicare		228.96	1			125.53	682.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND VAC<50SQ CM	97605	CPT	outpatient			718	263.3	Consumer	Consumer		682.1	0.95			125.53	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718	263.3	Corrections	Corrections		574.4	0.8			125.53	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718	263.3	First Health	First Health		502.6	0.7			125.53	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718	263.3	First Trenton	First Trenton		646.2	0.9			125.53	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718	263.3	Horizon	Indemnity		418.31	1.827			125.53	682.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND VAC<50SQ CM	97605	CPT	outpatient			718	263.3	Horizon	MGD		418.31	1.827			125.53	682.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND VAC<50SQ CM	97605	CPT	outpatient			718	263.3	Horizon	PPO		418.31	1.827			125.53	682.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND VAC<50SQ CM	97605	CPT	outpatient			718	263.3	Horizon	Medicare Blue		228.96	1			125.53	682.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND VAC<50SQ CM	97605	CPT	outpatient			718	263.3	Managed Care Inc	Managed Care Inc		646.2	0.9			125.53	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718	263.3	Multiplan	Multiplan		574.4	0.8			125.53	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718	263.3	Qualcare	Qualcare		538.5	0.75			125.53	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718	263.3	Three Rivers	Three Rivers		682.1	0.95			125.53	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718	263.3	UHC	Medicare		228.96	1			125.53	682.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
WOUND VAC<50SQ CM	97605	CPT	outpatient			718	263.3	UHC	Medicaid		225.88	0.3146			125.53	682.1	percent of total billed charges	
WOUND VAC<50SQ CM	97605	CPT	outpatient			718	263.3	Wellcare	Medicare		228.96	1			125.53	682.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND VAC<50SQ CM	97605	CPT	outpatient			718	263.3	Wellcare	Medicaid		225.88	0.3146			125.53	682.1	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			427.86	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			427.86	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			427.86	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			427.86	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			427.86	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			427.86	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			427.86	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360	524.43	Horizon	MGD		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			427.86	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			427.86	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			427.86	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			427.86	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			427.86	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEGATIVE PRESSURE WOUND	97606	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			427.86	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360	524.43	Aetna	Better Health		427.86	0.3146			398.28	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360	524.43	Aetna	Commercial		726	1.592			398.28	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360	524.43	Aetna	Medicare		456.03	1			398.28	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360	524.43	Americare	Americare		1020	0.75			398.28	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360	524.43	WellPoint	WellPoint		436.29	0.3208			398.28	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360	524.43	Amerihealth	Medicare		456.03	1			398.28	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360	524.43	Consumer	Consumer		1292	0.95			398.28	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360	524.43	Corrections	Corrections		1088	0.8			398.28	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360	524.43	First Health	First Health		952	0.7			398.28	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360	524.43	First Trenton	First Trenton		1224	0.9			398.28	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360	524.43	Horizon	MGD		833.17	1.827			398.28	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360	524.43	Horizon	Indemnity		833.17	1.827			398.28	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360	524.43	Horizon	Medicare Blue		456.03	1			398.28	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360	524.43	Horizon	PPO		833.17	1.827			398.28	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360	524.43	Managed Care Inc	Managed Care Inc		1224	0.9			398.28	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360	524.43	Multiplan	Multiplan		1088	0.8			398.28	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360	524.43	Qualcare	Qualcare		1020	0.75			398.28	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360	524.43	Three Rivers	Three Rivers		1292	0.95			398.28	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360	524.43	UHC	Medicare		456.03	1			398.28	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360	524.43	UHC	Medicaid		427.86	0.3146			398.28	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360	524.43	Wellcare	Medicaid		427.86	0.3146			398.28	1292	percent of total billed charges	
NEG PRESS WOUNDTX <=50SQCM NODME	97607	CPT	outpatient			1360	524.43	Wellcare	Medicare		456.03	1			398.28	1292	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ASSISTIVE TECHNOLOGY ASSESSMENT EA 15	97755	CPT	outpatient			200		Aetna	Better Health		62.92	0.3146			60	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT EA 15	97755	CPT	outpatient			200		Aetna	Commercial		76	0.38			60	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT EA 15	97755	CPT	outpatient			200		Aetna	Medicare		61.6	0.308			60	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT EA 15	97755	CPT	outpatient			200		Americare	Americare		150	0.75			60	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT EA 15	97755	CPT	outpatient			200		WellPoint	WellPoint		64.16	0.3208			60	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT EA 15	97755	CPT	outpatient			200		Consumer	Consumer		190	0.95			60	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT EA 15	97755	CPT	outpatient			200		Corrections	Corrections		160	0.8			60	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT EA 15	97755	CPT	outpatient			200		First Health	First Health		140	0.7			60	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT EA 15	97755	CPT	outpatient			200		First Trenton	First Trenton		180	0.9			60	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT EA 15	97755	CPT	outpatient			200		Horizon	Indemnity		76.56	0.3828			60	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT EA 15	97755	CPT	outpatient			200		Horizon	MGD		76.56	0.3828			60	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT EA 15	97755	CPT	outpatient			200		Horizon	PPO		76.56	0.3828			60	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT EA 15	97755	CPT	outpatient			200		Horizon	Medicare Blue		60	0.3			60	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT EA 15	97755	CPT	outpatient			200		Managed Care Inc	Managed Care Inc		180	0.9			60	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT EA 15	97755	CPT	outpatient			200		Multiplan	Multiplan		160	0.8			60	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT EA 15	97755	CPT	outpatient			200		Qualcare	Qualcare		150	0.75			60	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT EA 15	97755	CPT	outpatient			200		Three Rivers	Three Rivers		190	0.95			60	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT EA 15	97755	CPT	outpatient			200		UHC	Medicaid		62.92	0.3146			60	190	percent of total billed charges	
ASSISTIVE TECHNOLOGY ASSESSMENT EA 15	97755	CPT	outpatient			200		Wellcare	Medicaid		62.92	0.3146			60	190	percent of total billed charges	
ORTHOTIC FIT/TRAINING EA 15MIN.	97760	CPT	both			162		Aetna	Medicare		49.9	0.308			48.6	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING EA 15MIN.	97760	CPT	both			162		Aetna	Better Health		50.97	0.3146			48.6	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING EA 15MIN.	97760	CPT	both			162		Aetna	Commercial		61.56	0.38			48.6	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING EA 15MIN.	97760	CPT	both			162		Americare	Americare		121.5	0.75			48.6	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING EA 15MIN.	97760	CPT	both			162		WellPoint	WellPoint		51.97	0.3208			48.6	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING EA 15MIN.	97760	CPT	both			162		Consumer	Consumer		153.9	0.95			48.6	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING EA 15MIN.	97760	CPT	both			162		Corrections	Corrections		129.6	0.8			48.6	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING EA 15MIN.	97760	CPT	both			162		First Health	First Health		113.4	0.7			48.6	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING EA 15MIN.	97760	CPT	both			162		First Trenton	First Trenton		145.8	0.9			48.6	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING EA 15MIN.	97760	CPT	both			162		Horizon	Medicare Blue		48.6	0.3			48.6	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING EA 15MIN.	97760	CPT	both			162		Horizon	Indemnity		62.01	0.3828			48.6	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING EA 15MIN.	97760	CPT	both			162		Horizon	MGD		62.01	0.3828			48.6	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING EA 15MIN.	97760	CPT	both			162		Horizon	PPO		62.01	0.3828			48.6	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING EA 15MIN.	97760	CPT	both			162		Managed Care Inc	Managed Care Inc		145.8	0.9			48.6	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING EA 15MIN.	97760	CPT	both			162		Multiplan	Multiplan		129.6	0.8			48.6	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING EA 15MIN.	97760	CPT	both			162		Qualcare	Qualcare		121.5	0.75			48.6	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING EA 15MIN.	97760	CPT	both			162		Three Rivers	Three Rivers		153.9	0.95			48.6	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING EA 15MIN.	97760	CPT	both			162		UHC	Medicaid		50.97	0.3146			48.6	153.9	percent of total billed charges	
ORTHOTIC FIT/TRAINING EA 15MIN.	97760	CPT	both			162		Wellcare	Medicaid		50.97	0.3146			48.6	153.9	percent of total billed charges	
PROSTHETIC TRAINING EACH 15MIN	97761	CPT	both			211		Aetna	Better Health		66.38	0.3146			57.6	200.45	percent of total billed charges	
PROSTHETIC TRAINING EACH 15MIN	97761	CPT	both			211		Aetna	Medicare		64.99	0.308			57.6	200.45	percent of total billed charges	
PROSTHETIC TRAINING EACH 15MIN	97761	CPT	both			211		Aetna	Commercial		80.18	0.38			57.6	200.45	percent of total billed charges	
PROSTHETIC TRAINING EACH 15MIN	97761	CPT	both			211		Americare	Americare		158.25	0.75			57.6	200.45	percent of total billed charges	
PROSTHETIC TRAINING EACH 15MIN	97761	CPT	both			211		WellPoint	WellPoint		67.69	0.3208			57.6	200.45	percent of total billed charges	
PROSTHETIC TRAINING EACH 15MIN	97761	CPT	both			211		Consumer	Consumer		200.45	0.95			57.6	200.45	percent of total billed charges	
PROSTHETIC TRAINING EACH 15MIN	97761	CPT	both			211		Corrections	Corrections		168.8	0.8			57.6	200.45	percent of total billed charges	
PROSTHETIC TRAINING EACH 15MIN	97761	CPT	both			211		First Health	First Health		147.7	0.7			57.6	200.45	percent of total billed charges	
PROSTHETIC TRAINING EACH 15MIN	97761	CPT	both			211		First Trenton	First Trenton		189.9	0.9			57.6	200.45	percent of total billed charges	
PROSTHETIC TRAINING EACH 15MIN	97761	CPT	both			211		Horizon	PPO		80.77	0.3828			57.6	200.45	percent of total billed charges	
PROSTHETIC TRAINING EACH 15MIN	97761	CPT	both			211		Horizon	MGD		80.77	0.3828			57.6	200.45	percent of total billed charges	
PROSTHETIC TRAINING EACH 15MIN	97761	CPT	both			211		Horizon	Indemnity		80.77	0.3828			57.6	200.45	percent of total billed charges	
PROSTHETIC TRAINING EACH 15MIN	97761	CPT	both			211		Horizon	Medicare Blue		63.3	0.3			57.6	200.45	percent of total billed charges	
PROSTHETIC TRAINING EACH 15MIN	97761	CPT	both			211		Managed Care Inc	Managed Care Inc		189.9	0.9			57.6	200.45	percent of total billed charges	
PROSTHETIC TRAINING EACH 15MIN	97761	CPT	both			211		Multiplan	Multiplan		168.8	0.8			57.6	200.45	percent of total billed charges	
PROSTHETIC TRAINING EACH 15MIN	97761	CPT	both			211		Qualcare	Qualcare		158.25	0.75			57.6	200.45	percent of total billed charges	
PROSTHETIC TRAINING EACH 15MIN	97761	CPT	both			211		Three Rivers	Three Rivers		200.45	0.95			57.6	200.45	percent of total billed charges	
PROSTHETIC TRAINING EACH 15MIN	97761	CPT	both			211		UHC	Medicaid		66.38	0.3146			57.6	200.45	percent of total billed charges	
PROSTHETIC TRAINING EACH 15MIN	97761	CPT	both			211		Wellcare	Medicaid		66.38	0.3146			57.6	200.45	percent of total billed charges	
P&O CHECKOUT EA. 15MIN.	97763	CPT	both			162		Aetna	Better Health		50.97	0.3146			48.6	153.9	percent of total billed charges	
P&O CHECKOUT EA. 15MIN.	97763	CPT	both			162		Aetna	Medicare		49.9	0.308			48.6	153.9	percent of total billed charges	
P&O CHECKOUT EA. 15MIN.	97763	CPT	both			162		Aetna	Commercial		61.56	0.38			48.6	153.9	percent of total billed charges	
P&O CHECKOUT EA. 15MIN.	97763	CPT	both			162		Americare	Americare		121.5	0.75			48.6	153.9	percent of total billed charges	
P&O CHECKOUT EA. 15MIN.	97763	CPT	both			162		WellPoint	WellPoint		51.97	0.3208			48.6	153.9	percent of total billed charges	
P&O CHECKOUT EA. 15MIN.	97763	CPT	both			162		Consumer	Consumer		153.9	0.95			48.6	153.9	percent of total billed charges	
P&O CHECKOUT EA. 15MIN.	97763	CPT	both			162		Corrections	Corrections		129.6	0.8			48.6	153.9	percent of total billed charges	
P&O CHECKOUT EA. 15MIN.	97763	CPT	both			162		First Health	First Health		113.4	0.7			48.6	153.9	percent of total billed charges	
P&O CHECKOUT EA. 15MIN.	97763	CPT	both			162		First Trenton	First Trenton		145.8	0.9			48.6	153.9	percent of total billed charges	
P&O CHECKOUT EA. 15MIN.	97763	CPT	both			162		Horizon	Medicare Blue		48.6	0.3			48.6	153.9	percent of total billed charges	
P&O CHECKOUT EA. 15MIN.	97763	CPT	both			162		Horizon	Indemnity		62.01	0.3828			48.6	153.9	percent of total billed charges	
P&O CHECKOUT EA. 15MIN.	97763	CPT	both			162		Horizon	MGD		62.01	0.3828			48.6	153.9	percent of total billed charges	
P&O CHECKOUT EA. 15MIN.	97763	CPT	both			162		Horizon	PPO		62.01	0.3828			48.6	153.9	percent of total billed charges	
P&O CHECKOUT EA. 15MIN.	97763	CPT	both			162		Managed Care Inc	Managed Care Inc		145.8	0.9			48.6	153.9	percent of total billed charges	
P&O CHECKOUT EA. 15MIN.	97763	CPT	both			162		Multiplan	Multiplan		129.6	0.8			48.6	153.9	percent of total billed charges	
P&O CHECKOUT EA. 15MIN.	97763	CPT	both			162		Qualcare	Qualcare		121.5	0.75			48.6	153.9	percent of total billed charges	
P&O CHECKOUT EA. 15MIN.	97763	CPT	both			162		Three Rivers	Three Rivers		153.9	0.95			48.6	153.9	percent of total billed charges	
P&O CHECKOUT EA. 15MIN.	97763	CPT	both			162		UHC	Medicaid		50.97	0.3146			48.6	153.9	percent of total billed charges	
P&O CHECKOUT EA. 15MIN.	97763	CPT	both			162		Wellcare	Medicaid		50.97	0.3146			48.6	153.9	percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Aetna	Commercial		180.5	0.38			142.5	451.25	percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Aetna	Better Health		149.44	0.3146			142.5	451.25	percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Aetna	Medicare		146.3	0.308			142.5	451.25	percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Americare	Americare		356.25	0.75			142.5	451.25	percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		WellPoint	WellPoint		152.38	0.3208			142.5	451.25	percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Consumer	Consumer		451.25	0.95			142.5	451.25	percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Corrections	Corrections		380	0.8			142.5	451.25	percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		First Health	First Health		332.5	0.7			142.5	451.25	percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		First Trenton	First Trenton		427.5	0.9			142.5	451.25	percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Horizon	Indemnity		181.83	0.3828			142.5	451.25	percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Horizon	MGD		181.83	0.3828			142.5	451.25	percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Horizon	PPO		181.83	0.3828			142.5	451.25	percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Horizon	Medicare Blue		142.5	0.3			142.5	451.25	percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Managed Care Inc	Managed Care Inc		427.5	0.9			142.5	451.25	percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Multiplan	Multiplan		380	0.8			142.5	451.25	percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Qualcare	Qualcare		356.25	0.75			142.5	451.25	percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Three Rivers	Three Rivers		451.25	0.95			142.5	451.25	percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		UHC	Medicaid		149.44	0.3146			142.5	451.25	percent of total billed charges	
MED NUTRITION INDIV EACH 15 MIN	97802	CPT	outpatient			475		Wellcare	Medicaid		149.44	0.3146			142.5	451.25	percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Aetna	Medicare		110.88	0.308			108	342	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Aetna	Better Health		113.26	0.3146			108	342	percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Aetna	Commercial		136.8	0.38			108	342	percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Americare	Americare		270	0.75			108	342	percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		WellPoint	WellPoint		115.49	0.3208			108	342	percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Consumer	Consumer		342	0.95			108	342	percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Corrections	Corrections		288	0.8			108	342	percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		First Health	First Health		252	0.7			108	342	percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		First Trenton	First Trenton		324	0.9			108	342	percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Horizon	Medicare Blue		108	0.3			108	342	percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Horizon	Indemnity		137.81	0.3828			108	342	percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Horizon	MGD		137.81	0.3828			108	342	percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Horizon	PPO		137.81	0.3828			108	342	percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Managed Care Inc	Managed Care Inc		324	0.9			108	342	percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Multiplan	Multiplan		288	0.8			108	342	percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Qualcare	Qualcare		270	0.75			108	342	percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Three Rivers	Three Rivers		342	0.95			108	342	percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		UHC	Medicaid		113.26	0.3146			108	342	percent of total billed charges	
MED NUTRITION INDIV SUBSEQ	97803	CPT	both			360		Wellcare	Medicaid		113.26	0.3146			108	342	percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Aetna	Medicare		59.44	0.308			57.9	183.35	percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Aetna	Better Health		60.72	0.3146			57.9	183.35	percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Aetna	Commercial		73.34	0.38			57.9	183.35	percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Americare	Americare		144.75	0.75			57.9	183.35	percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		WellPoint	WellPoint		61.91	0.3208			57.9	183.35	percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Consumer	Consumer		183.35	0.95			57.9	183.35	percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Corrections	Corrections		154.4	0.8			57.9	183.35	percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		First Health	First Health		135.1	0.7			57.9	183.35	percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		First Trenton	First Trenton		173.7	0.9			57.9	183.35	percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Horizon	MGD		73.88	0.3828			57.9	183.35	percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Horizon	Medicare Blue		57.9	0.3			57.9	183.35	percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Horizon	PPO		73.88	0.3828			57.9	183.35	percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Horizon	Indemnity		73.88	0.3828			57.9	183.35	percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Managed Care Inc	Managed Care Inc		173.7	0.9			57.9	183.35	percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Multiplan	Multiplan		154.4	0.8			57.9	183.35	percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Qualcare	Qualcare		144.75	0.75			57.9	183.35	percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Three Rivers	Three Rivers		183.35	0.95			57.9	183.35	percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		UHC	Medicaid		60.72	0.3146			57.9	183.35	percent of total billed charges	
GROUP NUTR COUNSELING	97804	CPT	outpatient			193		Wellcare	Medicaid		60.72	0.3146			57.9	183.35	percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Aetna	Commercial		72.2	0.38			57	180.5	percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Aetna	Better Health		59.77	0.3146			57	180.5	percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Aetna	Medicare		58.52	0.308			57	180.5	percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Americare	Americare		142.5	0.75			57	180.5	percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		WellPoint	WellPoint		60.95	0.3208			57	180.5	percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Consumer	Consumer		180.5	0.95			57	180.5	percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Corrections	Corrections		152	0.8			57	180.5	percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		First Health	First Health		133	0.7			57	180.5	percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		First Trenton	First Trenton		171	0.9			57	180.5	percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Horizon	MGD		72.73	0.3828			57	180.5	percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Horizon	Medicare Blue		57	0.3			57	180.5	percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Horizon	Indemnity		72.73	0.3828			57	180.5	percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Horizon	PPO		72.73	0.3828			57	180.5	percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Managed Care Inc	Managed Care Inc		171	0.9			57	180.5	percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Multiplan	Multiplan		152	0.8			57	180.5	percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Qualcare	Qualcare		142.5	0.75			57	180.5	percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Three Rivers	Three Rivers		180.5	0.95			57	180.5	percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		UHC	Medicaid		59.77	0.3146			57	180.5	percent of total billed charges	
HANDLING/CONVEYANCE OF SPECIMEN	99000	CPT	outpatient			190		Wellcare	Medicaid		59.77	0.3146			57	180.5	percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Aetna	Medicare		53.9	0.308			17.1	166.25	percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Aetna	Commercial		66.5	0.38			17.1	166.25	percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Aetna	Better Health		55.06	0.3146			17.1	166.25	percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Americare	Americare		131.25	0.75			17.1	166.25	percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		WellPoint	WellPoint		56.14	0.3208			17.1	166.25	percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Consumer	Consumer		166.25	0.95			17.1	166.25	percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Corrections	Corrections		140	0.8			17.1	166.25	percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		First Health	First Health		122.5	0.7			17.1	166.25	percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		First Trenton	First Trenton		157.5	0.9			17.1	166.25	percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Horizon	Medicare Blue		52.5	0.3			17.1	166.25	percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Horizon	Indemnity		66.99	0.3828			17.1	166.25	percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Horizon	MGD		66.99	0.3828			17.1	166.25	percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Horizon	PPO		66.99	0.3828			17.1	166.25	percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Managed Care Inc	Managed Care Inc		157.5	0.9			17.1	166.25	percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Multiplan	Multiplan		140	0.8			17.1	166.25	percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Qualcare	Qualcare		131.25	0.75			17.1	166.25	percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Three Rivers	Three Rivers		166.25	0.95			17.1	166.25	percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		UHC	Medicaid		55.06	0.3146			17.1	166.25	percent of total billed charges	
HANDLING/COVEYANCE SPECIMEN	99001	CPT	inpatient			175		Wellcare	Medicaid		55.06	0.3146			17.1	166.25	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	both			419		Aetna	Commercial		159.22	0.38			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	both			419		Aetna	Better Health		131.82	0.3146			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	both			419		Aetna	Medicare		129.05	0.308			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	both			419		Americare	Americare		314.25	0.75			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	both			419		WellPoint	WellPoint		134.42	0.3208			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	both			419		Consumer	Consumer		398.05	0.95			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	both			419		Corrections	Corrections		335.2	0.8			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	both			419		First Health	First Health		293.3	0.7			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	both			419		First Trenton	First Trenton		377.1	0.9			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	both			419		Horizon	Medicare Blue		125.7	0.3			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	both			419		Horizon	Indemnity		160.39	0.3828			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	both			419		Horizon	MGD		160.39	0.3828			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	both			419		Horizon	PPO		160.39	0.3828			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	both			419		Managed Care Inc	Managed Care Inc		377.1	0.9			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	both			419		Multiplan	Multiplan		335.2	0.8			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	both			419		Qualcare	Qualcare		314.25	0.75			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	both			419		Three Rivers	Three Rivers		398.05	0.95			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	both			419		UHC	Medicaid		131.82	0.3146			8.4	398.05	percent of total billed charges	
VAGINAL DILATORS	99070	CPT	both			419		Wellcare	Medicaid		131.82	0.3146			8.4	398.05	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Aetna	Medicare		256.87	0.308			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Aetna	Commercial		316.92	0.38			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Aetna	Better Health		262.38	0.3146			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Americare	Americare		625.5	0.75			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		WellPoint	WellPoint		267.55	0.3208			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Consumer	Consumer		792.3	0.95			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Corrections	Corrections		667.2	0.8			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		First Health	First Health		583.8	0.7			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		First Trenton	First Trenton		750.6	0.9			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Horizon	MGD		319.26	0.3828			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Horizon	Indemnity		319.26	0.3828			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Horizon	PPO		319.26	0.3828			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Horizon	Medicare Blue		250.2	0.3			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Managed Care Inc	Managed Care Inc		750.6	0.9			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Multiplan	Multiplan		667.2	0.8			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Qualcare	Qualcare		625.5	0.75			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Three Rivers	Three Rivers		792.3	0.95			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		UHC	Medicaid		262.38	0.3146			105	792.3	percent of total billed charges	
MODSED SAME MD/QHP<5YR 1ST15MIN	99151	CPT	outpatient			834		Wellcare	Medicaid		262.38	0.3146			105	792.3	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Aetna	Commercial		113.62	0.38			89.7	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Aetna	Better Health		94.07	0.3146			89.7	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Aetna	Medicare		92.09	0.308			89.7	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Americare	Americare		224.25	0.75			89.7	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		WellPoint	WellPoint		95.92	0.3208			89.7	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Consumer	Consumer		284.05	0.95			89.7	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Corrections	Corrections		239.2	0.8			89.7	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		First Health	First Health		209.3	0.7			89.7	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		First Trenton	First Trenton		269.1	0.9			89.7	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Horizon	MGD		114.46	0.3828			89.7	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Horizon	Medicare Blue		89.7	0.3			89.7	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Horizon	PPO		114.46	0.3828			89.7	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Horizon	Indemnity		114.46	0.3828			89.7	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Managed Care Inc	Managed Care Inc		269.1	0.9			89.7	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Multiplan	Multiplan		239.2	0.8			89.7	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Qualcare	Qualcare		224.25	0.75			89.7	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Three Rivers	Three Rivers		284.05	0.95			89.7	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		UHC	Medicaid		94.07	0.3146			89.7	284.05	percent of total billed charges	
MODSED SAMEMD/QHP>=5YR 1ST 15MIN	99152	CPT	outpatient			299		Wellcare	Medicaid		94.07	0.3146			89.7	284.05	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Aetna	Better Health		113.89	0.3146			78.3	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Aetna	Commercial		137.56	0.38			78.3	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Aetna	Medicare		111.5	0.308			78.3	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Americare	Americare		271.5	0.75			78.3	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		WellPoint	WellPoint		116.13	0.3208			78.3	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Consumer	Consumer		343.9	0.95			78.3	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Corrections	Corrections		289.6	0.8			78.3	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		First Health	First Health		253.4	0.7			78.3	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		First Trenton	First Trenton		325.8	0.9			78.3	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Horizon	Indemnity		138.57	0.3828			78.3	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Horizon	MGD		138.57	0.3828			78.3	343.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Horizon	Medicare Blue		108.6	0.3			78.3	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Horizon	PPO		138.57	0.3828			78.3	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Managed Care Inc	Managed Care Inc		325.8	0.9			78.3	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Multiplan	Multiplan		289.6	0.8			78.3	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Qualcare	Qualcare		271.5	0.75			78.3	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Three Rivers	Three Rivers		343.9	0.95			78.3	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		UHC	Medicaid		113.89	0.3146			78.3	343.9	percent of total billed charges	
MOD SED SAMEPHYS/QHP EA ADD15MIN	99153	CPT	outpatient			362		Wellcare	Medicaid		113.89	0.3146			78.3	343.9	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Aetna	Medicare		92.09	0.308			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Aetna	Better Health		94.07	0.3146			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Aetna	Commercial		113.62	0.38			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Americare	Americare		224.25	0.75			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		WellPoint	WellPoint		95.92	0.3208			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Consumer	Consumer		284.05	0.95			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Corrections	Corrections		239.2	0.8			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		First Health	First Health		209.3	0.7			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		First Trenton	First Trenton		269.1	0.9			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Horizon	Medicare Blue		89.7	0.3			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Horizon	Indemnity		114.46	0.3828			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Horizon	MGD		114.46	0.3828			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Horizon	PPO		114.46	0.3828			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Managed Care Inc	Managed Care Inc		269.1	0.9			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Multiplan	Multiplan		239.2	0.8			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Qualcare	Qualcare		224.25	0.75			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Three Rivers	Three Rivers		284.05	0.95			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		UHC	Medicaid		94.07	0.3146			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP<5YR 1ST15MIN	99155	CPT	outpatient			299		Wellcare	Medicaid		94.07	0.3146			89.7	284.05	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Aetna	Better Health		90.29	0.3146			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Aetna	Commercial		109.06	0.38			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Aetna	Medicare		88.4	0.308			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Americare	Americare		215.25	0.75			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		WellPoint	WellPoint		92.07	0.3208			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Consumer	Consumer		272.65	0.95			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Corrections	Corrections		229.6	0.8			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		First Health	First Health		200.9	0.7			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		First Trenton	First Trenton		258.3	0.9			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Horizon	Medicare Blue		86.1	0.3			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Horizon	MGD		109.86	0.3828			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Horizon	Indemnity		109.86	0.3828			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Horizon	PPO		109.86	0.3828			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Managed Care Inc	Managed Care Inc		258.3	0.9			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Multiplan	Multiplan		229.6	0.8			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Qualcare	Qualcare		215.25	0.75			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Three Rivers	Three Rivers		272.65	0.95			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		UHC	Medicaid		90.29	0.3146			86.1	272.65	percent of total billed charges	
MOD SED OTHPHYS/QHP>=5YR1ST15MIN	99156	CPT	outpatient			287		Wellcare	Medicaid		90.29	0.3146			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA. 15MIN	99157	CPT	outpatient			287		Aetna	Medicare		88.4	0.308			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA. 15MIN	99157	CPT	outpatient			287		Aetna	Better Health		90.29	0.3146			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA. 15MIN	99157	CPT	outpatient			287		Aetna	Commercial		109.06	0.38			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA. 15MIN	99157	CPT	outpatient			287		Americare	Americare		215.25	0.75			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA. 15MIN	99157	CPT	outpatient			287		WellPoint	WellPoint		92.07	0.3208			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA. 15MIN	99157	CPT	outpatient			287		Consumer	Consumer		272.65	0.95			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA. 15MIN	99157	CPT	outpatient			287		Corrections	Corrections		229.6	0.8			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA. 15MIN	99157	CPT	outpatient			287		First Health	First Health		200.9	0.7			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA. 15MIN	99157	CPT	outpatient			287		First Trenton	First Trenton		258.3	0.9			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA. 15MIN	99157	CPT	outpatient			287		Horizon	MGD		109.86	0.3828			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA. 15MIN	99157	CPT	outpatient			287		Horizon	Indemnity		109.86	0.3828			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA. 15MIN	99157	CPT	outpatient			287		Horizon	PPO		109.86	0.3828			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA. 15MIN	99157	CPT	outpatient			287		Horizon	Medicare Blue		86.1	0.3			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA. 15MIN	99157	CPT	outpatient			287		Managed Care Inc	Managed Care Inc		258.3	0.9			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA. 15MIN	99157	CPT	outpatient			287		Multiplan	Multiplan		229.6	0.8			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA. 15MIN	99157	CPT	outpatient			287		Qualcare	Qualcare		215.25	0.75			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA. 15MIN	99157	CPT	outpatient			287		Three Rivers	Three Rivers		272.65	0.95			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA. 15MIN	99157	CPT	outpatient			287		UHC	Medicaid		90.29	0.3146			86.1	272.65	percent of total billed charges	
MOD SED OTHER PHYS/PHP EA. 15MIN	99157	CPT	outpatient			287		Wellcare	Medicaid		90.29	0.3146			86.1	272.65	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Aetna	Commercial		232.58	1.592			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Aetna	Better Health		133.39	0.3146			133.39	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Aetna	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Americare	Americare		318	0.75			133.39	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 WellPoint	WellPoint		136.02	0.3208			133.39	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 AmeriHealth	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Consumer	Consumer		402.8	0.95			133.39	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Corrections	Corrections		339.2	0.8			133.39	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 First Health	First Health		296.8	0.7			133.39	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 First Trenton	First Trenton		381.6	0.9			133.39	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Horizon	MGD		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Horizon	Indemnity		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Horizon	Medicare Blue		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Horizon	PPO		266.91	1.827			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Managed Care Inc	Managed Care Inc		381.6	0.9			133.39	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Multiplan	Multiplan		339.2	0.8			133.39	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Qualcare	Qualcare		318	0.75			133.39	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Three Rivers	Three Rivers		402.8	0.95			133.39	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 UHC	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 UHC	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Wellcare	Medicare		146.09	1			133.39	402.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHLEBOTOMY THERAPEUTIC	99195	CPT	outpatient			424		168 Wellcare	Medicaid		133.39	0.3146			133.39	402.8	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Aetna	Better Health		546.77	0.3146			521.4	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Aetna	Medicare		535.3	0.308			521.4	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Aetna	Commercial		660.44	0.38			521.4	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Americare	Americare		1303.5	0.75			521.4	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		WellPoint	WellPoint		557.55	0.3208			521.4	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Consumer	Consumer		1651.1	0.95			521.4	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Corrections	Corrections		1390.4	0.8			521.4	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		First Health	First Health		1216.6	0.7			521.4	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		First Trenton	First Trenton		1564.2	0.9			521.4	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Horizon	Medicare Blue		521.4	0.3			521.4	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Horizon	Indemnity		665.31	0.3828			521.4	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Horizon	MGD		665.31	0.3828			521.4	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Horizon	PPO		665.31	0.3828			521.4	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Managed Care Inc	Managed Care Inc		1564.2	0.9			521.4	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Multiplan	Multiplan		1390.4	0.8			521.4	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Qualcare	Qualcare		1303.5	0.75			521.4	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Three Rivers	Three Rivers		1651.1	0.95			521.4	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		UHC	Medicaid		546.77	0.3146			521.4	1651.1	percent of total billed charges	
OBSERVATION LOW	99234	CPT	outpatient			1738		Wellcare	Medicaid		546.77	0.3146			521.4	1651.1	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Aetna	Commercial		1316.32	0.38			1039.2	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Aetna	Medicare		1066.91	0.308			1039.2	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Aetna	Better Health		1089.77	0.3146			1039.2	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Americare	Americare		2598	0.75			1039.2	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		WellPoint	WellPoint		1111.25	0.3208			1039.2	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Consumer	Consumer		3290.8	0.95			1039.2	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Corrections	Corrections		2771.2	0.8			1039.2	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		First Health	First Health		2424.8	0.7			1039.2	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		First Trenton	First Trenton		3117.6	0.9			1039.2	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Horizon	MGD		1326.02	0.3828			1039.2	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Horizon	PPO		1326.02	0.3828			1039.2	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Horizon	Indemnity		1326.02	0.3828			1039.2	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Horizon	Medicare Blue		1039.2	0.3			1039.2	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Managed Care Inc	Managed Care Inc		3117.6	0.9			1039.2	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Multiplan	Multiplan		2771.2	0.8			1039.2	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Qualcare	Qualcare		2598	0.75			1039.2	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Three Rivers	Three Rivers		3290.8	0.95			1039.2	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		UHC	Medicaid		1089.77	0.3146			1039.2	3290.8	percent of total billed charges	
OBSERVATION HIGH	99236	CPT	outpatient			3464		Wellcare	Medicaid		1089.77	0.3146			1039.2	3290.8	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748		116.77 Aetna	Better Health		235.32	0.3146			101.54	710.6	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748		116.77 Aetna	Commercial		161.65	1.592			101.54	710.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL I	99281	CPT	both			748		116.77 Aetna	Medicare		101.54	1			101.54	710.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL I	99281	CPT	both			748		116.77 Americare	Americare		561	0.75			101.54	710.6	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748		116.77 WellPoint	WellPoint		239.96	0.3208			101.54	710.6	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748		116.77 AmeriHealth	Medicare		101.54	1			101.54	710.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL I	99281	CPT	both			748		116.77 Consumer	Consumer		710.6	0.95			101.54	710.6	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748		116.77 Corrections	Corrections		598.4	0.8			101.54	710.6	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748		116.77 First Health	First Health		523.6	0.7			101.54	710.6	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748		116.77 First Trenton	First Trenton		673.2	0.9			101.54	710.6	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748		116.77 Horizon	PPO		185.51	1.827			101.54	710.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL I	99281	CPT	both			748		116.77 Horizon	Indemnity		185.51	1.827			101.54	710.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL I	99281	CPT	both			748		116.77 Horizon	MGD		185.51	1.827			101.54	710.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL I	99281	CPT	both			748		116.77 Horizon	Medicare Blue		101.54	1			101.54	710.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL I	99281	CPT	both			748		116.77 Managed Care Inc	Managed Care Inc		673.2	0.9			101.54	710.6	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748		116.77 Multiplan	Multiplan		598.4	0.8			101.54	710.6	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748		116.77 Qualcare	Qualcare		561	0.75			101.54	710.6	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748		116.77 Three Rivers	Three Rivers		710.6	0.95			101.54	710.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ED VISIT LEVEL I	99281	CPT	both			748	116.77	UHC	Medicaid		235.32	0.3146			101.54	710.6	percent of total billed charges	
ED VISIT LEVEL I	99281	CPT	both			748	116.77	UHC	Medicare		101.54	1			101.54	710.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL I	99281	CPT	both			748	116.77	Wellcare	Medicare		101.54	1			101.54	710.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL I	99281	CPT	both			748	116.77	Wellcare	Medicaid		235.32	0.3146			101.54	710.6	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	both			961	215.11	Aetna	Better Health		302.33	0.3146			187.05	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	both			961	215.11	Aetna	Medicare		187.05	1			187.05	912.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL II	99282	CPT	both			961	215.11	Aetna	Commercial		297.78	1.592			187.05	912.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL II	99282	CPT	both			961	215.11	Americare	Americare		720.75	0.75			187.05	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	both			961	215.11	WellPoint	WellPoint		308.29	0.3208			187.05	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	both			961	215.11	Amerihealth	Medicare		187.05	1			187.05	912.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL II	99282	CPT	both			961	215.11	Consumer	Consumer		912.95	0.95			187.05	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	both			961	215.11	Corrections	Corrections		768.8	0.8			187.05	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	both			961	215.11	First Health	First Health		672.7	0.7			187.05	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	both			961	215.11	First Trenton	First Trenton		864.9	0.9			187.05	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	both			961	215.11	Horizon	Indemnity		341.74	1.827			187.05	912.95	other	
ED VISIT LEVEL II	99282	CPT	both			961	215.11	Horizon	Medicare Blue		187.05	1			187.05	912.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL II	99282	CPT	both			961	215.11	Horizon	PPO		341.74	1.827			187.05	912.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL II	99282	CPT	both			961	215.11	Horizon	MGD		341.74	1.827			187.05	912.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL II	99282	CPT	both			961	215.11	Managed Care Inc	Managed Care Inc		864.9	0.9			187.05	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	both			961	215.11	Multiplan	Multiplan		768.8	0.8			187.05	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	both			961	215.11	Qualcare	Qualcare		720.75	0.75			187.05	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	both			961	215.11	Three Rivers	Three Rivers		912.95	0.95			187.05	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	both			961	215.11	UHC	Medicare		187.05	1			187.05	912.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL II	99282	CPT	both			961	215.11	UHC	Medicaid		302.33	0.3146			187.05	912.95	percent of total billed charges	
ED VISIT LEVEL II	99282	CPT	both			961	215.11	Wellcare	Medicare		187.05	1			187.05	912.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL II	99282	CPT	both			961	215.11	Wellcare	Medicaid		302.33	0.3146			187.05	912.95	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Aetna	Better Health		439.81	0.3146			326.31	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Aetna	Medicare		430.58	0.308			326.31	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Aetna	Commercial		519.49	1.592			326.31	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Americare	Americare		1048.5	0.75			326.31	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	WellPoint	WellPoint		448.48	0.3208			326.31	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Amerihealth	Medicare		326.31	1			326.31	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Consumer	Consumer		1328.1	0.95			326.31	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Corrections	Corrections		1118.4	0.8			326.31	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	First Health	First Health		978.6	0.7			326.31	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	First Trenton	First Trenton		1258.2	0.9			326.31	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Horizon	MGD		596.17	1.827			326.31	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Horizon	Medicare Blue		326.31	1			326.31	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Horizon	PPO		596.17	1.827			326.31	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Horizon	Indemnity		596.17	1.827			326.31	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Managed Care Inc	Managed Care Inc		1258.2	0.9			326.31	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Multiplan	Multiplan		1118.4	0.8			326.31	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Qualcare	Qualcare		1048.5	0.75			326.31	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Three Rivers	Three Rivers		1328.1	0.95			326.31	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	UHC	Medicaid		439.81	0.3146			326.31	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	UHC	Medicare		326.31	1			326.31	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Wellcare	Medicaid		439.81	0.3146			326.31	1328.1	percent of total billed charges	
ED VISIT LEVEL III	99283	CPT	both			1398	375.26	Wellcare	Medicare		326.31	1			326.31	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Aetna	Medicare		506.54	1			506.54	2142.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Aetna	Better Health		709.42	0.3146			506.54	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Aetna	Commercial		806.41	1.592			506.54	2142.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Americare	Americare		1691.25	0.75			506.54	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	WellPoint	WellPoint		723.4	0.3208			506.54	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Amerihealth	Medicare		506.54	1			506.54	2142.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Consumer	Consumer		2142.25	0.95			506.54	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Corrections	Corrections		1804	0.8			506.54	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	First Health	First Health		1578.5	0.7			506.54	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	First Trenton	First Trenton		2029.5	0.9			506.54	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Horizon	PPO		925.45	1.827			506.54	2142.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Horizon	Indemnity		925.45	1.827			506.54	2142.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Horizon	Medicare Blue		506.54	1			506.54	2142.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Horizon	MGD		925.45	1.827			506.54	2142.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Managed Care Inc	Managed Care Inc		2029.5	0.9			506.54	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Multiplan	Multiplan		1804	0.8			506.54	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Qualcare	Qualcare		1691.25	0.75			506.54	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Three Rivers	Three Rivers		2142.25	0.95			506.54	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	UHC	Medicaid		709.42	0.3146			506.54	2142.25	percent of total billed charges	
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	UHC	Medicare		506.54	1			506.54	2142.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Wellcare	Medicare		506.54	1			506.54	2142.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL IV	99284	CPT	both			2255	582.52	Wellcare	Medicaid		709.42	0.3146			506.54	2142.25	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Aetna	Better Health		1696.95	0.3146			734.6	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Aetna	Commercial		1169.48	1.592			734.6	5124.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Aetna	Medicare		734.6	1			734.6	5124.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Americare	Americare		4045.5	0.75			734.6	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	WellPoint	WellPoint		1730.4	0.3208			734.6	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Amerihealth	Medicare		734.6	1			734.6	5124.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Consumer	Consumer		5124.3	0.95			734.6	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Corrections	Corrections		4315.2	0.8			734.6	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	First Health	First Health		3775.8	0.7			734.6	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	First Trenton	First Trenton		4854.6	0.9			734.6	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Horizon	Medicare Blue		734.6	1			734.6	5124.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Horizon	PPO		1342.11	1.827			734.6	5124.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Horizon	MGD		1342.11	1.827			734.6	5124.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Horizon	Indemnity		1342.11	1.827			734.6	5124.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Managed Care Inc	Managed Care Inc		4854.6	0.9			734.6	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Multiplan	Multiplan		4315.2	0.8			734.6	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Qualcare	Qualcare		4045.5	0.75			734.6	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Three Rivers	Three Rivers		5124.3	0.95			734.6	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	UHC	Medicaid		1696.95	0.3146			734.6	5124.3	percent of total billed charges	
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	UHC	Medicare		734.6	1			734.6	5124.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Wellcare	Medicare		734.6	1			734.6	5124.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED VISIT LEVEL V	99285	CPT	both			5394	844.79	Wellcare	Medicaid		1696.95	0.3146			734.6	5124.3	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Aetna	Better Health		1931.96	0.3146			1014.86	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Aetna	Medicare		1014.86	1			1014.86	5833.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Aetna	Commercial		1615.66	1.592			1014.86	5833.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Americare	Americare		4605.75	0.75			1014.86	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	WellPoint	WellPoint		1970.03	0.3208			1014.86	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Amerihealth	Medicare		1014.86	1			1014.86	5833.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Consumer	Consumer		5833.95	0.95			1014.86	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Corrections	Corrections		4912.8	0.8			1014.86	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	First Health	First Health		4298.7	0.7			1014.86	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	First Trenton	First Trenton		5526.9	0.9			1014.86	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Horizon	Indemnity		1854.15	1.827			1014.86	5833.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Horizon	Medicare Blue		1014.86	1			1014.86	5833.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Horizon	PPO		1854.15	1.827			1014.86	5833.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Horizon	MGD		1854.15	1.827			1014.86	5833.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Managed Care Inc	Managed Care Inc		5526.9	0.9			1014.86	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Multiplan	Multiplan		4912.8	0.8			1014.86	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Qualcare	Qualcare		4605.75	0.75			1014.86	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Three Rivers	Three Rivers		5833.95	0.95			1014.86	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	UHC	Medicaid		1931.96	0.3146			1014.86	5833.95	percent of total billed charges	
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	UHC	Medicare		1014.86	1			1014.86	5833.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Wellcare	Medicare		1014.86	1			1014.86	5833.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ED CRITICAL CARE 30-74MIN	99291	CPT	both			6141	1167.09	Wellcare	Medicaid		1931.96	0.3146			1014.86	5833.95	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Aetna	Commercial		330.22	0.38			260.7	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Aetna	Better Health		273.39	0.3146			260.7	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Aetna	Medicare		267.65	0.308			260.7	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Americare	Americare		651.75	0.75			260.7	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		WellPoint	WellPoint		278.78	0.3208			260.7	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Consumer	Consumer		825.55	0.95			260.7	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Corrections	Corrections		695.2	0.8			260.7	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		First Health	First Health		608.3	0.7			260.7	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		First Trenton	First Trenton		782.1	0.9			260.7	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Horizon	Indemnity		332.65	0.3828			260.7	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Horizon	Medicare Blue		260.7	0.3			260.7	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Horizon	MGD		332.65	0.3828			260.7	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Horizon	PPO		332.65	0.3828			260.7	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Managed Care Inc	Managed Care Inc		782.1	0.9			260.7	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Multiplan	Multiplan		695.2	0.8			260.7	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Qualcare	Qualcare		651.75	0.75			260.7	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Three Rivers	Three Rivers		825.55	0.95			260.7	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		UHC	Medicaid		273.39	0.3146			260.7	825.55	percent of total billed charges	
CRITICAL CARE ILL/INJ PT ADD 30 MIN	99292	CPT	outpatient			869		Wellcare	Medicaid		273.39	0.3146			260.7	825.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Aetna	Better Health		34.29	0.3146			31.77	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Aetna	Commercial		52.25	1.592			31.77	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Aetna	Medicare		32.82	1			31.77	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Americare	Americare		81.75	0.75			31.77	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	WellPoint	WellPoint		34.97	0.3208			31.77	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Amerihealth	Medicare		32.82	1			31.77	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Consumer	Consumer		103.55	0.95			31.77	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Corrections	Corrections		87.2	0.8			31.77	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	First Health	First Health		76.3	0.7			31.77	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	First Trenton	First Trenton		98.1	0.9			31.77	103.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Horizon	Medicare Blue		32.82	1			31.77	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Horizon	Indemnity		59.96	1.827			31.77	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Horizon	PPO		59.96	1.827			31.77	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Horizon	MGD		59.96	1.827			31.77	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Managed Care Inc	Managed Care Inc		98.1	0.9			31.77	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Multiplan	Multiplan		87.2	0.8			31.77	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Qualcare	Qualcare		81.75	0.75			31.77	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Three Rivers	Three Rivers		103.55	0.95			31.77	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	UHC	Medicare		32.82	1			31.77	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	UHC	Medicaid		34.29	0.3146			31.77	103.55	percent of total billed charges	
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Wellcare	Medicare		32.82	1			31.77	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING 3-10 MIN	99406	CPT	outpatient			109	37.74	Wellcare	Medicaid		34.29	0.3146			31.77	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Aetna	Better Health		34.29	0.3146			31.11	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Aetna	Medicare		33.57	0.308			31.11	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Aetna	Commercial		52.25	1.592			31.11	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Americare	Americare		81.75	0.75			31.11	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	WellPoint	WellPoint		34.97	0.3208			31.11	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Amerihealth	Medicare		32.82	1			31.11	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Consumer	Consumer		103.55	0.95			31.11	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Corrections	Corrections		87.2	0.8			31.11	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	First Health	First Health		76.3	0.7			31.11	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	First Trenton	First Trenton		98.1	0.9			31.11	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Horizon	MGD		59.96	1.827			31.11	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Horizon	Indemnity		59.96	1.827			31.11	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Horizon	Medicare Blue		32.82	1			31.11	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Horizon	PPO		59.96	1.827			31.11	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Managed Care Inc	Managed Care Inc		98.1	0.9			31.11	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Multiplan	Multiplan		87.2	0.8			31.11	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Qualcare	Qualcare		81.75	0.75			31.11	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Three Rivers	Three Rivers		103.55	0.95			31.11	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	UHC	Medicaid		34.29	0.3146			31.11	103.55	percent of total billed charges	
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	UHC	Medicare		32.82	1			31.11	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Wellcare	Medicare		32.82	1			31.11	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEHAV CHNG SMOKING>10 MIN	99407	CPT	outpatient			109	37.74	Wellcare	Medicaid		34.29	0.3146			31.11	103.55	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Aetna	Medicare		101.94	1			94.69	285.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Aetna	Better Health		94.69	0.3146			94.69	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Aetna	Commercial		162.29	1.592			94.69	285.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Americare	Americare		225.75	0.75			94.69	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	WellPoint	WellPoint		96.56	0.3208			94.69	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Amerihealth	Medicare		101.94	1			94.69	285.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Consumer	Consumer		285.95	0.95			94.69	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Corrections	Corrections		240.8	0.8			94.69	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	First Health	First Health		210.7	0.7			94.69	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	First Trenton	First Trenton		270.9	0.9			94.69	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Horizon	MGD		186.24	1.827			94.69	285.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Horizon	Medicare Blue		101.94	1			94.69	285.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Horizon	Indemnity		186.24	1.827			94.69	285.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Horizon	PPO		186.24	1.827			94.69	285.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Managed Care Inc	Managed Care Inc		270.9	0.9			94.69	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Multiplan	Multiplan		240.8	0.8			94.69	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Qualcare	Qualcare		225.75	0.75			94.69	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Three Rivers	Three Rivers		285.95	0.95			94.69	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	UHC	Medicaid		94.69	0.3146			94.69	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	UHC	Medicare		101.94	1			94.69	285.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Wellcare	Medicaid		94.69	0.3146			94.69	285.95	percent of total billed charges	
ADVANCED CARE PLAN 30 MIN	99497	CPT	outpatient			301	117.23	Wellcare	Medicare		101.94	1			94.69	285.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779	Aetna	Medicare			547.93	0.308			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779	Aetna	Better Health			559.67	0.3146			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779	Aetna	Commercial			676.02	0.38			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779	Americare	Americare			1334.25	0.75			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779	WellPoint	WellPoint			570.7	0.3208			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779	Consumer	Consumer			1690.05	0.95			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779	Corrections	Corrections			1423.2	0.8			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779	First Health	First Health			1245.3	0.7			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779	First Trenton	First Trenton			1601.1	0.9			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779	Horizon	MGD			681	0.3828			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779	Horizon	Medicare Blue			533.7	0.3			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779	Horizon	Indemnity			681	0.3828			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779	Horizon	PPO			681	0.3828			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779	Managed Care Inc	Managed Care Inc			1601.1	0.9			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779	Multiplan	Multiplan			1423.2	0.8			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779	Qualcare	Qualcare			1334.25	0.75			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779	Three Rivers	Three Rivers			1690.05	0.95			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779	UHC	Medicaid			559.67	0.3146			533.7	1690.05	percent of total billed charges	
NEONATAL TRANSPORT	A0225	HCPCS	outpatient			1779	Wellcare	Medicaid			559.67	0.3146			533.7	1690.05	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	both			28	10.28	Aetna	Better Health		8.81	0.3146			8.4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	both			28	10.28	Aetna	Medicare		8.94				8.4	26.6	case rate	
1/10TH MILE BLS	A0425	HCPCS	both			28	10.28	Aetna	Commercial		10.64	0.38			8.4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	both			28	10.28	Americare	Americare		21	0.75			8.4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	both			28	10.28	WellPoint	WellPoint		8.98	0.3208			8.4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	both			28	10.28	Amerihealth	Medicare		8.94				8.4	26.6	case rate	
1/10TH MILE BLS	A0425	HCPCS	both			28	10.28	Consumer	Consumer		26.6	0.95			8.4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	both			28	10.28	Corrections	Corrections		22.4	0.8			8.4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	both			28	10.28	First Health	First Health		19.6	0.7			8.4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	both			28	10.28	First Trenton	First Trenton		25.2	0.9			8.4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	both			28	10.28	Horizon	MGD		10.72	0.3828			8.4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	both			28	10.28	Horizon	Indemnity		10.72	0.3828			8.4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	both			28	10.28	Horizon	Medicare Blue		8.4	0.3			8.4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	both			28	10.28	Horizon	PPO		10.72	0.3828			8.4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	both			28	10.28	Managed Care Inc	Managed Care Inc		25.2	0.9			8.4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	both			28	10.28	Multiplan	Multiplan		22.4	0.8			8.4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	both			28	10.28	Qualcare	Qualcare		21	0.75			8.4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	both			28	10.28	Three Rivers	Three Rivers		26.6	0.95			8.4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	both			28	10.28	UHC	Medicaid		8.81	0.3146			8.4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	both			28	10.28	UHC	Medicare		8.94				8.4	26.6	case rate	
1/10TH MILE BLS	A0425	HCPCS	both			28	10.28	Wellcare	Medicaid		8.81	0.3146			8.4	26.6	percent of total billed charges	
1/10TH MILE BLS	A0425	HCPCS	both			28	10.28	Wellcare	Medicare		8.94				8.4	26.6	case rate	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090	429.66	Aetna	Medicare		373.62				327	1035.5	case rate	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090	429.66	Aetna	Better Health		342.91	0.3146			327	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090	429.66	Aetna	Commercial		414.2	0.38			327	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090	429.66	Americare	Americare		817.5	0.75			327	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090	429.66	WellPoint	WellPoint		349.67	0.3208			327	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090	429.66	Amerihealth	Medicare		373.62				327	1035.5	case rate	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090	429.66	Consumer	Consumer		1035.5	0.95			327	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090	429.66	Corrections	Corrections		872	0.8			327	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090	429.66	First Health	First Health		763	0.7			327	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090	429.66	First Trenton	First Trenton		981	0.9			327	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090	429.66	Horizon	MGD		417.25	0.3828			327	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090	429.66	Horizon	Indemnity		417.25	0.3828			327	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090	429.66	Horizon	Medicare Blue		327	0.3			327	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090	429.66	Horizon	PPO		417.25	0.3828			327	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090	429.66	Managed Care Inc	Managed Care Inc		981	0.9			327	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090	429.66	Multiplan	Multiplan		872	0.8			327	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090	429.66	Qualcare	Qualcare		817.5	0.75			327	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090	429.66	Three Rivers	Three Rivers		1035.5	0.95			327	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090	429.66	UHC	Medicare		373.62				327	1035.5	case rate	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090	429.66	UHC	Medicaid		342.91	0.3146			327	1035.5	percent of total billed charges	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090	429.66	Wellcare	Medicare		373.62				327	1035.5	case rate	
ALS NON-EMERGENCY TRANSPORT	A0426	HCPCS	outpatient			1090	429.66	Wellcare	Medicaid		342.91	0.3146			327	1035.5	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	both			2733	680.29	Aetna	Better Health		859.8	0.3146			591.56	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	both			2733	680.29	Aetna	Medicare		591.56				591.56	2596.35	case rate	
ALS TREATMENT	A0427	HCPCS	both			2733	680.29	Aetna	Commercial		1038.54	0.38			591.56	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	both			2733	680.29	Americare	Americare		2049.75	0.75			591.56	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	both			2733	680.29	WellPoint	WellPoint		876.75	0.3208			591.56	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	both			2733	680.29	Amerihealth	Medicare		591.56				591.56	2596.35	case rate	
ALS TREATMENT	A0427	HCPCS	both			2733	680.29	Consumer	Consumer		2596.35	0.95			591.56	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	both			2733	680.29	Corrections	Corrections		2186.4	0.8			591.56	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	both			2733	680.29	First Health	First Health		1913.1	0.7			591.56	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	both			2733	680.29	First Trenton	First Trenton		2459.7	0.9			591.56	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	both			2733	680.29	Horizon	Medicare Blue		819.9	0.3			591.56	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	both			2733	680.29	Horizon	MGD		1046.19	0.3828			591.56	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	both			2733	680.29	Horizon	Indemnity		1046.19	0.3828			591.56	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	both			2733	680.29	Horizon	PPO		1046.19	0.3828			591.56	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	both			2733	680.29	Managed Care Inc	Managed Care Inc		2459.7	0.9			591.56	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	both			2733	680.29	Multiplan	Multiplan		2186.4	0.8			591.56	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	both			2733	680.29	Qualcare	Qualcare		2049.75	0.75			591.56	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	both			2733	680.29	Three Rivers	Three Rivers		2596.35	0.95			591.56	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	both			2733	680.29	UHC	Medicaid		859.8	0.3146			591.56	2596.35	percent of total billed charges	
ALS TREATMENT	A0427	HCPCS	both			2733	680.29	UHC	Medicare		591.56				591.56	2596.35	case rate	
ALS TREATMENT	A0427	HCPCS	both			2733	680.29	Wellcare	Medicare		591.56				591.56	2596.35	case rate	
ALS TREATMENT	A0427	HCPCS	both			2733	680.29	Wellcare	Medicaid		859.8	0.3146			591.56	2596.35	percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	both			1040	358.05	Aetna	Better Health		327.18	0.3146			311.35	988	percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	both			1040	358.05	Aetna	Medicare		311.35				311.35	988	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	both			1040	358.05	Aetna	Commercial		395.2	0.38			311.35		988 percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	both			1040	358.05	Americare	Americare		780	0.75			311.35		988 percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	both			1040	358.05	WellPoint	WellPoint		333.63	0.3208			311.35		988 percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	both			1040	358.05	Amerihealth	Medicare		311.35				311.35		988 case rate	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	both			1040	358.05	Consumer	Consumer		988	0.95			311.35		988 percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	both			1040	358.05	Corrections	Corrections		832	0.8			311.35		988 percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	both			1040	358.05	First Health	First Health		728	0.7			311.35		988 percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	both			1040	358.05	First Trenton	First Trenton		936	0.9			311.35		988 percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	both			1040	358.05	Horizon	MGD		398.11	0.3828			311.35		988 percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	both			1040	358.05	Horizon	Indemnity		398.11	0.3828			311.35		988 percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	both			1040	358.05	Horizon	PPO		398.11	0.3828			311.35		988 percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	both			1040	358.05	Horizon	Medicare Blue		312	0.3			311.35		988 percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	both			1040	358.05	Managed Care Inc	Managed Care Inc		936	0.9			311.35		988 percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	both			1040	358.05	Multiplan	Multiplan		832	0.8			311.35		988 percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	both			1040	358.05	Qualcare	Qualcare		780	0.75			311.35		988 percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	both			1040	358.05	Three Rivers	Three Rivers		988	0.95			311.35		988 percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	both			1040	358.05	UHC	Medicaid		327.18	0.3146			311.35		988 percent of total billed charges	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	both			1040	358.05	UHC	Medicare		311.35				311.35		988 case rate	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	both			1040	358.05	Wellcare	Medicare		311.35				311.35		988 case rate	
BLS-NON EMERGENT TRANSPORT	A0428	HCPCS	both			1040	358.05	Wellcare	Medicaid		327.18	0.3146			311.35		988 percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	both			1040	572.87	Aetna	Commercial		395.2	0.38			312		988 percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	both			1040	572.87	Aetna	Medicare		498.15				312		988 case rate	
BLS EMERGENCY	A0429	HCPCS	both			1040	572.87	Aetna	Better Health		327.18	0.3146			312		988 percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	both			1040	572.87	Americare	Americare		780	0.75			312		988 percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	both			1040	572.87	WellPoint	WellPoint		333.63	0.3208			312		988 percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	both			1040	572.87	Amerihealth	Medicare		498.15				312		988 case rate	
BLS EMERGENCY	A0429	HCPCS	both			1040	572.87	Consumer	Consumer		988	0.95			312		988 percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	both			1040	572.87	Corrections	Corrections		832	0.8			312		988 percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	both			1040	572.87	First Health	First Health		728	0.7			312		988 percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	both			1040	572.87	First Trenton	First Trenton		936	0.9			312		988 percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	both			1040	572.87	Horizon	MGD		398.11	0.3828			312		988 percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	both			1040	572.87	Horizon	PPO		398.11	0.3828			312		988 percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	both			1040	572.87	Horizon	Indemnity		398.11	0.3828			312		988 percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	both			1040	572.87	Horizon	Medicare Blue		312	0.3			312		988 percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	both			1040	572.87	Managed Care Inc	Managed Care Inc		936	0.9			312		988 percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	both			1040	572.87	Multiplan	Multiplan		832	0.8			312		988 percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	both			1040	572.87	Qualcare	Qualcare		780	0.75			312		988 percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	both			1040	572.87	Three Rivers	Three Rivers		988	0.95			312		988 percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	both			1040	572.87	UHC	Medicare		498.15				312		988 case rate	
BLS EMERGENCY	A0429	HCPCS	both			1040	572.87	UHC	Medicaid		327.18	0.3146			312		988 percent of total billed charges	
BLS EMERGENCY	A0429	HCPCS	both			1040	572.87	Wellcare	Medicare		498.15				312		988 case rate	
BLS EMERGENCY	A0429	HCPCS	both			1040	572.87	Wellcare	Medicaid		327.18	0.3146			312		988 percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	both			3717	984.63	Aetna	Better Health		1169.37	0.3146			856.2		3531.15 percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	both			3717	984.63	Aetna	Commercial		1412.46	0.38			856.2		3531.15 percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	both			3717	984.63	Aetna	Medicare		856.2				856.2		3531.15 case rate	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	both			3717	984.63	Americare	Americare		2787.75	0.75			856.2		3531.15 percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	both			3717	984.63	WellPoint	WellPoint		1192.41	0.3208			856.2		3531.15 percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	both			3717	984.63	Amerihealth	Medicare		856.2				856.2		3531.15 case rate	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	both			3717	984.63	Consumer	Consumer		3531.15	0.95			856.2		3531.15 percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	both			3717	984.63	Corrections	Corrections		2973.6	0.8			856.2		3531.15 percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	both			3717	984.63	First Health	First Health		2601.9	0.7			856.2		3531.15 percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	both			3717	984.63	First Trenton	First Trenton		3345.3	0.9			856.2		3531.15 percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	both			3717	984.63	Horizon	Indemnity		1422.87	0.3828			856.2		3531.15 percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	both			3717	984.63	Horizon	Medicare Blue		1115.1	0.3			856.2		3531.15 percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	both			3717	984.63	Horizon	MGD		1422.87	0.3828			856.2		3531.15 percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	both			3717	984.63	Horizon	PPO		1422.87	0.3828			856.2		3531.15 percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	both			3717	984.63	Managed Care Inc	Managed Care Inc		3345.3	0.9			856.2		3531.15 percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	both			3717	984.63	Multiplan	Multiplan		2973.6	0.8			856.2		3531.15 percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	both			3717	984.63	Qualcare	Qualcare		2787.75	0.75			856.2		3531.15 percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	both			3717	984.63	Three Rivers	Three Rivers		3531.15	0.95			856.2		3531.15 percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	both			3717	984.63	UHC	Medicaid		1169.37	0.3146			856.2		3531.15 percent of total billed charges	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	both			3717	984.63	UHC	Medicare		856.2				856.2		3531.15 case rate	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	both			3717	984.63	Wellcare	Medicare		856.2				856.2		3531.15 case rate	
ALS LEVEL 2 UMD TREAT&TRANSP	A0433	HCPCS	both			3717	984.63	Wellcare	Medicaid		1169.37	0.3146			856.2		3531.15 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Aetna	Medicare		1011.88				1011.88		3634.7 case rate	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Aetna	Better Health		1203.66	0.3146			1011.88		3634.7 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Aetna	Commercial		1453.88	0.38			1011.88		3634.7 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Americare	Americare		2869.5	0.75			1011.88		3634.7 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	WellPoint	WellPoint		1227.38	0.3208			1011.88		3634.7 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Amerihealth	Medicare		1011.88				1011.88		3634.7 case rate	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Consumer	Consumer		3634.7	0.95			1011.88		3634.7 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Corrections	Corrections		3060.8	0.8			1011.88		3634.7 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	First Health	First Health		2678.2	0.7			1011.88		3634.7 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	First Trenton	First Trenton		3443.4	0.9			1011.88		3634.7 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Horizon	MGD		1464.59	0.3828			1011.88		3634.7 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Horizon	Medicare Blue		1147.8	0.3			1011.88		3634.7 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Horizon	Indemnity		1464.59	0.3828			1011.88		3634.7 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Horizon	PPO		1464.59	0.3828			1011.88		3634.7 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Managed Care Inc	Managed Care Inc		3443.4	0.9			1011.88		3634.7 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Multiplan	Multiplan		3060.8	0.8			1011.88		3634.7 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Qualcare	Qualcare		2869.5	0.75			1011.88		3634.7 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Three Rivers	Three Rivers		3634.7	0.95			1011.88		3634.7 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	UHC	Medicare		1011.88				1011.88		3634.7 case rate	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	UHC	Medicaid		1203.66	0.3146			1011.88		3634.7 percent of total billed charges	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Wellcare	Medicare		1011.88				1011.88		3634.7 case rate	
SPECIALTY CARE TRANSPORT	A0434	HCPCS	outpatient			3826	1163.66	Wellcare	Medicaid		1203.66	0.3146			1011.88		3634.7 percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Aetna	Medicare		606.14	0.308			590.4		1869.6 percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Aetna	Better Health		619.13	0.3146			590.4		1869.6 percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Aetna	Commercial		747.84	0.38			590.4		1869.6 percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Americare	Americare		1476	0.75			590.4		1869.6 percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		WellPoint	WellPoint		631.33	0.3208			590.4		1869.6 percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Consumer	Consumer		1869.6	0.95			590.4		1869.6 percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Corrections	Corrections		1574.4	0.8			590.4		1869.6 percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		First Health	First Health		1377.6	0.7			590.4		1869.6 percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		First Trenton	First Trenton		1771.2	0.9			590.4		1869.6 percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Horizon	MGD		753.35	0.3828			590.4		1869.6 percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Horizon	Indemnity		753.35	0.3828			590.4		1869.6 percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Horizon	PPO		753.35	0.3828			590.4		1869.6 percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Horizon	Medicare Blue		590.4	0.3			590.4		1869.6 percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Managed Care Inc	Managed Care Inc		1771.2	0.9			590.4		1869.6 percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Multiplan	Multiplan		1574.4	0.8			590.4		1869.6 percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Qualcare	Qualcare		1476	0.75			590.4		1869.6 percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Three Rivers	Three Rivers		1869.6	0.95			590.4		1869.6 percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		UHC	Medicaid		619.13	0.3146			590.4		1869.6 percent of total billed charges	
RESCUE & VEHICLE EXTRICATION	A0999	HCPCS	outpatient			1968		Wellcare	Medicaid		619.13	0.3146			590.4		1869.6 percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Aetna	Medicare		0.6				0.6		91.2 case rate	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Aetna	Better Health		30.2	0.3146			0.6		91.2 percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Aetna	Commercial		36.48	0.38			0.6		91.2 percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Americare	Americare		72	0.75			0.6		91.2 percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	WellPoint	WellPoint		30.8	0.3208			0.6		91.2 percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Amerihealth	Medicare		0.6				0.6		91.2 case rate	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Consumer	Consumer		91.2	0.95			0.6		91.2 percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Corrections	Corrections		76.8	0.8			0.6		91.2 percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	First Health	First Health		67.2	0.7			0.6		91.2 percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	First Trenton	First Trenton		86.4	0.9			0.6		91.2 percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Horizon	MGD		36.75	0.3828			0.6		91.2 percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Horizon	Indemnity		36.75	0.3828			0.6		91.2 percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Horizon	PPO		36.75	0.3828			0.6		91.2 percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Horizon	Medicare Blue		28.8	0.3			0.6		91.2 percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Managed Care Inc	Managed Care Inc		86.4	0.9			0.6		91.2 percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Multiplan	Multiplan		76.8	0.8			0.6		91.2 percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Qualcare	Qualcare		72	0.75			0.6		91.2 percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Three Rivers	Three Rivers		91.2	0.95			0.6		91.2 percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	UHC	Medicare		0.6				0.6		91.2 case rate	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	UHC	Medicaid		30.2	0.3146			0.6		91.2 percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Wellcare	Medicaid		30.2	0.3146			0.6		91.2 percent of total billed charges	
STERILE WATER IRRIG.	A4216	HCPCS	outpatient			96	0.69	Wellcare	Medicare		0.6				0.6		91.2 case rate	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Aetna	Medicare		46.39				46.39		246.05 case rate	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Aetna	Commercial		98.42	0.38			46.39		246.05 percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Aetna	Better Health		81.48	0.3146			46.39		246.05 percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Americare	Americare		194.25	0.75			46.39		246.05 percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	WellPoint	WellPoint		83.09	0.3208			46.39		246.05 percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Amerihealth	Medicare		46.39				46.39		246.05 case rate	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Consumer	Consumer		246.05	0.95			46.39		246.05 percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Corrections	Corrections		207.2	0.8			46.39		246.05 percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	First Health	First Health		181.3	0.7			46.39		246.05 percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	First Trenton	First Trenton		233.1	0.9			46.39		246.05 percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Horizon	Indemnity		99.15	0.3828			46.39		246.05 percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Horizon	MGD		99.15	0.3828			46.39		246.05 percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Horizon	Medicare Blue		77.7	0.3			46.39		246.05 percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Horizon	PPO		99.15	0.3828			46.39		246.05 percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Managed Care Inc	Managed Care Inc		233.1	0.9			46.39		246.05 percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Multiplan	Multiplan		207.2	0.8			46.39		246.05 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Qualcare	Qualcare		194.25	0.75			46.39	246.05	percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Three Rivers	Three Rivers		246.05	0.95			46.39	246.05	percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	UHC	Medicaid		81.48	0.3146			46.39	246.05	percent of total billed charges	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	UHC	Medicare		46.39				46.39	246.05	case rate	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Wellcare	Medicare		46.39				46.39	246.05	case rate	
GENINFUSION SUPPLIES EXT DRUG INFUSION	A4222	HCPCS	outpatient			259	53.35	Wellcare	Medicaid		81.48	0.3146			46.39	246.05	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Aetna	Better Health		6.29	0.3146			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Aetna	Commercial		7.6	0.38			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Aetna	Medicare		6.16	0.308			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Americare	Americare		15	0.75			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		WellPoint	WellPoint		6.42	0.3208			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Consumer	Consumer		19	0.95			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Corrections	Corrections		16	0.8			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		First Health	First Health		14	0.7			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		First Trenton	First Trenton		18	0.9			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Horizon	MGD		7.66	0.3828			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Horizon	PPO		7.66	0.3828			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Horizon	Indemnity		7.66	0.3828			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Horizon	Medicare Blue		6	0.3			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Managed Care Inc	Managed Care Inc		18	0.9			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Multiplan	Multiplan		16	0.8			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Qualcare	Qualcare		15	0.75			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Three Rivers	Three Rivers		19	0.95			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		UHC	Medicaid		6.29	0.3146			6	19	percent of total billed charges	
ALCOHOL ISOPROPYLE PINT	A4244	HCPCS	outpatient			20		Wellcare	Medicaid		6.29	0.3146			6	19	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Aetna	Commercial		10.64	0.38			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Aetna	Better Health		8.81	0.3146			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Aetna	Medicare		8.62	0.308			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Americare	Americare		21	0.75			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		WellPoint	WellPoint		8.98	0.3208			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Consumer	Consumer		26.6	0.95			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Corrections	Corrections		22.4	0.8			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		First Health	First Health		19.6	0.7			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		First Trenton	First Trenton		25.2	0.9			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Horizon	MGD		10.72	0.3828			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Horizon	Medicare Blue		8.4	0.3			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Horizon	PPO		10.72	0.3828			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Horizon	Indemnity		10.72	0.3828			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Managed Care Inc	Managed Care Inc		25.2	0.9			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Multiplan	Multiplan		22.4	0.8			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Qualcare	Qualcare		21	0.75			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Three Rivers	Three Rivers		26.6	0.95			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		UHC	Medicaid		8.81	0.3146			8.4	26.6	percent of total billed charges	
BETADINE SOLUTION	A4246	HCPCS	outpatient			28		Wellcare	Medicaid		8.81	0.3146			8.4	26.6	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Aetna	Medicare		127.82	0.308			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Aetna	Better Health		130.56	0.3146			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Aetna	Commercial		157.7	0.38			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Americare	Americare		311.25	0.75			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		WellPoint	WellPoint		133.13	0.3208			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Amerihealth	Medicare		136.95	0.33			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Consumer	Consumer		394.25	0.95			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Corrections	Corrections		332	0.8			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		First Health	First Health		290.5	0.7			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		First Trenton	First Trenton		373.5	0.9			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Horizon	MGD		158.86	0.3828			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Horizon	Indemnity		158.86	0.3828			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Horizon	PPO		158.86	0.3828			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Horizon	Medicare Blue		124.5	0.3			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Managed Care Inc	Managed Care Inc		373.5	0.9			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Multiplan	Multiplan		332	0.8			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Qualcare	Qualcare		311.25	0.75			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Three Rivers	Three Rivers		394.25	0.95			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		UHC	Medicaid		130.56	0.3146			124.5	394.25	percent of total billed charges	
CATHETER KIT	A4300	HCPCS	outpatient			415		Wellcare	Medicaid		130.56	0.3146			124.5	394.25	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Aetna	Better Health		33.03	0.3146			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Aetna	Medicare		4.34				4.34	99.75	case rate	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Aetna	Commercial		39.9	0.38			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Americare	Americare		78.75	0.75			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	WellPoint	WellPoint		33.68	0.3208			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Amerihealth	Medicare		4.34				4.34	99.75	case rate	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Consumer	Consumer		99.75	0.95			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Corrections	Corrections		84	0.8			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	First Health	First Health		73.5	0.7			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	First Trenton	First Trenton		94.5	0.9			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Horizon	Indemnity		40.19	0.3828			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Horizon	MGD		40.19	0.3828			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Horizon	Medicare Blue		31.5	0.3			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Horizon	PPO		40.19	0.3828			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Managed Care Inc	Managed Care Inc		94.5	0.9			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Multiplan	Multiplan		84	0.8			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Qualcare	Qualcare		78.75	0.75			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Three Rivers	Three Rivers		99.75	0.95			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	UHC	Medicare		4.34				4.34	99.75	case rate	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	UHC	Medicaid		33.03	0.3146			4.34	99.75	percent of total billed charges	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Wellcare	Medicare		4.34				4.34	99.75	case rate	
CONNECTING TUBE FOR DRAINAGE BAG	A4331	HCPCS	outpatient			105	4.99	Wellcare	Medicaid		33.03	0.3146			4.34	99.75	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Aetna	Better Health		44.36	0.3146			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Aetna	Commercial		53.58	0.38			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Aetna	Medicare		16.74				16.74	133.95	case rate	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Americare	Americare		105.75	0.75			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	WellPoint	WellPoint		45.23	0.3208			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Amerihealth	Medicare		16.74				16.74	133.95	case rate	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Consumer	Consumer		133.95	0.95			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Corrections	Corrections		112.8	0.8			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	First Health	First Health		98.7	0.7			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	First Trenton	First Trenton		126.9	0.9			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Horizon	Indemnity		53.97	0.3828			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Horizon	Medicare Blue		42.3	0.3			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Horizon	MGD		53.97	0.3828			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Horizon	PPO		53.97	0.3828			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Managed Care Inc	Managed Care Inc		126.9	0.9			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Multiplan	Multiplan		112.8	0.8			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Qualcare	Qualcare		105.75	0.75			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Three Rivers	Three Rivers		133.95	0.95			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	UHC	Medicaid		44.36	0.3146			16.74	133.95	percent of total billed charges	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	UHC	Medicare		16.74				16.74	133.95	case rate	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Wellcare	Medicare		16.74				16.74	133.95	case rate	
FOLEY INSERT	A4338	HCPCS	outpatient			141	19.25	Wellcare	Medicaid		44.36	0.3146			16.74	133.95	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Aetna	Medicare		2.47				2.47	25.65	case rate	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Aetna	Better Health		8.49	0.3146			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Aetna	Commercial		10.26	0.38			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Americare	Americare		20.25	0.75			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	WellPoint	WellPoint		8.66	0.3208			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Amerihealth	Medicare		2.47				2.47	25.65	case rate	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Consumer	Consumer		25.65	0.95			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Corrections	Corrections		21.6	0.8			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	First Health	First Health		18.9	0.7			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	First Trenton	First Trenton		24.3	0.9			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Horizon	Medicare Blue		8.1	0.3			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Horizon	Indemnity		10.34	0.3828			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Horizon	MGD		10.34	0.3828			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Horizon	PPO		10.34	0.3828			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Managed Care Inc	Managed Care Inc		24.3	0.9			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Multiplan	Multiplan		21.6	0.8			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Qualcare	Qualcare		20.25	0.75			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Three Rivers	Three Rivers		25.65	0.95			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	UHC	Medicare		2.47				2.47	25.65	case rate	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	UHC	Medicaid		8.49	0.3146			2.47	25.65	percent of total billed charges	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Wellcare	Medicare		2.47				2.47	25.65	case rate	
STRAIGHT CATH KIT	A4351	HCPCS	outpatient			27	2.84	Wellcare	Medicaid		8.49	0.3146			2.47	25.65	percent of total billed charges	
FREEVENT CLOTHING SCARF WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Aetna	Better Health		24.85	0.3146			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Aetna	Commercial		30.02	0.38			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Aetna	Medicare		0.5				0.5	75.05	case rate	
FREEVENT CLOTHING SCARF WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Americare	Americare		59.25	0.75			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	WellPoint	WellPoint		25.34	0.3208			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Amerihealth	Medicare		0.5				0.5	75.05	case rate	
FREEVENT CLOTHING SCARF WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Consumer	Consumer		75.05	0.95			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Corrections	Corrections		63.2	0.8			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	First Health	First Health		55.3	0.7			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	First Trenton	First Trenton		71.1	0.9			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Horizon	Medicare Blue		23.7	0.3			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Horizon	MGD		30.24	0.3828			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Horizon	Indemnity		30.24	0.3828			0.5	75.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FREEVENT CLOTHING SCARF WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Horizon	PPO		30.24	0.3828			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Managed Care Inc	Managed Care Inc		71.1	0.9			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Multiplan	Multiplan		63.2	0.8			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Qualcare	Qualcare		59.25	0.75			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Three Rivers	Three Rivers		75.05	0.95			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	UHC	Medicaid		24.85	0.3146			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	UHC	Medicare		0.5				0.5	75.05	case rate	
FREEVENT CLOTHING SCARF WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Wellcare	Medicaid		24.85	0.3146			0.5	75.05	percent of total billed charges	
FREEVENT CLOTHING SCARF WHITE (1410A3T	A4481	HCPCS	outpatient			79	0.58	Wellcare	Medicare		0.5				0.5	75.05	case rate	
SUTURE	A4550	HCPCS	both			3011		Aetna	Better Health		947.26	0.3146			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	both			3011		Aetna	Commercial		1144.18	0.38			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	both			3011		Aetna	Medicare		927.39	0.308			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	both			3011		Americare	Americare		2258.25	0.75			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	both			3011		WellPoint	WellPoint		965.93	0.3208			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	both			3011		Consumer	Consumer		2860.45	0.95			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	both			3011		Corrections	Corrections		2408.8	0.8			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	both			3011		First Health	First Health		2107.7	0.7			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	both			3011		First Trenton	First Trenton		2709.9	0.9			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	both			3011		Horizon	Indemnity		1152.61	0.3828			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	both			3011		Horizon	Medicare Blue		903.3	0.3			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	both			3011		Horizon	MGD		1152.61	0.3828			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	both			3011		Horizon	PPO		1152.61	0.3828			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	both			3011		Managed Care Inc	Managed Care Inc		2709.9	0.9			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	both			3011		Multiplan	Multiplan		2408.8	0.8			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	both			3011		Qualcare	Qualcare		2258.25	0.75			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	both			3011		Three Rivers	Three Rivers		2860.45	0.95			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	both			3011		UHC	Medicaid		947.26	0.3146			16.2	2860.45	percent of total billed charges	
SUTURE	A4550	HCPCS	both			3011		Wellcare	Medicaid		947.26	0.3146			16.2	2860.45	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Aetna	Medicare		69.1				47.7	151.05	case rate	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Aetna	Commercial		60.42	0.38			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Aetna	Better Health		50.02	0.3146			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Americare	Americare		119.25	0.75			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	WellPoint	WellPoint		51.01	0.3208			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Amerihealth	Medicare		52.47	0.33			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Consumer	Consumer		151.05	0.95			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Corrections	Corrections		127.2	0.8			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	First Health	First Health		111.3	0.7			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	First Trenton	First Trenton		143.1	0.9			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Horizon	Medicare Blue		47.7	0.3			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Horizon	Indemnity		60.87	0.3828			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Horizon	MGD		60.87	0.3828			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Horizon	PPO		60.87	0.3828			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Managed Care Inc	Managed Care Inc		143.1	0.9			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Multiplan	Multiplan		127.2	0.8			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Qualcare	Qualcare		119.25	0.75			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Three Rivers	Three Rivers		151.05	0.95			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	UHC	Medicaid		50.02	0.3146			47.7	151.05	percent of total billed charges	
PESSARY	A4562	HCPCS	outpatient			159	79.47	UHC	Medicare		69.1				47.7	151.05	case rate	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Wellcare	Medicare		69.1				47.7	151.05	case rate	
PESSARY	A4562	HCPCS	outpatient			159	79.47	Wellcare	Medicaid		50.02	0.3146			47.7	151.05	percent of total billed charges	
SLING	A4565	HCPCS	outpatient			854	12.09	Aetna	Better Health		268.67	0.3146			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	outpatient			854	12.09	Aetna	Medicare		10.51				4.2	811.3	case rate	
SLING	A4565	HCPCS	outpatient			854	12.09	Aetna	Commercial		324.52	0.38			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	outpatient			854	12.09	Americare	Americare		640.5	0.75			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	outpatient			854	12.09	WellPoint	WellPoint		273.96	0.3208			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	outpatient			854	12.09	Amerihealth	Medicare		10.51				4.2	811.3	case rate	
SLING	A4565	HCPCS	outpatient			854	12.09	Consumer	Consumer		811.3	0.95			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	outpatient			854	12.09	Corrections	Corrections		683.2	0.8			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	outpatient			854	12.09	First Health	First Health		597.8	0.7			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	outpatient			854	12.09	First Trenton	First Trenton		768.6	0.9			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	outpatient			854	12.09	Horizon	MGD		326.91	0.3828			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	outpatient			854	12.09	Horizon	Indemnity		326.91	0.3828			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	outpatient			854	12.09	Horizon	Medicare Blue		256.2	0.3			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	outpatient			854	12.09	Horizon	PPO		326.91	0.3828			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	outpatient			854	12.09	Managed Care Inc	Managed Care Inc		768.6	0.9			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	outpatient			854	12.09	Multiplan	Multiplan		683.2	0.8			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	outpatient			854	12.09	Qualcare	Qualcare		640.5	0.75			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	outpatient			854	12.09	Three Rivers	Three Rivers		811.3	0.95			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	outpatient			854	12.09	UHC	Medicaid		268.67	0.3146			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	outpatient			854	12.09	UHC	Medicare		10.51				4.2	811.3	case rate	
SLING	A4565	HCPCS	outpatient			854	12.09	Wellcare	Medicaid		268.67	0.3146			4.2	811.3	percent of total billed charges	
SLING	A4565	HCPCS	outpatient			854	12.09	Wellcare	Medicare		10.51				4.2	811.3	case rate	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Aetna	Better Health		50.97	0.3146			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Aetna	Medicare		49.9	0.308			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Aetna	Commercial		61.56	0.38			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Americare	Americare		121.5	0.75			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		WellPoint	WellPoint		51.97	0.3208			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Consumer	Consumer		153.9	0.95			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Corrections	Corrections		129.6	0.8			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		First Health	First Health		113.4	0.7			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		First Trenton	First Trenton		145.8	0.9			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Horizon	MGD		62.01	0.3828			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Horizon	Medicare Blue		48.6	0.3			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Horizon	Indemnity		62.01	0.3828			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Horizon	PPO		62.01	0.3828			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Managed Care Inc	Managed Care Inc		145.8	0.9			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Multiplan	Multiplan		129.6	0.8			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Qualcare	Qualcare		121.5	0.75			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Three Rivers	Three Rivers		153.9	0.95			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		UHC	Medicaid		50.97	0.3146			13.8	153.9	percent of total billed charges	
SPLINT MATERIAL-EACH UNIT	A4570	HCPCS	both			162		Wellcare	Medicaid		50.97	0.3146			13.8	153.9	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Aetna	Medicare		40.35	0.308			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Aetna	Better Health		41.21	0.3146			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Aetna	Commercial		49.78	0.38			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Americare	Americare		98.25	0.75			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		WellPoint	WellPoint		42.02	0.3208			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Consumer	Consumer		124.45	0.95			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Corrections	Corrections		104.8	0.8			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		First Health	First Health		91.7	0.7			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		First Trenton	First Trenton		117.9	0.9			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Horizon	MGD		50.15	0.3828			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Horizon	Indemnity		50.15	0.3828			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Horizon	Medicare Blue		39.3	0.3			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Horizon	PPO		50.15	0.3828			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Managed Care Inc	Managed Care Inc		117.9	0.9			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Multiplan	Multiplan		104.8	0.8			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Qualcare	Qualcare		98.25	0.75			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Three Rivers	Three Rivers		124.45	0.95			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		UHC	Medicaid		41.21	0.3146			39.3	124.45	percent of total billed charges	
CAST MISC.	A4580	HCPCS	outpatient			131		Wellcare	Medicaid		41.21	0.3146			39.3	124.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Aetna	Medicare		15.71	0.308			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Aetna	Better Health		16.04	0.3146			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Aetna	Commercial		19.38	0.38			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Americare	Americare		38.25	0.75			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		WellPoint	WellPoint		16.36	0.3208			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Consumer	Consumer		48.45	0.95			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Corrections	Corrections		40.8	0.8			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		First Health	First Health		35.7	0.7			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		First Trenton	First Trenton		45.9	0.9			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Horizon	Medicare Blue		15.3	0.3			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Horizon	Indemnity		19.52	0.3828			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Horizon	MGD		19.52	0.3828			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Horizon	PPO		19.52	0.3828			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Managed Care Inc	Managed Care Inc		45.9	0.9			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Multiplan	Multiplan		40.8	0.8			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Qualcare	Qualcare		38.25	0.75			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Three Rivers	Three Rivers		48.45	0.95			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		UHC	Medicaid		16.04	0.3146			6.3	48.45	percent of total billed charges	
SUCTION - CATHETER	A4605	HCPCS	outpatient			51		Wellcare	Medicaid		16.04	0.3146			6.3	48.45	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Aetna	Medicare		4.23				4.23	19	case rate	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Aetna	Better Health		6.29	0.3146			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Aetna	Commercial		7.6	0.38			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Americare	Americare		15	0.75			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	WellPoint	WellPoint		6.42	0.3208			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Amerihealth	Medicare		4.23				4.23	19	case rate	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Consumer	Consumer		19	0.95			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Corrections	Corrections		16	0.8			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	First Health	First Health		14	0.7			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	First Trenton	First Trenton		18	0.9			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Horizon	MGD		7.66	0.3828			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Horizon	Indemnity		7.66	0.3828			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Horizon	Medicare Blue		6	0.3			4.23	19	percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Horizon	PPO		7.66	0.3828			4.23	19	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Managed Care Inc	Managed Care Inc		18	0.9			4.23		19 percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Multiplan	Multiplan		16	0.8			4.23		19 percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Qualcare	Qualcare		15	0.75			4.23		19 percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Three Rivers	Three Rivers		19	0.95			4.23		19 percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	UHC	Medicaid		6.29	0.3146			4.23		19 percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	UHC	Medicare		4.23				4.23		19 case rate	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Wellcare	Medicaid		6.29	0.3146			4.23		19 percent of total billed charges	
0.9% NORMAL SALINE INJECT 500ML	A4617	HCPCS	outpatient			20	4.86	Wellcare	Medicare		4.23				4.23		19 case rate	
PROVOX TUBE BRUSH 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Aetna	Medicare		3.7				3.7		147.25 case rate	
PROVOX TUBE BRUSH 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Aetna	Better Health		48.76	0.3146			3.7		147.25 percent of total billed charges	
PROVOX TUBE BRUSH 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Aetna	Commercial		58.9	0.38			3.7		147.25 percent of total billed charges	
PROVOX TUBE BRUSH 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Americare	Americare		116.25	0.75			3.7		147.25 percent of total billed charges	
PROVOX TUBE BRUSH 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	WellPoint	WellPoint		49.72	0.3208			3.7		147.25 percent of total billed charges	
PROVOX TUBE BRUSH 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Amerihealth	Medicare		3.7				3.7		147.25 case rate	
PROVOX TUBE BRUSH 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Consumer	Consumer		147.25	0.95			3.7		147.25 percent of total billed charges	
PROVOX TUBE BRUSH 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Corrections	Corrections		124	0.8			3.7		147.25 percent of total billed charges	
PROVOX TUBE BRUSH 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	First Health	First Health		108.5	0.7			3.7		147.25 percent of total billed charges	
PROVOX TUBE BRUSH 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	First Trenton	First Trenton		139.5	0.9			3.7		147.25 percent of total billed charges	
PROVOX TUBE BRUSH 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Horizon	Medicare Blue		46.5	0.3			3.7		147.25 percent of total billed charges	
PROVOX TUBE BRUSH 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Horizon	Indemnity		59.33	0.3828			3.7		147.25 percent of total billed charges	
PROVOX TUBE BRUSH 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Horizon	MGD		59.33	0.3828			3.7		147.25 percent of total billed charges	
PROVOX TUBE BRUSH 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Horizon	PPO		59.33	0.3828			3.7		147.25 percent of total billed charges	
PROVOX TUBE BRUSH 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Managed Care Inc	Managed Care Inc		139.5	0.9			3.7		147.25 percent of total billed charges	
PROVOX TUBE BRUSH 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Multiplan	Multiplan		124	0.8			3.7		147.25 percent of total billed charges	
PROVOX TUBE BRUSH 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Qualcare	Qualcare		116.25	0.75			3.7		147.25 percent of total billed charges	
PROVOX TUBE BRUSH 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Three Rivers	Three Rivers		147.25	0.95			3.7		147.25 percent of total billed charges	
PROVOX TUBE BRUSH 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	UHC	Medicare		3.7				3.7		147.25 case rate	
PROVOX TUBE BRUSH 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	UHC	Medicaid		48.76	0.3146			3.7		147.25 percent of total billed charges	
PROVOX TUBE BRUSH 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Wellcare	Medicare		3.7				3.7		147.25 case rate	
PROVOX TUBE BRUSH 12MM (7661)	A4626	HCPCS	outpatient			155	4.26	Wellcare	Medicaid		48.76	0.3146			3.7		147.25 percent of total billed charges	
PLATFORM WALKER ATTACHMENT EA	A4637	HCPCS	inpatient			327		Aetna	Commercial		124.26	0.38			98.1		310.65 percent of total billed charges	
PLATFORM WALKER ATTACHMENT EA	A4637	HCPCS	inpatient			327		Aetna	Better Health		102.87	0.3146			98.1		310.65 percent of total billed charges	
PLATFORM WALKER ATTACHMENT EA	A4637	HCPCS	inpatient			327		Aetna	Medicare		100.72	0.308			98.1		310.65 percent of total billed charges	
PLATFORM WALKER ATTACHMENT EA	A4637	HCPCS	inpatient			327		Americare	Americare		246.25	0.75			98.1		310.65 percent of total billed charges	
PLATFORM WALKER ATTACHMENT EA	A4637	HCPCS	inpatient			327		WellPoint	WellPoint		104.9	0.3208			98.1		310.65 percent of total billed charges	
PLATFORM WALKER ATTACHMENT EA	A4637	HCPCS	inpatient			327		Consumer	Consumer		310.65	0.95			98.1		310.65 percent of total billed charges	
PLATFORM WALKER ATTACHMENT EA	A4637	HCPCS	inpatient			327		Corrections	Corrections		261.6	0.8			98.1		310.65 percent of total billed charges	
PLATFORM WALKER ATTACHMENT EA	A4637	HCPCS	inpatient			327		First Health	First Health		228.9	0.7			98.1		310.65 percent of total billed charges	
PLATFORM WALKER ATTACHMENT EA	A4637	HCPCS	inpatient			327		First Trenton	First Trenton		294.3	0.9			98.1		310.65 percent of total billed charges	
PLATFORM WALKER ATTACHMENT EA	A4637	HCPCS	inpatient			327		Horizon	Indemnity		125.18	0.3828			98.1		310.65 percent of total billed charges	
PLATFORM WALKER ATTACHMENT EA	A4637	HCPCS	inpatient			327		Horizon	Medicare Blue		98.1	0.3			98.1		310.65 percent of total billed charges	
PLATFORM WALKER ATTACHMENT EA	A4637	HCPCS	inpatient			327		Horizon	MGD		125.18	0.3828			98.1		310.65 percent of total billed charges	
PLATFORM WALKER ATTACHMENT EA	A4637	HCPCS	inpatient			327		Horizon	PPO		125.18	0.3828			98.1		310.65 percent of total billed charges	
PLATFORM WALKER ATTACHMENT EA	A4637	HCPCS	inpatient			327		Managed Care Inc	Managed Care Inc		294.3	0.9			98.1		310.65 percent of total billed charges	
PLATFORM WALKER ATTACHMENT EA	A4637	HCPCS	inpatient			327		Multiplan	Multiplan		261.6	0.8			98.1		310.65 percent of total billed charges	
PLATFORM WALKER ATTACHMENT EA	A4637	HCPCS	inpatient			327		Qualcare	Qualcare		245.25	0.75			98.1		310.65 percent of total billed charges	
PLATFORM WALKER ATTACHMENT EA	A4637	HCPCS	inpatient			327		Three Rivers	Three Rivers		310.65	0.95			98.1		310.65 percent of total billed charges	
PLATFORM WALKER ATTACHMENT EA	A4637	HCPCS	inpatient			327		UHC	Medicaid		102.87	0.3146			98.1		310.65 percent of total billed charges	
PLATFORM WALKER ATTACHMENT EA	A4637	HCPCS	inpatient			327		Wellcare	Medicaid		102.87	0.3146			98.1		310.65 percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Aetna	Medicare		2894.28	0.308			94.1		8927.15 percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Aetna	Better Health		2956.3	0.3146			94.1		8927.15 percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Aetna	Commercial		3570.86	0.38			94.1		8927.15 percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Americare	Americare		7047.75	0.75			94.1		8927.15 percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		WellPoint	WellPoint		3014.56	0.3208			94.1		8927.15 percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Consumer	Consumer		8927.15	0.95			94.1		8927.15 percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Corrections	Corrections		7517.6	0.8			94.1		8927.15 percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		First Health	First Health		6577.9	0.7			94.1		8927.15 percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		First Trenton	First Trenton		8457.3	0.9			94.1		8927.15 percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Horizon	MGD		3597.17	0.3828			94.1		8927.15 percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Horizon	Indemnity		3597.17	0.3828			94.1		8927.15 percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Horizon	NJ Health		939.7	0.1			94.1		8927.15 percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Horizon	Medicare Blue		2819.1	0.3			94.1		8927.15 percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Horizon	PPO		3597.17	0.3828			94.1		8927.15 percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Managed Care Inc	Managed Care Inc		8457.3	0.9			94.1		8927.15 percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Multiplan	Multiplan		7517.6	0.8			94.1		8927.15 percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Qualcare	Qualcare		7047.75	0.75			94.1		8927.15 percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Three Rivers	Three Rivers		8927.15	0.95			94.1		8927.15 percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		UHC	Medicaid		2956.3	0.3146			94.1		8927.15 percent of total billed charges	
SUPPLY OF RADIOISOTOPE	A4641	HCPCS	outpatient			9397		Wellcare	Medicaid		2956.3	0.3146			94.1		8927.15 percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Aetna	Commercial		1715.32	0.38			1354.2		4288.3 percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Aetna	Better Health		1420.1	0.3146			1354.2		4288.3 percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Aetna	Medicare		1390.31	0.308			1354.2		4288.3 percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Americare	Americare		3385.5	0.75			1354.2		4288.3 percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		WellPoint	WellPoint		1448.09	0.3208			1354.2		4288.3 percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Consumer	Consumer		4288.3	0.95			1354.2		4288.3 percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Corrections	Corrections		3611.2	0.8			1354.2		4288.3 percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		First Health	First Health		3159.8	0.7			1354.2		4288.3 percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		First Trenton	First Trenton		4062.6	0.9			1354.2		4288.3 percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Horizon	MGD		1727.96	0.3828			1354.2		4288.3 percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Horizon	Indemnity		1727.96	0.3828			1354.2		4288.3 percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Horizon	Medicare Blue		1354.2	0.3			1354.2		4288.3 percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Horizon	PPO		1727.96	0.3828			1354.2		4288.3 percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Managed Care Inc	Managed Care Inc		4062.6	0.9			1354.2		4288.3 percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Multiplan	Multiplan		3611.2	0.8			1354.2		4288.3 percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Qualcare	Qualcare		3385.5	0.75			1354.2		4288.3 percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Three Rivers	Three Rivers		4288.3	0.95			1354.2		4288.3 percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		UHC	Medicaid		1420.1	0.3146			1354.2		4288.3 percent of total billed charges	
RP ONCOSCINT CR/OV	A4642	HCPCS	outpatient			4514		Wellcare	Medicaid		1420.1	0.3146			1354.2		4288.3 percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Aetna	Better Health		205.12	0.3146			195.6		619.4 percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Aetna	Medicare		200.82	0.308			195.6		619.4 percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Aetna	Commercial		247.76	0.38			195.6		619.4 percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Americare	Americare		489	0.75			195.6		619.4 percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		WellPoint	WellPoint		209.16	0.3208			195.6		619.4 percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Amerihealth	Medicare		215.16	0.33			195.6		619.4 percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Consumer	Consumer		619.4	0.95			195.6		619.4 percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Corrections	Corrections		521.6	0.8			195.6		619.4 percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		First Health	First Health		456.4	0.7			195.6		619.4 percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		First Trenton	First Trenton		586.8	0.9			195.6		619.4 percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Horizon	Medicare Blue		195.6	0.3			195.6		619.4 percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Horizon	Indemnity		249.59	0.3828			195.6		619.4 percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Horizon	MGD		249.59	0.3828			195.6		619.4 percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Horizon	PPO		249.59	0.3828			195.6		619.4 percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Managed Care Inc	Managed Care Inc		586.8	0.9			195.6		619.4 percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Multiplan	Multiplan		521.6	0.8			195.6		619.4 percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Qualcare	Qualcare		489	0.75			195.6		619.4 percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Three Rivers	Three Rivers		619.4	0.95			195.6		619.4 percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		UHC	Medicaid		205.12	0.3146			195.6		619.4 percent of total billed charges	
GOLD SEED FIDUCIALS	A4648	HCPCS	outpatient			652		Wellcare	Medicaid		205.12	0.3146			195.6		619.4 percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Aetna	Medicare		43.29				18.9		59.85 case rate	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Aetna	Better Health		19.82	0.3146			18.9		59.85 percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Aetna	Commercial		23.94	0.38			18.9		59.85 percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Americare	Americare		47.25	0.75			18.9		59.85 percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	WellPoint	WellPoint		20.21	0.3208			18.9		59.85 percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Amerihealth	Medicare		43.29				18.9		59.85 case rate	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Consumer	Consumer		59.85	0.95			18.9		59.85 percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Corrections	Corrections		50.4	0.8			18.9		59.85 percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	First Health	First Health		44.1	0.7			18.9		59.85 percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	First Trenton	First Trenton		56.7	0.9			18.9		59.85 percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Horizon	MGD		24.12	0.3828			18.9		59.85 percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Horizon	Medicare Blue		18.9	0.3			18.9		59.85 percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Horizon	PPO		24.12	0.3828			18.9		59.85 percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Horizon	Indemnity		24.12	0.3828			18.9		59.85 percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Managed Care Inc	Managed Care Inc		56.7	0.9			18.9		59.85 percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Multiplan	Multiplan		50.4	0.8			18.9		59.85 percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Qualcare	Qualcare		47.25	0.75			18.9		59.85 percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Three Rivers	Three Rivers		59.85	0.95			18.9		59.85 percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	UHC	Medicare		43.29				18.9		59.85 case rate	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	UHC	Medicaid		19.82	0.3146			18.9		59.85 percent of total billed charges	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Wellcare	Medicare		43.29				18.9		59.85 case rate	
URINE COLLECTION LEG BAG	A5112	HCPCS	outpatient			63	49.78	Wellcare	Medicaid		19.82	0.3146			18.9		59.85 percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Aetna	Commercial		36.86	0.38			2.71		92.15 percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Aetna	Better Health		30.52	0.3146			2.71		92.15 percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Aetna	Medicare		2.71				2.71		92.15 case rate	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Americare	Americare		72.75	0.75			2.71		92.15 percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	WellPoint	WellPoint		31.12	0.3208			2.71		92.15 percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Amerihealth	Medicare		2.71				2.71		92.15 case rate	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Consumer	Consumer		92.15	0.95			2.71		92.15 percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Corrections	Corrections		77.6	0.8			2.71		92.15 percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	First Health	First Health		67.9	0.7			2.71		92.15 percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	First Trenton	First Trenton		87.3	0.9			2.71		92.15 percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Horizon	Indemnity		37.13	0.3828			2.71		92.15 percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Horizon	Medicare Blue		29.1	0.3			2.71		92.15 percent of total billed charges	
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97	3.12	Horizon	MGD		37.13	0.3828			2.71		92.15 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																	
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes				
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97		3.12 Horizon	PPO		37.13	0.3828			2.71	92.15	percent of total billed charges					
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97		3.12 Managed Care Inc	Managed Care Inc		87.3	0.9			2.71	92.15	percent of total billed charges					
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97		3.12 Multiplan	Multiplan		77.6	0.8			2.71	92.15	percent of total billed charges					
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97		3.12 Qualcare	Qualcare		72.75	0.75			2.71	92.15	percent of total billed charges					
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97		3.12 Three Rivers	Three Rivers		92.15	0.95			2.71	92.15	percent of total billed charges					
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97		3.12 UHC	Medicare		2.71				2.71	92.15	case rate					
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97		3.12 UHC	Medicaid		30.52	0.3146			2.71	92.15	percent of total billed charges					
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97		3.12 Wellcare	Medicare		2.71				2.71	92.15	case rate					
SORBSCAN WOUND DRESSING	A6251	HCPCS	outpatient			97		3.12 Wellcare	Medicaid		30.52	0.3146			2.71	92.15	percent of total billed charges					
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19		1.81 Aetna	Better Health		5.98	0.3146			1.57	18.05	percent of total billed charges					
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19		1.81 Aetna	Medicare		1.57				1.57	18.05	case rate					
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19		1.81 Aetna	Commercial		7.22	0.38			1.57	18.05	percent of total billed charges					
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19		1.81 Americare	Americare		14.25	0.75			1.57	18.05	percent of total billed charges					
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19		1.81 WellPoint	WellPoint		6.1	0.3208			1.57	18.05	percent of total billed charges					
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19		1.81 Amerihealth	Medicare		1.57				1.57	18.05	case rate					
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19		1.81 Consumer	Consumer		18.05	0.95			1.57	18.05	percent of total billed charges					
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19		1.81 Corrections	Corrections		15.2	0.8			1.57	18.05	percent of total billed charges					
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19		1.81 First Health	First Health		13.3	0.7			1.57	18.05	percent of total billed charges					
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19		1.81 First Trenton	First Trenton		17.1	0.9			1.57	18.05	percent of total billed charges					
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19		1.81 Horizon	Medicare Blue		5.7	0.3			1.57	18.05	percent of total billed charges					
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19		1.81 Horizon	MGD		7.27	0.3828			1.57	18.05	percent of total billed charges					
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19		1.81 Horizon	Indemnity		7.27	0.3828			1.57	18.05	percent of total billed charges					
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19		1.81 Horizon	PPO		7.27	0.3828			1.57	18.05	percent of total billed charges					
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19		1.81 Managed Care Inc	Managed Care Inc		17.1	0.9			1.57	18.05	percent of total billed charges					
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19		1.81 Multiplan	Multiplan		15.2	0.8			1.57	18.05	percent of total billed charges					
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19		1.81 Qualcare	Qualcare		14.25	0.75			1.57	18.05	percent of total billed charges					
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19		1.81 Three Rivers	Three Rivers		18.05	0.95			1.57	18.05	percent of total billed charges					
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19		1.81 UHC	Medicaid		5.98	0.3146			1.57	18.05	percent of total billed charges					
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19		1.81 UHC	Medicare		1.57				1.57	18.05	case rate					
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19		1.81 Wellcare	Medicare		1.57				1.57	18.05	case rate					
ACE BANDAGE 2 INCH	A6448	HCPCS	outpatient			19		1.81 Wellcare	Medicaid		5.98	0.3146			1.57	18.05	percent of total billed charges					
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21		2.75 Aetna	Commercial		7.98	0.38			2.39	19.95	percent of total billed charges					
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21		2.75 Aetna	Medicare		2.39				2.39	19.95	case rate					
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21		2.75 Aetna	Better Health		6.61	0.3146			2.39	19.95	percent of total billed charges					
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21		2.75 Americare	Americare		15.75	0.75			2.39	19.95	percent of total billed charges					
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21		2.75 WellPoint	WellPoint		6.74	0.3208			2.39	19.95	percent of total billed charges					
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21		2.75 Amerihealth	Medicare		2.39				2.39	19.95	case rate					
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21		2.75 Consumer	Consumer		19.95	0.95			2.39	19.95	percent of total billed charges					
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21		2.75 Corrections	Corrections		16.8	0.8			2.39	19.95	percent of total billed charges					
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21		2.75 First Health	First Health		14.7	0.7			2.39	19.95	percent of total billed charges					
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21		2.75 First Trenton	First Trenton		18.9	0.9			2.39	19.95	percent of total billed charges					
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21		2.75 Horizon	MGD		8.04	0.3828			2.39	19.95	percent of total billed charges					
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21		2.75 Horizon	Indemnity		8.04	0.3828			2.39	19.95	percent of total billed charges					
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21		2.75 Horizon	Medicare Blue		6.3	0.3			2.39	19.95	percent of total billed charges					
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21		2.75 Horizon	PPO		8.04	0.3828			2.39	19.95	percent of total billed charges					
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21		2.75 Managed Care Inc	Managed Care Inc		18.9	0.9			2.39	19.95	percent of total billed charges					
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21		2.75 Multiplan	Multiplan		16.8	0.8			2.39	19.95	percent of total billed charges					
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21		2.75 Qualcare	Qualcare		15.75	0.75			2.39	19.95	percent of total billed charges					
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21		2.75 Three Rivers	Three Rivers		19.95	0.95			2.39	19.95	percent of total billed charges					
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21		2.75 UHC	Medicaid		6.61	0.3146			2.39	19.95	percent of total billed charges					
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21		2.75 UHC	Medicare		2.39				2.39	19.95	case rate					
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21		2.75 Wellcare	Medicaid		6.61	0.3146			2.39	19.95	percent of total billed charges					
ACE BANDAGE 4 INCH	A6449	HCPCS	outpatient			21		2.75 Wellcare	Medicare		2.39				2.39	19.95	case rate					
EDEMA GLOVE	A6549	HCPCS	both			25		Aetna	Better Health		7.87	0.3146			4.8	23.75	percent of total billed charges					
EDEMA GLOVE	A6549	HCPCS	both			25		Aetna	Medicare		7.7	0.308			4.8	23.75	percent of total billed charges					
EDEMA GLOVE	A6549	HCPCS	both			25		Aetna	Commercial		9.5	0.38			4.8	23.75	percent of total billed charges					
EDEMA GLOVE	A6549	HCPCS	both			25		Americare	Americare		18.75	0.75			4.8	23.75	percent of total billed charges					
EDEMA GLOVE	A6549	HCPCS	both			25		WellPoint	WellPoint		8.02	0.3208			4.8	23.75	percent of total billed charges					
EDEMA GLOVE	A6549	HCPCS	both			25		Consumer	Consumer		23.75	0.95			4.8	23.75	percent of total billed charges					
EDEMA GLOVE	A6549	HCPCS	both			25		Corrections	Corrections		20	0.8			4.8	23.75	percent of total billed charges					
EDEMA GLOVE	A6549	HCPCS	both			25		First Health	First Health		17.5	0.7			4.8	23.75	percent of total billed charges					
EDEMA GLOVE	A6549	HCPCS	both			25		First Trenton	First Trenton		22.5	0.9			4.8	23.75	percent of total billed charges					
EDEMA GLOVE	A6549	HCPCS	both			25		Horizon	Indemnity		9.57	0.3828			4.8	23.75	percent of total billed charges					
EDEMA GLOVE	A6549	HCPCS	both			25		Horizon	MGD		9.57	0.3828			4.8	23.75	percent of total billed charges					
EDEMA GLOVE	A6549	HCPCS	both			25		Horizon	Medicare Blue		7.5	0.3			4.8	23.75	percent of total billed charges					
EDEMA GLOVE	A6549	HCPCS	both			25		Horizon	PPO		9.57	0.3828			4.8	23.75	percent of total billed charges					
EDEMA GLOVE	A6549	HCPCS	both			25		Managed Care Inc	Managed Care Inc		22.5	0.9			4.8	23.75	percent of total billed charges					
EDEMA GLOVE	A6549	HCPCS	both			25		Multiplan	Multiplan		20	0.8			4.8	23.75	percent of total billed charges					
EDEMA GLOVE	A6549	HCPCS	both			25		Qualcare	Qualcare		18.75	0.75			4.8	23.75	percent of total billed charges					
EDEMA GLOVE	A6549	HCPCS	both			25		Three Rivers	Three Rivers		23.75	0.95			4.8	23.75	percent of total billed charges					
EDEMA GLOVE	A6549	HCPCS	both			25		UHC	Medicaid		7.87	0.3146			4.8	23.75	percent of total billed charges					
EDEMA GLOVE	A6549	HCPCS	both			25		Wellcare	Medicaid		7.87	0.3146			4.8	23.75	percent of total billed charges					
ASPIRATION TUBING	A7002	HCPCS	both			1735		Aetna	Better Health		545.83	0.3146			520.5	1648.25	percent of total billed charges					
ASPIRATION TUBING	A7002	HCPCS	both			1735		Aetna	Commercial		659.3	0.38			520.5	1648.25	percent of total billed charges					
ASPIRATION TUBING	A7002	HCPCS	both			1735		Aetna	Medicare		534.38	0.308			520.5	1648.25	percent of total billed charges					
ASPIRATION TUBING	A7002	HCPCS	both			1735		Americare	Americare		1301.25	0.75			520.5	1648.25	percent of total billed charges					
ASPIRATION TUBING	A7002	HCPCS	both			1735		WellPoint	WellPoint		556.59	0.3208			520.5	1648.25	percent of total billed charges					
ASPIRATION TUBING	A7002	HCPCS	both			1735		Consumer	Consumer		1648.25	0.95			520.5	1648.25	percent of total billed charges					
ASPIRATION TUBING	A7002	HCPCS	both			1735		Corrections	Corrections		1388	0.8			520.5	1648.25	percent of total billed charges					
ASPIRATION TUBING	A7002	HCPCS	both			1735		First Health	First Health		1214.5	0.7			520.5	1648.25	percent of total billed charges					
ASPIRATION TUBING	A7002	HCPCS	both			1735		First Trenton	First Trenton		1561.5	0.9			520.5	1648.25	percent of total billed charges					
ASPIRATION TUBING	A7002	HCPCS	both			1735		Horizon	Medicare Blue		520.5	0.3			520.5	1648.25	percent of total billed charges					
ASPIRATION TUBING	A7002	HCPCS	both			1735		Horizon	Indemnity		664.16	0.3828			520.5	1648.25	percent of total billed charges					
ASPIRATION TUBING	A7002	HCPCS	both			1735		Horizon	MGD		664.16	0.3828			520.5	1648.25	percent of total billed charges					
ASPIRATION TUBING	A7002	HCPCS	both			1735		Horizon	PPO		664.16	0.3828			520.5	1648.25	percent of total billed charges					
ASPIRATION TUBING	A7002	HCPCS	both			1735		Managed Care Inc	Managed Care Inc		1561.5	0.9			520.5	1648.25	percent of total billed charges					
ASPIRATION TUBING	A7002	HCPCS	both			1735		Multiplan	Multiplan		1388	0.8			520.5	1648.25	percent of total billed charges					
ASPIRATION TUBING	A7002	HCPCS	both			1735		Qualcare	Qualcare		1301.25	0.75			520.5	1648.25	percent of total billed charges					
ASPIRATION TUBING	A7002	HCPCS	both			1735		Three Rivers	Three Rivers		1648.25	0.95			520.5	1648.25	percent of total billed charges					
ASPIRATION TUBING	A7002	HCPCS	both			1735		UHC	Medicaid		545.83	0.3146			520.5	1648.25	percent of total billed charges					
ASPIRATION TUBING	A7002	HCPCS	both			1735		Wellcare	Medicaid		545.83	0.3146			520.5	1648.25	percent of total billed charges					
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559		3.92 Aetna	Better Health		175.86	0.3146			3.41	531.05	percent of total billed charges					
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559		3.92 Aetna	Commercial		212.42	0.38			3.41	531.05	percent of total billed charges					
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559		3.92 Aetna	Medicare		3.41				3.41	531.05	case rate					
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559		3.92 Americare	Americare		419.25	0.75			3.41	531.05	percent of total billed charges					
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559		3.92 WellPoint	WellPoint		179.33	0.3208			3.41	531.05	percent of total billed charges					
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559		3.92 Amerihealth	Medicare		3.41				3.41	531.05	case rate					
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559		3.92 Consumer	Consumer		531.05	0.95			3.41	531.05	percent of total billed charges					
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559		3.92 Corrections	Corrections		447.2	0.8			3.41	531.05	percent of total billed charges					
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559		3.92 First Health	First Health		391.3	0.7			3.41	531.05	percent of total billed charges					
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559		3.92 First Trenton	First Trenton		503.1	0.9			3.41	531.05	percent of total billed charges					
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559		3.92 Horizon	Indemnity		213.99	0.3828			3.41	531.05	percent of total billed charges					
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559		3.92 Horizon	Medicare Blue		167.7	0.3			3.41	531.05	percent of total billed charges					
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559		3.92 Horizon	MGD		213.99	0.3828			3.41	531.05	percent of total billed charges					
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559		3.92 Horizon	PPO		213.99	0.3828			3.41	531.05	percent of total billed charges					
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559		3.92 Managed Care Inc	Managed Care Inc		503.1	0.9			3.41	531.05	percent of total billed charges					
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559		3.92 Multiplan	Multiplan		447.2	0.8			3.41	531.05	percent of total billed charges					
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559		3.92 Qualcare	Qualcare		419.25	0.75			3.41	531.05	percent of total billed charges					
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559		3.92 Three Rivers	Three Rivers		531.05	0.95			3.41	531.05	percent of total billed charges					
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559		3.92 UHC	Medicare		3.41				3.41	531.05	case rate					
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559		3.92 UHC	Medicaid		175.86	0.3146			3.41	531.05	percent of total billed charges					
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559		3.92 Wellcare	Medicare		3.41				3.41	531.05	case rate					
PROVOX XTRAMOIST HME (7290)	A7507	HCPCS	outpatient			559		3.92 Wellcare	Medicaid		175.86	0.3146			3.41	531.05	percent of total billed charges					
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433		74.5 Aetna	Better Health		136.22	0.3146			64.78	411.35	percent of total billed charges					
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433		74.5 Aetna	Medicare		64.78				64.78	411.35	case rate					
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433		74.5 Aetna	Commercial		164.54	0.38			64.78	411.35	percent of total billed charges					
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433		74.5 Americare	Americare		324.75	0.75			64.78	411.35	percent of total billed charges					
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433		74.5 WellPoint	WellPoint		138.91	0.3208			64.78	411.35	percent of total billed charges					
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433		74.5 Amerihealth	Medicare		64.78				64.78	411.35	case rate					
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433		74.5 Consumer	Consumer		411.35	0.95			64.78	411.35	percent of total billed charges					
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433		74.5 Corrections	Corrections		346.4	0.8			64.78	411.35	percent of total billed charges					
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433		74.5 First Health	First Health		303.1	0.7			64.78	411.35	percent of total billed charges					
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433		74.5 First Trenton	First Trenton		389.7	0.9			64.78	411.35	percent of total billed charges					
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433		74.5 Horizon	MGD		165.75	0.3828			64.78	411.35	percent of total billed charges					
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433		74.5 Horizon	Medicare Blue		129.9	0.3			64.78	411.35	percent of total billed charges					
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433		74.5 Horizon	Indemnity		165.75	0.3828			64.78	411.35	percent of total billed charges					
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433		74.5 Horizon	PPO		165.75	0.3828			64.78	411.35	percent of total billed charges					
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433		74.5 Managed Care Inc	Managed Care Inc		389.7	0.9			64.78	411.35	percent of total billed charges					
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433		74.5 Multiplan	Multiplan		346.4	0.8			64.78	411.35	percent of total billed charges					
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433		74.5 Qualcare	Qualcare		324.75	0.75			64.78	411.35	percent of total billed charges					
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433		74.5 Three Rivers	Three Rivers		411.35	0.95			64.78	411.35	percent of total billed charges					
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433		74.5 UHC	Medicaid		136.22	0.3146			64.78	411.35	percent of total billed charges					
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433		74.5 UHC	Medicare		64.78				64.78	411.35	case rate					
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433		74.5 Wellcare	Medicare		64.78				64.78	411.35	case rate					
PROVOX LARYTUBE 8/55 (7603)	A7520	HCPCS	outpatient			433		74.5 Wellcare	Medicaid		136.22	0.3146			64.78	411.35	percent of total billed charges					
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Aetna	Medicare		609.53	0.308			593.7	1880.05	percent of total billed charges					
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Aetna	Better Health		622.59	0.3146			593.7	1880.05	percent of total billed charges					
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Aetna	Commercial		752.02	0.38			593.7	1880.05	percent of total billed charges					
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Americare	Americare		1484.25	0.75			593.7	1880.05	percent of total billed charges					
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		WellPoint	WellPoint		634.86	0.3208			593.7	1880.05	percent of total billed charges					
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Consumer	Consumer		1880.05	0.95			593.7	1880.05	percent of total billed charges					
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Corrections	Corrections		1583.2	0.8			593.7	1880.05	percent of total billed charges					
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		First Health	First Health		1385.3	0.7			593.7	1880.05	percent of total billed charges					

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		First Trenton	First Trenton		1781.1	0.9			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Horizon	Medicare Blue		593.7	0.3			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Horizon	Indemnity		757.56	0.3828			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Horizon	MGD		757.56	0.3828			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Horizon	PPO		757.56	0.3828			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Managed Care Inc	Managed Care Inc		1781.1	0.9			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Multiplan	Multiplan		1583.2	0.8			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Qualcare	Qualcare		1484.25	0.75			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Three Rivers	Three Rivers		1880.05	0.95			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		UHC	Medicaid		622.59	0.3146			593.7	1880.05	percent of total billed charges	
TRACTION PIN KIT	A9270	HCPCS	outpatient			1979		Wellcare	Medicaid		622.59	0.3146			593.7	1880.05	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Aetna	Better Health		295.09	0.3146			281.4	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Aetna	Commercial		356.44	0.38			281.4	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Aetna	Medicare		288.9	0.308			281.4	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Americare	Americare		703.5	0.75			281.4	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		WellPoint	WellPoint		300.91	0.3208			281.4	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Consumer	Consumer		891.1	0.95			281.4	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Corrections	Corrections		750.4	0.8			281.4	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		First Health	First Health		656.6	0.7			281.4	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		First Trenton	First Trenton		844.2	0.9			281.4	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Horizon	Indemnity		359.07	0.3828			281.4	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Horizon	MGD		359.07	0.3828			281.4	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Horizon	Medicare Blue		281.4	0.3			281.4	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Horizon	PPO		359.07	0.3828			281.4	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Managed Care Inc	Managed Care Inc		844.2	0.9			281.4	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Multiplan	Multiplan		750.4	0.8			281.4	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Qualcare	Qualcare		703.5	0.75			281.4	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Three Rivers	Three Rivers		891.1	0.95			281.4	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		UHC	Medicaid		295.09	0.3146			281.4	891.1	percent of total billed charges	
RP SESTAMIBI	A9500	HCPCS	both			938		Wellcare	Medicaid		295.09	0.3146			281.4	891.1	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Aetna	Commercial		127.68	0.38			100.8	319.2	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Aetna	Better Health		105.71	0.3146			100.8	319.2	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Aetna	Medicare		103.49	0.308			100.8	319.2	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Americare	Americare		252	0.75			100.8	319.2	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		WellPoint	WellPoint		107.79	0.3208			100.8	319.2	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Consumer	Consumer		319.2	0.95			100.8	319.2	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Corrections	Corrections		268.8	0.8			100.8	319.2	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		First Health	First Health		235.2	0.7			100.8	319.2	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		First Trenton	First Trenton		302.4	0.9			100.8	319.2	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Horizon	Medicare Blue		100.8	0.3			100.8	319.2	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Horizon	MGD		128.62	0.3828			100.8	319.2	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Horizon	Indemnity		128.62	0.3828			100.8	319.2	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Horizon	PPO		128.62	0.3828			100.8	319.2	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Managed Care Inc	Managed Care Inc		302.4	0.9			100.8	319.2	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Multiplan	Multiplan		268.8	0.8			100.8	319.2	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Qualcare	Qualcare		252	0.75			100.8	319.2	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Three Rivers	Three Rivers		319.2	0.95			100.8	319.2	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		UHC	Medicaid		105.71	0.3146			100.8	319.2	percent of total billed charges	
RP - TETROFOSMIN (MYOVIEW) PER UNIT DOS	A9502	HCPCS	both			336		Wellcare	Medicaid		105.71	0.3146			100.8	319.2	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Aetna	Medicare		202.97	0.308			197.7	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Aetna	Better Health		207.32	0.3146			197.7	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Aetna	Commercial		250.42	0.38			197.7	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Americare	Americare		494.25	0.75			197.7	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		WellPoint	WellPoint		211.41	0.3208			197.7	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Consumer	Consumer		626.05	0.95			197.7	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Corrections	Corrections		527.2	0.8			197.7	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		First Health	First Health		461.3	0.7			197.7	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		First Trenton	First Trenton		593.1	0.9			197.7	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Horizon	Medicare Blue		197.7	0.3			197.7	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Horizon	MGD		252.27	0.3828			197.7	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Horizon	Indemnity		252.27	0.3828			197.7	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Horizon	PPO		252.27	0.3828			197.7	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Managed Care Inc	Managed Care Inc		593.1	0.9			197.7	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Multiplan	Multiplan		527.2	0.8			197.7	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Qualcare	Qualcare		494.25	0.75			197.7	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Three Rivers	Three Rivers		626.05	0.95			197.7	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		UHC	Medicaid		207.32	0.3146			197.7	626.05	percent of total billed charges	
RP TC-MDP	A9503	HCPCS	both			659		Wellcare	Medicaid		207.32	0.3146			197.7	626.05	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Aetna	Medicare		77	0.308			75	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Aetna	Better Health		78.65	0.3146			75	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Aetna	Commercial		95	0.38			75	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Americare	Americare		187.5	0.75			75	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		WellPoint	WellPoint		80.2	0.3208			75	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Consumer	Consumer		237.5	0.95			75	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Corrections	Corrections		200	0.8			75	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		First Health	First Health		175	0.7			75	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		First Trenton	First Trenton		225	0.9			75	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Horizon	MGD		95.7	0.3828			75	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Horizon	Medicare Blue		75	0.3			75	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Horizon	Indemnity		95.7	0.3828			75	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Horizon	PPO		95.7	0.3828			75	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Managed Care Inc	Managed Care Inc		225	0.9			75	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Multiplan	Multiplan		200	0.8			75	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Qualcare	Qualcare		187.5	0.75			75	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Three Rivers	Three Rivers		237.5	0.95			75	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		UHC	Medicaid		78.65	0.3146			75	237.5	percent of total billed charges	
RP THALLIUM PER MCI	A9505	HCPCS	both			250		Wellcare	Medicaid		78.65	0.3146			75	237.5	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Aetna	Medicare		2670.98	0.308			2601.6	8238.4	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Aetna	Better Health		2728.21	0.3146			2601.6	8238.4	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Aetna	Commercial		3295.36	0.38			2601.6	8238.4	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Americare	Americare		6504	0.75			2601.6	8238.4	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		WellPoint	WellPoint		2781.98	0.3208			2601.6	8238.4	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Consumer	Consumer		8238.4	0.95			2601.6	8238.4	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Corrections	Corrections		6937.6	0.8			2601.6	8238.4	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		First Health	First Health		6070.4	0.7			2601.6	8238.4	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		First Trenton	First Trenton		7804.8	0.9			2601.6	8238.4	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Horizon	Medicare Blue		2601.6	0.3			2601.6	8238.4	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Horizon	MGD		3319.64	0.3828			2601.6	8238.4	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Horizon	Indemnity		3319.64	0.3828			2601.6	8238.4	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Horizon	PPO		3319.64	0.3828			2601.6	8238.4	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Managed Care Inc	Managed Care Inc		7804.8	0.9			2601.6	8238.4	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Multiplan	Multiplan		6937.6	0.8			2601.6	8238.4	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Qualcare	Qualcare		6504	0.75			2601.6	8238.4	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Three Rivers	Three Rivers		8238.4	0.95			2601.6	8238.4	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		UHC	Medicaid		2728.21	0.3146			2601.6	8238.4	percent of total billed charges	
RP PROSTASCINT	A9507	HCPCS	outpatient			8672		Wellcare	Medicaid		2728.21	0.3146			2601.6	8238.4	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Aetna	Medicare		276.28	0.308			269.1	852.15	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Aetna	Better Health		282.2	0.3146			269.1	852.15	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Aetna	Commercial		340.86	0.38			269.1	852.15	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Americare	Americare		672.75	0.75			269.1	852.15	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		WellPoint	WellPoint		287.76	0.3208			269.1	852.15	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Consumer	Consumer		852.15	0.95			269.1	852.15	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Corrections	Corrections		717.6	0.8			269.1	852.15	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		First Health	First Health		627.9	0.7			269.1	852.15	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		First Trenton	First Trenton		807.3	0.9			269.1	852.15	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Horizon	Indemnity		343.37	0.3828			269.1	852.15	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Horizon	Medicare Blue		269.1	0.3			269.1	852.15	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Horizon	MGD		343.37	0.3828			269.1	852.15	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Horizon	PPO		343.37	0.3828			269.1	852.15	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Managed Care Inc	Managed Care Inc		807.3	0.9			269.1	852.15	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Multiplan	Multiplan		717.6	0.8			269.1	852.15	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Qualcare	Qualcare		672.75	0.75			269.1	852.15	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Three Rivers	Three Rivers		852.15	0.95			269.1	852.15	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		UHC	Medicaid		282.2	0.3146			269.1	852.15	percent of total billed charges	
RP 1-123 WB PER MCI	A9509	HCPCS	outpatient			897		Wellcare	Medicaid		282.2	0.3146			269.1	852.15	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Aetna	Commercial		25.84	0.38			20.4	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Aetna	Better Health		21.39	0.3146			20.4	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Aetna	Medicare		20.94	0.308			20.4	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Americare	Americare		51	0.75			20.4	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		WellPoint	WellPoint		21.81	0.3208			20.4	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Consumer	Consumer		64.6	0.95			20.4	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Corrections	Corrections		54.4	0.8			20.4	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		First Health	First Health		47.6	0.7			20.4	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		First Trenton	First Trenton		61.2	0.9			20.4	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Horizon	Indemnity		26.03	0.3828			20.4	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Horizon	Medicare Blue		20.4	0.3			20.4	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Horizon	MGD		26.03	0.3828			20.4	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Horizon	PPO		26.03	0.3828			20.4	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Managed Care Inc	Managed Care Inc		61.2	0.9			20.4	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Multiplan	Multiplan		54.4	0.8			20.4	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Qualcare	Qualcare		51	0.75			20.4	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Three Rivers	Three Rivers		64.6	0.95			20.4	64.6	percent of total billed charges	
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		UHC	Medicaid		21.39	0.3146			20.4	64.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RP TC-PERTECHNETATE PER MCI	A9512	HCPCS	both			68		Wellcare	Medicaid		21.39	0.3146			20.4	64.6	percent of total billed charges	
RP I-123	A9516	HCPCS	both			425		Aetna	Medicare		130.9	0.308			127.5	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	both			425		Aetna	Commercial		161.5	0.38			127.5	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	both			425		Aetna	Better Health		133.71	0.3146			127.5	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	both			425		Americare	Americare		318.75	0.75			127.5	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	both			425		WellPoint	WellPoint		136.34	0.3208			127.5	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	both			425		Consumer	Consumer		403.75	0.95			127.5	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	both			425		Corrections	Corrections		340	0.8			127.5	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	both			425		First Health	First Health		297.5	0.7			127.5	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	both			425		First Trenton	First Trenton		382.5	0.9			127.5	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	both			425		Horizon	MGD		162.69	0.3828			127.5	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	both			425		Horizon	Indemnity		162.69	0.3828			127.5	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	both			425		Horizon	Medicare Blue		127.5	0.3			127.5	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	both			425		Horizon	PPO		162.69	0.3828			127.5	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	both			425		Managed Care Inc	Managed Care Inc		382.5	0.9			127.5	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	both			425		Multiplan	Multiplan		340	0.8			127.5	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	both			425		Qualcare	Qualcare		318.75	0.75			127.5	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	both			425		Three Rivers	Three Rivers		403.75	0.95			127.5	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	both			158		UHC	Medicaid		133.71	0.3146			127.5	403.75	percent of total billed charges	
RP I-123	A9516	HCPCS	both			425		Wellcare	Medicaid		133.71	0.3146			127.5	403.75	percent of total billed charges	
RP I-131 THERA. EA.ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Aetna	Commercial		40.79	1.592			19.82	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP I-131 THERA. EA.ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Aetna	Better Health		151.01	0.3146			19.82	456	percent of total billed charges	
RP I-131 THERA. EA.ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Aetna	Medicare		25.62	1			19.82	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP I-131 THERA. EA.ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Americare	Americare		360	0.75			19.82	456	percent of total billed charges	
RP I-131 THERA. EA.ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	WellPoint	WellPoint		153.98	0.3208			19.82	456	percent of total billed charges	
RP I-131 THERA. EA.ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Amerihealth	Medicare		25.62	1			19.82	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP I-131 THERA. EA.ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Consumer	Consumer		456	0.95			19.82	456	percent of total billed charges	
RP I-131 THERA. EA.ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Corrections	Corrections		384	0.8			19.82	456	percent of total billed charges	
RP I-131 THERA. EA.ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	First Health	First Health		336	0.7			19.82	456	percent of total billed charges	
RP I-131 THERA. EA.ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	First Trenton	First Trenton		432	0.9			19.82	456	percent of total billed charges	
RP I-131 THERA. EA.ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Horizon	Medicare Blue		25.62	1			19.82	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP I-131 THERA. EA.ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Horizon	Indemnity		46.81	1.827			19.82	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP I-131 THERA. EA.ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Horizon	MGD		46.81	1.827			19.82	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP I-131 THERA. EA.ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Horizon	PPO		46.81	1.827			19.82	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP I-131 THERA. EA.ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Managed Care Inc	Managed Care Inc		432	0.9			19.82	456	percent of total billed charges	
RP I-131 THERA. EA.ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Multiplan	Multiplan		384	0.8			19.82	456	percent of total billed charges	
RP I-131 THERA. EA.ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Qualcare	Qualcare		360	0.75			19.82	456	percent of total billed charges	
RP I-131 THERA. EA.ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Three Rivers	Three Rivers		456	0.95			19.82	456	percent of total billed charges	
RP I-131 THERA. EA.ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	UHC	Medicare		25.62	1			19.82	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP I-131 THERA. EA.ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	UHC	Medicaid		151.01	0.3146			19.82	456	percent of total billed charges	
RP I-131 THERA. EA.ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Wellcare	Medicare		25.62	1			19.82	456	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP I-131 THERA. EA.ADD'L MCCI	A9517	HCPCS	outpatient			480	29.46	Wellcare	Medicaid		151.01	0.3146			19.82	456	percent of total billed charges	
RP. TC-CERETECH	A9521	HCPCS	both			2796		Aetna	Medicare		861.17	0.308			838.8	2656.2	percent of total billed charges	
RP. TC-CERETECH	A9521	HCPCS	both			2796		Aetna	Commercial		1062.48	0.38			838.8	2656.2	percent of total billed charges	
RP. TC-CERETECH	A9521	HCPCS	both			2796		Aetna	Better Health		879.62	0.3146			838.8	2656.2	percent of total billed charges	
RP. TC-CERETECH	A9521	HCPCS	both			2796		Americare	Americare		2097	0.75			838.8	2656.2	percent of total billed charges	
RP. TC-CERETECH	A9521	HCPCS	both			2796		WellPoint	WellPoint		896.96	0.3208			838.8	2656.2	percent of total billed charges	
RP. TC-CERETECH	A9521	HCPCS	both			2796		Consumer	Consumer		2656.2	0.95			838.8	2656.2	percent of total billed charges	
RP. TC-CERETECH	A9521	HCPCS	both			2796		Corrections	Corrections		2236.8	0.8			838.8	2656.2	percent of total billed charges	
RP. TC-CERETECH	A9521	HCPCS	both			2796		First Health	First Health		1957.2	0.7			838.8	2656.2	percent of total billed charges	
RP. TC-CERETECH	A9521	HCPCS	both			2796		First Trenton	First Trenton		2516.4	0.9			838.8	2656.2	percent of total billed charges	
RP. TC-CERETECH	A9521	HCPCS	both			2796		Horizon	Indemnity		1070.31	0.3828			838.8	2656.2	percent of total billed charges	
RP. TC-CERETECH	A9521	HCPCS	both			2796		Horizon	Medicare Blue		838.8	0.3			838.8	2656.2	percent of total billed charges	
RP. TC-CERETECH	A9521	HCPCS	both			2796		Horizon	MGD		1070.31	0.3828			838.8	2656.2	percent of total billed charges	
RP. TC-CERETECH	A9521	HCPCS	both			2796		Horizon	PPO		1070.31	0.3828			838.8	2656.2	percent of total billed charges	
RP. TC-CERETECH	A9521	HCPCS	both			2796		Managed Care Inc	Managed Care Inc		2516.4	0.9			838.8	2656.2	percent of total billed charges	
RP. TC-CERETECH	A9521	HCPCS	both			2796		Multiplan	Multiplan		2236.8	0.8			838.8	2656.2	percent of total billed charges	
RP. TC-CERETECH	A9521	HCPCS	both			2796		Qualcare	Qualcare		2097	0.75			838.8	2656.2	percent of total billed charges	
RP. TC-CERETECH	A9521	HCPCS	both			2796		Three Rivers	Three Rivers		2656.2	0.95			838.8	2656.2	percent of total billed charges	
RP. TC-CERETECH	A9521	HCPCS	both			2796		UHC	Medicaid		879.62	0.3146			838.8	2656.2	percent of total billed charges	
RP. TC-CERETECH	A9521	HCPCS	both			2796		Wellcare	Medicaid		879.62	0.3146			838.8	2656.2	percent of total billed charges	
1-131 ALBUMIN RP PER 5UCI	A9524	HCPCS	outpatient			2220		Aetna	Better Health		698.41	0.3146			666	2109	percent of total billed charges	
1-131 ALBUMIN RP PER 5UCI	A9524	HCPCS	outpatient			2220		Aetna	Medicare		683.76	0.308			666	2109	percent of total billed charges	
1-131 ALBUMIN RP PER 5UCI	A9524	HCPCS	outpatient			2220		Aetna	Commercial		843.6	0.38			666	2109	percent of total billed charges	
1-131 ALBUMIN RP PER 5UCI	A9524	HCPCS	outpatient			2220		Americare	Americare		1665	0.75			666	2109	percent of total billed charges	
1-131 ALBUMIN RP PER 5UCI	A9524	HCPCS	outpatient			2220		WellPoint	WellPoint		712.18	0.3208			666	2109	percent of total billed charges	
1-131 ALBUMIN RP PER 5UCI	A9524	HCPCS	outpatient			2220		Consumer	Consumer		2109	0.95			666	2109	percent of total billed charges	
1-131 ALBUMIN RP PER 5UCI	A9524	HCPCS	outpatient			2220		Corrections	Corrections		1776	0.8			666	2109	percent of total billed charges	
1-131 ALBUMIN RP PER 5UCI	A9524	HCPCS	outpatient			2220		First Health	First Health		1554	0.7			666	2109	percent of total billed charges	
1-131 ALBUMIN RP PER 5UCI	A9524	HCPCS	outpatient			2220		First Trenton	First Trenton		1998	0.9			666	2109	percent of total billed charges	
1-131 ALBUMIN RP PER 5UCI	A9524	HCPCS	outpatient			2220		Horizon	MGD		849.82	0.3828			666	2109	percent of total billed charges	
1-131 ALBUMIN RP PER 5UCI	A9524	HCPCS	outpatient			2220		Horizon	Medicare Blue		666	0.3			666	2109	percent of total billed charges	
1-131 ALBUMIN RP PER 5UCI	A9524	HCPCS	outpatient			2220		Horizon	Indemnity		849.82	0.3828			666	2109	percent of total billed charges	
1-131 ALBUMIN RP PER 5UCI	A9524	HCPCS	outpatient			2220		Horizon	PPO		849.82	0.3828			666	2109	percent of total billed charges	
1-131 ALBUMIN RP PER 5UCI	A9524	HCPCS	outpatient			2220		Managed Care Inc	Managed Care Inc		1998	0.9			666	2109	percent of total billed charges	
1-131 ALBUMIN RP PER 5UCI	A9524	HCPCS	outpatient			2220		Multiplan	Multiplan		1776	0.8			666	2109	percent of total billed charges	
1-131 ALBUMIN RP PER 5UCI	A9524	HCPCS	outpatient			2220		Qualcare	Qualcare		1665	0.75			666	2109	percent of total billed charges	
1-131 ALBUMIN RP PER 5UCI	A9524	HCPCS	outpatient			2220		Three Rivers	Three Rivers		2109	0.95			666	2109	percent of total billed charges	
1-131 ALBUMIN RP PER 5UCI	A9524	HCPCS	outpatient			2220		UHC	Medicaid		698.41	0.3146			666	2109	percent of total billed charges	
1-131 ALBUMIN RP PER 5UCI	A9524	HCPCS	outpatient			2220		Wellcare	Medicaid		698.41	0.3146			666	2109	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Aetna	Commercial		117.42	0.38			92.7	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Aetna	Better Health		97.21	0.3146			92.7	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Aetna	Medicare		95.17	0.308			92.7	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Americare	Americare		231.75	0.75			92.7	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		WellPoint	WellPoint		99.13	0.3208			92.7	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Consumer	Consumer		293.55	0.95			92.7	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Corrections	Corrections		247.2	0.8			92.7	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		First Health	First Health		216.3	0.7			92.7	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		First Trenton	First Trenton		278.1	0.9			92.7	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Horizon	Medicare Blue		92.7	0.3			92.7	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Horizon	PPO		118.29	0.3828			92.7	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Horizon	MGD		118.29	0.3828			92.7	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Horizon	Indemnity		118.29	0.3828			92.7	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Managed Care Inc	Managed Care Inc		278.1	0.9			92.7	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Multiplan	Multiplan		247.2	0.8			92.7	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Qualcare	Qualcare		231.75	0.75			92.7	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Three Rivers	Three Rivers		293.55	0.95			92.7	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		UHC	Medicaid		97.21	0.3146			92.7	293.55	percent of total billed charges	
RP I-131 DIAGNOSTIC PER MCI	A9528	HCPCS	outpatient			309		Wellcare	Medicaid		97.21	0.3146			92.7	293.55	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Aetna	Better Health		352.67	0.3146			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Aetna	Medicare		345.27	0.308			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Aetna	Commercial		425.98	0.38			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Americare	Americare		840.75	0.75			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		WellPoint	WellPoint		359.62	0.3208			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Consumer	Consumer		1064.95	0.95			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Corrections	Corrections		896.8	0.8			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		First Health	First Health		784.7	0.7			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		First Trenton	First Trenton		1008.9	0.9			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Horizon	MGD		429.12	0.3828			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Horizon	Indemnity		429.12	0.3828			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Horizon	PPO		429.12	0.3828			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Horizon	Medicare Blue		336.3	0.3			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Managed Care Inc	Managed Care Inc		1008.9	0.9			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Multiplan	Multiplan		896.8	0.8			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Qualcare	Qualcare		840.75	0.75			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Three Rivers	Three Rivers		1064.95	0.95			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		UHC	Medicaid		352.67	0.3146			336.3	1064.95	percent of total billed charges	
RP-NEOTECH	A9536	HCPCS	outpatient			1121		Wellcare	Medicaid		352.67	0.3146			336.3	1064.95	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Aetna	Better Health		49.71	0.3146			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Aetna	Medicare		48.66	0.308			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Aetna	Commercial		60.04	0.38			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Americare	Americare		118.5	0.75			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		WellPoint	WellPoint		50.69	0.3208			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Consumer	Consumer		150.1	0.95			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Corrections	Corrections		126.4	0.8			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		First Health	First Health		110.6	0.7			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		First Trenton	First Trenton		142.2	0.9			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Horizon	Medicare Blue		47.4	0.3			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Horizon	Indemnity		60.48	0.3828			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Horizon	MGD		60.48	0.3828			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Horizon	PPO		60.48	0.3828			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Managed Care Inc	Managed Care Inc		142.2	0.9			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Multiplan	Multiplan		126.4	0.8			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Qualcare	Qualcare		118.5	0.75			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Three Rivers	Three Rivers		150.1	0.95			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		UHC	Medicaid		49.71	0.3146			47.4	150.1	percent of total billed charges	
RP TC-MEBROFENIN	A9537	HCPCS	both			158		Wellcare	Medicaid		49.71	0.3146			47.4	150.1	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Aetna	Better Health		31.46	0.3146			30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Aetna	Commercial		38	0.38			30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Aetna	Medicare		30.8	0.308			30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Americare	Americare		75	0.75			30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		WellPoint	WellPoint		32.08	0.3208			30	95	percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Consumer	Consumer		95	0.95			30	95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RP - TC-PYP	A9538	HCPCS	both			100		Corrections	Corrections		80	0.8			30		95 percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		First Health	First Health		70	0.7			30		95 percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		First Trenton	First Trenton		90	0.9			30		95 percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Horizon	MGD		38.28	0.3828			30		95 percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Horizon	Indemnity		38.28	0.3828			30		95 percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Horizon	PPO		38.28	0.3828			30		95 percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Horizon	Medicare Blue		30	0.3			30		95 percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Managed Care Inc	Managed Care Inc		90	0.9			30		95 percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Multiplan	Multiplan		80	0.8			30		95 percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Qualcare	Qualcare		75	0.75			30		95 percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Three Rivers	Three Rivers		95	0.95			30		95 percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		UHC	Medicaid		31.46	0.3146			30		95 percent of total billed charges	
RP - TC-PYP	A9538	HCPCS	both			100		Wellcare	Medicaid		31.46	0.3146			30		95 percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Aetna	Better Health		104.13	0.3146			99.3	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Aetna	Medicare		101.95	0.308			99.3	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Aetna	Commercial		125.78	0.38			99.3	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Americare	Americare		248.25	0.75			99.3	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		WellPoint	WellPoint		106.18	0.3208			99.3	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Consumer	Consumer		314.45	0.95			99.3	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Corrections	Corrections		264.8	0.8			99.3	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		First Health	First Health		231.7	0.7			99.3	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		First Trenton	First Trenton		297.9	0.9			99.3	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Horizon	Medicare Blue		99.3	0.3			99.3	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Horizon	Indemnity		126.71	0.3828			99.3	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Horizon	MGD		126.71	0.3828			99.3	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Horizon	PPO		126.71	0.3828			99.3	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Managed Care Inc	Managed Care Inc		297.9	0.9			99.3	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Multiplan	Multiplan		264.8	0.8			99.3	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Qualcare	Qualcare		248.25	0.75			99.3	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Three Rivers	Three Rivers		314.45	0.95			99.3	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		UHC	Medicaid		104.13	0.3146			99.3	314.45	percent of total billed charges	
RP TC-DTPA	A9539	HCPCS	both			331		Wellcare	Medicaid		104.13	0.3146			99.3	314.45	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Aetna	Medicare		139.83	0.308			136.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Aetna	Commercial		172.52	0.38			136.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Aetna	Better Health		142.83	0.3146			136.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Americare	Americare		340.5	0.75			136.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		WellPoint	WellPoint		145.64	0.3208			136.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Consumer	Consumer		431.3	0.95			136.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Corrections	Corrections		363.2	0.8			136.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		First Health	First Health		317.8	0.7			136.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		First Trenton	First Trenton		408.6	0.9			136.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Horizon	MGD		173.79	0.3828			136.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Horizon	Medicare Blue		136.2	0.3			136.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Horizon	PPO		173.79	0.3828			136.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Horizon	Indemnity		173.79	0.3828			136.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Managed Care Inc	Managed Care Inc		408.6	0.9			136.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Multiplan	Multiplan		363.2	0.8			136.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Qualcare	Qualcare		340.5	0.75			136.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Three Rivers	Three Rivers		431.3	0.95			136.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		UHC	Medicaid		142.83	0.3146			136.2	431.3	percent of total billed charges	
RP TC-MAA	A9540	HCPCS	both			454		Wellcare	Medicaid		142.83	0.3146			136.2	431.3	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Aetna	Medicare		61.91	0.308			60.3	190.95	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Aetna	Better Health		63.23	0.3146			60.3	190.95	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Aetna	Commercial		76.38	0.38			60.3	190.95	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Americare	Americare		150.75	0.75			60.3	190.95	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		WellPoint	WellPoint		64.48	0.3208			60.3	190.95	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Consumer	Consumer		190.95	0.95			60.3	190.95	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Corrections	Corrections		160.8	0.8			60.3	190.95	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		First Health	First Health		140.7	0.7			60.3	190.95	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		First Trenton	First Trenton		180.9	0.9			60.3	190.95	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Horizon	Indemnity		76.94	0.3828			60.3	190.95	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Horizon	MGD		76.94	0.3828			60.3	190.95	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Horizon	PPO		76.94	0.3828			60.3	190.95	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Horizon	Medicare Blue		60.3	0.3			60.3	190.95	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Managed Care Inc	Managed Care Inc		180.9	0.9			60.3	190.95	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Multiplan	Multiplan		160.8	0.8			60.3	190.95	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Qualcare	Qualcare		150.75	0.75			60.3	190.95	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Three Rivers	Three Rivers		190.95	0.95			60.3	190.95	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		UHC	Medicaid		63.23	0.3146			60.3	190.95	percent of total billed charges	
RP TC-SULFER COLLOID	A9541	HCPCS	both			201		Wellcare	Medicaid		63.23	0.3146			60.3	190.95	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515		90383.28 Aetna	Better Health		58048.42	0.3146			58048.42	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515		90383.28 Aetna	Commercial		125121.9	1.592			58048.42	175289.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515		90383.28 Aetna	Medicare		78594.16	1			58048.42	175289.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515		90383.28 Americare	Americare		138386.25	0.75			58048.42	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515		90383.28 WellPoint	WellPoint		59192.41	0.3208			58048.42	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515		90383.28 AmerihealthI	Medicare		78594.16	1			58048.42	175289.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515		90383.28 Consumer	Consumer		175289.25	0.95			58048.42	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515		90383.28 Corrections	Corrections		147612	0.8			58048.42	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515		90383.28 First Health	First Health		129160.5	0.7			58048.42	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515		90383.28 First Trenton	First Trenton		166063.5	0.9			58048.42	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515		90383.28 Horizon	Indemnity		143591.53	1.827			58048.42	175289.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515		90383.28 Horizon	MGD		143591.53	1.827			58048.42	175289.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515		90383.28 Horizon	Medicare Blue		78594.16	1			58048.42	175289.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515		90383.28 Horizon	PPO		143591.53	1.827			58048.42	175289.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515		90383.28 Managed Care Inc	Managed Care Inc		166063.5	0.9			58048.42	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515		90383.28 Multiplan	Multiplan		147612	0.8			58048.42	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515		90383.28 Qualcare	Qualcare		138386.25	0.75			58048.42	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515		90383.28 Three Rivers	Three Rivers		175289.25	0.95			58048.42	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515		90383.28 UHC	Medicare		78594.16	1			58048.42	175289.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515		90383.28 UHC	Medicaid		58048.42	0.3146			58048.42	175289.25	percent of total billed charges	
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515		90383.28 Wellcare	Medicare		78594.16	1			58048.42	175289.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
YTTRIUM-90 ZEVALIN PER DOSE	A9543	HCPCS	outpatient			184515		90383.28 Wellcare	Medicaid		58048.42	0.3146			58048.42	175289.25	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	both			5325		Aetna	Better Health		1675.25	0.3146			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	both			5325		Aetna	Commercial		2023.5	0.38			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	both			5325		Aetna	Medicare		1640.1	0.308			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	both			5325		Americare	Americare		3993.75	0.75			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	both			5325		WellPoint	WellPoint		1708.26	0.3208			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	both			5325		Consumer	Consumer		5058.75	0.95			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	both			5325		Corrections	Corrections		4260	0.8			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	both			5325		First Health	First Health		3727.5	0.7			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	both			5325		First Trenton	First Trenton		4792.5	0.9			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	both			5325		Horizon	Medicare Blue		1597.5	0.3			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	both			5325		Horizon	Indemnity		2038.41	0.3828			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	both			5325		Horizon	MGD		2038.41	0.3828			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	both			5325		Horizon	PPO		2038.41	0.3828			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	both			5325		Managed Care Inc	Managed Care Inc		4792.5	0.9			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	both			5325		Multiplan	Multiplan		4260	0.8			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	both			5325		Qualcare	Qualcare		3993.75	0.75			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	both			5325		Three Rivers	Three Rivers		5058.75	0.95			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	both			5325		UHC	Medicaid		1675.25	0.3146			1597.5	5058.75	percent of total billed charges	
RP IN-DTPA (PER 0.5 MCI)	A9548	HCPCS	both			5325		Wellcare	Medicaid		1675.25	0.3146			1597.5	5058.75	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Aetna	Medicare		384.38	0.308			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Aetna	Better Health		392.62	0.3146			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Aetna	Commercial		474.24	0.38			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Americare	Americare		936	0.75			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		WellPoint	WellPoint		400.36	0.3208			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Consumer	Consumer		1185.6	0.95			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Corrections	Corrections		998.4	0.8			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		First Health	First Health		873.6	0.7			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		First Trenton	First Trenton		1123.2	0.9			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Horizon	Medicare Blue		374.4	0.3			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Horizon	Indemnity		477.73	0.3828			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Horizon	MGD		477.73	0.3828			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Horizon	PPO		477.73	0.3828			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Managed Care Inc	Managed Care Inc		1123.2	0.9			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Multiplan	Multiplan		998.4	0.8			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Qualcare	Qualcare		936	0.75			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Three Rivers	Three Rivers		1185.6	0.95			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		UHC	Medicaid		392.62	0.3146			374.4	1185.6	percent of total billed charges	
RP TC-DMSA	A9551	HCPCS	outpatient			1248		Wellcare	Medicaid		392.62	0.3146			374.4	1185.6	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Aetna	Better Health		539.22	0.3146			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Aetna	Commercial		651.32	0.38			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Aetna	Medicare		527.91	0.308			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Americare	Americare		1285.5	0.75			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		WellPoint	WellPoint		549.85	0.3208			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Consumer	Consumer		1628.3	0.95			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Corrections	Corrections		1371.2	0.8			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		First Health	First Health		1199.8	0.7			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		First Trenton	First Trenton		1542.6	0.9			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Horizon	MGD		656.12	0.3828			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Horizon	Indemnity		656.12	0.3828			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Horizon	PPO		656.12	0.3828			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Horizon	Medicare Blue		514.2	0.3			514.2	1628.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Managed Care Inc	Managed Care Inc		1542.6	0.9			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Multiplan	Multiplan		1371.2	0.8			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Qualcare	Qualcare		1285.5	0.75			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Three Rivers	Three Rivers		1628.3	0.95			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		UHC	Medicaid		539.22	0.3146			514.2	1628.3	percent of total billed charges	
ADMINISTRATION OF FDG	A9552	HCPCS	outpatient			1714		Wellcare	Medicaid		539.22	0.3146			514.2	1628.3	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Aetna	Commercial		1040.82	0.38			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Aetna	Better Health		861.69	0.3146			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Aetna	Medicare		843.51	0.308			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Americare	Americare		2054.25	0.75			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		WellPoint	WellPoint		878.67	0.3208			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Consumer	Consumer		2602.05	0.95			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Corrections	Corrections		2191.2	0.8			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		First Health	First Health		1917.3	0.7			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		First Trenton	First Trenton		2465.1	0.9			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Horizon	Indemnity		1048.49	0.3828			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Horizon	MGD		1048.49	0.3828			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Horizon	Medicare Blue		821.7	0.3			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Horizon	PPO		1048.49	0.3828			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Managed Care Inc	Managed Care Inc		2465.1	0.9			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Multiplan	Multiplan		2191.2	0.8			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Qualcare	Qualcare		2054.25	0.75			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Three Rivers	Three Rivers		2602.05	0.95			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		UHC	Medicaid		861.69	0.3146			821.7	2602.05	percent of total billed charges	
RP CHROMIUM 51 (20-30MCG)	A9553	HCPCS	outpatient			2739		Wellcare	Medicaid		861.69	0.3146			821.7	2602.05	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Aetna	Medicare		482.02	0.308			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Aetna	Better Health		492.35	0.3146			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Aetna	Commercial		594.7	0.38			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Americare	Americare		1173.75	0.75			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		WellPoint	WellPoint		502.05	0.3208			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Consumer	Consumer		1486.75	0.95			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Corrections	Corrections		1252	0.8			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		First Health	First Health		1095.5	0.7			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		First Trenton	First Trenton		1408.5	0.9			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Horizon	Medicare Blue		469.5	0.3			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Horizon	MGD		599.08	0.3828			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Horizon	Indemnity		599.08	0.3828			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Horizon	PPO		599.08	0.3828			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Managed Care Inc	Managed Care Inc		1408.5	0.9			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Multiplan	Multiplan		1252	0.8			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Qualcare	Qualcare		1173.75	0.75			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Three Rivers	Three Rivers		1486.75	0.95			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		UHC	Medicaid		492.35	0.3146			96.9	1486.75	percent of total billed charges	
RP GALLIUM TUMOR (PER MCI)	A9556	HCPCS	both			1565		Wellcare	Medicaid		492.35	0.3146			96.9	1486.75	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Aetna	Better Health		1129.73	0.3146			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Aetna	Commercial		1364.58	0.38			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Aetna	Medicare		1106.03	0.308			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Americare	Americare		2693.25	0.75			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		WellPoint	WellPoint		1151.99	0.3208			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Consumer	Consumer		3411.45	0.95			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Corrections	Corrections		2872.8	0.8			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		First Health	First Health		2513.7	0.7			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		First Trenton	First Trenton		3231.9	0.9			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Horizon	Medicare Blue		1077.3	0.3			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Horizon	Indemnity		1374.63	0.3828			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Horizon	MGD		1374.63	0.3828			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Horizon	PPO		1374.63	0.3828			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Managed Care Inc	Managed Care Inc		3231.9	0.9			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Multiplan	Multiplan		2872.8	0.8			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Qualcare	Qualcare		2693.25	0.75			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Three Rivers	Three Rivers		3411.45	0.95			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		UHC	Medicaid		1129.73	0.3146			428.7	3411.45	percent of total billed charges	
RP TC-ED	A9557	HCPCS	inpatient			3591		Wellcare	Medicaid		1129.73	0.3146			428.7	3411.45	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Aetna	Commercial		380.38	0.38			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Aetna	Better Health		314.91	0.3146			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Aetna	Medicare		308.31	0.308			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Americare	Americare		750.75	0.75			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		WellPoint	WellPoint		321.12	0.3208			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Consumer	Consumer		950.95	0.95			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Corrections	Corrections		800.8	0.8			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		First Health	First Health		700.7	0.7			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		First Trenton	First Trenton		900.9	0.9			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Horizon	Indemnity		383.18	0.3828			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Horizon	PPO		383.18	0.3828			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Horizon	MGD		383.18	0.3828			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Horizon	Medicare Blue		300.3	0.3			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Managed Care Inc	Managed Care Inc		900.9	0.9			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Multiplan	Multiplan		800.8	0.8			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Qualcare	Qualcare		750.75	0.75			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Three Rivers	Three Rivers		950.95	0.95			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		UHC	Medicaid		314.91	0.3146			300.3	950.95	percent of total billed charges	
RP SCHILLING'S DUAL	A9559	HCPCS	outpatient			1001		Wellcare	Medicaid		314.91	0.3146			300.3	950.95	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Aetna	Better Health		114.83	0.3146			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Aetna	Commercial		138.7	0.38			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Aetna	Medicare		112.42	0.308			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Americare	Americare		273.75	0.75			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		WellPoint	WellPoint		117.09	0.3208			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Consumer	Consumer		346.75	0.95			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Corrections	Corrections		292	0.8			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		First Health	First Health		255.5	0.7			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		First Trenton	First Trenton		328.5	0.9			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Horizon	Indemnity		139.72	0.3828			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Horizon	MGD		139.72	0.3828			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Horizon	Medicare Blue		109.5	0.3			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Horizon	PPO		139.72	0.3828			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Managed Care Inc	Managed Care Inc		328.5	0.9			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Multiplan	Multiplan		292	0.8			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Qualcare	Qualcare		273.75	0.75			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Three Rivers	Three Rivers		346.75	0.95			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		UHC	Medicaid		114.83	0.3146			109.5	346.75	percent of total billed charges	
RP TC-RBC IN-VIVO	A9560	HCPCS	both			365		Wellcare	Medicaid		114.83	0.3146			109.5	346.75	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	outpatient			232		Aetna	Medicare		71.46	0.308			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	outpatient			232		Aetna	Better Health		72.99	0.3146			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	outpatient			232		Aetna	Commercial		88.16	0.38			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	outpatient			232		Americare	Americare		174	0.75			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	outpatient			232		WellPoint	WellPoint		74.43	0.3208			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	outpatient			232		Consumer	Consumer		220.4	0.95			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	outpatient			232		Corrections	Corrections		185.6	0.8			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	outpatient			232		First Health	First Health		162.4	0.7			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	outpatient			232		First Trenton	First Trenton		208.8	0.9			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	outpatient			232		Horizon	Medicare Blue		69.6	0.3			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	outpatient			232		Horizon	Indemnity		88.81	0.3828			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	outpatient			232		Horizon	MGD		88.81	0.3828			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	outpatient			232		Horizon	PPO		88.81	0.3828			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	outpatient			232		Managed Care Inc	Managed Care Inc		208.8	0.9			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	outpatient			232		Multiplan	Multiplan		185.6	0.8			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	outpatient			232		Qualcare	Qualcare		174	0.75			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	outpatient			232		Three Rivers	Three Rivers		220.4	0.95			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	outpatient			232		UHC	Medicaid		72.99	0.3146			24.6	220.4	percent of total billed charges	
RP TC-HDP	A9561	HCPCS	outpatient			232		Wellcare	Medicaid		72.99	0.3146			24.6	220.4	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Aetna	Medicare		242.4	0.308			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Aetna	Commercial		299.06	0.38			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Aetna	Better Health		247.59	0.3146			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Americare	Americare		590.25	0.75			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		WellPoint	WellPoint		252.47	0.3208			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Consumer	Consumer		747.65	0.95			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Corrections	Corrections		629.6	0.8			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		First Health	First Health		550.9	0.7			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		First Trenton	First Trenton		708.3	0.9			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Horizon	MGD		301.26	0.3828			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Horizon	Medicare Blue		236.1	0.3			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Horizon	Indemnity		301.26	0.3828			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Horizon	PPO		301.26	0.3828			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Managed Care Inc	Managed Care Inc		708.3	0.9			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Multiplan	Multiplan		629.6	0.8			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Qualcare	Qualcare		590.25	0.75			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Three Rivers	Three Rivers		747.65	0.95			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		UHC	Medicaid		247.59	0.3146			236.1	747.65	percent of total billed charges	
RP TC-MAG3	A9562	HCPCS	both			787		Wellcare	Medicaid		247.59	0.3146			236.1	747.65	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Aetna	Medicare		101.95	0.308			99.3	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Aetna	Better Health		104.13	0.3146			99.3	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Aetna	Commercial		125.78	0.38			99.3	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Americare	Americare		248.25	0.75			99.3	314.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		WellPoint	WellPoint		106.18	0.3208			99.3	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Consumer	Consumer		314.45	0.95			99.3	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Corrections	Corrections		264.8	0.8			99.3	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		First Health	First Health		231.7	0.7			99.3	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		First Trenton	First Trenton		297.9	0.9			99.3	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Horizon	PPO		126.71	0.3828			99.3	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Horizon	MGD		126.71	0.3828			99.3	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Horizon	Indemnity		126.71	0.3828			99.3	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Horizon	Medicare Blue		99.3	0.3			99.3	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Managed Care Inc	Managed Care Inc		297.9	0.9			99.3	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Multiplan	Multiplan		264.8	0.8			99.3	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Qualcare	Qualcare		248.25	0.75			99.3	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Three Rivers	Three Rivers		314.45	0.95			99.3	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		UHC	Medicaid		104.13	0.3146			99.3	314.45	percent of total billed charges	
RP TC-DTPA AEROSOL	A9567	HCPCS	both			331		Wellcare	Medicaid		104.13	0.3146			99.3	314.45	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Aetna	Better Health		1399.97	0.3146			445	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Aetna	Commercial		1691	0.38			445	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Aetna	Medicare		1370.6	0.308			445	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Americare	Americare		3337.5	0.75			445	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		WellPoint	WellPoint		1427.56	0.3208			445	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Consumer	Consumer		4227.5	0.95			445	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Corrections	Corrections		3560	0.8			445	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		First Health	First Health		3115	0.7			445	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		First Trenton	First Trenton		4005	0.9			445	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Horizon	Medicare Blue		1335	0.3			445	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Horizon	MGD		1703.46	0.3828			445	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Horizon	Indemnity		1703.46	0.3828			445	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Horizon	NJ Health		445	0.1			445	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Horizon	PPO		1703.46	0.3828			445	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Managed Care Inc	Managed Care Inc		4005	0.9			445	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Multiplan	Multiplan		3560	0.8			445	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Qualcare	Qualcare		3337.5	0.75			445	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Three Rivers	Three Rivers		4227.5	0.95			445	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		UHC	Medicaid		1399.97	0.3146			445	4227.5	percent of total billed charges	
RP TC-WBC	A9569	HCPCS	outpatient			4450		Wellcare	Medicaid		1399.97	0.3146			445	4227.5	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Aetna	Medicare		1787.02	0.308			580.2	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Aetna	Better Health		1825.31	0.3146			580.2	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Aetna	Commercial		2204.76	0.38			580.2	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Americare	Americare		4351.5	0.75			580.2	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		WellPoint	WellPoint		1861.28	0.3208			580.2	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Consumer	Consumer		5511.9	0.95			580.2	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Corrections	Corrections		4641.6	0.8			580.2	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		First Health	First Health		4061.4	0.7			580.2	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		First Trenton	First Trenton		5221.8	0.9			580.2	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Horizon	Indemnity		2221.01	0.3828			580.2	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Horizon	MGD		2221.01	0.3828			580.2	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Horizon	NJ Health		580.2	0.1			580.2	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Horizon	Medicare Blue		1740.6	0.3			580.2	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Horizon	PPO		2221.01	0.3828			580.2	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Managed Care Inc	Managed Care Inc		5221.8	0.9			580.2	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Multiplan	Multiplan		4641.6	0.8			580.2	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Qualcare	Qualcare		4351.5	0.75			580.2	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Three Rivers	Three Rivers		5511.9	0.95			580.2	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		UHC	Medicaid		1825.31	0.3146			580.2	5511.9	percent of total billed charges	
RP WBC IN-111	A9570	HCPCS	both			5802		Wellcare	Medicaid		1825.31	0.3146			580.2	5511.9	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	both			9397		Aetna	Commercial		3570.86	0.38			939.7	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	both			9397		Aetna	Better Health		2956.3	0.3146			939.7	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	both			9397		Aetna	Medicare		2894.28	0.308			939.7	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	both			9397		Americare	Americare		7047.75	0.75			939.7	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	both			9397		WellPoint	WellPoint		3014.56	0.3208			939.7	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	both			9397		Consumer	Consumer		8927.15	0.95			939.7	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	both			9397		Corrections	Corrections		7517.6	0.8			939.7	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	both			9397		First Health	First Health		6577.9	0.7			939.7	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	both			9397		First Trenton	First Trenton		8457.3	0.9			939.7	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	both			9397		Horizon	Medicare Blue		2819.1	0.3			939.7	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	both			9397		Horizon	Indemnity		3597.17	0.3828			939.7	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	both			9397		Horizon	NJ Health		939.7	0.1			939.7	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	both			9397		Horizon	MGD		3597.17	0.3828			939.7	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	both			9397		Horizon	PPO		3597.17	0.3828			939.7	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	both			9397		Managed Care Inc	Managed Care Inc		8457.3	0.9			939.7	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	both			9397		Multiplan	Multiplan		7517.6	0.8			939.7	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	both			9397		Qualcare	Qualcare		7047.75	0.75			939.7	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	both			9397		Three Rivers	Three Rivers		8927.15	0.95			939.7	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	both			9397		UHC	Medicaid		2956.3	0.3146			939.7	8927.15	percent of total billed charges	
RP OCTEOTIDE	A9572	HCPCS	both			9397		Wellcare	Medicaid		2956.3	0.3146			939.7	8927.15	percent of total billed charges	
GAD INJECTION PROHANCE (PER M	A9576	HCPCS	both					1.75 Aetna	Medicare		1.53				1.53	1.53	case rate	
GAD INJECTION PROHANCE (PER M	A9576	HCPCS	both					1.75 Amerihealth	Medicare		1.53				1.53	1.53	case rate	
GAD INJECTION PROHANCE (PER M	A9576	HCPCS	both					1.75 UHC	Medicare		1.53				1.53	1.53	case rate	
GAD INJECTION PROHANCE (PER M	A9576	HCPCS	both					1.75 Wellcare	Medicare		1.53				1.53	1.53	case rate	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Aetna	Better Health		9.28	0.3146			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Aetna	Medicare		1.52				1.52	28.03	case rate	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Aetna	Commercial		11.21	0.38			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Americare	Americare		22.13	0.75			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 WellPoint	WellPoint		9.46	0.3208			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Amerihealth	Medicare		1.52				1.52	28.03	case rate	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Consumer	Consumer		28.03	0.95			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Corrections	Corrections		23.6	0.8			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 First Health	First Health		20.65	0.7			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 First Trenton	First Trenton		26.55	0.9			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Horizon	Medicare Blue		8.85	0.3			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Horizon	Indemnity		11.29	0.3828			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Horizon	MGD		11.29	0.3828			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Horizon	PPO		11.29	0.3828			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Horizon	NJ Health		1.51				1.52	28.03	case rate	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Managed Care Inc	Managed Care Inc		26.55	0.9			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Multiplan	Multiplan		23.6	0.8			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Qualcare	Qualcare		22.13	0.75			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Three Rivers	Three Rivers		28.03	0.95			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 UHC	Medicare		1.52				1.52	28.03	case rate	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 UHC	Medicaid		9.28	0.3146			1.52	28.03	percent of total billed charges	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Wellcare	Medicare		1.52				1.52	28.03	case rate	
GADOTERIDOL 1ML INJ	A9579	HCPCS	outpatient			29.5		1.75 Wellcare	Medicaid		9.28	0.3146			1.52	28.03	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Aetna	Commercial		1948.26	0.38			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Aetna	Better Health		1612.95	0.3146			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Aetna	Medicare		1579.12	0.308			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Americare	Americare		3845.25	0.75			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		WellPoint	WellPoint		1644.74	0.3208			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Consumer	Consumer		4870.65	0.95			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Corrections	Corrections		4101.6	0.8			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		First Health	First Health		3588.9	0.7			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		First Trenton	First Trenton		4614.3	0.9			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Horizon	MGD		1962.62	0.3828			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Horizon	Indemnity		1962.62	0.3828			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Horizon	Medicare Blue		1538.1	0.3			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Horizon	PPO		1962.62	0.3828			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Managed Care Inc	Managed Care Inc		4614.3	0.9			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Multiplan	Multiplan		4101.6	0.8			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Qualcare	Qualcare		3845.25	0.75			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Three Rivers	Three Rivers		4870.65	0.95			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		UHC	Medicaid		1612.95	0.3146			1538.1	4870.65	percent of total billed charges	
RP SODIUM FLUOR F-18 <30MCI)	A9580	HCPCS	outpatient			5127		Wellcare	Medicaid		1612.95	0.3146			1538.1	4870.65	percent of total billed charges	
EOVIST	A9581	HCPCS	both			82		16.95 Aetna	Better Health		25.8	0.3146			14.74	77.9	percent of total billed charges	
GAD INJECTION EOVIST 1 ML	A9581	HCPCS	both			82		16.95 Aetna	Medicare		14.74				14.74	77.9	case rate	
EOVIST	A9581	HCPCS	both			82		16.95 Aetna	Commercial		31.16	0.38			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	both			82		16.95 Americare	Americare		61.5	0.75			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	both			82		16.95 WellPoint	WellPoint		26.31	0.3208			14.74	77.9	percent of total billed charges	
GAD INJECTION EOVIST 1 ML	A9581	HCPCS	both			82		16.95 Amerihealth	Medicare		14.74				14.74	77.9	case rate	
EOVIST	A9581	HCPCS	both			82		16.95 Consumer	Consumer		77.9	0.95			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	both			82		16.95 Corrections	Corrections		65.6	0.8			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	both			82		16.95 First Health	First Health		57.4	0.7			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	both			82		16.95 First Trenton	First Trenton		73.8	0.9			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	both			82		16.95 Horizon	MGD		31.39	0.3828			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	both			82		16.95 Horizon	Medicare Blue		24.6	0.3			14.74	77.9	percent of total billed charges	
GAD INJECTION EOVIST 1 ML	A9581	HCPCS	both			82		16.95 Horizon	NJ Health		15.63				14.74	77.9	case rate	
EOVIST	A9581	HCPCS	both			82		16.95 Horizon	Indemnity		31.39	0.3828			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	both			82		16.95 Horizon	PPO		31.39	0.3828			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	both			82		16.95 Managed Care Inc	Managed Care Inc		73.8	0.9			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	both			82		16.95 Multiplan	Multiplan		65.6	0.8			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	both			82		16.95 Qualcare	Qualcare		61.5	0.75			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	both			82		16.95 Three Rivers	Three Rivers		77.9	0.95			14.74	77.9	percent of total billed charges	
EOVIST	A9581	HCPCS	both			82		16.95 UHC	Medicaid		25.8	0.3146			14.74	77.9	percent of total billed charges	
GAD INJECTION EOVIST 1 ML	A9581	HCPCS	both			82		16.95 UHC	Medicare		14.74				14.74	77.9	case rate	
EOVIST	A9581	HCPCS	both			82		16.95 Wellcare	Medicaid		25.8	0.3146			14.74	77.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GAD INJECTION EOVIST 1 ML	A9581	HCPCS	both			82	16.95	Wellcare	Medicare		14.74				14.74	77.9	case rate	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Aetna	Better Health		5166.05	0.3146			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Aetna	Commercial		6239.98	0.38			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Aetna	Medicare		5057.67	0.308			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Americare	Americare		12315.75	0.75			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		WellPoint	WellPoint		5267.86	0.3208			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Consumer	Consumer		15599.95	0.95			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Corrections	Corrections		13136.8	0.8			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		First Health	First Health		11494.7	0.7			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		First Trenton	First Trenton		14778.9	0.9			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Horizon	Medicare Blue		4926.3	0.3			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Horizon	MGD		6285.96	0.3828			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Horizon	Indemnity		6285.96	0.3828			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Horizon	PPO		6285.96	0.3828			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Managed Care Inc	Managed Care Inc		14778.9	0.9			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Multiplan	Multiplan		13136.8	0.8			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Qualcare	Qualcare		12315.75	0.75			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Three Rivers	Three Rivers		15599.95	0.95			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		UHC	Medicaid		5166.05	0.3146			4926.3	15599.95	percent of total billed charges	
RP I-123 MIBG	A9582	HCPCS	outpatient			16421		Wellcare	Medicaid		5166.05	0.3146			4926.3	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Aetna	Commercial		6239.98	0.38			4926.3	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Aetna	Medicare		5057.67	0.308			4926.3	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Aetna	Better Health		5166.05	0.3146			4926.3	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Americare	Americare		12315.75	0.75			4926.3	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		WellPoint	WellPoint		5267.86	0.3208			4926.3	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Consumer	Consumer		15599.95	0.95			4926.3	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Corrections	Corrections		13136.8	0.8			4926.3	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		First Health	First Health		11494.7	0.7			4926.3	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		First Trenton	First Trenton		14778.9	0.9			4926.3	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Horizon	MGD		6285.96	0.3828			4926.3	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Horizon	Indemnity		6285.96	0.3828			4926.3	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Horizon	Medicare Blue		4926.3	0.3			4926.3	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Horizon	PPO		6285.96	0.3828			4926.3	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Managed Care Inc	Managed Care Inc		14778.9	0.9			4926.3	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Multiplan	Multiplan		13136.8	0.8			4926.3	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Qualcare	Qualcare		12315.75	0.75			4926.3	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Three Rivers	Three Rivers		15599.95	0.95			4926.3	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		UHC	Medicaid		5166.05	0.3146			4926.3	15599.95	percent of total billed charges	
DIAG 123 LODINE LOFLUPANE<=5.00MCI	A9584	HCPCS	outpatient			16421		Wellcare	Medicaid		5166.05	0.3146			4926.3	15599.95	percent of total billed charges	
RP FLORBETAPIR F 18 UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Aetna	Medicare		2572.72	0.308			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18 UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Aetna	Better Health		2627.85	0.3146			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18 UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Aetna	Commercial		3174.14	0.38			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18 UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Americare	Americare		6264.75	0.75			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18 UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		WellPoint	WellPoint		2679.64	0.3208			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18 UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Consumer	Consumer		7935.35	0.95			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18 UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Corrections	Corrections		6682.4	0.8			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18 UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		First Health	First Health		5847.1	0.7			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18 UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		First Trenton	First Trenton		7517.7	0.9			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18 UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Horizon	Medicare Blue		2505.9	0.3			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18 UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Horizon	Indemnity		3197.53	0.3828			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18 UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Horizon	MGD		3197.53	0.3828			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18 UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Horizon	PPO		3197.53	0.3828			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18 UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Managed Care Inc	Managed Care Inc		7517.7	0.9			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18 UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Multiplan	Multiplan		6682.4	0.8			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18 UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Qualcare	Qualcare		6264.75	0.75			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18 UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Three Rivers	Three Rivers		7935.35	0.95			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18 UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		UHC	Medicaid		2627.85	0.3146			2505.9	7935.35	percent of total billed charges	
RP FLORBETAPIR F 18 UP TO 10 MC PER D	A9586	HCPCS	outpatient			8353		Wellcare	Medicaid		2627.85	0.3146			2505.9	7935.35	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Aetna	Better Health		3792.82	0.3146			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Aetna	Commercial		4581.28	0.38			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Aetna	Medicare		3713.25	0.308			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Americare	Americare		9042	0.75			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		WellPoint	WellPoint		3857.56	0.3208			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Consumer	Consumer		11453.2	0.95			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Corrections	Corrections		9644.8	0.8			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		First Health	First Health		8439.2	0.7			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		First Trenton	First Trenton		10850.4	0.9			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Horizon	MGD		4615.04	0.3828			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Horizon	Indemnity		4615.04	0.3828			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Horizon	PPO		4615.04	0.3828			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Horizon	Medicare Blue		3616.8	0.3			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Managed Care Inc	Managed Care Inc		10850.4	0.9			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Multiplan	Multiplan		9644.8	0.8			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Qualcare	Qualcare		9042	0.75			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Three Rivers	Three Rivers		11453.2	0.95			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		UHC	Medicaid		3792.82	0.3146			3616.8	11453.2	percent of total billed charges	
GALLIUM 68 DOTATATE PER 0.1 MCI	A9587	HCPCS	outpatient			12056		Wellcare	Medicaid		3792.82	0.3146			3616.8	11453.2	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Aetna	Medicare		4506.04	0.308			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Aetna	Better Health		4602.6	0.3146			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Aetna	Commercial		5559.4	0.38			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Americare	Americare		10972.5	0.75			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		WellPoint	WellPoint		4693.3	0.3208			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Consumer	Consumer		13898.5	0.95			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Corrections	Corrections		11704	0.8			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		First Health	First Health		10241	0.7			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		First Trenton	First Trenton		13167	0.9			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Horizon	Medicare Blue		4389	0.3			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Horizon	Indemnity		5600.36	0.3828			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Horizon	MGD		5600.36	0.3828			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Horizon	PPO		5600.36	0.3828			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Managed Care Inc	Managed Care Inc		13167	0.9			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Multiplan	Multiplan		11704	0.8			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Qualcare	Qualcare		10972.5	0.75			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Three Rivers	Three Rivers		13898.5	0.95			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		UHC	Medicaid		4602.6	0.3146			4389	13898.5	percent of total billed charges	
F-18 AXUMIN PER MCI	A9588	HCPCS	outpatient			14630		Wellcare	Medicaid		4602.6	0.3146			4389	13898.5	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Aetna	Medicare		3985.21	0.308			1293.9	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Aetna	Commercial		4916.82	0.38			1293.9	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Aetna	Better Health		4070.61	0.3146			1293.9	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Americare	Americare		9704.25	0.75			1293.9	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		WellPoint	WellPoint		4150.83	0.3208			1293.9	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Consumer	Consumer		12292.05	0.95			1293.9	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Corrections	Corrections		10351.2	0.8			1293.9	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		First Health	First Health		9057.3	0.7			1293.9	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		First Trenton	First Trenton		11645.1	0.9			1293.9	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Horizon	Indemnity		4953.05	0.3828			1293.9	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Horizon	MGD		4953.05	0.3828			1293.9	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Horizon	NJ Health		1293.9	0.1			1293.9	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Horizon	Medicare Blue		3881.7	0.3			1293.9	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Horizon	PPO		4953.05	0.3828			1293.9	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Managed Care Inc	Managed Care Inc		11645.1	0.9			1293.9	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Multiplan	Multiplan		10351.2	0.8			1293.9	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Qualcare	Qualcare		9704.25	0.75			1293.9	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Three Rivers	Three Rivers		12292.05	0.95			1293.9	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		UHC	Medicaid		4070.61	0.3146			1293.9	12292.05	percent of total billed charges	
CERIANNA F18 FLUORESTRADIOL PER MCI	A9591	HCPCS	outpatient			12939		Wellcare	Medicaid		4070.61	0.3146			1293.9	12292.05	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	outpatient			3545		Aetna	Medicare		1091.86	0.308			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	outpatient			3545		Aetna	Better Health		1115.26	0.3146			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	outpatient			3545		Aetna	Commercial		1347.1	0.38			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	outpatient			3545		Americare	Americare		2658.75	0.75			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	outpatient			3545		WellPoint	WellPoint		1137.24	0.3208			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	outpatient			3545		Consumer	Consumer		3367.75	0.95			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	outpatient			3545		Corrections	Corrections		2836	0.8			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	outpatient			3545		First Health	First Health		2481.5	0.7			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	outpatient			3545		First Trenton	First Trenton		3190.5	0.9			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	outpatient			3545		Horizon	Medicare Blue		1063.5	0.3			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	outpatient			3545		Horizon	PPO		1357.03	0.3828			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	outpatient			3545		Horizon	MGD		1357.03	0.3828			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	outpatient			3545		Horizon	Indemnity		1357.03	0.3828			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	outpatient			3545		Managed Care Inc	Managed Care Inc		3190.5	0.9			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	outpatient			3545		Multiplan	Multiplan		2836	0.8			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	outpatient			3545		Qualcare	Qualcare		2658.75	0.75			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	outpatient			3545		Three Rivers	Three Rivers		3367.75	0.95			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	outpatient			3545		UHC	Medicaid		1115.26	0.3146			1063.5	3367.75	percent of total billed charges	
COPPER 64 DOTATATE PER 1 MCI	A9592	HCPCS	outpatient			3545		Wellcare	Medicaid		1115.26	0.3146			1063.5	3367.75	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728		Aetna	Better Health		543.63	0.3146			543.63	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	801.11	Aetna	Medicare		696.62	1			543.63	1641.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	801.11	Aetna	Commercial		1109.02	1.592			543.63	1641.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	801.11	Americare	Americare		1296	0.75			543.63	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	801.11	WellPoint	WellPoint		554.34	0.3208			543.63	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	801.11	Amerihealth	Medicare		696.62	1			543.63	1641.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	801.11	Consumer	Consumer		1641.6	0.95			543.63	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728	801.11	Corrections	Corrections		1382.4	0.8			543.63	1641.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728		801.11 First Health	First Health		1209.6	0.7			543.63	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728		801.11 First Trenton	First Trenton		1555.2	0.9			543.63	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728		801.11 Horizon	MGD		1272.72	1.827			543.63	1641.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728		801.11 Horizon	Indemnity		1272.72	1.827			543.63	1641.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728		801.11 Horizon	PPO		1272.72	1.827			543.63	1641.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728		801.11 Horizon	Medicare Blue		696.62	1			543.63	1641.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728		801.11 Managed Care Inc	Managed Care Inc		1555.2	0.9			543.63	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728		801.11 Multiplan	Multiplan		1382.4	0.8			543.63	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728		801.11 Qualcare	Qualcare		1296	0.75			543.63	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728		801.11 Three Rivers	Three Rivers		1641.6	0.95			543.63	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728		801.11 UHC	Medicare		696.62	1			543.63	1641.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728		801.11 UHC	Medicaid		543.63	0.3146			543.63	1641.6	percent of total billed charges	
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728		801.11 Wellcare	Medicare		696.62	1			543.63	1641.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CHG F18 PSMA (PYLARIFY) PER MCI	A9595	HCPCS	outpatient			1728		801.11 Wellcare	Medicaid		543.63	0.3146			543.63	1641.6	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631		1368.9 Aetna	Better Health		1142.31	0.3146			1142.31	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631		1368.9 Aetna	Commercial		1895.04	1.592			1142.31	3449.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631		1368.9 Aetna	Medicare		1190.35	1			1142.31	3449.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631		1368.9 Americare	Americare		2723.25	0.75			1142.31	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631		1368.9 WellPoint	WellPoint		1164.82	0.3208			1142.31	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631		1368.9 Amerihealth	Medicare		1190.35	1			1142.31	3449.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631		1368.9 Consumer	Consumer		3449.45	0.95			1142.31	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631		1368.9 Corrections	Corrections		2904.8	0.8			1142.31	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631		1368.9 First Health	First Health		2541.7	0.7			1142.31	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631		1368.9 First Trenton	First Trenton		3267.9	0.9			1142.31	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631		1368.9 Horizon	MGD		2174.77	1.827			1142.31	3449.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631		1368.9 Horizon	Medicare Blue		1190.35	1			1142.31	3449.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631		1368.9 Horizon	PPO		2174.77	1.827			1142.31	3449.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631		1368.9 Horizon	Indemnity		2174.77	1.827			1142.31	3449.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631		1368.9 Managed Care Inc	Managed Care Inc		3267.9	0.9			1142.31	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631		1368.9 Multiplan	Multiplan		2904.8	0.8			1142.31	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631		1368.9 Qualcare	Qualcare		2723.25	0.75			1142.31	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631		1368.9 Three Rivers	Three Rivers		3449.45	0.95			1142.31	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631		1368.9 UHC	Medicare		1190.35	1			1142.31	3449.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631		1368.9 UHC	Medicaid		1142.31	0.3146			1142.31	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631		1368.9 Wellcare	Medicaid		1142.31	0.3146			1142.31	3449.45	percent of total billed charges	
RP CHG GALLIUM 68 PSMA GOZETOTIDE (ILLUC	A9596	HCPCS	outpatient			3631		1368.9 Wellcare	Medicare		1190.35	1			1142.31	3449.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Aetna	Better Health		4781.29	0.3146			87.3	14438.1	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Aetna	Commercial		5775.24	0.38			87.3	14438.1	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Aetna	Medicare		4680.98	0.308			87.3	14438.1	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Americare	Americare		11398.5	0.75			87.3	14438.1	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		WellPoint	WellPoint		4875.52	0.3208			87.3	14438.1	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Consumer	Consumer		14438.1	0.95			87.3	14438.1	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Corrections	Corrections		12158.4	0.8			87.3	14438.1	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		First Health	First Health		10638.6	0.7			87.3	14438.1	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		First Trenton	First Trenton		13678.2	0.9			87.3	14438.1	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Horizon	Medicare Blue		4559.4	0.3			87.3	14438.1	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Horizon	MGD		5817.79	0.3828			87.3	14438.1	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Horizon	Indemnity		5817.79	0.3828			87.3	14438.1	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Horizon	PPO		5817.79	0.3828			87.3	14438.1	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Managed Care Inc	Managed Care Inc		13678.2	0.9			87.3	14438.1	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Multiplan	Multiplan		12158.4	0.8			87.3	14438.1	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Qualcare	Qualcare		11398.5	0.75			87.3	14438.1	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Three Rivers	Three Rivers		14438.1	0.95			87.3	14438.1	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		UHC	Medicaid		4781.29	0.3146			87.3	14438.1	percent of total billed charges	
RP POSLUMA F18 FLOTUFOLASTAT PER DOSE	A9597	HCPCS	outpatient			15198		Wellcare	Medicaid		4781.29	0.3146			87.3	14438.1	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107		5737.7 Aetna	Better Health		5381.86	0.3146			4989.3	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107		5737.7 Aetna	Commercial		7942.97	1.592			4989.3	16251.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107		5737.7 Aetna	Medicare		4989.3	1			4989.3	16251.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107		5737.7 Americare	Americare		12830.25	0.75			4989.3	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107		5737.7 WellPoint	WellPoint		5487.93	0.3208			4989.3	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107		5737.7 Amerihealth	Medicare		4989.3	1			4989.3	16251.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107		5737.7 Consumer	Consumer		16251.65	0.95			4989.3	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107		5737.7 Corrections	Corrections		13685.6	0.8			4989.3	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107		5737.7 First Health	First Health		11974.9	0.7			4989.3	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107		5737.7 First Trenton	First Trenton		15396.3	0.9			4989.3	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107		5737.7 Horizon	PPO		9115.45	1.827			4989.3	16251.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107		5737.7 Horizon	MGD		9115.45	1.827			4989.3	16251.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107		5737.7 Horizon	Indemnity		9115.45	1.827			4989.3	16251.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107		5737.7 Horizon	Medicare Blue		4989.3	1			4989.3	16251.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107		5737.7 Managed Care Inc	Managed Care Inc		15396.3	0.9			4989.3	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107		5737.7 Multiplan	Multiplan		13685.6	0.8			4989.3	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107		5737.7 Qualcare	Qualcare		12830.25	0.75			4989.3	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107		5737.7 Three Rivers	Three Rivers		16251.65	0.95			4989.3	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107		5737.7 UHC	Medicaid		5381.86	0.3146			4989.3	16251.65	percent of total billed charges	
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107		5737.7 UHC	Medicare		4989.3	1			4989.3	16251.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107		5737.7 Wellcare	Medicare		4989.3	1			4989.3	16251.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP STRONTIUM PER MCI	A9600	HCPCS	outpatient			17107		5737.7 Wellcare	Medicaid		5381.86	0.3146			4989.3	16251.65	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985		23825.34 Aetna	Commercial		32982.56	1.592			18871.28	56985.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985		23825.34 Aetna	Better Health		18871.28	0.3146			18871.28	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985		23825.34 Aetna	Medicare		20717.69	1			18871.28	56985.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985		23825.34 Americare	Americare		44988.75	0.75			18871.28	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985		23825.34 WellPoint	WellPoint		19243.19	0.3208			18871.28	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985		23825.34 Amerihealth	Medicare		20717.69	1			18871.28	56985.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985		23825.34 Consumer	Consumer		56985.75	0.95			18871.28	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985		23825.34 Corrections	Corrections		47988	0.8			18871.28	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985		23825.34 First Health	First Health		41989.5	0.7			18871.28	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985		23825.34 First Trenton	First Trenton		53986.5	0.9			18871.28	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985		23825.34 Horizon	PPO		37851.22	1.827			18871.28	56985.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985		23825.34 Horizon	MGD		37851.22	1.827			18871.28	56985.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985		23825.34 Horizon	Indemnity		37851.22	1.827			18871.28	56985.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985		23825.34 Horizon	Medicare Blue		20717.69	1			18871.28	56985.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985		23825.34 Managed Care Inc	Managed Care Inc		53986.5	0.9			18871.28	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985		23825.34 Multiplan	Multiplan		47988	0.8			18871.28	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985		23825.34 Qualcare	Qualcare		44988.75	0.75			18871.28	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985		23825.34 Three Rivers	Three Rivers		56985.75	0.95			18871.28	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985		23825.34 UHC	Medicare		20717.69	1			18871.28	56985.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985		23825.34 UHC	Medicaid		18871.28	0.3146			18871.28	56985.75	percent of total billed charges	
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985		23825.34 Wellcare	Medicare		20717.69	1			18871.28	56985.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP SAMARIUM 153 UP TO 150 MCI	A9604	HCPCS	outpatient			59985		23825.34 Wellcare	Medicaid		18871.28	0.3146			18871.28	56985.75	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493		222.47 Aetna	Commercial		307.97	1.592			155.1	468.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493		222.47 Aetna	Better Health		155.1	0.3146			155.1	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493		222.47 Aetna	Medicare		193.45	1			155.1	468.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493		222.47 Americare	Americare		369.75	0.75			155.1	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493		222.47 WellPoint	WellPoint		158.15	0.3208			155.1	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493		222.47 Amerihealth	Medicare		193.45	1			155.1	468.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493		222.47 Consumer	Consumer		468.35	0.95			155.1	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493		222.47 Corrections	Corrections		394.4	0.8			155.1	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493		222.47 First Health	First Health		345.1	0.7			155.1	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493		222.47 First Trenton	First Trenton		443.7	0.9			155.1	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493		222.47 Horizon	MGD		353.43	1.827			155.1	468.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493		222.47 Horizon	Medicare Blue		193.45	1			155.1	468.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493		222.47 Horizon	Indemnity		353.43	1.827			155.1	468.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493		222.47 Horizon	PPO		353.43	1.827			155.1	468.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493		222.47 Managed Care Inc	Managed Care Inc		443.7	0.9			155.1	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493		222.47 Multiplan	Multiplan		394.4	0.8			155.1	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493		222.47 Qualcare	Qualcare		369.75	0.75			155.1	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493		222.47 Three Rivers	Three Rivers		468.35	0.95			155.1	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493		222.47 UHC	Medicare		193.45	1			155.1	468.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493		222.47 UHC	Medicaid		155.1	0.3146			155.1	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493		222.47 Wellcare	Medicaid		155.1	0.3146			155.1	468.35	percent of total billed charges	
RP RADIUM RA 223 DICHLORIDE-XOFIGO PER	A9606	HCPCS	outpatient			493		222.47 Wellcare	Medicare		193.45	1			155.1	468.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677		317.16 Aetna	Better Health		212.98	0.3146			212.98	643.15	percent of total billed charges	
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677		317.16 Aetna	Commercial		439.06	1.592			212.98	643.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677		317.16 Aetna	Medicare		275.79	1			212.98	643.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677		317.16 Americare	Americare		507.75	0.75			212.98	643.15	percent of total billed charges	
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677		317.16 WellPoint	WellPoint		217.18	0.3208			212.98	643.15	percent of total billed charges	
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677		317.16 Amerihealth	Medicare		275.79	1			212.98	643.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677		317.16 Consumer	Consumer		643.15	0.95			212.98	643.15	percent of total billed charges	
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677		317.16 Corrections	Corrections		541.6	0.8			212.98	643.15	percent of total billed charges	
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677		317.16 First Health	First Health		473.9	0.7			212.98	643.15	percent of total billed charges	
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677		317.16 First Trenton	First Trenton		609.3	0.9			212.98	643.15	percent of total billed charges	
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677		317.16 Horizon	Indemnity		503.87	1.827			212.98	643.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677		317.16 Horizon	MGD		503.87	1.827			212.98	643.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677		317.16 Horizon	Medicare Blue		275.79	1			212.98	643.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677		317.16 Horizon	PPO		503.87	1.827			212.98	643.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677		317.16 Managed Care Inc	Managed Care Inc		609.3	0.9			212.98	643.15	percent of total billed charges	
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677		317.16 Multiplan	Multiplan		541.6	0.8			212.98	643.15	percent of total billed charges	
RP CHG LUTETIUM 177 PLUVICTO PER MCI	A9607	HCPCS	outpatient			677	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Aetna	Better Health		42554.37	0.3146			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Aetna	Commercial		51400.7	0.38			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Aetna	Medicare		41661.62	0.308			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Americare	Amelcare		101448.75	0.75			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		WellPoint	WellPoint		43393.01	0.3208			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Consumer	Consumer		128501.75	0.95			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Corrections	Corrections		108212	0.8			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		First Health	First Health		94685.5	0.7			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		First Trenton	First Trenton		121738.5	0.9			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Horizon	MGD		51779.44	0.3828			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Horizon	Indemnity		51779.44	0.3828			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Horizon	PPO		51779.44	0.3828			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Horizon	Medicare Blue		40579.5	0.3			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Managed Care Inc	Managed Care Inc		121738.5	0.9			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Multiplan	Multiplan		108212	0.8			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Qualcare	Qualcare		101448.75	0.75			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Three Rivers	Three Rivers		128501.75	0.95			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		UHC	Medicaid		42554.37	0.3146			21659.7	128501.75	percent of total billed charges	
Y90 THERASPHERE (A9699)	A9699	HCPCS	outpatient			135265		Wellcare	Medicaid		42554.37	0.3146			21659.7	128501.75	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547		1205.68 Aetna	Medicare		1048.42	1			801.29	2419.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547		1205.68 Aetna	Commercial		1669.08	1.592			801.29	2419.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547		1205.68 Aetna	Better Health		801.29	0.3146			801.29	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547		1205.68 Americare	Amelcare		1910.25	0.75			801.29	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547		1205.68 WellPoint	WellPoint		817.08	0.3208			801.29	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547		1205.68 Amerihealth	Medicare		1048.42	1			801.29	2419.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547		1205.68 Consumer	Consumer		2419.65	0.95			801.29	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547		1205.68 Corrections	Corrections		2037.6	0.8			801.29	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547		1205.68 First Health	First Health		1782.9	0.7			801.29	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547		1205.68 First Trenton	First Trenton		2292.3	0.9			801.29	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547		1205.68 Horizon	Indemnity		1915.46	1.827			801.29	2419.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547		1205.68 Horizon	MGD		1915.46	1.827			801.29	2419.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547		1205.68 Horizon	PPO		1915.46	1.827			801.29	2419.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547		1205.68 Horizon	Medicare Blue		1048.42	1			801.29	2419.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547		1205.68 Managed Care Inc	Managed Care Inc		2292.3	0.9			801.29	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547		1205.68 Multiplan	Multiplan		2037.6	0.8			801.29	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547		1205.68 Qualcare	Qualcare		1910.25	0.75			801.29	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547		1205.68 Three Rivers	Three Rivers		2419.65	0.95			801.29	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547		1205.68 UHC	Medicare		1048.42	1			801.29	2419.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547		1205.68 UHC	Medicaid		801.29	0.3146			801.29	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547		1205.68 Wellcare	Medicaid		801.29	0.3146			801.29	2419.65	percent of total billed charges	
RP LOCAMETZ GA68 PSMA GOZETOTIDE PER MCI	A9800	HCPCS	outpatient			2547		1205.68 Wellcare	Medicare		1048.42	1			801.29	2419.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIC-KEY LIP TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Aetna	Medicare		385.31	0.308			375.3	1188.45	percent of total billed charges	
MIC-KEY LIP TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Aetna	Better Health		393.56	0.3146			375.3	1188.45	percent of total billed charges	
MIC-KEY LIP TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Aetna	Commercial		475.38	0.38			375.3	1188.45	percent of total billed charges	
MIC-KEY LIP TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Americare	Amelcare		938.25	0.75			375.3	1188.45	percent of total billed charges	
MIC-KEY LIP TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		WellPoint	WellPoint		401.32	0.3208			375.3	1188.45	percent of total billed charges	
MIC-KEY LIP TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Consumer	Consumer		1188.45	0.95			375.3	1188.45	percent of total billed charges	
MIC-KEY LIP TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Corrections	Corrections		1000.8	0.8			375.3	1188.45	percent of total billed charges	
MIC-KEY LIP TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		First Health	First Health		875.7	0.7			375.3	1188.45	percent of total billed charges	
MIC-KEY LIP TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		First Trenton	First Trenton		1125.9	0.9			375.3	1188.45	percent of total billed charges	
MIC-KEY LIP TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Horizon	Medicare Blue		375.3	0.3			375.3	1188.45	percent of total billed charges	
MIC-KEY LIP TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Horizon	Indemnity		478.88	0.3828			375.3	1188.45	percent of total billed charges	
MIC-KEY LIP TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Horizon	PPO		478.88	0.3828			375.3	1188.45	percent of total billed charges	
MIC-KEY LIP TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Horizon	MGD		478.88	0.3828			375.3	1188.45	percent of total billed charges	
MIC-KEY LIP TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Managed Care Inc	Managed Care Inc		1125.9	0.9			375.3	1188.45	percent of total billed charges	
MIC-KEY LIP TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Multiplan	Multiplan		1000.8	0.8			375.3	1188.45	percent of total billed charges	
MIC-KEY LIP TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Qualcare	Qualcare		938.25	0.75			375.3	1188.45	percent of total billed charges	
MIC-KEY LIP TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Three Rivers	Three Rivers		1188.45	0.95			375.3	1188.45	percent of total billed charges	
MIC-KEY LIP TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		UHC	Medicaid		393.56	0.3146			375.3	1188.45	percent of total billed charges	
MIC-KEY LIP TRANSGASTRIC-JEJ FEED TUBE	B4087	HCPCS	inpatient			1251		Wellcare	Medicaid		393.56	0.3146			375.3	1188.45	percent of total billed charges	
MIC-KEY LIP GASTROSTOMY FEEDING TUBE	B4088	HCPCS	outpatient			347		Aetna	Better Health		109.17	0.3146			104.1	329.65	percent of total billed charges	
MIC-KEY LIP GASTROSTOMY FEEDING TUBE	B4088	HCPCS	outpatient			347		Aetna	Commercial		131.86	0.38			104.1	329.65	percent of total billed charges	
MIC-KEY LIP GASTROSTOMY FEEDING TUBE	B4088	HCPCS	outpatient			347		Aetna	Medicare		106.88	0.308			104.1	329.65	percent of total billed charges	
MIC-KEY LIP GASTROSTOMY FEEDING TUBE	B4088	HCPCS	outpatient			347		Americare	Amelcare		260.25	0.75			104.1	329.65	percent of total billed charges	
MIC-KEY LIP GASTROSTOMY FEEDING TUBE	B4088	HCPCS	outpatient			347		WellPoint	WellPoint		111.32	0.3208			104.1	329.65	percent of total billed charges	
MIC-KEY LIP GASTROSTOMY FEEDING TUBE	B4088	HCPCS	outpatient			347		Consumer	Consumer		329.65	0.95			104.1	329.65	percent of total billed charges	
MIC-KEY LIP GASTROSTOMY FEEDING TUBE	B4088	HCPCS	outpatient			347		Corrections	Corrections		277.6	0.8			104.1	329.65	percent of total billed charges	
MIC-KEY LIP GASTROSTOMY FEEDING TUBE	B4088	HCPCS	outpatient			347		First Health	First Health		242.9	0.7			104.1	329.65	percent of total billed charges	
MIC-KEY LIP GASTROSTOMY FEEDING TUBE	B4088	HCPCS	outpatient			347		First Trenton	First Trenton		312.3	0.9			104.1	329.65	percent of total billed charges	
MIC-KEY LIP GASTROSTOMY FEEDING TUBE	B4088	HCPCS	outpatient			347		Horizon	Indemnity		132.83	0.3828			104.1	329.65	percent of total billed charges	
MIC-KEY LIP GASTROSTOMY FEEDING TUBE	B4088	HCPCS	outpatient			347		Horizon	Medicare Blue		104.1	0.3			104.1	329.65	percent of total billed charges	
MIC-KEY LIP GASTROSTOMY FEEDING TUBE	B4088	HCPCS	outpatient			347		Horizon	PPO		132.83	0.3828			104.1	329.65	percent of total billed charges	
MIC-KEY LIP GASTROSTOMY FEEDING TUBE	B4088	HCPCS	outpatient			347		Horizon	MGD		132.83	0.3828			104.1	329.65	percent of total billed charges	
MIC-KEY LIP GASTROSTOMY FEEDING TUBE	B4088	HCPCS	outpatient			347		Managed Care Inc	Managed Care Inc		312.3	0.9			104.1	329.65	percent of total billed charges	
MIC-KEY LIP GASTROSTOMY FEEDING TUBE	B4088	HCPCS	outpatient			347		Multiplan	Multiplan		277.6	0.8			104.1	329.65	percent of total billed charges	
MIC-KEY LIP GASTROSTOMY FEEDING TUBE	B4088	HCPCS	outpatient			347		Qualcare	Qualcare		260.25	0.75			104.1	329.65	percent of total billed charges	
MIC-KEY LIP GASTROSTOMY FEEDING TUBE	B4088	HCPCS	outpatient			347		Three Rivers	Three Rivers		329.65	0.95			104.1	329.65	percent of total billed charges	
MIC-KEY LIP GASTROSTOMY FEEDING TUBE	B4088	HCPCS	outpatient			347		UHC	Medicaid		109.17	0.3146			104.1	329.65	percent of total billed charges	
MIC-KEY LIP GASTROSTOMY FEEDING TUBE	B4088	HCPCS	outpatient			347		Wellcare	Medicaid		109.17	0.3146			104.1	329.65	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Aetna	Better Health		5.98	0.3146			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Aetna	Commercial		7.22	0.38			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Aetna	Medicare		5.85	0.308			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Americare	Amelcare		14.25	0.75			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		WellPoint	WellPoint		6.1	0.3208			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Consumer	Consumer		18.05	0.95			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Corrections	Corrections		15.2	0.8			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		First Health	First Health		13.3	0.7			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		First Trenton	First Trenton		17.1	0.9			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Horizon	Medicare Blue		5.7	0.3			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Horizon	MGD		7.27	0.3828			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Horizon	Indemnity		7.27	0.3828			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Horizon	PPO		7.27	0.3828			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Managed Care Inc	Managed Care Inc		17.1	0.9			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Multiplan	Multiplan		15.2	0.8			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Qualcare	Qualcare		14.25	0.75			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Three Rivers	Three Rivers		18.05	0.95			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		UHC	Medicaid		5.98	0.3146			5.7	18.05	percent of total billed charges	
FIBERSOURCE	B4150	HCPCS	both			19		Wellcare	Medicaid		5.98	0.3146			5.7	18.05	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Aetna	Medicare		7.08	0.308			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Aetna	Commercial		8.74	0.38			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Aetna	Better Health		7.24	0.3146			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Americare	Amelcare		17.25	0.75			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		WellPoint	WellPoint		7.38	0.3208			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Consumer	Consumer		21.85	0.95			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Corrections	Corrections		18.4	0.8			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		First Health	First Health		16.1	0.7			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		First Trenton	First Trenton		20.7	0.9			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Horizon	Indemnity		8.8	0.3828			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Horizon	Medicare Blue		6.9	0.3			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Horizon	MGD		8.8	0.3828			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Horizon	PPO		8.8	0.3828			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Managed Care Inc	Managed Care Inc		20.7	0.9			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Multiplan	Multiplan		18.4	0.8			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Qualcare	Qualcare		17.25	0.75			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Three Rivers	Three Rivers		21.85	0.95			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		UHC	Medicaid		7.24	0.3146			5.7	21.85	percent of total billed charges	
PERATIVE 8OZ CAN	B4152	HCPCS	both			23		Wellcare	Medicaid		7.24	0.3146			5.7	21.85	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Aetna	Medicare		29.88	0.308			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Aetna	Commercial		36.86	0.38			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Aetna	Better Health		30.52	0.3146			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Americare	Amelcare		72.75	0.75			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		WellPoint	WellPoint		31.12	0.3208			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Consumer	Consumer		92.15	0.95			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Corrections	Corrections		77.6	0.8			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		First Health	First Health		67.9	0.7			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		First Trenton	First Trenton		87.3	0.9			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Horizon	Indemnity		37.13	0.3828			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Horizon	MGD		37.13	0.3828			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Horizon	PPO		37.13	0.3828			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Horizon	Medicare Blue		29.1	0.3			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Managed Care Inc	Managed Care Inc		87.3	0.9			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Multiplan	Multiplan		77.6	0.8			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Qualcare	Qualcare		72.75	0.75			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Three Rivers	Three Rivers		92.15	0.95			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		UHC	Medicaid		30.52	0.3146			16.8	92.15	percent of total billed charges	
PEPTAMEN 1.5	B4153	HCPCS	both			97		Wellcare	Medicaid		30.52	0.3146			16.8	92.15	percent of total billed charges	
NOVOSOURCE RENAL 250ML TETRA	B4154	HCPCS	inpatient			17		Aetna	Commercial		6.46	0.38			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL 250ML TETRA	B4154	HCPCS	inpatient			17		Aetna	Better Health		5.35	0.3146			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL 250ML TETRA	B4154	HCPCS	inpatient			17		Aetna	Medicare		5.24	0.308			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL 250ML TETRA	B4154	HCPCS	inpatient			17		Americare	Amelcare		12.75	0.75			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL 250ML TETRA	B4154	HCPCS	inpatient			17		WellPoint	WellPoint		5.45	0.3208			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL 250ML TETRA	B4154	HCPCS	inpatient			17		Consumer	Consumer		16.15	0.95			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL 250ML TETRA	B4154	HCPCS	inpatient			17		Corrections	Corrections		13.6	0.8			2.1	16.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NOVOSOURCE RENAL 250ML TETRA	B4154	HCPCS	inpatient			17		First Health	First Health		11.9	0.7			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL 250ML TETRA	B4154	HCPCS	inpatient			17		First Trenton	First Trenton		15.3	0.9			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL 250ML TETRA	B4154	HCPCS	inpatient			17		Horizon	Medicare Blue		5.1	0.3			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL 250ML TETRA	B4154	HCPCS	inpatient			17		Horizon	MGD		6.51	0.3828			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL 250ML TETRA	B4154	HCPCS	inpatient			17		Horizon	Indemnity		6.51	0.3828			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL 250ML TETRA	B4154	HCPCS	inpatient			17		Horizon	PPO		6.51	0.3828			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL 250ML TETRA	B4154	HCPCS	inpatient			17		Managed Care Inc	Managed Care Inc		15.3	0.9			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL 250ML TETRA	B4154	HCPCS	inpatient			17		Multiplan	Multiplan		13.6	0.8			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL 250ML TETRA	B4154	HCPCS	inpatient			17		Qualcare	Qualcare		12.75	0.75			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL 250ML TETRA	B4154	HCPCS	inpatient			17		Three Rivers	Three Rivers		16.15	0.95			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL 250ML TETRA	B4154	HCPCS	inpatient			17		UHC	Medicaid		5.35	0.3146			2.1	16.15	percent of total billed charges	
NOVOSOURCE RENAL 250ML TETRA	B4154	HCPCS	inpatient			17		Wellcare	Medicaid		5.35	0.3146			2.1	16.15	percent of total billed charges	
BENEPROTEIN PER SCOOP	B4155	HCPCS	both			9		Aetna	Better Health		2.83	0.3146			2.7	8.55	percent of total billed charges	
BENEPROTEIN PER SCOOP	B4155	HCPCS	both			9		Aetna	Medicare		2.77	0.308			2.7	8.55	percent of total billed charges	
BENEPROTEIN PER SCOOP	B4155	HCPCS	both			9		Aetna	Commercial		3.42	0.38			2.7	8.55	percent of total billed charges	
BENEPROTEIN PER SCOOP	B4155	HCPCS	both			9		Americare	Americare		6.75	0.75			2.7	8.55	percent of total billed charges	
BENEPROTEIN PER SCOOP	B4155	HCPCS	both			9		WellPoint	WellPoint		2.89	0.3208			2.7	8.55	percent of total billed charges	
BENEPROTEIN PER SCOOP	B4155	HCPCS	both			9		Consumer	Consumer		8.55	0.95			2.7	8.55	percent of total billed charges	
BENEPROTEIN PER SCOOP	B4155	HCPCS	both			9		Corrections	Corrections		7.2	0.8			2.7	8.55	percent of total billed charges	
BENEPROTEIN PER SCOOP	B4155	HCPCS	both			9		First Health	First Health		6.3	0.7			2.7	8.55	percent of total billed charges	
BENEPROTEIN PER SCOOP	B4155	HCPCS	both			9		First Trenton	First Trenton		8.1	0.9			2.7	8.55	percent of total billed charges	
BENEPROTEIN PER SCOOP	B4155	HCPCS	both			9		Horizon	MGD		3.45	0.3828			2.7	8.55	percent of total billed charges	
BENEPROTEIN PER SCOOP	B4155	HCPCS	both			9		Horizon	Indemnity		3.45	0.3828			2.7	8.55	percent of total billed charges	
BENEPROTEIN PER SCOOP	B4155	HCPCS	both			9		Horizon	Medicare Blue		2.7	0.3			2.7	8.55	percent of total billed charges	
BENEPROTEIN PER SCOOP	B4155	HCPCS	both			9		Horizon	PPO		3.45	0.3828			2.7	8.55	percent of total billed charges	
BENEPROTEIN PER SCOOP	B4155	HCPCS	both			9		Managed Care Inc	Managed Care Inc		8.1	0.9			2.7	8.55	percent of total billed charges	
BENEPROTEIN PER SCOOP	B4155	HCPCS	both			9		Multiplan	Multiplan		7.2	0.8			2.7	8.55	percent of total billed charges	
BENEPROTEIN PER SCOOP	B4155	HCPCS	both			9		Qualcare	Qualcare		6.75	0.75			2.7	8.55	percent of total billed charges	
BENEPROTEIN PER SCOOP	B4155	HCPCS	both			9		Three Rivers	Three Rivers		8.55	0.95			2.7	8.55	percent of total billed charges	
BENEPROTEIN PER SCOOP	B4155	HCPCS	both			9		UHC	Medicaid		2.83	0.3146			2.7	8.55	percent of total billed charges	
BENEPROTEIN PER SCOOP	B4155	HCPCS	both			9		Wellcare	Medicaid		2.83	0.3146			2.7	8.55	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Aetna	Commercial		7.22	0.38			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Aetna	Better Health		5.98	0.3146			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Aetna	Medicare		5.85	0.308			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Americare	Americare		14.25	0.75			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		WellPoint	WellPoint		6.1	0.3208			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Consumer	Consumer		18.05	0.95			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Corrections	Corrections		15.2	0.8			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		First Health	First Health		13.3	0.7			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		First Trenton	First Trenton		17.1	0.9			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Horizon	MGD		7.27	0.3828			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Horizon	Indemnity		7.27	0.3828			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Horizon	Medicare Blue		5.7	0.3			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Horizon	PPO		7.27	0.3828			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Managed Care Inc	Managed Care Inc		17.1	0.9			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Multiplan	Multiplan		15.2	0.8			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Qualcare	Qualcare		14.25	0.75			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Three Rivers	Three Rivers		18.05	0.95			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		UHC	Medicaid		5.98	0.3146			5.7	18.05	percent of total billed charges	
PEDIASURE WITH FIBER	B4158	HCPCS	both			19		Wellcare	Medicaid		5.98	0.3146			5.7	18.05	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	both			66		Aetna	Better Health		20.76	0.3146			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	both			66		Aetna	Commercial		25.08	0.38			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	both			66		Aetna	Medicare		20.33	0.308			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	both			66		Americare	Americare		49.5	0.75			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	both			66		WellPoint	WellPoint		21.17	0.3208			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	both			66		Consumer	Consumer		62.7	0.95			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	both			66		Corrections	Corrections		52.8	0.8			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	both			66		First Health	First Health		46.2	0.7			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	both			66		First Trenton	First Trenton		59.4	0.9			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	both			66		Horizon	Indemnity		25.26	0.3828			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	both			66		Horizon	PPO		25.26	0.3828			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	both			66		Horizon	MGD		25.26	0.3828			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	both			66		Horizon	Medicare Blue		19.8	0.3			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	both			66		Managed Care Inc	Managed Care Inc		59.4	0.9			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	both			66		Multiplan	Multiplan		52.8	0.8			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	both			66		Qualcare	Qualcare		49.5	0.75			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	both			66		Three Rivers	Three Rivers		62.7	0.95			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	both			66		UHC	Medicaid		20.76	0.3146			7.5	62.7	percent of total billed charges	
PEPTAMIN JR.	B4161	HCPCS	both			66		Wellcare	Medicaid		20.76	0.3146			7.5	62.7	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	inpatient			376		Aetna	Better Health		118.29	0.3146			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	inpatient			376		Aetna	Medicare		115.81	0.308			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	inpatient			376		Aetna	Commercial		142.88	0.38			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	inpatient			376		Americare	Americare		282	0.75			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	inpatient			376		WellPoint	WellPoint		120.62	0.3208			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	inpatient			376		Consumer	Consumer		357.2	0.95			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	inpatient			376		Corrections	Corrections		300.8	0.8			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	inpatient			376		First Health	First Health		263.2	0.7			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	inpatient			376		First Trenton	First Trenton		338.4	0.9			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	inpatient			376		Horizon	Medicare Blue		112.8	0.3			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	inpatient			376		Horizon	Indemnity		143.93	0.3828			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	inpatient			376		Horizon	MGD		143.93	0.3828			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	inpatient			376		Horizon	PPO		143.93	0.3828			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	inpatient			376		Managed Care Inc	Managed Care Inc		338.4	0.9			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	inpatient			376		Multiplan	Multiplan		300.8	0.8			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	inpatient			376		Qualcare	Qualcare		282	0.75			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	inpatient			376		Three Rivers	Three Rivers		357.2	0.95			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	inpatient			376		UHC	Medicaid		118.29	0.3146			8.1	357.2	percent of total billed charges	
RCF (ROSS CARB FREE)	B4162	HCPCS	inpatient			376		Wellcare	Medicaid		118.29	0.3146			8.1	357.2	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	outpatient			7980.87		Aetna	Better Health		2510.78	0.3146			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	outpatient			7980.87		Aetna	Medicare		2458.11	0.308			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	outpatient			7980.87		Aetna	Commercial		3032.73	0.38			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	outpatient			7980.87		Americare	Americare		5985.65	0.75			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	outpatient			7980.87		WellPoint	WellPoint		2560.26	0.3208			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	outpatient			7980.87		Amerihealth	Medicare		2633.69	0.33			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	outpatient			7980.87		Consumer	Consumer		7581.83	0.95			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	outpatient			7980.87		Corrections	Corrections		6384.7	0.8			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	outpatient			7980.87		First Health	First Health		5586.61	0.7			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	outpatient			7980.87		First Trenton	First Trenton		7182.78	0.9			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	outpatient			7980.87		Horizon	Medicare Blue		2394.26	0.3			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	outpatient			7980.87		Horizon	Indemnity		3055.08	0.3828			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	outpatient			7980.87		Horizon	MGD		3055.08	0.3828			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	outpatient			7980.87		Horizon	PPO		3055.08	0.3828			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	outpatient			7980.87		Managed Care Inc	Managed Care Inc		7182.78	0.9			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	outpatient			7980.87		Multiplan	Multiplan		6384.7	0.8			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	outpatient			7980.87		Qualcare	Qualcare		5985.65	0.75			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	outpatient			7980.87		Three Rivers	Three Rivers		7581.83	0.95			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	outpatient			7980.87		UHC	Medicaid		2510.78	0.3146			97.2	7581.83	percent of total billed charges	
SCREW XIA CANN CORT 4.5X30MM	C1317	HCPCS	outpatient			7980.87		Wellcare	Medicaid		2510.78	0.3146			97.2	7581.83	percent of total billed charges	
Y W/8MM BAR MDFC LOC 5H	C1713	HCPCS	both			867771		Aetna	Medicare		267273.47	0.308			0.9	824382.45	percent of total billed charges	
Y W/8MM BAR MDFC LOC 5H	C1713	HCPCS	both			867771		Aetna	Commercial		329752.98	0.38			0.9	824382.45	percent of total billed charges	
Y W/8MM BAR MDFC LOC 5H	C1713	HCPCS	both			867771		Aetna	Better Health		273000.76	0.3146			0.9	824382.45	percent of total billed charges	
Y W/8MM BAR MDFC LOC 5H	C1713	HCPCS	both			867771		Americare	Americare		650828.25	0.75			0.9	824382.45	percent of total billed charges	
Y W/8MM BAR MDFC LOC 5H	C1713	HCPCS	both			867771		WellPoint	WellPoint		278380.94	0.3208			0.9	824382.45	percent of total billed charges	
Y W/8MM BAR MDFC LOC 5H	C1713	HCPCS	both			867771		Amerihealth	Medicare		286364.43	0.33			0.9	824382.45	percent of total billed charges	
Y W/8MM BAR MDFC LOC 5H	C1713	HCPCS	both			867771		Consumer	Consumer		824382.45	0.95			0.9	824382.45	percent of total billed charges	
Y W/8MM BAR MDFC LOC 5H	C1713	HCPCS	both			867771		Corrections	Corrections		694216.8	0.8			0.9	824382.45	percent of total billed charges	
Y W/8MM BAR MDFC LOC 5H	C1713	HCPCS	both			867771		First Health	First Health		607439.7	0.7			0.9	824382.45	percent of total billed charges	
Y W/8MM BAR MDFC LOC 5H	C1713	HCPCS	both			867771		First Trenton	First Trenton		780993.9	0.9			0.9	824382.45	percent of total billed charges	
Y W/8MM BAR MDFC LOC 5H	C1713	HCPCS	both			867771		Horizon	Indemnity		332182.74	0.3828			0.9	824382.45	percent of total billed charges	
Y W/8MM BAR MDFC LOC 5H	C1713	HCPCS	both			867771		Horizon	MGD		332182.74	0.3828			0.9	824382.45	percent of total billed charges	
Y W/8MM BAR MDFC LOC 5H	C1713	HCPCS	both			867771		Horizon	NJ Health		347108.4	0.4			0.9	824382.45	percent of total billed charges	
Y W/8MM BAR MDFC LOC 5H	C1713	HCPCS	both			867771		Horizon	Medicare Blue		260331.3	0.3			0.9	824382.45	percent of total billed charges	
Y W/8MM BAR MDFC LOC 5H	C1713	HCPCS	both			867771		Horizon	PPO		332182.74	0.3828			0.9	824382.45	percent of total billed charges	
Y W/8MM BAR MDFC LOC 5H	C1713	HCPCS	both			867771		Managed Care Inc	Managed Care Inc		780993.9	0.9			0.9	824382.45	percent of total billed charges	
Y W/8MM BAR MDFC LOC 5H	C1713	HCPCS	both			867771		Multiplan	Multiplan		694216.8	0.8			0.9	824382.45	percent of total billed charges	
Y W/8MM BAR MDFC LOC 5H	C1713	HCPCS	both			867771		Qualcare	Qualcare		347108.4	0.4			0.9	824382.45	percent of total billed charges	
Y W/8MM BAR MDFC LOC 5H	C1713	HCPCS	both			867771		Three Rivers	Three Rivers		824382.45	0.95			0.9	824382.45	percent of total billed charges	
Y W/8MM BAR MDFC LOC 5H	C1713	HCPCS	both			867771		UHC	Medicaid		273000.76	0.3146			0.9	824382.45	percent of total billed charges	
Y W/8MM BAR MDFC LOC 5H	C1713	HCPCS	both			867771		Wellcare	Medicaid		273000.76	0.3146			0.9	824382.45	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Aetna	Better Health		6966.82	0.3146			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Aetna	Commercial		8415.1	0.38			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Aetna	Medicare		6820.66	0.308			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Americare	Americare		16608.75	0.75			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		WellPoint	WellPoint		7104.12	0.3208			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			798		Amerihealth	Medicare		263.34	0.33			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Consumer	Consumer		21037.75	0.95			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Corrections	Corrections		17716	0.8			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		First Health	First Health		15501.5	0.7			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		First Trenton	First Trenton		19930.5	0.9			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Horizon	Indemnity		8477.11	0.3828			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Horizon	Medicare Blue		6643.5	0.3			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Horizon	MGD		8477.11	0.3828			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Horizon	NJ Health		8858	0.4			239.4	21037.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Horizon	PPO		8477.11	0.3828			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Managed Care Inc	Managed Care Inc		19930.5	0.9			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Multiplan	Multiplan		17716	0.8			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Qualcare	Qualcare		8858	0.4			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Three Rivers	Three Rivers		21037.75	0.95			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		UHC	Medicaid		6966.82	0.3146			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 45MM	C1714	HCPCS	both			22145		Wellcare	Medicaid		6966.82	0.3146			239.4	21037.75	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	outpatient			798		Aetna	Better Health		251.05	0.3146			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	outpatient			798		Aetna	Commercial		303.24	0.38			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	outpatient			798		Aetna	Medicare		246.78	0.308			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	outpatient			798		Americare	Americare		598.5	0.75			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	outpatient			798		WellPoint	WellPoint		256	0.3208			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	outpatient			798		Amerihealth	Medicare		263.34	0.33			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	outpatient			798		Consumer	Consumer		758.1	0.95			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	outpatient			798		Corrections	Corrections		638.4	0.8			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	outpatient			798		First Health	First Health		558.6	0.7			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	outpatient			798		First Trenton	First Trenton		718.2	0.9			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	outpatient			798		Horizon	Medicare Blue		239.4	0.3			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	outpatient			798		Horizon	MGD		305.47	0.3828			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	outpatient			798		Horizon	NJ Health		319.2	0.4			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	outpatient			798		Horizon	Indemnity		305.47	0.3828			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	outpatient			798		Horizon	PPO		305.47	0.3828			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	outpatient			798		Managed Care Inc	Managed Care Inc		718.2	0.9			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	outpatient			798		Multiplan	Multiplan		638.4	0.8			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	outpatient			798		Qualcare	Qualcare		319.2	0.4			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	outpatient			798		Three Rivers	Three Rivers		758.1	0.95			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	outpatient			798		UHC	Medicaid		251.05	0.3146			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 40MM	C1715	HCPCS	outpatient			798		Wellcare	Medicaid		251.05	0.3146			20.1	758.1	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Aetna	Commercial		517.69	1.592			325.18	6033.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Aetna	Better Health		1998.02	0.3146			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Aetna	Medicare		325.18	1			325.18	6033.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Americare	Americare		4763.25	0.75			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	WellPoint	WellPoint		2037.4	0.3208			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Amerihealth	Medicare		2095.83	0.33			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Consumer	Consumer		6033.45	0.95			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Corrections	Corrections		5080.8	0.8			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	First Health	First Health		4445.7	0.7			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	First Trenton	First Trenton		5715.9	0.9			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Horizon	MGD		594.1	1.827			325.18	6033.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Horizon	Medicare Blue		325.18	1			325.18	6033.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Horizon	Indemnity		594.1	1.827			325.18	6033.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Horizon	NJ Health		2540.4	0.4			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Horizon	PPO		594.1	1.827			325.18	6033.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Managed Care Inc	Managed Care Inc		5715.9	0.9			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Multiplan	Multiplan		5080.8	0.8			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Qualcare	Qualcare		2540.4	0.4			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Three Rivers	Three Rivers		6033.45	0.95			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	UHC	Medicare		325.18	1			325.18	6033.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	UHC	Medicaid		1998.02	0.3146			325.18	6033.45	percent of total billed charges	
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Wellcare	Medicare		325.18	1			325.18	6033.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCREW CAL CANN 5 X 50MM	C1716	HCPCS	outpatient			6351	373.96	Wellcare	Medicaid		1998.02	0.3146			325.18	6033.45	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Aetna	Better Health		805.06	0.3146			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Aetna	Commercial		663.05	1.592			416.49	2431.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Aetna	Medicare		416.49	1			416.49	2431.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Americare	Americare		1919.25	0.75			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	WellPoint	WellPoint		820.93	0.3208			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Amerihealth	Medicare		844.47	0.33			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Consumer	Consumer		2431.05	0.95			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Corrections	Corrections		2047.2	0.8			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	First Health	First Health		1791.3	0.7			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	First Trenton	First Trenton		2303.1	0.9			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Horizon	Indemnity		760.93	1.827			416.49	2431.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Horizon	MGD		760.93	1.827			416.49	2431.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Horizon	NJ Health		1023.6	0.4			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Horizon	Medicare Blue		416.49	1			416.49	2431.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Horizon	PPO		760.93	1.827			416.49	2431.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Managed Care Inc	Managed Care Inc		2303.1	0.9			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Multiplan	Multiplan		2047.2	0.8			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Qualcare	Qualcare		1023.6	0.4			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Three Rivers	Three Rivers		2431.05	0.95			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	UHC	Medicaid		805.06	0.3146			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	UHC	Medicare		416.49	1			416.49	2431.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Wellcare	Medicaid		805.06	0.3146			416.49	2431.05	percent of total billed charges	
BRACHYTX SEED HDR 192 PER SOURCE	C1717	HCPCS	both			2559	478.96	Wellcare	Medicare		416.49	1			416.49	2431.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Aetna	Better Health		73.46	0.3146			73.46	764.09	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Aetna	Commercial		665.81	1.592			73.46	764.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Aetna	Medicare		418.22	1			73.46	764.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Americare	Americare		175.13	0.75			73.46	764.09	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	WellPoint	WellPoint		74.91	0.3208			73.46	764.09	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Amerihealth	Medicare		77.06	0.33			73.46	764.09	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Consumer	Consumer		221.83	0.95			73.46	764.09	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Corrections	Corrections		186.8	0.8			73.46	764.09	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	First Health	First Health		163.45	0.7			73.46	764.09	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	First Trenton	First Trenton		210.15	0.9			73.46	764.09	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Horizon	Indemnity		764.09	1.827			73.46	764.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Horizon	MGD		764.09	1.827			73.46	764.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Horizon	PPO		764.09	1.827			73.46	764.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Horizon	Medicare Blue		418.22	1			73.46	764.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Managed Care Inc	Managed Care Inc		210.15	0.9			73.46	764.09	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Multiplan	Multiplan		186.8	0.8			73.46	764.09	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Qualcare	Qualcare		175.13	0.75			73.46	764.09	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Three Rivers	Three Rivers		221.83	0.95			73.46	764.09	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	UHC	Medicare		418.22	1			73.46	764.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	UHC	Medicaid		73.46	0.3146			73.46	764.09	percent of total billed charges	
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Wellcare	Medicare		418.22	1			73.46	764.09	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY SEED NON-HIGH DOSE IRIDIUM 192	C1719	HCPCS	outpatient			233.5	480.95	Wellcare	Medicaid		73.46	0.3146			73.46	764.09	percent of total billed charges	
PCEMKR FORTIFY DR:CD2231-40	C1721	HCPCS	both			63000		Aetna	Medicare		19404	0.308			18097.2	59850	percent of total billed charges	
PCEMKR FORTIFY DR:CD2231-40	C1721	HCPCS	both			63000		Aetna	Better Health		19819.8	0.3146			18097.2	59850	percent of total billed charges	
PCEMKR FORTIFY DR:CD2231-40	C1721	HCPCS	both			63000		Aetna	Commercial		23940	0.38			18097.2	59850	percent of total billed charges	
PCEMKR FORTIFY DR:CD2231-40	C1721	HCPCS	both			63000		Americare	Americare		47250	0.75			18097.2	59850	percent of total billed charges	
PCEMKR FORTIFY DR:CD2231-40	C1721	HCPCS	both			63000		WellPoint	WellPoint		20210.4	0.3208			18097.2	59850	percent of total billed charges	
PCEMKR FORTIFY DR:CD2231-40	C1721	HCPCS	both			63000		Amerihealth	Medicare		20790	0.33			18097.2	59850	percent of total billed charges	
PCEMKR FORTIFY DR:CD2231-40	C1721	HCPCS	both			63000		Consumer	Consumer		59850	0.95			18097.2	59850	percent of total billed charges	
PCEMKR FORTIFY DR:CD2231-40	C1721	HCPCS	both			63000		Corrections	Corrections		50400	0.8			18097.2	59850	percent of total billed charges	
PCEMKR FORTIFY DR:CD2231-40	C1721	HCPCS	both			63000		First Health	First Health		44100	0.7			18097.2	59850	percent of total billed charges	
PCEMKR FORTIFY DR:CD2231-40	C1721	HCPCS	both			63000		First Trenton	First Trenton		56700	0.9			18097.2	59850	percent of total billed charges	
PCEMKR FORTIFY DR:CD2231-40	C1721	HCPCS	both			63000		Horizon	MGD		24116.4	0.3828			18097.2	59850	percent of total billed charges	
PCEMKR FORTIFY DR:CD2231-40	C1721	HCPCS	both			63000		Horizon	Medicare Blue		18900	0.3			18097.2	59850	percent of total billed charges	
PCEMKR FORTIFY DR:CD2231-40	C1721	HCPCS	both			63000		Horizon	Indemnity		24116.4	0.3828			18097.2	59850	percent of total billed charges	
PCEMKR FORTIFY DR:CD2231-40	C1721	HCPCS	both			63000		Horizon	PPO		24116.4	0.3828			18097.2	59850	percent of total billed charges	
PCEMKR FORTIFY DR:CD2231-40	C1721	HCPCS	both			63000		Horizon	NJ Health		25200	0.4			18097.2	59850	percent of total billed charges	
PCEMKR FORTIFY DR:CD2231-40	C1721	HCPCS	both			63000		Managed Care Inc	Managed Care Inc		56700	0.9			18097.2	59850	percent of total billed charges	
PCEMKR FORTIFY DR:CD2231-40	C1721	HCPCS	both			63000		Multiplan	Multiplan		50400	0.8			18097.2	59850	percent of total billed charges	
PCEMKR FORTIFY DR:CD2231-40	C1721	HCPCS	both			63000		Qualcare	Qualcare		25200	0.4			18097.2	59850	percent of total billed charges	
PCEMKR FORTIFY DR:CD2231-40	C1721	HCPCS	both			63000		Three Rivers	Three Rivers		59850	0.95			18097.2	59850	percent of total billed charges	
PCEMKR FORTIFY DR:CD2231-40	C1721	HCPCS	both			63000		UHC	Medicaid		19819.8	0.3146			18097.2	59850	percent of total billed charges	
PCEMKR FORTIFY DR:CD2231-40	C1721	HCPCS	both			63000		Wellcare	Medicaid		19819.8	0.3146			18097.2	59850	percent of total billed charges	
ICD SINGLE CHAMBER	C1722	HCPCS	both			61624		Aetna	Medicare		18980.19	0.308			16454.4	58542.8	percent of total billed charges	
ICD SINGLE CHAMBER	C1722	HCPCS	both			61624		Aetna	Better Health		19386.91	0.3146			16454.4	58542.8	percent of total billed charges	
ICD SINGLE CHAMBER	C1722	HCPCS	both			61624		Aetna	Commercial		23417.12	0.38			16454.4	58542.8	percent of total billed charges	
ICD SINGLE CHAMBER	C1722	HCPCS	both			61624		Americare	Americare		46218	0.75			16454.4	58542.8	percent of total billed charges	
ICD SINGLE CHAMBER	C1722	HCPCS	both			61624		WellPoint	WellPoint		19768.98	0.3208			16454.4	58542.8	percent of total billed charges	
ICD SINGLE CHAMBER	C1722	HCPCS	both			61624		Amerihealth	Medicare		20335.92	0.33			16454.4	58542.8	percent of total billed charges	
ICD SINGLE CHAMBER	C1722	HCPCS	both			61624		Consumer	Consumer		58542.8	0.95			16454.4	58542.8	percent of total billed charges	
ICD SINGLE CHAMBER	C1722	HCPCS	both			61624		Corrections	Corrections		49299.2	0.8			16454.4	58542.8	percent of total billed charges	
ICD SINGLE CHAMBER	C1722	HCPCS	both			61624		First Health	First Health		43136.8	0.7			16454.4	58542.8	percent of total billed charges	
ICD SINGLE CHAMBER	C1722	HCPCS	both			61624		First Trenton	First Trenton		55461.6	0.9			16454.4	58542.8	percent of total billed charges	
ICD SINGLE CHAMBER	C1722	HCPCS	both			61624		Horizon	Medicare Blue		18487.2	0.3			16454.4	58542.8	percent of total billed charges	
ICD SINGLE CHAMBER	C1722	HCPCS	both			61624		Horizon	MGD		23589.67	0.3828			16454.4	58542.8	percent of total billed charges	
ICD SINGLE CHAMBER	C1722	HCPCS	both			61624		Horizon	PPO		23589.67	0.3828			16454.4	58542.8	percent of total billed charges	
ICD SINGLE CHAMBER	C1722	HCPCS	both			61624		Horizon	Indemnity		23589.67	0.3828			16454.4	58542.8	percent of total billed charges	
ICD SINGLE CHAMBER	C1722	HCPCS	both			61624		Horizon	NJ Health		24649.6	0.4			16454.4	58542.8	percent of total billed charges	
ICD SINGLE CHAMBER	C1722	HCPCS	both			61624		Managed Care Inc	Managed Care Inc		55461.6	0.9			16454.4	58542.8	percent of total billed charges	
ICD SINGLE CHAMBER	C1722	HCPCS	both			61624		Multiplan	Multiplan		49299.2	0.8			16454.4	58542.8	percent of total billed charges	
ICD SINGLE CHAMBER	C1722	HCPCS	both			61624		Qualcare	Qualcare		24649.6	0.4			16454.4	58542.8	percent of total billed charges	
ICD SINGLE CHAMBER	C1722	HCPCS	both			61624		Three Rivers	Three Rivers		58542.8	0.95			16454.4	58542.8	percent of total billed charges	
ICD SINGLE CHAMBER	C1722	HCPCS	both			61624		UHC	Medicaid		19386.91	0.3146			16454.4	58542.8	percent of total billed charges	
ICD SINGLE CHAMBER	C1722	HCPCS	both			61624		Wellcare	Medicaid		19386.91	0.3146			16454.4	58542.8	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	inpatient			10311		Aetna	Medicare		3175.79	0.308			923.1	9795.45	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	inpatient			10311		Aetna	Better Health		3243.84	0.3146			923.1	9795.45	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	inpatient			10311		Aetna	Commercial		3918.18	0.38			923.1	9795.45	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	inpatient			10311		Americare	Americare		7733.25	0.75			923.1	9795.45	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	inpatient			10311		WellPoint	WellPoint		3307.77	0.3208			923.1	9795.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	inpatient			10311		Consumer	Consumer		9795.45	0.95			923.1	9795.45	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	inpatient			10311		Corrections	Corrections		8248.8	0.8			923.1	9795.45	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	inpatient			10311		First Health	First Health		7217.7	0.7			923.1	9795.45	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	inpatient			10311		First Trenton	First Trenton		9279.9	0.9			923.1	9795.45	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	inpatient			10311		Horizon	MGD		3947.05	0.3828			923.1	9795.45	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	inpatient			10311		Horizon	Indemnity		3947.05	0.3828			923.1	9795.45	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	inpatient			10311		Horizon	Medicare Blue		3093.3	0.3			923.1	9795.45	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	inpatient			10311		Horizon	PPO		3947.05	0.3828			923.1	9795.45	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	inpatient			10311		Managed Care Inc	Managed Care Inc		9279.9	0.9			923.1	9795.45	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	inpatient			10311		Multiplan	Multiplan		8248.8	0.8			923.1	9795.45	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	inpatient			10311		Qualcare	Qualcare		7733.25	0.75			923.1	9795.45	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	inpatient			10311		Three Rivers	Three Rivers		9795.45	0.95			923.1	9795.45	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	inpatient			10311		UHC	Medicaid		3243.84	0.3146			923.1	9795.45	percent of total billed charges	
ROTAPRO ATHERECTOMY CATHETER	C1724	HCPCS	inpatient			10311		Wellcare	Medicaid		3243.84	0.3146			923.1	9795.45	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Aetna	Better Health		3584.24	0.3146			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Aetna	Commercial		4329.34	0.38			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Aetna	Medicare		3509.04	0.308			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Americare	Americare		8544.75	0.75			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		WellPoint	WellPoint		3654.87	0.3208			23.4	10823.35	percent of total billed charges	
STENT GRAFT BALLOON CATHETER	C1725	HCPCS	both			1335		AmeriHealth	Medicare		440.55	0.33			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Consumer	Consumer		10823.35	0.95			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Corrections	Corrections		9114.4	0.8			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		First Health	First Health		7975.1	0.7			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		First Trenton	First Trenton		10253.7	0.9			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Horizon	NJ Health		4557.2	0.4			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Horizon	Medicare Blue		3417.9	0.3			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Horizon	Indemnity		4361.24	0.3828			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Horizon	MGD		4361.24	0.3828			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Horizon	PPO		4361.24	0.3828			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Managed Care Inc	Managed Care Inc		10253.7	0.9			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Multiplan	Multiplan		9114.4	0.8			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Qualcare	Qualcare		4557.2	0.4			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Three Rivers	Three Rivers		10823.35	0.95			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		UHC	Medicaid		3584.24	0.3146			23.4	10823.35	percent of total billed charges	
XXL ESOPHAGEAL/VASC BALLOON	C1725	HCPCS	both			11393		Wellcare	Medicaid		3584.24	0.3146			23.4	10823.35	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Aetna	Better Health		4770.28	0.3146			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Aetna	Commercial		5761.94	0.38			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Aetna	Medicare		4670.2	0.308			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Americare	Americare		11372.25	0.75			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		WellPoint	WellPoint		4864.29	0.3208			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			1650		AmeriHealth	Medicare		544.5	0.33			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Consumer	Consumer		14404.85	0.95			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Corrections	Corrections		12130.4	0.8			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		First Health	First Health		10614.1	0.7			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		First Trenton	First Trenton		13646.7	0.9			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Horizon	Indemnity		5804.4	0.3828			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Horizon	Medicare Blue		4548.9	0.3			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Horizon	NJ Health		6065.2	0.4			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Horizon	MGD		5804.4	0.3828			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Horizon	PPO		5804.4	0.3828			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Managed Care Inc	Managed Care Inc		13646.7	0.9			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Multiplan	Multiplan		12130.4	0.8			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Qualcare	Qualcare		6065.2	0.4			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Three Rivers	Three Rivers		14404.85	0.95			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		UHC	Medicaid		4770.28	0.3146			135	14404.85	percent of total billed charges	
WIRE ELATN ESO DIL 8-10MMX180CM	C1726	HCPCS	both			15163		Wellcare	Medicaid		4770.28	0.3146			135	14404.85	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Aetna	Medicare		1064.14	0.308			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Aetna	Better Health		1086.94	0.3146			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Aetna	Commercial		1312.9	0.38			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Americare	Americare		2591.25	0.75			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		WellPoint	WellPoint		1108.36	0.3208			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Consumer	Consumer		3282.25	0.95			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Corrections	Corrections		2764	0.8			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		First Health	First Health		2418.5	0.7			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		First Trenton	First Trenton		3109.5	0.9			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Horizon	Medicare Blue		1036.5	0.3			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Horizon	Indemnity		1322.57	0.3828			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Horizon	MGD		1322.57	0.3828			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Horizon	PPO		1322.57	0.3828			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Managed Care Inc	Managed Care Inc		3109.5	0.9			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Multiplan	Multiplan		2764	0.8			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Qualcare	Qualcare		2591.25	0.75			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Three Rivers	Three Rivers		3282.25	0.95			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		UHC	Medicaid		1086.94	0.3146			1036.5	3282.25	percent of total billed charges	
CATHETER BRACHY SEED ADMIN	C1728	HCPCS	outpatient			3455		Wellcare	Medicaid		1086.94	0.3146			1036.5	3282.25	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Aetna	Better Health		3721.5	0.3146			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Aetna	Medicare		3643.42	0.308			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Aetna	Commercial		4495.13	0.38			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Americare	Americare		8871.98	0.75			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		WellPoint	WellPoint		3794.84	0.3208			5.1	11237.84	percent of total billed charges	
SHUNT SNAP STRATA II Z7817	C1729	HCPCS	both			11829.3		AmeriHealth	Medicare		3903.67	0.33			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Consumer	Consumer		11237.84	0.95			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Corrections	Corrections		9463.44	0.8			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		First Health	First Health		8280.51	0.7			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		First Trenton	First Trenton		10646.37	0.9			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Horizon	MGD		4528.26	0.3828			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Horizon	PPO		4528.26	0.3828			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Horizon	Indemnity		4528.26	0.3828			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Horizon	Medicare Blue		3548.79	0.3			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Horizon	NJ Health		4731.72	0.4			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Managed Care Inc	Managed Care Inc		10646.37	0.9			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Multiplan	Multiplan		9463.44	0.8			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Qualcare	Qualcare		4731.72	0.4			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Three Rivers	Three Rivers		11237.84	0.95			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		UHC	Medicaid		3721.5	0.3146			5.1	11237.84	percent of total billed charges	
YEUH CENTESIS NEEDLE	C1729	HCPCS	both			11829.3		Wellcare	Medicaid		3721.5	0.3146			5.1	11237.84	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Aetna	Better Health		1332.65	0.3146			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Aetna	Commercial		1609.68	0.38			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Aetna	Medicare		1304.69	0.308			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Americare	Americare		3177	0.75			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		WellPoint	WellPoint		1358.91	0.3208			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Consumer	Consumer		4024.2	0.95			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Corrections	Corrections		3388.8	0.8			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		First Health	First Health		2965.2	0.7			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		First Trenton	First Trenton		3812.4	0.9			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Horizon	MGD		1621.54	0.3828			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Horizon	PPO		1621.54	0.3828			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Horizon	Indemnity		1621.54	0.3828			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Horizon	Medicare Blue		1270.8	0.3			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Managed Care Inc	Managed Care Inc		3812.4	0.9			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Multiplan	Multiplan		3388.8	0.8			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Qualcare	Qualcare		3177	0.75			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Three Rivers	Three Rivers		4024.2	0.95			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		UHC	Medicaid		1332.65	0.3146			37.5	4024.2	percent of total billed charges	
WEBSTER CS-STRYKER	C1730	HCPCS	both			4236		Wellcare	Medicaid		1332.65	0.3146			37.5	4024.2	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Aetna	Medicare		2036.8	0.308			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Aetna	Commercial		2512.94	0.38			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Aetna	Better Health		2080.45	0.3146			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Americare	Americare		4959.75	0.75			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		WellPoint	WellPoint		2121.45	0.3208			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Consumer	Consumer		6282.35	0.95			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Corrections	Corrections		5290.4	0.8			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		First Health	First Health		4629.1	0.7			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		First Trenton	First Trenton		5951.7	0.9			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Horizon	Indemnity		2531.46	0.3828			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Horizon	MGD		2531.46	0.3828			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Horizon	PPO		2531.46	0.3828			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Horizon	Medicare Blue		1983.9	0.3			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Managed Care Inc	Managed Care Inc		5951.7	0.9			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Multiplan	Multiplan		5290.4	0.8			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Qualcare	Qualcare		4959.75	0.75			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Three Rivers	Three Rivers		6282.35	0.95			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		UHC	Medicaid		2080.45	0.3146			1184.1	6282.35	percent of total billed charges	
LASSO 2515 NAV ECO VAR CATHETER	C1731	HCPCS	both			6613		Wellcare	Medicaid		2080.45	0.3146			1184.1	6282.35	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	outpatient			18764		Aetna	Better Health		5903.15	0.3146			2407.2	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	outpatient			18764		Aetna	Medicare		5779.31	0.308			2407.2	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	outpatient			18764		Aetna	Commercial		7130.32	0.38			2407.2	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	outpatient			18764		Americare	Americare		14073	0.75			2407.2	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	outpatient			18764		WellPoint	WellPoint		6019.49	0.3208			2407.2	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	outpatient			18764		Consumer	Consumer		17825.8	0.95			2407.2	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	outpatient			18764		Corrections	Corrections		15011.2	0.8			2407.2	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	outpatient			18764		First Health	First Health		13134.8	0.7			2407.2	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	outpatient			18764		First Trenton	First Trenton		16887.6	0.9			2407.2	17825.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	outpatient			18764		Horizon	PPO		7182.86	0.3828			2407.2	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	outpatient			18764		Horizon	MCD		7182.86	0.3828			2407.2	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	outpatient			18764		Horizon	Indemnity		7182.86	0.3828			2407.2	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	outpatient			18764		Horizon	Medicare Blue		5629.2	0.3			2407.2	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	outpatient			18764		Managed Care Inc	Managed Care Inc		16887.6	0.9			2407.2	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	outpatient			18764		Multiplan	Multiplan		15011.2	0.8			2407.2	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	outpatient			18764		Qualcare	Qualcare		14073	0.75			2407.2	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	outpatient			18764		Three Rivers	Three Rivers		17825.8	0.95			2407.2	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	outpatient			18764		UHC	Medicaid		5903.15	0.3146			2407.2	17825.8	percent of total billed charges	
OCTARAY HD MAPPING CATHETER	C1732	HCPCS	outpatient			18764		Wellcare	Medicaid		5903.15	0.3146			2407.2	17825.8	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Aetna	Medicare		2941.09	0.308			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Aetna	Better Health		3004.12	0.3146			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Aetna	Commercial		3628.62	0.38			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Americare	Americare		7161.75	0.75			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		WellPoint	WellPoint		3063.32	0.3208			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Consumer	Consumer		9071.55	0.95			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Corrections	Corrections		7639.2	0.8			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		First Health	First Health		6684.3	0.7			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		First Trenton	First Trenton		8594.1	0.9			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Horizon	Medicare Blue		2864.7	0.3			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Horizon	Indemnity		3655.36	0.3828			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Horizon	MCD		3655.36	0.3828			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Horizon	PPO		3655.36	0.3828			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Managed Care Inc	Managed Care Inc		8594.1	0.9			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Multiplan	Multiplan		7639.2	0.8			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Qualcare	Qualcare		7161.75	0.75			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Three Rivers	Three Rivers		9071.55	0.95			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		UHC	Medicaid		3004.12	0.3146			1581.6	9071.55	percent of total billed charges	
LEADLESSVR RETRIEVAL CATHETER	C1733	HCPCS	both			9549		Wellcare	Medicaid		3004.12	0.3146			1581.6	9071.55	percent of total billed charges	
GRAFT BONE INFUSE XXS 7510050	C1734	HCPCS	inpatient			18240		Aetna	Better Health		5738.3	0.3146			75	17328	percent of total billed charges	
GRAFT BONE INFUSE XXS 7510050	C1734	HCPCS	inpatient			18240		Aetna	Medicare		5617.92	0.308			75	17328	percent of total billed charges	
GRAFT BONE INFUSE XXS 7510050	C1734	HCPCS	inpatient			18240		Aetna	Commercial		6931.2	0.38			75	17328	percent of total billed charges	
GRAFT BONE INFUSE XXS 7510050	C1734	HCPCS	inpatient			18240		Americare	Americare		13680	0.75			75	17328	percent of total billed charges	
GRAFT BONE INFUSE XXS 7510050	C1734	HCPCS	inpatient			18240		WellPoint	WellPoint		5851.39	0.3208			75	17328	percent of total billed charges	
GRAFT BONE INFUSE XXS 7510050	C1734	HCPCS	inpatient			18240		Amerihealth	Medicare		6019.2	0.33			75	17328	percent of total billed charges	
GRAFT BONE INFUSE XXS 7510050	C1734	HCPCS	inpatient			18240		Consumer	Consumer		17328	0.95			75	17328	percent of total billed charges	
GRAFT BONE INFUSE XXS 7510050	C1734	HCPCS	inpatient			18240		Corrections	Corrections		14592	0.8			75	17328	percent of total billed charges	
GRAFT BONE INFUSE XXS 7510050	C1734	HCPCS	inpatient			18240		First Health	First Health		12768	0.7			75	17328	percent of total billed charges	
GRAFT BONE INFUSE XXS 7510050	C1734	HCPCS	inpatient			18240		First Trenton	First Trenton		16416	0.9			75	17328	percent of total billed charges	
GRAFT BONE INFUSE XXS 7510050	C1734	HCPCS	inpatient			18240		Horizon	MGD		6982.27	0.3828			75	17328	percent of total billed charges	
GRAFT BONE INFUSE XXS 7510050	C1734	HCPCS	inpatient			18240		Horizon	Medicare Blue		5472	0.3			75	17328	percent of total billed charges	
GRAFT BONE INFUSE XXS 7510050	C1734	HCPCS	inpatient			18240		Horizon	NJ Health		1824	0.1			75	17328	percent of total billed charges	
GRAFT BONE INFUSE XXS 7510050	C1734	HCPCS	inpatient			18240		Horizon	Indemnity		6982.27	0.3828			75	17328	percent of total billed charges	
GRAFT BONE INFUSE XXS 7510050	C1734	HCPCS	inpatient			18240		Horizon	PPO		6982.27	0.3828			75	17328	percent of total billed charges	
GRAFT BONE INFUSE XXS 7510050	C1734	HCPCS	inpatient			18240		Managed Care Inc	Managed Care Inc		16416	0.9			75	17328	percent of total billed charges	
GRAFT BONE INFUSE XXS 7510050	C1734	HCPCS	inpatient			18240		Multiplan	Multiplan		14592	0.8			75	17328	percent of total billed charges	
GRAFT BONE INFUSE XXS 7510050	C1734	HCPCS	inpatient			18240		Qualcare	Qualcare		13680	0.75			75	17328	percent of total billed charges	
GRAFT BONE INFUSE XXS 7510050	C1734	HCPCS	inpatient			18240		Three Rivers	Three Rivers		17328	0.95			75	17328	percent of total billed charges	
GRAFT BONE INFUSE XXS 7510050	C1734	HCPCS	inpatient			18240		UHC	Medicaid		5738.3	0.3146			75	17328	percent of total billed charges	
GRAFT BONE INFUSE XXS 7510050	C1734	HCPCS	inpatient			18240		Wellcare	Medicaid		5738.3	0.3146			75	17328	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Aetna	Commercial		4560	0.38			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Aetna	Better Health		3775.2	0.3146			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Aetna	Medicare		3696	0.308			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Americare	Americare		9000	0.75			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		WellPoint	WellPoint		3849.6	0.3208			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Amerihealth	Medicare		3960	0.33			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Consumer	Consumer		11400	0.95			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Corrections	Corrections		9600	0.8			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		First Health	First Health		8400	0.7			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		First Trenton	First Trenton		10800	0.9			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Horizon	MGD		4593.6	0.3828			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Horizon	PPO		4593.6	0.3828			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Horizon	NJ Health		4800	0.4			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Horizon	Indemnity		4593.6	0.3828			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Horizon	Medicare Blue		3600	0.3			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Managed Care Inc	Managed Care Inc		10800	0.9			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Multiplan	Multiplan		9600	0.8			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Qualcare	Qualcare		4800	0.4			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Three Rivers	Three Rivers		11400	0.95			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		UHC	Medicaid		3775.2	0.3146			71.7	11400	percent of total billed charges	
TENCKHOFF PERITONEAL	C1750	HCPCS	both			12000		Wellcare	Medicaid		3775.2	0.3146			71.7	11400	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT 5FRX	C1751	HCPCS	both			9533		Aetna	Commercial		3622.54	0.38			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT 5FRX	C1751	HCPCS	both			9533		Aetna	Better Health		2999.08	0.3146			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT 5FRX	C1751	HCPCS	both			9533		Aetna	Medicare		2936.16	0.308			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT 5FRX	C1751	HCPCS	both			9533		Americare	Americare		7149.75	0.75			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT 5FRX	C1751	HCPCS	both			9533		WellPoint	WellPoint		3058.19	0.3208			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT 5FRX	C1751	HCPCS	both			896		Amerihealth	Medicare		295.68	0.33			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT 5FRX	C1751	HCPCS	both			9533		Consumer	Consumer		9056.35	0.95			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT 5FRX	C1751	HCPCS	both			9533		Corrections	Corrections		7626.4	0.8			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT 5FRX	C1751	HCPCS	both			9533		First Health	First Health		6673.1	0.7			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT 5FRX	C1751	HCPCS	both			9533		First Trenton	First Trenton		8579.7	0.9			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT 5FRX	C1751	HCPCS	both			9533		Horizon	NJ Health		3813.2	0.4			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT 5FRX	C1751	HCPCS	both			9533		Horizon	MCD		3649.23	0.3828			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT 5FRX	C1751	HCPCS	both			9533		Horizon	Indemnity		3649.23	0.3828			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT 5FRX	C1751	HCPCS	both			9533		Horizon	Medicare Blue		2859.9	0.3			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT 5FRX	C1751	HCPCS	both			9533		Horizon	PPO		3649.23	0.3828			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT 5FRX	C1751	HCPCS	both			9533		Managed Care Inc	Managed Care Inc		8579.7	0.9			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT 5FRX	C1751	HCPCS	both			9533		Multiplan	Multiplan		7626.4	0.8			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT 5FRX	C1751	HCPCS	both			9533		Qualcare	Qualcare		3813.2	0.4			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT 5FRX	C1751	HCPCS	both			9533		Three Rivers	Three Rivers		9056.35	0.95			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT 5FRX	C1751	HCPCS	both			9533		UHC	Medicaid		2999.08	0.3146			53.1	9056.35	percent of total billed charges	
SET CATH INFUSION MULTI SIDEPORT 5FRX	C1751	HCPCS	both			9533		Wellcare	Medicaid		2999.08	0.3146			53.1	9056.35	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Aetna	Better Health		1468.08	0.3146			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Aetna	Medicare		1437.28	0.308			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Aetna	Commercial		1773.27	0.38			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Americare	Americare		3499.88	0.75			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		WellPoint	WellPoint		1497.01	0.3208			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Amerihealth	Medicare		1539.95	0.33			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Consumer	Consumer		4433.18	0.95			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Corrections	Corrections		3733.2	0.8			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		First Health	First Health		3266.55	0.7			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		First Trenton	First Trenton		4199.85	0.9			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Horizon	NJ Health		1866.6	0.4			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Horizon	Indemnity		1786.34	0.3828			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Horizon	MGD		1786.34	0.3828			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Horizon	PPO		1786.34	0.3828			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Horizon	Medicare Blue		1399.95	0.3			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Managed Care Inc	Managed Care Inc		4199.85	0.9			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Multiplan	Multiplan		3733.2	0.8			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Qualcare	Qualcare		1866.6	0.4			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Three Rivers	Three Rivers		4433.18	0.95			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		UHC	Medicaid		1468.08	0.3146			71.69	4433.18	percent of total billed charges	
KIT ACUTE DUAL LUMEN 11.5FR	C1752	HCPCS	both			4666.5		Wellcare	Medicaid		1468.08	0.3146			71.69	4433.18	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Aetna	Better Health		2527.5	0.3146			934.8	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Aetna	Medicare		2474.47	0.308			934.8	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Aetna	Commercial		3052.92	0.38			934.8	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Americare	Americare		6025.5	0.75			934.8	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		WellPoint	WellPoint		2577.31	0.3208			934.8	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Consumer	Consumer		7632.3	0.95			934.8	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Corrections	Corrections		6427.2	0.8			934.8	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		First Health	First Health		5623.8	0.7			934.8	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		First Trenton	First Trenton		7230.6	0.9			934.8	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Horizon	MGD		3075.42	0.3828			934.8	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Horizon	Indemnity		3075.42	0.3828			934.8	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Horizon	PPO		3075.42	0.3828			934.8	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Horizon	Medicare Blue		2410.2	0.3			934.8	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Managed Care Inc	Managed Care Inc		7230.6	0.9			934.8	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Multiplan	Multiplan		6427.2	0.8			934.8	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Qualcare	Qualcare		6025.5	0.75			934.8	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Three Rivers	Three Rivers		7632.3	0.95			934.8	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		UHC	Medicaid		2527.5	0.3146			934.8	7632.3	percent of total billed charges	
US VIEWFLEX XTRA ICE 9FR CATHETER	C1753	HCPCS	both			8034		Wellcare	Medicaid		2527.5	0.3146			934.8	7632.3	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	both			3300		Aetna	Commercial		1254	0.38			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	both			3300		Aetna	Better Health		1038.18	0.3146			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	both			3300		Aetna	Medicare		1016.4	0.308			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	both			3300		Americare	Americare		2475	0.75			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	both			3300		WellPoint	WellPoint		1058.64	0.3208			5.1	3135	percent of total billed charges	
CATH INTRATHECAL W/86CM SPINAL SEGMENT	C1755	HCPCS	both			3300		Amerihealth	Medicare		1089	0.33			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	both			3300		Consumer	Consumer		3135	0.95			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	both			3300		Corrections	Corrections		2640	0.8			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	both			3300		First Health	First Health		2310	0.7			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	both			3300		First Trenton	First Trenton		2970	0.9			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	both			3300		Horizon	NJ Health		1320	0.4			5.1	3135	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	both			3300		Horizon	MGD		1263.24	0.3828			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	both			3300		Horizon	Medicare Blue		990	0.3			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	both			3300		Horizon	Indemnity		1263.24	0.3828			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	both			3300		Horizon	PPO		1263.24	0.3828			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	both			3300		Managed Care Inc	Managed Care Inc		2970	0.9			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	both			3300		Multiplan	Multiplan		2640	0.8			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	both			3300		Qualcare	Qualcare		1320	0.4			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	both			3300		Three Rivers	Three Rivers		3135	0.95			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	both			3300		UHC	Medicaid		1038.18	0.3146			5.1	3135	percent of total billed charges	
SYNCHROMED PUMP FOR BACLOFEN	C1755	HCPCS	both			3300		Wellcare	Medicaid		1038.18	0.3146			5.1	3135	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Aetna	Commercial		11577.84	0.38			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Aetna	Better Health		9585.23	0.3146			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Aetna	Medicare		9384.14	0.308			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Americare	Americare		22851	0.75			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		WellPoint	WellPoint		9774.13	0.3208			33	28944.6	percent of total billed charges	
SOFIA INTRACRANIAL DISTAL ACCESS CATH 05	C1757	HCPCS	both			6960		Amerihealth	Medicare		2296.8	0.33			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Consumer	Consumer		28944.6	0.95			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Corrections	Corrections		24374.4	0.8			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		First Health	First Health		21327.6	0.7			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		First Trenton	First Trenton		27421.2	0.9			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Horizon	Medicare Blue		9140.4	0.3			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Horizon	Indemnity		11663.15	0.3828			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Horizon	NJ Health		12187.2	0.4			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Horizon	MGD		11663.15	0.3828			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Horizon	PPO		11663.15	0.3828			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Managed Care Inc	Managed Care Inc		27421.2	0.9			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Multiplan	Multiplan		24374.4	0.8			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Qualcare	Qualcare		12187.2	0.4			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Three Rivers	Three Rivers		28944.6	0.95			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		UHC	Medicaid		9585.23	0.3146			33	28944.6	percent of total billed charges	
TREROTOLA ACCESS	C1757	HCPCS	both			30468		Wellcare	Medicaid		9585.23	0.3146			33	28944.6	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Aetna	Better Health		239.1	0.3146			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Aetna	Medicare		234.08	0.308			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Aetna	Commercial		288.8	0.38			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Americare	Americare		570	0.75			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		WellPoint	WellPoint		243.81	0.3208			15.3	722	percent of total billed charges	
CATH URETERAL OPEN END 5F 70CM	C1758	HCPCS	both			301.95		Amerihealth	Medicare		99.64	0.33			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Consumer	Consumer		722	0.95			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Corrections	Corrections		608	0.8			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		First Health	First Health		532	0.7			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		First Trenton	First Trenton		684	0.9			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Horizon	NJ Health		304	0.4			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Horizon	Indemnity		290.93	0.3828			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Horizon	Medicare Blue		228	0.3			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Horizon	MGD		290.93	0.3828			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Horizon	PPO		290.93	0.3828			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Managed Care Inc	Managed Care Inc		684	0.9			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Multiplan	Multiplan		608	0.8			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Qualcare	Qualcare		304	0.4			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Three Rivers	Three Rivers		722	0.95			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		UHC	Medicaid		239.1	0.3146			15.3	722	percent of total billed charges	
URETERAL OPEN END PVC 6FR 70CM	C1758	HCPCS	both			760		Wellcare	Medicaid		239.1	0.3146			15.3	722	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Aetna	Medicare		3327.63	0.308			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Aetna	Better Health		3398.94	0.3146			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Aetna	Commercial		4105.52	0.38			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Americare	Americare		8103	0.75			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		WellPoint	WellPoint		3465.92	0.3208			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Consumer	Consumer		10263.8	0.95			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Corrections	Corrections		8643.2	0.8			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		First Health	First Health		7562.8	0.7			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		First Trenton	First Trenton		9723.6	0.9			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Horizon	Medicare Blue		3241.2	0.3			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Horizon	Indemnity		4135.77	0.3828			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Horizon	MGD		4135.77	0.3828			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Horizon	PPO		4135.77	0.3828			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Managed Care Inc	Managed Care Inc		9723.6	0.9			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Multiplan	Multiplan		8643.2	0.8			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Qualcare	Qualcare		8103	0.75			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Three Rivers	Three Rivers		10263.8	0.95			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		UHC	Medicaid		3398.94	0.3146			550.5	10263.8	percent of total billed charges	
VIEWFLEX ICE CATHETER	C1759	HCPCS	both			10804		Wellcare	Medicaid		3398.94	0.3146			550.5	10263.8	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Aetna	Better Health		563.13	0.3146			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Aetna	Commercial		680.2	0.38			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Aetna	Medicare		551.32	0.308			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Americare	Americare		1342.5	0.75			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		WellPoint	WellPoint		574.23	0.3208			32.7	1700.5	percent of total billed charges	
PLUG ANGIOSEAL 8F VIP 610131	C1760	HCPCS	both			1790		Amerihealth	Medicare		590.7	0.33			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Consumer	Consumer		1700.5	0.95			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Corrections	Corrections		1432	0.8			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		First Health	First Health		1253	0.7			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		First Trenton	First Trenton		1611	0.9			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Horizon	NJ Health		716	0.4			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Horizon	Indemnity		685.21	0.3828			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Horizon	MGD		685.21	0.3828			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Horizon	Medicare Blue		537	0.3			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Horizon	PPO		685.21	0.3828			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Managed Care Inc	Managed Care Inc		1611	0.9			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Multiplan	Multiplan		1432	0.8			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Qualcare	Qualcare		716	0.4			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Three Rivers	Three Rivers		1700.5	0.95			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		UHC	Medicaid		563.13	0.3146			32.7	1700.5	percent of total billed charges	
PRELUDESYNC EZ RADIAL COMPRESS DEVICE	C1760	HCPCS	both			1790		Wellcare	Medicaid		563.13	0.3146			32.7	1700.5	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Aetna	Commercial		5518.74	0.38			1098.1	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Aetna	Better Health		4568.94	0.3146			1098.1	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Aetna	Medicare		4473.08	0.308			1098.1	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Americare	Americare		10892.25	0.75			1098.1	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		WellPoint	WellPoint		4658.98	0.3208			1098.1	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Consumer	Consumer		13796.85	0.95			1098.1	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Corrections	Corrections		11618.4	0.8			1098.1	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		First Health	First Health		10166.1	0.7			1098.1	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		First Trenton	First Trenton		13070.7	0.9			1098.1	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Horizon	Medicare Blue		4356.9	0.3			1098.1	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Horizon	Indemnity		5559.4	0.3828			1098.1	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Horizon	NJ Health		1452.3	0.1			1098.1	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Horizon	MGD		5559.4	0.3828			1098.1	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Horizon	PPO		5559.4	0.3828			1098.1	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Managed Care Inc	Managed Care Inc		13070.7	0.9			1098.1	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Multiplan	Multiplan		11618.4	0.8			1098.1	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Qualcare	Qualcare		10892.25	0.75			1098.1	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Three Rivers	Three Rivers		13796.85	0.95			1098.1	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		UHC	Medicaid		4568.94	0.3146			1098.1	13796.85	percent of total billed charges	
SHOCKWAVE IVL CATHETER	C1761	HCPCS	both			14523		Wellcare	Medicaid		4568.94	0.3146			1098.1	13796.85	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Aetna	Better Health		22179.3	0.3146			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Aetna	Commercial		26790	0.38			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Aetna	Medicare		21714	0.308			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Americare	Americare		52875	0.75			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		WellPoint	WellPoint		22616.4	0.3208			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Amerihealth	Medicare		23265	0.33			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Consumer	Consumer		66975	0.95			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Corrections	Corrections		56400	0.8			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		First Health	First Health		49350	0.7			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		First Trenton	First Trenton		63450	0.9			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Horizon	MGD		26987.4	0.3828			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Horizon	Medicare Blue		21150	0.3			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Horizon	NJ Health		28200	0.4			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Horizon	Indemnity		26987.4	0.3828			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Horizon	PPO		26987.4	0.3828			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Managed Care Inc	Managed Care Inc		63450	0.9			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Multiplan	Multiplan		56400	0.8			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Qualcare	Qualcare		28200	0.4			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Three Rivers	Three Rivers		66975	0.95			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		UHC	Medicaid		22179.3	0.3146			0.9	66975	percent of total billed charges	
TISSUE REGENERATION 5 X 10CM	C1762	HCPCS	both			70500		Wellcare	Medicaid		22179.3	0.3146			0.9	66975	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Aetna	Better Health		28183.76	0.3146			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Aetna	Medicare		27592.49	0.308			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Aetna	Commercial		34042.68	0.38			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Americare	Americare		67189.5	0.75			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		WellPoint	WellPoint		28739.19	0.3208			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Amerihealth	Medicare		29563.38	0.33			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Consumer	Consumer		85106.7	0.95			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Corrections	Corrections		71668.8	0.8			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		First Health	First Health		62710.2	0.7			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		First Trenton	First Trenton		80627.4	0.9			90.9	85106.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Horizon	Medicare Blue		26875.8	0.3			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Horizon	MCD		34293.52	0.3828			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Horizon	Indemnity		34293.52	0.3828			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Horizon	NJ Health		35834.4	0.4			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Horizon	PPO		34293.52	0.3828			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Managed Care Inc	Managed Care Inc		80627.4	0.9			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Multiplan	Multiplan		71668.8	0.8			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Qualcare	Qualcare		35834.4	0.4			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Three Rivers	Three Rivers		85106.7	0.95			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		UHC	Medicaid		28183.76	0.3146			90.9	85106.7	percent of total billed charges	
REPAIR SUPPLE PERI-GUARD 8 X 14CM	C1763	HCPCS	both			89586		Wellcare	Medicaid		28183.76	0.3146			90.9	85106.7	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Aetna	Better Health		3298.58	0.3146			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Aetna	Medicare		3229.38	0.308			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Aetna	Commercial		3984.3	0.38			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Americare	Americare		7863.75	0.75			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		WellPoint	WellPoint		3363.59	0.3208			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Amerihealth	Medicare		3460.05	0.33			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Consumer	Consumer		9960.75	0.95			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Corrections	Corrections		8388	0.8			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		First Health	First Health		7339.5	0.7			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		First Trenton	First Trenton		9436.5	0.9			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Horizon	Medicare Blue		3145.5	0.3			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Horizon	Indemnity		4013.66	0.3828			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Horizon	MGD		4013.66	0.3828			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Horizon	NJ Health		4194	0.4			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Horizon	PPO		4013.66	0.3828			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Managed Care Inc	Managed Care Inc		9436.5	0.9			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Multiplan	Multiplan		8388	0.8			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Qualcare	Qualcare		4194	0.4			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Three Rivers	Three Rivers		9960.75	0.95			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		UHC	Medicaid		3298.58	0.3146			3145.5	9960.75	percent of total billed charges	
LOOP DEVICE	C1764	HCPCS	both			10485		Wellcare	Medicaid		3298.58	0.3146			3145.5	9960.75	percent of total billed charges	
TER 4/65CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Aetna	Commercial		4441.44	0.38			52.2	11103.6	percent of total billed charges	
TER 4/65CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Aetna	Better Health		3677.04	0.3146			52.2	11103.6	percent of total billed charges	
TER 4/65CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Aetna	Medicare		3599.9	0.308			52.2	11103.6	percent of total billed charges	
TER 4/65CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Americare	Americare		8766	0.75			52.2	11103.6	percent of total billed charges	
TER 4/65CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		WellPoint	WellPoint		3749.51	0.3208			52.2	11103.6	percent of total billed charges	
TER 4/65CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Amerihealth	Medicare		3857.04	0.33			52.2	11103.6	percent of total billed charges	
TER 4/65CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Consumer	Consumer		11103.6	0.95			52.2	11103.6	percent of total billed charges	
TER 4/65CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Corrections	Corrections		9350.4	0.8			52.2	11103.6	percent of total billed charges	
TER 4/65CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		First Health	First Health		8181.6	0.7			52.2	11103.6	percent of total billed charges	
TER 4/65CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		First Trenton	First Trenton		10519.2	0.9			52.2	11103.6	percent of total billed charges	
TER 4/65CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Horizon	Medicare Blue		3506.4	0.3			52.2	11103.6	percent of total billed charges	
TER 4/65CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Horizon	Indemnity		4474.17	0.3828			52.2	11103.6	percent of total billed charges	
TER 4/65CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Horizon	NJ Health		4675.2	0.4			52.2	11103.6	percent of total billed charges	
TER 4/65CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Horizon	MGD		4474.17	0.3828			52.2	11103.6	percent of total billed charges	
TER 4/65CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Horizon	PPO		4474.17	0.3828			52.2	11103.6	percent of total billed charges	
TER 4/65CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Managed Care Inc	Managed Care Inc		10519.2	0.9			52.2	11103.6	percent of total billed charges	
TER 4/65CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Multiplan	Multiplan		9350.4	0.8			52.2	11103.6	percent of total billed charges	
TER 4/65CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Qualcare	Qualcare		4675.2	0.4			52.2	11103.6	percent of total billed charges	
TER 4/65CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Three Rivers	Three Rivers		11103.6	0.95			52.2	11103.6	percent of total billed charges	
TER 4/65CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		UHC	Medicaid		3677.04	0.3146			52.2	11103.6	percent of total billed charges	
TER 4/65CM COBRA 1 GLIDECATH	C1765	HCPCS	both			11688		Wellcare	Medicaid		3677.04	0.3146			52.2	11103.6	percent of total billed charges	
TERUMO PINNACLE 10CM INTRO SHEATH	C1766	HCPCS	both			3455		Aetna	Commercial		1312.9	0.38			12	3282.25	percent of total billed charges	
TERUMO PINNACLE 10CM INTRO SHEATH	C1766	HCPCS	both			3455		Aetna	Medicare		1064.14	0.308			12	3282.25	percent of total billed charges	
TERUMO PINNACLE 10CM INTRO SHEATH	C1766	HCPCS	both			3455		Aetna	Better Health		1086.94	0.3146			12	3282.25	percent of total billed charges	
TERUMO PINNACLE 10CM INTRO SHEATH	C1766	HCPCS	both			3455		Americare	Americare		2591.25	0.75			12	3282.25	percent of total billed charges	
TERUMO PINNACLE 10CM INTRO SHEATH	C1766	HCPCS	both			3455		WellPoint	WellPoint		1108.36	0.3208			12	3282.25	percent of total billed charges	
TERUMO PINNACLE 10CM INTRO SHEATH	C1766	HCPCS	both			3455		Consumer	Consumer		3282.25	0.95			12	3282.25	percent of total billed charges	
TERUMO PINNACLE 10CM INTRO SHEATH	C1766	HCPCS	both			3455		Corrections	Corrections		2764	0.8			12	3282.25	percent of total billed charges	
TERUMO PINNACLE 10CM INTRO SHEATH	C1766	HCPCS	both			3455		First Health	First Health		2418.5	0.7			12	3282.25	percent of total billed charges	
TERUMO PINNACLE 10CM INTRO SHEATH	C1766	HCPCS	both			3455		First Trenton	First Trenton		3109.5	0.9			12	3282.25	percent of total billed charges	
TERUMO PINNACLE 10CM INTRO SHEATH	C1766	HCPCS	both			3455		Horizon	PPO		1322.57	0.3828			12	3282.25	percent of total billed charges	
TERUMO PINNACLE 10CM INTRO SHEATH	C1766	HCPCS	both			3455		Horizon	Indemnity		1322.57	0.3828			12	3282.25	percent of total billed charges	
TERUMO PINNACLE 10CM INTRO SHEATH	C1766	HCPCS	both			3455		Horizon	MGD		1322.57	0.3828			12	3282.25	percent of total billed charges	
TERUMO PINNACLE 10CM INTRO SHEATH	C1766	HCPCS	both			3455		Horizon	Medicare Blue		1036.5	0.3			12	3282.25	percent of total billed charges	
TERUMO PINNACLE 10CM INTRO SHEATH	C1766	HCPCS	both			3455		Managed Care Inc	Managed Care Inc		3109.5	0.9			12	3282.25	percent of total billed charges	
TERUMO PINNACLE 10CM INTRO SHEATH	C1766	HCPCS	both			3455		Multiplan	Multiplan		2764	0.8			12	3282.25	percent of total billed charges	
TERUMO PINNACLE 10CM INTRO SHEATH	C1766	HCPCS	both			3455		Qualcare	Qualcare		2591.25	0.75			12	3282.25	percent of total billed charges	
TERUMO PINNACLE 10CM INTRO SHEATH	C1766	HCPCS	both			3455		Three Rivers	Three Rivers		3282.25	0.95			12	3282.25	percent of total billed charges	
TERUMO PINNACLE 10CM INTRO SHEATH	C1766	HCPCS	both			3455		UHC	Medicaid		1086.94	0.3146			12	3282.25	percent of total billed charges	
TERUMO PINNACLE 10CM INTRO SHEATH	C1766	HCPCS	both			3455		Wellcare	Medicaid		1086.94	0.3146			12	3282.25	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Aetna	Medicare		24339.64	0.308			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Aetna	Better Health		24861.2	0.3146			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Aetna	Commercial		30029.42	0.38			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Americare	Americare		59268.6	0.75			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		WellPoint	WellPoint		25351.16	0.3208			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Amerihealth	Medicare		26078.18	0.33			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Consumer	Consumer		75073.56	0.95			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Corrections	Corrections		63219.84	0.8			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		First Health	First Health		55317.36	0.7			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		First Trenton	First Trenton		71122.32	0.9			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Horizon	Medicare Blue		23707.44	0.3			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Horizon	Indemnity		30250.69	0.3828			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Horizon	MGD		30250.69	0.3828			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Horizon	NJ Health		31609.92	0.4			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Horizon	PPO		30250.69	0.3828			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Managed Care Inc	Managed Care Inc		71122.32	0.9			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Multiplan	Multiplan		63219.84	0.8			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Qualcare	Qualcare		31609.92	0.4			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Three Rivers	Three Rivers		75073.56	0.95			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		UHC	Medicaid		24861.2	0.3146			63	75073.56	percent of total billed charges	
STM EXTERNAL PULSE GENERATOR	C1767	HCPCS	both			79024.8		Wellcare	Medicaid		24861.2	0.3146			63	75073.56	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Aetna	Commercial		22965.3	0.38			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Aetna	Better Health		19012.85	0.3146			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Aetna	Medicare		18613.98	0.308			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Americare	Americare		45326.25	0.75			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		WellPoint	WellPoint		19387.55	0.3208			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Amerihealth	Medicare		19943.55	0.33			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Consumer	Consumer		57413.25	0.95			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Corrections	Corrections		48348	0.8			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		First Health	First Health		42304.5	0.7			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		First Trenton	First Trenton		54391.5	0.9			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Horizon	MGD		23134.52	0.3828			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Horizon	NJ Health		24174	0.4			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Horizon	Indemnity		23134.52	0.3828			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Horizon	PPO		23134.52	0.3828			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Horizon	Medicare Blue		18130.5	0.3			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Managed Care Inc	Managed Care Inc		54391.5	0.9			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Multiplan	Multiplan		48348	0.8			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Qualcare	Qualcare		24174	0.4			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Three Rivers	Three Rivers		57413.25	0.95			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		UHC	Medicaid		19012.85	0.3146			0.9	57413.25	percent of total billed charges	
VASCULAR THIN WALL RINGED 8MM ID 80CM L	C1768	HCPCS	both			60435		Wellcare	Medicaid		19012.85	0.3146			0.9	57413.25	percent of total billed charges	
ZIPWIRE .035 X180CM	C1769	HCPCS	both			16500		Aetna	Commercial		6270	0.38			8.4	15675	percent of total billed charges	
ZIPWIRE .035 X180CM	C1769	HCPCS	both			16500		Aetna	Better Health		5190.9	0.3146			8.4	15675	percent of total billed charges	
ZIPWIRE .035 X180CM	C1769	HCPCS	both			16500		Aetna	Medicare		5082	0.308			8.4	15675	percent of total billed charges	
ZIPWIRE .035 X180CM	C1769	HCPCS	both			16500		Americare	Americare		12375	0.75			8.4	15675	percent of total billed charges	
ZIPWIRE .035 X180CM	C1769	HCPCS	both			16500		WellPoint	WellPoint		5293.2	0.3208			8.4	15675	percent of total billed charges	
ZIPWIRE .035 X180CM	C1769	HCPCS	both			16500		Amerihealth	Medicare		5445	0.33			8.4	15675	percent of total billed charges	
ZIPWIRE .035 X180CM	C1769	HCPCS	both			16500		Consumer	Consumer		15675	0.95			8.4	15675	percent of total billed charges	
ZIPWIRE .035 X180CM	C1769	HCPCS	both			16500		Corrections	Corrections		13200	0.8			8.4	15675	percent of total billed charges	
ZIPWIRE .035 X180CM	C1769	HCPCS	both			16500		First Health	First Health		11550	0.7			8.4	15675	percent of total billed charges	
ZIPWIRE .035 X180CM	C1769	HCPCS	both			16500		First Trenton	First Trenton		14850	0.9			8.4	15675	percent of total billed charges	
ZIPWIRE .035 X180CM	C1769	HCPCS	both			16500		Horizon	Medicare Blue		4950	0.3			8.4	15675	percent of total billed charges	
ZIPWIRE .035 X180CM	C1769	HCPCS	both			16500		Horizon	NJ Health		6600	0.4			8.4	15675	percent of total billed charges	
ZIPWIRE .035 X180CM	C1769	HCPCS	both			16500		Horizon	MGD		6316.2	0.3828			8.4	15675	percent of total billed charges	
ZIPWIRE .035 X180CM	C1769	HCPCS	both			16500		Horizon	Indemnity		6316.2	0.3828			8.4	15675	percent of total billed charges	
ZIPWIRE .035 X180CM	C1769	HCPCS	both			16500		Horizon	PPO		6316.2	0.3828			8.4	15675	percent of total billed charges	
ZIPWIRE .035 X180CM	C1769	HCPCS	both			16500		Managed Care Inc	Managed Care Inc		14850	0.9			8.4	15675	percent of total billed charges	
ZIPWIRE .035 X180CM	C1769	HCPCS	both			16500		Multiplan	Multiplan		13200	0.8			8.4	15675	percent of total billed charges	
ZIPWIRE .035 X180CM	C1769	HCPCS	both			16500		Qualcare	Qualcare		6600	0.4			8.4	15675	percent of total billed charges	
ZIPWIRE .035 X180CM	C1769	HCPCS	both			16500		Three Rivers	Three Rivers		15675	0.95			8.4	15675	percent of total billed charges	
ZIPWIRE .035 X180CM	C1769	HCPCS	both			16500		UHC	Medicaid		5190.9	0.3146			8.4	15675	percent of total billed charges	
ZIPWIRE .035 X180CM	C1769	HCPCS	both			16500		Wellcare	Medicaid		5190.9	0.3146			8.4	15675	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Aetna	Better Health		6790.64	0.3146			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Aetna	Medicare		6648.18	0.308			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Aetna	Commercial		8202.3	0.38			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Americare	Americare		16188.75	0.75			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		WellPoint	WellPoint		6924.47	0.3208			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Amerihealth	Medicare		7123.05	0.33			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Consumer	Consumer		20505.75	0.95			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Corrections	Corrections		17268	0.8			751.5	20505.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TVT OBTURATOR	C1771	HCPCS	both			21585		First Health	First Health		15109.5	0.7			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		First Trenton	First Trenton		19426.5	0.9			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Horizon	Medicare Blue		6475.5	0.3			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Horizon	NJ Health		8634	0.4			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Horizon	MCD		8262.74	0.3828			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Horizon	Indemnity		8262.74	0.3828			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Horizon	PPO		8262.74	0.3828			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Managed Care Inc	Managed Care Inc		19426.5	0.9			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Multiplan	Multiplan		17268	0.8			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Qualcare	Qualcare		8634	0.4			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Three Rivers	Three Rivers		20505.75	0.95			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		UHC	Medicaid		6790.64	0.3146			751.5	20505.75	percent of total billed charges	
TVT OBTURATOR	C1771	HCPCS	both			21585		Wellcare	Medicaid		6790.64	0.3146			751.5	20505.75	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Aetna	Better Health		14456.5	0.3146			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Aetna	Medicare		14153.22	0.308			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Aetna	Commercial		17461.76	0.38			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Americare	Americare		34464	0.75			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		WellPoint	WellPoint		14741.4	0.3208			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Amerihealth	Medicare		15164.16	0.33			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Consumer	Consumer		43654.4	0.95			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Corrections	Corrections		36761.6	0.8			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		First Health	First Health		32166.4	0.7			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		First Trenton	First Trenton		41356.8	0.9			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Horizon	MGD		17590.43	0.3828			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Horizon	Medicare Blue		13785.6	0.3			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Horizon	NJ Health		18380.8	0.4			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Horizon	PPO		17590.43	0.3828			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Horizon	Indemnity		17590.43	0.3828			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Managed Care Inc	Managed Care Inc		41356.8	0.9			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Multiplan	Multiplan		36761.6	0.8			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Qualcare	Qualcare		18380.8	0.4			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Three Rivers	Three Rivers		43654.4	0.95			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		UHC	Medicaid		14456.5	0.3146			10080	43654.4	percent of total billed charges	
SYNCHROMED 11-40ML	C1772	HCPCS	both			45952		Wellcare	Medicaid		14456.5	0.3146			10080	43654.4	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Aetna	Commercial		4680.84	0.38			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Aetna	Better Health		3875.24	0.3146			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Aetna	Medicare		3793.94	0.308			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Americare	Americare		9238.5	0.75			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		WellPoint	WellPoint		3951.61	0.3208			35.1	11702.1	percent of total billed charges	
SCREW CORT ST 3.5 X 28MM	C1773	HCPCS	both			166.38		Amerihealth	Medicare		54.91	0.33			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Consumer	Consumer		11702.1	0.95			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Corrections	Corrections		9854.4	0.8			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		First Health	First Health		8622.6	0.7			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		First Trenton	First Trenton		11086.2	0.9			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Horizon	Indemnity		4715.33	0.3828			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Horizon	MGD		4715.33	0.3828			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Horizon	Medicare Blue		3695.4	0.3			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Horizon	NJ Health		4927.2	0.4			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Horizon	PPO		4715.33	0.3828			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Managed Care Inc	Managed Care Inc		11086.2	0.9			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Multiplan	Multiplan		9854.4	0.8			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Qualcare	Qualcare		4927.2	0.4			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Three Rivers	Three Rivers		11702.1	0.95			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		UHC	Medicaid		3875.24	0.3146			35.1	11702.1	percent of total billed charges	
TR COMPRESSION RADIAL BAND	C1773	HCPCS	both			12318		Wellcare	Medicaid		3875.24	0.3146			35.1	11702.1	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Aetna	Better Health		57853.05	0.3146			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Aetna	Medicare		56639.35	0.308			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Aetna	Commercial		69879.72	0.38			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Americare	Americare		137920.5	0.75			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		WellPoint	WellPoint		58993.2	0.3208			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Amerihealth	Medicare		60685.02	0.33			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Consumer	Consumer		174699.3	0.95			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Corrections	Corrections		147115.2	0.8			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		First Health	First Health		128725.8	0.7			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		First Trenton	First Trenton		165504.6	0.9			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Horizon	Medicare Blue		55168.2	0.3			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Horizon	Indemnity		70394.62	0.3828			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Horizon	MGD		70394.62	0.3828			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Horizon	NJ Health		73557.6	0.4			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Horizon	PPO		70394.62	0.3828			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Managed Care Inc	Managed Care Inc		165504.6	0.9			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Multiplan	Multiplan		147115.2	0.8			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Qualcare	Qualcare		73557.6	0.4			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Three Rivers	Three Rivers		174699.3	0.95			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		UHC	Medicaid		57853.05	0.3146			0.01	174699.3	percent of total billed charges	
ZYGOMA NOBEL 45MM 45D	C1776	HCPCS	both			183894		Wellcare	Medicaid		57853.05	0.3146			0.01	174699.3	percent of total billed charges	
RV LEAD SGL COIL	C1777	HCPCS	both			20307		Aetna	Commercial		7716.66	0.38			6092.1	19291.65	percent of total billed charges	
RV LEAD SGL COIL	C1777	HCPCS	both			20307		Aetna	Medicare		6254.56	0.308			6092.1	19291.65	percent of total billed charges	
RV LEAD SGL COIL	C1777	HCPCS	both			20307		Aetna	Better Health		6388.58	0.3146			6092.1	19291.65	percent of total billed charges	
RV LEAD SGL COIL	C1777	HCPCS	both			20307		Americare	Americare		15230.25	0.75			6092.1	19291.65	percent of total billed charges	
RV LEAD SGL COIL	C1777	HCPCS	both			20307		WellPoint	WellPoint		6514.49	0.3208			6092.1	19291.65	percent of total billed charges	
RV LEAD SGL COIL	C1777	HCPCS	both			20307		Amerihealth	Medicare		6701.31	0.33			6092.1	19291.65	percent of total billed charges	
RV LEAD SGL COIL	C1777	HCPCS	both			20307		Consumer	Consumer		19291.65	0.95			6092.1	19291.65	percent of total billed charges	
RV LEAD SGL COIL	C1777	HCPCS	both			20307		Corrections	Corrections		16245.6	0.8			6092.1	19291.65	percent of total billed charges	
RV LEAD SGL COIL	C1777	HCPCS	both			20307		First Health	First Health		14214.9	0.7			6092.1	19291.65	percent of total billed charges	
RV LEAD SGL COIL	C1777	HCPCS	both			20307		First Trenton	First Trenton		18276.3	0.9			6092.1	19291.65	percent of total billed charges	
RV LEAD SGL COIL	C1777	HCPCS	both			20307		Horizon	Medicare Blue		6092.1	0.3			6092.1	19291.65	percent of total billed charges	
RV LEAD SGL COIL	C1777	HCPCS	both			20307		Horizon	MGD		7773.52	0.3828			6092.1	19291.65	percent of total billed charges	
RV LEAD SGL COIL	C1777	HCPCS	both			20307		Horizon	Indemnity		7773.52	0.3828			6092.1	19291.65	percent of total billed charges	
RV LEAD SGL COIL	C1777	HCPCS	both			20307		Horizon	NJ Health		8122.8	0.4			6092.1	19291.65	percent of total billed charges	
RV LEAD SGL COIL	C1777	HCPCS	both			20307		Horizon	PPO		7773.52	0.3828			6092.1	19291.65	percent of total billed charges	
RV LEAD SGL COIL	C1777	HCPCS	both			20307		Managed Care Inc	Managed Care Inc		18276.3	0.9			6092.1	19291.65	percent of total billed charges	
RV LEAD SGL COIL	C1777	HCPCS	both			20307		Multiplan	Multiplan		16245.6	0.8			6092.1	19291.65	percent of total billed charges	
RV LEAD SGL COIL	C1777	HCPCS	both			20307		Qualcare	Qualcare		8122.8	0.4			6092.1	19291.65	percent of total billed charges	
RV LEAD SGL COIL	C1777	HCPCS	both			20307		Three Rivers	Three Rivers		19291.65	0.95			6092.1	19291.65	percent of total billed charges	
RV LEAD SGL COIL	C1777	HCPCS	both			20307		UHC	Medicaid		6388.58	0.3146			6092.1	19291.65	percent of total billed charges	
RV LEAD SGL COIL	C1777	HCPCS	both			20307		Wellcare	Medicaid		6388.58	0.3146			6092.1	19291.65	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Aetna	Medicare		17509.8	0.308			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Aetna	Better Health		17885.01	0.3146			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Aetna	Commercial		21603	0.38			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Americare	Americare		42637.5	0.75			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		WellPoint	WellPoint		18237.48	0.3208			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Amerihealth	Medicare		18760.5	0.33			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Consumer	Consumer		54007.5	0.95			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Corrections	Corrections		45480	0.8			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		First Health	First Health		39795	0.7			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		First Trenton	First Trenton		51165	0.9			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Horizon	MGD		21762.18	0.3828			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Horizon	Indemnity		21762.18	0.3828			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Horizon	NJ Health		22740	0.4			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Horizon	PPO		21762.18	0.3828			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Horizon	Medicare Blue		17055	0.3			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Managed Care Inc	Managed Care Inc		51165	0.9			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Multiplan	Multiplan		45480	0.8			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Qualcare	Qualcare		22740	0.4			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Three Rivers	Three Rivers		54007.5	0.95			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		UHC	Medicaid		17885.01	0.3146			28.8	54007.5	percent of total billed charges	
THERAPY PERENNIA FLEX MOD 304	C1778	HCPCS	both			56850		Wellcare	Medicaid		17885.01	0.3146			28.8	54007.5	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Aetna	Commercial		3373.26	0.38			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Aetna	Better Health		2792.7	0.3146			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Aetna	Medicare		2734.12	0.308			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Americare	Americare		6657.75	0.75			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		WellPoint	WellPoint		2847.74	0.3208			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Amerihealth	Medicare		2929.41	0.33			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Consumer	Consumer		8433.15	0.95			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Corrections	Corrections		7101.6	0.8			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		First Health	First Health		6213.9	0.7			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		First Trenton	First Trenton		7989.3	0.9			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Horizon	MGD		3398.12	0.3828			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Horizon	Indemnity		3398.12	0.3828			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Horizon	Medicare Blue		2663.1	0.3			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Horizon	PPO		3398.12	0.3828			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Horizon	NJ Health		3550.8	0.4			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Managed Care Inc	Managed Care Inc		7989.3	0.9			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Multiplan	Multiplan		7101.6	0.8			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Qualcare	Qualcare		3550.8	0.4			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Three Rivers	Three Rivers		8433.15	0.95			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		UHC	Medicaid		2792.7	0.3146			132	8433.15	percent of total billed charges	
PLATE TIBIA DISTAL AXSOS 12H	C1779	HCPCS	both			8877		Wellcare	Medicaid		2792.7	0.3146			132	8433.15	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Aetna	Better Health		844.7	0.3146			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Aetna	Medicare		826.98	0.308			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Aetna	Commercial		1020.3	0.38			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Americare	Americare		2013.75	0.75			805.5	2550.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		WellPoint	WellPoint		861.35	0.3208			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Amerihealth	Medicare		886.05	0.33			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Consumer	Consumer		2550.75	0.95			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Corrections	Corrections		2148	0.8			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		First Health	First Health		1879.5	0.7			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		First Trenton	First Trenton		2416.5	0.9			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Horizon	Medicare Blue		805.5	0.3			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Horizon	NJ Health		1074	0.4			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Horizon	MGD		1027.82	0.3828			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Horizon	PPO		1027.82	0.3828			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Horizon	Indemnity		1027.82	0.3828			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Managed Care Inc	Managed Care Inc		2416.5	0.9			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Multiplan	Multiplan		2148	0.8			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Qualcare	Qualcare		1074	0.4			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Three Rivers	Three Rivers		2550.75	0.95			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		UHC	Medicaid		844.7	0.3146			805.5	2550.75	percent of total billed charges	
IOL TECNIS 19.0D ZXROO	C1780	HCPCS	outpatient			2685		Wellcare	Medicaid		844.7	0.3146			805.5	2550.75	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Aetna	Commercial		18192.12	0.38			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Aetna	Better Health		15061.16	0.3146			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Aetna	Medicare		14745.19	0.308			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Americare	Americare		35905.5	0.75			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		WellPoint	WellPoint		15357.98	0.3208			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Amerihealth	Medicare		15798.42	0.33			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Consumer	Consumer		45480.3	0.95			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Corrections	Corrections		38299.2	0.8			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		First Health	First Health		33511.8	0.7			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		First Trenton	First Trenton		43086.6	0.9			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Horizon	Indemnity		18326.17	0.3828			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Horizon	Medicare Blue		14362.2	0.3			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Horizon	MGD		18326.17	0.3828			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Horizon	NJ Health		19149.6	0.4			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Horizon	PPO		18326.17	0.3828			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Managed Care Inc	Managed Care Inc		43086.6	0.9			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Multiplan	Multiplan		38299.2	0.8			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Qualcare	Qualcare		19149.6	0.4			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Three Rivers	Three Rivers		45480.3	0.95			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		UHC	Medicaid		15061.16	0.3146			12.9	45480.3	percent of total billed charges	
TISSUE REINF ARTELON 0.7X8 CM	C1781	HCPCS	both			47874		Wellcare	Medicaid		15061.16	0.3146			12.9	45480.3	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Aetna	Better Health		3952.63	0.3146			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Aetna	Medicare		3869.71	0.308			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Aetna	Commercial		4774.32	0.38			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Americare	Americare		9423	0.75			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		WellPoint	WellPoint		4030.53	0.3208			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Consumer	Consumer		11935.8	0.95			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Corrections	Corrections		10051.2	0.8			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		First Health	First Health		8794.8	0.7			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		First Trenton	First Trenton		11307.6	0.9			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Horizon	Indemnity		4809.5	0.3828			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Horizon	MGD		4809.5	0.3828			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Horizon	PPO		4809.5	0.3828			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Horizon	Medicare Blue		3769.2	0.3			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Managed Care Inc	Managed Care Inc		11307.6	0.9			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Multiplan	Multiplan		10051.2	0.8			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Qualcare	Qualcare		9423	0.75			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Three Rivers	Three Rivers		11935.8	0.95			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		UHC	Medicaid		3952.63	0.3146			383.7	11935.8	percent of total billed charges	
TISSUE	C1782	HCPCS	outpatient			12564		Wellcare	Medicaid		3952.63	0.3146			383.7	11935.8	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Aetna	Better Health		2076.36	0.3146			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Aetna	Commercial		2508	0.38			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Aetna	Medicare		2032.8	0.308			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Americare	Americare		4950	0.75			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		WellPoint	WellPoint		2117.28	0.3208			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Amerihealth	Medicare		2178	0.33			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Consumer	Consumer		6270	0.95			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Corrections	Corrections		5280	0.8			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		First Health	First Health		4620	0.7			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		First Trenton	First Trenton		5940	0.9			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Horizon	Medicare Blue		1980	0.3			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Horizon	Indemnity		2526.48	0.3828			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Horizon	MGD		2526.48	0.3828			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Horizon	PPO		2526.48	0.3828			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Horizon	NJ Health		2640	0.4			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Managed Care Inc	Managed Care Inc		5940	0.9			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Multiplan	Multiplan		5280	0.8			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Qualcare	Qualcare		2640	0.4			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Three Rivers	Three Rivers		6270	0.95			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		UHC	Medicaid		2076.36	0.3146			715.5	6270	percent of total billed charges	
XEN GEL STENT	C1783	HCPCS	outpatient			6600		Wellcare	Medicaid		2076.36	0.3146			715.5	6270	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Aetna	Commercial		8283.24	0.38			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Aetna	Better Health		6857.65	0.3146			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Aetna	Medicare		6713.78	0.308			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Americare	Americare		16348.5	0.75			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		WellPoint	WellPoint		6992.8	0.3208			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Amerihealth	Medicare		7193.34	0.33			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Consumer	Consumer		20708.1	0.95			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Corrections	Corrections		17438.4	0.8			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		First Health	First Health		15258.6	0.7			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		First Trenton	First Trenton		19618.2	0.9			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Horizon	Medicare Blue		6539.4	0.3			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Horizon	Indemnity		8344.27	0.3828			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Horizon	MGD		8344.27	0.3828			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Horizon	NJ Health		8719.2	0.4			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Horizon	PPO		8344.27	0.3828			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Managed Care Inc	Managed Care Inc		19618.2	0.9			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Multiplan	Multiplan		17438.4	0.8			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Qualcare	Qualcare		8719.2	0.4			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Three Rivers	Three Rivers		20708.1	0.95			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		UHC	Medicaid		6857.65	0.3146			4284	20708.1	percent of total billed charges	
PPM DUAL	C1785	HCPCS	both			21798		Wellcare	Medicaid		6857.65	0.3146			4284	20708.1	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Aetna	Commercial		15105	0.38			4616.1	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Aetna	Medicare		12243	0.308			4616.1	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Aetna	Better Health		12505.35	0.3146			4616.1	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Americare	Americare		29812.5	0.75			4616.1	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		WellPoint	WellPoint		12751.8	0.3208			4616.1	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Amerihealth	Medicare		13117.5	0.33			4616.1	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Consumer	Consumer		37762.5	0.95			4616.1	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Corrections	Corrections		31800	0.8			4616.1	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		First Health	First Health		27825	0.7			4616.1	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		First Trenton	First Trenton		35775	0.9			4616.1	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Horizon	MGD		15216.3	0.3828			4616.1	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Horizon	NJ Health		15900	0.4			4616.1	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Horizon	Medicare Blue		11925	0.3			4616.1	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Horizon	Indemnity		15216.3	0.3828			4616.1	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Horizon	PPO		15216.3	0.3828			4616.1	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Managed Care Inc	Managed Care Inc		35775	0.9			4616.1	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Multiplan	Multiplan		31800	0.8			4616.1	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Qualcare	Qualcare		15900	0.4			4616.1	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Three Rivers	Three Rivers		37762.5	0.95			4616.1	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		UHC	Medicaid		12505.35	0.3146			4616.1	37762.5	percent of total billed charges	
PPM SINGLE	C1786	HCPCS	both			39750		Wellcare	Medicaid		12505.35	0.3146			4616.1	37762.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Aetna	Commercial		2230.6	0.38			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Aetna	Better Health		1846.7	0.3146			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Aetna	Medicare		1807.96	0.308			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Americare	Americare		4402.5	0.75			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		WellPoint	WellPoint		1883.1	0.3208			326.7	5576.5	percent of total billed charges	
PATIENT PROGRAMMER NEUROSTIMULATOR	C1787	HCPCS	both			5076		Amerihealth	Medicare		1675.08	0.33			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Consumer	Consumer		5576.5	0.95			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Corrections	Corrections		4696	0.8			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		First Health	First Health		4109	0.7			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		First Trenton	First Trenton		5283	0.9			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Horizon	Indemnity		2247.04	0.3828			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Horizon	NJ Health		2348	0.4			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Horizon	MGD		2247.04	0.3828			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Horizon	PPO		2247.04	0.3828			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Horizon	Medicare Blue		1761	0.3			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Managed Care Inc	Managed Care Inc		5283	0.9			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Multiplan	Multiplan		4696	0.8			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Qualcare	Qualcare		2348	0.4			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Three Rivers	Three Rivers		5576.5	0.95			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		UHC	Medicaid		1846.7	0.3146			326.7	5576.5	percent of total billed charges	
PROGRAMMER PATIENT RESTORE ULTRA	C1787	HCPCS	both			5870		Wellcare	Medicaid		1846.7	0.3146			326.7	5576.5	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Aetna	Better Health		822.99	0.3146			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Aetna	Commercial		994.08	0.38			224.7	2485.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Aetna	Medicare		805.73	0.308			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Americare	Americare		1962	0.75			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		WellPoint	WellPoint		839.21	0.3208			224.7	2485.2	percent of total billed charges	
TRAY PORT IMPL TI DOME W/CATH PERITONEAL	C1788	HCPCS	both			2616		Amerihealth	Medicare		863.28	0.33			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Consumer	Consumer		2485.2	0.95			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Corrections	Corrections		2092.8	0.8			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		First Health	First Health		1831.2	0.7			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		First Trenton	First Trenton		2354.4	0.9			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Horizon	Medicare Blue		784.8	0.3			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Horizon	Indemnity		1001.4	0.3828			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Horizon	MGD		1001.4	0.3828			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Horizon	PPO		1001.4	0.3828			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Horizon	NJ Health		1046.4	0.4			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Managed Care Inc	Managed Care Inc		2354.4	0.9			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Multiplan	Multiplan		2092.8	0.8			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Qualcare	Qualcare		1046.4	0.4			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Three Rivers	Three Rivers		2485.2	0.95			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		UHC	Medicaid		822.99	0.3146			224.7	2485.2	percent of total billed charges	
XCELA POWER INJECT PORT	C1788	HCPCS	both			2616		Wellcare	Medicaid		822.99	0.3146			224.7	2485.2	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Aetna	Medicare		1473.78	0.308			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Aetna	Better Health		1505.36	0.3146			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Aetna	Commercial		1818.3	0.38			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Americare	Americare		3588.75	0.75			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		WellPoint	WellPoint		1535.03	0.3208			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Amerihealth	Medicare		1579.05	0.33			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Consumer	Consumer		4545.75	0.95			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Corrections	Corrections		3828	0.8			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		First Health	First Health		3349.5	0.7			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		First Trenton	First Trenton		4306.5	0.9			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Horizon	Indemnity		1831.7	0.3828			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Horizon	MGD		1831.7	0.3828			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Horizon	NJ Health		1914	0.4			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Horizon	Medicare Blue		1435.5	0.3			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Horizon	PPO		1831.7	0.3828			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Managed Care Inc	Managed Care Inc		4306.5	0.9			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Multiplan	Multiplan		3828	0.8			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Qualcare	Qualcare		1914	0.4			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Three Rivers	Three Rivers		4545.75	0.95			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		UHC	Medicaid		1505.36	0.3146			0.9	4545.75	percent of total billed charges	
TISSUE EXPANDER W/SUTURE TABS 300CC	C1789	HCPCS	both			4785		Wellcare	Medicaid		1505.36	0.3146			0.9	4545.75	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both			28241.55		Aetna	Better Health		8884.79	0.3146			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both			28241.55		Aetna	Medicare		8698.4	0.308			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both			28241.55		Aetna	Commercial		10731.79	0.38			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both			28241.55		Americare	Americare		21181.16	0.75			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both			28241.55		WellPoint	WellPoint		9059.89	0.3208			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both			28241.55		Amerihealth	Medicare		9319.71	0.33			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both			28241.55		Consumer	Consumer		26829.47	0.95			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both			28241.55		Corrections	Corrections		22593.24	0.8			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both			28241.55		First Health	First Health		19769.09	0.7			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both			28241.55		First Trenton	First Trenton		25417.4	0.9			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both			28241.55		Horizon	Medicare Blue		8472.47	0.3			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both			28241.55		Horizon	NJ Health		11296.62	0.4			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both			28241.55		Horizon	MGD		10810.87	0.3828			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both			28241.55		Horizon	Indemnity		10810.87	0.3828			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both			28241.55		Horizon	PPO		10810.87	0.3828			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both			28241.55		Managed Care Inc	Managed Care Inc		25417.4	0.9			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both			28241.55		Multiplan	Multiplan		22593.24	0.8			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both			28241.55		Qualcare	Qualcare		11296.62	0.4			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both			28241.55		Three Rivers	Three Rivers		26829.47	0.95			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both			28241.55		UHC	Medicaid		8884.79	0.3146			555	26829.47	percent of total billed charges	
TITAN RESERVOIR 75CC	C1813	HCPCS	both			28241.55		Wellcare	Medicaid		8884.79	0.3146			555	26829.47	percent of total billed charges	
SILICONE OIL ADATO SIL-OL 5000	C1814	HCPCS	outpatient			1536		Aetna	Better Health		483.23	0.3146			377.06	1459.2	percent of total billed charges	
SILICONE OIL ADATO SIL-OL 5000	C1814	HCPCS	outpatient			1536		Aetna	Medicare		473.09	0.308			377.06	1459.2	percent of total billed charges	
SILICONE OIL ADATO SIL-OL 5000	C1814	HCPCS	outpatient			1536		Aetna	Commercial		583.68	0.38			377.06	1459.2	percent of total billed charges	
SILICONE OIL ADATO SIL-OL 5000	C1814	HCPCS	outpatient			1536		Americare	Americare		1152	0.75			377.06	1459.2	percent of total billed charges	
SILICONE OIL ADATO SIL-OL 5000	C1814	HCPCS	outpatient			1536		WellPoint	WellPoint		492.75	0.3208			377.06	1459.2	percent of total billed charges	
SILICONE OIL ADATO SIL-OL 5000	C1814	HCPCS	outpatient			1536		Amerihealth	Medicare		506.88	0.33			377.06	1459.2	percent of total billed charges	
SILICONE OIL ADATO SIL-OL 5000	C1814	HCPCS	outpatient			1536		Consumer	Consumer		1459.2	0.95			377.06	1459.2	percent of total billed charges	
SILICONE OIL ADATO SIL-OL 5000	C1814	HCPCS	outpatient			1536		Corrections	Corrections		1228.8	0.8			377.06	1459.2	percent of total billed charges	
SILICONE OIL ADATO SIL-OL 5000	C1814	HCPCS	outpatient			1536		First Health	First Health		1075.2	0.7			377.06	1459.2	percent of total billed charges	
SILICONE OIL ADATO SIL-OL 5000	C1814	HCPCS	outpatient			1536		First Trenton	First Trenton		1382.4	0.9			377.06	1459.2	percent of total billed charges	
SILICONE OIL ADATO SIL-OL 5000	C1814	HCPCS	outpatient			1536		Horizon	MGD		587.98	0.3828			377.06	1459.2	percent of total billed charges	
SILICONE OIL ADATO SIL-OL 5000	C1814	HCPCS	outpatient			1536		Horizon	Indemnity		587.98	0.3828			377.06	1459.2	percent of total billed charges	
SILICONE OIL ADATO SIL-OL 5000	C1814	HCPCS	outpatient			1536		Horizon	NJ Health		614.4	0.4			377.06	1459.2	percent of total billed charges	
SILICONE OIL ADATO SIL-OL 5000	C1814	HCPCS	outpatient			1536		Horizon	Medicare Blue		460.8	0.3			377.06	1459.2	percent of total billed charges	
SILICONE OIL ADATO SIL-OL 5000	C1814	HCPCS	outpatient			1536		Horizon	PPO		587.98	0.3828			377.06	1459.2	percent of total billed charges	
SILICONE OIL ADATO SIL-OL 5000	C1814	HCPCS	outpatient			1536		Managed Care Inc	Managed Care Inc		1382.4	0.9			377.06	1459.2	percent of total billed charges	
SILICONE OIL ADATO SIL-OL 5000	C1814	HCPCS	outpatient			1536		Multiplan	Multiplan		1228.8	0.8			377.06	1459.2	percent of total billed charges	
SILICONE OIL ADATO SIL-OL 5000	C1814	HCPCS	outpatient			1536		Qualcare	Qualcare		614.4	0.4			377.06	1459.2	percent of total billed charges	
SILICONE OIL ADATO SIL-OL 5000	C1814	HCPCS	outpatient			1536		Three Rivers	Three Rivers		1459.2	0.95			377.06	1459.2	percent of total billed charges	
SILICONE OIL ADATO SIL-OL 5000	C1814	HCPCS	outpatient			1536		UHC	Medicaid		483.23	0.3146			377.06	1459.2	percent of total billed charges	
SILICONE OIL ADATO SIL-OL 5000	C1814	HCPCS	outpatient			1536		Wellcare	Medicaid		483.23	0.3146			377.06	1459.2	percent of total billed charges	
REGULATOR BALL PRESS 61-70	C1815	HCPCS	outpatient			16341		Aetna	Better Health		5140.88	0.3146			1468.53	15523.95	percent of total billed charges	
REGULATOR BALL PRESS 61-70	C1815	HCPCS	outpatient			16341		Aetna	Commercial		6209.58	0.38			1468.53	15523.95	percent of total billed charges	
REGULATOR BALL PRESS 61-70	C1815	HCPCS	outpatient			16341		Aetna	Medicare		5033.03	0.308			1468.53	15523.95	percent of total billed charges	
REGULATOR BALL PRESS 61-70	C1815	HCPCS	outpatient			16341		Americare	Americare		12255.75	0.75			1468.53	15523.95	percent of total billed charges	
REGULATOR BALL PRESS 61-70	C1815	HCPCS	outpatient			16341		WellPoint	WellPoint		5242.19	0.3208			1468.53	15523.95	percent of total billed charges	
REGULATOR BALL PRESS 61-70	C1815	HCPCS	outpatient			16341		Amerihealth	Medicare		5392.53	0.33			1468.53	15523.95	percent of total billed charges	
REGULATOR BALL PRESS 61-70	C1815	HCPCS	outpatient			16341		Consumer	Consumer		15523.95	0.95			1468.53	15523.95	percent of total billed charges	
REGULATOR BALL PRESS 61-70	C1815	HCPCS	outpatient			16341		Corrections	Corrections		13072.8	0.8			1468.53	15523.95	percent of total billed charges	
REGULATOR BALL PRESS 61-70	C1815	HCPCS	outpatient			16341		First Health	First Health		11438.7	0.7			1468.53	15523.95	percent of total billed charges	
REGULATOR BALL PRESS 61-70	C1815	HCPCS	outpatient			16341		First Trenton	First Trenton		14706.9	0.9			1468.53	15523.95	percent of total billed charges	
REGULATOR BALL PRESS 61-70	C1815	HCPCS	outpatient			16341		Horizon	MGD		6255.33	0.3828			1468.53	15523.95	percent of total billed charges	
REGULATOR BALL PRESS 61-70	C1815	HCPCS	outpatient			16341		Horizon	Indemnity		6255.33	0.3828			1468.53	15523.95	percent of total billed charges	
REGULATOR BALL PRESS 61-70	C1815	HCPCS	outpatient			16341		Horizon	NJ Health		6536.4	0.4			1468.53	15523.95	percent of total billed charges	
REGULATOR BALL PRESS 61-70	C1815	HCPCS	outpatient			16341		Horizon	Medicare Blue		4902.3	0.3			1468.53	15523.95	percent of total billed charges	
REGULATOR BALL PRESS 61-70	C1815	HCPCS	outpatient			16341		Horizon	PPO		6255.33	0.3828			1468.53	15523.95	percent of total billed charges	
REGULATOR BALL PRESS 61-70	C1815	HCPCS	outpatient			16341		Managed Care Inc	Managed Care Inc		14706.9	0.9			1468.53	15523.95	percent of total billed charges	
REGULATOR BALL PRESS 61-70	C1815	HCPCS	outpatient			16341		Multiplan	Multiplan		13072.8	0.8			1468.53	15523.95	percent of total billed charges	
REGULATOR BALL PRESS 61-70	C1815	HCPCS	outpatient			16341		Qualcare	Qualcare		6536.4	0.4			1468.53	15523.95	percent of total billed charges	
REGULATOR BALL PRESS 61-70	C1815	HCPCS	outpatient			16341		Three Rivers	Three Rivers		15523.95	0.95			1468.53	15523.95	percent of total billed charges	
REGULATOR BALL PRESS 61-70	C1815	HCPCS	outpatient			16341		UHC	Medicaid		5140.88	0.3146			1468.53	15523.95	percent of total billed charges	
REGULATOR BALL PRESS 61-70	C1815	HCPCS	outpatient			16341		Wellcare	Medicaid		5140.88	0.3146			1468.53	15523.95	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Aetna	Commercial		11394.3	0.38			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Aetna	Medicare		9235.38	0.308			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Aetna	Better Health		9433.28	0.3146			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Americare	Americare		22488.75	0.75			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		WellPoint	WellPoint		9619.19	0.3208			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Amerihealth	Medicare		9895.05	0.33			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Consumer	Consumer		28485.75	0.95			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Corrections	Corrections		23988	0.8			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		First Health	First Health		20989.5	0.7			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		First Trenton	First Trenton		26986.5	0.9			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Horizon	NJ Health		11994	0.4			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Horizon	Indemnity		11478.26	0.3828			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Horizon	MGD		11478.26	0.3828			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Horizon	Medicare Blue		8995.5	0.3			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Horizon	PPO		11478.26	0.3828			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Managed Care Inc	Managed Care Inc		26986.5	0.9			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Multiplan	Multiplan		23988	0.8			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Qualcare	Qualcare		11994	0.4			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Three Rivers	Three Rivers		28485.75	0.95			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		UHC	Medicaid		9433.28	0.3146			244.8	28485.75	percent of total billed charges	
VENTRICULAR CLOSURE DEVICE	C1817	HCPCS	both			29985		Wellcare	Medicaid		9433.28	0.3146			244.8	28485.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Aetna	Medicare		26791.38	0.308			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Aetna	Commercial		33054.3	0.38			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Aetna	Better Health		27365.48	0.3146			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Americare	Americare		65238.75	0.75			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		WellPoint	WellPoint		27904.79	0.3208			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Amerihealth	Medicare		28705.05	0.33			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Consumer	Consumer		82635.75	0.95			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Corrections	Corrections		69588	0.8			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		First Health	First Health		60889.5	0.7			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		First Trenton	First Trenton		78286.5	0.9			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Horizon	MGD		33297.86	0.3828			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Horizon	Indemnity		33297.86	0.3828			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Horizon	PPO		33297.86	0.3828			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Horizon	NJ Health		34794	0.4			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Horizon	Medicare Blue		26095.5	0.3			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Managed Care Inc	Managed Care Inc		78286.5	0.9			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Multiplan	Multiplan		69588	0.8			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Qualcare	Qualcare		34794	0.4			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Three Rivers	Three Rivers		82635.75	0.95			1120.8	82635.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		UHC	Medicaid		27365.48	0.3146			1120.8	82635.75	percent of total billed charges	
STIMULATOR DORSAL RESTORE SENSOR	C1820	HCPCS	both			86985		Wellcare	Medicaid		27365.48	0.3146			1120.8	82635.75	percent of total billed charges	
PROSTHESIS X-STOP TI 14MM	C1821	HCPCS	inpatient			20850		Aetna	Better Health		6559.41	0.3146			4225.5	19807.5	percent of total billed charges	
PROSTHESIS X-STOP TI 14MM	C1821	HCPCS	inpatient			20850		Aetna	Medicare		6421.8	0.308			4225.5	19807.5	percent of total billed charges	
PROSTHESIS X-STOP TI 14MM	C1821	HCPCS	inpatient			20850		Aetna	Commercial		7923	0.38			4225.5	19807.5	percent of total billed charges	
PROSTHESIS X-STOP TI 14MM	C1821	HCPCS	inpatient			20850		Americare	Americare		15637.5	0.75			4225.5	19807.5	percent of total billed charges	
PROSTHESIS X-STOP TI 14MM	C1821	HCPCS	inpatient			20850		WellPoint	WellPoint		6688.68	0.3208			4225.5	19807.5	percent of total billed charges	
PROSTHESIS X-STOP TI 14MM	C1821	HCPCS	inpatient			20850		Amerihealth	Medicare		6880.5	0.33			4225.5	19807.5	percent of total billed charges	
PROSTHESIS X-STOP TI 14MM	C1821	HCPCS	inpatient			20850		Consumer	Consumer		19807.5	0.95			4225.5	19807.5	percent of total billed charges	
PROSTHESIS X-STOP TI 14MM	C1821	HCPCS	inpatient			20850		Corrections	Corrections		16680	0.8			4225.5	19807.5	percent of total billed charges	
PROSTHESIS X-STOP TI 14MM	C1821	HCPCS	inpatient			20850		First Health	First Health		14595	0.7			4225.5	19807.5	percent of total billed charges	
PROSTHESIS X-STOP TI 14MM	C1821	HCPCS	inpatient			20850		First Trenton	First Trenton		18765	0.9			4225.5	19807.5	percent of total billed charges	
PROSTHESIS X-STOP TI 14MM	C1821	HCPCS	inpatient			20850		Horizon	Medicare Blue		6255	0.3			4225.5	19807.5	percent of total billed charges	
PROSTHESIS X-STOP TI 14MM	C1821	HCPCS	inpatient			20850		Horizon	Indemnity		7981.38	0.3828			4225.5	19807.5	percent of total billed charges	
PROSTHESIS X-STOP TI 14MM	C1821	HCPCS	inpatient			20850		Horizon	MGD		7981.38	0.3828			4225.5	19807.5	percent of total billed charges	
PROSTHESIS X-STOP TI 14MM	C1821	HCPCS	inpatient			20850		Horizon	NJ Health		8340	0.4			4225.5	19807.5	percent of total billed charges	
PROSTHESIS X-STOP TI 14MM	C1821	HCPCS	inpatient			20850		Horizon	PPO		7981.38	0.3828			4225.5	19807.5	percent of total billed charges	
PROSTHESIS X-STOP TI 14MM	C1821	HCPCS	inpatient			20850		Managed Care Inc	Managed Care Inc		18765	0.9			4225.5	19807.5	percent of total billed charges	
PROSTHESIS X-STOP TI 14MM	C1821	HCPCS	inpatient			20850		Multiplan	Multiplan		16680	0.8			4225.5	19807.5	percent of total billed charges	
PROSTHESIS X-STOP TI 14MM	C1821	HCPCS	inpatient			20850		Qualcare	Qualcare		8340	0.4			4225.5	19807.5	percent of total billed charges	
PROSTHESIS X-STOP TI 14MM	C1821	HCPCS	inpatient			20850		Three Rivers	Three Rivers		19807.5	0.95			4225.5	19807.5	percent of total billed charges	
PROSTHESIS X-STOP TI 14MM	C1821	HCPCS	inpatient			20850		UHC	Medicaid		6559.41	0.3146			4225.5	19807.5	percent of total billed charges	
PROSTHESIS X-STOP TI 14MM	C1821	HCPCS	inpatient			20850		Wellcare	Medicaid		6559.41	0.3146			4225.5	19807.5	percent of total billed charges	
STIMULATR SC SENZA II NIPG2000	C1822	HCPCS	outpatient			91500		Aetna	Commercial		34770	0.38			900	86925	percent of total billed charges	
STIMULATR SC SENZA II NIPG2000	C1822	HCPCS	outpatient			91500		Aetna	Better Health		28785.9	0.3146			900	86925	percent of total billed charges	
STIMULATR SC SENZA II NIPG2000	C1822	HCPCS	outpatient			91500		Aetna	Medicare		28182	0.308			900	86925	percent of total billed charges	
STIMULATR SC SENZA II NIPG2000	C1822	HCPCS	outpatient			91500		Americare	Americare		68625	0.75			900	86925	percent of total billed charges	
STIMULATR SC SENZA II NIPG2000	C1822	HCPCS	outpatient			91500		WellPoint	WellPoint		29353.2	0.3208			900	86925	percent of total billed charges	
STIMULATR SC SENZA II NIPG2000	C1822	HCPCS	outpatient			91500		Amerihealth	Medicare		30195	0.33			900	86925	percent of total billed charges	
STIMULATR SC SENZA II NIPG2000	C1822	HCPCS	outpatient			91500		Consumer	Consumer		86925	0.95			900	86925	percent of total billed charges	
STIMULATR SC SENZA II NIPG2000	C1822	HCPCS	outpatient			91500		Corrections	Corrections		73200	0.8			900	86925	percent of total billed charges	
STIMULATR SC SENZA II NIPG2000	C1822	HCPCS	outpatient			91500		First Health	First Health		64050	0.7			900	86925	percent of total billed charges	
STIMULATR SC SENZA II NIPG2000	C1822	HCPCS	outpatient			91500		First Trenton	First Trenton		82350	0.9			900	86925	percent of total billed charges	
STIMULATR SC SENZA II NIPG2000	C1822	HCPCS	outpatient			91500		Horizon	MGD		35026.2	0.3828			900	86925	percent of total billed charges	
STIMULATR SC SENZA II NIPG2000	C1822	HCPCS	outpatient			91500		Horizon	NJ Health		36600	0.4			900	86925	percent of total billed charges	
STIMULATR SC SENZA II NIPG2000	C1822	HCPCS	outpatient			91500		Horizon	Indemnity		35026.2	0.3828			900	86925	percent of total billed charges	
STIMULATR SC SENZA II NIPG2000	C1822	HCPCS	outpatient			91500		Horizon	Medicare Blue		27450	0.3			900	86925	percent of total billed charges	
STIMULATR SC SENZA II NIPG2000	C1822	HCPCS	outpatient			91500		Horizon	PPO		35026.2	0.3828			900	86925	percent of total billed charges	
STIMULATR SC SENZA II NIPG2000	C1822	HCPCS	outpatient			91500		Managed Care Inc	Managed Care Inc		82350	0.9			900	86925	percent of total billed charges	
STIMULATR SC SENZA II NIPG2000	C1822	HCPCS	outpatient			91500		Multiplan	Multiplan		73200	0.8			900	86925	percent of total billed charges	
STIMULATR SC SENZA II NIPG2000	C1822	HCPCS	outpatient			91500		Qualcare	Qualcare		36600	0.4			900	86925	percent of total billed charges	
STIMULATR SC SENZA II NIPG2000	C1822	HCPCS	outpatient			91500		Three Rivers	Three Rivers		86925	0.95			900	86925	percent of total billed charges	
STIMULATR SC SENZA II NIPG2000	C1822	HCPCS	outpatient			91500		UHC	Medicaid		28785.9	0.3146			900	86925	percent of total billed charges	
STIMULATR SC SENZA II NIPG2000	C1822	HCPCS	outpatient			91500		Wellcare	Medicaid		28785.9	0.3146			900	86925	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Aetna	Better Health		24066.9	0.3146			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Aetna	Medicare		23562	0.308			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Aetna	Commercial		29070	0.38			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Americare	Americare		57375	0.75			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		WellPoint	WellPoint		24541.2	0.3208			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Amerihealth	Medicare		25245	0.33			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Consumer	Consumer		72675	0.95			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Corrections	Corrections		61200	0.8			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		First Health	First Health		53550	0.7			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		First Trenton	First Trenton		68850	0.9			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Horizon	Medicare Blue		22950	0.3			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Horizon	MGD		29284.2	0.3828			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Horizon	Indemnity		29284.2	0.3828			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Horizon	NJ Health		30600	0.4			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Horizon	PPO		29284.2	0.3828			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Managed Care Inc	Managed Care Inc		68850	0.9			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Multiplan	Multiplan		61200	0.8			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Qualcare	Qualcare		30600	0.4			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Three Rivers	Three Rivers		72675	0.95			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		UHC	Medicaid		24066.9	0.3146			8100	72675	percent of total billed charges	
RESPISTIM RIGHT STIM LEAD	C1823	HCPCS	outpatient			76500		Wellcare	Medicaid		24066.9	0.3146			8100	72675	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	outpatient			72492		Aetna	Better Health		22805.98	0.3146			7249.2	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	outpatient			72492		Aetna	Commercial		27546.96	0.38			7249.2	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	outpatient			72492		Aetna	Medicare		22327.54	0.308			7249.2	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	outpatient			72492		Americare	Americare		54369	0.75			7249.2	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	outpatient			72492		WellPoint	WellPoint		23255.43	0.3208			7249.2	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	outpatient			72492		Amerihealth	Medicare		23922.36	0.33			7249.2	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	outpatient			72492		Consumer	Consumer		68867.4	0.95			7249.2	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	outpatient			72492		Corrections	Corrections		57993.6	0.8			7249.2	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	outpatient			72492		First Health	First Health		50744.4	0.7			7249.2	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	outpatient			72492		First Trenton	First Trenton		65242.8	0.9			7249.2	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	outpatient			72492		Horizon	MGD		27749.94	0.3828			7249.2	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	outpatient			72492		Horizon	NJ Health		7249.2	0.1			7249.2	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	outpatient			72492		Horizon	Medicare Blue		21747.6	0.3			7249.2	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	outpatient			72492		Horizon	Indemnity		27749.94	0.3828			7249.2	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	outpatient			72492		Horizon	PPO		27749.94	0.3828			7249.2	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	outpatient			72492		Managed Care Inc	Managed Care Inc		65242.8	0.9			7249.2	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	outpatient			72492		Multiplan	Multiplan		57993.6	0.8			7249.2	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	outpatient			72492		Qualcare	Qualcare		54369	0.75			7249.2	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	outpatient			72492		Three Rivers	Three Rivers		68867.4	0.95			7249.2	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	outpatient			72492		UHC	Medicaid		22805.98	0.3146			7249.2	68867.4	percent of total billed charges	
IMPULSE OPTIMIZER CCM DEVICE	C1824	HCPCS	outpatient			72492		Wellcare	Medicaid		22805.98	0.3146			7249.2	68867.4	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Aetna	Commercial		170.24	0.38			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Aetna	Better Health		140.94	0.3146			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Aetna	Medicare		137.98	0.308			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Americare	Americare		336	0.75			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		WellPoint	WellPoint		143.72	0.3208			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Consumer	Consumer		425.6	0.95			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Corrections	Corrections		358.4	0.8			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		First Health	First Health		313.6	0.7			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		First Trenton	First Trenton		403.2	0.9			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Horizon	Medicare Blue		134.4	0.3			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Horizon	MGD		171.49	0.3828			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Horizon	Indemnity		171.49	0.3828			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Horizon	PPO		171.49	0.3828			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Managed Care Inc	Managed Care Inc		403.2	0.9			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Multiplan	Multiplan		358.4	0.8			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Qualcare	Qualcare		336	0.75			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Three Rivers	Three Rivers		425.6	0.95			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		UHC	Medicaid		140.94	0.3146			134.4	425.6	percent of total billed charges	
BONE MARROW PROCEDURE-SUPPLIES	C1830	HCPCS	outpatient			448		Wellcare	Medicaid		140.94	0.3146			134.4	425.6	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Aetna	Better Health		15561.37	0.3146			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Aetna	Medicare		15234.91	0.308			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Aetna	Commercial		18796.32	0.38			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Americare	Americare		37098	0.75			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		WellPoint	WellPoint		15868.05	0.3208			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Amerihealth	Medicare		16323.12	0.33			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Consumer	Consumer		46990.8	0.95			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Corrections	Corrections		39571.2	0.8			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		First Health	First Health		34624.8	0.7			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		First Trenton	First Trenton		44517.6	0.9			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Horizon	MGD		18934.82	0.3828			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Horizon	Indemnity		18934.82	0.3828			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Horizon	Medicare Blue		14839.2	0.3			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Horizon	PPO		18934.82	0.3828			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Horizon	NJ Health		19785.6	0.4			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Managed Care Inc	Managed Care Inc		44517.6	0.9			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Multiplan	Multiplan		39571.2	0.8			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Qualcare	Qualcare		19785.6	0.4			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Three Rivers	Three Rivers		46990.8	0.95			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		UHC	Medicaid		15561.37	0.3146			895.8	46990.8	percent of total billed charges	
XIENCE SIERRA DRUG ELUTING STENT	C1874	HCPCS	both			49464		Wellcare	Medicaid		15561.37	0.3146			895.8	46990.8	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Aetna	Better Health		1490.57	0.3146			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Aetna	Commercial		1800.44	0.38			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Aetna	Medicare		1459.3	0.308			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Americare	Americare		3553.5	0.75			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		WellPoint	WellPoint		1519.95	0.3208			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Amerihealth	Medicare		1563.54	0.33			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Consumer	Consumer		4501.1	0.95			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Corrections	Corrections		3790.4	0.8			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		First Health	First Health		3316.6	0.7			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		First Trenton	First Trenton		4264.2	0.9			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Horizon	Medicare Blue		1421.4	0.3			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Horizon	Indemnity		1813.71	0.3828			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Horizon	MGD		1813.71	0.3828			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Horizon	PPO		1813.71	0.3828			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Managed Care Inc	Managed Care Inc		4264.2	0.9			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Multiplan	Multiplan		3790.4	0.8			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Qualcare	Qualcare		3553.5	0.75			1353.45	4501.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Three Rivers	Three Rivers		4501.1	0.95			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		UHC	Medicaid		1490.57	0.3146			1353.45	4501.1	percent of total billed charges	
STENT COATED/COVERED W/O DEL	C1875	HCPCS	outpatient			4738		Wellcare	Medicaid		1490.57	0.3146			1353.45	4501.1	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Aetna	Commercial		6834.3	0.38			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Aetna	Better Health		5658.08	0.3146			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Aetna	Medicare		5539.38	0.308			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Americare	Americare		13488.75	0.75			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		WellPoint	WellPoint		5769.59	0.3208			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Amerihealth	Medicare		5935.05	0.33			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Consumer	Consumer		17085.75	0.95			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Corrections	Corrections		14388	0.8			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		First Health	First Health		12589.5	0.7			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		First Trenton	First Trenton		16186.5	0.9			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Horizon	Indemnity		6884.66	0.3828			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Horizon	PPO		6884.66	0.3828			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Horizon	MGD		6884.66	0.3828			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Horizon	NJ Health		7194	0.4			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Horizon	Medicare Blue		5395.5	0.3			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Managed Care Inc	Managed Care Inc		16186.5	0.9			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Multiplan	Multiplan		14388	0.8			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Qualcare	Qualcare		7194	0.4			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Three Rivers	Three Rivers		17085.75	0.95			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		UHC	Medicaid		5658.08	0.3146			3	17085.75	percent of total billed charges	
ZILVER 518 STENT	C1876	HCPCS	both			17985		Wellcare	Medicaid		5658.08	0.3146			3	17085.75	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	inpatient			5277		Aetna	Better Health		1660.14	0.3146			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	inpatient			5277		Aetna	Medicare		1625.32	0.308			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	inpatient			5277		Aetna	Commercial		2005.26	0.38			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	inpatient			5277		Americare	Americare		3957.75	0.75			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	inpatient			5277		WellPoint	WellPoint		1692.86	0.3208			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	inpatient			5277		Amerihealth	Medicare		1741.41	0.33			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	inpatient			5277		Consumer	Consumer		5013.15	0.95			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	inpatient			5277		Corrections	Corrections		4221.6	0.8			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	inpatient			5277		First Health	First Health		3693.9	0.7			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	inpatient			5277		First Trenton	First Trenton		4749.3	0.9			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	inpatient			5277		Horizon	Medicare Blue		1583.1	0.3			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	inpatient			5277		Horizon	MGD		2020.04	0.3828			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	inpatient			5277		Horizon	Indemnity		2020.04	0.3828			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	inpatient			5277		Horizon	NJ Health		2110.8	0.4			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	inpatient			5277		Horizon	PPO		2020.04	0.3828			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	inpatient			5277		Managed Care Inc	Managed Care Inc		4749.3	0.9			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	inpatient			5277		Multiplan	Multiplan		4221.6	0.8			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	inpatient			5277		Qualcare	Qualcare		2110.8	0.4			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	inpatient			5277		Three Rivers	Three Rivers		5013.15	0.95			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	inpatient			5277		UHC	Medicaid		1660.14	0.3146			670.05	5013.15	percent of total billed charges	
STINT NON-COAT/NON-COVER W/OUT D	C1877	HCPCS	inpatient			5277		Wellcare	Medicaid		1660.14	0.3146			670.05	5013.15	percent of total billed charges	
IMPLANT RADIESSE VOICE INJECT	C1878	HCPCS	both			1725		Aetna	Commercial		655.5	0.38			234	1638.75	percent of total billed charges	
IMPLANT RADIESSE VOICE INJECT	C1878	HCPCS	both			1725		Aetna	Better Health		542.69	0.3146			234	1638.75	percent of total billed charges	
IMPLANT RADIESSE VOICE INJECT	C1878	HCPCS	both			1725		Aetna	Medicare		531.3	0.308			234	1638.75	percent of total billed charges	
IMPLANT RADIESSE VOICE INJECT	C1878	HCPCS	both			1725		Americare	Americare		1293.75	0.75			234	1638.75	percent of total billed charges	
IMPLANT RADIESSE VOICE INJECT	C1878	HCPCS	both			1725		WellPoint	WellPoint		553.38	0.3208			234	1638.75	percent of total billed charges	
IMPLANT RADIESSE VOICE INJECT	C1878	HCPCS	both			1725		Amerihealth	Medicare		569.25	0.33			234	1638.75	percent of total billed charges	
IMPLANT RADIESSE VOICE INJECT	C1878	HCPCS	both			1725		Consumer	Consumer		1638.75	0.95			234	1638.75	percent of total billed charges	
IMPLANT RADIESSE VOICE INJECT	C1878	HCPCS	both			1725		Corrections	Corrections		1380	0.8			234	1638.75	percent of total billed charges	
IMPLANT RADIESSE VOICE INJECT	C1878	HCPCS	both			1725		First Health	First Health		1207.5	0.7			234	1638.75	percent of total billed charges	
IMPLANT RADIESSE VOICE INJECT	C1878	HCPCS	both			1725		First Trenton	First Trenton		1552.5	0.9			234	1638.75	percent of total billed charges	
IMPLANT RADIESSE VOICE INJECT	C1878	HCPCS	both			1725		Horizon	Indemnity		660.33	0.3828			234	1638.75	percent of total billed charges	
IMPLANT RADIESSE VOICE INJECT	C1878	HCPCS	both			1725		Horizon	Medicare Blue		517.5	0.3			234	1638.75	percent of total billed charges	
IMPLANT RADIESSE VOICE INJECT	C1878	HCPCS	both			1725		Horizon	NJ Health		690	0.4			234	1638.75	percent of total billed charges	
IMPLANT RADIESSE VOICE INJECT	C1878	HCPCS	both			1725		Horizon	MGD		660.33	0.3828			234	1638.75	percent of total billed charges	
IMPLANT RADIESSE VOICE INJECT	C1878	HCPCS	both			1725		Horizon	PPO		660.33	0.3828			234	1638.75	percent of total billed charges	
IMPLANT RADIESSE VOICE INJECT	C1878	HCPCS	both			1725		Managed Care Inc	Managed Care Inc		1552.5	0.9			234	1638.75	percent of total billed charges	
IMPLANT RADIESSE VOICE INJECT	C1878	HCPCS	both			1725		Multiplan	Multiplan		1380	0.8			234	1638.75	percent of total billed charges	
IMPLANT RADIESSE VOICE INJECT	C1878	HCPCS	both			1725		Qualcare	Qualcare		690	0.4			234	1638.75	percent of total billed charges	
IMPLANT RADIESSE VOICE INJECT	C1878	HCPCS	both			1725		Three Rivers	Three Rivers		1638.75	0.95			234	1638.75	percent of total billed charges	
IMPLANT RADIESSE VOICE INJECT	C1878	HCPCS	both			1725		UHC	Medicaid		542.69	0.3146			234	1638.75	percent of total billed charges	
IMPLANT RADIESSE VOICE INJECT	C1878	HCPCS	both			1725		Wellcare	Medicaid		542.69	0.3146			234	1638.75	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Aetna	Better Health		1801.71	0.3146			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Aetna	Medicare		1763.92	0.308			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Aetna	Commercial		2176.26	0.38			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Americare	Americare		4295.25	0.75			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		WellPoint	WellPoint		1837.22	0.3208			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Amerihealth	Medicare		1889.91	0.33			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Consumer	Consumer		5440.65	0.95			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Corrections	Corrections		4581.6	0.8			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		First Health	First Health		4008.9	0.7			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		First Trenton	First Trenton		5154.3	0.9			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Horizon	MGD		2192.3	0.3828			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Horizon	Medicare Blue		1718.1	0.3			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Horizon	Indemnity		2192.3	0.3828			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Horizon	PPO		2192.3	0.3828			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Horizon	NJ Health		2290.8	0.4			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Managed Care Inc	Managed Care Inc		5154.3	0.9			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Multiplan	Multiplan		4581.6	0.8			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Qualcare	Qualcare		2290.8	0.4			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Three Rivers	Three Rivers		5440.65	0.95			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		UHC	Medicaid		1801.71	0.3146			189	5440.65	percent of total billed charges	
VENA CAVAL FILTER	C1880	HCPCS	both			5727		Wellcare	Medicaid		1801.71	0.3146			189	5440.65	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Aetna	Commercial		1453.5	0.38			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Aetna	Better Health		1203.35	0.3146			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Aetna	Medicare		1178.1	0.308			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Americare	Americare		2868.75	0.75			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		WellPoint	WellPoint		1227.06	0.3208			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Amerihealth	Medicare		1262.25	0.33			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Consumer	Consumer		3633.75	0.95			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Corrections	Corrections		3060	0.8			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		First Health	First Health		2677.5	0.7			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		First Trenton	First Trenton		3442.5	0.9			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Horizon	Medicare Blue		1147.5	0.3			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Horizon	PPO		1464.21	0.3828			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Horizon	MGD		1464.21	0.3828			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Horizon	Indemnity		1464.21	0.3828			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Managed Care Inc	Managed Care Inc		3442.5	0.9			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Multiplan	Multiplan		3060	0.8			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Qualcare	Qualcare		2868.75	0.75			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Three Rivers	Three Rivers		3633.75	0.95			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		UHC	Medicaid		1203.35	0.3146			261.6	3633.75	percent of total billed charges	
IMPLANT CATH DURAMAX VP CHRONIC HEMODIA	C1881	HCPCS	outpatient			3825		Wellcare	Medicaid		1203.35	0.3146			261.6	3633.75	percent of total billed charges	
BIVENTRICULAR ICD	C1882	HCPCS	both			86274		Aetna	Medicare		26572.39	0.308			25882.2	81960.3	percent of total billed charges	
BIVENTRICULAR ICD	C1882	HCPCS	both			86274		Aetna	Better Health		27141.8	0.3146			25882.2	81960.3	percent of total billed charges	
BIVENTRICULAR ICD	C1882	HCPCS	both			86274		Aetna	Commercial		32784.12	0.38			25882.2	81960.3	percent of total billed charges	
BIVENTRICULAR ICD	C1882	HCPCS	both			86274		Americare	Americare		64705.5	0.75			25882.2	81960.3	percent of total billed charges	
BIVENTRICULAR ICD	C1882	HCPCS	both			86274		WellPoint	WellPoint		27676.7	0.3208			25882.2	81960.3	percent of total billed charges	
BIVENTRICULAR ICD	C1882	HCPCS	both			86274		Amerihealth	Medicare		28470.42	0.33			25882.2	81960.3	percent of total billed charges	
BIVENTRICULAR ICD	C1882	HCPCS	both			86274		Consumer	Consumer		81960.3	0.95			25882.2	81960.3	percent of total billed charges	
BIVENTRICULAR ICD	C1882	HCPCS	both			86274		Corrections	Corrections		69019.2	0.8			25882.2	81960.3	percent of total billed charges	
BIVENTRICULAR ICD	C1882	HCPCS	both			86274		First Health	First Health		60391.8	0.7			25882.2	81960.3	percent of total billed charges	
BIVENTRICULAR ICD	C1882	HCPCS	both			86274		First Trenton	First Trenton		77646.6	0.9			25882.2	81960.3	percent of total billed charges	
BIVENTRICULAR ICD	C1882	HCPCS	both			86274		Horizon	Medicare Blue		25882.2	0.3			25882.2	81960.3	percent of total billed charges	
BIVENTRICULAR ICD	C1882	HCPCS	both			86274		Horizon	MGD		33025.69	0.3828			25882.2	81960.3	percent of total billed charges	
BIVENTRICULAR ICD	C1882	HCPCS	both			86274		Horizon	Indemnity		33025.69	0.3828			25882.2	81960.3	percent of total billed charges	
BIVENTRICULAR ICD	C1882	HCPCS	both			86274		Horizon	NJ Health		34509.6	0.4			25882.2	81960.3	percent of total billed charges	
BIVENTRICULAR ICD	C1882	HCPCS	both			86274		Horizon	PPO		33025.69	0.3828			25882.2	81960.3	percent of total billed charges	
BIVENTRICULAR ICD	C1882	HCPCS	both			86274		Managed Care Inc	Managed Care Inc		77646.6	0.9			25882.2	81960.3	percent of total billed charges	
BIVENTRICULAR ICD	C1882	HCPCS	both			86274		Multiplan	Multiplan		69019.2	0.8			25882.2	81960.3	percent of total billed charges	
BIVENTRICULAR ICD	C1882	HCPCS	both			86274		Qualcare	Qualcare		34509.6	0.4			25882.2	81960.3	percent of total billed charges	
BIVENTRICULAR ICD	C1882	HCPCS	both			86274		Three Rivers	Three Rivers		81960.3	0.95			25882.2	81960.3	percent of total billed charges	
BIVENTRICULAR ICD	C1882	HCPCS	both			86274		UHC	Medicaid		27141.8	0.3146			25882.2	81960.3	percent of total billed charges	
BIVENTRICULAR ICD	C1882	HCPCS	both			86274		Wellcare	Medicaid		27141.8	0.3146			25882.2	81960.3	percent of total billed charges	
LEAD INFINITY 8CH FLX EXT.6371	C1883	HCPCS	both			6529		Aetna	Better Health		2054.02	0.3146			90	6202.55	percent of total billed charges	
LEAD INFINITY 8CH FLX EXT.6371	C1883	HCPCS	both			6529		Aetna	Commercial		2481.02	0.38			90	6202.55	percent of total billed charges	
LEAD INFINITY 8CH FLX EXT.6371	C1883	HCPCS	both			6529		Aetna	Medicare		2010.93	0.308			90	6202.55	percent of total billed charges	
LEAD INFINITY 8CH FLX EXT.6371	C1883	HCPCS	both			6529		Americare	Americare		4896.75	0.75			90	6202.55	percent of total billed charges	
LEAD INFINITY 8CH FLX EXT.6371	C1883	HCPCS	both			6529		WellPoint	WellPoint		2094.5	0.3208			90	6202.55	percent of total billed charges	
LEAD INFINITY 8CH FLX EXT.6371	C1883	HCPCS	both			6529		Amerihealth	Medicare		2154.57	0.33			90	6202.55	percent of total billed charges	
LEAD INFINITY 8CH FLX EXT.6371	C1883	HCPCS	both			6529		Consumer	Consumer		6202.55	0.95			90	6202.55	percent of total billed charges	
LEAD INFINITY 8CH FLX EXT.6371	C1883	HCPCS	both			6529		Corrections	Corrections		5223.2	0.8			90	6202.55	percent of total billed charges	
LEAD INFINITY 8CH FLX EXT.6371	C1883	HCPCS	both			6529		First Health	First Health		4570.3	0.7			90	6202.55	percent of total billed charges	
LEAD INFINITY 8CH FLX EXT.6371	C1883	HCPCS	both			6529		First Trenton	First Trenton		5876.1	0.9			90	6202.55	percent of total billed charges	
LEAD INFINITY 8CH FLX EXT.6371	C1883	HCPCS	both			6529		Horizon	Medicare Blue		1958.7	0.3			90	6202.55	percent of total billed charges	
LEAD INFINITY 8CH FLX EXT.6371	C1883	HCPCS	both			6529		Horizon	PPO		2499.3	0.3828			90	6202.55	percent of total billed charges	
LEAD INFINITY 8CH FLX EXT.6371	C1883	HCPCS	both			6529		Horizon	MGD		2499.3	0.3828			90	6202.55	percent of total billed charges	
LEAD INFINITY 8CH FLX EXT.6371	C1883	HCPCS	both			6529		Horizon	Indemnity		2499.3	0.3828			90	6202.55	percent of total billed charges	
LEAD INFINITY 8CH FLX EXT.6371	C1883	HCPCS	both			6529		Horizon	NJ Health		2611.6	0.4			90	6202.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LEAD INFINITY 8CH FLX EXT.6371	C1883	HCPCS	both			6529		Managed Care Inc	Managed Care Inc		5876.1	0.9			90	6202.55	percent of total billed charges	
LEAD INFINITY 8CH FLX EXT.6371	C1883	HCPCS	both			6529		Multiplan	Multiplan		5223.2	0.8			90	6202.55	percent of total billed charges	
LEAD INFINITY 8CH FLX EXT.6371	C1883	HCPCS	both			6529		Qualcare	Qualcare		2611.6	0.4			90	6202.55	percent of total billed charges	
LEAD INFINITY 8CH FLX EXT.6371	C1883	HCPCS	both			6529		Three Rivers	Three Rivers		6202.55	0.95			90	6202.55	percent of total billed charges	
LEAD INFINITY 8CH FLX EXT.6371	C1883	HCPCS	both			6529		UHC	Medicaid		2054.02	0.3146			90	6202.55	percent of total billed charges	
LEAD INFINITY 8CH FLX EXT.6371	C1883	HCPCS	both			6529		Wellcare	Medicaid		2054.02	0.3146			90	6202.55	percent of total billed charges	
WIRE FILTER	C1884	HCPCS	both			12731		Aetna	Medicare		3921.15	0.308			252	12094.45	percent of total billed charges	
WIRE FILTER	C1884	HCPCS	both			12731		Aetna	Commercial		4837.78	0.38			252	12094.45	percent of total billed charges	
WIRE FILTER	C1884	HCPCS	both			12731		Aetna	Better Health		4005.17	0.3146			252	12094.45	percent of total billed charges	
WIRE FILTER	C1884	HCPCS	both			12731		Americare	Americare		9548.25	0.75			252	12094.45	percent of total billed charges	
WIRE FILTER	C1884	HCPCS	both			12731		WellPoint	WellPoint		4084.1	0.3208			252	12094.45	percent of total billed charges	
PROTECTION EMBOLIC 8FR	C1884	HCPCS	both			6364		Amerihealth	Medicare		2100.12	0.33			252	12094.45	percent of total billed charges	
WIRE FILTER	C1884	HCPCS	both			12731		Consumer	Consumer		12094.45	0.95			252	12094.45	percent of total billed charges	
WIRE FILTER	C1884	HCPCS	both			12731		Corrections	Corrections		10184.8	0.8			252	12094.45	percent of total billed charges	
WIRE FILTER	C1884	HCPCS	both			12731		First Health	First Health		8911.7	0.7			252	12094.45	percent of total billed charges	
WIRE FILTER	C1884	HCPCS	both			12731		First Trenton	First Trenton		11457.9	0.9			252	12094.45	percent of total billed charges	
WIRE FILTER	C1884	HCPCS	both			12731		Horizon	Indemnity		4873.43	0.3828			252	12094.45	percent of total billed charges	
WIRE FILTER	C1884	HCPCS	both			12731		Horizon	MCD		4873.43	0.3828			252	12094.45	percent of total billed charges	
WIRE FILTER	C1884	HCPCS	both			12731		Horizon	NJ Health		5092.4	0.4			252	12094.45	percent of total billed charges	
WIRE FILTER	C1884	HCPCS	both			12731		Horizon	Medicare Blue		3819.3	0.3			252	12094.45	percent of total billed charges	
WIRE FILTER	C1884	HCPCS	both			12731		Horizon	PPO		4873.43	0.3828			252	12094.45	percent of total billed charges	
WIRE FILTER	C1884	HCPCS	both			12731		Managed Care Inc	Managed Care Inc		11457.9	0.9			252	12094.45	percent of total billed charges	
WIRE FILTER	C1884	HCPCS	both			12731		Multiplan	Multiplan		10184.8	0.8			252	12094.45	percent of total billed charges	
WIRE FILTER	C1884	HCPCS	both			12731		Qualcare	Qualcare		5092.4	0.4			252	12094.45	percent of total billed charges	
WIRE FILTER	C1884	HCPCS	both			12731		Three Rivers	Three Rivers		12094.45	0.95			252	12094.45	percent of total billed charges	
WIRE FILTER	C1884	HCPCS	both			12731		UHC	Medicaid		4005.17	0.3146			252	12094.45	percent of total billed charges	
WIRE FILTER	C1884	HCPCS	both			12731		Wellcare	Medicaid		4005.17	0.3146			252	12094.45	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Aetna	Commercial		697.3	0.38			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Aetna	Better Health		577.29	0.3146			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Aetna	Medicare		565.18	0.308			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Americare	Americare		1376.25	0.75			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		WellPoint	WellPoint		588.67	0.3208			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Consumer	Consumer		1743.25	0.95			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Corrections	Corrections		1468	0.8			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		First Health	First Health		1284.5	0.7			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		First Trenton	First Trenton		1651.5	0.9			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Horizon	Indemnity		702.44	0.3828			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Horizon	MCD		702.44	0.3828			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Horizon	Medicare Blue		550.5	0.3			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Horizon	PPO		702.44	0.3828			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Managed Care Inc	Managed Care Inc		1651.5	0.9			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Multiplan	Multiplan		1468	0.8			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Qualcare	Qualcare		1376.25	0.75			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Three Rivers	Three Rivers		1743.25	0.95			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		UHC	Medicaid		577.29	0.3146			52.5	1743.25	percent of total billed charges	
PTCA GUIDE CATHETER (MEDTRONIC)	C1885	HCPCS	both			1835		Wellcare	Medicaid		577.29	0.3146			52.5	1743.25	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Aetna	Commercial		5283.9	0.38			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Aetna	Better Health		4374.51	0.3146			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Aetna	Medicare		4282.74	0.308			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Americare	Americare		10428.75	0.75			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		WellPoint	WellPoint		4460.72	0.3208			17.4	13209.75	percent of total billed charges	
TRAILBLAZER SUPPORT CATHETER	C1887	HCPCS	both			11400		Amerihealth	Medicare		3762	0.33			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Consumer	Consumer		13209.75	0.95			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Corrections	Corrections		11124	0.8			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		First Health	First Health		9733.5	0.7			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		First Trenton	First Trenton		12514.5	0.9			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Horizon	MCD		5322.83	0.3828			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Horizon	Indemnity		5322.83	0.3828			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Horizon	PPO		5322.83	0.3828			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Horizon	Medicare Blue		4171.5	0.3			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Horizon	NJ Health		5562	0.4			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Managed Care Inc	Managed Care Inc		12514.5	0.9			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Multiplan	Multiplan		11124	0.8			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Qualcare	Qualcare		5562	0.4			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Three Rivers	Three Rivers		13209.75	0.95			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		UHC	Medicaid		4374.51	0.3146			17.4	13209.75	percent of total billed charges	
VTK CATHETER	C1887	HCPCS	both			13905		Wellcare	Medicaid		4374.51	0.3146			17.4	13209.75	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	inpatient			5783		Aetna	Better Health		1819.33	0.3146			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	inpatient			5783		Aetna	Commercial		2197.54	0.38			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	inpatient			5783		Aetna	Medicare		1781.16	0.308			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	inpatient			5783		Americare	Americare		4337.25	0.75			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	inpatient			5783		WellPoint	WellPoint		1855.19	0.3208			520.5	5493.85	percent of total billed charges	
CATH ABLATION NON-CARDIAC	C1888	HCPCS	inpatient			5783		Amerihealth	Medicare		1908.39	0.33			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	inpatient			5783		Consumer	Consumer		5493.85	0.95			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	inpatient			5783		Corrections	Corrections		4626.4	0.8			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	inpatient			5783		First Health	First Health		4048.1	0.7			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	inpatient			5783		First Trenton	First Trenton		5204.7	0.9			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	inpatient			5783		Horizon	Medicare Blue		1734.9	0.3			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	inpatient			5783		Horizon	Indemnity		2213.73	0.3828			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	inpatient			5783		Horizon	MCD		2213.73	0.3828			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	inpatient			5783		Horizon	PPO		2213.73	0.3828			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	inpatient			5783		Horizon	NJ Health		2313.2	0.4			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	inpatient			5783		Managed Care Inc	Managed Care Inc		5204.7	0.9			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	inpatient			5783		Multiplan	Multiplan		4626.4	0.8			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	inpatient			5783		Qualcare	Qualcare		2313.2	0.4			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	inpatient			5783		Three Rivers	Three Rivers		5493.85	0.95			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	inpatient			5783		UHC	Medicaid		1819.33	0.3146			520.5	5493.85	percent of total billed charges	
PROCEDURE LASER VARICOSE VEIN 65CM	C1888	HCPCS	inpatient			5783		Wellcare	Medicaid		1819.33	0.3146			520.5	5493.85	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	inpatient			75000		Aetna	Medicare		23100	0.308			7.81	71250	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	inpatient			75000		Aetna	Better Health		23595	0.3146			7.81	71250	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	inpatient			75000		Aetna	Commercial		28500	0.38			7.81	71250	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	inpatient			75000		Americare	Americare		56250	0.75			7.81	71250	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	inpatient			75000		WellPoint	WellPoint		24060	0.3208			7.81	71250	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	inpatient			75000		Amerihealth	Medicare		24750	0.33			7.81	71250	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	inpatient			75000		Consumer	Consumer		71250	0.95			7.81	71250	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	inpatient			75000		Corrections	Corrections		60000	0.8			7.81	71250	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	inpatient			75000		First Health	First Health		52500	0.7			7.81	71250	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	inpatient			75000		First Trenton	First Trenton		67500	0.9			7.81	71250	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	inpatient			75000		Horizon	MCD		28710	0.3828			7.81	71250	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	inpatient			75000		Horizon	Medicare Blue		22500	0.3			7.81	71250	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	inpatient			75000		Horizon	NJ Health		30000	0.4			7.81	71250	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	inpatient			75000		Horizon	Indemnity		28710	0.3828			7.81	71250	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	inpatient			75000		Horizon	PPO		28710	0.3828			7.81	71250	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	inpatient			75000		Managed Care Inc	Managed Care Inc		67500	0.9			7.81	71250	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	inpatient			75000		Multiplan	Multiplan		60000	0.8			7.81	71250	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	inpatient			75000		Qualcare	Qualcare		30000	0.4			7.81	71250	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	inpatient			75000		Three Rivers	Three Rivers		71250	0.95			7.81	71250	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	inpatient			75000		UHC	Medicaid		23595	0.3146			7.81	71250	percent of total billed charges	
ZERO RETRIEVAL BASKET 16MM	C1889	HCPCS	inpatient			75000		Wellcare	Medicaid		23595	0.3146			7.81	71250	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Aetna	Commercial		806.74	0.38			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Aetna	Better Health		667.9	0.3146			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Aetna	Medicare		653.88	0.308			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Americare	Americare		1592.25	0.75			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		WellPoint	WellPoint		681.06	0.3208			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Amerihealth	Medicare		700.59	0.33			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Consumer	Consumer		2016.85	0.95			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Corrections	Corrections		1698.4	0.8			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		First Health	First Health		1486.1	0.7			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		First Trenton	First Trenton		1910.7	0.9			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Horizon	MCD		812.68	0.3828			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Horizon	Indemnity		812.68	0.3828			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Horizon	PPO		812.68	0.3828			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Horizon	Medicare Blue		636.9	0.3			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Managed Care Inc	Managed Care Inc		1910.7	0.9			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Multiplan	Multiplan		1698.4	0.8			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Qualcare	Qualcare		1592.25	0.75			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Three Rivers	Three Rivers		2016.85	0.95			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		UHC	Medicaid		667.9	0.3146			54	2016.85	percent of total billed charges	
WORLEY CORONARY SINUS GUIDE	C1892	HCPCS	both			2123		Wellcare	Medicaid		667.9	0.3146			54	2016.85	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Aetna	Medicare		533.46	0.308			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Aetna	Better Health		544.89	0.3146			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Aetna	Commercial		658.16	0.38			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Americare	Americare		1299	0.75			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		WellPoint	WellPoint		555.63	0.3208			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Consumer	Consumer		1645.4	0.95			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Corrections	Corrections		1385.6	0.8			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		First Health	First Health		1212.4	0.7			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		First Trenton	First Trenton		1558.8	0.9			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Horizon	MCD		663.01	0.3828			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Horizon	Medicare Blue		519.6	0.3			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Horizon	Indemnity		663.01	0.3828			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Horizon	PPO		663.01	0.3828			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Managed Care Inc	Managed Care Inc		1558.8	0.9			77.7	1645.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Multiplan	Multiplan		1385.6	0.8			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Qualcare	Qualcare		1299	0.75			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Three Rivers	Three Rivers		1645.4	0.95			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		UHC	Medicaid		544.89	0.3146			77.7	1645.4	percent of total billed charges	
WORLEY LATERAL VEIN INTRODUCER	C1893	HCPCS	both			1732		Wellcare	Medicaid		544.89	0.3146			77.7	1645.4	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Aetna	Medicare		1591.74	0.308			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Aetna	Commercial		1963.84	0.38			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Aetna	Better Health		1625.85	0.3146			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Americare	Americare		3876	0.75			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		WellPoint	WellPoint		1657.89	0.3208			7.8	4909.6	percent of total billed charges	
SHEATH CROSSCUT RHV NEURON MAX 6FR 90C	C1894	HCPCS	both			2100		AmeriHealth	Medicare		693	0.33			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Consumer	Consumer		4909.6	0.95			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Corrections	Corrections		4134.4	0.8			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		First Health	First Health		3617.6	0.7			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		First Trenton	First Trenton		4651.2	0.9			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Horizon	NJ Health		2067.2	0.4			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Horizon	Medicare Blue		1550.4	0.3			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Horizon	Indemnity		1978.31	0.3828			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Horizon	MGD		1978.31	0.3828			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Horizon	PPO		1978.31	0.3828			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Managed Care Inc	Managed Care Inc		4651.2	0.9			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Multiplan	Multiplan		4134.4	0.8			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Qualcare	Qualcare		2067.2	0.4			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Three Rivers	Three Rivers		4909.6	0.95			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		UHC	Medicaid		1625.85	0.3146			7.8	4909.6	percent of total billed charges	
VSI 4FX7CM MICRO-INTRODUCER KIT	C1894	HCPCS	both			5168		Wellcare	Medicaid		1625.85	0.3146			7.8	4909.6	percent of total billed charges	
LEAD RV	C1895	HCPCS	both			19485		Aetna	Medicare		6001.38	0.308			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	both			19485		Aetna	Commercial		7404.3	0.38			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	both			19485		Aetna	Better Health		6129.98	0.3146			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	both			19485		Americare	Americare		14613.75	0.75			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	both			19485		WellPoint	WellPoint		6250.79	0.3208			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	both			19485		AmeriHealth	Medicare		6430.05	0.33			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	both			19485		Consumer	Consumer		18510.75	0.95			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	both			19485		Corrections	Corrections		15588	0.8			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	both			19485		First Health	First Health		13639.5	0.7			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	both			19485		First Trenton	First Trenton		17536.5	0.9			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	both			19485		Horizon	Indemnity		7458.86	0.3828			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	both			19485		Horizon	MGD		7458.86	0.3828			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	both			19485		Horizon	Medicare Blue		5845.5	0.3			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	both			19485		Horizon	NJ Health		7794	0.4			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	both			19485		Horizon	PPO		7458.86	0.3828			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	both			19485		Managed Care Inc	Managed Care Inc		17536.5	0.9			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	both			19485		Multiplan	Multiplan		15588	0.8			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	both			19485		Qualcare	Qualcare		7794	0.4			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	both			19485		Three Rivers	Three Rivers		18510.75	0.95			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	both			19485		UHC	Medicaid		6129.98	0.3146			5845.5	18510.75	percent of total billed charges	
LEAD RV	C1895	HCPCS	both			19485		Wellcare	Medicaid		6129.98	0.3146			5845.5	18510.75	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Aetna	Medicare		1400.78	0.308			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Aetna	Commercial		1728.24	0.38			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Aetna	Better Health		1430.8	0.3146			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Americare	Americare		3411	0.75			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		WellPoint	WellPoint		1459	0.3208			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		AmeriHealth	Medicare		1500.84	0.33			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Consumer	Consumer		4320.6	0.95			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Corrections	Corrections		3638.4	0.8			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		First Health	First Health		3183.6	0.7			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		First Trenton	First Trenton		4093.2	0.9			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Horizon	Indemnity		1740.97	0.3828			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Horizon	Medicare Blue		1364.4	0.3			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Horizon	PPO		1740.97	0.3828			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Horizon	MGD		1740.97	0.3828			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Managed Care Inc	Managed Care Inc		4093.2	0.9			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Multiplan	Multiplan		3638.4	0.8			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Qualcare	Qualcare		3411	0.75			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Three Rivers	Three Rivers		4320.6	0.95			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		UHC	Medicaid		1430.8	0.3146			1364.4	4320.6	percent of total billed charges	
IMPLANT LEAD UNIPOLAR W/DEFIB COIL ELE	C1896	HCPCS	outpatient			4548		Wellcare	Medicaid		1430.8	0.3146			1364.4	4320.6	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Aetna	Commercial		1710	0.38			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Aetna	Better Health		1415.7	0.3146			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Aetna	Medicare		1386	0.308			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Americare	Americare		3375	0.75			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		WellPoint	WellPoint		1443.6	0.3208			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		AmeriHealth	Medicare		1485	0.33			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Consumer	Consumer		4275	0.95			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Corrections	Corrections		3600	0.8			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		First Health	First Health		3150	0.7			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		First Trenton	First Trenton		4050	0.9			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Horizon	MGD		1722.6	0.3828			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Horizon	Medicare Blue		1350	0.3			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Horizon	PPO		1722.6	0.3828			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Horizon	Indemnity		1722.6	0.3828			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Horizon	NJ Health		1800	0.4			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Managed Care Inc	Managed Care Inc		4050	0.9			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Multiplan	Multiplan		3600	0.8			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Qualcare	Qualcare		1800	0.4			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Three Rivers	Three Rivers		4275	0.95			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		UHC	Medicaid		1415.7	0.3146			630	4275	percent of total billed charges	
STIMROUTER IMPLANTABLE AND LEAD KITS ST1	C1897	HCPCS	outpatient			4500		Wellcare	Medicaid		1415.7	0.3146			630	4275	percent of total billed charges	
PACING MYOCARDIAL UNIPOLAR SCREW-IN	C1898	HCPCS	both			4810.5		Aetna	Commercial		1827.99	0.38			517.5	4569.98	percent of total billed charges	
PACING MYOCARDIAL UNIPOLAR SCREW-IN	C1898	HCPCS	both			4810.5		Aetna	Medicare		1481.63	0.308			517.5	4569.98	percent of total billed charges	
PACING MYOCARDIAL UNIPOLAR SCREW-IN	C1898	HCPCS	both			4810.5		Aetna	Better Health		1513.38	0.3146			517.5	4569.98	percent of total billed charges	
PACING MYOCARDIAL UNIPOLAR SCREW-IN	C1898	HCPCS	both			4810.5		Americare	Americare		3607.88	0.75			517.5	4569.98	percent of total billed charges	
PACING MYOCARDIAL UNIPOLAR SCREW-IN	C1898	HCPCS	both			4810.5		WellPoint	WellPoint		1543.21	0.3208			517.5	4569.98	percent of total billed charges	
PACING MYOCARDIAL UNIPOLAR SCREW-IN	C1898	HCPCS	both			4810.5		AmeriHealth	Medicare		1587.47	0.33			517.5	4569.98	percent of total billed charges	
PACING MYOCARDIAL UNIPOLAR SCREW-IN	C1898	HCPCS	both			4810.5		Consumer	Consumer		4569.98	0.95			517.5	4569.98	percent of total billed charges	
PACING MYOCARDIAL UNIPOLAR SCREW-IN	C1898	HCPCS	both			4810.5		Corrections	Corrections		3848.4	0.8			517.5	4569.98	percent of total billed charges	
PACING MYOCARDIAL UNIPOLAR SCREW-IN	C1898	HCPCS	both			4810.5		First Health	First Health		3367.35	0.7			517.5	4569.98	percent of total billed charges	
PACING MYOCARDIAL UNIPOLAR SCREW-IN	C1898	HCPCS	both			4810.5		First Trenton	First Trenton		4329.45	0.9			517.5	4569.98	percent of total billed charges	
PACING MYOCARDIAL UNIPOLAR SCREW-IN	C1898	HCPCS	both			4810.5		Horizon	Indemnity		1841.46	0.3828			517.5	4569.98	percent of total billed charges	
PACING MYOCARDIAL UNIPOLAR SCREW-IN	C1898	HCPCS	both			4810.5		Horizon	MGD		1841.46	0.3828			517.5	4569.98	percent of total billed charges	
PACING MYOCARDIAL UNIPOLAR SCREW-IN	C1898	HCPCS	both			4810.5		Horizon	NJ Health		1924.2	0.4			517.5	4569.98	percent of total billed charges	
PACING MYOCARDIAL UNIPOLAR SCREW-IN	C1898	HCPCS	both			4810.5		Horizon	Medicare Blue		1443.15	0.3			517.5	4569.98	percent of total billed charges	
PACING MYOCARDIAL UNIPOLAR SCREW-IN	C1898	HCPCS	both			4810.5		Horizon	PPO		1841.46	0.3828			517.5	4569.98	percent of total billed charges	
PACING MYOCARDIAL UNIPOLAR SCREW-IN	C1898	HCPCS	both			4810.5		Managed Care Inc	Managed Care Inc		4329.45	0.9			517.5	4569.98	percent of total billed charges	
PACING MYOCARDIAL UNIPOLAR SCREW-IN	C1898	HCPCS	both			4810.5		Multiplan	Multiplan		3848.4	0.8			517.5	4569.98	percent of total billed charges	
PACING MYOCARDIAL UNIPOLAR SCREW-IN	C1898	HCPCS	both			4810.5		Qualcare	Qualcare		1924.2	0.4			517.5	4569.98	percent of total billed charges	
PACING MYOCARDIAL UNIPOLAR SCREW-IN	C1898	HCPCS	both			4810.5		Three Rivers	Three Rivers		4569.98	0.95			517.5	4569.98	percent of total billed charges	
PACING MYOCARDIAL UNIPOLAR SCREW-IN	C1898	HCPCS	both			4810.5		UHC	Medicaid		1513.38	0.3146			517.5	4569.98	percent of total billed charges	
PACING MYOCARDIAL UNIPOLAR SCREW-IN	C1898	HCPCS	both			4810.5		Wellcare	Medicaid		1513.38	0.3146			517.5	4569.98	percent of total billed charges	
SENSING LV LEAD	C1900	HCPCS	both			6900		Aetna	Medicare		2125.2	0.308			1800	6555	percent of total billed charges	
SENSING LV LEAD	C1900	HCPCS	both			6900		Aetna	Commercial		2622	0.38			1800	6555	percent of total billed charges	
SENSING LV LEAD	C1900	HCPCS	both			6900		Aetna	Better Health		2170.74	0.3146			1800	6555	percent of total billed charges	
SENSING LV LEAD	C1900	HCPCS	both			6900		Americare	Americare		5175	0.75			1800	6555	percent of total billed charges	
SENSING LV LEAD	C1900	HCPCS	both			6900		WellPoint	WellPoint		2213.52	0.3208			1800	6555	percent of total billed charges	
SENSING LV LEAD	C1900	HCPCS	both			6900		AmeriHealth	Medicare		2277	0.33			1800	6555	percent of total billed charges	
SENSING LV LEAD	C1900	HCPCS	both			6900		Consumer	Consumer		6555	0.95			1800	6555	percent of total billed charges	
SENSING LV LEAD	C1900	HCPCS	both			6900		Corrections	Corrections		5520	0.8			1800	6555	percent of total billed charges	
SENSING LV LEAD	C1900	HCPCS	both			6900		First Health	First Health		4830	0.7			1800	6555	percent of total billed charges	
SENSING LV LEAD	C1900	HCPCS	both			6900		First Trenton	First Trenton		6210	0.9			1800	6555	percent of total billed charges	
SENSING LV LEAD	C1900	HCPCS	both			6900		Horizon	Medicare Blue		2070	0.3			1800	6555	percent of total billed charges	
SENSING LV LEAD	C1900	HCPCS	both			6900		Horizon	Indemnity		2641.32	0.3828			1800	6555	percent of total billed charges	
SENSING LV LEAD	C1900	HCPCS	both			6900		Horizon	PPO		2641.32	0.3828			1800	6555	percent of total billed charges	
SENSING LV LEAD	C1900	HCPCS	both			6900		Horizon	MGD		2641.32	0.3828			1800	6555	percent of total billed charges	
SENSING LV LEAD	C1900	HCPCS	both			6900		Horizon	NJ Health		2760	0.4			1800	6555	percent of total billed charges	
SENSING LV LEAD	C1900	HCPCS	both			6900		Managed Care Inc	Managed Care Inc		6210	0.9			1800	6555	percent of total billed charges	
SENSING LV LEAD	C1900	HCPCS	both			6900		Multiplan	Multiplan		5520	0.8			1800	6555	percent of total billed charges	
SENSING LV LEAD	C1900	HCPCS	both			6900		Qualcare	Qualcare		2760	0.4			1800	6555	percent of total billed charges	
SENSING LV LEAD	C1900	HCPCS	both			6900		Three Rivers	Three Rivers		6555	0.95			1800	6555	percent of total billed charges	
SENSING LV LEAD	C1900	HCPCS	both			6900		UHC	Medicaid		2170.74	0.3146			1800	6555	percent of total billed charges	
SENSING LV LEAD	C1900	HCPCS	both			6900		Wellcare	Medicaid		2170.74	0.3146			1800	6555	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	both			55485		Aetna	Better Health		17455.58	0.3146			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	both			55485		Aetna	Medicare		17086.38	0.308			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	both			55485		Aetna	Commercial		21084.3	0.38			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	both			55485		Americare	Americare		41613.75	0.75			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	both			55485		WellPoint	WellPoint		17799.59	0.3208			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	both			55485		AmeriHealth	Medicare		18310.05	0.33			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	both			55485		Consumer	Consumer		52710.75	0.95			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	both			55485		Corrections	Corrections		44388	0.8			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	both			55485		First Health	First Health		38839.5	0.7			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	both			55485		First Trenton	First Trenton		49936.5	0.9			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	both			55485		Horizon	Medicare Blue		16645.5	0.3			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	both			55485		Horizon	Indemnity		21239.66	0.3828			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2525	HCPCS	both			55485		Horizon	MGD		21239.66	0.3828			16645.5	52710.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
STENT GRAFT VAL THORACIC 28MM	C2625	HCPCS	both			55485		Horizon	PPO		21239.66	0.3828			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2625	HCPCS	both			55485		Managed Care Inc	Managed Care Inc		49936.5	0.9			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2625	HCPCS	both			55485		Multiplan	Multiplan		44388	0.8			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2625	HCPCS	both			55485		Qualcare	Qualcare		41613.75	0.75			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2625	HCPCS	both			55485		Three Rivers	Three Rivers		52710.75	0.95			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2625	HCPCS	both			55485		UHC	Medicaid		17455.58	0.3146			16645.5	52710.75	percent of total billed charges	
STENT GRAFT VAL THORACIC 28MM	C2625	HCPCS	both			55485		Wellcare	Medicaid		17455.58	0.3146			16645.5	52710.75	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888		23710.99 Aetna	Commercial		32824.25	1.592			19784.56	59743.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888		23710.99 Aetna	Better Health		19784.56	0.3146			19784.56	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888		23710.99 Aetna	Medicare		20618.25	1			19784.56	59743.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888		23710.99 Americare	Americare		47166	0.75			19784.56	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888		23710.99 WellPoint	WellPoint		20174.47	0.3208			19784.56	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888		23710.99 Amerihealth	Medicare		20753.04	0.33			19784.56	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888		23710.99 Consumer	Consumer		59743.6	0.95			19784.56	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888		23710.99 Corrections	Corrections		50310.4	0.8			19784.56	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888		23710.99 First Health	First Health		44021.6	0.7			19784.56	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888		23710.99 First Trenton	First Trenton		56599.2	0.9			19784.56	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888		23710.99 Horizon	Medicare Blue		20618.25	1			19784.56	59743.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888		23710.99 Horizon	Indemnity		37669.54	1.827			19784.56	59743.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888		23710.99 Horizon	MGD		37669.54	1.827			19784.56	59743.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888		23710.99 Horizon	NJ Health		25155.2	0.4			19784.56	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888		23710.99 Horizon	PPO		37669.54	1.827			19784.56	59743.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888		23710.99 Managed Care Inc	Managed Care Inc		56599.2	0.9			19784.56	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888		23710.99 Multiplan	Multiplan		50310.4	0.8			19784.56	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888		23710.99 Qualcare	Qualcare		25155.2	0.4			19784.56	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888		23710.99 Three Rivers	Three Rivers		59743.6	0.95			19784.56	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888		23710.99 UHC	Medicaid		19784.56	0.3146			19784.56	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888		23710.99 UHC	Medicare		20618.25	1			19784.56	59743.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888		23710.99 Wellcare	Medicaid		19784.56	0.3146			19784.56	59743.6	percent of total billed charges	
Y-90 THERASPHERES PER UNIT DOSE	C2616	HCPCS	outpatient			62888		23710.99 Wellcare	Medicare		20618.25	1			19784.56	59743.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Aetna	Better Health		670.1	0.3146			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Aetna	Commercial		809.4	0.38			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Aetna	Medicare		656.04	0.308			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Americare	Americare		1597.5	0.75			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		WellPoint	WellPoint		683.3	0.3208			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Amerihealth	Medicare		702.9	0.33			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Consumer	Consumer		2023.5	0.95			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Corrections	Corrections		1704	0.8			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		First Health	First Health		1491	0.7			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		First Trenton	First Trenton		1917	0.9			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Horizon	MGD		815.36	0.3828			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Horizon	Indemnity		815.36	0.3828			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Horizon	NJ Health		852	0.4			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Horizon	Medicare Blue		639	0.3			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Horizon	PPO		815.36	0.3828			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Managed Care Inc	Managed Care Inc		1917	0.9			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Multiplan	Multiplan		1704	0.8			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Qualcare	Qualcare		852	0.4			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Three Rivers	Three Rivers		2023.5	0.95			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		UHC	Medicaid		670.1	0.3146			19.31	2023.5	percent of total billed charges	
ZIMMON PANCREA STENT 7FR X 9CM	C2617	HCPCS	both			2130		Wellcare	Medicaid		670.1	0.3146			19.31	2023.5	percent of total billed charges	
ICEROD; SPHERE;OEARL;FORCE CRYOABLATION	C2618	HCPCS	both			4997		Aetna	Better Health		1572.06	0.3146			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE;OEARL;FORCE CRYOABLATION	C2618	HCPCS	both			4997		Aetna	Commercial		1898.86	0.38			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE;OEARL;FORCE CRYOABLATION	C2618	HCPCS	both			4997		Aetna	Medicare		1539.08	0.308			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE;OEARL;FORCE CRYOABLATION	C2618	HCPCS	both			4997		Americare	Americare		3747.75	0.75			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE;OEARL;FORCE CRYOABLATION	C2618	HCPCS	both			4997		WellPoint	WellPoint		1603.04	0.3208			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE;OEARL;FORCE CRYOABLATION	C2618	HCPCS	both			4997		Consumer	Consumer		4747.15	0.95			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE;OEARL;FORCE CRYOABLATION	C2618	HCPCS	both			4997		Corrections	Corrections		3997.6	0.8			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE;OEARL;FORCE CRYOABLATION	C2618	HCPCS	both			4997		First Health	First Health		3497.9	0.7			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE;OEARL;FORCE CRYOABLATION	C2618	HCPCS	both			4997		First Trenton	First Trenton		4497.3	0.9			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE;OEARL;FORCE CRYOABLATION	C2618	HCPCS	both			4997		Horizon	MGD		1912.85	0.3828			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE;OEARL;FORCE CRYOABLATION	C2618	HCPCS	both			4997		Horizon	PPO		1912.85	0.3828			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE;OEARL;FORCE CRYOABLATION	C2618	HCPCS	both			4997		Horizon	Indemnity		1912.85	0.3828			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE;OEARL;FORCE CRYOABLATION	C2618	HCPCS	both			4997		Horizon	Medicare Blue		1499.1	0.3			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE;OEARL;FORCE CRYOABLATION	C2618	HCPCS	both			4997		Managed Care Inc	Managed Care Inc		4497.3	0.9			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE;OEARL;FORCE CRYOABLATION	C2618	HCPCS	both			4997		Multiplan	Multiplan		3997.6	0.8			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE;OEARL;FORCE CRYOABLATION	C2618	HCPCS	both			4997		Qualcare	Qualcare		3747.75	0.75			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE;OEARL;FORCE CRYOABLATION	C2618	HCPCS	both			4997		Three Rivers	Three Rivers		4747.15	0.95			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE;OEARL;FORCE CRYOABLATION	C2618	HCPCS	both			4997		UHC	Medicaid		1572.06	0.3146			584.4	4747.15	percent of total billed charges	
ICEROD; SPHERE;OEARL;FORCE CRYOABLATION	C2618	HCPCS	both			4997		Wellcare	Medicaid		1572.06	0.3146			584.4	4747.15	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Aetna	Commercial		28500	0.38			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Aetna	Better Health		23595	0.3146			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Aetna	Medicare		23100	0.308			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Americare	Americare		56250	0.75			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		WellPoint	WellPoint		24060	0.3208			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Amerihealth	Medicare		24750	0.33			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Consumer	Consumer		71250	0.95			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Corrections	Corrections		60000	0.8			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		First Health	First Health		52500	0.7			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		First Trenton	First Trenton		67500	0.9			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Horizon	PPO		28710	0.3828			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Horizon	MGD		28710	0.3828			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Horizon	Indemnity		28710	0.3828			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Horizon	Medicare Blue		22500	0.3			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Horizon	NJ Health		30000	0.4			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Managed Care Inc	Managed Care Inc		67500	0.9			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Multiplan	Multiplan		60000	0.8			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Qualcare	Qualcare		30000	0.4			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Three Rivers	Three Rivers		71250	0.95			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		UHC	Medicaid		23595	0.3146			0.01	71250	percent of total billed charges	
WISE CRT SYSTEM	C2621	HCPCS	both			75000		Wellcare	Medicaid		23595	0.3146			0.01	71250	percent of total billed charges	
TIP EXTENDER REAR	C2622	HCPCS	both			34485		Aetna	Commercial		13104.3	0.38			99	32760.75	percent of total billed charges	
TIP EXTENDER REAR	C2622	HCPCS	both			34485		Aetna	Medicare		10621.38	0.308			99	32760.75	percent of total billed charges	
TIP EXTENDER REAR	C2622	HCPCS	both			34485		Aetna	Better Health		10848.98	0.3146			99	32760.75	percent of total billed charges	
TIP EXTENDER REAR	C2622	HCPCS	both			34485		Americare	Americare		25863.75	0.75			99	32760.75	percent of total billed charges	
TIP EXTENDER REAR	C2622	HCPCS	both			34485		WellPoint	WellPoint		11062.79	0.3208			99	32760.75	percent of total billed charges	
TIP EXTENDER REAR	C2622	HCPCS	both			34485		Amerihealth	Medicare		11380.05	0.33			99	32760.75	percent of total billed charges	
TIP EXTENDER REAR	C2622	HCPCS	both			34485		Consumer	Consumer		32760.75	0.95			99	32760.75	percent of total billed charges	
TIP EXTENDER REAR	C2622	HCPCS	both			34485		Corrections	Corrections		27588	0.8			99	32760.75	percent of total billed charges	
TIP EXTENDER REAR	C2622	HCPCS	both			34485		First Health	First Health		24139.5	0.7			99	32760.75	percent of total billed charges	
TIP EXTENDER REAR	C2622	HCPCS	both			34485		First Trenton	First Trenton		31036.5	0.9			99	32760.75	percent of total billed charges	
TIP EXTENDER REAR	C2622	HCPCS	both			34485		Horizon	MGD		13200.86	0.3828			99	32760.75	percent of total billed charges	
TIP EXTENDER REAR	C2622	HCPCS	both			34485		Horizon	Indemnity		13200.86	0.3828			99	32760.75	percent of total billed charges	
TIP EXTENDER REAR	C2622	HCPCS	both			34485		Horizon	Medicare Blue		10345.5	0.3			99	32760.75	percent of total billed charges	
TIP EXTENDER REAR	C2622	HCPCS	both			34485		Horizon	PPO		13200.86	0.3828			99	32760.75	percent of total billed charges	
TIP EXTENDER REAR	C2622	HCPCS	both			34485		Horizon	NJ Health		13794	0.4			99	32760.75	percent of total billed charges	
TIP EXTENDER REAR	C2622	HCPCS	both			34485		Managed Care Inc	Managed Care Inc		31036.5	0.9			99	32760.75	percent of total billed charges	
TIP EXTENDER REAR	C2622	HCPCS	both			34485		Multiplan	Multiplan		27588	0.8			99	32760.75	percent of total billed charges	
TIP EXTENDER REAR	C2622	HCPCS	both			34485		Qualcare	Qualcare		13794	0.4			99	32760.75	percent of total billed charges	
TIP EXTENDER REAR	C2622	HCPCS	both			34485		Three Rivers	Three Rivers		32760.75	0.95			99	32760.75	percent of total billed charges	
TIP EXTENDER REAR	C2622	HCPCS	both			34485		UHC	Medicaid		10848.98	0.3146			99	32760.75	percent of total billed charges	
TIP EXTENDER REAR	C2622	HCPCS	both			34485		Wellcare	Medicaid		10848.98	0.3146			99	32760.75	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Aetna	Commercial		4279.94	0.38			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Aetna	Better Health		3543.34	0.3146			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Aetna	Medicare		3469	0.308			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Americare	Americare		8447.25	0.75			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		WellPoint	WellPoint		3613.17	0.3208			1447.2	10699.85	percent of total billed charges	
IMPLANT PATCH LUTONIX 6.0MM X 60MM	C2623	HCPCS	both			5700		Amerihealth	Medicare		1881	0.33			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Consumer	Consumer		10699.85	0.95			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Corrections	Corrections		9010.4	0.8			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		First Health	First Health		7884.1	0.7			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		First Trenton	First Trenton		10136.7	0.9			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Horizon	Medicare Blue		3378.9	0.3			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Horizon	Indemnity		4311.48	0.3828			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Horizon	NJ Health		4505.2	0.4			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Horizon	MGD		4311.48	0.3828			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Horizon	PPO		4311.48	0.3828			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Managed Care Inc	Managed Care Inc		10136.7	0.9			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Multiplan	Multiplan		9010.4	0.8			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Qualcare	Qualcare		4505.2	0.4			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Three Rivers	Three Rivers		10699.85	0.95			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		UHC	Medicaid		3543.34	0.3146			1447.2	10699.85	percent of total billed charges	
LUTONIX035 DRUG COATED BALLOON-40-100MMX	C2623	HCPCS	both			11263		Wellcare	Medicaid		3543.34	0.3146			1447.2	10699.85	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Aetna	Better Health		19393.2	0.3146			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Aetna	Medicare		18986.35	0.308			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Aetna	Commercial		23424.72	0.38			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Americare	Americare		46233	0.75			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		WellPoint	WellPoint		19775.4	0.3208			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Amerihealth	Medicare		20342.52	0.33			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Consumer	Consumer		58561.8	0.95			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Corrections	Corrections		49315.2	0.8			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		First Health	First Health		43150.8	0.7			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		First Trenton	First Trenton		55479.6	0.9			77.22	58561.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Horizon	Indemnity		23597.32	0.3828			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Horizon	NJ Health		24657.6	0.4			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Horizon	Medicare Blue		18493.2	0.3			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Horizon	MGD		23597.32	0.3828			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Horizon	PPO		23597.32	0.3828			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Managed Care Inc	Managed Care Inc		55479.6	0.9			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Multiplan	Multiplan		49315.2	0.8			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Qualcare	Qualcare		24657.6	0.4			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Three Rivers	Three Rivers		58561.8	0.95			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		UHC	Medicaid		19393.2	0.3146			77.22	58561.8	percent of total billed charges	
URETERAL W/WG 7FR 26CM	C2625	HCPCS	both			61644		Wellcare	Medicaid		19393.2	0.3146			77.22	58561.8	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	outpatient			193.59		Aetna	Medicare		59.63	0.308			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	outpatient			193.59		Aetna	Better Health		60.9	0.3146			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	outpatient			193.59		Aetna	Commercial		73.56	0.38			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	outpatient			193.59		Americare	Americare		145.19	0.75			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	outpatient			193.59		WellPoint	WellPoint		62.1	0.3208			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	outpatient			193.59		Amerihealth	Medicare		63.88	0.33			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	outpatient			193.59		Consumer	Consumer		183.91	0.95			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	outpatient			193.59		Corrections	Corrections		154.87	0.8			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	outpatient			193.59		First Health	First Health		135.51	0.7			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	outpatient			193.59		First Trenton	First Trenton		174.23	0.9			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	outpatient			193.59		Horizon	NJ Health		77.44	0.4			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	outpatient			193.59		Horizon	MGD		74.11	0.3828			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	outpatient			193.59		Horizon	Medicare Blue		58.08	0.3			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	outpatient			193.59		Horizon	Indemnity		74.11	0.3828			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	outpatient			193.59		Horizon	PPO		74.11	0.3828			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	outpatient			193.59		Managed Care Inc	Managed Care Inc		174.23	0.9			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	outpatient			193.59		Multiplan	Multiplan		154.87	0.8			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	outpatient			193.59		Qualcare	Qualcare		77.44	0.4			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	outpatient			193.59		Three Rivers	Three Rivers		183.91	0.95			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	outpatient			193.59		UHC	Medicaid		60.9	0.3146			37.2	183.91	percent of total billed charges	
SET ULTRA SUPRAPUBIC W/MAC-LOC	C2627	HCPCS	outpatient			193.59		Wellcare	Medicaid		60.9	0.3146			37.2	183.91	percent of total billed charges	
CORDIS COMMODORE OCCL.BALL	C2628	HCPCS	both			4408		Aetna	Commercial		1675.04	0.38			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL.BALL	C2628	HCPCS	both			4408		Aetna	Better Health		1386.76	0.3146			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL.BALL	C2628	HCPCS	both			4408		Aetna	Medicare		1357.66	0.308			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL.BALL	C2628	HCPCS	both			4408		Americare	Americare		3306	0.75			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL.BALL	C2628	HCPCS	both			4408		WellPoint	WellPoint		1414.09	0.3208			211.5	4187.6	percent of total billed charges	
COMPLIANT SCEPTER C OCLUSION BALLOON	C2628	HCPCS	both			3600		Amerihealth	Medicare		1188	0.33			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL.BALL	C2628	HCPCS	both			4408		Consumer	Consumer		4187.6	0.95			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL.BALL	C2628	HCPCS	both			4408		Corrections	Corrections		3526.4	0.8			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL.BALL	C2628	HCPCS	both			4408		First Health	First Health		3085.6	0.7			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL.BALL	C2628	HCPCS	both			4408		First Trenton	First Trenton		3967.2	0.9			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL.BALL	C2628	HCPCS	both			4408		Horizon	Indemnity		1687.38	0.3828			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL.BALL	C2628	HCPCS	both			4408		Horizon	Medicare Blue		1322.4	0.3			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL.BALL	C2628	HCPCS	both			4408		Horizon	NJ Health		1763.2	0.4			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL.BALL	C2628	HCPCS	both			4408		Horizon	MGD		1687.38	0.3828			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL.BALL	C2628	HCPCS	both			4408		Horizon	PPO		1687.38	0.3828			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL.BALL	C2628	HCPCS	both			4408		Managed Care Inc	Managed Care Inc		3967.2	0.9			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL.BALL	C2628	HCPCS	both			4408		Multiplan	Multiplan		3526.4	0.8			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL.BALL	C2628	HCPCS	both			4408		Qualcare	Qualcare		1763.2	0.4			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL.BALL	C2628	HCPCS	both			4408		Three Rivers	Three Rivers		4187.6	0.95			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL.BALL	C2628	HCPCS	both			4408		UHC	Medicaid		1386.76	0.3146			211.5	4187.6	percent of total billed charges	
CORDIS COMMODORE OCCL.BALL	C2628	HCPCS	both			4408		Wellcare	Medicaid		1386.76	0.3146			211.5	4187.6	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Aetna	Medicare		3177.94	0.308			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Aetna	Better Health		3246.04	0.3146			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Aetna	Commercial		3920.84	0.38			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Americare	Americare		7738.5	0.75			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		WellPoint	WellPoint		3310.01	0.3208			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Consumer	Consumer		9802.1	0.95			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Corrections	Corrections		8254.4	0.8			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		First Health	First Health		7222.6	0.7			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		First Trenton	First Trenton		9286.2	0.9			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Horizon	MGD		3949.73	0.3828			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Horizon	PPO		3949.73	0.3828			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Horizon	Indemnity		3949.73	0.3828			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Horizon	Medicare Blue		3095.4	0.3			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Managed Care Inc	Managed Care Inc		9286.2	0.9			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Multiplan	Multiplan		8254.4	0.8			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Qualcare	Qualcare		7738.5	0.75			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Three Rivers	Three Rivers		9802.1	0.95			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		UHC	Medicaid		3246.04	0.3146			3095.4	9802.1	percent of total billed charges	
GLIDELIGHT LASER SHEATH KIT 16F	C2629	HCPCS	outpatient			10318		Wellcare	Medicaid		3246.04	0.3146			3095.4	9802.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Aetna	Better Health		4296.81	0.3146			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Aetna	Commercial		5190.04	0.38			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Aetna	Medicare		4206.66	0.308			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Americare	Americare		10243.5	0.75			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		WellPoint	WellPoint		4381.49	0.3208			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Consumer	Consumer		12975.1	0.95			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Corrections	Corrections		10926.4	0.8			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		First Health	First Health		9560.6	0.7			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		First Trenton	First Trenton		12292.2	0.9			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Horizon	MGD		5228.28	0.3828			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Horizon	Medicare Blue		4097.4	0.3			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Horizon	Indemnity		5228.28	0.3828			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Horizon	PPO		5228.28	0.3828			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Managed Care Inc	Managed Care Inc		12292.2	0.9			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Multiplan	Multiplan		10926.4	0.8			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Qualcare	Qualcare		10243.5	0.75			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Three Rivers	Three Rivers		12975.1	0.95			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		UHC	Medicaid		4296.81	0.3146			3943.2	12975.1	percent of total billed charges	
THERMOCOOL STSF ABLATION CATHETER	C2630	HCPCS	both			13658		Wellcare	Medicaid		4296.81	0.3146			3943.2	12975.1	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Aetna	Better Health		84	0.3146			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Aetna	Commercial		101.46	0.38			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Aetna	Medicare		82.24	0.308			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Americare	Americare		200.25	0.75			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		WellPoint	WellPoint		85.65	0.3208			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Consumer	Consumer		253.65	0.95			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Corrections	Corrections		213.6	0.8			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		First Health	First Health		186.9	0.7			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		First Trenton	First Trenton		240.3	0.9			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Horizon	PPO		102.21	0.3828			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Horizon	MGD		102.21	0.3828			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Horizon	Medicare Blue		80.1	0.3			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Horizon	Indemnity		102.21	0.3828			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Managed Care Inc	Managed Care Inc		240.3	0.9			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Multiplan	Multiplan		213.6	0.8			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Qualcare	Qualcare		200.25	0.75			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Three Rivers	Three Rivers		253.65	0.95			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		UHC	Medicaid		84	0.3146			80.1	253.65	percent of total billed charges	
DEVICE CAPIO OPEN ACCESS SUTURE CAPTUR	C2631	HCPCS	both			267		Wellcare	Medicaid		84	0.3146			80.1	253.65	percent of total billed charges	
BRACHY TX STRANDED C-131	C2642	HCPCS	outpatient			220	134.61	Aetna	Better Health		69.21	0.3146			69.21	213.85	percent of total billed charges	
BRACHY TX STRANDED C-131	C2642	HCPCS	outpatient			220	134.61	Aetna	Commercial		186.34	1.592			69.21	213.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX STRANDED C-131	C2642	HCPCS	outpatient			220	134.61	Aetna	Medicare		117.05	1			69.21	213.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX STRANDED C-131	C2642	HCPCS	outpatient			220	134.61	Americare	Americare		165	0.75			69.21	213.85	percent of total billed charges	
BRACHY TX STRANDED C-131	C2642	HCPCS	outpatient			220	134.61	WellPoint	WellPoint		70.58	0.3208			69.21	213.85	percent of total billed charges	
BRACHY TX STRANDED C-131	C2642	HCPCS	outpatient			220	134.61	Amerihealth	Medicare		72.6	0.33			69.21	213.85	percent of total billed charges	
BRACHY TX STRANDED C-131	C2642	HCPCS	outpatient			220	134.61	Consumer	Consumer		209	0.95			69.21	213.85	percent of total billed charges	
BRACHY TX STRANDED C-131	C2642	HCPCS	outpatient			220	134.61	Corrections	Corrections		176	0.8			69.21	213.85	percent of total billed charges	
BRACHY TX STRANDED C-131	C2642	HCPCS	outpatient			220	134.61	First Health	First Health		154	0.7			69.21	213.85	percent of total billed charges	
BRACHY TX STRANDED C-131	C2642	HCPCS	outpatient			220	134.61	First Trenton	First Trenton		198	0.9			69.21	213.85	percent of total billed charges	
BRACHY TX STRANDED C-131	C2642	HCPCS	outpatient			220	134.61	Horizon	Indemnity		213.85	1.827			69.21	213.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX STRANDED C-131	C2642	HCPCS	outpatient			220	134.61	Horizon	MGD		213.85	1.827			69.21	213.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX STRANDED C-131	C2642	HCPCS	outpatient			220	134.61	Horizon	Medicare Blue		117.05	1			69.21	213.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX STRANDED C-131	C2642	HCPCS	outpatient			220	134.61	Horizon	PPO		213.85	1.827			69.21	213.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX STRANDED C-131	C2642	HCPCS	outpatient			220	134.61	Managed Care Inc	Managed Care Inc		198	0.9			69.21	213.85	percent of total billed charges	
BRACHY TX STRANDED C-131	C2642	HCPCS	outpatient			220	134.61	Multiplan	Multiplan		176	0.8			69.21	213.85	percent of total billed charges	
BRACHY TX STRANDED C-131	C2642	HCPCS	outpatient			220	134.61	Qualcare	Qualcare		165	0.75			69.21	213.85	percent of total billed charges	
BRACHY TX STRANDED C-131	C2642	HCPCS	outpatient			220	134.61	Three Rivers	Three Rivers		209	0.95			69.21	213.85	percent of total billed charges	
BRACHY TX STRANDED C-131	C2642	HCPCS	outpatient			220	134.61	UHC	Medicaid		69.21	0.3146			69.21	213.85	percent of total billed charges	
BRACHY TX STRANDED C-131	C2642	HCPCS	outpatient			220	134.61	UHC	Medicare		117.05	1			69.21	213.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX STRANDED C-131	C2642	HCPCS	outpatient			220	134.61	Wellcare	Medicare		117.05	1			69.21	213.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX STRANDED C-131	C2642	HCPCS	outpatient			220	134.61	Wellcare	Medicaid		69.21	0.3146			69.21	213.85	percent of total billed charges	
BRACHY TX NON-STRANDED C-131	C2643	HCPCS	outpatient			246	110.88	Aetna	Commercial		153.5	1.592			77.39	233.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX NON-STRANDED C-131	C2643	HCPCS	outpatient			246	110.88	Aetna	Medicare		96.42	1			77.39	233.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX NON-STRANDED C-131	C2643	HCPCS	outpatient			246	110.88	Aetna	Better Health		77.39	0.3146			77.39	233.7	percent of total billed charges	
BRACHY TX NON-STRANDED C-131	C2643	HCPCS	outpatient			246	110.88	Americare	Americare		184.5	0.75			77.39	233.7	percent of total billed charges	
BRACHY TX NON-STRANDED C-131	C2643	HCPCS	outpatient			246	110.88	WellPoint	WellPoint		78.92	0.3208			77.39	233.7	percent of total billed charges	
BRACHY TX NON-STRANDED C-131	C2643	HCPCS	outpatient			246	110.88	Amerihealth	Medicare		81.18	0.33			77.39	233.7	percent of total billed charges	
BRACHY TX NON-STRANDED C-131	C2643	HCPCS	outpatient			246	110.88	Consumer	Consumer		233.7	0.95			77.39	233.7	percent of total billed charges	
BRACHY TX NON-STRANDED C-131	C2643	HCPCS	outpatient			246	110.88	Corrections	Corrections		196.8	0.8			77.39	233.7	percent of total billed charges	
BRACHY TX NON-STRANDED C-131	C2643	HCPCS	outpatient			246	110.88	First Health	First Health		172.2	0.7			77.39	233.7	percent of total billed charges	
BRACHY TX NON-STRANDED C-131	C2643	HCPCS	outpatient			246	110.88	First Trenton	First Trenton		221.4	0.9			77.39	233.7	percent of total billed charges	
BRACHY TX NON-STRANDED C-131	C2643	HCPCS	outpatient			246	110.88	Horizon	Indemnity		176.16	1.827			77.39	233.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BRACHY TX NON-STRANDED C-131	C2643	HCPCS	outpatient			246	110.88	Horizon	Medicare Blue		96.42				77.39	233.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX NON-STRANDED C-131	C2643	HCPCS	outpatient			246	110.88	Horizon	MGD		176.16	1.827			77.39	233.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX NON-STRANDED C-131	C2643	HCPCS	outpatient			246	110.88	Horizon	PPO		176.16	1.827			77.39	233.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX NON-STRANDED C-131	C2643	HCPCS	outpatient			246	110.88	Managed Care Inc	Managed Care Inc		221.4	0.9			77.39	233.7	percent of total billed charges	
BRACHY TX NON-STRANDED C-131	C2643	HCPCS	outpatient			246	110.88	Multiplan	Multiplan		196.8	0.8			77.39	233.7	percent of total billed charges	
BRACHY TX NON-STRANDED C-131	C2643	HCPCS	outpatient			246	110.88	Qualcare	Qualcare		184.5	0.75			77.39	233.7	percent of total billed charges	
BRACHY TX NON-STRANDED C-131	C2643	HCPCS	outpatient			246	110.88	Three Rivers	Three Rivers		233.7	0.95			77.39	233.7	percent of total billed charges	
BRACHY TX NON-STRANDED C-131	C2643	HCPCS	outpatient			246	110.88	UHC	Medicaid		77.39	0.3146			77.39	233.7	percent of total billed charges	
BRACHY TX NON-STRANDED C-131	C2643	HCPCS	outpatient			246	110.88	UHC	Medicare		96.42	1			77.39	233.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRACHY TX NON-STRANDED C-131	C2643	HCPCS	outpatient			246	110.88	Wellcare	Medicaid		77.39	0.3146			77.39	233.7	percent of total billed charges	
BRACHY TX NON-STRANDED C-131	C2643	HCPCS	outpatient			246	110.88	Wellcare	Medicare		96.42	1			77.39	233.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796	505.8	Aetna	Commercial		700.21	1.592			439.83	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796	505.8	Aetna	Better Health		1508.82	0.3146			439.83	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796	505.8	Aetna	Medicare		439.83	1			439.83	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796	505.8	Americare	Americare		3597	0.75			439.83	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796	505.8	WellPoint	WellPoint		1538.56	0.3208			439.83	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796	505.8	Amerihealth	Medicare		439.83	1			439.83	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796	505.8	Consumer	Consumer		4556.2	0.95			439.83	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796	505.8	Corrections	Corrections		3836.8	0.8			439.83	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796	505.8	First Health	First Health		3357.2	0.7			439.83	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796	505.8	First Trenton	First Trenton		4316.4	0.9			439.83	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796	505.8	Horizon	Medicare Blue		439.83	1			439.83	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796	505.8	Horizon	PPO		803.57	1.827			439.83	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796	505.8	Horizon	MGD		803.57	1.827			439.83	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796	505.8	Horizon	Indemnity		803.57	1.827			439.83	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796	505.8	Managed Care Inc	Managed Care Inc		4316.4	0.9			439.83	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796	505.8	Multiplan	Multiplan		3836.8	0.8			439.83	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796	505.8	Qualcare	Qualcare		3597	0.75			439.83	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796	505.8	Three Rivers	Three Rivers		4556.2	0.95			439.83	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796	505.8	UHC	Medicare		439.83	1			439.83	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796	505.8	UHC	Medicaid		1508.82	0.3146			439.83	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796	505.8	Wellcare	Medicaid		1508.82	0.3146			439.83	4556.2	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN WITH CONTRAST	C8900	HCPCS	outpatient			4796	505.8	Wellcare	Medicare		439.83	1			439.83	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN W/OW CONTRAST	C8902	HCPCS	outpatient			4709	505.8	Aetna	Better Health		1481.45	0.3146			439.83	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/OW CONTRAST	C8902	HCPCS	outpatient			4709	505.8	Aetna	Commercial		700.21	1.592			439.83	4473.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN W/OW CONTRAST	C8902	HCPCS	outpatient			4709	505.8	Aetna	Medicare		439.83	1			439.83	4473.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN W/OW CONTRAST	C8902	HCPCS	outpatient			4709	505.8	Americare	Americare		3531.75	0.75			439.83	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/OW CONTRAST	C8902	HCPCS	outpatient			4709	505.8	WellPoint	WellPoint		1510.65	0.3208			439.83	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/OW CONTRAST	C8902	HCPCS	outpatient			4709	505.8	Amerihealth	Medicare		439.83	1			439.83	4473.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN W/OW CONTRAST	C8902	HCPCS	outpatient			4709	505.8	Consumer	Consumer		4473.55	0.95			439.83	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/OW CONTRAST	C8902	HCPCS	outpatient			4709	505.8	Corrections	Corrections		3767.2	0.8			439.83	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/OW CONTRAST	C8902	HCPCS	outpatient			4709	505.8	First Health	First Health		3296.3	0.7			439.83	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/OW CONTRAST	C8902	HCPCS	outpatient			4709	505.8	First Trenton	First Trenton		4238.1	0.9			439.83	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/OW CONTRAST	C8902	HCPCS	outpatient			4709	505.8	Horizon	MGD		803.57	1.827			439.83	4473.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN W/OW CONTRAST	C8902	HCPCS	outpatient			4709	505.8	Horizon	Indemnity		803.57	1.827			439.83	4473.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN W/OW CONTRAST	C8902	HCPCS	outpatient			4709	505.8	Horizon	Medicare Blue		439.83	1			439.83	4473.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN W/OW CONTRAST	C8902	HCPCS	outpatient			4709	505.8	Horizon	PPO		803.57	1.827			439.83	4473.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN W/OW CONTRAST	C8902	HCPCS	outpatient			4709	505.8	Managed Care Inc	Managed Care Inc		4238.1	0.9			439.83	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/OW CONTRAST	C8902	HCPCS	outpatient			4709	505.8	Multiplan	Multiplan		3767.2	0.8			439.83	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/OW CONTRAST	C8902	HCPCS	outpatient			4709	505.8	Qualcare	Qualcare		3531.75	0.75			439.83	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/OW CONTRAST	C8902	HCPCS	outpatient			4709	505.8	Three Rivers	Three Rivers		4473.55	0.95			439.83	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/OW CONTRAST	C8902	HCPCS	outpatient			4709	505.8	UHC	Medicaid		1481.45	0.3146			439.83	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/OW CONTRAST	C8902	HCPCS	outpatient			4709	505.8	UHC	Medicare		439.83	1			439.83	4473.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY ABDOMEN W/OW CONTRAST	C8902	HCPCS	outpatient			4709	505.8	Wellcare	Medicaid		1481.45	0.3146			439.83	4473.55	percent of total billed charges	
MRI ANGIOGRAPHY ABDOMEN W/OW CONTRAST	C8902	HCPCS	outpatient			4709	505.8	Wellcare	Medicare		439.83	1			439.83	4473.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY CHEST W/OW CONTRAST	C8809	HCPCS	outpatient			2250	505.8	Aetna	Commercial		700.21	1.592			439.83	2137.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY CHEST W/OW CONTRAST	C8809	HCPCS	outpatient			2250	505.8	Aetna	Better Health		707.85	0.3146			439.83	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST W/OW CONTRAST	C8809	HCPCS	outpatient			2250	505.8	Aetna	Medicare		439.83	1			439.83	2137.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY CHEST W/OW CONTRAST	C8809	HCPCS	outpatient			2250	505.8	Americare	Americare		1687.5	0.75			439.83	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST W/OW CONTRAST	C8809	HCPCS	outpatient			2250	505.8	WellPoint	WellPoint		721.8	0.3208			439.83	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST W/OW CONTRAST	C8809	HCPCS	outpatient			2250	505.8	Amerihealth	Medicare		439.83	1			439.83	2137.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY CHEST W/OW CONTRAST	C8809	HCPCS	outpatient			2250	505.8	Consumer	Consumer		2137.5	0.95			439.83	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST W/OW CONTRAST	C8809	HCPCS	outpatient			2250	505.8	Corrections	Corrections		1800	0.8			439.83	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST W/OW CONTRAST	C8809	HCPCS	outpatient			2250	505.8	First Health	First Health		1575	0.7			439.83	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST W/OW CONTRAST	C8809	HCPCS	outpatient			2250	505.8	First Trenton	First Trenton		2025	0.9			439.83	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST W/OW CONTRAST	C8809	HCPCS	outpatient			2250	505.8	Horizon	MGD		803.57	1.827			439.83	2137.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY CHEST W/OW CONTRAST	C8809	HCPCS	outpatient			2250	505.8	Horizon	PPO		803.57	1.827			439.83	2137.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY CHEST W/OW CONTRAST	C8809	HCPCS	outpatient			2250	505.8	Horizon	Indemnity		803.57	1.827			439.83	2137.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY CHEST W/OW CONTRAST	C8809	HCPCS	outpatient			2250	505.8	Horizon	Medicare Blue		439.83	1			439.83	2137.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY CHEST W/OW CONTRAST	C8809	HCPCS	outpatient			2250	505.8	Managed Care Inc	Managed Care Inc		2025	0.9			439.83	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST W/OW CONTRAST	C8809	HCPCS	outpatient			2250	505.8	Multiplan	Multiplan		1800	0.8			439.83	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST W/OW CONTRAST	C8809	HCPCS	outpatient			2250	505.8	Qualcare	Qualcare		1687.5	0.75			439.83	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST W/OW CONTRAST	C8809	HCPCS	outpatient			2250	505.8	Three Rivers	Three Rivers		2137.5	0.95			439.83	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST W/OW CONTRAST	C8809	HCPCS	outpatient			2250	505.8	UHC	Medicaid		707.85	0.3146			439.83	2137.5	percent of total billed charges	
MRI ANGIOGRAPHY CHEST W/OW CONTRAST	C8809	HCPCS	outpatient			2250	505.8	UHC	Medicare		439.83	1			439.83	2137.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY CHEST W/OW CONTRAST	C8809	HCPCS	outpatient			2250	505.8	Wellcare	Medicare		439.83	1			439.83	2137.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRAPHY CHEST W/OW CONTRAST	C8809	HCPCS	outpatient			2250	505.8	Wellcare	Medicaid		707.85	0.3146			439.83	2137.5	percent of total billed charges	
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	Aetna	Commercial		446.14	1.592			280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	Aetna	Better Health		556.21	0.3146			280.24	1679.6	percent of total billed charges	
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	Aetna	Medicare		280.24	1			280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	Americare	Americare		1326	0.75			280.24	1679.6	percent of total billed charges	
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	WellPoint	WellPoint		567.17	0.3208			280.24	1679.6	percent of total billed charges	
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	Amerihealth	Medicare		280.24	1			280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	Consumer	Consumer		1679.6	0.95			280.24	1679.6	percent of total billed charges	
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	Corrections	Corrections		1414.4	0.8			280.24	1679.6	percent of total billed charges	
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	First Health	First Health		1237.6	0.7			280.24	1679.6	percent of total billed charges	
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	First Trenton	First Trenton		1591.2	0.9			280.24	1679.6	percent of total billed charges	
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	Horizon	PPO		512	1.827			280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	Horizon	Indemnity		512	1.827			280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	Horizon	MGD		512	1.827			280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	Horizon	Medicare Blue		280.24	1			280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	Managed Care Inc	Managed Care Inc		1591.2	0.9			280.24	1679.6	percent of total billed charges	
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	Multiplan	Multiplan		1414.4	0.8			280.24	1679.6	percent of total billed charges	
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	Qualcare	Qualcare		1326	0.75			280.24	1679.6	percent of total billed charges	
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	Three Rivers	Three Rivers		1679.6	0.95			280.24	1679.6	percent of total billed charges	
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	UHC	Medicaid		556.21	0.3146			280.24	1679.6	percent of total billed charges	
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	UHC	Medicare		280.24	1			280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	Wellcare	Medicare		280.24	1			280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST WO CONTRAST	C8910	HCPCS	outpatient			1768	322.28	Wellcare	Medicaid		556.21	0.3146			280.24	1679.6	percent of total billed charges	
MRI ANGIO CHEST W/OW CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Aetna	Better Health		864.84	0.3146			274.9	2611.55	percent of total billed charges	
MRI ANGIO CHEST W/OW CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Aetna	Commercial		700.21	1.592			274.9	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST W/OW CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Aetna	Medicare		439.83	1			274.9	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST W/OW CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Americare	Americare		2061.75	0.75			274.9	2611.55	percent of total billed charges	
MRI ANGIO CHEST W/OW CONTRAST	C8911	HCPCS	outpatient			2749	505.8	WellPoint	WellPoint		881.88	0.3208			274.9	2611.55	percent of total billed charges	
MRI ANGIO CHEST W/OW CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Amerihealth	Medicare		439.83	1			274.9	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST W/OW CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Consumer	Consumer		2611.55	0.95			274.9	2611.55	percent of total billed charges	
MRI ANGIO CHEST W/OW CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Corrections	Corrections		2199.2	0.8			274.9	2611.55	percent of total billed charges	
MRI ANGIO CHEST W/OW CONTRAST	C8911	HCPCS	outpatient			2749	505.8	First Health	First Health		1924.3	0.7			274.9	2611.55	percent of total billed charges	
MRI ANGIO CHEST W/OW CONTRAST	C8911	HCPCS	outpatient			2749	505.8	First Trenton	First Trenton		2474.1	0.9			274.9	2611.55	percent of total billed charges	
MRI ANGIO CHEST W/OW CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Horizon	MGD		803.57	1.827			274.9	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST W/OW CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Horizon	Medicare Blue		439.83	1			274.9	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST W/OW CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Horizon	Indemnity		803.57	1.827			274.9	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST W/OW CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Horizon	NJ Health		274.9	0.1			274.9	2611.55	percent of total billed charges	
MRI ANGIO CHEST W/OW CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Horizon	PPO		803.57	1.827			274.9	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST W/OW CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Managed Care Inc	Managed Care Inc		2474.1	0.9			274.9	2611.55	percent of total billed charges	
MRI ANGIO CHEST W/OW CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Multiplan	Multiplan		2199.2	0.8			274.9	2611.55	percent of total billed charges	
MRI ANGIO CHEST W/OW CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Qualcare	Qualcare		2061.75	0.75			274.9	2611.55	percent of total billed charges	
MRI ANGIO CHEST W/OW CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Three Rivers	Three Rivers		2611.55	0.95			274.9	2611.55	percent of total billed charges	
MRI ANGIO CHEST W/OW CONTRAST	C8911	HCPCS	outpatient			2749	505.8	UHC	Medicare		439.83	1			274.9	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST W/OW CONTRAST	C8911	HCPCS	outpatient			2749	505.8	UHC	Medicaid		864.84	0.3146			274.9	2611.55	percent of total billed charges	
MRI ANGIO CHEST W/OW CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Wellcare	Medicare		439.83	1			274.9	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIO CHEST W/OW CONTRAST	C8911	HCPCS	outpatient			2749	505.8	Wellcare	Medicaid		864.84	0.3146			274.9	2611.55	percent of total billed charges	
MRI ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Aetna	Better Health		1508.82	0.3146			439.83	4556.2	percent of total billed charges	
MRI ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Aetna	Medicare		439.83	1			439.83	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Aetna	Commercial		700.21	1.592			439.83	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Americare	Americare		3597	0.75			439.83	4556.2	percent of total billed charges	
MRI ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	WellPoint	WellPoint		1538.56	0.3208			439.83	4556.2	percent of total billed charges	
MRI ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Amerihealth	Medicare		439.83	1			439.83	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Consumer	Consumer		4556.2	0.95			439.83	4556.2	percent of total billed charges	
MRI ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Corrections	Corrections		3836.8	0.8			439.83	4556.2	percent of total billed charges	
MRI ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	First Health	First Health		3357.2	0.7			439.83	4556.2	percent of total billed charges	
MRI ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	First Trenton	First Trenton		4316.4	0.9			439.83	4556.2	percent of total billed charges	
MRI ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Horizon	Indemnity		803.57	1.827			439.83	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Horizon	Medicare Blue		439.83	1			439.83	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Horizon	MGD		803.57	1.827			439.83	4556.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796	505.8	Horizon	PPO		803.57	1.827			439.83	4556.2	other	Payer-specific negotiated char

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRI-ANGIOGRPHY LOWER EXTREM WITH CONTRST	C8912	HCPCS	outpatient			4796		505.8 Wellcare	Medicare		439.83	1			439.83	4566.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WOCNTR	C8913	HCPCS	outpatient			3822		322.28 Aetna	Better Health		1202.4	0.3146			280.24	3630.9	other	Payer-specific negotiated charge calculated as a percent of total billed charges
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WOCNTR	C8913	HCPCS	outpatient			3822		322.28 Aetna	Commercial		446.14	1.592			280.24	3630.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WOCNTR	C8913	HCPCS	outpatient			3822		322.28 Aetna	Medicare		280.24	1			280.24	3630.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WOCNTR	C8913	HCPCS	outpatient			3822		322.28 Americare	Americare		2866.5	0.75			280.24	3630.9	percent of total billed charges	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WOCNTR	C8913	HCPCS	outpatient			3822		322.28 WellPoint	WellPoint		1226.1	0.3208			280.24	3630.9	percent of total billed charges	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WOCNTR	C8913	HCPCS	outpatient			3822		322.28 Amerihealth	Medicare		280.24	1			280.24	3630.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WOCNTR	C8913	HCPCS	outpatient			3822		322.28 Consumer	Consumer		3630.9	0.95			280.24	3630.9	percent of total billed charges	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WOCNTR	C8913	HCPCS	outpatient			3822		322.28 Corrections	Corrections		3057.6	0.8			280.24	3630.9	percent of total billed charges	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WOCNTR	C8913	HCPCS	outpatient			3822		322.28 First Health	First Health		2675.4	0.7			280.24	3630.9	percent of total billed charges	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WOCNTR	C8913	HCPCS	outpatient			3822		322.28 First Trenton	First Trenton		3439.8	0.9			280.24	3630.9	percent of total billed charges	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WOCNTR	C8913	HCPCS	outpatient			3822		322.28 Horizon	Medicare Blue		280.24	1			280.24	3630.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WOCNTR	C8913	HCPCS	outpatient			3822		322.28 Horizon	MGD		512	1.827			280.24	3630.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WOCNTR	C8913	HCPCS	outpatient			3822		322.28 Horizon	Indemnity		512	1.827			280.24	3630.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WOCNTR	C8913	HCPCS	outpatient			3822		322.28 Horizon	PPO		512	1.827			280.24	3630.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WOCNTR	C8913	HCPCS	outpatient			3822		322.28 Managed Care Inc	Managed Care Inc		3439.8	0.9			280.24	3630.9	percent of total billed charges	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WOCNTR	C8913	HCPCS	outpatient			3822		322.28 Multiplan	Multiplan		3057.6	0.8			280.24	3630.9	percent of total billed charges	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WOCNTR	C8913	HCPCS	outpatient			3822		322.28 Qualcare	Qualcare		2866.5	0.75			280.24	3630.9	percent of total billed charges	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WOCNTR	C8913	HCPCS	outpatient			3822		322.28 Three Rivers	Three Rivers		3630.9	0.95			280.24	3630.9	percent of total billed charges	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WOCNTR	C8913	HCPCS	outpatient			3822		322.28 UHC	Medicaid		1202.4	0.3146			280.24	3630.9	other	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WOCNTR	C8913	HCPCS	outpatient			3822		322.28 UHC	Medicare		280.24	1			280.24	3630.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WOCNTR	C8913	HCPCS	outpatient			3822		322.28 Wellcare	Medicaid		1202.4	0.3146			280.24	3630.9	other	
MRI-ANGIOGRAPHY LOWER EXTREMITY WO/WOCNTR	C8913	HCPCS	outpatient			3822		322.28 Wellcare	Medicare		280.24	1			280.24	3630.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626		505.8 Aetna	Better Health		1769.94	0.3146			439.83	5344.7	percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626		505.8 Aetna	Commercial		700.21	1.592			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626		505.8 Aetna	Medicare		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626		505.8 Americare	Americare		4219.5	0.75			439.83	5344.7	percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626		505.8 WellPoint	WellPoint		1804.82	0.3208			439.83	5344.7	percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626		505.8 Amerihealth	Medicare		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626		505.8 Consumer	Consumer		5344.7	0.95			439.83	5344.7	percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626		505.8 Corrections	Corrections		4500.8	0.8			439.83	5344.7	percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626		505.8 First Health	First Health		3938.2	0.7			439.83	5344.7	percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626		505.8 First Trenton	First Trenton		5063.4	0.9			439.83	5344.7	percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626		505.8 Horizon	Medicare Blue		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626		505.8 Horizon	PPO		803.57	1.827			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626		505.8 Horizon	MGD		803.57	1.827			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626		505.8 Horizon	Indemnity		803.57	1.827			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626		505.8 Managed Care Inc	Managed Care Inc		5063.4	0.9			439.83	5344.7	percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626		505.8 Multiplan	Multiplan		4500.8	0.8			439.83	5344.7	percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626		505.8 Qualcare	Qualcare		4219.5	0.75			439.83	5344.7	percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626		505.8 Three Rivers	Three Rivers		5344.7	0.95			439.83	5344.7	percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626		505.8 UHC	Medicare		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626		505.8 UHC	Medicaid		1769.94	0.3146			439.83	5344.7	percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626		505.8 Wellcare	Medicaid		1769.94	0.3146			439.83	5344.7	percent of total billed charges	
MRA TIN/FIB W-W/O CONTRAST B/L	C8914	HCPCS	outpatient			5626		505.8 Wellcare	Medicare		439.83	1			439.83	5344.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS(MRA ONLY)W/CONTRAST	C8918	HCPCS	outpatient			4223		505.8 Aetna	Better Health		1328.56	0.3146			439.83	4011.85	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/CONTRAST	C8918	HCPCS	outpatient			4223		505.8 Aetna	Medicare		439.83	1			439.83	4011.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS(MRA ONLY)W/CONTRAST	C8918	HCPCS	outpatient			4223		505.8 Aetna	Commercial		700.21	1.592			439.83	4011.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS(MRA ONLY)W/CONTRAST	C8918	HCPCS	outpatient			4223		505.8 Americare	Americare		3167.25	0.75			439.83	4011.85	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/CONTRAST	C8918	HCPCS	outpatient			4223		505.8 WellPoint	WellPoint		1354.74	0.3208			439.83	4011.85	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/CONTRAST	C8918	HCPCS	outpatient			4223		505.8 Amerihealth	Medicare		439.83	1			439.83	4011.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS(MRA ONLY)W/CONTRAST	C8918	HCPCS	outpatient			4223		505.8 Consumer	Consumer		4011.85	0.95			439.83	4011.85	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/CONTRAST	C8918	HCPCS	outpatient			4223		505.8 Corrections	Corrections		3378.4	0.8			439.83	4011.85	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/CONTRAST	C8918	HCPCS	outpatient			4223		505.8 First Health	First Health		2956.1	0.7			439.83	4011.85	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/CONTRAST	C8918	HCPCS	outpatient			4223		505.8 First Trenton	First Trenton		3800.7	0.9			439.83	4011.85	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/CONTRAST	C8918	HCPCS	outpatient			4223		505.8 Horizon	Indemnity		803.57	1.827			439.83	4011.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS(MRA ONLY)W/CONTRAST	C8918	HCPCS	outpatient			4223		505.8 Horizon	MGD		803.57	1.827			439.83	4011.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS(MRA ONLY)W/CONTRAST	C8918	HCPCS	outpatient			4223		505.8 Horizon	PPO		803.57	1.827			439.83	4011.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS(MRA ONLY)W/CONTRAST	C8918	HCPCS	outpatient			4223		505.8 Horizon	Medicare Blue		439.83	1			439.83	4011.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS(MRA ONLY)W/CONTRAST	C8918	HCPCS	outpatient			4223		505.8 Managed Care Inc	Managed Care Inc		3800.7	0.9			439.83	4011.85	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/CONTRAST	C8918	HCPCS	outpatient			4223		505.8 Multiplan	Multiplan		3378.4	0.8			439.83	4011.85	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/CONTRAST	C8918	HCPCS	outpatient			4223		505.8 Qualcare	Qualcare		3167.25	0.75			439.83	4011.85	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/CONTRAST	C8918	HCPCS	outpatient			4223		505.8 Three Rivers	Three Rivers		4011.85	0.95			439.83	4011.85	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/CONTRAST	C8918	HCPCS	outpatient			4223		505.8 UHC	Medicare		439.83	1			439.83	4011.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS(MRA ONLY)W/CONTRAST	C8918	HCPCS	outpatient			4223		505.8 UHC	Medicaid		1328.56	0.3146			439.83	4011.85	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/CONTRAST	C8918	HCPCS	outpatient			4223		505.8 Wellcare	Medicare		439.83	1			439.83	4011.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS(MRA ONLY)W/CONTRAST	C8918	HCPCS	outpatient			4223		505.8 Wellcare	Medicaid		1328.56	0.3146			439.83	4011.85	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/O CONTR	C8919	HCPCS	both			5272		322.28 Aetna	Better Health		1658.57	0.3146			280.24	5008.4	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/O CONTR	C8919	HCPCS	both			5272		322.28 Aetna	Medicare		280.24	1			280.24	5008.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS(MRA ONLY)W/O CONTR	C8919	HCPCS	both			5272		322.28 Aetna	Commercial		446.14	1.592			280.24	5008.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS(MRA ONLY)W/O CONTR	C8919	HCPCS	both			5272		322.28 Americare	Americare		3954	0.75			280.24	5008.4	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/O CONTR	C8919	HCPCS	both			5272		322.28 WellPoint	WellPoint		1691.26	0.3208			280.24	5008.4	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/O CONTR	C8919	HCPCS	both			5272		322.28 Amerihealth	Medicare		280.24	1			280.24	5008.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS(MRA ONLY)W/O CONTR	C8919	HCPCS	both			5272		322.28 Consumer	Consumer		5008.4	0.95			280.24	5008.4	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/O CONTR	C8919	HCPCS	both			5272		322.28 Corrections	Corrections		4217.6	0.8			280.24	5008.4	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/O CONTR	C8919	HCPCS	both			5272		322.28 First Health	First Health		3690.4	0.7			280.24	5008.4	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/O CONTR	C8919	HCPCS	both			5272		322.28 First Trenton	First Trenton		4744.8	0.9			280.24	5008.4	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/O CONTR	C8919	HCPCS	both			5272		322.28 Horizon	PPO		512	1.827			280.24	5008.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS(MRA ONLY)W/O CONTR	C8919	HCPCS	both			5272		322.28 Horizon	MGD		512	1.827			280.24	5008.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS(MRA ONLY)W/O CONTR	C8919	HCPCS	both			5272		322.28 Horizon	Medicare Blue		280.24	1			280.24	5008.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS(MRA ONLY)W/O CONTR	C8919	HCPCS	both			5272		322.28 Horizon	Indemnity		512	1.827			280.24	5008.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS(MRA ONLY)W/O CONTR	C8919	HCPCS	both			5272		322.28 Managed Care Inc	Managed Care Inc		4744.8	0.9			280.24	5008.4	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/O CONTR	C8919	HCPCS	both			5272		322.28 Multiplan	Multiplan		4217.6	0.8			280.24	5008.4	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/O CONTR	C8919	HCPCS	both			5272		322.28 Qualcare	Qualcare		3954	0.75			280.24	5008.4	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/O CONTR	C8919	HCPCS	both			5272		322.28 Three Rivers	Three Rivers		5008.4	0.95			280.24	5008.4	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/O CONTR	C8919	HCPCS	both			5272		322.28 UHC	Medicare		280.24	1			280.24	5008.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MR/PELVIS(MRA ONLY)W/O CONTR	C8919	HCPCS	both			5272		322.28 UHC	Medicaid		1658.57	0.3146			280.24	5008.4	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/O CONTR	C8919	HCPCS	both			5272		322.28 Wellcare	Medicaid		1658.57	0.3146			280.24	5008.4	percent of total billed charges	
MR/PELVIS(MRA ONLY)W/O CONTR	C8919	HCPCS	both			5272		322.28 Wellcare	Medicare		280.24	1			280.24	5008.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W OR W/O CONTR CONT ECG	C8930	HCPCS	outpatient			3523		1053.08 Aetna	Better Health		1108.34	0.3146			915.72	3346.85	percent of total billed charges	
TTE W OR W/O CONTR CONT ECG	C8930	HCPCS	outpatient			3523		1053.08 Aetna	Commercial		1457.83	1.592			915.72	3346.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W OR W/O CONTR CONT ECG	C8930	HCPCS	outpatient			3523		1053.08 Aetna	Medicare		915.72	1			915.72	3346.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W OR W/O CONTR CONT ECG	C8930	HCPCS	outpatient			3523		1053.08 Americare	Americare		2642.25	0.75			915.72	3346.85	percent of total billed charges	
TTE W OR W/O CONTR CONT ECG	C8930	HCPCS	outpatient			3523		1053.08 WellPoint	WellPoint		1130.18	0.3208			915.72	3346.85	percent of total billed charges	
TTE W OR W/O CONTR CONT ECG	C8930	HCPCS	outpatient			3523		1053.08 Amerihealth	Medicare		915.72	1			915.72	3346.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W OR W/O CONTR CONT ECG	C8930	HCPCS	outpatient			3523		1053.08 Consumer	Consumer		3346.85	0.95			915.72	3346.85	percent of total billed charges	
TTE W OR W/O CONTR CONT ECG	C8930	HCPCS	outpatient			3523		1053.08 Corrections	Corrections		2818.4	0.8			915.72	3346.85	percent of total billed charges	
TTE W OR W/O CONTR CONT ECG	C8930	HCPCS	outpatient			3523		1053.08 First Health	First Health		2466.1	0.7			915.72	3346.85	percent of total billed charges	
TTE W OR W/O CONTR CONT ECG	C8930	HCPCS	outpatient			3523		1053.08 First Trenton	First Trenton		3170.7	0.9			915.72	3346.85	percent of total billed charges	
TTE W OR W/O CONTR CONT ECG	C8930	HCPCS	outpatient			3523		1053.08 Horizon	MGD		1673.02	1.827			915.72	3346.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W OR W/O CONTR CONT ECG	C8930	HCPCS	outpatient			3523		1053.08 Horizon	Medicare Blue		915.72	1			915.72	3346.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W OR W/O CONTR CONT ECG	C8930	HCPCS	outpatient			3523		1053.08 Horizon	Indemnity		1673.02	1.827			915.72	3346.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W OR W/O CONTR CONT ECG	C8930	HCPCS	outpatient			3523		1053.08 Horizon	PPO		1673.02	1.827			915.72	3346.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W OR W/O CONTR CONT ECG	C8930	HCPCS	outpatient			3523		1053.08 Managed Care Inc	Managed Care Inc		3170.7	0.9			915.72	3346.85	percent of total billed charges	
TTE W OR W/O CONTR CONT ECG	C8930	HCPCS	outpatient			3523		1053.08 Multiplan	Multiplan		2818.4	0.8			915.72	3346.85	percent of total billed charges	
TTE W OR W/O CONTR CONT ECG	C8930	HCPCS	outpatient			3523		1053.08 Qualcare	Qualcare		2642.25	0.75			915.72	3346.85	percent of total billed charges	
TTE W OR W/O CONTR CONT ECG	C8930	HCPCS	outpatient			3523		1053.08 Three Rivers	Three Rivers		3346.85	0.95			915.72	3346.85	percent of total billed charges	
TTE W OR W/O CONTR CONT ECG	C8930	HCPCS	outpatient			3523		1053.08 UHC	Medicare		915.72	1			915.72	3346.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TTE W OR W/O CONTR CONT ECG	C8930	HCPCS	outpatient			3523		1053.08 UHC	Medicaid		1108.34	0.3146			915.72	3346.85	percent of total billed charges	
TTE W OR W/O CONTR CONT ECG	C8930	HCPCS	outpatient			3523		1053.08 Wellcare	Medicaid		1108.34	0.3146			915.72	3346.85	percent of total billed charges	
TTE W OR W/O CONTR CONT ECG	C8930	HCPCS	outpatient			3523		1053.08 Wellcare	Medicare		915.72	1			915.72	3346.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768		322.28 Aetna	Medicare		280.24	1			280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768		322.28 Aetna	Commercial		446.14	1.592			280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768		322.28 Aetna	Better Health		556.21	0.3146			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768		322.28 Americare	Americare		1326	0.75			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768		322.28 WellPoint	WellPoint		567.17	0.3208			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768		322.28 Amerihealth	Medicare		280.24	1			280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768		322.28 Consumer	Consumer		1679.6	0.95			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768		322.28 Corrections	Corrections		1414.4	0.8			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768		322.28 First Health	First Health		1237.6	0.7			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768		322.28 First Trenton	First Trenton		1591.2	0.9			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768		322.28 Horizon	MGD		512	1.827			280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768		322.28 Horizon	Medicare Blue		280.24	1			280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768		322.28 Horizon	Indemnity		512	1.827			280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768		322.28 Horizon	PPO		512	1.827			280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768		322.28 Managed Care Inc	Managed Care Inc		1591.2	0.9			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768		322.28 Multiplan	Multiplan		1414.4	0.8			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768		322.28 Qualcare	Qualcare		1326	0.75			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768		322.28 Three Rivers	Three Rivers		1679.6	0.95			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768		322.28 UHC	Medicaid		556.21	0.3146			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768		322.28 UHC	Medicare		280.24	1			280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768		322.28 Wellcare	Medicaid		556.21	0.3146			280.24	1679.6	percent of total billed charges	
MRA HUMERUS W/O CONTRAST B/L	C8935	HCPCS	outpatient			1768		322.28 Wellcare	Medicare		280.24	1			280.24	1679.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749		505.8 Aetna	Better Health		864.84	0.3146			439.83	2611.55	percent of total billed charges	
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749		505.8 Aetna	Medicare		439.83	1			439.83	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749		505.8 Aetna	Commercial		700.21	1.592			439.83	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749		505.8 Americare	Americare		2061.75	0.75			439.83	2611.55	percent of total billed charges	
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749		505.8 WellP

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Horizon	Medicare Blue		439.83	1			439.83	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Horizon	MCD		803.57	1.827			439.83	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Horizon	Indemnity		803.57	1.827			439.83	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Horizon	PPO		803.57	1.827			439.83	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Managed Care Inc	Managed Care Inc		2474.1	0.9			439.83	2611.55	percent of total billed charges	
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Multiplan	Multiplan		2199.2	0.8			439.83	2611.55	percent of total billed charges	
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Qualcare	Qualcare		2061.75	0.75			439.83	2611.55	percent of total billed charges	
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Three Rivers	Three Rivers		2611.55	0.95			439.83	2611.55	percent of total billed charges	
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	UHC	Medicaid		864.84	0.3146			439.83	2611.55	percent of total billed charges	
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	UHC	Medicare		439.83	1			439.83	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Wellcare	Medicaid		864.84	0.3146			439.83	2611.55	percent of total billed charges	
MRA HUMERUS W-W/O CONTRAST B/L	C8936	HCPCS	outpatient			2749	505.8	Wellcare	Medicare		439.83	1			439.83	2611.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF>8 HRS PUMP	C8957	HCPCS	outpatient			1073	445.43	Aetna	Better Health		337.57	0.3146			232.8	1019.35	percent of total billed charges	
IV INF>8 HRS PUMP	C8957	HCPCS	outpatient			1073	445.43	Aetna	Commercial		616.63	1.592			232.8	1019.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF>8 HRS PUMP	C8957	HCPCS	outpatient			1073	445.43	Aetna	Medicare		387.33	1			232.8	1019.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF>8 HRS PUMP	C8957	HCPCS	outpatient			1073	445.43	Americare	Americare		804.75	0.75			232.8	1019.35	percent of total billed charges	
IV INF>8 HRS PUMP	C8957	HCPCS	outpatient			1073	445.43	WellPoint	WellPoint		344.22	0.3208			232.8	1019.35	percent of total billed charges	
IV INF>8 HRS PUMP	C8957	HCPCS	outpatient			1073	445.43	Amerihealth	Medicare		387.33	1			232.8	1019.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF>8 HRS PUMP	C8957	HCPCS	outpatient			1073	445.43	Consumer	Consumer		1019.35	0.95			232.8	1019.35	percent of total billed charges	
IV INF>8 HRS PUMP	C8957	HCPCS	outpatient			1073	445.43	Corrections	Corrections		858.4	0.8			232.8	1019.35	percent of total billed charges	
IV INF>8 HRS PUMP	C8957	HCPCS	outpatient			1073	445.43	First Health	First Health		751.1	0.7			232.8	1019.35	percent of total billed charges	
IV INF>8 HRS PUMP	C8957	HCPCS	outpatient			1073	445.43	First Trenton	First Trenton		965.7	0.9			232.8	1019.35	percent of total billed charges	
IV INF>8 HRS PUMP	C8957	HCPCS	outpatient			1073	445.43	Horizon	Medicare Blue		387.33	1			232.8	1019.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF>8 HRS PUMP	C8957	HCPCS	outpatient			1073	445.43	Horizon	PPO		707.65	1.827			232.8	1019.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF>8 HRS PUMP	C8957	HCPCS	outpatient			1073	445.43	Horizon	MCD		707.65	1.827			232.8	1019.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF>8 HRS PUMP	C8957	HCPCS	outpatient			1073	445.43	Horizon	Indemnity		707.65	1.827			232.8	1019.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF>8 HRS PUMP	C8957	HCPCS	outpatient			1073	445.43	Managed Care Inc	Managed Care Inc		965.7	0.9			232.8	1019.35	percent of total billed charges	
IV INF>8 HRS PUMP	C8957	HCPCS	outpatient			1073	445.43	Multiplan	Multiplan		858.4	0.8			232.8	1019.35	percent of total billed charges	
IV INF>8 HRS PUMP	C8957	HCPCS	outpatient			1073	445.43	Qualcare	Qualcare		804.75	0.75			232.8	1019.35	percent of total billed charges	
IV INF>8 HRS PUMP	C8957	HCPCS	outpatient			1073	445.43	Three Rivers	Three Rivers		1019.35	0.95			232.8	1019.35	percent of total billed charges	
IV INF>8 HRS PUMP	C8957	HCPCS	outpatient			1073	445.43	UHC	Medicare		387.33	1			232.8	1019.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF>8 HRS PUMP	C8957	HCPCS	outpatient			1073	445.43	UHC	Medicaid		337.57	0.3146			232.8	1019.35	percent of total billed charges	
IV INF>8 HRS PUMP	C8957	HCPCS	outpatient			1073	445.43	Wellcare	Medicaid		337.57	0.3146			232.8	1019.35	percent of total billed charges	
IV INF>8 HRS PUMP	C8957	HCPCS	outpatient			1073	445.43	Wellcare	Medicare		387.33	1			232.8	1019.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Aetna	Commercial		1.4	1.592			0.79	2.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Aetna	Better Health		0.79	0.3146			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Aetna	Medicare		0.88	1			0.79	2.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Americare	Americare		1.88	0.75			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	WellPoint	WellPoint		0.8	0.3208			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Amerihealth	Medicare		0.88	1			0.79	2.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Consumer	Consumer		2.38	0.95			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Corrections	Corrections		2	0.8			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	First Health	First Health		1.75	0.7			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	First Trenton	First Trenton		2.25	0.9			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Horizon	Indemnity		1.61	1.827			0.79	2.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Horizon	Medicare Blue		0.88	1			0.79	2.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Horizon	NJ Health		2.08	0.83			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Horizon	MCD		1.61	1.827			0.79	2.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Horizon	PPO		1.61	1.827			0.79	2.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Managed Care Inc	Managed Care Inc		2.25	0.9			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Multiplan	Multiplan		2	0.8			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Qualcare	Qualcare		1.88	0.75			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Three Rivers	Three Rivers		2.38	0.95			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	UHC	Medicaid		0.79	0.3146			0.79	2.38	percent of total billed charges	
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	UHC	Medicare		0.88	1			0.79	2.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Wellcare	Medicare		0.88	1			0.79	2.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUPIV-MELOXICAM(ZYNRELEF)1MG INJ	C9088	HCPCS	outpatient			2.5	1.01	Wellcare	Medicaid		0.79	0.3146			0.79	2.38	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Aetna	Better Health		8.65	0.3146			8.25	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Aetna	Medicare		8.47	0.308			8.25	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Aetna	Commercial		10.45	0.38			8.25	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Americare	Americare		20.63	0.75			8.25	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		WellPoint	WellPoint		8.82	0.3208			8.25	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Consumer	Consumer		26.13	0.95			8.25	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Corrections	Corrections		22	0.8			8.25	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		First Health	First Health		19.25	0.7			8.25	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		First Trenton	First Trenton		24.75	0.9			8.25	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Horizon	MCD		10.53	0.3828			8.25	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Horizon	Medicare Blue		8.25	0.3			8.25	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Horizon	NJ Health		22.83	0.83			8.25	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Horizon	Indemnity		10.53	0.3828			8.25	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Horizon	PPO		10.53	0.3828			8.25	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Managed Care Inc	Managed Care Inc		24.75	0.9			8.25	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Multiplan	Multiplan		22	0.8			8.25	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Qualcare	Qualcare		20.63	0.75			8.25	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Three Rivers	Three Rivers		26.13	0.95			8.25	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		UHC	Medicaid		8.65	0.3146			8.25	26.13	percent of total billed charges	
PANTOPRAZOLE 40MG INJ	C9113	HCPCS	both			27.5		Wellcare	Medicaid		8.65	0.3146			8.25	26.13	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	C9151	HCPCS	outpatient			542		Aetna	Medicare		166.94	0.308			162.6	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	C9151	HCPCS	outpatient			542		Aetna	Better Health		170.51	0.3146			162.6	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	C9151	HCPCS	outpatient			542		Aetna	Commercial		205.96	0.38			162.6	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	C9151	HCPCS	outpatient			542		Americare	Americare		406.5	0.75			162.6	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	C9151	HCPCS	outpatient			542		WellPoint	WellPoint		173.87	0.3208			162.6	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	C9151	HCPCS	outpatient			542		Consumer	Consumer		514.9	0.95			162.6	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	C9151	HCPCS	outpatient			542		Corrections	Corrections		433.6	0.8			162.6	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	C9151	HCPCS	outpatient			542		First Health	First Health		379.4	0.7			162.6	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	C9151	HCPCS	outpatient			542		First Trenton	First Trenton		487.8	0.9			162.6	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	C9151	HCPCS	outpatient			542		Horizon	Medicare Blue		162.6	0.3			162.6	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	C9151	HCPCS	outpatient			542		Horizon	MCD		207.48	0.3828			162.6	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	C9151	HCPCS	outpatient			542		Horizon	Indemnity		207.48	0.3828			162.6	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	C9151	HCPCS	outpatient			542		Horizon	NJ Health		449.86	0.83			162.6	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	C9151	HCPCS	outpatient			542		Horizon	PPO		207.48	0.3828			162.6	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	C9151	HCPCS	outpatient			542		Managed Care Inc	Managed Care Inc		487.8	0.9			162.6	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	C9151	HCPCS	outpatient			542		Multiplan	Multiplan		433.6	0.8			162.6	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	C9151	HCPCS	outpatient			542		Qualcare	Qualcare		406.5	0.75			162.6	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	C9151	HCPCS	outpatient			542		Three Rivers	Three Rivers		514.9	0.95			162.6	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	C9151	HCPCS	outpatient			542		UHC	Medicaid		170.51	0.3146			162.6	514.9	percent of total billed charges	
PEGCETACOPLAN (SYFOVRE)1MG INJ	C9151	HCPCS	outpatient			542		Wellcare	Medicaid		170.51	0.3146			162.6	514.9	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Aetna	Better Health		6.45	0.3146			6.15	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Aetna	Commercial		7.79	0.38			6.15	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Aetna	Medicare		6.31	0.308			6.15	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Americare	Americare		15.38	0.75			6.15	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		WellPoint	WellPoint		6.58	0.3208			6.15	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Consumer	Consumer		19.48	0.95			6.15	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Corrections	Corrections		16.4	0.8			6.15	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		First Health	First Health		14.35	0.7			6.15	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		First Trenton	First Trenton		18.45	0.9			6.15	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Horizon	Medicare Blue		6.15	0.3			6.15	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Horizon	MCD		7.85	0.3828			6.15	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Horizon	Indemnity		7.85	0.3828			6.15	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Horizon	NJ Health		17.02	0.83			6.15	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Horizon	PPO		7.85	0.3828			6.15	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Managed Care Inc	Managed Care Inc		18.45	0.9			6.15	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Multiplan	Multiplan		16.4	0.8			6.15	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Qualcare	Qualcare		15.38	0.75			6.15	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Three Rivers	Three Rivers		19.48	0.95			6.15	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		UHC	Medicaid		6.45	0.3146			6.15	19.48	percent of total billed charges	
CLEVIDIPINE 1MG INJ	C9248	HCPCS	outpatient			20.5		Wellcare	Medicaid		6.45	0.3146			6.15	19.48	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Aetna	Better Health		0.31	0.3146			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Aetna	Medicare		0.31	0.308			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Aetna	Commercial		0.38	0.38			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Americare	Americare		0.75	0.75			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		WellPoint	WellPoint		0.32	0.3208			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Consumer	Consumer		0.95	0.95			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Corrections	Corrections		0.8	0.8			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		First Health	First Health		0.7	0.7			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		First Trenton	First Trenton		0.9	0.9			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Horizon	Medicare Blue		0.3	0.3			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Horizon	MCD		0.38	0.3828			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Horizon	Indemnity		0.38	0.3828			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Horizon	NJ Health		0.83	0.83			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Horizon	PPO		0.38	0.3828			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Managed Care Inc	Managed Care Inc		0.9	0.9			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Multiplan	Multiplan		0.8	0.8			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Qualcare	Qualcare		0.75	0.75			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Three Rivers	Three Rivers		0.95	0.95			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		UHC	Medicaid		0.31	0.3146			0.3	0.95	percent of total billed charges	
LACOSAMIDE(VIMPAT) 1MG INJ	C9254	HCPCS	both			1		Wellcare	Medicaid		0.31	0.3146			0.3	0.95	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Aetna	Medicare		1.23	0.308			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Aetna	Better Health		1.26	0.3146			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Aetna	Commercial		1.52	0.38			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Americare	Americare		3	0.75			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		WellPoint	WellPoint		1.28	0.3208			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Consumer	Consumer		3.8	0.95			1.2	3.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Corrections	Corrections		3.2	0.8			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		First Health	First Health		2.8	0.7			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		First Trenton	First Trenton		3.6	0.9			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Horizon	MGD		1.53	0.3828			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Horizon	NJ Health		3.32	0.83			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Horizon	Medicare Blue		1.2	0.3			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Horizon	Indemnity		1.53	0.3828			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Horizon	PPO		1.53	0.3828			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Managed Care Inc	Managed Care Inc		3.6	0.9			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Multiplan	Multiplan		3.2	0.8			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Qualcare	Qualcare		3	0.75			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Three Rivers	Three Rivers		3.8	0.95			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		UHC	Medicaid		1.26	0.3146			1.2	3.8	percent of total billed charges	
BUPIVACAINE LIPOSOME 1MG INJ	C9290	HCPCS	both			4		Wellcare	Medicaid		1.26	0.3146			1.2	3.8	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM IDX3CM	C9352	HCPCS	both			5996		Aetna	Better Health		1886.34	0.3146			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM IDX3CM	C9352	HCPCS	both			5996		Aetna	Medicare		1846.77	0.308			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM IDX3CM	C9352	HCPCS	both			5996		Aetna	Commercial		2278.48	0.38			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM IDX3CM	C9352	HCPCS	both			5996		Americare	Americare		4497	0.75			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM IDX3CM	C9352	HCPCS	both			5996		WellPoint	WellPoint		1923.52	0.3208			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM IDX3CM	C9352	HCPCS	both			5996		Amerihealth	Medicare		1978.68	0.33			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM IDX3CM	C9352	HCPCS	both			5996		Consumer	Consumer		5696.2	0.95			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM IDX3CM	C9352	HCPCS	both			5996		Corrections	Corrections		4796.8	0.8			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM IDX3CM	C9352	HCPCS	both			5996		First Health	First Health		4197.2	0.7			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM IDX3CM	C9352	HCPCS	both			5996		First Trenton	First Trenton		5396.4	0.9			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM IDX3CM	C9352	HCPCS	both			5996		Horizon	NJ Health		2398.4	0.4			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM IDX3CM	C9352	HCPCS	both			5996		Horizon	Indemnity		2295.27	0.3828			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM IDX3CM	C9352	HCPCS	both			5996		Horizon	Medicare Blue		1798.8	0.3			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM IDX3CM	C9352	HCPCS	both			5996		Horizon	PPO		2295.27	0.3828			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM IDX3CM	C9352	HCPCS	both			5996		Horizon	MGD		2295.27	0.3828			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM IDX3CM	C9352	HCPCS	both			5996		Managed Care Inc	Managed Care Inc		5396.4	0.9			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM IDX3CM	C9352	HCPCS	both			5996		Multiplan	Multiplan		4796.8	0.8			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM IDX3CM	C9352	HCPCS	both			5996		Qualcare	Qualcare		2398.4	0.4			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM IDX3CM	C9352	HCPCS	both			5996		Three Rivers	Three Rivers		5696.2	0.95			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM IDX3CM	C9352	HCPCS	both			5996		UHC	Medicaid		1886.34	0.3146			1230.9	5696.2	percent of total billed charges	
NEURAGEN NERVE GUIDE 5MM IDX3CM	C9352	HCPCS	both			5996		Wellcare	Medicaid		1886.34	0.3146			1230.9	5696.2	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	inpatient			5852.43		Aetna	Better Health		1841.17	0.3146			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	inpatient			5852.43		Aetna	Medicare		1802.55	0.308			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	inpatient			5852.43		Aetna	Commercial		2223.92	0.38			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	inpatient			5852.43		Americare	Americare		4389.32	0.75			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	inpatient			5852.43		WellPoint	WellPoint		1877.46	0.3208			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	inpatient			5852.43		Amerihealth	Medicare		1931.3	0.33			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	inpatient			5852.43		Consumer	Consumer		5559.81	0.95			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	inpatient			5852.43		Corrections	Corrections		4681.94	0.8			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	inpatient			5852.43		First Health	First Health		4096.7	0.7			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	inpatient			5852.43		First Trenton	First Trenton		5267.19	0.9			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	inpatient			5852.43		Horizon	Medicare Blue		1755.73	0.3			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	inpatient			5852.43		Horizon	Indemnity		2240.31	0.3828			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	inpatient			5852.43		Horizon	MGD		2240.31	0.3828			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	inpatient			5852.43		Horizon	PPO		2240.31	0.3828			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	inpatient			5852.43		Horizon	NJ Health		2340.97	0.4			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	inpatient			5852.43		Managed Care Inc	Managed Care Inc		5267.19	0.9			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	inpatient			5852.43		Multiplan	Multiplan		4681.94	0.8			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	inpatient			5852.43		Qualcare	Qualcare		2340.97	0.4			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	inpatient			5852.43		Three Rivers	Three Rivers		5559.81	0.95			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	inpatient			5852.43		UHC	Medicaid		1841.17	0.3146			1570.5	5559.81	percent of total billed charges	
PROTECTOR NERVE NEURAWRAP	C9353	HCPCS	inpatient			5852.43		Wellcare	Medicaid		1841.17	0.3146			1570.5	5559.81	percent of total billed charges	
NEUROFLEX 3.0MM X 2.5CM	C9355	HCPCS	inpatient			5273.1		Aetna	Medicare		1624.11	0.308			1247.13	5009.45	percent of total billed charges	
NEUROFLEX 3.0MM X 2.5CM	C9355	HCPCS	inpatient			5273.1		Aetna	Better Health		1658.92	0.3146			1247.13	5009.45	percent of total billed charges	
NEUROFLEX 3.0MM X 2.5CM	C9355	HCPCS	inpatient			5273.1		Aetna	Commercial		2003.78	0.38			1247.13	5009.45	percent of total billed charges	
NEUROFLEX 3.0MM X 2.5CM	C9355	HCPCS	inpatient			5273.1		Americare	Americare		3954.83	0.75			1247.13	5009.45	percent of total billed charges	
NEUROFLEX 3.0MM X 2.5CM	C9355	HCPCS	inpatient			5273.1		WellPoint	WellPoint		1691.61	0.3208			1247.13	5009.45	percent of total billed charges	
NEUROFLEX 3.0MM X 2.5CM	C9355	HCPCS	inpatient			5273.1		Amerihealth	Medicare		1740.12	0.33			1247.13	5009.45	percent of total billed charges	
NEUROFLEX 3.0MM X 2.5CM	C9355	HCPCS	inpatient			5273.1		Consumer	Consumer		5009.45	0.95			1247.13	5009.45	percent of total billed charges	
NEUROFLEX 3.0MM X 2.5CM	C9355	HCPCS	inpatient			5273.1		Corrections	Corrections		4218.48	0.8			1247.13	5009.45	percent of total billed charges	
NEUROFLEX 3.0MM X 2.5CM	C9355	HCPCS	inpatient			5273.1		First Health	First Health		3691.17	0.7			1247.13	5009.45	percent of total billed charges	
NEUROFLEX 3.0MM X 2.5CM	C9355	HCPCS	inpatient			5273.1		First Trenton	First Trenton		4745.79	0.9			1247.13	5009.45	percent of total billed charges	
NEUROFLEX 3.0MM X 2.5CM	C9355	HCPCS	inpatient			5273.1		Horizon	MGD		2018.54	0.3828			1247.13	5009.45	percent of total billed charges	
NEUROFLEX 3.0MM X 2.5CM	C9355	HCPCS	inpatient			5273.1		Horizon	Indemnity		2018.54	0.3828			1247.13	5009.45	percent of total billed charges	
NEUROFLEX 3.0MM X 2.5CM	C9355	HCPCS	inpatient			5273.1		Horizon	NJ Health		2109.24	0.4			1247.13	5009.45	percent of total billed charges	
NEUROFLEX 3.0MM X 2.5CM	C9355	HCPCS	inpatient			5273.1		Horizon	Medicare Blue		1581.93	0.3			1247.13	5009.45	percent of total billed charges	
NEUROFLEX 3.0MM X 2.5CM	C9355	HCPCS	inpatient			5273.1		Horizon	PPO		2018.54	0.3828			1247.13	5009.45	percent of total billed charges	
NEUROFLEX 3.0MM X 2.5CM	C9355	HCPCS	inpatient			5273.1		Managed Care Inc	Managed Care Inc		4745.79	0.9			1247.13	5009.45	percent of total billed charges	
NEUROFLEX 3.0MM X 2.5CM	C9355	HCPCS	inpatient			5273.1		Multiplan	Multiplan		4218.48	0.8			1247.13	5009.45	percent of total billed charges	
NEUROFLEX 3.0MM X 2.5CM	C9355	HCPCS	inpatient			5273.1		Qualcare	Qualcare		2109.24	0.4			1247.13	5009.45	percent of total billed charges	
NEUROFLEX 3.0MM X 2.5CM	C9355	HCPCS	inpatient			5273.1		Three Rivers	Three Rivers		5009.45	0.95			1247.13	5009.45	percent of total billed charges	
NEUROFLEX 3.0MM X 2.5CM	C9355	HCPCS	inpatient			5273.1		UHC	Medicaid		1658.92	0.3146			1247.13	5009.45	percent of total billed charges	
NEUROFLEX 3.0MM X 2.5CM	C9355	HCPCS	inpatient			5273.1		Wellcare	Medicaid		1658.92	0.3146			1247.13	5009.45	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Aetna	Better Health		1529.9	0.3146			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Aetna	Medicare		1497.8	0.308			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Aetna	Commercial		1847.94	0.38			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Americare	Americare		3647.25	0.75			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		WellPoint	WellPoint		1560.05	0.3208			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Amerihealth	Medicare		1604.79	0.33			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Consumer	Consumer		4619.85	0.95			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Corrections	Corrections		3890.4	0.8			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		First Health	First Health		3404.1	0.7			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		First Trenton	First Trenton		4376.7	0.9			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Horizon	MGD		1861.56	0.3828			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Horizon	Medicare Blue		1458.9	0.3			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Horizon	PPO		1861.56	0.3828			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Horizon	Indemnity		1861.56	0.3828			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Managed Care Inc	Managed Care Inc		4376.7	0.9			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Multiplan	Multiplan		3890.4	0.8			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Qualcare	Qualcare		3647.25	0.75			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Three Rivers	Three Rivers		4619.85	0.95			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		UHC	Medicaid		1529.9	0.3146			1458.9	4619.85	percent of total billed charges	
SHEATH TENOGLIDE 2 INCH X 2 INCH	C9356	HCPCS	outpatient			4863		Wellcare	Medicaid		1529.9	0.3146			1458.9	4619.85	percent of total billed charges	
NEUROMEND COLLAGEN MATRIX SCM X 12MM	C9361	HCPCS	outpatient			5085		Aetna	Better Health		1599.74	0.3146			404.6	4830.75	percent of total billed charges	
NEUROMEND COLLAGEN MATRIX SCM X 12MM	C9361	HCPCS	outpatient			5085		Aetna	Medicare		1566.18	0.308			404.6	4830.75	percent of total billed charges	
NEUROMEND COLLAGEN MATRIX SCM X 12MM	C9361	HCPCS	outpatient			5085		Aetna	Commercial		1932.3	0.38			404.6	4830.75	percent of total billed charges	
NEUROMEND COLLAGEN MATRIX SCM X 12MM	C9361	HCPCS	outpatient			5085		Americare	Americare		3813.75	0.75			404.6	4830.75	percent of total billed charges	
NEUROMEND COLLAGEN MATRIX SCM X 12MM	C9361	HCPCS	outpatient			5085		WellPoint	WellPoint		1631.27	0.3208			404.6	4830.75	percent of total billed charges	
NEUROMEND COLLAGEN MATRIX SCM X 12MM	C9361	HCPCS	outpatient			5085		Amerihealth	Medicare		1678.05	0.33			404.6	4830.75	percent of total billed charges	
NEUROMEND COLLAGEN MATRIX SCM X 12MM	C9361	HCPCS	outpatient			5085		Consumer	Consumer		4830.75	0.95			404.6	4830.75	percent of total billed charges	
NEUROMEND COLLAGEN MATRIX SCM X 12MM	C9361	HCPCS	outpatient			5085		Corrections	Corrections		4068	0.8			404.6	4830.75	percent of total billed charges	
NEUROMEND COLLAGEN MATRIX SCM X 12MM	C9361	HCPCS	outpatient			5085		First Health	First Health		3559.5	0.7			404.6	4830.75	percent of total billed charges	
NEUROMEND COLLAGEN MATRIX SCM X 12MM	C9361	HCPCS	outpatient			5085		First Trenton	First Trenton		4576.5	0.9			404.6	4830.75	percent of total billed charges	
NEUROMEND COLLAGEN MATRIX SCM X 12MM	C9361	HCPCS	outpatient			5085		Horizon	Medicare Blue		1525.5	0.3			404.6	4830.75	percent of total billed charges	
NEUROMEND COLLAGEN MATRIX SCM X 12MM	C9361	HCPCS	outpatient			5085		Horizon	Indemnity		1946.54	0.3828			404.6	4830.75	percent of total billed charges	
NEUROMEND COLLAGEN MATRIX SCM X 12MM	C9361	HCPCS	outpatient			5085		Horizon	NJ Health		508.5	0.1			404.6	4830.75	percent of total billed charges	
NEUROMEND COLLAGEN MATRIX SCM X 12MM	C9361	HCPCS	outpatient			5085		Horizon	MGD		1946.54	0.3828			404.6	4830.75	percent of total billed charges	
NEUROMEND COLLAGEN MATRIX SCM X 12MM	C9361	HCPCS	outpatient			5085		Horizon	PPO		1946.54	0.3828			404.6	4830.75	percent of total billed charges	
NEUROMEND COLLAGEN MATRIX SCM X 12MM	C9361	HCPCS	outpatient			5085		Managed Care Inc	Managed Care Inc		4576.5	0.9			404.6	4830.75	percent of total billed charges	
NEUROMEND COLLAGEN MATRIX SCM X 12MM	C9361	HCPCS	outpatient			5085		Multiplan	Multiplan		4068	0.8			404.6	4830.75	percent of total billed charges	
NEUROMEND COLLAGEN MATRIX SCM X 12MM	C9361	HCPCS	outpatient			5085		Qualcare	Qualcare		3813.75	0.75			404.6	4830.75	percent of total billed charges	
NEUROMEND COLLAGEN MATRIX SCM X 12MM	C9361	HCPCS	outpatient			5085		Three Rivers	Three Rivers		4830.75	0.95			404.6	4830.75	percent of total billed charges	
NEUROMEND COLLAGEN MATRIX SCM X 12MM	C9361	HCPCS	outpatient			5085		UHC	Medicaid		1599.74	0.3146			404.6	4830.75	percent of total billed charges	
NEUROMEND COLLAGEN MATRIX SCM X 12MM	C9361	HCPCS	outpatient			5085		Wellcare	Medicaid		1599.74	0.3146			404.6	4830.75	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Aetna	Better Health		26039.76	0.3146			321.3	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Aetna	Commercial		31452.98	0.38			321.3	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Aetna	Medicare		25493.47	0.308			321.3	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Americare	Americare		62078.25	0.75			321.3	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		WellPoint	WellPoint		26552.94	0.3208			321.3	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Amerihealth	Medicare		27314.43	0.33			321.3	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Consumer	Consumer		78632.45	0.95			321.3	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Corrections	Corrections		66216.8	0.8			321.3	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		First Health	First Health		57939.7	0.7			321.3	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		First Trenton	First Trenton		74493.9	0.9			321.3	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Horizon	Medicare Blue		24831.3	0.3			321.3	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Horizon	NJ Health		8277.1	0.1			321.3	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Horizon	MGD		31684.74	0.3828			321.3	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Horizon	Indemnity		31684.74	0.3828			321.3	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Horizon	PPO		31684.74	0.3828			321.3	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Managed Care Inc	Managed Care Inc		74493.9	0.9			321.3	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Multiplan	Multiplan		66216.8	0.8			321.3	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Qualcare	Qualcare		62078.25	0.75			321.3	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Three Rivers	Three Rivers		78632.45	0.95			321.3	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		UHC	Medicaid		26039.76	0.3146			321.3	78632.45	percent of total billed charges	
PERMACOL 5X10X1CM	C9364	HCPCS	outpatient			82771		Wellcare	Medicaid		26039.76	0.3146			321.3	78632.45	percent of total billed charges	
TERLIPRESSIN 0.85 MG INJ	C9399	HCPCS	outpatient			18852		Aetna	Medicare		5806.42	0.308			668.4	17909.4	percent of total billed charges	
TERLIPRESSIN 0.85 MG INJ	C9399	HCPCS	outpatient			18852		Aetna	Better Health		5930.84	0.3146			668.4	17909.4	percent of total billed charges	
TERLIPRESSIN 0.85 MG INJ	C9399	HCPCS	outpatient			18852		Aetna	Commercial		7163.76	0.38			668.4	17909.4	percent of total billed charges	
TERLIPRESSIN 0.85 MG INJ	C9399	HCPCS	outpatient			18852		Americare	Americare		14139	0.75			668.4	17909.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TERLIPRESSIN 0.85 MG INJ	C9399	HCPCS	outpatient			18852		WellPoint	WellPoint		6047.72	0.3208			668.4	17909.4	percent of total billed charges	
SEALANT EXACT SPINE DSEAL 5 ML	C9399	HCPCS	outpatient			18852		Amerihealth	Medicare		6221.16	0.33			668.4	17909.4	percent of total billed charges	
TERLIPRESSIN 0.85 MG INJ	C9399	HCPCS	outpatient			18852		Consumer	Consumer		17909.4	0.95			668.4	17909.4	percent of total billed charges	
TERLIPRESSIN 0.85 MG INJ	C9399	HCPCS	outpatient			18852		Corrections	Corrections		15081.6	0.8			668.4	17909.4	percent of total billed charges	
TERLIPRESSIN 0.85 MG INJ	C9399	HCPCS	outpatient			18852		First Health	First Health		13196.4	0.7			668.4	17909.4	percent of total billed charges	
TERLIPRESSIN 0.85 MG INJ	C9399	HCPCS	outpatient			18852		First Trenton	First Trenton		16966.8	0.9			668.4	17909.4	percent of total billed charges	
TERLIPRESSIN 0.85 MG INJ	C9399	HCPCS	outpatient			18852		Horizon	PPO		7216.55	0.3828			668.4	17909.4	percent of total billed charges	
TERLIPRESSIN 0.85 MG INJ	C9399	HCPCS	outpatient			18852		Horizon	MGD		7216.55	0.3828			668.4	17909.4	percent of total billed charges	
TERLIPRESSIN 0.85 MG INJ	C9399	HCPCS	outpatient			18852		Horizon	Indemnity		7216.55	0.3828			668.4	17909.4	percent of total billed charges	
TERLIPRESSIN 0.85 MG INJ	C9399	HCPCS	outpatient			2228		Horizon	NJ Health		1849.24	0.83			668.4	17909.4	percent of total billed charges	
TERLIPRESSIN 0.85 MG INJ	C9399	HCPCS	outpatient			18852		Horizon	Medicare Blue		5655.6	0.3			668.4	17909.4	percent of total billed charges	
TERLIPRESSIN 0.85 MG INJ	C9399	HCPCS	outpatient			18852		Managed Care Inc	Managed Care Inc		16966.8	0.9			668.4	17909.4	percent of total billed charges	
TERLIPRESSIN 0.85 MG INJ	C9399	HCPCS	outpatient			18852		Multiplan	Multiplan		15081.6	0.8			668.4	17909.4	percent of total billed charges	
TERLIPRESSIN 0.85 MG INJ	C9399	HCPCS	outpatient			18852		Qualcare	Qualcare		14139	0.75			668.4	17909.4	percent of total billed charges	
TERLIPRESSIN 0.85 MG INJ	C9399	HCPCS	outpatient			18852		Three Rivers	Three Rivers		17909.4	0.95			668.4	17909.4	percent of total billed charges	
TERLIPRESSIN 0.85 MG INJ	C9399	HCPCS	outpatient			18852		UHC	Medicaid		5930.84	0.3146			668.4	17909.4	percent of total billed charges	
TERLIPRESSIN 0.85 MG INJ	C9399	HCPCS	outpatient			18852		Wellcare	Medicaid		5930.84	0.3146			668.4	17909.4	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Aetna	Commercial		39.58	1.592			13.53	45.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Aetna	Better Health		13.53	0.3146			13.53	45.42	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Aetna	Medicare		24.86	1			13.53	45.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Americare	Americare		32.25	0.75			13.53	45.42	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	WellPoint	WellPoint		13.79	0.3208			13.53	45.42	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Amerihealth	Medicare		24.86	1			13.53	45.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Consumer	Consumer		40.85	0.95			13.53	45.42	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Corrections	Corrections		34.4	0.8			13.53	45.42	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	First Health	First Health		30.1	0.7			13.53	45.42	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	First Trenton	First Trenton		38.7	0.9			13.53	45.42	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Horizon	MGD		45.42	1.827			13.53	45.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Horizon	Medicare Blue		24.86	1			13.53	45.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Horizon	Indemnity		45.42	1.827			13.53	45.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Horizon	PPO		45.42	1.827			13.53	45.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Horizon	NJ Health		35.69	0.83			13.53	45.42	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Managed Care Inc	Managed Care Inc		38.7	0.9			13.53	45.42	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Multiplan	Multiplan		34.4	0.8			13.53	45.42	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Qualcare	Qualcare		32.25	0.75			13.53	45.42	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Three Rivers	Three Rivers		40.85	0.95			13.53	45.42	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	UHC	Medicare		24.86	1			13.53	45.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	UHC	Medicaid		13.53	0.3146			13.53	45.42	percent of total billed charges	
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Wellcare	Medicare		24.86	1			13.53	45.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOTALOL 1MG INJ	C9482	HCPCS	outpatient			43	28.59	Wellcare	Medicaid		13.53	0.3146			13.53	45.42	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Aetna	Better Health		44.52	0.3146			44.52	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Aetna	Medicare		56.7	1			44.52	134.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Aetna	Commercial		90.27	1.592			44.52	134.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Americare	Americare		106.13	0.75			44.52	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	WellPoint	WellPoint		45.39	0.3208			44.52	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Amerihealth	Medicare		56.7	1			44.52	134.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Consumer	Consumer		134.43	0.95			44.52	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Corrections	Corrections		113.2	0.8			44.52	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	First Health	First Health		99.05	0.7			44.52	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	First Trenton	First Trenton		127.35	0.9			44.52	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Horizon	MGD		103.59	1.827			44.52	134.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Horizon	Medicare Blue		56.7	1			44.52	134.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Horizon	NJ Health		117.45	0.83			44.52	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Horizon	Indemnity		103.59	1.827			44.52	134.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Horizon	PPO		103.59	1.827			44.52	134.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Managed Care Inc	Managed Care Inc		127.35	0.9			44.52	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Multiplan	Multiplan		113.2	0.8			44.52	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Qualcare	Qualcare		106.13	0.75			44.52	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Three Rivers	Three Rivers		134.43	0.95			44.52	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	UHC	Medicaid		44.52	0.3146			44.52	134.43	percent of total billed charges	
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	UHC	Medicare		56.7	1			44.52	134.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Wellcare	Medicare		56.7	1			44.52	134.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONIVAPTAN 1 MG INJ	C9488	HCPCS	outpatient			141.5	65.21	Wellcare	Medicaid		44.52	0.3146			44.52	134.43	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Aetna	Commercial		20030.13	1.592			11610.31	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Aetna	Better Health		11610.31	0.3146			11610.31	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Aetna	Medicare		12581.74	1			11610.31	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Americare	Americare		27678.75	0.75			11610.31	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	WellPoint	WellPoint		11839.12	0.3208			11610.31	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Amerihealth	Medicare		12581.74	1			11610.31	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Consumer	Consumer		35059.75	0.95			11610.31	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Corrections	Corrections		29524	0.8			11610.31	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	First Health	First Health		25833.5	0.7			11610.31	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	First Trenton	First Trenton		33214.5	0.9			11610.31	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Horizon	MGD		22986.84	1.827			11610.31	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Horizon	Indemnity		22986.84	1.827			11610.31	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Horizon	PPO		22986.84	1.827			11610.31	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Horizon	Medicare Blue		12581.74	1			11610.31	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Managed Care Inc	Managed Care Inc		33214.5	0.9			11610.31	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Multiplan	Multiplan		29524	0.8			11610.31	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Qualcare	Qualcare		27678.75	0.75			11610.31	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Three Rivers	Three Rivers		35059.75	0.95			11610.31	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	UHC	Medicare		12581.74	1			11610.31	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	UHC	Medicaid		11610.31	0.3146			11610.31	35059.75	percent of total billed charges	
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Wellcare	Medicare		12581.74	1			11610.31	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC DRUG-EL COR STENT SING	C9600	HCPCS	both			36905	14469	Wellcare	Medicaid		11610.31	0.3146			11610.31	35059.75	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Aetna	Medicare		11138.51	0.308			10849.2	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Aetna	Better Health		11377.19	0.3146			10849.2	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Aetna	Commercial		13742.32	0.38			10849.2	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Americare	Americare		27123	0.75			10849.2	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		WellPoint	WellPoint		11501.41	0.3208			10849.2	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Consumer	Consumer		34355.8	0.95			10849.2	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Corrections	Corrections		28931.2	0.8			10849.2	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		First Health	First Health		25314.8	0.7			10849.2	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		First Trenton	First Trenton		32547.6	0.9			10849.2	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Horizon	MGD		13843.58	0.3828			10849.2	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Horizon	Medicare Blue		10849.2	0.3			10849.2	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Horizon	Indemnity		13843.58	0.3828			10849.2	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Horizon	PPO		13843.58	0.3828			10849.2	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Managed Care Inc	Managed Care Inc		32547.6	0.9			10849.2	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Multiplan	Multiplan		28931.2	0.8			10849.2	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Qualcare	Qualcare		27123	0.75			10849.2	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Three Rivers	Three Rivers		34355.8	0.95			10849.2	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		UHC	Medicaid		11377.19	0.3146			10849.2	34355.8	percent of total billed charges	
PERC TRNSCTH PLC DRUG-ELUT INTRACOR STE	C9601	HCPCS	both			36164		Wellcare	Medicaid		11377.19	0.3146			10849.2	34355.8	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Aetna	Better Health		11610.31	0.3146			11610.31	36639.48	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Aetna	Commercial		31926.68	1.592			11610.31	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Aetna	Medicare		20054.45	1			11610.31	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Americare	Americare		27678.75	0.75			11610.31	36639.48	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	WellPoint	WellPoint		11839.12	0.3208			11610.31	36639.48	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Amerihealth	Medicare		20054.45	1			11610.31	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Consumer	Consumer		35059.75	0.95			11610.31	36639.48	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Corrections	Corrections		29524	0.8			11610.31	36639.48	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	First Health	First Health		25833.5	0.7			11610.31	36639.48	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	First Trenton	First Trenton		33214.5	0.9			11610.31	36639.48	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Horizon	MGD		36639.48	1.827			11610.31	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Horizon	Indemnity		36639.48	1.827			11610.31	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Horizon	PPO		36639.48	1.827			11610.31	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Horizon	Medicare Blue		20054.45	1			11610.31	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Managed Care Inc	Managed Care Inc		33214.5	0.9			11610.31	36639.48	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Multiplan	Multiplan		29524	0.8			11610.31	36639.48	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Qualcare	Qualcare		27678.75	0.75			11610.31	36639.48	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Three Rivers	Three Rivers		35059.75	0.95			11610.31	36639.48	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	UHC	Medicaid		11610.31	0.3146			11610.31	36639.48	percent of total billed charges	
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	UHC	Medicare		20054.45	1			11610.31	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Wellcare	Medicare		20054.45	1			11610.31	36639.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC D-E COR STENT ATHER S	C9602	HCPCS	both			36905	23062.62	Wellcare	Medicaid		11610.31	0.3146			11610.31	36639.48	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Aetna	Better Health		21123.19	0.3146			20142.9	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Aetna	Commercial		25514.34	0.38			20142.9	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Aetna	Medicare		20680.04	0.308			20142.9	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Americare	Americare		50357.25	0.75			20142.9	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		WellPoint	WellPoint		21539.47	0.3208			20142.9	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Consumer	Consumer		63785.85	0.95			20142.9	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Corrections	Corrections		53714.4	0.8			20142.9	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		First Health	First Health		47000.1	0.7			20142.9	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		First Trenton	First Trenton		60428.7	0.9			20142.9	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Horizon	MGD		25702.34	0.3828			20142.9	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Horizon	Indemnity		25702.34	0.3828			20142.9	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Horizon	Medicare Blue		20142.9	0.3			20142.9	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Horizon	PPO		25702.34	0.3828			20142.9	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Managed Care Inc	Managed Care Inc		60428.7	0.9			20142.9	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Multiplan	Multiplan		53714.4	0.8			20142.9	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Qualcare	Qualcare		50357.25	0.75			20142.9	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Three Rivers	Three Rivers		63785.85	0.95			20142.9	63785.85	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		UHC	Medicaid		21123.19	0.3146			20142.9	63785.85	percent of total billed charges	
PERC ATHERECTOMY W DRUG ELUTING STENT	C9603	HCPCS	outpatient			67143		Wellcare	Medicaid		21123.19	0.3146			20142.9	63785.85	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905		14469 Aetna	Better Health		11610.31	0.3146			11605.59	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905		14469 Aetna	Commercial		20030.13	1.592			11605.59	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905		14469 Aetna	Medicare		12581.74	1			11605.59	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905		14469 Americare	Americare		27678.75	0.75			11605.59	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905		14469 WellPoint	WellPoint		11839.12	0.3208			11605.59	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905		14469 Amerihealth	Medicare		12581.74	1			11605.59	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905		14469 Consumer	Consumer		35059.75	0.95			11605.59	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905		14469 Corrections	Corrections		29524	0.8			11605.59	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905		14469 First Health	First Health		25833.5	0.7			11605.59	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905		14469 First Trenton	First Trenton		33214.5	0.9			11605.59	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905		14469 Horizon	MGD		22986.84	1.827			11605.59	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905		14469 Horizon	Indemnity		22986.84	1.827			11605.59	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905		14469 Horizon	Medicare Blue		12581.74	1			11605.59	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905		14469 Horizon	PPO		22986.84	1.827			11605.59	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905		14469 Managed Care Inc	Managed Care Inc		33214.5	0.9			11605.59	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905		14469 Multiplan	Multiplan		29524	0.8			11605.59	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905		14469 Qualcare	Qualcare		27678.75	0.75			11605.59	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905		14469 Three Rivers	Three Rivers		35059.75	0.95			11605.59	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905		14469 UHC	Medicare		12581.74	1			11605.59	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905		14469 UHC	Medicaid		11610.31	0.3146			11605.59	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905		14469 Wellcare	Medicaid		11610.31	0.3146			11605.59	35059.75	percent of total billed charges	
PERC TRANSLUM REVASC COR ART BYPASS GRAF	C9604	HCPCS	both			36905		14469 Wellcare	Medicare		12581.74	1			11605.59	35059.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	inpatient			67143		Aetna	Medicare		20680.04	0.308			20142.9	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	inpatient			67143		Aetna	Better Health		21123.19	0.3146			20142.9	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	inpatient			67143		Aetna	Commercial		25514.34	0.38			20142.9	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	inpatient			67143		Americare	Americare		50357.25	0.75			20142.9	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	inpatient			67143		WellPoint	WellPoint		21539.47	0.3208			20142.9	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	inpatient			67143		Consumer	Consumer		63785.85	0.95			20142.9	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	inpatient			67143		Corrections	Corrections		53714.4	0.8			20142.9	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	inpatient			67143		First Health	First Health		47000.1	0.7			20142.9	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	inpatient			67143		First Trenton	First Trenton		60428.7	0.9			20142.9	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	inpatient			67143		Horizon	PPO		25702.34	0.3828			20142.9	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	inpatient			67143		Horizon	MGD		25702.34	0.3828			20142.9	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	inpatient			67143		Horizon	Indemnity		25702.34	0.3828			20142.9	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	inpatient			67143		Horizon	Medicare Blue		20142.9	0.3			20142.9	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	inpatient			67143		Managed Care Inc	Managed Care Inc		60428.7	0.9			20142.9	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	inpatient			67143		Multiplan	Multiplan		53714.4	0.8			20142.9	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	inpatient			67143		Qualcare	Qualcare		50357.25	0.75			20142.9	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	inpatient			67143		Three Rivers	Three Rivers		63785.85	0.95			20142.9	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	inpatient			67143		UHC	Medicaid		21123.19	0.3146			20142.9	63785.85	percent of total billed charges	
PERQ TRANSL REVASC ACUTE TOTAL OCCL MY	C9606	HCPCS	inpatient			67143		Wellcare	Medicaid		21123.19	0.3146			20142.9	63785.85	percent of total billed charges	
RVSCLR ENDO OPN/PERC LOW EXT	C9764	HCPCS	both			38675		14469 Aetna	Better Health		12167.16	0.3146			3867.5	36741.25	percent of total billed charges	
RVSCLR ENDO OPN/PERC LOW EXT	C9764	HCPCS	both			38675		14469 Aetna	Medicare		12581.74	1			3867.5	36741.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVSCLR ENDO OPN/PERC LOW EXT	C9764	HCPCS	both			38675		14469 Aetna	Commercial		20030.13	1.592			3867.5	36741.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVSCLR ENDO OPN/PERC LOW EXT	C9764	HCPCS	both			38675		14469 Americare	Americare		29006.25	0.75			3867.5	36741.25	percent of total billed charges	
RVSCLR ENDO OPN/PERC LOW EXT	C9764	HCPCS	both			38675		14469 WellPoint	WellPoint		12406.94	0.3208			3867.5	36741.25	percent of total billed charges	
RVSCLR ENDO OPN/PERC LOW EXT	C9764	HCPCS	both			38675		14469 Amerihealth	Medicare		12581.74	1			3867.5	36741.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVSCLR ENDO OPN/PERC LOW EXT	C9764	HCPCS	both			38675		14469 Consumer	Consumer		36741.25	0.95			3867.5	36741.25	percent of total billed charges	
RVSCLR ENDO OPN/PERC LOW EXT	C9764	HCPCS	both			38675		14469 Corrections	Corrections		30940	0.8			3867.5	36741.25	percent of total billed charges	
RVSCLR ENDO OPN/PERC LOW EXT	C9764	HCPCS	both			38675		14469 First Health	First Health		27072.5	0.7			3867.5	36741.25	percent of total billed charges	
RVSCLR ENDO OPN/PERC LOW EXT	C9764	HCPCS	both			38675		14469 First Trenton	First Trenton		34807.5	0.9			3867.5	36741.25	percent of total billed charges	
RVSCLR ENDO OPN/PERC LOW EXT	C9764	HCPCS	both			38675		14469 Horizon	Medicare Blue		12581.74	1			3867.5	36741.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVSCLR ENDO OPN/PERC LOW EXT	C9764	HCPCS	both			38675		14469 Horizon	Indemnity		22986.84	1.827			3867.5	36741.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVSCLR ENDO OPN/PERC LOW EXT	C9764	HCPCS	both			38675		14469 Horizon	NJ Health		3867.5	0.1			3867.5	36741.25	percent of total billed charges	
RVSCLR ENDO OPN/PERC LOW EXT	C9764	HCPCS	both			38675		14469 Horizon	MGD		22986.84	1.827			3867.5	36741.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVSCLR ENDO OPN/PERC LOW EXT	C9764	HCPCS	both			38675		14469 Horizon	PPO		22986.84	1.827			3867.5	36741.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVSCLR ENDO OPN/PERC LOW EXT	C9764	HCPCS	both			38675		14469 Managed Care Inc	Managed Care Inc		34807.5	0.9			3867.5	36741.25	percent of total billed charges	
RVSCLR ENDO OPN/PERC LOW EXT	C9764	HCPCS	both			38675		14469 Multiplan	Multiplan		30940	0.8			3867.5	36741.25	percent of total billed charges	
RVSCLR ENDO OPN/PERC LOW EXT	C9764	HCPCS	both			38675		14469 Qualcare	Qualcare		29006.25	0.75			3867.5	36741.25	percent of total billed charges	
RVSCLR ENDO OPN/PERC LOW EXT	C9764	HCPCS	both			38675		14469 Three Rivers	Three Rivers		36741.25	0.95			3867.5	36741.25	percent of total billed charges	
RVSCLR ENDO OPN/PERC LOW EXT	C9764	HCPCS	both			38675		14469 UHC	Medicare		12581.74	1			3867.5	36741.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVSCLR ENDO OPN/PERC LOW EXT	C9764	HCPCS	both			38675		14469 UHC	Medicaid		12167.16	0.3146			3867.5	36741.25	percent of total billed charges	
RVSCLR ENDO OPN/PERC LOW EXT	C9764	HCPCS	both			38675		14469 Wellcare	Medicare		12581.74	1			3867.5	36741.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVSCLR ENDO OPN/PERC LOW EXT	C9764	HCPCS	both			38675		14469 Wellcare	Medicaid		12167.16	0.3146			3867.5	36741.25	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108		13538.55 Aetna	Better Health		10415.78	0.3146			10415.78	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108		13538.55 Aetna	Commercial		18742.06	1.592			10415.78	31452.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108		13538.55 Aetna	Medicare		11772.65	1			10415.78	31452.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108		13538.55 Americare	Americare		24831	0.75			10415.78	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108		13538.55 WellPoint	WellPoint		10621.05	0.3208			10415.78	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108		13538.55 Amerihealth	Medicare		11772.65	1			10415.78	31452.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108		13538.55 Consumer	Consumer		31452.6	0.95			10415.78	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108		13538.55 Corrections	Corrections		26486.4	0.8			10415.78	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108		13538.55 First Health	First Health		23175.6	0.7			10415.78	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108		13538.55 First Trenton	First Trenton		29797.2	0.9			10415.78	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108		13538.55 Horizon	MGD		21508.63	1.827			10415.78	31452.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108		13538.55 Horizon	Medicare Blue		11772.65	1			10415.78	31452.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108		13538.55 Horizon	Indemnity		21508.63	1.827			10415.78	31452.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108		13538.55 Horizon	PPO		21508.63	1.827			10415.78	31452.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108		13538.55 Managed Care Inc	Managed Care Inc		29797.2	0.9			10415.78	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108		13538.55 Multiplan	Multiplan		26486.4	0.8			10415.78	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108		13538.55 Qualcare	Qualcare		24831	0.75			10415.78	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108		13538.55 Three Rivers	Three Rivers		31452.6	0.95			10415.78	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108		13538.55 UHC	Medicare		11772.65	1			10415.78	31452.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108		13538.55 UHC	Medicaid		10415.78	0.3146			10415.78	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108		13538.55 Wellcare	Medicaid		10415.78	0.3146			10415.78	31452.6	percent of total billed charges	
ENDO SLV GASTROPLASTY W/EGD	C9784	HCPCS	outpatient			33108		13538.55 Wellcare	Medicare		11772.65	1			10415.78	31452.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110		173.86 Aetna	Better Health		34.61	0.3146			34.61	276.21	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110		173.86 Aetna	Commercial		240.68	1.592			34.61	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110		173.86 Aetna	Medicare		151.18	1			34.61	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110		173.86 Americare	Americare		82.5	0.75			34.61	276.21	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110		173.86 WellPoint	WellPoint		35.29	0.3208			34.61	276.21	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110		173.86 Amerihealth	Medicare		151.18	1			34.61	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110		173.86 Consumer	Consumer		104.5	0.95			34.61	276.21	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110		173.86 Corrections	Corrections		88	0.8			34.61	276.21	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110		173.86 First Health	First Health		77	0.7			34.61	276.21	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110		173.86 First Trenton	First Trenton		99	0.9			34.61	276.21	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110		173.86 Horizon	PPO		276.21	1.827			34.61	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110		173.86 Horizon	MGD		276.21	1.827			34.61	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110		173.86 Horizon	Indemnity		276.21	1.827			34.61	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110		173.86 Horizon	Medicare Blue		151.18	1			34.61	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110		173.86 Managed Care Inc	Managed Care Inc		99	0.9			34.61	276.21	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110		173.86 Multiplan	Multiplan		88	0.8			34.61	276.21	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110		173.86 Qualcare	Qualcare		82.5	0.75			34.61	276.21	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110		173.86 Three Rivers	Three Rivers		104.5	0.95			34.61	276.21	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110		173.86 UHC	Medicare		151.18	1			34.61	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110		173.86 UHC	Medicaid		34.61	0.3146			34.61	276.21	percent of total billed charges	
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110		173.86 Wellcare	Medicare		151.18	1			34.61	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODIC ORAL EXAMINATION	D0120	HCPCS	outpatient			110		173.86 Wellcare	Medicaid		34.61	0.3146			34.61	276.21	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	both			161		173.86 Aetna	Commercial		240.68	1.592			38.07	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	both			161		173.86 Aetna	Better Health		50.65	0.3146			38.07	276.21	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	both			161		173.86 Aetna	Medicare		151.18	1			38.07	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	both			161		173.86 Americare	Americare		120.75	0.75			38.07	276.21	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	both			161		173.86 WellPoint	WellPoint		51.65	0.3208			38.07	276.21	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	both			161		173.86 Amerihealth	Medicare		151.18	1			38.07	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	both			161		173.86 Consumer	Consumer		152.95	0.95			38.07	276.21	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	both			161		173.86 Corrections	Corrections		128.8	0.8			38.07	276.21	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	both			161		173.86 First Health	First Health		112.7	0.7			38.07	276.21	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	both			161		173.86 First Trenton	First Trenton		144.9	0.9			38.07	276.21	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	both			161		173.86 Horizon	MGD		276.21	1.827			38.07	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	both			161		173.86 Horizon	Indemnity		276.21	1.827			38.07	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	both			161		173.86 Horizon	PPO		276.21	1.827			38.07	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	both			161		173.86 Horizon	Medicare Blue		151.18	1			38.07	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	both			161		173.86 Managed Care Inc	Managed Care Inc		144.9	0.9			38.07	276.21	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	both			161		173.86 Multiplan	Multiplan		128.8	0.8			38.07	276.21	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	both			161		173.86 Qualcare	Qualcare		120.75	0.75			38.07	276.21	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	both			161		173.86 Three Rivers	Three Rivers		152.95	0.95			38.07	276.21	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	both			161		173.86 UHC	Medicare		151.18	1			38.07	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	both			161		173.86 UHC	Medicaid		50.65	0.3146			38.07	276.21	percent of total billed charges	
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	both			161		173.86 Wellcare	Medicare		151.18	1			38.07	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LIMITED ORAL EVAL/PROB FOCUS	D0140	HCPCS	both			161		173.86 Wellcare	Medicaid		50.65	0.3146			38.07	276.21	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Aetna	Commercial		58.14	0.38			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Aetna	Better Health		48.13	0.3146			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Aetna	Medicare		47.12	0.308			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Americare	Americare		114.75	0.75			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		WellPoint	WellPoint		49.08	0.3208			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Consumer	Consumer		145.35	0.95			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Corrections	Corrections		122.4	0.8			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		First Health	First Health		107.1	0.7			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		First Trenton	First Trenton		137.7	0.9			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Horizon	MGD		58.57	0.3828			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Horizon	PPO		58.57	0.3828			45.9	145.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Horizon	Indemnity		58.57	0.3828			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Horizon	Medicare Blue		45.9	0.3			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Managed Care Inc	Managed Care Inc		137.7	0.9			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Multiplan	Multiplan		122.4	0.8			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Qualcare	Qualcare		114.75	0.75			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Three Rivers	Three Rivers		146.35	0.95			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		UHC	Medicaid		48.13	0.3146			45.9	145.35	percent of total billed charges	
ORAL EVAL<3 YEARS	D0145	HCPCS	outpatient			153		Wellcare	Medicaid		48.13	0.3146			45.9	145.35	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Aetna	Medicare		151.18	1			151.18	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Aetna	Commercial		240.68	1.592			151.18	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Aetna	Better Health		1717.09	0.3146			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Americare	Americare		4093.5	0.75			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 WellPoint	WellPoint		1750.93	0.3208			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Amerihealth	Medicare		151.18	1			151.18	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Consumer	Consumer		5185.1	0.95			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Corrections	Corrections		4366.4	0.8			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 First Health	First Health		3820.6	0.7			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 First Trenton	First Trenton		4912.2	0.9			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Horizon	PPO		276.21	1.827			151.18	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Horizon	Medicare Blue		151.18	1			151.18	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Horizon	Indemnity		276.21	1.827			151.18	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Horizon	MGD		276.21	1.827			151.18	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Managed Care Inc	Managed Care Inc		4912.2	0.9			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Multiplan	Multiplan		4366.4	0.8			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Qualcare	Qualcare		4093.5	0.75			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Three Rivers	Three Rivers		5185.1	0.95			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 UHC	Medicare		151.18	1			151.18	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 UHC	Medicaid		1717.09	0.3146			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Wellcare	Medicaid		1717.09	0.3146			151.18	5185.1	percent of total billed charges	
COMPREHENS ORAL EVALUATION	D0150	HCPCS	outpatient			5458		173.86 Wellcare	Medicare		151.18	1			151.18	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL EVAL DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Aetna	Medicare		151.18	1			108.85	328.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL EVAL DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Aetna	Better Health		108.85	0.3146			108.85	328.7	percent of total billed charges	
ORAL EVAL DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Aetna	Commercial		240.68	1.592			108.85	328.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL EVAL DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Americare	Americare		259.5	0.75			108.85	328.7	percent of total billed charges	
ORAL EVAL DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 WellPoint	WellPoint		111	0.3208			108.85	328.7	percent of total billed charges	
ORAL EVAL DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Amerihealth	Medicare		151.18	1			108.85	328.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL EVAL DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Consumer	Consumer		328.7	0.95			108.85	328.7	percent of total billed charges	
ORAL EVAL DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Corrections	Corrections		276.8	0.8			108.85	328.7	percent of total billed charges	
ORAL EVAL DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 First Health	First Health		242.2	0.7			108.85	328.7	percent of total billed charges	
ORAL EVAL DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 First Trenton	First Trenton		311.4	0.9			108.85	328.7	percent of total billed charges	
ORAL EVAL DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Horizon	PPO		276.21	1.827			108.85	328.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL EVAL DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Horizon	Indemnity		276.21	1.827			108.85	328.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL EVAL DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Horizon	MGD		276.21	1.827			108.85	328.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL EVAL DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Horizon	Medicare Blue		151.18	1			108.85	328.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL EVAL DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Managed Care Inc	Managed Care Inc		311.4	0.9			108.85	328.7	percent of total billed charges	
ORAL EVAL DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Multiplan	Multiplan		276.8	0.8			108.85	328.7	percent of total billed charges	
ORAL EVAL DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Qualcare	Qualcare		259.5	0.75			108.85	328.7	percent of total billed charges	
ORAL EVAL DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Three Rivers	Three Rivers		328.7	0.95			108.85	328.7	percent of total billed charges	
ORAL EVAL DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 UHC	Medicaid		108.85	0.3146			108.85	328.7	percent of total billed charges	
ORAL EVAL DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 UHC	Medicare		151.18	1			108.85	328.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL EVAL DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Wellcare	Medicare		151.18	1			108.85	328.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ORAL EVAL DETAILED AND EXTENSIVE	D0160	HCPCS	outpatient			346		173.86 Wellcare	Medicaid		108.85	0.3146			108.85	328.7	percent of total billed charges	
RE-EVAL LIMTD PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Aetna	Commercial		240.68	1.592			49.39	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE-EVAL LIMTD PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Aetna	Better Health		49.39	0.3146			49.39	276.21	percent of total billed charges	
RE-EVAL LIMTD PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Aetna	Medicare		151.18	1			49.39	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE-EVAL LIMTD PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Americare	Americare		117.75	0.75			49.39	276.21	percent of total billed charges	
RE-EVAL LIMTD PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 WellPoint	WellPoint		50.37	0.3208			49.39	276.21	percent of total billed charges	
RE-EVAL LIMTD PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Amerihealth	Medicare		151.18	1			49.39	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE-EVAL LIMTD PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Consumer	Consumer		149.15	0.95			49.39	276.21	percent of total billed charges	
RE-EVAL LIMTD PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Corrections	Corrections		125.6	0.8			49.39	276.21	percent of total billed charges	
RE-EVAL LIMTD PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 First Health	First Health		109.9	0.7			49.39	276.21	percent of total billed charges	
RE-EVAL LIMTD PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 First Trenton	First Trenton		141.3	0.9			49.39	276.21	percent of total billed charges	
RE-EVAL LIMTD PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Horizon	Indemnity		276.21	1.827			49.39	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE-EVAL LIMTD PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Horizon	MGD		276.21	1.827			49.39	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE-EVAL LIMTD PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Horizon	Medicare Blue		151.18	1			49.39	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE-EVAL LIMTD PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Horizon	PPO		276.21	1.827			49.39	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE-EVAL LIMTD PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Managed Care Inc	Managed Care Inc		141.3	0.9			49.39	276.21	percent of total billed charges	
RE-EVAL LIMTD PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Multiplan	Multiplan		125.6	0.8			49.39	276.21	percent of total billed charges	
RE-EVAL LIMTD PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Qualcare	Qualcare		117.75	0.75			49.39	276.21	percent of total billed charges	
RE-EVAL LIMTD PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Three Rivers	Three Rivers		149.15	0.95			49.39	276.21	percent of total billed charges	
RE-EVAL LIMTD PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 UHC	Medicare		151.18	1			49.39	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE-EVAL LIMTD PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 UHC	Medicaid		49.39	0.3146			49.39	276.21	percent of total billed charges	
RE-EVAL LIMTD PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Wellcare	Medicare		151.18	1			49.39	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RE-EVAL LIMTD PROBLEM FOCUSED	D0170	HCPCS	outpatient			157		173.86 Wellcare	Medicaid		49.39	0.3146			49.39	276.21	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Aetna	Better Health		82.11	0.3146			82.11	512	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Aetna	Medicare		280.24	1			82.11	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Aetna	Commercial		446.14	1.592			82.11	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Americare	Americare		195.75	0.75			82.11	512	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 WellPoint	WellPoint		83.73	0.3208			82.11	512	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Amerihealth	Medicare		280.24	1			82.11	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Consumer	Consumer		247.95	0.95			82.11	512	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Corrections	Corrections		208.8	0.8			82.11	512	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 First Health	First Health		182.7	0.7			82.11	512	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 First Trenton	First Trenton		234.9	0.9			82.11	512	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Horizon	Medicare Blue		280.24	1			82.11	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Horizon	MGD		512	1.827			82.11	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Horizon	Indemnity		512	1.827			82.11	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Horizon	PPO		512	1.827			82.11	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Managed Care Inc	Managed Care Inc		234.9	0.9			82.11	512	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Multiplan	Multiplan		208.8	0.8			82.11	512	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Qualcare	Qualcare		195.75	0.75			82.11	512	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Three Rivers	Three Rivers		247.95	0.95			82.11	512	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 UHC	Medicare		280.24	1			82.11	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 UHC	Medicaid		82.11	0.3146			82.11	512	percent of total billed charges	
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Wellcare	Medicare		280.24	1			82.11	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTRAORAL-COMP XRAY SERIES	D0210	HCPCS	outpatient			261		322.28 Wellcare	Medicaid		82.11	0.3146			82.11	512	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	both			117		119.52 Aetna	Better Health		36.81	0.3146			20.13	189.88	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	both			117		119.52 Aetna	Commercial		165.46	1.592			20.13	189.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIAPICAL INITIAL	D0220	HCPCS	both			117		119.52 Aetna	Medicare		103.93	1			20.13	189.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIAPICAL INITIAL	D0220	HCPCS	both			117		119.52 Americare	Americare		87.75	0.75			20.13	189.88	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	both			117		119.52 WellPoint	WellPoint		37.53	0.3208			20.13	189.88	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	both			117		119.52 Amerihealth	Medicare		103.93	1			20.13	189.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIAPICAL INITIAL	D0220	HCPCS	both			117		119.52 Consumer	Consumer		111.15	0.95			20.13	189.88	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	both			117		119.52 Corrections	Corrections		93.6	0.8			20.13	189.88	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	both			117		119.52 First Health	First Health		81.9	0.7			20.13	189.88	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	both			117		119.52 First Trenton	First Trenton		105.3	0.9			20.13	189.88	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	both			117		119.52 Horizon	Medicare Blue		103.93	1			20.13	189.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIAPICAL INITIAL	D0220	HCPCS	both			117		119.52 Horizon	Indemnity		189.88	1.827			20.13	189.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIAPICAL INITIAL	D0220	HCPCS	both			117		119.52 Horizon	MGD		189.88	1.827			20.13	189.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIAPICAL INITIAL	D0220	HCPCS	both			117		119.52 Horizon	PPO		189.88	1.827			20.13	189.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIAPICAL INITIAL	D0220	HCPCS	both			117		119.52 Managed Care Inc	Managed Care Inc		105.3	0.9			20.13	189.88	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	both			117		119.52 Multiplan	Multiplan		93.6	0.8			20.13	189.88	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	both			117		119.52 Qualcare	Qualcare		87.75	0.75			20.13	189.88	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	both			117		119.52 Three Rivers	Three Rivers		111.15	0.95			20.13	189.88	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	both			117		119.52 UHC	Medicaid		36.81	0.3146			20.13	189.88	percent of total billed charges	
PERIAPICAL INITIAL	D0220	HCPCS	both			117		119.52 UHC	Medicare		103.93	1			20.13	189.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIAPICAL INITIAL	D0220	HCPCS	both			117		119.52 Wellcare	Medicare		103.93	1			20.13	189.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIAPICAL INITIAL	D0220	HCPCS	both			117		119.52 Wellcare	Medicaid		36.81	0.3146			20.13	189.88	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	both			56		Aetna	Better Health		17.62	0.3146			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	both			56		Aetna	Commercial		21.28	0.38			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	both			56		Aetna	Medicare		17.25	0.308			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	both			56		Americare	Americare		42	0.75			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	both			56		WellPoint	WellPoint		17.96	0.3208			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	both			56		Consumer	Consumer		53.2	0.95			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	both			56		Corrections	Corrections		44.8	0.8			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	both			56		First Health	First Health		39.2	0.7			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	both			56		First Trenton	First Trenton		50.4	0.9			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	both			56		Horizon	Medicare Blue		16.8	0.3			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	both			56		Horizon	MGD		21.44	0.3828			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	both			56		Horizon	Indemnity		21.44	0.3828			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	both			56		Horizon	PPO		21.44	0.3828			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	both			56		Managed Care Inc	Managed Care Inc		50.4	0.9			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	both			56		Multiplan	Multiplan		44.8	0.8			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	both			56		Qualcare	Qualcare		42	0.75			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	both			56		Three Rivers	Three Rivers		53.2	0.95			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	both			56		UHC	Medicaid		17.62	0.3146			13.5	53.2	percent of total billed charges	
PERIAPICAL-EACH ADD'L	D0230	HCPCS	both			56		Wellcare	Medicaid		17.62	0.3146			13.5	53.2	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217		119.52 Aetna	Commercial		165.46	1.592			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217		119.52 Aetna	Medicare		103.93	1			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217		119.52 Aetna	Better Health		697.47	0.3146			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217		119.52 Americare	Americare		1662.75	0.75			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217		119.52 WellPoint	WellPoint		711.21	0.3208			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217		119.52 Amerihealth	Medicare		103.93	1			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	Consumer	Consumer		2106.15	0.95			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	Corrections	Corrections		1773.6	0.8			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	First Health	First Health		1551.9	0.7			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	First Trenton	First Trenton		1995.3	0.9			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	Horizon	Indemnity		189.88	1.827			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	Horizon	Medicare Blue		103.93	1			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	Horizon	MGD		189.88	1.827			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	Horizon	PPO		189.88	1.827			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	Managed Care Inc	Managed Care Inc		1995.3	0.9			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	Multiplan	Multiplan		1773.6	0.8			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	Qualcare	Qualcare		1662.75	0.75			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	Three Rivers	Three Rivers		2106.15	0.95			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	UHC	Medicare		103.93	1			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	UHC	Medicaid		697.47	0.3146			103.93	2106.15	percent of total billed charges	
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	Wellcare	Medicare		103.93	1			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL FILM	D0240	HCPCS	outpatient			2217	119.52	Wellcare	Medicaid		697.47	0.3146			103.93	2106.15	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Aetna	Medicare		103.93	1			103.93	2414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Aetna	Commercial		165.46	1.592			103.93	2414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Aetna	Better Health		799.71	0.3146			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Americare	Americare		1906.5	0.75			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	WellPoint	WellPoint		815.47	0.3208			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Amerihealth	Medicare		103.93	1			103.93	2414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Consumer	Consumer		2414.9	0.95			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Corrections	Corrections		2033.6	0.8			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	First Health	First Health		1779.4	0.7			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	First Trenton	First Trenton		2287.8	0.9			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Horizon	Indemnity		189.88	1.827			103.93	2414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Horizon	MGD		189.88	1.827			103.93	2414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Horizon	PPO		189.88	1.827			103.93	2414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Horizon	Medicare Blue		103.93	1			103.93	2414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Managed Care Inc	Managed Care Inc		2287.8	0.9			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Multiplan	Multiplan		2033.6	0.8			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Qualcare	Qualcare		1906.5	0.75			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Three Rivers	Three Rivers		2414.9	0.95			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	UHC	Medicaid		799.71	0.3146			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	UHC	Medicare		103.93	1			103.93	2414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Wellcare	Medicaid		799.71	0.3146			103.93	2414.9	percent of total billed charges	
EXTRAORAL FIRST FILM	D0250	HCPCS	outpatient			2542	119.52	Wellcare	Medicare		103.93	1			103.93	2414.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Aetna	Commercial		165.46	1.592			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Aetna	Medicare		103.93	1			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Aetna	Better Health		697.47	0.3146			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Americare	Americare		1662.75	0.75			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	WellPoint	WellPoint		711.21	0.3208			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Amerihealth	Medicare		103.93	1			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Consumer	Consumer		2106.15	0.95			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Corrections	Corrections		1773.6	0.8			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	First Health	First Health		1551.9	0.7			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	First Trenton	First Trenton		1995.3	0.9			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Horizon	Indemnity		189.88	1.827			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Horizon	Medicare Blue		103.93	1			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Horizon	MGD		189.88	1.827			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Horizon	PPO		189.88	1.827			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Managed Care Inc	Managed Care Inc		1995.3	0.9			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Multiplan	Multiplan		1773.6	0.8			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Qualcare	Qualcare		1662.75	0.75			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Three Rivers	Three Rivers		2106.15	0.95			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	UHC	Medicaid		697.47	0.3146			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	UHC	Medicare		103.93	1			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Wellcare	Medicaid		697.47	0.3146			103.93	2106.15	percent of total billed charges	
BITEWING SINGLE FILM	D0270	HCPCS	outpatient			2217	119.52	Wellcare	Medicare		103.93	1			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Aetna	Better Health		697.47	0.3146			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Aetna	Commercial		165.46	1.592			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Aetna	Medicare		103.93	1			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Americare	Americare		1662.75	0.75			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	WellPoint	WellPoint		711.21	0.3208			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Amerihealth	Medicare		103.93	1			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Consumer	Consumer		2106.15	0.95			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Corrections	Corrections		1773.6	0.8			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	First Health	First Health		1551.9	0.7			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	First Trenton	First Trenton		1995.3	0.9			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Horizon	Indemnity		189.88	1.827			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Horizon	MGD		189.88	1.827			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Horizon	Medicare Blue		103.93	1			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Horizon	PPO		189.88	1.827			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Managed Care Inc	Managed Care Inc		1995.3	0.9			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Multiplan	Multiplan		1773.6	0.8			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Qualcare	Qualcare		1662.75	0.75			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Three Rivers	Three Rivers		2106.15	0.95			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	UHC	Medicare		103.93	1			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	UHC	Medicaid		697.47	0.3146			103.93	2106.15	percent of total billed charges	
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Wellcare	Medicare		103.93	1			103.93	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING TWO FILMS	D0272	HCPCS	outpatient			2217	119.52	Wellcare	Medicaid		697.47	0.3146			103.93	2106.15	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Aetna	Better Health		37.12	0.3146			37.12	512	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Aetna	Medicare		280.24	1			37.12	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Aetna	Commercial		446.14	1.592			37.12	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Americare	Americare		88.5	0.75			37.12	512	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	WellPoint	WellPoint		37.85	0.3208			37.12	512	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Amerihealth	Medicare		280.24	1			37.12	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Consumer	Consumer		112.1	0.95			37.12	512	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Corrections	Corrections		94.4	0.8			37.12	512	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	First Health	First Health		82.6	0.7			37.12	512	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	First Trenton	First Trenton		106.2	0.9			37.12	512	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Horizon	Medicare Blue		280.24	1			37.12	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Horizon	MGD		512	1.827			37.12	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Horizon	Indemnity		512	1.827			37.12	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Horizon	PPO		512	1.827			37.12	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Managed Care Inc	Managed Care Inc		106.2	0.9			37.12	512	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Multiplan	Multiplan		94.4	0.8			37.12	512	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Qualcare	Qualcare		88.5	0.75			37.12	512	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Three Rivers	Three Rivers		112.1	0.95			37.12	512	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	UHC	Medicaid		37.12	0.3146			37.12	512	percent of total billed charges	
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	UHC	Medicare		280.24	1			37.12	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Wellcare	Medicare		280.24	1			37.12	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING THREE FILMS	D0273	HCPCS	outpatient			118	322.28	Wellcare	Medicaid		37.12	0.3146			37.12	512	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Aetna	Commercial		446.14	1.592			280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Aetna	Better Health		697.47	0.3146			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Aetna	Medicare		280.24	1			280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Americare	Americare		1662.75	0.75			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	WellPoint	WellPoint		711.21	0.3208			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Amerihealth	Medicare		280.24	1			280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Consumer	Consumer		2106.15	0.95			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Corrections	Corrections		1773.6	0.8			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	First Health	First Health		1551.9	0.7			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	First Trenton	First Trenton		1995.3	0.9			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Horizon	MGD		512	1.827			280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Horizon	Indemnity		512	1.827			280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Horizon	Medicare Blue		280.24	1			280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Horizon	PPO		512	1.827			280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Managed Care Inc	Managed Care Inc		1995.3	0.9			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Multiplan	Multiplan		1773.6	0.8			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Qualcare	Qualcare		1662.75	0.75			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Three Rivers	Three Rivers		2106.15	0.95			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	UHC	Medicare		280.24	1			280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	UHC	Medicaid		697.47	0.3146			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Wellcare	Medicaid		697.47	0.3146			280.24	2106.15	percent of total billed charges	
BITEWING FOUR FILMS	D0274	HCPCS	outpatient			2217	322.28	Wellcare	Medicare		280.24	1			280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Aetna	Better Health		697.47	0.3146			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Aetna	Medicare		280.24	1			280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Aetna	Commercial		446.14	1.592			280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Americare	Americare		1662.75	0.75			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	WellPoint	WellPoint		711.21	0.3208			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Amerihealth	Medicare		280.24	1			280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Consumer	Consumer		2106.15	0.95			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Corrections	Corrections		1773.6	0.8			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	First Health	First Health		1551.9	0.7			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	First Trenton	First Trenton		1995.3	0.9			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Horizon	MGD		512	1.827			280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Horizon	PPO		512	1.827			280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Horizon	Indemnity		512	1.827			280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Horizon	Medicare Blue		280.24	1			280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Managed Care Inc	Managed Care Inc		1995.3	0.9			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Multiplan	Multiplan		1773.6	0.8			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Qualcare	Qualcare		1662.75	0.75			280.24	2106.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Three Rivers	Three Rivers		2106.15	0.95			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	UHC	Medicaid		697.47	0.3146			280.24	2106.15	percent of total billed charges	
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	UHC	Medicare		280.24	1			280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Wellcare	Medicare		280.24	1			280.24	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTICAL BITEWINGS 7-8 FILMS	D0277	HCPCS	outpatient			2217	322.28	Wellcare	Medicaid		697.47	0.3146			280.24	2106.15	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	both			376	322.28	Aetna	Commercial		446.14	1.592			70.47	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC IMAGE	D0330	HCPCS	both			376	322.28	Aetna	Better Health		118.29	0.3146			70.47	512	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	both			376	322.28	Aetna	Medicare		280.24	1			70.47	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC IMAGE	D0330	HCPCS	both			376	322.28	Americare	Americare		282	0.75			70.47	512	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	both			376	322.28	WellPoint	WellPoint		120.62	0.3208			70.47	512	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	both			376	322.28	Amerihealth	Medicare		280.24	1			70.47	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC IMAGE	D0330	HCPCS	both			376	322.28	Consumer	Consumer		357.2	0.95			70.47	512	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	both			376	322.28	Corrections	Corrections		300.8	0.8			70.47	512	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	both			376	322.28	First Health	First Health		263.2	0.7			70.47	512	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	both			376	322.28	First Trenton	First Trenton		338.4	0.9			70.47	512	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	both			376	322.28	Horizon	Indemnity		512	1.827			70.47	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC IMAGE	D0330	HCPCS	both			376	322.28	Horizon	Medicare Blue		280.24	1			70.47	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC IMAGE	D0330	HCPCS	both			376	322.28	Horizon	MGD		512	1.827			70.47	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC IMAGE	D0330	HCPCS	both			376	322.28	Horizon	PPO		512	1.827			70.47	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC IMAGE	D0330	HCPCS	both			376	322.28	Managed Care Inc	Managed Care Inc		338.4	0.9			70.47	512	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	both			376	322.28	Multiplan	Multiplan		300.8	0.8			70.47	512	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	both			376	322.28	Qualcare	Qualcare		282	0.75			70.47	512	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	both			376	322.28	Three Rivers	Three Rivers		357.2	0.95			70.47	512	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	both			376	322.28	UHC	Medicaid		118.29	0.3146			70.47	512	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	both			376	322.28	UHC	Medicare		280.24	1			70.47	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANORAMIC IMAGE	D0330	HCPCS	both			376	322.28	Wellcare	Medicaid		118.29	0.3146			70.47	512	percent of total billed charges	
PANORAMIC IMAGE	D0330	HCPCS	both			376	322.28	Wellcare	Medicare		280.24	1			70.47	512	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Aetna	Better Health		99.73	0.3146			80.22	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Aetna	Commercial		165.46	1.592			80.22	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Aetna	Medicare		103.93	1			80.22	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Americare	Americare		237.75	0.75			80.22	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	WellPoint	WellPoint		101.69	0.3208			80.22	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Amerihealth	Medicare		103.93	1			80.22	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Consumer	Consumer		301.15	0.95			80.22	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Corrections	Corrections		253.6	0.8			80.22	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	First Health	First Health		221.9	0.7			80.22	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	First Trenton	First Trenton		285.3	0.9			80.22	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Horizon	MGD		189.88	1.827			80.22	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Horizon	Medicare Blue		103.93	1			80.22	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Horizon	Indemnity		189.88	1.827			80.22	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Horizon	PPO		189.88	1.827			80.22	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Managed Care Inc	Managed Care Inc		285.3	0.9			80.22	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Multiplan	Multiplan		253.6	0.8			80.22	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Qualcare	Qualcare		237.75	0.75			80.22	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Three Rivers	Three Rivers		301.15	0.95			80.22	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	UHC	Medicare		103.93	1			80.22	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	UHC	Medicaid		99.73	0.3146			80.22	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Wellcare	Medicaid		99.73	0.3146			80.22	301.15	percent of total billed charges	
DENTAL IMAGING PAN CEPHALO	D0340	HCPCS	outpatient			317	119.52	Wellcare	Medicare		103.93	1			80.22	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Aetna	Better Health		267.72	0.3146			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Aetna	Commercial		200.18	1.592			125.74	808.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Aetna	Medicare		125.74	1			125.74	808.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Americare	Americare		638.25	0.75			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	WellPoint	WellPoint		273	0.3208			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Amerihealth	Medicare		125.74	1			125.74	808.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Consumer	Consumer		808.45	0.95			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Corrections	Corrections		680.8	0.8			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	First Health	First Health		595.7	0.7			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	First Trenton	First Trenton		765.9	0.9			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Horizon	Indemnity		229.73	1.827			125.74	808.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Horizon	MGD		229.73	1.827			125.74	808.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Horizon	PPO		229.73	1.827			125.74	808.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Horizon	Medicare Blue		125.74	1			125.74	808.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Managed Care Inc	Managed Care Inc		765.9	0.9			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Multiplan	Multiplan		680.8	0.8			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Qualcare	Qualcare		638.25	0.75			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Three Rivers	Three Rivers		808.45	0.95			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	UHC	Medicare		125.74	1			125.74	808.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	UHC	Medicaid		267.72	0.3146			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Wellcare	Medicaid		267.72	0.3146			125.74	808.45	percent of total billed charges	
CONE BEAM CT FOR MANDIBLE	D0365	HCPCS	outpatient			851	144.6	Wellcare	Medicare		125.74	1			125.74	808.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Aetna	Commercial		200.18	1.592			99.73	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Aetna	Better Health		99.73	0.3146			99.73	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Aetna	Medicare		125.74	1			99.73	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Americare	Americare		237.75	0.75			99.73	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	WellPoint	WellPoint		101.69	0.3208			99.73	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Amerihealth	Medicare		125.74	1			99.73	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Consumer	Consumer		301.15	0.95			99.73	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Corrections	Corrections		253.6	0.8			99.73	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	First Health	First Health		221.9	0.7			99.73	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	First Trenton	First Trenton		285.3	0.9			99.73	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Horizon	MGD		229.73	1.827			99.73	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Horizon	Medicare Blue		125.74	1			99.73	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Horizon	PPO		229.73	1.827			99.73	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Horizon	Indemnity		229.73	1.827			99.73	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Managed Care Inc	Managed Care Inc		285.3	0.9			99.73	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Multiplan	Multiplan		253.6	0.8			99.73	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Qualcare	Qualcare		237.75	0.75			99.73	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Three Rivers	Three Rivers		301.15	0.95			99.73	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	UHC	Medicaid		99.73	0.3146			99.73	301.15	percent of total billed charges	
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	UHC	Medicare		125.74	1			99.73	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Wellcare	Medicare		125.74	1			99.73	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT FOR MAXILLA	D0366	HCPCS	outpatient			317	144.6	Wellcare	Medicaid		99.73	0.3146			99.73	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Aetna	Commercial		200.18	1.592			99.73	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Aetna	Better Health		99.73	0.3146			99.73	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Aetna	Medicare		125.74	1			99.73	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Americare	Americare		237.75	0.75			99.73	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	WellPoint	WellPoint		101.69	0.3208			99.73	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Amerihealth	Medicare		125.74	1			99.73	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Consumer	Consumer		301.15	0.95			99.73	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Corrections	Corrections		253.6	0.8			99.73	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	First Health	First Health		221.9	0.7			99.73	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	First Trenton	First Trenton		285.3	0.9			99.73	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Horizon	Medicare Blue		125.74	1			99.73	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Horizon	PPO		229.73	1.827			99.73	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Horizon	Indemnity		229.73	1.827			99.73	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Horizon	MGD		229.73	1.827			99.73	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Managed Care Inc	Managed Care Inc		285.3	0.9			99.73	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Multiplan	Multiplan		253.6	0.8			99.73	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Qualcare	Qualcare		237.75	0.75			99.73	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Three Rivers	Three Rivers		301.15	0.95			99.73	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	UHC	Medicare		125.74	1			99.73	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	UHC	Medicaid		99.73	0.3146			99.73	301.15	percent of total billed charges	
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Wellcare	Medicare		125.74	1			99.73	301.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONE BEAM CT BOTH JAWS	D0367	HCPCS	outpatient			317	144.6	Wellcare	Medicaid		99.73	0.3146			99.73	301.15	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Aetna	Better Health		45.93	0.3146			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Aetna	Commercial		55.48	0.38			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Aetna	Medicare		44.97	0.308			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Americare	Americare		109.5	0.75			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		WellPoint	WellPoint		46.84	0.3208			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Consumer	Consumer		138.7	0.95			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Corrections	Corrections		116.8	0.8			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		First Health	First Health		102.2	0.7			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		First Trenton	First Trenton		131.4	0.9			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Horizon	Medicare Blue		43.8	0.3			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Horizon	Indemnity		55.89	0.3828			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Horizon	MGD		55.89	0.3828			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Horizon	PPO		55.89	0.3828			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Managed Care Inc	Managed Care Inc		131.4	0.9			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Multiplan	Multiplan		116.8	0.8			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Qualcare	Qualcare		109.5	0.75			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Three Rivers	Three Rivers		138.7	0.95			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		UHC	Medicaid		45.93	0.3146			43.8	138.7	percent of total billed charges	
COLLECT FOR C&S	D0415	HCPCS	outpatient			146		Wellcare	Medicaid		45.93	0.3146			43.8	138.7	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Aetna	Better Health		697.47	0.3146			697.47	2106.15	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Aetna	Commercial		1693.1	1.592			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Aetna	Medicare		1006.97	1			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Americare	Americare		1662.75	0.75			697.47	2106.15	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	WellPoint	WellPoint		711.21	0.3208			697.47	2106.15	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Amerihealth	Medicare		1006.97	1			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Consumer	Consumer		2106.15	0.95			697.47	2106.15	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Corrections	Corrections		1773.6	0.8			697.47	2106.15	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	First Health	First Health		1551.9	0.7			697.47	2106.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	First Trenton	First Trenton		1995.3	0.9			697.47	2106.15	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Horizon	Indemnity		1839.73	1.827			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Horizon	Medicare Blue		1006.97	1			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Horizon	PPO		1839.73	1.827			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Horizon	MGD		1839.73	1.827			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Managed Care Inc	Managed Care Inc		1995.3	0.9			697.47	2106.15	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Multiplan	Multiplan		1773.6	0.8			697.47	2106.15	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Qualcare	Qualcare		1662.75	0.75			697.47	2106.15	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Three Rivers	Three Rivers		2106.15	0.95			697.47	2106.15	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	UHC	Medicaid		697.47	0.3146			697.47	2106.15	percent of total billed charges	
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	UHC	Medicare		1006.97	1			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Wellcare	Medicare		1006.97	1			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP VITALITY	D0460	HCPCS	outpatient			2217	1158.02	Wellcare	Medicaid		697.47	0.3146			697.47	2106.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Aetna	Better Health		74.56	0.3146			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Aetna	Medicare		73	0.308			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Aetna	Commercial		90.06	0.38			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Americare	Americare		177.75	0.75			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		WellPoint	WellPoint		76.03	0.3208			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Consumer	Consumer		225.15	0.95			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Corrections	Corrections		189.6	0.8			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		First Health	First Health		165.9	0.7			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		First Trenton	First Trenton		213.3	0.9			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Horizon	PPO		90.72	0.3828			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Horizon	MGD		90.72	0.3828			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Horizon	Medicare Blue		71.1	0.3			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Horizon	Indemnity		90.72	0.3828			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Managed Care Inc	Managed Care Inc		213.3	0.9			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Multiplan	Multiplan		189.6	0.8			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Qualcare	Qualcare		177.75	0.75			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Three Rivers	Three Rivers		225.15	0.95			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		UHC	Medicaid		74.56	0.3146			71.1	225.15	percent of total billed charges	
DIAGNOSTIC CASTS	D0470	HCPCS	outpatient			237		Wellcare	Medicaid		74.56	0.3146			71.1	225.15	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	both			192	173.86	Aetna	Medicare		151.18	1			60.4	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPHYLAXIS-ADULT	D1110	HCPCS	both			192	173.86	Aetna	Better Health		60.4	0.3146			60.4	276.21	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	both			192	173.86	Aetna	Commercial		240.68	1.592			60.4	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPHYLAXIS-ADULT	D1110	HCPCS	both			192	173.86	Americare	Americare		144	0.75			60.4	276.21	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	both			192	173.86	WellPoint	WellPoint		61.59	0.3208			60.4	276.21	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	both			192	173.86	Amerihealth	Medicare		151.18	1			60.4	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPHYLAXIS-ADULT	D1110	HCPCS	both			192	173.86	Consumer	Consumer		182.4	0.95			60.4	276.21	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	both			192	173.86	Corrections	Corrections		153.6	0.8			60.4	276.21	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	both			192	173.86	First Health	First Health		134.4	0.7			60.4	276.21	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	both			192	173.86	First Trenton	First Trenton		172.8	0.9			60.4	276.21	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	both			192	173.86	Horizon	Indemnity		276.21	1.827			60.4	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPHYLAXIS-ADULT	D1110	HCPCS	both			192	173.86	Horizon	MGD		276.21	1.827			60.4	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPHYLAXIS-ADULT	D1110	HCPCS	both			192	173.86	Horizon	Medicare Blue		151.18	1			60.4	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPHYLAXIS-ADULT	D1110	HCPCS	both			192	173.86	Horizon	PPO		276.21	1.827			60.4	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPHYLAXIS-ADULT	D1110	HCPCS	both			192	173.86	Managed Care Inc	Managed Care Inc		172.8	0.9			60.4	276.21	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	both			192	173.86	Multiplan	Multiplan		153.6	0.8			60.4	276.21	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	both			192	173.86	Qualcare	Qualcare		144	0.75			60.4	276.21	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	both			192	173.86	Three Rivers	Three Rivers		182.4	0.95			60.4	276.21	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	both			192	173.86	UHC	Medicare		151.18	1			60.4	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPHYLAXIS-ADULT	D1110	HCPCS	both			192	173.86	UHC	Medicaid		60.4	0.3146			60.4	276.21	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	both			192	173.86	Wellcare	Medicaid		60.4	0.3146			60.4	276.21	percent of total billed charges	
PROPHYLAXIS-ADULT	D1110	HCPCS	both			192	173.86	Wellcare	Medicare		151.18	1			60.4	276.21	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Aetna	Better Health		45.62	0.3146			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Aetna	Commercial		55.1	0.38			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Aetna	Medicare		44.66	0.308			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Americare	Americare		108.75	0.75			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		WellPoint	WellPoint		46.52	0.3208			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Consumer	Consumer		137.75	0.95			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Corrections	Corrections		116	0.8			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		First Health	First Health		101.5	0.7			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		First Trenton	First Trenton		130.5	0.9			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Horizon	Indemnity		55.51	0.3828			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Horizon	MGD		55.51	0.3828			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Horizon	Medicare Blue		43.5	0.3			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Horizon	PPO		55.51	0.3828			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Managed Care Inc	Managed Care Inc		130.5	0.9			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Multiplan	Multiplan		116	0.8			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Qualcare	Qualcare		108.75	0.75			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Three Rivers	Three Rivers		137.75	0.95			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		UHC	Medicaid		45.62	0.3146			43.5	137.75	percent of total billed charges	
PROPHYLAXIS-CHILD	D1120	HCPCS	outpatient			145		Wellcare	Medicaid		45.62	0.3146			43.5	137.75	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Aetna	Commercial		34.58	0.38			27.3	86.45	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Aetna	Better Health		28.63	0.3146			27.3	86.45	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Aetna	Medicare		28.03	0.308			27.3	86.45	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Americare	Americare		68.25	0.75			27.3	86.45	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		WellPoint	WellPoint		29.19	0.3208			27.3	86.45	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Consumer	Consumer		86.45	0.95			27.3	86.45	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Corrections	Corrections		72.8	0.8			27.3	86.45	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		First Health	First Health		63.7	0.7			27.3	86.45	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		First Trenton	First Trenton		81.9	0.9			27.3	86.45	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Horizon	Indemnity		34.83	0.3828			27.3	86.45	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Horizon	Medicare Blue		27.3	0.3			27.3	86.45	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Horizon	MGD		34.83	0.3828			27.3	86.45	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Horizon	PPO		34.83	0.3828			27.3	86.45	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Managed Care Inc	Managed Care Inc		81.9	0.9			27.3	86.45	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Multiplan	Multiplan		72.8	0.8			27.3	86.45	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Qualcare	Qualcare		68.25	0.75			27.3	86.45	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Three Rivers	Three Rivers		86.45	0.95			27.3	86.45	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		UHC	Medicaid		28.63	0.3146			27.3	86.45	percent of total billed charges	
FLUORIDE W/PROPHYLAXIS	D1208	HCPCS	outpatient			91		Wellcare	Medicaid		28.63	0.3146			27.3	86.45	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Aetna	Better Health		38.7	0.3146			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Aetna	Commercial		46.74	0.38			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Aetna	Medicare		37.88	0.308			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Americare	Americare		92.25	0.75			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		WellPoint	WellPoint		39.46	0.3208			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Consumer	Consumer		116.85	0.95			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Corrections	Corrections		98.4	0.8			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		First Health	First Health		86.1	0.7			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		First Trenton	First Trenton		110.7	0.9			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Horizon	MGD		47.08	0.3828			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Horizon	Indemnity		47.08	0.3828			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Horizon	Medicare Blue		36.9	0.3			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Horizon	PPO		47.08	0.3828			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Managed Care Inc	Managed Care Inc		110.7	0.9			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Multiplan	Multiplan		98.4	0.8			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Qualcare	Qualcare		92.25	0.75			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Three Rivers	Three Rivers		116.85	0.95			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		UHC	Medicaid		38.7	0.3146			36.9	116.85	percent of total billed charges	
ORAL HYGIENE INSTRUCTION	D1330	HCPCS	outpatient			123		Wellcare	Medicaid		38.7	0.3146			36.9	116.85	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Aetna	Better Health		38.7	0.3146			36.9	116.85	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Aetna	Medicare		37.88	0.308			36.9	116.85	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Aetna	Commercial		46.74	0.38			36.9	116.85	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Americare	Americare		92.25	0.75			36.9	116.85	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		WellPoint	WellPoint		39.46	0.3208			36.9	116.85	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Consumer	Consumer		116.85	0.95			36.9	116.85	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Corrections	Corrections		98.4	0.8			36.9	116.85	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		First Health	First Health		86.1	0.7			36.9	116.85	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		First Trenton	First Trenton		110.7	0.9			36.9	116.85	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Horizon	MGD		47.08	0.3828			36.9	116.85	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Horizon	Medicare Blue		36.9	0.3			36.9	116.85	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Horizon	PPO		47.08	0.3828			36.9	116.85	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Horizon	Indemnity		47.08	0.3828			36.9	116.85	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Managed Care Inc	Managed Care Inc		110.7	0.9			36.9	116.85	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Multiplan	Multiplan		98.4	0.8			36.9	116.85	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Qualcare	Qualcare		92.25	0.75			36.9	116.85	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Three Rivers	Three Rivers		116.85	0.95			36.9	116.85	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		UHC	Medicaid		38.7	0.3146			36.9	116.85	percent of total billed charges	
DENTAL SEALANT PER TOOTH	D1351	HCPCS	outpatient			123		Wellcare	Medicaid		38.7	0.3146			36.9	116.85	percent of total billed charges	
AMALGAM ONE; PRIM/PERM	D2140	HCPCS	outpatient			282	1158.02	Aetna	Medicare		1006.97	1			88.72	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM ONE; PRIM/PERM	D2140	HCPCS	outpatient			282	1158.02	Aetna	Commercial		1603.1	1.592			88.72	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282	1158.02	Aetna	Better Health		88.72	0.3146			88.72	1839.73	percent of total billed charges	
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282	1158.02	Americare	Americare		211.5	0.75			88.72	1839.73	percent of total billed charges	
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282	1158.02	WellPoint	WellPoint		90.47	0.3208			88.72	1839.73	percent of total billed charges	
AMALGAM ONE; PRIM/PERM	D2140	HCPCS	outpatient			282	1158.02	Amerihealth	Medicare		1006.97	1			88.72	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282	1158.02	Consumer	Consumer		267.9	0.95			88.72	1839.73	percent of total billed charges	
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282	1158.02	Corrections	Corrections		225.6	0.8			88.72	1839.73	percent of total billed charges	
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282	1158.02	First Health	First Health		197.4	0.7			88.72	1839.73	percent of total billed charges	
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282	1158.02	First Trenton	First Trenton		253.8	0.9			88.72	1839.73	percent of total billed charges	
AMALGAM ONE; PRIM/PERM	D2140	HCPCS	outpatient			282	1158.02	Horizon	MGD		1839.73	1.827			88.72	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM ONE; PRIM/PERM	D2140	HCPCS	outpatient			282	1158.02	Horizon	Indemnity		1839.73	1.827			88.72	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM ONE; PRIM/PERM	D2140	HCPCS	outpatient			282	1158.02	Horizon	Medicare Blue		1006.97	1			88.72	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMALGAM ONE; PRIM/PERM	D2140	HCPCS	outpatient			282	1158.02	Horizon	PPO		1839.73	1.827			88.72	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282	1158.02	Managed Care Inc	Managed Care Inc		253.8	0.9			88.72	1839.73	percent of total billed charges	
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282	1158.02	Multiplan	Multiplan		225.6	0.8			88.72	1839.73	percent of total billed charges	
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282	1158.02	Qualcare	Qualcare		211.5	0.75			88.72	1839.73	percent of total billed charges	
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282	1158.02	Three Rivers	Three Rivers		267.9	0.95			88.72	1839.73	percent of total billed charges	
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282	1158.02	UHC	Medicaid		88.72	0.3146			88.72	1839.73	percent of total billed charges	
AMALGAM ONE; PRIM/PERM	D2140	HCPCS	outpatient			282	1158.02	UHC	Medicare		1006.97	1			88.72	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM - 1 SURFACE PERMANENT	D2140	HCPCS	outpatient			282	1158.02	Wellcare	Medicaid		88.72	0.3146			88.72	1839.73	percent of total billed charges	
AMALGAM ONE; PRIM/PERM	D2140	HCPCS	outpatient			282	1158.02	Wellcare	Medicare		1006.97	1			88.72	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-2 SURFACES PERMANENT	D2150	HCPCS	outpatient			364	1158.02	Aetna	Commercial		1603.1	1.592			114.51	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-2 SURFACES PERMANENT	D2150	HCPCS	outpatient			364	1158.02	Aetna	Better Health		114.51	0.3146			114.51	1839.73	percent of total billed charges	
AMALGAM-2 SURFACES PERMANENT	D2150	HCPCS	outpatient			364	1158.02	Aetna	Medicare		1006.97	1			114.51	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-2 SURFACES PERMANENT	D2150	HCPCS	outpatient			364	1158.02	Americare	Americare		273	0.75			114.51	1839.73	percent of total billed charges	
AMALGAM-2 SURFACES PERMANENT	D2150	HCPCS	outpatient			364	1158.02	WellPoint	WellPoint		116.77	0.3208			114.51	1839.73	percent of total billed charges	
AMALGAM-2 SURFACES PERMANENT	D2150	HCPCS	outpatient			364	1158.02	Amerihealth	Medicare		1006.97	1			114.51	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-2 SURFACES PERMANENT	D2150	HCPCS	outpatient			364	1158.02	Consumer	Consumer		345.8	0.95			114.51	1839.73	percent of total billed charges	
AMALGAM-2 SURFACES PERMANENT	D2150	HCPCS	outpatient			364	1158.02	Corrections	Corrections		291.2	0.8			114.51	1839.73	percent of total billed charges	
AMALGAM-2 SURFACES PERMANENT	D2150	HCPCS	outpatient			364	1158.02	First Health	First Health		254.8	0.7			114.51	1839.73	percent of total billed charges	
AMALGAM-2 SURFACES PERMANENT	D2150	HCPCS	outpatient			364	1158.02	First Trenton	First Trenton		327.6	0.9			114.51	1839.73	percent of total billed charges	
AMALGAM-2 SURFACES PERMANENT	D2150	HCPCS	outpatient			364	1158.02	Horizon	Indemnity		1839.73	1.827			114.51	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-2 SURFACES PERMANENT	D2150	HCPCS	outpatient			364	1158.02	Horizon	MGD		1839.73	1.827			114.51	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-2 SURFACES PERMANENT	D2150	HCPCS	outpatient			364	1158.02	Horizon	Medicare Blue		1006.97	1			114.51	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-2 SURFACES PERMANENT	D2150	HCPCS	outpatient			364	1158.02	Horizon	PPO		1839.73	1.827			114.51	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-2 SURFACES PERMANENT	D2150	HCPCS	outpatient			364	1158.02	Managed Care Inc	Managed Care Inc		327.6	0.9			114.51	1839.73	percent of total billed charges	
AMALGAM-2 SURFACES PERMANENT	D2150	HCPCS	outpatient			364	1158.02	Multiplan	Multiplan		291.2	0.8			114.51	1839.73	percent of total billed charges	
AMALGAM-2 SURFACES PERMANENT	D2150	HCPCS	outpatient			364	1158.02	Qualcare	Qualcare		273	0.75			114.51	1839.73	percent of total billed charges	
AMALGAM-2 SURFACES PERMANENT	D2150	HCPCS	outpatient			364	1158.02	Three Rivers	Three Rivers		345.8	0.95			114.51	1839.73	percent of total billed charges	
AMALGAM-2 SURFACES PERMANENT	D2150	HCPCS	outpatient			364	1158.02	UHC	Medicare		1006.97	1			114.51	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-2 SURFACES PERMANENT	D2150	HCPCS	outpatient			364	1158.02	UHC	Medicaid		114.51	0.3146			114.51	1839.73	percent of total billed charges	
AMALGAM-2 SURFACES PERMANENT	D2150	HCPCS	outpatient			364	1158.02	Wellcare	Medicare		1006.97	1			114.51	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-2 SURFACES PERMANENT	D2150	HCPCS	outpatient			364	1158.02	Wellcare	Medicaid		114.51	0.3146			114.51	1839.73	percent of total billed charges	
AMALGAM-3 SURFACES PERMANENT	D2160	HCPCS	outpatient			442	1158.02	Aetna	Medicare		1006.97	1			139.05	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-3 SURFACES PERMANENT	D2160	HCPCS	outpatient			442	1158.02	Aetna	Better Health		139.05	0.3146			139.05	1839.73	percent of total billed charges	
AMALGAM-3 SURFACES PERMANENT	D2160	HCPCS	outpatient			442	1158.02	Aetna	Commercial		1603.1	1.592			139.05	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-3 SURFACES PERMANENT	D2160	HCPCS	outpatient			442	1158.02	Americare	Americare		331.5	0.75			139.05	1839.73	percent of total billed charges	
AMALGAM-3 SURFACES PERMANENT	D2160	HCPCS	outpatient			442	1158.02	WellPoint	WellPoint		141.79	0.3208			139.05	1839.73	percent of total billed charges	
AMALGAM-3 SURFACES PERMANENT	D2160	HCPCS	outpatient			442	1158.02	Amerihealth	Medicare		1006.97	1			139.05	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-3 SURFACES PERMANENT	D2160	HCPCS	outpatient			442	1158.02	Consumer	Consumer		419.9	0.95			139.05	1839.73	percent of total billed charges	
AMALGAM-3 SURFACES PERMANENT	D2160	HCPCS	outpatient			442	1158.02	Corrections	Corrections		353.6	0.8			139.05	1839.73	percent of total billed charges	
AMALGAM-3 SURFACES PERMANENT	D2160	HCPCS	outpatient			442	1158.02	First Health	First Health		309.4	0.7			139.05	1839.73	percent of total billed charges	
AMALGAM-3 SURFACES PERMANENT	D2160	HCPCS	outpatient			442	1158.02	First Trenton	First Trenton		397.8	0.9			139.05	1839.73	percent of total billed charges	
AMALGAM-3 SURFACES PERMANENT	D2160	HCPCS	outpatient			442	1158.02	Horizon	Indemnity		1839.73	1.827			139.05	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-3 SURFACES PERMANENT	D2160	HCPCS	outpatient			442	1158.02	Horizon	MGD		1839.73	1.827			139.05	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-3 SURFACES PERMANENT	D2160	HCPCS	outpatient			442	1158.02	Horizon	PPO		1839.73	1.827			139.05	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-3 SURFACES PERMANENT	D2160	HCPCS	outpatient			442	1158.02	Horizon	Medicare Blue		1006.97	1			139.05	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-3 SURFACES PERMANENT	D2160	HCPCS	outpatient			442	1158.02	Managed Care Inc	Managed Care Inc		397.8	0.9			139.05	1839.73	percent of total billed charges	
AMALGAM-3 SURFACES PERMANENT	D2160	HCPCS	outpatient			442	1158.02	Multiplan	Multiplan		353.6	0.8			139.05	1839.73	percent of total billed charges	
AMALGAM-3 SURFACES PERMANENT	D2160	HCPCS	outpatient			442	1158.02	Qualcare	Qualcare		331.5	0.75			139.05	1839.73	percent of total billed charges	
AMALGAM-3 SURFACES PERMANENT	D2160	HCPCS	outpatient			442	1158.02	Three Rivers	Three Rivers		419.9	0.95			139.05	1839.73	percent of total billed charges	
AMALGAM-3 SURFACES PERMANENT	D2160	HCPCS	outpatient			442	1158.02	UHC	Medicare		1006.97	1			139.05	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-3 SURFACES PERMANENT	D2160	HCPCS	outpatient			442	1158.02	UHC	Medicaid		139.05	0.3146			139.05	1839.73	percent of total billed charges	
AMALGAM-3 SURFACES PERMANENT	D2160	HCPCS	outpatient			442	1158.02	Wellcare	Medicare		1006.97	1			139.05	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-3 SURFACES PERMANENT	D2160	HCPCS	outpatient			442	1158.02	Wellcare	Medicaid		139.05	0.3146			139.05	1839.73	percent of total billed charges	
AMALGAM-4 OR >SURFACES PERMAN.	D2161	HCPCS	outpatient			495	1158.02	Aetna	Commercial		1603.1	1.592			155.73	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-4 OR >SURFACES PERMAN.	D2161	HCPCS	outpatient			495	1158.02	Aetna	Better Health		155.73	0.3146			155.73	1839.73	percent of total billed charges	
AMALGAM-4 OR >SURFACES PERMAN.	D2161	HCPCS	outpatient			495	1158.02	Aetna	Medicare		1006.97	1			155.73	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-4 OR >SURFACES PERMAN.	D2161	HCPCS	outpatient			495	1158.02	Americare	Americare		371.25	0.75			155.73	1839.73	percent of total billed charges	
AMALGAM-4 OR >SURFACES PERMAN.	D2161	HCPCS	outpatient			495	1158.02	WellPoint	WellPoint		158.8	0.3208			155.73	1839.73	percent of total billed charges	
AMALGAM-4 OR >SURFACES PERMAN.	D2161	HCPCS	outpatient			495	1158.02	Amerihealth	Medicare		1006.97	1			155.73	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-4 OR >SURFACES PERMAN.	D2161	HCPCS	outpatient			495	1158.02	Consumer	Consumer		470.25	0.95			155.73	1839.73	percent of total billed charges	
AMALGAM-4 OR >SURFACES PERMAN.	D2161	HCPCS	outpatient			495	1158.02	Corrections	Corrections		396	0.8			155.73	1839.73	percent of total billed charges	
AMALGAM-4 OR >SURFACES PERMAN.	D2161	HCPCS	outpatient			495	1158.02	First Health	First Health		346.5	0.7			155.73	1839.73	percent of total billed charges	
AMALGAM-4 OR >SURFACES PERMAN.	D2161	HCPCS	outpatient			495	1158.02	First Trenton	First Trenton		445.5	0.9			155.73	1839.73	percent of total billed charges	
AMALGAM-4 OR >SURFACES PERMAN.	D2161	HCPCS	outpatient			495	1158.02	Horizon	Medicare Blue		1006.97	1			155.73	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-4 OR >SURFACES PERMAN.	D2161	HCPCS	outpatient			495	1158.02	Horizon	MGD		1839.73	1.827			155.73	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-4 OR >SURFACES PERMAN.	D2161	HCPCS	outpatient			495	1158.02	Horizon	Indemnity		1839.73	1.827			155.73	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-4 OR >SURFACES PERMAN.	D2161	HCPCS	outpatient			495	1158.02	Horizon	PPO		1839.73	1.827			155.73	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-4 OR >SURFACES PERMAN.	D2161	HCPCS	outpatient			495	1158.02	Managed Care Inc	Managed Care Inc		445.5	0.9			155.73	1839.73	percent of total billed charges	
AMALGAM-4 OR >SURFACES PERMAN.	D2161	HCPCS	outpatient			495	1158.02	Multiplan	Multiplan		396	0.8			155.73	1839.73	percent of total billed charges	
AMALGAM-4 OR >SURFACES PERMAN.	D2161	HCPCS	outpatient			495	1158.02	Qualcare	Qualcare		371.25	0.75			155.73	1839.73	percent of total billed charges	
AMALGAM-4 OR >SURFACES PERMAN.	D2161	HCPCS	outpatient			495	1158.02	Three Rivers	Three Rivers		470.25	0.95			155.73	1839.73	percent of total billed charges	
AMALGAM-4 OR >SURFACES PERMAN.	D2161	HCPCS	outpatient			495	1158.02	UHC	Medicaid		155.73	0.3146			155.73	1839.73	percent of total billed charges	
AMALGAM-4 OR >SURFACES PERMAN.	D2161	HCPCS	outpatient			495	1158.02	UHC	Medicare		1006.97	1			155.73	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMALGAM-4 OR >SURFACES PERMAN.	D2161	HCPCS	outpatient			495	1158.02	Wellcare	Medicaid		155.73	0.3146			155.73	1839.73	percent of total billed charges	
AMALGAM-4 OR >SURFACES PERMAN.	D2161	HCPCS	outpatient			495	1158.02	Wellcare	Medicare		1006.97	1			155.73	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323	1158.02	Aetna	Commercial		1603.1	1.592			78.96	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323	1158.02	Aetna	Better Health		101.62	0.3146			78.96	1839.73	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323	1158.02	Aetna	Medicare		1006.97	1			78.96	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323	1158.02	Americare	Americare		242.25	0.75			78.96	1839.73	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323	1158.02	WellPoint	WellPoint		103.62	0.3208			78.96	1839.73	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323	1158.02	Amerihealth	Medicare		1006.97	1			78.96	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323	1158.02	Consumer	Consumer		306.85	0.95			78.96	1839.73	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323	1158.02	Corrections	Corrections		258.4	0.8			78.96	1839.73	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323	1158.02	First Health	First Health		226.1	0.7			78.96	1839.73	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323	1158.02	First Trenton	First Trenton		290.7	0.9			78.96	1839.73	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323	1158.02	Horizon	PPO		1839.73	1.827			78.96	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323	1158.02	Horizon	MGD		1839.73	1.827			78.96	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323	1158.02	Horizon	Indemnity		1839.73	1.827			78.96	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323	1158.02	Horizon	Medicare Blue		1006.97	1			78.96	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323	1158.02	Managed Care Inc	Managed Care Inc		290.7	0.9			78.96	1839.73	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323	1158.02	Multiplan	Multiplan		258.4	0.8			78.96	1839.73	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323	1158.02	Qualcare	Qualcare		242.25	0.75			78.96	1839.73	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323	1158.02	Three Rivers	Three Rivers		306.85	0.95			78.96	1839.73	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323	1158.02	UHC	Medicaid		101.62	0.3146			78.96	1839.73	percent of total billed charges	
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323	1158.02	UHC	Medicare		1006.97	1			78.96	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323	1158.02	Wellcare	Medicare		1006.97	1			78.96	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN ONE SURFACE-ANTERIOR	D2330	HCPCS	outpatient			323	1158.02	Wellcare	Medicaid		101.62	0.3146			78.96	1839.73	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458	1158.02	Aetna	Better Health		144.09	0.3146			128.36	1839.73	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458	1158.02	Aetna	Commercial		1603.1	1.592			128.36	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458	1158.02	Aetna	Medicare		1006.97	1			128.36	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458	1158.02	Americare	Americare		343.5	0.75			128.36	1839.73	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458	1158.02	WellPoint	WellPoint		146.93	0.3208			128.36	1839.73	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458	1158.02	Amerihealth	Medicare		1006.97	1			128.36	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458	1158.02	Consumer	Consumer		435.1	0.95			128.36	1839.73	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458	1158.02	Corrections	Corrections		366.4	0.8			128.36	1839.73	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458	1158.02	First Health	First Health		320.6	0.7			128.36	1839.73	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458	1158.02	First Trenton	First Trenton		412.2	0.9			128.36	1839.73	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458	1158.02	Horizon	Medicare Blue		1006.97	1			128.36	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458	1158.02	Horizon	PPO		1839.73	1.827			128.36	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458	1158.02	Horizon	Indemnity		1839.73	1.827			128.36	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458	1158.02	Horizon	MGD		1839.73	1.827			128.36	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458	1158.02	Managed Care Inc	Managed Care Inc		412.2	0.9			128.36	1839.73	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458	1158.02	Multiplan	Multiplan		366.4	0.8			128.36	1839.73	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458	1158.02	Qualcare	Qualcare		343.5	0.75			128.36	1839.73	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458	1158.02	Three Rivers	Three Rivers		435.1	0.95			128.36	1839.73	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458	1158.02	UHC	Medicare		1006.97	1			128.36	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458	1158.02	UHC	Medicaid		144.09	0.3146			128.36	1839.73	percent of total billed charges	
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458	1158.02	Wellcare	Medicare		1006.97	1			128.36	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN TWO SURFACES-ANTERIOR	D2331	HCPCS	outpatient			458	1158.02	Wellcare	Medicaid		144.09	0.3146			128.36	1839.73	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501	1158.02	Aetna	Commercial		1603.1	1.592			157.61	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501	1158.02	Aetna	Better Health		157.61	0.3146			157.61	1839.73	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501	1158.02	Aetna	Medicare		1006.97	1			157.61	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501	1158.02	Americare	Americare		375.75	0.75			157.61	1839.73	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501	1158.02	WellPoint	WellPoint		160.72	0.3208			157.61	1839.73	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501	1158.02	Amerihealth	Medicare		1006.97	1			157.61	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501	1158.02	Consumer	Consumer		475.95	0.95			157.61	1839.73	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501	1158.02	Corrections	Corrections		400.8	0.8			157.61	1839.73	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501	1158.02	First Health	First Health		350.7	0.7			157.61	1839.73	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501	1158.02	First Trenton	First Trenton		450.9	0.9			157.61	1839.73	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501	1158.02	Horizon	Indemnity		1839.73	1.827			157.61	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501	1158.02	Horizon	PPO		1839.73	1.827			157.61	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501	1158.02	Horizon	MGD		1839.73	1.827			157.61	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501	1158.02	Horizon	Medicare Blue		1006.97	1			157.61	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501	1158.02	Managed Care Inc	Managed Care Inc		450.9	0.9			157.61	1839.73	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501	1158.02	Multiplan	Multiplan		400.8	0.8			157.61	1839.73	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501	1158.02	Qualcare	Qualcare		375.75	0.75			157.61	1839.73	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501	1158.02	Three Rivers	Three Rivers		475.95	0.95			157.61	1839.73	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501	1158.02	UHC	Medicare		1006.97	1			157.61	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501	1158.02	UHC	Medicaid		157.61	0.3146			157.61	1839.73	percent of total billed charges	
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501	1158.02	Wellcare	Medicare		1006.97	1			157.61	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN THREE SURFACES-ANTERIOR	D2332	HCPCS	outpatient			501	1158.02	Wellcare	Medicaid		157.61	0.3146			157.61	1839.73	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Aetna	Commercial		1603.1	1.592			194.11	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpat

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Aetna	Medicare		1006.97				194.11	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Americare	Americare		462.75	0.75			194.11	1839.73	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	WellPoint	WellPoint		197.93	0.3208			194.11	1839.73	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	AmeriHealth	Medicare		1006.97	1			194.11	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Consumer	Consumer		586.15	0.95			194.11	1839.73	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Corrections	Corrections		493.6	0.8			194.11	1839.73	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	First Health	First Health		431.9	0.7			194.11	1839.73	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	First Trenton	First Trenton		555.3	0.9			194.11	1839.73	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Horizon	Indemnity		1839.73	1.827			194.11	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Horizon	MGD		1839.73	1.827			194.11	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Horizon	Medicare Blue		1006.97	1			194.11	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Horizon	PPO		1839.73	1.827			194.11	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Managed Care Inc	Managed Care Inc		555.3	0.9			194.11	1839.73	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Multiplan	Multiplan		493.6	0.8			194.11	1839.73	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Qualcare	Qualcare		462.75	0.75			194.11	1839.73	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Three Rivers	Three Rivers		586.15	0.95			194.11	1839.73	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	UHC	Medicare		1006.97	1			194.11	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	UHC	Medicaid		194.11	0.3146			194.11	1839.73	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Wellcare	Medicaid		194.11	0.3146			194.11	1839.73	percent of total billed charges	
RESIN 4/> SURF OR W INCIS ANT	D2335	HCPCS	outpatient			617	1158.02	Wellcare	Medicare		1006.97	1			194.11	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 1 SURFACE POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Aetna	Medicare		1006.97	1			113.89	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 1 SURFACE POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Aetna	Commercial		1603.1	1.592			113.89	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 1 SURFACE POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Aetna	Better Health		113.89	0.3146			113.89	1839.73	percent of total billed charges	
RESIN COMPOSITE 1 SURFACE POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Americare	Americare		271.5	0.75			113.89	1839.73	percent of total billed charges	
RESIN COMPOSITE 1 SURFACE POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	WellPoint	WellPoint		116.13	0.3208			113.89	1839.73	percent of total billed charges	
RESIN COMPOSITE 1 SURFACE POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	AmeriHealth	Medicare		1006.97	1			113.89	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 1 SURFACE POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Consumer	Consumer		343.9	0.95			113.89	1839.73	percent of total billed charges	
RESIN COMPOSITE 1 SURFACE POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Corrections	Corrections		289.6	0.8			113.89	1839.73	percent of total billed charges	
RESIN COMPOSITE 1 SURFACE POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	First Health	First Health		253.4	0.7			113.89	1839.73	percent of total billed charges	
RESIN COMPOSITE 1 SURFACE POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	First Trenton	First Trenton		325.8	0.9			113.89	1839.73	percent of total billed charges	
RESIN COMPOSITE 1 SURFACE POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Horizon	Medicare Blue		1006.97	1			113.89	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 1 SURFACE POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Horizon	Indemnity		1839.73	1.827			113.89	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 1 SURFACE POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Horizon	MGD		1839.73	1.827			113.89	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 1 SURFACE POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Horizon	PPO		1839.73	1.827			113.89	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 1 SURFACE POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Managed Care Inc	Managed Care Inc		325.8	0.9			113.89	1839.73	percent of total billed charges	
RESIN COMPOSITE 1 SURFACE POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Multiplan	Multiplan		289.6	0.8			113.89	1839.73	percent of total billed charges	
RESIN COMPOSITE 1 SURFACE POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Qualcare	Qualcare		271.5	0.75			113.89	1839.73	percent of total billed charges	
RESIN COMPOSITE 1 SURFACE POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Three Rivers	Three Rivers		343.9	0.95			113.89	1839.73	percent of total billed charges	
RESIN COMPOSITE 1 SURFACE POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	UHC	Medicare		1006.97	1			113.89	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 1 SURFACE POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	UHC	Medicaid		113.89	0.3146			113.89	1839.73	percent of total billed charges	
RESIN COMPOSITE 1 SURFACE POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Wellcare	Medicaid		113.89	0.3146			113.89	1839.73	percent of total billed charges	
RESIN COMPOSITE 1 SURFACE POSTERIOR	D2391	HCPCS	outpatient			362	1158.02	Wellcare	Medicare		1006.97	1			113.89	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 2 SURFACE POS	D2392	HCPCS	outpatient			466	1158.02	Aetna	Better Health		146.6	0.3146			146.6	1839.73	percent of total billed charges	
RESIN COMPOSITE 2 SURFACE POS	D2392	HCPCS	outpatient			466	1158.02	Aetna	Medicare		1006.97	1			146.6	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 2 SURFACE POS	D2392	HCPCS	outpatient			466	1158.02	Aetna	Commercial		1603.1	1.592			146.6	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 2 SURFACE POS	D2392	HCPCS	outpatient			466	1158.02	Americare	Americare		349.5	0.75			146.6	1839.73	percent of total billed charges	
RESIN COMPOSITE 2 SURFACE POS	D2392	HCPCS	outpatient			466	1158.02	WellPoint	WellPoint		149.49	0.3208			146.6	1839.73	percent of total billed charges	
RESIN COMPOSITE 2 SURFACE POS	D2392	HCPCS	outpatient			466	1158.02	AmeriHealth	Medicare		1006.97	1			146.6	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 2 SURFACE POS	D2392	HCPCS	outpatient			466	1158.02	Consumer	Consumer		442.7	0.95			146.6	1839.73	percent of total billed charges	
RESIN COMPOSITE 2 SURFACE POS	D2392	HCPCS	outpatient			466	1158.02	Corrections	Corrections		372.8	0.8			146.6	1839.73	percent of total billed charges	
RESIN COMPOSITE 2 SURFACE POS	D2392	HCPCS	outpatient			466	1158.02	First Health	First Health		326.2	0.7			146.6	1839.73	percent of total billed charges	
RESIN COMPOSITE 2 SURFACE POS	D2392	HCPCS	outpatient			466	1158.02	First Trenton	First Trenton		419.4	0.9			146.6	1839.73	percent of total billed charges	
RESIN COMPOSITE 2 SURFACE POS	D2392	HCPCS	outpatient			466	1158.02	Horizon	Indemnity		1839.73	1.827			146.6	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 2 SURFACE POS	D2392	HCPCS	outpatient			466	1158.02	Horizon	Medicare Blue		1006.97	1			146.6	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 2 SURFACE POS	D2392	HCPCS	outpatient			466	1158.02	Horizon	PPO		1839.73	1.827			146.6	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 2 SURFACE POS	D2392	HCPCS	outpatient			466	1158.02	Horizon	MGD		1839.73	1.827			146.6	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 2 SURFACE POS	D2392	HCPCS	outpatient			466	1158.02	Managed Care Inc	Managed Care Inc		419.4	0.9			146.6	1839.73	percent of total billed charges	
RESIN COMPOSITE 2 SURFACE POS	D2392	HCPCS	outpatient			466	1158.02	Multiplan	Multiplan		372.8	0.8			146.6	1839.73	percent of total billed charges	
RESIN COMPOSITE 2 SURFACE POS	D2392	HCPCS	outpatient			466	1158.02	Qualcare	Qualcare		349.5	0.75			146.6	1839.73	percent of total billed charges	
RESIN COMPOSITE 2 SURFACE POS	D2392	HCPCS	outpatient			466	1158.02	Three Rivers	Three Rivers		442.7	0.95			146.6	1839.73	percent of total billed charges	
RESIN COMPOSITE 2 SURFACE POS	D2392	HCPCS	outpatient			466	1158.02	UHC	Medicaid		146.6	0.3146			146.6	1839.73	percent of total billed charges	
RESIN COMPOSITE 2 SURFACE POS	D2392	HCPCS	outpatient			466	1158.02	UHC	Medicare		1006.97	1			146.6	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 2 SURFACE POS	D2392	HCPCS	outpatient			466	1158.02	Wellcare	Medicare		1006.97	1			146.6	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 2 SURFACE POS	D2392	HCPCS	outpatient			466	1158.02	Wellcare	Medicaid		146.6	0.3146			146.6	1839.73	percent of total billed charges	
RESIN COMPOSITE 3 SURFACE POST	D2393	HCPCS	outpatient			588	1158.02	Aetna	Medicare		1006.97	1			184.98	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 3 SURFACE POST	D2393	HCPCS	outpatient			588	1158.02	Aetna	Better Health		184.98	0.3146			184.98	1839.73	percent of total billed charges	
RESIN COMPOSITE 3 SURFACE POST	D2393	HCPCS	outpatient			588	1158.02	Aetna	Commercial		1603.1	1.592			184.98	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 3 SURFACE POST	D2393	HCPCS	outpatient			588	1158.02	Americare	Americare		441	0.75			184.98	1839.73	percent of total billed charges	
RESIN COMPOSITE 3 SURFACE POST	D2393	HCPCS	outpatient			588	1158.02	WellPoint	WellPoint		188.63	0.3208			184.98	1839.73	percent of total billed charges	
RESIN COMPOSITE 3 SURFACE POST	D2393	HCPCS	outpatient			588	1158.02	AmeriHealth	Medicare		1006.97	1			184.98	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 3 SURFACE POST	D2393	HCPCS	outpatient			588	1158.02	Consumer	Consumer		568.6	0.95			184.98	1839.73	percent of total billed charges	
RESIN COMPOSITE 3 SURFACE POST	D2393	HCPCS	outpatient			588	1158.02	Corrections	Corrections		470.4	0.8			184.98	1839.73	percent of total billed charges	
RESIN COMPOSITE 3 SURFACE POST	D2393	HCPCS	outpatient			588	1158.02	First Health	First Health		411.6	0.7			184.98	1839.73	percent of total billed charges	
RESIN COMPOSITE 3 SURFACE POST	D2393	HCPCS	outpatient			588	1158.02	First Trenton	First Trenton		529.2	0.9			184.98	1839.73	percent of total billed charges	
RESIN COMPOSITE 3 SURFACE POST	D2393	HCPCS	outpatient			588	1158.02	Horizon	MGD		1839.73	1.827			184.98	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 3 SURFACE POST	D2393	HCPCS	outpatient			588	1158.02	Horizon	Medicare Blue		1006.97	1			184.98	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 3 SURFACE POST	D2393	HCPCS	outpatient			588	1158.02	Horizon	Indemnity		1839.73	1.827			184.98	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 3 SURFACE POST	D2393	HCPCS	outpatient			588	1158.02	Horizon	PPO		1839.73	1.827			184.98	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 3 SURFACE POST	D2393	HCPCS	outpatient			588	1158.02	Managed Care Inc	Managed Care Inc		529.2	0.9			184.98	1839.73	percent of total billed charges	
RESIN COMPOSITE 3 SURFACE POST	D2393	HCPCS	outpatient			588	1158.02	Multiplan	Multiplan		470.4	0.8			184.98	1839.73	percent of total billed charges	
RESIN COMPOSITE 3 SURFACE POST	D2393	HCPCS	outpatient			588	1158.02	Qualcare	Qualcare		441	0.75			184.98	1839.73	percent of total billed charges	
RESIN COMPOSITE 3 SURFACE POST	D2393	HCPCS	outpatient			588	1158.02	Three Rivers	Three Rivers		558.6	0.95			184.98	1839.73	percent of total billed charges	
RESIN COMPOSITE 3 SURFACE POST	D2393	HCPCS	outpatient			588	1158.02	UHC	Medicaid		184.98	0.3146			184.98	1839.73	percent of total billed charges	
RESIN COMPOSITE 3 SURFACE POST	D2393	HCPCS	outpatient			588	1158.02	UHC	Medicare		1006.97	1			184.98	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE 3 SURFACE POST	D2393	HCPCS	outpatient			588	1158.02	Wellcare	Medicaid		184.98	0.3146			184.98	1839.73	percent of total billed charges	
RESIN COMPOSITE 3 SURFACE POST	D2393	HCPCS	outpatient			588	1158.02	Wellcare	Medicare		1006.97	1			184.98	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE >4 SURFACE POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Aetna	Commercial		1603.1	1.592			217.39	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE >4 SURFACE POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Aetna	Medicare		1006.97	1			217.39	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE >4 SURFACE POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Aetna	Better Health		217.39	0.3146			217.39	1839.73	percent of total billed charges	
RESIN COMPOSITE >4 SURFACE POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Americare	Americare		518.25	0.75			217.39	1839.73	percent of total billed charges	
RESIN COMPOSITE >4 SURFACE POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	WellPoint	WellPoint		221.67	0.3208			217.39	1839.73	percent of total billed charges	
RESIN COMPOSITE >4 SURFACE POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	AmeriHealth	Medicare		1006.97	1			217.39	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE >4 SURFACE POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Consumer	Consumer		656.45	0.95			217.39	1839.73	percent of total billed charges	
RESIN COMPOSITE >4 SURFACE POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Corrections	Corrections		552.8	0.8			217.39	1839.73	percent of total billed charges	
RESIN COMPOSITE >4 SURFACE POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	First Health	First Health		483.7	0.7			217.39	1839.73	percent of total billed charges	
RESIN COMPOSITE >4 SURFACE POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	First Trenton	First Trenton		621.9	0.9			217.39	1839.73	percent of total billed charges	
RESIN COMPOSITE >4 SURFACE POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Horizon	Medicare Blue		1006.97	1			217.39	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE >4 SURFACE POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Horizon	Indemnity		1839.73	1.827			217.39	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE >4 SURFACE POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Horizon	MGD		1839.73	1.827			217.39	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE >4 SURFACE POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Horizon	PPO		1839.73	1.827			217.39	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE >4 SURFACE POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Managed Care Inc	Managed Care Inc		621.9	0.9			217.39	1839.73	percent of total billed charges	
RESIN COMPOSITE >4 SURFACE POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Multiplan	Multiplan		552.8	0.8			217.39	1839.73	percent of total billed charges	
RESIN COMPOSITE >4 SURFACE POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Qualcare	Qualcare		518.25	0.75			217.39	1839.73	percent of total billed charges	
RESIN COMPOSITE >4 SURFACE POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Three Rivers	Three Rivers		656.45	0.95			217.39	1839.73	percent of total billed charges	
RESIN COMPOSITE >4 SURFACE POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	UHC	Medicare		1006.97	1			217.39	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE >4 SURFACE POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	UHC	Medicaid		217.39	0.3146			217.39	1839.73	percent of total billed charges	
RESIN COMPOSITE >4 SURFACE POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Wellcare	Medicare		1006.97	1			217.39	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESIN COMPOSITE >4 SURFACE POSTERIOR	D2394	HCPCS	outpatient			691	1158.02	Wellcare	Medicaid		217.39	0.3146			217.39	1839.73	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Aetna	Medicare		1006.97	1			564.08	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Aetna	Better Health		564.08	0.3146			564.08	1839.73	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Aetna	Commercial		1603.1	1.592			564.08	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Americare	Americare		1344.75	0.75			564.08	1839.73	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	WellPoint	WellPoint		575.19	0.3208			564.08	1839.73	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	AmeriHealth	Medicare		1006.97	1			564.08	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Consumer	Consumer		1703.35	0.95			564.08	1839.73	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Corrections	Corrections		1434.4	0.8			564.08	1839.73	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	First Health	First Health		1255.1	0.7			564.08	1839.73	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	First Trenton	First Trenton		1613.7	0.9			564.08	1839.73	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Horizon	MGD		1839.73	1.827			564.08	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Horizon	Indemnity		1839.73	1.827			564.08	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Horizon	Medicare Blue		1006.97	1			564.08	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Horizon	PPO		1839.73	1.827			564.08	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Managed Care Inc	Managed Care Inc		1613.7	0.9			564.08	1839.73	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Multiplan	Multiplan		1434.4	0.8			564.08	1839.73	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Qualcare	Qualcare		1344.75	0.75			564.08	1839.73	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Three Rivers	Three Rivers		1703.35	0.95			564.08	1839.73	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	UHC	Medicare		1006.97	1			564.08	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	UHC	Medicaid		564.08	0.3146			564.08	1839.73	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Wellcare	Medicaid		564.08	0.3146			564.08	1839.73	percent of total billed charges	
INLAY COMPOSITE/RESIN ONE SU	D2650	HCPCS	outpatient			1793	1158.02	Wellcare	Medicare		1006.97	1			564.08	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	Aetna	Better Health		465.92	0.3146			465.92	1839.73	percent of total billed charges	
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	Aetna	Commercial		1603.1	1.592			465.92	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	Aetna	Medicare		1006.97	1			465.92	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	Americare	Americare		1110.75	0.75			465.92	1839.73	percent of total billed charges	
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	WellPoint	WellPoint		475.1	0.3208			465.92	1839.73	percent of total billed charges	
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	AmeriHealth	Medicare		1006.97	1			465.92	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	Consumer	Consumer		1406.95	0.95			465.92	1839.73	percent of total billed charges	
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	Corrections	Corrections		1184.8	0.8			465.92	1839.73	percent of total billed charges	
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481	1158.02	First Health	First Health		1036.7	0

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481		1158.02 Horizon	PPO		1839.73	1.827			465.92	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481		1158.02 Managed Care Inc	Managed Care Inc		1332.9	0.9			465.92	1839.73	percent of total billed charges	
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481		1158.02 Multiplan	Multiplan		1184.8	0.8			465.92	1839.73	percent of total billed charges	
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481		1158.02 Qualcare	Qualcare		1110.75	0.75			465.92	1839.73	percent of total billed charges	
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481		1158.02 Three Rivers	Three Rivers		1406.95	0.95			465.92	1839.73	percent of total billed charges	
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481		1158.02 UHC	Medicare		1006.97	1			465.92	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481		1158.02 UHC	Medicaid		465.92	0.3146			465.92	1839.73	percent of total billed charges	
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481		1158.02 Wellcare	Medicaid		465.92	0.3146			465.92	1839.73	percent of total billed charges	
ONLAY-RESIN-BASED COMPOSITE-TWO SURFACE	D2662	HCPCS	outpatient			1481		1158.02 Wellcare	Medicare		1006.97	1			465.92	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602		1158.02 Aetna	Commercial		1603.1	1.592			503.99	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602		1158.02 Aetna	Better Health		503.99	0.3146			503.99	1839.73	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602		1158.02 Aetna	Medicare		1006.97	1			503.99	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602		1158.02 Americare	Americare		1201.5	0.75			503.99	1839.73	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602		1158.02 WellPoint	WellPoint		513.92	0.3208			503.99	1839.73	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602		1158.02 Amerihealth	Medicare		1006.97	1			503.99	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602		1158.02 Consumer	Consumer		1521.9	0.95			503.99	1839.73	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602		1158.02 Corrections	Corrections		1281.6	0.8			503.99	1839.73	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602		1158.02 First Health	First Health		1121.4	0.7			503.99	1839.73	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602		1158.02 First Trenton	First Trenton		1441.8	0.9			503.99	1839.73	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602		1158.02 Horizon	Indemnity		1839.73	1.827			503.99	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602		1158.02 Horizon	Medicare Blue		1006.97	1			503.99	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602		1158.02 Horizon	MGD		1839.73	1.827			503.99	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602		1158.02 Horizon	PPO		1839.73	1.827			503.99	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602		1158.02 Managed Care Inc	Managed Care Inc		1441.8	0.9			503.99	1839.73	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602		1158.02 Multiplan	Multiplan		1281.6	0.8			503.99	1839.73	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602		1158.02 Qualcare	Qualcare		1201.5	0.75			503.99	1839.73	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602		1158.02 Three Rivers	Three Rivers		1521.9	0.95			503.99	1839.73	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602		1158.02 UHC	Medicare		1006.97	1			503.99	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602		1158.02 UHC	Medicaid		503.99	0.3146			503.99	1839.73	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602		1158.02 Wellcare	Medicaid		503.99	0.3146			503.99	1839.73	percent of total billed charges	
DENT ONLAY RES 4/MRE SUR	D2664	HCPCS	outpatient			1602		1158.02 Wellcare	Medicare		1006.97	1			503.99	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECEMENTATION	D2920	HCPCS	outpatient			229		1158.02 Aetna	Better Health		72.04	0.3146			72.04	1839.73	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229		1158.02 Aetna	Commercial		1603.1	1.592			72.04	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECEMENTATION	D2920	HCPCS	outpatient			229		1158.02 Aetna	Medicare		1006.97	1			72.04	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECEMENTATION	D2920	HCPCS	outpatient			229		1158.02 Americare	Americare		171.75	0.75			72.04	1839.73	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229		1158.02 WellPoint	WellPoint		73.46	0.3208			72.04	1839.73	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229		1158.02 Amerihealth	Medicare		1006.97	1			72.04	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECEMENTATION	D2920	HCPCS	outpatient			229		1158.02 Consumer	Consumer		217.55	0.95			72.04	1839.73	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229		1158.02 Corrections	Corrections		183.2	0.8			72.04	1839.73	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229		1158.02 First Health	First Health		160.3	0.7			72.04	1839.73	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229		1158.02 First Trenton	First Trenton		206.1	0.9			72.04	1839.73	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229		1158.02 Horizon	Medicare Blue		1006.97	1			72.04	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECEMENTATION	D2920	HCPCS	outpatient			229		1158.02 Horizon	Indemnity		1839.73	1.827			72.04	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECEMENTATION	D2920	HCPCS	outpatient			229		1158.02 Horizon	MGD		1839.73	1.827			72.04	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECEMENTATION	D2920	HCPCS	outpatient			229		1158.02 Horizon	PPO		1839.73	1.827			72.04	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECEMENTATION	D2920	HCPCS	outpatient			229		1158.02 Managed Care Inc	Managed Care Inc		206.1	0.9			72.04	1839.73	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229		1158.02 Multiplan	Multiplan		183.2	0.8			72.04	1839.73	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229		1158.02 Qualcare	Qualcare		171.75	0.75			72.04	1839.73	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229		1158.02 Three Rivers	Three Rivers		217.55	0.95			72.04	1839.73	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229		1158.02 UHC	Medicare		1006.97	1			72.04	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECEMENTATION	D2920	HCPCS	outpatient			229		1158.02 UHC	Medicaid		72.04	0.3146			72.04	1839.73	percent of total billed charges	
RECEMENTATION	D2920	HCPCS	outpatient			229		1158.02 Wellcare	Medicare		1006.97	1			72.04	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RECEMENTATION	D2920	HCPCS	outpatient			229		1158.02 Wellcare	Medicaid		72.04	0.3146			72.04	1839.73	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794		1158.02 Aetna	Commercial		1603.1	1.592			249.79	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794		1158.02 Aetna	Better Health		249.79	0.3146			249.79	1839.73	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794		1158.02 Aetna	Medicare		1006.97	1			249.79	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794		1158.02 Americare	Americare		595.5	0.75			249.79	1839.73	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794		1158.02 WellPoint	WellPoint		254.72	0.3208			249.79	1839.73	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794		1158.02 Amerihealth	Medicare		1006.97	1			249.79	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794		1158.02 Consumer	Consumer		754.3	0.95			249.79	1839.73	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794		1158.02 Corrections	Corrections		635.2	0.8			249.79	1839.73	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794		1158.02 First Health	First Health		555.8	0.7			249.79	1839.73	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794		1158.02 First Trenton	First Trenton		714.6	0.9			249.79	1839.73	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794		1158.02 Horizon	Medicare Blue		1006.97	1			249.79	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794		1158.02 Horizon	Indemnity		1839.73	1.827			249.79	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794		1158.02 Horizon	MGD		1839.73	1.827			249.79	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794		1158.02 Horizon	PPO		1839.73	1.827			249.79	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794		1158.02 Managed Care Inc	Managed Care Inc		714.6	0.9			249.79	1839.73	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794		1158.02 Multiplan	Multiplan		635.2	0.8			249.79	1839.73	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794		1158.02 Qualcare	Qualcare		595.5	0.75			249.79	1839.73	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794		1158.02 Three Rivers	Three Rivers		754.3	0.95			249.79	1839.73	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794		1158.02 UHC	Medicare		1006.97	1			249.79	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794		1158.02 UHC	Medicaid		249.79	0.3146			249.79	1839.73	percent of total billed charges	
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794		1158.02 Wellcare	Medicare		1006.97	1			249.79	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PREFABRICATED RESIN CROWN	D2932	HCPCS	outpatient			794		1158.02 Wellcare	Medicaid		249.79	0.3146			249.79	1839.73	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	both			237		1158.02 Aetna	Commercial		1603.1	1.592			58.83	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEDATIVE FILLING	D2940	HCPCS	both			237		1158.02 Aetna	Better Health		74.56	0.3146			58.83	1839.73	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	both			237		1158.02 Aetna	Medicare		1006.97	1			58.83	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEDATIVE FILLING	D2940	HCPCS	both			237		1158.02 Americare	Americare		177.75	0.75			58.83	1839.73	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	both			237		1158.02 WellPoint	WellPoint		76.03	0.3208			58.83	1839.73	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	both			237		1158.02 Amerihealth	Medicare		1006.97	1			58.83	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEDATIVE FILLING	D2940	HCPCS	both			237		1158.02 Consumer	Consumer		225.15	0.95			58.83	1839.73	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	both			237		1158.02 Corrections	Corrections		189.6	0.8			58.83	1839.73	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	both			237		1158.02 First Health	First Health		165.9	0.7			58.83	1839.73	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	both			237		1158.02 First Trenton	First Trenton		213.3	0.9			58.83	1839.73	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	both			237		1158.02 Horizon	Medicare Blue		1006.97	1			58.83	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEDATIVE FILLING	D2940	HCPCS	both			237		1158.02 Horizon	Indemnity		1839.73	1.827			58.83	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEDATIVE FILLING	D2940	HCPCS	both			237		1158.02 Horizon	MGD		1839.73	1.827			58.83	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEDATIVE FILLING	D2940	HCPCS	both			237		1158.02 Horizon	PPO		1839.73	1.827			58.83	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEDATIVE FILLING	D2940	HCPCS	both			237		1158.02 Managed Care Inc	Managed Care Inc		213.3	0.9			58.83	1839.73	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	both			237		1158.02 Multiplan	Multiplan		189.6	0.8			58.83	1839.73	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	both			237		1158.02 Qualcare	Qualcare		177.75	0.75			58.83	1839.73	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	both			237		1158.02 Three Rivers	Three Rivers		225.15	0.95			58.83	1839.73	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	both			237		1158.02 UHC	Medicare		1006.97	1			58.83	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEDATIVE FILLING	D2940	HCPCS	both			237		1158.02 UHC	Medicaid		74.56	0.3146			58.83	1839.73	percent of total billed charges	
SEDATIVE FILLING	D2940	HCPCS	both			237		1158.02 Wellcare	Medicare		1006.97	1			58.83	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEDATIVE FILLING	D2940	HCPCS	both			237		1158.02 Wellcare	Medicaid		74.56	0.3146			58.83	1839.73	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167		1158.02 Aetna	Commercial		1603.1	1.592			52.54	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167		1158.02 Aetna	Better Health		52.54	0.3146			52.54	1839.73	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167		1158.02 Aetna	Medicare		1006.97	1			52.54	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167		1158.02 Americare	Americare		125.25	0.75			52.54	1839.73	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167		1158.02 WellPoint	WellPoint		53.57	0.3208			52.54	1839.73	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167		1158.02 Amerihealth	Medicare		1006.97	1			52.54	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167		1158.02 Consumer	Consumer		158.65	0.95			52.54	1839.73	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167		1158.02 Corrections	Corrections		133.6	0.8			52.54	1839.73	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167		1158.02 First Health	First Health		116.9	0.7			52.54	1839.73	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167		1158.02 First Trenton	First Trenton		150.3	0.9			52.54	1839.73	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167		1158.02 Horizon	MGD		1839.73	1.827			52.54	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167		1158.02 Horizon	Medicare Blue		1006.97	1			52.54	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167		1158.02 Horizon	PPO		1839.73	1.827			52.54	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167		1158.02 Horizon	Indemnity		1839.73	1.827			52.54	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167		1158.02 Managed Care Inc	Managed Care Inc		150.3	0.9			52.54	1839.73	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167		1158.02 Multiplan	Multiplan		133.6	0.8			52.54	1839.73	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167		1158.02 Qualcare	Qualcare		125.25	0.75			52.54	1839.73	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167		1158.02 Three Rivers	Three Rivers		158.65	0.95			52.54	1839.73	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167		1158.02 UHC	Medicaid		52.54	0.3146			52.54	1839.73	percent of total billed charges	
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167		1158.02 UHC	Medicare		1006.97	1			52.54	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167		1158.02 Wellcare	Medicare		1006.97	1			52.54	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PIN RETENTION - EXCL. AMAL.	D2951	HCPCS	outpatient			167		1158.02 Wellcare	Medicaid		52.54	0.3146			52.54	1839.73	percent of total billed charges	
PULP CAP	D3110	HCPCS	outpatient			181		1158.02 Aetna	Better Health		56.94	0.3146			56.94	1839.73	percent of total billed charges	
PULP CAP	D3110	HCPCS	outpatient			181		1158.02 Aetna	Medicare		1006.97	1			56.94	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP	D3110	HCPCS	outpatient			181		1158.02 Aetna	Commercial		1603.1	1.592			56.94	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP	D3110	HCPCS	outpatient			181		1158.02 Americare	Americare		135.75	0.75			56.94	1839.73	percent of total billed charges	
PULP CAP	D3110	HCPCS	outpatient			181		1158.02 WellPoint	WellPoint		58.06	0.3208			56.94	1839.73	percent of total billed charges	
PULP CAP	D3110	HCPCS	outpatient			181		1158.02 Amerihealth	Medicare		1006.97	1			56.94	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP	D3110	HCPCS	outpatient			181		1158.02 Consumer	Consumer		171.95	0.95			56.94	1839.73	percent of total billed charges	
PULP CAP	D3110	HCPCS	outpatient			181		1158.02 Corrections	Corrections		144.8	0.8			56.94	1839.73	percent of total billed charges	
PULP CAP	D3110	HCPCS	outpatient			181		1158.02 First Health	First Health		126.7	0.7			56.94	1839.73	percent of total billed charges	
PULP CAP	D3110	HCPCS	outpatient			181		1158.02 First Trenton	First Trenton		162.9	0.9			56.94	1839.73	percent of total billed charges	
PULP CAP	D3110	HCPCS	outpatient			181		1158.02 Horizon	Indemnity		1839.73	1.827			56.94	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP	D3110	HCPCS	outpatient			181		1158.02 Horizon	Medicare Blue		1006.97	1			56.94	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP	D3110	HCPCS	outpatient			181		1158.02 Horizon	PPO		1839.73	1.827			56.94	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP	D3110	HCPCS	outpatient			181		1158.02 Horizon	MGD		1839.73	1.827			56.94	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP	D3110	HCPCS	outpatient			181		1158.02 Managed Care Inc	Managed Care Inc		162.9	0.9			56.94	1839.73	percent of total billed charges	
PULP CAP	D3110	HCPCS	outpatient			181		1158.02 Multiplan	Multiplan		144.8	0.8			56.94	1839.73	percent of total billed charges	
PULP CAP	D3110	HCPCS	outpatient			181		1158.02 Qualcare	Qualcare		135.75	0.75			56.94	1839.73	percent of total billed charges	
PULP CAP	D3110	HCPCS	outpatient			181		1158.02 Three Rivers	Three Rivers		171.95	0.95			56.94	1839.73	percent of total billed charges	
PULP CAP	D3110	HCPCS	outpatient			181		1158.02 UHC	Medicare		1006.97	1			56.94	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP	D3110	HCPCS	outpatient			181		1158.02 UHC	Medicaid		56.94	0.3146			56.94	1839.73	percent of total billed charges	
PULP CAP	D3110	HCPCS	outpatient			181		1158.02 Wellcare	Medicare		1006.97	1			56.94	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP	D3110	HCPCS	outpatient			181		1158.02 Wellcare	Medicaid		56.94	0.3146			56.94	1839.73	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190		1158.02 Aetna	Better Health		59.77	0.3146			59.77	1839.73	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190		1158.02 Aetna	Medicare		1006.97	1			59.77	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190		1158.02 Aetna	Commercial		1603.1	1.592			59.77	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190		1158.02 Americare	Americare		142.5	0.75			59.77	1839.73	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190		1158.02 WellPoint	WellPoint		60.95	0.3208			59.77	1839.73	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190		1158.02 AmeriHealth	Medicare		1006.97	1			59.77	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190		1158.02 Consumer	Consumer		180.5	0.95			59.77	1839.73	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190		1158.02 Corrections	Corrections		152	0.8			59.77	1839.73	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190		1158.02 First Health	First Health		133	0.7			59.77	1839.73	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190		1158.02 First Trenton	First Trenton		171	0.9			59.77	1839.73	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190		1158.02 Horizon	MGD		1839.73	1.827			59.77	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190		1158.02 Horizon	Indemnity		1839.73	1.827			59.77	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190		1158.02 Horizon	PPO		1839.73	1.827			59.77	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190		1158.02 Horizon	Medicare Blue		1006.97	1			59.77	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190		1158.02 Managed Care Inc	Managed Care Inc		171	0.9			59.77	1839.73	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190		1158.02 Multiplan	Multiplan		152	0.8			59.77	1839.73	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190		1158.02 Qualcare	Qualcare		142.5	0.75			59.77	1839.73	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190		1158.02 Three Rivers	Three Rivers		180.5	0.95			59.77	1839.73	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190		1158.02 UHC	Medicare		1006.97	1			59.77	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190		1158.02 UHC	Medicaid		59.77	0.3146			59.77	1839.73	percent of total billed charges	
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190		1158.02 Wellcare	Medicare		1006.97	1			59.77	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULP CAP INDIRECT	D3120	HCPCS	outpatient			190		1158.02 Wellcare	Medicaid		59.77	0.3146			59.77	1839.73	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420		1158.02 Aetna	Medicare		1006.97	1			132.13	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULPOTOMY	D3220	HCPCS	outpatient			420		1158.02 Aetna	Commercial		1603.1	1.592			132.13	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULPOTOMY	D3220	HCPCS	outpatient			420		1158.02 Aetna	Better Health		132.13	0.3146			132.13	1839.73	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420		1158.02 Americare	Americare		315	0.75			132.13	1839.73	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420		1158.02 WellPoint	WellPoint		134.74	0.3208			132.13	1839.73	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420		1158.02 AmeriHealth	Medicare		1006.97	1			132.13	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULPOTOMY	D3220	HCPCS	outpatient			420		1158.02 Consumer	Consumer		399	0.95			132.13	1839.73	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420		1158.02 Corrections	Corrections		336	0.8			132.13	1839.73	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420		1158.02 First Health	First Health		294	0.7			132.13	1839.73	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420		1158.02 First Trenton	First Trenton		378	0.9			132.13	1839.73	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420		1158.02 Horizon	MGD		1839.73	1.827			132.13	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULPOTOMY	D3220	HCPCS	outpatient			420		1158.02 Horizon	Medicare Blue		1006.97	1			132.13	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULPOTOMY	D3220	HCPCS	outpatient			420		1158.02 Horizon	PPO		1839.73	1.827			132.13	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULPOTOMY	D3220	HCPCS	outpatient			420		1158.02 Horizon	Indemnity		1839.73	1.827			132.13	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULPOTOMY	D3220	HCPCS	outpatient			420		1158.02 Managed Care Inc	Managed Care Inc		378	0.9			132.13	1839.73	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420		1158.02 Multiplan	Multiplan		336	0.8			132.13	1839.73	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420		1158.02 Qualcare	Qualcare		315	0.75			132.13	1839.73	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420		1158.02 Three Rivers	Three Rivers		399	0.95			132.13	1839.73	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420		1158.02 UHC	Medicaid		132.13	0.3146			132.13	1839.73	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420		1158.02 UHC	Medicare		1006.97	1			132.13	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PULPOTOMY	D3220	HCPCS	outpatient			420		1158.02 Wellcare	Medicaid		132.13	0.3146			132.13	1839.73	percent of total billed charges	
PULPOTOMY	D3220	HCPCS	outpatient			420		1158.02 Wellcare	Medicare		1006.97	1			132.13	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492		1158.02 Aetna	Commercial		1603.1	1.592			114.51	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492		1158.02 Aetna	Better Health		154.78	0.3146			114.51	1839.73	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492		1158.02 Aetna	Medicare		1006.97	1			114.51	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492		1158.02 Americare	Americare		369	0.75			114.51	1839.73	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492		1158.02 WellPoint	WellPoint		157.83	0.3208			114.51	1839.73	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492		1158.02 AmeriHealth	Medicare		1006.97	1			114.51	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492		1158.02 Consumer	Consumer		467.4	0.95			114.51	1839.73	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492		1158.02 Corrections	Corrections		393.6	0.8			114.51	1839.73	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492		1158.02 First Health	First Health		344.4	0.7			114.51	1839.73	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492		1158.02 First Trenton	First Trenton		442.8	0.9			114.51	1839.73	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492		1158.02 Horizon	MGD		1839.73	1.827			114.51	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492		1158.02 Horizon	Indemnity		1839.73	1.827			114.51	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492		1158.02 Horizon	PPO		1839.73	1.827			114.51	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492		1158.02 Horizon	Medicare Blue		1006.97	1			114.51	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492		1158.02 Managed Care Inc	Managed Care Inc		442.8	0.9			114.51	1839.73	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492		1158.02 Multiplan	Multiplan		393.6	0.8			114.51	1839.73	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492		1158.02 Qualcare	Qualcare		369	0.75			114.51	1839.73	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492		1158.02 Three Rivers	Three Rivers		467.4	0.95			114.51	1839.73	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492		1158.02 UHC	Medicare		1006.97	1			114.51	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492		1158.02 UHC	Medicaid		154.78	0.3146			114.51	1839.73	percent of total billed charges	
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492		1158.02 Wellcare	Medicare		1006.97	1			114.51	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GROSS PULPAL DEBRIDEMENT	D3221	HCPCS	outpatient			492		1158.02 Wellcare	Medicaid		154.78	0.3146			114.51	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 1 CANAL	D3310	HCPCS	outpatient			1413		1158.02 Aetna	Commercial		1603.1	1.592			360.85	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 1 CANAL	D3310	HCPCS	outpatient			1413		1158.02 Aetna	Medicare		1006.97	1			360.85	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 1 CANAL	D3310	HCPCS	outpatient			1413		1158.02 Aetna	Better Health		444.53	0.3146			360.85	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 1 CANAL	D3310	HCPCS	outpatient			1413		1158.02 Americare	Americare		1059.75	0.75			360.85	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 1 CANAL	D3310	HCPCS	outpatient			1413		1158.02 WellPoint	WellPoint		453.29	0.3208			360.85	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 1 CANAL	D3310	HCPCS	outpatient			1413		1158.02 AmeriHealth	Medicare		1006.97	1			360.85	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 1 CANAL	D3310	HCPCS	outpatient			1413		1158.02 Consumer	Consumer		1342.35	0.95			360.85	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 1 CANAL	D3310	HCPCS	outpatient			1413		1158.02 Corrections	Corrections		1130.4	0.8			360.85	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 1 CANAL	D3310	HCPCS	outpatient			1413		1158.02 First Health	First Health		989.1	0.7			360.85	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 1 CANAL	D3310	HCPCS	outpatient			1413		1158.02 First Trenton	First Trenton		1271.7	0.9			360.85	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 1 CANAL	D3310	HCPCS	outpatient			1413		1158.02 Horizon	MGD		1839.73	1.827			360.85	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 1 CANAL	D3310	HCPCS	outpatient			1413		1158.02 Horizon	Medicare Blue		1006.97	1			360.85	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 1 CANAL	D3310	HCPCS	outpatient			1413		1158.02 Horizon	PPO		1839.73	1.827			360.85	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 1 CANAL	D3310	HCPCS	outpatient			1413		1158.02 Horizon	Indemnity		1839.73	1.827			360.85	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 1 CANAL	D3310	HCPCS	outpatient			1413		1158.02 Managed Care Inc	Managed Care Inc		1271.7	0.9			360.85	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 1 CANAL	D3310	HCPCS	outpatient			1413		1158.02 Multiplan	Multiplan		1130.4	0.8			360.85	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 1 CANAL	D3310	HCPCS	outpatient			1413		1158.02 Qualcare	Qualcare		1059.75	0.75			360.85	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 1 CANAL	D3310	HCPCS	outpatient			1413		1158.02 Three Rivers	Three Rivers		1342.35	0.95			360.85	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 1 CANAL	D3310	HCPCS	outpatient			1413		1158.02 UHC	Medicaid		444.53	0.3146			360.85	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 1 CANAL	D3310	HCPCS	outpatient			1413		1158.02 UHC	Medicare		1006.97	1			360.85	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 1 CANAL	D3310	HCPCS	outpatient			1413		1158.02 Wellcare	Medicare		1006.97	1			360.85	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 1 CANAL	D3310	HCPCS	outpatient			1413		1158.02 Wellcare	Medicaid		444.53	0.3146			360.85	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 2 CANALS	D3320	HCPCS	outpatient			1634		1158.02 Aetna	Commercial		1603.1	1.592			514.06	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 2 CANALS	D3320	HCPCS	outpatient			1634		1158.02 Aetna	Better Health		514.06	0.3146			514.06	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 2 CANALS	D3320	HCPCS	outpatient			1634		1158.02 Aetna	Medicare		1006.97	1			514.06	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 2 CANALS	D3320	HCPCS	outpatient			1634		1158.02 Americare	Americare		1225.5	0.75			514.06	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 2 CANALS	D3320	HCPCS	outpatient			1634		1158.02 WellPoint	WellPoint		524.19	0.3208			514.06	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 2 CANALS	D3320	HCPCS	outpatient			1634		1158.02 AmeriHealth	Medicare		1006.97	1			514.06	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 2 CANALS	D3320	HCPCS	outpatient			1634		1158.02 Consumer	Consumer		1552.3	0.95			514.06	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 2 CANALS	D3320	HCPCS	outpatient			1634		1158.02 Corrections	Corrections		1307.2	0.8			514.06	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 2 CANALS	D3320	HCPCS	outpatient			1634		1158.02 First Health	First Health		1143.8	0.7			514.06	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 2 CANALS	D3320	HCPCS	outpatient			1634		1158.02 First Trenton	First Trenton		1470.6	0.9			514.06	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 2 CANALS	D3320	HCPCS	outpatient			1634		1158.02 Horizon	Medicare Blue		1006.97	1			514.06	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 2 CANALS	D3320	HCPCS	outpatient			1634		1158.02 Horizon	Indemnity		1839.73	1.827			514.06	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 2 CANALS	D3320	HCPCS	outpatient			1634		1158.02 Horizon	MGD		1839.73	1.827			514.06	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 2 CANALS	D3320	HCPCS	outpatient			1634		1158.02 Horizon	PPO		1839.73	1.827			514.06	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 2 CANALS	D3320	HCPCS	outpatient			1634		1158.02 Managed Care Inc	Managed Care Inc		1470.6	0.9			514.06	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 2 CANALS	D3320	HCPCS	outpatient			1634		1158.02 Multiplan	Multiplan		1307.2	0.8			514.06	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 2 CANALS	D3320	HCPCS	outpatient			1634		1158.02 Qualcare	Qualcare		1225.5	0.75			514.06	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 2 CANALS	D3320	HCPCS	outpatient			1634		1158.02 Three Rivers	Three Rivers		1552.3	0.95			514.06	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 2 CANALS	D3320	HCPCS	outpatient			1634		1158.02 UHC	Medicaid		514.06	0.3146			514.06	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 2 CANALS	D3320	HCPCS	outpatient			1634		1158.02 UHC	Medicare		1006.97	1			514.06	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 2 CANALS	D3320	HCPCS	outpatient			1634		1158.02 Wellcare	Medicaid		514.06	0.3146			514.06	1839.73	percent of total billed charges	
ROOT CANAL TREATMENT 2 CANALS	D3320	HCPCS	outpatient			1634		1158.02 Wellcare	Medicare		1006.97	1			514.06	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 3 CANALS	D3330	HCPCS	outpatient			1960		1158.02 Aetna	Commercial		1603.1	1.592			616.62	1862	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 3 CANALS	D3330	HCPCS	outpatient			1960		1158.02 Aetna	Better Health		616.62	0.3146			616.62	1862	percent of total billed charges	
ROOT CANAL TREATMENT 3 CANALS	D3330	HCPCS	outpatient			1960		1158.02 Aetna	Medicare		1006.97	1			616.62	1862	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 3 CANALS	D3330	HCPCS	outpatient			1960		1158.02 Americare	Americare		1470	0.75			616.62	1862	percent of total billed charges	
ROOT CANAL TREATMENT 3 CANALS	D3330	HCPCS	outpatient			1960		1158.02 WellPoint	WellPoint		628.77	0.3208			616.62	1862	percent of total billed charges	
ROOT CANAL TREATMENT 3 CANALS	D3330	HCPCS	outpatient			1960		1158.02 AmeriHealth	Medicare		1006.97	1			616.62	1862	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 3 CANALS	D3330	HCPCS	outpatient			1960		1158.02 Consumer	Consumer		1862	0.95			616.62	1862	percent of total billed charges	
ROOT CANAL TREATMENT 3 CANALS	D3330	HCPCS	outpatient			1960		1158.02 Corrections	Corrections		1568	0.8			616.62	1862	percent of total billed charges	
ROOT CANAL TREATMENT 3 CANALS	D3330	HCPCS	outpatient			1960		1158.02 First Health	First Health		1372	0.7			616.62	1862	percent of total billed charges	
ROOT CANAL TREATMENT 3 CANALS	D3330	HCPCS	outpatient			1960		1158.02 First Trenton	First Trenton		1764	0.9			616.62	1862	percent of total billed charges	
ROOT CANAL TREATMENT 3 CANALS	D3330	HCPCS	outpatient			1960		1158.02 Horizon	Indemnity		1839.73	1.827			616.62	1862	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 3 CANALS	D3330	HCPCS	outpatient			1960		1158.02 Horizon	MGD		1839.73	1.827			616.62	1862	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 3 CANALS	D3330	HCPCS	outpatient			1960		1158.02 Horizon	Medicare Blue		1006.97	1			616.62	1862	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 3 CANALS	D3330	HCPCS	outpatient			1960		1158.02 Horizon	PPO		1839.73	1.827			616.62	1862	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 3 CANALS	D3330	HCPCS	outpatient			1960		1158.02 Managed Care Inc	Managed Care Inc		1764	0.9			616.62	1862	percent of total billed charges	
ROOT CANAL TREATMENT 3 CANALS	D3330	HCPCS	outpatient			1960		1158.02 Multiplan	Multiplan		1568	0.8			616.62	1862	percent of total billed charges	
ROOT CANAL TREATMENT 3 CANALS	D3330	HCPCS	outpatient			1960		1158.02 Qualcare	Qualcare		1470	0.75			616.62	1862	percent of total billed charges	
ROOT CANAL TREATMENT 3 CANALS	D3330	HCPCS	outpatient			1960		1158.02 Three Rivers	Three Rivers		1862	0.95			616.62	1862	percent of total billed charges	
ROOT CANAL TREATMENT 3 CANALS	D3330	HCPCS	outpatient			1960		1158.02 UHC	Medicaid		616.62	0.3146			616.62	1862	percent of total billed charges	
ROOT CANAL TREATMENT 3 CANALS	D3330	HCPCS	outpatient			1960		1158.02 UHC	Medicare		1006.97	1			616.62	1862	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 3 CANALS	D3330	HCPCS	outpatient			1960		1158.02 Wellcare	Medicare		1006.97	1			616.62	1862	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT CANAL TREATMENT 3 CANALS	D3330	HCPCS	outpatient			1960		1158.02 Wellcare	Medicaid		616.62	0.3146			616.62	1862	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410		1158.02 Aetna	Commercial		1603.1	1.592			441.38	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410		1158.02 Aetna	Better Health		443.59	0.3146			441.38	1839.73	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410		1158.02 Aetna	Medicare		1006.97	1			441.38	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410		1158.02 Americare	Americare		1057.5	0.75			441.38	1839.73	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410		1158.02 WellPoint	WellPoint		452.33	0.3208			441.38	1839.73	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410		1158.02 AmeriHealth	Medicare		1006.97	1			441.38	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410		1158.02 Consumer	Consumer		1339.5	0.95			441.38	1839.73	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410		1158.02 Corrections	Corrections		1128	0.8			441.38	1839.73	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410		1158.02 First Health	First Health		987	0.7			441.38	1839.73	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410		1158.02 First Trenton	First Trenton		1269	0.9			441.38	1839.73	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410		1158.02 Horizon	Medicare Blue		1006.97	1			441.38	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410		1158.02 Horizon	MGD		1839.73	1.827			441.38	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410		1158.02 Horizon	Indemnity		1839.73	1.827			441.38	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410		1158.02 Horizon	PPO		1839.73	1.827			441.38	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410		1158.02 Managed Care Inc	Managed Care Inc		1269	0.9			441.38	1839.73	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410		1158.02 Multiplan	Multiplan		1128	0.8			441.38	1839.73	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410		1158.02 Qualcare	Qualcare		1057.5	0.75			441.38	1839.73	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410		1158.02 Three Rivers	Three Rivers		1339.5	0.95			441.38	1839.73	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410		1158.02 UHC	Medicaid		443.59	0.3146			441.38	1839.73	percent of total billed charges	
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410		1158.02 UHC	Medicare		1006.97	1			441.38	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410		1158.02 Wellcare	Medicare		1006.97	1			441.38	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
APICOECTOMY-ANTERIOR	D3410	HCPCS	outpatient			1410		1158.02 Wellcare	Medicaid		443.59	0.3146			441.38	1839.73	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543		1158.02 Aetna	Better Health		485.43	0.3146			483.23	1839.73	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543		1158.02 Aetna	Commercial		1603.1	1.592			483.23	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543		1158.02 Aetna	Medicare		1006.97	1			483.23	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543		1158.02 Americare	Americare		1157.25	0.75			483.23	1839.73	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543		1158.02 WellPoint	WellPoint		494.99	0.3208			483.23	1839.73	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543		1158.02 Amerihealth	Medicare		1006.97	1			483.23	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543		1158.02 Consumer	Consumer		1465.85	0.95			483.23	1839.73	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543		1158.02 Corrections	Corrections		1234.4	0.8			483.23	1839.73	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543		1158.02 First Health	First Health		1080.1	0.7			483.23	1839.73	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543		1158.02 First Trenton	First Trenton		1388.7	0.9			483.23	1839.73	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543		1158.02 Horizon	MGD		1839.73	1.827			483.23	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543		1158.02 Horizon	Medicare Blue		1006.97	1			483.23	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543		1158.02 Horizon	PPO		1839.73	1.827			483.23	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543		1158.02 Horizon	Indemnity		1839.73	1.827			483.23	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543		1158.02 Managed Care Inc	Managed Care Inc		1388.7	0.9			483.23	1839.73	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543		1158.02 Multiplan	Multiplan		1234.4	0.8			483.23	1839.73	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543		1158.02 Qualcare	Qualcare		1157.25	0.75			483.23	1839.73	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543		1158.02 Three Rivers	Three Rivers		1465.85	0.95			483.23	1839.73	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543		1158.02 UHC	Medicare		1006.97	1			483.23	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543		1158.02 UHC	Medicaid		485.43	0.3146			483.23	1839.73	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543		1158.02 Wellcare	Medicaid		485.43	0.3146			483.23	1839.73	percent of total billed charges	
ROOT SURGERY BICUSPID	D3421	HCPCS	outpatient			1543		1158.02 Wellcare	Medicare		1006.97	1			483.23	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810		1158.02 Aetna	Better Health		569.43	0.3146			565.34	1839.73	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810		1158.02 Aetna	Commercial		1603.1	1.592			565.34	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810		1158.02 Aetna	Medicare		1006.97	1			565.34	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810		1158.02 Americare	Americare		1357.5	0.75			565.34	1839.73	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810		1158.02 WellPoint	WellPoint		580.65	0.3208			565.34	1839.73	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810		1158.02 Amerihealth	Medicare		1006.97	1			565.34	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810		1158.02 Consumer	Consumer		1719.5	0.95			565.34	1839.73	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810		1158.02 Corrections	Corrections		1448	0.8			565.34	1839.73	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810		1158.02 First Health	First Health		1267	0.7			565.34	1839.73	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810		1158.02 First Trenton	First Trenton		1629	0.9			565.34	1839.73	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810		1158.02 Horizon	MGD		1839.73	1.827			565.34	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810		1158.02 Horizon	PPO		1839.73	1.827			565.34	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810		1158.02 Horizon	Indemnity		1839.73	1.827			565.34	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810		1158.02 Horizon	Medicare Blue		1006.97	1			565.34	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810		1158.02 Managed Care Inc	Managed Care Inc		1629	0.9			565.34	1839.73	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810		1158.02 Multiplan	Multiplan		1448	0.8			565.34	1839.73	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810		1158.02 Qualcare	Qualcare		1357.5	0.75			565.34	1839.73	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810		1158.02 Three Rivers	Three Rivers		1719.5	0.95			565.34	1839.73	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810		1158.02 UHC	Medicaid		569.43	0.3146			565.34	1839.73	percent of total billed charges	
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810		1158.02 UHC	Medicare		1006.97	1			565.34	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810		1158.02 Wellcare	Medicare		1006.97	1			565.34	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROOT SURGERY MOLAR	D3425	HCPCS	outpatient			1810		1158.02 Wellcare	Medicaid		569.43	0.3146			565.34	1839.73	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Aetna	Better Health		268.98	0.3146			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Aetna	Medicare		263.34	0.308			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Aetna	Commercial		324.9	0.38			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Americare	Americare		641.25	0.75			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		WellPoint	WellPoint		274.28	0.3208			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Consumer	Consumer		812.25	0.95			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Corrections	Corrections		684	0.8			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		First Health	First Health		598.5	0.7			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		First Trenton	First Trenton		769.5	0.9			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Horizon	MGD		327.29	0.3828			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Horizon	Indemnity		327.29	0.3828			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Horizon	Medicare Blue		256.5	0.3			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Horizon	PPO		327.29	0.3828			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Managed Care Inc	Managed Care Inc		769.5	0.9			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Multiplan	Multiplan		684	0.8			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Qualcare	Qualcare		641.25	0.75			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Three Rivers	Three Rivers		812.25	0.95			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		UHC	Medicaid		268.98	0.3146			255.3	812.25	percent of total billed charges	
ROOT SURGERY EA ADD ROOT	D3426	HCPCS	outpatient			855		Wellcare	Medicaid		268.98	0.3146			255.3	812.25	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622		1158.02 Aetna	Better Health		195.68	0.3146			194.11	1839.73	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622		1158.02 Aetna	Commercial		1603.1	1.592			194.11	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622		1158.02 Aetna	Medicare		1006.97	1			194.11	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622		1158.02 Americare	Americare		466.5	0.75			194.11	1839.73	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622		1158.02 WellPoint	WellPoint		199.54	0.3208			194.11	1839.73	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622		1158.02 Amerihealth	Medicare		1006.97	1			194.11	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622		1158.02 Consumer	Consumer		590.9	0.95			194.11	1839.73	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622		1158.02 Corrections	Corrections		497.6	0.8			194.11	1839.73	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622		1158.02 First Health	First Health		435.4	0.7			194.11	1839.73	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622		1158.02 First Trenton	First Trenton		559.8	0.9			194.11	1839.73	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622		1158.02 Horizon	MGD		1839.73	1.827			194.11	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622		1158.02 Horizon	Indemnity		1839.73	1.827			194.11	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622		1158.02 Horizon	Medicare Blue		1006.97	1			194.11	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622		1158.02 Horizon	PPO		1839.73	1.827			194.11	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622		1158.02 Managed Care Inc	Managed Care Inc		559.8	0.9			194.11	1839.73	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622		1158.02 Multiplan	Multiplan		497.6	0.8			194.11	1839.73	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622		1158.02 Qualcare	Qualcare		466.5	0.75			194.11	1839.73	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622		1158.02 Three Rivers	Three Rivers		590.9	0.95			194.11	1839.73	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622		1158.02 UHC	Medicaid		195.68	0.3146			194.11	1839.73	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622		1158.02 UHC	Medicare		1006.97	1			194.11	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622		1158.02 Wellcare	Medicaid		195.68	0.3146			194.11	1839.73	percent of total billed charges	
RETROGRADE FILLING-PER ROOT	D3430	HCPCS	outpatient			622		1158.02 Wellcare	Medicare		1006.97	1			194.11	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 Aetna	Commercial		5862.05	1.592			192.22	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 Aetna	Better Health		192.54	0.3146			192.22	6727.36	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 Aetna	Medicare		3682.19	1			192.22	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 Americare	Americare		459	0.75			192.22	6727.36	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 WellPoint	WellPoint		196.33	0.3208			192.22	6727.36	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 Amerihealth	Medicare		3682.19	1			192.22	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 Consumer	Consumer		581.4	0.95			192.22	6727.36	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 Corrections	Corrections		489.6	0.8			192.22	6727.36	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 First Health	First Health		428.4	0.7			192.22	6727.36	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 First Trenton	First Trenton		550.8	0.9			192.22	6727.36	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 Horizon	MGD		6727.36	1.827			192.22	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 Horizon	Indemnity		6727.36	1.827			192.22	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 Horizon	Medicare Blue		3682.19	1			192.22	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 Horizon	PPO		6727.36	1.827			192.22	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 Managed Care Inc	Managed Care Inc		550.8	0.9			192.22	6727.36	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 Multiplan	Multiplan		489.6	0.8			192.22	6727.36	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 Qualcare	Qualcare		459	0.75			192.22	6727.36	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 Three Rivers	Three Rivers		581.4	0.95			192.22	6727.36	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 UHC	Medicare		3682.19	1			192.22	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 UHC	Medicaid		192.54	0.3146			192.22	6727.36	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 Wellcare	Medicaid		192.54	0.3146			192.22	6727.36	percent of total billed charges	
GINGIVECTOMY/PLASTY 1 TO 3	D4211	HCPCS	outpatient			612		4234.52 Wellcare	Medicare		3682.19	1			192.22	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Aetna	Commercial		5862.05	1.592			492.35	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Aetna	Better Health		492.35	0.3146			492.35	6727.36	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Aetna	Medicare		3682.19	1			492.35	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Americare	Americare		1173.75	0.75			492.35	6727.36	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 WellPoint	WellPoint		502.05	0.3208			492.35	6727.36	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Amerihealth	Medicare		3682.19	1			492.35	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Consumer	Consumer		1486.75	0.95			492.35	6727.36	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Corrections	Corrections		1252	0.8			492.35	6727.36	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 First Health	First Health		1095.5	0.7			492.35	6727.36	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 First Trenton	First Trenton		1408.5	0.9			492.35	6727.36	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Horizon	MGD		6727.36	1.827			492.35	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Horizon	Medicare Blue		3682.19	1			492.35	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Horizon	Indemnity		6727.36	1.827			492.35	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Horizon	PPO		6727.36	1.827			492.35	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Managed Care Inc	Managed Care Inc		1408.5	0.9			492.35	6727.36	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Multiplan	Multiplan		1252	0.8			492.35	6727.36	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Qualcare	Qualcare		1173.75	0.75			492.35	6727.36	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Three Rivers	Three Rivers		1486.75	0.95			492.35	6727.36	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 UHC	Medicare		3682.19	1			492.35	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 UHC	Medicaid		492.35	0.3146			492.35	6727.36	percent of total billed charges	
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Wellcare	Medicare		3682.19	1			492.35	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GINGIVA FLAP W/ROOT PLANING/Q	D4240	HCPCS	outpatient			1565		4234.52 Wellcare	Medicaid		492.35	0.3146			492.35	6727.36	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 Aetna	Medicare		1744.15	1			380.67	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 Aetna	Better Health		380.67	0.3146			380.67	3186.56	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 Aetna	Commercial		2776.69	1.592			380.67	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 Americare	Americare		907.5	0.75			380.67	3186.56	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210		2005.77 WellPoint	WellPoint		388.17	0.3208			380.67	3186.56	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210	2005.77	Amerihealth	Medicare		1744.15	1			380.67	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210	2005.77	Consumer	Consumer		1149.5	0.95			380.67	3186.56	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210	2005.77	Corrections	Corrections		968	0.8			380.67	3186.56	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210	2005.77	First Health	First Health		847	0.7			380.67	3186.56	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210	2005.77	First Trenton	First Trenton		1089	0.9			380.67	3186.56	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210	2005.77	Horizon	MGD		3186.56	1.827			380.67	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210	2005.77	Horizon	Indemnity		3186.56	1.827			380.67	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210	2005.77	Horizon	PPO		3186.56	1.827			380.67	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210	2005.77	Horizon	Medicare Blue		1744.15	1			380.67	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210	2005.77	Managed Care Inc	Managed Care Inc		1089	0.9			380.67	3186.56	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210	2005.77	Multiplan	Multiplan		968	0.8			380.67	3186.56	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210	2005.77	Qualcare	Qualcare		907.5	0.75			380.67	3186.56	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210	2005.77	Three Rivers	Three Rivers		1149.5	0.95			380.67	3186.56	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210	2005.77	UHC	Medicare		1744.15	1			380.67	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210	2005.77	UHC	Medicaid		380.67	0.3146			380.67	3186.56	percent of total billed charges	
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210	2005.77	Wellcare	Medicare		1744.15	1			380.67	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GNGVL FLAP W ROOTPLAN	D4241	HCPCS	outpatient			1210	2005.77	Wellcare	Medicaid		380.67	0.3146			380.67	3186.56	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528	1158.02	Aetna	Commercial		1603.1	1.592			480.71	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528	1158.02	Aetna	Better Health		480.71	0.3146			480.71	1839.73	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528	1158.02	Aetna	Medicare		1006.97	1			480.71	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528	1158.02	Americare	Americare		1146	0.75			480.71	1839.73	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528	1158.02	WellPoint	WellPoint		490.18	0.3208			480.71	1839.73	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528	1158.02	Amerihealth	Medicare		1006.97	1			480.71	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528	1158.02	Consumer	Consumer		1451.6	0.95			480.71	1839.73	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528	1158.02	Corrections	Corrections		1222.4	0.8			480.71	1839.73	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528	1158.02	First Health	First Health		1069.6	0.7			480.71	1839.73	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528	1158.02	First Trenton	First Trenton		1375.2	0.9			480.71	1839.73	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528	1158.02	Horizon	Medicare Blue		1006.97	1			480.71	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528	1158.02	Horizon	Indemnity		1839.73	1.827			480.71	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528	1158.02	Horizon	MGD		1839.73	1.827			480.71	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528	1158.02	Horizon	PPO		1839.73	1.827			480.71	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528	1158.02	Managed Care Inc	Managed Care Inc		1375.2	0.9			480.71	1839.73	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528	1158.02	Multiplan	Multiplan		1222.4	0.8			480.71	1839.73	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528	1158.02	Qualcare	Qualcare		1146	0.75			480.71	1839.73	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528	1158.02	Three Rivers	Three Rivers		1451.6	0.95			480.71	1839.73	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528	1158.02	UHC	Medicare		1006.97	1			480.71	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528	1158.02	UHC	Medicaid		480.71	0.3146			480.71	1839.73	percent of total billed charges	
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528	1158.02	Wellcare	Medicare		1006.97	1			480.71	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CROWN LENGTHENING	D4249	HCPCS	outpatient			1528	1158.02	Wellcare	Medicaid		480.71	0.3146			480.71	1839.73	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240	1158.02	Aetna	Commercial		1603.1	1.592			265.21	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240	1158.02	Aetna	Better Health		390.1	0.3146			265.21	1839.73	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240	1158.02	Aetna	Medicare		1006.97	1			265.21	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240	1158.02	Americare	Americare		930	0.75			265.21	1839.73	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240	1158.02	WellPoint	WellPoint		397.79	0.3208			265.21	1839.73	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240	1158.02	Amerihealth	Medicare		1006.97	1			265.21	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240	1158.02	Consumer	Consumer		1178	0.95			265.21	1839.73	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240	1158.02	Corrections	Corrections		992	0.8			265.21	1839.73	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240	1158.02	First Health	First Health		868	0.7			265.21	1839.73	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240	1158.02	First Trenton	First Trenton		1116	0.9			265.21	1839.73	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240	1158.02	Horizon	Indemnity		1839.73	1.827			265.21	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240	1158.02	Horizon	Medicare Blue		1006.97	1			265.21	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240	1158.02	Horizon	MGD		1839.73	1.827			265.21	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240	1158.02	Horizon	PPO		1839.73	1.827			265.21	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240	1158.02	Managed Care Inc	Managed Care Inc		1116	0.9			265.21	1839.73	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240	1158.02	Multiplan	Multiplan		992	0.8			265.21	1839.73	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240	1158.02	Qualcare	Qualcare		930	0.75			265.21	1839.73	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240	1158.02	Three Rivers	Three Rivers		1178	0.95			265.21	1839.73	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240	1158.02	UHC	Medicaid		390.1	0.3146			265.21	1839.73	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240	1158.02	UHC	Medicare		1006.97	1			265.21	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240	1158.02	Wellcare	Medicaid		390.1	0.3146			265.21	1839.73	percent of total billed charges	
PROVIS SPLNT INTRACORNAL	D4322	HCPCS	outpatient			1240	1158.02	Wellcare	Medicare		1006.97	1			265.21	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160	1158.02	Aetna	Better Health		364.94	0.3146			318.06	1839.73	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160	1158.02	Aetna	Medicare		1006.97	1			318.06	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160	1158.02	Aetna	Commercial		1603.1	1.592			318.06	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160	1158.02	Americare	Americare		870	0.75			318.06	1839.73	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160	1158.02	WellPoint	WellPoint		372.13	0.3208			318.06	1839.73	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160	1158.02	Amerihealth	Medicare		1006.97	1			318.06	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160	1158.02	Consumer	Consumer		1102	0.95			318.06	1839.73	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160	1158.02	Corrections	Corrections		928	0.8			318.06	1839.73	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160	1158.02	First Health	First Health		812	0.7			318.06	1839.73	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160	1158.02	First Trenton	First Trenton		1044	0.9			318.06	1839.73	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160	1158.02	Horizon	MGD		1839.73	1.827			318.06	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160	1158.02	Horizon	Indemnity		1839.73	1.827			318.06	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160	1158.02	Horizon	Medicare Blue		1006.97	1			318.06	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160	1158.02	Horizon	PPO		1839.73	1.827			318.06	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160	1158.02	Managed Care Inc	Managed Care Inc		1044	0.9			318.06	1839.73	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160	1158.02	Multiplan	Multiplan		928	0.8			318.06	1839.73	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160	1158.02	Qualcare	Qualcare		870	0.75			318.06	1839.73	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160	1158.02	Three Rivers	Three Rivers		1102	0.95			318.06	1839.73	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160	1158.02	UHC	Medicare		1006.97	1			318.06	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160	1158.02	UHC	Medicaid		364.94	0.3146			318.06	1839.73	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160	1158.02	Wellcare	Medicaid		364.94	0.3146			318.06	1839.73	percent of total billed charges	
PROVISIONAL SPLINTING	D4323	HCPCS	outpatient			1160	1158.02	Wellcare	Medicare		1006.97	1			318.06	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Aetna	Commercial		1603.1	1.592			153.84	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Aetna	Better Health		161.39	0.3146			153.84	1839.73	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Aetna	Medicare		1006.97	1			153.84	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Americare	Americare		384.75	0.75			153.84	1839.73	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	WellPoint	WellPoint		164.57	0.3208			153.84	1839.73	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Amerihealth	Medicare		1006.97	1			153.84	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Consumer	Consumer		487.35	0.95			153.84	1839.73	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Corrections	Corrections		410.4	0.8			153.84	1839.73	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	First Health	First Health		359.1	0.7			153.84	1839.73	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	First Trenton	First Trenton		461.7	0.9			153.84	1839.73	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Horizon	MGD		1839.73	1.827			153.84	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Horizon	Indemnity		1839.73	1.827			153.84	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Horizon	Medicare Blue		1006.97	1			153.84	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Horizon	PPO		1839.73	1.827			153.84	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Managed Care Inc	Managed Care Inc		461.7	0.9			153.84	1839.73	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Multiplan	Multiplan		410.4	0.8			153.84	1839.73	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Qualcare	Qualcare		384.75	0.75			153.84	1839.73	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Three Rivers	Three Rivers		487.35	0.95			153.84	1839.73	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	UHC	Medicare		1006.97	1			153.84	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	UHC	Medicaid		161.39	0.3146			153.84	1839.73	percent of total billed charges	
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Wellcare	Medicare		1006.97	1			153.84	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING & ROOT PLA	D4341	HCPCS	outpatient			513	1158.02	Wellcare	Medicaid		161.39	0.3146			153.84	1839.73	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Aetna	Better Health		101.3	0.3146			101.3	1839.73	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Aetna	Commercial		1603.1	1.592			101.3	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Aetna	Medicare		1006.97	1			101.3	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Americare	Americare		241.5	0.75			101.3	1839.73	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	WellPoint	WellPoint		103.3	0.3208			101.3	1839.73	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Amerihealth	Medicare		1006.97	1			101.3	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Consumer	Consumer		305.9	0.95			101.3	1839.73	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Corrections	Corrections		257.6	0.8			101.3	1839.73	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	First Health	First Health		225.4	0.7			101.3	1839.73	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	First Trenton	First Trenton		289.8	0.9			101.3	1839.73	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Horizon	PPO		1839.73	1.827			101.3	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Horizon	Medicare Blue		1006.97	1			101.3	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Horizon	Indemnity		1839.73	1.827			101.3	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Horizon	MGD		1839.73	1.827			101.3	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Managed Care Inc	Managed Care Inc		289.8	0.9			101.3	1839.73	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Multiplan	Multiplan		257.6	0.8			101.3	1839.73	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Qualcare	Qualcare		241.5	0.75			101.3	1839.73	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Three Rivers	Three Rivers		305.9	0.95			101.3	1839.73	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	UHC	Medicaid		101.3	0.3146			101.3	1839.73	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	UHC	Medicare		1006.97	1			101.3	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Wellcare	Medicaid		101.3	0.3146			101.3	1839.73	percent of total billed charges	
PERIODONTAL SCALING 1-3 TEETH	D4342	HCPCS	outpatient			322	1158.02	Wellcare	Medicare		1006.97	1			101.3	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Aetna	Better Health		697.47	0.3146			697.47	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Aetna	Commercial		1603.1	1.592			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Aetna	Medicare		1006.97	1			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Americare	Americare		1662.75	0.75			697.47	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	WellPoint	WellPoint		711.21	0.3208			697.47	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Amerihealth	Medicare		1006.97	1			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Consumer	Consumer		2106.15	0.95			697.47	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Corrections	Corrections		1773.6	0.8			697.47	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	First Health	First Health		1551.9	0.7			697.47	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	First Trenton	First Trenton		1995.3	0.9			697.47	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Horizon	MGD		1839.73	1.827			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Horizon	Medicare Blue		1006.97	1			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Horizon	Indemnity		1839.73	1.827			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Horizon	PPO		1839.73	1.827			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Managed Care Inc	Managed Care Inc		1995.3	0.9			697.47	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217	1158.02	Multiplan	Multiplan		1773.6	0.8			697.47	2106.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217		1158.02 Qualcare	Qualcare		1662.75	0.75			697.47	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217		1158.02 Three Rivers	Three Rivers		2106.15	0.95			697.47	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217		1158.02 UHC	Medicare		1006.97	1			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217		1158.02 UHC	Medicaid		697.47	0.3146			697.47	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217		1158.02 Wellcare	Medicaid		697.47	0.3146			697.47	2106.15	percent of total billed charges	
FULL MTH DEBRID-ENBLPERIODEVAL	D4355	HCPCS	outpatient			2217		1158.02 Wellcare	Medicare		1006.97	1			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Aetna	Better Health		59.14	0.3146			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Aetna	Commercial		71.44	0.38			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Aetna	Medicare		57.9	0.308			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Americare	Americare		141	0.75			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		WellPoint	WellPoint		60.31	0.3208			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Consumer	Consumer		178.6	0.95			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Corrections	Corrections		150.4	0.8			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		First Health	First Health		131.6	0.7			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		First Trenton	First Trenton		169.2	0.9			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Horizon	MGD		71.97	0.3828			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Horizon	Indemnity		71.97	0.3828			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Horizon	PPO		71.97	0.3828			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Horizon	Medicare Blue		56.4	0.3			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Managed Care Inc	Managed Care Inc		169.2	0.9			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Multiplan	Multiplan		150.4	0.8			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Qualcare	Qualcare		141	0.75			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Three Rivers	Three Rivers		178.6	0.95			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		UHC	Medicaid		59.14	0.3146			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAX.	D5410	HCPCS	outpatient			188		Wellcare	Medicaid		59.14	0.3146			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Aetna	Better Health		59.14	0.3146			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Aetna	Medicare		57.9	0.308			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Aetna	Commercial		71.44	0.38			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Americare	Americare		141	0.75			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		WellPoint	WellPoint		60.31	0.3208			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Consumer	Consumer		178.6	0.95			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Corrections	Corrections		150.4	0.8			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		First Health	First Health		131.6	0.7			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		First Trenton	First Trenton		169.2	0.9			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Horizon	Medicare Blue		56.4	0.3			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Horizon	Indemnity		71.97	0.3828			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Horizon	PPO		71.97	0.3828			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Horizon	MGD		71.97	0.3828			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Managed Care Inc	Managed Care Inc		169.2	0.9			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Multiplan	Multiplan		150.4	0.8			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Qualcare	Qualcare		141	0.75			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Three Rivers	Three Rivers		178.6	0.95			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		UHC	Medicaid		59.14	0.3146			56.4	178.6	percent of total billed charges	
ADJUST COMPLETE MAND.	D5411	HCPCS	outpatient			188		Wellcare	Medicaid		59.14	0.3146			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Aetna	Better Health		59.14	0.3146			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Aetna	Medicare		57.9	0.308			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Aetna	Commercial		71.44	0.38			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Americare	Americare		141	0.75			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		WellPoint	WellPoint		60.31	0.3208			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Consumer	Consumer		178.6	0.95			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Corrections	Corrections		150.4	0.8			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		First Health	First Health		131.6	0.7			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		First Trenton	First Trenton		169.2	0.9			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Horizon	MGD		71.97	0.3828			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Horizon	Indemnity		71.97	0.3828			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Horizon	Medicare Blue		56.4	0.3			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Horizon	PPO		71.97	0.3828			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Managed Care Inc	Managed Care Inc		169.2	0.9			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Multiplan	Multiplan		150.4	0.8			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Qualcare	Qualcare		141	0.75			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Three Rivers	Three Rivers		178.6	0.95			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		UHC	Medicaid		59.14	0.3146			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAX.	D5421	HCPCS	outpatient			188		Wellcare	Medicaid		59.14	0.3146			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Aetna	Medicare		57.9	0.308			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Aetna	Better Health		59.14	0.3146			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Aetna	Commercial		71.44	0.38			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Americare	Americare		141	0.75			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		WellPoint	WellPoint		60.31	0.3208			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Consumer	Consumer		178.6	0.95			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Corrections	Corrections		150.4	0.8			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		First Health	First Health		131.6	0.7			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		First Trenton	First Trenton		169.2	0.9			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Horizon	MGD		71.97	0.3828			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Horizon	Medicare Blue		56.4	0.3			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Horizon	Indemnity		71.97	0.3828			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Horizon	PPO		71.97	0.3828			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Managed Care Inc	Managed Care Inc		169.2	0.9			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Multiplan	Multiplan		150.4	0.8			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Qualcare	Qualcare		141	0.75			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Three Rivers	Three Rivers		178.6	0.95			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		UHC	Medicaid		59.14	0.3146			56.4	178.6	percent of total billed charges	
ADJUST PARTIAL MAND.	D5422	HCPCS	outpatient			188		Wellcare	Medicaid		59.14	0.3146			56.4	178.6	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Aetna	Better Health		139.37	0.3146			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Aetna	Medicare		136.44	0.308			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Aetna	Commercial		168.34	0.38			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Americare	Americare		332.25	0.75			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		WellPoint	WellPoint		142.11	0.3208			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Consumer	Consumer		420.85	0.95			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Corrections	Corrections		354.4	0.8			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		First Health	First Health		310.1	0.7			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		First Trenton	First Trenton		398.7	0.9			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Horizon	MGD		169.58	0.3828			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Horizon	Medicare Blue		132.9	0.3			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Horizon	Indemnity		169.58	0.3828			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Horizon	PPO		169.58	0.3828			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Managed Care Inc	Managed Care Inc		398.7	0.9			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Multiplan	Multiplan		354.4	0.8			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Qualcare	Qualcare		332.25	0.75			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Three Rivers	Three Rivers		420.85	0.95			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		UHC	Medicaid		139.37	0.3146			132.9	420.85	percent of total billed charges	
REPLACE DENTURE COMPLT	D5520	HCPCS	outpatient			443		Wellcare	Medicaid		139.37	0.3146			132.9	420.85	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Aetna	Better Health		252.94	0.3146			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Aetna	Medicare		247.63	0.308			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Aetna	Commercial		305.52	0.38			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Americare	Americare		603	0.75			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		WellPoint	WellPoint		257.92	0.3208			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Consumer	Consumer		763.8	0.95			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Corrections	Corrections		643.2	0.8			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		First Health	First Health		562.8	0.7			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		First Trenton	First Trenton		723.6	0.9			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Horizon	MGD		307.77	0.3828			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Horizon	Medicare Blue		241.2	0.3			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Horizon	Indemnity		307.77	0.3828			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Horizon	PPO		307.77	0.3828			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Managed Care Inc	Managed Care Inc		723.6	0.9			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Multiplan	Multiplan		643.2	0.8			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Qualcare	Qualcare		603	0.75			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Three Rivers	Three Rivers		763.8	0.95			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		UHC	Medicaid		252.94	0.3146			241.2	763.8	percent of total billed charges	
DRAINAGE DENT STRUCT	D5711	HCPCS	outpatient			804		Wellcare	Medicaid		252.94	0.3146			241.2	763.8	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137		1158.02 Aetna	Better Health		672.3	0.3146			672.3	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137		1158.02 Aetna	Commercial		1603.1	1.592			672.3	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION SHIELD	D5984	HCPCS	outpatient			2137		1158.02 Aetna	Medicare		1006.97	1			672.3	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION SHIELD	D5984	HCPCS	outpatient			2137		1158.02 Americare	Americare		1602.75	0.75			672.3	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137		1158.02 WellPoint	WellPoint		685.55	0.3208			672.3	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137		1158.02 Amerihealth	Medicare		1006.97	1			672.3	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION SHIELD	D5984	HCPCS	outpatient			2137		1158.02 Consumer	Consumer		2030.15	0.95			672.3	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137		1158.02 Corrections	Corrections		1709.6	0.8			672.3	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137		1158.02 First Health	First Health		1495.9	0.7			672.3	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137		1158.02 First Trenton	First Trenton		1923.3	0.9			672.3	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137		1158.02 Horizon	Indemnity		1839.73	1.827			672.3	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION SHIELD	D5984	HCPCS	outpatient			2137		1158.02 Horizon	PPO		1839.73	1.827			672.3	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION SHIELD	D5984	HCPCS	outpatient			2137		1158.02 Horizon	MGD		1839.73	1.827			672.3	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION SHIELD	D5984	HCPCS	outpatient			2137		1158.02 Horizon	Medicare Blue		1006.97	1			672.3	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION SHIELD	D5984	HCPCS	outpatient			2137		1158.02 Managed Care Inc	Managed Care Inc		1923.3	0.9			672.3	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137		1158.02 Multiplan	Multiplan		1709.6	0.8			672.3	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137		1158.02 Qualcare	Qualcare		1602.75	0.75			672.3	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137		1158.02 Three Rivers	Three Rivers		2030.15	0.95			672.3	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137		1158.02 UHC	Medicaid		672.3	0.3146			672.3	2030.15	percent of total billed charges	
RADIATION SHIELD	D5984	HCPCS	outpatient			2137		1158.02 UHC	Medicare		1006.97	1			672.3	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION SHIELD	D5984	HCPCS	outpatient			2137		1158.02 Wellcare	Medicare		1006.97	1			672.3	2030.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RADIATION SHIELD	D5984	HCPCS	outpatient			2137		1158.02 Wellcare	Medicaid		672.3	0.3146			672.3	2030.15	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Aetna	Commercial		183.16	0.38			144.6	457.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Aetna	Better Health		151.64	0.3146			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Aetna	Medicare		148.46	0.308			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Americare	Americare		361.5	0.75			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		WellPoint	WellPoint		154.63	0.3208			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Consumer	Consumer		457.9	0.95			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Corrections	Corrections		385.6	0.8			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		First Health	First Health		337.4	0.7			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		First Trenton	First Trenton		433.8	0.9			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Horizon	Medicare Blue		144.6	0.3			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Horizon	Indemnity		184.51	0.3828			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Horizon	MGD		184.51	0.3828			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Horizon	PPO		184.51	0.3828			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Managed Care Inc	Managed Care Inc		433.8	0.9			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Multiplan	Multiplan		385.6	0.8			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Qualcare	Qualcare		361.5	0.75			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Three Rivers	Three Rivers		457.9	0.95			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		UHC	Medicaid		151.64	0.3146			144.6	457.9	percent of total billed charges	
CUSTOM FLUORIDE TRAY	D5986	HCPCS	outpatient			482		Wellcare	Medicaid		151.64	0.3146			144.6	457.9	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599		1158.02 Aetna	Better Health		503.05	0.3146			218.96	1839.73	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599		1158.02 Aetna	Commercial		1603.1	1.592			218.96	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599		1158.02 Aetna	Medicare		1006.97	1			218.96	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599		1158.02 Americare	Americare		1199.25	0.75			218.96	1839.73	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599		1158.02 WellPoint	WellPoint		512.96	0.3208			218.96	1839.73	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599		1158.02 Amerihealth	Medicare		1006.97	1			218.96	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599		1158.02 Consumer	Consumer		1519.05	0.95			218.96	1839.73	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599		1158.02 Corrections	Corrections		1279.2	0.8			218.96	1839.73	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599		1158.02 First Health	First Health		1119.3	0.7			218.96	1839.73	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599		1158.02 First Trenton	First Trenton		1439.1	0.9			218.96	1839.73	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599		1158.02 Horizon	Indemnity		1839.73	1.827			218.96	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599		1158.02 Horizon	PPO		1839.73	1.827			218.96	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599		1158.02 Horizon	MGD		1839.73	1.827			218.96	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599		1158.02 Horizon	Medicare Blue		1006.97	1			218.96	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599		1158.02 Managed Care Inc	Managed Care Inc		1439.1	0.9			218.96	1839.73	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599		1158.02 Multiplan	Multiplan		1279.2	0.8			218.96	1839.73	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599		1158.02 Qualcare	Qualcare		1199.25	0.75			218.96	1839.73	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599		1158.02 Three Rivers	Three Rivers		1519.05	0.95			218.96	1839.73	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599		1158.02 UHC	Medicaid		503.05	0.3146			218.96	1839.73	percent of total billed charges	
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599		1158.02 UHC	Medicare		1006.97	1			218.96	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599		1158.02 Wellcare	Medicare		1006.97	1			218.96	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL SPLINT	D5988	HCPCS	outpatient			1599		1158.02 Wellcare	Medicaid		503.05	0.3146			218.96	1839.73	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Aetna	Commercial		86.26	0.38			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Aetna	Medicare		69.92	0.308			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Aetna	Better Health		71.41	0.3146			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Americare	Americare		170.25	0.75			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		WellPoint	WellPoint		72.82	0.3208			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Consumer	Consumer		215.65	0.95			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Corrections	Corrections		181.6	0.8			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		First Health	First Health		158.9	0.7			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		First Trenton	First Trenton		204.3	0.9			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Horizon	Indemnity		86.9	0.3828			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Horizon	Medicare Blue		68.1	0.3			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Horizon	MGD		86.9	0.3828			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Horizon	PPO		86.9	0.3828			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Managed Care Inc	Managed Care Inc		204.3	0.9			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Multiplan	Multiplan		181.6	0.8			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Qualcare	Qualcare		170.25	0.75			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Three Rivers	Three Rivers		215.65	0.95			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		UHC	Medicaid		71.41	0.3146			68.1	215.65	percent of total billed charges	
ADJ MAXILLOFACIAL PROSETH	D5992	HCPCS	outpatient			227		Wellcare	Medicaid		71.41	0.3146			68.1	215.65	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Aetna	Medicare		124.74	0.308			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Aetna	Better Health		127.41	0.3146			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Aetna	Commercial		153.9	0.38			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Americare	Americare		303.75	0.75			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		WellPoint	WellPoint		129.92	0.3208			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Consumer	Consumer		384.75	0.95			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Corrections	Corrections		324	0.8			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		First Health	First Health		283.5	0.7			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		First Trenton	First Trenton		364.5	0.9			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Horizon	Medicare Blue		121.5	0.3			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Horizon	MGD		155.03	0.3828			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Horizon	Indemnity		155.03	0.3828			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Horizon	PPO		155.03	0.3828			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Managed Care Inc	Managed Care Inc		364.5	0.9			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Multiplan	Multiplan		324	0.8			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Qualcare	Qualcare		303.75	0.75			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Three Rivers	Three Rivers		384.75	0.95			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		UHC	Medicaid		127.41	0.3146			121.5	384.75	percent of total billed charges	
RECEMENT SUP CROWN	D6092	HCPCS	outpatient			405		Wellcare	Medicaid		127.41	0.3146			121.5	384.75	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Aetna	Medicare		487.87	0.308			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Aetna	Better Health		498.33	0.3146			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Aetna	Commercial		601.92	0.38			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Americare	Americare		1188	0.75			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		WellPoint	WellPoint		508.15	0.3208			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Consumer	Consumer		1504.8	0.95			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Corrections	Corrections		1267.2	0.8			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		First Health	First Health		1108.8	0.7			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		First Trenton	First Trenton		1425.6	0.9			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Horizon	PPO		606.36	0.3828			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Horizon	MGD		606.36	0.3828			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Horizon	Indemnity		606.36	0.3828			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Horizon	Medicare Blue		475.2	0.3			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Managed Care Inc	Managed Care Inc		1425.6	0.9			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Multiplan	Multiplan		1267.2	0.8			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Qualcare	Qualcare		1188	0.75			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Three Rivers	Three Rivers		1504.8	0.95			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		UHC	Medicaid		498.33	0.3146			377.1	1504.8	percent of total billed charges	
REMOVAL OF IMPLANT	D6100	HCPCS	outpatient			1584		Wellcare	Medicaid		498.33	0.3146			377.1	1504.8	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Aetna	Commercial		106.4	0.38			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Aetna	Medicare		86.24	0.308			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Aetna	Better Health		88.09	0.3146			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Americare	Americare		210	0.75			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		WellPoint	WellPoint		89.82	0.3208			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Consumer	Consumer		266	0.95			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Corrections	Corrections		224	0.8			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		First Health	First Health		196	0.7			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		First Trenton	First Trenton		252	0.9			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Horizon	Indemnity		107.16	0.3828			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Horizon	Medicare Blue		84	0.3			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Horizon	PPO		107.18	0.3828			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Horizon	MGD		107.18	0.3828			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Managed Care Inc	Managed Care Inc		252	0.9			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Multiplan	Multiplan		224	0.8			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Qualcare	Qualcare		210	0.75			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Three Rivers	Three Rivers		266	0.95			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		UHC	Medicaid		88.09	0.3146			84	266	percent of total billed charges	
RE-CEMENT OR RE-BOND FIXED PARTIAL DEN	D6930	HCPCS	outpatient			280		Wellcare	Medicaid		88.09	0.3146			84	266	percent of total billed charges	
EXTRACTION CORONAL REMAINS PRIM	D7111	HCPCS	both			5458		1158.02 Aetna	Medicare		1006.97	1			944.11	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION CORONAL REMAINS PRIM	D7111	HCPCS	both			5458		1158.02 Aetna	Commercial		1603.1	1.592			944.11	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION CORONAL REMAINS PRIM	D7111	HCPCS	both			5458		1158.02 Aetna	Better Health		1717.09	0.3146			944.11	5185.1	percent of total billed charges	
EXTRACTION CORONAL REMAINS PRIM	D7111	HCPCS	both			5458		1158.02 Americare	Americare		4093.5	0.75			944.11	5185.1	percent of total billed charges	
EXTRACTION CORONAL REMAINS PRIM	D7111	HCPCS	both			5458		1158.02 WellPoint	WellPoint		1750.93	0.3208			944.11	5185.1	percent of total billed charges	
EXTRACTION CORONAL REMAINS PRIM	D7111	HCPCS	both			5458		1158.02 Amerihealth	Medicare		1006.97	1			944.11	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION CORONAL REMAINS PRIM	D7111	HCPCS	both			5458		1158.02 Consumer	Consumer		5185.1	0.95			944.11	5185.1	percent of total billed charges	
EXTRACTION CORONAL REMAINS PRIM	D7111	HCPCS	both			5458		1158.02 Corrections	Corrections		4366.4	0.8			944.11	5185.1	percent of total billed charges	
EXTRACTION CORONAL REMAINS PRIM	D7111	HCPCS	both			5458		1158.02 First Health	First Health		3820.6	0.7			944.11	5185.1	percent of total billed charges	
EXTRACTION CORONAL REMAINS PRIM	D7111	HCPCS	both			5458		1158.02 First Trenton	First Trenton		4912.2	0.9			944.11	5185.1	percent of total billed charges	
EXTRACTION CORONAL REMAINS PRIM	D7111	HCPCS	both			5458		1158.02 Horizon	Indemnity		1839.73	1.827			944.11	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION CORONAL REMAINS PRIM	D7111	HCPCS	both			5458		1158.02 Horizon	Medicare Blue		1006.97	1			944.11	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION CORONAL REMAINS PRIM	D7111	HCPCS	both			5458		1158.02 Horizon	PPO		1839.73	1.827			944.11	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION CORONAL REMAINS PRIM	D7111	HCPCS	both			5458		1158.02 Horizon	MGD		1839.73	1.827			944.11	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION CORONAL REMAINS PRIM	D7111	HCPCS	both			5458		1158.02 Managed Care Inc	Managed Care Inc		4912.2	0.9			944.11	5185.1	percent of total billed charges	
EXTRACTION CORONAL REMAINS PRIM	D7111	HCPCS	both			5458		1158.02 Multiplan	Multiplan		4366.4	0.8			944.11	5185.1	percent of total billed charges	
EXTRACTION CORONAL REMAINS PRIM	D7111	HCPCS	both			5458		1158.02 Qualcare	Qualcare		4093.5	0.75			944.11	5185.1	percent of total billed charges	
EXTRACTION CORONAL REMAINS PRIM	D7111	HCPCS	both			5458		1158.02 Three Rivers	Three Rivers		5185.1	0.95			944.11	5185.1	percent of total billed charges	
EXTRACTION CORONAL REMAINS PRIM	D7111	HCPCS	both			5458		1158.02 UHC	Medicare		1006.97	1			944.11	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION CORONAL REMAINS PRIM	D7111	HCPCS	both			5458		1158.02 UHC	Medicaid		1717.09	0.3146			944.11	5185.1	percent of total billed charges	
EXTRACTION CORONAL REMAINS PRIM	D7111	HCPCS	both			5458		1158.02 Wellcare	Medicare		1006.97	1			944.11	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION CORONAL REMAINS PRIM	D7111	HCPCS	both			5458		1158.02 Wellcare	Medicaid		1717.09	0.3146			944.11	5185.1	percent of total billed charges	
EXTRACTION ERUPTED TOOTH/EXR	D7140	HCPCS	both			5458		1158.02 Aetna	Commercial		1603.1	1.592			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION ERUPTED TOOTH/EXR	D7140	HCPCS	both			5458		1158.02 Aetna	Medicare		1006.97	1			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION ERUPTED TOOTH/EXR	D7140	HCPCS	both			5458		1158.02 Aetna	Better Health		1717.09	0.3146			697.47	5185.1	percent of total billed charges	
EXTRACTION ERUPTED TOOTH/EXR	D7140	HCPCS	both			5458		1158.02 Americare	Americare		4093.5	0.75			697.47	5185.1	percent of total billed charges	
EXTRACTION ERUPTED TOOTH/EXR	D7140	HCPCS	both			5458		1158.02 WellPoint	WellPoint		1750.93	0.3208			697.47	5185.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXTRACTION ERUPTED TOOTH/EXR	D7140	HCPCS	both			5458		1158.02 Amerihealth	Medicare		1006.97	1			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION ERUPTED TOOTH/EXR	D7140	HCPCS	both			5458		1158.02 Consumer	Consumer		5185.1	0.95			697.47	5185.1	percent of total billed charges	
EXTRACTION ERUPTED TOOTH/EXR	D7140	HCPCS	both			5458		1158.02 Corrections	Corrections		4366.4	0.8			697.47	5185.1	percent of total billed charges	
EXTRACTION ERUPTED TOOTH/EXR	D7140	HCPCS	both			5458		1158.02 First Health	First Health		3820.6	0.7			697.47	5185.1	percent of total billed charges	
EXTRACTION ERUPTED TOOTH/EXR	D7140	HCPCS	both			5458		1158.02 First Trenton	First Trenton		4912.2	0.9			697.47	5185.1	percent of total billed charges	
EXTRACTION ERUPTED TOOTH/EXR	D7140	HCPCS	both			5458		1158.02 Horizon	Indemnity		1839.73	1.827			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION ERUPTED TOOTH/EXR	D7140	HCPCS	both			5458		1158.02 Horizon	Medicare Blue		1006.97	1			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION ERUPTED TOOTH/EXR	D7140	HCPCS	both			5458		1158.02 Horizon	MGD		1839.73	1.827			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION ERUPTED TOOTH/EXR	D7140	HCPCS	both			5458		1158.02 Horizon	PPO		1839.73	1.827			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION ERUPTED TOOTH/EXR	D7140	HCPCS	both			5458		1158.02 Managed Care Inc	Managed Care Inc		4912.2	0.9			697.47	5185.1	percent of total billed charges	
EXTRACTION ERUPTED TOOTH/EXR	D7140	HCPCS	both			5458		1158.02 Multiplan	Multiplan		4366.4	0.8			697.47	5185.1	percent of total billed charges	
EXTRACTION ERUPTED TOOTH/EXR	D7140	HCPCS	both			5458		1158.02 Qualcare	Qualcare		4093.5	0.75			697.47	5185.1	percent of total billed charges	
EXTRACTION ERUPTED TOOTH/EXR	D7140	HCPCS	both			5458		1158.02 Three Rivers	Three Rivers		5185.1	0.95			697.47	5185.1	percent of total billed charges	
EXTRACTION ERUPTED TOOTH/EXR	D7140	HCPCS	both			5458		1158.02 UHC	Medicaid		1717.09	0.3146			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION ERUPTED TOOTH/EXR	D7140	HCPCS	both			5458		1158.02 UHC	Medicare		1006.97	1			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION ERUPTED TOOTH/EXR	D7140	HCPCS	both			5458		1158.02 Wellcare	Medicare		1006.97	1			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXTRACTION ERUPTED TOOTH/EXR	D7140	HCPCS	both			5458		1158.02 Wellcare	Medicaid		1717.09	0.3146			697.47	5185.1	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	both			6465		2005.77 Aetna	Better Health		2033.89	0.3146			1717.09	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	both			6465		2005.77 Aetna	Medicare		1744.15	1			1717.09	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	both			6465		2005.77 Aetna	Commercial		2776.69	1.592			1717.09	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	both			6465		2005.77 Americare	Americare		4848.75	0.75			1717.09	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	both			6465		2005.77 WellPoint	WellPoint		2073.97	0.3208			1717.09	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	both			6465		2005.77 Amerihealth	Medicare		1744.15	1			1717.09	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	both			6465		2005.77 Consumer	Consumer		6141.75	0.95			1717.09	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	both			6465		2005.77 Corrections	Corrections		5172	0.8			1717.09	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	both			6465		2005.77 First Health	First Health		4525.5	0.7			1717.09	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	both			6465		2005.77 First Trenton	First Trenton		5818.5	0.9			1717.09	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	both			6465		2005.77 Horizon	Medicare Blue		1744.15	1			1717.09	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	both			6465		2005.77 Horizon	MGD		3186.56	1.827			1717.09	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	both			6465		2005.77 Horizon	PPO		3186.56	1.827			1717.09	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	both			6465		2005.77 Horizon	Indemnity		3186.56	1.827			1717.09	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	both			6465		2005.77 Managed Care Inc	Managed Care Inc		5818.5	0.9			1717.09	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	both			6465		2005.77 Multiplan	Multiplan		5172	0.8			1717.09	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	both			6465		2005.77 Qualcare	Qualcare		4848.75	0.75			1717.09	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	both			6465		2005.77 Three Rivers	Three Rivers		6141.75	0.95			1717.09	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	both			6465		2005.77 UHC	Medicaid		2033.89	0.3146			1717.09	6141.75	percent of total billed charges	
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	both			6465		2005.77 UHC	Medicare		1744.15	1			1717.09	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	both			6465		2005.77 Wellcare	Medicare		1744.15	1			1717.09	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURGICAL REMOVE-ERUPTED TOOTH	D7210	HCPCS	both			6465		2005.77 Wellcare	Medicaid		2033.89	0.3146			1717.09	6141.75	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458		1158.02 Aetna	Commercial		1603.1	1.592			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458		1158.02 Aetna	Better Health		1717.09	0.3146			697.47	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458		1158.02 Aetna	Medicare		1006.97	1			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458		1158.02 Americare	Americare		4093.5	0.75			697.47	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458		1158.02 WellPoint	WellPoint		1750.93	0.3208			697.47	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458		1158.02 Amerihealth	Medicare		1006.97	1			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458		1158.02 Consumer	Consumer		5185.1	0.95			697.47	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458		1158.02 Corrections	Corrections		4366.4	0.8			697.47	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458		1158.02 First Health	First Health		3820.6	0.7			697.47	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458		1158.02 First Trenton	First Trenton		4912.2	0.9			697.47	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458		1158.02 Horizon	PPO		1839.73	1.827			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458		1158.02 Horizon	Medicare Blue		1006.97	1			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458		1158.02 Horizon	MGD		1839.73	1.827			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458		1158.02 Horizon	Indemnity		1839.73	1.827			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458		1158.02 Managed Care Inc	Managed Care Inc		4912.2	0.9			697.47	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458		1158.02 Multiplan	Multiplan		4366.4	0.8			697.47	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458		1158.02 Qualcare	Qualcare		4093.5	0.75			697.47	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458		1158.02 Three Rivers	Three Rivers		5185.1	0.95			697.47	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458		1158.02 UHC	Medicaid		1717.09	0.3146			697.47	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458		1158.02 UHC	Medicare		1006.97	1			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458		1158.02 Wellcare	Medicaid		1717.09	0.3146			697.47	5185.1	percent of total billed charges	
REMOVAL OF IMPACTED TOOTH SOFT	D7220	HCPCS	outpatient			5458		1158.02 Wellcare	Medicare		1006.97	1			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465		1158.02 Aetna	Medicare		1006.97	1			990.99	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465		1158.02 Aetna	Commercial		1603.1	1.592			990.99	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465		1158.02 Aetna	Better Health		2033.89	0.3146			990.99	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465		1158.02 Americare	Americare		4848.75	0.75			990.99	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465		1158.02 WellPoint	WellPoint		2073.97	0.3208			990.99	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465		1158.02 Amerihealth	Medicare		1006.97	1			990.99	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465		1158.02 Consumer	Consumer		6141.75	0.95			990.99	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465		1158.02 Corrections	Corrections		5172	0.8			990.99	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465		1158.02 First Health	First Health		4525.5	0.7			990.99	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465		1158.02 First Trenton	First Trenton		5818.5	0.9			990.99	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465		1158.02 Horizon	MGD		1839.73	1.827			990.99	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465		1158.02 Horizon	Medicare Blue		1006.97	1			990.99	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465		1158.02 Horizon	PPO		1839.73	1.827			990.99	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465		1158.02 Horizon	Indemnity		1839.73	1.827			990.99	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465		1158.02 Managed Care Inc	Managed Care Inc		5818.5	0.9			990.99	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465		1158.02 Multiplan	Multiplan		5172	0.8			990.99	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465		1158.02 Qualcare	Qualcare		4848.75	0.75			990.99	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465		1158.02 Three Rivers	Three Rivers		6141.75	0.95			990.99	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465		1158.02 UHC	Medicaid		2033.89	0.3146			990.99	6141.75	percent of total billed charges	
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465		1158.02 UHC	Medicare		1006.97	1			990.99	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465		1158.02 Wellcare	Medicare		1006.97	1			990.99	6141.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RMVL IMPCTED TOOTH	D7230	HCPCS	outpatient			6465		1158.02 Wellcare	Medicaid		2033.89	0.3146			990.99	6141.75	percent of total billed charges	
REM.IMPACT TOOTH-COMPL'T BONY	D7240	HCPCS	outpatient			5458		1158.02 Aetna	Medicare		1006.97	1			913.6	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPL'T BONY	D7240	HCPCS	outpatient			5458		1158.02 Aetna	Better Health		1717.09	0.3146			913.6	5185.1	percent of total billed charges	
REM.IMPACT TOOTH-COMPL'T BONY	D7240	HCPCS	outpatient			5458		1158.02 Aetna	Commercial		1603.1	1.592			913.6	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPL'T BONY	D7240	HCPCS	outpatient			5458		1158.02 Americare	Americare		4093.5	0.75			913.6	5185.1	percent of total billed charges	
REM.IMPACT TOOTH-COMPL'T BONY	D7240	HCPCS	outpatient			5458		1158.02 WellPoint	WellPoint		1750.93	0.3208			913.6	5185.1	percent of total billed charges	
REM.IMPACT TOOTH-COMPL'T BONY	D7240	HCPCS	outpatient			5458		1158.02 Amerihealth	Medicare		1006.97	1			913.6	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPL'T BONY	D7240	HCPCS	outpatient			5458		1158.02 Consumer	Consumer		5185.1	0.95			913.6	5185.1	percent of total billed charges	
REM.IMPACT TOOTH-COMPL'T BONY	D7240	HCPCS	outpatient			5458		1158.02 Corrections	Corrections		4366.4	0.8			913.6	5185.1	percent of total billed charges	
REM.IMPACT TOOTH-COMPL'T BONY	D7240	HCPCS	outpatient			5458		1158.02 First Health	First Health		3820.6	0.7			913.6	5185.1	percent of total billed charges	
REM.IMPACT TOOTH-COMPL'T BONY	D7240	HCPCS	outpatient			5458		1158.02 First Trenton	First Trenton		4912.2	0.9			913.6	5185.1	percent of total billed charges	
REM.IMPACT TOOTH-COMPL'T BONY	D7240	HCPCS	outpatient			5458		1158.02 Horizon	PPO		1839.73	1.827			913.6	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPL'T BONY	D7240	HCPCS	outpatient			5458		1158.02 Horizon	Medicare Blue		1006.97	1			913.6	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPL'T BONY	D7240	HCPCS	outpatient			5458		1158.02 Horizon	MGD		1839.73	1.827			913.6	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPL'T BONY	D7240	HCPCS	outpatient			5458		1158.02 Horizon	Indemnity		1839.73	1.827			913.6	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPL'T BONY	D7240	HCPCS	outpatient			5458		1158.02 Managed Care Inc	Managed Care Inc		4912.2	0.9			913.6	5185.1	percent of total billed charges	
REM.IMPACT TOOTH-COMPL'T BONY	D7240	HCPCS	outpatient			5458		1158.02 Multiplan	Multiplan		4366.4	0.8			913.6	5185.1	percent of total billed charges	
REM.IMPACT TOOTH-COMPL'T BONY	D7240	HCPCS	outpatient			5458		1158.02 Qualcare	Qualcare		4093.5	0.75			913.6	5185.1	percent of total billed charges	
REM.IMPACT TOOTH-COMPL'T BONY	D7240	HCPCS	outpatient			5458		1158.02 Three Rivers	Three Rivers		5185.1	0.95			913.6	5185.1	percent of total billed charges	
REM.IMPACT TOOTH-COMPL'T BONY	D7240	HCPCS	outpatient			5458		1158.02 UHC	Medicaid		1717.09	0.3146			913.6	5185.1	percent of total billed charges	
REM.IMPACT TOOTH-COMPL'T BONY	D7240	HCPCS	outpatient			5458		1158.02 UHC	Medicare		1006.97	1			913.6	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPL'T BONY	D7240	HCPCS	outpatient			5458		1158.02 Wellcare	Medicare		1006.97	1			913.6	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPL'T BONY	D7240	HCPCS	outpatient			5458		1158.02 Wellcare	Medicaid		1717.09	0.3146			913.6	5185.1	percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685		1158.02 Aetna	Better Health		1159.3	0.3146			1006.97	3500.75	percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685		1158.02 Aetna	Commercial		1603.1	1.592			1006.97	3500.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685		1158.02 Aetna	Medicare		1006.97	1			1006.97	3500.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685		1158.02 Americare	Americare		2763.75	0.75			1006.97	3500.75	percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685		1158.02 WellPoint	WellPoint		1182.15	0.3208			1006.97	3500.75	percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685		1158.02 Amerihealth	Medicare		1006.97	1			1006.97	3500.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685		1158.02 Consumer	Consumer		3500.75	0.95			1006.97	3500.75	percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685		1158.02 Corrections	Corrections		2948	0.8			1006.97	3500.75	percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685		1158.02 First Health	First Health		2579.5	0.7			1006.97	3500.75	percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685		1158.02 First Trenton	First Trenton		3316.5	0.9			1006.97	3500.75	percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685		1158.02 Horizon	MGD		1839.73	1.827			1006.97	3500.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685		1158.02 Horizon	Medicare Blue		1006.97	1			1006.97	3500.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685		1158.02 Horizon	Indemnity		1839.73	1.827			1006.97	3500.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685		1158.02 Horizon	PPO		1839.73	1.827			1006.97	3500.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685		1158.02 Managed Care Inc	Managed Care Inc		3316.5	0.9			1006.97	3500.75	percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685		1158.02 Multiplan	Multiplan		2948	0.8			1006.97	3500.75	percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685		1158.02 Qualcare	Qualcare		2763.75	0.75			1006.97	3500.75	percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685		1158.02 Three Rivers	Three Rivers		3500.75	0.95			1006.97	3500.75	percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685		1158.02 UHC	Medicare		1006.97	1			1006.97	3500.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685		1158.02 UHC	Medicaid		1159.3	0.3146			1006.97	3500.75	percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685		1158.02 Wellcare	Medicaid		1159.3	0.3146			1006.97	3500.75	percent of total billed charges	
REM.IMPACT TOOTH-COMPLEX	D7241	HCPCS	outpatient			3685		1158.02 Wellcare	Medicare		1006.97	1			1006.97	3500.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH ROOT REMOVAL	D7250	HCPCS	both			2217		1158.02 Aetna	Better Health		697.47	0.3146			697.47	2106.15	percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	both			2217		1158.02 Aetna	Commercial		1603.1	1.592			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH ROOT REMOVAL	D7250	HCPCS	both			2217		1158.02 Aetna	Medicare		1006.97	1			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH ROOT REMOVAL	D7250	HCPCS	both			2217		1158.02 Americare	Americare		1662.75	0.75			697.47	2106.15	percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	both			2217		1158.02 WellPoint	WellPoint		711.21	0.3208			697.47	2106.15	percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	both			2217		1158.02 Amerihealth	Medicare		1006.97	1			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH ROOT REMOVAL	D7250	HCPCS	both			2217		1158.02 Consumer	Consumer		2106.15	0.95			697.47	2106.15	percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	both			2217		1158.02 Corrections	Corrections		1773.6	0.8			697.47	2106.15	percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	both			2217		1158.02 First Health	First Health		1551.9	0.7			697.47	2106.15	percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	both			2217		1158.02 First Trenton	First Trenton		1995.3	0.9			697.47	2106.15	percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	both			2217		1158.02 Horizon	MGD		1839.73	1.827			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH ROOT REMOVAL	D7250	HCPCS	both			2217		1158.02 Horizon	Medicare Blue		1006.97	1			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH ROOT REMOVAL	D7250	HCPCS	both			2217		1158.02 Horizon	Indemnity		1839.73	1.827			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH ROOT REMOVAL	D7250	HCPCS	both			2217		1158.02 Horizon	PPO		1839.73	1.827			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH ROOT REMOVAL	D7250	HCPC

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TOOTH ROOT REMOVAL	D7250	HCPCS	both			2217		1158.02 Qualcare	Qualcare		1662.75	0.75			697.47	2106.15	percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	both			2217		1158.02 Three Rivers	Three Rivers		2106.15	0.95			697.47	2106.15	percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	both			2217		1158.02 UHC	Medicaid		697.47	0.3146			697.47	2106.15	percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	both			2217		1158.02 UHC	Medicare		1006.97	1			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH ROOT REMOVAL	D7250	HCPCS	both			2217		1158.02 Wellcare	Medicaid		697.47	0.3146			697.47	2106.15	percent of total billed charges	
TOOTH ROOT REMOVAL	D7250	HCPCS	both			2217		1158.02 Wellcare	Medicare		1006.97	1			697.47	2106.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582		2005.77 Aetna	Commercial		2776.69	1.592			163.91	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582		2005.77 Aetna	Better Health		183.1	0.3146			163.91	3186.56	percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582		2005.77 Aetna	Medicare		1744.15	1			163.91	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582		2005.77 Americare	Americare		436.5	0.75			163.91	3186.56	percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582		2005.77 WellPoint	WellPoint		186.71	0.3208			163.91	3186.56	percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582		2005.77 Amerihealth	Medicare		1744.15	1			163.91	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582		2005.77 Consumer	Consumer		552.9	0.95			163.91	3186.56	percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582		2005.77 Corrections	Corrections		465.6	0.8			163.91	3186.56	percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582		2005.77 First Health	First Health		407.4	0.7			163.91	3186.56	percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582		2005.77 First Trenton	First Trenton		523.8	0.9			163.91	3186.56	percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582		2005.77 Horizon	Indemnity		3186.56	1.827			163.91	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582		2005.77 Horizon	MGD		3186.56	1.827			163.91	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582		2005.77 Horizon	Medicare Blue		1744.15	1			163.91	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582		2005.77 Horizon	PPO		3186.56	1.827			163.91	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582		2005.77 Managed Care Inc	Managed Care Inc		523.8	0.9			163.91	3186.56	percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582		2005.77 Multiplan	Multiplan		465.6	0.8			163.91	3186.56	percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582		2005.77 Qualcare	Qualcare		436.5	0.75			163.91	3186.56	percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582		2005.77 Three Rivers	Three Rivers		552.9	0.95			163.91	3186.56	percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582		2005.77 UHC	Medicare		1744.15	1			163.91	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582		2005.77 UHC	Medicaid		183.1	0.3146			163.91	3186.56	percent of total billed charges	
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582		2005.77 Wellcare	Medicare		1744.15	1			163.91	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CORONECTOMY INT PARTIAL TOOTH	D7251	HCPCS	outpatient			582		2005.77 Wellcare	Medicaid		183.1	0.3146			163.91	3186.56	percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458		1158.02 Aetna	Better Health		1717.09	0.3146			1006.97	5185.1	percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458		1158.02 Aetna	Commercial		1603.1	1.592			1006.97	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458		1158.02 Aetna	Medicare		1006.97	1			1006.97	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458		1158.02 Americare	Americare		4093.5	0.75			1006.97	5185.1	percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458		1158.02 WellPoint	WellPoint		1750.93	0.3208			1006.97	5185.1	percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458		1158.02 Amerihealth	Medicare		1006.97	1			1006.97	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458		1158.02 Consumer	Consumer		5185.1	0.95			1006.97	5185.1	percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458		1158.02 Corrections	Corrections		4366.4	0.8			1006.97	5185.1	percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458		1158.02 First Health	First Health		3820.6	0.7			1006.97	5185.1	percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458		1158.02 First Trenton	First Trenton		4912.2	0.9			1006.97	5185.1	percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458		1158.02 Horizon	MGD		1839.73	1.827			1006.97	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458		1158.02 Horizon	Medicare Blue		1006.97	1			1006.97	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458		1158.02 Horizon	Indemnity		1839.73	1.827			1006.97	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458		1158.02 Horizon	PPO		1839.73	1.827			1006.97	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458		1158.02 Managed Care Inc	Managed Care Inc		4912.2	0.9			1006.97	5185.1	percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458		1158.02 Multiplan	Multiplan		4366.4	0.8			1006.97	5185.1	percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458		1158.02 Qualcare	Qualcare		4093.5	0.75			1006.97	5185.1	percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458		1158.02 Three Rivers	Three Rivers		5185.1	0.95			1006.97	5185.1	percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458		1158.02 UHC	Medicaid		1717.09	0.3146			1006.97	5185.1	percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458		1158.02 UHC	Medicare		1006.97	1			1006.97	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458		1158.02 Wellcare	Medicaid		1717.09	0.3146			1006.97	5185.1	percent of total billed charges	
PRIMARY CLOSURE OF SINUS PERFORATION	D7261	HCPCS	outpatient			5458		1158.02 Wellcare	Medicare		1006.97	1			1006.97	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171		1158.02 Aetna	Medicare		1006.97	1			276.22	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171		1158.02 Aetna	Better Health		368.4	0.3146			276.22	1839.73	percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171		1158.02 Aetna	Commercial		1603.1	1.592			276.22	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171		1158.02 Americare	Americare		878.25	0.75			276.22	1839.73	percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171		1158.02 WellPoint	WellPoint		375.66	0.3208			276.22	1839.73	percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171		1158.02 Amerihealth	Medicare		1006.97	1			276.22	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171		1158.02 Consumer	Consumer		1112.45	0.95			276.22	1839.73	percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171		1158.02 Corrections	Corrections		936.8	0.8			276.22	1839.73	percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171		1158.02 First Health	First Health		819.7	0.7			276.22	1839.73	percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171		1158.02 First Trenton	First Trenton		1053.9	0.9			276.22	1839.73	percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171		1158.02 Horizon	Indemnity		1839.73	1.827			276.22	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171		1158.02 Horizon	Medicare Blue		1006.97	1			276.22	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171		1158.02 Horizon	PPO		1839.73	1.827			276.22	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171		1158.02 Horizon	MGD		1839.73	1.827			276.22	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171		1158.02 Managed Care Inc	Managed Care Inc		1053.9	0.9			276.22	1839.73	percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171		1158.02 Multiplan	Multiplan		936.8	0.8			276.22	1839.73	percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171		1158.02 Qualcare	Qualcare		878.25	0.75			276.22	1839.73	percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171		1158.02 Three Rivers	Three Rivers		1112.45	0.95			276.22	1839.73	percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171		1158.02 UHC	Medicare		1006.97	1			276.22	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171		1158.02 UHC	Medicaid		368.4	0.3146			276.22	1839.73	percent of total billed charges	
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171		1158.02 Wellcare	Medicare		1006.97	1			276.22	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH REIMPLANTATION	D7270	HCPCS	outpatient			1171		1158.02 Wellcare	Medicaid		368.4	0.3146			276.22	1839.73	percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579		1158.02 Aetna	Commercial		1603.1	1.592			496.75	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579		1158.02 Aetna	Better Health		496.75	0.3146			496.75	1839.73	percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579		1158.02 Aetna	Medicare		1006.97	1			496.75	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579		1158.02 Americare	Americare		1184.25	0.75			496.75	1839.73	percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579		1158.02 WellPoint	WellPoint		506.54	0.3208			496.75	1839.73	percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579		1158.02 Amerihealth	Medicare		1006.97	1			496.75	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579		1158.02 Consumer	Consumer		1500.05	0.95			496.75	1839.73	percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579		1158.02 Corrections	Corrections		1263.2	0.8			496.75	1839.73	percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579		1158.02 First Health	First Health		1105.3	0.7			496.75	1839.73	percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579		1158.02 First Trenton	First Trenton		1421.1	0.9			496.75	1839.73	percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579		1158.02 Horizon	PPO		1839.73	1.827			496.75	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579		1158.02 Horizon	MGD		1839.73	1.827			496.75	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579		1158.02 Horizon	Indemnity		1839.73	1.827			496.75	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579		1158.02 Horizon	Medicare Blue		1006.97	1			496.75	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579		1158.02 Managed Care Inc	Managed Care Inc		1421.1	0.9			496.75	1839.73	percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579		1158.02 Multiplan	Multiplan		1263.2	0.8			496.75	1839.73	percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579		1158.02 Qualcare	Qualcare		1184.25	0.75			496.75	1839.73	percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579		1158.02 Three Rivers	Three Rivers		1500.05	0.95			496.75	1839.73	percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579		1158.02 UHC	Medicare		1006.97	1			496.75	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579		1158.02 UHC	Medicaid		496.75	0.3146			496.75	1839.73	percent of total billed charges	
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579		1158.02 Wellcare	Medicare		1006.97	1			496.75	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOOTH TRANSPLANTATION	D7272	HCPCS	outpatient			1579		1158.02 Wellcare	Medicaid		496.75	0.3146			496.75	1839.73	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803		1158.02 Aetna	Medicare		1006.97	1			326.87	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803		1158.02 Aetna	Commercial		1603.1	1.592			326.87	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803		1158.02 Aetna	Better Health		567.22	0.3146			326.87	1839.73	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803		1158.02 Americare	Americare		1352.25	0.75			326.87	1839.73	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803		1158.02 WellPoint	WellPoint		578.4	0.3208			326.87	1839.73	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803		1158.02 Amerihealth	Medicare		1006.97	1			326.87	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803		1158.02 Consumer	Consumer		1712.85	0.95			326.87	1839.73	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803		1158.02 Corrections	Corrections		1442.4	0.8			326.87	1839.73	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803		1158.02 First Health	First Health		1262.1	0.7			326.87	1839.73	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803		1158.02 First Trenton	First Trenton		1622.7	0.9			326.87	1839.73	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803		1158.02 Horizon	MGD		1839.73	1.827			326.87	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803		1158.02 Horizon	Medicare Blue		1006.97	1			326.87	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803		1158.02 Horizon	Indemnity		1839.73	1.827			326.87	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803		1158.02 Horizon	PPO		1839.73	1.827			326.87	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803		1158.02 Managed Care Inc	Managed Care Inc		1622.7	0.9			326.87	1839.73	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803		1158.02 Multiplan	Multiplan		1442.4	0.8			326.87	1839.73	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803		1158.02 Qualcare	Qualcare		1352.25	0.75			326.87	1839.73	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803		1158.02 Three Rivers	Three Rivers		1712.85	0.95			326.87	1839.73	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803		1158.02 UHC	Medicaid		567.22	0.3146			326.87	1839.73	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803		1158.02 UHC	Medicare		1006.97	1			326.87	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803		1158.02 Wellcare	Medicaid		567.22	0.3146			326.87	1839.73	percent of total billed charges	
SURG ACCESS UNERUPT TOOTH	D7280	HCPCS	outpatient			1803		1158.02 Wellcare	Medicare		1006.97	1			326.87	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Aetna	Commercial		251.56	0.38			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Aetna	Better Health		208.27	0.3146			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Aetna	Medicare		203.9	0.308			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Americare	Americare		496.5	0.75			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		WellPoint	WellPoint		212.37	0.3208			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Consumer	Consumer		628.9	0.95			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Corrections	Corrections		529.6	0.8			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		First Health	First Health		463.4	0.7			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		First Trenton	First Trenton		595.8	0.9			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Horizon	MGD		253.41	0.3828			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Horizon	PPO		253.41	0.3828			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Horizon	Indemnity		253.41	0.3828			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Horizon	Medicare Blue		198.6	0.3			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Managed Care Inc	Managed Care Inc		595.8	0.9			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Multiplan	Multiplan		529.6	0.8			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Qualcare	Qualcare		496.5	0.75			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Three Rivers	Three Rivers		628.9	0.95			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		UHC	Medicaid		208.27	0.3146			198.6	628.9	percent of total billed charges	
BIOPSY SOFT TISSUE	D7286	HCPCS	outpatient			662		Wellcare	Medicaid		208.27	0.3146			198.6	628.9	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Aetna	Commercial		171.38	0.38			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Aetna	Better Health		141.88	0.3146			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Aetna	Medicare		138.91	0.308			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Americare	Americare		338.25	0.75			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		WellPoint	WellPoint		144.68	0.3208			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Consumer	Consumer		428.45	0.95			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Corrections	Corrections		360.8	0.8			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		First Health	First Health		315.7	0.7			135.3	428.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		First Trenton	First Trenton		405.9	0.9			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Horizon	MGD		172.64	0.3828			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Horizon	Medicare Blue		135.3	0.3			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Horizon	Indemnity		172.64	0.3828			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Horizon	PPO		172.64	0.3828			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Managed Care Inc	Managed Care Inc		405.9	0.9			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Multiplan	Multiplan		360.8	0.8			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Qualcare	Qualcare		338.25	0.75			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Three Rivers	Three Rivers		428.45	0.95			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		UHC	Medicaid		141.88	0.3146			135.3	428.45	percent of total billed charges	
BRUSH BIOPSY	D7288	HCPCS	outpatient			451		Wellcare	Medicaid		141.88	0.3146			135.3	428.45	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Aetna	Commercial		414.96	0.38			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Aetna	Better Health		343.54	0.3146			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Aetna	Medicare		336.34	0.308			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Americare	Americare		819	0.75			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		WellPoint	WellPoint		350.31	0.3208			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Consumer	Consumer		1037.4	0.95			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Corrections	Corrections		873.6	0.8			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		First Health	First Health		764.4	0.7			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		First Trenton	First Trenton		982.8	0.9			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Horizon	Medicare Blue		327.6	0.3			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Horizon	Indemnity		418.02	0.3828			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Horizon	MGD		418.02	0.3828			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Horizon	PPO		418.02	0.3828			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Managed Care Inc	Managed Care Inc		982.8	0.9			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Multiplan	Multiplan		873.6	0.8			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Qualcare	Qualcare		819	0.75			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Three Rivers	Three Rivers		1037.4	0.95			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		UHC	Medicaid		343.54	0.3146			327.6	1037.4	percent of total billed charges	
REPOSITIONING OF TEETH	D7290	HCPCS	outpatient			1092		Wellcare	Medicaid		343.54	0.3146			327.6	1037.4	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605		2005.77 Aetna	Commercial		2776.69	1.592			154.78	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605		2005.77 Aetna	Better Health		190.33	0.3146			154.78	3186.56	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605		2005.77 Aetna	Medicare		1744.15	1			154.78	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605		2005.77 Americare	Americare		453.75	0.75			154.78	3186.56	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605		2005.77 WellPoint	WellPoint		194.08	0.3208			154.78	3186.56	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605		2005.77 Amerihealth	Medicare		1744.15	1			154.78	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605		2005.77 Consumer	Consumer		574.75	0.95			154.78	3186.56	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605		2005.77 Corrections	Corrections		484	0.8			154.78	3186.56	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605		2005.77 First Health	First Health		423.5	0.7			154.78	3186.56	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605		2005.77 First Trenton	First Trenton		544.5	0.9			154.78	3186.56	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605		2005.77 Horizon	Indemnity		3186.56	1.827			154.78	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605		2005.77 Horizon	MGD		3186.56	1.827			154.78	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605		2005.77 Horizon	PPO		3186.56	1.827			154.78	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605		2005.77 Horizon	Medicare Blue		1744.15	1			154.78	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605		2005.77 Managed Care Inc	Managed Care Inc		544.5	0.9			154.78	3186.56	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605		2005.77 Multiplan	Multiplan		484	0.8			154.78	3186.56	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605		2005.77 Qualcare	Qualcare		453.75	0.75			154.78	3186.56	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605		2005.77 Three Rivers	Three Rivers		574.75	0.95			154.78	3186.56	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605		2005.77 UHC	Medicare		1744.15	1			154.78	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605		2005.77 UHC	Medicaid		190.33	0.3146			154.78	3186.56	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605		2005.77 Wellcare	Medicaid		190.33	0.3146			154.78	3186.56	percent of total billed charges	
ALVEOPLASTY W/ EXTRACTION	D7310	HCPCS	outpatient			605		2005.77 Wellcare	Medicare		1744.15	1			154.78	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669		2005.77 Aetna	Better Health		210.47	0.3146			171.77	3186.56	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669		2005.77 Aetna	Medicare		1744.15	1			171.77	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669		2005.77 Aetna	Commercial		2776.69	1.592			171.77	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669		2005.77 Americare	Americare		501.75	0.75			171.77	3186.56	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669		2005.77 WellPoint	WellPoint		214.62	0.3208			171.77	3186.56	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669		2005.77 Amerihealth	Medicare		1744.15	1			171.77	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669		2005.77 Consumer	Consumer		635.55	0.95			171.77	3186.56	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669		2005.77 Corrections	Corrections		535.2	0.8			171.77	3186.56	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669		2005.77 First Health	First Health		468.3	0.7			171.77	3186.56	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669		2005.77 First Trenton	First Trenton		602.1	0.9			171.77	3186.56	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669		2005.77 Horizon	Medicare Blue		1744.15	1			171.77	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669		2005.77 Horizon	Indemnity		3186.56	1.827			171.77	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669		2005.77 Horizon	MGD		3186.56	1.827			171.77	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669		2005.77 Horizon	PPO		3186.56	1.827			171.77	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669		2005.77 Managed Care Inc	Managed Care Inc		602.1	0.9			171.77	3186.56	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669		2005.77 Multiplan	Multiplan		535.2	0.8			171.77	3186.56	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669		2005.77 Qualcare	Qualcare		501.75	0.75			171.77	3186.56	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669		2005.77 Three Rivers	Three Rivers		635.55	0.95			171.77	3186.56	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669		2005.77 UHC	Medicaid		210.47	0.3146			171.77	3186.56	percent of total billed charges	
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669		2005.77 UHC	Medicare		1744.15	1			171.77	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669		2005.77 Wellcare	Medicare		1744.15	1			171.77	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOPLASTY W/EXTRACT 1-3	D7311	HCPCS	outpatient			669		2005.77 Wellcare	Medicaid		210.47	0.3146			171.77	3186.56	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Aetna	Medicare		304.3	0.308			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Aetna	Better Health		310.82	0.3146			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Aetna	Commercial		375.44	0.38			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Americare	Americare		741	0.75			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		WellPoint	WellPoint		316.95	0.3208			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Consumer	Consumer		938.6	0.95			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Corrections	Corrections		790.4	0.8			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		First Health	First Health		691.6	0.7			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		First Trenton	First Trenton		889.2	0.9			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Horizon	Medicare Blue		296.4	0.3			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Horizon	Indemnity		378.21	0.3828			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Horizon	MGD		378.21	0.3828			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Horizon	PPO		378.21	0.3828			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Managed Care Inc	Managed Care Inc		889.2	0.9			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Multiplan	Multiplan		790.4	0.8			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Qualcare	Qualcare		741	0.75			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Three Rivers	Three Rivers		938.6	0.95			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		UHC	Medicaid		310.82	0.3146			225.3	938.6	percent of total billed charges	
ALVEOPLASTY W/O EXTRACTION	D7320	HCPCS	outpatient			988		Wellcare	Medicaid		310.82	0.3146			225.3	938.6	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Aetna	Medicare		288.9	0.308			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Aetna	Better Health		295.09	0.3146			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Aetna	Commercial		356.44	0.38			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Americare	Americare		703.5	0.75			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		WellPoint	WellPoint		300.91	0.3208			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Consumer	Consumer		891.1	0.95			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Corrections	Corrections		750.4	0.8			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		First Health	First Health		656.6	0.7			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		First Trenton	First Trenton		844.2	0.9			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Horizon	MGD		359.07	0.3828			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Horizon	Indemnity		359.07	0.3828			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Horizon	PPO		359.07	0.3828			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Horizon	Medicare Blue		281.4	0.3			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Managed Care Inc	Managed Care Inc		844.2	0.9			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Multiplan	Multiplan		750.4	0.8			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Qualcare	Qualcare		703.5	0.75			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Three Rivers	Three Rivers		891.1	0.95			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		UHC	Medicaid		295.09	0.3146			236.7	891.1	percent of total billed charges	
ALVEOPLASTY NOT W/EXTRACTS	D7321	HCPCS	outpatient			938		Wellcare	Medicaid		295.09	0.3146			236.7	891.1	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935		2005.77 Aetna	Better Health		294.15	0.3146			294.15	3186.56	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935		2005.77 Aetna	Commercial		2776.69	1.592			294.15	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935		2005.77 Aetna	Medicare		1744.15	1			294.15	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935		2005.77 Americare	Americare		701.25	0.75			294.15	3186.56	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935		2005.77 WellPoint	WellPoint		299.95	0.3208			294.15	3186.56	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935		2005.77 Amerihealth	Medicare		1744.15	1			294.15	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935		2005.77 Consumer	Consumer		888.25	0.95			294.15	3186.56	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935		2005.77 Corrections	Corrections		748	0.8			294.15	3186.56	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935		2005.77 First Health	First Health		654.5	0.7			294.15	3186.56	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935		2005.77 First Trenton	First Trenton		841.5	0.9			294.15	3186.56	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935		2005.77 Horizon	PPO		3186.56	1.827			294.15	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935		2005.77 Horizon	Medicare Blue		1744.15	1			294.15	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935		2005.77 Horizon	MGD		3186.56	1.827			294.15	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935		2005.77 Horizon	Indemnity		3186.56	1.827			294.15	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935		2005.77 Managed Care Inc	Managed Care Inc		841.5	0.9			294.15	3186.56	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935		2005.77 Multiplan	Multiplan		748	0.8			294.15	3186.56	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935		2005.77 Qualcare	Qualcare		701.25	0.75			294.15	3186.56	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935		2005.77 Three Rivers	Three Rivers		888.25	0.95			294.15	3186.56	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935		2005.77 UHC	Medicaid		294.15	0.3146			294.15	3186.56	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935		2005.77 UHC	Medicare		1744.15	1			294.15	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935		2005.77 Wellcare	Medicaid		294.15	0.3146			294.15	3186.56	percent of total billed charges	
RAD EXC LES UP TO 1.25CM	D7410	HCPCS	outpatient			935		2005.77 Wellcare	Medicare		1744.15	1			294.15	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341		2005.77 Aetna	Commercial		2776.69	1.592			421.88	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341		2005.77 Aetna	Better Health		421.88	0.3146			421.88	3186.56	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341		2005.77 Aetna	Medicare		1744.15	1			421.88	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341		2005.77 Americare	Americare		1005.75	0.75			421.88	3186.56	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341		2005.77 WellPoint	WellPoint		430.19	0.3208			421.88	3186.56	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341		2005.77 Amerihealth	Medicare		1744.15	1			421.88	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341		2005.77 Consumer	Consumer		1273.95	0.95			421.88	3186.56	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341		2005.77 Corrections	Corrections		1072.8	0.8			421.88	3186.56	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341		2005.77 First Health	First Health		938.7	0.7			421.88	3186.56	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341		2005.77 First Trenton	First Trenton		1206.9	0.9			421.88	3186.56	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341		2005.77 Horizon	Medicare Blue		1744.15	1			421.88	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341		2005.77 Horizon	Indemnity		3186.56	1.827			421.88	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341		2005.77 Horizon	PPO		3186.56	1.827			421.88	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341		2005.77 Horizon	MGD		3186.56	1.827			421.88	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341		2005.77 Managed Care Inc	Managed Care Inc		1206.9	0.9			421.88	3186.56	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341		2005.77 Multiplan	Multiplan		1072.8	0.8			421.88	3186.56	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341		2005.77 Qualcare	Qualcare		1005.75	0.75			421.88	3186.56	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341		2005.77 Three Rivers	Three Rivers		1273.95	0.95			421.88	3186.56	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341		2005.77 UHC	Medicare		1744.15	1			421.88	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341		2005.77 UHC	Medicaid		421.88	0.3146			421.88	3186.56	percent of total billed charges	
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341		2005.77 Wellcare	Medicare		1744.15	1			421.88	3186.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EXCISION BENIGN LESION>1.25C	D7411	HCPCS	outpatient			1341		2005.77 Wellcare	Medicaid		421.88	0.3146			421.88	3186.56	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047		4234.52 Aetna	Commercial		5862.05	1.592			329.39	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047		4234.52 Aetna	Medicare		3682.19	1			329.39	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047		4234.52 Aetna	Better Health		329.39	0.3146			329.39	6727.36	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047		4234.52 Americare	Americare		785.25	0.75			329.39	6727.36	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047		4234.52 WellPoint	WellPoint		335.88	0.3208			329.39	6727.36	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047		4234.52 Amerihealth	Medicare		3682.19	1			329.39	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047		4234.52 Consumer	Consumer		994.65	0.95			329.39	6727.36	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047		4234.52 Corrections	Corrections		837.6	0.8			329.39	6727.36	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047		4234.52 First Health	First Health		732.9	0.7			329.39	6727.36	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047		4234.52 First Trenton	First Trenton		942.3	0.9			329.39	6727.36	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047		4234.52 Horizon	MGD		6727.36	1.827			329.39	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047		4234.52 Horizon	Medicare Blue		3682.19	1			329.39	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047		4234.52 Horizon	Indemnity		6727.36	1.827			329.39	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047		4234.52 Horizon	PPO		6727.36	1.827			329.39	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047		4234.52 Managed Care Inc	Managed Care Inc		942.3	0.9			329.39	6727.36	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047		4234.52 Multiplan	Multiplan		837.6	0.8			329.39	6727.36	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047		4234.52 Qualcare	Qualcare		785.25	0.75			329.39	6727.36	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047		4234.52 Three Rivers	Three Rivers		994.65	0.95			329.39	6727.36	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047		4234.52 UHC	Medicaid		329.39	0.3146			329.39	6727.36	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047		4234.52 UHC	Medicare		3682.19	1			329.39	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047		4234.52 Wellcare	Medicaid		329.39	0.3146			329.39	6727.36	percent of total billed charges	
REM ODONT CYST TO 1.25 CM	D7450	HCPCS	outpatient			1047		4234.52 Wellcare	Medicare		3682.19	1			329.39	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897		1158.02 Aetna	Better Health		282.2	0.3146			282.2	1839.73	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897		1158.02 Aetna	Commercial		1603.1	1.592			282.2	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897		1158.02 Aetna	Medicare		1006.97	1			282.2	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897		1158.02 Americare	Americare		672.75	0.75			282.2	1839.73	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897		1158.02 WellPoint	WellPoint		287.76	0.3208			282.2	1839.73	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897		1158.02 Amerihealth	Medicare		1006.97	1			282.2	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897		1158.02 Consumer	Consumer		852.15	0.95			282.2	1839.73	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897		1158.02 Corrections	Corrections		717.6	0.8			282.2	1839.73	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897		1158.02 First Health	First Health		627.9	0.7			282.2	1839.73	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897		1158.02 First Trenton	First Trenton		807.3	0.9			282.2	1839.73	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897		1158.02 Horizon	Indemnity		1839.73	1.827			282.2	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897		1158.02 Horizon	Medicare Blue		1006.97	1			282.2	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897		1158.02 Horizon	MGD		1839.73	1.827			282.2	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897		1158.02 Horizon	PPO		1839.73	1.827			282.2	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897		1158.02 Managed Care Inc	Managed Care Inc		807.3	0.9			282.2	1839.73	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897		1158.02 Multiplan	Multiplan		717.6	0.8			282.2	1839.73	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897		1158.02 Qualcare	Qualcare		672.75	0.75			282.2	1839.73	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897		1158.02 Three Rivers	Three Rivers		852.15	0.95			282.2	1839.73	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897		1158.02 UHC	Medicaid		282.2	0.3146			282.2	1839.73	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897		1158.02 UHC	Medicare		1006.97	1			282.2	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897		1158.02 Wellcare	Medicaid		282.2	0.3146			282.2	1839.73	percent of total billed charges	
REM NONODO CYST TO 1.25CM	D7460	HCPCS	outpatient			897		1158.02 Wellcare	Medicare		1006.97	1			282.2	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Aetna	Medicare		429.66	0.308			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Aetna	Better Health		438.87	0.3146			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Aetna	Commercial		530.1	0.38			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Americare	Americare		1046.25	0.75			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		WellPoint	WellPoint		447.52	0.3208			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Consumer	Consumer		1325.25	0.95			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Corrections	Corrections		1116	0.8			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		First Health	First Health		976.5	0.7			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		First Trenton	First Trenton		1255.5	0.9			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Horizon	MGD		534.01	0.3828			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Horizon	Medicare Blue		418.5	0.3			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Horizon	Indemnity		534.01	0.3828			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Horizon	PPO		534.01	0.3828			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Managed Care Inc	Managed Care Inc		1255.5	0.9			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Multiplan	Multiplan		1116	0.8			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Qualcare	Qualcare		1046.25	0.75			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Three Rivers	Three Rivers		1325.25	0.95			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		UHC	Medicaid		438.87	0.3146			418.5	1325.25	percent of total billed charges	
REM EXOSTOSIS ANY SITE	D7471	HCPCS	outpatient			1395		Wellcare	Medicaid		438.87	0.3146			418.5	1325.25	percent of total billed charges	
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480		1158.02 Aetna	Medicare		1006.97	1			465.61	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480		1158.02 Aetna	Commercial		1603.1	1.592			465.61	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480		1158.02 Aetna	Better Health		465.61	0.3146			465.61	1839.73	percent of total billed charges	
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480		1158.02 Americare	Americare		1110	0.75			465.61	1839.73	percent of total billed charges	
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480		1158.02 WellPoint	WellPoint		474.78	0.3208			465.61	1839.73	percent of total billed charges	
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480		1158.02 Amerihealth	Medicare		1006.97	1			465.61	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480		1158.02 Consumer	Consumer		1406	0.95			465.61	1839.73	percent of total billed charges	
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480		1158.02 Corrections	Corrections		1184	0.8			465.61	1839.73	percent of total billed charges	
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480		1158.02 First Health	First Health		1036	0.7			465.61	1839.73	percent of total billed charges	
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480		1158.02 First Trenton	First Trenton		1332	0.9			465.61	1839.73	percent of total billed charges	
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480		1158.02 Horizon	Indemnity		1839.73	1.827			465.61	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480		1158.02 Horizon	PPO		1839.73	1.827			465.61	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480		1158.02 Horizon	MGD		1839.73	1.827			465.61	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480		1158.02 Horizon	Medicare Blue		1006.97	1			465.61	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480		1158.02 Managed Care Inc	Managed Care Inc		1332	0.9			465.61	1839.73	percent of total billed charges	
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480		1158.02 Multiplan	Multiplan		1184	0.8			465.61	1839.73	percent of total billed charges	
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480		1158.02 Qualcare	Qualcare		1110	0.75			465.61	1839.73	percent of total billed charges	
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480		1158.02 Three Rivers	Three Rivers		1406	0.95			465.61	1839.73	percent of total billed charges	
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480		1158.02 UHC	Medicaid		465.61	0.3146			465.61	1839.73	percent of total billed charges	
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480		1158.02 UHC	Medicare		1006.97	1			465.61	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480		1158.02 Wellcare	Medicaid		465.61	0.3146			465.61	1839.73	percent of total billed charges	
REMOVAL PALATAL	D7472	HCPCS	outpatient			1480		1158.02 Wellcare	Medicare		1006.97	1			465.61	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594		1158.02 Aetna	Medicare		1006.97	1			501.47	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594		1158.02 Aetna	Commercial		1603.1	1.592			501.47	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594		1158.02 Aetna	Better Health		501.47	0.3146			501.47	1839.73	percent of total billed charges	
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594		1158.02 Americare	Americare		1195.5	0.75			501.47	1839.73	percent of total billed charges	
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594		1158.02 WellPoint	WellPoint		511.36	0.3208			501.47	1839.73	percent of total billed charges	
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594		1158.02 Amerihealth	Medicare		1006.97	1			501.47	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594		1158.02 Consumer	Consumer		1514.3	0.95			501.47	1839.73	percent of total billed charges	
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594		1158.02 Corrections	Corrections		1275.2	0.8			501.47	1839.73	percent of total billed charges	
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594		1158.02 First Health	First Health		1115.8	0.7			501.47	1839.73	percent of total billed charges	
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594		1158.02 First Trenton	First Trenton		1434.6	0.9			501.47	1839.73	percent of total billed charges	
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594		1158.02 Horizon	MGD		1839.73	1.827			501.47	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594		1158.02 Horizon	Medicare Blue		1006.97	1			501.47	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594		1158.02 Horizon	PPO		1839.73	1.827			501.47	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594		1158.02 Horizon	Indemnity		1839.73	1.827			501.47	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594		1158.02 Managed Care Inc	Managed Care Inc		1434.6	0.9			501.47	1839.73	percent of total billed charges	
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594		1158.02 Multiplan	Multiplan		1275.2	0.8			501.47	1839.73	percent of total billed charges	
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594		1158.02 Qualcare	Qualcare		1195.5	0.75			501.47	1839.73	percent of total billed charges	
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594		1158.02 Three Rivers	Three Rivers		1514.3	0.95			501.47	1839.73	percent of total billed charges	
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594		1158.02 UHC	Medicaid		501.47	0.3146			501.47	1839.73	percent of total billed charges	
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594		1158.02 UHC	Medicare		1006.97	1			501.47	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594		1158.02 Wellcare	Medicare		1006.97	1			501.47	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVE TORUS MANDIBULARIS	D7473	HCPCS	outpatient			1594		1158.02 Wellcare	Medicaid		501.47	0.3146			501.47	1839.73	percent of total billed charges	
INCISE AND DRAIN	D7510	HCPCS	both			1369		925.36 Aetna	Commercial		1281.02	1.592			154.15	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE AND DRAIN	D7510	HCPCS	both			1369		925.36 Aetna	Better Health		430.69	0.3146			154.15	1470.11	percent of total billed charges	
INCISE AND DRAIN	D7510	HCPCS	both			1369		925.36 Aetna	Medicare		804.66	1			154.15	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE AND DRAIN	D7510	HCPCS	both			1369		925.36 Americare	Americare		1026.75	0.75			154.15	1470.11	percent of total billed charges	
INCISE AND DRAIN	D7510	HCPCS	both			1369		925.36 WellPoint	WellPoint		439.18	0.3208			154.15	1470.11	percent of total billed charges	
INCISE AND DRAIN	D7510	HCPCS	both			1369		925.36 Amerihealth	Medicare		804.66	1			154.15	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE AND DRAIN	D7510	HCPCS	both			1369		925.36 Consumer	Consumer		1300.55	0.95			154.15	1470.11	percent of total billed charges	
INCISE AND DRAIN	D7510	HCPCS	both			1369		925.36 Corrections	Corrections		1095.2	0.8			154.15	1470.11	percent of total billed charges	
INCISE AND DRAIN	D7510	HCPCS	both			1369		925.36 First Health	First Health		958.3	0.7			154.15	1470.11	percent of total billed charges	
INCISE AND DRAIN	D7510	HCPCS	both			1369		925.36 First Trenton	First Trenton		1232.1	0.9			154.15	1470.11	percent of total billed charges	
INCISE AND DRAIN	D7510	HCPCS	both			1369		925.36 Horizon	Medicare Blue		804.66	1			154.15	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE AND DRAIN	D7510	HCPCS	both			1369		925.36 Horizon	PPO		1470.11	1.827			154.15	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE AND DRAIN	D7510	HCPCS	both			1369		925.36 Horizon	MGD		1470.11	1.827			154.15	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE AND DRAIN	D7510	HCPCS	both			1369		925.36 Horizon	Indemnity		1470.11	1.827			154.15	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE AND DRAIN	D7510	HCPCS	both			1369		925.36 Managed Care Inc	Managed Care Inc		1232.1	0.9			154.15	1470.11	percent of total billed charges	
INCISE AND DRAIN	D7510	HCPCS	both			1369		925.36 Multiplan	Multiplan		1095.2	0.8			154.15	1470.11	percent of total billed charges	
INCISE AND DRAIN	D7510	HCPCS	both			1369		925.36 Qualcare	Qualcare		1026.75	0.75			154.15	1470.11	percent of total billed charges	
INCISE AND DRAIN	D7510	HCPCS	both			1369		925.36 Three Rivers	Three Rivers		1300.55	0.95			154.15	1470.11	percent of total billed charges	
INCISE AND DRAIN	D7510	HCPCS	both			1369		925.36 UHC	Medicaid		430.69	0.3146			154.15	1470.11	percent of total billed charges	
INCISE AND DRAIN	D7510	HCPCS	both			1369		925.36 UHC	Medicare		804.66	1			154.15	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INCISE AND DRAIN	D7510	HCPCS	both			1369		925.36 Wellcare	Medicaid		430.69	0.3146			154.15	1470.11	percent of total billed charges	
INCISE AND DRAIN	D7510	HCPCS	both			1369		925.36 Wellcare	Medicare		804.66	1			154.15	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709		925.36 Aetna	Commercial		1281.02	1.592			223.05	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Aetna	Medicare		804.66	1			223.05	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Aetna	Better Health		223.05	0.3146			223.05	1470.11	percent of total billed charges	
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Americare	Americare		531.75	0.75			223.05	1470.11	percent of total billed charges	
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	WellPoint	WellPoint		227.45	0.3208			223.05	1470.11	percent of total billed charges	
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Amerihealth	Medicare		804.66	1			223.05	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Consumer	Consumer		673.55	0.95			223.05	1470.11	percent of total billed charges	
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Corrections	Corrections		567.2	0.8			223.05	1470.11	percent of total billed charges	
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	First Health	First Health		496.3	0.7			223.05	1470.11	percent of total billed charges	
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	First Trenton	First Trenton		638.1	0.9			223.05	1470.11	percent of total billed charges	
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Horizon	PPO		1470.11	1.827			223.05	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Horizon	Medicare Blue		804.66	1			223.05	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Horizon	Indemnity		1470.11	1.827			223.05	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Horizon	MGD		1470.11	1.827			223.05	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Managed Care Inc	Managed Care Inc		638.1	0.9			223.05	1470.11	percent of total billed charges	
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Multiplan	Multiplan		567.2	0.8			223.05	1470.11	percent of total billed charges	
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Qualcare	Qualcare		531.75	0.75			223.05	1470.11	percent of total billed charges	
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Three Rivers	Three Rivers		673.55	0.95			223.05	1470.11	percent of total billed charges	
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	UHC	Medicare		804.66	1			223.05	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	UHC	Medicaid		223.05	0.3146			223.05	1470.11	percent of total billed charges	
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Wellcare	Medicaid		223.05	0.3146			223.05	1470.11	percent of total billed charges	
I&D ABCESS-INTRORAL-COMP.	D7511	HCPCS	outpatient			709	925.36	Wellcare	Medicare		804.66	1			223.05	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Aetna	Commercial		1281.02	1.592			319	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Aetna	Better Health		319	0.3146			319	1470.11	percent of total billed charges	
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Aetna	Medicare		804.66	1			319	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Americare	Americare		760.5	0.75			319	1470.11	percent of total billed charges	
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	WellPoint	WellPoint		325.29	0.3208			319	1470.11	percent of total billed charges	
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Amerihealth	Medicare		804.66	1			319	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Consumer	Consumer		963.3	0.95			319	1470.11	percent of total billed charges	
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Corrections	Corrections		811.2	0.8			319	1470.11	percent of total billed charges	
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	First Health	First Health		709.8	0.7			319	1470.11	percent of total billed charges	
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	First Trenton	First Trenton		912.6	0.9			319	1470.11	percent of total billed charges	
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Horizon	Indemnity		1470.11	1.827			319	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Horizon	Medicare Blue		804.66	1			319	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Horizon	PPO		1470.11	1.827			319	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Horizon	MGD		1470.11	1.827			319	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Managed Care Inc	Managed Care Inc		912.6	0.9			319	1470.11	percent of total billed charges	
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Multiplan	Multiplan		811.2	0.8			319	1470.11	percent of total billed charges	
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Qualcare	Qualcare		760.5	0.75			319	1470.11	percent of total billed charges	
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Three Rivers	Three Rivers		963.3	0.95			319	1470.11	percent of total billed charges	
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	UHC	Medicaid		319	0.3146			319	1470.11	percent of total billed charges	
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	UHC	Medicare		804.66	1			319	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Wellcare	Medicaid		319	0.3146			319	1470.11	percent of total billed charges	
I&D ABSCESS EXTRAORAL	D7520	HCPCS	outpatient			1014	925.36	Wellcare	Medicare		804.66	1			319	1470.11	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FB MUCOSA SKIN	D7530	HCPCS	outpatient			791	1158.02	Aetna	Better Health		248.85	0.3146			201.34	1839.73	percent of total billed charges	
REMOVAL OF FB MUCOSA SKIN	D7530	HCPCS	outpatient			791	1158.02	Aetna	Medicare		1006.97	1			201.34	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FB MUCOSA SKIN	D7530	HCPCS	outpatient			791	1158.02	Aetna	Commercial		1603.1	1.592			201.34	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FB MUCOSA SKIN	D7530	HCPCS	outpatient			791	1158.02	Americare	Americare		593.25	0.75			201.34	1839.73	percent of total billed charges	
REMOVAL OF FB MUCOSA SKIN	D7530	HCPCS	outpatient			791	1158.02	WellPoint	WellPoint		253.75	0.3208			201.34	1839.73	percent of total billed charges	
REMOVAL OF FB MUCOSA SKIN	D7530	HCPCS	outpatient			791	1158.02	Amerihealth	Medicare		1006.97	1			201.34	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FB MUCOSA SKIN	D7530	HCPCS	outpatient			791	1158.02	Consumer	Consumer		751.45	0.95			201.34	1839.73	percent of total billed charges	
REMOVAL OF FB MUCOSA SKIN	D7530	HCPCS	outpatient			791	1158.02	Corrections	Corrections		632.8	0.8			201.34	1839.73	percent of total billed charges	
REMOVAL OF FB MUCOSA SKIN	D7530	HCPCS	outpatient			791	1158.02	First Health	First Health		553.7	0.7			201.34	1839.73	percent of total billed charges	
REMOVAL OF FB MUCOSA SKIN	D7530	HCPCS	outpatient			791	1158.02	First Trenton	First Trenton		711.9	0.9			201.34	1839.73	percent of total billed charges	
REMOVAL OF FB MUCOSA SKIN	D7530	HCPCS	outpatient			791	1158.02	Horizon	MGD		1839.73	1.827			201.34	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FB MUCOSA SKIN	D7530	HCPCS	outpatient			791	1158.02	Horizon	Medicare Blue		1006.97	1			201.34	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FB MUCOSA SKIN	D7530	HCPCS	outpatient			791	1158.02	Horizon	Indemnity		1839.73	1.827			201.34	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FB MUCOSA SKIN	D7530	HCPCS	outpatient			791	1158.02	Horizon	PPO		1839.73	1.827			201.34	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FB MUCOSA SKIN	D7530	HCPCS	outpatient			791	1158.02	Managed Care Inc	Managed Care Inc		711.9	0.9			201.34	1839.73	percent of total billed charges	
REMOVAL OF FB MUCOSA SKIN	D7530	HCPCS	outpatient			791	1158.02	Multiplan	Multiplan		632.8	0.8			201.34	1839.73	percent of total billed charges	
REMOVAL OF FB MUCOSA SKIN	D7530	HCPCS	outpatient			791	1158.02	Qualcare	Qualcare		593.25	0.75			201.34	1839.73	percent of total billed charges	
REMOVAL OF FB MUCOSA SKIN	D7530	HCPCS	outpatient			791	1158.02	Three Rivers	Three Rivers		751.45	0.95			201.34	1839.73	percent of total billed charges	
REMOVAL OF FB MUCOSA SKIN	D7530	HCPCS	outpatient			791	1158.02	UHC	Medicare		1006.97	1			201.34	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMOVAL OF FB MUCOSA SKIN	D7530	HCPCS	outpatient			791	1158.02	UHC	Medicaid		248.85	0.3146			201.34	1839.73	percent of total billed charges	
REMOVAL OF FB MUCOSA SKIN	D7530	HCPCS	outpatient			791	1158.02	Wellcare	Medicaid		248.85	0.3146			201.34	1839.73	percent of total billed charges	
REMOVAL OF FB MUCOSA SKIN	D7530	HCPCS	outpatient			791	1158.02	Wellcare	Medicare		1006.97	1			201.34	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Aetna	Commercial		1603.1	1.592			486.69	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Aetna	Better Health		486.69	0.3146			486.69	1839.73	percent of total billed charges	
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Aetna	Medicare		1006.97	1			486.69	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Americare	Americare		1160.25	0.75			486.69	1839.73	percent of total billed charges	
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	WellPoint	WellPoint		496.28	0.3208			486.69	1839.73	percent of total billed charges	
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Amerihealth	Medicare		1006.97	1			486.69	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Consumer	Consumer		1469.65	0.95			486.69	1839.73	percent of total billed charges	
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Corrections	Corrections		1237.6	0.8			486.69	1839.73	percent of total billed charges	
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	First Health	First Health		1082.9	0.7			486.69	1839.73	percent of total billed charges	
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	First Trenton	First Trenton		1392.3	0.9			486.69	1839.73	percent of total billed charges	
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Horizon	MGD		1839.73	1.827			486.69	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Horizon	Indemnity		1839.73	1.827			486.69	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Horizon	Medicare Blue		1006.97	1			486.69	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Horizon	PPO		1839.73	1.827			486.69	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Managed Care Inc	Managed Care Inc		1392.3	0.9			486.69	1839.73	percent of total billed charges	
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Multiplan	Multiplan		1237.6	0.8			486.69	1839.73	percent of total billed charges	
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Qualcare	Qualcare		1160.25	0.75			486.69	1839.73	percent of total billed charges	
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Three Rivers	Three Rivers		1469.65	0.95			486.69	1839.73	percent of total billed charges	
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	UHC	Medicaid		486.69	0.3146			486.69	1839.73	percent of total billed charges	
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	UHC	Medicare		1006.97	1			486.69	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Wellcare	Medicare		1006.97	1			486.69	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMVL OF REACTIONPROD FB	D7540	HCPCS	outpatient			1547	1158.02	Wellcare	Medicaid		486.69	0.3146			486.69	1839.73	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247	1158.02	Aetna	Better Health		392.31	0.3146			376.26	1839.73	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247	1158.02	Aetna	Commercial		1603.1	1.592			376.26	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247	1158.02	Aetna	Medicare		1006.97	1			376.26	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247	1158.02	Americare	Americare		935.25	0.75			376.26	1839.73	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247	1158.02	WellPoint	WellPoint		400.04	0.3208			376.26	1839.73	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247	1158.02	Amerihealth	Medicare		1006.97	1			376.26	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247	1158.02	Consumer	Consumer		1184.65	0.95			376.26	1839.73	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247	1158.02	Corrections	Corrections		997.6	0.8			376.26	1839.73	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247	1158.02	First Health	First Health		872.9	0.7			376.26	1839.73	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247	1158.02	First Trenton	First Trenton		1122.3	0.9			376.26	1839.73	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247	1158.02	Horizon	Indemnity		1839.73	1.827			376.26	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247	1158.02	Horizon	Medicare Blue		1006.97	1			376.26	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247	1158.02	Horizon	MGD		1839.73	1.827			376.26	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247	1158.02	Horizon	PPO		1839.73	1.827			376.26	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247	1158.02	Managed Care Inc	Managed Care Inc		1122.3	0.9			376.26	1839.73	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247	1158.02	Multiplan	Multiplan		997.6	0.8			376.26	1839.73	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247	1158.02	Qualcare	Qualcare		935.25	0.75			376.26	1839.73	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247	1158.02	Three Rivers	Three Rivers		1184.65	0.95			376.26	1839.73	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247	1158.02	UHC	Medicaid		392.31	0.3146			376.26	1839.73	percent of total billed charges	
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247	1158.02	UHC	Medicare		1006.97	1			376.26	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247	1158.02	Wellcare	Medicare		1006.97	1			376.26	1839.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SEQUESTECTOMY	D7550	HCPCS	outpatient			1247	1158.02	Wellcare	Medicaid		392.31	0.3146			376.26	1839.73	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Aetna	Medicare		1953.03	0.308			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Aetna	Commercial		2409.58	0.38			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Aetna	Better Health		1994.88	0.3146			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Americare	Americare		4755.75	0.75			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		WellPoint	WellPoint		2034.19	0.3208			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Consumer	Consumer		6023.95	0.95			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Corrections	Corrections		5072.8	0.8			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		First Health	First Health		4438.7	0.7			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		First Trenton	First Trenton		5706.9	0.9			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Horizon	Medicare Blue		1902.3	0.3			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Horizon	Indemnity		2427.33	0.3828			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Horizon	MGD		2427.33	0.3828			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Horizon	PPO		2427.33	0.3828			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Managed Care Inc	Managed Care Inc		5706.9	0.9			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Multiplan	Multiplan		5072.8	0.8			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Qualcare	Qualcare		4755.75	0.75			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Three Rivers	Three Rivers		6023.95	0.95			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		UHC	Medicaid		1994.88	0.3146			1902.3	6023.95	percent of total billed charges	
CLSD REDUCT SIMPL MAXILLA FX	D7620	HCPCS	outpatient			6341		Wellcare	Medicaid		1994.88	0.3146			1902.3	6023.95	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Aetna	Better Health		2123.86	0.3146			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Aetna	Medicare		2079.31	0.308			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Aetna	Commercial		2565.38	0.38			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Americare	Americare		5063.25	0.75			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		WellPoint	WellPoint		2165.72	0.3208			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Consumer	Consumer		6413.45	0.95			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Corrections	Corrections		5400.8	0.8			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		First Health	First Health		4725.7	0.7			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		First Trenton	First Trenton		6075.9	0.9			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Horizon	MGD		2584.28	0.3828			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Horizon	Indemnity		2584.28	0.3828			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Horizon	Medicare Blue		2025.3	0.3			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Horizon	PPO		2584.28	0.3828			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Managed Care Inc	Managed Care Inc		6075.9	0.9			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Multiplan	Multiplan		5400.8	0.8			2025.3	6413.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Qualcare	Qualcare		5063.25	0.75			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Three Rivers	Three Rivers		6413.45	0.95			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		UHC	Medicaid		2123.86	0.3146			2025.3	6413.45	percent of total billed charges	
CLSD RED SIMPL MANDIBLE FX	D7640	HCPCS	outpatient			6751		Wellcare	Medicaid		2123.86	0.3146			2025.3	6413.45	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967	4234.52	Aetna	Medicare		3682.19	1			1248.02	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967	4234.52	Aetna	Better Health		1248.02	0.3146			1248.02	6727.36	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967	4234.52	Aetna	Commercial		5862.05	1.592			1248.02	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967	4234.52	Americare	Americare		2975.25	0.75			1248.02	6727.36	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967	4234.52	WellPoint	WellPoint		1272.61	0.3208			1248.02	6727.36	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967	4234.52	Amerihealth	Medicare		3682.19	1			1248.02	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967	4234.52	Consumer	Consumer		3768.65	0.95			1248.02	6727.36	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967	4234.52	Corrections	Corrections		3173.6	0.8			1248.02	6727.36	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967	4234.52	First Health	First Health		2776.9	0.7			1248.02	6727.36	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967	4234.52	First Trenton	First Trenton		3570.3	0.9			1248.02	6727.36	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967	4234.52	Horizon	Indemnity		6727.36	1.827			1248.02	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967	4234.52	Horizon	MGD		6727.36	1.827			1248.02	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967	4234.52	Horizon	Medicare Blue		3682.19	1			1248.02	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967	4234.52	Horizon	PPO		6727.36	1.827			1248.02	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967	4234.52	Managed Care Inc	Managed Care Inc		3570.3	0.9			1248.02	6727.36	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967	4234.52	Multiplan	Multiplan		3173.6	0.8			1248.02	6727.36	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967	4234.52	Qualcare	Qualcare		2975.25	0.75			1248.02	6727.36	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967	4234.52	Three Rivers	Three Rivers		3768.65	0.95			1248.02	6727.36	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967	4234.52	UHC	Medicaid		1248.02	0.3146			1248.02	6727.36	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967	4234.52	UHC	Medicare		3682.19	1			1248.02	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967	4234.52	Wellcare	Medicaid		1248.02	0.3146			1248.02	6727.36	percent of total billed charges	
ALVEOULS STABIL TEETH/CI RED	D7670	HCPCS	outpatient			3967	4234.52	Wellcare	Medicare		3682.19	1			1248.02	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Aetna	Commercial		2178.54	0.38			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Aetna	Better Health		1803.6	0.3146			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Aetna	Medicare		1765.76	0.308			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Americare	Americare		4299.75	0.75			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		WellPoint	WellPoint		1839.15	0.3208			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Consumer	Consumer		5446.35	0.95			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Corrections	Corrections		4586.4	0.8			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		First Health	First Health		4013.1	0.7			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		First Trenton	First Trenton		5159.7	0.9			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Horizon	MGD		2194.59	0.3828			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Horizon	Medicare Blue		1719.9	0.3			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Horizon	Indemnity		2194.59	0.3828			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Horizon	PPO		2194.59	0.3828			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Managed Care Inc	Managed Care Inc		5159.7	0.9			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Multiplan	Multiplan		4586.4	0.8			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Qualcare	Qualcare		4299.75	0.75			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Three Rivers	Three Rivers		5446.35	0.95			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		UHC	Medicaid		1803.6	0.3146			1719.9	5446.35	percent of total billed charges	
CLSD RED COMPD MAX FX	D7720	HCPCS	outpatient			5733		Wellcare	Medicaid		1803.6	0.3146			1719.9	5446.35	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Aetna	Commercial		2813.14	0.38			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Aetna	Better Health		2328.98	0.3146			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Aetna	Medicare		2280.12	0.308			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Americare	Americare		5552.25	0.75			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		WellPoint	WellPoint		2374.88	0.3208			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Consumer	Consumer		7032.85	0.95			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Corrections	Corrections		5922.4	0.8			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		First Health	First Health		5182.1	0.7			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		First Trenton	First Trenton		6662.7	0.9			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Horizon	Indemnity		2833.87	0.3828			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Horizon	PPO		2833.87	0.3828			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Horizon	MGD		2833.87	0.3828			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Horizon	Medicare Blue		2220.9	0.3			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Managed Care Inc	Managed Care Inc		6662.7	0.9			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Multiplan	Multiplan		5922.4	0.8			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Qualcare	Qualcare		5552.25	0.75			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Three Rivers	Three Rivers		7032.85	0.95			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		UHC	Medicaid		2328.98	0.3146			2220.9	7032.85	percent of total billed charges	
CLSD REDUCT MANDBLE FX	D7740	HCPCS	outpatient			7403		Wellcare	Medicaid		2328.98	0.3146			2220.9	7032.85	percent of total billed charges	
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Aetna	Better Health		1173.14	0.3146			1173.14	6727.36	percent of total billed charges	
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Aetna	Medicare		3682.19	1			1173.14	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Aetna	Commercial		5862.05	1.592			1173.14	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Americare	Americare		2796.75	0.75			1173.14	6727.36	percent of total billed charges	
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	WellPoint	WellPoint		1196.26	0.3208			1173.14	6727.36	percent of total billed charges	
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Amerihealth	Medicare		3682.19	1			1173.14	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Consumer	Consumer		3542.55	0.95			1173.14	6727.36	percent of total billed charges	
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Corrections	Corrections		2983.2	0.8			1173.14	6727.36	percent of total billed charges	
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	First Health	First Health		2610.3	0.7			1173.14	6727.36	percent of total billed charges	
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	First Trenton	First Trenton		3356.1	0.9			1173.14	6727.36	percent of total billed charges	
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Horizon	Indemnity		6727.36	1.827			1173.14	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Horizon	Medicare Blue		3682.19	1			1173.14	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Horizon	PPO		6727.36	1.827			1173.14	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Horizon	MGD		6727.36	1.827			1173.14	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Managed Care Inc	Managed Care Inc		3356.1	0.9			1173.14	6727.36	percent of total billed charges	
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Multiplan	Multiplan		2983.2	0.8			1173.14	6727.36	percent of total billed charges	
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Qualcare	Qualcare		2796.75	0.75			1173.14	6727.36	percent of total billed charges	
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Three Rivers	Three Rivers		3542.55	0.95			1173.14	6727.36	percent of total billed charges	
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	UHC	Medicaid		1173.14	0.3146			1173.14	6727.36	percent of total billed charges	
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	UHC	Medicare		3682.19	1			1173.14	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Wellcare	Medicare		3682.19	1			1173.14	6727.36	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLOSE REDUCTION OF ALVELOUS	D7771	HCPCS	outpatient			3729	4234.52	Wellcare	Medicaid		1173.14	0.3146			1173.14	6727.36	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Aetna	Better Health		425.65	0.3146			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Aetna	Commercial		514.14	0.38			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Aetna	Medicare		416.72	0.308			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Americare	Americare		1014.75	0.75			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		WellPoint	WellPoint		434.04	0.3208			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Consumer	Consumer		1285.35	0.95			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Corrections	Corrections		1082.4	0.8			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		First Health	First Health		947.1	0.7			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		First Trenton	First Trenton		1217.7	0.9			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Horizon	Indemnity		517.93	0.3828			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Horizon	PPO		517.93	0.3828			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Horizon	MGD		517.93	0.3828			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Horizon	Medicare Blue		405.9	0.3			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Managed Care Inc	Managed Care Inc		1217.7	0.9			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Multiplan	Multiplan		1082.4	0.8			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Qualcare	Qualcare		1014.75	0.75			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Three Rivers	Three Rivers		1285.35	0.95			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		UHC	Medicaid		425.65	0.3146			405.9	1285.35	percent of total billed charges	
FACIAL BONE CLSD RED DISLOC	D7820	HCPCS	outpatient			1353		Wellcare	Medicaid		425.65	0.3146			405.9	1285.35	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Aetna	Medicare		384.38	0.308			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Aetna	Better Health		392.62	0.3146			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Aetna	Commercial		474.24	0.38			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Americare	Americare		936	0.75			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		WellPoint	WellPoint		400.36	0.3208			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Consumer	Consumer		1185.6	0.95			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Corrections	Corrections		998.4	0.8			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		First Health	First Health		873.6	0.7			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		First Trenton	First Trenton		1123.2	0.9			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Horizon	MGD		477.73	0.3828			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Horizon	Indemnity		477.73	0.3828			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Horizon	Medicare Blue		374.4	0.3			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Horizon	PPO		477.73	0.3828			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Managed Care Inc	Managed Care Inc		1123.2	0.9			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Multiplan	Multiplan		998.4	0.8			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Qualcare	Qualcare		936	0.75			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Three Rivers	Three Rivers		1185.6	0.95			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		UHC	Medicaid		392.62	0.3146			374.4	1185.6	percent of total billed charges	
TMJ ASPIRATION JOINT FLUID	D7870	HCPCS	outpatient			1248		Wellcare	Medicaid		392.62	0.3146			374.4	1185.6	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<SCM	D7910	HCPCS	outpatient			662		Aetna	Better Health		208.27	0.3146			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<SCM	D7910	HCPCS	outpatient			662		Aetna	Medicare		203.9	0.308			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<SCM	D7910	HCPCS	outpatient			662		Aetna	Commercial		251.56	0.38			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<SCM	D7910	HCPCS	outpatient			662		Americare	Americare		496.5	0.75			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<SCM	D7910	HCPCS	outpatient			662		WellPoint	WellPoint		212.37	0.3208			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<SCM	D7910	HCPCS	outpatient			662		Consumer	Consumer		628.9	0.95			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<SCM	D7910	HCPCS	outpatient			662		Corrections	Corrections		529.6	0.8			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<SCM	D7910	HCPCS	outpatient			662		First Health	First Health		463.4	0.7			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<SCM	D7910	HCPCS	outpatient			662		First Trenton	First Trenton		595.8	0.9			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<SCM	D7910	HCPCS	outpatient			662		Horizon	MGD		253.41	0.3828			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<SCM	D7910	HCPCS	outpatient			662		Horizon	Indemnity		253.41	0.3828			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<SCM	D7910	HCPCS	outpatient			662		Horizon	PPO		253.41	0.3828			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<SCM	D7910	HCPCS	outpatient			662		Horizon	Medicare Blue		198.6	0.3			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<SCM	D7910	HCPCS	outpatient			662		Managed Care Inc	Managed Care Inc		595.8	0.9			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<SCM	D7910	HCPCS	outpatient			662		Multiplan	Multiplan		529.6	0.8			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<SCM	D7910	HCPCS	outpatient			662		Qualcare	Qualcare		496.5	0.75			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<SCM	D7910	HCPCS	outpatient			662		Three Rivers	Three Rivers		628.9	0.95			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<SCM	D7910	HCPCS	outpatient			662		UHC	Medicaid		208.27	0.3146			198.6	628.9	percent of total billed charges	
SUTURING SMALL LIP LACERATIONS<SCM	D7910	HCPCS	outpatient			662		Wellcare	Medicaid		208.27	0.3146			198.6	628.9	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FRENULECTOMY SEP PRC	D7961	HCPCS	both			782		Aetna	Medicare		240.86	0.308			234.6	742.9	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	both			782		Aetna	Better Health		246.02	0.3146			234.6	742.9	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	both			782		Aetna	Commercial		297.16	0.38			234.6	742.9	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	both			782		Americare	Americare		586.5	0.75			234.6	742.9	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	both			782		WellPoint	WellPoint		250.87	0.3208			234.6	742.9	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	both			782		Consumer	Consumer		742.9	0.95			234.6	742.9	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	both			782		Corrections	Corrections		625.6	0.8			234.6	742.9	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	both			782		First Health	First Health		547.4	0.7			234.6	742.9	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	both			782		First Trenton	First Trenton		703.8	0.9			234.6	742.9	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	both			782		Horizon	MCD		299.35	0.3828			234.6	742.9	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	both			782		Horizon	Indemnity		299.35	0.3828			234.6	742.9	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	both			782		Horizon	PPO		299.35	0.3828			234.6	742.9	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	both			782		Horizon	Medicare Blue		234.6	0.3			234.6	742.9	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	both			782		Managed Care Inc	Managed Care Inc		703.8	0.9			234.6	742.9	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	both			782		Multiplan	Multiplan		625.6	0.8			234.6	742.9	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	both			782		Qualcare	Qualcare		586.5	0.75			234.6	742.9	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	both			782		Three Rivers	Three Rivers		742.9	0.95			234.6	742.9	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	both			782		UHC	Medicaid		246.02	0.3146			234.6	742.9	percent of total billed charges	
FRENULECTOMY SEP PRC	D7961	HCPCS	both			782		Wellcare	Medicaid		246.02	0.3146			234.6	742.9	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Aetna	Medicare		263.34	0.308			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Aetna	Commercial		324.9	0.38			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Aetna	Better Health		268.98	0.3146			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Americare	Americare		641.25	0.75			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		WellPoint	WellPoint		274.28	0.3208			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Consumer	Consumer		812.25	0.95			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Corrections	Corrections		684	0.8			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		First Health	First Health		598.5	0.7			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		First Trenton	First Trenton		769.5	0.9			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Horizon	Medicare Blue		256.5	0.3			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Horizon	PPO		327.29	0.3828			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Horizon	MCD		327.29	0.3828			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Horizon	Indemnity		327.29	0.3828			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Managed Care Inc	Managed Care Inc		769.5	0.9			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Multiplan	Multiplan		684	0.8			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Qualcare	Qualcare		641.25	0.75			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Three Rivers	Three Rivers		812.25	0.95			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		UHC	Medicaid		268.98	0.3146			256.5	812.25	percent of total billed charges	
EXCIS HYPERPLAST TISSUE	D7970	HCPCS	outpatient			855		Wellcare	Medicaid		268.98	0.3146			256.5	812.25	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Aetna	Commercial		256.88	0.38			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Aetna	Better Health		212.67	0.3146			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Aetna	Medicare		208.21	0.308			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Americare	Americare		507	0.75			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		WellPoint	WellPoint		216.86	0.3208			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Consumer	Consumer		642.2	0.95			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Corrections	Corrections		540.8	0.8			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		First Health	First Health		473.2	0.7			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		First Trenton	First Trenton		608.4	0.9			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Horizon	MGD		258.77	0.3828			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Horizon	Indemnity		258.77	0.3828			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Horizon	Medicare Blue		202.8	0.3			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Horizon	PPO		258.77	0.3828			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Managed Care Inc	Managed Care Inc		608.4	0.9			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Multiplan	Multiplan		540.8	0.8			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Qualcare	Qualcare		507	0.75			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Three Rivers	Three Rivers		642.2	0.95			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		UHC	Medicaid		212.67	0.3146			202.8	642.2	percent of total billed charges	
EXCISION PERICOR GINGIVA	D7971	HCPCS	outpatient			676		Wellcare	Medicaid		212.67	0.3146			202.8	642.2	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Aetna	Better Health		488.26	0.3146			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Aetna	Medicare		478.02	0.308			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Aetna	Commercial		589.76	0.38			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Americare	Americare		1164	0.75			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		WellPoint	WellPoint		497.88	0.3208			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Consumer	Consumer		1474.4	0.95			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Corrections	Corrections		1241.6	0.8			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		First Health	First Health		1086.4	0.7			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		First Trenton	First Trenton		1396.8	0.9			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Horizon	MCD		594.11	0.3828			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Horizon	PPO		594.11	0.3828			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Horizon	Indemnity		594.11	0.3828			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Horizon	Medicare Blue		465.6	0.3			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Managed Care Inc	Managed Care Inc		1396.8	0.9			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Multiplan	Multiplan		1241.6	0.8			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Qualcare	Qualcare		1164	0.75			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Three Rivers	Three Rivers		1474.4	0.95			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		UHC	Medicaid		488.26	0.3146			465.6	1474.4	percent of total billed charges	
SIALOLITOTOMY	D7980	HCPCS	outpatient			1552		Wellcare	Medicaid		488.26	0.3146			465.6	1474.4	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	both			749		Aetna	Medicare		230.69	0.308			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	both			749		Aetna	Better Health		235.64	0.3146			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	both			749		Aetna	Commercial		284.62	0.38			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	both			749		Americare	Americare		561.75	0.75			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	both			749		WellPoint	WellPoint		240.28	0.3208			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	both			749		Consumer	Consumer		711.55	0.95			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	both			749		Corrections	Corrections		599.2	0.8			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	both			749		First Health	First Health		524.3	0.7			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	both			749		First Trenton	First Trenton		674.1	0.9			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	both			749		Horizon	Medicare Blue		224.7	0.3			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	both			749		Horizon	Indemnity		286.72	0.3828			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	both			749		Horizon	MGD		286.72	0.3828			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	both			749		Horizon	PPO		286.72	0.3828			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	both			749		Managed Care Inc	Managed Care Inc		674.1	0.9			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	both			749		Multiplan	Multiplan		599.2	0.8			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	both			749		Qualcare	Qualcare		561.75	0.75			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	both			749		Three Rivers	Three Rivers		711.55	0.95			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	both			749		UHC	Medicaid		235.64	0.3146			224.7	711.55	percent of total billed charges	
APPLIANCE REMOVAL INC ARCHBARS	D7997	HCPCS	both			749		Wellcare	Medicaid		235.64	0.3146			224.7	711.55	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Aetna	Better Health		703.76	0.3146			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Aetna	Medicare		689	0.308			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Aetna	Commercial		850.06	0.38			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Americare	Americare		1677.75	0.75			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		WellPoint	WellPoint		717.63	0.3208			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Consumer	Consumer		2125.15	0.95			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Corrections	Corrections		1789.6	0.8			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		First Health	First Health		1565.9	0.7			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		First Trenton	First Trenton		2013.3	0.9			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Horizon	Indemnity		856.32	0.3828			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Horizon	MGD		856.32	0.3828			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Horizon	Medicare Blue		671.1	0.3			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Horizon	PPO		856.32	0.3828			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Managed Care Inc	Managed Care Inc		2013.3	0.9			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Multiplan	Multiplan		1789.6	0.8			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Qualcare	Qualcare		1677.75	0.75			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Three Rivers	Three Rivers		2125.15	0.95			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		UHC	Medicaid		703.76	0.3146			671.1	2125.15	percent of total billed charges	
ORTHODONTIC REM APPL	D8210	HCPCS	outpatient			2237		Wellcare	Medicaid		703.76	0.3146			671.1	2125.15	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Aetna	Better Health		814.5	0.3146			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Aetna	Medicare		797.41	0.308			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Aetna	Commercial		983.82	0.38			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Americare	Americare		1941.75	0.75			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		WellPoint	WellPoint		830.55	0.3208			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Consumer	Consumer		2459.55	0.95			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Corrections	Corrections		2071.2	0.8			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		First Health	First Health		1812.3	0.7			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		First Trenton	First Trenton		2330.1	0.9			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Horizon	MGD		991.07	0.3828			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Horizon	Indemnity		991.07	0.3828			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Horizon	PPO		991.07	0.3828			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Horizon	Medicare Blue		776.7	0.3			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Managed Care Inc	Managed Care Inc		2330.1	0.9			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Multiplan	Multiplan		2071.2	0.8			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Qualcare	Qualcare		1941.75	0.75			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Three Rivers	Three Rivers		2459.55	0.95			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		UHC	Medicaid		814.5	0.3146			776.7	2459.55	percent of total billed charges	
FIXED APPLIANCE THERAPY	D8220	HCPCS	outpatient			2589		Wellcare	Medicaid		814.5	0.3146			776.7	2459.55	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Aetna	Better Health		301.39	0.3146			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Aetna	Commercial		364.04	0.38			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Aetna	Medicare		295.06	0.308			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Americare	Americare		718.5	0.75			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		WellPoint	WellPoint		307.33	0.3208			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Consumer	Consumer		910.1	0.95			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Corrections	Corrections		766.4	0.8			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		First Health	First Health		670.6	0.7			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		First Trenton	First Trenton		862.2	0.9			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Horizon	Medicare Blue		287.4	0.3			287.4	910.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Horizon	MCD		366.72	0.3828			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Horizon	Indemnity		366.72	0.3828			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Horizon	PPO		366.72	0.3828			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Managed Care Inc	Managed Care Inc		862.2	0.9			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Multiplan	Multiplan		766.4	0.8			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Qualcare	Qualcare		718.5	0.75			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Three Rivers	Three Rivers		910.1	0.95			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		UHC	Medicaid		301.39	0.3146			287.4	910.1	percent of total billed charges	
RMV FIXED DNTL APPL W/O COMP TX	D8695	HCPCS	outpatient			958		Wellcare	Medicaid		301.39	0.3146			287.4	910.1	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Aetna	Better Health		147.55	0.3146			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Aetna	Commercial		178.22	0.38			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Aetna	Medicare		144.45	0.308			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Americare	Americare		351.75	0.75			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		WellPoint	WellPoint		150.46	0.3208			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Consumer	Consumer		445.55	0.95			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Corrections	Corrections		375.2	0.8			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		First Health	First Health		328.3	0.7			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		First Trenton	First Trenton		422.1	0.9			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Horizon	Medicare Blue		140.7	0.3			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Horizon	Indemnity		179.53	0.3828			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Horizon	MCD		179.53	0.3828			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Horizon	PPO		179.53	0.3828			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Managed Care Inc	Managed Care Inc		422.1	0.9			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Multiplan	Multiplan		375.2	0.8			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Qualcare	Qualcare		351.75	0.75			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Three Rivers	Three Rivers		445.55	0.95			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		UHC	Medicaid		147.55	0.3146			140.7	445.55	percent of total billed charges	
REPAIR ORTHO APPLIANCE	D8696	HCPCS	outpatient			469		Wellcare	Medicaid		147.55	0.3146			140.7	445.55	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Aetna	Better Health		84.31	0.3146			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Aetna	Commercial		101.84	0.38			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Aetna	Medicare		82.54	0.308			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Americare	Americare		201	0.75			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		WellPoint	WellPoint		85.97	0.3208			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Consumer	Consumer		254.6	0.95			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Corrections	Corrections		214.4	0.8			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		First Health	First Health		187.6	0.7			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		First Trenton	First Trenton		241.2	0.9			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Horizon	MCD		102.59	0.3828			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Horizon	Indemnity		102.59	0.3828			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Horizon	PPO		102.59	0.3828			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Horizon	Medicare Blue		80.4	0.3			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Managed Care Inc	Managed Care Inc		241.2	0.9			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Multiplan	Multiplan		214.4	0.8			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Qualcare	Qualcare		201	0.75			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Three Rivers	Three Rivers		254.6	0.95			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		UHC	Medicaid		84.31	0.3146			77.4	254.6	percent of total billed charges	
PALLIATIVE(EMERGENCY)TREATMNT	D9110	HCPCS	outpatient			268		Wellcare	Medicaid		84.31	0.3146			77.4	254.6	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Aetna	Better Health		161.39	0.3146			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Aetna	Commercial		194.94	0.38			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Aetna	Medicare		158	0.308			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Americare	Americare		384.75	0.75			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		WellPoint	WellPoint		164.57	0.3208			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Consumer	Consumer		487.35	0.95			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Corrections	Corrections		410.4	0.8			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		First Health	First Health		359.1	0.7			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		First Trenton	First Trenton		461.7	0.9			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Horizon	MGD		196.38	0.3828			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Horizon	Indemnity		196.38	0.3828			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Horizon	PPO		196.38	0.3828			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Horizon	Medicare Blue		153.9	0.3			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Managed Care Inc	Managed Care Inc		461.7	0.9			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Multiplan	Multiplan		410.4	0.8			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Qualcare	Qualcare		384.75	0.75			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Three Rivers	Three Rivers		487.35	0.95			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		UHC	Medicaid		161.39	0.3146			153.9	487.35	percent of total billed charges	
FIX PARTIAL DENTURE SECTION	D9120	HCPCS	outpatient			513		Wellcare	Medicaid		161.39	0.3146			153.9	487.35	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Aetna	Better Health		145.97	0.3146			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Aetna	Medicare		142.91	0.308			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Aetna	Commercial		176.32	0.38			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Americare	Americare		348	0.75			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		WellPoint	WellPoint		148.85	0.3208			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Consumer	Consumer		440.8	0.95			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Corrections	Corrections		371.2	0.8			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		First Health	First Health		324.8	0.7			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		First Trenton	First Trenton		417.6	0.9			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Horizon	Medicare Blue		139.2	0.3			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Horizon	PPO		177.62	0.3828			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Horizon	MGD		177.62	0.3828			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Horizon	Indemnity		177.62	0.3828			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Managed Care Inc	Managed Care Inc		417.6	0.9			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Multiplan	Multiplan		371.2	0.8			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Qualcare	Qualcare		348	0.75			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Three Rivers	Three Rivers		440.8	0.95			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		UHC	Medicaid		145.97	0.3146			50.1	440.8	percent of total billed charges	
LOCAL ANESTHESIA W/O OP PROC	D9210	HCPCS	outpatient			464		Wellcare	Medicaid		145.97	0.3146			50.1	440.8	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	both			155		Aetna	Medicare		47.74	0.308			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	both			155		Aetna	Better Health		48.76	0.3146			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	both			155		Aetna	Commercial		58.9	0.38			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	both			155		Americare	Americare		116.25	0.75			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	both			155		WellPoint	WellPoint		49.72	0.3208			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	both			155		Consumer	Consumer		147.25	0.95			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	both			155		Corrections	Corrections		124	0.8			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	both			155		First Health	First Health		108.5	0.7			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	both			155		First Trenton	First Trenton		139.5	0.9			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	both			155		Horizon	MGD		59.33	0.3828			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	both			155		Horizon	Indemnity		59.33	0.3828			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	both			155		Horizon	PPO		59.33	0.3828			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	both			155		Horizon	Medicare Blue		46.5	0.3			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	both			155		Managed Care Inc	Managed Care Inc		139.5	0.9			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	both			155		Multiplan	Multiplan		124	0.8			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	both			155		Qualcare	Qualcare		116.25	0.75			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	both			155		Three Rivers	Three Rivers		147.25	0.95			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	both			155		UHC	Medicaid		48.76	0.3146			46.5	147.25	percent of total billed charges	
REGIONAL BLOCK ANESTHESIA	D9211	HCPCS	both			155		Wellcare	Medicaid		48.76	0.3146			46.5	147.25	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	both			574		Aetna	Better Health		180.58	0.3146			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	both			574		Aetna	Medicare		176.79	0.308			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	both			574		Aetna	Commercial		218.12	0.38			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	both			574		Americare	Americare		430.5	0.75			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	both			574		WellPoint	WellPoint		184.14	0.3208			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	both			574		Consumer	Consumer		545.3	0.95			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	both			574		Corrections	Corrections		459.2	0.8			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	both			574		First Health	First Health		401.8	0.7			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	both			574		First Trenton	First Trenton		516.6	0.9			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	both			574		Horizon	MGD		219.73	0.3828			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	both			574		Horizon	PPO		219.73	0.3828			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	both			574		Horizon	Indemnity		219.73	0.3828			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	both			574		Horizon	Medicare Blue		172.2	0.3			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	both			574		Managed Care Inc	Managed Care Inc		516.6	0.9			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	both			574		Multiplan	Multiplan		459.2	0.8			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	both			574		Qualcare	Qualcare		430.5	0.75			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	both			574		Three Rivers	Three Rivers		545.3	0.95			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	both			574		UHC	Medicaid		180.58	0.3146			161.7	545.3	percent of total billed charges	
TRIGEMINAL BLOCK ANESTHESIA	D9212	HCPCS	both			574		Wellcare	Medicaid		180.58	0.3146			161.7	545.3	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Aetna	Better Health		95.64	0.3146			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Aetna	Commercial		115.52	0.38			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Aetna	Medicare		93.63	0.308			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Americare	Americare		228	0.75			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		WellPoint	WellPoint		97.52	0.3208			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Consumer	Consumer		288.8	0.95			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Corrections	Corrections		243.2	0.8			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		First Health	First Health		212.8	0.7			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		First Trenton	First Trenton		273.6	0.9			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Horizon	Indemnity		116.37	0.3828			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Horizon	MGD		116.37	0.3828			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Horizon	Medicare Blue		91.2	0.3			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Horizon	PPO		116.37	0.3828			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Managed Care Inc	Managed Care Inc		273.6	0.9			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Multiplan	Multiplan		243.2	0.8			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Qualcare	Qualcare		228	0.75			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Three Rivers	Three Rivers		288.8	0.95			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		UHC	Medicaid		95.64	0.3146			87.3	288.8	percent of total billed charges	
DEEP SEDATION/GENERAL ANESTH. 1ST 15 MI	D9222	HCPCS	outpatient			304		Wellcare	Medicaid		95.64	0.3146			87.3	288.8	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Aetna	Commercial		291.08	0.38			87.3	727.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Aetna	Better Health		240.98	0.3146			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Aetna	Medicare		235.93	0.308			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Americare	Americare		574.5	0.75			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		WellPoint	WellPoint		245.73	0.3208			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Consumer	Consumer		727.7	0.95			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Corrections	Corrections		612.8	0.8			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		First Health	First Health		536.2	0.7			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		First Trenton	First Trenton		689.4	0.9			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Horizon	MGD		293.22	0.3828			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Horizon	Indemnity		293.22	0.3828			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Horizon	PPO		293.22	0.3828			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Horizon	Medicare Blue		229.8	0.3			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Managed Care Inc	Managed Care Inc		689.4	0.9			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Multiplan	Multiplan		612.8	0.8			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Qualcare	Qualcare		574.5	0.75			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Three Rivers	Three Rivers		727.7	0.95			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		UHC	Medicaid		240.98	0.3146			87.3	727.7	percent of total billed charges	
GENERAL ANESTHESIA FIRST 30 MIN	D9223	HCPCS	outpatient			766		Wellcare	Medicaid		240.98	0.3146			87.3	727.7	percent of total billed charges	
ANALGESIA (NITROUS OXIDE)	D9230	HCPCS	outpatient			208		Aetna	Medicare		64.06	0.308			54.9	197.6	percent of total billed charges	
ANALGESIA (NITROUS OXIDE)	D9230	HCPCS	outpatient			208		Aetna	Better Health		65.44	0.3146			54.9	197.6	percent of total billed charges	
ANALGESIA (NITROUS OXIDE)	D9230	HCPCS	outpatient			208		Aetna	Commercial		79.04	0.38			54.9	197.6	percent of total billed charges	
ANALGESIA (NITROUS OXIDE)	D9230	HCPCS	outpatient			208		Americare	Americare		156	0.75			54.9	197.6	percent of total billed charges	
ANALGESIA (NITROUS OXIDE)	D9230	HCPCS	outpatient			208		WellPoint	WellPoint		66.73	0.3208			54.9	197.6	percent of total billed charges	
ANALGESIA (NITROUS OXIDE)	D9230	HCPCS	outpatient			208		Consumer	Consumer		197.6	0.95			54.9	197.6	percent of total billed charges	
ANALGESIA (NITROUS OXIDE)	D9230	HCPCS	outpatient			208		Corrections	Corrections		166.4	0.8			54.9	197.6	percent of total billed charges	
ANALGESIA (NITROUS OXIDE)	D9230	HCPCS	outpatient			208		First Health	First Health		145.6	0.7			54.9	197.6	percent of total billed charges	
ANALGESIA (NITROUS OXIDE)	D9230	HCPCS	outpatient			208		First Trenton	First Trenton		187.2	0.9			54.9	197.6	percent of total billed charges	
ANALGESIA (NITROUS OXIDE)	D9230	HCPCS	outpatient			208		Horizon	Indemnity		79.62	0.3828			54.9	197.6	percent of total billed charges	
ANALGESIA (NITROUS OXIDE)	D9230	HCPCS	outpatient			208		Horizon	PPO		79.62	0.3828			54.9	197.6	percent of total billed charges	
ANALGESIA (NITROUS OXIDE)	D9230	HCPCS	outpatient			208		Horizon	MGD		79.62	0.3828			54.9	197.6	percent of total billed charges	
ANALGESIA (NITROUS OXIDE)	D9230	HCPCS	outpatient			208		Horizon	Medicare Blue		62.4	0.3			54.9	197.6	percent of total billed charges	
ANALGESIA (NITROUS OXIDE)	D9230	HCPCS	outpatient			208		Managed Care Inc	Managed Care Inc		187.2	0.9			54.9	197.6	percent of total billed charges	
ANALGESIA (NITROUS OXIDE)	D9230	HCPCS	outpatient			208		Multiplan	Multiplan		166.4	0.8			54.9	197.6	percent of total billed charges	
ANALGESIA (NITROUS OXIDE)	D9230	HCPCS	outpatient			208		Qualcare	Qualcare		156	0.75			54.9	197.6	percent of total billed charges	
ANALGESIA (NITROUS OXIDE)	D9230	HCPCS	outpatient			208		Three Rivers	Three Rivers		197.6	0.95			54.9	197.6	percent of total billed charges	
ANALGESIA (NITROUS OXIDE)	D9230	HCPCS	outpatient			208		UHC	Medicaid		65.44	0.3146			54.9	197.6	percent of total billed charges	
ANALGESIA (NITROUS OXIDE)	D9230	HCPCS	outpatient			208		Wellcare	Medicaid		65.44	0.3146			54.9	197.6	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Aetna	Better Health		113.89	0.3146			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Aetna	Medicare		111.5	0.308			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Aetna	Commercial		137.56	0.38			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Americare	Americare		271.5	0.75			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		WellPoint	WellPoint		116.13	0.3208			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Consumer	Consumer		343.9	0.95			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Corrections	Corrections		289.6	0.8			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		First Health	First Health		253.4	0.7			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		First Trenton	First Trenton		325.8	0.9			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Horizon	Medicare Blue		108.6	0.3			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Horizon	Indemnity		138.57	0.3828			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Horizon	MGD		138.57	0.3828			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Horizon	PPO		138.57	0.3828			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Managed Care Inc	Managed Care Inc		325.8	0.9			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Multiplan	Multiplan		289.6	0.8			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Qualcare	Qualcare		271.5	0.75			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Three Rivers	Three Rivers		343.9	0.95			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		UHC	Medicaid		113.89	0.3146			108.6	343.9	percent of total billed charges	
IV MOD(CON) SED/AN-1ST 15 M	D9239	HCPCS	outpatient			362		Wellcare	Medicaid		113.89	0.3146			108.6	343.9	percent of total billed charges	
IV MODERATE SEDATION EA.15MIN	D9243	HCPCS	outpatient			279		Aetna	Commercial		106.02	0.38			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA.15MIN	D9243	HCPCS	outpatient			279		Aetna	Better Health		87.77	0.3146			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA.15MIN	D9243	HCPCS	outpatient			279		Aetna	Medicare		85.93	0.308			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA.15MIN	D9243	HCPCS	outpatient			279		Americare	Americare		209.25	0.75			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA.15MIN	D9243	HCPCS	outpatient			279		WellPoint	WellPoint		89.5	0.3208			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA.15MIN	D9243	HCPCS	outpatient			279		Consumer	Consumer		265.05	0.95			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA.15MIN	D9243	HCPCS	outpatient			279		Corrections	Corrections		223.2	0.8			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA.15MIN	D9243	HCPCS	outpatient			279		First Health	First Health		195.3	0.7			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA.15MIN	D9243	HCPCS	outpatient			279		First Trenton	First Trenton		251.1	0.9			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA.15MIN	D9243	HCPCS	outpatient			279		Horizon	Medicare Blue		83.7	0.3			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA.15MIN	D9243	HCPCS	outpatient			279		Horizon	Indemnity		106.8	0.3828			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA.15MIN	D9243	HCPCS	outpatient			279		Horizon	MGD		106.8	0.3828			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA.15MIN	D9243	HCPCS	outpatient			279		Horizon	PPO		106.8	0.3828			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA.15MIN	D9243	HCPCS	outpatient			279		Managed Care Inc	Managed Care Inc		251.1	0.9			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA.15MIN	D9243	HCPCS	outpatient			279		Multiplan	Multiplan		223.2	0.8			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA.15MIN	D9243	HCPCS	outpatient			279		Qualcare	Qualcare		209.25	0.75			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA.15MIN	D9243	HCPCS	outpatient			279		Three Rivers	Three Rivers		265.05	0.95			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA.15MIN	D9243	HCPCS	outpatient			279		UHC	Medicaid		87.77	0.3146			83.7	265.05	percent of total billed charges	
IV MODERATE SEDATION EA.15MIN	D9243	HCPCS	outpatient			279		Wellcare	Medicaid		87.77	0.3146			83.7	265.05	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Aetna	Better Health		52.54	0.3146			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Aetna	Commercial		63.46	0.38			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Aetna	Medicare		51.44	0.308			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Americare	Americare		125.25	0.75			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		WellPoint	WellPoint		53.57	0.3208			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Consumer	Consumer		158.65	0.95			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Corrections	Corrections		133.6	0.8			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		First Health	First Health		116.9	0.7			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		First Trenton	First Trenton		150.3	0.9			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Horizon	Medicare Blue		50.1	0.3			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Horizon	MGD		63.93	0.3828			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Horizon	Indemnity		63.93	0.3828			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Horizon	PPO		63.93	0.3828			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Managed Care Inc	Managed Care Inc		150.3	0.9			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Multiplan	Multiplan		133.6	0.8			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Qualcare	Qualcare		125.25	0.75			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Three Rivers	Three Rivers		158.65	0.95			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		UHC	Medicaid		52.54	0.3146			50.1	158.65	percent of total billed charges	
OFFICE VISIT-OBSERVATION	D9430	HCPCS	outpatient			167		Wellcare	Medicaid		52.54	0.3146			50.1	158.65	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Aetna	Medicare		78.23	0.308			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Aetna	Better Health		79.91	0.3146			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Aetna	Commercial		96.52	0.38			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Americare	Americare		190.5	0.75			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		WellPoint	WellPoint		81.48	0.3208			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Consumer	Consumer		241.3	0.95			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Corrections	Corrections		203.2	0.8			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		First Health	First Health		177.8	0.7			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		First Trenton	First Trenton		228.6	0.9			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Horizon	Medicare Blue		76.2	0.3			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Horizon	Indemnity		97.23	0.3828			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Horizon	MGD		97.23	0.3828			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Horizon	PPO		97.23	0.3828			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Managed Care Inc	Managed Care Inc		228.6	0.9			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Multiplan	Multiplan		203.2	0.8			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Qualcare	Qualcare		190.5	0.75			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Three Rivers	Three Rivers		241.3	0.95			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		UHC	Medicaid		79.91	0.3146			64.8	241.3	percent of total billed charges	
THERAPEUTIC DRUG INJECTION	D9610	HCPCS	outpatient			254		Wellcare	Medicaid		79.91	0.3146			64.8	241.3	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Aetna	Better Health		127.41	0.3146			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Aetna	Medicare		124.74	0.308			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Aetna	Commercial		153.9	0.38			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Americare	Americare		303.75	0.75			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		WellPoint	WellPoint		129.92	0.3208			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Consumer	Consumer		384.75	0.95			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Corrections	Corrections		324	0.8			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		First Health	First Health		283.5	0.7			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		First Trenton	First Trenton		364.5	0.9			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Horizon	Indemnity		155.03	0.3828			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Horizon	MGD		155.03	0.3828			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Horizon	Medicare Blue		121.5	0.3			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Horizon	PPO		155.03	0.3828			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Managed Care Inc	Managed Care Inc		364.5	0.9			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Multiplan	Multiplan		324	0.8			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Qualcare	Qualcare		303.75	0.75			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Three Rivers	Three Rivers		384.75	0.95			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		UHC	Medicaid		127.41	0.3146			121.5	384.75	percent of total billed charges	
THERAPEUTIC PARENTERAL DRUGS>1	D9612	HCPCS	outpatient			405		Wellcare	Medicaid		127.41	0.3146			121.5	384.75	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Aetna	Better Health		1971.28	0.3146			916.12	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Aetna	Medicare		1006.97	1			916.12	5952.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Aetna	Commercial		1603.1	1.592			916.12	5952.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Americare	Americare		4699.5	0.75			916.12	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	WellPoint	WellPoint		2010.13	0.3208			916.12	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Amerihealth	Medicare		1006.97	1			916.12	5952.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Consumer	Consumer		5952.7	0.95			916.12	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Corrections	Corrections		5012.8	0.8			916.12	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	First Health	First Health		4386.2	0.7			916.12	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	First Trenton	First Trenton		5639.4	0.9			916.12	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Horizon	MGD		1839.73	1.827			916.12	5952.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Horizon	Indemnity		1839.73	1.827			916.12	5952.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Horizon	Medicare Blue		1006.97	1			916.12	5952.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Horizon	PPO		1839.73	1.827			916.12	5952.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Managed Care Inc	Managed Care Inc		5639.4	0.9			916.12	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Multiplan	Multiplan		5012.8	0.8			916.12	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Qualcare	Qualcare		4699.5	0.75			916.12	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Three Rivers	Three Rivers		5952.7	0.95			916.12	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	UHC	Medicaid		1971.28	0.3146			916.12	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	UHC	Medicare		1006.97	1			916.12	5952.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Wellcare	Medicaid		1971.28	0.3146			916.12	5952.7	percent of total billed charges	
TX COMPLICATION POST SURGICAL	D9930	HCPCS	outpatient			6266	1158.02	Wellcare	Medicare		1006.97	1			916.12	5952.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL ADJUSTMENT LMTD	D9951	HCPCS	outpatient			5458	1158.02	Aetna	Commercial		1603.1	1.592			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL ADJUSTMENT LMTD	D9951	HCPCS	outpatient			5458	1158.02	Aetna	Medicare		1006.97	1			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL ADJUSTMENT LMTD	D9951	HCPCS	outpatient			5458	1158.02	Aetna	Better Health		1717.09	0.3146			697.47	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT LMTD	D9951	HCPCS	outpatient			5458	1158.02	Americare	Americare		4093.5	0.75			697.47	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT LMTD	D9951	HCPCS	outpatient			5458	1158.02	WellPoint	WellPoint		1750.93	0.3208			697.47	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT LMTD	D9951	HCPCS	outpatient			5458	1158.02	Amerihealth	Medicare		1006.97	1			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL ADJUSTMENT LMTD	D9951	HCPCS	outpatient			5458	1158.02	Consumer	Consumer		5185.1	0.95			697.47	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT LMTD	D9951	HCPCS	outpatient			5458	1158.02	Corrections	Corrections		4366.4	0.8			697.47	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT LMTD	D9951	HCPCS	outpatient			5458	1158.02	First Health	First Health		3820.6	0.7			697.47	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT LMTD	D9951	HCPCS	outpatient			5458	1158.02	First Trenton	First Trenton		4912.2	0.9			697.47	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT LMTD	D9951	HCPCS	outpatient			5458	1158.02	Horizon	MGD		1839.73	1.827			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL ADJUSTMENT LMTD	D9951	HCPCS	outpatient			5458	1158.02	Horizon	Medicare Blue		1006.97	1			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL ADJUSTMENT LMTD	D9951	HCPCS	outpatient			5458	1158.02	Horizon	PPO		1839.73	1.827			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL ADJUSTMENT LMTD	D9951	HCPCS	outpatient			5458	1158.02	Horizon	Indemnity		1839.73	1.827			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL ADJUSTMENT LMTD	D9951	HCPCS	outpatient			5458	1158.02	Managed Care Inc	Managed Care Inc		4912.2	0.9			697.47	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT LMTD	D9951	HCPCS	outpatient			5458	1158.02	Multiplan	Multiplan		4366.4	0.8			697.47	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT LMTD	D9951	HCPCS	outpatient			5458	1158.02	Qualcare	Qualcare		4093.5	0.75			697.47	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT LMTD	D9951	HCPCS	outpatient			5458	1158.02	Three Rivers	Three Rivers		5185.1	0.95			697.47	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT LMTD	D9951	HCPCS	outpatient			5458	1158.02	UHC	Medicare		1006.97	1			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL ADJUSTMENT LMTD	D9951	HCPCS	outpatient			5458	1158.02	UHC	Medicaid		1717.09	0.3146			697.47	5185.1	percent of total billed charges	
OCCLUSAL ADJUSTMENT LMTD	D9951	HCPCS	outpatient			5458	1158.02	Wellcare	Medicare		1006.97	1			697.47	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCCLUSAL ADJUSTMENT LMTD	D9951	HCPCS	outpatient			5458	1158.02	Wellcare	Medicaid		1717.09	0.3146			697.47	5185.1	percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Aetna	Commercial		1603.1	1.592			1006.97	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Aetna	Medicare		1006.97	1			1006.97	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Aetna	Better Health		1717.09	0.3146			1006.97	5185.1	percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Americare	Americare		4093.5	0.75			1006.97	5185.1	percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	WellPoint	WellPoint		1750.93	0.3208			1006.97	5185.1	percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Amerihealth	Medicare		1006.97	1			1006.97	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Consumer	Consumer		5185.1	0.95			1006.97	5185.1	percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Corrections	Corrections		4366.4	0.8			1006.97	5185.1	percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	First Health	First Health		3820.6	0.7			1006.97	5185.1	percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	First Trenton	First Trenton		4912.2	0.9			1006.97	5185.1	percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Horizon	MGD		1839.73	1.827			1006.97	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Horizon	Indemnity		1839.73	1.827			1006.97	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Horizon	Medicare Blue		1006.97	1			1006.97	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Horizon	PPO		1839.73	1.827			1006.97	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Managed Care Inc	Managed Care Inc		4912.2	0.9			1006.97	5185.1	percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Multiplan	Multiplan		4366.4	0.8			1006.97	5185.1	percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Qualcare	Qualcare		4093.5	0.75			1006.97	5185.1	percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Three Rivers	Three Rivers		5185.1	0.95			1006.97	5185.1	percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	UHC	Medicare		1006.97	1			1006.97	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	UHC	Medicaid		1717.09	0.3146			1006.97	5185.1	percent of total billed charges	
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Wellcare	Medicare		1006.97	1			1006.97	5185.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COMPLETE OCCLUSAL ADJUST	D9952	HCPCS	outpatient			5458	1158.02	Wellcare	Medicaid		1717.09	0.3146			1006.97	5185.1	percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Aetna	Medicare		130.9	0.308			127.5	403.75	percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Aetna	Better Health		133.71	0.3146			127.5	403.75	percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Aetna	Commercial		161.5	0.38			127.5	403.75	percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Americare	Americare		318.75	0.75			127.5	403.75	percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		WellPoint	WellPoint		136.34	0.3208			127.5	403.75	percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Consumer	Consumer		403.75	0.95			127.5	403.75	percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Corrections	Corrections		340	0.8			127.5	403.75	percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		First Health	First Health		297.5	0.7			127.5	403.75	percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		First Trenton	First Trenton		382.5	0.9			127.5	403.75	percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Horizon	Medicare Blue		127.5	0.3			127.5	403.75	percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Horizon	Indemnity		162.69	0.3828			127.5	403.75	percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Horizon	MGD		162.69	0.3828			127.5	403.75	percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Horizon	PPO		162.69	0.3828			127.5	403.75	percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Managed Care Inc	Managed Care Inc		382.5	0.9			127.5	403.75	percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Multiplan	Multiplan		340	0.8			127.5	403.75	percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Qualcare	Qualcare		318.75	0.75			127.5	403.75	percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Three Rivers	Three Rivers		403.75	0.95			127.5	403.75	percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		UHC	Medicaid		133.71	0.3146			127.5	403.75	percent of total billed charges	
ODONTOPLASTY 1-2 TEETH	D9971	HCPCS	outpatient			425		Wellcare	Medicaid		133.71	0.3146			127.5	403.75	percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Aetna	Better Health		21.39	0.3146			20.4	64.6	percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Aetna	Commercial		25.84	0.38			20.4	64.6	percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Aetna	Medicare		20.94	0.308			20.4	64.6	percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Americare	Americare		51	0.75			20.4	64.6	percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		WellPoint	WellPoint		21.81	0.3208			20.4	64.6	percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Consumer	Consumer		64.6	0.95			20.4	64.6	percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Corrections	Corrections		54.4	0.8			20.4	64.6	percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		First Health	First Health		47.6	0.7			20.4	64.6	percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		First Trenton	First Trenton		61.2	0.9			20.4	64.6	percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Horizon	Medicare Blue		20.4	0.3			20.4	64.6	percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Horizon	MGD		26.03	0.3828			20.4	64.6	percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Horizon	Indemnity		26.03	0.3828			20.4	64.6	percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Horizon	PPO		26.03	0.3828			20.4	64.6	percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Managed Care Inc	Managed Care Inc		61.2	0.9			20.4	64.6	percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Multiplan	Multiplan		54.4	0.8			20.4	64.6	percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Qualcare	Qualcare		51	0.75			20.4	64.6	percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Three Rivers	Three Rivers		64.6	0.95			20.4	64.6	percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		UHC	Medicaid		21.39	0.3146			20.4	64.6	percent of total billed charges	
CRUTCHES	E0114	HCPCS	outpatient			68		Wellcare	Medicaid		21.39	0.3146			20.4	64.6	percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Aetna	Better Health		22.97	0.3146			21.9	69.35	percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Aetna	Medicare		22.48	0.308			21.9	69.35	percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Aetna	Commercial		27.74	0.38			21.9	69.35	percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Americare	Americare		54.75	0.75			21.9	69.35	percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		WellPoint	WellPoint		23.42	0.3208			21.9	69.35	percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Consumer	Consumer		69.35	0.95			21.9	69.35	percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Corrections	Corrections		58.4	0.8			21.9	69.35	percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		First Health	First Health		51.1	0.7			21.9	69.35	percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		First Trenton	First Trenton		65.7	0.9			21.9	69.35	percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Horizon	MGD		27.94	0.3828			21.9	69.35	percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Horizon	Indemnity		27.94	0.3828			21.9	69.35	percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Horizon	PPO		27.94	0.3828			21.9	69.35	percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Horizon	Medicare Blue		21.9	0.3			21.9	69.35	percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Managed Care Inc	Managed Care Inc		65.7	0.9			21.9	69.35	percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Multiplan	Multiplan		58.4	0.8			21.9	69.35	percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Qualcare	Qualcare		54.75	0.75			21.9	69.35	percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Three Rivers	Three Rivers		69.35	0.95			21.9	69.35	percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		UHC	Medicaid		22.97	0.3146			21.9	69.35	percent of total billed charges	
POSEY LEATHER CUFF	E0700	HCPCS	outpatient			73		Wellcare	Medicaid		22.97	0.3146			21.9	69.35	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	both			244	62.48	Aetna	Commercial		86.49	1.592			41.84	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	both			244	62.48	Aetna	Medicare		54.33	1			41.84	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	both			244	62.48	Aetna	Better Health		76.76	0.3146			41.84	231.8	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	both			244	62.48	Americare	Americare		183	0.75			41.84	231.8	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	both			244	62.48	WellPoint	WellPoint		78.28	0.3208			41.84	231.8	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	both			244	62.48	Amerihealth	Medicare		54.33	1			41.84	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	both			244	62.48	Consumer	Consumer		231.8	0.95			41.84	231.8	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	both			244	62.48	Corrections	Corrections		195.2	0.8			41.84	231.8	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	both			244	62.48	First Health	First Health		170.8	0.7			41.84	231.8	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	both			244	62.48	First Trenton	First Trenton		219.6	0.9			41.84	231.8	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	both			244	62.48	Horizon	MGD		99.26	1.827			41.84	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	both			244	62.48	Horizon	Indemnity		99.26	1.827			41.84	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	both			244	62.48	Horizon	PPO		99.26	1.827			41.84	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	both			244	62.48	Horizon	Medicare Blue		54.33	1			41.84	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	both			244	62.48	Managed Care Inc	Managed Care Inc		219.6	0.9			41.84	231.8	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	both			244	62.48	Multiplan	Multiplan		195.2	0.8			41.84	231.8	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	both			244	62.48	Qualcare	Qualcare		183	0.75			41.84	231.8	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	both			244	62.48	Three Rivers	Three Rivers		231.8	0.95			41.84	231.8	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	both			244	62.48	UHC	Medicaid		76.76	0.3146			41.84	231.8	percent of total billed charges	
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	both			244	62.48	UHC	Medicare		54.33	1			41.84	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	both			244	62.48	Wellcare	Medicare		54.33	1			41.84	231.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNIZATION ADMIN 1 VACCINE	G0008	HCPCS	both			244	62.48	Wellcare	Medicaid		76.76	0.3146			41.84	231.8	percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	both			160	62.48	Aetna	Medicare		54.33	1			41.84	152	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN PNUE MC	G0009	HCPCS	both			160	62.48	Aetna	Better Health		50.34	0.3146			41.84	152	percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	both			160	62.48	Aetna	Commercial		86.49	1.592			41.84	152	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN PNUE MC	G0009	HCPCS	both			160	62.48	Americare	Americare		120	0.75			41.84	152	percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	both			160	62.48	WellPoint	WellPoint		51.33	0.3208			41.84	152	percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	both			160	62.48	Amerihealth	Medicare		54.33	1			41.84	152	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN PNUE MC	G0009	HCPCS	both			160	62.48	Consumer	Consumer		152	0.95			41.84	152	percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	both			160	62.48	Corrections	Corrections		128	0.8			41.84	152	percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	both			160	62.48	First Health	First Health		112	0.7			41.84	152	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ADMIN PNUE MC	G0009	HCPCS	both			160	62.48	First Trenton	First Trenton		144	0.9			41.84	152	percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	both			160	62.48	Horizon	Indemnity		99.26	1.827			41.84	152	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN PNUE MC	G0009	HCPCS	both			160	62.48	Horizon	MGD		99.26	1.827			41.84	152	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN PNUE MC	G0009	HCPCS	both			160	62.48	Horizon	PPO		99.26	1.827			41.84	152	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN PNUE MC	G0009	HCPCS	both			160	62.48	Horizon	Medicare Blue		54.33	1			41.84	152	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN PNUE MC	G0009	HCPCS	both			160	62.48	Managed Care Inc	Managed Care Inc		144	0.9			41.84	152	percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	both			160	62.48	Multiplan	Multiplan		128	0.8			41.84	152	percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	both			160	62.48	Qualcare	Qualcare		120	0.75			41.84	152	percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	both			160	62.48	Three Rivers	Three Rivers		152	0.95			41.84	152	percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	both			160	62.48	UHC	Medicare		54.33	1			41.84	152	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN PNUE MC	G0009	HCPCS	both			160	62.48	UHC	Medicaid		50.34	0.3146			41.84	152	percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	both			160	62.48	Wellcare	Medicaid		50.34	0.3146			41.84	152	percent of total billed charges	
ADMIN PNUE MC	G0009	HCPCS	both			160	62.48	Wellcare	Medicare		54.33	1			41.84	152	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Aetna	Better Health		50.34	0.3146			48.76	152	percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Aetna	Medicare		54.33	1			48.76	152	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Aetna	Commercial		86.49	1.592			48.76	152	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Americare	Americare		120	0.75			48.76	152	percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	WellPoint	WellPoint		51.33	0.3208			48.76	152	percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Amerihealth	Medicare		54.33	1			48.76	152	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Consumer	Consumer		152	0.95			48.76	152	percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Corrections	Corrections		128	0.8			48.76	152	percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	First Health	First Health		112	0.7			48.76	152	percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	First Trenton	First Trenton		144	0.9			48.76	152	percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Horizon	MGD		99.26	1.827			48.76	152	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Horizon	Indemnity		99.26	1.827			48.76	152	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Horizon	PPO		99.26	1.827			48.76	152	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Horizon	Medicare Blue		54.33	1			48.76	152	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Managed Care Inc	Managed Care Inc		144	0.9			48.76	152	percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Multiplan	Multiplan		128	0.8			48.76	152	percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Qualcare	Qualcare		120	0.75			48.76	152	percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Three Rivers	Three Rivers		152	0.95			48.76	152	percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	UHC	Medicaid		50.34	0.3146			48.76	152	percent of total billed charges	
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	UHC	Medicare		54.33	1			48.76	152	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Wellcare	Medicare		54.33	1			48.76	152	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADMIN HEP B VACCINE	G0010	HCPCS	outpatient			160	62.48	Wellcare	Medicaid		50.34	0.3146			48.76	152	percent of total billed charges	
CANCER SCREEN: CERV/VAG	G0101	HCPCS	outpatient			309	117.23	Aetna	Medicare		101.94	1			89.03	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANCER SCREEN: CERV/VAG	G0101	HCPCS	outpatient			309	117.23	Aetna	Better Health		97.21	0.3146			89.03	293.55	percent of total billed charges	
CANCER SCREEN: CERV/VAG	G0101	HCPCS	outpatient			309	117.23	Aetna	Commercial		162.29	1.592			89.03	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANCER SCREEN: CERV/VAG	G0101	HCPCS	outpatient			309	117.23	Americare	Americare		231.75	0.75			89.03	293.55	percent of total billed charges	
CANCER SCREEN: CERV/VAG	G0101	HCPCS	outpatient			309	117.23	WellPoint	WellPoint		99.13	0.3208			89.03	293.55	percent of total billed charges	
CANCER SCREEN: CERV/VAG	G0101	HCPCS	outpatient			309	117.23	Amerihealth	Medicare		101.94	1			89.03	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANCER SCREEN: CERV/VAG	G0101	HCPCS	outpatient			309	117.23	Consumer	Consumer		293.55	0.95			89.03	293.55	percent of total billed charges	
CANCER SCREEN: CERV/VAG	G0101	HCPCS	outpatient			309	117.23	Corrections	Corrections		247.2	0.8			89.03	293.55	percent of total billed charges	
CANCER SCREEN: CERV/VAG	G0101	HCPCS	outpatient			309	117.23	First Health	First Health		216.3	0.7			89.03	293.55	percent of total billed charges	
CANCER SCREEN: CERV/VAG	G0101	HCPCS	outpatient			309	117.23	First Trenton	First Trenton		278.1	0.9			89.03	293.55	percent of total billed charges	
CANCER SCREEN: CERV/VAG	G0101	HCPCS	outpatient			309	117.23	Horizon	MGD		186.24	1.827			89.03	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANCER SCREEN: CERV/VAG	G0101	HCPCS	outpatient			309	117.23	Horizon	Indemnity		186.24	1.827			89.03	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANCER SCREEN: CERV/VAG	G0101	HCPCS	outpatient			309	117.23	Horizon	PPO		186.24	1.827			89.03	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANCER SCREEN: CERV/VAG	G0101	HCPCS	outpatient			309	117.23	Horizon	Medicare Blue		101.94	1			89.03	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANCER SCREEN: CERV/VAG	G0101	HCPCS	outpatient			309	117.23	Managed Care Inc	Managed Care Inc		278.1	0.9			89.03	293.55	percent of total billed charges	
CANCER SCREEN: CERV/VAG	G0101	HCPCS	outpatient			309	117.23	Multiplan	Multiplan		247.2	0.8			89.03	293.55	percent of total billed charges	
CANCER SCREEN: CERV/VAG	G0101	HCPCS	outpatient			309	117.23	Qualcare	Qualcare		231.75	0.75			89.03	293.55	percent of total billed charges	
CANCER SCREEN: CERV/VAG	G0101	HCPCS	outpatient			309	117.23	Three Rivers	Three Rivers		293.55	0.95			89.03	293.55	percent of total billed charges	
CANCER SCREEN: CERV/VAG	G0101	HCPCS	outpatient			309	117.23	UHC	Medicaid		97.21	0.3146			89.03	293.55	percent of total billed charges	
CANCER SCREEN: CERV/VAG	G0101	HCPCS	outpatient			309	117.23	UHC	Medicare		101.94	1			89.03	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANCER SCREEN: CERV/VAG	G0101	HCPCS	outpatient			309	117.23	Wellcare	Medicare		101.94	1			89.03	293.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CANCER SCREEN: CERV/VAG	G0101	HCPCS	outpatient			309	117.23	Wellcare	Medicaid		97.21	0.3146			89.03	293.55	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Aetna	Commercial		1664.07	1.592			402.37	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Aetna	Better Health		402.37	0.3146			402.37	1909.71	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Aetna	Medicare		1045.27	1			402.37	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Americare	Americare		959.25	0.75			402.37	1909.71	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	WellPoint	WellPoint		410.3	0.3208			402.37	1909.71	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Amerihealth	Medicare		1045.27	1			402.37	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Consumer	Consumer		1215.05	0.95			402.37	1909.71	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Corrections	Corrections		1023.2	0.8			402.37	1909.71	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	First Health	First Health		895.3	0.7			402.37	1909.71	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	First Trenton	First Trenton		1151.1	0.9			402.37	1909.71	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Horizon	MGD		1909.71	1.827			402.37	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Horizon	Medicare Blue		1045.27	1			402.37	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Horizon	Indemnity		1909.71	1.827			402.37	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Horizon	PPO		1909.71	1.827			402.37	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Managed Care Inc	Managed Care Inc		1151.1	0.9			402.37	1909.71	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Multiplan	Multiplan		1023.2	0.8			402.37	1909.71	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Qualcare	Qualcare		959.25	0.75			402.37	1909.71	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Three Rivers	Three Rivers		1215.05	0.95			402.37	1909.71	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	UHC	Medicare		1045.27	1			402.37	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	UHC	Medicaid		402.37	0.3146			402.37	1909.71	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Wellcare	Medicaid		402.37	0.3146			402.37	1909.71	percent of total billed charges	
FLEX SIGM CANCER SCREENING	G0104	HCPCS	outpatient			1279	1202.06	Wellcare	Medicare		1045.27	1			402.37	1909.71	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Aetna	Commercial		1664.07	1.592			833.06	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Aetna	Better Health		833.06	0.3146			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Aetna	Medicare		1045.27	1			833.06	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Americare	Americare		1986	0.75			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	WellPoint	WellPoint		849.48	0.3208			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Amerihealth	Medicare		1045.27	1			833.06	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Consumer	Consumer		2515.6	0.95			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Corrections	Corrections		2118.4	0.8			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	First Health	First Health		1853.6	0.7			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	First Trenton	First Trenton		2383.2	0.9			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Horizon	Indemnity		1909.71	1.827			833.06	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Horizon	MGD		1909.71	1.827			833.06	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Horizon	Medicare Blue		1045.27	1			833.06	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Horizon	PPO		1909.71	1.827			833.06	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Managed Care Inc	Managed Care Inc		2383.2	0.9			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Multiplan	Multiplan		2118.4	0.8			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Qualcare	Qualcare		1986	0.75			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Three Rivers	Three Rivers		2515.6	0.95			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	UHC	Medicare		1045.27	1			833.06	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	UHC	Medicaid		833.06	0.3146			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Wellcare	Medicaid		833.06	0.3146			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY ON HI RISK PT	G0105	HCPCS	outpatient			2648	1202.06	Wellcare	Medicare		1045.27	1			833.06	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENEMA	G0106	HCPCS	outpatient			459	241.65	Aetna	Commercial		334.53	1.592			144.4	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENEMA	G0106	HCPCS	outpatient			459	241.65	Aetna	Better Health		144.4	0.3146			144.4	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	Aetna	Medicare		210.13	1			144.4	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENEMA	G0106	HCPCS	outpatient			459	241.65	Americare	Americare		344.25	0.75			144.4	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	WellPoint	WellPoint		147.25	0.3208			144.4	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	Amerihealth	Medicare		210.13	1			144.4	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENEMA	G0106	HCPCS	outpatient			459	241.65	Consumer	Consumer		436.05	0.95			144.4	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	Corrections	Corrections		367.2	0.8			144.4	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	First Health	First Health		321.3	0.7			144.4	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	First Trenton	First Trenton		413.1	0.9			144.4	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	Horizon	MGD		383.91	1.827			144.4	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENEMA	G0106	HCPCS	outpatient			459	241.65	Horizon	Medicare Blue		210.13	1			144.4	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENEMA	G0106	HCPCS	outpatient			459	241.65	Horizon	Indemnity		383.91	1.827			144.4	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENEMA	G0106	HCPCS	outpatient			459	241.65	Horizon	PPO		383.91	1.827			144.4	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENEMA	G0106	HCPCS	outpatient			459	241.65	Managed Care Inc	Managed Care Inc		413.1	0.9			144.4	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	Multiplan	Multiplan		367.2	0.8			144.4	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	Qualcare	Qualcare		344.25	0.75			144.4	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	Three Rivers	Three Rivers		436.05	0.95			144.4	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	UHC	Medicare		210.13	1			144.4	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENEMA	G0106	HCPCS	outpatient			459	241.65	UHC	Medicaid		144.4	0.3146			144.4	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	Wellcare	Medicaid		144.4	0.3146			144.4	436.05	percent of total billed charges	
ENEMA	G0106	HCPCS	outpatient			459	241.65	Wellcare	Medicare		210.13	1			144.4	436.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Aetna	Commercial		1664.07	1.592			833.06	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Aetna	Better Health		833.06	0.3146			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Aetna	Medicare		1045.27	1			833.06	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Americare	Americare		1986	0.75			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	WellPoint	WellPoint		849.48	0.3208			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Amerihealth	Medicare		1045.27	1			833.06	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Consumer	Consumer		2515.6	0.95			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Corrections	Corrections		2118.4	0.8			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	First Health	First Health		1853.6	0.7			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	First Trenton	First Trenton		2383.2	0.9			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Horizon	Indemnity		1909.71	1.827			833.06	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Horizon	Medicare Blue		1045.27	1			833.06	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Horizon	PPO		1909.71	1.827			833.06	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Horizon	MGD		1909.71	1.827			833.06	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Managed Care Inc	Managed Care Inc		2383.2	0.9			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Multiplan	Multiplan		2118.4	0.8			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Qualcare	Qualcare		1986	0.75			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Three Rivers	Three Rivers		2515.6	0.95			833.06	2515.6	percent of total billed charges	
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	UHC	Medicare		1045.27	1			833.06	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	UHC	Medicaid		833.06	0.3146			833.06	2515.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Wellcare	Medicare		1045.27	1			833.06	2515.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SCRN COLONOSCOPY PT NOT HI RISK	G0121	HCPCS	outpatient			2648	1202.06	Wellcare	Medicaid		833.06	0.3146			833.06	2515.6	percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	Aetna	Medicare		20.26				20.26	243.2	case rate	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	Aetna	Better Health		80.54	0.3146			20.26	243.2	percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	Aetna	Commercial		97.28	0.38			20.26	243.2	percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	Americare	Americare		192	0.75			20.26	243.2	percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	WellPoint	WellPoint		82.12	0.3208			20.26	243.2	percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	Amerihealth	Medicare		20.26				20.26	243.2	case rate	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	Consumer	Consumer		243.2	0.95			20.26	243.2	percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	Corrections	Corrections		204.8	0.8			20.26	243.2	percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	First Health	First Health		179.2	0.7			20.26	243.2	percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	First Trenton	First Trenton		230.4	0.9			20.26	243.2	percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	Horizon	MGD		98	0.3828			20.26	243.2	percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	Horizon	Medicare Blue		76.8	0.3			20.26	243.2	percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	Horizon	Indemnity		98	0.3828			20.26	243.2	percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	Horizon	PPO		98	0.3828			20.26	243.2	percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	Managed Care Inc	Managed Care Inc		230.4	0.9			20.26	243.2	percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	Multiplan	Multiplan		204.8	0.8			20.26	243.2	percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	Qualcare	Qualcare		192	0.75			20.26	243.2	percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	Three Rivers	Three Rivers		243.2	0.95			20.26	243.2	percent of total billed charges	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	UHC	Medicare		20.26				20.26	243.2	case rate	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	UHC	Medicaid		23.5				20.26	243.2	case rate	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	Wellcare	Medicaid		23.5				20.26	243.2	case rate	
SCREEN PAP THIN LAYER BY TECH MD SUPV	G0123	HCPCS	both			256	23.3	Wellcare	Medicare		20.26				20.26	243.2	case rate	
TRIM DYSTROPHIC NAILS ANY #	G0127	HCPCS	outpatient			218	80.45	Aetna	Better Health		68.58	0.3146			68.58	207.1	percent of total billed charges	
TRIM DYSTROPHIC NAILS ANY #	G0127	HCPCS	outpatient			218	80.45	Aetna	Medicare		69.96	1			68.58	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM DYSTROPHIC NAILS ANY #	G0127	HCPCS	outpatient			218	80.45	Aetna	Commercial		111.38	1.592			68.58	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM DYSTROPHIC NAILS ANY #	G0127	HCPCS	outpatient			218	80.45	Americare	Americare		163.5	0.75			68.58	207.1	percent of total billed charges	
TRIM DYSTROPHIC NAILS ANY #	G0127	HCPCS	outpatient			218	80.45	WellPoint	WellPoint		69.93	0.3208			68.58	207.1	percent of total billed charges	
TRIM DYSTROPHIC NAILS ANY #	G0127	HCPCS	outpatient			218	80.45	Amerihealth	Medicare		69.96	1			68.58	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM DYSTROPHIC NAILS ANY #	G0127	HCPCS	outpatient			218	80.45	Consumer	Consumer		207.1	0.95			68.58	207.1	percent of total billed charges	
TRIM DYSTROPHIC NAILS ANY #	G0127	HCPCS	outpatient			218	80.45	Corrections	Corrections		174.4	0.8			68.58	207.1	percent of total billed charges	
TRIM DYSTROPHIC NAILS ANY #	G0127	HCPCS	outpatient			218	80.45	First Health	First Health		152.6	0.7			68.58	207.1	percent of total billed charges	
TRIM DYSTROPHIC NAILS ANY #	G0127	HCPCS	outpatient			218	80.45	First Trenton	First Trenton		196.2	0.9			68.58	207.1	percent of total billed charges	
TRIM DYSTROPHIC NAILS ANY #	G0127	HCPCS	outpatient			218	80.45	Horizon	MGD		127.82	1.827			68.58	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM DYSTROPHIC NAILS ANY #	G0127	HCPCS	outpatient			218	80.45	Horizon	Medicare Blue		69.96	1			68.58	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM DYSTROPHIC NAILS ANY #	G0127	HCPCS	outpatient			218	80.45	Horizon	Indemnity		127.82	1.827			68.58	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM DYSTROPHIC NAILS ANY #	G0127	HCPCS	outpatient			218	80.45	Horizon	PPO		127.82	1.827			68.58	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM DYSTROPHIC NAILS ANY #	G0127	HCPCS	outpatient			218	80.45	Managed Care Inc	Managed Care Inc		196.2	0.9			68.58	207.1	percent of total billed charges	
TRIM DYSTROPHIC NAILS ANY #	G0127	HCPCS	outpatient			218	80.45	Multiplan	Multiplan		174.4	0.8			68.58	207.1	percent of total billed charges	
TRIM DYSTROPHIC NAILS ANY #	G0127	HCPCS	outpatient			218	80.45	Qualcare	Qualcare		163.5	0.75			68.58	207.1	percent of total billed charges	
TRIM DYSTROPHIC NAILS ANY #	G0127	HCPCS	outpatient			218	80.45	Three Rivers	Three Rivers		207.1	0.95			68.58	207.1	percent of total billed charges	
TRIM DYSTROPHIC NAILS ANY #	G0127	HCPCS	outpatient			218	80.45	UHC	Medicaid		68.58	0.3146			68.58	207.1	percent of total billed charges	
TRIM DYSTROPHIC NAILS ANY #	G0127	HCPCS	outpatient			218	80.45	UHC	Medicare		69.96	1			68.58	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRIM DYSTROPHIC NAILS ANY #	G0127	HCPCS	outpatient			218	80.45	Wellcare	Medicaid		68.58	0.3146			68.58	207.1	percent of total billed charges	
TRIM DYSTROPHIC NAILS ANY #	G0127	HCPCS	outpatient			218	80.45	Wellcare	Medicare		69.96	1			68.58	207.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Aetna	Medicare		77.31	0.308			75.3	238.45	percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Aetna	Better Health		78.96	0.3146			75.3	238.45	percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Aetna	Commercial		95.38	0.38			75.3	238.45	percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Americare	Americare		188.25	0.75			75.3	238.45	percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		WellPoint	WellPoint		80.52	0.3208			75.3	238.45	percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Consumer	Consumer		238.45	0.95			75.3	238.45	percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Corrections	Corrections		200.8	0.8			75.3	238.45	percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		First Health	First Health		175.7	0.7			75.3	238.45	percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		First Trenton	First Trenton		225.9	0.9			75.3	238.45	percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Horizon	MGD		96.08	0.3828			75.3	238.45	percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Horizon	PPO		96.08	0.3828			75.3	238.45	percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Horizon	Indemnity		96.08	0.3828			75.3	238.45	percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Horizon	Medicare Blue		75.3	0.3			75.3	238.45	percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Managed Care Inc	Managed Care Inc		225.9	0.9			75.3	238.45	percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Multiplan	Multiplan		200.8	0.8			75.3	238.45	percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Qualcare	Qualcare		188.25	0.75			75.3	238.45	percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Three Rivers	Three Rivers		238.45	0.95			75.3	238.45	percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		UHC	Medicaid		78.96	0.3146			75.3	238.45	percent of total billed charges	
WOUND CLOSURE BY ADHESIVE	G0168	HCPCS	outpatient			251		Wellcare	Medicaid		78.96	0.3146			75.3	238.45	percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627	582.52	Aetna	Commercial		806.41	1.592			197.25	925.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627	582.52	Aetna	Medicare		506.54	1			197.25	925.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627	582.52	Aetna	Better Health		197.25	0.3146			197.25	925.45	percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627	582.52	Americare	Americare		470.25	0.75			197.25	925.45	percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627	582.52	WellPoint	WellPoint		201.14	0.3208			197.25	925.45	percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627	582.52	Amerihealth	Medicare		506.54	1			197.25	925.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627	582.52	Consumer	Consumer		595.65	0.95			197.25	925.45	percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627	582.52	Corrections	Corrections		501.6	0.8			197.25	925.45	percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627	582.52	First Health	First Health		438.9	0.7			197.25	925.45	percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627	582.52	First Trenton	First Trenton		564.3	0.9			197.25	925.45	percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627	582.52	Horizon	PPO		925.45	1.827			197.25	925.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627	582.52	Horizon	Indemnity		925.45	1.827			197.25	925.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627	582.52	Horizon	MGD		925.45	1.827			197.25	925.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627	582.52	Horizon	Medicare Blue		506.54	1			197.25	925.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627	582.52	Managed Care Inc	Managed Care Inc		564.3	0.9			197.25	925.45	percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627	582.52	Multiplan	Multiplan		501.6	0.8			197.25	925.45	percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627	582.52	Qualcare	Qualcare		470.25	0.75			197.25	925.45	percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627	582.52	Three Rivers	Three Rivers		595.65	0.95			197.25	925.45	percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627	582.52	UHC	Medicare		506.54	1			197.25	925.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627	582.52	UHC	Medicaid		197.25	0.3146			197.25	925.45	percent of total billed charges	
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627	582.52	Wellcare	Medicare		506.54	1			197.25	925.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERDISCIPLINARY TEAM CONF W/PT	G0175	HCPCS	outpatient			627	582.52	Wellcare	Medicaid		197.25	0.3146			197.25	925.45	percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467	173.86	Aetna	Better Health		146.92	0.3146			146.92	443.65	percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467	173.86	Aetna	Medicare		151.18	1			146.92	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467	173.86	Aetna	Commercial		240.68	1.592			146.92	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467	173.86	Americare	Americare		350.25	0.75			146.92	443.65	percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467	173.86	WellPoint	WellPoint		149.81	0.3208			146.92	443.65	percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467	173.86	Amerihealth	Medicare		151.18	1			146.92	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467	173.86	Consumer	Consumer		443.65	0.95			146.92	443.65	percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467	173.86	Corrections	Corrections		373.6	0.8			146.92	443.65	percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467	173.86	First Health	First Health		326.9	0.7			146.92	443.65	percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467	173.86	First Trenton	First Trenton		420.3	0.9			146.92	443.65	percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467	173.86	Horizon	Medicare Blue		151.18	1			146.92	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467	173.86	Horizon	Indemnity		276.21	1.827			146.92	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467	173.86	Horizon	MGD		276.21	1.827			146.92	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467	173.86	Horizon	PPO		276.21	1.827			146.92	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467	173.86	Managed Care Inc	Managed Care Inc		420.3	0.9			146.92	443.65	percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467	173.86	Multiplan	Multiplan		373.6	0.8			146.92	443.65	percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467	173.86	Qualcare	Qualcare		350.25	0.75			146.92	443.65	percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467	173.86	Three Rivers	Three Rivers		443.65	0.95			146.92	443.65	percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467	173.86	UHC	Medicaid		146.92	0.3146			146.92	443.65	percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467	173.86	UHC	Medicare		151.18	1			146.92	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467	173.86	Wellcare	Medicaid		146.92	0.3146			146.92	443.65	percent of total billed charges	
INIT EVAL DM NEURO (LOPS)	G0245	HCPCS	outpatient			467	173.86	Wellcare	Medicare		151.18	1			146.92	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467	173.86	Aetna	Medicare		151.18	1			146.92	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467	173.86	Aetna	Commercial		240.68	1.592			146.92	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467	173.86	Aetna	Better Health		146.92	0.3146			146.92	443.65	percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467	173.86	Americare	Americare		350.25	0.75			146.92	443.65	percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467	173.86	WellPoint	WellPoint		149.81	0.3208			146.92	443.65	percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467	173.86	Amerihealth	Medicare		151.18	1			146.92	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467	173.86	Consumer	Consumer		443.65	0.95			146.92	443.65	percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467	173.86	Corrections	Corrections		373.6	0.8			146.92	443.65	percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467	173.86	First Health	First Health		326.9	0.7			146.92	443.65	percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467	173.86	First Trenton	First Trenton		420.3	0.9			146.92	443.65	percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467	173.86	Horizon	Medicare Blue		151.18	1			146.92	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467	173.86	Horizon	MGD		276.21	1.827			146.92	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467	173.86	Horizon	PPO		276.21	1.827			146.92	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467	173.86	Horizon	Indemnity		276.21	1.827			146.92	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467	173.86	Managed Care Inc	Managed Care Inc		420.3	0.9			146.92	443.65	percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467	173.86	Multiplan	Multiplan		373.6	0.8			146.92	443.65	percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467	173.86	Qualcare	Qualcare		350.25	0.75			146.92	443.65	percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467	173.86	Three Rivers	Three Rivers		443.65	0.95			146.92	443.65	percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467	173.86	UHC	Medicaid		146.92	0.3146			146.92	443.65	percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467	173.86	UHC	Medicare		151.18	1			146.92	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467	173.86	Wellcare	Medicaid		146.92	0.3146			146.92	443.65	percent of total billed charges	
FU EVAL DM NEURO (LOPS)	G0246	HCPCS	outpatient			467	173.86	Wellcare	Medicare		151.18	1			146.92	443.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Aetna	Medicare		228.96	1			221.48	668.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Aetna	Commercial		364.5	1.592			221.48	668.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Aetna	Better Health		221.48	0.3146			221.48	668.8	percent of total billed charges	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Americare	Americare		528	0.75			221.48	668.8	percent of total billed charges	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	WellPoint	WellPoint		225.84	0.3208			221.48	668.8	percent of total billed charges	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Amerihealth	Medicare		228.96	1			221.48	668.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Consumer	Consumer		668.8	0.95			221.48	668.8	percent of total billed charges	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Corrections	Corrections		563.2	0.8			221.48	668.8	percent of total billed charges	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	First Health	First Health		492.8	0.7			221.48	668.8	percent of total billed charges	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	First Trenton	First Trenton		633.6	0.9			221.48	668.8	percent of total billed charges	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Horizon	Medicare Blue		228.96	1			221.48	668.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Horizon	MGD		418.31	1.827			221.48	668.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Horizon	Indemnity		418.31	1.827			221.48	668.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Horizon	PPO		418.31	1.827			221.48	668.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Managed Care Inc	Managed Care Inc		633.6	0.9			221.48	668.8	percent of total billed charges	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Multiplan	Multiplan		563.2	0.8			221.48	668.8	percent of total billed charges	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Qualcare	Qualcare		528	0.75			221.48	668.8	percent of total billed charges	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Three Rivers	Three Rivers		668.8	0.95			221.48	668.8	percent of total billed charges	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	UHC	Medicare		228.96	1			221.48	668.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	UHC	Medicaid		221.48	0.3146			221.48	668.8	percent of total billed charges	
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Wellcare	Medicare		228.96	1			221.48	668.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROUTINE FOOT CARE DM NEURO (LOPS)	G0247	HCPCS	outpatient			704	263.3	Wellcare	Medicaid		221.48	0.3146			221.48	668.8	percent of total billed charges	
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Aetna	Better Health		722.95	0.3146			722.95	2183.1	percent of total billed charges	
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Aetna	Medicare		799.2	1			722.95	2183.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Aetna	Commercial		1272.33	1.592			722.95	2183.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Americare	Americare		1723.5	0.75			722.95	2183.1	percent of total billed charges	
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	WellPoint	WellPoint		737.2	0.3208			722.95	2183.1	percent of total billed charges	
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Amerihealth	Medicare		799.2	1			722.95	2183.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Consumer	Consumer		2183.1	0.95			722.95	2183.1	percent of total billed charges	
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Corrections	Corrections		1838.4	0.8			722.95	2183.1	percent of total billed charges	
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	First Health	First Health		1608.6	0.7			722.95	2183.1	percent of total billed charges	
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	First Trenton	First Trenton		2068.2	0.9			722.95	2183.1	percent of total billed charges	
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Horizon	PPO		1460.14	1.827			722.95	2183.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Horizon	Medicare Blue		799.2	1			722.95	2183.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Horizon	Indemnity		1460.14	1.827			722.95	2183.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Horizon	MGD		1460.14	1.827			722.95	2183.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Managed Care Inc	Managed Care Inc		2068.2	0.9			722.95	2183.1	percent of total billed charges	
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Multiplan	Multiplan		1838.4	0.8			722.95	2183.1	percent of total billed charges	
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Qualcare	Qualcare		1723.5	0.75			722.95	2183.1	percent of total billed charges	
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Three Rivers	Three Rivers		2183.1	0.95			722.95	2183.1	percent of total billed charges	
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	UHC	Medicare		799.2	1			722.95	2183.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	UHC	Medicaid		722.95	0.3146			722.95	2183.1	percent of total billed charges	
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Wellcare	Medicaid		722.95	0.3146			722.95	2183.1	percent of total billed charges	
HEMODIALYSIS OUTPATIENT	G0257	HCPCS	outpatient			2298	919.08	Wellcare	Medicare		799.2	1			722.95	2183.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	both			2729	909.54	Aetna	Better Health		858.54	0.3146			365.88	2592.55	percent of total billed charges	
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	both			2729	909.54	Aetna	Commercial		1259.11	1.592			365.88	2592.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	both			2729	909.54	Aetna	Medicare		790.9	1			365.88	2592.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	both			2729	909.54	Americare	Americare		2046.75	0.75			365.88	2592.55	percent of total billed charges	
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	both			2729	909.54	WellPoint	WellPoint		875.46	0.3208			365.88	2592.55	percent of total billed charges	
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	both			2729	909.54	Amerihealth	Medicare		790.9	1			365.88	2592.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	both			2729	909.54	Consumer	Consumer		2592.55	0.95			365.88	2592.55	percent of total billed charges	
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	both			2729	909.54	Corrections	Corrections		2183.2	0.8			365.88	2592.55	percent of total billed charges	
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	both			2729	909.54	First Health	First Health		1910.3	0.7			365.88	2592.55	percent of total billed charges	
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	both			2729	909.54	First Trenton	First Trenton		2456.1	0.9			365.88	2592.55	percent of total billed charges	
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	both			2729	909.54	Horizon	Medicare Blue		790.9	1			365.88	2592.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	both			2729	909.54	Horizon	MGD		1444.97	1.827			365.88	2592.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	both			2729	909.54	Horizon	Indemnity		1444.97	1.827			365.88	2592.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	both			2729	909.54	Horizon	PPO		1444.97	1.827			365.88	2592.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	both			2729	909.54	Managed Care Inc	Managed Care Inc		2456.1	0.9			365.88	2592.55	percent of total billed charges	
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	both			2729	909.54	Multiplan	Multiplan		2183.2	0.8			365.88	2592.55	percent of total billed charges	
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	both			2729	909.54	Qualcare	Qualcare		2046.75	0.75			365.88	2592.55	percent of total billed charges	
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	both			2729	909.54	Three Rivers	Three Rivers		2592.55	0.95			365.88	2592.55	percent of total billed charges	
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	both			2729	909.54	UHC	Medicaid		858.54	0.3146			365.88	2592.55	percent of total billed charges	
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	both			2729	909.54	UHC	Medicare		790.9	1			365.88	2592.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	both			2729	909.54	Wellcare	Medicaid		858.54	0.3146			365.88	2592.55	percent of total billed charges	
SL JT INJ FOR ARTHROG &/OR STER	G0260	HCPCS	both			2729	909.54	Wellcare	Medicare		790.9	1			365.88	2592.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Aetna	Better Health		312.71	0.3146			298.2	944.3	percent of total billed charges	
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Aetna	Commercial		377.72	0.38			298.2	944.3	percent of total billed charges	
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Aetna	Medicare		306.15	0.308			298.2	944.3	percent of total billed charges	
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Americare	Americare		745.5	0.75			298.2	944.3	percent of total billed charges	
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		WellPoint	WellPoint		318.88	0.3208			298.2	944.3	percent of total billed charges	
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Consumer	Consumer		944.3	0.95			298.2	944.3	percent of total billed charges	
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Corrections	Corrections		795.2	0.8			298.2	944.3	percent of total billed charges	
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		First Health	First Health		695.8	0.7			298.2	944.3	percent of total billed charges	
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		First Trenton	First Trenton		894.6	0.9			298.2	944.3	percent of total billed charges	
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Horizon	Medicare Blue		298.2	0.3			298.2	944.3	percent of total billed charges	
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Horizon	MGD		380.5	0.3828			298.2	944.3	percent of total billed charges	
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Horizon	Indemnity		380.5	0.3828			298.2	944.3	percent of total billed charges	
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Horizon	PPO		380.5	0.3828			298.2	944.3	percent of total billed charges	
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Managed Care Inc	Managed Care Inc		894.6	0.9			298.2	944.3	percent of total billed charges	
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Multiplan	Multiplan		795.2	0.8			298.2	944.3	percent of total billed charges	
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Qualcare	Qualcare		745.5	0.75			298.2	944.3	percent of total billed charges	
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Three Rivers	Three Rivers		944.3	0.95			298.2	944.3	percent of total billed charges	
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		UHC	Medicaid		312.71	0.3146			298.2	944.3	percent of total billed charges	
PLACEMENT OF OCCLUSIVE DEVICE	G0269	HCPCS	both			994		Wellcare	Medicaid		312.71	0.3146			298.2	944.3	percent of total billed charges	
LIIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Aetna	Better Health		495.18	0.3146			472.2	1495.3	percent of total billed charges	
LIIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Aetna	Commercial		598.12	0.38			472.2	1495.3	percent of total billed charges	
LIIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Aetna	Medicare		484.79	0.308			472.2	1495.3	percent of total billed charges	
LIIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Americare	Americare		1180.5	0.75			472.2	1495.3	percent of total billed charges	
LIIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		WellPoint	WellPoint		504.94	0.3208			472.2	1495.3	percent of total billed charges	
LIIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Consumer	Consumer		1495.3	0.95			472.2	1495.3	percent of total billed charges	
LIIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Corrections	Corrections		1259.2	0.8			472.2	1495.3	percent of total billed charges	
LIIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		First Health	First Health		1101.8	0.7			472.2	1495.3	percent of total billed charges	
LIIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		First Trenton	First Trenton		1416.6	0.9			472.2	1495.3	percent of total billed charges	
LIIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Horizon	MGD		602.53	0.3828			472.2	1495.3	percent of total billed charges	
LIIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Horizon	Indemnity		602.53	0.3828			472.2	1495.3	percent of total billed charges	
LIIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Horizon	Medicare Blue		472.2	0.3			472.2	1495.3	percent of total billed charges	
LIIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Horizon	PPO		602.53	0.3828			472.2	1495.3	percent of total billed charges	
LIIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Managed Care Inc	Managed Care Inc		1416.6	0.9			472.2	1495.3	percent of total billed charges	
LIIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Multiplan	Multiplan		1259.2	0.8			472.2	1495.3	percent of total billed charges	
LIIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Qualcare	Qualcare		1180.5	0.75			472.2	1495.3	percent of total billed charges	
LIIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Three Rivers	Three Rivers		1495.3	0.95			472.2	1495.3	percent of total billed charges	
LIIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		UHC	Medicaid		495.18	0.3146			472.2	1495.3	percent of total billed charges	
LIIAC ANGIOGRAM WITH CATH	G0278	HCPCS	outpatient			1574		Wellcare	Medicaid		495.18	0.3146			472.2	1495.3	percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Aetna	Commercial		201.78	0.38			159.3	504.45	percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Aetna	Better Health		167.05	0.3146			159.3	504.45	percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Aetna	Medicare		163.55	0.308			159.3	504.45	percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Americare	Americare		398.25	0.75			159.3	504.45	percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		WellPoint	WellPoint		170.34	0.3208			159.3	504.45	percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Consumer	Consumer		504.45	0.95			159.3	504.45	percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Corrections	Corrections		424.8	0.8			159.3	504.45	percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		First Health	First Health		371.7	0.7			159.3	504.45	percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		First Trenton	First Trenton		477.9	0.9			159.3	504.45	percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Horizon	MGD		203.27	0.3828			159.3	504.45	percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Horizon	Indemnity		203.27	0.3828			159.3	504.45	percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Horizon	Medicare Blue		159.3	0.3			159.3	504.45	percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Horizon	PPO		203.27	0.3828			159.3	504.45	percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Managed Care Inc	Managed Care Inc		477.9	0.9			159.3	504.45	percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Multiplan	Multiplan		424.8	0.8			159.3	504.45	percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Qualcare	Qualcare		398.25	0.75			159.3	504.45	percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Three Rivers	Three Rivers		504.45	0.95			159.3	504.45	percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		UHC	Medicaid		167.05	0.3146			159.3	504.45	percent of total billed charges	
DIGITAL BREAST TOMOSYNTHESIS	G0279	HCPCS	outpatient			531		Wellcare	Medicaid		167.05	0.3146			159.3	504.45	percent of total billed charges	
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Aetna	Medicare		35.73	0.308			33	110.2	percent of total billed charges	
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Aetna	Better Health		36.49	0.3146			33	110.2	percent of total billed charges	
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Aetna	Commercial		44.08	0.38			33	110.2	percent of total billed charges	
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Americare	Americare		87	0.75			33	110.2	percent of total billed charges	
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		WellPoint	WellPoint		37.21	0.3208			33	110.2	percent of total billed charges	
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Consumer	Consumer		110.2	0.95			33	110.2	percent of total billed charges	
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Corrections	Corrections		92.8	0.8			33	110.2	percent of total billed charges	
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		First Health	First Health		81.2	0.7			33	110.2	percent of total billed charges	
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		First Trenton	First Trenton		104.4	0.9			33	110.2	percent of total billed charges	
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Horizon	MGD		44.4	0.3828			33	110.2	percent of total billed charges	
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Horizon	Indemnity		44.4	0.3828			33	110.2	percent of total billed charges	
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Horizon	Medicare Blue		34.8	0.3			33	110.2	percent of total billed charges	
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Horizon	PPO		44.4	0.3828			33	110.2	percent of total billed charges	
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Managed Care Inc	Managed Care Inc		104.4	0.9			33	110.2	percent of total billed charges	
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Multiplan	Multiplan		92.8	0.8			33	110.2	percent of total billed charges	
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Qualcare	Qualcare		87	0.75			33	110.2	percent of total billed charges	
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Three Rivers	Three Rivers		110.2	0.95			33	110.2	percent of total billed charges	
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		UHC	Medicaid		36.49	0.3146			33	110.2	percent of total billed charges	
ELEC.STIM (UNATTENDED)	G0283	HCPCS	both			116		Wellcare	Medicaid		36.49	0.3146			33	110.2	percent of total billed charges	
PT, OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Aetna	Better Health		2945.91	0.3146			76.8	8895.8	percent of total billed charges	
PT, OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Aetna	Commercial		3538.32	0.38			76.8	8895.8	percent of total billed charges	
PT, OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Aetna	Medicare		2884.11	0.308			76.8	8895.8	percent of total billed charges	
PT, OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Americare	Americare		7023	0.75			76.8	8895.8	percent of total billed charges	
PT, OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		WellPoint	WellPoint		3003.97	0.3208			76.8	8895.8	percent of total billed charges	
PT, OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Consumer	Consumer		8895.8	0.95			76.8	8895.8	percent of total billed charges	
PT, OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Corrections	Corrections		7491.2	0.8			76.8	8895.8	percent of total billed charges	
PT, OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		First Health	First Health		6554.8	0.7			76.8	8895.8	percent of total billed charges	
PT, OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		First Trenton	First Trenton		8427.6	0.9			76.8	8895.8	percent of total billed charges	
PT, OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Horizon	Indemnity		3584.54	0.3828			76.8	8895.8	percent of total billed charges	
PT, OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Horizon	MGD		3584.54	0.3828			76.8	8895.8	percent of total billed charges	
PT, OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Horizon	Medicare Blue		2809.2	0.3			76.8	8895.8	percent of total billed charges	
PT, OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Horizon	PPO		3584.54	0.3828			76.8	8895.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PT, OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Managed Care Inc	Managed Care Inc		8427.6	0.9			76.8	8895.8	percent of total billed charges	
PT, OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Multiplan	Multiplan		7491.2	0.8			76.8	8895.8	percent of total billed charges	
PT, OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Qualcare	Qualcare		7023	0.75			76.8	8895.8	percent of total billed charges	
PT, OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Three Rivers	Three Rivers		8895.8	0.95			76.8	8895.8	percent of total billed charges	
PT, OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		UHC	Medicaid		2945.91	0.3146			76.8	8895.8	percent of total billed charges	
PT, OBSERVATION - 8 HRS	G0378	HCPCS	both			9364		Wellcare	Medicaid		2945.91	0.3146			76.8	8895.8	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	both			4369	844.79	Aetna	Better Health		1374.49	0.3146			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	both			4369	844.79	Aetna	Commercial		1169.48	1.592			734.6	4150.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	both			4369	844.79	Aetna	Medicare		734.6	1			734.6	4150.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	both			4369	844.79	Americare	Americare		3276.75	0.75			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	both			4369	844.79	WellPoint	WellPoint		1401.58	0.3208			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	both			4369	844.79	Amerihealth	Medicare		734.6	1			734.6	4150.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	both			4369	844.79	Consumer	Consumer		4150.55	0.95			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	both			4369	844.79	Corrections	Corrections		3495.2	0.8			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	both			4369	844.79	First Health	First Health		3058.3	0.7			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	both			4369	844.79	First Trenton	First Trenton		3932.1	0.9			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	both			4369	844.79	Horizon	PPO		1342.11	1.827			734.6	4150.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	both			4369	844.79	Horizon	MCD		1342.11	1.827			734.6	4150.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	both			4369	844.79	Horizon	Indemnity		1342.11	1.827			734.6	4150.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	both			4369	844.79	Horizon	Medicare Blue		734.6	1			734.6	4150.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	both			4369	844.79	Managed Care Inc	Managed Care Inc		3932.1	0.9			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	both			4369	844.79	Multiplan	Multiplan		3495.2	0.8			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	both			4369	844.79	Qualcare	Qualcare		3276.75	0.75			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	both			4369	844.79	Three Rivers	Three Rivers		4150.55	0.95			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	both			4369	844.79	UHC	Medicaid		1374.49	0.3146			734.6	4150.55	percent of total billed charges	
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	both			4369	844.79	UHC	Medicare		734.6	1			734.6	4150.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	both			4369	844.79	Wellcare	Medicare		734.6	1			734.6	4150.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIRECT REFER HOSPITAL OBSERV	G0379	HCPCS	both			4369	844.79	Wellcare	Medicaid		1374.49	0.3146			734.6	4150.55	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Aetna	Medicare		85.79	1			85.79	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Aetna	Commercial		136.58	1.592			85.79	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Aetna	Better Health		100.36	0.3146			85.79	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Americare	Americare		239.25	0.75			85.79	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	WellPoint	WellPoint		102.34	0.3208			85.79	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Amerihealth	Medicare		85.79	1			85.79	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Consumer	Consumer		303.05	0.95			85.79	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Corrections	Corrections		255.2	0.8			85.79	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	First Health	First Health		223.3	0.7			85.79	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	First Trenton	First Trenton		287.1	0.9			85.79	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Horizon	PPO		156.74	1.827			85.79	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Horizon	Medicare Blue		85.79	1			85.79	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Horizon	Indemnity		156.74	1.827			85.79	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Horizon	MCD		156.74	1.827			85.79	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Managed Care Inc	Managed Care Inc		287.1	0.9			85.79	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Multiplan	Multiplan		255.2	0.8			85.79	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Qualcare	Qualcare		239.25	0.75			85.79	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Three Rivers	Three Rivers		303.05	0.95			85.79	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	UHC	Medicaid		100.36	0.3146			85.79	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	UHC	Medicare		85.79	1			85.79	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Wellcare	Medicaid		100.36	0.3146			85.79	303.05	percent of total billed charges	
LEVEL I HOSP TYPE BEDVISIT	G0380	HCPCS	both			319	98.66	Wellcare	Medicare		85.79	1			85.79	303.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	both			380	160.2	Aetna	Better Health		119.55	0.3146			119.55	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	both			380	160.2	Aetna	Commercial		221.77	1.592			119.55	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	both			380	160.2	Aetna	Medicare		139.3	1			119.55	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	both			380	160.2	Americare	Americare		285	0.75			119.55	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	both			380	160.2	WellPoint	WellPoint		121.9	0.3208			119.55	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	both			380	160.2	Amerihealth	Medicare		139.3	1			119.55	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	both			380	160.2	Consumer	Consumer		361	0.95			119.55	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	both			380	160.2	Corrections	Corrections		304	0.8			119.55	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	both			380	160.2	First Health	First Health		266	0.7			119.55	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	both			380	160.2	First Trenton	First Trenton		342	0.9			119.55	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	both			380	160.2	Horizon	Indemnity		254.5	1.827			119.55	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	both			380	160.2	Horizon	MCD		254.5	1.827			119.55	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	both			380	160.2	Horizon	Medicare Blue		139.3	1			119.55	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	both			380	160.2	Horizon	PPO		254.5	1.827			119.55	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	both			380	160.2	Managed Care Inc	Managed Care Inc		342	0.9			119.55	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	both			380	160.2	Multiplan	Multiplan		304	0.8			119.55	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	both			380	160.2	Qualcare	Qualcare		285	0.75			119.55	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	both			380	160.2	Three Rivers	Three Rivers		361	0.95			119.55	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	both			380	160.2	UHC	Medicaid		119.55	0.3146			119.55	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	both			380	160.2	UHC	Medicare		139.3	1			119.55	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	both			380	160.2	Wellcare	Medicaid		119.55	0.3146			119.55	361	percent of total billed charges	
LEVEL II HOSP TYPE BED VISIT	G0381	HCPCS	both			380	160.2	Wellcare	Medicare		139.3	1			119.55	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Aetna	Commercial		364.19	1.592			156.67	473.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Aetna	Better Health		156.67	0.3146			156.67	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Aetna	Medicare		228.76	1			156.67	473.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Americare	Americare		373.5	0.75			156.67	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	WellPoint	WellPoint		159.76	0.3208			156.67	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Amerihealth	Medicare		228.76	1			156.67	473.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Consumer	Consumer		473.1	0.95			156.67	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Corrections	Corrections		398.4	0.8			156.67	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	First Health	First Health		348.6	0.7			156.67	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	First Trenton	First Trenton		448.2	0.9			156.67	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Horizon	PPO		417.94	1.827			156.67	473.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Horizon	MCD		417.94	1.827			156.67	473.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Horizon	Indemnity		417.94	1.827			156.67	473.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Horizon	Medicare Blue		228.76	1			156.67	473.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Managed Care Inc	Managed Care Inc		448.2	0.9			156.67	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Multiplan	Multiplan		398.4	0.8			156.67	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Qualcare	Qualcare		373.5	0.75			156.67	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Three Rivers	Three Rivers		473.1	0.95			156.67	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	UHC	Medicare		228.76	1			156.67	473.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	UHC	Medicaid		156.67	0.3146			156.67	473.1	percent of total billed charges	
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Wellcare	Medicare		228.76	1			156.67	473.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL III HOSP BED VISIT	G0382	HCPCS	both			498	263.07	Wellcare	Medicaid		156.67	0.3146			156.67	473.1	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Aetna	Better Health		196.63	0.3146			196.63	615.5	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Aetna	Commercial		536.33	1.592			196.63	615.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Aetna	Medicare		336.89	1			196.63	615.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Americare	Americare		468.75	0.75			196.63	615.5	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	WellPoint	WellPoint		200.5	0.3208			196.63	615.5	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Amerihealth	Medicare		336.89	1			196.63	615.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Consumer	Consumer		593.75	0.95			196.63	615.5	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Corrections	Corrections		500	0.8			196.63	615.5	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	First Health	First Health		437.5	0.7			196.63	615.5	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	First Trenton	First Trenton		562.5	0.9			196.63	615.5	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Horizon	Indemnity		615.5	1.827			196.63	615.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Horizon	MCD		615.5	1.827			196.63	615.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Horizon	PPO		615.5	1.827			196.63	615.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Horizon	Medicare Blue		336.89	1			196.63	615.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Managed Care Inc	Managed Care Inc		562.5	0.9			196.63	615.5	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Multiplan	Multiplan		500	0.8			196.63	615.5	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Qualcare	Qualcare		468.75	0.75			196.63	615.5	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Three Rivers	Three Rivers		593.75	0.95			196.63	615.5	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	UHC	Medicaid		196.63	0.3146			196.63	615.5	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	UHC	Medicare		336.89	1			196.63	615.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Wellcare	Medicaid		196.63	0.3146			196.63	615.5	percent of total billed charges	
LEVEL IV HOSP TYPE BED VISIT	G0383	HCPCS	both			625	387.42	Wellcare	Medicare		336.89	1			196.63	615.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	outpatient			813	501.32	Aetna	Medicare		435.93	1			255.77	796.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	outpatient			813	501.32	Aetna	Better Health		255.77	0.3146			255.77	796.44	percent of total billed charges	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	outpatient			813	501.32	Aetna	Commercial		694	1.592			255.77	796.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	outpatient			813	501.32	Americare	Americare		609.75	0.75			255.77	796.44	percent of total billed charges	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	outpatient			813	501.32	WellPoint	WellPoint		260.81	0.3208			255.77	796.44	percent of total billed charges	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	outpatient			813	501.32	Amerihealth	Medicare		435.93	1			255.77	796.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	outpatient			813	501.32	Consumer	Consumer		772.35	0.95			255.77	796.44	percent of total billed charges	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	outpatient			813	501.32	Corrections	Corrections		650.4	0.8			255.77	796.44	percent of total billed charges	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	outpatient			813	501.32	First Health	First Health		569.1	0.7			255.77	796.44	percent of total billed charges	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	outpatient			813	501.32	First Trenton	First Trenton		731.7	0.9			255.77	796.44	percent of total billed charges	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	outpatient			813	501.32	Horizon	MCD		796.44	1.827			255.77	796.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	outpatient			813	501.32	Horizon	Indemnity		796.44	1.827			255.77	796.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	outpatient			813	501.32	Horizon	Medicare Blue		435.93	1			255.77	796.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	outpatient			813	501.32	Horizon	PPO		796.44	1.827			255.77	796.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	outpatient			813	501.32	Managed Care Inc	Managed Care Inc		731.7	0.9			255.77	796.44	percent of total billed charges	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	outpatient			813	501.32	Multiplan	Multiplan		650.4	0.8			255.77	796.44	percent of total billed charges	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	outpatient			813	501.32	Qualcare	Qualcare		609.75	0.75			255.77	796.44	percent of total billed charges	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	outpatient			813	501.32	Three Rivers	Three Rivers		772.35	0.95			255.77	796.44	percent of total billed charges	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	outpatient			813	501.32	UHC	Medicaid		255.77	0.3146			255.77	796.44	percent of total billed charges	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	outpatient			813	501.32	UHC	Medicare		435.93	1			255.77	796.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	outpatient			813	501.32	Wellcare	Medicaid		255.77	0.3146			255.77	796.44	percent of total billed charges	
LEVEL V HOSP TYPE BED VISIT	G0384	HCPCS	outpatient			813	501.32	Wellcare	Medicare		435.93	1			255.77	796.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	Aetna	Medicare		1565.81	1			1565.81	22872.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	Aetna	Commercial		2492.77	1.592			1565.81	22872.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	Aetna	Better Health		7574.31	0.3146			1565.81	22872.2	percent of total billed charges	
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	Americare	Americare		18057	0.75			1565.81	22872.2	percent of total billed charges	
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076	1800.68	WellPoint	WellPoint		7723.58	0.3208			1565.81	22872.2	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076		1800.68 Amerihealth	Medicare		1565.81				1565.81	22872.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076		1800.68 Consumer	Consumer		22872.2	0.95			1565.81	22872.2	percent of total billed charges	
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076		1800.68 Corrections	Corrections		19260.8	0.8			1565.81	22872.2	percent of total billed charges	
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076		1800.68 First Health	First Health		16853.2	0.7			1565.81	22872.2	percent of total billed charges	
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076		1800.68 First Trenton	First Trenton		21668.4	0.9			1565.81	22872.2	percent of total billed charges	
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076		1800.68 Horizon	MGD		2860.73	1.827			1565.81	22872.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076		1800.68 Horizon	Indemnity		2860.73	1.827			1565.81	22872.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076		1800.68 Horizon	PPO		2860.73	1.827			1565.81	22872.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076		1800.68 Horizon	Medicare Blue		1565.81	1			1565.81	22872.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076		1800.68 Managed Care Inc	Managed Care Inc		21668.4	0.9			1565.81	22872.2	percent of total billed charges	
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076		1800.68 Multiplan	Multiplan		19260.8	0.8			1565.81	22872.2	percent of total billed charges	
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076		1800.68 Qualcare	Qualcare		18057	0.75			1565.81	22872.2	percent of total billed charges	
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076		1800.68 Three Rivers	Three Rivers		22872.2	0.95			1565.81	22872.2	percent of total billed charges	
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076		1800.68 UHC	Medicaid		7574.31	0.3146			1565.81	22872.2	percent of total billed charges	
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076		1800.68 UHC	Medicare		1565.81	1			1565.81	22872.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076		1800.68 Wellcare	Medicare		1565.81	1			1565.81	22872.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVEL 3 TRAUMA ACTIVATION>30MINS	G0390	HCPCS	both			24076		1800.68 Wellcare	Medicaid		7574.31	0.3146			1565.81	22872.2	percent of total billed charges	
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Aetna	Better Health		2167.59	0.3146			2067	6545.5	percent of total billed charges	
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Aetna	Medicare		2122.12	0.308			2067	6545.5	percent of total billed charges	
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Aetna	Commercial		2618.2	0.38			2067	6545.5	percent of total billed charges	
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Americare	Americare		5167.5	0.75			2067	6545.5	percent of total billed charges	
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		WellPoint	WellPoint		2210.31	0.3208			2067	6545.5	percent of total billed charges	
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Consumer	Consumer		6545.5	0.95			2067	6545.5	percent of total billed charges	
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Corrections	Corrections		5512	0.8			2067	6545.5	percent of total billed charges	
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		First Health	First Health		4823	0.7			2067	6545.5	percent of total billed charges	
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		First Trenton	First Trenton		6201	0.9			2067	6545.5	percent of total billed charges	
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Horizon	Medicare Blue		2067	0.3			2067	6545.5	percent of total billed charges	
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Horizon	Indemnity		2537.49	0.3828			2067	6545.5	percent of total billed charges	
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Horizon	PPO		2537.49	0.3828			2067	6545.5	percent of total billed charges	
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Horizon	MGD		2537.49	0.3828			2067	6545.5	percent of total billed charges	
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Managed Care Inc	Managed Care Inc		6201	0.9			2067	6545.5	percent of total billed charges	
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Multiplan	Multiplan		5512	0.8			2067	6545.5	percent of total billed charges	
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Qualcare	Qualcare		5167.5	0.75			2067	6545.5	percent of total billed charges	
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Three Rivers	Three Rivers		6545.5	0.95			2067	6545.5	percent of total billed charges	
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		UHC	Medicaid		2167.59	0.3146			2067	6545.5	percent of total billed charges	
PTA-BRACHIOCEPH/BRANCH EA VES RT	G0392	HCPCS	outpatient			6890		Wellcare	Medicaid		2167.59	0.3146			2067	6545.5	percent of total billed charges	
FATTY ACID ETHYL ESTERS	G0408	HCPCS	inpatient			118		Aetna	Better Health		37.12	0.3146			35.4	112.1	percent of total billed charges	
FATTY ACID ETHYL ESTERS	G0408	HCPCS	inpatient			118		Aetna	Commercial		44.84	0.38			35.4	112.1	percent of total billed charges	
FATTY ACID ETHYL ESTERS	G0408	HCPCS	inpatient			118		Aetna	Medicare		36.34	0.308			35.4	112.1	percent of total billed charges	
FATTY ACID ETHYL ESTERS	G0408	HCPCS	inpatient			118		Americare	Americare		88.5	0.75			35.4	112.1	percent of total billed charges	
FATTY ACID ETHYL ESTERS	G0408	HCPCS	inpatient			118		WellPoint	WellPoint		37.85	0.3208			35.4	112.1	percent of total billed charges	
FATTY ACID ETHYL ESTERS	G0408	HCPCS	inpatient			118		Consumer	Consumer		112.1	0.95			35.4	112.1	percent of total billed charges	
FATTY ACID ETHYL ESTERS	G0408	HCPCS	inpatient			118		Corrections	Corrections		94.4	0.8			35.4	112.1	percent of total billed charges	
FATTY ACID ETHYL ESTERS	G0408	HCPCS	inpatient			118		First Health	First Health		82.6	0.7			35.4	112.1	percent of total billed charges	
FATTY ACID ETHYL ESTERS	G0408	HCPCS	inpatient			118		First Trenton	First Trenton		106.2	0.9			35.4	112.1	percent of total billed charges	
FATTY ACID ETHYL ESTERS	G0408	HCPCS	inpatient			118		Horizon	Medicare Blue		35.4	0.3			35.4	112.1	percent of total billed charges	
FATTY ACID ETHYL ESTERS	G0408	HCPCS	inpatient			118		Horizon	PPO		45.17	0.3828			35.4	112.1	percent of total billed charges	
FATTY ACID ETHYL ESTERS	G0408	HCPCS	inpatient			118		Horizon	MGD		45.17	0.3828			35.4	112.1	percent of total billed charges	
FATTY ACID ETHYL ESTERS	G0408	HCPCS	inpatient			118		Horizon	Indemnity		45.17	0.3828			35.4	112.1	percent of total billed charges	
FATTY ACID ETHYL ESTERS	G0408	HCPCS	inpatient			118		Managed Care Inc	Managed Care Inc		106.2	0.9			35.4	112.1	percent of total billed charges	
FATTY ACID ETHYL ESTERS	G0408	HCPCS	inpatient			118		Multiplan	Multiplan		94.4	0.8			35.4	112.1	percent of total billed charges	
FATTY ACID ETHYL ESTERS	G0408	HCPCS	inpatient			118		Qualcare	Qualcare		88.5	0.75			35.4	112.1	percent of total billed charges	
FATTY ACID ETHYL ESTERS	G0408	HCPCS	inpatient			118		Three Rivers	Three Rivers		112.1	0.95			35.4	112.1	percent of total billed charges	
FATTY ACID ETHYL ESTERS	G0408	HCPCS	inpatient			118		UHC	Medicaid		37.12	0.3146			35.4	112.1	percent of total billed charges	
FATTY ACID ETHYL ESTERS	G0408	HCPCS	inpatient			118		Wellcare	Medicaid		37.12	0.3146			35.4	112.1	percent of total billed charges	
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Aetna	Better Health		150.38	0.3146			137.79	454.1	percent of total billed charges	
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Aetna	Commercial		240.68	1.592			137.79	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Aetna	Medicare		151.18	1			137.79	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Americare	Americare		358.5	0.75			137.79	454.1	percent of total billed charges	
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	WellPoint	WellPoint		153.34	0.3208			137.79	454.1	percent of total billed charges	
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Amerihealth	Medicare		151.18	1			137.79	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Consumer	Consumer		454.1	0.95			137.79	454.1	percent of total billed charges	
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Corrections	Corrections		382.4	0.8			137.79	454.1	percent of total billed charges	
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	First Health	First Health		334.6	0.7			137.79	454.1	percent of total billed charges	
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	First Trenton	First Trenton		430.2	0.9			137.79	454.1	percent of total billed charges	
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Horizon	MGD		276.21	1.827			137.79	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Horizon	Indemnity		276.21	1.827			137.79	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Horizon	Medicare Blue		151.18	1			137.79	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Horizon	PPO		276.21	1.827			137.79	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Managed Care Inc	Managed Care Inc		430.2	0.9			137.79	454.1	percent of total billed charges	
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Multiplan	Multiplan		382.4	0.8			137.79	454.1	percent of total billed charges	
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Qualcare	Qualcare		358.5	0.75			137.79	454.1	percent of total billed charges	
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Three Rivers	Three Rivers		454.1	0.95			137.79	454.1	percent of total billed charges	
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	UHC	Medicare		151.18	1			137.79	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	UHC	Medicaid		150.38	0.3146			137.79	454.1	percent of total billed charges	
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Wellcare	Medicaid		150.38	0.3146			137.79	454.1	percent of total billed charges	
NEW PATIETN LEVEL V	G0463	HCPCS	both			478	173.86	Wellcare	Medicare		151.18	1			137.79	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRICYCLIC ANTIDEPRESS SERUM/PL	G0480	HCPCS	both			4229	131.59	Aetna	Better Health		1330.44	0.3146			9	4017.55	percent of total billed charges	
TRICYCLIC ANTIDEPRESS SERUM/PL	G0480	HCPCS	both			4229	131.59	Aetna	Medicare		114.43				9	4017.55	case rate	
TRICYCLIC ANTIDEPRESS SERUM/PL	G0480	HCPCS	both			4229	131.59	Aetna	Commercial		1607.02	0.38			9	4017.55	percent of total billed charges	
TRICYCLIC ANTIDEPRESS SERUM/PL	G0480	HCPCS	both			4229	131.59	Americare	Americare		3171.75	0.75			9	4017.55	percent of total billed charges	
TRICYCLIC ANTIDEPRESS SERUM/PL	G0480	HCPCS	both			4229	131.59	WellPoint	WellPoint		1356.66	0.3208			9	4017.55	percent of total billed charges	
TRICYCLIC ANTIDEPRESS SERUM/PL	G0480	HCPCS	both			4229	131.59	Amerihealth	Medicare		114.43				9	4017.55	case rate	
TRICYCLIC ANTIDEPRESS SERUM/PL	G0480	HCPCS	both			4229	131.59	Consumer	Consumer		4017.55	0.95			9	4017.55	percent of total billed charges	
TRICYCLIC ANTIDEPRESS SERUM/PL	G0480	HCPCS	both			4229	131.59	Corrections	Corrections		3383.2	0.8			9	4017.55	percent of total billed charges	
TRICYCLIC ANTIDEPRESS SERUM/PL	G0480	HCPCS	both			4229	131.59	First Health	First Health		2960.3	0.7			9	4017.55	percent of total billed charges	
TRICYCLIC ANTIDEPRESS SERUM/PL	G0480	HCPCS	both			4229	131.59	First Trenton	First Trenton		3806.1	0.9			9	4017.55	percent of total billed charges	
TRICYCLIC ANTIDEPRESS SERUM/PL	G0480	HCPCS	both			4229	131.59	Horizon	Medicare Blue		1268.7	0.3			9	4017.55	percent of total billed charges	
TRICYCLIC ANTIDEPRESS SERUM/PL	G0480	HCPCS	both			4229	131.59	Horizon	Indemnity		1618.86	0.3828			9	4017.55	percent of total billed charges	
TRICYCLIC ANTIDEPRESS SERUM/PL	G0480	HCPCS	both			4229	131.59	Horizon	MGD		1618.86	0.3828			9	4017.55	percent of total billed charges	
TRICYCLIC ANTIDEPRESS SERUM/PL	G0480	HCPCS	both			4229	131.59	Horizon	PPO		1618.86	0.3828			9	4017.55	percent of total billed charges	
TRICYCLIC ANTIDEPRESS SERUM/PL	G0480	HCPCS	both			4229	131.59	Managed Care Inc	Managed Care Inc		3806.1	0.9			9	4017.55	percent of total billed charges	
TRICYCLIC ANTIDEPRESS SERUM/PL	G0480	HCPCS	both			4229	131.59	Multiplan	Multiplan		3383.2	0.8			9	4017.55	percent of total billed charges	
TRICYCLIC ANTIDEPRESS SERUM/PL	G0480	HCPCS	both			4229	131.59	Qualcare	Qualcare		3171.75	0.75			9	4017.55	percent of total billed charges	
TRICYCLIC ANTIDEPRESS SERUM/PL	G0480	HCPCS	both			4229	131.59	Three Rivers	Three Rivers		4017.55	0.95			9	4017.55	percent of total billed charges	
TRICYCLIC ANTIDEPRESS SERUM/PL	G0480	HCPCS	both			4229	131.59	UHC	Medicare		114.43				9	4017.55	case rate	
TRICYCLIC ANTIDEPRESS SERUM/PL	G0480	HCPCS	both			4229	131.59	UHC	Medicaid		91.54				9	4017.55	case rate	
TRICYCLIC ANTIDEPRESS SERUM/PL	G0480	HCPCS	both			4229	131.59	Wellcare	Medicaid		91.54				9	4017.55	case rate	
TRICYCLIC ANTIDEPRESS SERUM/PL	G0480	HCPCS	both			4229	131.59	Wellcare	Medicare		114.43				9	4017.55	case rate	
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Aetna	Medicare		156.59				26.7	156.59	case rate	
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Aetna	Commercial		33.82	0.38			26.7	156.59	percent of total billed charges	
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Aetna	Better Health		28	0.3146			26.7	156.59	percent of total billed charges	
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Americare	Americare		66.75	0.75			26.7	156.59	percent of total billed charges	
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	WellPoint	WellPoint		28.55	0.3208			26.7	156.59	percent of total billed charges	
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Amerihealth	Medicare		156.59				26.7	156.59	case rate	
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Consumer	Consumer		84.55	0.95			26.7	156.59	percent of total billed charges	
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Corrections	Corrections		71.2	0.8			26.7	156.59	percent of total billed charges	
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	First Health	First Health		62.3	0.7			26.7	156.59	percent of total billed charges	
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	First Trenton	First Trenton		80.1	0.9			26.7	156.59	percent of total billed charges	
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Horizon	Medicare Blue		26.7	0.3			26.7	156.59	percent of total billed charges	
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Horizon	Indemnity		34.07	0.3828			26.7	156.59	percent of total billed charges	
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Horizon	MGD		34.07	0.3828			26.7	156.59	percent of total billed charges	
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Horizon	PPO		34.07	0.3828			26.7	156.59	percent of total billed charges	
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Managed Care Inc	Managed Care Inc		80.1	0.9			26.7	156.59	percent of total billed charges	
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Multiplan	Multiplan		71.2	0.8			26.7	156.59	percent of total billed charges	
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Qualcare	Qualcare		66.75	0.75			26.7	156.59	percent of total billed charges	
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Three Rivers	Three Rivers		84.55	0.95			26.7	156.59	percent of total billed charges	
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	UHC	Medicare		156.59				26.7	156.59	case rate	
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	UHC	Medicaid		125.27				26.7	156.59	case rate	
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Wellcare	Medicare		156.59				26.7	156.59	case rate	
PENTAZOCINE LEV EL	G0481	HCPCS	outpatient			89	180.08	Wellcare	Medicaid		125.27				26.7	156.59	case rate	
CDSM APPLIED PATHWAYS	G1000	HCPCS	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges	
CDSM APPLIED PATHWAYS	G1000	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges	
CDSM APPLIED PATHWAYS	G1000	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges	
CDSM APPLIED PATHWAYS	G1000	HCPCS	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges	
CDSM APPLIED PATHWAYS	G1000	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges	
CDSM APPLIED PATHWAYS	G1000	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges	
CDSM APPLIED PATHWAYS	G1000	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges	
CDSM APPLIED PATHWAYS	G1000	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges	
CDSM APPLIED PATHWAYS	G1000	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges	
CDSM EVICORE	G1001	HCPCS	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges	
CDSM EVICORE	G1001	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges	
CDSM EVICORE	G1001	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges	
CDSM EVICORE	G1001	HCPCS	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges	
CDSM EVICORE	G1001	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges	
CDSM EVICORE	G1001	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges	
CDSM EVICORE	G1001	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges	
CDSM EVICORE	G1001	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges	
CDSM EVICORE	G1001	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges	
CDSM MEDCURRENT	G1002	HCPCS	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges	
CDSM MEDCURRENT	G1002	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges	
CDSM MEDCURRENT	G1002	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges	
CDSM MEDCURRENT	G1002	HCPCS	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes			
CDSM MEDCURRENT	G1002	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM MEDCURRENT	G1002	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM MEDCURRENT	G1002	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM MEDCURRENT	G1002	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM MEDCURRENT	G1002	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM MEDICALIS	G1003	HCPCS	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM MEDICALIS	G1003	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM MEDICALIS	G1003	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM MEDICALIS	G1003	HCPCS	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges				
CDSM MEDICALIS	G1003	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM MEDICALIS	G1003	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM MEDICALIS	G1003	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM MEDICALIS	G1003	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM MEDICALIS	G1003	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM IMAGING ASSOC	G1005	HCPCS	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM IMAGING ASSOC	G1005	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM IMAGING ASSOC	G1005	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM IMAGING ASSOC	G1005	HCPCS	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges				
CDSM IMAGING ASSOC	G1005	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM IMAGING ASSOC	G1005	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM IMAGING ASSOC	G1005	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM IMAGING ASSOC	G1005	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM IMAGING ASSOC	G1005	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM TEST APPROPRIATE	G1006	HCPCS	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM TEST APPROPRIATE	G1006	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM TEST APPROPRIATE	G1006	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM TEST APPROPRIATE	G1006	HCPCS	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges				
CDSM TEST APPROPRIATE	G1006	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM TEST APPROPRIATE	G1006	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM TEST APPROPRIATE	G1006	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM TEST APPROPRIATE	G1006	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM TEST APPROPRIATE	G1006	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM AIM SPECIALT HEALTH	G1007	HCPCS	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM AIM SPECIALT HEALTH	G1007	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM AIM SPECIALT HEALTH	G1007	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM AIM SPECIALT HEALTH	G1007	HCPCS	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges				
CDSM AIM SPECIALT HEALTH	G1007	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM AIM SPECIALT HEALTH	G1007	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM AIM SPECIALT HEALTH	G1007	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM AIM SPECIALT HEALTH	G1007	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM AIM SPECIALT HEALTH	G1007	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM CRANBERRY PEAK	G1008	HCPCS	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM CRANBERRY PEAK	G1008	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM CRANBERRY PEAK	G1008	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM CRANBERRY PEAK	G1008	HCPCS	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges				
CDSM CRANBERRY PEAK	G1008	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM CRANBERRY PEAK	G1008	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM CRANBERRY PEAK	G1008	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM CRANBERRY PEAK	G1008	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM CRANBERRY PEAK	G1008	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM SAGE HLTH MNGT	G1009	HCPCS	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM SAGE HLTH MNGT	G1009	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM SAGE HLTH MNGT	G1009	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM SAGE HLTH MNGT	G1009	HCPCS	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges				
CDSM SAGE HLTH MNGT	G1009	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM SAGE HLTH MNGT	G1009	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM SAGE HLTH MNGT	G1009	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM SAGE HLTH MNGT	G1009	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM SAGE HLTH MNGT	G1009	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM STANSON	G1010	HCPCS	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM STANSON	G1010	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM STANSON	G1010	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM STANSON	G1010	HCPCS	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges				
CDSM STANSON	G1010	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM STANSON	G1010	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM STANSON	G1010	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM STANSON	G1010	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM STANSON	G1010	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM QUALIFIED TOOL	G1011	HCPCS	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM QUALIFIED TOOL	G1011	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM QUALIFIED TOOL	G1011	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM QUALIFIED TOOL	G1011	HCPCS	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges				
CDSM QUALIFIED TOOL	G1011	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM QUALIFIED TOOL	G1011	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM QUALIFIED TOOL	G1011	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM QUALIFIED TOOL	G1011	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM QUALIFIED TOOL	G1011	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM AGILEMD	G1012	HCPCS	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM AGILEMD	G1012	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM AGILEMD	G1012	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM AGILEMD	G1012	HCPCS	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges				
CDSM AGILEMD	G1012	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM AGILEMD	G1012	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM AGILEMD	G1012	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM AGILEMD	G1012	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM AGILEMD	G1012	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM EVIDENCECARE	G1013	HCPCS	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM EVIDENCECARE	G1013	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM EVIDENCECARE	G1013	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM EVIDENCECARE	G1013	HCPCS	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges				
CDSM EVIDENCECARE	G1013	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM EVIDENCECARE	G1013	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM EVIDENCECARE	G1013	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM EVIDENCECARE	G1013	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM EVIDENCECARE	G1013	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM INVENIQA	G1014	HCPCS	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM INVENIQA	G1014	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM INVENIQA	G1014	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM INVENIQA	G1014	HCPCS	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges				
CDSM INVENIQA	G1014	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM INVENIQA	G1014	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM INVENIQA	G1014	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM INVENIQA	G1014	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM INVENIQA	G1014	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM RELIANT	G1015	HCPCS	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM RELIANT	G1015	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM RELIANT	G1015	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM RELIANT	G1015	HCPCS	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges				
CDSM RELIANT	G1015	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM RELIANT	G1015	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM RELIANT	G1015	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM RELIANT	G1015	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM RELIANT	G1015	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM SPEED OF CARE	G1016	HCPCS	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM SPEED OF CARE	G1016	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM SPEED OF CARE	G1016	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM SPEED OF CARE	G1016	HCPCS	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges				
CDSM SPEED OF CARE	G1016	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM SPEED OF CARE	G1016	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM SPEED OF CARE	G1016	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM SPEED OF CARE	G1016	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM SPEED OF CARE	G1016	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM HEALTHHELP	G1017	HCPCS	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM HEALTHHELP	G1017	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM HEALTHHELP	G1017	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM HEALTHHELP	G1017	HCPCS	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges				
CDSM HEALTHHELP	G1017	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM HEALTHHELP	G1017	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM HEALTHHELP	G1017	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM HEALTHHELP	G1017	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM HEALTHHELP	G1017	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM INFINX	G1018	HCPCS	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM INFINX	G1018	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM INFINX	G1018	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM INFINX	G1018	HCPCS	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges				
CDSM INFINX	G1018	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM INFINX	G1018	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges				
CDSM INFINX	G1018	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges				
CDSM INFINX	G1018	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM INFINX	G1018	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM LOGICNETS	G1019	HCPCS	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges				
CDSM LOGICNETS	G1019	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges				
CDSM LOGICNETS	G1019	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges				

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CDSM LOGICNETS	G1019	HCPCS	outpatient			0.01		First Health	First Health		0.7				0.01	0.01	percent of total billed charges	
CDSM LOGICNETS	G1019	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.9				0.01	0.01	percent of total billed charges	
CDSM LOGICNETS	G1019	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01				0.01	0.01	percent of total billed charges	
CDSM LOGICNETS	G1019	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01				0.01	0.01	percent of total billed charges	
CDSM LOGICNETS	G1019	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01				0.01	0.01	percent of total billed charges	
CDSM LOGICNETS	G1019	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.95				0.01	0.01	percent of total billed charges	
CDSM CURBSIDE	G1020	HCPCS	outpatient			0.01		Americare	Americare		0.01				0.01	0.01	percent of total billed charges	
CDSM CURBSIDE	G1020	HCPCS	outpatient			0.01		Consumer	Consumer		0.01				0.01	0.01	percent of total billed charges	
CDSM CURBSIDE	G1020	HCPCS	outpatient			0.01		Corrections	Corrections		0.01				0.01	0.01	percent of total billed charges	
CDSM CURBSIDE	G1020	HCPCS	outpatient			0.01		First Health	First Health		0.7				0.01	0.01	percent of total billed charges	
CDSM CURBSIDE	G1020	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.9				0.01	0.01	percent of total billed charges	
CDSM CURBSIDE	G1020	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01				0.01	0.01	percent of total billed charges	
CDSM CURBSIDE	G1020	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.8				0.01	0.01	percent of total billed charges	
CDSM CURBSIDE	G1020	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.75				0.01	0.01	percent of total billed charges	
CDSM CURBSIDE	G1020	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.95				0.01	0.01	percent of total billed charges	
CDSM EHEALTHLINE	G1021	HCPCS	outpatient			0.01		Americare	Americare		0.01				0.01	0.01	percent of total billed charges	
CDSM EHEALTHLINE	G1021	HCPCS	outpatient			0.01		Consumer	Consumer		0.01				0.01	0.01	percent of total billed charges	
CDSM EHEALTHLINE	G1021	HCPCS	outpatient			0.01		Corrections	Corrections		0.8				0.01	0.01	percent of total billed charges	
CDSM EHEALTHLINE	G1021	HCPCS	outpatient			0.01		First Health	First Health		0.7				0.01	0.01	percent of total billed charges	
CDSM EHEALTHLINE	G1021	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.9				0.01	0.01	percent of total billed charges	
CDSM EHEALTHLINE	G1021	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.9				0.01	0.01	percent of total billed charges	
CDSM EHEALTHLINE	G1021	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.8				0.01	0.01	percent of total billed charges	
CDSM EHEALTHLINE	G1021	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.75				0.01	0.01	percent of total billed charges	
CDSM EHEALTHLINE	G1021	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.95				0.01	0.01	percent of total billed charges	
CDSM INTERMOUNTAIN	G1022	HCPCS	outpatient			0.01		Americare	Americare		0.01				0.01	0.01	percent of total billed charges	
CDSM INTERMOUNTAIN	G1022	HCPCS	outpatient			0.01		Consumer	Consumer		0.01				0.01	0.01	percent of total billed charges	
CDSM INTERMOUNTAIN	G1022	HCPCS	outpatient			0.01		Corrections	Corrections		0.01				0.01	0.01	percent of total billed charges	
CDSM INTERMOUNTAIN	G1022	HCPCS	outpatient			0.01		First Health	First Health		0.01				0.01	0.01	percent of total billed charges	
CDSM INTERMOUNTAIN	G1022	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01				0.01	0.01	percent of total billed charges	
CDSM INTERMOUNTAIN	G1022	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01				0.01	0.01	percent of total billed charges	
CDSM INTERMOUNTAIN	G1022	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01				0.01	0.01	percent of total billed charges	
CDSM INTERMOUNTAIN	G1022	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01				0.01	0.01	percent of total billed charges	
CDSM INTERMOUNTAIN	G1022	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01				0.01	0.01	percent of total billed charges	
CDSM PERSIVIA	G1023	HCPCS	outpatient			0.01		Americare	Americare		0.01				0.01	0.01	percent of total billed charges	
CDSM PERSIVIA	G1023	HCPCS	outpatient			0.01		Consumer	Consumer		0.01				0.01	0.01	percent of total billed charges	
CDSM PERSIVIA	G1023	HCPCS	outpatient			0.01		Corrections	Corrections		0.01				0.01	0.01	percent of total billed charges	
CDSM PERSIVIA	G1023	HCPCS	outpatient			0.01		First Health	First Health		0.01				0.01	0.01	percent of total billed charges	
CDSM PERSIVIA	G1023	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01				0.01	0.01	percent of total billed charges	
CDSM PERSIVIA	G1023	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01				0.01	0.01	percent of total billed charges	
CDSM PERSIVIA	G1023	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01				0.01	0.01	percent of total billed charges	
CDSM PERSIVIA	G1023	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01				0.01	0.01	percent of total billed charges	
CDSM PERSIVIA	G1023	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.95				0.01	0.01	percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	both			6714.57		Aetna	Commercial		2551.54	0.38			2014.37	6378.84	percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	both			6714.57		Aetna	Better Health		2112.4	0.3146			2014.37	6378.84	percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	both			6714.57		Aetna	Medicare		2068.09	0.308			2014.37	6378.84	percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	both			6714.57		Americare	Americare		5035.93	0.75			2014.37	6378.84	percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	both			6714.57		WellPoint	WellPoint		2154.03	0.3208			2014.37	6378.84	percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	both			6714.57		Amerihealth	Medicare		2215.81	0.33			2014.37	6378.84	percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	both			6714.57		Consumer	Consumer		6378.84	0.95			2014.37	6378.84	percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	both			6714.57		Corrections	Corrections		5371.66	0.8			2014.37	6378.84	percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	both			6714.57		First Health	First Health		4700.2	0.7			2014.37	6378.84	percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	both			6714.57		First Trenton	First Trenton		6043.11	0.9			2014.37	6378.84	percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	both			6714.57		Horizon	Medicare Blue		2014.37	0.3			2014.37	6378.84	percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	both			6714.57		Horizon	MGD		2570.34	0.3828			2014.37	6378.84	percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	both			6714.57		Horizon	Indemnity		2570.34	0.3828			2014.37	6378.84	percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	both			6714.57		Horizon	PPO		2570.34	0.3828			2014.37	6378.84	percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	both			6714.57		Managed Care Inc	Managed Care Inc		6043.11	0.9			2014.37	6378.84	percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	both			6714.57		Multiplan	Multiplan		5371.66	0.8			2014.37	6378.84	percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	both			6714.57		Qualcare	Qualcare		5035.93	0.75			2014.37	6378.84	percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	both			6714.57		Three Rivers	Three Rivers		6378.84	0.95			2014.37	6378.84	percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	both			6714.57		UHC	Medicaid		2112.4	0.3146			2014.37	6378.84	percent of total billed charges	
FLEXIGRAFT 10 X 75MM	G1762	HCPCS	both			6714.57		Wellcare	Medicaid		2112.4	0.3146			2014.37	6378.84	percent of total billed charges	
ANALYSIS IMPLANTABLE CM	G2066	HCPCS	outpatient			152		Aetna	Better Health		47.82	0.3146			15.2	144.4	percent of total billed charges	
ANALYSIS IMPLANTABLE CM	G2066	HCPCS	outpatient			152		Aetna	Commercial		57.76	0.38			15.2	144.4	percent of total billed charges	
ANALYSIS IMPLANTABLE CM	G2066	HCPCS	outpatient			152		Aetna	Medicare		46.82	0.308			15.2	144.4	percent of total billed charges	
ANALYSIS IMPLANTABLE CM	G2066	HCPCS	outpatient			152		Americare	Americare		114	0.75			15.2	144.4	percent of total billed charges	
ANALYSIS IMPLANTABLE CM	G2066	HCPCS	outpatient			152		WellPoint	WellPoint		48.76	0.3208			15.2	144.4	percent of total billed charges	
ANALYSIS IMPLANTABLE CM	G2066	HCPCS	outpatient			152		Consumer	Consumer		144.4	0.95			15.2	144.4	percent of total billed charges	
ANALYSIS IMPLANTABLE CM	G2066	HCPCS	outpatient			152		Corrections	Corrections		121.6	0.8			15.2	144.4	percent of total billed charges	
ANALYSIS IMPLANTABLE CM	G2066	HCPCS	outpatient			152		First Health	First Health		106.4	0.7			15.2	144.4	percent of total billed charges	
ANALYSIS IMPLANTABLE CM	G2066	HCPCS	outpatient			152		First Trenton	First Trenton		136.8	0.9			15.2	144.4	percent of total billed charges	
ANALYSIS IMPLANTABLE CM	G2066	HCPCS	outpatient			152		Horizon	Medicare Blue		45.6	0.3			15.2	144.4	percent of total billed charges	
ANALYSIS IMPLANTABLE CM	G2066	HCPCS	outpatient			152		Horizon	Indemnity		58.19	0.3828			15.2	144.4	percent of total billed charges	
ANALYSIS IMPLANTABLE CM	G2066	HCPCS	outpatient			152		Horizon	NJ Health		15.2	0.1			15.2	144.4	percent of total billed charges	
ANALYSIS IMPLANTABLE CM	G2066	HCPCS	outpatient			152		Horizon	MGD		58.19	0.3828			15.2	144.4	percent of total billed charges	
ANALYSIS IMPLANTABLE CM	G2066	HCPCS	outpatient			152		Horizon	PPO		58.19	0.3828			15.2	144.4	percent of total billed charges	
ANALYSIS IMPLANTABLE CM	G2066	HCPCS	outpatient			152		Managed Care Inc	Managed Care Inc		136.8	0.9			15.2	144.4	percent of total billed charges	
ANALYSIS IMPLANTABLE CM	G2066	HCPCS	outpatient			152		Multiplan	Multiplan		121.6	0.8			15.2	144.4	percent of total billed charges	
ANALYSIS IMPLANTABLE CM	G2066	HCPCS	outpatient			152		Qualcare	Qualcare		114	0.75			15.2	144.4	percent of total billed charges	
ANALYSIS IMPLANTABLE CM	G2066	HCPCS	outpatient			152		Three Rivers	Three Rivers		144.4	0.95			15.2	144.4	percent of total billed charges	
ANALYSIS IMPLANTABLE CM	G2066	HCPCS	outpatient			152		UHC	Medicaid		47.82	0.3146			15.2	144.4	percent of total billed charges	
ANALYSIS IMPLANTABLE CM	G2066	HCPCS	outpatient			152		Wellcare	Medicaid		47.82	0.3146			15.2	144.4	percent of total billed charges	
AVF USE MAGNETIC/ART/VE	G2171	HCPCS	outpatient			63702		Aetna	Better Health		20040.65	0.3146			19110.6	60516.9	percent of total billed charges	
AVF USE MAGNETIC/ART/VE	G2171	HCPCS	outpatient			63702		Aetna	Medicare		19620.22	0.308			19110.6	60516.9	percent of total billed charges	
AVF USE MAGNETIC/ART/VE	G2171	HCPCS	outpatient			63702		Aetna	Commercial		24206.76	0.38			19110.6	60516.9	percent of total billed charges	
AVF USE MAGNETIC/ART/VE	G2171	HCPCS	outpatient			63702		Americare	Americare		47776.5	0.75			19110.6	60516.9	percent of total billed charges	
AVF USE MAGNETIC/ART/VE	G2171	HCPCS	outpatient			63702		WellPoint	WellPoint		20435.6	0.3208			19110.6	60516.9	percent of total billed charges	
AVF USE MAGNETIC/ART/VE	G2171	HCPCS	outpatient			63702		Consumer	Consumer		60516.9	0.95			19110.6	60516.9	percent of total billed charges	
AVF USE MAGNETIC/ART/VE	G2171	HCPCS	outpatient			63702		Corrections	Corrections		50961.6	0.8			19110.6	60516.9	percent of total billed charges	
AVF USE MAGNETIC/ART/VE	G2171	HCPCS	outpatient			63702		First Health	First Health		44591.4	0.7			19110.6	60516.9	percent of total billed charges	
AVF USE MAGNETIC/ART/VE	G2171	HCPCS	outpatient			63702		First Trenton	First Trenton		57331.8	0.9			19110.6	60516.9	percent of total billed charges	
AVF USE MAGNETIC/ART/VE	G2171	HCPCS	outpatient			63702		Horizon	Medicare Blue		19110.6	0.3			19110.6	60516.9	percent of total billed charges	
AVF USE MAGNETIC/ART/VE	G2171	HCPCS	outpatient			63702		Horizon	MGD		24385.13	0.3828			19110.6	60516.9	percent of total billed charges	
AVF USE MAGNETIC/ART/VE	G2171	HCPCS	outpatient			63702		Horizon	Indemnity		24385.13	0.3828			19110.6	60516.9	percent of total billed charges	
AVF USE MAGNETIC/ART/VE	G2171	HCPCS	outpatient			63702		Horizon	PPO		24385.13	0.3828			19110.6	60516.9	percent of total billed charges	
AVF USE MAGNETIC/ART/VE	G2171	HCPCS	outpatient			63702		Managed Care Inc	Managed Care Inc		57331.8	0.9			19110.6	60516.9	percent of total billed charges	
AVF USE MAGNETIC/ART/VE	G2171	HCPCS	outpatient			63702		Multiplan	Multiplan		50961.6	0.8			19110.6	60516.9	percent of total billed charges	
AVF USE MAGNETIC/ART/VE	G2171	HCPCS	outpatient			63702		Qualcare	Qualcare		47776.5	0.75			19110.6	60516.9	percent of total billed charges	
AVF USE MAGNETIC/ART/VE	G2171	HCPCS	outpatient			63702		Three Rivers	Three Rivers		60516.9	0.95			19110.6	60516.9	percent of total billed charges	
AVF USE MAGNETIC/ART/VE	G2171	HCPCS	outpatient			63702		UHC	Medicaid		20040.65	0.3146			19110.6	60516.9	percent of total billed charges	
AVF USE MAGNETIC/ART/VE	G2171	HCPCS	outpatient			63702		Wellcare	Medicaid		20040.65	0.3146			19110.6	60516.9	percent of total billed charges	
FENNONFEN URINE REFLEX (764200)	G480	HCPCS	outpatient			451		Aetna	Medicare		138.91	0.308			135.3	428.45	percent of total billed charges	
FENNONFEN URINE REFLEX (764200)	G480	HCPCS	outpatient			451		Aetna	Better Health		141.88	0.3146			135.3	428.45	percent of total billed charges	
FENNONFEN URINE REFLEX (764200)	G480	HCPCS	outpatient			451		Aetna	Commercial		171.38	0.38			135.3	428.45	percent of total billed charges	
FENNONFEN URINE REFLEX (764200)	G480	HCPCS	outpatient			451		Americare	Americare		338.25	0.75			135.3	428.45	percent of total billed charges	
FENNONFEN URINE REFLEX (764200)	G480	HCPCS	outpatient			451		WellPoint	WellPoint		144.68	0.3208			135.3	428.45	percent of total billed charges	
FENNONFEN URINE REFLEX (764200)	G480	HCPCS	outpatient			451		Consumer	Consumer		428.45	0.95			135.3	428.45	percent of total billed charges	
FENNONFEN URINE REFLEX (764200)	G480	HCPCS	outpatient			451		Corrections	Corrections		360.8	0.8			135.3	428.45	percent of total billed charges	
FENNONFEN URINE REFLEX (764200)	G480	HCPCS	outpatient			451		First Health	First Health		315.7	0.7			135.3	428.45	percent of total billed charges	
FENNONFEN URINE REFLEX (764200)	G480	HCPCS	outpatient			451		First Trenton	First Trenton		405.9	0.9			135.3	428.45	percent of total billed charges	
FENNONFEN URINE REFLEX (764200)	G480	HCPCS	outpatient			451		Horizon	MGD		172.64	0.3828			135.3	428.45	percent of total billed charges	
FENNONFEN URINE REFLEX (764200)	G480	HCPCS	outpatient			451		Horizon	Medicare Blue		135.3	0.3			135.3	428.45	percent of total billed charges	
FENNONFEN URINE REFLEX (764200)	G480	HCPCS	outpatient			451		Horizon	Indemnity		172.64	0.3828			135.3	428.45	percent of total billed charges	
FENNONFEN URINE REFLEX (764200)	G480	HCPCS	outpatient			451		Horizon	PPO		172.64	0.3828			135.3	428.45	percent of total billed charges	
FENNONFEN URINE REFLEX (764200)	G480	HCPCS	outpatient			451		Managed Care Inc	Managed Care Inc		405.9	0.9			135.3	428.45	percent of total billed charges	
FENNONFEN URINE REFLEX (764200)	G480	HCPCS	outpatient			451		Multiplan	Multiplan		360.8	0.8			135.3	428.45	percent of total billed charges	
FENNONFEN URINE REFLEX (764200)	G480	HCPCS	outpatient			451		Qualcare	Qualcare		338.25	0.75			135.3	428.45	percent of total billed charges	
FENNONFEN URINE REFLEX (764200)	G480	HCPCS	outpatient			451		Three Rivers	Three Rivers		428.45	0.95			135.3	428.45	percent of total billed charges	
FENNONFEN URINE REFLEX (764200)	G480	HCPCS	outpatient			451		UHC	Medicaid		141.88	0.3146			135.3	428.45	percent of total billed charges	
FENNONFEN URINE REFLEX (764200)	G480	HCPCS	outpatient			451		Wellcare	Medicaid		141.88	0.3146			135.3	428.45	percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	inpatient			4	1.3	Aetna	Better Health		1.26	0.3146			1.13	3.8	percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	inpatient			4	1.3	Aetna	Commercial		2.17	1.592			1.13	3.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	inpatient			4	1.3	Aetna	Medicare		1.13				1.13	3.8	case rate	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	inpatient			4	1.3	Americare	Americare		3	0.75			1.13	3.8	percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	inpatient			4	1.3	WellPoint	WellPoint		1.28	0.3208			1.13	3.8	percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	inpatient			4	1.3	Amerihealth	Medicare		1.13				1.13	3.8	case rate	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	inpatient			4	1.3	Consumer	Consumer		3.8	0.95			1.13	3.8	percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	inpatient			4	1.3	Corrections	Corrections		3.2	0.8			1.13	3.8	percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	inpatient			4	1.3	First Health	First Health		2.8	0.7			1.13	3.8	percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	inpatient			4	1.3	First Trenton	First Trenton		3.6	0.9			1.13	3.8	percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	inpatient			4	1.3	Horizon	MGD		2.48	1.827			1.13	3.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	inpatient			4	1.3	Horizon	Indemnity		2.48	1.827			1.13	3.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	inpatient			4	1.3	Horizon	NJ Health		1.2				1.13	3.8	case rate	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	inpatient			4	1.3	Horizon	Medicare Blue		1.36	1			1.13	3.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	inpatient			4	1.3	Horizon	PPO		2.48	1.827			1.13	3.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	inpatient			4	1.3	Managed Care Inc	Managed Care Inc		3.6	0.9			1.13	3.8	percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	inpatient			4	1.3	Multiplan	Multiplan		3.2	0.8			1.13	3.8	percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	inpatient			4	1.3	Qualcare	Qualcare		3	0.75			1.13	3.8	percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	inpatient			4	1.3	Three Rivers	Three Rivers		3.8	0.95			1.13	3.8	percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	inpatient			4	1.3	UHC	Medicare		1.13				1.13	3.8	case rate	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	inpatient			4	1.3	UHC	Medicaid		1.26	0.3146			1.13	3.8	percent of total billed charges	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	inpatient			4	1.3	Wellcare	Medicare		1.13				1.13	3.8	case rate	
ERAVACYCLINE(XERAVA) 1MG INJ	J0122	HCPCS	inpatient			4	1.3	Wellcare	Medicaid		1.26	0.3146			1.13	3.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ABATACEPT PER 10MG INJ	J0129	HCPCS	outpatient			113.5	49.64	Aetna	Commercial		82.48	1.592			35.71	107.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABATACEPT PER 10MG INJ	J0129	HCPCS	outpatient			113.5	49.64	Aetna	Medicare		43.16				35.71	107.83	case rate	
ABATACEPT PER 10MG INJ	J0129	HCPCS	outpatient			113.5	49.64	Aetna	Better Health		35.71	0.3146			35.71	107.83	percent of total billed charges	
ABATACEPT PER 10MG INJ	J0129	HCPCS	outpatient			113.5	49.64	Americare	Americare		85.13	0.75			35.71	107.83	percent of total billed charges	
ABATACEPT PER 10MG INJ	J0129	HCPCS	outpatient			113.5	49.64	WellPoint	WellPoint		36.41	0.3208			35.71	107.83	percent of total billed charges	
ABATACEPT PER 10MG INJ	J0129	HCPCS	outpatient			113.5	49.64	Amerihealth	Medicare		43.16				35.71	107.83	case rate	
ABATACEPT PER 10MG INJ	J0129	HCPCS	outpatient			113.5	49.64	Consumer	Consumer		107.83	0.95			35.71	107.83	percent of total billed charges	
ABATACEPT PER 10MG INJ	J0129	HCPCS	outpatient			113.5	49.64	Corrections	Corrections		90.8	0.8			35.71	107.83	percent of total billed charges	
ABATACEPT PER 10MG INJ	J0129	HCPCS	outpatient			113.5	49.64	First Health	First Health		79.45	0.7			35.71	107.83	percent of total billed charges	
ABATACEPT PER 10MG INJ	J0129	HCPCS	outpatient			113.5	49.64	First Trenton	First Trenton		102.15	0.9			35.71	107.83	percent of total billed charges	
ABATACEPT PER 10MG INJ	J0129	HCPCS	outpatient			113.5	49.64	Horizon	Medicare Blue		51.81	1			35.71	107.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABATACEPT PER 10MG INJ	J0129	HCPCS	outpatient			113.5	49.64	Horizon	Indemnity		94.66	1.827			35.71	107.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABATACEPT PER 10MG INJ	J0129	HCPCS	outpatient			113.5	49.64	Horizon	NJ Health		45.75				35.71	107.83	case rate	
ABATACEPT PER 10MG INJ	J0129	HCPCS	outpatient			113.5	49.64	Horizon	PPO		94.66	1.827			35.71	107.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABATACEPT PER 10MG INJ	J0129	HCPCS	outpatient			113.5	49.64	Horizon	MGD		94.66	1.827			35.71	107.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ABATACEPT PER 10MG INJ	J0129	HCPCS	outpatient			113.5	49.64	Managed Care Inc	Managed Care Inc		102.15	0.9			35.71	107.83	percent of total billed charges	
ABATACEPT PER 10MG INJ	J0129	HCPCS	outpatient			113.5	49.64	Multiplan	Multiplan		90.8	0.8			35.71	107.83	percent of total billed charges	
ABATACEPT PER 10MG INJ	J0129	HCPCS	outpatient			113.5	49.64	Qualcare	Qualcare		85.13	0.75			35.71	107.83	percent of total billed charges	
ABATACEPT PER 10MG INJ	J0129	HCPCS	outpatient			113.5	49.64	Three Rivers	Three Rivers		107.83	0.95			35.71	107.83	percent of total billed charges	
ABATACEPT PER 10MG INJ	J0129	HCPCS	outpatient			113.5	49.64	UHC	Medicare		43.16				35.71	107.83	case rate	
ABATACEPT PER 10MG INJ	J0129	HCPCS	outpatient			113.5	49.64	UHC	Medicaid		35.71	0.3146			35.71	107.83	percent of total billed charges	
ABATACEPT PER 10MG INJ	J0129	HCPCS	outpatient			113.5	49.64	Wellcare	Medicare		43.16				35.71	107.83	case rate	
ABATACEPT PER 10MG INJ	J0129	HCPCS	outpatient			113.5	49.64	Wellcare	Medicaid		35.71	0.3146			35.71	107.83	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	inpatient			3838		Aetna	Commercial		1458.44	0.38			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	inpatient			3838		Aetna	Medicare		1182.1	0.308			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	inpatient			3838		Aetna	Better Health		1207.43	0.3146			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	inpatient			3838		Americare	Americare		2878.5	0.75			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	inpatient			3838		WellPoint	WellPoint		1231.23	0.3208			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	inpatient			3838		Consumer	Consumer		3646.1	0.95			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	inpatient			3838		Corrections	Corrections		3070.4	0.8			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	inpatient			3838		First Health	First Health		2686.6	0.7			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	inpatient			3838		First Trenton	First Trenton		3454.2	0.9			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	inpatient			3838		Horizon	NJ Health		3185.54	0.83			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	inpatient			3838		Horizon	Medicare Blue		1151.4	0.3			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	inpatient			3838		Horizon	Indemnity		1469.19	0.3828			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	inpatient			3838		Horizon	MGD		1469.19	0.3828			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	inpatient			3838		Horizon	PPO		1469.19	0.3828			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	inpatient			3838		Managed Care Inc	Managed Care Inc		3454.2	0.9			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	inpatient			3838		Multiplan	Multiplan		3070.4	0.8			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	inpatient			3838		Qualcare	Qualcare		2878.5	0.75			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	inpatient			3838		Three Rivers	Three Rivers		3646.1	0.95			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	inpatient			3838		UHC	Medicaid		1207.43	0.3146			1151.4	3646.1	percent of total billed charges	
ABCIXIMAB 10MG/5ML INJ	J0130	HCPCS	inpatient			3838		Wellcare	Medicaid		1207.43	0.3146			1151.4	3646.1	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Aetna	Better Health		0.47	0.3146			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Aetna	Medicare		0.05				0.05	1.43	case rate	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Aetna	Commercial		0.57	0.38			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Americare	Americare		1.13	0.75			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	WellPoint	WellPoint		0.48	0.3208			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Amerihealth	Medicare		0.05				0.05	1.43	case rate	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Consumer	Consumer		1.43	0.95			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Corrections	Corrections		1.2	0.8			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	First Health	First Health		1.05	0.7			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	First Trenton	First Trenton		1.35	0.9			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Horizon	Medicare Blue		0.45	0.3			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Horizon	Indemnity		0.57	0.3828			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Horizon	PPO		0.57	0.3828			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Horizon	MGD		0.57	0.3828			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Managed Care Inc	Managed Care Inc		1.35	0.9			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Multiplan	Multiplan		1.2	0.8			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Qualcare	Qualcare		1.13	0.75			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Three Rivers	Three Rivers		1.43	0.95			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	UHC	Medicaid		0.47	0.3146			0.05	1.43	percent of total billed charges	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	UHC	Medicare		0.05				0.05	1.43	case rate	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Wellcare	Medicare		0.05				0.05	1.43	case rate	
ACETAMINOPHEN 10MG/1 ML INJ(1ML)	J0131	HCPCS	both			1.5	0.05	Wellcare	Medicaid		0.47	0.3146			0.05	1.43	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Aetna	Commercial		5.7	0.38			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Aetna	Better Health		4.72	0.3146			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Aetna	Medicare		0.7				0.7	14.25	case rate	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Americare	Americare		11.25	0.75			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	WellPoint	WellPoint		4.81	0.3208			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Amerihealth	Medicare		0.7				0.7	14.25	case rate	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Consumer	Consumer		14.25	0.95			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Corrections	Corrections		12	0.8			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	First Health	First Health		10.5	0.7			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	First Trenton	First Trenton		13.5	0.9			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Horizon	NJ Health		0.75				0.7	14.25	case rate	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Horizon	MGD		5.74	0.3828			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Horizon	Indemnity		5.74	0.3828			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Horizon	Medicare Blue		4.5	0.3			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Horizon	PPO		5.74	0.3828			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Managed Care Inc	Managed Care Inc		13.5	0.9			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Multiplan	Multiplan		12	0.8			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Qualcare	Qualcare		11.25	0.75			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Three Rivers	Three Rivers		14.25	0.95			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	UHC	Medicare		0.7				0.7	14.25	case rate	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	UHC	Medicaid		4.72	0.3146			0.7	14.25	percent of total billed charges	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Wellcare	Medicare		0.7				0.7	14.25	case rate	
ACETYLCYSTEINE 100 MG INJ.	J0132	HCPCS	both			15	0.81	Wellcare	Medicaid		4.72	0.3146			0.7	14.25	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Aetna	Commercial		0.95	0.38			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Aetna	Better Health		0.79	0.3146			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Aetna	Medicare		0.06				0.06	2.38	case rate	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Americare	Americare		1.88	0.75			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	WellPoint	WellPoint		0.8	0.3208			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Amerihealth	Medicare		0.06				0.06	2.38	case rate	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Consumer	Consumer		2.38	0.95			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Corrections	Corrections		2	0.8			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	First Health	First Health		1.75	0.7			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	First Trenton	First Trenton		2.25	0.9			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Horizon	MGD		0.96	0.3828			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Horizon	Indemnity		0.96	0.3828			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Horizon	PPO		0.96	0.3828			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Horizon	NJ Health		0.06				0.06	2.38	case rate	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Horizon	Medicare Blue		0.75	0.3			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Managed Care Inc	Managed Care Inc		2.25	0.9			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Multiplan	Multiplan		2	0.8			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Qualcare	Qualcare		1.88	0.75			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Three Rivers	Three Rivers		2.38	0.95			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	UHC	Medicaid		0.79	0.3146			0.06	2.38	percent of total billed charges	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	UHC	Medicare		0.06				0.06	2.38	case rate	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Wellcare	Medicare		0.06				0.06	2.38	case rate	
ACYCLOVIR 5MG	J0133	HCPCS	both			2.5	0.06	Wellcare	Medicaid		0.79	0.3146			0.06	2.38	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Aetna	Better Health		0.31	0.3146			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Aetna	Medicare		0.05				0.05	0.95	case rate	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Aetna	Commercial		0.1	1.592			0.05	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Americare	Americare		0.75	0.75			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	WellPoint	WellPoint		0.32	0.3208			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Amerihealth	Medicare		0.05				0.05	0.95	case rate	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Consumer	Consumer		0.95	0.95			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Corrections	Corrections		0.8	0.8			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	First Health	First Health		0.7	0.7			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	First Trenton	First Trenton		0.9	0.9			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Horizon	Indemnity		0.11	1.827			0.05	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Horizon	NJ Health		0.05				0.05	0.95	case rate	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Horizon	MGD		0.11	1.827			0.05	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Horizon	PPO		0.11	1.827			0.05	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Horizon	Medicare Blue		0.06	1			0.05	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Managed Care Inc	Managed Care Inc		0.9	0.9			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Multiplan	Multiplan		0.8	0.8			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Qualcare	Qualcare		0.75	0.75			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Three Rivers	Three Rivers		0.95	0.95			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	UHC	Medicaid		0.31	0.3146			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	UHC	Medicare		0.05				0.05	0.95	case rate	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Wellcare	Medicaid		0.31	0.3146			0.05	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (FRESENIUS)	J0134	HCPCS	both			1	0.05	Wellcare	Medicare		0.05				0.05	0.95	case rate	
ADALIMUMAB (HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Aetna	Better Health		1012.38	0.3146			1012.38	4023.07	percent of total billed charges	
ADALIMUMAB (HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Aetna	Medicare		2202.01	1			1012.38	4023.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADALIMUMAB (HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Aetna	Commercial		3505.6	1.592			1012.38	4023.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADALIMUMAB (HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Americare	Americare		2413.5	0.75			1012.38	4023.07	percent of total billed charges	
ADALIMUMAB (HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	WellPoint	WellPoint		1032.33	0.3208			1012.38	4023.07	percent of total billed charges	
ADALIMUMAB (HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Amerihealth	Medicare		2202.01	1			1012.38	4023.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADALIMUMAB (HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Consumer	Consumer		3057.1	0.95			1012.38	4023.07	percent of total billed charges	
ADALIMUMAB (HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Corrections	Corrections		2574.4	0.8			1012.38	4023.07	percent of total billed charges	
ADALIMUMAB (HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	First Health	First Health		2252.6	0.7			1012.38	4023.07	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	First Trenton	First Trenton		2896.2	0.9			1012.38	4023.07	percent of total billed charges	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Horizon	MGD		4023.07	1.827			1012.38	4023.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Horizon	Indemnity		4023.07	1.827			1012.38	4023.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Horizon	Medicare Blue		2202.01	1			1012.38	4023.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Horizon	NJ Health		2670.94	0.83			1012.38	4023.07	percent of total billed charges	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Horizon	PPO		4023.07	1.827			1012.38	4023.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Managed Care Inc	Managed Care Inc		2896.2	0.9			1012.38	4023.07	percent of total billed charges	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Multiplan	Multiplan		2574.4	0.8			1012.38	4023.07	percent of total billed charges	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Qualcare	Qualcare		2413.5	0.75			1012.38	4023.07	percent of total billed charges	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Three Rivers	Three Rivers		3057.1	0.95			1012.38	4023.07	percent of total billed charges	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	UHC	Medicare		2202.01	1			1012.38	4023.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	UHC	Medicaid		1012.38	0.3146			1012.38	4023.07	percent of total billed charges	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Wellcare	Medicaid		1012.38	0.3146			1012.38	4023.07	percent of total billed charges	
ADALIMUMAB(HUMIRA) 20MG INJ	J0135	HCPCS	outpatient			3218	2532.31	Wellcare	Medicare		2202.01	1			1012.38	4023.07	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Aetna	Medicare		0.06				0.06	0.95	case rate	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Aetna	Commercial		0.11	1.592			0.06	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Aetna	Better Health		0.31	0.3146			0.06	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Americare	Americare		0.75	0.75			0.06	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	WellPoint	WellPoint		0.32	0.3208			0.06	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Amerihealth	Medicare		0.06				0.06	0.95	case rate	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Consumer	Consumer		0.95	0.95			0.06	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Corrections	Corrections		0.8	0.8			0.06	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	First Health	First Health		0.7	0.7			0.06	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	First Trenton	First Trenton		0.9	0.9			0.06	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Horizon	NJ Health		0.06				0.06	0.95	case rate	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Horizon	Indemnity		0.13	1.827			0.06	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Horizon	Medicare Blue		0.07	1			0.06	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Horizon	MGD		0.13	1.827			0.06	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Horizon	PPO		0.13	1.827			0.06	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Managed Care Inc	Managed Care Inc		0.9	0.9			0.06	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Multiplan	Multiplan		0.8	0.8			0.06	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Qualcare	Qualcare		0.75	0.75			0.06	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Three Rivers	Three Rivers		0.95	0.95			0.06	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	UHC	Medicaid		0.31	0.3146			0.06	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	UHC	Medicare		0.06				0.06	0.95	case rate	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Wellcare	Medicaid		0.31	0.3146			0.06	0.95	percent of total billed charges	
ACETAMINOPHEN 10MG INJ (B BRAUN))	J0136	HCPCS	both			1	0.06	Wellcare	Medicare		0.06				0.06	0.95	case rate	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Aetna	Commercial		8.17	0.38			0.6	20.43	percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Aetna	Medicare		0.6				0.6	20.43	case rate	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Aetna	Better Health		6.76	0.3146			0.6	20.43	percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Americare	Americare		16.13	0.75			0.6	20.43	percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	WellPoint	WellPoint		6.9	0.3208			0.6	20.43	percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Amerihealth	Medicare		0.6				0.6	20.43	case rate	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Consumer	Consumer		20.43	0.95			0.6	20.43	percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Corrections	Corrections		17.2	0.8			0.6	20.43	percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	First Health	First Health		15.05	0.7			0.6	20.43	percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	First Trenton	First Trenton		19.35	0.9			0.6	20.43	percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Horizon	MGD		8.23	0.3828			0.6	20.43	percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Horizon	Indemnity		8.23	0.3828			0.6	20.43	percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Horizon	NJ Health		0.64				0.6	20.43	case rate	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Horizon	Medicare Blue		6.45	0.3			0.6	20.43	percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Horizon	PPO		8.23	0.3828			0.6	20.43	percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Managed Care Inc	Managed Care Inc		19.35	0.9			0.6	20.43	percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Multiplan	Multiplan		17.2	0.8			0.6	20.43	percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Qualcare	Qualcare		16.13	0.75			0.6	20.43	percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Three Rivers	Three Rivers		20.43	0.95			0.6	20.43	percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	UHC	Medicare		0.6				0.6	20.43	case rate	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	UHC	Medicaid		6.76	0.3146			0.6	20.43	percent of total billed charges	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Wellcare	Medicare		0.6				0.6	20.43	case rate	
ADENOSINE PER MG	J0153	HCPCS	both			21.5	0.69	Wellcare	Medicaid		6.76	0.3146			0.6	20.43	percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Aetna	Medicare		0.75				0.75	279.78	case rate	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Aetna	Better Health		92.65	0.3146			0.75	279.78	percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Aetna	Commercial		111.91	0.38			0.75	279.78	percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Americare	Americare		220.88	0.75			0.75	279.78	percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	WellPoint	WellPoint		94.48	0.3208			0.75	279.78	percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Amerihealth	Medicare		0.75				0.75	279.78	case rate	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Consumer	Consumer		279.78	0.95			0.75	279.78	percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Corrections	Corrections		235.6	0.8			0.75	279.78	percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	First Health	First Health		206.15	0.7			0.75	279.78	percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	First Trenton	First Trenton		265.05	0.9			0.75	279.78	percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Horizon	Medicare Blue		88.35	0.3			0.75	279.78	percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Horizon	Indemnity		112.73	0.3828			0.75	279.78	percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Horizon	MGD		112.73	0.3828			0.75	279.78	percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Horizon	PPO		112.73	0.3828			0.75	279.78	percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Horizon	NJ Health		0.79				0.75	279.78	case rate	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Managed Care Inc	Managed Care Inc		265.05	0.9			0.75	279.78	percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Multiplan	Multiplan		235.6	0.8			0.75	279.78	percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Qualcare	Qualcare		220.88	0.75			0.75	279.78	percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Three Rivers	Three Rivers		279.78	0.95			0.75	279.78	percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	UHC	Medicare		0.75				0.75	279.78	case rate	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	UHC	Medicaid		92.65	0.3146			0.75	279.78	percent of total billed charges	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Wellcare	Medicare		0.75				0.75	279.78	case rate	
EPINEPHRINE 1ML AMPULE INJ	J0171	HCPCS	both			294.5	0.86	Wellcare	Medicaid		92.65	0.3146			0.75	279.78	percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Aetna	Better Health		1276.17	0.3146			862.28	3853.68	percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Aetna	Medicare		862.28				862.28	3853.68	case rate	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Aetna	Commercial		1647.77	1.592			862.28	3853.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Americare	Americare		3042.38	0.75			862.28	3853.68	percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	WellPoint	WellPoint		1301.33	0.3208			862.28	3853.68	percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Amerihealth	Medicare		862.28				862.28	3853.68	case rate	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Consumer	Consumer		3853.68	0.95			862.28	3853.68	percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Corrections	Corrections		3245.2	0.8			862.28	3853.68	percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	First Health	First Health		2839.55	0.7			862.28	3853.68	percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	First Trenton	First Trenton		3650.85	0.9			862.28	3853.68	percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Horizon	MGD		1891	1.827			862.28	3853.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Horizon	Indemnity		1891	1.827			862.28	3853.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Horizon	Medicare Blue		1035.03	1			862.28	3853.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Horizon	PPO		1891	1.827			862.28	3853.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Horizon	NJ Health		914.02				862.28	3853.68	case rate	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Managed Care Inc	Managed Care Inc		3650.85	0.9			862.28	3853.68	percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Multiplan	Multiplan		3245.2	0.8			862.28	3853.68	percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Qualcare	Qualcare		3042.38	0.75			862.28	3853.68	percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Three Rivers	Three Rivers		3853.68	0.95			862.28	3853.68	percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	UHC	Medicaid		1276.17	0.3146			862.28	3853.68	percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	UHC	Medicare		862.28				862.28	3853.68	case rate	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Wellcare	Medicaid		1276.17	0.3146			862.28	3853.68	percent of total billed charges	
AFLIBERCEPT 1 MG INJ	J0178	HCPCS	both			4056.5	991.62	Wellcare	Medicare		862.28				862.28	3853.68	case rate	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Aetna	Better Health		401.27	0.3146			325.24	1211.73	percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Aetna	Medicare		325.24				325.24	1211.73	case rate	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Aetna	Commercial		621.52	1.592			325.24	1211.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Americare	Americare		956.63	0.75			325.24	1211.73	percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	WellPoint	WellPoint		409.18	0.3208			325.24	1211.73	percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Amerihealth	Medicare		325.24				325.24	1211.73	case rate	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Consumer	Consumer		1211.73	0.95			325.24	1211.73	percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Corrections	Corrections		1020.4	0.8			325.24	1211.73	percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	First Health	First Health		892.85	0.7			325.24	1211.73	percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	First Trenton	First Trenton		1147.95	0.9			325.24	1211.73	percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Horizon	MGD		713.26	1.827			325.24	1211.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Horizon	Indemnity		713.26	1.827			325.24	1211.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Horizon	NJ Health		344.75				325.24	1211.73	case rate	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Horizon	PPO		713.26	1.827			325.24	1211.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Horizon	Medicare Blue		390.4	1			325.24	1211.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Managed Care Inc	Managed Care Inc		1147.95	0.9			325.24	1211.73	percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Multiplan	Multiplan		1020.4	0.8			325.24	1211.73	percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Qualcare	Qualcare		956.63	0.75			325.24	1211.73	percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Three Rivers	Three Rivers		1211.73	0.95			325.24	1211.73	percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	UHC	Medicaid		401.27	0.3146			325.24	1211.73	percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	UHC	Medicare		325.24				325.24	1211.73	case rate	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Wellcare	Medicaid		401.27	0.3146			325.24	1211.73	percent of total billed charges	
BROLUCIZUMAB(BEOVU) 1MG INJ	J0179	HCPCS	outpatient			1275.5	374.03	Wellcare	Medicare		325.24				325.24	1211.73	case rate	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Aetna	Commercial		1288.96	0.38			1017.6	3222.4	percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Aetna	Better Health		1067.12	0.3146			1017.6	3222.4	percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Aetna	Medicare		1044.74	0.308			1017.6	3222.4	percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Americare	Americare		2544	0.75			1017.6	3222.4	percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		WellPoint	WellPoint		1088.15	0.3208			1017.6	3222.4	percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Consumer	Consumer		3222.4	0.95			1017.6	3222.4	percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Corrections	Corrections		2713.6	0.8			1017.6	3222.4	percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		First Health	First Health		2374.4	0.7			1017.6	3222.4	percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		First Trenton	First Trenton		3052.8	0.9			1017.6	3222.4	percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Horizon	NJ Health		2815.36	0.83			1017.6	3222.4	percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Horizon	Medicare Blue		1017.6	0.3			1017.6	3222.4	percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Horizon	Indemnity		1298.46	0.3828			1017.6	3222.4	percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Horizon	MGD		1298.46	0.3828			1017.6	3222.4	percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Horizon	PPO		1298.46	0.3828			1017.6	3222.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Managed Care Inc	Managed Care Inc		3052.8	0.9			1017.6	3222.4	percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Multiplan	Multiplan		2713.6	0.8			1017.6	3222.4	percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Qualcare	Qualcare		2544	0.75			1017.6	3222.4	percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Three Rivers	Three Rivers		3222.4	0.95			1017.6	3222.4	percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		UHC	Medicaid		1067.12	0.3146			1017.6	3222.4	percent of total billed charges	
AMIFOSTINE 500MG INJ	J0207	HCPCS	outpatient			3392		Wellcare	Medicaid		1067.12	0.3146			1017.6	3222.4	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Aetna	Better Health		20.92	0.3146			19.95	63.18	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Aetna	Commercial		25.27	0.38			19.95	63.18	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Aetna	Medicare		20.48	0.308			19.95	63.18	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Americare	Americare		49.88	0.75			19.95	63.18	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		WellPoint	WellPoint		21.33	0.3208			19.95	63.18	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Consumer	Consumer		63.18	0.95			19.95	63.18	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Corrections	Corrections		53.2	0.8			19.95	63.18	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		First Health	First Health		46.55	0.7			19.95	63.18	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		First Trenton	First Trenton		59.85	0.9			19.95	63.18	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Horizon	NJ Health		55.2	0.83			19.95	63.18	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Horizon	Indemnity		25.46	0.3828			19.95	63.18	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Horizon	MGD		25.46	0.3828			19.95	63.18	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Horizon	Medicare Blue		19.95	0.3			19.95	63.18	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Horizon	PPO		25.46	0.3828			19.95	63.18	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Managed Care Inc	Managed Care Inc		59.85	0.9			19.95	63.18	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Multiplan	Multiplan		53.2	0.8			19.95	63.18	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Qualcare	Qualcare		49.88	0.75			19.95	63.18	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Three Rivers	Three Rivers		63.18	0.95			19.95	63.18	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		UHC	Medicaid		20.92	0.3146			19.95	63.18	percent of total billed charges	
METHYLDOPATE 250MG/INJ	J0210	HCPCS	outpatient			66.5		Wellcare	Medicaid		20.92	0.3146			19.95	63.18	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Aetna	Medicare		197.28				197.28	679.25	case rate	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Aetna	Commercial		376.99	1.592			197.28	679.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Aetna	Better Health		224.94	0.3146			197.28	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Americare	Americare		536.25	0.75			197.28	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	WellPoint	WellPoint		229.37	0.3208			197.28	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Amerihealth	Medicare		197.28				197.28	679.25	case rate	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Consumer	Consumer		679.25	0.95			197.28	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Corrections	Corrections		572	0.8			197.28	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	First Health	First Health		500.5	0.7			197.28	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	First Trenton	First Trenton		643.5	0.9			197.28	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Horizon	NJ Health		209.11				197.28	679.25	case rate	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Horizon	Medicare Blue		236.8	1			197.28	679.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Horizon	MGD		432.63	1.827			197.28	679.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Horizon	Indemnity		432.63	1.827			197.28	679.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Horizon	PPO		432.63	1.827			197.28	679.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Managed Care Inc	Managed Care Inc		643.5	0.9			197.28	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Multiplan	Multiplan		572	0.8			197.28	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Qualcare	Qualcare		536.25	0.75			197.28	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Three Rivers	Three Rivers		679.25	0.95			197.28	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	UHC	Medicaid		224.94	0.3146			197.28	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	UHC	Medicare		197.28				197.28	679.25	case rate	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Wellcare	Medicaid		224.94	0.3146			197.28	679.25	percent of total billed charges	
ALGLUCOSIDASE(LUMIZYME)10MG INJ.	J0221	HCPCS	outpatient			715	226.87	Wellcare	Medicare		197.28				197.28	679.25	case rate	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Aetna	Commercial		11.57	1.592			5.66	17.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Aetna	Better Health		5.66	0.3146			5.66	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Aetna	Medicare		6.06				5.66	17.1	case rate	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Americare	Americare		13.5	0.75			5.66	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	WellPoint	WellPoint		5.77	0.3208			5.66	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Amerihealth	Medicare		6.06				5.66	17.1	case rate	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Consumer	Consumer		17.1	0.95			5.66	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Corrections	Corrections		14.4	0.8			5.66	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	First Health	First Health		12.6	0.7			5.66	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	First Trenton	First Trenton		16.2	0.9			5.66	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Horizon	MGD		13.28	1.827			5.66	17.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Horizon	Indemnity		13.28	1.827			5.66	17.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Horizon	Medicare Blue		7.27	1			5.66	17.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Horizon	NJ Health		6.42				5.66	17.1	case rate	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Horizon	PPO		13.28	1.827			5.66	17.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Managed Care Inc	Managed Care Inc		16.2	0.9			5.66	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Multiplan	Multiplan		14.4	0.8			5.66	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Qualcare	Qualcare		13.5	0.75			5.66	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Three Rivers	Three Rivers		17.1	0.95			5.66	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	UHC	Medicare		6.06				5.66	17.1	case rate	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	UHC	Medicaid		5.66	0.3146			5.66	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Wellcare	Medicaid		5.66	0.3146			5.66	17.1	percent of total billed charges	
REMDESIVIR 1 MG INJ	J0248	HCPCS	both			18	6.97	Wellcare	Medicare		6.06				5.66	17.1	case rate	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Aetna	Commercial		8.93	0.38			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Aetna	Medicare		7.24	0.308			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Aetna	Better Health		7.39	0.3146			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Americare	Americare		17.63	0.75			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		WellPoint	WellPoint		7.54	0.3208			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Consumer	Consumer		22.33	0.95			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Corrections	Corrections		18.8	0.8			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		First Health	First Health		16.45	0.7			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		First Trenton	First Trenton		21.15	0.9			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Horizon	Medicare Blue		7.05	0.3			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Horizon	Indemnity		9	0.3828			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Horizon	MGD		9	0.3828			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Horizon	NJ Health		19.51	0.83			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Horizon	PPO		9	0.3828			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Managed Care Inc	Managed Care Inc		21.15	0.9			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Multiplan	Multiplan		18.8	0.8			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Qualcare	Qualcare		17.63	0.75			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Three Rivers	Three Rivers		22.33	0.95			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		UHC	Medicaid		7.39	0.3146			7.05	22.33	percent of total billed charges	
ALPROSTADIL 1.25MCG	J0270	HCPCS	inpatient			23.5		Wellcare	Medicaid		7.39	0.3146			7.05	22.33	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Aetna	Better Health		2.67	0.3146			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Aetna	Commercial		3.23	0.38			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Aetna	Medicare		0.83				0.83	8.08	case rate	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Americare	Americare		6.38	0.75			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	WellPoint	WellPoint		2.73	0.3208			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Amerihealth	Medicare		0.83				0.83	8.08	case rate	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Consumer	Consumer		8.08	0.95			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Corrections	Corrections		6.8	0.8			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	First Health	First Health		5.95	0.7			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	First Trenton	First Trenton		7.65	0.9			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Horizon	Indemnity		3.25	0.3828			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Horizon	Medicare Blue		2.55	0.3			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Horizon	MGD		3.25	0.3828			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Horizon	PPO		3.25	0.3828			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Horizon	NJ Health		0.88				0.83	8.08	case rate	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Managed Care Inc	Managed Care Inc		7.65	0.9			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Multiplan	Multiplan		6.8	0.8			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Qualcare	Qualcare		6.38	0.75			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Three Rivers	Three Rivers		8.08	0.95			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	UHC	Medicaid		2.67	0.3146			0.83	8.08	percent of total billed charges	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	UHC	Medicare		0.83				0.83	8.08	case rate	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Wellcare	Medicare		0.83				0.83	8.08	case rate	
AMIKACIN 100MG/2ML INJ	J0278	HCPCS	both			8.5	0.95	Wellcare	Medicaid		2.67	0.3146			0.83	8.08	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	outpatient			10	5.9	Aetna	Medicare		5.13				1.05	9.5	case rate	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	outpatient			10	5.9	Aetna	Better Health		3.15	0.3146			1.05	9.5	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	outpatient			10	5.9	Aetna	Commercial		3.8	0.38			1.05	9.5	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	outpatient			10	5.9	Americare	Americare		7.5	0.75			1.05	9.5	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	outpatient			10	5.9	WellPoint	WellPoint		3.21	0.3208			1.05	9.5	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	outpatient			10	5.9	Amerihealth	Medicare		5.13				1.05	9.5	case rate	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	outpatient			10	5.9	Consumer	Consumer		9.5	0.95			1.05	9.5	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	outpatient			10	5.9	Corrections	Corrections		8	0.8			1.05	9.5	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	outpatient			10	5.9	First Health	First Health		7	0.7			1.05	9.5	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	outpatient			10	5.9	First Trenton	First Trenton		9	0.9			1.05	9.5	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	outpatient			10	5.9	Horizon	MGD		3.83	0.3828			1.05	9.5	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	outpatient			10	5.9	Horizon	Indemnity		3.83	0.3828			1.05	9.5	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	outpatient			10	5.9	Horizon	NJ Health		5.44				1.05	9.5	case rate	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	outpatient			10	5.9	Horizon	Medicare Blue		3	0.3			1.05	9.5	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	outpatient			10	5.9	Horizon	PPO		3.83	0.3828			1.05	9.5	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	outpatient			10	5.9	Managed Care Inc	Managed Care Inc		9	0.9			1.05	9.5	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	outpatient			10	5.9	Multiplan	Multiplan		8	0.8			1.05	9.5	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	outpatient			10	5.9	Qualcare	Qualcare		7.5	0.75			1.05	9.5	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	outpatient			10	5.9	Three Rivers	Three Rivers		9.5	0.95			1.05	9.5	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	outpatient			10	5.9	UHC	Medicaid		3.15	0.3146			1.05	9.5	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	outpatient			10	5.9	UHC	Medicare		5.13				1.05	9.5	case rate	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	outpatient			10	5.9	Wellcare	Medicaid		3.15	0.3146			1.05	9.5	percent of total billed charges	
AMINOPHYLLINE 2MG/ML (30ML) VIAL	J0280	HCPCS	outpatient			10	5.9	Wellcare	Medicare		5.13				1.05	9.5	case rate	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Aetna	Medicare		1.08	0.308			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Aetna	Commercial		1.33	0.38			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Aetna	Better Health		1.1	0.3146			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Americare	Americare		2.63	0.75			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		WellPoint	WellPoint		1.12	0.3208			0.3	3.33	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Consumer	Consumer		3.33	0.95			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Corrections	Corrections		2.8	0.8			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		First Health	First Health		2.45	0.7			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		First Trenton	First Trenton		3.15	0.9			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Horizon	Medicare Blue		1.05	0.3			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Horizon	MGD		1.34	0.3828			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Horizon	NJ Health		2.91	0.83			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Horizon	Indemnity		1.34	0.3828			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Horizon	PPO		1.34	0.3828			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Managed Care Inc	Managed Care Inc		3.15	0.9			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Multiplan	Multiplan		2.8	0.8			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Qualcare	Qualcare		2.63	0.75			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Three Rivers	Three Rivers		3.33	0.95			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		UHC	Medicaid		1.1	0.3146			0.3	3.33	percent of total billed charges	
AMIODARONE 5MG/ML ORAL SOLN	J0282	HCPCS	both			3.5		Wellcare	Medicaid		1.1	0.3146			0.3	3.33	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Aetna	Better Health		4.72	0.3146			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Aetna	Commercial		5.7	0.38			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Aetna	Medicare		4.62	0.308			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Americare	Americare		11.25	0.75			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		WellPoint	WellPoint		4.81	0.3208			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Consumer	Consumer		14.25	0.95			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Corrections	Corrections		12	0.8			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		First Health	First Health		10.5	0.7			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		First Trenton	First Trenton		13.5	0.9			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Horizon	MGD		5.74	0.3828			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Horizon	Indemnity		5.74	0.3828			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Horizon	NJ Health		12.45	0.83			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Horizon	Medicare Blue		4.5	0.3			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Horizon	PPO		5.74	0.3828			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Managed Care Inc	Managed Care Inc		13.5	0.9			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Multiplan	Multiplan		12	0.8			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Qualcare	Qualcare		11.25	0.75			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Three Rivers	Three Rivers		14.25	0.95			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		UHC	Medicaid		4.72	0.3146			4.5	14.25	percent of total billed charges	
AMIODARONE (NEXTERONE) 30MG INJ	J0283	HCPCS	both			15		Wellcare	Medicaid		4.72	0.3146			4.5	14.25	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	outpatient			125.5	10.97	Aetna	Better Health		39.48	0.3146			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	outpatient			125.5	10.97	Aetna	Commercial		47.69	0.38			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	outpatient			125.5	10.97	Aetna	Medicare		9.54				9.54	119.23	case rate	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	outpatient			125.5	10.97	Americare	Americare		94.13	0.75			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	outpatient			125.5	10.97	WellPoint	WellPoint		40.26	0.3208			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	outpatient			125.5	10.97	Amerihealth	Medicare		9.54				9.54	119.23	case rate	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	outpatient			125.5	10.97	Consumer	Consumer		119.23	0.95			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	outpatient			125.5	10.97	Corrections	Corrections		100.4	0.8			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	outpatient			125.5	10.97	First Health	First Health		87.85	0.7			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	outpatient			125.5	10.97	First Trenton	First Trenton		112.95	0.9			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	outpatient			125.5	10.97	Horizon	NJ Health		10.11				9.54	119.23	case rate	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	outpatient			125.5	10.97	Horizon	Indemnity		48.04	0.3828			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	outpatient			125.5	10.97	Horizon	MGD		48.04	0.3828			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	outpatient			125.5	10.97	Horizon	Medicare Blue		37.65	0.3			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	outpatient			125.5	10.97	Horizon	PPO		48.04	0.3828			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	outpatient			125.5	10.97	Managed Care Inc	Managed Care Inc		112.95	0.9			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	outpatient			125.5	10.97	Multiplan	Multiplan		100.4	0.8			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	outpatient			125.5	10.97	Qualcare	Qualcare		94.13	0.75			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	outpatient			125.5	10.97	Three Rivers	Three Rivers		119.23	0.95			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	outpatient			125.5	10.97	UHC	Medicare		9.54				9.54	119.23	case rate	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	outpatient			125.5	10.97	UHC	Medicaid		39.48	0.3146			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	outpatient			125.5	10.97	Wellcare	Medicaid		39.48	0.3146			9.54	119.23	percent of total billed charges	
AMPHOTERICIN 50MG INJ	J0285	HCPCS	outpatient			125.5	10.97	Wellcare	Medicare		9.54				9.54	119.23	case rate	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Aetna	Better Health		39.01	0.3146			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Aetna	Commercial		21.27	1.592			13.36	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Aetna	Medicare		13.36	1			13.36	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Americare	Americare		93	0.75			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	WellPoint	WellPoint		39.78	0.3208			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Amerihealth	Medicare		13.36	1			13.36	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Consumer	Consumer		117.8	0.95			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Corrections	Corrections		99.2	0.8			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	First Health	First Health		86.8	0.7			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	First Trenton	First Trenton		111.6	0.9			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Horizon	Medicare Blue		13.36	1			13.36	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Horizon	Indemnity		24.41	1.827			13.36	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Horizon	MGD		24.41	1.827			13.36	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Horizon	NJ Health		102.92	0.83			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Horizon	PPO		24.41	1.827			13.36	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Managed Care Inc	Managed Care Inc		111.6	0.9			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Multiplan	Multiplan		99.2	0.8			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Qualcare	Qualcare		93	0.75			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Three Rivers	Three Rivers		117.8	0.95			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	UHC	Medicaid		39.01	0.3146			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	UHC	Medicare		13.36	1			13.36	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Wellcare	Medicaid		39.01	0.3146			13.36	117.8	percent of total billed charges	
AMPHOTERICIN B LIP 10 MG	J0287	HCPCS	outpatient			124	15.36	Wellcare	Medicare		13.36	1			13.36	117.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Aetna	Better Health		59.93	0.3146			26.66	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Aetna	Medicare		26.66				26.66	180.98	case rate	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Aetna	Commercial		50.94	1.592			26.66	180.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Americare	Americare		142.88	0.75			26.66	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	WellPoint	WellPoint		61.11	0.3208			26.66	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Amerihealth	Medicare		26.66				26.66	180.98	case rate	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Consumer	Consumer		180.98	0.95			26.66	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Corrections	Corrections		152.4	0.8			26.66	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	First Health	First Health		133.35	0.7			26.66	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	First Trenton	First Trenton		171.45	0.9			26.66	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Horizon	Medicare Blue		32	1			26.66	180.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Horizon	Indemnity		58.46	1.827			26.66	180.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Horizon	NJ Health		28.26				26.66	180.98	case rate	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Horizon	MGD		58.46	1.827			26.66	180.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Horizon	PPO		58.46	1.827			26.66	180.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Managed Care Inc	Managed Care Inc		171.45	0.9			26.66	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Multiplan	Multiplan		152.4	0.8			26.66	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Qualcare	Qualcare		142.88	0.75			26.66	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Three Rivers	Three Rivers		180.98	0.95			26.66	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	UHC	Medicare		26.66				26.66	180.98	case rate	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	UHC	Medicaid		59.93	0.3146			26.66	180.98	percent of total billed charges	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Wellcare	Medicare		26.66				26.66	180.98	case rate	
AMPHOTERICIN B LIPOSOME 10MG	J0289	HCPCS	both			190.5	30.66	Wellcare	Medicaid		59.93	0.3146			26.66	180.98	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Aetna	Commercial		13.49	0.38			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Aetna	Medicare		1.01				1.01	33.73	case rate	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Aetna	Better Health		11.17	0.3146			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Americare	Americare		26.63	0.75			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	WellPoint	WellPoint		11.39	0.3208			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Amerihealth	Medicare		1.01				1.01	33.73	case rate	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Consumer	Consumer		33.73	0.95			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Corrections	Corrections		28.4	0.8			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	First Health	First Health		24.85	0.7			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	First Trenton	First Trenton		31.95	0.9			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Horizon	Indemnity		13.59	0.3828			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Horizon	Medicare Blue		10.65	0.3			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Horizon	MGD		13.59	0.3828			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Horizon	PPO		13.59	0.3828			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Horizon	NJ Health		1.07				1.01	33.73	case rate	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Managed Care Inc	Managed Care Inc		31.95	0.9			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Multiplan	Multiplan		28.4	0.8			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Qualcare	Qualcare		26.63	0.75			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Three Rivers	Three Rivers		33.73	0.95			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	UHC	Medicare		1.01				1.01	33.73	case rate	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	UHC	Medicaid		11.17	0.3146			1.01	33.73	percent of total billed charges	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Wellcare	Medicare		1.01				1.01	33.73	case rate	
AMPICILLIN 500MG VIAL	J0290	HCPCS	both			35.5	1.16	Wellcare	Medicaid		11.17	0.3146			1.01	33.73	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Aetna	Better Health		18.56	0.3146			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Aetna	Medicare		1.77				1.77	56.05	case rate	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Aetna	Commercial		22.42	0.38			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Americare	Americare		44.25	0.75			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	WellPoint	WellPoint		18.93	0.3208			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Amerihealth	Medicare		1.77				1.77	56.05	case rate	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Consumer	Consumer		56.05	0.95			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Corrections	Corrections		47.2	0.8			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	First Health	First Health		41.3	0.7			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	First Trenton	First Trenton		53.1	0.9			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Horizon	MGD		22.59	0.3828			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Horizon	Indemnity		22.59	0.3828			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Horizon	NJ Health		1.88				1.77	56.05	case rate	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Horizon	Medicare Blue		17.7	0.3			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Horizon	PPO		22.59	0.3828			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Managed Care Inc	Managed Care Inc		53.1	0.9			1.77	56.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Multiplan	Multiplan		47.2	0.8			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Qualcare	Qualcare		44.25	0.75			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Three Rivers	Three Rivers		56.05	0.95			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	UHC	Medicaid		18.56	0.3146			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	UHC	Medicare		1.77				1.77	56.05	case rate	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Wellcare	Medicaid		18.56	0.3146			1.77	56.05	percent of total billed charges	
AMPICILLIN-SULBACTAM 1.5GM VIAL	J0295	HCPCS	both			59	2.03	Wellcare	Medicare		1.77				1.77	56.05	case rate	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Aetna	Medicare		137.13	1			137.13	601.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Aetna	Better Health		199.3	0.3146			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Aetna	Commercial		218.31	1.592			137.13	601.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Americare	Americare		475.13	0.75			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	WellPoint	WellPoint		203.23	0.3208			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Amerihealth	Medicare		137.13	1			137.13	601.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Consumer	Consumer		601.83	0.95			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Corrections	Corrections		506.8	0.8			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	First Health	First Health		443.45	0.7			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	First Trenton	First Trenton		570.15	0.9			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Horizon	MGD		250.54	1.827			137.13	601.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Horizon	Medicare Blue		137.13	1			137.13	601.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Horizon	NJ Health		525.81	0.83			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Horizon	Indemnity		250.54	1.827			137.13	601.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Horizon	PPO		250.54	1.827			137.13	601.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Managed Care Inc	Managed Care Inc		570.15	0.9			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Multiplan	Multiplan		506.8	0.8			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Qualcare	Qualcare		475.13	0.75			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Three Rivers	Three Rivers		601.83	0.95			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	UHC	Medicaid		199.3	0.3146			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	UHC	Medicare		137.13	1			137.13	601.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Wellcare	Medicaid		199.3	0.3146			137.13	601.83	percent of total billed charges	
AMOBARBITAL 125MG	J0300	HCPCS	outpatient			633.5	157.7	Wellcare	Medicare		137.13	1			137.13	601.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Aetna	Better Health		0.79	0.3146			0.75	2.38	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Aetna	Medicare		0.77	0.308			0.75	2.38	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Aetna	Commercial		0.95	0.38			0.75	2.38	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Americare	Americare		1.88	0.75			0.75	2.38	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		WellPoint	WellPoint		0.8	0.3208			0.75	2.38	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Consumer	Consumer		2.38	0.95			0.75	2.38	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Corrections	Corrections		2	0.8			0.75	2.38	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		First Health	First Health		1.75	0.7			0.75	2.38	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		First Trenton	First Trenton		2.25	0.9			0.75	2.38	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Horizon	NJ Health		2.08	0.83			0.75	2.38	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Horizon	Medicare Blue		0.75	0.3			0.75	2.38	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Horizon	MGD		0.96	0.3828			0.75	2.38	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Horizon	Indemnity		0.96	0.3828			0.75	2.38	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Horizon	PPO		0.96	0.3828			0.75	2.38	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Managed Care Inc	Managed Care Inc		2.25	0.9			0.75	2.38	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Multiplan	Multiplan		2	0.8			0.75	2.38	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Qualcare	Qualcare		1.88	0.75			0.75	2.38	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Three Rivers	Three Rivers		2.38	0.95			0.75	2.38	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		UHC	Medicaid		0.79	0.3146			0.75	2.38	percent of total billed charges	
SUCCINYLCHOLINE 20MG/1ML 10ML VL	J0330	HCPCS	both			2.5		Wellcare	Medicaid		0.79	0.3146			0.75	2.38	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Aetna	Medicare		0.46				0.46	8.08	case rate	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Aetna	Better Health		2.67	0.3146			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Aetna	Commercial		3.23	0.38			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Americare	Americare		6.38	0.75			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	WellPoint	WellPoint		2.73	0.3208			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Amerihealth	Medicare		0.46				0.46	8.08	case rate	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Consumer	Consumer		8.08	0.95			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Corrections	Corrections		6.8	0.8			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	First Health	First Health		5.95	0.7			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	First Trenton	First Trenton		7.65	0.9			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Horizon	MGD		3.25	0.3828			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Horizon	Indemnity		3.25	0.3828			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Horizon	NJ Health		0.49				0.46	8.08	case rate	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Horizon	Medicare Blue		2.55	0.3			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Horizon	PPO		3.25	0.3828			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Managed Care Inc	Managed Care Inc		7.65	0.9			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Multiplan	Multiplan		6.8	0.8			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Qualcare	Qualcare		6.38	0.75			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Three Rivers	Three Rivers		8.08	0.95			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	UHC	Medicare		0.46				0.46	8.08	case rate	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	UHC	Medicaid		2.67	0.3146			0.46	8.08	percent of total billed charges	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Wellcare	Medicare		0.46				0.46	8.08	case rate	
ANADULAFUNGIN 1 MG INJ	J0348	HCPCS	both			8.5	0.53	Wellcare	Medicaid		2.67	0.3146			0.46	8.08	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Aetna	Commercial		23.56	0.38			5.59	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Aetna	Better Health		19.51	0.3146			5.59	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Aetna	Medicare		5.59				5.59	58.9	case rate	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Americare	Americare		46.5	0.75			5.59	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	WellPoint	WellPoint		19.89	0.3208			5.59	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Amerihealth	Medicare		5.59				5.59	58.9	case rate	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Consumer	Consumer		58.9	0.95			5.59	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Corrections	Corrections		49.6	0.8			5.59	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	First Health	First Health		43.4	0.7			5.59	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	First Trenton	First Trenton		55.8	0.9			5.59	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Horizon	Indemnity		23.73	0.3828			5.59	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Horizon	MGD		23.73	0.3828			5.59	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Horizon	NJ Health		5.92				5.59	58.9	case rate	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Horizon	PPO		23.73	0.3828			5.59	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Horizon	Medicare Blue		18.6	0.3			5.59	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Managed Care Inc	Managed Care Inc		55.8	0.9			5.59	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Multiplan	Multiplan		49.6	0.8			5.59	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Qualcare	Qualcare		46.5	0.75			5.59	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Three Rivers	Three Rivers		58.9	0.95			5.59	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	UHC	Medicare		5.59				5.59	58.9	case rate	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	UHC	Medicaid		19.51	0.3146			5.59	58.9	percent of total billed charges	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Wellcare	Medicare		5.59				5.59	58.9	case rate	
HYDRALAZINE 20MG/1ML VIAL	J0360	HCPCS	both			62	6.43	Wellcare	Medicaid		19.51	0.3146			5.59	58.9	percent of total billed charges	
APROTININ 10 000 KIU INJ	J0365	HCPCS	outpatient			19		Aetna	Better Health		5.98	0.3146			5.7	18.05	percent of total billed charges	
APROTININ 10 000 KIU INJ	J0365	HCPCS	outpatient			19		Aetna	Medicare		5.85	0.308			5.7	18.05	percent of total billed charges	
APROTININ 10 000 KIU INJ	J0365	HCPCS	outpatient			19		Aetna	Commercial		7.22	0.38			5.7	18.05	percent of total billed charges	
APROTININ 10 000 KIU INJ	J0365	HCPCS	outpatient			19		Americare	Americare		14.25	0.75			5.7	18.05	percent of total billed charges	
APROTININ 10 000 KIU INJ	J0365	HCPCS	outpatient			19		WellPoint	WellPoint		6.1	0.3208			5.7	18.05	percent of total billed charges	
APROTININ 10 000 KIU INJ	J0365	HCPCS	outpatient			19		Consumer	Consumer		18.05	0.95			5.7	18.05	percent of total billed charges	
APROTININ 10 000 KIU INJ	J0365	HCPCS	outpatient			19		Corrections	Corrections		15.2	0.8			5.7	18.05	percent of total billed charges	
APROTININ 10 000 KIU INJ	J0365	HCPCS	outpatient			19		First Health	First Health		13.3	0.7			5.7	18.05	percent of total billed charges	
APROTININ 10 000 KIU INJ	J0365	HCPCS	outpatient			19		First Trenton	First Trenton		17.1	0.9			5.7	18.05	percent of total billed charges	
APROTININ 10 000 KIU INJ	J0365	HCPCS	outpatient			19		Horizon	MGD		7.27	0.3828			5.7	18.05	percent of total billed charges	
APROTININ 10 000 KIU INJ	J0365	HCPCS	outpatient			19		Horizon	Medicare Blue		5.7	0.3			5.7	18.05	percent of total billed charges	
APROTININ 10 000 KIU INJ	J0365	HCPCS	outpatient			19		Horizon	NJ Health		15.77	0.83			5.7	18.05	percent of total billed charges	
APROTININ 10 000 KIU INJ	J0365	HCPCS	outpatient			19		Horizon	Indemnity		7.27	0.3828			5.7	18.05	percent of total billed charges	
APROTININ 10 000 KIU INJ	J0365	HCPCS	outpatient			19		Horizon	PPO		7.27	0.3828			5.7	18.05	percent of total billed charges	
APROTININ 10 000 KIU INJ	J0365	HCPCS	outpatient			19		Managed Care Inc	Managed Care Inc		17.1	0.9			5.7	18.05	percent of total billed charges	
APROTININ 10 000 KIU INJ	J0365	HCPCS	outpatient			19		Multiplan	Multiplan		15.2	0.8			5.7	18.05	percent of total billed charges	
APROTININ 10 000 KIU INJ	J0365	HCPCS	outpatient			19		Qualcare	Qualcare		14.25	0.75			5.7	18.05	percent of total billed charges	
APROTININ 10 000 KIU INJ	J0365	HCPCS	outpatient			19		Three Rivers	Three Rivers		18.05	0.95			5.7	18.05	percent of total billed charges	
APROTININ 10 000 KIU INJ	J0365	HCPCS	outpatient			19		UHC	Medicaid		5.98	0.3146			5.7	18.05	percent of total billed charges	
APROTININ 10 000 KIU INJ	J0365	HCPCS	outpatient			19		Wellcare	Medicaid		5.98	0.3146			5.7	18.05	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Aetna	Better Health		0.63	0.3146			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Aetna	Medicare		0.62	0.308			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Aetna	Commercial		0.76	0.38			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Americare	Americare		1.5	0.75			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		WellPoint	WellPoint		0.64	0.3208			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Consumer	Consumer		1.9	0.95			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Corrections	Corrections		1.6	0.8			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		First Health	First Health		1.4	0.7			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		First Trenton	First Trenton		1.8	0.9			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Horizon	MGD		0.77	0.3828			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Horizon	Medicare Blue		0.6	0.3			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Horizon	NJ Health		1.66	0.83			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Horizon	Indemnity		0.77	0.3828			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Horizon	PPO		0.77	0.3828			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Managed Care Inc	Managed Care Inc		1.8	0.9			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Multiplan	Multiplan		1.6	0.8			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Qualcare	Qualcare		1.5	0.75			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Three Rivers	Three Rivers		1.9	0.95			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		UHC	Medicaid		0.63	0.3146			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE 0.25 MG INJECTION	J0400	HCPCS	outpatient			2		Wellcare	Medicaid		0.63	0.3146			0.6	1.9	percent of total billed charges	
ARIPIPRAZOLE ER 1MG INJ(400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Aetna	Commercial		13.01	1.592			6.81	21.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARIPIPRAZOLE ER 1MG INJ(400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Aetna	Medicare		6.81				6.81	21.38	case rate	
ARIPIPRAZOLE ER 1MG INJ(400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Aetna	Better Health		7.08	0.3146			6.81	21.38	percent of total billed charges	
ARIPIPRAZOLE ER 1MG INJ(400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Americare	Americare		16.88	0.75			6.81	21.38	percent of total billed charges	
ARIPIPRAZOLE ER 1MG INJ(400 MG KIT)	J0401	HCPCS	both			22.5	7.83	WellPoint	WellPoint		7.22	0.3208			6.81	21.38	percent of total billed charges	
ARIPIPRAZOLE ER 1MG INJ(400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Amerihealth	Medicare		6.81				6.81	21.38	case rate	
ARIPIPRAZOLE ER 1MG INJ(400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Consumer	Consumer		21.38	0.95			6.81	21.38	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ARIPIPRAZOLE ER 1MG INJ(400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Corrections	Corrections		18	0.8			6.81	21.38	percent of total billed charges	
ARIPIPRAZOLE ER 1MG INJ(400 MG KIT)	J0401	HCPCS	both			22.5	7.83	First Health	First Health		15.75	0.7			6.81	21.38	percent of total billed charges	
ARIPIPRAZOLE ER 1MG INJ(400 MG KIT)	J0401	HCPCS	both			22.5	7.83	First Trenton	First Trenton		20.25	0.9			6.81	21.38	percent of total billed charges	
ARIPIPRAZOLE ER 1MG INJ(400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Horizon	Indemnity		14.93	1.827			6.81	21.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARIPIPRAZOLE ER 1MG INJ(400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Horizon	MGD		14.93	1.827			6.81	21.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARIPIPRAZOLE ER 1MG INJ(400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Horizon	Medicare Blue		8.17	1			6.81	21.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARIPIPRAZOLE ER 1MG INJ(400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Horizon	NJ Health		7.22				6.81	21.38	case rate	
ARIPIPRAZOLE ER 1MG INJ(400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Horizon	PPO		14.93	1.827			6.81	21.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARIPIPRAZOLE ER 1MG INJ(400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Managed Care Inc	Managed Care Inc		20.25	0.9			6.81	21.38	percent of total billed charges	
ARIPIPRAZOLE ER 1MG INJ(400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Multiplan	Multiplan		18	0.8			6.81	21.38	percent of total billed charges	
ARIPIPRAZOLE ER 1MG INJ(400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Qualcare	Qualcare		16.88	0.75			6.81	21.38	percent of total billed charges	
ARIPIPRAZOLE ER 1MG INJ(400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Three Rivers	Three Rivers		21.38	0.95			6.81	21.38	percent of total billed charges	
ARIPIPRAZOLE ER 1MG INJ(400 MG KIT)	J0401	HCPCS	both			22.5	7.83	UHC	Medicaid		7.08	0.3146			6.81	21.38	percent of total billed charges	
ARIPIPRAZOLE ER 1MG INJ(400 MG KIT)	J0401	HCPCS	both			22.5	7.83	UHC	Medicare		6.81				6.81	21.38	case rate	
ARIPIPRAZOLE ER 1MG INJ(400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Wellcare	Medicare		6.81				6.81	21.38	case rate	
ARIPIPRAZOLE ER 1MG INJ(400 MG KIT)	J0401	HCPCS	both			22.5	7.83	Wellcare	Medicaid		7.08	0.3146			6.81	21.38	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Aetna	Medicare		2.6				2.6	178.6	case rate	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Aetna	Better Health		59.14	0.3146			2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Aetna	Commercial		71.44	0.38			2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Americare	Americare		141	0.75			2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	WellPoint	WellPoint		60.31	0.3208			2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Amerihealth	Medicare		2.6				2.6	178.6	case rate	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Consumer	Consumer		178.6	0.95			2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Corrections	Corrections		150.4	0.8			2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	First Health	First Health		131.6	0.7			2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	First Trenton	First Trenton		169.2	0.9			2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Horizon	MGD		71.97	0.3828			2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Horizon	Indemnity		71.97	0.3828			2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Horizon	NJ Health		2.76				2.6	178.6	case rate	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Horizon	Medicare Blue		56.4	0.3			2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Horizon	PPO		71.97	0.3828			2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Managed Care Inc	Managed Care Inc		169.2	0.9			2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Multiplan	Multiplan		150.4	0.8			2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Qualcare	Qualcare		141	0.75			2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Three Rivers	Three Rivers		178.6	0.95			2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	UHC	Medicaid		59.14	0.3146			2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	UHC	Medicare		2.6				2.6	178.6	case rate	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Wellcare	Medicaid		59.14	0.3146			2.6	178.6	percent of total billed charges	
AZITHROMYCIN 500MG INJ	J0456	HCPCS	both			188	2.99	Wellcare	Medicare		2.6				2.6	178.6	case rate	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Aetna	Medicare		0.08				0.08	8.55	case rate	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Aetna	Better Health		2.83	0.3146			0.08	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Aetna	Commercial		3.42	0.38			0.08	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Americare	Americare		6.75	0.75			0.08	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	WellPoint	WellPoint		2.89	0.3208			0.08	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Amerihealth	Medicare		0.08				0.08	8.55	case rate	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Consumer	Consumer		8.55	0.95			0.08	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Corrections	Corrections		7.2	0.8			0.08	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	First Health	First Health		6.3	0.7			0.08	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	First Trenton	First Trenton		8.1	0.9			0.08	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Horizon	NJ Health		0.08				0.08	8.55	case rate	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Horizon	MGD		3.45	0.3828			0.08	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Horizon	Medicare Blue		2.7	0.3			0.08	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Horizon	Indemnity		3.45	0.3828			0.08	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Horizon	PPO		3.45	0.3828			0.08	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Managed Care Inc	Managed Care Inc		8.1	0.9			0.08	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Multiplan	Multiplan		7.2	0.8			0.08	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Qualcare	Qualcare		6.75	0.75			0.08	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Three Rivers	Three Rivers		8.55	0.95			0.08	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	UHC	Medicaid		2.83	0.3146			0.08	8.55	percent of total billed charges	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	UHC	Medicare		0.08				0.08	8.55	case rate	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Wellcare	Medicare		0.08				0.08	8.55	case rate	
ATROPINE SULFATE PER 0.01 MG	J0461	HCPCS	both			9	0.09	Wellcare	Medicaid		2.83	0.3146			0.08	8.55	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Aetna	Commercial		1.592				40.27	131.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Aetna	Better Health		40.27	0.3146			40.27	131.16	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Aetna	Medicare		71.79	1			40.27	131.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Americare	Americare		96	0.75			40.27	131.16	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	WellPoint	WellPoint		41.06	0.3208			40.27	131.16	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Amerihealth	Medicare		71.79	1			40.27	131.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Consumer	Consumer		121.6	0.95			40.27	131.16	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Corrections	Corrections		102.4	0.8			40.27	131.16	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	First Health	First Health		89.6	0.7			40.27	131.16	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	First Trenton	First Trenton		115.2	0.9			40.27	131.16	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Horizon	Indemnity		131.16	1.827			40.27	131.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Horizon	MGD		131.16	1.827			40.27	131.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Horizon	Medicare Blue		71.79	1			40.27	131.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Horizon	PPO		131.16	1.827			40.27	131.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Horizon	NJ Health		106.24	0.83			40.27	131.16	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Managed Care Inc	Managed Care Inc		115.2	0.9			40.27	131.16	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Multiplan	Multiplan		102.4	0.8			40.27	131.16	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Qualcare	Qualcare		96	0.75			40.27	131.16	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Three Rivers	Three Rivers		121.6	0.95			40.27	131.16	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	UHC	Medicare		71.79	1			40.27	131.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	UHC	Medicaid		40.27	0.3146			40.27	131.16	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Wellcare	Medicaid		40.27	0.3146			40.27	131.16	percent of total billed charges	
DIMERCAPROL (BAL) 100MG INJ	J0470	HCPCS	outpatient			128	82.56	Wellcare	Medicare		71.79	1			40.27	131.16	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BACLOFEN 10MG	J0475	HCPCS	both			1051	204.47	Aetna	Commercial		339.76	1.592			177.8	998.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BACLOFEN 10MG	J0475	HCPCS	both			1051	204.47	Aetna	Medicare		177.8				177.8	998.45	case rate	
BACLOFEN 10MG	J0475	HCPCS	both			1051	204.47	Aetna	Better Health		330.64	0.3146			177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	both			1051	204.47	Americare	Americare		788.25	0.75			177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	both			1051	204.47	WellPoint	WellPoint		337.16	0.3208			177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	both			1051	204.47	Amerihealth	Medicare		177.8				177.8	998.45	case rate	
BACLOFEN 10MG	J0475	HCPCS	both			1051	204.47	Consumer	Consumer		998.45	0.95			177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	both			1051	204.47	Corrections	Corrections		840.8	0.8			177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	both			1051	204.47	First Health	First Health		735.7	0.7			177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	both			1051	204.47	First Trenton	First Trenton		945.9	0.9			177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	both			1051	204.47	Horizon	Indemnity		389.92	1.827			177.8	998.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BACLOFEN 10MG	J0475	HCPCS	both			1051	204.47	Horizon	Medicare Blue		213.42	1			177.8	998.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BACLOFEN 10MG	J0475	HCPCS	both			1051	204.47	Horizon	MGD		389.92	1.827			177.8	998.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BACLOFEN 10MG	J0475	HCPCS	both			1051	204.47	Horizon	NJ Health		188.47				177.8	998.45	case rate	
BACLOFEN 10MG	J0475	HCPCS	both			1051	204.47	Horizon	PPO		389.92	1.827			177.8	998.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BACLOFEN 10MG	J0475	HCPCS	both			1051	204.47	Managed Care Inc	Managed Care Inc		945.9	0.9			177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	both			1051	204.47	Multiplan	Multiplan		840.8	0.8			177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	both			1051	204.47	Qualcare	Qualcare		788.25	0.75			177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	both			1051	204.47	Three Rivers	Three Rivers		998.45	0.95			177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	both			1051	204.47	UHC	Medicare		177.8				177.8	998.45	case rate	
BACLOFEN 10MG	J0475	HCPCS	both			1051	204.47	UHC	Medicaid		330.64	0.3146			177.8	998.45	percent of total billed charges	
BACLOFEN 10MG	J0475	HCPCS	both			1051	204.47	Wellcare	Medicare		177.8				177.8	998.45	case rate	
BACLOFEN 10MG	J0475	HCPCS	both			1051	204.47	Wellcare	Medicaid		330.64	0.3146			177.8	998.45	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	both			403	43.06	Aetna	Medicare		37.44				37.44	382.85	case rate	
BACLOFEN 50MCG INJ	J0476	HCPCS	both			403	43.06	Aetna	Better Health		126.78	0.3146			37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	both			403	43.06	Aetna	Commercial		153.14	0.38			37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	both			403	43.06	Americare	Americare		302.25	0.75			37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	both			403	43.06	WellPoint	WellPoint		129.28	0.3208			37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	both			403	43.06	Amerihealth	Medicare		37.44				37.44	382.85	case rate	
BACLOFEN 50MCG INJ	J0476	HCPCS	both			403	43.06	Consumer	Consumer		382.85	0.95			37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	both			403	43.06	Corrections	Corrections		322.4	0.8			37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	both			403	43.06	First Health	First Health		282.1	0.7			37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	both			403	43.06	First Trenton	First Trenton		362.7	0.9			37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	both			403	43.06	Horizon	Medicare Blue		120.9	0.3			37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	both			403	43.06	Horizon	NJ Health		39.69				37.44	382.85	case rate	
BACLOFEN 50MCG INJ	J0476	HCPCS	both			403	43.06	Horizon	Indemnity		154.27	0.3828			37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	both			403	43.06	Horizon	MGD		154.27	0.3828			37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	both			403	43.06	Horizon	PPO		154.27	0.3828			37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	both			403	43.06	Managed Care Inc	Managed Care Inc		362.7	0.9			37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	both			403	43.06	Multiplan	Multiplan		322.4	0.8			37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	both			403	43.06	Qualcare	Qualcare		302.25	0.75			37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	both			403	43.06	Three Rivers	Three Rivers		382.85	0.95			37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	both			403	43.06	UHC	Medicare		37.44				37.44	382.85	case rate	
BACLOFEN 50MCG INJ	J0476	HCPCS	both			403	43.06	UHC	Medicaid		126.78	0.3146			37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	both			403	43.06	Wellcare	Medicaid		126.78	0.3146			37.44	382.85	percent of total billed charges	
BACLOFEN 50MCG INJ	J0476	HCPCS	both			403	43.06	Wellcare	Medicare		37.44				37.44	382.85	case rate	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Aetna	Commercial		8553.9	1.592			2373.66	9816.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Aetna	Medicare		4476.27				2373.66	9816.56	case rate	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Aetna	Better Health		2373.66	0.3146			2373.66	9816.56	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Americare	Americare		5658.75	0.75			2373.66	9816.56	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	WellPoint	WellPoint		2420.44	0.3208			2373.66	9816.56	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Amerihealth	Medicare		4476.27				2373.66	9816.56	case rate	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Consumer	Consumer		7167.75	0.95			2373.66	9816.56	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Corrections	Corrections		6036	0.8			2373.66	9816.56	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	First Health	First Health		5281.5	0.7			2373.66	9816.56	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	First Trenton	First Trenton		6790.5	0.9			2373.66	9816.56	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Horizon	MGD		9816.56	1.827			2373.66	9816.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Horizon	PPO		9816.56	1.827			2373.66	9816.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Horizon	Medicare Blue		5373.05	1			2373.66	9816.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Horizon	Indemnity		9816.56	1.827			2373.66	9816.56	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Horizon	NJ Health		4744.84				2373.66	9816.56	case rate	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Managed Care Inc	Managed Care Inc		6790.5	0.9			2373.66	9816.56	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Multiplan	Multiplan		6036	0.8			2373.66	9816.56	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Qualcare	Qualcare		5658.75	0.75			2373.66	9816.56	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Three Rivers	Three Rivers		7167.75	0.95			2373.66	9816.56	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	UHC	Medicare		4476.27				2373.66	9816.56	case rate	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	UHC	Medicaid		2373.66	0.3146			2373.66	9816.56	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Wellcare	Medicaid		2373.66	0.3146			2373.66	9816.56	percent of total billed charges	
BASILIXIMAB 20MG INJ (NF)	J0480	HCPCS	inpatient			7545	5147.7	Wellcare	Medicare		4476.27				2373.66	9816.56	case rate	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187	59.8	Aetna	Commercial		99.37	1.592			52	177.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187	59.8	Aetna	Better Health		58.83	0.3146			52	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187	59.8	Aetna	Medicare		52				52	177.65	case rate	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187	59.8	Americare	Americare		140.25	0.75			52	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187	59.8	WellPoint	WellPoint		59.99	0.3208			52	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187	59.8	Amerihealth	Medicare		52				52	177.65	case rate	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187	59.8	Consumer	Consumer		177.65	0.95			52	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187	59.8	Corrections	Corrections		149.6	0.8			52	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187	59.8	First Health	First Health		130.9	0.7			52	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187	59.8	First Trenton	First Trenton		168.3	0.9			52	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187	59.8	Horizon	PPO		114.04	1.827			52	177.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187	59.8	Horizon	Indemnity		114.04	1.827			52	177.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187	59.8	Horizon	MGD		114.04	1.827			52	177.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187	59.8	Horizon	Medicare Blue		62.42	1			52	177.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187	59.8	Horizon	NJ Health		55.12				52	177.65	case rate	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187	59.8	Managed Care Inc	Managed Care Inc		168.3	0.9			52	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187	59.8	Multiplan	Multiplan		149.6	0.8			52	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187	59.8	Qualcare	Qualcare		140.25	0.75			52	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187	59.8	Three Rivers	Three Rivers		177.65	0.95			52	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187	59.8	UHC	Medicare		52				52	177.65	case rate	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187	59.8	UHC	Medicaid		58.83	0.3146			52	177.65	percent of total billed charges	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187	59.8	Wellcare	Medicare		52				52	177.65	case rate	
BELIMUMAB(BENLYSTA) 10MG INJ	J0490	HCPCS	outpatient			187	59.8	Wellcare	Medicaid		58.83	0.3146			52	177.65	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5	28.71	Aetna	Commercial		51.49	0.38			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5	28.71	Aetna	Better Health		42.63	0.3146			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5	28.71	Aetna	Medicare		24.97				24.97	128.73	case rate	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5	28.71	Americare	Americare		101.63	0.75			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5	28.71	WellPoint	WellPoint		43.47	0.3208			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5	28.71	Amerihealth	Medicare		24.97				24.97	128.73	case rate	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5	28.71	Consumer	Consumer		128.73	0.95			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5	28.71	Corrections	Corrections		108.4	0.8			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5	28.71	First Health	First Health		94.85	0.7			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5	28.71	First Trenton	First Trenton		121.95	0.9			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5	28.71	Horizon	NJ Health		26.46				24.97	128.73	case rate	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5	28.71	Horizon	MGD		51.87	0.3828			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5	28.71	Horizon	Indemnity		51.87	0.3828			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5	28.71	Horizon	Medicare Blue		40.65	0.3			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5	28.71	Horizon	PPO		51.87	0.3828			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5	28.71	Managed Care Inc	Managed Care Inc		121.95	0.9			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5	28.71	Multiplan	Multiplan		108.4	0.8			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5	28.71	Qualcare	Qualcare		101.63	0.75			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5	28.71	Three Rivers	Three Rivers		128.73	0.95			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5	28.71	UHC	Medicaid		42.63	0.3146			24.97	128.73	percent of total billed charges	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5	28.71	UHC	Medicare		24.97				24.97	128.73	case rate	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5	28.71	Wellcare	Medicare		24.97				24.97	128.73	case rate	
DICYCLOMINE 20MG/INJ	J0500	HCPCS	both			135.5	28.71	Wellcare	Medicaid		42.63	0.3146			24.97	128.73	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127	18.9	Aetna	Medicare		16.44				16.44	120.65	case rate	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127	18.9	Aetna	Better Health		39.95	0.3146			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127	18.9	Aetna	Commercial		48.26	0.38			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127	18.9	Americare	Americare		95.25	0.75			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127	18.9	WellPoint	WellPoint		40.74	0.3208			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127	18.9	Amerihealth	Medicare		16.44				16.44	120.65	case rate	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127	18.9	Consumer	Consumer		120.65	0.95			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127	18.9	Corrections	Corrections		101.6	0.8			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127	18.9	First Health	First Health		88.9	0.7			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127	18.9	First Trenton	First Trenton		114.3	0.9			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127	18.9	Horizon	MGD		48.62	0.3828			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127	18.9	Horizon	NJ Health		17.42				16.44	120.65	case rate	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127	18.9	Horizon	Medicare Blue		38.1	0.3			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127	18.9	Horizon	Indemnity		48.62	0.3828			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127	18.9	Horizon	PPO		48.62	0.3828			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127	18.9	Managed Care Inc	Managed Care Inc		114.3	0.9			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127	18.9	Multiplan	Multiplan		101.6	0.8			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127	18.9	Qualcare	Qualcare		95.25	0.75			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127	18.9	Three Rivers	Three Rivers		120.65	0.95			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127	18.9	UHC	Medicaid		39.95	0.3146			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127	18.9	UHC	Medicare		16.44				16.44	120.65	case rate	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127	18.9	Wellcare	Medicaid		39.95	0.3146			16.44	120.65	percent of total billed charges	
BENZTROPINE 1MG/1ML INJ	J0515	HCPCS	both			127	18.9	Wellcare	Medicare		16.44				16.44	120.65	case rate	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47	20.21	Aetna	Commercial		33.59	1.592			14.79	44.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47	20.21	Aetna	Better Health		14.79	0.3146			14.79	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47	20.21	Aetna	Medicare		17.58				14.79	44.65	case rate	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47	20.21	Americare	Americare		35.25	0.75			14.79	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47	20.21	WellPoint	WellPoint		15.08	0.3208			14.79	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47	20.21	Amerihealth	Medicare		17.58				14.79	44.65	case rate	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47	20.21	Consumer	Consumer		44.65	0.95			14.79	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47	20.21	Corrections	Corrections		37.6	0.8			14.79	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47	20.21	First Health	First Health		32.9	0.7			14.79	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47	20.21	First Trenton	First Trenton		42.3	0.9			14.79	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47	20.21	Horizon	MGD		38.55	1.827			14.79	44.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47	20.21	Horizon	Indemnity		38.55	1.827			14.79	44.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47	20.21	Horizon	Medicare Blue		21.1	1			14.79	44.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47	20.21	Horizon	NJ Health		18.63				14.79	44.65	case rate	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47	20.21	Horizon	PPO		38.55	1.827			14.79	44.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47	20.21	Managed Care Inc	Managed Care Inc		42.3	0.9			14.79	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47	20.21	Multiplan	Multiplan		37.6	0.8			14.79	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47	20.21	Qualcare	Qualcare		35.25	0.75			14.79	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47	20.21	Three Rivers	Three Rivers		44.65	0.95			14.79	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47	20.21	UHC	Medicare		17.58				14.79	44.65	case rate	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47	20.21	UHC	Medicaid		14.79	0.3146			14.79	44.65	percent of total billed charges	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47	20.21	Wellcare	Medicare		17.58				14.79	44.65	case rate	
PEN G BENZ/PROCAINE 1000000 UNITS	J0558	HCPCS	outpatient			47	20.21	Wellcare	Medicaid		14.79	0.3146			14.79	44.65	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5	24.99	Aetna	Better Health		179.48	0.3146			12.9	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5	24.99	Aetna	Commercial		41.52	1.592			12.9	541.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5	24.99	Aetna	Medicare		21.73				12.9	541.98	case rate	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5	24.99	Americare	Americare		427.88	0.75			12.9	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5	24.99	WellPoint	WellPoint		183.02	0.3208			12.9	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5	24.99	Amerihealth	Medicare		21.73				12.9	541.98	case rate	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5	24.99	Consumer	Consumer		541.98	0.95			12.9	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5	24.99	Corrections	Corrections		456.4	0.8			12.9	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5	24.99	First Health	First Health		399.35	0.7			12.9	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5	24.99	First Trenton	First Trenton		513.45	0.9			12.9	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5	24.99	Horizon	MGD		47.65	1.827			12.9	541.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5	24.99	Horizon	Indemnity		47.65	1.827			12.9	541.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5	24.99	Horizon	Medicare Blue		26.08	1			12.9	541.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5	24.99	Horizon	NJ Health		23.03				12.9	541.98	case rate	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5	24.99	Horizon	PPO		47.65	1.827			12.9	541.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5	24.99	Managed Care Inc	Managed Care Inc		513.45	0.9			12.9	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5	24.99	Multiplan	Multiplan		456.4	0.8			12.9	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5	24.99	Qualcare	Qualcare		427.88	0.75			12.9	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5	24.99	Three Rivers	Three Rivers		541.98	0.95			12.9	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5	24.99	UHC	Medicare		21.73				12.9	541.98	case rate	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5	24.99	UHC	Medicaid		179.48	0.3146			12.9	541.98	percent of total billed charges	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5	24.99	Wellcare	Medicare		21.73				12.9	541.98	case rate	
PENICILLIN G BENZATHINE LA 2.4MMU	J0561	HCPCS	both			570.5	24.99	Wellcare	Medicaid		179.48	0.3146			12.9	541.98	percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Aetna	Better Health		48.29	0.3146			39.86	145.83	percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Aetna	Commercial		76.18	1.592			39.86	145.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Aetna	Medicare		39.86				39.86	145.83	case rate	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Americare	Americare		115.13	0.75			39.86	145.83	percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	WellPoint	WellPoint		49.24	0.3208			39.86	145.83	percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Amerihealth	Medicare		39.86				39.86	145.83	case rate	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Consumer	Consumer		145.83	0.95			39.86	145.83	percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Corrections	Corrections		122.8	0.8			39.86	145.83	percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	First Health	First Health		107.45	0.7			39.86	145.83	percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	First Trenton	First Trenton		138.15	0.9			39.86	145.83	percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Horizon	Indemnity		87.42	1.827			39.86	145.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Horizon	NJ Health		42.25				39.86	145.83	case rate	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Horizon	Medicare Blue		47.85	1			39.86	145.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Horizon	MGD		87.42	1.827			39.86	145.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Horizon	PPO		87.42	1.827			39.86	145.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Managed Care Inc	Managed Care Inc		138.15	0.9			39.86	145.83	percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Multiplan	Multiplan		122.8	0.8			39.86	145.83	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Qualcare	Qualcare		115.13	0.75			39.86	145.83	percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Three Rivers	Three Rivers		146.83	0.95			39.86	145.83	percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	UHC	Medicare		39.86				39.86	145.83	case rate	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	UHC	Medicaid		48.29	0.3146			39.86	145.83	percent of total billed charges	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Wellcare	Medicare		39.86				39.86	145.83	case rate	
BEZLOTOXUMAB(ZINPLAVA) 10MG INJ	J0565	HCPCS	outpatient			153.5	45.84	Wellcare	Medicaid		48.29	0.3146			39.86	145.83	percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Aetna	Better Health		2.2	0.3146			2.1	6.65	percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Aetna	Medicare		2.16	0.308			2.1	6.65	percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Aetna	Commercial		2.66	0.38			2.1	6.65	percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Americare	Americare		5.25	0.75			2.1	6.65	percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		WellPoint	WellPoint		2.25	0.3208			2.1	6.65	percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Consumer	Consumer		6.65	0.95			2.1	6.65	percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Corrections	Corrections		5.6	0.8			2.1	6.65	percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		First Health	First Health		4.9	0.7			2.1	6.65	percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		First Trenton	First Trenton		6.3	0.9			2.1	6.65	percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Horizon	MGD		2.68	0.3828			2.1	6.65	percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Horizon	PPO		2.68	0.3828			2.1	6.65	percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Horizon	Indemnity		2.68	0.3828			2.1	6.65	percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Horizon	Medicare Blue		2.1	0.3			2.1	6.65	percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Horizon	NJ Health		5.81	0.83			2.1	6.65	percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Managed Care Inc	Managed Care Inc		6.3	0.9			2.1	6.65	percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Multiplan	Multiplan		5.6	0.8			2.1	6.65	percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Qualcare	Qualcare		5.25	0.75			2.1	6.65	percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Three Rivers	Three Rivers		6.65	0.95			2.1	6.65	percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		UHC	Medicaid		2.2	0.3146			2.1	6.65	percent of total billed charges	
BUPRENIORPHINE (1MG) TAB	J0571	HCPCS	both			7		Wellcare	Medicaid		2.2	0.3146			2.1	6.65	percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Aetna	Medicare		0.21				0.21	18.05	case rate	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Aetna	Better Health		5.98	0.3146			0.21	18.05	percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Aetna	Commercial		7.22	0.38			0.21	18.05	percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Americare	Americare		14.25	0.75			0.21	18.05	percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	WellPoint	WellPoint		6.1	0.3208			0.21	18.05	percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Amerihealth	Medicare		0.21				0.21	18.05	case rate	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Consumer	Consumer		18.05	0.95			0.21	18.05	percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Corrections	Corrections		15.2	0.8			0.21	18.05	percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	First Health	First Health		13.3	0.7			0.21	18.05	percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	First Trenton	First Trenton		17.1	0.9			0.21	18.05	percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Horizon	NJ Health		0.23				0.21	18.05	case rate	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Horizon	Indemnity		7.27	0.3828			0.21	18.05	percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Horizon	Medicare Blue		5.7	0.3			0.21	18.05	percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Horizon	MGD		7.27	0.3828			0.21	18.05	percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Horizon	PPO		7.27	0.3828			0.21	18.05	percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Managed Care Inc	Managed Care Inc		17.1	0.9			0.21	18.05	percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Multiplan	Multiplan		15.2	0.8			0.21	18.05	percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Qualcare	Qualcare		14.25	0.75			0.21	18.05	percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Three Rivers	Three Rivers		18.05	0.95			0.21	18.05	percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	UHC	Medicaid		5.98	0.3146			0.21	18.05	percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	UHC	Medicare		0.21				0.21	18.05	case rate	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Wellcare	Medicaid		5.98	0.3146			0.21	18.05	percent of total billed charges	
BIVALIRUDIN 1MG	J0583	HCPCS	both			19	0.25	Wellcare	Medicare		0.21				0.21	18.05	case rate	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Aetna	Commercial		12.1	1.592			6.33	50.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Aetna	Better Health		16.67	0.3146			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Aetna	Medicare		6.33				6.33	50.35	case rate	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Americare	Americare		39.75	0.75			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	WellPoint	WellPoint		17	0.3208			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Amerihealth	Medicare		6.33				6.33	50.35	case rate	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Consumer	Consumer		50.35	0.95			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Corrections	Corrections		42.4	0.8			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	First Health	First Health		37.1	0.7			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	First Trenton	First Trenton		47.7	0.9			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Horizon	Indemnity		13.89	1.827			6.33	50.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Horizon	MGD		13.89	1.827			6.33	50.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Horizon	Medicare Blue		7.6	1			6.33	50.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Horizon	NJ Health		6.71				6.33	50.35	case rate	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Horizon	PPO		13.89	1.827			6.33	50.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Managed Care Inc	Managed Care Inc		47.7	0.9			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Multiplan	Multiplan		42.4	0.8			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Qualcare	Qualcare		39.75	0.75			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Three Rivers	Three Rivers		50.35	0.95			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	UHC	Medicare		6.33				6.33	50.35	case rate	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	UHC	Medicaid		16.67	0.3146			6.33	50.35	percent of total billed charges	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Wellcare	Medicare		6.33				6.33	50.35	case rate	
BOTULINUM TOXIN A PER UNIT	J0585	HCPCS	both			53	7.28	Wellcare	Medicaid		16.67	0.3146			6.33	50.35	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Aetna	Medicare		4.13				1.65	5.23	case rate	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Aetna	Better Health		1.73	0.3146			1.65	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Aetna	Commercial		2.09	0.38			1.65	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Americare	Americare		4.13	0.75			1.65	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	WellPoint	WellPoint		1.76	0.3208			1.65	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Amerihealth	Medicare		4.13				1.65	5.23	case rate	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Consumer	Consumer		5.23	0.95			1.65	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Corrections	Corrections		4.4	0.8			1.65	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	First Health	First Health		3.85	0.7			1.65	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	First Trenton	First Trenton		4.95	0.9			1.65	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Horizon	Medicare Blue		1.65	0.3			1.65	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Horizon	MGD		2.11	0.3828			1.65	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Horizon	Indemnity		2.11	0.3828			1.65	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Horizon	NJ Health		4.37				1.65	5.23	case rate	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Horizon	PPO		2.11	0.3828			1.65	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Managed Care Inc	Managed Care Inc		4.95	0.9			1.65	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Multiplan	Multiplan		4.4	0.8			1.65	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Qualcare	Qualcare		4.13	0.75			1.65	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Three Rivers	Three Rivers		5.23	0.95			1.65	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	UHC	Medicaid		1.73	0.3146			1.65	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	UHC	Medicare		4.13				1.65	5.23	case rate	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Wellcare	Medicaid		1.73	0.3146			1.65	5.23	percent of total billed charges	
BUPRENORPHINE 0.1MG INJ	J0592	HCPCS	both			5.5	4.74	Wellcare	Medicare		4.13				1.65	5.23	case rate	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Aetna	Medicare		1.41				1.41	133	case rate	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Aetna	Commercial		2.69	1.592			1.41	133	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Aetna	Better Health		44.04	0.3146			1.41	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Americare	Americare		105	0.75			1.41	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	WellPoint	WellPoint		44.91	0.3208			1.41	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Amerihealth	Medicare		1.41				1.41	133	case rate	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Consumer	Consumer		133	0.95			1.41	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Corrections	Corrections		112	0.8			1.41	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	First Health	First Health		98	0.7			1.41	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	First Trenton	First Trenton		126	0.9			1.41	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Horizon	PPO		3.09	1.827			1.41	133	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Horizon	Medicare Blue		1.69	1			1.41	133	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Horizon	Indemnity		3.09	1.827			1.41	133	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Horizon	NJ Health		1.5				1.41	133	case rate	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Horizon	MGD		3.09	1.827			1.41	133	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Managed Care Inc	Managed Care Inc		126	0.9			1.41	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Multiplan	Multiplan		112	0.8			1.41	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Qualcare	Qualcare		105	0.75			1.41	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Three Rivers	Three Rivers		133	0.95			1.41	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	UHC	Medicare		1.41				1.41	133	case rate	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	UHC	Medicaid		44.04	0.3146			1.41	133	percent of total billed charges	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Wellcare	Medicare		1.41				1.41	133	case rate	
BUSULFAN 1MG INJ	J0594	HCPCS	outpatient			140	1.63	Wellcare	Medicaid		44.04	0.3146			1.41	133	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Aetna	Better Health		60.25	0.3146			60.25	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Aetna	Medicare		62.56				60.25	181.93	case rate	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Aetna	Commercial		119.54	1.592			60.25	181.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Americare	Americare		143.63	0.75			60.25	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	WellPoint	WellPoint		61.43	0.3208			60.25	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Amerihealth	Medicare		62.56				60.25	181.93	case rate	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Consumer	Consumer		181.93	0.95			60.25	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Corrections	Corrections		153.2	0.8			60.25	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	First Health	First Health		134.05	0.7			60.25	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	First Trenton	First Trenton		172.35	0.9			60.25	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Horizon	Medicare Blue		75.09	1			60.25	181.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Horizon	PPO		137.19	1.827			60.25	181.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Horizon	NJ Health		66.31				60.25	181.93	case rate	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Horizon	Indemnity		137.19	1.827			60.25	181.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Horizon	MGD		137.19	1.827			60.25	181.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Managed Care Inc	Managed Care Inc		172.35	0.9			60.25	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Multiplan	Multiplan		153.2	0.8			60.25	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Qualcare	Qualcare		143.63	0.75			60.25	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Three Rivers	Three Rivers		181.93	0.95			60.25	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	UHC	Medicaid		60.25	0.3146			60.25	181.93	percent of total billed charges	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	UHC	Medicare		62.56				60.25	181.93	case rate	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Wellcare	Medicare		62.56				60.25	181.93	case rate	
C1 INHIBITOR (HUMAN) 10 IU INJ	J0598	HCPCS	outpatient			191.5	71.94	Wellcare	Medicaid		60.25	0.3146			60.25	181.93	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8906.97	Aetna	Better Health		3395.16	0.3146			3264.6	14150.46	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792	8906.97	Aetna	Commercial		12330.34	1.592			3264.6	14150.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792		8906.97 Aetna	Medicare		7745.19	1			3264.6	14150.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792		8906.97 Americare	Americare		8094	0.75			3264.6	14150.46	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792		8906.97 WellPoint	WellPoint		3462.07	0.3208			3264.6	14150.46	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792		8906.97 Amerihealth	Medicare		7745.19	1			3264.6	14150.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792		8906.97 Consumer	Consumer		10252.4	0.95			3264.6	14150.46	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792		8906.97 Corrections	Corrections		8633.6	0.8			3264.6	14150.46	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792		8906.97 First Health	First Health		7554.4	0.7			3264.6	14150.46	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792		8906.97 First Trenton	First Trenton		9712.8	0.9			3264.6	14150.46	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792		8906.97 Horizon	Medicare Blue		7745.19	1			3264.6	14150.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792		8906.97 Horizon	MGD		14150.46	1.827			3264.6	14150.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792		8906.97 Horizon	Indemnity		14150.46	1.827			3264.6	14150.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792		8906.97 Horizon	NJ Health		8957.36	0.83			3264.6	14150.46	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792		8906.97 Horizon	PPO		14150.46	1.827			3264.6	14150.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792		8906.97 Managed Care Inc	Managed Care Inc		9712.8	0.9			3264.6	14150.46	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792		8906.97 Multiplan	Multiplan		8633.6	0.8			3264.6	14150.46	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792		8906.97 Qualcare	Qualcare		8094	0.75			3264.6	14150.46	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792		8906.97 Three Rivers	Three Rivers		10252.4	0.95			3264.6	14150.46	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792		8906.97 UHC	Medicare		7745.19	1			3264.6	14150.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792		8906.97 UHC	Medicaid		3395.16	0.3146			3264.6	14150.46	percent of total billed charges	
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792		8906.97 Wellcare	Medicare		7745.19	1			3264.6	14150.46	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDETATE(EDTA) 1000MG VL	J0600	HCPCS	inpatient			10792		8906.97 Wellcare	Medicaid		3395.16	0.3146			3264.6	14150.46	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Aetna	Better Health		0.94	0.3146			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Aetna	Commercial		1.14	0.38			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Aetna	Medicare		0.92	0.308			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Americare	Americare		2.25	0.75			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		WellPoint	WellPoint		0.96	0.3208			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Consumer	Consumer		2.85	0.95			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Corrections	Corrections		2.4	0.8			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		First Health	First Health		2.1	0.7			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		First Trenton	First Trenton		2.7	0.9			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Horizon	MGD		1.15	0.3828			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Horizon	Indemnity		1.15	0.3828			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Horizon	NJ Health		2.49	0.83			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Horizon	PPO		1.15	0.3828			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Horizon	Medicare Blue		0.9	0.3			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Managed Care Inc	Managed Care Inc		2.7	0.9			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Multiplan	Multiplan		2.4	0.8			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Qualcare	Qualcare		2.25	0.75			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Three Rivers	Three Rivers		2.85	0.95			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		UHC	Medicaid		0.94	0.3146			0.9	2.85	percent of total billed charges	
CINACALCET (1MG ORAL TAB)	J0604	HCPCS	both			3		Wellcare	Medicaid		0.94	0.3146			0.9	2.85	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	outpatient			1		0.06 Aetna	Medicare		0.05				0.05	0.95	case rate	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	outpatient			1		0.06 Aetna	Better Health		0.31	0.3146			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	outpatient			1		0.06 Aetna	Commercial		0.1	1.592			0.05	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	outpatient			1		0.06 Americare	Americare		0.75	0.75			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	outpatient			1		0.06 WellPoint	WellPoint		0.32	0.3208			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	outpatient			1		0.06 Amerihealth	Medicare		0.05				0.05	0.95	case rate	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	outpatient			1		0.06 Consumer	Consumer		0.95	0.95			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	outpatient			1		0.06 Corrections	Corrections		0.8	0.8			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	outpatient			1		0.06 First Health	First Health		0.7	0.7			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	outpatient			1		0.06 First Trenton	First Trenton		0.9	0.9			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	outpatient			1		0.06 Horizon	MGD		0.11	1.827			0.05	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	outpatient			1		0.06 Horizon	Indemnity		0.11	1.827			0.05	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	outpatient			1		0.06 Horizon	Medicare Blue		0.06	1			0.05	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	outpatient			1		0.06 Horizon	PPO		0.11	1.827			0.05	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	outpatient			1		0.06 Horizon	NJ Health		0.05				0.05	0.95	case rate	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	outpatient			1		0.06 Managed Care Inc	Managed Care Inc		0.9	0.9			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	outpatient			1		0.06 Multiplan	Multiplan		0.8	0.8			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	outpatient			1		0.06 Qualcare	Qualcare		0.75	0.75			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	outpatient			1		0.06 Three Rivers	Three Rivers		0.95	0.95			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	outpatient			1		0.06 UHC	Medicaid		0.31	0.3146			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	outpatient			1		0.06 UHC	Medicare		0.05				0.05	0.95	case rate	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	outpatient			1		0.06 Wellcare	Medicare		0.05				0.05	0.95	case rate	
CALCIUM GLUCONATE(FRESENIUS)10 MG INJ	J0612	HCPCS	outpatient			1		0.06 Wellcare	Medicaid		0.31	0.3146			0.05	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1		0.1 Aetna	Commercial		0.18	1.592			0.09	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1		0.1 Aetna	Better Health		0.31	0.3146			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1		0.1 Aetna	Medicare		0.09				0.09	0.95	case rate	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1		0.1 Americare	Americare		0.75	0.75			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1		0.1 WellPoint	WellPoint		0.32	0.3208			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1		0.1 Amerihealth	Medicare		0.09				0.09	0.95	case rate	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1		0.1 Consumer	Consumer		0.95	0.95			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1		0.1 Corrections	Corrections		0.8	0.8			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1		0.1 First Health	First Health		0.7	0.7			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1		0.1 First Trenton	First Trenton		0.9	0.9			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1		0.1 Horizon	MGD		0.2	1.827			0.09	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1		0.1 Horizon	Indemnity		0.2	1.827			0.09	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1		0.1 Horizon	NJ Health		0.09				0.09	0.95	case rate	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1		0.1 Horizon	Medicare Blue		0.11	1			0.09	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1		0.1 Horizon	PPO		0.2	1.827			0.09	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1		0.1 Managed Care Inc	Managed Care Inc		0.9	0.9			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1		0.1 Multiplan	Multiplan		0.8	0.8			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1		0.1 Qualcare	Qualcare		0.75	0.75			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1		0.1 Three Rivers	Three Rivers		0.95	0.95			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1		0.1 UHC	Medicare		0.09				0.09	0.95	case rate	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1		0.1 UHC	Medicaid		0.31	0.3146			0.09	0.95	percent of total billed charges	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1		0.1 Wellcare	Medicare		0.09				0.09	0.95	case rate	
CALCIUM GLUCONATE (WGCC) 10 MG INJ	J0613	HCPCS	outpatient			1		0.1 Wellcare	Medicaid		0.31	0.3146			0.09	0.95	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5		1229.92 Aetna	Medicare		1069.5				1069.5	5166.58	case rate	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5		1229.92 Aetna	Commercial		2043.75	1.592			1069.5	5166.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCIUM 400U/2ML INJ	J0630	HCPCS	both			5438.5		1229.92 Aetna	Better Health		1710.95	0.3146			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5		1229.92 Americare	Americare		4078.88	0.75			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5		1229.92 WellPoint	WellPoint		1744.67	0.3208			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5		1229.92 Amerihealth	Medicare		1069.5				1069.5	5166.58	case rate	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5		1229.92 Consumer	Consumer		5166.58	0.95			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5		1229.92 Corrections	Corrections		4350.8	0.8			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5		1229.92 First Health	First Health		3806.95	0.7			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5		1229.92 First Trenton	First Trenton		4894.65	0.9			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5		1229.92 Horizon	Indemnity		2345.43	1.827			1069.5	5166.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5		1229.92 Horizon	MGD		2345.43	1.827			1069.5	5166.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5		1229.92 Horizon	Medicare Blue		1283.76	1			1069.5	5166.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5		1229.92 Horizon	NJ Health		1133.67				1069.5	5166.58	case rate	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5		1229.92 Horizon	PPO		2345.43	1.827			1069.5	5166.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5		1229.92 Managed Care Inc	Managed Care Inc		4894.65	0.9			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5		1229.92 Multiplan	Multiplan		4350.8	0.8			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5		1229.92 Qualcare	Qualcare		4078.88	0.75			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5		1229.92 Three Rivers	Three Rivers		5166.58	0.95			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5		1229.92 UHC	Medicaid		1710.95	0.3146			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5		1229.92 UHC	Medicare		1069.5				1069.5	5166.58	case rate	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5		1229.92 Wellcare	Medicaid		1710.95	0.3146			1069.5	5166.58	percent of total billed charges	
CALCITONIN 400U/2ML INJ	J0630	HCPCS	both			5438.5		1229.92 Wellcare	Medicare		1069.5				1069.5	5166.58	case rate	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Aetna	Medicare		1.69	0.308			1.65	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Aetna	Better Health		1.73	0.3146			1.65	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Aetna	Commercial		2.09	0.38			1.65	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Americare	Americare		4.13	0.75			1.65	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		WellPoint	WellPoint		1.76	0.3208			1.65	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Consumer	Consumer		5.23	0.95			1.65	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Corrections	Corrections		4.4	0.8			1.65	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		First Health	First Health		3.85	0.7			1.65	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		First Trenton	First Trenton		4.95	0.9			1.65	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Horizon	MGD		2.11	0.3828			1.65	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Horizon	Indemnity		2.11	0.3828			1.65	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Horizon	NJ Health		4.57	0.83			1.65	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Horizon	PPO		2.11	0.3828			1.65	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Horizon	Medicare Blue		1.65	0.3			1.65	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Managed Care Inc	Managed Care Inc		4.95	0.9			1.65	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Multiplan	Multiplan		4.4	0.8			1.65	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Qualcare	Qualcare		4.13	0.75			1.65	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Three Rivers	Three Rivers		5.23	0.95			1.65	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		UHC	Medicaid		1.73	0.3146			1.65	5.23	percent of total billed charges	
CALCITRIOL 0.1MCG	J0636	HCPCS	both			5.5		Wellcare	Medicaid		1.73	0.3146			1.65	5.23	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Aetna	Medicare		5.43				5.43	238.45	case rate	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Aetna	Better Health		78.96	0.3146			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Aetna	Commercial		95.38	0.38			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Americare	Americare		188.25	0.75			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 WellPoint	WellPoint		80.52	0.3208			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Amerihealth	Medicare		5.43				5.43	238.45	case rate	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Consumer	Consumer		238.45	0.95			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Corrections	Corrections		200.8	0.8			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 First Health	First Health		175.7	0.7			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 First Trenton	First Trenton		225.9	0.9			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Horizon	Medicare Blue		75.3	0.3			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Horizon	MGD		96.08	0.3828			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251		6.24 Horizon	Indemnity		96.08	0.3828			5.43	238.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251	6.24	Horizon	NJ Health		5.75				5.43	238.45	case rate	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251	6.24	Horizon	PPO		96.08	0.3828			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251	6.24	Managed Care Inc	Managed Care Inc		225.9	0.9			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251	6.24	Multiplan	Multiplan		200.8	0.8			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251	6.24	Qualcare	Qualcare		188.25	0.75			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251	6.24	Three Rivers	Three Rivers		238.45	0.95			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251	6.24	UHC	Medicaid		78.96	0.3146			5.43	238.45	percent of total billed charges	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251	6.24	UHC	Medicare		5.43				5.43	238.45	case rate	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251	6.24	Wellcare	Medicare		5.43				5.43	238.45	case rate	
CASPOFUNGIN 5MG	J0637	HCPCS	outpatient			251	6.24	Wellcare	Medicaid		78.96	0.3146			5.43	238.45	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28	5.14	Aetna	Medicare		4.47				4.47	26.6	case rate	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28	5.14	Aetna	Better Health		8.81	0.3146			4.47	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28	5.14	Aetna	Commercial		10.64	0.38			4.47	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28	5.14	Americare	Americare		21	0.75			4.47	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28	5.14	WellPoint	WellPoint		8.98	0.3208			4.47	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28	5.14	Amerihealth	Medicare		4.47				4.47	26.6	case rate	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28	5.14	Consumer	Consumer		26.6	0.95			4.47	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28	5.14	Corrections	Corrections		22.4	0.8			4.47	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28	5.14	First Health	First Health		19.6	0.7			4.47	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28	5.14	First Trenton	First Trenton		25.2	0.9			4.47	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28	5.14	Horizon	NJ Health		4.74				4.47	26.6	case rate	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28	5.14	Horizon	Medicare Blue		8.4	0.3			4.47	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28	5.14	Horizon	MGD		10.72	0.3828			4.47	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28	5.14	Horizon	Indemnity		10.72	0.3828			4.47	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28	5.14	Horizon	PPO		10.72	0.3828			4.47	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28	5.14	Managed Care Inc	Managed Care Inc		25.2	0.9			4.47	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28	5.14	Multiplan	Multiplan		22.4	0.8			4.47	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28	5.14	Qualcare	Qualcare		21	0.75			4.47	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28	5.14	Three Rivers	Three Rivers		26.6	0.95			4.47	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28	5.14	UHC	Medicaid		8.81	0.3146			4.47	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28	5.14	UHC	Medicare		4.47				4.47	26.6	case rate	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28	5.14	Wellcare	Medicaid		8.81	0.3146			4.47	26.6	percent of total billed charges	
LEUCOVORIN CALCIUM 50 MG INJ	J0640	HCPCS	both			28	5.14	Wellcare	Medicare		4.47				4.47	26.6	case rate	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6	0.08	Aetna	Medicare		0.07				0.07	5.7	case rate	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6	0.08	Aetna	Better Health		1.89	0.3146			0.07	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6	0.08	Aetna	Commercial		0.13	1.592			0.07	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6	0.08	Americare	Americare		4.5	0.75			0.07	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6	0.08	WellPoint	WellPoint		1.92	0.3208			0.07	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6	0.08	Amerihealth	Medicare		0.07				0.07	5.7	case rate	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6	0.08	Consumer	Consumer		5.7	0.95			0.07	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6	0.08	Corrections	Corrections		4.8	0.8			0.07	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6	0.08	First Health	First Health		4.2	0.7			0.07	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6	0.08	First Trenton	First Trenton		5.4	0.9			0.07	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6	0.08	Horizon	Indemnity		0.15	1.827			0.07	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6	0.08	Horizon	NJ Health		0.07				0.07	5.7	case rate	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6	0.08	Horizon	MGD		0.15	1.827			0.07	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6	0.08	Horizon	Medicare Blue		0.08	1			0.07	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6	0.08	Horizon	PPO		0.15	1.827			0.07	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6	0.08	Managed Care Inc	Managed Care Inc		5.4	0.9			0.07	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6	0.08	Multiplan	Multiplan		4.8	0.8			0.07	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6	0.08	Qualcare	Qualcare		4.5	0.75			0.07	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6	0.08	Three Rivers	Three Rivers		5.7	0.95			0.07	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6	0.08	UHC	Medicaid		1.89	0.3146			0.07	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6	0.08	UHC	Medicare		0.07				0.07	5.7	case rate	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6	0.08	Wellcare	Medicaid		1.89	0.3146			0.07	5.7	percent of total billed charges	
LEVOLEUCOVORIN(FUSILEV)0.5MG PWVL INJ	J0641	HCPCS	outpatient			6	0.08	Wellcare	Medicare		0.07				0.07	5.7	case rate	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7	1.76	Aetna	Better Health		2.2	0.3146			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7	1.76	Aetna	Commercial		2.93	1.592			1.53	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7	1.76	Aetna	Medicare		1.53				1.53	6.65	case rate	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7	1.76	Americare	Americare		5.25	0.75			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7	1.76	WellPoint	WellPoint		2.25	0.3208			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7	1.76	Amerihealth	Medicare		1.53				1.53	6.65	case rate	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7	1.76	Consumer	Consumer		6.65	0.95			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7	1.76	Corrections	Corrections		5.6	0.8			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7	1.76	First Health	First Health		4.9	0.7			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7	1.76	First Trenton	First Trenton		6.3	0.9			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7	1.76	Horizon	Medicare Blue		1.84	1			1.53	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7	1.76	Horizon	Indemnity		3.36	1.827			1.53	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7	1.76	Horizon	MGD		3.36	1.827			1.53	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7	1.76	Horizon	PPO		3.36	1.827			1.53	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7	1.76	Horizon	NJ Health		1.62				1.53	6.65	case rate	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7	1.76	Managed Care Inc	Managed Care Inc		6.3	0.9			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7	1.76	Multiplan	Multiplan		5.6	0.8			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7	1.76	Qualcare	Qualcare		5.25	0.75			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7	1.76	Three Rivers	Three Rivers		6.65	0.95			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7	1.76	UHC	Medicare		1.53				1.53	6.65	case rate	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7	1.76	UHC	Medicaid		2.2	0.3146			1.53	6.65	percent of total billed charges	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7	1.76	Wellcare	Medicare		1.53				1.53	6.65	case rate	
LEVOLEUCOVORIN(KHAPZORY)0.5MG PWVL INJ	J0642	HCPCS	outpatient			7	1.76	Wellcare	Medicaid		2.2	0.3146			1.53	6.65	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30	3.78	Aetna	Medicare		3.29				0.75	28.5	case rate	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30	3.78	Aetna	Commercial		11.4	0.38			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30	3.78	Aetna	Better Health		9.44	0.3146			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30	3.78	Americare	Americare		22.5	0.75			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30	3.78	WellPoint	WellPoint		9.62	0.3208			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30	3.78	Amerihealth	Medicare		3.29				0.75	28.5	case rate	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30	3.78	Consumer	Consumer		28.5	0.95			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30	3.78	Corrections	Corrections		24	0.8			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30	3.78	First Health	First Health		21	0.7			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30	3.78	First Trenton	First Trenton		27	0.9			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30	3.78	Horizon	Indemnity		11.48	0.3828			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30	3.78	Horizon	Medicare Blue		9	0.3			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30	3.78	Horizon	MGD		11.48	0.3828			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30	3.78	Horizon	PPO		11.48	0.3828			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30	3.78	Horizon	NJ Health		3.49				0.75	28.5	case rate	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30	3.78	Managed Care Inc	Managed Care Inc		27	0.9			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30	3.78	Multiplan	Multiplan		24	0.8			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30	3.78	Qualcare	Qualcare		22.5	0.75			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30	3.78	Three Rivers	Three Rivers		28.5	0.95			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30	3.78	UHC	Medicaid		9.44	0.3146			0.75	28.5	percent of total billed charges	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30	3.78	UHC	Medicare		3.29				0.75	28.5	case rate	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30	3.78	Wellcare	Medicare		3.29				0.75	28.5	case rate	
MEPIVACAINE(POLOCAINE) 10ML INJ	J0670	HCPCS	both			30	3.78	Wellcare	Medicaid		9.44	0.3146			0.75	28.5	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25	0.88	Aetna	Commercial		9.5	0.38			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25	0.88	Aetna	Medicare		0.76				0.76	23.75	case rate	
CEFAZOLIN 500MG	J0690	HCPCS	both			25	0.88	Aetna	Better Health		7.87	0.3146			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25	0.88	Americare	Americare		18.75	0.75			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25	0.88	WellPoint	WellPoint		8.02	0.3208			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25	0.88	Amerihealth	Medicare		0.76				0.76	23.75	case rate	
CEFAZOLIN 500MG	J0690	HCPCS	both			25	0.88	Consumer	Consumer		23.75	0.95			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25	0.88	Corrections	Corrections		20	0.8			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25	0.88	First Health	First Health		17.5	0.7			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25	0.88	First Trenton	First Trenton		22.5	0.9			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25	0.88	Horizon	MGD		9.57	0.3828			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25	0.88	Horizon	Indemnity		9.57	0.3828			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25	0.88	Horizon	NJ Health		0.81				0.76	23.75	case rate	
CEFAZOLIN 500MG	J0690	HCPCS	both			25	0.88	Horizon	Medicare Blue		7.5	0.3			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25	0.88	Horizon	PPO		9.57	0.3828			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25	0.88	Managed Care Inc	Managed Care Inc		22.5	0.9			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25	0.88	Multiplan	Multiplan		20	0.8			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25	0.88	Qualcare	Qualcare		18.75	0.75			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25	0.88	Three Rivers	Three Rivers		23.75	0.95			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25	0.88	UHC	Medicare		0.76				0.76	23.75	case rate	
CEFAZOLIN 500MG	J0690	HCPCS	both			25	0.88	UHC	Medicaid		7.87	0.3146			0.76	23.75	percent of total billed charges	
CEFAZOLIN 500MG	J0690	HCPCS	both			25	0.88	Wellcare	Medicare		0.76				0.76	23.75	case rate	
CEFAZOLIN 500MG	J0690	HCPCS	both			25	0.88	Wellcare	Medicaid		7.87	0.3146			0.76	23.75	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68	1.45	Aetna	Medicare		1.26				1.26	64.6	case rate	
CEFEPIME 500MG	J0692	HCPCS	both			68	1.45	Aetna	Better Health		21.39	0.3146			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68	1.45	Aetna	Commercial		25.84	0.38			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68	1.45	Americare	Americare		51	0.75			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68	1.45	WellPoint	WellPoint		21.81	0.3208			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68	1.45	Amerihealth	Medicare		1.26				1.26	64.6	case rate	
CEFEPIME 500MG	J0692	HCPCS	both			68	1.45	Consumer	Consumer		64.6	0.95			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68	1.45	Corrections	Corrections		54.4	0.8			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68	1.45	First Health	First Health		47.6	0.7			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68	1.45	First Trenton	First Trenton		61.2	0.9			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68	1.45	Horizon	Indemnity		26.03	0.3828			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68	1.45	Horizon	Medicare Blue		20.4	0.3			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68	1.45	Horizon	MGD		26.03	0.3828			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68	1.45	Horizon	PPO		26.03	0.3828			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68	1.45	Horizon	NJ Health		1.34				1.26	64.6	case rate	
CEFEPIME 500MG	J0692	HCPCS	both			68	1.45	Managed Care Inc	Managed Care Inc		61.2	0.9			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68	1.45	Multiplan	Multiplan		54.4	0.8			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68	1.45	Qualcare	Qualcare		51	0.75			1.26	64.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CEFEPIME 500MG	J0692	HCPCS	both			68	1.45	Three Rivers	Three Rivers		64.6	0.95			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68	1.45	UHC	Medicaid		21.39	0.3146			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68	1.45	UHC	Medicare		1.26				1.26	64.6	case rate	
CEFEPIME 500MG	J0692	HCPCS	both			68	1.45	Wellcare	Medicaid		21.39	0.3146			1.26	64.6	percent of total billed charges	
CEFEPIME 500MG	J0692	HCPCS	both			68	1.45	Wellcare	Medicare		1.26				1.26	64.6	case rate	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75	5.84	Aetna	Better Health		23.6	0.3146			5.08	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75	5.84	Aetna	Medicare		5.08				5.08	71.25	case rate	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75	5.84	Aetna	Commercial		28.5	0.38			5.08	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75	5.84	Americare	Americare		56.25	0.75			5.08	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75	5.84	WellPoint	WellPoint		24.06	0.3208			5.08	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75	5.84	Amerihealth	Medicare		5.08				5.08	71.25	case rate	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75	5.84	Consumer	Consumer		71.25	0.95			5.08	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75	5.84	Corrections	Corrections		60	0.8			5.08	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75	5.84	First Health	First Health		52.5	0.7			5.08	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75	5.84	First Trenton	First Trenton		67.5	0.9			5.08	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75	5.84	Horizon	MGD		28.71	0.3828			5.08	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75	5.84	Horizon	NJ Health		5.38				5.08	71.25	case rate	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75	5.84	Horizon	PPO		28.71	0.3828			5.08	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75	5.84	Horizon	Indemnity		28.71	0.3828			5.08	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75	5.84	Horizon	Medicare Blue		22.5	0.3			5.08	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75	5.84	Managed Care Inc	Managed Care Inc		67.5	0.9			5.08	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75	5.84	Multiplan	Multiplan		60	0.8			5.08	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75	5.84	Qualcare	Qualcare		56.25	0.75			5.08	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75	5.84	Three Rivers	Three Rivers		71.25	0.95			5.08	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75	5.84	UHC	Medicaid		23.6	0.3146			5.08	71.25	percent of total billed charges	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75	5.84	UHC	Medicare		5.08				5.08	71.25	case rate	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75	5.84	Wellcare	Medicare		5.08				5.08	71.25	case rate	
CEFOXITIN 1G INJ	J0694	HCPCS	both			75	5.84	Wellcare	Medicaid		23.6	0.3146			5.08	71.25	percent of total billed charges	
CEFTO/TAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19	8.48	Aetna	Better Health		5.98	0.3146			5.98	18.05	percent of total billed charges	
CEFTO/TAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19	8.48	Aetna	Medicare		7.37				5.98	18.05	case rate	
CEFTO/TAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19	8.48	Aetna	Commercial		14.09	1.592			5.98	18.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTO/TAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19	8.48	Americare	Americare		14.25	0.75			5.98	18.05	percent of total billed charges	
CEFTO/TAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19	8.48	WellPoint	WellPoint		6.1	0.3208			5.98	18.05	percent of total billed charges	
CEFTO/TAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19	8.48	Amerihealth	Medicare		7.37				5.98	18.05	case rate	
CEFTO/TAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19	8.48	Consumer	Consumer		18.05	0.95			5.98	18.05	percent of total billed charges	
CEFTO/TAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19	8.48	Corrections	Corrections		15.2	0.8			5.98	18.05	percent of total billed charges	
CEFTO/TAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19	8.48	First Health	First Health		13.3	0.7			5.98	18.05	percent of total billed charges	
CEFTO/TAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19	8.48	First Trenton	First Trenton		17.1	0.9			5.98	18.05	percent of total billed charges	
CEFTO/TAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19	8.48	Horizon	Indemnity		16.17	1.827			5.98	18.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTO/TAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19	8.48	Horizon	MGD		16.17	1.827			5.98	18.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTO/TAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19	8.48	Horizon	Medicare Blue		8.85	1			5.98	18.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTO/TAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19	8.48	Horizon	NJ Health		7.81				5.98	18.05	case rate	
CEFTO/TAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19	8.48	Horizon	PPO		16.17	1.827			5.98	18.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTO/TAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19	8.48	Managed Care Inc	Managed Care Inc		17.1	0.9			5.98	18.05	percent of total billed charges	
CEFTO/TAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19	8.48	Multiplan	Multiplan		15.2	0.8			5.98	18.05	percent of total billed charges	
CEFTO/TAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19	8.48	Qualcare	Qualcare		14.25	0.75			5.98	18.05	percent of total billed charges	
CEFTO/TAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19	8.48	Three Rivers	Three Rivers		18.05	0.95			5.98	18.05	percent of total billed charges	
CEFTO/TAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19	8.48	UHC	Medicare		7.37				5.98	18.05	case rate	
CEFTO/TAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19	8.48	UHC	Medicaid		5.98	0.3146			5.98	18.05	percent of total billed charges	
CEFTO/TAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19	8.48	Wellcare	Medicare		7.37				5.98	18.05	case rate	
CEFTO/TAZO (ZERBAXA) 50-25 MG INJ	J0695	HCPCS	inpatient			19	8.48	Wellcare	Medicaid		5.98	0.3146			5.98	18.05	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5	0.56	Aetna	Better Health		31.62	0.3146			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5	0.56	Aetna	Medicare		0.49				0.49	95.48	case rate	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5	0.56	Aetna	Commercial		38.19	0.38			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5	0.56	Americare	Americare		75.38	0.75			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5	0.56	WellPoint	WellPoint		32.24	0.3208			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5	0.56	Amerihealth	Medicare		0.49				0.49	95.48	case rate	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5	0.56	Consumer	Consumer		95.48	0.95			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5	0.56	Corrections	Corrections		80.4	0.8			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5	0.56	First Health	First Health		70.35	0.7			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5	0.56	First Trenton	First Trenton		90.45	0.9			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5	0.56	Horizon	Medicare Blue		30.15	0.3			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5	0.56	Horizon	MGD		38.47	0.3828			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5	0.56	Horizon	Indemnity		38.47	0.3828			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5	0.56	Horizon	NJ Health		0.52				0.49	95.48	case rate	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5	0.56	Horizon	PPO		38.47	0.3828			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5	0.56	Managed Care Inc	Managed Care Inc		90.45	0.9			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5	0.56	Multiplan	Multiplan		80.4	0.8			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5	0.56	Qualcare	Qualcare		75.38	0.75			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5	0.56	Three Rivers	Three Rivers		95.48	0.95			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5	0.56	UHC	Medicaid		31.62	0.3146			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5	0.56	UHC	Medicare		0.49				0.49	95.48	case rate	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5	0.56	Wellcare	Medicaid		31.62	0.3146			0.49	95.48	percent of total billed charges	
CEFTRIAXONE 2G/50ML IVPB FROZEN	J0696	HCPCS	both			100.5	0.56	Wellcare	Medicare		0.49				0.49	95.48	case rate	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5	2.33	Aetna	Better Health		26.27	0.3146			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5	2.33	Aetna	Medicare		2.03				2.03	79.33	case rate	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5	2.33	Aetna	Commercial		31.73	0.38			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5	2.33	Americare	Americare		62.63	0.75			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5	2.33	WellPoint	WellPoint		26.79	0.3208			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5	2.33	Amerihealth	Medicare		2.03				2.03	79.33	case rate	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5	2.33	Consumer	Consumer		79.33	0.95			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5	2.33	Corrections	Corrections		66.8	0.8			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5	2.33	First Health	First Health		58.45	0.7			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5	2.33	First Trenton	First Trenton		75.15	0.9			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5	2.33	Horizon	NJ Health		2.15				2.03	79.33	case rate	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5	2.33	Horizon	MGD		31.96	0.3828			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5	2.33	Horizon	Indemnity		31.96	0.3828			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5	2.33	Horizon	Medicare Blue		25.05	0.3			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5	2.33	Horizon	PPO		31.96	0.3828			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5	2.33	Managed Care Inc	Managed Care Inc		75.15	0.9			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5	2.33	Multiplan	Multiplan		66.8	0.8			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5	2.33	Qualcare	Qualcare		62.63	0.75			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5	2.33	Three Rivers	Three Rivers		79.33	0.95			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5	2.33	UHC	Medicaid		26.27	0.3146			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5	2.33	UHC	Medicare		2.03				2.03	79.33	case rate	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5	2.33	Wellcare	Medicaid		26.27	0.3146			2.03	79.33	percent of total billed charges	
CEFUROXINE 750MG VIAL	J0697	HCPCS	both			83.5	2.33	Wellcare	Medicare		2.03				2.03	79.33	case rate	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Aetna	Better Health		15.73	0.3146			12.6	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Aetna	Commercial		19	0.38			12.6	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Aetna	Medicare		15.4	0.308			12.6	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Americare	Americare		37.5	0.75			12.6	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		WellPoint	WellPoint		16.04	0.3208			12.6	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Consumer	Consumer		47.5	0.95			12.6	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Corrections	Corrections		40	0.8			12.6	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		First Health	First Health		35	0.7			12.6	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		First Trenton	First Trenton		45	0.9			12.6	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Horizon	NJ Health		41.5	0.83			12.6	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Horizon	Medicare Blue		15	0.3			12.6	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Horizon	Indemnity		19.14	0.3828			12.6	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Horizon	MGD		19.14	0.3828			12.6	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Horizon	PPO		19.14	0.3828			12.6	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Managed Care Inc	Managed Care Inc		45	0.9			12.6	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Multiplan	Multiplan		40	0.8			12.6	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Qualcare	Qualcare		37.5	0.75			12.6	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Three Rivers	Three Rivers		47.5	0.95			12.6	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		UHC	Medicaid		15.73	0.3146			12.6	47.5	percent of total billed charges	
CEFOTAXIME 500MG INJ	J0698	HCPCS	outpatient			50		Wellcare	Medicaid		15.73	0.3146			12.6	47.5	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7	2.5	Aetna	Medicare		2.17				2.17	6.65	case rate	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7	2.5	Aetna	Better Health		2.2	0.3146			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7	2.5	Aetna	Commercial		4.14	1.592			2.17	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7	2.5	Americare	Americare		5.25	0.75			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7	2.5	WellPoint	WellPoint		2.25	0.3208			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7	2.5	Amerihealth	Medicare		2.17				2.17	6.65	case rate	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7	2.5	Consumer	Consumer		6.65	0.95			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7	2.5	Corrections	Corrections		5.6	0.8			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7	2.5	First Health	First Health		4.9	0.7			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7	2.5	First Trenton	First Trenton		6.3	0.9			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7	2.5	Horizon	MGD		4.75	1.827			2.17	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7	2.5	Horizon	PPO		4.75	1.827			2.17	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7	2.5	Horizon	Indemnity		4.75	1.827			2.17	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7	2.5	Horizon	Medicare Blue		2.6	1			2.17	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7	2.5	Horizon	NJ Health		2.3				2.17	6.65	case rate	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7	2.5	Managed Care Inc	Managed Care Inc		6.3	0.9			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7	2.5	Multiplan	Multiplan		5.6	0.8			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7	2.5	Qualcare	Qualcare		5.25	0.75			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7	2.5	Three Rivers	Three Rivers		6.65	0.95			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7	2.5	UHC	Medicare		2.17				2.17	6.65	case rate	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7	2.5	UHC	Medicaid		2.2	0.3146			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7	2.5	Wellcare	Medicaid		2.2	0.3146			2.17	6.65	percent of total billed charges	
CEFIDOROCOL(FETROJA) 10MG INJ	J0699	HCPCS	both			7	2.5	Wellcare	Medicare		2.17				2.17	6.65	case rate	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41	6.48	Aetna	Better Health		12.9	0.3146			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41	6.48	Aetna	Commercial		10.78	1.592			5.64	38.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41	6.48	Aetna	Medicare		5.64				5.64	38.95	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41	6.48	Americare	Americare		30.75	0.75			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41	6.48	WellPoint	WellPoint		13.15	0.3208			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41	6.48	Amerihealth	Medicare		5.64				5.64	38.95	case rate	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41	6.48	Consumer	Consumer		38.95	0.95			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41	6.48	Corrections	Corrections		32.8	0.8			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41	6.48	First Health	First Health		28.7	0.7			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41	6.48	First Trenton	First Trenton		36.9	0.9			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41	6.48	Horizon	Medicare Blue		6.77	1			5.64	38.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41	6.48	Horizon	PPO		12.37	1.827			5.64	38.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41	6.48	Horizon	MGD		12.37	1.827			5.64	38.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41	6.48	Horizon	Indemnity		12.37	1.827			5.64	38.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41	6.48	Horizon	NJ Health		5.98				5.64	38.95	case rate	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41	6.48	Managed Care Inc	Managed Care Inc		36.9	0.9			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41	6.48	Multiplan	Multiplan		32.8	0.8			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41	6.48	Qualcare	Qualcare		30.75	0.75			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41	6.48	Three Rivers	Three Rivers		38.95	0.95			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41	6.48	UHC	Medicare		5.64				5.64	38.95	case rate	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41	6.48	UHC	Medicaid		12.9	0.3146			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41	6.48	Wellcare	Medicaid		12.9	0.3146			5.64	38.95	percent of total billed charges	
CEFEPIME (BAXTER) 500MG INJ	J0701	HCPCS	outpatient			41	6.48	Wellcare	Medicare		5.64				5.64	38.95	case rate	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5	7.84	Aetna	Commercial		72.39	0.38			6.82	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5	7.84	Aetna	Better Health		59.93	0.3146			6.82	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5	7.84	Aetna	Medicare		6.82				6.82	180.98	case rate	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5	7.84	Americare	Americare		142.88	0.75			6.82	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5	7.84	WellPoint	WellPoint		61.11	0.3208			6.82	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5	7.84	Amerihealth	Medicare		6.82				6.82	180.98	case rate	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5	7.84	Consumer	Consumer		180.98	0.95			6.82	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5	7.84	Corrections	Corrections		152.4	0.8			6.82	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5	7.84	First Health	First Health		133.35	0.7			6.82	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5	7.84	First Trenton	First Trenton		171.45	0.9			6.82	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5	7.84	Horizon	Medicare Blue		57.15	0.3			6.82	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5	7.84	Horizon	MGD		72.92	0.3828			6.82	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5	7.84	Horizon	Indemnity		72.92	0.3828			6.82	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5	7.84	Horizon	NJ Health		7.22				6.82	180.98	case rate	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5	7.84	Horizon	PPO		72.92	0.3828			6.82	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5	7.84	Managed Care Inc	Managed Care Inc		171.45	0.9			6.82	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5	7.84	Multiplan	Multiplan		152.4	0.8			6.82	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5	7.84	Qualcare	Qualcare		142.88	0.75			6.82	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5	7.84	Three Rivers	Three Rivers		180.98	0.95			6.82	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5	7.84	UHC	Medicare		6.82				6.82	180.98	case rate	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5	7.84	UHC	Medicaid		59.93	0.3146			6.82	180.98	percent of total billed charges	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5	7.84	Wellcare	Medicare		6.82				6.82	180.98	case rate	
BETAMETHASONE (SOLUSPAN) 6MG/ML MDV	J0702	HCPCS	both			190.5	7.84	Wellcare	Medicaid		59.93	0.3146			6.82	180.98	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24	6.06	Aetna	Commercial		10.08	1.592			5.27	22.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24	6.06	Aetna	Better Health		7.55	0.3146			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24	6.06	Aetna	Medicare		5.27				5.27	22.8	case rate	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24	6.06	Americare	Americare		18	0.75			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24	6.06	WellPoint	WellPoint		7.7	0.3208			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24	6.06	Amerihealth	Medicare		5.27				5.27	22.8	case rate	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24	6.06	Consumer	Consumer		22.8	0.95			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24	6.06	Corrections	Corrections		19.2	0.8			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24	6.06	First Health	First Health		16.8	0.7			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24	6.06	First Trenton	First Trenton		21.6	0.9			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24	6.06	Horizon	Indemnity		11.56	1.827			5.27	22.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24	6.06	Horizon	PPO		11.56	1.827			5.27	22.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24	6.06	Horizon	MGD		11.56	1.827			5.27	22.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24	6.06	Horizon	NJ Health		5.58				5.27	22.8	case rate	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24	6.06	Horizon	Medicare Blue		6.33	1			5.27	22.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24	6.06	Managed Care Inc	Managed Care Inc		21.6	0.9			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24	6.06	Multiplan	Multiplan		19.2	0.8			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24	6.06	Qualcare	Qualcare		18	0.75			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24	6.06	Three Rivers	Three Rivers		22.8	0.95			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24	6.06	UHC	Medicare		5.27				5.27	22.8	case rate	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24	6.06	UHC	Medicaid		7.55	0.3146			5.27	22.8	percent of total billed charges	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24	6.06	Wellcare	Medicare		5.27				5.27	22.8	case rate	
CEFEPIME (B BRAUN) 500MG INJ	J0703	HCPCS	outpatient			24	6.06	Wellcare	Medicaid		7.55	0.3146			5.27	22.8	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Aetna	Medicare		9.86	0.308			9.6	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Aetna	Better Health		10.07	0.3146			9.6	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Aetna	Commercial		12.16	0.38			9.6	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Americare	Americare		24	0.75			9.6	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		WellPoint	WellPoint		10.27	0.3208			9.6	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Consumer	Consumer		30.4	0.95			9.6	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Corrections	Corrections		25.6	0.8			9.6	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		First Health	First Health		22.4	0.7			9.6	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		First Trenton	First Trenton		28.8	0.9			9.6	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Horizon	MGD		12.25	0.3828			9.6	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Horizon	Indemnity		12.25	0.3828			9.6	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Horizon	NJ Health		26.56	0.83			9.6	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Horizon	PPO		12.25	0.3828			9.6	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Horizon	Medicare Blue		9.6	0.3			9.6	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Managed Care Inc	Managed Care Inc		28.8	0.9			9.6	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Multiplan	Multiplan		25.6	0.8			9.6	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Qualcare	Qualcare		24	0.75			9.6	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Three Rivers	Three Rivers		30.4	0.95			9.6	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		UHC	Medicaid		10.07	0.3146			9.6	30.4	percent of total billed charges	
CAFFEINE CITRATE 5MG	J0706	HCPCS	both			32		Wellcare	Medicaid		10.07	0.3146			9.6	30.4	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWVL	J0712	HCPCS	both			7.44	4.41	Aetna	Commercial		7.34	1.592			2.34	8.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTAROLINE FOSAMIL 10 MG PWVL	J0712	HCPCS	both			7.44	4.41	Aetna	Better Health		2.34	0.3146			2.34	8.42	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWVL	J0712	HCPCS	both			7.44	4.41	Aetna	Medicare		3.84				2.34	8.42	case rate	
CEFTAROLINE FOSAMIL 10 MG PWVL	J0712	HCPCS	both			7.44	4.41	Americare	Americare		5.58	0.75			2.34	8.42	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWVL	J0712	HCPCS	both			7.44	4.41	WellPoint	WellPoint		2.39	0.3208			2.34	8.42	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWVL	J0712	HCPCS	both			7.44	4.41	Amerihealth	Medicare		3.84				2.34	8.42	case rate	
CEFTAROLINE FOSAMIL 10 MG PWVL	J0712	HCPCS	both			7.44	4.41	Consumer	Consumer		7.07	0.95			2.34	8.42	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWVL	J0712	HCPCS	both			7.44	4.41	Corrections	Corrections		5.95	0.8			2.34	8.42	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWVL	J0712	HCPCS	both			7.44	4.41	First Health	First Health		5.21	0.7			2.34	8.42	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWVL	J0712	HCPCS	both			7.44	4.41	First Trenton	First Trenton		6.7	0.9			2.34	8.42	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWVL	J0712	HCPCS	both			7.44	4.41	Horizon	MGD		8.42	1.827			2.34	8.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTAROLINE FOSAMIL 10 MG PWVL	J0712	HCPCS	both			7.44	4.41	Horizon	NJ Health		4.07				2.34	8.42	case rate	
CEFTAROLINE FOSAMIL 10 MG PWVL	J0712	HCPCS	both			7.44	4.41	Horizon	Indemnity		8.42	1.827			2.34	8.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTAROLINE FOSAMIL 10 MG PWVL	J0712	HCPCS	both			7.44	4.41	Horizon	Medicare Blue		4.61	1			2.34	8.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTAROLINE FOSAMIL 10 MG PWVL	J0712	HCPCS	both			7.44	4.41	Horizon	PPO		8.42	1.827			2.34	8.42	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTAROLINE FOSAMIL 10 MG PWVL	J0712	HCPCS	both			7.44	4.41	Managed Care Inc	Managed Care Inc		6.7	0.9			2.34	8.42	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWVL	J0712	HCPCS	both			7.44	4.41	Multiplan	Multiplan		5.95	0.8			2.34	8.42	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWVL	J0712	HCPCS	both			7.44	4.41	Qualcare	Qualcare		5.58	0.75			2.34	8.42	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWVL	J0712	HCPCS	both			7.44	4.41	Three Rivers	Three Rivers		7.07	0.95			2.34	8.42	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWVL	J0712	HCPCS	both			7.44	4.41	UHC	Medicaid		2.34	0.3146			2.34	8.42	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWVL	J0712	HCPCS	both			7.44	4.41	UHC	Medicare		3.84				2.34	8.42	case rate	
CEFTAROLINE FOSAMIL 10 MG PWVL	J0712	HCPCS	both			7.44	4.41	Wellcare	Medicaid		2.34	0.3146			2.34	8.42	percent of total billed charges	
CEFTAROLINE FOSAMIL 10 MG PWVL	J0712	HCPCS	both			7.44	4.41	Wellcare	Medicare		3.84				2.34	8.42	case rate	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Aetna	Medicare		1.69				1.69	39.9	case rate	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Aetna	Better Health		13.21	0.3146			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Aetna	Commercial		15.96	0.38			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Americare	Americare		31.5	0.75			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	WellPoint	WellPoint		13.47	0.3208			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Amerihealth	Medicare		1.69				1.69	39.9	case rate	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Consumer	Consumer		39.9	0.95			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Corrections	Corrections		33.6	0.8			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	First Health	First Health		29.4	0.7			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	First Trenton	First Trenton		37.8	0.9			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Horizon	NJ Health		1.8				1.69	39.9	case rate	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Horizon	MGD		16.08	0.3828			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Horizon	Indemnity		16.08	0.3828			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Horizon	Medicare Blue		12.6	0.3			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Horizon	PPO		16.08	0.3828			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Managed Care Inc	Managed Care Inc		37.8	0.9			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Multiplan	Multiplan		33.6	0.8			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Qualcare	Qualcare		31.5	0.75			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Three Rivers	Three Rivers		39.9	0.95			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	UHC	Medicaid		13.21	0.3146			1.69	39.9	percent of total billed charges	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	UHC	Medicare		1.69				1.69	39.9	case rate	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Wellcare	Medicare		1.69				1.69	39.9	case rate	
CEFTAZIDIME 500MG	J0713	HCPCS	both			42	1.95	Wellcare	Medicaid		13.21	0.3146			1.69	39.9	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)(2GM/0.5M INJ	J0714	HCPCS	both			287.5	109.77	Aetna	Better Health		90.45	0.3146			90.45	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)(2GM/0.5M INJ	J0714	HCPCS	both			287.5	109.77	Aetna	Commercial		182.4	1.592			90.45	273.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTAZ-AVIBACTAM(500MG)(2GM/0.5M INJ	J0714	HCPCS	both			287.5	109.77	Aetna	Medicare		95.45				90.45	273.13	case rate	
CEFTAZ-AVIBACTAM(500MG)(2GM/0.5M INJ	J0714	HCPCS	both			287.5	109.77	Americare	Americare		215.63	0.75			90.45	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)(2GM/0.5M INJ	J0714	HCPCS	both			287.5	109.77	WellPoint	WellPoint		92.23	0.3208			90.45	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)(2GM/0.5M INJ	J0714	HCPCS	both			287.5	109.77	Amerihealth	Medicare		95.45				90.45	273.13	case rate	
CEFTAZ-AVIBACTAM(500MG)(2GM/0.5M INJ	J0714	HCPCS	both			287.5	109.77	Consumer	Consumer		273.13	0.95			90.45	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)(2GM/0.5M INJ	J0714	HCPCS	both			287.5	109.77	Corrections	Corrections		230	0.8			90.45	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)(2GM/0.5M INJ	J0714	HCPCS	both			287.5	109.77	First Health	First Health		201.25	0.7			90.45	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)(2GM/0.5M INJ	J0714	HCPCS	both			287.5	109.77	First Trenton	First Trenton		258.75	0.9			90.45	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)(2GM/0.5M INJ	J0714	HCPCS	both			287.5	109.77	Horizon	Indemnity		209.32	1.827			90.45	273.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true																		
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CEFTAZ-AVIBACTAM(500MG)(2GM/0.5M INJ	J0714	HCPCS	both			287.5		109.77 Horizon	MGD		209.32	1.827			90.45	273.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTAZ-AVIBACTAM(500MG)(2GM/0.5M INJ	J0714	HCPCS	both			287.5		109.77 Horizon	Medicare Blue		114.57	1			90.45	273.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTAZ-AVIBACTAM(500MG)(2GM/0.5M INJ	J0714	HCPCS	both			287.5		109.77 Horizon	PPO		209.32	1.827			90.45	273.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEFTAZ-AVIBACTAM(500MG)(2GM/0.5M INJ	J0714	HCPCS	both			287.5		109.77 Horizon	NJ Health		101.18				90.45	273.13	case rate	
CEFTAZ-AVIBACTAM(500MG)(2GM/0.5M INJ	J0714	HCPCS	both			287.5		109.77 Managed Care Inc	Managed Care Inc		258.75	0.9			90.45	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)(2GM/0.5M INJ	J0714	HCPCS	both			287.5		109.77 Multiplan	Multiplan		230	0.8			90.45	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)(2GM/0.5M INJ	J0714	HCPCS	both			287.5		109.77 Qualcare	Qualcare		215.63	0.75			90.45	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)(2GM/0.5M INJ	J0714	HCPCS	both			287.5		109.77 Three Rivers	Three Rivers		273.13	0.95			90.45	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)(2GM/0.5M INJ	J0714	HCPCS	both			287.5		109.77 UHC	Medicare		95.45				90.45	273.13	case rate	
CEFTAZ-AVIBACTAM(500MG)(2GM/0.5M INJ	J0714	HCPCS	both			287.5		109.77 UHC	Medicaid		90.45	0.3146			90.45	273.13	percent of total billed charges	
CEFTAZ-AVIBACTAM(500MG)(2GM/0.5M INJ	J0714	HCPCS	both			287.5		109.77 Wellcare	Medicare		95.45				90.45	273.13	case rate	
CEFTAZ-AVIBACTAM(500MG)(2GM/0.5M INJ	J0714	HCPCS	both			287.5		109.77 Wellcare	Medicaid		90.45	0.3146			90.45	273.13	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Aetna	Commercial		44.08	0.38			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Aetna	Medicare		35.73	0.308			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Aetna	Better Health		36.49	0.3146			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Americare	Americare		87	0.75			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		WellPoint	WellPoint		37.21	0.3208			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Consumer	Consumer		110.2	0.95			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Corrections	Corrections		92.8	0.8			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		First Health	First Health		81.2	0.7			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		First Trenton	First Trenton		104.4	0.9			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Horizon	NJ Health		96.28	0.83			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Horizon	Medicare Blue		34.8	0.3			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Horizon	Indemnity		44.4	0.3828			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Horizon	MGD		44.4	0.3828			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Horizon	PPO		44.4	0.3828			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Managed Care Inc	Managed Care Inc		104.4	0.9			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Multiplan	Multiplan		92.8	0.8			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Qualcare	Qualcare		87	0.75			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Three Rivers	Three Rivers		110.2	0.95			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		UHC	Medicaid		36.49	0.3146			34.8	110.2	percent of total billed charges	
CHLOROMPHENICOL 1GM VIAL	J0720	HCPCS	outpatient			116		Wellcare	Medicaid		36.49	0.3146			34.8	110.2	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5		26.65 Aetna	Commercial		35.53	0.38			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5		26.65 Aetna	Better Health		29.42	0.3146			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5		26.65 Aetna	Medicare		23.17				23.17	88.83	case rate	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5		26.65 Americare	Americare		70.13	0.75			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5		26.65 WellPoint	WellPoint		29.99	0.3208			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5		26.65 Amerihealth	Medicare		23.17				23.17	88.83	case rate	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5		26.65 Consumer	Consumer		88.83	0.95			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5		26.65 Corrections	Corrections		74.8	0.8			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5		26.65 First Health	First Health		65.45	0.7			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5		26.65 First Trenton	First Trenton		84.15	0.9			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5		26.65 Horizon	Indemnity		35.79	0.3828			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5		26.65 Horizon	NJ Health		24.56				23.17	88.83	case rate	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5		26.65 Horizon	MGD		35.79	0.3828			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5		26.65 Horizon	PPO		35.79	0.3828			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5		26.65 Horizon	Medicare Blue		28.05	0.3			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5		26.65 Managed Care Inc	Managed Care Inc		84.15	0.9			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5		26.65 Multiplan	Multiplan		74.8	0.8			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5		26.65 Qualcare	Qualcare		70.13	0.75			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5		26.65 Three Rivers	Three Rivers		88.83	0.95			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5		26.65 UHC	Medicare		23.17				23.17	88.83	case rate	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5		26.65 UHC	Medicaid		29.42	0.3146			23.17	88.83	percent of total billed charges	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5		26.65 Wellcare	Medicare		23.17				23.17	88.83	case rate	
CHORIONIC GONADOTROPIN 1000 UNITS INJ	J0725	HCPCS	outpatient			93.5		26.65 Wellcare	Medicaid		29.42	0.3146			23.17	88.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5		22.16 Aetna	Medicare		19.27				19.27	107.83	case rate	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5		22.16 Aetna	Commercial		43.13	0.38			19.27	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5		22.16 Aetna	Better Health		35.71	0.3146			19.27	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5		22.16 Americare	Americare		85.13	0.75			19.27	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5		22.16 WellPoint	WellPoint		36.41	0.3208			19.27	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5		22.16 Amerihealth	Medicare		19.27				19.27	107.83	case rate	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5		22.16 Consumer	Consumer		107.83	0.95			19.27	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5		22.16 Corrections	Corrections		90.8	0.8			19.27	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5		22.16 First Health	First Health		79.45	0.7			19.27	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5		22.16 First Trenton	First Trenton		102.15	0.9			19.27	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5		22.16 Horizon	NJ Health		20.42				19.27	107.83	case rate	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5		22.16 Horizon	Medicare Blue		34.05	0.3			19.27	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5		22.16 Horizon	Indemnity		43.45	0.3828			19.27	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5		22.16 Horizon	MGD		43.45	0.3828			19.27	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5		22.16 Horizon	PPO		43.45	0.3828			19.27	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5		22.16 Managed Care Inc	Managed Care Inc		102.15	0.9			19.27	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5		22.16 Multiplan	Multiplan		90.8	0.8			19.27	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5		22.16 Qualcare	Qualcare		85.13	0.75			19.27	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5		22.16 Three Rivers	Three Rivers		107.83	0.95			19.27	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5		22.16 UHC	Medicaid		35.71	0.3146			19.27	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5		22.16 UHC	Medicare		19.27				19.27	107.83	case rate	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5		22.16 Wellcare	Medicaid		35.71	0.3146			19.27	107.83	percent of total billed charges	
CLONIDINE 100MCG-ML 10ML(1MG)INJ	J0735	HCPCS	outpatient			113.5		22.16 Wellcare	Medicare		19.27				19.27	107.83	case rate	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Aetna	Medicare		7.39	0.308			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Aetna	Better Health		7.55	0.3146			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Aetna	Commercial		9.12	0.38			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Americare	Americare		18	0.75			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		WellPoint	WellPoint		7.7	0.3208			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Consumer	Consumer		22.8	0.95			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Corrections	Corrections		19.2	0.8			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		First Health	First Health		16.8	0.7			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		First Trenton	First Trenton		21.6	0.9			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Horizon	Indemnity		9.19	0.3828			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Horizon	MGD		9.19	0.3828			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Horizon	Medicare Blue		7.2	0.3			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Horizon	NJ Health		19.92	0.83			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Horizon	PPO		9.19	0.3828			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Managed Care Inc	Managed Care Inc		21.6	0.9			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Multiplan	Multiplan		19.2	0.8			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Qualcare	Qualcare		18	0.75			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Three Rivers	Three Rivers		22.8	0.95			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		UHC	Medicaid		7.55	0.3146			7.2	22.8	percent of total billed charges	
CABOTEGRAVIR 1MG INJ	J0739	HCPCS	outpatient			24		Wellcare	Medicaid		7.55	0.3146			7.2	22.8	percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396		637.32 Aetna	Medicare		554.19				554.19	5126.2	case rate	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396		637.32 Aetna	Better Health		1697.58	0.3146			554.19	5126.2	percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396		637.32 Aetna	Commercial		1059.03	1.592			554.19	5126.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396		637.32 Americare	Americare		4047	0.75			554.19	5126.2	percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396		637.32 WellPoint	WellPoint		1731.04	0.3208			554.19	5126.2	percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396		637.32 Amerihealth	Medicare		554.19				554.19	5126.2	case rate	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396		637.32 Consumer	Consumer		5126.2	0.95			554.19	5126.2	percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396		637.32 Corrections	Corrections		4316.8	0.8			554.19	5126.2	percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396		637.32 First Health	First Health		3777.2	0.7			554.19	5126.2	percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396		637.32 First Trenton	First Trenton		4856.4	0.9			554.19	5126.2	percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396		637.32 Horizon	Medicare Blue		665.22	1			554.19	5126.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396		637.32 Horizon	Indemnity		1215.36	1.827			554.19	5126.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396		637.32 Horizon	NJ Health		587.44				554.19	5126.2	case rate	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396		637.32 Horizon	MGD		1215.36	1.827			554.19	5126.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396		637.32 Horizon	PPO		1215.36	1.827			554.19	5126.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396		637.32 Managed Care Inc	Managed Care Inc		4856.4	0.9			554.19	5126.2	percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396		637.32 Multiplan	Multiplan		4316.8	0.8			554.19	5126.2	percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396		637.32 Qualcare	Qualcare		4047	0.75			554.19	5126.2	percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396		637.32 Three Rivers	Three Rivers		5126.2	0.95			554.19	5126.2	percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396		637.32 UHC	Medicare		554.19				554.19	5126.2	case rate	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396		637.32 UHC	Medicaid		1697.58	0.3146			554.19	5126.2	percent of total billed charges	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396		637.32 Wellcare	Medicare		554.19				554.19	5126.2	case rate	
CIDOFOVIR 375MG VIAL	J0740	HCPCS	both			5396		637.32 Wellcare	Medicaid		1697.58	0.3146			554.19	5126.2	percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	inpatient			127		9.32 Aetna	Medicare		8.1				8.1	120.65	case rate	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	inpatient			127		9.32 Aetna	Commercial		48.26	0.38			8.1	120.65	percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	inpatient			127		9.32 Aetna	Better Health		39.95	0.3146			8.1	120.65	percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	inpatient			127		9.32 Americare	Americare		95.25	0.75			8.1	120.65	percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	inpatient			127		9.32 WellPoint	WellPoint		40.74	0.3208			8.1	120.65	percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	inpatient			127		9.32 Amerihealth	Medicare		8.1				8.1	120.65	case rate	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	inpatient			127		9.32 Consumer	Consumer		120.65	0.95			8.1	120.65	percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	inpatient			127		9.32 Corrections	Corrections		101.6	0.8			8.1	120.65	percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	inpatient			127		9.32 First Health	First Health		88.9	0.7			8.1	120.65	percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	inpatient			127		9.32 First Trenton	First Trenton		114.3	0.9			8.1	120.65	percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	inpatient			127		9.32 Horizon	Medicare Blue		38.1	0.3			8.1	120.65	percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	inpatient			127		9.32 Horizon	Indemnity		48.62	0.3828			8.1	120.65	percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	inpatient			127		9.32 Horizon	MGD		48.62	0.3828			8.1	120.65	percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	inpatient			127		9.32 Horizon	NJ Health		8.59				8.1	120.65	case rate	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	inpatient			127		9.32 Horizon	PPO		48.62	0.3828			8.1	120.65	percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	inpatient			127		9.32 Managed Care Inc	Managed Care Inc		114.3	0.9			8.1	120.65	percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	inpatient			127		9.32 Multiplan	Multiplan		101.6	0.8			8.1	120.65	percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	inpatient			127		9.32 Qualcare	Qualcare		95.25	0.75			8.1	120.65	percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	inpatient			127		9.32 Three Rivers	Three Rivers		120.65	0.95			8.1	120.65	percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	inpatient			127		9.32 UHC	Medicaid		39.95	0.3146			8.1	120.65	percent of total billed charges	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	inpatient			127		9.32 UHC	Medicare		8.1				8.1	120.65	case rate	
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	inpatient			127		9.32 Wellcare	Medicare		8.1				8.1	120.65	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IMIPENEM-CILASTATIN 250MG INJ	J0743	HCPCS	inpatient			127	9.32	Wellcare	Medicaid		39.95	0.3146			8.1	120.65	percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Aetna	Medicare		1.93				1.93	42.75	case rate	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Aetna	Better Health		14.16	0.3146			1.93	42.75	percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Aetna	Commercial		17.1	0.38			1.93	42.75	percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Americare	Americare		33.75	0.75			1.93	42.75	percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	WellPoint	WellPoint		14.44	0.3208			1.93	42.75	percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Amerihealth	Medicare		1.93				1.93	42.75	case rate	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Consumer	Consumer		42.75	0.95			1.93	42.75	percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Corrections	Corrections		36	0.8			1.93	42.75	percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	First Health	First Health		31.5	0.7			1.93	42.75	percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	First Trenton	First Trenton		40.5	0.9			1.93	42.75	percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Horizon	Medicare Blue		13.5	0.3			1.93	42.75	percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Horizon	MGD		17.23	0.3828			1.93	42.75	percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Horizon	Indemnity		17.23	0.3828			1.93	42.75	percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Horizon	NJ Health		2.05				1.93	42.75	case rate	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Horizon	PPO		17.23	0.3828			1.93	42.75	percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Managed Care Inc	Managed Care Inc		40.5	0.9			1.93	42.75	percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Multiplan	Multiplan		36	0.8			1.93	42.75	percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Qualcare	Qualcare		33.75	0.75			1.93	42.75	percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Three Rivers	Three Rivers		42.75	0.95			1.93	42.75	percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	UHC	Medicaid		14.16	0.3146			1.93	42.75	percent of total billed charges	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	UHC	Medicare		1.93				1.93	42.75	case rate	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Wellcare	Medicare		1.93				1.93	42.75	case rate	
CIPROFLOXACIN IV 200MG	J0744	HCPCS	both			45	2.22	Wellcare	Medicaid		14.16	0.3146			1.93	42.75	percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Aetna	Commercial		202.16	0.38			159.6	505.4	percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Aetna	Better Health		167.37	0.3146			159.6	505.4	percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Aetna	Medicare		163.86	0.308			159.6	505.4	percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Americare	Americare		399	0.75			159.6	505.4	percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		WellPoint	WellPoint		170.67	0.3208			159.6	505.4	percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Consumer	Consumer		505.4	0.95			159.6	505.4	percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Corrections	Corrections		425.6	0.8			159.6	505.4	percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		First Health	First Health		372.4	0.7			159.6	505.4	percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		First Trenton	First Trenton		478.8	0.9			159.6	505.4	percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Horizon	Indemnity		203.65	0.3828			159.6	505.4	percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Horizon	Medicare Blue		159.6	0.3			159.6	505.4	percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Horizon	NJ Health		441.56	0.83			159.6	505.4	percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Horizon	MGD		203.65	0.3828			159.6	505.4	percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Horizon	PPO		203.65	0.3828			159.6	505.4	percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Managed Care Inc	Managed Care Inc		478.8	0.9			159.6	505.4	percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Multiplan	Multiplan		425.6	0.8			159.6	505.4	percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Qualcare	Qualcare		399	0.75			159.6	505.4	percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Three Rivers	Three Rivers		505.4	0.95			159.6	505.4	percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		UHC	Medicaid		167.37	0.3146			159.6	505.4	percent of total billed charges	
CODEINE 30MG/1ML INJ	J0745	HCPCS	outpatient			532		Wellcare	Medicaid		167.37	0.3146			159.6	505.4	percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Aetna	Better Health		110.27	0.3146			13.92	332.98	percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Aetna	Medicare		13.92				13.92	332.98	case rate	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Aetna	Commercial		133.19	0.38			13.92	332.98	percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Americare	Americare		262.88	0.75			13.92	332.98	percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	WellPoint	WellPoint		112.44	0.3208			13.92	332.98	percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Amerihealth	Medicare		13.92				13.92	332.98	case rate	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Consumer	Consumer		332.98	0.95			13.92	332.98	percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Corrections	Corrections		280.4	0.8			13.92	332.98	percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	First Health	First Health		245.35	0.7			13.92	332.98	percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	First Trenton	First Trenton		315.45	0.9			13.92	332.98	percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Horizon	MGD		134.17	0.3828			13.92	332.98	percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Horizon	NJ Health		14.75				13.92	332.98	case rate	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Horizon	Indemnity		134.17	0.3828			13.92	332.98	percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Horizon	Medicare Blue		105.15	0.3			13.92	332.98	percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Horizon	PPO		134.17	0.3828			13.92	332.98	percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Managed Care Inc	Managed Care Inc		315.45	0.9			13.92	332.98	percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Multiplan	Multiplan		280.4	0.8			13.92	332.98	percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Qualcare	Qualcare		262.88	0.75			13.92	332.98	percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Three Rivers	Three Rivers		332.98	0.95			13.92	332.98	percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	UHC	Medicare		13.92				13.92	332.98	case rate	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	UHC	Medicaid		110.27	0.3146			13.92	332.98	percent of total billed charges	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Wellcare	Medicare		13.92				13.92	332.98	case rate	
COLISTIMETHATE 150MG INJ	J0770	HCPCS	inpatient			350.5	16	Wellcare	Medicaid		110.27	0.3146			13.92	332.98	percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Aetna	Medicare		66.27				56.94	175.28	case rate	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Aetna	Better Health		58.04	0.3146			56.94	175.28	percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Aetna	Commercial		126.64	1.592			56.94	175.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Americare	Americare		138.38	0.75			56.94	175.28	percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	WellPoint	WellPoint		59.19	0.3208			56.94	175.28	percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Amerihealth	Medicare		66.27				56.94	175.28	case rate	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Consumer	Consumer		175.28	0.95			56.94	175.28	percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Corrections	Corrections		147.6	0.8			56.94	175.28	percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	First Health	First Health		129.15	0.7			56.94	175.28	percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	First Trenton	First Trenton		166.05	0.9			56.94	175.28	percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Horizon	Indemnity		145.34	1.827			56.94	175.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Horizon	PPO		145.34	1.827			56.94	175.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Horizon	NJ Health		70.25				56.94	175.28	case rate	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Horizon	Medicare Blue		79.55	1			56.94	175.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Horizon	MGD		145.34	1.827			56.94	175.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Managed Care Inc	Managed Care Inc		166.05	0.9			56.94	175.28	percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Multiplan	Multiplan		147.6	0.8			56.94	175.28	percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Qualcare	Qualcare		138.38	0.75			56.94	175.28	percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Three Rivers	Three Rivers		175.28	0.95			56.94	175.28	percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	UHC	Medicare		66.27				56.94	175.28	case rate	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	UHC	Medicaid		58.04	0.3146			56.94	175.28	percent of total billed charges	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Wellcare	Medicare		66.27				56.94	175.28	case rate	
COLLAGENSASE CLOST HIST 0.01MG INJ	J0775	HCPCS	outpatient			184.5	76.21	Wellcare	Medicaid		58.04	0.3146			56.94	175.28	percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Aetna	Medicare		3.43				3.43	58.9	case rate	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Aetna	Better Health		19.51	0.3146			3.43	58.9	percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Aetna	Commercial		23.56	0.38			3.43	58.9	percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Americare	Americare		46.5	0.75			3.43	58.9	percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	WellPoint	WellPoint		19.89	0.3208			3.43	58.9	percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Amerihealth	Medicare		3.43				3.43	58.9	case rate	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Consumer	Consumer		58.9	0.95			3.43	58.9	percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Corrections	Corrections		49.6	0.8			3.43	58.9	percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	First Health	First Health		43.4	0.7			3.43	58.9	percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	First Trenton	First Trenton		55.8	0.9			3.43	58.9	percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Horizon	Medicare Blue		18.6	0.3			3.43	58.9	percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Horizon	MGD		23.73	0.3828			3.43	58.9	percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Horizon	Indemnity		23.73	0.3828			3.43	58.9	percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Horizon	PPO		23.73	0.3828			3.43	58.9	percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Horizon	NJ Health		3.63				3.43	58.9	case rate	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Managed Care Inc	Managed Care Inc		55.8	0.9			3.43	58.9	percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Multiplan	Multiplan		49.6	0.8			3.43	58.9	percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Qualcare	Qualcare		46.5	0.75			3.43	58.9	percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Three Rivers	Three Rivers		58.9	0.95			3.43	58.9	percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	UHC	Medicare		3.43				3.43	58.9	case rate	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	UHC	Medicaid		19.51	0.3146			3.43	58.9	percent of total billed charges	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Wellcare	Medicare		3.43				3.43	58.9	case rate	
PROCHLORPERAZINE 10MG INJ.	J0780	HCPCS	both			62	3.94	Wellcare	Medicaid		19.51	0.3146			3.43	58.9	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Aetna	Better Health		149.44	0.3146			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Aetna	Medicare		127.1				127.1	451.25	case rate	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Aetna	Commercial		242.88	1.592			127.1	451.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Americare	Americare		356.25	0.75			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	WellPoint	WellPoint		152.38	0.3208			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Amerihealth	Medicare		127.1				127.1	451.25	case rate	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Consumer	Consumer		451.25	0.95			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Corrections	Corrections		380	0.8			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	First Health	First Health		332.5	0.7			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	First Trenton	First Trenton		427.5	0.9			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Horizon	Indemnity		278.73	1.827			127.1	451.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Horizon	MGD		278.73	1.827			127.1	451.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Horizon	Medicare Blue		152.56	1			127.1	451.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Horizon	NJ Health		134.73				127.1	451.25	case rate	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Horizon	PPO		278.73	1.827			127.1	451.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Managed Care Inc	Managed Care Inc		427.5	0.9			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Multiplan	Multiplan		380	0.8			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Qualcare	Qualcare		356.25	0.75			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Three Rivers	Three Rivers		451.25	0.95			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	UHC	Medicare		127.1				127.1	451.25	case rate	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	UHC	Medicaid		149.44	0.3146			127.1	451.25	percent of total billed charges	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Wellcare	Medicare		127.1				127.1	451.25	case rate	
CRIZANLIZUMAB-TMCA(ADAKVEO)5MG INJ	J0791	HCPCS	outpatient			475	146.17	Wellcare	Medicaid		149.44	0.3146			127.1	451.25	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	inpatient			30.5		Aetna	Commercial		11.59	0.38			9.15	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	inpatient			30.5		Aetna	Better Health		9.6	0.3146			9.15	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	inpatient			30.5		Aetna	Medicare		9.39	0.308			9.15	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	inpatient			30.5		Americare	Americare		22.88	0.75			9.15	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	inpatient			30.5		WellPoint	WellPoint		9.78	0.3208			9.15	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	inpatient			30.5		Consumer	Consumer		28.98	0.95			9.15	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	inpatient			30.5		Corrections	Corrections		24.4	0.8			9.15	28.98	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	inpatient			30.5		First Health	First Health		21.35	0.7			9.15	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	inpatient			30.5		First Trenton	First Trenton		27.45	0.9			9.15	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	inpatient			30.5		Horizon	Indemnity		11.68	0.3828			9.15	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	inpatient			30.5		Horizon	Medicare Blue		9.15	0.3			9.15	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	inpatient			30.5		Horizon	MGD		11.68	0.3828			9.15	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	inpatient			30.5		Horizon	NJ Health		25.32	0.83			9.15	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	inpatient			30.5		Horizon	PPO		11.68	0.3828			9.15	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	inpatient			30.5		Managed Care Inc	Managed Care Inc		27.45	0.9			9.15	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	inpatient			30.5		Multiplan	Multiplan		24.4	0.8			9.15	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	inpatient			30.5		Qualcare	Qualcare		22.88	0.75			9.15	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	inpatient			30.5		Three Rivers	Three Rivers		28.98	0.95			9.15	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	inpatient			30.5		UHC	Medicaid		9.6	0.3146			9.15	28.98	percent of total billed charges	
CORTICORELIN OVINE TRIFLUTATE 1 MCG INJ	J0795	HCPCS	inpatient			30.5		Wellcare	Medicaid		9.6	0.3146			9.15	28.98	percent of total billed charges	
CORTICOTROPIN 40U INJ	J0800	HCPCS	outpatient			5208		Aetna	Better Health		1638.44	0.3146			1562.4	4947.6	percent of total billed charges	
CORTICOTROPIN 40U INJ	J0800	HCPCS	outpatient			5208		Aetna	Medicare		1604.06	0.308			1562.4	4947.6	percent of total billed charges	
CORTICOTROPIN 40U INJ	J0800	HCPCS	outpatient			5208		Aetna	Commercial		1979.04	0.38			1562.4	4947.6	percent of total billed charges	
CORTICOTROPIN 40U INJ	J0800	HCPCS	outpatient			5208		Americare	Americare		3906	0.75			1562.4	4947.6	percent of total billed charges	
CORTICOTROPIN 40U INJ	J0800	HCPCS	outpatient			5208		WellPoint	WellPoint		1670.73	0.3208			1562.4	4947.6	percent of total billed charges	
CORTICOTROPIN 40U INJ	J0800	HCPCS	outpatient			5208		Consumer	Consumer		4947.6	0.95			1562.4	4947.6	percent of total billed charges	
CORTICOTROPIN 40U INJ	J0800	HCPCS	outpatient			5208		Corrections	Corrections		4166.4	0.8			1562.4	4947.6	percent of total billed charges	
CORTICOTROPIN 40U INJ	J0800	HCPCS	outpatient			5208		First Health	First Health		3645.6	0.7			1562.4	4947.6	percent of total billed charges	
CORTICOTROPIN 40U INJ	J0800	HCPCS	outpatient			5208		First Trenton	First Trenton		4687.2	0.9			1562.4	4947.6	percent of total billed charges	
CORTICOTROPIN 40U INJ	J0800	HCPCS	outpatient			5208		Horizon	Medicare Blue		1562.4	0.3			1562.4	4947.6	percent of total billed charges	
CORTICOTROPIN 40U INJ	J0800	HCPCS	outpatient			5208		Horizon	Indemnity		1993.62	0.3828			1562.4	4947.6	percent of total billed charges	
CORTICOTROPIN 40U INJ	J0800	HCPCS	outpatient			5208		Horizon	NJ Health		4322.64	0.83			1562.4	4947.6	percent of total billed charges	
CORTICOTROPIN 40U INJ	J0800	HCPCS	outpatient			5208		Horizon	MGD		1993.62	0.3828			1562.4	4947.6	percent of total billed charges	
CORTICOTROPIN 40U INJ	J0800	HCPCS	outpatient			5208		Horizon	PPO		1993.62	0.3828			1562.4	4947.6	percent of total billed charges	
CORTICOTROPIN 40U INJ	J0800	HCPCS	outpatient			5208		Managed Care Inc	Managed Care Inc		4687.2	0.9			1562.4	4947.6	percent of total billed charges	
CORTICOTROPIN 40U INJ	J0800	HCPCS	outpatient			5208		Multiplan	Multiplan		4166.4	0.8			1562.4	4947.6	percent of total billed charges	
CORTICOTROPIN 40U INJ	J0800	HCPCS	outpatient			5208		Qualcare	Qualcare		3906	0.75			1562.4	4947.6	percent of total billed charges	
CORTICOTROPIN 40U INJ	J0800	HCPCS	outpatient			5208		Three Rivers	Three Rivers		4947.6	0.95			1562.4	4947.6	percent of total billed charges	
CORTICOTROPIN 40U INJ	J0800	HCPCS	outpatient			5208		UHC	Medicaid		1638.44	0.3146			1562.4	4947.6	percent of total billed charges	
CORTICOTROPIN 40U INJ	J0800	HCPCS	outpatient			5208		Wellcare	Medicaid		1638.44	0.3146			1562.4	4947.6	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5		31.18 Aetna	Commercial		171.57	0.38			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5		31.18 Aetna	Better Health		142.04	0.3146			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5		31.18 Aetna	Medicare		27.11				27.11	428.93	case rate	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5		31.18 Americare	Americare		338.63	0.75			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5		31.18 WellPoint	WellPoint		144.84	0.3208			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5		31.18 Amerihealth	Medicare		27.11				27.11	428.93	case rate	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5		31.18 Consumer	Consumer		428.93	0.95			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5		31.18 Corrections	Corrections		361.2	0.8			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5		31.18 First Health	First Health		316.05	0.7			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5		31.18 First Trenton	First Trenton		406.35	0.9			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5		31.18 Horizon	Indemnity		172.83	0.3828			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5		31.18 Horizon	MGD		172.83	0.3828			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5		31.18 Horizon	Medicare Blue		135.45	0.3			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5		31.18 Horizon	NJ Health		28.74				27.11	428.93	case rate	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5		31.18 Horizon	PPO		172.83	0.3828			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5		31.18 Managed Care Inc	Managed Care Inc		406.35	0.9			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5		31.18 Multiplan	Multiplan		361.2	0.8			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5		31.18 Qualcare	Qualcare		338.63	0.75			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5		31.18 Three Rivers	Three Rivers		428.93	0.95			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5		31.18 UHC	Medicaid		142.04	0.3146			27.11	428.93	percent of total billed charges	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5		31.18 UHC	Medicare		27.11				27.11	428.93	case rate	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5		31.18 Wellcare	Medicare		27.11				27.11	428.93	case rate	
COSYNTHROPIN(CORTROSYN) 0.25MG INJ	J0834	HCPCS	both			451.5		31.18 Wellcare	Medicaid		142.04	0.3146			27.11	428.93	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692		2242.4 Aetna	Better Health		3363.7	0.3146			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692		2242.4 Aetna	Medicare		1949.92				1949.92	10157.4	case rate	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692		2242.4 Aetna	Commercial		3726.19	1.592			1949.92	10157.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692		2242.4 Americare	Americare		8019	0.75			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692		2242.4 WellPoint	WellPoint		3429.99	0.3208			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692		2242.4 Amerihealth	Medicare		1949.92				1949.92	10157.4	case rate	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692		2242.4 Consumer	Consumer		10157.4	0.95			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692		2242.4 Corrections	Corrections		8553.6	0.8			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692		2242.4 First Health	First Health		7484.4	0.7			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692		2242.4 First Trenton	First Trenton		9622.8	0.9			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692		2242.4 Horizon	MGD		4276.22	1.827			1949.92	10157.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692		2242.4 Horizon	Indemnity		4276.22	1.827			1949.92	10157.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692		2242.4 Horizon	NJ Health		2066.91				1949.92	10157.4	case rate	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692		2242.4 Horizon	PPO		4276.22	1.827			1949.92	10157.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692		2242.4 Horizon	Medicare Blue		2340.57	1			1949.92	10157.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692		2242.4 Managed Care Inc	Managed Care Inc		9622.8	0.9			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692		2242.4 Multiplan	Multiplan		8553.6	0.8			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692		2242.4 Qualcare	Qualcare		8019	0.75			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692		2242.4 Three Rivers	Three Rivers		10157.4	0.95			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692		2242.4 UHC	Medicaid		3363.7	0.3146			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692		2242.4 UHC	Medicare		1949.92				1949.92	10157.4	case rate	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692		2242.4 Wellcare	Medicaid		3363.7	0.3146			1949.92	10157.4	percent of total billed charges	
ANTIVENIN CAROTALIDAE 1GM INJ	J0840	HCPCS	outpatient			10692		2242.4 Wellcare	Medicare		1949.92				1949.92	10157.4	case rate	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057		2079.05 Aetna	Commercial		3454.74	1.592			647.13	3964.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057		2079.05 Aetna	Better Health		647.13	0.3146			647.13	3964.7	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057		2079.05 Aetna	Medicare		1807.87				647.13	3964.7	case rate	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057		2079.05 Americare	Americare		1542.75	0.75			647.13	3964.7	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057		2079.05 WellPoint	WellPoint		659.89	0.3208			647.13	3964.7	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057		2079.05 Amerihealth	Medicare		1807.87				647.13	3964.7	case rate	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057		2079.05 Consumer	Consumer		1954.15	0.95			647.13	3964.7	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057		2079.05 Corrections	Corrections		1646.6	0.8			647.13	3964.7	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057		2079.05 First Health	First Health		1439.9	0.7			647.13	3964.7	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057		2079.05 First Trenton	First Trenton		1851.3	0.9			647.13	3964.7	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057		2079.05 Horizon	MGD		3964.7	1.827			647.13	3964.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057		2079.05 Horizon	Medicare Blue		2170.06	1			647.13	3964.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057		2079.05 Horizon	PPO		3964.7	1.827			647.13	3964.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057		2079.05 Horizon	Indemnity		3964.7	1.827			647.13	3964.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057		2079.05 Horizon	NJ Health		1916.34				647.13	3964.7	case rate	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057		2079.05 Managed Care Inc	Managed Care Inc		1851.3	0.9			647.13	3964.7	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057		2079.05 Multiplan	Multiplan		1646.6	0.8			647.13	3964.7	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057		2079.05 Qualcare	Qualcare		1542.75	0.75			647.13	3964.7	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057		2079.05 Three Rivers	Three Rivers		1954.15	0.95			647.13	3964.7	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057		2079.05 UHC	Medicare		1807.87				647.13	3964.7	case rate	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057		2079.05 UHC	Medicaid		647.13	0.3146			647.13	3964.7	percent of total billed charges	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057		2079.05 Wellcare	Medicare		1807.87				647.13	3964.7	case rate	
CMV IMMUNOGLOBULIN G HUMAN 2.5GM	J0850	HCPCS	outpatient			2057		2079.05 Wellcare	Medicaid		647.13	0.3146			647.13	3964.7	percent of total billed charges	
DALBAVANCIN(DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66		17.59 Aetna	Better Health		20.76	0.3146			15.29	62.7	percent of total billed charges	
DALBAVANCIN(DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66		17.59 Aetna	Medicare		15.29				15.29	62.7	case rate	
DALBAVANCIN(DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66		17.59 Aetna	Commercial		29.21	1.592			15.29	62.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALBAVANCIN(DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66		17.59 Americare	Americare		49.5	0.75			15.29	62.7	percent of total billed charges	
DALBAVANCIN(DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66		17.59 WellPoint	WellPoint		21.17	0.3208			15.29	62.7	percent of total billed charges	
DALBAVANCIN(DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66		17.59 Amerihealth	Medicare		15.29				15.29	62.7	case rate	
DALBAVANCIN(DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66		17.59 Consumer	Consumer		62.7	0.95			15.29	62.7	percent of total billed charges	
DALBAVANCIN(DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66		17.59 Corrections	Corrections		52.8	0.8			15.29	62.7	percent of total billed charges	
DALBAVANCIN(DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66		17.59 First Health	First Health		46.2	0.7			15.29	62.7	percent of total billed charges	
DALBAVANCIN(DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66		17.59 First Trenton	First Trenton		59.4	0.9			15.29	62.7	percent of total billed charges	
DALBAVANCIN(DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66		17.59 Horizon	Medicare Blue		18.35	1			15.29	62.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALBAVANCIN(DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66		17.59 Horizon	MGD		33.53	1.827			15.29	62.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALBAVANCIN(DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66		17.59 Horizon	Indemnity		33.53	1.827			15.29	62.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALBAVANCIN(DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66		17.59 Horizon	NJ Health		16.21				15.29	62.7	case rate	
DALBAVANCIN(DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66		17.59 Horizon	PPO		33.53	1.827			15.29	62.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALBAVANCIN(DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66		17.59 Managed Care Inc	Managed Care Inc		59.4	0.9			15.29	62.7	percent of total billed charges	
DALBAVANCIN(DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66		17.59 Multiplan	Multiplan		52.8	0.8			15.29	62.7	percent of total billed charges	
DALBAVANCIN(DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66		17.59 Qualcare	Qualcare		49.5	0.75			15.29	62.7	percent of total billed charges	
DALBAVANCIN(DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66		17.59 Three Rivers	Three Rivers		62.7	0.95			15.29	62.7	percent of total billed charges	
DALBAVANCIN(DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66		17.59 UHC	Medicare		15.29				15.29	62.7	case rate	
DALBAVANCIN(DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66		17.59 UHC	Medicaid		20.76	0.3146			15.29	62.7	percent of total billed charges	
DALBAVANCIN(DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66		17.59 Wellcare	Medicare		15.29				15.29	62.7	case rate	
DALBAVANCIN(DALVANCE) 5MG INJ	J0875	HCPCS	outpatient			66		17.59 Wellcare	Medicaid		20.76	0.3146			15.29	62.7	percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5		0.04 Aetna	Medicare		0.04				0.04	2.38	case rate	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5		0.04 Aetna	Better Health		0.79	0.3146			0.04	2.38	percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5		0.04 Aetna	Commercial		0.95	0.38			0.04	2.38	percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5		0.04 Americare	Americare		1.88	0.75			0.04	2.38	percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5		0.04 WellPoint	WellPoint		0.8	0.3208			0.04	2.38	percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5		0.04 Amerihealth	Medicare		0.04				0.04	2.38	case rate	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5		0.04 Consumer	Consumer		2.38	0.95			0.04	2.38	percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5		0.04 Corrections	Corrections		2	0.8			0.04	2.38	percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5		0.04 First Health	First Health		1.75	0.7			0.04	2.38	percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5		0.04 First Trenton	First Trenton		2.25	0.9			0.04	2.38	percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5		0.04 Horizon	MGD		0.96	0.3828			0.04	2.38	percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5		0.04 Horizon	Medicare Blue		0.75	0.3			0.04	2.38	percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5		0.04 Horizon	NJ Health		0.04				0.04	2.38	case rate	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5		0.04 Horizon	Indemnity		0.96	0.3828			0.04	2.38	percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5		0.04 Horizon	PPO		0.96	0.3828			0.04	2.38	percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5		0.04 Managed Care Inc	Managed Care Inc		2.25	0.9			0.04	2.38	percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5		0.04 Multiplan	Multiplan		2	0.8			0.04	2.38	percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5		0.04 Qualcare	Qualcare		1.88	0.75			0.04	2.38	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	Three Rivers	Three Rivers		2.38	0.95			0.04	2.38	percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	UHC	Medicaid		0.79	0.3146			0.04	2.38	percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	UHC	Medicare		0.04				0.04	2.38	case rate	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	Wellcare	Medicaid		0.79	0.3146			0.04	2.38	percent of total billed charges	
DAPTOMYCIN 1MG (NF)	J0878	HCPCS	both			2.5	0.04	Wellcare	Medicare		0.04				0.04	2.38	case rate	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Aetna	Medicare		2.93				2.93	28.98	case rate	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Aetna	Better Health		9.6	0.3146			2.93	28.98	percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Aetna	Commercial		5.6	1.592			2.93	28.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Americare	Americare		22.88	0.75			2.93	28.98	percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	WellPoint	WellPoint		9.78	0.3208			2.93	28.98	percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Amerihealth	Medicare		2.93				2.93	28.98	case rate	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Consumer	Consumer		28.98	0.95			2.93	28.98	percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Corrections	Corrections		24.4	0.8			2.93	28.98	percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	First Health	First Health		21.35	0.7			2.93	28.98	percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	First Trenton	First Trenton		27.45	0.9			2.93	28.98	percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Horizon	PPO		6.43	1.827			2.93	28.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Horizon	MGD		6.43	1.827			2.93	28.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Horizon	Indemnity		6.43	1.827			2.93	28.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Horizon	Medicare Blue		3.52	1			2.93	28.98	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Horizon	NJ Health		3.11				2.93	28.98	case rate	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Managed Care Inc	Managed Care Inc		27.45	0.9			2.93	28.98	percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Multiplan	Multiplan		24.4	0.8			2.93	28.98	percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Qualcare	Qualcare		22.88	0.75			2.93	28.98	percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Three Rivers	Three Rivers		28.98	0.95			2.93	28.98	percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	UHC	Medicaid		9.6	0.3146			2.93	28.98	percent of total billed charges	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	UHC	Medicare		2.93				2.93	28.98	case rate	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Wellcare	Medicare		2.93				2.93	28.98	case rate	
DARBEPOETIN IMCG INJ	J0881	HCPCS	outpatient			30.5	3.37	Wellcare	Medicaid		9.6	0.3146			2.93	28.98	percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.68	Aetna	Medicare		1.46	1			1.46	20.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.68	Aetna	Better Health		6.92	0.3146			1.46	20.9	percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.68	Aetna	Commercial		2.32	1.592			1.46	20.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.68	Americare	Americare		16.5	0.75			1.46	20.9	percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.68	WellPoint	WellPoint		7.06	0.3208			1.46	20.9	percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.68	Amerihealth	Medicare		1.46	1			1.46	20.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.68	Consumer	Consumer		20.9	0.95			1.46	20.9	percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.68	Corrections	Corrections		17.6	0.8			1.46	20.9	percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.68	First Health	First Health		15.4	0.7			1.46	20.9	percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.68	First Trenton	First Trenton		19.8	0.9			1.46	20.9	percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.68	Horizon	MGD		2.67	1.827			1.46	20.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.68	Horizon	Medicare Blue		1.46	1			1.46	20.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.68	Horizon	NJ Health		18.26	0.83			1.46	20.9	percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.68	Horizon	Indemnity		2.67	1.827			1.46	20.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.68	Horizon	PPO		2.67	1.827			1.46	20.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.68	Managed Care Inc	Managed Care Inc		19.8	0.9			1.46	20.9	percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.68	Multiplan	Multiplan		17.6	0.8			1.46	20.9	percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.68	Qualcare	Qualcare		16.5	0.75			1.46	20.9	percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.68	Three Rivers	Three Rivers		20.9	0.95			1.46	20.9	percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.68	UHC	Medicaid		6.92	0.3146			1.46	20.9	percent of total billed charges	
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.68	UHC	Medicare		1.46	1			1.46	20.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.68	Wellcare	Medicare		1.46	1			1.46	20.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARGATROBAN 1 MG INJ	J0883	HCPCS	both			22	1.68	Wellcare	Medicaid		6.92	0.3146			1.46	20.9	percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Aetna	Commercial		16.99	1.592			8.89	92.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Aetna	Medicare		8.89				8.89	92.63	case rate	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Aetna	Better Health		30.67	0.3146			8.89	92.63	percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Americare	Americare		73.13	0.75			8.89	92.63	percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	WellPoint	WellPoint		31.28	0.3208			8.89	92.63	percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Amerihealth	Medicare		8.89				8.89	92.63	case rate	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Consumer	Consumer		92.63	0.95			8.89	92.63	percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Corrections	Corrections		78	0.8			8.89	92.63	percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	First Health	First Health		68.25	0.7			8.89	92.63	percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	First Trenton	First Trenton		87.75	0.9			8.89	92.63	percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Horizon	Medicare Blue		10.57	1			8.89	92.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Horizon	MGD		19.49	1.827			8.89	92.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Horizon	Indemnity		19.49	1.827			8.89	92.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Horizon	PPO		19.49	1.827			8.89	92.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Horizon	NJ Health		9.42				8.89	92.63	case rate	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Managed Care Inc	Managed Care Inc		87.75	0.9			8.89	92.63	percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Multiplan	Multiplan		78	0.8			8.89	92.63	percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Qualcare	Qualcare		73.13	0.75			8.89	92.63	percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Three Rivers	Three Rivers		92.63	0.95			8.89	92.63	percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	UHC	Medicare		8.89				8.89	92.63	case rate	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	UHC	Medicaid		30.67	0.3146			8.89	92.63	percent of total billed charges	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Wellcare	Medicare		8.89				8.89	92.63	case rate	
EPOETIN ALPHA 1000UNITS (CHEMO)	J0885	HCPCS	both			97.5	10.22	Wellcare	Medicaid		30.67	0.3146			8.89	92.63	percent of total billed charges	
DECITBINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Aetna	Commercial		49.97	0.38			1.69	124.93	percent of total billed charges	
DECITBINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Aetna	Medicare		1.69				1.69	124.93	case rate	
DECITBINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Aetna	Better Health		41.37	0.3146			1.69	124.93	percent of total billed charges	
DECITBINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Americare	Americare		98.63	0.75			1.69	124.93	percent of total billed charges	
DECITBINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	WellPoint	WellPoint		42.19	0.3208			1.69	124.93	percent of total billed charges	
DECITBINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Amerihealth	Medicare		1.69				1.69	124.93	case rate	
DECITBINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Consumer	Consumer		124.93	0.95			1.69	124.93	percent of total billed charges	
DECITBINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Corrections	Corrections		105.2	0.8			1.69	124.93	percent of total billed charges	
DECITBINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	First Health	First Health		92.05	0.7			1.69	124.93	percent of total billed charges	
DECITBINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	First Trenton	First Trenton		118.35	0.9			1.69	124.93	percent of total billed charges	
DECITBINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Horizon	MGD		50.34	0.3828			1.69	124.93	percent of total billed charges	
DECITBINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Horizon	Indemnity		50.34	0.3828			1.69	124.93	percent of total billed charges	
DECITBINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Horizon	PPO		50.34	0.3828			1.69	124.93	percent of total billed charges	
DECITBINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Horizon	Medicare Blue		39.45	0.3			1.69	124.93	percent of total billed charges	
DECITBINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Horizon	NJ Health		1.8				1.69	124.93	case rate	
DECITBINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Managed Care Inc	Managed Care Inc		118.35	0.9			1.69	124.93	percent of total billed charges	
DECITBINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Multiplan	Multiplan		105.2	0.8			1.69	124.93	percent of total billed charges	
DECITBINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Qualcare	Qualcare		98.63	0.75			1.69	124.93	percent of total billed charges	
DECITBINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Three Rivers	Three Rivers		124.93	0.95			1.69	124.93	percent of total billed charges	
DECITBINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	UHC	Medicare		1.69				1.69	124.93	case rate	
DECITBINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	UHC	Medicaid		41.37	0.3146			1.69	124.93	percent of total billed charges	
DECITBINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Wellcare	Medicare		1.69				1.69	124.93	case rate	
DECITBINE 1 MG INJ	J0894	HCPCS	outpatient			131.5	1.95	Wellcare	Medicaid		41.37	0.3146			1.69	124.93	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	both			117.5	9.89	Aetna	Medicare		8.6				8.6	111.63	case rate	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	both			117.5	9.89	Aetna	Better Health		36.97	0.3146			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	both			117.5	9.89	Aetna	Commercial		44.65	0.38			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	both			117.5	9.89	Americare	Americare		88.13	0.75			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	both			117.5	9.89	WellPoint	WellPoint		37.69	0.3208			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	both			117.5	9.89	Amerihealth	Medicare		8.6				8.6	111.63	case rate	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	both			117.5	9.89	Consumer	Consumer		111.63	0.95			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	both			117.5	9.89	Corrections	Corrections		94	0.8			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	both			117.5	9.89	First Health	First Health		82.25	0.7			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	both			117.5	9.89	First Trenton	First Trenton		105.75	0.9			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	both			117.5	9.89	Horizon	Indemnity		44.98	0.3828			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	both			117.5	9.89	Horizon	MGD		44.98	0.3828			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	both			117.5	9.89	Horizon	NJ Health		9.11				8.6	111.63	case rate	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	both			117.5	9.89	Horizon	Medicare Blue		35.25	0.3			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	both			117.5	9.89	Horizon	PPO		44.98	0.3828			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	both			117.5	9.89	Managed Care Inc	Managed Care Inc		105.75	0.9			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	both			117.5	9.89	Multiplan	Multiplan		94	0.8			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	both			117.5	9.89	Qualcare	Qualcare		88.13	0.75			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	both			117.5	9.89	Three Rivers	Three Rivers		111.63	0.95			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	both			117.5	9.89	UHC	Medicare		8.6				8.6	111.63	case rate	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	both			117.5	9.89	UHC	Medicaid		36.97	0.3146			8.6	111.63	percent of total billed charges	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	both			117.5	9.89	Wellcare	Medicare		8.6				8.6	111.63	case rate	
DEFEROXAMINE 500MG INJ	J0895	HCPCS	both			117.5	9.89	Wellcare	Medicaid		36.97	0.3146			8.6	111.63	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Aetna	Medicare		25.2				25.2	76.48	case rate	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Aetna	Better Health		25.33	0.3146			25.2	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Aetna	Commercial		48.16	1.592			25.2	76.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Americare	Americare		60.38	0.75			25.2	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	WellPoint	WellPoint		25.82	0.3208			25.2	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Amerihealth	Medicare		25.2				25.2	76.48	case rate	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Consumer	Consumer		76.48	0.95			25.2	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Corrections	Corrections		64.4	0.8			25.2	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	First Health	First Health		56.35	0.7			25.2	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	First Trenton	First Trenton		72.45	0.9			25.2	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Horizon	Indemnity		55.27	1.827			25.2	76.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Horizon	MGD		55.27	1.827			25.2	76.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Horizon	PPO		55.27	1.827			25.2	76.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Horizon	Medicare Blue		30.25	1			25.2	76.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Horizon	NJ Health		26.71				25.2	76.48	case rate	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Managed Care Inc	Managed Care Inc		72.45	0.9			25.2	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Multiplan	Multiplan		64.4	0.8			25.2	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Qualcare	Qualcare		60.38	0.75			25.2	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Three Rivers	Three Rivers		76.48	0.95			25.2	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	UHC	Medicaid		25.33	0.3146			25.2	76.48	percent of total billed charges	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	UHC	Medicare		25.2				25.2	76.48	case rate	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Wellcare	Medicare		25.2				25.2	76.48	case rate	
DENOSUMAB 1MG INJ	J0897	HCPCS	both			80.5	28.98	Wellcare	Medicaid		25.33	0.3146			25.2	76.48	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
METHYLPREDNISOLONE 40MG VIAL	J1030	HCPCS	both			1	7.38	Aetna	Better Health		0.31	0.3146			0.3	6.8	percent of total billed charges	
METHYLPREDNISOLONE 40MG VIAL	J1030	HCPCS	both			1	7.38	Aetna	Commercial		0.38				0.3	6.8	percent of total billed charges	
METHYLPREDNISOLONE 40MG VIAL	J1030	HCPCS	both			1	7.38	Aetna	Medicare		6.42				0.3	6.8	case rate	
METHYLPREDNISOLONE 40MG VIAL	J1030	HCPCS	both			1	7.38	Americare	Americare		0.75				0.3	6.8	percent of total billed charges	
METHYLPREDNISOLONE 40MG VIAL	J1030	HCPCS	both			1	7.38	WellPoint	WellPoint		0.32	0.3208			0.3	6.8	percent of total billed charges	
METHYLPREDNISOLONE 40MG VIAL	J1030	HCPCS	both			1	7.38	Amerihealth	Medicare		6.42				0.3	6.8	case rate	
METHYLPREDNISOLONE 40MG VIAL	J1030	HCPCS	both			1	7.38	Consumer	Consumer		0.95				0.3	6.8	percent of total billed charges	
METHYLPREDNISOLONE 40MG VIAL	J1030	HCPCS	both			1	7.38	Corrections	Corrections		0.8				0.3	6.8	percent of total billed charges	
METHYLPREDNISOLONE 40MG VIAL	J1030	HCPCS	both			1	7.38	First Health	First Health		0.7				0.3	6.8	percent of total billed charges	
METHYLPREDNISOLONE 40MG VIAL	J1030	HCPCS	both			1	7.38	First Trenton	First Trenton		0.9				0.3	6.8	percent of total billed charges	
METHYLPREDNISOLONE 40MG VIAL	J1030	HCPCS	both			1	7.38	Horizon	Indemnity		0.38	0.3828			0.3	6.8	percent of total billed charges	
METHYLPREDNISOLONE 40MG VIAL	J1030	HCPCS	both			1	7.38	Horizon	Medicare Blue		0.3				0.3	6.8	percent of total billed charges	
METHYLPREDNISOLONE 40MG VIAL	J1030	HCPCS	both			1	7.38	Horizon	MGD		0.38	0.3828			0.3	6.8	percent of total billed charges	
METHYLPREDNISOLONE 40MG VIAL	J1030	HCPCS	both			1	7.38	Horizon	NJ Health		6.8				0.3	6.8	case rate	
METHYLPREDNISOLONE 40MG VIAL	J1030	HCPCS	both			1	7.38	Horizon	PPO		0.38	0.3828			0.3	6.8	percent of total billed charges	
METHYLPREDNISOLONE 40MG VIAL	J1030	HCPCS	both			1	7.38	Managed Care Inc	Managed Care Inc		0.9				0.3	6.8	percent of total billed charges	
METHYLPREDNISOLONE 40MG VIAL	J1030	HCPCS	both			1	7.38	Multiplan	Multiplan		0.8				0.3	6.8	percent of total billed charges	
METHYLPREDNISOLONE 40MG VIAL	J1030	HCPCS	both			1	7.38	Qualcare	Qualcare		0.75				0.3	6.8	percent of total billed charges	
METHYLPREDNISOLONE 40MG VIAL	J1030	HCPCS	both			1	7.38	Three Rivers	Three Rivers		0.95				0.3	6.8	percent of total billed charges	
METHYLPREDNISOLONE 40MG VIAL	J1030	HCPCS	both			1	7.38	UHC	Medicaid		0.31	0.3146			0.3	6.8	percent of total billed charges	
METHYLPREDNISOLONE 40MG VIAL	J1030	HCPCS	both			1	7.38	UHC	Medicare		6.42				0.3	6.8	case rate	
METHYLPREDNISOLONE 40MG VIAL	J1030	HCPCS	both			1	7.38	Wellcare	Medicaid		0.31	0.3146			0.3	6.8	percent of total billed charges	
METHYLPREDNISOLONE 40MG VIAL	J1030	HCPCS	both			1	7.38	Wellcare	Medicare		6.42				0.3	6.8	case rate	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Aetna	Better Health		24.22	0.3146			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Aetna	Medicare		9.8				9.8	73.15	case rate	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Aetna	Commercial		29.26	0.38			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Americare	Americare		57.75	0.75			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	WellPoint	WellPoint		24.7	0.3208			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Amerihealth	Medicare		9.8				9.8	73.15	case rate	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Consumer	Consumer		73.15	0.95			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Corrections	Corrections		61.6	0.8			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	First Health	First Health		53.9	0.7			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	First Trenton	First Trenton		69.3	0.9			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Horizon	MGD		29.48	0.3828			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Horizon	NJ Health		10.39				9.8	73.15	case rate	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Horizon	Medicare Blue		23.1	0.3			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Horizon	Indemnity		29.48	0.3828			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Horizon	PPO		29.48	0.3828			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Managed Care Inc	Managed Care Inc		69.3	0.9			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Multiplan	Multiplan		61.6	0.8			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Qualcare	Qualcare		57.75	0.75			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Three Rivers	Three Rivers		73.15	0.95			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	UHC	Medicaid		24.22	0.3146			9.8	73.15	percent of total billed charges	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	UHC	Medicare		9.8				9.8	73.15	case rate	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Wellcare	Medicare		9.8				9.8	73.15	case rate	
METHYLPREDNISOLONE 80MG VIAL	J1040	HCPCS	both			77	11.27	Wellcare	Medicaid		24.22	0.3146			9.8	73.15	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Aetna	Better Health		0.79	0.3146			0.75	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Aetna	Commercial		0.95	0.38			0.75	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Aetna	Medicare		0.77	0.308			0.75	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Americare	Americare		1.88	0.75			0.75	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		WellPoint	WellPoint		0.8	0.3208			0.75	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Consumer	Consumer		2.38	0.95			0.75	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Corrections	Corrections		2	0.8			0.75	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		First Health	First Health		1.75	0.7			0.75	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		First Trenton	First Trenton		2.25	0.9			0.75	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Horizon	Medicare Blue		0.75	0.3			0.75	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Horizon	Indemnity		0.96	0.3828			0.75	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Horizon	MGD		0.96	0.3828			0.75	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Horizon	PPO		0.96	0.3828			0.75	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Horizon	NJ Health		2.08	0.83			0.75	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Managed Care Inc	Managed Care Inc		2.25	0.9			0.75	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Multiplan	Multiplan		2	0.8			0.75	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Qualcare	Qualcare		1.88	0.75			0.75	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Three Rivers	Three Rivers		2.38	0.95			0.75	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		UHC	Medicaid		0.79	0.3146			0.75	2.38	percent of total billed charges	
MEDROXYPROGESTERONE 150MG/1ML INJ	J1050	HCPCS	both			2.5		Wellcare	Medicaid		0.79	0.3146			0.75	2.38	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Aetna	Commercial		0.38				0.03	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Aetna	Better Health		0.31	0.3146			0.03	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Aetna	Medicare		0.03				0.03	0.95	case rate	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Americare	Americare		0.75				0.03	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	WellPoint	WellPoint		0.32	0.3208			0.03	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Amerihealth	Medicare		0.03				0.03	0.95	case rate	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Consumer	Consumer		0.95	0.95			0.03	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Corrections	Corrections		0.8	0.8			0.03	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	First Health	First Health		0.7	0.7			0.03	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	First Trenton	First Trenton		0.9	0.9			0.03	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Horizon	MGD		0.38	0.3828			0.03	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Horizon	PPO		0.38	0.3828			0.03	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Horizon	NJ Health		0.03				0.03	0.95	case rate	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Horizon	Indemnity		0.38	0.3828			0.03	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Horizon	Medicare Blue		0.3	0.3			0.03	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Managed Care Inc	Managed Care Inc		0.9	0.9			0.03	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Multiplan	Multiplan		0.8	0.8			0.03	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Qualcare	Qualcare		0.75	0.75			0.03	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Three Rivers	Three Rivers		0.95	0.95			0.03	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	UHC	Medicare		0.03				0.03	0.95	case rate	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	UHC	Medicaid		0.31	0.3146			0.03	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Wellcare	Medicaid		0.31	0.3146			0.03	0.95	percent of total billed charges	
TESTOSTERONE DEPO 1MG INJ.	J1071	HCPCS	both			1	0.03	Wellcare	Medicare		0.03				0.03	0.95	case rate	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Aetna	Medicare		0.12				0.12	2.38	case rate	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Aetna	Better Health		0.79	0.3146			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Aetna	Commercial		0.95	0.38			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Americare	Americare		1.88	0.75			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	WellPoint	WellPoint		0.8	0.3208			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Amerihealth	Medicare		0.12				0.12	2.38	case rate	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Consumer	Consumer		2.38	0.95			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Corrections	Corrections		2	0.8			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	First Health	First Health		1.75	0.7			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	First Trenton	First Trenton		2.25	0.9			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Horizon	Medicare Blue		0.75	0.3			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Horizon	Indemnity		0.96	0.3828			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Horizon	MGD		0.96	0.3828			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Horizon	NJ Health		0.13				0.12	2.38	case rate	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Horizon	PPO		0.96	0.3828			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Managed Care Inc	Managed Care Inc		2.25	0.9			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Multiplan	Multiplan		2	0.8			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Qualcare	Qualcare		1.88	0.75			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Three Rivers	Three Rivers		2.38	0.95			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	UHC	Medicaid		0.79	0.3146			0.12	2.38	percent of total billed charges	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	UHC	Medicare		0.12				0.12	2.38	case rate	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Wellcare	Medicare		0.12				0.12	2.38	case rate	
DEXAMETHASONE SOD PHOS 1MG	J1100	HCPCS	both			2.5	0.14	Wellcare	Medicaid		0.79	0.3146			0.12	2.38	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Aetna	Better Health		43.1	0.3146			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Aetna	Medicare		28.12				14.1	130.15	case rate	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Aetna	Commercial		52.06	0.38			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Americare	Americare		102.75	0.75			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	WellPoint	WellPoint		43.95	0.3208			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Amerihealth	Medicare		28.12				14.1	130.15	case rate	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Consumer	Consumer		130.15	0.95			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Corrections	Corrections		109.6	0.8			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	First Health	First Health		95.9	0.7			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	First Trenton	First Trenton		123.3	0.9			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Horizon	MGD		52.44	0.3828			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Horizon	Indemnity		52.44	0.3828			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Horizon	Medicare Blue		41.1	0.3			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Horizon	NJ Health		29.81				14.1	130.15	case rate	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Horizon	PPO		52.44	0.3828			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Managed Care Inc	Managed Care Inc		123.3	0.9			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Multiplan	Multiplan		109.6	0.8			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Qualcare	Qualcare		102.75	0.75			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Three Rivers	Three Rivers		130.15	0.95			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	UHC	Medicare		28.12				14.1	130.15	case rate	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	UHC	Medicaid		43.1	0.3146			14.1	130.15	percent of total billed charges	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Wellcare	Medicare		28.12				14.1	130.15	case rate	
ACETAZOLAMIDE 500MG VIAL	J1120	HCPCS	both			137	32.34	Wellcare	Medicaid		43.1	0.3146			14.1	130.15	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Aetna	Medicare		9.41				6.15	42.75	case rate	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Aetna	Better Health		14.16	0.3146			6.15	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Aetna	Commercial		17.1	0.38			6.15	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Americare	Americare		33.75	0.75			6.15	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	WellPoint	WellPoint		14.44	0.3208			6.15	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Amerihealth	Medicare		9.41				6.15	42.75	case rate	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Consumer	Consumer		42.75	0.95			6.15	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Corrections	Corrections		36	0.8			6.15	42.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	First Health	First Health		31.5	0.7			6.15	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	First Trenton	First Trenton		40.5	0.9			6.15	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Horizon	MGD		17.23	0.3828			6.15	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Horizon	Indemnity		17.23	0.3828			6.15	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Horizon	Medicare Blue		13.5	0.3			6.15	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Horizon	PPO		17.23	0.3828			6.15	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Horizon	NJ Health		9.97				6.15	42.75	case rate	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Managed Care Inc	Managed Care Inc		40.5	0.9			6.15	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Multiplan	Multiplan		36	0.8			6.15	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Qualcare	Qualcare		33.75	0.75			6.15	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Three Rivers	Three Rivers		42.75	0.95			6.15	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	UHC	Medicaid		14.16	0.3146			6.15	42.75	percent of total billed charges	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	UHC	Medicare		9.41				6.15	42.75	case rate	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Wellcare	Medicare		9.41				6.15	42.75	case rate	
DIGOXIN PED 0.1MG/ML INJ	J1160	HCPCS	both			45	10.82	Wellcare	Medicaid		14.16	0.3146			6.15	42.75	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Aetna	Better Health		1773.71	0.3146			1773.71	10477.02	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Aetna	Commercial		9129.4	1.592			1773.71	10477.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Aetna	Medicare		4777.44				1773.71	10477.02	case rate	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Americare	Americare		4228.5	0.75			1773.71	10477.02	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	WellPoint	WellPoint		1808.67	0.3208			1773.71	10477.02	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Amerihealth	Medicare		4777.44				1773.71	10477.02	case rate	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Consumer	Consumer		5356.1	0.95			1773.71	10477.02	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Corrections	Corrections		4510.4	0.8			1773.71	10477.02	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	First Health	First Health		3946.6	0.7			1773.71	10477.02	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	First Trenton	First Trenton		5074.2	0.9			1773.71	10477.02	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Horizon	MGD		10477.02	1.827			1773.71	10477.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Horizon	Medicare Blue		5734.55	1			1773.71	10477.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Horizon	Indemnity		10477.02	1.827			1773.71	10477.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Horizon	NJ Health		5064.09				1773.71	10477.02	case rate	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Horizon	PPO		10477.02	1.827			1773.71	10477.02	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Managed Care Inc	Managed Care Inc		5074.2	0.9			1773.71	10477.02	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Multiplan	Multiplan		4510.4	0.8			1773.71	10477.02	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Qualcare	Qualcare		4228.5	0.75			1773.71	10477.02	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Three Rivers	Three Rivers		5356.1	0.95			1773.71	10477.02	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	UHC	Medicaid		1773.71	0.3146			1773.71	10477.02	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	UHC	Medicare		4777.44				1773.71	10477.02	case rate	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Wellcare	Medicaid		1773.71	0.3146			1773.71	10477.02	percent of total billed charges	
DIGOXIN IMMUNE FAB 40MG INJ	J1162	HCPCS	inpatient			5638	5494.06	Wellcare	Medicare		4777.44				1773.71	10477.02	case rate	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Aetna	Medicare		0.63				0.63	3.33	case rate	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Aetna	Commercial		1.33	0.38			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Aetna	Better Health		1.1	0.3146			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Americare	Americare		2.63	0.75			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	WellPoint	WellPoint		1.12	0.3208			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Amerihealth	Medicare		0.63				0.63	3.33	case rate	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Consumer	Consumer		3.33	0.95			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Corrections	Corrections		2.8	0.8			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	First Health	First Health		2.45	0.7			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	First Trenton	First Trenton		3.15	0.9			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Horizon	Indemnity		1.34	0.3828			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Horizon	Medicare Blue		1.05	0.3			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Horizon	MGD		1.34	0.3828			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Horizon	NJ Health		0.67				0.63	3.33	case rate	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Horizon	PPO		1.34	0.3828			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Managed Care Inc	Managed Care Inc		3.15	0.9			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Multiplan	Multiplan		2.8	0.8			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Qualcare	Qualcare		2.63	0.75			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Three Rivers	Three Rivers		3.33	0.95			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	UHC	Medicaid		1.1	0.3146			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	UHC	Medicare		0.63				0.63	3.33	case rate	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Wellcare	Medicaid		1.1	0.3146			0.63	3.33	percent of total billed charges	
PHENYTOIN 50MG INJ	J1165	HCPCS	both			3.5	0.72	Wellcare	Medicare		0.63				0.63	3.33	case rate	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Aetna	Better Health		8.49	0.3146			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Aetna	Medicare		4.59				1.35	25.65	case rate	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Aetna	Commercial		10.26	0.38			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Americare	Americare		20.25	0.75			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	WellPoint	WellPoint		8.66	0.3208			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Amerihealth	Medicare		4.59				1.35	25.65	case rate	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Consumer	Consumer		25.65	0.95			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Corrections	Corrections		21.6	0.8			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	First Health	First Health		18.9	0.7			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	First Trenton	First Trenton		24.3	0.9			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Horizon	MGD		10.34	0.3828			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Horizon	Medicare Blue		8.1	0.3			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Horizon	Indemnity		10.34	0.3828			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Horizon	NJ Health		4.87				1.35	25.65	case rate	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Horizon	PPO		10.34	0.3828			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Managed Care Inc	Managed Care Inc		24.3	0.9			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Multiplan	Multiplan		21.6	0.8			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Qualcare	Qualcare		20.25	0.75			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Three Rivers	Three Rivers		25.65	0.95			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	UHC	Medicare		4.59				1.35	25.65	case rate	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	UHC	Medicaid		8.49	0.3146			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Wellcare	Medicaid		8.49	0.3146			1.35	25.65	percent of total billed charges	
HYDROMORPHONE 4MG INJ	J1170	HCPCS	both			27	5.28	Wellcare	Medicare		4.59				1.35	25.65	case rate	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	outpatient			1268	124.21	Aetna	Better Health		398.91	0.3146			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	outpatient			1268	124.21	Aetna	Commercial		206.4	1.592			108.01	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXRAZOXANE 250MG INJ	J1190	HCPCS	outpatient			1268	124.21	Aetna	Medicare		108.01				108.01	1204.6	case rate	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	outpatient			1268	124.21	Americare	Americare		951	0.75			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	outpatient			1268	124.21	WellPoint	WellPoint		405.77	0.3208			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	outpatient			1268	124.21	Amerihealth	Medicare		108.01				108.01	1204.6	case rate	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	outpatient			1268	124.21	Consumer	Consumer		1204.6	0.95			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	outpatient			1268	124.21	Corrections	Corrections		1014.4	0.8			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	outpatient			1268	124.21	First Health	First Health		887.6	0.7			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	outpatient			1268	124.21	First Trenton	First Trenton		1141.2	0.9			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	outpatient			1268	124.21	Horizon	MGD		236.87	1.827			108.01	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXRAZOXANE 250MG INJ	J1190	HCPCS	outpatient			1268	124.21	Horizon	Medicare Blue		129.65	1			108.01	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXRAZOXANE 250MG INJ	J1190	HCPCS	outpatient			1268	124.21	Horizon	Indemnity		236.87	1.827			108.01	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXRAZOXANE 250MG INJ	J1190	HCPCS	outpatient			1268	124.21	Horizon	NJ Health		114.49				108.01	1204.6	case rate	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	outpatient			1268	124.21	Horizon	PPO		236.87	1.827			108.01	1204.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXRAZOXANE 250MG INJ	J1190	HCPCS	outpatient			1268	124.21	Managed Care Inc	Managed Care Inc		1141.2	0.9			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	outpatient			1268	124.21	Multiplan	Multiplan		1014.4	0.8			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	outpatient			1268	124.21	Qualcare	Qualcare		951	0.75			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	outpatient			1268	124.21	Three Rivers	Three Rivers		1204.6	0.95			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	outpatient			1268	124.21	UHC	Medicaid		398.91	0.3146			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	outpatient			1268	124.21	UHC	Medicare		108.01				108.01	1204.6	case rate	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	outpatient			1268	124.21	Wellcare	Medicaid		398.91	0.3146			108.01	1204.6	percent of total billed charges	
DEXRAZOXANE 250MG INJ	J1190	HCPCS	outpatient			1268	124.21	Wellcare	Medicare		108.01				108.01	1204.6	case rate	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Aetna	Medicare		0.8				0.8	5.23	case rate	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Aetna	Better Health		1.73	0.3146			0.8	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Aetna	Commercial		2.09	0.38			0.8	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Americare	Americare		4.13	0.75			0.8	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	WellPoint	WellPoint		1.76	0.3208			0.8	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Amerihealth	Medicare		0.8				0.8	5.23	case rate	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Consumer	Consumer		5.23	0.95			0.8	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Corrections	Corrections		4.4	0.8			0.8	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	First Health	First Health		3.85	0.7			0.8	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	First Trenton	First Trenton		4.95	0.9			0.8	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Horizon	NJ Health		0.85				0.8	5.23	case rate	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Horizon	MGD		2.11	0.3828			0.8	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Horizon	Indemnity		2.11	0.3828			0.8	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Horizon	Medicare Blue		1.65	0.3			0.8	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Horizon	PPO		2.11	0.3828			0.8	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Managed Care Inc	Managed Care Inc		4.95	0.9			0.8	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Multiplan	Multiplan		4.4	0.8			0.8	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Qualcare	Qualcare		4.13	0.75			0.8	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Three Rivers	Three Rivers		5.23	0.95			0.8	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	UHC	Medicare		0.8				0.8	5.23	case rate	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	UHC	Medicaid		1.73	0.3146			0.8	5.23	percent of total billed charges	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Wellcare	Medicare		0.8				0.8	5.23	case rate	
DIPHENHYDRAMINE 50MG/1ML INJ	J1200	HCPCS	both			5.5	0.92	Wellcare	Medicaid		1.73	0.3146			0.8	5.23	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	inpatient			887.5	139.55	Aetna	Better Health		279.21	0.3146			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	inpatient			887.5	139.55	Aetna	Medicare		121.35				7.8	843.13	case rate	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	inpatient			887.5	139.55	Aetna	Commercial		337.25	0.38			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	inpatient			887.5	139.55	Americare	Americare		665.63	0.75			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	inpatient			887.5	139.55	WellPoint	WellPoint		284.71	0.3208			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	inpatient			887.5	139.55	Amerihealth	Medicare		121.35				7.8	843.13	case rate	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	inpatient			887.5	139.55	Consumer	Consumer		843.13	0.95			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	inpatient			887.5	139.55	Corrections	Corrections		710	0.8			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	inpatient			887.5	139.55	First Health	First Health		621.25	0.7			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	inpatient			887.5	139.55	First Trenton	First Trenton		798.75	0.9			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	inpatient			887.5	139.55	Horizon	MGD		339.74	0.3828			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	inpatient			887.5	139.55	Horizon	NJ Health		128.63				7.8	843.13	case rate	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	inpatient			887.5	139.55	Horizon	Medicare Blue		266.25	0.3			7.8	843.13	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	inpatient			887.5	139.55	Horizon	Indemnity		339.74	0.3828			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	inpatient			887.5	139.55	Horizon	PPO		339.74	0.3828			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	inpatient			887.5	139.55	Managed Care Inc	Managed Care Inc		798.75	0.9			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	inpatient			887.5	139.55	Multiplan	Multiplan		710	0.8			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	inpatient			887.5	139.55	Qualcare	Qualcare		665.63	0.75			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	inpatient			887.5	139.55	Three Rivers	Three Rivers		843.13	0.95			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	inpatient			887.5	139.55	UHC	Medicaid		279.21	0.3146			7.8	843.13	percent of total billed charges	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	inpatient			887.5	139.55	UHC	Medicare		121.35				7.8	843.13	case rate	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	inpatient			887.5	139.55	Wellcare	Medicare		121.35				7.8	843.13	case rate	
SOD CHLOR 0.9% INJ. 500ML	J1205	HCPCS	inpatient			887.5	139.55	Wellcare	Medicaid		279.21	0.3146			7.8	843.13	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Aetna	Commercial		1301.01	1.592			581.38	1755.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Aetna	Better Health		581.38	0.3146			581.38	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Aetna	Medicare		680.82				581.38	1755.6	case rate	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Americare	Americare		1386	0.75			581.38	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	WellPoint	WellPoint		592.84	0.3208			581.38	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Amerihealth	Medicare		680.82				581.38	1755.6	case rate	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Consumer	Consumer		1755.6	0.95			581.38	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Corrections	Corrections		1478.4	0.8			581.38	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	First Health	First Health		1293.6	0.7			581.38	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	First Trenton	First Trenton		1663.2	0.9			581.38	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Horizon	Medicare Blue		817.22	1			581.38	1755.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Horizon	NJ Health		721.67				581.38	1755.6	case rate	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Horizon	MCD		1493.06	1.827			581.38	1755.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Horizon	Indemnity		1493.06	1.827			581.38	1755.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Horizon	PPO		1493.06	1.827			581.38	1755.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Managed Care Inc	Managed Care Inc		1663.2	0.9			581.38	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Multiplan	Multiplan		1478.4	0.8			581.38	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Qualcare	Qualcare		1386	0.75			581.38	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Three Rivers	Three Rivers		1755.6	0.95			581.38	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	UHC	Medicaid		581.38	0.3146			581.38	1755.6	percent of total billed charges	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	UHC	Medicare		680.82				581.38	1755.6	case rate	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Wellcare	Medicare		680.82				581.38	1755.6	case rate	
DIMETHYL SULFOXIDE SOL (NF)	J1212	HCPCS	outpatient			1848	782.94	Wellcare	Medicaid		581.38	0.3146			581.38	1755.6	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Aetna	Better Health		10.07	0.3146			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Aetna	Medicare		19.67				9.6	30.4	case rate	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Aetna	Commercial		12.16	0.38			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Americare	Americare		24	0.75			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	WellPoint	WellPoint		10.27	0.3208			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Amerihealth	Medicare		19.67				9.6	30.4	case rate	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Consumer	Consumer		30.4	0.95			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Corrections	Corrections		25.6	0.8			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	First Health	First Health		22.4	0.7			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	First Trenton	First Trenton		28.8	0.9			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Horizon	NJ Health		20.85				9.6	30.4	case rate	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Horizon	Indemnity		12.25	0.3828			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Horizon	Medicare Blue		9.6	0.3			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Horizon	MCD		12.25	0.3828			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Horizon	PPO		12.25	0.3828			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Managed Care Inc	Managed Care Inc		28.8	0.9			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Multiplan	Multiplan		25.6	0.8			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Qualcare	Qualcare		24	0.75			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Three Rivers	Three Rivers		30.4	0.95			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	UHC	Medicaid		10.07	0.3146			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	UHC	Medicare		19.67				9.6	30.4	case rate	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Wellcare	Medicaid		10.07	0.3146			9.6	30.4	percent of total billed charges	
METHADONE 10MG/1ML INJ	J1230	HCPCS	both			32	22.62	Wellcare	Medicare		19.67				9.6	30.4	case rate	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Aetna	Commercial		230.28	0.38			3.72	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Aetna	Medicare		3.72				3.72	575.7	case rate	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Aetna	Better Health		190.65	0.3146			3.72	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Americare	Americare		454.5	0.75			3.72	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	WellPoint	WellPoint		194.4	0.3208			3.72	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Amerihealth	Medicare		3.72				3.72	575.7	case rate	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Consumer	Consumer		575.7	0.95			3.72	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Corrections	Corrections		484.8	0.8			3.72	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	First Health	First Health		424.2	0.7			3.72	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	First Trenton	First Trenton		545.4	0.9			3.72	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Horizon	MCD		231.98	0.3828			3.72	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Horizon	NJ Health		3.94				3.72	575.7	case rate	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Horizon	Medicare Blue		181.8	0.3			3.72	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Horizon	Indemnity		231.98	0.3828			3.72	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Horizon	PPO		231.98	0.3828			3.72	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Managed Care Inc	Managed Care Inc		545.4	0.9			3.72	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Multiplan	Multiplan		484.8	0.8			3.72	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Qualcare	Qualcare		454.5	0.75			3.72	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Three Rivers	Three Rivers		575.7	0.95			3.72	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	UHC	Medicare		3.72				3.72	575.7	case rate	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	UHC	Medicaid		190.65	0.3146			3.72	575.7	percent of total billed charges	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Wellcare	Medicare		3.72				3.72	575.7	case rate	
IV PERSANTINE	J1245	HCPCS	outpatient			606	4.28	Wellcare	Medicaid		190.65	0.3146			3.72	575.7	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Aetna	Medicare		9.85				7.65	86.45	case rate	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Aetna	Better Health		28.63	0.3146			7.65	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Aetna	Commercial		34.58	0.38			7.65	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Americare	Americare		68.25	0.75			7.65	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	WellPoint	WellPoint		29.19	0.3208			7.65	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Amerihealth	Medicare		9.85				7.65	86.45	case rate	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Consumer	Consumer		86.45	0.95			7.65	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Corrections	Corrections		72.8	0.8			7.65	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	First Health	First Health		63.7	0.7			7.65	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	First Trenton	First Trenton		81.9	0.9			7.65	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Horizon	Medicare Blue		27.3	0.3			7.65	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Horizon	MCD		34.83	0.3828			7.65	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Horizon	Indemnity		34.83	0.3828			7.65	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Horizon	NJ Health		10.44				7.65	86.45	case rate	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Horizon	PPO		34.83	0.3828			7.65	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Managed Care Inc	Managed Care Inc		81.9	0.9			7.65	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Multiplan	Multiplan		72.8	0.8			7.65	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Qualcare	Qualcare		68.25	0.75			7.65	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Three Rivers	Three Rivers		86.45	0.95			7.65	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	UHC	Medicaid		28.63	0.3146			7.65	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	UHC	Medicare		9.85				7.65	86.45	case rate	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Wellcare	Medicaid		28.63	0.3146			7.65	86.45	percent of total billed charges	
DOBUTAMINE UP TO 250 MG	J1250	HCPCS	both			91	11.33	Wellcare	Medicare		9.85				7.65	86.45	case rate	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Aetna	Medicare		8.78	0.308			8.55	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Aetna	Better Health		8.97	0.3146			8.55	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Aetna	Commercial		10.83	0.38			8.55	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Americare	Americare		21.38	0.75			8.55	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		WellPoint	WellPoint		9.14	0.3208			8.55	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Consumer	Consumer		27.08	0.95			8.55	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Corrections	Corrections		22.8	0.8			8.55	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		First Health	First Health		19.95	0.7			8.55	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		First Trenton	First Trenton		25.65	0.9			8.55	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Horizon	MCD		10.91	0.3828			8.55	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Horizon	NJ Health		23.66	0.83			8.55	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Horizon	Indemnity		10.91	0.3828			8.55	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Horizon	PPO		10.91	0.3828			8.55	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Horizon	Medicare Blue		8.55	0.3			8.55	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Managed Care Inc	Managed Care Inc		25.65	0.9			8.55	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Multiplan	Multiplan		22.8	0.8			8.55	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Qualcare	Qualcare		21.38	0.75			8.55	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Three Rivers	Three Rivers		27.08	0.95			8.55	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		UHC	Medicaid		8.97	0.3146			8.55	27.08	percent of total billed charges	
DOLASETRON 10MG	J1260	HCPCS	outpatient			28.5		Wellcare	Medicaid		8.97	0.3146			8.55	27.08	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Aetna	Medicare		0.77				0.77	4.28	case rate	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Aetna	Better Health		1.42	0.3146			0.77	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Aetna	Commercial		1.71	0.38			0.77	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Americare	Americare		3.38	0.75			0.77	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	WellPoint	WellPoint		1.44	0.3208			0.77	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Amerihealth	Medicare		0.77				0.77	4.28	case rate	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Consumer	Consumer		4.28	0.95			0.77	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Corrections	Corrections		3.6	0.8			0.77	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	First Health	First Health		3.15	0.7			0.77	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	First Trenton	First Trenton		4.05	0.9			0.77	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Horizon	MCD		1.72	0.3828			0.77	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Horizon	NJ Health		0.82				0.77	4.28	case rate	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Horizon	Medicare Blue		1.35	0.3			0.77	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Horizon	Indemnity		1.72	0.3828			0.77	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Horizon	PPO		1.72	0.3828			0.77	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Managed Care Inc	Managed Care Inc		4.05	0.9			0.77	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Multiplan	Multiplan		3.6	0.8			0.77	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Qualcare	Qualcare		3.38	0.75			0.77	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Three Rivers	Three Rivers		4.28	0.95			0.77	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	UHC	Medicaid		1.42	0.3146			0.77	4.28	percent of total billed charges	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	UHC	Medicare		0.77				0.77	4.28	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Wellcare	Medicare		0.77				0.77	4.28	case rate	
DOPAMINE 40MG VIAL	J1265	HCPCS	both			4.5	0.89	Wellcare	Medicaid		0.3146				0.77	4.28	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Aetna	Medicare		21.82				21.82	76	case rate	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Aetna	Better Health		25.17				21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Aetna	Commercial		41.69				21.82	76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Americare	Americare		60				21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	WellPoint	WellPoint		25.66				21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Amerihealth	Medicare		21.82				21.82	76	case rate	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Consumer	Consumer		76				21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Corrections	Corrections		64				21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	First Health	First Health		56				21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	First Trenton	First Trenton		72				21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Horizon	Medicare Blue		26.19				21.82	76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Horizon	Indemnity		47.85				21.82	76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Horizon	PPO		47.85				21.82	76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Horizon	MGD		47.85				21.82	76	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Horizon	NJ Health		23.12				21.82	76	case rate	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Managed Care Inc	Managed Care Inc		72				21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Multiplan	Multiplan		64				21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Qualcare	Qualcare		60				21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Three Rivers	Three Rivers		76				21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	UHC	Medicare		21.82				21.82	76	case rate	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	UHC	Medicaid		25.17	0.3146			21.82	76	percent of total billed charges	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Wellcare	Medicare		21.82				21.82	76	case rate	
EDARAVONE(RADICAVA) 1MG INJ	J1301	HCPCS	outpatient			80	25.09	Wellcare	Medicaid		25.17	0.3146			21.82	76	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	inpatient			171		Aetna	Medicare		52.67	0.308			51.3	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	inpatient			171		Aetna	Better Health		53.8	0.3146			51.3	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	inpatient			171		Aetna	Commercial		64.98	0.38			51.3	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	inpatient			171		Americare	Americare		128.25	0.75			51.3	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	inpatient			171		WellPoint	WellPoint		54.86	0.3208			51.3	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	inpatient			171		Consumer	Consumer		162.45	0.95			51.3	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	inpatient			171		Corrections	Corrections		136.8	0.8			51.3	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	inpatient			171		First Health	First Health		119.7	0.7			51.3	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	inpatient			171		First Trenton	First Trenton		153.9	0.9			51.3	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	inpatient			171		Horizon	Medicare Blue		51.3	0.3			51.3	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	inpatient			171		Horizon	MGD		65.46	0.3828			51.3	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	inpatient			171		Horizon	Indemnity		65.46	0.3828			51.3	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	inpatient			171		Horizon	NJ Health		141.93	0.83			51.3	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	inpatient			171		Horizon	PPO		65.46	0.3828			51.3	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	inpatient			171		Managed Care Inc	Managed Care Inc		153.9	0.9			51.3	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	inpatient			171		Multiplan	Multiplan		136.8	0.8			51.3	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	inpatient			171		Qualcare	Qualcare		128.25	0.75			51.3	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	inpatient			171		Three Rivers	Three Rivers		162.45	0.95			51.3	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	inpatient			171		UHC	Medicaid		53.8	0.3146			51.3	162.45	percent of total billed charges	
ENFUVIRTIDE 1MG INJ	J1324	HCPCS	inpatient			171		Wellcare	Medicaid		53.8	0.3146			51.3	162.45	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	both			114.5	18.36	Aetna	Better Health		36.02	0.3146			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	both			114.5	18.36	Aetna	Commercial		43.51	0.38			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	both			114.5	18.36	Aetna	Medicare		15.96				15.96	108.78	case rate	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	both			114.5	18.36	Americare	Americare		85.88	0.75			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	both			114.5	18.36	WellPoint	WellPoint		36.73	0.3208			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	both			114.5	18.36	Amerihealth	Medicare		15.96				15.96	108.78	case rate	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	both			114.5	18.36	Consumer	Consumer		108.78	0.95			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	both			114.5	18.36	Corrections	Corrections		91.6	0.8			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	both			114.5	18.36	First Health	First Health		80.15	0.7			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	both			114.5	18.36	First Trenton	First Trenton		103.05	0.9			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	both			114.5	18.36	Horizon	Indemnity		43.83	0.3828			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	both			114.5	18.36	Horizon	MGD		43.83	0.3828			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	both			114.5	18.36	Horizon	Medicare Blue		34.35	0.3			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	both			114.5	18.36	Horizon	PPO		43.83	0.3828			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	both			114.5	18.36	Horizon	NJ Health		16.92				15.96	108.78	case rate	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	both			114.5	18.36	Managed Care Inc	Managed Care Inc		103.05	0.9			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	both			114.5	18.36	Multiplan	Multiplan		91.6	0.8			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	both			114.5	18.36	Qualcare	Qualcare		85.88	0.75			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	both			114.5	18.36	Three Rivers	Three Rivers		108.78	0.95			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	both			114.5	18.36	UHC	Medicare		15.96				15.96	108.78	case rate	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	both			114.5	18.36	UHC	Medicaid		36.02	0.3146			15.96	108.78	percent of total billed charges	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	both			114.5	18.36	Wellcare	Medicare		15.96				15.96	108.78	case rate	
EPOPROSTENOL 0.5MG INJ	J1325	HCPCS	both			114.5	18.36	Wellcare	Medicaid		36.02	0.3146			15.96	108.78	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	4.62	Aetna	Better Health		37.12	0.3146			4.02	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	4.62	Aetna	Commercial		6.4	1.592			4.02	112.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	4.62	Aetna	Medicare		4.02	1			4.02	112.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	4.62	Americare	Americare		88.5	0.75			4.02	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	4.62	WellPoint	WellPoint		37.85	0.3208			4.02	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	4.62	Amerihealth	Medicare		4.02	1			4.02	112.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	4.62	Consumer	Consumer		112.1	0.95			4.02	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	4.62	Corrections	Corrections		94.4	0.8			4.02	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	4.62	First Health	First Health		82.6	0.7			4.02	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	4.62	First Trenton	First Trenton		106.2	0.9			4.02	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	4.62	Horizon	Indemnity		7.34	1.827			4.02	112.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	4.62	Horizon	Medicare Blue		4.02	1			4.02	112.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	4.62	Horizon	NJ Health		97.94	0.83			4.02	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	4.62	Horizon	MGD		7.34	1.827			4.02	112.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	4.62	Horizon	PPO		7.34	1.827			4.02	112.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	4.62	Managed Care Inc	Managed Care Inc		106.2	0.9			4.02	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	4.62	Multiplan	Multiplan		94.4	0.8			4.02	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	4.62	Qualcare	Qualcare		88.5	0.75			4.02	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	4.62	Three Rivers	Three Rivers		112.1	0.95			4.02	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	4.62	UHC	Medicaid		37.12	0.3146			4.02	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	4.62	UHC	Medicare		4.02	1			4.02	112.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	4.62	Wellcare	Medicaid		37.12	0.3146			4.02	112.1	percent of total billed charges	
EPTIFIBATIDE 5MG INJECT.	J1327	HCPCS	both			118	4.62	Wellcare	Medicare		4.02	1			4.02	112.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Aetna	Better Health		55.37	0.3146			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Aetna	Commercial		66.88	0.38			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Aetna	Medicare		12.97				12.97	167.2	case rate	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Americare	Americare		132	0.75			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	WellPoint	WellPoint		56.46	0.3208			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Amerihealth	Medicare		12.97				12.97	167.2	case rate	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Consumer	Consumer		167.2	0.95			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Corrections	Corrections		140.8	0.8			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	First Health	First Health		123.2	0.7			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	First Trenton	First Trenton		158.4	0.9			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Horizon	NJ Health		13.74				12.97	167.2	case rate	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Horizon	MGD		67.37	0.3828			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Horizon	Indemnity		67.37	0.3828			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Horizon	Medicare Blue		52.8	0.3			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Horizon	PPO		67.37	0.3828			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Managed Care Inc	Managed Care Inc		158.4	0.9			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Multiplan	Multiplan		140.8	0.8			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Qualcare	Qualcare		132	0.75			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Three Rivers	Three Rivers		167.2	0.95			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	UHC	Medicaid		55.37	0.3146			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	UHC	Medicare		12.97				12.97	167.2	case rate	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Wellcare	Medicaid		55.37	0.3146			12.97	167.2	percent of total billed charges	
ERTAPENEM 500MG	J1335	HCPCS	both			176	14.91	Wellcare	Medicare		12.97				12.97	167.2	case rate	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Aetna	Commercial		154.36	1.592			80.78	321.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Aetna	Better Health		106.33	0.3146			80.78	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Aetna	Medicare		80.78				80.78	321.1	case rate	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Americare	Americare		253.5	0.75			80.78	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	WellPoint	WellPoint		108.43	0.3208			80.78	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Amerihealth	Medicare		80.78				80.78	321.1	case rate	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Consumer	Consumer		321.1	0.95			80.78	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Corrections	Corrections		270.4	0.8			80.78	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	First Health	First Health		236.6	0.7			80.78	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	First Trenton	First Trenton		304.2	0.9			80.78	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Horizon	Medicare Blue		96.96	1			80.78	321.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Horizon	PPO		177.15	1.827			80.78	321.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Horizon	MGD		177.15	1.827			80.78	321.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Horizon	Indemnity		177.15	1.827			80.78	321.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Horizon	NJ Health		85.62				80.78	321.1	case rate	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Managed Care Inc	Managed Care Inc		304.2	0.9			80.78	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Multiplan	Multiplan		270.4	0.8			80.78	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Qualcare	Qualcare		253.5	0.75			80.78	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Three Rivers	Three Rivers		321.1	0.95			80.78	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	UHC	Medicare		80.78				80.78	321.1	case rate	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	UHC	Medicaid		106.33	0.3146			80.78	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Wellcare	Medicaid		106.33	0.3146			80.78	321.1	percent of total billed charges	
ERYTHROMYCIN 500MG VIAL	J1364	HCPCS	both			338	92.89	Wellcare	Medicare		80.78				80.78	321.1	case rate	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Aetna	Medicare		9.24				9.24	44.18	case rate	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Aetna	Better Health		14.63	0.3146			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Aetna	Commercial		17.67	0.38			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Americare	Americare		34.88	0.75			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	WellPoint	WellPoint		14.92	0.3208			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Amerihealth	Medicare		9.24				9.24	44.18	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Consumer	Consumer		44.18	0.95			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Corrections	Corrections		37.2	0.8			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	First Health	First Health		32.55	0.7			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	First Trenton	First Trenton		41.85	0.9			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Horizon	NJ Health		9.79				9.24	44.18	case rate	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Horizon	MGD		17.8	0.3828			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Horizon	Indemnity		17.8	0.3828			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Horizon	Medicare Blue		13.95	0.3			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Horizon	PPO		17.8	0.3828			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Managed Care Inc	Managed Care Inc		41.85	0.9			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Multiplan	Multiplan		37.2	0.8			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Qualcare	Qualcare		34.88	0.75			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Three Rivers	Three Rivers		44.18	0.95			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	UHC	Medicaid		14.63	0.3146			9.24	44.18	percent of total billed charges	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	UHC	Medicare		9.24				9.24	44.18	case rate	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Wellcare	Medicare		9.24				9.24	44.18	case rate	
ESTRADIOL VALERATE 10 MG INJ	J1380	HCPCS	outpatient			46.5	10.62	Wellcare	Medicaid		14.63	0.3146			9.24	44.18	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Aetna	Commercial		711.16	1.592			305.63	922.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Aetna	Medicare		372.15				305.63	922.93	case rate	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Aetna	Better Health		305.63	0.3146			305.63	922.93	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Americare	Americare		728.63	0.75			305.63	922.93	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	WellPoint	WellPoint		311.66	0.3208			305.63	922.93	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Amerihealth	Medicare		372.15				305.63	922.93	case rate	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Consumer	Consumer		922.93	0.95			305.63	922.93	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Corrections	Corrections		777.2	0.8			305.63	922.93	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	First Health	First Health		680.05	0.7			305.63	922.93	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	First Trenton	First Trenton		874.35	0.9			305.63	922.93	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Horizon	MGD		816.14	1.827			305.63	922.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Horizon	Medicare Blue		446.71	1			305.63	922.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Horizon	Indemnity		816.14	1.827			305.63	922.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Horizon	NJ Health		394.47				305.63	922.93	case rate	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Horizon	PPO		816.14	1.827			305.63	922.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Managed Care Inc	Managed Care Inc		874.35	0.9			305.63	922.93	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Multiplan	Multiplan		777.2	0.8			305.63	922.93	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Qualcare	Qualcare		728.63	0.75			305.63	922.93	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Three Rivers	Three Rivers		922.93	0.95			305.63	922.93	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	UHC	Medicare		372.15				305.63	922.93	case rate	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	UHC	Medicaid		305.63	0.3146			305.63	922.93	percent of total billed charges	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Wellcare	Medicare		372.15				305.63	922.93	case rate	
CONJUGATED ETROGENS 25MG INJ	J1410	HCPCS	outpatient			971.5	427.97	Wellcare	Medicaid		305.63	0.3146			305.63	922.93	percent of total billed charges	
ETHANOLAMINE|ETHAMOLIN|100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Aetna	Medicare		473.93				473.93	1482	case rate	
ETHANOLAMINE|ETHAMOLIN|100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Aetna	Better Health		490.78	0.3146			473.93	1482	percent of total billed charges	
ETHANOLAMINE|ETHAMOLIN|100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Aetna	Commercial		905.66	1.592			473.93	1482	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETHANOLAMINE|ETHAMOLIN|100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Americare	Americare		1170	0.75			473.93	1482	percent of total billed charges	
ETHANOLAMINE|ETHAMOLIN|100MG INJ	J1430	HCPCS	outpatient			1560	545.02	WellPoint	WellPoint		500.45	0.3208			473.93	1482	percent of total billed charges	
ETHANOLAMINE|ETHAMOLIN|100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Amerihealth	Medicare		473.93				473.93	1482	case rate	
ETHANOLAMINE|ETHAMOLIN|100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Consumer	Consumer		1482	0.95			473.93	1482	percent of total billed charges	
ETHANOLAMINE|ETHAMOLIN|100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Corrections	Corrections		1248	0.8			473.93	1482	percent of total billed charges	
ETHANOLAMINE|ETHAMOLIN|100MG INJ	J1430	HCPCS	outpatient			1560	545.02	First Health	First Health		1092	0.7			473.93	1482	percent of total billed charges	
ETHANOLAMINE|ETHAMOLIN|100MG INJ	J1430	HCPCS	outpatient			1560	545.02	First Trenton	First Trenton		1404	0.9			473.93	1482	percent of total billed charges	
ETHANOLAMINE|ETHAMOLIN|100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Horizon	MGD		1039.34	1.827			473.93	1482	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETHANOLAMINE|ETHAMOLIN|100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Horizon	Indemnity		1039.34	1.827			473.93	1482	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETHANOLAMINE|ETHAMOLIN|100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Horizon	Medicare Blue		568.88	1			473.93	1482	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETHANOLAMINE|ETHAMOLIN|100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Horizon	NJ Health		502.37				473.93	1482	case rate	
ETHANOLAMINE|ETHAMOLIN|100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Horizon	PPO		1039.34	1.827			473.93	1482	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETHANOLAMINE|ETHAMOLIN|100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Managed Care Inc	Managed Care Inc		1404	0.9			473.93	1482	percent of total billed charges	
ETHANOLAMINE|ETHAMOLIN|100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Multiplan	Multiplan		1248	0.8			473.93	1482	percent of total billed charges	
ETHANOLAMINE|ETHAMOLIN|100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Qualcare	Qualcare		1170	0.75			473.93	1482	percent of total billed charges	
ETHANOLAMINE|ETHAMOLIN|100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Three Rivers	Three Rivers		1482	0.95			473.93	1482	percent of total billed charges	
ETHANOLAMINE|ETHAMOLIN|100MG INJ	J1430	HCPCS	outpatient			1560	545.02	UHC	Medicaid		490.78	0.3146			473.93	1482	percent of total billed charges	
ETHANOLAMINE|ETHAMOLIN|100MG INJ	J1430	HCPCS	outpatient			1560	545.02	UHC	Medicare		473.93				473.93	1482	case rate	
ETHANOLAMINE|ETHAMOLIN|100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Wellcare	Medicaid		490.78	0.3146			473.93	1482	percent of total billed charges	
ETHANOLAMINE|ETHAMOLIN|100MG INJ	J1430	HCPCS	outpatient			1560	545.02	Wellcare	Medicare		473.93				473.93	1482	case rate	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Aetna	Commercial		153.14	0.38			120.9	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Aetna	Better Health		126.78	0.3146			120.9	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Aetna	Medicare		124.12	0.308			120.9	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Americare	Americare		302.25	0.75			120.9	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		WellPoint	WellPoint		129.28	0.3208			120.9	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Consumer	Consumer		382.85	0.95			120.9	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Corrections	Corrections		322.4	0.8			120.9	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		First Health	First Health		282.1	0.7			120.9	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		First Trenton	First Trenton		362.7	0.9			120.9	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Horizon	Indemnity		154.27	0.3828			120.9	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Horizon	NJ Health		334.49	0.83			120.9	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Horizon	Medicare Blue		120.9	0.3			120.9	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Horizon	MGD		154.27	0.3828			120.9	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Horizon	PPO		154.27	0.3828			120.9	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Managed Care Inc	Managed Care Inc		362.7	0.9			120.9	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Multiplan	Multiplan		322.4	0.8			120.9	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Qualcare	Qualcare		302.25	0.75			120.9	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Three Rivers	Three Rivers		382.85	0.95			120.9	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		UHC	Medicaid		126.78	0.3146			120.9	382.85	percent of total billed charges	
ETIDRONATE 300MG/6ML INJ	J1436	HCPCS	outpatient			403		Wellcare	Medicaid		126.78	0.3146			120.9	382.85	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Aetna	Commercial		1511.13	1.592			883.08	2666.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Aetna	Medicare		949.2	1			883.08	2666.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Aetna	Better Health		883.08	0.3146			883.08	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Americare	Americare		2105.25	0.75			883.08	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	WellPoint	WellPoint		900.49	0.3208			883.08	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Amerihealth	Medicare		949.2	1			883.08	2666.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Consumer	Consumer		2666.65	0.95			883.08	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Corrections	Corrections		2245.6	0.8			883.08	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	First Health	First Health		1964.9	0.7			883.08	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	First Trenton	First Trenton		2526.3	0.9			883.08	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Horizon	Indemnity		1734.19	1.827			883.08	2666.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Horizon	PPO		1734.19	1.827			883.08	2666.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Horizon	NJ Health		2329.81	0.83			883.08	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Horizon	Medicare Blue		949.2	1			883.08	2666.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Horizon	MGD		1734.19	1.827			883.08	2666.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Managed Care Inc	Managed Care Inc		2526.3	0.9			883.08	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Multiplan	Multiplan		2245.6	0.8			883.08	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Qualcare	Qualcare		2105.25	0.75			883.08	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Three Rivers	Three Rivers		2666.65	0.95			883.08	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	UHC	Medicare		949.2	1			883.08	2666.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	UHC	Medicaid		883.08	0.3146			883.08	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Wellcare	Medicaid		883.08	0.3146			883.08	2666.65	percent of total billed charges	
ETANERCEPT 25MG KIT (NF)	J1438	HCPCS	outpatient			2807	1091.58	Wellcare	Medicare		949.2	1			883.08	2666.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Aetna	Commercial		2.2	1.592			1.15	4.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Aetna	Medicare		1.15				1.15	4.75	case rate	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Aetna	Better Health		1.57	0.3146			1.15	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Americare	Americare		3.75	0.75			1.15	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	WellPoint	WellPoint		1.6	0.3208			1.15	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Amerihealth	Medicare		1.15				1.15	4.75	case rate	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Consumer	Consumer		4.75	0.95			1.15	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Corrections	Corrections		4	0.8			1.15	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	First Health	First Health		3.5	0.7			1.15	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	First Trenton	First Trenton		4.5	0.9			1.15	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Horizon	Indemnity		2.52	1.827			1.15	4.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Horizon	NJ Health		1.22				1.15	4.75	case rate	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Horizon	MGD		2.52	1.827			1.15	4.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Horizon	Medicare Blue		1.38	1			1.15	4.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Horizon	PPO		2.52	1.827			1.15	4.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Managed Care Inc	Managed Care Inc		4.5	0.9			1.15	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Multiplan	Multiplan		4	0.8			1.15	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Qualcare	Qualcare		3.75	0.75			1.15	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Three Rivers	Three Rivers		4.75	0.95			1.15	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	UHC	Medicaid		1.57	0.3146			1.15	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	UHC	Medicare		1.15				1.15	4.75	case rate	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Wellcare	Medicaid		1.57	0.3146			1.15	4.75	percent of total billed charges	
FERRIC CARBOXYMALTOSE(INJECTAFER)1MG IN	J1439	HCPCS	outpatient			5	1.32	Wellcare	Medicare		1.15				1.15	4.75	case rate	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Aetna	Commercial		1.89	1.592			0.99	3.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Aetna	Better Health		1.26	0.3146			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Aetna	Medicare		0.99				0.99	3.8	case rate	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Americare	Americare		3	0.75			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	WellPoint	WellPoint		1.28	0.3208			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Amerihealth	Medicare		0.99				0.99	3.8	case rate	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Consumer	Consumer		3.8	0.95			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Corrections	Corrections		3.2	0.8			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	First Health	First Health		2.8	0.7			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	First Trenton	First Trenton		3.6	0.9			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Horizon	Indemnity		2.17	1.827			0.99	3.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Horizon	MGD		2.17	1.827			0.99	3.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Horizon	Medicare Blue		1.19	1			0.99	3.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Horizon	NJ Health		1.04				0.99	3.8	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Horizon	PPO		2.17	1.827			0.99	3.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Managed Care Inc	Managed Care Inc		3.6	0.9			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Multiplan	Multiplan		3.2	0.8			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Qualcare	Qualcare		3	0.75			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Three Rivers	Three Rivers		3.8	0.95			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	UHC	Medicare		0.99				0.99	3.8	case rate	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	UHC	Medicaid		1.26	0.3146			0.99	3.8	percent of total billed charges	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Wellcare	Medicare		0.99				0.99	3.8	case rate	
FILGRASTIM 1 MCG INJ	J1442	HCPCS	inpatient			4	1.13	Wellcare	Medicaid		1.26	0.3146			0.99	3.8	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Aetna	Better Health		5.19	0.3146			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Aetna	Medicare		0.44				0.44	15.68	case rate	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Aetna	Commercial		0.84	1.592			0.44	15.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Americare	Americare		12.38	0.75			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	WellPoint	WellPoint		5.29	0.3208			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Amerihealth	Medicare		0.44				0.44	15.68	case rate	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Consumer	Consumer		15.68	0.95			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Corrections	Corrections		13.2	0.8			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	First Health	First Health		11.55	0.7			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	First Trenton	First Trenton		14.85	0.9			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Horizon	Indemnity		0.97	1.827			0.44	15.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Horizon	MGD		0.97	1.827			0.44	15.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Horizon	Medicare Blue		0.53	1			0.44	15.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Horizon	NJ Health		0.47				0.44	15.68	case rate	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Horizon	PPO		0.97	1.827			0.44	15.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Managed Care Inc	Managed Care Inc		14.85	0.9			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Multiplan	Multiplan		13.2	0.8			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Qualcare	Qualcare		12.38	0.75			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Three Rivers	Three Rivers		15.68	0.95			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	UHC	Medicare		0.44				0.44	15.68	case rate	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	UHC	Medicaid		5.19	0.3146			0.44	15.68	percent of total billed charges	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Wellcare	Medicare		0.44				0.44	15.68	case rate	
TBO-FILGRASTIM 1MCG INJ.	J1447	HCPCS	outpatient			16.5	0.5	Wellcare	Medicaid		5.19	0.3146			0.44	15.68	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Aetna	Better Health		232.8	0.3146			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Aetna	Commercial		281.2	0.38			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Aetna	Medicare		2.8				2.8	703	case rate	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Americare	Americare		555	0.75			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	WellPoint	WellPoint		237.39	0.3208			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Amerihealth	Medicare		2.8				2.8	703	case rate	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Consumer	Consumer		703	0.95			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Corrections	Corrections		592	0.8			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	First Health	First Health		518	0.7			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	First Trenton	First Trenton		666	0.9			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Horizon	Indemnity		283.27	0.3828			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Horizon	MGD		283.27	0.3828			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Horizon	Medicare Blue		222	0.3			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Horizon	PPO		283.27	0.3828			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Horizon	NJ Health		2.96				2.8	703	case rate	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Managed Care Inc	Managed Care Inc		666	0.9			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Multiplan	Multiplan		592	0.8			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Qualcare	Qualcare		555	0.75			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Three Rivers	Three Rivers		703	0.95			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	UHC	Medicaid		232.8	0.3146			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	UHC	Medicare		2.8				2.8	703	case rate	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Wellcare	Medicaid		232.8	0.3146			2.8	703	percent of total billed charges	
FLUCONAZOLE 100MG/50ML PB	J1450	HCPCS	both			740	3.22	Wellcare	Medicare		2.8				2.8	703	case rate	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	8.36	Aetna	Better Health		1250.85	0.3146			7.27	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	8.36	Aetna	Commercial		11.57	1.592			7.27	3777.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	8.36	Aetna	Medicare		7.27	1			7.27	3777.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	8.36	Americare	Americare		2982	0.75			7.27	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	8.36	WellPoint	WellPoint		1275.5	0.3208			7.27	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	8.36	Amerihealth	Medicare		7.27	1			7.27	3777.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	8.36	Consumer	Consumer		3777.2	0.95			7.27	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	8.36	Corrections	Corrections		3180.8	0.8			7.27	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	8.36	First Health	First Health		2783.2	0.7			7.27	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	8.36	First Trenton	First Trenton		3578.4	0.9			7.27	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	8.36	Horizon	Indemnity		13.28	1.827			7.27	3777.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	8.36	Horizon	PPO		13.28	1.827			7.27	3777.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	8.36	Horizon	NJ Health		3300.08	0.83			7.27	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	8.36	Horizon	MGD		13.28	1.827			7.27	3777.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	8.36	Horizon	Medicare Blue		7.27	1			7.27	3777.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	8.36	Managed Care Inc	Managed Care Inc		3578.4	0.9			7.27	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	8.36	Multiplan	Multiplan		3180.8	0.8			7.27	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	8.36	Qualcare	Qualcare		2982	0.75			7.27	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	8.36	Three Rivers	Three Rivers		3777.2	0.95			7.27	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	8.36	UHC	Medicare		7.27	1			7.27	3777.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	8.36	UHC	Medicaid		1250.85	0.3146			7.27	3777.2	percent of total billed charges	
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	8.36	Wellcare	Medicare		7.27	1			7.27	3777.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOMEPIZOLE 15MG INJ	J1451	HCPCS	inpatient			3976	8.36	Wellcare	Medicaid		1250.85	0.3146			7.27	3777.2	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Aetna	Better Health		1.89	0.3146			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Aetna	Medicare		0.14				0.14	5.7	case rate	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Aetna	Commercial		2.28	0.38			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Americare	Americare		4.5	0.75			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	WellPoint	WellPoint		1.92	0.3208			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Amerihealth	Medicare		0.14				0.14	5.7	case rate	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Consumer	Consumer		5.7	0.95			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Corrections	Corrections		4.8	0.8			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	First Health	First Health		4.2	0.7			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	First Trenton	First Trenton		5.4	0.9			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Horizon	MGD		2.3	0.3828			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Horizon	NJ Health		0.15				0.14	5.7	case rate	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Horizon	Indemnity		2.3	0.3828			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Horizon	PPO		2.3	0.3828			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Horizon	Medicare Blue		1.8	0.3			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Managed Care Inc	Managed Care Inc		5.4	0.9			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Multiplan	Multiplan		4.8	0.8			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Qualcare	Qualcare		4.5	0.75			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Three Rivers	Three Rivers		5.7	0.95			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	UHC	Medicare		0.14				0.14	5.7	case rate	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	UHC	Medicaid		1.89	0.3146			0.14	5.7	percent of total billed charges	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Wellcare	Medicare		0.14				0.14	5.7	case rate	
FOSAPREPITANT DIMEGLUMINE 1MG PWVL	J1453	HCPCS	both			6	0.16	Wellcare	Medicaid		1.89	0.3146			0.14	5.7	percent of total billed charges	
FOSCARNET SODIUM PER 1000 MG INJ	J1455	HCPCS	both			707.5	81.95	Aetna	Commercial		113.45	1.592			71.26	672.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSCARNET SODIUM PER 1000 MG INJ	J1455	HCPCS	both			707.5	81.95	Aetna	Better Health		222.58	0.3146			71.26	672.13	percent of total billed charges	
FOSCARNET SODIUM PER 1000 MG INJ	J1455	HCPCS	both			707.5	81.95	Aetna	Medicare		71.26	1			71.26	672.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSCARNET SODIUM PER 1000 MG INJ	J1455	HCPCS	both			707.5	81.95	Americare	Americare		530.63	0.75			71.26	672.13	percent of total billed charges	
FOSCARNET SODIUM PER 1000 MG INJ	J1455	HCPCS	both			707.5	81.95	WellPoint	WellPoint		226.97	0.3208			71.26	672.13	percent of total billed charges	
FOSCARNET SODIUM PER 1000 MG INJ	J1455	HCPCS	both			707.5	81.95	Amerihealth	Medicare		71.26	1			71.26	672.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSCARNET SODIUM PER 1000 MG INJ	J1455	HCPCS	both			707.5	81.95	Consumer	Consumer		672.13	0.95			71.26	672.13	percent of total billed charges	
FOSCARNET SODIUM PER 1000 MG INJ	J1455	HCPCS	both			707.5	81.95	Corrections	Corrections		566	0.8			71.26	672.13	percent of total billed charges	
FOSCARNET SODIUM PER 1000 MG INJ	J1455	HCPCS	both			707.5	81.95	First Health	First Health		495.25	0.7			71.26	672.13	percent of total billed charges	
FOSCARNET SODIUM PER 1000 MG INJ	J1455	HCPCS	both			707.5	81.95	First Trenton	First Trenton		636.75	0.9			71.26	672.13	percent of total billed charges	
FOSCARNET SODIUM PER 1000 MG INJ	J1455	HCPCS	both			707.5	81.95	Horizon	Indemnity		130.19	1.827			71.26	672.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSCARNET SODIUM PER 1000 MG INJ	J1455	HCPCS	both			707.5	81.95	Horizon	MGD		130.19	1.827			71.26	672.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSCARNET SODIUM PER 1000 MG INJ	J1455	HCPCS	both			707.5	81.95	Horizon	Medicare Blue		71.26	1			71.26	672.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSCARNET SODIUM PER 1000 MG INJ	J1455	HCPCS	both			707.5	81.95	Horizon	NJ Health		587.23	0.83			71.26	672.13	percent of total billed charges	
FOSCARNET SODIUM PER 1000 MG INJ	J1455	HCPCS	both			707.5	81.95	Horizon	PPO		130.19	1.827			71.26	672.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSCARNET SODIUM PER 1000 MG INJ	J1455	HCPCS	both			707.5	81.95	Managed Care Inc	Managed Care Inc		636.75	0.9			71.26	672.13	percent of total billed charges	
FOSCARNET SODIUM PER 1000 MG INJ	J1455	HCPCS	both			707.5	81.95	Multiplan	Multiplan		566	0.8			71.26	672.13	percent of total billed charges	
FOSCARNET SODIUM PER 1000 MG INJ	J1455	HCPCS	both			707.5	81.95	Qualcare	Qualcare		530.63	0.75			71.26	672.13	percent of total billed charges	
FOSCARNET SODIUM PER 1000 MG INJ	J1455	HCPCS	both			707.5	81.95	Three Rivers	Three Rivers		672.13	0.95			71.26	672.13	percent of total billed charges	
FOSCARNET SODIUM PER 1000 MG INJ	J1455	HCPCS	both			707.5	81.95	UHC	Medicare		71.26	1			71.26	672.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSCARNET SODIUM PER 1000 MG INJ	J1455	HCPCS	both			707.5	81.95	UHC	Medicaid		222.58	0.3146			71.26	672.13	percent of total billed charges	
FOSCARNET SODIUM PER 1000 MG INJ	J1455	HCPCS	both			707.5	81.95	Wellcare	Medicare		71.26	1			71.26	672.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSCARNET SODIUM PER 1000 MG INJ	J1455	HCPCS	both			707.5	81.95	Wellcare	Medicaid		222.58	0.3146			71.26	672.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Aetna	Commercial		92.27	1.592			48.29	159.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Aetna	Medicare		48.29				48.29	159.13	case rate	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Aetna	Better Health		52.7	0.3146			48.29	159.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Americare	Americare		125.63	0.75			48.29	159.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	WellPoint	WellPoint		53.73	0.3208			48.29	159.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Amerihealth	Medicare		48.29				48.29	159.13	case rate	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Consumer	Consumer		159.13	0.95			48.29	159.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Corrections	Corrections		134	0.8			48.29	159.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	First Health	First Health		117.25	0.7			48.29	159.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	First Trenton	First Trenton		150.75	0.9			48.29	159.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Horizon	Indemnity		105.89	1.827			48.29	159.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Horizon	PPO		105.89	1.827			48.29	159.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Horizon	MGD		105.89	1.827			48.29	159.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Horizon	Medicare Blue		57.96	1			48.29	159.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Horizon	NJ Health		51.19				48.29	159.13	case rate	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Managed Care Inc	Managed Care Inc		150.75	0.9			48.29	159.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Multiplan	Multiplan		134	0.8			48.29	159.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Qualcare	Qualcare		125.63	0.75			48.29	159.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Three Rivers	Three Rivers		159.13	0.95			48.29	159.13	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	UHC	Medicare		48.29				48.29	159.13	case rate	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	UHC	Medicaid		52.7	0.3146			48.29	159.13	percent of total billed charges	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Wellcare	Medicare		48.29				48.29	159.13	case rate	
IMMUNE GLOBULIN (PRIVIGEN) 500MG	J1459	HCPCS	both			167.5	55.53	Wellcare	Medicaid		52.7	0.3146			48.29	159.13	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Aetna	Commercial		95.14	1.592			49.79	167.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Aetna	Better Health		55.53	0.3146			49.79	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Aetna	Medicare		49.79				49.79	167.68	case rate	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Americare	Americare		132.38	0.75			49.79	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	WellPoint	WellPoint		56.62	0.3208			49.79	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Amerihealth	Medicare		49.79				49.79	167.68	case rate	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Consumer	Consumer		167.68	0.95			49.79	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Corrections	Corrections		141.2	0.8			49.79	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	First Health	First Health		123.55	0.7			49.79	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	First Trenton	First Trenton		158.85	0.9			49.79	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Horizon	MGD		109.18	1.827			49.79	167.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Horizon	Indemnity		109.18	1.827			49.79	167.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Horizon	Medicare Blue		59.76	1			49.79	167.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Horizon	NJ Health		52.77				49.79	167.68	case rate	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Horizon	PPO		109.18	1.827			49.79	167.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Managed Care Inc	Managed Care Inc		158.85	0.9			49.79	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Multiplan	Multiplan		141.2	0.8			49.79	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Qualcare	Qualcare		132.38	0.75			49.79	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Three Rivers	Three Rivers		167.68	0.95			49.79	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	UHC	Medicaid		55.53	0.3146			49.79	167.68	percent of total billed charges	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	UHC	Medicare		49.79				49.79	167.68	case rate	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Wellcare	Medicare		49.79				49.79	167.68	case rate	
IMMUNE GLOBULIN (GAMUNEX) 500MG	J1561	HCPCS	outpatient			176.5	57.25	Wellcare	Medicaid		55.53	0.3146			49.79	167.68	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Aetna	Commercial		84.38	1.592			44.15	191.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Aetna	Better Health		63.39	0.3146			44.15	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Aetna	Medicare		44.15				44.15	191.43	case rate	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Americare	Americare		151.13	0.75			44.15	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	WellPoint	WellPoint		64.64	0.3208			44.15	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Amerihealth	Medicare		44.15				44.15	191.43	case rate	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Consumer	Consumer		191.43	0.95			44.15	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Corrections	Corrections		161.2	0.8			44.15	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	First Health	First Health		141.05	0.7			44.15	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	First Trenton	First Trenton		181.35	0.9			44.15	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Horizon	Indemnity		96.83	1.827			44.15	191.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Horizon	NJ Health		46.8				44.15	191.43	case rate	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Horizon	MGD		96.83	1.827			44.15	191.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Horizon	PPO		96.83	1.827			44.15	191.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Horizon	Medicare Blue		53	1			44.15	191.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Managed Care Inc	Managed Care Inc		181.35	0.9			44.15	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Multiplan	Multiplan		161.2	0.8			44.15	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Qualcare	Qualcare		151.13	0.75			44.15	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Three Rivers	Three Rivers		191.43	0.95			44.15	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	UHC	Medicare		44.15				44.15	191.43	case rate	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	UHC	Medicaid		63.39	0.3146			44.15	191.43	percent of total billed charges	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Wellcare	Medicare		44.15				44.15	191.43	case rate	
IMMUNEGLOBULIN (GAMMAGARD) 500MG	J1569	HCPCS	both			201.5	50.77	Wellcare	Medicaid		63.39	0.3146			44.15	191.43	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Aetna	Better Health		71.26	0.3146			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Aetna	Medicare		44.92				44.92	215.18	case rate	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Aetna	Commercial		86.07	0.38			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Americare	Americare		169.88	0.75			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	WellPoint	WellPoint		72.66	0.3208			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Amerihealth	Medicare		44.92				44.92	215.18	case rate	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Consumer	Consumer		215.18	0.95			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Corrections	Corrections		181.2	0.8			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	First Health	First Health		158.55	0.7			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	First Trenton	First Trenton		203.85	0.9			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Horizon	Medicare Blue		67.95	0.3			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Horizon	Indemnity		86.7	0.3828			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Horizon	MGD		86.7	0.3828			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Horizon	NJ Health		47.62				44.92	215.18	case rate	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Horizon	PPO		86.7	0.3828			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Managed Care Inc	Managed Care Inc		203.85	0.9			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Multiplan	Multiplan		181.2	0.8			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Qualcare	Qualcare		169.88	0.75			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Three Rivers	Three Rivers		215.18	0.95			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	UHC	Medicaid		71.26	0.3146			44.92	215.18	percent of total billed charges	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	UHC	Medicare		44.92				44.92	215.18	case rate	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Wellcare	Medicare		44.92				44.92	215.18	case rate	
GANCICLOVIR 500MG INJ	J1570	HCPCS	both			226.5	51.66	Wellcare	Medicaid		71.26	0.3146			44.92	215.18	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Aetna	Medicare		59.62				59.62	379.05	case rate	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Aetna	Better Health		125.53	0.3146			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Aetna	Commercial		113.92	1.592			59.62	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Americare	Americare		299.25	0.75			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	WellPoint	WellPoint		128	0.3208			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Amerihealth	Medicare		59.62				59.62	379.05	case rate	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Consumer	Consumer		379.05	0.95			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Corrections	Corrections		319.2	0.8			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	First Health	First Health		279.3	0.7			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	First Trenton	First Trenton		359.1	0.9			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Horizon	MGD		130.74	1.827			59.62	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Horizon	Medicare Blue		71.56	1			59.62	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Horizon	Indemnity		130.74	1.827			59.62	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Horizon	PPO		130.74	1.827			59.62	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Horizon	NJ Health		63.2				59.62	379.05	case rate	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Managed Care Inc	Managed Care Inc		359.1	0.9			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Multiplan	Multiplan		319.2	0.8			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Qualcare	Qualcare		299.25	0.75			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Three Rivers	Three Rivers		379.05	0.95			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	UHC	Medicare		59.62				59.62	379.05	case rate	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	UHC	Medicaid		125.53	0.3146			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Wellcare	Medicare		59.62				59.62	379.05	case rate	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IM	J1571	HCPCS	inpatient			399	68.56	Wellcare	Medicaid		125.53	0.3146			59.62	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	82.29	Aetna	Better Health		125.53	0.3146			71.56	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	82.29	Aetna	Commercial		113.92	1.592			71.56	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	82.29	Aetna	Medicare		71.56	1			71.56	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	82.29	Americare	Americare		299.25	0.75			71.56	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	82.29	WellPoint	WellPoint		128	0.3208			71.56	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	82.29	Amerihealth	Medicare		71.56	1			71.56	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	82.29	Consumer	Consumer		379.05	0.95			71.56	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	82.29	Corrections	Corrections		319.2	0.8			71.56	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	82.29	First Health	First Health		279.3	0.7			71.56	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	82.29	First Trenton	First Trenton		359.1	0.9			71.56	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	82.29	Horizon	Indemnity		130.74	1.827			71.56	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	82.29	Horizon	MGD		130.74	1.827			71.56	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	82.29	Horizon	NJ Health		331.17	0.83			71.56	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	82.29	Horizon	Medicare Blue		71.56	1			71.56	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	82.29	Horizon	PPO		130.74	1.827			71.56	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	82.29	Managed Care Inc	Managed Care Inc		359.1	0.9			71.56	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	82.29	Multiplan	Multiplan		319.2	0.8			71.56	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	82.29	Qualcare	Qualcare		299.25	0.75			71.56	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	82.29	Three Rivers	Three Rivers		379.05	0.95			71.56	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	82.29	UHC	Medicare		71.56	1			71.56	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	82.29	UHC	Medicaid		125.53	0.3146			71.56	379.05	percent of total billed charges	
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	82.29	Wellcare	Medicare		71.56	1			71.56	379.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HEPATITIS B IMMUNE GLOBULIN 0.5ML IV	J1573	HCPCS	both			399	82.29	Wellcare	Medicaid		125.53	0.3146			71.56	379.05	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Aetna	Medicare		2.69				1.05	60.8	case rate	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Aetna	Commercial		24.32	0.38			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Aetna	Better Health		20.13	0.3146			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Americare	Americare		48	0.75			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	WellPoint	WellPoint		20.53	0.3208			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Amerihealth	Medicare		2.69				1.05	60.8	case rate	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Consumer	Consumer		60.8	0.95			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Corrections	Corrections		51.2	0.8			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	First Health	First Health		44.8	0.7			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	First Trenton	First Trenton		57.6	0.9			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Horizon	MGD		24.5	0.3828			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Horizon	NJ Health		2.85				1.05	60.8	case rate	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Horizon	Medicare Blue		19.2	0.3			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Horizon	Indemnity		24.5	0.3828			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Horizon	PPO		24.5	0.3828			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Managed Care Inc	Managed Care Inc		57.6	0.9			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Multiplan	Multiplan		51.2	0.8			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Qualcare	Qualcare		48	0.75			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Three Rivers	Three Rivers		60.8	0.95			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	UHC	Medicaid		20.13	0.3146			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	UHC	Medicare		2.69				1.05	60.8	case rate	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Wellcare	Medicaid		20.13	0.3146			1.05	60.8	percent of total billed charges	
GENTAMICIN 80MG VIAL	J1580	HCPCS	both			64	3.09	Wellcare	Medicare		2.69				1.05	60.8	case rate	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	inpatient			641.5	215.31	Aetna	Commercial		298.07	1.592			187.23	609.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	inpatient			641.5	215.31	Aetna	Better Health		201.82	0.3146			187.23	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	inpatient			641.5	215.31	Aetna	Medicare		187.23	1			187.23	609.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	inpatient			641.5	215.31	Americare	Americare		481.13	0.75			187.23	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	inpatient			641.5	215.31	WellPoint	WellPoint		205.79	0.3208			187.23	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	inpatient			641.5	215.31	Amerihealth	Medicare		187.23	1			187.23	609.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	inpatient			641.5	215.31	Consumer	Consumer		609.43	0.95			187.23	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	inpatient			641.5	215.31	Corrections	Corrections		513.2	0.8			187.23	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	inpatient			641.5	215.31	First Health	First Health		449.05	0.7			187.23	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	inpatient			641.5	215.31	First Trenton	First Trenton		577.35	0.9			187.23	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	inpatient			641.5	215.31	Horizon	Indemnity		342.07	1.827			187.23	609.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	inpatient			641.5	215.31	Horizon	Medicare Blue		187.23	1			187.23	609.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	inpatient			641.5	215.31	Horizon	NJ Health		532.45	0.83			187.23	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	inpatient			641.5	215.31	Horizon	MGD		342.07	1.827			187.23	609.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	inpatient			641.5	215.31	Horizon	PPO		342.07	1.827			187.23	609.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	inpatient			641.5	215.31	Managed Care Inc	Managed Care Inc		577.35	0.9			187.23	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	inpatient			641.5	215.31	Multiplan	Multiplan		513.2	0.8			187.23	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	inpatient			641.5	215.31	Qualcare	Qualcare		481.13	0.75			187.23	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	inpatient			641.5	215.31	Three Rivers	Three Rivers		609.43	0.95			187.23	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	inpatient			641.5	215.31	UHC	Medicare		187.23	1			187.23	609.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	inpatient			641.5	215.31	UHC	Medicaid		201.82	0.3146			187.23	609.43	percent of total billed charges	
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	inpatient			641.5	215.31	Wellcare	Medicare		187.23	1			187.23	609.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLATIRAMER ACETATE 20MG/ML INJ	J1595	HCPCS	inpatient			641.5	215.31	Wellcare	Medicaid		201.82	0.3146			187.23	609.43	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Aetna	Better Health		232.96	0.3146			156.36	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Aetna	Medicare		188.37				156.36	703.48	case rate	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Aetna	Commercial		359.97	1.592			156.36	703.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Americare	Americare		555.38	0.75			156.36	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	WellPoint	WellPoint		237.55	0.3208			156.36	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Amerihealth	Medicare		188.37				156.36	703.48	case rate	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Consumer	Consumer		703.48	0.95			156.36	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Corrections	Corrections		592.4	0.8			156.36	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	First Health	First Health		518.35	0.7			156.36	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	First Trenton	First Trenton		666.45	0.9			156.36	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Horizon	PPO		413.1	1.827			156.36	703.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Horizon	Medicare Blue		226.11	1			156.36	703.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Horizon	Indemnity		413.1	1.827			156.36	703.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Horizon	NJ Health		199.67				156.36	703.48	case rate	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Horizon	MGD		413.1	1.827			156.36	703.48	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Managed Care Inc	Managed Care Inc		666.45	0.9			156.36	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Multiplan	Multiplan		592.4	0.8			156.36	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Qualcare	Qualcare		555.38	0.75			156.36	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Three Rivers	Three Rivers		703.48	0.95			156.36	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	UHC	Medicare		188.37				156.36	703.48	case rate	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	UHC	Medicaid		232.96	0.3146			156.36	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Wellcare	Medicaid		232.96	0.3146			156.36	703.48	percent of total billed charges	
GLUCAGON 1MG/1ML EMERGENCY KIT INJ	J1610	HCPCS	both			740.5	216.62	Wellcare	Medicare		188.37				156.36	703.48	case rate	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Aetna	Medicare		0.38				0.38	73.15	case rate	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Aetna	Commercial		29.26	0.38			0.38	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Aetna	Better Health		24.22	0.3146			0.38	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Americare	Americare		57.75	0.75			0.38	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	WellPoint	WellPoint		24.7	0.3208			0.38	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Amerihealth	Medicare		0.38				0.38	73.15	case rate	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Consumer	Consumer		73.15	0.95			0.38	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Corrections	Corrections		61.6	0.8			0.38	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	First Health	First Health		53.9	0.7			0.38	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	First Trenton	First Trenton		69.3	0.9			0.38	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Horizon	Indemnity		29.48	0.3828			0.38	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Horizon	Medicare Blue		23.1	0.3			0.38	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Horizon	MGD		29.48	0.3828			0.38	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Horizon	PPO		29.48	0.3828			0.38	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Horizon	NJ Health		0.4				0.38	73.15	case rate	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Managed Care Inc	Managed Care Inc		69.3	0.9			0.38	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Multiplan	Multiplan		61.6	0.8			0.38	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Qualcare	Qualcare		57.75	0.75			0.38	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Three Rivers	Three Rivers		73.15	0.95			0.38	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	UHC	Medicare		0.38				0.38	73.15	case rate	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	UHC	Medicaid		24.22	0.3146			0.38	73.15	percent of total billed charges	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Wellcare	Medicare		0.38				0.38	73.15	case rate	
GRANISETRON 0.1MG/ML VL	J1626	HCPCS	both			77	0.44	Wellcare	Medicaid		24.22	0.3146			0.38	73.15	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Aetna	Better Health		23.91	0.3146			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Aetna	Medicare		1.42				1.42	72.2	case rate	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Aetna	Commercial		28.88	0.38			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Americare	Americare		57	0.75			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	WellPoint	WellPoint		24.38	0.3208			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Amerihealth	Medicare		1.42				1.42	72.2	case rate	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Consumer	Consumer		72.2	0.95			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Corrections	Corrections		60.8	0.8			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	First Health	First Health		53.2	0.7			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	First Trenton	First Trenton		68.4	0.9			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Horizon	Medicare Blue		22.8	0.3			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Horizon	MGD		29.09	0.3828			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Horizon	Indemnity		29.09	0.3828			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Horizon	NJ Health		1.5				1.42	72.2	case rate	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Horizon	PPO		29.09	0.3828			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Managed Care Inc	Managed Care Inc		68.4	0.9			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Multiplan	Multiplan		60.8	0.8			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Qualcare	Qualcare		57	0.75			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Three Rivers	Three Rivers		72.2	0.95			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	UHC	Medicaid		23.91	0.3146			1.42	72.2	percent of total billed charges	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	UHC	Medicare		1.42				1.42	72.2	case rate	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Wellcare	Medicare		1.42				1.42	72.2	case rate	
HALOPERIDOL 5MG/1ML INJ	J1630	HCPCS	both			76	1.63	Wellcare	Medicaid		23.91	0.3146			1.42	72.2	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Aetna	Better Health		94.38	0.3146			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Aetna	Medicare		8.78				8.78	285	case rate	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Aetna	Commercial		114	0.38			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Americare	Americare		225	0.75			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	WellPoint	WellPoint		96.24	0.3208			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Amerihealth	Medicare		8.78				8.78	285	case rate	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Consumer	Consumer		285	0.95			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Corrections	Corrections		240	0.8			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	First Health	First Health		210	0.7			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	First Trenton	First Trenton		270	0.9			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Horizon	Medicare Blue		90	0.3			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Horizon	MGD		114.84	0.3828			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Horizon	NJ Health		9.3				8.78	285	case rate	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Horizon	Indemnity		114.84	0.3828			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Horizon	PPO		114.84	0.3828			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Managed Care Inc	Managed Care Inc		270	0.9			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Multiplan	Multiplan		240	0.8			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Qualcare	Qualcare		225	0.75			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Three Rivers	Three Rivers		285	0.95			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	UHC	Medicaid		94.38	0.3146			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	UHC	Medicare		8.78				8.78	285	case rate	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Wellcare	Medicaid		94.38	0.3146			8.78	285	percent of total billed charges	
HALOPERIDOL DECAN 50MG	J1631	HCPCS	both			300	10.09	Wellcare	Medicare		8.78				8.78	285	case rate	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Aetna	Commercial		59.91	1.592			30.36	91.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Aetna	Better Health		30.36	0.3146			30.36	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Aetna	Medicare		31.35				30.36	91.68	case rate	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Americare	Americare		72.38	0.75			30.36	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	WellPoint	WellPoint		30.96	0.3208			30.36	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Amerihealth	Medicare		31.35				30.36	91.68	case rate	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Consumer	Consumer		91.68	0.95			30.36	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Corrections	Corrections		77.2	0.8			30.36	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	First Health	First Health		67.55	0.7			30.36	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	First Trenton	First Trenton		86.85	0.9			30.36	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Horizon	Medicare Blue		37.63	1			30.36	91.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Horizon	NJ Health		33.23				30.36	91.68	case rate	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Horizon	MGD		68.75	1.827			30.36	91.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Horizon	Indemnity		68.75	1.827			30.36	91.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Horizon	PPO		68.75	1.827			30.36	91.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Managed Care Inc	Managed Care Inc		86.85	0.9			30.36	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Multiplan	Multiplan		77.2	0.8			30.36	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Qualcare	Qualcare		72.38	0.75			30.36	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Three Rivers	Three Rivers		91.68	0.95			30.36	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	UHC	Medicaid		30.36	0.3146			30.36	91.68	percent of total billed charges	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	UHC	Medicare		31.35				30.36	91.68	case rate	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Wellcare	Medicare		31.35				30.36	91.68	case rate	
PANHEMATIN(HEMIN) 1MG INJ	J1640	HCPCS	outpatient			96.5	36.05	Wellcare	Medicaid		30.36	0.3146			30.36	91.68	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Aetna	Better Health		1.42	0.3146			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Aetna	Medicare		0.02				0.02	4.28	case rate	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Aetna	Commercial		1.71	0.38			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Americare	Americare		3.38	0.75			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	WellPoint	WellPoint		1.44	0.3208			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Amerihealth	Medicare		0.02				0.02	4.28	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Consumer	Consumer		4.28	0.95			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Corrections	Corrections		3.6	0.8			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	First Health	First Health		3.15	0.7			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	First Trenton	First Trenton		4.05	0.9			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Horizon	Medicare Blue		1.35	0.3			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Horizon	NJ Health		0.02				0.02	4.28	case rate	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Horizon	Indemnity		1.72	0.3828			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Horizon	MGD		1.72	0.3828			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Horizon	PPO		1.72	0.3828			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Managed Care Inc	Managed Care Inc		4.05	0.9			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Multiplan	Multiplan		3.6	0.8			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Qualcare	Qualcare		3.38	0.75			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Three Rivers	Three Rivers		4.28	0.95			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	UHC	Medicare		0.02				0.02	4.28	case rate	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	UHC	Medicaid		1.42	0.3146			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Wellcare	Medicaid		1.42	0.3146			0.02	4.28	percent of total billed charges	
HEPARIN LOCK FLUSH 1U/1ML (10M	J1642	HCPCS	both			4.5	0.02	Wellcare	Medicare		0.02				0.02	4.28	case rate	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Aetna	Medicare		0.27				0.27	4.28	case rate	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Aetna	Better Health		1.42	0.3146			0.27	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Aetna	Commercial		1.71	0.38			0.27	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Americare	Americare		3.38	0.75			0.27	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	WellPoint	WellPoint		1.44	0.3208			0.27	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Amerihealth	Medicare		0.27				0.27	4.28	case rate	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Consumer	Consumer		4.28	0.95			0.27	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Corrections	Corrections		3.6	0.8			0.27	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	First Health	First Health		3.15	0.7			0.27	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	First Trenton	First Trenton		4.05	0.9			0.27	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Horizon	NJ Health		0.28				0.27	4.28	case rate	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Horizon	MGD		1.72	0.3828			0.27	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Horizon	Indemnity		1.72	0.3828			0.27	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Horizon	PPO		1.72	0.3828			0.27	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Horizon	Medicare Blue		1.35	0.3			0.27	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Managed Care Inc	Managed Care Inc		4.05	0.9			0.27	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Multiplan	Multiplan		3.6	0.8			0.27	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Qualcare	Qualcare		3.38	0.75			0.27	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Three Rivers	Three Rivers		4.28	0.95			0.27	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	UHC	Medicare		0.27				0.27	4.28	case rate	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	UHC	Medicaid		1.42	0.3146			0.27	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Wellcare	Medicaid		1.42	0.3146			0.27	4.28	percent of total billed charges	
HEPARIN NA (PORCINE) 1000 UNITS/ML	J1644	HCPCS	both			4.5	0.31	Wellcare	Medicare		0.27				0.27	4.28	case rate	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Aetna	Medicare		17.4				17.4	120.65	case rate	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Aetna	Better Health		39.95	0.3146			17.4	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Aetna	Commercial		48.26	0.38			17.4	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Americare	Americare		95.25	0.75			17.4	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	WellPoint	WellPoint		40.74	0.3208			17.4	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Amerihealth	Medicare		17.4				17.4	120.65	case rate	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Consumer	Consumer		120.65	0.95			17.4	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Corrections	Corrections		101.6	0.8			17.4	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	First Health	First Health		88.9	0.7			17.4	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	First Trenton	First Trenton		114.3	0.9			17.4	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Horizon	Medicare Blue		38.1	0.3			17.4	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Horizon	Indemnity		48.62	0.3828			17.4	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Horizon	MGD		48.62	0.3828			17.4	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Horizon	PPO		48.62	0.3828			17.4	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Horizon	NJ Health		18.44				17.4	120.65	case rate	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Managed Care Inc	Managed Care Inc		114.3	0.9			17.4	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Multiplan	Multiplan		101.6	0.8			17.4	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Qualcare	Qualcare		95.25	0.75			17.4	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Three Rivers	Three Rivers		120.65	0.95			17.4	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	UHC	Medicaid		39.95	0.3146			17.4	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	UHC	Medicare		17.4				17.4	120.65	case rate	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Wellcare	Medicaid		39.95	0.3146			17.4	120.65	percent of total billed charges	
DALTEPARIN SOD 2500IU/0.2ML INJ	J1645	HCPCS	outpatient			127	20.01	Wellcare	Medicare		17.4				17.4	120.65	case rate	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Aetna	Better Health		16.2	0.3146			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Aetna	Medicare		0.68				0.68	48.93	case rate	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Aetna	Commercial		19.57	0.38			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Americare	Americare		38.63	0.75			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	WellPoint	WellPoint		16.52	0.3208			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Amerihealth	Medicare		0.68				0.68	48.93	case rate	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Consumer	Consumer		48.93	0.95			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Corrections	Corrections		41.2	0.8			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	First Health	First Health		36.05	0.7			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	First Trenton	First Trenton		46.35	0.9			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Horizon	NJ Health		0.72				0.68	48.93	case rate	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Horizon	MGD		19.71	0.3828			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Horizon	Indemnity		19.71	0.3828			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Horizon	Medicare Blue		15.45	0.3			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Horizon	PPO		19.71	0.3828			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Managed Care Inc	Managed Care Inc		46.35	0.9			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Multiplan	Multiplan		41.2	0.8			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Qualcare	Qualcare		38.63	0.75			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Three Rivers	Three Rivers		48.93	0.95			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	UHC	Medicaid		16.2	0.3146			0.68	48.93	percent of total billed charges	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	UHC	Medicare		0.68				0.68	48.93	case rate	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Wellcare	Medicare		0.68				0.68	48.93	case rate	
ENOXAPARIN 10MG	J1650	HCPCS	both			51.5	0.78	Wellcare	Medicaid		16.2	0.3146			0.68	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Aetna	Better Health		16.2	0.3146			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Aetna	Medicare		1.09				1.09	48.93	case rate	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Aetna	Commercial		19.57	0.38			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Americare	Americare		38.63	0.75			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	WellPoint	WellPoint		16.52	0.3208			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Amerihealth	Medicare		1.09				1.09	48.93	case rate	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Consumer	Consumer		48.93	0.95			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Corrections	Corrections		41.2	0.8			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	First Health	First Health		36.05	0.7			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	First Trenton	First Trenton		46.35	0.9			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Horizon	MGD		19.71	0.3828			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Horizon	Medicare Blue		15.45	0.3			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Horizon	NJ Health		1.16				1.09	48.93	case rate	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Horizon	Indemnity		19.71	0.3828			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Horizon	PPO		19.71	0.3828			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Managed Care Inc	Managed Care Inc		46.35	0.9			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Multiplan	Multiplan		41.2	0.8			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Qualcare	Qualcare		38.63	0.75			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Three Rivers	Three Rivers		48.93	0.95			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	UHC	Medicaid		16.2	0.3146			1.09	48.93	percent of total billed charges	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	UHC	Medicare		1.09				1.09	48.93	case rate	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Wellcare	Medicare		1.09				1.09	48.93	case rate	
FONDAPARINUX 0.5MG INJ	J1652	HCPCS	both			51.5	1.26	Wellcare	Medicaid		16.2	0.3146			1.09	48.93	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Aetna	Commercial		1105.69	1.592			260.65	1268.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Aetna	Better Health		260.65	0.3146			260.65	1268.91	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Aetna	Medicare		578.61				260.65	1268.91	case rate	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Americare	Americare		621.38	0.75			260.65	1268.91	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	WellPoint	WellPoint		265.78	0.3208			260.65	1268.91	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Amerihealth	Medicare		578.61				260.65	1268.91	case rate	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Consumer	Consumer		787.08	0.95			260.65	1268.91	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Corrections	Corrections		662.8	0.8			260.65	1268.91	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	First Health	First Health		579.95	0.7			260.65	1268.91	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	First Trenton	First Trenton		745.65	0.9			260.65	1268.91	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Horizon	PPO		1268.91	1.827			260.65	1268.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Horizon	MGD		1268.91	1.827			260.65	1268.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Horizon	Indemnity		1268.91	1.827			260.65	1268.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Horizon	Medicare Blue		694.53	1			260.65	1268.91	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Horizon	NJ Health		613.33				260.65	1268.91	case rate	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Managed Care Inc	Managed Care Inc		745.65	0.9			260.65	1268.91	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Multiplan	Multiplan		662.8	0.8			260.65	1268.91	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Qualcare	Qualcare		621.38	0.75			260.65	1268.91	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Three Rivers	Three Rivers		787.08	0.95			260.65	1268.91	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	UHC	Medicare		578.61				260.65	1268.91	case rate	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	UHC	Medicaid		260.65	0.3146			260.65	1268.91	percent of total billed charges	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Wellcare	Medicare		578.61				260.65	1268.91	case rate	
TETANUS (BAYTET) 250U INJ	J1670	HCPCS	both			828.5	665.4	Wellcare	Medicaid		260.65	0.3146			260.65	1268.91	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Aetna	Better Health		6.76	0.3146			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Aetna	Medicare		17.85				6.45	20.43	case rate	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Aetna	Commercial		8.17	0.38			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Americare	Americare		16.13	0.75			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	WellPoint	WellPoint		6.9	0.3208			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Amerihealth	Medicare		17.85				6.45	20.43	case rate	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Consumer	Consumer		20.43	0.95			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Corrections	Corrections		17.2	0.8			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	First Health	First Health		15.05	0.7			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	First Trenton	First Trenton		19.35	0.9			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Horizon	MGD		8.23	0.3828			6.45	20.43	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Horizon	Medicare Blue		6.45	0.3			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Horizon	NJ Health		18.92				6.45	20.43	case rate	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Horizon	Indemnity		8.23	0.3828			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Horizon	PPO		8.23	0.3828			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Managed Care Inc	Managed Care Inc		19.35	0.9			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Multiplan	Multiplan		17.2	0.8			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Qualcare	Qualcare		16.13	0.75			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Three Rivers	Three Rivers		20.43	0.95			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	UHC	Medicaid		6.76	0.3146			6.45	20.43	percent of total billed charges	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	UHC	Medicare		17.85				6.45	20.43	case rate	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Wellcare	Medicare		17.85				6.45	20.43	case rate	
HYDROCORTISONE 100MG INJ	J1720	HCPCS	both			21.5	20.52	Wellcare	Medicaid		6.76	0.3146			6.45	20.43	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Aetna	Medicare		25.6				25.6	429.4	case rate	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Aetna	Better Health		142.2	0.3146			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Aetna	Commercial		171.76	0.38			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Americare	Americare		339	0.75			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	WellPoint	WellPoint		145	0.3208			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Amerihealth	Medicare		25.6				25.6	429.4	case rate	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Consumer	Consumer		429.4	0.95			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Corrections	Corrections		361.6	0.8			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	First Health	First Health		316.4	0.7			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	First Trenton	First Trenton		406.8	0.9			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Horizon	Medicare Blue		135.6	0.3			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Horizon	MGD		173.03	0.3828			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Horizon	Indemnity		173.03	0.3828			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Horizon	NJ Health		27.13				25.6	429.4	case rate	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Horizon	PPO		173.03	0.3828			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Managed Care Inc	Managed Care Inc		406.8	0.9			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Multiplan	Multiplan		361.6	0.8			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Qualcare	Qualcare		339	0.75			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Three Rivers	Three Rivers		429.4	0.95			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	UHC	Medicaid		142.2	0.3146			25.6	429.4	percent of total billed charges	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	UHC	Medicare		25.6				25.6	429.4	case rate	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Wellcare	Medicare		25.6				25.6	429.4	case rate	
IBANDRONATE SODIUM(BONIVA) 1MG INJ	J1740	HCPCS	outpatient			452	29.44	Wellcare	Medicaid		142.2	0.3146			25.6	429.4	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Aetna	Better Health		1.57	0.3146			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Aetna	Medicare		1.54	0.308			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Aetna	Commercial		1.9	0.38			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Americare	Americare		3.75	0.75			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		WellPoint	WellPoint		1.6	0.3208			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Consumer	Consumer		4.75	0.95			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Corrections	Corrections		4	0.8			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		First Health	First Health		3.5	0.7			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		First Trenton	First Trenton		4.5	0.9			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Horizon	MGD		1.91	0.3828			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Horizon	Indemnity		1.91	0.3828			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Horizon	NJ Health		4.15	0.83			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Horizon	PPO		1.91	0.3828			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Horizon	Medicare Blue		1.5	0.3			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Managed Care Inc	Managed Care Inc		4.5	0.9			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Multiplan	Multiplan		4	0.8			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Qualcare	Qualcare		3.75	0.75			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Three Rivers	Three Rivers		4.75	0.95			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		UHC	Medicaid		1.57	0.3146			1.5	4.75	percent of total billed charges	
IBUPROFEN 100MG/ML INJ	J1741	HCPCS	outpatient			5		Wellcare	Medicaid		1.57	0.3146			1.5	4.75	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	outpatient			1590	262.61	Aetna	Better Health		500.21	0.3146			228.36	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	outpatient			1590	262.61	Aetna	Medicare		228.36	1			228.36	1510.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	outpatient			1590	262.61	Aetna	Commercial		363.55	1.592			228.36	1510.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	outpatient			1590	262.61	Americare	Americare		1192.5	0.75			228.36	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	outpatient			1590	262.61	WellPoint	WellPoint		510.07	0.3208			228.36	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	outpatient			1590	262.61	Amerihealth	Medicare		228.36	1			228.36	1510.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	outpatient			1590	262.61	Consumer	Consumer		1510.5	0.95			228.36	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	outpatient			1590	262.61	Corrections	Corrections		1272	0.8			228.36	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	outpatient			1590	262.61	First Health	First Health		1113	0.7			228.36	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	outpatient			1590	262.61	First Trenton	First Trenton		1431	0.9			228.36	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	outpatient			1590	262.61	Horizon	PPO		417.21	1.827			228.36	1510.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	outpatient			1590	262.61	Horizon	Medicare Blue		228.36	1			228.36	1510.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	outpatient			1590	262.61	Horizon	Indemnity		417.21	1.827			228.36	1510.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	outpatient			1590	262.61	Horizon	MGD		417.21	1.827			228.36	1510.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	outpatient			1590	262.61	Horizon	NJ Health		1319.7	0.83			228.36	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	outpatient			1590	262.61	Managed Care Inc	Managed Care Inc		1431	0.9			228.36	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	outpatient			1590	262.61	Multiplan	Multiplan		1272	0.8			228.36	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	outpatient			1590	262.61	Qualcare	Qualcare		1192.5	0.75			228.36	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	outpatient			1590	262.61	Three Rivers	Three Rivers		1510.5	0.95			228.36	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	outpatient			1590	262.61	UHC	Medicare		228.36	1			228.36	1510.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	outpatient			1590	262.61	UHC	Medicaid		500.21	0.3146			228.36	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	outpatient			1590	262.61	Wellcare	Medicaid		500.21	0.3146			228.36	1510.5	percent of total billed charges	
IBUTILIDE 1MG/10ML VIAL (NF)	J1742	HCPCS	outpatient			1590	262.61	Wellcare	Medicare		228.36	1			228.36	1510.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	235.84	Aetna	Better Health		411.97	0.3146			205.08	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	235.84	Aetna	Commercial		326.49	1.592			205.08	1244.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	235.84	Aetna	Medicare		205.08	1			205.08	1244.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	235.84	Americare	Americare		982.13	0.75			205.08	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	235.84	WellPoint	WellPoint		420.09	0.3208			205.08	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	235.84	Amerihealth	Medicare		205.08	1			205.08	1244.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	235.84	Consumer	Consumer		1244.03	0.95			205.08	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	235.84	Corrections	Corrections		1047.6	0.8			205.08	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	235.84	First Health	First Health		916.65	0.7			205.08	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	235.84	First Trenton	First Trenton		1178.55	0.9			205.08	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	235.84	Horizon	Medicare Blue		205.08	1			205.08	1244.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	235.84	Horizon	MGD		374.68	1.827			205.08	1244.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	235.84	Horizon	Indemnity		374.68	1.827			205.08	1244.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	235.84	Horizon	NJ Health		1086.89	0.83			205.08	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	235.84	Horizon	PPO		374.68	1.827			205.08	1244.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	235.84	Managed Care Inc	Managed Care Inc		1178.55	0.9			205.08	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	235.84	Multiplan	Multiplan		1047.6	0.8			205.08	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	235.84	Qualcare	Qualcare		982.13	0.75			205.08	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	235.84	Three Rivers	Three Rivers		1244.03	0.95			205.08	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	235.84	UHC	Medicare		205.08	1			205.08	1244.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	235.84	UHC	Medicaid		411.97	0.3146			205.08	1244.03	percent of total billed charges	
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	235.84	Wellcare	Medicare		205.08	1			205.08	1244.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ICATIBANT ACETATE 1MG INJ	J1744	HCPCS	outpatient			1309.5	235.84	Wellcare	Medicaid		411.97	0.3146			205.08	1244.03	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Aetna	Better Health		133.55	0.3146			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Aetna	Medicare		32.16				32.16	403.28	case rate	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Aetna	Commercial		61.45	1.592			32.16	403.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Americare	Americare		318.38	0.75			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	WellPoint	WellPoint		136.18	0.3208			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Amerihealth	Medicare		32.16				32.16	403.28	case rate	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Consumer	Consumer		403.28	0.95			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Corrections	Corrections		339.6	0.8			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	First Health	First Health		297.15	0.7			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	First Trenton	First Trenton		382.05	0.9			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Horizon	PPO		70.52	1.827			32.16	403.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Horizon	MGD		70.52	1.827			32.16	403.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Horizon	Medicare Blue		38.6	1			32.16	403.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Horizon	NJ Health		34.09				32.16	403.28	case rate	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Horizon	Indemnity		70.52	1.827			32.16	403.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Managed Care Inc	Managed Care Inc		382.05	0.9			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Multiplan	Multiplan		339.6	0.8			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Qualcare	Qualcare		318.38	0.75			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Three Rivers	Three Rivers		403.28	0.95			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	UHC	Medicaid		133.55	0.3146			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	UHC	Medicare		32.16				32.16	403.28	case rate	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Wellcare	Medicaid		133.55	0.3146			32.16	403.28	percent of total billed charges	
INFLIXIMAB 10MG INJ	J1745	HCPCS	both			424.5	36.99	Wellcare	Medicare		32.16				32.16	403.28	case rate	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	inpatient			97.5	19.92	Aetna	Commercial		33.1	1.592			17.32	92.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	inpatient			97.5	19.92	Aetna	Better Health		30.67	0.3146			17.32	92.63	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	inpatient			97.5	19.92	Aetna	Medicare		17.32				17.32	92.63	case rate	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	inpatient			97.5	19.92	Americare	Americare		73.13	0.75			17.32	92.63	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	inpatient			97.5	19.92	WellPoint	WellPoint		31.28	0.3208			17.32	92.63	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	inpatient			97.5	19.92	Amerihealth	Medicare		17.32				17.32	92.63	case rate	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	inpatient			97.5	19.92	Consumer	Consumer		92.63	0.95			17.32	92.63	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	inpatient			97.5	19.92	Corrections	Corrections		78	0.8			17.32	92.63	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	inpatient			97.5	19.92	First Health	First Health		68.25	0.7			17.32	92.63	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	inpatient			97.5	19.92	First Trenton	First Trenton		87.75	0.9			17.32	92.63	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	inpatient			97.5	19.92	Horizon	Indemnity		37.98	1.827			17.32	92.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	inpatient			97.5	19.92	Horizon	MGD		37.98	1.827			17.32	92.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	inpatient			97.5	19.92	Horizon	Medicare Blue		20.79	1			17.32	92.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	inpatient			97.5	19.92	Horizon	PPO		37.98	1.827			17.32	92.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	inpatient			97.5	19.92	Horizon	NJ Health		18.36				17.32	92.63	case rate	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	inpatient			97.5	19.92	Managed Care Inc	Managed Care Inc		87.75	0.9			17.32	92.63	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	inpatient			97.5	19.92	Multiplan	Multiplan		78	0.8			17.32	92.63	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	inpatient			97.5	19.92	Qualcare	Qualcare		73.13	0.75			17.32	92.63	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	inpatient			97.5	19.92	Three Rivers	Three Rivers		92.63	0.95			17.32	92.63	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	inpatient			97.5	19.92	UHC	Medicare		17.32				17.32	92.63	case rate	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	inpatient			97.5	19.92	UHC	Medicaid		30.67	0.3146			17.32	92.63	percent of total billed charges	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	inpatient			97.5	19.92	Wellcare	Medicare		17.32				17.32	92.63	case rate	
IRON DEXTRAN 267 50MG INJ	J1750	HCPCS	inpatient			97.5	19.92	Wellcare	Medicaid		30.67	0.3146			17.32	92.63	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Aetna	Commercial		1.33	0.38			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Aetna	Medicare		0.22				0.22	3.33	case rate	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Aetna	Better Health		1.1	0.3146			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Americare	Americare		2.63	0.75			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	WellPoint	WellPoint		1.12	0.3208			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Amerihealth	Medicare		0.22				0.22	3.33	case rate	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Consumer	Consumer		3.33	0.95			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Corrections	Corrections		2.8	0.8			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	First Health	First Health		2.45	0.7			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	First Trenton	First Trenton		3.15	0.9			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Horizon	Indemnity		1.34	0.3828			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Horizon	Medicare Blue		1.05	0.3			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Horizon	MGD		1.34	0.3828			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Horizon	NJ Health		0.23				0.22	3.33	case rate	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Horizon	PPO		1.34	0.3828			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Managed Care Inc	Managed Care Inc		3.15	0.9			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Multiplan	Multiplan		2.8	0.8			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Qualcare	Qualcare		2.63	0.75			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Three Rivers	Three Rivers		3.33	0.95			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	UHC	Medicare		0.22				0.22	3.33	case rate	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	UHC	Medicaid		1.1	0.3146			0.22	3.33	percent of total billed charges	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Wellcare	Medicare		0.22				0.22	3.33	case rate	
IRON SUCROSE (VENOFER)1MG	J1756	HCPCS	both			3.5	0.25	Wellcare	Medicaid		1.1	0.3146			0.22	3.33	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Aetna	Better Health		49.71	0.3146			44.02	150.1	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Aetna	Medicare		44.02				44.02	150.1	case rate	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Aetna	Commercial		84.12	1.592			44.02	150.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Americare	Americare		118.5	0.75			44.02	150.1	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	WellPoint	WellPoint		50.69	0.3208			44.02	150.1	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Amerihealth	Medicare		44.02				44.02	150.1	case rate	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Consumer	Consumer		150.1	0.95			44.02	150.1	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Corrections	Corrections		126.4	0.8			44.02	150.1	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	First Health	First Health		110.6	0.7			44.02	150.1	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	First Trenton	First Trenton		142.2	0.9			44.02	150.1	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Horizon	Medicare Blue		52.84	1			44.02	150.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Horizon	PPO		96.54	1.827			44.02	150.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Horizon	Indemnity		96.54	1.827			44.02	150.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Horizon	MGD		96.54	1.827			44.02	150.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Horizon	NJ Health		46.66				44.02	150.1	case rate	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Managed Care Inc	Managed Care Inc		142.2	0.9			44.02	150.1	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Multiplan	Multiplan		126.4	0.8			44.02	150.1	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Qualcare	Qualcare		118.5	0.75			44.02	150.1	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Three Rivers	Three Rivers		150.1	0.95			44.02	150.1	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	UHC	Medicaid		49.71	0.3146			44.02	150.1	percent of total billed charges	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	UHC	Medicare		44.02				44.02	150.1	case rate	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Wellcare	Medicare		44.02				44.02	150.1	case rate	
IMIGLUCERASE 1 UNIT NF	J1786	HCPCS	outpatient			158	50.63	Wellcare	Medicaid		49.71	0.3146			44.02	150.1	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Aetna	Better Health		6.76	0.3146			6.45	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Aetna	Commercial		8.17	0.38			6.45	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Aetna	Medicare		6.62	0.308			6.45	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Americare	Americare		16.13	0.75			6.45	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		WellPoint	WellPoint		6.9	0.3208			6.45	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Consumer	Consumer		20.43	0.95			6.45	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Corrections	Corrections		17.2	0.8			6.45	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		First Health	First Health		15.05	0.7			6.45	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		First Trenton	First Trenton		19.35	0.9			6.45	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Horizon	NJ Health		17.85	0.83			6.45	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Horizon	Medicare Blue		6.45	0.3			6.45	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Horizon	Indemnity		8.23	0.3828			6.45	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Horizon	MGD		8.23	0.3828			6.45	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Horizon	PPO		8.23	0.3828			6.45	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Managed Care Inc	Managed Care Inc		19.35	0.9			6.45	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Multiplan	Multiplan		17.2	0.8			6.45	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Qualcare	Qualcare		16.13	0.75			6.45	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Three Rivers	Three Rivers		20.43	0.95			6.45	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		UHC	Medicaid		6.76	0.3146			6.45	20.43	percent of total billed charges	
DROPERIDOL 5MG/2ML VIAL	J1790	HCPCS	both			21.5		Wellcare	Medicaid		6.76	0.3146			6.45	20.43	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	both			112		Aetna	Commercial		42.56	0.38			33.6	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	both			112		Aetna	Better Health		35.24	0.3146			33.6	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	both			112		Aetna	Medicare		34.5	0.308			33.6	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	both			112		Americare	Americare		84	0.75			33.6	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	both			112		WellPoint	WellPoint		35.93	0.3208			33.6	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	both			112		Consumer	Consumer		106.4	0.95			33.6	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	both			112		Corrections	Corrections		89.6	0.8			33.6	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	both			112		First Health	First Health		78.4	0.7			33.6	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	both			112		First Trenton	First Trenton		100.8	0.9			33.6	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	both			112		Horizon	Indemnity		42.87	0.3828			33.6	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	both			112		Horizon	NJ Health		92.96	0.83			33.6	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	both			112		Horizon	MGD		42.87	0.3828			33.6	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	both			112		Horizon	PPO		42.87	0.3828			33.6	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	both			112		Horizon	Medicare Blue		33.6	0.3			33.6	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	both			112		Managed Care Inc	Managed Care Inc		100.8	0.9			33.6	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	both			112		Multiplan	Multiplan		89.6	0.8			33.6	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	both			112		Qualcare	Qualcare		84	0.75			33.6	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	both			112		Three Rivers	Three Rivers		106.4	0.95			33.6	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	both			112		UHC	Medicaid		35.24	0.3146			33.6	106.4	percent of total billed charges	
PROPRANOLOL 1MG/1ML INJ	J1800	HCPCS	both			112		Wellcare	Medicaid		35.24	0.3146			33.6	106.4	percent of total billed charges	
INSULIN(NOVOLIN 70/30) 5UNITS	J1815	HCPCS	both			3.5		Aetna	Better Health		1.1	0.3146			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) 5UNITS	J1815	HCPCS	both			3.5		Aetna	Medicare		1.08	0.308			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) 5UNITS	J1815	HCPCS	both			3.5		Aetna	Commercial		1.33	0.38			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) 5UNITS	J1815	HCPCS	both			3.5		Americare	Americare		2.63	0.75			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) 5UNITS	J1815	HCPCS	both			3.5		WellPoint	WellPoint		1.12	0.3208			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) 5UNITS	J1815	HCPCS	both			3.5		Consumer	Consumer		3.33	0.95			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) 5UNITS	J1815	HCPCS	both			3.5		Corrections	Corrections		2.8	0.8			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) 5UNITS	J1815	HCPCS	both			3.5		First Health	First Health		2.45	0.7			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) 5UNITS	J1815	HCPCS	both			3.5		First Trenton	First Trenton		3.15	0.9			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) 5UNITS	J1815	HCPCS	both			3.5		Horizon	Medicare Blue		1.05	0.3			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) 5UNITS	J1815	HCPCS	both			3.5		Horizon	Indemnity		1.34	0.3828			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) 5UNITS	J1815	HCPCS	both			3.5		Horizon	MGD		1.34	0.3828			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) 5UNITS	J1815	HCPCS	both			3.5		Horizon	PPO		1.34	0.3828			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) 5UNITS	J1815	HCPCS	both			3.5		Horizon	NJ Health		2.91	0.83			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) 5UNITS	J1815	HCPCS	both			3.5		Managed Care Inc	Managed Care Inc		3.15	0.9			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) 5UNITS	J1815	HCPCS	both			3.5		Multiplan	Multiplan		2.8	0.8			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) 5UNITS	J1815	HCPCS	both			3.5		Qualcare	Qualcare		2.63	0.75			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) 5UNITS	J1815	HCPCS	both			3.5		Three Rivers	Three Rivers		3.33	0.95			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) 5UNITS	J1815	HCPCS	both			3.5		UHC	Medicaid		1.1	0.3146			0.3	3.33	percent of total billed charges	
INSULIN(NOVOLIN 70/30) 5UNITS	J1815	HCPCS	both			3.5		Wellcare	Medicaid		1.1	0.3146			0.3	3.33	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.3	Aetna	Better Health		0.94	0.3146			0.94	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.3	Aetna	Commercial		1.8	1.592			0.94	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.3	Aetna	Medicare		1.13	1			0.94	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.3	Americare	Americare		2.25	0.75			0.94	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.3	WellPoint	WellPoint		0.96	0.3208			0.94	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.3	Amerihealth	Medicare		1.13	1			0.94	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.3	Consumer	Consumer		2.85	0.95			0.94	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.3	Corrections	Corrections		2.4	0.8			0.94	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.3	First Health	First Health		2.1	0.7			0.94	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.3	First Trenton	First Trenton		2.7	0.9			0.94	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.3	Horizon	Indemnity		2.06	1.827			0.94	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.3	Horizon	MGD		2.06	1.827			0.94	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.3	Horizon	NJ Health		2.49	0.83			0.94	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.3	Horizon	Medicare Blue		1.13	1			0.94	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.3	Horizon	PPO		2.06	1.827			0.94	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.3	Managed Care Inc	Managed Care Inc		2.7	0.9			0.94	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.3	Multiplan	Multiplan		2.4	0.8			0.94	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.3	Qualcare	Qualcare		2.25	0.75			0.94	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.3	Three Rivers	Three Rivers		2.85	0.95			0.94	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.3	UHC	Medicaid		0.94	0.3146			0.94	2.85	percent of total billed charges	
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.3	UHC	Medicare		1.13	1			0.94	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.3	Wellcare	Medicare		1.13	1			0.94	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISAVUCONAZONIUM(CRESEMBA PR) I MG INJ	J1833	HCPCS	inpatient			3	1.3	Wellcare	Medicaid		0.94	0.3146			0.94	2.85	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Aetna	Better Health		64.34	0.3146			61.35	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Aetna	Commercial		77.71	0.38			61.35	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Aetna	Medicare		62.99	0.308			61.35	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Americare	Americare		153.38	0.75			61.35	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		WellPoint	WellPoint		65.6	0.3208			61.35	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Consumer	Consumer		194.28	0.95			61.35	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Corrections	Corrections		163.6	0.8			61.35	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		First Health	First Health		143.15	0.7			61.35	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		First Trenton	First Trenton		184.05	0.9			61.35	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Horizon	MGD		78.28	0.3828			61.35	194.28	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Horizon	PPO		78.28	0.3828			61.35	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Horizon	Indemnity		78.28	0.3828			61.35	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Horizon	Medicare Blue		61.35	0.3			61.35	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Horizon	NJ Health		169.74	0.83			61.35	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Managed Care Inc	Managed Care Inc		184.05	0.9			61.35	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Multiplan	Multiplan		163.6	0.8			61.35	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Qualcare	Qualcare		153.38	0.75			61.35	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Three Rivers	Three Rivers		194.28	0.95			61.35	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		UHC	Medicaid		64.34	0.3146			61.35	194.28	percent of total billed charges	
ITRACONAZOLE 50MG INJ	J1835	HCPCS	outpatient			204.5		Wellcare	Medicaid		64.34	0.3146			61.35	194.28	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Aetna	Medicare		13.86	0.308			13.5	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Aetna	Better Health		14.16	0.3146			13.5	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Aetna	Commercial		17.1	0.38			13.5	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Americare	Americare		33.75	0.75			13.5	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		WellPoint	WellPoint		14.44	0.3208			13.5	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Consumer	Consumer		42.75	0.95			13.5	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Corrections	Corrections		36	0.8			13.5	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		First Health	First Health		31.5	0.7			13.5	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		First Trenton	First Trenton		40.5	0.9			13.5	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Horizon	Indemnity		17.23	0.3828			13.5	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Horizon	NJ Health		37.35	0.83			13.5	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Horizon	Medicare Blue		13.5	0.3			13.5	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Horizon	MGD		17.23	0.3828			13.5	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Horizon	PPO		17.23	0.3828			13.5	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Managed Care Inc	Managed Care Inc		40.5	0.9			13.5	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Multiplan	Multiplan		36	0.8			13.5	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Qualcare	Qualcare		33.75	0.75			13.5	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Three Rivers	Three Rivers		42.75	0.95			13.5	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		UHC	Medicaid		14.16	0.3146			13.5	42.75	percent of total billed charges	
KANAMYCIN 500MG INJ	J1840	HCPCS	outpatient			45		Wellcare	Medicaid		14.16	0.3146			13.5	42.75	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Aetna	Better Health		17.46	0.3146			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Aetna	Commercial		21.09	0.38			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Aetna	Medicare		0.49				0.49	52.73	case rate	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Americare	Americare		41.63	0.75			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	WellPoint	WellPoint		17.8	0.3208			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Amerihealth	Medicare		0.49				0.49	52.73	case rate	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Consumer	Consumer		52.73	0.95			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Corrections	Corrections		44.4	0.8			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	First Health	First Health		38.85	0.7			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	First Trenton	First Trenton		49.95	0.9			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Horizon	Indemnity		21.25	0.3828			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Horizon	MGD		21.25	0.3828			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Horizon	NJ Health		0.52				0.49	52.73	case rate	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Horizon	PPO		21.25	0.3828			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Horizon	Medicare Blue		16.65	0.3			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Managed Care Inc	Managed Care Inc		49.95	0.9			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Multiplan	Multiplan		44.4	0.8			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Qualcare	Qualcare		41.63	0.75			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Three Rivers	Three Rivers		52.73	0.95			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	UHC	Medicaid		17.46	0.3146			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	UHC	Medicare		0.49				0.49	52.73	case rate	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Wellcare	Medicaid		17.46	0.3146			0.49	52.73	percent of total billed charges	
KETOROLAC 15MG/1ML INJ	J1885	HCPCS	both			55.5	0.56	Wellcare	Medicare		0.49				0.49	52.73	case rate	
LABETALOL 5MG INJ	J1920	HCPCS	outpatient			2.07	0.21	Aetna	Better Health		0.65	0.3146			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	outpatient			2.07	0.21	Aetna	Medicare		0.19				0.19	1.97	case rate	
LABETALOL 5MG INJ	J1920	HCPCS	outpatient			2.07	0.21	Aetna	Commercial		0.37	1.592			0.19	1.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LABETALOL 5MG INJ	J1920	HCPCS	outpatient			2.07	0.21	Americare	Americare		1.55	0.75			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	outpatient			2.07	0.21	WellPoint	WellPoint		0.66	0.3208			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	outpatient			2.07	0.21	Amerihealth	Medicare		0.19				0.19	1.97	case rate	
LABETALOL 5MG INJ	J1920	HCPCS	outpatient			2.07	0.21	Consumer	Consumer		1.97	0.95			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	outpatient			2.07	0.21	Corrections	Corrections		1.66	0.8			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	outpatient			2.07	0.21	First Health	First Health		1.45	0.7			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	outpatient			2.07	0.21	First Trenton	First Trenton		1.86	0.9			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	outpatient			2.07	0.21	Horizon	MGD		0.42	1.827			0.19	1.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LABETALOL 5MG INJ	J1920	HCPCS	outpatient			2.07	0.21	Horizon	Medicare Blue		0.23	1			0.19	1.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LABETALOL 5MG INJ	J1920	HCPCS	outpatient			2.07	0.21	Horizon	Indemnity		0.42	1.827			0.19	1.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LABETALOL 5MG INJ	J1920	HCPCS	outpatient			2.07	0.21	Horizon	PPO		0.42	1.827			0.19	1.97	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LABETALOL 5MG INJ	J1920	HCPCS	outpatient			2.07	0.21	Horizon	NJ Health		0.2				0.19	1.97	case rate	
LABETALOL 5MG INJ	J1920	HCPCS	outpatient			2.07	0.21	Managed Care Inc	Managed Care Inc		1.86	0.9			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	outpatient			2.07	0.21	Multiplan	Multiplan		1.66	0.8			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	outpatient			2.07	0.21	Qualcare	Qualcare		1.55	0.75			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	outpatient			2.07	0.21	Three Rivers	Three Rivers		1.97	0.95			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	outpatient			2.07	0.21	UHC	Medicaid		0.65	0.3146			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	outpatient			2.07	0.21	UHC	Medicare		0.19				0.19	1.97	case rate	
LABETALOL 5MG INJ	J1920	HCPCS	outpatient			2.07	0.21	Wellcare	Medicaid		0.65	0.3146			0.19	1.97	percent of total billed charges	
LABETALOL 5MG INJ	J1920	HCPCS	outpatient			2.07	0.21	Wellcare	Medicare		0.19				0.19	1.97	case rate	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Aetna	Medicare		48.44				48.44	298.3	case rate	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Aetna	Commercial		92.56	1.592			48.44	298.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Aetna	Better Health		98.78	0.3146			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Americare	Americare		235.5	0.75			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	WellPoint	WellPoint		100.73	0.3208			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Amerihealth	Medicare		48.44				48.44	298.3	case rate	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Consumer	Consumer		298.3	0.95			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Corrections	Corrections		251.2	0.8			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	First Health	First Health		219.8	0.7			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	First Trenton	First Trenton		282.6	0.9			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Horizon	NJ Health		51.35				48.44	298.3	case rate	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Horizon	Medicare Blue		58.14	1			48.44	298.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Horizon	MGD		106.22	1.827			48.44	298.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Horizon	Indemnity		106.22	1.827			48.44	298.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Horizon	PPO		106.22	1.827			48.44	298.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Managed Care Inc	Managed Care Inc		282.6	0.9			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Multiplan	Multiplan		251.2	0.8			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Qualcare	Qualcare		235.5	0.75			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Three Rivers	Three Rivers		298.3	0.95			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	UHC	Medicaid		98.78	0.3146			48.44	298.3	percent of total billed charges	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	UHC	Medicare		48.44				48.44	298.3	case rate	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Wellcare	Medicare		48.44				48.44	298.3	case rate	
LANREOTIDE(SOMATULINE DEPOT) 1MG INJ	J1930	HCPCS	outpatient			314	55.71	Wellcare	Medicaid		98.78	0.3146			48.44	298.3	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Aetna	Medicare		0.57				0.57	19.95	case rate	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Aetna	Better Health		6.61	0.3146			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Aetna	Commercial		7.98	0.38			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Americare	Americare		15.75	0.75			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	WellPoint	WellPoint		6.74	0.3208			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Amerihealth	Medicare		0.57				0.57	19.95	case rate	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Consumer	Consumer		19.95	0.95			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Corrections	Corrections		16.8	0.8			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	First Health	First Health		14.7	0.7			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	First Trenton	First Trenton		18.9	0.9			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Horizon	Medicare Blue		6.3	0.3			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Horizon	NJ Health		0.61				0.57	19.95	case rate	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Horizon	MGD		8.04	0.3828			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Horizon	Indemnity		8.04	0.3828			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Horizon	PPO		8.04	0.3828			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Managed Care Inc	Managed Care Inc		18.9	0.9			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Multiplan	Multiplan		16.8	0.8			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Qualcare	Qualcare		15.75	0.75			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Three Rivers	Three Rivers		19.95	0.95			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	UHC	Medicare		0.57				0.57	19.95	case rate	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	UHC	Medicaid		6.61	0.3146			0.57	19.95	percent of total billed charges	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Wellcare	Medicare		0.57				0.57	19.95	case rate	
FUROSEMIDE 20MG/2ML INJ	J1940	HCPCS	both			21	0.66	Wellcare	Medicaid		6.61	0.3146			0.57	19.95	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Aetna	Better Health		4.09	0.3146			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Aetna	Commercial		5.94	1.592			3.11	12.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Aetna	Medicare		3.11				3.11	12.35	case rate	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Americare	Americare		9.75	0.75			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	WellPoint	WellPoint		4.17	0.3208			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Amerihealth	Medicare		3.11				3.11	12.35	case rate	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Consumer	Consumer		12.35	0.95			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Corrections	Corrections		10.4	0.8			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	First Health	First Health		9.1	0.7			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	First Trenton	First Trenton		11.7	0.9			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Horizon	Medicare Blue		3.73	1			3.11	12.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Horizon	Indemnity		6.81	1.827			3.11	12.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Horizon	PPO		6.81	1.827			3.11	12.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Horizon	MGD		6.81	1.827			3.11	12.35	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Horizon	NJ Health		3.3				3.11	12.35	case rate	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Managed Care Inc	Managed Care Inc		11.7	0.9			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Multiplan	Multiplan		10.4	0.8			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Qualcare	Qualcare		9.75	0.75			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Three Rivers	Three Rivers		12.35	0.95			3.11	12.35	percent of total billed charges	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	UHC	Medicare		3.11				3.11	12.35	case rate	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	UHC	Medicaid		4.09	0.3146			3.11	12.35	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Wellcare	Medicare		3.11				3.11	12.35	case rate	
ARIPIPRAZOLE LAUROXIL(ARISTADA)1MG INJ	J1944	HCPCS	outpatient			13	3.58	Wellcare	Medicaid		4.09	0.3146			3.11	12.35	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Aetna	Better Health		260.65	0.3146			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Aetna	Commercial		314.83	0.38			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Aetna	Medicare		255.18	0.308			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Americare	Americare		621.38	0.75			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		WellPoint	WellPoint		265.78	0.3208			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Consumer	Consumer		787.08	0.95			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Corrections	Corrections		662.8	0.8			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		First Health	First Health		579.95	0.7			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		First Trenton	First Trenton		745.65	0.9			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Horizon	Medicare Blue		248.55	0.3			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Horizon	Indemnity		317.15	0.3828			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Horizon	MGD		317.15	0.3828			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Horizon	PPO		317.15	0.3828			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Horizon	NJ Health		687.66	0.83			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Managed Care Inc	Managed Care Inc		745.65	0.9			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Multiplan	Multiplan		662.8	0.8			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Qualcare	Qualcare		621.38	0.75			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Three Rivers	Three Rivers		787.08	0.95			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		UHC	Medicaid		260.65	0.3146			248.55	787.08	percent of total billed charges	
LEPIRUDIN 50MG INJ	J1945	HCPCS	outpatient			828.5		Wellcare	Medicaid		260.65	0.3146			248.55	787.08	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Aetna	Better Health		868.45	0.3146			868.45	3431.2	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Aetna	Medicare		1564.6				868.45	3431.2	case rate	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Aetna	Commercial		2989.86	1.592			868.45	3431.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Americare	Americare		2070.38	0.75			868.45	3431.2	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	WellPoint	WellPoint		885.57	0.3208			868.45	3431.2	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Amerihealth	Medicare		1564.6				868.45	3431.2	case rate	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Consumer	Consumer		2622.48	0.95			868.45	3431.2	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Corrections	Corrections		2208.4	0.8			868.45	3431.2	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	First Health	First Health		1932.35	0.7			868.45	3431.2	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	First Trenton	First Trenton		2484.45	0.9			868.45	3431.2	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Horizon	NJ Health		1558.48				868.45	3431.2	case rate	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Horizon	MGD		3431.2	1.827			868.45	3431.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Horizon	Indemnity		3431.2	1.827			868.45	3431.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Horizon	Medicare Blue		1878.05	1			868.45	3431.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Horizon	PPO		3431.2	1.827			868.45	3431.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Managed Care Inc	Managed Care Inc		2484.45	0.9			868.45	3431.2	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Multiplan	Multiplan		2208.4	0.8			868.45	3431.2	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Qualcare	Qualcare		2070.38	0.75			868.45	3431.2	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Three Rivers	Three Rivers		2622.48	0.95			868.45	3431.2	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	UHC	Medicare		1564.6				868.45	3431.2	case rate	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	UHC	Medicaid		868.45	0.3146			868.45	3431.2	percent of total billed charges	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Wellcare	Medicare		1564.6				868.45	3431.2	case rate	
LEUPROLIDE 3.75MG/1ML INJ	J1950	HCPCS	both			2760.5	1799.29	Wellcare	Medicaid		868.45	0.3146			868.45	3431.2	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Aetna	Medicare		0.06				0.06	3.33	case rate	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Aetna	Better Health		1.1	0.3146			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Aetna	Commercial		1.33	0.38			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Americare	Americare		2.63	0.75			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	WellPoint	WellPoint		1.12	0.3208			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Amerihealth	Medicare		0.06				0.06	3.33	case rate	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Consumer	Consumer		3.33	0.95			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Corrections	Corrections		2.8	0.8			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	First Health	First Health		2.45	0.7			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	First Trenton	First Trenton		3.15	0.9			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Horizon	MGD		1.34	0.3828			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Horizon	Indemnity		1.34	0.3828			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Horizon	PPO		1.34	0.3828			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Horizon	Medicare Blue		1.05	0.3			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Horizon	NJ Health		0.07				0.06	3.33	case rate	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Managed Care Inc	Managed Care Inc		3.15	0.9			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Multiplan	Multiplan		2.8	0.8			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Qualcare	Qualcare		2.63	0.75			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Three Rivers	Three Rivers		3.33	0.95			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	UHC	Medicare		0.06				0.06	3.33	case rate	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	UHC	Medicaid		1.1	0.3146			0.06	3.33	percent of total billed charges	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Wellcare	Medicare		0.06				0.06	3.33	case rate	
LEVETIRACETAM 10MG INJ	J1953	HCPCS	both			3.5	0.07	Wellcare	Medicaid		1.1	0.3146			0.06	3.33	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Aetna	Better Health		72.67	0.3146			35.32	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Aetna	Medicare		35.32				35.32	219.45	case rate	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Aetna	Commercial		87.78	0.38			35.32	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Americare	Americare		173.25	0.75			35.32	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	WellPoint	WellPoint		74.1	0.3208			35.32	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Amerihealth	Medicare		35.32				35.32	219.45	case rate	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Consumer	Consumer		219.45	0.95			35.32	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Corrections	Corrections		184.8	0.8			35.32	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	First Health	First Health		161.7	0.7			35.32	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	First Trenton	First Trenton		207.9	0.9			35.32	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Horizon	Medicare Blue		69.3	0.3			35.32	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Horizon	MGD		88.43	0.3828			35.32	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Horizon	NJ Health		37.44				35.32	219.45	case rate	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Horizon	Indemnity		88.43	0.3828			35.32	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Horizon	PPO		88.43	0.3828			35.32	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Managed Care Inc	Managed Care Inc		207.9	0.9			35.32	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Multiplan	Multiplan		184.8	0.8			35.32	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Qualcare	Qualcare		173.25	0.75			35.32	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Three Rivers	Three Rivers		219.45	0.95			35.32	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	UHC	Medicaid		72.67	0.3146			35.32	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	UHC	Medicare		35.32				35.32	219.45	case rate	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Wellcare	Medicaid		72.67	0.3146			35.32	219.45	percent of total billed charges	
CARNITINE 1GM/5ML INJ	J1955	HCPCS	inpatient			231	40.62	Wellcare	Medicare		35.32				35.32	219.45	case rate	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Aetna	Commercial		52.44	0.38			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Aetna	Medicare		0.91				0.91	131.1	case rate	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Aetna	Better Health		43.41	0.3146			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Americare	Americare		103.5	0.75			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	WellPoint	WellPoint		44.27	0.3208			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Amerihealth	Medicare		0.91				0.91	131.1	case rate	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Consumer	Consumer		131.1	0.95			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Corrections	Corrections		110.4	0.8			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	First Health	First Health		96.6	0.7			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	First Trenton	First Trenton		124.2	0.9			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Horizon	Indemnity		52.83	0.3828			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Horizon	NJ Health		0.96				0.91	131.1	case rate	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Horizon	MGD		52.83	0.3828			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Horizon	PPO		52.83	0.3828			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Horizon	Medicare Blue		41.4	0.3			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Managed Care Inc	Managed Care Inc		124.2	0.9			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Multiplan	Multiplan		110.4	0.8			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Qualcare	Qualcare		103.5	0.75			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Three Rivers	Three Rivers		131.1	0.95			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	UHC	Medicare		0.91				0.91	131.1	case rate	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	UHC	Medicaid		43.41	0.3146			0.91	131.1	percent of total billed charges	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Wellcare	Medicare		0.91				0.91	131.1	case rate	
LEVOFLOXACIN 250MG INJ	J1956	HCPCS	both			138	1.04	Wellcare	Medicaid		43.41	0.3146			0.91	131.1	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Aetna	Commercial		0.95	0.38			0.03	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Aetna	Medicare		0.03				0.03	2.38	case rate	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Aetna	Better Health		0.79	0.3146			0.03	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Americare	Americare		1.88	0.75			0.03	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	WellPoint	WellPoint		0.8	0.3208			0.03	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Amerihealth	Medicare		0.03				0.03	2.38	case rate	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Consumer	Consumer		2.38	0.95			0.03	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Corrections	Corrections		2	0.8			0.03	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	First Health	First Health		1.75	0.7			0.03	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	First Trenton	First Trenton		2.25	0.9			0.03	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Horizon	MGD		0.96	0.3828			0.03	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Horizon	NJ Health		0.03				0.03	2.38	case rate	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Horizon	Indemnity		0.96	0.3828			0.03	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Horizon	PPO		0.96	0.3828			0.03	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Horizon	Medicare Blue		0.75	0.3			0.03	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Managed Care Inc	Managed Care Inc		2.25	0.9			0.03	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Multiplan	Multiplan		2	0.8			0.03	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Qualcare	Qualcare		1.88	0.75			0.03	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Three Rivers	Three Rivers		2.38	0.95			0.03	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	UHC	Medicare		0.03				0.03	2.38	case rate	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	UHC	Medicaid		0.79	0.3146			0.03	2.38	percent of total billed charges	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Wellcare	Medicare		0.03				0.03	2.38	case rate	
LIDOCAINE HCL 10MG/ML	J2001	HCPCS	both			2.5	0.03	Wellcare	Medicaid		0.79	0.3146			0.03	2.38	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Aetna	Commercial		72.01	0.38			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Aetna	Medicare		3.3				3.3	180.03	case rate	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Aetna	Better Health		59.62	0.3146			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Americare	Americare		142.13	0.75			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	WellPoint	WellPoint		60.79	0.3208			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Amerihealth	Medicare		3.3				3.3	180.03	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Consumer	Consumer		180.03	0.95			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Corrections	Corrections		151.6	0.8			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	First Health	First Health		132.65	0.7			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	First Trenton	First Trenton		170.55	0.9			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Horizon	Medicare Blue		56.85	0.3			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Horizon	NJ Health		3.5				3.3	180.03	case rate	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Horizon	MGD		72.54	0.3828			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Horizon	Indemnity		72.54	0.3828			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Horizon	PPO		72.54	0.3828			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Managed Care Inc	Managed Care Inc		170.55	0.9			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Multiplan	Multiplan		151.6	0.8			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Qualcare	Qualcare		142.13	0.75			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Three Rivers	Three Rivers		180.03	0.95			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	UHC	Medicare		3.3				3.3	180.03	case rate	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	UHC	Medicaid		59.62	0.3146			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Wellcare	Medicaid		59.62	0.3146			3.3	180.03	percent of total billed charges	
LINEZOLID 200MG INJ	J2020	HCPCS	both			189.5	3.79	Wellcare	Medicare		3.3				3.3	180.03	case rate	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25	1.29	Aetna	Medicare		1.12				1.12	23.75	case rate	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25	1.29	Aetna	Commercial		9.5	0.38			1.12	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25	1.29	Aetna	Better Health		7.87	0.3146			1.12	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25	1.29	Americare	Americare		18.75	0.75			1.12	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25	1.29	WellPoint	WellPoint		8.02	0.3208			1.12	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25	1.29	Amerihealth	Medicare		1.12				1.12	23.75	case rate	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25	1.29	Consumer	Consumer		23.75	0.95			1.12	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25	1.29	Corrections	Corrections		20	0.8			1.12	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25	1.29	First Health	First Health		17.5	0.7			1.12	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25	1.29	First Trenton	First Trenton		22.5	0.9			1.12	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25	1.29	Horizon	MGD		9.57	0.3828			1.12	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25	1.29	Horizon	Indemnity		9.57	0.3828			1.12	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25	1.29	Horizon	Medicare Blue		7.5	0.3			1.12	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25	1.29	Horizon	PPO		9.57	0.3828			1.12	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25	1.29	Horizon	NJ Health		1.19				1.12	23.75	case rate	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25	1.29	Managed Care Inc	Managed Care Inc		22.5	0.9			1.12	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25	1.29	Multiplan	Multiplan		20	0.8			1.12	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25	1.29	Qualcare	Qualcare		18.75	0.75			1.12	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25	1.29	Three Rivers	Three Rivers		23.75	0.95			1.12	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25	1.29	UHC	Medicaid		7.87	0.3146			1.12	23.75	percent of total billed charges	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25	1.29	UHC	Medicare		1.12				1.12	23.75	case rate	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25	1.29	Wellcare	Medicare		1.12				1.12	23.75	case rate	
LORAZEPAM 2MG INJ	J2060	HCPCS	both			25	1.29	Wellcare	Medicaid		7.87	0.3146			1.12	23.75	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5	2.98	Aetna	Medicare		2.6				1.65	5.23	case rate	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5	2.98	Aetna	Commercial		2.09	0.38			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5	2.98	Aetna	Better Health		1.73	0.3146			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5	2.98	Americare	Americare		4.13	0.75			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5	2.98	WellPoint	WellPoint		1.76	0.3208			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5	2.98	Amerihealth	Medicare		2.6				1.65	5.23	case rate	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5	2.98	Consumer	Consumer		5.23	0.95			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5	2.98	Corrections	Corrections		4.4	0.8			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5	2.98	First Health	First Health		3.85	0.7			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5	2.98	First Trenton	First Trenton		4.95	0.9			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5	2.98	Horizon	Indemnity		2.11	0.3828			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5	2.98	Horizon	MGD		2.11	0.3828			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5	2.98	Horizon	PPO		2.11	0.3828			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5	2.98	Horizon	Medicare Blue		1.65	0.3			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5	2.98	Horizon	NJ Health		2.75				1.65	5.23	case rate	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5	2.98	Managed Care Inc	Managed Care Inc		4.95	0.9			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5	2.98	Multiplan	Multiplan		4.4	0.8			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5	2.98	Qualcare	Qualcare		4.13	0.75			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5	2.98	Three Rivers	Three Rivers		5.23	0.95			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5	2.98	UHC	Medicaid		1.73	0.3146			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5	2.98	UHC	Medicare		2.6				1.65	5.23	case rate	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5	2.98	Wellcare	Medicaid		1.73	0.3146			1.65	5.23	percent of total billed charges	
MANNITOL 25% 50ML INJ	J2150	HCPCS	both			5.5	2.98	Wellcare	Medicare		2.6				1.65	5.23	case rate	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5	8.39	Aetna	Medicare		7.3				1.35	7.74	case rate	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5	8.39	Aetna	Better Health		1.73	0.3146			1.35	7.74	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5	8.39	Aetna	Commercial		2.09	0.38			1.35	7.74	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5	8.39	Americare	Americare		4.13	0.75			1.35	7.74	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5	8.39	WellPoint	WellPoint		1.76	0.3208			1.35	7.74	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5	8.39	Amerihealth	Medicare		7.3				1.35	7.74	case rate	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5	8.39	Consumer	Consumer		5.23	0.95			1.35	7.74	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5	8.39	Corrections	Corrections		4.4	0.8			1.35	7.74	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5	8.39	First Health	First Health		3.85	0.7			1.35	7.74	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5	8.39	First Trenton	First Trenton		4.95	0.9			1.35	7.74	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5	8.39	Horizon	Indemnity		2.11	0.3828			1.35	7.74	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5	8.39	Horizon	NJ Health		7.74				1.35	7.74	case rate	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5	8.39	Horizon	MGD		2.11	0.3828			1.35	7.74	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5	8.39	Horizon	PPO		2.11	0.3828			1.35	7.74	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5	8.39	Horizon	Medicare Blue		1.65	0.3			1.35	7.74	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5	8.39	Managed Care Inc	Managed Care Inc		4.95	0.9			1.35	7.74	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5	8.39	Multiplan	Multiplan		4.4	0.8			1.35	7.74	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5	8.39	Qualcare	Qualcare		4.13	0.75			1.35	7.74	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5	8.39	Three Rivers	Three Rivers		5.23	0.95			1.35	7.74	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5	8.39	UHC	Medicare		7.3				1.35	7.74	case rate	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5	8.39	UHC	Medicaid		1.73	0.3146			1.35	7.74	percent of total billed charges	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5	8.39	Wellcare	Medicare		7.3				1.35	7.74	case rate	
MEPERIDINE 50MG/1ML INJ (NF)	J2175	HCPCS	both			5.5	8.39	Wellcare	Medicaid		1.73	0.3146			1.35	7.74	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Aetna	Better Health		0.79	0.3146			0.75	2.38	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Aetna	Commercial		0.95	0.38			0.75	2.38	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Aetna	Medicare		0.77	0.308			0.75	2.38	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Americare	Americare		1.88	0.75			0.75	2.38	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		WellPoint	WellPoint		0.8	0.3208			0.75	2.38	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Consumer	Consumer		2.38	0.95			0.75	2.38	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Corrections	Corrections		2	0.8			0.75	2.38	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		First Health	First Health		1.75	0.7			0.75	2.38	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		First Trenton	First Trenton		2.25	0.9			0.75	2.38	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Horizon	Indemnity		0.96	0.3828			0.75	2.38	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Horizon	Medicare Blue		0.75	0.3			0.75	2.38	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Horizon	MGD		0.96	0.3828			0.75	2.38	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Horizon	NJ Health		2.08	0.83			0.75	2.38	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Horizon	PPO		0.96	0.3828			0.75	2.38	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Managed Care Inc	Managed Care Inc		2.25	0.9			0.75	2.38	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Multiplan	Multiplan		2	0.8			0.75	2.38	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Qualcare	Qualcare		1.88	0.75			0.75	2.38	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Three Rivers	Three Rivers		2.38	0.95			0.75	2.38	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		UHC	Medicaid		0.79	0.3146			0.75	2.38	percent of total billed charges	
MEPERIDINE 50MG TAB (NF)	J2180	HCPCS	outpatient			2.5		Wellcare	Medicaid		0.79	0.3146			0.75	2.38	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38	0.52	Aetna	Commercial		14.44	0.38			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38	0.52	Aetna	Better Health		11.95	0.3146			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38	0.52	Aetna	Medicare		0.45				0.45	36.1	case rate	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38	0.52	Americare	Americare		28.5	0.75			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38	0.52	WellPoint	WellPoint		12.19	0.3208			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38	0.52	Amerihealth	Medicare		0.45				0.45	36.1	case rate	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38	0.52	Consumer	Consumer		36.1	0.95			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38	0.52	Corrections	Corrections		30.4	0.8			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38	0.52	First Health	First Health		26.6	0.7			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38	0.52	First Trenton	First Trenton		34.2	0.9			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38	0.52	Horizon	MGD		14.55	0.3828			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38	0.52	Horizon	NJ Health		0.48				0.45	36.1	case rate	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38	0.52	Horizon	Indemnity		14.55	0.3828			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38	0.52	Horizon	PPO		14.55	0.3828			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38	0.52	Horizon	Medicare Blue		11.4	0.3			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38	0.52	Managed Care Inc	Managed Care Inc		34.2	0.9			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38	0.52	Multiplan	Multiplan		30.4	0.8			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38	0.52	Qualcare	Qualcare		28.5	0.75			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38	0.52	Three Rivers	Three Rivers		36.1	0.95			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38	0.52	UHC	Medicare		0.45				0.45	36.1	case rate	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38	0.52	UHC	Medicaid		11.95	0.3146			0.45	36.1	percent of total billed charges	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38	0.52	Wellcare	Medicare		0.45				0.45	36.1	case rate	
MEROPENEM 100MG INJ	J2185	HCPCS	both			38	0.52	Wellcare	Medicaid		11.95	0.3146			0.45	36.1	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	both			7	2.88	Aetna	Commercial		3.98	1.592			2.2	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	both			7	2.88	Aetna	Better Health		2.2	0.3146			2.2	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	both			7	2.88	Aetna	Medicare		2.5	1			2.2	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	both			7	2.88	Americare	Americare		5.25	0.75			2.2	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	both			7	2.88	WellPoint	WellPoint		2.25	0.3208			2.2	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	both			7	2.88	Amerihealth	Medicare		2.5	1			2.2	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	both			7	2.88	Consumer	Consumer		6.65	0.95			2.2	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	both			7	2.88	Corrections	Corrections		5.6	0.8			2.2	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	both			7	2.88	First Health	First Health		4.9	0.7			2.2	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	both			7	2.88	First Trenton	First Trenton		6.3	0.9			2.2	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	both			7	2.88	Horizon	MGD		4.57	1.827			2.2	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	both			7	2.88	Horizon	Indemnity		4.57	1.827			2.2	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	both			7	2.88	Horizon	Medicare Blue		2.5	1			2.2	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	both			7	2.88	Horizon	PPO		4.57	1.827			2.2	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	both			7	2.88	Horizon	NJ Health		5.81	0.83			2.2	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	both			7	2.88	Managed Care Inc	Managed Care Inc		6.3	0.9			2.2	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	both			7	2.88	Multiplan	Multiplan		5.6	0.8			2.2	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	both			7	2.88	Qualcare	Qualcare		5.25	0.75			2.2	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	both			7	2.88	Three Rivers	Three Rivers		6.65	0.95			2.2	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	both			7	2.88	UHC	Medicaid		2.2	0.3146			2.2	6.65	percent of total billed charges	
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	both			7	2.88	UHC	Medicare		2.5	1			2.2	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	both			7	2.88	Wellcare	Medicare		2.5	1			2.2	6.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MEROPENEM-VABORBACTAM(VABOMERE) 20MG INJ	J2186	HCPCS	both			7	2.88	Wellcare	Medicaid		2.2	0.3146			2.2	6.65	percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Aetna	Better Health		11.95	0.3146			1.05	36.1	percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Aetna	Medicare		19.6				1.05	36.1	case rate	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Aetna	Commercial		14.44	0.38			1.05	36.1	percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Americare	Americare		28.5	0.75			1.05	36.1	percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	WellPoint	WellPoint		12.19	0.3208			1.05	36.1	percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Amerihealth	Medicare		19.6				1.05	36.1	case rate	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Consumer	Consumer		36.1	0.95			1.05	36.1	percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Corrections	Corrections		30.4	0.8			1.05	36.1	percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	First Health	First Health		26.6	0.7			1.05	36.1	percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	First Trenton	First Trenton		34.2	0.9			1.05	36.1	percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Horizon	MGD		14.55	0.3828			1.05	36.1	percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Horizon	NJ Health		20.78				1.05	36.1	case rate	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Horizon	Indemnity		14.55	0.3828			1.05	36.1	percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Horizon	PPO		14.55	0.3828			1.05	36.1	percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Horizon	Medicare Blue		11.4	0.3			1.05	36.1	percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Managed Care Inc	Managed Care Inc		34.2	0.9			1.05	36.1	percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Multiplan	Multiplan		30.4	0.8			1.05	36.1	percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Qualcare	Qualcare		28.5	0.75			1.05	36.1	percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Three Rivers	Three Rivers		36.1	0.95			1.05	36.1	percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	UHC	Medicaid		11.95	0.3146			1.05	36.1	percent of total billed charges	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	UHC	Medicare		19.6				1.05	36.1	case rate	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Wellcare	Medicare		19.6				1.05	36.1	case rate	
METHYLERGONOVINE MALEATE 0.2MG TAB	J2210	HCPCS	both			38	22.54	Wellcare	Medicaid		11.95	0.3146			1.05	36.1	percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.66	Aetna	Commercial		2.29	1.592			0.63	2.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.66	Aetna	Better Health		0.63	0.3146			0.63	2.63	percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.66	Aetna	Medicare		1.44	1			0.63	2.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.66	Americare	Americare		1.5	0.75			0.63	2.63	percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.66	WellPoint	WellPoint		0.64	0.3208			0.63	2.63	percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.66	Amerihealth	Medicare		1.44	1			0.63	2.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.66	Consumer	Consumer		1.9	0.95			0.63	2.63	percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.66	Corrections	Corrections		1.6	0.8			0.63	2.63	percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.66	First Health	First Health		1.4	0.7			0.63	2.63	percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.66	First Trenton	First Trenton		1.8	0.9			0.63	2.63	percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.66	Horizon	Indemnity		2.63	1.827			0.63	2.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.66	Horizon	MGD		2.63	1.827			0.63	2.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.66	Horizon	PPO		2.63	1.827			0.63	2.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.66	Horizon	NJ Health		1.66	0.83			0.63	2.63	percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.66	Horizon	Medicare Blue		1.44	1			0.63	2.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.66	Managed Care Inc	Managed Care Inc		1.8	0.9			0.63	2.63	percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.66	Multiplan	Multiplan		1.6	0.8			0.63	2.63	percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.66	Qualcare	Qualcare		1.5	0.75			0.63	2.63	percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.66	Three Rivers	Three Rivers		1.9	0.95			0.63	2.63	percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.66	UHC	Medicaid		0.63	0.3146			0.63	2.63	percent of total billed charges	
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.66	UHC	Medicare		1.44	1			0.63	2.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.66	Wellcare	Medicare		1.44	1			0.63	2.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
METHYLNALTREXONE BROMIDE 0.1MG INJ	J2212	HCPCS	both			2	1.66	Wellcare	Medicaid		0.63	0.3146			0.63	2.63	percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	both			8.5	0.87	Aetna	Better Health		2.67	0.3146			0.76	8.08	percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	both			8.5	0.87	Aetna	Commercial		3.23	0.38			0.76	8.08	percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	both			8.5	0.87	Aetna	Medicare		0.76				0.76	8.08	case rate	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	both			8.5	0.87	Americare	Americare		6.38	0.75			0.76	8.08	percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	both			8.5	0.87	WellPoint	WellPoint		2.73	0.3208			0.76	8.08	percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	both			8.5	0.87	Amerihealth	Medicare		0.76				0.76	8.08	case rate	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	both			8.5	0.87	Consumer	Consumer		8.08	0.95			0.76	8.08	percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	both			8.5	0.87	Corrections	Corrections		6.8	0.8			0.76	8.08	percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	both			8.5	0.87	First Health	First Health		5.95	0.7			0.76	8.08	percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	both			8.5	0.87	First Trenton	First Trenton		7.65	0.9			0.76	8.08	percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	both			8.5	0.87	Horizon	PPO		3.25	0.3828			0.76	8.08	percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	both			8.5	0.87	Horizon	NJ Health		0.8				0.76	8.08	case rate	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	both			8.5	0.87	Horizon	MGD		3.25	0.3828			0.76	8.08	percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	both			8.5	0.87	Horizon	Indemnity		3.25	0.3828			0.76	8.08	percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	both			8.5	0.87	Horizon	Medicare Blue		2.55	0.3			0.76	8.08	percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	both			8.5	0.87	Managed Care Inc	Managed Care Inc		7.65	0.9			0.76	8.08	percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	both			8.5	0.87	Multiplan	Multiplan		6.8	0.8			0.76	8.08	percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	both			8.5	0.87	Qualcare	Qualcare		6.38	0.75			0.76	8.08	percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	both			8.5	0.87	Three Rivers	Three Rivers		8.08	0.95			0.76	8.08	percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	both			8.5	0.87	UHC	Medicaid		2.67	0.3146			0.76	8.08	percent of total billed charges	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	both			8.5	0.87	UHC	Medicare		0.76				0.76	8.08	case rate	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	both			8.5	0.87	Wellcare	Medicare		0.76				0.76	8.08	case rate	
MICAFUNGIN SODIUM 1MG INJ	J2248	HCPCS	both			8.5	0.87	Wellcare	Medicaid		2.67	0.3146			0.76	8.08	percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Aetna	Commercial		9.12	0.38			7.2	22.8	percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Aetna	Better Health		7.55	0.3146			7.2	22.8	percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Aetna	Medicare		7.39	0.308			7.2	22.8	percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Americare	Americare		18	0.75			7.2	22.8	percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		WellPoint	WellPoint		7.7	0.3208			7.2	22.8	percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Consumer	Consumer		22.8	0.95			7.2	22.8	percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Corrections	Corrections		19.2	0.8			7.2	22.8	percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		First Health	First Health		16.8	0.7			7.2	22.8	percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		First Trenton	First Trenton		21.6	0.9			7.2	22.8	percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Horizon	NJ Health		19.92	0.83			7.2	22.8	percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Horizon	Medicare Blue		7.2	0.3			7.2	22.8	percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Horizon	Indemnity		9.19	0.3828			7.2	22.8	percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Horizon	MGD		9.19	0.3828			7.2	22.8	percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Horizon	PPO		9.19	0.3828			7.2	22.8	percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Managed Care Inc	Managed Care Inc		21.6	0.9			7.2	22.8	percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Multiplan	Multiplan		19.2	0.8			7.2	22.8	percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Qualcare	Qualcare		18	0.75			7.2	22.8	percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Three Rivers	Three Rivers		22.8	0.95			7.2	22.8	percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		UHC	Medicaid		7.55	0.3146			7.2	22.8	percent of total billed charges	
REMIMAZOLAM 1MG INJ	J2249	HCPCS	outpatient			24		Wellcare	Medicaid		7.55	0.3146			7.2	22.8	percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Aetna	Better Health		1.1	0.3146			0.14	3.33	percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Aetna	Medicare		0.14				0.14	3.33	case rate	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Aetna	Commercial		1.33	0.38			0.14	3.33	percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Americare	Americare		2.63	0.75			0.14	3.33	percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	WellPoint	WellPoint		1.12	0.3208			0.14	3.33	percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Amerihealth	Medicare		0.14				0.14	3.33	case rate	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Consumer	Consumer		3.33	0.95			0.14	3.33	percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Corrections	Corrections		2.8	0.8			0.14	3.33	percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	First Health	First Health		2.45	0.7			0.14	3.33	percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	First Trenton	First Trenton		3.15	0.9			0.14	3.33	percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Horizon	Medicare Blue		1.05	0.3			0.14	3.33	percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Horizon	MGD		1.34	0.3828			0.14	3.33	percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Horizon	Indemnity		1.34	0.3828			0.14	3.33	percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Horizon	NJ Health		0.15				0.14	3.33	case rate	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Horizon	PPO		1.34	0.3828			0.14	3.33	percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Managed Care Inc	Managed Care Inc		3.15	0.9			0.14	3.33	percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Multiplan	Multiplan		2.8	0.8			0.14	3.33	percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Qualcare	Qualcare		2.63	0.75			0.14	3.33	percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Three Rivers	Three Rivers		3.33	0.95			0.14	3.33	percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	UHC	Medicaid		1.1	0.3146			0.14	3.33	percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	UHC	Medicare		0.14				0.14	3.33	case rate	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Wellcare	Medicaid		1.1	0.3146			0.14	3.33	percent of total billed charges	
MIDAZOLAM 1MG VIAL	J2250	HCPCS	both			3.5	0.16	Wellcare	Medicare		0.14				0.14	3.33	case rate	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	outpatient			1	0.33	Aetna	Medicare		0.28				0.28	0.95	case rate	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	outpatient			1	0.33	Aetna	Commercial		0.54	1.592			0.28	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	outpatient			1	0.33	Aetna	Better Health		0.31	0.3146			0.28	0.95	percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	outpatient			1	0.33	Americare	Americare		0.75	0.75			0.28	0.95	percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	outpatient			1	0.33	WellPoint	WellPoint		0.32	0.3208			0.28	0.95	percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	outpatient			1	0.33	Amerihealth	Medicare		0.28				0.28	0.95	case rate	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	outpatient			1	0.33	Consumer	Consumer		0.95	0.95			0.28	0.95	percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	outpatient			1	0.33	Corrections	Corrections		0.8	0.8			0.28	0.95	percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	outpatient			1	0.33	First Health	First Health		0.7	0.7			0.28	0.95	percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	outpatient			1	0.33	First Trenton	First Trenton		0.9	0.9			0.28	0.95	percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	outpatient			1	0.33	Horizon	Indemnity		0.62	1.827			0.28	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	outpatient			1	0.33	Horizon	NJ Health		0.3				0.28	0.95	case rate	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	outpatient			1	0.33	Horizon	Medicare Blue		0.34	1			0.28	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	outpatient			1	0.33	Horizon	MGD		0.62	1.827			0.28	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	outpatient			1	0.33	Horizon	PPO		0.62	1.827			0.28	0.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	outpatient			1	0.33	Managed Care Inc	Managed Care Inc		0.9	0.9			0.28	0.95	percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	outpatient			1	0.33	Multiplan	Multiplan		0.8	0.8			0.28	0.95	percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	outpatient			1	0.33	Qualcare	Qualcare		0.75	0.75			0.28	0.95	percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	outpatient			1	0.33	Three Rivers	Three Rivers		0.95	0.95			0.28	0.95	percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	outpatient			1	0.33	UHC	Medicaid		0.31	0.3146			0.28	0.95	percent of total billed charges	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	outpatient			1	0.33	UHC	Medicare		0.28				0.28	0.95	case rate	
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	outpatient			1	0.33	Wellcare	Medicaid		0.31	0.3146			0.28	0.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MIDAZOLAM (WGCC) 1MG/ML INJ	J2251	HCPCS	outpatient			1	0.33	Wellcare	Medicare		0.28				0.28	0.95	case rate	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Aetna	Better Health		13.21	0.3146			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Aetna	Medicare		1.56				1.56	39.9	case rate	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Aetna	Commercial		15.96	0.38			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Americare	Americare		31.5	0.75			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	WellPoint	WellPoint		13.47	0.3208			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Amerihealth	Medicare		1.56				1.56	39.9	case rate	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Consumer	Consumer		39.9	0.95			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Corrections	Corrections		33.6	0.8			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	First Health	First Health		29.4	0.7			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	First Trenton	First Trenton		37.8	0.9			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Horizon	Medicare Blue		12.6	0.3			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Horizon	NJ Health		1.66				1.56	39.9	case rate	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Horizon	MGD		16.08	0.3828			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Horizon	PPO		16.08	0.3828			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Horizon	Indemnity		16.08	0.3828			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Managed Care Inc	Managed Care Inc		37.8	0.9			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Multiplan	Multiplan		33.6	0.8			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Qualcare	Qualcare		31.5	0.75			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Three Rivers	Three Rivers		39.9	0.95			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	UHC	Medicare		1.56				1.56	39.9	case rate	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	UHC	Medicaid		13.21	0.3146			1.56	39.9	percent of total billed charges	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Wellcare	Medicare		1.56				1.56	39.9	case rate	
MILRINONE LACTATE 5MG INJ	J2260	HCPCS	both			42	1.8	Wellcare	Medicaid		13.21	0.3146			1.56	39.9	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	inpatient			6	3.4	Aetna	Better Health		1.89	0.3146			1.89	5.7	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	inpatient			6	3.4	Aetna	Commercial		4.71	1.592			1.89	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	inpatient			6	3.4	Aetna	Medicare		2.96	1			1.89	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	inpatient			6	3.4	Americare	Americare		4.5	0.75			1.89	5.7	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	inpatient			6	3.4	WellPoint	WellPoint		1.92	0.3208			1.89	5.7	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	inpatient			6	3.4	Amerihealth	Medicare		2.96	1			1.89	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	inpatient			6	3.4	Consumer	Consumer		5.7	0.95			1.89	5.7	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	inpatient			6	3.4	Corrections	Corrections		4.8	0.8			1.89	5.7	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	inpatient			6	3.4	First Health	First Health		4.2	0.7			1.89	5.7	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	inpatient			6	3.4	First Trenton	First Trenton		5.4	0.9			1.89	5.7	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	inpatient			6	3.4	Horizon	MGD		5.41	1.827			1.89	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	inpatient			6	3.4	Horizon	Indemnity		5.41	1.827			1.89	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	inpatient			6	3.4	Horizon	Medicare Blue		2.96	1			1.89	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	inpatient			6	3.4	Horizon	NJ Health		4.98	0.83			1.89	5.7	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	inpatient			6	3.4	Horizon	PPO		5.41	1.827			1.89	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	inpatient			6	3.4	Managed Care Inc	Managed Care Inc		5.4	0.9			1.89	5.7	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	inpatient			6	3.4	Multiplan	Multiplan		4.8	0.8			1.89	5.7	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	inpatient			6	3.4	Qualcare	Qualcare		4.5	0.75			1.89	5.7	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	inpatient			6	3.4	Three Rivers	Three Rivers		5.7	0.95			1.89	5.7	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	inpatient			6	3.4	UHC	Medicaid		1.89	0.3146			1.89	5.7	percent of total billed charges	
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	inpatient			6	3.4	UHC	Medicare		2.96	1			1.89	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	inpatient			6	3.4	Wellcare	Medicare		2.96	1			1.89	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MINOCYCLINE(MINOCIN) 1MG INJ	J2265	HCPCS	inpatient			6	3.4	Wellcare	Medicaid		1.89	0.3146			1.89	5.7	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9	5.36	Aetna	Medicare		4.67				0.6	8.55	case rate	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9	5.36	Aetna	Better Health		2.83	0.3146			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9	5.36	Aetna	Commercial		3.42	0.38			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9	5.36	Americare	Americare		6.75	0.75			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9	5.36	WellPoint	WellPoint		2.89	0.3208			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9	5.36	Amerihealth	Medicare		4.67				0.6	8.55	case rate	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9	5.36	Consumer	Consumer		8.55	0.95			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9	5.36	Corrections	Corrections		7.2	0.8			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9	5.36	First Health	First Health		6.3	0.7			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9	5.36	First Trenton	First Trenton		8.1	0.9			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9	5.36	Horizon	NJ Health		4.94				0.6	8.55	case rate	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9	5.36	Horizon	Indemnity		3.45	0.3828			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9	5.36	Horizon	Medicare Blue		2.7	0.3			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9	5.36	Horizon	MGD		3.45	0.3828			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9	5.36	Horizon	PPO		3.45	0.3828			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9	5.36	Managed Care Inc	Managed Care Inc		8.1	0.9			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9	5.36	Multiplan	Multiplan		7.2	0.8			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9	5.36	Qualcare	Qualcare		6.75	0.75			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9	5.36	Three Rivers	Three Rivers		8.55	0.95			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9	5.36	UHC	Medicaid		2.83	0.3146			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9	5.36	UHC	Medicare		4.67				0.6	8.55	case rate	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9	5.36	Wellcare	Medicaid		2.83	0.3146			0.6	8.55	percent of total billed charges	
PCA MORPHINE 150MG/30ML VL(10MG)	J2270	HCPCS	both			9	5.36	Wellcare	Medicare		4.67				0.6	8.55	case rate	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5	12.93	Aetna	Better Health		11.48	0.3146			10.95	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5	12.93	Aetna	Commercial		13.87	0.38			10.95	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5	12.93	Aetna	Medicare		11.24				10.95	34.68	case rate	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5	12.93	Americare	Americare		27.38	0.75			10.95	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5	12.93	WellPoint	WellPoint		11.71	0.3208			10.95	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5	12.93	Amerihealth	Medicare		11.24				10.95	34.68	case rate	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5	12.93	Consumer	Consumer		34.68	0.95			10.95	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5	12.93	Corrections	Corrections		29.2	0.8			10.95	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5	12.93	First Health	First Health		25.55	0.7			10.95	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5	12.93	First Trenton	First Trenton		32.85	0.9			10.95	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5	12.93	Horizon	Medicare Blue		10.95	0.3			10.95	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5	12.93	Horizon	MGD		13.97	0.3828			10.95	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5	12.93	Horizon	NJ Health		11.92				10.95	34.68	case rate	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5	12.93	Horizon	Indemnity		13.97	0.3828			10.95	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5	12.93	Horizon	PPO		13.97	0.3828			10.95	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5	12.93	Managed Care Inc	Managed Care Inc		32.85	0.9			10.95	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5	12.93	Multiplan	Multiplan		29.2	0.8			10.95	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5	12.93	Qualcare	Qualcare		27.38	0.75			10.95	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5	12.93	Three Rivers	Three Rivers		34.68	0.95			10.95	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5	12.93	UHC	Medicaid		11.48	0.3146			10.95	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5	12.93	UHC	Medicare		11.24				10.95	34.68	case rate	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5	12.93	Wellcare	Medicaid		11.48	0.3146			10.95	34.68	percent of total billed charges	
MORPHINE SULFATE(PF)10MG INJ	J2274	HCPCS	both			36.5	12.93	Wellcare	Medicare		11.24				10.95	34.68	case rate	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	inpatient			58	10.84	Aetna	Medicare		9.43				9.43	55.1	case rate	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	inpatient			58	10.84	Aetna	Better Health		18.25	0.3146			9.43	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	inpatient			58	10.84	Aetna	Commercial		22.04	0.38			9.43	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	inpatient			58	10.84	Americare	Americare		43.5	0.75			9.43	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	inpatient			58	10.84	WellPoint	WellPoint		18.61	0.3208			9.43	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	inpatient			58	10.84	Amerihealth	Medicare		9.43				9.43	55.1	case rate	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	inpatient			58	10.84	Consumer	Consumer		55.1	0.95			9.43	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	inpatient			58	10.84	Corrections	Corrections		46.4	0.8			9.43	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	inpatient			58	10.84	First Health	First Health		40.6	0.7			9.43	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	inpatient			58	10.84	First Trenton	First Trenton		52.2	0.9			9.43	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	inpatient			58	10.84	Horizon	MGD		22.2	0.3828			9.43	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	inpatient			58	10.84	Horizon	Indemnity		22.2	0.3828			9.43	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	inpatient			58	10.84	Horizon	NJ Health		9.99				9.43	55.1	case rate	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	inpatient			58	10.84	Horizon	Medicare Blue		17.4	0.3			9.43	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	inpatient			58	10.84	Horizon	PPO		22.2	0.3828			9.43	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	inpatient			58	10.84	Managed Care Inc	Managed Care Inc		52.2	0.9			9.43	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	inpatient			58	10.84	Multiplan	Multiplan		46.4	0.8			9.43	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	inpatient			58	10.84	Qualcare	Qualcare		43.5	0.75			9.43	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	inpatient			58	10.84	Three Rivers	Three Rivers		55.1	0.95			9.43	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	inpatient			58	10.84	UHC	Medicare		9.43				9.43	55.1	case rate	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	inpatient			58	10.84	UHC	Medicaid		18.25	0.3146			9.43	55.1	percent of total billed charges	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	inpatient			58	10.84	Wellcare	Medicare		9.43				9.43	55.1	case rate	
MOXIFLOXACIN 100MG INJ	J2280	HCPCS	inpatient			58	10.84	Wellcare	Medicaid		18.25	0.3146			9.43	55.1	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5	3.23	Aetna	Medicare		2.81				1.05	3.33	case rate	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5	3.23	Aetna	Better Health		1.1	0.3146			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5	3.23	Aetna	Commercial		1.33	0.38			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5	3.23	Americare	Americare		2.63	0.75			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5	3.23	WellPoint	WellPoint		1.12	0.3208			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5	3.23	Amerihealth	Medicare		2.81				1.05	3.33	case rate	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5	3.23	Consumer	Consumer		3.33	0.95			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5	3.23	Corrections	Corrections		2.8	0.8			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5	3.23	First Health	First Health		2.45	0.7			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5	3.23	First Trenton	First Trenton		3.15	0.9			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5	3.23	Horizon	Medicare Blue		1.05	0.3			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5	3.23	Horizon	NJ Health		2.98				1.05	3.33	case rate	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5	3.23	Horizon	MGD		1.34	0.3828			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5	3.23	Horizon	Indemnity		1.34	0.3828			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5	3.23	Horizon	PPO		1.34	0.3828			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5	3.23	Managed Care Inc	Managed Care Inc		3.15	0.9			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5	3.23	Multiplan	Multiplan		2.8	0.8			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5	3.23	Qualcare	Qualcare		2.63	0.75			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5	3.23	Three Rivers	Three Rivers		3.33	0.95			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5	3.23	UHC	Medicare		2.81				1.05	3.33	case rate	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5	3.23	UHC	Medicaid		1.1	0.3146			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5	3.23	Wellcare	Medicaid		1.1	0.3146			1.05	3.33	percent of total billed charges	
NALBUPHINE 10MG/1ML INJ	J2300	HCPCS	both			3.5	3.23	Wellcare	Medicare		2.81				1.05	3.33	case rate	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	Aetna	Medicare		1.29				1.29	5.7	case rate	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	Aetna	Better Health		1.89	0.3146			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	Aetna	Commercial		2.47	1.592			1.29	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	Americare	Americare		4.5	0.75			1.29	5.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	WellPoint	WellPoint		1.92	0.3208			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	Amerihealth	Medicare		1.29				1.29	5.7	case rate	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	Consumer	Consumer		5.7	0.95			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	Corrections	Corrections		4.8	0.8			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	First Health	First Health		4.2	0.7			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	First Trenton	First Trenton		5.4	0.9			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	Horizon	PPO		2.83	1.827			1.29	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	Horizon	NJ Health		1.36				1.29	5.7	case rate	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	Horizon	Indemnity		2.83	1.827			1.29	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	Horizon	MCD		2.83	1.827			1.29	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	Horizon	Medicare Blue		1.55	1			1.29	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	Managed Care Inc	Managed Care Inc		5.4	0.9			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	Multiplan	Multiplan		4.8	0.8			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	Qualcare	Qualcare		4.5	0.75			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	Three Rivers	Three Rivers		5.7	0.95			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	UHC	Medicaid		1.89	0.3146			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	UHC	Medicare		1.29				1.29	5.7	case rate	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	Wellcare	Medicaid		1.89	0.3146			1.29	5.7	percent of total billed charges	
NITROGLYCERIN 5MG INJ	J2305	HCPCS	outpatient			6	1.48	Wellcare	Medicare		1.29				1.29	5.7	case rate	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Aetna	Commercial		10.07	0.38			1.05	25.18	percent of total billed charges	
NALOXONE KIT(ED)	J2310	HCPCS	both			26.5	8.38	Aetna	Medicare		7.29				1.05	25.18	case rate	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Aetna	Better Health		8.34	0.3146			1.05	25.18	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Americare	Americare		19.88	0.75			1.05	25.18	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	WellPoint	WellPoint		8.5	0.3208			1.05	25.18	percent of total billed charges	
NALOXONE KIT(ED)	J2310	HCPCS	both			26.5	8.38	Amerihealth	Medicare		7.29				1.05	25.18	case rate	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Consumer	Consumer		25.18	0.95			1.05	25.18	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Corrections	Corrections		21.2	0.8			1.05	25.18	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	First Health	First Health		18.55	0.7			1.05	25.18	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	First Trenton	First Trenton		23.85	0.9			1.05	25.18	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Horizon	MCD		10.14	0.3828			1.05	25.18	percent of total billed charges	
NALOXONE KIT(ED)	J2310	HCPCS	both			26.5	8.38	Horizon	NJ Health		7.73				1.05	25.18	case rate	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Horizon	Indemnity		10.14	0.3828			1.05	25.18	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Horizon	Medicare Blue		7.95	0.3			1.05	25.18	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Horizon	PPO		10.14	0.3828			1.05	25.18	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Managed Care Inc	Managed Care Inc		23.85	0.9			1.05	25.18	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Multiplan	Multiplan		21.2	0.8			1.05	25.18	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Qualcare	Qualcare		19.88	0.75			1.05	25.18	percent of total billed charges	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Three Rivers	Three Rivers		25.18	0.95			1.05	25.18	percent of total billed charges	
NALOXONE KIT(ED)	J2310	HCPCS	both			26.5	8.38	UHC	Medicare		7.29				1.05	25.18	case rate	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	UHC	Medicaid		8.34	0.3146			1.05	25.18	percent of total billed charges	
NALOXONE KIT(ED)	J2310	HCPCS	both			26.5	8.38	Wellcare	Medicare		7.29				1.05	25.18	case rate	
NALOXONE 1MG/1ML INJ	J2310	HCPCS	both			26.5	8.38	Wellcare	Medicaid		8.34	0.3146			1.05	25.18	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	both			16.5	4.55	Aetna	Better Health		5.19	0.3146			3.96	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	both			16.5	4.55	Aetna	Commercial		7.56	1.592			3.96	15.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	both			16.5	4.55	Aetna	Medicare		3.96				3.96	15.68	case rate	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	both			16.5	4.55	Americare	Americare		12.38	0.75			3.96	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	both			16.5	4.55	WellPoint	WellPoint		5.29	0.3208			3.96	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	both			16.5	4.55	Amerihealth	Medicare		3.96				3.96	15.68	case rate	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	both			16.5	4.55	Consumer	Consumer		15.68	0.95			3.96	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	both			16.5	4.55	Corrections	Corrections		13.2	0.8			3.96	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	both			16.5	4.55	First Health	First Health		11.55	0.7			3.96	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	both			16.5	4.55	First Trenton	First Trenton		14.85	0.9			3.96	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	both			16.5	4.55	Horizon	Indemnity		8.68	1.827			3.96	15.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	both			16.5	4.55	Horizon	NJ Health		4.2				3.96	15.68	case rate	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	both			16.5	4.55	Horizon	PPO		8.68	1.827			3.96	15.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	both			16.5	4.55	Horizon	MGD		8.68	1.827			3.96	15.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	both			16.5	4.55	Horizon	Medicare Blue		4.75	1			3.96	15.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	both			16.5	4.55	Managed Care Inc	Managed Care Inc		14.85	0.9			3.96	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	both			16.5	4.55	Multiplan	Multiplan		13.2	0.8			3.96	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	both			16.5	4.55	Qualcare	Qualcare		12.38	0.75			3.96	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	both			16.5	4.55	Three Rivers	Three Rivers		15.68	0.95			3.96	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	both			16.5	4.55	UHC	Medicare		3.96				3.96	15.68	case rate	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	both			16.5	4.55	UHC	Medicaid		5.19	0.3146			3.96	15.68	percent of total billed charges	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	both			16.5	4.55	Wellcare	Medicare		3.96				3.96	15.68	case rate	
NALTREXONE DEPOT 1 MG INJ	J2315	HCPCS	both			16.5	4.55	Wellcare	Medicaid		5.19	0.3146			3.96	15.68	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	inpatient			272		Aetna	Medicare		83.78	0.308			81.6	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	inpatient			272		Aetna	Better Health		85.57	0.3146			81.6	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	inpatient			272		Aetna	Commercial		103.36	0.38			81.6	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	inpatient			272		Americare	Americare		204	0.75			81.6	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	inpatient			272		WellPoint	WellPoint		87.26	0.3208			81.6	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	inpatient			272		Consumer	Consumer		258.4	0.95			81.6	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	inpatient			272		Corrections	Corrections		217.6	0.8			81.6	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	inpatient			272		First Health	First Health		190.4	0.7			81.6	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	inpatient			272		First Trenton	First Trenton		244.8	0.9			81.6	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	inpatient			272		Horizon	Medicare Blue		81.6	0.3			81.6	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	inpatient			272		Horizon	Indemnity		104.12	0.3828			81.6	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	inpatient			272		Horizon	MGD		104.12	0.3828			81.6	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	inpatient			272		Horizon	NJ Health		225.76	0.83			81.6	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	inpatient			272		Horizon	PPO		104.12	0.3828			81.6	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	inpatient			272		Managed Care Inc	Managed Care Inc		244.8	0.9			81.6	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	inpatient			272		Multiplan	Multiplan		217.6	0.8			81.6	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	inpatient			272		Qualcare	Qualcare		204	0.75			81.6	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	inpatient			272		Three Rivers	Three Rivers		258.4	0.95			81.6	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	inpatient			272		UHC	Medicaid		85.57	0.3146			81.6	258.4	percent of total billed charges	
NESIRITIDE 0.1MG INJ	J2325	HCPCS	inpatient			272		Wellcare	Medicaid		85.57	0.3146			81.6	258.4	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	inpatient			1831.5	1617.64	Aetna	Better Health		576.19	0.3146			576.19	2569.93	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	inpatient			1831.5	1617.64	Aetna	Commercial		2239.37	1.592			576.19	2569.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	inpatient			1831.5	1617.64	Aetna	Medicare		1406.64	1			576.19	2569.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	inpatient			1831.5	1617.64	Americare	Americare		1373.63	0.75			576.19	2569.93	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	inpatient			1831.5	1617.64	WellPoint	WellPoint		587.55	0.3208			576.19	2569.93	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	inpatient			1831.5	1617.64	Amerihealth	Medicare		1406.64	1			576.19	2569.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	inpatient			1831.5	1617.64	Consumer	Consumer		1739.93	0.95			576.19	2569.93	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	inpatient			1831.5	1617.64	Corrections	Corrections		1465.2	0.8			576.19	2569.93	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	inpatient			1831.5	1617.64	First Health	First Health		1282.05	0.7			576.19	2569.93	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	inpatient			1831.5	1617.64	First Trenton	First Trenton		1648.35	0.9			576.19	2569.93	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	inpatient			1831.5	1617.64	Horizon	Medicare Blue		1406.64	1			576.19	2569.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	inpatient			1831.5	1617.64	Horizon	Indemnity		2569.93	1.827			576.19	2569.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	inpatient			1831.5	1617.64	Horizon	MGD		2569.93	1.827			576.19	2569.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	inpatient			1831.5	1617.64	Horizon	NJ Health		1520.15	0.83			576.19	2569.93	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	inpatient			1831.5	1617.64	Horizon	PPO		2569.93	1.827			576.19	2569.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	inpatient			1831.5	1617.64	Managed Care Inc	Managed Care Inc		1648.35	0.9			576.19	2569.93	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	inpatient			1831.5	1617.64	Multiplan	Multiplan		1465.2	0.8			576.19	2569.93	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	inpatient			1831.5	1617.64	Qualcare	Qualcare		1373.63	0.75			576.19	2569.93	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	inpatient			1831.5	1617.64	Three Rivers	Three Rivers		1739.93	0.95			576.19	2569.93	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	inpatient			1831.5	1617.64	UHC	Medicare		1406.64	1			576.19	2569.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	inpatient			1831.5	1617.64	UHC	Medicaid		576.19	0.3146			576.19	2569.93	percent of total billed charges	
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	inpatient			1831.5	1617.64	Wellcare	Medicare		1406.64	1			576.19	2569.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NUSINERSEN(SPINRAZA) 0.1MG INJ	J2326	HCPCS	inpatient			1831.5	1617.64	Wellcare	Medicaid		576.19	0.3146			576.19	2569.93	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Aetna	Better Health		74.09	0.3146			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Aetna	Commercial		114.18	1.592			59.75	223.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Aetna	Medicare		59.75				59.75	223.73	case rate	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Americare	Americare		176.63	0.75			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	WellPoint	WellPoint		75.55	0.3208			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Amerihealth	Medicare		59.75				59.75	223.73	case rate	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Consumer	Consumer		223.73	0.95			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Corrections	Corrections		188.4	0.8			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	First Health	First Health		164.85	0.7			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	First Trenton	First Trenton		211.95	0.9			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Horizon	Medicare Blue		71.72	1			59.75	223.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Horizon	MCD		131.03	1.827			59.75	223.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Horizon	Indemnity		131.03	1.827			59.75	223.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Horizon	PPO		131.03	1.827			59.75	223.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Horizon	NJ Health		63.34				59.75	223.73	case rate	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Managed Care Inc	Managed Care Inc		211.95	0.9			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Multiplan	Multiplan		188.4	0.8			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Qualcare	Qualcare		176.63	0.75			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Three Rivers	Three Rivers		223.73	0.95			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	UHC	Medicare		59.75				59.75	223.73	case rate	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	UHC	Medicaid		74.09	0.3146			59.75	223.73	percent of total billed charges	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Wellcare	Medicare		59.75				59.75	223.73	case rate	
OCRELIZUMAB(OCREVUS) 1MG INJ	J2350	HCPCS	outpatient			235.5	68.71	Wellcare	Medicaid		74.09	0.3146			59.75	223.73	percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	outpatient			628	242.45	Aetna	Medicare		210.83				197.57	596.6	case rate	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	outpatient			628	242.45	Aetna	Better Health		197.57	0.3146			197.57	596.6	percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	outpatient			628	242.45	Aetna	Commercial		402.89	1.592			197.57	596.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	outpatient			628	242.45	Americare	Americare		471	0.75			197.57	596.6	percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	outpatient			628	242.45	WellPoint	WellPoint		201.46	0.3208			197.57	596.6	percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	outpatient			628	242.45	Amerihealth	Medicare		210.83				197.57	596.6	case rate	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	outpatient			628	242.45	Consumer	Consumer		596.6	0.95			197.57	596.6	percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	outpatient			628	242.45	Corrections	Corrections		502.4	0.8			197.57	596.6	percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	outpatient			628	242.45	First Health	First Health		439.6	0.7			197.57	596.6	percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	outpatient			628	242.45	First Trenton	First Trenton		565.2	0.9			197.57	596.6	percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	outpatient			628	242.45	Horizon	Medicare Blue		253.07	1			197.57	596.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	outpatient			628	242.45	Horizon	NJ Health		223.48				197.57	596.6	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	outpatient			628	242.45	Horizon	MGD		462.36	1.827			197.57		596.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	outpatient			628	242.45	Horizon	PPO		462.36	1.827			197.57		596.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	outpatient			628	242.45	Horizon	Indemnity		462.36	1.827			197.57		596.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	outpatient			628	242.45	Managed Care Inc	Managed Care Inc		565.2	0.9			197.57		596.6 percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	outpatient			628	242.45	Multiplan	Multiplan		502.4	0.8			197.57		596.6 percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	outpatient			628	242.45	Qualcare	Qualcare		471	0.75			197.57		596.6 percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	outpatient			628	242.45	Three Rivers	Three Rivers		596.6	0.95			197.57		596.6 percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	outpatient			628	242.45	UHC	Medicaid		197.57	0.3146			197.57		596.6 percent of total billed charges	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	outpatient			628	242.45	UHC	Medicare		210.83				197.57		596.6 case rate	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	outpatient			628	242.45	Wellcare	Medicare		210.83				197.57		596.6 case rate	
OCTREOTIDE ACETATE 1MG INJ KIT	J2353	HCPCS	outpatient			628	242.45	Wellcare	Medicaid		197.57	0.3146			197.57		596.6 percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	Aetna	Medicare		1.19				1.19		40.85 case rate	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	Aetna	Better Health		13.53	0.3146			1.19		40.85 percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	Aetna	Commercial		16.34	0.38			1.19		40.85 percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	Americare	Americare		32.25	0.75			1.19		40.85 percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	WellPoint	WellPoint		13.79	0.3208			1.19		40.85 percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	Amerihealth	Medicare		1.19				1.19		40.85 case rate	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	Consumer	Consumer		40.85	0.95			1.19		40.85 percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	Corrections	Corrections		34.4	0.8			1.19		40.85 percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	First Health	First Health		30.1	0.7			1.19		40.85 percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	First Trenton	First Trenton		38.7	0.9			1.19		40.85 percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	Horizon	MGD		16.46	0.3828			1.19		40.85 percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	Horizon	NJ Health		1.26				1.19		40.85 case rate	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	Horizon	Medicare Blue		12.9	0.3			1.19		40.85 percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	Horizon	Indemnity		16.46	0.3828			1.19		40.85 percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	Horizon	PPO		16.46	0.3828			1.19		40.85 percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	Managed Care Inc	Managed Care Inc		38.7	0.9			1.19		40.85 percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	Multiplan	Multiplan		34.4	0.8			1.19		40.85 percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	Qualcare	Qualcare		32.25	0.75			1.19		40.85 percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	Three Rivers	Three Rivers		40.85	0.95			1.19		40.85 percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	UHC	Medicare		1.19				1.19		40.85 case rate	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	UHC	Medicaid		13.53	0.3146			1.19		40.85 percent of total billed charges	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	Wellcare	Medicare		1.19				1.19		40.85 case rate	
OCTREOTIDE ACETATE 25MCG INJ	J2354	HCPCS	both			43	1.37	Wellcare	Medicaid		13.53	0.3146			1.19		40.85 percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Aetna	Commercial		715.16	0.38			564.6		1787.9 percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Aetna	Better Health		592.08	0.3146			564.6		1787.9 percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Aetna	Medicare		579.66	0.308			564.6		1787.9 percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Americare	Americare		1411.5	0.75			564.6		1787.9 percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		WellPoint	WellPoint		603.75	0.3208			564.6		1787.9 percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Consumer	Consumer		1787.9	0.95			564.6		1787.9 percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Corrections	Corrections		1505.6	0.8			564.6		1787.9 percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		First Health	First Health		1317.4	0.7			564.6		1787.9 percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		First Trenton	First Trenton		1693.8	0.9			564.6		1787.9 percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Horizon	MGD		720.43	0.3828			564.6		1787.9 percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Horizon	NJ Health		1562.06	0.83			564.6		1787.9 percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Horizon	Medicare Blue		564.6	0.3			564.6		1787.9 percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Horizon	Indemnity		720.43	0.3828			564.6		1787.9 percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Horizon	PPO		720.43	0.3828			564.6		1787.9 percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Managed Care Inc	Managed Care Inc		1693.8	0.9			564.6		1787.9 percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Multiplan	Multiplan		1505.6	0.8			564.6		1787.9 percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Qualcare	Qualcare		1411.5	0.75			564.6		1787.9 percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Three Rivers	Three Rivers		1787.9	0.95			564.6		1787.9 percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		UHC	Medicaid		592.08	0.3146			564.6		1787.9 percent of total billed charges	
OPRELVEKIN 5MG INJ (CHEMO)	J2355	HCPCS	outpatient			1882		Wellcare	Medicaid		592.08	0.3146			564.6		1787.9 percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11	1.09	Aetna	Commercial		1.81	1.592			0.95		6.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11	1.09	Aetna	Better Health		2.24	0.3146			0.95		6.75 percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11	1.09	Aetna	Medicare		0.95				0.95		6.75 case rate	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11	1.09	Americare	Americare		5.33	0.75			0.95		6.75 percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11	1.09	WellPoint	WellPoint		2.28	0.3208			0.95		6.75 percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11	1.09	Amerihealth	Medicare		0.95				0.95		6.75 case rate	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11	1.09	Consumer	Consumer		6.75	0.95			0.95		6.75 percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11	1.09	Corrections	Corrections		5.69	0.8			0.95		6.75 percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11	1.09	First Health	First Health		4.98	0.7			0.95		6.75 percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11	1.09	First Trenton	First Trenton		6.4	0.9			0.95		6.75 percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11	1.09	Horizon	MGD		2.08	1.827			0.95		6.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11	1.09	Horizon	Indemnity		2.08	1.827			0.95		6.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11	1.09	Horizon	NJ Health		1				0.95		6.75 case rate	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11	1.09	Horizon	PPO		2.08	1.827			0.95		6.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11	1.09	Horizon	Medicare Blue		1.14	1			0.95		6.75 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11	1.09	Managed Care Inc	Managed Care Inc		6.4	0.9			0.95		6.75 percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11	1.09	Multiplan	Multiplan		5.69	0.8			0.95		6.75 percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11	1.09	Qualcare	Qualcare		5.33	0.75			0.95		6.75 percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11	1.09	Three Rivers	Three Rivers		6.75	0.95			0.95		6.75 percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11	1.09	UHC	Medicaid		2.24	0.3146			0.95		6.75 percent of total billed charges	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11	1.09	UHC	Medicare		0.95				0.95		6.75 case rate	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11	1.09	Wellcare	Medicare		0.95				0.95		6.75 case rate	
OLANZAPINE 0.5 MG INJ	J2359	HCPCS	outpatient			7.11	1.09	Wellcare	Medicaid		2.24	0.3146			0.95		6.75 percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Aetna	Medicare		7.24	0.308			7.05		22.33 percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Aetna	Commercial		8.93	0.38			7.05		22.33 percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Aetna	Better Health		7.39	0.3146			7.05		22.33 percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Americare	Americare		17.63	0.75			7.05		22.33 percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		WellPoint	WellPoint		7.54	0.3208			7.05		22.33 percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Consumer	Consumer		22.33	0.95			7.05		22.33 percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Corrections	Corrections		18.8	0.8			7.05		22.33 percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		First Health	First Health		16.45	0.7			7.05		22.33 percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		First Trenton	First Trenton		21.15	0.9			7.05		22.33 percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Horizon	MGD		9	0.3828			7.05		22.33 percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Horizon	Indemnity		9	0.3828			7.05		22.33 percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Horizon	NJ Health		19.51	0.83			7.05		22.33 percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Horizon	PPO		9	0.3828			7.05		22.33 percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Horizon	Medicare Blue		7.05	0.3			7.05		22.33 percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Managed Care Inc	Managed Care Inc		21.15	0.9			7.05		22.33 percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Multiplan	Multiplan		18.8	0.8			7.05		22.33 percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Qualcare	Qualcare		17.63	0.75			7.05		22.33 percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Three Rivers	Three Rivers		22.33	0.95			7.05		22.33 percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		UHC	Medicaid		7.39	0.3146			7.05		22.33 percent of total billed charges	
PHENYLEPHRINE 10MG/1ML INJ	J2370	HCPCS	both			23.5		Wellcare	Medicaid		7.39	0.3146			7.05		22.33 percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	outpatient			1		Aetna	Better Health		0.31	0.3146			0.3		0.95 percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	outpatient			1		Aetna	Medicare		0.31	0.308			0.3		0.95 percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	outpatient			1		Aetna	Commercial		0.38	0.38			0.3		0.95 percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	outpatient			1		Americare	Americare		0.75	0.75			0.3		0.95 percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	outpatient			1		WellPoint	WellPoint		0.32	0.3208			0.3		0.95 percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	outpatient			1		Consumer	Consumer		0.95	0.95			0.3		0.95 percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	outpatient			1		Corrections	Corrections		0.8	0.8			0.3		0.95 percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	outpatient			1		First Health	First Health		0.7	0.7			0.3		0.95 percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	outpatient			1		First Trenton	First Trenton		0.9	0.9			0.3		0.95 percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	outpatient			1		Horizon	Indemnity		0.38	0.3828			0.3		0.95 percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	outpatient			1		Horizon	NJ Health		0.83	0.83			0.3		0.95 percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	outpatient			1		Horizon	MGD		0.38	0.3828			0.3		0.95 percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	outpatient			1		Horizon	PPO		0.38	0.3828			0.3		0.95 percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	outpatient			1		Horizon	Medicare Blue		0.3	0.3			0.3		0.95 percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	outpatient			1		Managed Care Inc	Managed Care Inc		0.9	0.9			0.3		0.95 percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	outpatient			1		Multiplan	Multiplan		0.8	0.8			0.3		0.95 percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	outpatient			1		Qualcare	Qualcare		0.75	0.75			0.3		0.95 percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	outpatient			1		Three Rivers	Three Rivers		0.95	0.95			0.3		0.95 percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	outpatient			1		UHC	Medicaid		0.31	0.3146			0.3		0.95 percent of total billed charges	
PHENYLEPHRINE HCL 20 MCG INJ	J2371	HCPCS	outpatient			1		Wellcare	Medicaid		0.31	0.3146			0.3		0.95 percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	Aetna	Medicare		0.1				0.1		162.45 case rate	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	Aetna	Better Health		53.8	0.3146			0.1		162.45 percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	Aetna	Commercial		64.98	0.38			0.1		162.45 percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	Americare	Americare		128.25	0.75			0.1		162.45 percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	WellPoint	WellPoint		54.86	0.3208			0.1		162.45 percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	Amerihealth	Medicare		0.1				0.1		162.45 case rate	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	Consumer	Consumer		162.45	0.95			0.1		162.45 percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	Corrections	Corrections		136.8	0.8			0.1		162.45 percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	First Health	First Health		119.7	0.7			0.1		162.45 percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	First Trenton	First Trenton		153.9	0.9			0.1		162.45 percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	Horizon	MGD		65.46	0.3828			0.1		162.45 percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	Horizon	Indemnity		65.46	0.3828			0.1		162.45 percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	Horizon	Medicare Blue		51.3	0.3			0.1		162.45 percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	Horizon	NJ Health		0.11				0.1		162.45 case rate	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	Horizon	PPO		65.46	0.3828			0.1		162.45 percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	Managed Care Inc	Managed Care Inc		153.9	0.9			0.1		162.45 percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	Multiplan	Multiplan		136.8	0.8			0.1		162.45 percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	Qualcare	Qualcare		128.25	0.75			0.1		162.45 percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	Three Rivers	Three Rivers		162.45	0.95			0.1		162.45 percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	UHC	Medicare		0.1				0.1		162.45 case rate	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	UHC	Medicaid		53.8	0.3146			0.1		162.45 percent of total billed charges	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	Wellcare	Medicare		0.1				0.1		162.45 case rate	
ONDANSETRON 2MG/1ML INJ	J2405	HCPCS	both			171	0.12	Wellcare	Medicaid		53.8	0.3146			0.1		162.45 percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	Aetna	Better Health		11.17	0.3146			11.17		33.73 percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	Aetna	Medicare		14.32				11.17		33.73 case rate	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5	16.47	Aetna	Commercial		27.37	1.592			11.17		33.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5		16.47 Americare	Americare		26.63	0.75			11.17	33.73	percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5		16.47 WellPoint	WellPoint		11.39	0.3208			11.17	33.73	percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5		16.47 Amerihealth	Medicare		14.32				11.17	33.73	case rate	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5		16.47 Consumer	Consumer		33.73	0.95			11.17	33.73	percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5		16.47 Corrections	Corrections		28.4	0.8			11.17	33.73	percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5		16.47 First Health	First Health		24.85	0.7			11.17	33.73	percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5		16.47 First Trenton	First Trenton		31.95	0.9			11.17	33.73	percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5		16.47 Horizon	MGD		31.41	1.827			11.17	33.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5		16.47 Horizon	Indemnity		31.41	1.827			11.17	33.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5		16.47 Horizon	Medicare Blue		17.19	1			11.17	33.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5		16.47 Horizon	PPO		31.41	1.827			11.17	33.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5		16.47 Horizon	NJ Health		15.18				11.17	33.73	case rate	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5		16.47 Managed Care Inc	Managed Care Inc		31.95	0.9			11.17	33.73	percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5		16.47 Multiplan	Multiplan		28.4	0.8			11.17	33.73	percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5		16.47 Qualcare	Qualcare		26.63	0.75			11.17	33.73	percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5		16.47 Three Rivers	Three Rivers		33.73	0.95			11.17	33.73	percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5		16.47 UHC	Medicaid		11.17	0.3146			11.17	33.73	percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5		16.47 UHC	Medicare		14.32				11.17	33.73	case rate	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5		16.47 Wellcare	Medicaid		11.17	0.3146			11.17	33.73	percent of total billed charges	
PALIPERIDONE PALMITATE 1MG SYRN	J2426	HCPCS	both			35.5		16.47 Wellcare	Medicare		14.32				11.17	33.73	case rate	
PAMIDRONATE 30MG INJ	J2430	HCPCS	inpatient			1703		10.21 Aetna	Medicare		8.87				8.87	1617.85	case rate	
PAMIDRONATE 30MG INJ	J2430	HCPCS	inpatient			1703		10.21 Aetna	Better Health		535.76	0.3146			8.87	1617.85	percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	inpatient			1703		10.21 Aetna	Commercial		647.14	0.38			8.87	1617.85	percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	inpatient			1703		10.21 Americare	Americare		1277.25	0.75			8.87	1617.85	percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	inpatient			1703		10.21 WellPoint	WellPoint		546.32	0.3208			8.87	1617.85	percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	inpatient			1703		10.21 Amerihealth	Medicare		8.87				8.87	1617.85	case rate	
PAMIDRONATE 30MG INJ	J2430	HCPCS	inpatient			1703		10.21 Consumer	Consumer		1617.85	0.95			8.87	1617.85	percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	inpatient			1703		10.21 Corrections	Corrections		1362.4	0.8			8.87	1617.85	percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	inpatient			1703		10.21 First Health	First Health		1192.1	0.7			8.87	1617.85	percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	inpatient			1703		10.21 First Trenton	First Trenton		1532.7	0.9			8.87	1617.85	percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	inpatient			1703		10.21 Horizon	Medicare Blue		510.9	0.3			8.87	1617.85	percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	inpatient			1703		10.21 Horizon	NJ Health		9.41				8.87	1617.85	case rate	
PAMIDRONATE 30MG INJ	J2430	HCPCS	inpatient			1703		10.21 Horizon	MGD		651.91	0.3828			8.87	1617.85	percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	inpatient			1703		10.21 Horizon	PPO		651.91	0.3828			8.87	1617.85	percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	inpatient			1703		10.21 Horizon	Indemnity		651.91	0.3828			8.87	1617.85	percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	inpatient			1703		10.21 Managed Care Inc	Managed Care Inc		1532.7	0.9			8.87	1617.85	percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	inpatient			1703		10.21 Multiplan	Multiplan		1362.4	0.8			8.87	1617.85	percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	inpatient			1703		10.21 Qualcare	Qualcare		1277.25	0.75			8.87	1617.85	percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	inpatient			1703		10.21 Three Rivers	Three Rivers		1617.85	0.95			8.87	1617.85	percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	inpatient			1703		10.21 UHC	Medicare		8.87				8.87	1617.85	case rate	
PAMIDRONATE 30MG INJ	J2430	HCPCS	inpatient			1703		10.21 UHC	Medicaid		535.76	0.3146			8.87	1617.85	percent of total billed charges	
PAMIDRONATE 30MG INJ	J2430	HCPCS	inpatient			1703		10.21 Wellcare	Medicare		8.87				8.87	1617.85	case rate	
PAMIDRONATE 30MG INJ	J2430	HCPCS	inpatient			1703		10.21 Wellcare	Medicaid		535.76	0.3146			8.87	1617.85	percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Aetna	Better Health		7.39	0.3146			7.05	22.33	percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Aetna	Commercial		8.93	0.38			7.05	22.33	percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Aetna	Medicare		7.24	0.308			7.05	22.33	percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Americare	Americare		17.63	0.75			7.05	22.33	percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		WellPoint	WellPoint		7.54	0.3208			7.05	22.33	percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Consumer	Consumer		22.33	0.95			7.05	22.33	percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Corrections	Corrections		18.8	0.8			7.05	22.33	percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		First Health	First Health		16.45	0.7			7.05	22.33	percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		First Trenton	First Trenton		21.15	0.9			7.05	22.33	percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Horizon	MGD		9	0.3828			7.05	22.33	percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Horizon	Indemnity		9	0.3828			7.05	22.33	percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Horizon	Medicare Blue		7.05	0.3			7.05	22.33	percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Horizon	PPO		9	0.3828			7.05	22.33	percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Horizon	NJ Health		19.51	0.83			7.05	22.33	percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Managed Care Inc	Managed Care Inc		21.15	0.9			7.05	22.33	percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Multiplan	Multiplan		18.8	0.8			7.05	22.33	percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Qualcare	Qualcare		17.63	0.75			7.05	22.33	percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Three Rivers	Three Rivers		22.33	0.95			7.05	22.33	percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		UHC	Medicaid		7.39	0.3146			7.05	22.33	percent of total billed charges	
PAPAVERINE 60MG INJ	J2440	HCPCS	both			23.5		Wellcare	Medicaid		7.39	0.3146			7.05	22.33	percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5		0.97 Aetna	Medicare		0.85				0.85	180.98	case rate	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5		0.97 Aetna	Better Health		59.93	0.3146			0.85	180.98	percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5		0.97 Aetna	Commercial		72.39	0.38			0.85	180.98	percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5		0.97 Americare	Americare		142.88	0.75			0.85	180.98	percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5		0.97 WellPoint	WellPoint		61.11	0.3208			0.85	180.98	percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5		0.97 Amerihealth	Medicare		0.85				0.85	180.98	case rate	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5		0.97 Consumer	Consumer		180.98	0.95			0.85	180.98	percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5		0.97 Corrections	Corrections		152.4	0.8			0.85	180.98	percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5		0.97 First Health	First Health		133.35	0.7			0.85	180.98	percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5		0.97 First Trenton	First Trenton		171.45	0.9			0.85	180.98	percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5		0.97 Horizon	Medicare Blue		57.15	0.3			0.85	180.98	percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5		0.97 Horizon	Indemnity		72.92	0.3828			0.85	180.98	percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5		0.97 Horizon	MGD		72.92	0.3828			0.85	180.98	percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5		0.97 Horizon	NJ Health		0.9				0.85	180.98	case rate	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5		0.97 Horizon	PPO		72.92	0.3828			0.85	180.98	percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5		0.97 Managed Care Inc	Managed Care Inc		171.45	0.9			0.85	180.98	percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5		0.97 Multiplan	Multiplan		152.4	0.8			0.85	180.98	percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5		0.97 Qualcare	Qualcare		142.88	0.75			0.85	180.98	percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5		0.97 Three Rivers	Three Rivers		180.98	0.95			0.85	180.98	percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5		0.97 UHC	Medicare		0.85				0.85	180.98	case rate	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5		0.97 UHC	Medicaid		59.93	0.3146			0.85	180.98	percent of total billed charges	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5		0.97 Wellcare	Medicare		0.85				0.85	180.98	case rate	
PALONOSETRON 25MCG INJ	J2469	HCPCS	both			190.5		0.97 Wellcare	Medicaid		59.93	0.3146			0.85	180.98	percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	outpatient			2105.5		58.28 Aetna	Commercial		96.84	1.592			50.68	2000.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	outpatient			2105.5		58.28 Aetna	Better Health		662.39	0.3146			50.68	2000.23	percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	outpatient			2105.5		58.28 Aetna	Medicare		50.68				50.68	2000.23	case rate	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	outpatient			2105.5		58.28 Americare	Americare		1579.13	0.75			50.68	2000.23	percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	outpatient			2105.5		58.28 WellPoint	WellPoint		675.44	0.3208			50.68	2000.23	percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	outpatient			2105.5		58.28 Amerihealth	Medicare		50.68				50.68	2000.23	case rate	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	outpatient			2105.5		58.28 Consumer	Consumer		2000.23	0.95			50.68	2000.23	percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	outpatient			2105.5		58.28 Corrections	Corrections		1684.4	0.8			50.68	2000.23	percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	outpatient			2105.5		58.28 First Health	First Health		1473.85	0.7			50.68	2000.23	percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	outpatient			2105.5		58.28 First Trenton	First Trenton		1894.95	0.9			50.68	2000.23	percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	outpatient			2105.5		58.28 Horizon	Medicare Blue		60.83	1			50.68	2000.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	outpatient			2105.5		58.28 Horizon	PPO		111.14	1.827			50.68	2000.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	outpatient			2105.5		58.28 Horizon	MGD		111.14	1.827			50.68	2000.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	outpatient			2105.5		58.28 Horizon	Indemnity		111.14	1.827			50.68	2000.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	outpatient			2105.5		58.28 Horizon	NJ Health		53.72				50.68	2000.23	case rate	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	outpatient			2105.5		58.28 Managed Care Inc	Managed Care Inc		1894.95	0.9			50.68	2000.23	percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	outpatient			2105.5		58.28 Multiplan	Multiplan		1684.4	0.8			50.68	2000.23	percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	outpatient			2105.5		58.28 Qualcare	Qualcare		1579.13	0.75			50.68	2000.23	percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	outpatient			2105.5		58.28 Three Rivers	Three Rivers		2000.23	0.95			50.68	2000.23	percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	outpatient			2105.5		58.28 UHC	Medicare		50.68				50.68	2000.23	case rate	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	outpatient			2105.5		58.28 UHC	Medicaid		662.39	0.3146			50.68	2000.23	percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	outpatient			2105.5		58.28 Wellcare	Medicaid		662.39	0.3146			50.68	2000.23	percent of total billed charges	
PEGFILGRASTIM 0.5 MG INJ	J2506	HCPCS	outpatient			2105.5		58.28 Wellcare	Medicare		50.68				50.68	2000.23	case rate	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5		56.51 Aetna	Better Health		37.28	0.3146			37.28	112.58	percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5		56.51 Aetna	Commercial		78.23	1.592			37.28	112.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5		56.51 Aetna	Medicare		49.14	1			37.28	112.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5		56.51 Americare	Americare		88.88	0.75			37.28	112.58	percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5		56.51 WellPoint	WellPoint		38.01	0.3208			37.28	112.58	percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5		56.51 Amerihealth	Medicare		49.14	1			37.28	112.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5		56.51 Consumer	Consumer		112.58	0.95			37.28	112.58	percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5		56.51 Corrections	Corrections		94.8	0.8			37.28	112.58	percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5		56.51 First Health	First Health		82.95	0.7			37.28	112.58	percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5		56.51 First Trenton	First Trenton		106.65	0.9			37.28	112.58	percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5		56.51 Horizon	NJ Health		98.36	0.83			37.28	112.58	percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5		56.51 Horizon	PPO		89.78	1.827			37.28	112.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5		56.51 Horizon	MGD		89.78	1.827			37.28	112.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5		56.51 Horizon	Indemnity		89.78	1.827			37.28	112.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5		56.51 Horizon	Medicare Blue		49.14	1			37.28	112.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5		56.51 Managed Care Inc	Managed Care Inc		106.65	0.9			37.28	112.58	percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5		56.51 Multiplan	Multiplan		94.8	0.8			37.28	112.58	percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5		56.51 Qualcare	Qualcare		88.88	0.75			37.28	112.58	percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5		56.51 Three Rivers	Three Rivers		112.58	0.95			37.28	112.58	percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5		56.51 UHC	Medicaid		37.28	0.3146			37.28	112.58	percent of total billed charges	
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5		56.51 UHC	Medicare		49.14	1			37.28	112.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5		56.51 Wellcare	Medicare		49.14	1			37.28	112.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PENICILLIN G PROCAINE 600000 MU ING	J2510	HCPCS	outpatient			118.5		56.51 Wellcare	Medicaid		37.28	0.3146			37.28	112.58	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Aetna	Medicare		56.98	0.308			55.5	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Aetna	Better Health		58.2	0.3146			55.5	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Aetna	Commercial		70.3	0.38			55.5	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Americare	Americare		138.75	0.75			55.5	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		WellPoint	WellPoint		59.35	0.3208			55.5	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Consumer	Consumer		175.75	0.95			55.5	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Corrections	Corrections		148	0.8			55.5	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		First Health	First Health		129.5	0.7			55.5	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		First Trenton	First Trenton		166.5	0.9			55.5	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Horizon	MGD		70.82	0.3828			55.5	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Horizon	NJ Health		153.55	0.83			55.5	175.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Horizon	Indemnity		70.82	0.3828			55.5	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Horizon	PPO		70.82	0.3828			55.5	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Horizon	Medicare Blue		55.5	0.3			55.5	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Managed Care Inc	Managed Care Inc		166.5	0.9			55.5	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Multiplan	Multiplan		148	0.8			55.5	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Qualcare	Qualcare		138.75	0.75			55.5	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Three Rivers	Three Rivers		175.75	0.95			55.5	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		UHC	Medicaid		58.2	0.3146			55.5	175.75	percent of total billed charges	
PENTOBARBITAL 50MG INJ	J2515	HCPCS	inpatient			185		Wellcare	Medicaid		58.2	0.3146			55.5	175.75	percent of total billed charges	
PENICILLIN G POT 600 000U INJ	J2540	HCPCS	both			3.5	0.89	Aetna	Medicare						0.77	3.33	case rate	
PENICILLIN G POT 600 000U INJ	J2540	HCPCS	both			3.5	0.89	Aetna	Better Health		1.1	0.3146			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600 000U INJ	J2540	HCPCS	both			3.5	0.89	Aetna	Commercial		1.33	0.38			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600 000U INJ	J2540	HCPCS	both			3.5	0.89	Americare	Americare		2.63	0.75			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600 000U INJ	J2540	HCPCS	both			3.5	0.89	WellPoint	WellPoint		1.12	0.3208			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600 000U INJ	J2540	HCPCS	both			3.5	0.89	Amerihealth	Medicare		0.77				0.77	3.33	case rate	
PENICILLIN G POT 600 000U INJ	J2540	HCPCS	both			3.5	0.89	Consumer	Consumer		3.33	0.95			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600 000U INJ	J2540	HCPCS	both			3.5	0.89	Corrections	Corrections		2.8	0.8			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600 000U INJ	J2540	HCPCS	both			3.5	0.89	First Health	First Health		2.45	0.7			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600 000U INJ	J2540	HCPCS	both			3.5	0.89	First Trenton	First Trenton		3.15	0.9			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600 000U INJ	J2540	HCPCS	both			3.5	0.89	Horizon	Medicare Blue		1.05	0.3			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600 000U INJ	J2540	HCPCS	both			3.5	0.89	Horizon	Indemnity		1.34	0.3828			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600 000U INJ	J2540	HCPCS	both			3.5	0.89	Horizon	MGD		1.34	0.3828			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600 000U INJ	J2540	HCPCS	both			3.5	0.89	Horizon	PPO		1.34	0.3828			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600 000U INJ	J2540	HCPCS	both			3.5	0.89	Horizon	NJ Health		0.82				0.77	3.33	case rate	
PENICILLIN G POT 600 000U INJ	J2540	HCPCS	both			3.5	0.89	Managed Care Inc	Managed Care Inc		3.15	0.9			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600 000U INJ	J2540	HCPCS	both			3.5	0.89	Multiplan	Multiplan		2.8	0.8			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600 000U INJ	J2540	HCPCS	both			3.5	0.89	Qualcare	Qualcare		2.63	0.75			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600 000U INJ	J2540	HCPCS	both			3.5	0.89	Three Rivers	Three Rivers		3.33	0.95			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600 000U INJ	J2540	HCPCS	both			3.5	0.89	UHC	Medicaid		1.1	0.3146			0.77	3.33	percent of total billed charges	
PENICILLIN G POT 600 000U INJ	J2540	HCPCS	both			3.5	0.89	UHC	Medicare		0.77				0.77	3.33	case rate	
PENICILLIN G POT 600 000U INJ	J2540	HCPCS	both			3.5	0.89	Wellcare	Medicare		0.77				0.77	3.33	case rate	
PENICILLIN G POT 600 000U INJ	J2540	HCPCS	both			3.5	0.89	Wellcare	Medicaid		1.1	0.3146			0.77	3.33	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			35.5	1.35	Aetna	Medicare		1.18				1.18	33.73	case rate	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			35.5	1.35	Aetna	Better Health		11.17	0.3146			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			35.5	1.35	Aetna	Commercial		13.49	0.38			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			35.5	1.35	Americare	Americare		26.63	0.75			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			35.5	1.35	WellPoint	WellPoint		11.39	0.3208			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			35.5	1.35	Amerihealth	Medicare		1.18				1.18	33.73	case rate	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			35.5	1.35	Consumer	Consumer		33.73	0.95			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			35.5	1.35	Corrections	Corrections		28.4	0.8			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			35.5	1.35	First Health	First Health		24.85	0.7			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			35.5	1.35	First Trenton	First Trenton		31.95	0.9			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			35.5	1.35	Horizon	Medicare Blue		10.65	0.3			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			35.5	1.35	Horizon	Indemnity		13.59	0.3828			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			35.5	1.35	Horizon	MGD		13.59	0.3828			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			35.5	1.35	Horizon	PPO		13.59	0.3828			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			35.5	1.35	Horizon	NJ Health		1.25				1.18	33.73	case rate	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			35.5	1.35	Managed Care Inc	Managed Care Inc		31.95	0.9			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			35.5	1.35	Multiplan	Multiplan		28.4	0.8			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			35.5	1.35	Qualcare	Qualcare		26.63	0.75			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			35.5	1.35	Three Rivers	Three Rivers		33.73	0.95			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			35.5	1.35	UHC	Medicaid		11.17	0.3146			1.18	33.73	percent of total billed charges	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			35.5	1.35	UHC	Medicare		1.18				1.18	33.73	case rate	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			35.5	1.35	Wellcare	Medicare		1.18				1.18	33.73	case rate	
PIPERACILLIN/TAZOBACTAM 1.125G INJ	J2543	HCPCS	both			35.5	1.35	Wellcare	Medicaid		11.17	0.3146			1.18	33.73	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	inpatient			6	2.32	Aetna	Commercial		3.22	1.592			1.89	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	inpatient			6	2.32	Aetna	Better Health		1.89	0.3146			1.89	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	inpatient			6	2.32	Aetna	Medicare		2.02	1			1.89	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	inpatient			6	2.32	Americare	Americare		4.5	0.75			1.89	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	inpatient			6	2.32	WellPoint	WellPoint		1.92	0.3208			1.89	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	inpatient			6	2.32	Amerihealth	Medicare		2.02	1			1.89	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	inpatient			6	2.32	Consumer	Consumer		5.7	0.95			1.89	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	inpatient			6	2.32	Corrections	Corrections		4.8	0.8			1.89	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	inpatient			6	2.32	First Health	First Health		4.2	0.7			1.89	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	inpatient			6	2.32	First Trenton	First Trenton		5.4	0.9			1.89	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	inpatient			6	2.32	Horizon	Medicare Blue		2.02	1			1.89	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	inpatient			6	2.32	Horizon	Indemnity		3.69	1.827			1.89	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	inpatient			6	2.32	Horizon	MGD		3.69	1.827			1.89	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	inpatient			6	2.32	Horizon	NJ Health		4.98	0.83			1.89	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	inpatient			6	2.32	Horizon	PPO		3.69	1.827			1.89	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	inpatient			6	2.32	Managed Care Inc	Managed Care Inc		5.4	0.9			1.89	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	inpatient			6	2.32	Multiplan	Multiplan		4.8	0.8			1.89	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	inpatient			6	2.32	Qualcare	Qualcare		4.5	0.75			1.89	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	inpatient			6	2.32	Three Rivers	Three Rivers		5.7	0.95			1.89	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	inpatient			6	2.32	UHC	Medicare		2.02	1			1.89	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	inpatient			6	2.32	UHC	Medicaid		1.89	0.3146			1.89	5.7	percent of total billed charges	
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	inpatient			6	2.32	Wellcare	Medicare		2.02	1			1.89	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERAMIVIR(RAPIVAB) 1MG INJ	J2547	HCPCS	inpatient			6	2.32	Wellcare	Medicaid		1.89	0.3146			1.89	5.7	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Aetna	Medicare		3.59				2.85	18.05	case rate	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Aetna	Better Health		5.98	0.3146			2.85	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Aetna	Commercial		7.22	0.38			2.85	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Americare	Americare		14.25	0.75			2.85	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	WellPoint	WellPoint		6.1	0.3208			2.85	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Amerihealth	Medicare		3.59				2.85	18.05	case rate	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Consumer	Consumer		18.05	0.95			2.85	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Corrections	Corrections		15.2	0.8			2.85	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	First Health	First Health		13.3	0.7			2.85	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	First Trenton	First Trenton		17.1	0.9			2.85	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Horizon	Medicare Blue		5.7	0.3			2.85	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Horizon	Indemnity		7.27	0.3828			2.85	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Horizon	MGD		7.27	0.3828			2.85	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Horizon	PPO		7.27	0.3828			2.85	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Horizon	NJ Health		3.81				2.85	18.05	case rate	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Managed Care Inc	Managed Care Inc		17.1	0.9			2.85	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Multiplan	Multiplan		15.2	0.8			2.85	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Qualcare	Qualcare		14.25	0.75			2.85	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Three Rivers	Three Rivers		18.05	0.95			2.85	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	UHC	Medicare		3.59				2.85	18.05	case rate	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	UHC	Medicaid		5.98	0.3146			2.85	18.05	percent of total billed charges	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Wellcare	Medicare		3.59				2.85	18.05	case rate	
PROMETHAZINE 50MG INJ.	J2550	HCPCS	both			19	4.13	Wellcare	Medicaid		5.98	0.3146			2.85	18.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Aetna	Medicare		31.43				31.43	170.05	case rate	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Aetna	Better Health		56.31	0.3146			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Aetna	Commercial		68.02	0.38			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Americare	Americare		134.25	0.75			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	WellPoint	WellPoint		57.42	0.3208			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Amerihealth	Medicare		31.43				31.43	170.05	case rate	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Consumer	Consumer		170.05	0.95			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Corrections	Corrections		143.2	0.8			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	First Health	First Health		125.3	0.7			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	First Trenton	First Trenton		161.1	0.9			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Horizon	NJ Health		33.32				31.43	170.05	case rate	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Horizon	Indemnity		68.52	0.3828			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Horizon	Medicare Blue		53.7	0.3			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Horizon	MGD		68.52	0.3828			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Horizon	PPO		68.52	0.3828			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Managed Care Inc	Managed Care Inc		161.1	0.9			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Multiplan	Multiplan		143.2	0.8			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Qualcare	Qualcare		134.25	0.75			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Three Rivers	Three Rivers		170.05	0.95			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	UHC	Medicaid		56.31	0.3146			31.43	170.05	percent of total billed charges	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	UHC	Medicare		31.43				31.43	170.05	case rate	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Wellcare	Medicare		31.43				31.43	170.05	case rate	
PHENOBARBITAL 65MG/1ML INJ	J2560	HCPCS	both			179	36.15	Wellcare	Medicaid		56.31	0.3146			31.43	170.05	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Aetna	Better Health		455.07	0.3146			172.88	1374.18	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Aetna	Commercial		330.36	1.592			172.88	1374.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Aetna	Medicare		172.88				172.88	1374.18	case rate	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Americare	Americare		1084.88	0.75			172.88	1374.18	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	WellPoint	WellPoint		464.04	0.3208			172.88	1374.18	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Amerihealth	Medicare		172.88				172.88	1374.18	case rate	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Consumer	Consumer		1374.18	0.95			172.88	1374.18	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Corrections	Corrections		1157.2	0.8			172.88	1374.18	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	First Health	First Health		1012.55	0.7			172.88	1374.18	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	First Trenton	First Trenton		1301.85	0.9			172.88	1374.18	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Horizon	MGD		379.12	1.827			172.88	1374.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Horizon	Medicare Blue		207.51	1			172.88	1374.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Horizon	Indemnity		379.12	1.827			172.88	1374.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Horizon	PPO		379.12	1.827			172.88	1374.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Horizon	NJ Health		183.26				172.88	1374.18	case rate	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Managed Care Inc	Managed Care Inc		1301.85	0.9			172.88	1374.18	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Multiplan	Multiplan		1157.2	0.8			172.88	1374.18	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Qualcare	Qualcare		1084.88	0.75			172.88	1374.18	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Three Rivers	Three Rivers		1374.18	0.95			172.88	1374.18	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true																		
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	UHC	Medicaid		455.07	0.3146			172.88	1374.18	percent of total billed charges	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	UHC	Medicare		172.88				172.88	1374.18	case rate	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Wellcare	Medicare		172.88				172.88	1374.18	case rate	
PLERIXAFOR INJECTION 1 MG INJ	J2562	HCPCS	outpatient			1446.5	198.82	Wellcare	Medicaid		455.07	0.3146			172.88	1374.18	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Aetna	Commercial		12.73	0.38			7.5	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Aetna	Medicare		10.32	0.308			7.5	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Aetna	Better Health		10.54	0.3146			7.5	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Americare	Americare		25.13	0.75			7.5	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		WellPoint	WellPoint		10.75	0.3208			7.5	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Consumer	Consumer		31.83	0.95			7.5	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Corrections	Corrections		26.8	0.8			7.5	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		First Health	First Health		23.45	0.7			7.5	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		First Trenton	First Trenton		30.15	0.9			7.5	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Horizon	NJ Health		27.81	0.83			7.5	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Horizon	Indemnity		12.82	0.3828			7.5	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Horizon	MGD		12.82	0.3828			7.5	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Horizon	Medicare Blue		10.05	0.3			7.5	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Horizon	PPO		12.82	0.3828			7.5	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Managed Care Inc	Managed Care Inc		30.15	0.9			7.5	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Multiplan	Multiplan		26.8	0.8			7.5	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Qualcare	Qualcare		25.13	0.75			7.5	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Three Rivers	Three Rivers		31.83	0.95			7.5	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		UHC	Medicaid		10.54	0.3146			7.5	31.83	percent of total billed charges	
OXYTOCIN 20U/D5 1/2NS 1000ML IVLV	J2590	HCPCS	both			33.5		Wellcare	Medicaid		10.54	0.3146			7.5	31.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Aetna	Better Health		16.83	0.3146			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Aetna	Commercial		12.1	1.592			6.33	50.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Aetna	Medicare		6.33				6.33	50.83	case rate	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Americare	Americare		40.13	0.75			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	WellPoint	WellPoint		17.16	0.3208			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Amerihealth	Medicare		6.33				6.33	50.83	case rate	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Consumer	Consumer		50.83	0.95			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Corrections	Corrections		42.8	0.8			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	First Health	First Health		37.45	0.7			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	First Trenton	First Trenton		48.15	0.9			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Horizon	Indemnity		13.89	1.827			6.33	50.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Horizon	NJ Health		6.71				6.33	50.83	case rate	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Horizon	Medicare Blue		7.6	1			6.33	50.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Horizon	MGD		13.89	1.827			6.33	50.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Horizon	PPO		13.89	1.827			6.33	50.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Managed Care Inc	Managed Care Inc		48.15	0.9			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Multiplan	Multiplan		42.8	0.8			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Qualcare	Qualcare		40.13	0.75			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Three Rivers	Three Rivers		50.83	0.95			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	UHC	Medicaid		16.83	0.3146			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	UHC	Medicare		6.33				6.33	50.83	case rate	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Wellcare	Medicaid		16.83	0.3146			6.33	50.83	percent of total billed charges	
DESOMPRESSIN 1MCG/ML INJ	J2597	HCPCS	both			53.5	7.28	Wellcare	Medicare		6.33				6.33	50.83	case rate	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	outpatient			23.5	1.05	Aetna	Medicare		0.91				0.91	22.33	case rate	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	outpatient			23.5	1.05	Aetna	Commercial		8.93	0.38			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	outpatient			23.5	1.05	Aetna	Better Health		7.39	0.3146			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	outpatient			23.5	1.05	Americare	Americare		17.63	0.75			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	outpatient			23.5	1.05	WellPoint	WellPoint		7.54	0.3208			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	outpatient			23.5	1.05	Amerihealth	Medicare		0.91				0.91	22.33	case rate	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	outpatient			23.5	1.05	Consumer	Consumer		22.33	0.95			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	outpatient			23.5	1.05	Corrections	Corrections		18.8	0.8			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	outpatient			23.5	1.05	First Health	First Health		16.45	0.7			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	outpatient			23.5	1.05	First Trenton	First Trenton		21.15	0.9			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	outpatient			23.5	1.05	Horizon	MGD		9	0.3828			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	outpatient			23.5	1.05	Horizon	Indemnity		9	0.3828			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	outpatient			23.5	1.05	Horizon	Medicare Blue		7.05	0.3			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	outpatient			23.5	1.05	Horizon	PPO		9	0.3828			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	outpatient			23.5	1.05	Horizon	NJ Health		0.97				0.91	22.33	case rate	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	outpatient			23.5	1.05	Managed Care Inc	Managed Care Inc		21.15	0.9			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	outpatient			23.5	1.05	Multiplan	Multiplan		18.8	0.8			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	outpatient			23.5	1.05	Qualcare	Qualcare		17.63	0.75			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	outpatient			23.5	1.05	Three Rivers	Three Rivers		22.33	0.95			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	outpatient			23.5	1.05	UHC	Medicaid		7.39	0.3146			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	outpatient			23.5	1.05	UHC	Medicare		0.91				0.91	22.33	case rate	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	outpatient			23.5	1.05	Wellcare	Medicaid		7.39	0.3146			0.91	22.33	percent of total billed charges	
PROGESTERONE 50MG/ML INJ	J2675	HCPCS	outpatient			23.5	1.05	Wellcare	Medicare		0.91				0.91	22.33	case rate	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Aetna	Commercial		56.62	0.38			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Aetna	Better Health		46.88	0.3146			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Aetna	Medicare		9.15				9.15	141.55	case rate	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Americare	Americare		111.75	0.75			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	WellPoint	WellPoint		47.8	0.3208			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Amerihealth	Medicare		9.15				9.15	141.55	case rate	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Consumer	Consumer		141.55	0.95			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Corrections	Corrections		119.2	0.8			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	First Health	First Health		104.3	0.7			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	First Trenton	First Trenton		134.1	0.9			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Horizon	Indemnity		57.04	0.3828			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Horizon	MGD		57.04	0.3828			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Horizon	Medicare Blue		44.7	0.3			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Horizon	PPO		57.04	0.3828			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Horizon	NJ Health		9.7				9.15	141.55	case rate	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Managed Care Inc	Managed Care Inc		134.1	0.9			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Multiplan	Multiplan		119.2	0.8			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Qualcare	Qualcare		111.75	0.75			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Three Rivers	Three Rivers		141.55	0.95			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	UHC	Medicare		9.15				9.15	141.55	case rate	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	UHC	Medicaid		46.88	0.3146			9.15	141.55	percent of total billed charges	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Wellcare	Medicare		9.15				9.15	141.55	case rate	
FLUPHENAZINE DECAN 25MG/ML (5ML)INJ	J2680	HCPCS	both			149	10.52	Wellcare	Medicaid		46.88	0.3146			9.15	141.55	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Aetna	Medicare		146.32				2.67	320.88	case rate	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Aetna	Better Health		2.67	0.3146			2.67	320.88	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Aetna	Commercial		279.6	1.592			2.67	320.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Americare	Americare		6.38	0.75			2.67	320.88	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	WellPoint	WellPoint		2.73	0.3208			2.67	320.88	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Amerihealth	Medicare		146.32				2.67	320.88	case rate	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Consumer	Consumer		8.08	0.95			2.67	320.88	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Corrections	Corrections		6.8	0.8			2.67	320.88	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	First Health	First Health		5.95	0.7			2.67	320.88	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	First Trenton	First Trenton		7.65	0.9			2.67	320.88	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Horizon	Indemnity		320.88	1.827			2.67	320.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Horizon	Medicare Blue		175.63	1			2.67	320.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Horizon	PPO		320.88	1.827			2.67	320.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Horizon	MGD		320.88	1.827			2.67	320.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Horizon	NJ Health		155.1				2.67	320.88	case rate	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Managed Care Inc	Managed Care Inc		7.65	0.9			2.67	320.88	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Multiplan	Multiplan		6.8	0.8			2.67	320.88	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Qualcare	Qualcare		6.38	0.75			2.67	320.88	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Three Rivers	Three Rivers		8.08	0.95			2.67	320.88	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	UHC	Medicare		146.32				2.67	320.88	case rate	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	UHC	Medicaid		2.67	0.3146			2.67	320.88	percent of total billed charges	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Wellcare	Medicare		146.32				2.67	320.88	case rate	
PROCAINAMIDE 1000MG/2ML VL	J2690	HCPCS	both			8.5	168.26	Wellcare	Medicaid		2.67	0.3146			2.67	320.88	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Aetna	Medicare		0.13				0.13	2.38	case rate	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Aetna	Commercial		0.95	0.38			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Aetna	Better Health		0.79	0.3146			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Americare	Americare		1.88	0.75			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	WellPoint	WellPoint		0.8	0.3208			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Amerihealth	Medicare		0.13				0.13	2.38	case rate	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Consumer	Consumer		2.38	0.95			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Corrections	Corrections		2	0.8			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	First Health	First Health		1.75	0.7			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	First Trenton	First Trenton		2.25	0.9			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Horizon	MGD		0.96	0.3828			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Horizon	Indemnity		0.96	0.3828			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Horizon	NJ Health		0.14				0.13	2.38	case rate	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Horizon	Medicare Blue		0.75	0.3			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Horizon	PPO		0.96	0.3828			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Managed Care Inc	Managed Care Inc		2.25	0.9			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Multiplan	Multiplan		2	0.8			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Qualcare	Qualcare		1.88	0.75			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Three Rivers	Three Rivers		2.38	0.95			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	UHC	Medicare		0.13				0.13	2.38	case rate	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	UHC	Medicaid		0.79	0.3146			0.13	2.38	percent of total billed charges	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Wellcare	Medicare		0.13				0.13	2.38	case rate	
PROPOFOL 10MG	J2704	HCPCS	both			2.5	0.15	Wellcare	Medicaid		0.79	0.3146			0.13	2.38	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Aetna	Better Health		0.79	0.3146			0.75	2.38	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Aetna	Medicare		0.77	0.308			0.75	2.38	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Aetna	Commercial		0.95	0.38			0.75	2.38	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Americare	Americare		1.88	0.75			0.75	2.38	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		WellPoint	WellPoint		0.8	0.3208			0.75	2.38	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Consumer	Consumer		2.38				0.75	2.38	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Corrections	Corrections		2	0.8			0.75	2.38	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		First Health	First Health		1.75	0.7			0.75	2.38	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		First Trenton	First Trenton		2.25	0.9			0.75	2.38	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Horizon	MGD		0.96	0.3828			0.75	2.38	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Horizon	Indemnity		0.96	0.3828			0.75	2.38	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Horizon	NJ Health		2.08	0.83			0.75	2.38	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Horizon	PPO		0.96	0.3828			0.75	2.38	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Horizon	Medicare Blue		0.75	0.3			0.75	2.38	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Managed Care Inc	Managed Care Inc		2.25	0.9			0.75	2.38	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Multiplan	Multiplan		2	0.8			0.75	2.38	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Qualcare	Qualcare		1.88	0.75			0.75	2.38	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Three Rivers	Three Rivers		2.38	0.95			0.75	2.38	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		UHC	Medicaid		0.79	0.3146			0.75	2.38	percent of total billed charges	
NEOSTIGMINE 0.5MG INJ	J2710	HCPCS	both			2.5		Wellcare	Medicaid		0.79	0.3146			0.75	2.38	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Aetna	Medicare		1.66				1.05	3.33	case rate	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Aetna	Better Health		1.1	0.3146			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Aetna	Commercial		1.33	0.38			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Americare	Americare		2.63	0.75			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	WellPoint	WellPoint		1.12	0.3208			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Amerihealth	Medicare		1.66				1.05	3.33	case rate	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Consumer	Consumer		3.33	0.95			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Corrections	Corrections		2.8	0.8			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	First Health	First Health		2.45	0.7			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	First Trenton	First Trenton		3.15	0.9			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Horizon	Medicare Blue		1.05	0.3			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Horizon	MGD		1.34	0.3828			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Horizon	Indemnity		1.34	0.3828			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Horizon	NJ Health		1.76				1.05	3.33	case rate	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Horizon	PPO		1.34	0.3828			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Managed Care Inc	Managed Care Inc		3.15	0.9			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Multiplan	Multiplan		2.8	0.8			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Qualcare	Qualcare		2.63	0.75			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Three Rivers	Three Rivers		3.33	0.95			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	UHC	Medicaid		1.1	0.3146			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	UHC	Medicare		1.66				1.05	3.33	case rate	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Wellcare	Medicaid		1.1	0.3146			1.05	3.33	percent of total billed charges	
PROTAMINE SULFATE 10MG INJ	J2720	HCPCS	both			3.5	1.91	Wellcare	Medicare		1.66				1.05	3.33	case rate	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Aetna	Commercial		41.23	0.38			32.55	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Aetna	Better Health		34.13	0.3146			32.55	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Aetna	Medicare		33.42	0.308			32.55	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Americare	Americare		81.38	0.75			32.55	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		WellPoint	WellPoint		34.81	0.3208			32.55	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Consumer	Consumer		103.08	0.95			32.55	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Corrections	Corrections		86.8	0.8			32.55	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		First Health	First Health		75.95	0.7			32.55	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		First Trenton	First Trenton		97.65	0.9			32.55	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Horizon	MGD		41.53	0.3828			32.55	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Horizon	NJ Health		90.06	0.83			32.55	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Horizon	Indemnity		41.53	0.3828			32.55	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Horizon	PPO		41.53	0.3828			32.55	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Horizon	Medicare Blue		32.55	0.3			32.55	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Managed Care Inc	Managed Care Inc		97.65	0.9			32.55	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Multiplan	Multiplan		86.8	0.8			32.55	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Qualcare	Qualcare		81.38	0.75			32.55	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Three Rivers	Three Rivers		103.08	0.95			32.55	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		UHC	Medicaid		34.13	0.3146			32.55	103.08	percent of total billed charges	
PROTIRELIN(TRH) 250 MCG INJ	J2725	HCPCS	outpatient			108.5		Wellcare	Medicaid		34.13	0.3146			32.55	103.08	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Aetna	Better Health		200.24	0.3146			190.95	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Aetna	Commercial		241.87	0.38			190.95	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Aetna	Medicare		196.04	0.308			190.95	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Americare	Americare		477.38	0.75			190.95	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		WellPoint	WellPoint		204.19	0.3208			190.95	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Consumer	Consumer		604.68	0.95			190.95	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Corrections	Corrections		509.2	0.8			190.95	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		First Health	First Health		445.55	0.7			190.95	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		First Trenton	First Trenton		572.85	0.9			190.95	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Horizon	Medicare Blue		190.95	0.3			190.95	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Horizon	MGD		243.65	0.3828			190.95	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Horizon	NJ Health		528.3	0.83			190.95	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Horizon	Indemnity		243.65	0.3828			190.95	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Horizon	PPO		243.65	0.3828			190.95	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Managed Care Inc	Managed Care Inc		572.85	0.9			190.95	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Multiplan	Multiplan		509.2	0.8			190.95	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Qualcare	Qualcare		477.38	0.75			190.95	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Three Rivers	Three Rivers		604.68	0.95			190.95	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		UHC	Medicaid		200.24	0.3146			190.95	604.68	percent of total billed charges	
PRALIDOXIME 1GM INJ	J2730	HCPCS	inpatient			636.5		Wellcare	Medicaid		200.24	0.3146			190.95	604.68	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	inpatient			1586	513.82	Aetna	Better Health		498.96	0.3146			446.8	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	inpatient			1586	513.82	Aetna	Medicare		446.8				446.8	1506.7	case rate	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	inpatient			1586	513.82	Aetna	Commercial		853.81	1.592			446.8	1506.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHENTOLAMINE 5MG INJ	J2760	HCPCS	inpatient			1586	513.82	Americare	Americare		1189.5	0.75			446.8	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	inpatient			1586	513.82	WellPoint	WellPoint		508.79	0.3208			446.8	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	inpatient			1586	513.82	Amerihealth	Medicare		446.8				446.8	1506.7	case rate	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	inpatient			1586	513.82	Consumer	Consumer		1506.7	0.95			446.8	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	inpatient			1586	513.82	Corrections	Corrections		1268.8	0.8			446.8	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	inpatient			1586	513.82	First Health	First Health		1110.2	0.7			446.8	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	inpatient			1586	513.82	First Trenton	First Trenton		1427.4	0.9			446.8	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	inpatient			1586	513.82	Horizon	Indemnity		979.84	1.827			446.8	1506.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHENTOLAMINE 5MG INJ	J2760	HCPCS	inpatient			1586	513.82	Horizon	NJ Health		473.6				446.8	1506.7	case rate	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	inpatient			1586	513.82	Horizon	MGD		979.84	1.827			446.8	1506.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHENTOLAMINE 5MG INJ	J2760	HCPCS	inpatient			1586	513.82	Horizon	PPO		979.84	1.827			446.8	1506.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHENTOLAMINE 5MG INJ	J2760	HCPCS	inpatient			1586	513.82	Horizon	Medicare Blue		536.31	1			446.8	1506.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PHENTOLAMINE 5MG INJ	J2760	HCPCS	inpatient			1586	513.82	Managed Care Inc	Managed Care Inc		1427.4	0.9			446.8	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	inpatient			1586	513.82	Multiplan	Multiplan		1268.8	0.8			446.8	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	inpatient			1586	513.82	Qualcare	Qualcare		1189.5	0.75			446.8	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	inpatient			1586	513.82	Three Rivers	Three Rivers		1506.7	0.95			446.8	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	inpatient			1586	513.82	UHC	Medicaid		498.96	0.3146			446.8	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	inpatient			1586	513.82	UHC	Medicare		446.8				446.8	1506.7	case rate	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	inpatient			1586	513.82	Wellcare	Medicaid		498.96	0.3146			446.8	1506.7	percent of total billed charges	
PHENTOLAMINE 5MG INJ	J2760	HCPCS	inpatient			1586	513.82	Wellcare	Medicare		446.8				446.8	1506.7	case rate	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Aetna	Medicare		1.09				1.09	18.05	case rate	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Aetna	Commercial		7.22	0.38			1.09	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Aetna	Better Health		5.98	0.3146			1.09	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Americare	Americare		14.25	0.75			1.09	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	WellPoint	WellPoint		6.1	0.3208			1.09	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Amerihealth	Medicare		1.09				1.09	18.05	case rate	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Consumer	Consumer		18.05	0.95			1.09	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Corrections	Corrections		15.2	0.8			1.09	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	First Health	First Health		13.3	0.7			1.09	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	First Trenton	First Trenton		17.1	0.9			1.09	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Horizon	NJ Health		1.16				1.09	18.05	case rate	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Horizon	MGD		7.27	0.3828			1.09	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Horizon	Medicare Blue		5.7	0.3			1.09	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Horizon	Indemnity		7.27	0.3828			1.09	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Horizon	PPO		7.27	0.3828			1.09	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Managed Care Inc	Managed Care Inc		17.1	0.9			1.09	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Multiplan	Multiplan		15.2	0.8			1.09	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Qualcare	Qualcare		14.25	0.75			1.09	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Three Rivers	Three Rivers		18.05	0.95			1.09	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	UHC	Medicaid		5.98	0.3146			1.09	18.05	percent of total billed charges	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	UHC	Medicare		1.09				1.09	18.05	case rate	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Wellcare	Medicare		1.09				1.09	18.05	case rate	
METOCLOPRAMIDE 10MG (2ML) VIAL	J2765	HCPCS	both			19	1.26	Wellcare	Medicaid		5.98	0.3146			1.09	18.05	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Aetna	Commercial		943.94	1.592			537.34	1622.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Aetna	Better Health		537.34	0.3146			537.34	1622.6	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Aetna	Medicare		592.93	1			537.34	1622.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Americare	Americare		1281	0.75			537.34	1622.6	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	WellPoint	WellPoint		547.93	0.3208			537.34	1622.6	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Amerihealth	Medicare		592.93	1			537.34	1622.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Consumer	Consumer		1622.6	0.95			537.34	1622.6	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Corrections	Corrections		1366.4	0.8			537.34	1622.6	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	First Health	First Health		1195.6	0.7			537.34	1622.6	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	First Trenton	First Trenton		1537.2	0.9			537.34	1622.6	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Horizon	Indemnity		1083.28	1.827			537.34	1622.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Horizon	NJ Health		1417.64	0.83			537.34	1622.6	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Horizon	PPO		1083.28	1.827			537.34	1622.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Horizon	Medicare Blue		592.93	1			537.34	1622.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Horizon	MGD		1083.28	1.827			537.34	1622.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Managed Care Inc	Managed Care Inc		1537.2	0.9			537.34	1622.6	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Multiplan	Multiplan		1366.4	0.8			537.34	1622.6	percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Qualcare	Qualcare		1281	0.75			537.34	1622.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Three Rivers	Three Rivers		1622.6	0.95			537.34		1622.6 percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	UHC	Medicaid		537.34	0.3146			537.34		1622.6 percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	UHC	Medicare		592.93	1			537.34		1622.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Wellcare	Medicaid		537.34	0.3146			537.34		1622.6 percent of total billed charges	
DALFOPRISTIN-QUINUPRISTIN 500MG VL	J2770	HCPCS	outpatient			1708	681.87	Wellcare	Medicare		592.93	1			537.34		1622.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	outpatient			140.5	41.51	Aetna	Better Health		44.2	0.3146			36.09		133.48 percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	outpatient			140.5	41.51	Aetna	Medicare		36.09				36.09		133.48 case rate	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	outpatient			140.5	41.51	Aetna	Commercial		68.97	1.592			36.09		133.48 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	outpatient			140.5	41.51	Americare	Americare		105.38	0.75			36.09		133.48 percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	outpatient			140.5	41.51	WellPoint	WellPoint		45.07	0.3208			36.09		133.48 percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	outpatient			140.5	41.51	Amerihealth	Medicare		36.09				36.09		133.48 case rate	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	outpatient			140.5	41.51	Consumer	Consumer		133.48	0.95			36.09		133.48 percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	outpatient			140.5	41.51	Corrections	Corrections		112.4	0.8			36.09		133.48 percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	outpatient			140.5	41.51	First Health	First Health		98.35	0.7			36.09		133.48 percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	outpatient			140.5	41.51	First Trenton	First Trenton		126.45	0.9			36.09		133.48 percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	outpatient			140.5	41.51	Horizon	Indemnity		79.15	1.827			36.09		133.48 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	outpatient			140.5	41.51	Horizon	Medicare Blue		43.32	1			36.09		133.48 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	outpatient			140.5	41.51	Horizon	MCD		79.15	1.827			36.09		133.48 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	outpatient			140.5	41.51	Horizon	NJ Health		38.26				36.09		133.48 case rate	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	outpatient			140.5	41.51	Horizon	PPO		79.15	1.827			36.09		133.48 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	outpatient			140.5	41.51	Managed Care Inc	Managed Care Inc		126.45	0.9			36.09		133.48 percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	outpatient			140.5	41.51	Multiplan	Multiplan		112.4	0.8			36.09		133.48 percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	outpatient			140.5	41.51	Qualcare	Qualcare		105.38	0.75			36.09		133.48 percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	outpatient			140.5	41.51	Three Rivers	Three Rivers		133.48	0.95			36.09		133.48 percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	outpatient			140.5	41.51	UHC	Medicare		36.09				36.09		133.48 case rate	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	outpatient			140.5	41.51	UHC	Medicaid		44.2	0.3146			36.09		133.48 percent of total billed charges	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	outpatient			140.5	41.51	Wellcare	Medicare		36.09				36.09		133.48 case rate	
FARICIMAB-SVOA(VABYSMO) 0.1MG INJ	J2777	HCPCS	outpatient			140.5	41.51	Wellcare	Medicaid		44.2	0.3146			36.09		133.48 percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Aetna	Medicare		187.55				187.55		1829.7 case rate	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Aetna	Better Health		605.92	0.3146			187.55		1829.7 percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Aetna	Commercial		358.39	1.592			187.55		1829.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Americare	Americare		1444.5	0.75			187.55		1829.7 percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	WellPoint	WellPoint		617.86	0.3208			187.55		1829.7 percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Amerihealth	Medicare		187.55				187.55		1829.7 case rate	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Consumer	Consumer		1829.7	0.95			187.55		1829.7 percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Corrections	Corrections		1540.8	0.8			187.55		1829.7 percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	First Health	First Health		1348.2	0.7			187.55		1829.7 percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	First Trenton	First Trenton		1733.4	0.9			187.55		1829.7 percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Horizon	MGD		411.29	1.827			187.55		1829.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Horizon	Medicare Blue		225.12	1			187.55		1829.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Horizon	Indemnity		411.29	1.827			187.55		1829.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Horizon	PPO		411.29	1.827			187.55		1829.7 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Horizon	NJ Health		198.81				187.55		1829.7 case rate	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Managed Care Inc	Managed Care Inc		1733.4	0.9			187.55		1829.7 percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Multiplan	Multiplan		1540.8	0.8			187.55		1829.7 percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Qualcare	Qualcare		1444.5	0.75			187.55		1829.7 percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Three Rivers	Three Rivers		1829.7	0.95			187.55		1829.7 percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	UHC	Medicaid		605.92	0.3146			187.55		1829.7 percent of total billed charges	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	UHC	Medicare		187.55				187.55		1829.7 case rate	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Wellcare	Medicare		187.55				187.55		1829.7 case rate	
RANIBIZUMAB INJECTION 0.1MG	J2778	HCPCS	both			1926	215.69	Wellcare	Medicaid		605.92	0.3146			187.55		1829.7 percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	both			7.5		Aetna	Commercial		2.85	0.38			0.75		7.13 percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	both			7.5		Aetna	Better Health		2.36	0.3146			0.75		7.13 percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	both			7.5		Aetna	Medicare		2.31	0.308			0.75		7.13 percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	both			7.5		Americare	Americare		5.63	0.75			0.75		7.13 percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	both			7.5		WellPoint	WellPoint		2.41	0.3208			0.75		7.13 percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	both			7.5		Consumer	Consumer		7.13	0.95			0.75		7.13 percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	both			7.5		Corrections	Corrections		6	0.8			0.75		7.13 percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	both			7.5		First Health	First Health		5.25	0.7			0.75		7.13 percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	both			7.5		First Trenton	First Trenton		6.75	0.9			0.75		7.13 percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	both			7.5		Horizon	MGD		2.87	0.3828			0.75		7.13 percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	both			7.5		Horizon	NJ Health		6.23	0.83			0.75		7.13 percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	both			7.5		Horizon	PPO		2.87	0.3828			0.75		7.13 percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	both			7.5		Horizon	Indemnity		2.87	0.3828			0.75		7.13 percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	both			7.5		Horizon	Medicare Blue		2.25	0.3			0.75		7.13 percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	both			7.5		Managed Care Inc	Managed Care Inc		6.75	0.9			0.75		7.13 percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	both			7.5		Multiplan	Multiplan		6	0.8			0.75		7.13 percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	both			7.5		Qualcare	Qualcare		5.63	0.75			0.75		7.13 percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	both			7.5		Three Rivers	Three Rivers		7.13	0.95			0.75		7.13 percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	both			7.5		UHC	Medicaid		2.36	0.3146			0.75		7.13 percent of total billed charges	
RANITIDINE 25MG	J2780	HCPCS	both			7.5		Wellcare	Medicaid		2.36	0.3146			0.75		7.13 percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	inpatient			874.5	422.36	Aetna	Commercial		701.83	1.592			275.12		830.78 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RASBURICASE 0.5MG INJ	J2783	HCPCS	inpatient			874.5	422.36	Aetna	Better Health		275.12	0.3146			275.12		830.78 percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	inpatient			874.5	422.36	Aetna	Medicare		367.27				275.12		830.78 case rate	
RASBURICASE 0.5MG INJ	J2783	HCPCS	inpatient			874.5	422.36	Americare	Americare		655.88	0.75			275.12		830.78 percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	inpatient			874.5	422.36	WellPoint	WellPoint		280.54	0.3208			275.12		830.78 percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	inpatient			874.5	422.36	Amerihealth	Medicare		367.27				275.12		830.78 case rate	
RASBURICASE 0.5MG INJ	J2783	HCPCS	inpatient			874.5	422.36	Consumer	Consumer		830.78	0.95			275.12		830.78 percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	inpatient			874.5	422.36	Corrections	Corrections		699.6	0.8			275.12		830.78 percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	inpatient			874.5	422.36	First Health	First Health		612.15	0.7			275.12		830.78 percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	inpatient			874.5	422.36	First Trenton	First Trenton		787.05	0.9			275.12		830.78 percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	inpatient			874.5	422.36	Horizon	Indemnity		805.43	1.827			275.12		830.78 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RASBURICASE 0.5MG INJ	J2783	HCPCS	inpatient			874.5	422.36	Horizon	Medicare Blue		440.85	1			275.12		830.78 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RASBURICASE 0.5MG INJ	J2783	HCPCS	inpatient			874.5	422.36	Horizon	MGD		805.43	1.827			275.12		830.78 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RASBURICASE 0.5MG INJ	J2783	HCPCS	inpatient			874.5	422.36	Horizon	NJ Health		389.3				275.12		830.78 case rate	
RASBURICASE 0.5MG INJ	J2783	HCPCS	inpatient			874.5	422.36	Horizon	PPO		805.43	1.827			275.12		830.78 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RASBURICASE 0.5MG INJ	J2783	HCPCS	inpatient			874.5	422.36	Managed Care Inc	Managed Care Inc		787.05	0.9			275.12		830.78 percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	inpatient			874.5	422.36	Multiplan	Multiplan		699.6	0.8			275.12		830.78 percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	inpatient			874.5	422.36	Qualcare	Qualcare		655.88	0.75			275.12		830.78 percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	inpatient			874.5	422.36	Three Rivers	Three Rivers		830.78	0.95			275.12		830.78 percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	inpatient			874.5	422.36	UHC	Medicare		367.27				275.12		830.78 case rate	
RASBURICASE 0.5MG INJ	J2783	HCPCS	inpatient			874.5	422.36	UHC	Medicaid		275.12	0.3146			275.12		830.78 percent of total billed charges	
RASBURICASE 0.5MG INJ	J2783	HCPCS	inpatient			874.5	422.36	Wellcare	Medicare		367.27				275.12		830.78 case rate	
RASBURICASE 0.5MG INJ	J2783	HCPCS	inpatient			874.5	422.36	Wellcare	Medicaid		275.12	0.3146			275.12		830.78 percent of total billed charges	
REGADENOSON 0.1 MG INJ	J2785	HCPCS	both				16.42	Aetna	Medicare		14.28				14.28		15.14 case rate	
REGADENOSON 0.1 MG INJ	J2785	HCPCS	both				16.42	Amerihealth	Medicare		14.28				14.28		15.14 case rate	
REGADENOSON 0.1 MG INJ	J2785	HCPCS	both				16.42	Horizon	NJ Health		15.14				14.28		15.14 case rate	
REGADENOSON 0.1 MG INJ	J2785	HCPCS	both				16.42	UHC	Medicare		14.28				14.28		15.14 case rate	
REGADENOSON 0.1 MG INJ	J2785	HCPCS	both				16.42	Wellcare	Medicare		14.28				14.28		15.14 case rate	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Aetna	Better Health		12.43	0.3146			10.17		37.53 percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Aetna	Commercial		19.44	1.592			10.17		37.53 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Aetna	Medicare		10.17				10.17		37.53 case rate	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Americare	Americare		29.63	0.75			10.17		37.53 percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	WellPoint	WellPoint		12.67	0.3208			10.17		37.53 percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Amerihealth	Medicare		10.17				10.17		37.53 case rate	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Consumer	Consumer		37.53	0.95			10.17		37.53 percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Corrections	Corrections		31.6	0.8			10.17		37.53 percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	First Health	First Health		27.65	0.7			10.17		37.53 percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	First Trenton	First Trenton		35.55	0.9			10.17		37.53 percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Horizon	Indemnity		22.31	1.827			10.17		37.53 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Horizon	MGD		22.31	1.827			10.17		37.53 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Horizon	PPO		22.31	1.827			10.17		37.53 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Horizon	NJ Health		10.78				10.17		37.53 case rate	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Horizon	Medicare Blue		12.21	1			10.17		37.53 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Managed Care Inc	Managed Care Inc		35.55	0.9			10.17		37.53 percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Multiplan	Multiplan		31.6	0.8			10.17		37.53 percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Qualcare	Qualcare		29.63	0.75			10.17		37.53 percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Three Rivers	Three Rivers		37.53	0.95			10.17		37.53 percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	UHC	Medicare		10.17				10.17		37.53 case rate	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	UHC	Medicaid		12.43	0.3146			10.17		37.53 percent of total billed charges	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Wellcare	Medicare		10.17				10.17		37.53 case rate	
RESLIZUMAB(CINQAIR) 1MG INJ	J2786	HCPCS	outpatient			39.5	11.69	Wellcare	Medicaid		12.43	0.3146			10.17		37.53 percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Aetna	Better Health		37.75	0.3146			36		114 percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Aetna	Medicare		81.16				36		114 case rate	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Aetna	Commercial		45.6	0.38			36		114 percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Americare	Americare		90	0.75			36		114 percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	WellPoint	WellPoint		38.5	0.3208			36		114 percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Amerihealth	Medicare		81.16				36		114 case rate	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Consumer	Consumer		114	0.95			36		114 percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Corrections	Corrections		96	0.8			36		114 percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	First Health	First Health		84	0.7			36		114 percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	First Trenton	First Trenton		108	0.9			36		114 percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Horizon	NJ Health		86.03				36		114 case rate	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Horizon	PPO		45.94	0.3828			36		114 percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Horizon	Indemnity		45.94	0.3828			36		114 percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Horizon	MCD		45.94	0.3828			36		114 percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Horizon	Medicare Blue		36	0.3			36		114 percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Managed Care Inc	Managed Care Inc		108	0.9			36		114 percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Multiplan	Multiplan		96	0.8			36		114 percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Qualcare	Qualcare		90	0.75			36		114 percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Three Rivers	Three Rivers		114	0.95			36		114 percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	UHC	Medicaid		37.75	0.3146			36		114 percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	UHC	Medicare		81.16				36		114 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Wellcare	Medicaid		37.75	0.3146			36		114 percent of total billed charges	
RHOGAM INJECTION	J2790	HCPCS	outpatient			120	93.34	Wellcare	Medicare		81.16				36		114 case rate	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Aetna	Medicare		32.96				32.96		117.8 case rate	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Aetna	Better Health		39.01	0.3146			32.96		117.8 percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Aetna	Commercial		62.98	1.592			32.96		117.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Americare	Americare		93	0.75			32.96		117.8 percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	WellPoint	WellPoint		39.78	0.3208			32.96		117.8 percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Amerihealth	Medicare		32.96				32.96		117.8 case rate	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Consumer	Consumer		117.8	0.95			32.96		117.8 percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Corrections	Corrections		99.2	0.8			32.96		117.8 percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	First Health	First Health		86.8	0.7			32.96		117.8 percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	First Trenton	First Trenton		111.6	0.9			32.96		117.8 percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Horizon	NJ Health		34.94				32.96		117.8 case rate	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Horizon	Medicare Blue		39.56	1			32.96		117.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Horizon	Indemnity		72.28	1.827			32.96		117.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Horizon	MGD		72.28	1.827			32.96		117.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Horizon	PPO		72.28	1.827			32.96		117.8 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Managed Care Inc	Managed Care Inc		111.6	0.9			32.96		117.8 percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Multiplan	Multiplan		99.2	0.8			32.96		117.8 percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Qualcare	Qualcare		93	0.75			32.96		117.8 percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Three Rivers	Three Rivers		117.8	0.95			32.96		117.8 percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	UHC	Medicaid		39.01	0.3146			32.96		117.8 percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	UHC	Medicare		32.96				32.96		117.8 case rate	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Wellcare	Medicaid		39.01	0.3146			32.96		117.8 percent of total billed charges	
IMMUNE GLOBULIN RHO D 100 IU INJ	J2792	HCPCS	both			124	37.91	Wellcare	Medicare		32.96				32.96		117.8 case rate	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Aetna	Commercial		23.21	1.592			9.91		29.93 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Aetna	Better Health		9.91	0.3146			9.91		29.93 percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Aetna	Medicare		12.15				9.91		29.93 case rate	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Americare	Americare		23.63	0.75			9.91		29.93 percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	WellPoint	WellPoint		10.11	0.3208			9.91		29.93 percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Amerihealth	Medicare		12.15				9.91		29.93 case rate	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Consumer	Consumer		29.93	0.95			9.91		29.93 percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Corrections	Corrections		25.2	0.8			9.91		29.93 percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	First Health	First Health		22.05	0.7			9.91		29.93 percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	First Trenton	First Trenton		28.35	0.9			9.91		29.93 percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Horizon	NJ Health		12.88				9.91		29.93 case rate	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Horizon	Medicare Blue		14.58	1			9.91		29.93 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Horizon	Indemnity		26.64	1.827			9.91		29.93 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Horizon	MGD		26.64	1.827			9.91		29.93 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Horizon	PPO		26.64	1.827			9.91		29.93 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Managed Care Inc	Managed Care Inc		28.35	0.9			9.91		29.93 percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Multiplan	Multiplan		25.2	0.8			9.91		29.93 percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Qualcare	Qualcare		23.63	0.75			9.91		29.93 percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Three Rivers	Three Rivers		29.93	0.95			9.91		29.93 percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	UHC	Medicaid		9.91	0.3146			9.91		29.93 percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	UHC	Medicare		12.15				9.91		29.93 case rate	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Wellcare	Medicaid		9.91	0.3146			9.91		29.93 percent of total billed charges	
RISPERIDONE CONSTA 0.5 MG INJ.	J2794	HCPCS	both			31.5	13.97	Wellcare	Medicare		12.15				9.91		29.93 case rate	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	inpatient			261	110.43	Aetna	Commercial		183.51	1.592			82.11		247.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMIPLOSTIM 10 MCG	J2796	HCPCS	inpatient			261	110.43	Aetna	Medicare		96.03				82.11		247.95 case rate	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	inpatient			261	110.43	Aetna	Better Health		82.11	0.3146			82.11		247.95 percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	inpatient			261	110.43	Americare	Americare		195.75	0.75			82.11		247.95 percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	inpatient			261	110.43	WellPoint	WellPoint		83.73	0.3208			82.11		247.95 percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	inpatient			261	110.43	Amerihealth	Medicare		96.03				82.11		247.95 case rate	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	inpatient			261	110.43	Consumer	Consumer		247.95	0.95			82.11		247.95 percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	inpatient			261	110.43	Corrections	Corrections		208.8	0.8			82.11		247.95 percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	inpatient			261	110.43	First Health	First Health		182.7	0.7			82.11		247.95 percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	inpatient			261	110.43	First Trenton	First Trenton		234.9	0.9			82.11		247.95 percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	inpatient			261	110.43	Horizon	Indemnity		210.6	1.827			82.11		247.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMIPLOSTIM 10 MCG	J2796	HCPCS	inpatient			261	110.43	Horizon	MGD		210.6	1.827			82.11		247.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMIPLOSTIM 10 MCG	J2796	HCPCS	inpatient			261	110.43	Horizon	PPO		210.6	1.827			82.11		247.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMIPLOSTIM 10 MCG	J2796	HCPCS	inpatient			261	110.43	Horizon	Medicare Blue		115.27	1			82.11		247.95 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMIPLOSTIM 10 MCG	J2796	HCPCS	inpatient			261	110.43	Horizon	NJ Health		101.79				82.11		247.95 case rate	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	inpatient			261	110.43	Managed Care Inc	Managed Care Inc		234.9	0.9			82.11		247.95 percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	inpatient			261	110.43	Multiplan	Multiplan		208.8	0.8			82.11		247.95 percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	inpatient			261	110.43	Qualcare	Qualcare		195.75	0.75			82.11		247.95 percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	inpatient			261	110.43	Three Rivers	Three Rivers		247.95	0.95			82.11		247.95 percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	inpatient			261	110.43	UHC	Medicaid		82.11	0.3146			82.11		247.95 percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	inpatient			261	110.43	UHC	Medicare		96.03				82.11		247.95 case rate	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	inpatient			261	110.43	Wellcare	Medicaid		82.11	0.3146			82.11		247.95 percent of total billed charges	
ROMIPLOSTIM 10 MCG	J2796	HCPCS	inpatient			261	110.43	Wellcare	Medicare		96.03				82.11		247.95 case rate	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Aetna	Medicare		5.66				5.66		83.13 case rate	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Aetna	Better Health		27.53	0.3146			5.66		83.13 percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Aetna	Commercial		33.25	0.38			5.66		83.13 percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Americare	Americare		65.63	0.75			5.66		83.13 percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	WellPoint	WellPoint		28.07	0.3208			5.66		83.13 percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Amerihealth	Medicare		5.66				5.66		83.13 case rate	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Consumer	Consumer		83.13	0.95			5.66		83.13 percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Corrections	Corrections		70	0.8			5.66		83.13 percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	First Health	First Health		61.25	0.7			5.66		83.13 percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	First Trenton	First Trenton		78.75	0.9			5.66		83.13 percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Horizon	MGD		33.5	0.3828			5.66		83.13 percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Horizon	NJ Health		6				5.66		83.13 case rate	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Horizon	Indemnity		33.5	0.3828			5.66		83.13 percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Horizon	PPO		33.5	0.3828			5.66		83.13 percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Horizon	Medicare Blue		26.25	0.3			5.66		83.13 percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Managed Care Inc	Managed Care Inc		78.75	0.9			5.66		83.13 percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Multiplan	Multiplan		70	0.8			5.66		83.13 percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Qualcare	Qualcare		65.63	0.75			5.66		83.13 percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Three Rivers	Three Rivers		83.13	0.95			5.66		83.13 percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	UHC	Medicare		5.66				5.66		83.13 case rate	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	UHC	Medicaid		27.53	0.3146			5.66		83.13 percent of total billed charges	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Wellcare	Medicare		5.66				5.66		83.13 case rate	
METHOCARBAMOL100MG/1ML (10ML) INJ	J2800	HCPCS	outpatient			87.5	6.5	Wellcare	Medicaid		27.53	0.3146			5.66		83.13 percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Aetna	Medicare		133.1				51.9		368.6 case rate	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Aetna	Better Health		122.06	0.3146			51.9		368.6 percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Aetna	Commercial		147.44	0.38			51.9		368.6 percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Americare	Americare		291	0.75			51.9		368.6 percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	WellPoint	WellPoint		124.47	0.3208			51.9		368.6 percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Amerihealth	Medicare		133.1				51.9		368.6 case rate	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Consumer	Consumer		368.6	0.95			51.9		368.6 percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Corrections	Corrections		310.4	0.8			51.9		368.6 percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	First Health	First Health		271.6	0.7			51.9		368.6 percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	First Trenton	First Trenton		349.2	0.9			51.9		368.6 percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Horizon	MGD		148.53	0.3828			51.9		368.6 percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Horizon	Indemnity		148.53	0.3828			51.9		368.6 percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Horizon	Medicare Blue		116.4	0.3			51.9		368.6 percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Horizon	NJ Health		141.08				51.9		368.6 case rate	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Horizon	PPO		148.53	0.3828			51.9		368.6 percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Managed Care Inc	Managed Care Inc		349.2	0.9			51.9		368.6 percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Multiplan	Multiplan		310.4	0.8			51.9		368.6 percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Qualcare	Qualcare		291	0.75			51.9		368.6 percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Three Rivers	Three Rivers		368.6	0.95			51.9		368.6 percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	UHC	Medicare		133.1				51.9		368.6 case rate	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	UHC	Medicaid		122.06	0.3146			51.9		368.6 percent of total billed charges	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Wellcare	Medicare		133.1				51.9		368.6 case rate	
SINCALIDE PER 5 MCG	J2805	HCPCS	both			388	153.06	Wellcare	Medicaid		122.06	0.3146			51.9		368.6 percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Aetna	Commercial		0.95	0.38			0.75		2.38 percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Aetna	Better Health		0.79	0.3146			0.75		2.38 percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Aetna	Medicare		0.77	0.308			0.75		2.38 percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Americare	Americare		1.88	0.75			0.75		2.38 percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		WellPoint	WellPoint		0.8	0.3208			0.75		2.38 percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Consumer	Consumer		2.38	0.95			0.75		2.38 percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Corrections	Corrections		2	0.8			0.75		2.38 percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		First Health	First Health		1.75	0.7			0.75		2.38 percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		First Trenton	First Trenton		2.25	0.9			0.75		2.38 percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Horizon	MGD		0.96	0.3828			0.75		2.38 percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Horizon	Indemnity		0.96	0.3828			0.75		2.38 percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Horizon	NJ Health		2.08	0.83			0.75		2.38 percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Horizon	Medicare Blue		0.75	0.3			0.75		2.38 percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Horizon	PPO		0.96	0.3828			0.75		2.38 percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Managed Care Inc	Managed Care Inc		2.25	0.9			0.75		2.38 percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Multiplan	Multiplan		2	0.8			0.75		2.38 percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Qualcare	Qualcare		1.88	0.75			0.75		2.38 percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Three Rivers	Three Rivers		2.38	0.95			0.75		2.38 percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		UHC	Medicaid		0.79	0.3146			0.75		2.38 percent of total billed charges	
THEOPHYLLINE 40MG INJ	J2810	HCPCS	outpatient			2.5		Wellcare	Medicaid		0.79	0.3146			0.75		2.38 percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Aetna	Commercial		113.35	1.592			50.18		151.53 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Aetna	Medicare		59.32				50.18		151.53 case rate	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Aetna	Better Health		50.18	0.3146			50.18		151.53 percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Americare	Americare		119.63	0.75			50.18		151.53 percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	WellPoint	WellPoint		51.17	0.3208			50.18		151.53 percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Amerihealth	Medicare		59.32				50.18		151.53 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Consumer	Consumer		151.53	0.95			50.18	151.53	percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Corrections	Corrections		127.6	0.8			50.18	151.53	percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	First Health	First Health		111.65	0.7			50.18	151.53	percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	First Trenton	First Trenton		143.55	0.9			50.18	151.53	percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Horizon	PPO		130.08	1.827			50.18	151.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Horizon	Indemnity		130.08	1.827			50.18	151.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Horizon	MGD		130.08	1.827			50.18	151.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Horizon	Medicare Blue		71.2	1			50.18	151.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Horizon	NJ Health		62.88				50.18	151.53	case rate	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Managed Care Inc	Managed Care Inc		143.55	0.9			50.18	151.53	percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Multiplan	Multiplan		127.6	0.8			50.18	151.53	percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Qualcare	Qualcare		119.63	0.75			50.18	151.53	percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Three Rivers	Three Rivers		151.53	0.95			50.18	151.53	percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	UHC	Medicaid		50.18	0.3146			50.18	151.53	percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	UHC	Medicare		59.32				50.18	151.53	case rate	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Wellcare	Medicaid		50.18	0.3146			50.18	151.53	percent of total billed charges	
SARGRAMOSTIM 50MCG (CHEMO)	J2820	HCPCS	outpatient			159.5	68.21	Wellcare	Medicare		59.32				50.18	151.53	case rate	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Aetna	Commercial		79.76	1.592			39.95	120.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Aetna	Better Health		39.95	0.3146			39.95	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Aetna	Medicare		50.1	1			39.95	120.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Americare	Americare		95.25	0.75			39.95	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	WellPoint	WellPoint		40.74	0.3208			39.95	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Amerihealth	Medicare		50.1	1			39.95	120.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Consumer	Consumer		120.65	0.95			39.95	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Corrections	Corrections		101.6	0.8			39.95	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	First Health	First Health		88.9	0.7			39.95	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	First Trenton	First Trenton		114.3	0.9			39.95	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Horizon	Indemnity		91.53	1.827			39.95	120.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Horizon	MGD		91.53	1.827			39.95	120.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Horizon	NJ Health		105.41	0.83			39.95	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Horizon	Medicare Blue		50.1	1			39.95	120.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Horizon	PPO		91.53	1.827			39.95	120.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Managed Care Inc	Managed Care Inc		114.3	0.9			39.95	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Multiplan	Multiplan		101.6	0.8			39.95	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Qualcare	Qualcare		95.25	0.75			39.95	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Three Rivers	Three Rivers		120.65	0.95			39.95	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	UHC	Medicare		50.1	1			39.95	120.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	UHC	Medicaid		39.95	0.3146			39.95	120.65	percent of total billed charges	
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Wellcare	Medicare		50.1	1			39.95	120.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SECRETIN SYNTHETIC HUMAN 1 MCG INJ	J2850	HCPCS	outpatient			127	57.62	Wellcare	Medicaid		39.95	0.3146			39.95	120.65	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	inpatient			444.5	171.28	Aetna	Medicare		148.94				139.84	422.28	case rate	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	inpatient			444.5	171.28	Aetna	Better Health		139.84	0.3146			139.84	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	inpatient			444.5	171.28	Aetna	Commercial		284.62	1.592			139.84	422.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	inpatient			444.5	171.28	Americare	Americare		333.38	0.75			139.84	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	inpatient			444.5	171.28	WellPoint	WellPoint		142.6	0.3208			139.84	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	inpatient			444.5	171.28	Amerihealth	Medicare		148.94				139.84	422.28	case rate	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	inpatient			444.5	171.28	Consumer	Consumer		422.28	0.95			139.84	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	inpatient			444.5	171.28	Corrections	Corrections		355.6	0.8			139.84	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	inpatient			444.5	171.28	First Health	First Health		311.15	0.7			139.84	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	inpatient			444.5	171.28	First Trenton	First Trenton		400.05	0.9			139.84	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	inpatient			444.5	171.28	Horizon	Medicare Blue		178.78	1			139.84	422.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	inpatient			444.5	171.28	Horizon	Indemnity		326.63	1.827			139.84	422.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	inpatient			444.5	171.28	Horizon	MGD		326.63	1.827			139.84	422.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	inpatient			444.5	171.28	Horizon	PPO		326.63	1.827			139.84	422.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	inpatient			444.5	171.28	Horizon	NJ Health		157.88				139.84	422.28	case rate	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	inpatient			444.5	171.28	Managed Care Inc	Managed Care Inc		400.05	0.9			139.84	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	inpatient			444.5	171.28	Multiplan	Multiplan		355.6	0.8			139.84	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	inpatient			444.5	171.28	Qualcare	Qualcare		333.38	0.75			139.84	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	inpatient			444.5	171.28	Three Rivers	Three Rivers		422.28	0.95			139.84	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	inpatient			444.5	171.28	UHC	Medicaid		139.84	0.3146			139.84	422.28	percent of total billed charges	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	inpatient			444.5	171.28	UHC	Medicare		148.94				139.84	422.28	case rate	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	inpatient			444.5	171.28	Wellcare	Medicare		148.94				139.84	422.28	case rate	
SILTUXIMAB(SYLVANT) 10 MG INJ	J2860	HCPCS	inpatient			444.5	171.28	Wellcare	Medicaid		139.84	0.3146			139.84	422.28	percent of total billed charges	
METHYLPREDNISOLONE 40MG INJ	J2920	HCPCS	both			1	4.82	Aetna	Better Health		0.31	0.3146			0.3	4.44	percent of total billed charges	
METHYLPREDNISOLONE 40MG INJ	J2920	HCPCS	both			1	4.82	Aetna	Medicare		4.19				0.3	4.44	case rate	
METHYLPREDNISOLONE 40MG INJ	J2920	HCPCS	both			1	4.82	Aetna	Commercial		0.38	0.38			0.3	4.44	percent of total billed charges	
METHYLPREDNISOLONE 40MG INJ	J2920	HCPCS	both			1	4.82	Americare	Americare		0.75	0.75			0.3	4.44	percent of total billed charges	
METHYLPREDNISOLONE 40MG INJ	J2920	HCPCS	both			1	4.82	WellPoint	WellPoint		0.32	0.3208			0.3	4.44	percent of total billed charges	
METHYLPREDNISOLONE 40MG INJ	J2920	HCPCS	both			1	4.82	Amerihealth	Medicare		4.19				0.3	4.44	case rate	
METHYLPREDNISOLONE 40MG INJ	J2920	HCPCS	both			1	4.82	Consumer	Consumer		0.95	0.95			0.3	4.44	percent of total billed charges	
METHYLPREDNISOLONE 40MG INJ	J2920	HCPCS	both			1	4.82	Corrections	Corrections		0.8	0.8			0.3	4.44	percent of total billed charges	
METHYLPREDNISOLONE 40MG INJ	J2920	HCPCS	both			1	4.82	First Health	First Health		0.7	0.7			0.3	4.44	percent of total billed charges	
METHYLPREDNISOLONE 40MG INJ	J2920	HCPCS	both			1	4.82	First Trenton	First Trenton		0.9	0.9			0.3	4.44	percent of total billed charges	
METHYLPREDNISOLONE 40MG INJ	J2920	HCPCS	both			1	4.82	Horizon	Indemnity		0.38	0.3828			0.3	4.44	percent of total billed charges	
METHYLPREDNISOLONE 40MG INJ	J2920	HCPCS	both			1	4.82	Horizon	MGD		0.38	0.3828			0.3	4.44	percent of total billed charges	
METHYLPREDNISOLONE 40MG INJ	J2920	HCPCS	both			1	4.82	Horizon	Medicare Blue		0.3	0.3			0.3	4.44	percent of total billed charges	
METHYLPREDNISOLONE 40MG INJ	J2920	HCPCS	both			1	4.82	Horizon	NJ Health		4.44				0.3	4.44	case rate	
METHYLPREDNISOLONE 40MG INJ	J2920	HCPCS	both			1	4.82	Horizon	PPO		0.38	0.3828			0.3	4.44	percent of total billed charges	
METHYLPREDNISOLONE 40MG INJ	J2920	HCPCS	both			1	4.82	Managed Care Inc	Managed Care Inc		0.9	0.9			0.3	4.44	percent of total billed charges	
METHYLPREDNISOLONE 40MG INJ	J2920	HCPCS	both			1	4.82	Multiplan	Multiplan		0.8	0.8			0.3	4.44	percent of total billed charges	
METHYLPREDNISOLONE 40MG INJ	J2920	HCPCS	both			1	4.82	Qualcare	Qualcare		0.75	0.75			0.3	4.44	percent of total billed charges	
METHYLPREDNISOLONE 40MG INJ	J2920	HCPCS	both			1	4.82	Three Rivers	Three Rivers		0.95	0.95			0.3	4.44	percent of total billed charges	
METHYLPREDNISOLONE 40MG INJ	J2920	HCPCS	both			1	4.82	UHC	Medicaid		0.31	0.3146			0.3	4.44	percent of total billed charges	
METHYLPREDNISOLONE 40MG INJ	J2920	HCPCS	both			1	4.82	UHC	Medicare		4.19				0.3	4.44	case rate	
METHYLPREDNISOLONE 40MG INJ	J2920	HCPCS	both			1	4.82	Wellcare	Medicare		4.19				0.3	4.44	case rate	
METHYLPREDNISOLONE 40MG INJ	J2920	HCPCS	both			1	4.82	Wellcare	Medicaid		0.31	0.3146			0.3	4.44	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	Aetna	Better Health		11.17	0.3146			5.88	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	Aetna	Commercial		13.49	0.38			5.88	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	Aetna	Medicare		5.88				5.88	33.73	case rate	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	Americare	Americare		26.63	0.75			5.88	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	WellPoint	WellPoint		11.39	0.3208			5.88	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	Amerihealth	Medicare		5.88				5.88	33.73	case rate	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	Consumer	Consumer		33.73	0.95			5.88	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	Corrections	Corrections		28.4	0.8			5.88	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	First Health	First Health		24.85	0.7			5.88	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	First Trenton	First Trenton		31.95	0.9			5.88	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	Horizon	MGD		13.59	0.3828			5.88	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	Horizon	Indemnity		13.59	0.3828			5.88	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	Horizon	Medicare Blue		10.65	0.3			5.88	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	Horizon	PPO		13.59	0.3828			5.88	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	Horizon	NJ Health		6.23				5.88	33.73	case rate	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	Managed Care Inc	Managed Care Inc		31.95	0.9			5.88	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	Multiplan	Multiplan		28.4	0.8			5.88	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	Qualcare	Qualcare		26.63	0.75			5.88	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	Three Rivers	Three Rivers		33.73	0.95			5.88	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	UHC	Medicare		5.88				5.88	33.73	case rate	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	UHC	Medicaid		11.17	0.3146			5.88	33.73	percent of total billed charges	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	Wellcare	Medicare		5.88				5.88	33.73	case rate	
METHYLPREDNISOLONE 125MG INJ	J2930	HCPCS	both			35.5	6.76	Wellcare	Medicaid		11.17	0.3146			5.88	33.73	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287	225.77	Aetna	Commercial		312.54	1.592			90.29	358.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287	225.77	Aetna	Better Health		90.29	0.3146			90.29	358.68	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287	225.77	Aetna	Medicare		196.32	1			90.29	358.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287	225.77	Americare	Americare		215.25	0.75			90.29	358.68	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287	225.77	WellPoint	WellPoint		92.07	0.3208			90.29	358.68	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287	225.77	Amerihealth	Medicare		196.32	1			90.29	358.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287	225.77	Consumer	Consumer		272.65	0.95			90.29	358.68	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287	225.77	Corrections	Corrections		229.6	0.8			90.29	358.68	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287	225.77	First Health	First Health		200.9	0.7			90.29	358.68	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287	225.77	First Trenton	First Trenton		258.3	0.9			90.29	358.68	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287	225.77	Horizon	Medicare Blue		196.32	1			90.29	358.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287	225.77	Horizon	MGD		358.68	1.827			90.29	358.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287	225.77	Horizon	NJ Health		238.21	0.83			90.29	358.68	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287	225.77	Horizon	Indemnity		358.68	1.827			90.29	358.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287	225.77	Horizon	PPO		358.68	1.827			90.29	358.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287	225.77	Managed Care Inc	Managed Care Inc		258.3	0.9			90.29	358.68	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287	225.77	Multiplan	Multiplan		229.6	0.8			90.29	358.68	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287	225.77	Qualcare	Qualcare		215.25	0.75			90.29	358.68	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287	225.77	Three Rivers	Three Rivers		272.65	0.95			90.29	358.68	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287	225.77	UHC	Medicaid		90.29	0.3146			90.29	358.68	percent of total billed charges	
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287	225.77	UHC	Medicare		196.32	1			90.29	358.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287	225.77	Wellcare	Medicare		196.32	1			90.29	358.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SOMATROPIN 1MG INJ.	J2941	HCPCS	outpatient			287	225.77	Wellcare	Medicaid		90.29	0.3146			90.29	358.68	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5	3821.44	Aetna	Commercial		5290.2	1.592			1413.97	6071.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5	3821.44	Aetna	Better Health		1413.97	0.3146			1413.97	6071.1	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5	3821.44	Aetna	Medicare		3322.99	1			1413.97	6071.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5	3821.44	Americare	Americare		3370.88	0.75			1413.97	6071.1	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5	3821.44	WellPoint	WellPoint		1441.84	0.3208			1413.97	6071.1	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5	3821.44	Amerihealth	Medicare		3322.99	1			1413.97	6071.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5	3821.44	Consumer	Consumer		4269.78	0.95			1413.97	6071.1	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5	3821.44	Corrections	Corrections		3595.6	0.8			1413.97	6071.1	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5	3821.44	First Health	First Health		3146.15	0.7			1413.97	6071.1	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5	3821.44	First Trenton	First Trenton		4045.05	0.9			1413.97	6071.1	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5	3821.44	Horizon	Indemnity		6071.1	1.827			1413.97	6071.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5	3821.44	Horizon	NJ Health		3730.44	0.83			1413.97	6071.1	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5	3821.44	Horizon	MGD		6071.1	1.827			1413.97	6071.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5	3821.44	Horizon	Medicare Blue		3322.99	1			1413.97	6071.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5	3821.44	Horizon	PPO		6071.1	1.827			1413.97	6071.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5	3821.44	Managed Care Inc	Managed Care Inc		4045.05	0.9			1413.97	6071.1	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5	3821.44	Multiplan	Multiplan		3595.6	0.8			1413.97	6071.1	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5	3821.44	Qualcare	Qualcare		3370.88	0.75			1413.97	6071.1	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5	3821.44	Three Rivers	Three Rivers		4269.78	0.95			1413.97	6071.1	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5	3821.44	UHC	Medicaid		1413.97	0.3146			1413.97	6071.1	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5	3821.44	UHC	Medicare		3322.99	1			1413.97	6071.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5	3821.44	Wellcare	Medicaid		1413.97	0.3146			1413.97	6071.1	percent of total billed charges	
RETEPLASE 18.1MG VIAL	J2993	HCPCS	outpatient			4494.5	3821.44	Wellcare	Medicare		3322.99	1			1413.97	6071.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALTEPLASE 1MG	J2997	HCPCS	both			224	102.32	Aetna	Better Health		70.47	0.3146			70.47	212.8	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224	102.32	Aetna	Commercial		170.01	1.592			70.47	212.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALTEPLASE 1MG	J2997	HCPCS	both			224	102.32	Aetna	Medicare		88.97				70.47	212.8	case rate	
ALTEPLASE 1MG	J2997	HCPCS	both			224	102.32	Americare	Americare		168	0.75			70.47	212.8	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224	102.32	WellPoint	WellPoint		71.86	0.3208			70.47	212.8	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224	102.32	AmeriHealth	Medicare		88.97				70.47	212.8	case rate	
ALTEPLASE 1MG	J2997	HCPCS	both			224	102.32	Consumer	Consumer		212.8	0.95			70.47	212.8	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224	102.32	Corrections	Corrections		179.2	0.8			70.47	212.8	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224	102.32	First Health	First Health		156.8	0.7			70.47	212.8	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224	102.32	First Trenton	First Trenton		201.6	0.9			70.47	212.8	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224	102.32	Horizon	MGD		195.11	1.827			70.47	212.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALTEPLASE 1MG	J2997	HCPCS	both			224	102.32	Horizon	Indemnity		195.11	1.827			70.47	212.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALTEPLASE 1MG	J2997	HCPCS	both			224	102.32	Horizon	Medicare Blue		106.79	1			70.47	212.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALTEPLASE 1MG	J2997	HCPCS	both			224	102.32	Horizon	NJ Health		94.31				70.47	212.8	case rate	
ALTEPLASE 1MG	J2997	HCPCS	both			224	102.32	Horizon	PPO		195.11	1.827			70.47	212.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALTEPLASE 1MG	J2997	HCPCS	both			224	102.32	Managed Care Inc	Managed Care Inc		201.6	0.9			70.47	212.8	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224	102.32	Multiplan	Multiplan		179.2	0.8			70.47	212.8	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224	102.32	Qualcare	Qualcare		168	0.75			70.47	212.8	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224	102.32	Three Rivers	Three Rivers		212.8	0.95			70.47	212.8	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224	102.32	UHC	Medicaid		70.47	0.3146			70.47	212.8	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224	102.32	UHC	Medicare		88.97				70.47	212.8	case rate	
ALTEPLASE 1MG	J2997	HCPCS	both			224	102.32	Wellcare	Medicaid		70.47	0.3146			70.47	212.8	percent of total billed charges	
ALTEPLASE 1MG	J2997	HCPCS	both			224	102.32	Wellcare	Medicare		88.97				70.47	212.8	case rate	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45	37.39	Aetna	Medicare		32.52				13.5	42.75	case rate	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45	37.39	Aetna	Better Health		14.16	0.3146			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45	37.39	Aetna	Commercial		17.1	0.38			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45	37.39	Americare	Americare		33.75	0.75			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45	37.39	WellPoint	WellPoint		14.44	0.3208			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45	37.39	AmeriHealth	Medicare		32.52				13.5	42.75	case rate	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45	37.39	Consumer	Consumer		42.75	0.95			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45	37.39	Corrections	Corrections		36	0.8			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45	37.39	First Health	First Health		31.5	0.7			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45	37.39	First Trenton	First Trenton		40.5	0.9			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45	37.39	Horizon	Indemnity		17.23	0.3828			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45	37.39	Horizon	Medicare Blue		13.5	0.3			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45	37.39	Horizon	NJ Health		34.47				13.5	42.75	case rate	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45	37.39	Horizon	MGD		17.23	0.3828			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45	37.39	Horizon	PPO		17.23	0.3828			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45	37.39	Managed Care Inc	Managed Care Inc		40.5	0.9			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45	37.39	Multiplan	Multiplan		36	0.8			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45	37.39	Qualcare	Qualcare		33.75	0.75			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45	37.39	Three Rivers	Three Rivers		42.75	0.95			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45	37.39	UHC	Medicare		32.52				13.5	42.75	case rate	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45	37.39	UHC	Medicaid		14.16	0.3146			13.5	42.75	percent of total billed charges	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45	37.39	Wellcare	Medicare		32.52				13.5	42.75	case rate	
STREPTOMYCIN 1GM INJ	J3000	HCPCS	outpatient			45	37.39	Wellcare	Medicaid		14.16	0.3146			13.5	42.75	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5	1.11	Aetna	Better Health		6.76	0.3146			0.97	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5	1.11	Aetna	Commercial		8.17	0.38			0.97	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5	1.11	Aetna	Medicare		0.97				0.97	20.43	case rate	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5	1.11	Americare	Americare		16.13	0.75			0.97	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5	1.11	WellPoint	WellPoint		6.9	0.3208			0.97	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5	1.11	AmeriHealth	Medicare		0.97				0.97	20.43	case rate	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5	1.11	Consumer	Consumer		20.43	0.95			0.97	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5	1.11	Corrections	Corrections		17.2	0.8			0.97	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5	1.11	First Health	First Health		15.05	0.7			0.97	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5	1.11	First Trenton	First Trenton		19.35	0.9			0.97	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5	1.11	Horizon	NJ Health		1.03				0.97	20.43	case rate	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5	1.11	Horizon	MGD		8.23	0.3828			0.97	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5	1.11	Horizon	Indemnity		8.23	0.3828			0.97	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5	1.11	Horizon	Medicare Blue		6.45	0.3			0.97	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5	1.11	Horizon	PPO		8.23	0.3828			0.97	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5	1.11	Managed Care Inc	Managed Care Inc		19.35	0.9			0.97	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5	1.11	Multiplan	Multiplan		17.2	0.8			0.97	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5	1.11	Qualcare	Qualcare		16.13	0.75			0.97	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5	1.11	Three Rivers	Three Rivers		20.43	0.95			0.97	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5	1.11	UHC	Medicaid		6.76	0.3146			0.97	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5	1.11	UHC	Medicare		0.97				0.97	20.43	case rate	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5	1.11	Wellcare	Medicaid		6.76	0.3146			0.97	20.43	percent of total billed charges	
FENTANYL 0.1MG INJ	J3010	HCPCS	both			21.5	1.11	Wellcare	Medicare		0.97				0.97	20.43	case rate	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Aetna	Commercial		162.26	0.38			128.1	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Aetna	Better Health		134.33	0.3146			128.1	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Aetna	Medicare		131.52	0.308			128.1	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Americare	Americare		320.25	0.75			128.1	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		WellPoint	WellPoint		136.98	0.3208			128.1	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Consumer	Consumer		405.65	0.95			128.1	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Corrections	Corrections		341.6	0.8			128.1	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		First Health	First Health		298.9	0.7			128.1	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		First Trenton	First Trenton		384.3	0.9			128.1	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Horizon	Medicare Blue		128.1	0.3			128.1	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Horizon	MGD		163.46	0.3828			128.1	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Horizon	Indemnity		163.46	0.3828			128.1	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Horizon	NJ Health		354.41	0.83			128.1	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Horizon	PPO		163.46	0.3828			128.1	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Managed Care Inc	Managed Care Inc		384.3	0.9			128.1	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Multiplan	Multiplan		341.6	0.8			128.1	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Qualcare	Qualcare		320.25	0.75			128.1	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Three Rivers	Three Rivers		405.65	0.95			128.1	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		UHC	Medicaid		134.33	0.3146			128.1	405.65	percent of total billed charges	
SUMATRIPTAN 6MG/0.5ML INJ	J3030	HCPCS	outpatient			427		Wellcare	Medicaid		134.33	0.3146			128.1	405.65	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Aetna	Medicare		161.24	0.308			157.05	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Aetna	Better Health		164.69	0.3146			157.05	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Aetna	Commercial		198.93	0.38			157.05	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Americare	Americare		392.63	0.75			157.05	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		WellPoint	WellPoint		167.94	0.3208			157.05	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Consumer	Consumer		497.33	0.95			157.05	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Corrections	Corrections		418.8	0.8			157.05	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		First Health	First Health		366.45	0.7			157.05	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		First Trenton	First Trenton		471.15	0.9			157.05	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Horizon	Medicare Blue		157.05	0.3			157.05	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Horizon	NJ Health		434.51	0.83			157.05	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Horizon	MGD		200.4	0.3828			157.05	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Horizon	Indemnity		200.4	0.3828			157.05	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Horizon	PPO		200.4	0.3828			157.05	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Managed Care Inc	Managed Care Inc		471.15	0.9			157.05	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Multiplan	Multiplan		418.8	0.8			157.05	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Qualcare	Qualcare		392.63	0.75			157.05	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Three Rivers	Three Rivers		497.33	0.95			157.05	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		UHC	Medicaid		164.69	0.3146			157.05	497.33	percent of total billed charges	
PENTAZOCINE 30MG/ML INJ	J3070	HCPCS	outpatient			523.5		Wellcare	Medicaid		164.69	0.3146			157.05	497.33	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	inpatient			522.5	176.08	Aetna	Medicare		153.11				153.11	496.38	case rate	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	inpatient			522.5	176.08	Aetna	Better Health		164.38	0.3146			153.11	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	inpatient			522.5	176.08	Aetna	Commercial		292.58	1.592			153.11	496.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	inpatient			522.5	176.08	Americare	Americare		391.88	0.75			153.11	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	inpatient			522.5	176.08	WellPoint	WellPoint		167.62	0.3208			153.11	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	inpatient			522.5	176.08	AmeriHealth	Medicare		153.11				153.11	496.38	case rate	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	inpatient			522.5	176.08	Consumer	Consumer		496.38	0.95			153.11	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	inpatient			522.5	176.08	Corrections	Corrections		418	0.8			153.11	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	inpatient			522.5	176.08	First Health	First Health		365.75	0.7			153.11	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	inpatient			522.5	176.08	First Trenton	First Trenton		470.25	0.9			153.11	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	inpatient			522.5	176.08	Horizon	Indemnity		335.77	1.827			153.11	496.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	inpatient			522.5	176.08	Horizon	Medicare Blue		183.78	1			153.11	496.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	inpatient			522.5	176.08	Horizon	PPO		335.77	1.827			153.11	496.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	inpatient			522.5	176.08	Horizon	NJ Health		162.3				153.11	496.38	case rate	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	inpatient			522.5	176.08	Horizon	MGD		335.77	1.827			153.11	496.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	inpatient			522.5	176.08	Managed Care Inc	Managed Care Inc		470.25	0.9			153.11	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	inpatient			522.5	176.08	Multiplan	Multiplan		418	0.8			153.11	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	inpatient			522.5	176.08	Qualcare	Qualcare		391.88	0.75			153.11	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	inpatient			522.5	176.08	Three Rivers	Three Rivers		496.38	0.95			153.11	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	inpatient			522.5	176.08	UHC	Medicare		153.11				153.11	496.38	case rate	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	inpatient			522.5	176.08	UHC	Medicaid		164.38	0.3146			153.11	496.38	percent of total billed charges	
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	inpatient			522.5	176.08	Wellcare	Medicaid		164.38	0.3146			153.11	496.38	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TENECTEPLASE(TNKASE) 1MG INJ	J3101	HCPCS	inpatient			522.5	176.08	Wellcare	Medicare		153.11				153.11	496.38	case rate	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Aetna	Better Health		63.39	0.3146			7.79	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Aetna	Medicare		7.79				7.79	191.43	case rate	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Aetna	Commercial		76.57	0.38			7.79	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Americare	Americare		151.13	0.75			7.79	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	WellPoint	WellPoint		64.64	0.3208			7.79	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Amerihealth	Medicare		7.79				7.79	191.43	case rate	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Consumer	Consumer		191.43	0.95			7.79	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Corrections	Corrections		161.2	0.8			7.79	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	First Health	First Health		141.05	0.7			7.79	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	First Trenton	First Trenton		181.35	0.9			7.79	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Horizon	MGD		77.13	0.3828			7.79	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Horizon	NJ Health		8.26				7.79	191.43	case rate	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Horizon	Indemnity		77.13	0.3828			7.79	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Horizon	PPO		77.13	0.3828			7.79	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Horizon	Medicare Blue		60.45	0.3			7.79	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Managed Care Inc	Managed Care Inc		181.35	0.9			7.79	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Multiplan	Multiplan		161.2	0.8			7.79	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Qualcare	Qualcare		151.13	0.75			7.79	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Three Rivers	Three Rivers		191.43	0.95			7.79	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	UHC	Medicare		7.79				7.79	191.43	case rate	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	UHC	Medicaid		63.39	0.3146			7.79	191.43	percent of total billed charges	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Wellcare	Medicare		7.79				7.79	191.43	case rate	
TERBUTALINE 1MG/1ML INJ	J3105	HCPCS	both			201.5	8.96	Wellcare	Medicaid		63.39	0.3146			7.79	191.43	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Aetna	Better Health		48.61	0.3146			46.35	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Aetna	Commercial		58.71	0.38			46.35	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Aetna	Medicare		47.59	0.308			46.35	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Americare	Americare		115.88	0.75			46.35	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		WellPoint	WellPoint		49.56	0.3208			46.35	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Consumer	Consumer		146.78	0.95			46.35	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Corrections	Corrections		123.6	0.8			46.35	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		First Health	First Health		108.15	0.7			46.35	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		First Trenton	First Trenton		139.05	0.9			46.35	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Horizon	Indemnity		59.14	0.3828			46.35	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Horizon	NJ Health		128.24	0.83			46.35	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Horizon	Medicare Blue		46.35	0.3			46.35	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Horizon	MGD		59.14	0.3828			46.35	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Horizon	PPO		59.14	0.3828			46.35	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Managed Care Inc	Managed Care Inc		139.05	0.9			46.35	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Multiplan	Multiplan		123.6	0.8			46.35	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Qualcare	Qualcare		115.88	0.75			46.35	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Three Rivers	Three Rivers		146.78	0.95			46.35	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		UHC	Medicaid		48.61	0.3146			46.35	146.78	percent of total billed charges	
TERIPARATIDE INJ. 10 MCG	J3110	HCPCS	outpatient			154.5		Wellcare	Medicaid		48.61	0.3146			46.35	146.78	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Aetna	Better Health		10.07	0.3146			9.6	31.57	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Aetna	Medicare		29.79				9.6	31.57	case rate	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Aetna	Commercial		12.16	0.38			9.6	31.57	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Americare	Americare		24	0.75			9.6	31.57	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	WellPoint	WellPoint		10.27	0.3208			9.6	31.57	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Amerihealth	Medicare		29.79				9.6	31.57	case rate	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Consumer	Consumer		30.4	0.95			9.6	31.57	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Corrections	Corrections		25.6	0.8			9.6	31.57	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	First Health	First Health		22.4	0.7			9.6	31.57	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	First Trenton	First Trenton		28.8	0.9			9.6	31.57	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Horizon	MGD		12.25	0.3828			9.6	31.57	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Horizon	Indemnity		12.25	0.3828			9.6	31.57	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Horizon	Medicare Blue		9.6	0.3			9.6	31.57	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Horizon	NJ Health		31.57				9.6	31.57	case rate	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Horizon	PPO		12.25	0.3828			9.6	31.57	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Managed Care Inc	Managed Care Inc		28.8	0.9			9.6	31.57	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Multiplan	Multiplan		25.6	0.8			9.6	31.57	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Qualcare	Qualcare		24	0.75			9.6	31.57	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Three Rivers	Three Rivers		30.4	0.95			9.6	31.57	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	UHC	Medicare		29.79				9.6	31.57	case rate	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	UHC	Medicaid		10.07	0.3146			9.6	31.57	percent of total billed charges	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Wellcare	Medicare		29.79				9.6	31.57	case rate	
CHLORPROMAZINE 50MG/2ML INJ	J3230	HCPCS	both			32	34.25	Wellcare	Medicaid		10.07	0.3146			9.6	31.57	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Aetna	Medicare		2021.17				1042.27	4432.47	case rate	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Aetna	Better Health		1042.27	0.3146			1042.27	4432.47	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Aetna	Commercial		3862.34	1.592			1042.27	4432.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Americare	Americare		2484.75	0.75			1042.27	4432.47	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	WellPoint	WellPoint		1062.81	0.3208			1042.27	4432.47	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Amerihealth	Medicare		2021.17				1042.27	4432.47	case rate	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Consumer	Consumer		3147.35	0.95			1042.27	4432.47	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Corrections	Corrections		2650.4	0.8			1042.27	4432.47	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	First Health	First Health		2319.1	0.7			1042.27	4432.47	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	First Trenton	First Trenton		2981.7	0.9			1042.27	4432.47	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Horizon	MGD		4432.47	1.827			1042.27	4432.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Horizon	Indemnity		4432.47	1.827			1042.27	4432.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Horizon	NJ Health		2142.44				1042.27	4432.47	case rate	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Horizon	Medicare Blue		2426.09	1			1042.27	4432.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Horizon	PPO		4432.47	1.827			1042.27	4432.47	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Managed Care Inc	Managed Care Inc		2981.7	0.9			1042.27	4432.47	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Multiplan	Multiplan		2650.4	0.8			1042.27	4432.47	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Qualcare	Qualcare		2484.75	0.75			1042.27	4432.47	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Three Rivers	Three Rivers		3147.35	0.95			1042.27	4432.47	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	UHC	Medicare		2021.17				1042.27	4432.47	case rate	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	UHC	Medicaid		1042.27	0.3146			1042.27	4432.47	percent of total billed charges	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Wellcare	Medicare		2021.17				1042.27	4432.47	case rate	
THYROTROPIN(THYROGEN) 0.9MG(1.1MG) INJ	J3240	HCPCS	outpatient			3313	2324.35	Wellcare	Medicaid		1042.27	0.3146			1042.27	4432.47	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Aetna	Better Health		2.95	0.3146			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Aetna	Medicare		0.74				0.74	8.92	case rate	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Aetna	Commercial		3.57	0.38			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Americare	Americare		7.04	0.75			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	WellPoint	WellPoint		3.01	0.3208			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Amerihealth	Medicare		0.74				0.74	8.92	case rate	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Consumer	Consumer		8.92	0.95			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Corrections	Corrections		7.51	0.8			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	First Health	First Health		6.57	0.7			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	First Trenton	First Trenton		8.45	0.9			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Horizon	Medicare Blue		2.82	0.3			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Horizon	MGD		3.59	0.3828			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Horizon	Indemnity		3.59	0.3828			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Horizon	NJ Health		0.78				0.74	8.92	case rate	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Horizon	PPO		3.59	0.3828			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Managed Care Inc	Managed Care Inc		8.45	0.9			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Multiplan	Multiplan		7.51	0.8			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Qualcare	Qualcare		7.04	0.75			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Three Rivers	Three Rivers		8.92	0.95			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	UHC	Medicaid		2.95	0.3146			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	UHC	Medicare		0.74				0.74	8.92	case rate	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Wellcare	Medicaid		2.95	0.3146			0.74	8.92	percent of total billed charges	
TIGECYCLINE 1MG INJ	J3243	HCPCS	inpatient			9.39	0.85	Wellcare	Medicare		0.74				0.74	8.92	case rate	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Aetna	Better Health		15.73	0.3146			15	50.71	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Aetna	Medicare		47.84				15	50.71	case rate	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Aetna	Commercial		19	0.38			15	50.71	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Americare	Americare		37.5	0.75			15	50.71	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	WellPoint	WellPoint		16.04	0.3208			15	50.71	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Amerihealth	Medicare		47.84				15	50.71	case rate	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Consumer	Consumer		47.5	0.95			15	50.71	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Corrections	Corrections		40	0.8			15	50.71	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	First Health	First Health		35	0.7			15	50.71	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	First Trenton	First Trenton		45	0.9			15	50.71	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Horizon	Medicare Blue		15	0.3			15	50.71	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Horizon	Indemnity		19.14	0.3828			15	50.71	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Horizon	MGD		19.14	0.3828			15	50.71	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Horizon	PPO		19.14	0.3828			15	50.71	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Horizon	NJ Health		50.71				15	50.71	case rate	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Managed Care Inc	Managed Care Inc		45	0.9			15	50.71	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Multiplan	Multiplan		40	0.8			15	50.71	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Qualcare	Qualcare		37.5	0.75			15	50.71	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Three Rivers	Three Rivers		47.5	0.95			15	50.71	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	UHC	Medicaid		15.73	0.3146			15	50.71	percent of total billed charges	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	UHC	Medicare		47.84				15	50.71	case rate	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Wellcare	Medicare		47.84				15	50.71	case rate	
TRIMETHOBENZAMIDE 200MG INJ.	J3250	HCPCS	both			50	55.01	Wellcare	Medicaid		15.73	0.3146			15	50.71	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Aetna	Commercial		7.22	0.38			2.66	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Aetna	Medicare		2.66				2.66	18.05	case rate	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Aetna	Better Health		5.98	0.3146			2.66	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Americare	Americare		14.25	0.75			2.66	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	WellPoint	WellPoint		6.1	0.3208			2.66	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Amerihealth	Medicare		2.66				2.66	18.05	case rate	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19	3.06	Consumer	Consumer		18.05	0.95			2.66	18.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19		3.06 Corrections	Corrections		15.2	0.8			2.66	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19		3.06 First Health	First Health		13.3	0.7			2.66	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19		3.06 First Trenton	First Trenton		17.1	0.9			2.66	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19		3.06 Horizon	MGD		7.27	0.3828			2.66	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19		3.06 Horizon	NJ Health		2.82				2.66	18.05	case rate	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19		3.06 Horizon	Indemnity		7.27	0.3828			2.66	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19		3.06 Horizon	Medicare Blue		5.7	0.3			2.66	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19		3.06 Horizon	PPO		7.27	0.3828			2.66	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19		3.06 Managed Care Inc	Managed Care Inc		17.1	0.9			2.66	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19		3.06 Multiplan	Multiplan		15.2	0.8			2.66	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19		3.06 Qualcare	Qualcare		14.25	0.75			2.66	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19		3.06 Three Rivers	Three Rivers		18.05	0.95			2.66	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19		3.06 UHC	Medicare		2.66				2.66	18.05	case rate	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19		3.06 UHC	Medicaid		5.98	0.3146			2.66	18.05	percent of total billed charges	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19		3.06 Wellcare	Medicare		2.66				2.66	18.05	case rate	
TOBRAMYCIN 80MG/2ML INJ	J3260	HCPCS	both			19		3.06 Wellcare	Medicaid		5.98	0.3146			2.66	18.05	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5		7.04 Aetna	Commercial		11.7	1.592			6.12	23.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5		7.04 Aetna	Medicare		6.12				6.12	23.28	case rate	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5		7.04 Aetna	Better Health		7.71	0.3146			6.12	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5		7.04 Americare	Americare		18.38	0.75			6.12	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5		7.04 WellPoint	WellPoint		7.86	0.3208			6.12	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5		7.04 Amerihealth	Medicare		6.12				6.12	23.28	case rate	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5		7.04 Consumer	Consumer		23.28	0.95			6.12	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5		7.04 Corrections	Corrections		19.6	0.8			6.12	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5		7.04 First Health	First Health		17.15	0.7			6.12	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5		7.04 First Trenton	First Trenton		22.05	0.9			6.12	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5		7.04 Horizon	MGD		13.43	1.827			6.12	23.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5		7.04 Horizon	Indemnity		13.43	1.827			6.12	23.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5		7.04 Horizon	PPO		13.43	1.827			6.12	23.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5		7.04 Horizon	Medicare Blue		7.35	1			6.12	23.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5		7.04 Horizon	NJ Health		6.49				6.12	23.28	case rate	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5		7.04 Managed Care Inc	Managed Care Inc		22.05	0.9			6.12	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5		7.04 Multiplan	Multiplan		19.6	0.8			6.12	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5		7.04 Qualcare	Qualcare		18.38	0.75			6.12	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5		7.04 Three Rivers	Three Rivers		23.28	0.95			6.12	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5		7.04 UHC	Medicare		6.12				6.12	23.28	case rate	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5		7.04 UHC	Medicaid		7.71	0.3146			6.12	23.28	percent of total billed charges	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5		7.04 Wellcare	Medicare		6.12				6.12	23.28	case rate	
TOCILIZUMAB(ACTEMRA) 1MG INJ	J3262	HCPCS	both			24.5		7.04 Wellcare	Medicaid		7.71	0.3146			6.12	23.28	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5		64.84 Aetna	Medicare		56.38				56.38	254.13	case rate	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5		64.84 Aetna	Better Health		84.16	0.3146			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5		64.84 Aetna	Commercial		107.75	1.592			56.38	254.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5		64.84 Americare	Americare		200.63	0.75			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5		64.84 WellPoint	WellPoint		85.81	0.3208			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5		64.84 Amerihealth	Medicare		56.38				56.38	254.13	case rate	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5		64.84 Consumer	Consumer		254.13	0.95			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5		64.84 Corrections	Corrections		214	0.8			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5		64.84 First Health	First Health		187.25	0.7			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5		64.84 First Trenton	First Trenton		240.75	0.9			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5		64.84 Horizon	PPO		123.65	1.827			56.38	254.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5		64.84 Horizon	Indemnity		123.65	1.827			56.38	254.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5		64.84 Horizon	Medicare Blue		67.68	1			56.38	254.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5		64.84 Horizon	MGD		123.65	1.827			56.38	254.13	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5		64.84 Horizon	NJ Health		59.77				56.38	254.13	case rate	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5		64.84 Managed Care Inc	Managed Care Inc		240.75	0.9			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5		64.84 Multiplan	Multiplan		214	0.8			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5		64.84 Qualcare	Qualcare		200.63	0.75			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5		64.84 Three Rivers	Three Rivers		254.13	0.95			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5		64.84 UHC	Medicare		56.38				56.38	254.13	case rate	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5		64.84 UHC	Medicaid		84.16	0.3146			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5		64.84 Wellcare	Medicaid		84.16	0.3146			56.38	254.13	percent of total billed charges	
TREPROSTINIL(REMODULIN) 1MG INJ	J3285	HCPCS	outpatient			267.5		64.84 Wellcare	Medicare		56.38				56.38	254.13	case rate	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Aetna	Commercial		8.17	0.38			6.45	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Aetna	Medicare		6.62	0.308			6.45	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Aetna	Better Health		6.76	0.3146			6.45	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Americare	Americare		16.13	0.75			6.45	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		WellPoint	WellPoint		6.9	0.3208			6.45	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Consumer	Consumer		20.43	0.95			6.45	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Corrections	Corrections		17.2	0.8			6.45	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		First Health	First Health		15.05	0.7			6.45	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		First Trenton	First Trenton		19.35	0.9			6.45	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Horizon	MGD		8.23	0.3828			6.45	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Horizon	Medicare Blue		6.45	0.3			6.45	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Horizon	NJ Health		17.85	0.83			6.45	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Horizon	Indemnity		8.23	0.3828			6.45	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Horizon	PPO		8.23	0.3828			6.45	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Managed Care Inc	Managed Care Inc		19.35	0.9			6.45	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Multiplan	Multiplan		17.2	0.8			6.45	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Qualcare	Qualcare		16.13	0.75			6.45	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Three Rivers	Three Rivers		20.43	0.95			6.45	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		UHC	Medicaid		6.76	0.3146			6.45	20.43	percent of total billed charges	
TRIAMCINOLONE ACETONIDE INJ 1MG PF	J3300	HCPCS	outpatient			21.5		Wellcare	Medicaid		6.76	0.3146			6.45	20.43	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5		1.09 Aetna	Better Health		2.36	0.3146			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5		1.09 Aetna	Commercial		2.85	0.38			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5		1.09 Aetna	Medicare		0.95				0.95	7.13	case rate	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5		1.09 Americare	Americare		5.63	0.75			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5		1.09 WellPoint	WellPoint		2.41	0.3208			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5		1.09 Amerihealth	Medicare		0.95				0.95	7.13	case rate	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5		1.09 Consumer	Consumer		7.13	0.95			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5		1.09 Corrections	Corrections		6	0.8			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5		1.09 First Health	First Health		5.25	0.7			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5		1.09 First Trenton	First Trenton		6.75	0.9			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5		1.09 Horizon	NJ Health		1				0.95	7.13	case rate	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5		1.09 Horizon	MGD		2.87	0.3828			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5		1.09 Horizon	Medicare Blue		2.25	0.3			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5		1.09 Horizon	Indemnity		2.87	0.3828			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5		1.09 Horizon	PPO		2.87	0.3828			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5		1.09 Managed Care Inc	Managed Care Inc		6.75	0.9			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5		1.09 Multiplan	Multiplan		6	0.8			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5		1.09 Qualcare	Qualcare		5.63	0.75			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5		1.09 Three Rivers	Three Rivers		7.13	0.95			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5		1.09 UHC	Medicaid		2.36	0.3146			0.95	7.13	percent of total billed charges	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5		1.09 UHC	Medicare		0.95				0.95	7.13	case rate	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5		1.09 Wellcare	Medicare		0.95				0.95	7.13	case rate	
TRIMCINOLINE 10MG INJ	J3301	HCPCS	both			7.5		1.09 Wellcare	Medicaid		2.36	0.3146			0.95	7.13	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Aetna	Commercial		319.96	0.38			252.6	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Aetna	Medicare		259.34	0.308			252.6	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Aetna	Better Health		264.89	0.3146			252.6	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Americare	Americare		631.5	0.75			252.6	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		WellPoint	WellPoint		270.11	0.3208			252.6	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Consumer	Consumer		799.9	0.95			252.6	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Corrections	Corrections		673.6	0.8			252.6	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		First Health	First Health		589.4	0.7			252.6	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		First Trenton	First Trenton		757.8	0.9			252.6	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Horizon	MGD		322.32	0.3828			252.6	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Horizon	Indemnity		322.32	0.3828			252.6	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Horizon	NJ Health		698.86	0.83			252.6	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Horizon	PPO		322.32	0.3828			252.6	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Horizon	Medicare Blue		252.6	0.3			252.6	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Managed Care Inc	Managed Care Inc		757.8	0.9			252.6	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Multiplan	Multiplan		673.6	0.8			252.6	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Qualcare	Qualcare		631.5	0.75			252.6	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Three Rivers	Three Rivers		799.9	0.95			252.6	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		UHC	Medicaid		264.89	0.3146			252.6	799.9	percent of total billed charges	
TRIMETREXATE 25MG INJ	J3305	HCPCS	outpatient			842		Wellcare	Medicaid		264.89	0.3146			252.6	799.9	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5		6.28 Aetna	Better Health		2.67	0.3146			2.55	8.08	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5		6.28 Aetna	Medicare		5.47				2.55	8.08	case rate	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5		6.28 Aetna	Commercial		3.23	0.38			2.55	8.08	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5		6.28 Americare	Americare		6.38	0.75			2.55	8.08	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5		6.28 WellPoint	WellPoint		2.73	0.3208			2.55	8.08	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5		6.28 Amerihealth	Medicare		5.47				2.55	8.08	case rate	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5		6.28 Consumer	Consumer		8.08	0.95			2.55	8.08	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5		6.28 Corrections	Corrections		6.8	0.8			2.55	8.08	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5		6.28 First Health	First Health		5.95	0.7			2.55	8.08	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5		6.28 First Trenton	First Trenton		7.65	0.9			2.55	8.08	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5		6.28 Horizon	Indemnity		3.25	0.3828			2.55	8.08	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5		6.28 Horizon	NJ Health		5.79				2.55	8.08	case rate	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5		6.28 Horizon	MGD		3.25	0.3828			2.55	8.08	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5		6.28 Horizon	PPO		3.25	0.3828			2.55	8.08	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5		6.28 Horizon	Medicare Blue		2.55	0.3			2.55	8.08	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5		6.28 Managed Care Inc	Managed Care Inc		7.65	0.9			2.55	8.08	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5		6.28 Multiplan	Multiplan		6.8	0.8			2.55	8.08	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5		6.28 Qualcare	Qualcare		6.38	0.75			2.55	8.08	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	Three Rivers	Three Rivers		8.08	0.95			2.55	8.08	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	UHC	Medicare		5.47				2.55	8.08	case rate	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	UHC	Medicaid		2.67	0.3146			2.55	8.08	percent of total billed charges	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	Wellcare	Medicare		5.47				2.55	8.08	case rate	
DIAZEPAM 5MG INJ	J3360	HCPCS	both			8.5	6.28	Wellcare	Medicaid		2.67	0.3146			2.55	8.08	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Aetna	Commercial		10.45	0.38			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Aetna	Better Health		8.65	0.3146			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Aetna	Medicare		2.31				2.31	26.13	case rate	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Americare	Americare		20.63	0.75			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	WellPoint	WellPoint		8.82	0.3208			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Amerihealth	Medicare		2.31				2.31	26.13	case rate	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Consumer	Consumer		26.13	0.95			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Corrections	Corrections		22	0.8			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	First Health	First Health		19.25	0.7			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	First Trenton	First Trenton		24.75	0.9			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Horizon	Indemnity		10.53	0.3828			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Horizon	Medicare Blue		8.25	0.3			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Horizon	MGD		10.53	0.3828			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Horizon	PPO		10.53	0.3828			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Horizon	NJ Health		2.45				2.31	26.13	case rate	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Managed Care Inc	Managed Care Inc		24.75	0.9			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Multiplan	Multiplan		22	0.8			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Qualcare	Qualcare		20.63	0.75			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Three Rivers	Three Rivers		26.13	0.95			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	UHC	Medicare		2.31				2.31	26.13	case rate	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	UHC	Medicaid		8.65	0.3146			2.31	26.13	percent of total billed charges	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Wellcare	Medicare		2.31				2.31	26.13	case rate	
VANCOMYCIN 500MG INJ	J3370	HCPCS	both			27.5	2.65	Wellcare	Medicaid		8.65	0.3146			2.31	26.13	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Aetna	Commercial		11.41	1.592			5.97	29.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Aetna	Medicare		5.97				5.97	29.45	case rate	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Aetna	Better Health		9.75	0.3146			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Americare	Americare		23.25	0.75			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	WellPoint	WellPoint		9.94	0.3208			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Amerihealth	Medicare		5.97				5.97	29.45	case rate	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Consumer	Consumer		29.45	0.95			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Corrections	Corrections		24.8	0.8			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	First Health	First Health		21.7	0.7			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	First Trenton	First Trenton		27.9	0.9			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Horizon	MGD		13.1	1.827			5.97	29.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Horizon	Medicare Blue		7.17	1			5.97	29.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Horizon	Indemnity		13.1	1.827			5.97	29.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Horizon	NJ Health		6.33				5.97	29.45	case rate	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Horizon	PPO		13.1	1.827			5.97	29.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Managed Care Inc	Managed Care Inc		27.9	0.9			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Multiplan	Multiplan		24.8	0.8			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Qualcare	Qualcare		23.25	0.75			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Three Rivers	Three Rivers		29.45	0.95			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	UHC	Medicaid		9.75	0.3146			5.97	29.45	percent of total billed charges	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	UHC	Medicare		5.97				5.97	29.45	case rate	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Wellcare	Medicare		5.97				5.97	29.45	case rate	
VANCOMYCIN (MYLAN) 500MG INJ	J3371	HCPCS	both			31	6.87	Wellcare	Medicaid		9.75	0.3146			5.97	29.45	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Aetna	Commercial		12.58	1.592			6.58	27.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Aetna	Medicare		6.58				6.58	27.55	case rate	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Aetna	Better Health		9.12	0.3146			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Americare	Americare		21.75	0.75			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	WellPoint	WellPoint		9.3	0.3208			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Amerihealth	Medicare		6.58				6.58	27.55	case rate	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Consumer	Consumer		27.55	0.95			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Corrections	Corrections		23.2	0.8			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	First Health	First Health		20.3	0.7			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	First Trenton	First Trenton		26.1	0.9			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Horizon	Medicare Blue		7.9	1			6.58	27.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Horizon	MGD		14.43	1.827			6.58	27.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Horizon	Indemnity		14.43	1.827			6.58	27.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Horizon	NJ Health		6.97				6.58	27.55	case rate	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Horizon	PPO		14.43	1.827			6.58	27.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Managed Care Inc	Managed Care Inc		26.1	0.9			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Multiplan	Multiplan		23.2	0.8			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Qualcare	Qualcare		21.75	0.75			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Three Rivers	Three Rivers		27.55	0.95			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	UHC	Medicaid		9.12	0.3146			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	UHC	Medicare		6.58				6.58	27.55	case rate	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Wellcare	Medicaid		9.12	0.3146			6.58	27.55	percent of total billed charges	
VANCOMYCIN (XELLIA) 500MG INJ	J3372	HCPCS	outpatient			29	7.56	Wellcare	Medicare		6.58				6.58	27.55	case rate	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Aetna	Better Health		15.26	0.3146			11.53	46.08	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Aetna	Commercial		22.03	1.592			11.53	46.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Aetna	Medicare		11.53				11.53	46.08	case rate	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Americare	Americare		36.38	0.75			11.53	46.08	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	WellPoint	WellPoint		15.56	0.3208			11.53	46.08	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Amerihealth	Medicare		11.53				11.53	46.08	case rate	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Consumer	Consumer		46.08	0.95			11.53	46.08	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Corrections	Corrections		38.8	0.8			11.53	46.08	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	First Health	First Health		33.95	0.7			11.53	46.08	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	First Trenton	First Trenton		43.65	0.9			11.53	46.08	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Horizon	PPO		25.29	1.827			11.53	46.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Horizon	Medicare Blue		13.84	1			11.53	46.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Horizon	Indemnity		25.29	1.827			11.53	46.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Horizon	NJ Health		12.22				11.53	46.08	case rate	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Horizon	MGD		25.29	1.827			11.53	46.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Managed Care Inc	Managed Care Inc		43.65	0.9			11.53	46.08	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Multiplan	Multiplan		38.8	0.8			11.53	46.08	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Qualcare	Qualcare		36.38	0.75			11.53	46.08	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Three Rivers	Three Rivers		46.08	0.95			11.53	46.08	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	UHC	Medicaid		15.26	0.3146			11.53	46.08	percent of total billed charges	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	UHC	Medicare		11.53				11.53	46.08	case rate	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Wellcare	Medicare		11.53				11.53	46.08	case rate	
VERTEPORIN 0.1MG INJ	J3396	HCPCS	outpatient			48.5	13.26	Wellcare	Medicaid		15.26	0.3146			11.53	46.08	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Aetna	Medicare		9.91				0.75	10.5	case rate	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Aetna	Commercial		0.95	0.38			0.75	10.5	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Aetna	Better Health		0.79	0.3146			0.75	10.5	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Americare	Americare		1.88	0.75			0.75	10.5	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	WellPoint	WellPoint		0.8	0.3208			0.75	10.5	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Amerihealth	Medicare		9.91				0.75	10.5	case rate	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Consumer	Consumer		2.38	0.95			0.75	10.5	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Corrections	Corrections		2	0.8			0.75	10.5	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	First Health	First Health		1.75	0.7			0.75	10.5	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	First Trenton	First Trenton		2.25	0.9			0.75	10.5	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Horizon	Medicare Blue		0.75	0.3			0.75	10.5	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Horizon	Indemnity		0.96	0.3828			0.75	10.5	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Horizon	MGD		0.96	0.3828			0.75	10.5	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Horizon	NJ Health		10.5				0.75	10.5	case rate	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Horizon	PPO		0.96	0.3828			0.75	10.5	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Managed Care Inc	Managed Care Inc		2.25	0.9			0.75	10.5	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Multiplan	Multiplan		2	0.8			0.75	10.5	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Qualcare	Qualcare		1.88	0.75			0.75	10.5	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Three Rivers	Three Rivers		2.38	0.95			0.75	10.5	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	UHC	Medicare		9.91				0.75	10.5	case rate	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	UHC	Medicaid		0.79	0.3146			0.75	10.5	percent of total billed charges	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Wellcare	Medicare		9.91				0.75	10.5	case rate	
HYDROXYZINE HCL 25MG INJ	J3410	HCPCS	both			2.5	11.39	Wellcare	Medicaid		0.79	0.3146			0.75	10.5	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Aetna	Medicare		2.46				2.46	20.43	case rate	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Aetna	Better Health		6.76	0.3146			2.46	20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Aetna	Commercial		8.17	0.38			2.46	20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Americare	Americare		16.13	0.75			2.46	20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	WellPoint	WellPoint		6.9	0.3208			2.46	20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Amerihealth	Medicare		2.46				2.46	20.43	case rate	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Consumer	Consumer		20.43	0.95			2.46	20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Corrections	Corrections		17.2	0.8			2.46	20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	First Health	First Health		15.05	0.7			2.46	20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	First Trenton	First Trenton		19.35	0.9			2.46	20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Horizon	Medicare Blue		6.45	0.3			2.46	20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Horizon	Indemnity		8.23	0.3828			2.46	20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Horizon	MGD		8.23	0.3828			2.46	20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Horizon	PPO		8.23	0.3828			2.46	20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Horizon	NJ Health		2.61				2.46	20.43	case rate	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Managed Care Inc	Managed Care Inc		19.35	0.9			2.46	20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Multiplan	Multiplan		17.2	0.8			2.46	20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Qualcare	Qualcare		16.13	0.75			2.46	20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Three Rivers	Three Rivers		20.43	0.95			2.46	20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	UHC	Medicaid		6.76	0.3146			2.46	20.43	percent of total billed charges	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	UHC	Medicare		2.46				2.46	20.43	case rate	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Wellcare	Medicare		2.46				2.46	20.43	case rate	
THIAMINE HCL 100MG	J3411	HCPCS	both			21.5	2.83	Wellcare	Medicaid		6.76	0.3146			2.46	20.43	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Aetna	Better Health		12.9	0.3146			12.3	38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Aetna	Commercial		15.58	0.38			12.3	38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Aetna	Medicare		14.83				12.3	38.95	case rate	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Americare	Americare		30.75	0.75			12.3	38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	WellPoint	WellPoint		13.15	0.3208			12.3	38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Amerihealth	Medicare		14.83				12.3	38.95	case rate	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Consumer	Consumer		38.95	0.95			12.3	38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Corrections	Corrections		32.8	0.8			12.3	38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	First Health	First Health		28.7	0.7			12.3	38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	First Trenton	First Trenton		36.9	0.9			12.3	38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Horizon	NJ Health		15.71				12.3	38.95	case rate	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Horizon	MGD		15.69	0.3828			12.3	38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Horizon	Indemnity		15.69	0.3828			12.3	38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Horizon	Medicare Blue		12.3	0.3			12.3	38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Horizon	PPO		15.69	0.3828			12.3	38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Managed Care Inc	Managed Care Inc		36.9	0.9			12.3	38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Multiplan	Multiplan		32.8	0.8			12.3	38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Qualcare	Qualcare		30.75	0.75			12.3	38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Three Rivers	Three Rivers		38.95	0.95			12.3	38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	UHC	Medicaid		12.9	0.3146			12.3	38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	UHC	Medicare		14.83				12.3	38.95	case rate	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Wellcare	Medicaid		12.9	0.3146			12.3	38.95	percent of total billed charges	
PYRIDOXINE 100MG/ INJ	J3415	HCPCS	both			41	17.05	Wellcare	Medicare		14.83				12.3	38.95	case rate	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Aetna	Medicare		1.44				1.44	7.13	case rate	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Aetna	Better Health		2.36	0.3146			1.44	7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Aetna	Commercial		2.85	0.38			1.44	7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Americare	Americare		5.63	0.75			1.44	7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	WellPoint	WellPoint		2.41	0.3208			1.44	7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Amerihealth	Medicare		1.44				1.44	7.13	case rate	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Consumer	Consumer		7.13	0.95			1.44	7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Corrections	Corrections		6	0.8			1.44	7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	First Health	First Health		5.25	0.7			1.44	7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	First Trenton	First Trenton		6.75	0.9			1.44	7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Horizon	Medicare Blue		2.25	0.3			1.44	7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Horizon	Indemnity		2.87	0.3828			1.44	7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Horizon	MGD		2.87	0.3828			1.44	7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Horizon	PPO		2.87	0.3828			1.44	7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Horizon	NJ Health		1.53				1.44	7.13	case rate	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Managed Care Inc	Managed Care Inc		6.75	0.9			1.44	7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Multiplan	Multiplan		6	0.8			1.44	7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Qualcare	Qualcare		5.63	0.75			1.44	7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Three Rivers	Three Rivers		7.13	0.95			1.44	7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	UHC	Medicare		1.44				1.44	7.13	case rate	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	UHC	Medicaid		2.36	0.3146			1.44	7.13	percent of total billed charges	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Wellcare	Medicare		1.44				1.44	7.13	case rate	
CYANOCOBALAMIN 1000MCG/1ML INJ	J3420	HCPCS	both			7.5	1.66	Wellcare	Medicaid		2.36	0.3146			1.44	7.13	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Aetna	Better Health		9.6	0.3146			2.9	28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Aetna	Commercial		11.59	0.38			2.9	28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Aetna	Medicare		2.9				2.9	28.98	case rate	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Americare	Americare		22.88	0.75			2.9	28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	WellPoint	WellPoint		9.78	0.3208			2.9	28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Amerihealth	Medicare		2.9				2.9	28.98	case rate	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Consumer	Consumer		28.98	0.95			2.9	28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Corrections	Corrections		24.4	0.8			2.9	28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	First Health	First Health		21.35	0.7			2.9	28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	First Trenton	First Trenton		27.45	0.9			2.9	28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Horizon	MGD		11.68	0.3828			2.9	28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Horizon	Medicare Blue		9.15	0.3			2.9	28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Horizon	Indemnity		11.68	0.3828			2.9	28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Horizon	NJ Health		3.07				2.9	28.98	case rate	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Horizon	PPO		11.68	0.3828			2.9	28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Managed Care Inc	Managed Care Inc		27.45	0.9			2.9	28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Multiplan	Multiplan		24.4	0.8			2.9	28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Qualcare	Qualcare		22.88	0.75			2.9	28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Three Rivers	Three Rivers		28.98	0.95			2.9	28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	UHC	Medicare		2.9				2.9	28.98	case rate	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	UHC	Medicaid		9.6	0.3146			2.9	28.98	percent of total billed charges	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Wellcare	Medicare		2.9				2.9	28.98	case rate	
PHYTONADIONE 1MG INJ	J3430	HCPCS	both			30.5	3.33	Wellcare	Medicaid		9.6	0.3146			2.9	28.98	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	Aetna	Better Health		10.54	0.3146			1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	Aetna	Medicare		1.16				1.16	31.83	case rate	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	Aetna	Commercial		12.73	0.38			1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	Americare	Americare		25.13	0.75			1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	WellPoint	WellPoint		10.75	0.3208			1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	Amerihealth	Medicare		1.16				1.16	31.83	case rate	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	Consumer	Consumer		31.83	0.95			1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	Corrections	Corrections		26.8	0.8			1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	First Health	First Health		23.45	0.7			1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	First Trenton	First Trenton		30.15	0.9			1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	Horizon	MGD		12.82	0.3828			1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	Horizon	Indemnity		12.82	0.3828			1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	Horizon	Medicare Blue		10.05	0.3			1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	Horizon	NJ Health		1.23				1.16	31.83	case rate	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	Horizon	PPO		12.82	0.3828			1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	Managed Care Inc	Managed Care Inc		30.15	0.9			1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	Multiplan	Multiplan		26.8	0.8			1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	Qualcare	Qualcare		25.13	0.75			1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	Three Rivers	Three Rivers		31.83	0.95			1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	UHC	Medicaid		10.54	0.3146			1.16	31.83	percent of total billed charges	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	UHC	Medicare		1.16				1.16	31.83	case rate	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	Wellcare	Medicare		1.16				1.16	31.83	case rate	
VORICONAZOLE 10MG INJ	J3465	HCPCS	both			33.5	1.33	Wellcare	Medicaid		10.54	0.3146			1.16	31.83	percent of total billed charges	
HYALURONIDASE 150U/1M INJ	J3470	HCPCS	outpatient			130.5		Aetna	Better Health		41.06	0.3146			39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1M INJ	J3470	HCPCS	outpatient			130.5		Aetna	Commercial		49.59	0.38			39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1M INJ	J3470	HCPCS	outpatient			130.5		Aetna	Medicare		40.19	0.308			39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1M INJ	J3470	HCPCS	outpatient			130.5		Americare	Americare		97.88	0.75			39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1M INJ	J3470	HCPCS	outpatient			130.5		WellPoint	WellPoint		41.86	0.3208			39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1M INJ	J3470	HCPCS	outpatient			130.5		Consumer	Consumer		123.98	0.95			39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1M INJ	J3470	HCPCS	outpatient			130.5		Corrections	Corrections		104.4	0.8			39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1M INJ	J3470	HCPCS	outpatient			130.5		First Health	First Health		91.35	0.7			39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1M INJ	J3470	HCPCS	outpatient			130.5		First Trenton	First Trenton		117.45	0.9			39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1M INJ	J3470	HCPCS	outpatient			130.5		Horizon	MGD		49.96	0.3828			39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1M INJ	J3470	HCPCS	outpatient			130.5		Horizon	Indemnity		49.96	0.3828			39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1M INJ	J3470	HCPCS	outpatient			130.5		Horizon	NJ Health		108.32	0.83			39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1M INJ	J3470	HCPCS	outpatient			130.5		Horizon	Medicare Blue		39.15	0.3			39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1M INJ	J3470	HCPCS	outpatient			130.5		Horizon	PPO		49.96	0.3828			39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1M INJ	J3470	HCPCS	outpatient			130.5		Managed Care Inc	Managed Care Inc		117.45	0.9			39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1M INJ	J3470	HCPCS	outpatient			130.5		Multiplan	Multiplan		104.4	0.8			39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1M INJ	J3470	HCPCS	outpatient			130.5		Qualcare	Qualcare		97.88	0.75			39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1M INJ	J3470	HCPCS	outpatient			130.5		Three Rivers	Three Rivers		123.98	0.95			39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1M INJ	J3470	HCPCS	outpatient			130.5		UHC	Medicaid		41.06	0.3146			39.15	123.98	percent of total billed charges	
HYALURONIDASE 150U/1M INJ	J3470	HCPCS	outpatient			130.5		Wellcare	Medicaid		41.06	0.3146			39.15	123.98	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5	0.57	Aetna	Medicare		0.5				0.45	1.43	case rate	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5	0.57	Aetna	Better Health		0.47	0.3146			0.45	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5	0.57	Aetna	Commercial		0.57	0.38			0.45	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5	0.57	Americare	Americare		1.13	0.75			0.45	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5	0.57	WellPoint	WellPoint		0.48	0.3208			0.45	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5	0.57	Amerihealth	Medicare		0.5				0.45	1.43	case rate	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5	0.57	Consumer	Consumer		1.43	0.95			0.45	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5	0.57	Corrections	Corrections		1.2	0.8			0.45	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5	0.57	First Health	First Health		1.05	0.7			0.45	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5	0.57	First Trenton	First Trenton		1.35	0.9			0.45	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5	0.57	Horizon	Medicare Blue		0.45	0.3			0.45	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5	0.57	Horizon	Indemnity		0.57	0.3828			0.45	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5	0.57	Horizon	PPO		0.57	0.3828			0.45	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5	0.57	Horizon	MGD		0.57	0.3828			0.45	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5	0.57	Horizon	NJ Health		0.53				0.45	1.43	case rate	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5	0.57	Managed Care Inc	Managed Care Inc		1.35	0.9			0.45	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5	0.57	Multiplan	Multiplan		1.2	0.8			0.45	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5	0.57	Qualcare	Qualcare		1.13	0.75			0.45	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5	0.57	Three Rivers	Three Rivers		1.43	0.95			0.45	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5	0.57	UHC	Medicare		0.5				0.45	1.43	case rate	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5	0.57	UHC	Medicaid		0.47	0.3146			0.45	1.43	percent of total billed charges	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5	0.57	Wellcare	Medicare		0.5				0.45	1.43	case rate	
HYALURONIDASE 1U INJ	J3471	HCPCS	outpatient			1.5	0.57	Wellcare	Medicaid		0.47	0.3146			0.45	1.43	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1	0.42	Aetna	Commercial		0.38	0.38			0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1	0.42	Aetna	Medicare		0.36				0.3	0.95	case rate	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1	0.42	Aetna	Better Health		0.31	0.3146			0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1	0.42	Americare	Americare		0.75	0.75			0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1	0.42	WellPoint	WellPoint		0.32	0.3208			0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1	0.42	Amerihealth	Medicare		0.36				0.3	0.95	case rate	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1	0.42	Consumer	Consumer		0.95	0.95			0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1	0.42	Corrections	Corrections		0.8	0.8			0.3	0.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1	0.42	First Health	First Health		0.7				0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1	0.42	First Trenton	First Trenton		0.9				0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1	0.42	Horizon	MGD		0.38	0.3828			0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1	0.42	Horizon	NJ Health		0.38				0.3	0.95	case rate	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1	0.42	Horizon	Indemnity		0.38	0.3828			0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1	0.42	Horizon	Medicare Blue		0.3	0.3			0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1	0.42	Horizon	PPO		0.38	0.3828			0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1	0.42	Managed Care Inc	Managed Care Inc		0.9	0.9			0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1	0.42	Multiplan	Multiplan		0.8	0.8			0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1	0.42	Qualcare	Qualcare		0.75	0.75			0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1	0.42	Three Rivers	Three Rivers		0.95	0.95			0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1	0.42	UHC	Medicaid		0.31	0.3146			0.3	0.95	percent of total billed charges	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1	0.42	UHC	Medicare		0.36				0.3	0.95	case rate	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1	0.42	Wellcare	Medicare		0.36				0.3	0.95	case rate	
HYALURONIDASE HUMAN RECOMB 1U	J3473	HCPCS	inpatient			1	0.42	Wellcare	Medicaid		0.31	0.3146			0.3	0.95	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5	0.79	Aetna	Commercial		21.09	0.38			0.69	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5	0.79	Aetna	Medicare		0.69				0.69	52.73	case rate	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5	0.79	Aetna	Better Health		17.46	0.3146			0.69	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5	0.79	Americare	Americare		41.63	0.75			0.69	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5	0.79	WellPoint	WellPoint		17.8	0.3208			0.69	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5	0.79	Amerihealth	Medicare		0.69				0.69	52.73	case rate	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5	0.79	Consumer	Consumer		52.73	0.95			0.69	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5	0.79	Corrections	Corrections		44.4	0.8			0.69	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5	0.79	First Health	First Health		38.85	0.7			0.69	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5	0.79	First Trenton	First Trenton		49.95	0.9			0.69	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5	0.79	Horizon	Indemnity		21.25	0.3828			0.69	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5	0.79	Horizon	Medicare Blue		16.65	0.3			0.69	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5	0.79	Horizon	MGD		21.25	0.3828			0.69	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5	0.79	Horizon	PPO		21.25	0.3828			0.69	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5	0.79	Horizon	NJ Health		0.73				0.69	52.73	case rate	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5	0.79	Managed Care Inc	Managed Care Inc		49.95	0.9			0.69	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5	0.79	Multiplan	Multiplan		44.4	0.8			0.69	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5	0.79	Qualcare	Qualcare		41.63	0.75			0.69	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5	0.79	Three Rivers	Three Rivers		52.73	0.95			0.69	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5	0.79	UHC	Medicare		0.69				0.69	52.73	case rate	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5	0.79	UHC	Medicaid		17.46	0.3146			0.69	52.73	percent of total billed charges	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5	0.79	Wellcare	Medicare		0.69				0.69	52.73	case rate	
MAGNESIUM SULFATE 8MEQ/2ML	J3475	HCPCS	both			55.5	0.79	Wellcare	Medicaid		17.46	0.3146			0.69	52.73	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5	0.14	Aetna	Better Health		0.79	0.3146			0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5	0.14	Aetna	Medicare		0.12				0.12	2.38	case rate	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5	0.14	Aetna	Commercial		0.95	0.38			0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5	0.14	Americare	Americare		1.88	0.75			0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5	0.14	WellPoint	WellPoint		0.8	0.3208			0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5	0.14	Amerihealth	Medicare		0.12				0.12	2.38	case rate	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5	0.14	Consumer	Consumer		2.38	0.95			0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5	0.14	Corrections	Corrections		2	0.8			0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5	0.14	First Health	First Health		1.75	0.7			0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5	0.14	First Trenton	First Trenton		2.25	0.9			0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5	0.14	Horizon	Medicare Blue		0.75	0.3			0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5	0.14	Horizon	Indemnity		0.96	0.3828			0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5	0.14	Horizon	MGD		0.96	0.3828			0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5	0.14	Horizon	PPO		0.96	0.3828			0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5	0.14	Horizon	NJ Health		0.13				0.12	2.38	case rate	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5	0.14	Managed Care Inc	Managed Care Inc		2.25	0.9			0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5	0.14	Multiplan	Multiplan		2	0.8			0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5	0.14	Qualcare	Qualcare		1.88	0.75			0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5	0.14	Three Rivers	Three Rivers		2.38	0.95			0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5	0.14	UHC	Medicare		0.12				0.12	2.38	case rate	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5	0.14	UHC	Medicaid		0.79	0.3146			0.12	2.38	percent of total billed charges	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5	0.14	Wellcare	Medicare		0.12				0.12	2.38	case rate	
POTASSIUM CHLORIDE 2MEQ/ML INJ	J3480	HCPCS	both			2.5	0.14	Wellcare	Medicaid		0.79	0.3146			0.12	2.38	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	both			5.5	1.74	Aetna	Commercial		2.09	0.38			1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	both			5.5	1.74	Aetna	Better Health		1.73	0.3146			1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	both			5.5	1.74	Aetna	Medicare		1.51				1.51	5.23	case rate	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	both			5.5	1.74	Americare	Americare		4.13	0.75			1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	both			5.5	1.74	WellPoint	WellPoint		1.76	0.3208			1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	both			5.5	1.74	Amerihealth	Medicare		1.51				1.51	5.23	case rate	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	both			5.5	1.74	Consumer	Consumer		5.23	0.95			1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	both			5.5	1.74	Corrections	Corrections		4.4	0.8			1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	both			5.5	1.74	First Health	First Health		3.85	0.7			1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	both			5.5	1.74	First Trenton	First Trenton		4.95	0.9			1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	both			5.5	1.74	Horizon	Indemnity		2.11	0.3828			1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	both			5.5	1.74	Horizon	MGD		2.11	0.3828			1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	both			5.5	1.74	Horizon	Medicare Blue		1.65	0.3			1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	both			5.5	1.74	Horizon	PPO		2.11	0.3828			1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	both			5.5	1.74	Horizon	NJ Health		1.6				1.51	5.23	case rate	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	both			5.5	1.74	Managed Care Inc	Managed Care Inc		4.95	0.9			1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	both			5.5	1.74	Multiplan	Multiplan		4.4	0.8			1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	both			5.5	1.74	Qualcare	Qualcare		4.13	0.75			1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	both			5.5	1.74	Three Rivers	Three Rivers		5.23	0.95			1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	both			5.5	1.74	UHC	Medicaid		1.73	0.3146			1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	both			5.5	1.74	UHC	Medicare		1.51				1.51	5.23	case rate	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	both			5.5	1.74	Wellcare	Medicaid		1.73	0.3146			1.51	5.23	percent of total billed charges	
ZIDOVUDINE 10MG/1ML INJ	J3485	HCPCS	both			5.5	1.74	Wellcare	Medicare		1.51				1.51	5.23	case rate	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5	11.22	Aetna	Medicare		9.76				9.76	289.28	case rate	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5	11.22	Aetna	Commercial		115.71	0.38			9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5	11.22	Aetna	Better Health		95.8	0.3146			9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5	11.22	Americare	Americare		228.38	0.75			9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5	11.22	WellPoint	WellPoint		97.68	0.3208			9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5	11.22	Amerihealth	Medicare		9.76				9.76	289.28	case rate	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5	11.22	Consumer	Consumer		289.28	0.95			9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5	11.22	Corrections	Corrections		243.6	0.8			9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5	11.22	First Health	First Health		213.15	0.7			9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5	11.22	First Trenton	First Trenton		274.05	0.9			9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5	11.22	Horizon	MGD		116.56	0.3828			9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5	11.22	Horizon	Indemnity		116.56	0.3828			9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5	11.22	Horizon	NJ Health		10.34				9.76	289.28	case rate	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5	11.22	Horizon	Medicare Blue		91.35	0.3			9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5	11.22	Horizon	PPO		116.56	0.3828			9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5	11.22	Managed Care Inc	Managed Care Inc		274.05	0.9			9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5	11.22	Multiplan	Multiplan		243.6	0.8			9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5	11.22	Qualcare	Qualcare		228.38	0.75			9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5	11.22	Three Rivers	Three Rivers		289.28	0.95			9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5	11.22	UHC	Medicare		9.76				9.76	289.28	case rate	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5	11.22	UHC	Medicaid		95.8	0.3146			9.76	289.28	percent of total billed charges	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5	11.22	Wellcare	Medicare		9.76				9.76	289.28	case rate	
ZIPRASIDONE 20MG/ML INJ	J3486	HCPCS	both			304.5	11.22	Wellcare	Medicaid		95.8	0.3146			9.76	289.28	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5	8.29	Aetna	Better Health		386.8	0.3146			7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5	8.29	Aetna	Medicare		7.21				7.21	1168.03	case rate	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5	8.29	Aetna	Commercial		467.21	0.38			7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5	8.29	Americare	Americare		922.13	0.75			7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5	8.29	WellPoint	WellPoint		394.42	0.3208			7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5	8.29	Amerihealth	Medicare		7.21				7.21	1168.03	case rate	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5	8.29	Consumer	Consumer		1168.03	0.95			7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5	8.29	Corrections	Corrections		983.6	0.8			7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5	8.29	First Health	First Health		860.65	0.7			7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5	8.29	First Trenton	First Trenton		1106.55	0.9			7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5	8.29	Horizon	Indemnity		470.65	0.3828			7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5	8.29	Horizon	MGD		470.65	0.3828			7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5	8.29	Horizon	PPO		470.65	0.3828			7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5	8.29	Horizon	Medicare Blue		368.85	0.3			7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5	8.29	Horizon	NJ Health		7.65				7.21	1168.03	case rate	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5	8.29	Managed Care Inc	Managed Care Inc		1106.55	0.9			7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5	8.29	Multiplan	Multiplan		983.6	0.8			7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5	8.29	Qualcare	Qualcare		922.13	0.75			7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5	8.29	Three Rivers	Three Rivers		1168.03	0.95			7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5	8.29	UHC	Medicaid		386.8	0.3146			7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5	8.29	UHC	Medicare		7.21				7.21	1168.03	case rate	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5	8.29	Wellcare	Medicaid		386.8	0.3146			7.21	1168.03	percent of total billed charges	
ZOLENDRONIC ACID 1MG (CHEMO)	J3489	HCPCS	both			1229.5	8.29	Wellcare	Medicare		7.21				7.21	1168.03	case rate	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Aetna	Commercial		903.45	0.38			0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Aetna	Better Health		747.96	0.3146			0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Aetna	Medicare		732.27	0.308			0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Americare	Americare		1783.13	0.75			0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		WellPoint	WellPoint		762.7	0.3208			0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Consumer	Consumer		2258.63	0.95			0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Corrections	Corrections		1902	0.8			0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		First Health	First Health		1664.25	0.7			0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		First Trenton	First Trenton		2139.75	0.9			0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Horizon	MGD		910.11	0.3828			0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Horizon	Indemnity		910.11	0.3828			0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Horizon	Medicare Blue		713.25	0.3			0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Horizon	PPO		910.11	0.3828			0.09	2258.63	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Horizon	NJ Health		1973.33	0.83			0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Managed Care Inc	Managed Care Inc		2139.75	0.9			0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Multiplan	Multiplan		1902	0.8			0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Qualcare	Qualcare		1783.13	0.75			0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Three Rivers	Three Rivers		2258.63	0.95			0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		UHC	Medicaid		747.96	0.3146			0.09	2258.63	percent of total billed charges	
VECURONIUMO BROMIDE 1MG	J3490	HCPCS	both			2377.5		Wellcare	Medicaid		747.96	0.3146			0.09	2258.63	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Aetna	Better Health		16.2	0.3146			1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Aetna	Commercial		19.57	0.38			1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Aetna	Medicare		15.86	0.308			1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Americare	Americare		38.63	0.75			1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		WellPoint	WellPoint		16.52	0.3208			1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Consumer	Consumer		48.93	0.95			1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Corrections	Corrections		41.2	0.8			1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		First Health	First Health		36.05	0.7			1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		First Trenton	First Trenton		46.35	0.9			1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Horizon	Indemnity		19.71	0.3828			1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Horizon	NJ Health		42.75	0.83			1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Horizon	Medicare Blue		15.45	0.3			1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Horizon	MGD		19.71	0.3828			1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Horizon	PPO		19.71	0.3828			1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Managed Care Inc	Managed Care Inc		46.35	0.9			1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Multiplan	Multiplan		41.2	0.8			1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Qualcare	Qualcare		38.63	0.75			1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Three Rivers	Three Rivers		48.93	0.95			1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		UHC	Medicaid		16.2	0.3146			1.2	48.93	percent of total billed charges	
EDROPHONIUM 150MG MDV	J3520	HCPCS	outpatient			51.5		Wellcare	Medicaid		16.2	0.3146			1.2	48.93	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Aetna	Better Health		144.4	0.3146			137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Aetna	Medicare		141.37	0.308			137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Aetna	Commercial		174.42	0.38			137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Americare	Americare		344.25	0.75			137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		WellPoint	WellPoint		147.25	0.3208			137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Consumer	Consumer		436.05	0.95			137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Corrections	Corrections		367.2	0.8			137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		First Health	First Health		321.3	0.7			137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		First Trenton	First Trenton		413.1	0.9			137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Horizon	MGD		175.71	0.3828			137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Horizon	Indemnity		175.71	0.3828			137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Horizon	PPO		175.71	0.3828			137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Horizon	Medicare Blue		137.7	0.3			137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Managed Care Inc	Managed Care Inc		413.1	0.9			137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Multiplan	Multiplan		367.2	0.8			137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Qualcare	Qualcare		344.25	0.75			137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Three Rivers	Three Rivers		436.05	0.95			137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		UHC	Medicaid		144.4	0.3146			137.7	436.05	percent of total billed charges	
IPRATORIUM BROMIDE 17MCG AER	J3535	HCPCS	both			459		Wellcare	Medicaid		144.4	0.3146			137.7	436.05	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	inpatient			3377		Aetna	Commercial		1283.26	0.38			1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	inpatient			3377		Aetna	Medicare		1040.12	0.308			1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	inpatient			3377		Aetna	Better Health		1062.4	0.3146			1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	inpatient			3377		Americare	Americare		2532.75	0.75			1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	inpatient			3377		WellPoint	WellPoint		1083.34	0.3208			1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	inpatient			3377		Consumer	Consumer		3208.15	0.95			1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	inpatient			3377		Corrections	Corrections		2701.6	0.8			1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	inpatient			3377		First Health	First Health		2363.9	0.7			1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	inpatient			3377		First Trenton	First Trenton		3039.3	0.9			1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	inpatient			3377		Horizon	Medicare Blue		1013.1	0.3			1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	inpatient			3377		Horizon	NJ Health		2802.91	0.83			1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	inpatient			3377		Horizon	MGD		1292.72	0.3828			1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	inpatient			3377		Horizon	Indemnity		1292.72	0.3828			1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	inpatient			3377		Horizon	PPO		1292.72	0.3828			1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	inpatient			3377		Managed Care Inc	Managed Care Inc		3039.3	0.9			1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	inpatient			3377		Multiplan	Multiplan		2701.6	0.8			1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	inpatient			3377		Qualcare	Qualcare		2532.75	0.75			1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	inpatient			3377		Three Rivers	Three Rivers		3208.15	0.95			1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	inpatient			3377		UHC	Medicaid		1062.4	0.3146			1013.1	3208.15	percent of total billed charges	
IDARUCIZUMAB(PRAXBIND) 2.5GM INJ	J3590	HCPCS	inpatient			3377		Wellcare	Medicaid		1062.4	0.3146			1013.1	3208.15	percent of total billed charges	
NORMAL SALINE 0.9% UP TO 1 000 CC	J7030	HCPCS	outpatient					3.09 Aetna	Medicare		2.69				2.69	2.85	case rate	
NORMAL SALINE 0.9% UP TO 1 000 CC	J7030	HCPCS	outpatient					3.09 Amerihealth	Medicare		2.69				2.69	2.85	case rate	
NORMAL SALINE 0.9% UP TO 1 000 CC	J7030	HCPCS	outpatient					3.09 Horizon	NJ Health		2.85				2.69	2.85	case rate	
NORMAL SALINE 0.9% UP TO 1 000 CC	J7030	HCPCS	outpatient					3.09 UHC	Medicare		2.69				2.69	2.85	case rate	
NORMAL SALINE 0.9% UP TO 1 000 CC	J7030	HCPCS	outpatient					3.09 Wellcare	Medicare		2.69				2.69	2.85	case rate	
NORMAL SALINE 0.9% UP TO 500 CC	J7040	HCPCS	outpatient					1.55 Aetna	Medicare		1.35				1.35	1.43	case rate	
NORMAL SALINE 0.9% UP TO 500 CC	J7040	HCPCS	outpatient					1.55 Amerihealth	Medicare		1.35				1.35	1.43	case rate	
NORMAL SALINE 0.9% UP TO 500 CC	J7040	HCPCS	outpatient					1.55 Horizon	NJ Health		1.43				1.35	1.43	case rate	
NORMAL SALINE 0.9% UP TO 500 CC	J7040	HCPCS	outpatient					1.55 UHC	Medicare		1.35				1.35	1.43	case rate	
NORMAL SALINE 0.9% UP TO 500 CC	J7040	HCPCS	outpatient					1.55 Wellcare	Medicare		1.35				1.35	1.43	case rate	
NORMAL SALINE 0.9% UP TO 250 CC	J7050	HCPCS	outpatient					0.77 Aetna	Medicare		0.67				0.67	0.71	case rate	
NORMAL SALINE 0.9% UP TO 250 CC	J7050	HCPCS	outpatient					0.77 Amerihealth	Medicare		0.67				0.67	0.71	case rate	
NORMAL SALINE 0.9% UP TO 250 CC	J7050	HCPCS	outpatient					0.77 Horizon	NJ Health		0.71				0.67	0.71	case rate	
NORMAL SALINE 0.9% UP TO 250 CC	J7050	HCPCS	outpatient					0.77 UHC	Medicare		0.67				0.67	0.71	case rate	
NORMAL SALINE 0.9% UP TO 250 CC	J7050	HCPCS	outpatient					0.77 Wellcare	Medicare		0.67				0.67	0.71	case rate	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Aetna	Better Health		48.92	0.3146			46.65	147.73	percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Aetna	Commercial		59.09	0.38			46.65	147.73	percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Aetna	Medicare		47.89	0.308			46.65	147.73	percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Americare	Americare		116.63	0.75			46.65	147.73	percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		WellPoint	WellPoint		49.88	0.3208			46.65	147.73	percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Consumer	Consumer		147.73	0.95			46.65	147.73	percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Corrections	Corrections		124.4	0.8			46.65	147.73	percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		First Health	First Health		108.85	0.7			46.65	147.73	percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		First Trenton	First Trenton		139.95	0.9			46.65	147.73	percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Horizon	MGD		59.53	0.3828			46.65	147.73	percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Horizon	NJ Health		129.07	0.83			46.65	147.73	percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Horizon	Medicare Blue		46.65	0.3			46.65	147.73	percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Horizon	Indemnity		59.53	0.3828			46.65	147.73	percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Horizon	PPO		59.53	0.3828			46.65	147.73	percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Managed Care Inc	Managed Care Inc		139.95	0.9			46.65	147.73	percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Multiplan	Multiplan		124.4	0.8			46.65	147.73	percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Qualcare	Qualcare		116.63	0.75			46.65	147.73	percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Three Rivers	Three Rivers		147.73	0.95			46.65	147.73	percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		UHC	Medicaid		48.92	0.3146			46.65	147.73	percent of total billed charges	
DEXTRAN 40 10% D5W 500ML	J7100	HCPCS	outpatient			155.5		Wellcare	Medicaid		48.92	0.3146			46.65	147.73	percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	inpatient			5		3.15 Aetna	Commercial		4.36	1.592			1.57	5.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	inpatient			5		3.15 Aetna	Better Health		1.57	0.3146			1.57	5.01	percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	inpatient			5		3.15 Aetna	Medicare		2.74	1			1.57	5.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	inpatient			5		3.15 Americare	Americare		3.75	0.75			1.57	5.01	percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	inpatient			5		3.15 WellPoint	WellPoint		1.6	0.3208			1.57	5.01	percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	inpatient			5		3.15 Amerihealth	Medicare		2.74	1			1.57	5.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	inpatient			5		3.15 Consumer	Consumer		4.75	0.95			1.57	5.01	percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	inpatient			5		3.15 Corrections	Corrections		4	0.8			1.57	5.01	percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	inpatient			5		3.15 First Health	First Health		3.5	0.7			1.57	5.01	percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	inpatient			5		3.15 First Trenton	First Trenton		4.5	0.9			1.57	5.01	percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	inpatient			5		3.15 Horizon	Indemnity		5.01	1.827			1.57	5.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	inpatient			5		3.15 Horizon	MGD		5.01	1.827			1.57	5.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	inpatient			5		3.15 Horizon	Medicare Blue		2.74	1			1.57	5.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	inpatient			5		3.15 Horizon	NJ Health		4.15	0.83			1.57	5.01	percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	inpatient			5		3.15 Horizon	PPO		5.01	1.827			1.57	5.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	inpatient			5		3.15 Managed Care Inc	Managed Care Inc		4.5	0.9			1.57	5.01	percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	inpatient			5		3.15 Multiplan	Multiplan		4	0.8			1.57	5.01	percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	inpatient			5		3.15 Qualcare	Qualcare		3.75	0.75			1.57	5.01	percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	inpatient			5		3.15 Three Rivers	Three Rivers		4.75	0.95			1.57	5.01	percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	inpatient			5		3.15 UHC	Medicaid		1.57	0.3146			1.57	5.01	percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	inpatient			5		3.15 UHC	Medicare		2.74	1			1.57	5.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	inpatient			5		3.15 Wellcare	Medicaid		1.57	0.3146			1.57	5.01	percent of total billed charges	
HUMAN PROTHROMBIN(KCENTRA)1IU INJ	J7168	HCPCS	inpatient			5		3.15 Wellcare	Medicare		2.74	1			1.57	5.01	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5		182.71 Aetna	Better Health		354.4	0.3146			158.88	1070.18	percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5		182.71 Aetna	Commercial		252.94	1.592			158.88	1070.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5		182.71 Aetna	Medicare		158.88	1			158.88	1070.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5		182.71 Americare	Americare		844.88	0.75			158.88	1070.18	percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5		182.71 WellPoint	WellPoint		361.38	0.3208			158.88	1070.18	percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5		182.71 Amerihealth	Medicare		158.88	1			158.88	1070.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5		182.71 Consumer	Consumer		1070.18	0.95			158.88	1070.18	percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5		182.71 Corrections	Corrections		901.2	0.8			158.88	1070.18	percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5		182.71 First Health	First Health		788.55	0.7			158.88	1070.18	percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5		182.71 First Trenton	First Trenton		1013.85	0.9			158.88	1070.18	percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5		182.71 Horizon	Medicare Blue		158.88	1			158.88	1070.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5		182.71 Horizon	Indemnity		290.27	1.827			158.88	1070.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5		182.71 Horizon	MGD		290.27	1.827			158.88	1070.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5		182.71 Horizon	NJ Health		935	0.83			158.88	1070.18	percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5		182.71 Horizon	PPO		290.27	1.827			158.88	1070.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5		182.71 Managed Care Inc	Managed Care Inc		1013.85	0.9			158.88	1070.18	percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5		182.71 Multiplan	Multiplan		901.2	0.8			158.88	1070.18	percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5		182.71 Qualcare	Qualcare		844.88	0.75			158.88	1070.18	percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5		182.71 Three Rivers	Three Rivers		1070.18	0.95			158.88	1070.18	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.71	UHC	Medicare		158.88	1			158.88	1070.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.71	UHC	Medicaid		354.4	0.3146			158.88	1070.18	percent of total billed charges	
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.71	Wellcare	Medicare		158.88	1			158.88	1070.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR XA INACTIVATED(ANDEXXA)10MG INJ	J7169	HCPCS	inpatient			1126.5	182.71	Wellcare	Medicaid		354.4	0.3146			158.88	1070.18	percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)*PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Aetna	Medicare		1.3				1.3	5.7	case rate	
VON WILLEBRAND FACTOR(WILATE)*PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Aetna	Commercial		2.48	1.592			1.3	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VON WILLEBRAND FACTOR(WILATE)*PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Aetna	Better Health		1.89	0.3146			1.3	5.7	percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)*PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Americare	Americare		4.5	0.75			1.3	5.7	percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)*PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	WellPoint	WellPoint		1.92	0.3208			1.3	5.7	percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)*PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Amerihealth	Medicare		1.3				1.3	5.7	case rate	
VON WILLEBRAND FACTOR(WILATE)*PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Consumer	Consumer		5.7	0.95			1.3	5.7	percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)*PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Corrections	Corrections		4.8	0.8			1.3	5.7	percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)*PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	First Health	First Health		4.2	0.7			1.3	5.7	percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)*PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	First Trenton	First Trenton		5.4	0.9			1.3	5.7	percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)*PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Horizon	MGD		2.85	1.827			1.3	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VON WILLEBRAND FACTOR(WILATE)*PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Horizon	Medicare Blue		1.56	1			1.3	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VON WILLEBRAND FACTOR(WILATE)*PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Horizon	NJ Health		1.37				1.3	5.7	case rate	
VON WILLEBRAND FACTOR(WILATE)*PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Horizon	Indemnity		2.85	1.827			1.3	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VON WILLEBRAND FACTOR(WILATE)*PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Horizon	PPO		2.85	1.827			1.3	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VON WILLEBRAND FACTOR(WILATE)*PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Managed Care Inc	Managed Care Inc		5.4	0.9			1.3	5.7	percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)*PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Multiplan	Multiplan		4.8	0.8			1.3	5.7	percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)*PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Qualcare	Qualcare		4.5	0.75			1.3	5.7	percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)*PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Three Rivers	Three Rivers		5.7	0.95			1.3	5.7	percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)*PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	UHC	Medicaid		1.89	0.3146			1.3	5.7	percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)*PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	UHC	Medicare		1.3				1.3	5.7	case rate	
VON WILLEBRAND FACTOR(WILATE)*PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Wellcare	Medicaid		1.89	0.3146			1.3	5.7	percent of total billed charges	
VON WILLEBRAND FACTOR(WILATE)*PWD VIAL 1I	J7183	HCPCS	outpatient			6	1.49	Wellcare	Medicare		1.3				1.3	5.7	case rate	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	inpatient			6	1.49	Aetna	Commercial		2.47	1.592			1.29	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	inpatient			6	1.49	Aetna	Medicare		1.29				1.29	5.7	case rate	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	inpatient			6	1.49	Aetna	Better Health		1.89	0.3146			1.29	5.7	percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	inpatient			6	1.49	Americare	Americare		4.5	0.75			1.29	5.7	percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	inpatient			6	1.49	WellPoint	WellPoint		1.92	0.3208			1.29	5.7	percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	inpatient			6	1.49	Amerihealth	Medicare		1.29				1.29	5.7	case rate	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	inpatient			6	1.49	Consumer	Consumer		5.7	0.95			1.29	5.7	percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	inpatient			6	1.49	Corrections	Corrections		4.8	0.8			1.29	5.7	percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	inpatient			6	1.49	First Health	First Health		4.2	0.7			1.29	5.7	percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	inpatient			6	1.49	First Trenton	First Trenton		5.4	0.9			1.29	5.7	percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	inpatient			6	1.49	Horizon	NJ Health		1.37				1.29	5.7	case rate	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	inpatient			6	1.49	Horizon	MGD		2.83	1.827			1.29	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	inpatient			6	1.49	Horizon	Medicare Blue		1.55	1			1.29	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	inpatient			6	1.49	Horizon	Indemnity		2.83	1.827			1.29	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	inpatient			6	1.49	Horizon	PPO		2.83	1.827			1.29	5.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	inpatient			6	1.49	Managed Care Inc	Managed Care Inc		5.4	0.9			1.29	5.7	percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	inpatient			6	1.49	Multiplan	Multiplan		4.8	0.8			1.29	5.7	percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	inpatient			6	1.49	Qualcare	Qualcare		4.5	0.75			1.29	5.7	percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	inpatient			6	1.49	Three Rivers	Three Rivers		5.7	0.95			1.29	5.7	percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	inpatient			6	1.49	UHC	Medicaid		1.89	0.3146			1.29	5.7	percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	inpatient			6	1.49	UHC	Medicare		1.29				1.29	5.7	case rate	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	inpatient			6	1.49	Wellcare	Medicaid		1.89	0.3146			1.29	5.7	percent of total billed charges	
ANTIHEMOPH F VIII(XYNTHA) 1IU	J7185	HCPCS	inpatient			6	1.49	Wellcare	Medicare		1.29				1.29	5.7	case rate	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Aetna	Commercial		2.58	1.592			1.35	20.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Aetna	Better Health		6.92	0.3146			1.35	20.9	percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Aetna	Medicare		1.35				1.35	20.9	case rate	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Americare	Americare		16.5	0.75			1.35	20.9	percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	WellPoint	WellPoint		7.06	0.3208			1.35	20.9	percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Amerihealth	Medicare		1.35				1.35	20.9	case rate	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Consumer	Consumer		20.9	0.95			1.35	20.9	percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Corrections	Corrections		17.6	0.8			1.35	20.9	percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	First Health	First Health		15.4	0.7			1.35	20.9	percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	First Trenton	First Trenton		19.8	0.9			1.35	20.9	percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Horizon	Indemnity		2.96	1.827			1.35	20.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Horizon	NJ Health		1.43				1.35	20.9	case rate	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Horizon	MGD		2.96	1.827			1.35	20.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Horizon	Medicare Blue		1.62	1			1.35	20.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Horizon	PPO		2.96	1.827			1.35	20.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Managed Care Inc	Managed Care Inc		19.8	0.9			1.35	20.9	percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Multiplan	Multiplan		17.6	0.8			1.35	20.9	percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Qualcare	Qualcare		16.5	0.75			1.35	20.9	percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Three Rivers	Three Rivers		20.9	0.95			1.35	20.9	percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	UHC	Medicare		1.35				1.35	20.9	case rate	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	UHC	Medicaid		6.92	0.3146			1.35	20.9	percent of total billed charges	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Wellcare	Medicare		1.35				1.35	20.9	case rate	
VON WILLEBRAND FACTOR COMPLEX	J7187	HCPCS	both			22	1.55	Wellcare	Medicaid		6.92	0.3146			1.35	20.9	percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	Aetna	Commercial		4.65	1.592			1.42	5.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	Aetna	Better Health		1.42	0.3146			1.42	5.33	percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	Aetna	Medicare		2.43				1.42	5.33	case rate	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	Americare	Americare		3.38	0.75			1.42	5.33	percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	WellPoint	WellPoint		1.44	0.3208			1.42	5.33	percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	Amerihealth	Medicare		2.43				1.42	5.33	case rate	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	Consumer	Consumer		4.28	0.95			1.42	5.33	percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	Corrections	Corrections		3.6	0.8			1.42	5.33	percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	First Health	First Health		3.15	0.7			1.42	5.33	percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	First Trenton	First Trenton		4.05	0.9			1.42	5.33	percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	Horizon	PPO		5.33	1.827			1.42	5.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	Horizon	Indemnity		5.33	1.827			1.42	5.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	Horizon	Medicare Blue		2.92	1			1.42	5.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	Horizon	NJ Health		2.57				1.42	5.33	case rate	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	Horizon	MGD		5.33	1.827			1.42	5.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	Managed Care Inc	Managed Care Inc		4.05	0.9			1.42	5.33	percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	Multiplan	Multiplan		3.6	0.8			1.42	5.33	percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	Qualcare	Qualcare		3.38	0.75			1.42	5.33	percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	Three Rivers	Three Rivers		4.28	0.95			1.42	5.33	percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	UHC	Medicaid		1.42	0.3146			1.42	5.33	percent of total billed charges	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	UHC	Medicare		2.43				1.42	5.33	case rate	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	Wellcare	Medicare		2.43				1.42	5.33	case rate	
FACTOR VIIA PER 1 MICROGRAM	J7189	HCPCS	inpatient			4.5	2.79	Wellcare	Medicaid		1.42	0.3146			1.42	5.33	percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	inpatient			3	1.18	Aetna	Medicare		1.03				0.94	2.85	case rate	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	inpatient			3	1.18	Aetna	Better Health		0.94	0.3146			0.94	2.85	percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	inpatient			3	1.18	Aetna	Commercial		1.97	1.592			0.94	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	inpatient			3	1.18	Americare	Americare		2.25	0.75			0.94	2.85	percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	inpatient			3	1.18	WellPoint	WellPoint		0.96	0.3208			0.94	2.85	percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	inpatient			3	1.18	Amerihealth	Medicare		1.03				0.94	2.85	case rate	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	inpatient			3	1.18	Consumer	Consumer		2.85	0.95			0.94	2.85	percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	inpatient			3	1.18	Corrections	Corrections		2.4	0.8			0.94	2.85	percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	inpatient			3	1.18	First Health	First Health		2.1	0.7			0.94	2.85	percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	inpatient			3	1.18	First Trenton	First Trenton		2.7	0.9			0.94	2.85	percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	inpatient			3	1.18	Horizon	MGD		2.27	1.827			0.94	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	inpatient			3	1.18	Horizon	Medicare Blue		1.24	1			0.94	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	inpatient			3	1.18	Horizon	Indemnity		2.27	1.827			0.94	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	inpatient			3	1.18	Horizon	NJ Health		1.09				0.94	2.85	case rate	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	inpatient			3	1.18	Horizon	PPO		2.27	1.827			0.94	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	inpatient			3	1.18	Managed Care Inc	Managed Care Inc		2.7	0.9			0.94	2.85	percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	inpatient			3	1.18	Multiplan	Multiplan		2.4	0.8			0.94	2.85	percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	inpatient			3	1.18	Qualcare	Qualcare		2.25	0.75			0.94	2.85	percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	inpatient			3	1.18	Three Rivers	Three Rivers		2.85	0.95			0.94	2.85	percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	inpatient			3	1.18	UHC	Medicaid		0.94	0.3146			0.94	2.85	percent of total billed charges	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	inpatient			3	1.18	UHC	Medicare		1.03				0.94	2.85	case rate	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	inpatient			3	1.18	Wellcare	Medicare		1.03				0.94	2.85	case rate	
ANTIHEMOPHILIC FACTOR(KOATE)1UNIT INJ	J7190	HCPCS	inpatient			3	1.18	Wellcare	Medicaid		0.94	0.3146			0.94	2.85	percent of total billed charges	
FACTOR VIII RECOM)KOGENATE FS)1U	J7192	HCPCS	both			23	1.74	Aetna	Better Health		7.24	0.3146			1.26	21.85	percent of total billed charges	
FACTOR VIII RECOM)KOGENATE FS)1U	J7192	HCPCS	both			23	1.74	Aetna	Medicare		1.51				1.26	21.85	case rate	
FACTOR VIII RECOM)KOGENATE FS)1U	J7192	HCPCS	both			23	1.74	Aetna	Commercial		2.88	1.592			1.26	21.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIII RECOM)KOGENATE FS)1U	J7192	HCPCS	both			23	1.74	Americare	Americare		17.25	0.75			1.26	21.85	percent of total billed charges	
FACTOR VIII RECOM)KOGENATE FS)1U	J7192	HCPCS	both			23	1.74	WellPoint	WellPoint		7.38	0.3208			1.26	21.85	percent of total billed charges	
FACTOR VIII RECOM)KOGENATE FS)1U	J7192	HCPCS	both			23	1.74	Amerihealth	Medicare		1.51				1.26	21.85	case rate	
FACTOR VIII RECOM)KOGENATE FS)1U	J7192	HCPCS	both			23	1.74	Consumer	Consumer		21.85	0.95			1.26	21.85	percent of total billed charges	
FACTOR VIII RECOM)KOGENATE FS)1U	J7192	HCPCS	both			23	1.74	Corrections	Corrections		18.4	0.8			1.26	21.85	percent of total billed charges	
FACTOR VIII RECOM)KOGENATE FS)1U	J7192	HCPCS	both			23	1.74	First Health	First Health		16.1	0.7			1.26	21.85	percent of total billed charges	
FACTOR VIII RECOM)KOGENATE FS)1U	J7192	HCPCS	both			23	1.74	First Trenton	First Trenton		20.7	0.9			1.26	21.85	percent of total billed charges	
FACTOR VIII RECOM)KOGENATE FS)1U	J7192	HCPCS	both			23	1.74	Horizon	Indemnity		3.31	1.827			1.26	21.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIII RECOM)KOGENATE FS)1U	J7192	HCPCS	both			23	1.74	Horizon	NJ Health		1.6				1.26	21.85	case rate	
FACTOR VIII RECOM)KOGENATE FS)1U	J7192	HCPCS	both			23	1.74	Horizon	MGD		3.31	1.827			1.26	21.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIII RECOM)KOGENATE FS)1U	J7192	HCPCS	both			23	1.74	Horizon	Medicare Blue		1.81	1			1.26	21.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIII RECOM)KOGENATE FS)1U	J7192	HCPCS	both			23	1.74	Horizon	PPO		3.31	1.827			1.26	21.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR VIII RECOM)KOGENATE FS)1U	J7192	HCPCS	both			23	1.74	Managed Care Inc	Managed Care Inc		20.7	0.9			1.26	21.85	percent of total billed charges	
FACTOR VIII RECOM)KOGENATE FS)1U	J7192	HCPCS	both			23	1.74	Multiplan	Multiplan		18.4	0.8			1.26	21.85	percent of total billed charges	
FACTOR VIII RECOM)KOGENATE FS)1U	J7192	HCPCS	both			23	1.74	Qualcare	Qualcare		17.25	0.75			1.26	21.85	percent of total billed charges	
FACTOR VIII RECOM)KOGENATE FS)1U	J7192	HCPCS	both			23	1.74	Three Rivers	Three Rivers		21.85	0.95			1.26	21.85	percent of total billed charges	
FACTOR VIII RECOM)KOGENATE FS)1U	J7192	HCPCS	both			23	1.74	UHC	Medicare		1.51				1.26	21.85	case rate	
FACTOR VIII RECOM)KOGENATE FS)1U	J7192	HCPCS	both			23	1.74	UHC	Medicaid		7.24	0.3146			1.26	21.85	percent of total billed charges	
FACTOR VIII RECOM)KOGENATE FS)1U	J7192	HCPCS	both			23	1.74	Wellcare	Medicare		1.51				1.26	21.85	case rate	
FACTOR VIII RECOM)KOGENATE FS)1U	J7192	HCPCS	both			23	1.74	Wellcare	Medicaid		7.24	0.3146			1.26	21.85	percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	both			22	2.01	Aetna	Commercial		3.34	1.592			1.26	20.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FACTOR IX RECOMBINANT	J7195	HCPCS	both			22	2.01	Aetna	Medicare		1.75				1.26	20.9	case rate	
FACTOR IX RECOMBINANT	J7195	HCPCS	both			22	2.01	Aetna	Better Health		6.92	0.3146			1.26	20.9	percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	both			22	2.01	Americare	Americare		16.5	0.75			1.26	20.9	percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	both			22	2.01	WellPoint	WellPoint		7.06	0.3208			1.26	20.9	percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	both			22	2.01	Amerihealth	Medicare		1.75				1.26	20.9	case rate	
FACTOR IX RECOMBINANT	J7195	HCPCS	both			22	2.01	Consumer	Consumer		20.9	0.95			1.26	20.9	percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	both			22	2.01	Corrections	Corrections		17.6	0.8			1.26	20.9	percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	both			22	2.01	First Health	First Health		15.4	0.7			1.26	20.9	percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	both			22	2.01	First Trenton	First Trenton		19.8	0.9			1.26	20.9	percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	both			22	2.01	Horizon	MGD		3.84	1.827			1.26	20.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR IX RECOMBINANT	J7195	HCPCS	both			22	2.01	Horizon	Medicare Blue		2.1	1			1.26	20.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR IX RECOMBINANT	J7195	HCPCS	both			22	2.01	Horizon	Indemnity		3.84	1.827			1.26	20.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR IX RECOMBINANT	J7195	HCPCS	both			22	2.01	Horizon	NJ Health		1.86				1.26	20.9	case rate	
FACTOR IX RECOMBINANT	J7195	HCPCS	both			22	2.01	Horizon	PPO		3.84	1.827			1.26	20.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FACTOR IX RECOMBINANT	J7195	HCPCS	both			22	2.01	Managed Care Inc	Managed Care Inc		19.8	0.9			1.26	20.9	percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	both			22	2.01	Multiplan	Multiplan		17.6	0.8			1.26	20.9	percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	both			22	2.01	Qualcare	Qualcare		16.5	0.75			1.26	20.9	percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	both			22	2.01	Three Rivers	Three Rivers		20.9	0.95			1.26	20.9	percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	both			22	2.01	UHC	Medicare		1.75				1.26	20.9	case rate	
FACTOR IX RECOMBINANT	J7195	HCPCS	both			22	2.01	UHC	Medicaid		6.92	0.3146			1.26	20.9	percent of total billed charges	
FACTOR IX RECOMBINANT	J7195	HCPCS	both			22	2.01	Wellcare	Medicare		1.75				1.26	20.9	case rate	
FACTOR IX RECOMBINANT	J7195	HCPCS	both			22	2.01	Wellcare	Medicaid		6.92	0.3146			1.26	20.9	percent of total billed charges	
ANTITHROMBIN III (HUMAN) PER U	J7197	HCPCS	outpatient			6.5	4.45	Aetna	Better Health		2.04	0.3146			2.04	8.5	percent of total billed charges	
ANTITHROMBIN III (HUMAN) PER U	J7197	HCPCS	outpatient			6.5	4.45	Aetna	Medicare		3.87				2.04	8.5	case rate	
ANTITHROMBIN III (HUMAN) PER U	J7197	HCPCS	outpatient			6.5	4.45	Aetna	Commercial		7.4	1.592			2.04	8.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTITHROMBIN III (HUMAN) PER U	J7197	HCPCS	outpatient			6.5	4.45	Americare	Americare		4.88	0.75			2.04	8.5	percent of total billed charges	
ANTITHROMBIN III (HUMAN) PER U	J7197	HCPCS	outpatient			6.5	4.45	WellPoint	WellPoint		2.09	0.3208			2.04	8.5	percent of total billed charges	
ANTITHROMBIN III (HUMAN) PER U	J7197	HCPCS	outpatient			6.5	4.45	Amerihealth	Medicare		3.87				2.04	8.5	case rate	
ANTITHROMBIN III (HUMAN) PER U	J7197	HCPCS	outpatient			6.5	4.45	Consumer	Consumer		6.18	0.95			2.04	8.5	percent of total billed charges	
ANTITHROMBIN III (HUMAN) PER U	J7197	HCPCS	outpatient			6.5	4.45	Corrections	Corrections		5.2	0.8			2.04	8.5	percent of total billed charges	
ANTITHROMBIN III (HUMAN) PER U	J7197	HCPCS	outpatient			6.5	4.45	First Health	First Health		4.55	0.7			2.04	8.5	percent of total billed charges	
ANTITHROMBIN III (HUMAN) PER U	J7197	HCPCS	outpatient			6.5	4.45	First Trenton	First Trenton		5.85	0.9			2.04	8.5	percent of total billed charges	
ANTITHROMBIN III (HUMAN) PER U	J7197	HCPCS	outpatient			6.5	4.45	Horizon	PPO		8.5	1.827			2.04	8.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTITHROMBIN III (HUMAN) PER U	J7197	HCPCS	outpatient			6.5	4.45	Horizon	Indemnity		8.5	1.827			2.04	8.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTITHROMBIN III (HUMAN) PER U	J7197	HCPCS	outpatient			6.5	4.45	Horizon	MGD		8.5	1.827			2.04	8.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTITHROMBIN III (HUMAN) PER U	J7197	HCPCS	outpatient			6.5	4.45	Horizon	Medicare Blue		4.65	1			2.04	8.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTITHROMBIN III (HUMAN) PER U	J7197	HCPCS	outpatient			6.5	4.45	Horizon	NJ Health		4.1				2.04	8.5	case rate	
ANTITHROMBIN III (HUMAN) PER U	J7197	HCPCS	outpatient			6.5	4.45	Managed Care Inc	Managed Care Inc		5.85	0.9			2.04	8.5	percent of total billed charges	
ANTITHROMBIN III (HUMAN) PER U	J7197	HCPCS	outpatient			6.5	4.45	Multiplan	Multiplan		5.2	0.8			2.04	8.5	percent of total billed charges	
ANTITHROMBIN III (HUMAN) PER U	J7197	HCPCS	outpatient			6.5	4.45	Qualcare	Qualcare		4.88	0.75			2.04	8.5	percent of total billed charges	
ANTITHROMBIN III (HUMAN) PER U	J7197	HCPCS	outpatient			6.5	4.45	Three Rivers	Three Rivers		6.18	0.95			2.04	8.5	percent of total billed charges	
ANTITHROMBIN III (HUMAN) PER U	J7197	HCPCS	outpatient			6.5	4.45	UHC	Medicaid		2.04	0.3146			2.04	8.5	percent of total billed charges	
ANTITHROMBIN III (HUMAN) PER U	J7197	HCPCS	outpatient			6.5	4.45	UHC	Medicare		3.87				2.04	8.5	case rate	
ANTITHROMBIN III (HUMAN) PER U	J7197	HCPCS	outpatient			6.5	4.45	Wellcare	Medicare		3.87				2.04	8.5	case rate	
ANTITHROMBIN III (HUMAN) PER U	J7197	HCPCS	outpatient			6.5	4.45	Wellcare	Medicaid		2.04	0.3146			2.04	8.5	percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5	2.61	Aetna	Commercial		4.33	1.592			1.73	5.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5	2.61	Aetna	Better Health		1.73	0.3146			1.73	5.23	percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5	2.61	Aetna	Medicare		2.27				1.73	5.23	case rate	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5	2.61	Americare	Americare		4.13	0.75			1.73	5.23	percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5	2.61	WellPoint	WellPoint		1.76	0.3208			1.73	5.23	percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5	2.61	Amerihealth	Medicare		2.27				1.73	5.23	case rate	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5	2.61	Consumer	Consumer		5.23	0.95			1.73	5.23	percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5	2.61	Corrections	Corrections		4.4	0.8			1.73	5.23	percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5	2.61	First Health	First Health		3.85	0.7			1.73	5.23	percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5	2.61	First Trenton	First Trenton		4.95	0.9			1.73	5.23	percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5	2.61	Horizon	MGD		4.97	1.827			1.73	5.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5	2.61	Horizon	Indemnity		4.97	1.827			1.73	5.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5	2.61	Horizon	Medicare Blue		2.72	1			1.73	5.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5	2.61	Horizon	PPO		4.97	1.827			1.73	5.23	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5	2.61	Horizon	NJ Health		2.4				1.73	5.23	case rate	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5	2.61	Managed Care Inc	Managed Care Inc		4.95	0.9			1.73	5.23	percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5	2.61	Multiplan	Multiplan		4.4	0.8			1.73	5.23	percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5	2.61	Qualcare	Qualcare		4.13	0.75			1.73	5.23	percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5	2.61	Three Rivers	Three Rivers		5.23	0.95			1.73	5.23	percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5	2.61	UHC	Medicaid		1.73	0.3146			1.73	5.23	percent of total billed charges	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5	2.61	UHC	Medicare		2.27				1.73	5.23	case rate	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5	2.61	Wellcare	Medicare		2.27				1.73	5.23	case rate	
ANTI-INHIBITOR PER I.U.	J7198	HCPCS	inpatient			5.5	2.61	Wellcare	Medicaid		1.73	0.3146			1.73	5.23	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Aetna	Medicare		911.68	0.308			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Aetna	Better Health		931.22	0.3146			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Aetna	Commercial		1124.8	0.38			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Americare	Americare		2220	0.75			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		WellPoint	WellPoint		949.57	0.3208			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Consumer	Consumer		2812	0.95			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Corrections	Corrections		2368	0.8			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		First Health	First Health		2072	0.7			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		First Trenton	First Trenton		2664	0.9			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Horizon	Medicare Blue		888	0.3			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Horizon	MGD		1133.09	0.3828			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Horizon	Indemnity		1133.09	0.3828			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Horizon	NJ Health		2456.8	0.83			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Horizon	PPO		1133.09	0.3828			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Managed Care Inc	Managed Care Inc		2664	0.9			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Multiplan	Multiplan		2368	0.8			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Qualcare	Qualcare		2220	0.75			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Three Rivers	Three Rivers		2812	0.95			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		UHC	Medicaid		931.22	0.3146			513	2812	percent of total billed charges	
LILETTA 52 MGM-3 YEAR	J7297	HCPCS	both			2960		Wellcare	Medicaid		931.22	0.3146			513	2812	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Aetna	Better Health		804.75	0.3146			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Aetna	Commercial		972.04	0.38			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Aetna	Medicare		787.86	0.308			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Americare	Americare		1918.5	0.75			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		WellPoint	WellPoint		820.61	0.3208			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Consumer	Consumer		2430.1	0.95			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Corrections	Corrections		2046.4	0.8			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		First Health	First Health		1790.6	0.7			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		First Trenton	First Trenton		2302.2	0.9			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Horizon	Indemnity		979.2	0.3828			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Horizon	Medicare Blue		767.4	0.3			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Horizon	MGD		979.2	0.3828			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Horizon	PPO		979.2	0.3828			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Managed Care Inc	Managed Care Inc		2302.2	0.9			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Multiplan	Multiplan		2046.4	0.8			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Qualcare	Qualcare		1918.5	0.75			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Three Rivers	Three Rivers		2430.1	0.95			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		UHC	Medicaid		804.75	0.3146			767.4	2430.1	percent of total billed charges	
MIRENA - 5 YEAR	J7298	HCPCS	outpatient			2558		Wellcare	Medicaid		804.75	0.3146			767.4	2430.1	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	outpatient			3495.5		Aetna	Better Health		1099.68	0.3146			1048.65	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	outpatient			3495.5		Aetna	Medicare		1076.61	0.308			1048.65	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	outpatient			3495.5		Aetna	Commercial		1328.29	0.38			1048.65	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	outpatient			3495.5		Americare	Americare		2621.63	0.75			1048.65	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	outpatient			3495.5		WellPoint	WellPoint		1121.36	0.3208			1048.65	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	outpatient			3495.5		Consumer	Consumer		3320.73	0.95			1048.65	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	outpatient			3495.5		Corrections	Corrections		2796.4	0.8			1048.65	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	outpatient			3495.5		First Health	First Health		2446.65	0.7			1048.65	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	outpatient			3495.5		First Trenton	First Trenton		3145.95	0.9			1048.65	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	outpatient			3495.5		Horizon	NJ Health		2901.27	0.83			1048.65	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	outpatient			3495.5		Horizon	Indemnity		1338.08	0.3828			1048.65	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	outpatient			3495.5		Horizon	MGD		1338.08	0.3828			1048.65	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	outpatient			3495.5		Horizon	Medicare Blue		1048.65	0.3			1048.65	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	outpatient			3495.5		Horizon	PPO		1338.08	0.3828			1048.65	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	outpatient			3495.5		Managed Care Inc	Managed Care Inc		3145.95	0.9			1048.65	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	outpatient			3495.5		Multiplan	Multiplan		2796.4	0.8			1048.65	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	outpatient			3495.5		Qualcare	Qualcare		2621.63	0.75			1048.65	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	outpatient			3495.5		Three Rivers	Three Rivers		3320.73	0.95			1048.65	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	outpatient			3495.5		UHC	Medicaid		1099.68	0.3146			1048.65	3320.73	percent of total billed charges	
PARAGARD T380A IUD	J7300	HCPCS	outpatient			3495.5		Wellcare	Medicaid		1099.68	0.3146			1048.65	3320.73	percent of total billed charges	
ETONORGESTREL 68MG NEXPLANON	J7307	HCPCS	both			2781		Aetna	Better Health		874.9	0.3146			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG NEXPLANON	J7307	HCPCS	both			2781		Aetna	Commercial		1056.78	0.38			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG NEXPLANON	J7307	HCPCS	both			2781		Aetna	Medicare		856.55	0.308			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG NEXPLANON	J7307	HCPCS	both			2781		Americare	Americare		2085.75	0.75			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG NEXPLANON	J7307	HCPCS	both			2781		WellPoint	WellPoint		892.14	0.3208			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG NEXPLANON	J7307	HCPCS	both			2781		Consumer	Consumer		2641.95	0.95			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG NEXPLANON	J7307	HCPCS	both			2781		Corrections	Corrections		2224.8	0.8			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG NEXPLANON	J7307	HCPCS	both			2781		First Health	First Health		1946.7	0.7			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG NEXPLANON	J7307	HCPCS	both			2781		First Trenton	First Trenton		2502.9	0.9			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG NEXPLANON	J7307	HCPCS	both			2781		Horizon	MGD		1064.57	0.3828			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG NEXPLANON	J7307	HCPCS	both			2781		Horizon	Indemnity		1064.57	0.3828			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG NEXPLANON	J7307	HCPCS	both			2781		Horizon	NJ Health		2308.23	0.83			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG NEXPLANON	J7307	HCPCS	both			2781		Horizon	PPO		1064.57	0.3828			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG NEXPLANON	J7307	HCPCS	both			2781		Horizon	Medicare Blue		834.3	0.3			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG NEXPLANON	J7307	HCPCS	both			2781		Managed Care Inc	Managed Care Inc		2502.9	0.9			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG NEXPLANON	J7307	HCPCS	both			2781		Multiplan	Multiplan		2224.8	0.8			549.9	2641.95	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ETONORGESTREL 68MG NEXPLANON	J7307	HCPCS	both			2781		Qualcare	Qualcare		2085.75	0.75			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG NEXPLANON	J7307	HCPCS	both			2781		Three Rivers	Three Rivers		2641.95	1			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG NEXPLANON	J7307	HCPCS	both			2781		UHC	Medicaid		874.9	0.3146			549.9	2641.95	percent of total billed charges	
ETONORGESTREL 68MG NEXPLANON	J7307	HCPCS	both			2781		Wellcare	Medicaid		874.9	0.3146			549.9	2641.95	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Aetna	Better Health		3874.14	0.3146			3694.35	11698.78	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Aetna	Commercial		4679.51	0.38			3694.35	11698.78	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Aetna	Medicare		3792.87	0.308			3694.35	11698.78	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Americare	Americare		9235.88	0.75			3694.35	11698.78	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		WellPoint	WellPoint		3950.49	0.3208			3694.35	11698.78	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Consumer	Consumer		11698.78	0.95			3694.35	11698.78	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Corrections	Corrections		9851.6	0.8			3694.35	11698.78	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		First Health	First Health		8620.15	0.7			3694.35	11698.78	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		First Trenton	First Trenton		11083.05	0.9			3694.35	11698.78	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Horizon	Indemnity		4713.99	0.3828			3694.35	11698.78	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Horizon	Medicare Blue		3694.35	0.3			3694.35	11698.78	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Horizon	PPO		4713.99	0.3828			3694.35	11698.78	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Horizon	MGD		4713.99	0.3828			3694.35	11698.78	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Horizon	NJ Health		10221.04	0.83			3694.35	11698.78	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Managed Care Inc	Managed Care Inc		11083.05	0.9			3694.35	11698.78	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Multiplan	Multiplan		9851.6	0.8			3694.35	11698.78	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Qualcare	Qualcare		9235.88	0.75			3694.35	11698.78	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Three Rivers	Three Rivers		11698.78	0.95			3694.35	11698.78	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		UHC	Medicaid		3874.14	0.3146			3694.35	11698.78	percent of total billed charges	
GANCICLOVIR 4.5MG IMPLANT	J7310	HCPCS	outpatient			12314.5		Wellcare	Medicaid		3874.14	0.3146			3694.35	11698.78	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Aetna	Better Health		14136.87	0.3146			299.05	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Aetna	Commercial		571.46	1.592			299.05	42689.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Aetna	Medicare		299.05				299.05	42689.2	case rate	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Americare	Americare		33702	0.75			299.05	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 WellPoint	WellPoint		14415.47	0.3208			299.05	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Amerihealth	Medicare		299.05				299.05	42689.2	case rate	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Consumer	Consumer		42689.2	0.95			299.05	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Corrections	Corrections		35948.8	0.8			299.05	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 First Health	First Health		31455.2	0.7			299.05	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 First Trenton	First Trenton		40442.4	0.9			299.05	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Horizon	Indemnity		655.82	1.827			299.05	42689.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Horizon	NJ Health		316.99				299.05	42689.2	case rate	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Horizon	MGD		655.82	1.827			299.05	42689.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Horizon	Medicare Blue		398.96	1			299.05	42689.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Horizon	PPO		655.82	1.827			299.05	42689.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Managed Care Inc	Managed Care Inc		40442.4	0.9			299.05	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Multiplan	Multiplan		35948.8	0.8			299.05	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Qualcare	Qualcare		33702	0.75			299.05	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Three Rivers	Three Rivers		42689.2	0.95			299.05	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 UHC	Medicaid		14136.87	0.3146			299.05	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 UHC	Medicare		299.05				299.05	42689.2	case rate	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Wellcare	Medicaid		14136.87	0.3146			299.05	42689.2	percent of total billed charges	
FLUOCINOLONE IMPLANT	J7311	HCPCS	outpatient			44936		343.91 Wellcare	Medicare		299.05				299.05	42689.2	case rate	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Aetna	Better Health		264.11	0.3146			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Aetna	Medicare		205.61				205.61	797.53	case rate	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Aetna	Commercial		392.91	1.592			205.61	797.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Americare	Americare		629.63	0.75			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 WellPoint	WellPoint		269.31	0.3208			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Amerihealth	Medicare		205.61				205.61	797.53	case rate	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Consumer	Consumer		797.53	0.95			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Corrections	Corrections		671.6	0.8			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 First Health	First Health		587.65	0.7			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 First Trenton	First Trenton		755.55	0.9			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Horizon	Indemnity		450.9	1.827			205.61	797.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Horizon	MGD		450.9	1.827			205.61	797.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Horizon	Medicare Blue		246.8	1			205.61	797.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Horizon	NJ Health		217.95				205.61	797.53	case rate	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Horizon	PPO		450.9	1.827			205.61	797.53	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Managed Care Inc	Managed Care Inc		755.55	0.9			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Multiplan	Multiplan		671.6	0.8			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Qualcare	Qualcare		629.63	0.75			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Three Rivers	Three Rivers		797.53	0.95			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 UHC	Medicare		205.61				205.61	797.53	case rate	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 UHC	Medicaid		264.11	0.3146			205.61	797.53	percent of total billed charges	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Wellcare	Medicare		205.61				205.61	797.53	case rate	
DEXAMETHASONE INTRA IMPLANT 0.1MG INJ	J7312	HCPCS	outpatient			839.5		236.45 Wellcare	Medicaid		264.11	0.3146			205.61	797.53	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5		608.35 Aetna	Medicare		529				498.48	1505.28	case rate	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5		608.35 Aetna	Commercial		1010.89	1.592			498.48	1505.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5		608.35 Aetna	Better Health		498.48	0.3146			498.48	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5		608.35 Americare	Americare		1188.38	0.75			498.48	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5		608.35 WellPoint	WellPoint		508.31	0.3208			498.48	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5		608.35 Amerihealth	Medicare		529				498.48	1505.28	case rate	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5		608.35 Consumer	Consumer		1505.28	0.95			498.48	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5		608.35 Corrections	Corrections		1267.6	0.8			498.48	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5		608.35 First Health	First Health		1109.15	0.7			498.48	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5		608.35 First Trenton	First Trenton		1426.05	0.9			498.48	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5		608.35 Horizon	Medicare Blue		634.98	1			498.48	1505.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5		608.35 Horizon	Indemnity		1160.11	1.827			498.48	1505.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5		608.35 Horizon	NJ Health		560.74				498.48	1505.28	case rate	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5		608.35 Horizon	MGD		1160.11	1.827			498.48	1505.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5		608.35 Horizon	PPO		1160.11	1.827			498.48	1505.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5		608.35 Managed Care Inc	Managed Care Inc		1426.05	0.9			498.48	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5		608.35 Multiplan	Multiplan		1267.6	0.8			498.48	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5		608.35 Qualcare	Qualcare		1188.38	0.75			498.48	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5		608.35 Three Rivers	Three Rivers		1505.28	0.95			498.48	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5		608.35 UHC	Medicare		529				498.48	1505.28	case rate	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5		608.35 UHC	Medicaid		498.48	0.3146			498.48	1505.28	percent of total billed charges	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5		608.35 Wellcare	Medicare		529				498.48	1505.28	case rate	
FLUOCINOLONE ACETONIDE INTRAVITREAL IMPL	J7314	HCPCS	outpatient			1584.5		608.35 Wellcare	Medicaid		498.48	0.3146			498.48	1505.28	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Aetna	Medicare		461.54	0.308			449.55	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Aetna	Better Health		471.43	0.3146			449.55	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Aetna	Commercial		569.43	0.38			449.55	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Americare	Americare		1123.88	0.75			449.55	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		WellPoint	WellPoint		480.72	0.3208			449.55	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Consumer	Consumer		1423.58	0.95			449.55	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Corrections	Corrections		1198.8	0.8			449.55	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		First Health	First Health		1048.95	0.7			449.55	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		First Trenton	First Trenton		1348.65	0.9			449.55	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Horizon	PPO		573.63	0.3828			449.55	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Horizon	Indemnity		573.63	0.3828			449.55	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Horizon	Medicare Blue		449.55	0.3			449.55	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Horizon	NJ Health		1243.76	0.83			449.55	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Horizon	MGD		573.63	0.3828			449.55	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Managed Care Inc	Managed Care Inc		1348.65	0.9			449.55	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Multiplan	Multiplan		1198.8	0.8			449.55	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Qualcare	Qualcare		1123.88	0.75			449.55	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Three Rivers	Three Rivers		1423.58	0.95			449.55	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		UHC	Medicaid		471.43	0.3146			449.55	1423.58	percent of total billed charges	
MYTOMYCIN 0.2 MG KIT	J7315	HCPCS	outpatient			1498.5		Wellcare	Medicaid		471.43	0.3146			449.55	1423.58	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Aetna	Better Health		1297.73	0.3146			1213.5	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Aetna	Medicare		1270.5	0.308			1213.5	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Aetna	Commercial		1567.5	0.38			1213.5	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Americare	Americare		3093.75	0.75			1213.5	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		WellPoint	WellPoint		1323.3	0.3208			1213.5	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Consumer	Consumer		3918.75	0.95			1213.5	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Corrections	Corrections		3300	0.8			1213.5	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		First Health	First Health		2887.5	0.7			1213.5	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		First Trenton	First Trenton		3712.5	0.9			1213.5	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Horizon	MGD		1579.05	0.3828			1213.5	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Horizon	Indemnity		1579.05	0.3828			1213.5	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Horizon	Medicare Blue		1237.5	0.3			1213.5	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Horizon	PPO		1579.05	0.3828			1213.5	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Horizon	NJ Health		3423.75	0.83			1213.5	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Managed Care Inc	Managed Care Inc		3712.5	0.9			1213.5	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Multiplan	Multiplan		3300	0.8			1213.5	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Qualcare	Qualcare		3093.75	0.75			1213.5	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Three Rivers	Three Rivers		3918.75	0.95			1213.5	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		UHC	Medicaid		1297.73	0.3146			1213.5	3918.75	percent of total billed charges	
OCRIPLASMIN 0.125 MG VIAL	J7316	HCPCS	outpatient			4125		Wellcare	Medicaid		1297.73	0.3146			1213.5	3918.75	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	outpatient			848		84.06 Aetna	Medicare		73.1				73.1	805.6	case rate	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	outpatient			848		84.06 Aetna	Better Health		266.78	0.3146			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	outpatient			848		84.06 Aetna	Commercial		322.24	0.38			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	outpatient			848		84.06 Americare	Americare		636	0.75			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	outpatient			848		84.06 WellPoint	WellPoint		272.04	0.3208			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	outpatient			848		84.06 Amerihealth	Medicare		73.1				73.1	805.6	case rate	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	outpatient			848		84.06 Consumer	Consumer		805.6	0.95			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	outpatient			848		84.06 Corrections	Corrections		678.4	0.8			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	outpatient			848		84.06 First Health	First Health		593.6	0.7			73.1	805.6	percent of total billed charges	
HYALURONATE SOD(HYALGAN)20ML/2ML SYR	J7321	HCPCS	outpatient			848		84.06 First Trenton	First Trenton		763.2	0.9			73.1	805.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HYALURONATE SOD/HYALGAN/20ML/2ML SYR	J7321	HCPCS	outpatient			848	84.06	Horizon	MCD		324.61	0.3828			73.1		805.6 percent of total billed charges	
HYALURONATE SOD/HYALGAN/20ML/2ML SYR	J7321	HCPCS	outpatient			848	84.06	Horizon	Indemnity		324.61	0.3828			73.1		805.6 percent of total billed charges	
HYALURONATE SOD/HYALGAN/20ML/2ML SYR	J7321	HCPCS	outpatient			848	84.06	Horizon	NJ Health		77.48				73.1		805.6 case rate	
HYALURONATE SOD/HYALGAN/20ML/2ML SYR	J7321	HCPCS	outpatient			848	84.06	Horizon	Medicare Blue		254.4	0.3			73.1		805.6 percent of total billed charges	
HYALURONATE SOD/HYALGAN/20ML/2ML SYR	J7321	HCPCS	outpatient			848	84.06	Horizon	PPO		324.61	0.3828			73.1		805.6 percent of total billed charges	
HYALURONATE SOD/HYALGAN/20ML/2ML SYR	J7321	HCPCS	outpatient			848	84.06	Managed Care Inc	Managed Care Inc		763.2	0.9			73.1		805.6 percent of total billed charges	
HYALURONATE SOD/HYALGAN/20ML/2ML SYR	J7321	HCPCS	outpatient			848	84.06	Multiplan	Multiplan		678.4	0.8			73.1		805.6 percent of total billed charges	
HYALURONATE SOD/HYALGAN/20ML/2ML SYR	J7321	HCPCS	outpatient			848	84.06	Qualcare	Qualcare		636	0.75			73.1		805.6 percent of total billed charges	
HYALURONATE SOD/HYALGAN/20ML/2ML SYR	J7321	HCPCS	outpatient			848	84.06	Three Rivers	Three Rivers		805.6	0.95			73.1		805.6 percent of total billed charges	
HYALURONATE SOD/HYALGAN/20ML/2ML SYR	J7321	HCPCS	outpatient			848	84.06	UHC	Medicaid		266.78	0.3146			73.1		805.6 percent of total billed charges	
HYALURONATE SOD/HYALGAN/20ML/2ML SYR	J7321	HCPCS	outpatient			848	84.06	UHC	Medicare		73.1				73.1		805.6 case rate	
HYALURONATE SOD/HYALGAN/20ML/2ML SYR	J7321	HCPCS	outpatient			848	84.06	Wellcare	Medicare		73.1				73.1		805.6 case rate	
HYALURONATE SOD/HYALGAN/20ML/2ML SYR	J7321	HCPCS	outpatient			848	84.06	Wellcare	Medicaid		266.78	0.3146			73.1		805.6 percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Aetna	Better Health		28.16	0.3146			9.12		85.03 percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Aetna	Medicare		9.12				9.12		85.03 case rate	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Aetna	Commercial		17.43	1.592			9.12		85.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Americare	Americare		67.13	0.75			9.12		85.03 percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	WellPoint	WellPoint		28.71	0.3208			9.12		85.03 percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Amerihealth	Medicare		9.12				9.12		85.03 case rate	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Consumer	Consumer		85.03	0.95			9.12		85.03 percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Corrections	Corrections		71.6	0.8			9.12		85.03 percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	First Health	First Health		62.65	0.7			9.12		85.03 percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	First Trenton	First Trenton		80.55	0.9			9.12		85.03 percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Horizon	Indemnity		20.01	1.827			9.12		85.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Horizon	MCD		20.01	1.827			9.12		85.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Horizon	Medicare Blue		10.95	1			9.12		85.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Horizon	NJ Health		9.67				9.12		85.03 case rate	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Horizon	PPO		20.01	1.827			9.12		85.03 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Managed Care Inc	Managed Care Inc		80.55	0.9			9.12		85.03 percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Multiplan	Multiplan		71.6	0.8			9.12		85.03 percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Qualcare	Qualcare		67.13	0.75			9.12		85.03 percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Three Rivers	Three Rivers		85.03	0.95			9.12		85.03 percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	UHC	Medicare		9.12				9.12		85.03 case rate	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	UHC	Medicaid		28.16	0.3146			9.12		85.03 percent of total billed charges	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Wellcare	Medicare		9.12				9.12		85.03 case rate	
HYALURONATE (HYLAN GF20) 1MG	J7325	HCPCS	outpatient			89.5	10.49	Wellcare	Medicaid		28.16	0.3146			9.12		85.03 percent of total billed charges	
CIPROFLOXACIN/OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Aetna	Commercial		57.36	1.592			36.03		122.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIPROFLOXACIN/OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Aetna	Better Health		40.58	0.3146			36.03		122.55 percent of total billed charges	
CIPROFLOXACIN/OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Aetna	Medicare		36.03	1			36.03		122.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIPROFLOXACIN/OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Americare	Americare		96.75	0.75			36.03		122.55 percent of total billed charges	
CIPROFLOXACIN/OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	WellPoint	WellPoint		41.38	0.3208			36.03		122.55 percent of total billed charges	
CIPROFLOXACIN/OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Amerihealth	Medicare		36.03	1			36.03		122.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIPROFLOXACIN/OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Consumer	Consumer		122.55	0.95			36.03		122.55 percent of total billed charges	
CIPROFLOXACIN/OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Corrections	Corrections		103.2	0.8			36.03		122.55 percent of total billed charges	
CIPROFLOXACIN/OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	First Health	First Health		90.3	0.7			36.03		122.55 percent of total billed charges	
CIPROFLOXACIN/OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	First Trenton	First Trenton		116.1	0.9			36.03		122.55 percent of total billed charges	
CIPROFLOXACIN/OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Horizon	Medicare Blue		36.03	1			36.03		122.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIPROFLOXACIN/OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Horizon	PPO		65.83	1.827			36.03		122.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIPROFLOXACIN/OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Horizon	MCD		65.83	1.827			36.03		122.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIPROFLOXACIN/OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Horizon	Indemnity		65.83	1.827			36.03		122.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIPROFLOXACIN/OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Horizon	NJ Health		107.07	0.83			36.03		122.55 percent of total billed charges	
CIPROFLOXACIN/OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Managed Care Inc	Managed Care Inc		116.1	0.9			36.03		122.55 percent of total billed charges	
CIPROFLOXACIN/OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Multiplan	Multiplan		103.2	0.8			36.03		122.55 percent of total billed charges	
CIPROFLOXACIN/OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Qualcare	Qualcare		96.75	0.75			36.03		122.55 percent of total billed charges	
CIPROFLOXACIN/OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Three Rivers	Three Rivers		122.55	0.95			36.03		122.55 percent of total billed charges	
CIPROFLOXACIN/OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	UHC	Medicare		36.03	1			36.03		122.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CIPROFLOXACIN/OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	UHC	Medicaid		40.58	0.3146			36.03		122.55 percent of total billed charges	
CIPROFLOXACIN/OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Wellcare	Medicaid		40.58	0.3146			36.03		122.55 percent of total billed charges	
CIPROFLOXACIN/OTIPRIO)OTIC SUSP 6MG	J7342	HCPCS	outpatient			129	41.43	Wellcare	Medicare		36.03	1			36.03		122.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Aetna	Commercial		394.05	1.592			206.21		744.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Aetna	Medicare		206.21				206.21		744.33 case rate	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Aetna	Better Health		246.49	0.3146			206.21		744.33 percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Americare	Americare		587.63	0.75			206.21		744.33 percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	WellPoint	WellPoint		251.35	0.3208			206.21		744.33 percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Amerihealth	Medicare		206.21				206.21		744.33 case rate	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Consumer	Consumer		744.33	0.95			206.21		744.33 percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Corrections	Corrections		626.8	0.8			206.21		744.33 percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	First Health	First Health		548.45	0.7			206.21		744.33 percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	First Trenton	First Trenton		705.15	0.9			206.21		744.33 percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Horizon	Indemnity		452.22	1.827			206.21		744.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Horizon	PPO		452.22	1.827			206.21		744.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Horizon	NJ Health		218.58				206.21		744.33 case rate	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Horizon	Medicare Blue		247.52	1			206.21		744.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Horizon	MCD		452.22	1.827			206.21		744.33 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Managed Care Inc	Managed Care Inc		705.15	0.9			206.21		744.33 percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Multiplan	Multiplan		626.8	0.8			206.21		744.33 percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Qualcare	Qualcare		587.63	0.75			206.21		744.33 percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Three Rivers	Three Rivers		744.33	0.95			206.21		744.33 percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	UHC	Medicare		206.21				206.21		744.33 case rate	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	UHC	Medicaid		246.49	0.3146			206.21		744.33 percent of total billed charges	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Wellcare	Medicare		206.21				206.21		744.33 case rate	
BIMATOPROST(DURYSTA) 1 MCG INJ	J7351	HCPCS	outpatient			783.5	237.14	Wellcare	Medicaid		246.49	0.3146			206.21		744.33 percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Aetna	Medicare		4.56				1.65		5.23 case rate	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Aetna	Commercial		2.09	0.38			1.65		5.23 percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Aetna	Better Health		1.73	0.3146			1.65		5.23 percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Americare	Americare		4.13	0.75			1.65		5.23 percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	WellPoint	WellPoint		1.76	0.3208			1.65		5.23 percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Amerihealth	Medicare		4.56				1.65		5.23 case rate	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Consumer	Consumer		5.23	0.95			1.65		5.23 percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Corrections	Corrections		4.4	0.8			1.65		5.23 percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	First Health	First Health		3.85	0.7			1.65		5.23 percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	First Trenton	First Trenton		4.95	0.9			1.65		5.23 percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Horizon	Medicare Blue		1.65	0.3			1.65		5.23 percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Horizon	Indemnity		2.11	0.3828			1.65		5.23 percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Horizon	MCD		2.11	0.3828			1.65		5.23 percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Horizon	NJ Health		4.83				1.65		5.23 case rate	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Horizon	PPO		2.11	0.3828			1.65		5.23 percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Managed Care Inc	Managed Care Inc		4.95	0.9			1.65		5.23 percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Multiplan	Multiplan		4.4	0.8			1.65		5.23 percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Qualcare	Qualcare		4.13	0.75			1.65		5.23 percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Three Rivers	Three Rivers		5.23	0.95			1.65		5.23 percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	UHC	Medicare		4.56				1.65		5.23 case rate	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	UHC	Medicaid		1.73	0.3146			1.65		5.23 percent of total billed charges	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Wellcare	Medicare		4.56				1.65		5.23 case rate	
AZATHIOPRINE 50MG TAB	J7500	HCPCS	both			5.5	5.24	Wellcare	Medicaid		1.73	0.3146			1.65		5.23 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Aetna	Better Health		13.53	0.3146			2.26		40.85 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Aetna	Commercial		16.34	0.38			2.26		40.85 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Aetna	Medicare		2.26				2.26		40.85 case rate	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Americare	Americare		32.25	0.75			2.26		40.85 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	WellPoint	WellPoint		13.79	0.3208			2.26		40.85 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Amerihealth	Medicare		2.26				2.26		40.85 case rate	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Consumer	Consumer		40.85	0.95			2.26		40.85 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Corrections	Corrections		34.4	0.8			2.26		40.85 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	First Health	First Health		30.1	0.7			2.26		40.85 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	First Trenton	First Trenton		38.7	0.9			2.26		40.85 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Horizon	MCD		16.46	0.3828			2.26		40.85 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Horizon	Indemnity		16.46	0.3828			2.26		40.85 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Horizon	Medicare Blue		12.9	0.3			2.26		40.85 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Horizon	NJ Health		2.4				2.26		40.85 case rate	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Horizon	PPO		16.46	0.3828			2.26		40.85 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Managed Care Inc	Managed Care Inc		38.7	0.9			2.26		40.85 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Multiplan	Multiplan		34.4	0.8			2.26		40.85 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Qualcare	Qualcare		32.25	0.75			2.26		40.85 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Three Rivers	Three Rivers		40.85	0.95			2.26		40.85 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	UHC	Medicare		2.26				2.26		40.85 case rate	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	UHC	Medicaid		13.53	0.3146			2.26		40.85 percent of total billed charges	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Wellcare	Medicare		2.26				2.26		40.85 case rate	
CYCLOSPORINE MICROEMULSION 100MG CR	J7502	HCPCS	inpatient			43	2.6	Wellcare	Medicaid		13.53	0.3146			2.26		40.85 percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)/250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Aetna	Commercial		6863.06	1.592			971.64		7876.14 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHO IMMGLOB(ATGAM)/250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Aetna	Better Health		1333.9	0.3146			971.64		7876.14 percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)/250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Aetna	Medicare		3591.46				971.64		7876.14 case rate	
LYMPHO IMMGLOB(ATGAM)/250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Americare	Americare		3180	0.75			971.64		7876.14 percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)/250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	WellPoint	WellPoint		1360.19	0.3208			971.64		7876.14 percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)/250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Amerihealth	Medicare		3591.46				971.64		7876.14 case rate	
LYMPHO IMMGLOB(ATGAM)/250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Consumer	Consumer		4028	0.95			971.64		7876.14 percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)/250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Corrections	Corrections		3392	0.8			971.64		7876.14 percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)/250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	First Health	First Health		2968	0.7			971.64		7876.14 percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)/250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	First Trenton	First Trenton		3816	0.9			971.64		7876.14 percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)/250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Horizon	Medicare Blue		4310.97	1			971.64		7876.14 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHO IMMGLOB(ATGAM)/250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Horizon	Indemnity		7876.14	1.827			971.64		7876.14 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHO IMMGLOB(ATGAM)/250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Horizon	MCD		7876.14	1.827			971.64		7876.14 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHO IMMGLOB(ATGAM)/250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Horizon	PPO		7876.14	1.827			971.64		7876.14 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LYMPHO IMMGLOB(ATGAM)/250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Horizon	NJ Health		3806.95				971.64		7876.14 case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Managed Care Inc	Managed Care Inc		3816	0.9			971.64	7876.14	percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Multiplan	Multiplan		3392	0.8			971.64	7876.14	percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Qualcare	Qualcare		3180	0.75			971.64	7876.14	percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Three Rivers	Three Rivers		4028	0.95			971.64	7876.14	percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	UHC	Medicare		3591.46				971.64	7876.14	case rate	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	UHC	Medicaid		1333.9	0.3146			971.64	7876.14	percent of total billed charges	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Wellcare	Medicare		3591.46				971.64	7876.14	case rate	
LYMPHO IMMGLOB(ATGAM)250MG INJ	J7504	HCPCS	outpatient			4240	4130.18	Wellcare	Medicaid		1333.9	0.3146			971.64	7876.14	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Aetna	Better Health		1578.19	0.3146			1504.95	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Aetna	Commercial		1906.27	0.38			1504.95	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Aetna	Medicare		1545.08	0.308			1504.95	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Americare	Americare		3762.38	0.75			1504.95	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		WellPoint	WellPoint		1609.29	0.3208			1504.95	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Consumer	Consumer		4765.68	0.95			1504.95	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Corrections	Corrections		4013.2	0.8			1504.95	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		First Health	First Health		3511.55	0.7			1504.95	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		First Trenton	First Trenton		4514.85	0.9			1504.95	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Horizon	MGD		1920.32	0.3828			1504.95	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Horizon	Medicare Blue		1504.95	0.3			1504.95	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Horizon	Indemnity		1920.32	0.3828			1504.95	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Horizon	PPO		1920.32	0.3828			1504.95	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Horizon	NJ Health		4163.7	0.83			1504.95	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Managed Care Inc	Managed Care Inc		4514.85	0.9			1504.95	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Multiplan	Multiplan		4013.2	0.8			1504.95	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Qualcare	Qualcare		3762.38	0.75			1504.95	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Three Rivers	Three Rivers		4765.68	0.95			1504.95	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		UHC	Medicaid		1578.19	0.3146			1504.95	4765.68	percent of total billed charges	
MUROMONAB-CD3 (OKT-3)	J7505	HCPCS	outpatient			5016.5		Wellcare	Medicaid		1578.19	0.3146			1504.95	4765.68	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Aetna	Better Health		8.65	0.3146			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Aetna	Medicare		0.24				0.24	26.13	case rate	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Aetna	Commercial		10.45	0.38			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Americare	Americare		20.63	0.75			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	WellPoint	WellPoint		8.82	0.3208			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Amerihealth	Medicare		0.24				0.24	26.13	case rate	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Consumer	Consumer		26.13	0.95			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Corrections	Corrections		22	0.8			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	First Health	First Health		19.25	0.7			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	First Trenton	First Trenton		24.75	0.9			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Horizon	MGD		10.53	0.3828			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Horizon	Indemnity		10.53	0.3828			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Horizon	Medicare Blue		8.25	0.3			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Horizon	NJ Health		0.25				0.24	26.13	case rate	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Horizon	PPO		10.53	0.3828			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Managed Care Inc	Managed Care Inc		24.75	0.9			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Multiplan	Multiplan		22	0.8			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Qualcare	Qualcare		20.63	0.75			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Three Rivers	Three Rivers		26.13	0.95			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	UHC	Medicare		0.24				0.24	26.13	case rate	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	UHC	Medicaid		8.65	0.3146			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Wellcare	Medicaid		8.65	0.3146			0.24	26.13	percent of total billed charges	
TACROLIMUS 1MG CAP	J7507	HCPCS	both			27.5	0.27	Wellcare	Medicare		0.24				0.24	26.13	case rate	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Aetna	Commercial		0.76	0.38			0.55	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Aetna	Medicare		0.55				0.55	1.9	case rate	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Aetna	Better Health		0.63	0.3146			0.55	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Americare	Americare		1.5	0.75			0.55	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	WellPoint	WellPoint		0.64	0.3208			0.55	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Amerihealth	Medicare		0.55				0.55	1.9	case rate	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Consumer	Consumer		1.9	0.95			0.55	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Corrections	Corrections		1.6	0.8			0.55	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	First Health	First Health		1.4	0.7			0.55	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	First Trenton	First Trenton		1.8	0.9			0.55	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Horizon	Medicare Blue		0.6	0.3			0.55	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Horizon	Indemnity		0.77	0.3828			0.55	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Horizon	MGD		0.77	0.3828			0.55	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Horizon	PPO		0.77	0.3828			0.55	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Horizon	NJ Health		0.59				0.55	1.9	case rate	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Managed Care Inc	Managed Care Inc		1.8	0.9			0.55	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Multiplan	Multiplan		1.6	0.8			0.55	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Qualcare	Qualcare		1.5	0.75			0.55	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Three Rivers	Three Rivers		1.9	0.95			0.55	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	UHC	Medicaid		0.63	0.3146			0.55	1.9	percent of total billed charges	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	UHC	Medicare		0.55				0.55	1.9	case rate	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Wellcare	Medicare		0.55				0.55	1.9	case rate	
TACROLIMUS(ASTAGRAF XL 1MG)0.1MG CAPS	J7508	HCPCS	outpatient			2	0.63	Wellcare	Medicaid		0.63	0.3146			0.55	1.9	percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Aetna	Better Health		1.1	0.3146			0.23	3.33	percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Aetna	Commercial		1.33	0.38			0.23	3.33	percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Aetna	Medicare		0.23				0.23	3.33	case rate	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Americare	Americare		2.63	0.75			0.23	3.33	percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	WellPoint	WellPoint		1.12	0.3208			0.23	3.33	percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Amerihealth	Medicare		0.23				0.23	3.33	case rate	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Consumer	Consumer		3.33	0.95			0.23	3.33	percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Corrections	Corrections		2.8	0.8			0.23	3.33	percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	First Health	First Health		2.45	0.7			0.23	3.33	percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	First Trenton	First Trenton		3.15	0.9			0.23	3.33	percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Horizon	Medicare Blue		1.05	0.3			0.23	3.33	percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Horizon	MGD		1.34	0.3828			0.23	3.33	percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Horizon	Indemnity		1.34	0.3828			0.23	3.33	percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Horizon	NJ Health		0.24				0.23	3.33	case rate	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Horizon	PPO		1.34	0.3828			0.23	3.33	percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Managed Care Inc	Managed Care Inc		3.15	0.9			0.23	3.33	percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Multiplan	Multiplan		2.8	0.8			0.23	3.33	percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Qualcare	Qualcare		2.63	0.75			0.23	3.33	percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Three Rivers	Three Rivers		3.33	0.95			0.23	3.33	percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	UHC	Medicaid		1.1	0.3146			0.23	3.33	percent of total billed charges	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	UHC	Medicare		0.23				0.23	3.33	case rate	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Wellcare	Medicare		0.23				0.23	3.33	case rate	
METHYLPREDNISOLONE 4MG TAB	J7509	HCPCS	both			3.5	0.26	Wellcare	Medicaid		1.1	0.3146			0.23	3.33	percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Aetna	Medicare		0.42				0.42	2.38	case rate	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Aetna	Better Health		0.79	0.3146			0.42	2.38	percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Aetna	Commercial		0.95	0.38			0.42	2.38	percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Americare	Americare		1.88	0.75			0.42	2.38	percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	WellPoint	WellPoint		0.8	0.3208			0.42	2.38	percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Amerihealth	Medicare		0.42				0.42	2.38	case rate	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Consumer	Consumer		2.38	0.95			0.42	2.38	percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Corrections	Corrections		2	0.8			0.42	2.38	percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	First Health	First Health		1.75	0.7			0.42	2.38	percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	First Trenton	First Trenton		2.25	0.9			0.42	2.38	percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Horizon	NJ Health		0.44				0.42	2.38	case rate	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Horizon	MGD		0.96	0.3828			0.42	2.38	percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Horizon	Indemnity		0.96	0.3828			0.42	2.38	percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Horizon	PPO		0.96	0.3828			0.42	2.38	percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Horizon	Medicare Blue		0.75	0.3			0.42	2.38	percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Managed Care Inc	Managed Care Inc		2.25	0.9			0.42	2.38	percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Multiplan	Multiplan		2	0.8			0.42	2.38	percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Qualcare	Qualcare		1.88	0.75			0.42	2.38	percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Three Rivers	Three Rivers		2.38	0.95			0.42	2.38	percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	UHC	Medicaid		0.79	0.3146			0.42	2.38	percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	UHC	Medicare		0.42				0.42	2.38	case rate	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Wellcare	Medicaid		0.79	0.3146			0.42	2.38	percent of total billed charges	
PREDNISOLONE 15MG/5ML SYRUP	J7510	HCPCS	both			2.5	0.48	Wellcare	Medicare		0.42				0.42	2.38	case rate	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Aetna	Commercial		1775.32	1.592			651.22	2037.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Aetna	Better Health		651.22	0.3146			651.22	2037.38	percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Aetna	Medicare		929.03				651.22	2037.38	case rate	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Americare	Americare		1552.5	0.75			651.22	2037.38	percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	WellPoint	WellPoint		664.06	0.3208			651.22	2037.38	percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Amerihealth	Medicare		929.03				651.22	2037.38	case rate	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Consumer	Consumer		1966.5	0.95			651.22	2037.38	percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Corrections	Corrections		1656	0.8			651.22	2037.38	percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	First Health	First Health		1449	0.7			651.22	2037.38	percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	First Trenton	First Trenton		1863	0.9			651.22	2037.38	percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Horizon	MGD		2037.38	1.827			651.22	2037.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Horizon	Medicare Blue		1116.15	1			651.22	2037.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Horizon	Indemnity		2037.38	1.827			651.22	2037.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Horizon	NJ Health		984.77				651.22	2037.38	case rate	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Horizon	PPO		2037.38	1.827			651.22	2037.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Managed Care Inc	Managed Care Inc		1863	0.9			651.22	2037.38	percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Multiplan	Multiplan		1656	0.8			651.22	2037.38	percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Qualcare	Qualcare		1552.5	0.75			651.22	2037.38	percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Three Rivers	Three Rivers		1966.5	0.95			651.22	2037.38	percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	UHC	Medicaid		651.22	0.3146			651.22	2037.38	percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	UHC	Medicare		929.03				651.22	2037.38	case rate	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Wellcare	Medicaid		651.22	0.3146			651.22	2037.38	percent of total billed charges	
ANTITHYMOCYTE RABBIT 25MG	J7511	HCPCS	inpatient			2070	1068.38	Wellcare	Medicare		929.03				651.22	2037.38	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Aetna	Medicare		0.01				0.01	0.95	case rate	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Aetna	Better Health		0.31	0.3146			0.01	0.95	percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Aetna	Commercial		0.38	0.38			0.01	0.95	percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Americare	Americare		0.75	0.75			0.01	0.95	percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	WellPoint	WellPoint		0.32	0.3208			0.01	0.95	percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Amerihealth	Medicare		0.01				0.01	0.95	case rate	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Consumer	Consumer		0.95	0.95			0.01	0.95	percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Corrections	Corrections		0.8	0.8			0.01	0.95	percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	First Health	First Health		0.7	0.7			0.01	0.95	percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	First Trenton	First Trenton		0.9	0.9			0.01	0.95	percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Horizon	Medicare Blue		0.3	0.3			0.01	0.95	percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Horizon	Indemnity		0.38	0.3828			0.01	0.95	percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Horizon	MGD		0.38	0.3828			0.01	0.95	percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Horizon	PPO		0.38	0.3828			0.01	0.95	percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Horizon	NJ Health		0.01				0.01	0.95	case rate	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Managed Care Inc	Managed Care Inc		0.9	0.9			0.01	0.95	percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Multiplan	Multiplan		0.8	0.8			0.01	0.95	percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Qualcare	Qualcare		0.75	0.75			0.01	0.95	percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Three Rivers	Three Rivers		0.95	0.95			0.01	0.95	percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	UHC	Medicare		0.01				0.01	0.95	case rate	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	UHC	Medicaid		0.31	0.3146			0.01	0.95	percent of total billed charges	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Wellcare	Medicare		0.01				0.01	0.95	case rate	
PREDNISONE INTENSOL(5MG/ML)1MG LIQ	J7512	HCPCS	both			1	0.01	Wellcare	Medicaid		0.31	0.3146			0.01	0.95	percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Aetna	Medicare		962.65	0.308			937.65	2969.23	percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Aetna	Better Health		983.28	0.3146			937.65	2969.23	percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Aetna	Commercial		1187.69	0.38			937.65	2969.23	percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Americare	Americare		2344.13	0.75			937.65	2969.23	percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		WellPoint	WellPoint		1002.66	0.3208			937.65	2969.23	percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Consumer	Consumer		2969.23	0.95			937.65	2969.23	percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Corrections	Corrections		2500.4	0.8			937.65	2969.23	percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		First Health	First Health		2187.85	0.7			937.65	2969.23	percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		First Trenton	First Trenton		2812.95	0.9			937.65	2969.23	percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Horizon	MGD		1196.44	0.3828			937.65	2969.23	percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Horizon	PPO		1196.44	0.3828			937.65	2969.23	percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Horizon	Indemnity		1196.44	0.3828			937.65	2969.23	percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Horizon	Medicare Blue		937.65	0.3			937.65	2969.23	percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Horizon	NJ Health		2594.17	0.83			937.65	2969.23	percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Managed Care Inc	Managed Care Inc		2812.95	0.9			937.65	2969.23	percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Multiplan	Multiplan		2500.4	0.8			937.65	2969.23	percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Qualcare	Qualcare		2344.13	0.75			937.65	2969.23	percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Three Rivers	Three Rivers		2969.23	0.95			937.65	2969.23	percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		UHC	Medicaid		983.28	0.3146			937.65	2969.23	percent of total billed charges	
DACLIZUMAB 25MG/5ML INJ	J7513	HCPCS	outpatient			3125.5		Wellcare	Medicaid		983.28	0.3146			937.65	2969.23	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Aetna	Better Health		2.67	0.3146			0.84	8.08	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Aetna	Medicare		0.84				0.84	8.08	case rate	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Aetna	Commercial		3.23	0.38			0.84	8.08	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Americare	Americare		6.38	0.75			0.84	8.08	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	WellPoint	WellPoint		2.73	0.3208			0.84	8.08	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Amerihealth	Medicare		0.84				0.84	8.08	case rate	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Consumer	Consumer		8.08	0.95			0.84	8.08	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Corrections	Corrections		6.8	0.8			0.84	8.08	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	First Health	First Health		5.95	0.7			0.84	8.08	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	First Trenton	First Trenton		7.65	0.9			0.84	8.08	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Horizon	MGD		3.25	0.3828			0.84	8.08	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Horizon	Indemnity		3.25	0.3828			0.84	8.08	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Horizon	NJ Health		0.89				0.84	8.08	case rate	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Horizon	PPO		3.25	0.3828			0.84	8.08	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Horizon	Medicare Blue		2.55	0.3			0.84	8.08	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Managed Care Inc	Managed Care Inc		7.65	0.9			0.84	8.08	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Multiplan	Multiplan		6.8	0.8			0.84	8.08	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Qualcare	Qualcare		6.38	0.75			0.84	8.08	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Three Rivers	Three Rivers		8.08	0.95			0.84	8.08	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	UHC	Medicaid		2.67	0.3146			0.84	8.08	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	UHC	Medicare		0.84				0.84	8.08	case rate	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Wellcare	Medicaid		2.67	0.3146			0.84	8.08	percent of total billed charges	
CYCLOSPORINE MICROEMULSION 25MG CP	J7515	HCPCS	both			8.5	0.96	Wellcare	Medicare		0.84				0.84	8.08	case rate	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Aetna	Better Health		44.36	0.3146			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Aetna	Commercial		53.58	0.38			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Aetna	Medicare		43.43	0.308			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Americare	Americare		105.75	0.75			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		WellPoint	WellPoint		45.23	0.3208			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Consumer	Consumer		133.95	0.95			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Corrections	Corrections		112.8	0.8			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		First Health	First Health		98.7	0.7			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		First Trenton	First Trenton		126.9	0.9			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Horizon	Medicare Blue		42.3	0.3			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Horizon	Indemnity		53.97	0.3828			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Horizon	MGD		53.97	0.3828			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Horizon	NJ Health		117.03	0.83			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Horizon	PPO		53.97	0.3828			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Managed Care Inc	Managed Care Inc		126.9	0.9			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Multiplan	Multiplan		112.8	0.8			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Qualcare	Qualcare		105.75	0.75			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Three Rivers	Three Rivers		133.95	0.95			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		UHC	Medicaid		44.36	0.3146			42.3	133.95	percent of total billed charges	
CYCLOSPORINE 250MG INJ	J7516	HCPCS	inpatient			141		Wellcare	Medicaid		44.36	0.3146			42.3	133.95	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Aetna	Better Health		13.53	0.3146			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Aetna	Medicare		0.19				0.19	40.85	case rate	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Aetna	Commercial		16.34	0.38			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Americare	Americare		32.25	0.75			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	WellPoint	WellPoint		13.79	0.3208			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Amerihealth	Medicare		0.19				0.19	40.85	case rate	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Consumer	Consumer		40.85	0.95			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Corrections	Corrections		34.4	0.8			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	First Health	First Health		30.1	0.7			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	First Trenton	First Trenton		38.7	0.9			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Horizon	Medicare Blue		12.9	0.3			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Horizon	MGD		16.46	0.3828			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Horizon	Indemnity		16.46	0.3828			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Horizon	PPO		16.46	0.3828			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Horizon	NJ Health		0.2				0.19	40.85	case rate	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Managed Care Inc	Managed Care Inc		38.7	0.9			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Multiplan	Multiplan		34.4	0.8			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Qualcare	Qualcare		32.25	0.75			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Three Rivers	Three Rivers		40.85	0.95			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	UHC	Medicare		0.19				0.19	40.85	case rate	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	UHC	Medicaid		13.53	0.3146			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Wellcare	Medicaid		13.53	0.3146			0.19	40.85	percent of total billed charges	
MYCOPHENOLATE 500MG TAB	J7517	HCPCS	both			43	0.22	Wellcare	Medicare		0.19				0.19	40.85	case rate	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Aetna	Commercial		6.46	0.38			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Aetna	Better Health		5.35	0.3146			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Aetna	Medicare		0.63				0.63	16.15	case rate	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Americare	Americare		12.75	0.75			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	WellPoint	WellPoint		5.45	0.3208			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Amerihealth	Medicare		0.63				0.63	16.15	case rate	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Consumer	Consumer		16.15	0.95			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Corrections	Corrections		13.6	0.8			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	First Health	First Health		11.9	0.7			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	First Trenton	First Trenton		15.3	0.9			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Horizon	Indemnity		6.51	0.3828			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Horizon	Medicare Blue		5.1	0.3			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Horizon	MGD		6.51	0.3828			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Horizon	NJ Health		0.67				0.63	16.15	case rate	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Horizon	PPO		6.51	0.3828			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Managed Care Inc	Managed Care Inc		15.3	0.9			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Multiplan	Multiplan		13.6	0.8			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Qualcare	Qualcare		12.75	0.75			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Three Rivers	Three Rivers		16.15	0.95			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	UHC	Medicaid		5.35	0.3146			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	UHC	Medicare		0.63				0.63	16.15	case rate	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Wellcare	Medicare		0.63				0.63	16.15	case rate	
MYCOPHENOLATE SODIUM 180 MG TAB	J7518	HCPCS	both			17	0.72	Wellcare	Medicaid		5.35	0.3146			0.63	16.15	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	outpatient			5.22	0.84	Aetna	Medicare		0.73				0.73	4.96	case rate	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	outpatient			5.22	0.84	Aetna	Commercial		1.4	1.592			0.73	4.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	outpatient			5.22	0.84	Aetna	Better Health		1.64	0.3146			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	outpatient			5.22	0.84	Americare	Americare		3.92	0.75			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	outpatient			5.22	0.84	WellPoint	WellPoint		1.67	0.3208			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	outpatient			5.22	0.84	Amerihealth	Medicare		0.73				0.73	4.96	case rate	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	outpatient			5.22	0.84	Consumer	Consumer		4.96	0.95			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	outpatient			5.22	0.84	Corrections	Corrections		4.18	0.8			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	outpatient			5.22	0.84	First Health	First Health		3.65	0.7			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	outpatient			5.22	0.84	First Trenton	First Trenton		4.7	0.9			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	outpatient			5.22	0.84	Horizon	Indemnity		1.61	1.827			0.73	4.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	outpatient			5.22	0.84	Horizon	Medicare Blue		0.88	1			0.73	4.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	outpatient			5.22	0.84	Horizon	MCD		1.61	1.827			0.73	4.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	outpatient			5.22	0.84	Horizon	NJ Health		0.77				0.73	4.96	case rate	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	outpatient			5.22	0.84	Horizon	PPO		1.61	1.827			0.73	4.96	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	outpatient			5.22	0.84	Managed Care Inc	Managed Care Inc		4.7	0.9			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	outpatient			5.22	0.84	Multiplan	Multiplan		4.18	0.8			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	outpatient			5.22	0.84	Qualcare	Qualcare		3.92	0.75			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	outpatient			5.22	0.84	Three Rivers	Three Rivers		4.96	0.95			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	outpatient			5.22	0.84	UHC	Medicaid		1.64	0.3146			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	outpatient			5.22	0.84	UHC	Medicare		0.73				0.73	4.96	case rate	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	outpatient			5.22	0.84	Wellcare	Medicaid		1.64	0.3146			0.73	4.96	percent of total billed charges	
MYCOPHENOLATE 10MG INJ	J7519	HCPCS	outpatient			5.22	0.84	Wellcare	Medicare		0.73				0.73	4.96	case rate	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Aetna	Better Health		18.25	0.3146			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Aetna	Commercial		22.04	0.38			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Aetna	Medicare		2.67				2.67	55.1	case rate	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Americare	Americare		43.5	0.75			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	WellPoint	WellPoint		18.61	0.3208			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	AmeriHealth	Medicare		2.67				2.67	55.1	case rate	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Consumer	Consumer		55.1	0.95			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Corrections	Corrections		46.4	0.8			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	First Health	First Health		40.6	0.7			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	First Trenton	First Trenton		52.2	0.9			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Horizon	MCD		22.2	0.3828			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Horizon	NJ Health		2.83				2.67	55.1	case rate	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Horizon	Indemnity		22.2	0.3828			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Horizon	PPO		22.2	0.3828			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Horizon	Medicare Blue		17.4	0.3			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Managed Care Inc	Managed Care Inc		52.2	0.9			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Multiplan	Multiplan		46.4	0.8			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Qualcare	Qualcare		43.5	0.75			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Three Rivers	Three Rivers		55.1	0.95			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	UHC	Medicaid		18.25	0.3146			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	UHC	Medicare		2.67				2.67	55.1	case rate	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Wellcare	Medicaid		18.25	0.3146			2.67	55.1	percent of total billed charges	
SIROLIMUS 1MG/1ML LIQ (BULK)	J7520	HCPCS	both			58	3.07	Wellcare	Medicare		2.67				2.67	55.1	case rate	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Aetna	Commercial		475.32	1.592			248.74	966.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Aetna	Medicare		248.74				248.74	966.15	case rate	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Aetna	Better Health		319.95	0.3146			248.74	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Americare	Americare		762.75	0.75			248.74	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	WellPoint	WellPoint		326.25	0.3208			248.74	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	AmeriHealth	Medicare		248.74				248.74	966.15	case rate	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Consumer	Consumer		966.15	0.95			248.74	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Corrections	Corrections		813.6	0.8			248.74	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	First Health	First Health		711.9	0.7			248.74	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	First Trenton	First Trenton		915.3	0.9			248.74	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Horizon	PPO		545.49	1.827			248.74	966.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Horizon	Medicare Blue		298.57	1			248.74	966.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Horizon	Indemnity		545.49	1.827			248.74	966.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Horizon	NJ Health		263.66				248.74	966.15	case rate	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Horizon	MCD		545.49	1.827			248.74	966.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Managed Care Inc	Managed Care Inc		915.3	0.9			248.74	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Multiplan	Multiplan		813.6	0.8			248.74	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Qualcare	Qualcare		762.75	0.75			248.74	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Three Rivers	Three Rivers		966.15	0.95			248.74	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	UHC	Medicaid		319.95	0.3146			248.74	966.15	percent of total billed charges	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	UHC	Medicare		248.74				248.74	966.15	case rate	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Wellcare	Medicare		248.74				248.74	966.15	case rate	
TACROLIMUS 5MG/1ML INJ	J7525	HCPCS	outpatient			1017	286.05	Wellcare	Medicaid		319.95	0.3146			248.74	966.15	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Aetna	Better Health		8.81	0.3146			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Aetna	Medicare		2.75				2.75	26.6	case rate	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Aetna	Commercial		10.64	0.38			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Americare	Americare		21	0.75			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	WellPoint	WellPoint		8.98	0.3208			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	AmeriHealth	Medicare		2.75				2.75	26.6	case rate	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Consumer	Consumer		26.6	0.95			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Corrections	Corrections		22.4	0.8			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	First Health	First Health		19.6	0.7			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	First Trenton	First Trenton		25.2	0.9			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Horizon	Indemnity		10.72	0.3828			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Horizon	MCD		10.72	0.3828			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Horizon	Medicare Blue		8.4	0.3			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Horizon	NJ Health		2.92				2.75	26.6	case rate	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Horizon	PPO		10.72	0.3828			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Managed Care Inc	Managed Care Inc		25.2	0.9			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Multiplan	Multiplan		22.4	0.8			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Qualcare	Qualcare		21	0.75			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Three Rivers	Three Rivers		26.6	0.95			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	UHC	Medicaid		8.81	0.3146			2.75	26.6	percent of total billed charges	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	UHC	Medicare		2.75				2.75	26.6	case rate	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Wellcare	Medicare		2.75				2.75	26.6	case rate	
EVEROLIMUS 0.25 MG TAB	J7527	HCPCS	both			28	3.16	Wellcare	Medicaid		8.81	0.3146			2.75	26.6	percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Aetna	Better Health		73.46	0.3146			70.05	221.83	percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Aetna	Medicare		71.92	0.308			70.05	221.83	percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Aetna	Commercial		88.73	0.38			70.05	221.83	percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Americare	Americare		175.13	0.75			70.05	221.83	percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		WellPoint	WellPoint		74.91	0.3208			70.05	221.83	percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Consumer	Consumer		221.83	0.95			70.05	221.83	percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Corrections	Corrections		186.8	0.8			70.05	221.83	percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		First Health	First Health		163.45	0.7			70.05	221.83	percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		First Trenton	First Trenton		210.15	0.9			70.05	221.83	percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Horizon	Indemnity		89.38	0.3828			70.05	221.83	percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Horizon	MCD		89.38	0.3828			70.05	221.83	percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Horizon	NJ Health		193.81	0.83			70.05	221.83	percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Horizon	Medicare Blue		70.05	0.3			70.05	221.83	percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Horizon	PPO		89.38	0.3828			70.05	221.83	percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Managed Care Inc	Managed Care Inc		210.15	0.9			70.05	221.83	percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Multiplan	Multiplan		186.8	0.8			70.05	221.83	percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Qualcare	Qualcare		175.13	0.75			70.05	221.83	percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Three Rivers	Three Rivers		221.83	0.95			70.05	221.83	percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		UHC	Medicaid		73.46	0.3146			70.05	221.83	percent of total billed charges	
MYCOPHENOLATE 500MG INJ	J7599	HCPCS	inpatient			233.5		Wellcare	Medicaid		73.46	0.3146			70.05	221.83	percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32	2.66	Aetna	Better Health		10.07	0.3146			2.32	30.4	percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32	2.66	Aetna	Medicare		2.32				2.32	30.4	case rate	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32	2.66	Aetna	Commercial		12.16	0.38			2.32	30.4	percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32	2.66	Americare	Americare		24	0.75			2.32	30.4	percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32	2.66	WellPoint	WellPoint		10.27	0.3208			2.32	30.4	percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32	2.66	AmeriHealth	Medicare		2.32				2.32	30.4	case rate	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32	2.66	Consumer	Consumer		30.4	0.95			2.32	30.4	percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32	2.66	Corrections	Corrections		25.6	0.8			2.32	30.4	percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32	2.66	First Health	First Health		22.4	0.7			2.32	30.4	percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32	2.66	First Trenton	First Trenton		28.8	0.9			2.32	30.4	percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32	2.66	Horizon	MCD		12.25	0.3828			2.32	30.4	percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32	2.66	Horizon	Medicare Blue		9.6	0.3			2.32	30.4	percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32	2.66	Horizon	Indemnity		12.25	0.3828			2.32	30.4	percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32	2.66	Horizon	PPO		12.25	0.3828			2.32	30.4	percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32	2.66	Managed Care Inc	Managed Care Inc		28.8	0.9			2.32	30.4	percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32	2.66	Multiplan	Multiplan		25.6	0.8			2.32	30.4	percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32	2.66	Qualcare	Qualcare		24	0.75			2.32	30.4	percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32	2.66	Three Rivers	Three Rivers		30.4	0.95			2.32	30.4	percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32	2.66	UHC	Medicaid		10.07	0.3146			2.32	30.4	percent of total billed charges	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32	2.66	UHC	Medicare		2.32				2.32	30.4	case rate	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32	2.66	Wellcare	Medicare		2.32				2.32	30.4	case rate	
ARFORMOTEROL 15 MCG INH	J7605	HCPCS	outpatient			32	2.66	Wellcare	Medicaid		10.07	0.3146			2.32	30.4	percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5	7.85	Aetna	Medicare		6.83				6.83	69.83	case rate	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5	7.85	Aetna	Commercial		27.93	0.38			6.83	69.83	percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5	7.85	Aetna	Better Health		23.12	0.3146			6.83	69.83	percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5	7.85	Americare	Americare		55.13	0.75			6.83	69.83	percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5	7.85	WellPoint	WellPoint		23.58	0.3208			6.83	69.83	percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5	7.85	AmeriHealth	Medicare		6.83				6.83	69.83	case rate	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5	7.85	Consumer	Consumer		69.83	0.95			6.83	69.83	percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5	7.85	Corrections	Corrections		58.8	0.8			6.83	69.83	percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5	7.85	First Health	First Health		51.45	0.7			6.83	69.83	percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5	7.85	First Trenton	First Trenton		66.15	0.9			6.83	69.83	percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5	7.85	Horizon	Medicare Blue		22.05	0.3			6.83	69.83	percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5	7.85	Horizon	Indemnity		28.14	0.3828			6.83	69.83	percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5	7.85	Horizon	MCD		28.14	0.3828			6.83	69.83	percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5	7.85	Horizon	PPO		28.14	0.3828			6.83	69.83	percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5	7.85	Horizon	NJ Health		7.23				6.83	69.83	case rate	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5	7.85	Managed Care Inc	Managed Care Inc		66.15	0.9			6.83	69.83	percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5	7.85	Multiplan	Multiplan		58.8	0.8			6.83	69.83	percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5	7.85	Qualcare	Qualcare		55.13	0.75			6.83	69.83	percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5	7.85	Three Rivers	Three Rivers		69.83	0.95			6.83	69.83	percent of total billed charges	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5	7.85	UHC	Medicaid		23.12	0.3146			6.83	69.83	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5	7.85	UHC	Medicare		6.83				6.83	69.83	case rate	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5	7.85	Wellcare	Medicare		6.83				6.83	69.83	case rate	
ACETYLCYSTINE(MUCOMYST) 1 GM ORAL	J7608	HCPCS	both			73.5	7.85	Wellcare	Medicaid		23.12	0.3146			6.83	69.83	percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38	1.16	Aetna	Medicare		1.01				1.01	36.1	case rate	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38	1.16	Aetna	Better Health		11.95	0.3146			1.01	36.1	percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38	1.16	Aetna	Commercial		14.44	0.38			1.01	36.1	percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38	1.16	Americare	Americare		28.5	0.75			1.01	36.1	percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38	1.16	WellPoint	WellPoint		12.19	0.3208			1.01	36.1	percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38	1.16	Amerihealth	Medicare		1.01				1.01	36.1	case rate	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38	1.16	Consumer	Consumer		36.1	0.95			1.01	36.1	percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38	1.16	Corrections	Corrections		30.4	0.8			1.01	36.1	percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38	1.16	First Health	First Health		26.6	0.7			1.01	36.1	percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38	1.16	First Trenton	First Trenton		34.2	0.9			1.01	36.1	percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38	1.16	Horizon	MGD		14.55	0.3828			1.01	36.1	percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38	1.16	Horizon	Medicare Blue		11.4	0.3			1.01	36.1	percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38	1.16	Horizon	Indemnity		14.55	0.3828			1.01	36.1	percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38	1.16	Horizon	PPO		14.55	0.3828			1.01	36.1	percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38	1.16	Managed Care Inc	Managed Care Inc		34.2	0.9			1.01	36.1	percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38	1.16	Multiplan	Multiplan		30.4	0.8			1.01	36.1	percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38	1.16	Qualcare	Qualcare		28.5	0.75			1.01	36.1	percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38	1.16	Three Rivers	Three Rivers		36.1	0.95			1.01	36.1	percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38	1.16	UHC	Medicare		1.01				1.01	36.1	case rate	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38	1.16	UHC	Medicaid		11.95	0.3146			1.01	36.1	percent of total billed charges	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38	1.16	Wellcare	Medicare		1.01				1.01	36.1	case rate	
BUDESONIDE 0.5MG/2ML SUSP (NF)	J7626	HCPCS	both			38	1.16	Wellcare	Medicaid		11.95	0.3146			1.01	36.1	percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5	0.37	Aetna	Better Health		2.67	0.3146			0.32	8.08	percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5	0.37	Aetna	Medicare		0.32				0.32	8.08	case rate	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5	0.37	Aetna	Commercial		3.23	0.38			0.32	8.08	percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5	0.37	Americare	Americare		6.38	0.75			0.32	8.08	percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5	0.37	WellPoint	WellPoint		2.73	0.3208			0.32	8.08	percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5	0.37	Amerihealth	Medicare		0.32				0.32	8.08	case rate	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5	0.37	Consumer	Consumer		8.08	0.95			0.32	8.08	percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5	0.37	Corrections	Corrections		6.8	0.8			0.32	8.08	percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5	0.37	First Health	First Health		5.95	0.7			0.32	8.08	percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5	0.37	First Trenton	First Trenton		7.65	0.9			0.32	8.08	percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5	0.37	Horizon	Medicare Blue		2.55	0.3			0.32	8.08	percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5	0.37	Horizon	MGD		3.25	0.3828			0.32	8.08	percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5	0.37	Horizon	Indemnity		3.25	0.3828			0.32	8.08	percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5	0.37	Horizon	PPO		3.25	0.3828			0.32	8.08	percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5	0.37	Managed Care Inc	Managed Care Inc		7.65	0.9			0.32	8.08	percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5	0.37	Multiplan	Multiplan		6.8	0.8			0.32	8.08	percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5	0.37	Qualcare	Qualcare		6.38	0.75			0.32	8.08	percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5	0.37	Three Rivers	Three Rivers		8.08	0.95			0.32	8.08	percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5	0.37	UHC	Medicare		0.32				0.32	8.08	case rate	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5	0.37	UHC	Medicaid		2.67	0.3146			0.32	8.08	percent of total billed charges	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5	0.37	Wellcare	Medicare		0.32				0.32	8.08	case rate	
IPRATROPIUM NEBULIZE SOL 0.02%	J7644	HCPCS	both			8.5	0.37	Wellcare	Medicaid		2.67	0.3146			0.32	8.08	percent of total billed charges	
MANNITOL INHALATION 5MG PWD. KIT	J7665	HCPCS	outpatient			2		Aetna	Better Health		0.63	0.3146			0.6	1.9	percent of total billed charges	
MANNITOL INHALATION 5MG PWD. KIT	J7665	HCPCS	outpatient			2		Aetna	Commercial		0.76	0.38			0.6	1.9	percent of total billed charges	
MANNITOL INHALATION 5MG PWD. KIT	J7665	HCPCS	outpatient			2		Aetna	Medicare		0.62	0.308			0.6	1.9	percent of total billed charges	
MANNITOL INHALATION 5MG PWD. KIT	J7665	HCPCS	outpatient			2		Americare	Americare		1.5	0.75			0.6	1.9	percent of total billed charges	
MANNITOL INHALATION 5MG PWD. KIT	J7665	HCPCS	outpatient			2		WellPoint	WellPoint		0.64	0.3208			0.6	1.9	percent of total billed charges	
MANNITOL INHALATION 5MG PWD. KIT	J7665	HCPCS	outpatient			2		Consumer	Consumer		1.9	0.95			0.6	1.9	percent of total billed charges	
MANNITOL INHALATION 5MG PWD. KIT	J7665	HCPCS	outpatient			2		Corrections	Corrections		1.6	0.8			0.6	1.9	percent of total billed charges	
MANNITOL INHALATION 5MG PWD. KIT	J7665	HCPCS	outpatient			2		First Health	First Health		1.4	0.7			0.6	1.9	percent of total billed charges	
MANNITOL INHALATION 5MG PWD. KIT	J7665	HCPCS	outpatient			2		First Trenton	First Trenton		1.8	0.9			0.6	1.9	percent of total billed charges	
MANNITOL INHALATION 5MG PWD. KIT	J7665	HCPCS	outpatient			2		Horizon	MGD		0.77	0.3828			0.6	1.9	percent of total billed charges	
MANNITOL INHALATION 5MG PWD. KIT	J7665	HCPCS	outpatient			2		Horizon	Indemnity		0.77	0.3828			0.6	1.9	percent of total billed charges	
MANNITOL INHALATION 5MG PWD. KIT	J7665	HCPCS	outpatient			2		Horizon	Medicare Blue		0.6	0.3			0.6	1.9	percent of total billed charges	
MANNITOL INHALATION 5MG PWD. KIT	J7665	HCPCS	outpatient			2		Horizon	PPO		0.77	0.3828			0.6	1.9	percent of total billed charges	
MANNITOL INHALATION 5MG PWD. KIT	J7665	HCPCS	outpatient			2		Managed Care Inc	Managed Care Inc		1.8	0.9			0.6	1.9	percent of total billed charges	
MANNITOL INHALATION 5MG PWD. KIT	J7665	HCPCS	outpatient			2		Multiplan	Multiplan		1.6	0.8			0.6	1.9	percent of total billed charges	
MANNITOL INHALATION 5MG PWD. KIT	J7665	HCPCS	outpatient			2		Qualcare	Qualcare		1.5	0.75			0.6	1.9	percent of total billed charges	
MANNITOL INHALATION 5MG PWD. KIT	J7665	HCPCS	outpatient			2		Three Rivers	Three Rivers		1.9	0.95			0.6	1.9	percent of total billed charges	
MANNITOL INHALATION 5MG PWD. KIT	J7665	HCPCS	outpatient			2		UHC	Medicaid		0.63	0.3146			0.6	1.9	percent of total billed charges	
MANNITOL INHALATION 5MG PWD. KIT	J7665	HCPCS	outpatient			2		Wellcare	Medicaid		0.63	0.3146			0.6	1.9	percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Aetna	Better Health		1.73	0.3146			1.65	5.23	percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Aetna	Commercial		2.09	0.38			1.65	5.23	percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Aetna	Medicare		1.69	0.308			1.65	5.23	percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Americare	Americare		4.13	0.75			1.65	5.23	percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		WellPoint	WellPoint		1.76	0.3208			1.65	5.23	percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Consumer	Consumer		5.23	0.95			1.65	5.23	percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Corrections	Corrections		4.4	0.8			1.65	5.23	percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		First Health	First Health		3.85	0.7			1.65	5.23	percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		First Trenton	First Trenton		4.95	0.9			1.65	5.23	percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Horizon	Indemnity		2.11	0.3828			1.65	5.23	percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Horizon	NJ Health		4.57	0.83			1.65	5.23	percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Horizon	MGD		2.11	0.3828			1.65	5.23	percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Horizon	PPO		2.11	0.3828			1.65	5.23	percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Horizon	Medicare Blue		1.65	0.3			1.65	5.23	percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Managed Care Inc	Managed Care Inc		4.95	0.9			1.65	5.23	percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Multiplan	Multiplan		4.4	0.8			1.65	5.23	percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Qualcare	Qualcare		4.13	0.75			1.65	5.23	percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Three Rivers	Three Rivers		5.23	0.95			1.65	5.23	percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		UHC	Medicaid		1.73	0.3146			1.65	5.23	percent of total billed charges	
METAPROTERENOL 0.6% INHL SOLN U/D	J7669	HCPCS	outpatient			5.5		Wellcare	Medicaid		1.73	0.3146			1.65	5.23	percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	both			299	25.06	Aetna	Better Health		94.07	0.3146			21.79	284.05	percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	both			299	25.06	Aetna	Commercial		113.62	0.38			21.79	284.05	percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	both			299	25.06	Aetna	Medicare		21.79				21.79	284.05	case rate	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	both			299	25.06	Americare	Americare		224.25	0.75			21.79	284.05	percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	both			299	25.06	WellPoint	WellPoint		95.92	0.3208			21.79	284.05	percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	both			299	25.06	Amerihealth	Medicare		21.79				21.79	284.05	case rate	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	both			299	25.06	Consumer	Consumer		284.05	0.95			21.79	284.05	percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	both			299	25.06	Corrections	Corrections		239.2	0.8			21.79	284.05	percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	both			299	25.06	First Health	First Health		209.3	0.7			21.79	284.05	percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	both			299	25.06	First Trenton	First Trenton		269.1	0.9			21.79	284.05	percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	both			299	25.06	Horizon	NJ Health		23.1				21.79	284.05	case rate	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	both			299	25.06	Horizon	MGD		114.46	0.3828			21.79	284.05	percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	both			299	25.06	Horizon	Indemnity		114.46	0.3828			21.79	284.05	percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	both			299	25.06	Horizon	Medicare Blue		89.7	0.3			21.79	284.05	percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	both			299	25.06	Horizon	PPO		114.46	0.3828			21.79	284.05	percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	both			299	25.06	Managed Care Inc	Managed Care Inc		269.1	0.9			21.79	284.05	percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	both			299	25.06	Multiplan	Multiplan		239.2	0.8			21.79	284.05	percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	both			299	25.06	Qualcare	Qualcare		224.25	0.75			21.79	284.05	percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	both			299	25.06	Three Rivers	Three Rivers		284.05	0.95			21.79	284.05	percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	both			299	25.06	UHC	Medicaid		94.07	0.3146			21.79	284.05	percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	both			299	25.06	UHC	Medicare		21.79				21.79	284.05	case rate	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	both			299	25.06	Wellcare	Medicaid		94.07	0.3146			21.79	284.05	percent of total billed charges	
TOBRAMYCIN 300MG/5ML INHL SOLN	J7682	HCPCS	both			299	25.06	Wellcare	Medicare		21.79				21.79	284.05	case rate	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Aetna	Medicare		135.98	0.308			15	419.43	percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Aetna	Better Health		138.9	0.3146			15	419.43	percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Aetna	Commercial		167.77	0.38			15	419.43	percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Americare	Americare		331.13	0.75			15	419.43	percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		WellPoint	WellPoint		141.63	0.3208			15	419.43	percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Consumer	Consumer		419.43	0.95			15	419.43	percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Corrections	Corrections		353.2	0.8			15	419.43	percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		First Health	First Health		309.05	0.7			15	419.43	percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		First Trenton	First Trenton		397.35	0.9			15	419.43	percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Horizon	Indemnity		169.01	0.3828			15	419.43	percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Horizon	Medicare Blue		132.45	0.3			15	419.43	percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Horizon	PPO		169.01	0.3828			15	419.43	percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Horizon	NJ Health		366.45	0.83			15	419.43	percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Horizon	MGD		169.01	0.3828			15	419.43	percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Managed Care Inc	Managed Care Inc		397.35	0.9			15	419.43	percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Multiplan	Multiplan		353.2	0.8			15	419.43	percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Qualcare	Qualcare		331.13	0.75			15	419.43	percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Three Rivers	Three Rivers		419.43	0.95			15	419.43	percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		UHC	Medicaid		138.9	0.3146			15	419.43	percent of total billed charges	
MANNITOL 20% (500ML) INJ	J7799	HCPCS	both			441.5		Wellcare	Medicaid		138.9	0.3146			15	419.43	percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757	4.86	Aetna	Medicare		4.23				4.23	719.15	case rate	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757	4.86	Aetna	Better Health		238.15	0.3146			4.23	719.15	percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757	4.86	Aetna	Commercial		287.66	0.38			4.23	719.15	percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757	4.86	Americare	Americare		567.75	0.75			4.23	719.15	percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757	4.86	WellPoint	WellPoint		242.85	0.3208			4.23	719.15	percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757	4.86	Amerihealth	Medicare		4.23				4.23	719.15	case rate	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757	4.86	Consumer	Consumer		719.15	0.95			4.23	719.15	percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757	4.86	Corrections	Corrections		605.6	0.8			4.23	719.15	percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757	4.86	First Health	First Health		529.9	0.7			4.23	719.15	percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757	4.86	First Trenton	First Trenton		681.3	0.9			4.23	719.15	percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757	4.86	Horizon	MGD		289.78	0.3828			4.23	719.15	percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757	4.86	Horizon	NJ Health		4.48				4.23	719.15	case rate	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757	4.86	Horizon	Indemnity		289.78	0.3828			4.23	719.15	percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757	4.86	Horizon	Medicare Blue		227.1	0.3			4.23	719.15	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757	4.86	Horizon	PPO		289.78	0.3828			4.23	719.15	percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757	4.86	Managed Care Inc	Managed Care Inc		681.3	0.9			4.23	719.15	percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757	4.86	Multiplan	Multiplan		605.6	0.8			4.23	719.15	percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757	4.86	Qualcare	Qualcare		567.75	0.75			4.23	719.15	percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757	4.86	Three Rivers	Three Rivers		719.15	0.95			4.23	719.15	percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757	4.86	UHC	Medicare		4.23				4.23	719.15	case rate	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757	4.86	UHC	Medicaid		238.15	0.3146			4.23	719.15	percent of total billed charges	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757	4.86	Wellcare	Medicare		4.23				4.23	719.15	case rate	
APREPITANT(EMEND) 5 MG CAPS	J8501	HCPCS	outpatient			757	4.86	Wellcare	Medicaid		238.15	0.3146			4.23	719.15	percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	outpatient			25	0.28	Aetna	Commercial		9.5	0.38			0.25	23.75	percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	outpatient			25	0.28	Aetna	Better Health		7.87	0.3146			0.25	23.75	percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	outpatient			25	0.28	Aetna	Medicare		0.25				0.25	23.75	case rate	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	outpatient			25	0.28	Americare	Americare		18.75	0.75			0.25	23.75	percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	outpatient			25	0.28	WellPoint	WellPoint		8.02	0.3208			0.25	23.75	percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	outpatient			25	0.28	Amerihealth	Medicare		0.25				0.25	23.75	case rate	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	outpatient			25	0.28	Consumer	Consumer		23.75	0.95			0.25	23.75	percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	outpatient			25	0.28	Corrections	Corrections		20	0.8			0.25	23.75	percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	outpatient			25	0.28	First Health	First Health		17.5	0.7			0.25	23.75	percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	outpatient			25	0.28	First Trenton	First Trenton		22.5	0.9			0.25	23.75	percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	outpatient			25	0.28	Horizon	Medicare Blue		7.5	0.3			0.25	23.75	percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	outpatient			25	0.28	Horizon	NJ Health		0.26				0.25	23.75	case rate	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	outpatient			25	0.28	Horizon	MCD		9.57	0.3828			0.25	23.75	percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	outpatient			25	0.28	Horizon	Indemnity		9.57	0.3828			0.25	23.75	percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	outpatient			25	0.28	Horizon	PPO		9.57	0.3828			0.25	23.75	percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	outpatient			25	0.28	Managed Care Inc	Managed Care Inc		22.5	0.9			0.25	23.75	percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	outpatient			25	0.28	Multiplan	Multiplan		20	0.8			0.25	23.75	percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	outpatient			25	0.28	Qualcare	Qualcare		18.75	0.75			0.25	23.75	percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	outpatient			25	0.28	Three Rivers	Three Rivers		23.75	0.95			0.25	23.75	percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	outpatient			25	0.28	UHC	Medicare		0.25				0.25	23.75	case rate	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	outpatient			25	0.28	UHC	Medicaid		7.87	0.3146			0.25	23.75	percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	outpatient			25	0.28	Wellcare	Medicaid		7.87	0.3146			0.25	23.75	percent of total billed charges	
CAPECITABINE 150MG TB(NF)	J8520	HCPCS	outpatient			25	0.28	Wellcare	Medicare		0.25				0.25	23.75	case rate	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5	0.71	Aetna	Medicare		0.62				0.62	22.33	case rate	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5	0.71	Aetna	Commercial		8.93	0.38			0.62	22.33	percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5	0.71	Aetna	Better Health		7.39	0.3146			0.62	22.33	percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5	0.71	Americare	Americare		17.63	0.75			0.62	22.33	percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5	0.71	WellPoint	WellPoint		7.54	0.3208			0.62	22.33	percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5	0.71	Amerihealth	Medicare		0.62				0.62	22.33	case rate	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5	0.71	Consumer	Consumer		22.33	0.95			0.62	22.33	percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5	0.71	Corrections	Corrections		18.8	0.8			0.62	22.33	percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5	0.71	First Health	First Health		16.45	0.7			0.62	22.33	percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5	0.71	First Trenton	First Trenton		21.15	0.9			0.62	22.33	percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5	0.71	Horizon	MCD		9	0.3828			0.62	22.33	percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5	0.71	Horizon	NJ Health		0.66				0.62	22.33	case rate	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5	0.71	Horizon	Indemnity		9	0.3828			0.62	22.33	percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5	0.71	Horizon	Medicare Blue		7.05	0.3			0.62	22.33	percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5	0.71	Horizon	PPO		9	0.3828			0.62	22.33	percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5	0.71	Managed Care Inc	Managed Care Inc		21.15	0.9			0.62	22.33	percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5	0.71	Multiplan	Multiplan		18.8	0.8			0.62	22.33	percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5	0.71	Qualcare	Qualcare		17.63	0.75			0.62	22.33	percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5	0.71	Three Rivers	Three Rivers		22.33	0.95			0.62	22.33	percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5	0.71	UHC	Medicaid		7.39	0.3146			0.62	22.33	percent of total billed charges	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5	0.71	UHC	Medicare		0.62				0.62	22.33	case rate	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5	0.71	Wellcare	Medicare		0.62				0.62	22.33	case rate	
CYCLOPHOSPHAMIDE 50MG TAB	J8530	HCPCS	inpatient			23.5	0.71	Wellcare	Medicaid		7.39	0.3146			0.62	22.33	percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	Aetna	Commercial		146.4	1.592			75.5	228	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	Aetna	Medicare		76.61				75.5	228	case rate	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	Aetna	Better Health		75.5	0.3146			75.5	228	percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	Americare	Americare		180	0.75			75.5	228	percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	WellPoint	WellPoint		76.99	0.3208			75.5	228	percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	Amerihealth	Medicare		76.61				75.5	228	case rate	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	Consumer	Consumer		228	0.95			75.5	228	percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	Corrections	Corrections		192	0.8			75.5	228	percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	First Health	First Health		168	0.7			75.5	228	percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	First Trenton	First Trenton		216	0.9			75.5	228	percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	Horizon	MCD		168.01	1.827			75.5	228	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	Horizon	Indemnity		168.01	1.827			75.5	228	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	Horizon	Medicare Blue		91.96	1			75.5	228	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	Horizon	PPO		168.01	1.827			75.5	228	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	Horizon	NJ Health		81.21				75.5	228	case rate	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	Managed Care Inc	Managed Care Inc		216	0.9			75.5	228	percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	Multiplan	Multiplan		192	0.8			75.5	228	percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	Qualcare	Qualcare		180	0.75			75.5	228	percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	Three Rivers	Three Rivers		228	0.95			75.5	228	percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	UHC	Medicaid		75.5	0.3146			75.5	228	percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	UHC	Medicare		76.61				75.5	228	case rate	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	Wellcare	Medicaid		75.5	0.3146			75.5	228	percent of total billed charges	
ETOPOSIDE 50MG CAP	J8560	HCPCS	outpatient			240	88.1	Wellcare	Medicare		76.61				75.5	228	case rate	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Aetna	Better Health		15.73	0.3146			15	47.5	percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Aetna	Medicare		15.4	0.308			15	47.5	percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Aetna	Commercial		19	0.38			15	47.5	percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Americare	Americare		37.5	0.75			15	47.5	percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		WellPoint	WellPoint		16.04	0.3208			15	47.5	percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Consumer	Consumer		47.5	0.95			15	47.5	percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Corrections	Corrections		40	0.8			15	47.5	percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		First Health	First Health		35	0.7			15	47.5	percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		First Trenton	First Trenton		45	0.9			15	47.5	percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Horizon	Medicare Blue		15	0.3			15	47.5	percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Horizon	Indemnity		19.14	0.3828			15	47.5	percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Horizon	MCD		19.14	0.3828			15	47.5	percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Horizon	PPO		19.14	0.3828			15	47.5	percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Horizon	NJ Health		41.5	0.83			15	47.5	percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Managed Care Inc	Managed Care Inc		45	0.9			15	47.5	percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Multiplan	Multiplan		40	0.8			15	47.5	percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Qualcare	Qualcare		37.5	0.75			15	47.5	percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Three Rivers	Three Rivers		47.5	0.95			15	47.5	percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		UHC	Medicaid		15.73	0.3146			15	47.5	percent of total billed charges	
MELPHALAN 2MG TAB	J8600	HCPCS	outpatient			50		Wellcare	Medicaid		15.73	0.3146			15	47.5	percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Aetna	Medicare		0.27				0.27	25.18	case rate	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Aetna	Better Health		8.34	0.3146			0.27	25.18	percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Aetna	Commercial		10.07	0.38			0.27	25.18	percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Americare	Americare		19.88	0.75			0.27	25.18	percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	WellPoint	WellPoint		8.5	0.3208			0.27	25.18	percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Amerihealth	Medicare		0.27				0.27	25.18	case rate	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Consumer	Consumer		25.18	0.95			0.27	25.18	percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Corrections	Corrections		21.2	0.8			0.27	25.18	percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	First Health	First Health		18.55	0.7			0.27	25.18	percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	First Trenton	First Trenton		23.85	0.9			0.27	25.18	percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Horizon	Medicare Blue		7.95	0.3			0.27	25.18	percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Horizon	NJ Health		0.28				0.27	25.18	case rate	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Horizon	MCD		10.14	0.3828			0.27	25.18	percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Horizon	Indemnity		10.14	0.3828			0.27	25.18	percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Horizon	PPO		10.14	0.3828			0.27	25.18	percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Managed Care Inc	Managed Care Inc		23.85	0.9			0.27	25.18	percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Multiplan	Multiplan		21.2	0.8			0.27	25.18	percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Qualcare	Qualcare		19.88	0.75			0.27	25.18	percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Three Rivers	Three Rivers		25.18	0.95			0.27	25.18	percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	UHC	Medicare		0.27				0.27	25.18	case rate	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	UHC	Medicaid		8.34	0.3146			0.27	25.18	percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Wellcare	Medicaid		8.34	0.3146			0.27	25.18	percent of total billed charges	
METHOTREXATE 2.5MG TAB	J8610	HCPCS	both			26.5	0.31	Wellcare	Medicare		0.27				0.27	25.18	case rate	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Aetna	Better Health		15.26	0.3146			0.28	46.08	percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Aetna	Commercial		18.43	0.38			0.28	46.08	percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Aetna	Medicare		0.28				0.28	46.08	case rate	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Americare	Americare		36.38	0.75			0.28	46.08	percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	WellPoint	WellPoint		15.56	0.3208			0.28	46.08	percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Amerihealth	Medicare		0.28				0.28	46.08	case rate	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Consumer	Consumer		46.08	0.95			0.28	46.08	percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Corrections	Corrections		38.8	0.8			0.28	46.08	percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	First Health	First Health		33.95	0.7			0.28	46.08	percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	First Trenton	First Trenton		43.65	0.9			0.28	46.08	percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Horizon	MCD		18.57	0.3828			0.28	46.08	percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Horizon	Indemnity		18.57	0.3828			0.28	46.08	percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Horizon	Medicare Blue		14.55	0.3			0.28	46.08	percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Horizon	PPO		18.57	0.3828			0.28	46.08	percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Horizon	NJ Health		0.3				0.28	46.08	case rate	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Managed Care Inc	Managed Care Inc		43.65	0.9			0.28	46.08	percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Multiplan	Multiplan		38.8	0.8			0.28	46.08	percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Qualcare	Qualcare		36.38	0.75			0.28	46.08	percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Three Rivers	Three Rivers		46.08	0.95			0.28	46.08	percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	UHC	Medicaid		15.26	0.3146			0.28	46.08	percent of total billed charges	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	UHC	Medicare		0.28				0.28	46.08	case rate	
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Wellcare	Medicaid		15.26	0.3146			0.28	46.08	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TEMOZOLOMIDE 5MG CAP (NF)	J8700	HCPCS	outpatient			48.5	0.32	Wellcare	Medicare		0.28				0.28	46.08	case rate	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Aetna	Better Health		1.89	0.3146			1.8	5.7	percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Aetna	Medicare		3.28				1.8	5.7	case rate	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Aetna	Commercial		2.28	0.38			1.8	5.7	percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Americare	Americare		4.5	0.75			1.8	5.7	percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	WellPoint	WellPoint		1.92	0.3208			1.8	5.7	percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Amerihealth	Medicare		3.28				1.8	5.7	case rate	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Consumer	Consumer		5.7	0.95			1.8	5.7	percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Corrections	Corrections		4.8	0.8			1.8	5.7	percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	First Health	First Health		4.2	0.7			1.8	5.7	percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	First Trenton	First Trenton		5.4	0.9			1.8	5.7	percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Horizon	Medicare Blue		1.8	0.3			1.8	5.7	percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Horizon	MGD		2.3	0.3828			1.8	5.7	percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Horizon	Indemnity		2.3	0.3828			1.8	5.7	percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Horizon	NJ Health		3.48				1.8	5.7	case rate	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Horizon	PPO		2.3	0.3828			1.8	5.7	percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Managed Care Inc	Managed Care Inc		5.4	0.9			1.8	5.7	percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Multiplan	Multiplan		4.8	0.8			1.8	5.7	percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Qualcare	Qualcare		4.5	0.75			1.8	5.7	percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Three Rivers	Three Rivers		5.7	0.95			1.8	5.7	percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	UHC	Medicaid		1.89	0.3146			1.8	5.7	percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	UHC	Medicare		3.28				1.8	5.7	case rate	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Wellcare	Medicaid		1.89	0.3146			1.8	5.7	percent of total billed charges	
DOXORUBICIN 10MG INJ	J9000	HCPCS	both			6	3.77	Wellcare	Medicare		3.28				1.8	5.7	case rate	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Aetna	Better Health		2663.88	0.3146			2663.88	8647.08	percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Aetna	Medicare		4732.94	1			2663.88	8647.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Aetna	Commercial		7534.84	1.592			2663.88	8647.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Americare	Americare		6350.63	0.75			2663.88	8647.08	percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	WellPoint	WellPoint		2716.37	0.3208			2663.88	8647.08	percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Amerihealth	Medicare		4732.94	1			2663.88	8647.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Consumer	Consumer		8044.13	0.95			2663.88	8647.08	percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Corrections	Corrections		6774	0.8			2663.88	8647.08	percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	First Health	First Health		5927.25	0.7			2663.88	8647.08	percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	First Trenton	First Trenton		7620.75	0.9			2663.88	8647.08	percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Horizon	PPO		8647.08	1.827			2663.88	8647.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Horizon	Medicare Blue		4732.94	1			2663.88	8647.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Horizon	Indemnity		8647.08	1.827			2663.88	8647.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Horizon	MGD		8647.08	1.827			2663.88	8647.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Horizon	NJ Health		7028.03	0.83			2663.88	8647.08	percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Managed Care Inc	Managed Care Inc		7620.75	0.9			2663.88	8647.08	percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Multiplan	Multiplan		6774	0.8			2663.88	8647.08	percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Qualcare	Qualcare		6350.63	0.75			2663.88	8647.08	percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Three Rivers	Three Rivers		8044.13	0.95			2663.88	8647.08	percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	UHC	Medicare		4732.94	1			2663.88	8647.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	UHC	Medicaid		2663.88	0.3146			2663.88	8647.08	percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Wellcare	Medicaid		2663.88	0.3146			2663.88	8647.08	percent of total billed charges	
ADLESLEUKIN 22MMU INJ (NF)	J9015	HCPCS	outpatient			8467.5	5442.88	Wellcare	Medicare		4732.94	1			2663.88	8647.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Aetna	Better Health		62.13	0.3146			15.78	187.63	percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Aetna	Commercial		30.15	1.592			15.78	187.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Aetna	Medicare		15.78				15.78	187.63	case rate	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Americare	Americare		148.13	0.75			15.78	187.63	percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	WellPoint	WellPoint		63.36	0.3208			15.78	187.63	percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Amerihealth	Medicare		15.78				15.78	187.63	case rate	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Consumer	Consumer		187.63	0.95			15.78	187.63	percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Corrections	Corrections		158	0.8			15.78	187.63	percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	First Health	First Health		138.25	0.7			15.78	187.63	percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	First Trenton	First Trenton		177.75	0.9			15.78	187.63	percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Horizon	Indemnity		34.6	1.827			15.78	187.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Horizon	MGD		34.6	1.827			15.78	187.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Horizon	Medicare Blue		18.94	1			15.78	187.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Horizon	PPO		34.6	1.827			15.78	187.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Horizon	NJ Health		16.73				15.78	187.63	case rate	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Managed Care Inc	Managed Care Inc		177.75	0.9			15.78	187.63	percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Multiplan	Multiplan		158	0.8			15.78	187.63	percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Qualcare	Qualcare		148.13	0.75			15.78	187.63	percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Three Rivers	Three Rivers		187.63	0.95			15.78	187.63	percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	UHC	Medicare		15.78				15.78	187.63	case rate	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	UHC	Medicaid		62.13	0.3146			15.78	187.63	percent of total billed charges	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Wellcare	Medicare		15.78				15.78	187.63	case rate	
ARSENIC 1MG	J9017	HCPCS	outpatient			197.5	18.15	Wellcare	Medicaid		62.13	0.3146			15.78	187.63	percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Aetna	Better Health		89.35	0.3146			85.2	269.8	percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Aetna	Commercial		107.92	0.38			85.2	269.8	percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Aetna	Medicare		87.47	0.308			85.2	269.8	percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Americare	Americare		213	0.75			85.2	269.8	percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		WellPoint	WellPoint		91.11	0.3208			85.2	269.8	percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Consumer	Consumer		269.8	0.95			85.2	269.8	percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Corrections	Corrections		227.2	0.8			85.2	269.8	percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		First Health	First Health		198.8	0.7			85.2	269.8	percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		First Trenton	First Trenton		255.6	0.9			85.2	269.8	percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Horizon	NJ Health		235.72	0.83			85.2	269.8	percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Horizon	Medicare Blue		85.2	0.3			85.2	269.8	percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Horizon	Indemnity		108.72	0.3828			85.2	269.8	percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Horizon	MGD		108.72	0.3828			85.2	269.8	percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Horizon	PPO		108.72	0.3828			85.2	269.8	percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Managed Care Inc	Managed Care Inc		255.6	0.9			85.2	269.8	percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Multiplan	Multiplan		227.2	0.8			85.2	269.8	percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Qualcare	Qualcare		213	0.75			85.2	269.8	percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Three Rivers	Three Rivers		269.8	0.95			85.2	269.8	percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		UHC	Medicaid		89.35	0.3146			85.2	269.8	percent of total billed charges	
ASPARAGINASE 10MU INJ	J9020	HCPCS	outpatient			284		Wellcare	Medicaid		89.35	0.3146			85.2	269.8	percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	both			322	97.76	Aetna	Medicare		85.01				85.01	305.9	case rate	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	both			322	97.76	Aetna	Better Health		101.3	0.3146			85.01	305.9	percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	both			322	97.76	Aetna	Commercial		162.45	1.592			85.01	305.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	both			322	97.76	Americare	Americare		241.5	0.75			85.01	305.9	percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	both			322	97.76	WellPoint	WellPoint		103.3	0.3208			85.01	305.9	percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	both			322	97.76	Amerihealth	Medicare		85.01				85.01	305.9	case rate	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	both			322	97.76	Consumer	Consumer		305.9	0.95			85.01	305.9	percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	both			322	97.76	Corrections	Corrections		257.6	0.8			85.01	305.9	percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	both			322	97.76	First Health	First Health		225.4	0.7			85.01	305.9	percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	both			322	97.76	First Trenton	First Trenton		289.8	0.9			85.01	305.9	percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	both			322	97.76	Horizon	MGD		186.43	1.827			85.01	305.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	both			322	97.76	Horizon	Medicare Blue		102.04	1			85.01	305.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	both			322	97.76	Horizon	Indemnity		186.43	1.827			85.01	305.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	both			322	97.76	Horizon	PPO		186.43	1.827			85.01	305.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	both			322	97.76	Horizon	NJ Health		90.11				85.01	305.9	case rate	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	both			322	97.76	Managed Care Inc	Managed Care Inc		289.8	0.9			85.01	305.9	percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	both			322	97.76	Multiplan	Multiplan		257.6	0.8			85.01	305.9	percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	both			322	97.76	Qualcare	Qualcare		241.5	0.75			85.01	305.9	percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	both			322	97.76	Three Rivers	Three Rivers		305.9	0.95			85.01	305.9	percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	both			322	97.76	UHC	Medicare		85.01				85.01	305.9	case rate	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	both			322	97.76	UHC	Medicaid		101.3	0.3146			85.01	305.9	percent of total billed charges	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	both			322	97.76	Wellcare	Medicare		85.01				85.01	305.9	case rate	
ATEZOLIZUMAB(TECENTRIQ) 10MG INJ	J9022	HCPCS	both			322	97.76	Wellcare	Medicaid		101.3	0.3146			85.01	305.9	percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Aetna	Medicare		92.37				92.37	315.4	case rate	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Aetna	Commercial		176.52	1.592			92.37	315.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Aetna	Better Health		104.45	0.3146			92.37	315.4	percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Americare	Americare		249	0.75			92.37	315.4	percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	WellPoint	WellPoint		106.51	0.3208			92.37	315.4	percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Amerihealth	Medicare		92.37				92.37	315.4	case rate	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Consumer	Consumer		315.4	0.95			92.37	315.4	percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Corrections	Corrections		265.6	0.8			92.37	315.4	percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	First Health	First Health		232.4	0.7			92.37	315.4	percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	First Trenton	First Trenton		298.8	0.9			92.37	315.4	percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Horizon	Indemnity		202.58	1.827			92.37	315.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Horizon	Medicare Blue		110.88	1			92.37	315.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Horizon	MGD		202.58	1.827			92.37	315.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Horizon	NJ Health		97.91				92.37	315.4	case rate	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Horizon	PPO		202.58	1.827			92.37	315.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Managed Care Inc	Managed Care Inc		298.8	0.9			92.37	315.4	percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Multiplan	Multiplan		265.6	0.8			92.37	315.4	percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Qualcare	Qualcare		249	0.75			92.37	315.4	percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Three Rivers	Three Rivers		315.4	0.95			92.37	315.4	percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	UHC	Medicare		92.37				92.37	315.4	case rate	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	UHC	Medicaid		104.45	0.3146			92.37	315.4	percent of total billed charges	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Wellcare	Medicare		92.37				92.37	315.4	case rate	
AVELUMAB (BAVENCIO) 10MG INJ	J9023	HCPCS	outpatient			332	106.22	Wellcare	Medicaid		104.45	0.3146			92.37	315.4	percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	both			28.5	0.41	Aetna	Better Health		8.97	0.3146			0.35	27.08	percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	both			28.5	0.41	Aetna	Medicare		0.35				0.35	27.08	case rate	
AZACITIDINE 1MG	J9025	HCPCS	both			28.5	0.41	Aetna	Commercial		10.83	0.38			0.35	27.08	percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	both			28.5	0.41	Americare	Americare		21.38	0.75			0.35	27.08	percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	both			28.5	0.41	WellPoint	WellPoint		9.14	0.3208			0.35	27.08	percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	both			28.5	0.41	Amerihealth	Medicare		0.35				0.35	27.08	case rate	
AZACITIDINE 1MG	J9025	HCPCS	both			28.5	0.41	Consumer	Consumer		27.08	0.95			0.35	27.08	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AZACITIDINE 1MG	J9025	HCPCS	both			28.5	0.41	Corrections	Corrections		22.8	0.8			0.35		27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	both			28.5	0.41	First Health	First Health		19.95	0.7			0.35		27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	both			28.5	0.41	First Trenton	First Trenton		25.65	0.9			0.35		27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	both			28.5	0.41	Horizon	Indemnity		10.91	0.3828			0.35		27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	both			28.5	0.41	Horizon	Medicare Blue		8.55	0.3			0.35		27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	both			28.5	0.41	Horizon	NJ Health		0.37				0.35		27.08 case rate	
AZACITIDINE 1MG	J9025	HCPCS	both			28.5	0.41	Horizon	MGD		10.91	0.3828			0.35		27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	both			28.5	0.41	Horizon	PPO		10.91	0.3828			0.35		27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	both			28.5	0.41	Managed Care Inc	Managed Care Inc		25.65	0.9			0.35		27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	both			28.5	0.41	Multiplan	Multiplan		22.8	0.8			0.35		27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	both			28.5	0.41	Qualcare	Qualcare		21.38	0.75			0.35		27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	both			28.5	0.41	Three Rivers	Three Rivers		27.08	0.95			0.35		27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	both			28.5	0.41	UHC	Medicaid		8.97	0.3146			0.35		27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	both			28.5	0.41	UHC	Medicare		0.35				0.35		27.08 case rate	
AZACITIDINE 1MG	J9025	HCPCS	both			28.5	0.41	Wellcare	Medicaid		8.97	0.3146			0.35		27.08 percent of total billed charges	
AZACITIDINE 1MG	J9025	HCPCS	both			28.5	0.41	Wellcare	Medicare		0.35				0.35		27.08 case rate	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Aetna	Commercial		5.13	0.38			2.89		12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Aetna	Medicare		2.89				2.89		12.83 case rate	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Aetna	Better Health		4.25	0.3146			2.89		12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Americare	Americare		10.13	0.75			2.89		12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	WellPoint	WellPoint		4.33	0.3208			2.89		12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Amerihealth	Medicare		2.89				2.89		12.83 case rate	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Consumer	Consumer		12.83	0.95			2.89		12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Corrections	Corrections		10.8	0.8			2.89		12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	First Health	First Health		9.45	0.7			2.89		12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	First Trenton	First Trenton		12.15	0.9			2.89		12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Horizon	Medicare Blue		4.05	0.3			2.89		12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Horizon	NJ Health		3.06				2.89		12.83 case rate	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Horizon	Indemnity		5.17	0.3828			2.89		12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Horizon	MGD		5.17	0.3828			2.89		12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Horizon	PPO		5.17	0.3828			2.89		12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Managed Care Inc	Managed Care Inc		12.15	0.9			2.89		12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Multiplan	Multiplan		10.8	0.8			2.89		12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Qualcare	Qualcare		10.13	0.75			2.89		12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Three Rivers	Three Rivers		12.83	0.95			2.89		12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	UHC	Medicare		2.89				2.89		12.83 case rate	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	UHC	Medicaid		4.25	0.3146			2.89		12.83 percent of total billed charges	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Wellcare	Medicare		2.89				2.89		12.83 case rate	
BCG 1 MG INJ	J9030	HCPCS	outpatient			13.5	3.32	Wellcare	Medicaid		4.25	0.3146			2.89		12.83 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWVL	J9033	HCPCS	both			109	10.57	Aetna	Better Health		34.29	0.3146			9.19		103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWVL	J9033	HCPCS	both			109	10.57	Aetna	Medicare		9.19				9.19		103.55 case rate	
BENDAMUSTINE HCL 1MG PWVL	J9033	HCPCS	both			109	10.57	Aetna	Commercial		17.56	1.592			9.19		103.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BENDAMUSTINE HCL 1MG PWVL	J9033	HCPCS	both			109	10.57	Americare	Americare		81.75	0.75			9.19		103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWVL	J9033	HCPCS	both			109	10.57	WellPoint	WellPoint		34.97	0.3208			9.19		103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWVL	J9033	HCPCS	both			109	10.57	Amerihealth	Medicare		9.19				9.19		103.55 case rate	
BENDAMUSTINE HCL 1MG PWVL	J9033	HCPCS	both			109	10.57	Consumer	Consumer		103.55	0.95			9.19		103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWVL	J9033	HCPCS	both			109	10.57	Corrections	Corrections		87.2	0.8			9.19		103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWVL	J9033	HCPCS	both			109	10.57	First Health	First Health		76.3	0.7			9.19		103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWVL	J9033	HCPCS	both			109	10.57	First Trenton	First Trenton		98.1	0.9			9.19		103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWVL	J9033	HCPCS	both			109	10.57	Horizon	Medicare Blue		11.03	1			9.19		103.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BENDAMUSTINE HCL 1MG PWVL	J9033	HCPCS	both			109	10.57	Horizon	Indemnity		20.15	1.827			9.19		103.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BENDAMUSTINE HCL 1MG PWVL	J9033	HCPCS	both			109	10.57	Horizon	NJ Health		9.74				9.19		103.55 case rate	
BENDAMUSTINE HCL 1MG PWVL	J9033	HCPCS	both			109	10.57	Horizon	PPO		20.15	1.827			9.19		103.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BENDAMUSTINE HCL 1MG PWVL	J9033	HCPCS	both			109	10.57	Horizon	MGD		20.15	1.827			9.19		103.55 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BENDAMUSTINE HCL 1MG PWVL	J9033	HCPCS	both			109	10.57	Managed Care Inc	Managed Care Inc		98.1	0.9			9.19		103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWVL	J9033	HCPCS	both			109	10.57	Multiplan	Multiplan		87.2	0.8			9.19		103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWVL	J9033	HCPCS	both			109	10.57	Qualcare	Qualcare		81.75	0.75			9.19		103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWVL	J9033	HCPCS	both			109	10.57	Three Rivers	Three Rivers		103.55	0.95			9.19		103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWVL	J9033	HCPCS	both			109	10.57	UHC	Medicare		9.19				9.19		103.55 case rate	
BENDAMUSTINE HCL 1MG PWVL	J9033	HCPCS	both			109	10.57	UHC	Medicaid		34.29	0.3146			9.19		103.55 percent of total billed charges	
BENDAMUSTINE HCL 1MG PWVL	J9033	HCPCS	both			109	10.57	Wellcare	Medicare		9.19				9.19		103.55 case rate	
BENDAMUSTINE HCL 1MG PWVL	J9033	HCPCS	both			109	10.57	Wellcare	Medicaid		34.29	0.3146			9.19		103.55 percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	outpatient			302	85.18	Aetna	Better Health		95.01	0.3146			74.07		286.9 percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	outpatient			302	85.18	Aetna	Commercial		141.54	1.592			74.07		286.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEVACIZUMAB 10MG	J9035	HCPCS	outpatient			302	85.18	Aetna	Medicare		74.07				74.07		286.9 case rate	
BEVACIZUMAB 10MG	J9035	HCPCS	outpatient			302	85.18	Americare	Americare		226.5	0.75			74.07		286.9 percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	outpatient			302	85.18	WellPoint	WellPoint		96.88	0.3208			74.07		286.9 percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	outpatient			302	85.18	Amerihealth	Medicare		74.07				74.07		286.9 case rate	
BEVACIZUMAB 10MG	J9035	HCPCS	outpatient			302	85.18	Consumer	Consumer		286.9	0.95			74.07		286.9 percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	outpatient			302	85.18	Corrections	Corrections		241.6	0.8			74.07		286.9 percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	outpatient			302	85.18	First Health	First Health		211.4	0.7			74.07		286.9 percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	outpatient			302	85.18	First Trenton	First Trenton		271.8	0.9			74.07		286.9 percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	outpatient			302	85.18	Horizon	Medicare Blue		88.91	1			74.07		286.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEVACIZUMAB 10MG	J9035	HCPCS	outpatient			302	85.18	Horizon	NJ Health		78.52				74.07		286.9 case rate	
BEVACIZUMAB 10MG	J9035	HCPCS	outpatient			302	85.18	Horizon	MGD		162.44	1.827			74.07		286.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEVACIZUMAB 10MG	J9035	HCPCS	outpatient			302	85.18	Horizon	Indemnity		162.44	1.827			74.07		286.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEVACIZUMAB 10MG	J9035	HCPCS	outpatient			302	85.18	Horizon	PPO		162.44	1.827			74.07		286.9 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEVACIZUMAB 10MG	J9035	HCPCS	outpatient			302	85.18	Managed Care Inc	Managed Care Inc		271.8	0.9			74.07		286.9 percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	outpatient			302	85.18	Multiplan	Multiplan		241.6	0.8			74.07		286.9 percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	outpatient			302	85.18	Qualcare	Qualcare		226.5	0.75			74.07		286.9 percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	outpatient			302	85.18	Three Rivers	Three Rivers		286.9	0.95			74.07		286.9 percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	outpatient			302	85.18	UHC	Medicare		74.07				74.07		286.9 case rate	
BEVACIZUMAB 10MG	J9035	HCPCS	outpatient			302	85.18	UHC	Medicaid		95.01	0.3146			74.07		286.9 percent of total billed charges	
BEVACIZUMAB 10MG	J9035	HCPCS	outpatient			302	85.18	Wellcare	Medicare		74.07				74.07		286.9 case rate	
BEVACIZUMAB 10MG	J9035	HCPCS	outpatient			302	85.18	Wellcare	Medicaid		95.01	0.3146			74.07		286.9 percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Aetna	Commercial		180.31	0.38			21.02		450.78 percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Aetna	Better Health		149.28	0.3146			21.02		450.78 percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Aetna	Medicare		21.02				21.02		450.78 case rate	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Americare	Americare		355.88	0.75			21.02		450.78 percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	WellPoint	WellPoint		152.22	0.3208			21.02		450.78 percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Amerihealth	Medicare		21.02				21.02		450.78 case rate	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Consumer	Consumer		450.78	0.95			21.02		450.78 percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Corrections	Corrections		379.6	0.8			21.02		450.78 percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	First Health	First Health		332.15	0.7			21.02		450.78 percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	First Trenton	First Trenton		427.05	0.9			21.02		450.78 percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Horizon	NJ Health		22.29				21.02		450.78 case rate	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Horizon	Medicare Blue		142.35	0.3			21.02		450.78 percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Horizon	Indemnity		181.64	0.3828			21.02		450.78 percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Horizon	MGD		181.64	0.3828			21.02		450.78 percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Horizon	PPO		181.64	0.3828			21.02		450.78 percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Managed Care Inc	Managed Care Inc		427.05	0.9			21.02		450.78 percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Multiplan	Multiplan		379.6	0.8			21.02		450.78 percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Qualcare	Qualcare		355.88	0.75			21.02		450.78 percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Three Rivers	Three Rivers		450.78	0.95			21.02		450.78 percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	UHC	Medicaid		149.28	0.3146			21.02		450.78 percent of total billed charges	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	UHC	Medicare		21.02				21.02		450.78 case rate	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Wellcare	Medicare		21.02				21.02		450.78 case rate	
BLEOMYCIN 15U INJ	J9040	HCPCS	both			474.5	24.18	Wellcare	Medicaid		149.28	0.3146			21.02		450.78 percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Aetna	Medicare		1.96				1.96		219.45 case rate	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Aetna	Better Health		72.67	0.3146			1.96		219.45 percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Aetna	Commercial		3.74	1.592			1.96		219.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Americare	Americare		173.25	0.75			1.96		219.45 percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	WellPoint	WellPoint		74.1	0.3208			1.96		219.45 percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Amerihealth	Medicare		1.96				1.96		219.45 case rate	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Consumer	Consumer		219.45	0.95			1.96		219.45 percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Corrections	Corrections		184.8	0.8			1.96		219.45 percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	First Health	First Health		161.7	0.7			1.96		219.45 percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	First Trenton	First Trenton		207.9	0.9			1.96		219.45 percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Horizon	MGD		4.29	1.827			1.96		219.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Horizon	Medicare Blue		2.35	1			1.96		219.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Horizon	Indemnity		4.29	1.827			1.96		219.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Horizon	PPO		4.29	1.827			1.96		219.45 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Horizon	NJ Health		2.08				1.96		219.45 case rate	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Managed Care Inc	Managed Care Inc		207.9	0.9			1.96		219.45 percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Multiplan	Multiplan		184.8	0.8			1.96		219.45 percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Qualcare	Qualcare		173.25	0.75			1.96		219.45 percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Three Rivers	Three Rivers		219.45	0.95			1.96		219.45 percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	UHC	Medicaid		72.67	0.3146			1.96		219.45 percent of total billed charges	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	UHC	Medicare		1.96				1.96		219.45 case rate	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Wellcare	Medicare		1.96				1.96		219.45 case rate	
BORTEZOMIB 0.1MG	J9041	HCPCS	both			231	2.25	Wellcare	Medicaid		72.67	0.3146			1.96		219.45 percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	outpatient			469	265.21	Aetna	Better Health		147.55	0.3146			147.55		505.73 percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	outpatient			469	265.21	Aetna	Medicare		230.61				147.55		505.73 case rate	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	outpatient			469	265.21	Aetna	Commercial		440.68	1.592			147.55		505.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	outpatient			469	265.21	Americare	Americare		351.75	0.75			147.55		505.73 percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	outpatient			469	265.21	WellPoint	WellPoint		150.46	0.3208			147.55		505.73 percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	outpatient			469	265.21	Amerihealth	Medicare		230.61				147.55		505.73 case rate	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	outpatient			469	265.21	Consumer	Consumer		445.55	0.95			147.55		505.73 percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	outpatient			469	265.21	Corrections	Corrections		375.2	0.8			147.55		505.73 percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	outpatient			469	265.21	First Health	First Health		328.3	0.7			147.55		505.73 percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	outpatient			469	265.21	First Trenton	First Trenton		422.1	0.9			147.55		505.73 percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	outpatient			469	265.21	Horizon	NJ Health		244.45				147.55		505.73 case rate	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	outpatient			469	265.21	Horizon	Indemnity		505.73	1.827			147.55		505.73 other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	outpatient			469	265.21	Horizon	Medicare Blue		276.81	1			147.55	505.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	outpatient			469	265.21	Horizon	PPO		505.73	1.827			147.55	505.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	outpatient			469	265.21	Horizon	MGD		505.73	1.827			147.55	505.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	outpatient			469	265.21	Managed Care Inc	Managed Care Inc		422.1	0.9			147.55	505.73	percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	outpatient			469	265.21	Multiplan	Multiplan		375.2	0.8			147.55	505.73	percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	outpatient			469	265.21	Qualcare	Qualcare		351.75	0.75			147.55	505.73	percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	outpatient			469	265.21	Three Rivers	Three Rivers		445.55	0.95			147.55	505.73	percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	outpatient			469	265.21	UHC	Medicaid		147.55	0.3146			147.55	505.73	percent of total billed charges	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	outpatient			469	265.21	UHC	Medicare		230.61				147.55	505.73	case rate	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	outpatient			469	265.21	Wellcare	Medicare		230.61				147.55	505.73	case rate	
BRENTUXIMAB VEDOTIN 1MG NJ	J9042	HCPCS	outpatient			469	265.21	Wellcare	Medicaid		147.55	0.3146			147.55	505.73	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Aetna	Commercial		402.16	1.592			139.05	461.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Aetna	Medicare		210.45				139.05	461.52	case rate	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Aetna	Better Health		139.05	0.3146			139.05	461.52	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Americare	Americare		331.5	0.75			139.05	461.52	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	WellPoint	WellPoint		141.79	0.3208			139.05	461.52	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Amerihealth	Medicare		210.45				139.05	461.52	case rate	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Consumer	Consumer		419.9	0.95			139.05	461.52	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Corrections	Corrections		353.6	0.8			139.05	461.52	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	First Health	First Health		309.4	0.7			139.05	461.52	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	First Trenton	First Trenton		397.8	0.9			139.05	461.52	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Horizon	Indemnity		461.52	1.827			139.05	461.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Horizon	MGD		461.52	1.827			139.05	461.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Horizon	PPO		461.52	1.827			139.05	461.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Horizon	Medicare Blue		252.61	1			139.05	461.52	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Horizon	NJ Health		223.08				139.05	461.52	case rate	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Managed Care Inc	Managed Care Inc		397.8	0.9			139.05	461.52	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Multiplan	Multiplan		353.6	0.8			139.05	461.52	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Qualcare	Qualcare		331.5	0.75			139.05	461.52	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Three Rivers	Three Rivers		419.9	0.95			139.05	461.52	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	UHC	Medicare		210.45				139.05	461.52	case rate	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	UHC	Medicaid		139.05	0.3146			139.05	461.52	percent of total billed charges	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Wellcare	Medicare		210.45				139.05	461.52	case rate	
CABAZITAXEL 1 MG INJ	J9043	HCPCS	outpatient			442	242.02	Wellcare	Medicaid		139.05	0.3146			139.05	461.52	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Aetna	Commercial		406.98	0.38			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Aetna	Medicare		3.6				3.6	1017.45	case rate	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Aetna	Better Health		336.94	0.3146			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Americare	Americare		803.25	0.75			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	WellPoint	WellPoint		343.58	0.3208			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Amerihealth	Medicare		3.6				3.6	1017.45	case rate	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Consumer	Consumer		1017.45	0.95			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Corrections	Corrections		856.8	0.8			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	First Health	First Health		749.7	0.7			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	First Trenton	First Trenton		963.9	0.9			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Horizon	MGD		409.98	0.3828			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Horizon	NJ Health		3.81				3.6	1017.45	case rate	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Horizon	Medicare Blue		321.3	0.3			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Horizon	Indemnity		409.98	0.3828			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Horizon	PPO		409.98	0.3828			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Managed Care Inc	Managed Care Inc		963.9	0.9			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Multiplan	Multiplan		856.8	0.8			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Qualcare	Qualcare		803.25	0.75			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Three Rivers	Three Rivers		1017.45	0.95			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	UHC	Medicaid		336.94	0.3146			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	UHC	Medicare		3.6				3.6	1017.45	case rate	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Wellcare	Medicaid		336.94	0.3146			3.6	1017.45	percent of total billed charges	
CARBOPLATIN 50MG INJ	J9045	HCPCS	both			1071	4.14	Wellcare	Medicare		3.6				3.6	1017.45	case rate	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	outpatient			121	54.15	Aetna	Commercial		89.98	1.592			38.07	114.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARFILZOMIB 1 MG INJ	J9047	HCPCS	outpatient			121	54.15	Aetna	Better Health		38.07	0.3146			38.07	114.95	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	outpatient			121	54.15	Aetna	Medicare		47.09				38.07	114.95	case rate	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	outpatient			121	54.15	Americare	Americare		90.75	0.75			38.07	114.95	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	outpatient			121	54.15	WellPoint	WellPoint		38.82	0.3208			38.07	114.95	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	outpatient			121	54.15	Amerihealth	Medicare		47.09				38.07	114.95	case rate	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	outpatient			121	54.15	Consumer	Consumer		114.95	0.95			38.07	114.95	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	outpatient			121	54.15	Corrections	Corrections		96.8	0.8			38.07	114.95	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	outpatient			121	54.15	First Health	First Health		84.7	0.7			38.07	114.95	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	outpatient			121	54.15	First Trenton	First Trenton		108.9	0.9			38.07	114.95	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	outpatient			121	54.15	Horizon	MGD		103.26	1.827			38.07	114.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARFILZOMIB 1 MG INJ	J9047	HCPCS	outpatient			121	54.15	Horizon	Indemnity		103.26	1.827			38.07	114.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARFILZOMIB 1 MG INJ	J9047	HCPCS	outpatient			121	54.15	Horizon	NJ Health		49.91				38.07	114.95	case rate	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	outpatient			121	54.15	Horizon	PPO		103.26	1.827			38.07	114.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARFILZOMIB 1 MG INJ	J9047	HCPCS	outpatient			121	54.15	Horizon	Medicare Blue		56.52	1			38.07	114.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARFILZOMIB 1 MG INJ	J9047	HCPCS	outpatient			121	54.15	Managed Care Inc	Managed Care Inc		108.9	0.9			38.07	114.95	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	outpatient			121	54.15	Multiplan	Multiplan		96.8	0.8			38.07	114.95	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	outpatient			121	54.15	Qualcare	Qualcare		90.75	0.75			38.07	114.95	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	outpatient			121	54.15	Three Rivers	Three Rivers		114.95	0.95			38.07	114.95	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	outpatient			121	54.15	UHC	Medicare		47.09				38.07	114.95	case rate	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	outpatient			121	54.15	UHC	Medicaid		38.07	0.3146			38.07	114.95	percent of total billed charges	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	outpatient			121	54.15	Wellcare	Medicare		47.09				38.07	114.95	case rate	
CARFILZOMIB 1 MG INJ	J9047	HCPCS	outpatient			121	54.15	Wellcare	Medicaid		38.07	0.3146			38.07	114.95	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Aetna	Better Health		9.44	0.3146			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Aetna	Commercial		2.9	1.592			1.52	28.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Aetna	Medicare		1.52				1.52	28.5	case rate	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Americare	Americare		22.5	0.75			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	WellPoint	WellPoint		9.62	0.3208			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Amerihealth	Medicare		1.52				1.52	28.5	case rate	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Consumer	Consumer		28.5	0.95			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Corrections	Corrections		24	0.8			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	First Health	First Health		21	0.7			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	First Trenton	First Trenton		27	0.9			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Horizon	Medicare Blue		1.82	1			1.52	28.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Horizon	PPO		3.33	1.827			1.52	28.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Horizon	MGD		3.33	1.827			1.52	28.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Horizon	Indemnity		3.33	1.827			1.52	28.5	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Horizon	NJ Health		1.61				1.52	28.5	case rate	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Managed Care Inc	Managed Care Inc		27	0.9			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Multiplan	Multiplan		24	0.8			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Qualcare	Qualcare		22.5	0.75			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Three Rivers	Three Rivers		28.5	0.95			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	UHC	Medicare		1.52				1.52	28.5	case rate	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	UHC	Medicaid		9.44	0.3146			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Wellcare	Medicaid		9.44	0.3146			1.52	28.5	percent of total billed charges	
BORTEZOMIB (HOSPIRA) 0.1 MG INJ	J9049	HCPCS	outpatient			30	1.75	Wellcare	Medicare		1.52				1.52	28.5	case rate	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Aetna	Better Health		2246.87	0.3146			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Aetna	Commercial		518.77	1.592			271.47	6784.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Aetna	Medicare		271.47				271.47	6784.9	case rate	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Americare	Americare		5356.5	0.75			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	WellPoint	WellPoint		2291.15	0.3208			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Amerihealth	Medicare		271.47				271.47	6784.9	case rate	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Consumer	Consumer		6784.9	0.95			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Corrections	Corrections		5713.6	0.8			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	First Health	First Health		4999.4	0.7			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	First Trenton	First Trenton		6427.8	0.9			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Horizon	PPO		595.35	1.827			271.47	6784.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Horizon	MGD		595.35	1.827			271.47	6784.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Horizon	Medicare Blue		325.86	1			271.47	6784.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Horizon	NJ Health		287.75				271.47	6784.9	case rate	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Horizon	Indemnity		595.35	1.827			271.47	6784.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Managed Care Inc	Managed Care Inc		6427.8	0.9			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Multiplan	Multiplan		5713.6	0.8			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Qualcare	Qualcare		5356.5	0.75			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Three Rivers	Three Rivers		6784.9	0.95			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	UHC	Medicare		271.47				271.47	6784.9	case rate	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	UHC	Medicaid		2246.87	0.3146			271.47	6784.9	percent of total billed charges	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Wellcare	Medicare		271.47				271.47	6784.9	case rate	
CARMUSTINE 100MG INJ	J9050	HCPCS	outpatient			7142	312.18	Wellcare	Medicaid		2246.87	0.3146			271.47	6784.9	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Aetna	Medicare		73.72				73.72	279.78	case rate	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Aetna	Commercial		140.88	1.592			73.72	279.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Aetna	Better Health		92.65	0.3146			73.72	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Americare	Americare		220.88	0.75			73.72	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	WellPoint	WellPoint		94.48	0.3208			73.72	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Amerihealth	Medicare		73.72				73.72	279.78	case rate	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Consumer	Consumer		279.78	0.95			73.72	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Corrections	Corrections		235.6	0.8			73.72	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	First Health	First Health		206.15	0.7			73.72	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	First Trenton	First Trenton		265.05	0.9			73.72	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Horizon	MGD		161.67	1.827			73.72	279.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Horizon	Indemnity		161.67	1.827			73.72	279.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Horizon	NJ Health		78.14				73.72	279.78	case rate	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Horizon	PPO		161.67	1.827			73.72	279.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Horizon	Medicare Blue		88.49	1			73.72	279.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Managed Care Inc	Managed Care Inc		265.05	0.9			73.72	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Multiplan	Multiplan		235.6	0.8			73.72	279.78	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Qualcare	Qualcare		220.88	0.75			73.72	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Three Rivers	Three Rivers		279.78	0.95			73.72	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	UHC	Medicaid		92.65	0.3146			73.72	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	UHC	Medicare		73.72				73.72	279.78	case rate	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Wellcare	Medicaid		92.65	0.3146			73.72	279.78	percent of total billed charges	
CETUXIMAB 10MG	J9055	HCPCS	outpatient			294.5	84.78	Wellcare	Medicare		73.72				73.72	279.78	case rate	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Aetna	Medicare		4.04				4.04	218.03	case rate	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Aetna	Better Health		72.2	0.3146			4.04	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Aetna	Commercial		87.21	0.38			4.04	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Americare	Americare		172.13	0.75			4.04	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	WellPoint	WellPoint		73.62	0.3208			4.04	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Amerihealth	Medicare		4.04				4.04	218.03	case rate	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Consumer	Consumer		218.03	0.95			4.04	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Corrections	Corrections		183.6	0.8			4.04	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	First Health	First Health		160.65	0.7			4.04	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	First Trenton	First Trenton		206.55	0.9			4.04	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Horizon	Indemnity		87.85	0.3828			4.04	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Horizon	MGD		87.85	0.3828			4.04	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Horizon	PPO		87.85	0.3828			4.04	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Horizon	Medicare Blue		68.85	0.3			4.04	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Horizon	NJ Health		4.28				4.04	218.03	case rate	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Managed Care Inc	Managed Care Inc		206.55	0.9			4.04	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Multiplan	Multiplan		183.6	0.8			4.04	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Qualcare	Qualcare		172.13	0.75			4.04	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Three Rivers	Three Rivers		218.03	0.95			4.04	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	UHC	Medicaid		72.2	0.3146			4.04	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	UHC	Medicare		4.04				4.04	218.03	case rate	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Wellcare	Medicaid		72.2	0.3146			4.04	218.03	percent of total billed charges	
CISPLATIN POWDER 10MG (CHEMO)	J9060	HCPCS	both			229.5	4.64	Wellcare	Medicare		4.04				4.04	218.03	case rate	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Aetna	Better Health		11.48	0.3146			11.48	43.81	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Aetna	Commercial		38.18	1.592			11.48	43.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Aetna	Medicare		19.98				11.48	43.81	case rate	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Americare	Americare		27.38	0.75			11.48	43.81	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	WellPoint	WellPoint		11.71	0.3208			11.48	43.81	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Amerihealth	Medicare		19.98				11.48	43.81	case rate	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Consumer	Consumer		34.68	0.95			11.48	43.81	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Corrections	Corrections		29.2	0.8			11.48	43.81	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	First Health	First Health		25.55	0.7			11.48	43.81	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	First Trenton	First Trenton		32.85	0.9			11.48	43.81	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Horizon	MGD		43.81	1.827			11.48	43.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Horizon	NJ Health		21.17				11.48	43.81	case rate	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Horizon	Indemnity		43.81	1.827			11.48	43.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Horizon	Medicare Blue		23.98	1			11.48	43.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Horizon	PPO		43.81	1.827			11.48	43.81	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Managed Care Inc	Managed Care Inc		32.85	0.9			11.48	43.81	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Multiplan	Multiplan		29.2	0.8			11.48	43.81	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Qualcare	Qualcare		27.38	0.75			11.48	43.81	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Three Rivers	Three Rivers		34.68	0.95			11.48	43.81	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	UHC	Medicaid		11.48	0.3146			11.48	43.81	percent of total billed charges	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	UHC	Medicare		19.98				11.48	43.81	case rate	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Wellcare	Medicare		19.98				11.48	43.81	case rate	
AMIVANTAMAB-VMJW(RYBREVANT)2MG	J9061	HCPCS	outpatient			36.5	22.97	Wellcare	Medicaid		11.48	0.3146			11.48	43.81	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Aetna	Commercial		30.14	1.592			15.77	59.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Aetna	Better Health		19.82	0.3146			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Aetna	Medicare		15.77				15.77	59.85	case rate	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Americare	Americare		47.25	0.75			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	WellPoint	WellPoint		20.21	0.3208			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Amerihealth	Medicare		15.77				15.77	59.85	case rate	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Consumer	Consumer		59.85	0.95			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Corrections	Corrections		50.4	0.8			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	First Health	First Health		44.1	0.7			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	First Trenton	First Trenton		56.7	0.9			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Horizon	Indemnity		34.59	1.827			15.77	59.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Horizon	MGD		34.59	1.827			15.77	59.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Horizon	Medicare Blue		18.93	1			15.77	59.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Horizon	NJ Health		16.72				15.77	59.85	case rate	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Horizon	PPO		34.59	1.827			15.77	59.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Managed Care Inc	Managed Care Inc		56.7	0.9			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Multiplan	Multiplan		50.4	0.8			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Qualcare	Qualcare		47.25	0.75			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Three Rivers	Three Rivers		59.85	0.95			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	UHC	Medicaid		19.82	0.3146			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	UHC	Medicare		15.77				15.77	59.85	case rate	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Wellcare	Medicaid		19.82	0.3146			15.77	59.85	percent of total billed charges	
CLADRIBINE 1MG	J9065	HCPCS	both			63	18.14	Wellcare	Medicare		15.77				15.77	59.85	case rate	
CYCLOPHOSPHAMIDE 100MG INJ	J9070	HCPCS	both			13.5	23.18	Aetna	Medicare		20.15				4.25	44.2	case rate	
CYCLOPHOSPHAMIDE 100MG INJ	J9070	HCPCS	both			13.5	23.18	Aetna	Better Health		4.25	0.3146			4.25	44.2	percent of total billed charges	
CYCLOPHOSPHAMIDE 100MG INJ	J9070	HCPCS	both			13.5	23.18	Aetna	Commercial		38.51	1.592			4.25	44.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOPHOSPHAMIDE 100MG INJ	J9070	HCPCS	both			13.5	23.18	Americare	Americare		10.13	0.75			4.25	44.2	percent of total billed charges	
CYCLOPHOSPHAMIDE 100MG INJ	J9070	HCPCS	both			13.5	23.18	WellPoint	WellPoint		4.33	0.3208			4.25	44.2	percent of total billed charges	
CYCLOPHOSPHAMIDE 100MG INJ	J9070	HCPCS	both			13.5	23.18	Amerihealth	Medicare		20.15				4.25	44.2	case rate	
CYCLOPHOSPHAMIDE 100MG INJ	J9070	HCPCS	both			13.5	23.18	Consumer	Consumer		12.83	0.95			4.25	44.2	percent of total billed charges	
CYCLOPHOSPHAMIDE 100MG INJ	J9070	HCPCS	both			13.5	23.18	Corrections	Corrections		10.8	0.8			4.25	44.2	percent of total billed charges	
CYCLOPHOSPHAMIDE 100MG INJ	J9070	HCPCS	both			13.5	23.18	First Health	First Health		9.45	0.7			4.25	44.2	percent of total billed charges	
CYCLOPHOSPHAMIDE 100MG INJ	J9070	HCPCS	both			13.5	23.18	First Trenton	First Trenton		12.15	0.9			4.25	44.2	percent of total billed charges	
CYCLOPHOSPHAMIDE 100MG INJ	J9070	HCPCS	both			13.5	23.18	Horizon	NJ Health		21.36				4.25	44.2	case rate	
CYCLOPHOSPHAMIDE 100MG INJ	J9070	HCPCS	both			13.5	23.18	Horizon	MGD		44.2	1.827			4.25	44.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOPHOSPHAMIDE 100MG INJ	J9070	HCPCS	both			13.5	23.18	Horizon	Indemnity		44.2	1.827			4.25	44.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOPHOSPHAMIDE 100MG INJ	J9070	HCPCS	both			13.5	23.18	Horizon	Medicare Blue		24.19	1			4.25	44.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOPHOSPHAMIDE 100MG INJ	J9070	HCPCS	both			13.5	23.18	Horizon	PPO		44.2	1.827			4.25	44.2	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CYCLOPHOSPHAMIDE 100MG INJ	J9070	HCPCS	both			13.5	23.18	Managed Care Inc	Managed Care Inc		12.15	0.9			4.25	44.2	percent of total billed charges	
CYCLOPHOSPHAMIDE 100MG INJ	J9070	HCPCS	both			13.5	23.18	Multiplan	Multiplan		10.8	0.8			4.25	44.2	percent of total billed charges	
CYCLOPHOSPHAMIDE 100MG INJ	J9070	HCPCS	both			13.5	23.18	Qualcare	Qualcare		10.13	0.75			4.25	44.2	percent of total billed charges	
CYCLOPHOSPHAMIDE 100MG INJ	J9070	HCPCS	both			13.5	23.18	Three Rivers	Three Rivers		12.83	0.95			4.25	44.2	percent of total billed charges	
CYCLOPHOSPHAMIDE 100MG INJ	J9070	HCPCS	both			13.5	23.18	UHC	Medicaid		4.25	0.3146			4.25	44.2	percent of total billed charges	
CYCLOPHOSPHAMIDE 100MG INJ	J9070	HCPCS	both			13.5	23.18	UHC	Medicare		20.15				4.25	44.2	case rate	
CYCLOPHOSPHAMIDE 100MG INJ	J9070	HCPCS	both			13.5	23.18	Wellcare	Medicaid		4.25	0.3146			4.25	44.2	percent of total billed charges	
CYCLOPHOSPHAMIDE 100MG INJ	J9070	HCPCS	both			13.5	23.18	Wellcare	Medicare		20.15				4.25	44.2	case rate	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Aetna	Commercial		2520.35	0.38			1989.75	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Aetna	Better Health		2086.58	0.3146			1989.75	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Aetna	Medicare		2042.81	0.308			1989.75	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Americare	Americare		4974.38	0.75			1989.75	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		WellPoint	WellPoint		2127.71	0.3208			1989.75	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Consumer	Consumer		6300.88	0.95			1989.75	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Corrections	Corrections		5306	0.8			1989.75	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		First Health	First Health		4642.75	0.7			1989.75	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		First Trenton	First Trenton		5969.25	0.9			1989.75	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Horizon	MGD		2538.92	0.3828			1989.75	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Horizon	Medicare Blue		1989.75	0.3			1989.75	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Horizon	Indemnity		2538.92	0.3828			1989.75	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Horizon	NJ Health		5504.98	0.83			1989.75	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Horizon	PPO		2538.92	0.3828			1989.75	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Managed Care Inc	Managed Care Inc		5969.25	0.9			1989.75	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Multiplan	Multiplan		5306	0.8			1989.75	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Qualcare	Qualcare		4974.38	0.75			1989.75	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Three Rivers	Three Rivers		6300.88	0.95			1989.75	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		UHC	Medicaid		2086.58	0.3146			1989.75	6300.88	percent of total billed charges	
CYTARABINE LIPOSOME 10MG	J9098	HCPCS	outpatient			6632.5		Wellcare	Medicaid		2086.58	0.3146			1989.75	6300.88	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	inpatient			48.5	1.12	Aetna	Better Health		15.26	0.3146			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	inpatient			48.5	1.12	Aetna	Commercial		18.43	0.38			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	inpatient			48.5	1.12	Aetna	Medicare		0.97				0.97	46.08	case rate	
CYTARABINE 500MG INJ	J9100	HCPCS	inpatient			48.5	1.12	Americare	Americare		36.38	0.75			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	inpatient			48.5	1.12	WellPoint	WellPoint		15.56	0.3208			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	inpatient			48.5	1.12	Amerihealth	Medicare		0.97				0.97	46.08	case rate	
CYTARABINE 500MG INJ	J9100	HCPCS	inpatient			48.5	1.12	Consumer	Consumer		46.08	0.95			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	inpatient			48.5	1.12	Corrections	Corrections		38.8	0.8			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	inpatient			48.5	1.12	First Health	First Health		33.95	0.7			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	inpatient			48.5	1.12	First Trenton	First Trenton		43.65	0.9			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	inpatient			48.5	1.12	Horizon	Medicare Blue		14.55	0.3			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	inpatient			48.5	1.12	Horizon	Indemnity		18.57	0.3828			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	inpatient			48.5	1.12	Horizon	MGD		18.57	0.3828			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	inpatient			48.5	1.12	Horizon	NJ Health		1.03				0.97	46.08	case rate	
CYTARABINE 500MG INJ	J9100	HCPCS	inpatient			48.5	1.12	Horizon	PPO		18.57	0.3828			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	inpatient			48.5	1.12	Managed Care Inc	Managed Care Inc		43.65	0.9			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	inpatient			48.5	1.12	Multiplan	Multiplan		38.8	0.8			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	inpatient			48.5	1.12	Qualcare	Qualcare		36.38	0.75			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	inpatient			48.5	1.12	Three Rivers	Three Rivers		46.08	0.95			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	inpatient			48.5	1.12	UHC	Medicare		0.97				0.97	46.08	case rate	
CYTARABINE 500MG INJ	J9100	HCPCS	inpatient			48.5	1.12	UHC	Medicaid		15.26	0.3146			0.97	46.08	percent of total billed charges	
CYTARABINE 500MG INJ	J9100	HCPCS	inpatient			48.5	1.12	Wellcare	Medicare		0.97				0.97	46.08	case rate	
CYTARABINE 500MG INJ	J9100	HCPCS	inpatient			48.5	1.12	Wellcare	Medicaid		15.26	0.3146			0.97	46.08	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109	31.58	Aetna	Commercial		52.47	1.592			27.46	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109	31.58	Aetna	Better Health		34.29	0.3146			27.46	103.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109	31.58	Aetna	Medicare		27.46				27.46	103.55	case rate	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109	31.58	Americare	Americare		81.75	0.75			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109	31.58	WellPoint	WellPoint		34.97	0.3208			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109	31.58	Amerihealth	Medicare		27.46				27.46	103.55	case rate	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109	31.58	Consumer	Consumer		103.55	0.95			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109	31.58	Corrections	Corrections		87.2	0.8			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109	31.58	First Health	First Health		76.3	0.7			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109	31.58	First Trenton	First Trenton		98.1	0.9			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109	31.58	Horizon	Indemnity		60.22	1.827			27.46	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109	31.58	Horizon	NJ Health		29.11				27.46	103.55	case rate	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109	31.58	Horizon	MGD		60.22	1.827			27.46	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109	31.58	Horizon	Medicare Blue		32.96	1			27.46	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109	31.58	Horizon	PPO		60.22	1.827			27.46	103.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109	31.58	Managed Care Inc	Managed Care Inc		98.1	0.9			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109	31.58	Multiplan	Multiplan		87.2	0.8			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109	31.58	Qualcare	Qualcare		81.75	0.75			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109	31.58	Three Rivers	Three Rivers		103.55	0.95			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109	31.58	UHC	Medicaid		34.29	0.3146			27.46	103.55	percent of total billed charges	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109	31.58	UHC	Medicare		27.46				27.46	103.55	case rate	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109	31.58	Wellcare	Medicare		27.46				27.46	103.55	case rate	
CEMIPLIMAB(LIBTAYO) 1MG INJ	J9119	HCPCS	outpatient			109	31.58	Wellcare	Medicaid		34.29	0.3146			27.46	103.55	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	Aetna	Medicare		668.9				668.9	2250.08	case rate	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	Aetna	Better Health		745.13	0.3146			668.9	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	Aetna	Commercial		1278.23	1.592			668.9	2250.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	Americare	Americare		1776.38	0.75			668.9	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	WellPoint	WellPoint		759.81	0.3208			668.9	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	Amerihealth	Medicare		668.9				668.9	2250.08	case rate	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	Consumer	Consumer		2250.08	0.95			668.9	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	Corrections	Corrections		1894.8	0.8			668.9	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	First Health	First Health		1657.95	0.7			668.9	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	First Trenton	First Trenton		2131.65	0.9			668.9	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	Horizon	Indemnity		1466.92	1.827			668.9	2250.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	Horizon	MGD		1466.92	1.827			668.9	2250.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	Horizon	Medicare Blue		802.91	1			668.9	2250.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	Horizon	PPO		1466.92	1.827			668.9	2250.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	Horizon	NJ Health		709.04				668.9	2250.08	case rate	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	Managed Care Inc	Managed Care Inc		2131.65	0.9			668.9	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	Multiplan	Multiplan		1894.8	0.8			668.9	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	Qualcare	Qualcare		1776.38	0.75			668.9	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	Three Rivers	Three Rivers		2250.08	0.95			668.9	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	UHC	Medicaid		745.13	0.3146			668.9	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	UHC	Medicare		668.9				668.9	2250.08	case rate	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	Wellcare	Medicaid		745.13	0.3146			668.9	2250.08	percent of total billed charges	
DACTINOMYCIN 0.5MG INJ	J9120	HCPCS	both			2368.5	769.24	Wellcare	Medicare		668.9				668.9	2250.08	case rate	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Aetna	Better Health		39.48	0.3146			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Aetna	Commercial		47.69	0.38			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Aetna	Medicare		3.73				3.73	119.23	case rate	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Americare	Americare		94.13	0.75			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	WellPoint	WellPoint		40.26	0.3208			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Amerihealth	Medicare		3.73				3.73	119.23	case rate	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Consumer	Consumer		119.23	0.95			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Corrections	Corrections		100.4	0.8			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	First Health	First Health		87.85	0.7			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	First Trenton	First Trenton		112.95	0.9			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Horizon	MGD		48.04	0.3828			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Horizon	Indemnity		48.04	0.3828			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Horizon	PPO		48.04	0.3828			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Horizon	NJ Health		3.96				3.73	119.23	case rate	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Horizon	Medicare Blue		37.65	0.3			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Managed Care Inc	Managed Care Inc		112.95	0.9			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Multiplan	Multiplan		100.4	0.8			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Qualcare	Qualcare		94.13	0.75			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Three Rivers	Three Rivers		119.23	0.95			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	UHC	Medicaid		39.48	0.3146			3.73	119.23	percent of total billed charges	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	UHC	Medicare		3.73				3.73	119.23	case rate	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Wellcare	Medicare		3.73				3.73	119.23	case rate	
DACARBAZINE 200MG INJ	J9130	HCPCS	both			125.5	4.29	Wellcare	Medicaid		39.48	0.3146			3.73	119.23	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MGINJ	J9144	HCPCS	outpatient			174.5	56.41	Aetna	Medicare		49.05				49.05	165.78	case rate	
DARATUMUMAB HYALUR(DARZALEX FASP)10MGINJ	J9144	HCPCS	outpatient			174.5	56.41	Aetna	Better Health		54.9	0.3146			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MGINJ	J9144	HCPCS	outpatient			174.5	56.41	Aetna	Commercial		93.74	1.592			49.05	165.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARATUMUMAB HYALUR(DARZALEX FASP)10MGINJ	J9144	HCPCS	outpatient			174.5	56.41	Americare	Americare		130.88	0.75			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MGINJ	J9144	HCPCS	outpatient			174.5	56.41	WellPoint	WellPoint		55.98	0.3208			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MGINJ	J9144	HCPCS	outpatient			174.5	56.41	Amerihealth	Medicare		49.05				49.05	165.78	case rate	
DARATUMUMAB HYALUR(DARZALEX FASP)10MGINJ	J9144	HCPCS	outpatient			174.5	56.41	Consumer	Consumer		165.78	0.95			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MGINJ	J9144	HCPCS	outpatient			174.5	56.41	Corrections	Corrections		139.6	0.8			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MGINJ	J9144	HCPCS	outpatient			174.5	56.41	First Health	First Health		122.15	0.7			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MGINJ	J9144	HCPCS	outpatient			174.5	56.41	First Trenton	First Trenton		157.05	0.9			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MGINJ	J9144	HCPCS	outpatient			174.5	56.41	Horizon	Indemnity		107.57	1.827			49.05	165.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARATUMUMAB HYALUR(DARZALEX FASP)10MGINJ	J9144	HCPCS	outpatient			174.5	56.41	Horizon	Medicare Blue		58.88	1			49.05	165.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARATUMUMAB HYALUR(DARZALEX FASP)10MGINJ	J9144	HCPCS	outpatient			174.5	56.41	Horizon	MGD		107.57	1.827			49.05	165.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARATUMUMAB HYALUR(DARZALEX FASP)10MGINJ	J9144	HCPCS	outpatient			174.5	56.41	Horizon	NJ Health		51.99				49.05	165.78	case rate	
DARATUMUMAB HYALUR(DARZALEX FASP)10MGINJ	J9144	HCPCS	outpatient			174.5	56.41	Horizon	PPO		107.57	1.827			49.05	165.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARATUMUMAB HYALUR(DARZALEX FASP)10MGINJ	J9144	HCPCS	outpatient			174.5	56.41	Managed Care Inc	Managed Care Inc		157.05	0.9			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MGINJ	J9144	HCPCS	outpatient			174.5	56.41	Multiplan	Multiplan		139.6	0.8			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MGINJ	J9144	HCPCS	outpatient			174.5	56.41	Qualcare	Qualcare		130.88	0.75			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MGINJ	J9144	HCPCS	outpatient			174.5	56.41	Three Rivers	Three Rivers		165.78	0.95			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MGINJ	J9144	HCPCS	outpatient			174.5	56.41	UHC	Medicare		49.05				49.05	165.78	case rate	
DARATUMUMAB HYALUR(DARZALEX FASP)10MGINJ	J9144	HCPCS	outpatient			174.5	56.41	UHC	Medicaid		54.9	0.3146			49.05	165.78	percent of total billed charges	
DARATUMUMAB HYALUR(DARZALEX FASP)10MGINJ	J9144	HCPCS	outpatient			174.5	56.41	Wellcare	Medicare		49.05				49.05	165.78	case rate	
DARATUMUMAB HYALUR(DARZALEX FASP)10MGINJ	J9144	HCPCS	outpatient			174.5	56.41	Wellcare	Medicaid		54.9	0.3146			49.05	165.78	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	outpatient			176.5	70.96	Aetna	Commercial		117.92	1.592			55.53	167.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	outpatient			176.5	70.96	Aetna	Medicare		61.71				55.53	167.68	case rate	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	outpatient			176.5	70.96	Aetna	Better Health		55.53	0.3146			55.53	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	outpatient			176.5	70.96	Americare	Americare		132.38	0.75			55.53	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	outpatient			176.5	70.96	WellPoint	WellPoint		56.62	0.3208			55.53	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	outpatient			176.5	70.96	Amerihealth	Medicare		61.71				55.53	167.68	case rate	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	outpatient			176.5	70.96	Consumer	Consumer		167.68	0.95			55.53	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	outpatient			176.5	70.96	Corrections	Corrections		141.2	0.8			55.53	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	outpatient			176.5	70.96	First Health	First Health		123.55	0.7			55.53	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	outpatient			176.5	70.96	First Trenton	First Trenton		158.85	0.9			55.53	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	outpatient			176.5	70.96	Horizon	Indemnity		135.33	1.827			55.53	167.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	outpatient			176.5	70.96	Horizon	NJ Health		65.41				55.53	167.68	case rate	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	outpatient			176.5	70.96	Horizon	PPO		135.33	1.827			55.53	167.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	outpatient			176.5	70.96	Horizon	MGD		135.33	1.827			55.53	167.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	outpatient			176.5	70.96	Horizon	Medicare Blue		74.07	1			55.53	167.68	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	outpatient			176.5	70.96	Managed Care Inc	Managed Care Inc		158.85	0.9			55.53	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	outpatient			176.5	70.96	Multiplan	Multiplan		141.2	0.8			55.53	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	outpatient			176.5	70.96	Qualcare	Qualcare		132.38	0.75			55.53	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	outpatient			176.5	70.96	Three Rivers	Three Rivers		167.68	0.95			55.53	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	outpatient			176.5	70.96	UHC	Medicaid		55.53	0.3146			55.53	167.68	percent of total billed charges	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	outpatient			176.5	70.96	UHC	Medicare		61.71				55.53	167.68	case rate	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	outpatient			176.5	70.96	Wellcare	Medicare		61.71				55.53	167.68	case rate	
DARATUMUMAB(DARZALEX)10MG INJ	J9145	HCPCS	outpatient			176.5	70.96	Wellcare	Medicaid		55.53	0.3146			55.53	167.68	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Aetna	Commercial		68.17	1.592			35.67	286.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Aetna	Better Health		94.85	0.3146			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Aetna	Medicare		35.67				35.67	286.43	case rate	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Americare	Americare		226.13	0.75			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	WellPoint	WellPoint		96.72	0.3208			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Amerihealth	Medicare		35.67				35.67	286.43	case rate	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Consumer	Consumer		286.43	0.95			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Corrections	Corrections		241.2	0.8			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	First Health	First Health		211.05	0.7			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	First Trenton	First Trenton		271.35	0.9			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Horizon	NJ Health		37.81				35.67	286.43	case rate	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Horizon	Indemnity		78.23	1.827			35.67	286.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Horizon	Medicare Blue		42.82	1			35.67	286.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Horizon	PPO		78.23	1.827			35.67	286.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Horizon	MGD		78.23	1.827			35.67	286.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Managed Care Inc	Managed Care Inc		271.35	0.9			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Multiplan	Multiplan		241.2	0.8			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Qualcare	Qualcare		226.13	0.75			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Three Rivers	Three Rivers		286.43	0.95			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	UHC	Medicare		35.67				35.67	286.43	case rate	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	UHC	Medicaid		94.85	0.3146			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Wellcare	Medicaid		94.85	0.3146			35.67	286.43	percent of total billed charges	
DAUNORUBICIN 10MG (CHEMO)	J9150	HCPCS	outpatient			301.5	41.02	Wellcare	Medicare		35.67				35.67	286.43	case rate	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	outpatient			28	4.82	Aetna	Medicare		4.19				4.19	26.6	case rate	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	outpatient			28	4.82	Aetna	Better Health		8.81	0.3146			4.19	26.6	percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	outpatient			28	4.82	Aetna	Commercial		8.01	1.592			4.19	26.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	outpatient			28	4.82	Americare	Americare		21	0.75			4.19	26.6	percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	outpatient			28	4.82	WellPoint	WellPoint		8.98	0.3208			4.19	26.6	percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	outpatient			28	4.82	Amerihealth	Medicare		4.19				4.19	26.6	case rate	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	outpatient			28	4.82	Consumer	Consumer		26.6	0.95			4.19	26.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	outpatient			28	4.82	Corrections	Corrections		22.4	0.8			4.19		26.6 percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	outpatient			28	4.82	First Health	First Health		19.6	0.7			4.19		26.6 percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	outpatient			28	4.82	First Trenton	First Trenton		25.2	0.9			4.19		26.6 percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	outpatient			28	4.82	Horizon	Indemnity		9.19	1.827			4.19		26.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	outpatient			28	4.82	Horizon	MCD		9.19	1.827			4.19		26.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	outpatient			28	4.82	Horizon	PPO		9.19	1.827			4.19		26.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	outpatient			28	4.82	Horizon	NJ Health		4.44				4.19		26.6 case rate	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	outpatient			28	4.82	Horizon	Medicare Blue		5.03	1			4.19		26.6 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	outpatient			28	4.82	Managed Care Inc	Managed Care Inc		25.2	0.9			4.19		26.6 percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	outpatient			28	4.82	Multiplan	Multiplan		22.4	0.8			4.19		26.6 percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	outpatient			28	4.82	Qualcare	Qualcare		21	0.75			4.19		26.6 percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	outpatient			28	4.82	Three Rivers	Three Rivers		26.6	0.95			4.19		26.6 percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	outpatient			28	4.82	UHC	Medicaid		8.81	0.3146			4.19		26.6 percent of total billed charges	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	outpatient			28	4.82	UHC	Medicare		4.19				4.19		26.6 case rate	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	outpatient			28	4.82	Wellcare	Medicare		4.19				4.19		26.6 case rate	
DEGARELIX ACETATE(FIRMAGON) 1MG INJ	J9155	HCPCS	outpatient			28	4.82	Wellcare	Medicaid		8.81	0.3146			4.19		26.6 percent of total billed charges	
ONTAK 150 MCG/1ML (INF)	J9160	HCPCS	outpatient			3415		Aetna	Better Health		1074.36	0.3146			1024.5		3244.25 percent of total billed charges	
ONTAK 150 MCG/1ML (INF)	J9160	HCPCS	outpatient			3415		Aetna	Commercial		1297.7	0.38			1024.5		3244.25 percent of total billed charges	
ONTAK 150 MCG/1ML (INF)	J9160	HCPCS	outpatient			3415		Aetna	Medicare		1051.82	0.308			1024.5		3244.25 percent of total billed charges	
ONTAK 150 MCG/1ML (INF)	J9160	HCPCS	outpatient			3415		Americare	Americare		2561.25	0.75			1024.5		3244.25 percent of total billed charges	
ONTAK 150 MCG/1ML (INF)	J9160	HCPCS	outpatient			3415		WellPoint	WellPoint		1095.53	0.3208			1024.5		3244.25 percent of total billed charges	
ONTAK 150 MCG/1ML (INF)	J9160	HCPCS	outpatient			3415		Consumer	Consumer		3244.25	0.95			1024.5		3244.25 percent of total billed charges	
ONTAK 150 MCG/1ML (INF)	J9160	HCPCS	outpatient			3415		Corrections	Corrections		2732	0.8			1024.5		3244.25 percent of total billed charges	
ONTAK 150 MCG/1ML (INF)	J9160	HCPCS	outpatient			3415		First Health	First Health		2390.5	0.7			1024.5		3244.25 percent of total billed charges	
ONTAK 150 MCG/1ML (INF)	J9160	HCPCS	outpatient			3415		First Trenton	First Trenton		3073.5	0.9			1024.5		3244.25 percent of total billed charges	
ONTAK 150 MCG/1ML (INF)	J9160	HCPCS	outpatient			3415		Horizon	NJ Health		2834.45	0.83			1024.5		3244.25 percent of total billed charges	
ONTAK 150 MCG/1ML (INF)	J9160	HCPCS	outpatient			3415		Horizon	MCD		1307.26	0.3828			1024.5		3244.25 percent of total billed charges	
ONTAK 150 MCG/1ML (INF)	J9160	HCPCS	outpatient			3415		Horizon	Medicare Blue		1024.5	0.3			1024.5		3244.25 percent of total billed charges	
ONTAK 150 MCG/1ML (INF)	J9160	HCPCS	outpatient			3415		Horizon	Indemnity		1307.26	0.3828			1024.5		3244.25 percent of total billed charges	
ONTAK 150 MCG/1ML (INF)	J9160	HCPCS	outpatient			3415		Horizon	PPO		1307.26	0.3828			1024.5		3244.25 percent of total billed charges	
ONTAK 150 MCG/1ML (INF)	J9160	HCPCS	outpatient			3415		Managed Care Inc	Managed Care Inc		3073.5	0.9			1024.5		3244.25 percent of total billed charges	
ONTAK 150 MCG/1ML (INF)	J9160	HCPCS	outpatient			3415		Multiplan	Multiplan		2732	0.8			1024.5		3244.25 percent of total billed charges	
ONTAK 150 MCG/1ML (INF)	J9160	HCPCS	outpatient			3415		Qualcare	Qualcare		2561.25	0.75			1024.5		3244.25 percent of total billed charges	
ONTAK 150 MCG/1ML (INF)	J9160	HCPCS	outpatient			3415		Three Rivers	Three Rivers		3244.25	0.95			1024.5		3244.25 percent of total billed charges	
ONTAK 150 MCG/1ML (INF)	J9160	HCPCS	outpatient			3415		UHC	Medicaid		1074.36	0.3146			1024.5		3244.25 percent of total billed charges	
ONTAK 150 MCG/1ML (INF)	J9160	HCPCS	outpatient			3415		Wellcare	Medicaid		1074.36	0.3146			1024.5		3244.25 percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Aetna	Better Health		36.34	0.3146			1		109.73 percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Aetna	Medicare		1				1		109.73 case rate	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Aetna	Commercial		43.89	0.38			1		109.73 percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Americare	Americare		86.63	0.75			1		109.73 percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	WellPoint	WellPoint		37.05	0.3208			1		109.73 percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Amerihealth	Medicare		1				1		109.73 case rate	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Consumer	Consumer		109.73	0.95			1		109.73 percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Corrections	Corrections		92.4	0.8			1		109.73 percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	First Health	First Health		80.85	0.7			1		109.73 percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	First Trenton	First Trenton		103.95	0.9			1		109.73 percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Horizon	MCD		44.21	0.3828			1		109.73 percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Horizon	Indemnity		44.21	0.3828			1		109.73 percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Horizon	Medicare Blue		34.65	0.3			1		109.73 percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Horizon	NJ Health		1.05				1		109.73 case rate	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Horizon	PPO		44.21	0.3828			1		109.73 percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Managed Care Inc	Managed Care Inc		103.95	0.9			1		109.73 percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Multiplan	Multiplan		92.4	0.8			1		109.73 percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Qualcare	Qualcare		86.63	0.75			1		109.73 percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Three Rivers	Three Rivers		109.73	0.95			1		109.73 percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	UHC	Medicare		1				1		109.73 case rate	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	UHC	Medicaid		36.34	0.3146			1		109.73 percent of total billed charges	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Wellcare	Medicare		1				1		109.73 case rate	
DOCETAXEL 1MG	J9171	HCPCS	both			115.5	1.14	Wellcare	Medicaid		36.34	0.3146			1		109.73 percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Aetna	Better Health		94.22	0.3146			80.71		284.53 percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Aetna	Commercial		154.23	1.592			80.71		284.53 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Aetna	Medicare		80.71				80.71		284.53 case rate	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Americare	Americare		224.63	0.75			80.71		284.53 percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	WellPoint	WellPoint		96.08	0.3208			80.71		284.53 percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Amerihealth	Medicare		80.71				80.71		284.53 case rate	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Consumer	Consumer		284.53	0.95			80.71		284.53 percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Corrections	Corrections		239.6	0.8			80.71		284.53 percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	First Health	First Health		209.65	0.7			80.71		284.53 percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	First Trenton	First Trenton		269.55	0.9			80.71		284.53 percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Horizon	Indemnity		177	1.827			80.71		284.53 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Horizon	NJ Health		85.55				80.71		284.53 case rate	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Horizon	MCD		177	1.827			80.71		284.53 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Horizon	Medicare Blue		96.88	1			80.71		284.53 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Horizon	PPO		177	1.827			80.71		284.53 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Managed Care Inc	Managed Care Inc		269.55	0.9			80.71		284.53 percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Multiplan	Multiplan		239.6	0.8			80.71		284.53 percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Qualcare	Qualcare		224.63	0.75			80.71		284.53 percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Three Rivers	Three Rivers		284.53	0.95			80.71		284.53 percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	UHC	Medicare		80.71				80.71		284.53 case rate	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	UHC	Medicaid		94.22	0.3146			80.71		284.53 percent of total billed charges	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Wellcare	Medicare		80.71				80.71		284.53 case rate	
DURVALUMAB(IMFINZI) 10MG INJ	J9173	HCPCS	outpatient			299.5	92.81	Wellcare	Medicaid		94.22	0.3146			80.71		284.53 percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Aetna	Commercial		14.11	1.592			7.38		25.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Aetna	Medicare		7.38				7.38		25.65 case rate	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Aetna	Better Health		8.49	0.3146			7.38		25.65 percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Americare	Americare		20.25	0.75			7.38		25.65 percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	WellPoint	WellPoint		8.66	0.3208			7.38		25.65 percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Amerihealth	Medicare		7.38				7.38		25.65 case rate	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Consumer	Consumer		25.65	0.95			7.38		25.65 percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Corrections	Corrections		21.6	0.8			7.38		25.65 percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	First Health	First Health		18.9	0.7			7.38		25.65 percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	First Trenton	First Trenton		24.3	0.9			7.38		25.65 percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Horizon	NJ Health		7.82				7.38		25.65 case rate	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Horizon	Medicare Blue		8.86	1			7.38		25.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Horizon	Indemnity		16.19	1.827			7.38		25.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Horizon	MCD		16.19	1.827			7.38		25.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Horizon	PPO		16.19	1.827			7.38		25.65 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Managed Care Inc	Managed Care Inc		24.3	0.9			7.38		25.65 percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Multiplan	Multiplan		21.6	0.8			7.38		25.65 percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Qualcare	Qualcare		20.25	0.75			7.38		25.65 percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Three Rivers	Three Rivers		25.65	0.95			7.38		25.65 percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	UHC	Medicaid		8.49	0.3146			7.38		25.65 percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	UHC	Medicare		7.38				7.38		25.65 case rate	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Wellcare	Medicaid		8.49	0.3146			7.38		25.65 percent of total billed charges	
ELOTUZUMAB (EMPLICITI) 1MG INJ	J9176	HCPCS	outpatient			27	8.49	Wellcare	Medicare		7.38				7.38		25.65 case rate	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Aetna	Medicare		35.03				35.03		111.63 case rate	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Aetna	Commercial		66.94	1.592			35.03		111.63 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Aetna	Better Health		36.97	0.3146			35.03		111.63 percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Americare	Americare		88.13	0.75			35.03		111.63 percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	WellPoint	WellPoint		37.69	0.3208			35.03		111.63 percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Amerihealth	Medicare		35.03				35.03		111.63 case rate	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Consumer	Consumer		111.63	0.95			35.03		111.63 percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Corrections	Corrections		94	0.8			35.03		111.63 percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	First Health	First Health		82.25	0.7			35.03		111.63 percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	First Trenton	First Trenton		105.75	0.9			35.03		111.63 percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Horizon	Indemnity		76.83	1.827			35.03		111.63 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Horizon	NJ Health		37.13				35.03		111.63 case rate	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Horizon	PPO		76.83	1.827			35.03		111.63 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Horizon	Medicare Blue		42.05	1			35.03		111.63 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Horizon	MCD		76.83	1.827			35.03		111.63 other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Managed Care Inc	Managed Care Inc		105.75	0.9			35.03		111.63 percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Multiplan	Multiplan		94	0.8			35.03		111.63 percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Qualcare	Qualcare		88.13	0.75			35.03		111.63 percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Three Rivers	Three Rivers		111.63	0.95			35.03		111.63 percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	UHC	Medicaid		36.97	0.3146			35.03		111.63 percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	UHC	Medicare		35.03				35.03		111.63 case rate	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Wellcare	Medicaid		36.97	0.3146			35.03		111.63 percent of total billed charges	
ENFORTUMAB VEDOTIN-EJF(PADCEV)0.25MG INJ	J9177	HCPCS	outpatient			117.5	40.28	Wellcare	Medicare		35.03				35.03		111.63 case rate	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Aetna	Medicare		1.38				1.38		131.1 case rate	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Aetna	Better Health		43.41	0.3146			1.38		131.1 percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Aetna	Commercial		52.44	0.38			1.38		131.1 percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Americare	Americare		103.5	0.75			1.38		131.1 percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	WellPoint	WellPoint		44.27	0.3208			1.38		131.1 percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Amerihealth	Medicare		1.38				1.38		131.1 case rate	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Consumer	Consumer		131.1	0.95			1.38		131.1 percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Corrections	Corrections		110.4	0.8			1.38		131.1 percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	First Health	First Health		96.6	0.7			1.38		131.1 percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	First Trenton	First Trenton		124.2	0.9			1.38		131.1 percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Horizon	NJ Health		1.46				1.38		131.1 case rate	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Horizon	Medicare Blue		41.4	0.3			1.38		131.1 percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Horizon	Indemnity		52.83	0.3828			1.38		131.1 percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Horizon	MCD		52.83	0.3828			1.38		131.1 percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Horizon	PPO		52.83	0.3828			1.38		131.1 percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Managed Care Inc	Managed Care Inc		124.2	0.9			1.38	131.1	percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Multiplan	Multiplan		110.4	0.8			1.38	131.1	percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Qualcare	Qualcare		103.5	0.75			1.38	131.1	percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Three Rivers	Three Rivers		131.1	0.95			1.38	131.1	percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	UHC	Medicaid		43.41	0.3146			1.38	131.1	percent of total billed charges	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	UHC	Medicare		1.38				1.38	131.1	case rate	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Wellcare	Medicare		1.38				1.38	131.1	case rate	
EPIRUBICIN HCL 2MG/1ML INJ	J9178	HCPCS	outpatient			138	1.59	Wellcare	Medicaid		43.41	0.3146			1.38	131.1	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Aetna	Medicare		134.02				119.55	361	case rate	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Aetna	Better Health		119.55	0.3146			119.55	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Aetna	Commercial		256.11	1.592			119.55	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Americare	Americare		285	0.75			119.55	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	WellPoint	WellPoint		121.9	0.3208			119.55	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Amerihealth	Medicare		134.02				119.55	361	case rate	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Consumer	Consumer		361	0.95			119.55	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Corrections	Corrections		304	0.8			119.55	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	First Health	First Health		266	0.7			119.55	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	First Trenton	First Trenton		342	0.9			119.55	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Horizon	PPO		293.91	1.827			119.55	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Horizon	MGD		293.91	1.827			119.55	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Horizon	Indemnity		293.91	1.827			119.55	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Horizon	NJ Health		142.06				119.55	361	case rate	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Horizon	Medicare Blue		160.87	1			119.55	361	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Managed Care Inc	Managed Care Inc		342	0.9			119.55	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Multiplan	Multiplan		304	0.8			119.55	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Qualcare	Qualcare		285	0.75			119.55	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Three Rivers	Three Rivers		361	0.95			119.55	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	UHC	Medicaid		119.55	0.3146			119.55	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	UHC	Medicare		134.02				119.55	361	case rate	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Wellcare	Medicaid		119.55	0.3146			119.55	361	percent of total billed charges	
ERIBULIN MESYLATE 0.1 MG INJ	J9179	HCPCS	outpatient			380	154.12	Wellcare	Medicare		134.02				119.55	361	case rate	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Aetna	Commercial		1.33	0.38			0.99	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Aetna	Medicare		0.99				0.99	3.33	case rate	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Aetna	Better Health		1.1	0.3146			0.99	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Americare	Americare		2.63	0.75			0.99	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	WellPoint	WellPoint		1.12	0.3208			0.99	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Amerihealth	Medicare		0.99				0.99	3.33	case rate	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Consumer	Consumer		3.33	0.95			0.99	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Corrections	Corrections		2.8	0.8			0.99	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	First Health	First Health		2.45	0.7			0.99	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	First Trenton	First Trenton		3.15	0.9			0.99	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Horizon	Indemnity		1.34	0.3828			0.99	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Horizon	Medicare Blue		1.05	0.3			0.99	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Horizon	MGD		1.34	0.3828			0.99	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Horizon	PPO		1.34	0.3828			0.99	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Horizon	NJ Health		1.05				0.99	3.33	case rate	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Managed Care Inc	Managed Care Inc		3.15	0.9			0.99	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Multiplan	Multiplan		2.8	0.8			0.99	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Qualcare	Qualcare		2.63	0.75			0.99	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Three Rivers	Three Rivers		3.33	0.95			0.99	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	UHC	Medicaid		1.1	0.3146			0.99	3.33	percent of total billed charges	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	UHC	Medicare		0.99				0.99	3.33	case rate	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Wellcare	Medicare		0.99				0.99	3.33	case rate	
ETOPOSIDE 10MG INJ	J9181	HCPCS	both			3.5	1.14	Wellcare	Medicaid		1.1	0.3146			0.99	3.33	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Aetna	Medicare		173.97				173.97	1625.93	case rate	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Aetna	Commercial		332.44	1.592			173.97	1625.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Aetna	Better Health		538.44	0.3146			173.97	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Americare	Americare		1263.63	0.75			173.97	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	WellPoint	WellPoint		549.05	0.3208			173.97	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Amerihealth	Medicare		173.97				173.97	1625.93	case rate	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Consumer	Consumer		1625.93	0.95			173.97	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Corrections	Corrections		1369.2	0.8			173.97	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	First Health	First Health		1198.05	0.7			173.97	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	First Trenton	First Trenton		1540.35	0.9			173.97	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Horizon	Indemnity		381.51	1.827			173.97	1625.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Horizon	NJ Health		184.41				173.97	1625.93	case rate	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Horizon	MGD		381.51	1.827			173.97	1625.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Horizon	PPO		381.51	1.827			173.97	1625.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Horizon	Medicare Blue		208.82	1			173.97	1625.93	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Managed Care Inc	Managed Care Inc		1540.35	0.9			173.97	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Multiplan	Multiplan		1369.2	0.8			173.97	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Qualcare	Qualcare		1283.63	0.75			173.97	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Three Rivers	Three Rivers		1625.93	0.95			173.97	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	UHC	Medicaid		538.44	0.3146			173.97	1625.93	percent of total billed charges	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	UHC	Medicare		173.97				173.97	1625.93	case rate	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Wellcare	Medicare		173.97				173.97	1625.93	case rate	
FLUDARABINE 50MG INJ	J9185	HCPCS	outpatient			1711.5	200.06	Wellcare	Medicaid		538.44	0.3146			173.97	1625.93	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Aetna	Medicare		3.22				3.22	25.18	case rate	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Aetna	Better Health		8.34	0.3146			3.22	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Aetna	Commercial		10.07	0.38			3.22	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Americare	Americare		19.88	0.75			3.22	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	WellPoint	WellPoint		8.5	0.3208			3.22	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Amerihealth	Medicare		3.22				3.22	25.18	case rate	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Consumer	Consumer		25.18	0.95			3.22	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Corrections	Corrections		21.2	0.8			3.22	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	First Health	First Health		18.55	0.7			3.22	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	First Trenton	First Trenton		23.85	0.9			3.22	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Horizon	MGD		10.14	0.3828			3.22	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Horizon	Indemnity		10.14	0.3828			3.22	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Horizon	Medicare Blue		7.95	0.3			3.22	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Horizon	NJ Health		3.41				3.22	25.18	case rate	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Horizon	PPO		10.14	0.3828			3.22	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Managed Care Inc	Managed Care Inc		23.85	0.9			3.22	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Multiplan	Multiplan		21.2	0.8			3.22	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Qualcare	Qualcare		19.88	0.75			3.22	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Three Rivers	Three Rivers		25.18	0.95			3.22	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	UHC	Medicare		3.22				3.22	25.18	case rate	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	UHC	Medicaid		8.34	0.3146			3.22	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Wellcare	Medicaid		8.34	0.3146			3.22	25.18	percent of total billed charges	
FLUOROURACIL 500MG VIAL	J9190	HCPCS	both			26.5	3.7	Wellcare	Medicare		3.22				3.22	25.18	case rate	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Aetna	Medicare		3722.04				269.61	8162.51	case rate	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Aetna	Better Health		269.61	0.3146			269.61	8162.51	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Aetna	Commercial		7112.59	1.592			269.61	8162.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Americare	Americare		642.75	0.75			269.61	8162.51	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	WellPoint	WellPoint		274.93	0.3208			269.61	8162.51	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Amerihealth	Medicare		3722.04				269.61	8162.51	case rate	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Consumer	Consumer		814.15	0.95			269.61	8162.51	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Corrections	Corrections		685.6	0.8			269.61	8162.51	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	First Health	First Health		599.9	0.7			269.61	8162.51	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	First Trenton	First Trenton		771.3	0.9			269.61	8162.51	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Horizon	PPO		8162.51	1.827			269.61	8162.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Horizon	Medicare Blue		4467.71	1			269.61	8162.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Horizon	Indemnity		8162.51	1.827			269.61	8162.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Horizon	MGD		8162.51	1.827			269.61	8162.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Horizon	NJ Health		3945.36				269.61	8162.51	case rate	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Managed Care Inc	Managed Care Inc		771.3	0.9			269.61	8162.51	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Multiplan	Multiplan		685.6	0.8			269.61	8162.51	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Qualcare	Qualcare		642.75	0.75			269.61	8162.51	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Three Rivers	Three Rivers		814.15	0.95			269.61	8162.51	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	UHC	Medicare		3722.04				269.61	8162.51	case rate	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	UHC	Medicaid		269.61	0.3146			269.61	8162.51	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Wellcare	Medicaid		269.61	0.3146			269.61	8162.51	percent of total billed charges	
FLUXURIDINE 500MG INJ	J9200	HCPCS	outpatient			857	4280.34	Wellcare	Medicare		3722.04				269.61	8162.51	case rate	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Aetna	Medicare		3.65				3.65	32.3	case rate	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Aetna	Better Health		10.7	0.3146			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Aetna	Commercial		12.92	0.38			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Americare	Americare		25.5	0.75			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	WellPoint	WellPoint		10.91	0.3208			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Amerihealth	Medicare		3.65				3.65	32.3	case rate	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Consumer	Consumer		32.3	0.95			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Corrections	Corrections		27.2	0.8			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	First Health	First Health		23.8	0.7			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	First Trenton	First Trenton		30.6	0.9			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Horizon	Medicare Blue		10.2	0.3			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Horizon	Indemnity		13.02	0.3828			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Horizon	MGD		13.02	0.3828			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Horizon	PPO		13.02	0.3828			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Horizon	NJ Health		3.87				3.65	32.3	case rate	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Managed Care Inc	Managed Care Inc		30.6	0.9			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Multiplan	Multiplan		27.2	0.8			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Qualcare	Qualcare		25.5	0.75			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Three Rivers	Three Rivers		32.3	0.95			3.65	32.3	percent of total billed charges	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	UHC	Medicaid		10.7	0.3146			3.65	32.3	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	UHC	Medicare		3.65				3.65	32.3	case rate	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Wellcare	Medicare		3.65				3.65	32.3	case rate	
GEMCITABINE 200MG INJ	J9201	HCPCS	both			34	4.2	Wellcare	Medicaid		10.7	0.3146			3.65	32.3	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Aetna	Medicare		609.01				609.01	2714.15	case rate	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Aetna	Better Health		898.81	0.3146			609.01	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Aetna	Commercial		1163.78	1.592			609.01	2714.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Americare	Americare		2142.75	0.75			609.01	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	WellPoint	WellPoint		916.53	0.3208			609.01	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Amerihealth	Medicare		609.01				609.01	2714.15	case rate	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Consumer	Consumer		2714.15	0.95			609.01	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Corrections	Corrections		2285.6	0.8			609.01	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	First Health	First Health		1999.9	0.7			609.01	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	First Trenton	First Trenton		2571.3	0.9			609.01	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Horizon	PPO		1335.57	1.827			609.01	2714.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Horizon	Medicare Blue		731.02	1			609.01	2714.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Horizon	MGD		1335.57	1.827			609.01	2714.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Horizon	Indemnity		1335.57	1.827			609.01	2714.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Horizon	NJ Health		645.55				609.01	2714.15	case rate	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Managed Care Inc	Managed Care Inc		2571.3	0.9			609.01	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Multiplan	Multiplan		2285.6	0.8			609.01	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Qualcare	Qualcare		2142.75	0.75			609.01	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Three Rivers	Three Rivers		2714.15	0.95			609.01	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	UHC	Medicare		609.01				609.01	2714.15	case rate	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	UHC	Medicaid		898.81	0.3146			609.01	2714.15	percent of total billed charges	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Wellcare	Medicare		609.01				609.01	2714.15	case rate	
GOSERELIN 3.6MG INJ	J9202	HCPCS	outpatient			2857	700.36	Wellcare	Medicaid		898.81	0.3146			609.01	2714.15	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO)1MG INJ	J9204	HCPCS	outpatient			664	269.29	Aetna	Commercial		447.48	1.592			208.89	630.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOGAMULIZUMAB-KPKC(POTELIGEO)1MG INJ	J9204	HCPCS	outpatient			664	269.29	Aetna	Medicare		234.17				208.89	630.8	case rate	
MOGAMULIZUMAB-KPKC(POTELIGEO)1MG INJ	J9204	HCPCS	outpatient			664	269.29	Aetna	Better Health		208.89	0.3146			208.89	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO)1MG INJ	J9204	HCPCS	outpatient			664	269.29	Americare	Americare		498	0.75			208.89	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO)1MG INJ	J9204	HCPCS	outpatient			664	269.29	WellPoint	WellPoint		213.01	0.3208			208.89	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO)1MG INJ	J9204	HCPCS	outpatient			664	269.29	Amerihealth	Medicare		234.17				208.89	630.8	case rate	
MOGAMULIZUMAB-KPKC(POTELIGEO)1MG INJ	J9204	HCPCS	outpatient			664	269.29	Consumer	Consumer		630.8	0.95			208.89	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO)1MG INJ	J9204	HCPCS	outpatient			664	269.29	Corrections	Corrections		531.2	0.8			208.89	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO)1MG INJ	J9204	HCPCS	outpatient			664	269.29	First Health	First Health		464.8	0.7			208.89	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO)1MG INJ	J9204	HCPCS	outpatient			664	269.29	First Trenton	First Trenton		597.6	0.9			208.89	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO)1MG INJ	J9204	HCPCS	outpatient			664	269.29	Horizon	Indemnity		513.53	1.827			208.89	630.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOGAMULIZUMAB-KPKC(POTELIGEO)1MG INJ	J9204	HCPCS	outpatient			664	269.29	Horizon	MGD		513.53	1.827			208.89	630.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOGAMULIZUMAB-KPKC(POTELIGEO)1MG INJ	J9204	HCPCS	outpatient			664	269.29	Horizon	PPO		513.53	1.827			208.89	630.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOGAMULIZUMAB-KPKC(POTELIGEO)1MG INJ	J9204	HCPCS	outpatient			664	269.29	Horizon	Medicare Blue		281.08	1			208.89	630.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MOGAMULIZUMAB-KPKC(POTELIGEO)1MG INJ	J9204	HCPCS	outpatient			664	269.29	Horizon	NJ Health		248.21				208.89	630.8	case rate	
MOGAMULIZUMAB-KPKC(POTELIGEO)1MG INJ	J9204	HCPCS	outpatient			664	269.29	Managed Care Inc	Managed Care Inc		597.6	0.9			208.89	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO)1MG INJ	J9204	HCPCS	outpatient			664	269.29	Multiplan	Multiplan		531.2	0.8			208.89	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO)1MG INJ	J9204	HCPCS	outpatient			664	269.29	Qualcare	Qualcare		498	0.75			208.89	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO)1MG INJ	J9204	HCPCS	outpatient			664	269.29	Three Rivers	Three Rivers		630.8	0.95			208.89	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO)1MG INJ	J9204	HCPCS	outpatient			664	269.29	UHC	Medicare		234.17				208.89	630.8	case rate	
MOGAMULIZUMAB-KPKC(POTELIGEO)1MG INJ	J9204	HCPCS	outpatient			664	269.29	UHC	Medicaid		208.89	0.3146			208.89	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO)1MG INJ	J9204	HCPCS	outpatient			664	269.29	Wellcare	Medicaid		208.89	0.3146			208.89	630.8	percent of total billed charges	
MOGAMULIZUMAB-KPKC(POTELIGEO)1MG INJ	J9204	HCPCS	outpatient			664	269.29	Wellcare	Medicare		234.17				208.89	630.8	case rate	
IRINOTECAN 20MG INJ	J9206	HCPCS	outpatient			850	2.24	Aetna	Medicare		1.95				1.95	807.5	case rate	
IRINOTECAN 20MG INJ	J9206	HCPCS	outpatient			850	2.24	Aetna	Better Health		267.41	0.3146			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	outpatient			850	2.24	Aetna	Commercial		323	0.38			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	outpatient			850	2.24	Americare	Americare		637.5	0.75			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	outpatient			850	2.24	WellPoint	WellPoint		272.68	0.3208			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	outpatient			850	2.24	Amerihealth	Medicare		1.95				1.95	807.5	case rate	
IRINOTECAN 20MG INJ	J9206	HCPCS	outpatient			850	2.24	Consumer	Consumer		807.5	0.95			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	outpatient			850	2.24	Corrections	Corrections		680	0.8			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	outpatient			850	2.24	First Health	First Health		595	0.7			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	outpatient			850	2.24	First Trenton	First Trenton		765	0.9			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	outpatient			850	2.24	Horizon	Indemnity		325.38	0.3828			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	outpatient			850	2.24	Horizon	MGD		325.38	0.3828			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	outpatient			850	2.24	Horizon	PPO		325.38	0.3828			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	outpatient			850	2.24	Horizon	Medicare Blue		255	0.3			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	outpatient			850	2.24	Horizon	NJ Health		2.06				1.95	807.5	case rate	
IRINOTECAN 20MG INJ	J9206	HCPCS	outpatient			850	2.24	Managed Care Inc	Managed Care Inc		765	0.9			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	outpatient			850	2.24	Multiplan	Multiplan		680	0.8			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	outpatient			850	2.24	Qualcare	Qualcare		637.5	0.75			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	outpatient			850	2.24	Three Rivers	Three Rivers		807.5	0.95			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	outpatient			850	2.24	UHC	Medicaid		267.41	0.3146			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	outpatient			850	2.24	UHC	Medicare		1.95				1.95	807.5	case rate	
IRINOTECAN 20MG INJ	J9206	HCPCS	outpatient			850	2.24	Wellcare	Medicaid		267.41	0.3146			1.95	807.5	percent of total billed charges	
IRINOTECAN 20MG INJ	J9206	HCPCS	outpatient			850	2.24	Wellcare	Medicare		1.95				1.95	807.5	case rate	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5	147.29	Aetna	Commercial		244.74	1.592			117.82	355.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5	147.29	Aetna	Better Health		117.82	0.3146			117.82	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5	147.29	Aetna	Medicare		128.07				117.82	355.78	case rate	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5	147.29	Americare	Americare		280.88	0.75			117.82	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5	147.29	WellPoint	WellPoint		120.14	0.3208			117.82	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5	147.29	Amerihealth	Medicare		128.07				117.82	355.78	case rate	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5	147.29	Consumer	Consumer		355.78	0.95			117.82	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5	147.29	Corrections	Corrections		299.6	0.8			117.82	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5	147.29	First Health	First Health		262.15	0.7			117.82	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5	147.29	First Trenton	First Trenton		337.05	0.9			117.82	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5	147.29	Horizon	Medicare Blue		153.73	1			117.82	355.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5	147.29	Horizon	PPO		280.86	1.827			117.82	355.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5	147.29	Horizon	MGD		280.86	1.827			117.82	355.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5	147.29	Horizon	Indemnity		280.86	1.827			117.82	355.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5	147.29	Horizon	NJ Health		135.76				117.82	355.78	case rate	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5	147.29	Managed Care Inc	Managed Care Inc		337.05	0.9			117.82	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5	147.29	Multiplan	Multiplan		299.6	0.8			117.82	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5	147.29	Qualcare	Qualcare		280.88	0.75			117.82	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5	147.29	Three Rivers	Three Rivers		355.78	0.95			117.82	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5	147.29	UHC	Medicare		128.07				117.82	355.78	case rate	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5	147.29	UHC	Medicaid		117.82	0.3146			117.82	355.78	percent of total billed charges	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5	147.29	Wellcare	Medicare		128.07				117.82	355.78	case rate	
IXABEPILONE 1 MG KIT	J9207	HCPCS	outpatient			374.5	147.29	Wellcare	Medicaid		117.82	0.3146			117.82	355.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	both			994.5	30.76	Aetna	Better Health		312.87	0.3146			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	both			994.5	30.76	Aetna	Medicare		26.75				26.75	944.78	case rate	
IFOSFAMIDE 1G INJ	J9208	HCPCS	both			994.5	30.76	Aetna	Commercial		377.91	0.38			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	both			994.5	30.76	Americare	Americare		745.88	0.75			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	both			994.5	30.76	WellPoint	WellPoint		319.04	0.3208			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	both			994.5	30.76	Amerihealth	Medicare		26.75				26.75	944.78	case rate	
IFOSFAMIDE 1G INJ	J9208	HCPCS	both			994.5	30.76	Consumer	Consumer		944.78	0.95			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	both			994.5	30.76	Corrections	Corrections		795.6	0.8			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	both			994.5	30.76	First Health	First Health		696.15	0.7			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	both			994.5	30.76	First Trenton	First Trenton		895.05	0.9			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	both			994.5	30.76	Horizon	NJ Health		28.36				26.75	944.78	case rate	
IFOSFAMIDE 1G INJ	J9208	HCPCS	both			994.5	30.76	Horizon	Medicare Blue		298.35	0.3			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	both			994.5	30.76	Horizon	MGD		380.69	0.3828			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	both			994.5	30.76	Horizon	Indemnity		380.69	0.3828			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	both			994.5	30.76	Horizon	PPO		380.69	0.3828			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	both			994.5	30.76	Managed Care Inc	Managed Care Inc		895.05	0.9			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	both			994.5	30.76	Multiplan	Multiplan		795.6	0.8			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	both			994.5	30.76	Qualcare	Qualcare		745.88	0.75			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	both			994.5	30.76	Three Rivers	Three Rivers		944.78	0.95			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	both			994.5	30.76	UHC	Medicaid		312.87	0.3146			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	both			994.5	30.76	UHC	Medicare		26.75				26.75	944.78	case rate	
IFOSFAMIDE 1G INJ	J9208	HCPCS	both			994.5	30.76	Wellcare	Medicaid		312.87	0.3146			26.75	944.78	percent of total billed charges	
IFOSFAMIDE 1G INJ	J9208	HCPCS	both			994.5	30.76	Wellcare	Medicare		26.75				26.75	944.78	case rate	
MESNA 200MG	J9209	HCPCS	both			165.5	1.58	Aetna	Better Health		52.07	0.3146			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5	1.58	Aetna	Commercial		62.89	0.38			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5	1.58	Aetna	Medicare		1.37				1.37	157.23	case rate	
MESNA 200MG	J9209	HCPCS	both			165.5	1.58	Americare	Americare		124.13	0.75			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5	1.58	WellPoint	WellPoint		53.09	0.3208			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5	1.58	Amerihealth	Medicare		1.37				1.37	157.23	case rate	
MESNA 200MG	J9209	HCPCS	both			165.5	1.58	Consumer	Consumer		157.23	0.95			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5	1.58	Corrections	Corrections		132.4	0.8			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5	1.58	First Health	First Health		115.85	0.7			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5	1.58	First Trenton	First Trenton		148.95	0.9			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5	1.58	Horizon	Indemnity		63.35	0.3828			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5	1.58	Horizon	NJ Health		1.45				1.37	157.23	case rate	
MESNA 200MG	J9209	HCPCS	both			165.5	1.58	Horizon	MGD		63.35	0.3828			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5	1.58	Horizon	PPO		63.35	0.3828			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5	1.58	Horizon	Medicare Blue		49.65	0.3			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5	1.58	Managed Care Inc	Managed Care Inc		148.95	0.9			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5	1.58	Multiplan	Multiplan		132.4	0.8			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5	1.58	Qualcare	Qualcare		124.13	0.75			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5	1.58	Three Rivers	Three Rivers		157.23	0.95			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5	1.58	UHC	Medicare		1.37				1.37	157.23	case rate	
MESNA 200MG	J9209	HCPCS	both			165.5	1.58	UHC	Medicaid		52.07	0.3146			1.37	157.23	percent of total billed charges	
MESNA 200MG	J9209	HCPCS	both			165.5	1.58	Wellcare	Medicare		1.37				1.37	157.23	case rate	
MESNA 200MG	J9209	HCPCS	both			165.5	1.58	Wellcare	Medicaid		52.07	0.3146			1.37	157.23	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689	49.37	Aetna	Better Health		531.36	0.3146			42.93	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689	49.37	Aetna	Medicare		42.93				42.93	1604.55	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Aetna	Commercial		641.82	0.38			42.93	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Americare	Americare		1266.75	0.75			42.93	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 WellPoint	WellPoint		541.83	0.3208			42.93	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Amerihealth	Medicare		42.93				42.93	1604.55	case rate	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Consumer	Consumer		1604.55	0.95			42.93	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Corrections	Corrections		1351.2	0.8			42.93	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 First Health	First Health		1182.3	0.7			42.93	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 First Trenton	First Trenton		1520.1	0.9			42.93	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Horizon	Medicare Blue		506.7	0.3			42.93	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Horizon	NJ Health		45.51				42.93	1604.55	case rate	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Horizon	MGD		646.55	0.3828			42.93	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Horizon	Indemnity		646.55	0.3828			42.93	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Horizon	PPO		646.55	0.3828			42.93	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Managed Care Inc	Managed Care Inc		1520.1	0.9			42.93	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Multiplan	Multiplan		1351.2	0.8			42.93	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Qualcare	Qualcare		1266.75	0.75			42.93	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Three Rivers	Three Rivers		1604.55	0.95			42.93	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 UHC	Medicare		42.93				42.93	1604.55	case rate	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 UHC	Medicaid		531.36	0.3146			42.93	1604.55	percent of total billed charges	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Wellcare	Medicare		42.93				42.93	1604.55	case rate	
IDARUBICIN 5MG INJ	J9211	HCPCS	outpatient			1689		49.37 Wellcare	Medicaid		531.36	0.3146			42.93	1604.55	percent of total billed charges	
INTERFERON ALPHA 1 000 000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97 Aetna	Medicare		39.1	1			23.6	71.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERFERON ALPHA 1 000 000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97 Aetna	Better Health		23.6	0.3146			23.6	71.44	percent of total billed charges	
INTERFERON ALPHA 1 000 000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97 Aetna	Commercial		62.25	1.592			23.6	71.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERFERON ALPHA 1 000 000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97 Americare	Americare		56.25	0.75			23.6	71.44	percent of total billed charges	
INTERFERON ALPHA 1 000 000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97 WellPoint	WellPoint		24.06	0.3208			23.6	71.44	percent of total billed charges	
INTERFERON ALPHA 1 000 000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97 Amerihealth	Medicare		39.1	1			23.6	71.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERFERON ALPHA 1 000 000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97 Consumer	Consumer		71.25	0.95			23.6	71.44	percent of total billed charges	
INTERFERON ALPHA 1 000 000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97 Corrections	Corrections		60	0.8			23.6	71.44	percent of total billed charges	
INTERFERON ALPHA 1 000 000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97 First Health	First Health		52.5	0.7			23.6	71.44	percent of total billed charges	
INTERFERON ALPHA 1 000 000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97 First Trenton	First Trenton		67.5	0.9			23.6	71.44	percent of total billed charges	
INTERFERON ALPHA 1 000 000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97 Horizon	PPO		71.44	1.827			23.6	71.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERFERON ALPHA 1 000 000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97 Horizon	Indemnity		71.44	1.827			23.6	71.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERFERON ALPHA 1 000 000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97 Horizon	NJ Health		62.25	0.83			23.6	71.44	percent of total billed charges	
INTERFERON ALPHA 1 000 000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97 Horizon	MGD		71.44	1.827			23.6	71.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERFERON ALPHA 1 000 000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97 Horizon	Medicare Blue		39.1	1			23.6	71.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERFERON ALPHA 1 000 000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97 Managed Care Inc	Managed Care Inc		67.5	0.9			23.6	71.44	percent of total billed charges	
INTERFERON ALPHA 1 000 000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97 Multiplan	Multiplan		60	0.8			23.6	71.44	percent of total billed charges	
INTERFERON ALPHA 1 000 000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97 Qualcare	Qualcare		56.25	0.75			23.6	71.44	percent of total billed charges	
INTERFERON ALPHA 1 000 000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97 Three Rivers	Three Rivers		71.25	0.95			23.6	71.44	percent of total billed charges	
INTERFERON ALPHA 1 000 000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97 UHC	Medicaid		23.6	0.3146			23.6	71.44	percent of total billed charges	
INTERFERON ALPHA 1 000 000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97 UHC	Medicare		39.1	1			23.6	71.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERFERON ALPHA 1 000 000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97 Wellcare	Medicare		39.1	1			23.6	71.44	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INTERFERON ALPHA 1 000 000 UNITS (CHEMO)	J9214	HCPCS	outpatient			75		44.97 Wellcare	Medicaid		23.6	0.3146			23.6	71.44	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551		Aetna	Medicare		477.71	0.308			465.3	1473.45	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551		Aetna	Better Health		487.94	0.3146			465.3	1473.45	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551		Aetna	Commercial		589.38	0.38			465.3	1473.45	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551		Americare	Americare		1163.25	0.75			465.3	1473.45	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551		WellPoint	WellPoint		497.56	0.3208			465.3	1473.45	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551		Consumer	Consumer		1473.45	0.95			465.3	1473.45	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551		Corrections	Corrections		1240.8	0.8			465.3	1473.45	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551		First Health	First Health		1085.7	0.7			465.3	1473.45	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551		First Trenton	First Trenton		1395.9	0.9			465.3	1473.45	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551		Horizon	Medicare Blue		465.3	0.3			465.3	1473.45	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551		Horizon	NJ Health		1287.33	0.83			465.3	1473.45	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551		Horizon	MGD		593.72	0.3828			465.3	1473.45	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551		Horizon	Indemnity		593.72	0.3828			465.3	1473.45	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551		Horizon	PPO		593.72	0.3828			465.3	1473.45	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551		Managed Care Inc	Managed Care Inc		1395.9	0.9			465.3	1473.45	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551		Multiplan	Multiplan		1240.8	0.8			465.3	1473.45	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551		Qualcare	Qualcare		1163.25	0.75			465.3	1473.45	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551		Three Rivers	Three Rivers		1473.45	0.95			465.3	1473.45	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551		UHC	Medicaid		487.94	0.3146			465.3	1473.45	percent of total billed charges	
INTERFERON (ACTIMMUNE) 100MCG/0.5ML	J9216	HCPCS	outpatient			1551		Wellcare	Medicaid		487.94	0.3146			465.3	1473.45	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	outpatient			1332		208.5 Aetna	Better Health		419.05	0.3146			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	outpatient			1332		208.5 Aetna	Medicare		181.3				181.3	1265.4	case rate	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	outpatient			1332		208.5 Aetna	Commercial		346.45	1.592			181.3	1265.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	outpatient			1332		208.5 Americare	Americare		999	0.75			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	outpatient			1332		208.5 WellPoint	WellPoint		427.31	0.3208			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	outpatient			1332		208.5 Amerihealth	Medicare		181.3				181.3	1265.4	case rate	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	outpatient			1332		208.5 Consumer	Consumer		1265.4	0.95			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	outpatient			1332		208.5 Corrections	Corrections		1065.6	0.8			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	outpatient			1332		208.5 First Health	First Health		932.4	0.7			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	outpatient			1332		208.5 First Trenton	First Trenton		1198.8	0.9			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	outpatient			1332		208.5 Horizon	Indemnity		397.59	1.827			181.3	1265.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	outpatient			1332		208.5 Horizon	PPO		397.59	1.827			181.3	1265.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	outpatient			1332		208.5 Horizon	Medicare Blue		217.62	1			181.3	1265.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	outpatient			1332		208.5 Horizon	MGD		397.59	1.827			181.3	1265.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	outpatient			1332		208.5 Horizon	NJ Health		192.18				181.3	1265.4	case rate	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	outpatient			1332		208.5 Managed Care Inc	Managed Care Inc		1198.8	0.9			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	outpatient			1332		208.5 Multiplan	Multiplan		1065.6	0.8			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	outpatient			1332		208.5 Qualcare	Qualcare		999	0.75			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	outpatient			1332		208.5 Three Rivers	Three Rivers		1265.4	0.95			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	outpatient			1332		208.5 UHC	Medicare		181.3				181.3	1265.4	case rate	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	outpatient			1332		208.5 UHC	Medicaid		419.05	0.3146			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	outpatient			1332		208.5 Wellcare	Medicare		181.3				181.3	1265.4	case rate	
LEUPROLIDE 7.5MG/1ML INJ	J9217	HCPCS	outpatient			1332		208.5 Wellcare	Medicaid		419.05	0.3146			181.3	1265.4	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81 Aetna	Medicare		13.75				13.75	2377.85	case rate	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81 Aetna	Better Health		787.44	0.3146			13.75	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81 Aetna	Commercial		26.27	1.592			13.75	2377.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81 Americare	Americare		1877.25	0.75			13.75	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81 WellPoint	WellPoint		802.96	0.3208			13.75	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81 Amerihealth	Medicare		13.75				13.75	2377.85	case rate	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81 Consumer	Consumer		2377.85	0.95			13.75	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81 Corrections	Corrections		2002.4	0.8			13.75	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81 First Health	First Health		1752.1	0.7			13.75	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81 First Trenton	First Trenton		2252.7	0.9			13.75	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81 Horizon	PPO		30.15	1.827			13.75	2377.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81 Horizon	Indemnity		30.15	1.827			13.75	2377.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81 Horizon	NJ Health		14.57				13.75	2377.85	case rate	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81 Horizon	MGD		30.15	1.827			13.75	2377.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81 Horizon	Medicare Blue		16.5	1			13.75	2377.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81 Managed Care Inc	Managed Care Inc		2252.7	0.9			13.75	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81 Multiplan	Multiplan		2002.4	0.8			13.75	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81 Qualcare	Qualcare		1877.25	0.75			13.75	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81 Three Rivers	Three Rivers		2377.85	0.95			13.75	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81 UHC	Medicaid		787.44	0.3146			13.75	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81 UHC	Medicare		13.75				13.75	2377.85	case rate	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81 Wellcare	Medicaid		787.44	0.3146			13.75	2377.85	percent of total billed charges	
LEUPROLIDE 1MG/0.2ML INJ	J9218	HCPCS	outpatient			2503		15.81 Wellcare	Medicare		13.75				13.75	2377.85	case rate	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01 Aetna	Better Health		209.52	0.3146			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01 Aetna	Commercial		382.21	1.592			200.01	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01 Aetna	Medicare		200.01				200.01	632.7	case rate	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01 Americare	Americare		499.5	0.75			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01 WellPoint	WellPoint		213.65	0.3208			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01 Amerihealth	Medicare		200.01				200.01	632.7	case rate	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01 Consumer	Consumer		632.7	0.95			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01 Corrections	Corrections		532.8	0.8			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01 First Health	First Health		466.2	0.7			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01 First Trenton	First Trenton		599.4	0.9			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01 Horizon	PPO		438.63	1.827			200.01	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01 Horizon	Medicare Blue		240.08	1			200.01	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01 Horizon	Indemnity		438.63	1.827			200.01	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01 Horizon	NJ Health		212.01				200.01	632.7	case rate	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01 Horizon	MGD		438.63	1.827			200.01	632.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01 Managed Care Inc	Managed Care Inc		599.4	0.9			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01 Multiplan	Multiplan		532.8	0.8			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01 Qualcare	Qualcare		499.5	0.75			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01 Three Rivers	Three Rivers		632.7	0.95			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01 UHC	Medicare		200.01				200.01	632.7	case rate	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01 UHC	Medicaid		209.52	0.3146			200.01	632.7	percent of total billed charges	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01 Wellcare	Medicare		200.01				200.01	632.7	case rate	
LURBINECTEDIN(ZEPZELCA) 0.1MG INJ	J9223	HCPCS	outpatient			666		230.01 Wellcare	Medicaid		209.52	0.3146			200.01	632.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28 Aetna	Medicare		172.42				165.48	499.7	case rate	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28 Aetna	Better Health		165.48	0.3146			165.48	499.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28 Aetna	Commercial		329.48	1.592			165.48	499.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28 Americare	Americare		394.5	0.75			165.48	499.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28 WellPoint	WellPoint		168.74	0.3208			165.48	499.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28 Amerihealth	Medicare		172.42				165.48	499.7	case rate	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28 Consumer	Consumer		499.7	0.95			165.48	499.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28 Corrections	Corrections		420.8	0.8			165.48	499.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28 First Health	First Health		368.2	0.7			165.48	499.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526		198.28 First Trenton	First Trenton		473.4	0.9			165.48	499.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526	198.28	Horizon	Indemnity		378.12	1.827			165.48	499.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526	198.28	Horizon	MCD		378.12	1.827			165.48	499.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526	198.28	Horizon	PPO		378.12	1.827			165.48	499.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526	198.28	Horizon	Medicare Blue		206.96	1			165.48	499.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526	198.28	Horizon	NJ Health		182.76				165.48	499.7	case rate	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526	198.28	Managed Care Inc	Managed Care Inc		473.4	0.9			165.48	499.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526	198.28	Multiplan	Multiplan		420.8	0.8			165.48	499.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526	198.28	Qualcare	Qualcare		394.5	0.75			165.48	499.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526	198.28	Three Rivers	Three Rivers		499.7	0.95			165.48	499.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526	198.28	UHC	Medicaid		165.48	0.3146			165.48	499.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526	198.28	UHC	Medicare		172.42				165.48	499.7	case rate	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526	198.28	Wellcare	Medicaid		165.48	0.3146			165.48	499.7	percent of total billed charges	
IPILIMUMAB I MG INJ	J9228	HCPCS	outpatient			526	198.28	Wellcare	Medicare		172.42				165.48	499.7	case rate	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Aetna	Commercial		313.5	0.38			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Aetna	Medicare		254.1	0.308			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Aetna	Better Health		259.55	0.3146			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Americare	Americare		618.75	0.75			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		WellPoint	WellPoint		264.66	0.3208			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Consumer	Consumer		783.75	0.95			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Corrections	Corrections		660	0.8			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		First Health	First Health		577.5	0.7			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		First Trenton	First Trenton		742.5	0.9			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Horizon	NJ Health		684.75	0.83			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Horizon	Medicare Blue		247.5	0.3			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Horizon	Indemnity		315.81	0.3828			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Horizon	MCD		315.81	0.3828			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Horizon	PPO		315.81	0.3828			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Managed Care Inc	Managed Care Inc		742.5	0.9			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Multiplan	Multiplan		660	0.8			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Qualcare	Qualcare		618.75	0.75			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Three Rivers	Three Rivers		783.75	0.95			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		UHC	Medicaid		259.55	0.3146			247.5	783.75	percent of total billed charges	
MECHLORETHAMINE 10MG INJ	J9230	HCPCS	outpatient			825		Wellcare	Medicaid		259.55	0.3146			247.5	783.75	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Aetna	Medicare		148.02				148.02	3393.4	case rate	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Aetna	Commercial		282.85	1.592			148.02	3393.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Aetna	Better Health		1123.75	0.3146			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Americare	Americare		2679	0.75			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	WellPoint	WellPoint		1145.9	0.3208			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Amerihealth	Medicare		148.02				148.02	3393.4	case rate	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Consumer	Consumer		3393.4	0.95			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Corrections	Corrections		2857.6	0.8			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	First Health	First Health		2500.4	0.7			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	First Trenton	First Trenton		3214.8	0.9			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Horizon	PPO		324.6	1.827			148.02	3393.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Horizon	NJ Health		156.9				148.02	3393.4	case rate	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Horizon	Indemnity		324.6	1.827			148.02	3393.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Horizon	Medicare Blue		177.67	1			148.02	3393.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Horizon	MCD		324.6	1.827			148.02	3393.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Managed Care Inc	Managed Care Inc		3214.8	0.9			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Multiplan	Multiplan		2857.6	0.8			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Qualcare	Qualcare		2679	0.75			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Three Rivers	Three Rivers		3393.4	0.95			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	UHC	Medicare		148.02				148.02	3393.4	case rate	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	UHC	Medicaid		1123.75	0.3146			148.02	3393.4	percent of total billed charges	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Wellcare	Medicare		148.02				148.02	3393.4	case rate	
MELPHALAN 50MG INJ	J9245	HCPCS	outpatient			3572	170.22	Wellcare	Medicaid		1123.75	0.3146			148.02	3393.4	percent of total billed charges	
METHOTREXATE 5MG (CHEMO)	J9250	HCPCS	both			28	0.35	Aetna	Better Health		8.81	0.3146			0.31	26.6	percent of total billed charges	
METHOTREXATE 5MG (CHEMO)	J9250	HCPCS	both			28	0.35	Aetna	Commercial		10.64	0.38			0.31	26.6	percent of total billed charges	
METHOTREXATE 5MG (CHEMO)	J9250	HCPCS	both			28	0.35	Aetna	Medicare		8.81				0.31	26.6	case rate	
METHOTREXATE 5MG (CHEMO)	J9250	HCPCS	both			28	0.35	Americare	Americare		21	0.75			0.31	26.6	percent of total billed charges	
METHOTREXATE 5MG (CHEMO)	J9250	HCPCS	both			28	0.35	WellPoint	WellPoint		8.98	0.3208			0.31	26.6	percent of total billed charges	
METHOTREXATE 5MG (CHEMO)	J9250	HCPCS	both			28	0.35	Amerihealth	Medicare		8.81				0.31	26.6	case rate	
METHOTREXATE 5MG (CHEMO)	J9250	HCPCS	both			28	0.35	Consumer	Consumer		26.6	0.95			0.31	26.6	percent of total billed charges	
METHOTREXATE 5MG (CHEMO)	J9250	HCPCS	both			28	0.35	Corrections	Corrections		22.4	0.8			0.31	26.6	percent of total billed charges	
METHOTREXATE 5MG (CHEMO)	J9250	HCPCS	both			28	0.35	First Health	First Health		19.6	0.7			0.31	26.6	percent of total billed charges	
METHOTREXATE 5MG (CHEMO)	J9250	HCPCS	both			28	0.35	First Trenton	First Trenton		25.2	0.9			0.31	26.6	percent of total billed charges	
METHOTREXATE 5MG (CHEMO)	J9250	HCPCS	both			28	0.35	Horizon	MCD		10.72	0.3828			0.31	26.6	percent of total billed charges	
METHOTREXATE 5MG (CHEMO)	J9250	HCPCS	both			28	0.35	Horizon	NJ Health		0.33				0.31	26.6	case rate	
METHOTREXATE 5MG (CHEMO)	J9250	HCPCS	both			28	0.35	Horizon	Indemnity		10.72	0.3828			0.31	26.6	percent of total billed charges	
METHOTREXATE 5MG (CHEMO)	J9250	HCPCS	both			28	0.35	Horizon	PPO		10.72	0.3828			0.31	26.6	percent of total billed charges	
METHOTREXATE 5MG (CHEMO)	J9250	HCPCS	both			28	0.35	Horizon	Medicare Blue		8.4	0.3			0.31	26.6	percent of total billed charges	
METHOTREXATE 5MG (CHEMO)	J9250	HCPCS	both			28	0.35	Managed Care Inc	Managed Care Inc		25.2	0.9			0.31	26.6	percent of total billed charges	
METHOTREXATE 5MG (CHEMO)	J9250	HCPCS	both			28	0.35	Multiplan	Multiplan		22.4	0.8			0.31	26.6	percent of total billed charges	
METHOTREXATE 5MG (CHEMO)	J9250	HCPCS	both			28	0.35	Qualcare	Qualcare		21	0.75			0.31	26.6	percent of total billed charges	
METHOTREXATE 5MG (CHEMO)	J9250	HCPCS	both			28	0.35	Three Rivers	Three Rivers		26.6	0.95			0.31	26.6	percent of total billed charges	
METHOTREXATE 5MG (CHEMO)	J9250	HCPCS	both			28	0.35	UHC	Medicare		0.31				0.31	26.6	case rate	
METHOTREXATE 5MG (CHEMO)	J9250	HCPCS	both			28	0.35	UHC	Medicaid		8.81	0.3146			0.31	26.6	percent of total billed charges	
METHOTREXATE 5MG (CHEMO)	J9250	HCPCS	both			28	0.35	Wellcare	Medicare		0.31				0.31	26.6	case rate	
METHOTREXATE 5MG (CHEMO)	J9250	HCPCS	both			28	0.35	Wellcare	Medicaid		8.81	0.3146			0.31	26.6	percent of total billed charges	
METHOTREXATE 50MG INJ	J9260	HCPCS	both			41	3.49	Aetna	Better Health		12.9	0.3146			3.03	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ	J9260	HCPCS	both			41	3.49	Aetna	Medicare		3.03				3.03	38.95	case rate	
METHOTREXATE 50MG INJ	J9260	HCPCS	both			41	3.49	Aetna	Commercial		15.58	0.38			3.03	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ	J9260	HCPCS	both			41	3.49	Americare	Americare		30.75	0.75			3.03	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ	J9260	HCPCS	both			41	3.49	WellPoint	WellPoint		13.15	0.3208			3.03	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ	J9260	HCPCS	both			41	3.49	Amerihealth	Medicare		3.03				3.03	38.95	case rate	
METHOTREXATE 50MG INJ	J9260	HCPCS	both			41	3.49	Consumer	Consumer		38.95	0.95			3.03	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ	J9260	HCPCS	both			41	3.49	Corrections	Corrections		32.8	0.8			3.03	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ	J9260	HCPCS	both			41	3.49	First Health	First Health		28.7	0.7			3.03	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ	J9260	HCPCS	both			41	3.49	First Trenton	First Trenton		36.9	0.9			3.03	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ	J9260	HCPCS	both			41	3.49	Horizon	MCD		15.69	0.3828			3.03	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ	J9260	HCPCS	both			41	3.49	Horizon	Indemnity		15.69	0.3828			3.03	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ	J9260	HCPCS	both			41	3.49	Horizon	PPO		15.69	0.3828			3.03	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ	J9260	HCPCS	both			41	3.49	Horizon	NJ Health		3.21				3.03	38.95	case rate	
METHOTREXATE 50MG INJ	J9260	HCPCS	both			41	3.49	Horizon	Medicare Blue		12.3	0.3			3.03	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ	J9260	HCPCS	both			41	3.49	Managed Care Inc	Managed Care Inc		36.9	0.9			3.03	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ	J9260	HCPCS	both			41	3.49	Multiplan	Multiplan		32.8	0.8			3.03	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ	J9260	HCPCS	both			41	3.49	Qualcare	Qualcare		30.75	0.75			3.03	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ	J9260	HCPCS	both			41	3.49	Three Rivers	Three Rivers		38.95	0.95			3.03	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ	J9260	HCPCS	both			41	3.49	UHC	Medicaid		12.9	0.3146			3.03	38.95	percent of total billed charges	
METHOTREXATE 50MG INJ	J9260	HCPCS	both			41	3.49	UHC	Medicare		3.03				3.03	38.95	case rate	
METHOTREXATE 50MG INJ	J9260	HCPCS	both			41	3.49	Wellcare	Medicare		3.03				3.03	38.95	case rate	
METHOTREXATE 50MG INJ	J9260	HCPCS	both			41	3.49	Wellcare	Medicaid		12.9	0.3146			3.03	38.95	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Aetna	Medicare		110.98				110.98	482.6	case rate	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Aetna	Commercial		212.07	1.592			110.98	482.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Aetna	Better Health		159.82	0.3146			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Americare	Americare		381	0.75			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	WellPoint	WellPoint		162.97	0.3208			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Amerihealth	Medicare		110.98				110.98	482.6	case rate	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Consumer	Consumer		482.6	0.95			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Corrections	Corrections		406.4	0.8			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	First Health	First Health		355.6	0.7			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	First Trenton	First Trenton		457.2	0.9			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Horizon	Indemnity		243.37	1.827			110.98	482.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Horizon	PPO		243.37	1.827			110.98	482.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Horizon	NJ Health		117.64				110.98	482.6	case rate	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Horizon	Medicare Blue		133.21	1			110.98	482.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Horizon	MCD		243.37	1.827			110.98	482.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Managed Care Inc	Managed Care Inc		457.2	0.9			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Multiplan	Multiplan		406.4	0.8			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Qualcare	Qualcare		381	0.75			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Three Rivers	Three Rivers		482.6	0.95			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	UHC	Medicare		110.98				110.98	482.6	case rate	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	UHC	Medicaid		159.82	0.3146			110.98	482.6	percent of total billed charges	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Wellcare	Medicare		110.98				110.98	482.6	case rate	
NELARABINE 50 MG INJ	J9261	HCPCS	outpatient			508	127.63	Wellcare	Medicaid		159.82	0.3146			110.98	482.6	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Aetna	Better Health		18.25	0.3146			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Aetna	Medicare		0.07				0.07	55.1	case rate	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Aetna	Commercial		22.04	0.38			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Americare	Americare		43.5	0.75			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	WellPoint	WellPoint		18.61	0.3208			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Amerihealth	Medicare		0.07				0.07	55.1	case rate	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Consumer	Consumer		55.1	0.95			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Corrections	Corrections		46.4	0.8			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	First Health	First Health		40.6	0.7			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	First Trenton	First Trenton		52.2	0.9			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Horizon	MCD		22.2	0.3828			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Horizon	Medicare Blue		17.4	0.3			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Horizon	Indemnity		22.2	0.3828			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Horizon	NJ Health		0.08				0.07	55.1	case rate	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Horizon	PPO		22.2	0.3828			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Managed Care Inc	Managed Care Inc		52.2	0.9			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Multiplan	Multiplan		46.4	0.8			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Qualcare	Qualcare		43.5	0.75			0.07	55.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Three Rivers	Three Rivers		55.1	0.95			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	UHC	Medicaid		18.25	0.3146			0.07	55.1	percent of total billed charges	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	UHC	Medicare		0.07				0.07	55.1	case rate	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Wellcare	Medicare		0.07				0.07	55.1	case rate	
OXALIPLATIN 0.5MG INJ	J9263	HCPCS	both			58	0.08	Wellcare	Medicaid		18.25	0.3146			0.07	55.1	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Aetna	Commercial		27.3	1.592			14.29	52.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Aetna	Better Health		17.46	0.3146			14.29	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Aetna	Medicare		14.29				14.29	52.73	case rate	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Americare	Americare		41.63	0.75			14.29	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	WellPoint	WellPoint		17.8	0.3208			14.29	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Amerihealth	Medicare		14.29				14.29	52.73	case rate	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Consumer	Consumer		52.73	0.95			14.29	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Corrections	Corrections		44.4	0.8			14.29	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	First Health	First Health		38.85	0.7			14.29	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	First Trenton	First Trenton		49.95	0.9			14.29	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Horizon	MGD		31.33	1.827			14.29	52.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Horizon	Indemnity		31.33	1.827			14.29	52.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Horizon	NJ Health		15.15				14.29	52.73	case rate	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Horizon	PPO		31.33	1.827			14.29	52.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Horizon	Medicare Blue		17.15	1			14.29	52.73	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Managed Care Inc	Managed Care Inc		49.95	0.9			14.29	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Multiplan	Multiplan		44.4	0.8			14.29	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Qualcare	Qualcare		41.63	0.75			14.29	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Three Rivers	Three Rivers		52.73	0.95			14.29	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	UHC	Medicare		14.29				14.29	52.73	case rate	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	UHC	Medicaid		17.46	0.3146			14.29	52.73	percent of total billed charges	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Wellcare	Medicare		14.29				14.29	52.73	case rate	
PACLITAXEL PROTEIN-BOUND 1MG	J9264	HCPCS	both			55.5	16.44	Wellcare	Medicaid		17.46	0.3146			14.29	52.73	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Aetna	Commercial		49266.86	1.592			12144.35	56539.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Aetna	Better Health		12144.35	0.3146			12144.35	56539.29	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Aetna	Medicare		25781.46				12144.35	56539.29	case rate	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Americare	Americare		28951.88	0.75			12144.35	56539.29	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	WellPoint	WellPoint		12383.68	0.3208			12144.35	56539.29	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Amerihealth	Medicare		25781.46				12144.35	56539.29	case rate	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Consumer	Consumer		36672.38	0.95			12144.35	56539.29	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Corrections	Corrections		30882	0.8			12144.35	56539.29	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	First Health	First Health		27021.75	0.7			12144.35	56539.29	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	First Trenton	First Trenton		34742.25	0.9			12144.35	56539.29	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Horizon	PPO		56539.29	1.827			12144.35	56539.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Horizon	MGD		56539.29	1.827			12144.35	56539.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Horizon	Indemnity		56539.29	1.827			12144.35	56539.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Horizon	NJ Health		27328.35				12144.35	56539.29	case rate	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Horizon	Medicare Blue		30945.52	1			12144.35	56539.29	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Managed Care Inc	Managed Care Inc		34742.25	0.9			12144.35	56539.29	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Multiplan	Multiplan		30882	0.8			12144.35	56539.29	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Qualcare	Qualcare		28951.88	0.75			12144.35	56539.29	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Three Rivers	Three Rivers		36672.38	0.95			12144.35	56539.29	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	UHC	Medicare		25781.46				12144.35	56539.29	case rate	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	UHC	Medicaid		12144.35	0.3146			12144.35	56539.29	percent of total billed charges	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Wellcare	Medicare		25781.46				12144.35	56539.29	case rate	
PEGASPARGASE 3750U/5ML SDPF	J9266	HCPCS	outpatient			38602.5	29648.68	Wellcare	Medicaid		12144.35	0.3146			12144.35	56539.29	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Aetna	Better Health		0.31	0.3146			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Aetna	Medicare		0.11				0.11	0.95	case rate	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Aetna	Commercial		0.38				0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Americare	Americare		0.75				0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	WellPoint	WellPoint		0.32	0.3208			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Amerihealth	Medicare		0.11				0.11	0.95	case rate	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Consumer	Consumer		0.95				0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Corrections	Corrections		0.8				0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	First Health	First Health		0.7				0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	First Trenton	First Trenton		0.9				0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Horizon	Medicare Blue		0.3				0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Horizon	Indemnity		0.38	0.3828			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Horizon	MGD		0.38	0.3828			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Horizon	PPO		0.38	0.3828			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Horizon	NJ Health		0.11				0.11	0.95	case rate	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Managed Care Inc	Managed Care Inc		0.9	0.9			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Multiplan	Multiplan		0.8	0.8			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Qualcare	Qualcare		0.75	0.75			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Three Rivers	Three Rivers		0.95	0.95			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	UHC	Medicaid		0.31	0.3146			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	UHC	Medicare		0.11				0.11	0.95	case rate	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Wellcare	Medicaid		0.31	0.3146			0.11	0.95	percent of total billed charges	
PACLITAXEL 1MG VIAL	J9267	HCPCS	both			1	0.12	Wellcare	Medicare		0.11				0.11	0.95	case rate	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	outpatient			200	64.09	Aetna	Better Health		62.92	0.3146			55.73	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	outpatient			200	64.09	Aetna	Commercial		106.49	1.592			55.73	190	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	outpatient			200	64.09	Aetna	Medicare		55.73				55.73	190	case rate	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	outpatient			200	64.09	Americare	Americare		150	0.75			55.73	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	outpatient			200	64.09	WellPoint	WellPoint		64.16	0.3208			55.73	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	outpatient			200	64.09	Amerihealth	Medicare		55.73				55.73	190	case rate	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	outpatient			200	64.09	Consumer	Consumer		190	0.95			55.73	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	outpatient			200	64.09	Corrections	Corrections		160	0.8			55.73	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	outpatient			200	64.09	First Health	First Health		140	0.7			55.73	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	outpatient			200	64.09	First Trenton	First Trenton		180	0.9			55.73	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	outpatient			200	64.09	Horizon	MGD		122.21	1.827			55.73	190	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	outpatient			200	64.09	Horizon	Indemnity		122.21	1.827			55.73	190	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	outpatient			200	64.09	Horizon	NJ Health		59.07				55.73	190	case rate	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	outpatient			200	64.09	Horizon	PPO		122.21	1.827			55.73	190	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	outpatient			200	64.09	Horizon	Medicare Blue		66.89	1			55.73	190	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	outpatient			200	64.09	Managed Care Inc	Managed Care Inc		180	0.9			55.73	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	outpatient			200	64.09	Multiplan	Multiplan		160	0.8			55.73	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	outpatient			200	64.09	Qualcare	Qualcare		150	0.75			55.73	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	outpatient			200	64.09	Three Rivers	Three Rivers		190	0.95			55.73	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	outpatient			200	64.09	UHC	Medicaid		62.92	0.3146			55.73	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	outpatient			200	64.09	UHC	Medicare		55.73				55.73	190	case rate	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	outpatient			200	64.09	Wellcare	Medicaid		62.92	0.3146			55.73	190	percent of total billed charges	
PEMBROLIZUMAB(KEYTRUDA)1MG INJ	J9271	HCPCS	outpatient			200	64.09	Wellcare	Medicare		55.73				55.73	190	case rate	
DOSTARLIMAB-GXLY (JEMPERLI)&10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Aetna	Medicare		233.26				233.26	795.63	case rate	
DOSTARLIMAB-GXLY (JEMPERLI)&10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Aetna	Better Health		263.48	0.3146			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)&10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Aetna	Commercial		445.74	1.592			233.26	795.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOSTARLIMAB-GXLY (JEMPERLI)&10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Americare	Americare		628.13	0.75			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)&10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	WellPoint	WellPoint		268.67	0.3208			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)&10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Amerihealth	Medicare		233.26				233.26	795.63	case rate	
DOSTARLIMAB-GXLY (JEMPERLI)&10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Consumer	Consumer		795.63	0.95			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)&10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Corrections	Corrections		670	0.8			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)&10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	First Health	First Health		586.25	0.7			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)&10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	First Trenton	First Trenton		753.75	0.9			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)&10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Horizon	Medicare Blue		279.99	1			233.26	795.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOSTARLIMAB-GXLY (JEMPERLI)&10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Horizon	Indemnity		511.54	1.827			233.26	795.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOSTARLIMAB-GXLY (JEMPERLI)&10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Horizon	NJ Health		247.25				233.26	795.63	case rate	
DOSTARLIMAB-GXLY (JEMPERLI)&10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Horizon	MGD		511.54	1.827			233.26	795.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOSTARLIMAB-GXLY (JEMPERLI)&10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Horizon	PPO		511.54	1.827			233.26	795.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOSTARLIMAB-GXLY (JEMPERLI)&10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Managed Care Inc	Managed Care Inc		753.75	0.9			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)&10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Multiplan	Multiplan		670	0.8			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)&10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Qualcare	Qualcare		628.13	0.75			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)&10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Three Rivers	Three Rivers		795.63	0.95			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)&10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	UHC	Medicare		233.26				233.26	795.63	case rate	
DOSTARLIMAB-GXLY (JEMPERLI)&10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	UHC	Medicaid		263.48	0.3146			233.26	795.63	percent of total billed charges	
DOSTARLIMAB-GXLY (JEMPERLI)&10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Wellcare	Medicare		233.26				233.26	795.63	case rate	
DOSTARLIMAB-GXLY (JEMPERLI)&10 MG INJ	J9272	HCPCS	outpatient			837.5	268.25	Wellcare	Medicaid		263.48	0.3146			233.26	795.63	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Aetna	Medicare		63.35				63.35	1284.88	case rate	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Aetna	Commercial		121.06	1.592			63.35	1284.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Aetna	Better Health		425.5	0.3146			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Americare	Americare		1014.38	0.75			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	WellPoint	WellPoint		433.88	0.3208			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Amerihealth	Medicare		63.35				63.35	1284.88	case rate	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Consumer	Consumer		1284.88	0.95			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Corrections	Corrections		1082	0.8			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	First Health	First Health		946.75	0.7			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	First Trenton	First Trenton		1217.25	0.9			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Horizon	Indemnity		138.93	1.827			63.35	1284.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Horizon	PPO		138.93	1.827			63.35	1284.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Horizon	Medicare Blue		76.04	1			63.35	1284.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Horizon	MGD		138.93	1.827			63.35	1284.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Horizon	NJ Health		67.15				63.35	1284.88	case rate	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Managed Care Inc	Managed Care Inc		1217.25	0.9			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Multiplan	Multiplan		1082	0.8			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Qualcare	Qualcare		1014.38	0.75			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Three Rivers	Three Rivers		1284.88	0.95			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	UHC	Medicare		63.35				63.35	1284.88	case rate	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	UHC	Medicaid		425.5	0.3146			63.35	1284.88	percent of total billed charges	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Wellcare	Medicare		63.35				63.35	1284.88	case rate	
MITOMYCIN 5MG INJ	J9280	HCPCS	both			1352.5	72.85	Wellcare	Medicaid		425.5	0.3146			63.35	1284.88	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Aetna	Medicare		63.29	0.308			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Aetna	Better Health		64.65	0.3146			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Aetna	Commercial		78.09	0.38			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Americare	Americare		154.13	0.75			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		WellPoint	WellPoint		65.92	0.3208			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Consumer	Consumer		195.23	0.95			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Corrections	Corrections		164.4	0.8			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		First Health	First Health		143.85	0.7			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		First Trenton	First Trenton		184.95	0.9			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Horizon	MGD		78.67	0.3828			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Horizon	Indemnity		78.67	0.3828			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Horizon	NJ Health		170.57	0.83			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Horizon	PPO		78.67	0.3828			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Horizon	Medicare Blue		61.65	0.3			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Managed Care Inc	Managed Care Inc		184.95	0.9			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Multiplan	Multiplan		164.4	0.8			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Qualcare	Qualcare		154.13	0.75			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Three Rivers	Three Rivers		195.23	0.95			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		UHC	Medicaid		64.65	0.3146			61.65	195.23	percent of total billed charges	
OLARATUMAB (LARTRUVO) 10 MG INJ	J9285	HCPCS	outpatient			205.5		Wellcare	Medicaid		64.65	0.3146			61.65	195.23	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Aetna	Better Health		771.4	0.3146			43.58	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Aetna	Medicare		43.58				43.58	2329.4	case rate	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Aetna	Commercial		83.28	1.592			43.58	2329.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Americare	Americare		1839	0.75			43.58	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	WellPoint	WellPoint		786.6	0.3208			43.58	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Amerihealth	Medicare		43.58				43.58	2329.4	case rate	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Consumer	Consumer		2329.4	0.95			43.58	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Corrections	Corrections		1961.6	0.8			43.58	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	First Health	First Health		1716.4	0.7			43.58	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	First Trenton	First Trenton		2206.8	0.9			43.58	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Horizon	Medicare Blue		52.31	1			43.58	2329.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Horizon	NJ Health		46.19				43.58	2329.4	case rate	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Horizon	MGD		95.57	1.827			43.58	2329.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Horizon	Indemnity		95.57	1.827			43.58	2329.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Horizon	PPO		95.57	1.827			43.58	2329.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Managed Care Inc	Managed Care Inc		2206.8	0.9			43.58	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Multiplan	Multiplan		1961.6	0.8			43.58	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Qualcare	Qualcare		1839	0.75			43.58	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Three Rivers	Three Rivers		2329.4	0.95			43.58	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	UHC	Medicare		43.58				43.58	2329.4	case rate	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	UHC	Medicaid		771.4	0.3146			43.58	2329.4	percent of total billed charges	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Wellcare	Medicare		43.58				43.58	2329.4	case rate	
MITOXANTRONE 5MG INJ	J9293	HCPCS	outpatient			2452	50.11	Wellcare	Medicaid		771.4	0.3146			43.58	2329.4	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	outpatient			113.5	35.75	Aetna	Medicare		31.09				31.09	107.83	case rate	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	outpatient			113.5	35.75	Aetna	Better Health		35.71	0.3146			31.09	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	outpatient			113.5	35.75	Aetna	Commercial		59.41	1.592			31.09	107.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	outpatient			113.5	35.75	Americare	Americare		85.13	0.75			31.09	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	outpatient			113.5	35.75	WellPoint	WellPoint		36.41	0.3208			31.09	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	outpatient			113.5	35.75	Amerihealth	Medicare		31.09				31.09	107.83	case rate	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	outpatient			113.5	35.75	Consumer	Consumer		107.83	0.95			31.09	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	outpatient			113.5	35.75	Corrections	Corrections		90.8	0.8			31.09	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	outpatient			113.5	35.75	First Health	First Health		79.45	0.7			31.09	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	outpatient			113.5	35.75	First Trenton	First Trenton		102.15	0.9			31.09	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	outpatient			113.5	35.75	Horizon	PPO		68.18	1.827			31.09	107.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	outpatient			113.5	35.75	Horizon	Medicare Blue		37.32	1			31.09	107.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	outpatient			113.5	35.75	Horizon	MGD		68.18	1.827			31.09	107.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	outpatient			113.5	35.75	Horizon	Indemnity		68.18	1.827			31.09	107.83	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	outpatient			113.5	35.75	Horizon	NJ Health		32.95				31.09	107.83	case rate	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	outpatient			113.5	35.75	Managed Care Inc	Managed Care Inc		102.15	0.9			31.09	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	outpatient			113.5	35.75	Multiplan	Multiplan		90.8	0.8			31.09	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	outpatient			113.5	35.75	Qualcare	Qualcare		85.13	0.75			31.09	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	outpatient			113.5	35.75	Three Rivers	Three Rivers		107.83	0.95			31.09	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	outpatient			113.5	35.75	UHC	Medicaid		35.71	0.3146			31.09	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	outpatient			113.5	35.75	UHC	Medicare		31.09				31.09	107.83	case rate	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	outpatient			113.5	35.75	Wellcare	Medicaid		35.71	0.3146			31.09	107.83	percent of total billed charges	
NIVOLUMAB(OPDIVO)1MG INJ	J9299	HCPCS	outpatient			113.5	35.75	Wellcare	Medicare		31.09				31.09	107.83	case rate	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	outpatient			277	80.89	Aetna	Medicare		70.34				70.34	263.15	case rate	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	outpatient			277	80.89	Aetna	Better Health		87.14	0.3146			70.34	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	outpatient			277	80.89	Aetna	Commercial		134.41	1.592			70.34	263.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	outpatient			277	80.89	Americare	Americare		207.75	0.75			70.34	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	outpatient			277	80.89	WellPoint	WellPoint		88.86	0.3208			70.34	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	outpatient			277	80.89	Amerihealth	Medicare		70.34				70.34	263.15	case rate	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	outpatient			277	80.89	Consumer	Consumer		263.15	0.95			70.34	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	outpatient			277	80.89	Corrections	Corrections		221.6	0.8			70.34	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	outpatient			277	80.89	First Health	First Health		193.9	0.7			70.34	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	outpatient			277	80.89	First Trenton	First Trenton		249.3	0.9			70.34	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	outpatient			277	80.89	Horizon	PPO		154.25	1.827			70.34	263.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	outpatient			277	80.89	Horizon	Indemnity		154.25	1.827			70.34	263.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	outpatient			277	80.89	Horizon	Medicare Blue		84.43	1			70.34	263.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	outpatient			277	80.89	Horizon	MGD		154.25	1.827			70.34	263.15	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	outpatient			277	80.89	Horizon	NJ Health		74.56				70.34	263.15	case rate	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	outpatient			277	80.89	Managed Care Inc	Managed Care Inc		249.3	0.9			70.34	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	outpatient			277	80.89	Multiplan	Multiplan		221.6	0.8			70.34	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	outpatient			277	80.89	Qualcare	Qualcare		207.75	0.75			70.34	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	outpatient			277	80.89	Three Rivers	Three Rivers		263.15	0.95			70.34	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	outpatient			277	80.89	UHC	Medicare		70.34				70.34	263.15	case rate	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	outpatient			277	80.89	UHC	Medicaid		87.14	0.3146			70.34	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	outpatient			277	80.89	Wellcare	Medicaid		87.14	0.3146			70.34	263.15	percent of total billed charges	
OBINUTUZUMAB(GAZYVA) 10 MG INJ	J9301	HCPCS	outpatient			277	80.89	Wellcare	Medicare		70.34				70.34	263.15	case rate	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Aetna	Medicare		150.66				150.66	461.7	case rate	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Aetna	Better Health		152.9	0.3146			150.66	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Aetna	Commercial		287.9	1.592			150.66	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Americare	Americare		364.5	0.75			150.66	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	WellPoint	WellPoint		155.91	0.3208			150.66	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Amerihealth	Medicare		150.66				150.66	461.7	case rate	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Consumer	Consumer		461.7	0.95			150.66	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Corrections	Corrections		388.8	0.8			150.66	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	First Health	First Health		340.2	0.7			150.66	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	First Trenton	First Trenton		437.4	0.9			150.66	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Horizon	Medicare Blue		180.84	1			150.66	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Horizon	MGD		330.39	1.827			150.66	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Horizon	NJ Health		159.7				150.66	461.7	case rate	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Horizon	Indemnity		330.39	1.827			150.66	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Horizon	PPO		330.39	1.827			150.66	461.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Managed Care Inc	Managed Care Inc		437.4	0.9			150.66	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Multiplan	Multiplan		388.8	0.8			150.66	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Qualcare	Qualcare		364.5	0.75			150.66	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Three Rivers	Three Rivers		461.7	0.95			150.66	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	UHC	Medicare		150.66				150.66	461.7	case rate	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	UHC	Medicaid		152.9	0.3146			150.66	461.7	percent of total billed charges	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Wellcare	Medicare		150.66				150.66	461.7	case rate	
PANITUMUMAB 10MG INJ	J9303	HCPCS	outpatient			486	173.26	Wellcare	Medicaid		152.9	0.3146			150.66	461.7	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	outpatient			257.5	5.03	Aetna	Medicare		4.37				4.37	244.63	case rate	
PEMETREXED 10MG INJ	J9305	HCPCS	outpatient			257.5	5.03	Aetna	Better Health		81.01	0.3146			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	outpatient			257.5	5.03	Aetna	Commercial		8.36	1.592			4.37	244.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEMETREXED 10MG INJ	J9305	HCPCS	outpatient			257.5	5.03	Americare	Americare		193.13	0.75			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	outpatient			257.5	5.03	WellPoint	WellPoint		82.61	0.3208			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	outpatient			257.5	5.03	Amerihealth	Medicare		4.37				4.37	244.63	case rate	
PEMETREXED 10MG INJ	J9305	HCPCS	outpatient			257.5	5.03	Consumer	Consumer		244.63	0.95			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	outpatient			257.5	5.03	Corrections	Corrections		206	0.8			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	outpatient			257.5	5.03	First Health	First Health		180.25	0.7			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	outpatient			257.5	5.03	First Trenton	First Trenton		231.75	0.9			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	outpatient			257.5	5.03	Horizon	MGD		9.59	1.827			4.37	244.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEMETREXED 10MG INJ	J9305	HCPCS	outpatient			257.5	5.03	Horizon	Medicare Blue		5.25	1			4.37	244.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEMETREXED 10MG INJ	J9305	HCPCS	outpatient			257.5	5.03	Horizon	PPO		9.59	1.827			4.37	244.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEMETREXED 10MG INJ	J9305	HCPCS	outpatient			257.5	5.03	Horizon	Indemnity		9.59	1.827			4.37	244.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEMETREXED 10MG INJ	J9305	HCPCS	outpatient			257.5	5.03	Horizon	NJ Health		4.63				4.37	244.63	case rate	
PEMETREXED 10MG INJ	J9305	HCPCS	outpatient			257.5	5.03	Managed Care Inc	Managed Care Inc		231.75	0.9			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	outpatient			257.5	5.03	Multiplan	Multiplan		206	0.8			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	outpatient			257.5	5.03	Qualcare	Qualcare		193.13	0.75			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	outpatient			257.5	5.03	Three Rivers	Three Rivers		244.63	0.95			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	outpatient			257.5	5.03	UHC	Medicare		4.37				4.37	244.63	case rate	
PEMETREXED 10MG INJ	J9305	HCPCS	outpatient			257.5	5.03	UHC	Medicaid		81.01	0.3146			4.37	244.63	percent of total billed charges	
PEMETREXED 10MG INJ	J9305	HCPCS	outpatient			257.5	5.03	Wellcare	Medicare		4.37				4.37	244.63	case rate	
PEMETREXED 10MG INJ	J9305	HCPCS	outpatient			257.5	5.03	Wellcare	Medicaid		81.01	0.3146			4.37	244.63	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	outpatient			46.5	17.74	Aetna	Better Health		14.63	0.3146			14.63	44.18	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	outpatient			46.5	17.74	Aetna	Commercial		29.48	1.592			14.63	44.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	outpatient			46.5	17.74	Aetna	Medicare		15.43				14.63	44.18	case rate	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	outpatient			46.5	17.74	Americare	Americare		34.88	0.75			14.63	44.18	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	outpatient			46.5	17.74	WellPoint	WellPoint		14.92	0.3208			14.63	44.18	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	outpatient			46.5	17.74	Amerihealth	Medicare		15.43				14.63	44.18	case rate	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	outpatient			46.5	17.74	Consumer	Consumer		44.18	0.95			14.63	44.18	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	outpatient			46.5	17.74	Corrections	Corrections		37.2	0.8			14.63	44.18	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	outpatient			46.5	17.74	First Health	First Health		32.55	0.7			14.63	44.18	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	outpatient			46.5	17.74	First Trenton	First Trenton		41.85	0.9			14.63	44.18	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	outpatient			46.5	17.74	Horizon	MGD		33.84	1.827			14.63	44.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	outpatient			46.5	17.74	Horizon	Indemnity		33.84	1.827			14.63	44.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	outpatient			46.5	17.74	Horizon	Medicare Blue		18.52	1			14.63	44.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	outpatient			46.5	17.74	Horizon	NJ Health		16.35				14.63	44.18	case rate	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	outpatient			46.5	17.74	Horizon	PPO		33.84	1.827			14.63	44.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	outpatient			46.5	17.74	Managed Care Inc	Managed Care Inc		41.85	0.9			14.63	44.18	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	outpatient			46.5	17.74	Multiplan	Multiplan		37.2	0.8			14.63	44.18	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	outpatient			46.5	17.74	Qualcare	Qualcare		34.88	0.75			14.63	44.18	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	outpatient			46.5	17.74	Three Rivers	Three Rivers		44.18	0.95			14.63	44.18	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	outpatient			46.5	17.74	UHC	Medicaid		14.63	0.3146			14.63	44.18	percent of total billed charges	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	outpatient			46.5	17.74	UHC	Medicare		15.43				14.63	44.18	case rate	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	outpatient			46.5	17.74	Wellcare	Medicare		15.43				14.63	44.18	case rate	
PERTUZUMAB 1 MG INJ.	J9306	HCPCS	outpatient			46.5	17.74	Wellcare	Medicaid		14.63	0.3146			14.63	44.18	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Aetna	Better Health		65.91	0.3146			65.91	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Aetna	Commercial		134.22	1.592			65.91	199.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Aetna	Medicare		70.24				65.91	199.03	case rate	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Americare	Americare		157.13	0.75			65.91	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	WellPoint	WellPoint		67.21	0.3208			65.91	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Amerihealth	Medicare		70.24				65.91	199.03	case rate	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Consumer	Consumer		199.03	0.95			65.91	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Corrections	Corrections		167.6	0.8			65.91	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	First Health	First Health		146.65	0.7			65.91	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	First Trenton	First Trenton		188.55	0.9			65.91	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Horizon	Indemnity		154.03	1.827			65.91	199.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Horizon	NJ Health		74.46				65.91	199.03	case rate	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Horizon	PPO		154.03	1.827			65.91	199.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Horizon	MGD		154.03	1.827			65.91	199.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Horizon	Medicare Blue		84.31	1			65.91	199.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Managed Care Inc	Managed Care Inc		188.55	0.9			65.91	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Multiplan	Multiplan		167.6	0.8			65.91	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Qualcare	Qualcare		157.13	0.75			65.91	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Three Rivers	Three Rivers		199.03	0.95			65.91	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	UHC	Medicaid		65.91	0.3146			65.91	199.03	percent of total billed charges	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	UHC	Medicare		70.24				65.91	199.03	case rate	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Wellcare	Medicare		70.24				65.91	199.03	case rate	
RAMUCIRUMAB 5 MG INJ	J9308	HCPCS	outpatient			209.5	80.78	Wellcare	Medicaid		65.91	0.3146			65.91	199.03	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Aetna	Better Health		137.95	0.3146			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Aetna	Medicare		124.29				124.29	416.58	case rate	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Aetna	Commercial		237.51	1.592			124.29	416.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Americare	Americare		328.88	0.75			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	WellPoint	WellPoint		140.67	0.3208			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Amerihealth	Medicare		124.29				124.29	416.58	case rate	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Consumer	Consumer		416.58	0.95			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Corrections	Corrections		350.8	0.8			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	First Health	First Health		306.95	0.7			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	First Trenton	First Trenton		394.65	0.9			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Horizon	Medicare Blue		149.19	1			124.29	416.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Horizon	Indemnity		272.57	1.827			124.29	416.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Horizon	NJ Health		131.75				124.29	416.58	case rate	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Horizon	PPO		272.57	1.827			124.29	416.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Horizon	MGD		272.57	1.827			124.29	416.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Managed Care Inc	Managed Care Inc		394.65	0.9			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Multiplan	Multiplan		350.8	0.8			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Qualcare	Qualcare		328.88	0.75			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Three Rivers	Three Rivers		416.58	0.95			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	UHC	Medicare		124.29				124.29	416.58	case rate	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	UHC	Medicaid		137.95	0.3146			124.29	416.58	percent of total billed charges	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Wellcare	Medicare		124.29				124.29	416.58	case rate	
POLATUZUMAB VEDOTIN (POLIVY) 1MG INJ	J9309	HCPCS	outpatient			438.5	142.93	Wellcare	Medicaid		137.95	0.3146			124.29	416.58	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Aetna	Medicare		79.2				79.2	377.63	case rate	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Aetna	Better Health		125.05	0.3146			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Aetna	Commercial		151.35	1.592			79.2	377.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Americare	Americare		298.13	0.75			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	WellPoint	WellPoint		127.52	0.3208			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Amerihealth	Medicare		79.2				79.2	377.63	case rate	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Consumer	Consumer		377.63	0.95			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Corrections	Corrections		318	0.8			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	First Health	First Health		278.25	0.7			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	First Trenton	First Trenton		357.75	0.9			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Horizon	Indemnity		173.69	1.827			79.2	377.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Horizon	MGD		173.69	1.827			79.2	377.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Horizon	PPO		173.69	1.827			79.2	377.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Horizon	Medicare Blue		95.07	1			79.2	377.63	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Horizon	NJ Health		83.95				79.2	377.63	case rate	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Managed Care Inc	Managed Care Inc		357.75	0.9			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Multiplan	Multiplan		318	0.8			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Qualcare	Qualcare		298.13	0.75			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Three Rivers	Three Rivers		377.63	0.95			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	UHC	Medicaid		125.05	0.3146			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	UHC	Medicare		79.2				79.2	377.63	case rate	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Wellcare	Medicaid		125.05	0.3146			79.2	377.63	percent of total billed charges	
RITUXIMAB 10MG INJ	J9312	HCPCS	both			397.5	91.08	Wellcare	Medicare		79.2				79.2	377.63	case rate	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Aetna	Better Health		35.86	0.3146			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Aetna	Medicare		34.08				34.08	108.3	case rate	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Aetna	Commercial		65.13	1.592			34.08	108.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Americare	Americare		85.5	0.75			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	WellPoint	WellPoint		36.57	0.3208			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Amerihealth	Medicare		34.08				34.08	108.3	case rate	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Consumer	Consumer		108.3	0.95			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Corrections	Corrections		91.2	0.8			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	First Health	First Health		79.8	0.7			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	First Trenton	First Trenton		102.6	0.9			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Horizon	Indemnity		74.74	1.827			34.08	108.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Horizon	NJ Health		36.12				34.08	108.3	case rate	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Horizon	MGD		74.74	1.827			34.08	108.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Horizon	PPO		74.74	1.827			34.08	108.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Horizon	Medicare Blue		40.91	1			34.08	108.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Managed Care Inc	Managed Care Inc		102.6	0.9			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Multiplan	Multiplan		91.2	0.8			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Qualcare	Qualcare		85.5	0.75			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Three Rivers	Three Rivers		108.3	0.95			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	UHC	Medicaid		35.86	0.3146			34.08	108.3	percent of total billed charges	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	UHC	Medicare		34.08				34.08	108.3	case rate	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Wellcare	Medicare		34.08				34.08	108.3	case rate	
SACITUZUMAB GOVITECAN-HZIY(TRODELVY) 2.5	J9317	HCPCS	outpatient			114	39.19	Wellcare	Medicaid		35.86	0.3146			34.08	108.3	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Aetna	Better Health		39.8	0.3146			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Aetna	Medicare		31.96				31.96	120.18	case rate	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Aetna	Commercial		61.07	1.592			31.96	120.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Americare	Americare		94.88	0.75			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	WellPoint	WellPoint		40.58	0.3208			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Amerihealth	Medicare		31.96				31.96	120.18	case rate	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Consumer	Consumer		120.18	0.95			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Corrections	Corrections		101.2	0.8			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	First Health	First Health		88.55	0.7			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	First Trenton	First Trenton		113.85	0.9			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Horizon	Medicare Blue		38.36	1			31.96	120.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Horizon	MGD		70.08	1.827			31.96	120.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Horizon	Indemnity		70.08	1.827			31.96	120.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Horizon	NJ Health		33.88				31.96	120.18	case rate	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Horizon	PPO		70.08	1.827			31.96	120.18	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Managed Care Inc	Managed Care Inc		113.85	0.9			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Multiplan	Multiplan		101.2	0.8			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Qualcare	Qualcare		94.88	0.75			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Three Rivers	Three Rivers		120.18	0.95			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	UHC	Medicare		31.96				31.96	120.18	case rate	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	UHC	Medicaid		39.8	0.3146			31.96	120.18	percent of total billed charges	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Wellcare	Medicare		31.96				31.96	120.18	case rate	
ROMIDEPSIN (ISTODAX) 0.1MG INJ	J9319	HCPCS	outpatient			126.5	36.76	Wellcare	Medicaid		39.8	0.3146			31.96	120.18	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Aetna	Better Health		290.06	0.3146			290.06	875.9	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Aetna	Commercial		707.39	1.592			290.06	875.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Aetna	Medicare		444.34	1			290.06	875.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Americare	Americare		691.5	0.75			290.06	875.9	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	WellPoint	WellPoint		295.78	0.3208			290.06	875.9	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Amerihealth	Medicare		444.34	1			290.06	875.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Consumer	Consumer		875.9	0.95			290.06	875.9	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Corrections	Corrections		737.6	0.8			290.06	875.9	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	First Health	First Health		645.4	0.7			290.06	875.9	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	First Trenton	First Trenton		829.8	0.9			290.06	875.9	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Horizon	PPO		811.81	1.827			290.06	875.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Horizon	Indemnity		811.81	1.827			290.06	875.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Horizon	MGD		811.81	1.827			290.06	875.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Horizon	Medicare Blue		444.34	1			290.06	875.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Horizon	NJ Health		765.26	0.83			290.06	875.9	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Managed Care Inc	Managed Care Inc		829.8	0.9			290.06	875.9	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Multiplan	Multiplan		737.6	0.8			290.06	875.9	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Qualcare	Qualcare		691.5	0.75			290.06	875.9	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Three Rivers	Three Rivers		875.9	0.95			290.06	875.9	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	UHC	Medicaid		290.06	0.3146			290.06	875.9	percent of total billed charges	
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	UHC	Medicare		444.34	1			290.06	875.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Wellcare	Medicare		444.34	1			290.06	875.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
STREPTOZOCIN 1GM INJ	J9320	HCPCS	outpatient			922	510.99	Wellcare	Medicaid		290.06	0.3146			290.06	875.9	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Aetna	Better Health		88.87	0.3146			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Aetna	Commercial		59.22	1.592			30.99	268.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Aetna	Medicare		30.99				30.99	268.38	case rate	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Americare	Americare		211.88	0.75			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	WellPoint	WellPoint		90.63	0.3208			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Amerihealth	Medicare		30.99				30.99	268.38	case rate	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Consumer	Consumer		268.38	0.95			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Corrections	Corrections		226	0.8			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	First Health	First Health		197.75	0.7			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	First Trenton	First Trenton		254.25	0.9			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Horizon	Indemnity		67.96	1.827			30.99	268.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Horizon	Medicare Blue		37.2	1			30.99	268.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Horizon	NJ Health		32.85				30.99	268.38	case rate	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Horizon	MGD		67.96	1.827			30.99	268.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Horizon	PPO		67.96	1.827			30.99	268.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Managed Care Inc	Managed Care Inc		254.25	0.9			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Multiplan	Multiplan		226	0.8			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Qualcare	Qualcare		211.88	0.75			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Three Rivers	Three Rivers		268.38	0.95			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	UHC	Medicaid		88.87	0.3146			30.99	268.38	percent of total billed charges	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	UHC	Medicare		30.99				30.99	268.38	case rate	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Wellcare	Medicare		30.99				30.99	268.38	case rate	
TEMSIROLIMUS 1MG	J9330	HCPCS	outpatient			282.5	35.64	Wellcare	Medicaid		88.87	0.3146			30.99	268.38	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Aetna	Medicare		109.29				84.31	254.6	case rate	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Aetna	Commercial		208.85	1.592			84.31	254.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Aetna	Better Health		84.31	0.3146			84.31	254.6	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Americare	Americare		201	0.75			84.31	254.6	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	WellPoint	WellPoint		85.97	0.3208			84.31	254.6	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Amerihealth	Medicare		109.29				84.31	254.6	case rate	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Consumer	Consumer		254.6	0.95			84.31	254.6	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Corrections	Corrections		214.4	0.8			84.31	254.6	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	First Health	First Health		187.6	0.7			84.31	254.6	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	First Trenton	First Trenton		241.2	0.9			84.31	254.6	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Horizon	Indemnity		239.68	1.827			84.31	254.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Horizon	NJ Health		115.85				84.31	254.6	case rate	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Horizon	MGD		239.68	1.827			84.31	254.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Horizon	PPO		239.68	1.827			84.31	254.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Horizon	Medicare Blue		131.19	1			84.31	254.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Managed Care Inc	Managed Care Inc		241.2	0.9			84.31	254.6	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Multiplan	Multiplan		214.4	0.8			84.31	254.6	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Qualcare	Qualcare		201	0.75			84.31	254.6	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Three Rivers	Three Rivers		254.6	0.95			84.31	254.6	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	UHC	Medicaid		84.31	0.3146			84.31	254.6	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	UHC	Medicare		109.29				84.31	254.6	case rate	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Wellcare	Medicaid		84.31	0.3146			84.31	254.6	percent of total billed charges	
SIROLIMUS PROT (FYARRO) 1 MG INJ	J9331	HCPCS	outpatient			268	125.68	Wellcare	Medicare		109.29				84.31	254.6	case rate	
THRIETHYLENE 15MG INJ	J9340	HCPCS	inpatient			2267	288.89	Aetna	Medicare		251.21				251.21	2153.65	case rate	
THRIETHYLENE 15MG INJ	J9340	HCPCS	inpatient			2267	288.89	Aetna	Better Health		713.2	0.3146			251.21	2153.65	percent of total billed charges	
THRIETHYLENE 15MG INJ	J9340	HCPCS	inpatient			2267	288.89	Aetna	Commercial		480.05	1.592			251.21	2153.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRIETHYLENE 15MG INJ	J9340	HCPCS	inpatient			2267	288.89	Americare	Americare		1700.25	0.75			251.21	2153.65	percent of total billed charges	
THRIETHYLENE 15MG INJ	J9340	HCPCS	inpatient			2267	288.89	WellPoint	WellPoint		727.25	0.3208			251.21	2153.65	percent of total billed charges	
THRIETHYLENE 15MG INJ	J9340	HCPCS	inpatient			2267	288.89	Amerihealth	Medicare		251.21				251.21	2153.65	case rate	
THRIETHYLENE 15MG INJ	J9340	HCPCS	inpatient			2267	288.89	Consumer	Consumer		2153.65	0.95			251.21	2153.65	percent of total billed charges	
THRIETHYLENE 15MG INJ	J9340	HCPCS	inpatient			2267	288.89	Corrections	Corrections		1813.6	0.8			251.21	2153.65	percent of total billed charges	
THRIETHYLENE 15MG INJ	J9340	HCPCS	inpatient			2267	288.89	First Health	First Health		1586.9	0.7			251.21	2153.65	percent of total billed charges	
THRIETHYLENE 15MG INJ	J9340	HCPCS	inpatient			2267	288.89	First Trenton	First Trenton		2040.3	0.9			251.21	2153.65	percent of total billed charges	
THRIETHYLENE 15MG INJ	J9340	HCPCS	inpatient			2267	288.89	Horizon	MGD		550.91	1.827			251.21	2153.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRIETHYLENE 15MG INJ	J9340	HCPCS	inpatient			2267	288.89	Horizon	Medicare Blue		301.54	1			251.21	2153.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRIETHYLENE 15MG INJ	J9340	HCPCS	inpatient			2267	288.89	Horizon	Indemnity		550.91	1.827			251.21	2153.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRIETHYLENE 15MG INJ	J9340	HCPCS	inpatient			2267	288.89	Horizon	PPO		550.91	1.827			251.21	2153.65	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
THRIETHYLENE 15MG INJ	J9340	HCPCS	inpatient			2267	288.89	Horizon	NJ Health		266.28				251.21	2153.65	case rate	
THRIETHYLENE 15MG INJ	J9340	HCPCS	inpatient			2267	288.89	Managed Care Inc	Managed Care Inc		2040.3	0.9			251.21	2153.65	percent of total billed charges	
THRIETHYLENE 15MG INJ	J9340	HCPCS	inpatient			2267	288.89	Multiplan	Multiplan		1813.6	0.8			251.21	2153.65	percent of total billed charges	
THRIETHYLENE 15MG INJ	J9340	HCPCS	inpatient			2267	288.89	Qualcare	Qualcare		1700.25	0.75			251.21	2153.65	percent of total billed charges	
THRIETHYLENE 15MG INJ	J9340	HCPCS	inpatient			2267	288.89	Three Rivers	Three Rivers		2153.65	0.95			251.21	2153.65	percent of total billed charges	
THRIETHYLENE 15MG INJ	J9340	HCPCS	inpatient			2267	288.89	UHC	Medicaid		713.2	0.3146			251.21	2153.65	percent of total billed charges	
THRIETHYLENE 15MG INJ	J9340	HCPCS	inpatient			2267	288.89	UHC	Medicare		251.21				251.21	2153.65	case rate	
THRIETHYLENE 15MG INJ	J9340	HCPCS	inpatient			2267	288.89	Wellcare	Medicaid		713.2	0.3146			251.21	2153.65	percent of total billed charges	
THRIETHYLENE 15MG INJ	J9340	HCPCS	inpatient			2267	288.89	Wellcare	Medicare		251.21				251.21	2153.65	case rate	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Aetna	Commercial		260.05	1.592			136.09	458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Aetna	Better Health		151.79	0.3146			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Aetna	Medicare		136.09				136.09	458.38	case rate	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Americare	Americare		361.88	0.75			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	WellPoint	WellPoint		154.79	0.3208			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Amerihealth	Medicare		136.09				136.09	458.38	case rate	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Consumer	Consumer		458.38	0.95			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Corrections	Corrections		386	0.8			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	First Health	First Health		337.75	0.7			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	First Trenton	First Trenton		434.25	0.9			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Horizon	Indemnity		298.44	1.827			136.09	458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Horizon	PPO		298.44	1.827			136.09	458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Horizon	MGD		298.44	1.827			136.09	458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Horizon	Medicare Blue		163.35	1			136.09	458.38	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Horizon	NJ Health		144.26				136.09	458.38	case rate	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Managed Care Inc	Managed Care Inc		434.25	0.9			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Multiplan	Multiplan		386	0.8			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Qualcare	Qualcare		361.88	0.75			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Three Rivers	Three Rivers		458.38	0.95			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	UHC	Medicare		136.09				136.09	458.38	case rate	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	UHC	Medicaid		151.79	0.3146			136.09	458.38	percent of total billed charges	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Wellcare	Medicare		136.09				136.09	458.38	case rate	
TREMELIMUMAB-ACTL (IMJUDO)1MG INJ	J9347	HCPCS	outpatient			482.5	156.51	Wellcare	Medicaid		151.79	0.3146			136.09	458.38	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Aetna	Commercial		25.98	1.592			13.6	46.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Aetna	Better Health		15.26	0.3146			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Aetna	Medicare		13.6				13.6	46.08	case rate	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Americare	Americare		36.38	0.75			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	WellPoint	WellPoint		15.56	0.3208			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Amerihealth	Medicare		13.6				13.6	46.08	case rate	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Consumer	Consumer		46.08	0.95			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Corrections	Corrections		38.8	0.8			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	First Health	First Health		33.95	0.7			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	First Trenton	First Trenton		43.65	0.9			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Horizon	Indemnity		29.82	1.827			13.6	46.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Horizon	PPO		29.82	1.827			13.6	46.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Horizon	Medicare Blue		16.32	1			13.6	46.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Horizon	MGD		29.82	1.827			13.6	46.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Horizon	NJ Health		14.41				13.6	46.08	case rate	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Managed Care Inc	Managed Care Inc		43.65	0.9			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Multiplan	Multiplan		38.8	0.8			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Qualcare	Qualcare		36.38	0.75			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Three Rivers	Three Rivers		46.08	0.95			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	UHC	Medicare		13.6				13.6	46.08	case rate	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	UHC	Medicaid		15.26	0.3146			13.6	46.08	percent of total billed charges	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Wellcare	Medicare		13.6				13.6	46.08	case rate	
TAFASITAMAB-CXIX(MONJUVI) 2MG INJ	J9349	HCPCS	outpatient			48.5	15.64	Wellcare	Medicaid		15.26	0.3146			13.6	46.08	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	outpatient			90.5	0.9	Aetna	Better Health		28.47	0.3146			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	outpatient			90.5	0.9	Aetna	Medicare		0.78				0.78	85.98	case rate	
TOPOTECAN 0.1 MG	J9351	HCPCS	outpatient			90.5	0.9	Aetna	Commercial		34.39	0.38			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	outpatient			90.5	0.9	Americare	Americare		67.88	0.75			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	outpatient			90.5	0.9	WellPoint	WellPoint		29.03	0.3208			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	outpatient			90.5	0.9	Amerihealth	Medicare		0.78				0.78	85.98	case rate	
TOPOTECAN 0.1 MG	J9351	HCPCS	outpatient			90.5	0.9	Consumer	Consumer		85.98	0.95			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	outpatient			90.5	0.9	Corrections	Corrections		72.4	0.8			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	outpatient			90.5	0.9	First Health	First Health		63.35	0.7			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	outpatient			90.5	0.9	First Trenton	First Trenton		81.45	0.9			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	outpatient			90.5	0.9	Horizon	Medicare Blue		27.15	0.3			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	outpatient			90.5	0.9	Horizon	Indemnity		34.64	0.3828			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	outpatient			90.5	0.9	Horizon	MGD		34.64	0.3828			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	outpatient			90.5	0.9	Horizon	PPO		34.64	0.3828			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	outpatient			90.5	0.9	Horizon	NJ Health		0.83				0.78	85.98	case rate	
TOPOTECAN 0.1 MG	J9351	HCPCS	outpatient			90.5	0.9	Managed Care Inc	Managed Care Inc		81.45	0.9			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	outpatient			90.5	0.9	Multiplan	Multiplan		72.4	0.8			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	outpatient			90.5	0.9	Qualcare	Qualcare		67.88	0.75			0.78	85.98	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TOPOTECAN 0.1 MG	J9351	HCPCS	outpatient			90.5	0.9	Three Rivers	Three Rivers		85.98	0.95			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	outpatient			90.5	0.9	UHC	Medicare		0.78				0.78	85.98	case rate	
TOPOTECAN 0.1 MG	J9351	HCPCS	outpatient			90.5	0.9	UHC	Medicaid		28.47	0.3146			0.78	85.98	percent of total billed charges	
TOPOTECAN 0.1 MG	J9351	HCPCS	outpatient			90.5	0.9	Wellcare	Medicare		0.78				0.78	85.98	case rate	
TOPOTECAN 0.1 MG	J9351	HCPCS	outpatient			90.5	0.9	Wellcare	Medicaid		28.47	0.3146			0.78	85.98	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	inpatient			1205	389.16	Aetna	Commercial		646.67	1.592			338.4	1144.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	inpatient			1205	389.16	Aetna	Medicare		338.4				338.4	1144.75	case rate	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	inpatient			1205	389.16	Aetna	Better Health		379.09	0.3146			338.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	inpatient			1205	389.16	Americare	Americare		903.75	0.75			338.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	inpatient			1205	389.16	WellPoint	WellPoint		386.56	0.3208			338.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	inpatient			1205	389.16	Amerihealth	Medicare		338.4				338.4	1144.75	case rate	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	inpatient			1205	389.16	Consumer	Consumer		1144.75	0.95			338.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	inpatient			1205	389.16	Corrections	Corrections		964	0.8			338.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	inpatient			1205	389.16	First Health	First Health		843.5	0.7			338.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	inpatient			1205	389.16	First Trenton	First Trenton		1084.5	0.9			338.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	inpatient			1205	389.16	Horizon	MGD		742.13	1.827			338.4	1144.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	inpatient			1205	389.16	Horizon	Indemnity		742.13	1.827			338.4	1144.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	inpatient			1205	389.16	Horizon	PPO		742.13	1.827			338.4	1144.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	inpatient			1205	389.16	Horizon	Medicare Blue		406.2	1			338.4	1144.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	inpatient			1205	389.16	Horizon	NJ Health		358.7				338.4	1144.75	case rate	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	inpatient			1205	389.16	Managed Care Inc	Managed Care Inc		1084.5	0.9			338.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	inpatient			1205	389.16	Multiplan	Multiplan		964	0.8			338.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	inpatient			1205	389.16	Qualcare	Qualcare		903.75	0.75			338.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	inpatient			1205	389.16	Three Rivers	Three Rivers		1144.75	0.95			338.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	inpatient			1205	389.16	UHC	Medicaid		379.09	0.3146			338.4	1144.75	percent of total billed charges	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	inpatient			1205	389.16	UHC	Medicare		338.4				338.4	1144.75	case rate	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	inpatient			1205	389.16	Wellcare	Medicare		338.4				338.4	1144.75	case rate	
TRABECTEDIN(YONDELIS)0.1MG	J9352	HCPCS	inpatient			1205	389.16	Wellcare	Medicaid		379.09	0.3146			338.4	1144.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Aetna	Medicare		47.05				45.62	137.75	case rate	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Aetna	Better Health		45.62	0.3146			45.62	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Aetna	Commercial		89.92	1.592			45.62	137.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Americare	Americare		108.75	0.75			45.62	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	WellPoint	WellPoint		46.52	0.3208			45.62	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Amerihealth	Medicare		47.05				45.62	137.75	case rate	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Consumer	Consumer		137.75	0.95			45.62	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Corrections	Corrections		116	0.8			45.62	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	First Health	First Health		101.5	0.7			45.62	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	First Trenton	First Trenton		130.5	0.9			45.62	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Horizon	PPO		103.19	1.827			45.62	137.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Horizon	MGD		103.19	1.827			45.62	137.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Horizon	Indemnity		103.19	1.827			45.62	137.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Horizon	NJ Health		49.87				45.62	137.75	case rate	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Horizon	Medicare Blue		56.48	1			45.62	137.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Managed Care Inc	Managed Care Inc		130.5	0.9			45.62	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Multiplan	Multiplan		116	0.8			45.62	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Qualcare	Qualcare		108.75	0.75			45.62	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Three Rivers	Three Rivers		137.75	0.95			45.62	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	UHC	Medicare		47.05				45.62	137.75	case rate	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	UHC	Medicaid		45.62	0.3146			45.62	137.75	percent of total billed charges	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Wellcare	Medicare		47.05				45.62	137.75	case rate	
MARGETUXIMAB-CMKB(MARGENZA) 5MG INJ	J9353	HCPCS	outpatient			145	54.11	Wellcare	Medicaid		45.62	0.3146			45.62	137.75	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Aetna	Better Health		36.18	0.3146			36.18	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Aetna	Medicare		38.37				36.18	109.25	case rate	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Aetna	Commercial		73.33	1.592			36.18	109.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Americare	Americare		86.25	0.75			36.18	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	WellPoint	WellPoint		36.89	0.3208			36.18	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Amerihealth	Medicare		38.37				36.18	109.25	case rate	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Consumer	Consumer		109.25	0.95			36.18	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Corrections	Corrections		92	0.8			36.18	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	First Health	First Health		80.5	0.7			36.18	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	First Trenton	First Trenton		103.5	0.9			36.18	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Horizon	PPO		84.15	1.827			36.18	109.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Horizon	Indemnity		84.15	1.827			36.18	109.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Horizon	NJ Health		40.67				36.18	109.25	case rate	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Horizon	MGD		84.15	1.827			36.18	109.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Horizon	Medicare Blue		46.06	1			36.18	109.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Managed Care Inc	Managed Care Inc		103.5	0.9			36.18	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Multiplan	Multiplan		92	0.8			36.18	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Qualcare	Qualcare		86.25	0.75			36.18	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Three Rivers	Three Rivers		109.25	0.95			36.18	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	UHC	Medicaid		36.18	0.3146			36.18	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	UHC	Medicare		38.37				36.18	109.25	case rate	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Wellcare	Medicaid		36.18	0.3146			36.18	109.25	percent of total billed charges	
ADO-TRASTUZUMAB1MG INJ(KADCYLA)	J9354	HCPCS	outpatient			115	44.12	Wellcare	Medicare		38.37				36.18	109.25	case rate	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	outpatient			332.5	92.53	Aetna	Better Health		104.6	0.3146			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	outpatient			332.5	92.53	Aetna	Commercial		153.77	1.592			80.47	315.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	outpatient			332.5	92.53	Aetna	Medicare		80.47				80.47	315.88	case rate	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	outpatient			332.5	92.53	Americare	Americare		249.38	0.75			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	outpatient			332.5	92.53	WellPoint	WellPoint		106.67	0.3208			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	outpatient			332.5	92.53	Amerihealth	Medicare		80.47				80.47	315.88	case rate	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	outpatient			332.5	92.53	Consumer	Consumer		315.88	0.95			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	outpatient			332.5	92.53	Corrections	Corrections		266	0.8			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	outpatient			332.5	92.53	First Health	First Health		232.75	0.7			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	outpatient			332.5	92.53	First Trenton	First Trenton		299.25	0.9			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	outpatient			332.5	92.53	Horizon	Indemnity		176.47	1.827			80.47	315.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	outpatient			332.5	92.53	Horizon	MGD		176.47	1.827			80.47	315.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	outpatient			332.5	92.53	Horizon	PPO		176.47	1.827			80.47	315.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	outpatient			332.5	92.53	Horizon	Medicare Blue		96.59	1			80.47	315.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	outpatient			332.5	92.53	Horizon	NJ Health		85.29				80.47	315.88	case rate	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	outpatient			332.5	92.53	Managed Care Inc	Managed Care Inc		299.25	0.9			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	outpatient			332.5	92.53	Multiplan	Multiplan		266	0.8			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	outpatient			332.5	92.53	Qualcare	Qualcare		249.38	0.75			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	outpatient			332.5	92.53	Three Rivers	Three Rivers		315.88	0.95			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	outpatient			332.5	92.53	UHC	Medicare		80.47				80.47	315.88	case rate	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	outpatient			332.5	92.53	UHC	Medicaid		104.6	0.3146			80.47	315.88	percent of total billed charges	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	outpatient			332.5	92.53	Wellcare	Medicare		80.47				80.47	315.88	case rate	
TRASTUZUMAB 10MG (CHEMO)	J9355	HCPCS	outpatient			332.5	92.53	Wellcare	Medicaid		104.6	0.3146			80.47	315.88	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Aetna	Medicare		27.24				27.24	90.25	case rate	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Aetna	Commercial		52.06	1.592			27.24	90.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Aetna	Better Health		29.89	0.3146			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Americare	Americare		71.25	0.75			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	WellPoint	WellPoint		30.48	0.3208			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Amerihealth	Medicare		27.24				27.24	90.25	case rate	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Consumer	Consumer		90.25	0.95			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Corrections	Corrections		76	0.8			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	First Health	First Health		66.5	0.7			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	First Trenton	First Trenton		85.5	0.9			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Horizon	Medicare Blue		32.7	1			27.24	90.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Horizon	Indemnity		59.74	1.827			27.24	90.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Horizon	NJ Health		28.87				27.24	90.25	case rate	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Horizon	PPO		59.74	1.827			27.24	90.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Horizon	MGD		59.74	1.827			27.24	90.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Managed Care Inc	Managed Care Inc		85.5	0.9			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Multiplan	Multiplan		76	0.8			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Qualcare	Qualcare		71.25	0.75			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Three Rivers	Three Rivers		90.25	0.95			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	UHC	Medicaid		29.89	0.3146			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	UHC	Medicare		27.24				27.24	90.25	case rate	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Wellcare	Medicaid		29.89	0.3146			27.24	90.25	percent of total billed charges	
FAM-TRASTUZUMAB-DERUX-NXKI(ENHERTU) 1MG	J9358	HCPCS	outpatient			95	31.33	Wellcare	Medicare		27.24				27.24	90.25	case rate	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Aetna	Commercial		8.17	0.38			4.22	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Aetna	Better Health		6.76	0.3146			4.22	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Aetna	Medicare		4.22				4.22	20.43	case rate	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Americare	Americare		16.13	0.75			4.22	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	WellPoint	WellPoint		6.9	0.3208			4.22	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Amerihealth	Medicare		4.22				4.22	20.43	case rate	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Consumer	Consumer		20.43	0.95			4.22	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Corrections	Corrections		17.2	0.8			4.22	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	First Health	First Health		15.05	0.7			4.22	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	First Trenton	First Trenton		19.35	0.9			4.22	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Horizon	Indemnity		8.23	0.3828			4.22	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Horizon	Medicare Blue		6.45	0.3			4.22	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Horizon	MGD		8.23	0.3828			4.22	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Horizon	PPO		8.23	0.3828			4.22	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Horizon	NJ Health		4.47				4.22	20.43	case rate	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Managed Care Inc	Managed Care Inc		19.35	0.9			4.22	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Multiplan	Multiplan		17.2	0.8			4.22	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Qualcare	Qualcare		16.13	0.75			4.22	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Three Rivers	Three Rivers		20.43	0.95			4.22	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	UHC	Medicaid		6.76	0.3146			4.22	20.43	percent of total billed charges	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	UHC	Medicare		4.22				4.22	20.43	case rate	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Wellcare	Medicare		4.22				4.22	20.43	case rate	
VINBLASTIN 1MG (CHEMO)	J9360	HCPCS	both			21.5	4.85	Wellcare	Medicaid		6.76	0.3146			4.22	20.43	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Aetna	Medicare		7.73				7.73	48.93	case rate	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Aetna	Better Health		16.2	0.3146			7.73	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Aetna	Commercial		19.57	0.38			7.73	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Americare	Americare		38.63	0.75			7.73	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	WellPoint	WellPoint		16.52	0.3208			7.73	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Amerihealth	Medicare		7.73				7.73	48.93	case rate	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Consumer	Consumer		48.93	0.95			7.73	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Corrections	Corrections		41.2	0.8			7.73	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	First Health	First Health		36.05	0.7			7.73	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	First Trenton	First Trenton		46.35	0.9			7.73	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Horizon	MGD		19.71	0.3828			7.73	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Horizon	Indemnity		19.71	0.3828			7.73	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Horizon	NJ Health		8.19				7.73	48.93	case rate	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Horizon	Medicare Blue		15.45	0.3			7.73	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Horizon	PPO		19.71	0.3828			7.73	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Managed Care Inc	Managed Care Inc		46.35	0.9			7.73	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Multiplan	Multiplan		41.2	0.8			7.73	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Qualcare	Qualcare		38.63	0.75			7.73	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Three Rivers	Three Rivers		48.93	0.95			7.73	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	UHC	Medicaid		16.2	0.3146			7.73	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	UHC	Medicare		7.73				7.73	48.93	case rate	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Wellcare	Medicaid		16.2	0.3146			7.73	48.93	percent of total billed charges	
VINCRISTINE SULFATE 1 MG INJ	J9370	HCPCS	both			51.5	8.88	Wellcare	Medicare		7.73				7.73	48.93	case rate	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Aetna	Medicare		7.42				7.42	2270.98	case rate	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Aetna	Commercial		908.39	0.38			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Aetna	Better Health		752.05	0.3146			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Americare	Americare		1792.88	0.75			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	WellPoint	WellPoint		766.87	0.3208			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Amerihealth	Medicare		7.42				7.42	2270.98	case rate	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Consumer	Consumer		2270.98	0.95			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Corrections	Corrections		1912.4	0.8			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	First Health	First Health		1673.35	0.7			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	First Trenton	First Trenton		2151.45	0.9			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Horizon	Medicare Blue		717.15	0.3			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Horizon	Indemnity		915.08	0.3828			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Horizon	MGD		915.08	0.3828			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Horizon	PPO		915.08	0.3828			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Horizon	NJ Health		7.86				7.42	2270.98	case rate	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Managed Care Inc	Managed Care Inc		2151.45	0.9			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Multiplan	Multiplan		1912.4	0.8			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Qualcare	Qualcare		1792.88	0.75			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Three Rivers	Three Rivers		2270.98	0.95			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	UHC	Medicaid		752.05	0.3146			7.42	2270.98	percent of total billed charges	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	UHC	Medicare		7.42				7.42	2270.98	case rate	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Wellcare	Medicare		7.42				7.42	2270.98	case rate	
NAVELBINE 10MG/ML VL	J9390	HCPCS	outpatient			2390.5	8.53	Wellcare	Medicaid		752.05	0.3146			7.42	2270.98	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	outpatient			483.5	9.71	Aetna	Better Health		152.11	0.3146			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	outpatient			483.5	9.71	Aetna	Medicare		8.45				8.45	459.33	case rate	
FULVESTRANT 25MG INJ	J9395	HCPCS	outpatient			483.5	9.71	Aetna	Commercial		16.14	1.592			8.45	459.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULVESTRANT 25MG INJ	J9395	HCPCS	outpatient			483.5	9.71	Americare	Americare		362.63	0.75			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	outpatient			483.5	9.71	WellPoint	WellPoint		155.11	0.3208			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	outpatient			483.5	9.71	Amerihealth	Medicare		8.45				8.45	459.33	case rate	
FULVESTRANT 25MG INJ	J9395	HCPCS	outpatient			483.5	9.71	Consumer	Consumer		459.33	0.95			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	outpatient			483.5	9.71	Corrections	Corrections		386.8	0.8			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	outpatient			483.5	9.71	First Health	First Health		338.45	0.7			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	outpatient			483.5	9.71	First Trenton	First Trenton		435.15	0.9			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	outpatient			483.5	9.71	Horizon	PPO		18.53	1.827			8.45	459.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULVESTRANT 25MG INJ	J9395	HCPCS	outpatient			483.5	9.71	Horizon	Indemnity		18.53	1.827			8.45	459.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULVESTRANT 25MG INJ	J9395	HCPCS	outpatient			483.5	9.71	Horizon	MGD		18.53	1.827			8.45	459.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULVESTRANT 25MG INJ	J9395	HCPCS	outpatient			483.5	9.71	Horizon	Medicare Blue		10.14	1			8.45	459.33	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FULVESTRANT 25MG INJ	J9395	HCPCS	outpatient			483.5	9.71	Horizon	NJ Health		8.95				8.45	459.33	case rate	
FULVESTRANT 25MG INJ	J9395	HCPCS	outpatient			483.5	9.71	Managed Care Inc	Managed Care Inc		435.15	0.9			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	outpatient			483.5	9.71	Multiplan	Multiplan		386.8	0.8			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	outpatient			483.5	9.71	Qualcare	Qualcare		362.63	0.75			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	outpatient			483.5	9.71	Three Rivers	Three Rivers		459.33	0.95			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	outpatient			483.5	9.71	UHC	Medicaid		152.11	0.3146			8.45	459.33	percent of total billed charges	
FULVESTRANT 25MG INJ	J9395	HCPCS	outpatient			483.5	9.71	UHC	Medicare		8.45				8.45	459.33	case rate	
FULVESTRANT 25MG INJ	J9395	HCPCS	outpatient			483.5	9.71	Wellcare	Medicare		8.45				8.45	459.33	case rate	
FULVESTRANT 25MG INJ	J9395	HCPCS	outpatient			483.5	9.71	Wellcare	Medicaid		152.11	0.3146			8.45	459.33	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Aetna	Better Health		21.86	0.3146			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Aetna	Medicare		7.28				7.28	66.03	case rate	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Aetna	Commercial		13.91	1.592			7.28	66.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Americare	Americare		52.13	0.75			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	WellPoint	WellPoint		22.3	0.3208			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Amerihealth	Medicare		7.28				7.28	66.03	case rate	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Consumer	Consumer		66.03	0.95			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Corrections	Corrections		55.6	0.8			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	First Health	First Health		48.65	0.7			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	First Trenton	First Trenton		62.55	0.9			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Horizon	Indemnity		15.97	1.827			7.28	66.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Horizon	NJ Health		7.72				7.28	66.03	case rate	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Horizon	MGD		15.97	1.827			7.28	66.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Horizon	PPO		15.97	1.827			7.28	66.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Horizon	Medicare Blue		8.74	1			7.28	66.03	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Managed Care Inc	Managed Care Inc		62.55	0.9			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Multiplan	Multiplan		55.6	0.8			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Qualcare	Qualcare		52.13	0.75			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Three Rivers	Three Rivers		66.03	0.95			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	UHC	Medicaid		21.86	0.3146			7.28	66.03	percent of total billed charges	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	UHC	Medicare		7.28				7.28	66.03	case rate	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Wellcare	Medicare		7.28				7.28	66.03	case rate	
ZIV-AFLIBERCEPT 1 MG INJ	J9400	HCPCS	outpatient			69.5	8.37	Wellcare	Medicaid		21.86	0.3146			7.28	66.03	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Aetna	Better Health		27.06	0.3146			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Aetna	Medicare		38.93				10.8	81.7	case rate	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Aetna	Commercial		32.68	0.38			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Americare	Americare		64.5	0.75			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	WellPoint	WellPoint		27.59	0.3208			10.8	81.7	percent of total billed charges	
CERVICAL COLLAR (SOFT)	L0120	HCPCS	outpatient			71	44.77	Amerihealth	Medicare		38.93				10.8	81.7	case rate	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Amerihealth	Medicare		28.38	0.33			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Consumer	Consumer		81.7	0.95			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Corrections	Corrections		68.8	0.8			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	First Health	First Health		60.2	0.7			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	First Trenton	First Trenton		77.4	0.9			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Horizon	MGD		32.92	0.3828			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Horizon	Indemnity		32.92	0.3828			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Horizon	NJ Health		34.4	0.4			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Horizon	Medicare Blue		25.8	0.3			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Horizon	PPO		32.92	0.3828			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Managed Care Inc	Managed Care Inc		77.4	0.9			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Multiplan	Multiplan		68.8	0.8			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Qualcare	Qualcare		34.4	0.4			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Three Rivers	Three Rivers		81.7	0.95			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	UHC	Medicaid		27.06	0.3146			10.8	81.7	percent of total billed charges	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	UHC	Medicare		38.93				10.8	81.7	case rate	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Wellcare	Medicare		38.93				10.8	81.7	case rate	
SOFT COLLARS	L0120	HCPCS	outpatient			86	44.77	Wellcare	Medicaid		27.06	0.3146			10.8	81.7	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Aetna	Medicare		93.91				46.5	181.45	case rate	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Aetna	Better Health		60.09	0.3146			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Aetna	Commercial		72.58	0.38			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Americare	Americare		143.25	0.75			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	WellPoint	WellPoint		61.27	0.3208			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR (HARD)	L0140	HCPCS	outpatient			191	108	Amerihealth	Medicare		93.91				46.5	181.45	case rate	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			155	108	Amerihealth	Medicare		51.15	0.33			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Consumer	Consumer		181.45	0.95			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Corrections	Corrections		152.8	0.8			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	First Health	First Health		133.7	0.7			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	First Trenton	First Trenton		171.9	0.9			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Horizon	NJ Health		76.4	0.4			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Horizon	Indemnity		73.11	0.3828			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Horizon	Medicare Blue		57.3	0.3			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Horizon	MGD		73.11	0.3828			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Horizon	PPO		73.11	0.3828			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Managed Care Inc	Managed Care Inc		171.9	0.9			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Multiplan	Multiplan		152.8	0.8			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Qualcare	Qualcare		76.4	0.4			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Three Rivers	Three Rivers		181.45	0.95			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	UHC	Medicaid		60.09	0.3146			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	UHC	Medicare		93.91				46.5	181.45	case rate	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Wellcare	Medicaid		60.09	0.3146			46.5	181.45	percent of total billed charges	
CERVICAL COLLAR(HARD)	L0140	HCPCS	outpatient			191	108	Wellcare	Medicare		93.91				46.5	181.45	case rate	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Aetna	Medicare		141.25				122.4	387.6	case rate	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Aetna	Better Health		128.36	0.3146			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Aetna	Commercial		155.04	0.38			122.4	387.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Americare	Americare		306	0.75			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	WellPoint	WellPoint		130.89	0.3208			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Amerihealth	Medicare		134.64	0.33			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Consumer	Consumer		387.6	0.95			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Corrections	Corrections		326.4	0.8			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	First Health	First Health		285.6	0.7			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	First Trenton	First Trenton		367.2	0.9			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Horizon	MGD		156.18	0.3828			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Horizon	Medicare Blue		122.4	0.3			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Horizon	Indemnity		156.18	0.3828			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Horizon	PPO		156.18	0.3828			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Managed Care Inc	Managed Care Inc		367.2	0.9			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Multiplan	Multiplan		326.4	0.8			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Qualcare	Qualcare		306	0.75			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Three Rivers	Three Rivers		387.6	0.95			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	UHC	Medicare		141.25				122.4	387.6	case rate	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	UHC	Medicaid		128.36	0.3146			122.4	387.6	percent of total billed charges	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Wellcare	Medicare		141.25				122.4	387.6	case rate	
PHILADELPHIA	L0172	HCPCS	outpatient			408	162.44	Wellcare	Medicaid		128.36	0.3146			122.4	387.6	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.87	Aetna	Better Health		1379.21	0.3146			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.87	Aetna	Medicare		319.89				86.4	4164.8	case rate	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.87	Aetna	Commercial		1665.92	0.38			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.87	Americare	Americare		3288	0.75			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.87	WellPoint	WellPoint		1406.39	0.3208			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.87	Amerihealth	Medicare		1446.72	0.33			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.87	Consumer	Consumer		4164.8	0.95			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.87	Corrections	Corrections		3507.2	0.8			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.87	First Health	First Health		3068.8	0.7			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.87	First Trenton	First Trenton		3945.6	0.9			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.87	Horizon	MGD		1678.2	0.3828			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.87	Horizon	Medicare Blue		1315.2	0.3			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.87	Horizon	NJ Health		1753.6	0.4			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.87	Horizon	Indemnity		1678.2	0.3828			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.87	Horizon	PPO		1678.2	0.3828			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.87	Managed Care Inc	Managed Care Inc		3945.6	0.9			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.87	Multiplan	Multiplan		3507.2	0.8			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.87	Qualcare	Qualcare		1753.6	0.4			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.87	Three Rivers	Three Rivers		4164.8	0.95			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.87	UHC	Medicaid		1379.21	0.3146			86.4	4164.8	percent of total billed charges	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.87	UHC	Medicare		319.89				86.4	4164.8	case rate	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.87	Wellcare	Medicare		319.89				86.4	4164.8	case rate	
MIAMI J ADVANCE CERVICAL COLLAR	L0174	HCPCS	both			4384	367.87	Wellcare	Medicaid		1379.21	0.3146			86.4	4164.8	percent of total billed charges	
CTO	L0190	HCPCS	inpatient			1452.66	663.92	Aetna	Better Health		457.01	0.3146			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	inpatient			1452.66	663.92	Aetna	Medicare		577.32				435.8	1380.03	case rate	
CTO	L0190	HCPCS	inpatient			1452.66	663.92	Aetna	Commercial		552.01	0.38			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	inpatient			1452.66	663.92	Americare	Americare		1089.5	0.75			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	inpatient			1452.66	663.92	WellPoint	WellPoint		466.01	0.3208			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	inpatient			1452.66	663.92	Amerihealth	Medicare		479.38	0.33			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	inpatient			1452.66	663.92	Consumer	Consumer		1380.03	0.95			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	inpatient			1452.66	663.92	Corrections	Corrections		1162.13	0.8			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	inpatient			1452.66	663.92	First Health	First Health		1016.86	0.7			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	inpatient			1452.66	663.92	First Trenton	First Trenton		1307.39	0.9			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	inpatient			1452.66	663.92	Horizon	Medicare Blue		435.8	0.3			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	inpatient			1452.66	663.92	Horizon	MGD		556.08	0.3828			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	inpatient			1452.66	663.92	Horizon	Indemnity		556.08	0.3828			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	inpatient			1452.66	663.92	Horizon	NJ Health		581.06	0.4			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	inpatient			1452.66	663.92	Horizon	PPO		556.08	0.3828			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	inpatient			1452.66	663.92	Managed Care Inc	Managed Care Inc		1307.39	0.9			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	inpatient			1452.66	663.92	Multiplan	Multiplan		1162.13	0.8			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	inpatient			1452.66	663.92	Qualcare	Qualcare		581.06	0.4			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	inpatient			1452.66	663.92	Three Rivers	Three Rivers		1380.03	0.95			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	inpatient			1452.66	663.92	UHC	Medicare		577.32				435.8	1380.03	case rate	
CTO	L0190	HCPCS	inpatient			1452.66	663.92	UHC	Medicaid		457.01	0.3146			435.8	1380.03	percent of total billed charges	
CTO	L0190	HCPCS	inpatient			1452.66	663.92	Wellcare	Medicare		577.32				435.8	1380.03	case rate	
CTO	L0190	HCPCS	inpatient			1452.66	663.92	Wellcare	Medicaid		457.01	0.3146			435.8	1380.03	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Aetna	Better Health		1096.38	0.3146			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Aetna	Medicare		1461.91				1045.5	3310.75	case rate	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Aetna	Commercial		1324.3	0.38			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Americare	Americare		2613.75	0.75			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	WellPoint	WellPoint		1117.99	0.3208			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Amerihealth	Medicare		1150.05	0.33			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Consumer	Consumer		3310.75	0.95			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Corrections	Corrections		2788	0.8			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	First Health	First Health		2439.5	0.7			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	First Trenton	First Trenton		3136.5	0.9			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Horizon	Medicare Blue		1045.5	0.3			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Horizon	MGD		1334.06	0.3828			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Horizon	NJ Health		1394	0.4			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Horizon	Indemnity		1334.06	0.3828			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Horizon	PPO		1334.06	0.3828			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Managed Care Inc	Managed Care Inc		3136.5	0.9			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Multiplan	Multiplan		2788	0.8			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Qualcare	Qualcare		1394	0.4			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Three Rivers	Three Rivers		3310.75	0.95			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	UHC	Medicaid		1096.38	0.3146			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	UHC	Medicare		1461.91				1045.5	3310.75	case rate	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Wellcare	Medicaid		1096.38	0.3146			1045.5	3310.75	percent of total billed charges	
SPINAL BRACES:TLSO	L0462	HCPCS	both			3485	1681.2	Wellcare	Medicare		1461.91				1045.5	3310.75	case rate	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	both			1295	545.02	Aetna	Medicare		473.93				388.5	1230.25	case rate	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	both			1295	545.02	Aetna	Better Health		407.41	0.3146			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	both			1295	545.02	Aetna	Commercial		492.1	0.38			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	both			1295	545.02	Americare	Americare		971.25	0.75			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	both			1295	545.02	WellPoint	WellPoint		415.44	0.3208			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	both			1295	545.02	Amerihealth	Medicare		427.35	0.33			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	both			1295	545.02	Consumer	Consumer		1230.25	0.95			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	both			1295	545.02	Corrections	Corrections		1036	0.8			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	both			1295	545.02	First Health	First Health		906.5	0.7			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	both			1295	545.02	First Trenton	First Trenton		1165.5	0.9			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	both			1295	545.02	Horizon	MGD		495.73	0.3828			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	both			1295	545.02	Horizon	PPO		495.73	0.3828			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	both			1295	545.02	Horizon	Indemnity		495.73	0.3828			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	both			1295	545.02	Horizon	Medicare Blue		388.5	0.3			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	both			1295	545.02	Horizon	NJ Health		518	0.4			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	both			1295	545.02	Managed Care Inc	Managed Care Inc		1165.5	0.9			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	both			1295	545.02	Multiplan	Multiplan		1036	0.8			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	both			1295	545.02	Qualcare	Qualcare		518	0.4			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	both			1295	545.02	Three Rivers	Three Rivers		1230.25	0.95			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	both			1295	545.02	UHC	Medicaid		407.41	0.3146			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	both			1295	545.02	UHC	Medicare		473.93				388.5	1230.25	case rate	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	both			1295	545.02	Wellcare	Medicaid		407.41	0.3146			388.5	1230.25	percent of total billed charges	
SPINAL BRACES: JEWITT/CASH	L0472	HCPCS	both			1295	545.02	Wellcare	Medicare		473.93				388.5	1230.25	case rate	
BINDER ABDOMINAL 4 PANEL 12 W 30-45	L0625	HCPCS	both			120	45.61	Aetna	Commercial		45.6	0.38			17.1	114	percent of total billed charges	
BINDER ABDOMINAL 4 PANEL 12 W 30-45	L0625	HCPCS	both			120	45.61	Aetna	Better Health		37.75	0.3146			17.1	114	percent of total billed charges	
BINDER ABDOMINAL 4 PANEL 12 W 30-45	L0625	HCPCS	both			120	45.61	Aetna	Medicare		39.66				17.1	114	case rate	
BINDER ABDOMINAL 4 PANEL 12 W 30-45	L0625	HCPCS	both			120	45.61	Americare	Americare		90	0.75			17.1	114	percent of total billed charges	
BINDER ABDOMINAL 4 PANEL 12 W 30-45	L0625	HCPCS	both			120	45.61	WellPoint	WellPoint		38.5	0.3208			17.1	114	percent of total billed charges	
BINDER ABDOMINAL 4 PANEL 12 W 30-45	L0625	HCPCS	both			120	45.61	Amerihealth	Medicare		39.6	0.33			17.1	114	percent of total billed charges	
BINDER ABDOMINAL 4 PANEL 12 W 30-45	L0625	HCPCS	both			120	45.61	Consumer	Consumer		114	0.95			17.1	114	percent of total billed charges	
BINDER ABDOMINAL 4 PANEL 12 W 30-45	L0625	HCPCS	both			120	45.61	Corrections	Corrections		96	0.8			17.1	114	percent of total billed charges	
BINDER ABDOMINAL 4 PANEL 12 W 30-45	L0625	HCPCS	both			120	45.61	First Health	First Health		84	0.7			17.1	114	percent of total billed charges	
BINDER ABDOMINAL 4 PANEL 12 W 30-45	L0625	HCPCS	both			120	45.61	First Trenton	First Trenton		108	0.9			17.1	114	percent of total billed charges	
BINDER ABDOMINAL 4 PANEL 12 W 30-45	L0625	HCPCS	both			120	45.61	Horizon	MGD		45.94	0.3828			17.1	114	percent of total billed charges	
BINDER ABDOMINAL 4 PANEL 12 W 30-45	L0625	HCPCS	both			120	45.61	Horizon	Indemnity		45.94	0.3828			17.1	114	percent of total billed charges	
BINDER ABDOMINAL 4 PANEL 12 W 30-45	L0625	HCPCS	both			120	45.61	Horizon	PPO		45.94	0.3828			17.1	114	percent of total billed charges	
BINDER ABDOMINAL 4 PANEL 12 W 30-45	L0625	HCPCS	both			120	45.61	Horizon	Medicare Blue		36	0.3			17.1	114	percent of total billed charges	
BINDER ABDOMINAL 4 PANEL 12 W 30-45	L0625	HCPCS	both			120	45.61	Horizon	NJ Health		48	0.4			17.1	114	percent of total billed charges	
BINDER ABDOMINAL 4 PANEL 12 W 30-45	L0625	HCPCS	both			120	45.61	Managed Care Inc	Managed Care Inc		108	0.9			17.1	114	percent of total billed charges	
BINDER ABDOMINAL 4 PANEL 12 W 30-45	L0625	HCPCS	both			120	45.61	Multiplan	Multiplan		96	0.8			17.1	114	percent of total billed charges	
BINDER ABDOMINAL 4 PANEL 12 W 30-45	L0625	HCPCS	both			120	45.61	Qualcare	Qualcare		48	0.4			17.1	114	percent of total billed charges	
BINDER ABDOMINAL 4 PANEL 12 W 30-45	L0625	HCPCS	both			120	45.61	Three Rivers	Three Rivers		114	0.95			17.1	114	percent of total billed charges	
BINDER ABDOMINAL 4 PANEL 12 W 30-45	L0625	HCPCS	both			120	45.61	UHC	Medicare		39.66				17.1	114	case rate	
BINDER ABDOMINAL 4 PANEL 12 W 30-45	L0625	HCPCS	both			120	45.61	UHC	Medicaid		37.75	0.3146			17.1	114	percent of total billed charges	
BINDER ABDOMINAL 4 PANEL 12 W 30-45	L0625	HCPCS	both			120	45.61	Wellcare	Medicare		39.66				17.1	114	case rate	
BINDER ABDOMINAL 4 PANEL 12 W 30-45	L0625	HCPCS	both			120	45.61	Wellcare	Medicaid		37.75	0.3146			17.1	114	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Aetna	Commercial		1139.62	0.38			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Aetna	Better Health		943.49	0.3146			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Aetna	Medicare		1394.52				899.7	2849.05	case rate	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Americare	Americare		2249.25	0.75			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	WellPoint	WellPoint		962.08	0.3208			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Amerihealth	Medicare		989.67	0.33			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Consumer	Consumer		2849.05	0.95			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	Corrections	Corrections		2399.2	0.8			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999	1603.7	First Health	First Health		2099.3	0.7			899.7	2849.05	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999		1603.7 First Trenton	First Trenton		2699.1	0.9			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999		1603.7 Horizon	MGD		1148.02	0.3828			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999		1603.7 Horizon	PPO		1148.02	0.3828			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999		1603.7 Horizon	Indemnity		1148.02	0.3828			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999		1603.7 Horizon	Medicare Blue		899.7	0.3			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999		1603.7 Horizon	NJ Health		1199.6	0.4			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999		1603.7 Managed Care Inc	Managed Care Inc		2699.1	0.9			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999		1603.7 Multiplan	Multiplan		2399.2	0.8			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999		1603.7 Qualcare	Qualcare		1199.6	0.4			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999		1603.7 Three Rivers	Three Rivers		2849.05	0.95			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999		1603.7 UHC	Medicare		1394.52				899.7	2849.05	case rate	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999		1603.7 UHC	Medicaid		943.49	0.3146			899.7	2849.05	percent of total billed charges	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999		1603.7 Wellcare	Medicare		1394.52				899.7	2849.05	case rate	
SPINAL BRACE: LSO MOLDED	L0639	HCPCS	both			2999		1603.7 Wellcare	Medicaid		943.49	0.3146			899.7	2849.05	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612		2829.69 Aetna	Better Health		1765.54	0.3146			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612		2829.69 Aetna	Medicare		2460.6				1683.6	5331.4	case rate	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612		2829.69 Aetna	Commercial		2132.56	0.38			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612		2829.69 Americare	Americare		4209	0.75			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612		2829.69 WellPoint	WellPoint		1800.33	0.3208			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612		2829.69 Amerihealth	Medicare		1851.96	0.33			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612		2829.69 Consumer	Consumer		5331.4	0.95			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612		2829.69 Corrections	Corrections		4489.6	0.8			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612		2829.69 First Health	First Health		3928.4	0.7			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612		2829.69 First Trenton	First Trenton		5050.8	0.9			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612		2829.69 Horizon	MGD		2148.27	0.3828			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612		2829.69 Horizon	NJ Health		2244.8	0.4			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612		2829.69 Horizon	PPO		2148.27	0.3828			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612		2829.69 Horizon	Indemnity		2148.27	0.3828			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612		2829.69 Horizon	Medicare Blue		1683.6	0.3			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612		2829.69 Managed Care Inc	Managed Care Inc		5050.8	0.9			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612		2829.69 Multiplan	Multiplan		4489.6	0.8			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612		2829.69 Qualcare	Qualcare		2244.8	0.4			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612		2829.69 Three Rivers	Three Rivers		5331.4	0.95			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612		2829.69 UHC	Medicare		2460.6				1683.6	5331.4	case rate	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612		2829.69 UHC	Medicaid		1765.54	0.3146			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612		2829.69 Wellcare	Medicaid		1765.54	0.3146			1683.6	5331.4	percent of total billed charges	
SPINAL BRACES: CTLSO	L0710	HCPCS	inpatient			5612		2829.69 Wellcare	Medicare		2460.6				1683.6	5331.4	case rate	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296		3481.95 Aetna	Better Health		2295.32	0.3146			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296		3481.95 Aetna	Medicare		3027.78				2188.8	6931.2	case rate	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296		3481.95 Aetna	Commercial		2772.48	0.38			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296		3481.95 Americare	Americare		5472	0.75			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296		3481.95 WellPoint	WellPoint		2340.56	0.3208			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296		3481.95 Amerihealth	Medicare		2407.68	0.33			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296		3481.95 Consumer	Consumer		6931.2	0.95			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296		3481.95 Corrections	Corrections		5836.8	0.8			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296		3481.95 First Health	First Health		5107.2	0.7			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296		3481.95 First Trenton	First Trenton		6566.4	0.9			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296		3481.95 Horizon	Medicare Blue		2188.8	0.3			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296		3481.95 Horizon	MGD		2792.91	0.3828			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296		3481.95 Horizon	Indemnity		2792.91	0.3828			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296		3481.95 Horizon	PPO		2792.91	0.3828			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296		3481.95 Managed Care Inc	Managed Care Inc		6566.4	0.9			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296		3481.95 Multiplan	Multiplan		5836.8	0.8			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296		3481.95 Qualcare	Qualcare		5472	0.75			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296		3481.95 Three Rivers	Three Rivers		6931.2	0.95			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296		3481.95 UHC	Medicare		3027.78				2188.8	6931.2	case rate	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296		3481.95 UHC	Medicaid		2295.32	0.3146			2188.8	6931.2	percent of total billed charges	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296		3481.95 Wellcare	Medicare		3027.78				2188.8	6931.2	case rate	
HALLO APPLICATION	L0810	HCPCS	outpatient			7296		3481.95 Wellcare	Medicaid		2295.32	0.3146			2188.8	6931.2	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330		144.6 Aetna	Better Health		103.82	0.3146			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330		144.6 Aetna	Medicare		125.74				99	313.5	case rate	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330		144.6 Aetna	Commercial		125.4	0.38			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330		144.6 Americare	Americare		247.5	0.75			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330		144.6 WellPoint	WellPoint		105.86	0.3208			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330		144.6 Amerihealth	Medicare		108.9	0.33			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330		144.6 Consumer	Consumer		313.5	0.95			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330		144.6 Corrections	Corrections		264	0.8			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330		144.6 First Health	First Health		231	0.7			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330		144.6 First Trenton	First Trenton		297	0.9			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330		144.6 Horizon	Medicare Blue		99	0.3			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330		144.6 Horizon	MGD		126.32	0.3828			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330		144.6 Horizon	NJ Health		132	0.4			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330		144.6 Horizon	Indemnity		126.32	0.3828			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330		144.6 Horizon	PPO		126.32	0.3828			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330		144.6 Managed Care Inc	Managed Care Inc		297	0.9			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330		144.6 Multiplan	Multiplan		264	0.8			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330		144.6 Qualcare	Qualcare		132	0.4			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330		144.6 Three Rivers	Three Rivers		313.5	0.95			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330		144.6 UHC	Medicaid		103.82	0.3146			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330		144.6 UHC	Medicare		125.74				99	313.5	case rate	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330		144.6 Wellcare	Medicaid		103.82	0.3146			99	313.5	percent of total billed charges	
SPINAL BRACES: LS CORSET	L0970	HCPCS	both			330		144.6 Wellcare	Medicare		125.74				99	313.5	case rate	
BODY JACKET	L1300	HCPCS	outpatient			6203		2275.59 Aetna	Commercial		2357.14	0.38			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203		2275.59 Aetna	Better Health		1951.46	0.3146			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203		2275.59 Aetna	Medicare		1978.77				1860.9	5892.85	case rate	
BODY JACKET	L1300	HCPCS	outpatient			6203		2275.59 Americare	Americare		4652.25	0.75			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203		2275.59 WellPoint	WellPoint		1989.92	0.3208			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203		2275.59 Amerihealth	Medicare		2046.99	0.33			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203		2275.59 Consumer	Consumer		5892.85	0.95			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203		2275.59 Corrections	Corrections		4962.4	0.8			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203		2275.59 First Health	First Health		4342.1	0.7			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203		2275.59 First Trenton	First Trenton		5582.7	0.9			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203		2275.59 Horizon	Medicare Blue		1860.9	0.3			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203		2275.59 Horizon	Indemnity		2374.51	0.3828			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203		2275.59 Horizon	MGD		2374.51	0.3828			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203		2275.59 Horizon	PPO		2374.51	0.3828			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203		2275.59 Managed Care Inc	Managed Care Inc		5582.7	0.9			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203		2275.59 Multiplan	Multiplan		4962.4	0.8			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203		2275.59 Qualcare	Qualcare		4652.25	0.75			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203		2275.59 Three Rivers	Three Rivers		5892.85	0.95			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203		2275.59 UHC	Medicaid		1951.46	0.3146			1860.9	5892.85	percent of total billed charges	
BODY JACKET	L1300	HCPCS	outpatient			6203		2275.59 UHC	Medicare		1978.77				1860.9	5892.85	case rate	
BODY JACKET	L1300	HCPCS	outpatient			6203		2275.59 Wellcare	Medicare		1978.77				1860.9	5892.85	case rate	
BODY JACKET	L1300	HCPCS	outpatient			6203		2275.59 Wellcare	Medicaid		1951.46	0.3146			1860.9	5892.85	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48		174.97 Aetna	Medicare		152.15				107.7	376.66	case rate	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48		174.97 Aetna	Better Health		124.73	0.3146			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48		174.97 Aetna	Commercial		150.66	0.38			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48		174.97 Americare	Americare		297.36	0.75			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48		174.97 WellPoint	WellPoint		127.19	0.3208			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48		174.97 Amerihealth	Medicare		130.84	0.33			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48		174.97 Consumer	Consumer		376.66	0.95			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48		174.97 Corrections	Corrections		317.18	0.8			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48		174.97 First Health	First Health		277.54	0.7			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48		174.97 First Trenton	First Trenton		356.83	0.9			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48		174.97 Horizon	Medicare Blue		118.94	0.3			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48		174.97 Horizon	Indemnity		151.77	0.3828			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48		174.97 Horizon	MGD		151.77	0.3828			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48		174.97 Horizon	PPO		151.77	0.3828			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48		174.97 Horizon	NJ Health		158.59	0.4			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48		174.97 Managed Care Inc	Managed Care Inc		356.83	0.9			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48		174.97 Multiplan	Multiplan		317.18	0.8			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48		174.97 Qualcare	Qualcare		158.59	0.4			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48		174.97 Three Rivers	Three Rivers		376.66	0.95			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48		174.97 UHC	Medicaid		124.73	0.3146			107.7	376.66	percent of total billed charges	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48		174.97 UHC	Medicare		152.15				107.7	376.66	case rate	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48		174.97 Wellcare	Medicare		152.15				107.7	376.66	case rate	
TRT HIP DISLOC/PAVLIK HARNESS	L1620	HCPCS	outpatient			396.48		174.97 Wellcare	Medicaid		124.73	0.3146			107.7	376.66	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3		1877.38 Aetna	Commercial		1238.15	0.38			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3		1877.38 Aetna	Medicare		1632.5				884.1	3095.39	case rate	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3		1877.38 Aetna	Better Health		1025.06	0.3146			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3		1877.38 Americare	Americare		2443.73	0.75			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3		1877.38 WellPoint	WellPoint		1045.26	0.3208			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3		1877.38 Amerihealth	Medicare		1075.24	0.33			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3		1877.38 Consumer	Consumer		3095.39	0.95			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3		1877.38 Corrections	Corrections		2606.64	0.8			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3		1877.38 First Health	First Health		2280.81	0.7			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3		1877.38 First Trenton	First Trenton		2932.47	0.9			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3		1877.38 Horizon	Medicare Blue		977.49	0.3			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3		1877.38 Horizon	NJ Health		1303.32	0.4			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3		1877.38 Horizon	MGD		1247.28	0.3828			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3		1877.38 Horizon	PPO		1247.28	0.3828			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3		1877.38 Horizon	Indemnity		1247.28	0.3828			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3		1877.38 Managed Care Inc	Managed Care Inc		2932.47	0.9			884.1	3095.39	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3		1877.38 Multiplan	Multiplan		2606.64	0.8			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3		1877.38 Qualcare	Qualcare		1303.32	0.4			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3		1877.38 Three Rivers	Three Rivers		3095.39	0.95			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3		1877.38 UHC	Medicare		1632.5				884.1	3095.39	case rate	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3		1877.38 UHC	Medicaid		1025.06	0.3146			884.1	3095.39	percent of total billed charges	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3		1877.38 Wellcare	Medicare		1632.5				884.1	3095.39	case rate	
HIP ABDUCTION SPLINT	L1680	HCPCS	both			3258.3		1877.38 Wellcare	Medicaid		1025.06	0.3146			884.1	3095.39	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362		75.76 Aetna	Commercial		137.56	0.38			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362		75.76 Aetna	Better Health		113.89	0.3146			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362		75.76 Aetna	Medicare		65.88				29.7	343.9	case rate	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362		75.76 Americare	Americare		271.5	0.75			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362		75.76 WellPoint	WellPoint		116.13	0.3208			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362		75.76 Amerihealth	Medicare		119.46	0.33			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362		75.76 Consumer	Consumer		343.9	0.95			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362		75.76 Corrections	Corrections		289.6	0.8			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362		75.76 First Health	First Health		253.4	0.7			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362		75.76 First Trenton	First Trenton		325.8	0.9			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362		75.76 Horizon	Indemnity		138.57	0.3828			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362		75.76 Horizon	Medicare Blue		108.6	0.3			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362		75.76 Horizon	PPO		138.57	0.3828			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362		75.76 Horizon	MGD		138.57	0.3828			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362		75.76 Horizon	NJ Health		144.8	0.4			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362		75.76 Managed Care Inc	Managed Care Inc		325.8	0.9			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362		75.76 Multiplan	Multiplan		289.6	0.8			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362		75.76 Qualcare	Qualcare		144.8	0.4			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362		75.76 Three Rivers	Three Rivers		343.9	0.95			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362		75.76 UHC	Medicaid		113.89	0.3146			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362		75.76 UHC	Medicare		65.88				29.7	343.9	case rate	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362		75.76 Wellcare	Medicaid		113.89	0.3146			29.7	343.9	percent of total billed charges	
KNEE UNIVERSAL 9	L1830	HCPCS	both			362		75.76 Wellcare	Medicare		65.88				29.7	343.9	case rate	
KNEE BRACE	L1831	HCPCS	outpatient			822		396.28 Aetna	Commercial		312.36	0.38			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822		396.28 Aetna	Better Health		258.6	0.3146			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822		396.28 Aetna	Medicare		344.59				222.9	780.9	case rate	
KNEE BRACE	L1831	HCPCS	outpatient			822		396.28 Americare	Americare		616.5	0.75			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822		396.28 WellPoint	WellPoint		263.7	0.3208			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822		396.28 Amerihealth	Medicare		271.26	0.33			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822		396.28 Consumer	Consumer		780.9	0.95			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822		396.28 Corrections	Corrections		657.6	0.8			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822		396.28 First Health	First Health		575.4	0.7			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822		396.28 First Trenton	First Trenton		739.8	0.9			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822		396.28 Horizon	NJ Health		328.8	0.4			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822		396.28 Horizon	Medicare Blue		246.6	0.3			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822		396.28 Horizon	Indemnity		314.66	0.3828			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822		396.28 Horizon	MGD		314.66	0.3828			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822		396.28 Horizon	PPO		314.66	0.3828			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822		396.28 Managed Care Inc	Managed Care Inc		739.8	0.9			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822		396.28 Multiplan	Multiplan		657.6	0.8			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822		396.28 Qualcare	Qualcare		328.8	0.4			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822		396.28 Three Rivers	Three Rivers		780.9	0.95			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822		396.28 UHC	Medicare		344.59				222.9	780.9	case rate	
KNEE BRACE	L1831	HCPCS	outpatient			822		396.28 UHC	Medicaid		258.6	0.3146			222.9	780.9	percent of total billed charges	
KNEE BRACE	L1831	HCPCS	outpatient			822		396.28 Wellcare	Medicare		344.59				222.9	780.9	case rate	
KNEE BRACE	L1831	HCPCS	outpatient			822		396.28 Wellcare	Medicaid		258.6	0.3146			222.9	780.9	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71		769.21 Aetna	Medicare		668.88				588.3	2144.82	case rate	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71		769.21 Aetna	Better Health		710.28	0.3146			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71		769.21 Aetna	Commercial		857.93	0.38			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71		769.21 Americare	Americare		1693.28	0.75			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71		769.21 WellPoint	WellPoint		724.27	0.3208			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71		769.21 Amerihealth	Medicare		745.04	0.33			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71		769.21 Consumer	Consumer		2144.82	0.95			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71		769.21 Corrections	Corrections		1806.17	0.8			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71		769.21 First Health	First Health		1580.4	0.7			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71		769.21 First Trenton	First Trenton		2031.94	0.9			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71		769.21 Horizon	Medicare Blue		677.31	0.3			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71		769.21 Horizon	PPO		864.25	0.3828			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71		769.21 Horizon	MGD		864.25	0.3828			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71		769.21 Horizon	Indemnity		864.25	0.3828			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71		769.21 Horizon	NJ Health		903.08	0.4			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71		769.21 Managed Care Inc	Managed Care Inc		2031.94	0.9			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71		769.21 Multiplan	Multiplan		1806.17	0.8			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71		769.21 Qualcare	Qualcare		903.08	0.4			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71		769.21 Three Rivers	Three Rivers		2144.82	0.95			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71		769.21 UHC	Medicare		668.88				588.3	2144.82	case rate	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71		769.21 UHC	Medicaid		710.28	0.3146			588.3	2144.82	percent of total billed charges	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71		769.21 Wellcare	Medicare		668.88				588.3	2144.82	case rate	
KNEE RANGE OF MOTION BRACE	L1832	HCPCS	both			2257.71		769.21 Wellcare	Medicaid		710.28	0.3146			588.3	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71		545.77 Aetna	Better Health		710.28	0.3146			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71		545.77 Aetna	Medicare		474.58				474.58	2144.82	case rate	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71		545.77 Aetna	Commercial		857.93	0.38			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71		545.77 Americare	Americare		1693.28	0.75			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71		545.77 WellPoint	WellPoint		724.27	0.3208			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71		545.77 Amerihealth	Medicare		745.04	0.33			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71		545.77 Consumer	Consumer		2144.82	0.95			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71		545.77 Corrections	Corrections		1806.17	0.8			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71		545.77 First Health	First Health		1580.4	0.7			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71		545.77 First Trenton	First Trenton		2031.94	0.9			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71		545.77 Horizon	Medicare Blue		677.31	0.3			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71		545.77 Horizon	Indemnity		864.25	0.3828			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71		545.77 Horizon	MGD		864.25	0.3828			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71		545.77 Horizon	NJ Health		903.08	0.4			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71		545.77 Horizon	PPO		864.25	0.3828			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71		545.77 Managed Care Inc	Managed Care Inc		2031.94	0.9			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71		545.77 Multiplan	Multiplan		1806.17	0.8			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71		545.77 Qualcare	Qualcare		903.08	0.4			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71		545.77 Three Rivers	Three Rivers		2144.82	0.95			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71		545.77 UHC	Medicaid		710.28	0.3146			474.58	2144.82	percent of total billed charges	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71		545.77 UHC	Medicare		474.58				474.58	2144.82	case rate	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71		545.77 Wellcare	Medicare		474.58				474.58	2144.82	case rate	
T SCOPE PREMIER	L1833	HCPCS	both			2257.71		545.77 Wellcare	Medicaid		710.28	0.3146			474.58	2144.82	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861		1034.13 Aetna	Better Health		900.07	0.3146			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861		1034.13 Aetna	Medicare		899.24				858.3	2717.95	case rate	
KNEE BRACE	L1845	HCPCS	both			2861		1034.13 Aetna	Commercial		1087.18	0.38			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861		1034.13 Americare	Americare		2145.75	0.75			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861		1034.13 WellPoint	WellPoint		917.81	0.3208			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861		1034.13 Amerihealth	Medicare		944.13	0.33			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861		1034.13 Consumer	Consumer		2717.95	0.95			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861		1034.13 Corrections	Corrections		2288.8	0.8			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861		1034.13 First Health	First Health		2002.7	0.7			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861		1034.13 First Trenton	First Trenton		2574.9	0.9			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861		1034.13 Horizon	MGD		1095.19	0.3828			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861		1034.13 Horizon	Indemnity		1095.19	0.3828			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861		1034.13 Horizon	PPO		1095.19	0.3828			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861		1034.13 Horizon	Medicare Blue		858.3	0.3			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861		1034.13 Horizon	NJ Health		1144.4	0.4			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861		1034.13 Managed Care Inc	Managed Care Inc		2574.9	0.9			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861		1034.13 Multiplan	Multiplan		2288.8	0.8			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861		1034.13 Qualcare	Qualcare		1144.4	0.4			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861		1034.13 Three Rivers	Three Rivers		2717.95	0.95			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861		1034.13 UHC	Medicare		899.24				858.3	2717.95	case rate	
KNEE BRACE	L1845	HCPCS	both			2861		1034.13 UHC	Medicaid		900.07	0.3146			858.3	2717.95	percent of total billed charges	
KNEE BRACE	L1845	HCPCS	both			2861		1034.13 Wellcare	Medicare		899.24				858.3	2717.95	case rate	
KNEE BRACE	L1845	HCPCS	both			2861		1034.13 Wellcare	Medicaid		900.07	0.3146			858.3	2717.95	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325		152.16 Aetna	Better Health		102.25	0.3146			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325		152.16 Aetna	Medicare		132.31				88.2	308.75	case rate	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325		152.16 Aetna	Commercial		123.5	0.38			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325		152.16 Americare	Americare		243.75	0.75			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325		152.16 WellPoint	WellPoint		104.26	0.3208			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325		152.16 Amerihealth	Medicare		107.25	0.33			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325		152.16 Consumer	Consumer		308.75	0.95			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325		152.16 Corrections	Corrections		260	0.8			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325		152.16 First Health	First Health		227.5	0.7			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325		152.16 First Trenton	First Trenton		292.5	0.9			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325		152.16 Horizon	MGD		124.41	0.3828			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325		152.16 Horizon	Indemnity		124.41	0.3828			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325		152.16 Horizon	Medicare Blue		97.5	0.3			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325		152.16 Horizon	PPO		124.41	0.3828			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325		152.16 Horizon	NJ Health		130	0.4			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325		152.16 Managed Care Inc	Managed Care Inc		292.5	0.9			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325		152.16 Multiplan	Multiplan		260	0.8			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325		152.16 Qualcare	Qualcare		130	0.4			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325		152.16 Three Rivers	Three Rivers		308.75	0.95			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325		152.16 UHC	Medicaid		102.25	0.3146			88.2	308.75	percent of total billed charges	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325		152.16 UHC	Medicare		132.31				88.2	308.75	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	Wellcare	Medicare		132.31				88.2	308.75	case rate	
ANKLE STIR-UP SPLINTS	L1906	HCPCS	outpatient			325	152.16	Wellcare	Medicaid		102.25	0.3146			88.2	308.75	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Aetna	Better Health		207.32	0.3146			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Aetna	Medicare		304.2				171.6	626.05	case rate	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Aetna	Commercial		250.42	0.38			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Americare	Americare		494.25	0.75			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	WellPoint	WellPoint		211.41	0.3208			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Amerihealth	Medicare		217.47	0.33			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Consumer	Consumer		626.05	0.95			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Corrections	Corrections		527.2	0.8			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	First Health	First Health		461.3	0.7			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	First Trenton	First Trenton		593.1	0.9			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Horizon	NJ Health		263.6	0.4			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Horizon	Indemnity		252.27	0.3828			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Horizon	MGD		252.27	0.3828			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Horizon	Medicare Blue		197.7	0.3			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Horizon	PPO		252.27	0.3828			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Managed Care Inc	Managed Care Inc		593.1	0.9			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Multiplan	Multiplan		527.2	0.8			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Qualcare	Qualcare		263.6	0.4			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Three Rivers	Three Rivers		626.05	0.95			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	UHC	Medicare		304.2				171.6	626.05	case rate	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	UHC	Medicaid		207.32	0.3146			171.6	626.05	percent of total billed charges	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Wellcare	Medicare		304.2				171.6	626.05	case rate	
NIGHT SPLINTS	L1930	HCPCS	both			659	349.83	Wellcare	Medicaid		207.32	0.3146			171.6	626.05	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Aetna	Commercial		370.5	0.38			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Aetna	Medicare		595.82				292.5	926.25	case rate	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Aetna	Better Health		306.74	0.3146			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Americare	Americare		731.25	0.75			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	WellPoint	WellPoint		312.78	0.3208			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Amerihealth	Medicare		321.75	0.33			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Consumer	Consumer		926.25	0.95			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Corrections	Corrections		780	0.8			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	First Health	First Health		682.5	0.7			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	First Trenton	First Trenton		877.5	0.9			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Horizon	NJ Health		390	0.4			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Horizon	Medicare Blue		292.5	0.3			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Horizon	Indemnity		373.23	0.3828			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Horizon	MGD		373.23	0.3828			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Horizon	PPO		373.23	0.3828			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Managed Care Inc	Managed Care Inc		877.5	0.9			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Multiplan	Multiplan		780	0.8			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Qualcare	Qualcare		390	0.4			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Three Rivers	Three Rivers		926.25	0.95			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	UHC	Medicaid		306.74	0.3146			292.5	926.25	percent of total billed charges	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	UHC	Medicare		595.82				292.5	926.25	case rate	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Wellcare	Medicare		595.82				292.5	926.25	case rate	
ANKLE FOOT ORTHOSIS: CUSTOM	L1940	HCPCS	inpatient			975	685.19	Wellcare	Medicaid		306.74	0.3146			292.5	926.25	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Aetna	Better Health		360.96	0.3146			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Aetna	Medicare		447.89				298.8	1089.98	case rate	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Aetna	Commercial		435.99	0.38			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Americare	Americare		860.51	0.75			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	WellPoint	WellPoint		368.07	0.3208			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Amerihealth	Medicare		378.63	0.33			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Consumer	Consumer		1089.98	0.95			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Corrections	Corrections		917.88	0.8			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	First Health	First Health		803.15	0.7			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	First Trenton	First Trenton		1032.62	0.9			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Horizon	MGD		439.21	0.3828			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Horizon	Medicare Blue		344.21	0.3			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Horizon	Indemnity		439.21	0.3828			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Horizon	PPO		439.21	0.3828			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Managed Care Inc	Managed Care Inc		1032.62	0.9			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Multiplan	Multiplan		917.88	0.8			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Qualcare	Qualcare		860.51	0.75			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Three Rivers	Three Rivers		1089.98	0.95			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	UHC	Medicare		447.89				298.8	1089.98	case rate	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	UHC	Medicaid		360.96	0.3146			298.8	1089.98	percent of total billed charges	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Wellcare	Medicare		447.89				298.8	1089.98	case rate	
SINGLE CLAMP BAR 9 IN.	L1980	HCPCS	outpatient			1147.35	515.07	Wellcare	Medicaid		360.96	0.3146			298.8	1089.98	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Aetna	Medicare		2041.2				1984.5	6284.25	case rate	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Aetna	Better Health		2081.08	0.3146			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Aetna	Commercial		2513.7	0.38			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Americare	Americare		49611.25	0.75			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	WellPoint	WellPoint		2122.09	0.3208			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Amerihealth	Medicare		2182.95	0.33			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Consumer	Consumer		6284.25	0.95			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Corrections	Corrections		5292	0.8			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	First Health	First Health		4630.5	0.7			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	First Trenton	First Trenton		5953.5	0.9			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Horizon	NJ Health		2646	0.4			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Horizon	Indemnity		2532.22	0.3828			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Horizon	MGD		2532.22	0.3828			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Horizon	Medicare Blue		1984.5	0.3			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Horizon	PPO		2532.22	0.3828			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Managed Care Inc	Managed Care Inc		5953.5	0.9			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Multiplan	Multiplan		5292	0.8			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Qualcare	Qualcare		2646	0.4			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Three Rivers	Three Rivers		6284.25	0.95			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	UHC	Medicare		2041.2				1984.5	6284.25	case rate	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	UHC	Medicaid		2081.08	0.3146			1984.5	6284.25	percent of total billed charges	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Wellcare	Medicare		2041.2				1984.5	6284.25	case rate	
HIP ABD W/KAFO	L2036	HCPCS	inpatient			6615	2347.38	Wellcare	Medicaid		2081.08	0.3146			1984.5	6284.25	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Aetna	Commercial		818.52	0.38			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Aetna	Medicare		674.62				561.3	2046.3	case rate	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Aetna	Better Health		677.65	0.3146			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Americare	Americare		1615.5	0.75			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	WellPoint	WellPoint		691	0.3208			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Amerihealth	Medicare		710.82	0.33			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Consumer	Consumer		2046.3	0.95			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Corrections	Corrections		1723.2	0.8			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	First Health	First Health		1507.8	0.7			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	First Trenton	First Trenton		1938.6	0.9			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Horizon	Indemnity		824.55	0.3828			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Horizon	Medicare Blue		646.2	0.3			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Horizon	NJ Health		861.6	0.4			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Horizon	MGD		824.55	0.3828			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Horizon	PPO		824.55	0.3828			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Managed Care Inc	Managed Care Inc		1938.6	0.9			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Multiplan	Multiplan		1723.2	0.8			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Qualcare	Qualcare		861.6	0.4			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Three Rivers	Three Rivers		2046.3	0.95			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	UHC	Medicare		674.62				561.3	2046.3	case rate	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	UHC	Medicaid		677.65	0.3146			561.3	2046.3	percent of total billed charges	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Wellcare	Medicare		674.62				561.3	2046.3	case rate	
WALKING BOOT	L2114	HCPCS	both			2154	775.81	Wellcare	Medicaid		677.65	0.3146			561.3	2046.3	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Aetna	Commercial		1602.34	0.38			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Aetna	Better Health		1326.57	0.3146			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Aetna	Medicare		1313.66				1265	4005.85	case rate	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Americare	Americare		3162.51	0.75			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	WellPoint	WellPoint		1352.71	0.3208			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Amerihealth	Medicare		1391.5	0.33			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Consumer	Consumer		4005.85	0.95			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Corrections	Corrections		3373.34	0.8			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	First Health	First Health		2951.68	0.7			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	First Trenton	First Trenton		3795.01	0.9			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Horizon	Indemnity		1614.15	0.3828			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Horizon	MGD		1614.15	0.3828			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Horizon	Medicare Blue		1265	0.3			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Horizon	PPO		1614.15	0.3828			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Horizon	NJ Health		1686.67	0.4			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Managed Care Inc	Managed Care Inc		3795.01	0.9			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Multiplan	Multiplan		3373.34	0.8			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Qualcare	Qualcare		1686.67	0.4			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Three Rivers	Three Rivers		4005.85	0.95			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	UHC	Medicaid		1326.57	0.3146			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	UHC	Medicare		1313.66				1265	4005.85	case rate	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Wellcare	Medicaid		1326.57	0.3146			1265	4005.85	percent of total billed charges	
FRACTURE BRACE:KAFO RIGID	L2136	HCPCS	inpatient			4216.68	1510.71	Wellcare	Medicare		1313.66				1265	4005.85	case rate	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Aetna	Medicare		242.09	0.308			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Aetna	Better Health		247.28	0.3146			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Aetna	Commercial		298.68	0.38			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Americare	Americare		589.5	0.75			19.8	746.7	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		WellPoint	WellPoint		252.15	0.3208			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Amerihealth	Medicare		259.38	0.33			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Consumer	Consumer		746.7	0.95			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Corrections	Corrections		628.8	0.8			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		First Health	First Health		550.2	0.7			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		First Trenton	First Trenton		707.4	0.9			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Horizon	Medicare Blue		235.8	0.3			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Horizon	MGD		300.88	0.3828			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Horizon	Indemnity		300.88	0.3828			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Horizon	NJ Health		314.4	0.4			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Horizon	PPO		300.88	0.3828			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Managed Care Inc	Managed Care Inc		707.4	0.9			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Multiplan	Multiplan		628.8	0.8			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Qualcare	Qualcare		314.4	0.4			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Three Rivers	Three Rivers		746.7	0.95			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		UHC	Medicaid		247.28	0.3146			19.8	746.7	percent of total billed charges	
REGULAR CAM WALKER	L2999	HCPCS	outpatient			786		Wellcare	Medicaid		247.28	0.3146			19.8	746.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206		109.63 Aetna	Better Health		64.81	0.3146			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206		109.63 Aetna	Commercial		78.28	0.38			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206		109.63 Aetna	Medicare		95.33				61.8	195.7	case rate	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206		109.63 Americare	Americare		154.5	0.75			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206		109.63 WellPoint	WellPoint		66.08	0.3208			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206		109.63 Amerihealth	Medicare		67.98	0.33			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206		109.63 Consumer	Consumer		195.7	0.95			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206		109.63 Corrections	Corrections		164.8	0.8			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206		109.63 First Health	First Health		144.2	0.7			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206		109.63 First Trenton	First Trenton		185.4	0.9			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206		109.63 Horizon	Medicare Blue		61.8	0.3			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206		109.63 Horizon	MGD		78.86	0.3828			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206		109.63 Horizon	Indemnity		78.86	0.3828			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206		109.63 Horizon	PPO		78.86	0.3828			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206		109.63 Managed Care Inc	Managed Care Inc		185.4	0.9			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206		109.63 Multiplan	Multiplan		164.8	0.8			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206		109.63 Qualcare	Qualcare		154.5	0.75			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206		109.63 Three Rivers	Three Rivers		195.7	0.95			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206		109.63 UHC	Medicare		95.33				61.8	195.7	case rate	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206		109.63 UHC	Medicaid		64.81	0.3146			61.8	195.7	percent of total billed charges	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206		109.63 Wellcare	Medicare		95.33				61.8	195.7	case rate	
PEDIATRIC ABDUCTION BAR	L3150	HCPCS	outpatient			206		109.63 Wellcare	Medicaid		64.81	0.3146			61.8	195.7	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Aetna	Medicare		107.18	0.308			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Aetna	Better Health		109.48	0.3146			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Aetna	Commercial		132.24	0.38			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Americare	Americare		261	0.75			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		WellPoint	WellPoint		111.64	0.3208			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Amerihealth	Medicare		114.84	0.33			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Consumer	Consumer		330.6	0.95			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Corrections	Corrections		278.4	0.8			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		First Health	First Health		243.6	0.7			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		First Trenton	First Trenton		313.2	0.9			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Horizon	MGD		133.21	0.3828			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Horizon	Indemnity		133.21	0.3828			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Horizon	PPO		133.21	0.3828			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Horizon	Medicare Blue		104.4	0.3			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Managed Care Inc	Managed Care Inc		313.2	0.9			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Multiplan	Multiplan		278.4	0.8			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Qualcare	Qualcare		261	0.75			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Three Rivers	Three Rivers		330.6	0.95			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		UHC	Medicaid		109.48	0.3146			104.4	330.6	percent of total billed charges	
DH PRESSURE RELIEF SHOE	L3216	HCPCS	outpatient			348		Wellcare	Medicaid		109.48	0.3146			104.4	330.6	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Aetna	Commercial		202.92	0.38			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Aetna	Better Health		168	0.3146			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Aetna	Medicare		164.47	0.308			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Americare	Americare		400.5	0.75			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		WellPoint	WellPoint		171.31	0.3208			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Amerihealth	Medicare		176.22	0.33			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Consumer	Consumer		507.3	0.95			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Corrections	Corrections		427.2	0.8			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		First Health	First Health		373.8	0.7			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		First Trenton	First Trenton		480.6	0.9			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Horizon	MGD		204.42	0.3828			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Horizon	Medicare Blue		160.2	0.3			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Horizon	NJ Health		213.6	0.4			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Horizon	Indemnity		204.42	0.3828			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Horizon	PPO		204.42	0.3828			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Managed Care Inc	Managed Care Inc		480.6	0.9			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Multiplan	Multiplan		427.2	0.8			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Qualcare	Qualcare		213.6	0.4			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Three Rivers	Three Rivers		507.3	0.95			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		UHC	Medicaid		168	0.3146			6.3	507.3	percent of total billed charges	
POST/OP SHOE	L3260	HCPCS	both			534		Wellcare	Medicaid		168	0.3146			6.3	507.3	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	inpatient			26		Aetna	Medicare		8.01	0.308			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	inpatient			26		Aetna	Better Health		8.18	0.3146			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	inpatient			26		Aetna	Commercial		9.88	0.38			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	inpatient			26		Americare	Americare		19.5	0.75			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	inpatient			26		WellPoint	WellPoint		8.34	0.3208			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	inpatient			26		Amerihealth	Medicare		8.58	0.33			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	inpatient			26		Consumer	Consumer		24.7	0.95			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	inpatient			26		Corrections	Corrections		20.8	0.8			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	inpatient			26		First Health	First Health		18.2	0.7			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	inpatient			26		First Trenton	First Trenton		23.4	0.9			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	inpatient			26		Horizon	MGD		9.95	0.3828			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	inpatient			26		Horizon	Medicare Blue		7.8	0.3			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	inpatient			26		Horizon	NJ Health		10.4	0.4			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	inpatient			26		Horizon	Indemnity		9.95	0.3828			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	inpatient			26		Horizon	PPO		9.95	0.3828			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	inpatient			26		Managed Care Inc	Managed Care Inc		23.4	0.9			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	inpatient			26		Multiplan	Multiplan		20.8	0.8			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	inpatient			26		Qualcare	Qualcare		10.4	0.4			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	inpatient			26		Three Rivers	Three Rivers		24.7	0.95			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	inpatient			26		UHC	Medicaid		8.18	0.3146			7.8	24.7	percent of total billed charges	
CAST DELUXE OPEN TOE MEDIUM	L3265	HCPCS	inpatient			26		Wellcare	Medicaid		8.18	0.3146			7.8	24.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Aetna	Better Health		89.98	0.3146			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Aetna	Medicare		123.59				80.1	271.7	case rate	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Aetna	Commercial		108.68	0.38			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Americare	Americare		214.5	0.75			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 WellPoint	WellPoint		91.75	0.3208			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Amerihealth	Medicare		94.38	0.33			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Consumer	Consumer		271.7	0.95			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Corrections	Corrections		228.8	0.8			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 First Health	First Health		200.2	0.7			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 First Trenton	First Trenton		257.4	0.9			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Horizon	Medicare Blue		85.8	0.3			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Horizon	PPO		109.48	0.3828			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Horizon	MGD		109.48	0.3828			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Horizon	Indemnity		109.48	0.3828			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Managed Care Inc	Managed Care Inc		257.4	0.9			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Multiplan	Multiplan		228.8	0.8			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Qualcare	Qualcare		214.5	0.75			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Three Rivers	Three Rivers		271.7	0.95			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 UHC	Medicaid		89.98	0.3146			80.1	271.7	percent of total billed charges	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 UHC	Medicare		123.59				80.1	271.7	case rate	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Wellcare	Medicare		123.59				80.1	271.7	case rate	
SACH SHOE	L3450	HCPCS	outpatient			286		142.13 Wellcare	Medicaid		89.98	0.3146			80.1	271.7	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Aetna	Commercial		70.54	0.38			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Aetna	Better Health		58.4	0.3146			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Aetna	Medicare		75.79				20.4	176.36	case rate	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Americare	Americare		139.23	0.75			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 WellPoint	WellPoint		59.55	0.3208			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Amerihealth	Medicare		61.26	0.33			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Consumer	Consumer		176.36	0.95			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Corrections	Corrections		148.51	0.8			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 First Health	First Health		129.95	0.7			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 First Trenton	First Trenton		167.08	0.9			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Horizon	NJ Health		74.26	0.4			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Horizon	Indemnity		71.06	0.3828			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Horizon	MGD		71.06	0.3828			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Horizon	Medicare Blue		55.69	0.3			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Horizon	PPO		71.06	0.3828			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Managed Care Inc	Managed Care Inc		167.08	0.9			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Multiplan	Multiplan		148.51	0.8			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Qualcare	Qualcare		74.26	0.4			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 Three Rivers	Three Rivers		176.36	0.95			20.4	176.36	percent of total billed charges	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64		87.16 UHC	Medicaid		58.4	0.3146			20.4	176.36	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64	87.16	UHC	Medicare		75.79				20.4	176.36	case rate	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64	87.16	Wellcare	Medicare		75.79				20.4	176.36	case rate	
SO-PREFAB FIG OF 8 RESTRAINER	L3650	HCPCS	both			185.64	87.16	Wellcare	Medicaid		58.4	0.3146			20.4	176.36	percent of total billed charges	
SLING SHOT 2 SMALL	L3670	HCPCS	both			380	186.67	Aetna	Commercial		144.4	0.38			102	361	percent of total billed charges	
SLING SHOT 2 SMALL	L3670	HCPCS	both			380	186.67	Aetna	Better Health		119.55	0.3146			102	361	percent of total billed charges	
SLING SHOT 2 SMALL	L3670	HCPCS	both			380	186.67	Aetna	Medicare		162.32				102	361	case rate	
SLING SHOT 2 SMALL	L3670	HCPCS	both			380	186.67	Americare	Americare		285	0.75			102	361	percent of total billed charges	
SLING SHOT 2 SMALL	L3670	HCPCS	both			380	186.67	WellPoint	WellPoint		121.9	0.3208			102	361	percent of total billed charges	
SLING SHOT 2 SMALL	L3670	HCPCS	both			380	186.67	Amerihealth	Medicare		125.4	0.33			102	361	percent of total billed charges	
SLING SHOT 2 SMALL	L3670	HCPCS	both			380	186.67	Consumer	Consumer		361	0.95			102	361	percent of total billed charges	
SLING SHOT 2 SMALL	L3670	HCPCS	both			380	186.67	Corrections	Corrections		304	0.8			102	361	percent of total billed charges	
SLING SHOT 2 SMALL	L3670	HCPCS	both			380	186.67	First Health	First Health		266	0.7			102	361	percent of total billed charges	
SLING SHOT 2 SMALL	L3670	HCPCS	both			380	186.67	First Trenton	First Trenton		342	0.9			102	361	percent of total billed charges	
SLING SHOT 2 SMALL	L3670	HCPCS	both			380	186.67	Horizon	Indemnity		145.46	0.3828			102	361	percent of total billed charges	
SLING SHOT 2 SMALL	L3670	HCPCS	both			380	186.67	Horizon	NJ Health		152	0.4			102	361	percent of total billed charges	
SLING SHOT 2 SMALL	L3670	HCPCS	both			380	186.67	Horizon	Medicare Blue		114	0.3			102	361	percent of total billed charges	
SLING SHOT 2 SMALL	L3670	HCPCS	both			380	186.67	Horizon	MGD		145.46	0.3828			102	361	percent of total billed charges	
SLING SHOT 2 SMALL	L3670	HCPCS	both			380	186.67	Horizon	PPO		145.46	0.3828			102	361	percent of total billed charges	
SLING SHOT 2 SMALL	L3670	HCPCS	both			380	186.67	Managed Care Inc	Managed Care Inc		342	0.9			102	361	percent of total billed charges	
SLING SHOT 2 SMALL	L3670	HCPCS	both			380	186.67	Multiplan	Multiplan		304	0.8			102	361	percent of total billed charges	
SLING SHOT 2 SMALL	L3670	HCPCS	both			380	186.67	Qualcare	Qualcare		152	0.4			102	361	percent of total billed charges	
SLING SHOT 2 SMALL	L3670	HCPCS	both			380	186.67	Three Rivers	Three Rivers		361	0.95			102	361	percent of total billed charges	
SLING SHOT 2 SMALL	L3670	HCPCS	both			380	186.67	UHC	Medicaid		119.55	0.3146			102	361	percent of total billed charges	
SLING SHOT 2 SMALL	L3670	HCPCS	both			380	186.67	UHC	Medicare		162.32				102	361	case rate	
SLING SHOT 2 SMALL	L3670	HCPCS	both			380	186.67	Wellcare	Medicaid		119.55	0.3146			102	361	percent of total billed charges	
SLING SHOT 2 SMALL	L3670	HCPCS	both			380	186.67	Wellcare	Medicare		162.32				102	361	case rate	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764	353.89	Aetna	Medicare		307.73				229.2	725.8	case rate	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764	353.89	Aetna	Better Health		240.35	0.3146			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764	353.89	Aetna	Commercial		290.32	0.38			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764	353.89	Americare	Americare		573	0.75			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764	353.89	WellPoint	WellPoint		245.09	0.3208			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764	353.89	Amerihealth	Medicare		252.12	0.33			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764	353.89	Consumer	Consumer		725.8	0.95			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764	353.89	Corrections	Corrections		611.2	0.8			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764	353.89	First Health	First Health		534.8	0.7			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764	353.89	First Trenton	First Trenton		687.6	0.9			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764	353.89	Horizon	MGD		292.46	0.3828			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764	353.89	Horizon	PPO		292.46	0.3828			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764	353.89	Horizon	Indemnity		292.46	0.3828			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764	353.89	Horizon	Medicare Blue		229.2	0.3			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764	353.89	Managed Care Inc	Managed Care Inc		687.6	0.9			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764	353.89	Multiplan	Multiplan		611.2	0.8			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764	353.89	Qualcare	Qualcare		573	0.75			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764	353.89	Three Rivers	Three Rivers		725.8	0.95			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764	353.89	UHC	Medicaid		240.35	0.3146			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764	353.89	UHC	Medicare		307.73				229.2	725.8	case rate	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764	353.89	Wellcare	Medicaid		240.35	0.3146			229.2	725.8	percent of total billed charges	
EO W/O JOINTS CF	L3702	HCPCS	outpatient			764	353.89	Wellcare	Medicare		307.73				229.2	725.8	case rate	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62	153.05	Aetna	Commercial		128.3	0.38			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62	153.05	Aetna	Medicare		133.09				91.5	320.74	case rate	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62	153.05	Aetna	Better Health		106.22	0.3146			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62	153.05	Americare	Americare		253.22	0.75			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62	153.05	WellPoint	WellPoint		108.31	0.3208			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62	153.05	Amerihealth	Medicare		111.41	0.33			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			306	153.05	Amerihealth	Medicare		133.09				91.5	320.74	case rate	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62	153.05	Consumer	Consumer		320.74	0.95			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62	153.05	Corrections	Corrections		270.1	0.8			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62	153.05	First Health	First Health		236.33	0.7			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62	153.05	First Trenton	First Trenton		303.86	0.9			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62	153.05	Horizon	Indemnity		129.24	0.3828			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62	153.05	Horizon	MGD		129.24	0.3828			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62	153.05	Horizon	NJ Health		135.05	0.4			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62	153.05	Horizon	Medicare Blue		101.29	0.3			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62	153.05	Horizon	PPO		129.24	0.3828			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62	153.05	Managed Care Inc	Managed Care Inc		303.86	0.9			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62	153.05	Multiplan	Multiplan		270.1	0.8			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62	153.05	Qualcare	Qualcare		135.05	0.4			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62	153.05	Three Rivers	Three Rivers		320.74	0.95			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62	153.05	UHC	Medicaid		106.22	0.3146			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62	153.05	UHC	Medicare		133.09				91.5	320.74	case rate	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62	153.05	Wellcare	Medicaid		106.22	0.3146			91.5	320.74	percent of total billed charges	
ELBOW HINGED BRACE	L3710	HCPCS	outpatient			337.62	153.05	Wellcare	Medicare		133.09				91.5	320.74	case rate	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12	1329.02	Aetna	Better Health		1008.02	0.3146			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12	1329.02	Aetna	Medicare		1155.67				961.24	3043.91	case rate	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12	1329.02	Aetna	Commercial		1217.57	0.38			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12	1329.02	Americare	Americare		2403.09	0.75			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12	1329.02	WellPoint	WellPoint		1027.88	0.3208			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12	1329.02	Amerihealth	Medicare		1057.36	0.33			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12	1329.02	Consumer	Consumer		3043.91	0.95			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12	1329.02	Corrections	Corrections		2563.3	0.8			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12	1329.02	First Health	First Health		2242.88	0.7			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12	1329.02	First Trenton	First Trenton		2883.71	0.9			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12	1329.02	Horizon	MGD		1226.54	0.3828			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12	1329.02	Horizon	Indemnity		1226.54	0.3828			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12	1329.02	Horizon	Medicare Blue		961.24	0.3			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12	1329.02	Horizon	PPO		1226.54	0.3828			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12	1329.02	Managed Care Inc	Managed Care Inc		2883.71	0.9			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12	1329.02	Multiplan	Multiplan		2563.3	0.8			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12	1329.02	Qualcare	Qualcare		2403.09	0.75			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12	1329.02	Three Rivers	Three Rivers		3043.91	0.95			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12	1329.02	UHC	Medicaid		1008.02	0.3146			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12	1329.02	UHC	Medicare		1155.67				961.24	3043.91	case rate	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12	1329.02	Wellcare	Medicaid		1008.02	0.3146			961.24	3043.91	percent of total billed charges	
DOUBLE SWIVEL ELBOW W/PORT	L3730	HCPCS	outpatient			3204.12	1329.02	Wellcare	Medicare		1155.67				961.24	3043.91	case rate	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	inpatient			406	131.78	Aetna	Medicare		114.59				114.59	385.7	case rate	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	inpatient			406	131.78	Aetna	Better Health		127.73	0.3146			114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	inpatient			406	131.78	Aetna	Commercial		154.28	0.38			114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	inpatient			406	131.78	Americare	Americare		304.5	0.75			114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	inpatient			406	131.78	WellPoint	WellPoint		130.24	0.3208			114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	inpatient			406	131.78	Amerihealth	Medicare		114.59				114.59	385.7	case rate	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	inpatient			406	131.78	Consumer	Consumer		385.7	0.95			114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	inpatient			406	131.78	Corrections	Corrections		324.8	0.8			114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	inpatient			406	131.78	First Health	First Health		284.2	0.7			114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	inpatient			406	131.78	First Trenton	First Trenton		365.4	0.9			114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	inpatient			406	131.78	Horizon	MGD		155.42	0.3828			114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	inpatient			406	131.78	Horizon	Indemnity		155.42	0.3828			114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	inpatient			406	131.78	Horizon	PPO		155.42	0.3828			114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	inpatient			406	131.78	Horizon	Medicare Blue		121.8	0.3			114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	inpatient			406	131.78	Managed Care Inc	Managed Care Inc		365.4	0.9			114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	inpatient			406	131.78	Multiplan	Multiplan		324.8	0.8			114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	inpatient			406	131.78	Qualcare	Qualcare		304.5	0.75			114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	inpatient			406	131.78	Three Rivers	Three Rivers		385.7	0.95			114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	inpatient			406	131.78	UHC	Medicare		114.59				114.59	385.7	case rate	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	inpatient			406	131.78	UHC	Medicaid		127.73	0.3146			114.59	385.7	percent of total billed charges	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	inpatient			406	131.78	Wellcare	Medicare		114.59				114.59	385.7	case rate	
COMFY SPLINT ELBOW ORTHOSIS	L3762	HCPCS	inpatient			406	131.78	Wellcare	Medicaid		127.73	0.3146			114.59	385.7	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	inpatient			2039	869.95	Aetna	Better Health		641.47	0.3146			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	inpatient			2039	869.95	Aetna	Medicare		756.48				611.7	1937.05	case rate	
UE ELBOW-HINGED	L3763	HCPCS	inpatient			2039	869.95	Aetna	Commercial		774.82	0.38			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	inpatient			2039	869.95	Americare	Americare		1529.25	0.75			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	inpatient			2039	869.95	WellPoint	WellPoint		654.11	0.3208			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	inpatient			2039	869.95	Amerihealth	Medicare		672.87	0.33			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	inpatient			2039	869.95	Consumer	Consumer		1937.05	0.95			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	inpatient			2039	869.95	Corrections	Corrections		1631.2	0.8			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	inpatient			2039	869.95	First Health	First Health		1427.3	0.7			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	inpatient			2039	869.95	First Trenton	First Trenton		1835.1	0.9			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	inpatient			2039	869.95	Horizon	Medicare Blue		611.7	0.3			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	inpatient			2039	869.95	Horizon	MGD		780.53	0.3828			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	inpatient			2039	869.95	Horizon	Indemnity		780.53	0.3828			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	inpatient			2039	869.95	Horizon	NJ Health		815.6	0.4			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	inpatient			2039	869.95	Horizon	PPO		780.53	0.3828			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	inpatient			2039	869.95	Managed Care Inc	Managed Care Inc		1835.1	0.9			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	inpatient			2039	869.95	Multiplan	Multiplan		1631.2	0.8			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	inpatient			2039	869.95	Qualcare	Qualcare		815.6	0.4			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	inpatient			2039	869.95	Three Rivers	Three Rivers		1937.05	0.95			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	inpatient			2039	869.95	UHC	Medicaid		641.47	0.3146			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	inpatient			2039	869.95	UHC	Medicare		756.48				611.7	1937.05	case rate	
UE ELBOW-HINGED	L3763	HCPCS	inpatient			2039	869.95	Wellcare	Medicaid		641.47	0.3146			611.7	1937.05	percent of total billed charges	
UE ELBOW-HINGED	L3763	HCPCS	inpatient			2039	869.95	Wellcare	Medicare		756.48				611.7	1937.05	case rate	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Aetna	Better Health		237.52	0.3146			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Aetna	Medicare		266.4				172.5	717.25	case rate	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Aetna	Commercial		286.9	0.38			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Americare	Americare		566.25	0.75			172.5	717.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	WellPoint	WellPoint		242.2	0.3208			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			575	306.36	Amerihealth	Medicare		189.75	0.33			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Amerihealth	Medicare		266.4				172.5	717.25	case rate	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Consumer	Consumer		717.25	0.95			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Corrections	Corrections		604	0.8			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	First Health	First Health		528.5	0.7			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	First Trenton	First Trenton		679.5	0.9			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Horizon	MGD		289.01	0.3828			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Horizon	Medicare Blue		226.5	0.3			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Horizon	NJ Health		302	0.4			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Horizon	Indemnity		289.01	0.3828			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Horizon	PPO		289.01	0.3828			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Managed Care Inc	Managed Care Inc		679.5	0.9			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Multiplan	Multiplan		604	0.8			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Qualcare	Qualcare		302	0.4			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Three Rivers	Three Rivers		717.25	0.95			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	UHC	Medicaid		237.52	0.3146			172.5	717.25	percent of total billed charges	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	UHC	Medicare		266.4				172.5	717.25	case rate	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Wellcare	Medicare		266.4				172.5	717.25	case rate	
WRIST FOREARM SPLINTS	L3807	HCPCS	outpatient			755	306.36	Wellcare	Medicaid		237.52	0.3146			172.5	717.25	percent of total billed charges	
WHFO WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Aetna	Better Health		324.35	0.3146			293.7	979.45	percent of total billed charges	
WHFO WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Aetna	Commercial		391.78	0.38			293.7	979.45	percent of total billed charges	
WHFO WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Aetna	Medicare		366.15				293.7	979.45	case rate	
WHFO WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Americare	Americare		773.25	0.75			293.7	979.45	percent of total billed charges	
WHFO WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	WellPoint	WellPoint		330.74	0.3208			293.7	979.45	percent of total billed charges	
WHFO WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Amerihealth	Medicare		340.23	0.33			293.7	979.45	percent of total billed charges	
WHFO WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Consumer	Consumer		979.45	0.95			293.7	979.45	percent of total billed charges	
WHFO WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Corrections	Corrections		824.8	0.8			293.7	979.45	percent of total billed charges	
WHFO WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	First Health	First Health		721.7	0.7			293.7	979.45	percent of total billed charges	
WHFO WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	First Trenton	First Trenton		927.9	0.9			293.7	979.45	percent of total billed charges	
WHFO WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Horizon	Medicare Blue		309.3	0.3			293.7	979.45	percent of total billed charges	
WHFO WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Horizon	MGD		394.67	0.3828			293.7	979.45	percent of total billed charges	
WHFO WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Horizon	Indemnity		394.67	0.3828			293.7	979.45	percent of total billed charges	
WHFO WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Horizon	PPO		394.67	0.3828			293.7	979.45	percent of total billed charges	
WHFO WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Managed Care Inc	Managed Care Inc		927.9	0.9			293.7	979.45	percent of total billed charges	
WHFO WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Multiplan	Multiplan		824.8	0.8			293.7	979.45	percent of total billed charges	
WHFO WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Qualcare	Qualcare		773.25	0.75			293.7	979.45	percent of total billed charges	
WHFO WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Three Rivers	Three Rivers		979.45	0.95			293.7	979.45	percent of total billed charges	
WHFO WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	UHC	Medicaid		324.35	0.3146			293.7	979.45	percent of total billed charges	
WHFO WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	UHC	Medicare		366.15				293.7	979.45	case rate	
WHFO WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Wellcare	Medicare		366.15				293.7	979.45	case rate	
WHFO WRIST GAUNT W/THMB	L3808	HCPCS	outpatient			1031	421.07	Wellcare	Medicaid		324.35	0.3146			293.7	979.45	percent of total billed charges	
COCK-UP WRIS	L3908	HCPCS	both			251	75.37	Aetna	Better Health		78.96	0.3146			56.7	238.45	percent of total billed charges	
COCK-UP WRIS	L3908	HCPCS	both			251	75.37	Aetna	Commercial		95.38	0.38			56.7	238.45	percent of total billed charges	
COCK-UP WRIS	L3908	HCPCS	both			251	75.37	Aetna	Medicare		65.54				56.7	238.45	case rate	
COCK-UP WRIS	L3908	HCPCS	both			251	75.37	Americare	Americare		188.25	0.75			56.7	238.45	percent of total billed charges	
COCK-UP WRIS	L3908	HCPCS	both			251	75.37	WellPoint	WellPoint		80.52	0.3208			56.7	238.45	percent of total billed charges	
COCK UP SPLINT	L3908	HCPCS	both			251	75.37	Amerihealth	Medicare		65.54				56.7	238.45	case rate	
COCK-UP WRIS	L3908	HCPCS	both			218	75.37	Amerihealth	Medicare		71.94	0.33			56.7	238.45	percent of total billed charges	
COCK-UP WRIS	L3908	HCPCS	both			251	75.37	Consumer	Consumer		238.45	0.95			56.7	238.45	percent of total billed charges	
COCK-UP WRIS	L3908	HCPCS	both			251	75.37	Corrections	Corrections		200.8	0.8			56.7	238.45	percent of total billed charges	
COCK-UP WRIS	L3908	HCPCS	both			251	75.37	First Health	First Health		175.7	0.7			56.7	238.45	percent of total billed charges	
COCK-UP WRIS	L3908	HCPCS	both			251	75.37	First Trenton	First Trenton		225.9	0.9			56.7	238.45	percent of total billed charges	
COCK-UP WRIS	L3908	HCPCS	both			251	75.37	Horizon	Medicare Blue		75.3	0.3			56.7	238.45	percent of total billed charges	
COCK-UP WRIS	L3908	HCPCS	both			251	75.37	Horizon	Indemnity		96.08	0.3828			56.7	238.45	percent of total billed charges	
COCK-UP WRIS	L3908	HCPCS	both			251	75.37	Horizon	NJ Health		100.4	0.4			56.7	238.45	percent of total billed charges	
COCK-UP WRIS	L3908	HCPCS	both			251	75.37	Horizon	MGD		96.08	0.3828			56.7	238.45	percent of total billed charges	
COCK-UP WRIS	L3908	HCPCS	both			251	75.37	Horizon	PPO		96.08	0.3828			56.7	238.45	percent of total billed charges	
COCK-UP WRIS	L3908	HCPCS	both			251	75.37	Managed Care Inc	Managed Care Inc		225.9	0.9			56.7	238.45	percent of total billed charges	
COCK-UP WRIS	L3908	HCPCS	both			251	75.37	Multiplan	Multiplan		200.8	0.8			56.7	238.45	percent of total billed charges	
COCK-UP WRIS	L3908	HCPCS	both			251	75.37	Qualcare	Qualcare		100.4	0.4			56.7	238.45	percent of total billed charges	
COCK-UP WRIS	L3908	HCPCS	both			251	75.37	Three Rivers	Three Rivers		238.45	0.95			56.7	238.45	percent of total billed charges	
COCK-UP WRIS	L3908	HCPCS	both			251	75.37	UHC	Medicare		65.54				56.7	238.45	case rate	
COCK-UP WRIS	L3908	HCPCS	both			251	75.37	UHC	Medicaid		78.96	0.3146			56.7	238.45	percent of total billed charges	
COCK-UP WRIS	L3908	HCPCS	both			251	75.37	Wellcare	Medicaid		78.96	0.3146			56.7	238.45	percent of total billed charges	
COCK-UP WRIS	L3908	HCPCS	both			251	75.37	Wellcare	Medicare		65.54				56.7	238.45	case rate	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Aetna	Medicare		68.42				35.1	469.3	case rate	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Aetna	Better Health		155.41	0.3146			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Aetna	Commercial		187.72	0.38			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Americare	Americare		370.5	0.75			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	WellPoint	WellPoint		158.48	0.3208			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Amerihealth	Medicare		68.42				35.1	469.3	case rate	
STAX SPLINT	L3925	HCPCS	outpatient			130	78.68	Amerihealth	Medicare		42.9	0.33			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Consumer	Consumer		469.3	0.95			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Corrections	Corrections		395.2	0.8			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	First Health	First Health		345.8	0.7			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	First Trenton	First Trenton		444.6	0.9			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Horizon	MGD		189.1	0.3828			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Horizon	Indemnity		189.1	0.3828			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Horizon	NJ Health		197.6	0.4			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Horizon	PPO		189.1	0.3828			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Horizon	Medicare Blue		148.2	0.3			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Managed Care Inc	Managed Care Inc		444.6	0.9			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Multiplan	Multiplan		395.2	0.8			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Qualcare	Qualcare		197.6	0.4			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Three Rivers	Three Rivers		469.3	0.95			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	UHC	Medicaid		155.41	0.3146			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	UHC	Medicare		68.42				35.1	469.3	case rate	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Wellcare	Medicaid		155.41	0.3146			35.1	469.3	percent of total billed charges	
STAX SPLINT	L3925	HCPCS	outpatient			494	78.68	Wellcare	Medicare		68.42				35.1	469.3	case rate	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Aetna	Commercial		33.82	0.38			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Aetna	Medicare		37.28				15	84.55	case rate	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Aetna	Better Health		28	0.3146			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Americare	Americare		66.75	0.75			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	WellPoint	WellPoint		28.55	0.3208			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			50	42.87	Amerihealth	Medicare		37.28				15	84.55	case rate	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Amerihealth	Medicare		29.37	0.33			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Consumer	Consumer		84.55	0.95			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Corrections	Corrections		71.2	0.8			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	First Health	First Health		62.3	0.7			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	First Trenton	First Trenton		80.1	0.9			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Horizon	MGD		34.07	0.3828			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Horizon	Indemnity		34.07	0.3828			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Horizon	Medicare Blue		26.7	0.3			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Horizon	PPO		34.07	0.3828			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Horizon	NJ Health		35.6	0.4			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Managed Care Inc	Managed Care Inc		80.1	0.9			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Multiplan	Multiplan		71.2	0.8			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Qualcare	Qualcare		35.6	0.4			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Three Rivers	Three Rivers		84.55	0.95			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	UHC	Medicaid		28	0.3146			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	UHC	Medicare		37.28				15	84.55	case rate	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Wellcare	Medicaid		28	0.3146			15	84.55	percent of total billed charges	
THUMB SPICA SPLINT	L3927	HCPCS	outpatient			89	42.87	Wellcare	Medicare		37.28				15	84.55	case rate	
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Aetna	Better Health		346.06	0.3146			135	1045	percent of total billed charges	
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Aetna	Medicare		396.35				135	1045	case rate	
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Aetna	Commercial		418	0.38			135	1045	percent of total billed charges	
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Americare	Americare		825	0.75			135	1045	percent of total billed charges	
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	WellPoint	WellPoint		352.88	0.3208			135	1045	percent of total billed charges	
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Amerihealth	Medicare		396.35				135	1045	case rate	
HUMERAL FX BRACE	L3980	HCPCS	both			925	455.8	Amerihealth	Medicare		305.25	0.33			135	1045	percent of total billed charges	
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Consumer	Consumer		1045	0.95			135	1045	percent of total billed charges	
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Corrections	Corrections		880	0.8			135	1045	percent of total billed charges	
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	First Health	First Health		770	0.7			135	1045	percent of total billed charges	
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	First Trenton	First Trenton		990	0.9			135	1045	percent of total billed charges	
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Horizon	Indemnity		421.08	0.3828			135	1045	percent of total billed charges	
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Horizon	MGD		421.08	0.3828			135	1045	percent of total billed charges	
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Horizon	NJ Health		440	0.4			135	1045	percent of total billed charges	
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Horizon	Medicare Blue		330	0.3			135	1045	percent of total billed charges	
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Horizon	PPO		421.08	0.3828			135	1045	percent of total billed charges	
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Managed Care Inc	Managed Care Inc		990	0.9			135	1045	percent of total billed charges	
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Multiplan	Multiplan		880	0.8			135	1045	percent of total billed charges	
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Qualcare	Qualcare		440	0.4			135	1045	percent of total billed charges	
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Three Rivers	Three Rivers		1045	0.95			135	1045	percent of total billed charges	
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	UHC	Medicaid		346.06	0.3146			135	1045	percent of total billed charges	
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	UHC	Medicare		396.35				135	1045	case rate	
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Wellcare	Medicaid		346.06	0.3146			135	1045	percent of total billed charges	
HUMERAL FX BRACE	L3980	HCPCS	both			1100	455.8	Wellcare	Medicare		396.35				135	1045	case rate	
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Aetna	Medicare		445.98				301.2	953.8	case rate	
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Aetna	Commercial		381.52	0.38			301.2	953.8	percent of total billed charges	
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Aetna	Better Health		315.86	0.3146			301.2	953.8	percent of total billed charges	
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Americare	Americare		753	0.75			301.2	953.8	percent of total billed charges	
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	WellPoint	WellPoint		322.08	0.3208			301.2	953.8	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																	
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes				
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Amerihealth	Medicare		331.32	0.33			301.2	953.8	percent of total billed charges						
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Consumer	Consumer		953.8	0.95			301.2	953.8	percent of total billed charges						
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Corrections	Corrections		803.2	0.8			301.2	953.8	percent of total billed charges						
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	First Health	First Health		702.8	0.7			301.2	953.8	percent of total billed charges						
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	First Trenton	First Trenton		903.6	0.9			301.2	953.8	percent of total billed charges						
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Horizon	Indemnity		384.33	0.3828			301.2	953.8	percent of total billed charges						
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Horizon	Medicare Blue		301.2	0.3			301.2	953.8	percent of total billed charges						
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Horizon	MGD		384.33	0.3828			301.2	953.8	percent of total billed charges						
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Horizon	PPO		384.33	0.3828			301.2	953.8	percent of total billed charges						
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Managed Care Inc	Managed Care Inc		903.6	0.9			301.2	953.8	percent of total billed charges						
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Multiplan	Multiplan		803.2	0.8			301.2	953.8	percent of total billed charges						
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Qualcare	Qualcare		753	0.75			301.2	953.8	percent of total billed charges						
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Three Rivers	Three Rivers		953.8	0.95			301.2	953.8	percent of total billed charges						
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	UHC	Medicare		445.98				301.2	953.8	case rate						
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	UHC	Medicaid		315.86	0.3146			301.2	953.8	percent of total billed charges						
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Wellcare	Medicare		445.98				301.2	953.8	case rate						
J-SPLINTS	L3984	HCPCS	outpatient			1004	512.88	Wellcare	Medicaid		315.86	0.3146			301.2	953.8	percent of total billed charges						
ROLYAN BURN SPLINT	L3999	HCPCS	inpatient			108		Aetna	Commercial		41.04	0.38			15.45	102.6	percent of total billed charges						
ROLYAN BURN SPLINT	L3999	HCPCS	inpatient			108		Aetna	Better Health		33.98	0.3146			15.45	102.6	percent of total billed charges						
ROLYAN BURN SPLINT	L3999	HCPCS	inpatient			108		Aetna	Medicare		33.26	0.308			15.45	102.6	percent of total billed charges						
ROLYAN BURN SPLINT	L3999	HCPCS	inpatient			108		Americare	Americare		81	0.75			15.45	102.6	percent of total billed charges						
ROLYAN BURN SPLINT	L3999	HCPCS	inpatient			108		WellPoint	WellPoint		34.65	0.3208			15.45	102.6	percent of total billed charges						
ROLYAN BURN SPLINT	L3999	HCPCS	inpatient			108		Amerihealth	Medicare		35.64	0.33			15.45	102.6	percent of total billed charges						
ROLYAN BURN SPLINT	L3999	HCPCS	inpatient			108		Consumer	Consumer		102.6	0.95			15.45	102.6	percent of total billed charges						
ROLYAN BURN SPLINT	L3999	HCPCS	inpatient			108		Corrections	Corrections		86.4	0.8			15.45	102.6	percent of total billed charges						
ROLYAN BURN SPLINT	L3999	HCPCS	inpatient			108		First Health	First Health		75.6	0.7			15.45	102.6	percent of total billed charges						
ROLYAN BURN SPLINT	L3999	HCPCS	inpatient			108		First Trenton	First Trenton		97.2	0.9			15.45	102.6	percent of total billed charges						
ROLYAN BURN SPLINT	L3999	HCPCS	inpatient			108		Horizon	MGD		41.34	0.3828			15.45	102.6	percent of total billed charges						
ROLYAN BURN SPLINT	L3999	HCPCS	inpatient			108		Horizon	Indemnity		41.34	0.3828			15.45	102.6	percent of total billed charges						
ROLYAN BURN SPLINT	L3999	HCPCS	inpatient			108		Horizon	PPO		41.34	0.3828			15.45	102.6	percent of total billed charges						
ROLYAN BURN SPLINT	L3999	HCPCS	inpatient			108		Horizon	Medicare Blue		32.4	0.3			15.45	102.6	percent of total billed charges						
ROLYAN BURN SPLINT	L3999	HCPCS	inpatient			108		Horizon	NJ Health		43.2	0.4			15.45	102.6	percent of total billed charges						
ROLYAN BURN SPLINT	L3999	HCPCS	inpatient			108		Managed Care Inc	Managed Care Inc		97.2	0.9			15.45	102.6	percent of total billed charges						
ROLYAN BURN SPLINT	L3999	HCPCS	inpatient			108		Multiplan	Multiplan		86.4	0.8			15.45	102.6	percent of total billed charges						
ROLYAN BURN SPLINT	L3999	HCPCS	inpatient			108		Qualcare	Qualcare		43.2	0.4			15.45	102.6	percent of total billed charges						
ROLYAN BURN SPLINT	L3999	HCPCS	inpatient			108		Three Rivers	Three Rivers		102.6	0.95			15.45	102.6	percent of total billed charges						
ROLYAN BURN SPLINT	L3999	HCPCS	inpatient			108		UHC	Medicaid		33.98	0.3146			15.45	102.6	percent of total billed charges						
ROLYAN BURN SPLINT	L3999	HCPCS	inpatient			108		Wellcare	Medicaid		33.98	0.3146			15.45	102.6	percent of total billed charges						
AIR CAST SHORT	L4350	HCPCS	both			249	113.09	Aetna	Medicare		98.34				64.8	236.55	case rate						
AIR CAST SHORT	L4350	HCPCS	both			249	113.09	Aetna	Better Health		78.34	0.3146			64.8	236.55	percent of total billed charges						
AIR CAST SHORT	L4350	HCPCS	both			249	113.09	Aetna	Commercial		94.62	0.38			64.8	236.55	percent of total billed charges						
AIR CAST SHORT	L4350	HCPCS	both			249	113.09	Americare	Americare		186.75	0.75			64.8	236.55	percent of total billed charges						
AIR CAST SHORT	L4350	HCPCS	both			249	113.09	WellPoint	WellPoint		79.88	0.3208			64.8	236.55	percent of total billed charges						
AIR CAST SHORT	L4350	HCPCS	both			249	113.09	Amerihealth	Medicare		82.17	0.33			64.8	236.55	percent of total billed charges						
AIR CAST SHORT	L4350	HCPCS	both			249	113.09	Consumer	Consumer		236.55	0.95			64.8	236.55	percent of total billed charges						
AIR CAST SHORT	L4350	HCPCS	both			249	113.09	Corrections	Corrections		199.2	0.8			64.8	236.55	percent of total billed charges						
AIR CAST SHORT	L4350	HCPCS	both			249	113.09	First Health	First Health		174.3	0.7			64.8	236.55	percent of total billed charges						
AIR CAST SHORT	L4350	HCPCS	both			249	113.09	First Trenton	First Trenton		224.1	0.9			64.8	236.55	percent of total billed charges						
AIR CAST SHORT	L4350	HCPCS	both			249	113.09	Horizon	MGD		95.32	0.3828			64.8	236.55	percent of total billed charges						
AIR CAST SHORT	L4350	HCPCS	both			249	113.09	Horizon	Indemnity		95.32	0.3828			64.8	236.55	percent of total billed charges						
AIR CAST SHORT	L4350	HCPCS	both			249	113.09	Horizon	NJ Health		99.6	0.4			64.8	236.55	percent of total billed charges						
AIR CAST SHORT	L4350	HCPCS	both			249	113.09	Horizon	Medicare Blue		74.7	0.3			64.8	236.55	percent of total billed charges						
AIR CAST SHORT	L4350	HCPCS	both			249	113.09	Horizon	PPO		95.32	0.3828			64.8	236.55	percent of total billed charges						
AIR CAST SHORT	L4350	HCPCS	both			249	113.09	Managed Care Inc	Managed Care Inc		224.1	0.9			64.8	236.55	percent of total billed charges						
AIR CAST SHORT	L4350	HCPCS	both			249	113.09	Multiplan	Multiplan		199.2	0.8			64.8	236.55	percent of total billed charges						
AIR CAST SHORT	L4350	HCPCS	both			249	113.09	Qualcare	Qualcare		99.6	0.4			64.8	236.55	percent of total billed charges						
AIR CAST SHORT	L4350	HCPCS	both			249	113.09	Three Rivers	Three Rivers		236.55	0.95			64.8	236.55	percent of total billed charges						
AIR CAST SHORT	L4350	HCPCS	both			249	113.09	UHC	Medicaid		78.34	0.3146			64.8	236.55	percent of total billed charges						
AIR CAST SHORT	L4350	HCPCS	both			249	113.09	UHC	Medicare		98.34				64.8	236.55	case rate						
AIR CAST SHORT	L4350	HCPCS	both			249	113.09	Wellcare	Medicaid		78.34	0.3146			64.8	236.55	percent of total billed charges						
AIR CAST SHORT	L4350	HCPCS	both			249	113.09	Wellcare	Medicare		98.34				64.8	236.55	case rate						
WALKER FOAM MEDIUM	L4360	HCPCS	both			800.07	350.32	Aetna	Medicare		304.63				240.02	760.07	case rate						
WALKER FOAM MEDIUM	L4360	HCPCS	both			800.07	350.32	Aetna	Better Health		251.7	0.3146			240.02	760.07	percent of total billed charges						
WALKER FOAM MEDIUM	L4360	HCPCS	both			800.07	350.32	Aetna	Commercial		304.03	0.38			240.02	760.07	percent of total billed charges						
WALKER FOAM MEDIUM	L4360	HCPCS	both			800.07	350.32	Americare	Americare		600.05	0.75			240.02	760.07	percent of total billed charges						
WALKER FOAM MEDIUM	L4360	HCPCS	both			800.07	350.32	WellPoint	WellPoint		256.66	0.3208			240.02	760.07	percent of total billed charges						
WALKER FOAM MEDIUM	L4360	HCPCS	both			800.07	350.32	Amerihealth	Medicare		264.02	0.33			240.02	760.07	percent of total billed charges						
WALKER FOAM MEDIUM	L4360	HCPCS	both			800.07	350.32	Consumer	Consumer		760.07	0.95			240.02	760.07	percent of total billed charges						
WALKER FOAM MEDIUM	L4360	HCPCS	both			800.07	350.32	Corrections	Corrections		640.06	0.8			240.02	760.07	percent of total billed charges						
WALKER FOAM MEDIUM	L4360	HCPCS	both			800.07	350.32	First Health	First Health		560.05	0.7			240.02	760.07	percent of total billed charges						
WALKER FOAM MEDIUM	L4360	HCPCS	both			800.07	350.32	First Trenton	First Trenton		720.06	0.9			240.02	760.07	percent of total billed charges						
WALKER FOAM MEDIUM	L4360	HCPCS	both			800.07	350.32	Horizon	Medicare Blue		240.02	0.3			240.02	760.07	percent of total billed charges						
WALKER FOAM MEDIUM	L4360	HCPCS	both			800.07	350.32	Horizon	Indemnity		306.27	0.3828			240.02	760.07	percent of total billed charges						
WALKER FOAM MEDIUM	L4360	HCPCS	both			800.07	350.32	Horizon	PPO		306.27	0.3828			240.02	760.07	percent of total billed charges						
WALKER FOAM MEDIUM	L4360	HCPCS	both			800.07	350.32	Horizon	MGD		306.27	0.3828			240.02	760.07	percent of total billed charges						
WALKER FOAM MEDIUM	L4360	HCPCS	both			800.07	350.32	Horizon	NJ Health		320.03	0.4			240.02	760.07	percent of total billed charges						
WALKER FOAM MEDIUM	L4360	HCPCS	both			800.07	350.32	Managed Care Inc	Managed Care Inc		720.06	0.9			240.02	760.07	percent of total billed charges						
WALKER FOAM MEDIUM	L4360	HCPCS	both			800.07	350.32	Multiplan	Multiplan		640.06	0.8			240.02	760.07	percent of total billed charges						
WALKER FOAM MEDIUM	L4360	HCPCS	both			800.07	350.32	Qualcare	Qualcare		320.03	0.4			240.02	760.07	percent of total billed charges						
WALKER FOAM MEDIUM	L4360	HCPCS	both			800.07	350.32	Three Rivers	Three Rivers		760.07	0.95			240.02	760.07	percent of total billed charges						
WALKER FOAM MEDIUM	L4360	HCPCS	both			800.07	350.32	UHC	Medicaid		251.7	0.3146			240.02	760.07	percent of total billed charges						
WALKER FOAM MEDIUM	L4360	HCPCS	both			800.07	350.32	UHC	Medicare		304.63				240.02	760.07	case rate						
WALKER FOAM MEDIUM	L4360	HCPCS	both			800.07	350.32	Wellcare	Medicare		304.63				240.02	760.07	case rate						
WALKER FOAM MEDIUM	L4360	HCPCS	both			800.07	350.32	Wellcare	Medicaid		251.7	0.3146			240.02	760.07	percent of total billed charges						
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Aetna	Better Health		158.87	0.3146			137.1	479.75	percent of total billed charges						
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Aetna	Medicare		207.7				137.1	479.75	case rate						
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Aetna	Commercial		191.9	0.38			137.1	479.75	percent of total billed charges						
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Americare	Americare		378.75	0.75			137.1	479.75	percent of total billed charges						
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	WellPoint	WellPoint		162	0.3208			137.1	479.75	percent of total billed charges						
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Amerihealth	Medicare		166.65	0.33			137.1	479.75	percent of total billed charges						
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Consumer	Consumer		479.75	0.95			137.1	479.75	percent of total billed charges						
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Corrections	Corrections		404	0.8			137.1	479.75	percent of total billed charges						
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	First Health	First Health		353.5	0.7			137.1	479.75	percent of total billed charges						
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	First Trenton	First Trenton		454.5	0.9			137.1	479.75	percent of total billed charges						
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Horizon	Medicare Blue		151.5	0.3			137.1	479.75	percent of total billed charges						
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Horizon	MGD		193.31	0.3828			137.1	479.75	percent of total billed charges						
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Horizon	Indemnity		193.31	0.3828			137.1	479.75	percent of total billed charges						
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Horizon	PPO		193.31	0.3828			137.1	479.75	percent of total billed charges						
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Managed Care Inc	Managed Care Inc		454.5	0.9			137.1	479.75	percent of total billed charges						
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Multiplan	Multiplan		404	0.8			137.1	479.75	percent of total billed charges						
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Qualcare	Qualcare		378.75	0.75			137.1	479.75	percent of total billed charges						
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Three Rivers	Three Rivers		479.75	0.95			137.1	479.75	percent of total billed charges						
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	UHC	Medicaid		158.87	0.3146			137.1	479.75	percent of total billed charges						
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	UHC	Medicare		207.7				137.1	479.75	case rate						
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Wellcare	Medicare		207.7				137.1	479.75	case rate						
AIR CAST LONG	L4370	HCPCS	outpatient			505	238.86	Wellcare	Medicaid		158.87	0.3146			137.1	479.75	percent of total billed charges						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527	213.5	Aetna	Medicare		185.65				120	500.65	case rate						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527	213.5	Aetna	Better Health		165.79	0.3146			120	500.65	percent of total billed charges						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527	213.5	Aetna	Commercial		200.26	0.38			120	500.65	percent of total billed charges						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527	213.5	Americare	Americare		395.25	0.75			120	500.65	percent of total billed charges						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527	213.5	WellPoint	WellPoint		169.06	0.3208			120	500.65	percent of total billed charges						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527	213.5	Amerihealth	Medicare		185.65				120	500.65	case rate						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			430	213.5	Amerihealth	Medicare		141.9	0.33			120	500.65	percent of total billed charges						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527	213.5	Consumer	Consumer		500.65	0.95			120	500.65	percent of total billed charges						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527	213.5	Corrections	Corrections		421.6	0.8			120	500.65	percent of total billed charges						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527	213.5	First Health	First Health		368.9	0.7			120	500.65	percent of total billed charges						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527	213.5	First Trenton	First Trenton		474.3	0.9			120	500.65	percent of total billed charges						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527	213.5	Horizon	Medicare Blue		158.1	0.3			120	500.65	percent of total billed charges						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527	213.5	Horizon	MGD		201.74	0.3828			120	500.65	percent of total billed charges						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527	213.5	Horizon	Indemnity		201.74	0.3828			120	500.65	percent of total billed charges						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527	213.5	Horizon	NJ Health		210.8	0.4			120	500.65	percent of total billed charges						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527	213.5	Horizon	PPO		201.74	0.3828			120	500.65	percent of total billed charges						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527	213.5	Managed Care Inc	Managed Care Inc		474.3	0.9			120	500.65	percent of total billed charges						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527	213.5	Multiplan	Multiplan		421.6	0.8			120	500.65	percent of total billed charges						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527	213.5	Qualcare	Qualcare		210.8	0.4			120	500.65	percent of total billed charges						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527	213.5	Three Rivers	Three Rivers		500.65	0.95			120	500.65	percent of total billed charges						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527	213.5	UHC	Medicare		185.65				120	500.65	case rate						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527	213.5	UHC	Medicaid		165.79	0.3146			120	500.65	percent of total billed charges						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527	213.5	Wellcare	Medicare		185.65				120	500.65	case rate						
NON-PNEUM WALK BOOT	L4386	HCPCS	outpatient			527	213.5	Wellcare	Medicaid		165.79	0.3146			120	500.65	percent of total billed charges						
UNIVERSAL CUFF	L5616	HCPCS	both			4030	2143.49	Aetna	Medicare		1863.9				1209	3828.5	case rate						
UNIVERSAL CUFF	L5616	HCPCS	both			4030	2143.49	Aetna	Commercial		1531.4	0.38			1209	3828.5	percent of total billed charges						
UNIVERSAL CUFF	L5616	HCPCS	both			4030	2143.49	Aetna	Better Health		1267.84	0.3146			1209	3828.5	percent of total billed charges						
UNIVERSAL CUFF	L5616	HCPCS	both			4030	2143.49	Americare	Americare		3022.5	0.75			1209	3828.5	percent of total billed charges						
UNIVERSAL CUFF	L5616	HCPCS	both			4030	2143.49	WellPoint	WellPoint		1292.82	0.3208			1209	3828.5	percent of total billed charges						
UNIVERSAL CUFF	L5616	HCPCS	both			4030	2143.49	Amerihealth	Medicare		1329.9	0.33			1209	3828.5	percent of total billed charges						
UNIVERSAL CUFF	L5616	HCPCS	both			4030	2143.49	Consumer	Consumer		3828.5	0.95			1209	3828.5	percent of total billed charges						
UNIVERSAL CUFF	L5616	HCPCS	both			4030	2143.49	Corrections	Corrections		3224	0.8			1209	3828.5	percent of total billed charges						
UNIVERSAL CUFF	L5616	HCPCS	both			4030	2143.49	First Health	First Health		2821	0.7			1209	3828.5	percent of total billed charges						
UNIVERSAL CUFF	L5616	HCPCS	both			4030	2143.49	First Trenton	First Trenton		3627	0.9			1209	3828.5	percent of total billed charges						
UNIVERSAL CUFF	L5616	HCPCS	both			4030	2143.49	Horizon	MGD		1542.68	0.3828			1209	3828.5	percent of total billed charges						
UNIVERSAL CUFF	L5616	HCPCS	both			4030	2143.49	Horizon	Medicare Blue		1209	0.3			1209	3828.5	percent of total billed charges						
UNIVERSAL CUFF	L5616	HCPCS	both			4030	2143.49	Horizon	NJ Health		1612	0.4			1209	3828.5	percent of total billed charges						

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UNIVERSAL CUFF	L5616	HCPCS	both			4030	2143.49	Horizon	Indemnity		1542.68	0.3828			1209	3828.5	percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030	2143.49	Horizon	PPO		1542.68	0.3828			1209	3828.5	percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030	2143.49	Managed Care Inc	Managed Care Inc		3627	0.9			1209	3828.5	percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030	2143.49	Multiplan	Multiplan		3224	0.8			1209	3828.5	percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030	2143.49	Qualcare	Qualcare		1612	0.4			1209	3828.5	percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030	2143.49	Three Rivers	Three Rivers		3828.5	0.95			1209	3828.5	percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030	2143.49	UHC	Medicaid		1267.84	0.3146			1209	3828.5	percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030	2143.49	UHC	Medicare		1863.9				1209	3828.5	case rate	
UNIVERSAL CUFF	L5616	HCPCS	both			4030	2143.49	Wellcare	Medicaid		1267.84	0.3146			1209	3828.5	percent of total billed charges	
UNIVERSAL CUFF	L5616	HCPCS	both			4030	2143.49	Wellcare	Medicare		1863.9				1209	3828.5	case rate	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97	54.52	Aetna	Medicare		47.41				29.1	92.15	case rate	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97	54.52	Aetna	Better Health		30.52	0.3146			29.1	92.15	percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97	54.52	Aetna	Commercial		36.86	0.38			29.1	92.15	percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97	54.52	Americare	Americare		72.75	0.75			29.1	92.15	percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97	54.52	WellPoint	WellPoint		31.12	0.3208			29.1	92.15	percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97	54.52	Amerihealth	Medicare		32.01	0.33			29.1	92.15	percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97	54.52	Consumer	Consumer		92.15	0.95			29.1	92.15	percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97	54.52	Corrections	Corrections		77.6	0.8			29.1	92.15	percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97	54.52	First Health	First Health		67.9	0.7			29.1	92.15	percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97	54.52	First Trenton	First Trenton		87.3	0.9			29.1	92.15	percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97	54.52	Horizon	MGD		37.13	0.3828			29.1	92.15	percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97	54.52	Horizon	Medicare Blue		29.1	0.3			29.1	92.15	percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97	54.52	Horizon	NJ Health		38.8	0.4			29.1	92.15	percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97	54.52	Horizon	Indemnity		37.13	0.3828			29.1	92.15	percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97	54.52	Horizon	PPO		37.13	0.3828			29.1	92.15	percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97	54.52	Managed Care Inc	Managed Care Inc		87.3	0.9			29.1	92.15	percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97	54.52	Multiplan	Multiplan		77.6	0.8			29.1	92.15	percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97	54.52	Qualcare	Qualcare		38.8	0.4			29.1	92.15	percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97	54.52	Three Rivers	Three Rivers		92.15	0.95			29.1	92.15	percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97	54.52	UHC	Medicaid		30.52	0.3146			29.1	92.15	percent of total billed charges	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97	54.52	UHC	Medicare		47.41				29.1	92.15	case rate	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97	54.52	Wellcare	Medicare		47.41				29.1	92.15	case rate	
CHEST SURGICAL BRA XXX-LARGE 50-52	L8000	HCPCS	both			97	54.52	Wellcare	Medicaid		30.52	0.3146			29.1	92.15	percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369	169.21	Aetna	Better Health		116.09	0.3146			110.7	350.55	percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369	169.21	Aetna	Medicare		147.14				110.7	350.55	case rate	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369	169.21	Aetna	Commercial		140.22	0.38			110.7	350.55	percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369	169.21	Americare	Americare		276.75	0.75			110.7	350.55	percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369	169.21	WellPoint	WellPoint		118.38	0.3208			110.7	350.55	percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369	169.21	Amerihealth	Medicare		121.77	0.33			110.7	350.55	percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369	169.21	Consumer	Consumer		350.55	0.95			110.7	350.55	percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369	169.21	Corrections	Corrections		295.2	0.8			110.7	350.55	percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369	169.21	First Health	First Health		258.3	0.7			110.7	350.55	percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369	169.21	First Trenton	First Trenton		332.1	0.9			110.7	350.55	percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369	169.21	Horizon	NJ Health		147.6	0.4			110.7	350.55	percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369	169.21	Horizon	Medicare Blue		110.7	0.3			110.7	350.55	percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369	169.21	Horizon	MGD		141.25	0.3828			110.7	350.55	percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369	169.21	Horizon	Indemnity		141.25	0.3828			110.7	350.55	percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369	169.21	Horizon	PPO		141.25	0.3828			110.7	350.55	percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369	169.21	Managed Care Inc	Managed Care Inc		332.1	0.9			110.7	350.55	percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369	169.21	Multiplan	Multiplan		295.2	0.8			110.7	350.55	percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369	169.21	Qualcare	Qualcare		147.6	0.4			110.7	350.55	percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369	169.21	Three Rivers	Three Rivers		350.55	0.95			110.7	350.55	percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369	169.21	UHC	Medicare		147.14				110.7	350.55	case rate	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369	169.21	UHC	Medicaid		116.09	0.3146			110.7	350.55	percent of total billed charges	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369	169.21	Wellcare	Medicare		147.14				110.7	350.55	case rate	
BREAST THERAPUTIC MEDIUM	L8001	HCPCS	both			369	169.21	Wellcare	Medicaid		116.09	0.3146			110.7	350.55	percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Aetna	Better Health		43.1	0.3146			41.1	130.15	percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Aetna	Commercial		52.06	0.38			41.1	130.15	percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Aetna	Medicare		42.2	0.308			41.1	130.15	percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Americare	Americare		102.75	0.75			41.1	130.15	percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		WellPoint	WellPoint		43.95	0.3208			41.1	130.15	percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Consumer	Consumer		130.15	0.95			41.1	130.15	percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Corrections	Corrections		109.6	0.8			41.1	130.15	percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		First Health	First Health		95.9	0.7			41.1	130.15	percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		First Trenton	First Trenton		123.3	0.9			41.1	130.15	percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Horizon	MGD		52.44	0.3828			41.1	130.15	percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Horizon	Indemnity		52.44	0.3828			41.1	130.15	percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Horizon	PPO		52.44	0.3828			41.1	130.15	percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Horizon	Medicare Blue		41.1	0.3			41.1	130.15	percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Managed Care Inc	Managed Care Inc		123.3	0.9			41.1	130.15	percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Multiplan	Multiplan		109.6	0.8			41.1	130.15	percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Qualcare	Qualcare		102.75	0.75			41.1	130.15	percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Three Rivers	Three Rivers		130.15	0.95			41.1	130.15	percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		UHC	Medicaid		43.1	0.3146			41.1	130.15	percent of total billed charges	
PROVOX XTRAFLANGE 20 (7276)	L8499	HCPCS	outpatient			137		Wellcare	Medicaid		43.1	0.3146			41.1	130.15	percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344	162.83	Aetna	Medicare		141.59				103.2	326.8	case rate	
SPEAKING VALVE	L8501	HCPCS	both			344	162.83	Aetna	Better Health		108.22	0.3146			103.2	326.8	percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344	162.83	Aetna	Commercial		130.72	0.38			103.2	326.8	percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344	162.83	Americare	Americare		258	0.75			103.2	326.8	percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344	162.83	WellPoint	WellPoint		110.36	0.3208			103.2	326.8	percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344	162.83	Amerihealth	Medicare		113.52	0.33			103.2	326.8	percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344	162.83	Consumer	Consumer		326.8	0.95			103.2	326.8	percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344	162.83	Corrections	Corrections		275.2	0.8			103.2	326.8	percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344	162.83	First Health	First Health		240.8	0.7			103.2	326.8	percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344	162.83	First Trenton	First Trenton		309.6	0.9			103.2	326.8	percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344	162.83	Horizon	MGD		131.68	0.3828			103.2	326.8	percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344	162.83	Horizon	PPO		131.68	0.3828			103.2	326.8	percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344	162.83	Horizon	Medicare Blue		103.2	0.3			103.2	326.8	percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344	162.83	Horizon	NJ Health		137.6	0.4			103.2	326.8	percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344	162.83	Horizon	Indemnity		131.68	0.3828			103.2	326.8	percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344	162.83	Managed Care Inc	Managed Care Inc		309.6	0.9			103.2	326.8	percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344	162.83	Multiplan	Multiplan		275.2	0.8			103.2	326.8	percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344	162.83	Qualcare	Qualcare		137.6	0.4			103.2	326.8	percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344	162.83	Three Rivers	Three Rivers		326.8	0.95			103.2	326.8	percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344	162.83	UHC	Medicare		141.59				103.2	326.8	case rate	
SPEAKING VALVE	L8501	HCPCS	both			344	162.83	UHC	Medicaid		108.22	0.3146			103.2	326.8	percent of total billed charges	
SPEAKING VALVE	L8501	HCPCS	both			344	162.83	Wellcare	Medicare		141.59				103.2	326.8	case rate	
SPEAKING VALVE	L8501	HCPCS	both			344	162.83	Wellcare	Medicaid		108.22	0.3146			103.2	326.8	percent of total billed charges	
PROVOX NID 20 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Aetna	Medicare		49.16				49.16	342.95	case rate	
PROVOX NID 20 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Aetna	Better Health		113.57	0.3146			49.16	342.95	percent of total billed charges	
PROVOX NID 20 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Aetna	Commercial		137.18	0.38			49.16	342.95	percent of total billed charges	
PROVOX NID 20 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Americare	Americare		270.75	0.75			49.16	342.95	percent of total billed charges	
PROVOX NID 20 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	WellPoint	WellPoint		115.81	0.3208			49.16	342.95	percent of total billed charges	
PROVOX NID 20 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Amerihealth	Medicare		49.16				49.16	342.95	case rate	
PROVOX NID 20 8MM (7112)	L8507	HCPCS	outpatient			339	56.53	Amerihealth	Medicare		111.87	0.33			49.16	342.95	percent of total billed charges	
PROVOX NID 20 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Consumer	Consumer		342.95	0.95			49.16	342.95	percent of total billed charges	
PROVOX NID 20 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Corrections	Corrections		288.8	0.8			49.16	342.95	percent of total billed charges	
PROVOX NID 20 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	First Health	First Health		252.7	0.7			49.16	342.95	percent of total billed charges	
PROVOX NID 20 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	First Trenton	First Trenton		324.9	0.9			49.16	342.95	percent of total billed charges	
PROVOX NID 20 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Horizon	MGD		138.19	0.3828			49.16	342.95	percent of total billed charges	
PROVOX NID 20 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Horizon	Medicare Blue		108.3	0.3			49.16	342.95	percent of total billed charges	
PROVOX NID 20 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Horizon	Indemnity		138.19	0.3828			49.16	342.95	percent of total billed charges	
PROVOX NID 20 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Horizon	PPO		138.19	0.3828			49.16	342.95	percent of total billed charges	
PROVOX NID 20 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Managed Care Inc	Managed Care Inc		324.9	0.9			49.16	342.95	percent of total billed charges	
PROVOX NID 20 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Multiplan	Multiplan		288.8	0.8			49.16	342.95	percent of total billed charges	
PROVOX NID 20 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Qualcare	Qualcare		270.75	0.75			49.16	342.95	percent of total billed charges	
PROVOX NID 20 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Three Rivers	Three Rivers		342.95	0.95			49.16	342.95	percent of total billed charges	
PROVOX NID 20 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	UHC	Medicare		49.16				49.16	342.95	case rate	
PROVOX NID 20 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	UHC	Medicaid		113.57	0.3146			49.16	342.95	percent of total billed charges	
PROVOX NID 20 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Wellcare	Medicare		49.16				49.16	342.95	case rate	
PROVOX NID 20 8MM (7112)	L8507	HCPCS	outpatient			361	56.53	Wellcare	Medicaid		113.57	0.3146			49.16	342.95	percent of total billed charges	
PROVOX VEGA XTRASEAL 20 FR 10MM (8297)	L8509	HCPCS	both			1013	147.32	Aetna	Commercial		384.94	0.38			96.48	962.35	percent of total billed charges	
PROVOX VEGA XTRASEAL 20 FR 10MM (8297)	L8509	HCPCS	both			1013	147.32	Aetna	Better Health		318.69	0.3146			96.48	962.35	percent of total billed charges	
PROVOX VEGA XTRASEAL 20 FR 10MM (8297)	L8509	HCPCS	both			1013	147.32	Aetna	Medicare		128.1				96.48	962.35	case rate	
PROVOX VEGA XTRASEAL 20 FR 10MM (8297)	L8509	HCPCS	both			1013	147.32	Americare	Americare		759.75	0.75			96.48	962.35	percent of total billed charges	
PROVOX VEGA XTRASEAL 20 FR 10MM (8297)	L8509	HCPCS	both			1013	147.32	WellPoint	WellPoint		324.97	0.3208			96.48	962.35	percent of total billed charges	
PROVOX VEGA 20FR 8MM (8278)	L8509	HCPCS	both			814	147.32	Amerihealth	Medicare		268.62	0.33			96.48	962.35	percent of total billed charges	
PROVOX VEGA XTRASEAL 20 FR 10MM (8297)	L8509	HCPCS	both			1013	147.32	Amerihealth	Medicare		128.1				96.48	962.35	case rate	
PROVOX VEGA XTRASEAL 20 FR 10MM (8297)	L8509	HCPCS	both			1013	147.32	Consumer	Consumer		962.35	0.95			96.48	962.35	percent of total billed charges	
PROVOX VEGA XTRASEAL 20 FR 10MM (8297)	L8509	HCPCS	both			1013	147.32	Corrections	Corrections		810.4	0.8			96.48	962.35	percent of total billed charges	
PROVOX VEGA XTRASEAL 20 FR 10MM (8297)	L8509	HCPCS	both			1013	147.32	First Health	First Health		709.1	0.7			96.48	962.35	percent of total billed charges	
PROVOX VEGA XTRASEAL 20 FR 10MM (8297)	L8509	HCPCS	both			1013	147.32	First Trenton	First Trenton		911.7	0.9			96.48	962.35	percent of total billed charges	
PROVOX VEGA XTRASEAL 20 FR 10MM (8297)	L8509	HCPCS	both			1013	147.32	Horizon	Medicare Blue		303.9	0.3			96.48	962.35	percent of total billed charges	
PROVOX VEGA XTRASEAL 20 FR 10MM (8297)	L8509	HCPCS	both			1013	147.32	Horizon	Indemnity		387.78	0.3828			96.48	962.35	percent of total billed charges	
PROVOX VEGA XTRASEAL 20 FR 10MM (8297)	L8509	HCPCS	both			1013	147.32	Horizon	MGD		387.78	0.3828			96.48	962.35	percent of total billed charges	
PROVOX VEGA XTRASEAL 20 FR 10MM (8297)	L8509	HCPCS	both			1013	147.32	Horizon	PPO		387.78	0.3828			96.48	962.35	percent of total billed charges	
PROVOX VEGA XTRASEAL 20 FR 10MM (8297)	L8509	HCPCS	both			1013	147.32	Managed Care Inc	Managed Care Inc		911.7	0.9			96.48	962.35	percent of total billed charges	
PROVOX VEGA XTRASEAL 20 FR 10MM (8297)	L8509	HCPCS	both			1013	147.32	Multiplan	Multiplan		810.4	0.8			96.48	962.35	percent of total billed charges	
PROVOX VEGA XTRASEAL 20 FR 10MM (8297)	L8509	HCPCS	both			1013	147.32	Qualcare	Qualcare		759.75	0.75			96.48	962.35	percent of total billed charges	
PROVOX VEGA XTRASEAL 20 FR 10MM (8297)	L8509	HCPCS	both			1013	147.32	Three Rivers	Three Rivers		962.35	0.95			96.48	962.35	percent of total billed charges	
PROVOX VEGA XTRASEAL 20 FR 10MM (8297)	L8509	HCPCS	both			1013	147.32	UHC	Medicaid		318.69	0.3146			96.48	962.35	percent of total billed charges	
PROVOX VEGA XTRASEAL 20 FR 10MM (8297)	L8509	HCPCS	both			1013	147.32	UHC	Medicare		128.1				96.48	962.35	case rate	
PROVOX VEGA XTRASEAL 20 FR 10MM (8297)	L8509	HCPCS	both			1013	147.32	Wellcare	Medicare		128.1				96.48	962.35	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PROVOX VEGA XTRASEAL 20 FR 10MM (8297)	L8509	HCPCS	both			1013	147.32	Wellcare	Medicaid		318.69	0.3146			96.48	962.35	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Aetna	Medicare		85.35				46.8	186.2	case rate	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Aetna	Commercial		74.48	0.38			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Aetna	Better Health		61.66	0.3146			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Americare	Americare		147	0.75			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	WellPoint	WellPoint		62.88	0.3208			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Amerihealth	Medicare		85.35				46.8	186.2	case rate	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Consumer	Consumer		186.2	0.95			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Corrections	Corrections		156.8	0.8			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	First Health	First Health		137.2	0.7			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	First Trenton	First Trenton		176.4	0.9			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Horizon	Medicare Blue		58.8	0.3			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Horizon	Indemnity		75.03	0.3828			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Horizon	MGD		75.03	0.3828			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Horizon	PPO		75.03	0.3828			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Managed Care Inc	Managed Care Inc		176.4	0.9			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Multiplan	Multiplan		156.8	0.8			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Qualcare	Qualcare		147	0.75			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Three Rivers	Three Rivers		186.2	0.95			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	UHC	Medicare		85.35				46.8	186.2	case rate	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	UHC	Medicaid		61.66	0.3146			46.8	186.2	percent of total billed charges	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Wellcare	Medicare		85.35				46.8	186.2	case rate	
PROVOX VEGA PLUG 20 (8129)	L8511	HCPCS	both			196	98.15	Wellcare	Medicaid		61.66	0.3146			46.8	186.2	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	both			5085	841.71	Aetna	Commercial		1932.3	0.38			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	both			5085	841.71	Aetna	Better Health		1599.74	0.3146			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	both			5085	841.71	Aetna	Medicare		731.92				715.5	4830.75	case rate	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	both			5085	841.71	Americare	Americare		3813.75	0.75			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	both			5085	841.71	WellPoint	WellPoint		1631.27	0.3208			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	both			5085	841.71	Amerihealth	Medicare		1678.05	0.33			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	both			5085	841.71	Consumer	Consumer		4830.75	0.95			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	both			5085	841.71	Corrections	Corrections		4068	0.8			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	both			5085	841.71	First Health	First Health		3559.5	0.7			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	both			5085	841.71	First Trenton	First Trenton		4576.5	0.9			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	both			5085	841.71	Horizon	Indemnity		1946.54	0.3828			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	both			5085	841.71	Horizon	NJ Health		2034	0.4			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	both			5085	841.71	Horizon	MGD		1946.54	0.3828			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	both			5085	841.71	Horizon	PPO		1946.54	0.3828			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	both			5085	841.71	Horizon	Medicare Blue		1525.5	0.3			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	both			5085	841.71	Managed Care Inc	Managed Care Inc		4576.5	0.9			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	both			5085	841.71	Multiplan	Multiplan		4068	0.8			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	both			5085	841.71	Qualcare	Qualcare		2034	0.4			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	both			5085	841.71	Three Rivers	Three Rivers		4830.75	0.95			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	both			5085	841.71	UHC	Medicare		731.92				715.5	4830.75	case rate	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	both			5085	841.71	UHC	Medicaid		1599.74	0.3146			715.5	4830.75	percent of total billed charges	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	both			5085	841.71	Wellcare	Medicare		731.92				715.5	4830.75	case rate	
EXPN BREAST CONT PRO MED 550CC	L8600	HCPCS	both			5085	841.71	Wellcare	Medicaid		1599.74	0.3146			715.5	4830.75	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Aetna	Better Health		22.65	0.3146			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Aetna	Medicare		513.26				21.6	513.26	case rate	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Aetna	Commercial		27.36	0.38			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Americare	Americare		54	0.75			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	WellPoint	WellPoint		23.1	0.3208			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Amerihealth	Medicare		23.76	0.33			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Consumer	Consumer		68.4	0.95			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Corrections	Corrections		57.6	0.8			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	First Health	First Health		50.4	0.7			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	First Trenton	First Trenton		64.8	0.9			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Horizon	MGD		27.56	0.3828			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Horizon	Indemnity		27.56	0.3828			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Horizon	PPO		27.56	0.3828			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Horizon	Medicare Blue		21.6	0.3			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Managed Care Inc	Managed Care Inc		64.8	0.9			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Multiplan	Multiplan		57.6	0.8			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Qualcare	Qualcare		54	0.75			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Three Rivers	Three Rivers		68.4	0.95			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	UHC	Medicare		513.26				21.6	513.26	case rate	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	UHC	Medicaid		22.65	0.3146			21.6	513.26	percent of total billed charges	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Wellcare	Medicare		513.26				21.6	513.26	case rate	
INJECTION TRANSURETHRAL COLLAGEN IMPLANT	L8603	HCPCS	outpatient			72	590.25	Wellcare	Medicaid		22.65	0.3146			21.6	513.26	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	inpatient			7140		Aetna	Medicare		2199.12	0.308			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	inpatient			7140		Aetna	Better Health		2246.24	0.3146			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	inpatient			7140		Aetna	Commercial		2713.2	0.38			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	inpatient			7140		Americare	Americare		5355	0.75			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	inpatient			7140		WellPoint	WellPoint		2290.51	0.3208			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	inpatient			7140		Amerihealth	Medicare		2356.2	0.33			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	inpatient			7140		Consumer	Consumer		6783	0.95			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	inpatient			7140		Corrections	Corrections		5712	0.8			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	inpatient			7140		First Health	First Health		4998	0.7			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	inpatient			7140		First Trenton	First Trenton		6426	0.9			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	inpatient			7140		Horizon	MGD		2733.19	0.3828			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	inpatient			7140		Horizon	Indemnity		2733.19	0.3828			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	inpatient			7140		Horizon	PPO		2733.19	0.3828			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	inpatient			7140		Horizon	Medicare Blue		2142	0.3			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	inpatient			7140		Horizon	NJ Health		2856	0.4			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	inpatient			7140		Managed Care Inc	Managed Care Inc		6426	0.9			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	inpatient			7140		Multiplan	Multiplan		5712	0.8			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	inpatient			7140		Qualcare	Qualcare		2856	0.4			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	inpatient			7140		Three Rivers	Three Rivers		6783	0.95			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	inpatient			7140		UHC	Medicaid		2246.24	0.3146			2142	6783	percent of total billed charges	
GEL DEFLUX PRE FILLED SYRINGE 1ML	L8604	HCPCS	inpatient			7140		Wellcare	Medicaid		2246.24	0.3146			2142	6783	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Aetna	Commercial		976.22	0.38			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Aetna	Better Health		808.21	0.3146			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Aetna	Medicare		686.06				34.65	2440.55	case rate	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Americare	Americare		1926.75	0.75			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	WellPoint	WellPoint		824.14	0.3208			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Amerihealth	Medicare		847.77	0.33			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Consumer	Consumer		2440.55	0.95			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Corrections	Corrections		2055.2	0.8			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	First Health	First Health		1798.3	0.7			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	First Trenton	First Trenton		2312.1	0.9			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Horizon	NJ Health		1027.6	0.4			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Horizon	Indemnity		983.41	0.3828			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Horizon	MGD		983.41	0.3828			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Horizon	Medicare Blue		770.7	0.3			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Horizon	PPO		983.41	0.3828			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Managed Care Inc	Managed Care Inc		2312.1	0.9			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Multiplan	Multiplan		2055.2	0.8			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Qualcare	Qualcare		1027.6	0.4			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Three Rivers	Three Rivers		2440.55	0.95			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	UHC	Medicaid		808.21	0.3146			34.65	2440.55	percent of total billed charges	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	UHC	Medicare		686.06				34.65	2440.55	case rate	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Wellcare	Medicare		686.06				34.65	2440.55	case rate	
SURGICAL SPHERE 22MM DIA	L8610	HCPCS	both			2569	788.97	Wellcare	Medicaid		808.21	0.3146			34.65	2440.55	percent of total billed charges	
VALVE AHMED CLEARPATH 350	L8612	HCPCS	outpatient			2406	819.59	Aetna	Better Health		756.93	0.3146			629.1	2285.7	percent of total billed charges	
VALVE AHMED CLEARPATH 350	L8612	HCPCS	outpatient			2406	819.59	Aetna	Medicare		712.69				629.1	2285.7	case rate	
VALVE AHMED CLEARPATH 350	L8612	HCPCS	outpatient			2406	819.59	Aetna	Commercial		914.28	0.38			629.1	2285.7	percent of total billed charges	
VALVE AHMED CLEARPATH 350	L8612	HCPCS	outpatient			2406	819.59	Americare	Americare		1804.5	0.75			629.1	2285.7	percent of total billed charges	
VALVE AHMED CLEARPATH 350	L8612	HCPCS	outpatient			2406	819.59	WellPoint	WellPoint		771.84	0.3208			629.1	2285.7	percent of total billed charges	
VALVE AHMED CLEARPATH 350	L8612	HCPCS	outpatient			2406	819.59	Amerihealth	Medicare		793.98	0.33			629.1	2285.7	percent of total billed charges	
VALVE AHMED CLEARPATH 350	L8612	HCPCS	outpatient			2406	819.59	Consumer	Consumer		2285.7	0.95			629.1	2285.7	percent of total billed charges	
VALVE AHMED CLEARPATH 350	L8612	HCPCS	outpatient			2406	819.59	Corrections	Corrections		1924.8	0.8			629.1	2285.7	percent of total billed charges	
VALVE AHMED CLEARPATH 350	L8612	HCPCS	outpatient			2406	819.59	First Health	First Health		1684.2	0.7			629.1	2285.7	percent of total billed charges	
VALVE AHMED CLEARPATH 350	L8612	HCPCS	outpatient			2406	819.59	First Trenton	First Trenton		2165.4	0.9			629.1	2285.7	percent of total billed charges	
VALVE AHMED CLEARPATH 350	L8612	HCPCS	outpatient			2406	819.59	Horizon	Indemnity		921.02	0.3828			629.1	2285.7	percent of total billed charges	
VALVE AHMED CLEARPATH 350	L8612	HCPCS	outpatient			2406	819.59	Horizon	MGD		921.02	0.3828			629.1	2285.7	percent of total billed charges	
VALVE AHMED CLEARPATH 350	L8612	HCPCS	outpatient			2406	819.59	Horizon	NJ Health		962.4	0.4			629.1	2285.7	percent of total billed charges	
VALVE AHMED CLEARPATH 350	L8612	HCPCS	outpatient			2406	819.59	Horizon	Medicare Blue		721.8	0.3			629.1	2285.7	percent of total billed charges	
VALVE AHMED CLEARPATH 350	L8612	HCPCS	outpatient			2406	819.59	Horizon	PPO		921.02	0.3828			629.1	2285.7	percent of total billed charges	
VALVE AHMED CLEARPATH 350	L8612	HCPCS	outpatient			2406	819.59	Managed Care Inc	Managed Care Inc		2165.4	0.9			629.1	2285.7	percent of total billed charges	
VALVE AHMED CLEARPATH 350	L8612	HCPCS	outpatient			2406	819.59	Multiplan	Multiplan		1924.8	0.8			629.1	2285.7	percent of total billed charges	
VALVE AHMED CLEARPATH 350	L8612	HCPCS	outpatient			2406	819.59	Qualcare	Qualcare		962.4	0.4			629.1	2285.7	percent of total billed charges	
VALVE AHMED CLEARPATH 350	L8612	HCPCS	outpatient			2406	819.59	Three Rivers	Three Rivers		2285.7	0.95			629.1	2285.7	percent of total billed charges	
VALVE AHMED CLEARPATH 350	L8612	HCPCS	outpatient			2406	819.59	UHC	Medicaid		756.93	0.3146			629.1	2285.7	percent of total billed charges	
VALVE AHMED CLEARPATH 350	L8612	HCPCS	outpatient			2406	819.59	UHC	Medicare		712.69				629.1	2285.7	case rate	
VALVE AHMED CLEARPATH 350	L8612	HCPCS	outpatient			2406	819.59	Wellcare	Medicaid		756.93	0.3146			629.1	2285.7	percent of total billed charges	
VALVE AHMED CLEARPATH 350	L8612	HCPCS	outpatient			2406	819.59	Wellcare	Medicare		712.69				629.1	2285.7	case rate	
SMART FLUOROPLASTIC NITINOL 0.6 MM X 4	L8613	HCPCS	outpatient			2925	365.95	Aetna	Medicare		318.22				3	2778.75	case rate	
SMART FLUOROPLASTIC NITINOL 0.6 MM X 4	L8613	HCPCS	outpatient			2925	365.95	Aetna	Better Health		920.21	0.3146			3	2778.75	percent of total billed charges	
SMART FLUOROPLASTIC NITINOL 0.6 MM X 4	L8613	HCPCS	outpatient			2925	365.95	Aetna	Commercial		1111.5	0.38			3	2778.75	percent of total billed charges	
SMART FLUOROPLASTIC NITINOL 0.6 MM X 4	L8613	HCPCS	outpatient			2925	365.95	Americare	Americare		2193.75	0.75			3	2778.75	percent of total billed charges	
SMART FLUOROPLASTIC NITINOL 0.6 MM X 4	L8613	HCPCS	outpatient			2925	365.95	WellPoint	WellPoint		938.34	0.3208			3	2778.75	percent of total billed charges	
SMART FLUOROPLASTIC NITINOL 0.6 MM X 4	L8613	HCPCS	outpatient			2925	365.95	Amerihealth	Medicare		965.25	0.33			3	2778.75	percent of total billed charges	
SMART FLUOROPLASTIC NITINOL 0.6 MM X 4	L8613	HCPCS	outpatient			2925	365.95	Consumer	Consumer		2778.75	0.95			3	2778.75	percent of total billed charges	
SMART FLUOROPLASTIC NITINOL 0.6 MM X 4	L8613	HCPCS	outpatient			2925	365.95	Corrections	Corrections		2340	0.8			3	2778.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SMART FLUOROPLASTIC NITINOL 0.6 MM X 4	L8613	HCPCS	outpatient			2925	365.95	First Health	First Health		2047.5	0.7			3	2778.75	percent of total billed charges	
SMART FLUOROPLASTIC NITINOL 0.6 MM X 4	L8613	HCPCS	outpatient			2925	365.95	First Trenton	First Trenton		2632.5	0.9			3	2778.75	percent of total billed charges	
SMART FLUOROPLASTIC NITINOL 0.6 MM X 4	L8613	HCPCS	outpatient			2925	365.95	Horizon	Indemnity		1119.69	0.3828			3	2778.75	percent of total billed charges	
SMART FLUOROPLASTIC NITINOL 0.6 MM X 4	L8613	HCPCS	outpatient			2925	365.95	Horizon	NJ Health		1170	0.4			3	2778.75	percent of total billed charges	
SMART FLUOROPLASTIC NITINOL 0.6 MM X 4	L8613	HCPCS	outpatient			2925	365.95	Horizon	MCD		1119.69	0.3828			3	2778.75	percent of total billed charges	
SMART FLUOROPLASTIC NITINOL 0.6 MM X 4	L8613	HCPCS	outpatient			2925	365.95	Horizon	PPO		1119.69	0.3828			3	2778.75	percent of total billed charges	
SMART FLUOROPLASTIC NITINOL 0.6 MM X 4	L8613	HCPCS	outpatient			2925	365.95	Horizon	Medicare Blue		877.5	0.3			3	2778.75	percent of total billed charges	
SMART FLUOROPLASTIC NITINOL 0.6 MM X 4	L8613	HCPCS	outpatient			2925	365.95	Managed Care Inc	Managed Care Inc		2632.5	0.9			3	2778.75	percent of total billed charges	
SMART FLUOROPLASTIC NITINOL 0.6 MM X 4	L8613	HCPCS	outpatient			2925	365.95	Multiplan	Multiplan		2340	0.8			3	2778.75	percent of total billed charges	
SMART FLUOROPLASTIC NITINOL 0.6 MM X 4	L8613	HCPCS	outpatient			2925	365.95	Qualcare	Qualcare		1170	0.4			3	2778.75	percent of total billed charges	
SMART FLUOROPLASTIC NITINOL 0.6 MM X 4	L8613	HCPCS	outpatient			2925	365.95	Three Rivers	Three Rivers		2778.75	0.95			3	2778.75	percent of total billed charges	
SMART FLUOROPLASTIC NITINOL 0.6 MM X 4	L8613	HCPCS	outpatient			2925	365.95	UHC	Medicare		318.22				3	2778.75	case rate	
SMART FLUOROPLASTIC NITINOL 0.6 MM X 4	L8613	HCPCS	outpatient			2925	365.95	UHC	Medicaid		920.21	0.3146			3	2778.75	percent of total billed charges	
SMART FLUOROPLASTIC NITINOL 0.6 MM X 4	L8613	HCPCS	outpatient			2925	365.95	Wellcare	Medicare		318.22				3	2778.75	case rate	
SMART FLUOROPLASTIC NITINOL 0.6 MM X 4	L8613	HCPCS	outpatient			2925	365.95	Wellcare	Medicaid		920.21	0.3146			3	2778.75	percent of total billed charges	
PROCESSOR NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	outpatient			85241.25	25574.26	Aetna	Better Health		26816.9	0.3146			4623.75	80979.19	percent of total billed charges	
PROCESSOR NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	outpatient			85241.25	25574.26	Aetna	Medicare		22238.49				4623.75	80979.19	case rate	
PROCESSOR NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	outpatient			85241.25	25574.26	Aetna	Commercial		32391.68	0.38			4623.75	80979.19	percent of total billed charges	
PROCESSOR NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	outpatient			85241.25	25574.26	Americare	Amelcare		63930.94	0.75			4623.75	80979.19	percent of total billed charges	
PROCESSOR NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	outpatient			85241.25	25574.26	WellPoint	WellPoint		27345.39	0.3208			4623.75	80979.19	percent of total billed charges	
PROCESSOR NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	outpatient			85241.25	25574.26	Amerihealth	Medicare		28129.61	0.33			4623.75	80979.19	percent of total billed charges	
PROCESSOR NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	outpatient			85241.25	25574.26	Consumer	Consumer		80979.19	0.95			4623.75	80979.19	percent of total billed charges	
PROCESSOR NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	outpatient			85241.25	25574.26	Corrections	Corrections		68193	0.8			4623.75	80979.19	percent of total billed charges	
PROCESSOR NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	outpatient			85241.25	25574.26	First Health	First Health		59668.88	0.7			4623.75	80979.19	percent of total billed charges	
PROCESSOR NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	outpatient			85241.25	25574.26	First Trenton	First Trenton		76717.13	0.9			4623.75	80979.19	percent of total billed charges	
PROCESSOR NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	outpatient			85241.25	25574.26	Horizon	PPO		32630.35	0.3828			4623.75	80979.19	percent of total billed charges	
PROCESSOR NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	outpatient			85241.25	25574.26	Horizon	Medicare Blue		25572.38	0.3			4623.75	80979.19	percent of total billed charges	
PROCESSOR NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	outpatient			85241.25	25574.26	Horizon	NJ Health		34096.5	0.4			4623.75	80979.19	percent of total billed charges	
PROCESSOR NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	outpatient			85241.25	25574.26	Horizon	MCD		32630.35	0.3828			4623.75	80979.19	percent of total billed charges	
PROCESSOR NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	outpatient			85241.25	25574.26	Horizon	Indemnity		32630.35	0.3828			4623.75	80979.19	percent of total billed charges	
PROCESSOR NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	outpatient			85241.25	25574.26	Managed Care Inc	Managed Care Inc		76717.13	0.9			4623.75	80979.19	percent of total billed charges	
PROCESSOR NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	outpatient			85241.25	25574.26	Multiplan	Multiplan		68193	0.8			4623.75	80979.19	percent of total billed charges	
PROCESSOR NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	outpatient			85241.25	25574.26	Qualcare	Qualcare		34096.5	0.4			4623.75	80979.19	percent of total billed charges	
PROCESSOR NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	outpatient			85241.25	25574.26	Three Rivers	Three Rivers		80979.19	0.95			4623.75	80979.19	percent of total billed charges	
PROCESSOR NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	outpatient			85241.25	25574.26	UHC	Medicaid		26816.9	0.3146			4623.75	80979.19	percent of total billed charges	
PROCESSOR NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	outpatient			85241.25	25574.26	UHC	Medicare		22238.49				4623.75	80979.19	case rate	
PROCESSOR NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	outpatient			85241.25	25574.26	Wellcare	Medicare		22238.49				4623.75	80979.19	case rate	
PROCESSOR NUCLEUS 5 SYSTEM 1&2	L8614	HCPCS	outpatient			85241.25	25574.26	Wellcare	Medicaid		26816.9	0.3146			4623.75	80979.19	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Aetna	Commercial		14136	0.38			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Aetna	Medicare		9546.81				9546.81	35340	case rate	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Aetna	Better Health		11703.12	0.3146			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Americare	Amelcare		27900	0.75			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	WellPoint	WellPoint		11933.76	0.3208			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Amerihealth	Medicare		12276	0.33			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Consumer	Consumer		35340	0.95			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Corrections	Corrections		29760	0.8			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	First Health	First Health		26040	0.7			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	First Trenton	First Trenton		33480	0.9			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Horizon	MCD		14240.16	0.3828			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Horizon	Indemnity		14240.16	0.3828			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Horizon	PPO		14240.16	0.3828			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Horizon	Medicare Blue		11160	0.3			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Managed Care Inc	Managed Care Inc		33480	0.9			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Multiplan	Multiplan		29760	0.8			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Qualcare	Qualcare		27900	0.75			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Three Rivers	Three Rivers		35340	0.95			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	UHC	Medicaid		11703.12	0.3146			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	UHC	Medicare		9546.81				9546.81	35340	case rate	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Wellcare	Medicaid		11703.12	0.3146			9546.81	35340	percent of total billed charges	
MED-EL SONNET/RONDO2 KIT R3171	L8619	HCPCS	outpatient			37200	10978.83	Wellcare	Medicare		9546.81				9546.81	35340	case rate	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Aetna	Better Health		2963.53	0.3146			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Aetna	Commercial		3579.6	0.38			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Aetna	Medicare		2901.36	0.308			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Americare	Amelcare		7065	0.75			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		WellPoint	WellPoint		3021.94	0.3208			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Amerihealth	Medicare		3108.6	0.33			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Consumer	Consumer		8949	0.95			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Corrections	Corrections		7536	0.8			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		First Health	First Health		6594	0.7			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		First Trenton	First Trenton		8478	0.9			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Horizon	MCD		3605.98	0.3828			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Horizon	PPO		3605.98	0.3828			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Horizon	Indemnity		3605.98	0.3828			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Horizon	Medicare Blue		2826	0.3			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Managed Care Inc	Managed Care Inc		8478	0.9			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Multiplan	Multiplan		7536	0.8			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Qualcare	Qualcare		7065	0.75			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Three Rivers	Three Rivers		8949	0.95			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		UHC	Medicaid		2963.53	0.3146			2826	8949	percent of total billed charges	
LEAD DBS 40CM	L8680	HCPCS	outpatient			9420		Wellcare	Medicaid		2963.53	0.3146			2826	8949	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Aetna	Better Health		1723.69	0.3146			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Aetna	Medicare		2023.61				1534.2	5205.05	case rate	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Aetna	Commercial		2082.02	0.38			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Americare	Amelcare		4109.25	0.75			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	WellPoint	WellPoint		1757.66	0.3208			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Amerihealth	Medicare		1808.07	0.33			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Consumer	Consumer		5205.05	0.95			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Corrections	Corrections		4383.2	0.8			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	First Health	First Health		3835.3	0.7			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	First Trenton	First Trenton		4931.1	0.9			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Horizon	PPO		2097.36	0.3828			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Horizon	NJ Health		2191.6	0.4			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Horizon	Medicare Blue		1643.7	0.3			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Horizon	MCD		2097.36	0.3828			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Horizon	Indemnity		2097.36	0.3828			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Managed Care Inc	Managed Care Inc		4931.1	0.9			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Multiplan	Multiplan		4383.2	0.8			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Qualcare	Qualcare		2191.6	0.4			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Three Rivers	Three Rivers		5205.05	0.95			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	UHC	Medicare		2023.61				1534.2	5205.05	case rate	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	UHC	Medicaid		1723.69	0.3146			1534.2	5205.05	percent of total billed charges	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Wellcare	Medicare		2023.61				1534.2	5205.05	case rate	
SYSTEM CHARGING DORSAL	L8689	HCPCS	outpatient			5479	2327.15	Wellcare	Medicaid		1723.69	0.3146			1534.2	5205.05	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	Aetna	Medicare		5580.75				256.5	59533.65	case rate	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	Aetna	Better Health		19715.04	0.3146			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	Aetna	Commercial		23813.46	0.38			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	Americare	Amelcare		47000.25	0.75			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	WellPoint	WellPoint		20103.57	0.3208			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	Amerihealth	Medicare		20680.11	0.33			256.5	59533.65	percent of total billed charges	
IMPLANT BREAST INSPIRA 415CC	L8690	HCPCS	both			2531	6417.86	Amerihealth	Medicare		5580.75				256.5	59533.65	case rate	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	Consumer	Consumer		59533.65	0.95			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	Corrections	Corrections		50133.6	0.8			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	First Health	First Health		43866.9	0.7			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	First Trenton	First Trenton		56400.3	0.9			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	Horizon	MCD		23988.93	0.3828			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	Horizon	PPO		23988.93	0.3828			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	Horizon	Indemnity		23988.93	0.3828			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	Horizon	Medicare Blue		18800.1	0.3			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	Horizon	NJ Health		25066.8	0.4			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	Managed Care Inc	Managed Care Inc		56400.3	0.9			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	Multiplan	Multiplan		50133.6	0.8			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	Qualcare	Qualcare		25066.8	0.4			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	Three Rivers	Three Rivers		59533.65	0.95			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	UHC	Medicaid		19715.04	0.3146			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	UHC	Medicare		5580.75				256.5	59533.65	case rate	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	Wellcare	Medicaid		19715.04	0.3146			256.5	59533.65	percent of total billed charges	
TISSUE EXPANDER RECTANG 600CC	L8690	HCPCS	both			62667	6417.86	Wellcare	Medicare		5580.75				256.5	59533.65	case rate	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	both			51165	2323.36	Aetna	Medicare		2020.31				2020.31	48606.75	case rate	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	both			51165	2323.36	Aetna	Better Health		16096.51	0.3146			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	both			51165	2323.36	Aetna	Commercial		19442.7	0.38			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	both			51165	2323.36	Americare	Amelcare		38373.75	0.75			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	both			51165	2323.36	WellPoint	WellPoint		16413.73	0.3208			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	both			51165	2323.36	Amerihealth	Medicare		16884.45	0.33			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	both			51165	2323.36	Consumer	Consumer		48606.75	0.95			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	both			51165	2323.36	Corrections	Corrections		40932	0.8			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	both			51165	2323.36	First Health	First Health		35815.5	0.7			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	both			51165	2323.36	First Trenton	First Trenton		46048.5	0.9			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	both			51165	2323.36	Horizon	Indemnity		19585.96	0.3828			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	both			51165	2323.36	Horizon	MCD		19585.96	0.3828			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	both			51165	2323.36	Horizon	PPO		19585.96	0.3828			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	both			51165	2323.36	Horizon	Medicare Blue		15349.5	0.3			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	both			51165	2323.36	Managed Care Inc	Managed Care Inc		46048.5	0.9			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	both			51165	2323.36	Multiplan	Multiplan		40932	0.8			2020.31	48606.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	both			51165	2323.36	Qualcare	Qualcare		38373.75	0.75			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	both			51165	2323.36	Three Rivers	Three Rivers		48606.75	0.95			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	both			51165	2323.36	UHC	Medicaid		16096.51	0.3146			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	both			51165	2323.36	UHC	Medicare		2020.31				2020.31	48606.75	case rate	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	both			51165	2323.36	Wellcare	Medicaid		16096.51	0.3146			2020.31	48606.75	percent of total billed charges	
MED-EL SAMBA BB R PT KIT 51560	L8691	HCPCS	both			51165	2323.36	Wellcare	Medicare		2020.31				2020.31	48606.75	case rate	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043	2045.74	Aetna	Medicare		1778.9				1512.9	4790.85	case rate	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043	2045.74	Aetna	Commercial		1916.34	0.38			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043	2045.74	Aetna	Better Health		1586.53	0.3146			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043	2045.74	Americare	Americare		3782.25	0.75			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043	2045.74	WellPoint	WellPoint		1617.79	0.3208			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043	2045.74	Amerihealth	Medicare		1664.19	0.33			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043	2045.74	Consumer	Consumer		4790.85	0.95			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043	2045.74	Corrections	Corrections		4034.4	0.8			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043	2045.74	First Health	First Health		3530.1	0.7			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043	2045.74	First Trenton	First Trenton		4538.7	0.9			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043	2045.74	Horizon	MGD		1930.46	0.3828			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043	2045.74	Horizon	Indemnity		1930.46	0.3828			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043	2045.74	Horizon	PPO		1930.46	0.3828			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043	2045.74	Horizon	Medicare Blue		1512.9	0.3			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043	2045.74	Managed Care Inc	Managed Care Inc		4538.7	0.9			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043	2045.74	Multiplan	Multiplan		4034.4	0.8			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043	2045.74	Qualcare	Qualcare		3782.25	0.75			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043	2045.74	Three Rivers	Three Rivers		4790.85	0.95			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043	2045.74	UHC	Medicaid		1586.53	0.3146			1512.9	4790.85	percent of total billed charges	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043	2045.74	UHC	Medicare		1778.9				1512.9	4790.85	case rate	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043	2045.74	Wellcare	Medicare		1778.9				1512.9	4790.85	case rate	
ABUTMENT BONE ANCH SOL 10MM	L8693	HCPCS	outpatient			5043	2045.74	Wellcare	Medicaid		1586.53	0.3146			1512.9	4790.85	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	inpatient			14955		Aetna	Better Health		4704.84	0.3146			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	inpatient			14955		Aetna	Commercial		5882.9	0.38			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	inpatient			14955		Aetna	Medicare		4606.14	0.308			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	inpatient			14955		Americare	Americare		11216.25	0.75			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	inpatient			14955		WellPoint	WellPoint		4797.56	0.3208			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	inpatient			14955		Amerihealth	Medicare		4935.15	0.33			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	inpatient			14955		Consumer	Consumer		14207.25	0.95			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	inpatient			14955		Corrections	Corrections		11964	0.8			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	inpatient			14955		First Health	First Health		10468.5	0.7			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	inpatient			14955		First Trenton	First Trenton		13459.5	0.9			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	inpatient			14955		Horizon	MGD		5724.77	0.3828			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	inpatient			14955		Horizon	Medicare Blue		4486.5	0.3			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	inpatient			14955		Horizon	NJ Health		5982	0.4			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	inpatient			14955		Horizon	Indemnity		5724.77	0.3828			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	inpatient			14955		Horizon	PPO		5724.77	0.3828			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	inpatient			14955		Managed Care Inc	Managed Care Inc		13459.5	0.9			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	inpatient			14955		Multiplan	Multiplan		11964	0.8			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	inpatient			14955		Qualcare	Qualcare		5982	0.4			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	inpatient			14955		Three Rivers	Three Rivers		14207.25	0.95			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	inpatient			14955		UHC	Medicaid		4704.84	0.3146			370.62	14207.25	percent of total billed charges	
VITOSS BIOACT FOAM STRP 25X50X8	L8699	HCPCS	inpatient			14955		Wellcare	Medicaid		4704.84	0.3146			370.62	14207.25	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586	207.75	Aetna	Better Health		184.36	0.3146			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586	207.75	Aetna	Medicare		180.65	1			180.65	556.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586	207.75	Aetna	Commercial		287.59	1.592			180.65	556.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586	207.75	Americare	Americare		439.5	0.75			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586	207.75	WellPoint	WellPoint		187.99	0.3208			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586	207.75	Amerihealth	Medicare		180.65	1			180.65	556.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586	207.75	Consumer	Consumer		556.7	0.95			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586	207.75	Corrections	Corrections		468.8	0.8			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586	207.75	First Health	First Health		410.2	0.7			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586	207.75	First Trenton	First Trenton		527.4	0.9			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586	207.75	Horizon	MGD		330.05	1.827			180.65	556.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586	207.75	Horizon	Medicare Blue		180.65	1			180.65	556.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586	207.75	Horizon	Indemnity		330.05	1.827			180.65	556.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586	207.75	Horizon	PPO		330.05	1.827			180.65	556.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586	207.75	Managed Care Inc	Managed Care Inc		527.4	0.9			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586	207.75	Multiplan	Multiplan		468.8	0.8			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586	207.75	Qualcare	Qualcare		439.5	0.75			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586	207.75	Three Rivers	Three Rivers		556.7	0.95			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586	207.75	UHC	Medicare		180.65	1			180.65	556.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586	207.75	UHC	Medicaid		184.36	0.3146			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586	207.75	Wellcare	Medicaid		184.36	0.3146			180.65	556.7	percent of total billed charges	
INJ.TIXAGEV & CILGAV ADMIN/MONITOR	M0220	HCPCS	outpatient			586	207.75	Wellcare	Medicare		180.65	1			180.65	556.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975	345.79	Aetna	Medicare		300.69	1			300.69	926.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975	345.79	Aetna	Better Health		306.74	0.3146			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975	345.79	Aetna	Commercial		478.7	1.592			300.69	926.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975	345.79	Americare	Americare		731.25	0.75			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975	345.79	WellPoint	WellPoint		312.78	0.3208			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975	345.79	Amerihealth	Medicare		300.69	1			300.69	926.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975	345.79	Consumer	Consumer		926.25	0.95			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975	345.79	Corrections	Corrections		780	0.8			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975	345.79	First Health	First Health		682.5	0.7			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975	345.79	First Trenton	First Trenton		877.5	0.9			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975	345.79	Horizon	MGD		549.36	1.827			300.69	926.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975	345.79	Horizon	Indemnity		549.36	1.827			300.69	926.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975	345.79	Horizon	PPO		549.36	1.827			300.69	926.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975	345.79	Horizon	Medicare Blue		300.69	1			300.69	926.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975	345.79	Managed Care Inc	Managed Care Inc		877.5	0.9			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975	345.79	Multiplan	Multiplan		780	0.8			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975	345.79	Qualcare	Qualcare		731.25	0.75			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975	345.79	Three Rivers	Three Rivers		926.25	0.95			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975	345.79	UHC	Medicaid		306.74	0.3146			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975	345.79	UHC	Medicare		300.69	1			300.69	926.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975	345.79	Wellcare	Medicaid		306.74	0.3146			300.69	926.25	percent of total billed charges	
INJ.TIXAGEV&CILGAV ADMIN/MONITOR HOME	M0221	HCPCS	outpatient			975	345.79	Wellcare	Medicare		300.69	1			300.69	926.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	Aetna	Commercial		669.79	1.592			420.72	1293.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	Aetna	Better Health		428.49	0.3146			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	Aetna	Medicare		420.72	1			420.72	1293.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	Americare	Americare		1021.5	0.75			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	WellPoint	WellPoint		436.93	0.3208			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	Amerihealth	Medicare		420.72	1			420.72	1293.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	Consumer	Consumer		1293.9	0.95			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	Corrections	Corrections		1089.6	0.8			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	First Health	First Health		953.4	0.7			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	First Trenton	First Trenton		1225.8	0.9			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	Horizon	Indemnity		768.66	1.827			420.72	1293.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	Horizon	MGD		768.66	1.827			420.72	1293.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	Horizon	Medicare Blue		420.72	1			420.72	1293.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	Horizon	PPO		768.66	1.827			420.72	1293.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	Managed Care Inc	Managed Care Inc		1225.8	0.9			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	Multiplan	Multiplan		1089.6	0.8			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	Qualcare	Qualcare		1021.5	0.75			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	Three Rivers	Three Rivers		1293.9	0.95			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	UHC	Medicaid		428.49	0.3146			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	UHC	Medicare		420.72	1			420.72	1293.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	Wellcare	Medicare		420.72	1			420.72	1293.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR	M0222	HCPCS	outpatient			1362	483.83	Wellcare	Medicaid		428.49	0.3146			420.72	1293.9	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Aetna	Better Health		672.93	0.3146			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Aetna	Commercial		1051.98	1.592			660.79	2032.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Aetna	Medicare		660.79	1			660.79	2032.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Americare	Americare		1604.25	0.75			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	WellPoint	WellPoint		686.19	0.3208			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Amerihealth	Medicare		660.79	1			660.79	2032.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Consumer	Consumer		2032.05	0.95			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Corrections	Corrections		1711.2	0.8			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	First Health	First Health		1497.3	0.7			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	First Trenton	First Trenton		1925.1	0.9			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Horizon	Indemnity		1207.26	1.827			660.79	2032.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Horizon	PPO		1207.26	1.827			660.79	2032.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Horizon	MGD		1207.26	1.827			660.79	2032.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Horizon	Medicare Blue		660.79	1			660.79	2032.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Managed Care Inc	Managed Care Inc		1925.1	0.9			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Multiplan	Multiplan		1711.2	0.8			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Qualcare	Qualcare		1604.25	0.75			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Three Rivers	Three Rivers		2032.05	0.95			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	UHC	Medicare		660.79	1			660.79	2032.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	UHC	Medicaid		672.93	0.3146			660.79	2032.05	percent of total billed charges	
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Wellcare	Medicare		660.79	1			660.79	2032.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INJ.BEBTELOVIMAB ADMIN/MONITOR HOME	M0223	HCPCS	outpatient			2139	759.91	Wellcare	Medicaid		672.93	0.3146			660.79	2032.05	percent of total billed charges	
IV INF CASIRI&IMDEV ADM/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Aetna	Better Health		550.86	0.3146			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEV ADM/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Aetna	Commercial		860.87	1.592			540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI&IMDEV ADM/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Aetna	Medicare		540.75	1			540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
IV INF CASIRI&IMDEV ADM/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Consumer	Consumer		1663.45	0.95			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEV ADM/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Corrections	Corrections		1400.8	0.8			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEV ADM/MONITOR	M0240	HCPCS	outpatient			1751	621.86	First Health	First Health		1225.7	0.7			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEV ADM/MONITOR	M0240	HCPCS	outpatient			1751	621.86	First Trenton	First Trenton		1575.9	0.9			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEV ADM/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Horizon	MDD		987.95	1.827			540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI&IMDEV ADM/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Horizon	Indemnity		987.95	1.827			540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI&IMDEV ADM/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Horizon	Medicare Blue		540.75	1			540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI&IMDEV ADM/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Horizon	PPO		987.95	1.827			540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI&IMDEV ADM/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Managed Care Inc	Managed Care Inc		1575.9	0.9			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEV ADM/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Multiplan	Multiplan		1400.8	0.8			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEV ADM/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Qualcare	Qualcare		1313.25	0.75			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEV ADM/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Three Rivers	Three Rivers		1663.45	0.95			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEV ADM/MONITOR	M0240	HCPCS	outpatient			1751	621.86	UHC	Medicaid		550.86	0.3146			540.75	1663.45	percent of total billed charges	
IV INF CASIRI&IMDEV ADM/MONITOR	M0240	HCPCS	outpatient			1751	621.86	UHC	Medicare		540.75	1			540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI&IMDEV ADM/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Wellcare	Medicare		540.75	1			540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI&IMDEV ADM/MONITOR	M0240	HCPCS	outpatient			1751	621.86	Wellcare	Medicaid		550.86	0.3146			540.75	1663.45	percent of total billed charges	
IV INF CASIRI|I&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Aetna	Better Health		555.27	0.3146			540.75	1676.75	percent of total billed charges	
IV INF CASIRI|I&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Aetna	Commercial		860.87	1.592			540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI|I&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Aetna	Medicare		540.75	1			540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI|I&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Americare	Americare		1323.75	0.75			540.75	1676.75	percent of total billed charges	
IV INF CASIRI|I&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	WellPoint	WellPoint		566.21	0.3208			540.75	1676.75	percent of total billed charges	
IV INF CASIRI|I&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Amerihealth	Medicare		540.75	1			540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI|I&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Consumer	Consumer		1676.75	0.95			540.75	1676.75	percent of total billed charges	
IV INF CASIRI|I&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Corrections	Corrections		1412	0.8			540.75	1676.75	percent of total billed charges	
IV INF CASIRI|I&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	First Health	First Health		1235.5	0.7			540.75	1676.75	percent of total billed charges	
IV INF CASIRI|I&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	First Trenton	First Trenton		1588.5	0.9			540.75	1676.75	percent of total billed charges	
IV INF CASIRI|I&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Horizon	Indemnity		987.95	1.827			540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI|I&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Horizon	Medicare Blue		540.75	1			540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI|I&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Horizon	MDD		987.95	1.827			540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI|I&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Horizon	PPO		987.95	1.827			540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI|I&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Managed Care Inc	Managed Care Inc		1588.5	0.9			540.75	1676.75	percent of total billed charges	
IV INF CASIRI|I&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Multiplan	Multiplan		1412	0.8			540.75	1676.75	percent of total billed charges	
IV INF CASIRI|I&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Qualcare	Qualcare		1323.75	0.75			540.75	1676.75	percent of total billed charges	
IV INF CASIRI|I&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Three Rivers	Three Rivers		1676.75	0.95			540.75	1676.75	percent of total billed charges	
IV INF CASIRI|I&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	UHC	Medicare		540.75	1			540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI|I&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	UHC	Medicaid		555.27	0.3146			540.75	1676.75	percent of total billed charges	
IV INF CASIRI|I&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Wellcare	Medicare		540.75	1			540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF CASIRI|I&IMDEVI ADM/MONITOR	M0243	HCPCS	outpatient			1765	621.86	Wellcare	Medicaid		555.27	0.3146			540.75	1676.75	percent of total billed charges	
IV INF BAMLAN&ETESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Aetna	Medicare		540.75	1			540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF BAMLAN&ETESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Aetna	Commercial		860.87	1.592			540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF BAMLAN&ETESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Aetna	Better Health		555.27	0.3146			540.75	1676.75	percent of total billed charges	
IV INF BAMLAN&ETESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Americare	Americare		1323.75	0.75			540.75	1676.75	percent of total billed charges	
IV INF BAMLAN&ETESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	WellPoint	WellPoint		566.21	0.3208			540.75	1676.75	percent of total billed charges	
IV INF BAMLAN&ETESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Amerihealth	Medicare		540.75	1			540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF BAMLAN&ETESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Consumer	Consumer		1676.75	0.95			540.75	1676.75	percent of total billed charges	
IV INF BAMLAN&ETESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Corrections	Corrections		1412	0.8			540.75	1676.75	percent of total billed charges	
IV INF BAMLAN&ETESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	First Health	First Health		1235.5	0.7			540.75	1676.75	percent of total billed charges	
IV INF BAMLAN&ETESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	First Trenton	First Trenton		1588.5	0.9			540.75	1676.75	percent of total billed charges	
IV INF BAMLAN&ETESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Horizon	Medicare Blue		540.75	1			540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF BAMLAN&ETESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Horizon	PPO		987.95	1.827			540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF BAMLAN&ETESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Horizon	MDD		987.95	1.827			540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF BAMLAN&ETESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Horizon	Indemnity		987.95	1.827			540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF BAMLAN&ETESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Managed Care Inc	Managed Care Inc		1588.5	0.9			540.75	1676.75	percent of total billed charges	
IV INF BAMLAN&ETESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Multiplan	Multiplan		1412	0.8			540.75	1676.75	percent of total billed charges	
IV INF BAMLAN&ETESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Qualcare	Qualcare		1323.75	0.75			540.75	1676.75	percent of total billed charges	
IV INF BAMLAN&ETESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Three Rivers	Three Rivers		1676.75	0.95			540.75	1676.75	percent of total billed charges	
IV INF BAMLAN&ETESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	UHC	Medicaid		555.27	0.3146			540.75	1676.75	percent of total billed charges	
IV INF BAMLAN&ETESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	UHC	Medicare		540.75	1			540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF BAMLAN&ETESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Wellcare	Medicaid		555.27	0.3146			540.75	1676.75	percent of total billed charges	
IV INF BAMLAN&ETESEV ADM/MONITOR	M0245	HCPCS	outpatient			1765	621.86	Wellcare	Medicare		540.75	1			540.75	1676.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Aetna	Commercial		860.87	1.592			540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Aetna	Better Health		550.86	0.3146			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Aetna	Medicare		540.75	1			540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Americare	Americare		1313.25	0.75			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	WellPoint	WellPoint		561.72	0.3208			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Amerihealth	Medicare		540.75	1			540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Consumer	Consumer		1663.45	0.95			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Corrections	Corrections		1400.8	0.8			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	First Health	First Health		1225.7	0.7			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	First Trenton	First Trenton		1575.9	0.9			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Horizon	MDD		987.95	1.827			540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Horizon	PPO		987.95	1.827			540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Horizon	Indemnity		987.95	1.827			540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Horizon	Medicare Blue		540.75	1			540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Managed Care Inc	Managed Care Inc		1575.9	0.9			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Multiplan	Multiplan		1400.8	0.8			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Qualcare	Qualcare		1313.25	0.75			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Three Rivers	Three Rivers		1663.45	0.95			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	UHC	Medicaid		550.86	0.3146			540.75	1663.45	percent of total billed charges	
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	UHC	Medicare		540.75	1			540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Wellcare	Medicare		540.75	1			540.75	1663.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
IV INF SOTROVIMAB ADM/MONITOR	M0247	HCPCS	outpatient			1751	621.86	Wellcare	Medicaid		550.86	0.3146			540.75	1663.45	percent of total billed charges	
BLOOD (WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	both			1791	280.36	Aetna	Commercial		398.11	1.592			243.79	1701.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD (WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	both			1791	280.36	Aetna	Better Health		563.45	0.3146			243.79	1701.45	percent of total billed charges	
BLOOD (WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	both			1791	280.36	Aetna	Medicare		243.79	1			243.79	1701.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD (WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	both			1791	280.36	Americare	Americare		1343.25	0.75			243.79	1701.45	percent of total billed charges	
BLOOD (WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	both			1791	280.36	WellPoint	WellPoint		574.55	0.3208			243.79	1701.45	percent of total billed charges	
BLOOD (WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	both			1791	280.36	Amerihealth	Medicare		243.79	1			243.79	1701.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD (WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	both			1791	280.36	Consumer	Consumer		1701.45	0.95			243.79	1701.45	percent of total billed charges	
BLOOD (WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	both			1791	280.36	Corrections	Corrections		1432.8	0.8			243.79	1701.45	percent of total billed charges	
BLOOD (WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	both			1791	280.36	First Health	First Health		1253.7	0.7			243.79	1701.45	percent of total billed charges	
BLOOD (WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	both			1791	280.36	First Trenton	First Trenton		1611.9	0.9			243.79	1701.45	percent of total billed charges	
BLOOD (WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	both			1791	280.36	Horizon	Indemnity		445.4	1.827			243.79	1701.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD (WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	both			1791	280.36	Horizon	Medicare Blue		243.79	1			243.79	1701.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD (WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	both			1791	280.36	Horizon	PPO		445.4	1.827			243.79	1701.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD (WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	both			1791	280.36	Horizon	MDD		445.4	1.827			243.79	1701.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD (WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	both			1791	280.36	Managed Care Inc	Managed Care Inc		1611.9	0.9			243.79	1701.45	percent of total billed charges	
BLOOD (WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	both			1791	280.36	Multiplan	Multiplan		1432.8	0.8			243.79	1701.45	percent of total billed charges	
BLOOD (WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	both			1791	280.36	Qualcare	Qualcare		1343.25	0.75			243.79	1701.45	percent of total billed charges	
BLOOD (WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	both			1791	280.36	Three Rivers	Three Rivers		1701.45	0.95			243.79	1701.45	percent of total billed charges	
BLOOD (WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	both			1791	280.36	UHC	Medicaid		563.45	0.3146			243.79	1701.45	percent of total billed charges	
BLOOD (WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	both			1791	280.36	UHC	Medicare		243.79	1			243.79	1701.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD (WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	both			1791	280.36	Wellcare	Medicare		243.79	1			243.79	1701.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BLOOD (WHOLE) FOR TRANS PER UNIT	P9010	HCPCS	both			1791	280.36	Wellcare	Medicaid		563.45	0.3146			243.79	1701.45	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479	205.77	Aetna	Better Health		150.69	0.3146			17.3	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479	205.77	Aetna	Commercial		284.86	1.592			17.3	455.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479	205.77	Aetna	Medicare		178.93	1			17.3	455.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479	205.77	Americare	Americare		359.25	0.75			17.3	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479	205.77	WellPoint	WellPoint		153.66	0.3208			17.3	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479	205.77	Amerihealth	Medicare		178.93	1			17.3	455.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479	205.77	Consumer	Consumer		455.05	0.95			17.3	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479	205.77	Corrections	Corrections		383.2	0.8			17.3	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479	205.77	First Health	First Health		335.3	0.7			17.3	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479	205.77	First Trenton	First Trenton		431.1	0.9			17.3	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479	205.77	Horizon	Indemnity		326.91	1.827			17.3	455.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479	205.77	Horizon	MDD		326.91	1.827			17.3	455.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479	205.77	Horizon	Medicare Blue		178.93	1			17.3	455.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479	205.77	Horizon	PPO		326.91	1.827			17.3	455.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479	205.77	Managed Care Inc	Managed Care Inc		431.1	0.9			17.3	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479	205.77	Multiplan	Multiplan		383.2	0.8			17.3	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479	205.77	Qualcare	Qualcare		359.25	0.75			17.3	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479	205.77	Three Rivers	Three Rivers		455.05	0.95			17.3	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479	205.77	UHC	Medicare		178.93	1			17.3	455.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479	205.77	UHC	Medicaid		150.69	0.3146			17.3	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479	205.77	Wellcare	Medicaid		150.69	0.3146			17.3	455.05	percent of total billed charges	
PEDIATRIC BLOOD UNITS/EA BAG	P9011	HCPCS	both			479	205.77	Wellcare	Medicare		178.93	1			17.3	455.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200	82.64	Aetna	Commercial		114.4	1.592			19.5	1140	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200	82.64	Aetna	Better Health		377.52	0.3146			19.5	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200	82.64	Aetna	Medicare		71.86	1			19.5	1140	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200	82.64	Americare	Americare		900	0.75			19.5	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200	82.64	WellPoint	WellPoint		384.96	0.3208			19.5	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200	82.64	Amerihealth	Medicare		71.86	1			19.5	1140	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200	82.64	Consumer	Consumer		1140	0.95			19.5	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200	82.64	Corrections	Corrections		960	0.8			19.5	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200	82.64	First Health	First Health		840	0.7			19.5	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200	82.64	First Trenton	First Trenton		1080	0.9			19.5	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200	82.64	Horizon	Medicare Blue		71.86	1			19.5	1140	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200	82.64	Horizon	Indemnity		131.29	1.827			19.5	1140	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200	82.64	Horizon	MDD		131.29	1.827			19.5	1140	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200	82.64	Horizon	NJ Health		120	0.1			19.5	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200	82.64	Horizon	PPO		131.29	1.827			19.5	1140	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLED CRY OPPT (5)	P9012	HCPCS	both	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200	82.64	Qualcare	Qualcare		900	0.75			19.5	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200	82.64	Three Rivers	Three Rivers		1140	0.95			19.5	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200	82.64	UHC	Medicare		71.86	1			19.5	1140	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200	82.64	UHC	Medicaid		377.52	0.3146			19.5	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200	82.64	Wellcare	Medicaid		377.52	0.3146			19.5	1140	percent of total billed charges	
POOLED CRY OPPT (5)	P9012	HCPCS	both			1200	82.64	Wellcare	Medicare		71.86	1			19.5	1140	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008	249.61	Aetna	Medicare		217.05	1			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008	249.61	Aetna	Better Health		317.12	0.3146			100.8	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008	249.61	Aetna	Commercial		345.54	1.592			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008	249.61	Americare	Americare		756	0.75			100.8	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008	249.61	WellPoint	WellPoint		323.37	0.3208			100.8	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008	249.61	Amerihealth	Medicare		217.05	1			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008	249.61	Consumer	Consumer		957.6	0.95			100.8	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008	249.61	Corrections	Corrections		806.4	0.8			100.8	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008	249.61	First Health	First Health		705.6	0.7			100.8	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008	249.61	First Trenton	First Trenton		907.2	0.9			100.8	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008	249.61	Horizon	Indemnity		396.55	1.827			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008	249.61	Horizon	Medicare Blue		217.05	1			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008	249.61	Horizon	NJ Health		100.8	0.1			100.8	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008	249.61	Horizon	MGD		396.55	1.827			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008	249.61	Horizon	PPO		396.55	1.827			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008	249.61	Managed Care Inc	Managed Care Inc		907.2	0.9			100.8	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008	249.61	Multiplan	Multiplan		806.4	0.8			100.8	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008	249.61	Qualcare	Qualcare		756	0.75			100.8	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008	249.61	Three Rivers	Three Rivers		957.6	0.95			100.8	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008	249.61	UHC	Medicare		217.05	1			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008	249.61	UHC	Medicaid		317.12	0.3146			100.8	957.6	percent of total billed charges	
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008	249.61	Wellcare	Medicare		217.05	1			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKOCYTE REDUCED	P9016	HCPCS	both			1008	249.61	Wellcare	Medicaid		317.12	0.3146			100.8	957.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268	110.38	Aetna	Commercial		152.8	1.592			26.8	254.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA	P9017	HCPCS	both			268	110.38	Aetna	Better Health		84.31	0.3146			26.8	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268	110.38	Aetna	Medicare		95.98	1			26.8	254.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA	P9017	HCPCS	both			268	110.38	Americare	Americare		201	0.75			26.8	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268	110.38	WellPoint	WellPoint		85.97	0.3208			26.8	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268	110.38	Amerihealth	Medicare		95.98	1			26.8	254.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA	P9017	HCPCS	both			268	110.38	Consumer	Consumer		254.6	0.95			26.8	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268	110.38	Corrections	Corrections		214.4	0.8			26.8	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268	110.38	First Health	First Health		187.6	0.7			26.8	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268	110.38	First Trenton	First Trenton		241.2	0.9			26.8	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268	110.38	Horizon	MGD		175.36	1.827			26.8	254.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA	P9017	HCPCS	both			268	110.38	Horizon	Indemnity		175.36	1.827			26.8	254.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA	P9017	HCPCS	both			268	110.38	Horizon	Medicare Blue		95.98	1			26.8	254.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA	P9017	HCPCS	both			268	110.38	Horizon	PPO		175.36	1.827			26.8	254.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA	P9017	HCPCS	both			268	110.38	Horizon	NJ Health		26.8	0.1			26.8	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268	110.38	Managed Care Inc	Managed Care Inc		241.2	0.9			26.8	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268	110.38	Multiplan	Multiplan		214.4	0.8			26.8	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268	110.38	Qualcare	Qualcare		201	0.75			26.8	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268	110.38	Three Rivers	Three Rivers		254.6	0.95			26.8	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268	110.38	UHC	Medicare		95.98	1			26.8	254.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA	P9017	HCPCS	both			268	110.38	UHC	Medicaid		84.31	0.3146			26.8	254.6	percent of total billed charges	
FRESH FROZEN PLASMA	P9017	HCPCS	both			268	110.38	Wellcare	Medicare		95.98	1			26.8	254.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FRESH FROZEN PLASMA	P9017	HCPCS	both			268	110.38	Wellcare	Medicaid		84.31	0.3146			26.8	254.6	percent of total billed charges	
RVPLT(REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911	89.78	Aetna	Better Health		1230.4	0.3146			30.1	3715.45	percent of total billed charges	
RVPLT(REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911	89.78	Aetna	Medicare		78.07	1			30.1	3715.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVPLT(REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911	89.78	Aetna	Commercial		124.29	1.592			30.1	3715.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVPLT(REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911	89.78	Americare	Americare		2933.25	0.75			30.1	3715.45	percent of total billed charges	
RVPLT(REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911	89.78	WellPoint	WellPoint		1254.65	0.3208			30.1	3715.45	percent of total billed charges	
RVPLT(REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911	89.78	Amerihealth	Medicare		78.07	1			30.1	3715.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVPLT(REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911	89.78	Consumer	Consumer		3715.45	0.95			30.1	3715.45	percent of total billed charges	
RVPLT(REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911	89.78	Corrections	Corrections		3128.8	0.8			30.1	3715.45	percent of total billed charges	
RVPLT(REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911	89.78	First Health	First Health		2737.7	0.7			30.1	3715.45	percent of total billed charges	
RVPLT(REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911	89.78	First Trenton	First Trenton		3519.9	0.9			30.1	3715.45	percent of total billed charges	
RVPLT(REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911	89.78	Horizon	Indemnity		142.63	1.827			30.1	3715.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVPLT(REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911	89.78	Horizon	MGD		142.63	1.827			30.1	3715.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVPLT(REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911	89.78	Horizon	NJ Health		391.1	0.1			30.1	3715.45	percent of total billed charges	
RVPLT(REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911	89.78	Horizon	Medicare Blue		78.07	1			30.1	3715.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVPLT(REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911	89.78	Horizon	PPO		142.63	1.827			30.1	3715.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVPLT(REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911	89.78	Managed Care Inc	Managed Care Inc		3519.9	0.9			30.1	3715.45	percent of total billed charges	
RVPLT(REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911	89.78	Multiplan	Multiplan		3128.8	0.8			30.1	3715.45	percent of total billed charges	
RVPLT(REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911	89.78	Qualcare	Qualcare		2933.25	0.75			30.1	3715.45	percent of total billed charges	
RVPLT(REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911	89.78	Three Rivers	Three Rivers		3715.45	0.95			30.1	3715.45	percent of total billed charges	
RVPLT(REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911	89.78	UHC	Medicaid		1230.4	0.3146			30.1	3715.45	percent of total billed charges	
RVPLT(REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911	89.78	UHC	Medicare		78.07	1			30.1	3715.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RVPLT(REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911	89.78	Wellcare	Medicaid		1230.4	0.3146			30.1	3715.45	percent of total billed charges	
RVPLT(REDUCED VOL.PLATE.CONCEN	P9019	HCPCS	outpatient			3911	89.78	Wellcare	Medicare		78.07	1			30.1	3715.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121	757.56	Aetna	Better Health		667.27	0.3146			78.5	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121	757.56	Aetna	Commercial		1048.73	1.592			78.5	2014.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121	757.56	Aetna	Medicare		658.75	1			78.5	2014.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121	757.56	Americare	Americare		1590.75	0.75			78.5	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121	757.56	WellPoint	WellPoint		680.42	0.3208			78.5	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121	757.56	Amerihealth	Medicare		658.75	1			78.5	2014.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121	757.56	Consumer	Consumer		2014.95	0.95			78.5	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121	757.56	Corrections	Corrections		1696.8	0.8			78.5	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121	757.56	First Health	First Health		1484.7	0.7			78.5	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121	757.56	First Trenton	First Trenton		1908.9	0.9			78.5	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121	757.56	Horizon	MGD		1203.54	1.827			78.5	2014.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121	757.56	Horizon	Medicare Blue		658.75	1			78.5	2014.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121	757.56	Horizon	PPO		1203.54	1.827			78.5	2014.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121	757.56	Horizon	Indemnity		1203.54	1.827			78.5	2014.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121	757.56	Horizon	NJ Health		212.1	0.1			78.5	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121	757.56	Managed Care Inc	Managed Care Inc		1908.9	0.9			78.5	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121	757.56	Multiplan	Multiplan		1696.8	0.8			78.5	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121	757.56	Qualcare	Qualcare		1590.75	0.75			78.5	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121	757.56	Three Rivers	Three Rivers		2014.95	0.95			78.5	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121	757.56	UHC	Medicaid		667.27	0.3146			78.5	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121	757.56	UHC	Medicare		658.75	1			78.5	2014.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121	757.56	Wellcare	Medicaid		667.27	0.3146			78.5	2014.95	percent of total billed charges	
PLATELET RICH PLASMA INJECTION	P9020	HCPCS	both			2121	757.56	Wellcare	Medicare		658.75	1			78.5	2014.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS EA(PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Aetna	Better Health		317.12	0.3146			100.8	957.6	percent of total billed charges	
RED BLOOD CELLS EA(PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Aetna	Commercial		260.87	1.592			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS EA(PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Aetna	Medicare		163.86	1			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS EA(PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Americare	Americare		756	0.75			100.8	957.6	percent of total billed charges	
RED BLOOD CELLS EA(PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	WellPoint	WellPoint		323.37	0.3208			100.8	957.6	percent of total billed charges	
RED BLOOD CELLS EA(PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Amerihealth	Medicare		163.86	1			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS EA(PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Consumer	Consumer		957.6	0.95			100.8	957.6	percent of total billed charges	
RED BLOOD CELLS EA(PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Corrections	Corrections		806.4	0.8			100.8	957.6	percent of total billed charges	
RED BLOOD CELLS EA(PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	First Health	First Health		705.6	0.7			100.8	957.6	percent of total billed charges	
RED BLOOD CELLS EA(PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	First Trenton	First Trenton		907.2	0.9			100.8	957.6	percent of total billed charges	
RED BLOOD CELLS EA(PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Horizon	Medicare Blue		163.86	1			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS EA(PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Horizon	PPO		299.37	1.827			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS EA(PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Horizon	MGD		299.37	1.827			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS EA(PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Horizon	Indemnity		299.37	1.827			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS EA(PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Horizon	NJ Health		100.8	0.1			100.8	957.6	percent of total billed charges	
RED BLOOD CELLS EA(PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Managed Care Inc	Managed Care Inc		907.2	0.9			100.8	957.6	percent of total billed charges	
RED BLOOD CELLS EA(PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Multiplan	Multiplan		806.4	0.8			100.8	957.6	percent of total billed charges	
RED BLOOD CELLS EA(PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Qualcare	Qualcare		756	0.75			100.8	957.6	percent of total billed charges	
RED BLOOD CELLS EA(PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Three Rivers	Three Rivers		957.6	0.95			100.8	957.6	percent of total billed charges	
RED BLOOD CELLS EA(PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	UHC	Medicare		163.86	1			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RED BLOOD CELLS EA(PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	UHC	Medicaid		317.12	0.3146			100.8	957.6	percent of total billed charges	
RED BLOOD CELLS EA(PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Wellcare	Medicaid		317.12	0.3146			100.8	957.6	percent of total billed charges	
RED BLOOD CELLS EA(PACKED CELL)	P9021	HCPCS	outpatient			1008	188.44	Wellcare	Medicare		163.86	1			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Aetna	Commercial		758.87	1.592			124.5	1182.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Aetna	Better Health		391.68	0.3146			124.5	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Aetna	Medicare		476.68	1			124.5	1182.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Americare	Americare		933.75	0.75			124.5	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	WellPoint	WellPoint		399.4	0.3208			124.5	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Amerihealth	Medicare		476.68	1			124.5	1182.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Consumer	Consumer		1182.75	0.95			124.5	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Corrections	Corrections		996	0.8			124.5	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	First Health	First Health		871.5	0.7			124.5	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	First Trenton	First Trenton		1120.5	0.9			124.5	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Horizon	Indemnity		870.89	1.827			124.5	1182.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Horizon	Medicare Blue		476.68	1			124.5	1182.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Horizon	NJ Health		124.5	0.1			124.5	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Horizon	MGD		870.89	1.827			124.5	1182.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Horizon	PPO		870.89	1.827			124.5	1182.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Managed Care Inc	Managed Care Inc		1120.5	0.9			124.5	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Multiplan	Multiplan		996	0.8			124.5	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Qualcare	Qualcare		933.75	0.75			124.5	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Three Rivers	Three Rivers		1182.75	0.95			124.5	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	UHC	Medicaid		391.68	0.3146			124.5	1182.75	percent of total billed charges	
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	UHC	Medicare		476.68	1			124.5	1182.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Wellcare	Medicaid		391.68	0.3146			124.5	1182.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
WASHED RBCS	P9022	HCPCS	outpatient			1245	548.18	Wellcare	Medicare		476.68	1			124.5	1182.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Aetna	Commercial		115.53	1.592			72.57	1936.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Aetna	Better Health		641.15	0.3146			72.57	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Aetna	Medicare		72.57	1			72.57	1936.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Americare	Americare		1528.5	0.75			72.57	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	WellPoint	WellPoint		653.79	0.3208			72.57	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Amerihealth	Medicare		72.57	1			72.57	1936.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Consumer	Consumer		1936.1	0.95			72.57	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Corrections	Corrections		1630.4	0.8			72.57	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	First Health	First Health		1426.6	0.7			72.57	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	First Trenton	First Trenton		1834.2	0.9			72.57	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Horizon	Medicare Blue		72.57	1			72.57	1936.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Horizon	PPO		132.59	1.827			72.57	1936.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Horizon	MGD		132.59	1.827			72.57	1936.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Horizon	Indemnity		132.59	1.827			72.57	1936.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Horizon	NJ Health		203.8	0.1			72.57	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Managed Care Inc	Managed Care Inc		1834.2	0.9			72.57	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Multiplan	Multiplan		1630.4	0.8			72.57	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Qualcare	Qualcare		1528.5	0.75			72.57	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Three Rivers	Three Rivers		1936.1	0.95			72.57	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	UHC	Medicare		72.57	1			72.57	1936.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	UHC	Medicaid		641.15	0.3146			72.57	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Wellcare	Medicaid		641.15	0.3146			72.57	1936.1	percent of total billed charges	
SD-PLASMA EACH UNIT	P9023	HCPCS	outpatient			2038	83.46	Wellcare	Medicare		72.57	1			72.57	1936.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Aetna	Better Health		150.38	0.3146			26.4	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Aetna	Commercial		250.1	1.592			26.4	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Aetna	Medicare		157.1	1			26.4	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Americare	Americare		358.5	0.75			26.4	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	WellPoint	WellPoint		153.34	0.3208			26.4	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Amerihealth	Medicare		157.1	1			26.4	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Consumer	Consumer		454.1	0.95			26.4	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Corrections	Corrections		382.4	0.8			26.4	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	First Health	First Health		334.6	0.7			26.4	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	First Trenton	First Trenton		430.2	0.9			26.4	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Horizon	Indemnity		287.02	1.827			26.4	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Horizon	PPO		287.02	1.827			26.4	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Horizon	MGD		287.02	1.827			26.4	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Horizon	Medicare Blue		157.1	1			26.4	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Horizon	NJ Health		47.8	0.1			26.4	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Managed Care Inc	Managed Care Inc		430.2	0.9			26.4	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Multiplan	Multiplan		382.4	0.8			26.4	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Qualcare	Qualcare		358.5	0.75			26.4	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Three Rivers	Three Rivers		454.1	0.95			26.4	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	UHC	Medicaid		150.38	0.3146			26.4	454.1	percent of total billed charges	
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	UHC	Medicare		157.1	1			26.4	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Wellcare	Medicare		157.1	1			26.4	454.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELET LEUKO FILTER	P9031	HCPCS	outpatient			478	180.67	Wellcare	Medicaid		150.38	0.3146			26.4	454.1	percent of total billed charges	
PLATELETS IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Aetna	Commercial		254.85	1.592			64.9	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Aetna	Better Health		204.18	0.3146			64.9	616.55	percent of total billed charges	
PLATELETS IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Aetna	Medicare		160.08	1			64.9	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Americare	Americare		486.75	0.75			64.9	616.55	percent of total billed charges	
PLATELETS IRRADIATED	P9032	HCPCS	outpatient			649	184.09	WellPoint	WellPoint		208.2	0.3208			64.9	616.55	percent of total billed charges	
PLATELETS IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Amerihealth	Medicare		160.08	1			64.9	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Consumer	Consumer		616.55	0.95			64.9	616.55	percent of total billed charges	
PLATELETS IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Corrections	Corrections		519.2	0.8			64.9	616.55	percent of total billed charges	
PLATELETS IRRADIATED	P9032	HCPCS	outpatient			649	184.09	First Health	First Health		454.3	0.7			64.9	616.55	percent of total billed charges	
PLATELETS IRRADIATED	P9032	HCPCS	outpatient			649	184.09	First Trenton	First Trenton		584.1	0.9			64.9	616.55	percent of total billed charges	
PLATELETS IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Horizon	MGD		292.47	1.827			64.9	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Horizon	PPO		292.47	1.827			64.9	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Horizon	NJ Health		64.9	0.1			64.9	616.55	percent of total billed charges	
PLATELETS IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Horizon	Indemnity		292.47	1.827			64.9	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Horizon	Medicare Blue		160.08	1			64.9	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Managed Care Inc	Managed Care Inc		584.1	0.9			64.9	616.55	percent of total billed charges	
PLATELETS IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Multiplan	Multiplan		519.2	0.8			64.9	616.55	percent of total billed charges	
PLATELETS IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Qualcare	Qualcare		486.75	0.75			64.9	616.55	percent of total billed charges	
PLATELETS IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Three Rivers	Three Rivers		616.55	0.95			64.9	616.55	percent of total billed charges	
PLATELETS IRRADIATED	P9032	HCPCS	outpatient			649	184.09	UHC	Medicaid		204.18	0.3146			64.9	616.55	percent of total billed charges	
PLATELETS IRRADIATED	P9032	HCPCS	outpatient			649	184.09	UHC	Medicare		160.08	1			64.9	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Wellcare	Medicare		160.08	1			64.9	616.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS IRRADIATED	P9032	HCPCS	outpatient			649	184.09	Wellcare	Medicaid		204.18	0.3146			64.9	616.55	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	both			2134	318.35	Aetna	Medicare		276.83	1			97.8	2027.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	both			2134	318.35	Aetna	Better Health		671.36	0.3146			97.8	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	both			2134	318.35	Aetna	Commercial		440.71	1.592			97.8	2027.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	both			2134	318.35	Americare	Americare		1600.5	0.75			97.8	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	both			2134	318.35	WellPoint	WellPoint		684.59	0.3208			97.8	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	both			2134	318.35	Amerihealth	Medicare		276.83	1			97.8	2027.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	both			2134	318.35	Consumer	Consumer		2027.3	0.95			97.8	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	both			2134	318.35	Corrections	Corrections		1707.2	0.8			97.8	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	both			2134	318.35	First Health	First Health		1463.8	0.7			97.8	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	both			2134	318.35	First Trenton	First Trenton		1920.6	0.9			97.8	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	both			2134	318.35	Horizon	PPO		505.77	1.827			97.8	2027.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	both			2134	318.35	Horizon	Medicare Blue		276.83	1			97.8	2027.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	both			2134	318.35	Horizon	NJ Health		213.4	0.1			97.8	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	both			2134	318.35	Horizon	MGD		505.77	1.827			97.8	2027.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	both			2134	318.35	Horizon	Indemnity		505.77	1.827			97.8	2027.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	both			2134	318.35	Managed Care Inc	Managed Care Inc		1920.6	0.9			97.8	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	both			2134	318.35	Multiplan	Multiplan		1707.2	0.8			97.8	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	both			2134	318.35	Qualcare	Qualcare		1600.5	0.75			97.8	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	both			2134	318.35	Three Rivers	Three Rivers		2027.3	0.95			97.8	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	both			2134	318.35	UHC	Medicaid		671.36	0.3146			97.8	2027.3	percent of total billed charges	
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	both			2134	318.35	UHC	Medicare		276.83	1			97.8	2027.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	both			2134	318.35	Wellcare	Medicare		276.83	1			97.8	2027.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS LEUKOREDUCED IRRAD	P9033	HCPCS	both			2134	318.35	Wellcare	Medicaid		671.36	0.3146			97.8	2027.3	percent of total billed charges	
PLATELETS PHERESIS WASHED	P9034	HCPCS	outpatient			2472	444.29	Aetna	Medicare		386.34	1			230.5	2348.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED	P9034	HCPCS	outpatient			2472	444.29	Aetna	Better Health		777.69	0.3146			230.5	2348.4	percent of total billed charges	
PLATELETS PHERESIS WASHED	P9034	HCPCS	outpatient			2472	444.29	Aetna	Commercial		615.05	1.592			230.5	2348.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED	P9034	HCPCS	outpatient			2472	444.29	Americare	Americare		1854	0.75			230.5	2348.4	percent of total billed charges	
PLATELETS PHERESIS WASHED	P9034	HCPCS	outpatient			2472	444.29	WellPoint	WellPoint		793.02	0.3208			230.5	2348.4	percent of total billed charges	
PLATELETS PHERESIS WASHED	P9034	HCPCS	outpatient			2472	444.29	Amerihealth	Medicare		386.34	1			230.5	2348.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED	P9034	HCPCS	outpatient			2472	444.29	Consumer	Consumer		2348.4	0.95			230.5	2348.4	percent of total billed charges	
PLATELETS PHERESIS WASHED	P9034	HCPCS	outpatient			2472	444.29	Corrections	Corrections		1977.6	0.8			230.5	2348.4	percent of total billed charges	
PLATELETS PHERESIS WASHED	P9034	HCPCS	outpatient			2472	444.29	First Health	First Health		1730.4	0.7			230.5	2348.4	percent of total billed charges	
PLATELETS PHERESIS WASHED	P9034	HCPCS	outpatient			2472	444.29	First Trenton	First Trenton		2224.8	0.9			230.5	2348.4	percent of total billed charges	
PLATELETS PHERESIS WASHED	P9034	HCPCS	outpatient			2472	444.29	Horizon	MGD		705.84	1.827			230.5	2348.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED	P9034	HCPCS	outpatient			2472	444.29	Horizon	Medicare Blue		386.34	1			230.5	2348.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED	P9034	HCPCS	outpatient			2472	444.29	Horizon	NJ Health		247.2	0.1			230.5	2348.4	percent of total billed charges	
PLATELETS PHERESIS WASHED	P9034	HCPCS	outpatient			2472	444.29	Horizon	Indemnity		705.84	1.827			230.5	2348.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED	P9034	HCPCS	outpatient			2472	444.29	Horizon	PPO		705.84	1.827			230.5	2348.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED	P9034	HCPCS	outpatient			2472	444.29	Managed Care Inc	Managed Care Inc		2224.8	0.9			230.5	2348.4	percent of total billed charges	
PLATELETS PHERESIS WASHED	P9034	HCPCS	outpatient			2472	444.29	Multiplan	Multiplan		1977.6	0.8			230.5	2348.4	percent of total billed charges	
PLATELETS PHERESIS WASHED	P9034	HCPCS	outpatient			2472	444.29	Qualcare	Qualcare		1854	0.75			230.5	2348.4	percent of total billed charges	
PLATELETS PHERESIS WASHED	P9034	HCPCS	outpatient			2472	444.29	Three Rivers	Three Rivers		2348.4	0.95			230.5	2348.4	percent of total billed charges	
PLATELETS PHERESIS WASHED	P9034	HCPCS	outpatient			2472	444.29	UHC	Medicaid		777.69	0.3146			230.5	2348.4	percent of total billed charges	
PLATELETS PHERESIS WASHED	P9034	HCPCS	outpatient			2472	444.29	UHC	Medicare		386.34	1			230.5	2348.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED	P9034	HCPCS	outpatient			2472	444.29	Wellcare	Medicare		386.34	1			230.5	2348.4	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED	P9034	HCPCS	outpatient			2472	444.29	Wellcare	Medicaid		777.69	0.3146			230.5	2348.4	percent of total billed charges	
SINGLE DONOR PLT/LR/LVDS	P9035	HCPCS	both			2419	652	Aetna	Medicare		566.96	1			14.5	2298.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/LR/LVDS	P9035	HCPCS	both			2419	652	Aetna	Better Health		761.02	0.3146			14.5	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LR/LVDS	P9035	HCPCS	both			2419	652	Aetna	Commercial		902.6	1.592			14.5	2298.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/LR/LVDS	P9035	HCPCS	both			2419	652	Americare	Americare		1814.25	0.75			14.5	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LR/LVDS	P9035	HCPCS	both			2419	652	WellPoint	WellPoint		776.02	0.3208			14.5	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LR/LVDS	P9035	HCPCS	both			2419	652	Amerihealth	Medicare		566.96	1			14.5	2298.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/LR/LVDS	P9035	HCPCS	both			2419	652	Consumer	Consumer		2298.05	0.95			14.5	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LR/LVDS	P9035	HCPCS	both			2419	652	Corrections	Corrections		1935.2	0.8			14.5	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LR/LVDS	P9035	HCPCS	both			2419	652	First Health	First Health		1693.3	0.7			14.5	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LR/LVDS	P9035	HCPCS	both			2419	652	First Trenton	First Trenton		2177.1	0.9			14.5	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LR/LVDS	P9035	HCPCS	both			2419	652	Horizon	MGD		1035.84	1.827			14.5	2298.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/LR/LVDS	P9035	HCPCS	both			2419	652	Horizon	Indemnity		1035.84	1.827			14.5	2298.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/LR/LVDS	P9035	HCPCS	both			2419	652	Horizon	NJ Health		241.9	0.1			14.5	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LR/LVDS	P9035	HCPCS	both			2419	652	Horizon	Medicare Blue		566.96	1			14.5	2298.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/LR/LVDS	P9035	HCPCS	both			2419	652	Horizon	PPO		1035.84	1.827			14.5	2298.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/LR/LVDS	P9035	HCPCS	both			2419	652	Managed Care Inc	Managed Care Inc		2177.1	0.9			14.5	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LR/LVDS	P9035	HCPCS	both			2419	652	Multiplan	Multiplan		1935.2	0.8			14.5	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LR/LVDS	P9035	HCPCS	both			2419	652	Qualcare	Qualcare		1814.25	0.75			14.5	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LR/LVDS	P9035	HCPCS	both			2419	652	Three Rivers	Three Rivers		2298.05	0.95			14.5	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LR/LVDS	P9035	HCPCS	both			2419	652	UHC	Medicaid		761.02	0.3146			14.5	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LR/LVDS	P9035	HCPCS	both			2419	652	UHC	Medicare		566.96	1			14.5	2298.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/LR/LVDS	P9035	HCPCS	both			2419	652	Wellcare	Medicaid		761.02	0.3146			14.5	2298.05	percent of total billed charges	
SINGLE DONOR PLT/LR/LVDS	P9035	HCPCS	both			2419	652	Wellcare	Medicare		566.96	1			14.5	2298.05	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Aetna	Commercial		1070.02	1.592			235.8	2240.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Aetna	Better Health		741.83	0.3146			235.8	2240.1	percent of total billed charges	
PLATELETS PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Aetna	Medicare		672.12	1			235.8	2240.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Americare	Americare		1768.5	0.75			235.8	2240.1	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PLATELETS PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	WellPoint	WellPoint		756.45	0.3208			235.8	2240.1	percent of total billed charges	
PLATELETS PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	AmeriHealth	Medicare		672.12	1			235.8	2240.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Consumer	Consumer		2240.1	0.95			235.8	2240.1	percent of total billed charges	
PLATELETS PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Corrections	Corrections		1886.4	0.8			235.8	2240.1	percent of total billed charges	
PLATELETS PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	First Health	First Health		1650.6	0.7			235.8	2240.1	percent of total billed charges	
PLATELETS PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	First Trenton	First Trenton		2122.2	0.9			235.8	2240.1	percent of total billed charges	
PLATELETS PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Horizon	Indemnity		1227.96	1.827			235.8	2240.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Horizon	PPO		1227.96	1.827			235.8	2240.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Horizon	MGD		1227.96	1.827			235.8	2240.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Horizon	Medicare Blue		672.12	1			235.8	2240.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Horizon	NJ Health		235.8	0.1			235.8	2240.1	percent of total billed charges	
PLATELETS PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Managed Care Inc	Managed Care Inc		2122.2	0.9			235.8	2240.1	percent of total billed charges	
PLATELETS PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Multiplan	Multiplan		1886.4	0.8			235.8	2240.1	percent of total billed charges	
PLATELETS PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Qualcare	Qualcare		1768.5	0.75			235.8	2240.1	percent of total billed charges	
PLATELETS PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Three Rivers	Three Rivers		2240.1	0.95			235.8	2240.1	percent of total billed charges	
PLATELETS PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	UHC	Medicaid		741.83	0.3146			235.8	2240.1	percent of total billed charges	
PLATELETS PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	UHC	Medicare		672.12	1			235.8	2240.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Wellcare	Medicare		672.12	1			235.8	2240.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS IRRAD	P9036	HCPCS	outpatient			2358	772.94	Wellcare	Medicaid		741.83	0.3146			235.8	2240.1	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Aetna	Commercial		1285.06	1.592			256.8	3785.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Aetna	Better Health		1253.68	0.3146			256.8	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Aetna	Medicare		807.2	1			256.8	3785.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Americare	Americare		2988.75	0.75			256.8	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	WellPoint	WellPoint		1278.39	0.3208			256.8	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	AmeriHealth	Medicare		807.2	1			256.8	3785.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Consumer	Consumer		3785.75	0.95			256.8	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Corrections	Corrections		3188	0.8			256.8	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	First Health	First Health		2789.5	0.7			256.8	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	First Trenton	First Trenton		3586.5	0.9			256.8	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Horizon	Indemnity		1474.75	1.827			256.8	3785.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Horizon	Medicare Blue		807.2	1			256.8	3785.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Horizon	NJ Health		398.5	0.1			256.8	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Horizon	MGD		1474.75	1.827			256.8	3785.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Horizon	PPO		1474.75	1.827			256.8	3785.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Managed Care Inc	Managed Care Inc		3586.5	0.9			256.8	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Multiplan	Multiplan		3188	0.8			256.8	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Qualcare	Qualcare		2988.75	0.75			256.8	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Three Rivers	Three Rivers		3785.75	0.95			256.8	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	UHC	Medicaid		1253.68	0.3146			256.8	3785.75	percent of total billed charges	
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	UHC	Medicare		807.2	1			256.8	3785.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Wellcare	Medicare		807.2	1			256.8	3785.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATELETS PHERESIS WASHED IRR	P9037	HCPCS	inpatient			3985	928.28	Wellcare	Medicaid		1253.68	0.3146			256.8	3785.75	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Aetna	Medicare		260.14	1			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Aetna	Commercial		414.14	1.592			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Aetna	Better Health		317.12	0.3146			100.8	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Americare	Americare		756	0.75			100.8	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	WellPoint	WellPoint		323.37	0.3208			100.8	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	AmeriHealth	Medicare		260.14	1			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Consumer	Consumer		957.6	0.95			100.8	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Corrections	Corrections		806.4	0.8			100.8	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	First Health	First Health		705.6	0.7			100.8	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	First Trenton	First Trenton		907.2	0.9			100.8	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Horizon	MGD		475.28	1.827			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Horizon	Medicare Blue		260.14	1			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Horizon	NJ Health		100.8	0.1			100.8	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Horizon	PPO		475.28	1.827			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Horizon	Indemnity		475.28	1.827			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Managed Care Inc	Managed Care Inc		907.2	0.9			100.8	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Multiplan	Multiplan		806.4	0.8			100.8	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Qualcare	Qualcare		756	0.75			100.8	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Three Rivers	Three Rivers		957.6	0.95			100.8	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	UHC	Medicaid		317.12	0.3146			100.8	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	UHC	Medicare		260.14	1			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Wellcare	Medicaid		317.12	0.3146			100.8	957.6	percent of total billed charges	
RBC IRRAD	P9038	HCPCS	outpatient			1008	299.16	Wellcare	Medicare		260.14	1			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	outpatient			1975	429.46	Aetna	Better Health		621.34	0.3146			197.5	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	outpatient			1975	429.46	Aetna	Commercial		594.52	1.592			197.5	1876.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	outpatient			1975	429.46	Aetna	Medicare		373.44	1			197.5	1876.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	outpatient			1975	429.46	Americare	Americare		1481.25	0.75			197.5	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	outpatient			1975	429.46	WellPoint	WellPoint		633.58	0.3208			197.5	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	outpatient			1975	429.46	AmeriHealth	Medicare		373.44	1			197.5	1876.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	outpatient			1975	429.46	Consumer	Consumer		1876.25	0.95			197.5	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	outpatient			1975	429.46	Corrections	Corrections		1580	0.8			197.5	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	outpatient			1975	429.46	First Health	First Health		1382.5	0.7			197.5	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	outpatient			1975	429.46	First Trenton	First Trenton		1777.5	0.9			197.5	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	outpatient			1975	429.46	Horizon	MGD		682.27	1.827			197.5	1876.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	outpatient			1975	429.46	Horizon	Medicare Blue		373.44	1			197.5	1876.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	outpatient			1975	429.46	Horizon	PPO		682.27	1.827			197.5	1876.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	outpatient			1975	429.46	Horizon	Indemnity		682.27	1.827			197.5	1876.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	outpatient			1975	429.46	Horizon	NJ Health		197.5	0.1			197.5	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	outpatient			1975	429.46	Managed Care Inc	Managed Care Inc		1777.5	0.9			197.5	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	outpatient			1975	429.46	Multiplan	Multiplan		1580	0.8			197.5	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	outpatient			1975	429.46	Qualcare	Qualcare		1481.25	0.75			197.5	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	outpatient			1975	429.46	Three Rivers	Three Rivers		1876.25	0.95			197.5	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	outpatient			1975	429.46	UHC	Medicaid		621.34	0.3146			197.5	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	outpatient			1975	429.46	UHC	Medicare		373.44	1			197.5	1876.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	outpatient			1975	429.46	Wellcare	Medicaid		621.34	0.3146			197.5	1876.25	percent of total billed charges	
RBC REJUVENATED DEGLYEROLIZED	P9039	HCPCS	outpatient			1975	429.46	Wellcare	Medicare		373.44	1			197.5	1876.25	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Aetna	Better Health		317.12	0.3146			100.8	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Aetna	Commercial		482.47	1.592			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Aetna	Medicare		303.06	1			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Americare	Americare		756	0.75			100.8	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	WellPoint	WellPoint		323.37	0.3208			100.8	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	AmeriHealth	Medicare		303.06	1			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Consumer	Consumer		957.6	0.95			100.8	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Corrections	Corrections		806.4	0.8			100.8	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	First Health	First Health		705.6	0.7			100.8	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	First Trenton	First Trenton		907.2	0.9			100.8	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Horizon	Indemnity		553.69	1.827			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Horizon	NJ Health		100.8	0.1			100.8	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Horizon	MGD		553.69	1.827			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Horizon	Medicare Blue		303.06	1			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Horizon	PPO		553.69	1.827			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Managed Care Inc	Managed Care Inc		907.2	0.9			100.8	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Multiplan	Multiplan		806.4	0.8			100.8	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Qualcare	Qualcare		756	0.75			100.8	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Three Rivers	Three Rivers		957.6	0.95			100.8	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	UHC	Medicaid		317.12	0.3146			100.8	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	UHC	Medicare		303.06	1			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Wellcare	Medicaid		317.12	0.3146			100.8	957.6	percent of total billed charges	
RBC LEUKORED IRRAD	P9040	HCPCS	both			1008	348.52	Wellcare	Medicare		303.06	1			100.8	957.6	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	Aetna	Better Health		72.67	0.3146			72.67	219.45	percent of total billed charges	
PLASMA CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	Aetna	Commercial		132.14	1.592			72.67	219.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	Aetna	Medicare		83	1			72.67	219.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	Americare	Americare		173.25	0.75			72.67	219.45	percent of total billed charges	
PLASMA CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	WellPoint	WellPoint		74.1	0.3208			72.67	219.45	percent of total billed charges	
PLASMA CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	AmeriHealth	Medicare		83	1			72.67	219.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	Consumer	Consumer		219.45	0.95			72.67	219.45	percent of total billed charges	
PLASMA CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	Corrections	Corrections		184.8	0.8			72.67	219.45	percent of total billed charges	
PLASMA CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	First Health	First Health		161.7	0.7			72.67	219.45	percent of total billed charges	
PLASMA CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	First Trenton	First Trenton		207.9	0.9			72.67	219.45	percent of total billed charges	
PLASMA CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	Horizon	PPO		151.64	1.827			72.67	219.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	Horizon	MGD		151.64	1.827			72.67	219.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	Horizon	Indemnity		151.64	1.827			72.67	219.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	Horizon	Medicare Blue		83	1			72.67	219.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	Managed Care Inc	Managed Care Inc		207.9	0.9			72.67	219.45	percent of total billed charges	
PLASMA CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	Multiplan	Multiplan		184.8	0.8			72.67	219.45	percent of total billed charges	
PLASMA CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	Qualcare	Qualcare		173.25	0.75			72.67	219.45	percent of total billed charges	
PLASMA CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	Three Rivers	Three Rivers		219.45	0.95			72.67	219.45	percent of total billed charges	
PLASMA CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	UHC	Medicare		83	1			72.67	219.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	UHC	Medicaid		72.67	0.3146			72.67	219.45	percent of total billed charges	
PLASMA CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	Wellcare	Medicare		83	1			72.67	219.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLASMA CRYOPRECIPITATE REDUCED	P9044	HCPCS	outpatient			231	95.45	Wellcare	Medicaid		72.67	0.3146			72.67	219.45	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5	61.04	Aetna	Better Health		64.34	0.3146			53.08	194.28	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5	61.04	Aetna	Commercial		101.43	1.592			53.08	194.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5	61.04	Aetna	Medicare		53.08				53.08	194.28	case rate	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5	61.04	Americare	Americare		153.38	0.75			53.08	194.28	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5	61.04	WellPoint	WellPoint		65.6	0.3208			53.08	194.28	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5	61.04	AmeriHealth	Medicare		53.08				53.08	194.28	case rate	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5	61.04	Consumer	Consumer		194.28	0.95			53.08	194.28	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5	61.04	Corrections	Corrections		163.6	0.8			53.08	194.28	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5	61.04	First Health	First Health		143.15	0.7			53.08	194.28	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5	61.04	First Trenton	First Trenton		184.05	0.9			53.08	194.28	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5	61.04	Horizon	Indemnity		116.4	1.827			53.08	194.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5	61.04	Horizon	NJ Health		56.26				53.08	194.28	case rate	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5	61.04	Horizon	MGD		116.4	1.827			53.08	194.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5	61.04	Horizon	Medicare Blue		63.71	1			53.08	194.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5	61.04	Horizon	PPO		116.4	1.827			53.08	194.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5	61.04	Managed Care Inc	Managed Care Inc		184.05	0.9			53.08	194.28	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5	61.04	Multiplan	Multiplan		163.6	0.8			53.08	194.28	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5	61.04	Qualcare	Qualcare		153.38	0.75			53.08	194.28	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5	61.04	Three Rivers	Three Rivers		194.28	0.95			53.08	194.28	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5	61.04	UHC	Medicare		53.08				53.08	194.28	case rate	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5	61.04	UHC	Medicaid		64.34	0.3146			53.08	194.28	percent of total billed charges	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5	61.04	Wellcare	Medicare		53.08				53.08	194.28	case rate	
ALBUMIN 5% (250ML) SOL	P9045	HCPCS	both			204.5	61.04	Wellcare	Medicaid		64.34	0.3146			53.08	194.28	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5	61.04	Aetna	Commercial		101.43	1.592			53.08	229.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5	61.04	Aetna	Better Health		75.98	0.3146			53.08	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5	61.04	Aetna	Medicare		53.08				53.08	229.43	case rate	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5	61.04	Americare	Americare		181.13	0.75			53.08	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5	61.04	WellPoint	WellPoint		77.47	0.3208			53.08	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5	61.04	Amerihealth	Medicare		53.08				53.08	229.43	case rate	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5	61.04	Consumer	Consumer		229.43	0.95			53.08	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5	61.04	Corrections	Corrections		193.2	0.8			53.08	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5	61.04	First Health	First Health		169.05	0.7			53.08	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5	61.04	First Trenton	First Trenton		217.35	0.9			53.08	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5	61.04	Horizon	PPO		116.4	1.827			53.08	229.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5	61.04	Horizon	Indemnity		116.4	1.827			53.08	229.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5	61.04	Horizon	NJ Health		56.26				53.08	229.43	case rate	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5	61.04	Horizon	MGD		116.4	1.827			53.08	229.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5	61.04	Horizon	Medicare Blue		63.71	1			53.08	229.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5	61.04	Managed Care Inc	Managed Care Inc		217.35	0.9			53.08	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5	61.04	Multiplan	Multiplan		193.2	0.8			53.08	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5	61.04	Qualcare	Qualcare		181.13	0.75			53.08	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5	61.04	Three Rivers	Three Rivers		229.43	0.95			53.08	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5	61.04	UHC	Medicaid		75.98	0.3146			53.08	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5	61.04	UHC	Medicare		53.08				53.08	229.43	case rate	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5	61.04	Wellcare	Medicaid		75.98	0.3146			53.08	229.43	percent of total billed charges	
ALBUMIN 25% (50ML) SOL	P9047	HCPCS	both			241.5	61.04	Wellcare	Medicare		53.08				53.08	229.43	case rate	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Aetna	Better Health		1717.09	0.3146			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Aetna	Commercial		2074.04	0.38			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Aetna	Medicare		1681.06	0.308			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Americare	Americare		4093.5	0.75			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		WellPoint	WellPoint		1750.93	0.3208			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Consumer	Consumer		5185.1	0.95			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Corrections	Corrections		4366.4	0.8			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		First Health	First Health		3820.6	0.7			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		First Trenton	First Trenton		4912.2	0.9			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Horizon	Medicare Blue		1637.4	0.3			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Horizon	Indemnity		2089.32	0.3828			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Horizon	MGD		2089.32	0.3828			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Horizon	PPO		2089.32	0.3828			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Managed Care Inc	Managed Care Inc		4912.2	0.9			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Multiplan	Multiplan		4366.4	0.8			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Qualcare	Qualcare		4093.5	0.75			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Three Rivers	Three Rivers		5185.1	0.95			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		UHC	Medicaid		1717.09	0.3146			1637.4	5185.1	percent of total billed charges	
GRANULOCYTE PHERESIS EA. UNIT	P9050	HCPCS	outpatient			5458		Wellcare	Medicaid		1717.09	0.3146			1637.4	5185.1	percent of total billed charges	
LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.87	Aetna	Better Health		568.17	0.3146			180.6	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.87	Aetna	Commercial		319.61	1.592			180.6	1715.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.87	Aetna	Medicare		200.76	1			180.6	1715.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.87	Americare	Americare		1354.5	0.75			180.6	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.87	WellPoint	WellPoint		579.36	0.3208			180.6	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.87	Amerihealth	Medicare		200.76	1			180.6	1715.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.87	Consumer	Consumer		1715.7	0.95			180.6	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.87	Corrections	Corrections		1444.8	0.8			180.6	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.87	First Health	First Health		1264.2	0.7			180.6	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.87	First Trenton	First Trenton		1625.4	0.9			180.6	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.87	Horizon	MGD		366.79	1.827			180.6	1715.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.87	Horizon	Indemnity		366.79	1.827			180.6	1715.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.87	Horizon	PPO		366.79	1.827			180.6	1715.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.87	Horizon	Medicare Blue		200.76	1			180.6	1715.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.87	Horizon	NJ Health		180.6	0.1			180.6	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.87	Managed Care Inc	Managed Care Inc		1625.4	0.9			180.6	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.87	Multiplan	Multiplan		1444.8	0.8			180.6	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.87	Qualcare	Qualcare		1354.5	0.75			180.6	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.87	Three Rivers	Three Rivers		1715.7	0.95			180.6	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.87	UHC	Medicaid		568.17	0.3146			180.6	1715.7	percent of total billed charges	
LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.87	UHC	Medicare		200.76	1			180.6	1715.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.87	Wellcare	Medicare		200.76	1			180.6	1715.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
LOW TITER WHOLE BLOOD LEUKOCYTE REDUCED	P9051	HCPCS	outpatient			1806	230.87	Wellcare	Medicaid		568.17	0.3146			180.6	1715.7	percent of total billed charges	
PLATE HLA MATCH LKORED PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Aetna	Medicare		865.05	1			331.8	3152.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE HLA MATCH LKORED PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Aetna	Better Health		1043.84	0.3146			331.8	3152.1	percent of total billed charges	
PLATE HLA MATCH LKORED PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Aetna	Commercial		1377.16	1.592			331.8	3152.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE HLA MATCH LKORED PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Americare	Americare		2488.5	0.75			331.8	3152.1	percent of total billed charges	
PLATE HLA MATCH LKORED PHER/AP	P9052	HCPCS	outpatient			3318	994.81	WellPoint	WellPoint		1064.41	0.3208			331.8	3152.1	percent of total billed charges	
PLATE HLA MATCH LKORED PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Amerihealth	Medicare		865.05	1			331.8	3152.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE HLA MATCH LKORED PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Consumer	Consumer		3152.1	0.95			331.8	3152.1	percent of total billed charges	
PLATE HLA MATCH LKORED PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Corrections	Corrections		2654.4	0.8			331.8	3152.1	percent of total billed charges	
PLATE HLA MATCH LKORED PHER/AP	P9052	HCPCS	outpatient			3318	994.81	First Health	First Health		2322.6	0.7			331.8	3152.1	percent of total billed charges	
PLATE HLA MATCH LKORED PHER/AP	P9052	HCPCS	outpatient			3318	994.81	First Trenton	First Trenton		2986.2	0.9			331.8	3152.1	percent of total billed charges	
PLATE HLA MATCH LKORED PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Horizon	MGD		1580.45	1.827			331.8	3152.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE HLA MATCH LKORED PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Horizon	Indemnity		1580.45	1.827			331.8	3152.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE HLA MATCH LKORED PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Horizon	Medicare Blue		865.05	1			331.8	3152.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE HLA MATCH LKORED PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Horizon	PPO		1580.45	1.827			331.8	3152.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE HLA MATCH LKORED PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Horizon	NJ Health		331.8	0.1			331.8	3152.1	percent of total billed charges	
PLATE HLA MATCH LKORED PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Managed Care Inc	Managed Care Inc		2986.2	0.9			331.8	3152.1	percent of total billed charges	
PLATE HLA MATCH LKORED PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Multiplan	Multiplan		2654.4	0.8			331.8	3152.1	percent of total billed charges	
PLATE HLA MATCH LKORED PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Qualcare	Qualcare		2488.5	0.75			331.8	3152.1	percent of total billed charges	
PLATE HLA MATCH LKORED PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Three Rivers	Three Rivers		3152.1	0.95			331.8	3152.1	percent of total billed charges	
PLATE HLA MATCH LKORED PHER/AP	P9052	HCPCS	outpatient			3318	994.81	UHC	Medicare		865.05	1			331.8	3152.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE HLA MATCH LKORED PHER/AP	P9052	HCPCS	outpatient			3318	994.81	UHC	Medicaid		1043.84	0.3146			331.8	3152.1	percent of total billed charges	
PLATE HLA MATCH LKORED PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Wellcare	Medicare		865.05	1			331.8	3152.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLATE HLA MATCH LKORED PHER/AP	P9052	HCPCS	outpatient			3318	994.81	Wellcare	Medicaid		1043.84	0.3146			331.8	3152.1	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Aetna	Better Health		1088.52	0.3146			154.2	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Aetna	Commercial		990.22	1.592			154.2	3287	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Aetna	Medicare		622	1			154.2	3287	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Americare	Americare		2595	0.75			154.2	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	WellPoint	WellPoint		1109.97	0.3208			154.2	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Amerihealth	Medicare		622	1			154.2	3287	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Consumer	Consumer		3287	0.95			154.2	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Corrections	Corrections		2768	0.8			154.2	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	First Health	First Health		2422	0.7			154.2	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	First Trenton	First Trenton		3114	0.9			154.2	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Horizon	Medicare Blue		622	1			154.2	3287	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Horizon	PPO		1136.39	1.827			154.2	3287	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Horizon	MGD		1136.39	1.827			154.2	3287	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Horizon	Indemnity		1136.39	1.827			154.2	3287	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Horizon	NJ Health		346	0.1			154.2	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Managed Care Inc	Managed Care Inc		3114	0.9			154.2	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Multiplan	Multiplan		2768	0.8			154.2	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Qualcare	Qualcare		2595	0.75			154.2	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Three Rivers	Three Rivers		3287	0.95			154.2	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	UHC	Medicaid		1088.52	0.3146			154.2	3287	percent of total billed charges	
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	UHC	Medicare		622	1			154.2	3287	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Wellcare	Medicare		622	1			154.2	3287	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
SINGLE DONOR PLT/IRR/LVDS	P9053	HCPCS	both			3460	715.3	Wellcare	Medicaid		1088.52	0.3146			154.2	3287	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645	297.08	Aetna	Better Health		832.12	0.3146			197.4	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645	297.08	Aetna	Medicare		258.33	1			197.4	2512.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645	297.08	Aetna	Commercial		411.26	1.592			197.4	2512.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645	297.08	Americare	Americare		1983.75	0.75			197.4	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645	297.08	WellPoint	WellPoint		848.52	0.3208			197.4	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645	297.08	Amerihealth	Medicare		258.33	1			197.4	2512.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645	297.08	Consumer	Consumer		2512.75	0.95			197.4	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645	297.08	Corrections	Corrections		2116	0.8			197.4	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645	297.08	First Health	First Health		1851.5	0.7			197.4	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645	297.08	First Trenton	First Trenton		2380.5	0.9			197.4	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645	297.08	Horizon	PPO		471.97	1.827			197.4	2512.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645	297.08	Horizon	MGD		471.97	1.827			197.4	2512.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645	297.08	Horizon	Indemnity		471.97	1.827			197.4	2512.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645	297.08	Horizon	Medicare Blue		258.33	1			197.4	2512.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645	297.08	Horizon	NJ Health		264.5	0.1			197.4	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645	297.08	Managed Care Inc	Managed Care Inc		2380.5	0.9			197.4	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645	297.08	Multiplan	Multiplan		2116	0.8			197.4	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645	297.08	Qualcare	Qualcare		1983.75	0.75			197.4	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645	297.08	Three Rivers	Three Rivers		2512.75	0.95			197.4	2512.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 UHC	Medicaid		832.12	0.3146			197.4	2512.75	percent of total billed charges	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 UHC	Medicare		258.33	1			197.4	2512.75	other	
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 Wellcare	Medicare		258.33	1			197.4	2512.75	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC PHERESIS LEUKO REDUCE DEGLYC	P9054	HCPCS	outpatient			2645		297.08 Wellcare	Medicaid		832.12	0.3146			197.4	2512.75	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA;UNIT	P9056	HCPCS	outpatient			1054		126.98 Aetna	Better Health		331.59	0.3146			105.4	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA;UNIT	P9056	HCPCS	outpatient			1054		126.98 Aetna	Medicare		110.42	1			105.4	1001.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB LEUKO REDUCED IRRAD EA;UNIT	P9056	HCPCS	outpatient			1054		126.98 Aetna	Commercial		175.79	1.592			105.4	1001.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB LEUKO REDUCED IRRAD EA;UNIT	P9056	HCPCS	outpatient			1054		126.98 Americare	Americare		790.5	0.75			105.4	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA;UNIT	P9056	HCPCS	outpatient			1054		126.98 WellPoint	WellPoint		338.12	0.3208			105.4	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA;UNIT	P9056	HCPCS	outpatient			1054		126.98 Amerihealth	Medicare		110.42	1			105.4	1001.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB LEUKO REDUCED IRRAD EA;UNIT	P9056	HCPCS	outpatient			1054		126.98 Consumer	Consumer		1001.3	0.95			105.4	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA;UNIT	P9056	HCPCS	outpatient			1054		126.98 Corrections	Corrections		843.2	0.8			105.4	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA;UNIT	P9056	HCPCS	outpatient			1054		126.98 First Health	First Health		737.8	0.7			105.4	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA;UNIT	P9056	HCPCS	outpatient			1054		126.98 First Trenton	First Trenton		948.6	0.9			105.4	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA;UNIT	P9056	HCPCS	outpatient			1054		126.98 Horizon	MGD		201.74	1.827			105.4	1001.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB LEUKO REDUCED IRRAD EA;UNIT	P9056	HCPCS	outpatient			1054		126.98 Horizon	Indemnity		201.74	1.827			105.4	1001.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB LEUKO REDUCED IRRAD EA;UNIT	P9056	HCPCS	outpatient			1054		126.98 Horizon	Medicare Blue		110.42	1			105.4	1001.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB LEUKO REDUCED IRRAD EA;UNIT	P9056	HCPCS	outpatient			1054		126.98 Horizon	NJ Health		105.4	0.1			105.4	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA;UNIT	P9056	HCPCS	outpatient			1054		126.98 Horizon	PPO		201.74	1.827			105.4	1001.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB LEUKO REDUCED IRRAD EA;UNIT	P9056	HCPCS	outpatient			1054		126.98 Managed Care Inc	Managed Care Inc		948.6	0.9			105.4	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA;UNIT	P9056	HCPCS	outpatient			1054		126.98 Multiplan	Multiplan		843.2	0.8			105.4	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA;UNIT	P9056	HCPCS	outpatient			1054		126.98 Qualcare	Qualcare		790.5	0.75			105.4	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA;UNIT	P9056	HCPCS	outpatient			1054		126.98 Three Rivers	Three Rivers		1001.3	0.95			105.4	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA;UNIT	P9056	HCPCS	outpatient			1054		126.98 UHC	Medicaid		331.59	0.3146			105.4	1001.3	percent of total billed charges	
WB LEUKO REDUCED IRRAD EA;UNIT	P9056	HCPCS	outpatient			1054		126.98 UHC	Medicare		110.42	1			105.4	1001.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB LEUKO REDUCED IRRAD EA;UNIT	P9056	HCPCS	outpatient			1054		126.98 Wellcare	Medicare		110.42	1			105.4	1001.3	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
WB LEUKO REDUCED IRRAD EA;UNIT	P9056	HCPCS	outpatient			1054		126.98 Wellcare	Medicaid		331.59	0.3146			105.4	1001.3	percent of total billed charges	
RBC WASHED LEUKOCYTES REDUCED	P9057	HCPCS	inpatient			2071		680.12 Aetna	Medicare		591.41	1			129.6	1967.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC WASHED LEUKOCYTES REDUCED	P9057	HCPCS	inpatient			2071		680.12 Aetna	Commercial		941.52	1.592			129.6	1967.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC WASHED LEUKOCYTES REDUCED	P9057	HCPCS	inpatient			2071		680.12 Aetna	Better Health		651.54	0.3146			129.6	1967.45	percent of total billed charges	
RBC WASHED LEUKOCYTES REDUCED	P9057	HCPCS	inpatient			2071		680.12 Americare	Americare		1553.25	0.75			129.6	1967.45	percent of total billed charges	
RBC WASHED LEUKOCYTES REDUCED	P9057	HCPCS	inpatient			2071		680.12 WellPoint	WellPoint		664.38	0.3208			129.6	1967.45	percent of total billed charges	
RBC WASHED LEUKOCYTES REDUCED	P9057	HCPCS	inpatient			2071		680.12 Amerihealth	Medicare		591.41	1			129.6	1967.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC WASHED LEUKOCYTES REDUCED	P9057	HCPCS	inpatient			2071		680.12 Consumer	Consumer		1967.45	0.95			129.6	1967.45	percent of total billed charges	
RBC WASHED LEUKOCYTES REDUCED	P9057	HCPCS	inpatient			2071		680.12 Corrections	Corrections		1656.8	0.8			129.6	1967.45	percent of total billed charges	
RBC WASHED LEUKOCYTES REDUCED	P9057	HCPCS	inpatient			2071		680.12 First Health	First Health		1449.7	0.7			129.6	1967.45	percent of total billed charges	
RBC WASHED LEUKOCYTES REDUCED	P9057	HCPCS	inpatient			2071		680.12 First Trenton	First Trenton		1863.9	0.9			129.6	1967.45	percent of total billed charges	
RBC WASHED LEUKOCYTES REDUCED	P9057	HCPCS	inpatient			2071		680.12 Horizon	Medicare Blue		591.41	1			129.6	1967.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC WASHED LEUKOCYTES REDUCED	P9057	HCPCS	inpatient			2071		680.12 Horizon	NJ Health		207.1	0.1			129.6	1967.45	percent of total billed charges	
RBC WASHED LEUKOCYTES REDUCED	P9057	HCPCS	inpatient			2071		680.12 Horizon	MGD		1080.51	1.827			129.6	1967.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC WASHED LEUKOCYTES REDUCED	P9057	HCPCS	inpatient			2071		680.12 Horizon	PPO		1080.51	1.827			129.6	1967.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC WASHED LEUKOCYTES REDUCED	P9057	HCPCS	inpatient			2071		680.12 Horizon	Indemnity		1080.51	1.827			129.6	1967.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC WASHED LEUKOCYTES REDUCED	P9057	HCPCS	inpatient			2071		680.12 Managed Care Inc	Managed Care Inc		1863.9	0.9			129.6	1967.45	percent of total billed charges	
RBC WASHED LEUKOCYTES REDUCED	P9057	HCPCS	inpatient			2071		680.12 Multiplan	Multiplan		1656.8	0.8			129.6	1967.45	percent of total billed charges	
RBC WASHED LEUKOCYTES REDUCED	P9057	HCPCS	inpatient			2071		680.12 Qualcare	Qualcare		1553.25	0.75			129.6	1967.45	percent of total billed charges	
RBC WASHED LEUKOCYTES REDUCED	P9057	HCPCS	inpatient			2071		680.12 Three Rivers	Three Rivers		1967.45	0.95			129.6	1967.45	percent of total billed charges	
RBC WASHED LEUKOCYTES REDUCED	P9057	HCPCS	inpatient			2071		680.12 UHC	Medicaid		651.54	0.3146			129.6	1967.45	percent of total billed charges	
RBC WASHED LEUKOCYTES REDUCED	P9057	HCPCS	inpatient			2071		680.12 UHC	Medicare		591.41	1			129.6	1967.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RBC WASHED LEUKOCYTES REDUCED	P9057	HCPCS	inpatient			2071		680.12 Wellcare	Medicaid		651.54	0.3146			129.6	1967.45	percent of total billed charges	
RBC WASHED LEUKOCYTES REDUCED	P9057	HCPCS	inpatient			2071		680.12 Wellcare	Medicare		591.41	1			129.6	1967.45	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Aetna	Better Health		89.98	0.3146			84.63	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Aetna	Commercial		138.68	1.592			84.63	271.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Aetna	Medicare		87.11	1			84.63	271.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Americare	Americare		214.5	0.75			84.63	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 WellPoint	WellPoint		91.75	0.3208			84.63	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Amerihealth	Medicare		87.11	1			84.63	271.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Consumer	Consumer		271.7	0.95			84.63	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Corrections	Corrections		228.8	0.8			84.63	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 First Health	First Health		200.2	0.7			84.63	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 First Trenton	First Trenton		257.4	0.9			84.63	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Horizon	Medicare Blue		87.11	1			84.63	271.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Horizon	Indemnity		159.15	1.827			84.63	271.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Horizon	MGD		159.15	1.827			84.63	271.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Horizon	PPO		159.15	1.827			84.63	271.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Managed Care Inc	Managed Care Inc		257.4	0.9			84.63	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Multiplan	Multiplan		228.8	0.8			84.63	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Qualcare	Qualcare		214.5	0.75			84.63	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Three Rivers	Three Rivers		271.7	0.95			84.63	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 UHC	Medicaid		89.98	0.3146			84.63	271.7	percent of total billed charges	
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 UHC	Medicare		87.11	1			84.63	271.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Wellcare	Medicare		87.11	1			84.63	271.7	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLS PHER FRZ - 24 HR	P9059	HCPCS	outpatient			286		100.18 Wellcare	Medicaid		89.98	0.3146			84.63	271.7	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Aetna	Commercial		1053.46	1.592			130.7	1509.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Aetna	Better Health		499.9	0.3146			130.7	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Aetna	Medicare		661.72	1			130.7	1509.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Americare	Americare		1191.75	0.75			130.7	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 WellPoint	WellPoint		509.75	0.3208			130.7	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Amerihealth	Medicare		661.72	1			130.7	1509.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Consumer	Consumer		1509.55	0.95			130.7	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Corrections	Corrections		1271.2	0.8			130.7	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 First Health	First Health		1112.3	0.7			130.7	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 First Trenton	First Trenton		1430.1	0.9			130.7	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Horizon	Medicare Blue		661.72	1			130.7	1509.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Horizon	PPO		1208.96	1.827			130.7	1509.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Horizon	MGD		1208.96	1.827			130.7	1509.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Horizon	Indemnity		1208.96	1.827			130.7	1509.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Horizon	NJ Health		158.9	0.1			130.7	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Managed Care Inc	Managed Care Inc		1430.1	0.9			130.7	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Multiplan	Multiplan		1271.2	0.8			130.7	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Qualcare	Qualcare		1191.75	0.75			130.7	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Three Rivers	Three Rivers		1509.55	0.95			130.7	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 UHC	Medicare		661.72	1			130.7	1509.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 UHC	Medicaid		499.9	0.3146			130.7	1509.55	percent of total billed charges	
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Wellcare	Medicare		661.72	1			130.7	1509.55	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PLTS APH ACD-A PASC LEURED IRR	P9073	HCPCS	both			1589		760.98 Wellcare	Medicaid		499.9	0.3146			130.7	1509.55	percent of total billed charges	
CONVALESCENT PLASMA	P9099	HCPCS	inpatient					43.13 Aetna	Commercial		59.7	1.592			37.5	68.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVALESCENT PLASMA	P9099	HCPCS	inpatient					43.13 Aetna	Medicare		37.5	1			37.5	68.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVALESCENT PLASMA	P9099	HCPCS	inpatient					43.13 Amerihealth	Medicare		37.5	1			37.5	68.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVALESCENT PLASMA	P9099	HCPCS	inpatient					43.13 Horizon	Indemnity		68.51	1.827			37.5	68.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVALESCENT PLASMA	P9099	HCPCS	inpatient					43.13 Horizon	PPO		68.51	1.827			37.5	68.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVALESCENT PLASMA	P9099	HCPCS	inpatient					43.13 Horizon	MGD		68.51	1.827			37.5	68.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVALESCENT PLASMA	P9099	HCPCS	inpatient					43.13 Horizon	Medicare Blue		37.5	1			37.5	68.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVALESCENT PLASMA	P9099	HCPCS	inpatient					43.13 UHC	Medicare		37.5	1			37.5	68.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
CONVALESCENT PLASMA	P9099	HCPCS	inpatient					43.13 Wellcare	Medicare		37.5	1			37.5	68.51	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Aetna	Better Health		29.89	0.3146			28.5	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Aetna	Medicare		29.26	0.308			28.5	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Aetna	Commercial		36.1	0.38			28.5	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Americare	Americare		71.25	0.75			28.5	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		WellPoint	WellPoint		30.48	0.3208			28.5	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Consumer	Consumer		90.25	0.95			28.5	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Corrections	Corrections		76	0.8			28.5	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		First Health	First Health		66.5	0.7			28.5	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		First Trenton	First Trenton		85.5	0.9			28.5	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Horizon	Medicare Blue		28.5	0.3			28.5	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Horizon	PPO		36.37	0.3828			28.5	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Horizon	MGD		36.37	0.3828			28.5	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Horizon	Indemnity		36.37	0.3828			28.5	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Horizon	NJ Health		78.85	0.83			28.5	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Managed Care Inc	Managed Care Inc		85.5	0.9			28.5	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Multiplan	Multiplan		76	0.8			28.5	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Qualcare	Qualcare		71.25	0.75			28.5	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Three Rivers	Three Rivers		90.25	0.95			28.5	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		UHC	Medicaid		29.89	0.3146			28.5	90.25	percent of total billed charges	
AZITHROMYCIN 1 GM PWD PCKT	Q0144	HCPCS	both			95		Wellcare	Medicaid		29.89	0.3146			28.5	90.25	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Aetna	Medicare		2.77	0.308			2.7	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Aetna	Better Health		2.83	0.3146			2.7	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Aetna	Commercial		3.42	0.38			2.7	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Americare	Americare		6.75	0.75			2.7	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		WellPoint	WellPoint		2.89	0.3208			2.7	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Consumer	Consumer		8.55	0.95			2.7	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Corrections	Corrections		7.2	0.8			2.7	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		First Health	First Health		6.3	0.7			2.7	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		First Trenton	First Trenton		8.1	0.9			2.7	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Horizon	Medicare Blue		2.7	0.3			2.7	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Horizon	Indemnity		3.45	0.3828			2.7	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Horizon	MGD		3.45	0.3828			2.7	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Horizon	NJ Health		7.47	0.83			2.7	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Horizon	PPO		3.45	0.3828			2.7	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Managed Care Inc	Managed Care Inc		8.1	0.9			2.7	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Multiplan	Multiplan		7.2	0.8			2.7	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Qualcare	Qualcare		6.75	0.75			2.7	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Three Rivers	Three Rivers		8.55	0.95			2.7	8.55	percent of total billed charges	
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		UHC	Medicaid		2.83	0.3146			2.7	8.55	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHLORPROMAZINE 5 MG TAB	Q0161	HCPCS	outpatient			9		Wellcare	Medicaid		2.83	0.3146			2.7	8.55	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5		0.02 Aetna	Commercial		98.61	0.38			0.01	246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5		0.02 Aetna	Better Health		81.64	0.3146			0.01	246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5		0.02 Aetna	Medicare		0.01				0.01	246.53	case rate	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5		0.02 Americare	Americare		194.63	0.75			0.01	246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5		0.02 WellPoint	WellPoint		83.25	0.3208			0.01	246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5		0.02 Amerihealth	Medicare		0.01				0.01	246.53	case rate	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5		0.02 Consumer	Consumer		246.53	0.95			0.01	246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5		0.02 Corrections	Corrections		207.6	0.8			0.01	246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5		0.02 First Health	First Health		181.65	0.7			0.01	246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5		0.02 First Trenton	First Trenton		233.55	0.9			0.01	246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5		0.02 Horizon	Indemnity		99.34	0.3828			0.01	246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5		0.02 Horizon	MGD		99.34	0.3828			0.01	246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5		0.02 Horizon	Medicare Blue		77.85	0.3			0.01	246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5		0.02 Horizon	PPO		99.34	0.3828			0.01	246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5		0.02 Horizon	NJ Health		0.01				0.01	246.53	case rate	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5		0.02 Managed Care Inc	Managed Care Inc		233.55	0.9			0.01	246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5		0.02 Multiplan	Multiplan		207.6	0.8			0.01	246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5		0.02 Qualcare	Qualcare		194.63	0.75			0.01	246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5		0.02 Three Rivers	Three Rivers		246.53	0.95			0.01	246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5		0.02 UHC	Medicare		0.01				0.01	246.53	case rate	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5		0.02 UHC	Medicaid		81.64	0.3146			0.01	246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5		0.02 Wellcare	Medicaid		81.64	0.3146			0.01	246.53	percent of total billed charges	
ONDANSETRON 8MG TAB	Q0162	HCPCS	both			259.5		0.02 Wellcare	Medicare		0.01				0.01	246.53	case rate	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Aetna	Medicare		0.77	0.308			0.75	2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Aetna	Commercial		0.95	0.38			0.75	2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Aetna	Better Health		0.79	0.3146			0.75	2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Americare	Americare		1.88	0.75			0.75	2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		WellPoint	WellPoint		0.8	0.3208			0.75	2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Consumer	Consumer		2.38	0.95			0.75	2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Corrections	Corrections		2	0.8			0.75	2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		First Health	First Health		1.75	0.7			0.75	2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		First Trenton	First Trenton		2.25	0.9			0.75	2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Horizon	MGD		0.96	0.3828			0.75	2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Horizon	PPO		0.96	0.3828			0.75	2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Horizon	Indemnity		0.96	0.3828			0.75	2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Horizon	Medicare Blue		0.75	0.3			0.75	2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Horizon	NJ Health		2.08	0.83			0.75	2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Managed Care Inc	Managed Care Inc		2.25	0.9			0.75	2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Multiplan	Multiplan		2	0.8			0.75	2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Qualcare	Qualcare		1.88	0.75			0.75	2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Three Rivers	Three Rivers		2.38	0.95			0.75	2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		UHC	Medicaid		0.79	0.3146			0.75	2.38	percent of total billed charges	
DIPHENHYDRAMINE 50MG CAP	Q0163	HCPCS	both			2.5		Wellcare	Medicaid		0.79	0.3146			0.75	2.38	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Aetna	Better Health		1.1	0.3146			1.05	3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Aetna	Medicare		1.08	0.308			1.05	3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Aetna	Commercial		1.33	0.38			1.05	3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Americare	Americare		2.63	0.75			1.05	3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		WellPoint	WellPoint		1.12	0.3208			1.05	3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Consumer	Consumer		3.33	0.95			1.05	3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Corrections	Corrections		2.8	0.8			1.05	3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		First Health	First Health		2.45	0.7			1.05	3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		First Trenton	First Trenton		3.15	0.9			1.05	3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Horizon	MGD		1.34	0.3828			1.05	3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Horizon	Indemnity		1.34	0.3828			1.05	3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Horizon	NJ Health		2.91	0.83			1.05	3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Horizon	Medicare Blue		1.05	0.3			1.05	3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Horizon	PPO		1.34	0.3828			1.05	3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Managed Care Inc	Managed Care Inc		3.15	0.9			1.05	3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Multiplan	Multiplan		2.8	0.8			1.05	3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Qualcare	Qualcare		2.63	0.75			1.05	3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Three Rivers	Three Rivers		3.33	0.95			1.05	3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		UHC	Medicaid		1.1	0.3146			1.05	3.33	percent of total billed charges	
PROCHLORPERAZINE 5MG TAB	Q0164	HCPCS	both			3.5		Wellcare	Medicaid		1.1	0.3146			1.05	3.33	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Aetna	Commercial		110.58	0.38			87.3	276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Aetna	Medicare		89.63	0.308			87.3	276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Aetna	Better Health		91.55	0.3146			87.3	276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Americare	Americare		218.25	0.75			87.3	276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		WellPoint	WellPoint		93.35	0.3208			87.3	276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Consumer	Consumer		276.45	0.95			87.3	276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Corrections	Corrections		232.8	0.8			87.3	276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		First Health	First Health		203.7	0.7			87.3	276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		First Trenton	First Trenton		261.9	0.9			87.3	276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Horizon	MGD		111.39	0.3828			87.3	276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Horizon	Indemnity		111.39	0.3828			87.3	276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Horizon	Medicare Blue		87.3	0.3			87.3	276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Horizon	PPO		111.39	0.3828			87.3	276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Horizon	NJ Health		241.53	0.83			87.3	276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Managed Care Inc	Managed Care Inc		261.9	0.9			87.3	276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Multiplan	Multiplan		232.8	0.8			87.3	276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Qualcare	Qualcare		218.25	0.75			87.3	276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Three Rivers	Three Rivers		276.45	0.95			87.3	276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		UHC	Medicaid		91.55	0.3146			87.3	276.45	percent of total billed charges	
GRANISETRON 1MG TAB (CHEMO) (NF)	Q0166	HCPCS	both			291		Wellcare	Medicaid		91.55	0.3146			87.3	276.45	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5		0.93 Aetna	Medicare		0.81				0.81	25.18	case rate	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5		0.93 Aetna	Better Health		8.34	0.3146			0.81	25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5		0.93 Aetna	Commercial		10.07	0.38			0.81	25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5		0.93 Americare	Americare		19.88	0.75			0.81	25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5		0.93 WellPoint	WellPoint		8.5	0.3208			0.81	25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5		0.93 Amerihealth	Medicare		0.81				0.81	25.18	case rate	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5		0.93 Consumer	Consumer		25.18	0.95			0.81	25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5		0.93 Corrections	Corrections		21.2	0.8			0.81	25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5		0.93 First Health	First Health		18.55	0.7			0.81	25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5		0.93 First Trenton	First Trenton		23.85	0.9			0.81	25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5		0.93 Horizon	MGD		10.14	0.3828			0.81	25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5		0.93 Horizon	Indemnity		10.14	0.3828			0.81	25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5		0.93 Horizon	NJ Health		0.86				0.81	25.18	case rate	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5		0.93 Horizon	Medicare Blue		7.95	0.3			0.81	25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5		0.93 Horizon	PPO		10.14	0.3828			0.81	25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5		0.93 Managed Care Inc	Managed Care Inc		23.85	0.9			0.81	25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5		0.93 Multiplan	Multiplan		21.2	0.8			0.81	25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5		0.93 Qualcare	Qualcare		19.88	0.75			0.81	25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5		0.93 Three Rivers	Three Rivers		25.18	0.95			0.81	25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5		0.93 UHC	Medicare		0.81				0.81	25.18	case rate	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5		0.93 UHC	Medicaid		8.34	0.3146			0.81	25.18	percent of total billed charges	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5		0.93 Wellcare	Medicare		0.81				0.81	25.18	case rate	
DRONABINOL 2.5MG CAPS	Q0167	HCPCS	both			26.5		0.93 Wellcare	Medicaid		8.34	0.3146			0.81	25.18	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Aetna	Better Health		0.79	0.3146			0.75	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Aetna	Commercial		0.95	0.38			0.75	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Aetna	Medicare		0.77	0.308			0.75	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Americare	Americare		1.88	0.75			0.75	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		WellPoint	WellPoint		0.8	0.3208			0.75	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Consumer	Consumer		2.38	0.95			0.75	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Corrections	Corrections		2	0.8			0.75	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		First Health	First Health		1.75	0.7			0.75	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		First Trenton	First Trenton		2.25	0.9			0.75	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Horizon	MGD		0.96	0.3828			0.75	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Horizon	PPO		0.96	0.3828			0.75	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Horizon	Indemnity		0.96	0.3828			0.75	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Horizon	Medicare Blue		0.75	0.3			0.75	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Horizon	NJ Health		2.08	0.83			0.75	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Managed Care Inc	Managed Care Inc		2.25	0.9			0.75	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Multiplan	Multiplan		2	0.8			0.75	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Qualcare	Qualcare		1.88	0.75			0.75	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Three Rivers	Three Rivers		2.38	0.95			0.75	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		UHC	Medicaid		0.79	0.3146			0.75	2.38	percent of total billed charges	
PROMETHAZINE 12.5MG TAB	Q0169	HCPCS	both			2.5		Wellcare	Medicaid		0.79	0.3146			0.75	2.38	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Aetna	Commercial		1.33	0.38			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Aetna	Better Health		1.1	0.3146			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Aetna	Medicare		1.08	0.308			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Americare	Americare		2.63	0.75			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		WellPoint	WellPoint		1.12	0.3208			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Consumer	Consumer		3.33	0.95			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Corrections	Corrections		2.8	0.8			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		First Health	First Health		2.45	0.7			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		First Trenton	First Trenton		3.15	0.9			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Horizon	Medicare Blue		1.05	0.3			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Horizon	Indemnity		1.34	0.3828			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Horizon	MGD		1.34	0.3828			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Horizon	NJ Health		2.91	0.83			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Horizon	PPO		1.34	0.3828			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Managed Care Inc	Managed Care Inc		3.15	0.9			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Multiplan	Multiplan		2.8	0.8			1.05	3.33	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Qualcare	Qualcare		2.63	0.75			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Three Rivers	Three Rivers		3.33	0.95			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		UHC	Medicaid		1.1	0.3146			1.05	3.33	percent of total billed charges	
PERPHENAZINE 4MG TAB (NF)	Q0175	HCPCS	both			3.5		Wellcare	Medicaid		1.1	0.3146			1.05	3.33	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	both			2.5		Aetna	Better Health		0.79	0.3146			0.75	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	both			2.5		Aetna	Commercial		0.95	0.38			0.75	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	both			2.5		Aetna	Medicare		0.77	0.308			0.75	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	both			2.5		Americare	Americare		1.88	0.75			0.75	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	both			2.5		WellPoint	WellPoint		0.8	0.3208			0.75	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	both			2.5		Consumer	Consumer		2.38	0.95			0.75	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	both			2.5		Corrections	Corrections		2	0.8			0.75	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	both			2.5		First Health	First Health		1.75	0.7			0.75	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	both			2.5		First Trenton	First Trenton		2.25	0.9			0.75	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	both			2.5		Horizon	NJ Health		2.08	0.83			0.75	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	both			2.5		Horizon	Indemnity		0.96	0.3828			0.75	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	both			2.5		Horizon	MGD		0.96	0.3828			0.75	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	both			2.5		Horizon	Medicare Blue		0.75	0.3			0.75	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	both			2.5		Horizon	PPO		0.96	0.3828			0.75	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	both			2.5		Managed Care Inc	Managed Care Inc		2.25	0.9			0.75	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	both			2.5		Multiplan	Multiplan		2	0.8			0.75	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	both			2.5		Qualcare	Qualcare		1.88	0.75			0.75	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	both			2.5		Three Rivers	Three Rivers		2.38	0.95			0.75	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	both			2.5		UHC	Medicaid		0.79	0.3146			0.75	2.38	percent of total billed charges	
HYDROXYZINE PAMOATE 25MG CAP	Q0177	HCPCS	both			2.5		Wellcare	Medicaid		0.79	0.3146			0.75	2.38	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Aetna	Commercial		144.4	0.38			114	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Aetna	Better Health		119.55	0.3146			114	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Aetna	Medicare		117.04	0.308			114	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Americare	Americare		285	0.75			114	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		WellPoint	WellPoint		121.9	0.3208			114	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Consumer	Consumer		361	0.95			114	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Corrections	Corrections		304	0.8			114	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		First Health	First Health		266	0.7			114	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		First Trenton	First Trenton		342	0.9			114	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Horizon	Medicare Blue		114	0.3			114	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Horizon	NJ Health		315.4	0.83			114	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Horizon	MGD		145.46	0.3828			114	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Horizon	Indemnity		145.46	0.3828			114	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Horizon	PPO		145.46	0.3828			114	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Managed Care Inc	Managed Care Inc		342	0.9			114	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Multiplan	Multiplan		304	0.8			114	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Qualcare	Qualcare		285	0.75			114	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Three Rivers	Three Rivers		361	0.95			114	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		UHC	Medicaid		119.55	0.3146			114	361	percent of total billed charges	
DOLASETRON 100MG TAB	Q0180	HCPCS	outpatient			380		Wellcare	Medicaid		119.55	0.3146			114	361	percent of total billed charges	
CASIRI&IMDEV 600MG/10ML	Q0240	HCPCS	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges	
CASIRI&IMDEV 600MG/10ML	Q0240	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges	
CASIRI&IMDEV 600MG/10ML	Q0240	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges	
CASIRI&IMDEV 600MG/10ML	Q0240	HCPCS	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges	
CASIRI&IMDEV 600MG/10ML	Q0240	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges	
CASIRI&IMDEV 600MG/10ML	Q0240	HCPCS	outpatient			0.01		Horizon	NJ Health		0.01	0.83			0.01	0.01	percent of total billed charges	
CASIRI&IMDEV 600MG/10ML	Q0240	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges	
CASIRI&IMDEV 600MG/10ML	Q0240	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges	
CASIRI&IMDEV 600MG/10ML	Q0240	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges	
CASIRI&IMDEV 600MG/10ML	Q0240	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges	
CASIRI&IMDEV 2400MG/40ML	Q0243	HCPCS	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges	
CASIRI&IMDEV 2400MG/40ML	Q0243	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges	
CASIRI&IMDEV 2400MG/40ML	Q0243	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges	
CASIRI&IMDEV 2400MG/40ML	Q0243	HCPCS	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges	
CASIRI&IMDEV 2400MG/40ML	Q0243	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges	
CASIRI&IMDEV 2400MG/40ML	Q0243	HCPCS	outpatient			0.01		Horizon	NJ Health		0.01	0.83			0.01	0.01	percent of total billed charges	
CASIRI&IMDEV 2400MG/40ML	Q0243	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges	
CASIRI&IMDEV 2400MG/40ML	Q0243	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges	
CASIRI&IMDEV 2400MG/40ML	Q0243	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges	
CASIRI&IMDEV 2400MG/40ML	Q0243	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges	
BAMLAN&ETESEV 2100MG/40ML	Q0245	HCPCS	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges	
BAMLAN&ETESEV 2100MG/40ML	Q0245	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges	
BAMLAN&ETESEV 2100MG/40ML	Q0245	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges	
BAMLAN&ETESEV 2100MG/40ML	Q0245	HCPCS	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges	
BAMLAN&ETESEV 2100MG/40ML	Q0245	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges	
BAMLAN&ETESEV 2100MG/40ML	Q0245	HCPCS	outpatient			0.01		Horizon	NJ Health		0.01	0.83			0.01	0.01	percent of total billed charges	
BAMLAN&ETESEV 2100MG/40ML	Q0245	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges	
BAMLAN&ETESEV 2100MG/40ML	Q0245	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges	
BAMLAN&ETESEV 2100MG/40ML	Q0245	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges	
BAMLAN&ETESEV 2100MG/40ML	Q0245	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges	
SOTROVIMAB 500MG/8ML	Q0247	HCPCS	outpatient			0.01		Americare	Americare		0.01	0.75			0.01	0.01	percent of total billed charges	
SOTROVIMAB 500MG/8ML	Q0247	HCPCS	outpatient			0.01		Consumer	Consumer		0.01	0.95			0.01	0.01	percent of total billed charges	
SOTROVIMAB 500MG/8ML	Q0247	HCPCS	outpatient			0.01		Corrections	Corrections		0.01	0.8			0.01	0.01	percent of total billed charges	
SOTROVIMAB 500MG/8ML	Q0247	HCPCS	outpatient			0.01		First Health	First Health		0.01	0.7			0.01	0.01	percent of total billed charges	
SOTROVIMAB 500MG/8ML	Q0247	HCPCS	outpatient			0.01		First Trenton	First Trenton		0.01	0.9			0.01	0.01	percent of total billed charges	
SOTROVIMAB 500MG/8ML	Q0247	HCPCS	outpatient			0.01		Horizon	NJ Health		0.01	0.83			0.01	0.01	percent of total billed charges	
SOTROVIMAB 500MG/8ML	Q0247	HCPCS	outpatient			0.01		Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.01	percent of total billed charges	
SOTROVIMAB 500MG/8ML	Q0247	HCPCS	outpatient			0.01		Multiplan	Multiplan		0.01	0.8			0.01	0.01	percent of total billed charges	
SOTROVIMAB 500MG/8ML	Q0247	HCPCS	outpatient			0.01		Qualcare	Qualcare		0.01	0.75			0.01	0.01	percent of total billed charges	
SOTROVIMAB 500MG/8ML	Q0247	HCPCS	outpatient			0.01		Three Rivers	Three Rivers		0.01	0.95			0.01	0.01	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43	6.62	Aetna	Better Health		13.53	0.3146			5.76	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43	6.62	Aetna	Commercial		9.17	1.592			5.76	40.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43	6.62	Aetna	Medicare		5.76	1			5.76	40.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43	6.62	Americare	Americare		32.25	0.75			5.76	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43	6.62	WellPoint	WellPoint		13.79	0.3208			5.76	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43	6.62	Amerihealth	Medicare		5.76	1			5.76	40.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43	6.62	Consumer	Consumer		40.85	0.95			5.76	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43	6.62	Corrections	Corrections		34.4	0.8			5.76	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43	6.62	First Health	First Health		30.1	0.7			5.76	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43	6.62	First Trenton	First Trenton		38.7	0.9			5.76	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43	6.62	Horizon	Indemnity		10.52	1.827			5.76	40.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43	6.62	Horizon	MGD		10.52	1.827			5.76	40.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43	6.62	Horizon	Medicare Blue		5.76	1			5.76	40.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43	6.62	Horizon	NJ Health		35.69	0.83			5.76	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43	6.62	Horizon	PPO		10.52	1.827			5.76	40.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43	6.62	Managed Care Inc	Managed Care Inc		38.7	0.9			5.76	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43	6.62	Multiplan	Multiplan		34.4	0.8			5.76	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43	6.62	Qualcare	Qualcare		32.25	0.75			5.76	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43	6.62	Three Rivers	Three Rivers		40.85	0.95			5.76	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43	6.62	UHC	Medicare		5.76	1			5.76	40.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43	6.62	UHC	Medicaid		13.53	0.3146			5.76	40.85	percent of total billed charges	
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43	6.62	Wellcare	Medicare		5.76	1			5.76	40.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FOSPHENYTOIN 50 MG INJ.	Q2009	HCPCS	both			43	6.62	Wellcare	Medicaid		13.53	0.3146			5.76	40.85	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)(4-18YEARS	Q2037	HCPCS	outpatient			48.5		Aetna	Better Health		15.26	0.3146			14.55	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)(4-18YEARS	Q2037	HCPCS	outpatient			48.5		Aetna	Commercial		18.43	0.38			14.55	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)(4-18YEARS	Q2037	HCPCS	outpatient			48.5		Aetna	Medicare		14.94	0.308			14.55	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)(4-18YEARS	Q2037	HCPCS	outpatient			48.5		Americare	Americare		36.38	0.75			14.55	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)(4-18YEARS	Q2037	HCPCS	outpatient			48.5		WellPoint	WellPoint		15.56	0.3208			14.55	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)(4-18YEARS	Q2037	HCPCS	outpatient			48.5		Consumer	Consumer		46.08	0.95			14.55	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)(4-18YEARS	Q2037	HCPCS	outpatient			48.5		Corrections	Corrections		38.8	0.8			14.55	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)(4-18YEARS	Q2037	HCPCS	outpatient			48.5		First Health	First Health		33.95	0.7			14.55	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)(4-18YEARS	Q2037	HCPCS	outpatient			48.5		First Trenton	First Trenton		43.65	0.9			14.55	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)(4-18YEARS	Q2037	HCPCS	outpatient			48.5		Horizon	NJ Health		40.26	0.83			14.55	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)(4-18YEARS	Q2037	HCPCS	outpatient			48.5		Horizon	Medicare Blue		14.55	0.3			14.55	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)(4-18YEARS	Q2037	HCPCS	outpatient			48.5		Horizon	Indemnity		18.57	0.3828			14.55	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)(4-18YEARS	Q2037	HCPCS	outpatient			48.5		Horizon	MGD		18.57	0.3828			14.55	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)(4-18YEARS	Q2037	HCPCS	outpatient			48.5		Horizon	PPO		18.57	0.3828			14.55	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)(4-18YEARS	Q2037	HCPCS	outpatient			48.5		Managed Care Inc	Managed Care Inc		43.65	0.9			14.55	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)(4-18YEARS	Q2037	HCPCS	outpatient			48.5		Multiplan	Multiplan		38.8	0.8			14.55	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)(4-18YEARS	Q2037	HCPCS	outpatient			48.5		Qualcare	Qualcare		36.38	0.75			14.55	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)(4-18YEARS	Q2037	HCPCS	outpatient			48.5		Three Rivers	Three Rivers		46.08	0.95			14.55	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)(4-18YEARS	Q2037	HCPCS	outpatient			48.5		UHC	Medicaid		15.26	0.3146			14.55	46.08	percent of total billed charges	
INFLUENZA VACC(FLUVIRIN)(4-18YEARS	Q2037	HCPCS	outpatient			48.5		Wellcare	Medicaid		15.26	0.3146			14.55	46.08	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	outpatient			1684.5	98.31	Aetna	Better Health		529.94	0.3146			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	outpatient			1684.5	98.31	Aetna	Medicare		85.48				85.48	1600.28	case rate	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	outpatient			1684.5	98.31	Aetna	Commercial		163.36	1.592			85.48	1600.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	outpatient			1684.5	98.31	Americare	Americare		1263.38	0.75			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	outpatient			1684.5	98.31	WellPoint	WellPoint		540.39	0.3208			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	outpatient			1684.5	98.31	Amerihealth	Medicare		85.48				85.48	1600.28	case rate	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	outpatient			1684.5	98.31	Consumer	Consumer		1600.28	0.95			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	outpatient			1684.5	98.31	Corrections	Corrections		1347.6	0.8			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	outpatient			1684.5	98.31	First Health	First Health		1179.15	0.7			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	outpatient			1684.5	98.31	First Trenton	First Trenton		1516.05	0.9			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	outpatient			1684.5	98.31	Horizon	MGD		187.47	1.827			85.48	1600.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	outpatient			1684.5	98.31	Horizon	Medicare Blue		102.61	1			85.48	1600.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	outpatient			1684.5	98.31	Horizon	PPO		187.47	1.827			85.48	1600.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	outpatient			1684.5	98.31	Horizon	Indemnity		187.47	1.827			85.48	1600.28	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	outpatient			1684.5	98.31	Horizon	NJ Health		90.61				85.48	1600.28	case rate	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	outpatient			1684.5	98.31	Managed Care Inc	Managed Care Inc		1516.05	0.9			85.48	1600.28	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	outpatient			1684.5	98.31	Multiplan	Multiplan		1347.6	0.8			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	outpatient			1684.5	98.31	Qualcare	Qualcare		1263.38	0.75			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	outpatient			1684.5	98.31	Three Rivers	Three Rivers		1600.28	0.95			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	outpatient			1684.5	98.31	UHC	Medicaid		529.94	0.3146			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	outpatient			1684.5	98.31	UHC	Medicare		85.48				85.48	1600.28	case rate	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	outpatient			1684.5	98.31	Wellcare	Medicaid		529.94	0.3146			85.48	1600.28	percent of total billed charges	
DOXORUBICIN LIPID 10MG (CHEMO)	Q2050	HCPCS	outpatient			1684.5	98.31	Wellcare	Medicare		85.48				85.48	1600.28	case rate	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Aetna	Better Health		19784.56	0.3146			18666.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Aetna	Commercial		23897.44	0.38			18666.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Aetna	Medicare		19369.5	0.308			18666.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Americare	Americare		47166	0.75			18666.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		WellPoint	WellPoint		20174.47	0.3208			18666.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Amerihealth	Medicare		20753.04	0.33			18666.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Consumer	Consumer		59743.6	0.95			18666.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Corrections	Corrections		50310.4	0.8			18666.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		First Health	First Health		44021.6	0.7			18666.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		First Trenton	First Trenton		56599.2	0.9			18666.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Horizon	Indemnity		24073.53	0.3828			18666.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Horizon	MGD		24073.53	0.3828			18666.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Horizon	Medicare Blue		18866.4	0.3			18666.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Horizon	PPO		24073.53	0.3828			18666.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Managed Care Inc	Managed Care Inc		56599.2	0.9			18666.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Multiplan	Multiplan		50310.4	0.8			18666.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Qualcare	Qualcare		47166	0.75			18666.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Three Rivers	Three Rivers		59743.6	0.95			18666.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		UHC	Medicaid		19784.56	0.3146			18666.4	59743.6	percent of total billed charges	
Y90 THERASPHERE (Q3001)	Q3001	HCPCS	outpatient			62888		Wellcare	Medicaid		19784.56	0.3146			18666.4	59743.6	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	outpatient			91		Aetna	Commercial		34.58	0.38			26.4	86.45	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	outpatient			91		Aetna	Better Health		28.63	0.3146			26.4	86.45	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	outpatient			91		Aetna	Medicare		28.03	0.308			26.4	86.45	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	outpatient			91		Americare	Americare		68.25	0.75			26.4	86.45	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	outpatient			91		WellPoint	WellPoint		29.19	0.3208			26.4	86.45	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	outpatient			91		Consumer	Consumer		86.45	0.95			26.4	86.45	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	outpatient			91		Corrections	Corrections		72.8	0.8			26.4	86.45	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	outpatient			91		First Health	First Health		63.7	0.7			26.4	86.45	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	outpatient			91		First Trenton	First Trenton		81.9	0.9			26.4	86.45	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	outpatient			91		Horizon	Medicare Blue		27.3	0.3			26.4	86.45	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	outpatient			91		Horizon	Indemnity		34.83	0.3828			26.4	86.45	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	outpatient			91		Horizon	MGD		34.83	0.3828			26.4	86.45	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	outpatient			91		Horizon	PPO		34.83	0.3828			26.4	86.45	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	outpatient			91		Managed Care Inc	Managed Care Inc		81.9	0.9			26.4	86.45	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	outpatient			91		Multiplan	Multiplan		72.8	0.8			26.4	86.45	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	outpatient			91		Qualcare	Qualcare		68.25	0.75			26.4	86.45	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	outpatient			91		Three Rivers	Three Rivers		86.45	0.95			26.4	86.45	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	outpatient			91		UHC	Medicaid		28.63	0.3146			26.4	86.45	percent of total billed charges	
TELEHEALTH FACILITY FEE	Q3014	HCPCS	outpatient			91		Wellcare	Medicaid		28.63	0.3146			26.4	86.45	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24	2.96	Aetna	Better Health		7.55	0.3146			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24	2.96	Aetna	Medicare		2.57				2.57	22.8	case rate	
FINGER SPLIN	Q4049	HCPCS	outpatient			24	2.96	Aetna	Commercial		9.12	0.38			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24	2.96	Americare	Americare		18	0.75			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24	2.96	WellPoint	WellPoint		7.7	0.3208			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24	2.96	Amerihealth	Medicare		2.57				2.57	22.8	case rate	
FINGER SPLIN	Q4049	HCPCS	outpatient			24	2.96	Consumer	Consumer		22.8	0.95			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24	2.96	Corrections	Corrections		19.2	0.8			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24	2.96	First Health	First Health		16.8	0.7			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24	2.96	First Trenton	First Trenton		21.6	0.9			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24	2.96	Horizon	Medicare Blue		7.2	0.3			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24	2.96	Horizon	Indemnity		9.19	0.3828			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24	2.96	Horizon	MGD		9.19	0.3828			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24	2.96	Horizon	PPO		9.19	0.3828			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24	2.96	Managed Care Inc	Managed Care Inc		21.6	0.9			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24	2.96	Multiplan	Multiplan		19.2	0.8			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24	2.96	Qualcare	Qualcare		18	0.75			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24	2.96	Three Rivers	Three Rivers		22.8	0.95			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24	2.96	UHC	Medicaid		7.55	0.3146			2.57	22.8	percent of total billed charges	
FINGER SPLIN	Q4049	HCPCS	outpatient			24	2.96	UHC	Medicare		2.57				2.57	22.8	case rate	
FINGER SPLIN	Q4049	HCPCS	outpatient			24	2.96	Wellcare	Medicare		2.57				2.57	22.8	case rate	
FINGER SPLIN	Q4049	HCPCS	outpatient			24	2.96	Wellcare	Medicaid		7.55	0.3146			2.57	22.8	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	inpatient			525.5	168.67	Aetna	Medicare		146.67				146.67	499.23	case rate	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	inpatient			525.5	168.67	Aetna	Better Health		165.32	0.3146			146.67	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	inpatient			525.5	168.67	Aetna	Commercial		199.69	0.38			146.67	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	inpatient			525.5	168.67	Americare	Americare		394.13	0.75			146.67	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	inpatient			525.5	168.67	WellPoint	WellPoint		168.58	0.3208			146.67	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	inpatient			525.5	168.67	Amerihealth	Medicare		146.67				146.67	499.23	case rate	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	inpatient			525.5	168.67	Consumer	Consumer		499.23	0.95			146.67	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	inpatient			525.5	168.67	Corrections	Corrections		420.4	0.8			146.67	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	inpatient			525.5	168.67	First Health	First Health		367.85	0.7			146.67	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	inpatient			525.5	168.67	First Trenton	First Trenton		472.95	0.9			146.67	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	inpatient			525.5	168.67	Horizon	MGD		201.16	0.3828			146.67	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	inpatient			525.5	168.67	Horizon	Medicare Blue		157.65	0.3			146.67	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	inpatient			525.5	168.67	Horizon	Indemnity		201.16	0.3828			146.67	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	inpatient			525.5	168.67	Horizon	NJ Health		155.47				146.67	499.23	case rate	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	inpatient			525.5	168.67	Horizon	PPO		201.16	0.3828			146.67	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	inpatient			525.5	168.67	Managed Care Inc	Managed Care Inc		472.95	0.9			146.67	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	inpatient			525.5	168.67	Multiplan	Multiplan		420.4	0.8			146.67	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	inpatient			525.5	168.67	Qualcare	Qualcare		394.13	0.75			146.67	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	inpatient			525.5	168.67	Three Rivers	Three Rivers		499.23	0.95			146.67	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	inpatient			525.5	168.67	UHC	Medicare		146.67				146.67	499.23	case rate	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	inpatient			525.5	168.67	UHC	Medicaid		165.32	0.3146			146.67	499.23	percent of total billed charges	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	inpatient			525.5	168.67	Wellcare	Medicare		146.67				146.67	499.23	case rate	
ILOPROST(VENTAVIS)1ML INHALATION	Q4074	HCPCS	inpatient			525.5	168.67	Wellcare	Medicaid		165.32	0.3146			146.67	499.23	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	Aetna	Better Health		1.57	0.3146			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	Aetna	Medicare		0.89				0.89	4.75	case rate	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	Aetna	Commercial		1.9	0.38			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	Americare	Americare		3.75	0.75			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	WellPoint	WellPoint		1.6	0.3208			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	Amerihealth	Medicare		0.89				0.89	4.75	case rate	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	Consumer	Consumer		4.75	0.95			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	Corrections	Corrections		4	0.8			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	First Health	First Health		3.5	0.7			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	First Trenton	First Trenton		4.5	0.9			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	Horizon	MGD		1.91	0.3828			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	Horizon	Indemnity		1.91	0.3828			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	Horizon	PPO		1.91	0.3828			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	Horizon	Medicare Blue		1.5	0.3			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	Managed Care Inc	Managed Care Inc		4.5	0.9			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	Multiplan	Multiplan		4	0.8			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	Qualcare	Qualcare		3.75	0.75			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	Three Rivers	Three Rivers		4.75	0.95			0.89	4.75	percent of total billed charges	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	UHC	Medicare		0.89				0.89	4.75	case rate	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	UHC	Medicaid		1.33				0.89	4.75	case rate	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	Wellcare	Medicaid		1.33				0.89	4.75	case rate	
EPOETIN 100UNITS(DIALYSIS)	Q4081	HCPCS	both			5	1.02	Wellcare	Medicare		0.89				0.89	4.75	case rate	
SOMAGEN MESHED 8X12 CM WC2812	Q4100	HCPCS	outpatient			15475		Aetna	Better Health		4868.44	0.3146			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM WC2812	Q4100	HCPCS	outpatient			15475		Aetna	Medicare		4766.3	0.308			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM WC2812	Q4100	HCPCS	outpatient			15475		Aetna	Commercial		5880.5	0.38			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM WC2812	Q4100	HCPCS	outpatient			15475		Americare	Americare		11606.25	0.75			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM WC2812	Q4100	HCPCS	outpatient			15475		WellPoint	WellPoint		4964.38	0.3208			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM WC2812	Q4100	HCPCS	outpatient			15475		Amerihealth	Medicare		5106.75	0.33			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM WC2812	Q4100	HCPCS	outpatient			15475		Consumer	Consumer		14701.25	0.95			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM WC2812	Q4100	HCPCS	outpatient			15475		Corrections	Corrections		12380	0.8			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM WC2812	Q4100	HCPCS	outpatient			15475		First Health	First Health		10832.5	0.7			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM WC2812	Q4100	HCPCS	outpatient			15475		First Trenton	First Trenton		13927.5	0.9			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM WC2812	Q4100	HCPCS	outpatient			15475		Horizon	Medicare Blue		4642.5	0.3			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM WC2812	Q4100	HCPCS	outpatient			15475		Horizon	Indemnity		5923.83	0.3828			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM WC2812	Q4100	HCPCS	outpatient			15475		Horizon	MGD		5923.83	0.3828			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM WC2812	Q4100	HCPCS	outpatient			15475		Horizon	PPO		5923.83	0.3828			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM WC2812	Q4100	HCPCS	outpatient			15475		Horizon	NJ Health		6190	0.4			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM WC2812	Q4100	HCPCS	outpatient			15475		Managed Care Inc	Managed Care Inc		13927.5	0.9			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM WC2812	Q4100	HCPCS	outpatient			15475		Multiplan	Multiplan		12380	0.8			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM WC2812	Q4100	HCPCS	outpatient			15475		Qualcare	Qualcare		6190	0.4			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM WC2812	Q4100	HCPCS	outpatient			15475		Three Rivers	Three Rivers		14701.25	0.95			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM WC2812	Q4100	HCPCS	outpatient			15475		UHC	Medicaid		4868.44	0.3146			420.6	14701.25	percent of total billed charges	
SOMAGEN MESHED 8X12 CM WC2812	Q4100	HCPCS	outpatient			15475		Wellcare	Medicaid		4868.44	0.3146			420.6	14701.25	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Aetna	Better Health		18871.28	0.3146			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Aetna	Medicare		30.4				30.4	56985.75	case rate	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Aetna	Commercial		22794.3	0.38			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Americare	Americare		44988.75	0.75			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	WellPoint	WellPoint		19243.19	0.3208			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Amerihealth	Medicare		19795.05	0.33			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Consumer	Consumer		56985.75	0.95			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Corrections	Corrections		47988	0.8			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	First Health	First Health		41989.5	0.7			30.4	56985.75	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	First Trenton	First Trenton		53986.5	0.9			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Horizon	MCD		22962.26	0.3828			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Horizon	NJ Health		23994	0.4			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Horizon	Medicare Blue		17995.5	0.3			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Horizon	Indemnity		22962.26	0.3828			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Horizon	PPO		22962.26	0.3828			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Managed Care Inc	Managed Care Inc		53986.5	0.9			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Multiplan	Multiplan		47988	0.8			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Qualcare	Qualcare		23994	0.4			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Three Rivers	Three Rivers		56985.75	0.95			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	UHC	Medicaid		18871.28	0.3146			30.4	56985.75	percent of total billed charges	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	UHC	Medicare		30.4				30.4	56985.75	case rate	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Wellcare	Medicare		30.4				30.4	56985.75	case rate	
TENDON HUN ACTIVE PC 4MMX16CM	Q4101	HCPCS	both			59985	34.96	Wellcare	Medicaid		18871.28	0.3146			30.4	56985.75	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Aetna	Medicare		49.53				49.53	19791.35	case rate	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Aetna	Better Health		6554.06	0.3146			49.53	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Aetna	Commercial		7916.54	0.38			49.53	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Americare	Americare		15624.75	0.75			49.53	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	WellPoint	WellPoint		6683.23	0.3208			49.53	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Amerihealth	Medicare		6874.89	0.33			49.53	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Consumer	Consumer		19791.35	0.95			49.53	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Corrections	Corrections		16666.4	0.8			49.53	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	First Health	First Health		14583.1	0.7			49.53	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	First Trenton	First Trenton		18749.7	0.9			49.53	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Horizon	Indemnity		7974.87	0.3828			49.53	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Horizon	MCD		7974.87	0.3828			49.53	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Horizon	Medicare Blue		6249.9	0.3			49.53	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Horizon	PPO		7974.87	0.3828			49.53	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Managed Care Inc	Managed Care Inc		18749.7	0.9			49.53	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Multiplan	Multiplan		16666.4	0.8			49.53	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Qualcare	Qualcare		15624.75	0.75			49.53	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Three Rivers	Three Rivers		19791.35	0.95			49.53	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	UHC	Medicaid		6554.06	0.3146			49.53	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	UHC	Medicare		49.53				49.53	19791.35	case rate	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Wellcare	Medicaid		6554.06	0.3146			49.53	19791.35	percent of total billed charges	
MATRIX INTEGRA BWM 4X5 (12SSCM)	Q4104	HCPCS	both			20833	56.96	Wellcare	Medicare		49.53				49.53	19791.35	case rate	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Aetna	Better Health		3189.41	0.3146			978	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Aetna	Commercial		3852.44	0.38			978	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Aetna	Medicare		3122.5	0.308			978	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Americare	Americare		7603.5	0.75			978	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		WellPoint	WellPoint		3252.27	0.3208			978	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Amerihealth	Medicare		3345.54	0.33			978	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Consumer	Consumer		9631.1	0.95			978	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Corrections	Corrections		8110.4	0.8			978	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		First Health	First Health		7096.6	0.7			978	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		First Trenton	First Trenton		9124.2	0.9			978	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Horizon	MCD		3880.83	0.3828			978	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Horizon	Indemnity		3880.83	0.3828			978	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Horizon	Medicare Blue		3041.4	0.3			978	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Horizon	PPO		3880.83	0.3828			978	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Managed Care Inc	Managed Care Inc		9124.2	0.9			978	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Multiplan	Multiplan		8110.4	0.8			978	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Qualcare	Qualcare		7603.5	0.75			978	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Three Rivers	Three Rivers		9631.1	0.95			978	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		UHC	Medicaid		3189.41	0.3146			978	9631.1	percent of total billed charges	
GRAFTJACKET RTM STAN 5X5CM	Q4107	HCPCS	outpatient			10138		Wellcare	Medicaid		3189.41	0.3146			978	9631.1	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Aetna	Commercial		4618.52	0.38			44.36	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Aetna	Medicare		44.36				44.36	11546.3	case rate	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Aetna	Better Health		3823.65	0.3146			44.36	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Americare	Americare		9115.5	0.75			44.36	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	WellPoint	WellPoint		3899	0.3208			44.36	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Amerihealth	Medicare		4010.82	0.33			44.36	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Consumer	Consumer		11546.3	0.95			44.36	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Corrections	Corrections		9723.2	0.8			44.36	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	First Health	First Health		8507.8	0.7			44.36	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	First Trenton	First Trenton		10938.6	0.9			44.36	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Horizon	MCD		4652.55	0.3828			44.36	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Horizon	Medicare Blue		3646.2	0.3			44.36	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Horizon	Indemnity		4652.55	0.3828			44.36	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Horizon	NJ Health		4861.6	0.4			44.36	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Horizon	PPO		4652.55	0.3828			44.36	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Managed Care Inc	Managed Care Inc		10938.6	0.9			44.36	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Multiplan	Multiplan		9723.2	0.8			44.36	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Qualcare	Qualcare		4861.6	0.4			44.36	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Three Rivers	Three Rivers		11546.3	0.95			44.36	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	UHC	Medicare		44.36				44.36	11546.3	case rate	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	UHC	Medicaid		3823.65	0.3146			44.36	11546.3	percent of total billed charges	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Wellcare	Medicare		44.36				44.36	11546.3	case rate	
MATRIX INTEGRA WND THIN 4X5IN	Q4108	HCPCS	both			12154	51.01	Wellcare	Medicaid		3823.65	0.3146			44.36	11546.3	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Aetna	Better Health		2806.86	0.3146			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Aetna	Commercial		3390.36	0.38			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Aetna	Medicare		1507				1507	8475.9	case rate	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Americare	Americare		6691.5	0.75			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	WellPoint	WellPoint		2862.18	0.3208			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Amerihealth	Medicare		2944.26	0.33			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Consumer	Consumer		8475.9	0.95			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Corrections	Corrections		7137.6	0.8			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	First Health	First Health		6245.4	0.7			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	First Trenton	First Trenton		8029.8	0.9			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Horizon	MCD		3415.34	0.3828			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Horizon	Indemnity		3415.34	0.3828			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Horizon	PPO		3415.34	0.3828			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Horizon	Medicare Blue		2676.6	0.3			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Managed Care Inc	Managed Care Inc		8029.8	0.9			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Multiplan	Multiplan		7137.6	0.8			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Qualcare	Qualcare		6691.5	0.75			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Three Rivers	Three Rivers		8475.9	0.95			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	UHC	Medicare		1507				1507	8475.9	case rate	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	UHC	Medicaid		2806.86	0.3146			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Wellcare	Medicaid		2806.86	0.3146			1507	8475.9	percent of total billed charges	
MATRIX INTEGRA FWM 30CC	Q4114	HCPCS	inpatient			8922	1733.05	Wellcare	Medicare		1507				1507	8475.9	case rate	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Aetna	Commercial		13604.76	0.38			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Aetna	Medicare		11027.02	0.308			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Aetna	Better Health		11263.31	0.3146			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Americare	Americare		26851.5	0.75			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		WellPoint	WellPoint		11485.28	0.3208			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Amerihealth	Medicare		11814.66	0.33			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Consumer	Consumer		34011.9	0.95			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Corrections	Corrections		28641.6	0.8			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		First Health	First Health		25061.4	0.7			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		First Trenton	First Trenton		32221.8	0.9			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Horizon	MCD		13705.01	0.3828			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Horizon	Indemnity		13705.01	0.3828			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Horizon	Medicare Blue		10740.6	0.3			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Horizon	PPO		13705.01	0.3828			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Horizon	NJ Health		14320.8	0.4			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Managed Care Inc	Managed Care Inc		32221.8	0.9			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Multiplan	Multiplan		28641.6	0.8			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Qualcare	Qualcare		14320.8	0.4			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Three Rivers	Three Rivers		34011.9	0.95			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		UHC	Medicaid		11263.31	0.3146			64.8	34011.9	percent of total billed charges	
IMPLANT TISSUE ALLODERM REGEN MATRIX	Q4116	HCPCS	both			35802		Wellcare	Medicaid		11263.31	0.3146			64.8	34011.9	percent of total billed charges	
MICROMATRIX 500MG MM0500	Q4118	HCPCS	outpatient			7292	2.93	Aetna	Commercial		2770.96	0.38			2.55	6927.4	percent of total billed charges	
MICROMATRIX 500MG MM0500	Q4118	HCPCS	outpatient			7292	2.93	Aetna	Better Health		2294.06	0.3146			2.55	6927.4	percent of total billed charges	
MICROMATRIX 500MG MM0500	Q4118	HCPCS	outpatient			7292	2.93	Aetna	Medicare		2.55				2.55	6927.4	case rate	
MICROMATRIX 500MG MM0500	Q4118	HCPCS	outpatient			7292	2.93	Americare	Americare		5469	0.75			2.55	6927.4	percent of total billed charges	
MICROMATRIX 500MG MM0500	Q4118	HCPCS	outpatient			7292	2.93	WellPoint	WellPoint		2339.27	0.3208			2.55	6927.4	percent of total billed charges	
MICROMATRIX 500MG MM0500	Q4118	HCPCS	outpatient			7292	2.93	Amerihealth	Medicare		2406.36	0.33			2.55	6927.4	percent of total billed charges	
MICROMATRIX 500MG MM0500	Q4118	HCPCS	outpatient			7292	2.93	Consumer	Consumer		6927.4	0.95			2.55	6927.4	percent of total billed charges	
MICROMATRIX 500MG MM0500	Q4118	HCPCS	outpatient			7292	2.93	Corrections	Corrections		5833.6	0.8			2.55	6927.4	percent of total billed charges	
MICROMATRIX 500MG MM0500	Q4118	HCPCS	outpatient			7292	2.93	First Health	First Health		5104.4	0.7			2.55	6927.4	percent of total billed charges	
MICROMATRIX 500MG MM0500	Q4118	HCPCS	outpatient			7292	2.93	First Trenton	First Trenton		6562.8	0.9			2.55	6927.4	percent of total billed charges	
MICROMATRIX 500MG MM0500	Q4118	HCPCS	outpatient			7292	2.93	Horizon	MCD		2791.38	0.3828			2.55	6927.4	percent of total billed charges	
MICROMATRIX 500MG MM0500	Q4118	HCPCS	outpatient			7292	2.93	Horizon	Medicare Blue		2187.6	0.3			2.55	6927.4	percent of total billed charges	
MICROMATRIX 500MG MM0500	Q4118	HCPCS	outpatient			7292	2.93	Horizon	NJ Health		2916.8	0.4			2.55	6927.4	percent of total billed charges	
MICROMATRIX 500MG MM0500	Q4118	HCPCS	outpatient			7292	2.93	Horizon	Indemnity		2791.38	0.3828			2.55	6927.4	percent of total billed charges	
MICROMATRIX 500MG MM0500	Q4118	HCPCS	outpatient			7292	2.93	Horizon	PPO		2791.38	0.3828			2.55	6927.4	percent of total billed charges	
MICROMATRIX 500MG MM0500	Q4118	HCPCS	outpatient			7292	2.93	Managed Care Inc	Managed Care Inc		6562.8	0.9			2.55	6927.4	percent of total billed charges	
MICROMATRIX 500MG MM0500	Q4118	HCPCS	outpatient			7292	2.93	Multiplan	Multiplan		5833.6	0.8			2.55	6927.4	percent of total billed charges	
MICROMATRIX 500MG MM0500	Q4118	HCPCS	outpatient			7292	2.93	Qualcare	Qualcare		2916.8	0.4			2.55	6927.4	percent of total billed charges	
MICROMATRIX 500MG MM0500	Q4118	HCPCS	outpatient			7292	2.93	Three Rivers	Three Rivers		6927.4	0.95			2.55	6927.4	percent of total billed charges	
MICROMATRIX 500MG MM0500	Q4118	HCPCS	outpatient			7292	2.93	UHC	Medicaid		2294.06	0.3146			2.55	6927.4	percent of total billed charges	
MICROMATRIX 500MG MM0500	Q4118	HCPCS	outpatient			7292	2.93	UHC	Medicare		2.55				2.55	6927.4	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MICROMATRIX 500MG MM0500	Q4118	HCPCS	outpatient			7292	2.93	Wellcare	Medicaid		2294.06	0.3146			2.55	6927.4	percent of total billed charges	
MICROMATRIX 500MG MM0500	Q4118	HCPCS	outpatient			7292	2.93	Wellcare	Medicare		2.55				2.55	6927.4	case rate	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Aetna	Medicare		694.85	0.308			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Aetna	Better Health		709.74	0.3146			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Aetna	Commercial		857.28	0.38			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Americare	Americare		1692	0.75			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		WellPoint	WellPoint		723.72	0.3208			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Amerihealth	Medicare		744.48	0.33			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Consumer	Consumer		2143.2	0.95			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Corrections	Corrections		1804.8	0.8			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		First Health	First Health		1579.2	0.7			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		First Trenton	First Trenton		2030.4	0.9			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Horizon	Medicare Blue		676.8	0.3			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Horizon	Indemnity		863.6	0.3828			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Horizon	MGD		863.6	0.3828			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Horizon	PPO		863.6	0.3828			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Managed Care Inc	Managed Care Inc		2030.4	0.9			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Multiplan	Multiplan		1804.8	0.8			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Qualcare	Qualcare		1692	0.75			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Three Rivers	Three Rivers		2143.2	0.95			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		UHC	Medicaid		709.74	0.3146			676.8	2143.2	percent of total billed charges	
GRAFT MATRISTEM WOUND 10X15	Q4119	HCPCS	outpatient			2256		Wellcare	Medicaid		709.74	0.3146			676.8	2143.2	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Aetna	Medicare		3075.07	0.308			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Aetna	Better Health		3140.97	0.3146			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Aetna	Commercial		3793.92	0.38			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Americare	Americare		7488	0.75			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		WellPoint	WellPoint		3202.87	0.3208			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Amerihealth	Medicare		3294.72	0.33			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Consumer	Consumer		9484.8	0.95			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Corrections	Corrections		7987.2	0.8			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		First Health	First Health		6988.8	0.7			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		First Trenton	First Trenton		8985.6	0.9			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Horizon	MGD		3821.88	0.3828			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Horizon	Indemnity		3821.88	0.3828			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Horizon	Medicare Blue		2995.2	0.3			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Horizon	PPO		3821.88	0.3828			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Managed Care Inc	Managed Care Inc		8985.6	0.9			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Multiplan	Multiplan		7987.2	0.8			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Qualcare	Qualcare		7488	0.75			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Three Rivers	Three Rivers		9484.8	0.95			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		UHC	Medicaid		3140.97	0.3146			2995.2	9484.8	percent of total billed charges	
DERMACELL AWM 5X9CM	Q4122	HCPCS	outpatient			9984		Wellcare	Medicaid		3140.97	0.3146			2995.2	9484.8	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Aetna	Better Health		3815.78	0.3146			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Aetna	Commercial		4609.02	0.38			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Aetna	Medicare		3735.73	0.308			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Americare	Americare		9096.75	0.75			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		WellPoint	WellPoint		3890.98	0.3208			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Amerihealth	Medicare		4002.57	0.33			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Consumer	Consumer		11522.55	0.95			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Corrections	Corrections		9703.2	0.8			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		First Health	First Health		8490.3	0.7			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		First Trenton	First Trenton		10916.1	0.9			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Horizon	MGD		4642.98	0.3828			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Horizon	Indemnity		4642.98	0.3828			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Horizon	PPO		4642.98	0.3828			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Horizon	Medicare Blue		3638.7	0.3			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Managed Care Inc	Managed Care Inc		10916.1	0.9			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Multiplan	Multiplan		9703.2	0.8			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Qualcare	Qualcare		9096.75	0.75			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Three Rivers	Three Rivers		11522.55	0.95			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		UHC	Medicaid		3815.78	0.3146			3638.7	11522.55	percent of total billed charges	
ARTHROFLEX 40X70X3MM(84SCM)	Q4125	HCPCS	outpatient			12129		Wellcare	Medicaid		3815.78	0.3146			3638.7	11522.55	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379	35.34	Aetna	Medicare		30.73				30.73	53560.05	case rate	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379	35.34	Aetna	Commercial		21424.02	0.38			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379	35.34	Aetna	Better Health		17736.83	0.3146			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379	35.34	Americare	Americare		42284.25	0.75			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379	35.34	WellPoint	WellPoint		18086.38	0.3208			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379	35.34	Amerihealth	Medicare		18605.07	0.33			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379	35.34	Consumer	Consumer		53560.05	0.95			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379	35.34	Corrections	Corrections		45103.2	0.8			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379	35.34	First Health	First Health		39465.3	0.7			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379	35.34	First Trenton	First Trenton		50741.1	0.9			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379	35.34	Horizon	MGD		21581.88	0.3828			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379	35.34	Horizon	Indemnity		21581.88	0.3828			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379	35.34	Horizon	Medicare Blue		16913.7	0.3			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379	35.34	Horizon	PPO		21581.88	0.3828			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379	35.34	Managed Care Inc	Managed Care Inc		50741.1	0.9			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379	35.34	Multiplan	Multiplan		45103.2	0.8			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379	35.34	Qualcare	Qualcare		42284.25	0.75			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379	35.34	Three Rivers	Three Rivers		53560.05	0.95			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379	35.34	UHC	Medicare		30.73				30.73	53560.05	case rate	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379	35.34	UHC	Medicaid		17736.83	0.3146			30.73	53560.05	percent of total billed charges	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379	35.34	Wellcare	Medicare		30.73				30.73	53560.05	case rate	
IMPLANT FLEXHD DIAMOND ULTRA THIC W-22C	Q4128	HCPCS	outpatient			56379	35.34	Wellcare	Medicaid		17736.83	0.3146			30.73	53560.05	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Aetna	Medicare		28337.23	0.308			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Aetna	Better Health		28944.46	0.3146			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Aetna	Commercial		34961.52	0.38			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Americare	Americare		69003	0.75			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		WellPoint	WellPoint		29514.88	0.3208			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Amerihealth	Medicare		30361.32	0.33			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Consumer	Consumer		87403.8	0.95			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Corrections	Corrections		73603.2	0.8			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		First Health	First Health		64402.8	0.7			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		First Trenton	First Trenton		82803.6	0.9			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Horizon	Medicare Blue		27601.2	0.3			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Horizon	NJ Health		36801.6	0.4			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Horizon	MGD		35219.13	0.3828			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Horizon	Indemnity		35219.13	0.3828			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Horizon	PPO		35219.13	0.3828			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Managed Care Inc	Managed Care Inc		82803.6	0.9			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Multiplan	Multiplan		73603.2	0.8			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Qualcare	Qualcare		36801.6	0.4			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Three Rivers	Three Rivers		87403.8	0.95			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		UHC	Medicaid		28944.46	0.3146			125.1	87403.8	percent of total billed charges	
STRATTICE TM 6X16CM(96SCM)	Q4130	HCPCS	both			92004		Wellcare	Medicaid		28944.46	0.3146			125.1	87403.8	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Aetna	Better Health		19068.22	0.3146			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Aetna	Commercial		23032.18	0.38			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Aetna	Medicare		18668.19	0.308			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Americare	Americare		45458.25	0.75			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		WellPoint	WellPoint		19444.01	0.3208			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Amerihealth	Medicare		20001.63	0.33			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Consumer	Consumer		57580.45	0.95			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Corrections	Corrections		48488.8	0.8			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		First Health	First Health		42427.7	0.7			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		First Trenton	First Trenton		54549.9	0.9			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Horizon	MGD		23201.89	0.3828			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Horizon	Indemnity		23201.89	0.3828			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Horizon	Medicare Blue		18183.3	0.3			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Horizon	PPO		23201.89	0.3828			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Managed Care Inc	Managed Care Inc		54549.9	0.9			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Multiplan	Multiplan		48488.8	0.8			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Qualcare	Qualcare		45458.25	0.75			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Three Rivers	Three Rivers		57580.45	0.95			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		UHC	Medicaid		19068.22	0.3146			8618.4	57580.45	percent of total billed charges	
XCM BIO TISSUE MTRX 20X30CM	Q4142	HCPCS	inpatient			60611		Wellcare	Medicaid		19068.22	0.3146			8618.4	57580.45	percent of total billed charges	
PUTTY TENSIX DBM 2.5CC	Q4146	HCPCS	outpatient			4068		Aetna	Commercial		1545.84	0.38			1220.4	3864.6	percent of total billed charges	
PUTTY TENSIX DBM 2.5CC	Q4146	HCPCS	outpatient			4068		Aetna	Medicare		1252.94	0.308			1220.4	3864.6	percent of total billed charges	
PUTTY TENSIX DBM 2.5CC	Q4146	HCPCS	outpatient			4068		Aetna	Better Health		1279.79	0.3146			1220.4	3864.6	percent of total billed charges	
PUTTY TENSIX DBM 2.5CC	Q4146	HCPCS	outpatient			4068		Americare	Americare		3051	0.75			1220.4	3864.6	percent of total billed charges	
PUTTY TENSIX DBM 2.5CC	Q4146	HCPCS	outpatient			4068		WellPoint	WellPoint		1305.01	0.3208			1220.4	3864.6	percent of total billed charges	
PUTTY TENSIX DBM 2.5CC	Q4146	HCPCS	outpatient			4068		Amerihealth	Medicare		1342.44	0.33			1220.4	3864.6	percent of total billed charges	
PUTTY TENSIX DBM 2.5CC	Q4146	HCPCS	outpatient			4068		Consumer	Consumer		3864.6	0.95			1220.4	3864.6	percent of total billed charges	
PUTTY TENSIX DBM 2.5CC	Q4146	HCPCS	outpatient			4068		Corrections	Corrections		3254.4	0.8			1220.4	3864.6	percent of total billed charges	
PUTTY TENSIX DBM 2.5CC	Q4146	HCPCS	outpatient			4068		First Health	First Health		2847.6	0.7			1220.4	3864.6	percent of total billed charges	
PUTTY TENSIX DBM 2.5CC	Q4146	HCPCS	outpatient			4068		First Trenton	First Trenton		3661.2	0.9			1220.4	3864.6	percent of total billed charges	
PUTTY TENSIX DBM 2.5CC	Q4146	HCPCS	outpatient			4068		Horizon	Indemnity		1557.23	0.3828			1220.4	3864.6	percent of total billed charges	
PUTTY TENSIX DBM 2.5CC	Q4146	HCPCS	outpatient			4068		Horizon	Medicare Blue		1220.4	0.3			1220.4	3864.6	percent of total billed charges	
PUTTY TENSIX DBM 2.5CC	Q4146	HCPCS	outpatient			4068		Horizon	MGD		1557.23	0.3828			1220.4	3864.6	percent of total billed charges	
PUTTY TENSIX DBM 2.5CC	Q4146	HCPCS	outpatient			4068		Horizon	PPO		1557.23	0.3828			1220.4	3864.6	percent of total billed charges	
PUTTY TENSIX DBM 2.5CC	Q4146	HCPCS	outpatient			4068		Managed Care Inc	Managed Care Inc		3661.2	0.9			1220.4	3864.6	percent of total billed charges	
PUTTY TENSIX DBM 2.5CC	Q4146	HCPCS	outpatient			4068		Multiplan	Multiplan		3254.4	0.8			1220.4	3864.6	percent of total billed charges	
PUTTY TENSIX DBM 2.5CC	Q4146	HCPCS	outpatient			4068		Qualcare	Qualcare		3051	0.75			1220.4	3864.6	percent of total billed charges	
PUTTY TENSIX DBM 2.5CC	Q4146	HCPCS	outpatient			4068		Three Rivers	Three Rivers		3864.6	0.95			1220.4	3864.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PUTTY TENSIX DBM 2.5CC	Q4146	HCPCS	outpatient			4068		UHC	Medicaid		1279.79	0.3146			1220.4	3864.6	percent of total billed charges	
PUTTY TENSIX DBM 2.5CC	Q4146	HCPCS	outpatient			4068		Wellcare	Medicaid		1279.79	0.3146			1220.4	3864.6	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.5 3.0MMX2	Q4148	HCPCS	both			10809		Aetna	Commercial		4107.42	0.38			1165.5	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.5 3.0MMX2	Q4148	HCPCS	both			10809		Aetna	Better Health		3400.51	0.3146			1165.5	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.5 3.0MMX2	Q4148	HCPCS	both			10809		Aetna	Medicare		3329.17	0.308			1165.5	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.5 3.0MMX2	Q4148	HCPCS	both			10809		Americare	Americare		8106.75	0.75			1165.5	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.5 3.0MMX2	Q4148	HCPCS	both			10809		WellPoint	WellPoint		3467.53	0.3208			1165.5	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.5 3.0MMX2	Q4148	HCPCS	both			10809		Amerihealth	Medicare		3566.97	0.33			1165.5	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.5 3.0MMX2	Q4148	HCPCS	both			10809		Consumer	Consumer		10268.55	0.95			1165.5	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.5 3.0MMX2	Q4148	HCPCS	both			10809		Corrections	Corrections		8647.2	0.8			1165.5	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.5 3.0MMX2	Q4148	HCPCS	both			10809		First Health	First Health		7566.3	0.7			1165.5	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.5 3.0MMX2	Q4148	HCPCS	both			10809		First Trenton	First Trenton		9728.1	0.9			1165.5	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.5 3.0MMX2	Q4148	HCPCS	both			10809		Horizon	MGD		4137.69	0.3828			1165.5	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.5 3.0MMX2	Q4148	HCPCS	both			10809		Horizon	Indemnity		4137.69	0.3828			1165.5	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.5 3.0MMX2	Q4148	HCPCS	both			10809		Horizon	NJ Health		4323.6	0.4			1165.5	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.5 3.0MMX2	Q4148	HCPCS	both			10809		Horizon	PPO		4137.69	0.3828			1165.5	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.5 3.0MMX2	Q4148	HCPCS	both			10809		Horizon	Medicare Blue		3242.7	0.3			1165.5	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.5 3.0MMX2	Q4148	HCPCS	both			10809		Managed Care Inc	Managed Care Inc		9728.1	0.9			1165.5	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.5 3.0MMX2	Q4148	HCPCS	both			10809		Multiplan	Multiplan		8647.2	0.8			1165.5	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.5 3.0MMX2	Q4148	HCPCS	both			10809		Qualcare	Qualcare		4323.6	0.4			1165.5	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.5 3.0MMX2	Q4148	HCPCS	both			10809		Three Rivers	Three Rivers		10268.55	0.95			1165.5	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.5 3.0MMX2	Q4148	HCPCS	both			10809		UHC	Medicaid		3400.51	0.3146			1165.5	10268.55	percent of total billed charges	
IMPLANT TISSUE NEOX AMNIOX 2.5 3.0MMX2	Q4148	HCPCS	both			10809		Wellcare	Medicaid		3400.51	0.3146			1165.5	10268.55	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(BSCM)	Q4150	HCPCS	outpatient			9363		89.3 Aetna	Better Health		2945.6	0.3146			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(BSCM)	Q4150	HCPCS	outpatient			9363		89.3 Aetna	Medicare		77.66				77.66	8894.85	case rate	
ALLOWRAP DS WET 2X4CM(BSCM)	Q4150	HCPCS	outpatient			9363		89.3 Aetna	Commercial		3557.94	0.38			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(BSCM)	Q4150	HCPCS	outpatient			9363		89.3 Americare	Americare		7022.25	0.75			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(BSCM)	Q4150	HCPCS	outpatient			9363		89.3 WellPoint	WellPoint		3003.65	0.3208			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(BSCM)	Q4150	HCPCS	outpatient			9363		89.3 Amerihealth	Medicare		3089.79	0.33			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(BSCM)	Q4150	HCPCS	outpatient			9363		89.3 Consumer	Consumer		8894.85	0.95			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(BSCM)	Q4150	HCPCS	outpatient			9363		89.3 Corrections	Corrections		7490.4	0.8			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(BSCM)	Q4150	HCPCS	outpatient			9363		89.3 First Health	First Health		6554.1	0.7			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(BSCM)	Q4150	HCPCS	outpatient			9363		89.3 First Trenton	First Trenton		8426.7	0.9			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(BSCM)	Q4150	HCPCS	outpatient			9363		89.3 Horizon	MGD		3584.16	0.3828			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(BSCM)	Q4150	HCPCS	outpatient			9363		89.3 Horizon	Indemnity		3584.16	0.3828			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(BSCM)	Q4150	HCPCS	outpatient			9363		89.3 Horizon	PPO		3584.16	0.3828			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(BSCM)	Q4150	HCPCS	outpatient			9363		89.3 Horizon	Medicare Blue		2808.9	0.3			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(BSCM)	Q4150	HCPCS	outpatient			9363		89.3 Managed Care Inc	Managed Care Inc		8426.7	0.9			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(BSCM)	Q4150	HCPCS	outpatient			9363		89.3 Multiplan	Multiplan		7490.4	0.8			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(BSCM)	Q4150	HCPCS	outpatient			9363		89.3 Qualcare	Qualcare		7022.25	0.75			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(BSCM)	Q4150	HCPCS	outpatient			9363		89.3 Three Rivers	Three Rivers		8894.85	0.95			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(BSCM)	Q4150	HCPCS	outpatient			9363		89.3 UHC	Medicaid		2945.6	0.3146			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(BSCM)	Q4150	HCPCS	outpatient			9363		89.3 UHC	Medicare		77.66				77.66	8894.85	case rate	
ALLOWRAP DS WET 2X4CM(BSCM)	Q4150	HCPCS	outpatient			9363		89.3 Wellcare	Medicaid		2945.6	0.3146			77.66	8894.85	percent of total billed charges	
ALLOWRAP DS WET 2X4CM(BSCM)	Q4150	HCPCS	outpatient			9363		89.3 Wellcare	Medicare		77.66				77.66	8894.85	case rate	
IMPLANT TISSUE 50MG	Q4155	HCPCS	both			10594		Aetna	Medicare		3262.95	0.308			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	both			10594		Aetna	Better Health		3332.87	0.3146			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	both			10594		Aetna	Commercial		4025.72	0.38			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	both			10594		Americare	Americare		7945.5	0.75			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	both			10594		WellPoint	WellPoint		3398.56	0.3208			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	both			10594		Amerihealth	Medicare		3496.02	0.33			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	both			10594		Consumer	Consumer		10064.3	0.95			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	both			10594		Corrections	Corrections		8475.2	0.8			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	both			10594		First Health	First Health		7415.8	0.7			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	both			10594		First Trenton	First Trenton		9534.6	0.9			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	both			10594		Horizon	NJ Health		4237.6	0.4			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	both			10594		Horizon	Medicare Blue		3178.2	0.3			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	both			10594		Horizon	Indemnity		4055.38	0.3828			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	both			10594		Horizon	MGD		4055.38	0.3828			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	both			10594		Horizon	PPO		4055.38	0.3828			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	both			10594		Managed Care Inc	Managed Care Inc		9534.6	0.9			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	both			10594		Multiplan	Multiplan		8475.2	0.8			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	both			10594		Qualcare	Qualcare		4237.6	0.4			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	both			10594		Three Rivers	Three Rivers		10064.3	0.95			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	both			10594		UHC	Medicaid		3332.87	0.3146			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE 50MG	Q4155	HCPCS	both			10594		Wellcare	Medicaid		3332.87	0.3146			767.1	10064.3	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Aetna	Better Health		3416.56	0.3146			687.6	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Aetna	Medicare		3344.88	0.308			687.6	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Aetna	Commercial		4126.8	0.38			687.6	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Americare	Americare		8145	0.75			687.6	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		WellPoint	WellPoint		3483.89	0.3208			687.6	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Amerihealth	Medicare		3583.8	0.33			687.6	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Consumer	Consumer		10317	0.95			687.6	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Corrections	Corrections		8688	0.8			687.6	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		First Health	First Health		7602	0.7			687.6	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		First Trenton	First Trenton		9774	0.9			687.6	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Horizon	Medicare Blue		3258	0.3			687.6	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Horizon	MGD		4157.21	0.3828			687.6	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Horizon	Indemnity		4157.21	0.3828			687.6	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Horizon	PPO		4157.21	0.3828			687.6	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Managed Care Inc	Managed Care Inc		9774	0.9			687.6	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Multiplan	Multiplan		8688	0.8			687.6	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Qualcare	Qualcare		8145	0.75			687.6	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Three Rivers	Three Rivers		10317	0.95			687.6	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		UHC	Medicaid		3416.56	0.3146			687.6	10317	percent of total billed charges	
IMPLANT TISSUE AMNIOX 7X7CM	Q4156	HCPCS	outpatient			10860		Wellcare	Medicaid		3416.56	0.3146			687.6	10317	percent of total billed charges	
GRAFT SKIN TE PER SQUARE CM	Q4200	HCPCS	both			194		Aetna	Medicare		59.75	0.308			19.4	184.3	percent of total billed charges	
GRAFT SKIN TE PER SQUARE CM	Q4200	HCPCS	both			194		Aetna	Commercial		73.72	0.38			19.4	184.3	percent of total billed charges	
GRAFT SKIN TE PER SQUARE CM	Q4200	HCPCS	both			194		Aetna	Better Health		61.03	0.3146			19.4	184.3	percent of total billed charges	
GRAFT SKIN TE PER SQUARE CM	Q4200	HCPCS	both			194		Americare	Americare		145.5	0.75			19.4	184.3	percent of total billed charges	
GRAFT SKIN TE PER SQUARE CM	Q4200	HCPCS	both			194		WellPoint	WellPoint		62.24	0.3208			19.4	184.3	percent of total billed charges	
GRAFT SKIN TE PER SQUARE CM	Q4200	HCPCS	both			194		Amerihealth	Medicare		64.02	0.33			19.4	184.3	percent of total billed charges	
GRAFT SKIN TE PER SQUARE CM	Q4200	HCPCS	both			194		Consumer	Consumer		184.3	0.95			19.4	184.3	percent of total billed charges	
GRAFT SKIN TE PER SQUARE CM	Q4200	HCPCS	both			194		Corrections	Corrections		155.2	0.8			19.4	184.3	percent of total billed charges	
GRAFT SKIN TE PER SQUARE CM	Q4200	HCPCS	both			194		First Health	First Health		135.8	0.7			19.4	184.3	percent of total billed charges	
GRAFT SKIN TE PER SQUARE CM	Q4200	HCPCS	both			194		First Trenton	First Trenton		174.6	0.9			19.4	184.3	percent of total billed charges	
GRAFT SKIN TE PER SQUARE CM	Q4200	HCPCS	both			194		Horizon	Medicare Blue		58.2	0.3			19.4	184.3	percent of total billed charges	
GRAFT SKIN TE PER SQUARE CM	Q4200	HCPCS	both			194		Horizon	NJ Health		19.4	0.1			19.4	184.3	percent of total billed charges	
GRAFT SKIN TE PER SQUARE CM	Q4200	HCPCS	both			194		Horizon	MGD		74.26	0.3828			19.4	184.3	percent of total billed charges	
GRAFT SKIN TE PER SQUARE CM	Q4200	HCPCS	both			194		Horizon	Indemnity		74.26	0.3828			19.4	184.3	percent of total billed charges	
GRAFT SKIN TE PER SQUARE CM	Q4200	HCPCS	both			194		Horizon	PPO		74.26	0.3828			19.4	184.3	percent of total billed charges	
GRAFT SKIN TE PER SQUARE CM	Q4200	HCPCS	both			194		Managed Care Inc	Managed Care Inc		174.6	0.9			19.4	184.3	percent of total billed charges	
GRAFT SKIN TE PER SQUARE CM	Q4200	HCPCS	both			194		Multiplan	Multiplan		155.2	0.8			19.4	184.3	percent of total billed charges	
GRAFT SKIN TE PER SQUARE CM	Q4200	HCPCS	both			194		Qualcare	Qualcare		145.5	0.75			19.4	184.3	percent of total billed charges	
GRAFT SKIN TE PER SQUARE CM	Q4200	HCPCS	both			194		Three Rivers	Three Rivers		184.3	0.95			19.4	184.3	percent of total billed charges	
GRAFT SKIN TE PER SQUARE CM	Q4200	HCPCS	both			194		UHC	Medicaid		61.03	0.3146			19.4	184.3	percent of total billed charges	
GRAFT SKIN TE PER SQUARE CM	Q4200	HCPCS	both			194		Wellcare	Medicaid		61.03	0.3146			19.4	184.3	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	outpatient			180		444.47 Aetna	Better Health		56.63	0.3146			18	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	outpatient			180		444.47 Aetna	Medicare		386.49				18	386.49	case rate	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	outpatient			180		444.47 Aetna	Commercial		68.4	0.38			18	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	outpatient			180		444.47 Americare	Americare		135	0.75			18	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	outpatient			180		444.47 WellPoint	WellPoint		57.74	0.3208			18	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	outpatient			180		444.47 Amerihealth	Medicare		59.4	0.33			18	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	outpatient			180		444.47 Consumer	Consumer		171	0.95			18	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	outpatient			180		444.47 Corrections	Corrections		144	0.8			18	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	outpatient			180		444.47 First Health	First Health		126	0.7			18	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	outpatient			180		444.47 First Trenton	First Trenton		162	0.9			18	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	outpatient			180		444.47 Horizon	MGD		68.9	0.3828			18	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	outpatient			180		444.47 Horizon	Indemnity		68.9	0.3828			18	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	outpatient			180		444.47 Horizon	Medicare Blue		54	0.3			18	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	outpatient			180		444.47 Horizon	PPO		68.9	0.3828			18	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	outpatient			180		444.47 Horizon	NJ Health		18	0.1			18	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	outpatient			180		444.47 Managed Care Inc	Managed Care Inc		162	0.9			18	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	outpatient			180		444.47 Multiplan	Multiplan		144	0.8			18	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	outpatient			180		444.47 Qualcare	Qualcare		135	0.75			18	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	outpatient			180		444.47 Three Rivers	Three Rivers		171	0.95			18	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	outpatient			180		444.47 UHC	Medicaid		56.63	0.3146			18	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	outpatient			180		444.47 UHC	Medicare		386.49				18	386.49	case rate	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	outpatient			180		444.47 Wellcare	Medicaid		56.63	0.3146			18	386.49	percent of total billed charges	
GRAFT DERMISTAT PER SCM	Q4226	HCPCS	outpatient			180		444.47 Wellcare	Medicare		386.49				18	386.49	case rate	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3		0.37 Aetna	Commercial		0.6			1.592	0.32	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3		0.37 Aetna	Medicare		0.32				0.32	2.85	case rate	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3		0.37 Aetna	Better Health		0.94	0.3146			0.32	2.85	percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3		0.37 Americare	Americare		2.25	0.75			0.32	2.85	percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3		0.37 WellPoint	WellPoint		0.96	0.3208			0.32	2.85	percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3		0.37 Amerihealth	Medicare		0.32				0.32	2.85	case rate	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3		0.37 Consumer	Consumer		2.85	0.95			0.32	2.85	percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3		0.37 Corrections	Corrections		2.4	0.8			0.32	2.85	percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3		0.37 First Health	First Health		2.1	0.7			0.32	2.85	percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3		0.37 First Trenton	First Trenton		2.7	0.9			0.32	2.85	percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3		0.37 Horizon	PPO		0.69	1.827			0.32	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3		0.37 Horizon	Medicare Blue		0.38	1			0.32	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3		0.37 Horizon	MGD		0.69	1.827			0.32	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Horizon	Indemnity		0.69	1.827			0.32	2.85	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Horizon	NJ Health		0.34				0.32	2.85	case rate	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Managed Care Inc	Managed Care Inc		2.7	0.9			0.32	2.85	percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Multiplan	Multiplan		2.4	0.8			0.32	2.85	percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Qualcare	Qualcare		2.25	0.75			0.32	2.85	percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Three Rivers	Three Rivers		2.85	0.95			0.32	2.85	percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	UHC	Medicaid		0.94	0.3146			0.32	2.85	percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	UHC	Medicare		0.32				0.32	2.85	case rate	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Wellcare	Medicaid		0.94	0.3146			0.32	2.85	percent of total billed charges	
FILGRASTIM-SNDZ (ZARXIO) 1MCG	Q5101	HCPCS	both			3	0.37	Wellcare	Medicare		0.32				0.32	2.85	case rate	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Aetna	Better Health		1.26	0.3146			0.78	3.8	percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Aetna	Medicare		0.78				0.78	3.8	case rate	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Aetna	Commercial		1.5	1.592			0.78	3.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Americare	Americare		3	0.75			0.78	3.8	percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	WellPoint	WellPoint		1.28	0.3208			0.78	3.8	percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Amerihealth	Medicare		0.78				0.78	3.8	case rate	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Consumer	Consumer		3.8	0.95			0.78	3.8	percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Corrections	Corrections		3.2	0.8			0.78	3.8	percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	First Health	First Health		2.8	0.7			0.78	3.8	percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	First Trenton	First Trenton		3.6	0.9			0.78	3.8	percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Horizon	PPO		1.72	1.827			0.78	3.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Horizon	Indemnity		1.72	1.827			0.78	3.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Horizon	MGD		1.72	1.827			0.78	3.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Horizon	Medicare Blue		0.94	1			0.78	3.8	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Horizon	NJ Health		0.83				0.78	3.8	case rate	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Managed Care Inc	Managed Care Inc		3.6	0.9			0.78	3.8	percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Multiplan	Multiplan		3.2	0.8			0.78	3.8	percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Qualcare	Qualcare		3	0.75			0.78	3.8	percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Three Rivers	Three Rivers		3.8	0.95			0.78	3.8	percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	UHC	Medicaid		1.26	0.3146			0.78	3.8	percent of total billed charges	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	UHC	Medicare		0.78				0.78	3.8	case rate	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Wellcare	Medicare		0.78				0.78	3.8	case rate	
EPOETIN ALFA-EPBX 100U (DIALYSIS)	Q5105	HCPCS	outpatient			4	0.9	Wellcare	Medicaid		1.26	0.3146			0.78	3.8	percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Aetna	Better Health		13.06	0.3146			7.82	39.43	percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Aetna	Commercial		14.95	1.592			7.82	39.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Aetna	Medicare		7.82				7.82	39.43	case rate	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Americare	Americare		31.13	0.75			7.82	39.43	percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	WellPoint	WellPoint		13.31	0.3208			7.82	39.43	percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Amerihealth	Medicare		7.82				7.82	39.43	case rate	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Consumer	Consumer		39.43	0.95			7.82	39.43	percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Corrections	Corrections		33.2	0.8			7.82	39.43	percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	First Health	First Health		29.05	0.7			7.82	39.43	percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	First Trenton	First Trenton		37.35	0.9			7.82	39.43	percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Horizon	NJ Health		8.29				7.82	39.43	case rate	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Horizon	Indemnity		17.16	1.827			7.82	39.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Horizon	MGD		17.16	1.827			7.82	39.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Horizon	Medicare Blue		9.39	1			7.82	39.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Horizon	PPO		17.16	1.827			7.82	39.43	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Managed Care Inc	Managed Care Inc		37.35	0.9			7.82	39.43	percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Multiplan	Multiplan		33.2	0.8			7.82	39.43	percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Qualcare	Qualcare		31.13	0.75			7.82	39.43	percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Three Rivers	Three Rivers		39.43	0.95			7.82	39.43	percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	UHC	Medicaid		13.06	0.3146			7.82	39.43	percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	UHC	Medicare		7.82				7.82	39.43	case rate	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Wellcare	Medicaid		13.06	0.3146			7.82	39.43	percent of total billed charges	
EPOETIN ALFA-EPBX 1000U (CHEMO)	Q5106	HCPCS	outpatient			41.5	9	Wellcare	Medicare		7.82				7.82	39.43	case rate	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Aetna	Better Health		85.73	0.3146			25.62	258.88	percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Aetna	Commercial		48.95	1.592			25.62	258.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Aetna	Medicare		25.62				25.62	258.88	case rate	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Americare	Americare		204.38	0.75			25.62	258.88	percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	WellPoint	WellPoint		87.42	0.3208			25.62	258.88	percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Amerihealth	Medicare		25.62				25.62	258.88	case rate	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Consumer	Consumer		298.88	0.95			25.62	258.88	percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Corrections	Corrections		218	0.8			25.62	258.88	percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	First Health	First Health		190.75	0.7			25.62	258.88	percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	First Trenton	First Trenton		245.25	0.9			25.62	258.88	percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Horizon	Indemnity		56.18	1.827			25.62	258.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Horizon	Medicare Blue		30.75	1			25.62	258.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Horizon	NJ Health		27.16				25.62	258.88	case rate	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Horizon	MGD		56.18	1.827			25.62	258.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Horizon	PPO		56.18	1.827			25.62	258.88	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Managed Care Inc	Managed Care Inc		245.25	0.9			25.62	258.88	percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Multiplan	Multiplan		218	0.8			25.62	258.88	percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Qualcare	Qualcare		204.38	0.75			25.62	258.88	percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Three Rivers	Three Rivers		258.88	0.95			25.62	258.88	percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	UHC	Medicaid		85.73	0.3146			25.62	258.88	percent of total billed charges	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	UHC	Medicare		25.62				25.62	258.88	case rate	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Wellcare	Medicare		25.62				25.62	258.88	case rate	
BEVACIZUMAB-AWWB (MVASI) 10 MG INJ	Q5107	HCPCS	outpatient			272.5	29.46	Wellcare	Medicaid		85.73	0.3146			25.62	258.88	percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	outpatient			1398	140.92	Aetna	Better Health		439.81	0.3146			122.54	1328.1	percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	outpatient			1398	140.92	Aetna	Commercial		234.17	1.592			122.54	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	outpatient			1398	140.92	Aetna	Medicare		122.54				122.54	1328.1	case rate	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	outpatient			1398	140.92	Americare	Americare		1048.5	0.75			122.54	1328.1	percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	outpatient			1398	140.92	WellPoint	WellPoint		448.48	0.3208			122.54	1328.1	percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	outpatient			1398	140.92	Amerihealth	Medicare		122.54				122.54	1328.1	case rate	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	outpatient			1398	140.92	Consumer	Consumer		1328.1	0.95			122.54	1328.1	percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	outpatient			1398	140.92	Corrections	Corrections		1118.4	0.8			122.54	1328.1	percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	outpatient			1398	140.92	First Health	First Health		978.6	0.7			122.54	1328.1	percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	outpatient			1398	140.92	First Trenton	First Trenton		1258.2	0.9			122.54	1328.1	percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	outpatient			1398	140.92	Horizon	Indemnity		268.73	1.827			122.54	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	outpatient			1398	140.92	Horizon	Medicare Blue		147.09	1			122.54	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	outpatient			1398	140.92	Horizon	PPO		268.73	1.827			122.54	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	outpatient			1398	140.92	Horizon	MGD		268.73	1.827			122.54	1328.1	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	outpatient			1398	140.92	Horizon	NJ Health		129.89				122.54	1328.1	case rate	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	outpatient			1398	140.92	Managed Care Inc	Managed Care Inc		1258.2	0.9			122.54	1328.1	percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	outpatient			1398	140.92	Multiplan	Multiplan		1118.4	0.8			122.54	1328.1	percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	outpatient			1398	140.92	Qualcare	Qualcare		1048.5	0.75			122.54	1328.1	percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	outpatient			1398	140.92	Three Rivers	Three Rivers		1328.1	0.95			122.54	1328.1	percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	outpatient			1398	140.92	UHC	Medicaid		439.81	0.3146			122.54	1328.1	percent of total billed charges	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	outpatient			1398	140.92	UHC	Medicare		122.54				122.54	1328.1	case rate	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	outpatient			1398	140.92	Wellcare	Medicare		122.54				122.54	1328.1	case rate	
PEGFILGRASTIM-JMDB(FULPHILA) 0.5MG INJ	Q5108	HCPCS	outpatient			1398	140.92	Wellcare	Medicaid		439.81	0.3146			122.54	1328.1	percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	outpatient			341	41.28	Aetna	Better Health		107.28	0.3146			35.89	323.95	percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	outpatient			341	41.28	Aetna	Medicare		35.89				35.89	323.95	case rate	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	outpatient			341	41.28	Aetna	Commercial		68.58	1.592			35.89	323.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	outpatient			341	41.28	Americare	Americare		255.75	0.75			35.89	323.95	percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	outpatient			341	41.28	WellPoint	WellPoint		109.39	0.3208			35.89	323.95	percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	outpatient			341	41.28	Amerihealth	Medicare		35.89				35.89	323.95	case rate	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	outpatient			341	41.28	Consumer	Consumer		323.95	0.95			35.89	323.95	percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	outpatient			341	41.28	Corrections	Corrections		272.8	0.8			35.89	323.95	percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	outpatient			341	41.28	First Health	First Health		238.7	0.7			35.89	323.95	percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	outpatient			341	41.28	First Trenton	First Trenton		306.9	0.9			35.89	323.95	percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	outpatient			341	41.28	Horizon	MGD		78.71	1.827			35.89	323.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	outpatient			341	41.28	Horizon	Medicare Blue		43.08	1			35.89	323.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	outpatient			341	41.28	Horizon	PPO		78.71	1.827			35.89	323.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	outpatient			341	41.28	Horizon	Indemnity		78.71	1.827			35.89	323.95	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	outpatient			341	41.28	Horizon	NJ Health		38.05				35.89	323.95	case rate	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	outpatient			341	41.28	Managed Care Inc	Managed Care Inc		306.9	0.9			35.89	323.95	percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	outpatient			341	41.28	Multiplan	Multiplan		272.8	0.8			35.89	323.95	percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	outpatient			341	41.28	Qualcare	Qualcare		255.75	0.75			35.89	323.95	percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	outpatient			341	41.28	Three Rivers	Three Rivers		323.95	0.95			35.89	323.95	percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	outpatient			341	41.28	UHC	Medicare		35.89				35.89	323.95	case rate	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	outpatient			341	41.28	UHC	Medicaid		107.28	0.3146			35.89	323.95	percent of total billed charges	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	outpatient			341	41.28	Wellcare	Medicare		35.89				35.89	323.95	case rate	
RITUXIMAB-ABBS(TRUXIMA) 10MG INJ	Q5115	HCPCS	outpatient			341	41.28	Wellcare	Medicaid		107.28	0.3146			35.89	323.95	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	outpatient			354.5	15.47	Aetna	Better Health		111.53	0.3146			13.45	336.78	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	outpatient			354.5	15.47	Aetna	Commercial		25.69	1.592			13.45	336.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	outpatient			354.5	15.47	Aetna	Medicare		13.45				13.45	336.78	case rate	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	outpatient			354.5	15.47	Americare	Americare		265.88	0.75			13.45	336.78	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	outpatient			354.5	15.47	WellPoint	WellPoint		113.72	0.3208			13.45	336.78	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	outpatient			354.5	15.47	Amerihealth	Medicare		13.45				13.45	336.78	case rate	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	outpatient			354.5	15.47	Consumer	Consumer		336.78	0.95			13.45	336.78	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	outpatient			354.5	15.47	Corrections	Corrections		283.6	0.8			13.45	336.78	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	outpatient			354.5	15.47	First Health	First Health		248.15	0.7			13.45	336.78	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	outpatient			354.5	15.47	First Trenton	First Trenton		319.05	0.9			13.45	336.78	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	outpatient			354.5	15.47	Horizon	MGD		29.49	1.827			13.45	336.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	outpatient			354.5	15.47	Horizon	Indemnity		29.49	1.827			13.45	336.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	outpatient			354.5	15.47	Horizon	NJ Health		14.26				13.45	336.78	case rate	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	outpatient			354.5	15.47	Horizon	PPO		29.49	1.827			13.45	336.78	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	outpatient			354.5	15.47	Horizon	Medicare Blue		16.14	1

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	outpatient			354.5	15.47	Three Rivers	Three Rivers		336.78	0.95			13.45	336.78	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	outpatient			354.5	15.47	UHC	Medicare		13.45				13.45	336.78	case rate	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	outpatient			354.5	15.47	UHC	Medicaid		111.53	0.3146			13.45	336.78	percent of total billed charges	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	outpatient			354.5	15.47	Wellcare	Medicare		13.45				13.45	336.78	case rate	
TRASTUZUMAB-ANNS(KANJINTI) 10MG INJ	Q5117	HCPCS	outpatient			354.5	15.47	Wellcare	Medicaid		111.53	0.3146			13.45	336.78	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Aetna	Better Health		90.76	0.3146			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Aetna	Medicare		20.45				20.45	274.08	case rate	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Aetna	Commercial		39.08	1.592			20.45	274.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Americare	Americare		216.38	0.75			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	WellPoint	WellPoint		92.55	0.3208			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Amerihealth	Medicare		20.45				20.45	274.08	case rate	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Consumer	Consumer		274.08	0.95			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Corrections	Corrections		230.8	0.8			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	First Health	First Health		201.95	0.7			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	First Trenton	First Trenton		259.65	0.9			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Horizon	MGD		44.85	1.827			20.45	274.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Horizon	Medicare Blue		24.55	1			20.45	274.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Horizon	Indemnity		44.85	1.827			20.45	274.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Horizon	PPO		44.85	1.827			20.45	274.08	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Horizon	NJ Health		21.67				20.45	274.08	case rate	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Managed Care Inc	Managed Care Inc		259.65	0.9			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Multiplan	Multiplan		230.8	0.8			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Qualcare	Qualcare		216.38	0.75			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Three Rivers	Three Rivers		274.08	0.95			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	UHC	Medicaid		90.76	0.3146			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	UHC	Medicare		20.45				20.45	274.08	case rate	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Wellcare	Medicaid		90.76	0.3146			20.45	274.08	percent of total billed charges	
RITUXIMAB-PVVR(RUXIENCE) 10MG INJ	Q5119	HCPCS	outpatient			288.5	23.51	Wellcare	Medicare		20.45				20.45	274.08	case rate	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	outpatient			202	29.39	Aetna	Better Health		63.55	0.3146			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	outpatient			202	29.39	Aetna	Commercial		48.84	1.592			25.56	191.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	outpatient			202	29.39	Aetna	Medicare		25.56				25.56	191.9	case rate	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	outpatient			202	29.39	Americare	Americare		151.5	0.75			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	outpatient			202	29.39	WellPoint	WellPoint		64.8	0.3208			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	outpatient			202	29.39	Amerihealth	Medicare		25.56				25.56	191.9	case rate	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	outpatient			202	29.39	Consumer	Consumer		191.9	0.95			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	outpatient			202	29.39	Corrections	Corrections		161.6	0.8			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	outpatient			202	29.39	First Health	First Health		141.4	0.7			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	outpatient			202	29.39	First Trenton	First Trenton		181.8	0.9			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	outpatient			202	29.39	Horizon	Medicare Blue		30.68	1			25.56	191.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	outpatient			202	29.39	Horizon	PPO		56.05	1.827			25.56	191.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	outpatient			202	29.39	Horizon	MGD		56.05	1.827			25.56	191.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	outpatient			202	29.39	Horizon	Indemnity		56.05	1.827			25.56	191.9	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	outpatient			202	29.39	Horizon	NJ Health		27.09				25.56	191.9	case rate	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	outpatient			202	29.39	Managed Care Inc	Managed Care Inc		181.8	0.9			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	outpatient			202	29.39	Multiplan	Multiplan		161.6	0.8			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	outpatient			202	29.39	Qualcare	Qualcare		151.5	0.75			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	outpatient			202	29.39	Three Rivers	Three Rivers		191.9	0.95			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	outpatient			202	29.39	UHC	Medicare		25.56				25.56	191.9	case rate	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	outpatient			202	29.39	UHC	Medicaid		63.55	0.3146			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	outpatient			202	29.39	Wellcare	Medicaid		63.55	0.3146			25.56	191.9	percent of total billed charges	
INFLIXIMAB-AXXQ (AVSOLA) 10MG INJ	Q5121	HCPCS	outpatient			202	29.39	Wellcare	Medicare		25.56				25.56	191.9	case rate	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Aetna	Commercial		518.32	0.38			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Aetna	Medicare		42.16				42.16	1295.8	case rate	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Aetna	Better Health		429.11	0.3146			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Americare	Americare		1023	0.75			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	WellPoint	WellPoint		437.57	0.3208			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Amerihealth	Medicare		42.16				42.16	1295.8	case rate	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Consumer	Consumer		1295.8	0.95			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Corrections	Corrections		1091.2	0.8			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	First Health	First Health		954.8	0.7			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	First Trenton	First Trenton		1227.6	0.9			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Horizon	MGD		522.14	0.3828			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Horizon	Indemnity		522.14	0.3828			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Horizon	PPO		522.14	0.3828			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Horizon	Medicare Blue		409.2	0.3			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Managed Care Inc	Managed Care Inc		1227.6	0.9			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Multiplan	Multiplan		1091.2	0.8			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Qualcare	Qualcare		1023	0.75			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Three Rivers	Three Rivers		1295.8	0.95			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	UHC	Medicaid		429.11	0.3146			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	UHC	Medicare		42.16				42.16	1295.8	case rate	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Wellcare	Medicaid		429.11	0.3146			42.16	1295.8	percent of total billed charges	
CONTRAST OPTISON SUPPLY	Q9956	HCPCS	outpatient			1364	48.48	Wellcare	Medicare		42.16				42.16	1295.8	case rate	
PERFUTREN LIPID MICRO	Q9957	HCPCS	both				48.48	Aetna	Medicare		42.16				42.16	42.16	case rate	
PERFUTREN LIPID MICRO	Q9957	HCPCS	both				48.48	Amerihealth	Medicare		42.16				42.16	42.16	case rate	
PERFUTREN LIPID MICRO	Q9957	HCPCS	both				48.48	UHC	Medicare		42.16				42.16	42.16	case rate	
PERFUTREN LIPID MICRO	Q9957	HCPCS	both				48.48	Wellcare	Medicare		42.16				42.16	42.16	case rate	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Aetna	Medicare		0.21				0.21	1.9	case rate	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Aetna	Commercial		0.76	0.38			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Aetna	Better Health		0.63	0.3146			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Americare	Americare		1.5	0.75			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	WellPoint	WellPoint		0.64	0.3208			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Amerihealth	Medicare		0.21				0.21	1.9	case rate	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Consumer	Consumer		1.9	0.95			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Corrections	Corrections		1.6	0.8			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	First Health	First Health		1.4	0.7			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	First Trenton	First Trenton		1.8	0.9			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Horizon	Indemnity		0.77	0.3828			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Horizon	Medicare Blue		0.6	0.3			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Horizon	MGD		0.77	0.3828			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Horizon	PPO		0.77	0.3828			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Horizon	NJ Health		0.22				0.21	1.9	case rate	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Managed Care Inc	Managed Care Inc		1.8	0.9			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Multiplan	Multiplan		1.6	0.8			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Qualcare	Qualcare		1.5	0.75			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Three Rivers	Three Rivers		1.9	0.95			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	UHC	Medicare		0.21				0.21	1.9	case rate	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	UHC	Medicaid		0.63	0.3146			0.21	1.9	percent of total billed charges	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Wellcare	Medicare		0.21				0.21	1.9	case rate	
DIATRIZOATE(GASTROGRAFIN) ORAL 1 ML	Q9963	HCPCS	outpatient			2	0.24	Wellcare	Medicaid		0.63	0.3146			0.21	1.9	percent of total billed charges	
OMNIPAQUE INJECTION OUTPT	Q9966	HCPCS	both			0.01	0.43	Aetna	Medicare		0.37				0.01	0.37	case rate	
OMNIPAQUE INJECTION OUTPT	Q9966	HCPCS	both			0.01	0.43	Americare	Americare		0.01	0.75			0.01	0.37	percent of total billed charges	
OMNIPAQUE INJECTION OUTPT	Q9966	HCPCS	both			0.01	0.43	Amerihealth	Medicare		0.37				0.01	0.37	case rate	
OMNIPAQUE INJECTION OUTPT	Q9966	HCPCS	both			0.01	0.43	Consumer	Consumer		0.01	0.95			0.01	0.37	percent of total billed charges	
OMNIPAQUE INJECTION OUTPT	Q9966	HCPCS	both			0.01	0.43	Corrections	Corrections		0.01	0.8			0.01	0.37	percent of total billed charges	
OMNIPAQUE INJECTION OUTPT	Q9966	HCPCS	both			0.01	0.43	First Health	First Health		0.01	0.7			0.01	0.37	percent of total billed charges	
OMNIPAQUE INJECTION OUTPT	Q9966	HCPCS	both			0.01	0.43	First Trenton	First Trenton		0.01	0.9			0.01	0.37	percent of total billed charges	
OMNIPAQUE INJECTION OUTPT	Q9966	HCPCS	both			0.01	0.43	Managed Care Inc	Managed Care Inc		0.01	0.9			0.01	0.37	percent of total billed charges	
OMNIPAQUE INJECTION OUTPT	Q9966	HCPCS	both			0.01	0.43	Multiplan	Multiplan		0.01	0.8			0.01	0.37	percent of total billed charges	
OMNIPAQUE INJECTION OUTPT	Q9966	HCPCS	both			0.01	0.43	Qualcare	Qualcare		0.01	0.75			0.01	0.37	percent of total billed charges	
OMNIPAQUE INJECTION OUTPT	Q9966	HCPCS	both			0.01	0.43	Three Rivers	Three Rivers		0.01	0.95			0.01	0.37	percent of total billed charges	
OMNIPAQUE INJECTION OUTPT	Q9966	HCPCS	both			0.01	0.43	UHC	Medicare		0.37				0.01	0.37	case rate	
OMNIPAQUE INJECTION OUTPT	Q9966	HCPCS	both			0.01	0.43	Wellcare	Medicare		0.37				0.01	0.37	case rate	
VISIPAQUE PER 1ML	Q9967	HCPCS	both			33	0.14	Aetna	Medicare		0.12				0.12	31.35	case rate	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Aetna	Better Health		10.38	0.3146			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Aetna	Commercial		12.54	0.38			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Americare	Americare		24.75	0.75			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	WellPoint	WellPoint		10.59	0.3208			0.12	31.35	percent of total billed charges	
VISIPAQUE PER 1ML	Q9967	HCPCS	both			33	0.14	Amerihealth	Medicare		0.12				0.12	31.35	case rate	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Consumer	Consumer		31.35	0.95			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Corrections	Corrections		26.4	0.8			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	First Health	First Health		23.1	0.7			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	First Trenton	First Trenton		29.7	0.9			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Horizon	Medicare Blue		9.9	0.3			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Horizon	Indemnity		12.63	0.3828			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Horizon	MGD		12.63	0.3828			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Horizon	PPO		12.63	0.3828			0.12	31.35	percent of total billed charges	
VISIPAQUE INJECTION	Q9967	HCPCS	both				0.14	Horizon	NJ Health		0.13				0.12	31.35	case rate	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Managed Care Inc	Managed Care Inc		29.7	0.9			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Multiplan	Multiplan		26.4	0.8			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Qualcare	Qualcare		24.75	0.75			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	Three Rivers	Three Rivers		31.35	0.95			0.12	31.35	percent of total billed charges	
VISIPAQUE PER 1ML	Q9967	HCPCS	both			33	0.14	UHC	Medicaid		10.38	0.3146			0.12	31.35	percent of total billed charges	
OPTIRAY PER 1ML	Q9967	HCPCS	both			33	0.14	UHC	Medicare		0.12				0.12	31.35	case rate	
VISIPAQUE PER 1ML	Q9967	HCPCS	both			33	0.14	Wellcare	Medicaid		10.38	0.3146			0.12	31.35	percent of total billed charges	
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.97	Aetna	Commercial		15.19	1.592			9.54	55.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.97	Aetna	Better Health		18.4	0.3146			9.54	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.97	Aetna	Medicare		9.54	1			9.54	55.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.97	Americare	Americare		43.88	0.75			9.54	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.97	WellPoint	WellPoint		18.77	0.3208			9.54	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.97	Amerihealth	Medicare		9.54	1			9.54	55.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISOSULFAN BLUE 1 MG	Q9968	HCPCS	both			58.5	10.97	Consumer	Consumer		55.58	0.95			9.54	55.58	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ISOSULFAN BLUE 1 MG	G9968	HCPCS	both			58.5	10.97	Corrections	Corrections		46.8	0.8			9.54	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	G9968	HCPCS	both			58.5	10.97	First Health	First Health		40.95	0.7			9.54	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	G9968	HCPCS	both			58.5	10.97	First Trenton	First Trenton		52.65	0.9			9.54	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	G9968	HCPCS	both			58.5	10.97	Horizon	PPO		17.43	1.827			9.54	55.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISOSULFAN BLUE 1 MG	G9968	HCPCS	both			58.5	10.97	Horizon	Indemnity		17.43	1.827			9.54	55.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISOSULFAN BLUE 1 MG	G9968	HCPCS	both			58.5	10.97	Horizon	MCD		17.43	1.827			9.54	55.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISOSULFAN BLUE 1 MG	G9968	HCPCS	both			58.5	10.97	Horizon	Medicare Blue		9.54	1			9.54	55.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISOSULFAN BLUE 1 MG	G9968	HCPCS	both			58.5	10.97	Horizon	NJ Health		48.56	0.83			9.54	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	G9968	HCPCS	both			58.5	10.97	Managed Care Inc	Managed Care Inc		52.65	0.9			9.54	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	G9968	HCPCS	both			58.5	10.97	Multiplan	Multiplan		46.8	0.8			9.54	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	G9968	HCPCS	both			58.5	10.97	Qualcare	Qualcare		43.88	0.75			9.54	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	G9968	HCPCS	both			58.5	10.97	Three Rivers	Three Rivers		55.58	0.95			9.54	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	G9968	HCPCS	both			58.5	10.97	UHC	Medicare		9.54	1			9.54	55.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISOSULFAN BLUE 1 MG	G9968	HCPCS	both			58.5	10.97	UHC	Medicaid		18.4	0.3146			9.54	55.58	percent of total billed charges	
ISOSULFAN BLUE 1 MG	G9968	HCPCS	both			58.5	10.97	Wellcare	Medicare		9.54	1			9.54	55.58	other	Payer-specific negotiated charge calculated as a percent of the Medicare value
ISOSULFAN BLUE 1 MG	G9968	HCPCS	both			58.5	10.97	Wellcare	Medicaid		18.4	0.3146			9.54	55.58	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Aetna	Better Health		22713.81	0.3146			21659.7	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Aetna	Medicare		22237.29	0.308			21659.7	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Aetna	Commercial		27435.62	0.38			21659.7	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Americare	Americare		54149.25	0.75			21659.7	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		WellPoint	WellPoint		23161.44	0.3208			21659.7	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Consumer	Consumer		68589.05	0.95			21659.7	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Corrections	Corrections		57759.2	0.8			21659.7	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		First Health	First Health		50539.3	0.7			21659.7	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		First Trenton	First Trenton		64979.1	0.9			21659.7	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Horizon	Medicare Blue		21659.7	0.3			21659.7	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Horizon	MCD		27637.78	0.3828			21659.7	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Horizon	Indemnity		27637.78	0.3828			21659.7	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Horizon	PPO		27637.78	0.3828			21659.7	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Managed Care Inc	Managed Care Inc		64979.1	0.9			21659.7	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Multiplan	Multiplan		57759.2	0.8			21659.7	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Qualcare	Qualcare		54149.25	0.75			21659.7	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Three Rivers	Three Rivers		68589.05	0.95			21659.7	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		UHC	Medicaid		22713.81	0.3146			21659.7	68589.05	percent of total billed charges	
Y90 THERASPHERE (S2095)	S2095	HCPCS	outpatient			72199		Wellcare	Medicaid		22713.81	0.3146			21659.7	68589.05	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Aetna	Medicare		9.24	0.308			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Aetna	Commercial		11.4	0.38			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Aetna	Better Health		9.44	0.3146			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Americare	Americare		22.5	0.75			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		WellPoint	WellPoint		9.62	0.3208			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Consumer	Consumer		28.5	0.95			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Corrections	Corrections		24	0.8			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		First Health	First Health		21	0.7			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		First Trenton	First Trenton		27	0.9			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Horizon	MCD		11.48	0.3828			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Horizon	Indemnity		11.48	0.3828			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Horizon	PPO		11.48	0.3828			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Horizon	Medicare Blue		9	0.3			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Managed Care Inc	Managed Care Inc		27	0.9			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Multiplan	Multiplan		24	0.8			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Qualcare	Qualcare		22.5	0.75			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Three Rivers	Three Rivers		28.5	0.95			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		UHC	Medicaid		9.44	0.3146			9	28.5	percent of total billed charges	
GLOVE MEDIUM NITRILE	S8425	HCPCS	both			30		Wellcare	Medicaid		9.44	0.3146			9	28.5	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Aetna	Medicare		51.31				35.1	151.05	case rate	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Aetna	Better Health		50.02	0.3146			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Aetna	Commercial		60.42	0.38			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Americare	Americare		119.25	0.75			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	WellPoint	WellPoint		51.01	0.3208			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Amerihealth	Medicare		51.31				35.1	151.05	case rate	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Consumer	Consumer		151.05	0.95			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Corrections	Corrections		127.2	0.8			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	First Health	First Health		111.3	0.7			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	First Trenton	First Trenton		143.1	0.9			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Horizon	MGD		60.87	0.3828			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Horizon	Indemnity		60.87	0.3828			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Horizon	Medicare Blue		47.7	0.3			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Horizon	PPO		60.87	0.3828			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Managed Care Inc	Managed Care Inc		143.1	0.9			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Multiplan	Multiplan		127.2	0.8			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Qualcare	Qualcare		119.25	0.75			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Three Rivers	Three Rivers		151.05	0.95			35.1	151.05	percent of total billed charges	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	UHC	Medicaid		51.31				35.1	151.05	case rate	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	UHC	Medicare		51.31				35.1	151.05	case rate	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Wellcare	Medicare		51.31				35.1	151.05	case rate	
SARS-COV-2 RNA(SALIVA)	U0002	HCPCS	both			159	59.01	Wellcare	Medicaid		51.31				35.1	151.05	case rate	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Aetna	Medicare		69.3	0.308			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Aetna	Better Health		70.79	0.3146			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Aetna	Commercial		85.5	0.38			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Americare	Americare		168.75	0.75			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		WellPoint	WellPoint		72.18	0.3208			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Consumer	Consumer		213.75	0.95			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Corrections	Corrections		180	0.8			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		First Health	First Health		157.5	0.7			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		First Trenton	First Trenton		202.5	0.9			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Horizon	Medicare Blue		67.5	0.3			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Horizon	Indemnity		86.13	0.3828			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Horizon	MCD		86.13	0.3828			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Horizon	PPO		86.13	0.3828			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Managed Care Inc	Managed Care Inc		202.5	0.9			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Multiplan	Multiplan		180	0.8			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Qualcare	Qualcare		168.75	0.75			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Three Rivers	Three Rivers		213.75	0.95			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		UHC	Medicaid		70.79	0.3146			67.5	213.75	percent of total billed charges	
COVID-19 NAA SALIVA	U0003	HCPCS	outpatient			225		Wellcare	Medicaid		70.79	0.3146			67.5	213.75	percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	both			415.5		Aetna	Better Health		130.72	0.3146			81	394.73	percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	both			415.5		Aetna	Commercial		157.89	0.38			81	394.73	percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	both			415.5		Aetna	Medicare		127.97	0.308			81	394.73	percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	both			415.5		Americare	Americare		311.63	0.75			81	394.73	percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	both			415.5		WellPoint	WellPoint		133.29	0.3208			81	394.73	percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	both			415.5		Amerihealth	Medicare		137.12	0.33			81	394.73	percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	both			415.5		Consumer	Consumer		394.73	0.95			81	394.73	percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	both			415.5		Corrections	Corrections		332.4	0.8			81	394.73	percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	both			415.5		First Health	First Health		290.85	0.7			81	394.73	percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	both			415.5		First Trenton	First Trenton		373.95	0.9			81	394.73	percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	both			415.5		Horizon	MGD		159.05	0.3828			81	394.73	percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	both			415.5		Horizon	Indemnity		159.05	0.3828			81	394.73	percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	both			415.5		Horizon	Medicare Blue		124.65	0.3			81	394.73	percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	both			415.5		Horizon	PPO		159.05	0.3828			81	394.73	percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	both			415.5		Managed Care Inc	Managed Care Inc		373.95	0.9			81	394.73	percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	both			415.5		Multiplan	Multiplan		332.4	0.8			81	394.73	percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	both			415.5		Qualcare	Qualcare		311.63	0.75			81	394.73	percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	both			415.5		Three Rivers	Three Rivers		394.73	0.95			81	394.73	percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	both			415.5		UHC	Medicaid		130.72	0.3146			81	394.73	percent of total billed charges	
SCREW CANC SPER REFL 6.5X50MM	V1713	HCPCS	both			415.5		Wellcare	Medicaid		130.72	0.3146			81	394.73	percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750	160.45	Aetna	Commercial		285	0.38			139.52	712.5	percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750	160.45	Aetna	Better Health		235.95	0.3146			139.52	712.5	percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750	160.45	Aetna	Medicare		139.52				139.52	712.5	case rate	
INTRA OCULAR	V2630	HCPCS	outpatient			750	160.45	Americare	Americare		562.5	0.75			139.52	712.5	percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750	160.45	WellPoint	WellPoint		240.6	0.3208			139.52	712.5	percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750	160.45	Amerihealth	Medicare		247.5	0.33			139.52	712.5	percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750	160.45	Consumer	Consumer		712.5	0.95			139.52	712.5	percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750	160.45	Corrections	Corrections		600	0.8			139.52	712.5	percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750	160.45	First Health	First Health		525	0.7			139.52	712.5	percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750	160.45	First Trenton	First Trenton		675	0.9			139.52	712.5	percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750	160.45	Horizon	Indemnity		287.1	0.3828			139.52	712.5	percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750	160.45	Horizon	MGD		287.1	0.3828			139.52	712.5	percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750	160.45	Horizon	Medicare Blue		225	0.3			139.52	712.5	percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750	160.45	Horizon	NJ Health		300	0.4			139.52	712.5	percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750	160.45	Horizon	PPO		287.1	0.3828			139.52	712.5	percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750	160.45	Managed Care Inc	Managed Care Inc		675	0.9			139.52	712.5	percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750	160.45	Multiplan	Multiplan		600	0.8			139.52	712.5	percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750	160.45	Qualcare	Qualcare		300	0.4			139.52	712.5	percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750	160.45	Three Rivers	Three Rivers		712.5	0.95			139.52	712.5	percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750	160.45	UHC	Medicaid		235.95	0.3146			139.52	712.5	percent of total billed charges	
INTRA OCULAR	V2630	HCPCS	outpatient			750	160.45	UHC	Medicare		139.52				139.52	712.5	case rate	
INTRA OCULAR	V2630	HCPCS	outpatient			750	160.45	Wellcare	Medicare		139.52				139.52	712.5	case rate	
INTRA OCULAR	V2630	HCPCS	outpatient			750	160.45	Wellcare	Medicaid		235.95	0.3146			139.52	712.5	percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615	160.45	Aetna	Medicare		139.52				34.65	3434.25	case rate	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615	160.45	Aetna	Better Health		1137.28	0.3146			34.65	3434.25	percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615	160.45	Aetna	Commercial		1373.7	0.38			34.65	3434.25	percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615	160.45	Americare	Americare		2711.25	0.75			34.65	3434.25	percent of total billed charges	
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615	160.45	WellPoint	WellPoint		1159.69	0.3208			34.65	3434.25	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes			
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615	160.45	Amerihealth	Medicare		1192.95	0.33			34.65	3434.25	percent of total billed charges					
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615	160.45	Consumer	Consumer		3434.25	0.95			34.65	3434.25	percent of total billed charges					
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615	160.45	Corrections	Corrections		2892	0.8			34.65	3434.25	percent of total billed charges					
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615	160.45	First Health	First Health		2530.5	0.7			34.65	3434.25	percent of total billed charges					
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615	160.45	First Trenton	First Trenton		3253.5	0.9			34.65	3434.25	percent of total billed charges					
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615	160.45	Horizon	MGD		1383.82	0.3828			34.65	3434.25	percent of total billed charges					
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615	160.45	Horizon	Medicare Blue		1084.5	0.3			34.65	3434.25	percent of total billed charges					
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615	160.45	Horizon	NJ Health		1446	0.4			34.65	3434.25	percent of total billed charges					
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615	160.45	Horizon	Indemnity		1383.82	0.3828			34.65	3434.25	percent of total billed charges					
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615	160.45	Horizon	PPO		1383.82	0.3828			34.65	3434.25	percent of total billed charges					
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615	160.45	Managed Care Inc	Managed Care Inc		3253.5	0.9			34.65	3434.25	percent of total billed charges					
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615	160.45	Multiplan	Multiplan		2892	0.8			34.65	3434.25	percent of total billed charges					
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615	160.45	Qualcare	Qualcare		1446	0.4			34.65	3434.25	percent of total billed charges					
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615	160.45	Three Rivers	Three Rivers		3434.25	0.95			34.65	3434.25	percent of total billed charges					
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615	160.45	UHC	Medicaid		1137.28	0.3146			34.65	3434.25	percent of total billed charges					
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615	160.45	UHC	Medicare		139.52				34.65	3434.25	case rate					
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615	160.45	Wellcare	Medicare		139.52				34.65	3434.25	case rate					
TECNIS TORIC +27 OD SE 3.00D	V2632	HCPCS	both			3615	160.45	Wellcare	Medicaid		1137.28	0.3146			34.65	3434.25	percent of total billed charges					
PRESS-ON FRESNEL PRISM EA	V2718	HCPCS	outpatient			108	38.49	Aetna	Better Health		33.98	0.3146			32.4	102.6	percent of total billed charges					
PRESS-ON FRESNEL PRISM EA	V2718	HCPCS	outpatient			108	38.49	Aetna	Medicare		33.47				32.4	102.6	case rate					
PRESS-ON FRESNEL PRISM EA	V2718	HCPCS	outpatient			108	38.49	Aetna	Commercial		41.04	0.38			32.4	102.6	percent of total billed charges					
PRESS-ON FRESNEL PRISM EA	V2718	HCPCS	outpatient			108	38.49	Americare	Americare		81	0.75			32.4	102.6	percent of total billed charges					
PRESS-ON FRESNEL PRISM EA	V2718	HCPCS	outpatient			108	38.49	WellPoint	WellPoint		34.65	0.3208			32.4	102.6	percent of total billed charges					
PRESS-ON FRESNEL PRISM EA	V2718	HCPCS	outpatient			108	38.49	Amerihealth	Medicare		35.64	0.33			32.4	102.6	percent of total billed charges					
PRESS-ON FRESNEL PRISM EA	V2718	HCPCS	outpatient			108	38.49	Consumer	Consumer		102.6	0.95			32.4	102.6	percent of total billed charges					
PRESS-ON FRESNEL PRISM EA	V2718	HCPCS	outpatient			108	38.49	Corrections	Corrections		86.4	0.8			32.4	102.6	percent of total billed charges					
PRESS-ON FRESNEL PRISM EA	V2718	HCPCS	outpatient			108	38.49	First Health	First Health		75.6	0.7			32.4	102.6	percent of total billed charges					
PRESS-ON FRESNEL PRISM EA	V2718	HCPCS	outpatient			108	38.49	First Trenton	First Trenton		97.2	0.9			32.4	102.6	percent of total billed charges					
PRESS-ON FRESNEL PRISM EA	V2718	HCPCS	outpatient			108	38.49	Horizon	MGD		41.34	0.3828			32.4	102.6	percent of total billed charges					
PRESS-ON FRESNEL PRISM EA	V2718	HCPCS	outpatient			108	38.49	Horizon	Indemnity		41.34	0.3828			32.4	102.6	percent of total billed charges					
PRESS-ON FRESNEL PRISM EA	V2718	HCPCS	outpatient			108	38.49	Horizon	PPO		41.34	0.3828			32.4	102.6	percent of total billed charges					
PRESS-ON FRESNEL PRISM EA	V2718	HCPCS	outpatient			108	38.49	Horizon	Medicare Blue		32.4	0.3			32.4	102.6	percent of total billed charges					
PRESS-ON FRESNEL PRISM EA	V2718	HCPCS	outpatient			108	38.49	Managed Care Inc	Managed Care Inc		97.2	0.9			32.4	102.6	percent of total billed charges					
PRESS-ON FRESNEL PRISM EA	V2718	HCPCS	outpatient			108	38.49	Multiplan	Multiplan		86.4	0.8			32.4	102.6	percent of total billed charges					
PRESS-ON FRESNEL PRISM EA	V2718	HCPCS	outpatient			108	38.49	Qualcare	Qualcare		81	0.75			32.4	102.6	percent of total billed charges					
PRESS-ON FRESNEL PRISM EA	V2718	HCPCS	outpatient			108	38.49	Three Rivers	Three Rivers		102.6	0.95			32.4	102.6	percent of total billed charges					
PRESS-ON FRESNEL PRISM EA	V2718	HCPCS	outpatient			108	38.49	UHC	Medicaid		33.98	0.3146			32.4	102.6	percent of total billed charges					
PRESS-ON FRESNEL PRISM EA	V2718	HCPCS	outpatient			108	38.49	UHC	Medicare		33.47				32.4	102.6	case rate					
PRESS-ON FRESNEL PRISM EA	V2718	HCPCS	outpatient			108	38.49	Wellcare	Medicaid		33.98	0.3146			32.4	102.6	percent of total billed charges					
PRESS-ON FRESNEL PRISM EA	V2718	HCPCS	outpatient			108	38.49	Wellcare	Medicare		33.47				32.4	102.6	case rate					
EVERST WH EYE MOIST CHMBR RT	V2785	HCPCS	outpatient			13524	Aetna	Better Health			4254.65	0.3146			337.5	12847.8	percent of total billed charges					
EVERST WH EYE MOIST CHMBR RT	V2785	HCPCS	outpatient			13524	Aetna	Commercial			5139.12	0.38			337.5	12847.8	percent of total billed charges					
EVERST WH EYE MOIST CHMBR RT	V2785	HCPCS	outpatient			13524	Aetna	Medicare			4165.39	0.308			337.5	12847.8	percent of total billed charges					
EVERST WH EYE MOIST CHMBR RT	V2785	HCPCS	outpatient			13524	Americare	Americare			10143	0.75			337.5	12847.8	percent of total billed charges					
EVERST WH EYE MOIST CHMBR RT	V2785	HCPCS	outpatient			13524	WellPoint	WellPoint			4338.5	0.3208			337.5	12847.8	percent of total billed charges					
EVERST WH EYE MOIST CHMBR RT	V2785	HCPCS	outpatient			13524	Amerihealth	Medicare			4462.92	0.33			337.5	12847.8	percent of total billed charges					
EVERST WH EYE MOIST CHMBR RT	V2785	HCPCS	outpatient			13524	Consumer	Consumer			12847.8	0.95			337.5	12847.8	percent of total billed charges					
EVERST WH EYE MOIST CHMBR RT	V2785	HCPCS	outpatient			13524	Corrections	Corrections			10819.2	0.8			337.5	12847.8	percent of total billed charges					
EVERST WH EYE MOIST CHMBR RT	V2785	HCPCS	outpatient			13524	First Health	First Health			9466.8	0.7			337.5	12847.8	percent of total billed charges					
EVERST WH EYE MOIST CHMBR RT	V2785	HCPCS	outpatient			13524	First Trenton	First Trenton			12171.6	0.9			337.5	12847.8	percent of total billed charges					
EVERST WH EYE MOIST CHMBR RT	V2785	HCPCS	outpatient			13524	Horizon	Medicare Blue			4057.2	0.3			337.5	12847.8	percent of total billed charges					
EVERST WH EYE MOIST CHMBR RT	V2785	HCPCS	outpatient			13524	Horizon	Indemnity			5176.99	0.3828			337.5	12847.8	percent of total billed charges					
EVERST WH EYE MOIST CHMBR RT	V2785	HCPCS	outpatient			13524	Horizon	MGD			5176.99	0.3828			337.5	12847.8	percent of total billed charges					
EVERST WH EYE MOIST CHMBR RT	V2785	HCPCS	outpatient			13524	Horizon	PPO			5176.99	0.3828			337.5	12847.8	percent of total billed charges					
EVERST WH EYE MOIST CHMBR RT	V2785	HCPCS	outpatient			13524	Managed Care Inc	Managed Care Inc			12171.6	0.9			337.5	12847.8	percent of total billed charges					
EVERST WH EYE MOIST CHMBR RT	V2785	HCPCS	outpatient			13524	Multiplan	Multiplan			10819.2	0.8			337.5	12847.8	percent of total billed charges					
EVERST WH EYE MOIST CHMBR RT	V2785	HCPCS	outpatient			13524	Qualcare	Qualcare			10143	0.75			337.5	12847.8	percent of total billed charges					
EVERST WH EYE MOIST CHMBR RT	V2785	HCPCS	outpatient			13524	Three Rivers	Three Rivers			12847.8	0.95			337.5	12847.8	percent of total billed charges					
EVERST WH EYE MOIST CHMBR RT	V2785	HCPCS	outpatient			13524	UHC	Medicaid			4254.65	0.3146			337.5	12847.8	percent of total billed charges					
EVERST WH EYE MOIST CHMBR RT	V2785	HCPCS	outpatient			13524	Wellcare	Medicaid			4254.65	0.3146			337.5	12847.8	percent of total billed charges					
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955	Aetna	Better Health			929.64	0.3146			405	2807.25	percent of total billed charges					
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955	Aetna	Commercial			1122.9	0.38			405	2807.25	percent of total billed charges					
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955	Aetna	Medicare			910.14	0.308			405	2807.25	percent of total billed charges					
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955	Americare	Americare			2216.25	0.75			405	2807.25	percent of total billed charges					
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955	WellPoint	WellPoint			947.96	0.3208			405	2807.25	percent of total billed charges					
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955	Amerihealth	Medicare			975.15	0.33			405	2807.25	percent of total billed charges					
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955	Consumer	Consumer			2807.25	0.95			405	2807.25	percent of total billed charges					
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955	Corrections	Corrections			2364	0.8			405	2807.25	percent of total billed charges					
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955	First Health	First Health			2068.5	0.7			405	2807.25	percent of total billed charges					
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955	First Trenton	First Trenton			2659.5	0.9			405	2807.25	percent of total billed charges					
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955	Horizon	MGD			1131.17	0.3828			405	2807.25	percent of total billed charges					
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955	Horizon	Indemnity			1131.17	0.3828			405	2807.25	percent of total billed charges					
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955	Horizon	NJ Health			1182	0.4			405	2807.25	percent of total billed charges					
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955	Horizon	Medicare Blue			886.5	0.3			405	2807.25	percent of total billed charges					
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955	Horizon	PPO			1131.17	0.3828			405	2807.25	percent of total billed charges					
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955	Managed Care Inc	Managed Care Inc			2659.5	0.9			405	2807.25	percent of total billed charges					
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955	Multiplan	Multiplan			2364	0.8			405	2807.25	percent of total billed charges					
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955	Qualcare	Qualcare			1182	0.4			405	2807.25	percent of total billed charges					
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955	Three Rivers	Three Rivers			2807.25	0.95			405	2807.25	percent of total billed charges					
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955	UHC	Medicaid			929.64	0.3146			405	2807.25	percent of total billed charges					
LENS TORIC ASPH IOL 19.0 OD	V2787	HCPCS	outpatient			2955	Wellcare	Medicaid			929.64	0.3146			405	2807.25	percent of total billed charges					
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955	Aetna	Better Health			929.64	0.3146			445.5	2807.25	percent of total billed charges					
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955	Aetna	Medicare			910.14	0.308			445.5	2807.25	percent of total billed charges					
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955	Aetna	Commercial			1122.9	0.38			445.5	2807.25	percent of total billed charges					
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955	Americare	Americare			2216.25	0.75			445.5	2807.25	percent of total billed charges					
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955	WellPoint	WellPoint			947.96	0.3208			445.5	2807.25	percent of total billed charges					
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955	Amerihealth	Medicare			975.15	0.33			445.5	2807.25	percent of total billed charges					
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955	Consumer	Consumer			2807.25	0.95			445.5	2807.25	percent of total billed charges					
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955	Corrections	Corrections			2364	0.8			445.5	2807.25	percent of total billed charges					
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955	First Health	First Health			2068.5	0.7			445.5	2807.25	percent of total billed charges					
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955	First Trenton	First Trenton			2659.5	0.9			445.5	2807.25	percent of total billed charges					
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955	Horizon	MGD			1131.17	0.3828			445.5	2807.25	percent of total billed charges					
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955	Horizon	Medicare Blue			886.5	0.3			445.5	2807.25	percent of total billed charges					
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955	Horizon	NJ Health			1182	0.4			445.5	2807.25	percent of total billed charges					
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955	Horizon	Indemnity			1131.17	0.3828			445.5	2807.25	percent of total billed charges					
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955	Horizon	PPO			1131.17	0.3828			445.5	2807.25	percent of total billed charges					
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955	Managed Care Inc	Managed Care Inc			2659.5	0.9			445.5	2807.25	percent of total billed charges					
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955	Multiplan	Multiplan			2364	0.8			445.5	2807.25	percent of total billed charges					
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955	Qualcare	Qualcare			1182	0.4			445.5	2807.25	percent of total billed charges					
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955	Three Rivers	Three Rivers			2807.25	0.95			445.5	2807.25	percent of total billed charges					
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955	UHC	Medicaid			929.64	0.3146			445.5	2807.25	percent of total billed charges					
LENS SP ACRYSOF RESTR IQ21.5D	V2788	HCPCS	outpatient			2955	Wellcare	Medicaid			929.64	0.3146			445.5	2807.25	percent of total billed charges					
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170	Aetna	Better Health			3199.48	0.3146			3	9661.5	percent of total billed charges					
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170	Aetna	Medicare			3132.36	0.308			3	9661.5	percent of total billed charges					
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170	Aetna	Commercial			3864.6	0.38			3	9661.5	percent of total billed charges					
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170	Americare	Americare			7627.5	0.75			3	9661.5	percent of total billed charges					
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170	WellPoint	WellPoint			3262.54	0.3208			3	9661.5	percent of total billed charges					
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170	Amerihealth	Medicare			3356.1	0.33			3	9661.5	percent of total billed charges					
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170	Consumer	Consumer			9661.5	0.95			3	9661.5	percent of total billed charges					
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170	Corrections	Corrections			8136	0.8			3	9661.5	percent of total billed charges					
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170	First Health	First Health			7119	0.7			3	9661.5	percent of total billed charges					
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170	First Trenton	First Trenton			9153	0.9			3	9661.5	percent of total billed charges					
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170	Horizon	MGD			3893.08	0.3828			3	9661.5	percent of total billed charges					
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170	Horizon	NJ Health			4068	0.4			3	9661.5	percent of total billed charges					
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170	Horizon	PPO			3893.08	0.3828			3	9661.5	percent of total billed charges					
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170	Horizon	Indemnity			3893.08	0.3828			3	9661.5	percent of total billed charges					
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170	Horizon	Medicare Blue			3051	0.3			3	9661.5	percent of total billed charges					
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170	Managed Care Inc	Managed Care Inc			9153	0.9			3	9661.5	percent of total billed charges					
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170	Multiplan	Multiplan			8136	0.8			3	9661.5	percent of total billed charges					
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170	Qualcare	Qualcare			4068	0.4			3	9661.5	percent of total billed charges					
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170	Three Rivers	Three Rivers			9661.5	0.95			3	9661.5	percent of total billed charges					
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170	UHC	Medicaid			3199.48	0.3146			3	9661.5	percent of total billed charges					
IMPLANT MEMBRANE CRYOPRESERVED HUMAN	V2790	HCPCS	both			10170	Wellcare	Medicaid			3199.48	0.3146			3	9661.5	percent of total billed charges					
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292	Aetna	Medicare			89.94	0.308			87.6	277.4	percent of total billed charges					
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292	Aetna	Commercial			110.96	0.38			87.6	277.4	percent of total billed charges					
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292	Aetna	Better Health			91.86	0.3146			87.6	277.4	percent of total billed charges					
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292	Americare	Americare			219	0.75			87.6	277.4	percent of total billed charges					
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292	WellPoint	WellPoint			93.67	0.3208			87.6	277.4	percent of total billed charges					
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292	Consumer	Consumer			277.4	0.95			87.6	277.4	percent of total billed charges					
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292	Corrections	Corrections			233.6	0.8			87.6	277.4	percent of total billed charges					
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292	First Health	First Health			204.4	0.7			87.6	277.4	percent of total billed charges					
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292	First Trenton	First Trenton			262.8	0.9			87.6	277.4	percent of total billed charges					
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292	Horizon	MGD			111.78	0.3828			87.6	277.4	percent of total billed charges					
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292	Horizon	Indemnity			111.78	0.3828			87.6	277.4	percent of total billed charges					
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292	Horizon	Medicare Blue			87.6	0.3			87.6	277.4	percent of total billed charges					
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292	Horizon	PPO			111.78	0.3828			87.6	277.4	percent of total billed charges					
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292	Managed Care Inc	Managed Care Inc			262.8	0.9			87.6	277.4	percent of total billed charges					
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292	Multiplan	Multiplan			233.6	0.8			87.6	277.4	percent of total billed charges					
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292	Qualcare	Qualcare			219	0.75			87.6	277.4	percent of total billed charges					
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292	Three Rivers	Three Rivers			277.4	0.95			87.6	277.4	percent of total billed charges					
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292	UHC	Medicaid			91.86	0.3146			87.6	277.4	percent of total billed charges					
HEARINGNAID FITTING/CHECKING	V5011	HCPCS	outpatient			292	Wellcare	Medicaid			91.86	0.3146			87.6	277.4	percent of total billed charges					
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147	Aetna	Medicare			45.28	0.308			29.1	139.65	percent of total billed charges					

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Aetna	Better Health		46.25	0.3146			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Aetna	Commercial		55.86	0.38			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Americare	Americare		110.25	0.75			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		WellPoint	WellPoint		47.16	0.3208			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Consumer	Consumer		139.65	0.95			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Corrections	Corrections		117.6	0.8			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		First Health	First Health		102.9	0.7			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		First Trenton	First Trenton		132.3	0.9			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Horizon	Medicare Blue		44.1	0.3			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Horizon	Indemnity		56.27	0.3828			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Horizon	MGD		56.27	0.3828			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Horizon	PPO		56.27	0.3828			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Managed Care Inc	Managed Care Inc		132.3	0.9			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Multiplan	Multiplan		117.6	0.8			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Qualcare	Qualcare		110.25	0.75			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Three Rivers	Three Rivers		139.65	0.95			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		UHC	Medicaid		46.25	0.3146			29.1	139.65	percent of total billed charges	
HEARING AID SERVICE APPT	V5014	HCPCS	outpatient			147		Wellcare	Medicaid		46.25	0.3146			29.1	139.65	percent of total billed charges	
DISPENSING FEE BILATERAL	V5110	HCPCS	outpatient			437		Aetna	Commercial		166.06	0.38			131.1	415.15	percent of total billed charges	
DISPENSING FEE BILATERAL	V5110	HCPCS	outpatient			437		Aetna	Better Health		137.48	0.3146			131.1	415.15	percent of total billed charges	
DISPENSING FEE BILATERAL	V5110	HCPCS	outpatient			437		Aetna	Medicare		134.6	0.308			131.1	415.15	percent of total billed charges	
DISPENSING FEE BILATERAL	V5110	HCPCS	outpatient			437		Americare	Americare		327.75	0.75			131.1	415.15	percent of total billed charges	
DISPENSING FEE BILATERAL	V5110	HCPCS	outpatient			437		WellPoint	WellPoint		140.19	0.3208			131.1	415.15	percent of total billed charges	
DISPENSING FEE BILATERAL	V5110	HCPCS	outpatient			437		Consumer	Consumer		415.15	0.95			131.1	415.15	percent of total billed charges	
DISPENSING FEE BILATERAL	V5110	HCPCS	outpatient			437		Corrections	Corrections		349.6	0.8			131.1	415.15	percent of total billed charges	
DISPENSING FEE BILATERAL	V5110	HCPCS	outpatient			437		First Health	First Health		305.9	0.7			131.1	415.15	percent of total billed charges	
DISPENSING FEE BILATERAL	V5110	HCPCS	outpatient			437		First Trenton	First Trenton		393.3	0.9			131.1	415.15	percent of total billed charges	
DISPENSING FEE BILATERAL	V5110	HCPCS	outpatient			437		Horizon	MGD		167.28	0.3828			131.1	415.15	percent of total billed charges	
DISPENSING FEE BILATERAL	V5110	HCPCS	outpatient			437		Horizon	Medicare Blue		131.1	0.3			131.1	415.15	percent of total billed charges	
DISPENSING FEE BILATERAL	V5110	HCPCS	outpatient			437		Horizon	Indemnity		167.28	0.3828			131.1	415.15	percent of total billed charges	
DISPENSING FEE BILATERAL	V5110	HCPCS	outpatient			437		Horizon	PPO		167.28	0.3828			131.1	415.15	percent of total billed charges	
DISPENSING FEE BILATERAL	V5110	HCPCS	outpatient			437		Managed Care Inc	Managed Care Inc		393.3	0.9			131.1	415.15	percent of total billed charges	
DISPENSING FEE BILATERAL	V5110	HCPCS	outpatient			437		Multiplan	Multiplan		349.6	0.8			131.1	415.15	percent of total billed charges	
DISPENSING FEE BILATERAL	V5110	HCPCS	outpatient			437		Qualcare	Qualcare		327.75	0.75			131.1	415.15	percent of total billed charges	
DISPENSING FEE BILATERAL	V5110	HCPCS	outpatient			437		Three Rivers	Three Rivers		415.15	0.95			131.1	415.15	percent of total billed charges	
DISPENSING FEE BILATERAL	V5110	HCPCS	outpatient			437		UHC	Medicaid		137.48	0.3146			131.1	415.15	percent of total billed charges	
DISPENSING FEE BILATERAL	V5110	HCPCS	outpatient			437		Wellcare	Medicaid		137.48	0.3146			131.1	415.15	percent of total billed charges	
DISPENSING FEE BINAURAL	V5160	HCPCS	outpatient			437		Aetna	Better Health		137.48	0.3146			131.1	415.15	percent of total billed charges	
DISPENSING FEE BINAURAL	V5160	HCPCS	outpatient			437		Aetna	Medicare		134.6	0.308			131.1	415.15	percent of total billed charges	
DISPENSING FEE BINAURAL	V5160	HCPCS	outpatient			437		Aetna	Commercial		166.06	0.38			131.1	415.15	percent of total billed charges	
DISPENSING FEE BINAURAL	V5160	HCPCS	outpatient			437		Americare	Americare		327.75	0.75			131.1	415.15	percent of total billed charges	
DISPENSING FEE BINAURAL	V5160	HCPCS	outpatient			437		WellPoint	WellPoint		140.19	0.3208			131.1	415.15	percent of total billed charges	
DISPENSING FEE BINAURAL	V5160	HCPCS	outpatient			437		Consumer	Consumer		415.15	0.95			131.1	415.15	percent of total billed charges	
DISPENSING FEE BINAURAL	V5160	HCPCS	outpatient			437		Corrections	Corrections		349.6	0.8			131.1	415.15	percent of total billed charges	
DISPENSING FEE BINAURAL	V5160	HCPCS	outpatient			437		First Health	First Health		305.9	0.7			131.1	415.15	percent of total billed charges	
DISPENSING FEE BINAURAL	V5160	HCPCS	outpatient			437		First Trenton	First Trenton		393.3	0.9			131.1	415.15	percent of total billed charges	
DISPENSING FEE BINAURAL	V5160	HCPCS	outpatient			437		Horizon	Medicare Blue		131.1	0.3			131.1	415.15	percent of total billed charges	
DISPENSING FEE BINAURAL	V5160	HCPCS	outpatient			437		Horizon	Indemnity		167.28	0.3828			131.1	415.15	percent of total billed charges	
DISPENSING FEE BINAURAL	V5160	HCPCS	outpatient			437		Horizon	MGD		167.28	0.3828			131.1	415.15	percent of total billed charges	
DISPENSING FEE BINAURAL	V5160	HCPCS	outpatient			437		Horizon	PPO		167.28	0.3828			131.1	415.15	percent of total billed charges	
DISPENSING FEE BINAURAL	V5160	HCPCS	outpatient			437		Managed Care Inc	Managed Care Inc		393.3	0.9			131.1	415.15	percent of total billed charges	
DISPENSING FEE BINAURAL	V5160	HCPCS	outpatient			437		Multiplan	Multiplan		349.6	0.8			131.1	415.15	percent of total billed charges	
DISPENSING FEE BINAURAL	V5160	HCPCS	outpatient			437		Qualcare	Qualcare		327.75	0.75			131.1	415.15	percent of total billed charges	
DISPENSING FEE BINAURAL	V5160	HCPCS	outpatient			437		Three Rivers	Three Rivers		415.15	0.95			131.1	415.15	percent of total billed charges	
DISPENSING FEE BINAURAL	V5160	HCPCS	outpatient			437		UHC	Medicaid		137.48	0.3146			131.1	415.15	percent of total billed charges	
DISPENSING FEE BINAURAL	V5160	HCPCS	outpatient			437		Wellcare	Medicaid		137.48	0.3146			131.1	415.15	percent of total billed charges	
HEARING AID MONAURAL ITE	V5171	HCPCS	outpatient			2385		Aetna	Better Health		750.32	0.3146			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITE	V5171	HCPCS	outpatient			2385		Aetna	Commercial		906.3	0.38			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITE	V5171	HCPCS	outpatient			2385		Aetna	Medicare		734.58	0.308			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITE	V5171	HCPCS	outpatient			2385		Americare	Americare		1788.75	0.75			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITE	V5171	HCPCS	outpatient			2385		WellPoint	WellPoint		765.11	0.3208			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITE	V5171	HCPCS	outpatient			2385		Consumer	Consumer		2265.75	0.95			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITE	V5171	HCPCS	outpatient			2385		Corrections	Corrections		1908	0.8			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITE	V5171	HCPCS	outpatient			2385		First Health	First Health		1669.5	0.7			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITE	V5171	HCPCS	outpatient			2385		First Trenton	First Trenton		2146.5	0.9			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITE	V5171	HCPCS	outpatient			2385		Horizon	Indemnity		912.98	0.3828			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITE	V5171	HCPCS	outpatient			2385		Horizon	NJ Health		238.5	0.1			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITE	V5171	HCPCS	outpatient			2385		Horizon	PPO		912.98	0.3828			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITE	V5171	HCPCS	outpatient			2385		Horizon	Medicare Blue		715.5	0.3			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITE	V5171	HCPCS	outpatient			2385		Horizon	MGD		912.98	0.3828			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITE	V5171	HCPCS	outpatient			2385		Managed Care Inc	Managed Care Inc		2146.5	0.9			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITE	V5171	HCPCS	outpatient			2385		Multiplan	Multiplan		1908	0.8			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITE	V5171	HCPCS	outpatient			2385		Qualcare	Qualcare		1788.75	0.75			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITE	V5171	HCPCS	outpatient			2385		Three Rivers	Three Rivers		2265.75	0.95			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITE	V5171	HCPCS	outpatient			2385		UHC	Medicaid		750.32	0.3146			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITE	V5171	HCPCS	outpatient			2385		Wellcare	Medicaid		750.32	0.3146			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITC	V5172	HCPCS	outpatient			2385		Aetna	Commercial		906.3	0.38			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITC	V5172	HCPCS	outpatient			2385		Aetna	Better Health		750.32	0.3146			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITC	V5172	HCPCS	outpatient			2385		Aetna	Medicare		734.58	0.308			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITC	V5172	HCPCS	outpatient			2385		Americare	Americare		1788.75	0.75			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITC	V5172	HCPCS	outpatient			2385		WellPoint	WellPoint		765.11	0.3208			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITC	V5172	HCPCS	outpatient			2385		Consumer	Consumer		2265.75	0.95			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITC	V5172	HCPCS	outpatient			2385		Corrections	Corrections		1908	0.8			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITC	V5172	HCPCS	outpatient			2385		First Health	First Health		1669.5	0.7			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITC	V5172	HCPCS	outpatient			2385		First Trenton	First Trenton		2146.5	0.9			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITC	V5172	HCPCS	outpatient			2385		Horizon	Indemnity		912.98	0.3828			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITC	V5172	HCPCS	outpatient			2385		Horizon	MGD		912.98	0.3828			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITC	V5172	HCPCS	outpatient			2385		Horizon	Medicare Blue		715.5	0.3			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITC	V5172	HCPCS	outpatient			2385		Horizon	NJ Health		238.5	0.1			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITC	V5172	HCPCS	outpatient			2385		Horizon	PPO		912.98	0.3828			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITC	V5172	HCPCS	outpatient			2385		Managed Care Inc	Managed Care Inc		2146.5	0.9			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITC	V5172	HCPCS	outpatient			2385		Multiplan	Multiplan		1908	0.8			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITC	V5172	HCPCS	outpatient			2385		Qualcare	Qualcare		1788.75	0.75			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITC	V5172	HCPCS	outpatient			2385		Three Rivers	Three Rivers		2265.75	0.95			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITC	V5172	HCPCS	outpatient			2385		UHC	Medicaid		750.32	0.3146			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL ITC	V5172	HCPCS	outpatient			2385		Wellcare	Medicaid		750.32	0.3146			238.5	2265.75	percent of total billed charges	
HEARING AID MONAURAL BTE	V5181	HCPCS	outpatient			2958		Aetna	Commercial		1124.04	0.38			295.8	2810.1	percent of total billed charges	
HEARING AID MONAURAL BTE	V5181	HCPCS	outpatient			2958		Aetna	Better Health		930.59	0.3146			295.8	2810.1	percent of total billed charges	
HEARING AID MONAURAL BTE	V5181	HCPCS	outpatient			2958		Aetna	Medicare		911.06	0.308			295.8	2810.1	percent of total billed charges	
HEARING AID MONAURAL BTE	V5181	HCPCS	outpatient			2958		Americare	Americare		2218.5	0.75			295.8	2810.1	percent of total billed charges	
HEARING AID MONAURAL BTE	V5181	HCPCS	outpatient			2958		WellPoint	WellPoint		948.93	0.3208			295.8	2810.1	percent of total billed charges	
HEARING AID MONAURAL BTE	V5181	HCPCS	outpatient			2958		Consumer	Consumer		2810.1	0.95			295.8	2810.1	percent of total billed charges	
HEARING AID MONAURAL BTE	V5181	HCPCS	outpatient			2958		Corrections	Corrections		2366.4	0.8			295.8	2810.1	percent of total billed charges	
HEARING AID MONAURAL BTE	V5181	HCPCS	outpatient			2958		First Health	First Health		2070.6	0.7			295.8	2810.1	percent of total billed charges	
HEARING AID MONAURAL BTE	V5181	HCPCS	outpatient			2958		First Trenton	First Trenton		2662.2	0.9			295.8	2810.1	percent of total billed charges	
HEARING AID MONAURAL BTE	V5181	HCPCS	outpatient			2958		Horizon	Indemnity		1132.32	0.3828			295.8	2810.1	percent of total billed charges	
HEARING AID MONAURAL BTE	V5181	HCPCS	outpatient			2958		Horizon	PPO		1132.32	0.3828			295.8	2810.1	percent of total billed charges	
HEARING AID MONAURAL BTE	V5181	HCPCS	outpatient			2958		Horizon	MGD		1132.32	0.3828			295.8	2810.1	percent of total billed charges	
HEARING AID MONAURAL BTE	V5181	HCPCS	outpatient			2958		Horizon	NJ Health		295.8	0.1			295.8	2810.1	percent of total billed charges	
HEARING AID MONAURAL BTE	V5181	HCPCS	outpatient			2958		Horizon	Medicare Blue		887.4	0.3			295.8	2810.1	percent of total billed charges	
HEARING AID MONAURAL BTE	V5181	HCPCS	outpatient			2958		Managed Care Inc	Managed Care Inc		2662.2	0.9			295.8	2810.1	percent of total billed charges	
HEARING AID MONAURAL BTE	V5181	HCPCS	outpatient			2958		Multiplan	Multiplan		2366.4	0.8			295.8	2810.1	percent of total billed charges	
HEARING AID MONAURAL BTE	V5181	HCPCS	outpatient			2958		Qualcare	Qualcare		2218.5	0.75			295.8	2810.1	percent of total billed charges	
HEARING AID MONAURAL BTE	V5181	HCPCS	outpatient			2958		Three Rivers	Three Rivers		2810.1	0.95			295.8	2810.1	percent of total billed charges	
HEARING AID MONAURAL BTE	V5181	HCPCS	outpatient			2958		UHC	Medicaid		930.59	0.3146			295.8	2810.1	percent of total billed charges	
HEARING AID MONAURAL BTE	V5181	HCPCS	outpatient			2958		Wellcare	Medicaid		930.59	0.3146			295.8	2810.1	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Aetna	Better Health		91.86	0.3146			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Aetna	Commercial		110.96	0.38			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Aetna	Medicare		89.94	0.308			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Americare	Americare		219	0.75			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		WellPoint	WellPoint		93.67	0.3208			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Consumer	Consumer		277.4	0.95			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Corrections	Corrections		233.6	0.8			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		First Health	First Health		204.4	0.7			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		First Trenton	First Trenton		262.8	0.9			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Horizon	Indemnity		111.78	0.3828			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Horizon	Medicare Blue		87.6	0.3			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Horizon	MGD		111.78	0.3828			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Horizon	PPO		111.78	0.3828			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Managed Care Inc	Managed Care Inc		262.8	0.9			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Multiplan	Multiplan		233.6	0.8			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Qualcare	Qualcare		219	0.75			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Three Rivers	Three Rivers		277.4	0.95			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		UHC	Medicaid		91.86	0.3146			87.6	277.4	percent of total billed charges	
DISPENSING FEE MONAURAL	V5200	HCPCS	outpatient			292		Wellcare	Medicaid		91.86	0.3146			87.6	277.4	percent of total billed charges	
HEARING AID BINAURAL ITE/ITE	V5211	HCPCS	outpatient			4768		Aetna	Medicare		1468.54	0.308			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE/ITE	V5211	HCPCS	outpatient			4768		Aetna	Better Health		1500.01	0.3146			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE/ITE	V5211	HCPCS	outpatient			4768		Aetna	Commercial		1811.84	0.38			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE/ITE	V5211	HCPCS	outpatient			4768		Americare	Americare		3576	0.75			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE/ITE	V5211	HCPCS	outpatient			4768		WellPoint	WellPoint		1529.57	0.3208			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE/ITE	V5211	HCPCS	outpatient			4768		Consumer	Consumer		4529.6	0.95			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE/ITE	V5211	HCPCS	outpatient			4768		Corrections	Corrections		3814.4	0.8			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE/ITE	V5211	HCPCS	outpatient			4768		First Health	First Health		3337.6	0.7			476.8	4529.6	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HEARING AID BINAURAL ITE|ITE	VS211	HCPCS	outpatient			4768		First Trenton	First Trenton		4291.2	0.9			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITE	VS211	HCPCS	outpatient			4768		Horizon	Medicare Blue		1430.4	0.3			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITE	VS211	HCPCS	outpatient			4768		Horizon	MGD		1825.19	0.3828			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITE	VS211	HCPCS	outpatient			4768		Horizon	Indemnity		1825.19	0.3828			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITE	VS211	HCPCS	outpatient			4768		Horizon	NJ Health		476.8	0.1			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITE	VS211	HCPCS	outpatient			4768		Horizon	PPO		1825.19	0.3828			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITE	VS211	HCPCS	outpatient			4768		Managed Care Inc	Managed Care Inc		4291.2	0.9			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITE	VS211	HCPCS	outpatient			4768		Multiplan	Multiplan		3814.4	0.8			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITE	VS211	HCPCS	outpatient			4768		Qualcare	Qualcare		3576	0.75			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITE	VS211	HCPCS	outpatient			4768		Three Rivers	Three Rivers		4529.6	0.95			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITE	VS211	HCPCS	outpatient			4768		UHC	Medicaid		1500.01	0.3146			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITE	VS211	HCPCS	outpatient			4768		Wellcare	Medicaid		1500.01	0.3146			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITC	VS212	HCPCS	outpatient			4768		Aetna	Better Health		1500.01	0.3146			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITC	VS212	HCPCS	outpatient			4768		Aetna	Medicare		1468.54	0.308			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITC	VS212	HCPCS	outpatient			4768		Aetna	Commercial		1811.84	0.38			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITC	VS212	HCPCS	outpatient			4768		Americare	Americare		3576	0.75			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITC	VS212	HCPCS	outpatient			4768		WellPoint	WellPoint		1529.57	0.3208			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITC	VS212	HCPCS	outpatient			4768		Consumer	Consumer		4529.6	0.95			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITC	VS212	HCPCS	outpatient			4768		Corrections	Corrections		3814.4	0.8			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITC	VS212	HCPCS	outpatient			4768		First Health	First Health		3337.6	0.7			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITC	VS212	HCPCS	outpatient			4768		First Trenton	First Trenton		4291.2	0.9			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITC	VS212	HCPCS	outpatient			4768		Horizon	MGD		1825.19	0.3828			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITC	VS212	HCPCS	outpatient			4768		Horizon	Medicare Blue		1430.4	0.3			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITC	VS212	HCPCS	outpatient			4768		Horizon	NJ Health		476.8	0.1			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITC	VS212	HCPCS	outpatient			4768		Horizon	PPO		1825.19	0.3828			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITC	VS212	HCPCS	outpatient			4768		Horizon	Indemnity		1825.19	0.3828			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITC	VS212	HCPCS	outpatient			4768		Managed Care Inc	Managed Care Inc		4291.2	0.9			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITC	VS212	HCPCS	outpatient			4768		Multiplan	Multiplan		3814.4	0.8			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITC	VS212	HCPCS	outpatient			4768		Qualcare	Qualcare		3576	0.75			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITC	VS212	HCPCS	outpatient			4768		Three Rivers	Three Rivers		4529.6	0.95			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITC	VS212	HCPCS	outpatient			4768		UHC	Medicaid		1500.01	0.3146			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|ITC	VS212	HCPCS	outpatient			4768		Wellcare	Medicaid		1500.01	0.3146			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITE|BTE	VS213	HCPCS	outpatient			5342		Aetna	Commercial		2029.96	0.38			534.2	5074.9	percent of total billed charges	
HEARING AID BINAURAL ITE|BTE	VS213	HCPCS	outpatient			5342		Aetna	Medicare		1645.34	0.308			534.2	5074.9	percent of total billed charges	
HEARING AID BINAURAL ITE|BTE	VS213	HCPCS	outpatient			5342		Aetna	Better Health		1680.59	0.3146			534.2	5074.9	percent of total billed charges	
HEARING AID BINAURAL ITE|BTE	VS213	HCPCS	outpatient			5342		Americare	Americare		4006.5	0.75			534.2	5074.9	percent of total billed charges	
HEARING AID BINAURAL ITE|BTE	VS213	HCPCS	outpatient			5342		WellPoint	WellPoint		1713.71	0.3208			534.2	5074.9	percent of total billed charges	
HEARING AID BINAURAL ITE|BTE	VS213	HCPCS	outpatient			5342		Consumer	Consumer		5074.9	0.95			534.2	5074.9	percent of total billed charges	
HEARING AID BINAURAL ITE|BTE	VS213	HCPCS	outpatient			5342		Corrections	Corrections		4273.6	0.8			534.2	5074.9	percent of total billed charges	
HEARING AID BINAURAL ITE|BTE	VS213	HCPCS	outpatient			5342		First Health	First Health		3739.4	0.7			534.2	5074.9	percent of total billed charges	
HEARING AID BINAURAL ITE|BTE	VS213	HCPCS	outpatient			5342		First Trenton	First Trenton		4807.8	0.9			534.2	5074.9	percent of total billed charges	
HEARING AID BINAURAL ITE|BTE	VS213	HCPCS	outpatient			5342		Horizon	NJ Health		534.2	0.1			534.2	5074.9	percent of total billed charges	
HEARING AID BINAURAL ITE|BTE	VS213	HCPCS	outpatient			5342		Horizon	MGD		2044.92	0.3828			534.2	5074.9	percent of total billed charges	
HEARING AID BINAURAL ITE|BTE	VS213	HCPCS	outpatient			5342		Horizon	Indemnity		2044.92	0.3828			534.2	5074.9	percent of total billed charges	
HEARING AID BINAURAL ITE|BTE	VS213	HCPCS	outpatient			5342		Horizon	Medicare Blue		1602.6	0.3			534.2	5074.9	percent of total billed charges	
HEARING AID BINAURAL ITE|BTE	VS213	HCPCS	outpatient			5342		Horizon	PPO		2044.92	0.3828			534.2	5074.9	percent of total billed charges	
HEARING AID BINAURAL ITE|BTE	VS213	HCPCS	outpatient			5342		Managed Care Inc	Managed Care Inc		4807.8	0.9			534.2	5074.9	percent of total billed charges	
HEARING AID BINAURAL ITE|BTE	VS213	HCPCS	outpatient			5342		Multiplan	Multiplan		4273.6	0.8			534.2	5074.9	percent of total billed charges	
HEARING AID BINAURAL ITE|BTE	VS213	HCPCS	outpatient			5342		Qualcare	Qualcare		4006.5	0.75			534.2	5074.9	percent of total billed charges	
HEARING AID BINAURAL ITE|BTE	VS213	HCPCS	outpatient			5342		Three Rivers	Three Rivers		5074.9	0.95			534.2	5074.9	percent of total billed charges	
HEARING AID BINAURAL ITE|BTE	VS213	HCPCS	outpatient			5342		UHC	Medicaid		1680.59	0.3146			534.2	5074.9	percent of total billed charges	
HEARING AID BINAURAL ITE|BTE	VS213	HCPCS	outpatient			5342		Wellcare	Medicaid		1680.59	0.3146			534.2	5074.9	percent of total billed charges	
HEARING AID BINAURAL ITC|ITC	VS214	HCPCS	outpatient			4768		Aetna	Commercial		1811.84	0.38			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|ITC	VS214	HCPCS	outpatient			4768		Aetna	Better Health		1500.01	0.3146			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|ITC	VS214	HCPCS	outpatient			4768		Aetna	Medicare		1468.54	0.308			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|ITC	VS214	HCPCS	outpatient			4768		Americare	Americare		3576	0.75			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|ITC	VS214	HCPCS	outpatient			4768		WellPoint	WellPoint		1529.57	0.3208			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|ITC	VS214	HCPCS	outpatient			4768		Consumer	Consumer		4529.6	0.95			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|ITC	VS214	HCPCS	outpatient			4768		Corrections	Corrections		3814.4	0.8			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|ITC	VS214	HCPCS	outpatient			4768		First Health	First Health		3337.6	0.7			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|ITC	VS214	HCPCS	outpatient			4768		First Trenton	First Trenton		4291.2	0.9			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|ITC	VS214	HCPCS	outpatient			4768		Horizon	Indemnity		1825.19	0.3828			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|ITC	VS214	HCPCS	outpatient			4768		Horizon	NJ Health		476.8	0.1			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|ITC	VS214	HCPCS	outpatient			4768		Horizon	Medicare Blue		1430.4	0.3			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|ITC	VS214	HCPCS	outpatient			4768		Horizon	MGD		1825.19	0.3828			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|ITC	VS214	HCPCS	outpatient			4768		Horizon	PPO		1825.19	0.3828			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|ITC	VS214	HCPCS	outpatient			4768		Managed Care Inc	Managed Care Inc		4291.2	0.9			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|ITC	VS214	HCPCS	outpatient			4768		Multiplan	Multiplan		3814.4	0.8			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|ITC	VS214	HCPCS	outpatient			4768		Qualcare	Qualcare		3576	0.75			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|ITC	VS214	HCPCS	outpatient			4768		Three Rivers	Three Rivers		4529.6	0.95			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|ITC	VS214	HCPCS	outpatient			4768		UHC	Medicaid		1500.01	0.3146			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|ITC	VS214	HCPCS	outpatient			4768		Wellcare	Medicaid		1500.01	0.3146			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|BTE	VS215	HCPCS	outpatient			4768		Aetna	Better Health		1500.01	0.3146			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|BTE	VS215	HCPCS	outpatient			4768		Aetna	Commercial		1811.84	0.38			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|BTE	VS215	HCPCS	outpatient			4768		Aetna	Medicare		1468.54	0.308			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|BTE	VS215	HCPCS	outpatient			4768		Americare	Americare		3576	0.75			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|BTE	VS215	HCPCS	outpatient			4768		WellPoint	WellPoint		1529.57	0.3208			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|BTE	VS215	HCPCS	outpatient			4768		Consumer	Consumer		4529.6	0.95			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|BTE	VS215	HCPCS	outpatient			4768		Corrections	Corrections		3814.4	0.8			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|BTE	VS215	HCPCS	outpatient			4768		First Health	First Health		3337.6	0.7			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|BTE	VS215	HCPCS	outpatient			4768		First Trenton	First Trenton		4291.2	0.9			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|BTE	VS215	HCPCS	outpatient			4768		Horizon	MGD		1825.19	0.3828			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|BTE	VS215	HCPCS	outpatient			4768		Horizon	Medicare Blue		1430.4	0.3			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|BTE	VS215	HCPCS	outpatient			4768		Horizon	NJ Health		476.8	0.1			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|BTE	VS215	HCPCS	outpatient			4768		Horizon	PPO		1825.19	0.3828			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|BTE	VS215	HCPCS	outpatient			4768		Horizon	Indemnity		1825.19	0.3828			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|BTE	VS215	HCPCS	outpatient			4768		Managed Care Inc	Managed Care Inc		4291.2	0.9			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|BTE	VS215	HCPCS	outpatient			4768		Multiplan	Multiplan		3814.4	0.8			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|BTE	VS215	HCPCS	outpatient			4768		Qualcare	Qualcare		3576	0.75			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|BTE	VS215	HCPCS	outpatient			4768		Three Rivers	Three Rivers		4529.6	0.95			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|BTE	VS215	HCPCS	outpatient			4768		UHC	Medicaid		1500.01	0.3146			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL ITC|BTE	VS215	HCPCS	outpatient			4768		Wellcare	Medicaid		1500.01	0.3146			476.8	4529.6	percent of total billed charges	
HEARING AID BINAURAL BTE|BTE	VS221	HCPCS	outpatient			5915		Aetna	Better Health		1860.86	0.3146			591.5	5619.25	percent of total billed charges	
HEARING AID BINAURAL BTE|BTE	VS221	HCPCS	outpatient			5915		Aetna	Commercial		2247.7	0.38			591.5	5619.25	percent of total billed charges	
HEARING AID BINAURAL BTE|BTE	VS221	HCPCS	outpatient			5915		Aetna	Medicare		1821.82	0.308			591.5	5619.25	percent of total billed charges	
HEARING AID BINAURAL BTE|BTE	VS221	HCPCS	outpatient			5915		Americare	Americare		4436.25	0.75			591.5	5619.25	percent of total billed charges	
HEARING AID BINAURAL BTE|BTE	VS221	HCPCS	outpatient			5915		WellPoint	WellPoint		1897.53	0.3208			591.5	5619.25	percent of total billed charges	
HEARING AID BINAURAL BTE|BTE	VS221	HCPCS	outpatient			5915		Consumer	Consumer		5619.25	0.95			591.5	5619.25	percent of total billed charges	
HEARING AID BINAURAL BTE|BTE	VS221	HCPCS	outpatient			5915		Corrections	Corrections		4732	0.8			591.5	5619.25	percent of total billed charges	
HEARING AID BINAURAL BTE|BTE	VS221	HCPCS	outpatient			5915		First Health	First Health		4140.5	0.7			591.5	5619.25	percent of total billed charges	
HEARING AID BINAURAL BTE|BTE	VS221	HCPCS	outpatient			5915		First Trenton	First Trenton		5323.5	0.9			591.5	5619.25	percent of total billed charges	
HEARING AID BINAURAL BTE|BTE	VS221	HCPCS	outpatient			5915		Horizon	MGD		2264.26	0.3828			591.5	5619.25	percent of total billed charges	
HEARING AID BINAURAL BTE|BTE	VS221	HCPCS	outpatient			5915		Horizon	NJ Health		591.5	0.1			591.5	5619.25	percent of total billed charges	
HEARING AID BINAURAL BTE|BTE	VS221	HCPCS	outpatient			5915		Horizon	Indemnity		2264.26	0.3828			591.5	5619.25	percent of total billed charges	
HEARING AID BINAURAL BTE|BTE	VS221	HCPCS	outpatient			5915		Horizon	PPO		2264.26	0.3828			591.5	5619.25	percent of total billed charges	
HEARING AID BINAURAL BTE|BTE	VS221	HCPCS	outpatient			5915		Horizon	Medicare Blue		1774.5	0.3			591.5	5619.25	percent of total billed charges	
HEARING AID BINAURAL BTE|BTE	VS221	HCPCS	outpatient			5915		Managed Care Inc	Managed Care Inc		5323.5	0.9			591.5	5619.25	percent of total billed charges	
HEARING AID BINAURAL BTE|BTE	VS221	HCPCS	outpatient			5915		Multiplan	Multiplan		4732	0.8			591.5	5619.25	percent of total billed charges	
HEARING AID BINAURAL BTE|BTE	VS221	HCPCS	outpatient			5915		Qualcare	Qualcare		4436.25	0.75			591.5	5619.25	percent of total billed charges	
HEARING AID BINAURAL BTE|BTE	VS221	HCPCS	outpatient			5915		Three Rivers	Three Rivers		5619.25	0.95			591.5	5619.25	percent of total billed charges	
HEARING AID BINAURAL BTE|BTE	VS221	HCPCS	outpatient			5915		UHC	Medicaid		1860.86	0.3146			591.5	5619.25	percent of total billed charges	
HEARING AID BINAURAL BTE|BTE	VS221	HCPCS	outpatient			5915		Wellcare	Medicaid		1860.86	0.3146			591.5	5619.25	percent of total billed charges	
DISPENSING FEE CROS BINAURAL	VS240	HCPCS	outpatient			437		Aetna	Better Health		137.48	0.3146			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS BINAURAL	VS240	HCPCS	outpatient			437		Aetna	Commercial		166.06	0.38			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS BINAURAL	VS240	HCPCS	outpatient			437		Aetna	Medicare		134.6	0.308			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS BINAURAL	VS240	HCPCS	outpatient			437		Americare	Americare		327.75	0.75			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS BINAURAL	VS240	HCPCS	outpatient			437		WellPoint	WellPoint		140.19	0.3208			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS BINAURAL	VS240	HCPCS	outpatient			437		Consumer	Consumer		415.15	0.95			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS BINAURAL	VS240	HCPCS	outpatient			437		Corrections	Corrections		349.6	0.8			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS BINAURAL	VS240	HCPCS	outpatient			437		First Health	First Health		305.9	0.7			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS BINAURAL	VS240	HCPCS	outpatient			437		First Trenton	First Trenton		393.3	0.9			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS BINAURAL	VS240	HCPCS	outpatient			437		Horizon	Medicare Blue		131.1	0.3			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS BINAURAL	VS240	HCPCS	outpatient			437		Horizon	Indemnity		167.28	0.3828			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS BINAURAL	VS240	HCPCS	outpatient			437		Horizon	MGD		167.28	0.3828			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS BINAURAL	VS240	HCPCS	outpatient			437		Horizon	PPO		167.28	0.3828			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS BINAURAL	VS240	HCPCS	outpatient			437		Managed Care Inc	Managed Care Inc		393.3	0.9			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS BINAURAL	VS240	HCPCS	outpatient			437		Multiplan	Multiplan		349.6	0.8			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS BINAURAL	VS240	HCPCS	outpatient			437		Qualcare	Qualcare		327.75	0.75			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS BINAURAL	VS240	HCPCS	outpatient			437		Three Rivers	Three Rivers		415.15	0.95			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS BINAURAL	VS240	HCPCS	outpatient			437		UHC	Medicaid		137.48	0.3146			131.1	415.15	percent of total billed charges	
DISPENSING FEE CROS BINAURAL	VS240	HCPCS	outpatient			437		Wellcare	Medicaid		137.48	0.3146			131.1	415.15	percent of total billed charges	
MONAURAL CIC PREMIUM	VS254	HCPCS	outpatient			4507		Aetna	Better Health		1417.9	0.3146			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	VS254	HCPCS	outpatient			4507		Aetna	Commercial		1712.66	0.38			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	VS254	HCPCS	outpatient			4507		Aetna	Medicare		1388.16	0.308			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	VS254	HCPCS	outpatient			4507		Americare	Americare		3380.25	0.75			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	VS254	HCPCS	outpatient			4507		WellPoint	WellPoint		1446.85	0.3208			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	VS254	HCPCS	outpatient			4507		Consumer	Consumer		4281.65	0.95			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	VS254	HCPCS	outpatient			4507		Corrections	Corrections		3605.6	0.8			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	VS254	HCPCS	outpatient			4507		First Health	First Health		3154.9	0.7			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	VS254	HCPCS	outpatient			4507		First Trenton	First Trenton		4056.3	0.9			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	VS254	HCPCS	outpatient			4507		Horizon	MGD		1725.28	0.3828			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	VS254	HCPCS	outpatient			4507		Horizon	PPO		1725.28	0.3828			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	VS254	HCPCS	outpatient			4507		Horizon	Indemnity		1725.28	0.3828			528.6	4281.65	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		Horizon	Medicare Blue		1352.1	0.3			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		Managed Care Inc	Managed Care Inc		4056.3	0.9			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		Multiplan	Multiplan		3605.6	0.8			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		Qualcare	Qualcare		3380.25	0.75			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		Three Rivers	Three Rivers		4281.65	0.95			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		UHC	Medicaid		1417.9	0.3146			528.6	4281.65	percent of total billed charges	
MONAURAL CIC PREMIUM	V5254	HCPCS	outpatient			4507		Wellcare	Medicaid		1417.9	0.3146			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Aetna	Medicare		1388.16	0.308			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Aetna	Better Health		1417.9	0.3146			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Aetna	Commercial		1712.66	0.38			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Americare	Americare		3380.25	0.75			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		WellPoint	WellPoint		1445.85	0.3208			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Consumer	Consumer		4281.65	0.95			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Corrections	Corrections		3605.6	0.8			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		First Health	First Health		3154.9	0.7			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		First Trenton	First Trenton		4056.3	0.9			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Horizon	MGD		1725.28	0.3828			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Horizon	Medicare Blue		1352.1	0.3			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Horizon	Indemnity		1725.28	0.3828			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Horizon	PPO		1725.28	0.3828			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Managed Care Inc	Managed Care Inc		4056.3	0.9			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Multiplan	Multiplan		3605.6	0.8			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Qualcare	Qualcare		3380.25	0.75			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Three Rivers	Three Rivers		4281.65	0.95			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		UHC	Medicaid		1417.9	0.3146			528.6	4281.65	percent of total billed charges	
MONAURAL ITC PREMIUM	V5255	HCPCS	outpatient			4507		Wellcare	Medicaid		1417.9	0.3146			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Aetna	Better Health		1417.9	0.3146			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Aetna	Commercial		1712.66	0.38			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Aetna	Medicare		1388.16	0.308			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Americare	Americare		3380.25	0.75			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		WellPoint	WellPoint		1445.85	0.3208			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Consumer	Consumer		4281.65	0.95			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Corrections	Corrections		3605.6	0.8			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		First Health	First Health		3154.9	0.7			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		First Trenton	First Trenton		4056.3	0.9			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Horizon	MGD		1725.28	0.3828			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Horizon	Indemnity		1725.28	0.3828			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Horizon	Medicare Blue		1352.1	0.3			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Horizon	PPO		1725.28	0.3828			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Managed Care Inc	Managed Care Inc		4056.3	0.9			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Multiplan	Multiplan		3605.6	0.8			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Qualcare	Qualcare		3380.25	0.75			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Three Rivers	Three Rivers		4281.65	0.95			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		UHC	Medicaid		1417.9	0.3146			528.6	4281.65	percent of total billed charges	
MONAURAL ITE PREMIUM	V5256	HCPCS	outpatient			4507		Wellcare	Medicaid		1417.9	0.3146			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Aetna	Medicare		1388.16	0.308			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Aetna	Better Health		1417.9	0.3146			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Aetna	Commercial		1712.66	0.38			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Americare	Americare		3380.25	0.75			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		WellPoint	WellPoint		1445.85	0.3208			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Consumer	Consumer		4281.65	0.95			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Corrections	Corrections		3605.6	0.8			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		First Health	First Health		3154.9	0.7			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		First Trenton	First Trenton		4056.3	0.9			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Horizon	MGD		1725.28	0.3828			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Horizon	Medicare Blue		1352.1	0.3			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Horizon	Indemnity		1725.28	0.3828			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Horizon	PPO		1725.28	0.3828			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Managed Care Inc	Managed Care Inc		4056.3	0.9			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Multiplan	Multiplan		3605.6	0.8			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Qualcare	Qualcare		3380.25	0.75			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Three Rivers	Three Rivers		4281.65	0.95			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		UHC	Medicaid		1417.9	0.3146			528.6	4281.65	percent of total billed charges	
MONAURAL BTE PREMIUM	V5257	HCPCS	outpatient			4507		Wellcare	Medicaid		1417.9	0.3146			528.6	4281.65	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Aetna	Medicare		2775.7	0.308			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Aetna	Better Health		2835.18	0.3146			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Aetna	Commercial		3424.56	0.38			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Americare	Americare		6759	0.75			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		WellPoint	WellPoint		2891.05	0.3208			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Consumer	Consumer		8561.4	0.95			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Corrections	Corrections		7209.6	0.8			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		First Health	First Health		6308.4	0.7			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		First Trenton	First Trenton		8110.8	0.9			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Horizon	MGD		3449.79	0.3828			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Horizon	Indemnity		3449.79	0.3828			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Horizon	Medicare Blue		2703.6	0.3			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Horizon	PPO		3449.79	0.3828			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Managed Care Inc	Managed Care Inc		8110.8	0.9			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Multiplan	Multiplan		7209.6	0.8			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Qualcare	Qualcare		6759	0.75			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Three Rivers	Three Rivers		8561.4	0.95			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		UHC	Medicaid		2835.18	0.3146			1056.6	8561.4	percent of total billed charges	
BINAURAL CIC PREMIUM	V5258	HCPCS	outpatient			9012		Wellcare	Medicaid		2835.18	0.3146			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Aetna	Medicare		2775.7	0.308			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Aetna	Better Health		2835.18	0.3146			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Aetna	Commercial		3424.56	0.38			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Americare	Americare		6759	0.75			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		WellPoint	WellPoint		2891.05	0.3208			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Consumer	Consumer		8561.4	0.95			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Corrections	Corrections		7209.6	0.8			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		First Health	First Health		6308.4	0.7			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		First Trenton	First Trenton		8110.8	0.9			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Horizon	Medicare Blue		2703.6	0.3			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Horizon	Indemnity		3449.79	0.3828			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Horizon	MGD		3449.79	0.3828			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Horizon	PPO		3449.79	0.3828			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Managed Care Inc	Managed Care Inc		8110.8	0.9			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Multiplan	Multiplan		7209.6	0.8			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Qualcare	Qualcare		6759	0.75			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Three Rivers	Three Rivers		8561.4	0.95			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		UHC	Medicaid		2835.18	0.3146			1056.6	8561.4	percent of total billed charges	
BINAURAL ITC PREMIUM	V5259	HCPCS	outpatient			9012		Wellcare	Medicaid		2835.18	0.3146			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Aetna	Medicare		2775.7	0.308			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Aetna	Better Health		2835.18	0.3146			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Aetna	Commercial		3424.56	0.38			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Americare	Americare		6759	0.75			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		WellPoint	WellPoint		2891.05	0.3208			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Consumer	Consumer		8561.4	0.95			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Corrections	Corrections		7209.6	0.8			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		First Health	First Health		6308.4	0.7			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		First Trenton	First Trenton		8110.8	0.9			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Horizon	Indemnity		3449.79	0.3828			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Horizon	PPO		3449.79	0.3828			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Horizon	MGD		3449.79	0.3828			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Horizon	Medicare Blue		2703.6	0.3			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Managed Care Inc	Managed Care Inc		8110.8	0.9			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Multiplan	Multiplan		7209.6	0.8			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Qualcare	Qualcare		6759	0.75			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Three Rivers	Three Rivers		8561.4	0.95			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		UHC	Medicaid		2835.18	0.3146			1056.6	8561.4	percent of total billed charges	
BINAURAL ITE PREMIUM	V5260	HCPCS	outpatient			9012		Wellcare	Medicaid		2835.18	0.3146			1056.6	8561.4	percent of total billed charges	
BINAURAL BTE PREMIUM	V5261	HCPCS	outpatient			9012		Aetna	Better Health		2835.18	0.3146			1056.6	8561.4	percent of total billed charges	
BINAURAL BTE PREMIUM	V5261	HCPCS	outpatient			9012		Aetna	Commercial		3424.56	0.38			1056.6	8561.4	percent of total billed charges	
BINAURAL BTE PREMIUM	V5261	HCPCS	outpatient			9012		Aetna	Medicare		2775.7	0.308			1056.6	8561.4	percent of total billed charges	
BINAURAL BTE PREMIUM	V5261	HCPCS	outpatient			9012		Americare	Americare		6759	0.75			1056.6	8561.4	percent of total billed charges	
BINAURAL BTE PREMIUM	V5261	HCPCS	outpatient			9012		WellPoint	WellPoint		2891.05	0.3208			1056.6	8561.4	percent of total billed charges	
BINAURAL BTE PREMIUM	V5261	HCPCS	outpatient			9012		Consumer	Consumer		8561.4	0.95			1056.6	8561.4	percent of total billed charges	
BINAURAL BTE PREMIUM	V5261	HCPCS	outpatient			9012		Corrections	Corrections		7209.6	0.8			1056.6	8561.4	percent of total billed charges	
BINAURAL BTE PREMIUM	V5261	HCPCS	outpatient			9012		First Health	First Health		6308.4	0.7			1056.6	8561.4	percent of total billed charges	
BINAURAL BTE PREMIUM	V5261	HCPCS	outpatient			9012		First Trenton	First Trenton		8110.8	0.9			1056.6	8561.4	percent of total billed charges	
BINAURAL BTE PREMIUM	V5261	HCPCS	outpatient			9012		Horizon	Indemnity		3449.79	0.3828			1056.6	8561.4	percent of total billed charges	
BINAURAL BTE PREMIUM	V5261	HCPCS	outpatient			9012		Horizon	MGD		3449.79	0.3828			1056.6	8561.4	percent of total billed charges	
BINAURAL BTE PREMIUM	V5261	HCPCS	outpatient			9012		Horizon	Medicare Blue		2703.6	0.3			1056.6	8561.4	percent of total billed charges	
BINAURAL BTE PREMIUM	V5261	HCPCS	outpatient			9012		Horizon	PPO		3449.79	0.3828			1056.6	8561.4	percent of total billed charges	
BINAURAL BTE PREMIUM	V5261	HCPCS	outpatient			9012		Managed Care Inc	Managed Care Inc		8110.8	0.9			1056.6	8561.4	percent of total billed charges	
BINAURAL BTE PREMIUM	V5261	HCPCS	outpatient			9012		Multiplan	Multiplan		7209.6	0.8			1056.6	8561.4	percent of total billed charges	
BINAURAL BTE PREMIUM	V5261	HCPCS	outpatient			9012		Qualcare	Qualcare		6759	0.75			1056.6	8561.4	percent of total billed charges	
BINAURAL BTE PREMIUM	V5261	HCPCS	outpatient			9012		Three Rivers	Three Rivers		8561.4	0.95			1056.6	8561.4	percent of total billed charges	
BINAURAL BTE PREMIUM	V5261	HCPCS	outpatient			9012		UHC	Medicaid		2835.18	0.3146			1056.6	8561.4	percent of total billed charges	
BINAURAL BTE PREMIUM	V5261	HCPCS	outpatient			9012		Wellcare	Medicaid		2835.18	0.3146			1056.6	8561.4	percent of total billed charges	
SWIM PLUG	V5264	HCPCS	outpatient			192		Aetna	Better Health		60.4	0.3146			52.8	182.4	percent of total billed charges	
SWIM PLUG	V5264	HCPCS	outpatient			192		Aetna	Medicare		59.14	0.308			52.8	182.4	percent of total billed charges	
SWIM PLUG	V5264	HCPCS	outpatient			192		Aetna	Commercial		72.96	0.38			52.8	182.4	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes			
SWIM PLUG	V5264	HCPCS	outpatient			192		Americare	Americare		144	0.75			52.8	182.4	percent of total billed charges					
SWIM PLUG	V5264	HCPCS	outpatient			192		WellPoint	WellPoint		61.59	0.3208			52.8	182.4	percent of total billed charges					
SWIM PLUG	V5264	HCPCS	outpatient			192		Consumer	Consumer		182.4	0.95			52.8	182.4	percent of total billed charges					
SWIM PLUG	V5264	HCPCS	outpatient			192		Corrections	Corrections		153.6	0.8			52.8	182.4	percent of total billed charges					
SWIM PLUG	V5264	HCPCS	outpatient			192		First Health	First Health		134.4	0.7			52.8	182.4	percent of total billed charges					
SWIM PLUG	V5264	HCPCS	outpatient			192		First Trenton	First Trenton		172.8	0.9			52.8	182.4	percent of total billed charges					
SWIM PLUG	V5264	HCPCS	outpatient			192		Horizon	Medicare Blue		57.6	0.3			52.8	182.4	percent of total billed charges					
SWIM PLUG	V5264	HCPCS	outpatient			192		Horizon	Indemnity		73.5	0.3828			52.8	182.4	percent of total billed charges					
SWIM PLUG	V5264	HCPCS	outpatient			192		Horizon	MGD		73.5	0.3828			52.8	182.4	percent of total billed charges					
SWIM PLUG	V5264	HCPCS	outpatient			192		Horizon	PPO		73.5	0.3828			52.8	182.4	percent of total billed charges					
SWIM PLUG	V5264	HCPCS	outpatient			192		Managed Care Inc	Managed Care Inc		172.8	0.9			52.8	182.4	percent of total billed charges					
SWIM PLUG	V5264	HCPCS	outpatient			192		Multiplan	Multiplan		153.6	0.8			52.8	182.4	percent of total billed charges					
SWIM PLUG	V5264	HCPCS	outpatient			192		Qualcare	Qualcare		144	0.75			52.8	182.4	percent of total billed charges					
SWIM PLUG	V5264	HCPCS	outpatient			192		Three Rivers	Three Rivers		182.4	0.95			52.8	182.4	percent of total billed charges					
SWIM PLUG	V5264	HCPCS	outpatient			192		UHC	Medicaid		60.4	0.3146			52.8	182.4	percent of total billed charges					
SWIM PLUG	V5264	HCPCS	outpatient			192		Wellcare	Medicaid		60.4	0.3146			52.8	182.4	percent of total billed charges					
BATTERY SIZE 675P PACK 6	V5266	HCPCS	outpatient			54		Aetna	Medicare		16.63	0.308			16.2	51.3	percent of total billed charges					
BATTERY SIZE 675P PACK 6	V5266	HCPCS	outpatient			54		Aetna	Commercial		20.52	0.38			16.2	51.3	percent of total billed charges					
BATTERY SIZE 675P PACK 6	V5266	HCPCS	outpatient			54		Aetna	Better Health		16.99	0.3146			16.2	51.3	percent of total billed charges					
BATTERY SIZE 675P PACK 6	V5266	HCPCS	outpatient			54		Americare	Americare		40.5	0.75			16.2	51.3	percent of total billed charges					
BATTERY SIZE 675P PACK 6	V5266	HCPCS	outpatient			54		WellPoint	WellPoint		17.32	0.3208			16.2	51.3	percent of total billed charges					
BATTERY SIZE 675P PACK 6	V5266	HCPCS	outpatient			54		Consumer	Consumer		51.3	0.95			16.2	51.3	percent of total billed charges					
BATTERY SIZE 675P PACK 6	V5266	HCPCS	outpatient			54		Corrections	Corrections		43.2	0.8			16.2	51.3	percent of total billed charges					
BATTERY SIZE 675P PACK 6	V5266	HCPCS	outpatient			54		First Health	First Health		37.8	0.7			16.2	51.3	percent of total billed charges					
BATTERY SIZE 675P PACK 6	V5266	HCPCS	outpatient			54		First Trenton	First Trenton		48.6	0.9			16.2	51.3	percent of total billed charges					
BATTERY SIZE 675P PACK 6	V5266	HCPCS	outpatient			54		Horizon	Medicare Blue		16.2	0.3			16.2	51.3	percent of total billed charges					
BATTERY SIZE 675P PACK 6	V5266	HCPCS	outpatient			54		Horizon	Indemnity		20.67	0.3828			16.2	51.3	percent of total billed charges					
BATTERY SIZE 675P PACK 6	V5266	HCPCS	outpatient			54		Horizon	MGD		20.67	0.3828			16.2	51.3	percent of total billed charges					
BATTERY SIZE 675P PACK 6	V5266	HCPCS	outpatient			54		Horizon	PPO		20.67	0.3828			16.2	51.3	percent of total billed charges					
BATTERY SIZE 675P PACK 6	V5266	HCPCS	outpatient			54		Managed Care Inc	Managed Care Inc		48.6	0.9			16.2	51.3	percent of total billed charges					
BATTERY SIZE 675P PACK 6	V5266	HCPCS	outpatient			54		Multiplan	Multiplan		43.2	0.8			16.2	51.3	percent of total billed charges					
BATTERY SIZE 675P PACK 6	V5266	HCPCS	outpatient			54		Qualcare	Qualcare		40.5	0.75			16.2	51.3	percent of total billed charges					
BATTERY SIZE 675P PACK 6	V5266	HCPCS	outpatient			54		Three Rivers	Three Rivers		51.3	0.95			16.2	51.3	percent of total billed charges					
BATTERY SIZE 675P PACK 6	V5266	HCPCS	outpatient			54		UHC	Medicaid		16.99	0.3146			16.2	51.3	percent of total billed charges					
BATTERY SIZE 675P PACK 6	V5266	HCPCS	outpatient			54		Wellcare	Medicaid		16.99	0.3146			16.2	51.3	percent of total billed charges					
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Aetna	Medicare		23.1	0.308			22.5	71.25	percent of total billed charges					
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Aetna	Better Health		23.6	0.3146			22.5	71.25	percent of total billed charges					
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Aetna	Commercial		28.5	0.38			22.5	71.25	percent of total billed charges					
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Americare	Americare		56.25	0.75			22.5	71.25	percent of total billed charges					
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		WellPoint	WellPoint		24.06	0.3208			22.5	71.25	percent of total billed charges					
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Consumer	Consumer		71.25	0.95			22.5	71.25	percent of total billed charges					
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Corrections	Corrections		60	0.8			22.5	71.25	percent of total billed charges					
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		First Health	First Health		52.5	0.7			22.5	71.25	percent of total billed charges					
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		First Trenton	First Trenton		67.5	0.9			22.5	71.25	percent of total billed charges					
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Horizon	MGD		28.71	0.3828			22.5	71.25	percent of total billed charges					
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Horizon	Indemnity		28.71	0.3828			22.5	71.25	percent of total billed charges					
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Horizon	Medicare Blue		22.5	0.3			22.5	71.25	percent of total billed charges					
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Horizon	PPO		28.71	0.3828			22.5	71.25	percent of total billed charges					
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Managed Care Inc	Managed Care Inc		67.5	0.9			22.5	71.25	percent of total billed charges					
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Multiplan	Multiplan		60	0.8			22.5	71.25	percent of total billed charges					
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Qualcare	Qualcare		56.25	0.75			22.5	71.25	percent of total billed charges					
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Three Rivers	Three Rivers		71.25	0.95			22.5	71.25	percent of total billed charges					
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		UHC	Medicaid		23.6	0.3146			22.5	71.25	percent of total billed charges					
EARMOLD IMPRESSION	V5275	HCPCS	outpatient			75		Wellcare	Medicaid		23.6	0.3146			22.5	71.25	percent of total billed charges					
ALD FM/DM SYSTEM BINAURAL	V5282	HCPCS	outpatient			11621		Aetna	Better Health		3655.97	0.3146			3486.3	11039.95	percent of total billed charges					
ALD FM/DM SYSTEM BINAURAL	V5282	HCPCS	outpatient			11621		Aetna	Commercial		4415.98	0.38			3486.3	11039.95	percent of total billed charges					
ALD FM/DM SYSTEM BINAURAL	V5282	HCPCS	outpatient			11621		Aetna	Medicare		3579.27	0.308			3486.3	11039.95	percent of total billed charges					
ALD FM/DM SYSTEM BINAURAL	V5282	HCPCS	outpatient			11621		Americare	Americare		8715.75	0.75			3486.3	11039.95	percent of total billed charges					
ALD FM/DM SYSTEM BINAURAL	V5282	HCPCS	outpatient			11621		WellPoint	WellPoint		3728.02	0.3208			3486.3	11039.95	percent of total billed charges					
ALD FM/DM SYSTEM BINAURAL	V5282	HCPCS	outpatient			11621		Consumer	Consumer		11039.95	0.95			3486.3	11039.95	percent of total billed charges					
ALD FM/DM SYSTEM BINAURAL	V5282	HCPCS	outpatient			11621		Corrections	Corrections		9296.8	0.8			3486.3	11039.95	percent of total billed charges					
ALD FM/DM SYSTEM BINAURAL	V5282	HCPCS	outpatient			11621		First Health	First Health		8134.7	0.7			3486.3	11039.95	percent of total billed charges					
ALD FM/DM SYSTEM BINAURAL	V5282	HCPCS	outpatient			11621		First Trenton	First Trenton		10458.9	0.9			3486.3	11039.95	percent of total billed charges					
ALD FM/DM SYSTEM BINAURAL	V5282	HCPCS	outpatient			11621		Horizon	MGD		4448.52	0.3828			3486.3	11039.95	percent of total billed charges					
ALD FM/DM SYSTEM BINAURAL	V5282	HCPCS	outpatient			11621		Horizon	PPO		4448.52	0.3828			3486.3	11039.95	percent of total billed charges					
ALD FM/DM SYSTEM BINAURAL	V5282	HCPCS	outpatient			11621		Horizon	Indemnity		4448.52	0.3828			3486.3	11039.95	percent of total billed charges					
ALD FM/DM SYSTEM BINAURAL	V5282	HCPCS	outpatient			11621		Horizon	Medicare Blue		3486.3	0.3			3486.3	11039.95	percent of total billed charges					
ALD FM/DM SYSTEM BINAURAL	V5282	HCPCS	outpatient			11621		Managed Care Inc	Managed Care Inc		10458.9	0.9			3486.3	11039.95	percent of total billed charges					
ALD FM/DM SYSTEM BINAURAL	V5282	HCPCS	outpatient			11621		Multiplan	Multiplan		9296.8	0.8			3486.3	11039.95	percent of total billed charges					
ALD FM/DM SYSTEM BINAURAL	V5282	HCPCS	outpatient			11621		Qualcare	Qualcare		8715.75	0.75			3486.3	11039.95	percent of total billed charges					
ALD FM/DM SYSTEM BINAURAL	V5282	HCPCS	outpatient			11621		Three Rivers	Three Rivers		11039.95	0.95			3486.3	11039.95	percent of total billed charges					
ALD FM/DM SYSTEM BINAURAL	V5282	HCPCS	outpatient			11621		UHC	Medicaid		3655.97	0.3146			3486.3	11039.95	percent of total billed charges					
ALD FM/DM SYSTEM BINAURAL	V5282	HCPCS	outpatient			11621		Wellcare	Medicaid		3655.97	0.3146			3486.3	11039.95	percent of total billed charges					
ALD NECK LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Aetna	Better Health		755.98	0.3146			720.9	2282.85	percent of total billed charges					
ALD NECK LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Aetna	Commercial		913.14	0.38			720.9	2282.85	percent of total billed charges					
ALD NECK LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Aetna	Medicare		740.12	0.308			720.9	2282.85	percent of total billed charges					
ALD NECK LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Americare	Americare		1802.25	0.75			720.9	2282.85	percent of total billed charges					
ALD NECK LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		WellPoint	WellPoint		770.88	0.3208			720.9	2282.85	percent of total billed charges					
ALD NECK LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Consumer	Consumer		2282.85	0.95			720.9	2282.85	percent of total billed charges					
ALD NECK LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Corrections	Corrections		1922.4	0.8			720.9	2282.85	percent of total billed charges					
ALD NECK LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		First Health	First Health		1682.1	0.7			720.9	2282.85	percent of total billed charges					
ALD NECK LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		First Trenton	First Trenton		2162.7	0.9			720.9	2282.85	percent of total billed charges					
ALD NECK LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Horizon	PPO		919.87	0.3828			720.9	2282.85	percent of total billed charges					
ALD NECK LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Horizon	MGD		919.87	0.3828			720.9	2282.85	percent of total billed charges					
ALD NECK LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Horizon	Indemnity		919.87	0.3828			720.9	2282.85	percent of total billed charges					
ALD NECK LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Horizon	Medicare Blue		720.9	0.3			720.9	2282.85	percent of total billed charges					
ALD NECK LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Managed Care Inc	Managed Care Inc		2162.7	0.9			720.9	2282.85	percent of total billed charges					
ALD NECK LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Multiplan	Multiplan		1922.4	0.8			720.9	2282.85	percent of total billed charges					
ALD NECK LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Qualcare	Qualcare		1802.25	0.75			720.9	2282.85	percent of total billed charges					
ALD NECK LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Three Rivers	Three Rivers		2282.85	0.95			720.9	2282.85	percent of total billed charges					
ALD NECK LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		UHC	Medicaid		755.98	0.3146			720.9	2282.85	percent of total billed charges					
ALD NECK LOOP INDUCT RECEIVER	V5283	HCPCS	outpatient			2403		Wellcare	Medicaid		755.98	0.3146			720.9	2282.85	percent of total billed charges					
ALD FM/DM EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Aetna	Better Health		851.31	0.3146			811.8	2570.7	percent of total billed charges					
ALD FM/DM EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Aetna	Commercial		1028.28	0.38			811.8	2570.7	percent of total billed charges					
ALD FM/DM EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Aetna	Medicare		833.45	0.308			811.8	2570.7	percent of total billed charges					
ALD FM/DM EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Americare	Americare		2029.5	0.75			811.8	2570.7	percent of total billed charges					
ALD FM/DM EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		WellPoint	WellPoint		868.08	0.3208			811.8	2570.7	percent of total billed charges					
ALD FM/DM EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Consumer	Consumer		2570.7	0.95			811.8	2570.7	percent of total billed charges					
ALD FM/DM EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Corrections	Corrections		2164.8	0.8			811.8	2570.7	percent of total billed charges					
ALD FM/DM EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		First Health	First Health		1894.2	0.7			811.8	2570.7	percent of total billed charges					
ALD FM/DM EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		First Trenton	First Trenton		2435.4	0.9			811.8	2570.7	percent of total billed charges					
ALD FM/DM EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Horizon	Indemnity		1035.86	0.3828			811.8	2570.7	percent of total billed charges					
ALD FM/DM EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Horizon	Medicare Blue		811.8	0.3			811.8	2570.7	percent of total billed charges					
ALD FM/DM EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Horizon	MGD		1035.86	0.3828			811.8	2570.7	percent of total billed charges					
ALD FM/DM EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Horizon	PPO		1035.86	0.3828			811.8	2570.7	percent of total billed charges					
ALD FM/DM EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Managed Care Inc	Managed Care Inc		2435.4	0.9			811.8	2570.7	percent of total billed charges					
ALD FM/DM EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Multiplan	Multiplan		2164.8	0.8			811.8	2570.7	percent of total billed charges					
ALD FM/DM EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Qualcare	Qualcare		2029.5	0.75			811.8	2570.7	percent of total billed charges					
ALD FM/DM EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Three Rivers	Three Rivers		2570.7	0.95			811.8	2570.7	percent of total billed charges					
ALD FM/DM EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		UHC	Medicaid		851.31	0.3146			811.8	2570.7	percent of total billed charges					
ALD FM/DM EAR LEVEL RECEIVER	V5284	HCPCS	outpatient			2706		Wellcare	Medicaid		851.31	0.3146			811.8	2570.7	percent of total billed charges					
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Aetna	Commercial		1120.24	0.38			884.4	2800.6	percent of total billed charges					
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Aetna	Better Health		927.44	0.3146			884.4	2800.6	percent of total billed charges					
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Aetna	Medicare		907.98	0.308			884.4	2800.6	percent of total billed charges					
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Americare	Americare		2211	0.75			884.4	2800.6	percent of total billed charges					
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		WellPoint	WellPoint		945.72	0.3208			884.4	2800.6	percent of total billed charges					
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Consumer	Consumer		2800.6	0.95			884.4	2800.6	percent of total billed charges					
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Corrections	Corrections		2358.4	0.8			884.4	2800.6	percent of total billed charges					
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		First Health	First Health		2063.6	0.7			884.4	2800.6	percent of total billed charges					
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		First Trenton	First Trenton		2653.2	0.9			884.4	2800.6	percent of total billed charges					
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Horizon	PPO		1128.49	0.3828			884.4	2800.6	percent of total billed charges					
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Horizon	MGD		1128.49	0.3828			884.4	2800.6	percent of total billed charges					
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Horizon	Indemnity		1128.49	0.3828			884.4	2800.6	percent of total billed charges					
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Horizon	Medicare Blue		884.4	0.3			884.4	2800.6	percent of total billed charges					
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Managed Care Inc	Managed Care Inc		2653.2	0.9			884.4	2800.6	percent of total billed charges					
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Multiplan	Multiplan		2358.4	0.8			884.4	2800.6	percent of total billed charges					
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Qualcare	Qualcare		2211	0.75			884.4	2800.6	percent of total billed charges					
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Three Rivers	Three Rivers		2800.6	0.95			884.4	2800.6	percent of total billed charges					
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		UHC	Medicaid		927.44	0.3146			884.4	2800.6	percent of total billed charges					
ALD FM/DM AUD INPUT RECEIVER	V5285	HCPCS	outpatient			2948		Wellcare	Medicaid		927.44	0.3146			884.4	2800.6	percent of total billed charges					
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Aetna	Better Health		339.77	0.3146			324	1026	percent of total billed charges					
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Aetna	Medicare		332.64	0.308			324	1026	percent of total billed charges					
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Aetna	Commercial		410.4	0.38			324	1026	percent of total billed charges					
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Americare	Americare		810	0.75			324	1026	percent of total billed charges					
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		WellPoint	WellPoint		346.46	0.3208			324	1026	percent of total billed charges					
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Consumer	Consumer		1026	0.95			324	1026	percent of total billed charges					
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Corrections	Corrections		864	0.8			324	1026	percent of total billed charges					
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		First Health	First Health		756	0.7			324	1026	percent of total billed charges					
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		First Trenton	First Trenton		972	0.9			324	1026	percent of total billed charges					
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Horizon	MGD		413.42	0.3828			324	1026	percent of total billed charges					
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Horizon	Indemnity		413.42	0.3828			324	1026	percent of total billed charges					
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Horizon	Medicare Blue		324	0.3			324	1026	percent of total billed charges					
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Horizon	PPO		413.42	0.3828			324	1026	percent of total billed charges					

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Managed Care Inc	Managed Care Inc		972	0.9			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Multiplan	Multiplan		864	0.8			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Qualcare	Qualcare		810	0.75			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Three Rivers	Three Rivers		1026	0.95			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		UHC	Medicaid		339.77	0.3146			324	1026	percent of total billed charges	
ALD BLUTOOTH FM/DM RECEIVER	V5286	HCPCS	outpatient			1080		Wellcare	Medicaid		339.77	0.3146			324	1026	percent of total billed charges	
ALDFM/DM RECEIVER NOS	V5287	HCPCS	outpatient			826		Aetna	Medicare		254.41	0.308			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER NOS	V5287	HCPCS	outpatient			826		Aetna	Better Health		259.86	0.3146			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER NOS	V5287	HCPCS	outpatient			826		Aetna	Commercial		313.88	0.38			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER NOS	V5287	HCPCS	outpatient			826		Americare	Americare		619.5	0.75			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER NOS	V5287	HCPCS	outpatient			826		WellPoint	WellPoint		264.98	0.3208			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER NOS	V5287	HCPCS	outpatient			826		Consumer	Consumer		784.7	0.95			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER NOS	V5287	HCPCS	outpatient			826		Corrections	Corrections		660.8	0.8			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER NOS	V5287	HCPCS	outpatient			826		First Health	First Health		578.2	0.7			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER NOS	V5287	HCPCS	outpatient			826		First Trenton	First Trenton		743.4	0.9			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER NOS	V5287	HCPCS	outpatient			826		Horizon	MGD		316.19	0.3828			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER NOS	V5287	HCPCS	outpatient			826		Horizon	Medicare Blue		247.8	0.3			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER NOS	V5287	HCPCS	outpatient			826		Horizon	Indemnity		316.19	0.3828			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER NOS	V5287	HCPCS	outpatient			826		Horizon	PPO		316.19	0.3828			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER NOS	V5287	HCPCS	outpatient			826		Managed Care Inc	Managed Care Inc		743.4	0.9			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER NOS	V5287	HCPCS	outpatient			826		Multiplan	Multiplan		660.8	0.8			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER NOS	V5287	HCPCS	outpatient			826		Qualcare	Qualcare		619.5	0.75			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER NOS	V5287	HCPCS	outpatient			826		Three Rivers	Three Rivers		784.7	0.95			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER NOS	V5287	HCPCS	outpatient			826		UHC	Medicaid		259.86	0.3146			247.8	784.7	percent of total billed charges	
ALDFM/DM RECEIVER NOS	V5287	HCPCS	outpatient			826		Wellcare	Medicaid		259.86	0.3146			247.8	784.7	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Aetna	Better Health		901.33	0.3146			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Aetna	Commercial		1088.7	0.38			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Aetna	Medicare		882.42	0.308			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Americare	Americare		2148.75	0.75			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		WellPoint	WellPoint		919.09	0.3208			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Consumer	Consumer		2721.75	0.95			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Corrections	Corrections		2292	0.8			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		First Health	First Health		2005.5	0.7			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		First Trenton	First Trenton		2578.5	0.9			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Horizon	PPO		1096.72	0.3828			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Horizon	MGD		1096.72	0.3828			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Horizon	Indemnity		1096.72	0.3828			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Horizon	Medicare Blue		859.5	0.3			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Managed Care Inc	Managed Care Inc		2578.5	0.9			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Multiplan	Multiplan		2292	0.8			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Qualcare	Qualcare		2148.75	0.75			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Three Rivers	Three Rivers		2721.75	0.95			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		UHC	Medicaid		901.33	0.3146			859.5	2721.75	percent of total billed charges	
ALD FM/DM TRANSMITTER ALD	V5288	HCPCS	outpatient			2865		Wellcare	Medicaid		901.33	0.3146			859.5	2721.75	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Aetna	Medicare		907.98	0.308			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Aetna	Better Health		927.44	0.3146			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Aetna	Commercial		1120.24	0.38			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Americare	Americare		2211	0.75			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		WellPoint	WellPoint		945.72	0.3208			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Consumer	Consumer		2800.6	0.95			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Corrections	Corrections		2358.4	0.8			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		First Health	First Health		2063.6	0.7			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		First Trenton	First Trenton		2653.2	0.9			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Horizon	MGD		1128.49	0.3828			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Horizon	Indemnity		1128.49	0.3828			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Horizon	Medicare Blue		884.4	0.3			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Horizon	PPO		1128.49	0.3828			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Managed Care Inc	Managed Care Inc		2653.2	0.9			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Multiplan	Multiplan		2358.4	0.8			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Qualcare	Qualcare		2211	0.75			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Three Rivers	Three Rivers		2800.6	0.95			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		UHC	Medicaid		927.44	0.3146			884.4	2800.6	percent of total billed charges	
ALD FM/DM ADAPT/BOOT COUPLING	V5289	HCPCS	outpatient			2948		Wellcare	Medicaid		927.44	0.3146			884.4	2800.6	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Aetna	Better Health		1801.4	0.3146			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Aetna	Commercial		2175.88	0.38			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Aetna	Medicare		1763.61	0.308			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Americare	Americare		4294.5	0.75			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		WellPoint	WellPoint		1836.9	0.3208			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Consumer	Consumer		5439.7	0.95			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Corrections	Corrections		4580.8	0.8			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		First Health	First Health		4008.2	0.7			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		First Trenton	First Trenton		5153.4	0.9			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Horizon	MGD		2191.91	0.3828			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Horizon	Indemnity		2191.91	0.3828			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Horizon	PPO		2191.91	0.3828			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Horizon	Medicare Blue		1717.8	0.3			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Managed Care Inc	Managed Care Inc		5153.4	0.9			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Multiplan	Multiplan		4580.8	0.8			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Qualcare	Qualcare		4294.5	0.75			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Three Rivers	Three Rivers		5439.7	0.95			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		UHC	Medicaid		1801.4	0.3146			1717.8	5439.7	percent of total billed charges	
ALD TRANSMITTER MICROPHONE	V5290	HCPCS	outpatient			5726		Wellcare	Medicaid		1801.4	0.3146			1717.8	5439.7	percent of total billed charges	
R&B PRIV: Med/Surg/Gen.	111 RC		inpatient			9204		Americare	Americare		6903	0.75			3131	8743.8	percent of total billed charges	
R&B PRIV: Med/Surg/Gen.	111 RC		inpatient			9204		Consumer	Consumer		7363.2	0.8			3131	8743.8	percent of total billed charges	
R&B PRIV: Med/Surg/Gen.	111 RC		inpatient			9204		Corrections	Corrections		7363.2	0.8			3131	8743.8	percent of total billed charges	
R&B PRIV: Med/Surg/Gen.	111 RC		inpatient			9204		First Health	First Health		6442.8	0.7			3131	8743.8	percent of total billed charges	
R&B PRIV: Med/Surg/Gen.	111 RC		inpatient			9204		First Trenton	First Trenton		8283.6	0.9			3131	8743.8	percent of total billed charges	
R&B PRIV: Med/Surg/Gen.	111 RC		inpatient			9204		Managed Care Inc	Managed Care Inc		8283.6	0.9			3131	8743.8	percent of total billed charges	
R&B PRIV: Med/Surg/Gen.	111 RC		inpatient			9204		Multiplan	Multiplan		7363.2	0.8			3131	8743.8	percent of total billed charges	
R&B PRIV: Med/Surg/Gen.	111 RC		inpatient			9204		Qualcare	Qualcare		3131				3131	8743.8	case rate	
R&B PRIV: Med/Surg/Gen.	111 RC		inpatient			9204		Three Rivers	Three Rivers		8743.8	0.95			3131	8743.8	percent of total billed charges	
R&B PRIV: OB	112 RC		inpatient			9204		Americare	Americare		6903	0.75			3131	8743.8	percent of total billed charges	
R&B PRIV: OB	112 RC		inpatient			9204		Consumer	Consumer		7363.2	0.8			3131	8743.8	percent of total billed charges	
R&B PRIV: OB	112 RC		inpatient			9204		Corrections	Corrections		7363.2	0.8			3131	8743.8	percent of total billed charges	
R&B PRIV: OB	112 RC		inpatient			9204		First Health	First Health		6442.8	0.7			3131	8743.8	percent of total billed charges	
R&B PRIV: OB	112 RC		inpatient			9204		First Trenton	First Trenton		8283.6	0.9			3131	8743.8	percent of total billed charges	
R&B PRIV: OB	112 RC		inpatient			9204		Managed Care Inc	Managed Care Inc		8283.6	0.9			3131	8743.8	percent of total billed charges	
R&B PRIV: OB	112 RC		inpatient			9204		Multiplan	Multiplan		7363.2	0.8			3131	8743.8	percent of total billed charges	
R&B PRIV: OB	112 RC		inpatient			9204		Qualcare	Qualcare		3131				3131	8743.8	case rate	
R&B PRIV: OB	112 RC		inpatient			9204		Three Rivers	Three Rivers		8743.8	0.95			3131	8743.8	percent of total billed charges	
R&B SEMI: Med/Surg/Gen.	121 RC		inpatient			9204		Americare	Americare		6903	0.75			3131	8743.8	percent of total billed charges	
R&B SEMI: Med/Surg/Gen.	121 RC		inpatient			9204		Consumer	Consumer		7363.2	0.8			3131	8743.8	percent of total billed charges	
R&B SEMI: Med/Surg/Gen.	121 RC		inpatient			9204		Corrections	Corrections		7363.2	0.8			3131	8743.8	percent of total billed charges	
R&B SEMI: Med/Surg/Gen.	121 RC		inpatient			9204		First Health	First Health		6442.8	0.7			3131	8743.8	percent of total billed charges	
R&B SEMI: Med/Surg/Gen.	121 RC		inpatient			9204		First Trenton	First Trenton		8283.6	0.9			3131	8743.8	percent of total billed charges	
R&B SEMI: Med/Surg/Gen.	121 RC		inpatient			9204		Managed Care Inc	Managed Care Inc		8283.6	0.9			3131	8743.8	percent of total billed charges	
R&B SEMI: Med/Surg/Gen.	121 RC		inpatient			9204		Multiplan	Multiplan		7363.2	0.8			3131	8743.8	percent of total billed charges	
R&B SEMI: Med/Surg/Gen.	121 RC		inpatient			9204		Qualcare	Qualcare		3131				3131	8743.8	case rate	
R&B SEMI: Med/Surg/Gen.	121 RC		inpatient			9204		Three Rivers	Three Rivers		8743.8	0.95			3131	8743.8	percent of total billed charges	
R&B SEMI: OB	122 RC		inpatient			9204		Americare	Americare		6903	0.75			3131	8743.8	percent of total billed charges	
R&B SEMI: OB	122 RC		inpatient			9204		Consumer	Consumer		7363.2	0.8			3131	8743.8	percent of total billed charges	
R&B SEMI: OB	122 RC		inpatient			9204		Corrections	Corrections		7363.2	0.8			3131	8743.8	percent of total billed charges	
R&B SEMI: OB	122 RC		inpatient			9204		First Health	First Health		6442.8	0.7			3131	8743.8	percent of total billed charges	
R&B SEMI: OB	122 RC		inpatient			9204		First Trenton	First Trenton		8283.6	0.9			3131	8743.8	percent of total billed charges	
R&B SEMI: OB	122 RC		inpatient			9204		Managed Care Inc	Managed Care Inc		8283.6	0.9			3131	8743.8	percent of total billed charges	
R&B SEMI: OB	122 RC		inpatient			9204		Multiplan	Multiplan		7363.2	0.8			3131	8743.8	percent of total billed charges	
R&B SEMI: OB	122 RC		inpatient			9204		Qualcare	Qualcare		3131				3131	8743.8	case rate	
R&B SEMI: OB	122 RC		inpatient			9204		Three Rivers	Three Rivers		8743.8	0.95			3131	8743.8	percent of total billed charges	
R&B SEMI: Psych	124 RC		inpatient			9204		Americare	Americare		6903	0.75			1423	8743.8	percent of total billed charges	
R&B SEMI: Psych	124 RC		inpatient			9204		Consumer	Consumer		7363.2	0.8			1423	8743.8	percent of total billed charges	
R&B SEMI: Psych	124 RC		inpatient			9204		Corrections	Corrections		7363.2	0.8			1423	8743.8	percent of total billed charges	
R&B SEMI: Psych	124 RC		inpatient			9204		First Health	First Health		6442.8	0.7			1423	8743.8	percent of total billed charges	
R&B SEMI: Psych	124 RC		inpatient			9204		First Trenton	First Trenton		8283.6	0.9			1423	8743.8	percent of total billed charges	
R&B SEMI: Psych	124 RC		inpatient			9204		Managed Care Inc	Managed Care Inc		8283.6	0.9			1423	8743.8	percent of total billed charges	
R&B SEMI: Psych	124 RC		inpatient			9204		Multiplan	Multiplan		7363.2	0.8			1423	8743.8	percent of total billed charges	
R&B SEMI: Psych	124 RC		inpatient			9204		Qualcare	Qualcare		1423				1423	8743.8	case rate	
R&B SEMI: Psych	124 RC		inpatient			9204		Three Rivers	Three Rivers		8743.8	0.95			1423	8743.8	percent of total billed charges	
Nursery: Newborn Level I - Newborn Nursery	171 RC		inpatient			3052		Americare	Americare		2289	0.75			637	2899.4	percent of total billed charges	
Nursery: Newborn Level I - Newborn Nursery	171 RC		inpatient			3052		Amerihealth	HMO/PPO		637				637	2899.4	case rate	
Nursery: Newborn Level I - Newborn Nursery	171 RC		inpatient			3052		Consumer	Consumer		2441.6	0.8			637	2899.4	percent of total billed charges	
Nursery: Newborn Level I - Newborn Nursery	171 RC		inpatient			3052		Corrections	Corrections		2441.6	0.8			637	2899.4	percent of total billed charges	
Nursery: Newborn Level I - Newborn Nursery	171 RC		inpatient			3052		First Health	First Health		2136.4	0.7			637	2899.4	percent of total billed charges	
Nursery: Newborn Level I - Newborn Nursery	171 RC		inpatient			3052		First Trenton	First Trenton		2746.8	0.9			637	2899.4	percent of total billed charges	
Nursery: Newborn Level I - Newborn Nursery	171 RC		inpatient			3052		Managed Care Inc	Managed Care Inc		2746.8	0.9			637	2899.4	percent of total billed charges	
Nursery: Newborn Level I - Newborn Nursery	171 RC		inpatient			3052		Multiplan	Multiplan		2441.6	0.8			637	2899.4	percent of total billed charges	
Nursery: Newborn Level I - Newborn Nursery	171 RC		inpatient			3052		Qualcare	Qualcare		2277				637	2899.4	case rate	
Nursery: Newborn Level I - Newborn Nursery	171 RC		inpatient			3052		Three Rivers	Three Rivers		2899.4	0.95			637	2899.4	percent of total billed charges	
Nursery: Newborn Level II - Continuing Care	172 RC		inpatient			9611		Americare	Americare		7208.25	0.75			637	9130.45	percent of total billed charges	
Nursery: Newborn Level II - Continuing Care	172 RC		inpatient			9611		Amerihealth	HMO/PPO		637				637	9130.45	case rate	
Nursery: Newborn Level II - Continuing Care	172 RC		inpatient			9611		Consumer	Consumer		7688.8	0.8			637	9130.45	percent of total billed charges	
Nursery: Newborn Level II - Continuing Care	172 RC		inpatient			9611		Corrections	Corrections		7688.8	0.8			637	9130.45	percent of total billed charges	
Nursery: Newborn Level II - Continuing Care	172 RC		inpatient			9611		First Health	First Health		6727.7	0.7			637	9130.45	percent of total billed charges	
Nursery: Newborn Level II - Continuing Care	172 RC		inpatient			9611		First Trenton	First Trenton		8649.9	0.9			637	9130.45	percent of total billed charges	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
Nursery: Newborn Level II - Continuing Care		172 RC	inpatient			9611		Managed Care Inc	Managed Care Inc		8649.9	0.9			637	9130.45	percent of total billed charges	
Nursery: Newborn Level II - Continuing Care		172 RC	inpatient			9611		Multiplan	Multiplan		7688.8	0.8			637	9130.45	percent of total billed charges	
Nursery: Newborn Level II - Continuing Care		172 RC	inpatient			9611		Qualcare	Qualcare		2277				637	9130.45	case rate	
Nursery: Newborn Level II - Continuing Care		172 RC	inpatient			9611		Three Rivers	Three Rivers		9130.45	0.95			637	9130.45	percent of total billed charges	
Nursery: Newborn Level IV - Intensive Care		174 RC	inpatient			17107		Americare	Americare		12830.25	0.75			3183	16251.65	percent of total billed charges	
Nursery: Newborn Level IV - Intensive Care		174 RC	inpatient			17107		Amerihealth	HMO/PPO		3183				3183	16251.65	case rate	
Nursery: Newborn Level IV - Intensive Care		174 RC	inpatient			17107		Consumer	Consumer		13685.6	0.8			3183	16251.65	percent of total billed charges	
Nursery: Newborn Level IV - Intensive Care		174 RC	inpatient			17107		Corrections	Corrections		13685.6	0.8			3183	16251.65	percent of total billed charges	
Nursery: Newborn Level IV - Intensive Care		174 RC	inpatient			17107		First Health	First Health		11974.9	0.7			3183	16251.65	percent of total billed charges	
Nursery: Newborn Level IV - Intensive Care		174 RC	inpatient			17107		First Trenton	First Trenton		15396.3	0.9			3183	16251.65	percent of total billed charges	
Nursery: Newborn Level IV - Intensive Care		174 RC	inpatient			17107		Managed Care Inc	Managed Care Inc		15396.3	0.9			3183	16251.65	percent of total billed charges	
Nursery: Newborn Level IV - Intensive Care		174 RC	inpatient			17107		Multiplan	Multiplan		13685.6	0.8			3183	16251.65	percent of total billed charges	
Nursery: Newborn Level IV - Intensive Care		174 RC	inpatient			17107		Qualcare	Qualcare		3986				3183	16251.65	case rate	
Nursery: Newborn Level IV - Intensive Care		174 RC	inpatient			17107		Three Rivers	Three Rivers		16251.65	0.95			3183	16251.65	percent of total billed charges	
ICU: Surg		201 RC	inpatient			22588		Americare	Americare		16941	0.75			3986	21458.6	percent of total billed charges	
ICU: Surg		201 RC	inpatient			22588		Consumer	Consumer		18070.4	0.8			3986	21458.6	percent of total billed charges	
ICU: Surg		201 RC	inpatient			22588		Corrections	Corrections		18070.4	0.8			3986	21458.6	percent of total billed charges	
ICU: Surg		201 RC	inpatient			22588		First Health	First Health		15811.6	0.7			3986	21458.6	percent of total billed charges	
ICU: Surg		201 RC	inpatient			22588		First Trenton	First Trenton		20329.2	0.9			3986	21458.6	percent of total billed charges	
ICU: Surg		201 RC	inpatient			22588		Managed Care Inc	Managed Care Inc		20329.2	0.9			3986	21458.6	percent of total billed charges	
ICU: Surg		201 RC	inpatient			22588		Multiplan	Multiplan		18070.4	0.8			3986	21458.6	percent of total billed charges	
ICU: Surg		201 RC	inpatient			22588		Qualcare	Qualcare		3986				3986	21458.6	case rate	
ICU: Surg		201 RC	inpatient			22588		Three Rivers	Three Rivers		21458.6	0.95			3986	21458.6	percent of total billed charges	
ICU: Post ICU		206 RC	inpatient			12739		Americare	Americare		9554.25	0.75			3487	12102.05	percent of total billed charges	
ICU: Post ICU		206 RC	inpatient			12739		Consumer	Consumer		10191.2	0.8			3487	12102.05	percent of total billed charges	
ICU: Post ICU		206 RC	inpatient			12739		Corrections	Corrections		10191.2	0.8			3487	12102.05	percent of total billed charges	
ICU: Post ICU		206 RC	inpatient			12739		First Health	First Health		8917.3	0.7			3487	12102.05	percent of total billed charges	
ICU: Post ICU		206 RC	inpatient			12739		First Trenton	First Trenton		11465.1	0.9			3487	12102.05	percent of total billed charges	
ICU: Post ICU		206 RC	inpatient			12739		Managed Care Inc	Managed Care Inc		11465.1	0.9			3487	12102.05	percent of total billed charges	
ICU: Post ICU		206 RC	inpatient			12739		Multiplan	Multiplan		10191.2	0.8			3487	12102.05	percent of total billed charges	
ICU: Post ICU		206 RC	inpatient			12739		Qualcare	Qualcare		3487				3487	12102.05	case rate	
ICU: Post ICU		206 RC	inpatient			12739		Three Rivers	Three Rivers		12102.05	0.95			3487	12102.05	percent of total billed charges	
CCU: Other Coronary Care		219 RC	inpatient			17107		Americare	Americare		12830.25	0.75			11974.9	16251.65	percent of total billed charges	
CCU: Other Coronary Care		219 RC	inpatient			17107		Consumer	Consumer		13685.6	0.8			11974.9	16251.65	percent of total billed charges	
CCU: Other Coronary Care		219 RC	inpatient			17107		Corrections	Corrections		13685.6	0.8			11974.9	16251.65	percent of total billed charges	
CCU: Other Coronary Care		219 RC	inpatient			17107		First Health	First Health		11974.9	0.7			11974.9	16251.65	percent of total billed charges	
CCU: Other Coronary Care		219 RC	inpatient			17107		First Trenton	First Trenton		15396.3	0.9			11974.9	16251.65	percent of total billed charges	
CCU: Other Coronary Care		219 RC	inpatient			17107		Managed Care Inc	Managed Care Inc		15396.3	0.9			11974.9	16251.65	percent of total billed charges	
CCU: Other Coronary Care		219 RC	inpatient			17107		Multiplan	Multiplan		13685.6	0.8			11974.9	16251.65	percent of total billed charges	
CCU: Other Coronary Care		219 RC	inpatient			17107		Three Rivers	Three Rivers		16251.65	0.95			11974.9	16251.65	percent of total billed charges	
Allergy Testing Case Rate		924 RC	outpatient					United	Commercial		191				191	219	case rate	
Allergy Testing Case Rate		924 RC	outpatient					United	Oxford		191				191	219	case rate	
Allergy Testing Case Rate		924 RC	outpatient					United	PPO		219				191	219	case rate	
Audiology Unit Rate		470 RC	outpatient					United	Commercial		170				167	200	case rate	
Audiology Unit Rate		471 RC	outpatient					United	Commercial		170				167	200	case rate	
Audiology Unit Rate		472 RC	outpatient					United	Commercial		170				167	200	case rate	
Audiology Unit Rate		479 RC	outpatient					United	Commercial		170				167	200	case rate	
Audiology Unit Rate		470 RC	outpatient					United	Oxford		167				167	200	case rate	
Audiology Unit Rate		471 RC	outpatient					United	Oxford		167				167	200	case rate	
Audiology Unit Rate		472 RC	outpatient					United	Oxford		167				167	200	case rate	
Audiology Unit Rate		479 RC	outpatient					United	Oxford		167				167	200	case rate	
Audiology Unit Rate		470 RC	outpatient					United	PPO		200				167	200	case rate	
Audiology Unit Rate		471 RC	outpatient					United	PPO		200				167	200	case rate	
Audiology Unit Rate		472 RC	outpatient					United	PPO		200				167	200	case rate	
Audiology Unit Rate		479 RC	outpatient					United	PPO		200				167	200	case rate	
Behavioral Health per diem	LOCAL	LOCAL	inpatient					Qualcare	Qualcare		1423				1423	1423	per diem	
Cardiac Catherization	LOCAL	LOCAL	outpatient					Horizon	NJ Health		4928				4928	4928	case rate	
Cardiac Rehabilitation Therapy Case Rate		943 RC	outpatient					United	Commercial		273				273	287	case rate	
Cardiac Rehabilitation Therapy Case Rate		943 RC	outpatient					United	Oxford		273				273	287	case rate	
Cardiac Rehabilitation Therapy Case Rate		943 RC	outpatient					United	PPO		287				273	287	case rate	
Cardiac Stress Test Unit Rate		482 RC	outpatient					United	Commercial		298				260	323	case rate	
Cardiac Stress Test Unit Rate		482 RC	outpatient					United	Oxford		260				260	323	case rate	
Cardiac Stress Test Unit Rate		482 RC	outpatient					United	PPO		323				260	323	case rate	
Cardiology Unit Rate		480 RC	outpatient					United	Commercial		429				380	456	case rate	
Cardiology Unit Rate		489 RC	outpatient					United	Commercial		429				380	456	case rate	
Cardiology Unit Rate		480 RC	outpatient					United	Oxford		380				380	456	case rate	
Cardiology Unit Rate		489 RC	outpatient					United	Oxford		380				380	456	case rate	
Cardiology Unit Rate		480 RC	outpatient					United	PPO		456				380	456	case rate	
Cardiology Unit Rate		489 RC	outpatient					United	PPO		456				380	456	case rate	
Chemotherapy Administration Unit Rate		331 RC	outpatient					United	Commercial		983				858	1311	case rate	
Chemotherapy Administration Unit Rate		332 RC	outpatient					United	Commercial		983				858	1311	case rate	
Chemotherapy Administration Unit Rate		335 RC	outpatient					United	Commercial		983				858	1311	case rate	
Chemotherapy Administration Unit Rate		331 RC	outpatient					United	Oxford		858				858	1311	case rate	
Chemotherapy Administration Unit Rate		332 RC	outpatient					United	Oxford		858				858	1311	case rate	
Chemotherapy Administration Unit Rate		335 RC	outpatient					United	Oxford		858				858	1311	case rate	
Chemotherapy Administration Unit Rate		331 RC	outpatient					United	PPO		1311				858	1311	case rate	
Chemotherapy Administration Unit Rate		332 RC	outpatient					United	PPO		1311				858	1311	case rate	
Chemotherapy Administration Unit Rate		335 RC	outpatient					United	PPO		1311				858	1311	case rate	
Clinic	LOCAL	LOCAL	outpatient					Amerihealth	HMO/PPO		170				170	170	case rate	
Computerized Tomography (CT) Scan Case Rate		350 RC	outpatient					United	Commercial		695				594	836	case rate	
Computerized Tomography (CT) Scan Case Rate		351 RC	outpatient					United	Commercial		695				594	836	case rate	
Computerized Tomography (CT) Scan Case Rate		352 RC	outpatient					United	Commercial		695				594	836	case rate	
Computerized Tomography (CT) Scan Case Rate		359 RC	outpatient					United	Commercial		695				594	836	case rate	
Computerized Tomography (CT) Scan Case Rate		350 RC	outpatient					United	Oxford		594				594	836	case rate	
Computerized Tomography (CT) Scan Case Rate		351 RC	outpatient					United	Oxford		594				594	836	case rate	
Computerized Tomography (CT) Scan Case Rate		352 RC	outpatient					United	Oxford		594				594	836	case rate	
Computerized Tomography (CT) Scan Case Rate		359 RC	outpatient					United	Oxford		594				594	836	case rate	
Computerized Tomography (CT) Scan Case Rate		350 RC	outpatient					United	PPO		836				594	836	case rate	
Computerized Tomography (CT) Scan Case Rate		351 RC	outpatient					United	PPO		836				594	836	case rate	
Computerized Tomography (CT) Scan Case Rate		352 RC	outpatient					United	PPO		836				594	836	case rate	
Computerized Tomography (CT) Scan Case Rate		359 RC	outpatient					United	PPO		836				594	836	case rate	
C-Section Case Rate	LOCAL	LOCAL	inpatient					Amerihealth	HMO/PPO		8487				8398	108734	case rate	
C-Section Case Rate	LOCAL	LOCAL	inpatient					Qualcare	Qualcare		8398				8398	108734	case rate	
C-Section Case Rate	LOCAL	LOCAL	inpatient					United	Commercial		10406				8398	108734	case rate	
C-Section Case Rate	LOCAL	LOCAL	inpatient					United	Oxford		9688				8398	108734	case rate	
C-Section Case Rate	LOCAL	LOCAL	inpatient					United	PPO		108734				8398	108734	case rate	
Cyber Knife — Initial Visit	LOCAL	LOCAL	outpatient					United	Commercial		19669				19669	19669	case rate	
Cyber Knife — Initial Visit	LOCAL	LOCAL	outpatient					United	Oxford		19669				19669	19669	case rate	
Cyber Knife — Initial Visit	LOCAL	LOCAL	outpatient					United	PPO		19669				19669	19669	case rate	
Cyber Knife — Subsequent Visit	LOCAL	LOCAL	outpatient					United	Commercial		7649				7649	7649	case rate	
Cyber Knife — Subsequent Visit	LOCAL	LOCAL	outpatient					United	Oxford		7649				7649	7649	case rate	
Cyber Knife — Subsequent Visit	LOCAL	LOCAL	outpatient					United	PPO		7649				7649	7649	case rate	
Diagnostic and Screening Mammography Case Rate		401 RC	outpatient					United	Commercial		397				397	397	case rate	
Diagnostic and Screening Mammography Case Rate		403 RC	outpatient					United	Commercial		397				397	397	case rate	
Diagnostic and Screening Mammography Case Rate		401 RC	outpatient					United	Oxford		397				397	397	case rate	
Diagnostic and Screening Mammography Case Rate		403 RC	outpatient					United	Oxford		397				397	397	case rate	
Diagnostic and Screening Mammography Case Rate		401 RC	outpatient					United	PPO		397				397	397	case rate	
Diagnostic and Screening Mammography Case Rate		403 RC	outpatient					United	PPO		397				397	397	case rate	
ECHMO or Trach per diem 51+	LOCAL	LOCAL	inpatient					Aetna	Commercial		7934				7934	7934	per diem	
Echocardiology Unit Rate		483 RC	outpatient					United	Commercial		435				357	450	case rate	
Echocardiology Unit Rate		483 RC	outpatient					United	Oxford		357				357	450	case rate	
Echocardiology Unit Rate		483 RC	outpatient					United	PPO		450				357	450	case rate	
Education and Training Case Rate		942 RC	outpatient					United	Commercial		197				197	219	case rate	
Education and Training Case Rate		942 RC	outpatient					United	Oxford		197				197	219	case rate	
Education and Training Case Rate		942 RC	outpatient					United	PPO		219				197	219	case rate	
EEG Unit Rate	LOCAL	LOCAL	outpatient					United	Commercial		752				597	778	case rate	
EEG Unit Rate	LOCAL	LOCAL	outpatient					United	Oxford		597				597	778	case rate	
EEG Unit Rate	LOCAL	LOCAL	outpatient					United	PPO		778				597	778	case rate	
EKG and ECG Case Rate		730 RC	outpatient					United	Commercial		173				173	173	case rate	
EKG and ECG Case Rate		739 RC	outpatient					United	Commercial		173				173	173	case rate	
EKG and ECG Case Rate		730 RC	outpatient					United	Oxford		173				173	173	case rate	
EKG and ECG Case Rate		739 RC	outpatient					United	Oxford		173				173	173	case rate	
EKG and ECG Case Rate		730 RC	outpatient					United	PPO		173				173	173	case rate	
EKG and ECG Case Rate		739 RC	outpatient					United	PPO		173				173	173	case rate	
Emergency Care Critical Care	LOCAL	LOCAL	outpatient					Amerihealth	HMO/PPO		902				774	1092	case rate	
Emergency Care Critical Care	LOCAL	LOCAL	outpatient					Horizon	NJ Health		774				774	1092	case rate	
Emergency Care Critical Care	LOCAL	LOCAL	outpatient					United	Commercial		891				774	1092	case rate	
Emergency Care Critical Care	LOCAL	LOCAL	outpatient					United	Oxford		836				774	1092	case rate	
Emergency Care Critical Care	LOCAL	LOCAL	outpatient					United	PPO		1092				774	1092	case rate	
Emergency Care Level 1 & 2	LOCAL	LOCAL	outpatient					Amerihealth	HMO/PPO		372				239	1092	case rate	
Emergency Care Level 1 & 2	LOCAL	LOCAL	outpatient					Horizon	NJ Health		239				239	1092	case rate	
Emergency Care Level 1 & 2	LOCAL	LOCAL	outpatient					United	Commercial		891				239	1092	case rate	
Emergency Care Level 1 & 2	LOCAL	LOCAL	outpatient					United	Oxford		836				239	1092	case rate	
Emergency Care Level 1 & 2	LOCAL	LOCAL	outpatient					United	PPO		1092				239	1092	case rate	
Emergency Care Level 3 & 4	LOCAL	LOCAL	outpatient					Amerihealth	HMO/PPO		584				584	1092	case rate	
Emergency Care Level 3 & 4	LOCAL	LOCAL	outpatient					Horizon	NJ Health		774				584	1092	case rate	
Emergency Care Level 3 & 4	LOCAL	LOCAL	outpatient					United	Commercial		891				584	1092	case rate	
Emergency Care Level 3 & 4	LOCAL	LOCAL	outpatient					United	Oxford		836				584	1092	case rate	
Emergency Care Level 3 & 4	LOCAL	LOCAL	outpatient					United	PPO		1092				584	1092	case rate	
Emergency Care Level 5	LOCAL	LOCAL	outpatient					Amerihealth	HMO/PPO		902				774	1092	case rate	
Emergency Care Level 5	LOCAL	LOCAL	outpatient					Horizon	NJ Health		774				774	1092	case rate	
Emergency Care Level 5	LOCAL	LOCAL	outpatient					United	Commercial		891				774	1092	case rate	
Emergency Care Level 5	LOCAL	LOCAL	outpatient					United	Oxford		836				774	1092	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
Emergency Care Level 5	LOCAL	LOCAL	outpatient					United	PPO		1092				774	1092	case rate	
Emergency Screening/Triage	LOCAL	LOCAL	outpatient					Amerihealth	HMO/PPO		159				159	159	case rate	
EMG Unit Rate		922 RC	outpatient					United	Commercial		168				168	182	case rate	
EMG Unit Rate		922 RC	outpatient					United	Oxford		168				168	182	case rate	
EMG Unit Rate		922 RC	outpatient					United	PPO		182				168	182	case rate	
Endoscopy	LOCAL	LOCAL	outpatient					Horizon	NJ Health		3681				3681	3681	case rate	
Gastroenterology	LOCAL	LOCAL	outpatient					Horizon	NJ Health		3681				3681	3681	case rate	
Hemodialysis Case Rate		820 RC	outpatient					United	Commercial		723				723	874	case rate	
Hemodialysis Case Rate		821 RC	outpatient					United	Commercial		723				723	874	case rate	
Hemodialysis Case Rate		822 RC	outpatient					United	Commercial		723				723	874	case rate	
Hemodialysis Case Rate		823 RC	outpatient					United	Commercial		723				723	874	case rate	
Hemodialysis Case Rate		824 RC	outpatient					United	Commercial		723				723	874	case rate	
Hemodialysis Case Rate		825 RC	outpatient					United	Commercial		723				723	874	case rate	
Hemodialysis Case Rate		829 RC	outpatient					United	Commercial		723				723	874	case rate	
Hemodialysis Case Rate		820 RC	outpatient					United	Oxford		723				723	874	case rate	
Hemodialysis Case Rate		821 RC	outpatient					United	Oxford		723				723	874	case rate	
Hemodialysis Case Rate		822 RC	outpatient					United	Oxford		723				723	874	case rate	
Hemodialysis Case Rate		823 RC	outpatient					United	Oxford		723				723	874	case rate	
Hemodialysis Case Rate		824 RC	outpatient					United	Oxford		723				723	874	case rate	
Hemodialysis Case Rate		825 RC	outpatient					United	Oxford		723				723	874	case rate	
Hemodialysis Case Rate		829 RC	outpatient					United	Oxford		723				723	874	case rate	
Hemodialysis Case Rate		820 RC	outpatient					United	PPO		874				723	874	case rate	
Hemodialysis Case Rate		821 RC	outpatient					United	PPO		874				723	874	case rate	
Hemodialysis Case Rate		822 RC	outpatient					United	PPO		874				723	874	case rate	
Hemodialysis Case Rate		823 RC	outpatient					United	PPO		874				723	874	case rate	
Hemodialysis Case Rate		824 RC	outpatient					United	PPO		874				723	874	case rate	
Hemodialysis Case Rate		825 RC	outpatient					United	PPO		874				723	874	case rate	
Hemodialysis Case Rate		829 RC	outpatient					United	PPO		874				723	874	case rate	
Holier Monitor/Telemetry Unit Rate		731 RC	outpatient					United	Commercial		231				219	244	case rate	
Holier Monitor/Telemetry Unit Rate		732 RC	outpatient					United	Commercial		231				219	244	case rate	
Holier Monitor/Telemetry Unit Rate		731 RC	outpatient					United	Oxford		219				219	244	case rate	
Holier Monitor/Telemetry Unit Rate		732 RC	outpatient					United	Oxford		219				219	244	case rate	
Holier Monitor/Telemetry Unit Rate		731 RC	outpatient					United	PPO		244				219	244	case rate	
Holier Monitor/Telemetry Unit Rate		732 RC	outpatient					United	PPO		244				219	244	case rate	
Hyperbaric Case Rate		413 RC	outpatient					United	Commercial		2919				2333	3060	case rate	
Hyperbaric Case Rate		413 RC	outpatient					United	Oxford		2333				2333	3060	case rate	
Hyperbaric Case Rate		413 RC	outpatient					United	PPO		3060				2333	3060	case rate	
ICU/CCU per diem		201 RC	inpatient					Qualcare	Qualcare		3986				3986	3986	case rate	
ICU/CCU per diem		202 RC	inpatient					Qualcare	Qualcare		3986				3986	3986	case rate	
ICU/CCU per diem		203 RC	inpatient					Qualcare	Qualcare		3986				3986	3986	case rate	
Imaging Services Case Rate		400 RC	outpatient					United	Commercial		339				339	339	case rate	
Imaging Services Case Rate		409 RC	outpatient					United	Commercial		339				339	339	case rate	
Imaging Services Case Rate		400 RC	outpatient					United	Oxford		339				339	339	case rate	
Imaging Services Case Rate		409 RC	outpatient					United	Oxford		339				339	339	case rate	
Imaging Services Case Rate		400 RC	outpatient					United	PPO		339				339	339	case rate	
Imaging Services Case Rate		409 RC	outpatient					United	PPO		339				339	339	case rate	
IV Therapy Case Rate		260 RC	outpatient					United	Commercial		273				246	273	case rate	
IV Therapy Case Rate		269 RC	outpatient					United	Commercial		273				246	273	case rate	
IV Therapy Case Rate		260 RC	outpatient					United	Oxford		246				246	273	case rate	
IV Therapy Case Rate		269 RC	outpatient					United	Oxford		246				246	273	case rate	
IV Therapy Case Rate		260 RC	outpatient					United	PPO		273				246	273	case rate	
IV Therapy Case Rate		269 RC	outpatient					United	PPO		273				246	273	case rate	
Lab/Pathology per Unit	LOCAL	LOCAL	outpatient					United	Commercial		67				64	70	case rate	
Lab/Pathology per Unit	LOCAL	LOCAL	outpatient					United	Oxford		64				64	70	case rate	
Lab/Pathology per Unit	LOCAL	LOCAL	outpatient					United	PPO		70				64	70	case rate	
Labor Room/Delivery Services	LOCAL	LOCAL	outpatient					United	Commercial		389				389	410	case rate	
Labor Room/Delivery Services	LOCAL	LOCAL	outpatient					United	Oxford		389				389	410	case rate	
Labor Room/Delivery Services	LOCAL	LOCAL	outpatient					United	PPO		410				389	410	case rate	
Laparoscopic Banding	LOCAL	LOCAL	outpatient					United	Commercial		8185				8185	8185	case rate	
Laparoscopic Banding	LOCAL	LOCAL	outpatient					United	Oxford		8185				8185	8185	case rate	
Laparoscopic Banding	LOCAL	LOCAL	outpatient					United	PPO		8185				8185	8185	case rate	
Linear Accelerator Based SRS, Delivery Including Collimator Changes and Custom Plugging, Fractionated Treatment, All Lesions	LOCAL	LOCAL	outpatient					United	Commercial		7649				7649	7649	case rate	
Linear Accelerator Based SRS, Delivery Including Collimator Changes and Custom Plugging, Fractionated Treatment, All Lesions	LOCAL	LOCAL	outpatient					United	Oxford		7649				7649	7649	case rate	
Linear Accelerator Based SRS, Delivery Including Collimator Changes and Custom Plugging, Fractionated Treatment, All Lesions	LOCAL	LOCAL	outpatient					United	PPO		7649				7649	7649	case rate	
Liver per diem 31+	LOCAL	LOCAL	inpatient					Aetna	Commercial		3696				3696	3696	per diem	
Magnetic Resonance Imaging	LOCAL	LOCAL	outpatient					United	Commercial		1885				1757	2223	case rate	
Magnetic Resonance Imaging	LOCAL	LOCAL	outpatient					United	Oxford		1757				1757	2223	case rate	
Magnetic Resonance Imaging	LOCAL	LOCAL	outpatient					United	PPO		2223				1757	2223	case rate	
Maternity Observation	LOCAL	LOCAL	outpatient					Horizon	NJ Health		1154				1154	1154	case rate	
Medicine/Surgery per diem	LOCAL	LOCAL	inpatient					Qualcare	Qualcare		3131				3131	3131	per diem	
MEG Case Rate		860 RC	outpatient					United	Commercial		546				546	546	case rate	
MEG Case Rate		861 RC	outpatient					United	Commercial		546				546	546	case rate	
MEG Case Rate		860 RC	outpatient					United	Oxford		546				546	546	case rate	
MEG Case Rate		861 RC	outpatient					United	Oxford		546				546	546	case rate	
MEG Case Rate		860 RC	outpatient					United	PPO		546				546	546	case rate	
MEG Case Rate		861 RC	outpatient					United	PPO		546				546	546	case rate	
Neuropsychological Testing and Biofeedback for Non-Psychiatric disorders only Case Rate		900 RC	outpatient					United	Commercial		667				667	667	case rate	
Neuropsychological Testing and Biofeedback for Non-Psychiatric disorders only Case Rate		917 RC	outpatient					United	Commercial		667				667	667	case rate	
Neuropsychological Testing and Biofeedback for Non-Psychiatric disorders only Case Rate		918 RC	outpatient					United	Commercial		667				667	667	case rate	
Neuropsychological Testing and Biofeedback for Non-Psychiatric disorders only Case Rate		900 RC	outpatient					United	Oxford		667				667	667	case rate	
Neuropsychological Testing and Biofeedback for Non-Psychiatric disorders only Case Rate		917 RC	outpatient					United	Oxford		667				667	667	case rate	
Neuropsychological Testing and Biofeedback for Non-Psychiatric disorders only Case Rate		918 RC	outpatient					United	Oxford		667				667	667	case rate	
Neuropsychological Testing and Biofeedback for Non-Psychiatric disorders only Case Rate		900 RC	outpatient					United	PPO		667				667	667	case rate	
Neuropsychological Testing and Biofeedback for Non-Psychiatric disorders only Case Rate		917 RC	outpatient					United	PPO		667				667	667	case rate	
Neuropsychological Testing and Biofeedback for Non-Psychiatric disorders only Case Rate		918 RC	outpatient					United	PPO		667				667	667	case rate	
Newborn Transitional Care per diem		173 RC	inpatient					Amerihealth	HMO/PPO		1591				1591	3986	case rate	
Newborn Transitional Care per diem		173 RC	inpatient					Qualcare	Qualcare		3986				1591	3986	case rate	
NICU per diem		174 RC	inpatient					Amerihealth	HMO/PPO		3183				3183	3986	case rate	
NICU per diem		175 RC	inpatient					Amerihealth	HMO/PPO		3183				3183	3986	case rate	
NICU per diem		174 RC	inpatient					Qualcare	Qualcare		3986				3183	3986	case rate	
NICU per diem		175 RC	inpatient					Qualcare	Qualcare		3986				3183	3986	case rate	
Normal and Detained Newborn per diem		171 RC	inpatient					Amerihealth	HMO/PPO		637				637	2277	case rate	
Normal and Detained Newborn per diem		172 RC	inpatient					Amerihealth	HMO/PPO		637				637	2277	case rate	
Normal and Detained Newborn per diem		179 RC	inpatient					Amerihealth	HMO/PPO		637				637	2277	case rate	
Normal and Detained Newborn per diem		171 RC	inpatient					Qualcare	Qualcare		2277				637	2277	case rate	
Normal and Detained Newborn per diem		172 RC	inpatient					Qualcare	Qualcare		2277				637	2277	case rate	
Normal and Detained Newborn per diem		179 RC	inpatient					Qualcare	Qualcare		2277				637	2277	case rate	
Nuclear Medicine Unit Rate		340 RC	outpatient					United	Commercial		704				599	769	case rate	
Nuclear Medicine Unit Rate		341 RC	outpatient					United	Commercial		704				599	769	case rate	
Nuclear Medicine Unit Rate		342 RC	outpatient					United	Commercial		704				599	769	case rate	
Nuclear Medicine Unit Rate		349 RC	outpatient					United	Commercial		704				599	769	case rate	
Nuclear Medicine Unit Rate		340 RC	outpatient					United	Oxford		599				599	769	case rate	
Nuclear Medicine Unit Rate		341 RC	outpatient					United	Oxford		599				599	769	case rate	
Nuclear Medicine Unit Rate		342 RC	outpatient					United	Oxford		599				599	769	case rate	
Nuclear Medicine Unit Rate		349 RC	outpatient					United	Oxford		599				599	769	case rate	
Nuclear Medicine Unit Rate		340 RC	outpatient					United	PPO		769				599	769	case rate	
Nuclear Medicine Unit Rate		341 RC	outpatient					United	PPO		769				599	769	case rate	
Nuclear Medicine Unit Rate		342 RC	outpatient					United	PPO		769				599	769	case rate	
Nuclear Medicine Unit Rate		349 RC	outpatient					United	PPO		769				599	769	case rate	
Observation (6+ Hrs)	LOCAL	LOCAL	outpatient					Horizon	NJ Health		1154				1154	3744	case rate	
Observation (6+ Hrs)	LOCAL	LOCAL	outpatient					United	Commercial		2567				1154	3744	case rate	
Observation (6+ Hrs)	LOCAL	LOCAL	outpatient					United	Oxford		2399				1154	3744	case rate	
Observation (6+ Hrs)	LOCAL	LOCAL	outpatient					United	PPO		3744				1154	3744	case rate	
Occupational Therapy	LOCAL	LOCAL	outpatient					Horizon	NJ Health		60				60	281	case rate	
Occupational Therapy	LOCAL	LOCAL	outpatient					United	Commercial		281				60	281	case rate	
Occupational Therapy	LOCAL	LOCAL	outpatient					United	Oxford		234				60	281	case rate	
Occupational Therapy	LOCAL	LOCAL	outpatient					United	PPO		258				60	281	case rate	
Oncology Treatment Case Rate		280 RC	outpatient					United	Commercial		328				311	328	case rate	
Oncology Treatment Case Rate		289 RC	outpatient					United	Commercial		328				311	328	case rate	
Oncology Treatment Case Rate		280 RC	outpatient					United	Oxford		311				311	328	case rate	
Oncology Treatment Case Rate		289 RC	outpatient					United	Oxford		311				311	328	case rate	
Oncology Treatment Case Rate		280 RC	outpatient					United	PPO		328				311	328	case rate	
Oncology Treatment Case Rate		289 RC	outpatient					United	PPO		328				311	328	case rate	
One Day Stay	LOCAL	LOCAL	inpatient					United	Commercial		6431				6431	6431	case rate	
One Day Stay	LOCAL	LOCAL	inpatient					United	Oxford		6431				6431	6431	case rate	
One Day Stay	LOCAL	LOCAL	inpatient					United	PPO		6431				6431	6431	case rate	
Other Diagnostic Services	LOCAL	LOCAL	outpatient					United	Commercial		475				475	475	case rate	
Other Diagnostic Services	LOCAL	LOCAL	outpatient					United	Oxford		475				475	475	case rate	
Other Diagnostic Services	LOCAL	LOCAL	outpatient					United	PPO		475				475	475	case rate	
Other Therapeutic Services Case Rate		940 RC	outpatient					United	Commercial		708				664	765	case rate	
Other Therapeutic Services Case Rate		949 RC	outpatient					United	Commercial		708				664	765	case rate	
Other Therapeutic Services Case Rate		940 RC	outpatient					United	Oxford		664				664	765	case rate	
Other Therapeutic Services Case Rate		949 RC	outpatient					United	Oxford		664				664	765	case rate	
Other Therapeutic Services Case Rate		940 RC	outpatient					United	PPO		765				664	765	case rate	
Other Therapeutic Services Case Rate		949 RC	outpatient					United	PPO		765				664	765	case rate	
Particle Beam, Gamma Ray, or Linear Accelerator Stereotactic Radiosurgery	LOCAL	LOCAL	outpatient					United	Commercial		29617				29617	29617	case rate	
Particle Beam, Gamma Ray, or Linear Accelerator Stereotactic Radiosurgery	LOCAL	LOCAL	outpatient					United	Oxford		29617				29617	29617	case rate	
Particle Beam, Gamma Ray, or Linear Accelerator Stereotactic Radiosurgery	LOCAL	LOCAL	outpatient					United	PPO		29617				29617	29617	case rate	
Pediatrics per diem		103 RC	inpatient					Qualcare	Qualcare		3131				3131	3131	case rate	
Pediatrics per diem		113 RC	inpatient					Qualcare	Qualcare		3131				3131	3131	case rate	
Pediatrics per diem		123 RC	inpatient					Qualcare	Qualcare		3131				3131	3131	case rate	
Pediatrics per diem		133 RC	inpatient					Qualcare	Qualcare		3131				3131	3131	case rate	
Pediatrics per diem		143 RC	inpatient					Qualcare	Qualcare		3131				3131	3131	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
Pediatrics per diem		153 RC	inpatient					Qualcare	Qualcare		3131				3131	3131	case rate	
Pediatrics per diem		163 RC	inpatient					Qualcare	Qualcare		3131				3131	3131	case rate	
Pediatrics per diem		173 RC	inpatient					Qualcare	Qualcare		3131				3131	3131	case rate	
Pediatrics per diem		183 RC	inpatient					Qualcare	Qualcare		3131				3131	3131	case rate	
Pediatrics per diem		193 RC	inpatient					Qualcare	Qualcare		3131				3131	3131	case rate	
Peripheral Vascular Lab Case Rate		921 RC	outpatient					United	Commercial		1223				1223	1287	case rate	
Peripheral Vascular Lab Case Rate		921 RC	outpatient					United	Oxford		1223				1223	1287	case rate	
Peripheral Vascular Lab Case Rate		921 RC	outpatient					United	PPO		1287				1223	1287	case rate	
Peritoneal Dialysis, CAPD and CCPD	LOCAL	LOCAL	outpatient					United	Commercial		723				723	874	case rate	
Peritoneal Dialysis, CAPD and CCPD	LOCAL	LOCAL	outpatient					United	Oxford		723				723	874	case rate	
Peritoneal Dialysis, CAPD and CCPD	LOCAL	LOCAL	outpatient					United	PPO		874				723	874	case rate	
Physical Therapy	LOCAL	LOCAL	outpatient					Horizon	NJ Health		60				60	281	case rate	
Physical Therapy	LOCAL	LOCAL	outpatient					United	Commercial		281				60	281	case rate	
Physical Therapy	LOCAL	LOCAL	outpatient					United	Oxford		234				60	281	case rate	
Physical Therapy	LOCAL	LOCAL	outpatient					United	PPO		258				60	281	case rate	
Positron Emission Tomography Case Rate		404 RC	outpatient					United	Commercial		5682				5453	6010	case rate	
Positron Emission Tomography Case Rate		404 RC	outpatient					United	Oxford		5453				5453	6010	case rate	
Positron Emission Tomography Case Rate		404 RC	outpatient					United	PPO		6010				5453	6010	case rate	
Pulmonary Function Unit Rate		460 RC	outpatient					United	Commercial		128				123	146	case rate	
Pulmonary Function Unit Rate		469 RC	outpatient					United	Commercial		128				123	146	case rate	
Pulmonary Function Unit Rate		460 RC	outpatient					United	Oxford		123				123	146	case rate	
Pulmonary Function Unit Rate		469 RC	outpatient					United	Oxford		123				123	146	case rate	
Pulmonary Function Unit Rate		460 RC	outpatient					United	PPO		146				123	146	case rate	
Pulmonary Function Unit Rate		469 RC	outpatient					United	PPO		146				123	146	case rate	
Pulmonary Rehabilitation Case Rate		948 RC	outpatient					United	Commercial		273				273	287	case rate	
Pulmonary Rehabilitation Case Rate		948 RC	outpatient					United	Oxford		273				273	287	case rate	
Pulmonary Rehabilitation Case Rate		948 RC	outpatient					United	PPO		287				273	287	case rate	
Radiation Therapy	LOCAL	LOCAL	outpatient					United	Commercial		2923				2450	3508	case rate	
Radiation Therapy	LOCAL	LOCAL	outpatient					United	Oxford		2450				2450	3508	case rate	
Radiation Therapy	LOCAL	LOCAL	outpatient					United	PPO		3508				2450	3508	case rate	
Radiology	LOCAL	LOCAL	outpatient					United	Commercial		363				363	419	case rate	
Radiology	LOCAL	LOCAL	outpatient					United	Oxford		363				363	419	case rate	
Radiology	LOCAL	LOCAL	outpatient					United	PPO		419				363	419	case rate	
Renal Dialysis	LOCAL	LOCAL	outpatient					Amerihealth	HMO/PPO		584				584	584	case rate	
Respiratory Services Case Rate		410 RC	outpatient					United	Commercial		262				219	287	case rate	
Respiratory Services Case Rate		412 RC	outpatient					United	Commercial		262				219	287	case rate	
Respiratory Services Case Rate		419 RC	outpatient					United	Commercial		262				219	287	case rate	
Respiratory Services Case Rate		410 RC	outpatient					United	Oxford		219				219	287	case rate	
Respiratory Services Case Rate		412 RC	outpatient					United	Oxford		219				219	287	case rate	
Respiratory Services Case Rate		419 RC	outpatient					United	Oxford		219				219	287	case rate	
Respiratory Services Case Rate		410 RC	outpatient					United	PPO		287				219	287	case rate	
Respiratory Services Case Rate		412 RC	outpatient					United	PPO		287				219	287	case rate	
Respiratory Services Case Rate		419 RC	outpatient					United	PPO		287				219	287	case rate	
SDS/ASC	LOCAL	LOCAL	outpatient					Amerihealth	HMO/PPO		3183				3183	3681	case rate	
SDS/ASC	LOCAL	LOCAL	outpatient					Horizon	NJ Health		3681				3183	3681	case rate	
SDS/ASC Grouper - 0 / Unlisted	LOCAL	LOCAL	outpatient					United	Commercial		1723				1723	1999	case rate	
SDS/ASC Grouper - 0 / Unlisted	LOCAL	LOCAL	outpatient					United	Oxford		1723				1723	1999	case rate	
SDS/ASC Grouper - 0 / Unlisted	LOCAL	LOCAL	outpatient					United	PPO		1999				1723	1999	case rate	
SDS/ASC Grouper - 1	LOCAL	LOCAL	outpatient					United	Commercial		1757				1757	2032	case rate	
SDS/ASC Grouper - 1	LOCAL	LOCAL	outpatient					United	Oxford		1757				1757	2032	case rate	
SDS/ASC Grouper - 1	LOCAL	LOCAL	outpatient					United	PPO		2032				1757	2032	case rate	
SDS/ASC Grouper - 10	LOCAL	LOCAL	outpatient					United	Commercial		10472				10472	12882	case rate	
SDS/ASC Grouper - 10	LOCAL	LOCAL	outpatient					United	Oxford		10472				10472	12882	case rate	
SDS/ASC Grouper - 10	LOCAL	LOCAL	outpatient					United	PPO		12882				10472	12882	case rate	
SDS/ASC Grouper - 2	LOCAL	LOCAL	outpatient					United	Commercial		2411				2411	2686	case rate	
SDS/ASC Grouper - 2	LOCAL	LOCAL	outpatient					United	Oxford		2411				2411	2686	case rate	
SDS/ASC Grouper - 2	LOCAL	LOCAL	outpatient					United	PPO		2686				2411	2686	case rate	
SDS/ASC Grouper - 3	LOCAL	LOCAL	outpatient					United	Commercial		2686				2686	3170	case rate	
SDS/ASC Grouper - 3	LOCAL	LOCAL	outpatient					United	Oxford		2686				2686	3170	case rate	
SDS/ASC Grouper - 3	LOCAL	LOCAL	outpatient					United	PPO		3170				2686	3170	case rate	
SDS/ASC Grouper - 4	LOCAL	LOCAL	outpatient					United	Commercial		3377				3377	3996	case rate	
SDS/ASC Grouper - 4	LOCAL	LOCAL	outpatient					United	Oxford		3377				3377	3996	case rate	
SDS/ASC Grouper - 4	LOCAL	LOCAL	outpatient					United	PPO		3996				3377	3996	case rate	
SDS/ASC Grouper - 5	LOCAL	LOCAL	outpatient					United	Commercial		6153				6153	6980	case rate	
SDS/ASC Grouper - 5	LOCAL	LOCAL	outpatient					United	Oxford		6153				6153	6980	case rate	
SDS/ASC Grouper - 5	LOCAL	LOCAL	outpatient					United	PPO		6980				6153	6980	case rate	
SDS/ASC Grouper - 6	LOCAL	LOCAL	outpatient					United	Commercial		4547				4547	6201	case rate	
SDS/ASC Grouper - 6	LOCAL	LOCAL	outpatient					United	Oxford		4547				4547	6201	case rate	
SDS/ASC Grouper - 6	LOCAL	LOCAL	outpatient					United	PPO		6201				4547	6201	case rate	
SDS/ASC Grouper - 7	LOCAL	LOCAL	outpatient					United	Commercial		5650				5650	7303	case rate	
SDS/ASC Grouper - 7	LOCAL	LOCAL	outpatient					United	Oxford		5650				5650	7303	case rate	
SDS/ASC Grouper - 7	LOCAL	LOCAL	outpatient					United	PPO		7303				5650	7303	case rate	
SDS/ASC Grouper - 8	LOCAL	LOCAL	outpatient					United	Commercial		5994				5994	8130	case rate	
SDS/ASC Grouper - 8	LOCAL	LOCAL	outpatient					United	Oxford		5994				5994	8130	case rate	
SDS/ASC Grouper - 8	LOCAL	LOCAL	outpatient					United	PPO		8130				5994	8130	case rate	
SDS/ASC Grouper - 9	LOCAL	LOCAL	outpatient					United	Commercial		6338				6338	8682	case rate	
SDS/ASC Grouper - 9	LOCAL	LOCAL	outpatient					United	Oxford		6338				6338	8682	case rate	
SDS/ASC Grouper - 9	LOCAL	LOCAL	outpatient					United	PPO		8682				6338	8682	case rate	
Sleep Studies	LOCAL	LOCAL	outpatient					Amerihealth	HMO/PPO		1591				1591	1591	case rate	
Sleep Studies - Attended	LOCAL	LOCAL	outpatient					United	Commercial		2404				2404	2404	case rate	
Sleep Studies - Attended	LOCAL	LOCAL	outpatient					United	Oxford		2404				2404	2404	case rate	
Sleep Studies - Attended	LOCAL	LOCAL	outpatient					United	PPO		2404				2404	2404	case rate	
Sleep Studies - Unattended	LOCAL	LOCAL	outpatient					United	Commercial		1748				1639	1748	case rate	
Sleep Studies - Unattended	LOCAL	LOCAL	outpatient					United	Oxford		1639				1639	1748	case rate	
Sleep Studies - Unattended	LOCAL	LOCAL	outpatient					United	PPO		1748				1639	1748	case rate	
Speech Therapy	LOCAL	LOCAL	outpatient					Horizon	NJ Health		60				60	281	case rate	
Speech Therapy	LOCAL	LOCAL	outpatient					United	Commercial		281				60	281	case rate	
Speech Therapy	LOCAL	LOCAL	outpatient					United	Oxford		234				60	281	case rate	
Speech Therapy	LOCAL	LOCAL	outpatient					United	PPO		258				60	281	case rate	
Trauma per diem		681 RC	inpatient					Qualcare	Qualcare		4982				4982	4982	case rate	
Ultrasound Imaging Unit Rate		402 RC	outpatient					United	Commercial		351				293	391	case rate	
Ultrasound Imaging Unit Rate		402 RC	outpatient					United	Oxford		293				293	391	case rate	
Ultrasound Imaging Unit Rate		402 RC	outpatient					United	PPO		391				293	391	case rate	
Urgent Care Case Rate		456 RC	outpatient					United	Commercial		273				273	273	case rate	
Urgent Care Case Rate		456 RC	outpatient					United	Oxford		273				273	273	case rate	
Urgent Care Case Rate		456 RC	outpatient					United	PPO		273				273	273	case rate	
Vaccine Administration Case Rate		771 RC	outpatient					United	Commercial		27				27	27	case rate	
Vaccine Administration Case Rate		771 RC	outpatient					United	Oxford		27				27	27	case rate	
Vaccine Administration Case Rate		771 RC	outpatient					United	PPO		27				27	27	case rate	
Vaginal Delivery Case Rate	LOCAL	LOCAL	inpatient					Amerihealth	HMO/PPO		6365				5409	9821	case rate	
Vaginal Delivery Case Rate	LOCAL	LOCAL	inpatient					Qualcare	Qualcare		5409				5409	9821	case rate	
Vaginal Delivery Case Rate	LOCAL	LOCAL	inpatient					United	Commercial		9354				5409	9821	case rate	
Vaginal Delivery Case Rate	LOCAL	LOCAL	inpatient					United	Oxford		8473				5409	9821	case rate	
Vaginal Delivery Case Rate	LOCAL	LOCAL	inpatient					United	PPO		9821				5409	9821	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0011	APR-DRG	inpatient					Aetna	Better Health		103184.16				60903.74	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0012	APR-DRG	inpatient					Aetna	Better Health		109255.54				47303.96	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0013	APR-DRG	inpatient					Aetna	Better Health		128418.5				31722.2	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0014	APR-DRG	inpatient					Aetna	Better Health		227836.18				135370.65	435540.63	case rate	
HEART &/OR LUNG TRANSPLANT	0021	APR-DRG	inpatient					Aetna	Better Health		124668.71				72539.27	288127.5	case rate	
HEART &/OR LUNG TRANSPLANT	0022	APR-DRG	inpatient					Aetna	Better Health		169706.49				41055.11	187970.25	case rate	
HEART &/OR LUNG TRANSPLANT	0023	APR-DRG	inpatient					Aetna	Better Health		193118.43				66957.14	198998.8	case rate	
HEART &/OR LUNG TRANSPLANT	0024	APR-DRG	inpatient					Aetna	Better Health		304477.89				44751.49	313612.23	case rate	
BONE MARROW TRANSPLANT	0031	APR-DRG	inpatient					Aetna	Better Health		80920.3				48623.3	152449.97	case rate	
BONE MARROW TRANSPLANT	0032	APR-DRG	inpatient					Aetna	Better Health		100004.96				25439.65	103005.11	case rate	
BONE MARROW TRANSPLANT	0033	APR-DRG	inpatient					Aetna	Better Health		164464.53				19168.92	169398.47	case rate	
BONE MARROW TRANSPLANT	0034	APR-DRG	inpatient					Aetna	Better Health		271004.84				46081.46	279134.99	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0041	APR-DRG	inpatient					Aetna	Better Health		73079.18				26347.96	85954.25	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0042	APR-DRG	inpatient					Aetna	Better Health		99425.84				20549.68	102408.62	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0043	APR-DRG	inpatient					Aetna	Better Health		144230.51				137952	148557.43	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0044	APR-DRG	inpatient					Aetna	Better Health		207512.38				198478	213737.75	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0051	APR-DRG	inpatient					Aetna	Better Health		70194.26				67138	72300.09	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0052	APR-DRG	inpatient					Aetna	Better Health		77993.67				22967.5	80333.48	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0053	APR-DRG	inpatient					Aetna	Better Health		95450.67				11620.17	98314.19	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0054	APR-DRG	inpatient					Aetna	Better Health		139413.78				17404.27	143596.19	case rate	
PANCREAS TRANSPLANT	0061	APR-DRG	inpatient					Aetna	Better Health		84041.29				33105.33	103787.27	case rate	
PANCREAS TRANSPLANT	0062	APR-DRG	inpatient					Aetna	Better Health		118164.04				22107.62	121708.96	case rate	
PANCREAS TRANSPLANT	0063	APR-DRG	inpatient					Aetna	Better Health		132120.04				17561.37	136083.64	case rate	
PANCREAS TRANSPLANT	0064	APR-DRG	inpatient					Aetna	Better Health		209055.29				23658.47	215326.95	case rate	
CRANIOTOMY FOR TRAUMA	0201	APR-DRG	inpatient					Aetna	Better Health		27079.6				8340.11	27891.99	case rate	
CRANIOTOMY FOR TRAUMA	0202	APR-DRG	inpatient					Aetna	Better Health		37568.59				11309.53	38695.65	case rate	
CRANIOTOMY FOR TRAUMA	0203	APR-DRG	inpatient					Aetna	Better Health		49296.63				8207.83	50775.53	case rate	
CRANIOTOMY FOR TRAUMA	0204	APR-DRG	inpatient					Aetna	Better Health		93914.21				9719.7	96731.64	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0211	APR-DRG	inpatient					Aetna	Better Health		29892.86				28591	30789.65	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0212	APR-DRG	inpatient					Aetna	Better Health		39162.54				37458	167453.26	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0213	APR-DRG	inpatient					Aetna	Better Health		60016.75				57404	61817.25	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0214	APR-DRG	inpatient					Aetna	Better Health		104929.68				100362	108077.57	case rate	
VENTRICULAR SHUNT PROCEDURES	0221	APR-DRG	inpatient					Aetna	Better Health		17981.58				17199	167921.3	case rate	
VENTRICULAR SHUNT PROCEDURES	0222	APR-DRG	inpatient					Aetna	Better Health		22853.65				21859	23539.26	case rate	
VENTRICULAR SHUNT PROCEDURES	0223	APR-DRG	inpatient					Aetna	Better Health		38752.66				37066	39915.24	case rate	
VENTRICULAR SHUNT PROCEDURES	0224	APR-DRG	inpatient					Aetna	Better Health		91895.86				87895	94652.74	case rate	
SPINAL PROCEDURES	0231	APR-DRG	inpatient					Aetna	Better Health		20307.75				19424	306106.31	case rate	
SPINAL PROCEDURES	0232	APR-DRG	inpatient					Aetna	Better Health		29096.78				27830	224521.94	case rate	
SPINAL PROCEDURES	0233	APR-DRG	inpatient					Aetna	Better Health		56216.83				53769	278363.61	case rate	

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University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPINAL PROCEDURES	0234	APR-DRG	inpatient					Aetna	Better Health		100405.51				61395.1	187594.85	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0241	APR-DRG	inpatient					Aetna	Better Health		16267.09				15599	58167.82	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0242	APR-DRG	inpatient					Aetna	Better Health		21461.95				20528	136195.06	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0243	APR-DRG	inpatient					Aetna	Better Health		41990.96				19748	93094.02	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0244	APR-DRG	inpatient					Aetna	Better Health		89132.37				19748	91806.34	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0261	APR-DRG	inpatient					Aetna	Better Health		18628.86				12982	72593.14	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0262	APR-DRG	inpatient					Aetna	Better Health		24591.9				12982	59439.78	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0263	APR-DRG	inpatient					Aetna	Better Health		35242.43				33369.91	87186.12	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0264	APR-DRG	inpatient					Aetna	Better Health		74219.04				38576.42	115118.34	case rate	
SPINAL DISORDERS & INJURIES	0401	APR-DRG	inpatient					Aetna	Better Health		14180.4				13563	14605.81	case rate	
SPINAL DISORDERS & INJURIES	0402	APR-DRG	inpatient					Aetna	Better Health		16089.24				15389	16571.92	case rate	
SPINAL DISORDERS & INJURIES	0403	APR-DRG	inpatient					Aetna	Better Health		22964.05				21964	23652.97	case rate	
SPINAL DISORDERS & INJURIES	0404	APR-DRG	inpatient					Aetna	Better Health		59382.03				56797	61163.49	case rate	
NERVOUS SYSTEM MALIGNANCY	0411	APR-DRG	inpatient					Aetna	Better Health		10959.41				10482	145714.75	case rate	
NERVOUS SYSTEM MALIGNANCY	0412	APR-DRG	inpatient					Aetna	Better Health		12177.11				11647	86810.73	case rate	
NERVOUS SYSTEM MALIGNANCY	0413	APR-DRG	inpatient					Aetna	Better Health		16632.58				15908	61455.25	case rate	
NERVOUS SYSTEM MALIGNANCY	0414	APR-DRG	inpatient					Aetna	Better Health		29556.44				28270	130374.63	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0421	APR-DRG	inpatient					Aetna	Better Health		8628.76				8253	64841.08	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0422	APR-DRG	inpatient					Aetna	Better Health		10739.58				10272	54945.99	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0423	APR-DRG	inpatient					Aetna	Better Health		16746.21				16017	143815.92	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0424	APR-DRG	inpatient					Aetna	Better Health		45034.54				24654.19	79856.83	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0431	APR-DRG	inpatient					Aetna	Better Health		11334.67				10841	11674.71	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0432	APR-DRG	inpatient					Aetna	Better Health		14525.07				13893	66550.4	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0433	APR-DRG	inpatient					Aetna	Better Health		23216.44				12177.68	37462.84	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0434	APR-DRG	inpatient					Aetna	Better Health		51806.66				7907.81	53360.86	case rate	
INTRACRANIAL HEMORRHAGE	0441	APR-DRG	inpatient					Aetna	Better Health		12314.52				11778	67687.51	case rate	
INTRACRANIAL HEMORRHAGE	0442	APR-DRG	inpatient					Aetna	Better Health		15856.68				11238.66	34219.15	case rate	
INTRACRANIAL HEMORRHAGE	0443	APR-DRG	inpatient					Aetna	Better Health		23415.64				8441.69	25359.13	case rate	
INTRACRANIAL HEMORRHAGE	0444	APR-DRG	inpatient					Aetna	Better Health		48672.49				19290.57	58710.86	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0451	APR-DRG	inpatient					Aetna	Better Health		10584.06				10123	10901.58	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0452	APR-DRG	inpatient					Aetna	Better Health		12846.28				12287	13231.67	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0453	APR-DRG	inpatient					Aetna	Better Health		18522.94				17717	346124.02	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0454	APR-DRG	inpatient					Aetna	Better Health		38557.59				36879	230951.01	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0461	APR-DRG	inpatient					Aetna	Better Health		10367.91				9917	163369.2	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0462	APR-DRG	inpatient					Aetna	Better Health		11830.38				11315	116412.17	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0463	APR-DRG	inpatient					Aetna	Better Health		16473.11				15756	187037.23	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0464	APR-DRG	inpatient					Aetna	Better Health		40910.66				35451.1	107297.02	case rate	
TRANSIENT ISCHEMIA	0471	APR-DRG	inpatient					Aetna	Better Health		8659.17				8282	18261997	case rate	
TRANSIENT ISCHEMIA	0472	APR-DRG	inpatient					Aetna	Better Health		9400				8991	107399.07	case rate	
TRANSIENT ISCHEMIA	0473	APR-DRG	inpatient					Aetna	Better Health		11740.33				11229	86482.71	case rate	
TRANSIENT ISCHEMIA	0474	APR-DRG	inpatient					Aetna	Better Health		23337.25				22321	138316.21	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0481	APR-DRG	inpatient					Aetna	Better Health		8740.34				8360	75162.59	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0482	APR-DRG	inpatient					Aetna	Better Health		9812.47				9385	60664.37	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0483	APR-DRG	inpatient					Aetna	Better Health		13689.35				13093	86869.04	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0484	APR-DRG	inpatient					Aetna	Better Health		33929.65				32453	34947.54	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0491	APR-DRG	inpatient					Aetna	Better Health		13215.53				12640	13612	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0492	APR-DRG	inpatient					Aetna	Better Health		28890.41				27633	123570.16	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0493	APR-DRG	inpatient					Aetna	Better Health		35827.64				28367.73	81861.36	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0494	APR-DRG	inpatient					Aetna	Better Health		65912.7				22078.09	67890.08	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0501	APR-DRG	inpatient					Aetna	Better Health		9306.81				8902	61498.98	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0502	APR-DRG	inpatient					Aetna	Better Health		17366.5				16331.79	47055.43	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0503	APR-DRG	inpatient					Aetna	Better Health		28665.74				27418	93381.94	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0504	APR-DRG	inpatient					Aetna	Better Health		59261.22				20399.68	63033.36	case rate	
VIRAL MENINGITIS	0511	APR-DRG	inpatient					Aetna	Better Health		8003.9				7655	67326.7	case rate	
VIRAL MENINGITIS	0512	APR-DRG	inpatient					Aetna	Better Health		11044.88				10564	55474.46	case rate	
VIRAL MENINGITIS	0513	APR-DRG	inpatient					Aetna	Better Health		19358.48				18516	59756.86	case rate	
VIRAL MENINGITIS	0514	APR-DRG	inpatient					Aetna	Better Health		39476.09				12301.7	40660.37	case rate	
NONTRAUMATIC STUPOR & COMA	0521	APR-DRG	inpatient					Aetna	Better Health		8042.2				7692	52111.06	case rate	
NONTRAUMATIC STUPOR & COMA	0522	APR-DRG	inpatient					Aetna	Better Health		9413.09				9003	36760.73	case rate	
NONTRAUMATIC STUPOR & COMA	0523	APR-DRG	inpatient					Aetna	Better Health		12685.2				12133	13065.76	case rate	
NONTRAUMATIC STUPOR & COMA	0524	APR-DRG	inpatient					Aetna	Better Health		32484.32				31070	33458.85	case rate	
SEIZURE	0531	APR-DRG	inpatient					Aetna	Better Health		7527.03				7199	7752.84	case rate	
SEIZURE	0532	APR-DRG	inpatient					Aetna	Better Health		8935.32				8546	9203.38	case rate	
SEIZURE	0533	APR-DRG	inpatient					Aetna	Better Health		13362.26				12781	55780.6	case rate	
SEIZURE	0534	APR-DRG	inpatient					Aetna	Better Health		33531.35				9567.33	34640.29	case rate	
MIGRAINE & OTHER HEADACHES	0541	APR-DRG	inpatient					Aetna	Better Health		8074.94				7723	32170.88	case rate	
MIGRAINE & OTHER HEADACHES	0542	APR-DRG	inpatient					Aetna	Better Health		9307.8				8903	66824.88	case rate	
MIGRAINE & OTHER HEADACHES	0543	APR-DRG	inpatient					Aetna	Better Health		11384.54				10889	39088.34	case rate	
MIGRAINE & OTHER HEADACHES	0544	APR-DRG	inpatient					Aetna	Better Health		21512.17				9065.34	29098.49	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0551	APR-DRG	inpatient					Aetna	Better Health		9581.97				9165	58007.45	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0552	APR-DRG	inpatient					Aetna	Better Health		12777.94				11413.47	32837.85	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0553	APR-DRG	inpatient					Aetna	Better Health		20430.89				15963.27	45105.57	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0554	APR-DRG	inpatient					Aetna	Better Health		45988.74				9706.71	47368.4	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0561	APR-DRG	inpatient					Aetna	Better Health		9630.76				9211	27556.82	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0562	APR-DRG	inpatient					Aetna	Better Health		13076.42				12507	51319.61	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0563	APR-DRG	inpatient					Aetna	Better Health		21636.57				10578.4	30545.39	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0564	APR-DRG	inpatient					Aetna	Better Health		52748.39				18448.41	57300.4	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0571	APR-DRG	inpatient					Aetna	Better Health		9491.3				9078	62063.89	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0572	APR-DRG	inpatient					Aetna	Better Health		11919.89				11401	42955.26	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0573	APR-DRG	inpatient					Aetna	Better Health		16823.43				16091	191396.17	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0574	APR-DRG	inpatient					Aetna	Better Health		38541.44				36864	111010.87	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0581	APR-DRG	inpatient					Aetna	Better Health		9001.24				8609	45061.83	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0582	APR-DRG	inpatient					Aetna	Better Health		11196.95				10681	57202	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0583	APR-DRG	inpatient					Aetna	Better Health		15370.39				14701	50226.23	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0584	APR-DRG	inpatient					Aetna	Better Health		35469.07				23134.04	68205.04	case rate	
ORBITAL PROCEDURES	0701	APR-DRG	inpatient					Aetna	Better Health		13903.53				13298	14320.64	case rate	
ORBITAL PROCEDURES	0702	APR-DRG	inpatient					Aetna	Better Health		19214.62				18378	19791.06	case rate	
ORBITAL PROCEDURES	0703	APR-DRG	inpatient					Aetna	Better Health		31514.7				30143	32460.14	case rate	
ORBITAL PROCEDURES	0704	APR-DRG	inpatient					Aetna	Better Health		78142.47				74741	80486.74	case rate	
EYE PROCEDURES EXCEPT ORBIT	0731	APR-DRG	inpatient					Aetna	Better Health		12024.82				11501	12385.56	case rate	
EYE PROCEDURES EXCEPT ORBIT	0732	APR-DRG	inpatient					Aetna	Better Health		14213.76				13595	14640.17	case rate	
EYE PROCEDURES EXCEPT ORBIT	0733	APR-DRG	inpatient					Aetna	Better Health		23755.74				22722	24468.41	case rate	
EYE PROCEDURES EXCEPT ORBIT	0734	APR-DRG	inpatient					Aetna	Better Health		51367.9				25673.52	84040.83	case rate	
ACUTE MAJOR EYE INFECTIONS	0801	APR-DRG	inpatient					Aetna	Better Health		6249.14				5977	56720.91	case rate	
ACUTE MAJOR EYE INFECTIONS	0802	APR-DRG	inpatient					Aetna	Better Health		8572.17				8199	121992.05	case rate	
ACUTE MAJOR EYE INFECTIONS	0803	APR-DRG	inpatient					Aetna	Better Health		13987.75				13379	62763.66	case rate	
ACUTE MAJOR EYE INFECTIONS	0804	APR-DRG	inpatient					Aetna	Better Health		23977.62				14296.66	44846.8	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0821	APR-DRG	inpatient					Aetna	Better Health		7285.94				6969	87262.66	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0822	APR-DRG	inpatient					Aetna	Better Health		9118.46				8721	44092.37	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0823	APR-DRG	inpatient					Aetna	Better Health		13117.59				12547	164903.57	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0824	APR-DRG	inpatient					Aetna	Better Health		23682.73				22652	79977.1	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0891	APR-DRG	inpatient					Aetna	Better Health		23680.58				22650	24391	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0892	APR-DRG	inpatient					Aetna	Better Health		30796.56				29456	31720.46	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0893	APR-DRG	inpatient					Aetna	Better Health		51470.51				49230	53014.63	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0894	APR-DRG	inpatient					Aetna	Better Health		91864.65				1933	94620.59	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0901	APR-DRG	inpatient					Aetna	Better Health		13721.28				13124	162727.75	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0902	APR-DRG	inpatient					Aetna	Better Health		35771.32				22261.17	69980.9	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0903	APR-DRG	inpatient					Aetna	Better Health		54785.93				14664	59429.51	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0904	APR-DRG	inpatient					Aetna	Better Health		106113.21				38460.67	117574.8	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0911	APR-DRG	inpatient					Aetna	Better Health		20062				19189	20663.86	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0912	APR-DRG	inpatient					Aetna	Better Health		30397.81				29074	31309.74	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0913	APR-DRG	inpatient					Aetna	Better Health		52131.06				17652.32	53694.99	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0914	APR-DRG	inpatient					Aetna	Better Health		82293.79				10721.32	84762.6	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0921	APR-DRG	inpatient					Aetna	Better Health		16567.55				8242.08	25752.74	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0922	APR-DRG	inpatient					Aetna	Better Health		23095				20609.92	56797.45	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0923	APR-DRG	inpatient					Aetna	Better Health		36487.84				11946.17	37582.48	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0924	APR-DRG	inpatient					Aetna	Better Health		72510.38				69354	74685.69	case rate	
SINUS & MASTOID PROCEDURES	0931	APR-DRG	inpatient					Aetna	Better Health		16463.33				15747	16957.23	case rate	
SINUS & MASTOID PROCEDURES	0932	APR-DRG	inpatient					Aetna	Better Health		20286.31				19403	20894.9	case rate	
SINUS & MASTOID PROCEDURES	0933	APR-DRG	inpatient					Aetna	Better Health		34834.16				33318	104246.49	case rate	
SINUS & MASTOID PROCEDURES	0934	APR-DRG	inpatient					Aetna	Better Health		56534.15				24715.61	66823.74	case rate	
CLEFT LIP & PALATE REPAIR	0951	APR-DRG	inpatient					Aetna	Better Health		11142.29				6968.8	29098.49	case rate	
CLEFT LIP & PALATE REPAIR	0952	APR-DRG	inpatient					Aetna	Better Health		12940.01				12377	13328.21	case rate	
CLEFT LIP & PALATE REPAIR	0953	APR-DRG	inpatient					Aetna	Better Health		19832.67				18969	20427.65	case rate	
CLEFT LIP & PALATE REPAIR	0954	APR-DRG	inpatient					Aetna	Better Health		40930.75				39149	42158.67	case rate	
TONSIL & ADENOID PROCEDURES	0971	APR-DRG	inpatient					Aetna	Better Health		6741				6448	6943.23	case rate	
TONSIL & ADENOID PROCEDURES	0972	APR-DRG	inpatient					Aetna	Better Health		10348				9898	10658.44	case rate	
TONSIL & ADENOID PROCEDURES	0973	APR-DRG	inpatient					Aetna	Better Health		20108.19				19233	20711.44	case rate	
TONSIL & ADENOID PROCEDURES	0974	APR-DRG	inpatient					Aetna	Better Health		67934.65				34448.3	99242.46	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0981	APR-DRG	inpatient					Aetna	Better Health		11816.3				11302	159287.24	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0982	APR-DRG	inpatient					Aetna	Better Health		15578.91				14901	89398.39	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0983	APR-DRG	inpatient					Aetna	Better Health		25072.36				19314.2	57187.42	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0984	APR-DRG	inpatient					Aetna	Better Health		52294.83				50018	53863.67	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1101	APR-DRG	inpatient					Aetna	Better Health		9254.16				8851	9531.78	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1102	APR-DRG	inpatient					Aetna	Better Health		11881.68				11364	12238.13	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1103	APR-DRG	inpatient					Aetna	Better Health		19211.48				18375	19787.82	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1104	APR-DRG	inpatient					Aetna	Better Health		35152.38				33622	36206.95	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1111	APR-DRG	inpatient					Aetna	Better Health		7546.58				7218	7772.98	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1112	APR-DRG	inpatient					Aetna	Better Health		8367.68				8003	8618.71	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1113	APR-DRG	inpatient					Aetna	Better Health		10487.83				10031	10802.46	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1114	APR-DRG	inpatient					Aetna	Better Health		21964.83				21009	22623.77	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1131	APR-DRG	inpatient					Aetna	Better Health		4547.75				4350	4684.18	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1132	APR-DRG	inpatient					Aetna	Better Health		6626.02				6338	6824.8	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INFECTIONS OF UPPER RESPIRATORY TRACT	1133	APR-DRG	inpatient					Aetna	Better Health		10310.07				9861	10619.37	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1134	APR-DRG	inpatient					Aetna	Better Health		21736.4				20790	22388.49	case rate	
DENTAL & ORAL DISEASES & INJURIES	1141	APR-DRG	inpatient					Aetna	Better Health		6570.41				6284	6767.52	case rate	
DENTAL & ORAL DISEASES & INJURIES	1142	APR-DRG	inpatient					Aetna	Better Health		9208.24				8807	9484.49	case rate	
DENTAL & ORAL DISEASES & INJURIES	1143	APR-DRG	inpatient					Aetna	Better Health		15457.74				14785	15921.47	case rate	
DENTAL & ORAL DISEASES & INJURIES	1144	APR-DRG	inpatient					Aetna	Better Health		32236.42				30833	33203.51	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1151	APR-DRG	inpatient					Aetna	Better Health		6750.32				6456	6952.83	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1152	APR-DRG	inpatient					Aetna	Better Health		8986.62				8595	9256.22	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1153	APR-DRG	inpatient					Aetna	Better Health		13425.85				12841	13828.63	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1154	APR-DRG	inpatient					Aetna	Better Health		27533.87				26354	28380.49	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1201	APR-DRG	inpatient					Aetna	Better Health		25642.96				24527	26412.25	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1202	APR-DRG	inpatient					Aetna	Better Health		31060.42				29708	31992.23	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1203	APR-DRG	inpatient					Aetna	Better Health		45229.52				43260	46586.41	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1204	APR-DRG	inpatient					Aetna	Better Health		77994.39				74599	80334.22	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1211	APR-DRG	inpatient					Aetna	Better Health		17363.81				16608	17884.72	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1212	APR-DRG	inpatient					Aetna	Better Health		22491.75				21513	23166.5	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1213	APR-DRG	inpatient					Aetna	Better Health		35344.94				33806	36405.29	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1214	APR-DRG	inpatient					Aetna	Better Health		67552.75				64612	69579.33	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1301	APR-DRG	inpatient					Aetna	Better Health		39107.2				37405	40280.42	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1302	APR-DRG	inpatient					Aetna	Better Health		43390.82				41502	44692.54	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1303	APR-DRG	inpatient					Aetna	Better Health		53744.92				51405	55357.27	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1304	APR-DRG	inpatient					Aetna	Better Health		73813.11				70600	76027.5	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1311	APR-DRG	inpatient					Aetna	Better Health		19720.11				18862	20311.71	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1312	APR-DRG	inpatient					Aetna	Better Health		24335.21				23276	25065.27	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1313	APR-DRG	inpatient					Aetna	Better Health		31577.57				30203	32524.9	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1314	APR-DRG	inpatient					Aetna	Better Health		40615.76				38848	41834.23	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1321	APR-DRG	inpatient					Aetna	Better Health		7804.17				7464	8038.3	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1322	APR-DRG	inpatient					Aetna	Better Health		8717.02				8338	8978.53	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1323	APR-DRG	inpatient					Aetna	Better Health		13473.74				12887	13877.95	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1324	APR-DRG	inpatient					Aetna	Better Health		22432.11				21456	23105.07	case rate	
RESPIRATORY FAILURE	1331	APR-DRG	inpatient					Aetna	Better Health		5800.88				5548	5974.91	case rate	
RESPIRATORY FAILURE	1332	APR-DRG	inpatient					Aetna	Better Health		10146.11				9704	10450.49	case rate	
RESPIRATORY FAILURE	1333	APR-DRG	inpatient					Aetna	Better Health		15414.51				14743	15876.95	case rate	
RESPIRATORY FAILURE	1334	APR-DRG	inpatient					Aetna	Better Health		28078.55				26856	28920.91	case rate	
PULMONARY EMBOLISM	1341	APR-DRG	inpatient					Aetna	Better Health		9220.17				8819	9496.78	case rate	
PULMONARY EMBOLISM	1342	APR-DRG	inpatient					Aetna	Better Health		11962.67				11442	12321.55	case rate	
PULMONARY EMBOLISM	1343	APR-DRG	inpatient					Aetna	Better Health		17462.19				16702	17986.06	case rate	
PULMONARY EMBOLISM	1344	APR-DRG	inpatient					Aetna	Better Health		30301.66				28982	31210.71	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1351	APR-DRG	inpatient					Aetna	Better Health		9661.98				9241	9951.84	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1352	APR-DRG	inpatient					Aetna	Better Health		12114.33				11587	12477.76	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1353	APR-DRG	inpatient					Aetna	Better Health		17680.59				16911	18211.01	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1354	APR-DRG	inpatient					Aetna	Better Health		33348.65				31897	34349.11	case rate	
RESPIRATORY MALIGNANCY	1361	APR-DRG	inpatient					Aetna	Better Health		9893.1				9462	10189.89	case rate	
RESPIRATORY MALIGNANCY	1362	APR-DRG	inpatient					Aetna	Better Health		12568.69				12022	12945.75	case rate	
RESPIRATORY MALIGNANCY	1363	APR-DRG	inpatient					Aetna	Better Health		19010.22				18183	19580.53	case rate	
RESPIRATORY MALIGNANCY	1364	APR-DRG	inpatient					Aetna	Better Health		30823.29				29481	31747.99	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1371	APR-DRG	inpatient					Aetna	Better Health		9045.19				8651	9316.55	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1372	APR-DRG	inpatient					Aetna	Better Health		11687.59				11179	12038.22	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1373	APR-DRG	inpatient					Aetna	Better Health		17360.22				16604	17881.03	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1374	APR-DRG	inpatient					Aetna	Better Health		29390.78				28111	30272.5	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1381	APR-DRG	inpatient					Aetna	Better Health		4203.26				4020	4329.36	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1382	APR-DRG	inpatient					Aetna	Better Health		6362.15				6085	6553.01	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1383	APR-DRG	inpatient					Aetna	Better Health		15228.5				14566	15685.36	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1384	APR-DRG	inpatient					Aetna	Better Health		37861.6				36213	38997.45	case rate	
OTHER PNEUMONIA	1391	APR-DRG	inpatient					Aetna	Better Health		6177.48				5909	6362.8	case rate	
OTHER PNEUMONIA	1392	APR-DRG	inpatient					Aetna	Better Health		8676.66				8299	8936.96	case rate	
OTHER PNEUMONIA	1393	APR-DRG	inpatient					Aetna	Better Health		13633.21				13040	14042.21	case rate	
OTHER PNEUMONIA	1394	APR-DRG	inpatient					Aetna	Better Health		26226.66				25085	27013.46	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1401	APR-DRG	inpatient					Aetna	Better Health		7158.77				6847	7373.53	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1402	APR-DRG	inpatient					Aetna	Better Health		8938.1				8549	9206.24	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1403	APR-DRG	inpatient					Aetna	Better Health		12199.72				11669	12565.71	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1404	APR-DRG	inpatient					Aetna	Better Health		23702.55				22671	24413.63	case rate	
ASTHMA	1411	APR-DRG	inpatient					Aetna	Better Health		5484.01				5245	5648.53	case rate	
ASTHMA	1412	APR-DRG	inpatient					Aetna	Better Health		7859.95				7518	8095.75	case rate	
ASTHMA	1413	APR-DRG	inpatient					Aetna	Better Health		11264.62				10774	11602.56	case rate	
ASTHMA	1414	APR-DRG	inpatient					Aetna	Better Health		21297.91				20371	21936.85	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1421	APR-DRG	inpatient					Aetna	Better Health		9186.54				8787	9462.14	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1422	APR-DRG	inpatient					Aetna	Better Health		11172.51				10686	11507.69	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1423	APR-DRG	inpatient					Aetna	Better Health		16166.37				15463	16651.36	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1424	APR-DRG	inpatient					Aetna	Better Health		28610.04				27365	29468.34	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1431	APR-DRG	inpatient					Aetna	Better Health		6829.07				6532	7033.94	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1432	APR-DRG	inpatient					Aetna	Better Health		10024.68				9588	10325.42	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1433	APR-DRG	inpatient					Aetna	Better Health		15429.04				14757	15891.91	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1434	APR-DRG	inpatient					Aetna	Better Health		26293.03				25148	27081.82	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1441	APR-DRG	inpatient					Aetna	Better Health		6689.16				6398	6889.83	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1442	APR-DRG	inpatient					Aetna	Better Health		8100.86				7748	8343.89	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1443	APR-DRG	inpatient					Aetna	Better Health		11450.19				10952	11793.7	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1444	APR-DRG	inpatient					Aetna	Better Health		20083.34				19209	20685.84	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1601	APR-DRG	inpatient					Aetna	Better Health		42919.61				41050	44206.17	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1602	APR-DRG	inpatient					Aetna	Better Health		50070.38				47891	51572.49	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1603	APR-DRG	inpatient					Aetna	Better Health		75813.7				72513	78088.11	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1604	APR-DRG	inpatient					Aetna	Better Health		168839.54				161489	173904.73	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1611	APR-DRG	inpatient					Aetna	Better Health		58104.59				55575	59847.73	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1612	APR-DRG	inpatient					Aetna	Better Health		75012.87				71747	77263.26	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1613	APR-DRG	inpatient					Aetna	Better Health		120640.34				115388	124259.55	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1614	APR-DRG	inpatient					Aetna	Better Health		289477.2				276875	298161.52	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1621	APR-DRG	inpatient					Aetna	Better Health		62254.93				59545	64122.58	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1622	APR-DRG	inpatient					Aetna	Better Health		69095.49				66087	71168.35	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1623	APR-DRG	inpatient					Aetna	Better Health		91443.11				87462	94186.4	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1624	APR-DRG	inpatient					Aetna	Better Health		143826.2				137565	148140.99	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1631	APR-DRG	inpatient					Aetna	Better Health		51369.7				49133	52910.79	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1632	APR-DRG	inpatient					Aetna	Better Health		59023.99				56454	60794.71	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1633	APR-DRG	inpatient					Aetna	Better Health		75693.61				72398	77964.42	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1634	APR-DRG	inpatient					Aetna	Better Health		121961.99				116652	125620.85	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1651	APR-DRG	inpatient					Aetna	Better Health		53788.42				51447	55402.07	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1652	APR-DRG	inpatient					Aetna	Better Health		57847.55				55329	59582.98	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1653	APR-DRG	inpatient					Aetna	Better Health		73545.12				70343	75751.47	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1654	APR-DRG	inpatient					Aetna	Better Health		109482.27				104716	112766.74	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1661	APR-DRG	inpatient					Aetna	Better Health		44470.58				42535	45804.7	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1662	APR-DRG	inpatient					Aetna	Better Health		50397.2				48203	51909.12	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1663	APR-DRG	inpatient					Aetna	Better Health		62949.93				60209	64838.43	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1664	APR-DRG	inpatient					Aetna	Better Health		95797.04				91627	98670.95	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1671	APR-DRG	inpatient					Aetna	Better Health		41771.22				39953	43024.36	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1672	APR-DRG	inpatient					Aetna	Better Health		46559.87				44533	47956.67	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1673	APR-DRG	inpatient					Aetna	Better Health		63446.54				60684	65349.94	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1674	APR-DRG	inpatient					Aetna	Better Health		111204.56				106363	114540.7	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1691	APR-DRG	inpatient					Aetna	Better Health		23932.33				22890	24650.3	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1692	APR-DRG	inpatient					Aetna	Better Health		31624.92				30248	32573.67	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1693	APR-DRG	inpatient					Aetna	Better Health		51243.14				49012	52780.43	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1694	APR-DRG	inpatient					Aetna	Better Health		93132.48				89078	95926.45	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1701	APR-DRG	inpatient					Aetna	Better Health		32750.25				31324	33732.76	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1702	APR-DRG	inpatient					Aetna	Better Health		34935.33				33414	35983.39	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1703	APR-DRG	inpatient					Aetna	Better Health		42903				41035	44190.09	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1704	APR-DRG	inpatient					Aetna	Better Health		68585.25				65599	70642.81	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1711	APR-DRG	inpatient					Aetna	Better Health		22628.35				21643	23307.2	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1712	APR-DRG	inpatient					Aetna	Better Health		25857.5				24732	26633.23	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1713	APR-DRG	inpatient					Aetna	Better Health		32896.08				31464	33882.96	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1714	APR-DRG	inpatient					Aetna	Better Health		54789.7				52404	56433.39	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1741	APR-DRG	inpatient					Aetna	Better Health		27066.95				25889	27878.96	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1742	APR-DRG	inpatient					Aetna	Better Health		29153.56				27884	30028.17	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1743	APR-DRG	inpatient					Aetna	Better Health		36847.31				35243	37952.73	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1744	APR-DRG	inpatient					Aetna	Better Health		59997.38				57385	61797.3	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1751	APR-DRG	inpatient					Aetna	Better Health		26909.99				25738	27717.29	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1752	APR-DRG	inpatient					Aetna	Better Health		29661.19				28370	30551.03	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1753	APR-DRG	inpatient					Aetna	Better Health		37649.4				36010	38778.88	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1754	APR-DRG	inpatient					Aetna	Better Health		70712.03				67634	72833.39	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1761	APR-DRG	inpatient					Aetna	Better Health		21256.2				20331	21893.89	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1762	APR-DRG	inpatient					Aetna	Better Health		40641.23				38872	41860.47	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1763	APR-DRG	inpatient					Aetna	Better Health		42347.56				40504	43617.99	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1764	APR-DRG	inpatient					Aetna	Better Health		67242.34				64315	69259.61	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1771	APR-DRG	inpatient					Aetna	Better Health		17508.03				16746	18033.27	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1772	APR-DRG	inpatient					Aetna	Better Health		22663.33				21677	23343.23	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1773	APR-DRG	inpatient					Aetna	Better Health		32138.12				30739	33102.26	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1774	APR-DRG	inpatient					Aetna	Better Health		64986.85				62158	66936.46	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1801	APR-DRG	inpatient					Aetna	Better Health		16932.76				16196	17440.74	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1802	APR-DRG	inpatient					Aetna	Better Health		21395.58				20464	22037.45	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1803	APR-DRG	inpatient					Aetna	Better Health		32788.46				31361	33772.11	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1804	APR-DRG	inpatient					Aetna	Better Health		57507.81				55004	59233.04	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1811	APR-DRG	inpatient					Aetna	Better Health		21033.78				20118	21664.79	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1812	APR-DRG	inpatient					Aetna	Better Health		28493.36				27253	29348.16	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1813	APR-DRG	inpatient					Aetna	Better Health		47299.63				45240	48718.62	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1814	APR-DRG	inpatient					Aetna	Better Health		84283.98				80615	86812.5	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1821	APR-DRG	inpatient					Aetna	Better Health		26940.85				25768	27749.08	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER PERIPHERAL VASCULAR PROCEDURES	1822	APR-DRG	inpatient					Aetna	Better Health		31691.83				30312	32642.58	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1823	APR-DRG	inpatient					Aetna	Better Health		43012.69				41140	44303.07	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1824	APR-DRG	inpatient					Aetna	Better Health		76902.52				73555	79209.6	case rate	
ACUTE MYOCARDIAL INFARCTION	1901	APR-DRG	inpatient					Aetna	Better Health		11422.11				10925	11764.77	case rate	
ACUTE MYOCARDIAL INFARCTION	1902	APR-DRG	inpatient					Aetna	Better Health		12594.35				12046	12972.18	case rate	
ACUTE MYOCARDIAL INFARCTION	1903	APR-DRG	inpatient					Aetna	Better Health		17159.32				16412	17674.1	case rate	
ACUTE MYOCARDIAL INFARCTION	1904	APR-DRG	inpatient					Aetna	Better Health		31780.98				30397	32734.41	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1911	APR-DRG	inpatient					Aetna	Better Health		12654.35				12103	13033.98	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1912	APR-DRG	inpatient					Aetna	Better Health		14552.79				13919	14989.37	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1913	APR-DRG	inpatient					Aetna	Better Health		19270.41				18431	19848.52	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1914	APR-DRG	inpatient					Aetna	Better Health		37726.08				36084	38857.86	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1921	APR-DRG	inpatient					Aetna	Better Health		13073.46				12504	13465.66	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1922	APR-DRG	inpatient					Aetna	Better Health		16147.72				15445	16632.15	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1923	APR-DRG	inpatient					Aetna	Better Health		23772.42				22738	24485.59	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1924	APR-DRG	inpatient					Aetna	Better Health		45181.72				43215	46537.17	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1931	APR-DRG	inpatient					Aetna	Better Health		13400.47				12817	13802.48	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1932	APR-DRG	inpatient					Aetna	Better Health		17408.74				16651	17931	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1933	APR-DRG	inpatient					Aetna	Better Health		26013.65				24881	26794.06	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1934	APR-DRG	inpatient					Aetna	Better Health		42853.22				40988	44138.82	case rate	
HEART FAILURE	1941	APR-DRG	inpatient					Aetna	Better Health		7256.53				6941	7474.23	case rate	
HEART FAILURE	1942	APR-DRG	inpatient					Aetna	Better Health		9318.11				8912	9597.65	case rate	
HEART FAILURE	1943	APR-DRG	inpatient					Aetna	Better Health		13897.43				13292	14314.35	case rate	
HEART FAILURE	1944	APR-DRG	inpatient					Aetna	Better Health		26247.37				25105	27034.79	case rate	
CARDIAC ARREST & SHOCK	1961	APR-DRG	inpatient					Aetna	Better Health		7556.45				7227	7783.14	case rate	
CARDIAC ARREST & SHOCK	1962	APR-DRG	inpatient					Aetna	Better Health		8014.13				7665	8254.55	case rate	
CARDIAC ARREST & SHOCK	1963	APR-DRG	inpatient					Aetna	Better Health		15209.93				14548	15666.23	case rate	
CARDIAC ARREST & SHOCK	1964	APR-DRG	inpatient					Aetna	Better Health		38821.9				37132	39986.56	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1971	APR-DRG	inpatient					Aetna	Better Health		7232.31				6917	7449.28	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1972	APR-DRG	inpatient					Aetna	Better Health		9656.33				9236	9946.02	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1973	APR-DRG	inpatient					Aetna	Better Health		14341.12				13717	14771.35	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1974	APR-DRG	inpatient					Aetna	Better Health		30972.62				29624	31901.8	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1981	APR-DRG	inpatient					Aetna	Better Health		6679.92				6389	6880.32	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1982	APR-DRG	inpatient					Aetna	Better Health		7716.18				7380	7947.67	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1983	APR-DRG	inpatient					Aetna	Better Health		10526.57				10068	10842.37	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1984	APR-DRG	inpatient					Aetna	Better Health		25299.28				24198	26058.26	case rate	
HYPERTENSION	1991	APR-DRG	inpatient					Aetna	Better Health		6872.93				6574	7079.12	case rate	
HYPERTENSION	1992	APR-DRG	inpatient					Aetna	Better Health		8070.99				7720	8313.12	case rate	
HYPERTENSION	1993	APR-DRG	inpatient					Aetna	Better Health		11314.67				10822	11654.11	case rate	
HYPERTENSION	1994	APR-DRG	inpatient					Aetna	Better Health		25794.27				24671	26568.1	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2001	APR-DRG	inpatient					Aetna	Better Health		8248.3				7889	8495.75	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2002	APR-DRG	inpatient					Aetna	Better Health		9758.57				9334	10051.33	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2003	APR-DRG	inpatient					Aetna	Better Health		14875.58				14228	15321.85	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2004	APR-DRG	inpatient					Aetna	Better Health		31690.67				30311	32641.39	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2011	APR-DRG	inpatient					Aetna	Better Health		6164.39				5896	6349.32	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2012	APR-DRG	inpatient					Aetna	Better Health		7985.07				7637	8224.62	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2013	APR-DRG	inpatient					Aetna	Better Health		12264.2				11730	12632.13	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2014	APR-DRG	inpatient					Aetna	Better Health		25446.63				24339	26210.03	case rate	
CHEST PAIN	2031	APR-DRG	inpatient					Aetna	Better Health		6893.92				6594	7100.74	case rate	
CHEST PAIN	2032	APR-DRG	inpatient					Aetna	Better Health		8017.62				7669	8258.15	case rate	
CHEST PAIN	2033	APR-DRG	inpatient					Aetna	Better Health		10008.35				9573	10308.6	case rate	
CHEST PAIN	2034	APR-DRG	inpatient					Aetna	Better Health		18172.53				17381	18717.71	case rate	
SYNCOPE & COLLAPSE	2041	APR-DRG	inpatient					Aetna	Better Health		7664.88				7331	7894.83	case rate	
SYNCOPE & COLLAPSE	2042	APR-DRG	inpatient					Aetna	Better Health		8654.95				8278	8914.6	case rate	
SYNCOPE & COLLAPSE	2043	APR-DRG	inpatient					Aetna	Better Health		10919.95				10445	11247.55	case rate	
SYNCOPE & COLLAPSE	2044	APR-DRG	inpatient					Aetna	Better Health		22386.73				21412	23058.33	case rate	
CARDIOMYOPATHY	2051	APR-DRG	inpatient					Aetna	Better Health		7432.59				7109	7655.57	case rate	
CARDIOMYOPATHY	2052	APR-DRG	inpatient					Aetna	Better Health		9462.42				9050	9746.29	case rate	
CARDIOMYOPATHY	2053	APR-DRG	inpatient					Aetna	Better Health		13659.94				13065	14069.74	case rate	
CARDIOMYOPATHY	2054	APR-DRG	inpatient					Aetna	Better Health		33518.16				32059	34523.7	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2061	APR-DRG	inpatient					Aetna	Better Health		8477.1				8108	8731.41	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2062	APR-DRG	inpatient					Aetna	Better Health		9970.15				9536	10269.25	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2063	APR-DRG	inpatient					Aetna	Better Health		16637.06				15913	17136.17	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2064	APR-DRG	inpatient					Aetna	Better Health		31125.09				29770	32058.84	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2071	APR-DRG	inpatient					Aetna	Better Health		7374.38				7053	7595.61	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2072	APR-DRG	inpatient					Aetna	Better Health		9782.97				9357	10076.46	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2073	APR-DRG	inpatient					Aetna	Better Health		14207.93				13589	14634.17	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2074	APR-DRG	inpatient					Aetna	Better Health		27707.24				26501	28538.46	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2201	APR-DRG	inpatient					Aetna	Better Health		18883.49				18061	19449.99	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2202	APR-DRG	inpatient					Aetna	Better Health		28058.28				26837	28900.03	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2203	APR-DRG	inpatient					Aetna	Better Health		45497.42				43517	46862.34	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2204	APR-DRG	inpatient					Aetna	Better Health		90276.71				86347	92985.01	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2211	APR-DRG	inpatient					Aetna	Better Health		19269.6				18431	19847.69	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2212	APR-DRG	inpatient					Aetna	Better Health		24984.65				23897	25734.19	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2213	APR-DRG	inpatient					Aetna	Better Health		40578.9				38812	41796.27	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2214	APR-DRG	inpatient					Aetna	Better Health		80321				76824	82730.63	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2221	APR-DRG	inpatient					Aetna	Better Health		14337.35				13713	14767.47	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2222	APR-DRG	inpatient					Aetna	Better Health		18349.75				17551	18900.24	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2223	APR-DRG	inpatient					Aetna	Better Health		29737.43				28443	30629.55	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2224	APR-DRG	inpatient					Aetna	Better Health		72561.1				69393	74727.63	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2231	APR-DRG	inpatient					Aetna	Better Health		15353.26				14685	15813.86	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2232	APR-DRG	inpatient					Aetna	Better Health		20355.01				19469	20965.66	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2233	APR-DRG	inpatient					Aetna	Better Health		34188.85				32700	35214.52	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2234	APR-DRG	inpatient					Aetna	Better Health		70598.49				67525	72716.44	case rate	
PERITONEAL ADHESIOLYSIS	2241	APR-DRG	inpatient					Aetna	Better Health		17297.08				16544	17815.99	case rate	
PERITONEAL ADHESIOLYSIS	2242	APR-DRG	inpatient					Aetna	Better Health		22649.43				21663	23328.91	case rate	
PERITONEAL ADHESIOLYSIS	2243	APR-DRG	inpatient					Aetna	Better Health		34289.3				32797	35317.98	case rate	
PERITONEAL ADHESIOLYSIS	2244	APR-DRG	inpatient					Aetna	Better Health		62241.21				59532	64108.45	case rate	
APPENDECTOMY	2251	APR-DRG	inpatient					Aetna	Better Health		11818.54				11304	12173.1	case rate	
APPENDECTOMY	2252	APR-DRG	inpatient					Aetna	Better Health		15718.11				15034	16189.65	case rate	
APPENDECTOMY	2253	APR-DRG	inpatient					Aetna	Better Health		26998.25				25823	27808.2	case rate	
APPENDECTOMY	2254	APR-DRG	inpatient					Aetna	Better Health		51388.89				49152	52930.56	case rate	
ANAL PROCEDURES	2261	APR-DRG	inpatient					Aetna	Better Health		9584.4				9167	9871.93	case rate	
ANAL PROCEDURES	2262	APR-DRG	inpatient					Aetna	Better Health		12977.41				12412	13366.73	case rate	
ANAL PROCEDURES	2263	APR-DRG	inpatient					Aetna	Better Health		21154.5				20234	21789.14	case rate	
ANAL PROCEDURES	2264	APR-DRG	inpatient					Aetna	Better Health		43293.59				41409	44592.4	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2271	APR-DRG	inpatient					Aetna	Better Health		14897.28				14249	15344.2	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2272	APR-DRG	inpatient					Aetna	Better Health		18923.94				18100	19491.66	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2273	APR-DRG	inpatient					Aetna	Better Health		30707.77				29371	31629	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2274	APR-DRG	inpatient					Aetna	Better Health		63216.75				60465	65113.25	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2281	APR-DRG	inpatient					Aetna	Better Health		11206.14				10718	11542.32	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2282	APR-DRG	inpatient					Aetna	Better Health		14635.84				13999	15074.92	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2283	APR-DRG	inpatient					Aetna	Better Health		22482.16				21503	23156.62	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2284	APR-DRG	inpatient					Aetna	Better Health		50101.41				47920	51604.45	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2291	APR-DRG	inpatient					Aetna	Better Health		15491.38				14817	15956.12	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2292	APR-DRG	inpatient					Aetna	Better Health		21370.02				20440	22011.12	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2293	APR-DRG	inpatient					Aetna	Better Health		34813.53				33298	35857.94	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2294	APR-DRG	inpatient					Aetna	Better Health		72255.66				69110	74423.33	case rate	
DIGESTIVE MALIGNANCY	2401	APR-DRG	inpatient					Aetna	Better Health		9679.46				9258	9969.84	case rate	
DIGESTIVE MALIGNANCY	2402	APR-DRG	inpatient					Aetna	Better Health		12405.64				11866	12777.81	case rate	
DIGESTIVE MALIGNANCY	2403	APR-DRG	inpatient					Aetna	Better Health		18274.77				17479	18823.01	case rate	
DIGESTIVE MALIGNANCY	2404	APR-DRG	inpatient					Aetna	Better Health		33473.14				32016	34477.33	case rate	
PEPTIC ULCER & GASTRITIS	2411	APR-DRG	inpatient					Aetna	Better Health		8234.04				7876	8481.06	case rate	
PEPTIC ULCER & GASTRITIS	2412	APR-DRG	inpatient					Aetna	Better Health		10212.48				9768	10518.85	case rate	
PEPTIC ULCER & GASTRITIS	2413	APR-DRG	inpatient					Aetna	Better Health		15346.89				14679	15807.3	case rate	
PEPTIC ULCER & GASTRITIS	2414	APR-DRG	inpatient					Aetna	Better Health		35860.83				34300	36936.65	case rate	
MAJOR ESOPHAGEAL DISORDERS	2421	APR-DRG	inpatient					Aetna	Better Health		8122.29				7769	8365.96	case rate	
MAJOR ESOPHAGEAL DISORDERS	2422	APR-DRG	inpatient					Aetna	Better Health		10018.22				9582	10318.77	case rate	
MAJOR ESOPHAGEAL DISORDERS	2423	APR-DRG	inpatient					Aetna	Better Health		14899.52				14251	15346.51	case rate	
MAJOR ESOPHAGEAL DISORDERS	2424	APR-DRG	inpatient					Aetna	Better Health		34881.34				33363	35927.78	case rate	
OTHER ESOPHAGEAL DISORDERS	2431	APR-DRG	inpatient					Aetna	Better Health		7556.54				7228	7783.24	case rate	
OTHER ESOPHAGEAL DISORDERS	2432	APR-DRG	inpatient					Aetna	Better Health		9231.02				8829	9507.95	case rate	
OTHER ESOPHAGEAL DISORDERS	2433	APR-DRG	inpatient					Aetna	Better Health		13323.24				12743	13722.94	case rate	
OTHER ESOPHAGEAL DISORDERS	2434	APR-DRG	inpatient					Aetna	Better Health		29327.73				28051	30207.56	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2441	APR-DRG	inpatient					Aetna	Better Health		7058.85				6752	7270.62	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2442	APR-DRG	inpatient					Aetna	Better Health		9237.03				8835	9514.14	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2443	APR-DRG	inpatient					Aetna	Better Health		14020.13				13410	14440.73	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2444	APR-DRG	inpatient					Aetna	Better Health		31822.51				30437	32777.19	case rate	
INFLAMMATORY BOWEL DISEASE	2451	APR-DRG	inpatient					Aetna	Better Health		8428.49				8062	8681.34	case rate	
INFLAMMATORY BOWEL DISEASE	2452	APR-DRG	inpatient					Aetna	Better Health		10117.06				9677	10420.57	case rate	
INFLAMMATORY BOWEL DISEASE	2453	APR-DRG	inpatient					Aetna	Better Health		15229.22				14566	15686.1	case rate	
INFLAMMATORY BOWEL DISEASE	2454	APR-DRG	inpatient					Aetna	Better Health		28953.91				27693	29822.53	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2461	APR-DRG	inpatient					Aetna	Better Health		8865.81				8480	9131.78	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2462	APR-DRG	inpatient					Aetna	Better Health		10647.38				10184	10966.8	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2463	APR-DRG	inpatient					Aetna	Better Health		16094.26				15394	16577.09	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2464	APR-DRG	inpatient					Aetna	Better Health		32551.95				31135	33528.51	case rate	
INTESTINAL OBSTRUCTION	2471	APR-DRG	inpatient					Aetna	Better Health		6842.61				6545	7047.89	case rate	
INTESTINAL OBSTRUCTION	2472	APR-DRG	inpatient					Aetna	Better Health		8800.52				8417	9064.54	case rate	
INTESTINAL OBSTRUCTION	2473	APR-DRG	inpatient					Aetna	Better Health		13952.77				13345	14371.35	case rate	
INTESTINAL OBSTRUCTION	2474	APR-DRG	inpatient					Aetna	Better Health		31884.84				30497	32841.39	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2481	APR-DRG	inpatient					Aetna	Better Health		7462				7137	7685.86	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2482	APR-DRG	inpatient					Aetna	Better Health		10265.58				9819	10573.55	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2483	APR-DRG	inpatient					Aetna	Better Health		15431.64				14760	15894.59	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2484	APR-DRG	inpatient					Aetna	Better Health		32853.66				31423	33839.27	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2491	APR-DRG	inpatient					Aetna	Better Health		6164.12				5896	6349.04	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2492	APR-DRG	inpatient					Aetna	Better Health		7491.96				7166	7716.72	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2493	APR-DRG	inpatient					Aetna	Better Health		10631.33				10169	10950.27	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2494	APR-DRG	inpatient					Aetna	Better Health		24302.75				23245	25031.83	case rate	
ABDOMINAL PAIN	2511	APR-DRG	inpatient					Aetna	Better Health		6999.03				6694	7209	case rate	
ABDOMINAL PAIN	2512	APR-DRG	inpatient					Aetna	Better Health		8677.02				8299	8937.33	case rate	
ABDOMINAL PAIN	2513	APR-DRG	inpatient					Aetna	Better Health		11724.99				11215	12076.74	case rate	
ABDOMINAL PAIN	2514	APR-DRG	inpatient					Aetna	Better Health		22457.67				21480	23131.4	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2521	APR-DRG	inpatient					Aetna	Better Health		7620.57				7289	7849.19	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2522	APR-DRG	inpatient					Aetna	Better Health		10235.8				9790	10542.87	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2523	APR-DRG	inpatient					Aetna	Better Health		15694.16				15011	16164.98	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2524	APR-DRG	inpatient					Aetna	Better Health		35028.7				33504	36079.56	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2531	APR-DRG	inpatient					Aetna	Better Health		7696.09				7361	7926.97	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2532	APR-DRG	inpatient					Aetna	Better Health		9902.79				9472	10199.87	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2533	APR-DRG	inpatient					Aetna	Better Health		14788.67				14145	15232.33	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2534	APR-DRG	inpatient					Aetna	Better Health		30534.85				29301	31553.9	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2541	APR-DRG	inpatient					Aetna	Better Health		7219.22				6905	7435.8	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2542	APR-DRG	inpatient					Aetna	Better Health		9637.4				9218	9926.52	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2543	APR-DRG	inpatient					Aetna	Better Health		14006.85				13397	14427.06	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2544	APR-DRG	inpatient					Aetna	Better Health		30036.81				28729	30937.91	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2601	APR-DRG	inpatient					Aetna	Better Health		22527.9				21547	23203.74	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2602	APR-DRG	inpatient					Aetna	Better Health		29769.81				28474	30662.9	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2603	APR-DRG	inpatient					Aetna	Better Health		46723.91				44690	48125.63	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2604	APR-DRG	inpatient					Aetna	Better Health		94646.25				90526	97485.64	case rate	
MAJOR BILIARY TRACT PROCEDURES	2611	APR-DRG	inpatient					Aetna	Better Health		18736.22				17921	19296.31	case rate	
MAJOR BILIARY TRACT PROCEDURES	2612	APR-DRG	inpatient					Aetna	Better Health		26069.7				24935	26851.79	case rate	
MAJOR BILIARY TRACT PROCEDURES	2613	APR-DRG	inpatient					Aetna	Better Health		39423.98				37708	40606.7	case rate	
MAJOR BILIARY TRACT PROCEDURES	2614	APR-DRG	inpatient					Aetna	Better Health		72428.49				69275	74601.34	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2621	APR-DRG	inpatient					Aetna	Better Health		16331.4				15620	16821.34	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2622	APR-DRG	inpatient					Aetna	Better Health		21538.72				20601	22184.88	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2623	APR-DRG	inpatient					Aetna	Better Health		32239.65				30836	33206.84	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2624	APR-DRG	inpatient					Aetna	Better Health		65932.44				63062	67910.41	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2631	APR-DRG	inpatient					Aetna	Better Health		13952.5				13345	14371.08	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2632	APR-DRG	inpatient					Aetna	Better Health		17656.37				16888	18186.06	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2633	APR-DRG	inpatient					Aetna	Better Health		24052.87				23006	24774.46	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2634	APR-DRG	inpatient					Aetna	Better Health		50974.44				48755	52503.67	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2641	APR-DRG	inpatient					Aetna	Better Health		18579.72				17771	19137.11	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2642	APR-DRG	inpatient					Aetna	Better Health		22757.05				21766	23439.76	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2643	APR-DRG	inpatient					Aetna	Better Health		35208.07				33675	36264.31	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2644	APR-DRG	inpatient					Aetna	Better Health		76468.43				73139	78762.48	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2791	APR-DRG	inpatient					Aetna	Better Health		7216.44				6902	7432.93	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2792	APR-DRG	inpatient					Aetna	Better Health		9132.27				8735	9406.24	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2793	APR-DRG	inpatient					Aetna	Better Health		15142.31				14483	15596.58	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2794	APR-DRG	inpatient					Aetna	Better Health		38187.53				36525	39333.16	case rate	
ALCOHOLIC LIVER DISEASE	2801	APR-DRG	inpatient					Aetna	Better Health		7375.01				7054	7596.26	case rate	
ALCOHOLIC LIVER DISEASE	2802	APR-DRG	inpatient					Aetna	Better Health		9240.98				8839	9518.21	case rate	
ALCOHOLIC LIVER DISEASE	2803	APR-DRG	inpatient					Aetna	Better Health		14724.45				14083	15166.18	case rate	
ALCOHOLIC LIVER DISEASE	2804	APR-DRG	inpatient					Aetna	Better Health		33226.4				31780	34223.19	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2811	APR-DRG	inpatient					Aetna	Better Health		10866.76				10394	11192.76	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2812	APR-DRG	inpatient					Aetna	Better Health		12890.32				12329	13277.03	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2813	APR-DRG	inpatient					Aetna	Better Health		17837.72				17061	18372.85	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2814	APR-DRG	inpatient					Aetna	Better Health		29072.48				27807	29944.65	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2821	APR-DRG	inpatient					Aetna	Better Health		7517.07				7190	7742.58	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2822	APR-DRG	inpatient					Aetna	Better Health		9714.17				9291	10005.6	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2823	APR-DRG	inpatient					Aetna	Better Health		16227.09				15521	16713.9	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2824	APR-DRG	inpatient					Aetna	Better Health		45157.68				43192	46512.41	case rate	
OTHER DISORDERS OF THE LIVER	2831	APR-DRG	inpatient					Aetna	Better Health		8054.13				7703	8295.75	case rate	
OTHER DISORDERS OF THE LIVER	2832	APR-DRG	inpatient					Aetna	Better Health		9538.83				9124	9824.99	case rate	
OTHER DISORDERS OF THE LIVER	2833	APR-DRG	inpatient					Aetna	Better Health		14377.89				13752	14809.23	case rate	
OTHER DISORDERS OF THE LIVER	2834	APR-DRG	inpatient					Aetna	Better Health		29388.63				28109	30270.29	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2841	APR-DRG	inpatient					Aetna	Better Health		8685.27				8307	8945.83	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2842	APR-DRG	inpatient					Aetna	Better Health		11584.9				11081	11932.45	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2843	APR-DRG	inpatient					Aetna	Better Health		16694.55				15968	17195.39	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2844	APR-DRG	inpatient					Aetna	Better Health		33053.57				31615	34045.18	case rate	
HIP JOINT REPLACEMENT	3011	APR-DRG	inpatient					Aetna	Better Health		22045.19				21085	22706.55	case rate	
HIP JOINT REPLACEMENT	3012	APR-DRG	inpatient					Aetna	Better Health		24072.43				23024	24794.6	case rate	
HIP JOINT REPLACEMENT	3013	APR-DRG	inpatient					Aetna	Better Health		32939.58				31506	33927.77	case rate	
HIP JOINT REPLACEMENT	3014	APR-DRG	inpatient					Aetna	Better Health		54586.56				52210	56224.16	case rate	
KNEE JOINT REPLACEMENT	3021	APR-DRG	inpatient					Aetna	Better Health		21039.34				20123	21670.52	case rate	
KNEE JOINT REPLACEMENT	3022	APR-DRG	inpatient					Aetna	Better Health		23394.47				22376	24096.3	case rate	
KNEE JOINT REPLACEMENT	3023	APR-DRG	inpatient					Aetna	Better Health		30085.33				28776	30987.89	case rate	
KNEE JOINT REPLACEMENT	3024	APR-DRG	inpatient					Aetna	Better Health		55316.62				52908	56976.12	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3031	APR-DRG	inpatient					Aetna	Better Health		64994.02				62165	66943.84	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3032	APR-DRG	inpatient					Aetna	Better Health		78209.55				74805	80555.84	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3033	APR-DRG	inpatient					Aetna	Better Health		114584.93				109597	118022.48	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3034	APR-DRG	inpatient					Aetna	Better Health		155654.78				148878	160324.42	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3041	APR-DRG	inpatient					Aetna	Better Health		39505.59				37786	40690.76	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3042	APR-DRG	inpatient					Aetna	Better Health		47316.4				45257	48735.89	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3043	APR-DRG	inpatient					Aetna	Better Health		71260.93				68159	73398.76	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3044	APR-DRG	inpatient					Aetna	Better Health		118685.22				113518	122245.78	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3051	APR-DRG	inpatient					Aetna	Better Health		14814.05				14169	15258.47	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3052	APR-DRG	inpatient					Aetna	Better Health		20282.45				19399	20890.92	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3053	APR-DRG	inpatient					Aetna	Better Health		33190.08				31745	34185.78	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3054	APR-DRG	inpatient					Aetna	Better Health		70200.27				67144	72306.28	case rate	
HIP & FEMUR FRACTURE REPAIR	3081	APR-DRG	inpatient					Aetna	Better Health		17957.9				17176	18496.64	case rate	
HIP & FEMUR FRACTURE REPAIR	3082	APR-DRG	inpatient					Aetna	Better Health		21157.46				20236	21792.18	case rate	
HIP & FEMUR FRACTURE REPAIR	3083	APR-DRG	inpatient					Aetna	Better Health		28242.95				27013	29090.24	case rate	
HIP & FEMUR FRACTURE REPAIR	3084	APR-DRG	inpatient					Aetna	Better Health		49370.89				47222	50852.02	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3091	APR-DRG	inpatient					Aetna	Better Health		18120.87				17332	18664.5	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3092	APR-DRG	inpatient					Aetna	Better Health		25759.74				24638	26532.53	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3093	APR-DRG	inpatient					Aetna	Better Health		37608.05				35971	38736.29	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3094	APR-DRG	inpatient					Aetna	Better Health		73535.25				70334	75741.31	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3101	APR-DRG	inpatient					Aetna	Better Health		13503.16				12915	13908.25	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3102	APR-DRG	inpatient					Aetna	Better Health		17924.99				17145	18462.74	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3103	APR-DRG	inpatient					Aetna	Better Health		25937.23				24808	26715.35	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3104	APR-DRG	inpatient					Aetna	Better Health		55765.69				53338	57438.66	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3121	APR-DRG	inpatient					Aetna	Better Health		22262.6				21293	22930.48	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3122	APR-DRG	inpatient					Aetna	Better Health		31683.67				30304	32634.18	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3123	APR-DRG	inpatient					Aetna	Better Health		57132.28				54645	58846.25	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3124	APR-DRG	inpatient					Aetna	Better Health		118067.44				112927	121609.46	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3131	APR-DRG	inpatient					Aetna	Better Health		15856.41				15166	16332.1	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3132	APR-DRG	inpatient					Aetna	Better Health		21702.49				20758	22353.56	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3133	APR-DRG	inpatient					Aetna	Better Health		33218.87				31773	34215.44	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3134	APR-DRG	inpatient					Aetna	Better Health		67591.41				64649	69619.15	case rate	
FOOT & TOE PROCEDURES	3141	APR-DRG	inpatient					Aetna	Better Health		14502.11				13871	14937.17	case rate	
FOOT & TOE PROCEDURES	3142	APR-DRG	inpatient					Aetna	Better Health		16460.19				15744	16954	case rate	
FOOT & TOE PROCEDURES	3143	APR-DRG	inpatient					Aetna	Better Health		22954.64				21955	23643.28	case rate	
FOOT & TOE PROCEDURES	3144	APR-DRG	inpatient					Aetna	Better Health		49476.19				47322	50960.48	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3151	APR-DRG	inpatient					Aetna	Better Health		13077.95				12509	13470.29	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3152	APR-DRG	inpatient					Aetna	Better Health		22122.6				21160	22786.28	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3153	APR-DRG	inpatient					Aetna	Better Health		31826.19				30441	32780.98	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3154	APR-DRG	inpatient					Aetna	Better Health		64389.43				61586	66321.11	case rate	
HAND & WRIST PROCEDURES	3161	APR-DRG	inpatient					Aetna	Better Health		11387.32				10892	11728.94	case rate	
HAND & WRIST PROCEDURES	3162	APR-DRG	inpatient					Aetna	Better Health		16196.42				15491	16682.31	case rate	
HAND & WRIST PROCEDURES	3163	APR-DRG	inpatient					Aetna	Better Health		25985.48				24854	26765.04	case rate	
HAND & WRIST PROCEDURES	3164	APR-DRG	inpatient					Aetna	Better Health		49733.95				47569	51225.97	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3171	APR-DRG	inpatient					Aetna	Better Health		12575.69				12028	12952.96	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3172	APR-DRG	inpatient					Aetna	Better Health		17642.38				16874	18171.65	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3173	APR-DRG	inpatient					Aetna	Better Health		30298.52				28979	31207.48	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3174	APR-DRG	inpatient					Aetna	Better Health		71409.81				68301	73552.1	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3201	APR-DRG	inpatient					Aetna	Better Health		14349.55				13725	14780.04	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3202	APR-DRG	inpatient					Aetna	Better Health		22058.38				21098	22720.13	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3203	APR-DRG	inpatient					Aetna	Better Health		31408.95				30042	32351.22	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3204	APR-DRG	inpatient					Aetna	Better Health		59288.75				56708	61067.41	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3211	APR-DRG	inpatient					Aetna	Better Health		23587.12				22560	24294.73	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3212	APR-DRG	inpatient					Aetna	Better Health		30572.52				29242	31489.7	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3213	APR-DRG	inpatient					Aetna	Better Health		51078.21				48855	52610.56	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3214	APR-DRG	inpatient					Aetna	Better Health		95829.6				91658	98704.49	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3221	APR-DRG	inpatient					Aetna	Better Health		21526.88				20590	22172.69	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3222	APR-DRG	inpatient					Aetna	Better Health		23464.34				22443	24168.27	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3223	APR-DRG	inpatient					Aetna	Better Health		33153.31				31710	34147.91	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3224	APR-DRG	inpatient					Aetna	Better Health		55600.4				53180	57268.41	case rate	
FRACTURE OF FEMUR	3401	APR-DRG	inpatient					Aetna	Better Health		6723.96				6431	6925.68	case rate	
FRACTURE OF FEMUR	3402	APR-DRG	inpatient					Aetna	Better Health		7964.8				7618	8203.74	case rate	
FRACTURE OF FEMUR	3403	APR-DRG	inpatient					Aetna	Better Health		11946.43				11426	12304.82	case rate	
FRACTURE OF FEMUR	3404	APR-DRG	inpatient					Aetna	Better Health		27454.4				26259	28278.03	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3411	APR-DRG	inpatient					Aetna	Better Health		6816.87				6520	7021.38	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3412	APR-DRG	inpatient					Aetna	Better Health		8268.93				7909	8517	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3413	APR-DRG	inpatient					Aetna	Better Health		11065.42				10584	11397.38	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3414	APR-DRG	inpatient					Aetna	Better Health		26232.67				25091	27019.65	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3421	APR-DRG	inpatient					Aetna	Better Health		7118.68				6809	7332.24	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3422	APR-DRG	inpatient					Aetna	Better Health		9203.04				8802	9479.13	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3423	APR-DRG	inpatient					Aetna	Better Health		12568.96				12022	12946.03	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3424	APR-DRG	inpatient					Aetna	Better Health		28987.63				27726	29857.26	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3431	APR-DRG	inpatient					Aetna	Better Health		11055.65				10574	11387.32	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3432	APR-DRG	inpatient					Aetna	Better Health		13226.65				12651	13623.45	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3433	APR-DRG	inpatient					Aetna	Better Health		21095.21				20177	21728.07	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3434	APR-DRG	inpatient					Aetna	Better Health		35504.23				33959	36569.36	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3441	APR-DRG	inpatient					Aetna	Better Health		10154.46				9712	10459.09	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3442	APR-DRG	inpatient					Aetna	Better Health		12821.26				12263	13205.9	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3443	APR-DRG	inpatient					Aetna	Better Health		19158.83				18325	19733.59	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3444	APR-DRG	inpatient					Aetna	Better Health		35311.84				33775	36371.2	case rate	
CONNECTIVE TISSUE DISORDERS	3461	APR-DRG	inpatient					Aetna	Better Health		9181.24				8782	9456.68	case rate	
CONNECTIVE TISSUE DISORDERS	3462	APR-DRG	inpatient					Aetna	Better Health		12224.2				11692	12590.93	case rate	
CONNECTIVE TISSUE DISORDERS	3463	APR-DRG	inpatient					Aetna	Better Health		20548.2				19654	21164.65	case rate	
CONNECTIVE TISSUE DISORDERS	3464	APR-DRG	inpatient					Aetna	Better Health		50237.74				48051	51744.87	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3471	APR-DRG	inpatient					Aetna	Better Health		8634.86				8259	8893.91	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3472	APR-DRG	inpatient					Aetna	Better Health		10658.86				10195	10978.63	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3473	APR-DRG	inpatient					Aetna	Better Health		14622.47				13986	15061.14	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3474	APR-DRG	inpatient					Aetna	Better Health		34665.82				33157	35705.79	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3491	APR-DRG	inpatient					Aetna	Better Health		7267.38				6951	7485.4	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3492	APR-DRG	inpatient					Aetna	Better Health		10395.54				9943	10707.41	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3493	APR-DRG	inpatient					Aetna	Better Health		15848.25				15158	16323.7	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3494	APR-DRG	inpatient					Aetna	Better Health		32501.99				31087	33477.05	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3511	APR-DRG	inpatient					Aetna	Better Health		7392.16				7030	7570.66	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3512	APR-DRG	inpatient					Aetna	Better Health		8516.92				8146	8772.43	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3513	APR-DRG	inpatient					Aetna	Better Health		13820.57				13219	14235.19	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3514	APR-DRG	inpatient					Aetna	Better Health		30597.72				29266	31515.65	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3611	APR-DRG	inpatient					Aetna	Better Health		19116.77				18285	19690.27	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3612	APR-DRG	inpatient					Aetna	Better Health		25647.72				24531	26417.15	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3613	APR-DRG	inpatient					Aetna	Better Health		36843.1				35239	37948.39	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3614	APR-DRG	inpatient					Aetna	Better Health		80917.43				77395	83344.85	case rate	
MASTECTOMY PROCEDURES	3621	APR-DRG	inpatient					Aetna	Better Health		18471.91				17668	19026.07	case rate	
MASTECTOMY PROCEDURES	3622	APR-DRG	inpatient					Aetna	Better Health		22574.54				21592	23251.78	case rate	
MASTECTOMY PROCEDURES	3623	APR-DRG	inpatient					Aetna	Better Health		27781.14				26572	28614.57	case rate	
MASTECTOMY PROCEDURES	3624	APR-DRG	inpatient					Aetna	Better Health		58503.17				55956	60258.27	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3631	APR-DRG	inpatient					Aetna	Better Health		14412.87				13785	14845.26	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3632	APR-DRG	inpatient					Aetna	Better Health		24319.25				23261	25048.83	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3633	APR-DRG	inpatient					Aetna	Better Health		31048.23				29697	31979.68	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3634	APR-DRG	inpatient					Aetna	Better Health		59800.69				57197	61594.71	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3641	APR-DRG	inpatient					Aetna	Better Health		11640.51				1134	11989.73	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3642	APR-DRG	inpatient					Aetna	Better Health		16088.08				15388	16570.72	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3643	APR-DRG	inpatient					Aetna	Better Health		25006.44				23918	25756.63	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3644	APR-DRG	inpatient					Aetna	Better Health		48997.61				46865	50467.54	case rate	
SKIN ULCERS	3801	APR-DRG	inpatient					Aetna	Better Health		7977.09				7630	8216.4	case rate	
SKIN ULCERS	3802	APR-DRG	inpatient					Aetna	Better Health		9563.23				9147	9850.13	case rate	
SKIN ULCERS	3803	APR-DRG	inpatient					Aetna	Better Health		13823.35				13222	14238.05	case rate	
SKIN ULCERS	3804	APR-DRG	inpatient					Aetna	Better Health		27134.93				25954	27948.98	case rate	
MAJOR SKIN DISORDERS	3811	APR-DRG	inpatient					Aetna	Better Health		6417.76				6138	6610.29	case rate	
MAJOR SKIN DISORDERS	3812	APR-DRG	inpatient					Aetna	Better Health		11310.36				10818	11649.67	case rate	
MAJOR SKIN DISORDERS	3813	APR-DRG	inpatient					Aetna	Better Health		20413.67				19525	21026.08	case rate	
MAJOR SKIN DISORDERS	3814	APR-DRG	inpatient					Aetna	Better Health		55197.52				52795	56853.45	case rate	
MALIGNANT BREAST DISORDERS	3821	APR-DRG	inpatient					Aetna	Better Health		8705.89				8327	8967.07	case rate	
MALIGNANT BREAST DISORDERS	3822	APR-DRG	inpatient					Aetna	Better Health		10326.84				9877	10636.65	case rate	
MALIGNANT BREAST DISORDERS	3823	APR-DRG	inpatient					Aetna	Better Health		16366.11				15654	16857.09	case rate	
MALIGNANT BREAST DISORDERS	3824	APR-DRG	inpatient					Aetna	Better Health		27527.59				26329	28353.42	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3831	APR-DRG	inpatient					Aetna	Better Health		6297.58				6023	6486.51	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3832	APR-DRG	inpatient					Aetna	Better Health		8381.58				8017	8633.03	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3833	APR-DRG	inpatient					Aetna	Better Health		12868.43				12308	13254.48	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3834	APR-DRG	inpatient					Aetna	Better Health		30443.99				29119	31357.31	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3841	APR-DRG	inpatient					Aetna	Better Health		8067.04				7716	8309.05	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3842	APR-DRG	inpatient					Aetna	Better Health		9562.69				9146	9849.57	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3843	APR-DRG	inpatient					Aetna	Better Health		14011.43				13401	14431.77	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3844	APR-DRG	inpatient					Aetna	Better Health		35449.07				33906	36512.54	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3851	APR-DRG	inpatient					Aetna	Better Health		6005.01				5744	6185.16	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3852	APR-DRG	inpatient					Aetna	Better Health		7955.02				7609	8193.67	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3853	APR-DRG	inpatient					Aetna	Better Health		12711.39				12158	13092.73	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3854	APR-DRG	inpatient					Aetna	Better Health		26097.95				24962	26880.89	case rate	
PITUITARY & ADRENAL PROCEDURES	4011	APR-DRG	inpatient					Aetna	Better Health		20820.76				19914	21445.38	case rate	
PITUITARY & ADRENAL PROCEDURES	4012	APR-DRG	inpatient					Aetna	Better Health		27992				26773	28831.76	case rate	
PITUITARY & ADRENAL PROCEDURES	4013	APR-DRG	inpatient					Aetna	Better Health		47116.48				45065	48529.97	case rate	
PITUITARY & ADRENAL PROCEDURES	4014	APR-DRG	inpatient					Aetna	Better Health		101944.48				97506	105002.81	case rate	
PROCEDURES FOR OBESITY	4031	APR-DRG	inpatient					Aetna	Better Health		18171.45				17380	18716.59	case rate	
PROCEDURES FOR OBESITY	4032	APR-DRG	inpatient					Aetna	Better Health		20180.66				19302	20786.08	case rate	
PROCEDURES FOR OBESITY	4033	APR-DRG	inpatient					Aetna	Better Health		30669.2				29334	31589.28	case rate	
PROCEDURES FOR OBESITY	4034	APR-DRG	inpatient					Aetna	Better Health		86347.9				82589	88938.34	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4041	APR-DRG	inpatient					Aetna	Better Health		11600.15				11095	11948.15	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4042	APR-DRG	inpatient					Aetna	Better Health		15542.59				14866	16008.87	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4043	APR-DRG	inpatient					Aetna	Better Health		29576.35				28289	30463.64	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4044	APR-DRG	inpatient					Aetna	Better Health		70883.52				67798	73010.03	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4051	APR-DRG	inpatient					Aetna	Better Health		18040.33				17255	18581.54	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4052	APR-DRG	inpatient					Aetna	Better Health		22383.23				21390	23034.13	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4053	APR-DRG	inpatient					Aetna	Better Health		33227.21				31781	34224.03	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4054	APR-DRG	inpatient					Aetna	Better Health		75769.39				72471	78042.47	case rate	
DIABETES	4201	APR-DRG	inpatient					Aetna	Better Health		5855.32				5600	6030.98	case rate	
DIABETES	4202	APR-DRG	inpatient					Aetna	Better Health		7595.67				7237	7793.67	case rate	
DIABETES	4203	APR-DRG	inpatient					Aetna	Better Health		11354.58				10860	11695.22	case rate	
DIABETES	4204	APR-DRG	inpatient					Aetna	Better Health		27685.98				26481	28516.56	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4211	APR-DRG	inpatient					Aetna	Better Health		7879.15				7536	8115.52	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4212	APR-DRG	inpatient					Aetna	Better Health		8754.6				8373	9017.24	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4213	APR-DRG	inpatient					Aetna	Better Health		13425.49				12841	13828.25	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4214	APR-DRG	inpatient					Aetna	Better Health		28466.18				27227	29320.17	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4221	APR-DRG	inpatient					Aetna	Better Health		4715.83				4511	4857.3	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4222	APR-DRG	inpatient					Aetna	Better Health		6765.21				6471	6968.17	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4223	APR-DRG	inpatient					Aetna	Better Health		9895.61				9465	10192.48	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4224	APR-DRG	inpatient					Aetna	Better Health		21431.99				20499	22074.95	case rate	
INBORN ERRORS OF METABOLISM	4231	APR-DRG	inpatient					Aetna	Better Health		8604.82				8230	8862.96	case rate	
INBORN ERRORS OF METABOLISM	4232	APR-DRG	inpatient					Aetna	Better Health		11216.28				10728	11552.77	case rate	
INBORN ERRORS OF METABOLISM	4233	APR-DRG	inpatient					Aetna	Better Health		17701.04				16930	18232.07	case rate	
INBORN ERRORS OF METABOLISM	4234	APR-DRG	inpatient					Aetna	Better Health		34298.27				32805	35327.22	case rate	
OTHER ENDOCRINE DISORDERS	4241	APR-DRG	inpatient					Aetna	Better Health		7195.54				6882	7411.41	case rate	
OTHER ENDOCRINE DISORDERS	4242	APR-DRG	inpatient					Aetna	Better Health		9778.84				9353	10072.21	case rate	
OTHER ENDOCRINE DISORDERS	4243	APR-DRG	inpatient					Aetna	Better Health		14823.91				14179	15268.63	case rate	
OTHER ENDOCRINE DISORDERS	4244	APR-DRG	inpatient					Aetna	Better Health		31416.4				30049	32358.89	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4251	APR-DRG	inpatient					Aetna	Better Health		5852.81				5598	6028.39	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4252	APR-DRG	inpatient					Aetna	Better Health		7540.75				7212	7766.97	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4253	APR-DRG	inpatient					Aetna	Better Health		11308.3				10816	11647.55	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4254	APR-DRG	inpatient					Aetna	Better Health		25368.52				24264	26129.58	case rate	
KIDNEY TRANSPLANT	4401	APR-DRG	inpatient					Aetna	Better Health		69843.58				66803	71938.89	case rate	
KIDNEY TRANSPLANT	4402	APR-DRG	inpatient					Aetna	Better Health		73081.43				69900	75273.87	case rate	
KIDNEY TRANSPLANT	4403	APR-DRG	inpatient					Aetna	Better Health		82638.38				79041	85117.53	case rate	
KIDNEY TRANSPLANT	4404	APR-DRG	inpatient					Aetna	Better Health		130828.16				125133	134753	case rate	
MAJOR BLADDER PROCEDURES	4411	APR-DRG	inpatient					Aetna	Better Health		20595.2				19699	21213.06	case rate	
MAJOR BLADDER PROCEDURES	4412	APR-DRG	inpatient					Aetna	Better Health		31923.5				30534	32881.21	case rate	
MAJOR BLADDER PROCEDURES	4413	APR-DRG	inpatient					Aetna	Better Health		43420.32				41530	44722.93	case rate	
MAJOR BLADDER PROCEDURES	4414	APR-DRG	inpatient					Aetna	Better Health		87391.07				83587	90012.8	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4421	APR-DRG	inpatient					Aetna	Better Health		18979.82				18154	19549.21	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4422	APR-DRG	inpatient					Aetna	Better Health		21989.23				21032	22648.91	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4423	APR-DRG	inpatient					Aetna	Better Health		33954.68				32476	34973.32	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4424	APR-DRG	inpatient					Aetna	Better Health		67557.59				64617	69584.32	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4431	APR-DRG	inpatient					Aetna	Better Health		16616.97				15894	17115.48	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4432	APR-DRG	inpatient					Aetna	Better Health		19520.82				18671	20106.44	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4433	APR-DRG	inpatient					Aetna	Better Health		28532.64				27290	29388.62	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4434	APR-DRG	inpatient					Aetna	Better Health		59316.38				56734	61095.87	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4441	APR-DRG	inpatient					Aetna	Better Health		15135.94				14477	15590.02	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4442	APR-DRG	inpatient					Aetna	Better Health		20423.26				19534	21035.96	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4443	APR-DRG	inpatient					Aetna	Better Health		32825.32				31396	33810.08	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4444	APR-DRG	inpatient					Aetna	Better Health		62093.14				59390	63955.93	case rate	
OTHER BLADDER PROCEDURES	4451	APR-DRG	inpatient					Aetna	Better Health		13122.25				12551	13515.92	case rate	
OTHER BLADDER PROCEDURES	4452	APR-DRG	inpatient					Aetna	Better Health		17933.33				17153	18471.33	case rate	
OTHER BLADDER PROCEDURES	4453	APR-DRG	inpatient					Aetna	Better Health		23347.83				22331	24048.26	case rate	
OTHER BLADDER PROCEDURES	4454	APR-DRG	inpatient					Aetna	Better Health		48451.14				46342	49904.67	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4461	APR-DRG	inpatient					Aetna	Better Health		10047.1				9610	10348.51	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4462	APR-DRG	inpatient					Aetna	Better Health		12425.55				11885	12798.32	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4463	APR-DRG	inpatient					Aetna	Better Health		20318.42				19434	20927.97	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4464	APR-DRG	inpatient					Aetna	Better Health		43967.24				42053	45286.26	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4471	APR-DRG	inpatient					Aetna	Better Health		17050.88				16309	17562.41	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4472	APR-DRG	inpatient					Aetna	Better Health		21585.99				20646	22233.57	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4473	APR-DRG	inpatient					Aetna	Better Health		30848.4				29505	31773.85	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4474	APR-DRG	inpatient					Aetna	Better Health		70495.17				67426	72610.03	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4611	APR-DRG	inpatient					Aetna	Better Health		7923.09				7578	8160.78	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4612	APR-DRG	inpatient					Aetna	Better Health		10359.66				9909	10670.45	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4613	APR-DRG	inpatient					Aetna	Better Health		16016.15				15319	16496.63	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4614	APR-DRG	inpatient					Aetna	Better Health		29157.5				27888	30032.23	case rate	
NEPHRITIS & NEPHROSIS	4621	APR-DRG	inpatient					Aetna	Better Health		6527.45				6243	6723.27	case rate	
NEPHRITIS & NEPHROSIS	4622	APR-DRG	inpatient					Aetna	Better Health		9209.23				8808	9485.51	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEPHRITIS & NEPHROSIS	4623	APR-DRG	inpatient					Aetna	Better Health		17014.74				16274	17525.18	case rate	
NEPHRITIS & NEPHROSIS	4624	APR-DRG	inpatient					Aetna	Better Health		34388.05				32891	35419.69	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4631	APR-DRG	inpatient					Aetna	Better Health		6307.98				6033	6497.22	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4632	APR-DRG	inpatient					Aetna	Better Health		7947.67				7602	8186.1	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4633	APR-DRG	inpatient					Aetna	Better Health		11038.79				10556	11369.95	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4634	APR-DRG	inpatient					Aetna	Better Health		21593.34				20653	22241.14	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4651	APR-DRG	inpatient					Aetna	Better Health		6939.3				6637	7147.48	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4652	APR-DRG	inpatient					Aetna	Better Health		8309.92				7948	8559.22	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4653	APR-DRG	inpatient					Aetna	Better Health		12735.34				12181	13117.4	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4654	APR-DRG	inpatient					Aetna	Better Health		27767.87				26559	28600.91	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4661	APR-DRG	inpatient					Aetna	Better Health		6605.66				6318	6803.83	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4662	APR-DRG	inpatient					Aetna	Better Health		9200.17				8800	9476.18	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4663	APR-DRG	inpatient					Aetna	Better Health		14014.56				13404	14435	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4664	APR-DRG	inpatient					Aetna	Better Health		24905.99				23822	25653.17	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4681	APR-DRG	inpatient					Aetna	Better Health		6905.13				6605	7112.28	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4682	APR-DRG	inpatient					Aetna	Better Health		9375.69				8968	9656.96	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4683	APR-DRG	inpatient					Aetna	Better Health		13668.99				13074	14079.06	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4684	APR-DRG	inpatient					Aetna	Better Health		27533.42				26335	28359.42	case rate	
ACUTE KIDNEY INJURY	4691	APR-DRG	inpatient					Aetna	Better Health		6538.48				6254	6734.63	case rate	
ACUTE KIDNEY INJURY	4692	APR-DRG	inpatient					Aetna	Better Health		8737.29				8357	8999.41	case rate	
ACUTE KIDNEY INJURY	4693	APR-DRG	inpatient					Aetna	Better Health		14148.74				13533	14573.2	case rate	
ACUTE KIDNEY INJURY	4694	APR-DRG	inpatient					Aetna	Better Health		32099.74				30702	33062.73	case rate	
CHRONIC KIDNEY DISEASE	4701	APR-DRG	inpatient					Aetna	Better Health		6949.52				6647	7158.01	case rate	
CHRONIC KIDNEY DISEASE	4702	APR-DRG	inpatient					Aetna	Better Health		8847.78				8463	9113.21	case rate	
CHRONIC KIDNEY DISEASE	4703	APR-DRG	inpatient					Aetna	Better Health		13027				12460	13417.81	case rate	
CHRONIC KIDNEY DISEASE	4704	APR-DRG	inpatient					Aetna	Better Health		27626.17				26710	28763.96	case rate	
MAJOR MALE PELVIC PROCEDURES	4801	APR-DRG	inpatient					Aetna	Better Health		17602.38				16836	18130.45	case rate	
MAJOR MALE PELVIC PROCEDURES	4802	APR-DRG	inpatient					Aetna	Better Health		19399.11				18555	19981.08	case rate	
MAJOR MALE PELVIC PROCEDURES	4803	APR-DRG	inpatient					Aetna	Better Health		31665.02				30287	32614.97	case rate	
MAJOR MALE PELVIC PROCEDURES	4804	APR-DRG	inpatient					Aetna	Better Health		70658.04				67582	72777.78	case rate	
PENIS PROCEDURES	4811	APR-DRG	inpatient					Aetna	Better Health		11262.02				10772	11599.88	case rate	
PENIS PROCEDURES	4812	APR-DRG	inpatient					Aetna	Better Health		18352.35				17553	18902.92	case rate	
PENIS PROCEDURES	4813	APR-DRG	inpatient					Aetna	Better Health		25552.29				24440	26318.86	case rate	
PENIS PROCEDURES	4814	APR-DRG	inpatient					Aetna	Better Health		58973.05				56406	60742.24	case rate	
TRANSURETHRAL PROSTATECTOMY	4821	APR-DRG	inpatient					Aetna	Better Health		9472.37				9060	9756.54	case rate	
TRANSURETHRAL PROSTATECTOMY	4822	APR-DRG	inpatient					Aetna	Better Health		12361.24				11823	12732.08	case rate	
TRANSURETHRAL PROSTATECTOMY	4823	APR-DRG	inpatient					Aetna	Better Health		22501.44				21522	23176.48	case rate	
TRANSURETHRAL PROSTATECTOMY	4824	APR-DRG	inpatient					Aetna	Better Health		44912.02				42957	46259.38	case rate	
TESTES & SCROTAL PROCEDURES	4831	APR-DRG	inpatient					Aetna	Better Health		10025.12				9589	10325.87	case rate	
TESTES & SCROTAL PROCEDURES	4832	APR-DRG	inpatient					Aetna	Better Health		18134.23				17345	18678.26	case rate	
TESTES & SCROTAL PROCEDURES	4833	APR-DRG	inpatient					Aetna	Better Health		30441.66				29116	31354.91	case rate	
TESTES & SCROTAL PROCEDURES	4834	APR-DRG	inpatient					Aetna	Better Health		85492.18				81770	88036.95	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4841	APR-DRG	inpatient					Aetna	Better Health		13020.19				12453	13410.8	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4842	APR-DRG	inpatient					Aetna	Better Health		18580.16				17771	19137.56	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4843	APR-DRG	inpatient					Aetna	Better Health		23795.2				22759	24509.06	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4844	APR-DRG	inpatient					Aetna	Better Health		60279				57655	62087.37	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5001	APR-DRG	inpatient					Aetna	Better Health		8056.19				7705	8297.88	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5002	APR-DRG	inpatient					Aetna	Better Health		10246.3				9800	10553.69	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5003	APR-DRG	inpatient					Aetna	Better Health		16205.39				15500	16691.55	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5004	APR-DRG	inpatient					Aetna	Better Health		26587.56				25430	27385.19	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5011	APR-DRG	inpatient					Aetna	Better Health		6420.63				6141	6613.25	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5012	APR-DRG	inpatient					Aetna	Better Health		8823.93				8440	9088.65	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5013	APR-DRG	inpatient					Aetna	Better Health		13336.07				12755	13736.15	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5014	APR-DRG	inpatient					Aetna	Better Health		33691.8				32225	34702.55	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5101	APR-DRG	inpatient					Aetna	Better Health		17808.48				17033	18342.73	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5102	APR-DRG	inpatient					Aetna	Better Health		22094.34				21132	22757.17	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5103	APR-DRG	inpatient					Aetna	Better Health		39514.83				37795	40700.27	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5104	APR-DRG	inpatient					Aetna	Better Health		91545.53				87560	94291.9	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5111	APR-DRG	inpatient					Aetna	Better Health		17666.07				17184	18505.05	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5112	APR-DRG	inpatient					Aetna	Better Health		22529.87				21549	23205.77	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5113	APR-DRG	inpatient					Aetna	Better Health		33821.76				32349	34836.41	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5114	APR-DRG	inpatient					Aetna	Better Health		72201.49				69058	74367.53	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5121	APR-DRG	inpatient					Aetna	Better Health		15972.2				15277	16451.37	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5122	APR-DRG	inpatient					Aetna	Better Health		18794.88				17977	19358.73	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5123	APR-DRG	inpatient					Aetna	Better Health		29531.86				28246	30417.82	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5124	APR-DRG	inpatient					Aetna	Better Health		60332.28				57706	62142.25	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5131	APR-DRG	inpatient					Aetna	Better Health		12210.48				11679	12576.79	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5132	APR-DRG	inpatient					Aetna	Better Health		14334.84				13711	14764.89	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5133	APR-DRG	inpatient					Aetna	Better Health		23515.46				22492	24220.92	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5134	APR-DRG	inpatient					Aetna	Better Health		56856.76				54382	58562.46	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5141	APR-DRG	inpatient					Aetna	Better Health		10056.96				9619	10358.67	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5142	APR-DRG	inpatient					Aetna	Better Health		14604.98				13969	15043.13	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5143	APR-DRG	inpatient					Aetna	Better Health		25294.88				24194	26053.73	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5144	APR-DRG	inpatient					Aetna	Better Health		70105.65				67054	72208.82	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5171	APR-DRG	inpatient					Aetna	Better Health		9676.95				9256	9967.26	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5172	APR-DRG	inpatient					Aetna	Better Health		12175.14				11645	12540.39	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5173	APR-DRG	inpatient					Aetna	Better Health		22336.05				21364	23006.13	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5174	APR-DRG	inpatient					Aetna	Better Health		52556.72				50269	54133.42	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5181	APR-DRG	inpatient					Aetna	Better Health		11514.49				11013	11859.92	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5182	APR-DRG	inpatient					Aetna	Better Health		15869.59				15179	16345.68	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5183	APR-DRG	inpatient					Aetna	Better Health		28971.49				27710	29840.63	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5184	APR-DRG	inpatient					Aetna	Better Health		65959.88				63088	67938.68	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5191	APR-DRG	inpatient					Aetna	Better Health		12764.04				12208	13146.96	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5192	APR-DRG	inpatient					Aetna	Better Health		15308.5				14642	15767.76	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5193	APR-DRG	inpatient					Aetna	Better Health		27633.87				26431	28462.89	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5194	APR-DRG	inpatient					Aetna	Better Health		68632.15				65644	70691.11	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5301	APR-DRG	inpatient					Aetna	Better Health		7718.51				7382	7950.07	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5302	APR-DRG	inpatient					Aetna	Better Health		9922.34				9490	10220.01	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5303	APR-DRG	inpatient					Aetna	Better Health		16755.36				16026	17258.02	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5304	APR-DRG	inpatient					Aetna	Better Health		30853.69				29510	31779.3	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5311	APR-DRG	inpatient					Aetna	Better Health		7020.29				6715	7230.9	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5312	APR-DRG	inpatient					Aetna	Better Health		9451.66				9040	9735.21	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5313	APR-DRG	inpatient					Aetna	Better Health		14902.12				14253	15349.18	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5314	APR-DRG	inpatient					Aetna	Better Health		28948.8				27689	29817.26	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5321	APR-DRG	inpatient					Aetna	Better Health		6101.25				5836	6284.29	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5322	APR-DRG	inpatient					Aetna	Better Health		7532.59				7205	7758.57	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5323	APR-DRG	inpatient					Aetna	Better Health		12382.59				11844	12754.07	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5324	APR-DRG	inpatient					Aetna	Better Health		25355.69				24252	26116.36	case rate	
CESAREAN DELIVERY	5401	APR-DRG	inpatient					Aetna	Better Health		7776.72				7438	8010.02	case rate	
CESAREAN DELIVERY	5402	APR-DRG	inpatient					Aetna	Better Health		9296.4				8892	9575.29	case rate	
CESAREAN DELIVERY	5403	APR-DRG	inpatient					Aetna	Better Health		13327.28				12747	13727.1	case rate	
CESAREAN DELIVERY	5404	APR-DRG	inpatient					Aetna	Better Health		37703.21				36062	38834.31	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5411	APR-DRG	inpatient					Aetna	Better Health		7408.64				7086	7630.9	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5412	APR-DRG	inpatient					Aetna	Better Health		8061.57				7711	8303.42	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5413	APR-DRG	inpatient					Aetna	Better Health		12002.49				11480	12362.56	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5414	APR-DRG	inpatient					Aetna	Better Health		42249.35				40410	43516.83	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5421	APR-DRG	inpatient					Aetna	Better Health		5492.8				5254	5657.58	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5422	APR-DRG	inpatient					Aetna	Better Health		6854.54				6556	7060.18	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5423	APR-DRG	inpatient					Aetna	Better Health		14759.61				14117	15202.4	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5424	APR-DRG	inpatient					Aetna	Better Health		49315.56				47169	50795.03	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5441	APR-DRG	inpatient					Aetna	Better Health		7758.78				7421	7991.54	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5442	APR-DRG	inpatient					Aetna	Better Health		9184.38				8785	9459.91	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5443	APR-DRG	inpatient					Aetna	Better Health		15220.97				14558	15677.6	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5444	APR-DRG	inpatient					Aetna	Better Health		42836.54				40972	44121.64	case rate	
ECTOPIC PREGNANCY PROCEDURE	5451	APR-DRG	inpatient					Aetna	Better Health		11107.85				10624	11441.09	case rate	
ECTOPIC PREGNANCY PROCEDURE	5452	APR-DRG	inpatient					Aetna	Better Health		12190.93				11660	12556.66	case rate	
ECTOPIC PREGNANCY PROCEDURE	5453	APR-DRG	inpatient					Aetna	Better Health		14710.73				14070	15152.05	case rate	
ECTOPIC PREGNANCY PROCEDURE	5454	APR-DRG	inpatient					Aetna	Better Health		26848.83				25680	27654.29	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5461	APR-DRG	inpatient					Aetna	Better Health		8473.6				8105	8727.81	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5462	APR-DRG	inpatient					Aetna	Better Health		11975.58				11454	12334.85	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5463	APR-DRG	inpatient					Aetna	Better Health		22947.91				21949	23636.35	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5464	APR-DRG	inpatient					Aetna	Better Health		62522.48				59801	64398.15	case rate	
VAGINAL DELIVERY	5601	APR-DRG	inpatient					Aetna	Better Health		4587.93				4388	4725.57	case rate	
VAGINAL DELIVERY	5602	APR-DRG	inpatient					Aetna	Better Health		5173.33				4948	5328.53	case rate	
VAGINAL DELIVERY	5603	APR-DRG	inpatient					Aetna	Better Health		7521.92				7194	7747.58	case rate	
VAGINAL DELIVERY	5604	APR-DRG	inpatient					Aetna	Better Health		22429.6				21453	23102.49	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5611	APR-DRG	inpatient					Aetna	Better Health		3698.22				3442	3706.17	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5612	APR-DRG	inpatient					Aetna	Better Health		5789.94				5538	5963.64	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5613	APR-DRG	inpatient					Aetna	Better Health		9303.49				8898	9582.59	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5614	APR-DRG	inpatient					Aetna	Better Health		24484.28				23418	25218.81	case rate	
PRETERM LABOR	5631	APR-DRG	inpatient					Aetna	Better Health		4121.28				3942	4244.92	case rate	
PRETERM LABOR	5632	APR-DRG	inpatient					Aetna	Better Health		5458.54				5221	5622.3	case rate	
PRETERM LABOR	5633	APR-DRG	inpatient					Aetna	Better Health		9345.82				8939	9626.19	case rate	
PRETERM LABOR	5634	APR-DRG	inpatient					Aetna	Better Health		17230.71				16481	17747.63	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5641	APR-DRG	inpatient					Aetna	Better Health		4363.8				4174	4494.71	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5642	APR-DRG	inpatient					Aetna	Better Health		5094.13				4872	5246.95	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5643	APR-DRG	inpatient					Aetna	Better Health		7234.1				6919	7451.12	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5644	APR-DRG	inpatient					Aetna	Better Health		30786.87				29447	31710.48	case rate	
FALSE LABOR	5651	APR-DRG	inpatient					Aetna	Better Health		2024.99				1937	2085.74	case rate	
FALSE LABOR	5652	APR-DRG	inpatient					Aetna	Better Health		2879.81				2754	2966.2	case rate	
FALSE LABOR	5653	APR-DRG	inpatient					Aetna	Better Health		4578.33				4379	4715.68	case rate	
FALSE LABOR	5654	APR-DRG	inpatient					Aetna	Better Health		5037.54				4818	5188.67	case rate	
OTHER ANTEPARTUM DIAGNOSES	5661	APR-DRG	inpatient					Aetna	Better Health		4042.27				3866	4163.54	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER ANTEPARTUM DIAGNOSES	5662	APR-DRG	inpatient					Aetna	Better Health		5430.56				5194	5593.48	case rate	
OTHER ANTEPARTUM DIAGNOSES	5663	APR-DRG	inpatient					Aetna	Better Health		8331.53				7969	8581.48	case rate	
OTHER ANTEPARTUM DIAGNOSES	5664	APR-DRG	inpatient					Aetna	Better Health		23684.88				22654	24395.43	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5801	APR-DRG	inpatient					Aetna	Better Health		3426.55				3277	3529.35	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5802	APR-DRG	inpatient					Aetna	Better Health		4410.8				4219	4543.12	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5803	APR-DRG	inpatient					Aetna	Better Health		7137.33				6827	7351.45	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5804	APR-DRG	inpatient					Aetna	Better Health		13475.18				12889	13879.44	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5811	APR-DRG	inpatient					Aetna	Better Health		1365.87				1306	1406.85	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5812	APR-DRG	inpatient					Aetna	Better Health		2169.3				2075	2234.38	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5813	APR-DRG	inpatient					Aetna	Better Health		3743.24				3580	3855.54	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5814	APR-DRG	inpatient					Aetna	Better Health		7516.09				7189	7741.57	case rate	
NEONATE W ECMO	5831	APR-DRG	inpatient					Aetna	Better Health		118519.48				113360	122075.06	case rate	
NEONATE W ECMO	5832	APR-DRG	inpatient					Aetna	Better Health		131688.37				125955	135639.02	case rate	
NEONATE W ECMO	5833	APR-DRG	inpatient					Aetna	Better Health		246888.91				236141	254295.58	case rate	
NEONATE W ECMO	5834	APR-DRG	inpatient					Aetna	Better Health		369181.14				353109	380256.57	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5881	APR-DRG	inpatient					Aetna	Better Health		116315.11				111251	119804.56	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5882	APR-DRG	inpatient					Aetna	Better Health		129239.06				123613	133116.23	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5883	APR-DRG	inpatient					Aetna	Better Health		263893.97				252406	271810.79	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5884	APR-DRG	inpatient					Aetna	Better Health		353216.48				337839	363812.97	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5891	APR-DRG	inpatient					Aetna	Better Health		204229.96				195339	210356.86	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5892	APR-DRG	inpatient					Aetna	Better Health		143257.21				137021	147554.93	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5893	APR-DRG	inpatient					Aetna	Better Health		102476.78				98016	105551.08	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5894	APR-DRG	inpatient					Aetna	Better Health		3483.15				3332	3587.64	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5911	APR-DRG	inpatient					Aetna	Better Health		121966.48				116657	125625.47	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5912	APR-DRG	inpatient					Aetna	Better Health		169214.53				161848	174290.97	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5913	APR-DRG	inpatient					Aetna	Better Health		210125.1				200977	216428.85	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5914	APR-DRG	inpatient					Aetna	Better Health		296633.81				283720	305532.82	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5931	APR-DRG	inpatient					Aetna	Better Health		37816.58				36170	38951.08	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5932	APR-DRG	inpatient					Aetna	Better Health		128118.85				122541	131962.42	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5933	APR-DRG	inpatient					Aetna	Better Health		170632.87				163204	175751.86	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5934	APR-DRG	inpatient					Aetna	Better Health		243690.53				233082	251001.25	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6021	APR-DRG	inpatient					Aetna	Better Health		55615.11				53194	57283.56	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6022	APR-DRG	inpatient					Aetna	Better Health		102118.03				97672	105181.57	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6023	APR-DRG	inpatient					Aetna	Better Health		135563.36				129662	139630.26	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6024	APR-DRG	inpatient					Aetna	Better Health		187672.99				179503	193303.18	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6031	APR-DRG	inpatient					Aetna	Better Health		32478.13				31064	33452.47	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6032	APR-DRG	inpatient					Aetna	Better Health		74602.01				71354	76840.07	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6033	APR-DRG	inpatient					Aetna	Better Health		110855.4				106029	114181.06	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6034	APR-DRG	inpatient					Aetna	Better Health		193014.3				184612	198804.73	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6071	APR-DRG	inpatient					Aetna	Better Health		50698.2				48491	52219.15	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6072	APR-DRG	inpatient					Aetna	Better Health		79154.87				75709	81529.52	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6073	APR-DRG	inpatient					Aetna	Better Health		107200.14				102533	110416.14	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6074	APR-DRG	inpatient					Aetna	Better Health		149869.24				143345	154365.32	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6081	APR-DRG	inpatient					Aetna	Better Health		34307.6				32814	35336.83	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6082	APR-DRG	inpatient					Aetna	Better Health		64559.75				61749	66496.54	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6083	APR-DRG	inpatient					Aetna	Better Health		95376.58				91224	98237.88	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6084	APR-DRG	inpatient					Aetna	Better Health		139821.51				133734	144016.16	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6091	APR-DRG	inpatient					Aetna	Better Health		53313.79				50993	54913.2	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6092	APR-DRG	inpatient					Aetna	Better Health		69241.86				66227	71319.12	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6093	APR-DRG	inpatient					Aetna	Better Health		110464.72				105656	113778.66	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6094	APR-DRG	inpatient					Aetna	Better Health		204834.64				195917	210979.68	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6111	APR-DRG	inpatient					Aetna	Better Health		29540.47				28254	30426.68	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6112	APR-DRG	inpatient					Aetna	Better Health		47503.22				45435	48928.32	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6113	APR-DRG	inpatient					Aetna	Better Health		76910.05				73562	79217.35	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6114	APR-DRG	inpatient					Aetna	Better Health		120829.76				115570	124454.65	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6121	APR-DRG	inpatient					Aetna	Better Health		35907.74				34345	36984.97	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6122	APR-DRG	inpatient					Aetna	Better Health		54735.53				52353	56377.6	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6123	APR-DRG	inpatient					Aetna	Better Health		75688.23				72393	77958.88	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6124	APR-DRG	inpatient					Aetna	Better Health		116101.65				111047	119584.7	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6131	APR-DRG	inpatient					Aetna	Better Health		30058.06				28750	30959.8	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6132	APR-DRG	inpatient					Aetna	Better Health		46554.13				44527	47950.75	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6133	APR-DRG	inpatient					Aetna	Better Health		77402.09				74032	79724.15	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6134	APR-DRG	inpatient					Aetna	Better Health		103197.07				98704	106292.98	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6141	APR-DRG	inpatient					Aetna	Better Health		19731.41				18872	20323.35	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6142	APR-DRG	inpatient					Aetna	Better Health		39403.89				37688	40586.01	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6143	APR-DRG	inpatient					Aetna	Better Health		64627.38				61814	66566.2	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6144	APR-DRG	inpatient					Aetna	Better Health		69129.12				66120	71202.99	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6211	APR-DRG	inpatient					Aetna	Better Health		13811.15				13210	14225.48	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6212	APR-DRG	inpatient					Aetna	Better Health		29889.9				28589	30786.6	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6213	APR-DRG	inpatient					Aetna	Better Health		50343.3				48152	51853.6	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6214	APR-DRG	inpatient					Aetna	Better Health		99542.44				95209	102528.71	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6221	APR-DRG	inpatient					Aetna	Better Health		22330.4				21358	23000.31	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6222	APR-DRG	inpatient					Aetna	Better Health		33099.14				31658	34092.11	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6223	APR-DRG	inpatient					Aetna	Better Health		48256.87				46156	49704.58	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6224	APR-DRG	inpatient					Aetna	Better Health		77189.97				73830	79505.67	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6231	APR-DRG	inpatient					Aetna	Better Health		17701.04				16930	18232.07	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6232	APR-DRG	inpatient					Aetna	Better Health		30789.3				29449	31712.98	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6233	APR-DRG	inpatient					Aetna	Better Health		50072.89				47893	51575.08	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6234	APR-DRG	inpatient					Aetna	Better Health		76154.52				72839	78439.16	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6251	APR-DRG	inpatient					Aetna	Better Health		21060.59				20144	21692.41	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6252	APR-DRG	inpatient					Aetna	Better Health		32910.61				31478	33897.93	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6253	APR-DRG	inpatient					Aetna	Better Health		41078.73				39290	42311.09	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6254	APR-DRG	inpatient					Aetna	Better Health		60715.79				58073	62537.26	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6261	APR-DRG	inpatient					Aetna	Better Health		2093.51				2002	2156.32	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6262	APR-DRG	inpatient					Aetna	Better Health		5178.62				4953	5333.98	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6263	APR-DRG	inpatient					Aetna	Better Health		15115.13				14457	15568.58	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6264	APR-DRG	inpatient					Aetna	Better Health		34012.71				32532	35033.09	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6301	APR-DRG	inpatient					Aetna	Better Health		32051.75				30656	33013.3	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6302	APR-DRG	inpatient					Aetna	Better Health		43573.96				41677	44881.18	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6303	APR-DRG	inpatient					Aetna	Better Health		68565.16				65580	70622.11	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6304	APR-DRG	inpatient					Aetna	Better Health		157236.89				150392	161954	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6311	APR-DRG	inpatient					Aetna	Better Health		17996.11				17213	18535.99	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6312	APR-DRG	inpatient					Aetna	Better Health		22291.12				21321	22959.85	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6313	APR-DRG	inpatient					Aetna	Better Health		50100.87				47920	51603.9	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6314	APR-DRG	inpatient					Aetna	Better Health		139590.2				133513	143777.91	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6331	APR-DRG	inpatient					Aetna	Better Health		3930.33				3759	4048.24	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6332	APR-DRG	inpatient					Aetna	Better Health		11186.86				10700	11522.47	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6333	APR-DRG	inpatient					Aetna	Better Health		23757.71				22723	24470.44	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6334	APR-DRG	inpatient					Aetna	Better Health		71350.08				68244	73490.58	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6341	APR-DRG	inpatient					Aetna	Better Health		7503.8				7177	7728.91	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6342	APR-DRG	inpatient					Aetna	Better Health		13666.12				13071	14076.1	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6343	APR-DRG	inpatient					Aetna	Better Health		30319.96				29000	31229.56	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6344	APR-DRG	inpatient					Aetna	Better Health		75411.63				72129	77673.98	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6361	APR-DRG	inpatient					Aetna	Better Health		10155.98				9714	10460.66	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6362	APR-DRG	inpatient					Aetna	Better Health		15148.86				14489	15603.33	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6363	APR-DRG	inpatient					Aetna	Better Health		28521.34				27280	29376.98	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6364	APR-DRG	inpatient					Aetna	Better Health		59446.07				56858	61229.45	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6391	APR-DRG	inpatient					Aetna	Better Health		5872.18				5617	6048.35	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6392	APR-DRG	inpatient					Aetna	Better Health		9308.6				8903	9587.86	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6393	APR-DRG	inpatient					Aetna	Better Health		18063.02				17277	18604.91	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6394	APR-DRG	inpatient					Aetna	Better Health		48953.48				46822	50422.08	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6401	APR-DRG	inpatient					Aetna	Better Health		1486.77				1422	1531.37	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6402	APR-DRG	inpatient					Aetna	Better Health		2199.16				2103	2265.13	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6403	APR-DRG	inpatient					Aetna	Better Health		5346.52				5114	5506.92	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6404	APR-DRG	inpatient					Aetna	Better Health		26054.36				24920	26835.99	case rate	
SPLENECTOMY	6501	APR-DRG	inpatient					Aetna	Better Health		18301.5				17505	18850.55	case rate	
SPLENECTOMY	6502	APR-DRG	inpatient					Aetna	Better Health		26196.79				25056	26982.69	case rate	
SPLENECTOMY	6503	APR-DRG	inpatient					Aetna	Better Health		35323.5				33786	36383.21	case rate	
SPLENECTOMY	6504	APR-DRG	inpatient					Aetna	Better Health		70722.08				67643	72843.74	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6511	APR-DRG	inpatient					Aetna	Better Health		14720.77				14080	15162.39	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6512	APR-DRG	inpatient					Aetna	Better Health		20571.07				19771	21291.2	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6513	APR-DRG	inpatient					Aetna	Better Health		36480.67				34893	37575.09	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6514	APR-DRG	inpatient					Aetna	Better Health		76556.14				73223	78852.82	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6601	APR-DRG	inpatient					Aetna	Better Health		10770.98				10302	11094.11	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6602	APR-DRG	inpatient					Aetna	Better Health		11498.26				10998	11843.21	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6603	APR-DRG	inpatient					Aetna	Better Health		18486.26				17681	19040.85	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6604	APR-DRG	inpatient					Aetna	Better Health		48031.84				45941	49472.8	case rate	
COAGULATION & PLATELET DISORDERS	6611	APR-DRG	inpatient					Aetna	Better Health		13240.46				12664	13637.67	case rate	
COAGULATION & PLATELET DISORDERS	6612	APR-DRG	inpatient					Aetna	Better Health		15576.85				14899	16044.16	case rate	
COAGULATION & PLATELET DISORDERS	6613	APR-DRG	inpatient					Aetna	Better Health		29667.29				28376	30557.31	case rate	
COAGULATION & PLATELET DISORDERS	6614	APR-DRG	inpatient					Aetna	Better Health		56585.45				54122	58283.01	case rate	
SICKLE CELL ANEMIA CRISIS	6621	APR-DRG	inpatient					Aetna	Better Health		8217				7859	8463.51	case rate	
SICKLE CELL ANEMIA CRISIS	6622	APR-DRG	inpatient					Aetna	Better Health		11255.74				10766	11593.41	case rate	
SICKLE CELL ANEMIA CRISIS	6623	APR-DRG	inpatient					Aetna	Better Health		17440.67				16681	17963.89	case rate	
SICKLE CELL ANEMIA CRISIS	6624	APR-DRG	inpatient					Aetna	Better Health		40977.56				39194	42206.89	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6631	APR-DRG	inpatient					Aetna	Better Health		6898.76				6598	7105.72	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6632	APR-DRG	inpatient					Aetna	Better Health		8709.48				8330	8970.76	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6633	APR-DRG	inpatient					Aetna	Better Health		12462.32				11920	12836.19	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6634	APR-DRG	inpatient					Aetna	Better Health		23277.52				22264	23975.85	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6801	APR-DRG	inpatient					Aetna	Better Health		21531.19				20594	22177.13	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6802	APR-DRG	inpatient					Aetna	Better Health		29611.33				28322	30499.67	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6803	APR-DRG	inpatient					Aetna	Better Health		51146.73				48920	52681.13	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6804	APR-DRG	inpatient					Aetna	Better Health		102303.41				97850	105372.51	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6811	APR-DRG	inpatient					Aetna	Better Health		15688.24				15005	16158.89	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6812	APR-DRG	inpatient					Aetna	Better Health		21593.7				20654	22241.51	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6813	APR-DRG	inpatient					Aetna	Better Health		39685.51				37958	40876.08	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6814	APR-DRG	inpatient					Aetna	Better Health		96700.84				92491	99601.87	case rate	
ACUTE LEUKEMIA	6901	APR-DRG	inpatient					Aetna	Better Health		18236.03				17442	18783.11	case rate	
ACUTE LEUKEMIA	6902	APR-DRG	inpatient					Aetna	Better Health		30108.56				28798	31011.82	case rate	
ACUTE LEUKEMIA	6903	APR-DRG	inpatient					Aetna	Better Health		57880.01				55360	59616.41	case rate	
ACUTE LEUKEMIA	6904	APR-DRG	inpatient					Aetna	Better Health		110352.25				105548	113662.82	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6911	APR-DRG	inpatient					Aetna	Better Health		15447.34				14775	15910.76	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6912	APR-DRG	inpatient					Aetna	Better Health		17636.91				17060	18372.02	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6913	APR-DRG	inpatient					Aetna	Better Health		27612.08				26410	28440.44	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6914	APR-DRG	inpatient					Aetna	Better Health		58075.62				55547	59817.89	case rate	
RADIOTHERAPY	6921	APR-DRG	inpatient					Aetna	Better Health		10439.93				9985	10753.13	case rate	
RADIOTHERAPY	6922	APR-DRG	inpatient					Aetna	Better Health		21825.19				20875	22479.95	case rate	
RADIOTHERAPY	6923	APR-DRG	inpatient					Aetna	Better Health		31952.74				30562	32911.32	case rate	
RADIOTHERAPY	6924	APR-DRG	inpatient					Aetna	Better Health		59108.57				56535	60881.83	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6941	APR-DRG	inpatient					Aetna	Better Health		9597.94				9180	9885.88	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6942	APR-DRG	inpatient					Aetna	Better Health		11309.91				10818	11649.21	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6943	APR-DRG	inpatient					Aetna	Better Health		18198.63				17406	18744.59	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6944	APR-DRG	inpatient					Aetna	Better Health		35226.46				33693	36283.25	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6951	APR-DRG	inpatient					Aetna	Better Health		8735.85				8356	8997.93	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6952	APR-DRG	inpatient					Aetna	Better Health		12737.85				12183	1311999	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6953	APR-DRG	inpatient					Aetna	Better Health		33215.19				31769	34211.65	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6954	APR-DRG	inpatient					Aetna	Better Health		91614.23				87626	94362.66	case rate	
OTHER CHEMOTHERAPY	6961	APR-DRG	inpatient					Aetna	Better Health		11502.39				11002	11847.46	case rate	
OTHER CHEMOTHERAPY	6962	APR-DRG	inpatient					Aetna	Better Health		13682.18				13087	14092.65	case rate	
OTHER CHEMOTHERAPY	6963	APR-DRG	inpatient					Aetna	Better Health		21469.39				20535	22113.47	case rate	
OTHER CHEMOTHERAPY	6964	APR-DRG	inpatient					Aetna	Better Health		50657.39				48452	52177.11	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7101	APR-DRG	inpatient					Aetna	Better Health		15326.26				14659	15786.05	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7102	APR-DRG	inpatient					Aetna	Better Health		21583.66				20644	22231.17	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7103	APR-DRG	inpatient					Aetna	Better Health		37063.1				35450	38174.99	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7104	APR-DRG	inpatient					Aetna	Better Health		75739.17				72442	78011.35	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7111	APR-DRG	inpatient					Aetna	Better Health		14715.48				14075	15156.94	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7112	APR-DRG	inpatient					Aetna	Better Health		20361.11				19475	20971.94	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7113	APR-DRG	inpatient					Aetna	Better Health		36858.7				35254	37964.46	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7114	APR-DRG	inpatient					Aetna	Better Health		75861.15				72559	78136.98	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7201	APR-DRG	inpatient					Aetna	Better Health		7707.93				7372	7939.17	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7202	APR-DRG	inpatient					Aetna	Better Health		10345.67				9895	10656.04	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7203	APR-DRG	inpatient					Aetna	Better Health		16921.01				16184	17428.64	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7204	APR-DRG	inpatient					Aetna	Better Health		37296.3				35673	38415.19	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7211	APR-DRG	inpatient					Aetna	Better Health		8099.87				7747	8342.87	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7212	APR-DRG	inpatient					Aetna	Better Health		10749.36				10281	11071.84	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7213	APR-DRG	inpatient					Aetna	Better Health		17994.05				17211	18533.87	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7214	APR-DRG	inpatient					Aetna	Better Health		35131.48				33602	36185.42	case rate	
FEVER	7221	APR-DRG	inpatient					Aetna	Better Health		6230.4				5959	6417.31	case rate	
FEVER	7222	APR-DRG	inpatient					Aetna	Better Health		8355.66				7992	8606.33	case rate	
FEVER	7223	APR-DRG	inpatient					Aetna	Better Health		11375.48				10880	11716.74	case rate	
FEVER	7224	APR-DRG	inpatient					Aetna	Better Health		21598.37				20658	22246.32	case rate	
VIRAL ILLNESS	7231	APR-DRG	inpatient					Aetna	Better Health		5495.67				5256	5660.54	case rate	
VIRAL ILLNESS	7232	APR-DRG	inpatient					Aetna	Better Health		7443.35				7119	7666.65	case rate	
VIRAL ILLNESS	7233	APR-DRG	inpatient					Aetna	Better Health		12032.09				11508	12393.05	case rate	
VIRAL ILLNESS	7234	APR-DRG	inpatient					Aetna	Better Health		40227.77				38476	41434.6	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7241	APR-DRG	inpatient					Aetna	Better Health		9587.89				9170	9875.53	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7242	APR-DRG	inpatient					Aetna	Better Health		11311.35				10819	11650.69	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7243	APR-DRG	inpatient					Aetna	Better Health		17628.48				17052	18363.33	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7244	APR-DRG	inpatient					Aetna	Better Health		41249.77				39454	42487.26	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7401	APR-DRG	inpatient					Aetna	Better Health		18776.67				17959	19339.97	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7402	APR-DRG	inpatient					Aetna	Better Health		22597.41				21614	23275.33	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7403	APR-DRG	inpatient					Aetna	Better Health		37678.37				36229	39014.72	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7404	APR-DRG	inpatient					Aetna	Better Health		76124.47				72810	78408.2	case rate	
SCHIZOPHRENIA	7501	APR-DRG	inpatient					Aetna	Better Health		8776.66				8395	9039.96	case rate	
SCHIZOPHRENIA	7502	APR-DRG	inpatient					Aetna	Better Health		10517.78				10060	10833.31	case rate	
SCHIZOPHRENIA	7503	APR-DRG	inpatient					Aetna	Better Health		15344.11				14676	15804.43	case rate	
SCHIZOPHRENIA	7504	APR-DRG	inpatient					Aetna	Better Health		30840.6				29498	31765.82	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7511	APR-DRG	inpatient					Aetna	Better Health		5253.42				5025	5411.02	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7512	APR-DRG	inpatient					Aetna	Better Health		7283.43				6966	7501.93	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7513	APR-DRG	inpatient					Aetna	Better Health		12684.75				12133	13065.29	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7514	APR-DRG	inpatient					Aetna	Better Health		24625.45				23553	25364.21	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7521	APR-DRG	inpatient					Aetna	Better Health		4500.13				4304	4635.13	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7522	APR-DRG	inpatient					Aetna	Better Health		6388.88				6111	6580.55	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7523	APR-DRG	inpatient					Aetna	Better Health		11272.6				10782	11610.78	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7524	APR-DRG	inpatient					Aetna	Better Health		12095.41				11569	12458.27	case rate	
BIPOLAR DISORDERS	7531	APR-DRG	inpatient					Aetna	Better Health		5714.6				5466	5886.04	case rate	
BIPOLAR DISORDERS	7532	APR-DRG	inpatient					Aetna	Better Health		7735.46				7399	7967.52	case rate	
BIPOLAR DISORDERS	7533	APR-DRG	inpatient					Aetna	Better Health		12577.57				12030	12954.9	case rate	
BIPOLAR DISORDERS	7534	APR-DRG	inpatient					Aetna	Better Health		25256.67				24157	26014.37	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7541	APR-DRG	inpatient					Aetna	Better Health		4202.09				4019	4328.15	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7542	APR-DRG	inpatient					Aetna	Better Health		5628.32				5383	5797.17	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7543	APR-DRG	inpatient					Aetna	Better Health		8764.55				8383	9027.49	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7544	APR-DRG	inpatient					Aetna	Better Health		18317.38				17520	18866.9	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7551	APR-DRG	inpatient					Aetna	Better Health		3783.69				3619	3897.2	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7552	APR-DRG	inpatient					Aetna	Better Health		6203.13				5933	6389.22	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7553	APR-DRG	inpatient					Aetna	Better Health		8909.4				8522	9176.68	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7554	APR-DRG	inpatient					Aetna	Better Health		13443.43				12858	13846.73	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7561	APR-DRG	inpatient					Aetna	Better Health		6139.72				5872	6323.91	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7562	APR-DRG	inpatient					Aetna	Better Health		7741.74				7405	7973.99	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7563	APR-DRG	inpatient					Aetna	Better Health		9452.01				9041	9735.57	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7564	APR-DRG	inpatient					Aetna	Better Health		24815.5				23735	25559.97	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7571	APR-DRG	inpatient					Aetna	Better Health		9072.36				8677	9344.53	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7572	APR-DRG	inpatient					Aetna	Better Health		10449.35				9994	10762.83	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7573	APR-DRG	inpatient					Aetna	Better Health		13451.32				12866	13854.86	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7574	APR-DRG	inpatient					Aetna	Better Health		28488.69				27248	29343.35	case rate	
BEHAVIORAL DISORDERS	7581	APR-DRG	inpatient					Aetna	Better Health		5992.19				5731	6171.96	case rate	
BEHAVIORAL DISORDERS	7582	APR-DRG	inpatient					Aetna	Better Health		7121.81				6812	7335.46	case rate	
BEHAVIORAL DISORDERS	7583	APR-DRG	inpatient					Aetna	Better Health		11539.89				11420	12298.09	case rate	
BEHAVIORAL DISORDERS	7584	APR-DRG	inpatient					Aetna	Better Health		15779.55				15093	16252.94	case rate	
EATING DISORDERS	7591	APR-DRG	inpatient					Aetna	Better Health		19090.22				18259	19662.93	case rate	
EATING DISORDERS	7592	APR-DRG	inpatient					Aetna	Better Health		20049.17				19176	20650.65	case rate	
EATING DISORDERS	7593	APR-DRG	inpatient					Aetna	Better Health		22468.55				21488	23140.55	case rate	
EATING DISORDERS	7594	APR-DRG	inpatient					Aetna	Better Health		38931.32				37236	40099.26	case rate	
OTHER MENTAL HEALTH DISORDERS	7601	APR-DRG	inpatient					Aetna	Better Health		7473.39				7148	7697.59	case rate	
OTHER MENTAL HEALTH DISORDERS	7602	APR-DRG	inpatient					Aetna	Better Health		9706.1				9284	9997.28	case rate	
OTHER MENTAL HEALTH DISORDERS	7603	APR-DRG	inpatient					Aetna	Better Health		14640.23				14003	15079.44	case rate	
OTHER MENTAL HEALTH DISORDERS	7604	APR-DRG	inpatient					Aetna	Better Health		28224.02				26995	29070.74	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7701	APR-DRG	inpatient					Aetna	Better Health		3344.94				3199	3445.29	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7702	APR-DRG	inpatient					Aetna	Better Health		4385.59				4195	4517.16	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7703	APR-DRG	inpatient					Aetna	Better Health		9054.42				8660	9326.05	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7704	APR-DRG	inpatient					Aetna	Better Health		27052.69				25875	27864.27	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7721	APR-DRG	inpatient					Aetna	Better Health		8395.21				8030	8647.07	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7722	APR-DRG	inpatient					Aetna	Better Health		9856.6				9427	10152.3	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7723	APR-DRG	inpatient					Aetna	Better Health		11585.89				11082	11933.47	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7724	APR-DRG	inpatient					Aetna	Better Health		35940.92				34376	37019.15	case rate	
OPIOID ABUSE & DEPENDENCE	7731	APR-DRG	inpatient					Aetna	Better Health		3970.16				3797	4089.26	case rate	
OPIOID ABUSE & DEPENDENCE	7732	APR-DRG	inpatient					Aetna	Better Health		5076.91				4856	5229.22	case rate	
OPIOID ABUSE & DEPENDENCE	7733	APR-DRG	inpatient					Aetna	Better Health		10288				9840	10596.64	case rate	
OPIOID ABUSE & DEPENDENCE	7734	APR-DRG	inpatient					Aetna	Better Health		32559.21				31142	33535.99	case rate	
COCAINE ABUSE & DEPENDENCE	7741	APR-DRG	inpatient					Aetna	Better Health		5025.79				4807	5176.56	case rate	
COCAINE ABUSE & DEPENDENCE	7742	APR-DRG	inpatient					Aetna	Better Health		5220.15				4993	5376.75	case rate	
COCAINE ABUSE & DEPENDENCE	7743	APR-DRG	inpatient					Aetna	Better Health		10053.02				9615	10354.61	case rate	
COCAINE ABUSE & DEPENDENCE	7744	APR-DRG	inpatient					Aetna	Better Health		36786.33				35185	37889.92	case rate	
ALCOHOL ABUSE & DEPENDENCE	7751	APR-DRG	inpatient					Aetna	Better Health		4875.65				4663	5021.92	case rate	
ALCOHOL ABUSE & DEPENDENCE	7752	APR-DRG	inpatient					Aetna	Better Health		6951.32				6649	7159.86	case rate	
ALCOHOL ABUSE & DEPENDENCE	7753	APR-DRG	inpatient					Aetna	Better Health		13235.08				12659	13632.13	case rate	
ALCOHOL ABUSE & DEPENDENCE	7754	APR-DRG	inpatient					Aetna	Better Health		37919.63				36269	39057.22	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7761	APR-DRG	inpatient					Aetna	Better Health		4631.79				4430	4770.74	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7762	APR-DRG	inpatient					Aetna	Better Health		6420.09				6141	6612.69	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7763	APR-DRG	inpatient					Aetna	Better Health		11313.14				10821	11652.53	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7764	APR-DRG	inpatient					Aetna	Better Health		26093.65				24958	26876.46	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7911	APR-DRG	inpatient					Aetna	Better Health		13653.21				13059	14062.81	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7912	APR-DRG	inpatient					Aetna	Better Health		20044.24				19172	20645.57	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7913	APR-DRG	inpatient					Aetna	Better Health		32334				30926	33304.02	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7914	APR-DRG	inpatient					Aetna	Better Health		70649.16				67573	72768.63	case rate	
ALLERGIC REACTIONS	8111	APR-DRG	inpatient					Aetna	Better Health		4299.76				4113	4428.75	case rate	
ALLERGIC REACTIONS	8112	APR-DRG	inpatient					Aetna	Better Health		6208.78				5938	6395.04	case rate	
ALLERGIC REACTIONS	8113	APR-DRG	inpatient					Aetna	Better Health		13593.92				13002	14001.74	case rate	
ALLERGIC REACTIONS	8114	APR-DRG	inpatient					Aetna	Better Health		32571.77				31154	33548.92	case rate	
POISONING OF MEDICINAL AGENTS	8121	APR-DRG	inpatient					Aetna	Better Health		4926.06				4712	5073.84	case rate	
POISONING OF MEDICINAL AGENTS	8122	APR-DRG	inpatient					Aetna	Better Health		6274.53				6001	6462.77	case rate	
POISONING OF MEDICINAL AGENTS	8123	APR-DRG	inpatient					Aetna	Better Health		11135.92				10651	11470	case rate	
POISONING OF MEDICINAL AGENTS	8124	APR-DRG	inpatient					Aetna	Better Health		26111.41				24975	26894.75	case rate	
OTHER COMPLICATIONS OF TREATMENT	8131	APR-DRG	inpatient					Aetna	Better Health		7155				6844	7369.65	case rate	
OTHER COMPLICATIONS OF TREATMENT	8132	APR-DRG	inpatient					Aetna	Better Health		9430.22				9020	9713.13	case rate	
OTHER COMPLICATIONS OF TREATMENT	8133	APR-DRG	inpatient					Aetna	Better Health		14522.2				13890	14957.87	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER COMPLICATIONS OF TREATMENT	8134	APR-DRG	inpatient					Aetna	Better Health		31942.96				30552	32901.25	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8151	APR-DRG	inpatient					Aetna	Better Health		7009.79				6705	7220.08	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8152	APR-DRG	inpatient					Aetna	Better Health		7445.05				7121	7668.4	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8153	APR-DRG	inpatient					Aetna	Better Health		12677.13				12125	13057.44	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8154	APR-DRG	inpatient					Aetna	Better Health		40481.32				38719	41695.76	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8161	APR-DRG	inpatient					Aetna	Better Health		7352.58				7032	7573.16	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8162	APR-DRG	inpatient					Aetna	Better Health		8169.56				7814	8414.65	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8163	APR-DRG	inpatient					Aetna	Better Health		11828.76				11314	12183.62	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8164	APR-DRG	inpatient					Aetna	Better Health		27109.37				25929	27922.65	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8411	APR-DRG	inpatient					Aetna	Better Health		69351.82				66333	71432.37	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8412	APR-DRG	inpatient					Aetna	Better Health		70549.97				67479	72666.47	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8413	APR-DRG	inpatient					Aetna	Better Health		108565.2				103839	111822.16	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8414	APR-DRG	inpatient					Aetna	Better Health		280880.45				268653	289306.86	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8421	APR-DRG	inpatient					Aetna	Better Health		21570.02				20631	22217.12	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8422	APR-DRG	inpatient					Aetna	Better Health		32342.97				30935	33313.26	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8423	APR-DRG	inpatient					Aetna	Better Health		61885.96				59192	63742.54	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8424	APR-DRG	inpatient					Aetna	Better Health		147197.41				140789	151613.33	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8431	APR-DRG	inpatient					Aetna	Better Health		10600.03				10139	10918.03	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8432	APR-DRG	inpatient					Aetna	Better Health		14623.82				13987	15062.53	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8433	APR-DRG	inpatient					Aetna	Better Health		26706.76				25544	27507.96	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8434	APR-DRG	inpatient					Aetna	Better Health		72049.56				68913	74211.05	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8441	APR-DRG	inpatient					Aetna	Better Health		7085.22				6777	7297.78	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8442	APR-DRG	inpatient					Aetna	Better Health		10685.41				10220	11005.97	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8443	APR-DRG	inpatient					Aetna	Better Health		21753.53				20807	22406.14	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8444	APR-DRG	inpatient					Aetna	Better Health		61560.65				58881	63407.47	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8501	APR-DRG	inpatient					Aetna	Better Health		21868.69				20917	22524.75	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8502	APR-DRG	inpatient					Aetna	Better Health		27465.08				26269	28289.03	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8503	APR-DRG	inpatient					Aetna	Better Health		37733.8				36091	38865.81	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8504	APR-DRG	inpatient					Aetna	Better Health		68969.29				65967	71038.37	case rate	
REHABILITATION	8601	APR-DRG	inpatient					Aetna	Better Health		11983.57				11462	12343.08	case rate	
REHABILITATION	8602	APR-DRG	inpatient					Aetna	Better Health		16232.92				15526	16719.91	case rate	
REHABILITATION	8603	APR-DRG	inpatient					Aetna	Better Health		22354.08				21381	23024.7	case rate	
REHABILITATION	8604	APR-DRG	inpatient					Aetna	Better Health		30113.76				28803	31017.17	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8611	APR-DRG	inpatient					Aetna	Better Health		6152.82				5885	6337.4	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8612	APR-DRG	inpatient					Aetna	Better Health		8047.22				7697	8288.64	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8613	APR-DRG	inpatient					Aetna	Better Health		11504.18				11003	11849.31	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8614	APR-DRG	inpatient					Aetna	Better Health		24215.21				23161	24941.67	case rate	
OTHER AFTERCARE & CONVALESCENCE	8621	APR-DRG	inpatient					Aetna	Better Health		5951.2				5692	6129.74	case rate	
OTHER AFTERCARE & CONVALESCENCE	8622	APR-DRG	inpatient					Aetna	Better Health		9248.33				8846	9525.78	case rate	
OTHER AFTERCARE & CONVALESCENCE	8623	APR-DRG	inpatient					Aetna	Better Health		13487.2				12900	13891.82	case rate	
OTHER AFTERCARE & CONVALESCENCE	8624	APR-DRG	inpatient					Aetna	Better Health		22101.52				21139	22764.57	case rate	
NEONATAL AFTERCARE	8631	APR-DRG	inpatient					Aetna	Better Health		11059.41				10578	11391.19	case rate	
NEONATAL AFTERCARE	8632	APR-DRG	inpatient					Aetna	Better Health		31260.43				29900	32198.24	case rate	
NEONATAL AFTERCARE	8633	APR-DRG	inpatient					Aetna	Better Health		55961.75				53525	57640.6	case rate	
NEONATAL AFTERCARE	8634	APR-DRG	inpatient					Aetna	Better Health		133698.38				127878	137709.33	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8901	APR-DRG	inpatient					Aetna	Better Health		13182.79				12609	13578.27	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8902	APR-DRG	inpatient					Aetna	Better Health		15353.17				14685	15813.77	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8903	APR-DRG	inpatient					Aetna	Better Health		24417.91				23355	25150.45	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8904	APR-DRG	inpatient					Aetna	Better Health		49172.41				47032	50647.58	case rate	
HIV W MAJOR HIV RELATED CONDITION	8921	APR-DRG	inpatient					Aetna	Better Health		10265.31				9818	10573.27	case rate	
HIV W MAJOR HIV RELATED CONDITION	8922	APR-DRG	inpatient					Aetna	Better Health		13576.7				12986	13984	case rate	
HIV W MAJOR HIV RELATED CONDITION	8923	APR-DRG	inpatient					Aetna	Better Health		17789.74				17015	18323.43	case rate	
HIV W MAJOR HIV RELATED CONDITION	8924	APR-DRG	inpatient					Aetna	Better Health		34526.98				33024	35562.79	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8931	APR-DRG	inpatient					Aetna	Better Health		12216.76				11685	12583.26	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8932	APR-DRG	inpatient					Aetna	Better Health		13890.79				13286	14307.51	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8933	APR-DRG	inpatient					Aetna	Better Health		21189.12				20267	21824.79	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8934	APR-DRG	inpatient					Aetna	Better Health		42518.77				40668	43794.33	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8941	APR-DRG	inpatient					Aetna	Better Health		9415.06				9005	9697.51	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8942	APR-DRG	inpatient					Aetna	Better Health		11317.99				10825	11657.53	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8943	APR-DRG	inpatient					Aetna	Better Health		16176.24				15472	16661.53	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8944	APR-DRG	inpatient					Aetna	Better Health		23165.31				22157	23860.27	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9101	APR-DRG	inpatient					Aetna	Better Health		44134.96				42214	45459.01	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9102	APR-DRG	inpatient					Aetna	Better Health		52344.79				50066	53915.13	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9103	APR-DRG	inpatient					Aetna	Better Health		68274.48				65302	70322.71	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9104	APR-DRG	inpatient					Aetna	Better Health		141036.16				134896	145267.24	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9111	APR-DRG	inpatient					Aetna	Better Health		24283.37				23226	25011.87	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9112	APR-DRG	inpatient					Aetna	Better Health		31918.03				30528	32875.57	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9113	APR-DRG	inpatient					Aetna	Better Health		43378.62				41490	44679.98	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9114	APR-DRG	inpatient					Aetna	Better Health		103294.47				98798	106393.3	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9121	APR-DRG	inpatient					Aetna	Better Health		29359.84				28082	30240.64	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9122	APR-DRG	inpatient					Aetna	Better Health		32326.47				30919	33296.26	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9123	APR-DRG	inpatient					Aetna	Better Health		53296.92				50977	54895.83	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9124	APR-DRG	inpatient					Aetna	Better Health		102725.13				98253	105806.88	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9301	APR-DRG	inpatient					Aetna	Better Health		11167.85				10682	11502.89	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9302	APR-DRG	inpatient					Aetna	Better Health		15024.46				14370	15475.19	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9303	APR-DRG	inpatient					Aetna	Better Health		23671.07				22641	24381.2	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9304	APR-DRG	inpatient					Aetna	Better Health		62665.71				59938	64545.68	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9501	APR-DRG	inpatient					Aetna	Better Health		21145.17				20225	21779.53	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9502	APR-DRG	inpatient					Aetna	Better Health		31049.21				29698	31980.69	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9503	APR-DRG	inpatient					Aetna	Better Health		48267.81				46167	49715.84	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9504	APR-DRG	inpatient					Aetna	Better Health		91956.85				87954	94715.56	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9511	APR-DRG	inpatient					Aetna	Better Health		15015.67				14362	15466.14	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9512	APR-DRG	inpatient					Aetna	Better Health		21448.32				20515	22091.77	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9513	APR-DRG	inpatient					Aetna	Better Health		35227.27				33694	36284.09	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9514	APR-DRG	inpatient					Aetna	Better Health		67333.91				64403	69353.93	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9521	APR-DRG	inpatient					Aetna	Better Health		11948.5				11428	12306.96	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9522	APR-DRG	inpatient					Aetna	Better Health		17780.32				17006	18313.73	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9523	APR-DRG	inpatient					Aetna	Better Health		30182.37				28868	31087.84	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9524	APR-DRG	inpatient					Aetna	Better Health		57251.83				54759	58969.38	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0011	APR-DRG	inpatient					WellPoint	WellPoint		105247.84				60903.74	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0012	APR-DRG	inpatient					WellPoint	WellPoint		111440.65				47303.96	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0013	APR-DRG	inpatient					WellPoint	WellPoint		130986.87				31722.2	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0014	APR-DRG	inpatient					WellPoint	WellPoint		232392.9				135370.65	435540.63	case rate	
HEART &/OR LUNG TRANSPLANT	0021	APR-DRG	inpatient					WellPoint	WellPoint		127162.08				72539.27	288127.5	case rate	
HEART &/OR LUNG TRANSPLANT	0022	APR-DRG	inpatient					WellPoint	WellPoint		163920.62				41065.11	187970.25	case rate	
HEART &/OR LUNG TRANSPLANT	0023	APR-DRG	inpatient					WellPoint	WellPoint		196980.8				66957.14	198998.8	case rate	
HEART &/OR LUNG TRANSPLANT	0024	APR-DRG	inpatient					WellPoint	WellPoint		310567.45				44751.49	313612.23	case rate	
BONE MARROW TRANSPLANT	0031	APR-DRG	inpatient					WellPoint	WellPoint		82538.71				48623.3	152449.97	case rate	
BONE MARROW TRANSPLANT	0032	APR-DRG	inpatient					WellPoint	WellPoint		102005.06				25439.65	103005.11	case rate	
BONE MARROW TRANSPLANT	0033	APR-DRG	inpatient					WellPoint	WellPoint		167753.82				19168.92	169398.47	case rate	
BONE MARROW TRANSPLANT	0034	APR-DRG	inpatient					WellPoint	WellPoint		276424.94				46081.46	279134.99	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0041	APR-DRG	inpatient					WellPoint	WellPoint		74540.76				26347.96	85954.25	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0042	APR-DRG	inpatient					WellPoint	WellPoint		101414.36				20549.68	102408.62	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0043	APR-DRG	inpatient					WellPoint	WellPoint		147115.12				137952	148557.43	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0044	APR-DRG	inpatient					WellPoint	WellPoint		211662.63				198478	213737.75	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0051	APR-DRG	inpatient					WellPoint	WellPoint		71598.15				67138	72300.09	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0052	APR-DRG	inpatient					WellPoint	WellPoint		79553.54				22967.5	80333.48	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0053	APR-DRG	inpatient					WellPoint	WellPoint		97359.68				11620.17	98314.19	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0054	APR-DRG	inpatient					WellPoint	WellPoint		142202.06				17404.27	143596.19	case rate	
PANCREAS TRANSPLANT	0061	APR-DRG	inpatient					WellPoint	WellPoint		85722.12				33105.33	103787.27	case rate	
PANCREAS TRANSPLANT	0062	APR-DRG	inpatient					WellPoint	WellPoint		120527.32				22107.62	121708.96	case rate	
PANCREAS TRANSPLANT	0063	APR-DRG	inpatient					WellPoint	WellPoint		134762.44				17951.37	136083.64	case rate	
PANCREAS TRANSPLANT	0064	APR-DRG	inpatient					WellPoint	WellPoint		213236.4				23658.47	215326.95	case rate	
CRANIOTOMY FOR TRAUMA	0201	APR-DRG	inpatient					WellPoint	WellPoint		27621.19				8340.11	27891.99	case rate	
CRANIOTOMY FOR TRAUMA	0202	APR-DRG	inpatient					WellPoint	WellPoint		38319.96				11309.53	38695.65	case rate	
CRANIOTOMY FOR TRAUMA	0203	APR-DRG	inpatient					WellPoint	WellPoint		50282.56				8207.83	50775.53	case rate	
CRANIOTOMY FOR TRAUMA	0204	APR-DRG	inpatient					WellPoint	WellPoint		95792.49				9719.7	96731.64	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0211	APR-DRG	inpatient					WellPoint	WellPoint		30490.72				28591	30789.65	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0212	APR-DRG	inpatient					WellPoint	WellPoint		38945.79				37458	187453.26	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0213	APR-DRG	inpatient					WellPoint	WellPoint		61217.09				57404	61817.25	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0214	APR-DRG	inpatient					WellPoint	WellPoint		107028.27				100362	108077.57	case rate	
VENTRICULAR SHUNT PROCEDURES	0221	APR-DRG	inpatient					WellPoint	WellPoint		18341.21				17199	167921.3	case rate	
VENTRICULAR SHUNT PROCEDURES	0222	APR-DRG	inpatient					WellPoint	WellPoint		23310.72				21859	23539.26	case rate	
VENTRICULAR SHUNT PROCEDURES	0223	APR-DRG	inpatient					WellPoint	WellPoint		39527.71				37066	39915.24	case rate	
VENTRICULAR SHUNT PROCEDURES	0224	APR-DRG	inpatient					WellPoint	WellPoint		93733.78				87895	94652.74	case rate	
SPINAL PROCEDURES	0231	APR-DRG	inpatient					WellPoint	WellPoint		20713.91				19424	306106.31	case rate	
SPINAL PROCEDURES	0232	APR-DRG	inpatient					WellPoint	WellPoint		29678.72				27830	224521.94	case rate	
SPINAL PROCEDURES	0233	APR-DRG	inpatient					WellPoint	WellPoint		57341.17				53769	278363.61	case rate	
SPINAL PROCEDURES	0234	APR-DRG	inpatient					WellPoint	WellPoint		102413.62				61395.1	187594.85	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0241	APR-DRG	inpatient					WellPoint	WellPoint		16592.43				15559	58167.82	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0242	APR-DRG	inpatient					WellPoint	WellPoint		21891.19				20528	136195.06	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0243	APR-DRG	inpatient					WellPoint	WellPoint		42830.78				19748	93094.02	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0244	APR-DRG	inpatient					WellPoint	WellPoint		90915.02				19748	91806.34	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0261	APR-DRG	inpatient					WellPoint	WellPoint		19001.44				12982	72593.14	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0262	APR-DRG	inpatient					WellPoint	WellPoint		25083.74				12982	59439.78	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0263	APR-DRG	inpatient					WellPoint	WellPoint		35947.28				33369.91	87186.12	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0264	APR-DRG	inpatient					WellPoint	WellPoint		75703.42				38576.42	115118.34	case rate	
SPINAL DISORDERS & INJURIES	0401	APR-DRG	inpatient					WellPoint	WellPoint		14464.01				13563	14605.81	case rate	
SPINAL DISORDERS & INJURIES	0402	APR-DRG	inpatient					WellPoint	WellPoint		16411.02				15389	16571.92	case rate	
SPINAL DISORDERS & INJURIES	0403	APR-DRG	inpatient					WellPoint	WellPoint		23423.33				21964	23652.97	case rate	
SPINAL DISORDERS & INJURIES	0404	APR-DRG	inpatient					WellPoint	WellPoint		60569.67				56797	61163.49	case rate	
NERVOUS SYSTEM MALIGNANCY	0411	APR-DRG	inpatient					WellPoint	WellPoint		11178.6				10482	14514.75	case rate	
NERVOUS SYSTEM MALIGNANCY	0412	APR-DRG	inpatient					WellPoint	WellPoint		12420.65				11647	86810.73	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NERVOUS SYSTEM MALIGNANCY	0413	APR-DRG	inpatient					WellPoint	WellPoint		16965.23				15908	61455.25	case rate	
NERVOUS SYSTEM MALIGNANCY	0414	APR-DRG	inpatient					WellPoint	WellPoint		30147.57				28270	130374.63	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0421	APR-DRG	inpatient					WellPoint	WellPoint		8801.34				8253	64841.08	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0422	APR-DRG	inpatient					WellPoint	WellPoint		10954.37				10272	54945.99	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0423	APR-DRG	inpatient					WellPoint	WellPoint		17081.13				16017	143815.92	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0424	APR-DRG	inpatient					WellPoint	WellPoint		45935.23				24654.19	79856.83	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0431	APR-DRG	inpatient					WellPoint	WellPoint		11561.36				10841	11674.71	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0432	APR-DRG	inpatient					WellPoint	WellPoint		14815.57				13893	66550.4	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0433	APR-DRG	inpatient					WellPoint	WellPoint		23680.77				12177.68	37462.84	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0434	APR-DRG	inpatient					WellPoint	WellPoint		52842.79				7907.81	53360.86	case rate	
INTRACRANIAL HEMORRHAGE	0441	APR-DRG	inpatient					WellPoint	WellPoint		12560.81				11778	67687.51	case rate	
INTRACRANIAL HEMORRHAGE	0442	APR-DRG	inpatient					WellPoint	WellPoint		16173.81				11238.66	34219.15	case rate	
INTRACRANIAL HEMORRHAGE	0443	APR-DRG	inpatient					WellPoint	WellPoint		23883.95				8441.69	25359.13	case rate	
INTRACRANIAL HEMORRHAGE	0444	APR-DRG	inpatient					WellPoint	WellPoint		49645.94				19290.57	58710.86	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0451	APR-DRG	inpatient					WellPoint	WellPoint		10795.74				10123	10901.58	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0452	APR-DRG	inpatient					WellPoint	WellPoint		13103.21				12287	13231.67	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0453	APR-DRG	inpatient					WellPoint	WellPoint		18893.4				17717	346124.02	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0454	APR-DRG	inpatient					WellPoint	WellPoint		39328.74				36979	230951.01	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0461	APR-DRG	inpatient					WellPoint	WellPoint		10575.27				9917	163369.2	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0462	APR-DRG	inpatient					WellPoint	WellPoint		12066.99				11315	116412.17	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0463	APR-DRG	inpatient					WellPoint	WellPoint		16802.57				15756	187037.23	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0464	APR-DRG	inpatient					WellPoint	WellPoint		41728.87				35451.1	107297.02	case rate	
TRANSIENT ISCHEMIA	0471	APR-DRG	inpatient					WellPoint	WellPoint		8832.35				8282	182619.97	case rate	
TRANSIENT ISCHEMIA	0472	APR-DRG	inpatient					WellPoint	WellPoint		9588				8991	107399.07	case rate	
TRANSIENT ISCHEMIA	0473	APR-DRG	inpatient					WellPoint	WellPoint		11975.14				11229	86482.71	case rate	
TRANSIENT ISCHEMIA	0474	APR-DRG	inpatient					WellPoint	WellPoint		23804				22321	138316.21	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0481	APR-DRG	inpatient					WellPoint	WellPoint		8915.15				8360	75162.59	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0482	APR-DRG	inpatient					WellPoint	WellPoint		10008.72				9385	60664.37	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0483	APR-DRG	inpatient					WellPoint	WellPoint		13963.14				13093	86869.04	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0484	APR-DRG	inpatient					WellPoint	WellPoint		34608.24				32453	34947.54	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0491	APR-DRG	inpatient					WellPoint	WellPoint		13479.84				12640	13612	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0492	APR-DRG	inpatient					WellPoint	WellPoint		29468.22				27633	123570.16	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0493	APR-DRG	inpatient					WellPoint	WellPoint		36544.19				28367.73	81861.36	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0494	APR-DRG	inpatient					WellPoint	WellPoint		67230.95				22078.09	67890.08	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0501	APR-DRG	inpatient					WellPoint	WellPoint		9492.95				8902	61498.98	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0502	APR-DRG	inpatient					WellPoint	WellPoint		17713.83				16331.79	47055.43	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0503	APR-DRG	inpatient					WellPoint	WellPoint		29239.05				27418	93381.94	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0504	APR-DRG	inpatient					WellPoint	WellPoint		60446.44				20399.68	63033.36	case rate	
VIRAL MENINGITIS	0511	APR-DRG	inpatient					WellPoint	WellPoint		8163.98				7655	67326.7	case rate	
VIRAL MENINGITIS	0512	APR-DRG	inpatient					WellPoint	WellPoint		11265.78				10564	55474.46	case rate	
VIRAL MENINGITIS	0513	APR-DRG	inpatient					WellPoint	WellPoint		19745.65				18516	59756.86	case rate	
VIRAL MENINGITIS	0514	APR-DRG	inpatient					WellPoint	WellPoint		40265.61				12301.7	40660.37	case rate	
NONTRAUMATIC STUPOR & COMA	0521	APR-DRG	inpatient					WellPoint	WellPoint		8203.04				7692	52111.06	case rate	
NONTRAUMATIC STUPOR & COMA	0522	APR-DRG	inpatient					WellPoint	WellPoint		9601.35				9003	36760.73	case rate	
NONTRAUMATIC STUPOR & COMA	0523	APR-DRG	inpatient					WellPoint	WellPoint		12938.9				12133	13065.76	case rate	
NONTRAUMATIC STUPOR & COMA	0524	APR-DRG	inpatient					WellPoint	WellPoint		33134.01				31070	33458.85	case rate	
SEIZURE	0531	APR-DRG	inpatient					WellPoint	WellPoint		7677.57				7199	7752.84	case rate	
SEIZURE	0532	APR-DRG	inpatient					WellPoint	WellPoint		9114.03				8546	9203.38	case rate	
SEIZURE	0533	APR-DRG	inpatient					WellPoint	WellPoint		13629.51				12781	55780.6	case rate	
SEIZURE	0534	APR-DRG	inpatient					WellPoint	WellPoint		34303.98				9567.33	34640.29	case rate	
MIGRAINE & OTHER HEADACHES	0541	APR-DRG	inpatient					WellPoint	WellPoint		8236.44				7723	32170.88	case rate	
MIGRAINE & OTHER HEADACHES	0542	APR-DRG	inpatient					WellPoint	WellPoint		9493.96				8903	66524.88	case rate	
MIGRAINE & OTHER HEADACHES	0543	APR-DRG	inpatient					WellPoint	WellPoint		11612.23				10889	39088.34	case rate	
MIGRAINE & OTHER HEADACHES	0544	APR-DRG	inpatient					WellPoint	WellPoint		21942.41				9065.34	29098.49	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0551	APR-DRG	inpatient					WellPoint	WellPoint		9773.61				9165	58007.45	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0552	APR-DRG	inpatient					WellPoint	WellPoint		13033.5				11413.47	32837.85	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0553	APR-DRG	inpatient					WellPoint	WellPoint		20839.51				15963.27	45105.57	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0554	APR-DRG	inpatient					WellPoint	WellPoint		46908.51				9706.71	47368.4	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0561	APR-DRG	inpatient					WellPoint	WellPoint		9823.38				9211	27556.82	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0562	APR-DRG	inpatient					WellPoint	WellPoint		13337.95				12507	51319.61	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0563	APR-DRG	inpatient					WellPoint	WellPoint		22069.3				10578.4	30545.39	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0564	APR-DRG	inpatient					WellPoint	WellPoint		53803.36				18448.41	57300.4	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0571	APR-DRG	inpatient					WellPoint	WellPoint		9681.13				9078	62063.89	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0572	APR-DRG	inpatient					WellPoint	WellPoint		12158.29				11401	42955.26	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0573	APR-DRG	inpatient					WellPoint	WellPoint		17159.9				16091	191396.17	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0574	APR-DRG	inpatient					WellPoint	WellPoint		35312.27				36864	111010.87	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0581	APR-DRG	inpatient					WellPoint	WellPoint		9181.26				8609	45061.83	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0582	APR-DRG	inpatient					WellPoint	WellPoint		11390.29				10681	57202	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0583	APR-DRG	inpatient					WellPoint	WellPoint		15677.8				14701	50226.23	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0584	APR-DRG	inpatient					WellPoint	WellPoint		36178.45				23134.04	68205.04	case rate	
ORBITAL PROCEDURES	0701	APR-DRG	inpatient					WellPoint	WellPoint		14181.6				13298	14320.64	case rate	
ORBITAL PROCEDURES	0702	APR-DRG	inpatient					WellPoint	WellPoint		19598.91				18378	19791.06	case rate	
ORBITAL PROCEDURES	0703	APR-DRG	inpatient					WellPoint	WellPoint		32144.99				30143	32460.14	case rate	
ORBITAL PROCEDURES	0704	APR-DRG	inpatient					WellPoint	WellPoint		79705.32				74741	80486.74	case rate	
EYE PROCEDURES EXCEPT ORBIT	0731	APR-DRG	inpatient					WellPoint	WellPoint		12295.32				11501	12385.56	case rate	
EYE PROCEDURES EXCEPT ORBIT	0732	APR-DRG	inpatient					WellPoint	WellPoint		14498.04				13595	14640.17	case rate	
EYE PROCEDURES EXCEPT ORBIT	0733	APR-DRG	inpatient					WellPoint	WellPoint		24230.85				22722	24468.41	case rate	
EYE PROCEDURES EXCEPT ORBIT	0734	APR-DRG	inpatient					WellPoint	WellPoint		52395.26				25673.52	84040.83	case rate	
ACUTE MAJOR EYE INFECTIONS	0801	APR-DRG	inpatient					WellPoint	WellPoint		6374.12				5977	56720.91	case rate	
ACUTE MAJOR EYE INFECTIONS	0802	APR-DRG	inpatient					WellPoint	WellPoint		8743.61				8199	121992.05	case rate	
ACUTE MAJOR EYE INFECTIONS	0803	APR-DRG	inpatient					WellPoint	WellPoint		14267.51				13379	62763.66	case rate	
ACUTE MAJOR EYE INFECTIONS	0804	APR-DRG	inpatient					WellPoint	WellPoint		24457.17				14296.66	44846.8	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0821	APR-DRG	inpatient					WellPoint	WellPoint		7431.66				6969	87262.66	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0822	APR-DRG	inpatient					WellPoint	WellPoint		9300.83				8721	44092.37	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0823	APR-DRG	inpatient					WellPoint	WellPoint		13379.94				12547	164903.57	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0824	APR-DRG	inpatient					WellPoint	WellPoint		24156.38				22652	79977.1	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0891	APR-DRG	inpatient					WellPoint	WellPoint		24154.19				22650	24391	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0892	APR-DRG	inpatient					WellPoint	WellPoint		31412.49				29456	31720.46	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0893	APR-DRG	inpatient					WellPoint	WellPoint		52499.92				49230	53014.63	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0894	APR-DRG	inpatient					WellPoint	WellPoint		93701.94				1933	94620.59	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0901	APR-DRG	inpatient					WellPoint	WellPoint		13995.71				13124	162727.75	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0902	APR-DRG	inpatient					WellPoint	WellPoint		36486.75				22261.17	69990.9	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0903	APR-DRG	inpatient					WellPoint	WellPoint		55881.65				14664	56429.51	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0904	APR-DRG	inpatient					WellPoint	WellPoint		108235.47				38460.67	117574.8	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0911	APR-DRG	inpatient					WellPoint	WellPoint		20463.24				19189	20663.86	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0912	APR-DRG	inpatient					WellPoint	WellPoint		31005.77				29074	31309.74	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0913	APR-DRG	inpatient					WellPoint	WellPoint		53173.68				17652.32	53694.99	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0914	APR-DRG	inpatient					WellPoint	WellPoint		83939.67				10721.32	84762.6	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0921	APR-DRG	inpatient					WellPoint	WellPoint		16898.9				8242.08	25752.74	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0922	APR-DRG	inpatient					WellPoint	WellPoint		23556.9				20609.92	56797.45	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0923	APR-DRG	inpatient					WellPoint	WellPoint		37217.6				11946.17	37582.48	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0924	APR-DRG	inpatient					WellPoint	WellPoint		73960.59				69354	74685.69	case rate	
SINUS & MASTOID PROCEDURES	0931	APR-DRG	inpatient					WellPoint	WellPoint		16792.6				15747	16957.23	case rate	
SINUS & MASTOID PROCEDURES	0932	APR-DRG	inpatient					WellPoint	WellPoint		20692.04				19403	20894.9	case rate	
SINUS & MASTOID PROCEDURES	0933	APR-DRG	inpatient					WellPoint	WellPoint		35530.84				33318	104246.49	case rate	
SINUS & MASTOID PROCEDURES	0934	APR-DRG	inpatient					WellPoint	WellPoint		57664.83				24715.61	66823.74	case rate	
CLEFT LIP & PALATE REPAIR	0951	APR-DRG	inpatient					WellPoint	WellPoint		11365.14				6968.8	29098.49	case rate	
CLEFT LIP & PALATE REPAIR	0952	APR-DRG	inpatient					WellPoint	WellPoint		13198.81				12377	13328.21	case rate	
CLEFT LIP & PALATE REPAIR	0953	APR-DRG	inpatient					WellPoint	WellPoint		20229.32				18969	20427.65	case rate	
CLEFT LIP & PALATE REPAIR	0954	APR-DRG	inpatient					WellPoint	WellPoint		41749.37				39149	42158.67	case rate	
TONSIL & ADENOID PROCEDURES	0971	APR-DRG	inpatient					WellPoint	WellPoint		6875.82				6448	6943.23	case rate	
TONSIL & ADENOID PROCEDURES	0972	APR-DRG	inpatient					WellPoint	WellPoint		10554.96				9898	10658.44	case rate	
TONSIL & ADENOID PROCEDURES	0973	APR-DRG	inpatient					WellPoint	WellPoint		20510.35				19233	20711.44	case rate	
TONSIL & ADENOID PROCEDURES	0974	APR-DRG	inpatient					WellPoint	WellPoint		69293.34				34448.3	99242.46	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0981	APR-DRG	inpatient					WellPoint	WellPoint		12052.63				11302	159287.24	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0982	APR-DRG	inpatient					WellPoint	WellPoint		15890.49				14901	89398.39	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0983	APR-DRG	inpatient					WellPoint	WellPoint		25573.81				19314.2	57187.42	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0984	APR-DRG	inpatient					WellPoint	WellPoint		53340.73				50018	53863.67	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1101	APR-DRG	inpatient					WellPoint	WellPoint		9439.24				8851	9531.78	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1102	APR-DRG	inpatient					WellPoint	WellPoint		12119.31				11364	12238.13	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1103	APR-DRG	inpatient					WellPoint	WellPoint		19595.71				18375	19787.82	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1104	APR-DRG	inpatient					WellPoint	WellPoint		35855.43				33622	36206.95	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1111	APR-DRG	inpatient					WellPoint	WellPoint		7697.51				7218	7772.98	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1112	APR-DRG	inpatient					WellPoint	WellPoint		8535.03				8003	8618.71	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1113	APR-DRG	inpatient					WellPoint	WellPoint		10697.59				10031	10802.46	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1114	APR-DRG	inpatient					WellPoint	WellPoint		22404.13				21009	22623.77	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1131	APR-DRG	inpatient					WellPoint	WellPoint		4638.71				4350	4684.18	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1132	APR-DRG	inpatient					WellPoint	WellPoint		6758.54				6338	6824.8	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1133	APR-DRG	inpatient					WellPoint	WellPoint		10516.27				9861	10619.37	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1134	APR-DRG	inpatient					WellPoint	WellPoint		22171.13				20790	22388.49	case rate	
DENTAL & ORAL DISEASES & INJURIES	1141	APR-DRG	inpatient					WellPoint	WellPoint		6701.82				6284	6767.52	case rate	
DENTAL & ORAL DISEASES & INJURIES	1142	APR-DRG	inpatient					WellPoint	WellPoint		9392.4				8807	9484.49	case rate	
DENTAL & ORAL DISEASES & INJURIES	1143	APR-DRG	inpatient					WellPoint	WellPoint		15766.89				14785	15921.47	case rate	
DENTAL & ORAL DISEASES & INJURIES	1144	APR-DRG	inpatient					WellPoint	WellPoint		32881.15				30833	33203.51	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1151	APR-DRG	inpatient					WellPoint	WellPoint		6885.33				6456	6952.83	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1152	APR-DRG	inpatient					WellPoint	WellPoint		9166.35				8595	9256.22	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1153	APR-DRG	inpatient					WellPoint	WellPoint		13694.37				12841	13828.63	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1154	APR-DRG	inpatient					WellPoint	WellPoint		28104.95				26354	28380.49	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1201	APR-DRG	inpatient					WellPoint	WellPoint		26155.82				24527	26412.25	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1202	APR-DRG	inpatient					WellPoint	WellPoint		31681.63				29708	31992.23	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1203	APR-DRG	inpatient					WellPoint	WellPoint		46134.11				43260	46586.41	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1204	APR-DRG	inpatient					WellPoint	WellPoint		79554.28				74599	80334.22	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1211	APR-DRG	inpatient					WellPoint	WellPoint		17711.09				16608	17884.72	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER RESPIRATORY & CHEST PROCEDURES	1212	APR-DRG	inpatient					WellPoint	WellPoint		22941.59				21513	23166.5	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1213	APR-DRG	inpatient					WellPoint	WellPoint		39251.84				33806	39405.29	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1214	APR-DRG	inpatient					WellPoint	WellPoint		68903.81				64612	69579.33	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1301	APR-DRG	inpatient					WellPoint	WellPoint		39889.34				37405	40280.42	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1302	APR-DRG	inpatient					WellPoint	WellPoint		44258.64				41502	44692.54	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1303	APR-DRG	inpatient					WellPoint	WellPoint		54819.82				51405	55357.27	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1304	APR-DRG	inpatient					WellPoint	WellPoint		75289.37				70600	76027.5	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1311	APR-DRG	inpatient					WellPoint	WellPoint		20114.51				18862	20311.71	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1312	APR-DRG	inpatient					WellPoint	WellPoint		24821.91				23276	25065.27	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1313	APR-DRG	inpatient					WellPoint	WellPoint		32209.12				30203	32524.9	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1314	APR-DRG	inpatient					WellPoint	WellPoint		41428.08				38848	41834.23	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1321	APR-DRG	inpatient					WellPoint	WellPoint		7960.25				7464	8038.3	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1322	APR-DRG	inpatient					WellPoint	WellPoint		8891.36				8338	8978.53	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1323	APR-DRG	inpatient					WellPoint	WellPoint		13743.21				12887	13877.95	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1324	APR-DRG	inpatient					WellPoint	WellPoint		22880.75				21456	23105.07	case rate	
RESPIRATORY FAILURE	1331	APR-DRG	inpatient					WellPoint	WellPoint		5916.9				5548	5974.91	case rate	
RESPIRATORY FAILURE	1332	APR-DRG	inpatient					WellPoint	WellPoint		10349.03				9704	10450.49	case rate	
RESPIRATORY FAILURE	1333	APR-DRG	inpatient					WellPoint	WellPoint		15722.8				14743	15876.95	case rate	
RESPIRATORY FAILURE	1334	APR-DRG	inpatient					WellPoint	WellPoint		28640.12				26856	28920.91	case rate	
PULMONARY EMBOLISM	1341	APR-DRG	inpatient					WellPoint	WellPoint		9404.57				8819	9496.78	case rate	
PULMONARY EMBOLISM	1342	APR-DRG	inpatient					WellPoint	WellPoint		12201.92				11442	12321.55	case rate	
PULMONARY EMBOLISM	1343	APR-DRG	inpatient					WellPoint	WellPoint		17811.43				16702	17986.06	case rate	
PULMONARY EMBOLISM	1344	APR-DRG	inpatient					WellPoint	WellPoint		30907.69				28982	31210.71	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1351	APR-DRG	inpatient					WellPoint	WellPoint		9855.22				9241	9951.84	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1352	APR-DRG	inpatient					WellPoint	WellPoint		12356.62				11587	12477.76	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1353	APR-DRG	inpatient					WellPoint	WellPoint		18034.2				16911	18211.01	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1354	APR-DRG	inpatient					WellPoint	WellPoint		34015.62				31897	34349.11	case rate	
RESPIRATORY MALIGNANCY	1361	APR-DRG	inpatient					WellPoint	WellPoint		10090.96				9462	10189.89	case rate	
RESPIRATORY MALIGNANCY	1362	APR-DRG	inpatient					WellPoint	WellPoint		12820.06				12022	12945.75	case rate	
RESPIRATORY MALIGNANCY	1363	APR-DRG	inpatient					WellPoint	WellPoint		19390.42				18183	19580.53	case rate	
RESPIRATORY MALIGNANCY	1364	APR-DRG	inpatient					WellPoint	WellPoint		31439.76				29481	31747.99	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1371	APR-DRG	inpatient					WellPoint	WellPoint		9226.09				8651	9316.55	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1372	APR-DRG	inpatient					WellPoint	WellPoint		11921.34				11179	12038.22	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1373	APR-DRG	inpatient					WellPoint	WellPoint		17707.42				16604	17881.03	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1374	APR-DRG	inpatient					WellPoint	WellPoint		29978.6				28111	30272.5	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1381	APR-DRG	inpatient					WellPoint	WellPoint		4287.33				4020	4329.36	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1382	APR-DRG	inpatient					WellPoint	WellPoint		6489.39				6085	6553.01	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1383	APR-DRG	inpatient					WellPoint	WellPoint		15533.07				14566	15685.36	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1384	APR-DRG	inpatient					WellPoint	WellPoint		38618.83				36213	38997.45	case rate	
OTHER PNEUMONIA	1391	APR-DRG	inpatient					WellPoint	WellPoint		6301.03				5909	6362.8	case rate	
OTHER PNEUMONIA	1392	APR-DRG	inpatient					WellPoint	WellPoint		8850.19				8299	8936.96	case rate	
OTHER PNEUMONIA	1393	APR-DRG	inpatient					WellPoint	WellPoint		13905.87				13040	14042.21	case rate	
OTHER PNEUMONIA	1394	APR-DRG	inpatient					WellPoint	WellPoint		26751.19				25085	27013.46	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1401	APR-DRG	inpatient					WellPoint	WellPoint		7301.95				6847	7373.53	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1402	APR-DRG	inpatient					WellPoint	WellPoint		9116.86				8549	9206.24	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1403	APR-DRG	inpatient					WellPoint	WellPoint		12443.71				11669	12565.71	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1404	APR-DRG	inpatient					WellPoint	WellPoint		24176.6				22671	24413.63	case rate	
ASTHMA	1411	APR-DRG	inpatient					WellPoint	WellPoint		5593.69				5245	5648.53	case rate	
ASTHMA	1412	APR-DRG	inpatient					WellPoint	WellPoint		8017.15				7518	8095.75	case rate	
ASTHMA	1413	APR-DRG	inpatient					WellPoint	WellPoint		11489.91				10774	11602.56	case rate	
ASTHMA	1414	APR-DRG	inpatient					WellPoint	WellPoint		21723.87				20371	21936.85	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1421	APR-DRG	inpatient					WellPoint	WellPoint		9370.27				8787	9462.14	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1422	APR-DRG	inpatient					WellPoint	WellPoint		11395.96				10686	11507.69	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1423	APR-DRG	inpatient					WellPoint	WellPoint		16489.7				15463	16651.36	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1424	APR-DRG	inpatient					WellPoint	WellPoint		29182.24				27365	29468.34	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1431	APR-DRG	inpatient					WellPoint	WellPoint		6965.65				6532	7033.94	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1432	APR-DRG	inpatient					WellPoint	WellPoint		10225.17				9588	10325.42	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1433	APR-DRG	inpatient					WellPoint	WellPoint		15737.62				14757	15891.91	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1434	APR-DRG	inpatient					WellPoint	WellPoint		28818.89				25148	27081.82	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1441	APR-DRG	inpatient					WellPoint	WellPoint		6822.94				6398	6889.83	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1442	APR-DRG	inpatient					WellPoint	WellPoint		8262.88				7748	8343.89	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1443	APR-DRG	inpatient					WellPoint	WellPoint		11679.19				10952	11793.7	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1444	APR-DRG	inpatient					WellPoint	WellPoint		20485.01				19209	20685.84	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1601	APR-DRG	inpatient					WellPoint	WellPoint		43776.98				41050	44206.17	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1602	APR-DRG	inpatient					WellPoint	WellPoint		51071.79				47891	51572.49	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1603	APR-DRG	inpatient					WellPoint	WellPoint		77329.97				72513	78088.11	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1604	APR-DRG	inpatient					WellPoint	WellPoint		172216.33				161489	173904.73	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1611	APR-DRG	inpatient					WellPoint	WellPoint		59266.68				55575	59847.73	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1612	APR-DRG	inpatient					WellPoint	WellPoint		76513.13				71747	77263.26	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1613	APR-DRG	inpatient					WellPoint	WellPoint		123053.15				115388	124259.55	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1614	APR-DRG	inpatient					WellPoint	WellPoint		295266.74				276875	298161.52	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1621	APR-DRG	inpatient					WellPoint	WellPoint		63500.03				59545	64122.58	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1622	APR-DRG	inpatient					WellPoint	WellPoint		70477.4				66087	71168.35	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1623	APR-DRG	inpatient					WellPoint	WellPoint		93271.97				87462	94186.4	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1624	APR-DRG	inpatient					WellPoint	WellPoint		146702.72				137565	148140.99	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1631	APR-DRG	inpatient					WellPoint	WellPoint		52397.09				49133	52910.79	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1632	APR-DRG	inpatient					WellPoint	WellPoint		60204.47				56454	60794.71	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1633	APR-DRG	inpatient					WellPoint	WellPoint		77207.48				72398	77964.42	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1634	APR-DRG	inpatient					WellPoint	WellPoint		124401.23				116652	125620.85	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1651	APR-DRG	inpatient					WellPoint	WellPoint		54864.19				51447	55402.07	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1652	APR-DRG	inpatient					WellPoint	WellPoint		59004.5				55329	59582.98	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1653	APR-DRG	inpatient					WellPoint	WellPoint		75016.02				70343	75751.47	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1654	APR-DRG	inpatient					WellPoint	WellPoint		111671.92				104716	112766.74	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1661	APR-DRG	inpatient					WellPoint	WellPoint		45359.99				42535	45804.7	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1662	APR-DRG	inpatient					WellPoint	WellPoint		51405.14				48203	51909.12	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1663	APR-DRG	inpatient					WellPoint	WellPoint		64208.93				60209	64838.43	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1664	APR-DRG	inpatient					WellPoint	WellPoint		97712.98				91627	98670.95	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1671	APR-DRG	inpatient					WellPoint	WellPoint		42606.64				39953	43024.36	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1672	APR-DRG	inpatient					WellPoint	WellPoint		47491.07				44533	47956.67	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1673	APR-DRG	inpatient					WellPoint	WellPoint		64715.47				60684	65349.94	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1674	APR-DRG	inpatient					WellPoint	WellPoint		113428.65				106363	114540.7	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1691	APR-DRG	inpatient					WellPoint	WellPoint		24410.98				22890	24650.3	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1692	APR-DRG	inpatient					WellPoint	WellPoint		32257.42				30248	32573.67	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1693	APR-DRG	inpatient					WellPoint	WellPoint		52268				49012	52780.43	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1694	APR-DRG	inpatient					WellPoint	WellPoint		94995.13				89078	95926.45	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1701	APR-DRG	inpatient					WellPoint	WellPoint		33405.26				31324	33732.76	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1702	APR-DRG	inpatient					WellPoint	WellPoint		35634.04				33414	35983.39	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1703	APR-DRG	inpatient					WellPoint	WellPoint		43761.06				41035	44190.09	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1704	APR-DRG	inpatient					WellPoint	WellPoint		69856.96				65599	70642.81	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1711	APR-DRG	inpatient					WellPoint	WellPoint		23080.92				21643	23307.2	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1712	APR-DRG	inpatient					WellPoint	WellPoint		26374.65				24732	26633.23	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1713	APR-DRG	inpatient					WellPoint	WellPoint		33554				31464	33882.96	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1714	APR-DRG	inpatient					WellPoint	WellPoint		55885.49				52404	56433.39	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1741	APR-DRG	inpatient					WellPoint	WellPoint		27608.29				25889	27878.96	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1742	APR-DRG	inpatient					WellPoint	WellPoint		29736.63				27884	30028.17	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1743	APR-DRG	inpatient					WellPoint	WellPoint		37584.26				35243	37952.73	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1744	APR-DRG	inpatient					WellPoint	WellPoint		61197.33				57385	61797.3	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1751	APR-DRG	inpatient					WellPoint	WellPoint		27448.19				25738	27717.29	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1752	APR-DRG	inpatient					WellPoint	WellPoint		30254.41				28370	30551.03	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1753	APR-DRG	inpatient					WellPoint	WellPoint		38402.39				36010	38778.88	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1754	APR-DRG	inpatient					WellPoint	WellPoint		72126.27				67634	72833.39	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1761	APR-DRG	inpatient					WellPoint	WellPoint		21681.32				20331	21893.89	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1762	APR-DRG	inpatient					WellPoint	WellPoint		41454.05				38872	41860.47	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1763	APR-DRG	inpatient					WellPoint	WellPoint		43196.51				40504	43617.99	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1764	APR-DRG	inpatient					WellPoint	WellPoint		68587.19				64315	69259.61	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1771	APR-DRG	inpatient					WellPoint	WellPoint		17858.19				16746	18033.27	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1772	APR-DRG	inpatient					WellPoint	WellPoint		23116.6				21677	23343.23	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1773	APR-DRG	inpatient					WellPoint	WellPoint		32780.88				30739	33102.26	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1774	APR-DRG	inpatient					WellPoint	WellPoint		66286.59				62158	66936.46	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1801	APR-DRG	inpatient					WellPoint	WellPoint		17271.42				16196	17440.74	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1802	APR-DRG	inpatient					WellPoint	WellPoint		21823.49				20464	22037.45	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1803	APR-DRG	inpatient					WellPoint	WellPoint		33444.23				31361	33772.11	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1804	APR-DRG	inpatient					WellPoint	WellPoint		58657.97				55004	59233.04	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1811	APR-DRG	inpatient					WellPoint	WellPoint		21454.46				20118	21664.79	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1812	APR-DRG	inpatient					WellPoint	WellPoint		29063.23				27253	29348.16	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1813	APR-DRG	inpatient					WellPoint	WellPoint		48245.62				45240	48718.62	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1814	APR-DRG	inpatient					WellPoint	WellPoint		85969.66				80615	86812.5	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1821	APR-DRG	inpatient					WellPoint	WellPoint		27479.67				25768	27749.08	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1822	APR-DRG	inpatient					WellPoint	WellPoint		32325.67				30312	32642.58	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1823	APR-DRG	inpatient					WellPoint	WellPoint		43872.94				41140	44303.07	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1824	APR-DRG	inpatient					WellPoint	WellPoint		78440.57				73555	79209.6	case rate	
ACUTE MYOCARDIAL INFARCTION	1901	APR-DRG	inpatient					WellPoint	WellPoint		11650.55				10925	11764.77	case rate	
ACUTE MYOCARDIAL INFARCTION	1902	APR-DRG	inpatient					WellPoint	WellPoint		12846.24				12046	12972.18	case rate	
ACUTE MYOCARDIAL INFARCTION	1903	APR-DRG	inpatient					WellPoint	WellPoint		17502.51				16412	17674.1	case rate	
ACUTE MYOCARDIAL INFARCTION	1904	APR-DRG	inpatient					WellPoint	WellPoint		32416.6				30397	32734.41	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1911	APR-DRG	inpatient					WellPoint	WellPoint		12907.44				12103	13033.98	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1912	APR-DRG	inpatient					WellPoint	WellPoint		14843.85				13919	14989.37	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1913	APR-DRG	inpatient					WellPoint	WellPoint		19655.82				18431	19848.52	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1914	APR-DRG	inpatient					WellPoint	WellPoint		38480.6				36084	38857.86	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1921	APR-DRG	inpatient					WellPoint	WellPoint		13334.93				12504	13465.66	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1922	APR-DRG	inpatient					WellPoint	WellPoint		16470.67				15445	16632.15	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1923	APR-DRG	inpatient					WellPoint	WellPoint		24247.87				22738	24485.59	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1924	APR-DRG	inpatient					WellPoint	WellPoint		46085.35				43215	46537.17	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ACUTE & SUBACUTE ENDOCARDITIS	1931	APR-DRG	inpatient					WellPoint	WellPoint		13668.48				12817	13802.48	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1932	APR-DRG	inpatient					WellPoint	WellPoint		17756.91				16651	17931	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1933	APR-DRG	inpatient					WellPoint	WellPoint		26533.92				24881	26794.06	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1934	APR-DRG	inpatient					WellPoint	WellPoint		43710.28				40988	44138.82	case rate	
HEART FAILURE	1941	APR-DRG	inpatient					WellPoint	WellPoint		7401.66				6941	7474.23	case rate	
HEART FAILURE	1942	APR-DRG	inpatient					WellPoint	WellPoint		9504.47				8912	9597.65	case rate	
HEART FAILURE	1943	APR-DRG	inpatient					WellPoint	WellPoint		14175.38				13292	14314.35	case rate	
HEART FAILURE	1944	APR-DRG	inpatient					WellPoint	WellPoint		26772.32				25105	27034.79	case rate	
CARDIAC ARREST & SHOCK	1961	APR-DRG	inpatient					WellPoint	WellPoint		7707.58				7227	7783.14	case rate	
CARDIAC ARREST & SHOCK	1962	APR-DRG	inpatient					WellPoint	WellPoint		8174.41				7665	8254.55	case rate	
CARDIAC ARREST & SHOCK	1963	APR-DRG	inpatient					WellPoint	WellPoint		15514.13				14548	15666.23	case rate	
CARDIAC ARREST & SHOCK	1964	APR-DRG	inpatient					WellPoint	WellPoint		39598.34				37132	39986.56	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1971	APR-DRG	inpatient					WellPoint	WellPoint		7376.96				6917	7449.28	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1972	APR-DRG	inpatient					WellPoint	WellPoint		9849.46				9236	9946.02	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1973	APR-DRG	inpatient					WellPoint	WellPoint		14627.94				13717	14771.35	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1974	APR-DRG	inpatient					WellPoint	WellPoint		31592.07				29624	31901.8	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1981	APR-DRG	inpatient					WellPoint	WellPoint		6813.52				6389	6880.32	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1982	APR-DRG	inpatient					WellPoint	WellPoint		7870.5				7380	7947.67	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1983	APR-DRG	inpatient					WellPoint	WellPoint		10737.1				10068	10842.37	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1984	APR-DRG	inpatient					WellPoint	WellPoint		25805.27				24198	26058.26	case rate	
HYPERTENSION	1991	APR-DRG	inpatient					WellPoint	WellPoint		7010.39				6574	7079.12	case rate	
HYPERTENSION	1992	APR-DRG	inpatient					WellPoint	WellPoint		8232.41				7720	8313.12	case rate	
HYPERTENSION	1993	APR-DRG	inpatient					WellPoint	WellPoint		11540.96				10822	11654.11	case rate	
HYPERTENSION	1994	APR-DRG	inpatient					WellPoint	WellPoint		26310.16				24671	26568.1	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2001	APR-DRG	inpatient					WellPoint	WellPoint		8413.27				7889	8495.75	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2002	APR-DRG	inpatient					WellPoint	WellPoint		9953.74				9334	10051.33	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2003	APR-DRG	inpatient					WellPoint	WellPoint		15173.09				14228	15321.85	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2004	APR-DRG	inpatient					WellPoint	WellPoint		32324.48				30311	32641.39	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2011	APR-DRG	inpatient					WellPoint	WellPoint		6287.68				5896	6349.32	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2012	APR-DRG	inpatient					WellPoint	WellPoint		8144.77				7637	8224.62	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2013	APR-DRG	inpatient					WellPoint	WellPoint		12509.48				11730	12632.13	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2014	APR-DRG	inpatient					WellPoint	WellPoint		25955.56				24339	26210.03	case rate	
CHEST PAIN	2031	APR-DRG	inpatient					WellPoint	WellPoint		7031.8				6594	7100.74	case rate	
CHEST PAIN	2032	APR-DRG	inpatient					WellPoint	WellPoint		8177.97				7669	8258.15	case rate	
CHEST PAIN	2033	APR-DRG	inpatient					WellPoint	WellPoint		10208.52				9573	10308.6	case rate	
CHEST PAIN	2034	APR-DRG	inpatient					WellPoint	WellPoint		18535.98				17381	18717.71	case rate	
SYNCOPE & COLLAPSE	2041	APR-DRG	inpatient					WellPoint	WellPoint		7818.18				7331	7894.83	case rate	
SYNCOPE & COLLAPSE	2042	APR-DRG	inpatient					WellPoint	WellPoint		8828.05				8278	8914.6	case rate	
SYNCOPE & COLLAPSE	2043	APR-DRG	inpatient					WellPoint	WellPoint		11138.35				10445	11247.55	case rate	
SYNCOPE & COLLAPSE	2044	APR-DRG	inpatient					WellPoint	WellPoint		22834.46				21412	23058.33	case rate	
CARDIOMYOPATHY	2051	APR-DRG	inpatient					WellPoint	WellPoint		7581.24				7109	7655.57	case rate	
CARDIOMYOPATHY	2052	APR-DRG	inpatient					WellPoint	WellPoint		9651.67				9050	9746.29	case rate	
CARDIOMYOPATHY	2053	APR-DRG	inpatient					WellPoint	WellPoint		13933.14				13065	14069.74	case rate	
CARDIOMYOPATHY	2054	APR-DRG	inpatient					WellPoint	WellPoint		34188.52				32059	34523.7	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2061	APR-DRG	inpatient					WellPoint	WellPoint		8646.64				8108	8731.41	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2062	APR-DRG	inpatient					WellPoint	WellPoint		10169.55				9536	10269.25	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2063	APR-DRG	inpatient					WellPoint	WellPoint		16969.8				15913	17136.17	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2064	APR-DRG	inpatient					WellPoint	WellPoint		31747.59				29770	32058.84	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2071	APR-DRG	inpatient					WellPoint	WellPoint		7521.87				7053	7595.61	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2072	APR-DRG	inpatient					WellPoint	WellPoint		9978.63				9357	10076.46	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2073	APR-DRG	inpatient					WellPoint	WellPoint		14492.09				13589	14634.17	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2074	APR-DRG	inpatient					WellPoint	WellPoint		28261.38				26501	28538.46	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2201	APR-DRG	inpatient					WellPoint	WellPoint		19261.16				18061	19449.99	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2202	APR-DRG	inpatient					WellPoint	WellPoint		28619.45				26837	28900.03	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2203	APR-DRG	inpatient					WellPoint	WellPoint		46407.37				43517	46862.34	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2204	APR-DRG	inpatient					WellPoint	WellPoint		92082.24				86347	92985.01	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2211	APR-DRG	inpatient					WellPoint	WellPoint		19654.99				18431	19847.69	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2212	APR-DRG	inpatient					WellPoint	WellPoint		25484.34				23897	25734.19	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2213	APR-DRG	inpatient					WellPoint	WellPoint		41390.48				38812	41796.27	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2214	APR-DRG	inpatient					WellPoint	WellPoint		81927.42				76824	82730.63	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2221	APR-DRG	inpatient					WellPoint	WellPoint		14624.1				13713	14767.47	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2222	APR-DRG	inpatient					WellPoint	WellPoint		18716.75				17551	18900.24	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2223	APR-DRG	inpatient					WellPoint	WellPoint		30332.18				28443	30629.55	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2224	APR-DRG	inpatient					WellPoint	WellPoint		74002.12				69393	74727.63	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2231	APR-DRG	inpatient					WellPoint	WellPoint		15660.33				14685	15813.86	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2232	APR-DRG	inpatient					WellPoint	WellPoint		20762.11				19469	20965.66	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2233	APR-DRG	inpatient					WellPoint	WellPoint		34872.63				32700	35214.52	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2234	APR-DRG	inpatient					WellPoint	WellPoint		72010.46				67525	72716.44	case rate	
PERITONEAL ADHESIOLYSIS	2241	APR-DRG	inpatient					WellPoint	WellPoint		17643.02				16544	17815.99	case rate	
PERITONEAL ADHESIOLYSIS	2242	APR-DRG	inpatient					WellPoint	WellPoint		23102.42				21663	23328.91	case rate	
PERITONEAL ADHESIOLYSIS	2243	APR-DRG	inpatient					WellPoint	WellPoint		34975.09				32797	35317.98	case rate	
PERITONEAL ADHESIOLYSIS	2244	APR-DRG	inpatient					WellPoint	WellPoint		63486.03				59532	64108.45	case rate	
APPENDECTOMY	2251	APR-DRG	inpatient					WellPoint	WellPoint		12054.91				11304	12173.1	case rate	
APPENDECTOMY	2252	APR-DRG	inpatient					WellPoint	WellPoint		16032.47				15034	16189.65	case rate	
APPENDECTOMY	2253	APR-DRG	inpatient					WellPoint	WellPoint		27538.22				25823	27808.2	case rate	
APPENDECTOMY	2254	APR-DRG	inpatient					WellPoint	WellPoint		52416.67				49152	52930.56	case rate	
ANAL PROCEDURES	2261	APR-DRG	inpatient					WellPoint	WellPoint		9776.09				9167	9871.93	case rate	
ANAL PROCEDURES	2262	APR-DRG	inpatient					WellPoint	WellPoint		13236.96				12412	13366.73	case rate	
ANAL PROCEDURES	2263	APR-DRG	inpatient					WellPoint	WellPoint		21577.59				20234	21789.14	case rate	
ANAL PROCEDURES	2264	APR-DRG	inpatient					WellPoint	WellPoint		44159.46				41409	44592.4	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2271	APR-DRG	inpatient					WellPoint	WellPoint		15195.23				14249	15344.2	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2272	APR-DRG	inpatient					WellPoint	WellPoint		19302.42				18100	19491.66	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2273	APR-DRG	inpatient					WellPoint	WellPoint		31321.93				29371	31629	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2274	APR-DRG	inpatient					WellPoint	WellPoint		64481.09				60465	65113.25	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2281	APR-DRG	inpatient					WellPoint	WellPoint		11430.26				10718	11542.32	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2282	APR-DRG	inpatient					WellPoint	WellPoint		14928.56				13999	15074.92	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2283	APR-DRG	inpatient					WellPoint	WellPoint		22931.8				21503	23156.62	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2284	APR-DRG	inpatient					WellPoint	WellPoint		51103.44				47920	51604.45	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2291	APR-DRG	inpatient					WellPoint	WellPoint		15801.21				14817	15956.12	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2292	APR-DRG	inpatient					WellPoint	WellPoint		21797.42				20440	22011.12	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2293	APR-DRG	inpatient					WellPoint	WellPoint		35509.8				33298	35857.94	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2294	APR-DRG	inpatient					WellPoint	WellPoint		73700.77				69110	74423.33	case rate	
DIGESTIVE MALIGNANCY	2401	APR-DRG	inpatient					WellPoint	WellPoint		9873.05				9258	9969.84	case rate	
DIGESTIVE MALIGNANCY	2402	APR-DRG	inpatient					WellPoint	WellPoint		12653.75				11866	12777.81	case rate	
DIGESTIVE MALIGNANCY	2403	APR-DRG	inpatient					WellPoint	WellPoint		18640.27				17479	18823.01	case rate	
DIGESTIVE MALIGNANCY	2404	APR-DRG	inpatient					WellPoint	WellPoint		34142.6				32016	34477.33	case rate	
PEPTIC ULCER & GASTRITIS	2411	APR-DRG	inpatient					WellPoint	WellPoint		8398.72				7876	8481.06	case rate	
PEPTIC ULCER & GASTRITIS	2412	APR-DRG	inpatient					WellPoint	WellPoint		10416.73				9768	10518.85	case rate	
PEPTIC ULCER & GASTRITIS	2413	APR-DRG	inpatient					WellPoint	WellPoint		15653.83				14679	15807.3	case rate	
PEPTIC ULCER & GASTRITIS	2414	APR-DRG	inpatient					WellPoint	WellPoint		36578.05				34300	36936.65	case rate	
MAJOR ESOPHAGEAL DISORDERS	2421	APR-DRG	inpatient					WellPoint	WellPoint		8284.74				7769	8365.96	case rate	
MAJOR ESOPHAGEAL DISORDERS	2422	APR-DRG	inpatient					WellPoint	WellPoint		10218.58				9582	10318.77	case rate	
MAJOR ESOPHAGEAL DISORDERS	2423	APR-DRG	inpatient					WellPoint	WellPoint		15197.51				14251	15346.51	case rate	
MAJOR ESOPHAGEAL DISORDERS	2424	APR-DRG	inpatient					WellPoint	WellPoint		35578.97				33363	35927.78	case rate	
OTHER ESOPHAGEAL DISORDERS	2431	APR-DRG	inpatient					WellPoint	WellPoint		7707.67				7228	7783.24	case rate	
OTHER ESOPHAGEAL DISORDERS	2432	APR-DRG	inpatient					WellPoint	WellPoint		9415.64				8829	9507.95	case rate	
OTHER ESOPHAGEAL DISORDERS	2433	APR-DRG	inpatient					WellPoint	WellPoint		13589.7				12743	13722.94	case rate	
OTHER ESOPHAGEAL DISORDERS	2434	APR-DRG	inpatient					WellPoint	WellPoint		29914.28				28051	30207.56	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2441	APR-DRG	inpatient					WellPoint	WellPoint		7200.03				6752	7270.62	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2442	APR-DRG	inpatient					WellPoint	WellPoint		9421.77				8835	9514.14	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2443	APR-DRG	inpatient					WellPoint	WellPoint		14300.53				13410	14440.73	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2444	APR-DRG	inpatient					WellPoint	WellPoint		32458.96				30437	32777.19	case rate	
INFLAMMATORY BOWEL DISEASE	2451	APR-DRG	inpatient					WellPoint	WellPoint		8597.06				8062	8681.34	case rate	
INFLAMMATORY BOWEL DISEASE	2452	APR-DRG	inpatient					WellPoint	WellPoint		10319.4				9677	10420.57	case rate	
INFLAMMATORY BOWEL DISEASE	2453	APR-DRG	inpatient					WellPoint	WellPoint		15533.8				14566	15686.1	case rate	
INFLAMMATORY BOWEL DISEASE	2454	APR-DRG	inpatient					WellPoint	WellPoint		29532.99				27693	29822.53	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2461	APR-DRG	inpatient					WellPoint	WellPoint		9043.13				8480	9131.78	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2462	APR-DRG	inpatient					WellPoint	WellPoint		10860.33				10184	10966.8	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2463	APR-DRG	inpatient					WellPoint	WellPoint		16416.15				15394	16577.09	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2464	APR-DRG	inpatient					WellPoint	WellPoint		33202.99				31135	33528.51	case rate	
INTESTINAL OBSTRUCTION	2471	APR-DRG	inpatient					WellPoint	WellPoint		6979.46				6545	7047.89	case rate	
INTESTINAL OBSTRUCTION	2472	APR-DRG	inpatient					WellPoint	WellPoint		8976.53				8417	9064.54	case rate	
INTESTINAL OBSTRUCTION	2473	APR-DRG	inpatient					WellPoint	WellPoint		14231.83				13345	14371.35	case rate	
INTESTINAL OBSTRUCTION	2474	APR-DRG	inpatient					WellPoint	WellPoint		32522.54				30497	32841.39	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2481	APR-DRG	inpatient					WellPoint	WellPoint		7611.24				7137	7685.86	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2482	APR-DRG	inpatient					WellPoint	WellPoint		10470.89				9819	10573.55	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2483	APR-DRG	inpatient					WellPoint	WellPoint		15740.27				14760	15894.59	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2484	APR-DRG	inpatient					WellPoint	WellPoint		33510.73				31423	33839.27	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2491	APR-DRG	inpatient					WellPoint	WellPoint		6287.4				5896	6349.04	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2492	APR-DRG	inpatient					WellPoint	WellPoint		7641.8				7166	7716.72	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2493	APR-DRG	inpatient					WellPoint	WellPoint		10843.96				10169	10950.27	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2494	APR-DRG	inpatient					WellPoint	WellPoint		24788.81				23245	25031.83	case rate	
ABDOMINAL PAIN	2511	APR-DRG	inpatient					WellPoint	WellPoint		7139.01				6694	7209	case rate	
ABDOMINAL PAIN	2512	APR-DRG	inpatient					WellPoint	WellPoint		8850.56				8299	8937.33	case rate	
ABDOMINAL PAIN	2513	APR-DRG	inpatient					WellPoint	WellPoint		11959.49				11215	12076.74	case rate	
ABDOMINAL PAIN	2514	APR-DRG	inpatient					WellPoint	WellPoint		22906.82				21480	23131.4	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2521	APR-DRG	inpatient					WellPoint	WellPoint		7772.98				7289	7849.19	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2522	APR-DRG	inpatient					WellPoint	WellPoint		10440.52				9790	10542.87	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2523	APR-DRG	inpatient					WellPoint	WellPoint		16008.04				15011	16164.98	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2524	APR-DRG	inpatient					WellPoint	WellPoint		35729.27				33504	36079.56	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2531	APR-DRG	inpatient					WellPoint	WellPoint		7850.01				7361	7926.97	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2532	APR-DRG	inpatient					WellPoint	WellPoint		10100.85				9472	10199.87	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2533	APR-DRG	inpatient					WellPoint	WellPoint		15084.44				14145	15232.33	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2534	APR-DRG	inpatient					WellPoint	WellPoint		31247.55				29301	31553.9	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2541	APR-DRG	inpatient					WellPoint	WellPoint		7363.6				6905	7435.8	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2542	APR-DRG	inpatient					WellPoint	WellPoint		9830.15				9218	9926.52	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2543	APR-DRG	inpatient					WellPoint	WellPoint		14286.99				13397	14427.06	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2544	APR-DRG	inpatient					WellPoint	WellPoint		30637.55				28729	30937.91	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2601	APR-DRG	inpatient					WellPoint	WellPoint		22978.46				21547	23203.74	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2602	APR-DRG	inpatient					WellPoint	WellPoint		30365.21				28474	30662.9	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2603	APR-DRG	inpatient					WellPoint	WellPoint		47658.39				44690	48125.63	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2604	APR-DRG	inpatient					WellPoint	WellPoint		96539.18				90526	97485.64	case rate	
MAJOR BILIARY TRACT PROCEDURES	2611	APR-DRG	inpatient					WellPoint	WellPoint		19110.94				17921	19298.31	case rate	
MAJOR BILIARY TRACT PROCEDURES	2612	APR-DRG	inpatient					WellPoint	WellPoint		26591.09				24935	26851.79	case rate	
MAJOR BILIARY TRACT PROCEDURES	2613	APR-DRG	inpatient					WellPoint	WellPoint		40212.46				37708	40606.7	case rate	
MAJOR BILIARY TRACT PROCEDURES	2614	APR-DRG	inpatient					WellPoint	WellPoint		73877.06				69275	74601.34	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2621	APR-DRG	inpatient					WellPoint	WellPoint		16658.03				15620	16821.34	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2622	APR-DRG	inpatient					WellPoint	WellPoint		21969.49				20601	22184.88	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2623	APR-DRG	inpatient					WellPoint	WellPoint		32884.44				30836	33206.84	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2624	APR-DRG	inpatient					WellPoint	WellPoint		67251.09				63062	67910.41	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2631	APR-DRG	inpatient					WellPoint	WellPoint		14231.55				13345	14371.08	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2632	APR-DRG	inpatient					WellPoint	WellPoint		18009.5				16888	18186.06	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2633	APR-DRG	inpatient					WellPoint	WellPoint		24533.93				23006	24774.46	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2634	APR-DRG	inpatient					WellPoint	WellPoint		51993.93				48755	52503.67	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2641	APR-DRG	inpatient					WellPoint	WellPoint		18951.31				17771	19137.11	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2642	APR-DRG	inpatient					WellPoint	WellPoint		23212.19				21766	23439.76	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2643	APR-DRG	inpatient					WellPoint	WellPoint		35912.23				33675	36264.31	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2644	APR-DRG	inpatient					WellPoint	WellPoint		77997.8				73139	78762.48	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2791	APR-DRG	inpatient					WellPoint	WellPoint		7360.77				6902	7432.93	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2792	APR-DRG	inpatient					WellPoint	WellPoint		9314.92				8735	9406.24	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2793	APR-DRG	inpatient					WellPoint	WellPoint		15445.16				14483	15596.58	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2794	APR-DRG	inpatient					WellPoint	WellPoint		38951.28				36525	39333.16	case rate	
ALCOHOLIC LIVER DISEASE	2801	APR-DRG	inpatient					WellPoint	WellPoint		7522.51				7054	7596.26	case rate	
ALCOHOLIC LIVER DISEASE	2802	APR-DRG	inpatient					WellPoint	WellPoint		9425.8				8839	9518.21	case rate	
ALCOHOLIC LIVER DISEASE	2803	APR-DRG	inpatient					WellPoint	WellPoint		15018.94				14083	15166.18	case rate	
ALCOHOLIC LIVER DISEASE	2804	APR-DRG	inpatient					WellPoint	WellPoint		33890.93				31780	34223.19	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2811	APR-DRG	inpatient					WellPoint	WellPoint		11084.1				10394	11192.76	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2812	APR-DRG	inpatient					WellPoint	WellPoint		13148.13				12329	13277.03	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2813	APR-DRG	inpatient					WellPoint	WellPoint		18194.47				17061	18372.85	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2814	APR-DRG	inpatient					WellPoint	WellPoint		29653.93				27807	29944.65	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2821	APR-DRG	inpatient					WellPoint	WellPoint		7667.41				7190	7742.58	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2822	APR-DRG	inpatient					WellPoint	WellPoint		9908.45				9291	10005.6	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2823	APR-DRG	inpatient					WellPoint	WellPoint		16551.63				15521	16713.9	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2824	APR-DRG	inpatient					WellPoint	WellPoint		46060.83				43192	46512.41	case rate	
OTHER DISORDERS OF THE LIVER	2831	APR-DRG	inpatient					WellPoint	WellPoint		8215.21				7703	8295.75	case rate	
OTHER DISORDERS OF THE LIVER	2832	APR-DRG	inpatient					WellPoint	WellPoint		9729.61				9124	9824.99	case rate	
OTHER DISORDERS OF THE LIVER	2833	APR-DRG	inpatient					WellPoint	WellPoint		14665.45				13752	14809.23	case rate	
OTHER DISORDERS OF THE LIVER	2834	APR-DRG	inpatient					WellPoint	WellPoint		29976.4				28109	30270.29	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2841	APR-DRG	inpatient					WellPoint	WellPoint		8858.98				8307	8945.83	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2842	APR-DRG	inpatient					WellPoint	WellPoint		11816.6				11081	11932.45	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2843	APR-DRG	inpatient					WellPoint	WellPoint		17028.44				15968	17195.39	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2844	APR-DRG	inpatient					WellPoint	WellPoint		33714.64				31615	34045.18	case rate	
HIP JOINT REPLACEMENT	3011	APR-DRG	inpatient					WellPoint	WellPoint		22486.09				21085	22706.55	case rate	
HIP JOINT REPLACEMENT	3012	APR-DRG	inpatient					WellPoint	WellPoint		24553.88				23024	24794.6	case rate	
HIP JOINT REPLACEMENT	3013	APR-DRG	inpatient					WellPoint	WellPoint		33598.37				31506	33927.77	case rate	
HIP JOINT REPLACEMENT	3014	APR-DRG	inpatient					WellPoint	WellPoint		55678.29				52210	56224.16	case rate	
KNEE JOINT REPLACEMENT	3021	APR-DRG	inpatient					WellPoint	WellPoint		21460.13				20123	21670.52	case rate	
KNEE JOINT REPLACEMENT	3022	APR-DRG	inpatient					WellPoint	WellPoint		23862.36				22376	24096.3	case rate	
KNEE JOINT REPLACEMENT	3023	APR-DRG	inpatient					WellPoint	WellPoint		30687.04				28776	30987.89	case rate	
KNEE JOINT REPLACEMENT	3024	APR-DRG	inpatient					WellPoint	WellPoint		56422.95				52908	56976.12	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3031	APR-DRG	inpatient					WellPoint	WellPoint		66293.9				62165	66943.84	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3032	APR-DRG	inpatient					WellPoint	WellPoint		79773.74				74805	80555.84	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3033	APR-DRG	inpatient					WellPoint	WellPoint		116876.63				109597	118022.48	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3034	APR-DRG	inpatient					WellPoint	WellPoint		158767.88				148878	160324.42	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3041	APR-DRG	inpatient					WellPoint	WellPoint		40295.7				37786	40690.76	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3042	APR-DRG	inpatient					WellPoint	WellPoint		48262.73				45257	48735.89	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3043	APR-DRG	inpatient					WellPoint	WellPoint		72686.15				68159	73398.76	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3044	APR-DRG	inpatient					WellPoint	WellPoint		121058.92				113518	122245.78	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3051	APR-DRG	inpatient					WellPoint	WellPoint		15110.33				14169	15258.47	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3052	APR-DRG	inpatient					WellPoint	WellPoint		20688.1				19399	20890.92	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3053	APR-DRG	inpatient					WellPoint	WellPoint		33853.88				31745	34185.78	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3054	APR-DRG	inpatient					WellPoint	WellPoint		71604.28				67144	72306.28	case rate	
HIP & FEMUR FRACTURE REPAIR	3081	APR-DRG	inpatient					WellPoint	WellPoint		18317.06				17176	18496.64	case rate	
HIP & FEMUR FRACTURE REPAIR	3082	APR-DRG	inpatient					WellPoint	WellPoint		21580.61				20236	21792.18	case rate	
HIP & FEMUR FRACTURE REPAIR	3083	APR-DRG	inpatient					WellPoint	WellPoint		28807.81				27013	29090.24	case rate	
HIP & FEMUR FRACTURE REPAIR	3084	APR-DRG	inpatient					WellPoint	WellPoint		50358.31				47222	50852.02	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3091	APR-DRG	inpatient					WellPoint	WellPoint		18483.29				17332	18664.5	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3092	APR-DRG	inpatient					WellPoint	WellPoint		26274.93				24638	26532.53	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3093	APR-DRG	inpatient					WellPoint	WellPoint		38360.21				35971	38736.29	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3094	APR-DRG	inpatient					WellPoint	WellPoint		75005.96				70334	75741.31	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3101	APR-DRG	inpatient					WellPoint	WellPoint		13773.22				12915	13908.25	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3102	APR-DRG	inpatient					WellPoint	WellPoint		18283.49				17145	18462.74	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3103	APR-DRG	inpatient					WellPoint	WellPoint		26455.97				24808	26715.35	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3104	APR-DRG	inpatient					WellPoint	WellPoint		56881				53338	57438.66	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3121	APR-DRG	inpatient					WellPoint	WellPoint		22707.85				21293	22930.48	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3122	APR-DRG	inpatient					WellPoint	WellPoint		32317.34				30304	32634.18	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3123	APR-DRG	inpatient					WellPoint	WellPoint		58274.93				54645	58846.25	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3124	APR-DRG	inpatient					WellPoint	WellPoint		120428.79				112927	121609.46	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3131	APR-DRG	inpatient					WellPoint	WellPoint		16173.54				15166	16332.1	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3132	APR-DRG	inpatient					WellPoint	WellPoint		22136.54				20758	22353.56	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3133	APR-DRG	inpatient					WellPoint	WellPoint		33883.25				31773	34215.44	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3134	APR-DRG	inpatient					WellPoint	WellPoint		68943.24				64649	69619.15	case rate	
FOOT & TOE PROCEDURES	3141	APR-DRG	inpatient					WellPoint	WellPoint		14792.15				13871	14937.17	case rate	
FOOT & TOE PROCEDURES	3142	APR-DRG	inpatient					WellPoint	WellPoint		16788.39				15744	16954	case rate	
FOOT & TOE PROCEDURES	3143	APR-DRG	inpatient					WellPoint	WellPoint		23413.73				21955	23643.28	case rate	
FOOT & TOE PROCEDURES	3144	APR-DRG	inpatient					WellPoint	WellPoint		50465.71				47322	50960.48	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3151	APR-DRG	inpatient					WellPoint	WellPoint		13339.51				12509	13470.29	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3152	APR-DRG	inpatient					WellPoint	WellPoint		22565.05				21160	22786.28	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3153	APR-DRG	inpatient					WellPoint	WellPoint		32462.71				30441	32780.98	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3154	APR-DRG	inpatient					WellPoint	WellPoint		65677.22				61586	66321.11	case rate	
HAND & WRIST PROCEDURES	3161	APR-DRG	inpatient					WellPoint	WellPoint		11615.07				10892	11728.94	case rate	
HAND & WRIST PROCEDURES	3162	APR-DRG	inpatient					WellPoint	WellPoint		16520.35				15491	16682.31	case rate	
HAND & WRIST PROCEDURES	3163	APR-DRG	inpatient					WellPoint	WellPoint		26505.19				24854	26765.04	case rate	
HAND & WRIST PROCEDURES	3164	APR-DRG	inpatient					WellPoint	WellPoint		50728.63				47569	51225.97	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3171	APR-DRG	inpatient					WellPoint	WellPoint		12827.2				12028	12952.96	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3172	APR-DRG	inpatient					WellPoint	WellPoint		17995.23				16874	18171.65	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3173	APR-DRG	inpatient					WellPoint	WellPoint		30904.49				28979	31207.48	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3174	APR-DRG	inpatient					WellPoint	WellPoint		72838.01				68301	73552.1	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3201	APR-DRG	inpatient					WellPoint	WellPoint		14636.54				13725	14780.04	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3202	APR-DRG	inpatient					WellPoint	WellPoint		22499.55				21098	22720.13	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3203	APR-DRG	inpatient					WellPoint	WellPoint		32037.13				30042	32351.22	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3204	APR-DRG	inpatient					WellPoint	WellPoint		60474.53				56708	61067.41	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3211	APR-DRG	inpatient					WellPoint	WellPoint		24058.86				22560	24294.73	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3212	APR-DRG	inpatient					WellPoint	WellPoint		31183.97				29242	31489.7	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3213	APR-DRG	inpatient					WellPoint	WellPoint		52099.77				48855	52610.56	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3214	APR-DRG	inpatient					WellPoint	WellPoint		97746.19				91658	98704.49	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3221	APR-DRG	inpatient					WellPoint	WellPoint		21957.42				20590	22172.69	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3222	APR-DRG	inpatient					WellPoint	WellPoint		23933.63				22443	24168.27	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3223	APR-DRG	inpatient					WellPoint	WellPoint		33816.38				31710	34147.91	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3224	APR-DRG	inpatient					WellPoint	WellPoint		56712.41				53180	57268.41	case rate	
FRACTURE OF FEMUR	3401	APR-DRG	inpatient					WellPoint	WellPoint		6858.44				6431	6925.68	case rate	
FRACTURE OF FEMUR	3402	APR-DRG	inpatient					WellPoint	WellPoint		8124.1				7618	8203.74	case rate	
FRACTURE OF FEMUR	3403	APR-DRG	inpatient					WellPoint	WellPoint		12185.36				11426	12304.82	case rate	
FRACTURE OF FEMUR	3404	APR-DRG	inpatient					WellPoint	WellPoint		28003.49				26259	28278.03	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3411	APR-DRG	inpatient					WellPoint	WellPoint		6953.21				6520	7021.38	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3412	APR-DRG	inpatient					WellPoint	WellPoint		8434.31				7909	8517	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3413	APR-DRG	inpatient					WellPoint	WellPoint		11286.73				10584	11397.38	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3414	APR-DRG	inpatient					WellPoint	WellPoint		26757.32				25091	27019.65	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3421	APR-DRG	inpatient					WellPoint	WellPoint		7261.05				6809	7332.24	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3422	APR-DRG	inpatient					WellPoint	WellPoint		9387.1				8802	9479.13	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3423	APR-DRG	inpatient					WellPoint	WellPoint		12820.34				12022	12946.03	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3424	APR-DRG	inpatient					WellPoint	WellPoint		29567.38				27726	29857.26	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3431	APR-DRG	inpatient					WellPoint	WellPoint		11276.76				10574	11387.32	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3432	APR-DRG	inpatient					WellPoint	WellPoint		13491.18				12651	13623.45	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3433	APR-DRG	inpatient					WellPoint	WellPoint		21517.11				20177	21728.07	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3434	APR-DRG	inpatient					WellPoint	WellPoint		36214.31				33959	36569.36	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3441	APR-DRG	inpatient					WellPoint	WellPoint		10357.55				9712	10459.09	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3442	APR-DRG	inpatient					WellPoint	WellPoint		13077.69				12263	13205.9	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3443	APR-DRG	inpatient					WellPoint	WellPoint		19542.01				18325	19733.59	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3444	APR-DRG	inpatient					WellPoint	WellPoint		36018.08				33775	36371.2	case rate	
CONNECTIVE TISSUE DISORDERS	3461	APR-DRG	inpatient					WellPoint	WellPoint		9364.86				8782	9456.68	case rate	
CONNECTIVE TISSUE DISORDERS	3462	APR-DRG	inpatient					WellPoint	WellPoint		12468.68				11692	12590.93	case rate	
CONNECTIVE TISSUE DISORDERS	3463	APR-DRG	inpatient					WellPoint	WellPoint		20959.16				19654	21164.65	case rate	
CONNECTIVE TISSUE DISORDERS	3464	APR-DRG	inpatient					WellPoint	WellPoint		51242.49				48051	51744.87	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3471	APR-DRG	inpatient					WellPoint	WellPoint		8807.56				8259	8893.91	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3472	APR-DRG	inpatient					WellPoint	WellPoint		10872.04				10195	10978.63	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3473	APR-DRG	inpatient					WellPoint	WellPoint		14914.92				13986	15061.14	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3474	APR-DRG	inpatient					WellPoint	WellPoint		35359.14				33157	35705.79	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3491	APR-DRG	inpatient					WellPoint	WellPoint		7412.73				6951	7485.4	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3492	APR-DRG	inpatient					WellPoint	WellPoint		10603.45				9943	10707.41	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3493	APR-DRG	inpatient					WellPoint	WellPoint		16165.22				15158	16323.7	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3494	APR-DRG	inpatient					WellPoint	WellPoint		33152.03				31087	33477.05	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3511	APR-DRG	inpatient					WellPoint	WellPoint		7497.16				7030	7570.66	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3512	APR-DRG	inpatient					WellPoint	WellPoint		8687.26				8146	8772.43	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3513	APR-DRG	inpatient					WellPoint	WellPoint		14096.98				13219	14235.19	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3514	APR-DRG	inpatient					WellPoint	WellPoint		31209.67				29266	31515.65	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3611	APR-DRG	inpatient					WellPoint	WellPoint		19499.11				18285	19690.27	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3612	APR-DRG	inpatient					WellPoint	WellPoint		26160.67				24531	26417.15	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3613	APR-DRG	inpatient					WellPoint	WellPoint		37579.96				35239	37948.39	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3614	APR-DRG	inpatient					WellPoint	WellPoint		82535.78				77395	83344.95	case rate	
MASTECTOMY PROCEDURES	3621	APR-DRG	inpatient					WellPoint	WellPoint		18841.35				17668	19026.07	case rate	
MASTECTOMY PROCEDURES	3622	APR-DRG	inpatient					WellPoint	WellPoint		23026.03				21592	23251.78	case rate	
MASTECTOMY PROCEDURES	3623	APR-DRG	inpatient					WellPoint	WellPoint		28336.76				26572	28614.57	case rate	
MASTECTOMY PROCEDURES	3624	APR-DRG	inpatient					WellPoint	WellPoint		59673.23				55956	60258.27	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3631	APR-DRG	inpatient					WellPoint	WellPoint		14701.13				13785	14845.26	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3632	APR-DRG	inpatient					WellPoint	WellPoint		24805.64				23261	25048.83	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3633	APR-DRG	inpatient					WellPoint	WellPoint		31669.19				29697	31979.68	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3634	APR-DRG	inpatient					WellPoint	WellPoint		60996.7				57197	61594.71	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3641	APR-DRG	inpatient					WellPoint	WellPoint		11873.32				11134	11989.73	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3642	APR-DRG	inpatient					WellPoint	WellPoint		16409.84				15388	16570.72	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3643	APR-DRG	inpatient					WellPoint	WellPoint		25506.57				23918	25756.63	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3644	APR-DRG	inpatient					WellPoint	WellPoint		49977.56				46865	50467.54	case rate	
SKIN ULCERS	3801	APR-DRG	inpatient					WellPoint	WellPoint		8136.63				7630	8216.4	case rate	
SKIN ULCERS	3802	APR-DRG	inpatient					WellPoint	WellPoint		9754.49				9147	9850.13	case rate	
SKIN ULCERS	3803	APR-DRG	inpatient					WellPoint	WellPoint		14099.82				13222	14238.05	case rate	
SKIN ULCERS	3804	APR-DRG	inpatient					WellPoint	WellPoint		27677.63				25954	27948.98	case rate	
MAJOR SKIN DISORDERS	3811	APR-DRG	inpatient					WellPoint	WellPoint		6546.12				6138	6610.29	case rate	
MAJOR SKIN DISORDERS	3812	APR-DRG	inpatient					WellPoint	WellPoint		11536.57				10818	11649.67	case rate	
MAJOR SKIN DISORDERS	3813	APR-DRG	inpatient					WellPoint	WellPoint		20821.94				19525	21026.08	case rate	
MAJOR SKIN DISORDERS	3814	APR-DRG	inpatient					WellPoint	WellPoint		56301.47				52795	56853.45	case rate	
MALIGNANT BREAST DISORDERS	3821	APR-DRG	inpatient					WellPoint	WellPoint		8880.01				8327	8967.07	case rate	
MALIGNANT BREAST DISORDERS	3822	APR-DRG	inpatient					WellPoint	WellPoint		10533.38				9877	10636.65	case rate	
MALIGNANT BREAST DISORDERS	3823	APR-DRG	inpatient					WellPoint	WellPoint		16693.43				15654	16857.09	case rate	
MALIGNANT BREAST DISORDERS	3824	APR-DRG	inpatient					WellPoint	WellPoint		28078.14				26329	28353.42	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3831	APR-DRG	inpatient					WellPoint	WellPoint		6423.53				6023	6486.51	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3832	APR-DRG	inpatient					WellPoint	WellPoint		8549.21				8017	8633.03	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3833	APR-DRG	inpatient					WellPoint	WellPoint		13125.8				12308	13254.48	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3834	APR-DRG	inpatient					WellPoint	WellPoint		31052.87				29119	31357.31	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3841	APR-DRG	inpatient					WellPoint	WellPoint		8228.38				7716	8309.05	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3842	APR-DRG	inpatient					WellPoint	WellPoint		9753.94				9146	9849.57	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3843	APR-DRG	inpatient					WellPoint	WellPoint		14291.66				13401	14431.77	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3844	APR-DRG	inpatient					WellPoint	WellPoint		36158.05				33906	36512.54	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3851	APR-DRG	inpatient					WellPoint	WellPoint		6125.11				5744	6185.16	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3852	APR-DRG	inpatient					WellPoint	WellPoint		8114.12				7609	8193.67	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3853	APR-DRG	inpatient					WellPoint	WellPoint		12965.62				12158	13092.73	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3854	APR-DRG	inpatient					WellPoint	WellPoint		26619.91				24962	26880.89	case rate	
PITUITARY & ADRENAL PROCEDURES	4011	APR-DRG	inpatient					WellPoint	WellPoint		21237.18				19914	21445.38	case rate	
PITUITARY & ADRENAL PROCEDURES	4012	APR-DRG	inpatient					WellPoint	WellPoint		28551.84				26773	28831.76	case rate	
PITUITARY & ADRENAL PROCEDURES	4013	APR-DRG	inpatient					WellPoint	WellPoint		48058.81				45065	48529.97	case rate	
PITUITARY & ADRENAL PROCEDURES	4014	APR-DRG	inpatient					WellPoint	WellPoint		103983.37				97506	105002.81	case rate	
PROCEDURES FOR OBESITY	4031	APR-DRG	inpatient					WellPoint	WellPoint		18534.88				17380	18716.59	case rate	
PROCEDURES FOR OBESITY	4032	APR-DRG	inpatient					WellPoint	WellPoint		20584.27				19302	20786.08	case rate	
PROCEDURES FOR OBESITY	4033	APR-DRG	inpatient					WellPoint	WellPoint		31282.58				29334	31589.28	case rate	
PROCEDURES FOR OBESITY	4034	APR-DRG	inpatient					WellPoint	WellPoint		88074.86				82589	88938.34	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4041	APR-DRG	inpatient					WellPoint	WellPoint		11832.15				11095	11948.15	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4042	APR-DRG	inpatient					WellPoint	WellPoint		15853.44				14866	16008.87	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4043	APR-DRG	inpatient					WellPoint	WellPoint		30167.88				28289	30463.64	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4044	APR-DRG	inpatient					WellPoint	WellPoint		72301.19				67798	73010.03	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4051	APR-DRG	inpatient					WellPoint	WellPoint		18401.14				17255	18581.54	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4052	APR-DRG	inpatient					WellPoint	WellPoint		22810.49				21390	23034.13	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4053	APR-DRG	inpatient					WellPoint	WellPoint		33891.75				31781	34224.03	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4054	APR-DRG	inpatient					WellPoint	WellPoint		77284.78				72471	78042.47	case rate	
DIABETES	4201	APR-DRG	inpatient					WellPoint	WellPoint		5972.43				5600	6030.98	case rate	
DIABETES	4202	APR-DRG	inpatient					WellPoint	WellPoint		7718				7237	7793.67	case rate	
DIABETES	4203	APR-DRG	inpatient					WellPoint	WellPoint		11581.67				10860	11695.22	case rate	
DIABETES	4204	APR-DRG	inpatient					WellPoint	WellPoint		28239.7				26481	28516.56	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4211	APR-DRG	inpatient					WellPoint	WellPoint		8036.73				7536	8115.52	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4212	APR-DRG	inpatient					WellPoint	WellPoint		8929.69				8373	9017.24	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4213	APR-DRG	inpatient					WellPoint	WellPoint		13694				12841	13828.25	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4214	APR-DRG	inpatient					WellPoint	WellPoint		29035.5				27227	29320.17	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4221	APR-DRG	inpatient					WellPoint	WellPoint		4810.15				4511	4857.3	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4222	APR-DRG	inpatient					WellPoint	WellPoint		6900.51				6471	6968.17	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4223	APR-DRG	inpatient					WellPoint	WellPoint		10093.52				9465	10192.48	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4224	APR-DRG	inpatient					WellPoint	WellPoint		21860.63				20499	22074.95	case rate	
INBORN ERRORS OF METABOLISM	4231	APR-DRG	inpatient					WellPoint	WellPoint		8776.92				8230	8862.96	case rate	
INBORN ERRORS OF METABOLISM	4232	APR-DRG	inpatient					WellPoint	WellPoint		11440.61				10728	11552.77	case rate	
INBORN ERRORS OF METABOLISM	4233	APR-DRG	inpatient					WellPoint	WellPoint		18055.06				16930	18232.07	case rate	
INBORN ERRORS OF METABOLISM	4234	APR-DRG	inpatient					WellPoint	WellPoint		34984.24				32805	35327.22	case rate	
OTHER ENDOCRINE DISORDERS	4241	APR-DRG	inpatient					WellPoint	WellPoint		7339.45				6882	7411.41	case rate	
OTHER ENDOCRINE DISORDERS	4242	APR-DRG	inpatient					WellPoint	WellPoint		9974.42				9353	10072.21	case rate	
OTHER ENDOCRINE DISORDERS	4243	APR-DRG	inpatient					WellPoint	WellPoint		15120.39				14179	15268.63	case rate	
OTHER ENDOCRINE DISORDERS	4244	APR-DRG	inpatient					WellPoint	WellPoint		32044.73				30049	32358.89	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4251	APR-DRG	inpatient					WellPoint	WellPoint		5969.87				5598	6028.39	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4252	APR-DRG	inpatient					WellPoint	WellPoint		7691.57				7212	7766.97	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4253	APR-DRG	inpatient					WellPoint	WellPoint		11534.47				10816	11647.55	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4254	APR-DRG	inpatient					WellPoint	WellPoint		25875.89				24264	26129.58	case rate	
KIDNEY TRANSPLANT	4401	APR-DRG	inpatient					WellPoint	WellPoint		71240.45				66803	71938.89	case rate	
KIDNEY TRANSPLANT	4402	APR-DRG	inpatient					WellPoint	WellPoint		74543.06				69900	75273.87	case rate	
KIDNEY TRANSPLANT	4403	APR-DRG	inpatient					WellPoint	WellPoint		84291.15				79041	85117.53	case rate	
KIDNEY TRANSPLANT	4404	APR-DRG	inpatient					WellPoint	WellPoint		133444.72				125133	134753	case rate	
MAJOR BLADDER PROCEDURES	4411	APR-DRG	inpatient					WellPoint	WellPoint		21007.1				19699	21213.06	case rate	
MAJOR BLADDER PROCEDURES	4412	APR-DRG	inpatient					WellPoint	WellPoint		32561.97				30534	32881.21	case rate	
MAJOR BLADDER PROCEDURES	4413	APR-DRG	inpatient					WellPoint	WellPoint		44288.73				41530	44722.93	case rate	
MAJOR BLADDER PROCEDURES	4414	APR-DRG	inpatient					WellPoint	WellPoint		89138.89				83587	90012.8	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4421	APR-DRG	inpatient					WellPoint	WellPoint		19359.42				18154	19549.21	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4422	APR-DRG	inpatient					WellPoint	WellPoint		22429.01				21032	22648.91	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4423	APR-DRG	inpatient					WellPoint	WellPoint		34633.77				32476	34973.32	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4424	APR-DRG	inpatient					WellPoint	WellPoint		68908.74				64617	69584.32	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4431	APR-DRG	inpatient					WellPoint	WellPoint		16949.31				15894	17115.48	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4432	APR-DRG	inpatient					WellPoint	WellPoint		19911.24				18671	20106.44	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4433	APR-DRG	inpatient					WellPoint	WellPoint		29103.29				27290	29388.62	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4434	APR-DRG	inpatient					WellPoint	WellPoint		60502.71				56734	61095.87	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4441	APR-DRG	inpatient					WellPoint	WellPoint		15438.66				14477	15590.02	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4442	APR-DRG	inpatient					WellPoint	WellPoint		20831.73				19534	21035.96	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4443	APR-DRG	inpatient					WellPoint	WellPoint		33481.83				31396	33810.08	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4444	APR-DRG	inpatient					WellPoint	WellPoint		63335				59390	63955.93	case rate	
OTHER BLADDER PROCEDURES	4451	APR-DRG	inpatient					WellPoint	WellPoint		13384.7				12551	13515.92	case rate	
OTHER BLADDER PROCEDURES	4452	APR-DRG	inpatient					WellPoint	WellPoint		18292				17153	18471.33	case rate	
OTHER BLADDER PROCEDURES	4453	APR-DRG	inpatient					WellPoint	WellPoint		23814.79				22331	24048.26	case rate	
OTHER BLADDER PROCEDURES	4454	APR-DRG	inpatient					WellPoint	WellPoint		49420.16				46342	49904.67	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4461	APR-DRG	inpatient					WellPoint	WellPoint		10248.04				9610	10348.51	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4462	APR-DRG	inpatient					WellPoint	WellPoint		12674.06				11885	12798.32	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4463	APR-DRG	inpatient					WellPoint	WellPoint		20724.79				19434	20927.97	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4464	APR-DRG	inpatient					WellPoint	WellPoint		44846.58				42053	45286.26	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4471	APR-DRG	inpatient					WellPoint	WellPoint		17391.9				16309	17562.41	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4472	APR-DRG	inpatient					WellPoint	WellPoint		22017.71				20646	22233.57	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4473	APR-DRG	inpatient					WellPoint	WellPoint		31465.37				29505	31773.85	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4474	APR-DRG	inpatient					WellPoint	WellPoint		71905.07				67426	72610.03	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4611	APR-DRG	inpatient					WellPoint	WellPoint		8081.55				7578	8160.78	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4612	APR-DRG	inpatient					WellPoint	WellPoint		10566.85				9909	10670.45	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4613	APR-DRG	inpatient					WellPoint	WellPoint		16336.47				15319	16496.63	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4614	APR-DRG	inpatient					WellPoint	WellPoint		29740.65				27888	30032.23	case rate	
NEPHRITIS & NEPHROSIS	4621	APR-DRG	inpatient					WellPoint	WellPoint		6658				6243	6723.27	case rate	
NEPHRITIS & NEPHROSIS	4622	APR-DRG	inpatient					WellPoint	WellPoint		9393.41				8808	9485.51	case rate	
NEPHRITIS & NEPHROSIS	4623	APR-DRG	inpatient					WellPoint	WellPoint		17355.03				16274	17525.18	case rate	
NEPHRITIS & NEPHROSIS	4624	APR-DRG	inpatient					WellPoint	WellPoint		35075.81				32891	35419.69	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4631	APR-DRG	inpatient					WellPoint	WellPoint		6434.14				6033	6497.22	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4632	APR-DRG	inpatient					WellPoint	WellPoint		8106.62				7602	8186.1	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4633	APR-DRG	inpatient					WellPoint	WellPoint		11259.57				10558	11369.95	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4634	APR-DRG	inpatient					WellPoint	WellPoint		22025.21				20653	22241.14	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4651	APR-DRG	inpatient					WellPoint	WellPoint		7078.09				6637	7147.48	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4652	APR-DRG	inpatient					WellPoint	WellPoint		8476.12				7948	8559.22	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4653	APR-DRG	inpatient					WellPoint	WellPoint		12990.05				12181	13117.4	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4654	APR-DRG	inpatient					WellPoint	WellPoint		28323.23				26559	28600.91	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4661	APR-DRG	inpatient					WellPoint	WellPoint		6737.77				6318	6803.83	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4662	APR-DRG	inpatient					WellPoint	WellPoint		9384.17				8800	9476.18	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4663	APR-DRG	inpatient					WellPoint	WellPoint		14294.85				13404	14435	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4664	APR-DRG	inpatient					WellPoint	WellPoint		25404.11				23822	25653.17	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4681	APR-DRG	inpatient					WellPoint	WellPoint		7043.23				6605	7112.28	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4682	APR-DRG	inpatient					WellPoint	WellPoint		9563.2				8968	9656.96	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4683	APR-DRG	inpatient					WellPoint	WellPoint		13942.37				13074	14079.06	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4684	APR-DRG	inpatient					WellPoint	WellPoint		28084.09				26335	28359.42	case rate	
ACUTE KIDNEY INJURY	4691	APR-DRG	inpatient					WellPoint	WellPoint		6669.25				6254	6734.63	case rate	
ACUTE KIDNEY INJURY	4692	APR-DRG	inpatient					WellPoint	WellPoint		8912.04				8357	8999.41	case rate	
ACUTE KIDNEY INJURY	4693	APR-DRG	inpatient					WellPoint	WellPoint		14431.71				13533	14573.2	case rate	
ACUTE KIDNEY INJURY	4694	APR-DRG	inpatient					WellPoint	WellPoint		32741.73				30702	33062.73	case rate	
CHRONIC KIDNEY DISEASE	4701	APR-DRG	inpatient					WellPoint	WellPoint		7088.51				6647	7158.01	case rate	
CHRONIC KIDNEY DISEASE	4702	APR-DRG	inpatient					WellPoint	WellPoint		9024.74				8463	9113.21	case rate	
CHRONIC KIDNEY DISEASE	4703	APR-DRG	inpatient					WellPoint	WellPoint		13287.54				12460	13417.81	case rate	
CHRONIC KIDNEY DISEASE	4704	APR-DRG	inpatient					WellPoint	WellPoint		28484.69				26710	28763.96	case rate	
MAJOR MALE PELVIC PROCEDURES	4801	APR-DRG	inpatient					WellPoint	WellPoint		17954.43				16836	18130.45	case rate	
MAJOR MALE PELVIC PROCEDURES	4802	APR-DRG	inpatient					WellPoint	WellPoint		19787.09				18555	19981.08	case rate	
MAJOR MALE PELVIC PROCEDURES	4803	APR-DRG	inpatient					WellPoint	WellPoint		32298.32				30287	32614.97	case rate	
MAJOR MALE PELVIC PROCEDURES	4804	APR-DRG	inpatient					WellPoint	WellPoint		72071.2				67582	72777.78	case rate	
PENIS PROCEDURES	4811	APR-DRG	inpatient					WellPoint	WellPoint		11487.26				10772	11599.88	case rate	
PENIS PROCEDURES	4812	APR-DRG	inpatient					WellPoint	WellPoint		18719.4				17553	18902.92	case rate	
PENIS PROCEDURES	4813	APR-DRG	inpatient					WellPoint	WellPoint		26063.34				24440	26318.86	case rate	
PENIS PROCEDURES	4814	APR-DRG	inpatient					WellPoint	WellPoint		60152.51				56406	60742.24	case rate	
TRANSURETHRAL PROSTATECTOMY	4821	APR-DRG	inpatient					WellPoint	WellPoint		9661.82				9060	9756.54	case rate	
TRANSURETHRAL PROSTATECTOMY	4822	APR-DRG	inpatient					WellPoint	WellPoint		12608.46				11823	12732.08	case rate	
TRANSURETHRAL PROSTATECTOMY	4823	APR-DRG	inpatient					WellPoint	WellPoint		22951.47				21522	23176.48	case rate	
TRANSURETHRAL PROSTATECTOMY	4824	APR-DRG	inpatient					WellPoint	WellPoint		45810.26				42957	46259.38	case rate	
TESTES & SCROTAL PROCEDURES	4831	APR-DRG	inpatient					WellPoint	WellPoint		10225.62				9589	10325.87	case rate	
TESTES & SCROTAL PROCEDURES	4832	APR-DRG	inpatient					WellPoint	WellPoint		18496.91				17345	18678.26	case rate	
TESTES & SCROTAL PROCEDURES	4833	APR-DRG	inpatient					WellPoint	WellPoint		31050.49				29116	31354.91	case rate	
TESTES & SCROTAL PROCEDURES	4834	APR-DRG	inpatient					WellPoint	WellPoint		87202.02				81770	88056.95	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4841	APR-DRG	inpatient					WellPoint	WellPoint		13280.59				12453	13410.8	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4842	APR-DRG	inpatient					WellPoint	WellPoint		18951.76				17771	19137.56	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4843	APR-DRG	inpatient					WellPoint	WellPoint		24271.1				22759	24509.06	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4844	APR-DRG	inpatient					WellPoint	WellPoint		61484.58				57655	62087.37	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5001	APR-DRG	inpatient					WellPoint	WellPoint		8217.31				7705	8297.88	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5002	APR-DRG	inpatient					WellPoint	WellPoint		10451.23				9800	10553.69	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5003	APR-DRG	inpatient					WellPoint	WellPoint		16529.5				15500	16691.55	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5004	APR-DRG	inpatient					WellPoint	WellPoint		27119.31				25430	27385.19	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5011	APR-DRG	inpatient					WellPoint	WellPoint		6549.04				6141	6613.25	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5012	APR-DRG	inpatient					WellPoint	WellPoint		9000.41				8440	9088.65	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5013	APR-DRG	inpatient					WellPoint	WellPoint		13602.79				12755	13736.15	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5014	APR-DRG	inpatient					WellPoint	WellPoint		34365.64				32225	34702.55	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5101	APR-DRG	inpatient					WellPoint	WellPoint		18164.65				17033	18342.73	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5102	APR-DRG	inpatient					WellPoint	WellPoint		22536.23				21132	22757.17	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5103	APR-DRG	inpatient					WellPoint	WellPoint		40305.13				37795	40700.27	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5104	APR-DRG	inpatient					WellPoint	WellPoint		93375.44				87560	94291.9	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5111	APR-DRG	inpatient					WellPoint	WellPoint		18325.39				17184	18505.05	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5112	APR-DRG	inpatient					WellPoint	WellPoint		22980.47				21549	23205.77	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5113	APR-DRG	inpatient					WellPoint	WellPoint		34498.2				32349	34836.41	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5114	APR-DRG	inpatient					WellPoint	WellPoint		73645.52				69058	74367.53	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5121	APR-DRG	inpatient					WellPoint	WellPoint		16291.64				15277	16451.37	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5122	APR-DRG	inpatient					WellPoint	WellPoint		19170.78				17977	19358.73	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5123	APR-DRG	inpatient					WellPoint	WellPoint		30122.5				28246	30417.82	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5124	APR-DRG	inpatient					WellPoint	WellPoint		61538.93				57706	62142.25	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5131	APR-DRG	inpatient					WellPoint	WellPoint		12454.69				11679	12576.79	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5132	APR-DRG	inpatient					WellPoint	WellPoint		14621.54				13711	14764.89	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5133	APR-DRG	inpatient					WellPoint	WellPoint		23985.77				22492	24220.92	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5134	APR-DRG	inpatient					WellPoint	WellPoint		57893.9				54382	58562.46	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5141	APR-DRG	inpatient					WellPoint	WellPoint		10258.1				9619	10358.67	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5142	APR-DRG	inpatient					WellPoint	WellPoint		14897.08				13969	15043.13	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5143	APR-DRG	inpatient					WellPoint	WellPoint		25800.78				24194	26053.73	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5144	APR-DRG	inpatient					WellPoint	WellPoint		71507.76				67054	72208.82	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5171	APR-DRG	inpatient					WellPoint	WellPoint		9870.49				9256	9967.26	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5172	APR-DRG	inpatient					WellPoint	WellPoint		12418.64				11645	12540.39	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5173	APR-DRG	inpatient					WellPoint	WellPoint		22782.77				21364	23006.13	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5174	APR-DRG	inpatient					WellPoint	WellPoint		53607.85				50269	54133.42	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5181	APR-DRG	inpatient					WellPoint	WellPoint		11744.78				11013	11859.92	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5182	APR-DRG	inpatient					WellPoint	WellPoint		16186.98				15179	16345.68	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5183	APR-DRG	inpatient					WellPoint	WellPoint		29550.92				27710	29840.63	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5184	APR-DRG	inpatient					WellPoint	WellPoint		67279.08				63088	67938.68	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5191	APR-DRG	inpatient					WellPoint	WellPoint		13019.32				12208	13146.96	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5192	APR-DRG	inpatient					WellPoint	WellPoint		15614.67				14642	15767.76	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5193	APR-DRG	inpatient					WellPoint	WellPoint		28186.55				26431	28462.89	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5194	APR-DRG	inpatient					WellPoint	WellPoint		70004.79				65644	70691.11	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5301	APR-DRG	inpatient					WellPoint	WellPoint		7872.88				7382	7950.07	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5302	APR-DRG	inpatient					WellPoint	WellPoint		10120.79				9490	10220.01	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5303	APR-DRG	inpatient					WellPoint	WellPoint		17090.47				16026	17258.02	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5304	APR-DRG	inpatient					WellPoint	WellPoint		31470.76				29510	31779.3	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5311	APR-DRG	inpatient					WellPoint	WellPoint		7160.7				6715	7230.9	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5312	APR-DRG	inpatient					WellPoint	WellPoint		9640.69				9040	9735.21	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5313	APR-DRG	inpatient					WellPoint	WellPoint		15200.16				14253	15349.18	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5314	APR-DRG	inpatient					WellPoint	WellPoint		29527.78				27689	29817.26	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5321	APR-DRG	inpatient					WellPoint	WellPoint		6223.28				5836	6284.29	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5322	APR-DRG	inpatient					WellPoint	WellPoint		7683.24				7205	7758.57	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5323	APR-DRG	inpatient					WellPoint	WellPoint		12630.24				11844	12754.07	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5324	APR-DRG	inpatient					WellPoint	WellPoint		25862.8				24252	26116.36	case rate	
CESAREAN DELIVERY	5401	APR-DRG	inpatient					WellPoint	WellPoint		7932.25				7438	8010.02	case rate	
CESAREAN DELIVERY	5402	APR-DRG	inpatient					WellPoint	WellPoint		9482.33				8892	9575.29	case rate	
CESAREAN DELIVERY	5403	APR-DRG	inpatient					WellPoint	WellPoint		13593.83				12747	13727.1	case rate	
CESAREAN DELIVERY	5404	APR-DRG	inpatient					WellPoint	WellPoint		38457.27				36062	38834.31	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5411	APR-DRG	inpatient					WellPoint	WellPoint		7556.81				7086	7630.9	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5412	APR-DRG	inpatient					WellPoint	WellPoint		8222.8				7711	8303.42	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5413	APR-DRG	inpatient					WellPoint	WellPoint		12242.54				11480	12362.56	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5414	APR-DRG	inpatient					WellPoint	WellPoint		43094.34				40410	43516.83	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5421	APR-DRG	inpatient					WellPoint	WellPoint		5602.66				5254	5657.58	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5422	APR-DRG	inpatient					WellPoint	WellPoint		6991.63				6556	7060.18	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5423	APR-DRG	inpatient					WellPoint	WellPoint		15054.8				14117	15202.4	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5424	APR-DRG	inpatient					WellPoint	WellPoint		50301.87				47169	50795.03	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5441	APR-DRG	inpatient					WellPoint	WellPoint		7913.96				7421	7991.54	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5442	APR-DRG	inpatient					WellPoint	WellPoint		9368.07				8785	9459.91	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5443	APR-DRG	inpatient					WellPoint	WellPoint		15525.39				14558	15677.6	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5444	APR-DRG	inpatient					WellPoint	WellPoint		43693.27				40972	44121.64	case rate	
ECTOPIC PREGNANCY PROCEDURE	5451	APR-DRG	inpatient					WellPoint	WellPoint		11330.01				10624	11441.09	case rate	
ECTOPIC PREGNANCY PROCEDURE	5452	APR-DRG	inpatient					WellPoint	WellPoint		12434.75				11660	12556.66	case rate	
ECTOPIC PREGNANCY PROCEDURE	5453	APR-DRG	inpatient					WellPoint	WellPoint		15004.94				14070	15152.05	case rate	
ECTOPIC PREGNANCY PROCEDURE	5454	APR-DRG	inpatient					WellPoint	WellPoint		27385.81				25680	27654.29	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5461	APR-DRG	inpatient					WellPoint	WellPoint		8643.07				8105	8727.81	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5462	APR-DRG	inpatient					WellPoint	WellPoint		12215.09				11454	12334.85	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5463	APR-DRG	inpatient					WellPoint	WellPoint		23406.87				21949	23636.35	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5464	APR-DRG	inpatient					WellPoint	WellPoint		63772.93				59801	64398.15	case rate	
VAGINAL DELIVERY	5601	APR-DRG	inpatient					WellPoint	WellPoint		4679.69				4388	4725.57	case rate	
VAGINAL DELIVERY	5602	APR-DRG	inpatient					WellPoint	WellPoint		5276.8				4948	5328.53	case rate	
VAGINAL DELIVERY	5603	APR-DRG	inpatient					WellPoint	WellPoint		7672.36				7194	7747.58	case rate	
VAGINAL DELIVERY	5604	APR-DRG	inpatient					WellPoint	WellPoint		22878.19				21453	23102.49	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5611	APR-DRG	inpatient					WellPoint	WellPoint		3670.18				3442	3706.17	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5612	APR-DRG	inpatient					WellPoint	WellPoint		5905.74				5538	5963.64	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5613	APR-DRG	inpatient					WellPoint	WellPoint		9489.56				8898	9582.59	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5614	APR-DRG	inpatient					WellPoint	WellPoint		24973.97				23418	25218.81	case rate	
PRETERM LABOR	5631	APR-DRG	inpatient					WellPoint	WellPoint		4203.71				3942	4244.92	case rate	
PRETERM LABOR	5632	APR-DRG	inpatient					WellPoint	WellPoint		5567.71				5221	5622.3	case rate	
PRETERM LABOR	5633	APR-DRG	inpatient					WellPoint	WellPoint		9532.74				8939	9626.19	case rate	
PRETERM LABOR	5634	APR-DRG	inpatient					WellPoint	WellPoint		17575.32				16481	17747.63	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5641	APR-DRG	inpatient					WellPoint	WellPoint		4451.08				4174	4494.71	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5642	APR-DRG	inpatient					WellPoint	WellPoint		5196.01				4872	5246.95	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5643	APR-DRG	inpatient					WellPoint	WellPoint		7378.78				6919	7451.12	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5644	APR-DRG	inpatient					WellPoint	WellPoint		31402.51				29447	31710.48	case rate	
FALSE LABOR	5651	APR-DRG	inpatient					WellPoint	WellPoint		2065.49				1937	2085.74	case rate	
FALSE LABOR	5652	APR-DRG	inpatient					WellPoint	WellPoint		2937.41				2754	2966.2	case rate	
FALSE LABOR	5653	APR-DRG	inpatient					WellPoint	WellPoint		4669.9				4379	4715.68	case rate	
FALSE LABOR	5654	APR-DRG	inpatient					WellPoint	WellPoint		5138.29				4818	5188.67	case rate	
OTHER ANTEPARTUM DIAGNOSES	5661	APR-DRG	inpatient					WellPoint	WellPoint		4123.12				3866	4163.54	case rate	
OTHER ANTEPARTUM DIAGNOSES	5662	APR-DRG	inpatient					WellPoint	WellPoint		5539.17				5194	5593.48	case rate	
OTHER ANTEPARTUM DIAGNOSES	5663	APR-DRG	inpatient					WellPoint	WellPoint		8498.16				7969	8581.48	case rate	
OTHER ANTEPARTUM DIAGNOSES	5664	APR-DRG	inpatient					WellPoint	WellPoint		24158.58				22654	24395.43	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5801	APR-DRG	inpatient					WellPoint	WellPoint		3495.08				3277	3529.35	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5802	APR-DRG	inpatient					WellPoint	WellPoint		4499.02				4219	4543.12	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5803	APR-DRG	inpatient					WellPoint	WellPoint		7280.08				6827	7351.45	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5804	APR-DRG	inpatient					WellPoint	WellPoint		13744.68				12889	13879.44	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5811	APR-DRG	inpatient					WellPoint	WellPoint		1393.19				1306	1406.85	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5812	APR-DRG	inpatient					WellPoint	WellPoint		2212.69				2075	2234.38	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5813	APR-DRG	inpatient					WellPoint	WellPoint		3818.1				3580	3855.54	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5814	APR-DRG	inpatient					WellPoint	WellPoint		7666.41				7189	7741.57	case rate	
NEONATE W ECMO	5831	APR-DRG	inpatient					WellPoint	WellPoint		120889.87				113360	122075.06	case rate	
NEONATE W ECMO	5832	APR-DRG	inpatient					WellPoint	WellPoint		134322.14				125955	135639.02	case rate	
NEONATE W ECMO	5833	APR-DRG	inpatient					WellPoint	WellPoint		251826.69				236141	254295.58	case rate	
NEONATE W ECMO	5834	APR-DRG	inpatient					WellPoint	WellPoint		376564.76				353109	380256.57	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEONATE BWT <1500G W MAJOR PROCEDURE	5881	APR-DRG	inpatient					WellPoint	WellPoint		118641.41				111251	119804.56	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5882	APR-DRG	inpatient					WellPoint	WellPoint		131823.84				123613	133116.23	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5883	APR-DRG	inpatient					WellPoint	WellPoint		269171.85				252406	271810.79	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5884	APR-DRG	inpatient					WellPoint	WellPoint		360280.81				337839	363812.97	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5891	APR-DRG	inpatient					WellPoint	WellPoint		208314.56				195339	210356.86	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5892	APR-DRG	inpatient					WellPoint	WellPoint		146122.35				137021	147554.93	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5893	APR-DRG	inpatient					WellPoint	WellPoint		104526.32				98016	105551.08	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5894	APR-DRG	inpatient					WellPoint	WellPoint		3552.81				3332	3587.64	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5911	APR-DRG	inpatient					WellPoint	WellPoint		124405.81				116657	125625.47	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5912	APR-DRG	inpatient					WellPoint	WellPoint		172598.82				161848	174290.97	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5913	APR-DRG	inpatient					WellPoint	WellPoint		214327.6				200977	216428.85	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5914	APR-DRG	inpatient					WellPoint	WellPoint		302566.49				283720	305532.82	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5931	APR-DRG	inpatient					WellPoint	WellPoint		38572.91				36170	38951.08	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5932	APR-DRG	inpatient					WellPoint	WellPoint		130681.23				122541	131962.42	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5933	APR-DRG	inpatient					WellPoint	WellPoint		174045.53				163204	175751.86	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5934	APR-DRG	inpatient					WellPoint	WellPoint		248564.34				233082	251001.25	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6021	APR-DRG	inpatient					WellPoint	WellPoint		56727.41				53194	57283.56	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6022	APR-DRG	inpatient					WellPoint	WellPoint		104160.39				97672	105181.57	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6023	APR-DRG	inpatient					WellPoint	WellPoint		138274.63				129662	139630.26	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6024	APR-DRG	inpatient					WellPoint	WellPoint		191426.45				179503	193303.18	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6031	APR-DRG	inpatient					WellPoint	WellPoint		33127.69				31064	33452.47	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6032	APR-DRG	inpatient					WellPoint	WellPoint		76094.05				71354	76840.07	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6033	APR-DRG	inpatient					WellPoint	WellPoint		113072.51				106029	114181.06	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6034	APR-DRG	inpatient					WellPoint	WellPoint		196874.59				184612	198804.73	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6071	APR-DRG	inpatient					WellPoint	WellPoint		51712.16				48491	52219.15	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6072	APR-DRG	inpatient					WellPoint	WellPoint		80737.97				75709	81529.52	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6073	APR-DRG	inpatient					WellPoint	WellPoint		109344.14				102533	110416.14	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6074	APR-DRG	inpatient					WellPoint	WellPoint		152866.62				143345	154365.32	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6081	APR-DRG	inpatient					WellPoint	WellPoint		34993.75				32814	35336.83	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6082	APR-DRG	inpatient					WellPoint	WellPoint		65850.95				61749	66496.54	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6083	APR-DRG	inpatient					WellPoint	WellPoint		97284.11				91224	98237.88	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6084	APR-DRG	inpatient					WellPoint	WellPoint		142617.94				133734	144016.16	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6091	APR-DRG	inpatient					WellPoint	WellPoint		54380.07				50993	54913.2	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6092	APR-DRG	inpatient					WellPoint	WellPoint		70626.7				66227	71319.12	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6093	APR-DRG	inpatient					WellPoint	WellPoint		112674.01				105656	113778.66	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6094	APR-DRG	inpatient					WellPoint	WellPoint		208931.33				195917	210979.68	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6111	APR-DRG	inpatient					WellPoint	WellPoint		30131.28				28254	30426.68	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6112	APR-DRG	inpatient					WellPoint	WellPoint		48463.28				45435	48928.32	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6113	APR-DRG	inpatient					WellPoint	WellPoint		78448.25				73562	79217.35	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6114	APR-DRG	inpatient					WellPoint	WellPoint		123246.36				115570	124454.65	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6121	APR-DRG	inpatient					WellPoint	WellPoint		36625.89				34345	36984.97	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6122	APR-DRG	inpatient					WellPoint	WellPoint		59830.24				52353	56377.6	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6123	APR-DRG	inpatient					WellPoint	WellPoint		77201.99				72393	77958.88	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6124	APR-DRG	inpatient					WellPoint	WellPoint		118423.68				111047	119584.7	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6131	APR-DRG	inpatient					WellPoint	WellPoint		30659.22				28750	30959.8	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6132	APR-DRG	inpatient					WellPoint	WellPoint		47485.21				44527	47950.75	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6133	APR-DRG	inpatient					WellPoint	WellPoint		78950.13				74032	79724.15	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6134	APR-DRG	inpatient					WellPoint	WellPoint		105261.01				98704	106292.98	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6141	APR-DRG	inpatient					WellPoint	WellPoint		20126.04				18872	20323.35	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6142	APR-DRG	inpatient					WellPoint	WellPoint		40191.97				37688	40586.01	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6143	APR-DRG	inpatient					WellPoint	WellPoint		65919.93				61814	66566.2	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6144	APR-DRG	inpatient					WellPoint	WellPoint		70511.7				66120	71202.99	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6211	APR-DRG	inpatient					WellPoint	WellPoint		14087.37				13210	14225.48	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6212	APR-DRG	inpatient					WellPoint	WellPoint		30487.7				28589	30786.6	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6213	APR-DRG	inpatient					WellPoint	WellPoint		51350.17				48152	51853.6	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6214	APR-DRG	inpatient					WellPoint	WellPoint		101533.29				95209	102528.71	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6221	APR-DRG	inpatient					WellPoint	WellPoint		22777.01				21358	23000.31	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6222	APR-DRG	inpatient					WellPoint	WellPoint		33761.12				31656	34092.11	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6223	APR-DRG	inpatient					WellPoint	WellPoint		49222.01				46156	49704.58	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6224	APR-DRG	inpatient					WellPoint	WellPoint		78733.77				73830	79505.67	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6231	APR-DRG	inpatient					WellPoint	WellPoint		18055.06				16930	18232.07	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6232	APR-DRG	inpatient					WellPoint	WellPoint		31405.09				29449	31712.98	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6233	APR-DRG	inpatient					WellPoint	WellPoint		51074.35				47893	51575.08	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6234	APR-DRG	inpatient					WellPoint	WellPoint		77677.61				72839	78439.16	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6251	APR-DRG	inpatient					WellPoint	WellPoint		21481.8				20144	21692.41	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6252	APR-DRG	inpatient					WellPoint	WellPoint		33568.82				31478	33897.93	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6253	APR-DRG	inpatient					WellPoint	WellPoint		41920.3				39290	42311.09	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6254	APR-DRG	inpatient					WellPoint	WellPoint		61930.11				58073	62537.26	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6261	APR-DRG	inpatient					WellPoint	WellPoint		2135.38				2002	2156.32	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6262	APR-DRG	inpatient					WellPoint	WellPoint		5282.19				4953	5333.98	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6263	APR-DRG	inpatient					WellPoint	WellPoint		15417.43				14457	15568.58	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6264	APR-DRG	inpatient					WellPoint	WellPoint		34692.96				32532	35033.09	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6301	APR-DRG	inpatient					WellPoint	WellPoint		32692.79				30656	33013.3	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6302	APR-DRG	inpatient					WellPoint	WellPoint		44445.44				41677	44881.18	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6303	APR-DRG	inpatient					WellPoint	WellPoint		69936.46				65580	70622.11	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6304	APR-DRG	inpatient					WellPoint	WellPoint		160381.63				150392	161954	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6311	APR-DRG	inpatient					WellPoint	WellPoint		18356.03				17213	18535.99	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6312	APR-DRG	inpatient					WellPoint	WellPoint		22736.94				21321	22959.85	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6313	APR-DRG	inpatient					WellPoint	WellPoint		51102.89				47920	51603.9	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6314	APR-DRG	inpatient					WellPoint	WellPoint		142382				133513	143777.91	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6331	APR-DRG	inpatient					WellPoint	WellPoint		4008.94				3759	4048.24	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6332	APR-DRG	inpatient					WellPoint	WellPoint		11410.6				10700	11522.47	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6333	APR-DRG	inpatient					WellPoint	WellPoint		24232.86				22723	24470.44	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6334	APR-DRG	inpatient					WellPoint	WellPoint		72777.08				68244	73490.58	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6341	APR-DRG	inpatient					WellPoint	WellPoint		7653.88				7177	7728.91	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6342	APR-DRG	inpatient					WellPoint	WellPoint		13939.44				13071	14076.1	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6343	APR-DRG	inpatient					WellPoint	WellPoint		30926.36				29000	31229.56	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6344	APR-DRG	inpatient					WellPoint	WellPoint		76919.86				72129	77673.98	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6361	APR-DRG	inpatient					WellPoint	WellPoint		10359.1				9714	10460.66	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6362	APR-DRG	inpatient					WellPoint	WellPoint		15451.84				14489	15603.33	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6363	APR-DRG	inpatient					WellPoint	WellPoint		29091.77				27280	29376.98	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6364	APR-DRG	inpatient					WellPoint	WellPoint		60634.99				56858	61229.45	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6391	APR-DRG	inpatient					WellPoint	WellPoint		5989.62				5617	6048.35	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6392	APR-DRG	inpatient					WellPoint	WellPoint		9494.77				8903	9587.86	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6393	APR-DRG	inpatient					WellPoint	WellPoint		18424.28				17277	18604.91	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6394	APR-DRG	inpatient					WellPoint	WellPoint		49932.55				46822	50422.08	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6401	APR-DRG	inpatient					WellPoint	WellPoint		1516.51				1422	1531.37	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6402	APR-DRG	inpatient					WellPoint	WellPoint		2243.14				2103	2265.13	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6403	APR-DRG	inpatient					WellPoint	WellPoint		5453.45				5114	5506.92	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6404	APR-DRG	inpatient					WellPoint	WellPoint		26575.45				24920	26835.99	case rate	
SPLENECTOMY	6501	APR-DRG	inpatient					WellPoint	WellPoint		18667.53				17505	18850.55	case rate	
SPLENECTOMY	6502	APR-DRG	inpatient					WellPoint	WellPoint		26720.73				25056	26982.69	case rate	
SPLENECTOMY	6503	APR-DRG	inpatient					WellPoint	WellPoint		36029.97				33786	36383.21	case rate	
SPLENECTOMY	6504	APR-DRG	inpatient					WellPoint	WellPoint		72136.52				67643	72843.74	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6511	APR-DRG	inpatient					WellPoint	WellPoint		15015.19				14080	15162.39	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6512	APR-DRG	inpatient					WellPoint	WellPoint		21084.49				19771	21291.2	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6513	APR-DRG	inpatient					WellPoint	WellPoint		37210.28				34893	37575.09	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6514	APR-DRG	inpatient					WellPoint	WellPoint		78087.26				73223	78852.82	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6601	APR-DRG	inpatient					WellPoint	WellPoint		10986.4				10302	11094.11	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6602	APR-DRG	inpatient					WellPoint	WellPoint		11728.23				10998	11843.21	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6603	APR-DRG	inpatient					WellPoint	WellPoint		18655.99				17681	19040.85	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6604	APR-DRG	inpatient					WellPoint	WellPoint		48992.48				45941	49472.8	case rate	
COAGULATION & PLATELET DISORDERS	6611	APR-DRG	inpatient					WellPoint	WellPoint		13505.27				12664	13637.67	case rate	
COAGULATION & PLATELET DISORDERS	6612	APR-DRG	inpatient					WellPoint	WellPoint		15888.39				14899	16044.16	case rate	
COAGULATION & PLATELET DISORDERS	6613	APR-DRG	inpatient					WellPoint	WellPoint		30260.64				28376	30557.31	case rate	
COAGULATION & PLATELET DISORDERS	6614	APR-DRG	inpatient					WellPoint	WellPoint		57117.16				54122	58283.01	case rate	
SICKLE CELL ANEMIA CRISIS	6621	APR-DRG	inpatient					WellPoint	WellPoint		8381.34				7859	8463.51	case rate	
SICKLE CELL ANEMIA CRISIS	6622	APR-DRG	inpatient					WellPoint	WellPoint		11480.85				10766	11593.41	case rate	
SICKLE CELL ANEMIA CRISIS	6623	APR-DRG	inpatient					WellPoint	WellPoint		17789.48				16681	17963.89	case rate	
SICKLE CELL ANEMIA CRISIS	6624	APR-DRG	inpatient					WellPoint	WellPoint		41797.11				39194	42206.89	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6631	APR-DRG	inpatient					WellPoint	WellPoint		7036.74				6598	7105.72	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6632	APR-DRG	inpatient					WellPoint	WellPoint		8883.67				8330	8970.76	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6633	APR-DRG	inpatient					WellPoint	WellPoint		12711.57				11920	12836.19	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6634	APR-DRG	inpatient					WellPoint	WellPoint		23743.07				22264	23975.85	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6801	APR-DRG	inpatient					WellPoint	WellPoint		21961.81				20594	22177.13	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6802	APR-DRG	inpatient					WellPoint	WellPoint		30203.56				28322	30499.67	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6803	APR-DRG	inpatient					WellPoint	WellPoint		52169.66				48920	52681.13	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6804	APR-DRG	inpatient					WellPoint	WellPoint		104348.48				97850	105372.51	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6811	APR-DRG	inpatient					WellPoint	WellPoint		16002				15005	16158.89	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6812	APR-DRG	inpatient					WellPoint	WellPoint		22025.57				20654	22241.51	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6813	APR-DRG	inpatient					WellPoint	WellPoint		40479.22				37958	40876.08	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6814	APR-DRG	inpatient					WellPoint	WellPoint		98634.86				92491	99601.87	case rate	
ACUTE LEUKEMIA	6901	APR-DRG	inpatient					WellPoint	WellPoint		18600.75				17442	18783.11	case rate	
ACUTE LEUKEMIA	6902	APR-DRG	inpatient					WellPoint	WellPoint		30710.73				28798	31011.82	case rate	
ACUTE LEUKEMIA	6903	APR-DRG	inpatient					WellPoint	WellPoint		59037.61				55360	59616.41	case rate	
ACUTE LEUKEMIA	6904	APR-DRG	inpatient					WellPoint	WellPoint		112599.3				105548	113692.82	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6911	APR-DRG	inpatient					WellPoint	WellPoint		15756.29				14775	15910.76	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6912	APR-DRG	inpatient					WellPoint	WellPoint		18193.65				17060	18372.02	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6913	APR-DRG	inpatient					WellPoint	WellPoint		28164.32				26410	28440.44	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6914	APR-DRG	inpatient					WellPoint	WellPoint		59237.13				55547	59817.89	case rate	
RADIOTHERAPY	6921	APR-DRG	inpatient					WellPoint	WellPoint		10648.73				9985	10753.13	case rate	
RADIOTHERAPY	6922	APR-DRG	inpatient					WellPoint	WellPoint		22261.69				20875	22479.95	case rate	
RADIOTHERAPY	6923	APR-DRG	inpatient					WellPoint	WellPoint		32591.79				30562	32911.32	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RADIOTHERAPY	6924	APR-DRG	inpatient					WellPoint	WellPoint		60290.74				56535	60881.83	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6941	APR-DRG	inpatient					WellPoint	WellPoint		9799.9				9180	9885.88	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6942	APR-DRG	inpatient					WellPoint	WellPoint		11536.11				10818	11649.21	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6943	APR-DRG	inpatient					WellPoint	WellPoint		18562.6				17406	18744.59	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6944	APR-DRG	inpatient					WellPoint	WellPoint		35930.99				33693	36283.25	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6951	APR-DRG	inpatient					WellPoint	WellPoint		8910.57				8356	8997.93	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6952	APR-DRG	inpatient					WellPoint	WellPoint		12992.61				12183	13119.99	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6953	APR-DRG	inpatient					WellPoint	WellPoint		33879.49				31769	34211.65	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6954	APR-DRG	inpatient					WellPoint	WellPoint		93446.51				87626	94362.66	case rate	
OTHER CHEMOTHERAPY	6961	APR-DRG	inpatient					WellPoint	WellPoint		11732.44				11002	11847.46	case rate	
OTHER CHEMOTHERAPY	6962	APR-DRG	inpatient					WellPoint	WellPoint		13955.82				13087	14092.65	case rate	
OTHER CHEMOTHERAPY	6963	APR-DRG	inpatient					WellPoint	WellPoint		21898.78				20535	22113.47	case rate	
OTHER CHEMOTHERAPY	6964	APR-DRG	inpatient					WellPoint	WellPoint		51670.54				48452	52177.11	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7101	APR-DRG	inpatient					WellPoint	WellPoint		15632.79				14659	15786.05	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7102	APR-DRG	inpatient					WellPoint	WellPoint		22015.33				20644	22231.17	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7103	APR-DRG	inpatient					WellPoint	WellPoint		37804.36				35450	38174.99	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7104	APR-DRG	inpatient					WellPoint	WellPoint		77253.95				72442	78011.35	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7111	APR-DRG	inpatient					WellPoint	WellPoint		15009.79				14075	15156.94	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7112	APR-DRG	inpatient					WellPoint	WellPoint		20768.33				19475	20971.94	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7113	APR-DRG	inpatient					WellPoint	WellPoint		37595.87				35254	37964.46	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7114	APR-DRG	inpatient					WellPoint	WellPoint		77378.37				72559	78136.98	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7201	APR-DRG	inpatient					WellPoint	WellPoint		7862.09				7372	7939.17	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7202	APR-DRG	inpatient					WellPoint	WellPoint		10552.58				9895	10656.04	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7203	APR-DRG	inpatient					WellPoint	WellPoint		17259.43				16184	17428.64	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7204	APR-DRG	inpatient					WellPoint	WellPoint		38042.23				35673	38415.19	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7211	APR-DRG	inpatient					WellPoint	WellPoint		8261.87				7747	8342.87	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7212	APR-DRG	inpatient					WellPoint	WellPoint		10964.35				10281	11071.84	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7213	APR-DRG	inpatient					WellPoint	WellPoint		18353.93				17211	18533.87	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7214	APR-DRG	inpatient					WellPoint	WellPoint		35834.11				33602	36185.42	case rate	
FEVER	7221	APR-DRG	inpatient					WellPoint	WellPoint		6355.01				5959	6417.31	case rate	
FEVER	7222	APR-DRG	inpatient					WellPoint	WellPoint		8522.77				7992	8606.33	case rate	
FEVER	7223	APR-DRG	inpatient					WellPoint	WellPoint		11602.99				10880	11716.74	case rate	
FEVER	7224	APR-DRG	inpatient					WellPoint	WellPoint		22030.34				20658	22246.32	case rate	
VIRAL ILLNESS	7231	APR-DRG	inpatient					WellPoint	WellPoint		5605.58				5256	5660.54	case rate	
VIRAL ILLNESS	7232	APR-DRG	inpatient					WellPoint	WellPoint		7592.22				7119	7666.65	case rate	
VIRAL ILLNESS	7233	APR-DRG	inpatient					WellPoint	WellPoint		12272.73				11508	12393.05	case rate	
VIRAL ILLNESS	7234	APR-DRG	inpatient					WellPoint	WellPoint		41032.33				38476	41434.6	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7241	APR-DRG	inpatient					WellPoint	WellPoint		9779.65				9170	9875.53	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7242	APR-DRG	inpatient					WellPoint	WellPoint		11537.58				10819	11650.69	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7243	APR-DRG	inpatient					WellPoint	WellPoint		18185.05				17052	18363.33	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7244	APR-DRG	inpatient					WellPoint	WellPoint		42074.77				39454	42487.26	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7401	APR-DRG	inpatient					WellPoint	WellPoint		19152.2				17959	19339.97	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7402	APR-DRG	inpatient					WellPoint	WellPoint		23049.36				21614	23275.33	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7403	APR-DRG	inpatient					WellPoint	WellPoint		38635.94				36229	39014.72	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7404	APR-DRG	inpatient					WellPoint	WellPoint		77646.96				72810	78408.2	case rate	
SCHIZOPHRENIA	7501	APR-DRG	inpatient					WellPoint	WellPoint		8952.19				8395	9039.96	case rate	
SCHIZOPHRENIA	7502	APR-DRG	inpatient					WellPoint	WellPoint		10728.14				10060	10833.31	case rate	
SCHIZOPHRENIA	7503	APR-DRG	inpatient					WellPoint	WellPoint		15650.99				14676	15804.43	case rate	
SCHIZOPHRENIA	7504	APR-DRG	inpatient					WellPoint	WellPoint		31457.41				29498	31765.82	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7511	APR-DRG	inpatient					WellPoint	WellPoint		5358.49				5025	5411.02	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7512	APR-DRG	inpatient					WellPoint	WellPoint		7429.1				6966	7501.93	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7513	APR-DRG	inpatient					WellPoint	WellPoint		12938.45				12133	13065.29	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7514	APR-DRG	inpatient					WellPoint	WellPoint		25117.96				23553	25364.21	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7521	APR-DRG	inpatient					WellPoint	WellPoint		4580.13				4304	4635.13	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7522	APR-DRG	inpatient					WellPoint	WellPoint		6516.66				6111	6580.55	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7523	APR-DRG	inpatient					WellPoint	WellPoint		11498.05				10782	11610.78	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7524	APR-DRG	inpatient					WellPoint	WellPoint		12337.32				11569	12458.27	case rate	
BIPOLAR DISORDERS	7531	APR-DRG	inpatient					WellPoint	WellPoint		5828.89				5466	5886.04	case rate	
BIPOLAR DISORDERS	7532	APR-DRG	inpatient					WellPoint	WellPoint		7890.17				7399	7967.52	case rate	
BIPOLAR DISORDERS	7533	APR-DRG	inpatient					WellPoint	WellPoint		12829.12				12030	12954.9	case rate	
BIPOLAR DISORDERS	7534	APR-DRG	inpatient					WellPoint	WellPoint		25761.8				24157	26014.37	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7541	APR-DRG	inpatient					WellPoint	WellPoint		4286.13				4019	4328.15	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7542	APR-DRG	inpatient					WellPoint	WellPoint		5740.89				5383	5797.17	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7543	APR-DRG	inpatient					WellPoint	WellPoint		8939.84				8383	9027.49	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7544	APR-DRG	inpatient					WellPoint	WellPoint		18683.73				17520	18866.9	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7551	APR-DRG	inpatient					WellPoint	WellPoint		3859.36				3619	3897.2	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7552	APR-DRG	inpatient					WellPoint	WellPoint		6327.19				5933	6389.22	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7553	APR-DRG	inpatient					WellPoint	WellPoint		9087.59				8522	9176.68	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7554	APR-DRG	inpatient					WellPoint	WellPoint		13712.3				12858	13846.73	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7561	APR-DRG	inpatient					WellPoint	WellPoint		6262.51				5872	6323.91	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7562	APR-DRG	inpatient					WellPoint	WellPoint		7896.57				7405	7973.99	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7563	APR-DRG	inpatient					WellPoint	WellPoint		9641.05				9041	9735.57	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7564	APR-DRG	inpatient					WellPoint	WellPoint		25311.81				23735	25559.97	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7571	APR-DRG	inpatient					WellPoint	WellPoint		9253.81				8677	9344.53	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7572	APR-DRG	inpatient					WellPoint	WellPoint		10658.34				9994	10762.83	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7573	APR-DRG	inpatient					WellPoint	WellPoint		13720.35				12866	13854.86	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7574	APR-DRG	inpatient					WellPoint	WellPoint		29058.46				27248	29343.35	case rate	
BEHAVIORAL DISORDERS	7581	APR-DRG	inpatient					WellPoint	WellPoint		6112.03				5731	6171.96	case rate	
BEHAVIORAL DISORDERS	7582	APR-DRG	inpatient					WellPoint	WellPoint		7264.25				6812	7336.46	case rate	
BEHAVIORAL DISORDERS	7583	APR-DRG	inpatient					WellPoint	WellPoint		12178.69				11420	12298.09	case rate	
BEHAVIORAL DISORDERS	7584	APR-DRG	inpatient					WellPoint	WellPoint		16095.14				15093	16252.94	case rate	
EATING DISORDERS	7591	APR-DRG	inpatient					WellPoint	WellPoint		19472.02				18259	19662.93	case rate	
EATING DISORDERS	7592	APR-DRG	inpatient					WellPoint	WellPoint		20459.15				19176	20650.65	case rate	
EATING DISORDERS	7593	APR-DRG	inpatient					WellPoint	WellPoint		22915.88				21488	23140.55	case rate	
EATING DISORDERS	7594	APR-DRG	inpatient					WellPoint	WellPoint		39709.95				37236	40099.26	case rate	
OTHER MENTAL HEALTH DISORDERS	7601	APR-DRG	inpatient					WellPoint	WellPoint		7622.86				7148	7697.59	case rate	
OTHER MENTAL HEALTH DISORDERS	7602	APR-DRG	inpatient					WellPoint	WellPoint		9900.22				9284	9997.28	case rate	
OTHER MENTAL HEALTH DISORDERS	7603	APR-DRG	inpatient					WellPoint	WellPoint		14933.03				14003	15079.44	case rate	
OTHER MENTAL HEALTH DISORDERS	7604	APR-DRG	inpatient					WellPoint	WellPoint		28788.5				26995	29070.74	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7701	APR-DRG	inpatient					WellPoint	WellPoint		3411.84				3199	3445.29	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7702	APR-DRG	inpatient					WellPoint	WellPoint		4473.3				4195	4517.16	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7703	APR-DRG	inpatient					WellPoint	WellPoint		9235.51				8660	9326.05	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7704	APR-DRG	inpatient					WellPoint	WellPoint		27593.74				25875	27864.27	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7721	APR-DRG	inpatient					WellPoint	WellPoint		8563.11				8030	8647.07	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7722	APR-DRG	inpatient					WellPoint	WellPoint		10053.73				9427	10152.3	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7723	APR-DRG	inpatient					WellPoint	WellPoint		11817.61				11082	11933.47	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7724	APR-DRG	inpatient					WellPoint	WellPoint		36559.74				34376	37019.15	case rate	
OPIOID ABUSE & DEPENDENCE	7731	APR-DRG	inpatient					WellPoint	WellPoint		4049.56				3797	4089.26	case rate	
OPIOID ABUSE & DEPENDENCE	7732	APR-DRG	inpatient					WellPoint	WellPoint		5178.45				4856	5229.22	case rate	
OPIOID ABUSE & DEPENDENCE	7733	APR-DRG	inpatient					WellPoint	WellPoint		10493.76				9840	10596.64	case rate	
OPIOID ABUSE & DEPENDENCE	7734	APR-DRG	inpatient					WellPoint	WellPoint		33210.39				31142	33535.99	case rate	
COCAINE ABUSE & DEPENDENCE	7741	APR-DRG	inpatient					WellPoint	WellPoint		5126.31				4807	5176.56	case rate	
COCAINE ABUSE & DEPENDENCE	7742	APR-DRG	inpatient					WellPoint	WellPoint		5324.55				4993	5376.75	case rate	
COCAINE ABUSE & DEPENDENCE	7743	APR-DRG	inpatient					WellPoint	WellPoint		10254.08				9615	10354.61	case rate	
COCAINE ABUSE & DEPENDENCE	7744	APR-DRG	inpatient					WellPoint	WellPoint		37522.06				35185	37889.92	case rate	
ALCOHOL ABUSE & DEPENDENCE	7751	APR-DRG	inpatient					WellPoint	WellPoint		4973.16				4663	5021.92	case rate	
ALCOHOL ABUSE & DEPENDENCE	7752	APR-DRG	inpatient					WellPoint	WellPoint		7090.35				6649	7159.86	case rate	
ALCOHOL ABUSE & DEPENDENCE	7753	APR-DRG	inpatient					WellPoint	WellPoint		13499.78				12659	13632.13	case rate	
ALCOHOL ABUSE & DEPENDENCE	7754	APR-DRG	inpatient					WellPoint	WellPoint		38678.02				36269	39057.22	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7761	APR-DRG	inpatient					WellPoint	WellPoint		4724.43				4430	4770.74	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7762	APR-DRG	inpatient					WellPoint	WellPoint		6548.49				6141	6612.69	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7763	APR-DRG	inpatient					WellPoint	WellPoint		11539.4				10821	11652.53	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7764	APR-DRG	inpatient					WellPoint	WellPoint		26615.52				24958	26876.46	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7911	APR-DRG	inpatient					WellPoint	WellPoint		13926.27				13059	14062.81	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7912	APR-DRG	inpatient					WellPoint	WellPoint		20445.12				19172	20645.57	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7913	APR-DRG	inpatient					WellPoint	WellPoint		32980.68				30926	33304.02	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7914	APR-DRG	inpatient					WellPoint	WellPoint		72062.14				67573	72768.63	case rate	
ALLERGIC REACTIONS	8111	APR-DRG	inpatient					WellPoint	WellPoint		4385.76				4113	4428.75	case rate	
ALLERGIC REACTIONS	8112	APR-DRG	inpatient					WellPoint	WellPoint		6332.96				5938	6395.04	case rate	
ALLERGIC REACTIONS	8113	APR-DRG	inpatient					WellPoint	WellPoint		13865.8				13002	14001.74	case rate	
ALLERGIC REACTIONS	8114	APR-DRG	inpatient					WellPoint	WellPoint		33223.21				31154	33548.92	case rate	
POISONING OF MEDICINAL AGENTS	8121	APR-DRG	inpatient					WellPoint	WellPoint		5024.58				4712	5073.84	case rate	
POISONING OF MEDICINAL AGENTS	8122	APR-DRG	inpatient					WellPoint	WellPoint		6400.02				6001	6462.77	case rate	
POISONING OF MEDICINAL AGENTS	8123	APR-DRG	inpatient					WellPoint	WellPoint		11338.64				10651	11470	case rate	
POISONING OF MEDICINAL AGENTS	8124	APR-DRG	inpatient					WellPoint	WellPoint		26633.64				24975	26894.75	case rate	
OTHER COMPLICATIONS OF TREATMENT	8131	APR-DRG	inpatient					WellPoint	WellPoint		7298.1				6844	7369.65	case rate	
OTHER COMPLICATIONS OF TREATMENT	8132	APR-DRG	inpatient					WellPoint	WellPoint		9618.82				9020	9713.13	case rate	
OTHER COMPLICATIONS OF TREATMENT	8133	APR-DRG	inpatient					WellPoint	WellPoint		14812.64				13890	14957.87	case rate	
OTHER COMPLICATIONS OF TREATMENT	8134	APR-DRG	inpatient					WellPoint	WellPoint		32581.82				30552	32901.25	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8151	APR-DRG	inpatient					WellPoint	WellPoint		7149.99				6705	7220.08	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8152	APR-DRG	inpatient					WellPoint	WellPoint		7593.95				7121	7668.4	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8153	APR-DRG	inpatient					WellPoint	WellPoint		12930.67				12125	13057.44	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8154	APR-DRG	inpatient					WellPoint	WellPoint		41290.95				38719	41695.76	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8161	APR-DRG	inpatient					WellPoint	WellPoint		7499.63				7032	7573.16	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8162	APR-DRG	inpatient					WellPoint	WellPoint		8332.95				7814	8414.65	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8163	APR-DRG	inpatient					WellPoint	WellPoint		12065.34				11314	12183.62	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8164	APR-DRG	inpatient					WellPoint	WellPoint		27651.56				25929	27922.65	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8411	APR-DRG	inpatient					WellPoint	WellPoint		70738.86				66333	71432.37	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8412	APR-DRG	inpatient					WellPoint	WellPoint		71960.97				67479	72666.47	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8413	APR-DRG	inpatient					WellPoint	WellPoint		110736.5				103839	111822.16	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8414	APR-DRG	inpatient					WellPoint	WellPoint		286498.06				268653	289306.86	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8421	APR-DRG	inpatient					WellPoint	WellPoint		22001.42				20631	22217.12	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8422	APR-DRG	inpatient					WellPoint	WellPoint		32989.83				30935	33313.26	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8423	APR-DRG	inpatient					WellPoint	WellPoint		63123.68				59192	63742.54	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8424	APR-DRG	inpatient					WellPoint	WellPoint		150141.36				140789	151613.33	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8431	APR-DRG	inpatient					WellPoint	WellPoint		10812.03				10139	10918.03	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8432	APR-DRG	inpatient					WellPoint	WellPoint		14916.3				13987	15062.53	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8433	APR-DRG	inpatient					WellPoint	WellPoint		27240.9				25544	27507.96	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8434	APR-DRG	inpatient					WellPoint	WellPoint		73490.55				68913	74211.05	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8441	APR-DRG	inpatient					WellPoint	WellPoint		7226.92				6777	7297.78	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8442	APR-DRG	inpatient					WellPoint	WellPoint		10899.12				10220	11005.97	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8443	APR-DRG	inpatient					WellPoint	WellPoint		22188.6				20807	22406.14	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8444	APR-DRG	inpatient					WellPoint	WellPoint		62791.86				58881	63407.47	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8501	APR-DRG	inpatient					WellPoint	WellPoint		22305.06				20917	22524.75	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8502	APR-DRG	inpatient					WellPoint	WellPoint		28014.38				26269	28289.03	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8503	APR-DRG	inpatient					WellPoint	WellPoint		38488.48				36091	38865.81	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8504	APR-DRG	inpatient					WellPoint	WellPoint		70348.68				65967	71038.37	case rate	
REHABILITATION	8601	APR-DRG	inpatient					WellPoint	WellPoint		12223.24				11462	12343.08	case rate	
REHABILITATION	8602	APR-DRG	inpatient					WellPoint	WellPoint		16557.58				15526	16719.91	case rate	
REHABILITATION	8603	APR-DRG	inpatient					WellPoint	WellPoint		22801.16				21381	23024.7	case rate	
REHABILITATION	8604	APR-DRG	inpatient					WellPoint	WellPoint		30716.04				28803	31017.17	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8611	APR-DRG	inpatient					WellPoint	WellPoint		6275.88				5885	6337.4	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8612	APR-DRG	inpatient					WellPoint	WellPoint		8208.16				7697	8288.64	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8613	APR-DRG	inpatient					WellPoint	WellPoint		11734.26				11003	11849.31	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8614	APR-DRG	inpatient					WellPoint	WellPoint		24699.51				23161	24941.67	case rate	
OTHER AFTERCARE & CONVALESCENCE	8621	APR-DRG	inpatient					WellPoint	WellPoint		6070.22				5692	6129.74	case rate	
OTHER AFTERCARE & CONVALESCENCE	8622	APR-DRG	inpatient					WellPoint	WellPoint		9433.3				8846	9525.78	case rate	
OTHER AFTERCARE & CONVALESCENCE	8623	APR-DRG	inpatient					WellPoint	WellPoint		13756.94				12900	13891.82	case rate	
OTHER AFTERCARE & CONVALESCENCE	8624	APR-DRG	inpatient					WellPoint	WellPoint		22543.55				21139	22764.57	case rate	
NEONATAL AFTERCARE	8631	APR-DRG	inpatient					WellPoint	WellPoint		11280.6				10578	11391.19	case rate	
NEONATAL AFTERCARE	8632	APR-DRG	inpatient					WellPoint	WellPoint		31885.64				29900	32198.24	case rate	
NEONATAL AFTERCARE	8633	APR-DRG	inpatient					WellPoint	WellPoint		57080.99				53525	57640.6	case rate	
NEONATAL AFTERCARE	8634	APR-DRG	inpatient					WellPoint	WellPoint		135372.35				127878	137709.33	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8901	APR-DRG	inpatient					WellPoint	WellPoint		13446.45				12609	13578.27	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8902	APR-DRG	inpatient					WellPoint	WellPoint		15660.23				14685	15813.77	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8903	APR-DRG	inpatient					WellPoint	WellPoint		24906.27				23355	25150.45	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8904	APR-DRG	inpatient					WellPoint	WellPoint		50155.86				47032	50647.58	case rate	
HIV W MAJOR HIV RELATED CONDITION	8921	APR-DRG	inpatient					WellPoint	WellPoint		10470.62				9818	10573.27	case rate	
HIV W MAJOR HIV RELATED CONDITION	8922	APR-DRG	inpatient					WellPoint	WellPoint		13848.23				12986	13984	case rate	
HIV W MAJOR HIV RELATED CONDITION	8923	APR-DRG	inpatient					WellPoint	WellPoint		18145.53				17015	18323.43	case rate	
HIV W MAJOR HIV RELATED CONDITION	8924	APR-DRG	inpatient					WellPoint	WellPoint		35217.52				33024	35562.79	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8931	APR-DRG	inpatient					WellPoint	WellPoint		12461.1				11685	12583.26	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8932	APR-DRG	inpatient					WellPoint	WellPoint		14168.61				13286	14307.51	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8933	APR-DRG	inpatient					WellPoint	WellPoint		21612.9				20267	21824.79	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8934	APR-DRG	inpatient					WellPoint	WellPoint		43389.15				40668	43794.33	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8941	APR-DRG	inpatient					WellPoint	WellPoint		9603.36				9005	9697.51	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8942	APR-DRG	inpatient					WellPoint	WellPoint		11544.35				10825	11657.53	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8943	APR-DRG	inpatient					WellPoint	WellPoint		16499.76				15472	16661.53	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8944	APR-DRG	inpatient					WellPoint	WellPoint		23628.62				22157	23860.27	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9101	APR-DRG	inpatient					WellPoint	WellPoint		45017.66				42214	45459.01	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9102	APR-DRG	inpatient					WellPoint	WellPoint		53391.69				50066	53915.13	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9103	APR-DRG	inpatient					WellPoint	WellPoint		69639.97				65302	70322.71	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9104	APR-DRG	inpatient					WellPoint	WellPoint		143856.88				134896	145267.24	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9111	APR-DRG	inpatient					WellPoint	WellPoint		24769.04				23226	25011.87	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9112	APR-DRG	inpatient					WellPoint	WellPoint		32556.39				30528	32875.57	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9113	APR-DRG	inpatient					WellPoint	WellPoint		44246.19				41490	44679.98	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9114	APR-DRG	inpatient					WellPoint	WellPoint		105360.36				98796	106393.3	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9121	APR-DRG	inpatient					WellPoint	WellPoint		29947.04				28082	30240.64	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9122	APR-DRG	inpatient					WellPoint	WellPoint		32973				30919	33296.26	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9123	APR-DRG	inpatient					WellPoint	WellPoint		54362.86				50977	54895.83	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9124	APR-DRG	inpatient					WellPoint	WellPoint		104779.63				98253	105806.88	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9301	APR-DRG	inpatient					WellPoint	WellPoint		11391.21				10682	11502.89	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9302	APR-DRG	inpatient					WellPoint	WellPoint		15324.95				14370	15475.19	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9303	APR-DRG	inpatient					WellPoint	WellPoint		24144.49				22641	24381.2	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9304	APR-DRG	inpatient					WellPoint	WellPoint		63919.02				59938	64545.68	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9501	APR-DRG	inpatient					WellPoint	WellPoint		21568.07				20225	21779.53	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9502	APR-DRG	inpatient					WellPoint	WellPoint		31670.19				29698	31980.69	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9503	APR-DRG	inpatient					WellPoint	WellPoint		49233.17				46167	49715.84	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9504	APR-DRG	inpatient					WellPoint	WellPoint		93795.99				87954	94715.56	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9511	APR-DRG	inpatient					WellPoint	WellPoint		15315.98				14362	15466.14	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9512	APR-DRG	inpatient					WellPoint	WellPoint		21877.29				20515	22091.77	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9513	APR-DRG	inpatient					WellPoint	WellPoint		35931.82				33694	36284.09	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9514	APR-DRG	inpatient					WellPoint	WellPoint		68680.59				64403	69353.93	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9521	APR-DRG	inpatient					WellPoint	WellPoint		12187.47				11428	12306.96	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9522	APR-DRG	inpatient					WellPoint	WellPoint		18135.93				17006	18313.73	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9523	APR-DRG	inpatient					WellPoint	WellPoint		30786.02				28868	31087.84	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9524	APR-DRG	inpatient					WellPoint	WellPoint		58396.87				54759	58969.38	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0011	APR-DRG	inpatient					Horizon	NJ Health		260411				60903.74	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0012	APR-DRG	inpatient					Horizon	NJ Health		260411				47303.96	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0013	APR-DRG	inpatient					Horizon	NJ Health		260411				31722.2	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0014	APR-DRG	inpatient					Horizon	NJ Health		260411				135370.65	435540.63	case rate	
HEART &/OR LUNG TRANSPLANT	0021	APR-DRG	inpatient					Horizon	NJ Health		119241				72539.27	288127.5	case rate	
HEART &/OR LUNG TRANSPLANT	0022	APR-DRG	inpatient					Horizon	NJ Health		153710				41065.11	187970.25	case rate	
HEART &/OR LUNG TRANSPLANT	0023	APR-DRG	inpatient					Horizon	NJ Health		184711				66957.14	198998.8	case rate	
HEART &/OR LUNG TRANSPLANT	0024	APR-DRG	inpatient					Horizon	NJ Health		291223				44751.49	313612.23	case rate	
BONE MARROW TRANSPLANT	0031	APR-DRG	inpatient					Horizon	NJ Health		77397				48623.3	152449.97	case rate	
BONE MARROW TRANSPLANT	0032	APR-DRG	inpatient					Horizon	NJ Health		95651				25439.65	103005.11	case rate	
BONE MARROW TRANSPLANT	0033	APR-DRG	inpatient					Horizon	NJ Health		157305				19168.92	169398.47	case rate	
BONE MARROW TRANSPLANT	0034	APR-DRG	inpatient					Horizon	NJ Health		259207				46081.46	279134.99	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0041	APR-DRG	inpatient					Horizon	NJ Health		69898				26347.96	85954.25	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0042	APR-DRG	inpatient					Horizon	NJ Health		95097				20549.68	102408.62	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0043	APR-DRG	inpatient					Horizon	NJ Health		137952				137952	148557.43	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0044	APR-DRG	inpatient					Horizon	NJ Health		198478				198478	213737.75	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0051	APR-DRG	inpatient					Horizon	NJ Health		67138				67138	72300.09	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0052	APR-DRG	inpatient					Horizon	NJ Health		74598				22967.5	80333.48	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0053	APR-DRG	inpatient					Horizon	NJ Health		91295				11620.17	98314.19	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0054	APR-DRG	inpatient					Horizon	NJ Health		133344				17404.27	143596.19	case rate	
PANCREAS TRANSPLANT	0061	APR-DRG	inpatient					Horizon	NJ Health		80383				33105.33	103787.27	case rate	
PANCREAS TRANSPLANT	0062	APR-DRG	inpatient					Horizon	NJ Health		113020				22107.62	121708.96	case rate	
PANCREAS TRANSPLANT	0063	APR-DRG	inpatient					Horizon	NJ Health		126368				17561.37	136083.64	case rate	
PANCREAS TRANSPLANT	0064	APR-DRG	inpatient					Horizon	NJ Health		199954				23658.47	215326.95	case rate	
CRANIOTOMY FOR TRAUMA	0201	APR-DRG	inpatient					Horizon	NJ Health		25901				8340.11	27891.99	case rate	
CRANIOTOMY FOR TRAUMA	0202	APR-DRG	inpatient					Horizon	NJ Health		35933				11309.53	38695.65	case rate	
CRANIOTOMY FOR TRAUMA	0203	APR-DRG	inpatient					Horizon	NJ Health		47151				8207.83	50775.53	case rate	
CRANIOTOMY FOR TRAUMA	0204	APR-DRG	inpatient					Horizon	NJ Health		89826				9719.7	96731.64	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0211	APR-DRG	inpatient					Horizon	NJ Health		28591				28591	30789.65	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0212	APR-DRG	inpatient					Horizon	NJ Health		37458				37458	187453.26	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0213	APR-DRG	inpatient					Horizon	NJ Health		57404				57404	61817.25	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0214	APR-DRG	inpatient					Horizon	NJ Health		100362				100362	108077.57	case rate	
VENTRICULAR SHUNT PROCEDURES	0221	APR-DRG	inpatient					Horizon	NJ Health		17199				17199	167921.3	case rate	
VENTRICULAR SHUNT PROCEDURES	0222	APR-DRG	inpatient					Horizon	NJ Health		21859				21859	23539.26	case rate	
VENTRICULAR SHUNT PROCEDURES	0223	APR-DRG	inpatient					Horizon	NJ Health		37066				37066	39915.24	case rate	
VENTRICULAR SHUNT PROCEDURES	0224	APR-DRG	inpatient					Horizon	NJ Health		87895				87895	94652.74	case rate	
SPINAL PROCEDURES	0231	APR-DRG	inpatient					Horizon	NJ Health		19424				19424	306106.31	case rate	
SPINAL PROCEDURES	0232	APR-DRG	inpatient					Horizon	NJ Health		27830				27830	224521.94	case rate	
SPINAL PROCEDURES	0233	APR-DRG	inpatient					Horizon	NJ Health		53769				53769	278363.61	case rate	
SPINAL PROCEDURES	0234	APR-DRG	inpatient					Horizon	NJ Health		96034				61395.1	187594.85	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0241	APR-DRG	inpatient					Horizon	NJ Health		15559				15559	58167.82	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0242	APR-DRG	inpatient					Horizon	NJ Health		20528				20528	136195.06	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0243	APR-DRG	inpatient					Horizon	NJ Health		40163				19748	93094.02	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0244	APR-DRG	inpatient					Horizon	NJ Health		85252				19748	91806.34	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0261	APR-DRG	inpatient					Horizon	NJ Health		17818				12982	72593.14	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0262	APR-DRG	inpatient					Horizon	NJ Health		23521				12982	59439.78	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0263	APR-DRG	inpatient					Horizon	NJ Health		33708				33369.91	87186.12	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0264	APR-DRG	inpatient					Horizon	NJ Health		70988				38576.42	115118.34	case rate	
SPINAL DISORDERS & INJURIES	0401	APR-DRG	inpatient					Horizon	NJ Health		13563				13563	14605.81	case rate	
SPINAL DISORDERS & INJURIES	0402	APR-DRG	inpatient					Horizon	NJ Health		15389				15389	16571.92	case rate	
SPINAL DISORDERS & INJURIES	0403	APR-DRG	inpatient					Horizon	NJ Health		21964				21964	23652.97	case rate	
SPINAL DISORDERS & INJURIES	0404	APR-DRG	inpatient					Horizon	NJ Health		56797				56797	61163.49	case rate	
NERVOUS SYSTEM MALIGNANCY	0411	APR-DRG	inpatient					Horizon	NJ Health		10482				10482	145714.75	case rate	
NERVOUS SYSTEM MALIGNANCY	0412	APR-DRG	inpatient					Horizon	NJ Health		11647				11647	86810.73	case rate	
NERVOUS SYSTEM MALIGNANCY	0413	APR-DRG	inpatient					Horizon	NJ Health		15908				15908	61455.25	case rate	
NERVOUS SYSTEM MALIGNANCY	0414	APR-DRG	inpatient					Horizon	NJ Health		28270				28270	130374.63	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0421	APR-DRG	inpatient					Horizon	NJ Health		8253				8253	64841.08	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0422	APR-DRG	inpatient					Horizon	NJ Health		10272				10272	54945.99	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0423	APR-DRG	inpatient					Horizon	NJ Health		16017				16017	143815.92	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0424	APR-DRG	inpatient					Horizon	NJ Health		43074				24654.19	79856.83	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0431	APR-DRG	inpatient					Horizon	NJ Health		10841				10841	11674.71	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0432	APR-DRG	inpatient					Horizon	NJ Health		13893				13893	66550.4	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0433	APR-DRG	inpatient					Horizon	NJ Health		22206				12177.68	37462.84	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0434	APR-DRG	inpatient					Horizon	NJ Health		49551				7907.81	53360.86	case rate	
INTRACRANIAL HEMORRHAGE	0441	APR-DRG	inpatient					Horizon	NJ Health		11778				11778	67687.51	case rate	
INTRACRANIAL HEMORRHAGE	0442	APR-DRG	inpatient					Horizon	NJ Health		15166				11238.66	34219.15	case rate	
INTRACRANIAL HEMORRHAGE	0443	APR-DRG	inpatient					Horizon	NJ Health		22396				8441.69	25359.13	case rate	
INTRACRANIAL HEMORRHAGE	0444	APR-DRG	inpatient					Horizon	NJ Health		46554				19290.57	58710.86	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0451	APR-DRG	inpatient					Horizon	NJ Health		10123				10123	10901.58	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CVA & PRECEREBRAL OCCLUSION W INFARCT	0452	APR-DRG	inpatient					Horizon	NJ Health		12287				12287	13231.67	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0453	APR-DRG	inpatient					Horizon	NJ Health		17717				17717	346124.02	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0454	APR-DRG	inpatient					Horizon	NJ Health		36879				36879	230951.01	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0461	APR-DRG	inpatient					Horizon	NJ Health		9917				9917	163369.2	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0462	APR-DRG	inpatient					Horizon	NJ Health		11315				11315	116412.17	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0463	APR-DRG	inpatient					Horizon	NJ Health		15756				15756	187037.23	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0464	APR-DRG	inpatient					Horizon	NJ Health		39130				35451.1	107297.02	case rate	
TRANSIENT ISCHEMIA	0471	APR-DRG	inpatient					Horizon	NJ Health		8282				8282	182619.97	case rate	
TRANSIENT ISCHEMIA	0472	APR-DRG	inpatient					Horizon	NJ Health		8991				8991	107399.07	case rate	
TRANSIENT ISCHEMIA	0473	APR-DRG	inpatient					Horizon	NJ Health		11229				11229	86482.71	case rate	
TRANSIENT ISCHEMIA	0474	APR-DRG	inpatient					Horizon	NJ Health		22321				22321	138316.21	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0481	APR-DRG	inpatient					Horizon	NJ Health		8360				8360	75162.59	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0482	APR-DRG	inpatient					Horizon	NJ Health		9385				9385	60664.37	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0483	APR-DRG	inpatient					Horizon	NJ Health		13093				13093	86869.04	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0484	APR-DRG	inpatient					Horizon	NJ Health		32453				32453	34947.54	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0491	APR-DRG	inpatient					Horizon	NJ Health		12640				12640	13612	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0492	APR-DRG	inpatient					Horizon	NJ Health		27633				27633	123570.16	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0493	APR-DRG	inpatient					Horizon	NJ Health		34268				26367.73	81861.36	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0494	APR-DRG	inpatient					Horizon	NJ Health		63043				22078.09	67890.08	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0501	APR-DRG	inpatient					Horizon	NJ Health		8902				8902	61498.98	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0502	APR-DRG	inpatient					Horizon	NJ Health		16610				16331.79	47055.43	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0503	APR-DRG	inpatient					Horizon	NJ Health		27418				27418	93381.94	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0504	APR-DRG	inpatient					Horizon	NJ Health		56681				20399.68	63033.36	case rate	
VIRAL MENINGITIS	0511	APR-DRG	inpatient					Horizon	NJ Health		7655				7655	67326.7	case rate	
VIRAL MENINGITIS	0512	APR-DRG	inpatient					Horizon	NJ Health		10564				10564	55474.46	case rate	
VIRAL MENINGITIS	0513	APR-DRG	inpatient					Horizon	NJ Health		18516				18516	59756.86	case rate	
VIRAL MENINGITIS	0514	APR-DRG	inpatient					Horizon	NJ Health		37758				12301.7	40660.37	case rate	
NONTRAUMATIC STUPOR & COMA	0521	APR-DRG	inpatient					Horizon	NJ Health		7692				7692	52111.06	case rate	
NONTRAUMATIC STUPOR & COMA	0522	APR-DRG	inpatient					Horizon	NJ Health		9003				9003	36760.73	case rate	
NONTRAUMATIC STUPOR & COMA	0523	APR-DRG	inpatient					Horizon	NJ Health		12133				12133	13065.76	case rate	
NONTRAUMATIC STUPOR & COMA	0524	APR-DRG	inpatient					Horizon	NJ Health		31070				31070	33458.85	case rate	
SEIZURE	0531	APR-DRG	inpatient					Horizon	NJ Health		7199				7199	7752.84	case rate	
SEIZURE	0532	APR-DRG	inpatient					Horizon	NJ Health		8546				8546	9203.38	case rate	
SEIZURE	0533	APR-DRG	inpatient					Horizon	NJ Health		12781				12781	55780.6	case rate	
SEIZURE	0534	APR-DRG	inpatient					Horizon	NJ Health		32167				9567.33	34640.29	case rate	
MIGRAINE & OTHER HEADACHES	0541	APR-DRG	inpatient					Horizon	NJ Health		7723				7723	32170.88	case rate	
MIGRAINE & OTHER HEADACHES	0542	APR-DRG	inpatient					Horizon	NJ Health		8903				8903	66524.88	case rate	
MIGRAINE & OTHER HEADACHES	0543	APR-DRG	inpatient					Horizon	NJ Health		10889				10889	39088.34	case rate	
MIGRAINE & OTHER HEADACHES	0544	APR-DRG	inpatient					Horizon	NJ Health		20576				9065.34	29098.49	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0551	APR-DRG	inpatient					Horizon	NJ Health		9165				9165	58007.45	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0552	APR-DRG	inpatient					Horizon	NJ Health		12222				11413.47	32837.85	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0553	APR-DRG	inpatient					Horizon	NJ Health		19541				15963.27	45105.57	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0554	APR-DRG	inpatient					Horizon	NJ Health		43987				9706.71	47368.4	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0561	APR-DRG	inpatient					Horizon	NJ Health		9211				9211	27556.82	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0562	APR-DRG	inpatient					Horizon	NJ Health		12507				12507	51319.61	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0563	APR-DRG	inpatient					Horizon	NJ Health		20695				10578.4	30545.39	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0564	APR-DRG	inpatient					Horizon	NJ Health		50452				18448.41	57300.4	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0571	APR-DRG	inpatient					Horizon	NJ Health		9078				9078	62063.89	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0572	APR-DRG	inpatient					Horizon	NJ Health		11401				11401	42955.26	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0573	APR-DRG	inpatient					Horizon	NJ Health		16091				16091	191396.17	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0574	APR-DRG	inpatient					Horizon	NJ Health		36864				36864	111010.87	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0581	APR-DRG	inpatient					Horizon	NJ Health		8609				8609	45061.83	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0582	APR-DRG	inpatient					Horizon	NJ Health		10681				10681	57202	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0583	APR-DRG	inpatient					Horizon	NJ Health		14701				14701	50226.23	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0584	APR-DRG	inpatient					Horizon	NJ Health		33925				23134.04	68205.04	case rate	
ORBITAL PROCEDURES	0701	APR-DRG	inpatient					Horizon	NJ Health		13298				13298	14320.64	case rate	
ORBITAL PROCEDURES	0702	APR-DRG	inpatient					Horizon	NJ Health		18378				18378	19791.06	case rate	
ORBITAL PROCEDURES	0703	APR-DRG	inpatient					Horizon	NJ Health		30143				30143	32460.14	case rate	
ORBITAL PROCEDURES	0704	APR-DRG	inpatient					Horizon	NJ Health		74741				74741	80486.74	case rate	
EYE PROCEDURES EXCEPT ORBIT	0731	APR-DRG	inpatient					Horizon	NJ Health		11501				11501	12385.56	case rate	
EYE PROCEDURES EXCEPT ORBIT	0732	APR-DRG	inpatient					Horizon	NJ Health		13595				13595	14640.17	case rate	
EYE PROCEDURES EXCEPT ORBIT	0733	APR-DRG	inpatient					Horizon	NJ Health		22722				22722	24468.41	case rate	
EYE PROCEDURES EXCEPT ORBIT	0734	APR-DRG	inpatient					Horizon	NJ Health		49132				25673.52	84040.83	case rate	
ACUTE MAJOR EYE INFECTIONS	0801	APR-DRG	inpatient					Horizon	NJ Health		5977				5977	56720.91	case rate	
ACUTE MAJOR EYE INFECTIONS	0802	APR-DRG	inpatient					Horizon	NJ Health		8199				8199	121992.05	case rate	
ACUTE MAJOR EYE INFECTIONS	0803	APR-DRG	inpatient					Horizon	NJ Health		13379				13379	62763.66	case rate	
ACUTE MAJOR EYE INFECTIONS	0804	APR-DRG	inpatient					Horizon	NJ Health		22934				14296.66	44846.8	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0821	APR-DRG	inpatient					Horizon	NJ Health		6969				6969	87262.66	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0822	APR-DRG	inpatient					Horizon	NJ Health		8721				8721	44092.37	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0823	APR-DRG	inpatient					Horizon	NJ Health		12547				12547	164903.57	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0824	APR-DRG	inpatient					Horizon	NJ Health		22652				22652	79977.1	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0891	APR-DRG	inpatient					Horizon	NJ Health		22650				22650	24391	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0892	APR-DRG	inpatient					Horizon	NJ Health		29456				29456	31720.46	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0893	APR-DRG	inpatient					Horizon	NJ Health		49230				49230	53014.63	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0894	APR-DRG	inpatient					Horizon	NJ Health		87865				1933	94620.59	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0901	APR-DRG	inpatient					Horizon	NJ Health		13124				13124	162727.75	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0902	APR-DRG	inpatient					Horizon	NJ Health		34214				22261.17	69990.9	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0903	APR-DRG	inpatient					Horizon	NJ Health		52401				14664	56429.51	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0904	APR-DRG	inpatient					Horizon	NJ Health		101494				38460.67	117574.8	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0911	APR-DRG	inpatient					Horizon	NJ Health		19189				19189	20663.86	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0912	APR-DRG	inpatient					Horizon	NJ Health		29074				29074	31309.74	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0913	APR-DRG	inpatient					Horizon	NJ Health		49862				17652.32	53694.99	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0914	APR-DRG	inpatient					Horizon	NJ Health		78711				10721.32	84762.6	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0921	APR-DRG	inpatient					Horizon	NJ Health		15846				8242.08	25752.74	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0922	APR-DRG	inpatient					Horizon	NJ Health		22090				20609.92	56797.45	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0923	APR-DRG	inpatient					Horizon	NJ Health		34899				11946.17	37582.48	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0924	APR-DRG	inpatient					Horizon	NJ Health		69354					74685.89	case rate	
SINUS & MASTOID PROCEDURES	0931	APR-DRG	inpatient					Horizon	NJ Health		15747				15747	16957.23	case rate	
SINUS & MASTOID PROCEDURES	0932	APR-DRG	inpatient					Horizon	NJ Health		19403				19403	20894.9	case rate	
SINUS & MASTOID PROCEDURES	0933	APR-DRG	inpatient					Horizon	NJ Health		33318				33318	104246.49	case rate	
SINUS & MASTOID PROCEDURES	0934	APR-DRG	inpatient					Horizon	NJ Health		54073				24715.61	69823.74	case rate	
CLEFT LIP & PALATE REPAIR	0951	APR-DRG	inpatient					Horizon	NJ Health		10657				6968.8	29098.49	case rate	
CLEFT LIP & PALATE REPAIR	0952	APR-DRG	inpatient					Horizon	NJ Health		12377				12377	13328.21	case rate	
CLEFT LIP & PALATE REPAIR	0953	APR-DRG	inpatient					Horizon	NJ Health		18969				18969	20427.65	case rate	
CLEFT LIP & PALATE REPAIR	0954	APR-DRG	inpatient					Horizon	NJ Health		39149				39149	42158.67	case rate	
TONSIL & ADENOID PROCEDURES	0971	APR-DRG	inpatient					Horizon	NJ Health		6448				6448	6943.23	case rate	
TONSIL & ADENOID PROCEDURES	0972	APR-DRG	inpatient					Horizon	NJ Health		9898				9898	10658.44	case rate	
TONSIL & ADENOID PROCEDURES	0973	APR-DRG	inpatient					Horizon	NJ Health		19233				19233	20711.44	case rate	
TONSIL & ADENOID PROCEDURES	0974	APR-DRG	inpatient					Horizon	NJ Health		64977				34448.3	99242.46	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0981	APR-DRG	inpatient					Horizon	NJ Health		11302				11302	159287.24	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0982	APR-DRG	inpatient					Horizon	NJ Health		14901				14901	89398.39	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0983	APR-DRG	inpatient					Horizon	NJ Health		23981				19314.2	57187.42	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0984	APR-DRG	inpatient					Horizon	NJ Health		50018				50018	53863.67	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1101	APR-DRG	inpatient					Horizon	NJ Health		8851				8851	9531.78	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1102	APR-DRG	inpatient					Horizon	NJ Health		11364				11364	12238.13	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1103	APR-DRG	inpatient					Horizon	NJ Health		18375				18375	19787.82	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1104	APR-DRG	inpatient					Horizon	NJ Health		33622				33622	36206.95	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1111	APR-DRG	inpatient					Horizon	NJ Health		7218				7218	7772.98	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1112	APR-DRG	inpatient					Horizon	NJ Health		8003				8003	8618.71	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1113	APR-DRG	inpatient					Horizon	NJ Health		10031				10031	10802.46	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1114	APR-DRG	inpatient					Horizon	NJ Health		21009				21009	22623.77	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1131	APR-DRG	inpatient					Horizon	NJ Health		4350				4350	4684.18	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1132	APR-DRG	inpatient					Horizon	NJ Health		6338				6338	6824.8	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1133	APR-DRG	inpatient					Horizon	NJ Health		9861				9861	10619.37	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1134	APR-DRG	inpatient					Horizon	NJ Health		20790				20790	22388.49	case rate	
DENTAL & ORAL DISEASES & INJURIES	1141	APR-DRG	inpatient					Horizon	NJ Health		6284				6284	6767.52	case rate	
DENTAL & ORAL DISEASES & INJURIES	1142	APR-DRG	inpatient					Horizon	NJ Health		8807				8807	9484.49	case rate	
DENTAL & ORAL DISEASES & INJURIES	1143	APR-DRG	inpatient					Horizon	NJ Health		14785				14785	15921.47	case rate	
DENTAL & ORAL DISEASES & INJURIES	1144	APR-DRG	inpatient					Horizon	NJ Health		30833				30833	33203.51	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1151	APR-DRG	inpatient					Horizon	NJ Health		6456				6456	6952.83	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1152	APR-DRG	inpatient					Horizon	NJ Health		8595				8595	9256.22	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1153	APR-DRG	inpatient					Horizon	NJ Health		12841				12841	13828.63	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1154	APR-DRG	inpatient					Horizon	NJ Health		26354				26354	28380.49	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1201	APR-DRG	inpatient					Horizon	NJ Health		24527				24527	26412.25	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1202	APR-DRG	inpatient					Horizon	NJ Health		29708				29708	31992.23	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1203	APR-DRG	inpatient					Horizon	NJ Health		43260				43260	46586.41	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1204	APR-DRG	inpatient					Horizon	NJ Health		74599				74599	80334.22	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1211	APR-DRG	inpatient					Horizon	NJ Health		16608				16608	17894.72	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1212	APR-DRG	inpatient					Horizon	NJ Health		21513				21513	23166.5	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1213	APR-DRG	inpatient					Horizon	NJ Health		33806				33806	36405.29	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1214	APR-DRG	inpatient					Horizon	NJ Health		64612				64612	69579.33	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1301	APR-DRG	inpatient					Horizon	NJ Health		37405				37405	40280.42	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1302	APR-DRG	inpatient					Horizon	NJ Health		41502				41502	44692.54	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1303	APR-DRG	inpatient					Horizon	NJ Health		51405				51405	55357.27	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1304	APR-DRG	inpatient					Horizon	NJ Health		70600				70600	76027.5	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1311	APR-DRG	inpatient					Horizon	NJ Health		18862				18862	20311.71	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1312	APR-DRG	inpatient					Horizon	NJ Health		23276				23276	25065.27	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1313	APR-DRG	inpatient					Horizon	NJ Health		30203				30203	32524.9	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1314	APR-DRG	inpatient					Horizon	NJ Health		38848				38848	41834.23	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1321	APR-DRG	inpatient					Horizon	NJ Health		7464				7464	8038.3	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1322	APR-DRG	inpatient					Horizon	NJ Health		8338				8338	8978.53	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1323	APR-DRG	inpatient					Horizon	NJ Health		12887				12887	13877.95	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1324	APR-DRG	inpatient					Horizon	NJ Health		21456				21456	23105.07	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RESPIRATORY FAILURE	1331	APR-DRG	inpatient					Horizon	NJ Health		5548				5548	5974.91	case rate	
RESPIRATORY FAILURE	1332	APR-DRG	inpatient					Horizon	NJ Health		9704				9704	10450.49	case rate	
RESPIRATORY FAILURE	1333	APR-DRG	inpatient					Horizon	NJ Health		14743				14743	15876.95	case rate	
RESPIRATORY FAILURE	1334	APR-DRG	inpatient					Horizon	NJ Health		26856				26856	28920.91	case rate	
PULMONARY EMBOLISM	1341	APR-DRG	inpatient					Horizon	NJ Health		8819				8819	9496.78	case rate	
PULMONARY EMBOLISM	1342	APR-DRG	inpatient					Horizon	NJ Health		11442				11442	12321.55	case rate	
PULMONARY EMBOLISM	1343	APR-DRG	inpatient					Horizon	NJ Health		16702				16702	17986.06	case rate	
PULMONARY EMBOLISM	1344	APR-DRG	inpatient					Horizon	NJ Health		28982				28982	31210.71	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1351	APR-DRG	inpatient					Horizon	NJ Health		9241				9241	9951.84	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1352	APR-DRG	inpatient					Horizon	NJ Health		11587				11587	12477.76	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1353	APR-DRG	inpatient					Horizon	NJ Health		16911				16911	18211.01	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1354	APR-DRG	inpatient					Horizon	NJ Health		31897				31897	34349.11	case rate	
RESPIRATORY MALIGNANCY	1361	APR-DRG	inpatient					Horizon	NJ Health		9462				9462	10189.89	case rate	
RESPIRATORY MALIGNANCY	1362	APR-DRG	inpatient					Horizon	NJ Health		12022				12022	12945.75	case rate	
RESPIRATORY MALIGNANCY	1363	APR-DRG	inpatient					Horizon	NJ Health		18183				18183	19580.53	case rate	
RESPIRATORY MALIGNANCY	1364	APR-DRG	inpatient					Horizon	NJ Health		29481				29481	31747.99	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1371	APR-DRG	inpatient					Horizon	NJ Health		8651				8651	9316.55	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1372	APR-DRG	inpatient					Horizon	NJ Health		11179				11179	12038.22	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1373	APR-DRG	inpatient					Horizon	NJ Health		16604				16604	17881.03	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1374	APR-DRG	inpatient					Horizon	NJ Health		28111				28111	30272.5	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1381	APR-DRG	inpatient					Horizon	NJ Health		4020				4020	4329.36	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1382	APR-DRG	inpatient					Horizon	NJ Health		6085				6085	6553.01	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1383	APR-DRG	inpatient					Horizon	NJ Health		14566				14566	15685.36	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1384	APR-DRG	inpatient					Horizon	NJ Health		36213				36213	38997.45	case rate	
OTHER PNEUMONIA	1391	APR-DRG	inpatient					Horizon	NJ Health		5909				5909	6362.8	case rate	
OTHER PNEUMONIA	1392	APR-DRG	inpatient					Horizon	NJ Health		8299				8299	8936.96	case rate	
OTHER PNEUMONIA	1393	APR-DRG	inpatient					Horizon	NJ Health		13040				13040	14042.21	case rate	
OTHER PNEUMONIA	1394	APR-DRG	inpatient					Horizon	NJ Health		25085				25085	27013.46	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1401	APR-DRG	inpatient					Horizon	NJ Health		6847				6847	7373.53	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1402	APR-DRG	inpatient					Horizon	NJ Health		8549				8549	9206.24	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1403	APR-DRG	inpatient					Horizon	NJ Health		11669				11669	12565.71	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1404	APR-DRG	inpatient					Horizon	NJ Health		22671				22671	24413.63	case rate	
ASTHMA	1411	APR-DRG	inpatient					Horizon	NJ Health		5245				5245	5648.53	case rate	
ASTHMA	1412	APR-DRG	inpatient					Horizon	NJ Health		7518				7518	8095.75	case rate	
ASTHMA	1413	APR-DRG	inpatient					Horizon	NJ Health		10774				10774	11602.56	case rate	
ASTHMA	1414	APR-DRG	inpatient					Horizon	NJ Health		20371				20371	21936.85	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1421	APR-DRG	inpatient					Horizon	NJ Health		8787				8787	9462.14	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1422	APR-DRG	inpatient					Horizon	NJ Health		10686				10686	11507.69	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1423	APR-DRG	inpatient					Horizon	NJ Health		15463				15463	16651.36	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1424	APR-DRG	inpatient					Horizon	NJ Health		27365				27365	29468.34	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1431	APR-DRG	inpatient					Horizon	NJ Health		6532				6532	7033.94	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1432	APR-DRG	inpatient					Horizon	NJ Health		9588				9588	10325.42	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1433	APR-DRG	inpatient					Horizon	NJ Health		14757				14757	15891.91	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1434	APR-DRG	inpatient					Horizon	NJ Health		25148				25148	27081.82	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1441	APR-DRG	inpatient					Horizon	NJ Health		6398				6398	6889.83	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1442	APR-DRG	inpatient					Horizon	NJ Health		7748				7748	8343.89	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1443	APR-DRG	inpatient					Horizon	NJ Health		10952				10952	11793.7	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1444	APR-DRG	inpatient					Horizon	NJ Health		19209				19209	20685.84	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1601	APR-DRG	inpatient					Horizon	NJ Health		41050				41050	44206.17	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1602	APR-DRG	inpatient					Horizon	NJ Health		47891				47891	51572.49	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1603	APR-DRG	inpatient					Horizon	NJ Health		72513				72513	78088.11	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1604	APR-DRG	inpatient					Horizon	NJ Health		161489				161489	173904.73	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1611	APR-DRG	inpatient					Horizon	NJ Health		55575				55575	59847.73	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1612	APR-DRG	inpatient					Horizon	NJ Health		71747				71747	77263.26	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1613	APR-DRG	inpatient					Horizon	NJ Health		115388				115388	124259.55	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1614	APR-DRG	inpatient					Horizon	NJ Health		276875				276875	298161.52	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1621	APR-DRG	inpatient					Horizon	NJ Health		59545				59545	64122.58	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1622	APR-DRG	inpatient					Horizon	NJ Health		66087				66087	71168.35	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1623	APR-DRG	inpatient					Horizon	NJ Health		87462				87462	94188.4	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1624	APR-DRG	inpatient					Horizon	NJ Health		137565				137565	148140.99	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1631	APR-DRG	inpatient					Horizon	NJ Health		49133				49133	52910.79	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1632	APR-DRG	inpatient					Horizon	NJ Health		56454				56454	60794.71	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1633	APR-DRG	inpatient					Horizon	NJ Health		72398				72398	77964.42	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1634	APR-DRG	inpatient					Horizon	NJ Health		116652				116652	125620.85	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1651	APR-DRG	inpatient					Horizon	NJ Health		51447				51447	55402.07	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1652	APR-DRG	inpatient					Horizon	NJ Health		55329				55329	59582.98	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1653	APR-DRG	inpatient					Horizon	NJ Health		70343				70343	75751.47	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1654	APR-DRG	inpatient					Horizon	NJ Health		104716				104716	112766.74	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1661	APR-DRG	inpatient					Horizon	NJ Health		42535				42535	45804.7	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1662	APR-DRG	inpatient					Horizon	NJ Health		48203				48203	51909.12	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1663	APR-DRG	inpatient					Horizon	NJ Health		60209				60209	64838.43	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1664	APR-DRG	inpatient					Horizon	NJ Health		91627				91627	98670.95	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1671	APR-DRG	inpatient					Horizon	NJ Health		39953				39953	43024.36	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1672	APR-DRG	inpatient					Horizon	NJ Health		44533				44533	47956.67	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1673	APR-DRG	inpatient					Horizon	NJ Health		60684				60684	65349.94	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1674	APR-DRG	inpatient					Horizon	NJ Health		106363				106363	114540.7	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1691	APR-DRG	inpatient					Horizon	NJ Health		22890				22890	24650.3	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1692	APR-DRG	inpatient					Horizon	NJ Health		30248				30248	32573.67	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1693	APR-DRG	inpatient					Horizon	NJ Health		49012				49012	52780.43	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1694	APR-DRG	inpatient					Horizon	NJ Health		89078				89078	95926.45	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1701	APR-DRG	inpatient					Horizon	NJ Health		31324				31324	33732.76	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1702	APR-DRG	inpatient					Horizon	NJ Health		33414				33414	35983.39	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1703	APR-DRG	inpatient					Horizon	NJ Health		41035				41035	44190.09	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1704	APR-DRG	inpatient					Horizon	NJ Health		65599				65599	70642.81	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1711	APR-DRG	inpatient					Horizon	NJ Health		21643				21643	23307.2	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1712	APR-DRG	inpatient					Horizon	NJ Health		24732				24732	26633.23	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1713	APR-DRG	inpatient					Horizon	NJ Health		31464				31464	33882.96	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1714	APR-DRG	inpatient					Horizon	NJ Health		52404				52404	56433.39	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1741	APR-DRG	inpatient					Horizon	NJ Health		25889				25889	27878.96	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1742	APR-DRG	inpatient					Horizon	NJ Health		27884				27884	30028.17	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1743	APR-DRG	inpatient					Horizon	NJ Health		35243				35243	37952.73	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1744	APR-DRG	inpatient					Horizon	NJ Health		57385				57385	61797.3	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1751	APR-DRG	inpatient					Horizon	NJ Health		25738				25738	27717.29	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1752	APR-DRG	inpatient					Horizon	NJ Health		28370				28370	30551.03	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1753	APR-DRG	inpatient					Horizon	NJ Health		36010				36010	38778.88	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1754	APR-DRG	inpatient					Horizon	NJ Health		67634				67634	72833.39	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1761	APR-DRG	inpatient					Horizon	NJ Health		20331				20331	21893.89	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1762	APR-DRG	inpatient					Horizon	NJ Health		38872				38872	41860.47	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1763	APR-DRG	inpatient					Horizon	NJ Health		40604				40604	43617.99	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1764	APR-DRG	inpatient					Horizon	NJ Health		64315				64315	69259.61	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1771	APR-DRG	inpatient					Horizon	NJ Health		16746				16746	18033.27	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1772	APR-DRG	inpatient					Horizon	NJ Health		21677				21677	23343.23	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1773	APR-DRG	inpatient					Horizon	NJ Health		30739				30739	33102.26	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1774	APR-DRG	inpatient					Horizon	NJ Health		62158				62158	66936.46	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1801	APR-DRG	inpatient					Horizon	NJ Health		16196				16196	17440.74	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1802	APR-DRG	inpatient					Horizon	NJ Health		20464				20464	22037.45	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1803	APR-DRG	inpatient					Horizon	NJ Health		31361				31361	33772.11	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1804	APR-DRG	inpatient					Horizon	NJ Health		55004				55004	59233.04	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1811	APR-DRG	inpatient					Horizon	NJ Health		20118				20118	21664.79	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1812	APR-DRG	inpatient					Horizon	NJ Health		27253				27253	29348.16	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1813	APR-DRG	inpatient					Horizon	NJ Health		45240				45240	48718.62	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1814	APR-DRG	inpatient					Horizon	NJ Health		80615				80615	86812.5	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1821	APR-DRG	inpatient					Horizon	NJ Health		25768				25768	27749.08	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1822	APR-DRG	inpatient					Horizon	NJ Health		30312				30312	32642.58	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1823	APR-DRG	inpatient					Horizon	NJ Health		41140				41140	44303.07	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1824	APR-DRG	inpatient					Horizon	NJ Health		73555				73555	79209.6	case rate	
ACUTE MYOCARDIAL INFARCTION	1901	APR-DRG	inpatient					Horizon	NJ Health		10925				10925	11764.77	case rate	
ACUTE MYOCARDIAL INFARCTION	1902	APR-DRG	inpatient					Horizon	NJ Health		12046				12046	12972.18	case rate	
ACUTE MYOCARDIAL INFARCTION	1903	APR-DRG	inpatient					Horizon	NJ Health		16412				16412	17674.1	case rate	
ACUTE MYOCARDIAL INFARCTION	1904	APR-DRG	inpatient					Horizon	NJ Health		30397				30397	32734.41	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1911	APR-DRG	inpatient					Horizon	NJ Health		12103				12103	13033.98	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1912	APR-DRG	inpatient					Horizon	NJ Health		13919				13919	14989.37	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1913	APR-DRG	inpatient					Horizon	NJ Health		18431				18431	19848.52	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1914	APR-DRG	inpatient					Horizon	NJ Health		36084				36084	38857.86	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1921	APR-DRG	inpatient					Horizon	NJ Health		12504				12504	13465.66	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1922	APR-DRG	inpatient					Horizon	NJ Health		15445				15445	16632.15	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1923	APR-DRG	inpatient					Horizon	NJ Health		22738				22738	24485.59	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1924	APR-DRG	inpatient					Horizon	NJ Health		43215				43215	46537.17	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1931	APR-DRG	inpatient					Horizon	NJ Health		12817				12817	13802.48	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1932	APR-DRG	inpatient					Horizon	NJ Health		16651				16651	17931	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1933	APR-DRG	inpatient					Horizon	NJ Health		24881				24881	26794.06	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1934	APR-DRG	inpatient					Horizon	NJ Health		40988				40988	44138.82	case rate	
HEART FAILURE	1941	APR-DRG	inpatient					Horizon	NJ Health		6941				6941	7474.23	case rate	
HEART FAILURE	1942	APR-DRG	inpatient					Horizon	NJ Health		8912				8912	9597.65	case rate	
HEART FAILURE	1943	APR-DRG	inpatient					Horizon	NJ Health		13292				13292	14314.35	case rate	
HEART FAILURE	1944	APR-DRG	inpatient					Horizon	NJ Health		25105				25105	27034.79	case rate	
CARDIAC ARREST & SHOCK	1961	APR-DRG	inpatient					Horizon	NJ Health		7227				7227	7783.14	case rate	
CARDIAC ARREST & SHOCK	1962	APR-DRG	inpatient					Horizon	NJ Health		7665				7665	8254.55	case rate	
CARDIAC ARREST & SHOCK	1963	APR-DRG	inpatient					Horizon	NJ Health		14548				14548	15666.23	case rate	
CARDIAC ARREST & SHOCK	1964	APR-DRG	inpatient					Horizon	NJ Health		37132				37132	39986.56	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1971	APR-DRG	inpatient					Horizon	NJ Health		6917				6917	7449.28	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1972	APR-DRG	inpatient					Horizon	NJ Health		9236				9236	9946.02	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1973	APR-DRG	inpatient					Horizon	NJ Health		13717				13717	14771.35	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERIPHERAL & OTHER VASCULAR DISORDERS	1974	APR-DRG	inpatient					Horizon	NJ Health		29624				29624	31901.8	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1981	APR-DRG	inpatient					Horizon	NJ Health		6389				6389	6880.32	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1982	APR-DRG	inpatient					Horizon	NJ Health		7380				7380	7947.67	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1983	APR-DRG	inpatient					Horizon	NJ Health		10068				10068	10842.37	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1984	APR-DRG	inpatient					Horizon	NJ Health		24198				24198	26058.26	case rate	
HYPERTENSION	1991	APR-DRG	inpatient					Horizon	NJ Health		6574				6574	7079.12	case rate	
HYPERTENSION	1992	APR-DRG	inpatient					Horizon	NJ Health		7720				7720	8313.12	case rate	
HYPERTENSION	1993	APR-DRG	inpatient					Horizon	NJ Health		10822				10822	11654.11	case rate	
HYPERTENSION	1994	APR-DRG	inpatient					Horizon	NJ Health		24671				24671	26568.1	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2001	APR-DRG	inpatient					Horizon	NJ Health		7889				7889	8495.75	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2002	APR-DRG	inpatient					Horizon	NJ Health		9334				9334	10051.33	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2003	APR-DRG	inpatient					Horizon	NJ Health		14228				14228	15321.85	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2004	APR-DRG	inpatient					Horizon	NJ Health		30311				30311	32641.39	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2011	APR-DRG	inpatient					Horizon	NJ Health		5896				5896	6349.32	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2012	APR-DRG	inpatient					Horizon	NJ Health		7637				7637	8224.62	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2013	APR-DRG	inpatient					Horizon	NJ Health		11730				11730	12632.13	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2014	APR-DRG	inpatient					Horizon	NJ Health		24339				24339	26210.03	case rate	
CHEST PAIN	2031	APR-DRG	inpatient					Horizon	NJ Health		6594				6594	7100.74	case rate	
CHEST PAIN	2032	APR-DRG	inpatient					Horizon	NJ Health		7669				7669	8258.15	case rate	
CHEST PAIN	2033	APR-DRG	inpatient					Horizon	NJ Health		9573				9573	10308.6	case rate	
CHEST PAIN	2034	APR-DRG	inpatient					Horizon	NJ Health		17381				17381	18717.71	case rate	
SYNCOPE & COLLAPSE	2041	APR-DRG	inpatient					Horizon	NJ Health		7331				7331	7894.83	case rate	
SYNCOPE & COLLAPSE	2042	APR-DRG	inpatient					Horizon	NJ Health		8278				8278	8914.6	case rate	
SYNCOPE & COLLAPSE	2043	APR-DRG	inpatient					Horizon	NJ Health		10445				10445	11247.55	case rate	
SYNCOPE & COLLAPSE	2044	APR-DRG	inpatient					Horizon	NJ Health		21412				21412	23058.33	case rate	
CARDIOMYOPATHY	2051	APR-DRG	inpatient					Horizon	NJ Health		7109				7109	7655.57	case rate	
CARDIOMYOPATHY	2052	APR-DRG	inpatient					Horizon	NJ Health		9050				9050	9746.29	case rate	
CARDIOMYOPATHY	2053	APR-DRG	inpatient					Horizon	NJ Health		13065				13065	14069.74	case rate	
CARDIOMYOPATHY	2054	APR-DRG	inpatient					Horizon	NJ Health		32059				32059	34523.7	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2061	APR-DRG	inpatient					Horizon	NJ Health		8108				8108	8731.41	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2062	APR-DRG	inpatient					Horizon	NJ Health		9536				9536	10269.25	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2063	APR-DRG	inpatient					Horizon	NJ Health		15913				15913	17136.17	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2064	APR-DRG	inpatient					Horizon	NJ Health		29770				29770	32058.84	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2071	APR-DRG	inpatient					Horizon	NJ Health		7053				7053	7595.61	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2072	APR-DRG	inpatient					Horizon	NJ Health		9357				9357	10076.46	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2073	APR-DRG	inpatient					Horizon	NJ Health		13589				13589	14634.17	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2074	APR-DRG	inpatient					Horizon	NJ Health		26501				26501	28538.46	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2201	APR-DRG	inpatient					Horizon	NJ Health		18061				18061	19449.99	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2202	APR-DRG	inpatient					Horizon	NJ Health		26837				26837	28900.03	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2203	APR-DRG	inpatient					Horizon	NJ Health		43517				43517	46862.34	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2204	APR-DRG	inpatient					Horizon	NJ Health		86347				86347	92985.01	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2211	APR-DRG	inpatient					Horizon	NJ Health		18431				18431	19847.69	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2212	APR-DRG	inpatient					Horizon	NJ Health		23897				23897	25734.19	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2213	APR-DRG	inpatient					Horizon	NJ Health		38812				38812	41796.27	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2214	APR-DRG	inpatient					Horizon	NJ Health		76824				76824	82730.63	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2221	APR-DRG	inpatient					Horizon	NJ Health		13713				13713	14767.47	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2222	APR-DRG	inpatient					Horizon	NJ Health		17551				17551	18900.24	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2223	APR-DRG	inpatient					Horizon	NJ Health		28443				28443	30629.55	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2224	APR-DRG	inpatient					Horizon	NJ Health		69393				69393	74727.63	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2231	APR-DRG	inpatient					Horizon	NJ Health		14685				14685	15813.86	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2232	APR-DRG	inpatient					Horizon	NJ Health		19469				19469	20965.66	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2233	APR-DRG	inpatient					Horizon	NJ Health		32700				32700	35214.52	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2234	APR-DRG	inpatient					Horizon	NJ Health		67525				67525	72716.44	case rate	
PERITONEAL ADHESIOLYSIS	2241	APR-DRG	inpatient					Horizon	NJ Health		16544				16544	17815.99	case rate	
PERITONEAL ADHESIOLYSIS	2242	APR-DRG	inpatient					Horizon	NJ Health		21663				21663	23328.91	case rate	
PERITONEAL ADHESIOLYSIS	2243	APR-DRG	inpatient					Horizon	NJ Health		32797				32797	35317.98	case rate	
PERITONEAL ADHESIOLYSIS	2244	APR-DRG	inpatient					Horizon	NJ Health		59532				59532	64108.45	case rate	
APPENDECTOMY	2251	APR-DRG	inpatient					Horizon	NJ Health		11304				11304	12173.1	case rate	
APPENDECTOMY	2252	APR-DRG	inpatient					Horizon	NJ Health		15034				15034	16189.65	case rate	
APPENDECTOMY	2253	APR-DRG	inpatient					Horizon	NJ Health		25823				25823	27808.2	case rate	
APPENDECTOMY	2254	APR-DRG	inpatient					Horizon	NJ Health		49152				49152	52930.56	case rate	
ANAL PROCEDURES	2261	APR-DRG	inpatient					Horizon	NJ Health		9157				9157	9871.93	case rate	
ANAL PROCEDURES	2262	APR-DRG	inpatient					Horizon	NJ Health		12412				12412	13366.73	case rate	
ANAL PROCEDURES	2263	APR-DRG	inpatient					Horizon	NJ Health		20234				20234	21789.14	case rate	
ANAL PROCEDURES	2264	APR-DRG	inpatient					Horizon	NJ Health		41409				41409	44592.4	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2271	APR-DRG	inpatient					Horizon	NJ Health		14249				14249	15344.2	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2272	APR-DRG	inpatient					Horizon	NJ Health		18100				18100	19491.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2273	APR-DRG	inpatient					Horizon	NJ Health		29371				29371	31629	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2274	APR-DRG	inpatient					Horizon	NJ Health		60465				60465	65113.25	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2281	APR-DRG	inpatient					Horizon	NJ Health		10718				10718	11542.32	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2282	APR-DRG	inpatient					Horizon	NJ Health		13999				13999	15074.92	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2283	APR-DRG	inpatient					Horizon	NJ Health		21503				21503	23156.62	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2284	APR-DRG	inpatient					Horizon	NJ Health		47920				47920	51604.45	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2291	APR-DRG	inpatient					Horizon	NJ Health		14817				14817	15956.12	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2292	APR-DRG	inpatient					Horizon	NJ Health		20440				20440	22011.12	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2293	APR-DRG	inpatient					Horizon	NJ Health		33298				33298	35857.94	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2294	APR-DRG	inpatient					Horizon	NJ Health		69110				69110	74423.33	case rate	
DIGESTIVE MALIGNANCY	2401	APR-DRG	inpatient					Horizon	NJ Health		9258				9258	9969.84	case rate	
DIGESTIVE MALIGNANCY	2402	APR-DRG	inpatient					Horizon	NJ Health		11866				11866	12777.81	case rate	
DIGESTIVE MALIGNANCY	2403	APR-DRG	inpatient					Horizon	NJ Health		17479				17479	18823.01	case rate	
DIGESTIVE MALIGNANCY	2404	APR-DRG	inpatient					Horizon	NJ Health		32016				32016	34477.33	case rate	
PEPTIC ULCER & GASTRITIS	2411	APR-DRG	inpatient					Horizon	NJ Health		7876				7876	8481.06	case rate	
PEPTIC ULCER & GASTRITIS	2412	APR-DRG	inpatient					Horizon	NJ Health		9768				9768	10518.85	case rate	
PEPTIC ULCER & GASTRITIS	2413	APR-DRG	inpatient					Horizon	NJ Health		14679				14679	15807.3	case rate	
PEPTIC ULCER & GASTRITIS	2414	APR-DRG	inpatient					Horizon	NJ Health		34300				34300	36936.65	case rate	
MAJOR ESOPHAGEAL DISORDERS	2421	APR-DRG	inpatient					Horizon	NJ Health		7769				7769	8365.96	case rate	
MAJOR ESOPHAGEAL DISORDERS	2422	APR-DRG	inpatient					Horizon	NJ Health		9582				9582	10318.77	case rate	
MAJOR ESOPHAGEAL DISORDERS	2423	APR-DRG	inpatient					Horizon	NJ Health		14251				14251	15346.51	case rate	
MAJOR ESOPHAGEAL DISORDERS	2424	APR-DRG	inpatient					Horizon	NJ Health		33363				33363	35927.78	case rate	
OTHER ESOPHAGEAL DISORDERS	2431	APR-DRG	inpatient					Horizon	NJ Health		7228				7228	7783.24	case rate	
OTHER ESOPHAGEAL DISORDERS	2432	APR-DRG	inpatient					Horizon	NJ Health		8829				8829	9507.95	case rate	
OTHER ESOPHAGEAL DISORDERS	2433	APR-DRG	inpatient					Horizon	NJ Health		12743				12743	13722.94	case rate	
OTHER ESOPHAGEAL DISORDERS	2434	APR-DRG	inpatient					Horizon	NJ Health		28051				28051	30207.56	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2441	APR-DRG	inpatient					Horizon	NJ Health		6752				6752	7270.62	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2442	APR-DRG	inpatient					Horizon	NJ Health		8835				8835	9514.14	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2443	APR-DRG	inpatient					Horizon	NJ Health		13410				13410	14440.73	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2444	APR-DRG	inpatient					Horizon	NJ Health		30437				30437	32777.19	case rate	
INFLAMMATORY BOWEL DISEASE	2451	APR-DRG	inpatient					Horizon	NJ Health		8062				8062	8681.34	case rate	
INFLAMMATORY BOWEL DISEASE	2452	APR-DRG	inpatient					Horizon	NJ Health		9677				9677	10420.57	case rate	
INFLAMMATORY BOWEL DISEASE	2453	APR-DRG	inpatient					Horizon	NJ Health		14566				14566	15686.1	case rate	
INFLAMMATORY BOWEL DISEASE	2454	APR-DRG	inpatient					Horizon	NJ Health		27693				27693	29822.53	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2461	APR-DRG	inpatient					Horizon	NJ Health		8480				8480	9131.78	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2462	APR-DRG	inpatient					Horizon	NJ Health		10184				10184	10966.8	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2463	APR-DRG	inpatient					Horizon	NJ Health		15394				15394	16577.09	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2464	APR-DRG	inpatient					Horizon	NJ Health		31135				31135	33528.51	case rate	
INTESTINAL OBSTRUCTION	2471	APR-DRG	inpatient					Horizon	NJ Health		6545				6545	7047.89	case rate	
INTESTINAL OBSTRUCTION	2472	APR-DRG	inpatient					Horizon	NJ Health		8417				8417	9064.54	case rate	
INTESTINAL OBSTRUCTION	2473	APR-DRG	inpatient					Horizon	NJ Health		13345				13345	14371.35	case rate	
INTESTINAL OBSTRUCTION	2474	APR-DRG	inpatient					Horizon	NJ Health		30497				30497	32841.39	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2481	APR-DRG	inpatient					Horizon	NJ Health		7137				7137	7685.86	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2482	APR-DRG	inpatient					Horizon	NJ Health		9819				9819	10573.55	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2483	APR-DRG	inpatient					Horizon	NJ Health		14760				14760	15894.59	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2484	APR-DRG	inpatient					Horizon	NJ Health		31423				31423	33839.27	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2491	APR-DRG	inpatient					Horizon	NJ Health		5896				5896	6349.04	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2492	APR-DRG	inpatient					Horizon	NJ Health		7166				7166	7716.72	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2493	APR-DRG	inpatient					Horizon	NJ Health		10169				10169	10950.27	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2494	APR-DRG	inpatient					Horizon	NJ Health		23245				23245	25031.83	case rate	
ABDOMINAL PAIN	2511	APR-DRG	inpatient					Horizon	NJ Health		6694				6694	7209	case rate	
ABDOMINAL PAIN	2512	APR-DRG	inpatient					Horizon	NJ Health		8299				8299	8937.33	case rate	
ABDOMINAL PAIN	2513	APR-DRG	inpatient					Horizon	NJ Health		11215				11215	12076.74	case rate	
ABDOMINAL PAIN	2514	APR-DRG	inpatient					Horizon	NJ Health		21480				21480	23131.4	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2521	APR-DRG	inpatient					Horizon	NJ Health		7289				7289	7849.19	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2522	APR-DRG	inpatient					Horizon	NJ Health		9790				9790	10542.87	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2523	APR-DRG	inpatient					Horizon	NJ Health		15011				15011	16164.98	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2524	APR-DRG	inpatient					Horizon	NJ Health		33504				33504	36079.56	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2531	APR-DRG	inpatient					Horizon	NJ Health		7361				7361	7926.97	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2532	APR-DRG	inpatient					Horizon	NJ Health		9472				9472	10199.67	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2533	APR-DRG	inpatient					Horizon	NJ Health		14145				14145	15232.33	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2534	APR-DRG	inpatient					Horizon	NJ Health		29301				29301	31553.9	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2541	APR-DRG	inpatient					Horizon	NJ Health		6905				6905	7435.8	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2542	APR-DRG	inpatient					Horizon	NJ Health		9218				9218	9926.52	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2543	APR-DRG	inpatient					Horizon	NJ Health		13397				13397	14427.06	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2544	APR-DRG	inpatient					Horizon	NJ Health		28729				28729	30937.91	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2601	APR-DRG	inpatient					Horizon	NJ Health		21547				21547	23203.74	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2602	APR-DRG	inpatient					Horizon	NJ Health		28474				28474	30662.9	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2603	APR-DRG	inpatient					Horizon	NJ Health		44690				44690	48125.63	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2604	APR-DRG	inpatient					Horizon	NJ Health		90526				90526	97485.64	case rate	
MAJOR BILIARY TRACT PROCEDURES	2611	APR-DRG	inpatient					Horizon	NJ Health		17921				17921	19298.31	case rate	
MAJOR BILIARY TRACT PROCEDURES	2612	APR-DRG	inpatient					Horizon	NJ Health		24935				24935	26851.79	case rate	
MAJOR BILIARY TRACT PROCEDURES	2613	APR-DRG	inpatient					Horizon	NJ Health		37708				37708	40606.7	case rate	
MAJOR BILIARY TRACT PROCEDURES	2614	APR-DRG	inpatient					Horizon	NJ Health		69275				69275	74601.34	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2621	APR-DRG	inpatient					Horizon	NJ Health		15620				15620	16821.34	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2622	APR-DRG	inpatient					Horizon	NJ Health		20601				20601	22184.88	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2623	APR-DRG	inpatient					Horizon	NJ Health		30836				30836	33206.84	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2624	APR-DRG	inpatient					Horizon	NJ Health		63062				63062	67910.41	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2631	APR-DRG	inpatient					Horizon	NJ Health		13345				13345	14371.08	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2632	APR-DRG	inpatient					Horizon	NJ Health		16888				16888	18186.06	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2633	APR-DRG	inpatient					Horizon	NJ Health		23006				23006	24774.46	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2634	APR-DRG	inpatient					Horizon	NJ Health		48755				48755	52503.67	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2641	APR-DRG	inpatient					Horizon	NJ Health		17771				17771	19137.11	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2642	APR-DRG	inpatient					Horizon	NJ Health		21766				21766	23439.76	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2643	APR-DRG	inpatient					Horizon	NJ Health		33675				33675	36264.31	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2644	APR-DRG	inpatient					Horizon	NJ Health		73139				73139	78762.48	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2791	APR-DRG	inpatient					Horizon	NJ Health		6902				6902	7432.93	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2792	APR-DRG	inpatient					Horizon	NJ Health		8735				8735	9406.24	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2793	APR-DRG	inpatient					Horizon	NJ Health		14483				14483	15596.58	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2794	APR-DRG	inpatient					Horizon	NJ Health		36525				36525	39333.16	case rate	
ALCOHOLIC LIVER DISEASE	2801	APR-DRG	inpatient					Horizon	NJ Health		7054				7054	7596.26	case rate	
ALCOHOLIC LIVER DISEASE	2802	APR-DRG	inpatient					Horizon	NJ Health		8839				8839	9518.21	case rate	
ALCOHOLIC LIVER DISEASE	2803	APR-DRG	inpatient					Horizon	NJ Health		14083				14083	15166.18	case rate	
ALCOHOLIC LIVER DISEASE	2804	APR-DRG	inpatient					Horizon	NJ Health		31780				31780	34223.19	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2811	APR-DRG	inpatient					Horizon	NJ Health		10394				10394	11192.76	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2812	APR-DRG	inpatient					Horizon	NJ Health		12329				12329	13277.03	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2813	APR-DRG	inpatient					Horizon	NJ Health		17061				17061	18372.85	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2814	APR-DRG	inpatient					Horizon	NJ Health		27807				27807	29944.65	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2821	APR-DRG	inpatient					Horizon	NJ Health		7190				7190	7742.58	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2822	APR-DRG	inpatient					Horizon	NJ Health		9291				9291	10005.6	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2823	APR-DRG	inpatient					Horizon	NJ Health		15521				15521	16713.9	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2824	APR-DRG	inpatient					Horizon	NJ Health		43192				43192	46512.41	case rate	
OTHER DISORDERS OF THE LIVER	2831	APR-DRG	inpatient					Horizon	NJ Health		7703				7703	8295.75	case rate	
OTHER DISORDERS OF THE LIVER	2832	APR-DRG	inpatient					Horizon	NJ Health		9124				9124	9824.99	case rate	
OTHER DISORDERS OF THE LIVER	2833	APR-DRG	inpatient					Horizon	NJ Health		13752				13752	14809.23	case rate	
OTHER DISORDERS OF THE LIVER	2834	APR-DRG	inpatient					Horizon	NJ Health		28109				28109	30270.29	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2841	APR-DRG	inpatient					Horizon	NJ Health		8307				8307	8945.83	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2842	APR-DRG	inpatient					Horizon	NJ Health		11081				11081	11932.45	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2843	APR-DRG	inpatient					Horizon	NJ Health		15968				15968	17195.39	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2844	APR-DRG	inpatient					Horizon	NJ Health		31615				31615	34045.18	case rate	
HIP JOINT REPLACEMENT	3011	APR-DRG	inpatient					Horizon	NJ Health		21085				21085	22706.55	case rate	
HIP JOINT REPLACEMENT	3012	APR-DRG	inpatient					Horizon	NJ Health		23024				23024	24794.6	case rate	
HIP JOINT REPLACEMENT	3013	APR-DRG	inpatient					Horizon	NJ Health		31506				31506	33927.77	case rate	
HIP JOINT REPLACEMENT	3014	APR-DRG	inpatient					Horizon	NJ Health		52210				52210	56224.16	case rate	
KNEE JOINT REPLACEMENT	3021	APR-DRG	inpatient					Horizon	NJ Health		20123				20123	21670.52	case rate	
KNEE JOINT REPLACEMENT	3022	APR-DRG	inpatient					Horizon	NJ Health		22376				22376	24096.3	case rate	
KNEE JOINT REPLACEMENT	3023	APR-DRG	inpatient					Horizon	NJ Health		28776				28776	30987.89	case rate	
KNEE JOINT REPLACEMENT	3024	APR-DRG	inpatient					Horizon	NJ Health		52908				52908	56976.12	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3031	APR-DRG	inpatient					Horizon	NJ Health		62165				62165	66943.84	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3032	APR-DRG	inpatient					Horizon	NJ Health		74805				74805	80555.84	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3033	APR-DRG	inpatient					Horizon	NJ Health		109597				109597	118022.48	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3034	APR-DRG	inpatient					Horizon	NJ Health		148878				148878	160324.42	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3041	APR-DRG	inpatient					Horizon	NJ Health		37786				37786	40690.76	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3042	APR-DRG	inpatient					Horizon	NJ Health		45257				45257	48735.89	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3043	APR-DRG	inpatient					Horizon	NJ Health		68159				68159	73398.76	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3044	APR-DRG	inpatient					Horizon	NJ Health		113518				113518	122245.78	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3051	APR-DRG	inpatient					Horizon	NJ Health		14169				14169	15258.47	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3052	APR-DRG	inpatient					Horizon	NJ Health		19399				19399	20890.92	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3053	APR-DRG	inpatient					Horizon	NJ Health		31745				31745	34185.78	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3054	APR-DRG	inpatient					Horizon	NJ Health		67144				67144	72306.28	case rate	
HIP & FEMUR FRACTURE REPAIR	3081	APR-DRG	inpatient					Horizon	NJ Health		17176				17176	18496.64	case rate	
HIP & FEMUR FRACTURE REPAIR	3082	APR-DRG	inpatient					Horizon	NJ Health		20236				20236	21792.18	case rate	
HIP & FEMUR FRACTURE REPAIR	3083	APR-DRG	inpatient					Horizon	NJ Health		27013				27013	29090.24	case rate	
HIP & FEMUR FRACTURE REPAIR	3084	APR-DRG	inpatient					Horizon	NJ Health		47222				47222	50852.02	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3091	APR-DRG	inpatient					Horizon	NJ Health		17332				17332	18664.5	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3092	APR-DRG	inpatient					Horizon	NJ Health		24638				24638	26532.53	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3093	APR-DRG	inpatient					Horizon	NJ Health		35971				35971	38736.29	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3094	APR-DRG	inpatient					Horizon	NJ Health		70334				70334	75741.31	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3101	APR-DRG	inpatient					Horizon	NJ Health		12915				12915	13908.25	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3102	APR-DRG	inpatient					Horizon	NJ Health		17145				17145	18462.74	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3103	APR-DRG	inpatient					Horizon	NJ Health		24808				24808	26715.35	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3104	APR-DRG	inpatient					Horizon	NJ Health		53338				53338	57438.66	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3121	APR-DRG	inpatient					Horizon	NJ Health		21293				21293	22930.48	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3122	APR-DRG	inpatient					Horizon	NJ Health		30304				30304	32634.18	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3123	APR-DRG	inpatient					Horizon	NJ Health		54645				54645	58846.25	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3124	APR-DRG	inpatient					Horizon	NJ Health		112927				112927	121609.46	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3131	APR-DRG	inpatient					Horizon	NJ Health		15166				15166	16332.1	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3132	APR-DRG	inpatient					Horizon	NJ Health		20758				20758	22353.56	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3133	APR-DRG	inpatient					Horizon	NJ Health		31773				31773	34215.44	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3134	APR-DRG	inpatient					Horizon	NJ Health		64649				64649	69619.15	case rate	
FOOT & TOE PROCEDURES	3141	APR-DRG	inpatient					Horizon	NJ Health		13871				13871	14937.17	case rate	
FOOT & TOE PROCEDURES	3142	APR-DRG	inpatient					Horizon	NJ Health		15744				15744	16954	case rate	
FOOT & TOE PROCEDURES	3143	APR-DRG	inpatient					Horizon	NJ Health		21955				21955	23643.28	case rate	
FOOT & TOE PROCEDURES	3144	APR-DRG	inpatient					Horizon	NJ Health		47322				47322	50960.48	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3151	APR-DRG	inpatient					Horizon	NJ Health		12509				12509	13470.29	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3152	APR-DRG	inpatient					Horizon	NJ Health		21160				21160	22786.28	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3153	APR-DRG	inpatient					Horizon	NJ Health		30441				30441	32780.98	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3154	APR-DRG	inpatient					Horizon	NJ Health		61586				61586	66321.11	case rate	
HAND & WRIST PROCEDURES	3161	APR-DRG	inpatient					Horizon	NJ Health		10892				10892	11728.94	case rate	
HAND & WRIST PROCEDURES	3162	APR-DRG	inpatient					Horizon	NJ Health		15491				15491	16682.31	case rate	
HAND & WRIST PROCEDURES	3163	APR-DRG	inpatient					Horizon	NJ Health		24854				24854	26765.04	case rate	
HAND & WRIST PROCEDURES	3164	APR-DRG	inpatient					Horizon	NJ Health		47569				47569	51225.97	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3171	APR-DRG	inpatient					Horizon	NJ Health		10028				10028	12952.96	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3172	APR-DRG	inpatient					Horizon	NJ Health		16874				16874	18171.65	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3173	APR-DRG	inpatient					Horizon	NJ Health		28979				28979	31207.48	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3174	APR-DRG	inpatient					Horizon	NJ Health		68301				68301	73552.1	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3201	APR-DRG	inpatient					Horizon	NJ Health		13725				13725	14780.04	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3202	APR-DRG	inpatient					Horizon	NJ Health		21098				21098	22720.13	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3203	APR-DRG	inpatient					Horizon	NJ Health		30042				30042	32351.22	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3204	APR-DRG	inpatient					Horizon	NJ Health		56708				56708	61067.41	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3211	APR-DRG	inpatient					Horizon	NJ Health		22560				22560	24294.73	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3212	APR-DRG	inpatient					Horizon	NJ Health		29242				29242	31489.7	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3213	APR-DRG	inpatient					Horizon	NJ Health		48855				48855	52610.56	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3214	APR-DRG	inpatient					Horizon	NJ Health		91658				91658	98704.49	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3221	APR-DRG	inpatient					Horizon	NJ Health		20590				20590	22172.69	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3222	APR-DRG	inpatient					Horizon	NJ Health		22443				22443	24168.27	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3223	APR-DRG	inpatient					Horizon	NJ Health		31710				31710	34147.91	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3224	APR-DRG	inpatient					Horizon	NJ Health		53180				53180	57268.41	case rate	
FRACTURE OF FEMUR	3401	APR-DRG	inpatient					Horizon	NJ Health		6431				6431	6925.68	case rate	
FRACTURE OF FEMUR	3402	APR-DRG	inpatient					Horizon	NJ Health		7618				7618	8203.74	case rate	
FRACTURE OF FEMUR	3403	APR-DRG	inpatient					Horizon	NJ Health		11426				11426	12304.82	case rate	
FRACTURE OF FEMUR	3404	APR-DRG	inpatient					Horizon	NJ Health		26259				26259	28278.03	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3411	APR-DRG	inpatient					Horizon	NJ Health		6520				6520	7021.38	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3412	APR-DRG	inpatient					Horizon	NJ Health		7909				7909	8517	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3413	APR-DRG	inpatient					Horizon	NJ Health		10584				10584	11397.38	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3414	APR-DRG	inpatient					Horizon	NJ Health		25091				25091	27019.65	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3421	APR-DRG	inpatient					Horizon	NJ Health		6809				6809	7332.24	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3422	APR-DRG	inpatient					Horizon	NJ Health		8802				8802	9479.13	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3423	APR-DRG	inpatient					Horizon	NJ Health		12022				12022	12946.03	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3424	APR-DRG	inpatient					Horizon	NJ Health		27726				27726	29857.26	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3431	APR-DRG	inpatient					Horizon	NJ Health		10574				10574	11387.32	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3432	APR-DRG	inpatient					Horizon	NJ Health		12651				12651	13623.45	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3433	APR-DRG	inpatient					Horizon	NJ Health		20177				20177	21728.07	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3434	APR-DRG	inpatient					Horizon	NJ Health		33959				33959	36569.36	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3441	APR-DRG	inpatient					Horizon	NJ Health		9712				9712	10459.09	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3442	APR-DRG	inpatient					Horizon	NJ Health		12263				12263	13205.9	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3443	APR-DRG	inpatient					Horizon	NJ Health		18325				18325	19733.59	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3444	APR-DRG	inpatient					Horizon	NJ Health		33775				33775	36371.2	case rate	
CONNECTIVE TISSUE DISORDERS	3461	APR-DRG	inpatient					Horizon	NJ Health		8782				8782	9456.68	case rate	
CONNECTIVE TISSUE DISORDERS	3462	APR-DRG	inpatient					Horizon	NJ Health		11692				11692	12590.93	case rate	
CONNECTIVE TISSUE DISORDERS	3463	APR-DRG	inpatient					Horizon	NJ Health		19654				19654	21164.65	case rate	
CONNECTIVE TISSUE DISORDERS	3464	APR-DRG	inpatient					Horizon	NJ Health		48051				48051	51744.87	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3471	APR-DRG	inpatient					Horizon	NJ Health		8259				8259	8893.91	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3472	APR-DRG	inpatient					Horizon	NJ Health		10195				10195	10978.63	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3473	APR-DRG	inpatient					Horizon	NJ Health		13986				13986	15061.14	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3474	APR-DRG	inpatient					Horizon	NJ Health		33157				33157	35705.79	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3491	APR-DRG	inpatient					Horizon	NJ Health		6951				6951	7485.4	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3492	APR-DRG	inpatient					Horizon	NJ Health		9943				9943	10707.41	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3493	APR-DRG	inpatient					Horizon	NJ Health		15158				15158	16323.7	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3494	APR-DRG	inpatient					Horizon	NJ Health		31087				31087	33477.05	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3511	APR-DRG	inpatient					Horizon	NJ Health		7030				7030	7570.66	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3512	APR-DRG	inpatient					Horizon	NJ Health		8146				8146	8772.43	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3513	APR-DRG	inpatient					Horizon	NJ Health		13219				13219	14235.19	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3514	APR-DRG	inpatient					Horizon	NJ Health		29266				29266	31515.65	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3611	APR-DRG	inpatient					Horizon	NJ Health		18285				18285	19690.27	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3612	APR-DRG	inpatient					Horizon	NJ Health		24531				24531	26417.15	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3613	APR-DRG	inpatient					Horizon	NJ Health		35239				35239	37948.39	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3614	APR-DRG	inpatient					Horizon	NJ Health		77395				77395	83344.95	case rate	
MASTECTOMY PROCEDURES	3621	APR-DRG	inpatient					Horizon	NJ Health		17668				17668	19026.07	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MASTECTOMY PROCEDURES	3622	APR-DRG	inpatient					Horizon	NJ Health		21592				21592	23251.78	case rate	
MASTECTOMY PROCEDURES	3623	APR-DRG	inpatient					Horizon	NJ Health		26572				26572	28614.57	case rate	
MASTECTOMY PROCEDURES	3624	APR-DRG	inpatient					Horizon	NJ Health		55956				55956	60258.27	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3631	APR-DRG	inpatient					Horizon	NJ Health		13785				13785	14845.26	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3632	APR-DRG	inpatient					Horizon	NJ Health		23261				23261	25048.83	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3633	APR-DRG	inpatient					Horizon	NJ Health		29697				29697	31979.68	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3634	APR-DRG	inpatient					Horizon	NJ Health		57197				57197	61594.71	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3641	APR-DRG	inpatient					Horizon	NJ Health		11134				11134	11989.73	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3642	APR-DRG	inpatient					Horizon	NJ Health		15388				15388	16570.72	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3643	APR-DRG	inpatient					Horizon	NJ Health		23918				23918	25756.63	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3644	APR-DRG	inpatient					Horizon	NJ Health		46865				46865	50467.54	case rate	
SKIN ULCERS	3801	APR-DRG	inpatient					Horizon	NJ Health		7630				7630	8216.4	case rate	
SKIN ULCERS	3802	APR-DRG	inpatient					Horizon	NJ Health		9147				9147	9850.13	case rate	
SKIN ULCERS	3803	APR-DRG	inpatient					Horizon	NJ Health		13222				13222	14238.05	case rate	
SKIN ULCERS	3804	APR-DRG	inpatient					Horizon	NJ Health		25954				25954	27948.98	case rate	
MAJOR SKIN DISORDERS	3811	APR-DRG	inpatient					Horizon	NJ Health		6138				6138	6610.29	case rate	
MAJOR SKIN DISORDERS	3812	APR-DRG	inpatient					Horizon	NJ Health		10818				10818	11649.67	case rate	
MAJOR SKIN DISORDERS	3813	APR-DRG	inpatient					Horizon	NJ Health		19525				19525	21026.08	case rate	
MAJOR SKIN DISORDERS	3814	APR-DRG	inpatient					Horizon	NJ Health		52795				52795	56853.45	case rate	
MALIGNANT BREAST DISORDERS	3821	APR-DRG	inpatient					Horizon	NJ Health		8327				8327	8967.07	case rate	
MALIGNANT BREAST DISORDERS	3822	APR-DRG	inpatient					Horizon	NJ Health		9877				9877	10636.65	case rate	
MALIGNANT BREAST DISORDERS	3823	APR-DRG	inpatient					Horizon	NJ Health		15654				15654	16857.09	case rate	
MALIGNANT BREAST DISORDERS	3824	APR-DRG	inpatient					Horizon	NJ Health		26329				26329	28353.42	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3831	APR-DRG	inpatient					Horizon	NJ Health		6023				6023	6486.51	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3832	APR-DRG	inpatient					Horizon	NJ Health		8017				8017	8633.03	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3833	APR-DRG	inpatient					Horizon	NJ Health		12308				12308	13254.48	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3834	APR-DRG	inpatient					Horizon	NJ Health		29119				29119	31357.31	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3841	APR-DRG	inpatient					Horizon	NJ Health		7716				7716	8309.05	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3842	APR-DRG	inpatient					Horizon	NJ Health		9146				9146	9849.57	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3843	APR-DRG	inpatient					Horizon	NJ Health		13401				13401	14431.77	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3844	APR-DRG	inpatient					Horizon	NJ Health		33906				33906	36512.54	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3851	APR-DRG	inpatient					Horizon	NJ Health		5744				5744	6185.16	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3852	APR-DRG	inpatient					Horizon	NJ Health		7609				7609	8193.67	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3853	APR-DRG	inpatient					Horizon	NJ Health		12158				12158	13092.73	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3854	APR-DRG	inpatient					Horizon	NJ Health		24962				24962	26880.89	case rate	
PITUITARY & ADRENAL PROCEDURES	4011	APR-DRG	inpatient					Horizon	NJ Health		19914				19914	21445.38	case rate	
PITUITARY & ADRENAL PROCEDURES	4012	APR-DRG	inpatient					Horizon	NJ Health		26773				26773	28831.76	case rate	
PITUITARY & ADRENAL PROCEDURES	4013	APR-DRG	inpatient					Horizon	NJ Health		45065				45065	48529.97	case rate	
PITUITARY & ADRENAL PROCEDURES	4014	APR-DRG	inpatient					Horizon	NJ Health		97506				97506	105002.81	case rate	
PROCEDURES FOR OBESITY	4031	APR-DRG	inpatient					Horizon	NJ Health		17380				17380	18716.59	case rate	
PROCEDURES FOR OBESITY	4032	APR-DRG	inpatient					Horizon	NJ Health		19302				19302	20786.08	case rate	
PROCEDURES FOR OBESITY	4033	APR-DRG	inpatient					Horizon	NJ Health		29334				29334	31589.28	case rate	
PROCEDURES FOR OBESITY	4034	APR-DRG	inpatient					Horizon	NJ Health		82589				82589	88938.34	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4041	APR-DRG	inpatient					Horizon	NJ Health		11095				11095	11948.15	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4042	APR-DRG	inpatient					Horizon	NJ Health		14866				14866	16008.87	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4043	APR-DRG	inpatient					Horizon	NJ Health		28289				28289	30463.64	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4044	APR-DRG	inpatient					Horizon	NJ Health		67798				67798	73010.03	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4051	APR-DRG	inpatient					Horizon	NJ Health		17255				17255	18581.54	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4052	APR-DRG	inpatient					Horizon	NJ Health		21390				21390	23034.13	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4053	APR-DRG	inpatient					Horizon	NJ Health		31781				31781	34224.03	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4054	APR-DRG	inpatient					Horizon	NJ Health		72471				72471	78042.47	case rate	
DIABETES	4201	APR-DRG	inpatient					Horizon	NJ Health		5600				5600	6030.98	case rate	
DIABETES	4202	APR-DRG	inpatient					Horizon	NJ Health		7237				7237	7793.67	case rate	
DIABETES	4203	APR-DRG	inpatient					Horizon	NJ Health		10860				10860	11695.22	case rate	
DIABETES	4204	APR-DRG	inpatient					Horizon	NJ Health		26481				26481	28516.56	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4211	APR-DRG	inpatient					Horizon	NJ Health		7536				7536	8115.52	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4212	APR-DRG	inpatient					Horizon	NJ Health		8373				8373	9017.24	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4213	APR-DRG	inpatient					Horizon	NJ Health		12841				12841	13828.25	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4214	APR-DRG	inpatient					Horizon	NJ Health		27227				27227	29320.17	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4221	APR-DRG	inpatient					Horizon	NJ Health		4511				4511	4857.3	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4222	APR-DRG	inpatient					Horizon	NJ Health		6471				6471	6968.17	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4223	APR-DRG	inpatient					Horizon	NJ Health		9465				9465	10192.48	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4224	APR-DRG	inpatient					Horizon	NJ Health		20499				20499	22074.95	case rate	
INBORN ERRORS OF METABOLISM	4231	APR-DRG	inpatient					Horizon	NJ Health		8230				8230	8862.96	case rate	
INBORN ERRORS OF METABOLISM	4232	APR-DRG	inpatient					Horizon	NJ Health		10728				10728	11552.77	case rate	
INBORN ERRORS OF METABOLISM	4233	APR-DRG	inpatient					Horizon	NJ Health		16930				16930	18232.07	case rate	
INBORN ERRORS OF METABOLISM	4234	APR-DRG	inpatient					Horizon	NJ Health		32805				32805	35327.22	case rate	
OTHER ENDOCRINE DISORDERS	4241	APR-DRG	inpatient					Horizon	NJ Health		6882				6882	7411.41	case rate	
OTHER ENDOCRINE DISORDERS	4242	APR-DRG	inpatient					Horizon	NJ Health		9353				9353	10072.21	case rate	
OTHER ENDOCRINE DISORDERS	4243	APR-DRG	inpatient					Horizon	NJ Health		14179				14179	15268.63	case rate	
OTHER ENDOCRINE DISORDERS	4244	APR-DRG	inpatient					Horizon	NJ Health		30049				30049	32358.89	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4251	APR-DRG	inpatient					Horizon	NJ Health		5598				5598	6028.39	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4252	APR-DRG	inpatient					Horizon	NJ Health		7212				7212	7766.97	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4253	APR-DRG	inpatient					Horizon	NJ Health		10816				10816	11647.55	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4254	APR-DRG	inpatient					Horizon	NJ Health		24264				24264	26129.58	case rate	
KIDNEY TRANSPLANT	4401	APR-DRG	inpatient					Horizon	NJ Health		66803				66803	71938.89	case rate	
KIDNEY TRANSPLANT	4402	APR-DRG	inpatient					Horizon	NJ Health		69900				69900	75273.87	case rate	
KIDNEY TRANSPLANT	4403	APR-DRG	inpatient					Horizon	NJ Health		79041				79041	85117.53	case rate	
KIDNEY TRANSPLANT	4404	APR-DRG	inpatient					Horizon	NJ Health		125133				125133	134753	case rate	
MAJOR BLADDER PROCEDURES	4411	APR-DRG	inpatient					Horizon	NJ Health		19699				19699	21213.06	case rate	
MAJOR BLADDER PROCEDURES	4412	APR-DRG	inpatient					Horizon	NJ Health		30534				30534	32881.21	case rate	
MAJOR BLADDER PROCEDURES	4413	APR-DRG	inpatient					Horizon	NJ Health		41530				41530	44722.93	case rate	
MAJOR BLADDER PROCEDURES	4414	APR-DRG	inpatient					Horizon	NJ Health		83587				83587	90012.8	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4421	APR-DRG	inpatient					Horizon	NJ Health		18154				18154	19549.21	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4422	APR-DRG	inpatient					Horizon	NJ Health		21032				21032	22648.91	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4423	APR-DRG	inpatient					Horizon	NJ Health		32476				32476	34973.32	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4424	APR-DRG	inpatient					Horizon	NJ Health		64617				64617	69584.32	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4431	APR-DRG	inpatient					Horizon	NJ Health		15894				15894	17115.48	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4432	APR-DRG	inpatient					Horizon	NJ Health		18671				18671	20106.44	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4433	APR-DRG	inpatient					Horizon	NJ Health		27290				27290	29388.62	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4434	APR-DRG	inpatient					Horizon	NJ Health		56734				56734	61095.87	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4441	APR-DRG	inpatient					Horizon	NJ Health		14477				14477	15590.02	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4442	APR-DRG	inpatient					Horizon	NJ Health		19534				19534	21035.96	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4443	APR-DRG	inpatient					Horizon	NJ Health		31396				31396	33810.08	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4444	APR-DRG	inpatient					Horizon	NJ Health		59390				59390	63955.93	case rate	
OTHER BLADDER PROCEDURES	4451	APR-DRG	inpatient					Horizon	NJ Health		12551				12551	13515.92	case rate	
OTHER BLADDER PROCEDURES	4452	APR-DRG	inpatient					Horizon	NJ Health		17153				17153	18471.33	case rate	
OTHER BLADDER PROCEDURES	4453	APR-DRG	inpatient					Horizon	NJ Health		22331				22331	24048.26	case rate	
OTHER BLADDER PROCEDURES	4454	APR-DRG	inpatient					Horizon	NJ Health		46342				46342	49904.67	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4461	APR-DRG	inpatient					Horizon	NJ Health		9610				9610	10348.51	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4462	APR-DRG	inpatient					Horizon	NJ Health		11885				11885	12798.32	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4463	APR-DRG	inpatient					Horizon	NJ Health		19434				19434	20927.97	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4464	APR-DRG	inpatient					Horizon	NJ Health		42053				42053	45286.26	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4471	APR-DRG	inpatient					Horizon	NJ Health		16309				16309	17562.41	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4472	APR-DRG	inpatient					Horizon	NJ Health		20646				20646	22233.57	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4473	APR-DRG	inpatient					Horizon	NJ Health		29505				29505	31773.85	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4474	APR-DRG	inpatient					Horizon	NJ Health		67426				67426	72610.03	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4611	APR-DRG	inpatient					Horizon	NJ Health		7578				7578	8160.78	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4612	APR-DRG	inpatient					Horizon	NJ Health		9909				9909	10670.45	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4613	APR-DRG	inpatient					Horizon	NJ Health		15319				15319	16496.63	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4614	APR-DRG	inpatient					Horizon	NJ Health		27888				27888	30032.23	case rate	
NEPHRITIS & NEPHROSIS	4621	APR-DRG	inpatient					Horizon	NJ Health		6243				6243	6723.27	case rate	
NEPHRITIS & NEPHROSIS	4622	APR-DRG	inpatient					Horizon	NJ Health		8808				8808	9485.51	case rate	
NEPHRITIS & NEPHROSIS	4623	APR-DRG	inpatient					Horizon	NJ Health		16274				16274	17525.18	case rate	
NEPHRITIS & NEPHROSIS	4624	APR-DRG	inpatient					Horizon	NJ Health		32891				32891	35419.69	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4631	APR-DRG	inpatient					Horizon	NJ Health		6033				6033	6497.22	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4632	APR-DRG	inpatient					Horizon	NJ Health		7602				7602	8186.1	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4633	APR-DRG	inpatient					Horizon	NJ Health		10558				10558	11369.95	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4634	APR-DRG	inpatient					Horizon	NJ Health		20653				20653	22241.14	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4651	APR-DRG	inpatient					Horizon	NJ Health		6637				6637	7147.48	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4652	APR-DRG	inpatient					Horizon	NJ Health		7948				7948	8559.22	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4653	APR-DRG	inpatient					Horizon	NJ Health		12181				12181	13117.4	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4654	APR-DRG	inpatient					Horizon	NJ Health		26559				26559	28600.91	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4661	APR-DRG	inpatient					Horizon	NJ Health		6318				6318	6803.83	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4662	APR-DRG	inpatient					Horizon	NJ Health		8800				8800	9476.18	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4663	APR-DRG	inpatient					Horizon	NJ Health		13404				13404	14435	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4664	APR-DRG	inpatient					Horizon	NJ Health		23822				23822	25653.17	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4681	APR-DRG	inpatient					Horizon	NJ Health		6605				6605	7112.28	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4682	APR-DRG	inpatient					Horizon	NJ Health		8968				8968	9656.96	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4683	APR-DRG	inpatient					Horizon	NJ Health		13074				13074	14079.06	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4684	APR-DRG	inpatient					Horizon	NJ Health		26335				26335	28359.42	case rate	
ACUTE KIDNEY INJURY	4691	APR-DRG	inpatient					Horizon	NJ Health		6254				6254	6734.63	case rate	
ACUTE KIDNEY INJURY	4692	APR-DRG	inpatient					Horizon	NJ Health		8357				8357	8999.41	case rate	
ACUTE KIDNEY INJURY	4693	APR-DRG	inpatient					Horizon	NJ Health		13533				13533	14573.2	case rate	
ACUTE KIDNEY INJURY	4694	APR-DRG	inpatient					Horizon	NJ Health		30702				30702	33062.73	case rate	
CHRONIC KIDNEY DISEASE	4701	APR-DRG	inpatient					Horizon	NJ Health		6647				6647	7158.01	case rate	
CHRONIC KIDNEY DISEASE	4702	APR-DRG	inpatient					Horizon	NJ Health		8463				8463	9113.21	case rate	
CHRONIC KIDNEY DISEASE	4703	APR-DRG	inpatient					Horizon	NJ Health		12460				12460	13417.81	case rate	
CHRONIC KIDNEY DISEASE	4704	APR-DRG	inpatient					Horizon	NJ Health		26710				26710	28763.96	case rate	
MAJOR MALE PELVIC PROCEDURES	4801	APR-DRG	inpatient					Horizon	NJ Health		16836				16836	18130.45	case rate	
MAJOR MALE PELVIC PROCEDURES	4802	APR-DRG	inpatient					Horizon	NJ Health		18555				18555	19981.08	case rate	
MAJOR MALE PELVIC PROCEDURES	4803	APR-DRG	inpatient					Horizon	NJ Health		30287				30287	32614.97	case rate	
MAJOR MALE PELVIC PROCEDURES	4804	APR-DRG	inpatient					Horizon	NJ Health		67582				67582	72777.78	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PENIS PROCEDURES	4811	APR-DRG	inpatient					Horizon	NJ Health		10772				10772	11599.88	case rate	
PENIS PROCEDURES	4812	APR-DRG	inpatient					Horizon	NJ Health		17553				17553	18902.92	case rate	
PENIS PROCEDURES	4813	APR-DRG	inpatient					Horizon	NJ Health		24440				24440	26318.86	case rate	
PENIS PROCEDURES	4814	APR-DRG	inpatient					Horizon	NJ Health		56406				56406	60742.24	case rate	
TRANSURETHRAL PROSTATECTOMY	4821	APR-DRG	inpatient					Horizon	NJ Health		9060				9060	9756.54	case rate	
TRANSURETHRAL PROSTATECTOMY	4822	APR-DRG	inpatient					Horizon	NJ Health		11823				11823	12732.08	case rate	
TRANSURETHRAL PROSTATECTOMY	4823	APR-DRG	inpatient					Horizon	NJ Health		21522				21522	23176.48	case rate	
TRANSURETHRAL PROSTATECTOMY	4824	APR-DRG	inpatient					Horizon	NJ Health		42957				42957	46259.38	case rate	
TESTES & SCROTAL PROCEDURES	4831	APR-DRG	inpatient					Horizon	NJ Health		9589				9589	10325.87	case rate	
TESTES & SCROTAL PROCEDURES	4832	APR-DRG	inpatient					Horizon	NJ Health		17345				17345	18678.26	case rate	
TESTES & SCROTAL PROCEDURES	4833	APR-DRG	inpatient					Horizon	NJ Health		29116				29116	31354.91	case rate	
TESTES & SCROTAL PROCEDURES	4834	APR-DRG	inpatient					Horizon	NJ Health		81770				81770	88056.95	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4841	APR-DRG	inpatient					Horizon	NJ Health		12453				12453	13410.8	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4842	APR-DRG	inpatient					Horizon	NJ Health		17771				17771	19137.56	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4843	APR-DRG	inpatient					Horizon	NJ Health		22759				22759	24509.06	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4844	APR-DRG	inpatient					Horizon	NJ Health		57655				57655	62087.37	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5001	APR-DRG	inpatient					Horizon	NJ Health		7705				7705	8297.88	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5002	APR-DRG	inpatient					Horizon	NJ Health		9800				9800	10553.69	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5003	APR-DRG	inpatient					Horizon	NJ Health		15500				15500	16691.55	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5004	APR-DRG	inpatient					Horizon	NJ Health		25430				25430	27385.19	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5011	APR-DRG	inpatient					Horizon	NJ Health		6141				6141	6613.25	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5012	APR-DRG	inpatient					Horizon	NJ Health		8440				8440	9088.65	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5013	APR-DRG	inpatient					Horizon	NJ Health		12755				12755	13736.15	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5014	APR-DRG	inpatient					Horizon	NJ Health		32225				32225	34702.55	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5101	APR-DRG	inpatient					Horizon	NJ Health		17033				17033	18342.73	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5102	APR-DRG	inpatient					Horizon	NJ Health		21132				21132	22757.17	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5103	APR-DRG	inpatient					Horizon	NJ Health		37795				37795	40700.27	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5104	APR-DRG	inpatient					Horizon	NJ Health		87560				87560	94291.9	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5111	APR-DRG	inpatient					Horizon	NJ Health		17184				17184	18505.05	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5112	APR-DRG	inpatient					Horizon	NJ Health		21549				21549	23205.77	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5113	APR-DRG	inpatient					Horizon	NJ Health		32349				32349	34836.41	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5114	APR-DRG	inpatient					Horizon	NJ Health		69058				69058	74367.53	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5121	APR-DRG	inpatient					Horizon	NJ Health		15277				15277	16451.37	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5122	APR-DRG	inpatient					Horizon	NJ Health		17977				17977	19358.73	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5123	APR-DRG	inpatient					Horizon	NJ Health		28246				28246	30417.82	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5124	APR-DRG	inpatient					Horizon	NJ Health		57706				57706	62142.25	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5131	APR-DRG	inpatient					Horizon	NJ Health		11679				11679	12576.79	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5132	APR-DRG	inpatient					Horizon	NJ Health		13711				13711	14764.89	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5133	APR-DRG	inpatient					Horizon	NJ Health		22492				22492	24220.92	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5134	APR-DRG	inpatient					Horizon	NJ Health		54382				54382	58562.46	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5141	APR-DRG	inpatient					Horizon	NJ Health		9619				9619	10358.67	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5142	APR-DRG	inpatient					Horizon	NJ Health		13969				13969	15043.13	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5143	APR-DRG	inpatient					Horizon	NJ Health		24194				24194	26053.73	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5144	APR-DRG	inpatient					Horizon	NJ Health		67054				67054	72208.82	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5171	APR-DRG	inpatient					Horizon	NJ Health		9256				9256	9967.26	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5172	APR-DRG	inpatient					Horizon	NJ Health		11645				11645	12540.39	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5173	APR-DRG	inpatient					Horizon	NJ Health		21364				21364	23006.13	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5174	APR-DRG	inpatient					Horizon	NJ Health		50269				50269	54133.42	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5181	APR-DRG	inpatient					Horizon	NJ Health		11013				11013	11859.92	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5182	APR-DRG	inpatient					Horizon	NJ Health		15179				15179	16345.68	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5183	APR-DRG	inpatient					Horizon	NJ Health		27710				27710	29840.63	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5184	APR-DRG	inpatient					Horizon	NJ Health		63088				63088	67938.68	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5191	APR-DRG	inpatient					Horizon	NJ Health		12208				12208	13146.96	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5192	APR-DRG	inpatient					Horizon	NJ Health		14642				14642	15767.76	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5193	APR-DRG	inpatient					Horizon	NJ Health		26431				26431	28462.89	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5194	APR-DRG	inpatient					Horizon	NJ Health		65544				65544	70691.11	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5301	APR-DRG	inpatient					Horizon	NJ Health		7382				7382	7950.07	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5302	APR-DRG	inpatient					Horizon	NJ Health		9490				9490	10220.01	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5303	APR-DRG	inpatient					Horizon	NJ Health		16026				16026	17258.02	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5304	APR-DRG	inpatient					Horizon	NJ Health		29510				29510	31779.3	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5311	APR-DRG	inpatient					Horizon	NJ Health		6715				6715	7230.9	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5312	APR-DRG	inpatient					Horizon	NJ Health		9040				9040	9735.21	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5313	APR-DRG	inpatient					Horizon	NJ Health		14253				14253	15349.18	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5314	APR-DRG	inpatient					Horizon	NJ Health		27689				27689	29817.26	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5321	APR-DRG	inpatient					Horizon	NJ Health		5836				5836	6284.29	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5322	APR-DRG	inpatient					Horizon	NJ Health		7205				7205	7758.57	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5323	APR-DRG	inpatient					Horizon	NJ Health		11844				11844	12754.07	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5324	APR-DRG	inpatient					Horizon	NJ Health		24252				24252	26116.36	case rate	
CESAREAN DELIVERY	5401	APR-DRG	inpatient					Horizon	NJ Health		7438				7438	8010.02	case rate	
CESAREAN DELIVERY	5402	APR-DRG	inpatient					Horizon	NJ Health		8892				8892	9575.29	case rate	
CESAREAN DELIVERY	5403	APR-DRG	inpatient					Horizon	NJ Health		12747				12747	13727.1	case rate	
CESAREAN DELIVERY	5404	APR-DRG	inpatient					Horizon	NJ Health		36062				36062	38834.31	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5411	APR-DRG	inpatient					Horizon	NJ Health		7086				7086	7630.9	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5412	APR-DRG	inpatient					Horizon	NJ Health		7711				7711	8303.42	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5413	APR-DRG	inpatient					Horizon	NJ Health		11480				11480	12362.56	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5414	APR-DRG	inpatient					Horizon	NJ Health		40410				40410	43516.83	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5421	APR-DRG	inpatient					Horizon	NJ Health		5254				5254	5657.58	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5422	APR-DRG	inpatient					Horizon	NJ Health		6556				6556	7060.18	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5423	APR-DRG	inpatient					Horizon	NJ Health		14117				14117	15202.4	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5424	APR-DRG	inpatient					Horizon	NJ Health		47169				47169	50795.03	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5441	APR-DRG	inpatient					Horizon	NJ Health		7421				7421	7991.54	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5442	APR-DRG	inpatient					Horizon	NJ Health		8785				8785	9459.91	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5443	APR-DRG	inpatient					Horizon	NJ Health		14558				14558	15677.6	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5444	APR-DRG	inpatient					Horizon	NJ Health		40972				40972	44121.64	case rate	
ECTOPIC PREGNANCY PROCEDURE	5451	APR-DRG	inpatient					Horizon	NJ Health		10624				10624	11441.09	case rate	
ECTOPIC PREGNANCY PROCEDURE	5452	APR-DRG	inpatient					Horizon	NJ Health		11660				11660	12556.66	case rate	
ECTOPIC PREGNANCY PROCEDURE	5453	APR-DRG	inpatient					Horizon	NJ Health		14070				14070	15152.05	case rate	
ECTOPIC PREGNANCY PROCEDURE	5454	APR-DRG	inpatient					Horizon	NJ Health		25680				25680	27654.29	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5461	APR-DRG	inpatient					Horizon	NJ Health		8105				8105	8727.81	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5462	APR-DRG	inpatient					Horizon	NJ Health		11454				11454	12334.85	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5463	APR-DRG	inpatient					Horizon	NJ Health		21949				21949	23636.35	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5464	APR-DRG	inpatient					Horizon	NJ Health		59801				59801	64398.15	case rate	
VAGINAL DELIVERY	5601	APR-DRG	inpatient					Horizon	NJ Health		4388				4388	4725.57	case rate	
VAGINAL DELIVERY	5602	APR-DRG	inpatient					Horizon	NJ Health		4948				4948	5328.53	case rate	
VAGINAL DELIVERY	5603	APR-DRG	inpatient					Horizon	NJ Health		7194				7194	7747.58	case rate	
VAGINAL DELIVERY	5604	APR-DRG	inpatient					Horizon	NJ Health		21453				21453	23102.49	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5611	APR-DRG	inpatient					Horizon	NJ Health		3442				3442	3706.17	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5612	APR-DRG	inpatient					Horizon	NJ Health		5538				5538	5963.64	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5613	APR-DRG	inpatient					Horizon	NJ Health		8898				8898	9582.59	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5614	APR-DRG	inpatient					Horizon	NJ Health		23418				23418	25218.81	case rate	
PRETERM LABOR	5631	APR-DRG	inpatient					Horizon	NJ Health		3942				3942	4244.92	case rate	
PRETERM LABOR	5632	APR-DRG	inpatient					Horizon	NJ Health		5221				5221	5622.3	case rate	
PRETERM LABOR	5633	APR-DRG	inpatient					Horizon	NJ Health		8939				8939	9626.19	case rate	
PRETERM LABOR	5634	APR-DRG	inpatient					Horizon	NJ Health		16481				16481	17747.63	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5641	APR-DRG	inpatient					Horizon	NJ Health		4174				4174	4494.71	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5642	APR-DRG	inpatient					Horizon	NJ Health		4872				4872	5246.95	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5643	APR-DRG	inpatient					Horizon	NJ Health		6919				6919	7451.12	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5644	APR-DRG	inpatient					Horizon	NJ Health		29447				29447	31710.48	case rate	
FALSE LABOR	5651	APR-DRG	inpatient					Horizon	NJ Health		1937				1937	2085.74	case rate	
FALSE LABOR	5652	APR-DRG	inpatient					Horizon	NJ Health		2754				2754	2966.2	case rate	
FALSE LABOR	5653	APR-DRG	inpatient					Horizon	NJ Health		4379				4379	4715.68	case rate	
FALSE LABOR	5654	APR-DRG	inpatient					Horizon	NJ Health		4818				4818	5188.67	case rate	
OTHER ANTEPARTUM DIAGNOSES	5661	APR-DRG	inpatient					Horizon	NJ Health		3866				3866	4163.54	case rate	
OTHER ANTEPARTUM DIAGNOSES	5662	APR-DRG	inpatient					Horizon	NJ Health		5194				5194	5593.48	case rate	
OTHER ANTEPARTUM DIAGNOSES	5663	APR-DRG	inpatient					Horizon	NJ Health		7969				7969	8581.48	case rate	
OTHER ANTEPARTUM DIAGNOSES	5664	APR-DRG	inpatient					Horizon	NJ Health		22654				22654	24395.43	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5801	APR-DRG	inpatient					Horizon	NJ Health		3277				3277	3529.35	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5802	APR-DRG	inpatient					Horizon	NJ Health		4219				4219	4543.12	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5803	APR-DRG	inpatient					Horizon	NJ Health		6827				6827	7351.45	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5804	APR-DRG	inpatient					Horizon	NJ Health		12889				12889	13879.44	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5811	APR-DRG	inpatient					Horizon	NJ Health		1306				1306	1406.85	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5812	APR-DRG	inpatient					Horizon	NJ Health		2075				2075	2234.38	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5813	APR-DRG	inpatient					Horizon	NJ Health		3580				3580	3855.54	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5814	APR-DRG	inpatient					Horizon	NJ Health		7189				7189	7741.57	case rate	
NEONATE W ECMO	5831	APR-DRG	inpatient					Horizon	NJ Health		113360				113360	122075.06	case rate	
NEONATE W ECMO	5832	APR-DRG	inpatient					Horizon	NJ Health		125955				125955	135639.02	case rate	
NEONATE W ECMO	5833	APR-DRG	inpatient					Horizon	NJ Health		236141				236141	254295.58	case rate	
NEONATE W ECMO	5834	APR-DRG	inpatient					Horizon	NJ Health		353109				353109	380256.57	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5881	APR-DRG	inpatient					Horizon	NJ Health		111251				111251	119804.56	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5882	APR-DRG	inpatient					Horizon	NJ Health		123613				123613	133116.23	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5883	APR-DRG	inpatient					Horizon	NJ Health		252406				252406	271810.79	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5884	APR-DRG	inpatient					Horizon	NJ Health		337839				337839	363812.97	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5891	APR-DRG	inpatient					Horizon	NJ Health		195339				195339	210356.86	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5892	APR-DRG	inpatient					Horizon	NJ Health		137021				137021	147554.93	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5893	APR-DRG	inpatient					Horizon	NJ Health		98016				98016	105551.08	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5894	APR-DRG	inpatient					Horizon	NJ Health		3332				3332	3587.64	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5911	APR-DRG	inpatient					Horizon	NJ Health		116657				116657	125625.47	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5912	APR-DRG	inpatient					Horizon	NJ Health		161848				161848	174290.97	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5913	APR-DRG	inpatient					Horizon	NJ Health		200977				200977	216428.85	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5914	APR-DRG	inpatient					Horizon	NJ Health		283720				283720	305532.82	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5931	APR-DRG	inpatient					Horizon	NJ Health		36170				36170	38951.08	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5932	APR-DRG	inpatient					Horizon	NJ Health		122541				122541	131962.42	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5933	APR-DRG	inpatient					Horizon	NJ Health		163204				163204	175751.86	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5934	APR-DRG	inpatient					Horizon	NJ Health		233082				233082	251001.25	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ AnOM	6021	APR-DRG	inpatient					Horizon	NJ Health		53194				53194	57283.56	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ AnOM	6022	APR-DRG	inpatient					Horizon	NJ Health		97672				97672	105181.57	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ AnOM	6023	APR-DRG	inpatient					Horizon	NJ Health		129662				129662	139630.26	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ AnOM	6024	APR-DRG	inpatient					Horizon	NJ Health		179503				179503	193303.18	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6031	APR-DRG	inpatient					Horizon	NJ Health		31064				31064	33452.47	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6032	APR-DRG	inpatient					Horizon	NJ Health		71354				71354	76840.07	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6033	APR-DRG	inpatient					Horizon	NJ Health		106029				106029	114181.06	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6034	APR-DRG	inpatient					Horizon	NJ Health		184612				184612	198804.73	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ AnOM	6071	APR-DRG	inpatient					Horizon	NJ Health		48491				48491	52219.15	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ AnOM	6072	APR-DRG	inpatient					Horizon	NJ Health		75709				75709	81529.52	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ AnOM	6073	APR-DRG	inpatient					Horizon	NJ Health		102533				102533	110416.14	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ AnOM	6074	APR-DRG	inpatient					Horizon	NJ Health		143345				143345	154365.32	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6081	APR-DRG	inpatient					Horizon	NJ Health		32814				32814	35336.83	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6082	APR-DRG	inpatient					Horizon	NJ Health		61749				61749	66496.54	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6083	APR-DRG	inpatient					Horizon	NJ Health		91224				91224	98237.88	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6084	APR-DRG	inpatient					Horizon	NJ Health		133734				133734	144016.16	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6091	APR-DRG	inpatient					Horizon	NJ Health		50993				50993	54913.2	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6092	APR-DRG	inpatient					Horizon	NJ Health		66227				66227	71319.12	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6093	APR-DRG	inpatient					Horizon	NJ Health		105656				105656	113778.66	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6094	APR-DRG	inpatient					Horizon	NJ Health		195917				195917	210979.68	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6111	APR-DRG	inpatient					Horizon	NJ Health		28254				28254	30426.68	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6112	APR-DRG	inpatient					Horizon	NJ Health		45435				45435	48928.32	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6113	APR-DRG	inpatient					Horizon	NJ Health		73562				73562	79217.35	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6114	APR-DRG	inpatient					Horizon	NJ Health		115570				115570	124454.65	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6121	APR-DRG	inpatient					Horizon	NJ Health		34345				34345	36984.97	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6122	APR-DRG	inpatient					Horizon	NJ Health		52353				52353	56377.6	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6123	APR-DRG	inpatient					Horizon	NJ Health		72393				72393	77958.88	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6124	APR-DRG	inpatient					Horizon	NJ Health		111047				111047	119584.7	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6131	APR-DRG	inpatient					Horizon	NJ Health		28750				28750	30959.8	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6132	APR-DRG	inpatient					Horizon	NJ Health		44527				44527	47950.75	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6133	APR-DRG	inpatient					Horizon	NJ Health		74032				74032	79724.15	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6134	APR-DRG	inpatient					Horizon	NJ Health		98704				98704	106292.98	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6141	APR-DRG	inpatient					Horizon	NJ Health		18872				18872	20323.35	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6142	APR-DRG	inpatient					Horizon	NJ Health		37688				37688	40586.01	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6143	APR-DRG	inpatient					Horizon	NJ Health		61814				61814	66566.2	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6144	APR-DRG	inpatient					Horizon	NJ Health		66120				66120	71202.99	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6211	APR-DRG	inpatient					Horizon	NJ Health		13210				13210	14225.48	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6212	APR-DRG	inpatient					Horizon	NJ Health		28589				28589	30786.6	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6213	APR-DRG	inpatient					Horizon	NJ Health		48152				48152	51853.6	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6214	APR-DRG	inpatient					Horizon	NJ Health		95209				95209	102526.71	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6221	APR-DRG	inpatient					Horizon	NJ Health		21358				21358	23000.31	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6222	APR-DRG	inpatient					Horizon	NJ Health		31658				31658	34092.11	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6223	APR-DRG	inpatient					Horizon	NJ Health		46156				46156	49704.58	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6224	APR-DRG	inpatient					Horizon	NJ Health		73830				73830	79505.67	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6231	APR-DRG	inpatient					Horizon	NJ Health		16930				16930	18232.07	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6232	APR-DRG	inpatient					Horizon	NJ Health		29449				29449	31712.98	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6233	APR-DRG	inpatient					Horizon	NJ Health		47893				47893	51575.08	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6234	APR-DRG	inpatient					Horizon	NJ Health		72839				72839	78439.16	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6251	APR-DRG	inpatient					Horizon	NJ Health		20144				20144	21692.41	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6252	APR-DRG	inpatient					Horizon	NJ Health		31478				31478	33897.93	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6253	APR-DRG	inpatient					Horizon	NJ Health		39290				39290	42311.09	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6254	APR-DRG	inpatient					Horizon	NJ Health		58073				58073	62537.26	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6261	APR-DRG	inpatient					Horizon	NJ Health		2002				2002	2156.32	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6262	APR-DRG	inpatient					Horizon	NJ Health		4953				4953	5333.98	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6263	APR-DRG	inpatient					Horizon	NJ Health		14457				14457	15568.58	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6264	APR-DRG	inpatient					Horizon	NJ Health		32532				32532	35033.09	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6301	APR-DRG	inpatient					Horizon	NJ Health		30656				30656	33013.3	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6302	APR-DRG	inpatient					Horizon	NJ Health		41677				41677	44881.18	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6303	APR-DRG	inpatient					Horizon	NJ Health		65580				65580	70622.11	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6304	APR-DRG	inpatient					Horizon	NJ Health		150392				150392	161954	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6311	APR-DRG	inpatient					Horizon	NJ Health		17213				17213	18535.99	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6312	APR-DRG	inpatient					Horizon	NJ Health		21321				21321	22959.85	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6313	APR-DRG	inpatient					Horizon	NJ Health		47920				47920	51603.9	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6314	APR-DRG	inpatient					Horizon	NJ Health		133513				133513	143777.91	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6331	APR-DRG	inpatient					Horizon	NJ Health		3759				3759	4048.24	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6332	APR-DRG	inpatient					Horizon	NJ Health		10700				10700	11522.47	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6333	APR-DRG	inpatient					Horizon	NJ Health		22723				22723	24470.44	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6334	APR-DRG	inpatient					Horizon	NJ Health		68244				68244	73490.58	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6341	APR-DRG	inpatient					Horizon	NJ Health		7177				7177	7728.91	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6342	APR-DRG	inpatient					Horizon	NJ Health		13071				13071	14076.1	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6343	APR-DRG	inpatient					Horizon	NJ Health		29000				29000	31229.56	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6344	APR-DRG	inpatient					Horizon	NJ Health		72129				72129	77673.98	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6361	APR-DRG	inpatient					Horizon	NJ Health		9714				9714	10460.66	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6362	APR-DRG	inpatient					Horizon	NJ Health		14489				14489	15603.33	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6363	APR-DRG	inpatient					Horizon	NJ Health		27280				27280	29376.98	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6364	APR-DRG	inpatient					Horizon	NJ Health		56858				56858	61229.45	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6391	APR-DRG	inpatient					Horizon	NJ Health		5617				5617	6048.35	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6392	APR-DRG	inpatient					Horizon	NJ Health		8903				8903	9587.86	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6393	APR-DRG	inpatient					Horizon	NJ Health		17277				17277	18604.91	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6394	APR-DRG	inpatient					Horizon	NJ Health		46822				46822	50422.08	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6401	APR-DRG	inpatient					Horizon	NJ Health		1422				1422	1531.37	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6402	APR-DRG	inpatient					Horizon	NJ Health		2103				2103	2265.13	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6403	APR-DRG	inpatient					Horizon	NJ Health		5114				5114	5506.92	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6404	APR-DRG	inpatient					Horizon	NJ Health		24920				24920	26835.99	case rate	
SPLENECTOMY	6501	APR-DRG	inpatient					Horizon	NJ Health		17505				17505	18850.55	case rate	
SPLENECTOMY	6502	APR-DRG	inpatient					Horizon	NJ Health		25056				25056	26982.69	case rate	
SPLENECTOMY	6503	APR-DRG	inpatient					Horizon	NJ Health		33786				33786	36383.21	case rate	
SPLENECTOMY	6504	APR-DRG	inpatient					Horizon	NJ Health		67643				67643	72843.74	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6511	APR-DRG	inpatient					Horizon	NJ Health		14080				14080	15162.39	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6512	APR-DRG	inpatient					Horizon	NJ Health		19771				19771	21291.2	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6513	APR-DRG	inpatient					Horizon	NJ Health		34893				34893	37575.09	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6514	APR-DRG	inpatient					Horizon	NJ Health		73223				73223	78852.82	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6601	APR-DRG	inpatient					Horizon	NJ Health		10302				10302	11094.11	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6602	APR-DRG	inpatient					Horizon	NJ Health		10998				10998	11843.21	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6603	APR-DRG	inpatient					Horizon	NJ Health		17681				17681	19040.85	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6604	APR-DRG	inpatient					Horizon	NJ Health		45941				45941	49472.8	case rate	
COAGULATION & PLATELET DISORDERS	6611	APR-DRG	inpatient					Horizon	NJ Health		12664				12664	13637.67	case rate	
COAGULATION & PLATELET DISORDERS	6612	APR-DRG	inpatient					Horizon	NJ Health		14899				14899	16044.16	case rate	
COAGULATION & PLATELET DISORDERS	6613	APR-DRG	inpatient					Horizon	NJ Health		28376				28376	30557.31	case rate	
COAGULATION & PLATELET DISORDERS	6614	APR-DRG	inpatient					Horizon	NJ Health		54122				54122	58283.01	case rate	
SICKLE CELL ANEMIA CRISIS	6621	APR-DRG	inpatient					Horizon	NJ Health		7859				7859	8463.51	case rate	
SICKLE CELL ANEMIA CRISIS	6622	APR-DRG	inpatient					Horizon	NJ Health		10766				10766	11593.41	case rate	
SICKLE CELL ANEMIA CRISIS	6623	APR-DRG	inpatient					Horizon	NJ Health		16681				16681	17963.89	case rate	
SICKLE CELL ANEMIA CRISIS	6624	APR-DRG	inpatient					Horizon	NJ Health		39194				39194	42206.89	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6631	APR-DRG	inpatient					Horizon	NJ Health		6598				6598	7105.72	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6632	APR-DRG	inpatient					Horizon	NJ Health		8330				8330	8970.76	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6633	APR-DRG	inpatient					Horizon	NJ Health		11920				11920	12836.19	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6634	APR-DRG	inpatient					Horizon	NJ Health		22264				22264	23975.85	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6801	APR-DRG	inpatient					Horizon	NJ Health		20594				20594	22177.13	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6802	APR-DRG	inpatient					Horizon	NJ Health		28322				28322	30499.67	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6803	APR-DRG	inpatient					Horizon	NJ Health		48920				48920	52681.13	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6804	APR-DRG	inpatient					Horizon	NJ Health		97850				97850	105372.51	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6811	APR-DRG	inpatient					Horizon	NJ Health		15005				15005	16158.89	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6812	APR-DRG	inpatient					Horizon	NJ Health		20654				20654	22241.51	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6813	APR-DRG	inpatient					Horizon	NJ Health		37958				37958	40876.08	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6814	APR-DRG	inpatient					Horizon	NJ Health		92491				92491	99601.87	case rate	
ACUTE LEUKEMIA	6901	APR-DRG	inpatient					Horizon	NJ Health		17442				17442	18783.11	case rate	
ACUTE LEUKEMIA	6902	APR-DRG	inpatient					Horizon	NJ Health		28798				28798	31011.82	case rate	
ACUTE LEUKEMIA	6903	APR-DRG	inpatient					Horizon	NJ Health		55360				55360	59616.41	case rate	
ACUTE LEUKEMIA	6904	APR-DRG	inpatient					Horizon	NJ Health		105548				105548	113662.82	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6911	APR-DRG	inpatient					Horizon	NJ Health		14775				14775	15910.76	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6912	APR-DRG	inpatient					Horizon	NJ Health		17060				17060	18372.02	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6913	APR-DRG	inpatient					Horizon	NJ Health		26410				26410	28440.44	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6914	APR-DRG	inpatient					Horizon	NJ Health		55547				55547	59817.89	case rate	
RADIOTHERAPY	6921	APR-DRG	inpatient					Horizon	NJ Health		9985				9985	10753.13	case rate	
RADIOTHERAPY	6922	APR-DRG	inpatient					Horizon	NJ Health		20875				20875	22479.95	case rate	
RADIOTHERAPY	6923	APR-DRG	inpatient					Horizon	NJ Health		30562				30562	32911.32	case rate	
RADIOTHERAPY	6924	APR-DRG	inpatient					Horizon	NJ Health		56535				56535	60881.83	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6941	APR-DRG	inpatient					Horizon	NJ Health		9180				9180	9885.88	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6942	APR-DRG	inpatient					Horizon	NJ Health		10818				10818	11649.21	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6943	APR-DRG	inpatient					Horizon	NJ Health		17406				17406	18744.59	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6944	APR-DRG	inpatient					Horizon	NJ Health		33693				33693	36283.25	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6951	APR-DRG	inpatient					Horizon	NJ Health		8356				8356	8997.93	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6952	APR-DRG	inpatient					Horizon	NJ Health		12183				12183	13119.99	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6953	APR-DRG	inpatient					Horizon	NJ Health		31769				31769	34211.65	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6954	APR-DRG	inpatient					Horizon	NJ Health		87626				87626	94362.66	case rate	
OTHER CHEMOTHERAPY	6961	APR-DRG	inpatient					Horizon	NJ Health		11002				11002	11847.46	case rate	
OTHER CHEMOTHERAPY	6962	APR-DRG	inpatient					Horizon	NJ Health		13087				13087	14092.65	case rate	
OTHER CHEMOTHERAPY	6963	APR-DRG	inpatient					Horizon	NJ Health		20535				20535	22113.47	case rate	
OTHER CHEMOTHERAPY	6964	APR-DRG	inpatient					Horizon	NJ Health		48452				48452	52177.11	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7101	APR-DRG	inpatient					Horizon	NJ Health		14659				14659	15786.05	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7102	APR-DRG	inpatient					Horizon	NJ Health		20644				20644	22231.17	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7103	APR-DRG	inpatient					Horizon	NJ Health		35450				35450	38174.99	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7104	APR-DRG	inpatient					Horizon	NJ Health		72442				72442	78011.35	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7111	APR-DRG	inpatient					Horizon	NJ Health		14075				14075	15156.94	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7112	APR-DRG	inpatient					Horizon	NJ Health		19475				19475	20971.94	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7113	APR-DRG	inpatient					Horizon	NJ Health		35254				35254	37964.46	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7114	APR-DRG	inpatient					Horizon	NJ Health		72559				72559	78136.98	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7201	APR-DRG	inpatient					Horizon	NJ Health		7372				7372	7939.17	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7202	APR-DRG	inpatient					Horizon	NJ Health		9895				9895	10656.04	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7203	APR-DRG	inpatient					Horizon	NJ Health		16184				16184	17428.64	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7204	APR-DRG	inpatient					Horizon	NJ Health		35673				35673	38415.19	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7211	APR-DRG	inpatient					Horizon	NJ Health		7747				7747	8342.87	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7212	APR-DRG	inpatient					Horizon	NJ Health		10281				10281	11071.84	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7213	APR-DRG	inpatient					Horizon	NJ Health		17211				17211	18533.87	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7214	APR-DRG	inpatient					Horizon	NJ Health		33602				33602	36185.42	case rate	
FEVER	7221	APR-DRG	inpatient					Horizon	NJ Health		5959				5959	6417.31	case rate	
FEVER	7222	APR-DRG	inpatient					Horizon	NJ Health		7992				7992	8606.33	case rate	
FEVER	7223	APR-DRG	inpatient					Horizon	NJ Health		10880				10880	11716.74	case rate	
FEVER	7224	APR-DRG	inpatient					Horizon	NJ Health		20658				20658	22246.32	case rate	
VIRAL ILLNESS	7231	APR-DRG	inpatient					Horizon	NJ Health		5256				5256	5660.54	case rate	
VIRAL ILLNESS	7232	APR-DRG	inpatient					Horizon	NJ Health		7119				7119	7666.65	case rate	
VIRAL ILLNESS	7233	APR-DRG	inpatient					Horizon	NJ Health		11508				11508	12393.05	case rate	
VIRAL ILLNESS	7234	APR-DRG	inpatient					Horizon	NJ Health		38476				38476	41434.6	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7241	APR-DRG	inpatient					Horizon	NJ Health		9170				9170	9875.53	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7242	APR-DRG	inpatient					Horizon	NJ Health		10819				10819	11650.69	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7243	APR-DRG	inpatient					Horizon	NJ Health		17052				17052	18363.33	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7244	APR-DRG	inpatient					Horizon	NJ Health		39454				39454	42487.26	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7401	APR-DRG	inpatient					Horizon	NJ Health		17959				17959	19339.97	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7402	APR-DRG	inpatient					Horizon	NJ Health		21614				21614	23275.33	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7403	APR-DRG	inpatient					Horizon	NJ Health		36229				36229	39014.72	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7404	APR-DRG	inpatient					Horizon	NJ Health		72810				72810	78408.2	case rate	
SCHIZOPHRENIA	7501	APR-DRG	inpatient					Horizon	NJ Health		8395				8395	9039.96	case rate	
SCHIZOPHRENIA	7502	APR-DRG	inpatient					Horizon	NJ Health		10060				10060	10833.31	case rate	
SCHIZOPHRENIA	7503	APR-DRG	inpatient					Horizon	NJ Health		14676				14676	15804.43	case rate	
SCHIZOPHRENIA	7504	APR-DRG	inpatient					Horizon	NJ Health		29498				29498	31765.82	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7511	APR-DRG	inpatient					Horizon	NJ Health		5025				5025	5411.02	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7512	APR-DRG	inpatient					Horizon	NJ Health		6966				6966	7501.93	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7513	APR-DRG	inpatient					Horizon	NJ Health		12133				12133	13065.29	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7514	APR-DRG	inpatient					Horizon	NJ Health		23553				23553	25364.21	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7521	APR-DRG	inpatient					Horizon	NJ Health		4304				4304	4635.13	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7522	APR-DRG	inpatient					Horizon	NJ Health		6111				6111	6580.55	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7523	APR-DRG	inpatient					Horizon	NJ Health		10782				10782	11610.78	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7524	APR-DRG	inpatient					Horizon	NJ Health		11569				11569	12458.27	case rate	
BIPOLAR DISORDERS	7531	APR-DRG	inpatient					Horizon	NJ Health		5466				5466	5886.04	case rate	
BIPOLAR DISORDERS	7532	APR-DRG	inpatient					Horizon	NJ Health		7399				7399	7967.52	case rate	
BIPOLAR DISORDERS	7533	APR-DRG	inpatient					Horizon	NJ Health		12030				12030	12954.9	case rate	
BIPOLAR DISORDERS	7534	APR-DRG	inpatient					Horizon	NJ Health		24157				24157	26014.37	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7541	APR-DRG	inpatient					Horizon	NJ Health		4019				4019	4328.15	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7542	APR-DRG	inpatient					Horizon	NJ Health		5383				5383	5797.17	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7543	APR-DRG	inpatient					Horizon	NJ Health		8383				8383	9027.49	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7544	APR-DRG	inpatient					Horizon	NJ Health		17520				17520	18866.9	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7551	APR-DRG	inpatient					Horizon	NJ Health		3619				3619	3897.2	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7552	APR-DRG	inpatient					Horizon	NJ Health		5933				5933	6389.22	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7553	APR-DRG	inpatient					Horizon	NJ Health		8522				8522	9176.68	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7554	APR-DRG	inpatient					Horizon	NJ Health		12858				12858	13846.73	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7561	APR-DRG	inpatient					Horizon	NJ Health		5872				5872	6323.91	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7562	APR-DRG	inpatient					Horizon	NJ Health		7405				7405	7973.99	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7563	APR-DRG	inpatient					Horizon	NJ Health		9041				9041	9735.57	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7564	APR-DRG	inpatient					Horizon	NJ Health		23735				23735	25559.97	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7571	APR-DRG	inpatient					Horizon	NJ Health		8677				8677	9344.53	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7572	APR-DRG	inpatient					Horizon	NJ Health		9994				9994	10762.83	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7573	APR-DRG	inpatient					Horizon	NJ Health		12866				12866	13854.86	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7574	APR-DRG	inpatient					Horizon	NJ Health		27248				27248	29343.35	case rate	
BEHAVIORAL DISORDERS	7581	APR-DRG	inpatient					Horizon	NJ Health		5731				5731	6171.96	case rate	
BEHAVIORAL DISORDERS	7582	APR-DRG	inpatient					Horizon	NJ Health		6812				6812	7335.46	case rate	
BEHAVIORAL DISORDERS	7583	APR-DRG	inpatient					Horizon	NJ Health		11420				11420	12298.09	case rate	
BEHAVIORAL DISORDERS	7584	APR-DRG	inpatient					Horizon	NJ Health		15093				15093	16252.94	case rate	
EATING DISORDERS	7591	APR-DRG	inpatient					Horizon	NJ Health		18259				18259	19662.93	case rate	
EATING DISORDERS	7592	APR-DRG	inpatient					Horizon	NJ Health		19176				19176	20650.65	case rate	
EATING DISORDERS	7593	APR-DRG	inpatient					Horizon	NJ Health		21488				21488	23140.55	case rate	
EATING DISORDERS	7594	APR-DRG	inpatient					Horizon	NJ Health		37236				37236	40099.26	case rate	
OTHER MENTAL HEALTH DISORDERS	7601	APR-DRG	inpatient					Horizon	NJ Health		7148				7148	7697.59	case rate	
OTHER MENTAL HEALTH DISORDERS	7602	APR-DRG	inpatient					Horizon	NJ Health		9284				9284	9997.28	case rate	
OTHER MENTAL HEALTH DISORDERS	7603	APR-DRG	inpatient					Horizon	NJ Health		14003				14003	15079.44	case rate	
OTHER MENTAL HEALTH DISORDERS	7604	APR-DRG	inpatient					Horizon	NJ Health		26995				26995	29070.74	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7701	APR-DRG	inpatient					Horizon	NJ Health		3199				3199	3445.29	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7702	APR-DRG	inpatient					Horizon	NJ Health		4195				4195	4517.16	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7703	APR-DRG	inpatient					Horizon	NJ Health		8660				8660	9326.05	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7704	APR-DRG	inpatient					Horizon	NJ Health		25875				25875	27864.27	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7721	APR-DRG	inpatient					Horizon	NJ Health		8930				8930	9647.07	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7722	APR-DRG	inpatient					Horizon	NJ Health		9427				9427	10152.3	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7723	APR-DRG	inpatient					Horizon	NJ Health		11082				11082	11933.47	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7724	APR-DRG	inpatient					Horizon	NJ Health		34376				34376	37019.15	case rate	
OPIOID ABUSE & DEPENDENCE	7731	APR-DRG	inpatient					Horizon	NJ Health		3797				3797	4089.26	case rate	
OPIOID ABUSE & DEPENDENCE	7732	APR-DRG	inpatient					Horizon	NJ Health		4856				4856	5229.22	case rate	
OPIOID ABUSE & DEPENDENCE	7733	APR-DRG	inpatient					Horizon	NJ Health		9840				9840	10596.64	case rate	
OPIOID ABUSE & DEPENDENCE	7734	APR-DRG	inpatient					Horizon	NJ Health		31142				31142	33535.99	case rate	
COCAINE ABUSE & DEPENDENCE	7741	APR-DRG	inpatient					Horizon	NJ Health		4807				4807	5176.56	case rate	
COCAINE ABUSE & DEPENDENCE	7742	APR-DRG	inpatient					Horizon	NJ Health		4993				4993	5376.75	case rate	
COCAINE ABUSE & DEPENDENCE	7743	APR-DRG	inpatient					Horizon	NJ Health		9615				9615	10354.61	case rate	
COCAINE ABUSE & DEPENDENCE	7744	APR-DRG	inpatient					Horizon	NJ Health		35185				35185	37889.92	case rate	
ALCOHOL ABUSE & DEPENDENCE	7751	APR-DRG	inpatient					Horizon	NJ Health		4663				4663	5021.92	case rate	
ALCOHOL ABUSE & DEPENDENCE	7752	APR-DRG	inpatient					Horizon	NJ Health		6649				6649	7159.86	case rate	
ALCOHOL ABUSE & DEPENDENCE	7753	APR-DRG	inpatient					Horizon	NJ Health		12659				12659	13632.13	case rate	
ALCOHOL ABUSE & DEPENDENCE	7754	APR-DRG	inpatient					Horizon	NJ Health		36269				36269	39057.22	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7761	APR-DRG	inpatient					Horizon	NJ Health		4430				4430	4770.74	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7762	APR-DRG	inpatient					Horizon	NJ Health		6141				6141	6612.69	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7763	APR-DRG	inpatient					Horizon	NJ Health		10821				10821	11652.53	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7764	APR-DRG	inpatient					Horizon	NJ Health		24958				24958	26876.46	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7911	APR-DRG	inpatient					Horizon	NJ Health		13059				13059	14062.81	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7912	APR-DRG	inpatient					Horizon	NJ Health		19172				19172	20645.57	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7913	APR-DRG	inpatient					Horizon	NJ Health		30926				30926	33304.02	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7914	APR-DRG	inpatient					Horizon	NJ Health		67573				67573	72768.63	case rate	
ALLERGIC REACTIONS	8111	APR-DRG	inpatient					Horizon	NJ Health		4113				4113	4428.75	case rate	
ALLERGIC REACTIONS	8112	APR-DRG	inpatient					Horizon	NJ Health		5938				5938	6395.04	case rate	
ALLERGIC REACTIONS	8113	APR-DRG	inpatient					Horizon	NJ Health		13002				13002	14001.74	case rate	
ALLERGIC REACTIONS	8114	APR-DRG	inpatient					Horizon	NJ Health		31154				31154	33548.92	case rate	
POISONING OF MEDICINAL AGENTS	8121	APR-DRG	inpatient					Horizon	NJ Health		4712				4712	5073.84	case rate	
POISONING OF MEDICINAL AGENTS	8122	APR-DRG	inpatient					Horizon	NJ Health		6001				6001	6462.77	case rate	
POISONING OF MEDICINAL AGENTS	8123	APR-DRG	inpatient					Horizon	NJ Health		10651				10651	11470	case rate	
POISONING OF MEDICINAL AGENTS	8124	APR-DRG	inpatient					Horizon	NJ Health		24975				24975	26894.75	case rate	
OTHER COMPLICATIONS OF TREATMENT	8131	APR-DRG	inpatient					Horizon	NJ Health		6844				6844	7369.65	case rate	
OTHER COMPLICATIONS OF TREATMENT	8132	APR-DRG	inpatient					Horizon	NJ Health		9020				9020	9713.13	case rate	
OTHER COMPLICATIONS OF TREATMENT	8133	APR-DRG	inpatient					Horizon	NJ Health		13890				13890	14957.87	case rate	
OTHER COMPLICATIONS OF TREATMENT	8134	APR-DRG	inpatient					Horizon	NJ Health		30552				30552	32901.25	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8151	APR-DRG	inpatient					Horizon	NJ Health		6705				6705	7220.08	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8152	APR-DRG	inpatient					Horizon	NJ Health		7121				7121	7668.4	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8153	APR-DRG	inpatient					Horizon	NJ Health		12125				12125	13057.44	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8154	APR-DRG	inpatient					Horizon	NJ Health		38719				38719	41695.76	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8161	APR-DRG	inpatient					Horizon	NJ Health		7032				7032	7573.16	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8162	APR-DRG	inpatient					Horizon	NJ Health		7814				7814	8414.65	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8163	APR-DRG	inpatient					Horizon	NJ Health		11314				11314	12183.62	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8164	APR-DRG	inpatient					Horizon	NJ Health		25929				25929	27922.65	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8411	APR-DRG	inpatient					Horizon	NJ Health		66333				66333	71432.37	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8412	APR-DRG	inpatient					Horizon	NJ Health		67479				67479	72666.47	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8413	APR-DRG	inpatient					Horizon	NJ Health		103839				103839	111822.16	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8414	APR-DRG	inpatient					Horizon	NJ Health		268653				268653	289306.86	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8421	APR-DRG	inpatient					Horizon	NJ Health		20631				20631	22217.12	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8422	APR-DRG	inpatient					Horizon	NJ Health		30935				30935	33313.26	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8423	APR-DRG	inpatient					Horizon	NJ Health		59192				59192	63742.54	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8424	APR-DRG	inpatient					Horizon	NJ Health		140789				140789	151613.33	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8431	APR-DRG	inpatient					Horizon	NJ Health		10139				10139	10918.03	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8432	APR-DRG	inpatient					Horizon	NJ Health		13987				13987	15062.53	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8433	APR-DRG	inpatient					Horizon	NJ Health		25544				25544	27507.96	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8434	APR-DRG	inpatient					Horizon	NJ Health		68913				68913	74211.05	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8441	APR-DRG	inpatient					Horizon	NJ Health		6777				6777	7297.78	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8442	APR-DRG	inpatient					Horizon	NJ Health		10220				10220	11005.97	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8443	APR-DRG	inpatient					Horizon	NJ Health		20807				20807	22406.14	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8444	APR-DRG	inpatient					Horizon	NJ Health		58881				58881	63407.47	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8501	APR-DRG	inpatient					Horizon	NJ Health		20917				20917	22524.75	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8502	APR-DRG	inpatient					Horizon	NJ Health		26269				26269	28289.03	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8503	APR-DRG	inpatient					Horizon	NJ Health		36091				36091	38865.81	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8504	APR-DRG	inpatient					Horizon	NJ Health		65967				65967	71038.37	case rate	
REHABILITATION	8601	APR-DRG	inpatient					Horizon	NJ Health		11462				11462	12343.08	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REHABILITATION	8602	APR-DRG	inpatient					Horizon	NJ Health		15526				15526	16719.91	case rate	
REHABILITATION	8603	APR-DRG	inpatient					Horizon	NJ Health		21381				21381	23024.7	case rate	
REHABILITATION	8604	APR-DRG	inpatient					Horizon	NJ Health		28803				28803	31017.17	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8611	APR-DRG	inpatient					Horizon	NJ Health		5885				5885	6337.4	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8612	APR-DRG	inpatient					Horizon	NJ Health		7697				7697	8288.64	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8613	APR-DRG	inpatient					Horizon	NJ Health		11003				11003	11849.31	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8614	APR-DRG	inpatient					Horizon	NJ Health		23161				23161	24941.67	case rate	
OTHER AFTERCARE & CONVALESCENCE	8621	APR-DRG	inpatient					Horizon	NJ Health		5692				5692	6129.74	case rate	
OTHER AFTERCARE & CONVALESCENCE	8622	APR-DRG	inpatient					Horizon	NJ Health		8846				8846	9525.78	case rate	
OTHER AFTERCARE & CONVALESCENCE	8623	APR-DRG	inpatient					Horizon	NJ Health		12900				12900	13891.82	case rate	
OTHER AFTERCARE & CONVALESCENCE	8624	APR-DRG	inpatient					Horizon	NJ Health		21139				21139	22764.57	case rate	
NEONATAL AFTERCARE	8631	APR-DRG	inpatient					Horizon	NJ Health		10578				10578	11391.19	case rate	
NEONATAL AFTERCARE	8632	APR-DRG	inpatient					Horizon	NJ Health		29900				29900	32198.24	case rate	
NEONATAL AFTERCARE	8633	APR-DRG	inpatient					Horizon	NJ Health		53525				53525	57640.6	case rate	
NEONATAL AFTERCARE	8634	APR-DRG	inpatient					Horizon	NJ Health		127878				127878	137709.33	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8901	APR-DRG	inpatient					Horizon	NJ Health		12609				12609	13578.27	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8902	APR-DRG	inpatient					Horizon	NJ Health		14685				14685	15813.77	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8903	APR-DRG	inpatient					Horizon	NJ Health		23355				23355	25150.45	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8904	APR-DRG	inpatient					Horizon	NJ Health		47032				47032	50647.58	case rate	
HIV W MAJOR HIV RELATED CONDITION	8921	APR-DRG	inpatient					Horizon	NJ Health		9818				9818	10573.27	case rate	
HIV W MAJOR HIV RELATED CONDITION	8922	APR-DRG	inpatient					Horizon	NJ Health		12986				12986	13984	case rate	
HIV W MAJOR HIV RELATED CONDITION	8923	APR-DRG	inpatient					Horizon	NJ Health		17015				17015	18323.43	case rate	
HIV W MAJOR HIV RELATED CONDITION	8924	APR-DRG	inpatient					Horizon	NJ Health		33024				33024	35562.79	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8931	APR-DRG	inpatient					Horizon	NJ Health		11685				11685	12583.26	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8932	APR-DRG	inpatient					Horizon	NJ Health		13286				13286	14307.51	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8933	APR-DRG	inpatient					Horizon	NJ Health		20267				20267	21824.79	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8934	APR-DRG	inpatient					Horizon	NJ Health		40668				40668	43794.33	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8941	APR-DRG	inpatient					Horizon	NJ Health		9005				9005	9697.51	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8942	APR-DRG	inpatient					Horizon	NJ Health		10825				10825	11657.53	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8943	APR-DRG	inpatient					Horizon	NJ Health		15472				15472	16661.53	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8944	APR-DRG	inpatient					Horizon	NJ Health		22157				22157	23860.27	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9101	APR-DRG	inpatient					Horizon	NJ Health		42214				42214	45459.01	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9102	APR-DRG	inpatient					Horizon	NJ Health		50066				50066	53915.13	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9103	APR-DRG	inpatient					Horizon	NJ Health		65302				65302	70322.71	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9104	APR-DRG	inpatient					Horizon	NJ Health		134896				134896	145267.24	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9111	APR-DRG	inpatient					Horizon	NJ Health		23226				23226	25011.87	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9112	APR-DRG	inpatient					Horizon	NJ Health		30528				30528	32875.57	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9113	APR-DRG	inpatient					Horizon	NJ Health		41490				41490	44679.98	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9114	APR-DRG	inpatient					Horizon	NJ Health		98798				98798	106393.3	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9121	APR-DRG	inpatient					Horizon	NJ Health		28082				28082	30240.64	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9122	APR-DRG	inpatient					Horizon	NJ Health		30919				30919	33296.26	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9123	APR-DRG	inpatient					Horizon	NJ Health		50977				50977	54895.83	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9124	APR-DRG	inpatient					Horizon	NJ Health		98253				98253	105806.88	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9301	APR-DRG	inpatient					Horizon	NJ Health		10682				10682	11502.89	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9302	APR-DRG	inpatient					Horizon	NJ Health		14370				14370	15475.19	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9303	APR-DRG	inpatient					Horizon	NJ Health		22641				22641	24381.2	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9304	APR-DRG	inpatient					Horizon	NJ Health		59938				59938	64545.68	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9501	APR-DRG	inpatient					Horizon	NJ Health		20225				20225	21779.53	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9502	APR-DRG	inpatient					Horizon	NJ Health		29698				29698	31980.69	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9503	APR-DRG	inpatient					Horizon	NJ Health		46167				46167	49715.84	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9504	APR-DRG	inpatient					Horizon	NJ Health		87954				87954	94715.56	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9511	APR-DRG	inpatient					Horizon	NJ Health		14362				14362	15466.14	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9512	APR-DRG	inpatient					Horizon	NJ Health		20515				20515	22091.77	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9513	APR-DRG	inpatient					Horizon	NJ Health		33694				33694	36284.09	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9514	APR-DRG	inpatient					Horizon	NJ Health		64403				64403	69353.93	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9521	APR-DRG	inpatient					Horizon	NJ Health		11428				11428	12306.96	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9522	APR-DRG	inpatient					Horizon	NJ Health		17006				17006	18313.73	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9523	APR-DRG	inpatient					Horizon	NJ Health		28868				28868	31087.84	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9524	APR-DRG	inpatient					Horizon	NJ Health		54759				54759	58969.38	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0011	APR-DRG	inpatient					UHC	Medicaid		103184.16				60903.74	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0012	APR-DRG	inpatient					UHC	Medicaid		109255.54				47303.96	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0013	APR-DRG	inpatient					UHC	Medicaid		128418.5				31722.2	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0014	APR-DRG	inpatient					UHC	Medicaid		227836.18				135370.65	435540.83	case rate	
HEART &/OR LUNG TRANSPLANT	0021	APR-DRG	inpatient					UHC	Medicaid		124668.71				72539.27	288127.5	case rate	
HEART &/OR LUNG TRANSPLANT	0022	APR-DRG	inpatient					UHC	Medicaid		160706.49				41065.11	187970.25	case rate	
HEART &/OR LUNG TRANSPLANT	0023	APR-DRG	inpatient					UHC	Medicaid		193118.43				66957.14	198998.8	case rate	
HEART &/OR LUNG TRANSPLANT	0024	APR-DRG	inpatient					UHC	Medicaid		304477.89				44751.49	313612.23	case rate	
BONE MARROW TRANSPLANT	0031	APR-DRG	inpatient					UHC	Medicaid		80920.3				48623.3	152449.97	case rate	
BONE MARROW TRANSPLANT	0032	APR-DRG	inpatient					UHC	Medicaid		100004.96				25439.65	103005.11	case rate	
BONE MARROW TRANSPLANT	0033	APR-DRG	inpatient					UHC	Medicaid		164464.53				19168.92	169398.47	case rate	
BONE MARROW TRANSPLANT	0034	APR-DRG	inpatient					UHC	Medicaid		271004.84				46081.46	279134.99	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0041	APR-DRG	inpatient					UHC	Medicaid		73079.18				26347.96	85954.25	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0042	APR-DRG	inpatient					UHC	Medicaid		99425.84				20549.68	102408.62	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0043	APR-DRG	inpatient					UHC	Medicaid		144230.51				137952	148557.43	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0044	APR-DRG	inpatient					UHC	Medicaid		207512.38				198478	213737.75	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0051	APR-DRG	inpatient					UHC	Medicaid		70194.26				67138	72300.09	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0052	APR-DRG	inpatient					UHC	Medicaid		77993.67				22967.5	80333.48	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0053	APR-DRG	inpatient					UHC	Medicaid		95450.67				11620.17	98314.19	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0054	APR-DRG	inpatient					UHC	Medicaid		139413.78				17404.27	143596.19	case rate	
PANCREAS TRANSPLANT	0061	APR-DRG	inpatient					UHC	Medicaid		84041.29				33105.33	103787.27	case rate	
PANCREAS TRANSPLANT	0062	APR-DRG	inpatient					UHC	Medicaid		118164.04				22107.62	121708.96	case rate	
PANCREAS TRANSPLANT	0063	APR-DRG	inpatient					UHC	Medicaid		132120.04				17561.37	136083.64	case rate	
PANCREAS TRANSPLANT	0064	APR-DRG	inpatient					UHC	Medicaid		209055.29				23658.47	215326.95	case rate	
CRANIOTOMY FOR TRAUMA	0201	APR-DRG	inpatient					UHC	Medicaid		27079.6				8340.11	27891.99	case rate	
CRANIOTOMY FOR TRAUMA	0202	APR-DRG	inpatient					UHC	Medicaid		37568.59				11309.53	38695.65	case rate	
CRANIOTOMY FOR TRAUMA	0203	APR-DRG	inpatient					UHC	Medicaid		46296.63				8207.83	50775.53	case rate	
CRANIOTOMY FOR TRAUMA	0204	APR-DRG	inpatient					UHC	Medicaid		93914.21				6719.7	96731.64	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0211	APR-DRG	inpatient					UHC	Medicaid		29892.86				28591	30789.65	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0212	APR-DRG	inpatient					UHC	Medicaid		39162.54				37458	187453.26	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0213	APR-DRG	inpatient					UHC	Medicaid		60016.75				57404	61817.25	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0214	APR-DRG	inpatient					UHC	Medicaid		104929.68				100362	108077.57	case rate	
VENTRICULAR SHUNT PROCEDURES	0221	APR-DRG	inpatient					UHC	Medicaid		17981.58				17199	167921.3	case rate	
VENTRICULAR SHUNT PROCEDURES	0222	APR-DRG	inpatient					UHC	Medicaid		22853.65				21859	23539.26	case rate	
VENTRICULAR SHUNT PROCEDURES	0223	APR-DRG	inpatient					UHC	Medicaid		38752.66				37066	39915.24	case rate	
VENTRICULAR SHUNT PROCEDURES	0224	APR-DRG	inpatient					UHC	Medicaid		91895.86				87895	94652.74	case rate	
SPINAL PROCEDURES	0231	APR-DRG	inpatient					UHC	Medicaid		20307.75				19424	306106.31	case rate	
SPINAL PROCEDURES	0232	APR-DRG	inpatient					UHC	Medicaid		29096.78				27830	224521.94	case rate	
SPINAL PROCEDURES	0233	APR-DRG	inpatient					UHC	Medicaid		56216.83				53769	278363.61	case rate	
SPINAL PROCEDURES	0234	APR-DRG	inpatient					UHC	Medicaid		100405.51				61395.1	187594.85	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0241	APR-DRG	inpatient					UHC	Medicaid		16267.09				15559	58167.82	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0242	APR-DRG	inpatient					UHC	Medicaid		21461.95				20528	136195.06	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0243	APR-DRG	inpatient					UHC	Medicaid		41990.96				19748	93094.02	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0244	APR-DRG	inpatient					UHC	Medicaid		89132.37				19748	91806.34	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0261	APR-DRG	inpatient					UHC	Medicaid		18628.86				12982	72593.14	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0262	APR-DRG	inpatient					UHC	Medicaid		24591.9				12982	59439.78	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0263	APR-DRG	inpatient					UHC	Medicaid		35242.43				33369.91	87186.12	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0264	APR-DRG	inpatient					UHC	Medicaid		74219.04				38576.42	115118.34	case rate	
SPINAL DISORDERS & INJURIES	0401	APR-DRG	inpatient					UHC	Medicaid		14180.4				13563	14605.81	case rate	
SPINAL DISORDERS & INJURIES	0402	APR-DRG	inpatient					UHC	Medicaid		16089.24				15389	16571.92	case rate	
SPINAL DISORDERS & INJURIES	0403	APR-DRG	inpatient					UHC	Medicaid		22964.05				21964	23652.97	case rate	
SPINAL DISORDERS & INJURIES	0404	APR-DRG	inpatient					UHC	Medicaid		59382.03				56797	61163.49	case rate	
NERVOUS SYSTEM MALIGNANCY	0411	APR-DRG	inpatient					UHC	Medicaid		10959.41				10482	145714.75	case rate	
NERVOUS SYSTEM MALIGNANCY	0412	APR-DRG	inpatient					UHC	Medicaid		12177.11				11647	86810.73	case rate	
NERVOUS SYSTEM MALIGNANCY	0413	APR-DRG	inpatient					UHC	Medicaid		16632.58				15908	61455.25	case rate	
NERVOUS SYSTEM MALIGNANCY	0414	APR-DRG	inpatient					UHC	Medicaid		29556.44				28270	130374.63	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0421	APR-DRG	inpatient					UHC	Medicaid		8628.76				8253	64841.08	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0422	APR-DRG	inpatient					UHC	Medicaid		10739.58				10272	54945.99	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0423	APR-DRG	inpatient					UHC	Medicaid		16746.21				16017	143815.92	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0424	APR-DRG	inpatient					UHC	Medicaid		45034.54				24654.19	79856.83	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0431	APR-DRG	inpatient					UHC	Medicaid		11334.67				10841	11674.71	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0432	APR-DRG	inpatient					UHC	Medicaid		14525.07				13893	66550.4	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0433	APR-DRG	inpatient					UHC	Medicaid		23216.44				12177.68	37462.84	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0434	APR-DRG	inpatient					UHC	Medicaid		51806.66				7907.81	53360.86	case rate	
INTRACRANIAL HEMORRHAGE	0441	APR-DRG	inpatient					UHC	Medicaid		12314.52				11778	67687.51	case rate	
INTRACRANIAL HEMORRHAGE	0442	APR-DRG	inpatient					UHC	Medicaid		15856.68				11238.66	34219.15	case rate	
INTRACRANIAL HEMORRHAGE	0443	APR-DRG	inpatient					UHC	Medicaid		23415.64				8441.69	25359.13	case rate	
INTRACRANIAL HEMORRHAGE	0444	APR-DRG	inpatient					UHC	Medicaid		48672.49				19290.57	58710.86	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0451	APR-DRG	inpatient					UHC	Medicaid		10584.06				10123	10901.58	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0452	APR-DRG	inpatient					UHC	Medicaid		12846.28				12287	13231.67	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0453	APR-DRG	inpatient					UHC	Medicaid		18522.94				17717	346124.02	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0454	APR-DRG	inpatient					UHC	Medicaid		38557.59				36579	230951.01	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0461	APR-DRG	inpatient					UHC	Medicaid		10367.91				9917	163369.2	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0462	APR-DRG	inpatient					UHC	Medicaid		11830.38				11315	116412.17	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0463	APR-DRG	inpatient					UHC	Medicaid		16473.11				15756	187037.23	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0464	APR-DRG	inpatient					UHC	Medicaid		40910.66				35451.1	107297.02	case rate	
TRANSIENT ISCHEMIA	0471	APR-DRG	inpatient					UHC	Medicaid		8659.17				8282	18261997	case rate	
TRANSIENT ISCHEMIA	0472	APR-DRG	inpatient					UHC	Medicaid		9400				8991	107399.07	case rate	
TRANSIENT ISCHEMIA	0473	APR-DRG	inpatient					UHC	Medicaid		11740.33				11229	86482.71	case rate	
TRANSIENT ISCHEMIA	0474	APR-DRG	inpatient					UHC	Medicaid		23337.25				22321	138316.21	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0481	APR-DRG	inpatient					UHC	Medicaid		8740.34				8360	75162.59	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0482	APR-DRG	inpatient					UHC	Medicaid		9812.47				9385	60664.37	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0483	APR-DRG	inpatient					UHC	Medicaid		13689.35				13093	86869.04	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0484	APR-DRG	inpatient					UHC	Medicaid		33929.65				32453	34947.54	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0491	APR-DRG	inpatient					UHC	Medicaid		13215.53				12640	13612	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0492	APR-DRG	inpatient					UHC	Medicaid		28890.41				27693	123570.16	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0493	APR-DRG	inpatient					UHC	Medicaid		35827.64				28367.73	81861.36	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0494	APR-DRG	inpatient					UHC	Medicaid		65912.7				22078.09	67890.08	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0501	APR-DRG	inpatient					UHC	Medicaid		9306.81				8902	61498.98	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0502	APR-DRG	inpatient					UHC	Medicaid		17366.5				16331.79	47055.43	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0503	APR-DRG	inpatient					UHC	Medicaid		28665.74				27418	93381.94	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0504	APR-DRG	inpatient					UHC	Medicaid		59261.22				20399.68	63033.36	case rate	
VIRAL MENINGITIS	0511	APR-DRG	inpatient					UHC	Medicaid		8003.9				7655	67326.7	case rate	
VIRAL MENINGITIS	0512	APR-DRG	inpatient					UHC	Medicaid		11044.88				10564	55474.46	case rate	
VIRAL MENINGITIS	0513	APR-DRG	inpatient					UHC	Medicaid		19358.48				18516	59756.86	case rate	
VIRAL MENINGITIS	0514	APR-DRG	inpatient					UHC	Medicaid		39476.09				12301.7	40660.37	case rate	
NONTRAUMATIC STUPOR & COMA	0521	APR-DRG	inpatient					UHC	Medicaid		8042.2				7692	52111.06	case rate	
NONTRAUMATIC STUPOR & COMA	0522	APR-DRG	inpatient					UHC	Medicaid		9413.09				9003	36760.73	case rate	
NONTRAUMATIC STUPOR & COMA	0523	APR-DRG	inpatient					UHC	Medicaid		12685.2				12133	13065.76	case rate	
NONTRAUMATIC STUPOR & COMA	0524	APR-DRG	inpatient					UHC	Medicaid		32484.32				31070	33458.85	case rate	
SEIZURE	0531	APR-DRG	inpatient					UHC	Medicaid		7527.03				7199	7752.84	case rate	
SEIZURE	0532	APR-DRG	inpatient					UHC	Medicaid		8935.32				8546	9203.38	case rate	
SEIZURE	0533	APR-DRG	inpatient					UHC	Medicaid		13362.26				12781	55780.6	case rate	
SEIZURE	0534	APR-DRG	inpatient					UHC	Medicaid		33531.35				9567.33	34640.29	case rate	
MIGRAINE & OTHER HEADACHES	0541	APR-DRG	inpatient					UHC	Medicaid		8074.94				7723	32170.88	case rate	
MIGRAINE & OTHER HEADACHES	0542	APR-DRG	inpatient					UHC	Medicaid		9307.8				8903	66524.88	case rate	
MIGRAINE & OTHER HEADACHES	0543	APR-DRG	inpatient					UHC	Medicaid		11384.54				10889	39088.34	case rate	
MIGRAINE & OTHER HEADACHES	0544	APR-DRG	inpatient					UHC	Medicaid		21512.17				9065.34	29098.49	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0551	APR-DRG	inpatient					UHC	Medicaid		9581.97				9165	58007.45	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0552	APR-DRG	inpatient					UHC	Medicaid		12777.94				11413.47	32837.85	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0553	APR-DRG	inpatient					UHC	Medicaid		20430.89				15963.27	45105.57	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0554	APR-DRG	inpatient					UHC	Medicaid		45988.74				9706.71	47368.4	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0561	APR-DRG	inpatient					UHC	Medicaid		9630.76				9211	27556.82	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0562	APR-DRG	inpatient					UHC	Medicaid		13076.42				12507	51319.61	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0563	APR-DRG	inpatient					UHC	Medicaid		21636.57				10578.4	30545.39	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0564	APR-DRG	inpatient					UHC	Medicaid		52748.39				18448.41	57300.4	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0571	APR-DRG	inpatient					UHC	Medicaid		9491.3				9078	62063.89	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0572	APR-DRG	inpatient					UHC	Medicaid		11919.89				11401	42955.26	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0573	APR-DRG	inpatient					UHC	Medicaid		16823.43				16091	191396.17	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0574	APR-DRG	inpatient					UHC	Medicaid		38541.44				36864	111010.87	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0581	APR-DRG	inpatient					UHC	Medicaid		9001.24				8609	45061.83	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0582	APR-DRG	inpatient					UHC	Medicaid		11186.95				10681	57202	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0583	APR-DRG	inpatient					UHC	Medicaid		15370.39				14701	50226.23	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0584	APR-DRG	inpatient					UHC	Medicaid		35469.07				23134.04	68205.04	case rate	
ORBITAL PROCEDURES	0701	APR-DRG	inpatient					UHC	Medicaid		13903.53				13298	14320.64	case rate	
ORBITAL PROCEDURES	0702	APR-DRG	inpatient					UHC	Medicaid		19214.62				18378	19791.06	case rate	
ORBITAL PROCEDURES	0703	APR-DRG	inpatient					UHC	Medicaid		31514.7				30143	32460.14	case rate	
ORBITAL PROCEDURES	0704	APR-DRG	inpatient					UHC	Medicaid		78142.47				74741	80486.74	case rate	
EYE PROCEDURES EXCEPT ORBIT	0731	APR-DRG	inpatient					UHC	Medicaid		12024.82				11501	12385.56	case rate	
EYE PROCEDURES EXCEPT ORBIT	0732	APR-DRG	inpatient					UHC	Medicaid		14213.76				13595	14640.17	case rate	
EYE PROCEDURES EXCEPT ORBIT	0733	APR-DRG	inpatient					UHC	Medicaid		23755.74				22722	24468.41	case rate	
EYE PROCEDURES EXCEPT ORBIT	0734	APR-DRG	inpatient					UHC	Medicaid		51367.9				25673.52	84040.83	case rate	
ACUTE MAJOR EYE INFECTIONS	0801	APR-DRG	inpatient					UHC	Medicaid		6249.14				5977	56720.91	case rate	
ACUTE MAJOR EYE INFECTIONS	0802	APR-DRG	inpatient					UHC	Medicaid		8572.17				8199	121992.05	case rate	
ACUTE MAJOR EYE INFECTIONS	0803	APR-DRG	inpatient					UHC	Medicaid		13887.75				13379	62763.86	case rate	
ACUTE MAJOR EYE INFECTIONS	0804	APR-DRG	inpatient					UHC	Medicaid		23977.62				14296.66	44846.8	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0821	APR-DRG	inpatient					UHC	Medicaid		7285.94				6969	87262.66	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0822	APR-DRG	inpatient					UHC	Medicaid		9118.46				8721	44092.37	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0823	APR-DRG	inpatient					UHC	Medicaid		13117.59				12547	164903.57	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0824	APR-DRG	inpatient					UHC	Medicaid		23682.73				22652	79977.1	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0891	APR-DRG	inpatient					UHC	Medicaid		23680.58				22650	24391	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0892	APR-DRG	inpatient					UHC	Medicaid		30796.56				29456	31720.46	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0893	APR-DRG	inpatient					UHC	Medicaid		51470.51				49230	53014.63	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0894	APR-DRG	inpatient					UHC	Medicaid		91864.65				1933	94620.59	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0901	APR-DRG	inpatient					UHC	Medicaid		13721.28				13124	162727.75	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0902	APR-DRG	inpatient					UHC	Medicaid		35771.32				22261.17	69990.9	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0903	APR-DRG	inpatient					UHC	Medicaid		54785.93				14664	59429.51	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0904	APR-DRG	inpatient					UHC	Medicaid		106113.21				38460.67	117574.8	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0911	APR-DRG	inpatient					UHC	Medicaid		20062				19189	20663.86	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0912	APR-DRG	inpatient					UHC	Medicaid		30397.81				29074	31309.74	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0913	APR-DRG	inpatient					UHC	Medicaid		52131.06				17652.32	53694.99	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0914	APR-DRG	inpatient					UHC	Medicaid		82293.79				10721.32	84762.6	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0921	APR-DRG	inpatient					UHC	Medicaid		16567.55				8242.08	25752.74	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0922	APR-DRG	inpatient					UHC	Medicaid		23695				20609.92	56797.45	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0923	APR-DRG	inpatient					UHC	Medicaid		36487.84				11946.17	37582.48	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0924	APR-DRG	inpatient					UHC	Medicaid		72510.38				69354	74685.69	case rate	
SINUS & MASTOID PROCEDURES	0931	APR-DRG	inpatient					UHC	Medicaid		16463.33				15747	16957.23	case rate	
SINUS & MASTOID PROCEDURES	0932	APR-DRG	inpatient					UHC	Medicaid		20286.31				19403	20894.9	case rate	
SINUS & MASTOID PROCEDURES	0933	APR-DRG	inpatient					UHC	Medicaid		34834.16				33318	104246.49	case rate	
SINUS & MASTOID PROCEDURES	0934	APR-DRG	inpatient					UHC	Medicaid		56534.15				24715.61	66823.74	case rate	
CLEFT LIP & PALATE REPAIR	0951	APR-DRG	inpatient					UHC	Medicaid		11142.29				6968.8	29098.49	case rate	
CLEFT LIP & PALATE REPAIR	0952	APR-DRG	inpatient					UHC	Medicaid		12940.01				12377	13328.21	case rate	
CLEFT LIP & PALATE REPAIR	0953	APR-DRG	inpatient					UHC	Medicaid		19832.67				18969	20427.65	case rate	
CLEFT LIP & PALATE REPAIR	0954	APR-DRG	inpatient					UHC	Medicaid		40930.75				39149	42158.67	case rate	
TONSIL & ADENOID PROCEDURES	0971	APR-DRG	inpatient					UHC	Medicaid		6741				6448	6943.23	case rate	
TONSIL & ADENOID PROCEDURES	0972	APR-DRG	inpatient					UHC	Medicaid		10348				9898	10658.44	case rate	
TONSIL & ADENOID PROCEDURES	0973	APR-DRG	inpatient					UHC	Medicaid		20108.19				19233	20711.44	case rate	
TONSIL & ADENOID PROCEDURES	0974	APR-DRG	inpatient					UHC	Medicaid		67934.65				34448.3	99242.46	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0981	APR-DRG	inpatient					UHC	Medicaid		11816.3				11302	159287.24	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0982	APR-DRG	inpatient					UHC	Medicaid		15578.91				14901	89398.39	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0983	APR-DRG	inpatient					UHC	Medicaid		25072.36				19314.2	57187.42	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0984	APR-DRG	inpatient					UHC	Medicaid		52294.83				50018	53863.67	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1101	APR-DRG	inpatient					UHC	Medicaid		9254.16				8851	9531.78	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1102	APR-DRG	inpatient					UHC	Medicaid		11881.68				11364	12238.13	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1103	APR-DRG	inpatient					UHC	Medicaid		19211.48				18375	19787.82	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1104	APR-DRG	inpatient					UHC	Medicaid		35152.38				33622	36206.95	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1111	APR-DRG	inpatient					UHC	Medicaid		7546.58				7218	7772.98	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1112	APR-DRG	inpatient					UHC	Medicaid		8367.68				8003	8618.71	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1113	APR-DRG	inpatient					UHC	Medicaid		10487.83				10031	10802.46	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1114	APR-DRG	inpatient					UHC	Medicaid		21964.83				21009	22623.77	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1131	APR-DRG	inpatient					UHC	Medicaid		4547.75				4350	4684.18	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1132	APR-DRG	inpatient					UHC	Medicaid		6626.02				6338	6824.8	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1133	APR-DRG	inpatient					UHC	Medicaid		10310.07				9861	10619.37	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1134	APR-DRG	inpatient					UHC	Medicaid		21736.4				20790	22388.49	case rate	
DENTAL & ORAL DISEASES & INJURIES	1141	APR-DRG	inpatient					UHC	Medicaid		6570.41				6284	6767.52	case rate	
DENTAL & ORAL DISEASES & INJURIES	1142	APR-DRG	inpatient					UHC	Medicaid		9208.24				8807	9484.49	case rate	
DENTAL & ORAL DISEASES & INJURIES	1143	APR-DRG	inpatient					UHC	Medicaid		15457.74				14785	15921.47	case rate	
DENTAL & ORAL DISEASES & INJURIES	1144	APR-DRG	inpatient					UHC	Medicaid		32236.42				30833	33203.51	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1151	APR-DRG	inpatient					UHC	Medicaid		6750.32				6456	6952.83	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1152	APR-DRG	inpatient					UHC	Medicaid		8986.62				8595	9256.22	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1153	APR-DRG	inpatient					UHC	Medicaid		13425.85				12841	13826.63	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1154	APR-DRG	inpatient					UHC	Medicaid		27533.87				26354	28380.49	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1201	APR-DRG	inpatient					UHC	Medicaid		25642.96				24527	26412.25	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1202	APR-DRG	inpatient					UHC	Medicaid		31060.42				29708	31992.23	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1203	APR-DRG	inpatient					UHC	Medicaid		45229.52				43260	46586.41	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1204	APR-DRG	inpatient					UHC	Medicaid		77994.39				74599	80334.22	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1211	APR-DRG	inpatient					UHC	Medicaid		17363.81				16608	17884.72	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1212	APR-DRG	inpatient					UHC	Medicaid		22491.75				21513	23166.5	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1213	APR-DRG	inpatient					UHC	Medicaid		35344.94				33806	36405.29	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1214	APR-DRG	inpatient					UHC	Medicaid		67552.75				64612	69576.33	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1301	APR-DRG	inpatient					UHC	Medicaid		39107.2				37405	40280.42	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1302	APR-DRG	inpatient					UHC	Medicaid		43390.82				41502	44692.54	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1303	APR-DRG	inpatient					UHC	Medicaid		53744.92				51405	55357.27	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1304	APR-DRG	inpatient					UHC	Medicaid		73813.11				70600	76027.5	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1311	APR-DRG	inpatient					UHC	Medicaid		19720.11				18862	20311.71	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1312	APR-DRG	inpatient					UHC	Medicaid		24335.21				23276	25065.27	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1313	APR-DRG	inpatient					UHC	Medicaid		31577.57				30203	32524.9	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1314	APR-DRG	inpatient					UHC	Medicaid		40615.76				38848	41834.23	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1321	APR-DRG	inpatient					UHC	Medicaid		7804.17				7464	8038.3	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1322	APR-DRG	inpatient					UHC	Medicaid		8717.02				8338	8978.53	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1323	APR-DRG	inpatient					UHC	Medicaid		13473.74				12887	13877.95	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1324	APR-DRG	inpatient					UHC	Medicaid		22432.11				21456	23105.07	case rate	
RESPIRATORY FAILURE	1331	APR-DRG	inpatient					UHC	Medicaid		5800.88				5548	5974.91	case rate	
RESPIRATORY FAILURE	1332	APR-DRG	inpatient					UHC	Medicaid		10146.11				9704	10450.49	case rate	
RESPIRATORY FAILURE	1333	APR-DRG	inpatient					UHC	Medicaid		15414.51				14743	15876.95	case rate	
RESPIRATORY FAILURE	1334	APR-DRG	inpatient					UHC	Medicaid		28078.55				26856	28920.91	case rate	
PULMONARY EMBOLISM	1341	APR-DRG	inpatient					UHC	Medicaid		9220.17				8819	9496.78	case rate	
PULMONARY EMBOLISM	1342	APR-DRG	inpatient					UHC	Medicaid		11962.67				11442	12321.55	case rate	
PULMONARY EMBOLISM	1343	APR-DRG	inpatient					UHC	Medicaid		17462.19				16702	17986.06	case rate	
PULMONARY EMBOLISM	1344	APR-DRG	inpatient					UHC	Medicaid		30301.66				28982	31210.71	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1351	APR-DRG	inpatient					UHC	Medicaid		9661.98				9241	9951.84	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1352	APR-DRG	inpatient					UHC	Medicaid		12114.33				11587	12477.76	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1353	APR-DRG	inpatient					UHC	Medicaid		17680.59				16911	18211.01	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1354	APR-DRG	inpatient					UHC	Medicaid		33348.65				31897	34349.11	case rate	
RESPIRATORY MALIGNANCY	1361	APR-DRG	inpatient					UHC	Medicaid		9893.1				9462	10189.89	case rate	
RESPIRATORY MALIGNANCY	1362	APR-DRG	inpatient					UHC	Medicaid		12568.69				12022	12945.75	case rate	
RESPIRATORY MALIGNANCY	1363	APR-DRG	inpatient					UHC	Medicaid		19010.22				18183	19580.53	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RESPIRATORY MALIGNANCY	1364	APR-DRG	inpatient					UHC	Medicaid		30823.29				29481	31747.99	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1371	APR-DRG	inpatient					UHC	Medicaid		9045.19				8651	9316.55	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1372	APR-DRG	inpatient					UHC	Medicaid		11687.59				11179	12038.22	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1373	APR-DRG	inpatient					UHC	Medicaid		17360.22				16604	17881.03	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1374	APR-DRG	inpatient					UHC	Medicaid		29390.78				28111	30272.5	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1381	APR-DRG	inpatient					UHC	Medicaid		4203.26				4020	4329.36	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1382	APR-DRG	inpatient					UHC	Medicaid		6362.15				6085	6553.01	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1383	APR-DRG	inpatient					UHC	Medicaid		15228.5				14566	15685.36	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1384	APR-DRG	inpatient					UHC	Medicaid		37861.6				36213	38997.45	case rate	
OTHER PNEUMONIA	1391	APR-DRG	inpatient					UHC	Medicaid		6177.48				5909	6362.8	case rate	
OTHER PNEUMONIA	1392	APR-DRG	inpatient					UHC	Medicaid		8676.66				8299	8936.96	case rate	
OTHER PNEUMONIA	1393	APR-DRG	inpatient					UHC	Medicaid		13633.21				13040	14042.21	case rate	
OTHER PNEUMONIA	1394	APR-DRG	inpatient					UHC	Medicaid		26226.66				25085	27013.46	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1401	APR-DRG	inpatient					UHC	Medicaid		7158.77				6847	7373.53	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1402	APR-DRG	inpatient					UHC	Medicaid		8938.1				8549	9206.24	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1403	APR-DRG	inpatient					UHC	Medicaid		12199.72				11669	12565.71	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1404	APR-DRG	inpatient					UHC	Medicaid		23702.55				22671	24413.63	case rate	
ASTHMA	1411	APR-DRG	inpatient					UHC	Medicaid		5484.01				5245	5648.53	case rate	
ASTHMA	1412	APR-DRG	inpatient					UHC	Medicaid		7859.95				7518	8095.75	case rate	
ASTHMA	1413	APR-DRG	inpatient					UHC	Medicaid		11264.62				10774	11602.56	case rate	
ASTHMA	1414	APR-DRG	inpatient					UHC	Medicaid		21297.91				20371	21936.85	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1421	APR-DRG	inpatient					UHC	Medicaid		9186.54				8787	9462.14	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1422	APR-DRG	inpatient					UHC	Medicaid		11172.51				10686	11507.69	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1423	APR-DRG	inpatient					UHC	Medicaid		16166.37				15463	16651.36	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1424	APR-DRG	inpatient					UHC	Medicaid		28610.04				27365	29468.34	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1431	APR-DRG	inpatient					UHC	Medicaid		6829.07				6532	7033.94	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1432	APR-DRG	inpatient					UHC	Medicaid		10024.68				9588	10325.42	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1433	APR-DRG	inpatient					UHC	Medicaid		15429.04				14757	15891.91	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1434	APR-DRG	inpatient					UHC	Medicaid		26293.03				25148	27081.82	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1441	APR-DRG	inpatient					UHC	Medicaid		6889.16				6398	6889.83	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1442	APR-DRG	inpatient					UHC	Medicaid		8100.86				7748	8343.89	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1443	APR-DRG	inpatient					UHC	Medicaid		11450.19				10952	11793.7	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1444	APR-DRG	inpatient					UHC	Medicaid		20083.34				19209	20685.84	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1601	APR-DRG	inpatient					UHC	Medicaid		42918.61				41050	44206.17	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1602	APR-DRG	inpatient					UHC	Medicaid		50070.38				47891	51572.49	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1603	APR-DRG	inpatient					UHC	Medicaid		75813.7				72513	78088.11	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1604	APR-DRG	inpatient					UHC	Medicaid		168839.54				161489	173904.73	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1611	APR-DRG	inpatient					UHC	Medicaid		58104.59				55575	59847.73	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1612	APR-DRG	inpatient					UHC	Medicaid		75012.87				71747	77263.26	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1613	APR-DRG	inpatient					UHC	Medicaid		120640.34				115388	124259.55	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1614	APR-DRG	inpatient					UHC	Medicaid		289477.2				276875	298161.52	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1621	APR-DRG	inpatient					UHC	Medicaid		62294.93				59545	64122.58	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1622	APR-DRG	inpatient					UHC	Medicaid		69095.49				66087	71168.35	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1623	APR-DRG	inpatient					UHC	Medicaid		91443.11				87462	94186.4	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1624	APR-DRG	inpatient					UHC	Medicaid		143826.2				137565	148140.99	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1631	APR-DRG	inpatient					UHC	Medicaid		51369.7				49133	52910.79	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1632	APR-DRG	inpatient					UHC	Medicaid		59023.99				56454	60794.71	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1633	APR-DRG	inpatient					UHC	Medicaid		75693.61				72398	77964.42	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1634	APR-DRG	inpatient					UHC	Medicaid		121961.99				116652	125620.85	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1651	APR-DRG	inpatient					UHC	Medicaid		53788.42				51447	55402.07	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1652	APR-DRG	inpatient					UHC	Medicaid		57847.55				55329	59582.98	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1653	APR-DRG	inpatient					UHC	Medicaid		73545.12				70343	75751.47	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1654	APR-DRG	inpatient					UHC	Medicaid		109482.27				104716	112766.74	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1661	APR-DRG	inpatient					UHC	Medicaid		44470.58				42535	45804.7	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1662	APR-DRG	inpatient					UHC	Medicaid		50397.2				48203	51909.12	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1663	APR-DRG	inpatient					UHC	Medicaid		62949.93				60209	64838.43	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1664	APR-DRG	inpatient					UHC	Medicaid		95797.04				91627	98670.95	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1671	APR-DRG	inpatient					UHC	Medicaid		41771.22				39953	43024.36	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1672	APR-DRG	inpatient					UHC	Medicaid		46559.87				44533	47956.67	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1673	APR-DRG	inpatient					UHC	Medicaid		63446.54				60684	65349.94	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1674	APR-DRG	inpatient					UHC	Medicaid		111204.56				106363	114540.7	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1691	APR-DRG	inpatient					UHC	Medicaid		23932.33				22890	24650.3	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1692	APR-DRG	inpatient					UHC	Medicaid		31624.92				30248	32573.67	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1693	APR-DRG	inpatient					UHC	Medicaid		51243.14				49012	52780.43	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1694	APR-DRG	inpatient					UHC	Medicaid		93132.48				89078	95926.45	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1701	APR-DRG	inpatient					UHC	Medicaid		32750.25				31324	33732.76	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1702	APR-DRG	inpatient					UHC	Medicaid		34935.33				33414	35983.39	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1703	APR-DRG	inpatient					UHC	Medicaid		42903				41035	44190.09	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1704	APR-DRG	inpatient					UHC	Medicaid		68585.25				65599	70642.81	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1711	APR-DRG	inpatient					UHC	Medicaid		22628.35				21643	23307.2	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1712	APR-DRG	inpatient					UHC	Medicaid		25857.5				24732	26633.23	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1713	APR-DRG	inpatient					UHC	Medicaid		32896.08				31464	33882.96	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1714	APR-DRG	inpatient					UHC	Medicaid		54789.7				52404	56433.39	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1741	APR-DRG	inpatient					UHC	Medicaid		27066.95				25889	27878.96	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1742	APR-DRG	inpatient					UHC	Medicaid		29153.56				27884	30028.17	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1743	APR-DRG	inpatient					UHC	Medicaid		36847.31				35243	37952.73	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1744	APR-DRG	inpatient					UHC	Medicaid		59997.38				57385	61797.3	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1751	APR-DRG	inpatient					UHC	Medicaid		26909.99				25738	27717.29	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1752	APR-DRG	inpatient					UHC	Medicaid		29661.19				28370	30551.03	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1753	APR-DRG	inpatient					UHC	Medicaid		37649.4				36010	38778.88	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1754	APR-DRG	inpatient					UHC	Medicaid		70712.03				67634	72833.39	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1761	APR-DRG	inpatient					UHC	Medicaid		21256.2				20331	21893.89	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1762	APR-DRG	inpatient					UHC	Medicaid		40641.23				38872	41860.47	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1763	APR-DRG	inpatient					UHC	Medicaid		42347.56				40504	43617.99	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1764	APR-DRG	inpatient					UHC	Medicaid		67242.34				64315	69259.61	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1771	APR-DRG	inpatient					UHC	Medicaid		17508.03				16746	18033.27	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1772	APR-DRG	inpatient					UHC	Medicaid		22863.33				21677	23343.23	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1773	APR-DRG	inpatient					UHC	Medicaid		32138.12				30739	33102.26	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1774	APR-DRG	inpatient					UHC	Medicaid		64986.85				62158	66936.46	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1801	APR-DRG	inpatient					UHC	Medicaid		16932.76				16196	17440.74	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1802	APR-DRG	inpatient					UHC	Medicaid		21395.58				20464	22037.45	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1803	APR-DRG	inpatient					UHC	Medicaid		32788.46				31361	33772.11	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1804	APR-DRG	inpatient					UHC	Medicaid		57507.81				55004	59233.04	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1811	APR-DRG	inpatient					UHC	Medicaid		21033.78				20118	21664.79	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1812	APR-DRG	inpatient					UHC	Medicaid		28493.36				27253	29348.16	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1813	APR-DRG	inpatient					UHC	Medicaid		47299.63				45240	48718.62	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1814	APR-DRG	inpatient					UHC	Medicaid		84283.98				80615	86812.5	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1821	APR-DRG	inpatient					UHC	Medicaid		26940.85				25768	27749.08	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1822	APR-DRG	inpatient					UHC	Medicaid		31691.83				30312	32642.58	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1823	APR-DRG	inpatient					UHC	Medicaid		43012.69				41140	44303.07	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1824	APR-DRG	inpatient					UHC	Medicaid		76902.52				73555	79209.6	case rate	
ACUTE MYOCARDIAL INFARCTION	1901	APR-DRG	inpatient					UHC	Medicaid		11422.11				10925	11764.77	case rate	
ACUTE MYOCARDIAL INFARCTION	1902	APR-DRG	inpatient					UHC	Medicaid		12594.35				12046	12972.18	case rate	
ACUTE MYOCARDIAL INFARCTION	1903	APR-DRG	inpatient					UHC	Medicaid		17159.32				16412	17674.1	case rate	
ACUTE MYOCARDIAL INFARCTION	1904	APR-DRG	inpatient					UHC	Medicaid		31780.98				30397	32734.41	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1911	APR-DRG	inpatient					UHC	Medicaid		12654.35				12103	13033.98	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1912	APR-DRG	inpatient					UHC	Medicaid		14552.79				13919	14989.37	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1913	APR-DRG	inpatient					UHC	Medicaid		19270.41				18431	19848.52	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1914	APR-DRG	inpatient					UHC	Medicaid		37726.08				36084	38857.86	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1921	APR-DRG	inpatient					UHC	Medicaid		13073.46				12504	13465.66	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1922	APR-DRG	inpatient					UHC	Medicaid		16147.72				15445	16632.15	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1923	APR-DRG	inpatient					UHC	Medicaid		23772.42				22738	24485.59	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1924	APR-DRG	inpatient					UHC	Medicaid		45181.72				43215	46537.17	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1931	APR-DRG	inpatient					UHC	Medicaid		13400.47				12817	13802.48	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1932	APR-DRG	inpatient					UHC	Medicaid		17408.74				16651	17931	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1933	APR-DRG	inpatient					UHC	Medicaid		26013.65				24881	26794.06	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1934	APR-DRG	inpatient					UHC	Medicaid		42853.22				40988	44138.82	case rate	
HEART FAILURE	1941	APR-DRG	inpatient					UHC	Medicaid		7256.53				6941	7474.23	case rate	
HEART FAILURE	1942	APR-DRG	inpatient					UHC	Medicaid		9318.11				8912	9597.65	case rate	
HEART FAILURE	1943	APR-DRG	inpatient					UHC	Medicaid		13897.43				13292	14314.35	case rate	
HEART FAILURE	1944	APR-DRG	inpatient					UHC	Medicaid		26247.37				25105	27034.79	case rate	
CARDIAC ARREST & SHOCK	1961	APR-DRG	inpatient					UHC	Medicaid		7556.45				7227	7783.14	case rate	
CARDIAC ARREST & SHOCK	1962	APR-DRG	inpatient					UHC	Medicaid		8014.13				7665	8254.55	case rate	
CARDIAC ARREST & SHOCK	1963	APR-DRG	inpatient					UHC	Medicaid		15209.93				14548	15666.23	case rate	
CARDIAC ARREST & SHOCK	1964	APR-DRG	inpatient					UHC	Medicaid		38821.9				37132	39986.56	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1971	APR-DRG	inpatient					UHC	Medicaid		7232.31				6917	7449.28	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1972	APR-DRG	inpatient					UHC	Medicaid		9656.33				9236	9946.02	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1973	APR-DRG	inpatient					UHC	Medicaid		14341.12				13717	14771.35	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1974	APR-DRG	inpatient					UHC	Medicaid		30972.62				29624	31901.8	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1981	APR-DRG	inpatient					UHC	Medicaid		6579.92				6389	6880.32	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1982	APR-DRG	inpatient					UHC	Medicaid		7716.18				7380	7947.67	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1983	APR-DRG	inpatient					UHC	Medicaid		10526.57				10068	10842.37	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1984	APR-DRG	inpatient					UHC	Medicaid		25299.28				24198	26058.26	case rate	
HYPERTENSION	1991	APR-DRG	inpatient					UHC	Medicaid		6872.93				6574	7079.12	case rate	
HYPERTENSION	1992	APR-DRG	inpatient					UHC	Medicaid		8070.99				7720	8313.12	case rate	
HYPERTENSION	1993	APR-DRG	inpatient					UHC	Medicaid		11314.67				10822	11654.11	case rate	
HYPERTENSION	1994	APR-DRG	inpatient					UHC	Medicaid		25794.27				24671	26568.1	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2001	APR-DRG	inpatient					UHC	Medicaid		8248.3				7889	8495.75	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2002	APR-DRG	inpatient					UHC	Medicaid		9758.57				9334	10051.33	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2003	APR-DRG	inpatient					UHC	Medicaid		14875.58				14228	15321.85	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2004	APR-DRG	inpatient					UHC	Medicaid		31690.67				30311	32641.39	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2011	APR-DRG	inpatient					UHC	Medicaid		6164.39				5896	6349.32	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2012	APR-DRG	inpatient					UHC	Medicaid		7985.07				7637	8224.62	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2013	APR-DRG	inpatient					UHC	Medicaid		12264.2				11730	12632.13	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2014	APR-DRG	inpatient					UHC	Medicaid		25446.63				24339	26210.03	case rate	
CHEST PAIN	2031	APR-DRG	inpatient					UHC	Medicaid		6893.92				6594	7100.74	case rate	
CHEST PAIN	2032	APR-DRG	inpatient					UHC	Medicaid		8017.62				7669	8258.15	case rate	
CHEST PAIN	2033	APR-DRG	inpatient					UHC	Medicaid		10008.35				9573	10308.6	case rate	
CHEST PAIN	2034	APR-DRG	inpatient					UHC	Medicaid		18172.53				17381	18717.71	case rate	
SYNCOPE & COLLAPSE	2041	APR-DRG	inpatient					UHC	Medicaid		7664.88				7331	7894.83	case rate	
SYNCOPE & COLLAPSE	2042	APR-DRG	inpatient					UHC	Medicaid		8654.95				8278	8914.6	case rate	
SYNCOPE & COLLAPSE	2043	APR-DRG	inpatient					UHC	Medicaid		10919.95				10445	11247.55	case rate	
SYNCOPE & COLLAPSE	2044	APR-DRG	inpatient					UHC	Medicaid		22386.73				21412	23058.33	case rate	
CARDIOMYOPATHY	2051	APR-DRG	inpatient					UHC	Medicaid		7432.59				7109	7655.57	case rate	
CARDIOMYOPATHY	2052	APR-DRG	inpatient					UHC	Medicaid		9462.42				9050	9746.29	case rate	
CARDIOMYOPATHY	2053	APR-DRG	inpatient					UHC	Medicaid		13659.94				13065	14069.74	case rate	
CARDIOMYOPATHY	2054	APR-DRG	inpatient					UHC	Medicaid		33518.16				32059	34523.7	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2061	APR-DRG	inpatient					UHC	Medicaid		8477.1				8108	8731.41	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2062	APR-DRG	inpatient					UHC	Medicaid		9970.15				9536	10269.25	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2063	APR-DRG	inpatient					UHC	Medicaid		16637.06				15913	17136.17	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2064	APR-DRG	inpatient					UHC	Medicaid		31125.09				29770	32058.84	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2071	APR-DRG	inpatient					UHC	Medicaid		7374.38				7053	7595.61	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2072	APR-DRG	inpatient					UHC	Medicaid		9782.97				9357	10076.46	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2073	APR-DRG	inpatient					UHC	Medicaid		14207.93				13589	14634.17	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES	2074	APR-DRG	inpatient					UHC	Medicaid		27707.24				26501	28538.46	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2201	APR-DRG	inpatient					UHC	Medicaid		18883.49				18061	19449.99	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2202	APR-DRG	inpatient					UHC	Medicaid		28058.28				26837	28900.03	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2203	APR-DRG	inpatient					UHC	Medicaid		45497.42				43517	46862.34	case rate	
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2204	APR-DRG	inpatient					UHC	Medicaid		90276.71				86347	92985.01	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2211	APR-DRG	inpatient					UHC	Medicaid		19269.6				18431	19847.69	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2212	APR-DRG	inpatient					UHC	Medicaid		24984.65				23897	25734.19	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2213	APR-DRG	inpatient					UHC	Medicaid		40578.9				38812	41796.27	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES	2214	APR-DRG	inpatient					UHC	Medicaid		80321				76824	82730.63	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2221	APR-DRG	inpatient					UHC	Medicaid		14337.35				13713	14767.47	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2222	APR-DRG	inpatient					UHC	Medicaid		18349.75				17551	18900.24	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2223	APR-DRG	inpatient					UHC	Medicaid		29737.43				28443	30629.55	case rate	
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2224	APR-DRG	inpatient					UHC	Medicaid		72551.1				69393	74727.63	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2231	APR-DRG	inpatient					UHC	Medicaid		15353.26				14685	15813.86	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2232	APR-DRG	inpatient					UHC	Medicaid		20355.01				19469	20965.66	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2233	APR-DRG	inpatient					UHC	Medicaid		34188.85				32700	35214.52	case rate	
OTHER SMALL & LARGE BOWEL PROCEDURES	2234	APR-DRG	inpatient					UHC	Medicaid		70598.49				67525	72716.44	case rate	
PERITONEAL ADHESIOLYSIS	2241	APR-DRG	inpatient					UHC	Medicaid		17297.08				16544	17815.99	case rate	
PERITONEAL ADHESIOLYSIS	2242	APR-DRG	inpatient					UHC	Medicaid		22649.43				21663	23328.91	case rate	
PERITONEAL ADHESIOLYSIS	2243	APR-DRG	inpatient					UHC	Medicaid		34289.3				32797	35317.98	case rate	
PERITONEAL ADHESIOLYSIS	2244	APR-DRG	inpatient					UHC	Medicaid		62241.21				59532	64108.45	case rate	
APPENDECTOMY	2251	APR-DRG	inpatient					UHC	Medicaid		11818.54				11304	12173.1	case rate	
APPENDECTOMY	2252	APR-DRG	inpatient					UHC	Medicaid		15718.11				15034	16189.65	case rate	
APPENDECTOMY	2253	APR-DRG	inpatient					UHC	Medicaid		26998.25				25823	27808.2	case rate	
APPENDECTOMY	2254	APR-DRG	inpatient					UHC	Medicaid		51388.89				49152	52930.56	case rate	
ANAL PROCEDURES	2261	APR-DRG	inpatient					UHC	Medicaid		9584.4				9167	9871.93	case rate	
ANAL PROCEDURES	2262	APR-DRG	inpatient					UHC	Medicaid		12977.41				12412	13366.73	case rate	
ANAL PROCEDURES	2263	APR-DRG	inpatient					UHC	Medicaid		21154.5				20234	21789.14	case rate	
ANAL PROCEDURES	2264	APR-DRG	inpatient					UHC	Medicaid		43293.59				41409	44592.4	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2271	APR-DRG	inpatient					UHC	Medicaid		14897.28				14249	15344.2	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2272	APR-DRG	inpatient					UHC	Medicaid		18923.94				18100	19491.66	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2273	APR-DRG	inpatient					UHC	Medicaid		30707.77				29371	31629	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2274	APR-DRG	inpatient					UHC	Medicaid		63216.75				60465	65113.25	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2281	APR-DRG	inpatient					UHC	Medicaid		11206.14				10718	11542.32	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2282	APR-DRG	inpatient					UHC	Medicaid		14635.84				13999	15074.92	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2283	APR-DRG	inpatient					UHC	Medicaid		22482.16				21503	23156.62	case rate	
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2284	APR-DRG	inpatient					UHC	Medicaid		50101.41				47920	51604.45	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2291	APR-DRG	inpatient					UHC	Medicaid		15491.38				14817	15956.12	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2292	APR-DRG	inpatient					UHC	Medicaid		21370.02				20440	22011.12	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2293	APR-DRG	inpatient					UHC	Medicaid		34813.53				33298	35857.94	case rate	
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2294	APR-DRG	inpatient					UHC	Medicaid		72255.66				69110	74423.33	case rate	
DIGESTIVE MALIGNANCY	2401	APR-DRG	inpatient					UHC	Medicaid		9579.46				9258	9969.84	case rate	
DIGESTIVE MALIGNANCY	2402	APR-DRG	inpatient					UHC	Medicaid		12405.64				11866	12777.81	case rate	
DIGESTIVE MALIGNANCY	2403	APR-DRG	inpatient					UHC	Medicaid		18274.77				17479	18823.01	case rate	
DIGESTIVE MALIGNANCY	2404	APR-DRG	inpatient					UHC	Medicaid		33473.14				32016	34477.33	case rate	
PEPTIC ULCER & GASTRITIS	2411	APR-DRG	inpatient					UHC	Medicaid		8234.04				7876	8481.06	case rate	
PEPTIC ULCER & GASTRITIS	2412	APR-DRG	inpatient					UHC	Medicaid		10212.48				9768	10518.85	case rate	
PEPTIC ULCER & GASTRITIS	2413	APR-DRG	inpatient					UHC	Medicaid		15346.89				14679	15807.3	case rate	
PEPTIC ULCER & GASTRITIS	2414	APR-DRG	inpatient					UHC	Medicaid		35860.83				34300	36936.65	case rate	
MAJOR ESOPHAGEAL DISORDERS	2421	APR-DRG	inpatient					UHC	Medicaid		8122.29				7769	8365.96	case rate	
MAJOR ESOPHAGEAL DISORDERS	2422	APR-DRG	inpatient					UHC	Medicaid		10018.22				9582	10318.77	case rate	
MAJOR ESOPHAGEAL DISORDERS	2423	APR-DRG	inpatient					UHC	Medicaid		14899.52				14251	15346.51	case rate	
MAJOR ESOPHAGEAL DISORDERS	2424	APR-DRG	inpatient					UHC	Medicaid		34881.34				33363	35927.78	case rate	
OTHER ESOPHAGEAL DISORDERS	2431	APR-DRG	inpatient					UHC	Medicaid		7556.54				7228	7783.24	case rate	
OTHER ESOPHAGEAL DISORDERS	2432	APR-DRG	inpatient					UHC	Medicaid		9231.02				8829	9507.95	case rate	
OTHER ESOPHAGEAL DISORDERS	2433	APR-DRG	inpatient					UHC	Medicaid		13323.24				12743	13722.94	case rate	
OTHER ESOPHAGEAL DISORDERS	2434	APR-DRG	inpatient					UHC	Medicaid		29327.73				28051	30207.56	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2441	APR-DRG	inpatient					UHC	Medicaid		7058.85				6752	7270.62	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2442	APR-DRG	inpatient					UHC	Medicaid		9237.03				8835	9514.14	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2443	APR-DRG	inpatient					UHC	Medicaid		14020.13				13410	14440.73	case rate	
DIVERTICULITIS & DIVERTICULOSIS	2444	APR-DRG	inpatient					UHC	Medicaid		31822.51				30437	32777.19	case rate	
INFLAMMATORY BOWEL DISEASE	2451	APR-DRG	inpatient					UHC	Medicaid		8428.49				8062	8681.34	case rate	
INFLAMMATORY BOWEL DISEASE	2452	APR-DRG	inpatient					UHC	Medicaid		10117.06				9677	10420.57	case rate	
INFLAMMATORY BOWEL DISEASE	2453	APR-DRG	inpatient					UHC	Medicaid		15229.22				14566	15686.1	case rate	
INFLAMMATORY BOWEL DISEASE	2454	APR-DRG	inpatient					UHC	Medicaid		28953.91				27693	29822.53	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2461	APR-DRG	inpatient					UHC	Medicaid		8865.81				8480	9131.78	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2462	APR-DRG	inpatient					UHC	Medicaid		10647.38				10184	10966.8	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2463	APR-DRG	inpatient					UHC	Medicaid		16094.26				15394	16577.09	case rate	
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2464	APR-DRG	inpatient					UHC	Medicaid		32551.95				31135	33528.51	case rate	
INTESTINAL OBSTRUCTION	2471	APR-DRG	inpatient					UHC	Medicaid		6842.61				6545	7047.89	case rate	
INTESTINAL OBSTRUCTION	2472	APR-DRG	inpatient					UHC	Medicaid		8800.52				8417	9064.54	case rate	
INTESTINAL OBSTRUCTION	2473	APR-DRG	inpatient					UHC	Medicaid		13952.77				13345	14371.35	case rate	
INTESTINAL OBSTRUCTION	2474	APR-DRG	inpatient					UHC	Medicaid		31884.84				30497	32841.39	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2481	APR-DRG	inpatient					UHC	Medicaid		7462				7137	7685.86	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2482	APR-DRG	inpatient					UHC	Medicaid		10265.58				9819	10573.55	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2483	APR-DRG	inpatient					UHC	Medicaid		15431.64				14760	15894.59	case rate	
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2484	APR-DRG	inpatient					UHC	Medicaid		32853.66				31423	33839.27	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2491	APR-DRG	inpatient					UHC	Medicaid		6164.12				5896	6349.04	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2492	APR-DRG	inpatient					UHC	Medicaid		7491.96				7166	7716.72	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2493	APR-DRG	inpatient					UHC	Medicaid		10531.33				10169	10950.27	case rate	
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2494	APR-DRG	inpatient					UHC	Medicaid		24302.75				23245	25031.83	case rate	
ABDOMINAL PAIN	2511	APR-DRG	inpatient					UHC	Medicaid		6999.03				6694	7209	case rate	
ABDOMINAL PAIN	2512	APR-DRG	inpatient					UHC	Medicaid		8677.02				8299	8937.33	case rate	
ABDOMINAL PAIN	2513	APR-DRG	inpatient					UHC	Medicaid		11724.99				11215	12076.74	case rate	
ABDOMINAL PAIN	2514	APR-DRG	inpatient					UHC	Medicaid		22457.67				21480	23131.4	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2521	APR-DRG	inpatient					UHC	Medicaid		7620.57				7289	7849.19	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2522	APR-DRG	inpatient					UHC	Medicaid		10235.8				9790	10542.87	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2523	APR-DRG	inpatient					UHC	Medicaid		15694.16				15011	16164.98	case rate	
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2524	APR-DRG	inpatient					UHC	Medicaid		35028.7				33504	36079.56	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2531	APR-DRG	inpatient					UHC	Medicaid		7696.09				7361	7926.97	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2532	APR-DRG	inpatient					UHC	Medicaid		9902.79				9472	10199.87	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2533	APR-DRG	inpatient					UHC	Medicaid		14788.67				14145	15232.33	case rate	
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2534	APR-DRG	inpatient					UHC	Medicaid		30634.85				29301	31553.9	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2541	APR-DRG	inpatient					UHC	Medicaid		7219.22				6905	7435.8	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2542	APR-DRG	inpatient					UHC	Medicaid		9637.4				9218	9926.52	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2543	APR-DRG	inpatient					UHC	Medicaid		14006.85				13397	14427.06	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES	2544	APR-DRG	inpatient					UHC	Medicaid		30036.81				28729	30937.91	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2601	APR-DRG	inpatient					UHC	Medicaid		22527.9				21547	23203.74	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2602	APR-DRG	inpatient					UHC	Medicaid		29769.81				28474	30662.9	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2603	APR-DRG	inpatient					UHC	Medicaid		46723.91				44690	48125.63	case rate	
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2604	APR-DRG	inpatient					UHC	Medicaid		94646.25				90526	97485.64	case rate	
MAJOR BILIARY TRACT PROCEDURES	2611	APR-DRG	inpatient					UHC	Medicaid		18736.22				17921	19298.31	case rate	
MAJOR BILIARY TRACT PROCEDURES	2612	APR-DRG	inpatient					UHC	Medicaid		26069.7				24935	28851.79	case rate	
MAJOR BILIARY TRACT PROCEDURES	2613	APR-DRG	inpatient					UHC	Medicaid		39423.98				37708	40606.7	case rate	
MAJOR BILIARY TRACT PROCEDURES	2614	APR-DRG	inpatient					UHC	Medicaid		72428.49				69275	74601.34	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2621	APR-DRG	inpatient					UHC	Medicaid		16331.4				15620	16821.34	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2622	APR-DRG	inpatient					UHC	Medicaid		21538.72				20601	22184.88	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2623	APR-DRG	inpatient					UHC	Medicaid		32239.65				30836	33206.84	case rate	
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2624	APR-DRG	inpatient					UHC	Medicaid		65932.44				63062	67910.41	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2631	APR-DRG	inpatient					UHC	Medicaid		13952.5				13345	14371.08	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2632	APR-DRG	inpatient					UHC	Medicaid		17656.37				16888	18186.06	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2633	APR-DRG	inpatient					UHC	Medicaid		24052.87				23006	24774.46	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY	2634	APR-DRG	inpatient					UHC	Medicaid		50974.44				48755	52503.67	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2641	APR-DRG	inpatient					UHC	Medicaid		18579.72				17771	19137.11	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2642	APR-DRG	inpatient					UHC	Medicaid		22757.05				21766	23439.76	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2643	APR-DRG	inpatient					UHC	Medicaid		35208.07				33675	36264.31	case rate	
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2644	APR-DRG	inpatient					UHC	Medicaid		76468.43				73139	78762.48	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2791	APR-DRG	inpatient					UHC	Medicaid		7216.44				6902	7432.93	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2792	APR-DRG	inpatient					UHC	Medicaid		9132.27				8735	9406.24	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2793	APR-DRG	inpatient					UHC	Medicaid		15142.31				14483	15596.58	case rate	
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2794	APR-DRG	inpatient					UHC	Medicaid		38187.53				36525	39333.16	case rate	
ALCOHOLIC LIVER DISEASE	2801	APR-DRG	inpatient					UHC	Medicaid		7375.01				7054	7596.26	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ALCOHOLIC LIVER DISEASE	2802	APR-DRG	inpatient					UHC	Medicaid		9240.98				8839	9518.21	case rate	
ALCOHOLIC LIVER DISEASE	2803	APR-DRG	inpatient					UHC	Medicaid		14724.45				14083	15166.18	case rate	
ALCOHOLIC LIVER DISEASE	2804	APR-DRG	inpatient					UHC	Medicaid		33226.4				31780	34223.19	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2811	APR-DRG	inpatient					UHC	Medicaid		10866.76				10394	11192.76	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2812	APR-DRG	inpatient					UHC	Medicaid		12690.32				12329	13277.03	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2813	APR-DRG	inpatient					UHC	Medicaid		17837.72				17061	18372.85	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2814	APR-DRG	inpatient					UHC	Medicaid		29072.48				27807	29944.65	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2821	APR-DRG	inpatient					UHC	Medicaid		7517.07				7190	7742.58	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2822	APR-DRG	inpatient					UHC	Medicaid		9714.17				9291	10005.6	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2823	APR-DRG	inpatient					UHC	Medicaid		16227.09				15521	16713.9	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2824	APR-DRG	inpatient					UHC	Medicaid		45157.68				43192	46512.41	case rate	
OTHER DISORDERS OF THE LIVER	2831	APR-DRG	inpatient					UHC	Medicaid		8054.13				7703	8295.75	case rate	
OTHER DISORDERS OF THE LIVER	2832	APR-DRG	inpatient					UHC	Medicaid		9538.83				9124	9824.99	case rate	
OTHER DISORDERS OF THE LIVER	2833	APR-DRG	inpatient					UHC	Medicaid		14377.89				13752	14809.23	case rate	
OTHER DISORDERS OF THE LIVER	2834	APR-DRG	inpatient					UHC	Medicaid		29388.63				28109	30270.29	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2841	APR-DRG	inpatient					UHC	Medicaid		8685.27				8307	8945.83	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2842	APR-DRG	inpatient					UHC	Medicaid		11584.9				11081	11932.45	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2843	APR-DRG	inpatient					UHC	Medicaid		16694.55				15968	17195.39	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2844	APR-DRG	inpatient					UHC	Medicaid		33053.57				31615	34045.18	case rate	
HIP JOINT REPLACEMENT	3011	APR-DRG	inpatient					UHC	Medicaid		22045.19				21085	22706.55	case rate	
HIP JOINT REPLACEMENT	3012	APR-DRG	inpatient					UHC	Medicaid		24072.43				23024	24794.6	case rate	
HIP JOINT REPLACEMENT	3013	APR-DRG	inpatient					UHC	Medicaid		32939.58				31506	33927.77	case rate	
HIP JOINT REPLACEMENT	3014	APR-DRG	inpatient					UHC	Medicaid		54586.56				52210	56224.16	case rate	
KNEE JOINT REPLACEMENT	3021	APR-DRG	inpatient					UHC	Medicaid		21039.34				20123	21670.52	case rate	
KNEE JOINT REPLACEMENT	3022	APR-DRG	inpatient					UHC	Medicaid		23394.47				22376	24096.3	case rate	
KNEE JOINT REPLACEMENT	3023	APR-DRG	inpatient					UHC	Medicaid		30085.33				28776	30987.89	case rate	
KNEE JOINT REPLACEMENT	3024	APR-DRG	inpatient					UHC	Medicaid		55316.62				52908	56976.12	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3031	APR-DRG	inpatient					UHC	Medicaid		64994.02				62165	66943.84	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3032	APR-DRG	inpatient					UHC	Medicaid		78209.55				74805	80555.84	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3033	APR-DRG	inpatient					UHC	Medicaid		114584.93				109597	118022.48	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3034	APR-DRG	inpatient					UHC	Medicaid		155654.78				148878	160324.42	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3041	APR-DRG	inpatient					UHC	Medicaid		39505.59				37786	40690.76	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3042	APR-DRG	inpatient					UHC	Medicaid		47316.4				45257	48735.89	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3043	APR-DRG	inpatient					UHC	Medicaid		71260.93				68159	73398.76	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3044	APR-DRG	inpatient					UHC	Medicaid		118685.22				113518	122245.78	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3051	APR-DRG	inpatient					UHC	Medicaid		14814.05				14169	15258.47	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3052	APR-DRG	inpatient					UHC	Medicaid		20282.45				19399	20890.92	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3053	APR-DRG	inpatient					UHC	Medicaid		33190.08				31745	34185.78	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3054	APR-DRG	inpatient					UHC	Medicaid		70200.27				67144	72306.28	case rate	
HIP & FEMUR FRACTURE REPAIR	3081	APR-DRG	inpatient					UHC	Medicaid		17957.9				17176	18496.64	case rate	
HIP & FEMUR FRACTURE REPAIR	3082	APR-DRG	inpatient					UHC	Medicaid		21157.46				20236	21792.18	case rate	
HIP & FEMUR FRACTURE REPAIR	3083	APR-DRG	inpatient					UHC	Medicaid		28242.95				27013	29090.24	case rate	
HIP & FEMUR FRACTURE REPAIR	3084	APR-DRG	inpatient					UHC	Medicaid		49370.89				47222	50852.02	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3091	APR-DRG	inpatient					UHC	Medicaid		18120.87				17332	18664.5	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3092	APR-DRG	inpatient					UHC	Medicaid		25759.74				24638	26532.53	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3093	APR-DRG	inpatient					UHC	Medicaid		37608.05				35971	38736.29	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3094	APR-DRG	inpatient					UHC	Medicaid		73535.25				70334	75741.31	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3101	APR-DRG	inpatient					UHC	Medicaid		13503.16				12915	13908.25	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3102	APR-DRG	inpatient					UHC	Medicaid		17924.99				17145	18462.74	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3103	APR-DRG	inpatient					UHC	Medicaid		25937.23				24808	26715.35	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3104	APR-DRG	inpatient					UHC	Medicaid		55765.69				53338	57438.66	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3121	APR-DRG	inpatient					UHC	Medicaid		22262.6				21293	22930.48	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3122	APR-DRG	inpatient					UHC	Medicaid		31683.67				30304	32634.18	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3123	APR-DRG	inpatient					UHC	Medicaid		57132.28				54645	58846.25	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3124	APR-DRG	inpatient					UHC	Medicaid		118367.44				112927	121939.46	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3131	APR-DRG	inpatient					UHC	Medicaid		15856.41				15166	16332.1	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3132	APR-DRG	inpatient					UHC	Medicaid		21702.49				20758	22353.56	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3133	APR-DRG	inpatient					UHC	Medicaid		33218.87				31773	34215.44	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3134	APR-DRG	inpatient					UHC	Medicaid		67591.41				64649	69619.15	case rate	
FOOT & TOE PROCEDURES	3141	APR-DRG	inpatient					UHC	Medicaid		14502.11				13871	14937.17	case rate	
FOOT & TOE PROCEDURES	3142	APR-DRG	inpatient					UHC	Medicaid		16460.19				15744	16954	case rate	
FOOT & TOE PROCEDURES	3143	APR-DRG	inpatient					UHC	Medicaid		22954.64				21955	23643.28	case rate	
FOOT & TOE PROCEDURES	3144	APR-DRG	inpatient					UHC	Medicaid		49476.19				47322	50960.48	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3151	APR-DRG	inpatient					UHC	Medicaid		13077.95				12509	13470.29	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3152	APR-DRG	inpatient					UHC	Medicaid		22122.6				21160	22786.28	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3153	APR-DRG	inpatient					UHC	Medicaid		31826.19				30441	32780.98	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3154	APR-DRG	inpatient					UHC	Medicaid		64389.43				61586	66321.11	case rate	
HAND & WRIST PROCEDURES	3161	APR-DRG	inpatient					UHC	Medicaid		11387.32				10892	11728.94	case rate	
HAND & WRIST PROCEDURES	3162	APR-DRG	inpatient					UHC	Medicaid		16196.42				15491	16682.31	case rate	
HAND & WRIST PROCEDURES	3163	APR-DRG	inpatient					UHC	Medicaid		25985.48				24854	26765.04	case rate	
HAND & WRIST PROCEDURES	3164	APR-DRG	inpatient					UHC	Medicaid		49733.95				47569	51225.97	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3171	APR-DRG	inpatient					UHC	Medicaid		12575.69				12028	12952.96	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3172	APR-DRG	inpatient					UHC	Medicaid		17642.38				16874	18171.65	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3173	APR-DRG	inpatient					UHC	Medicaid		30298.52				28979	31207.48	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3174	APR-DRG	inpatient					UHC	Medicaid		71409.81				68301	73552.1	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3201	APR-DRG	inpatient					UHC	Medicaid		14349.55				13725	14780.04	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3202	APR-DRG	inpatient					UHC	Medicaid		22058.38				21098	22720.13	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3203	APR-DRG	inpatient					UHC	Medicaid		31408.95				30042	32351.22	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3204	APR-DRG	inpatient					UHC	Medicaid		59288.75				56708	61067.41	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3211	APR-DRG	inpatient					UHC	Medicaid		23587.12				22560	24294.73	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3212	APR-DRG	inpatient					UHC	Medicaid		30572.52				29242	31489.7	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3213	APR-DRG	inpatient					UHC	Medicaid		51078.21				48855	52610.56	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3214	APR-DRG	inpatient					UHC	Medicaid		95829.6				91658	98704.49	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3221	APR-DRG	inpatient					UHC	Medicaid		21526.88				20590	22172.69	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3222	APR-DRG	inpatient					UHC	Medicaid		23464.34				22443	24168.27	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3223	APR-DRG	inpatient					UHC	Medicaid		33153.31				31710	34147.91	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3224	APR-DRG	inpatient					UHC	Medicaid		55600.4				53180	57268.41	case rate	
FRACTURE OF FEMUR	3401	APR-DRG	inpatient					UHC	Medicaid		6723.96				6431	6925.68	case rate	
FRACTURE OF FEMUR	3402	APR-DRG	inpatient					UHC	Medicaid		7964.8				7618	8203.74	case rate	
FRACTURE OF FEMUR	3403	APR-DRG	inpatient					UHC	Medicaid		11946.43				11426	12304.82	case rate	
FRACTURE OF FEMUR	3404	APR-DRG	inpatient					UHC	Medicaid		27454.4				26259	28278.03	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3411	APR-DRG	inpatient					UHC	Medicaid		6816.87				6520	7021.38	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3412	APR-DRG	inpatient					UHC	Medicaid		8268.93				7909	8517	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3413	APR-DRG	inpatient					UHC	Medicaid		11065.42				10584	11397.38	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3414	APR-DRG	inpatient					UHC	Medicaid		26232.67				25091	27019.65	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3421	APR-DRG	inpatient					UHC	Medicaid		7118.68				6809	7332.24	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3422	APR-DRG	inpatient					UHC	Medicaid		9203.04				8802	9479.13	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3423	APR-DRG	inpatient					UHC	Medicaid		12568.96				12022	12946.03	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3424	APR-DRG	inpatient					UHC	Medicaid		28987.63				27726	29857.26	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3431	APR-DRG	inpatient					UHC	Medicaid		11055.65				10574	11387.32	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3432	APR-DRG	inpatient					UHC	Medicaid		13226.65				12651	13623.45	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3433	APR-DRG	inpatient					UHC	Medicaid		21095.21				20177	21728.07	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3434	APR-DRG	inpatient					UHC	Medicaid		35504.23				33959	36569.36	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3441	APR-DRG	inpatient					UHC	Medicaid		10154.46				9712	10459.59	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3442	APR-DRG	inpatient					UHC	Medicaid		12821.26				12263	13205.9	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3443	APR-DRG	inpatient					UHC	Medicaid		19158.83				18325	19733.59	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3444	APR-DRG	inpatient					UHC	Medicaid		35311.84				33775	36371.2	case rate	
CONNECTIVE TISSUE DISORDERS	3461	APR-DRG	inpatient					UHC	Medicaid		9181.24				8782	9456.68	case rate	
CONNECTIVE TISSUE DISORDERS	3462	APR-DRG	inpatient					UHC	Medicaid		12224.2				11692	12590.93	case rate	
CONNECTIVE TISSUE DISORDERS	3463	APR-DRG	inpatient					UHC	Medicaid		20548.2				19654	21164.65	case rate	
CONNECTIVE TISSUE DISORDERS	3464	APR-DRG	inpatient					UHC	Medicaid		50237.74				48051	51744.87	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3471	APR-DRG	inpatient					UHC	Medicaid		8634.86				8259	8893.91	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3472	APR-DRG	inpatient					UHC	Medicaid		10658.86				10195	10978.63	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3473	APR-DRG	inpatient					UHC	Medicaid		14622.47				13986	15061.14	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3474	APR-DRG	inpatient					UHC	Medicaid		34665.82				33157	35705.79	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3491	APR-DRG	inpatient					UHC	Medicaid		7267.38				6951	7485.4	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3492	APR-DRG	inpatient					UHC	Medicaid		10395.54				9943	10707.41	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3493	APR-DRG	inpatient					UHC	Medicaid		15848.25				15158	16323.7	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3494	APR-DRG	inpatient					UHC	Medicaid		32501.99				31087	33477.05	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3511	APR-DRG	inpatient					UHC	Medicaid		7392.16				7030	7570.66	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3512	APR-DRG	inpatient					UHC	Medicaid		8516.92				8146	8772.43	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3513	APR-DRG	inpatient					UHC	Medicaid		13820.57				13219	14235.19	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3514	APR-DRG	inpatient					UHC	Medicaid		30597.72				29266	31515.65	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3611	APR-DRG	inpatient					UHC	Medicaid		19116.77				18285	19690.27	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3612	APR-DRG	inpatient					UHC	Medicaid		25647.72				24531	26417.15	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3613	APR-DRG	inpatient					UHC	Medicaid		36843.1				35239	37948.39	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3614	APR-DRG	inpatient					UHC	Medicaid		80917.43				77395	83344.95	case rate	
MASTECTOMY PROCEDURES	3621	APR-DRG	inpatient					UHC	Medicaid		18471.91				17668	19026.07	case rate	
MASTECTOMY PROCEDURES	3622	APR-DRG	inpatient					UHC	Medicaid		22574.54				21592	23251.78	case rate	
MASTECTOMY PROCEDURES	3623	APR-DRG	inpatient					UHC	Medicaid		27781.14				26572	28614.57	case rate	
MASTECTOMY PROCEDURES	3624	APR-DRG	inpatient					UHC	Medicaid		58503.17				55956	60258.27	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3631	APR-DRG	inpatient					UHC	Medicaid		14412.87				13785	14845.26	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3632	APR-DRG	inpatient					UHC	Medicaid		24319.25				23261	25048.83	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3633	APR-DRG	inpatient					UHC	Medicaid		31048.23				29697	31979.68	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3634	APR-DRG	inpatient					UHC	Medicaid		59800.69				57197	61594.71	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3641	APR-DRG	inpatient					UHC	Medicaid		11640.51				11134	11989.73	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3642	APR-DRG	inpatient					UHC	Medicaid		16088.08				15388	16570.72	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3643	APR-DRG	inpatient					UHC	Medicaid		25006.44				23918	25756.63	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3644	APR-DRG	inpatient					UHC	Medicaid		48997.61				46865	50467.54	case rate	
SKIN ULCERS	3801	APR-DRG	inpatient					UHC	Medicaid		7977.09				7630	8216.4	case rate	
SKIN ULCERS	3802	APR-DRG	inpatient					UHC	Medicaid		9563.23				9147	9850.13	case rate	
SKIN ULCERS	3803	APR-DRG	inpatient					UHC	Medicaid		13823.35				13222	14238.05	case rate	
SKIN ULCERS	3804	APR-DRG	inpatient					UHC	Medicaid		27134.93				25954	27948.98	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MAJOR SKIN DISORDERS	3811	APR-DRG	inpatient					UHC	Medicaid		6417.76				6138	6610.29	case rate	
MAJOR SKIN DISORDERS	3812	APR-DRG	inpatient					UHC	Medicaid		11310.36				10818	11649.67	case rate	
MAJOR SKIN DISORDERS	3813	APR-DRG	inpatient					UHC	Medicaid		20413.67				19525	21026.08	case rate	
MAJOR SKIN DISORDERS	3814	APR-DRG	inpatient					UHC	Medicaid		55197.52				52795	56853.45	case rate	
MALIGNANT BREAST DISORDERS	3821	APR-DRG	inpatient					UHC	Medicaid		8705.89				8327	8967.07	case rate	
MALIGNANT BREAST DISORDERS	3822	APR-DRG	inpatient					UHC	Medicaid		10326.84				9877	10636.65	case rate	
MALIGNANT BREAST DISORDERS	3823	APR-DRG	inpatient					UHC	Medicaid		16366.11				15654	16857.09	case rate	
MALIGNANT BREAST DISORDERS	3824	APR-DRG	inpatient					UHC	Medicaid		27527.59				26329	28353.42	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3831	APR-DRG	inpatient					UHC	Medicaid		6297.58				6023	6486.51	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3832	APR-DRG	inpatient					UHC	Medicaid		8381.58				8017	8633.03	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3833	APR-DRG	inpatient					UHC	Medicaid		12868.43				12308	13254.48	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3834	APR-DRG	inpatient					UHC	Medicaid		30443.99				29119	31357.31	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3841	APR-DRG	inpatient					UHC	Medicaid		8067.04				7716	8309.05	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3842	APR-DRG	inpatient					UHC	Medicaid		9562.69				9146	9849.57	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3843	APR-DRG	inpatient					UHC	Medicaid		14011.43				13401	14431.77	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3844	APR-DRG	inpatient					UHC	Medicaid		35449.07				33906	36512.54	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3851	APR-DRG	inpatient					UHC	Medicaid		6005.01				5744	6185.16	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3852	APR-DRG	inpatient					UHC	Medicaid		7955.02				7609	8193.67	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3853	APR-DRG	inpatient					UHC	Medicaid		12711.39				12158	13092.73	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3854	APR-DRG	inpatient					UHC	Medicaid		26097.95				24962	26880.89	case rate	
PITUITARY & ADRENAL PROCEDURES	4011	APR-DRG	inpatient					UHC	Medicaid		20820.76				19914	21445.38	case rate	
PITUITARY & ADRENAL PROCEDURES	4012	APR-DRG	inpatient					UHC	Medicaid		27992				26773	28831.76	case rate	
PITUITARY & ADRENAL PROCEDURES	4013	APR-DRG	inpatient					UHC	Medicaid		47116.48				45065	48529.97	case rate	
PITUITARY & ADRENAL PROCEDURES	4014	APR-DRG	inpatient					UHC	Medicaid		101944.48				97506	105002.81	case rate	
PROCEDURES FOR OBESITY	4031	APR-DRG	inpatient					UHC	Medicaid		18171.45				17380	18716.59	case rate	
PROCEDURES FOR OBESITY	4032	APR-DRG	inpatient					UHC	Medicaid		20180.66				19302	20786.08	case rate	
PROCEDURES FOR OBESITY	4033	APR-DRG	inpatient					UHC	Medicaid		30669.2				29334	31589.28	case rate	
PROCEDURES FOR OBESITY	4034	APR-DRG	inpatient					UHC	Medicaid		86347.9				82589	88938.34	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4041	APR-DRG	inpatient					UHC	Medicaid		11600.15				11095	11948.15	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4042	APR-DRG	inpatient					UHC	Medicaid		15542.59				14866	16008.87	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4043	APR-DRG	inpatient					UHC	Medicaid		29576.35				28289	30463.64	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4044	APR-DRG	inpatient					UHC	Medicaid		70883.52				67798	73010.03	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4051	APR-DRG	inpatient					UHC	Medicaid		18040.33				17255	18581.54	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4052	APR-DRG	inpatient					UHC	Medicaid		22383.23				21390	23034.13	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4053	APR-DRG	inpatient					UHC	Medicaid		33227.21				31781	34224.03	case rate	
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4054	APR-DRG	inpatient					UHC	Medicaid		75769.39				72471	78042.47	case rate	
DIABETES	4201	APR-DRG	inpatient					UHC	Medicaid		5855.32				5600	6030.98	case rate	
DIABETES	4202	APR-DRG	inpatient					UHC	Medicaid		7566.67				7237	7793.67	case rate	
DIABETES	4203	APR-DRG	inpatient					UHC	Medicaid		11354.58				10860	11695.22	case rate	
DIABETES	4204	APR-DRG	inpatient					UHC	Medicaid		27685.98				26481	28516.56	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4211	APR-DRG	inpatient					UHC	Medicaid		7879.15				7536	8115.52	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4212	APR-DRG	inpatient					UHC	Medicaid		8754.6				8373	9017.24	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4213	APR-DRG	inpatient					UHC	Medicaid		13425.49				12841	13828.25	case rate	
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4214	APR-DRG	inpatient					UHC	Medicaid		28466.18				27227	29320.17	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4221	APR-DRG	inpatient					UHC	Medicaid		4715.83				4511	4857.3	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4222	APR-DRG	inpatient					UHC	Medicaid		6765.21				6471	6968.17	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4223	APR-DRG	inpatient					UHC	Medicaid		9895.61				9465	10192.48	case rate	
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4224	APR-DRG	inpatient					UHC	Medicaid		21431.99				20499	22074.95	case rate	
INBORN ERRORS OF METABOLISM	4231	APR-DRG	inpatient					UHC	Medicaid		8604.82				8230	8862.96	case rate	
INBORN ERRORS OF METABOLISM	4232	APR-DRG	inpatient					UHC	Medicaid		11216.28				10728	11552.77	case rate	
INBORN ERRORS OF METABOLISM	4233	APR-DRG	inpatient					UHC	Medicaid		17701.04				16930	18232.07	case rate	
INBORN ERRORS OF METABOLISM	4234	APR-DRG	inpatient					UHC	Medicaid		34298.27				32805	35327.22	case rate	
OTHER ENDOCRINE DISORDERS	4241	APR-DRG	inpatient					UHC	Medicaid		7195.54				6882	7411.41	case rate	
OTHER ENDOCRINE DISORDERS	4242	APR-DRG	inpatient					UHC	Medicaid		9778.84				9353	10072.21	case rate	
OTHER ENDOCRINE DISORDERS	4243	APR-DRG	inpatient					UHC	Medicaid		14823.91				14179	15268.63	case rate	
OTHER ENDOCRINE DISORDERS	4244	APR-DRG	inpatient					UHC	Medicaid		31416.4				30049	32358.89	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4251	APR-DRG	inpatient					UHC	Medicaid		5852.81				5598	6028.39	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4252	APR-DRG	inpatient					UHC	Medicaid		7540.75				7212	7766.97	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4253	APR-DRG	inpatient					UHC	Medicaid		11308.3				10816	11647.55	case rate	
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4254	APR-DRG	inpatient					UHC	Medicaid		25368.52				24264	26129.58	case rate	
KIDNEY TRANSPLANT	4401	APR-DRG	inpatient					UHC	Medicaid		69843.58				66803	71938.89	case rate	
KIDNEY TRANSPLANT	4402	APR-DRG	inpatient					UHC	Medicaid		73081.43				69900	75273.87	case rate	
KIDNEY TRANSPLANT	4403	APR-DRG	inpatient					UHC	Medicaid		82638.38				79041	85117.53	case rate	
KIDNEY TRANSPLANT	4404	APR-DRG	inpatient					UHC	Medicaid		130828.16				125133	134753	case rate	
MAJOR BLADDER PROCEDURES	4411	APR-DRG	inpatient					UHC	Medicaid		20595.2				19699	21213.06	case rate	
MAJOR BLADDER PROCEDURES	4412	APR-DRG	inpatient					UHC	Medicaid		31923.5				30534	32881.21	case rate	
MAJOR BLADDER PROCEDURES	4413	APR-DRG	inpatient					UHC	Medicaid		43420.32				41530	44722.93	case rate	
MAJOR BLADDER PROCEDURES	4414	APR-DRG	inpatient					UHC	Medicaid		87391.07				83587	90012.8	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4421	APR-DRG	inpatient					UHC	Medicaid		18979.82				18154	19549.21	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4422	APR-DRG	inpatient					UHC	Medicaid		21989.23				21032	22648.91	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4423	APR-DRG	inpatient					UHC	Medicaid		33954.68				32476	34973.32	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4424	APR-DRG	inpatient					UHC	Medicaid		67557.59				64617	69584.32	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4431	APR-DRG	inpatient					UHC	Medicaid		16616.97				15894	17115.48	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4432	APR-DRG	inpatient					UHC	Medicaid		19520.82				18671	20106.44	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4433	APR-DRG	inpatient					UHC	Medicaid		28532.64				27290	29388.62	case rate	
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4434	APR-DRG	inpatient					UHC	Medicaid		59316.38				56734	61095.87	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4441	APR-DRG	inpatient					UHC	Medicaid		15135.94				14477	15590.02	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4442	APR-DRG	inpatient					UHC	Medicaid		20423.26				19534	21035.96	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4443	APR-DRG	inpatient					UHC	Medicaid		32825.32				31396	33810.08	case rate	
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4444	APR-DRG	inpatient					UHC	Medicaid		62093.14				59390	63955.93	case rate	
OTHER BLADDER PROCEDURES	4451	APR-DRG	inpatient					UHC	Medicaid		13122.25				12551	13515.92	case rate	
OTHER BLADDER PROCEDURES	4452	APR-DRG	inpatient					UHC	Medicaid		17933.33				17153	18471.33	case rate	
OTHER BLADDER PROCEDURES	4453	APR-DRG	inpatient					UHC	Medicaid		23347.83				22331	24048.26	case rate	
OTHER BLADDER PROCEDURES	4454	APR-DRG	inpatient					UHC	Medicaid		48451.14				46342	49904.67	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4461	APR-DRG	inpatient					UHC	Medicaid		10047.1				9610	10348.51	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4462	APR-DRG	inpatient					UHC	Medicaid		12425.55				11885	12796.32	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4463	APR-DRG	inpatient					UHC	Medicaid		20318.42				19434	20927.97	case rate	
URETHRAL & TRANSURETHRAL PROCEDURES	4464	APR-DRG	inpatient					UHC	Medicaid		43967.24				42053	45286.26	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4471	APR-DRG	inpatient					UHC	Medicaid		17050.88				16309	17562.41	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4472	APR-DRG	inpatient					UHC	Medicaid		21585.99				20646	22233.57	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4473	APR-DRG	inpatient					UHC	Medicaid		30848.4				29505	31773.85	case rate	
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4474	APR-DRG	inpatient					UHC	Medicaid		70495.17				67426	72610.03	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4611	APR-DRG	inpatient					UHC	Medicaid		7923.09				7578	8160.78	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4612	APR-DRG	inpatient					UHC	Medicaid		10359.66				9909	10670.45	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4613	APR-DRG	inpatient					UHC	Medicaid		16016.15				15319	16496.63	case rate	
KIDNEY & URINARY TRACT MALIGNANCY	4614	APR-DRG	inpatient					UHC	Medicaid		29157.5				27888	30032.23	case rate	
NEPHRITIS & NEPHROSIS	4621	APR-DRG	inpatient					UHC	Medicaid		6527.45				6243	6723.27	case rate	
NEPHRITIS & NEPHROSIS	4622	APR-DRG	inpatient					UHC	Medicaid		9209.23				8808	9485.51	case rate	
NEPHRITIS & NEPHROSIS	4623	APR-DRG	inpatient					UHC	Medicaid		17014.74				16274	17525.18	case rate	
NEPHRITIS & NEPHROSIS	4624	APR-DRG	inpatient					UHC	Medicaid		34388.05				32891	35419.69	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4631	APR-DRG	inpatient					UHC	Medicaid		6307.98				6033	6497.22	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4632	APR-DRG	inpatient					UHC	Medicaid		7947.67				7602	8186.1	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4633	APR-DRG	inpatient					UHC	Medicaid		11038.79				10556	11369.95	case rate	
KIDNEY & URINARY TRACT INFECTIONS	4634	APR-DRG	inpatient					UHC	Medicaid		21593.34				20653	22241.14	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4651	APR-DRG	inpatient					UHC	Medicaid		6939.3				6637	7147.48	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4652	APR-DRG	inpatient					UHC	Medicaid		8309.92				7948	8559.22	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4653	APR-DRG	inpatient					UHC	Medicaid		12735.34				12181	13117.4	case rate	
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4654	APR-DRG	inpatient					UHC	Medicaid		27767.87				26559	28600.91	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4661	APR-DRG	inpatient					UHC	Medicaid		6605.66				6318	6803.83	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4662	APR-DRG	inpatient					UHC	Medicaid		9200.17				8800	9476.18	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4663	APR-DRG	inpatient					UHC	Medicaid		14014.56				13404	14435	case rate	
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4664	APR-DRG	inpatient					UHC	Medicaid		24905.99				23822	25653.17	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4681	APR-DRG	inpatient					UHC	Medicaid		6905.13				6605	7112.28	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4682	APR-DRG	inpatient					UHC	Medicaid		9375.69				8968	9656.96	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4683	APR-DRG	inpatient					UHC	Medicaid		13668.99				13074	14079.06	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4684	APR-DRG	inpatient					UHC	Medicaid		27533.42				26335	28359.42	case rate	
ACUTE KIDNEY INJURY	4691	APR-DRG	inpatient					UHC	Medicaid		6538.48				6254	6734.63	case rate	
ACUTE KIDNEY INJURY	4692	APR-DRG	inpatient					UHC	Medicaid		8737.29				8357	8999.41	case rate	
ACUTE KIDNEY INJURY	4693	APR-DRG	inpatient					UHC	Medicaid		14148.74				13533	14573.2	case rate	
ACUTE KIDNEY INJURY	4694	APR-DRG	inpatient					UHC	Medicaid		32099.74				30702	33062.73	case rate	
CHRONIC KIDNEY DISEASE	4701	APR-DRG	inpatient					UHC	Medicaid		6949.52				6647	7158.01	case rate	
CHRONIC KIDNEY DISEASE	4702	APR-DRG	inpatient					UHC	Medicaid		8847.78				8463	9113.21	case rate	
CHRONIC KIDNEY DISEASE	4703	APR-DRG	inpatient					UHC	Medicaid		13027				12460	13417.81	case rate	
CHRONIC KIDNEY DISEASE	4704	APR-DRG	inpatient					UHC	Medicaid		27626.17				26710	28763.96	case rate	
MAJOR MALE PELVIC PROCEDURES	4801	APR-DRG	inpatient					UHC	Medicaid		17602.38				16836	18130.45	case rate	
MAJOR MALE PELVIC PROCEDURES	4802	APR-DRG	inpatient					UHC	Medicaid		19399.11				18555	19981.08	case rate	
MAJOR MALE PELVIC PROCEDURES	4803	APR-DRG	inpatient					UHC	Medicaid		31665.02				30287	32614.97	case rate	
MAJOR MALE PELVIC PROCEDURES	4804	APR-DRG	inpatient					UHC	Medicaid		70658.04				67582	72777.78	case rate	
PENIS PROCEDURES	4811	APR-DRG	inpatient					UHC	Medicaid		11262.02				10772	11599.88	case rate	
PENIS PROCEDURES	4812	APR-DRG	inpatient					UHC	Medicaid		18352.35				17553	18902.92	case rate	
PENIS PROCEDURES	4813	APR-DRG	inpatient					UHC	Medicaid		25552.29				24440	26318.86	case rate	
PENIS PROCEDURES	4814	APR-DRG	inpatient					UHC	Medicaid		58973.05				56406	60742.24	case rate	
TRANSURETHRAL PROSTATECTOMY	4821	APR-DRG	inpatient					UHC	Medicaid		9472.37				9060	9756.54	case rate	
TRANSURETHRAL PROSTATECTOMY	4822	APR-DRG	inpatient					UHC	Medicaid		12361.24				11823	12732.08	case rate	
TRANSURETHRAL PROSTATECTOMY	4823	APR-DRG	inpatient					UHC	Medicaid		22501.44				21522	23176.48	case rate	
TRANSURETHRAL PROSTATECTOMY	4824	APR-DRG	inpatient					UHC	Medicaid		44912.02				42957	46259.38	case rate	
TESTES & SCROTAL PROCEDURES	4831	APR-DRG	inpatient					UHC	Medicaid		10025.12				9589	10325.87	case rate	
TESTES & SCROTAL PROCEDURES	4832	APR-DRG	inpatient					UHC	Medicaid		18134.23				17345	18678.26	case rate	
TESTES & SCROTAL PROCEDURES	4833	APR-DRG	inpatient					UHC	Medicaid		30441.66				29116	31354.91	case rate	
TESTES & SCROTAL PROCEDURES	4834	APR-DRG	inpatient					UHC	Medicaid		85492.18				81770	88056.95	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4841	APR-DRG	inpatient					UHC	Medicaid		13020.19				12453	13410.8	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4842	APR-DRG	inpatient					UHC	Medicaid		18580.16				17771	19137.56	case rate	
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4843	APR-DRG	inpatient					UHC	Medicaid		23795.2				22759	24509.06	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4844	APR-DRG	inpatient					UHC	Medicaid		60279				57655	62087.37	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5001	APR-DRG	inpatient					UHC	Medicaid		8056.19				7705	8297.88	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5002	APR-DRG	inpatient					UHC	Medicaid		10246.3				9800	10553.69	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5003	APR-DRG	inpatient					UHC	Medicaid		16205.39				15500	16691.55	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5004	APR-DRG	inpatient					UHC	Medicaid		26587.56				25430	27385.19	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5011	APR-DRG	inpatient					UHC	Medicaid		6420.63				6141	6613.25	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5012	APR-DRG	inpatient					UHC	Medicaid		8823.93				8440	9088.65	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5013	APR-DRG	inpatient					UHC	Medicaid		13336.07				12755	13736.15	case rate	
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5014	APR-DRG	inpatient					UHC	Medicaid		33691.8				32225	34702.55	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5101	APR-DRG	inpatient					UHC	Medicaid		17808.48				17033	18342.73	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5102	APR-DRG	inpatient					UHC	Medicaid		22094.34				21132	22757.17	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5103	APR-DRG	inpatient					UHC	Medicaid		39514.83				37795	40700.27	case rate	
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5104	APR-DRG	inpatient					UHC	Medicaid		91545.53				87560	94291.9	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5111	APR-DRG	inpatient					UHC	Medicaid		17966.07				17184	18505.05	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5112	APR-DRG	inpatient					UHC	Medicaid		22529.87				21549	23205.77	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5113	APR-DRG	inpatient					UHC	Medicaid		33821.76				32349	34836.41	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5114	APR-DRG	inpatient					UHC	Medicaid		72201.49				69058	74367.53	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5121	APR-DRG	inpatient					UHC	Medicaid		15972.2				15277	16451.37	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5122	APR-DRG	inpatient					UHC	Medicaid		18794.88				17977	19358.73	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5123	APR-DRG	inpatient					UHC	Medicaid		29531.86				28246	30417.82	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5124	APR-DRG	inpatient					UHC	Medicaid		60332.28				57706	62142.25	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5131	APR-DRG	inpatient					UHC	Medicaid		12210.48				11679	12576.79	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5132	APR-DRG	inpatient					UHC	Medicaid		14334.84				13711	14764.89	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5133	APR-DRG	inpatient					UHC	Medicaid		23515.46				22492	24220.92	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5134	APR-DRG	inpatient					UHC	Medicaid		56856.76				54382	58562.46	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5141	APR-DRG	inpatient					UHC	Medicaid		10056.96				9619	10358.67	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5142	APR-DRG	inpatient					UHC	Medicaid		14604.98				13969	15043.13	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5143	APR-DRG	inpatient					UHC	Medicaid		25294.88				24194	26053.73	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5144	APR-DRG	inpatient					UHC	Medicaid		70105.65				67054	72208.82	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5171	APR-DRG	inpatient					UHC	Medicaid		9676.95				9256	9967.26	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5172	APR-DRG	inpatient					UHC	Medicaid		12175.14				11645	12540.39	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5173	APR-DRG	inpatient					UHC	Medicaid		22336.05				21364	23006.13	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5174	APR-DRG	inpatient					UHC	Medicaid		52556.72				50269	54133.42	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5181	APR-DRG	inpatient					UHC	Medicaid		11514.49				11013	11859.92	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5182	APR-DRG	inpatient					UHC	Medicaid		15869.59				15179	16345.68	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5183	APR-DRG	inpatient					UHC	Medicaid		28971.49				27710	29840.63	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5184	APR-DRG	inpatient					UHC	Medicaid		65959.88				63088	67938.68	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5191	APR-DRG	inpatient					UHC	Medicaid		12764.04				12208	13146.96	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5192	APR-DRG	inpatient					UHC	Medicaid		15308.5				14642	15767.76	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5193	APR-DRG	inpatient					UHC	Medicaid		27633.87				26431	28462.89	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5194	APR-DRG	inpatient					UHC	Medicaid		68632.15				65644	70691.11	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5301	APR-DRG	inpatient					UHC	Medicaid		7718.51				7382	7950.07	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5302	APR-DRG	inpatient					UHC	Medicaid		9922.34				9490	10220.01	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5303	APR-DRG	inpatient					UHC	Medicaid		16755.36				16026	17258.02	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5304	APR-DRG	inpatient					UHC	Medicaid		30853.69				29510	31779.3	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5311	APR-DRG	inpatient					UHC	Medicaid		7020.29				6715	7230.9	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5312	APR-DRG	inpatient					UHC	Medicaid		9451.66				9040	9735.21	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5313	APR-DRG	inpatient					UHC	Medicaid		14902.12				14253	15349.18	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5314	APR-DRG	inpatient					UHC	Medicaid		28948.8				27689	29817.26	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5321	APR-DRG	inpatient					UHC	Medicaid		6101.25				5836	6284.29	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5322	APR-DRG	inpatient					UHC	Medicaid		7532.59				7205	7758.57	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5323	APR-DRG	inpatient					UHC	Medicaid		12382.59				11844	12754.07	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5324	APR-DRG	inpatient					UHC	Medicaid		25355.69				24252	26116.36	case rate	
CESAREAN DELIVERY	5401	APR-DRG	inpatient					UHC	Medicaid		7776.72				7438	8010.02	case rate	
CESAREAN DELIVERY	5402	APR-DRG	inpatient					UHC	Medicaid		9296.4				8892	9575.29	case rate	
CESAREAN DELIVERY	5403	APR-DRG	inpatient					UHC	Medicaid		13327.28				12747	13727.1	case rate	
CESAREAN DELIVERY	5404	APR-DRG	inpatient					UHC	Medicaid		37703.21				36062	38834.31	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5411	APR-DRG	inpatient					UHC	Medicaid		7408.64				7086	7630.9	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5412	APR-DRG	inpatient					UHC	Medicaid		8061.57				7711	8303.42	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5413	APR-DRG	inpatient					UHC	Medicaid		12002.49				11480	12362.56	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5414	APR-DRG	inpatient					UHC	Medicaid		42249.35				40410	43516.83	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5421	APR-DRG	inpatient					UHC	Medicaid		5492.8				5254	5657.58	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5422	APR-DRG	inpatient					UHC	Medicaid		6854.54				6556	7060.18	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5423	APR-DRG	inpatient					UHC	Medicaid		14759.61				14117	15202.4	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5424	APR-DRG	inpatient					UHC	Medicaid		49315.56				47169	50795.03	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5441	APR-DRG	inpatient					UHC	Medicaid		7758.78				7421	7991.54	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5442	APR-DRG	inpatient					UHC	Medicaid		9184.38				8785	9459.91	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5443	APR-DRG	inpatient					UHC	Medicaid		15220.97				14558	15677.6	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5444	APR-DRG	inpatient					UHC	Medicaid		42836.54				40972	44121.64	case rate	
ECTOPIC PREGNANCY PROCEDURE	5451	APR-DRG	inpatient					UHC	Medicaid		11107.85				10624	11441.09	case rate	
ECTOPIC PREGNANCY PROCEDURE	5452	APR-DRG	inpatient					UHC	Medicaid		12190.93				11660	12556.66	case rate	
ECTOPIC PREGNANCY PROCEDURE	5453	APR-DRG	inpatient					UHC	Medicaid		14710.73				14070	15152.05	case rate	
ECTOPIC PREGNANCY PROCEDURE	5454	APR-DRG	inpatient					UHC	Medicaid		26848.83				25680	27654.29	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5461	APR-DRG	inpatient					UHC	Medicaid		8473.6				8105	8727.81	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5462	APR-DRG	inpatient					UHC	Medicaid		11975.58				11454	12334.85	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5463	APR-DRG	inpatient					UHC	Medicaid		22947.91				21949	23636.35	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5464	APR-DRG	inpatient					UHC	Medicaid		62522.48				59801	64398.15	case rate	
VAGINAL DELIVERY	5601	APR-DRG	inpatient					UHC	Medicaid		4587.93				4388	4725.57	case rate	
VAGINAL DELIVERY	5602	APR-DRG	inpatient					UHC	Medicaid		5173.33				4948	5328.53	case rate	
VAGINAL DELIVERY	5603	APR-DRG	inpatient					UHC	Medicaid		7521.92				7194	7747.58	case rate	
VAGINAL DELIVERY	5604	APR-DRG	inpatient					UHC	Medicaid		22429.6				21453	23102.49	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5611	APR-DRG	inpatient					UHC	Medicaid		3598.22				3442	3706.17	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5612	APR-DRG	inpatient					UHC	Medicaid		5789.94				5538	5963.64	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5613	APR-DRG	inpatient					UHC	Medicaid		9303.49				8898	9582.59	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5614	APR-DRG	inpatient					UHC	Medicaid		24484.28				23418	25218.81	case rate	
PRETERM LABOR	5631	APR-DRG	inpatient					UHC	Medicaid		4121.28				3942	4244.92	case rate	
PRETERM LABOR	5632	APR-DRG	inpatient					UHC	Medicaid		5458.54				5221	5622.3	case rate	
PRETERM LABOR	5633	APR-DRG	inpatient					UHC	Medicaid		9345.82				8939	9626.19	case rate	
PRETERM LABOR	5634	APR-DRG	inpatient					UHC	Medicaid		17230.71				16481	17747.63	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5641	APR-DRG	inpatient					UHC	Medicaid		4363.8				4174	4494.71	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5642	APR-DRG	inpatient					UHC	Medicaid		5094.13				4872	5246.95	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5643	APR-DRG	inpatient					UHC	Medicaid		7234.1				6919	7451.12	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5644	APR-DRG	inpatient					UHC	Medicaid		30786.87				29447	31710.48	case rate	
FALSE LABOR	5651	APR-DRG	inpatient					UHC	Medicaid		2024.99				1937	2085.74	case rate	
FALSE LABOR	5652	APR-DRG	inpatient					UHC	Medicaid		2879.81				2754	2966.2	case rate	
FALSE LABOR	5653	APR-DRG	inpatient					UHC	Medicaid		4578.33				4379	4715.68	case rate	
FALSE LABOR	5654	APR-DRG	inpatient					UHC	Medicaid		5037.54				4818	5188.67	case rate	
OTHER ANTEPARTUM DIAGNOSES	5661	APR-DRG	inpatient					UHC	Medicaid		4042.27				3866	4163.54	case rate	
OTHER ANTEPARTUM DIAGNOSES	5662	APR-DRG	inpatient					UHC	Medicaid		5430.56				5194	5593.48	case rate	
OTHER ANTEPARTUM DIAGNOSES	5663	APR-DRG	inpatient					UHC	Medicaid		8331.53				7969	8581.48	case rate	
OTHER ANTEPARTUM DIAGNOSES	5664	APR-DRG	inpatient					UHC	Medicaid		23684.88				22654	24395.43	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5801	APR-DRG	inpatient					UHC	Medicaid		3426.55				3277	3529.35	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5802	APR-DRG	inpatient					UHC	Medicaid		4410.8				4219	4543.12	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5803	APR-DRG	inpatient					UHC	Medicaid		7137.33				6827	7351.45	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5804	APR-DRG	inpatient					UHC	Medicaid		13475.18				12889	13879.44	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5811	APR-DRG	inpatient					UHC	Medicaid		1365.87				1306	1406.85	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5812	APR-DRG	inpatient					UHC	Medicaid		2169.3				2075	2234.38	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5813	APR-DRG	inpatient					UHC	Medicaid		3743.24				3580	3855.54	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5814	APR-DRG	inpatient					UHC	Medicaid		7516.09				7189	7741.57	case rate	
NEONATE W ECMO	5831	APR-DRG	inpatient					UHC	Medicaid		118519.48				113360	122075.06	case rate	
NEONATE W ECMO	5832	APR-DRG	inpatient					UHC	Medicaid		131688.37				125955	135639.02	case rate	
NEONATE W ECMO	5833	APR-DRG	inpatient					UHC	Medicaid		246888.91				236141	254295.58	case rate	
NEONATE W ECMO	5834	APR-DRG	inpatient					UHC	Medicaid		369181.14				353109	380256.57	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5881	APR-DRG	inpatient					UHC	Medicaid		116315.11				111251	119804.56	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5882	APR-DRG	inpatient					UHC	Medicaid		129239.06				123613	133116.23	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5883	APR-DRG	inpatient					UHC	Medicaid		263893.97				252406	271810.79	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5884	APR-DRG	inpatient					UHC	Medicaid		353216.48				337839	363812.97	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5891	APR-DRG	inpatient					UHC	Medicaid		204229.96				195339	210356.86	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5892	APR-DRG	inpatient					UHC	Medicaid		143257.21				137021	147554.93	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5893	APR-DRG	inpatient					UHC	Medicaid		102476.78				98016	105551.08	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5894	APR-DRG	inpatient					UHC	Medicaid		3483.15				3332	3587.64	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5911	APR-DRG	inpatient					UHC	Medicaid		121966.48				116657	125625.47	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5912	APR-DRG	inpatient					UHC	Medicaid		169214.53				161848	174290.97	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5913	APR-DRG	inpatient					UHC	Medicaid		210125.1				200977	216428.85	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5914	APR-DRG	inpatient					UHC	Medicaid		296633.81				283720	305532.82	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5931	APR-DRG	inpatient					UHC	Medicaid		37816.58				36170	38951.08	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5932	APR-DRG	inpatient					UHC	Medicaid		128118.85				122541	131962.42	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5933	APR-DRG	inpatient					UHC	Medicaid		170632.87				163204	175751.86	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5934	APR-DRG	inpatient					UHC	Medicaid		243690.53				233082	251001.25	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6021	APR-DRG	inpatient					UHC	Medicaid		55615.11				53194	57283.56	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6022	APR-DRG	inpatient					UHC	Medicaid		102118.03				97672	105181.57	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6023	APR-DRG	inpatient					UHC	Medicaid		135563.36				129662	139630.26	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6024	APR-DRG	inpatient					UHC	Medicaid		187672.99				179503	193303.18	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6031	APR-DRG	inpatient					UHC	Medicaid		32478.13				31064	33452.47	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6032	APR-DRG	inpatient					UHC	Medicaid		74602.01				71354	76840.07	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6033	APR-DRG	inpatient					UHC	Medicaid		110865.4				106029	114181.06	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6034	APR-DRG	inpatient					UHC	Medicaid		193014.3				184612	198804.73	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6071	APR-DRG	inpatient					UHC	Medicaid		50698.2				48491	52219.15	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6072	APR-DRG	inpatient					UHC	Medicaid		79154.87				75709	81529.52	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6073	APR-DRG	inpatient					UHC	Medicaid		107200.14				102533	110416.14	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6074	APR-DRG	inpatient					UHC	Medicaid		149869.24				143345	154365.32	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6081	APR-DRG	inpatient					UHC	Medicaid		34307.6				32814	35336.83	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6082	APR-DRG	inpatient					UHC	Medicaid		64559.75				61749	66496.54	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6083	APR-DRG	inpatient					UHC	Medicaid		95376.58				91224	98237.88	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6084	APR-DRG	inpatient					UHC	Medicaid		139821.51				133734	144016.16	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6091	APR-DRG	inpatient					UHC	Medicaid		53313.79				50993	54913.2	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6092	APR-DRG	inpatient					UHC	Medicaid		69241.86				66227	71319.12	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6093	APR-DRG	inpatient					UHC	Medicaid		110464.72				105656	113778.66	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6094	APR-DRG	inpatient					UHC	Medicaid		204834.64				195917	210979.68	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6111	APR-DRG	inpatient					UHC	Medicaid		29540.47				28254	30426.68	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6112	APR-DRG	inpatient					UHC	Medicaid		47503.22				45435	48928.32	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6113	APR-DRG	inpatient					UHC	Medicaid		76910.05				73562	79217.35	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6114	APR-DRG	inpatient					UHC	Medicaid		120826.76				115570	124454.65	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6121	APR-DRG	inpatient					UHC	Medicaid		35907.74				34345	36984.97	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6122	APR-DRG	inpatient					UHC	Medicaid		54735.53				52353	56377.6	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6123	APR-DRG	inpatient					UHC	Medicaid		75688.23				72393	77958.88	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6124	APR-DRG	inpatient					UHC	Medicaid		116101.65				111047	119584.2	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6131	APR-DRG	inpatient					UHC	Medicaid		30058.06				28750	30959.8	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6132	APR-DRG	inpatient					UHC	Medicaid		46554.13				44527	47950.75	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6133	APR-DRG	inpatient					UHC	Medicaid		77402.09				74032	79724.15	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6134	APR-DRG	inpatient					UHC	Medicaid		103197.07				98704	106292.98	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6141	APR-DRG	inpatient					UHC	Medicaid		19731.41				18872	20323.35	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6142	APR-DRG	inpatient					UHC	Medicaid		39403.89				37688	40586.01	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6143	APR-DRG	inpatient					UHC	Medicaid		64627.38				61814	66566.2	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6144	APR-DRG	inpatient					UHC	Medicaid		69129.12				66120	71202.99	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6211	APR-DRG	inpatient					UHC	Medicaid		13811.15				13210	14225.48	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6212	APR-DRG	inpatient					UHC	Medicaid		29889.9				28589	30786.6	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6213	APR-DRG	inpatient					UHC	Medicaid		50343.3				48152	51853.6	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6214	APR-DRG	inpatient					UHC	Medicaid		99542.44				95209	102526.71	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6221	APR-DRG	inpatient					UHC	Medicaid		22330.4				21358	23000.31	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6222	APR-DRG	inpatient					UHC	Medicaid		33099.14				31658	34092.11	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6223	APR-DRG	inpatient					UHC	Medicaid		48256.87				46156	49704.58	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6224	APR-DRG	inpatient					UHC	Medicaid		77189.97				73830	79505.67	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6231	APR-DRG	inpatient					UHC	Medicaid		17701.04				16930	18232.07	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6232	APR-DRG	inpatient					UHC	Medicaid		30789.3				29449	31712.98	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6233	APR-DRG	inpatient					UHC	Medicaid		50072.89				47893	51575.08	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6234	APR-DRG	inpatient					UHC	Medicaid		76154.52				72839	78439.16	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6251	APR-DRG	inpatient					UHC	Medicaid		21060.59				20144	21692.41	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6252	APR-DRG	inpatient					UHC	Medicaid		32910.61				31478	33897.93	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6253	APR-DRG	inpatient					UHC	Medicaid		41078.73				39290	42311.09	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6254	APR-DRG	inpatient					UHC	Medicaid		60715.79				58073	62537.26	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6261	APR-DRG	inpatient					UHC	Medicaid		2093.51				2002	2156.32	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6262	APR-DRG	inpatient					UHC	Medicaid		5178.62				4953	5333.98	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6263	APR-DRG	inpatient					UHC	Medicaid		15115.13				14457	15568.58	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6264	APR-DRG	inpatient					UHC	Medicaid		34012.71				32532	35033.09	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6301	APR-DRG	inpatient					UHC	Medicaid		32051.75				30656	33013.3	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6302	APR-DRG	inpatient					UHC	Medicaid		43573.96				41677	44881.18	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6303	APR-DRG	inpatient					UHC	Medicaid		68565.16				65580	70622.11	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6304	APR-DRG	inpatient					UHC	Medicaid		157236.89				150392	161954	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6311	APR-DRG	inpatient					UHC	Medicaid		17596.11				17213	18535.99	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6312	APR-DRG	inpatient					UHC	Medicaid		22291.12				21321	22959.85	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6313	APR-DRG	inpatient					UHC	Medicaid		50100.87				47920	51603.9	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6314	APR-DRG	inpatient					UHC	Medicaid		139590.2				133513	143777.91	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6331	APR-DRG	inpatient					UHC	Medicaid		3930.33				3759	4048.24	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6332	APR-DRG	inpatient					UHC	Medicaid		11186.86				10700	11522.47	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6333	APR-DRG	inpatient					UHC	Medicaid		23757.71				22723	24470.44	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6334	APR-DRG	inpatient					UHC	Medicaid		71350.08				68244	73490.58	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6341	APR-DRG	inpatient					UHC	Medicaid		7503.8				7177	7728.91	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6342	APR-DRG	inpatient					UHC	Medicaid		13666.12				13071	14076.1	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6343	APR-DRG	inpatient					UHC	Medicaid		30319.96				29000	31229.56	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6344	APR-DRG	inpatient					UHC	Medicaid		75411.63				72129	77673.98	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6361	APR-DRG	inpatient					UHC	Medicaid		10155.98				9714	10460.66	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6362	APR-DRG	inpatient					UHC	Medicaid		15148.86				14489	15603.33	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6363	APR-DRG	inpatient					UHC	Medicaid		28521.34				27280	29376.98	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6364	APR-DRG	inpatient					UHC	Medicaid		59446.07				56858	61229.45	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6391	APR-DRG	inpatient					UHC	Medicaid		5872.18				5617	6048.35	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6392	APR-DRG	inpatient					UHC	Medicaid		9308.6				8903	9587.86	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6393	APR-DRG	inpatient					UHC	Medicaid		18063.02				17277	18604.91	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6394	APR-DRG	inpatient					UHC	Medicaid		48953.48				46822	50422.08	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6401	APR-DRG	inpatient					UHC	Medicaid		1486.77				1422	1531.37	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6402	APR-DRG	inpatient					UHC	Medicaid		2199.16				2103	2265.13	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6403	APR-DRG	inpatient					UHC	Medicaid		5346.52				5114	5506.92	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6404	APR-DRG	inpatient					UHC	Medicaid		26054.36				24920	26835.99	case rate	
SPLENECTOMY	6501	APR-DRG	inpatient					UHC	Medicaid		18301.5				17505	18850.55	case rate	
SPLENECTOMY	6502	APR-DRG	inpatient					UHC	Medicaid		26196.79				25056	26982.69	case rate	
SPLENECTOMY	6503	APR-DRG	inpatient					UHC	Medicaid		35323.5				33786	36383.21	case rate	
SPLENECTOMY	6504	APR-DRG	inpatient					UHC	Medicaid		70722.08				67643	72843.74	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6511	APR-DRG	inpatient					UHC	Medicaid		14720.77				14080	15162.39	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6512	APR-DRG	inpatient					UHC	Medicaid		20671.07				19771	21291.2	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6513	APR-DRG	inpatient					UHC	Medicaid		36480.67				34893	37575.09	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6514	APR-DRG	inpatient					UHC	Medicaid		76556.14				73223	78852.82	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6601	APR-DRG	inpatient					UHC	Medicaid		10770.98				10302	11094.11	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6602	APR-DRG	inpatient					UHC	Medicaid		11498.26				10998	11843.21	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6603	APR-DRG	inpatient					UHC	Medicaid		18486.26				17681	19040.85	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6604	APR-DRG	inpatient					UHC	Medicaid		48031.84				45941	49472.8	case rate	
COAGULATION & PLATELET DISORDERS	6611	APR-DRG	inpatient					UHC	Medicaid		13240.46				12664	13637.67	case rate	
COAGULATION & PLATELET DISORDERS	6612	APR-DRG	inpatient					UHC	Medicaid		15576.85				14899	16044.16	case rate	
COAGULATION & PLATELET DISORDERS	6613	APR-DRG	inpatient					UHC	Medicaid		29667.29				28376	30557.31	case rate	
COAGULATION & PLATELET DISORDERS	6614	APR-DRG	inpatient					UHC	Medicaid		56585.45				54122	58283.01	case rate	
SICKLE CELL ANEMIA CRISIS	6621	APR-DRG	inpatient					UHC	Medicaid		8217				7859	8463.53	case rate	
SICKLE CELL ANEMIA CRISIS	6622	APR-DRG	inpatient					UHC	Medicaid		11255.74				10766	11593.41	case rate	
SICKLE CELL ANEMIA CRISIS	6623	APR-DRG	inpatient					UHC	Medicaid		17440.67				16681	17963.89	case rate	
SICKLE CELL ANEMIA CRISIS	6624	APR-DRG	inpatient					UHC	Medicaid		40977.56				39194	42206.89	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6631	APR-DRG	inpatient					UHC	Medicaid		6898.76				6598	7105.72	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6632	APR-DRG	inpatient					UHC	Medicaid		8709.48				8330	8970.76	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6633	APR-DRG	inpatient					UHC	Medicaid		12462.32				11920	12836.19	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6634	APR-DRG	inpatient					UHC	Medicaid		23277.52				22264	23975.85	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6801	APR-DRG	inpatient					UHC	Medicaid		21531.19				20594	22177.13	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6802	APR-DRG	inpatient					UHC	Medicaid		29611.33				28322	30499.67	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6803	APR-DRG	inpatient					UHC	Medicaid		51146.73				48920	52681.13	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6804	APR-DRG	inpatient					UHC	Medicaid		102303.41				97850	105372.51	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6811	APR-DRG	inpatient					UHC	Medicaid		15688.24				15005	16158.89	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6812	APR-DRG	inpatient					UHC	Medicaid		21593.7				20654	22241.51	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6813	APR-DRG	inpatient					UHC	Medicaid		39685.51				37958	40876.08	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6814	APR-DRG	inpatient					UHC	Medicaid		96700.84				92491	99601.87	case rate	
ACUTE LEUKEMIA	6901	APR-DRG	inpatient					UHC	Medicaid		18236.03				17442	18783.11	case rate	
ACUTE LEUKEMIA	6902	APR-DRG	inpatient					UHC	Medicaid		30108.56				28798	31011.82	case rate	
ACUTE LEUKEMIA	6903	APR-DRG	inpatient					UHC	Medicaid		57880.01				55360	59616.41	case rate	
ACUTE LEUKEMIA	6904	APR-DRG	inpatient					UHC	Medicaid		110352.25				105548	113662.82	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6911	APR-DRG	inpatient					UHC	Medicaid		15447.34				14775	15910.76	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6912	APR-DRG	inpatient					UHC	Medicaid		17836.91				17060	18372.02	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6913	APR-DRG	inpatient					UHC	Medicaid		27612.08				26410	28440.44	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6914	APR-DRG	inpatient					UHC	Medicaid		58075.62				55547	59817.89	case rate	
RADIOTHERAPY	6921	APR-DRG	inpatient					UHC	Medicaid		10439.93				9985	10753.13	case rate	
RADIOTHERAPY	6922	APR-DRG	inpatient					UHC	Medicaid		21825.19				20875	22478.95	case rate	
RADIOTHERAPY	6923	APR-DRG	inpatient					UHC	Medicaid		31952.74				30562	32911.32	case rate	
RADIOTHERAPY	6924	APR-DRG	inpatient					UHC	Medicaid		59108.57				56535	60881.83	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6941	APR-DRG	inpatient					UHC	Medicaid		9597.94				9180	9885.88	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6942	APR-DRG	inpatient					UHC	Medicaid		11309.91				10818	11648.21	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6943	APR-DRG	inpatient					UHC	Medicaid		18198.63				17406	18744.59	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6944	APR-DRG	inpatient					UHC	Medicaid		35226.46				33693	36283.25	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6951	APR-DRG	inpatient					UHC	Medicaid		8735.85				8356	8997.93	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6952	APR-DRG	inpatient					UHC	Medicaid		12737.85				12183	13119.99	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6953	APR-DRG	inpatient					UHC	Medicaid		33215.19				31769	34211.65	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6954	APR-DRG	inpatient					UHC	Medicaid		91614.23				87626	94362.66	case rate	
OTHER CHEMOTHERAPY	6961	APR-DRG	inpatient					UHC	Medicaid		11502.39				11002	11847.46	case rate	
OTHER CHEMOTHERAPY	6962	APR-DRG	inpatient					UHC	Medicaid		13682.18				13087	14092.65	case rate	
OTHER CHEMOTHERAPY	6963	APR-DRG	inpatient					UHC	Medicaid		21469.39				20535	22113.47	case rate	
OTHER CHEMOTHERAPY	6964	APR-DRG	inpatient					UHC	Medicaid		50657.39				48452	52177.11	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7101	APR-DRG	inpatient					UHC	Medicaid		15326.26				14659	15786.05	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7102	APR-DRG	inpatient					UHC	Medicaid		21583.66				20644	22231.17	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7103	APR-DRG	inpatient					UHC	Medicaid		37063.1				35450	38174.99	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7104	APR-DRG	inpatient					UHC	Medicaid		75739.17				72442	78011.35	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7111	APR-DRG	inpatient					UHC	Medicaid		14715.48				14075	15156.94	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7112	APR-DRG	inpatient					UHC	Medicaid		20361.11				19475	20971.94	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7113	APR-DRG	inpatient					UHC	Medicaid		36858.7				35254	37964.46	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7114	APR-DRG	inpatient					UHC	Medicaid		75861.15				72559	78136.98	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7201	APR-DRG	inpatient					UHC	Medicaid		7707.93				7372	7939.17	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7202	APR-DRG	inpatient					UHC	Medicaid		10345.67				9895	10656.04	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7203	APR-DRG	inpatient					UHC	Medicaid		16921.01				16184	17428.64	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7204	APR-DRG	inpatient					UHC	Medicaid		37296.3				35673	38415.19	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7211	APR-DRG	inpatient					UHC	Medicaid		8099.87				7747	8342.87	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7212	APR-DRG	inpatient					UHC	Medicaid		10749.36				10281	11071.84	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7213	APR-DRG	inpatient					UHC	Medicaid		17994.05				17211	18533.87	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7214	APR-DRG	inpatient					UHC	Medicaid		35131.48				33602	36185.42	case rate	
FEVER	7221	APR-DRG	inpatient					UHC	Medicaid		6230.4				5959	6417.31	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FEVER	7222	APR-DRG	inpatient					UHC	Medicaid		8355.66				7992	8606.33	case rate	
FEVER	7223	APR-DRG	inpatient					UHC	Medicaid		11375.48				10880	11716.74	case rate	
FEVER	7224	APR-DRG	inpatient					UHC	Medicaid		21598.37				20658	22246.32	case rate	
VIRAL ILLNESS	7231	APR-DRG	inpatient					UHC	Medicaid		5495.67				5256	5660.54	case rate	
VIRAL ILLNESS	7232	APR-DRG	inpatient					UHC	Medicaid		7443.35				7119	7666.65	case rate	
VIRAL ILLNESS	7233	APR-DRG	inpatient					UHC	Medicaid		12032.09				11508	12393.05	case rate	
VIRAL ILLNESS	7234	APR-DRG	inpatient					UHC	Medicaid		40227.77				38476	41434.6	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7241	APR-DRG	inpatient					UHC	Medicaid		9587.89				9170	9875.53	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7242	APR-DRG	inpatient					UHC	Medicaid		11311.35				10819	11650.69	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7243	APR-DRG	inpatient					UHC	Medicaid		17628.48				17052	18363.33	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7244	APR-DRG	inpatient					UHC	Medicaid		41249.77				39454	42487.26	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7401	APR-DRG	inpatient					UHC	Medicaid		18776.67				17959	19339.97	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7402	APR-DRG	inpatient					UHC	Medicaid		22597.41				21614	23275.33	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7403	APR-DRG	inpatient					UHC	Medicaid		37878.37				36229	39014.72	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7404	APR-DRG	inpatient					UHC	Medicaid		76124.47				72810	78408.2	case rate	
SCHIZOPHRENIA	7501	APR-DRG	inpatient					UHC	Medicaid		8776.66				8395	9039.96	case rate	
SCHIZOPHRENIA	7502	APR-DRG	inpatient					UHC	Medicaid		10517.78				10060	10833.31	case rate	
SCHIZOPHRENIA	7503	APR-DRG	inpatient					UHC	Medicaid		15344.11				14676	15804.43	case rate	
SCHIZOPHRENIA	7504	APR-DRG	inpatient					UHC	Medicaid		30840.6				29498	31765.82	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7511	APR-DRG	inpatient					UHC	Medicaid		5253.42				5025	5411.02	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7512	APR-DRG	inpatient					UHC	Medicaid		7283.43				6966	7501.93	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7513	APR-DRG	inpatient					UHC	Medicaid		12684.75				12133	13065.29	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7514	APR-DRG	inpatient					UHC	Medicaid		24625.45				23553	25364.21	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7521	APR-DRG	inpatient					UHC	Medicaid		4500.13				4304	4635.13	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7522	APR-DRG	inpatient					UHC	Medicaid		6388.88				6111	6580.55	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7523	APR-DRG	inpatient					UHC	Medicaid		11272.6				10782	11610.78	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7524	APR-DRG	inpatient					UHC	Medicaid		12095.41				11569	12458.27	case rate	
BIPOLAR DISORDERS	7531	APR-DRG	inpatient					UHC	Medicaid		5714.6				5466	5886.04	case rate	
BIPOLAR DISORDERS	7532	APR-DRG	inpatient					UHC	Medicaid		7735.46				7399	7967.52	case rate	
BIPOLAR DISORDERS	7533	APR-DRG	inpatient					UHC	Medicaid		12577.57				12030	12954.9	case rate	
BIPOLAR DISORDERS	7534	APR-DRG	inpatient					UHC	Medicaid		25256.67				24157	26014.37	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7541	APR-DRG	inpatient					UHC	Medicaid		4202.09				4019	4328.15	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7542	APR-DRG	inpatient					UHC	Medicaid		5628.32				5383	5797.17	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7543	APR-DRG	inpatient					UHC	Medicaid		8764.55				8383	9027.49	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7544	APR-DRG	inpatient					UHC	Medicaid		18317.38				17520	18866.9	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7551	APR-DRG	inpatient					UHC	Medicaid		3783.69				3619	3897.2	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7552	APR-DRG	inpatient					UHC	Medicaid		6203.13				5933	6389.22	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7553	APR-DRG	inpatient					UHC	Medicaid		8909.4				8522	9176.68	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7554	APR-DRG	inpatient					UHC	Medicaid		13443.43				12858	13846.73	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7561	APR-DRG	inpatient					UHC	Medicaid		6139.72				5872	6323.91	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7562	APR-DRG	inpatient					UHC	Medicaid		7741.74				7405	7973.99	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7563	APR-DRG	inpatient					UHC	Medicaid		9452.01				9041	9735.57	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7564	APR-DRG	inpatient					UHC	Medicaid		24815.5				23735	25559.97	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7571	APR-DRG	inpatient					UHC	Medicaid		9072.36				8677	9344.53	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7572	APR-DRG	inpatient					UHC	Medicaid		10449.35				9994	10762.83	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7573	APR-DRG	inpatient					UHC	Medicaid		13451.32				12866	13854.86	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7574	APR-DRG	inpatient					UHC	Medicaid		29488.69				27248	29343.35	case rate	
BEHAVIORAL DISORDERS	7581	APR-DRG	inpatient					UHC	Medicaid		5992.19				5731	6171.96	case rate	
BEHAVIORAL DISORDERS	7582	APR-DRG	inpatient					UHC	Medicaid		7121.81				6812	7335.46	case rate	
BEHAVIORAL DISORDERS	7583	APR-DRG	inpatient					UHC	Medicaid		11939.89				11420	12298.09	case rate	
BEHAVIORAL DISORDERS	7584	APR-DRG	inpatient					UHC	Medicaid		15779.55				15093	16252.94	case rate	
EATING DISORDERS	7591	APR-DRG	inpatient					UHC	Medicaid		19090.22				18259	19662.93	case rate	
EATING DISORDERS	7592	APR-DRG	inpatient					UHC	Medicaid		20049.17				19176	20650.65	case rate	
EATING DISORDERS	7593	APR-DRG	inpatient					UHC	Medicaid		22466.55				21488	23140.55	case rate	
EATING DISORDERS	7594	APR-DRG	inpatient					UHC	Medicaid		38931.32				37236	40099.26	case rate	
OTHER MENTAL HEALTH DISORDERS	7601	APR-DRG	inpatient					UHC	Medicaid		7473.39				7148	7697.59	case rate	
OTHER MENTAL HEALTH DISORDERS	7602	APR-DRG	inpatient					UHC	Medicaid		9706.1				9284	9997.28	case rate	
OTHER MENTAL HEALTH DISORDERS	7603	APR-DRG	inpatient					UHC	Medicaid		14640.23				14003	15079.44	case rate	
OTHER MENTAL HEALTH DISORDERS	7604	APR-DRG	inpatient					UHC	Medicaid		28224.02				26995	29070.74	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7701	APR-DRG	inpatient					UHC	Medicaid		3344.94				3199	3445.29	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7702	APR-DRG	inpatient					UHC	Medicaid		4385.59				4195	4517.16	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7703	APR-DRG	inpatient					UHC	Medicaid		9054.42				8660	9326.05	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7704	APR-DRG	inpatient					UHC	Medicaid		27052.69				25875	27864.27	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7721	APR-DRG	inpatient					UHC	Medicaid		8395.21				8030	8647.07	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7722	APR-DRG	inpatient					UHC	Medicaid		9856.6				9427	10152.3	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7723	APR-DRG	inpatient					UHC	Medicaid		11585.89				11082	11933.47	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7724	APR-DRG	inpatient					UHC	Medicaid		35940.92				34376	37019.15	case rate	
OPIOID ABUSE & DEPENDENCE	7731	APR-DRG	inpatient					UHC	Medicaid		3970.16				3797	4089.26	case rate	
OPIOID ABUSE & DEPENDENCE	7732	APR-DRG	inpatient					UHC	Medicaid		5076.91				4856	5229.22	case rate	
OPIOID ABUSE & DEPENDENCE	7733	APR-DRG	inpatient					UHC	Medicaid		10288				9840	10596.64	case rate	
OPIOID ABUSE & DEPENDENCE	7734	APR-DRG	inpatient					UHC	Medicaid		32559.21				31142	33535.99	case rate	
COCAINE ABUSE & DEPENDENCE	7741	APR-DRG	inpatient					UHC	Medicaid		5025.79				4807	5176.56	case rate	
COCAINE ABUSE & DEPENDENCE	7742	APR-DRG	inpatient					UHC	Medicaid		5220.15				4993	5376.75	case rate	
COCAINE ABUSE & DEPENDENCE	7743	APR-DRG	inpatient					UHC	Medicaid		10053.02				9615	10354.61	case rate	
COCAINE ABUSE & DEPENDENCE	7744	APR-DRG	inpatient					UHC	Medicaid		36786.33				35185	37889.92	case rate	
ALCOHOL ABUSE & DEPENDENCE	7751	APR-DRG	inpatient					UHC	Medicaid		4875.65				4663	5021.92	case rate	
ALCOHOL ABUSE & DEPENDENCE	7752	APR-DRG	inpatient					UHC	Medicaid		6951.32				6649	7159.86	case rate	
ALCOHOL ABUSE & DEPENDENCE	7753	APR-DRG	inpatient					UHC	Medicaid		13235.08				12659	13632.13	case rate	
ALCOHOL ABUSE & DEPENDENCE	7754	APR-DRG	inpatient					UHC	Medicaid		37919.63				36269	39057.22	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7761	APR-DRG	inpatient					UHC	Medicaid		4631.79				4430	4770.74	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7762	APR-DRG	inpatient					UHC	Medicaid		6420.09				6141	6612.69	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7763	APR-DRG	inpatient					UHC	Medicaid		11313.14				10821	11652.53	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7764	APR-DRG	inpatient					UHC	Medicaid		26093.65				24958	26876.46	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7911	APR-DRG	inpatient					UHC	Medicaid		13653.21				13059	14062.81	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7912	APR-DRG	inpatient					UHC	Medicaid		20044.24				19172	20645.57	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7913	APR-DRG	inpatient					UHC	Medicaid		32334				30926	33304.02	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7914	APR-DRG	inpatient					UHC	Medicaid		70649.16				67573	72768.63	case rate	
ALLERGIC REACTIONS	8111	APR-DRG	inpatient					UHC	Medicaid		4299.76				4113	4428.75	case rate	
ALLERGIC REACTIONS	8112	APR-DRG	inpatient					UHC	Medicaid		6208.78				5938	6395.04	case rate	
ALLERGIC REACTIONS	8113	APR-DRG	inpatient					UHC	Medicaid		13593.92				13002	14001.74	case rate	
ALLERGIC REACTIONS	8114	APR-DRG	inpatient					UHC	Medicaid		32571.77				31154	33548.92	case rate	
POISONING OF MEDICINAL AGENTS	8121	APR-DRG	inpatient					UHC	Medicaid		4926.06				4712	5073.84	case rate	
POISONING OF MEDICINAL AGENTS	8122	APR-DRG	inpatient					UHC	Medicaid		6274.53				6001	6462.77	case rate	
POISONING OF MEDICINAL AGENTS	8123	APR-DRG	inpatient					UHC	Medicaid		11135.92				10651	11470	case rate	
POISONING OF MEDICINAL AGENTS	8124	APR-DRG	inpatient					UHC	Medicaid		26111.41				24975	26894.75	case rate	
OTHER COMPLICATIONS OF TREATMENT	8131	APR-DRG	inpatient					UHC	Medicaid		7155				6844	7369.65	case rate	
OTHER COMPLICATIONS OF TREATMENT	8132	APR-DRG	inpatient					UHC	Medicaid		9430.22				9020	9713.13	case rate	
OTHER COMPLICATIONS OF TREATMENT	8133	APR-DRG	inpatient					UHC	Medicaid		14522.2				13890	14957.87	case rate	
OTHER COMPLICATIONS OF TREATMENT	8134	APR-DRG	inpatient					UHC	Medicaid		31942.96				30552	32901.25	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8151	APR-DRG	inpatient					UHC	Medicaid		7009.79				6705	7220.08	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8152	APR-DRG	inpatient					UHC	Medicaid		7445.05				7121	7668.4	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8153	APR-DRG	inpatient					UHC	Medicaid		12677.13				12125	13057.44	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8154	APR-DRG	inpatient					UHC	Medicaid		40481.32				38719	41695.76	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8161	APR-DRG	inpatient					UHC	Medicaid		7352.58				7032	7573.16	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8162	APR-DRG	inpatient					UHC	Medicaid		8169.56				7814	8414.65	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8163	APR-DRG	inpatient					UHC	Medicaid		11828.76				11314	12183.62	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8164	APR-DRG	inpatient					UHC	Medicaid		27109.37				25929	27922.65	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8411	APR-DRG	inpatient					UHC	Medicaid		69351.82				66333	71432.37	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8412	APR-DRG	inpatient					UHC	Medicaid		70549.97				67479	72666.47	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8413	APR-DRG	inpatient					UHC	Medicaid		108565.2				103839	111822.16	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8414	APR-DRG	inpatient					UHC	Medicaid		280880.45				268653	289306.86	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8421	APR-DRG	inpatient					UHC	Medicaid		21570.02				20631	22217.12	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8422	APR-DRG	inpatient					UHC	Medicaid		32342.97				30935	33313.26	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8423	APR-DRG	inpatient					UHC	Medicaid		61885.96				59192	63742.54	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8424	APR-DRG	inpatient					UHC	Medicaid		147197.41				140789	151613.33	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8431	APR-DRG	inpatient					UHC	Medicaid		10600.03				10139	10918.03	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8432	APR-DRG	inpatient					UHC	Medicaid		14623.82				13987	15062.53	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8433	APR-DRG	inpatient					UHC	Medicaid		26706.76				25544	27507.96	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8434	APR-DRG	inpatient					UHC	Medicaid		72049.56				68913	74211.05	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8441	APR-DRG	inpatient					UHC	Medicaid		7085.22				6777	7297.78	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8442	APR-DRG	inpatient					UHC	Medicaid		10685.41				10220	11005.97	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8443	APR-DRG	inpatient					UHC	Medicaid		21753.53				20807	22406.14	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8444	APR-DRG	inpatient					UHC	Medicaid		61560.65				58881	63407.47	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8501	APR-DRG	inpatient					UHC	Medicaid		21888.69				20917	22524.75	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8502	APR-DRG	inpatient					UHC	Medicaid		27465.08				26269	28289.03	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8503	APR-DRG	inpatient					UHC	Medicaid		37733.8				36091	38865.81	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8504	APR-DRG	inpatient					UHC	Medicaid		68969.29				65967	71038.37	case rate	
REHABILITATION	8601	APR-DRG	inpatient					UHC	Medicaid		11983.57				11462	12343.08	case rate	
REHABILITATION	8602	APR-DRG	inpatient					UHC	Medicaid		16232.92				15526	16719.91	case rate	
REHABILITATION	8603	APR-DRG	inpatient					UHC	Medicaid		22354.08				21381	23024.7	case rate	
REHABILITATION	8604	APR-DRG	inpatient					UHC	Medicaid		30113.76				28803	31017.17	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8611	APR-DRG	inpatient					UHC	Medicaid		6152.82				5885	6337.4	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8612	APR-DRG	inpatient					UHC	Medicaid		8047.22				7697	8288.64	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8613	APR-DRG	inpatient					UHC	Medicaid		11504.18				11003	11849.31	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8614	APR-DRG	inpatient					UHC	Medicaid		24215.21				23161	24941.67	case rate	
OTHER AFTERCARE & CONVALESCENCE	8621	APR-DRG	inpatient					UHC	Medicaid		5951.2				5692	6129.74	case rate	
OTHER AFTERCARE & CONVALESCENCE	8622	APR-DRG	inpatient					UHC	Medicaid		9248.33				8846	9525.78	case rate	
OTHER AFTERCARE & CONVALESCENCE	8623	APR-DRG	inpatient					UHC	Medicaid		13487.2				12900	13891.82	case rate	
OTHER AFTERCARE & CONVALESCENCE	8624	APR-DRG	inpatient					UHC	Medicaid		22101.52				21139	22764.57	case rate	
NEONATAL AFTERCARE	8631	APR-DRG	inpatient					UHC	Medicaid		11059.41				10578	11391.19	case rate	
NEONATAL AFTERCARE	8632	APR-DRG	inpatient					UHC	Medicaid		31260.43				29900	32198.24	case rate	
NEONATAL AFTERCARE	8633	APR-DRG	inpatient					UHC	Medicaid		55961.75				53525	57640.6	case rate	
NEONATAL AFTERCARE	8634	APR-DRG	inpatient					UHC	Medicaid		133698.38				127878	137709.33	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8901	APR-DRG	inpatient					UHC	Medicaid		13182.79				12609	13578.27	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8902	APR-DRG	inpatient					UHC	Medicaid		15333.17				14685	15813.77	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8903	APR-DRG	inpatient					UHC	Medicaid		24417.91				23355	25150.45	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8904	APR-DRG	inpatient					UHC	Medicaid		49172.41				47032	50647.58	case rate	
HIV W MAJOR HIV RELATED CONDITION	8921	APR-DRG	inpatient					UHC	Medicaid		10265.31				9818	10573.27	case rate	
HIV W MAJOR HIV RELATED CONDITION	8922	APR-DRG	inpatient					UHC	Medicaid		13576.7				12986	13984	case rate	
HIV W MAJOR HIV RELATED CONDITION	8923	APR-DRG	inpatient					UHC	Medicaid		17789.74				17015	18323.43	case rate	
HIV W MAJOR HIV RELATED CONDITION	8924	APR-DRG	inpatient					UHC	Medicaid		34526.98				33024	35562.79	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8931	APR-DRG	inpatient					UHC	Medicaid		12216.76				11685	12583.26	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8932	APR-DRG	inpatient					UHC	Medicaid		13896.79				13286	14307.51	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8933	APR-DRG	inpatient					UHC	Medicaid		21189.12				20267	21824.79	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8934	APR-DRG	inpatient					UHC	Medicaid		42518.77				40668	43794.33	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8941	APR-DRG	inpatient					UHC	Medicaid		9415.06				9005	9697.51	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8942	APR-DRG	inpatient					UHC	Medicaid		11317.99				10825	11657.53	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8943	APR-DRG	inpatient					UHC	Medicaid		16176.24				15472	16661.53	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8944	APR-DRG	inpatient					UHC	Medicaid		23165.31				22157	23860.27	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9101	APR-DRG	inpatient					UHC	Medicaid		44134.96				42214	45459.01	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9102	APR-DRG	inpatient					UHC	Medicaid		52344.79				50066	53915.13	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9103	APR-DRG	inpatient					UHC	Medicaid		68274.48				65302	70322.71	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9104	APR-DRG	inpatient					UHC	Medicaid		141036.16				134896	145267.24	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9111	APR-DRG	inpatient					UHC	Medicaid		24283.37				23226	25011.87	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9112	APR-DRG	inpatient					UHC	Medicaid		31918.03				30528	32875.57	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9113	APR-DRG	inpatient					UHC	Medicaid		43378.62				41490	44679.98	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9114	APR-DRG	inpatient					UHC	Medicaid		103294.47				98798	106393.3	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9121	APR-DRG	inpatient					UHC	Medicaid		29359.84				28082	30240.64	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9122	APR-DRG	inpatient					UHC	Medicaid		32326.47				30919	33296.26	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9123	APR-DRG	inpatient					UHC	Medicaid		53296.92				50977	54895.83	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9124	APR-DRG	inpatient					UHC	Medicaid		102725.13				98253	105806.88	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9301	APR-DRG	inpatient					UHC	Medicaid		11167.85				10682	11502.89	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9302	APR-DRG	inpatient					UHC	Medicaid		15004.46				14370	15475.19	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9303	APR-DRG	inpatient					UHC	Medicaid		23671.07				22641	24381.2	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9304	APR-DRG	inpatient					UHC	Medicaid		62665.71				59938	64545.68	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9501	APR-DRG	inpatient					UHC	Medicaid		21145.17				20225	21779.53	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9502	APR-DRG	inpatient					UHC	Medicaid		31049.21				29698	31980.69	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9503	APR-DRG	inpatient					UHC	Medicaid		48267.81				46167	49715.84	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9504	APR-DRG	inpatient					UHC	Medicaid		91956.85				87954	94715.56	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9511	APR-DRG	inpatient					UHC	Medicaid		15015.67				14362	15466.14	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9512	APR-DRG	inpatient					UHC	Medicaid		21448.32				20515	22091.77	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9513	APR-DRG	inpatient					UHC	Medicaid		35227.27				33694	36284.09	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9514	APR-DRG	inpatient					UHC	Medicaid		67333.91				64403	69353.93	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9521	APR-DRG	inpatient					UHC	Medicaid		11948.5				11428	12306.96	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9522	APR-DRG	inpatient					UHC	Medicaid		17786.32				17006	18313.73	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9523	APR-DRG	inpatient					UHC	Medicaid		30182.37				28868	31087.84	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9524	APR-DRG	inpatient					UHC	Medicaid		57251.83				54759	58969.38	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0011	APR-DRG	inpatient					Wellcare	Medicaid		106279.68				60903.74	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0012	APR-DRG	inpatient					Wellcare	Medicaid		112533.21				47303.96	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0013	APR-DRG	inpatient					Wellcare	Medicaid		132271.06				31722.2	260411	case rate	
LIVER TRANSPLANT &/OR INTESTINAL TRANSPLANT	0014	APR-DRG	inpatient					Wellcare	Medicaid		234671.27				135370.65	435540.63	case rate	
HEART &/OR LUNG TRANSPLANT	0021	APR-DRG	inpatient					Wellcare	Medicaid		128408.77				72539.27	288127.5	case rate	
HEART &/OR LUNG TRANSPLANT	0022	APR-DRG	inpatient					Wellcare	Medicaid		165527.68				41065.11	187970.25	case rate	
HEART &/OR LUNG TRANSPLANT	0023	APR-DRG	inpatient					Wellcare	Medicaid		198911.98				66957.14	198998.8	case rate	
HEART &/OR LUNG TRANSPLANT	0024	APR-DRG	inpatient					Wellcare	Medicaid		313612.23				44751.49	313612.23	case rate	
BONE MARROW TRANSPLANT	0031	APR-DRG	inpatient					Wellcare	Medicaid		83347.91				48623.3	152449.97	case rate	
BONE MARROW TRANSPLANT	0032	APR-DRG	inpatient					Wellcare	Medicaid		103005.11				25439.65	103005.11	case rate	
BONE MARROW TRANSPLANT	0033	APR-DRG	inpatient					Wellcare	Medicaid		169398.47				91168.92	169398.47	case rate	
BONE MARROW TRANSPLANT	0034	APR-DRG	inpatient					Wellcare	Medicaid		279134.99				46081.46	279134.99	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0041	APR-DRG	inpatient					Wellcare	Medicaid		75271.56				26347.96	85954.25	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0042	APR-DRG	inpatient					Wellcare	Medicaid		102408.62				20549.68	102408.62	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0043	APR-DRG	inpatient					Wellcare	Medicaid		148557.43				137952	148557.43	case rate	
TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE OR ECMO	0044	APR-DRG	inpatient					Wellcare	Medicaid		213737.75				198478	213737.75	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0051	APR-DRG	inpatient					Wellcare	Medicaid		72300.09				67138	72300.09	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0052	APR-DRG	inpatient					Wellcare	Medicaid		80333.48				22967.5	80333.48	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0053	APR-DRG	inpatient					Wellcare	Medicaid		98314.19				11620.17	98314.19	case rate	
TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE	0054	APR-DRG	inpatient					Wellcare	Medicaid		143596.19				17404.27	143596.19	case rate	
PANCREAS TRANSPLANT	0061	APR-DRG	inpatient					Wellcare	Medicaid		86562.53				33105.33	103787.27	case rate	
PANCREAS TRANSPLANT	0062	APR-DRG	inpatient					Wellcare	Medicaid		121708.96				22107.62	121708.96	case rate	
PANCREAS TRANSPLANT	0063	APR-DRG	inpatient					Wellcare	Medicaid		136083.64				17561.37	136083.64	case rate	
PANCREAS TRANSPLANT	0064	APR-DRG	inpatient					Wellcare	Medicaid		215326.95				23658.47	215326.95	case rate	
CRANIOTOMY FOR TRAUMA	0201	APR-DRG	inpatient					Wellcare	Medicaid		27891.99				8340.11	27891.99	case rate	
CRANIOTOMY FOR TRAUMA	0202	APR-DRG	inpatient					Wellcare	Medicaid		38695.65				11309.53	38695.65	case rate	
CRANIOTOMY FOR TRAUMA	0203	APR-DRG	inpatient					Wellcare	Medicaid		50775.53				8207.83	50775.53	case rate	
CRANIOTOMY FOR TRAUMA	0204	APR-DRG	inpatient					Wellcare	Medicaid		96731.64				9719.7	96731.64	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0211	APR-DRG	inpatient					Wellcare	Medicaid		30789.65				28591	30789.65	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0212	APR-DRG	inpatient					Wellcare	Medicaid		40337.42				37458	187453.26	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0213	APR-DRG	inpatient					Wellcare	Medicaid		61817.25				57404	61817.25	case rate	
CRANIOTOMY EXCEPT FOR TRAUMA	0214	APR-DRG	inpatient					Wellcare	Medicaid		108077.57				100362	108077.57	case rate	
VENTRICULAR SHUNT PROCEDURES	0221	APR-DRG	inpatient					Wellcare	Medicaid		18521.03				17199	167921.3	case rate	
VENTRICULAR SHUNT PROCEDURES	0222	APR-DRG	inpatient					Wellcare	Medicaid		23539.26				21859	23539.26	case rate	
VENTRICULAR SHUNT PROCEDURES	0223	APR-DRG	inpatient					Wellcare	Medicaid		39915.24				37066	39915.24	case rate	
VENTRICULAR SHUNT PROCEDURES	0224	APR-DRG	inpatient					Wellcare	Medicaid		94652.74				87895	94652.74	case rate	
SPINAL PROCEDURES	0231	APR-DRG	inpatient					Wellcare	Medicaid		20916.98				19424	306106.31	case rate	
SPINAL PROCEDURES	0232	APR-DRG	inpatient					Wellcare	Medicaid		29969.68				27830	224521.94	case rate	
SPINAL PROCEDURES	0233	APR-DRG	inpatient					Wellcare	Medicaid		57003.33				53769	278363.61	case rate	
SPINAL PROCEDURES	0234	APR-DRG	inpatient					Wellcare	Medicaid		103417.68				61395.1	187594.85	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0241	APR-DRG	inpatient					Wellcare	Medicaid		16755.1				15559	58167.82	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0242	APR-DRG	inpatient					Wellcare	Medicaid		22105.81				20528	136195.06	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0243	APR-DRG	inpatient					Wellcare	Medicaid		43250.69				19748	93094.02	case rate	
EXTRACRANIAL VASCULAR PROCEDURES	0244	APR-DRG	inpatient					Wellcare	Medicaid		91806.34				19748	91806.34	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0261	APR-DRG	inpatient					Wellcare	Medicaid		19187.73				12982	72593.14	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0262	APR-DRG	inpatient					Wellcare	Medicaid		25329.66				12982	59439.78	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0263	APR-DRG	inpatient					Wellcare	Medicaid		36299.7				33369.91	87186.12	case rate	
OTHER NERVOUS SYSTEM & RELATED PROCEDURES	0264	APR-DRG	inpatient					Wellcare	Medicaid		76445.61				38576.42	115118.34	case rate	
SPINAL DISORDERS & INJURIES	0401	APR-DRG	inpatient					Wellcare	Medicaid		14605.81				13563	14605.81	case rate	
SPINAL DISORDERS & INJURIES	0402	APR-DRG	inpatient					Wellcare	Medicaid		16571.92				15389	16571.92	case rate	
SPINAL DISORDERS & INJURIES	0403	APR-DRG	inpatient					Wellcare	Medicaid		23652.97				21964	23652.97	case rate	
SPINAL DISORDERS & INJURIES	0404	APR-DRG	inpatient					Wellcare	Medicaid		61163.49				56797	61163.49	case rate	
NERVOUS SYSTEM MALIGNANCY	0411	APR-DRG	inpatient					Wellcare	Medicaid		11288.19				10482	145714.75	case rate	
NERVOUS SYSTEM MALIGNANCY	0412	APR-DRG	inpatient					Wellcare	Medicaid		12542.42				11647	86810.73	case rate	
NERVOUS SYSTEM MALIGNANCY	0413	APR-DRG	inpatient					Wellcare	Medicaid		17131.56				15908	61455.25	case rate	
NERVOUS SYSTEM MALIGNANCY	0414	APR-DRG	inpatient					Wellcare	Medicaid		30443.13				28270	130374.63	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0421	APR-DRG	inpatient					Wellcare	Medicaid		8887.62				8253	64841.08	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0422	APR-DRG	inpatient					Wellcare	Medicaid		11061.77				10272	54945.99	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0423	APR-DRG	inpatient					Wellcare	Medicaid		17248.6				16017	143815.92	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0424	APR-DRG	inpatient					Wellcare	Medicaid		46385.58				24654.19	79856.83	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0431	APR-DRG	inpatient					Wellcare	Medicaid		11674.71				10841	11674.71	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0432	APR-DRG	inpatient					Wellcare	Medicaid		14960.82				13893	66550.4	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0433	APR-DRG	inpatient					Wellcare	Medicaid		23912.93				12177.68	37462.84	case rate	
MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0434	APR-DRG	inpatient					Wellcare	Medicaid		53360.86				7907.81	53360.86	case rate	
INTRACRANIAL HEMORRHAGE	0441	APR-DRG	inpatient					Wellcare	Medicaid		12683.96				11778	67687.51	case rate	
INTRACRANIAL HEMORRHAGE	0442	APR-DRG	inpatient					Wellcare	Medicaid		16332.38				11238.66	34219.15	case rate	
INTRACRANIAL HEMORRHAGE	0443	APR-DRG	inpatient					Wellcare	Medicaid		24118.11				8441.69	25359.13	case rate	
INTRACRANIAL HEMORRHAGE	0444	APR-DRG	inpatient					Wellcare	Medicaid		50132.66				19290.57	58710.86	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0451	APR-DRG	inpatient					Wellcare	Medicaid		10901.58				10123	10901.58	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0452	APR-DRG	inpatient					Wellcare	Medicaid		13231.67				12287	13231.67	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0453	APR-DRG	inpatient					Wellcare	Medicaid		19078.63				17717	346124.02	case rate	
CVA & PRECEREBRAL OCCLUSION W INFARCT	0454	APR-DRG	inpatient					Wellcare	Medicaid		39714.32				36879	230951.01	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0461	APR-DRG	inpatient					Wellcare	Medicaid		10678.95				9917	163369.2	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0462	APR-DRG	inpatient					Wellcare	Medicaid		12185.29				11315	116412.17	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0463	APR-DRG	inpatient					Wellcare	Medicaid		16967.3				15756	187037.23	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	0464	APR-DRG	inpatient					Wellcare	Medicaid		42137.98				35451.1	107297.02	case rate	
TRANSIENT ISCHEMIA	0471	APR-DRG	inpatient					Wellcare	Medicaid		8918.95				8282	182619.97	case rate	
TRANSIENT ISCHEMIA	0472	APR-DRG	inpatient					Wellcare	Medicaid		9682				8991	107399.07	case rate	
TRANSIENT ISCHEMIA	0473	APR-DRG	inpatient					Wellcare	Medicaid		12092.54				11229	86482.71	case rate	
TRANSIENT ISCHEMIA	0474	APR-DRG	inpatient					Wellcare	Medicaid		24037.37				22321	138316.21	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0481	APR-DRG	inpatient					Wellcare	Medicaid		9002.55				8360	75162.59	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0482	APR-DRG	inpatient					Wellcare	Medicaid		10106.84				9385	60664.37	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0483	APR-DRG	inpatient					Wellcare	Medicaid		14100.03				13093	86869.04	case rate	
PERIPHERAL, CRANIAL & AUTONOMIC NERVE DISORDERS	0484	APR-DRG	inpatient					Wellcare	Medicaid		34947.54				32453	34947.54	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0491	APR-DRG	inpatient					Wellcare	Medicaid		13612				12640	13612	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0492	APR-DRG	inpatient					Wellcare	Medicaid		29757.12				27633	123570.16	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0493	APR-DRG	inpatient					Wellcare	Medicaid		36902.47				28367.73	81861.36	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	0494	APR-DRG	inpatient					Wellcare	Medicaid		67899.08				22078.09	67899.08	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0501	APR-DRG	inpatient					Wellcare	Medicaid		9586.01				8902	61498.98	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0502	APR-DRG	inpatient					Wellcare	Medicaid		17887.5				16331.79	47055.43	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0503	APR-DRG	inpatient					Wellcare	Medicaid		29525.71				27418	93381.94	case rate	
NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXC VIRAL MENINGITIS	0504	APR-DRG	inpatient					Wellcare	Medicaid		61039.06				20399.68	63033.36	case rate	
VIRAL MENINGITIS	0511	APR-DRG	inpatient					Wellcare	Medicaid		8244.02				7655	67326.7	case rate	
VIRAL MENINGITIS	0512	APR-DRG	inpatient					Wellcare	Medicaid		11376.23				10564	55474.46	case rate	
VIRAL MENINGITIS	0513	APR-DRG	inpatient					Wellcare	Medicaid		19939.23				18516	59756.86	case rate	
VIRAL MENINGITIS	0514	APR-DRG	inpatient					Wellcare	Medicaid		40660.37				12301.7	40660.37	case rate	
NONTRAUMATIC STUPOR & COMA	0521	APR-DRG	inpatient					Wellcare	Medicaid		8283.47				7692	52111.06	case rate	
NONTRAUMATIC STUPOR & COMA	0522	APR-DRG	inpatient					Wellcare	Medicaid		9695.48				9003	36760.73	case rate	
NONTRAUMATIC STUPOR & COMA	0523	APR-DRG	inpatient					Wellcare	Medicaid		13065.76				12133	13065.76	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NONTRAUMATIC STUPOR & COMA	0524	APR-DRG	inpatient					Wellcare	Medicaid		33458.85				31070	33458.85	case rate	
SEIZURE	0531	APR-DRG	inpatient					Wellcare	Medicaid		7752.84				7199	7752.84	case rate	
SEIZURE	0532	APR-DRG	inpatient					Wellcare	Medicaid		9203.38				8546	9203.38	case rate	
SEIZURE	0533	APR-DRG	inpatient					Wellcare	Medicaid		13763.13				12781	55780.6	case rate	
SEIZURE	0534	APR-DRG	inpatient					Wellcare	Medicaid		34640.29				9567.33	34640.29	case rate	
MIGRAINE & OTHER HEADACHES	0541	APR-DRG	inpatient					Wellcare	Medicaid		8317.19				7723	32170.88	case rate	
MIGRAINE & OTHER HEADACHES	0542	APR-DRG	inpatient					Wellcare	Medicaid		9587.03				8903	66524.88	case rate	
MIGRAINE & OTHER HEADACHES	0543	APR-DRG	inpatient					Wellcare	Medicaid		11726.08				10889	39088.34	case rate	
MIGRAINE & OTHER HEADACHES	0544	APR-DRG	inpatient					Wellcare	Medicaid		22157.54				9065.34	29098.49	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0551	APR-DRG	inpatient					Wellcare	Medicaid		9869.43				9165	58007.45	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0552	APR-DRG	inpatient					Wellcare	Medicaid		13161.28				11413.47	32837.85	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0553	APR-DRG	inpatient					Wellcare	Medicaid		21043.82				15963.27	45105.57	case rate	
HEAD TRAUMA W COMA >1 HR OR HEMORRHAGE	0554	APR-DRG	inpatient					Wellcare	Medicaid		47368.4				9706.71	47368.4	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0561	APR-DRG	inpatient					Wellcare	Medicaid		9919.68				9211	27556.82	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0562	APR-DRG	inpatient					Wellcare	Medicaid		13468.71				12507	51319.61	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0563	APR-DRG	inpatient					Wellcare	Medicaid		22285.67				10578.4	30545.39	case rate	
BRAIN CONTUSION/LACERATION & COMPLICATED SKULL FX, COMA < 1 HR OR NO COMA	0564	APR-DRG	inpatient					Wellcare	Medicaid		54330.84				18448.41	57300.4	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0571	APR-DRG	inpatient					Wellcare	Medicaid		9776.04				9078	62063.89	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0572	APR-DRG	inpatient					Wellcare	Medicaid		12277.49				11401	42955.26	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0573	APR-DRG	inpatient					Wellcare	Medicaid		17328.13				16091	191396.17	case rate	
CONCUSSION, CLOSED SKULL FX NOS,UNCOMPLICATED INTRACRANIAL INJURY, COMA < 1	0574	APR-DRG	inpatient					Wellcare	Medicaid		39697.68				36864	111010.87	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0581	APR-DRG	inpatient					Wellcare	Medicaid		9271.28				8609	45661.83	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0582	APR-DRG	inpatient					Wellcare	Medicaid		11501.96				10681	57202	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0583	APR-DRG	inpatient					Wellcare	Medicaid		15831.5				14701	50226.23	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM	0584	APR-DRG	inpatient					Wellcare	Medicaid		36533.14				23134.04	68205.04	case rate	
ORBITAL PROCEDURES	0701	APR-DRG	inpatient					Wellcare	Medicaid		14320.64				13298	14320.64	case rate	
ORBITAL PROCEDURES	0702	APR-DRG	inpatient					Wellcare	Medicaid		19791.06				18378	19791.06	case rate	
ORBITAL PROCEDURES	0703	APR-DRG	inpatient					Wellcare	Medicaid		32460.14				30143	32460.14	case rate	
ORBITAL PROCEDURES	0704	APR-DRG	inpatient					Wellcare	Medicaid		80486.74				74741	80486.74	case rate	
EYE PROCEDURES EXCEPT ORBIT	0731	APR-DRG	inpatient					Wellcare	Medicaid		12385.56				11501	12385.56	case rate	
EYE PROCEDURES EXCEPT ORBIT	0732	APR-DRG	inpatient					Wellcare	Medicaid		14640.17				13595	14640.17	case rate	
EYE PROCEDURES EXCEPT ORBIT	0733	APR-DRG	inpatient					Wellcare	Medicaid		24468.41				22722	24468.41	case rate	
EYE PROCEDURES EXCEPT ORBIT	0734	APR-DRG	inpatient					Wellcare	Medicaid		52908.94				25673.52	84040.83	case rate	
ACUTE MAJOR EYE INFECTIONS	0801	APR-DRG	inpatient					Wellcare	Medicaid		6436.61				5977	56720.91	case rate	
ACUTE MAJOR EYE INFECTIONS	0802	APR-DRG	inpatient					Wellcare	Medicaid		8829.34				8199	121992.05	case rate	
ACUTE MAJOR EYE INFECTIONS	0803	APR-DRG	inpatient					Wellcare	Medicaid		14407.38				13379	62763.66	case rate	
ACUTE MAJOR EYE INFECTIONS	0804	APR-DRG	inpatient					Wellcare	Medicaid		24696.95				14296.66	44846.8	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0821	APR-DRG	inpatient					Wellcare	Medicaid		7504.52				6969	87262.66	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0822	APR-DRG	inpatient					Wellcare	Medicaid		9392.01				8721	44092.37	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0823	APR-DRG	inpatient					Wellcare	Medicaid		13511.12				12547	164903.57	case rate	
EYE DISORDERS EXCEPT MAJOR INFECTIONS	0824	APR-DRG	inpatient					Wellcare	Medicaid		24393.21				22652	79977.1	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0891	APR-DRG	inpatient					Wellcare	Medicaid		24391				22650	24391	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0892	APR-DRG	inpatient					Wellcare	Medicaid		31720.46				29456	31720.46	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0893	APR-DRG	inpatient					Wellcare	Medicaid		53014.63				49230	53014.63	case rate	
MAJOR CRANIAL/FACIAL BONE PROCEDURES	0894	APR-DRG	inpatient					Wellcare	Medicaid		94620.59				1933	94620.59	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0901	APR-DRG	inpatient					Wellcare	Medicaid		14132.92				13124	162727.75	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0902	APR-DRG	inpatient					Wellcare	Medicaid		38844.46				22261.17	69960.9	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0903	APR-DRG	inpatient					Wellcare	Medicaid		56429.51				14664	56429.51	case rate	
MAJOR LARYNX & TRACHEA PROCEDURES	0904	APR-DRG	inpatient					Wellcare	Medicaid		109296.61				38460.67	117574.8	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0911	APR-DRG	inpatient					Wellcare	Medicaid		20663.86				19189	20663.86	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0912	APR-DRG	inpatient					Wellcare	Medicaid		31309.74				29074	31309.74	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0913	APR-DRG	inpatient					Wellcare	Medicaid		53694.99				17652.32	53694.99	case rate	
OTHER MAJOR HEAD & NECK PROCEDURES	0914	APR-DRG	inpatient					Wellcare	Medicaid		84762.6				10721.32	84762.6	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0921	APR-DRG	inpatient					Wellcare	Medicaid		17064.58				8242.06	25752.74	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0922	APR-DRG	inpatient					Wellcare	Medicaid		23787.85				20609.92	59797.45	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0923	APR-DRG	inpatient					Wellcare	Medicaid		37582.48				11946.17	37582.48	case rate	
FACIAL BONE PROCEDURES EXCEPT MAJOR CRANIAL/FACIAL BONE PROCEDURES	0924	APR-DRG	inpatient					Wellcare	Medicaid		74685.69				69354	74685.69	case rate	
SINUS & MASTOID PROCEDURES	0931	APR-DRG	inpatient					Wellcare	Medicaid		16957.23				15747	16957.23	case rate	
SINUS & MASTOID PROCEDURES	0932	APR-DRG	inpatient					Wellcare	Medicaid		20894.9				19403	20894.9	case rate	
SINUS & MASTOID PROCEDURES	0933	APR-DRG	inpatient					Wellcare	Medicaid		35879.18				33318	104246.49	case rate	
SINUS & MASTOID PROCEDURES	0934	APR-DRG	inpatient					Wellcare	Medicaid		58230.17				24715.61	66823.74	case rate	
CLEFT LIP & PALATE REPAIR	0951	APR-DRG	inpatient					Wellcare	Medicaid		11476.56				6968.8	29098.49	case rate	
CLEFT LIP & PALATE REPAIR	0952	APR-DRG	inpatient					Wellcare	Medicaid		13328.21				12377	13328.21	case rate	
CLEFT LIP & PALATE REPAIR	0953	APR-DRG	inpatient					Wellcare	Medicaid		20427.65				18969	20427.65	case rate	
CLEFT LIP & PALATE REPAIR	0954	APR-DRG	inpatient					Wellcare	Medicaid		42158.67				39149	42158.67	case rate	
TONSIL & ADENOID PROCEDURES	0971	APR-DRG	inpatient					Wellcare	Medicaid		6943.23				6448	6943.23	case rate	
TONSIL & ADENOID PROCEDURES	0972	APR-DRG	inpatient					Wellcare	Medicaid		10658.44				9898	10658.44	case rate	
TONSIL & ADENOID PROCEDURES	0973	APR-DRG	inpatient					Wellcare	Medicaid		20711.44				19233	20711.44	case rate	
TONSIL & ADENOID PROCEDURES	0974	APR-DRG	inpatient					Wellcare	Medicaid		69972.69				34448.3	99242.46	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0981	APR-DRG	inpatient					Wellcare	Medicaid		12170.79				11302	159287.24	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0982	APR-DRG	inpatient					Wellcare	Medicaid		16046.28				14901	89398.39	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0983	APR-DRG	inpatient					Wellcare	Medicaid		25824.53				19314.2	57187.42	case rate	
OTHER EAR, NOSE, MOUTH & THROAT PROCEDURES	0984	APR-DRG	inpatient					Wellcare	Medicaid		53863.67				50018	53863.67	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1101	APR-DRG	inpatient					Wellcare	Medicaid		9531.78				8851	9531.78	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1102	APR-DRG	inpatient					Wellcare	Medicaid		12238.13				11364	12238.13	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1103	APR-DRG	inpatient					Wellcare	Medicaid		19787.82				18375	19787.82	case rate	
EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	1104	APR-DRG	inpatient					Wellcare	Medicaid		36206.95				33622	36206.95	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1111	APR-DRG	inpatient					Wellcare	Medicaid		7772.98				7218	7772.98	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1112	APR-DRG	inpatient					Wellcare	Medicaid		8618.71				8003	8618.71	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1113	APR-DRG	inpatient					Wellcare	Medicaid		10802.46				10031	10802.46	case rate	
VERTIGO & OTHER LABYRINTH DISORDERS	1114	APR-DRG	inpatient					Wellcare	Medicaid		22623.77				21009	22623.77	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1131	APR-DRG	inpatient					Wellcare	Medicaid		4684.18				4350	4684.18	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1132	APR-DRG	inpatient					Wellcare	Medicaid		6824.8				6338	6824.8	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1133	APR-DRG	inpatient					Wellcare	Medicaid		10619.37				9861	10619.37	case rate	
INFECTIONS OF UPPER RESPIRATORY TRACT	1134	APR-DRG	inpatient					Wellcare	Medicaid		22388.49				20790	22388.49	case rate	
DENTAL & ORAL DISEASES & INJURIES	1141	APR-DRG	inpatient					Wellcare	Medicaid		6767.52				6284	6767.52	case rate	
DENTAL & ORAL DISEASES & INJURIES	1142	APR-DRG	inpatient					Wellcare	Medicaid		9494.49				8807	9494.49	case rate	
DENTAL & ORAL DISEASES & INJURIES	1143	APR-DRG	inpatient					Wellcare	Medicaid		15921.47				14785	15921.47	case rate	
DENTAL & ORAL DISEASES & INJURIES	1144	APR-DRG	inpatient					Wellcare	Medicaid		33203.51				30833	33203.51	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1151	APR-DRG	inpatient					Wellcare	Medicaid		6952.83				6456	6952.83	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1152	APR-DRG	inpatient					Wellcare	Medicaid		9256.22				8595	9256.22	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1153	APR-DRG	inpatient					Wellcare	Medicaid		13828.63				12841	13828.63	case rate	
OTHER EAR, NOSE, MOUTH,THROAT & CRANIAL/FACIAL DIAGNOSES	1154	APR-DRG	inpatient					Wellcare	Medicaid		28380.49				26354	28380.49	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1201	APR-DRG	inpatient					Wellcare	Medicaid		26412.25				24527	26412.25	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1202	APR-DRG	inpatient					Wellcare	Medicaid		31992.23				29708	31992.23	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1203	APR-DRG	inpatient					Wellcare	Medicaid		46586.41				43260	46586.41	case rate	
MAJOR RESPIRATORY & CHEST PROCEDURES	1204	APR-DRG	inpatient					Wellcare	Medicaid		80334.22				74599	80334.22	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1211	APR-DRG	inpatient					Wellcare	Medicaid		17884.72				16608	17884.72	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1212	APR-DRG	inpatient					Wellcare	Medicaid		23166.5				21513	23166.5	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1213	APR-DRG	inpatient					Wellcare	Medicaid		36405.29				33806	36405.29	case rate	
OTHER RESPIRATORY & CHEST PROCEDURES	1214	APR-DRG	inpatient					Wellcare	Medicaid		69579.33				64612	69579.33	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1301	APR-DRG	inpatient					Wellcare	Medicaid		40280.42				37405	40280.42	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1302	APR-DRG	inpatient					Wellcare	Medicaid		44692.54				41502	44692.54	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1303	APR-DRG	inpatient					Wellcare	Medicaid		55357.27				51405	55357.27	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	1304	APR-DRG	inpatient					Wellcare	Medicaid		76027.5				70600	76027.5	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1311	APR-DRG	inpatient					Wellcare	Medicaid		20311.71				18862	20311.71	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1312	APR-DRG	inpatient					Wellcare	Medicaid		25065.27				23276	25065.27	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1313	APR-DRG	inpatient					Wellcare	Medicaid		32524.9				30203	32524.9	case rate	
CYSTIC FIBROSIS - PULMONARY DISEASE	1314	APR-DRG	inpatient					Wellcare	Medicaid		41834.23				38848	41834.23	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1321	APR-DRG	inpatient					Wellcare	Medicaid		8038.3				7464	8038.3	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1322	APR-DRG	inpatient					Wellcare	Medicaid		8978.53				8338	8978.53	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1323	APR-DRG	inpatient					Wellcare	Medicaid		13877.95				12887	13877.95	case rate	
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	1324	APR-DRG	inpatient					Wellcare	Medicaid		23105.07				21456	23105.07	case rate	
RESPIRATORY FAILURE	1331	APR-DRG	inpatient					Wellcare	Medicaid		5974.91				5548	5974.91	case rate	
RESPIRATORY FAILURE	1332	APR-DRG	inpatient					Wellcare	Medicaid		10450.49				9704	10450.49	case rate	
RESPIRATORY FAILURE	1333	APR-DRG	inpatient					Wellcare	Medicaid		15876.95				14743	15876.95	case rate	
RESPIRATORY FAILURE	1334	APR-DRG	inpatient					Wellcare	Medicaid		28920.91				26856	28920.91	case rate	
PULMONARY EMBOLISM	1341	APR-DRG	inpatient					Wellcare	Medicaid		9496.78				8819	9496.78	case rate	
PULMONARY EMBOLISM	1342	APR-DRG	inpatient					Wellcare	Medicaid		12321.55				11442	12321.55	case rate	
PULMONARY EMBOLISM	1343	APR-DRG	inpatient					Wellcare	Medicaid		17986.06				16702	17986.06	case rate	
PULMONARY EMBOLISM	1344	APR-DRG	inpatient					Wellcare	Medicaid		31210.71				28982	31210.71	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1351	APR-DRG	inpatient					Wellcare	Medicaid		9951.84				9241	9951.84	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1352	APR-DRG	inpatient					Wellcare	Medicaid		12477.76				11587	12477.76	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1353	APR-DRG	inpatient					Wellcare	Medicaid		18211.01				16911	18211.01	case rate	
MAJOR CHEST & RESPIRATORY TRAUMA	1354	APR-DRG	inpatient					Wellcare	Medicaid		34349.11				31897	34349.11	case rate	
RESPIRATORY MALIGNANCY	1361	APR-DRG	inpatient					Wellcare	Medicaid		10189.89				9462	10189.89	case rate	
RESPIRATORY MALIGNANCY	1362	APR-DRG	inpatient					Wellcare	Medicaid		12945.75				12022	12945.75	case rate	
RESPIRATORY MALIGNANCY	1363	APR-DRG	inpatient					Wellcare	Medicaid		19580.53				18183	19580.53	case rate	
RESPIRATORY MALIGNANCY	1364	APR-DRG	inpatient					Wellcare	Medicaid		31747.99				29481	31747.99	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1371	APR-DRG	inpatient					Wellcare	Medicaid		9316.55				8651	9316.55	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1372	APR-DRG	inpatient					Wellcare	Medicaid		12038.22				11179	12038.22	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1373	APR-DRG	inpatient					Wellcare	Medicaid		17881.03				16604	17881.03	case rate	
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	1374	APR-DRG	inpatient					Wellcare	Medicaid		30272.5				28111	30272.5	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1381	APR-DRG	inpatient					Wellcare	Medicaid		4329.36				4020	4329.36	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1382	APR-DRG	inpatient					Wellcare	Medicaid		6553.01				6085	6553.01	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1383	APR-DRG	inpatient					Wellcare	Medicaid		15685.36				14566	15685.36	case rate	
BRONCHIOLITIS & RSV PNEUMONIA	1384	APR-DRG	inpatient					Wellcare	Medicaid		38997.45				36213	38997.45	case rate	
OTHER PNEUMONIA	1391	APR-DRG	inpatient					Wellcare	Medicaid		6362.8				5909	6362.8	case rate	
OTHER PNEUMONIA	1392	APR-DRG	inpatient					Wellcare	Medicaid		8936.96				8299	8936.96	case rate	
OTHER PNEUMONIA	1393	APR-DRG	inpatient					Wellcare	Medicaid		14042.21				13040	14042.21	case rate	
OTHER PNEUMONIA	1394	APR-DRG	inpatient					Wellcare	Medicaid		27013.46				25085	27013.46	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1401	APR-DRG	inpatient					Wellcare	Medicaid		7373.53				6847	7373.53	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1402	APR-DRG	inpatient					Wellcare	Medicaid		9206.24				8549	9206.24	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1403	APR-DRG	inpatient					Wellcare	Medicaid		12565.71				11669	12565.71	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1404	APR-DRG	inpatient					Wellcare	Medicaid		24413.63				22671	24413.63	case rate	
ASTHMA	1411	APR-DRG	inpatient					Wellcare	Medicaid		5648.53				5245	5648.53	case rate	
ASTHMA	1412	APR-DRG	inpatient					Wellcare	Medicaid		8095.75				7518	8095.75	case rate	
ASTHMA	1413	APR-DRG	inpatient					Wellcare	Medicaid		11602.56				10774	11602.56	case rate	
ASTHMA	1414	APR-DRG	inpatient					Wellcare	Medicaid		21936.85				20371	21936.85	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1421	APR-DRG	inpatient					Wellcare	Medicaid		9462.14				8787	9462.14	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1422	APR-DRG	inpatient					Wellcare	Medicaid		11507.69				10686	11507.69	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1423	APR-DRG	inpatient					Wellcare	Medicaid		16651.36				15463	16651.36	case rate	
INTERSTITIAL & ALVEOLAR LUNG DISEASES	1424	APR-DRG	inpatient					Wellcare	Medicaid		29468.34				27365	29468.34	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1431	APR-DRG	inpatient					Wellcare	Medicaid		7033.94				6532	7033.94	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1432	APR-DRG	inpatient					Wellcare	Medicaid		10325.42				9588	10325.42	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1433	APR-DRG	inpatient					Wellcare	Medicaid		15891.91				14757	15891.91	case rate	
OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES	1434	APR-DRG	inpatient					Wellcare	Medicaid		27081.82				25148	27081.82	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1441	APR-DRG	inpatient					Wellcare	Medicaid		6889.83				6398	6889.83	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1442	APR-DRG	inpatient					Wellcare	Medicaid		8343.89				7748	8343.89	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1443	APR-DRG	inpatient					Wellcare	Medicaid		11793.7				10952	11793.7	case rate	
RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES	1444	APR-DRG	inpatient					Wellcare	Medicaid		20685.84				19209	20685.84	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1601	APR-DRG	inpatient					Wellcare	Medicaid		44206.17				41050	44206.17	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1602	APR-DRG	inpatient					Wellcare	Medicaid		51572.49				47891	51572.49	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1603	APR-DRG	inpatient					Wellcare	Medicaid		78088.11				72513	78088.11	case rate	
MAJOR CARDIOTHORACIC REPAIR OF HEART ANOMALY	1604	APR-DRG	inpatient					Wellcare	Medicaid		173904.73				161489	173904.73	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1611	APR-DRG	inpatient					Wellcare	Medicaid		59847.73				55575	59847.73	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1612	APR-DRG	inpatient					Wellcare	Medicaid		77263.26				71747	77263.26	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1613	APR-DRG	inpatient					Wellcare	Medicaid		124259.55				115388	124259.55	case rate	
CARDIAC DEFIBRILLATOR & HEART ASSIST IMPLANT	1614	APR-DRG	inpatient					Wellcare	Medicaid		298161.52				276875	298161.52	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1621	APR-DRG	inpatient					Wellcare	Medicaid		64122.58				59545	64122.58	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1622	APR-DRG	inpatient					Wellcare	Medicaid		71168.35				66087	71168.35	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1623	APR-DRG	inpatient					Wellcare	Medicaid		94186.4				87462	94186.4	case rate	
CARDIAC VALVE PROCEDURES W AMI OR COMPLEX PDX	1624	APR-DRG	inpatient					Wellcare	Medicaid		148140.99				137565	148140.99	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1631	APR-DRG	inpatient					Wellcare	Medicaid		52910.79				49133	52910.79	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1632	APR-DRG	inpatient					Wellcare	Medicaid		60794.71				56454	60794.71	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1633	APR-DRG	inpatient					Wellcare	Medicaid		77964.42				72398	77964.42	case rate	
CARDIAC VALVE PROCEDURES W/O AMI OR COMPLEX PDX	1634	APR-DRG	inpatient					Wellcare	Medicaid		125620.85				116652	125620.85	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1651	APR-DRG	inpatient					Wellcare	Medicaid		55402.07				51447	55402.07	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1652	APR-DRG	inpatient					Wellcare	Medicaid		59582.98				55329	59582.98	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1653	APR-DRG	inpatient					Wellcare	Medicaid		75751.47				70343	75751.47	case rate	
CORONARY BYPASS W AMI OR COMPLEX PDX	1654	APR-DRG	inpatient					Wellcare	Medicaid		112766.74				104716	112766.74	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1661	APR-DRG	inpatient					Wellcare	Medicaid		45804.7				42535	45804.7	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1662	APR-DRG	inpatient					Wellcare	Medicaid		51909.12				48203	51909.12	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1663	APR-DRG	inpatient					Wellcare	Medicaid		64838.43				60209	64838.43	case rate	
CORONARY BYPASS W/O AMI OR COMPLEX PDX	1664	APR-DRG	inpatient					Wellcare	Medicaid		98670.95				91627	98670.95	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1671	APR-DRG	inpatient					Wellcare	Medicaid		43024.36				39953	43024.36	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1672	APR-DRG	inpatient					Wellcare	Medicaid		47956.67				44533	47956.67	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1673	APR-DRG	inpatient					Wellcare	Medicaid		65349.94				60684	65349.94	case rate	
OTHER CARDIOTHORACIC & THORACIC VASCULAR PROCEDURES	1674	APR-DRG	inpatient					Wellcare	Medicaid		114540.7				106363	114540.7	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1691	APR-DRG	inpatient					Wellcare	Medicaid		24650.3				22890	24650.3	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1692	APR-DRG	inpatient					Wellcare	Medicaid		32573.67				30248	32573.67	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1693	APR-DRG	inpatient					Wellcare	Medicaid		52780.43				49012	52780.43	case rate	
MAJOR ABDOMINAL VASCULAR PROCEDURES	1694	APR-DRG	inpatient					Wellcare	Medicaid		95926.45				89078	95926.45	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1701	APR-DRG	inpatient					Wellcare	Medicaid		33732.76				31324	33732.76	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1702	APR-DRG	inpatient					Wellcare	Medicaid		35983.39				33414	35983.39	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1703	APR-DRG	inpatient					Wellcare	Medicaid		44190.09				41035	44190.09	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK	1704	APR-DRG	inpatient					Wellcare	Medicaid		70642.81				65599	70642.81	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1711	APR-DRG	inpatient					Wellcare	Medicaid		23307.2				21643	23307.2	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1712	APR-DRG	inpatient					Wellcare	Medicaid		26633.23				24732	26633.23	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1713	APR-DRG	inpatient					Wellcare	Medicaid		33882.96				31464	33882.96	case rate	
PERM CARDIAC PACEMAKER IMPLANT W/O AMI, HEART FAILURE OR SHOCK	1714	APR-DRG	inpatient					Wellcare	Medicaid		56433.39				52404	56433.39	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1741	APR-DRG	inpatient					Wellcare	Medicaid		27878.96				25889	27878.96	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1742	APR-DRG	inpatient					Wellcare	Medicaid		30028.17				27884	30028.17	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1743	APR-DRG	inpatient					Wellcare	Medicaid		37952.73				35243	37952.73	case rate	
PERCUTANEOUS CORONARY INTERVENTION W AMI	1744	APR-DRG	inpatient					Wellcare	Medicaid		61797.3				57385	61797.3	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1751	APR-DRG	inpatient					Wellcare	Medicaid		27717.29				25738	27717.29	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1752	APR-DRG	inpatient					Wellcare	Medicaid		30551.03				28370	30551.03	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1753	APR-DRG	inpatient					Wellcare	Medicaid		38778.88				36010	38778.88	case rate	
PERCUTANEOUS CORONARY INTERVENTION W/O AMI	1754	APR-DRG	inpatient					Wellcare	Medicaid		72833.39				67634	72833.39	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1761	APR-DRG	inpatient					Wellcare	Medicaid		21893.89				20331	21893.89	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1762	APR-DRG	inpatient					Wellcare	Medicaid		41860.47				38872	41860.47	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1763	APR-DRG	inpatient					Wellcare	Medicaid		43617.99				40504	43617.99	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR DEVICE REPLACEMENT	1764	APR-DRG	inpatient					Wellcare	Medicaid		69259.61				64315	69259.61	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1771	APR-DRG	inpatient					Wellcare	Medicaid		18033.27				16746	18033.27	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1772	APR-DRG	inpatient					Wellcare	Medicaid		23343.23				21677	23343.23	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1773	APR-DRG	inpatient					Wellcare	Medicaid		33102.26				30739	33102.26	case rate	
CARDIAC PACEMAKER & DEFIBRILLATOR REVISION EXCEPT DEVICE REPLACEMENT	1774	APR-DRG	inpatient					Wellcare	Medicaid		66936.46				62158	66936.46	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1801	APR-DRG	inpatient					Wellcare	Medicaid		17440.74				16196	17440.74	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1802	APR-DRG	inpatient					Wellcare	Medicaid		22037.45				20464	22037.45	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1803	APR-DRG	inpatient					Wellcare	Medicaid		33772.11				31361	33772.11	case rate	
OTHER CIRCULATORY SYSTEM PROCEDURES	1804	APR-DRG	inpatient					Wellcare	Medicaid		59233.04				55004	59233.04	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1811	APR-DRG	inpatient					Wellcare	Medicaid		21664.79				20118	21664.79	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1812	APR-DRG	inpatient					Wellcare	Medicaid		29348.16				27253	29348.16	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1813	APR-DRG	inpatient					Wellcare	Medicaid		48718.62				45240	48718.62	case rate	
LOWER EXTREMITY ARTERIAL PROCEDURES	1814	APR-DRG	inpatient					Wellcare	Medicaid		86812.5				80615	86812.5	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1821	APR-DRG	inpatient					Wellcare	Medicaid		27749.08				25768	27749.08	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1822	APR-DRG	inpatient					Wellcare	Medicaid		32642.58				30312	32642.58	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1823	APR-DRG	inpatient					Wellcare	Medicaid		44303.07				41140	44303.07	case rate	
OTHER PERIPHERAL VASCULAR PROCEDURES	1824	APR-DRG	inpatient					Wellcare	Medicaid		79209.6				73555	79209.6	case rate	
ACUTE MYOCARDIAL INFARCTION	1901	APR-DRG	inpatient					Wellcare	Medicaid		11764.77				10925	11764.77	case rate	
ACUTE MYOCARDIAL INFARCTION	1902	APR-DRG	inpatient					Wellcare	Medicaid		12972.18				12046	12972.18	case rate	
ACUTE MYOCARDIAL INFARCTION	1903	APR-DRG	inpatient					Wellcare	Medicaid		17674.1				16412	17674.1	case rate	
ACUTE MYOCARDIAL INFARCTION	1904	APR-DRG	inpatient					Wellcare	Medicaid		32734.41				30397	32734.41	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1911	APR-DRG	inpatient					Wellcare	Medicaid		13033.98				12103	13033.98	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1912	APR-DRG	inpatient					Wellcare	Medicaid		14989.37				13919	14989.37	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1913	APR-DRG	inpatient					Wellcare	Medicaid		19848.52				18431	19848.52	case rate	
CARDIAC CATHETERIZATION FOR CORONARY ARTERY DISEASE	1914	APR-DRG	inpatient					Wellcare	Medicaid		38857.86				36084	38857.86	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1921	APR-DRG	inpatient					Wellcare	Medicaid		13465.66				12504	13465.66	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1922	APR-DRG	inpatient					Wellcare	Medicaid		16632.15				15445	16632.15	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1923	APR-DRG	inpatient					Wellcare	Medicaid		24485.59				22738	24485.59	case rate	
CARDIAC CATHETERIZATION FOR OTHER NON-CORONARY CONDITIONS	1924	APR-DRG	inpatient					Wellcare	Medicaid		46537.17				43215	46537.17	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1931	APR-DRG	inpatient					Wellcare	Medicaid		13802.48				12817	13802.48	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1932	APR-DRG	inpatient					Wellcare	Medicaid		17931				16651	17931	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1933	APR-DRG	inpatient					Wellcare	Medicaid		26794.06				24881	26794.06	case rate	
ACUTE & SUBACUTE ENDOCARDITIS	1934	APR-DRG	inpatient					Wellcare	Medicaid		44138.82				40988	44138.82	case rate	
HEART FAILURE	1941	APR-DRG	inpatient					Wellcare	Medicaid		7474.23				6941	7474.23	case rate	
HEART FAILURE	1942	APR-DRG	inpatient					Wellcare	Medicaid		9597.65				8912	9597.65	case rate	
HEART FAILURE	1943	APR-DRG	inpatient					Wellcare	Medicaid		14314.35				13292	14314.35	case rate	
HEART FAILURE	1944	APR-DRG	inpatient					Wellcare	Medicaid		27034.79				25105	27034.79	case rate	
CARDIAC ARREST & SHOCK	1961	APR-DRG	inpatient					Wellcare	Medicaid		7783.14				7227	7783.14	case rate	
CARDIAC ARREST & SHOCK	1962	APR-DRG	inpatient					Wellcare	Medicaid		8254.55				7665	8254.55	case rate	
CARDIAC ARREST & SHOCK	1963	APR-DRG	inpatient					Wellcare	Medicaid		15666.23				14548	15666.23	case rate	
CARDIAC ARREST & SHOCK	1964	APR-DRG	inpatient					Wellcare	Medicaid		39986.56				37132	39986.56	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1971	APR-DRG	inpatient					Wellcare	Medicaid		7449.28				6917	7449.28	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1972	APR-DRG	inpatient					Wellcare	Medicaid		9946.02				9236	9946.02	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1973	APR-DRG	inpatient					Wellcare	Medicaid		14771.35				13717	14771.35	case rate	
PERIPHERAL & OTHER VASCULAR DISORDERS	1974	APR-DRG	inpatient					Wellcare	Medicaid		31901.8				29624	31901.8	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1981	APR-DRG	inpatient					Wellcare	Medicaid		6880.32				6389	6880.32	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1982	APR-DRG	inpatient					Wellcare	Medicaid		7947.67				7380	7947.67	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1983	APR-DRG	inpatient					Wellcare	Medicaid		10842.37				10068	10842.37	case rate	
ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	1984	APR-DRG	inpatient					Wellcare	Medicaid		26058.26				24198	26058.26	case rate	
HYPERTENSION	1991	APR-DRG	inpatient					Wellcare	Medicaid		7079.12				6574	7079.12	case rate	
HYPERTENSION	1992	APR-DRG	inpatient					Wellcare	Medicaid		8313.12				7720	8313.12	case rate	
HYPERTENSION	1993	APR-DRG	inpatient					Wellcare	Medicaid		11654.11				10822	11654.11	case rate	
HYPERTENSION	1994	APR-DRG	inpatient					Wellcare	Medicaid		26568.1				24671	26568.1	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2001	APR-DRG	inpatient					Wellcare	Medicaid		8495.75				7889	8495.75	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2002	APR-DRG	inpatient					Wellcare	Medicaid		10051.33				9334	10051.33	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2003	APR-DRG	inpatient					Wellcare	Medicaid		15321.85				14228	15321.85	case rate	
CARDIAC STRUCTURAL & VALVULAR DISORDERS	2004	APR-DRG	inpatient					Wellcare	Medicaid		32641.39				30311	32641.39	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2011	APR-DRG	inpatient					Wellcare	Medicaid		6349.32				5896	6349.32	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2012	APR-DRG	inpatient					Wellcare	Medicaid		8224.62				7637	8224.62	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2013	APR-DRG	inpatient					Wellcare	Medicaid		12632.13				11730	12632.13	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	2014	APR-DRG	inpatient					Wellcare	Medicaid		26210.03				24339	26210.03	case rate	
CHEST PAIN	2031	APR-DRG	inpatient					Wellcare	Medicaid		7100.74				6594	7100.74	case rate	
CHEST PAIN	2032	APR-DRG	inpatient					Wellcare	Medicaid		8258.15				7669	8258.15	case rate	
CHEST PAIN	2033	APR-DRG	inpatient					Wellcare	Medicaid		10308.6				9573	10308.6	case rate	
CHEST PAIN	2034	APR-DRG	inpatient					Wellcare	Medicaid		18717.71				17381	18717.71	case rate	
SYNCOPE & COLLAPSE	2041	APR-DRG	inpatient					Wellcare	Medicaid		7894.83				7331	7894.83	case rate	
SYNCOPE & COLLAPSE	2042	APR-DRG	inpatient					Wellcare	Medicaid		8914.6				8278	8914.6	case rate	
SYNCOPE & COLLAPSE	2043	APR-DRG	inpatient					Wellcare	Medicaid		11247.55				10445	11247.55	case rate	
SYNCOPE & COLLAPSE	2044	APR-DRG	inpatient					Wellcare	Medicaid		23058.33				21412	23058.33	case rate	
CARDIOMYOPATHY	2051	APR-DRG	inpatient					Wellcare	Medicaid		7655.57				7109	7655.57	case rate	
CARDIOMYOPATHY	2052	APR-DRG	inpatient					Wellcare	Medicaid		9746.29				9050	9746.29	case rate	
CARDIOMYOPATHY	2053	APR-DRG	inpatient					Wellcare	Medicaid		14069.74				13065	14069.74	case rate	
CARDIOMYOPATHY	2054	APR-DRG	inpatient					Wellcare	Medicaid		34523.7				32059	34523.7	case rate	
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2061	APR-DRG	inpatient					Wellcare	Medicaid		8731.41				8108	8731.41	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes			
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2062	APR-DRG	inpatient					Wellcare	Medicaid		10269.25				9536	10269.25	case rate					
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2063	APR-DRG	inpatient					Wellcare	Medicaid		17136.17				15913	17136.17	case rate					
MALFUNCTION,REACTION,COMPLICATION OF CARDIAC/VASC DEVICE OR PROCEDURE	2064	APR-DRG	inpatient					Wellcare	Medicaid		32058.84				29770	32058.84	case rate					
OTHER CIRCULATORY SYSTEM DIAGNOSES	2071	APR-DRG	inpatient					Wellcare	Medicaid		7595.61				7053	7595.61	case rate					
OTHER CIRCULATORY SYSTEM DIAGNOSES	2072	APR-DRG	inpatient					Wellcare	Medicaid		10076.46				9357	10076.46	case rate					
OTHER CIRCULATORY SYSTEM DIAGNOSES	2073	APR-DRG	inpatient					Wellcare	Medicaid		14634.17				13589	14634.17	case rate					
OTHER CIRCULATORY SYSTEM DIAGNOSES	2074	APR-DRG	inpatient					Wellcare	Medicaid		28538.46				26501	28538.46	case rate					
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2201	APR-DRG	inpatient					Wellcare	Medicaid		19449.99				18061	19449.99	case rate					
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2202	APR-DRG	inpatient					Wellcare	Medicaid		28900.03				26837	28900.03	case rate					
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2203	APR-DRG	inpatient					Wellcare	Medicaid		46862.34				43517	46862.34	case rate					
MAJOR STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2204	APR-DRG	inpatient					Wellcare	Medicaid		92985.01				86347	92985.01	case rate					
MAJOR SMALL & LARGE BOWEL PROCEDURES	2211	APR-DRG	inpatient					Wellcare	Medicaid		19847.69				18431	19847.69	case rate					
MAJOR SMALL & LARGE BOWEL PROCEDURES	2212	APR-DRG	inpatient					Wellcare	Medicaid		25734.19				23897	25734.19	case rate					
MAJOR SMALL & LARGE BOWEL PROCEDURES	2213	APR-DRG	inpatient					Wellcare	Medicaid		41796.27				38812	41796.27	case rate					
MAJOR SMALL & LARGE BOWEL PROCEDURES	2214	APR-DRG	inpatient					Wellcare	Medicaid		82730.63				76824	82730.63	case rate					
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2221	APR-DRG	inpatient					Wellcare	Medicaid		14767.47				13713	14767.47	case rate					
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2222	APR-DRG	inpatient					Wellcare	Medicaid		18900.24				17551	18900.24	case rate					
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2223	APR-DRG	inpatient					Wellcare	Medicaid		30629.55				28443	30629.55	case rate					
OTHER STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES	2224	APR-DRG	inpatient					Wellcare	Medicaid		74727.63				69393	74727.63	case rate					
OTHER SMALL & LARGE BOWEL PROCEDURES	2231	APR-DRG	inpatient					Wellcare	Medicaid		15813.86				14685	15813.86	case rate					
OTHER SMALL & LARGE BOWEL PROCEDURES	2232	APR-DRG	inpatient					Wellcare	Medicaid		20965.66				19469	20965.66	case rate					
OTHER SMALL & LARGE BOWEL PROCEDURES	2233	APR-DRG	inpatient					Wellcare	Medicaid		35214.52				32700	35214.52	case rate					
OTHER SMALL & LARGE BOWEL PROCEDURES	2234	APR-DRG	inpatient					Wellcare	Medicaid		72716.44				67525	72716.44	case rate					
PERITONEAL ADHESIOLYSIS	2241	APR-DRG	inpatient					Wellcare	Medicaid		17815.99				16544	17815.99	case rate					
PERITONEAL ADHESIOLYSIS	2242	APR-DRG	inpatient					Wellcare	Medicaid		23328.91				21663	23328.91	case rate					
PERITONEAL ADHESIOLYSIS	2243	APR-DRG	inpatient					Wellcare	Medicaid		35317.98				32797	35317.98	case rate					
PERITONEAL ADHESIOLYSIS	2244	APR-DRG	inpatient					Wellcare	Medicaid		64108.45				59532	64108.45	case rate					
APPENDECTOMY	2251	APR-DRG	inpatient					Wellcare	Medicaid		12173.1				11304	12173.1	case rate					
APPENDECTOMY	2252	APR-DRG	inpatient					Wellcare	Medicaid		16189.65				15034	16189.65	case rate					
APPENDECTOMY	2253	APR-DRG	inpatient					Wellcare	Medicaid		27808.2				25823	27808.2	case rate					
APPENDECTOMY	2254	APR-DRG	inpatient					Wellcare	Medicaid		52930.56				49152	52930.56	case rate					
ANAL PROCEDURES	2261	APR-DRG	inpatient					Wellcare	Medicaid		9871.93				9167	9871.93	case rate					
ANAL PROCEDURES	2262	APR-DRG	inpatient					Wellcare	Medicaid		13366.73				12412	13366.73	case rate					
ANAL PROCEDURES	2263	APR-DRG	inpatient					Wellcare	Medicaid		21789.14				20234	21789.14	case rate					
ANAL PROCEDURES	2264	APR-DRG	inpatient					Wellcare	Medicaid		44592.4				41409	44592.4	case rate					
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2271	APR-DRG	inpatient					Wellcare	Medicaid		15344.2				14249	15344.2	case rate					
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2272	APR-DRG	inpatient					Wellcare	Medicaid		19491.66				18100	19491.66	case rate					
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2273	APR-DRG	inpatient					Wellcare	Medicaid		31629				29371	31629	case rate					
HERNIA PROCEDURES EXCEPT INGUINAL, FEMORAL & UMBILICAL	2274	APR-DRG	inpatient					Wellcare	Medicaid		65113.25				60465	65113.25	case rate					
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2281	APR-DRG	inpatient					Wellcare	Medicaid		11542.32				10718	11542.32	case rate					
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2282	APR-DRG	inpatient					Wellcare	Medicaid		15074.92				13999	15074.92	case rate					
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2283	APR-DRG	inpatient					Wellcare	Medicaid		23156.62				21503	23156.62	case rate					
INGUINAL, FEMORAL & UMBILICAL HERNIA PROCEDURES	2284	APR-DRG	inpatient					Wellcare	Medicaid		51604.45				47920	51604.45	case rate					
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2291	APR-DRG	inpatient					Wellcare	Medicaid		15956.12				14817	15956.12	case rate					
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2292	APR-DRG	inpatient					Wellcare	Medicaid		22011.12				20440	22011.12	case rate					
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2293	APR-DRG	inpatient					Wellcare	Medicaid		35857.94				33298	35857.94	case rate					
OTHER DIGESTIVE SYSTEM & ABDOMINAL PROCEDURES	2294	APR-DRG	inpatient					Wellcare	Medicaid		74423.33				69110	74423.33	case rate					
DIGESTIVE MALIGNANCY	2401	APR-DRG	inpatient					Wellcare	Medicaid		9969.84				9258	9969.84	case rate					
DIGESTIVE MALIGNANCY	2402	APR-DRG	inpatient					Wellcare	Medicaid		12777.81				11866	12777.81	case rate					
DIGESTIVE MALIGNANCY	2403	APR-DRG	inpatient					Wellcare	Medicaid		18823.01				17479	18823.01	case rate					
DIGESTIVE MALIGNANCY	2404	APR-DRG	inpatient					Wellcare	Medicaid		34477.33				32016	34477.33	case rate					
PEPTIC ULCER & GASTRITIS	2411	APR-DRG	inpatient					Wellcare	Medicaid		8481.06				7876	8481.06	case rate					
PEPTIC ULCER & GASTRITIS	2412	APR-DRG	inpatient					Wellcare	Medicaid		10518.85				9768	10518.85	case rate					
PEPTIC ULCER & GASTRITIS	2413	APR-DRG	inpatient					Wellcare	Medicaid		15807.3				14679	15807.3	case rate					
PEPTIC ULCER & GASTRITIS	2414	APR-DRG	inpatient					Wellcare	Medicaid		36936.65				34300	36936.65	case rate					
MAJOR ESOPHAGEAL DISORDERS	2421	APR-DRG	inpatient					Wellcare	Medicaid		8365.96				7769	8365.96	case rate					
MAJOR ESOPHAGEAL DISORDERS	2422	APR-DRG	inpatient					Wellcare	Medicaid		10318.77				9582	10318.77	case rate					
MAJOR ESOPHAGEAL DISORDERS	2423	APR-DRG	inpatient					Wellcare	Medicaid		15346.51				14251	15346.51	case rate					
MAJOR ESOPHAGEAL DISORDERS	2424	APR-DRG	inpatient					Wellcare	Medicaid		35927.78				33363	35927.78	case rate					
OTHER ESOPHAGEAL DISORDERS	2431	APR-DRG	inpatient					Wellcare	Medicaid		7783.24				7228	7783.24	case rate					
OTHER ESOPHAGEAL DISORDERS	2432	APR-DRG	inpatient					Wellcare	Medicaid		9507.95				8829	9507.95	case rate					
OTHER ESOPHAGEAL DISORDERS	2433	APR-DRG	inpatient					Wellcare	Medicaid		13722.94				12743	13722.94	case rate					
OTHER ESOPHAGEAL DISORDERS	2434	APR-DRG	inpatient					Wellcare	Medicaid		30207.56				28051	30207.56	case rate					
DIVERTICULITIS & DIVERTICULOSIS	2441	APR-DRG	inpatient					Wellcare	Medicaid		7270.62				6752	7270.62	case rate					
DIVERTICULITIS & DIVERTICULOSIS	2442	APR-DRG	inpatient					Wellcare	Medicaid		9514.14				8835	9514.14	case rate					
DIVERTICULITIS & DIVERTICULOSIS	2443	APR-DRG	inpatient					Wellcare	Medicaid		14440.73				13410	14440.73	case rate					
DIVERTICULITIS & DIVERTICULOSIS	2444	APR-DRG	inpatient					Wellcare	Medicaid		32777.19				30437	32777.19	case rate					
INFLAMMATORY BOWEL DISEASE	2451	APR-DRG	inpatient					Wellcare	Medicaid		8681.34				8062	8681.34	case rate					
INFLAMMATORY BOWEL DISEASE	2452	APR-DRG	inpatient					Wellcare	Medicaid		10420.57				9677	10420.57	case rate					
INFLAMMATORY BOWEL DISEASE	2453	APR-DRG	inpatient					Wellcare	Medicaid		15686.1				14566	15686.1	case rate					
INFLAMMATORY BOWEL DISEASE	2454	APR-DRG	inpatient					Wellcare	Medicaid		29822.53				27693	29822.53	case rate					
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2461	APR-DRG	inpatient					Wellcare	Medicaid		9131.78				8480	9131.78	case rate					
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2462	APR-DRG	inpatient					Wellcare	Medicaid		10966.8				10184	10966.8	case rate					
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2463	APR-DRG	inpatient					Wellcare	Medicaid		16577.09				15394	16577.09	case rate					
GASTROINTESTINAL VASCULAR INSUFFICIENCY	2464	APR-DRG	inpatient					Wellcare	Medicaid		33528.51				31135	33528.51	case rate					
INTESTINAL OBSTRUCTION	2471	APR-DRG	inpatient					Wellcare	Medicaid		7047.89				6545	7047.89	case rate					
INTESTINAL OBSTRUCTION	2472	APR-DRG	inpatient					Wellcare	Medicaid		9064.54				8417	9064.54	case rate					
INTESTINAL OBSTRUCTION	2473	APR-DRG	inpatient					Wellcare	Medicaid		14371.35				13345	14371.35	case rate					
INTESTINAL OBSTRUCTION	2474	APR-DRG	inpatient					Wellcare	Medicaid		32841.39				30497	32841.39	case rate					
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2481	APR-DRG	inpatient					Wellcare	Medicaid		7685.86				7137	7685.86	case rate					
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2482	APR-DRG	inpatient					Wellcare	Medicaid		10573.55				9819	10573.55	case rate					
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2483	APR-DRG	inpatient					Wellcare	Medicaid		15894.59				14760	15894.59	case rate					
MAJOR GASTROINTESTINAL & PERITONEAL INFECTIONS	2484	APR-DRG	inpatient					Wellcare	Medicaid		33839.27				31423	33839.27	case rate					
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2491	APR-DRG	inpatient					Wellcare	Medicaid		6349.04				5896	6349.04	case rate					
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2492	APR-DRG	inpatient					Wellcare	Medicaid		7716.72				7166	7716.72	case rate					
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2493	APR-DRG	inpatient					Wellcare	Medicaid		10950.27				10169	10950.27	case rate					
OTHER GASTROENTERITIS, NAUSEA & VOMITING	2494	APR-DRG	inpatient					Wellcare	Medicaid		29031.83				23245	29031.83	case rate					
ABDOMINAL PAIN	2511	APR-DRG	inpatient					Wellcare	Medicaid		7209				6694	7209	case rate					
ABDOMINAL PAIN	2512	APR-DRG	inpatient					Wellcare	Medicaid		8937.33				8299	8937.33	case rate					
ABDOMINAL PAIN	2513	APR-DRG	inpatient					Wellcare	Medicaid		12076.74				11215	12076.74	case rate					
ABDOMINAL PAIN	2514	APR-DRG	inpatient					Wellcare	Medicaid		23131.4				21480	23131.4	case rate					
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2521	APR-DRG	inpatient					Wellcare	Medicaid		7849.19				7289	7849.19	case rate					
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2522	APR-DRG	inpatient					Wellcare	Medicaid		10542.87				9790	10542.87	case rate					
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2523	APR-DRG	inpatient					Wellcare	Medicaid		16164.98				15011	16164.98	case rate					
MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	2524	APR-DRG	inpatient					Wellcare	Medicaid		36079.56				33504	36079.56	case rate					
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2531	APR-DRG	inpatient					Wellcare	Medicaid		7926.97				7361	7926.97	case rate					
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2532	APR-DRG	inpatient					Wellcare	Medicaid		10199.87				9472	10199.87	case rate					
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2533	APR-DRG	inpatient					Wellcare	Medicaid		15232.33				14145	15232.33	case rate					
OTHER & UNSPECIFIED GASTROINTESTINAL HEMORRHAGE	2534	APR-DRG	inpatient					Wellcare	Medicaid		31553.9				29301	31553.9	case rate					
OTHER DIGESTIVE SYSTEM DIAGNOSES	2541	APR-DRG	inpatient					Wellcare	Medicaid		7435.8				6905	7435.8	case rate					
OTHER DIGESTIVE SYSTEM DIAGNOSES	2542	APR-DRG	inpatient					Wellcare	Medicaid		9926.52				9218	9926.52	case rate					
OTHER DIGESTIVE SYSTEM DIAGNOSES	2543	APR-DRG	inpatient					Wellcare	Medicaid		14427.06				13397	14427.06	case rate					
OTHER DIGESTIVE SYSTEM DIAGNOSES	2544	APR-DRG	inpatient					Wellcare	Medicaid		30937.91				28729	30937.91	case rate					
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2601	APR-DRG	inpatient					Wellcare	Medicaid		23203.74				21547	23203.74	case rate					
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2602	APR-DRG	inpatient					Wellcare	Medicaid		30662.9				28474	30662.9	case rate					
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2603	APR-DRG	inpatient					Wellcare	Medicaid		48125.63				44690	48125.63	case rate					
MAJOR PANCREAS, LIVER & SHUNT PROCEDURES	2604	APR-DRG	inpatient					Wellcare	Medicaid		97485.64				90526	97485.64	case rate					
MAJOR BILIARY TRACT PROCEDURES	2611	APR-DRG	inpatient					Wellcare	Medicaid		19298.31				17921	19298.31	case rate					
MAJOR BILIARY TRACT PROCEDURES	2612	APR-DRG	inpatient					Wellcare	Medicaid		26851.79				24935	26851.79	case rate					
MAJOR BILIARY TRACT PROCEDURES	2613	APR-DRG	inpatient					Wellcare	Medicaid		40606.7				37708	40606.7	case rate					
MAJOR BILIARY TRACT PROCEDURES	2614	APR-DRG	inpatient					Wellcare	Medicaid		74601.34				69275	74601.34	case rate					
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2621	APR-DRG	inpatient					Wellcare	Medicaid		16821.34				15620	16821.34	case rate					
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2622	APR-DRG	inpatient					Wellcare	Medicaid		22184.88				20601	22184.88	case rate					
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2623	APR-DRG	inpatient					Wellcare	Medicaid		33206.84				30836	33206.84	case rate					
CHOLECYSTECTOMY EXCEPT LAPAROSCOPIC	2624	APR-DRG	inpatient					Wellcare	Medicaid		67910.41				63062	67910.41	case rate					
LAPAROSCOPIC CHOLECYSTECTOMY	2631	APR-DRG	inpatient					Wellcare	Medicaid		14371.08				13345	14371.08	case rate					
LAPAROSCOPIC CHOLECYSTECTOMY	2632	APR-DRG	inpatient					Wellcare	Medicaid		18186.06				16888	18186.06	case rate					
LAPAROSCOPIC CHOLECYSTECTOMY	2633	APR-DRG	inpatient					Wellcare	Medicaid		24774.46				23006	24774.46	case rate					
LAPAROSCOPIC CHOLECYSTECTOMY	2634	APR-DRG	inpatient					Wellcare	Medicaid		52503.67				48755	52503.67	case rate					
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2641	APR-DRG	inpatient					Wellcare	Medicaid		19137.11				17771	19137.11	case rate					
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2642	APR-DRG	inpatient					Wellcare	Medicaid		23439.76				21766	23439.76	case rate					
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2643	APR-DRG	inpatient					Wellcare	Medicaid		36264.31				33675	36264.31	case rate					
OTHER HEPATOBILIARY, PANCREAS & ABDOMINAL PROCEDURES	2644	APR-DRG	inpatient					Wellcare	Medicaid		78762.48				73139	78762.48	case rate					
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2791	APR-DRG	inpatient					Wellcare	Medicaid		7432.93				6902	7432.93	case rate					
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2792	APR-DRG	inpatient					Wellcare	Medicaid		9406.24				8735	9406.24	case rate					
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2793	APR-DRG	inpatient					Wellcare	Medicaid		15596.58				14483	15596.58	case rate					
HEPATIC COMA & OTHER MAJOR ACUTE LIVER DISORDERS	2794	APR-DRG	inpatient					Wellcare	Medicaid		39333.16				36525	39333.16	case rate					
ALCOHOLIC LIVER DISEASE	2801	APR-DRG	inpatient					Wellcare	Medicaid		7596.26				7054	7596.26	case rate					
ALCOHOLIC LIVER DISEASE	2802	APR-DRG	inpatient					Wellcare	Medicaid		9518.21				8839	9518.21	case rate					
ALCOHOLIC LIVER DISEASE	2803	APR-DRG	inpatient					Wellcare	Medicaid		15166.18				14083	15166.18	case rate					
ALCOHOLIC LIVER DISEASE	2804	APR-DRG	inpatient					Wellcare	Medicaid		34223.19				31780	34223.19	case rate					
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2811	APR-DRG	inpatient					Wellcare	Medicaid		11192.76				10394	11192.76	case rate					
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2812	APR-DRG	inpatient					Wellcare	Medicaid		13277.03				12329	13277.03	case rate					
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2813	APR-DRG	inpatient					Wellcare	Medicaid		18372.85				17061	18372.85	case rate					
MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	2814	APR-DRG	inpatient					Wellcare	Medicaid		29944.65				27807	29944.65	case rate					
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2821	APR-DRG	inpatient					Wellcare	Medicaid		7742.58				7190	7742.58	case rate					
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2822	APR-DRG	inpatient					Wellcare	Medicaid		10005.6				9291	10005.6	case rate					
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2823	APR-DRG	inpatient					Wellcare	Medicaid		16713.9				15521	16713.9	case rate					
DISORDERS OF PANCREAS EXCEPT MALIGNANCY	2824	APR-DRG	inpatient					Wellcare	Medicaid		46512.41				43192	46512.41	case rate					
OTHER DISORDERS OF THE LIVER	2831	APR-DRG	inpatient					Wellcare	Medicaid		8295.75				7703	8295.75	case rate					
OTHER DISORDERS OF THE LIVER	2832	APR-DRG	inpatient					Wellcare	Medicaid		9824.99				9124	9824.99	case rate					
OTHER DISORDERS OF THE LIVER	2833	APR-DRG	inpatient					Wellcare	Medicaid		14809.23				13752	14809.23	case rate					
OTHER DISORDERS OF THE LIVER	2834	APR-DRG	inpatient					Wellcare	Medicaid		30270.29				28109	30270.29	case rate					

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DISORDERS OF GALLBLADDER & BILIARY TRACT	2841	APR-DRG	inpatient					Wellcare	Medicaid		8945.83				8307	8945.83	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2842	APR-DRG	inpatient					Wellcare	Medicaid		11932.45				11081	11932.45	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2843	APR-DRG	inpatient					Wellcare	Medicaid		17195.39				15968	17195.39	case rate	
DISORDERS OF GALLBLADDER & BILIARY TRACT	2844	APR-DRG	inpatient					Wellcare	Medicaid		34045.18				31615	34045.18	case rate	
HIP JOINT REPLACEMENT	3011	APR-DRG	inpatient					Wellcare	Medicaid		22706.55				21085	22706.55	case rate	
HIP JOINT REPLACEMENT	3012	APR-DRG	inpatient					Wellcare	Medicaid		24794.6				23024	24794.6	case rate	
HIP JOINT REPLACEMENT	3013	APR-DRG	inpatient					Wellcare	Medicaid		33927.77				31506	33927.77	case rate	
HIP JOINT REPLACEMENT	3014	APR-DRG	inpatient					Wellcare	Medicaid		56224.16				52210	56224.16	case rate	
KNEE JOINT REPLACEMENT	3021	APR-DRG	inpatient					Wellcare	Medicaid		21670.52				20123	21670.52	case rate	
KNEE JOINT REPLACEMENT	3022	APR-DRG	inpatient					Wellcare	Medicaid		24096.3				22376	24096.3	case rate	
KNEE JOINT REPLACEMENT	3023	APR-DRG	inpatient					Wellcare	Medicaid		30987.89				28776	30987.89	case rate	
KNEE JOINT REPLACEMENT	3024	APR-DRG	inpatient					Wellcare	Medicaid		56976.12				52908	56976.12	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3031	APR-DRG	inpatient					Wellcare	Medicaid		66943.84				62165	66943.84	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3032	APR-DRG	inpatient					Wellcare	Medicaid		80555.84				74805	80555.84	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3033	APR-DRG	inpatient					Wellcare	Medicaid		118022.48				109597	118022.48	case rate	
DORSAL & LUMBAR FUSION PROC FOR CURVATURE OF BACK	3034	APR-DRG	inpatient					Wellcare	Medicaid		160324.42				148878	160324.42	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3041	APR-DRG	inpatient					Wellcare	Medicaid		40690.76				37786	40690.76	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3042	APR-DRG	inpatient					Wellcare	Medicaid		48735.89				45257	48735.89	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3043	APR-DRG	inpatient					Wellcare	Medicaid		73398.76				68159	73398.76	case rate	
DORSAL & LUMBAR FUSION PROC EXCEPT FOR CURVATURE OF BACK	3044	APR-DRG	inpatient					Wellcare	Medicaid		122245.78				113518	122245.78	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3051	APR-DRG	inpatient					Wellcare	Medicaid		15258.47				14169	15258.47	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3052	APR-DRG	inpatient					Wellcare	Medicaid		20890.92				19399	20890.92	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3053	APR-DRG	inpatient					Wellcare	Medicaid		34185.78				31745	34185.78	case rate	
AMPUTATION OF LOWER LIMB EXCEPT TOES	3054	APR-DRG	inpatient					Wellcare	Medicaid		72306.28				67144	72306.28	case rate	
HIP & FEMUR FRACTURE REPAIR	3081	APR-DRG	inpatient					Wellcare	Medicaid		18496.64				17176	18496.64	case rate	
HIP & FEMUR FRACTURE REPAIR	3082	APR-DRG	inpatient					Wellcare	Medicaid		21792.18				20236	21792.18	case rate	
HIP & FEMUR FRACTURE REPAIR	3083	APR-DRG	inpatient					Wellcare	Medicaid		29090.24				27013	29090.24	case rate	
HIP & FEMUR FRACTURE REPAIR	3084	APR-DRG	inpatient					Wellcare	Medicaid		50852.02				47222	50852.02	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3091	APR-DRG	inpatient					Wellcare	Medicaid		18664.5				17332	18664.5	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3092	APR-DRG	inpatient					Wellcare	Medicaid		26532.53				24638	26532.53	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3093	APR-DRG	inpatient					Wellcare	Medicaid		38736.29				35971	38736.29	case rate	
OTHER SIGNIFICANT HIP & FEMUR SURGERY	3094	APR-DRG	inpatient					Wellcare	Medicaid		75741.31				70334	75741.31	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3101	APR-DRG	inpatient					Wellcare	Medicaid		13908.25				12915	13908.25	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3102	APR-DRG	inpatient					Wellcare	Medicaid		18462.74				17145	18462.74	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3103	APR-DRG	inpatient					Wellcare	Medicaid		26715.35				24808	26715.35	case rate	
INTERVERTEBRAL DISC EXCISION & DECOMPRESSION	3104	APR-DRG	inpatient					Wellcare	Medicaid		57438.66				53338	57438.66	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3121	APR-DRG	inpatient					Wellcare	Medicaid		22930.48				21293	22930.48	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3122	APR-DRG	inpatient					Wellcare	Medicaid		32634.18				30304	32634.18	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3123	APR-DRG	inpatient					Wellcare	Medicaid		58846.25				54645	58846.25	case rate	
SKIN GRAFT, EXCEPT HAND, FOR MUSCULOSKELETAL & CONNECTIVE TISSUE DIAGNOSES	3124	APR-DRG	inpatient					Wellcare	Medicaid		121609.46				112927	121609.46	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3131	APR-DRG	inpatient					Wellcare	Medicaid		16332.1				15166	16332.1	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3132	APR-DRG	inpatient					Wellcare	Medicaid		22353.56				20758	22353.56	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3133	APR-DRG	inpatient					Wellcare	Medicaid		34215.44				31773	34215.44	case rate	
KNEE & LOWER LEG PROCEDURES EXCEPT FOOT	3134	APR-DRG	inpatient					Wellcare	Medicaid		69619.15				64649	69619.15	case rate	
FOOT & TOE PROCEDURES	3141	APR-DRG	inpatient					Wellcare	Medicaid		14937.17				13871	14937.17	case rate	
FOOT & TOE PROCEDURES	3142	APR-DRG	inpatient					Wellcare	Medicaid		16954				15744	16954	case rate	
FOOT & TOE PROCEDURES	3143	APR-DRG	inpatient					Wellcare	Medicaid		23643.28				21955	23643.28	case rate	
FOOT & TOE PROCEDURES	3144	APR-DRG	inpatient					Wellcare	Medicaid		50960.48				47322	50960.48	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3151	APR-DRG	inpatient					Wellcare	Medicaid		13470.29				12509	13470.29	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3152	APR-DRG	inpatient					Wellcare	Medicaid		22786.28				21160	22786.28	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3153	APR-DRG	inpatient					Wellcare	Medicaid		32780.98				30441	32780.98	case rate	
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	3154	APR-DRG	inpatient					Wellcare	Medicaid		66321.11				61586	66321.11	case rate	
HAND & WRIST PROCEDURES	3161	APR-DRG	inpatient					Wellcare	Medicaid		11728.94				10892	11728.94	case rate	
HAND & WRIST PROCEDURES	3162	APR-DRG	inpatient					Wellcare	Medicaid		16682.31				15491	16682.31	case rate	
HAND & WRIST PROCEDURES	3163	APR-DRG	inpatient					Wellcare	Medicaid		25765.04				24854	26765.04	case rate	
HAND & WRIST PROCEDURES	3164	APR-DRG	inpatient					Wellcare	Medicaid		51225.97				47569	51225.97	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3171	APR-DRG	inpatient					Wellcare	Medicaid		12952.96				12028	12952.96	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3172	APR-DRG	inpatient					Wellcare	Medicaid		18171.65				16874	18171.65	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3173	APR-DRG	inpatient					Wellcare	Medicaid		31207.48				28979	31207.48	case rate	
TENDON, MUSCLE & OTHER SOFT TISSUE PROCEDURES	3174	APR-DRG	inpatient					Wellcare	Medicaid		73552.1				68301	73552.1	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3201	APR-DRG	inpatient					Wellcare	Medicaid		14780.04				13725	14780.04	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3202	APR-DRG	inpatient					Wellcare	Medicaid		22720.13				21098	22720.13	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3203	APR-DRG	inpatient					Wellcare	Medicaid		32351.22				30042	32351.22	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE PROCEDURES	3204	APR-DRG	inpatient					Wellcare	Medicaid		61067.41				56708	61067.41	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3211	APR-DRG	inpatient					Wellcare	Medicaid		24294.73				22560	24294.73	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3212	APR-DRG	inpatient					Wellcare	Medicaid		31489.7				29242	31489.7	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3213	APR-DRG	inpatient					Wellcare	Medicaid		52610.56				48855	52610.56	case rate	
CERVICAL SPINAL FUSION & OTHER BACK/NECK PROC EXC DISC EXCIS/DECOMP	3214	APR-DRG	inpatient					Wellcare	Medicaid		98704.49				91658	98704.49	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3221	APR-DRG	inpatient					Wellcare	Medicaid		22172.69				20590	22172.69	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3222	APR-DRG	inpatient					Wellcare	Medicaid		24168.27				22443	24168.27	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3223	APR-DRG	inpatient					Wellcare	Medicaid		34147.91				31710	34147.91	case rate	
SHOULDER & ELBOW JOINT REPLACEMENT	3224	APR-DRG	inpatient					Wellcare	Medicaid		57268.41				53180	57268.41	case rate	
FRACTURE OF FEMUR	3401	APR-DRG	inpatient					Wellcare	Medicaid		6925.68				6431	6925.68	case rate	
FRACTURE OF FEMUR	3402	APR-DRG	inpatient					Wellcare	Medicaid		8203.74				7618	8203.74	case rate	
FRACTURE OF FEMUR	3403	APR-DRG	inpatient					Wellcare	Medicaid		12304.82				11426	12304.82	case rate	
FRACTURE OF FEMUR	3404	APR-DRG	inpatient					Wellcare	Medicaid		28278.03				26259	28278.03	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3411	APR-DRG	inpatient					Wellcare	Medicaid		7021.38				6520	7021.38	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3412	APR-DRG	inpatient					Wellcare	Medicaid		8517				7909	8517	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3413	APR-DRG	inpatient					Wellcare	Medicaid		11397.38				10584	11397.38	case rate	
FRACTURE OF PELVIS OR DISLOCATION OF HIP	3414	APR-DRG	inpatient					Wellcare	Medicaid		27019.65				25091	27019.65	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3421	APR-DRG	inpatient					Wellcare	Medicaid		7332.24				6809	7332.24	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3422	APR-DRG	inpatient					Wellcare	Medicaid		9479.13				8802	9479.13	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3423	APR-DRG	inpatient					Wellcare	Medicaid		12946.03				12022	12946.03	case rate	
FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	3424	APR-DRG	inpatient					Wellcare	Medicaid		29857.26				27726	29857.26	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3431	APR-DRG	inpatient					Wellcare	Medicaid		11387.32				10574	11387.32	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3432	APR-DRG	inpatient					Wellcare	Medicaid		13623.45				12651	13623.45	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3433	APR-DRG	inpatient					Wellcare	Medicaid		21728.07				20177	21728.07	case rate	
MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	3434	APR-DRG	inpatient					Wellcare	Medicaid		36569.36				33959	36569.36	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3441	APR-DRG	inpatient					Wellcare	Medicaid		10459.09				9712	10459.09	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3442	APR-DRG	inpatient					Wellcare	Medicaid		13205.9				12263	13205.9	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3443	APR-DRG	inpatient					Wellcare	Medicaid		19733.59				18325	19733.59	case rate	
OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	3444	APR-DRG	inpatient					Wellcare	Medicaid		36371.2				33775	36371.2	case rate	
CONNECTIVE TISSUE DISORDERS	3461	APR-DRG	inpatient					Wellcare	Medicaid		9456.68				8782	9456.68	case rate	
CONNECTIVE TISSUE DISORDERS	3462	APR-DRG	inpatient					Wellcare	Medicaid		12590.93				11692	12590.93	case rate	
CONNECTIVE TISSUE DISORDERS	3463	APR-DRG	inpatient					Wellcare	Medicaid		21164.65				19654	21164.65	case rate	
CONNECTIVE TISSUE DISORDERS	3464	APR-DRG	inpatient					Wellcare	Medicaid		51744.87				48051	51744.87	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3471	APR-DRG	inpatient					Wellcare	Medicaid		8893.91				8259	8893.91	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3472	APR-DRG	inpatient					Wellcare	Medicaid		10978.63				10195	10978.63	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3473	APR-DRG	inpatient					Wellcare	Medicaid		15061.14				13986	15061.14	case rate	
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	3474	APR-DRG	inpatient					Wellcare	Medicaid		35705.79				33157	35705.79	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3491	APR-DRG	inpatient					Wellcare	Medicaid		7485.4				6951	7485.4	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3492	APR-DRG	inpatient					Wellcare	Medicaid		10707.41				9943	10707.41	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3493	APR-DRG	inpatient					Wellcare	Medicaid		16323.7				15158	16323.7	case rate	
MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE	3494	APR-DRG	inpatient					Wellcare	Medicaid		33477.05				31087	33477.05	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3511	APR-DRG	inpatient					Wellcare	Medicaid		7570.66				7030	7570.66	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3512	APR-DRG	inpatient					Wellcare	Medicaid		8772.43				8146	8772.43	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3513	APR-DRG	inpatient					Wellcare	Medicaid		14235.19				13219	14235.19	case rate	
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	3514	APR-DRG	inpatient					Wellcare	Medicaid		31515.65				29266	31515.65	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3611	APR-DRG	inpatient					Wellcare	Medicaid		19690.27				18285	19690.27	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3612	APR-DRG	inpatient					Wellcare	Medicaid		26417.15				24531	26417.15	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3613	APR-DRG	inpatient					Wellcare	Medicaid		37948.39				35239	37948.39	case rate	
SKIN GRAFT FOR SKIN & SUBCUTANEOUS TISSUE DIAGNOSES	3614	APR-DRG	inpatient					Wellcare	Medicaid		83344.95				77395	83344.95	case rate	
MASTECTOMY PROCEDURES	3621	APR-DRG	inpatient					Wellcare	Medicaid		19026.07				17668	19026.07	case rate	
MASTECTOMY PROCEDURES	3622	APR-DRG	inpatient					Wellcare	Medicaid		23251.78				21592	23251.78	case rate	
MASTECTOMY PROCEDURES	3623	APR-DRG	inpatient					Wellcare	Medicaid		28614.57				26572	28614.57	case rate	
MASTECTOMY PROCEDURES	3624	APR-DRG	inpatient					Wellcare	Medicaid		60258.27				55956	60258.27	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3631	APR-DRG	inpatient					Wellcare	Medicaid		14845.26				13785	14845.26	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3632	APR-DRG	inpatient					Wellcare	Medicaid		25048.83				23261	25048.83	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3633	APR-DRG	inpatient					Wellcare	Medicaid		31979.68				29697	31979.68	case rate	
BREAST PROCEDURES EXCEPT MASTECTOMY	3634	APR-DRG	inpatient					Wellcare	Medicaid		61594.71				57197	61594.71	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3641	APR-DRG	inpatient					Wellcare	Medicaid		11989.73				11134	11989.73	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3642	APR-DRG	inpatient					Wellcare	Medicaid		16570.72				15388	16570.72	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3643	APR-DRG	inpatient					Wellcare	Medicaid		25756.63				23918	25756.63	case rate	
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	3644	APR-DRG	inpatient					Wellcare	Medicaid		50467.54				46865	50467.54	case rate	
SKIN ULCERS	3801	APR-DRG	inpatient					Wellcare	Medicaid		8216.4				7630	8216.4	case rate	
SKIN ULCERS	3802	APR-DRG	inpatient					Wellcare	Medicaid		9850.13				9147	9850.13	case rate	
SKIN ULCERS	3803	APR-DRG	inpatient					Wellcare	Medicaid		14238.05				13222	14238.05	case rate	
SKIN ULCERS	3804	APR-DRG	inpatient					Wellcare	Medicaid		27948.98				25954	27948.98	case rate	
MAJOR SKIN DISORDERS	3811	APR-DRG	inpatient					Wellcare	Medicaid		6610.29				6138	6610.29	case rate	
MAJOR SKIN DISORDERS	3812	APR-DRG	inpatient					Wellcare	Medicaid		11649.67				10818	11649.67	case rate	
MAJOR SKIN DISORDERS	3813	APR-DRG	inpatient					Wellcare	Medicaid		21026.08				19525	21026.08	case rate	
MAJOR SKIN DISORDERS	3814	APR-DRG	inpatient					Wellcare	Medicaid		56853.45				52795	56853.45	case rate	
MALIGNANT BREAST DISORDERS	3821	APR-DRG	inpatient					Wellcare	Medicaid		8967.07				8327	8967.07	case rate	
MALIGNANT BREAST DISORDERS	3822	APR-DRG	inpatient					Wellcare	Medicaid		10536.65				9877	10536.65	case rate	
MALIGNANT BREAST DISORDERS	3823	APR-DRG	inpatient					Wellcare	Medicaid		16857.09				15654	16857.09	case rate	
MALIGNANT BREAST DISORDERS	3824	APR-DRG	inpatient					Wellcare	Medicaid		28353.42				26329	28353.42	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3831	APR-DRG	inpatient					Wellcare	Medicaid		6486.51				6023	6486.51	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3832	APR-DRG	inpatient					Wellcare	Medicaid		8633.03				8017	8633.03	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3833	APR-DRG	inpatient					Wellcare	Medicaid		13254.48				12308	13254.48	case rate	
CELLULITIS & OTHER SKIN INFECTIONS	3834	APR-DRG	inpatient					Wellcare	Medicaid		31357.31				29119	31357.31	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3841	APR-DRG	inpatient					Wellcare	Medicaid		8309.05				7716	8309.05	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3842	APR-DRG	inpatient					Wellcare	Medicaid		9849.57				9146	9849.57	case rate	
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3843	APR-DRG	inpatient					Wellcare	Medicaid		14431.77				13401	14431.77	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes			
CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	3844	APR-DRG	inpatient					Wellcare	Medicaid		36512.54				33906	36512.54	case rate					
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3851	APR-DRG	inpatient					Wellcare	Medicaid		6185.16				5744	6185.16	case rate					
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3852	APR-DRG	inpatient					Wellcare	Medicaid		8193.67				7609	8193.67	case rate					
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3853	APR-DRG	inpatient					Wellcare	Medicaid		13092.73				12158	13092.73	case rate					
OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	3854	APR-DRG	inpatient					Wellcare	Medicaid		26880.89				24962	26880.89	case rate					
PITUITARY & ADRENAL PROCEDURES	4011	APR-DRG	inpatient					Wellcare	Medicaid		21445.38				19914	21445.38	case rate					
PITUITARY & ADRENAL PROCEDURES	4012	APR-DRG	inpatient					Wellcare	Medicaid		28831.76				26773	28831.76	case rate					
PITUITARY & ADRENAL PROCEDURES	4013	APR-DRG	inpatient					Wellcare	Medicaid		48529.97				45065	48529.97	case rate					
PITUITARY & ADRENAL PROCEDURES	4014	APR-DRG	inpatient					Wellcare	Medicaid		105002.81				97506	105002.81	case rate					
PROCEDURES FOR OBESITY	4031	APR-DRG	inpatient					Wellcare	Medicaid		18716.59				17380	18716.59	case rate					
PROCEDURES FOR OBESITY	4032	APR-DRG	inpatient					Wellcare	Medicaid		20786.08				19302	20786.08	case rate					
PROCEDURES FOR OBESITY	4033	APR-DRG	inpatient					Wellcare	Medicaid		31589.28				29334	31589.28	case rate					
PROCEDURES FOR OBESITY	4034	APR-DRG	inpatient					Wellcare	Medicaid		88938.34				82589	88938.34	case rate					
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4041	APR-DRG	inpatient					Wellcare	Medicaid		11948.15				11095	11948.15	case rate					
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4042	APR-DRG	inpatient					Wellcare	Medicaid		16008.87				14866	16008.87	case rate					
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4043	APR-DRG	inpatient					Wellcare	Medicaid		30463.64				28289	30463.64	case rate					
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	4044	APR-DRG	inpatient					Wellcare	Medicaid		73010.03				67798	73010.03	case rate					
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4051	APR-DRG	inpatient					Wellcare	Medicaid		18581.54				17255	18581.54	case rate					
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4052	APR-DRG	inpatient					Wellcare	Medicaid		23034.13				21390	23034.13	case rate					
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4053	APR-DRG	inpatient					Wellcare	Medicaid		34224.03				31781	34224.03	case rate					
OTHER PROCEDURES FOR ENDOCRINE, NUTRITIONAL & METABOLIC DISORDERS	4054	APR-DRG	inpatient					Wellcare	Medicaid		78042.47				72471	78042.47	case rate					
DIABETES	4201	APR-DRG	inpatient					Wellcare	Medicaid		6030.98				5600	6030.98	case rate					
DIABETES	4202	APR-DRG	inpatient					Wellcare	Medicaid		7793.67				7237	7793.67	case rate					
DIABETES	4203	APR-DRG	inpatient					Wellcare	Medicaid		11695.22				10860	11695.22	case rate					
DIABETES	4204	APR-DRG	inpatient					Wellcare	Medicaid		28516.56				26481	28516.56	case rate					
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4211	APR-DRG	inpatient					Wellcare	Medicaid		8115.52				7536	8115.52	case rate					
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4212	APR-DRG	inpatient					Wellcare	Medicaid		9017.24				8373	9017.24	case rate					
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4213	APR-DRG	inpatient					Wellcare	Medicaid		13828.25				12841	13828.25	case rate					
MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	4214	APR-DRG	inpatient					Wellcare	Medicaid		29320.17				27227	29320.17	case rate					
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4221	APR-DRG	inpatient					Wellcare	Medicaid		4857.3				4511	4857.3	case rate					
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4222	APR-DRG	inpatient					Wellcare	Medicaid		6968.17				6471	6968.17	case rate					
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4223	APR-DRG	inpatient					Wellcare	Medicaid		10192.48				9465	10192.48	case rate					
HYPOVOLEMIA & RELATED ELECTROLYTE DISORDERS	4224	APR-DRG	inpatient					Wellcare	Medicaid		22074.95				20499	22074.95	case rate					
INBORN ERRORS OF METABOLISM	4231	APR-DRG	inpatient					Wellcare	Medicaid		8862.96				8230	8862.96	case rate					
INBORN ERRORS OF METABOLISM	4232	APR-DRG	inpatient					Wellcare	Medicaid		11552.77				10728	11552.77	case rate					
INBORN ERRORS OF METABOLISM	4233	APR-DRG	inpatient					Wellcare	Medicaid		18232.07				16930	18232.07	case rate					
INBORN ERRORS OF METABOLISM	4234	APR-DRG	inpatient					Wellcare	Medicaid		35327.22				32805	35327.22	case rate					
OTHER ENDOCRINE DISORDERS	4241	APR-DRG	inpatient					Wellcare	Medicaid		7411.41				6882	7411.41	case rate					
OTHER ENDOCRINE DISORDERS	4242	APR-DRG	inpatient					Wellcare	Medicaid		10072.21				9353	10072.21	case rate					
OTHER ENDOCRINE DISORDERS	4243	APR-DRG	inpatient					Wellcare	Medicaid		15268.63				14179	15268.63	case rate					
OTHER ENDOCRINE DISORDERS	4244	APR-DRG	inpatient					Wellcare	Medicaid		32358.89				30049	32358.89	case rate					
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4251	APR-DRG	inpatient					Wellcare	Medicaid		6028.39				5598	6028.39	case rate					
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4252	APR-DRG	inpatient					Wellcare	Medicaid		7766.97				7212	7766.97	case rate					
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4253	APR-DRG	inpatient					Wellcare	Medicaid		11647.55				10816	11647.55	case rate					
ELECTROLYTE DISORDERS EXCEPT HYPOVOLEMIA RELATED	4254	APR-DRG	inpatient					Wellcare	Medicaid		26129.58				24264	26129.58	case rate					
KIDNEY TRANSPLANT	4401	APR-DRG	inpatient					Wellcare	Medicaid		71938.89				66803	71938.89	case rate					
KIDNEY TRANSPLANT	4402	APR-DRG	inpatient					Wellcare	Medicaid		75273.87				69900	75273.87	case rate					
KIDNEY TRANSPLANT	4403	APR-DRG	inpatient					Wellcare	Medicaid		85117.53				79041	85117.53	case rate					
KIDNEY TRANSPLANT	4404	APR-DRG	inpatient					Wellcare	Medicaid		134753				125133	134753	case rate					
MAJOR BLADDER PROCEDURES	4411	APR-DRG	inpatient					Wellcare	Medicaid		21213.06				19699	21213.06	case rate					
MAJOR BLADDER PROCEDURES	4412	APR-DRG	inpatient					Wellcare	Medicaid		32881.21				30534	32881.21	case rate					
MAJOR BLADDER PROCEDURES	4413	APR-DRG	inpatient					Wellcare	Medicaid		44722.93				41530	44722.93	case rate					
MAJOR BLADDER PROCEDURES	4414	APR-DRG	inpatient					Wellcare	Medicaid		90012.8				83587	90012.8	case rate					
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4421	APR-DRG	inpatient					Wellcare	Medicaid		19549.21				18154	19549.21	case rate					
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4422	APR-DRG	inpatient					Wellcare	Medicaid		22648.91				21032	22648.91	case rate					
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4423	APR-DRG	inpatient					Wellcare	Medicaid		34973.32				32476	34973.32	case rate					
KIDNEY & URINARY TRACT PROCEDURES FOR MALIGNANCY	4424	APR-DRG	inpatient					Wellcare	Medicaid		69584.32				64617	69584.32	case rate					
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4431	APR-DRG	inpatient					Wellcare	Medicaid		17115.48				15894	17115.48	case rate					
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4432	APR-DRG	inpatient					Wellcare	Medicaid		20106.44				18671	20106.44	case rate					
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4433	APR-DRG	inpatient					Wellcare	Medicaid		29388.62				27290	29388.62	case rate					
KIDNEY & URINARY TRACT PROCEDURES FOR NONMALIGNANCY	4434	APR-DRG	inpatient					Wellcare	Medicaid		61095.87				56734	61095.87	case rate					
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4441	APR-DRG	inpatient					Wellcare	Medicaid		15590.02				14477	15590.02	case rate					
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4442	APR-DRG	inpatient					Wellcare	Medicaid		21035.96				19534	21035.96	case rate					
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4443	APR-DRG	inpatient					Wellcare	Medicaid		33810.08				31396	33810.08	case rate					
RENAL DIALYSIS ACCESS DEVICE PROCEDURE ONLY	4444	APR-DRG	inpatient					Wellcare	Medicaid		63955.93				59390	63955.93	case rate					
OTHER BLADDER PROCEDURES	4451	APR-DRG	inpatient					Wellcare	Medicaid		13515.92				12551	13515.92	case rate					
OTHER BLADDER PROCEDURES	4452	APR-DRG	inpatient					Wellcare	Medicaid		18471.33				17153	18471.33	case rate					
OTHER BLADDER PROCEDURES	4453	APR-DRG	inpatient					Wellcare	Medicaid		24048.26				22331	24048.26	case rate					
OTHER BLADDER PROCEDURES	4454	APR-DRG	inpatient					Wellcare	Medicaid		49904.67				46342	49904.67	case rate					
URETHRAL & TRANSURETHRAL PROCEDURES	4461	APR-DRG	inpatient					Wellcare	Medicaid		10348.51				9610	10348.51	case rate					
URETHRAL & TRANSURETHRAL PROCEDURES	4462	APR-DRG	inpatient					Wellcare	Medicaid		12798.32				11885	12798.32	case rate					
URETHRAL & TRANSURETHRAL PROCEDURES	4463	APR-DRG	inpatient					Wellcare	Medicaid		20927.97				19434	20927.97	case rate					
URETHRAL & TRANSURETHRAL PROCEDURES	4464	APR-DRG	inpatient					Wellcare	Medicaid		45286.26				42053	45286.26	case rate					
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4471	APR-DRG	inpatient					Wellcare	Medicaid		17562.41				16309	17562.41	case rate					
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4472	APR-DRG	inpatient					Wellcare	Medicaid		22233.57				20646	22233.57	case rate					
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4473	APR-DRG	inpatient					Wellcare	Medicaid		31773.85				29505	31773.85	case rate					
OTHER KIDNEY, URINARY TRACT & RELATED PROCEDURES	4474	APR-DRG	inpatient					Wellcare	Medicaid		72610.03				67426	72610.03	case rate					
KIDNEY & URINARY TRACT MALIGNANCY	4611	APR-DRG	inpatient					Wellcare	Medicaid		8160.78				7578	8160.78	case rate					
KIDNEY & URINARY TRACT MALIGNANCY	4612	APR-DRG	inpatient					Wellcare	Medicaid		10670.45				9909	10670.45	case rate					
KIDNEY & URINARY TRACT MALIGNANCY	4613	APR-DRG	inpatient					Wellcare	Medicaid		16496.63				15319	16496.63	case rate					
KIDNEY & URINARY TRACT MALIGNANCY	4614	APR-DRG	inpatient					Wellcare	Medicaid		30032.23				27888	30032.23	case rate					
NEPHRITIS & NEPHROSIS	4621	APR-DRG	inpatient					Wellcare	Medicaid		6723.27				6243	6723.27	case rate					
NEPHRITIS & NEPHROSIS	4622	APR-DRG	inpatient					Wellcare	Medicaid		9485.51				8808	9485.51	case rate					
NEPHRITIS & NEPHROSIS	4623	APR-DRG	inpatient					Wellcare	Medicaid		17525.18				16274	17525.18	case rate					
NEPHRITIS & NEPHROSIS	4624	APR-DRG	inpatient					Wellcare	Medicaid		35419.69				32891	35419.69	case rate					
KIDNEY & URINARY TRACT INFECTIONS	4631	APR-DRG	inpatient					Wellcare	Medicaid		6497.22				6033	6497.22	case rate					
KIDNEY & URINARY TRACT INFECTIONS	4632	APR-DRG	inpatient					Wellcare	Medicaid		8186.1				7602	8186.1	case rate					
KIDNEY & URINARY TRACT INFECTIONS	4633	APR-DRG	inpatient					Wellcare	Medicaid		11369.95				10558	11369.95	case rate					
KIDNEY & URINARY TRACT INFECTIONS	4634	APR-DRG	inpatient					Wellcare	Medicaid		22241.14				20653	22241.14	case rate					
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4651	APR-DRG	inpatient					Wellcare	Medicaid		7147.48				6637	7147.48	case rate					
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4652	APR-DRG	inpatient					Wellcare	Medicaid		8559.22				7948	8559.22	case rate					
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4653	APR-DRG	inpatient					Wellcare	Medicaid		13117.4				12181	13117.4	case rate					
URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	4654	APR-DRG	inpatient					Wellcare	Medicaid		28600.91				26559	28600.91	case rate					
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4661	APR-DRG	inpatient					Wellcare	Medicaid		6803.83				6318	6803.83	case rate					
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4662	APR-DRG	inpatient					Wellcare	Medicaid		9476.18				8800	9476.18	case rate					
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4663	APR-DRG	inpatient					Wellcare	Medicaid		14435				13404	14435	case rate					
MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	4664	APR-DRG	inpatient					Wellcare	Medicaid		25653.17				23822	25653.17	case rate					
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4681	APR-DRG	inpatient					Wellcare	Medicaid		7112.28				6605	7112.28	case rate					
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4682	APR-DRG	inpatient					Wellcare	Medicaid		9656.96				8968	9656.96	case rate					
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4683	APR-DRG	inpatient					Wellcare	Medicaid		14079.06				13074	14079.06	case rate					
OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	4684	APR-DRG	inpatient					Wellcare	Medicaid		28359.42				26335	28359.42	case rate					
ACUTE KIDNEY INJURY	4691	APR-DRG	inpatient					Wellcare	Medicaid		6734.63				6254	6734.63	case rate					
ACUTE KIDNEY INJURY	4692	APR-DRG	inpatient					Wellcare	Medicaid		8999.41				8357	8999.41	case rate					
ACUTE KIDNEY INJURY	4693	APR-DRG	inpatient					Wellcare	Medicaid		14573.2				13533	14573.2	case rate					
ACUTE KIDNEY INJURY	4694	APR-DRG	inpatient					Wellcare	Medicaid		33062.73				30702	33062.73	case rate					
CHRONIC KIDNEY DISEASE	4701	APR-DRG	inpatient					Wellcare	Medicaid		7158.01				6647	7158.01	case rate					
CHRONIC KIDNEY DISEASE	4702	APR-DRG	inpatient					Wellcare	Medicaid		9113.21				8463	9113.21	case rate					
CHRONIC KIDNEY DISEASE	4703	APR-DRG	inpatient					Wellcare	Medicaid		13417.81				12460	13417.81	case rate					
CHRONIC KIDNEY DISEASE	4704	APR-DRG	inpatient					Wellcare	Medicaid		28763.96				26710	28763.96	case rate					
MAJOR MALE PELVIC PROCEDURES	4801	APR-DRG	inpatient					Wellcare	Medicaid		18130.45				16836	18130.45	case rate					
MAJOR MALE PELVIC PROCEDURES	4802	APR-DRG	inpatient					Wellcare	Medicaid		19981.08				18555	19981.08	case rate					
MAJOR MALE PELVIC PROCEDURES	4803	APR-DRG	inpatient					Wellcare	Medicaid		32614.97				30267	32614.97	case rate					
MAJOR MALE PELVIC PROCEDURES	4804	APR-DRG	inpatient					Wellcare	Medicaid		72777.78				67582	72777.78	case rate					
PENIS PROCEDURES	4811	APR-DRG	inpatient					Wellcare	Medicaid		11599.88				10772	11599.88	case rate					
PENIS PROCEDURES	4812	APR-DRG	inpatient					Wellcare	Medicaid		18902.92				17553	18902.92	case rate					
PENIS PROCEDURES	4813	APR-DRG	inpatient					Wellcare	Medicaid		28318.86				26440	28318.86	case rate					
PENIS PROCEDURES	4814	APR-DRG	inpatient					Wellcare	Medicaid		60742.24				56406	60742.24	case rate					
TRANSURETHRAL PROSTATECTOMY	4821	APR-DRG	inpatient					Wellcare	Medicaid		9756.54				9060	9756.54	case rate					
TRANSURETHRAL PROSTATECTOMY	4822	APR-DRG	inpatient					Wellcare	Medicaid		12732.08				11823	12732.08	case rate					
TRANSURETHRAL PROSTATECTOMY	4823	APR-DRG	inpatient					Wellcare	Medicaid		23176.48				21522	23176.48	case rate					
TRANSURETHRAL PROSTATECTOMY	4824	APR-DRG	inpatient					Wellcare	Medicaid		46259.38				42957	46259.38	case rate					
TESTES & SCROTAL PROCEDURES	4831	APR-DRG	inpatient					Wellcare	Medicaid		10325.87				9589	10325.87	case rate					
TESTES & SCROTAL PROCEDURES	4832	APR-DRG	inpatient					Wellcare	Medicaid		18678.26				17345	18678.26	case rate					
TESTES & SCROTAL PROCEDURES	4833	APR-DRG	inpatient					Wellcare	Medicaid		31354.91				29116	31354.91	case rate					
TESTES & SCROTAL PROCEDURES	4834	APR-DRG	inpatient					Wellcare	Medicaid		88056.95				81770	88056.95	case rate					
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4841	APR-DRG	inpatient					Wellcare	Medicaid		13410.8				12453	13410.8	case rate					
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4842	APR-DRG	inpatient					Wellcare	Medicaid		19137.56				17771	19137.56	case rate					
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4843	APR-DRG	inpatient					Wellcare	Medicaid		24509.06				22759	24509.06	case rate					
OTHER MALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	4844	APR-DRG	inpatient					Wellcare	Medicaid		62087.37				57655	62087.37	case rate					
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5001	APR-DRG	inpatient					Wellcare	Medicaid		8297.88				7705	8297.88	case rate					
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5002	APR-DRG	inpatient					Wellcare	Medicaid		10553.69				9800	10553.69	case rate					
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5003	APR-DRG	inpatient					Wellcare	Medicaid		16691.55				15500	16691.55	case rate					
MALIGNANCY, MALE REPRODUCTIVE SYSTEM	5004	APR-DRG	inpatient					Wellcare	Medicaid		27385.19				25430	27385.19	case rate					
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5011	APR-DRG	inpatient					Wellcare	Medicaid		6613.25				6141	6613.25	case rate					
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5012	APR-DRG	inpatient					Wellcare	Medicaid		9088.65				8440	9088.65	case rate					
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5013	APR-DRG	inpatient					Wellcare	Medicaid		13736.15				12755	13736.15	case rate					
MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	5014	APR-DRG	inpatient					Wellcare	Medicaid		34702.55				32225	34702.55	case rate					
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5101	APR-DRG	inpatient					Wellcare	Medicaid		18342.73				17033	18342.73	case rate					
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5102	APR-DRG	inpatient					Wellcare	Medicaid		22757.17				21132	22757.17	case rate					
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5103	APR-DRG	inpatient					Wellcare	Medicaid		40700.27				37795	40700.27	case rate					
PELVIC EVISCERATION, RADICAL HYSTERECTOMY & OTHER RADICAL GYN PROCS	5104	APR-DRG	inpatient					Wellcare	Medicaid		94291.9				87560	94291.9	case rate					
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5111	APR-DRG	inpatient					Wellcare	Medicaid		18505.05				17184	18505.05	case rate					
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5112	APR-DRG	inpatient					Wellcare	Medicaid		23205.77				21549	23205.77	case rate					

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5113	APR-DRG	inpatient					Wellcare	Medicaid		34836.41				32349	34836.41	case rate	
UTERINE & ADNEXA PROCEDURES FOR OVARIAN & ADNEXAL MALIGNANCY	5114	APR-DRG	inpatient					Wellcare	Medicaid		74367.53				69058	74367.53	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5121	APR-DRG	inpatient					Wellcare	Medicaid		16451.37				15277	16451.37	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5122	APR-DRG	inpatient					Wellcare	Medicaid		19358.73				17977	19358.73	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5123	APR-DRG	inpatient					Wellcare	Medicaid		30417.82				28246	30417.82	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-OVARIAN & NON-ADNEXAL MALIG	5124	APR-DRG	inpatient					Wellcare	Medicaid		62142.25				57706	62142.25	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5131	APR-DRG	inpatient					Wellcare	Medicaid		12576.79				11679	12576.79	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5132	APR-DRG	inpatient					Wellcare	Medicaid		14764.89				13711	14764.89	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5133	APR-DRG	inpatient					Wellcare	Medicaid		24220.92				22492	24220.92	case rate	
UTERINE & ADNEXA PROCEDURES FOR NON-MALIGNANCY EXCEPT LEIOMYOMA	5134	APR-DRG	inpatient					Wellcare	Medicaid		58562.46				54382	58562.46	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5141	APR-DRG	inpatient					Wellcare	Medicaid		10358.67				9619	10358.67	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5142	APR-DRG	inpatient					Wellcare	Medicaid		15043.13				13969	15043.13	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5143	APR-DRG	inpatient					Wellcare	Medicaid		26053.73				24194	26053.73	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	5144	APR-DRG	inpatient					Wellcare	Medicaid		72208.82				67054	72208.82	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5171	APR-DRG	inpatient					Wellcare	Medicaid		9967.26				9256	9967.26	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5172	APR-DRG	inpatient					Wellcare	Medicaid		12540.39				11645	12540.39	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5173	APR-DRG	inpatient					Wellcare	Medicaid		23006.13				21364	23006.13	case rate	
DILATION & CURETTAGE FOR NON-OBSTETRIC DIAGNOSES	5174	APR-DRG	inpatient					Wellcare	Medicaid		54133.42				50269	54133.42	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5181	APR-DRG	inpatient					Wellcare	Medicaid		11859.92				11013	11859.92	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5182	APR-DRG	inpatient					Wellcare	Medicaid		16345.68				15179	16345.68	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5183	APR-DRG	inpatient					Wellcare	Medicaid		29840.63				27710	29840.63	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM & RELATED PROCEDURES	5184	APR-DRG	inpatient					Wellcare	Medicaid		67938.68				63088	67938.68	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5191	APR-DRG	inpatient					Wellcare	Medicaid		13146.96				12208	13146.96	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5192	APR-DRG	inpatient					Wellcare	Medicaid		15767.76				14642	15767.76	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5193	APR-DRG	inpatient					Wellcare	Medicaid		28462.89				26431	28462.89	case rate	
UTERINE & ADNEXA PROCEDURES FOR LEIOMYOMA	5194	APR-DRG	inpatient					Wellcare	Medicaid		70691.11				65644	70691.11	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5301	APR-DRG	inpatient					Wellcare	Medicaid		7950.07				7382	7950.07	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5302	APR-DRG	inpatient					Wellcare	Medicaid		10220.01				9490	10220.01	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5303	APR-DRG	inpatient					Wellcare	Medicaid		17258.02				16026	17258.02	case rate	
FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	5304	APR-DRG	inpatient					Wellcare	Medicaid		31779.3				29510	31779.3	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5311	APR-DRG	inpatient					Wellcare	Medicaid		7230.9				6715	7230.9	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5312	APR-DRG	inpatient					Wellcare	Medicaid		9735.21				9040	9735.21	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5313	APR-DRG	inpatient					Wellcare	Medicaid		15349.18				14253	15349.18	case rate	
FEMALE REPRODUCTIVE SYSTEM INFECTIONS	5314	APR-DRG	inpatient					Wellcare	Medicaid		29817.26				27689	29817.26	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5321	APR-DRG	inpatient					Wellcare	Medicaid		6284.29				5836	6284.29	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5322	APR-DRG	inpatient					Wellcare	Medicaid		7758.57				7205	7758.57	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5323	APR-DRG	inpatient					Wellcare	Medicaid		12754.07				11844	12754.07	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	5324	APR-DRG	inpatient					Wellcare	Medicaid		26116.36				24252	26116.36	case rate	
CESAREAN DELIVERY	5401	APR-DRG	inpatient					Wellcare	Medicaid		8010.02				7438	8010.02	case rate	
CESAREAN DELIVERY	5402	APR-DRG	inpatient					Wellcare	Medicaid		9575.29				8892	9575.29	case rate	
CESAREAN DELIVERY	5403	APR-DRG	inpatient					Wellcare	Medicaid		13727.1				12747	13727.1	case rate	
CESAREAN DELIVERY	5404	APR-DRG	inpatient					Wellcare	Medicaid		38834.31				36062	38834.31	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5411	APR-DRG	inpatient					Wellcare	Medicaid		7630.9				7086	7630.9	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5412	APR-DRG	inpatient					Wellcare	Medicaid		8303.42				7711	8303.42	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5413	APR-DRG	inpatient					Wellcare	Medicaid		12362.56				11480	12362.56	case rate	
VAGINAL DELIVERY W STERILIZATION &/OR D&C	5414	APR-DRG	inpatient					Wellcare	Medicaid		43516.83				40410	43516.83	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5421	APR-DRG	inpatient					Wellcare	Medicaid		5657.58				5254	5657.58	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5422	APR-DRG	inpatient					Wellcare	Medicaid		7060.18				6556	7060.18	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5423	APR-DRG	inpatient					Wellcare	Medicaid		15202.4				14117	15202.4	case rate	
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	5424	APR-DRG	inpatient					Wellcare	Medicaid		50795.03				47169	50795.03	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5441	APR-DRG	inpatient					Wellcare	Medicaid		7991.54				7421	7991.54	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5442	APR-DRG	inpatient					Wellcare	Medicaid		9459.91				8785	9459.91	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5443	APR-DRG	inpatient					Wellcare	Medicaid		15677.6				14558	15677.6	case rate	
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	5444	APR-DRG	inpatient					Wellcare	Medicaid		44121.64				40972	44121.64	case rate	
ECTOPIC PREGNANCY PROCEDURE	5451	APR-DRG	inpatient					Wellcare	Medicaid		11441.09				10624	11441.09	case rate	
ECTOPIC PREGNANCY PROCEDURE	5452	APR-DRG	inpatient					Wellcare	Medicaid		12556.66				11660	12556.66	case rate	
ECTOPIC PREGNANCY PROCEDURE	5453	APR-DRG	inpatient					Wellcare	Medicaid		15152.05				14070	15152.05	case rate	
ECTOPIC PREGNANCY PROCEDURE	5454	APR-DRG	inpatient					Wellcare	Medicaid		27654.29				25680	27654.29	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5461	APR-DRG	inpatient					Wellcare	Medicaid		8727.81				8105	8727.81	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5462	APR-DRG	inpatient					Wellcare	Medicaid		12334.85				11454	12334.85	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5463	APR-DRG	inpatient					Wellcare	Medicaid		23636.35				21949	23636.35	case rate	
OTHER O.R. PROC FOR OBSTETRIC DIAGNOSES EXCEPT DELIVERY DIAGNOSES	5464	APR-DRG	inpatient					Wellcare	Medicaid		64398.15				59801	64398.15	case rate	
VAGINAL DELIVERY	5601	APR-DRG	inpatient					Wellcare	Medicaid		4725.57				4388	4725.57	case rate	
VAGINAL DELIVERY	5602	APR-DRG	inpatient					Wellcare	Medicaid		5328.53				4948	5328.53	case rate	
VAGINAL DELIVERY	5603	APR-DRG	inpatient					Wellcare	Medicaid		7747.58				7194	7747.58	case rate	
VAGINAL DELIVERY	5604	APR-DRG	inpatient					Wellcare	Medicaid		23102.49				21453	23102.49	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5611	APR-DRG	inpatient					Wellcare	Medicaid		3706.17				3442	3706.17	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5612	APR-DRG	inpatient					Wellcare	Medicaid		5963.64				5538	5963.64	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5613	APR-DRG	inpatient					Wellcare	Medicaid		9582.59				8898	9582.59	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	5614	APR-DRG	inpatient					Wellcare	Medicaid		25218.81				23418	25218.81	case rate	
PRETERM LABOR	5631	APR-DRG	inpatient					Wellcare	Medicaid		4244.92				3942	4244.92	case rate	
PRETERM LABOR	5632	APR-DRG	inpatient					Wellcare	Medicaid		5622.3				5221	5622.3	case rate	
PRETERM LABOR	5633	APR-DRG	inpatient					Wellcare	Medicaid		9626.19				8939	9626.19	case rate	
PRETERM LABOR	5634	APR-DRG	inpatient					Wellcare	Medicaid		17747.63				16481	17747.63	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5641	APR-DRG	inpatient					Wellcare	Medicaid		4494.71				4174	4494.71	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5642	APR-DRG	inpatient					Wellcare	Medicaid		5246.95				4872	5246.95	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5643	APR-DRG	inpatient					Wellcare	Medicaid		7451.12				6919	7451.12	case rate	
ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	5644	APR-DRG	inpatient					Wellcare	Medicaid		31710.48				29447	31710.48	case rate	
FALSE LABOR	5651	APR-DRG	inpatient					Wellcare	Medicaid		2085.74				1937	2085.74	case rate	
FALSE LABOR	5652	APR-DRG	inpatient					Wellcare	Medicaid		2966.2				2754	2966.2	case rate	
FALSE LABOR	5653	APR-DRG	inpatient					Wellcare	Medicaid		4715.68				4379	4715.68	case rate	
FALSE LABOR	5654	APR-DRG	inpatient					Wellcare	Medicaid		5188.67				4818	5188.67	case rate	
OTHER ANTEPARTUM DIAGNOSES	5661	APR-DRG	inpatient					Wellcare	Medicaid		4163.54				3866	4163.54	case rate	
OTHER ANTEPARTUM DIAGNOSES	5662	APR-DRG	inpatient					Wellcare	Medicaid		5593.48				5194	5593.48	case rate	
OTHER ANTEPARTUM DIAGNOSES	5663	APR-DRG	inpatient					Wellcare	Medicaid		8581.48				7969	8581.48	case rate	
OTHER ANTEPARTUM DIAGNOSES	5664	APR-DRG	inpatient					Wellcare	Medicaid		24395.43				22654	24395.43	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5801	APR-DRG	inpatient					Wellcare	Medicaid		3529.35				3277	3529.35	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5802	APR-DRG	inpatient					Wellcare	Medicaid		4543.12				4219	4543.12	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5803	APR-DRG	inpatient					Wellcare	Medicaid		7351.45				6827	7351.45	case rate	
NEONATE, TRANSFERRED <5 DAYS OLD, NOT BORN HERE	5804	APR-DRG	inpatient					Wellcare	Medicaid		13879.44				12889	13879.44	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5811	APR-DRG	inpatient					Wellcare	Medicaid		1406.85				1306	1406.85	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5812	APR-DRG	inpatient					Wellcare	Medicaid		2234.38				2075	2234.38	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5813	APR-DRG	inpatient					Wellcare	Medicaid		3855.54				3580	3855.54	case rate	
NEONATE, TRANSFERRED < 5 DAYS OLD, BORN HERE	5814	APR-DRG	inpatient					Wellcare	Medicaid		7741.57				7189	7741.57	case rate	
NEONATE W ECMO	5831	APR-DRG	inpatient					Wellcare	Medicaid		122075.06				113360	122075.06	case rate	
NEONATE W ECMO	5832	APR-DRG	inpatient					Wellcare	Medicaid		135639.02				125955	135639.02	case rate	
NEONATE W ECMO	5833	APR-DRG	inpatient					Wellcare	Medicaid		254295.58				236141	254295.58	case rate	
NEONATE W ECMO	5834	APR-DRG	inpatient					Wellcare	Medicaid		380256.57				353109	380256.57	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5881	APR-DRG	inpatient					Wellcare	Medicaid		119804.56				111251	119804.56	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5882	APR-DRG	inpatient					Wellcare	Medicaid		133116.23				123613	133116.23	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5883	APR-DRG	inpatient					Wellcare	Medicaid		271810.79				252406	271810.79	case rate	
NEONATE BWT <1500G W MAJOR PROCEDURE	5884	APR-DRG	inpatient					Wellcare	Medicaid		363812.97				337839	363812.97	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5891	APR-DRG	inpatient					Wellcare	Medicaid		210356.86				195339	210356.86	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5892	APR-DRG	inpatient					Wellcare	Medicaid		147554.93				137021	147554.93	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5893	APR-DRG	inpatient					Wellcare	Medicaid		105551.08				98016	105551.08	case rate	
NEONATE BWT <500G OR GA <24 WEEKS	5894	APR-DRG	inpatient					Wellcare	Medicaid		3587.64				3332	3587.64	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5911	APR-DRG	inpatient					Wellcare	Medicaid		125625.47				116657	125625.47	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5912	APR-DRG	inpatient					Wellcare	Medicaid		174290.97				161848	174290.97	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5913	APR-DRG	inpatient					Wellcare	Medicaid		216428.85				200977	216428.85	case rate	
NEONATE BIRTHWT 500-749G W/O MAJOR PROCEDURE	5914	APR-DRG	inpatient					Wellcare	Medicaid		305532.82				283720	305532.82	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5931	APR-DRG	inpatient					Wellcare	Medicaid		38951.08				36170	38951.08	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5932	APR-DRG	inpatient					Wellcare	Medicaid		131962.42				122541	131962.42	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5933	APR-DRG	inpatient					Wellcare	Medicaid		175751.86				163204	175751.86	case rate	
NEONATE BIRTHWT 750-999G W/O MAJOR PROCEDURE	5934	APR-DRG	inpatient					Wellcare	Medicaid		251001.25				233082	251001.25	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6021	APR-DRG	inpatient					Wellcare	Medicaid		57283.56				53194	57283.56	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6022	APR-DRG	inpatient					Wellcare	Medicaid		105181.57				97672	105181.57	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6023	APR-DRG	inpatient					Wellcare	Medicaid		139630.26				129662	139630.26	case rate	
NEONATE BWT 1000-1249G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6024	APR-DRG	inpatient					Wellcare	Medicaid		193303.18				179503	193303.18	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6031	APR-DRG	inpatient					Wellcare	Medicaid		33452.47				31064	33452.47	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6032	APR-DRG	inpatient					Wellcare	Medicaid		76840.07				71354	76840.07	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6033	APR-DRG	inpatient					Wellcare	Medicaid		114181.06				106029	114181.06	case rate	
NEONATE BIRTHWT 1000-1249G W OR W/O OTHER SIGNIFICANT CONDITION	6034	APR-DRG	inpatient					Wellcare	Medicaid		198804.73				184612	198804.73	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6071	APR-DRG	inpatient					Wellcare	Medicaid		52219.15				48491	52219.15	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6072	APR-DRG	inpatient					Wellcare	Medicaid		81529.52				75709	81529.52	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6073	APR-DRG	inpatient					Wellcare	Medicaid		110416.14				102533	110416.14	case rate	
NEONATE BWT 1250-1499G W RESP DIST SYND/OTH MAJ RESP OR MAJ ANOM	6074	APR-DRG	inpatient					Wellcare	Medicaid		154365.32				143345	154365.32	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6081	APR-DRG	inpatient					Wellcare	Medicaid		35336.83				32814	35336.83	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6082	APR-DRG	inpatient					Wellcare	Medicaid		69496.54				61749	69496.54	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6083	APR-DRG	inpatient					Wellcare	Medicaid		98237.88				91224	98237.88	case rate	
NEONATE BWT 1250-1499G W OR W/O OTHER SIGNIFICANT CONDITION	6084	APR-DRG	inpatient					Wellcare	Medicaid		144016.16				133734	144016.16	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6091	APR-DRG	inpatient					Wellcare	Medicaid		54913.2				50993	54913.2	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6092	APR-DRG	inpatient					Wellcare	Medicaid		71319.12				66227	71319.12	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6093	APR-DRG	inpatient					Wellcare	Medicaid		113778.66				105656	113778.66	case rate	
NEONATE BWT 1500-2499G W MAJOR PROCEDURE	6094	APR-DRG	inpatient					Wellcare	Medicaid		210979.68				195917	210979.68	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6111	APR-DRG	inpatient					Wellcare	Medicaid		30426.68				28254	30426.68	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6112	APR-DRG	inpatient					Wellcare	Medicaid		48928.32				45435	48928.32	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6113	APR-DRG	inpatient					Wellcare	Medicaid		79217.35				73562	79217.35	case rate	
NEONATE BIRTHWT 1500-1999G W MAJOR ANOMALY	6114	APR-DRG	inpatient					Wellcare	Medicaid		124454.65				115570	124454.65	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6121	APR-DRG	inpatient					Wellcare	Medicaid		36984.97				34345	36984.97	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6122	APR-DRG	inpatient					Wellcare	Medicaid		56377.6				52353	56377.6	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6123	APR-DRG	inpatient					Wellcare	Medicaid		77958.88				72393	77958.88	case rate	
NEONATE BWT 1500-1999G W RESP DIST SYND/OTH MAJ RESP COND	6124	APR-DRG	inpatient					Wellcare	Medicaid		119584.7				111047	119584.7	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6131	APR-DRG	inpatient					Wellcare	Medicaid		30959.8				28750	30959.8	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																	
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6132	APR-DRG	inpatient					Wellcare	Medicaid		47950.75				44527	47950.75	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6133	APR-DRG	inpatient					Wellcare	Medicaid		79724.15				74032	79724.15	case rate	
NEONATE BIRTHWT 1500-1999G W CONGENITAL/PERINATAL INFECTION	6134	APR-DRG	inpatient					Wellcare	Medicaid		106292.98				98704	106292.98	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6141	APR-DRG	inpatient					Wellcare	Medicaid		20323.35				18872	20323.35	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6142	APR-DRG	inpatient					Wellcare	Medicaid		40586.01				37688	40586.01	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6143	APR-DRG	inpatient					Wellcare	Medicaid		66566.2				61814	66566.2	case rate	
NEONATE BWT 1500-1999G W OR W/O OTHER SIGNIFICANT CONDITION	6144	APR-DRG	inpatient					Wellcare	Medicaid		71202.99				66120	71202.99	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6211	APR-DRG	inpatient					Wellcare	Medicaid		14225.48				13210	14225.48	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6212	APR-DRG	inpatient					Wellcare	Medicaid		30786.6				28589	30786.6	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6213	APR-DRG	inpatient					Wellcare	Medicaid		51853.6				48152	51853.6	case rate	
NEONATE BWT 2000-2499G W MAJOR ANOMALY	6214	APR-DRG	inpatient					Wellcare	Medicaid		102528.71				95209	102528.71	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6221	APR-DRG	inpatient					Wellcare	Medicaid		23000.31				21358	23000.31	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6222	APR-DRG	inpatient					Wellcare	Medicaid		34092.11				31658	34092.11	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6223	APR-DRG	inpatient					Wellcare	Medicaid		49704.58				46156	49704.58	case rate	
NEONATE BWT 2000-2499G W RESP DIST SYND/OTH MAJ RESP COND	6224	APR-DRG	inpatient					Wellcare	Medicaid		79505.67				73830	79505.67	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6231	APR-DRG	inpatient					Wellcare	Medicaid		18232.07				16930	18232.07	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6232	APR-DRG	inpatient					Wellcare	Medicaid		31712.98				29449	31712.98	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6233	APR-DRG	inpatient					Wellcare	Medicaid		51575.08				47893	51575.08	case rate	
NEONATE BWT 2000-2499G W CONGENITAL/PERINATAL INFECTION	6234	APR-DRG	inpatient					Wellcare	Medicaid		78439.16				72839	78439.16	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6251	APR-DRG	inpatient					Wellcare	Medicaid		21692.41				20144	21692.41	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6252	APR-DRG	inpatient					Wellcare	Medicaid		33897.93				31478	33897.93	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6253	APR-DRG	inpatient					Wellcare	Medicaid		42311.09				39290	42311.09	case rate	
NEONATE BWT 2000-2499G W OTHER SIGNIFICANT CONDITION	6254	APR-DRG	inpatient					Wellcare	Medicaid		62537.26				58073	62537.26	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6261	APR-DRG	inpatient					Wellcare	Medicaid		2156.32				2002	2156.32	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6262	APR-DRG	inpatient					Wellcare	Medicaid		5333.98				4953	5333.98	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6263	APR-DRG	inpatient					Wellcare	Medicaid		15568.58				14457	15568.58	case rate	
NEONATE BWT 2000-2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6264	APR-DRG	inpatient					Wellcare	Medicaid		35033.09				32532	35033.09	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6301	APR-DRG	inpatient					Wellcare	Medicaid		33013.3				30656	33013.3	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6302	APR-DRG	inpatient					Wellcare	Medicaid		44881.18				41677	44881.18	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6303	APR-DRG	inpatient					Wellcare	Medicaid		70622.11				65580	70622.11	case rate	
NEONATE BIRTHWT >2499G W MAJOR CARDIOVASCULAR PROCEDURE	6304	APR-DRG	inpatient					Wellcare	Medicaid		161954				150392	161954	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6311	APR-DRG	inpatient					Wellcare	Medicaid		18535.99				17213	18535.99	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6312	APR-DRG	inpatient					Wellcare	Medicaid		22959.85				21321	22959.85	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6313	APR-DRG	inpatient					Wellcare	Medicaid		51603.9				47920	51603.9	case rate	
NEONATE BIRTHWT >2499G W OTHER MAJOR PROCEDURE	6314	APR-DRG	inpatient					Wellcare	Medicaid		143777.91				133513	143777.91	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6331	APR-DRG	inpatient					Wellcare	Medicaid		4048.24				3759	4048.24	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6332	APR-DRG	inpatient					Wellcare	Medicaid		11522.47				10700	11522.47	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6333	APR-DRG	inpatient					Wellcare	Medicaid		24470.44				22723	24470.44	case rate	
NEONATE BIRTHWT >2499G W MAJOR ANOMALY	6334	APR-DRG	inpatient					Wellcare	Medicaid		73490.58				68244	73490.58	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6341	APR-DRG	inpatient					Wellcare	Medicaid		7728.91				7177	7728.91	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6342	APR-DRG	inpatient					Wellcare	Medicaid		14076.1				13071	14076.1	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6343	APR-DRG	inpatient					Wellcare	Medicaid		31229.56				29000	31229.56	case rate	
NEONATE, BIRTHWT >2499G W RESP DIST SYND/OTH MAJ RESP COND	6344	APR-DRG	inpatient					Wellcare	Medicaid		77673.98				72129	77673.98	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6361	APR-DRG	inpatient					Wellcare	Medicaid		10460.66				9714	10460.66	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6362	APR-DRG	inpatient					Wellcare	Medicaid		15603.33				14489	15603.33	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6363	APR-DRG	inpatient					Wellcare	Medicaid		29376.98				27280	29376.98	case rate	
NEONATE BIRTHWT >2499G W CONGENITAL/PERINATAL INFECTION	6364	APR-DRG	inpatient					Wellcare	Medicaid		61229.45				56858	61229.45	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6391	APR-DRG	inpatient					Wellcare	Medicaid		6048.35				5617	6048.35	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6392	APR-DRG	inpatient					Wellcare	Medicaid		9587.86				8903	9587.86	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6393	APR-DRG	inpatient					Wellcare	Medicaid		18604.91				17277	18604.91	case rate	
NEONATE BIRTHWT >2499G W OTHER SIGNIFICANT CONDITION	6394	APR-DRG	inpatient					Wellcare	Medicaid		50422.08				46822	50422.08	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6401	APR-DRG	inpatient					Wellcare	Medicaid		1531.37				1422	1531.37	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6402	APR-DRG	inpatient					Wellcare	Medicaid		2265.13				2103	2265.13	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6403	APR-DRG	inpatient					Wellcare	Medicaid		5506.92				5114	5506.92	case rate	
NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM	6404	APR-DRG	inpatient					Wellcare	Medicaid		26835.99				24920	26835.99	case rate	
SPLENECTOMY	6501	APR-DRG	inpatient					Wellcare	Medicaid		18850.55				17505	18850.55	case rate	
SPLENECTOMY	6502	APR-DRG	inpatient					Wellcare	Medicaid		26982.69				25056	26982.69	case rate	
SPLENECTOMY	6503	APR-DRG	inpatient					Wellcare	Medicaid		36383.21				33786	36383.21	case rate	
SPLENECTOMY	6504	APR-DRG	inpatient					Wellcare	Medicaid		72843.74				67643	72843.74	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6511	APR-DRG	inpatient					Wellcare	Medicaid		15162.39				14080	15162.39	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6512	APR-DRG	inpatient					Wellcare	Medicaid		21291.2				19771	21291.2	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6513	APR-DRG	inpatient					Wellcare	Medicaid		37575.09				34893	37575.09	case rate	
OTHER PROCEDURES OF BLOOD & BLOOD-FORMING ORGANS	6514	APR-DRG	inpatient					Wellcare	Medicaid		78852.82				73223	78852.82	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6601	APR-DRG	inpatient					Wellcare	Medicaid		11094.11				10302	11094.11	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6602	APR-DRG	inpatient					Wellcare	Medicaid		11843.21				10998	11843.21	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6603	APR-DRG	inpatient					Wellcare	Medicaid		19040.85				17681	19040.85	case rate	
MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS & COAGUL	6604	APR-DRG	inpatient					Wellcare	Medicaid		49472.8				45941	49472.8	case rate	
COAGULATION & PLATELET DISORDERS	6611	APR-DRG	inpatient					Wellcare	Medicaid		13637.67				12664	13637.67	case rate	
COAGULATION & PLATELET DISORDERS	6612	APR-DRG	inpatient					Wellcare	Medicaid		16044.16				14899	16044.16	case rate	
COAGULATION & PLATELET DISORDERS	6613	APR-DRG	inpatient					Wellcare	Medicaid		30557.31				28376	30557.31	case rate	
COAGULATION & PLATELET DISORDERS	6614	APR-DRG	inpatient					Wellcare	Medicaid		58283.01				54122	58283.01	case rate	
SICKLE CELL ANEMIA CRISIS	6621	APR-DRG	inpatient					Wellcare	Medicaid		8463.51				7859	8463.51	case rate	
SICKLE CELL ANEMIA CRISIS	6622	APR-DRG	inpatient					Wellcare	Medicaid		11593.41				10766	11593.41	case rate	
SICKLE CELL ANEMIA CRISIS	6623	APR-DRG	inpatient					Wellcare	Medicaid		17963.89				16681	17963.89	case rate	
SICKLE CELL ANEMIA CRISIS	6624	APR-DRG	inpatient					Wellcare	Medicaid		42206.89				39194	42206.89	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6631	APR-DRG	inpatient					Wellcare	Medicaid		7105.72				6598	7105.72	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6632	APR-DRG	inpatient					Wellcare	Medicaid		8970.76				8330	8970.76	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6633	APR-DRG	inpatient					Wellcare	Medicaid		12836.19				11920	12836.19	case rate	
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	6634	APR-DRG	inpatient					Wellcare	Medicaid		23975.85				22264	23975.85	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6801	APR-DRG	inpatient					Wellcare	Medicaid		22177.13				20594	22177.13	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6802	APR-DRG	inpatient					Wellcare	Medicaid		30499.67				28322	30499.67	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6803	APR-DRG	inpatient					Wellcare	Medicaid		52681.13				48920	52681.13	case rate	
MAJOR O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6804	APR-DRG	inpatient					Wellcare	Medicaid		105372.51				97850	105372.51	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6811	APR-DRG	inpatient					Wellcare	Medicaid		16158.89				15005	16158.89	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6812	APR-DRG	inpatient					Wellcare	Medicaid		22241.51				20654	22241.51	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6813	APR-DRG	inpatient					Wellcare	Medicaid		40876.08				37958	40876.08	case rate	
OTHER O.R. PROCEDURES FOR LYMPHATIC/HEMATOPOIETIC/OTHER NEOPLASMS	6814	APR-DRG	inpatient					Wellcare	Medicaid		99601.87				92491	99601.87	case rate	
ACUTE LEUKEMIA	6901	APR-DRG	inpatient					Wellcare	Medicaid		18783.11				17442	18783.11	case rate	
ACUTE LEUKEMIA	6902	APR-DRG	inpatient					Wellcare	Medicaid		31011.82				28798	31011.82	case rate	
ACUTE LEUKEMIA	6903	APR-DRG	inpatient					Wellcare	Medicaid		59616.41				55360	59616.41	case rate	
ACUTE LEUKEMIA	6904	APR-DRG	inpatient					Wellcare	Medicaid		113662.82				105548	113662.82	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6911	APR-DRG	inpatient					Wellcare	Medicaid		15910.76				14775	15910.76	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6912	APR-DRG	inpatient					Wellcare	Medicaid		18372.02				17060	18372.02	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6913	APR-DRG	inpatient					Wellcare	Medicaid		28440.44				26410	28440.44	case rate	
LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	6914	APR-DRG	inpatient					Wellcare	Medicaid		59817.89				55547	59817.89	case rate	
RADIOTHERAPY	6921	APR-DRG	inpatient					Wellcare	Medicaid		10753.13				9985	10753.13	case rate	
RADIOTHERAPY	6922	APR-DRG	inpatient					Wellcare	Medicaid		22479.95				20875	22479.95	case rate	
RADIOTHERAPY	6923	APR-DRG	inpatient					Wellcare	Medicaid		32911.32				30562	32911.32	case rate	
RADIOTHERAPY	6924	APR-DRG	inpatient					Wellcare	Medicaid		60881.83				56535	60881.83	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6941	APR-DRG	inpatient					Wellcare	Medicaid		9885.88				9180	9885.88	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6942	APR-DRG	inpatient					Wellcare	Medicaid		11649.21				10818	11649.21	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6943	APR-DRG	inpatient					Wellcare	Medicaid		18744.59				17406	18744.59	case rate	
LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	6944	APR-DRG	inpatient					Wellcare	Medicaid		36283.25				33693	36283.25	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6951	APR-DRG	inpatient					Wellcare	Medicaid		8997.93				8356	8997.93	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6952	APR-DRG	inpatient					Wellcare	Medicaid		13119.99				12183	13119.99	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6953	APR-DRG	inpatient					Wellcare	Medicaid		34211.65				31769	34211.65	case rate	
CHEMOTHERAPY FOR ACUTE LEUKEMIA	6954	APR-DRG	inpatient					Wellcare	Medicaid		94362.66				87626	94362.66	case rate	
OTHER CHEMOTHERAPY	6961	APR-DRG	inpatient					Wellcare	Medicaid		11847.46				11002	11847.46	case rate	
OTHER CHEMOTHERAPY	6962	APR-DRG	inpatient					Wellcare	Medicaid		14092.65				13087	14092.65	case rate	
OTHER CHEMOTHERAPY	6963	APR-DRG	inpatient					Wellcare	Medicaid		22113.47				20535	22113.47	case rate	
OTHER CHEMOTHERAPY	6964	APR-DRG	inpatient					Wellcare	Medicaid		52177.11				48452	52177.11	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7101	APR-DRG	inpatient					Wellcare	Medicaid		15786.05				14659	15786.05	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7102	APR-DRG	inpatient					Wellcare	Medicaid		22231.17				20644	22231.17	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7103	APR-DRG	inpatient					Wellcare	Medicaid		38174.99				35450	38174.99	case rate	
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	7104	APR-DRG	inpatient					Wellcare	Medicaid		78011.35				72442	78011.35	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7111	APR-DRG	inpatient					Wellcare	Medicaid		15156.94				14075	15156.94	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7112	APR-DRG	inpatient					Wellcare	Medicaid		20971.94				19475	20971.94	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7113	APR-DRG	inpatient					Wellcare	Medicaid		37964.46				35254	37964.46	case rate	
POST-OP, POST-TRAUMA, OTHER DEVICE INFECTIONS W O.R. PROCEDURE	7114	APR-DRG	inpatient					Wellcare	Medicaid		78136.98				72559	78136.98	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7201	APR-DRG	inpatient					Wellcare	Medicaid		7939.17				7372	7939.17	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7202	APR-DRG	inpatient					Wellcare	Medicaid		10656.04				9895	10656.04	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7203	APR-DRG	inpatient					Wellcare	Medicaid		17428.64				16184	17428.64	case rate	
SEPTICEMIA & DISSEMINATED INFECTIONS	7204	APR-DRG	inpatient					Wellcare	Medicaid		38415.19				35673	38415.19	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7211	APR-DRG	inpatient					Wellcare	Medicaid		8342.87				7747	8342.87	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7212	APR-DRG	inpatient					Wellcare	Medicaid		11071.84				10281	11071.84	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7213	APR-DRG	inpatient					Wellcare	Medicaid		18533.87				17211	18533.87	case rate	
POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	7214	APR-DRG	inpatient					Wellcare	Medicaid		36185.42				33602	36185.42	case rate	
FEVER	7221	APR-DRG	inpatient					Wellcare	Medicaid		6417.31				5959	6417.31	case rate	
FEVER	7222	APR-DRG	inpatient					Wellcare	Medicaid		8606.33				7992	8606.33	case rate	
FEVER	7223	APR-DRG	inpatient					Wellcare	Medicaid		11716.74				10880	11716.74	case rate	
FEVER	7224	APR-DRG	inpatient					Wellcare	Medicaid		22246.32				20658	22246.32	case rate	
VIRAL ILLNESS	7231	APR-DRG	inpatient					Wellcare	Medicaid		5660.54				5256	5660.54	case rate	
VIRAL ILLNESS	7232	APR-DRG	inpatient					Wellcare	Medicaid		7666.65				7119	7666.65	case rate	
VIRAL ILLNESS	7233	APR-DRG	inpatient					Wellcare	Medicaid		12393.05				11508	12393.05	case rate	
VIRAL ILLNESS	7234	APR-DRG	inpatient					Wellcare	Medicaid		41434.6				38476	41434.6	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7241	APR-DRG	inpatient					Wellcare	Medicaid		9875.53				9170	9875.53	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7242	APR-DRG	inpatient					Wellcare	Medicaid		11650.69				10819	11650.69	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7243	APR-DRG	inpatient					Wellcare	Medicaid		18363.33				17052	18363.33	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES	7244	APR-DRG	inpatient					Wellcare	Medicaid		42487.26				39454	42487.26	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7401	APR-DRG	inpatient					Wellcare	Medicaid		19339.97				17959	19339.97	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7402	APR-DRG	inpatient					Wellcare	Medicaid		23275.33				21614	23275.33	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7403	APR-DRG	inpatient					Wellcare	Medicaid		39014.72				36229	39014.72	case rate	
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	7404	APR-DRG	inpatient					Wellcare	Medicaid		78408.2				72810	78408.2	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SCHIZOPHRENIA	7501	APR-DRG	inpatient					Wellcare	Medicaid		9039.96				8395	9039.96	case rate	
SCHIZOPHRENIA	7502	APR-DRG	inpatient					Wellcare	Medicaid		10833.31				10060	10833.31	case rate	
SCHIZOPHRENIA	7503	APR-DRG	inpatient					Wellcare	Medicaid		15804.43				14676	15804.43	case rate	
SCHIZOPHRENIA	7504	APR-DRG	inpatient					Wellcare	Medicaid		31765.82				29498	31765.82	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7511	APR-DRG	inpatient					Wellcare	Medicaid		5411.02				5025	5411.02	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7512	APR-DRG	inpatient					Wellcare	Medicaid		7501.93				6966	7501.93	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7513	APR-DRG	inpatient					Wellcare	Medicaid		13065.29				12133	13065.29	case rate	
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	7514	APR-DRG	inpatient					Wellcare	Medicaid		25364.21				23553	25364.21	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7521	APR-DRG	inpatient					Wellcare	Medicaid		4635.13				4304	4635.13	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7522	APR-DRG	inpatient					Wellcare	Medicaid		6580.55				6111	6580.55	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7523	APR-DRG	inpatient					Wellcare	Medicaid		11610.78				10782	11610.78	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	7524	APR-DRG	inpatient					Wellcare	Medicaid		12458.27				11569	12458.27	case rate	
BIPOLAR DISORDERS	7531	APR-DRG	inpatient					Wellcare	Medicaid		5886.04				5466	5886.04	case rate	
BIPOLAR DISORDERS	7532	APR-DRG	inpatient					Wellcare	Medicaid		7957.52				7399	7957.52	case rate	
BIPOLAR DISORDERS	7533	APR-DRG	inpatient					Wellcare	Medicaid		12954.9				12030	12954.9	case rate	
BIPOLAR DISORDERS	7534	APR-DRG	inpatient					Wellcare	Medicaid		26014.37				24157	26014.37	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7541	APR-DRG	inpatient					Wellcare	Medicaid		4328.15				4019	4328.15	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7542	APR-DRG	inpatient					Wellcare	Medicaid		5797.17				5383	5797.17	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7543	APR-DRG	inpatient					Wellcare	Medicaid		9027.49				8383	9027.49	case rate	
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	7544	APR-DRG	inpatient					Wellcare	Medicaid		18866.9				17520	18866.9	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7551	APR-DRG	inpatient					Wellcare	Medicaid		3897.2				3619	3897.2	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7552	APR-DRG	inpatient					Wellcare	Medicaid		6389.22				5933	6389.22	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7553	APR-DRG	inpatient					Wellcare	Medicaid		9176.68				8522	9176.68	case rate	
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	7554	APR-DRG	inpatient					Wellcare	Medicaid		13846.73				12858	13846.73	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7561	APR-DRG	inpatient					Wellcare	Medicaid		6323.91				5872	6323.91	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7562	APR-DRG	inpatient					Wellcare	Medicaid		7973.99				7405	7973.99	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7563	APR-DRG	inpatient					Wellcare	Medicaid		9735.57				9041	9735.57	case rate	
ACUTE ANXIETY & DELIRIUM STATES	7564	APR-DRG	inpatient					Wellcare	Medicaid		25559.97				23735	25559.97	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7571	APR-DRG	inpatient					Wellcare	Medicaid		9344.53				8677	9344.53	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7572	APR-DRG	inpatient					Wellcare	Medicaid		10762.83				9994	10762.83	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7573	APR-DRG	inpatient					Wellcare	Medicaid		13854.86				12866	13854.86	case rate	
ORGANIC MENTAL HEALTH DISTURBANCES	7574	APR-DRG	inpatient					Wellcare	Medicaid		29343.35				27248	29343.35	case rate	
BEHAVIORAL DISORDERS	7581	APR-DRG	inpatient					Wellcare	Medicaid		6171.96				5731	6171.96	case rate	
BEHAVIORAL DISORDERS	7582	APR-DRG	inpatient					Wellcare	Medicaid		7335.46				6812	7335.46	case rate	
BEHAVIORAL DISORDERS	7583	APR-DRG	inpatient					Wellcare	Medicaid		12298.09				11420	12298.09	case rate	
BEHAVIORAL DISORDERS	7584	APR-DRG	inpatient					Wellcare	Medicaid		16252.94				15093	16252.94	case rate	
EATING DISORDERS	7591	APR-DRG	inpatient					Wellcare	Medicaid		19662.93				18259	19662.93	case rate	
EATING DISORDERS	7592	APR-DRG	inpatient					Wellcare	Medicaid		20650.65				19176	20650.65	case rate	
EATING DISORDERS	7593	APR-DRG	inpatient					Wellcare	Medicaid		23140.55				21488	23140.55	case rate	
EATING DISORDERS	7594	APR-DRG	inpatient					Wellcare	Medicaid		40099.26				37236	40099.26	case rate	
OTHER MENTAL HEALTH DISORDERS	7601	APR-DRG	inpatient					Wellcare	Medicaid		7697.59				7148	7697.59	case rate	
OTHER MENTAL HEALTH DISORDERS	7602	APR-DRG	inpatient					Wellcare	Medicaid		9997.28				9284	9997.28	case rate	
OTHER MENTAL HEALTH DISORDERS	7603	APR-DRG	inpatient					Wellcare	Medicaid		15079.44				14003	15079.44	case rate	
OTHER MENTAL HEALTH DISORDERS	7604	APR-DRG	inpatient					Wellcare	Medicaid		29070.74				26995	29070.74	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7701	APR-DRG	inpatient					Wellcare	Medicaid		3445.29				3199	3445.29	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7702	APR-DRG	inpatient					Wellcare	Medicaid		4517.16				4195	4517.16	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7703	APR-DRG	inpatient					Wellcare	Medicaid		9326.05				8660	9326.05	case rate	
DRUG & ALCOHOL ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	7704	APR-DRG	inpatient					Wellcare	Medicaid		27864.27				25875	27864.27	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7721	APR-DRG	inpatient					Wellcare	Medicaid		8647.07				8030	8647.07	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7722	APR-DRG	inpatient					Wellcare	Medicaid		10152.3				9427	10152.3	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7723	APR-DRG	inpatient					Wellcare	Medicaid		11933.47				11082	11933.47	case rate	
ALCOHOL & DRUG DEPENDENCE W REHAB OR REHAB/DETOX THERAPY	7724	APR-DRG	inpatient					Wellcare	Medicaid		37019.15				34376	37019.15	case rate	
OPIOID ABUSE & DEPENDENCE	7731	APR-DRG	inpatient					Wellcare	Medicaid		4089.26				3797	4089.26	case rate	
OPIOID ABUSE & DEPENDENCE	7732	APR-DRG	inpatient					Wellcare	Medicaid		5229.22				4856	5229.22	case rate	
OPIOID ABUSE & DEPENDENCE	7733	APR-DRG	inpatient					Wellcare	Medicaid		10596.64				9840	10596.64	case rate	
OPIOID ABUSE & DEPENDENCE	7734	APR-DRG	inpatient					Wellcare	Medicaid		33535.99				31142	33535.99	case rate	
COCAINE ABUSE & DEPENDENCE	7741	APR-DRG	inpatient					Wellcare	Medicaid		5176.56				4807	5176.56	case rate	
COCAINE ABUSE & DEPENDENCE	7742	APR-DRG	inpatient					Wellcare	Medicaid		5376.75				4993	5376.75	case rate	
COCAINE ABUSE & DEPENDENCE	7743	APR-DRG	inpatient					Wellcare	Medicaid		10354.61				9615	10354.61	case rate	
COCAINE ABUSE & DEPENDENCE	7744	APR-DRG	inpatient					Wellcare	Medicaid		37889.92				35185	37889.92	case rate	
ALCOHOL ABUSE & DEPENDENCE	7751	APR-DRG	inpatient					Wellcare	Medicaid		5021.92				4663	5021.92	case rate	
ALCOHOL ABUSE & DEPENDENCE	7752	APR-DRG	inpatient					Wellcare	Medicaid		7159.86				6649	7159.86	case rate	
ALCOHOL ABUSE & DEPENDENCE	7753	APR-DRG	inpatient					Wellcare	Medicaid		13632.13				12659	13632.13	case rate	
ALCOHOL ABUSE & DEPENDENCE	7754	APR-DRG	inpatient					Wellcare	Medicaid		39057.22				36269	39057.22	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7761	APR-DRG	inpatient					Wellcare	Medicaid		4770.74				4430	4770.74	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7762	APR-DRG	inpatient					Wellcare	Medicaid		6612.69				6141	6612.69	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7763	APR-DRG	inpatient					Wellcare	Medicaid		11652.53				10821	11652.53	case rate	
OTHER DRUG ABUSE & DEPENDENCE	7764	APR-DRG	inpatient					Wellcare	Medicaid		26876.46				24958	26876.46	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7911	APR-DRG	inpatient					Wellcare	Medicaid		14062.81				13059	14062.81	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7912	APR-DRG	inpatient					Wellcare	Medicaid		20645.57				19172	20645.57	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7913	APR-DRG	inpatient					Wellcare	Medicaid		33304.02				30926	33304.02	case rate	
O.R. PROCEDURE FOR OTHER COMPLICATIONS OF TREATMENT	7914	APR-DRG	inpatient					Wellcare	Medicaid		72768.63				67573	72768.63	case rate	
ALLERGIC REACTIONS	8111	APR-DRG	inpatient					Wellcare	Medicaid		4428.75				4113	4428.75	case rate	
ALLERGIC REACTIONS	8112	APR-DRG	inpatient					Wellcare	Medicaid		6395.04				5938	6395.04	case rate	
ALLERGIC REACTIONS	8113	APR-DRG	inpatient					Wellcare	Medicaid		14001.74				13002	14001.74	case rate	
ALLERGIC REACTIONS	8114	APR-DRG	inpatient					Wellcare	Medicaid		33548.92				31154	33548.92	case rate	
POISONING OF MEDICINAL AGENTS	8121	APR-DRG	inpatient					Wellcare	Medicaid		5073.84				4712	5073.84	case rate	
POISONING OF MEDICINAL AGENTS	8122	APR-DRG	inpatient					Wellcare	Medicaid		6462.77				6001	6462.77	case rate	
POISONING OF MEDICINAL AGENTS	8123	APR-DRG	inpatient					Wellcare	Medicaid		11470				10651	11470	case rate	
POISONING OF MEDICINAL AGENTS	8124	APR-DRG	inpatient					Wellcare	Medicaid		26894.75				24975	26894.75	case rate	
OTHER COMPLICATIONS OF TREATMENT	8131	APR-DRG	inpatient					Wellcare	Medicaid		7369.65				6844	7369.65	case rate	
OTHER COMPLICATIONS OF TREATMENT	8132	APR-DRG	inpatient					Wellcare	Medicaid		9713.13				9020	9713.13	case rate	
OTHER COMPLICATIONS OF TREATMENT	8133	APR-DRG	inpatient					Wellcare	Medicaid		14957.87				13890	14957.87	case rate	
OTHER COMPLICATIONS OF TREATMENT	8134	APR-DRG	inpatient					Wellcare	Medicaid		32901.25				30552	32901.25	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8151	APR-DRG	inpatient					Wellcare	Medicaid		7220.08				6705	7220.08	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8152	APR-DRG	inpatient					Wellcare	Medicaid		7668.4				7121	7668.4	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8153	APR-DRG	inpatient					Wellcare	Medicaid		13057.44				12125	13057.44	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	8154	APR-DRG	inpatient					Wellcare	Medicaid		41695.76				38719	41695.76	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8161	APR-DRG	inpatient					Wellcare	Medicaid		7573.16				7032	7573.16	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8162	APR-DRG	inpatient					Wellcare	Medicaid		8414.65				7814	8414.65	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8163	APR-DRG	inpatient					Wellcare	Medicaid		12183.62				11314	12183.62	case rate	
TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	8164	APR-DRG	inpatient					Wellcare	Medicaid		27922.65				25929	27922.65	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8411	APR-DRG	inpatient					Wellcare	Medicaid		71432.37				66333	71432.37	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8412	APR-DRG	inpatient					Wellcare	Medicaid		72666.47				67479	72666.47	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8413	APR-DRG	inpatient					Wellcare	Medicaid		111822.16				103839	111822.16	case rate	
EXTENSIVE 3RD DEGREE BURNS W SKIN GRAFT	8414	APR-DRG	inpatient					Wellcare	Medicaid		289306.86				268653	289306.86	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8421	APR-DRG	inpatient					Wellcare	Medicaid		22217.12				20631	22217.12	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8422	APR-DRG	inpatient					Wellcare	Medicaid		33313.26				30935	33313.26	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8423	APR-DRG	inpatient					Wellcare	Medicaid		63742.54				59192	63742.54	case rate	
BURNS WITH SKIN GRAFT EXCEPT EXTENSIVE 3RD DEGREE BURNS	8424	APR-DRG	inpatient					Wellcare	Medicaid		151613.33				140789	151613.33	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8431	APR-DRG	inpatient					Wellcare	Medicaid		10918.03				10139	10918.03	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8432	APR-DRG	inpatient					Wellcare	Medicaid		15062.53				13987	15062.53	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8433	APR-DRG	inpatient					Wellcare	Medicaid		27507.96				25544	27507.96	case rate	
EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	8434	APR-DRG	inpatient					Wellcare	Medicaid		74211.05				68913	74211.05	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8441	APR-DRG	inpatient					Wellcare	Medicaid		7297.78				6777	7297.78	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8442	APR-DRG	inpatient					Wellcare	Medicaid		11005.97				10220	11005.97	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8443	APR-DRG	inpatient					Wellcare	Medicaid		22406.14				20807	22406.14	case rate	
PARTIAL THICKNESS BURNS W/O SKIN GRAFT	8444	APR-DRG	inpatient					Wellcare	Medicaid		63407.47				58881	63407.47	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8501	APR-DRG	inpatient					Wellcare	Medicaid		22524.75				20917	22524.75	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8502	APR-DRG	inpatient					Wellcare	Medicaid		28289.03				26269	28289.03	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8503	APR-DRG	inpatient					Wellcare	Medicaid		38665.81				36091	38665.81	case rate	
PROCEDURE W DIAG OF REHAB, AFTERCARE OR OTH CONTACT W HEALTH SERVICE	8504	APR-DRG	inpatient					Wellcare	Medicaid		71038.37				65967	71038.37	case rate	
REHABILITATION	8601	APR-DRG	inpatient					Wellcare	Medicaid		12343.08				11462	12343.08	case rate	
REHABILITATION	8602	APR-DRG	inpatient					Wellcare	Medicaid		16719.91				15526	16719.91	case rate	
REHABILITATION	8603	APR-DRG	inpatient					Wellcare	Medicaid		23024.7				21381	23024.7	case rate	
REHABILITATION	8604	APR-DRG	inpatient					Wellcare	Medicaid		31017.17				28803	31017.17	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8611	APR-DRG	inpatient					Wellcare	Medicaid		6337.4				5885	6337.4	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8612	APR-DRG	inpatient					Wellcare	Medicaid		8288.64				7697	8288.64	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8613	APR-DRG	inpatient					Wellcare	Medicaid		11849.31				11003	11849.31	case rate	
SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	8614	APR-DRG	inpatient					Wellcare	Medicaid		24941.67				23161	24941.67	case rate	
OTHER AFTERCARE & CONVALESCENCE	8621	APR-DRG	inpatient					Wellcare	Medicaid		6129.74				5692	6129.74	case rate	
OTHER AFTERCARE & CONVALESCENCE	8622	APR-DRG	inpatient					Wellcare	Medicaid		9525.78				8846	9525.78	case rate	
OTHER AFTERCARE & CONVALESCENCE	8623	APR-DRG	inpatient					Wellcare	Medicaid		13891.82				12900	13891.82	case rate	
OTHER AFTERCARE & CONVALESCENCE	8624	APR-DRG	inpatient					Wellcare	Medicaid		22764.57				21139	22764.57	case rate	
NEONATAL AFTERCARE	8631	APR-DRG	inpatient					Wellcare	Medicaid		11391.19				10578	11391.19	case rate	
NEONATAL AFTERCARE	8632	APR-DRG	inpatient					Wellcare	Medicaid		32198.24				29900	32198.24	case rate	
NEONATAL AFTERCARE	8633	APR-DRG	inpatient					Wellcare	Medicaid		57640.6				53525	57640.6	case rate	
NEONATAL AFTERCARE	8634	APR-DRG	inpatient					Wellcare	Medicaid		137709.33				127878	137709.33	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8901	APR-DRG	inpatient					Wellcare	Medicaid		13578.27				12609	13578.27	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8902	APR-DRG	inpatient					Wellcare	Medicaid		15813.77				14685	15813.77	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8903	APR-DRG	inpatient					Wellcare	Medicaid		25150.45				23355	25150.45	case rate	
HIV W MULTIPLE MAJOR HIV RELATED CONDITIONS	8904	APR-DRG	inpatient					Wellcare	Medicaid		50647.58				47032	50647.58	case rate	
HIV W MAJOR HIV RELATED CONDITION	8921	APR-DRG	inpatient					Wellcare	Medicaid		10573.27				9818	10573.27	case rate	
HIV W MAJOR HIV RELATED CONDITION	8922	APR-DRG	inpatient					Wellcare	Medicaid		13984				12986	13984	case rate	
HIV W MAJOR HIV RELATED CONDITION	8923	APR-DRG	inpatient					Wellcare	Medicaid		18323.43				17015	18323.43	case rate	
HIV W MAJOR HIV RELATED CONDITION	8924	APR-DRG	inpatient					Wellcare	Medicaid		35562.79				33024	35562.79	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8931	APR-DRG	inpatient					Wellcare	Medicaid		12583.26				11685	12583.26	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8932	APR-DRG	inpatient					Wellcare	Medicaid		14307.51				13286	14307.51	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8933	APR-DRG	inpatient					Wellcare	Medicaid		21824.79				20267	21824.79	case rate	
HIV W MULTIPLE SIGNIFICANT HIV RELATED CONDITIONS	8934	APR-DRG	inpatient					Wellcare	Medicaid		43794.33				40668	43794.33	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8941	APR-DRG	inpatient					Wellcare	Medicaid		9697.51				9005	9697.51	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8942	APR-DRG	inpatient					Wellcare	Medicaid		11657.53				10825	11657.53	case rate	
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8943	APR-DRG	inpatient					Wellcare	Medicaid		16661.53				15472	16661.53	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103		310119 true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HIV W ONE SIGNIF HIV COND OR W/O SIGNIF RELATED COND	8944	APR-DRG	inpatient					Wellcare	Medicaid		23860.27				22157	23860.27	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9101	APR-DRG	inpatient					Wellcare	Medicaid		45459.01				42214	45459.01	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9102	APR-DRG	inpatient					Wellcare	Medicaid		53915.13				50066	53915.13	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9103	APR-DRG	inpatient					Wellcare	Medicaid		70322.71				65302	70322.71	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	9104	APR-DRG	inpatient					Wellcare	Medicaid		145267.24				134896	145267.24	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9111	APR-DRG	inpatient					Wellcare	Medicaid		25011.87				23226	25011.87	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9112	APR-DRG	inpatient					Wellcare	Medicaid		32875.57				30528	32875.57	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9113	APR-DRG	inpatient					Wellcare	Medicaid		44679.98				41490	44679.98	case rate	
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAUMA	9114	APR-DRG	inpatient					Wellcare	Medicaid		106393.3				98798	106393.3	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9121	APR-DRG	inpatient					Wellcare	Medicaid		30240.64				28082	30240.64	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9122	APR-DRG	inpatient					Wellcare	Medicaid		33296.26				30919	33296.26	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9123	APR-DRG	inpatient					Wellcare	Medicaid		54895.83				50977	54895.83	case rate	
MUSCULOSKELETAL & OTHER PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	9124	APR-DRG	inpatient					Wellcare	Medicaid		105806.88				98253	105806.88	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9301	APR-DRG	inpatient					Wellcare	Medicaid		11502.89				10682	11502.89	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9302	APR-DRG	inpatient					Wellcare	Medicaid		15475.19				14370	15475.19	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9303	APR-DRG	inpatient					Wellcare	Medicaid		24381.2				22641	24381.2	case rate	
MULTIPLE SIGNIFICANT TRAUMA W/O O.R. PROCEDURE	9304	APR-DRG	inpatient					Wellcare	Medicaid		64545.68				59938	64545.68	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9501	APR-DRG	inpatient					Wellcare	Medicaid		21779.53				20225	21779.53	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9502	APR-DRG	inpatient					Wellcare	Medicaid		31980.69				29698	31980.69	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9503	APR-DRG	inpatient					Wellcare	Medicaid		49715.84				46167	49715.84	case rate	
EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9504	APR-DRG	inpatient					Wellcare	Medicaid		94715.56				87954	94715.56	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9511	APR-DRG	inpatient					Wellcare	Medicaid		15466.14				14362	15466.14	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9512	APR-DRG	inpatient					Wellcare	Medicaid		22091.77				20515	22091.77	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9513	APR-DRG	inpatient					Wellcare	Medicaid		36284.09				33694	36284.09	case rate	
MODERATELY EXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9514	APR-DRG	inpatient					Wellcare	Medicaid		69353.93				64403	69353.93	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9521	APR-DRG	inpatient					Wellcare	Medicaid		12306.96				11428	12306.96	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9522	APR-DRG	inpatient					Wellcare	Medicaid		18313.73				17006	18313.73	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9523	APR-DRG	inpatient					Wellcare	Medicaid		31087.84				28868	31087.84	case rate	
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	9524	APR-DRG	inpatient					Wellcare	Medicaid		58969.38				54759	58969.38	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient				397605.2416	Aetna	Commercial		465255.86				320075.66	962560.73	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient				185457.3628	Aetna	Commercial		210218.95				144621.43	489203.72	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient				315081.1521	Aetna	Commercial		300319				251825.15	666867.04	case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient				220531.8504	Aetna	Commercial		252384.3				173629.34	416184.16	case rate	
LUNG TRANSPLANT	007	MS-DRG	inpatient				185775.8453	Aetna	Commercial		219601.82				144884.83	388186.35	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient				85736.6486	Aetna	Commercial		90338.13				62148.67	191305.05	case rate	
PANCREAS TRANSPLANT	010	MS-DRG	inpatient				79337.00778	Aetna	Commercial		82644.7				56855.93	164513.6	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient				84231.35482	Aetna	Commercial		88528.51				60903.74	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG	inpatient				67787.37705	Aetna	Commercial		68760.13				47303.96	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient				48946.9259	Aetna	Commercial		46110.78				31722.2	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient				174271.916	Aetna	Commercial		196772.19				135370.65	435540.63	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient				98808.71117	Aetna	Commercial		106052.91				72959.76	238334.97	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient				98808.71117	Aetna	Commercial		106052.91				70474.37	159673.57	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG	inpatient				536767.7948	Aetna	Commercial		632552.32				435168.29	641210.35	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG	inpatient				124751.464	Aetna	Commercial		137240.4				94415.39	139118.87	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient				131305.3474	Aetna	Commercial		145119.26				99835.69	379960.48	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient				98300.28177	Aetna	Commercial		105441.7				72539.27	288127.5	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient				60243.77089	Aetna	Commercial		59691.46				41065.11	187970.25	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient				91550.7387	Aetna	Commercial		97327.63				66957.14	198998.8	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient				64701.09636	Aetna	Commercial		69049.91				44751.49	313612.23	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient				73658.59406	Aetna	Commercial		75818.3				52159.67	156897.77	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient				52765.85907	Aetna	Commercial		50701.77				34880.6	109910.2	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient				45336.5059	Aetna	Commercial		41770.46				28736.25	87678.14	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient				96653.59892	Aetna	Commercial		103462.11				71177.4	195889.96	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient				59551.10645	Aetna	Commercial		58858.77				40492.25	115012.64	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient				43709.81747	Aetna	Commercial		39814.91				27390.91	79295.56	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient				69382.6457	Aetna	Commercial		70577.91				48623.3	152449.97	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient				41350.47656	Aetna	Commercial		36978.59				25439.65	103005.11	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient				33768.30894	Aetna	Commercial		27863.57				19168.92	169398.47	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient				66309.21855	Aetna	Commercial		69883.14				46081.46	279134.99	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient				43431.32384	Aetna	Commercial		39480.12				27160.59	80921.05	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient				36414.71252	Aetna	Commercial		31044.99				21357.59	62905.8	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient				58799.88773	Aetna	Commercial		57955.68				39870.97	116984.37	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient				33439.82927	Aetna	Commercial		27468.68				18897.25	60926.78	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient				26885.94583	Aetna	Commercial		19589.83				13476.94	41271.45	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient				65582.27877	Aetna	Commercial		66109.23				45480.26	143167.18	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient				42448.74118	Aetna	Commercial		38298.89				26347.96	85954.25	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient				35437.84265	Aetna	Commercial		29870.63				20549.68	102408.62	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient				38361.31159	Aetna	Commercial		33385.12				22967.5	80333.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient				24640.85871	Aetna	Commercial		16890.86				11620.17	98314.19	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient				31634.61928	Aetna	Commercial		25298.52				17404.27	143696.19	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient				25917.6449	Aetna	Commercial		18425.77				12676.12	38166.25	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient				44780.94682	Aetna	Commercial		41102.59				28276.78	77429.53	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient				30059.34505	Aetna	Commercial		23404.78				16101.46	44059.57	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient				35267.89003	Aetna	Commercial		29666.32				20409.13	64130.38	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient				27545.76151	Aetna	Commercial		20383.04				14022.64	40065.09	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient				23406.9177	Aetna	Commercial		15407.46				10599.66	30348.58	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient				50619.31585	Aetna	Commercial		48121.27				33105.33	103787.27	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient				37321.60203	Aetna	Commercial		32135.22				22107.62	121708.96	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient				31824.56021	Aetna	Commercial		25526.87				17561.37	136083.64	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient				39196.79248	Aetna	Commercial		34389.51				23658.47	215326.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient				25106.44294	Aetna	Commercial		17450.57				12005.23	37594.05	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient				20409.1837	Aetna	Commercial		11803.69				8120.42	26488.95	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient				30826.27366	Aetna	Commercial		24326.76				16735.74	54720.02	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient				23029.88017	Aetna	Commercial		14954.2				10287.83	32754.02	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient				21997.31148	Aetna	Commercial		13712.88				9433.86	27899.41	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient				36147.64426	Aetna	Commercial		30723.93				21136.72	59964.6	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient				25754.80304	Aetna	Commercial		18230.04				12541.47	35928.47	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient				21773.0884	Aetna	Commercial		13443.33				9248.42	27042.93	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient				32198.7474	Aetna	Commercial		25976.7				17870.83	51428.95	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient				25246.40384	Aetna	Commercial		17618.83				12120.98	35494.76	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient				37922.80654	Aetna	Commercial		32858.03				22604.89	53998.39	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient				23765.38899	Aetna	Commercial		15838.4				10896.13	30060.66	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient				32168.75578	Aetna	Commercial		25940.64				17846.03	56564.19	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient				25113.5838	Aetna	Commercial		17459.16				12011.13	35356.26	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient				21170.29662	Aetna	Commercial		12718.8				8749.97	27206.94	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient				42134.54324	Aetna	Commercial		37921.17				26088.1	68474.74	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient				23579.72657	Aetna	Commercial		15615.21				10742.58	31146.75	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient				43128.55127	Aetna	Commercial		39116.13				26910.19	78672.34	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient				29962.22932	Aetna	Commercial		23288.03				16021.15	47197.57	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient				23725.40016	Aetna	Commercial		15790.33				10863.05	33650.59	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient				43050.00179	Aetna	Commercial		39021.7				26845.22	79452.28	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient				29400.95754	Aetna	Commercial		22613.29				15556.95	45306.02	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient				23246.96239	Aetna	Commercial		15215.17				10467.37	30807.8	case rate	
CONCUSSION W MCC	088	MS-DRG	inpatient				32495.80727	Aetna	Commercial		26333.81				18116.51	53925.5	case rate	
CONCUSSION W CC	089	MS-DRG	inpatient				27013.05318	Aetna	Commercial		19742.63				13582.07	38906.11	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient				23941.05421	Aetna	Commercial		16049.58				11041.41	28916.26	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient				36143.35975	Aetna	Commercial		30718.77				21133.17	58750.95	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient				25244.97567	Aetna	Commercial		17617.11				12119.8	34379.51	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient				21650.26557	Aetna	Commercial		13295.67				9146.84	26889.86	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient				62328.90189	Aetna	Commercial		62196.14				42789.59	134044.74	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient				44640.98591	Aetna	Commercial		40934.33				28161.03	86774.28	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient				41720.37322	Aetna	Commercial		37423.27				25745.57	76937.51	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient				62531.70238	Aetna	Commercial		62441.94				42957.32	128978.75	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient				41360.47376	Aetna	Commercial		36990.61				25447.92	67443.32	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient				29445.23089	Aetna	Commercial		22666.51				15593.57	46392.11	case rate	
SEIZURES W MCC	100	MS-DRG	inpatient				38904.01712	Aetna	Commercial		34037.54				23416.34	69054.73	case rate	
SEIZURES W/O MCC	101	MS-DRG	inpatient				23581.15474	Aetna	Commercial		15616.92				10743.76	31682.51	case rate	
HEADACHES W MCC	102	MS-DRG	inpatient				27822.82696	Aetna	Commercial		20716.12				14251.78	39234.12	case rate	
HEADACHES W/O MCC	103	MS-DRG	inpatient				22621.42285	Aetna	Commercial		14463.17				9950.02	28478.9	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient				46399.60822	Aetna	Commercial		43047.83				29615.02	83924.2	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient				28182.72643	Aetna	Commercial		21148.77				14549.43	45743.37	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient				32932.82805	Aetna	Commercial		26859.18				18477.94	49643.1	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient				36737.47949	Aetna	Commercial		31433.01				21624.53	62249.77	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient				27705.71682	Aetna	Commercial		20575.33				14154.93	38537.12	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient				28888.24362	Aetna	Commercial		21996.92				15132.92	38607.25	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient				21223.24201	Aetna	Commercial		12782.32				8793.68	25723.59	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient				22073.00462	Aetna	Commercial		13803.88				9496.46	27440.19	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient				29469.50982	Aetna	Commercial		22695.7				15613.65	48520.56	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient				21980.17341	Aetna	Commercial		13692.28				9419.69	29628.55	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient				48467.05995	Aetna	Commercial		45533.9				31325.33	83760.2	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient				24002.46562	Aetna	Commercial		16123.41				11092.2	44190.78	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient				32080.20908	Aetna	Commercial		29834.19				17772.79	50189.79	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient				22954.18703	Aetna	Commercial		14863.2				10225.23	30804.16	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient				27552.90237	Aetna	Commercial		20391.62				14028.54	42291.94	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG	inpatient				64548.2819	Aetna	Commercial		64866.2				44625.1	65754.05	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG	inpatient				40177.94986	Aetna	Commercial		35569.02				24469.93	39055.87	case rate	
Major Head and Neck Procedures without Complications	142	MS-DRG	inpatient				32655.76259	Aetna	Commercial		26526.11				18248.8	28396.32	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG	inpatient				58085.8015	Aetna	Commercial		57097.23				39280.39	57878.74	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG	inpatient				35305.02251	Aetna	Commercial		29710.95				20439.84	30700.02	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG	inpatient				28029.91787	Aetna	Commercial		20965.07				14423.05	24373.84	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient				40739.21874	Aetna	Commercial		36243.76				24934.12	70089.3	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient				28239.85333	Aetna	Commercial		21217.45				14596.68	45575.72	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient				23296.94843	Aetna	Commercial		15275.26				10508.71	26379.61	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DYSEQUILIBRIUM	149	MS-DRG	inpatient				21226.09835	Aetna	Commercial		12785.75				8796.04	25916.75	case rate	
EPISTAXIS W MCC	150	MS-DRG	inpatient				29363.82505	Aetna	Commercial		22568.65				15526.24	48382.07	case rate	
EPISTAXIS W/O MCC	151	MS-DRG	inpatient				21597.42319	Aetna	Commercial		13232.15				9103.14	25650.69	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient				27560.04323	Aetna	Commercial		20400.21				14034.45	37980.38	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient				21084.70928	Aetna	Commercial		12615.78				8679.1	25942.26	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient				32558.64686	Aetna	Commercial		26409.36				18168.48	52719.14	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient				24109.57856	Aetna	Commercial		16252.18				11180.78	32192.75	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient				19952.16851	Aetna	Commercial		11254.28				7742.45	24050.72	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient				34969.40198	Aetna	Commercial		29307.48				20162.26	60974.16	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient				23993.89569	Aetna	Commercial		16113.11				11085.11	32447.87	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient				20233.51849	Aetna	Commercial		11592.51				7975.14	24724.97	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient				77908.83531	Aetna	Commercial		80927.8				55674.78	179288.81	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient				47014.60855	Aetna	Commercial		43787.82				30124.1	93626.13	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient				37388.72514	Aetna	Commercial		32215.91				22163.14	67512.57	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient				68542.88029	Aetna	Commercial		69668.37				47928.79	127488.11	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient				36580.38052	Aetna	Commercial		31244.15				21494.6	69159.93	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient				29952.23211	Aetna	Commercial		23276.01				16012.88	48895.95	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG	inpatient				54506.8013	Aetna	Commercial		52794.68				36320.42	53517.3	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient				30627.75769	Aetna	Commercial		24088.11				16571.56	53389.75	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient				22238.67263	Aetna	Commercial		14003.04				9633.48	32764.95	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient				34818.0157	Aetna	Commercial		29125.49				20037.06	67089.8	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient				24682.27572	Aetna	Commercial		16940.65				11654.43	46446.78	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient				21491.73843	Aetna	Commercial		13105.1				9015.73	33584.99	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient				35414.99179	Aetna	Commercial		29843.16				20530.78	61812.42	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient				26316.10502	Aetna	Commercial		18904.79				13005.66	41581.24	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient				21430.32701	Aetna	Commercial		13031.27				8964.94	28978.21	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient				33077.07346	Aetna	Commercial		27032.59				18597.24	54337.34	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient				25613.44416	Aetna	Commercial		18060.07				12424.54	36606.36	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient				21383.19732	Aetna	Commercial		12974.61				8925.97	29689.41	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient				32757.16283	Aetna	Commercial		26648				18332.66	56837.54	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient				24819.38027	Aetna	Commercial		17105.47				11767.82	38414.08	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient				21251.80545	Aetna	Commercial		12816.66				8817.3	27961.37	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient				28185.58277	Aetna	Commercial		21152.21				14551.79	45021.74	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient				26328.95857	Aetna	Commercial		18020.24				13016.3	43396.25	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient				22715.68223	Aetna	Commercial		14576.48				10027.98	33308	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient				19756.50888	Aetna	Commercial		11019.06				7580.63	26390.55	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient				29536.63392	Aetna	Commercial		22776.4				15669.16	47988.45	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient				22332.93201	Aetna	Commercial		14116.35				9711.43	32808.69	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient				19525.14494	Aetna	Commercial		10740.93				7389.29	25031.11	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient				37660.07891	Aetna	Commercial		32542.12				22387.56	59702.19	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient				24836.51834	Aetna	Commercial		17126.08				11781.99	39507.96	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient				21704.53612	Aetna	Commercial		13360.92				9191.72	27644.29	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient				35927.7057	Aetna	Commercial		30459.52				20954.82	64975.93	case rate	
PNEUMOTHORAX W CC	200	MS-DRG	inpatient				25971.91545	Aetna	Commercial		18491.01				12721.01	39172.16	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient				20674.82378	Aetna	Commercial		12123.03				8340.11	27891.99	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient				24265.24935	Aetna	Commercial		16439.32				11309.53	38695.65	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient				20514.86846	Aetna	Commercial		11930.74				8207.83	50775.53	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient				22342.92922	Aetna	Commercial		14128.37				9719.7	96731.64	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient				36444.70414	Aetna	Commercial		31081.04				21382.39	55321.38	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient				23636.85347	Aetna	Commercial		15683.88				10789.82	31471.12	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient				109248.6519	Aetna	Commercial		118603.45				49535	203970.04	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient				49205.42511	Aetna	Commercial		46421.54				31935.99	88833.48	case rate	
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG	inpatient				164414.6697	Aetna	Commercial		184922.15				37458	187453.26	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient				156475.459	Aetna	Commercial		175377.9				120652.31	469646.8	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient				149198.9203	Aetna	Commercial		166630.3				78485	357932.52	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient				101497.9599	Aetna	Commercial		109285.84				75183.87	231898.61	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient				91949.19882	Aetna	Commercial		97806.64				67286.69	215224.56	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient				120719.7331	Aetna	Commercial		132393.59				57338	280328.05	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient				85492.4311	Aetna	Commercial		90044.54				57338	189712.36	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient				76980.52321	Aetna	Commercial		79811.81				17199	167921.3	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient				82551.824	Aetna	Commercial		86509.44				59514.71	239676.19	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient				56000.6697	Aetna	Commercial		54590.55				37555.91	169415.59	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient				126489.5499	Aetna	Commercial		139329.87				19424	306106.31	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient				95546.76526	Aetna	Commercial		102131.51				27830	224521.94	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient				121982.2376	Aetna	Commercial		133911.33				53769	278363.61	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient				84825.47456	Aetna	Commercial		89242.75				61395.1	187594.85	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient				94575.80798	Aetna	Commercial		100964.02				47567	211747.62	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient				68305.80366	Aetna	Commercial		69383.36				33990	143097.93	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient				79239.85205	Aetna	Commercial		82527.95				56775.61	171635.15	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient				50710.71889	Aetna	Commercial		48231.15				33180.92	100040.63	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient				30439.22682	Aetna	Commercial		23861.48				15559	58167.82	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient				59935.28484	Aetna	Commercial		59320.61				20528	136195.06	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient				43118.55407	Aetna	Commercial		39104.11				19748	93094.02	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient				36718.91325	Aetna	Commercial		31410.69				19748	91806.34	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient				75306.70598	Aetna	Commercial		77799.61				53522.72	182671	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient				44163.97631	Aetna	Commercial		40360.89				27766.52	94278.51	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient				33254.16685	Aetna	Commercial		27245.49				18743.7	61149.1	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient				58488.54614	Aetna	Commercial		57581.39				39613.48	118806.67	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient				47024.06978	Aetna	Commercial		43799.84				30132.37	94551.86	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient				35370.71844	Aetna	Commercial		29789.93				20494.17	65967.26	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient				49828.10831	Aetna	Commercial		47170.11				32450.97	92583.77	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient				34008.24191	Aetna	Commercial		28152.01				19367.35	63733.12	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient				24743.68713	Aetna	Commercial		17014.48				11705.22	41041.84	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient				49273.97739	Aetna	Commercial		46503.95				15797	108929.8	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient				37248.76523	Aetna	Commercial		32047.66				15797	76427.26	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient				57937.27156	Aetna	Commercial		56918.67				12982	131916.3	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient				37465.84765	Aetna	Commercial		32308.62				12982	72593.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient				34088.21957	Aetna	Commercial		28248.16				12982	59439.78	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient				50939.22648	Aetna	Commercial		48505.86				33369.91	87186.12	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient				57234.61071	Aetna	Commercial		56073.95				38576.42	115118.34	case rate	
AICD LEAD PROCEDURES	265	MS-DRG	inpatient				61063.64199	Aetna	Commercial		60676.96				41743.09	113591.25	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient				99795.57834	Aetna	Commercial		107239.29				73775.94	262101.41	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient				80288.17064	Aetna	Commercial		83788.15				57642.58	213139.85	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient				108487.436	Aetna	Commercial		117688.34				80964.43	244323.05	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient				69982.67113	Aetna	Commercial		71399				49119.39	151283.7	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient				82811.75139	Aetna	Commercial		86821.92				59729.68	184478.72	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient				59950.99474	Aetna	Commercial		59339.5				40822.98	127335.03	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient				45430.76529	Aetna	Commercial		41883.78				28814.2	95419.27	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient				66246.37966	Aetna	Commercial		66907.59				46029.49	133119.02	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient				56874.71125	Aetna	Commercial		55641.3				38278.77	108547.12	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG	inpatient				111073.8563	Aetna	Commercial		120797.65				83103.49	122451.06	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG	inpatient				99282.86443	Aetna	Commercial		106622.92				73351.9	108082.32	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG	inpatient				78891.41797	Aetna	Commercial		82109.03				56467.41	83232.89	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG	inpatient				74292.70263	Aetna	Commercial		76580.61				52684.1	77628.8	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG	inpatient				56300.58592	Aetna	Commercial		54951.1				37803.95	55703.24	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient				33248.45416	Aetna	Commercial		27238.62				18738.98	60394.67	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient				23629.71261	Aetna	Commercial		15875.3				10783.92	35702.5	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient				20846.20447	Aetna	Commercial		12329.06				8481.85	27298.05	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient				38745.48998	Aetna	Commercial		33846.97				23285.23	65774.1	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient				21154.68972	Aetna	Commercial		12699.91				8736.98	27539.5	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient				17569.97684	Aetna	Commercial		8390.49				5772.29	21736.39	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient				41376.18366	Aetna	Commercial		37009.5				13521	79481.44	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient				26037.61139	Aetna	Commercial		18569.99				9969	41508.35	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient				47623.01002	Aetna	Commercial		44519.22				30627.27	98189.17	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient				31694.60252	Aetna	Commercial		25370.63				17453.88	62319.02	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient				25232.10211	Aetna	Commercial		17601.66				12109.17	39861.48	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient				28926.80428	Aetna	Commercial		22043.28				15164.81	49034.45	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient				22822.79516	Aetna	Commercial		14705.25				10116.57	33523.03	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient				18609.68639	Aetna	Commercial		9640.39				6632.17	24258.46	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient				26210.42025	Aetna	Commercial		18777.74				12918.26	42306.52	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient				19609.40712	Aetna	Commercial		10842.22				7458.97	20092.68	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient				33486.95896	Aetna	Commercial		27525.34				18936.23	55962.83	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient				20996.16258	Aetna	Commercial		12509.33				8605.87	23777.37	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient				16858.74985	Aetna	Commercial		7535.47				5184.08	17585.2	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient				33101.3524	Aetna	Commercial		27061.78				18617.32	52861.28	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient				25829.09821	Aetna	Commercial		18319.32				12602.89	37309.77	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient				20727.66616	Aetna	Commercial		12186.56				8383.82	26467.09	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient				29601.73951	Aetna	Commercial		19248.17				13241.9	38979	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient				19989.30099	Aetna	Commercial		11298.92				7773.16	24254.81	case rate	
HYPERTENSION W MCC	304	MS-DRG	inpatient				27000.19963	Aetna	Commercial		19727.18				13571.44	39401.77	case rate	
HYPERTENSION W/O MCC	305	MS-DRG	inpatient				21351.77753	Aetna	Commercial		12936.84				8899.98	26237.48	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient				32538.65265	Aetna	Commercial		26385.32				18151.94	51345.12	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient				24052.45166	Aetna	Commercial		16183.5				11133.54	31197.78	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient				27759.98738	Aetna	Commercial		20640.57				14199.81	43866.41	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient				21226.09835	Aetna	Commercial		12785.75				8796.04	27826.52	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient				19488.29173	Aetna	Commercial		9494.46				6531.77	20493.59	case rate	
ANGINA PECTORIS	311	MS-DRG	inpatient				20560.56998	Aetna	Commercial		11985.68				8245.62	25045.69	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient				22922.76724	Aetna	Commercial		14825.43				10199.25	29211.47	case rate	
CHEST PAIN	313	MS-DRG	inpatient				20924.75396	Aetna	Commercial		12423.49				8546.82	25778.26	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient				40489.28866	Aetna	Commercial		35943.3				24727.42	73733.9	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient				24405.21026	Aetna	Commercial		16607.57				11425.28	34838.73	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient				20483.44867	Aetna	Commercial		11892.97				8181.84	27381.88	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG	inpatient				72885.95276	Aetna	Commercial		74889.46				51520.67	75914.51	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG	inpatient				42381.61707	Aetna	Commercial		38218.19				26292.44	38741.3	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG	inpatient				51646.17185	Aetna	Commercial		49355.72				33954.58	50031.28	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG	inpatient				36631.79473	Aetna	Commercial		31305.95				21537.13	31853.73	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG	inpatient				69716.83805	Aetna	Commercial		71079.66				48899.69	72052.56	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG	inpatient				52987.2258	Aetna	Commercial		50967.89				35063.68	51665.51	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG	inpatient				48355.6625	Aetna	Commercial		45399.99				31233.2	46021.4	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient				83127.3775	Aetna	Commercial		87201.35				59990.71	191556.53	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient				46257.67714	Aetna	Commercial		42877.86				29498.09	90542.8	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient				33402.89679	Aetna	Commercial		27424.04				18866.54	56203.38	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient				75098.1919	Aetna	Commercial		77548.94				53350.27	181963.94	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient				44468.17704	Aetna	Commercial		40726.58				28018.11	91964.19	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient				34469.54162	Aetna	Commercial		28706.57				19748.86	61765.04	case rate	
RECTAL RESECTION W MCC	332	MS-DRG	inpatient				62398.88234	Aetna	Commercial		62282.26				42847.47	123850.8	case rate	
RECTAL RESECTION W CC	333	MS-DRG	inpatient				40289.34441	Aetna	Commercial		35702.94				24562.06	70260.6	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient				33514.09424	Aetna	Commercial		27557.96				18958.67	47605.77	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient				61647.66363	Aetna	Commercial		61379.18				42226.18	148043.65	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient				40657.81291	Aetna	Commercial		36145.9				24866.79	83760.2	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient				31961.67077	Aetna	Commercial		25691.69				17674.76	58433.87	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient				49728.13623	Aetna	Commercial		47049.93				32368.29	108871.49	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient				32592.923	Aetna	Commercial		26450.56				18196.83	59683.97	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient				28982.50301	Aetna	Commercial		22110.24				15210.88	45069.12	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient				46996.04231	Aetna	Commercial		43765.5				30108.75	87874.95	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient				29176.73446	Aetna	Commercial		22343.74				15371.51	51024.4	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient				24526.60492	Aetna	Commercial		16753.51				11525.68	34612.77	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient				44866.63716	Aetna	Commercial		41205.6				28347.65	89165.14	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient				31378.9764	Aetna	Commercial		24991.2				17192.85	54672.64	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient				26428.93064	Aetna	Commercial		19040.42				13098.98	38395.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient				52354.5454	Aetna	Commercial		50207.31				34540.43	108095.19	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient				35123.64461	Aetna	Commercial		29492.91				20289.83	63088.03	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient				30050.77601	Aetna	Commercial		23394.48				16094.38	49377.04	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient				71697.71326	Aetna	Commercial		73461				50537.95	144898.36	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient				41964.59071	Aetna	Commercial		37716.86				25947.55	77874.17	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient				28886.81545	Aetna	Commercial		21995.21				15131.74	49140.14	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient				34183.90713	Aetna	Commercial		28363.19				19512.63	70851.02	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient				24705.12647	Aetna	Commercial		16968.12				11673.33	40411.32	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient				21211.81663	Aetna	Commercial		12768.59				8784.23	27090.31	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient				35550.66817	Aetna	Commercial		30006.26				20642.99	63372.3	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient				25476.33961	Aetna	Commercial		17895.25				12311.15	37845.53	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient				20823.35371	Aetna	Commercial		12301.59				8462.95	27611.49	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient				40567.83804	Aetna	Commercial		36037.73				24792.38	75260.99	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient				27704.28865	Aetna	Commercial		20573.61				14153.74	43979.39	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient				23321.22736	Aetna	Commercial		15304.45				10528.79	33373.6	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient				36159.06964	Aetna	Commercial		30737.66				21146.16	65194.6	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient				24640.85871	Aetna	Commercial		16890.86				11620.17	36092.47	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient				19633.68605	Aetna	Commercial		10871.41				7479.05	23806.53	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient				36418.43848	Aetna	Commercial		33453.8				23014.75	70923.92	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient				29914.78865	Aetna	Commercial		19422.34				12673.76	39908.37	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient				21403.19174	Aetna	Commercial		12998.65				8942.5	27983.24	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient				30559.20541	Aetna	Commercial		24005.7				16514.87	49238.55	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient				23097.00428	Aetna	Commercial		15034.89				10343.35	31172.26	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient				32968.53236	Aetna	Commercial		28902.11				18507.47	61881.66	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient				24466.62167	Aetna	Commercial		16681.4				11476.07	35720.72	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient				20360.62584	Aetna	Commercial		11745.31				8080.26	25391.93	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient				31348.98478	Aetna	Commercial		24955.14				17168.04	55787.89	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient				21964.46351	Aetna	Commercial		13673.39				9406.69	30731.27	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient				18573.98208	Aetna	Commercial		9597.47				6602.64	21539.59	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient				28809.69414	Aetna	Commercial		21902.49				15067.96	44518.79	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient				21810.22089	Aetna	Commercial		13487.97				9279.13	27531.31	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient				33721.17925	Aetna	Commercial		27806.91				19129.94	59501.74	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient				23971.04583	Aetna	Commercial		16085.64				11066.21	34299.33	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient				19837.91471	Aetna	Commercial		11116.93				7647.96	24655.72	case rate	
APPENDIX PROCEDURES WITH MCC	397	MS-DRG	inpatient				42675.8206	Aetna	Commercial		38571.88				26535.76	39099.83	case rate	
APPENDIX PROCEDURES WITH CC	398	MS-DRG	inpatient				32203.03192	Aetna	Commercial		29381.85				17874.37	28002.64	case rate	
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG	inpatient				26487.48571	Aetna	Commercial		19110.81				13147.4	23032.6	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient				89214.24855	Aetna	Commercial		94518.78				65024.78	196046.68	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient				51827.54976	Aetna	Commercial		49573.77				34104.58	103236.94	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient				41310.48773	Aetna	Commercial		36930.52				25406.58	73139.83	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient				63749.9335	Aetna	Commercial		63906.45				43964.84	147478.74	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient				38544.11766	Aetna	Commercial		33604.88				23118.69	84653.12	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient				32944.25342	Aetna	Commercial		26872.92				18487.39	60230.66	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient				51729.00586	Aetna	Commercial		49455.3				10462	145714.75	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient				39803.76577	Aetna	Commercial		35119.19				11647	86810.73	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient				32150.18953	Aetna	Commercial		25918.32				15908	61455.25	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient				60836.43374	Aetna	Commercial		60524.16				28270	130374.63	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient				38808.32957	Aetna	Commercial		33922.51				23337.2	73577.18	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient				29716.58365	Aetna	Commercial		22992.72				15817.99	50772.92	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient				43692.6794	Aetna	Commercial		39794.31				27376.74	88323.24	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient				33936.83329	Aetna	Commercial		28066.16				19308.29	60653.43	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient				29345.29861	Aetna	Commercial		22546.33				15510.89	47532.87	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient				56303.44226	Aetna	Commercial		54954.54				37806.31	128202.45	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient				35006.53446	Aetna	Commercial		29352.12				8253	64841.08	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient				30742.01149	Aetna	Commercial		24225.46				10272	54945.99	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient				66444.89864	Aetna	Commercial		67146.24				16017	143815.92	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient				40400.74186	Aetna	Commercial		35836.85				24654.19	79856.83	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient				33468.39272	Aetna	Commercial		27503.02				18920.87	54410.23	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient				37954.28243	Aetna	Commercial		32895.8				13893	66550.4	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient				25314.19772	Aetna	Commercial		17701.24				12177.68	37462.84	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient				20152.11266	Aetna	Commercial		11494.65				7907.81	53360.86	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient				35724.90521	Aetna	Commercial		30215.72				20787.09	61874.37	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient				26310.39233	Aetna	Commercial		18897.92				13000.94	41399.01	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient				22460.03096	Aetna	Commercial		14269.16				9816.55	31554.95	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient				34423.8401	Aetna	Commercial		28651.63				19711.06	59705.84	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient				22804.22892	Aetna	Commercial		14682.93				10101.21	31427.39	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient				19382.3277	Aetna	Commercial		10569.24				7271.17	22643.9	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient				36700.34701	Aetna	Commercial		31388.37				11778	67687.51	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient				24179.55901	Aetna	Commercial		16336.3				11238.66	34219.15	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient				20797.64661	Aetna	Commercial		12270.68				8441.69	25359.13	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient				33915.4107	Aetna	Commercial		28040.41				19290.57	58710.86	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient				26111.67635	Aetna	Commercial		18659.27				12836.76	38909.75	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient				22037.30031	Aetna	Commercial		13760.95				9466.93	28974.57	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient				137146.5728	Aetna	Commercial		152141.38				17717	346124.02	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient				97941.81048	Aetna	Commercial		105010.75				36879	230951.01	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient				76366.40905	Aetna	Commercial		79073.55				54399.14	182230	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient				130976.8678	Aetna	Commercial		144724.37				99564.03	332577.04	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient				97356.25977	Aetna	Commercial		104306.83				71758.53	238524.49	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient				75300.99239	Aetna	Commercial		77792.74				53518	186647.26	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient				105311.1804	Aetna	Commercial		113869.96				78337.54	232700.42	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient				62831.8186	Aetna	Commercial		62802.49				43205.36	147150.73	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient				107970.4375	Aetna	Commercial		117066.83				9917	163369.2	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient				51240.57087	Aetna	Commercial		48868.12				11315	116412.17	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient				91477.9019	Aetna	Commercial		97240.07				15756	167037.23	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient				53455.86837	Aetna	Commercial		51531.04				35451.1	107297.02	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient				37308.74848	Aetna	Commercial		32119.77				22096.99	66965.88	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient				84664.09107	Aetna	Commercial		89048.74				61261.63	186355.69	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient				60380.87465	Aetna	Commercial		59856.28				41178.5	126482.2	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient				48716.59013	Aetna	Commercial		45834.36				31532.03	101735.36	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient				58145.78474	Aetna	Commercial		57169.34				39330	115686.89	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient				37464.41928	Aetna	Commercial		32306.91				22225.74	72520.25	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient				80842.30156	Aetna	Commercial		84454.31				8282	182619.97	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient				52798.70703	Aetna	Commercial		50741.26				8991	107399.07	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient				45732.10968	Aetna	Commercial		42246.04				11229	86482.71	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient				72041.90283	Aetna	Commercial		73874.77				22321	138316.21	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient				41220.51286	Aetna	Commercial		36822.35				25332.17	78315.16	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient				27398.85974	Aetna	Commercial		20306.2				13900.98	41938.41	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient				58705.62835	Aetna	Commercial		57842.36				39793.01	114382.13	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient				44633.84505	Aetna	Commercial		40925.75				28155.12	83067.72	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient				37211.63275	Aetna	Commercial		32003.02				22016.67	65529.91	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient				52705.87582	Aetna	Commercial		50629.66				34830.99	110445.96	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient				40223.64848	Aetna	Commercial		35623.96				8360	75162.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient				33275.58944	Aetna	Commercial		27271.24				9385	60664.37	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient				46069.15838	Aetna	Commercial		42651.23				13093	86869.04	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient				57634.489	Aetna	Commercial		56554.69				38907.15	120421.23	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient				39272.48562	Aetna	Commercial		34480.5				23721.08	80851.81	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient				32654.33441	Aetna	Commercial		26524.39				18247.62	60143.19	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient				40676.37915	Aetna	Commercial		36168.22				24882.15	76992.18	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient				28266.9886	Aetna	Commercial		21250.07				14619.12	47285.04	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient				60035.25691	Aetna	Commercial		59440.79				27633	123570.16	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient				44890.91609	Aetna	Commercial		41234.79				28367.73	81861.36	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient				37285.89772	Aetna	Commercial		32092.29				22078.09	67890.08	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient				61736.21082	Aetna	Commercial		61485.62				42299.42	126186.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient				38975.42574	Aetna	Commercial		34123.39				23475.4	71466.96	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient				30976.23177	Aetna	Commercial		24507.03				16859.76	52300.01	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient				47880.08106	Aetna	Commercial		44828.26				30839.88	83023.99	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient				29011.06646	Aetna	Commercial		22144.58				15234.5	40790.36	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient				56903.2747	Aetna	Commercial		55675.63				38302.4	111816.33	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient				35379.28748	Aetna	Commercial		29800.23				8902	61498.98	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient				30337.83868	Aetna	Commercial		23739.58				16331.79	47055.43	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient				48892.65534	Aetna	Commercial		46045.54				27418	93381.94	case rate	
FOOT PROCEDURES W CC	504	MS-DRG	inpatient				35256.46465	Aetna	Commercial		29652.58				20399.68	63033.36	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient				34950.83574	Aetna	Commercial		29285.16				20146.91	57577.39	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient				31478.94848	Aetna	Commercial		25111.38				17275.53	51399.79	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient				41034.85044	Aetna	Commercial		36599.16				25178.62	70796.36	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient				31070.49115	Aetna	Commercial		24620.35				16937.72	52751.94	case rate	
ARTHROSCOPY	509	MS-DRG	inpatient				29530.92123	Aetna	Commercial		22769.53				15664.44	60875.75	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient				49445.35808	Aetna	Commercial		46709.98				32134.42	99585.05	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient				39065.40061	Aetna	Commercial		34231.55				7655	67326.7	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient				33638.34524	Aetna	Commercial		27707.33				10564	55474.46	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient				33741.17366	Aetna	Commercial		27830.95				18516	59756.86	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient				25464.91423	Aetna	Commercial		17881.51				12301.7	40660.37	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient				55742.17048	Aetna	Commercial		54279.79				37342.12	112326.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient				39736.64167	Aetna	Commercial		35038.5				24104.95	68715.29	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient				31933.10732	Aetna	Commercial		25657.35				17651.14	50328.28	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient				62744.50008	Aetna	Commercial		62697.75				43133.31	112989.89	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient				38705.50115	Aetna	Commercial		33798.89				23252.16	67862.45	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient				31034.76984	Aetna	Commercial		24577.42				16908.19	47893.69	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	521	MS-DRG	inpatient				53352.83795	Aetna	Commercial		51407.42				7692	52111.06	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	522	MS-DRG	inpatient				40756.35681	Aetna	Commercial		36264.36				9003	36760.73	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient				33889.7036	Aetna	Commercial		28009.51				12781	55780.6	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient				22158.69467	Aetna	Commercial		13906.89				9567.33	34640.29	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient				29109.61036	Aetna	Commercial		22263.04				15316	45732.44	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient				21831.64348	Aetna	Commercial		13513.72				9296.85	27589.62	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient				24400.92574	Aetna	Commercial		16602.42				11421.74	33184.08	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient				20717.86895	Aetna	Commercial		12174.54				8375.55	29496.24	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient				38931.1524	Aetna	Commercial		34070.16				23438.78	73591.76	case rate	
OSTEOMYELITIS W CC	540	MS-DRG	inpatient				29131.03294	Aetna	Commercial		22288.8				15333.72	47266.82	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient				22842.78568	Aetna	Commercial		14729.29				7723	32170.88	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient				36636.07605	Aetna	Commercial		31311.11				8903	66524.88	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient				26167.57508	Aetna	Commercial		18726.23				10889	39088.34	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient				21551.72167	Aetna	Commercial		13177.21				9065.34	29098.49	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient				46197.6939	Aetna	Commercial		42805.75				29448.48	90353.28	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient				27718.57038	Aetna	Commercial		20590.78				14165.56	44260.02	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient				22207.25283	Aetna	Commercial		13965.26				9607.49	31256.09	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient				38437.00473	Aetna	Commercial		33476.12				23030.1	75341.17	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient				27617.11428	Aetna	Commercial		20709.25				14247.06	45346.11	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient				23741.13766	Aetna	Commercial		15809.22				10876.05	33668.81	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient				34896.56518	Aetna	Commercial		29219.92				9165	58007.45	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient				24390.92853	Aetna	Commercial		16590.4				11413.47	32837.85	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient				29892.24887	Aetna	Commercial		23203.9				15963.27	45105.57	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient				22327.21932	Aetna	Commercial		14109.48				9706.71	47368.4	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient				30570.63079	Aetna	Commercial		24019.43				16524.32	46621.72	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient				22364.3518	Aetna	Commercial		14154.12				9737.42	27979.59	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient				32824.28694	Aetna	Commercial		26728.7				18388.17	52205.25	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient				23135.56494	Aetna	Commercial		15081.25				10375.24	31471.12	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient				37018.82947	Aetna	Commercial		31771.23				21857.22	65555.42	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient				26758.83848	Aetna	Commercial		19437.02				13371.82	37236.88	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient				21733.09958	Aetna	Commercial		13395.25				9211	27556.82	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient				32308.71668	Aetna	Commercial		26108.9				12507	51319.61	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient				23381.2106	Aetna	Commercial		15376.56				10578.4	30545.39	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient				32897.12373	Aetna	Commercial		26816.26				18448.41	57300.4	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient				24863.65362	Aetna	Commercial		17158.7				11804.43	35564.01	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient				21308.93235	Aetna	Commercial		12885.33				8864.55	27782.79	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient				52324.55378	Aetna	Commercial		50171.25				34515.62	110502.68	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient				34753.74794	Aetna	Commercial		29048.23				9078	62063.89	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient				26865.95141	Aetna	Commercial		19565.79				11401	42955.26	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient				99395.69005	Aetna	Commercial		106758.56				16091	191396.17	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient				59231.76982	Aetna	Commercial		58474.18				36864	111010.87	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient				39810.90664	Aetna	Commercial		35127.77				24166.37	64093.94	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient				91754.96736	Aetna	Commercial		97573.14				67126.05	177881.99	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient				48424.21478	Aetna	Commercial		45482.4				31289.9	91450.3	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient				33591.21565	Aetna	Commercial		27659.67				19022.45	55751.45	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient				58322.87813	Aetna	Commercial		57382.23				39476.46	101968.62	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient				35534.95828	Aetna	Commercial		29987.38				20630	57941.85	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient				29823.69659	Aetna	Commercial		23121.49				8609	45061.83	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient				34399.56117	Aetna	Commercial		28622.44				10681	57202	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient				32325.85475	Aetna	Commercial		26129.5				14701	50226.23	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient				38562.6839	Aetna	Commercial		33627.2				23134.04	68205.04	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient				34640.92231	Aetna	Commercial		28912.6				19890.6	57063.5	case rate	
SKIN ULCERS W MCC	592	MS-DRG	inpatient				40440.73069	Aetna	Commercial		35884.93				24687.26	62257.06	case rate	
SKIN ULCERS W CC	593	MS-DRG	inpatient				27869.95666	Aetna	Commercial		20772.77				14290.76	41162.11	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient				21835.92799	Aetna	Commercial		13518.87				9300.39	29528.55	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient				41653.24912	Aetna	Commercial		37342.58				25690.06	72414.56	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient				25000.76018	Aetna	Commercial		17323.52				11917.82	36865.13	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient				33448.39831	Aetna	Commercial		27478.98				18904.34	62687.12	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient				27711.42951	Aetna	Commercial		20582.2				14159.65	42361.19	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient				19465.1617	Aetna	Commercial		10668.82				7339.68	26109.91	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient				25226.42663	Aetna	Commercial		17606.81				12112.71	34842.38	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient				19482.29977	Aetna	Commercial		10689.42				7353.85	22567.36	case rate	
CELLULITIS W MCC	602	MS-DRG	inpatient				31834.56342	Aetna	Commercial		25538.89				17569.64	52628.02	case rate	
CELLULITIS W/O MCC	603	MS-DRG	inpatient				23225.5398	Aetna	Commercial		15189.41				10449.65	30895.27	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient				32101.83767	Aetna	Commercial		25899.95				17790.51	51636.69	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient				23569.72936	Aetna	Commercial		15603.19				10734.31	31361.78	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient				33238.45695	Aetna	Commercial		27226.6				18730.71	50324.64	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient				23351.21898	Aetna	Commercial		15340.5				10553.59	29193.25	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient				42758.65461	Aetna	Commercial		38671.46				26604.27	86143.77	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient				31600.34314	Aetna	Commercial		25257.32				17375.93	53983.82	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient				67113.27965	Aetna	Commercial		67949.75				46746.45	150711.5	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient				38932.58057	Aetna	Commercial		34071.88				23439.96	75574.43	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient				27178.72118	Aetna	Commercial		19941.79				13719.08	42251.85	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient				47558.74226	Aetna	Commercial		44441.96				30574.12	106447.83	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient				33758.31173	Aetna	Commercial		27851.55				19160.65	65952.68	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient				32260.15881	Aetna	Commercial		26050.52				17921.62	57522.72	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient				65226.85382	Aetna	Commercial		65681.73				45186.15	138421.91	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient				37174.50027	Aetna	Commercial		31958.38				21985.96	70092.95	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient				26507.48012	Aetna	Commercial		19134.85				13163.94	47234.02	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient				52310.27205	Aetna	Commercial		50154.08				34503.81	101440.15	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient				31897.40301	Aetna	Commercial		25614.43				17621.61	58699.93	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient				28242.70967	Aetna	Commercial		21220.88				14599.04	39543.91	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient				67924.48161	Aetna	Commercial		68924.95				47417.35	133939.05	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient				42907.18454	Aetna	Commercial		38850.01				26727.11	85236.26	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient				30532.07013	Aetna	Commercial		23973.07				16492.43	55926.39	case rate	
DIABETES W MCC	637	MS-DRG	inpatient				31289.20164	Aetna	Commercial		24883.03				17118.44	50342.86	case rate	
DIABETES W CC	638	MS-DRG	inpatient				23435.48115	Aetna	Commercial		15441.8				10623.28	31788.2	case rate	
DIABETES W/O CC/MCC	639	MS-DRG	inpatient				19480.8716	Aetna	Commercial		10687.7				7352.67	23030.23	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG	inpatient				29373.82226	Aetna	Commercial		22580.67				15534.51	43378.03	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG	inpatient				21750.23764	Aetna	Commercial		13415.86				9229.52	27403.75	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient				29203.86974	Aetna	Commercial		22376.36				15393.95	46049.52	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient				34085.36322	Aetna	Commercial		28244.72				19431.13	59556.41	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient				25753.40506	Aetna	Commercial		18228.33				12540.29	36901.58	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient				21457.46229	Aetna	Commercial		13063.89				8987.39	27075.73	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG	inpatient				74822.55462	Aetna	Commercial		77217.58				53122.31	78274.49	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG	inpatient				59982.41453	Aetna	Commercial		59377.27				40848.96	60189.99	case rate	
KIDNEY TRANSPLANT	652	MS-DRG	inpatient				53498.51154	Aetna	Commercial		51582.54				35486.53	120803.91	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient				87906.04057	Aetna	Commercial		92946.1				63942.84	200052.09	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient				49686.71923	Aetna	Commercial		47000.14				32334.04	104720.29	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient				40693.51722	Aetna	Commercial		36188.82				24896.32	75705.63	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient				55400.83727	Aetna	Commercial		53869.45				37059.83	121277.71	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient				36928.8546	Aetna	Commercial		31663.07				21782.81	70974.94	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient				31733.16318	Aetna	Commercial		25416.99				17485.77	57089.01	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient				47564.45495	Aetna	Commercial		44448.82				30578.84	99391.89	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient				29812.27121	Aetna	Commercial		23107.76				15897.12	52759.23	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient				25563.45813	Aetna	Commercial		17999.98				12383.2	39099.27	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient				53388.54226	Aetna	Commercial		51450.34				35395.58	115850.9	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient				31427.53427	Aetna	Commercial		25049.57				17233.01	59782.37	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient				25751.97689	Aetna	Commercial		18226.51				12539.11	43214.02	case rate	
PROSTATECTOMY W MCC	665	MS-DRG	inpatient				54708.17362	Aetna	Commercial		53036.76				36486.97	115854.54	case rate	
PROSTATECTOMY W CC	666	MS-DRG	inpatient				35117.93192	Aetna	Commercial		29486.04				20285.1	64841.08	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient				25580.59619	Aetna	Commercial		18020.58				12397.37	39376.26	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient				50836.39807	Aetna	Commercial		48382.24				33284.86	102580.91	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient				32507.23265	Aetna	Commercial		26347.55				18125.96	57675.8	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient				24338.08615	Aetna	Commercial		16526.88				11369.77	35115.72	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient				35039.38243	Aetna	Commercial		29391.61				20220.14	61356.84	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient				23768.24534	Aetna	Commercial		15841.84				10898.49	38519.78	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient				63404.31579	Aetna	Commercial		63490.96				43679	130378.28	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient				44612.42246	Aetna	Commercial		40899.99				28137.4	84266.8	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient				33248.45416	Aetna	Commercial		27238.62				18738.98	59235.68	case rate	
RENAL FAILURE W MCC	682	MS-DRG	inpatient				32024.51036	Aetna	Commercial		25767.24				17726.73	55835.27	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RENAL FAILURE W CC	683	MS-DRG	inpatient				23455.47557	Aetna	Commercial		15465.84				10639.92	33493.87	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient				19280.92745	Aetna	Commercial		10447.34				7187.31	22589.23	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient				36860.30232	Aetna	Commercial		31580.66				21726.11	62599.65	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient				25519.18478	Aetna	Commercial		17946.76				12346.58	38403.15	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient				21743.09678	Aetna	Commercial		13407.27				9223.62	28825.14	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient				27362.95543	Aetna	Commercial		20163.27				13871.45	40513.37	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient				22114.42162	Aetna	Commercial		13853.67				9530.72	28941.77	case rate	
URINARY STONES W MCC	693	MS-DRG	inpatient				30817.70463	Aetna	Commercial		24316.45				16728.66	48239.93	case rate	
URINARY STONES W/O MCC	694	MS-DRG	inpatient				21768.80389	Aetna	Commercial		13438.18				9244.88	25588.74	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient				27671.44689	Aetna	Commercial		20534.12				14126.58	41955.52	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient				20474.87963	Aetna	Commercial		11882.66				8174.75	25096.72	case rate	
URETHRAL STRICTURE	697	MS-DRG	inpatient				26487.48571	Aetna	Commercial		19110.81				13147.4	34988.16	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient				34218.18327	Aetna	Commercial		28404.39				19540.98	58863.93	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient				25169.28253	Aetna	Commercial		17526.12				12057.2	37462.84	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient				20706.24357	Aetna	Commercial		12160.8				8366.1	27688.03	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient				38609.8136	Aetna	Commercial		33683.86				23173.02	65289.36	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient				31420.39341	Aetna	Commercial		25040.99				17227.1	51261.3	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient				40867.5426	Aetna	Commercial		36398.28				25040.42	74050.98	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient				28218.43074	Aetna	Commercial		21191.7				14578.96	60846.6	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient				40909.17126	Aetna	Commercial		36448.07				25074.68	75935.24	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient				27562.89958	Aetna	Commercial		20403.64				14036.81	39245.05	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient				31308.95595	Aetna	Commercial		24907.07				17134.97	53335.08	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient				24279.53108	Aetna	Commercial		16456.49				11321.34	33184.08	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient				42117.40517	Aetna	Commercial		37900.57				26073.93	80542.02	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient				30901.9668	Aetna	Commercial		24417.75				16798.34	53320.5	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient				36493.262	Aetna	Commercial		31139.42				21422.55	71226.42	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient				27382.94985	Aetna	Commercial		20187.31				13887.99	44923.34	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient				37365.87538	Aetna	Commercial		32188.44				22144.24	60489.43	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient				26504.62378	Aetna	Commercial		19131.42				13161.58	40145.27	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient				22151.55411	Aetna	Commercial		13898.31				9561.43	25118.58	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient				28312.69012	Aetna	Commercial		21305.01				14656.92	44256.38	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient				21029.01055	Aetna	Commercial		12548.82				8633.04	27862.97	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient				33741.17366	Aetna	Commercial		27830.95				19146.47	52409.35	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient				22017.30989	Aetna	Commercial		13736.92				9450.4	28843.36	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient				24927.92138	Aetna	Commercial		17235.96				11857.58	39434.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient				19468.01805	Aetna	Commercial		10672.25				7342.04	20715.91	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient				41633.2547	Aetna	Commercial		37318.54				25673.52	84040.83	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient				28588.32741	Aetna	Commercial		21636.37				14884.88	49748.79	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient				66106.41806	Aetna	Commercial		66739.34				45913.74	146899.25	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient				38779.76612	Aetna	Commercial		33888.17				23313.58	74036.4	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient				30079.33946	Aetna	Commercial		23428.82				16118	50743.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG	inpatient				62237.69886	Aetna	Commercial		62088.25				42714	131121.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient				36111.33995	Aetna	Commercial		30681				21107.19	63521.73	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient				29146.74284	Aetna	Commercial		22307.68				15346.71	48393	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient				36039.10316	Aetna	Commercial		30593.44				21046.95	62468.44	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient				27185.86205	Aetna	Commercial		19950.38				13724.99	40659.16	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient				37474.41648	Aetna	Commercial		32318.93				22234.01	61604.67	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient				25384.93667	Aetna	Commercial		17785.37				12235.55	38975.35	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient				34528.09669	Aetna	Commercial		28776.96				19797.29	61145.45	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient				23261.24411	Aetna	Commercial		15222.34				10479.18	34922.56	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient				30654.89296	Aetna	Commercial		24120.73				16594	47161.12	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient				46540.45529	Aetna	Commercial		43217.81				29731.96	94832.49	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient				30013.64353	Aetna	Commercial		23349.84				16063.67	44606.26	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient				37047.39292	Aetna	Commercial		31805.57				21880.84	67111.66	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient				26081.88473	Aetna	Commercial		18623.21				12811.96	38993.58	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient				24725.12089	Aetna	Commercial		16992.16				11689.86	28431.52	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient				31893.11849	Aetna	Commercial		25609.28				17618.06	52515.04	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient				24766.53789	Aetna	Commercial		17041.95				11724.11	37189.5	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient				19819.34847	Aetna	Commercial		11094.61				7632.6	25902.17	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient				24806.52672	Aetna	Commercial		17090.02				11757.19	31769.98	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient				19239.51045	Aetna	Commercial		10397.55				7153.06	20023.43	case rate	
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG	inpatient				27987.0668	Aetna	Commercial		20913.56				18199.7	41235	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient				32640.926589	Aetna	Commercial		26507.22				18235.81	53134.62	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient				21997.31148	Aetna	Commercial		13712.88				9433.86	38920.68	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient				20826.21006	Aetna	Commercial		12305.02				8465.32	24017.91	case rate	
ABORTION W/O D&C	779	MS-DRG	inpatient				24717.98003	Aetna	Commercial		16983.57				11683.96	27491.22	case rate	
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG	inpatient				35894.85774	Aetna	Commercial		30420.03				20078.11	63616.49	case rate	
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG	inpatient				25216.41222	Aetna	Commercial		17582.77				17582.77	40167.14	case rate	
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG	inpatient				22962.75607	Aetna	Commercial		14873.5				13600.71	30815.09	case rate	
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG	inpatient				35576.37528	Aetna	Commercial		30037.17				25010.51	56666.24	case rate	
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG	inpatient				25602.01878	Aetna	Commercial		18046.34				17390.57	39401.77	case rate	
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG	inpatient				22801.37258	Aetna	Commercial		14679.5				14488.66	32826.91	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient				36574.66783	Aetna	Commercial		31237.28				2972	60635.21	case rate	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient				96282.27408	Aetna	Commercial		103015.72				4276	199953.69	case rate	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient				69112.7211	Aetna	Commercial		70353.41				4276	136563.16	case rate	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient				45902.0622	Aetna	Commercial		42450.35				2972	82397.12	case rate	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient				70706.56157	Aetna	Commercial		72269.47				4276	140277.01	case rate	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient				31868.83956	Aetna	Commercial		25580.09				2972	49650.39	case rate	
NORMAL NEWBORN	795	MS-DRG	inpatient				13471.12686	Aetna	Commercial		3462.99				1269	11714.02	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG	inpatient				30847.69625	Aetna	Commercial		24352.51				23617.47	53510.02	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG	inpatient				24813.66758	Aetna	Commercial		17098.61				13623.23	30866.12	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG	inpatient				22175.83304	Aetna	Commercial		13927.49				13623.23	30866.12	case rate	
SPLENECTOMY W MCC	799	MS-DRG	inpatient				81350.70996	Aetna	Commercial		85065.53				58521.36	171354.51	case rate	
SPLENECTOMY W CC	800	MS-DRG	inpatient				50832.11355	Aetna	Commercial		48377.09				33281.32	95736.35	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient				36150.50061	Aetna	Commercial		30727.36				5977	56720.91	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient				59009.82908	Aetna	Commercial		58208.06				8199	121992.05	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient				37128.78975	Aetna	Commercial		31903.44				13379	62763.66	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient				27877.09752	Aetna	Commercial		20781.36				14296.66	44846.8	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG	inpatient				24989.3328	Aetna	Commercial		17309.79				16459.2	37291.55	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG	inpatient				21254.6618	Aetna	Commercial		12820.09				11379.24	25781.9	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG	inpatient				19935.62044	Aetna	Commercial		11233.68				9876.8	22377.84	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient				41868.90316	Aetna	Commercial		37601.83				25868.41	78329.74	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient				27791.40717	Aetna	Commercial		20678.34				14225.79	43899.21	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient				24936.49041	Aetna	Commercial		17246.26				11864.67	33603.21	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient				30636.32672	Aetna	Commercial		24098.41				16578.65	49420.78	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient				23454.0474	Aetna	Commercial		15464.12				10638.64	32189.11	case rate	
COAGULATION DISORDERS	813	MS-DRG	inpatient				32869.98846	Aetna	Commercial		26783.64				18425.97	58732.73	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient				40983.43623	Aetna	Commercial		36537.35				25136.1	80609.7	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient				24789.38865	Aetna	Commercial		17069.42				11743.01	35633.25	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient				20733.37885	Aetna	Commercial		12193.42				8388.54	26299.43	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient				42795.78709	Aetna	Commercial		38716.1				26634.98	92270.34	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient				27344.38919	Aetna	Commercial		20140.95				13856.09	49511.89	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient				23546.87861	Aetna	Commercial		15575.72				10715.41	30578.19	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient				96947.80245	Aetna	Commercial		103815.79				71420.72	199401.09	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient				42468.7356	Aetna	Commercial		38322.92				6969	87262.66	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient				28282.6985	Aetna	Commercial		21268.96				8721	44092.37	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient				74885.3942	Aetna	Commercial		77293.12				12547	164903.57	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient				42480.16597	Aetna	Commercial		38336.66				22652	79977.1	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient				29033.91722	Aetna	Commercial		22172.05				15253.4	49530.11	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient				73270.13115	Aetna	Commercial		75351.31				51838.4	180331.16	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient				43684.11036	Aetna	Commercial		39784.01				27369.65	82065.46	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient				34018.23912	Aetna	Commercial		28164.03				19375.62	59603.79	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient				55632.20121	Aetna	Commercial		54147.59				37251.17	113336.13	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient				33172.76102	Aetna	Commercial		27147.62				18676.38	51709.58	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient				25012.18356	Aetna	Commercial		17337.26				11927.27	37470.13	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient				21126.12628	Aetna	Commercial		12665.57				8713.36	26197.38	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient				17899.88468	Aetna	Commercial		8787.09				6045.14	17505.01	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient				90553.87432	Aetna	Commercial		96129.23				66132.7	200737.28	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient				42517.25346	Aetna	Commercial		38381.3				26404.65	77848.66	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient				27690.00693	Aetna	Commercial		20556.44				14141.93	44194.42	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient				78522.94947	Aetna	Commercial		81666.07				56182.68	195864.45	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient				38474.13721	Aetna	Commercial		33520.76				23060.81	85742.86	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient				29201.01339	Aetna	Commercial		22372.92				15391.59	45772.53	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient				55223.74388	Aetna	Commercial		53656.56				36913.36	120013.03	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient				33062.79174	Aetna	Commercial		27015.42				18585.43	59581.92	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient				25820.52917	Aetna	Commercial		18309.02				12595.8	40859.61	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient				37163.07489	Aetna	Commercial		31944.64				21976.51	67279.32	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient				27117.30977	Aetna	Commercial		19867.97				13668.29	42962.54	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient				22942.76165	Aetna	Commercial		14849.47				10215.78	31569.53	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient				45495.03305	Aetna	Commercial		41961.04				28867.35	102701.18	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient				27908.51731	Aetna	Commercial		20819.13				14322.65	48345.62	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient				21437.80787	Aetna	Commercial		13039.86				8970.85	33989.54	case rate	
RADIOTHERAPY	849	MS-DRG	inpatient				49028.33173	Aetna	Commercial		46208.65				31692.64	71805.91	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient				81989.12405	Aetna	Commercial		85832.98				59049.33	184311.07	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient				39699.50918	Aetna	Commercial		34993.86				24074.24	80283.25	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient				34895.13701	Aetna	Commercial		29218.2				20100.84	59855.76	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient				73835.68744	Aetna	Commercial		76031.2				52306.14	163580.58	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient				41091.97734	Aetna	Commercial		36667.83				25225.86	74958.49	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient				28919.66342	Aetna	Commercial		22034.69				15158.9	50299.12	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient				36897.63481	Aetna	Commercial		31625.3				21756.82	66612.35	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient				24950.77214	Aetna	Commercial		17263.43				11876.48	35892.02	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient				23198.40453	Aetna	Commercial		15156.79				10427.21	31500.28	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient				34011.09826	Aetna	Commercial		28155.44				19369.71	50375.66	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient				23696.83671	Aetna	Commercial		15755.99				10839.43	29900.3	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient				40472.15049	Aetna	Commercial		35922.7				24713.24	77735.67	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient				26093.31011	Aetna	Commercial		18636.95				12821.4	39248.7	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient				20454.88522	Aetna	Commercial		11858.63				8158.22	27986.88	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient				110061.282	Aetna	Commercial		119580.37				82266.06	229438.5	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient				38905.44029	Aetna	Commercial		34039.26				23417.52	67658.35	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient				25299.24622	Aetna	Commercial		17682.35				12164.68	38373.99	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient				63882.75354	Aetna	Commercial		64066.12				44074.69	120322.82	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient				24223.83235	Aetna	Commercial		16389.53				1933	21064.2	case rate	
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient				23536.8814	Aetna	Commercial		15563.7				1933	20466.85	case rate	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient				24005.32197	Aetna	Commercial		16126.84				1933	20874.19	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient				37374.44441	Aetna	Commercial		32198.74				1933	32639.46	case rate	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient				35682.06004	Aetna	Commercial		30164.22				1933	31027.88	case rate	
PSYCHOSES	885	MS-DRG	inpatient				30105.04667	Aetna	Commercial		23459.72				1933	26178.3	case rate	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient				34608.07435	Aetna	Commercial		28873.11				1933	30093.98	case rate	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient				29093.90046	Aetna	Commercial		22244.16				1933	25299.04	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient				18795.34881	Aetna	Commercial		9863.59				1933	94620.59	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient				33566.93862	Aetna	Commercial		27621.49				1933	29188.64	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient				35984.8326	Aetna	Commercial		30528.2				1933	31291.16	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient				22809.94161	Aetna	Commercial		14689.8				1933	19834.73	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient				72398.94594	Aetna	Commercial		74304				13124	162727.75	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient				37507.26445	Aetna	Commercial		32398.41				22261.17	69960.9	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient				28321.25916	Aetna	Commercial		21315.31				14664	56429.51	case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient				57094.64981	Aetna	Commercial		55905.7				38460.67	117574.8	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient				33208.46533	Aetna	Commercial		27190.55				18705.9	64480.26	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient				37462.69111	Aetna	Commercial		32305.19				22224.56	67177.27	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient				63711.37284	Aetna	Commercial		63860.1				43932.95	153659.98	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient				39212.50237	Aetna	Commercial		34408.39				23671.47	72629.59	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient				29960.80115	Aetna	Commercial		23286.31				16019.96	48305.53	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient				31934.53549	Aetna	Commercial		29559.07				17652.32	53694.99	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient				23554.01947	Aetna	Commercial		15584.3				10721.32	84762.6	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient				35926.27753	Aetna	Commercial		30457.81				20953.64	61116.3	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient				19999.2982	Aetna	Commercial		11310.94				7781.43	23154.14	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient				33382.70237	Aetna	Commercial		27400.01				18850	53710.47	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient				22885.63476	Aetna	Commercial		14780.79				10168.54	28380.5	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient				36650.36097	Aetna	Commercial		31328.27				21552.48	66488.44	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient				25354.84495	Aetna	Commercial		17749.31				12210.75	36558.98	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient				20556.28546	Aetna	Commercial		11980.53				8242.08	25752.74	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient				35510.67934	Aetna	Commercial		29958.19				20609.92	56797.45	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient				25035.03431	Aetna	Commercial		17364.73				11946.17	37582.48	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient				387038.1935	Aetna	Commercial		452552.52				299733.07	670041.49	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient				109415.7861	Aetna	Commercial		118804.33				81732.17	214142.12	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient				56513.38362	Aetna	Commercial		55206.92				37979.94	108324.8	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient				53892.68714	Aetna	Commercial		52056.41				33318	104246.49	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient				40475.00683	Aetna	Commercial		35926.13				24715.61	66823.74	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient				39740.92619	Aetna	Commercial		35043.65				24108.49	66393.68	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient				56510.52727	Aetna	Commercial		55203.49				37977.58	119495.5	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient				41533.28263	Aetna	Commercial		37198.36				25590.84	79251.83	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient				37097.37895	Aetna	Commercial		31865.66				21922.18	67476.12	case rate	
REHABILITATION W CC/MCC	945	MS-DRG	inpatient				32148.76136	Aetna	Commercial		25916.61				17829.49	49745.15	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient				25053.89056	Aetna	Commercial		17387.05				11961.53	38002.24	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient				28465.50458	Aetna	Commercial		21488.72				14783.3	43939.3	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient				22030.15945	Aetna	Commercial		13752.37				9461.03	28435.17	case rate	
AFTERCARE W CC/MCC	949	MS-DRG	inpatient				25387.75091	Aetna	Commercial		17788.8				12237.92	41774.41	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient				19562.27743	Aetna	Commercial		10785.57				7420	27148.63	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient				19016.71555	Aetna	Commercial		10129.71				6968.8	29098.49	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient				97569.05747	Aetna	Commercial		104562.64				71934.52	222207.62	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient				65977.88254	Aetna	Commercial		66584.82				45807.44	137904.37	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient				113883.0715	Aetna	Commercial		124174.79				85426.82	278934.93	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient				68357.21787	Aetna	Commercial		69445.17				47775.24	152336.99	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient				46757.53751	Aetna	Commercial		43478.78				29911.49	89318.21	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient				49641.01771	Aetna	Commercial		46945.2				32296.24	101866.57	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient				32027.3967	Aetna	Commercial		25770.67				17729.09	53754.21	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient				24242.3986	Aetna	Commercial		16411.85				11290.63	35509.34	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient				108743.0788	Aetna	Commercial		117995.67				81175.85	204050.22	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient				44929.47675	Aetna	Commercial		41281.14				28399.62	101600.51	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient				52243.14795	Aetna	Commercial		50073.39				34448.3	99242.46	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient				30060.77322	Aetna	Commercial		23406.5				16102.65	47011.7	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient				22662.83985	Aetna	Commercial		14512.96				9984.28	34208.22	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient				30814.84828	Aetna	Commercial		24313.02				16726.29	42638.18	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient				78291.93653	Aetna	Commercial		81387.93				11302	159287.24	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient				46094.86548	Aetna	Commercial		42682.13				14901	89398.39	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient				33943.97415	Aetna	Commercial		28074.75				19314.2	57187.42	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient				58815.59763	Aetna	Commercial		57974.56				39883.96	121459.94	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient				34826.58473	Aetna	Commercial		29135.79				20044.15	61706.72	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient				26019.04514	Aetna	Commercial		18547.67				12759.99	37929.35	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient				397605.2416	Aetna	Medicare		345743.69				320075.66	962560.73	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient				185457.3628	Aetna	Medicare		161267.27				144621.43	489203.72	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient				315081.1321	Aetna	Medicare		273983.61				251825.15	666967.04	case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient				220531.8504	Aetna	Medicare		191766.83				173629.34	416184.16	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient				158406.3481	Aetna	Medicare		137744.65				122249.23	373735.51	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient				79669.77196	Aetna	Medicare		69278.06				57131.14	234947	case rate	
LUNG TRANSPLANT	007	MS-DRG	inpatient				185775.5363	Aetna	Medicare		161544.21				144884.83	388186.35	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient				85736.6486	Aetna	Medicare		74553.61				62148.67	191305.05	case rate	
PANCREAS TRANSPLANT	010	MS-DRG	inpatient				79337.00778	Aetna	Medicare		68988.7				56855.93	164513.6	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient				84231.35482	Aetna	Medicare		73244.66				60903.74	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG	inpatient				67787.32795	Aetna	Medicare		58945.55				47303.96	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient				48946.9259	Aetna	Medicare		42562.54				31722.2	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient				174271.916	Aetna	Medicare		151540.8				135370.65	435540.63	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient				98608.71117	Aetna	Medicare		85920.62				73959.76	238334.97	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient				98608.71117	Aetna	Medicare		85920.62				70474.37	159673.57	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG	inpatient				536767.7948	Aetna	Medicare		466754.6				435168.29	641210.35	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG	inpatient				124751.464	Aetna	Medicare		108479.53				94415.39	139118.87	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient				131305.3474	Aetna	Medicare		114178.56				99835.69	379960.48	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient				98300.28717	Aetna	Medicare		85478.51				72539.27	289127.5	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient				60243.77009	Aetna	Medicare		52385.89				41065.11	187970.25	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient				91550.7387	Aetna	Medicare		79609.34				66957.14	198998.8	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient				64701.09636	Aetna	Medicare		56261.82				44751.49	313612.23	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient				73658.39266	Aetna	Medicare		64050.95				52159.67	159897.77	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient				52765.85907	Aetna	Medicare		45883.36				34880.6	109910.2	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient				45336.5059	Aetna	Medicare		39423.05				28736.25	87678.14	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient				96653.59892	Aetna	Medicare		84046.61				71177.4	195889.96	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient				59551.10645	Aetna	Medicare		51783.57				40492.25	115012.64	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient				43709.81747	Aetna	Medicare		38008.54				27390.91	79295.56	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient				69382.6457	Aetna	Medicare		60332.74				48623.3	152449.97	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient				41350.47656	Aetna	Medicare		35956.94				25439.65	103005.11	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient				33768.30894	Aetna	Medicare		29363.75				19168.92	169398.47	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient				66309.21855	Aetna	Medicare		57660.19				46081.46	279134.99	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient				43431.32384	Aetna	Medicare		37766.37				27160.59	80921.05	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient				36414.71252	Aetna	Medicare		31664.97				21357.59	62905.8	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient				58799.88773	Aetna	Medicare		51130.34				39870.97	116984.37	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient				33439.82927	Aetna	Medicare		29078.11				19897.25	60926.78	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient				26885.94583	Aetna	Medicare		23379.08				13476.94	41271.45	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient				65582.27877	Aetna	Medicare		57028.07				45480.26	143167.18	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient				42448.74118	Aetna	Medicare		36911.95				26347.96	85954.25	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient				35437.84265	Aetna	Medicare		30815.52				20549.68	102408.62	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient				38361.31159	Aetna	Medicare		33557.66				22967.5	80333.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient				24640.85871	Aetna	Medicare		21426.83				11620.17	98314.19	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient				31634.61928	Aetna	Medicare		27508.36				17404.27	143696.19	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient				25917.6449	Aetna	Medicare		22537.08				12676.12	38166.25	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient				44780.94682	Aetna	Medicare		38939.95				28276.78	77429.53	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient				30059.34505	Aetna	Medicare		26138.56				16101.46	44059.57	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient				35267.89003	Aetna	Medicare		30667.73				20409.13	64130.38	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient				27545.76151	Aetna	Medicare		23952.84				14022.64	40065.09	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient				23406.9177	Aetna	Medicare		20353.84				10599.66	30348.58	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient				50619.31585	Aetna	Medicare		44016.8				33105.33	103787.27	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient				37321.60203	Aetna	Medicare		32453.57				22107.62	121708.96	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient				31824.56621	Aetna	Medicare		27673.54				17561.37	136083.64	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient				39196.79248	Aetna	Medicare		34084.17				23658.47	215326.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient				25106.44294	Aetna	Medicare		21831.69				12005.23	37594.05	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient				20409.1837	Aetna	Medicare		17747.12				8120.42	26488.95	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient				30826.23786	Aetna	Medicare		26805.46				16735.74	54720.02	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient				23029.88017	Aetna	Medicare		20025.98				10287.83	32754.02	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient				21997.31148	Aetna	Medicare		19128.1				9433.86	27899.41	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient				36147.64426	Aetna	Medicare		31432.73				21136.72	59964.6	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient				25754.83324	Aetna	Medicare		22395.51				12541.47	39928.47	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient				21773.0884	Aetna	Medicare		18933.12				9248.42	27042.93	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient				32198.7474	Aetna	Medicare		27998.91				17870.83	51428.95	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient				25246.40384	Aetna	Medicare		21953.39				12120.98	35494.76	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient				37922.80674	Aetna	Medicare		32976.4				22604.89	53998.39	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient				23765.38899	Aetna	Medicare		20665.56				10896.13	30060.66	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient				32168.75578	Aetna	Medicare		27972.83				17846.03	56564.19	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient				25113.5838	Aetna	Medicare		21837.9				12011.13	35356.26	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient				21170.35962	Aetna	Medicare		18409.04				8749.97	27206.94	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient				42134.54324	Aetna	Medicare		36638.73				26088.1	68474.74	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient				23579.72657	Aetna	Medicare		20504.11				10742.58	31146.75	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient				43128.55127	Aetna	Medicare		37503.09				26910.19	78672.34	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient				29962.22932	Aetna	Medicare		26054.11				16021.15	47197.57	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient				23725.40016	Aetna	Medicare		20630.78				10863.05	33650.59	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient				43050.00179	Aetna	Medicare		37434.78				26845.22	79452.28	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient				29400.95754	Aetna	Medicare		25566.05				15556.95	45306.02	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient				23246.96239	Aetna	Medicare		20214.75				10467.37	30807.8	case rate	
CONCUSSION W MCC	088	MS-DRG	inpatient				32495.89767	Aetna	Medicare		28257.22				18116.51	53925.5	case rate	
CONCUSSION W CC	089	MS-DRG	inpatient				27013.05318	Aetna	Medicare		23489.61				13582.07	38906.11	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient				23941.05421	Aetna	Medicare		20818.31				11041.41	28916.26	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient				36143.35975	Aetna	Medicare		31429.01				21133.17	58750.95	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient				25244.97567	Aetna	Medicare		21952.15				12119.8	34379.51	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient				21650.26557	Aetna	Medicare		18826.32				9146.84	26889.86	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient				62328.90189	Aetna	Medicare		54199.05				42789.59	134044.74	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient				44640.98591	Aetna	Medicare		38818.25				28161.03	86774.28	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient				41720.37322	Aetna	Medicare		36278.59				25745.57	79937.51	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient				62531.70238	Aetna	Medicare		54375.39				42957.32	128978.75	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient				41360.47376	Aetna	Medicare		35965.63				25447.92	67443.32	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient				29445.23089	Aetna	Medicare		25604.55				15593.57	46392.11	case rate	
SEIZURES W MCC	100	MS-DRG	inpatient				38904.01712	Aetna	Medicare		33829.58				23416.34	69054.73	case rate	
SEIZURES W/O MCC	101	MS-DRG	inpatient				23581.15474	Aetna	Medicare		20505.35				10743.76	31682.51	case rate	
HEADACHES W MCC	102	MS-DRG	inpatient				27822.82696	Aetna	Medicare		24193.76				14251.78	39234.12	case rate	
HEADACHES W/O MCC	103	MS-DRG	inpatient				22621.42285	Aetna	Medicare		19670.8				9950.02	28478.9	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient				46398.60662	Aetna	Medicare		40347.01				29615.02	83924.2	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient				28182.72643	Aetna	Medicare		24506.72				14549.43	45743.37	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient				32932.82805	Aetna	Medicare		28637.24				18477.94	49643.1	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient				36737.47949	Aetna	Medicare		31945.63				21624.53	62249.77	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient				27705.71682	Aetna	Medicare		24091.93				14154.93	36537.12	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient				28888.24362	Aetna	Medicare		25120.21				15132.92	38607.25	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient				21223.24201	Aetna	Medicare		18454.99				8793.68	25723.59	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient				22073.00462	Aetna	Medicare		19193.92				9496.46	27440.19	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient				29469.90982	Aetna	Medicare		25625.66				15613.65	48520.56	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient				21980.17341	Aetna	Medicare		19113.19				9419.69	29528.55	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient				48467.05995	Aetna	Medicare		42145.27				31325.33	83760.2	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient				24002.46562	Aetna	Medicare		20871.71				11092.2	44190.78	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient				32080.20908	Aetna	Medicare		27895.83				17772.79	50189.79	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient				22954.18703	Aetna	Medicare		19960.16				10225.23	30804.16	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient				27552.90237	Aetna	Medicare		23959.05				14028.54	42291.94	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG	inpatient				64548.2819	Aetna	Medicare		56128.94				44625.1	65754.05	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG	inpatient				40177.94696	Aetna	Medicare		34937.35				24469.93	39055.87	case rate	
Major Head and Neck Procedures without Complications	142	MS-DRG	inpatient				32655.76259	Aetna	Medicare		28396.32				18248.8	28396.32	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG	inpatient				58085.8015	Aetna	Medicare		50509.39				39280.39	57878.74	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG	inpatient				35305.02251	Aetna	Medicare		30700.02				20439.84	30700.02	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG	inpatient				28029.91197	Aetna	Medicare		24373.84				14423.05	24373.84	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient				40739.21874	Aetna	Medicare		35425.41				24934.12	70089.3	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient				28239.85333	Aetna	Medicare		24556.39				14596.68	45575.72	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient				23296.94843	Aetna	Medicare		20258.22				10508.71	26379.61	case rate	
DYSEQUILIBRIUM	149	MS-DRG	inpatient				21226.09835	Aetna	Medicare		18457.48				8796.04	25916.75	case rate	
EPISTAXIS W MCC	150	MS-DRG	inpatient				29363.82505	Aetna	Medicare		25533.76				15526.24	48382.07	case rate	
EPISTAXIS W/O MCC	151	MS-DRG	inpatient				21597.42319	Aetna	Medicare		18780.37				9103.14	25650.69	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient				27560.04323	Aetna	Medicare		23965.25				14034.45	37980.38	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient				21084.70928	Aetna	Medicare		18334.53				8679.1	25942.26	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient				32558.64686	Aetna	Medicare		28311.87				18168.48	52719.14	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient				24109.57856	Aetna	Medicare		20964.85				11180.78	32192.75	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient				19952.16851	Aetna	Medicare		17349.71				7742.45	24050.72	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient				34969.40198	Aetna	Medicare		30408.18				20162.26	60974.16	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient				23993.89669	Aetna	Medicare		20864.26				11085.11	32447.87	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient				20233.51849	Aetna	Medicare		17594.36				7975.14	24724.97	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient				77908.83531	Aetna	Medicare		67746.81				55674.78	179288.81	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient				47014.80855	Aetna	Medicare		40882.27				30124.1	93626.13	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient				37388.22614	Aetna	Medicare		32511.94				22163.14	67512.57	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient				68542.88029	Aetna	Medicare		59602.5				47928.79	127488.11	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient				36580.38052	Aetna	Medicare		31809.03				21494.6	69159.93	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient				29952.23211	Aetna	Medicare		26045.42				16012.88	48895.95	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG	inpatient				54506.8013	Aetna	Medicare		47397.22				36320.42	53517.3	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient				30627.75769	Aetna	Medicare		26632.83				16571.56	53389.75	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient				22238.67263	Aetna	Medicare		19337.98				9633.48	32764.95	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient				34818.0157	Aetna	Medicare		30276.54				20037.06	67089.8	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient				24682.72572	Aetna	Medicare		21462.85				11654.43	46446.78	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient				21491.73843	Aetna	Medicare		18688.47				9015.73	33584.99	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient				35414.99179	Aetna	Medicare		30795.65				20530.78	61812.42	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient				26316.10502	Aetna	Medicare		22883.57				13005.66	41581.24	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient				21430.32701	Aetna	Medicare		18635.07				8964.94	28978.21	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient				33077.07346	Aetna	Medicare		28762.67				18597.24	54337.34	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient				25613.44416	Aetna	Medicare		22272.56				12424.54	36606.36	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient				21383.19732	Aetna	Medicare		18594.08				8925.97	26689.41	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient				32757.16683	Aetna	Medicare		28484.49				18332.66	56937.54	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient				24819.38027	Aetna	Medicare		21582.07				11767.82	38414.08	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient				21251.80545	Aetna	Medicare		18479.83				8817.3	27961.37	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient				28185.58277	Aetna	Medicare		24509.2				14551.79	45021.74	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient				26328.85857	Aetna	Medicare		22894.75				13016.3	43396.25	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient				22715.68223	Aetna	Medicare		19752.77				10027.98	33308	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient				19756.50888	Aetna	Medicare		17179.57				7580.63	26390.55	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient				29536.63392	Aetna	Medicare		25684.03				15669.16	47988.45	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient				22332.93201	Aetna	Medicare		19419.94				9711.43	32808.69	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient				19525.14494	Aetna	Medicare		16978.39				7389.29	25031.11	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient				37660.07891	Aetna	Medicare		32747.89				22387.56	59702.19	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient				24836.51834	Aetna	Medicare		21596.97				11781.99	36507.96	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient				21704.56312	Aetna	Medicare		18873.51				9191.72	27644.29	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient				35927.7057	Aetna	Medicare		31241.48				20954.82	64975.93	case rate	
PNEUMOTHORAX W CC	200	MS-DRG	inpatient				25971.91545	Aetna	Medicare		22584.27				12721.01	39172.16	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient				20674.82378	Aetna	Medicare		17978.11				8340.11	27891.99	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient				24065.24695	Aetna	Medicare		21100.22				11309.53	38695.65	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient				20514.86846	Aetna	Medicare		17839.02				8207.83	50775.53	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient				22342.92922	Aetna	Medicare		19428.63				9719.7	96731.64	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient				36444.70414	Aetna	Medicare		31691.05				21382.39	55321.38	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient				23636.85347	Aetna	Medicare		20553.79				10789.82	31471.12	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient				109248.6519	Aetna	Medicare		94998.83				49635	203970.04	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient				49205.42511	Aetna	Medicare		42787.33				31935.99	88833.48	case rate	
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG	inpatient				164414.6697	Aetna	Medicare		142969.28				37458	187453.26	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient				156475.459	Aetna	Medicare		136065.62				120652.31	469646.8	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient				149198.8203	Aetna	Medicare		129738.19				78485	357932.52	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient				101497.9599	Aetna	Medicare		88259.1				75183.87	231898.61	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient				91949.19882	Aetna	Medicare		79955.83				67286.69	215224.56	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient				120719.7331	Aetna	Medicare		104973.68				57338	280328.05	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient				85492.4311	Aetna	Medicare		74341.24				57338	189712.36	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient				76980.52321	Aetna	Medicare		66939.59				17199	167921.3	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient				82551.824	Aetna	Medicare		71784.19				59514.71	239676.19	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient				56000.6697	Aetna	Medicare		48696.23				37555.91	169415.59	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient				125489.5499	Aetna	Medicare		109990.91				19424	306106.31	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient				95546.76526	Aetna	Medicare		83084.14				27830	224521.94	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient				121982.2376	Aetna	Medicare		106071.51				53769	278363.61	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient				84825.47456	Aetna	Medicare		73761.28				61395.1	187594.85	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient				94575.60798	Aetna	Medicare		82239.66				47567	211747.62	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient				68305.80366	Aetna	Medicare		59396.35				33990	143097.93	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient				79239.86205	Aetna	Medicare		68904.25				56775.61	171635.15	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient				50710.71889	Aetna	Medicare		44096.28				33180.92	100040.63	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient				30439.22882	Aetna	Medicare		26468.9				15559	58167.82	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient				59935.28484	Aetna	Medicare		52117.64				20528	136195.06	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient				43118.55407	Aetna	Medicare		37494.39				19748	93094.02	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient				36718.91325	Aetna	Medicare		31929.49				19748	91806.34	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient				75306.70588	Aetna	Medicare		65484.09				53522.72	182671	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient				44163.97631	Aetna	Medicare		38403.46				27766.52	94278.51	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient				33254.16685	Aetna	Medicare		28916.67				18743.7	61149.1	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient				58488.54614	Aetna	Medicare		50859.51				39613.48	118806.67	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient				47024.60575	Aetna	Medicare		40890.96				30132.37	94551.86	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient				35370.71844	Aetna	Medicare		30757.15				20494.17	65967.26	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient				49828.10831	Aetna	Medicare		43328.79				32450.97	92583.77	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient				34008.24191	Aetna	Medicare		29572.38				19367.35	63733.12	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient				24743.68713	Aetna	Medicare		21516.25				11705.22	41041.84	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient				49273.97739	Aetna	Medicare		42846.94				15797	108929.8	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient				37248.76523	Aetna	Medicare		32390.23				15797	76427.26	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient				57937.27156	Aetna	Medicare		50380.24				12982	131916.3	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient				37465.84745	Aetna	Medicare		32579				12982	72593.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient				34088.21957	Aetna	Medicare		29641.93				12982	59439.78	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient				50939.22648	Aetna	Medicare		44294.98				33369.91	87186.12	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient				57234.61071	Aetna	Medicare		49769.23				38576.42	115118.34	case rate	
AICD LEAD PROCEDURES	265	MS-DRG	inpatient				61063.64749	Aetna	Medicare		53098.73				41743.09	113591.25	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient				99795.57834	Aetna	Medicare		86778.76				73775.94	262101.41	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient				80288.17064	Aetna	Medicare		69815.8				57642.58	213139.85	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient				108487.436	Aetna	Medicare		94336.9				80964.43	244323.05	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient				69982.47813	Aetna	Medicare		60854.33				49119.39	151283.7	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient				82811.75139	Aetna	Medicare		72010.22				59729.68	184478.72	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient				59950.99474	Aetna	Medicare		52131.3				40822.98	127335.03	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient				45430.76529	Aetna	Medicare		39505.01				28814.2	95419.27	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient				66246.37896	Aetna	Medicare		57605.55				46029.49	133119.02	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient				56874.71125	Aetna	Medicare		49456.27				38278.77	108547.12	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG	inpatient				111073.8563	Aetna	Medicare		96585.96				83103.49	122451.06	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG	inpatient				99282.86443	Aetna	Medicare		86332.93				73351.9	108082.32	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG	inpatient				78891.41797	Aetna	Medicare		68601.23				56487.41	83232.89	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG	inpatient				74292.70563	Aetna	Medicare		64602.35				52684.1	77628.8	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG	inpatient				56300.58592	Aetna	Medicare		48957.03				37803.95	55703.24	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient				33248.45416	Aetna	Medicare		28911.7				18738.98	60394.67	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient				23629.71261	Aetna	Medicare		20547.58				10783.92	35702.5	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient				20846.20447	Aetna	Medicare		18127.13				8481.85	27298.05	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient				38745.48998	Aetna	Medicare		33691.73				23285.23	65774.1	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient				21154.68972	Aetna	Medicare		18395.38				8736.98	27939.5	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient				17569.97684	Aetna	Medicare		15278.24				5772.29	21736.39	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient				41376.16366	Aetna	Medicare		35979.29				13521	79481.44	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient				26037.61139	Aetna	Medicare		22641.4				9969	41508.35	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient				47623.01002	Aetna	Medicare		41411.31				30627.27	98189.17	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient				31694.60252	Aetna	Medicare		27560.52				17453.88	62319.02	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient				25232.12211	Aetna	Medicare		21940.98				12109.17	36861.48	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient				28926.80428	Aetna	Medicare		25153.74				15164.81	49034.45	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient				22822.79516	Aetna	Medicare		19845.91				10116.57	33523.03	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient				18609.68639	Aetna	Medicare		16182.34				6632.17	24258.46	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient				26210.40805	Aetna	Medicare		22791.67				12918.26	42306.52	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient				19609.40712	Aetna	Medicare		17051.66				7458.97	20092.68	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient				33486.95896	Aetna	Medicare		29119.09				18936.23	55962.83	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient				20996.16258	Aetna	Medicare		18257.53				8605.87	23777.37	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient				16858.74695	Aetna	Medicare		14659.78				5184.08	17585.2	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient				33101.3524	Aetna	Medicare		28783.78				18617.32	52861.28	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient				25829.09821	Aetna	Medicare		22460.09				12602.89	37309.77	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient				20727.66616	Aetna	Medicare		18024.06				8383.82	26467.09	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient				26601.73951	Aetna	Medicare		23131.95				13241.9	38979	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient				19989.30099	Aetna	Medicare		17382				7773.16	24254.81	case rate	
HYPERTENSION W MCC	304	MS-DRG	inpatient				27000.19963	Aetna	Medicare		23478.43				13571.44	39401.77	case rate	
HYPERTENSION W/O MCC	305	MS-DRG	inpatient				21351.77753	Aetna	Medicare		18566.76				8899.98	26237.48	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient				32538.85245	Aetna	Medicare		28294.48				18151.94	51345.12	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient				24052.45166	Aetna	Medicare		20915.18				11133.54	31197.78	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient				27759.98738	Aetna	Medicare		24139.12				14199.81	43866.41	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient				21226.09835	Aetna	Medicare		18457.48				8796.04	27826.52	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient				18488.29773	Aetna	Medicare		16076.78				6531.77	20493.59	case rate	
ANGINA PECTORIS	311	MS-DRG	inpatient				20560.56998	Aetna	Medicare		17878.76				8245.62	25045.69	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient				22922.76724	Aetna	Medicare		19932.84				10199.25	29211.47	case rate	
CHEST PAIN	313	MS-DRG	inpatient				20924.75396	Aetna	Medicare		18195.44				8546.82	25778.26	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient				40489.28856	Aetna	Medicare		35208.08				24727.42	73733.9	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient				24405.21026	Aetna	Medicare		21221.92				11425.28	34838.73	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient				20483.44867	Aetna	Medicare		17811.69				8181.84	27381.88	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG	inpatient				72885.95276	Aetna	Medicare		63379.09				51520.67	75914.51	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG	inpatient				42381.61707	Aetna	Medicare		36853.58				26292.44	38741.3	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG	inpatient				51646.17185	Aetna	Medicare		44909.71				33954.58	50031.28	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG	inpatient				36631.79473	Aetna	Medicare		31853.73				21537.13	31853.73	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG	inpatient				69716.83805	Aetna	Medicare		60623.34				48899.69	72052.56	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG	inpatient				52987.2258	Aetna	Medicare		46075.85				35063.68	51665.51	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG	inpatient				48355.6625	Aetna	Medicare		42048.4				31233.2	49021.4	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient				83127.3775	Aetna	Medicare		72284.68				59990.71	191556.53	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient				46257.67714	Aetna	Medicare		40224.07				29498.09	90542.8	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient				33402.89679	Aetna	Medicare		29045.82				18866.54	56203.38	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient				75098.1919	Aetna	Medicare		65302.78				53350.27	181963.94	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient				44468.17704	Aetna	Medicare		38667.98				28018.11	91964.19	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient				34469.54162	Aetna	Medicare		29973.51				19748.86	61765.04	case rate	
RECTAL RESECTION W MCC	332	MS-DRG	inpatient				62398.88234	Aetna	Medicare		54259.9				42847.47	123850.8	case rate	
RECTAL RESECTION W CC	333	MS-DRG	inpatient				40289.34441	Aetna	Medicare		35034.21				24562.06	70260.6	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient				33514.09424	Aetna	Medicare		29142.69				18958.67	47605.77	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient				61647.66363	Aetna	Medicare		53606.66				42226.18	148043.65	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient				40657.81291	Aetna	Medicare		35354.62				24866.79	83760.2	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient				31961.67077	Aetna	Medicare		27792.76				17674.76	53433.87	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient				49728.13623	Aetna	Medicare		43241.86				32368.29	108871.49	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient				32592.923	Aetna	Medicare		28341.67				18196.83	59683.97	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient				28982.50301	Aetna	Medicare		25202.18				15210.88	45069.12	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient				46996.04281	Aetna	Medicare		40866.12				30108.75	87874.95	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient				29176.73446	Aetna	Medicare		25371.07				15371.51	51024.4	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient				24526.60492	Aetna	Medicare		21327.48				11525.68	34612.77	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient				44866.63716	Aetna	Medicare		39014.47				28347.65	89165.14	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient				31378.9764	Aetna	Medicare		27286.07				17192.85	54672.64	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient				26428.93064	Aetna	Medicare		22981.68				13098.98	38395.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient				52354.5454	Aetna	Medicare		45525.69				34540.43	108095.19	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient				35123.64461	Aetna	Medicare		30542.3				20289.83	63088.03	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient				30050.70981	Aetna	Medicare		26131.11				16094.38	49377.04	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient				71697.71326	Aetna	Medicare		62345.84				50537.95	144898.36	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient				41964.59071	Aetna	Medicare		36490.95				25947.55	77874.17	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient				28886.81545	Aetna	Medicare		25118.97				15131.74	49140.14	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient				34183.9173	Aetna	Medicare		29725.14				19512.63	70851.02	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient				24705.12647	Aetna	Medicare		21482.72				11673.33	40411.32	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient				21211.81663	Aetna	Medicare		18445.06				8784.23	27090.31	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient				35550.66817	Aetna	Medicare		30913.62				20642.99	63372.3	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient				25476.35861	Aetna	Medicare		22153.34				12311.15	37845.53	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient				20823.35371	Aetna	Medicare		18107.26				8462.95	27611.49	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient				40567.83804	Aetna	Medicare		35276.38				24792.38	75260.99	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient				27704.28865	Aetna	Medicare		24090.69				14153.74	43979.39	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient				23321.22786	Aetna	Medicare		20279.33				10628.79	33373.6	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient				36159.06964	Aetna	Medicare		31442.67				21146.16	65194.6	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient				24640.85871	Aetna	Medicare		21426.83				11620.17	36092.47	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient				19633.68605	Aetna	Medicare		17072.77				7479.05	23806.53	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient				39418.48848	Aetna	Medicare		33407.34				23014.75	70923.92	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient				25914.78855	Aetna	Medicare		22534.6				12673.76	39908.37	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient				21403.19174	Aetna	Medicare		18611.47				8942.5	27983.24	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient				30659.20541	Aetna	Medicare		26573.22				16514.87	49238.55	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient				23097.80428	Aetna	Medicare		20084.35				10343.35	31172.26	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient				32968.53236	Aetna	Medicare		28668.29				18507.47	61881.66	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient				24466.62167	Aetna	Medicare		21275.32				11476.07	35720.72	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient				20360.62584	Aetna	Medicare		17704.89				8080.26	25391.93	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient				31348.98478	Aetna	Medicare		27259.99				17168.04	55787.89	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient				21964.48261	Aetna	Medicare		19099.53				9406.69	30731.27	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient				18573.98208	Aetna	Medicare		16151.29				6602.64	21539.59	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient				28809.69414	Aetna	Medicare		25051.91				15067.96	44518.79	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient				21810.22089	Aetna	Medicare		18965.41				9279.13	27531.31	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient				33721.17925	Aetna	Medicare		29322.76				19129.94	59501.74	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient				23971.04583	Aetna	Medicare		20844.39				11066.21	34299.33	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient				19837.91471	Aetna	Medicare		17250.36				7647.96	24655.72	case rate	
APPENDIX PROCEDURES WITH MCC	397	MS-DRG	inpatient				42675.8206	Aetna	Medicare		37109.41				26535.76	39099.83	case rate	
APPENDIX PROCEDURES WITH CC	398	MS-DRG	inpatient				32203.03192	Aetna	Medicare		28002.64				17874.37	28002.64	case rate	
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG	inpatient				26487.48571	Aetna	Medicare		23032.6				13147.4	23032.6	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient				89214.24855	Aetna	Medicare		77577.61				65024.78	196046.68	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient				51827.54976	Aetna	Medicare		45067.43				34104.56	103236.94	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient				41310.48773	Aetna	Medicare		35922.16				25406.58	73139.83	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient				63749.9335	Aetna	Medicare		55434.72				43964.84	147478.74	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient				38544.11766	Aetna	Medicare		33516.62				23118.69	84653.12	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient				32944.25342	Aetna	Medicare		28647.18				18487.39	60230.66	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient				51729.02686	Aetna	Medicare		44981.74				10482	145714.75	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient				39803.76577	Aetna	Medicare		34611.97				11647	86810.73	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient				32150.18953	Aetna	Medicare		27956.69				15908	61455.25	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient				60936.43374	Aetna	Medicare		52988.2				28270	130374.63	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient				38808.32967	Aetna	Medicare		33746.37				23337.2	73577.18	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient				29716.58365	Aetna	Medicare		25840.51				15817.99	50772.92	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient				43692.6794	Aetna	Medicare		37993.63				27376.74	88323.24	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient				33936.83329	Aetna	Medicare		29510.29				19308.29	60653.43	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient				29345.25881	Aetna	Medicare		25517.62				15510.89	47532.87	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient				56303.44226	Aetna	Medicare		48959.52				37806.31	128202.45	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient				35006.53446	Aetna	Medicare		30440.46				8253	64841.08	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient				30742.01149	Aetna	Medicare		26732.18				10272	54945.99	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient				66444.89464	Aetna	Medicare		57778.17				16017	143815.92	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient				40400.74186	Aetna	Medicare		35131.08				24654.19	79856.83	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient				33468.39272	Aetna	Medicare		29102.95				18920.87	54410.23	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient				37954.28243	Aetna	Medicare		33003.72				13893	66550.4	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient				25314.95612	Aetna	Medicare		22013.01				12177.68	37462.84	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient				20152.11266	Aetna	Medicare		17523.58				7907.81	53360.86	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient				35724.90521	Aetna	Medicare		31065.13				20787.09	61874.37	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient				26310.39233	Aetna	Medicare		22878.6				13000.94	41399.01	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient				22460.02656	Aetna	Medicare		19530.47				9816.55	31554.95	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient				34423.8401	Aetna	Medicare		29933.77				19711.06	59705.84	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient				22804.22892	Aetna	Medicare		19829.76				10101.21	31427.39	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient				19382.3277	Aetna	Medicare		16854.2				7271.17	22643.9	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient				36700.34701	Aetna	Medicare		31913.35				11778	67687.51	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient				24179.55901	Aetna	Medicare		21025.7				11238.66	34219.15	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient				20797.64661	Aetna	Medicare		18084.91				8441.69	25359.13	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient				33915.4107	Aetna	Medicare		29491.66				19290.57	58710.86	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient				26111.87635	Aetna	Medicare		22705.98				12836.76	38909.75	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient				22037.30031	Aetna	Medicare		19162.87				9466.93	28974.57	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient				137146.5728	Aetna	Medicare		119257.89				17717	346124.02	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient				97941.81048	Aetna	Medicare		85166.79				36879	230951.01	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient				76366.40905	Aetna	Medicare		66405.57				54399.14	182230	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient				130976.8478	Aetna	Medicare		113892.93				99564.03	332577.04	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient				97356.25977	Aetna	Medicare		84657.62				71758.53	238524.49	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient				75300.99239	Aetna	Medicare		65479.12				53518	186647.26	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient				105311.1804	Aetna	Medicare		91574.94				78337.54	232700.42	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O CC/MCC	460	MS-DRG	inpatient				62831.61866	Aetna	Medicare		54636.19				43205.36	147150.73	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient				107970.4375	Aetna	Medicare		93887.34				9917	163369.2	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient				51240.57087	Aetna	Medicare		44557.02				11315	116412.17	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient				91477.9019	Aetna	Medicare		79546				15756	187037.23	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient				53455.66637	Aetna	Medicare		46483.19				35451.1	107297.02	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient				37308.74848	Aetna	Medicare		32442.39				22096.99	66965.88	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient				84664.09107	Aetna	Medicare		73620.95				61261.63	186355.69	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient				60380.87465	Aetna	Medicare		52505.11				41178.5	126482.2	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient				48716.99013	Aetna	Medicare		42362.6				31532.03	101735.36	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient				58145.78474	Aetna	Medicare		50561.55				39330	115686.89	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient				37464.41928	Aetna	Medicare		32577.76				22225.74	72520.25	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient				80842.30156	Aetna	Medicare		70297.65				8282	182619.97	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient				52798.70703	Aetna	Medicare		45911.92				8991	107399.07	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient				45732.10968	Aetna	Medicare		39767.05				11229	86482.71	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient				72041.90283	Aetna	Medicare		62645.13				22321	138316.21	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient				41220.51286	Aetna	Medicare		35843.92				25332.17	78315.16	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient				27398.85974	Aetna	Medicare		23824.92				13900.98	41938.41	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient				58705.62835	Aetna	Medicare		51048.37				39793.01	114382.13	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient				44633.84505	Aetna	Medicare		38812.04				28155.12	83067.72	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient				37211.63275	Aetna	Medicare		32357.94				22016.67	65529.91	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient				52705.87582	Aetna	Medicare		45831.2				34830.99	110445.96	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient				40223.64848	Aetna	Medicare		34977.09				8360	75162.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient				33275.58944	Aetna	Medicare		28935.3				9385	60664.37	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient				46669.15838	Aetna	Medicare		40060.14				13093	86869.04	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient				57634.499	Aetna	Medicare		50116.96				38907.15	120421.23	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient				39272.48562	Aetna	Medicare		34149.99				23721.08	80851.81	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient				32654.33441	Aetna	Medicare		28395.07				18247.62	60143.19	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient				40676.37915	Aetna	Medicare		35370.76				24882.15	76992.18	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient				26266.9886	Aetna	Medicare		24579.99				14619.12	47285.04	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient				60035.25691	Aetna	Medicare		52204.57				27633	123570.16	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient				44890.91609	Aetna	Medicare		39035.58				28367.73	81861.36	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient				37285.89772	Aetna	Medicare		32422.52				22078.09	67890.08	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient				61736.21032	Aetna	Medicare		53683.66				42299.42	126186.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient				38975.42574	Aetna	Medicare		33891.67				23475.4	71466.96	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient				30976.23177	Aetna	Medicare		26935.85				16859.76	52300.01	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient				47880.08106	Aetna	Medicare		41634.85				30839.88	83023.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient				29011.06646	Aetna	Medicare		25227.01				15234.5	40790.36	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient				56903.2747	Aetna	Medicare		49481.11				38302.4	111816.33	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient				35379.28748	Aetna	Medicare		30764.6				8902	61498.98	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient				30337.83868	Aetna	Medicare		26380.73				16331.79	47055.43	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient				48892.65534	Aetna	Medicare		42515.35				27418	93381.94	case rate	
FOOT PROCEDURES W CC	504	MS-DRG	inpatient				35256.40665	Aetna	Medicare		30657.8				20399.68	63033.36	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient				34950.83574	Aetna	Medicare		30392.03				20146.91	57577.39	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient				31478.94848	Aetna	Medicare		27373				17275.53	51399.79	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient				41034.85044	Aetna	Medicare		35682.48				25178.62	70796.36	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient				31070.49115	Aetna	Medicare		27017.82				16937.72	52751.94	case rate	
ARTHROSCOPY	509	MS-DRG	inpatient				29530.92123	Aetna	Medicare		25679.06				15664.44	60875.75	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient				49445.35808	Aetna	Medicare		42995.96				32134.42	99585.05	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient				39065.40061	Aetna	Medicare		33969.91				7655	67326.7	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient				33638.34324	Aetna	Medicare		29259.73				19564	55474.46	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient				33741.17366	Aetna	Medicare		29340.15				18516	59756.86	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient				25464.91423	Aetna	Medicare		22143.4				12301.7	40660.37	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient				55742.17048	Aetna	Medicare		48471.45				37342.12	112326.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient				39736.64167	Aetna	Medicare		34553.6				24104.95	68715.29	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient				31933.10732	Aetna	Medicare		27767.92				17651.14	50328.28	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient				62744.50008	Aetna	Medicare		54560.43				43133.31	112989.89	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient				38705.50115	Aetna	Medicare		33656.96				23252.16	67862.45	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient				31034.76864	Aetna	Medicare		26986.77				16908.19	47893.69	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	521	MS-DRG	inpatient				53352.83795	Aetna	Medicare		46393.77				7692	52111.06	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	522	MS-DRG	inpatient				40756.35681	Aetna	Medicare		35440.31				9003	36760.73	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient				33889.7036	Aetna	Medicare		29469.31				12781	55780.6	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient				22158.89467	Aetna	Medicare		19268.43				9567.33	34640.29	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient				29109.61036	Aetna	Medicare		25312.7				15316	45732.44	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient				21831.64348	Aetna	Medicare		18984.04				9296.85	27589.62	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient				24400.92574	Aetna	Medicare		21218.2				11421.74	33184.08	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient				20717.86865	Aetna	Medicare		18015.36				8375.55	26496.24	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient				38931.1524	Aetna	Medicare		33853.18				23438.78	73591.76	case rate	
OSTEOMYELITIS W CC	540	MS-DRG	inpatient				29131.03294	Aetna	Medicare		25331.33				15333.72	47266.82	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient				22842.78958	Aetna	Medicare		19863.3				7723	32170.88	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient				39636.07925	Aetna	Medicare		31857.46				8903	66524.88	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient				26167.57508	Aetna	Medicare		22754.41				10889	39088.34	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient				21551.72167	Aetna	Medicare		18740.63				9065.34	29098.49	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient				46197.6939	Aetna	Medicare		40171.91				29448.48	90353.28	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient				27718.55018	Aetna	Medicare		24103.1				14165.56	44260.02	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient				22207.25283	Aetna	Medicare		19310.65				9607.49	31256.09	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient				38437.00473	Aetna	Medicare		33423.48				23030.1	75341.17	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient				27617.11428	Aetna	Medicare		24188.8				14247.06	45346.11	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient				23741.11066	Aetna	Medicare		20644.44				10876.05	33668.81	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient				34896.56518	Aetna	Medicare		30344.84				9165	58007.45	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient				24390.92853	Aetna	Medicare		21209.5				11413.47	32837.85	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient				29892.24897	Aetna	Medicare		25993.26				15963.27	45105.57	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient				22327.21662	Aetna	Medicare		19414.97				9706.71	47388.4	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient				30570.63079	Aetna	Medicare		26583.16				16524.32	46621.72	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient				22364.3518	Aetna	Medicare		19447.26				9737.42	27979.59	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient				32824.28694	Aetna	Medicare		28542.86				18388.17	52205.25	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient				23135.56494	Aetna	Medicare		20117.88				10375.24	31471.12	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient				37018.82947	Aetna	Medicare		32190.29				21857.22	65555.42	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient				26758.83848	Aetna	Medicare		23268.56				13371.82	37236.88	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient				21733.09958	Aetna	Medicare		18898.35				9211	27556.82	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient				32308.71668	Aetna	Medicare		28094.54				12507	51319.61	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient				23381.2106	Aetna	Medicare		20331.49				10578.4	30545.39	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient				32897.12373	Aetna	Medicare		28606.19				18448.41	57300.4	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient				24863.65362	Aetna	Medicare		21620.57				11804.43	35564.01	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient				21308.93235	Aetna	Medicare		18529.51				8864.55	27782.79	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient				52324.55378	Aetna	Medicare		45499.61				34515.62	110602.68	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient				34753.74794	Aetna	Medicare		30220.65				9078	62063.89	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient				26865.95141	Aetna	Medicare		23361.7				11401	42955.26	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient				99395.69005	Aetna	Medicare		86431.03				16091	191396.17	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient				59231.19582	Aetna	Medicare		51505.39				36864	111010.87	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient				39810.90664	Aetna	Medicare		34618.18				24166.37	64093.94	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient				91754.96736	Aetna	Medicare		79786.93				67126.05	177681.99	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient				48424.21478	Aetna	Medicare		42108.01				31289.9	91450.3	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient				33691.21565	Aetna	Medicare		29209.75				19022.45	55751.45	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient				58322.87813	Aetna	Medicare		50715.55				39476.46	101968.62	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient				35534.95828	Aetna	Medicare		30899.96				20630	57941.85	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient				29823.69659	Aetna	Medicare		25933.65				8609	45061.83	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient				34399.55117	Aetna	Medicare		29912.66				10681	57202	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient				32325.85475	Aetna	Medicare		28109.44				14701	50226.23	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient				38562.6839	Aetna	Medicare		33532.77				23134.04	68205.04	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient				34640.92231	Aetna	Medicare		30122.54				19890.6	57063.5	case rate	
SKIN ULCERS W MCC	592	MS-DRG	inpatient				40440.73089	Aetna	Medicare		35165.85				24687.26	62257.06	case rate	
SKIN ULCERS W CC	593	MS-DRG	inpatient				27869.95666	Aetna	Medicare		24234.74				14290.76	41162.11	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient				21835.92799	Aetna	Medicare		18987.76				9300.39	29528.55	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient				41653.24912	Aetna	Medicare		36220.22				25690.06	72414.56	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient				25000.75818	Aetna	Medicare		21739.79				11917.82	36965.13	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient				33448.39831	Aetna	Medicare		29085.56				18904.34	62687.12	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient				27711.42951	Aetna	Medicare		24096.9				14159.65	42361.19	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient				19465.1617	Aetna	Medicare		16926.23				7339.68	26109.91	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient				25226.40663	Aetna	Medicare		21944.7				12112.71	34842.38	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient				19482.29977	Aetna	Medicare		16941.13				7353.85	22567.36	case rate	
CELLULITIS W MCC	602	MS-DRG	inpatient				31834.56342	Aetna	Medicare		27682.23				17569.64	52628.02	case rate	
CELLULITIS W/O MCC	603	MS-DRG	inpatient				23225.5398	Aetna	Medicare		20196.12				10449.65	30895.27	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient				32101.63167	Aetna	Medicare		27914.46				17790.51	51636.69	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient				23569.72936	Aetna	Medicare		20495.42				10734.31	31361.78	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient				33238.45695	Aetna	Medicare		28903.01				18730.71	50324.64	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient				23351.21898	Aetna	Medicare		20305.41				10553.59	29193.25	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient				42758.66461	Aetna	Medicare		37181.44				26504.27	86143.77	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient				31600.34314	Aetna	Medicare		27478.56				17375.93	53983.82	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient				67113.27965	Aetna	Medicare		58359.37				46746.45	150711.5	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient				38932.58057	Aetna	Medicare		33854.42				23439.96	75574.43	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient				27178.72118	Aetna	Medicare		23633.67				13719.08	42251.85	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient				47558.74229	Aetna	Medicare		41355.43				30574.12	105447.83	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient				33758.31173	Aetna	Medicare		29355.05				19160.65	65952.68	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient				32260.15881	Aetna	Medicare		28052.31				17921.62	57522.72	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient				65226.66382	Aetna	Medicare		56718.84				45186.15	138421.91	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient				37174.50027	Aetna	Medicare		32325.65				21985.96	70092.95	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient				26507.48012	Aetna	Medicare		23049.98				13163.94	47234.02	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient				52310.27205	Aetna	Medicare		45487.19				34503.81	101440.15	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient				31897.40301	Aetna	Medicare		27736.87				17621.61	58699.93	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient				28242.74227	Aetna	Medicare		24558.88				14599.04	39543.91	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient				67924.48161	Aetna	Medicare		59064.77				47417.35	133939.05	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient				42907.18454	Aetna	Medicare		37310.6				26727.11	85236.26	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient				30532.07013	Aetna	Medicare		26549.63				16492.43	55926.39	case rate	
DIABETES W MCC	637	MS-DRG	inpatient				31289.01654	Aetna	Medicare		27207.83				17118.44	50342.86	case rate	
DIABETES W CC	638	MS-DRG	inpatient				23435.48115	Aetna	Medicare		20378.68				10623.28	31788.2	case rate	
DIABETES W/O CC/MCC	639	MS-DRG	inpatient				19480.8716	Aetna	Medicare		16939.89				7352.67	23030.23	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG	inpatient				29373.82226	Aetna	Medicare		25542.45				15534.51	43378.03	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG	inpatient				21750.23764	Aetna	Medicare		18913.25				9229.52	27403.75	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient				29203.86974	Aetna	Medicare		25394.67				15393.95	46049.52	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient				34085.36322	Aetna	Medicare		29639.45				19431.13	59556.41	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient				25753.40506	Aetna	Medicare		22394.27				12540.29	36901.58	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient				21457.46229	Aetna	Medicare		18658.66				8987.39	27075.73	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG	inpatient				74822.55462	Aetna	Medicare		65063.09				53122.31	78274.49	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG	inpatient				59982.41453	Aetna	Medicare		52158.62				40848.96	60189.99	case rate	
KIDNEY TRANSPLANT	652	MS-DRG	inpatient				53498.51154	Aetna	Medicare		46520.44				35486.53	120803.91	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient				87906.94667	Aetna	Medicare		76440.04				63942.84	200052.09	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient				49686.71923	Aetna	Medicare		43205.84				32334.04	104720.29	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient				40693.51722	Aetna	Medicare		35385.67				24896.32	75705.63	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient				55400.83727	Aetna	Medicare		48174.64				37059.83	121277.71	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient				36928.8546	Aetna	Medicare		32112.05				21782.81	70974.94	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient				31733.16318	Aetna	Medicare		27594.05				17485.77	57089.01	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient				47564.45495	Aetna	Medicare		41360.4				30578.84	99391.89	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient				29812.27121	Aetna	Medicare		25923.71				15897.12	52759.23	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient				25563.45813	Aetna	Medicare		22229.09				12383.2	39099.27	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient				53388.54226	Aetna	Medicare		46424.82				35395.58	115850.9	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient				31427.53427	Aetna	Medicare		27328.29				17233.01	59782.37	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient				25751.97689	Aetna	Medicare		22393.02				12539.11	43214.02	case rate	
PROSTATECTOMY W MCC	665	MS-DRG	inpatient				54708.17362	Aetna	Medicare		47572.32				36486.97	115854.54	case rate	
PROSTATECTOMY W CC	666	MS-DRG	inpatient				35117.93192	Aetna	Medicare		30537.33				20285.1	64841.08	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient				25580.59619	Aetna	Medicare		22244				12397.37	39376.26	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient				50836.39807	Aetna	Medicare		44205.56				33284.86	102580.91	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient				32507.23263	Aetna	Medicare		28267.16				18125.96	57675.8	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient				24338.08615	Aetna	Medicare		21163.55				11369.77	35115.72	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient				35039.38243	Aetna	Medicare		30469.03				20220.14	61356.84	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient				23768.24534	Aetna	Medicare		20668.04				10898.49	38519.78	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient				63404.31575	Aetna	Medicare		55134.19				43679	130378.28	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient				44612.42246	Aetna	Medicare		38783.41				28137.4	94266.8	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient				33248.45416	Aetna	Medicare		28911.7				18738.98	59235.68	case rate	
RENAL FAILURE W MCC	682	MS-DRG	inpatient				32024.51036	Aetna	Medicare		27847.4				17726.73	55835.27	case rate	
RENAL FAILURE W CC	683	MS-DRG	inpatient				23455.47557	Aetna	Medicare		20396.07				10639.82	33493.87	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient				19280.82745	Aetna	Medicare		16766.02				7187.31	22589.23	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient				36860.30232	Aetna	Medicare		32052.44				21726.11	62599.65	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient				25519.18478	Aetna	Medicare		22190.6				12346.58	38403.15	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient				21743.09678	Aetna	Medicare		18907.04				9223.62	28825.14	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient				27362.80543	Aetna	Medicare		23793.87				13871.45	40513.37	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient				22114.42162	Aetna	Medicare		19229.93				9530.72	28941.77	case rate	
URINARY STONES W MCC	693	MS-DRG	inpatient				30817.70463	Aetna	Medicare		26798				16728.66	48239.93	case rate	
URINARY STONES W/O MCC	694	MS-DRG	inpatient				21768.80389	Aetna	Medicare		18929.39				9244.88	25588.74	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient				27671.44069	Aetna	Medicare		24062.12				14126.58	41865.52	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient				20474.87963	Aetna	Medicare		17804.24				8174.75	25096.72	case rate	
URETHRAL STRICTURE	697	MS-DRG	inpatient				26487.48571	Aetna	Medicare		23032.6				13147.4	34988.16	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient				34218.18327	Aetna	Medicare		29754.94				19540.98	58863.93	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient				25169.28263	Aetna	Medicare		21886.33				12057.2	37462.84	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient				20706.24357	Aetna	Medicare		18005.43				8366.1	27688.03	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient				38609.8136	Aetna	Medicare		33573.75				23173.02	65289.36	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient				31420.39341	Aetna	Medicare		27322.08				17227.1	51261.3	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient				40867.75426	Aetna	Medicare		35537.18				25040.42	74050.98	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient				28218.43074	Aetna	Medicare		24537.77				14578.96	60846.6	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient				40909.17126	Aetna	Medicare		35573.19				25074.68	75935.24	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient				27562.89958	Aetna	Medicare		23967.74				14036.81	39245.05	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient				31308.95995	Aetna	Medicare		27225.21				17134.97	53335.08	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient				24279.53108	Aetna	Medicare		21112.64				11321.34	33184.08	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient				42117.40517	Aetna	Medicare		36623.83				26073.93	80542.02	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient				30901.9668	Aetna	Medicare		26871.28				16798.34	53320.5	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient				36493.262	Aetna	Medicare		31733.27				21422.55	71226.42	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient				27382.94985	Aetna	Medicare		23811.26				13887.99	44923.34	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient				37365.87538	Aetna	Medicare		32492.07				22144.24	60489.43	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient				26504.62378	Aetna	Medicare		23047.5				13161.58	40145.27	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient				22151.35411	Aetna	Medicare		19262.22				9561.43	25118.58	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient				28312.69012	Aetna	Medicare		24619.73				14656.92	44256.38	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient				21029.01055	Aetna	Medicare		18286.1				8633.04	27862.97	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient				33741.17366	Aetna	Medicare		29340.15				19146.47	52409.35	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient				22017.35869	Aetna	Medicare		19145.48				9450.4	28943.36	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient				24927.92138	Aetna	Medicare		21676.45				11857.58	39434.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient				19468.01805	Aetna	Medicare		16928.71				7342.04	20715.91	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient				41633.2547	Aetna	Medicare		36202.83				25673.52	84040.83	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient				28588.32741	Aetna	Medicare		24859.42				14884.88	49748.79	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient				66106.41806	Aetna	Medicare		57483.84				45913.74	146899.25	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient				38779.76612	Aetna	Medicare		33721.54				23313.58	74036.4	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient				30079.33946	Aetna	Medicare		26155.95				16118	50743.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG	inpatient				62237.43986	Aetna	Medicare		54119.56				42714	131121.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient				36111.33995	Aetna	Medicare		31401.69				21107.19	63521.73	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient				29146.74284	Aetna	Medicare		25344.99				15346.71	48393	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient				36039.10316	Aetna	Medicare		31338.35				21046.95	62468.44	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient				27185.80326	Aetna	Medicare		23639.88				13724.99	40659.16	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient				37474.41648	Aetna	Medicare		32588.45				22234.01	61604.67	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient				25384.93657	Aetna	Medicare		22073.86				12235.55	38975.35	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient				34528.09669	Aetna	Medicare		30024.43				19797.29	61145.45	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient				23261.24511	Aetna	Medicare		20227.17				10479.18	34922.56	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient				30654.89296	Aetna	Medicare		26656.43				16594	47161.12	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient				46540.45529	Aetna	Medicare		40469.96				29731.96	94832.49	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient				30013.64363	Aetna	Medicare		26098.82				16063.67	44606.26	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient				37047.39292	Aetna	Medicare		32215.12				21880.84	67111.66	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient				26081.85473	Aetna	Medicare		22679.9				12811.96	38993.58	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient				24725.12089	Aetna	Medicare		21500.11				11689.86	28431.52	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient				31893.11849	Aetna	Medicare		27733.15				17618.06	52515.04	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient				24766.53789	Aetna	Medicare		21536.12				11724.11	37189.5	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient				19819.34847	Aetna	Medicare		17234.22				7632.6	25902.17	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient				24806.52672	Aetna	Medicare		21570.89				11757.19	31769.98	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient				19239.51045	Aetna	Medicare		16730.01				7153.06	20023.43	case rate	
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG	inpatient				27987.0668	Aetna	Medicare		24336.58				18199.7	41235	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient				32640.82689	Aetna	Medicare		28382.65				18235.81	53134.62	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient				21997.31148	Aetna	Medicare		19128.1				9433.86	38920.68	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient				20826.21006	Aetna	Medicare		18109.75				8465.32	24017.91	case rate	
ABORTION W/O D&C	779	MS-DRG	inpatient				24717.98003	Aetna	Medicare		21493.9				11683.96	27491.22	case rate	
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG	inpatient				35894.85774	Aetna	Medicare		31212.92				28078.11	63616.49	case rate	
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG	inpatient				25216.41222	Aetna	Medicare		21927.31				17582.77	40167.14	case rate	
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG	inpatient				22962.75607	Aetna	Medicare		19967.61				13600.71	30815.09	case rate	
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG	inpatient				35576.37528	Aetna	Medicare		30935.98				25010.51	56666.24	case rate	
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG	inpatient				25602.01878	Aetna	Medicare		22262.63				17360.57	39401.77	case rate	
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG	inpatient				22801.37258	Aetna	Medicare		19827.28				14488.66	32826.91	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient				36574.66783	Aetna	Medicare		31804.06				2972	60635.21	case rate	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient				96282.27408	Aetna	Medicare		83723.72				4276	199953.69	case rate	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient				69112.7251	Aetna	Medicare		60098.02				4276	136563.16	case rate	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient				45902.0622	Aetna	Medicare		39914.84				2972	82397.12	case rate	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient				70706.56157	Aetna	Medicare		61483.97				4276	140277.01	case rate	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient				31868.83956	Aetna	Medicare		27712.03				2972	49650.39	case rate	
NORMAL NEWBORN	795	MS-DRG	inpatient				13471.12186	Aetna	Medicare		11714.02				1269	11714.02	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG	inpatient				30847.69625	Aetna	Medicare		26824.08				23617.47	53510.02	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG	inpatient				24813.66758	Aetna	Medicare		21577.1				13623.23	30866.12	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG	inpatient				22175.83304	Aetna	Medicare		19283.33				13623.23	30866.12	case rate	
SPLENECTOMY W MCC	799	MS-DRG	inpatient				81350.73086	Aetna	Medicare		70739.77				58521.36	171354.51	case rate	
SPLENECTOMY W CC	800	MS-DRG	inpatient				50832.11355	Aetna	Medicare		44201.84				33281.32	95736.35	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient				36150.50061	Aetna	Medicare		31435.22				5977	56720.91	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient				59009.82908	Aetna	Medicare		51312.89				8199	121992.05	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient				37128.79875	Aetna	Medicare		32286.91				13379	62763.66	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient				27877.09752	Aetna	Medicare		24240.95				14296.66	44846.8	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG	inpatient				24989.3328	Aetna	Medicare		21729.85				16459.2	37291.55	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG	inpatient				21254.6618	Aetna	Medicare		18482.31				11379.24	25781.9	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG	inpatient				19935.03944	Aetna	Medicare		17334.81				9876.8	22377.84	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient				41868.90316	Aetna	Medicare		36407.74				25868.41	78329.74	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient				27791.40717	Aetna	Medicare		24166.44				14225.79	43899.21	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient				24936.49041	Aetna	Medicare		21683.9				11864.67	33603.21	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient				30636.32672	Aetna	Medicare		26640.28				16578.65	49420.78	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient				23454.04174	Aetna	Medicare		20394.82				10638.64	32189.11	case rate	
COAGULATION DISORDERS	813	MS-DRG	inpatient				32869.98846	Aetna	Medicare		28582.6				18425.97	58732.73	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient				40983.43623	Aetna	Medicare		35637.77				25136.1	60609.7	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient				24789.38865	Aetna	Medicare		21555.99				11743.01	35633.25	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient				20733.37885	Aetna	Medicare		18029.03				8388.54	26299.43	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient				42795.78709	Aetna	Medicare		37213.73				26634.98	92270.34	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient				27344.38919	Aetna	Medicare		23777.73				13856.09	49511.89	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient				23546.87861	Aetna	Medicare		20475.55				10715.41	30578.19	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient				96947.82045	Aetna	Medicare		84302.44				71420.72	198401.09	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient				42468.7356	Aetna	Medicare		36929.34				6969	87262.66	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient				28282.6985	Aetna	Medicare		24593.65				8721	44092.37	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient				74885.3942	Aetna	Medicare		65117.73				12547	164903.57	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient				42480.16097	Aetna	Medicare		36939.27				22952	79977.1	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient				29033.91722	Aetna	Medicare		25246.88				15253.4	49530.11	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient				73270.13115	Aetna	Medicare		63713.16				51838.4	180331.16	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient				43684.11036	Aetna	Medicare		37986.18				27369.65	82065.46	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient				34018.23912	Aetna	Medicare		29581.08				19375.62	59603.79	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient				55632.20121	Aetna	Medicare		48375.83				37251.17	113336.13	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient				33172.76102	Aetna	Medicare		28845.88				18676.38	51709.58	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient				25012.18356	Aetna	Medicare		21749.72				11927.27	37470.13	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient				21126.12628	Aetna	Medicare		18370.54				8713.36	26197.38	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient				17899.88468	Aetna	Medicare		15565.12				6045.14	17505.01	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient				90553.87432	Aetna	Medicare		78742.5				66132.7	200737.28	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient				42517.29346	Aetna	Medicare		36971.56				26404.65	77848.66	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient				27690.00983	Aetna	Medicare		24078.27				14141.93	44194.42	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient				78522.94947	Aetna	Medicare		68280.83				56182.68	195864.45	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient				38474.13721	Aetna	Medicare		33455.77				23060.81	85742.86	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient				29201.01339	Aetna	Medicare		25392.19				15391.59	45772.53	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient				55223.74998	Aetna	Medicare		48020.65				36913.36	120013.03	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient				33062.79174	Aetna	Medicare		28750.25				18585.43	59581.92	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient				25820.52917	Aetna	Medicare		22452.63				12595.8	40859.61	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient				37163.07489	Aetna	Medicare		32315.72				21976.51	67279.32	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient				27117.30977	Aetna	Medicare		23580.27				13668.29	42962.54	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient				22942.76165	Aetna	Medicare		19950.23				10215.78	31569.53	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient				45495.03305	Aetna	Medicare		39560.9				28867.35	102701.18	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient				27908.51731	Aetna	Medicare		24268.28				14322.65	48345.62	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient				21437.46787	Aetna	Medicare		18641.28				8970.85	33989.54	case rate	
RADIOTHERAPY	849	MS-DRG	inpatient				48028.33173	Aetna	Medicare		42633.33				31692.64	71805.91	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient				81989.12405	Aetna	Medicare		71294.89				59049.33	184311.07	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient				39699.50918	Aetna	Medicare		34521.31				24074.24	80283.25	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient				34895.13701	Aetna	Medicare		30343.6				20100.84	59855.76	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient				73835.68744	Aetna	Medicare		64204.95				52306.14	163580.58	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient				41091.97734	Aetna	Medicare		35732.15				25225.86	74958.49	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient				28919.66342	Aetna	Medicare		25147.53				15158.9	50299.12	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient				36897.43481	Aetna	Medicare		32084.73				21756.82	66612.35	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient				24950.77214	Aetna	Medicare		21696.32				11876.48	35892.02	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient				23198.40453	Aetna	Medicare		20172.53				10427.21	31500.28	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient				34011.09826	Aetna	Medicare		29574.87				19369.71	50375.66	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient				23696.83671	Aetna	Medicare		20605.94				10839.43	29900.3	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient				40472.15049	Aetna	Medicare		35193.17				24713.24	77735.87	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient				26093.31011	Aetna	Medicare		22689.83				12821.4	39248.7	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient				20454.88522	Aetna	Medicare		17786.86				8158.22	27986.88	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient				110061.282	Aetna	Medicare		95705.46				82266.06	229438.5	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient				38905.44479	Aetna	Medicare		33830.82				23417.52	67658.35	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient				25299.24622	Aetna	Medicare		21999.34				12164.68	38373.99	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient				63882.75354	Aetna	Medicare		55550.22				44074.69	120322.82	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient				24223.83235	Aetna	Medicare		21064.2				1933	21064.2	case rate	
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient				23536.8814	Aetna	Medicare		20466.85				1933	20466.85	case rate	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient				24005.32197	Aetna	Medicare		20874.19				1933	20874.19	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient				37374.44441	Aetna	Medicare		32499.52				1933	32639.46	case rate	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient				35682.06004	Aetna	Medicare		31027.88				1933	31027.88	case rate	
PSYCHOSES	885	MS-DRG	inpatient				30105.26957	Aetna	Medicare		26178.3				1933	26178.3	case rate	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient				34608.07435	Aetna	Medicare		30093.98				1933	30093.98	case rate	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient				29093.90046	Aetna	Medicare		25299.04				1933	25299.04	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient				18795.34881	Aetna	Medicare		16343.78				1933	94620.59	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient				33566.93662	Aetna	Medicare		29188.64				1933	29188.64	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient				35984.8326	Aetna	Medicare		31291.16				1933	31291.16	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient				22809.94161	Aetna	Medicare		19834.73				1933	19834.73	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient				72398.94594	Aetna	Medicare		62955.61				13124	162727.75	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient				37507.36445	Aetna	Medicare		32615.01				22261.17	69960.9	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient				28321.25916	Aetna	Medicare		24627.18				14664	56429.51	case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient				57094.64981	Aetna	Medicare		49647.52				38460.67	117574.8	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient				33208.46533	Aetna	Medicare		28876.93				18705.9	64480.26	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient				37462.99111	Aetna	Medicare		32576.51				22224.56	67177.27	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient				63711.37284	Aetna	Medicare		55401.19				43932.95	153659.98	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient				39212.50237	Aetna	Medicare		34097.83				23671.47	72629.59	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient				29960.80115	Aetna	Medicare		26052.87				16019.96	48305.53	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient				31934.92569	Aetna	Medicare		27769.16				17652.32	53694.99	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient				23554.01947	Aetna	Medicare		20481.76				10721.32	84762.6	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient				35926.27753	Aetna	Medicare		31240.24				20953.64	61116.3	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient				19999.2982	Aetna	Medicare		17390.69				7781.43	23154.14	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient				33382.70207	Aetna	Medicare		29028.44				18850	53710.47	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient				22885.63476	Aetna	Medicare		19900.55				10168.54	28380.5	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient				36650.36097	Aetna	Medicare		31869.88				21552.48	66488.44	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient				25354.94495	Aetna	Medicare		22047.78				12210.75	36558.98	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient				20556.36866	Aetna	Medicare		17875.03				8242.08	25752.74	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient				35510.67934	Aetna	Medicare		30878.85				20609.92	56797.45	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient				25035.03431	Aetna	Medicare		21769.6				11946.17	37582.48	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient				387038.1935	Aetna	Medicare		336554.95				295733.07	670041.49	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient				109415.7481	Aetna	Medicare		95144.13				81732.17	214142.12	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient				56513.38362	Aetna	Medicare		49142.07				37979.94	108324.8	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient				53892.68714	Aetna	Medicare		46863.21				33318	104246.49	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient				40475.00683	Aetna	Medicare		35195.66				24715.61	66823.74	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient				39740.90579	Aetna	Medicare		34557.33				24108.49	66393.68	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient				56510.52727	Aetna	Medicare		49139.59				37977.58	119495.5	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient				41533.28263	Aetna	Medicare		36115.9				25590.84	79251.83	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient				37097.37895	Aetna	Medicare		32258.59				21922.18	67476.12	case rate	
REHABILITATION W CC/MCC	945	MS-DRG	inpatient				32148.76136	Aetna	Medicare		27955.44				17829.49	49745.15	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient				25053.60056	Aetna	Medicare		21785.74				11961.53	38002.24	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient				28465.50458	Aetna	Medicare		24752.61				14783.3	43939.3	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient				22030.15945	Aetna	Medicare		19156.66				9461.03	28435.17	case rate	
AFTERCARE W CC/MCC	949	MS-DRG	inpatient				25387.75291	Aetna	Medicare		22076.34				12237.92	41774.41	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient				19562.27743	Aetna	Medicare		17010.68				7420	27148.63	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient				19016.71555	Aetna	Medicare		16536.27				6968.8	29098.49	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient				97569.05747	Aetna	Medicare		84842.66				71934.52	222207.62	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient				65977.88254	Aetna	Medicare		57372.07				45807.44	137904.37	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient				113883.0715	Aetna	Medicare		99028.76				85426.82	278934.93	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient				68357.21787	Aetna	Medicare		59441.06				47775.24	152336.99	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient				46757.53751	Aetna	Medicare		40658.73				29911.49	89318.21	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient				49641.01771	Aetna	Medicare		43166.1				32296.24	101866.57	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient				32027.3667	Aetna	Medicare		27849.88				17729.09	53754.21	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient				24242.3986	Aetna	Medicare		21080.35				11290.63	35509.34	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient				108743.0788	Aetna	Medicare		94559.2				81175.85	204050.22	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient				44929.47675	Aetna	Medicare		39069.11				28399.62	101600.51	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient				52243.14795	Aetna	Medicare		45428.82				34448.3	99242.46	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient				30060.77322	Aetna	Medicare		26139.8				16102.65	47011.7	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient				22662.83985	Aetna	Medicare		19706.82				9984.28	34208.22	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient				30814.84828	Aetna	Medicare		26795.52				16726.29	42638.18	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient				78291.58553	Aetna	Medicare		68079.64				11302	159287.24	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient				46094.86548	Aetna	Medicare		40082.49				14901	89398.39	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient				33943.97415	Aetna	Medicare		29516.5				19314.2	57187.42	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient				58815.59763	Aetna	Medicare		51144				39883.96	121459.94	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient				34626.58473	Aetna	Medicare		30283.99				20044.15	61706.72	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient				26019.04514	Aetna	Medicare		22625.26				12759.99	37929.35	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient				397605.2416	Amerihealth	HMO/PPO		320075.66				320075.66	962560.73	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient				185457.3628	Amerihealth	HMO/PPO		144621.43				144621.43	489203.72	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient				315081.1521	Amerihealth	HMO/PPO		251825.15				251825.15	666967.04	case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient				220531.8504	Amerihealth	HMO/PPO		173629.34				173629.34	416184.16	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient				158406.3481	Amerihealth	HMO/PPO		122249.23				122249.23	373735.51	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient				79669.77196	Amerihealth	HMO/PPO		57131.14				57131.14	234847	case rate	
LUNG TRANSPLANT	007	MS-DRG	inpatient				185775.8463	Amerihealth	HMO/PPO		144884.83				144884.83	388186.35	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient				85736.6486	Amerihealth	HMO/PPO		62148.67				62148.67	191305.05	case rate	
PANCREAS TRANSPLANT	010	MS-DRG	inpatient				79337.00778	Amerihealth	HMO/PPO		56855.93				56855.93	164513.6	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient				84231.35482	Amerihealth	HMO/PPO		60903.74				60903.74	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG	inpatient				67787.37705	Amerihealth	HMO/PPO		47303.96				47303.96	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient				48946.9259	Amerihealth	HMO/PPO		31722.2				31722.2	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient				174271.916	Amerihealth	HMO/PPO		135370.65				135370.65	435540.63	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient				98808.71117	Amerihealth	HMO/PPO		72959.76				72959.76	238334.97	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient				98808.71117	Amerihealth	HMO/PPO		72959.76				70474.37	159673.57	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG	inpatient				536767.7948	Amerihealth	HMO/PPO		435168.29				435168.29	641210.35	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG	inpatient				124751.464	Amerihealth	HMO/PPO		94415.39				94415.39	139118.87	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient				131305.3474	Amerihealth	HMO/PPO		99835.69				99835.69	379960.48	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient				98300.28177	Amerihealth	HMO/PPO		72539.27				72539.27	288127.5	case rate				
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient				60243.77009	Amerihealth	HMO/PPO		41065.11				41065.11	187970.25	case rate				
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient				91550.7387	Amerihealth	HMO/PPO		66957.14				66957.14	198998.8	case rate				
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient				64701.09636	Amerihealth	HMO/PPO		44751.49				44751.49	313612.23	case rate				
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient				73658.59406	Amerihealth	HMO/PPO		52159.67				52159.67	155897.77	case rate				
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient				52765.85907	Amerihealth	HMO/PPO		34880.6				34880.6	109910.2	case rate				
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient				45336.5059	Amerihealth	HMO/PPO		28736.25				28736.25	87678.14	case rate				
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient				96653.59892	Amerihealth	HMO/PPO		71177.4				71177.4	195889.96	case rate				
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient				59551.10645	Amerihealth	HMO/PPO		40492.25				40492.25	115012.64	case rate				
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient				43709.81747	Amerihealth	HMO/PPO		27390.91				27390.91	79295.56	case rate				
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient				69382.6457	Amerihealth	HMO/PPO		48623.3				48623.3	152449.97	case rate				
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient				41350.47656	Amerihealth	HMO/PPO		25439.65				25439.65	103005.11	case rate				
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient				33768.30894	Amerihealth	HMO/PPO		19168.92				19168.92	169398.47	case rate				
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient				66309.21855	Amerihealth	HMO/PPO		46081.46				46081.46	279134.99	case rate				
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient				43431.32384	Amerihealth	HMO/PPO		27160.59				27160.59	80921.05	case rate				
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient				36414.71252	Amerihealth	HMO/PPO		21357.59				21357.59	62905.8	case rate				
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient				58799.88773	Amerihealth	HMO/PPO		39870.97				39870.97	116984.37	case rate				
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient				33439.82927	Amerihealth	HMO/PPO		18897.25				18897.25	60926.78	case rate				
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient				26885.94583	Amerihealth	HMO/PPO		13476.94				13476.94	41271.45	case rate				
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient				65582.27877	Amerihealth	HMO/PPO		45480.26				45480.26	143167.18	case rate				
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient				42448.74118	Amerihealth	HMO/PPO		26347.96				26347.96	85954.25	case rate				
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient				35437.84255	Amerihealth	HMO/PPO		20549.68				20549.68	102408.62	case rate				
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient				38361.31159	Amerihealth	HMO/PPO		22967.5				22967.5	80333.48	case rate				
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient				24640.85871	Amerihealth	HMO/PPO		11620.17				11620.17	98314.19	case rate				
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient				31634.61928	Amerihealth	HMO/PPO		17404.27				17404.27	143596.19	case rate				
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient				25917.6449	Amerihealth	HMO/PPO		12676.12				12676.12	38166.25	case rate				
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient				44780.94682	Amerihealth	HMO/PPO		28276.78				28276.78	77429.53	case rate				
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient				30059.34505	Amerihealth	HMO/PPO		16101.46				16101.46	44059.57	case rate				
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient				35267.89003	Amerihealth	HMO/PPO		20409.13				20409.13	64130.38	case rate				
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient				27545.31751	Amerihealth	HMO/PPO		14022.64				14022.64	40065.09	case rate				
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient				23406.9177	Amerihealth	HMO/PPO		10599.66				10599.66	30348.58	case rate				
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient				50619.31585	Amerihealth	HMO/PPO		33105.33				33105.33	103787.27	case rate				
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient				37321.60203	Amerihealth	HMO/PPO		22107.62				22107.62	121708.96	case rate				
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient				31824.56621	Amerihealth	HMO/PPO		17561.37				17561.37	136083.64	case rate				
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient				39196.79248	Amerihealth	HMO/PPO		23658.47				23658.47	215326.95	case rate				
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient				25106.44294	Amerihealth	HMO/PPO		12005.23				12005.23	37594.05	case rate				
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient				20409.1837	Amerihealth	HMO/PPO		8120.42				8120.42	26488.95	case rate				
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient				30826.21866	Amerihealth	HMO/PPO		16735.74				16735.74	54720.02	case rate				
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient				23029.88017	Amerihealth	HMO/PPO		10287.83				10287.83	32754.02	case rate				
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient				21997.31148	Amerihealth	HMO/PPO		9433.86				9433.86	27899.41	case rate				
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient				36147.64426	Amerihealth	HMO/PPO		21136.72				21136.72	59964.6	case rate				
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient				25754.83324	Amerihealth	HMO/PPO		12541.47				12541.47	35928.47	case rate				
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient				21773.0884	Amerihealth	HMO/PPO		9248.42				9248.42	27042.93	case rate				
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient				32198.7474	Amerihealth	HMO/PPO		17870.83				17870.83	51428.95	case rate				
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient				25246.40384	Amerihealth	HMO/PPO		12120.98				12120.98	35494.76	case rate				
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient				37922.86264	Amerihealth	HMO/PPO		22604.89				22604.89	53998.39	case rate				
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient				23765.38989	Amerihealth	HMO/PPO		10896.13				10896.13	30060.66	case rate				
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient				32168.75578	Amerihealth	HMO/PPO		17846.03				17846.03	56564.19	case rate				
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient				25113.5838	Amerihealth	HMO/PPO		12011.13				12011.13	35356.26	case rate				
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient				21170.35962	Amerihealth	HMO/PPO		8749.97				8749.97	27206.94	case rate				
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient				42134.54324	Amerihealth	HMO/PPO		26088.1				26088.1	68474.74	case rate				
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient				23579.72657	Amerihealth	HMO/PPO		10742.58				10742.58	31146.75	case rate				
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient				43128.55127	Amerihealth	HMO/PPO		26910.19				26910.19	78672.34	case rate				
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient				29962.22932	Amerihealth	HMO/PPO		16021.15				16021.15	47197.57	case rate				
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient				23725.60016	Amerihealth	HMO/PPO		10863.05				10863.05	33650.59	case rate				
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient				43050.00179	Amerihealth	HMO/PPO		26845.22				26845.22	79452.28	case rate				
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient				29400.95754	Amerihealth	HMO/PPO		15556.95				15556.95	45306.02	case rate				
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient				23246.96239	Amerihealth	HMO/PPO		10467.37				10467.37	30807.8	case rate				
CONCUSSION W MCC	088	MS-DRG	inpatient				32495.80727	Amerihealth	HMO/PPO		18116.51				18116.51	53925.5	case rate				
CONCUSSION W CC	089	MS-DRG	inpatient				27013.05318	Amerihealth	HMO/PPO		13582.07				13582.07	38906.11	case rate				
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient				23941.05421	Amerihealth	HMO/PPO		11041.41				11041.41	28916.26	case rate				
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient				36143.35975	Amerihealth	HMO/PPO		21133.17				21133.17	58750.95	case rate				
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient				25244.97587	Amerihealth	HMO/PPO		12119.8				12119.8	34379.51	case rate				
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient				21650.26557	Amerihealth	HMO/PPO		9146.84				9146.84	26889.86	case rate				
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient				62328.90189	Amerihealth	HMO/PPO		42789.59				42789.59	134044.74	case rate				
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient				44640.98591	Amerihealth	HMO/PPO		28161.03				28161.03	86774.28	case rate				
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient				41720.37322	Amerihealth	HMO/PPO		25745.57				25745.57	76937.51	case rate				
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient				62531.70238	Amerihealth	HMO/PPO		42957.32				42957.32	128978.75	case rate				
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient				41360.47376	Amerihealth	HMO/PPO		25447.92				25447.92	67443.32	case rate				
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient				29445.23089	Amerihealth	HMO/PPO		15593.57				15593.57	46392.11	case rate				
SEIZURES W MCC	100	MS-DRG	inpatient				38904.01712	Amerihealth	HMO/PPO		23416.34				23416.34	69054.73	case rate				
SEIZURES W/O MCC	101	MS-DRG	inpatient				23581.15474	Amerihealth	HMO/PPO		10743.76				10743.76	31682.51	case rate				
HEADACHES W MCC	102	MS-DRG	inpatient				27822.82696	Amerihealth	HMO/PPO		14251.78				14251.78	39234.12	case rate				
HEADACHES W/O MCC	103	MS-DRG	inpatient				22621.42285	Amerihealth	HMO/PPO		9950.02				9950.02	28478.9	case rate				
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient				46399.09522	Amerihealth	HMO/PPO		29615.02				29615.02	83924.2	case rate				
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient				28182.72643	Amerihealth	HMO/PPO		14549.43				14549.43	45743.37	case rate				
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient				32932.82805	Amerihealth	HMO/PPO		18477.94				18477.94	49643.1	case rate				
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient				36737.47949	Amerihealth	HMO/PPO		21624.53				21624.53	62249.77	case rate				
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient				27705.77462	Amerihealth	HMO/PPO		14154.93				14154.93	36537.12	case rate				
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient				28888.24362	Amerihealth	HMO/PPO		15132.92				15132.92	38607.25	case rate				
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient				21223.24201	Amerihealth	HMO/PPO		8793.68				8793.68	25723.59	case rate				
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient				22073.00462	Amerihealth	HMO/PPO		9496.46				9496.46	27440.19	case rate				
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient				29469.08622	Amerihealth	HMO/PPO		15613.65				15613.65	48520.56	case rate				
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient				21980.17341	Amerihealth	HMO/PPO		9419.69				9419.69	29528.55	case rate				
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient				48467.05995	Amerihealth	HMO/PPO		31325.33				31325.33	83760.2	case rate				
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient				24002.46562	Amerihealth	HMO/PPO		11092.2				11092.2	44190.78	case rate				
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient				32080.20708	Amerihealth	HMO/PPO		17772.79				17772.79	50189.79	case rate				
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient				22954.18703	Amerihealth	HMO/PPO		10225.23				10225.23	30804.16	case rate				
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient				27552.90237	Amerihealth	HMO/PPO		14028.54				14028.54	42291.94	case rate				
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG	inpatient				64548.2819	Amerihealth	HMO/PPO		44625.1				44625.1	65754.05	case rate				
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG	inpatient				40177.58686	Amerihealth	HMO/PPO		24469.93				24469.93	39055.87	case rate				
Major Head and Neck Procedures without Complications	142	MS-DRG	inpatient				32655.76259	Amerihealth	HMO/PPO		18248.8				18248.8	28396.32	case rate				
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG	inpatient				58085.8015	Amerihealth	HMO/PPO		39280.39				39280.39	57878.74	case rate				
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG	inpatient				35305.02251	Amerihealth	HMO/PPO		20439.84				20439.84	30700.02	case rate				
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG	inpatient				28029.91097	Amerihealth	HMO/PPO		14423.05				14423.05	24373.84	case rate				
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient				40739.21874	Amerihealth	HMO/PPO		24934.12				24934.12	70089.3	case rate				
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient				28239.85333	Amerihealth	HMO/PPO		14596.68				14596.68	45575.72	case rate				
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient				23296.94843	Amerihealth	HMO/PPO		10508.71				10508.71	26379.61	case rate				
DYSEQUILIBRIUM	149	MS-DRG	inpatient				21226.09835	Amerihealth	HMO/PPO		8796.04				8796.04	25916.75	case rate				
EPISTAXIS W MCC	150	MS-DRG	inpatient				29363.82505	Amerihealth	HMO/PPO		15526.24				15526.24	48382.07	case rate				
EPISTAXIS W/O MCC	151	MS-DRG	inpatient				21597.42319	Amerihealth	HMO/PPO		9103.14				9103.14	25650.69	case rate				
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient				27560.04323	Amerihealth	HMO/PPO		14034.45				14034.45	37980.38	case rate				
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient				21084.70928	Amerihealth	HMO/PPO		8679.1				8679.1	25942.26	case rate				
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient				32558.64686	Amerihealth	HMO/PPO		18168.48				18168.48	52719.14	case rate				
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient				24109.57856	Amerihealth	HMO/PPO		11180.78				11180.78	32192.75	case rate				
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient				19952.16851	Amerihealth	HMO/PPO		7742.45				7742.45	24050.72	case rate				
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient				34969.40198	Amerihealth	HMO/PPO		20162.26				20162.26	60974.16	case rate				
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient				23993.89669	Amerihealth	HMO/PPO		11085.11				11085.11	32447.87	case rate				
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient				20233.51849	Amerihealth	HMO/PPO		7975.14				7975.14	24724.97	case rate				
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient				77908.83531	Amerihealth	HMO/PPO		55674.78				55674.78	179288.81	case rate				
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient				47014.60855	Amerihealth	HMO/PPO		30124.1				30124.1	93626.13	case rate				
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient				37388.22614	Amerihealth	HMO/PPO		22163.14				22163.14	67512.57	case rate				
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient				68542.88029	Amerihealth	HMO/PPO		47928.79				47928.79	127488.11	case rate				
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient				36580.38052	Amerihealth	HMO/PPO		21494.6				21494.6	69159.93	case rate				
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient				29952.23211	Amerihealth	HMO/PPO		16012.88				16012.88	48895.95	case rate				
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG	inpatient				54506.8013	Amerihealth	HMO/PPO		36320.42				36320.42	53517.3	case rate				
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient				30627.75769	Amerihealth	HMO/PPO		16571.56				16571.56	53389.75	case rate				
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient				22238.67263	Amerihealth	HMO/PPO		9633.48				9633.48	32764.95	case rate				
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient				34818.0157	Amerihealth	HMO/PPO		20037.06				20037.06	67089.8	case rate				
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient				24682.25772	Amerihealth	HMO/PPO		11654.43				11654.43	46446.78	case rate				
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient				21491.73843	Amerihealth	HMO/PPO		9015.73				9015.73	33584.99	case rate				
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient				35414.99179	Amerihealth	HMO/PPO		20530.78				20530.78	61812.42	case rate				
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient				26316.10502	Amerihealth	HMO/PPO		13005.66				13005.66	41581.24	case rate				
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient				21430.32701	Amerihealth	HMO/PPO		8964.94				8964.94	28978.21	case rate				
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient				33077.07346	Amerihealth	HMO/PPO		18597.24				18597.24	54337.34	case rate				
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient				25613.44416	Amerihealth	HMO/PPO		12424.54				12424.54	36606.36	case rate				
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient				21383.19732	Amerihealth	HMO/PPO		8925.97				8925.97	26689.41	case rate				
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient				32757.16283	Amerihealth	HMO/PPO		18332.66				18332.66	56837.54	case rate				
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient				24819.38027	Amerihealth	HMO/PPO		11767.82				11767.82	38414.08	case rate				
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient				21251.80545	Amerihealth	HMO/PPO		8817.3				8817.3	27961.37	case rate				
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient				28185.58277	Amerihealth	HMO/PPO		14551.79				14551.79	45021.74	case rate				
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient				26328.59857	Amerihealth	HMO/PPO		13016.3				13016.3	43396.25	case rate				
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient				22715.68223	Amerihealth	HMO/PPO		10027.98				10027.98	33308	case rate				
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient				19756.50888	Amerihealth	HMO/PPO		7580.63				7580.63	26390.55	case rate				
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient				29536.63392	Amerihealth	HMO/PPO		15669.16				15669.16	47988.45	case rate				
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient				22332.93201	Amerihealth	HMO/PPO		9711.43				9711.43	32808.69	case rate				
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient				19525.14494	Amerihealth	HMO/PPO		7389.29				7389.29	25031.11	case rate				
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient				37660.07891	Amerihealth	HMO/PPO		22387.56				22387.56	59702.19	case rate				
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient				24836.51834	Amerihealth	HMO/PPO		11781.99				11781.99	36507.96	case rate				
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient				21704.53612	Amerihealth	HMO/PPO		9191.72				9191.72	27644.29	case rate				
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient				35927.7057	Amerihealth	HMO/PPO		20954.82				20954.82	64975.93	case rate				
PNEUMOTHORAX W CC	200	MS-DRG	inpatient				25971.91545	Amerihealth	HMO/PPO		12721.01				12721.01	39172.16	case rate				
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient				20674.82378	Amerihealth	HMO/PPO		8340.11				8340.11	27891.99	case rate				

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient				24265.24935	Amerihealth	HMO/PPO		11309.53				11309.53	38695.65	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient				20514.86846	Amerihealth	HMO/PPO		8207.83				8207.83	50775.53	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient				22342.92922	Amerihealth	HMO/PPO		9719.7				9719.7	96731.64	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient				36444.70414	Amerihealth	HMO/PPO		21382.39				21382.39	55321.38	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient				23636.85347	Amerihealth	HMO/PPO		10789.82				10789.82	31471.12	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient				109248.6519	Amerihealth	HMO/PPO		81593.98				49635	203970.04	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient				49205.42511	Amerihealth	HMO/PPO		31935.99				31935.99	88833.48	case rate	
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG	inpatient				164414.6697	Amerihealth	HMO/PPO		127218.34				37458	187453.26	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient				156475.459	Amerihealth	HMO/PPO		120652.31				120652.31	469646.8	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient				149198.5803	Amerihealth	HMO/PPO		114634.35				78485	357932.52	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient				101497.9599	Amerihealth	HMO/PPO		75183.87				75183.87	231898.61	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient				91949.19882	Amerihealth	HMO/PPO		67286.69				67286.69	215224.56	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient				120719.7331	Amerihealth	HMO/PPO		91080.99				57338	280328.05	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient				85492.4311	Amerihealth	HMO/PPO		61946.7				57338	189712.36	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient				76980.52321	Amerihealth	HMO/PPO		54907.03				17199	167921.3	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient				82551.824	Amerihealth	HMO/PPO		59514.71				59514.71	239676.19	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient				56000.6697	Amerihealth	HMO/PPO		37555.91				37555.91	169415.59	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient				126489.5489	Amerihealth	HMO/PPO		95852.85				19424	306106.31	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient				95546.76526	Amerihealth	HMO/PPO		70262.01				27830	224521.94	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient				121982.2376	Amerihealth	HMO/PPO		92125.13				53769	278363.61	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient				84825.47456	Amerihealth	HMO/PPO		61395.1				61395.1	187594.85	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient				94575.607798	Amerihealth	HMO/PPO		69458.82				47567	211747.62	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient				68305.80366	Amerihealth	HMO/PPO		47732.71				33990	143097.93	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient				79239.85205	Amerihealth	HMO/PPO		56775.61				56775.61	171635.15	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient				50710.71889	Amerihealth	HMO/PPO		33180.92				33180.92	100040.63	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient				30439.23982	Amerihealth	HMO/PPO		16415.65				15559	58167.82	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient				59935.28484	Amerihealth	HMO/PPO		40809.98				20528	136195.06	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient				43118.55407	Amerihealth	HMO/PPO		26901.92				19748	93094.02	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient				36718.91325	Amerihealth	HMO/PPO		21609.18				19748	91806.34	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient				75306.70908	Amerihealth	HMO/PPO		53522.72				53522.72	182671	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient				44163.97631	Amerihealth	HMO/PPO		27766.52				27766.52	94278.51	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient				33254.16685	Amerihealth	HMO/PPO		18743.7				18743.7	61149.1	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient				58488.54614	Amerihealth	HMO/PPO		39613.48				39613.48	118806.67	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient				47024.85575	Amerihealth	HMO/PPO		30132.37				30132.37	94551.86	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient				35370.71844	Amerihealth	HMO/PPO		20494.17				20494.17	65967.26	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient				49828.10831	Amerihealth	HMO/PPO		32450.97				32450.97	92583.77	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient				34008.24191	Amerihealth	HMO/PPO		19367.35				19367.35	63733.12	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient				24743.68713	Amerihealth	HMO/PPO		11705.22				11705.22	41041.84	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient				49273.97739	Amerihealth	HMO/PPO		31992.68				15797	108929.8	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient				37248.76523	Amerihealth	HMO/PPO		22047.38				15797	76427.26	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient				57937.27156	Amerihealth	HMO/PPO		39157.55				12982	131916.3	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient				37465.84765	Amerihealth	HMO/PPO		22226.92				12982	72593.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient				34088.21957	Amerihealth	HMO/PPO		19433.49				12982	59439.78	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient				50939.22648	Amerihealth	HMO/PPO		33369.91				33369.91	87186.12	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient				57234.61071	Amerihealth	HMO/PPO		38576.42				38576.42	115118.34	case rate	
AICD LEAD PROCEDURES	265	MS-DRG	inpatient				61063.54109	Amerihealth	HMO/PPO		41743.09				41743.09	113591.25	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient				99795.37834	Amerihealth	HMO/PPO		73775.94				73775.94	262101.41	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient				80288.17064	Amerihealth	HMO/PPO		57642.58				57642.58	213139.85	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient				108487.436	Amerihealth	HMO/PPO		80964.43				80964.43	244323.05	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient				69982.47813	Amerihealth	HMO/PPO		49119.39				49119.39	151283.7	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient				82811.75139	Amerihealth	HMO/PPO		59729.68				59729.68	184478.72	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient				59950.99474	Amerihealth	HMO/PPO		40822.98				40822.98	127335.03	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient				45430.76529	Amerihealth	HMO/PPO		28814.2				28814.2	95419.27	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient				66246.37896	Amerihealth	HMO/PPO		46029.49				46029.49	133119.02	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient				56874.71125	Amerihealth	HMO/PPO		38278.77				38278.77	108547.12	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG	inpatient				111073.8563	Amerihealth	HMO/PPO		83103.49				83103.49	122451.06	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG	inpatient				99282.86443	Amerihealth	HMO/PPO		73351.9				73351.9	108082.32	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG	inpatient				78891.41797	Amerihealth	HMO/PPO		56487.41				56487.41	83232.89	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG	inpatient				74262.70263	Amerihealth	HMO/PPO		52684.1				52684.1	77628.8	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG	inpatient				56300.58592	Amerihealth	HMO/PPO		37803.95				37803.95	55703.24	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient				33248.45416	Amerihealth	HMO/PPO		18738.98				18738.98	60394.67	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient				23629.71261	Amerihealth	HMO/PPO		10783.92				10783.92	35702.5	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient				20846.20447	Amerihealth	HMO/PPO		8481.85				8481.85	27298.05	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient				38745.48998	Amerihealth	HMO/PPO		23285.23				23285.23	65774.1	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient				21154.68972	Amerihealth	HMO/PPO		8736.98				8736.98	27939.5	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient				17569.97684	Amerihealth	HMO/PPO		5772.29				5772.29	21736.39	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient				41376.16386	Amerihealth	HMO/PPO		25460.91				13521	79481.44	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient				26037.61139	Amerihealth	HMO/PPO		12775.34				9969	41508.35	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient				47623.01002	Amerihealth	HMO/PPO		30627.27				30627.27	98189.17	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient				31694.60252	Amerihealth	HMO/PPO		17453.88				17453.88	62319.02	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient				25232.12201	Amerihealth	HMO/PPO		12109.17				12109.17	36861.48	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient				28926.80428	Amerihealth	HMO/PPO		15164.81				15164.81	49034.45	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient				22822.79516	Amerihealth	HMO/PPO		10116.57				10116.57	33523.03	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient				18609.68639	Amerihealth	HMO/PPO		6632.17				6632.17	24258.46	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient				26210.62025	Amerihealth	HMO/PPO		12918.26				12918.26	42306.52	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient				19609.40712	Amerihealth	HMO/PPO		7458.97				7458.97	20092.68	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient				33486.95896	Amerihealth	HMO/PPO		18936.23				18936.23	55962.83	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient				20996.16258	Amerihealth	HMO/PPO		8605.87				8605.87	23777.37	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient				16858.74565	Amerihealth	HMO/PPO		5184.08				5184.08	17585.2	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient				33101.3524	Amerihealth	HMO/PPO		18617.32				18617.32	52861.28	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient				25829.09821	Amerihealth	HMO/PPO		12602.89				12602.89	37309.77	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient				20727.66616	Amerihealth	HMO/PPO		8383.82				8383.82	26467.09	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient				29601.13561	Amerihealth	HMO/PPO		13241.9				13241.9	38979	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient				19989.30099	Amerihealth	HMO/PPO		7773.16				7773.16	24254.81	case rate	
HYPERTENSION W MCC	304	MS-DRG	inpatient				27000.19963	Amerihealth	HMO/PPO		13571.44				13571.44	39401.77	case rate	
HYPERTENSION W/O MCC	305	MS-DRG	inpatient				21351.77753	Amerihealth	HMO/PPO		8899.98				8899.98	26237.48	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient				32538.86765	Amerihealth	HMO/PPO		18151.94				18151.94	51345.12	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient				24052.45166	Amerihealth	HMO/PPO		11133.54				11133.54	31197.78	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient				27759.98738	Amerihealth	HMO/PPO		14199.81				14199.81	43866.41	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient				21226.69835	Amerihealth	HMO/PPO		8796.04				8796.04	27826.52	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient				18488.20173	Amerihealth	HMO/PPO		6531.77				6531.77	20493.59	case rate	
ANGINA PECTORIS	311	MS-DRG	inpatient				20560.56998	Amerihealth	HMO/PPO		8245.62				8245.62	25045.69	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient				22922.76724	Amerihealth	HMO/PPO		10199.25				10199.25	29211.47	case rate	
CHEST PAIN	313	MS-DRG	inpatient				20924.75396	Amerihealth	HMO/PPO		8546.82				8546.82	25778.26	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient				40489.28856	Amerihealth	HMO/PPO		24727.42				24727.42	73733.9	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient				24405.21026	Amerihealth	HMO/PPO		11425.28				11425.28	34838.73	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient				20483.44867	Amerihealth	HMO/PPO		8181.84				8181.84	27381.88	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG	inpatient				72885.95276	Amerihealth	HMO/PPO		51520.67				51520.67	75914.51	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG	inpatient				42381.61707	Amerihealth	HMO/PPO		26292.44				26292.44	38741.3	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG	inpatient				51646.17185	Amerihealth	HMO/PPO		33954.58				33954.58	50031.28	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG	inpatient				36631.79473	Amerihealth	HMO/PPO		21537.13				21537.13	31853.73	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG	inpatient				69716.83805	Amerihealth	HMO/PPO		48899.69				48899.69	72052.56	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG	inpatient				52987.2258	Amerihealth	HMO/PPO		35063.68				35063.68	51665.51	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG	inpatient				45355.6925	Amerihealth	HMO/PPO		31233.2				31233.2	46021.4	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient				83127.3775	Amerihealth	HMO/PPO		59990.71				59990.71	191556.53	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient				46257.67714	Amerihealth	HMO/PPO		29498.09				29498.09	90542.8	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient				33402.89679	Amerihealth	HMO/PPO		18866.54				18866.54	56203.38	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient				75088.1919	Amerihealth	HMO/PPO		53350.27				53350.27	181963.94	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient				44468.17704	Amerihealth	HMO/PPO		28018.11				28018.11	91964.19	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient				34469.54162	Amerihealth	HMO/PPO		19748.86				19748.86	61765.04	case rate	
RECTAL RESECTION W MCC	332	MS-DRG	inpatient				62398.88234	Amerihealth	HMO/PPO		42847.47				42847.47	123850.8	case rate	
RECTAL RESECTION W CC	333	MS-DRG	inpatient				40289.34441	Amerihealth	HMO/PPO		24562.06				24562.06	70260.6	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient				33514.09424	Amerihealth	HMO/PPO		18958.67				18958.67	47605.77	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient				61647.66363	Amerihealth	HMO/PPO		42226.18				42226.18	148043.65	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient				40657.81291	Amerihealth	HMO/PPO		24866.79				24866.79	83760.2	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient				31961.67077	Amerihealth	HMO/PPO		17674.76				17674.76	59433.87	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient				49728.13623	Amerihealth	HMO/PPO		32368.29				32368.29	108871.49	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient				32592.923	Amerihealth	HMO/PPO		18196.83				18196.83	59683.97	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient				28982.50301	Amerihealth	HMO/PPO		15210.88				15210.88	45069.12	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient				46996.64231	Amerihealth	HMO/PPO		30108.75				30108.75	87874.95	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient				29176.73446	Amerihealth	HMO/PPO		15371.51				15371.51	51024.4	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient				24526.60492	Amerihealth	HMO/PPO		11525.68				11525.68	34612.77	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient				44866.63716	Amerihealth	HMO/PPO		28347.65				28347.65	89165.14	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient				31378.9764	Amerihealth	HMO/PPO		17192.85				17192.85	54672.64	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient				26428.93064	Amerihealth	HMO/PPO		13098.98				13098.98	38395.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient				52354.5454	Amerihealth	HMO/PPO		34540.43				34540.43	108095.19	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient				35123.64461	Amerihealth	HMO/PPO		20289.83				20289.83	63088.03	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient				30050.77601	Amerihealth	HMO/PPO		16094.38				16094.38	49377.04	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient				71697.71326	Amerihealth	HMO/PPO		50537.95				50537.95	144898.36	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient				41964.59071	Amerihealth	HMO/PPO		25947.55				25947.55	77874.17	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient				28886.81545	Amerihealth	HMO/PPO		15131.74				15131.74	49140.14	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient				34183.90713	Amerihealth	HMO/PPO		19512.63				19512.63	70851.02	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient				24705.12647	Amerihealth	HMO/PPO		11673.33				11673.33	40411.32	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient				21211.81663	Amerihealth	HMO/PPO		8784.23				8784.23	27090.31	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient				35550.66817	Amerihealth	HMO/PPO		20642.99				20642.99	63372.3	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient				25476.33961	Amerihealth	HMO/PPO		12311.15				12311.15	37645.53	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient				20823.35371	Amerihealth	HMO/PPO		8462.95				8462.95	27611.49	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient				40567.83804	Amerihealth	HMO/PPO		24792.38				24792.38	75260.99	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient				27704.28865	Amerihealth	HMO/PPO		14153.74				14153.74	43979.39	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient				23321.22736	Amerihealth	HMO/PPO		10528.79				10528.79	33373.6	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient				36159.06964	Amerihealth	HMO/PPO		21146.16				21146.16	65194.6	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient				24640.85871	Amerihealth	HMO/PPO		11620.17				11620.17	36092.47	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient				19633.68605	Amerihealth	HMO/PPO		7479.05				7479.05	23806.53	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient				36418.43848	Amerihealth	HMO/PPO		23014.75				23014.75	70923.92	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient				25914.78855	Amerihealth	HMO/PPO		12673.76				12673.76	39908.37	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient				21403.19174	Amerihealth	HMO/PPO		8942.5				8942.5	27983.24	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient				30559.20541	Amerihealth	HMO/PPO		16514.87				16514.87	49238.55	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient				23097.00428	Amerihealth	HMO/PPO		10343.35				10343.35	31172.26	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient				32968.53236	Amerihealth	HMO/PPO		18507.47				18507.47	61881.66	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient				24466.62167	Amerihealth	HMO/PPO		11476.07				11476.07	35720.72	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient				20360.62584	Amerihealth	HMO/PPO		8080.26				8080.26	25391.93	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient				31348.98478	Amerihealth	HMO/PPO		17168.04				17168.04	55787.89	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient				21964.46561	Amerihealth	HMO/PPO		9406.69				9406.69	30731.27	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient				18573.98208	Amerihealth	HMO/PPO		6602.64				6602.64	21539.59	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient				28809.69414	Amerihealth	HMO/PPO		15067.96				15067.96	44518.79	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient				21810.22089	Amerihealth	HMO/PPO		9279.13				9279.13	27531.31	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient				33721.17925	Amerihealth	HMO/PPO		19129.94				19129.94	59501.74	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient				23971.04583	Amerihealth	HMO/PPO		11066.21				11066.21	34299.33	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient				19837.91471	Amerihealth	HMO/PPO		7647.96				7647.96	24655.72	case rate	
APPENDIX PROCEDURES WITH MCC	397	MS-DRG	inpatient				42675.8206	Amerihealth	HMO/PPO		26535.76				26535.76	39099.83	case rate	
APPENDIX PROCEDURES WITH CC	398	MS-DRG	inpatient				32203.03192	Amerihealth	HMO/PPO		17874.37				17874.37	28002.64	case rate	
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG	inpatient				26487.48571	Amerihealth	HMO/PPO		13147.4				13147.4	23032.6	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient				89214.24855	Amerihealth	HMO/PPO		65024.78				65024.78	196046.68	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient				51827.54976	Amerihealth	HMO/PPO		34104.58				34104.58	103236.94	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient				41310.48773	Amerihealth	HMO/PPO		25406.58				25406.58	73139.83	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient				63749.9335	Amerihealth	HMO/PPO		43964.84				43964.84	147478.74	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient				38544.11766	Amerihealth	HMO/PPO		23118.69				23118.69	84653.12	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient				32944.25342	Amerihealth	HMO/PPO		18487.39				18487.39	60230.66	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient				51729.05086	Amerihealth	HMO/PPO		34023.08				10482	145714.75	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient				39803.76577	Amerihealth	HMO/PPO		24160.46				11647	86810.73	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient				32150.18953	Amerihealth	HMO/PPO		17830.67				15908	61455.25	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient				60936.43374	Amerihealth	HMO/PPO		41637.97				26270	130374.63	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient				38808.32957	Amerihealth	HMO/PPO		23337.2				23337.2	73577.18	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient				29716.58365	Amerihealth	HMO/PPO		15817.99				15817.99	50772.92	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient				43692.6794	Amerihealth	HMO/PPO		27376.74				27376.74	88323.24	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient				33936.83329	Amerihealth	HMO/PPO		19308.29				19308.29	60653.43	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient				29345.25881	Amerihealth	HMO/PPO		15510.89				15510.89	47532.87	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient				56303.44226	Amerihealth	HMO/PPO		37806.31				37806.31	128202.45	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient				35006.53446	Amerihealth	HMO/PPO		20192.97				8253	64841.08	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient				30742.01149	Amerihealth	HMO/PPO		16666.05				10272	54945.99	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient				66444.89494	Amerihealth	HMO/PPO		46193.67				16917	143815.92	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient				40400.74186	Amerihealth	HMO/PPO		24654.19				24654.19	79856.83	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient				33468.39272	Amerihealth	HMO/PPO		18920.87				18920.87	54410.23	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient				37954.28243	Amerihealth	HMO/PPO		22630.87				13893	66550.4	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient				25314.95612	Amerihealth	HMO/PPO		12177.68				12177.68	37462.84	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient				20152.11266	Amerihealth	HMO/PPO		7907.81				7907.81	53360.86	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient				35724.90521	Amerihealth	HMO/PPO		20787.09				20787.09	61874.37	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient				26310.39233	Amerihealth	HMO/PPO		13000.94				13000.94	41399.01	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient				22460.03936	Amerihealth	HMO/PPO		9816.55				9816.55	31554.95	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient				34423.8401	Amerihealth	HMO/PPO		19711.06				19711.06	59705.84	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient				22804.22892	Amerihealth	HMO/PPO		10101.21				10101.21	31427.39	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient				19382.3277	Amerihealth	HMO/PPO		7271.17				7271.17	22643.9	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient				36700.34701	Amerihealth	HMO/PPO		21593.82				11778	67687.51	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient				24179.35901	Amerihealth	HMO/PPO		11238.66				11238.66	34219.15	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient				20797.64661	Amerihealth	HMO/PPO		8441.69				8441.69	25359.13	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient				33915.4107	Amerihealth	HMO/PPO		19290.57				19290.57	58710.86	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient				26111.87635	Amerihealth	HMO/PPO		12836.76				12836.76	38909.75	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient				22037.30051	Amerihealth	HMO/PPO		9466.93				9466.93	28974.57	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient				137146.5728	Amerihealth	HMO/PPO		104666.6				17717	346124.02	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient				97941.81048	Amerihealth	HMO/PPO		72242.8				36879	230951.01	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient				76366.40905	Amerihealth	HMO/PPO		54399.14				54399.14	182230	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient				130976.8678	Amerihealth	HMO/PPO		99564.03				99564.03	332577.04	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient				97356.25977	Amerihealth	HMO/PPO		71758.53				71758.53	238524.49	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient				75300.99239	Amerihealth	HMO/PPO		53518				53518	186647.26	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient				105311.1804	Amerihealth	HMO/PPO		78337.54				78337.54	232700.42	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient				62831.61886	Amerihealth	HMO/PPO		43205.36				43205.36	147150.73	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient				107970.4375	Amerihealth	HMO/PPO		80536.85				9917	163369.2	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient				51240.57087	Amerihealth	HMO/PPO		33619.13				11315	116412.17	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient				91477.9019	Amerihealth	HMO/PPO		66896.91				15756	187037.23	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient				53455.86637	Amerihealth	HMO/PPO		35451.1				35451.1	107297.02	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient				37308.74848	Amerihealth	HMO/PPO		22096.99				22096.99	66965.88	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient				84664.09107	Amerihealth	HMO/PPO		61261.63				61261.63	186355.69	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient				60380.87465	Amerihealth	HMO/PPO		41178.5				41178.5	126482.2	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient				48716.99013	Amerihealth	HMO/PPO		31532.03				31532.03	101735.36	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient				58145.78474	Amerihealth	HMO/PPO		39330				39330	115686.89	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient				37464.41928	Amerihealth	HMO/PPO		22225.74				22225.74	72520.25	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient				80842.30156	Amerihealth	HMO/PPO		58100.87				8282	182619.97	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient				52798.70703	Amerihealth	HMO/PPO		34907.77				8991	107399.07	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient				45732.10968	Amerihealth	HMO/PPO		29063.43				11229	86482.71	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient				72041.90283	Amerihealth	HMO/PPO		50822.61				22321	138316.21	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient				41220.51286	Amerihealth	HMO/PPO		25332.17				25332.17	78315.16	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient				27398.60274	Amerihealth	HMO/PPO		13900.98				13900.98	41938.41	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient				58705.62835	Amerihealth	HMO/PPO		39793.01				39793.01	114382.13	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient				44633.84505	Amerihealth	HMO/PPO		28155.12				28155.12	83067.72	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient				37211.83275	Amerihealth	HMO/PPO		22016.67				22016.67	65529.91	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient				52705.87582	Amerihealth	HMO/PPO		34830.99				34830.99	110445.96	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient				40223.64848	Amerihealth	HMO/PPO		24507.72				8360	75162.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient				33275.58944	Amerihealth	HMO/PPO		18761.42				9385	60664.37	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient				46069.15838	Amerihealth	HMO/PPO		28342.18				13093	86869.04	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient				57634.4699	Amerihealth	HMO/PPO		38907.15				38907.15	120421.23	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient				39272.48562	Amerihealth	HMO/PPO		23721.08				23721.08	80851.81	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient				32654.33441	Amerihealth	HMO/PPO		18247.62				18247.62	60143.19	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient				40676.37915	Amerihealth	HMO/PPO		24882.15				24882.15	76992.18	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient				28266.68886	Amerihealth	HMO/PPO		14619.12				14619.12	47285.04	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient				60035.25691	Amerihealth	HMO/PPO		40892.66				27633	123570.16	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient				44890.91609	Amerihealth	HMO/PPO		28367.73				28367.73	81861.36	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient				37285.89772	Amerihealth	HMO/PPO		22078.09				22078.09	67890.08	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient				61736.21032	Amerihealth	HMO/PPO		42299.42				42299.42	126186.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient				38975.42574	Amerihealth	HMO/PPO		23475.4				23475.4	71466.96	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient				30976.23177	Amerihealth	HMO/PPO		16859.76				16859.76	52300.01	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient				47880.08106	Amerihealth	HMO/PPO		30839.88				30839.88	83023.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient				29011.86646	Amerihealth	HMO/PPO		15234.5				15234.5	40790.36	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient				58903.2747	Amerihealth	HMO/PPO		38302.4				38302.4	111816.33	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient				35379.28748	Amerihealth	HMO/PPO		20501.26				8902	61498.98	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient				30337.83868	Amerihealth	HMO/PPO		16331.79				16331.79	47055.43	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient				48892.65534	Amerihealth	HMO/PPO		31677.32				27418	93381.94	case rate	
FOOT PROCEDURES W CC	504	MS-DRG	inpatient				35256.464654	Amerihealth	HMO/PPO		20399.68				20399.68	63033.36	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient				34950.83574	Amerihealth	HMO/PPO		20146.91				20146.91	57577.39	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient				31478.94848	Amerihealth	HMO/PPO		17275.53				17275.53	51399.79	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient				41034.85044	Amerihealth	HMO/PPO		25178.62				25178.62	70796.36	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient				31070.49115	Amerihealth	HMO/PPO		16937.72				16937.72	52751.94	case rate	
ARTHROSCOPY	509	MS-DRG	inpatient				29530.92123	Amerihealth	HMO/PPO		15664.44				15664.44	60875.75	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient				49445.35808	Amerihealth	HMO/PPO		32134.42				32134.42	99585.05	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient				39065.40061	Amerihealth	HMO/PPO		23549.81				7655	67326.7	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient				33638.34524	Amerihealth	HMO/PPO		19061.43				10564	55474.46	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient				33741.17366	Amerihealth	HMO/PPO		19146.47				18516	59756.86	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient				25464.91423	Amerihealth	HMO/PPO		12301.7				12301.7	40660.37	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient				55742.17048	Amerihealth	HMO/PPO		37342.12				37342.12	112326.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient				39736.84167	Amerihealth	HMO/PPO		24104.95				24104.95	68715.29	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient				31933.10732	Amerihealth	HMO/PPO		17651.14				17651.14	50328.28	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient				62744.50008	Amerihealth	HMO/PPO		43133.31				43133.31	112989.89	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient				38705.50115	Amerihealth	HMO/PPO		23252.16				23252.16	67862.45	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient				31034.76894	Amerihealth	HMO/PPO		16908.19				16908.19	47893.69	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	521	MS-DRG	inpatient				53352.83795	Amerihealth	HMO/PPO		35366.05				7692	52111.06	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	522	MS-DRG	inpatient				40756.35681	Amerihealth	HMO/PPO		24948.29				9003	36760.73	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient				33889.7036	Amerihealth	HMO/PPO		19269.31				12781	55780.6	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient				22158.89497	Amerihealth	HMO/PPO		9567.33				9567.33	34640.29	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient				29109.61036	Amerihealth	HMO/PPO		15316				15316	45732.44	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient				21831.64348	Amerihealth	HMO/PPO		9296.85				9296.85	27589.62	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient				24400.92574	Amerihealth	HMO/PPO		11421.74				11421.74	33184.08	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient				20717.56955	Amerihealth	HMO/PPO		8375.55				8375.55	29496.24	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient				38931.1524	Amerihealth	HMO/PPO		23438.78				23438.78	73591.76	case rate	
OSTEOMYELITIS W CC	540	MS-DRG	inpatient				29131.03294	Amerihealth	HMO/PPO		15333.72				15333.72	47266.82	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient				22842.78958	Amerihealth	HMO/PPO		10133.1				7723	32170.88	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient				36636.07925	Amerihealth	HMO/PPO		21540.67				8903	66524.88	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient				26167.57508	Amerihealth	HMO/PPO		12882.82				10889	39088.34	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient				21551.72167	Amerihealth	HMO/PPO		9065.34				9065.34	29098.49	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient				46197.6939	Amerihealth	HMO/PPO		29448.48				29448.48	90353.28	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient				27718.57038	Amerihealth	HMO/PPO		14165.56				14165.56	44260.02	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient				22207.25283	Amerihealth	HMO/PPO		9607.49				9607.49	31256.09	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient				38437.00473	Amerihealth	HMO/PPO		23030.1				23030.1	75341.17	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient				27817.11428	Amerihealth	HMO/PPO		14247.06				14247.06	45346.11	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient				23741.11006	Amerihealth	HMO/PPO		10876.05				10876.05	33668.81	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient				34896.56518	Amerihealth	HMO/PPO		20102.03				9165	58007.45	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient				24390.92853	Amerihealth	HMO/PPO		11413.47				11413.47	32837.85	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient				29892.24887	Amerihealth	HMO/PPO		15963.27				15963.27	45105.57	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient				22327.21932	Amerihealth	HMO/PPO		9706.71				9706.71	47368.4	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient				30570.63079	Amerihealth	HMO/PPO		16524.32				16524.32	46821.72	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient				22364.3518	Amerihealth	HMO/PPO		9737.42				9737.42	27979.59	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient				32824.28694	Amerihealth	HMO/PPO		18388.17				18388.17	52205.25	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient				23135.56494	Amerihealth	HMO/PPO		10375.24				10375.24	31471.12	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient				37018.82947	Amerihealth	HMO/PPO		21857.22				21857.22	65555.42	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient				26758.83848	Amerihealth	HMO/PPO		13371.82				13371.82	37236.88	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient				21733.09958	Amerihealth	HMO/PPO		9215.35				9211	27556.82	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient				32308.71668	Amerihealth	HMO/PPO		17961.78				12507	51319.61	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient				23381.2106	Amerihealth	HMO/PPO		10578.4				10578.4	30545.39	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient				32897.12373	Amerihealth	HMO/PPO		18448.41				18448.41	57300.4	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient				24863.65362	Amerihealth	HMO/PPO		11804.43				11804.43	35564.01	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient				21308.93235	Amerihealth	HMO/PPO		8864.55				8864.55	27782.79	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient				52224.55378	Amerihealth	HMO/PPO		34515.62				34515.62	110602.68	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient				34753.74794	Amerihealth	HMO/PPO		19983.91				9078	62063.89	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient				26865.95141	Amerihealth	HMO/PPO		13460.41				11401	42955.26	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient				99395.69005	Amerihealth	HMO/PPO		73445.21				16091	191396.17	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient				59231.15982	Amerihealth	HMO/PPO		40227.67				36864	111010.87	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient				39810.90664	Amerihealth	HMO/PPO		24166.37				24166.37	64093.94	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient				91754.96736	Amerihealth	HMO/PPO		67126.05				67126.05	177881.99	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient				48424.21478	Amerihealth	HMO/PPO		31289.9				31289.9	91450.3	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient				33591.21555	Amerihealth	HMO/PPO		19022.45				19022.45	55751.45	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient				58322.87813	Amerihealth	HMO/PPO		39476.46				39476.46	101968.62	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient				35534.95828	Amerihealth	HMO/PPO		20630				20630	57941.85	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient				29823.69659	Amerihealth	HMO/PPO		15906.57				8609	45061.83	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient				34399.85017	Amerihealth	HMO/PPO		19690.98				10681	57202	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient				32325.85475	Amerihealth	HMO/PPO		17975.95				14701	50226.23	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient				38562.6839	Amerihealth	HMO/PPO		23134.04				23134.04	68205.04	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient				34640.92231	Amerihealth	HMO/PPO		19890.6				19890.6	57063.5	case rate	
SKIN ULCERS W MCC	592	MS-DRG	inpatient				40440.70869	Amerihealth	HMO/PPO		24687.26				24687.26	62257.06	case rate	
SKIN ULCERS W CC	593	MS-DRG	inpatient				27869.95666	Amerihealth	HMO/PPO		14290.76				14290.76	41162.11	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient				21835.92799	Amerihealth	HMO/PPO		9300.39				9300.39	29528.55	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient				41653.24912	Amerihealth	HMO/PPO		25690.06				25690.06	72414.56	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient				25000.75818	Amerihealth	HMO/PPO		11917.82				11917.82	36865.13	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient				33448.39831	Amerihealth	HMO/PPO		18904.34				18904.34	62687.12	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient				27711.42951	Amerihealth	HMO/PPO		14159.65				14159.65	42361.19	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient				19465.1617	Amerihealth	HMO/PPO		7339.68				7339.68	26109.91	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient				25226.40663	Amerihealth	HMO/PPO		12112.71				12112.71	34842.38	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient				19482.29977	Amerihealth	HMO/PPO		7353.85				7353.85	22567.36	case rate	
CELLULITIS W MCC	602	MS-DRG	inpatient				31834.56342	Amerihealth	HMO/PPO		17569.64				17569.64	52628.02	case rate	
CELLULITIS W/O MCC	603	MS-DRG	inpatient				23225.5398	Amerihealth	HMO/PPO		10449.65				10449.65	30895.27	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient				32101.63167	Amerihealth	HMO/PPO		17790.51				17790.51	51636.69	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient				23569.72936	Amerihealth	HMO/PPO		10734.31				10734.31	31361.78	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient				33238.45695	Amerihealth	HMO/PPO		18730.71				18730.71	50324.64	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient				23351.21898	Amerihealth	HMO/PPO		10553.59				10553.59	29193.25	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient				42758.65461	Amerihealth	HMO/PPO		26604.27				26604.27	86143.77	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient				31600.34314	Amerihealth	HMO/PPO		17375.93				17375.93	53983.82	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient				67113.27965	Amerihealth	HMO/PPO		46746.45				46746.45	150711.5	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient				38932.58057	Amerihealth	HMO/PPO		23439.96				23439.96	75574.43	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient				27178.72118	Amerihealth	HMO/PPO		13719.08				13719.08	42251.85	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient				47568.74226	Amerihealth	HMO/PPO		30574.12				30574.12	106447.83	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient				33758.31173	Amerihealth	HMO/PPO		19160.65				19160.65	65952.68	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient				32260.15881	Amerihealth	HMO/PPO		17921.62				17921.62	57522.72	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient				65226.66382	Amerihealth	HMO/PPO		45186.15				45186.15	138421.91	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient				37174.56027	Amerihealth	HMO/PPO		21985.96				21985.96	70092.95	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient				26507.48012	Amerihealth	HMO/PPO		13163.94				13163.94	47234.02	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient				52310.27205	Amerihealth	HMO/PPO		34503.81				34503.81	101440.15	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient				31897.40301	Amerihealth	HMO/PPO		17621.61				17621.61	58699.93	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient				28242.70967	Amerihealth	HMO/PPO		14599.04				14599.04	39543.91	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient				67924.48161	Amerihealth	HMO/PPO		47417.35				47417.35	133939.05	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient				42907.18454	Amerihealth	HMO/PPO		26727.11				26727.11	85236.26	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient				30532.07013	Amerihealth	HMO/PPO		16492.43				16492.43	55926.39	case rate	
DIABETES W MCC	637	MS-DRG	inpatient				31289.20154	Amerihealth	HMO/PPO		17118.44				17118.44	50342.86	case rate	
DIABETES W CC	638	MS-DRG	inpatient				23435.48115	Amerihealth	HMO/PPO		10623.28				10623.28	31788.2	case rate	
DIABETES W/O CC/MCC	639	MS-DRG	inpatient				19480.8716	Amerihealth	HMO/PPO		7352.67				7352.67	23030.23	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG	inpatient				29373.82226	Amerihealth	HMO/PPO		15534.51				15534.51	43378.03	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG	inpatient				21750.23764	Amerihealth	HMO/PPO		9229.52				9229.52	27403.75	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient				29203.86974	Amerihealth	HMO/PPO		15393.95				15393.95	46049.52	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient				34085.36322	Amerihealth	HMO/PPO		19431.13				19431.13	59556.41	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient				25753.40506	Amerihealth	HMO/PPO		12540.29				12540.29	36901.58	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient				21457.46829	Amerihealth	HMO/PPO		8987.39				8987.39	27075.73	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG	inpatient				74822.55462	Amerihealth	HMO/PPO		53122.31				53122.31	78274.49	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG	inpatient				59982.41453	Amerihealth	HMO/PPO		40848.96				40848.96	60189.99	case rate	
KIDNEY TRANSPLANT	652	MS-DRG	inpatient				53498.51154	Amerihealth	HMO/PPO		35486.53				35486.53	120803.91	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient				87906.92457	Amerihealth	HMO/PPO		63942.84				63942.84	200052.09	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient				49686.71923	Amerihealth	HMO/PPO		32334.04				32334.04	104720.29	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient				40693.51722	Amerihealth	HMO/PPO		24896.32				24896.32	75705.63	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient				55400.83727	Amerihealth	HMO/PPO		37059.83				37059.83	121277.71	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient				36928.8546	Amerihealth	HMO/PPO		21782.81				21782.81	70974.94	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient				31733.16318	Amerihealth	HMO/PPO		17485.77				17485.77	57089.01	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient				47564.45495	Amerihealth	HMO/PPO		30578.84				30578.84	99391.89	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient				29812.27121	Amerihealth	HMO/PPO		15897.12				15897.12	52759.23	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient				25563.45813	Amerihealth	HMO/PPO		12383.2				12383.2	39099.27	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient				53388.54226	Amerihealth	HMO/PPO		35395.58				35395.58	115850.9	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient				31427.53427	Amerihealth	HMO/PPO		17233.01				17233.01	59782.37	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient				25751.97689	Amerihealth	HMO/PPO		12539.11				12539.11	43214.02	case rate	
PROSTATECTOMY W MCC	665	MS-DRG	inpatient				54708.12662	Amerihealth	HMO/PPO		36486.97				36486.97	115854.54	case rate	
PROSTATECTOMY W CC	666	MS-DRG	inpatient				35117.93192	Amerihealth	HMO/PPO		20285.1				20285.1	64841.08	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient				25580.59619	Amerihealth	HMO/PPO		12397.37				12397.37	39376.26	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient				50836.39807	Amerihealth	HMO/PPO		33284.86				33284.86	102580.91	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient				32507.20655	Amerihealth	HMO/PPO		18125.96				18125.96	57675.8	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient				24338.08615	Amerihealth	HMO/PPO		11369.77				11369.77	35115.72	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient				35039.38243	Amerihealth	HMO/PPO		20220.14				20220.14	61356.84	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient				23768.24534	Amerihealth	HMO/PPO		10898.49				10898.49	38519.78	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient				63404.31574	Amerihealth	HMO/PPO		43679				43679	130378.28	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient				44612.42246	Amerihealth	HMO/PPO		28137.4				28137.4	84266.8	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient				33248.45416	Amerihealth	HMO/PPO		18738.98				18738.98	59235.68	case rate	
RENAL FAILURE W MCC	682	MS-DRG	inpatient				32024.51036	Amerihealth	HMO/PPO		17726.73				17726.73	55835.27	case rate	
RENAL FAILURE W CC	683	MS-DRG	inpatient				23455.47557	Amerihealth	HMO/PPO		10639.82				10639.82	33493.87	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient				19280.92745	Amerihealth	HMO/PPO		7187.31				7187.31	22589.23	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient				36860.30232	Amerihealth	HMO/PPO		21726.11				21726.11	62599.65	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient				25519.18478	Amerihealth	HMO/PPO		12346.58				12346.58	38403.15	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient				21743.09678	Amerihealth	HMO/PPO		9223.62				9223.62	28825.14	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient				27362.85843	Amerihealth	HMO/PPO		13871.45				13871.45	40513.37	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient				22114.42162	Amerihealth	HMO/PPO		9530.72				9530.72	28941.77	case rate	
URINARY STONES W MCC	693	MS-DRG	inpatient				30817.70463	Amerihealth	HMO/PPO		16728.66				16728.66	48239.93	case rate	
URINARY STONES W/O MCC	694	MS-DRG	inpatient				21768.80389	Amerihealth	HMO/PPO		9244.88				9244.88	25588.74	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient				27671.44069	Amerihealth	HMO/PPO		14126.58				14126.58	41865.52	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient				20474.87963	Amerihealth	HMO/PPO		8174.75				8174.75	25096.72	case rate	
URETHRAL STRICTURE	697	MS-DRG	inpatient				26487.48571	Amerihealth	HMO/PPO		13147.4				13147.4	34988.16	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient				34218.18327	Amerihealth	HMO/PPO		19540.98				19540.98	58863.93	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient				25169.28253	Amerihealth	HMO/PPO		12057.2				12057.2	37462.84	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient				20706.24357	Amerihealth	HMO/PPO		8366.1				8366.1	27688.03	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient				38609.8136	Amerihealth	HMO/PPO		23173.02				23173.02	65289.36	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient				31420.39341	Amerihealth	HMO/PPO		17227.1				17227.1	51261.3	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient				40867.75426	Amerihealth	HMO/PPO		25040.42				25040.42	74050.98	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient				28218.43074	Amerihealth	HMO/PPO		14578.96				14578.96	60846.6	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient				40909.17126	Amerihealth	HMO/PPO		25074.68				25074.68	75935.24	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient				27562.89958	Amerihealth	HMO/PPO		14036.81				14036.81	39245.05	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient				31308.89595	Amerihealth	HMO/PPO		17134.97				17134.97	53335.08	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient				24279.53108	Amerihealth	HMO/PPO		11321.34				11321.34	33184.08	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient				42117.40517	Amerihealth	HMO/PPO		26073.93				26073.93	80542.02	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient				30901.9668	Amerihealth	HMO/PPO		16798.34				16798.34	53320.5	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient				36493.282	Amerihealth	HMO/PPO		21422.55				21422.55	71226.42	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient				27382.94985	Amerihealth	HMO/PPO		13887.99				13887.99	44923.34	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient				37365.87538	Amerihealth	HMO/PPO		22144.24				22144.24	60489.43	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient				26504.62378	Amerihealth	HMO/PPO		13161.58				13161.58	40145.27	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient				22151.55411	Amerihealth	HMO/PPO		9561.43				9561.43	25118.58	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient				28312.69012	Amerihealth	HMO/PPO		14656.92				14656.92	44256.38	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient				21029.01055	Amerihealth	HMO/PPO		8633.04				8633.04	27862.97	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient				33741.17366	Amerihealth	HMO/PPO		19146.47				19146.47	52409.35	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient				22017.30589	Amerihealth	HMO/PPO		9450.4				9450.4	28943.36	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient				24927.92138	Amerihealth	HMO/PPO		11857.58				11857.58	39434.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient				19468.01805	Amerihealth	HMO/PPO		7342.04				7342.04	20715.91	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient				41633.2547	Amerihealth	HMO/PPO		25673.52				25673.52	84040.83	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient				28588.32741	Amerihealth	HMO/PPO		14884.88				14884.88	49748.79	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient				66106.41806	Amerihealth	HMO/PPO		45913.74				45913.74	146899.25	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient				38779.76612	Amerihealth	HMO/PPO		23313.58				23313.58	74036.4	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient				30079.33946	Amerihealth	HMO/PPO		16118				16118	50743.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG	inpatient				62237.49886	Amerihealth	HMO/PPO		42714				42714	131121.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient				36111.93995	Amerihealth	HMO/PPO		21107.19				21107.19	63521.73	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient				29146.74284	Amerihealth	HMO/PPO		15346.71				15346.71	48393	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient				36039.10316	Amerihealth	HMO/PPO		21046.95				21046.95	62468.44	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient				27185.86205	Amerihealth	HMO/PPO		13724.99				13724.99	40659.16	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient				37474.41648	Amerihealth	HMO/PPO		22234.01				22234.01	61604.67	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient				25384.93657	Amerihealth	HMO/PPO		12235.55				12235.55	38975.35	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient				34528.09669	Amerihealth	HMO/PPO		19797.29				19797.29	61145.45	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient				23261.24411	Amerihealth	HMO/PPO		10479.18				10479.18	34922.56	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient				30654.89296	Amerihealth	HMO/PPO		16594				16594	47161.12	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient				46540.45529	Amerihealth	HMO/PPO		29731.96				29731.96	94832.49	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient				30013.64353	Amerihealth	HMO/PPO		16063.67				16063.67	44606.26	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient				37047.39292	Amerihealth	HMO/PPO		21880.84				21880.84	67111.66	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient				26081.88473	Amerihealth	HMO/PPO		12811.96				12811.96	38993.58	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient				24725.12089	Amerihealth	HMO/PPO		11689.86				11689.86	28431.52	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient				31893.11849	Amerihealth	HMO/PPO		17618.06				17618.06	52515.04	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient				24766.53789	Amerihealth	HMO/PPO		11724.11				11724.11	37189.5	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient				19819.34847	Amerihealth	HMO/PPO		7632.6				7632.6	25902.17	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient				24806.52672	Amerihealth	HMO/PPO		11757.19				11757.19	31769.98	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient				19239.51045	Amerihealth	HMO/PPO		7153.06				7153.06	20023.43	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient				32640.05269	Amerihealth	HMO/PPO		18235.81				18235.81	53134.62	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient				21997.31148	Amerihealth	HMO/PPO		9433.86				9433.86	38920.68	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient				20826.21006	Amerihealth	HMO/PPO		8465.32				8465.32	24017.91	case rate	
ABORTION W/O D&C	779	MS-DRG	inpatient				24717.98003	Amerihealth	HMO/PPO		11683.96				11683.96	27491.22	case rate	
SPLENECTOMY W MCC	799	MS-DRG	inpatient				81350.73096	Amerihealth	HMO/PPO		58521.36				58521.36	171354.51	case rate	
SPLENECTOMY W CC	800	MS-DRG	inpatient				50832.11355	Amerihealth	HMO/PPO		33281.32				33281.32	95736.35	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient				36150.50061	Amerihealth	HMO/PPO		21139.08				5977	56720.91	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient				59009.82908	Amerihealth	HMO/PPO		40044.6				8199	121992.05	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient				37128.79875	Amerihealth	HMO/PPO		21948.17				13379	62763.66	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient				27877.09752	Amerihealth	HMO/PPO		14296.66				14296.66	44845.8	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient				41868.90316	Amerihealth	HMO/PPO		25868.41				25868.41	78329.74	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient				27791.40717	Amerihealth	HMO/PPO		14225.79				14225.79	43899.21	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient				24936.49041	Amerihealth	HMO/PPO		11864.67				11864.67	33603.21	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient				30636.30272	Amerihealth	HMO/PPO		16578.65				16578.65	49420.78	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient				23454.0474	Amerihealth	HMO/PPO		10638.64				10638.64	32189.11	case rate	
COAGULATION DISORDERS	813	MS-DRG	inpatient				32869.98846	Amerihealth	HMO/PPO		18425.97				18425.97	58732.73	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient				40983.43623	Amerihealth	HMO/PPO		25136.1				25136.1	60609.7	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient				24789.38865	Amerihealth	HMO/PPO		11743.01				11743.01	35633.25	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient				20733.37885	Amerihealth	HMO/PPO		8388.54				8388.54	26299.43	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient				42795.78709	Amerihealth	HMO/PPO		26634.98				26634.98	92270.34	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient				27344.38919	Amerihealth	HMO/PPO		13856.09				13856.09	49511.89	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient				23546.87861	Amerihealth	HMO/PPO		10715.41				10715.41	30578.19	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient				96947.80245	Amerihealth	HMO/PPO		71420.72				71420.72	198401.09	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient				42468.7356	Amerihealth	HMO/PPO		26364.49				6969	87262.66	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient				28282.6985	Amerihealth	HMO/PPO		14632.11				8721	44092.37	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient				74885.3942	Amerihealth	HMO/PPO		53174.28				12547	164903.57	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient				42480.16097	Amerihealth	HMO/PPO		26373.94				22652	79977.1	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient				29033.91722	Amerihealth	HMO/PPO		15253.4				15253.4	49530.11	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient				73270.13115	Amerihealth	HMO/PPO		51838.4				51838.4	180331.16	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient				43684.11036	Amerihealth	HMO/PPO		27369.65				27369.65	82065.46	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient				34018.23912	Amerihealth	HMO/PPO		19375.62				19375.62	59603.79	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient				55632.20121	Amerihealth	HMO/PPO		37251.17				37251.17	113336.13	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient				33172.76102	Amerihealth	HMO/PPO		18676.38				18676.38	51709.58	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient				25012.18356	Amerihealth	HMO/PPO		11927.27				11927.27	37470.13	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient				21126.12628	Amerihealth	HMO/PPO		8713.36				8713.36	26197.38	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient				17899.88468	Amerihealth	HMO/PPO		6045.14				6045.14	17505.01	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient				90553.87432	Amerihealth	HMO/PPO		66132.7				66132.7	200737.28	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient				42517.29346	Amerihealth	HMO/PPO		26404.65				26404.65	77848.66	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient				27600.00693	Amerihealth	HMO/PPO		14141.93				14141.93	44194.42	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient				78522.94947	Amerihealth	HMO/PPO		56182.68				56182.68	195864.45	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient				38474.13721	Amerihealth	HMO/PPO		23060.81				23060.81	85742.86	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient				29201.01339	Amerihealth	HMO/PPO		15391.59				15391.59	45772.53	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient				55223.74388	Amerihealth	HMO/PPO		36913.36				36913.36	129013.03	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient				33062.79174	Amerihealth	HMO/PPO		18585.43				18585.43	59581.92	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient				25820.52917	Amerihealth	HMO/PPO		12595.8				12595.8	40859.61	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient				37163.07489	Amerihealth	HMO/PPO		21976.51				21976.51	67279.32	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient				27117.83977	Amerihealth	HMO/PPO		13668.29				13668.29	42662.54	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient				22942.76165	Amerihealth	HMO/PPO		10215.78				10215.78	31569.53	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient				45495.03305	Amerihealth	HMO/PPO		28867.35				28867.35	102701.18	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient				27908.51731	Amerihealth	HMO/PPO		14322.65				14322.65	48345.62	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient				21437.46787	Amerihealth	HMO/PPO		8970.85				8970.85	33989.54	case rate	
RADIOTHERAPY	849	MS-DRG	inpatient				49028.33173	Amerihealth	HMO/PPO		31789.52				31692.64	71805.91	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient				81989.12405	Amerihealth	HMO/PPO		59049.33				59049.33	184311.07	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient				39699.50918	Amerihealth	HMO/PPO		24074.24				24074.24	80283.25	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient				34895.13701	Amerihealth	HMO/PPO		20100.84				20100.84	56855.76	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient				73835.68744	Amerihealth	HMO/PPO		52306.14				52306.14	163580.58	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient				41091.97734	Amerihealth	HMO/PPO		25225.86				25225.86	74958.49	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient				28919.66342	Amerihealth	HMO/PPO		15158.9				15158.9	50299.12	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient				36897.43481	Amerihealth	HMO/PPO		21756.82				21756.82	69612.35	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient				24950.77214	Amerihealth	HMO/PPO		11876.48				11876.48	35892.02	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient				23198.40453	Amerihealth	HMO/PPO		10427.21				10427.21	31500.28	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient				34011.09826	Amerihealth	HMO/PPO		19369.71				19369.71	50375.66	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient				23696.80911	Amerihealth	HMO/PPO		10839.43				10839.43	29900.3	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient				40472.15049	Amerihealth	HMO/PPO		24713.24				24713.24	77735.67	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient				26093.31011	Amerihealth	HMO/PPO		12821.4				12821.4	39248.7	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient				20454.88522	Amerihealth	HMO/PPO		8158.22				8158.22	27986.88	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient				110061.282	Amerihealth	HMO/PPO		82266.06				82266.06	229438.5	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient				38905.44529	Amerihealth	HMO/PPO		23417.52				23417.52	67658.35	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient				25299.24622	Amerihealth	HMO/PPO		12164.68				12164.68	38373.99	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient				63882.75354	Amerihealth	HMO/PPO		44074.69				44074.69	120322.82	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient				24223.83253	Amerihealth	HMO/PPO		11275.28				1933	21064.2	case rate	
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient				23536.8814	Amerihealth	HMO/PPO		10707.14				1933	20466.85	case rate	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient				24005.32197	Amerihealth	HMO/PPO		11094.56				1933	20874.19	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient				37374.44441	Amerihealth	HMO/PPO		22151.32				1933	32639.46	case rate	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient				39682.80504	Amerihealth	HMO/PPO		20751.66				1933	31027.88	case rate	
PSYCHOSES	885	MS-DRG	inpatient				30105.04657	Amerihealth	HMO/PPO		16139.26				1933	26178.3	case rate	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient				34608.07435	Amerihealth	HMO/PPO		19863.43				1933	30093.98	case rate	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient				29093.90046	Amerihealth	HMO/PPO		15303.01				1933	25299.04	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient				18795.34881	Amerihealth	HMO/PPO		6785.72				1933	9462.59	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient				33566.93662	Amerihealth	HMO/PPO		19002.37				1933	29188.64	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient				35984.8326	Amerihealth	HMO/PPO		21002.06				1933	31291.16	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient				22809.94161	Amerihealth	HMO/PPO		10105.94				1933	19834.73	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient				72398.19264	Amerihealth	HMO/PPO		51117.9				13124	162727.75	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient				37507.26445	Amerihealth	HMO/PPO		22261.17				22261.17	69990.9	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient				28321.25916	Amerihealth	HMO/PPO		14664				14664	56429.51	case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient				57094.64981	Amerihealth	HMO/PPO		38460.67				38460.67	117574.8	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient				33208.46533	Amerihealth	HMO/PPO		18705.9				18705.9	64480.26	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient				37462.99111	Amerihealth	HMO/PPO		22224.56				22224.56	67177.27	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient				63711.37284	Amerihealth	HMO/PPO		43932.95				43932.95	153659.98	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient				39212.50237	Amerihealth	HMO/PPO		23671.47				23671.47	72629.59	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient				29960.80115	Amerihealth	HMO/PPO		16019.96				16019.96	48305.53	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient				31934.53549	Amerihealth	HMO/PPO		17652.32				17652.32	53694.99	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient				23554.01947	Amerihealth	HMO/PPO		10721.32				10721.32	84762.6	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient				35926.27753	Amerihealth	HMO/PPO		20953.64				20953.64	61116.3	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient				19999.2982	Amerihealth	HMO/PPO		7781.43				7781.43	23154.14	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient				33382.70237	Amerihealth	HMO/PPO		18850				18850	53710.47	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient				22885.63476	Amerihealth	HMO/PPO		10168.54				10168.54	28380.5	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient				36650.36097	Amerihealth	HMO/PPO		21552.48				21552.48	66488.44	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient				25354.94495	Amerihealth	HMO/PPO		12210.75				12210.75	36558.98	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient				20556.36966	Amerihealth	HMO/PPO		8242.08				8242.08	25762.74	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient				35510.67934	Amerihealth	HMO/PPO		20609.92				20609.92	56797.45	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient				25035.03431	Amerihealth	HMO/PPO		11946.17				11946.17	37582.48	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient				387038.1935	Amerihealth	HMO/PPO		311336.31				295733.07	670041.49	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient				109415.7481	Amerihealth	HMO/PPO		81732.17				81732.17	214142.12	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient				56513.38362	Amerihealth	HMO/PPO		37979.94				37979.94	108324.8	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient				53892.68714	Amerihealth	HMO/PPO		35812.53				33318	104246.49	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient				40475.00683	Amerihealth	HMO/PPO		24715.61				24715.61	66823.74	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient				39740.92619	Amerihealth	HMO/PPO		24108.49				24108.49	66393.68	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient				56510.52727	Amerihealth	HMO/PPO		37977.58				37977.58	119495.5	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient				41533.28263	Amerihealth	HMO/PPO		25590.84				25590.84	79251.83	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient				37097.37895	Amerihealth	HMO/PPO		21922.18				21922.18	67476.12	case rate	
REHABILITATION W CC/MCC	945	MS-DRG	inpatient				32148.76136	Amerihealth	HMO/PPO		17829.49				17829.49	49745.15	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient				25053.60056	Amerihealth	HMO/PPO		11961.53				11961.53	38002.24	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient				28465.50458	Amerihealth	HMO/PPO		14783.3				14783.3	43939.3	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient				22030.15945	Amerihealth	HMO/PPO		9461.03				9461.03	28435.17	case rate	
AFTERCARE W CC/MCC	949	MS-DRG	inpatient				25387.75291	Amerihealth	HMO/PPO		12237.92				12237.92	41774.41	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient				19562.27743	Amerihealth	HMO/PPO		7420				7420	27148.63	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient				19016.71555	Amerihealth	HMO/PPO		6968.8				6968.8	29098.49	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient				97569.05747	Amerihealth	HMO/PPO		71934.52				71934.52	222207.62	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient				65977.88254	Amerihealth	HMO/PPO		45807.44				45807.44	137904.37	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient				113883.0715	Amerihealth	HMO/PPO		85426.82				85426.82	276934.93	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient				68357.21787	Amerihealth	HMO/PPO		47775.24				47775.24	152336.99	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient				46757.53751	Amerihealth	HMO/PPO		29911.49				29911.49	89318.21	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient				49641.91771	Amerihealth	HMO/PPO		32296.24				32296.24	101866.57	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient				32027.3667	Amerihealth	HMO/PPO		17729.09				17729.09	53754.21	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient				24242.3986	Amerihealth	HMO/PPO		11290.63				11290.63	35509.34	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient				108743.0788	Amerihealth	HMO/PPO		81175.85				81175.85	204050.22	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true	

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient				44929.47675	Amerihealth	HMO/PPO		28399.62				28399.62	101600.51	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient				52243.14795	Amerihealth	HMO/PPO		34448.3				34448.3	99242.46	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient				30060.77322	Amerihealth	HMO/PPO		16102.65				16102.65	47011.7	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient				22662.83985	Amerihealth	HMO/PPO		9984.28				9984.28	34208.22	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient				30814.84828	Amerihealth	HMO/PPO		16726.29				16726.29	42638.18	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient				78291.58553	Amerihealth	HMO/PPO		59991.33				11302	159287.24	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient				46094.86548	Amerihealth	HMO/PPO		29363.44				14901	89398.39	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient				33943.97415	Amerihealth	HMO/PPO		19314.2				19314.2	57187.42	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient				58815.59763	Amerihealth	HMO/PPO		39883.96				39883.96	121459.94	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient				34826.58473	Amerihealth	HMO/PPO		20044.15				20044.15	61706.72	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient				26019.04514	Amerihealth	HMO/PPO		12759.99				12759.99	37929.35	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient				397605.2416	Amerihealth	Medicare		345743.69				320075.66	962560.73	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient				185457.3628	Amerihealth	Medicare		161267.27				144621.43	489203.72	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient				315081.1521	Amerihealth	Medicare		273983.61				251825.15	666967.04	case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient				220531.8504	Amerihealth	Medicare		191766.83				173629.34	416184.16	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient				158406.3481	Amerihealth	Medicare		137744.65				122249.23	373735.51	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient				79669.77196	Amerihealth	Medicare		69278.06				57131.14	234847	case rate	
LUNG TRANSPLANT	007	MS-DRG	inpatient				185775.8463	Amerihealth	Medicare		161544.21				144884.83	388186.35	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient				85736.6486	Amerihealth	Medicare		74553.61				62148.67	191305.05	case rate	
PANCREAS TRANSPLANT	010	MS-DRG	inpatient				79337.00778	Amerihealth	Medicare		68988.7				56855.93	164513.6	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient				84231.35482	Amerihealth	Medicare		73244.66				60903.74	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG	inpatient				67787.37705	Amerihealth	Medicare		58945.55				47303.96	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient				48946.9259	Amerihealth	Medicare		42562.54				31722.2	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient				174271.916	Amerihealth	Medicare		151540.8				135370.65	435540.63	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient				98808.71117	Amerihealth	Medicare		85920.62				72959.76	238334.97	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient				98808.71117	Amerihealth	Medicare		85920.62				70474.37	159673.57	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG	inpatient				536767.7948	Amerihealth	Medicare		466754.6				435168.29	641210.35	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG	inpatient				124751.464	Amerihealth	Medicare		108479.53				94415.39	139118.87	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient				131305.3474	Amerihealth	Medicare		114178.56				99835.69	379960.48	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient				98300.28177	Amerihealth	Medicare		85478.51				72539.27	288127.5	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient				60243.77009	Amerihealth	Medicare		52385.89				41065.11	187970.25	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient				91550.7387	Amerihealth	Medicare		79609.34				66957.14	198998.8	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient				64701.09636	Amerihealth	Medicare		56261.82				44751.49	313612.23	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient				73658.59406	Amerihealth	Medicare		64050.95				52159.67	159897.77	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient				52765.85907	Amerihealth	Medicare		45883.36				34880.6	109910.2	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient				45336.5059	Amerihealth	Medicare		39423.05				28736.25	87678.14	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient				96653.59892	Amerihealth	Medicare		84046.51				71177.4	195889.96	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient				59551.10645	Amerihealth	Medicare		51783.57				40462.25	115012.64	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient				43709.81747	Amerihealth	Medicare		38008.54				27390.91	79295.56	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient				69382.6457	Amerihealth	Medicare		60332.74				48623.3	152449.97	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient				41350.47666	Amerihealth	Medicare		35956.94				25439.65	103005.11	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient				33768.30894	Amerihealth	Medicare		29363.75				19168.92	169398.47	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient				66309.21855	Amerihealth	Medicare		57660.19				46081.46	279134.99	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient				43431.32384	Amerihealth	Medicare		37766.37				27160.59	80921.05	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient				36414.71252	Amerihealth	Medicare		31664.97				21357.59	62905.8	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient				58799.88773	Amerihealth	Medicare		51130.34				39870.97	116984.37	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient				33439.82927	Amerihealth	Medicare		29078.11				19897.25	60926.78	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient				26885.94583	Amerihealth	Medicare		23379.08				13476.94	41271.45	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient				65582.27877	Amerihealth	Medicare		57028.07				45480.26	143167.18	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient				42448.74118	Amerihealth	Medicare		36911.95				26347.96	89584.25	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient				35437.84255	Amerihealth	Medicare		30815.52				20549.68	102408.62	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient				38361.31159	Amerihealth	Medicare		33357.66				22967.5	80333.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient				24640.85871	Amerihealth	Medicare		21426.83				11620.17	98314.19	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient				31634.61928	Amerihealth	Medicare		27508.36				17404.27	143596.19	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient				25917.6449	Amerihealth	Medicare		22537.08				12676.12	38166.25	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient				44780.94682	Amerihealth	Medicare		38939.95				28276.78	77429.53	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient				30059.34505	Amerihealth	Medicare		26138.56				16101.46	44059.57	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient				35267.89003	Amerihealth	Medicare		30667.73				20409.13	64130.38	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient				27545.76151	Amerihealth	Medicare		23952.84				14022.64	40065.09	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient				23406.9177	Amerihealth	Medicare		20353.84				10599.66	30348.58	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient				50619.31585	Amerihealth	Medicare		44016.8				33105.33	103787.27	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient				37321.60203	Amerihealth	Medicare		32453.57				22107.62	121708.96	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient				31824.56621	Amerihealth	Medicare		27673.54				17561.37	136083.64	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient				39196.79248	Amerihealth	Medicare		34084.17				23658.47	215326.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient				25106.44294	Amerihealth	Medicare		21831.69				12005.23	37594.05	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient				20409.1837	Amerihealth	Medicare		17747.12				8120.42	26488.95	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient				30826.27386	Amerihealth	Medicare		26805.46				16735.74	54720.02	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient				23029.88017	Amerihealth	Medicare		20025.98				10287.83	32754.02	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient				21997.31148	Amerihealth	Medicare		19128.1				9433.86	27899.41	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient				36147.64426	Amerihealth	Medicare		31432.73				21136.72	59964.6	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient				25754.83324	Amerihealth	Medicare		22395.51				12541.47	35928.47	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient				21773.0884	Amerihealth	Medicare		18933.12				9248.42	27042.93	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient				32198.7474	Amerihealth	Medicare		27998.91				17870.83	51428.95	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient				25246.40384	Amerihealth	Medicare		21953.39				12120.98	35494.76	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient				37922.80654	Amerihealth	Medicare		32976.4				22604.89	53998.39	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient				23765.38899	Amerihealth	Medicare		20665.56				10896.13	30060.66	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient				32168.75578	Amerihealth	Medicare		27972.83				17846.03	56564.19	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient				25113.5838	Amerihealth	Medicare		21837.9				12011.13	35356.26	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient				21170.29862	Amerihealth	Medicare		18409.04				8749.97	27206.94	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient				42134.54324	Amerihealth	Medicare		36638.73				26088.1	68474.74	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient				23579.72657	Amerihealth	Medicare		20504.11				10742.58	31146.75	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient				43128.55127	Amerihealth	Medicare		37503.09				26910.19	78672.34	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient				29962.22932	Amerihealth	Medicare		26054.11				16021.15	47197.57	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient				23725.40016	Amerihealth	Medicare		20630.78				10863.05	33650.59	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient				43050.00179	Amerihealth	Medicare		37434.78				26845.22	79452.28	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient				29400.95754	Amerihealth	Medicare		25566.05				15556.95	45306.02	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient				23246.96639	Amerihealth	Medicare		20214.75				10467.37	30807.8	case rate	
CONCUSSION W MCC	088	MS-DRG	inpatient				32495.80727	Amerihealth	Medicare		28257.22				18116.51	53925.5	case rate	
CONCUSSION W CC	089	MS-DRG	inpatient				27013.05318	Amerihealth	Medicare		23489.61				13582.07	38906.11	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient				23941.05421	Amerihealth	Medicare		20818.31				11041.41	28916.26	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient				36143.30975	Amerihealth	Medicare		31429.01				21133.17	58750.95	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient				25244.97567	Amerihealth	Medicare		21952.15				12119.8	34379.51	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient				21650.26557	Amerihealth	Medicare		18826.32				9146.84	26889.86	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient				62328.90189	Amerihealth	Medicare		54199.05				42789.59	134044.74	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient				44640.98591	Amerihealth	Medicare		38818.25				28161.03	86774.28	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient				41720.37322	Amerihealth	Medicare		36278.59				25745.57	76937.51	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient				62531.70238	Amerihealth	Medicare		54375.39				42957.32	128978.75	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient				41360.47376	Amerihealth	Medicare		35965.63				25447.92	67443.32	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient				29445.23089	Amerihealth	Medicare		25604.55				15593.57	46392.11	case rate	
SEIZURES W MCC	100	MS-DRG	inpatient				38904.01712	Amerihealth	Medicare		33829.58				23416.34	69054.73	case rate	
SEIZURES W/O MCC	101	MS-DRG	inpatient				23581.15474	Amerihealth	Medicare		20505.35				10743.76	31682.51	case rate	
HEADACHES W MCC	102	MS-DRG	inpatient				27822.82696	Amerihealth	Medicare		24193.76				14251.78	39234.12	case rate	
HEADACHES W/O MCC	103	MS-DRG	inpatient				22621.42285	Amerihealth	Medicare		19670.8				9950.02	28478.9	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient				46399.62822	Amerihealth	Medicare		40347.01				29615.02	83924.2	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient				28182.72643	Amerihealth	Medicare		24506.72				14549.43	45743.37	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient				32932.82805	Amerihealth	Medicare		28637.24				18477.94	49643.1	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient				36737.47949	Amerihealth	Medicare		31945.63				21624.53	62249.77	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient				27705.71582	Amerihealth	Medicare		24091.93				14154.93	39537.12	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient				28888.24362	Amerihealth	Medicare		25120.21				15132.92	38607.25	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient				21223.24201	Amerihealth	Medicare		18454.99				8793.68	25723.59	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient				22073.00462	Amerihealth	Medicare		19193.92				9496.46	27440.19	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient				29469.08582	Amerihealth	Medicare		25625.66				15613.65	48520.56	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient				21980.17341	Amerihealth	Medicare		19113.19				9419.69	29528.55	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient				48467.05995	Amerihealth	Medicare		42145.27				31325.33	83760.2	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient				24002.46562	Amerihealth	Medicare		20871.71				11092.2	44190.78	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient				32080.20968	Amerihealth	Medicare		27895.83				17772.79	50189.79	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient				22954.18703	Amerihealth	Medicare		19960.16				10225.23	30804.16	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient				27552.90237	Amerihealth	Medicare		23959.05				14028.54	42291.94	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG	inpatient				64548.2819	Amerihealth	Medicare		56128.94				44625.1	65754.05	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG	inpatient				40177.58686	Amerihealth	Medicare		34937.35				24469.93	39055.87	case rate	
Major Head and Neck Procedures without Complications	142	MS-DRG	inpatient				32655.76259	Amerihealth	Medicare		28396.32				18248.8	28396.32	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG	inpatient				58085.8015	Amerihealth	Medicare		50509.39				39280.39	57878.74	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG	inpatient				35305.02251	Amerihealth	Medicare		30700.02				20439.84	30700.02	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG	inpatient				28029.91197	Amerihealth	Medicare		24373.84				14423.05	24373.84	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient				40739.21874	Amerihealth	Medicare		35425.41				24934.12	70089.3	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient				28239.85333	Amerihealth	Medicare		24556.39				14596.68	45575.72	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient				23296.94843	Amerihealth	Medicare		20258.22				10508.71	26379.61	case rate	
DYSEQUILIBRIUM	149	MS-DRG	inpatient				21226.09835	Amerihealth	Medicare		18457.48				8796.04	25916.75	case rate	
EPISTAXIS W MCC	150	MS-DRG	inpatient				29363.82505	Amerihealth	Medicare		25533.76				15526.24	48382.07	case rate	
EPISTAXIS W/O MCC	151	MS-DRG	inpatient				21597.42319	Amerihealth	Medicare		18780.37				9103.14	25650.69	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient				27560.04323	Amerihealth	Medicare		23965.25				14034.45	37980.38	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient				21084.70928	Amerihealth	Medicare		18334.53				8679.1	25942.26	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient				32558.64686	Amerihealth	Medicare		28311.87				18168.48	52719.14	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient				24109.57856	Amerihealth	Medicare		20964.85				11180.78	32192.75	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient				19952.16851	Amerihealth	Medicare		17349.71				7742.45	24050.72	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient				34969.40198	Amerihealth	Medicare		30408.18				20162.26	60974.16	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient				23993.89669	Amerihealth	Medicare		20864.26				11085.11	32447.87	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient				20233.51849	Amerihealth	Medicare		17594.36				7975.14	24724.97	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient				77908.83531	Amerihealth	Medicare		67746.81				55674.78	179288.81	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient				47014.60955	Amerihealth	Medicare		40882.27				30104.1	93626.13	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient				37388.72614	Amerihealth	Medicare		32511.94				22163.14	67512.57	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient				68542.88029	Amerihealth	Medicare		59602.5				47928.79	127488.11	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient				36580.38052	Amerihealth	Medicare		31809.03				21494.6	69159.93	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient				29952.23211	Amerihealth	Medicare		26045.42				16012.88	48895.95	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG	inpatient				54506.8013	Amerihealth	Medicare		47397.22				36320.42	53517.3	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient				30627.75769	Amerihealth	Medicare		26632.83				16571.56	53389.75	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient				22238.67263	Amerihealth	Medicare		19337.98				9633.48	32764.95	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient				34818.0157	Amerihealth	Medicare		30276.54				20037.06	67089.8	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient				24682.27572	Amerihealth	Medicare		21462.85				11654.43	46446.78	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient				21491.73843	Amerihealth	Medicare		18688.47				9015.73	33584.99	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient				35414.99179	Amerihealth	Medicare		30795.65				20530.78	61812.42	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient				26316.10502	Amerihealth	Medicare		22883.57				13005.66	41581.24	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient				21430.32701	Amerihealth	Medicare		18635.07				8964.94	28978.21	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient				33077.07346	Amerihealth	Medicare		28762.67				18597.24	54337.34	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient				25613.44416	Amerihealth	Medicare		22272.56				12424.54	36606.36	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient				21383.19732	Amerihealth	Medicare		18594.08				8925.97	26689.41	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient				32757.16283	Amerihealth	Medicare		28484.49				18332.66	56837.54	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient				24819.38027	Amerihealth	Medicare		21582.07				11767.82	38414.08	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient				21251.80545	Amerihealth	Medicare		18479.83				8817.3	27961.37	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient				28185.58277	Amerihealth	Medicare		24509.2				14551.79	45021.74	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient				26328.85857	Amerihealth	Medicare		22894.75				13016.3	43396.25	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient				22715.68223	Amerihealth	Medicare		19752.77				10027.98	33308	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient				19756.50888	Amerihealth	Medicare		17179.57				7580.63	26390.55	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient				29536.63392	Amerihealth	Medicare		25684.03				15669.16	47988.45	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient				22332.93201	Amerihealth	Medicare		19419.94				9711.43	32808.69	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient				19525.14494	Amerihealth	Medicare		16978.39				7389.29	25031.11	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient				37660.07891	Amerihealth	Medicare		32747.89				22387.56	59702.19	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient				24836.51834	Amerihealth	Medicare		21596.97				11781.99	36507.96	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient				21704.58612	Amerihealth	Medicare		18873.51				9191.72	27644.29	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient				35927.7057	Amerihealth	Medicare		31241.48				20954.82	64975.93	case rate	
PNEUMOTHORAX W CC	200	MS-DRG	inpatient				25971.91545	Amerihealth	Medicare		22584.27				12721.01	39172.16	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient				20674.82378	Amerihealth	Medicare		17978.11				8340.11	27891.99	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient				24265.24935	Amerihealth	Medicare		21100.22				11309.53	38695.65	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient				20514.86846	Amerihealth	Medicare		17839.02				8207.83	50775.53	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient				22342.92922	Amerihealth	Medicare		19428.63				9719.7	96731.64	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient				36444.70414	Amerihealth	Medicare		31691.05				21382.39	55321.38	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient				23636.85347	Amerihealth	Medicare		20553.79				10789.82	31471.12	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient				109248.6519	Amerihealth	Medicare		94998.83				49635	203970.04	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient				49205.42511	Amerihealth	Medicare		42787.33				31935.99	88833.48	case rate	
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG	inpatient				164414.6697	Amerihealth	Medicare		142969.28				37458	187453.26	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient				156475.4569	Amerihealth	Medicare		136065.62				120652.31	489646.8	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient				149198.9203	Amerihealth	Medicare		129738.19				78485	357932.52	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient				101497.9599	Amerihealth	Medicare		88259.1				75183.87	231898.61	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient				91949.19882	Amerihealth	Medicare		79955.83				67286.69	215224.56	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient				120719.7301	Amerihealth	Medicare		104973.68				57338	280328.05	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient				85492.4311	Amerihealth	Medicare		74341.24				57338	189712.36	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient				76980.52321	Amerihealth	Medicare		66939.59				17199	167921.3	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient				82551.824	Amerihealth	Medicare		71784.19				59514.71	239676.19	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient				56000.6697	Amerihealth	Medicare		48696.23				37555.91	169415.59	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient				126489.5489	Amerihealth	Medicare		109990.91				19424	306106.31	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient				95546.76526	Amerihealth	Medicare		83084.14				27830	224521.94	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient				121982.2376	Amerihealth	Medicare		106071.51				53769	278363.61	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient				84825.47666	Amerihealth	Medicare		73761.28				61395.1	187594.85	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient				94575.60798	Amerihealth	Medicare		82239.66				47567	211747.62	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient				68305.80366	Amerihealth	Medicare		59396.35				33990	143097.93	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient				79239.89205	Amerihealth	Medicare		68904.25				56775.61	171635.15	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient				50710.71889	Amerihealth	Medicare		44096.28				33180.92	100040.63	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient				30439.23882	Amerihealth	Medicare		26468.9				15559	58167.82	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient				59935.28484	Amerihealth	Medicare		52117.64				20528	136195.06	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient				43118.55407	Amerihealth	Medicare		37494.39				19748	93094.02	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient				36718.91325	Amerihealth	Medicare		31929.49				19748	91806.34	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient				75306.70508	Amerihealth	Medicare		65484.09				53522.72	182671	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient				44163.97631	Amerihealth	Medicare		38403.46				27766.52	94278.51	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient				33254.16685	Amerihealth	Medicare		28916.67				18743.7	61149.1	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient				58488.54614	Amerihealth	Medicare		50859.51				39613.48	118806.67	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient				47024.66526	Amerihealth	Medicare		40890.96				30132.37	94551.86	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient				35370.71844	Amerihealth	Medicare		30757.15				20494.17	65967.26	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient				49828.10831	Amerihealth	Medicare		43328.79				32450.97	92583.77	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient				34008.24191	Amerihealth	Medicare		29572.38				19367.35	63733.12	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient				24743.687 13	Amerihealth	Medicare		21516.25				11705.22	41041.84	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient				49273.97739	Amerihealth	Medicare		42846.94				15797	108929.8	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient				37248.76523	Amerihealth	Medicare		32390.23				15797	76427.26	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient				57937.27156	Amerihealth	Medicare		50380.24				12982	131916.3	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient				37465.84765	Amerihealth	Medicare		32579				12982	72593.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient				34088.21957	Amerihealth	Medicare		29641.93				12982	59439.78	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient				50939.22648	Amerihealth	Medicare		44294.98				33369.91	87186.12	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient				57234.61071	Amerihealth	Medicare		49769.23				38576.42	115118.34	case rate	
AICD LEAD PROCEDURES	265	MS-DRG	inpatient				61063.54109	Amerihealth	Medicare		53098.73				41743.09	113591.25	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient				99795.57834	Amerihealth	Medicare		86778.76				73775.94	262101.41	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient				80288.17064	Amerihealth	Medicare		69815.8				57642.58	213139.85	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient				108487.436	Amerihealth	Medicare		94336.9				80964.43	244323.05	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient				69982.67813	Amerihealth	Medicare		60854.33				49119.39	151283.7	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient				82811.75139	Amerihealth	Medicare		72010.22				59729.68	184478.72	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient				59950.99474	Amerihealth	Medicare		52131.3				40822.98	127335.03	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient				45430.76529	Amerihealth	Medicare		39505.01				28814.2	95419.27	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient				66246.37696	Amerihealth	Medicare		57605.55				46029.49	133119.02	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient				56874.71125	Amerihealth	Medicare		49456.27				38278.77	108547.12	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG	inpatient				111073.8563	Amerihealth	Medicare		96585.96				83103.49	122451.06	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG	inpatient				99282.86443	Amerihealth	Medicare		86332.93				73351.9	108082.32	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG	inpatient				78891.41767	Amerihealth	Medicare		68601.23				56487.41	83232.89	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG	inpatient				74292.70263	Amerihealth	Medicare		64602.35				52684.1	77628.8	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG	inpatient				56300.58592	Amerihealth	Medicare		48957.03				37803.95	55703.24	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient				33248.45416	Amerihealth	Medicare		28911.7				18738.98	60394.67	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient				23629.71261	Amerihealth	Medicare		20547.58				10783.92	35702.5	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient				20846.20447	Amerihealth	Medicare		18127.13				8481.85	27298.05	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient				38745.48998	Amerihealth	Medicare		33691.73				23285.23	65774.1	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient				21154.68972	Amerihealth	Medicare		18395.38				8736.98	27939.5	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient				17569.97684	Amerihealth	Medicare		15278.24				5772.29	21736.39	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient				41376.18366	Amerihealth	Medicare		35979.29				13521	79481.44	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient				26037.61139	Amerihealth	Medicare		22641.4				9969	41508.35	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient				47623.01002	Amerihealth	Medicare		41411.31				30627.27	98189.17	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient				31694.80252	Amerihealth	Medicare		27560.52				17453.88	62319.02	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient				25232.12211	Amerihealth	Medicare		21940.98				12109.17	39861.48	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient				28926.80428	Amerihealth	Medicare		25153.74				15164.81	49034.45	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient				22822.79516	Amerihealth	Medicare		19845.91				10116.57	33523.03	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient				18609.68639	Amerihealth	Medicare		16182.34				6632.17	24258.46	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient				26210.42025	Amerihealth	Medicare		22791.67				12918.26	42306.52	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient				19609.40712	Amerihealth	Medicare		17051.66				7458.97	20092.68	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient				33486.95896	Amerihealth	Medicare		29119.09				18936.23	55962.83	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient				20996.16258	Amerihealth	Medicare		18257.53				8605.87	23777.37	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient				16858.74695	Amerihealth	Medicare		14659.78				5184.08	17385.2	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient				33101.3524	Amerihealth	Medicare		28783.78				18617.32	52861.28	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient				25829.09821	Amerihealth	Medicare		22460.09				12602.89	37309.77	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient				20727.66616	Amerihealth	Medicare		18024.06				8383.82	26467.09	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient				29801.73961	Amerihealth	Medicare		25913.95				13241.9	38979	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient				19989.30099	Amerihealth	Medicare		17382				7773.16	24254.81	case rate	
HYPERTENSION W MCC	304	MS-DRG	inpatient				27000.19963	Amerihealth	Medicare		23478.43				13571.44	39401.77	case rate	
HYPERTENSION W/O MCC	305	MS-DRG	inpatient				21351.77753	Amerihealth	Medicare		18566.76				8959.98	26237.48	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient				32538.68245	Amerihealth	Medicare		28294.48				18151.94	51345.12	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient				24052.45166	Amerihealth	Medicare		20915.18				11133.54	31197.78	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient				27759.98738	Amerihealth	Medicare		24139.12				14199.81	43866.41	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient				21226.09835	Amerihealth	Medicare		18457.48				8796.04	27826.52	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient				18488.29173	Amerihealth	Medicare		16076.78				6531.77	20493.59	case rate	
ANGINA PECTORIS	311	MS-DRG	inpatient				20560.56998	Amerihealth	Medicare		17878.76				8245.62	25045.69	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient				22922.76724	Amerihealth	Medicare		19932.84				10199.25	29211.47	case rate	
CHEST PAIN	313	MS-DRG	inpatient				20924.75396	Amerihealth	Medicare		18195.44				8546.82	25778.26	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient				40489.28866	Amerihealth	Medicare		35208.08				24727.42	73733.9	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient				24405.21026	Amerihealth	Medicare		21221.92				11425.28	34838.73	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient				20483.44867	Amerihealth	Medicare		17811.69				8181.84	27381.88	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG	inpatient				72885.95276	Amerihealth	Medicare		63379.09				51520.67	75914.51	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG	inpatient				42381.61707	Amerihealth	Medicare		36853.58				26292.44	38741.3	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG	inpatient				51646.17185	Amerihealth	Medicare		44909.71				33954.58	50031.28	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG	inpatient				36631.79473	Amerihealth	Medicare		31853.73				21537.13	31853.73	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG	inpatient				69716.83805	Amerihealth	Medicare		60623.34				48899.69	72052.56	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG	inpatient				52987.2258	Amerihealth	Medicare		46075.85				35063.68	51665.51	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG	inpatient				48355.6625	Amerihealth	Medicare		42048.4				31233.2	46021.4	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient				83127.3775	Amerihealth	Medicare		72284.68				59990.71	191556.53	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient				46257.67714	Amerihealth	Medicare		40224.07				29498.09	90542.8	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient				33402.69679	Amerihealth	Medicare		29045.82				18866.54	56003.38	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient				75098.1919	Amerihealth	Medicare		65302.78				53350.27	181963.94	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient				44468.17704	Amerihealth	Medicare		38667.98				28018.11	91964.19	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient				34469.54162	Amerihealth	Medicare		29973.51				19748.86	61765.04	case rate	
RECTAL RESECTION W MCC	332	MS-DRG	inpatient				62398.86234	Amerihealth	Medicare		54259.9				42847.47	123850.8	case rate	
RECTAL RESECTION W CC	333	MS-DRG	inpatient				40289.34441	Amerihealth	Medicare		35034.21				24562.06	70260.6	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient				33514.09424	Amerihealth	Medicare		29142.69				18958.67	47605.77	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient				61647.66363	Amerihealth	Medicare		53606.66				42226.18	148043.65	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient				40657.81291	AmeriHealth	Medicare		35354.62				24866.79	83760.2	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient				31961.67077	AmeriHealth	Medicare		27792.76				17674.76	59433.87	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient				49728.13623	AmeriHealth	Medicare		43241.86				32368.29	108871.49	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient				32592.923	AmeriHealth	Medicare		28341.67				18196.83	59683.97	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient				28982.50301	AmeriHealth	Medicare		25202.18				15210.88	45069.12	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient				46996.04231	AmeriHealth	Medicare		40866.12				30108.75	87874.95	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient				29176.73446	AmeriHealth	Medicare		25371.07				15371.51	51024.4	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient				24526.60492	AmeriHealth	Medicare		21327.48				11525.68	34612.77	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient				44866.63716	AmeriHealth	Medicare		39014.47				28347.65	89165.14	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient				31378.97654	AmeriHealth	Medicare		27286.07				17192.85	54672.64	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient				26428.93064	AmeriHealth	Medicare		22981.68				13098.98	38395.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient				52354.5454	AmeriHealth	Medicare		45525.69				34540.43	108095.19	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient				35123.64461	AmeriHealth	Medicare		30542.3				20289.83	63088.03	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient				30050.77601	AmeriHealth	Medicare		26131.11				16094.38	49377.04	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient				71697.71326	AmeriHealth	Medicare		62345.84				50537.95	144898.36	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient				41964.59071	AmeriHealth	Medicare		36490.95				25947.55	77874.17	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient				28886.81545	AmeriHealth	Medicare		25118.97				15131.74	49140.14	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient				34183.90713	AmeriHealth	Medicare		29725.14				19512.63	70851.02	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient				24705.12647	AmeriHealth	Medicare		21482.72				11673.33	40411.32	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient				21211.81663	AmeriHealth	Medicare		18445.06				8784.23	27090.31	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient				35550.66817	AmeriHealth	Medicare		30913.52				20642.99	63372.3	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient				25476.33961	AmeriHealth	Medicare		22153.34				12311.15	37845.53	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient				20823.35371	AmeriHealth	Medicare		18107.26				8462.95	27611.49	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient				40567.83804	AmeriHealth	Medicare		35276.38				24792.38	75260.99	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient				27704.28865	AmeriHealth	Medicare		24090.69				14153.74	43979.39	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient				23321.22736	AmeriHealth	Medicare		20279.33				10528.79	33373.6	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient				36159.06964	AmeriHealth	Medicare		31442.67				21146.16	65194.6	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient				24640.85871	AmeriHealth	Medicare		21426.83				11620.17	36092.47	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient				19633.68605	AmeriHealth	Medicare		17072.77				7479.05	23806.53	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient				38418.45448	AmeriHealth	Medicare		33407.34				23014.75	70923.92	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient				25914.78855	AmeriHealth	Medicare		22534.6				12673.76	39908.37	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient				21403.19174	AmeriHealth	Medicare		18611.47				8942.5	27983.24	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient				30559.20541	AmeriHealth	Medicare		26573.22				16514.87	49238.65	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient				23097.00428	AmeriHealth	Medicare		20084.35				10343.36	31172.26	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient				32968.53236	AmeriHealth	Medicare		28668.29				18507.47	61881.66	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient				24466.62167	AmeriHealth	Medicare		21275.32				11476.07	35720.72	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient				20360.62584	AmeriHealth	Medicare		17704.89				8080.26	25391.93	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient				31348.98478	AmeriHealth	Medicare		27259.99				17168.04	55787.89	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient				21964.46351	AmeriHealth	Medicare		19099.53				9406.69	30731.27	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient				18573.98208	AmeriHealth	Medicare		16151.29				6602.64	21539.59	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient				28809.69414	AmeriHealth	Medicare		25051.91				15067.96	44518.79	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient				21810.22089	AmeriHealth	Medicare		18965.41				9279.13	27531.31	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient				33721.17925	AmeriHealth	Medicare		29322.76				19129.94	59501.74	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient				23971.04583	AmeriHealth	Medicare		20844.39				11066.21	34299.33	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient				19837.91471	AmeriHealth	Medicare		17250.36				7647.96	24655.72	case rate	
APPENDIX PROCEDURES WITH MCC	397	MS-DRG	inpatient				42675.8206	AmeriHealth	Medicare		37109.41				26535.76	39099.83	case rate	
APPENDIX PROCEDURES WITH CC	398	MS-DRG	inpatient				32203.03192	AmeriHealth	Medicare		28002.64				17874.37	28002.64	case rate	
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG	inpatient				26487.48571	AmeriHealth	Medicare		23032.6				13147.4	23032.6	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient				89214.24855	AmeriHealth	Medicare		77577.61				65024.78	196046.68	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient				51827.54975	AmeriHealth	Medicare		45067.43				34104.58	103236.94	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient				41310.48773	AmeriHealth	Medicare		35922.16				25406.58	73139.83	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient				63749.9335	AmeriHealth	Medicare		55434.72				43964.84	147478.74	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient				38544.11766	AmeriHealth	Medicare		33516.62				23118.69	84653.12	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient				32944.25342	AmeriHealth	Medicare		28647.18				18487.39	60230.66	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient				51729.20586	AmeriHealth	Medicare		44981.74				10482	145714.75	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient				39803.76577	AmeriHealth	Medicare		34611.97				11647	86810.73	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient				32150.18953	AmeriHealth	Medicare		27956.69				15908	61455.25	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient				60936.43374	AmeriHealth	Medicare		52988.2				26270	130374.63	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient				38808.32957	AmeriHealth	Medicare		33746.37				23337.2	73577.18	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient				29716.58365	AmeriHealth	Medicare		25840.51				15817.99	50772.92	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient				43692.6794	AmeriHealth	Medicare		37993.63				27376.74	88323.24	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient				33936.83329	AmeriHealth	Medicare		29510.29				19308.29	60653.43	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient				29345.82681	AmeriHealth	Medicare		25517.62				15510.89	47532.87	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient				56303.44226	AmeriHealth	Medicare		48959.52				37806.31	128202.45	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient				35006.53446	AmeriHealth	Medicare		30440.46				8253	64841.08	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient				30742.01149	AmeriHealth	Medicare		26732.18				10272	54945.99	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient				69444.89494	AmeriHealth	Medicare		57778.17				16017	143815.92	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient				40400.74186	AmeriHealth	Medicare		35131.08				24654.19	79856.83	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient				33468.39272	AmeriHealth	Medicare		29102.95				18920.87	54410.23	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient				37954.26243	AmeriHealth	Medicare		33003.72				13893	66550.4	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient				25314.95612	AmeriHealth	Medicare		22013.01				12177.68	37462.84	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient				20152.11266	AmeriHealth	Medicare		17523.58				7907.81	53360.86	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient				35724.90521	AmeriHealth	Medicare		31065.13				20787.09	61874.37	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient				26310.39233	AmeriHealth	Medicare		22878.6				13000.94	41399.01	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient				22460.03936	AmeriHealth	Medicare		19530.47				9816.55	31554.95	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient				34423.8401	AmeriHealth	Medicare		29933.77				19711.06	59705.84	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient				22804.22892	AmeriHealth	Medicare		19829.76				10101.21	31427.39	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient				19382.3277	AmeriHealth	Medicare		16854.2				7271.17	22643.9	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient				36700.34701	AmeriHealth	Medicare		31913.35				11778	67687.51	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient				24179.55901	AmeriHealth	Medicare		21025.7				11238.66	34219.15	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient				20797.64661	AmeriHealth	Medicare		18084.91				8441.69	25359.13	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient				33915.4107	AmeriHealth	Medicare		29491.66				19290.57	58710.86	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient				26111.67635	AmeriHealth	Medicare		22705.98				12636.76	38909.75	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient				22037.30031	AmeriHealth	Medicare		19162.87				9466.93	28974.57	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient				137146.5728	AmeriHealth	Medicare		119257.89				17717	346124.02	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient				97941.81048	AmeriHealth	Medicare		85166.79				36879	230951.01	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient				76366.40965	AmeriHealth	Medicare		66405.57				54399.14	182230	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient				130976.8678	AmeriHealth	Medicare		113892.93				99564.03	332577.04	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient				97356.25977	AmeriHealth	Medicare		84657.62				71758.53	238524.49	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient				75300.99239	AmeriHealth	Medicare		65479.12				53518	186647.26	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient				105311.1064	AmeriHealth	Medicare		91574.94				78337.54	232700.62	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient				62831.6186	AmeriHealth	Medicare		54636.19				43205.36	147150.73	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient				107970.4375	AmeriHealth	Medicare		93887.34				9917	163369.2	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient				51240.57087	AmeriHealth	Medicare		44557.02				11315	116412.17	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient				91477.90178	AmeriHealth	Medicare		79546				15756	187037.23	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient				53455.66637	AmeriHealth	Medicare		46483.19				35451.1	107297.02	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient				37308.74848	AmeriHealth	Medicare		32442.39				22096.99	66965.88	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient				84664.09107	AmeriHealth	Medicare		73620.95				61261.63	186355.69	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient				60380.81665	AmeriHealth	Medicare		52505.11				41178.5	126482.2	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient				48716.99013	AmeriHealth	Medicare		42362.6				31532.03	101735.36	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient				58145.78474	AmeriHealth	Medicare		50561.55				39330	115686.89	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient				37464.41928	AmeriHealth	Medicare		32577.76				22225.74	72520.25	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient				80842.30156	AmeriHealth	Medicare		70297.65				8282	182619.97	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient				52798.37703	AmeriHealth	Medicare		45911.92				8991	107399.07	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient				45732.10968	AmeriHealth	Medicare		39767.05				11229	86482.71	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient				72041.90283	AmeriHealth	Medicare		62645.13				22321	138316.21	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient				41220.51286	AmeriHealth	Medicare		35843.92				25332.17	78315.16	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient				27398.65974	AmeriHealth	Medicare		23824.92				13900.98	41938.41	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient				58705.62835	AmeriHealth	Medicare		51048.37				39793.01	114382.13	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient				44633.84505	AmeriHealth	Medicare		38812.04				28155.12	83067.72	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient				37211.63275	AmeriHealth	Medicare		32357.94				22016.67	65529.91	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient				52705.87582	AmeriHealth	Medicare		45831.2				34830.99	110445.96	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient				40223.64848	AmeriHealth	Medicare		34977.09				8360	75162.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient				33275.58944	AmeriHealth	Medicare		28935.3				9385	60664.37	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient				46069.15838	AmeriHealth	Medicare		40060.14				13093	86869.04	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient				57634.489	AmeriHealth	Medicare		50116.96				39807.15	120421.23	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient				39272.48562	AmeriHealth	Medicare		34149.99				23721.08	80851.81	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient				32654.33441	AmeriHealth	Medicare		28395.07				18247.62	60143.19	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient				40676.37915	AmeriHealth	Medicare		35370.76				24882.15	76992.18	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient				28266.9886	AmeriHealth	Medicare		24579.99				14619.12	47285.04	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient				60035.25691	AmeriHealth	Medicare		52204.57				27633	123570.16	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient				44890.91609	AmeriHealth	Medicare		39035.58				28367.73	81861.36	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient				37285.89772	AmeriHealth	Medicare		32422.52				22078.09	67890.08	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient				61736.21032	AmeriHealth	Medicare		53683.66				42299.42	126186.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient				38975.42574	AmeriHealth	Medicare		33891.67				23475.4	71466.96	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient				30976.23177	AmeriHealth	Medicare		26935.85				16859.76	52300.01	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient				47880.08106	AmeriHealth	Medicare		41634.85				30839.88	83023.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient				29011.06646	AmeriHealth	Medicare		25227.01				15234.5	40790.36	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient				56903.2747	AmeriHealth	Medicare		49481.11				38302.4	111816.33	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient				35379.28748	AmeriHealth	Medicare		30764.6				8902	61498.98	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient				30337.83868	AmeriHealth	Medicare		26380.73				16331.79	47055.43	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient				48892.85534	AmeriHealth	Medicare		42515.35				27418	93381.94	case rate	
FOOT PROCEDURES W CC	504	MS-DRG	inpatient				35256.46465	AmeriHealth	Medicare		30657.8				20399.68	63033.36	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient				34950.83574	AmeriHealth	Medicare		30392.03				20146.91	57577.39	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient				31478.94848	AmeriHealth	Medicare		27373				17275.53	51399.79	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient				41034.85044	AmeriHealth	Medicare		35682.48				25178.62	70796.36	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient				31070.49115	AmeriHealth	Medicare		27017.82				16937.72	52751.94	case rate	
ARTHROSCOPY	509	MS-DRG	inpatient				29530.92123	AmeriHealth	Medicare		25679.06				15664.44	60875.75	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient				49445.35808	AmeriHealth	Medicare		42995.96				32134.42	99585.05	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient				39065.40061	AmeriHealth	Medicare		33969.91				7655	67326.7	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient				33638.34524	AmeriHealth	Medicare		29250.73				10564	55474.46	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient				33741.17366	AmeriHealth	Medicare		29340.15				18516	59756.86	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient				25464.91423	AmeriHealth	Medicare		22143.4				12301.7	40660.37	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient				55742.17048	Amerihealth	Medicare		48471.45				37342.12	112326.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient				39736.64167	Amerihealth	Medicare		34553.6				24104.95	68715.29	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient				31933.10732	Amerihealth	Medicare		27767.92				17651.14	50328.28	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient				62744.50008	Amerihealth	Medicare		54560.43				43133.31	112989.89	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient				38705.50115	Amerihealth	Medicare		33656.96				23252.16	67862.45	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient				31034.78684	Amerihealth	Medicare		26986.77				16908.19	47893.69	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	521	MS-DRG	inpatient				53352.83795	Amerihealth	Medicare		46393.77				7692	52111.06	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	522	MS-DRG	inpatient				40756.35681	Amerihealth	Medicare		35440.31				9003	36760.73	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient				33869.7036	Amerihealth	Medicare		29469.31				12781	55780.6	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient				22158.69497	Amerihealth	Medicare		19268.43				9567.33	34640.29	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient				29109.61036	Amerihealth	Medicare		25312.7				15316	45732.44	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient				21831.64348	Amerihealth	Medicare		18984.04				9296.85	27589.62	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient				24400.92574	Amerihealth	Medicare		21218.2				11421.74	33184.08	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient				20717.66995	Amerihealth	Medicare		18015.36				8375.55	29496.24	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient				38931.1524	Amerihealth	Medicare		33853.18				23438.78	73591.76	case rate	
OSTEOMYELITIS W CC	540	MS-DRG	inpatient				29131.03294	Amerihealth	Medicare		25331.33				15333.72	47266.82	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient				22842.78958	Amerihealth	Medicare		19863.3				7723	32170.88	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient				36636.07925	Amerihealth	Medicare		31857.46				8903	66524.88	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient				26167.57508	Amerihealth	Medicare		22754.41				10889	39088.34	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient				21551.72167	Amerihealth	Medicare		18740.63				9065.34	29098.49	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient				46197.6939	Amerihealth	Medicare		40171.91				29448.48	90353.28	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient				27718.57038	Amerihealth	Medicare		24103.1				14165.56	44260.02	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient				22207.25283	Amerihealth	Medicare		19310.65				9607.49	31256.09	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient				38437.00473	Amerihealth	Medicare		33423.48				23030.1	75341.17	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient				27817.11428	Amerihealth	Medicare		24188.8				14247.06	45346.11	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient				23741.11066	Amerihealth	Medicare		20644.44				10876.05	33668.81	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient				34896.56518	Amerihealth	Medicare		30344.84				9165	58007.45	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient				24390.92853	Amerihealth	Medicare		21209.5				11413.47	32837.85	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient				29892.24887	Amerihealth	Medicare		25993.26				15963.27	45105.57	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient				22327.21552	Amerihealth	Medicare		19414.97				9706.71	47388.4	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient				30570.63079	Amerihealth	Medicare		26583.16				16524.32	46621.72	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient				22364.3518	Amerihealth	Medicare		19447.26				9737.42	27979.59	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient				32824.28694	Amerihealth	Medicare		28542.86				18388.17	52205.25	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient				23135.56494	Amerihealth	Medicare		20117.88				10375.24	31471.12	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient				37018.82947	Amerihealth	Medicare		32190.29				21857.22	65555.42	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient				26758.83848	Amerihealth	Medicare		23268.56				13371.82	37236.88	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient				21733.09958	Amerihealth	Medicare		18898.35				9211	27556.82	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient				32308.71668	Amerihealth	Medicare		28094.54				12507	51319.61	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient				23381.2106	Amerihealth	Medicare		20331.49				10578.4	30545.39	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient				32897.12373	Amerihealth	Medicare		28606.19				18448.41	57300.4	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient				24863.65362	Amerihealth	Medicare		21620.57				11804.43	35564.01	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient				21308.93235	Amerihealth	Medicare		18529.51				8864.55	27782.79	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient				52324.55378	Amerihealth	Medicare		45499.61				34515.62	110602.68	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient				34753.74794	Amerihealth	Medicare		30220.65				9078	62063.89	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient				26865.95141	Amerihealth	Medicare		23361.7				11401	42955.26	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient				99395.69005	Amerihealth	Medicare		86431.03				16091	191396.17	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient				59231.19582	Amerihealth	Medicare		51505.39				36864	111010.87	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient				39810.90664	Amerihealth	Medicare		34618.18				24166.37	64093.94	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient				91754.96736	Amerihealth	Medicare		79786.93				67126.05	177881.99	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient				48424.21478	Amerihealth	Medicare		42108.01				31289.9	91450.3	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient				33591.21555	Amerihealth	Medicare		29209.75				19022.45	55751.45	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient				58322.87813	Amerihealth	Medicare		50715.55				39476.46	101968.62	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient				35534.95828	Amerihealth	Medicare		30899.96				20630	57941.85	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient				29823.69659	Amerihealth	Medicare		25933.65				8609	45061.83	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient				34399.56117	Amerihealth	Medicare		29912.66				10681	57202	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient				32325.85475	Amerihealth	Medicare		28109.44				14701	50226.23	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient				38562.6839	Amerihealth	Medicare		33532.77				23134.04	68205.04	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient				34640.92231	Amerihealth	Medicare		30122.54				19890.6	57063.5	case rate	
SKIN ULCERS W MCC	592	MS-DRG	inpatient				40440.73089	Amerihealth	Medicare		35165.85				24687.26	62257.06	case rate	
SKIN ULCERS W CC	593	MS-DRG	inpatient				27869.95666	Amerihealth	Medicare		24234.74				14290.76	41162.11	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient				21835.92799	Amerihealth	Medicare		18987.76				9300.39	29528.55	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient				41653.24912	Amerihealth	Medicare		36220.22				25690.06	72414.56	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient				25000.75818	Amerihealth	Medicare		21739.79				11917.82	38955.13	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient				33448.39831	Amerihealth	Medicare		29085.56				18904.34	62687.12	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient				27711.42951	Amerihealth	Medicare		24096.9				14159.65	42361.19	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient				19465.1617	Amerihealth	Medicare		16926.23				7339.68	26109.91	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient				25226.40663	Amerihealth	Medicare		21944.7				12112.71	34842.38	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient				19482.29977	Amerihealth	Medicare		16941.13				7353.85	22567.36	case rate	
CELLULITIS W MCC	602	MS-DRG	inpatient				31834.56342	Amerihealth	Medicare		27682.23				17569.64	52628.02	case rate	
CELLULITIS W/O MCC	603	MS-DRG	inpatient				23225.5398	Amerihealth	Medicare		20196.12				10449.65	30895.27	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient				32101.63167	Amerihealth	Medicare		27914.46				17790.51	51636.69	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient				23569.72936	Amerihealth	Medicare		20495.42				10734.31	31361.78	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient				33238.45695	Amerihealth	Medicare		28903.01				18730.71	50324.64	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient				23351.21898	Amerihealth	Medicare		20305.41				10553.59	29193.25	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient				42758.60661	Amerihealth	Medicare		37181.44				26604.27	86143.77	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient				31600.34314	Amerihealth	Medicare		27478.56				17375.93	53983.82	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient				67113.27965	Amerihealth	Medicare		58359.37				46746.45	150711.5	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient				38932.58057	Amerihealth	Medicare		33854.42				23439.96	75574.43	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient				27178.72318	Amerihealth	Medicare		23633.67				13719.08	42251.85	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient				47558.74226	Amerihealth	Medicare		41355.43				30574.12	106447.83	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient				33758.31173	Amerihealth	Medicare		29355.05				19160.65	65952.68	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient				32260.15881	Amerihealth	Medicare		28052.31				17921.62	57522.72	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient				65226.86382	Amerihealth	Medicare		56718.84				46186.15	138421.91	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient				37174.50027	Amerihealth	Medicare		32325.65				21985.96	70092.95	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient				26507.48012	Amerihealth	Medicare		23049.98				13163.94	47234.02	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient				52310.27205	Amerihealth	Medicare		45487.19				34503.81	101440.15	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient				31897.40301	Amerihealth	Medicare		27736.87				17621.61	58699.93	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient				28242.70967	Amerihealth	Medicare		24558.88				14599.04	39543.91	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient				67924.48161	Amerihealth	Medicare		59064.77				47417.35	133939.05	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient				42907.18454	Amerihealth	Medicare		37310.6				26727.11	85236.26	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient				30532.03173	Amerihealth	Medicare		26549.63				16492.43	55926.39	case rate	
DIABETES W MCC	637	MS-DRG	inpatient				31289.00154	Amerihealth	Medicare		27207.83				17118.44	50342.86	case rate	
DIABETES W CC	638	MS-DRG	inpatient				23435.48115	Amerihealth	Medicare		20378.68				10623.28	31788.2	case rate	
DIABETES W/O CC/MCC	639	MS-DRG	inpatient				19480.8716	Amerihealth	Medicare		16939.89				7352.67	23030.23	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG	inpatient				29373.82226	Amerihealth	Medicare		25542.45				15534.51	43378.03	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG	inpatient				21750.23764	Amerihealth	Medicare		18913.25				9229.52	27403.75	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient				29203.86974	Amerihealth	Medicare		25394.67				15393.95	46049.52	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient				34085.36322	Amerihealth	Medicare		29639.45				19431.13	59556.41	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient				25753.40926	Amerihealth	Medicare		22394.27				12540.29	36901.58	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient				21457.46229	Amerihealth	Medicare		18658.66				8987.39	27075.73	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG	inpatient				74822.55462	Amerihealth	Medicare		65063.09				53122.31	78274.49	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG	inpatient				59982.41453	Amerihealth	Medicare		52158.62				40848.96	60189.99	case rate	
KIDNEY TRANSPLANT	652	MS-DRG	inpatient				53498.51154	Amerihealth	Medicare		46520.44				35486.53	120803.91	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient				87906.62557	Amerihealth	Medicare		76440.04				63942.84	200052.09	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient				49686.71923	Amerihealth	Medicare		43205.84				32334.04	104720.29	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient				40693.51722	Amerihealth	Medicare		35385.67				24896.32	75705.63	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient				55400.83727	Amerihealth	Medicare		48174.64				37059.83	121277.71	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient				36928.8646	Amerihealth	Medicare		32112.05				21782.81	70974.94	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient				31733.16318	Amerihealth	Medicare		27594.05				17485.77	57089.01	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient				47564.45495	Amerihealth	Medicare		41360.4				30578.84	99391.89	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient				29612.27121	Amerihealth	Medicare		25923.71				15897.12	52759.23	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient				25563.45813	Amerihealth	Medicare		22229.09				12383.2	39099.27	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient				53388.54226	Amerihealth	Medicare		46424.82				35395.58	115850.9	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient				31427.53427	Amerihealth	Medicare		27328.29				17233.01	59782.37	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient				25751.97689	Amerihealth	Medicare		22393.02				12539.11	43214.02	case rate	
PROSTATECTOMY W MCC	665	MS-DRG	inpatient				54708.17382	Amerihealth	Medicare		47572.32				36486.97	115854.54	case rate	
PROSTATECTOMY W CC	666	MS-DRG	inpatient				35117.93192	Amerihealth	Medicare		30537.33				20285.1	64841.08	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient				25580.59619	Amerihealth	Medicare		22244				12397.37	39376.26	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient				50836.39807	Amerihealth	Medicare		44205.56				33284.86	102580.91	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient				32507.23265	Amerihealth	Medicare		28267.16				18125.96	57675.8	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient				24338.08615	Amerihealth	Medicare		21163.55				11369.77	35115.72	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient				35039.38243	Amerihealth	Medicare		30469.03				20220.14	61356.84	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient				23768.24534	Amerihealth	Medicare		20668.04				10898.49	38519.78	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient				63404.31575	Amerihealth	Medicare		55134.19				43679	130378.28	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient				44612.42246	Amerihealth	Medicare		38793.41				28137.4	84266.8	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient				33248.45416	Amerihealth	Medicare		28911.7				18738.98	59235.68	case rate	
RENAL FAILURE W MCC	682	MS-DRG	inpatient				32024.51036	Amerihealth	Medicare		27847.4				17726.73	55835.27	case rate	
RENAL FAILURE W CC	683	MS-DRG	inpatient				23455.47557	Amerihealth	Medicare		20396.07				10639.82	33493.87	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient				19280.92745	Amerihealth	Medicare		16766.02				7187.31	22589.23	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient				36860.30232	Amerihealth	Medicare		32052.44				21726.11	62599.65	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient				25519.18478	Amerihealth	Medicare		22190.6				12346.58	38403.15	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient				21743.09674	Amerihealth	Medicare		18907.04				9223.62	28925.14	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient				27362.95543	Amerihealth	Medicare		23793.87				13871.45	40513.37	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient				22114.42162	Amerihealth	Medicare		19229.93				9530.72	28941.77	case rate	
URINARY STONES W MCC	693	MS-DRG	inpatient				30817.70463	Amerihealth	Medicare		26798				16728.66	48239.93	case rate	
URINARY STONES W/O MCC	694	MS-DRG	inpatient				21768.80389	Amerihealth	Medicare		18929.39				9244.88	25598.74	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient				27671.44069	Amerihealth	Medicare		24062.12				14126.58	41865.52	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient				20474.87963	Amerihealth	Medicare		17804.24				8174.75	25096.72	case rate	
URETHRAL STRICTURE	697	MS-DRG	inpatient				26487.48571	Amerihealth	Medicare		23032.6				13147.4	34988.16	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient				34218.18327	Amerihealth	Medicare		29754.94				19540.98	58863.93	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient				25169.28253	Amerihealth	Medicare		21886.33				12057.2	37462.84	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient				20706.24357	Amerihealth	Medicare		18005.43				8366.1	27688.03	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient				38609.8136	Amerihealth	Medicare		33573.75				23173.02	65289.36	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient				31420.39341	Amerihealth	Medicare		27322.08				17227.1	51261.3	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient				40867.75426	Amerihealth	Medicare		35537.18				29040.42	74050.98	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient				28218.43074	Amerihealth	Medicare		24537.77				14578.96	60846.6	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient				40909.17126	Amerihealth	Medicare		35573.19				25074.68	75935.24	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient				27562.89958	Amerihealth	Medicare		23967.74				14036.81	39245.05	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient				31308.99595	Amerihealth	Medicare		27225.21				17134.97	53335.08	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient				24279.53108	Amerihealth	Medicare		21112.64				11321.34	33184.08	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient				42117.40517	Amerihealth	Medicare		36623.83				26073.93	80542.02	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient				30901.9668	Amerihealth	Medicare		26871.28				16798.34	53320.5	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient				36493.282	Amerihealth	Medicare		31733.27				21422.55	71226.42	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient				27382.94985	Amerihealth	Medicare		23811.26				13887.99	44923.34	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient				37365.87538	Amerihealth	Medicare		32492.07				22144.24	60489.43	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient				26504.62378	Amerihealth	Medicare		23047.5				13161.58	40145.27	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient				22151.55411	Amerihealth	Medicare		19262.22				9561.43	25118.58	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient				28312.69012	Amerihealth	Medicare		24619.73				14656.92	44256.38	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient				21029.01055	Amerihealth	Medicare		18286.1				8633.04	27862.97	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient				33741.17366	Amerihealth	Medicare		29340.15				19146.47	52409.35	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient				22017.30589	Amerihealth	Medicare		19145.48				9450.4	28943.36	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient				24927.92138	Amerihealth	Medicare		21676.45				11857.58	39434.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient				19468.01805	Amerihealth	Medicare		16928.71				7342.04	20715.91	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient				41633.2547	Amerihealth	Medicare		36202.83				25673.52	84040.83	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient				28688.32741	Amerihealth	Medicare		24859.42				14884.88	49748.79	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient				66106.41806	Amerihealth	Medicare		57483.84				45913.74	146899.25	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient				38779.76612	Amerihealth	Medicare		33721.54				23313.58	74036.4	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient				30079.33946	Amerihealth	Medicare		26155.95				16118	50743.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG	inpatient				62237.49886	Amerihealth	Medicare		54119.56				42714	131121.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient				36111.93995	Amerihealth	Medicare		31401.69				21107.19	63521.73	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient				29146.74284	Amerihealth	Medicare		25344.99				15346.71	48393	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient				36039.10316	Amerihealth	Medicare		31338.35				21046.95	62468.44	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient				27185.80305	Amerihealth	Medicare		23639.88				13724.99	40659.16	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient				37474.41648	Amerihealth	Medicare		32586.45				22234.01	61604.67	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient				25384.93657	Amerihealth	Medicare		22073.86				12235.55	38975.35	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient				34528.09669	Amerihealth	Medicare		30024.43				19797.29	61145.45	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient				23261.24411	Amerihealth	Medicare		20227.17				10479.18	34922.56	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient				30654.89296	Amerihealth	Medicare		26656.43				16594	47161.12	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient				46540.45529	Amerihealth	Medicare		40469.96				29731.96	94832.49	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient				30013.64353	Amerihealth	Medicare		26098.82				16063.67	44606.26	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient				37047.39292	Amerihealth	Medicare		32215.12				21880.84	67111.66	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient				26081.88473	Amerihealth	Medicare		22679.9				12811.96	38993.58	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient				24725.12089	Amerihealth	Medicare		21500.11				11689.86	28431.52	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient				31893.11849	Amerihealth	Medicare		27733.15				17618.06	52515.04	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient				24766.53769	Amerihealth	Medicare		21536.12				11724.11	37189.5	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient				19819.34847	Amerihealth	Medicare		17234.22				7632.6	25902.17	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient				24806.52672	Amerihealth	Medicare		21570.89				11757.19	31769.98	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient				19239.51045	Amerihealth	Medicare		16730.01				7153.06	20023.43	case rate	
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG	inpatient				27987.0668	Amerihealth	Medicare		24336.58				18199.7	41235	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient				32640.025269	Amerihealth	Medicare		28382.65				18235.81	53134.62	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient				21997.31148	Amerihealth	Medicare		19128.1				9433.86	38920.68	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient				20826.21006	Amerihealth	Medicare		18109.75				8465.32	24017.91	case rate	
ABORTION W/O D&C	779	MS-DRG	inpatient				24717.98003	Amerihealth	Medicare		21493.9				11683.96	27491.22	case rate	
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG	inpatient				35894.85774	Amerihealth	Medicare		31212.92				28078.11	63616.49	case rate	
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG	inpatient				25216.41222	Amerihealth	Medicare		21927.31				17582.77	40167.14	case rate	
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG	inpatient				22962.75607	Amerihealth	Medicare		19967.61				13600.71	30815.09	case rate	
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG	inpatient				35576.37528	Amerihealth	Medicare		30935.98				25010.51	56666.24	case rate	
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG	inpatient				25602.01878	Amerihealth	Medicare		22262.63				17360.57	39401.77	case rate	
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG	inpatient				22801.37258	Amerihealth	Medicare		19827.28				14488.66	32826.91	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient				36574.66783	Amerihealth	Medicare		31804.06				2972	60635.21	case rate	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient				96282.27408	Amerihealth	Medicare		83723.72				4276	199953.69	case rate	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient				69112.7211	Amerihealth	Medicare		60098.02				4276	136563.16	case rate	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient				45902.0622	Amerihealth	Medicare		39914.84				2972	82397.12	case rate	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient				70706.56157	Amerihealth	Medicare		61483.97				4276	140277.01	case rate	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient				31868.83956	Amerihealth	Medicare		27712.03				2972	49650.39	case rate	
NORMAL NEWBORN	795	MS-DRG	inpatient				13471.12186	Amerihealth	Medicare		11714.02				1269	11714.02	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG	inpatient				30847.69625	Amerihealth	Medicare		26824.08				23617.47	53510.02	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG	inpatient				24813.66758	Amerihealth	Medicare		21577.1				13623.23	30866.12	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG	inpatient				22175.83304	Amerihealth	Medicare		19283.33				13623.23	30866.12	case rate	
SPLENECTOMY W MCC	799	MS-DRG	inpatient				81350.73086	Amerihealth	Medicare		70739.77				58521.36	171354.51	case rate	
SPLENECTOMY W CC	800	MS-DRG	inpatient				50832.11355	Amerihealth	Medicare		44201.84				33281.32	95736.35	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient				36150.50061	Amerihealth	Medicare		31435.22				5977	56720.91	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient				59009.82908	Amerihealth	Medicare		51312.89				8199	121992.05	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient				37128.76875	Amerihealth	Medicare		32285.91				13379	62763.66	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient				27877.09752	Amerihealth	Medicare		24240.95				14296.66	44846.8	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG	inpatient				24989.3328	Amerihealth	Medicare		21729.85				16459.2	37291.55	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG	inpatient				21254.6618	Amerihealth	Medicare		18482.31				11379.24	25781.9	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG	inpatient				19935.02044	Amerihealth	Medicare		17334.81				9876.8	22377.84	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient				41868.90316	Amerihealth	Medicare		36407.74				25868.41	78329.74	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient				27791.40717	Amerihealth	Medicare		24166.44				14225.79	43899.21	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient				24936.49041	Amerihealth	Medicare		21683.9				11864.67	33603.21	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient				30636.30672	Amerihealth	Medicare		26640.28				16578.65	49420.78	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient				23454.0474	Amerihealth	Medicare		20394.82				10638.64	32189.11	case rate	
COAGULATION DISORDERS	813	MS-DRG	inpatient				32869.98846	Amerihealth	Medicare		28582.6				18425.97	58732.73	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient				40983.43623	Amerihealth	Medicare		35637.77				25136.1	60609.7	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient				24789.38965	Amerihealth	Medicare		21555.99				11743.01	35633.25	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient				20733.37885	Amerihealth	Medicare		18029.03				8388.54	26299.43	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient				42795.78709	Amerihealth	Medicare		37213.73				26634.98	92270.34	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient				27344.38919	Amerihealth	Medicare		23777.73				13856.09	49511.89	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient				23546.87861	Amerihealth	Medicare		20475.55				10715.41	30578.19	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient				96947.80245	Amerihealth	Medicare		84302.44				71420.72	198401.09	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient				42468.7356	Amerihealth	Medicare		36929.34				6969	87262.66	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient				28282.6985	Amerihealth	Medicare		24593.65				8721	44092.37	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient				74885.53462	Amerihealth	Medicare		65117.73				12547	164903.57	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient				42480.16097	Amerihealth	Medicare		36939.27				22652	79977.1	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient				29033.91722	Amerihealth	Medicare		25246.88				15253.4	49530.11	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient				73270.13115	Amerihealth	Medicare		63713.16				51838.4	180331.16	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient				43684.71036	Amerihealth	Medicare		37986.18				27369.65	82065.46	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient				34018.23912	Amerihealth	Medicare		29581.08				19375.62	59603.79	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient				55632.20121	Amerihealth	Medicare		48375.83				37251.17	113336.13	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient				33172.76102	Amerihealth	Medicare		28845.88				18676.38	51709.58	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient				29012.18395	Amerihealth	Medicare		25229.72				11927.27	37470.13	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient				21126.12628	Amerihealth	Medicare		18370.54				8713.36	26197.38	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient				17899.88468	Amerihealth	Medicare		15565.12				6045.14	17505.01	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient				90553.87432	Amerihealth	Medicare		78742.5				66132.7	200737.28	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient				42517.29346	Amerihealth	Medicare		36971.56				26404.65	77848.66	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient				27690.09893	Amerihealth	Medicare		24078.27				14141.93	44194.42	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient				78522.94947	Amerihealth	Medicare		68280.83				56182.68	195864.45	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient				38474.13721	Amerihealth	Medicare		33455.77				23060.81	85742.86	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient				29201.01339	Amerihealth	Medicare		25392.19				15391.59	45772.53	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient				55223.74388	Amerihealth	Medicare		48020.65				36913.36	120013.03	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient				33062.79174	Amerihealth	Medicare		28750.25				18585.43	59581.92	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient				25820.52917	Amerihealth	Medicare		22452.63				12595.8	40859.61	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient				37163.07489	Amerihealth	Medicare		32315.72				21976.51	67279.32	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient				27117.30977	Amerihealth	Medicare		23580.27				13668.29	42962.54	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient				22942.76165	Amerihealth	Medicare		19950.23				10215.78	31569.53	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient				45495.03305	Amerihealth	Medicare		39560.9				28867.35	102701.18	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient				27908.51731	Amerihealth	Medicare		24268.28				14322.65	48345.62	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient				21437.46787	Amerihealth	Medicare		18641.28				8970.85	33889.54	case rate	
RADIOTHERAPY	849	MS-DRG	inpatient				49028.33173	Amerihealth	Medicare		42633.33				31692.64	71805.91	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient				81989.12405	Amerihealth	Medicare		71294.89				59049.33	184311.07	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient				39699.50918	Amerihealth	Medicare		34521.31				24074.24	80283.25	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient				34895.13701	Amerihealth	Medicare		30343.6				20100.84	58855.76	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient				73835.68744	Amerihealth	Medicare		64204.95				52306.14	163580.58	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient				41091.97734	Amerihealth	Medicare		35732.15				25225.86	74958.49	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient				28919.66342	Amerihealth	Medicare		25147.53				15158.9	50299.12	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient				36897.43481	Amerihealth	Medicare		32084.73				21756.82	69612.35	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient				24950.77214	Amerihealth	Medicare		21696.32				11876.48	35892.02	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient				23198.40453	Amerihealth	Medicare		20172.53				10427.21	31500.28	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient				34011.09826	Amerihealth	Medicare		29574.87				19369.71	50375.66	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient				23696.83671	Amerihealth	Medicare		20605.94				10839.43	29900.3	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient				40472.15049	Amerihealth	Medicare		35193.17				24713.24	77735.67	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient				26093.31011	Amerihealth	Medicare		22689.83				12821.4	39248.7	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient				20454.88522	Amerihealth	Medicare		17786.86				8158.22	27986.88	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient				110061.282	Amerihealth	Medicare		95705.46				82266.06	229438.5	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient				38905.44529	Amerihealth	Medicare		33830.82				23417.52	67658.35	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient				25299.24622	Amerihealth	Medicare		21999.34				12164.68	38373.99	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient				63882.75354	Amerihealth	Medicare		55550.22				44074.69	120322.82	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient				24023.83235	Amerihealth	Medicare		21064.2				1933	21064.2	case rate	
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient				23536.8814	Amerihealth	Medicare		20466.85				1933	20466.85	case rate	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient				24005.32197	Amerihealth	Medicare		20874.19				1933	20874.19	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient				37374.44441	Amerihealth	Medicare		32499.52				1933	32639.46	case rate	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient				39682.00074	Amerihealth	Medicare		31027.88				1933	31027.88	case rate	
PSYCHOSES	885	MS-DRG	inpatient				30105.04657	Amerihealth	Medicare		26178.3				1933	26178.3	case rate	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient				34608.07435	Amerihealth	Medicare		30093.98				1933	30093.98	case rate	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient				29093.90046	Amerihealth	Medicare		25299.04				1933	25299.04	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient				18795.34881	AmeriHealth	Medicare		16343.78				1933	94620.59	case rate		
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient				33666.83662	AmeriHealth	Medicare		29188.64				1933	29188.64	case rate		
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient				35984.8326	AmeriHealth	Medicare		31291.16				1933	31291.16	case rate		
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient				22809.94161	AmeriHealth	Medicare		19834.73				1933	19834.73	case rate		
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient				72398.94594	AmeriHealth	Medicare		62955.61				13124	162727.75	case rate		
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient				37507.26445	AmeriHealth	Medicare		32615.01				22261.17	69560.9	case rate		
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient				28321.25916	AmeriHealth	Medicare		24627.18				14664	56429.51	case rate		
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient				57094.64981	AmeriHealth	Medicare		49647.52				38460.67	117574.8	case rate		
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient				33208.46533	AmeriHealth	Medicare		28876.93				18705.9	64480.26	case rate		
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient				37462.89111	AmeriHealth	Medicare		32576.51				22224.56	67177.27	case rate		
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient				63711.37284	AmeriHealth	Medicare		55401.19				43932.95	153659.98	case rate		
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient				39212.50237	AmeriHealth	Medicare		34097.83				23671.47	72629.59	case rate		
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient				29960.80115	AmeriHealth	Medicare		26052.87				16019.96	48305.53	case rate		
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient				31934.53549	AmeriHealth	Medicare		27769.16				17652.32	53694.99	case rate		
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient				23554.01947	AmeriHealth	Medicare		20481.76				10721.32	84762.6	case rate		
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient				35926.27753	AmeriHealth	Medicare		31240.24				20953.64	61116.3	case rate		
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient				19999.2982	AmeriHealth	Medicare		17390.69				7781.43	23154.14	case rate		
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient				33382.70237	AmeriHealth	Medicare		29028.44				18850	53710.47	case rate		
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient				22885.63476	AmeriHealth	Medicare		19900.55				10168.54	28380.5	case rate		
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient				36650.36097	AmeriHealth	Medicare		31869.88				21552.48	66488.44	case rate		
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient				25354.94495	AmeriHealth	Medicare		22047.78				12210.75	36558.98	case rate		
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient				20556.38546	AmeriHealth	Medicare		17875.03				8242.08	25752.74	case rate		
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient				35510.67934	AmeriHealth	Medicare		30878.85				20609.92	56797.45	case rate		
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient				25035.03431	AmeriHealth	Medicare		21769.6				11946.17	37582.48	case rate		
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient				387038.1935	AmeriHealth	Medicare		336554.95				29733.07	670041.49	case rate		
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient				109415.7481	AmeriHealth	Medicare		95144.13				81732.17	214142.12	case rate		
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient				56513.38362	AmeriHealth	Medicare		49142.07				37979.94	108324.8	case rate		
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient				53892.68714	AmeriHealth	Medicare		46863.21				33318	104246.49	case rate		
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient				40475.00683	AmeriHealth	Medicare		35195.66				24715.61	66823.74	case rate		
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient				39740.82619	AmeriHealth	Medicare		34557.33				24108.49	66393.68	case rate		
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient				56510.52727	AmeriHealth	Medicare		49139.59				37977.58	119495.5	case rate		
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient				41533.28263	AmeriHealth	Medicare		36115.9				25590.84	79251.83	case rate		
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient				37097.37895	AmeriHealth	Medicare		32258.59				21922.18	67476.12	case rate		
REHABILITATION W CC/MCC	945	MS-DRG	inpatient				32148.76136	AmeriHealth	Medicare		27955.44				17829.49	49745.15	case rate		
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient				25053.60056	AmeriHealth	Medicare		21785.74				11961.53	38002.24	case rate		
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient				28465.50458	AmeriHealth	Medicare		24752.61				14783.3	43939.3	case rate		
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient				22030.15945	AmeriHealth	Medicare		19155.66				9461.03	28435.17	case rate		
AFTERCARE W CC/MCC	949	MS-DRG	inpatient				25387.79291	AmeriHealth	Medicare		22076.34				12237.92	41774.41	case rate		
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient				19562.27743	AmeriHealth	Medicare		17010.68				7420	27148.63	case rate		
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient				19016.71555	AmeriHealth	Medicare		16536.27				6968.8	29098.49	case rate		
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient				97569.05747	AmeriHealth	Medicare		84842.66				71934.52	222207.62	case rate		
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient				65977.88254	AmeriHealth	Medicare		57372.07				45807.44	137904.37	case rate		
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient				113883.0715	AmeriHealth	Medicare		99028.76				85426.82	276934.93	case rate		
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient				68357.21787	AmeriHealth	Medicare		59441.06				47775.24	152336.99	case rate		
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient				46757.53751	AmeriHealth	Medicare		40658.73				29911.49	89318.21	case rate		
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient				49641.01771	AmeriHealth	Medicare		43166.1				32296.24	101866.57	case rate		
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient				32027.3667	AmeriHealth	Medicare		27849.88				17729.09	53754.21	case rate		
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient				24242.3986	AmeriHealth	Medicare		21080.35				11290.63	35509.34	case rate		
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient				108743.0788	AmeriHealth	Medicare		94559.2				81175.85	204050.22	case rate		
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient				44929.47675	AmeriHealth	Medicare		39069.11				28399.62	101600.51	case rate		
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient				52243.14795	AmeriHealth	Medicare		45428.82				34448.3	99242.46	case rate		
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient				30060.77322	AmeriHealth	Medicare		26139.8				16102.65	47011.7	case rate		
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient				22662.83985	AmeriHealth	Medicare		19706.82				9984.28	34208.22	case rate		
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient				30814.84828	AmeriHealth	Medicare		26795.52				16726.29	42638.18	case rate		
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient				78251.88553	AmeriHealth	Medicare		68079.64				11302	159287.24	case rate		
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient				46094.86548	AmeriHealth	Medicare		40082.49				14901	89398.39	case rate		
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient				33943.97415	AmeriHealth	Medicare		29516.5				19314.2	57187.42	case rate		
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient				58815.59763	AmeriHealth	Medicare		51144				39883.96	121459.94	case rate		
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient				34826.58473	AmeriHealth	Medicare		30283.99				20044.15	61706.72	case rate		
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient				26019.04514	AmeriHealth	Medicare		22625.26				12759.99	37929.35	case rate		
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient				397605.2416	Horizon	Indemnity		962560.73				320075.66	962560.73	case rate		
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient				185457.3628	Horizon	Indemnity		489203.72				144621.43	489203.72	case rate		
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient				315081.1521	Horizon	Indemnity		668867.04				251925.15	668867.04	case rate		
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient				220531.8504	Horizon	Indemnity		416184.16				173629.34	416184.16	case rate		
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient				158406.3481	Horizon	Indemnity		373735.51				122249.23	373735.51	case rate		
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient				79669.77196	Horizon	Indemnity		177328.01				57131.14	234847	case rate		
LUNG TRANSPLANT	007	MS-DRG	inpatient				185775.8463	Horizon	Indemnity		388186.35				144884.83	388186.35	case rate		
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient				85736.6486	Horizon	Indemnity		191305.05				62148.67	191305.05	case rate		
PANCREAS TRANSPLANT	010	MS-DRG	inpatient				79337.00778	Horizon	Indemnity		164513.6				56855.93	164513.6	case rate		
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient				84231.35482	Horizon	Indemnity		179037.33				60903.74	260411	case rate		
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG	inpatient				67787.37705	Horizon	Indemnity		138994.11				47303.96	260411	case rate		
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient				48946.9259	Horizon	Indemnity		84791.62				31722.2	260411	case rate		
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient				174271.916	Horizon	Indemnity		435540.63				135370.65	435540.63	case rate		
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient				98808.71117	Horizon	Indemnity		238334.97				72959.76	238334.97	case rate		
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient				98808.71117	Horizon	Indemnity		159673.57				70474.37	159673.57	case rate		
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient				131305.3474	Horizon	Indemnity		379960.48				99835.69	379960.48	case rate		
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient				98300.28177	Horizon	Indemnity		288127.5				72539.27	288127.5	case rate		
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient				60243.77009	Horizon	Indemnity		187970.25				41065.11	187970.25	case rate		
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient				91502.7387	Horizon	Indemnity		198998.8				66957.14	198998.8	case rate		
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient				64701.09636	Horizon	Indemnity		142845.45				44751.49	313612.23	case rate		
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient				73658.59406	Horizon	Indemnity		155897.77				52159.67	155897.77	case rate		
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient				52765.85907	Horizon	Indemnity		109910.2				34880.6	109910.2	case rate		
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient				45336.5059	Horizon	Indemnity		87678.14				28726.25	87678.14	case rate		
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient				96653.59892	Horizon	Indemnity		195889.96				71177.4	195889.96	case rate		
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient				59551.10645	Horizon	Indemnity		115012.64				40492.25	115012.64	case rate		
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient				43709.81747	Horizon	Indemnity		79295.56				27390.91	79295.56	case rate		
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient				69382.6467	Horizon	Indemnity		152449.97				48623.3	152449.97	case rate		
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient				41350.47656	Horizon	Indemnity		83902.34				25439.65	103005.11	case rate		
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient				33768.30894	Horizon	Indemnity		61509.91				19168.92	169398.47	case rate		
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient				66309.21855	Horizon	Indemnity		131198.31				46081.46	279134.99	case rate		
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient				43431.32384	Horizon	Indemnity		80921.05				27160.59	80921.05	case rate		
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient				36414.71252	Horizon	Indemnity		62905.8				21357.59	62905.8	case rate		
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient				58799.88773	Horizon	Indemnity		116984.37				39870.97	116984.37	case rate		
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient				33439.82927	Horizon	Indemnity		60926.78				18897.25	60926.78	case rate		
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient				26885.94583	Horizon	Indemnity		41271.45				13476.94	41271.45	case rate		
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient				65882.27877	Horizon	Indemnity		143167.18				45480.26	143167.18	case rate		
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient				42448.74118	Horizon	Indemnity		85954.25				26347.96	85954.25	case rate		
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient				35437.84255	Horizon	Indemnity		68208.69				20549.68	102408.62	case rate		
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient				38361.31159	Horizon	Indemnity		61972.78				22967.5	80333.48	case rate		
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient				24640.85871	Horizon	Indemnity		33315.29				11620.17	98314.19	case rate		
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient				31634.61928	Horizon	Indemnity		47984.8				17404.27	143596.19	case rate		
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient				25917.6449	Horizon	Indemnity		38166.25				12676.12	38166.25	case rate		
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient				44780.94682	Horizon	Indemnity		77429.53				28276.78	77429.53	case rate		
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient				30059.34935	Horizon	Indemnity		44059.57				16101.46	44059.57	case rate		
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient				35267.89003	Horizon	Indemnity		64130.38				20409.13	64130.38	case rate		
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient				27545.76151	Horizon	Indemnity		40065.09				14022.64	40065.09	case rate		
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient				23406.9177	Horizon	Indemnity		30348.58				10599.66	30348.58	case rate		
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient				50619.31985	Horizon	Indemnity		103787.27				33105.33	103787.27	case rate		
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient				37321.60203	Horizon	Indemnity		70840.09				22107.62	121708.96	case rate		
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient				31824.56621	Horizon	Indemnity		59334.09				17561.37	136083.64	case rate		
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient				39196.79248	Horizon	Indemnity		68124.86				23658.47	215326.95	case rate		
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient				25106.44294	Horizon	Indemnity		37594.05				12005.23	37594.05	case rate		
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient				20409.1837	Horizon	Indemnity		26488.95				8120.42	26488.95	case rate		
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient				30826.27366	Horizon	Indemnity		54720.02				16735.74	54720.02	case rate		
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient				23029.88017	Horizon	Indemnity		32754.02				10267.83	32754.02	case rate		
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient				21997.31148	Horizon	Indemnity		27899.41				9433.86	27899.41	case rate		
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient				36147.64426	Horizon	Indemnity		59964.6				21136.72	59964.6	case rate		
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient				25754.83324	Horizon	Indemnity		35928.47				12541.47	35928.47	case rate		
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient				21773.0884	Horizon	Indemnity		27042.93				9248.42	27042.93	case rate		
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient				32198.74774	Horizon	Indemnity		51428.95				17870.83	51428.95	case rate		
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient				25246.40384	Horizon	Indemnity		35494.76				12120.98	35494.76	case rate		
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient				37922.86264	Horizon	Indemnity		53998.39				22604.89	53998.39	case rate		
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient				23765.38899	Horizon	Indemnity		30060.66				10896.13	30060.66	case rate		
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient				32168.75578	Horizon	Indemnity		56564.19				17846.03	56564.19	case rate		
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient				25113.5838	Horizon	Indemnity		35356.26				12011.13	35356.26	case rate		
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient				21170.39962	Horizon	Indemnity		27206.94				8749.97	27206.94	case rate		
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient				42134.54324	Horizon	Indemnity		68474.74				26088.1	68474.74	case rate		
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient				23579.72957	Horizon	Indemnity		31146.75				10742.58	31146.75	case rate		
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient				43128.55127	Horizon	Indemnity		78672.34				26910.19	78672.34	case rate		
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient				29962.22932	Horizon	Indemnity		47197.57				16021.15	47197.57	case rate		
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient				23725.40016	Horizon	Indemnity		33650.59				10863.05	33650.59	case rate		
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient				43050.00179	Horizon	Indemnity		79452.28				26845.22	79452.28	case rate		
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient				29400.95754	Horizon	Indemnity		45306.02				15556.95	45306.02	case rate		
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient				23246.96239	Horizon	Indemnity		30807.8				10467.37	30807.8	case rate		
CONCUSSION W MCC	088	MS-DRG	inpatient				32495.80727	Horizon	Indemnity		53925.5				18116.51	53925.5	case rate		
CONCUSSION W CC	089	MS-DRG	inpatient				27013.05318	Horizon	Indemnity		38906.11				13362.07	38906.11	case rate		
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient				23941.05421	Horizon	Indemnity		28916.26				11041.41	28916.26	case rate		
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient				36143.35975	Horizon	Indemnity		58750.95				21133.17	58750.95	case rate		
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient				25244.97567	Horizon	Indemnity		34379.51				12119.8	34379.51	case rate		
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient				21650.26567	Horizon	Indemnity		26886.86				9146.84	26886.86	case rate		
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient				62328.90189	Horizon	Indemnity		134044.74				42789.59	134044.74	case rate		
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient				44640.98591	Horizon	Indemnity		86774.28				28161.03	86774.28	case rate		
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient				41720.37322	Horizon	Indemnity		76937.51				25745.57	76937.51	case rate		

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient				62531.70238	Horizon	Indemnity		128978.75				42957.32	128978.75	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient				41360.47376	Horizon	Indemnity		67443.32				25447.92	67443.32	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient				29445.23089	Horizon	Indemnity		46392.11				15593.57	46392.11	case rate	
SEIZURES W MCC	100	MS-DRG	inpatient				38904.01712	Horizon	Indemnity		66054.73				23416.34	66054.73	case rate	
SEIZURES W/O MCC	101	MS-DRG	inpatient				23581.15474	Horizon	Indemnity		31682.51				10743.76	31682.51	case rate	
HEADACHES W MCC	102	MS-DRG	inpatient				27822.82696	Horizon	Indemnity		39234.12				14251.78	39234.12	case rate	
HEADACHES W/O MCC	103	MS-DRG	inpatient				22621.42285	Horizon	Indemnity		28478.9				9950.02	28478.9	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient				46399.06622	Horizon	Indemnity		83924.2				29615.02	83924.2	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient				28182.72643	Horizon	Indemnity		45743.37				14549.43	45743.37	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient				32932.82805	Horizon	Indemnity		49643.1				18477.94	49643.1	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient				36737.47949	Horizon	Indemnity		62249.77				21624.53	62249.77	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient				27705.71682	Horizon	Indemnity		36537.12				14154.93	36537.12	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient				28888.24362	Horizon	Indemnity		38607.25				15132.92	38607.25	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient				21223.24001	Horizon	Indemnity		25723.59				8793.68	25723.59	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient				22073.00462	Horizon	Indemnity		27440.19				9496.46	27440.19	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient				29469.50982	Horizon	Indemnity		48520.56				15613.65	48520.56	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient				21980.17341	Horizon	Indemnity		29528.55				9419.69	29528.55	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient				48467.03095	Horizon	Indemnity		83760.2				31325.33	83760.2	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient				24002.46562	Horizon	Indemnity		44190.78				11092.2	44190.78	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient				32080.20908	Horizon	Indemnity		50189.79				17772.79	50189.79	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient				22954.18703	Horizon	Indemnity		30804.16				10225.23	30804.16	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient				27552.90237	Horizon	Indemnity		42291.94				14028.54	42291.94	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient				40739.21874	Horizon	Indemnity		70089.3				24934.12	70089.3	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient				28239.85333	Horizon	Indemnity		45575.72				14596.68	45575.72	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient				23296.94843	Horizon	Indemnity		26379.61				10508.71	26379.61	case rate	
DYSEQUILIBRIUM	149	MS-DRG	inpatient				21226.68965	Horizon	Indemnity		25916.75				8796.04	25916.75	case rate	
EPISTAXIS W MCC	150	MS-DRG	inpatient				29363.82505	Horizon	Indemnity		48382.07				15526.24	48382.07	case rate	
EPISTAXIS W/O MCC	151	MS-DRG	inpatient				21597.42319	Horizon	Indemnity		25650.69				9103.14	25650.69	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient				27560.04323	Horizon	Indemnity		37980.38				14034.45	37980.38	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient				21084.70908	Horizon	Indemnity		25942.26				8679.1	25942.26	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient				32558.64686	Horizon	Indemnity		52719.14				18168.48	52719.14	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient				24109.57856	Horizon	Indemnity		32192.75				11180.78	32192.75	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient				19952.16851	Horizon	Indemnity		24050.72				7742.45	24050.72	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient				34969.40198	Horizon	Indemnity		60974.16				20162.26	60974.16	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient				23993.89659	Horizon	Indemnity		32447.87				11085.11	32447.87	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient				20233.51849	Horizon	Indemnity		24724.97				7975.14	24724.97	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient				77908.83531	Horizon	Indemnity		179288.81				55674.78	179288.81	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient				47014.60855	Horizon	Indemnity		93626.13				30124.1	93626.13	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient				37388.72614	Horizon	Indemnity		67512.57				22163.14	67512.57	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient				68542.88029	Horizon	Indemnity		127488.11				47928.79	127488.11	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient				36580.38052	Horizon	Indemnity		69159.93				21494.6	69159.93	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient				29952.23211	Horizon	Indemnity		48895.95				16012.88	48895.95	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient				30627.75769	Horizon	Indemnity		53389.75				16571.56	53389.75	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient				22238.67263	Horizon	Indemnity		32764.95				9633.48	32764.95	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient				34818.0157	Horizon	Indemnity		67089.8				20037.06	67089.8	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient				24682.27572	Horizon	Indemnity		46446.78				11654.43	46446.78	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient				21491.73843	Horizon	Indemnity		33584.99				9015.73	33584.99	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient				35414.99179	Horizon	Indemnity		61812.42				20530.78	61812.42	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient				26316.10502	Horizon	Indemnity		41581.24				13005.66	41581.24	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient				21430.32701	Horizon	Indemnity		28978.21				8964.94	28978.21	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient				33077.37346	Horizon	Indemnity		54337.34				18597.24	54337.34	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient				25613.44416	Horizon	Indemnity		36606.36				12424.54	36606.36	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient				21383.19732	Horizon	Indemnity		26689.41				8925.97	26689.41	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient				32757.16283	Horizon	Indemnity		56837.54				18332.66	56837.54	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient				24819.38027	Horizon	Indemnity		38414.08				11767.82	38414.08	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient				21251.80545	Horizon	Indemnity		27961.37				8817.3	27961.37	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient				28185.58277	Horizon	Indemnity		45021.74				14551.79	45021.74	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient				26328.95857	Horizon	Indemnity		43396.25				13016.3	43396.25	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient				22715.68223	Horizon	Indemnity		33308				10027.98	33308	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient				19756.50888	Horizon	Indemnity		26390.55				7580.63	26390.55	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient				29536.63392	Horizon	Indemnity		47988.45				15669.16	47988.45	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient				22332.93201	Horizon	Indemnity		32808.69				9711.43	32808.69	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient				19525.14864	Horizon	Indemnity		25031.11				7389.29	25031.11	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient				37660.07891	Horizon	Indemnity		59702.19				22387.56	59702.19	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient				24836.51834	Horizon	Indemnity		36507.96				11781.99	36507.96	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient				21704.53612	Horizon	Indemnity		27644.29				9191.72	27644.29	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient				35927.7057	Horizon	Indemnity		64975.93				20954.82	64975.93	case rate	
PNEUMOTHORAX W CC	200	MS-DRG	inpatient				25971.91545	Horizon	Indemnity		39172.16				12721.01	39172.16	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient				20674.82378	Horizon	Indemnity		25472.11				8340.11	27891.99	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient				24265.24935	Horizon	Indemnity		34262.88				11309.53	38695.65	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient				20514.86846	Horizon	Indemnity		25402.86				8207.83	50775.53	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient				22342.92922	Horizon	Indemnity		27975.95				9719.7	96731.64	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient				36444.70414	Horizon	Indemnity		55321.38				21382.39	55321.38	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient				23636.85347	Horizon	Indemnity		31471.12				10789.82	31471.12	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient				109248.6519	Horizon	Indemnity		203970.04				49535	203970.04	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient				49205.42511	Horizon	Indemnity		88833.48				31935.99	88833.48	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient				156475.459	Horizon	Indemnity		469646.8				120652.31	469646.8	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient				149198.9203	Horizon	Indemnity		357932.52				78485	357932.52	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient				101497.9599	Horizon	Indemnity		231898.61				75183.87	231898.61	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient				91949.19882	Horizon	Indemnity		215224.56				67286.69	215224.56	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient				120719.7331	Horizon	Indemnity		280328.05				57338	280328.05	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient				85492.4311	Horizon	Indemnity		189712.36				57338	189712.36	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient				76980.52321	Horizon	Indemnity		167921.3				47199	167921.3	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient				82551.824	Horizon	Indemnity		239676.19				59514.71	239676.19	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient				56000.6697	Horizon	Indemnity		169415.59				37555.91	169415.59	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient				126489.5499	Horizon	Indemnity		306106.31				19424	306106.31	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient				95546.76766	Horizon	Indemnity		224521.94				27830	224521.94	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient				121982.2376	Horizon	Indemnity		278363.61				53769	278363.61	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient				84825.47456	Horizon	Indemnity		187594.85				61395.1	187594.85	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient				94575.60798	Horizon	Indemnity		211747.62				47567	211747.62	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient				68305.80966	Horizon	Indemnity		143097.93				33990	143097.93	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient				79239.86205	Horizon	Indemnity		171635.15				56775.61	171635.15	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient				50710.71889	Horizon	Indemnity		100040.63				33180.92	100040.63	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient				30439.23892	Horizon	Indemnity		58167.82				15559	58167.82	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient				59935.28484	Horizon	Indemnity		136195.06				20528	136195.06	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient				43118.55407	Horizon	Indemnity		93094.02				19748	93094.02	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient				36718.91325	Horizon	Indemnity		76930.22				19748	91806.34	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient				75306.70508	Horizon	Indemnity		182671				53522.72	182671	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient				44163.97631	Horizon	Indemnity		94278.51				27766.52	94278.51	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient				33254.16685	Horizon	Indemnity		61149.1				18743.7	61149.1	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient				58488.54614	Horizon	Indemnity		118806.67				39613.48	118806.67	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient				47024.60576	Horizon	Indemnity		94551.86				30132.37	94551.86	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient				35370.71844	Horizon	Indemnity		65967.26				20494.17	65967.26	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient				49826.18361	Horizon	Indemnity		92583.77				32450.97	92583.77	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient				34008.24191	Horizon	Indemnity		63733.12				19367.35	63733.12	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient				24743.68713	Horizon	Indemnity		41041.84				11705.22	41041.84	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient				49273.97739	Horizon	Indemnity		108929.8				15797	108929.8	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient				37248.76523	Horizon	Indemnity		76427.26				15797	76427.26	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient				57937.27156	Horizon	Indemnity		131916.3				12982	131916.3	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient				37465.84745	Horizon	Indemnity		72593.14				12982	72593.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient				34088.21957	Horizon	Indemnity		59439.78				12982	59439.78	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient				50939.22648	Horizon	Indemnity		87186.12				33369.91	87186.12	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient				57234.61071	Horizon	Indemnity		115118.34				38576.42	115118.34	case rate	
AICD LEAD PROCEDURES	265	MS-DRG	inpatient				61063.54109	Horizon	Indemnity		113591.25				41743.09	113591.25	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient				99795.57834	Horizon	Indemnity		262101.41				73775.94	262101.41	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient				80288.17064	Horizon	Indemnity		213139.85				57642.58	213139.85	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient				108487.436	Horizon	Indemnity		244323.05				80964.43	244323.05	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient				69982.47813	Horizon	Indemnity		151283.7				49119.39	151283.7	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient				82811.75139	Horizon	Indemnity		184478.72				59729.68	184478.72	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient				59950.98474	Horizon	Indemnity		127335.03				40822.98	127335.03	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient				45430.76529	Horizon	Indemnity		95419.27				28814.2	95419.27	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient				66246.37896	Horizon	Indemnity		133119.02				46029.49	133119.02	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient				56874.71125	Horizon	Indemnity		108547.12				38278.77	108547.12	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient				33248.45416	Horizon	Indemnity		60394.67				18738.98	60394.67	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient				23629.71261	Horizon	Indemnity		35702.5				10783.92	35702.5	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient				20846.20447	Horizon	Indemnity		27298.05				8481.85	27298.05	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient				38745.48998	Horizon	Indemnity		65774.1				23285.23	65774.1	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient				21154.88972	Horizon	Indemnity		27939.5				8736.98	27939.5	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient				17569.97684	Horizon	Indemnity		21736.39				5772.29	21736.39	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient				41376.18366	Horizon	Indemnity		79481.44				13521	79481.44	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient				26037.61139	Horizon	Indemnity		41508.35				9969	41508.35	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient				47623.03102	Horizon	Indemnity		98189.17				30627.27	98189.17	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient				31694.60252	Horizon	Indemnity		62319.02				17453.88	62319.02	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient				25232.12211	Horizon	Indemnity		36861.48				12109.17	36861.48	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient				28926.80428	Horizon	Indemnity		49034.45				15164.81	49034.45	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient				22822.78516	Horizon	Indemnity		33523.03				10116.57	33523.03	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient				18609.68639	Horizon	Indemnity		24258.46				6632.17	24258.46	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient				26210.42025	Horizon	Indemnity		42306.52				12918.26	42306.52	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient				19609.40712	Horizon	Indemnity		20092.68				7458.97	20092.68	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient				33486.80968	Horizon	Indemnity		59962.83				18936.23	59962.83	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient				20996.16258	Horizon	Indemnity		23777.37				8605.87	23777.37	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient				16858.74695	Horizon	Indemnity		17585.2				5184.08	17585.2	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient				33101.3524	Horizon	Indemnity		52861.28				18617.32	52861.28	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient				25829.09821	Horizon	Indemnity		37309.77				12602.89	37309.77	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient				20727.66616	Horizon	Indemnity		26467.09				8383.82	26467.09	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient				26601.73951	Horizon	Indemnity		38979				13241.9	38979	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient				19989.30099	Horizon	Indemnity		24254.81				7773.16	24254.81	case rate	
HYPERTENSION W MCC	304	MS-DRG	inpatient				27000.15963	Horizon	Indemnity		39401.77				13571.44	39401.77	case rate	
HYPERTENSION W/O MCC	305	MS-DRG	inpatient				21351.77753	Horizon	Indemnity		26237.48				8899.98	26237.48	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient				32538.65245	Horizon	Indemnity		51345.12				18151.94	51345.12	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient				24052.45166	Horizon	Indemnity		31197.78				11133.54	31197.78	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient				27759.98738	Horizon	Indemnity		43866.41				14199.81	43866.41	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient				21226.88585	Horizon	Indemnity		27826.52				8796.04	27826.52	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient				18488.29173	Horizon	Indemnity		20493.59				6531.77	20493.59	case rate	
ANGINA PECTORIS	311	MS-DRG	inpatient				20560.56998	Horizon	Indemnity		25045.69				8245.62	25045.69	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient				22922.76724	Horizon	Indemnity		29211.47				10199.25	29211.47	case rate	
CHEST PAIN	313	MS-DRG	inpatient				20924.75396	Horizon	Indemnity		25778.26				8546.82	25778.26	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient				40489.28856	Horizon	Indemnity		73733.9				24727.42	73733.9	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient				24405.21026	Horizon	Indemnity		34838.73				11425.28	34838.73	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient				20463.44867	Horizon	Indemnity		27381.88				8181.84	27381.88	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient				83127.3775	Horizon	Indemnity		191556.53				69990.71	191556.53	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient				46257.67714	Horizon	Indemnity		90542.8				29498.09	90542.8	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient				33402.69679	Horizon	Indemnity		56203.38				18866.54	56203.38	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient				75098.1919	Horizon	Indemnity		181963.94				53350.27	181963.94	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient				44468.17704	Horizon	Indemnity		91964.19				28018.11	91964.19	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient				34469.54162	Horizon	Indemnity		61765.04				19748.86	61765.04	case rate	
RECTAL RESECTION W MCC	332	MS-DRG	inpatient				62398.88234	Horizon	Indemnity		123850.8				42847.47	123850.8	case rate	
RECTAL RESECTION W CC	333	MS-DRG	inpatient				40289.34441	Horizon	Indemnity		70260.6				24562.06	70260.6	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient				33514.60424	Horizon	Indemnity		47605.77				18958.67	47605.77	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient				61647.66363	Horizon	Indemnity		148043.65				42226.18	148043.65	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient				40657.81291	Horizon	Indemnity		83760.2				24866.79	83760.2	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient				31961.67077	Horizon	Indemnity		58433.87				17674.76	58433.87	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient				49728.13623	Horizon	Indemnity		108871.49				32368.29	108871.49	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient				32592.923	Horizon	Indemnity		59683.97				18196.83	59683.97	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient				28982.50301	Horizon	Indemnity		45069.12				15210.88	45069.12	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient				46996.04231	Horizon	Indemnity		87874.95				30108.75	87874.95	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient				29176.73446	Horizon	Indemnity		51024.4				15371.51	51024.4	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient				24526.60492	Horizon	Indemnity		34612.77				11525.68	34612.77	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient				44866.63716	Horizon	Indemnity		89165.14				28347.65	89165.14	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient				31378.9764	Horizon	Indemnity		54672.64				17192.85	54672.64	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient				26428.93064	Horizon	Indemnity		38395.86				13098.98	38395.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient				52354.5454	Horizon	Indemnity		108095.19				34540.43	108095.19	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient				35123.64461	Horizon	Indemnity		63088.03				20289.83	63088.03	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient				30050.77601	Horizon	Indemnity		49377.04				16094.38	49377.04	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient				71697.71326	Horizon	Indemnity		144898.36				56537.95	144898.36	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient				41964.59071	Horizon	Indemnity		77874.17				25947.55	77874.17	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient				28886.81545	Horizon	Indemnity		49140.14				15131.74	49140.14	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient				34183.90713	Horizon	Indemnity		70851.02				19512.63	70851.02	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient				24705.12647	Horizon	Indemnity		40411.32				11673.33	40411.32	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient				21211.81663	Horizon	Indemnity		27090.31				8784.23	27090.31	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient				35550.66817	Horizon	Indemnity		63372.3				20642.99	63372.3	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient				25476.33961	Horizon	Indemnity		37845.53				12311.15	37845.53	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient				20823.35371	Horizon	Indemnity		27611.49				8462.95	27611.49	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient				40567.83804	Horizon	Indemnity		75260.99				24792.38	75260.99	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient				27704.28865	Horizon	Indemnity		43979.39				14153.74	43979.39	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient				23321.22736	Horizon	Indemnity		33373.6				10528.79	33373.6	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient				36159.06964	Horizon	Indemnity		65194.6				21146.16	65194.6	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient				24640.88571	Horizon	Indemnity		36092.47				11620.17	36092.47	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient				19633.68605	Horizon	Indemnity		23806.53				7479.05	23806.53	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient				38418.43848	Horizon	Indemnity		70923.92				23014.75	70923.92	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient				25914.78855	Horizon	Indemnity		39908.37				12673.76	39908.37	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient				21403.19174	Horizon	Indemnity		27983.24				8942.5	27983.24	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient				30559.20541	Horizon	Indemnity		49238.55				16514.87	49238.55	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient				23097.00428	Horizon	Indemnity		31172.26				10343.35	31172.26	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient				32968.53236	Horizon	Indemnity		61881.66				18507.47	61881.66	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient				24466.82767	Horizon	Indemnity		35720.72				11476.07	35720.72	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient				20360.62584	Horizon	Indemnity		25391.93				8080.26	25391.93	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient				31348.98478	Horizon	Indemnity		55787.89				17168.04	55787.89	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient				21964.46351	Horizon	Indemnity		30731.27				9406.69	30731.27	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient				18573.98208	Horizon	Indemnity		21539.59				6602.64	21539.59	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient				28809.69414	Horizon	Indemnity		44518.79				15067.96	44518.79	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient				21810.22089	Horizon	Indemnity		27531.31				9279.13	27531.31	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient				33721.17925	Horizon	Indemnity		59501.74				19129.94	59501.74	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient				23971.04583	Horizon	Indemnity		34299.33				11056.21	34299.33	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient				19837.91471	Horizon	Indemnity		24655.72				7647.96	24655.72	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient				89214.24855	Horizon	Indemnity		196046.68				65024.78	196046.68	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient				51827.54976	Horizon	Indemnity		103236.94				34104.58	103236.94	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient				41310.48773	Horizon	Indemnity		73139.83				25406.58	73139.83	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient				63749.9335	Horizon	Indemnity		147478.74				43964.84	147478.74	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient				38544.11766	Horizon	Indemnity		84653.12				23118.69	84653.12	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient				32944.25342	Horizon	Indemnity		60230.66				18487.39	60230.66	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient				51729.00588	Horizon	Indemnity		145714.75				10482	145714.75	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient				39803.76577	Horizon	Indemnity		86810.73				11647	86810.73	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient				32150.18953	Horizon	Indemnity		61455.25				15908	61455.25	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient				60936.43374	Horizon	Indemnity		130374.63				26270	130374.63	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient				38808.32957	Horizon	Indemnity		73577.18				23337.2	73577.18	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient				29716.58365	Horizon	Indemnity		50772.92				15817.99	50772.92	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient				43692.6794	Horizon	Indemnity		88323.24				27376.74	88323.24	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient				33936.83329	Horizon	Indemnity		60653.43				19308.29	60653.43	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient				29345.25881	Horizon	Indemnity		47532.87				15510.89	47532.87	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient				56303.44226	Horizon	Indemnity		128202.45				37806.31	128202.45	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient				35006.53446	Horizon	Indemnity		64841.08				8253	64841.08	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient				30742.01149	Horizon	Indemnity		54945.99				10272	54945.99	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient				69444.89694	Horizon	Indemnity		143815.92				16917	143815.92	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient				40400.74186	Horizon	Indemnity		79856.83				24654.19	79856.83	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient				33468.39272	Horizon	Indemnity		54410.23				18920.87	54410.23	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient				37954.28243	Horizon	Indemnity		66550.4				13893	66550.4	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient				25314.56712	Horizon	Indemnity		37462.84				12177.68	37462.84	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient				20152.11266	Horizon	Indemnity		23729.99				7907.81	53360.86	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient				35724.90521	Horizon	Indemnity		61874.37				20787.09	61874.37	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient				26310.39233	Horizon	Indemnity		41399.01				13000.94	41399.01	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient				22460.03936	Horizon	Indemnity		31554.95				9816.55	31554.95	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient				34423.8401	Horizon	Indemnity		59705.84				19711.06	59705.84	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient				22804.22892	Horizon	Indemnity		31427.39				10101.21	31427.39	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient				19382.3277	Horizon	Indemnity		22643.9				7271.17	22643.9	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient				36700.34701	Horizon	Indemnity		67687.51				11778	67687.51	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient				24179.55901	Horizon	Indemnity		34219.15				11238.66	34219.15	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient				20797.64661	Horizon	Indemnity		25359.13				8441.69	25359.13	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient				33915.4107	Horizon	Indemnity		58710.86				19290.57	58710.86	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient				26111.87635	Horizon	Indemnity		38909.75				12936.76	38909.75	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient				22037.30031	Horizon	Indemnity		28974.57				9466.93	28974.57	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient				137146.5728	Horizon	Indemnity		346124.02				17717	346124.02	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient				97941.81048	Horizon	Indemnity		230951.01				36879	230951.01	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient				76366.40905	Horizon	Indemnity		182230				54399.14	182230 case rate		
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient				130976.8678	Horizon	Indemnity		332577.04				99564.03	332577.04	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient				97356.25977	Horizon	Indemnity		238524.49				71758.53	238524.49	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient				75300.99239	Horizon	Indemnity		186647.26				53518	186647.26	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient				105311.1804	Horizon	Indemnity		232700.42				78337.54	232700.42	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient				62831.6186	Horizon	Indemnity		147150.73				43205.36	147150.73	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient				107970.4375	Horizon	Indemnity		163369.2				9917	163369.2	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient				51240.57087	Horizon	Indemnity		116412.17				11315	116412.17	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient				91477.9019	Horizon	Indemnity		187037.23				15756	187037.23	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient				53455.89687	Horizon	Indemnity		107297.02				35451.1	107297.02	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient				37308.74848	Horizon	Indemnity		66965.88				22096.99	66965.88	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient				84664.09107	Horizon	Indemnity		186355.69				61261.63	186355.69	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient				60380.87465	Horizon	Indemnity		126482.2				41178.5	126482.2	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient				48716.99013	Horizon	Indemnity		101735.36				31532.03	101735.36	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient				58145.78474	Horizon	Indemnity		115686.89				39330	115686.89	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient				37464.41928	Horizon	Indemnity		72520.25				22225.74	72520.25	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient				80842.30156	Horizon	Indemnity		182619.97				8282	182619.97	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient				52798.70703	Horizon	Indemnity		107399.07				8991	107399.07	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient				45732.10968	Horizon	Indemnity		86482.71				11229	86482.71	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient				72041.90283	Horizon	Indemnity		138316.21				22321	138316.21	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient				41220.51286	Horizon	Indemnity		78315.16				25332.17	78315.16	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient				27398.65074	Horizon	Indemnity		41938.41				15900.98	41938.41	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient				58705.62835	Horizon	Indemnity		114382.13				39793.01	114382.13	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient				44633.84505	Horizon	Indemnity		83067.72				28155.12	83067.72	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient				37211.63275	Horizon	Indemnity		65529.91				22016.67	65529.91	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient				52705.87582	Horizon	Indemnity		110445.96				34830.99	110445.96	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient				40223.64848	Horizon	Indemnity		75162.59				8360	75162.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient				33275.58944	Horizon	Indemnity		60664.37				9385	60664.37	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient				46069.15838	Horizon	Indemnity		86869.04				26869.04	86869.04	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient				57634.499	Horizon	Indemnity		120421.23				38907.15	120421.23	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient				39272.48562	Horizon	Indemnity		80851.81				23721.08	80851.81	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient				32654.33441	Horizon	Indemnity		60143.19				18247.62	60143.19	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient				40676.37915	Horizon	Indemnity		76992.18				24882.15	76992.18	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient				28266.9886	Horizon	Indemnity		47285.04				14619.12	47285.04	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient				60835.25691	Horizon	Indemnity		123570.16				27633	123570.16	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient				44890.91609	Horizon	Indemnity		81861.36				28367.73	81861.36	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient				37285.89772	Horizon	Indemnity		63922.64				22078.09	67890.08	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient				61736.21032	Horizon	Indemnity		126186.99				42299.42	126186.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient				38975.42574	Horizon	Indemnity		71466.96				23475.4	71466.96	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient				30976.23177	Horizon	Indemnity		52300.01				16859.76	52300.01	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient				47880.08106	Horizon	Indemnity		83023.99				30839.88	83023.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient				29011.06646	Horizon	Indemnity		40790.36				15234.5	40790.36	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient				56903.2747	Horizon	Indemnity		111816.33				38302.4	111816.33	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient				35379.28748	Horizon	Indemnity		61498.98				8902	61498.98	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient				30337.83868	Horizon	Indemnity		47055.43				16331.79	47055.43	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient				48892.65534	Horizon	Indemnity		93381.94				27418	93381.94	case rate	
FOOT PROCEDURES W CC	504	MS-DRG	inpatient				35256.46465	Horizon	Indemnity		63033.36				20399.68	63033.36	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient				34950.83574	Horizon	Indemnity		57577.39				20146.91	57577.39	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient				31478.94848	Horizon	Indemnity		51399.79				17275.53	51399.79	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient				41034.85044	Horizon	Indemnity		70796.36				25178.62	70796.36	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient				31070.68115	Horizon	Indemnity		52751.94				16937.72	52751.94	case rate	
ARTHROSCOPY	509	MS-DRG	inpatient				29530.92123	Horizon	Indemnity		60875.75				15664.44	60875.75	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient				49445.35808	Horizon	Indemnity		99585.05				32134.42	99585.05	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient				39065.40061	Horizon	Indemnity		67326.7				7655	67326.7	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient				33638.34524	Horizon	Indemnity		55474.46				15564	55474.46	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient				33741.17366	Horizon	Indemnity		59756.86				18516	59756.86	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient				25464.91423	Horizon	Indemnity		36438.71				12301.7	40660.37	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient				55742.17048	Horizon	Indemnity		112326.57				37342.12	112326.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient				39736.64167	Horizon	Indemnity		68715.29				24104.95	68715.29	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient				31933.10732	Horizon	Indemnity		50328.28				17651.14	50328.28	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient				62744.50008	Horizon	Indemnity		112989.89				43133.31	112989.89	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient				38705.50115	Horizon	Indemnity		67862.45				23252.16	67862.45	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient				31034.76884	Horizon	Indemnity		47893.69				16908.19	47893.69	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient				33889.7036	Horizon	Indemnity		55780.6				12781	55780.6	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient				22158.69497	Horizon	Indemnity		28263.87				9567.33	34640.29	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient				29109.61036	Horizon	Indemnity		45732.44				15316	45732.44	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient				21831.64348	Horizon	Indemnity		27589.62				9296.85	27589.62	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient				24400.92574	Horizon	Indemnity		33184.08				11421.74	33184.08	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient				20717.66895	Horizon	Indemnity		26496.24				8375.55	26496.24	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient				38931.1524	Horizon	Indemnity		73591.76				23438.78	73591.76	case rate	
OSTEOMYELITIS W CC	540	MS-DRG	inpatient				29131.03094	Horizon	Indemnity		47266.82				15333.72	47266.82	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient				22942.78958	Horizon	Indemnity		32170.88				7723	32170.88	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient				36636.07925	Horizon	Indemnity		66524.88				8903	66524.88	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient				26167.57508	Horizon	Indemnity		39088.34				10889	39088.34	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient				21551.72767	Horizon	Indemnity		29098.49				9065.34	29098.49	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient				46197.6939	Horizon	Indemnity		90353.28				29448.48	90353.28	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient				27718.57038	Horizon	Indemnity		44260.02				14165.56	44260.02	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient				22207.25283	Horizon	Indemnity		31256.09				9607.49	31256.09	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient				36437.00473	Horizon	Indemnity		75341.17				23030.1	75341.17	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient				27817.11428	Horizon	Indemnity		45346.11				14247.06	45346.11	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient				23741.11006	Horizon	Indemnity		33668.81				10876.05	33668.81	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient				34896.56518	Horizon	Indemnity		58007.45				9165	58007.45	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient				24390.92853	Horizon	Indemnity		32837.85				11413.47	32837.85	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient				29892.24887	Horizon	Indemnity		45105.57				15963.27	45105.57	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient				22327.21932	Horizon	Indemnity		27585.98				9706.71	47368.4	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient				30570.63079	Horizon	Indemnity		46621.72				16524.32	46621.72	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient				22364.3518	Horizon	Indemnity		27979.59				9737.42	27979.59	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient				32824.28694	Horizon	Indemnity		52205.25				18388.17	52205.25	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient				23135.56494	Horizon	Indemnity		31471.12				10375.24	31471.12	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient				37018.82947	Horizon	Indemnity		65555.42				21857.22	65555.42	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient				26758.83848	Horizon	Indemnity		37236.88				13331.82	37236.88	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient				21733.09568	Horizon	Indemnity		27556.82				9211	27556.82	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient				32308.71668	Horizon	Indemnity		51319.61				12507	51319.61	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient				23381.2106	Horizon	Indemnity		30545.39				10578.4	30545.39	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient				32897.12373	Horizon	Indemnity		57300.4				18448.41	57300.4	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient				24863.85362	Horizon	Indemnity		35564.01				11804.43	35564.01	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient				21308.93235	Horizon	Indemnity		27782.79				8864.55	27782.79	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient				52324.55378	Horizon	Indemnity		110602.68				34515.62	110602.68	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient				34753.74794	Horizon	Indemnity		62063.89				9078	62063.89	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient				26865.85141	Horizon	Indemnity		42955.26				11401	42955.26	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient				99395.69005	Horizon	Indemnity		191396.17				16091	191396.17	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient				59231.19582	Horizon	Indemnity		111010.87				36864	111010.87	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient				39810.90664	Horizon	Indemnity		64093.94				24166.37	64093.94	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient				91754.99296	Horizon	Indemnity		177881.99				67126.05	177881.99	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient				48424.21478	Horizon	Indemnity		91450.3				31289.9	91450.3	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient				33591.21555	Horizon	Indemnity		55751.45				19022.45	55751.45	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient				58322.87813	Horizon	Indemnity		101968.62				39476.46	101968.62	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient				35534.35828	Horizon	Indemnity		57941.85				20630	57941.85	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient				29823.69659	Horizon	Indemnity		45061.83				8609	45061.83	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient				34399.56117	Horizon	Indemnity		57202				10681	57202	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient				32325.85475	Horizon	Indemnity		50226.23				14701	50226.23	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient				38562.6839	Horizon	Indemnity		68205.04				23134.04	68205.04	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient				34640.92231	Horizon	Indemnity		57063.5				19890.6	57063.5	case rate	
SKIN ULCERS W MCC	592	MS-DRG	inpatient				40440.73069	Horizon	Indemnity		62257.06				24687.26	62257.06	case rate	
SKIN ULCERS W CC	593	MS-DRG	inpatient				27869.95666	Horizon	Indemnity		41162.11				14290.76	41162.11	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient				21635.92099	Horizon	Indemnity		29528.55				9300.39	29528.55	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient				41653.24912	Horizon	Indemnity		72414.56				25690.06	72414.56	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient				25000.75818	Horizon	Indemnity		36865.13				11917.82	36865.13	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient				33448.39831	Horizon	Indemnity		62687.12				18904.34	62687.12	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient				27711.48961	Horizon	Indemnity		42361.19				14159.65	42361.19	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient				19465.1617	Horizon	Indemnity		26109.91				7339.68	26109.91	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient				25236.40663	Horizon	Indemnity		34842.38				12112.71	34842.38	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient				19482.29977	Horizon	Indemnity		22567.36				7353.85	22567.36	case rate	
CELLULITIS W MCC	602	MS-DRG	inpatient				31834.56342	Horizon	Indemnity		52628.02				17569.64	52628.02	case rate	
CELLULITIS W/O MCC	603	MS-DRG	inpatient				23225.5398	Horizon	Indemnity		30895.27				10449.65	30895.27	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient				32101.63167	Horizon	Indemnity		51636.69				17790.51	51636.69	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient				23569.72936	Horizon	Indemnity		31361.78				10734.31	31361.78	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient				33238.45999	Horizon	Indemnity		50324.64				18730.71	50324.64	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient				23351.21898	Horizon	Indemnity		29193.25				10553.59	29193.25	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient				42758.65461	Horizon	Indemnity		86143.77				26604.27	86143.77	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient				31600.34314	Horizon	Indemnity		53983.82				17375.93	53983.82	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient				67113.27965	Horizon	Indemnity		150711.5				46746.45	150711.5	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient				38932.58057	Horizon	Indemnity		75574.43				23439.96	75574.43	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient				27178.72118	Horizon	Indemnity		42251.85				13719.08	42251.85	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient				47558.74226	Horizon	Indemnity		106447.83				30574.12	106447.83	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient				33758.31173	Horizon	Indemnity		65952.68				19160.65	65952.68	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient				32260.15881	Horizon	Indemnity		57522.72				17921.62	57522.72	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient				65226.66382	Horizon	Indemnity		138421.91				45186.15	138421.91	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient				37174.50027	Horizon	Indemnity		70092.95				21985.96	70092.95	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient				26507.48012	Horizon	Indemnity		47234.02				13163.94	47234.02	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient				52310.27205	Horizon	Indemnity		101440.15				34503.81	101440.15	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient				31897.40301	Horizon	Indemnity		58699.93				17621.61	58699.93	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient				28242.70967	Horizon	Indemnity		39543.91				14599.04	39543.91	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient				67924.48161	Horizon	Indemnity		133939.05				47417.35	133939.05	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient				42907.18564	Horizon	Indemnity		85236.26				26727.11	85236.26	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient				30532.07013	Horizon	Indemnity		55926.39				16492.43	55926.39	case rate	
DIABETES W MCC	637	MS-DRG	inpatient				31289.00154	Horizon	Indemnity		50342.86				17118.44	50342.86	case rate	
DIABETES W CC	638	MS-DRG	inpatient				23435.48115	Horizon	Indemnity		31788.2				10623.28	31788.2	case rate	
DIABETES W/O CC/MCC	639	MS-DRG	inpatient				19480.8716	Horizon	Indemnity		23030.23				7352.67	23030.23	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG	inpatient				29373.82226	Horizon	Indemnity		43378.03				15534.51	43378.03	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG	inpatient				21750.23764	Horizon	Indemnity		27403.75				9229.52	27403.75	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient				29203.86974	Horizon	Indemnity		46049.52				15393.95	46049.52	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient				34085.36322	Horizon	Indemnity		59556.41				19431.13	59556.41	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient				25753.40506	Horizon	Indemnity		36901.58				12540.29	36901.58	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient				21457.46229	Horizon	Indemnity		27075.73				8987.39	27075.73	case rate	
KIDNEY TRANSPLANT	652	MS-DRG	inpatient				53498.51154	Horizon	Indemnity		120803.91				35486.53	120803.91	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient				87906.04257	Horizon	Indemnity		200052.09				63942.84	200052.09	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient				49686.71923	Horizon	Indemnity		104720.29				32334.04	104720.29	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient				40693.51722	Horizon	Indemnity		75705.63				24896.32	75705.63	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient				55400.83727	Horizon	Indemnity		121277.71				37059.83	121277.71	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient				36928.8546	Horizon	Indemnity		70974.94				21782.81	70974.94	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient				31733.16318	Horizon	Indemnity		57089.01				17485.77	57089.01	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient				47564.45495	Horizon	Indemnity		99391.89				30578.84	99391.89	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient				29812.27121	Horizon	Indemnity		52759.23				15897.12	52759.23	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient				25563.45813	Horizon	Indemnity		39099.27				12383.2	39099.27	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient				53388.54226	Horizon	Indemnity		115850.9				35395.58	115850.9	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient				31427.53427	Horizon	Indemnity		59782.37				17233.01	59782.37	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient				25751.97689	Horizon	Indemnity		43214.02				12539.11	43214.02	case rate	
PROSTATECTOMY W MCC	665	MS-DRG	inpatient				54708.17362	Horizon	Indemnity		115854.54				36486.97	115854.54	case rate	
PROSTATECTOMY W CC	666	MS-DRG	inpatient				35117.93192	Horizon	Indemnity		64841.08				20285.1	64841.08	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient				25580.59619	Horizon	Indemnity		39376.26				12397.37	39376.26	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient				50836.39807	Horizon	Indemnity		102580.91				33284.86	102580.91	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient				32507.03951	Horizon	Indemnity		57675.8				18125.96	57675.8	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient				24338.08615	Horizon	Indemnity		35115.72				11369.77	35115.72	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient				35039.38243	Horizon	Indemnity		61356.84				20220.14	61356.84	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient				23768.24534	Horizon	Indemnity		38519.78				10898.49	38519.78	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient				63404.31576	Horizon	Indemnity		130378.28				43679	130378.28	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient				44612.62264	Horizon	Indemnity		84266.8				28137.4	84266.8	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient				33248.45416	Horizon	Indemnity		59235.68				18738.98	59235.68	case rate	
RENAL FAILURE W MCC	682	MS-DRG	inpatient				32024.51036	Horizon	Indemnity		55835.27				17726.73	55835.27	case rate	
RENAL FAILURE W CC	683	MS-DRG	inpatient				23455.47557	Horizon	Indemnity		33493.87				10639.82	33493.87	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient				19280.92745	Horizon	Indemnity		22589.23				7187.31	22589.23	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient				36860.30232	Horizon	Indemnity		62599.65				21726.11	62599.65	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient				25519.18478	Horizon	Indemnity		38403.15				12346.58	38403.15	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient				21743.09678	Horizon	Indemnity		28825.14				9223.62	28825.14	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient				27362.80643	Horizon	Indemnity		40513.37				13871.45	40513.37	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient				22114.42162	Horizon	Indemnity		28941.77				9530.72	28941.77	case rate	
URINARY STONES W MCC	693	MS-DRG	inpatient				30817.70463	Horizon	Indemnity		48239.93				16728.66	48239.93	case rate	
URINARY STONES W/O MCC	694	MS-DRG	inpatient				21768.80389	Horizon	Indemnity		25588.74				9244.88	25588.74	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient				27671.44069	Horizon	Indemnity		41865.52				14126.58	41865.52	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient				20474.87963	Horizon	Indemnity		25096.72				8174.75	25096.72	case rate	
URETHRAL STRICTURE	697	MS-DRG	inpatient				26487.48571	Horizon	Indemnity		34988.16				13147.4	34988.16	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient				34218.18327	Horizon	Indemnity		58863.93				19540.98	58863.93	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient				25169.28353	Horizon	Indemnity		37462.84				12057.2	37462.84	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient				20706.24357	Horizon	Indemnity		27688.03				8366.1	27688.03	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient				38609.8136	Horizon	Indemnity		65289.36				23173.02	65289.36	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient				31420.39341	Horizon	Indemnity		51261.3				17227.1	51261.3	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient				40867.75426	Horizon	Indemnity		74050.98				25040.42	74050.98	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient				28218.43074	Horizon	Indemnity		60846.6				14578.96	60846.6	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient				40909.17126	Horizon	Indemnity		75935.24				25074.68	75935.24	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient				27562.89958	Horizon	Indemnity		39245.05				14036.81	39245.05	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient				31308.99995	Horizon	Indemnity		53335.08				17134.97	53335.08	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient				24279.53108	Horizon	Indemnity		33184.08				11321.34	33184.08	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient				42117.40517	Horizon	Indemnity		80542.02				26073.93	80542.02	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient				30901.9668	Horizon	Indemnity		53320.5				16798.34	53320.5	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient				36493.2362	Horizon	Indemnity		71226.42				21422.55	71226.42	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient				27382.94985	Horizon	Indemnity		44923.34				13887.99	44923.34	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient				37365.87538	Horizon	Indemnity		60489.43				22144.24	60489.43	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient				26504.62378	Horizon	Indemnity		40145.27				13161.58	40145.27	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient				22151.55411	Horizon	Indemnity		25118.58				9561.43	25118.58	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient				28312.69012	Horizon	Indemnity		44256.38				14656.92	44256.38	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient				21029.01055	Horizon	Indemnity		27862.97				8633.04	27862.97	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient				33741.17366	Horizon	Indemnity		52409.35				19146.47	52409.35	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient				22017.30989	Horizon	Indemnity		28843.36				9450.4	28843.36	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient				24927.92138	Horizon	Indemnity		39434.57				11857.58	39434.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient				19468.01805	Horizon	Indemnity		20715.91				7342.04	20715.91	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient				41633.2547	Horizon	Indemnity		84040.83				25673.52	84040.83	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient				28588.32741	Horizon	Indemnity		49748.79				14884.88	49748.79	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient				66106.41806	Horizon	Indemnity		146899.25				45913.74	146899.25	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient				38779.76612	Horizon	Indemnity		74036.4				23313.58	74036.4	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient				30079.33946	Horizon	Indemnity		50743.77				16118	50743.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG	inpatient				62237.49886	Horizon	Indemnity		131121.77				42714	131121.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient				36111.83995	Horizon	Indemnity		63521.73				21107.19	63521.73	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient				29146.74284	Horizon	Indemnity		48393				15346.71	48393	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient				36039.10316	Horizon	Indemnity		62468.44				21046.95	62468.44	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient				27185.86205	Horizon	Indemnity		40659.16				13724.99	40659.16	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient				37474.41648	Horizon	Indemnity		61604.67				22234.01	61604.67	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient				25384.93657	Horizon	Indemnity		38975.35				12235.55	38975.35	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient				34528.09669	Horizon	Indemnity		61145.45				19797.29	61145.45	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient				23261.24411	Horizon	Indemnity		34922.56				10479.18	34922.56	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient				30654.86596	Horizon	Indemnity		47161.12				16594	47161.12	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient				46540.45529	Horizon	Indemnity		94832.49				29731.96	94832.49	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient				30013.64353	Horizon	Indemnity		44606.26				16063.67	44606.26	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient				37047.39292	Horizon	Indemnity		67111.66				21880.84	67111.66	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient				26081.88473	Horizon	Indemnity		38993.58				12811.96	38993.58	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient				24725.12089	Horizon	Indemnity		28431.52				11689.86	28431.52	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient				31893.11849	Horizon	Indemnity		52515.04				17618.06	52515.04	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient				24766.53789	Horizon	Indemnity		37189.5				11724.11	37189.5	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient				19819.34847	Horizon	Indemnity		25902.17				7632.6	25902.17	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient				24806.52672	Horizon	Indemnity		31769.98				11757.19	31769.98	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient				19239.51045	Horizon	Indemnity		20023.43				7153.06	20023.43	case rate	
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG	inpatient				27987.0668	Horizon	Indemnity		41235				18199.7	41235	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient				32640.05269	Horizon	Indemnity		53134.62				18235.81	53134.62	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient				21997.31148	Horizon	Indemnity		38920.68				9433.86	38920.68	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient				20826.21006	Horizon	Indemnity		24017.91				8465.32	24017.91	case rate	
ABORTION W/O D&C	779	MS-DRG	inpatient				24717.98003	Horizon	Indemnity		27491.22				11683.96	27491.22	case rate	
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG	inpatient				35894.85774	Horizon	Indemnity		63616.49				28078.11	63616.49	case rate	
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG	inpatient				25216.41222	Horizon	Indemnity		40167.14				17582.77	40167.14	case rate	
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG	inpatient				22962.75607	Horizon	Indemnity		30815.09				13600.71	30815.09	case rate	
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG	inpatient				35576.37528	Horizon	Indemnity		56666.24				25010.51	56666.24	case rate	
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG	inpatient				25602.01878	Horizon	Indemnity		39401.77				17390.57	39401.77	case rate	
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG	inpatient				22801.37258	Horizon	Indemnity		32826.91				14488.66	32826.91	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient				36574.66783	Horizon	Indemnity		60535.21				2972	60535.21	case rate	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient				96282.27408	Horizon	Indemnity		199953.69				4276	199953.69	case rate	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient				69112.7211	Horizon	Indemnity		136563.16				4276	136563.16	case rate	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient				45902.0622	Horizon	Indemnity		82397.12				2972	82397.12	case rate	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient				70706.56157	Horizon	Indemnity		140277.01				4276	140277.01	case rate	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient				31868.83956	Horizon	Indemnity		49650.39				2972	49650.39	case rate	
NORMAL NEWBORN	795	MS-DRG	inpatient				13471.12186	Horizon	Indemnity		6720.64				1269	11714.02	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG	inpatient				30847.69625	Horizon	Indemnity		53510.02				23617.47	53510.02	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG	inpatient				24813.66758	Horizon	Indemnity		30866.12				13623.23	30866.12	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG	inpatient				22175.83304	Horizon	Indemnity		30866.12				13623.23	30866.12	case rate	
SPLENECTOMY W MCC	799	MS-DRG	inpatient				81350.73096	Horizon	Indemnity		171354.51				58521.36	171354.51	case rate	
SPLENECTOMY W CC	800	MS-DRG	inpatient				50832.11355	Horizon	Indemnity		95736.35				33281.32	95736.35	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient				36150.50061	Horizon	Indemnity		56720.91				5977	56720.91	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient				59009.82908	Horizon	Indemnity		121992.05				8199	121992.05	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient				37128.79975	Horizon	Indemnity		62763.66				13379	62763.66	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient				27877.09752	Horizon	Indemnity		44846.8				14296.66	44846.8	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG	inpatient				24989.3328	Horizon	Indemnity		37291.55				16459.2	37291.55	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG	inpatient				21254.6618	Horizon	Indemnity		25781.9				11379.24	25781.9	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG	inpatient				19935.03084	Horizon	Indemnity		22377.84				9876.8	22377.84	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient				41868.90316	Horizon	Indemnity		78329.74				25868.41	78329.74	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient				27791.40717	Horizon	Indemnity		43899.21				14225.79	43899.21	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient				24936.49041	Horizon	Indemnity		33603.21				11864.67	33603.21	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient				30636.32074	Horizon	Indemnity		49420.78				16578.65	49420.78	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient				23454.0474	Horizon	Indemnity		32189.11				10638.64	32189.11	case rate	
COAGULATION DISORDERS	813	MS-DRG	inpatient				32869.98846	Horizon	Indemnity		58732.73				18425.97	58732.73	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient				40983.43623	Horizon	Indemnity		60609.7				25136.1	60609.7	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient				24789.38865	Horizon	Indemnity		35633.25				11743.01	35633.25	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient				20733.37885	Horizon	Indemnity		26299.43				8388.54	26299.43	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient				42795.78709	Horizon	Indemnity		92270.34				26634.98	92270.34	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient				27344.38919	Horizon	Indemnity		49511.89				13856.09	49511.89	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient				23546.87861	Horizon	Indemnity		30578.19				10715.41	30578.19	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient				96947.80245	Horizon	Indemnity		198401.09				71420.72	198401.09	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient				42468.7356	Horizon	Indemnity		87262.66				6969	87262.66	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient				28282.6985	Horizon	Indemnity		44092.37				8721	44092.37	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient				74885.3942	Horizon	Indemnity		164903.57				12547	164903.57	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient				42480.16097	Horizon	Indemnity		79977.1				22952	79977.1	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient				29033.91722	Horizon	Indemnity		49530.11				15253.4	49530.11	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient				73270.13115	Horizon	Indemnity		180331.16				51838.4	180331.16	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient				43684.11036	Horizon	Indemnity		82065.46				27369.65	82065.46	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient				34018.23912	Horizon	Indemnity		59603.79				19375.62	59603.79	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient				55632.20121	Horizon	Indemnity		113336.13				37251.17	113336.13	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient				33172.76102	Horizon	Indemnity		51709.58				18676.38	51709.58	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient				25012.18356	Horizon	Indemnity		37470.13				11927.27	37470.13	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient				21126.12628	Horizon	Indemnity		26197.38				8713.36	26197.38	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient				17899.88468	Horizon	Indemnity		17505.01				6045.14	17505.01	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient				90553.87432	Horizon	Indemnity		200737.28				66132.7	200737.28	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient				42517.25346	Horizon	Indemnity		77848.66				26404.65	77848.66	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient				27690.00693	Horizon	Indemnity		44194.42				14141.93	44194.42	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient				78522.94947	Horizon	Indemnity		195864.45				56182.68	195864.45	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient				38474.13721	Horizon	Indemnity		85742.86				23060.81	85742.86	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient				29201.01339	Horizon	Indemnity		45772.53				15391.59	45772.53	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient				55223.74388	Horizon	Indemnity		120013.03				36913.36	120013.03	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient				33062.79174	Horizon	Indemnity		59581.92				18585.43	59581.92	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient				25820.52917	Horizon	Indemnity		40859.61				12595.8	40859.61	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient				37163.07489	Horizon	Indemnity		67279.32				21976.51	67279.32	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient				27117.30977	Horizon	Indemnity		42962.54				13668.29	42962.54	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient				22942.76165	Horizon	Indemnity		31569.53				10215.78	31569.53	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient				45495.03305	Horizon	Indemnity		102701.18				28867.35	102701.18	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient				27908.51731	Horizon	Indemnity		48345.62				14322.65	48345.62	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient				21437.46787	Horizon	Indemnity		33989.54				8970.85	33989.54	case rate	
RADIOTHERAPY	849	MS-DRG	inpatient				49028.33173	Horizon	Indemnity		71805.91				31692.64	71805.91	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient				81989.12405	Horizon	Indemnity		184311.07				59049.33	184311.07	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient				39699.50918	Horizon	Indemnity		80283.25				24074.24	80283.25	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient				34895.13701	Horizon	Indemnity		56855.76				20100.84	56855.76	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient				73835.68744	Horizon	Indemnity		163580.58				52306.14	163580.58	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient				41091.97734	Horizon	Indemnity		74958.49				25225.86	74958.49	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient				28919.65342	Horizon	Indemnity		50299.12				15158.9	50299.12	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient				36897.43481	Horizon	Indemnity		66612.35				21756.82	66612.35	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient				24950.72714	Horizon	Indemnity		35892.02				11876.48	35892.02	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient				23198.40453	Horizon	Indemnity		31500.28				10427.21	31500.28	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient				34011.09826	Horizon	Indemnity		50375.66				19369.71	50375.66	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient				23696.83671	Horizon	Indemnity		29900.3				10839.43	29900.3	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient				40472.15049	Horizon	Indemnity		77735.67				24713.24	77735.67	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient				26093.31011	Horizon	Indemnity		39248.7				12821.4	39248.7	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient				20454.88522	Horizon	Indemnity		27986.88				8158.22	27986.88	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient				110061.282	Horizon	Indemnity		229438.5				82266.06	229438.5	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient				38905.44679	Horizon	Indemnity		67658.35				23417.52	67658.35	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient				25299.24622	Horizon	Indemnity		38373.99				12164.68	38373.99	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient				63882.75354	Horizon	Indemnity		120322.82				44074.69	120322.82	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient				24223.83235	Horizon	Indemnity		2825				1933	21064.2	per diem	
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient				23536.8814	Horizon	Indemnity		2825				1933	20466.85	per diem	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient				24005.32197	Horizon	Indemnity		2825				1933	20874.19	per diem	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient				37374.44441	Horizon	Indemnity		2825				1933	32639.46	per diem	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient				35682.06004	Horizon	Indemnity		2825				1933	31027.88	per diem	
PSYCHOSES	885	MS-DRG	inpatient				30105.04667	Horizon	Indemnity		2825				1933	26178.3	per diem	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient				34608.07435	Horizon	Indemnity		2825				1933	30093.98	per diem	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient				29093.90046	Horizon	Indemnity		2825				1933	25299.04	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient				18795.34881	Horizon	Indemnity		2825				1933	94620.59	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient				33566.93662	Horizon	Indemnity		2825				1933	29188.64	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient				35984.8326	Horizon	Indemnity		2825				1933	31291.16	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient				22809.94161	Horizon	Indemnity		2825				1933	19834.73	per diem	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient				72398.94594	Horizon	Indemnity		162727.75				13124	162727.75	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient				37507.28445	Horizon	Indemnity		69990.9				22261.17	69990.9	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient				28321.25916	Horizon	Indemnity		42419.5				14664	56429.51	case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient				57094.64981	Horizon	Indemnity		117574.8				38460.67	117574.8	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient				33208.46533	Horizon	Indemnity		64480.26				18705.9	64480.26	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient				37462.80111	Horizon	Indemnity		67177.27				22224.56	67177.27	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient				63711.37284	Horizon	Indemnity		153659.98				43932.95	153659.98	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient				39212.50237	Horizon	Indemnity		72629.59				23671.47	72629.59	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient				29960.80115	Horizon	Indemnity		48305.53				16019.96	48305.53	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient				31934.53549	Horizon	Indemnity		53644.87				17652.32	53694.99	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient				23554.01947	Horizon	Indemnity		30534.46				10721.32	84762.6	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient				35926.27753	Horizon	Indemnity		61116.3				20953.64	61116.3	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient				19999.2982	Horizon	Indemnity		23154.14				7781.43	23154.14	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient				33382.70237	Horizon	Indemnity		53710.47				18850	53710.47	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient				22885.63476	Horizon	Indemnity		28380.5				10168.54	28380.5	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient				36650.36097	Horizon	Indemnity		66488.44				21552.48	66488.44	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient				25354.84495	Horizon	Indemnity		36558.98				12210.75	36558.98	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient				20696.28546	Horizon	Indemnity		25752.74				8242.08	25752.74	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient				35510.67934	Horizon	Indemnity		56797.45				20609.92	56797.45	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient				25035.03431	Horizon	Indemnity		31700.73				11946.17	37582.48	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient				387038.1935	Horizon	Indemnity		670041.49				29573.07	670041.49	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient				109415.7481	Horizon	Indemnity		214142.12				81732.17	214142.12	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient				56513.38382	Horizon	Indemnity		108324.8				37979.94	108324.8	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient				53892.68714	Horizon	Indemnity		104246.49				33318	104246.49	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient				40475.00683	Horizon	Indemnity		66823.74				24715.61	66823.74	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient				39740.92619	Horizon	Indemnity		66393.68				24108.49	66393.68	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient				565102.2727	Horizon	Indemnity		119495.5				37977.58	119495.5	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient				41533.28263	Horizon	Indemnity		79251.83				25590.84	79251.83	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient				37097.37895	Horizon	Indemnity		67476.12				21922.18	67476.12	case rate	
REHABILITATION W CC/MCC	945	MS-DRG	inpatient				32148.76136	Horizon	Indemnity		49745.15				17529.49	49745.15	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient				25053.80056	Horizon	Indemnity		38002.24				11961.53	38002.24	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient				28465.50458	Horizon	Indemnity		43939.3				14783.3	43939.3	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient				22030.15945	Horizon	Indemnity		28435.17				9461.03	28435.17	case rate	
AFTERCARE W CC/MCC	949	MS-DRG	inpatient				25387.75091	Horizon	Indemnity		41774.41				12237.92	41774.41	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient				19562.27743	Horizon	Indemnity		27148.63				7420	27148.63	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient				19016.71555	Horizon	Indemnity		29098.49				6968.8	29098.49	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient				97569.05747	Horizon	Indemnity		222207.62				71934.52	222207.62	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient				65977.88254	Horizon	Indemnity		137904.37				45807.44	137904.37	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient				113883.0715	Horizon	Indemnity		279934.93				85426.82	279934.93	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient				68357.21787	Horizon	Indemnity		152336.99				47775.24	152336.99	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient				46757.53751	Horizon	Indemnity		89318.21				29911.49	89318.21	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient				49641.01771	Horizon	Indemnity		101866.57				32296.24	101866.57	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient				32027.3667	Horizon	Indemnity		53754.21				17729.09	53754.21	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient				24242.3986	Horizon	Indemnity		35509.34				11290.63	35509.34	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient				108743.0788	Horizon	Indemnity		204050.22				81175.85	204050.22	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient				44929.47675	Horizon	Indemnity		101600.51				28399.62	101600.51	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient				52043.14795	Horizon	Indemnity		99242.46				34448.3	99242.46	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient				30060.77322	Horizon	Indemnity		47011.7				16102.65	47011.7	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient				22662.83985	Horizon	Indemnity		34208.22				9984.28	34208.22	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient				30814.84828	Horizon	Indemnity		42638.18				16726.29	42638.18	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient				78291.58553	Horizon	Indemnity		159287.24				11302	159287.24	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient				46094.86548	Horizon	Indemnity		89398.39				14901	89398.39	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient				33943.97415	Horizon	Indemnity		57187.42				19314.2	57187.42	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient				58815.59763	Horizon	Indemnity		121459.94				39883.96	121459.94	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient				34826.58473	Horizon	Indemnity		61706.72				20044.15	61706.72	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient				26019.04514	Horizon	Indemnity		37929.35				12759.99	37929.35	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient				397605.2416	Horizon	Medicare Blue		345743.69				320075.66	962560.73	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient				185457.3628	Horizon	Medicare Blue		161267.27				144621.43	489203.72	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient				315081.1521	Horizon	Medicare Blue		273983.61				251825.15	666967.04	case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient				220531.8504	Horizon	Medicare Blue		191766.83				173629.34	416184.16	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient				158406.3481	Horizon	Medicare Blue		137744.65				122249.23	373735.51	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient				79669.77196	Horizon	Medicare Blue		69278.06				57131.14	234847	case rate	
LUNG TRANSPLANT	007	MS-DRG	inpatient				185775.8463	Horizon	Medicare Blue		161544.21				144884.83	388186.35	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient				85736.6486	Horizon	Medicare Blue		74553.61				62148.67	191305.05	case rate	
PANCREAS TRANSPLANT	010	MS-DRG	inpatient				79337.00778	Horizon	Medicare Blue		68988.7				56855.93	164513.6	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient				84231.35482	Horizon	Medicare Blue		73244.66				60903.74	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	012	MS-DRG	inpatient				67787.37705	Horizon	Medicare Blue		58945.55				47303.96	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient				48946.9259	Horizon	Medicare Blue		42562.54				31722.2	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient				174271.916	Horizon	Medicare Blue		151540.8				135370.65	435540.63	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient				98808.71117	Horizon	Medicare Blue		85920.62				72959.76	238334.97	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient				98808.71117	Horizon	Medicare Blue		85920.62				70474.37	159673.57	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG	inpatient				536767.7948	Horizon	Medicare Blue		466754.6				435168.29	641210.35	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG	inpatient				124751.464	Horizon	Medicare Blue		108479.53				94415.39	139118.87	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient				131305.3474	Horizon	Medicare Blue		114178.56				99835.69	379960.48	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient				98300.2477	Horizon	Medicare Blue		85478.51				72539.27	288127.5	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient				60243.77009	Horizon	Medicare Blue		52385.89				41065.11	187970.25	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient				91550.7387	Horizon	Medicare Blue		79609.34				66957.14	198998.8	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient				64701.09636	Horizon	Medicare Blue		56261.82				44751.49	313612.23	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient				73658.59406	Horizon	Medicare Blue		64050.95				52159.67	156897.77	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient				52765.85907	Horizon	Medicare Blue		45883.36				34880.6	109910.2	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient				45336.5059	Horizon	Medicare Blue		39423.05				28736.25	87678.14	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient				96653.59892	Horizon	Medicare Blue		84046.61				71177.4	195889.96	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient				59551.10645	Horizon	Medicare Blue		51783.57				40492.25	115012.64	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient				43709.81747	Horizon	Medicare Blue		38008.54				27390.91	79295.56	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient				69382.6457	Horizon	Medicare Blue		60332.74				48623.3	152449.97	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient				41350.47656	Horizon	Medicare Blue		35956.94				25439.65	103005.11	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient				33768.30894	Horizon	Medicare Blue		29363.75				19168.92	169398.47	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient				66309.21855	Horizon	Medicare Blue		57660.19				46081.46	279134.99	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient				43431.32384	Horizon	Medicare Blue		37766.37				27160.59	80921.05	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient				36414.71252	Horizon	Medicare Blue		31664.97				21357.59	62905.8	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient				58799.88773	Horizon	Medicare Blue		51130.34				39870.97	116984.37	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient				33439.82927	Horizon	Medicare Blue		29078.11				19897.25	60926.78	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient				26885.94583	Horizon	Medicare Blue		23379.08				13476.94	41271.45	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient				65582.27877	Horizon	Medicare Blue		57028.07				45480.26	143167.18	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient				42448.74118	Horizon	Medicare Blue		36911.95				26347.96	85954.25	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient				35437.84565	Horizon	Medicare Blue		30815.52				20549.68	102408.62	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient				38361.31159	Horizon	Medicare Blue		33357.66				22967.5	80333.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient				24640.85871	Horizon	Medicare Blue		21426.83				11620.17	98314.19	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient				31634.61928	Horizon	Medicare Blue		27508.36				17404.27	143596.19	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient				25917.6449	Horizon	Medicare Blue		22537.08				12676.12	38166.25	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient				44780.94682	Horizon	Medicare Blue		38939.95				28276.78	77429.53	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient				30059.34505	Horizon	Medicare Blue		26138.56				16101.46	44059.57	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient				35267.89003	Horizon	Medicare Blue		30667.73				20409.13	64130.38	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient				27545.76161	Horizon	Medicare Blue		23952.84				14022.84	40065.09	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient				23406.9177	Horizon	Medicare Blue		20353.84				10599.66	30348.58	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient				50619.31585	Horizon	Medicare Blue		44016.8				33105.33	103787.27	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient				37321.60203	Horizon	Medicare Blue		32453.57				22107.62	121708.96	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient				31824.56621	Horizon	Medicare Blue		27673.54				17561.37	136083.64	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient				39196.79248	Horizon	Medicare Blue		34084.17				23658.47	215326.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient				25106.44294	Horizon	Medicare Blue		21831.69				12005.23	37594.05	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient				20409.1837	Horizon	Medicare Blue		17747.12				8120.42	26488.95	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient				30826.27366	Horizon	Medicare Blue		26805.46				16735.74	54720.02	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient				23029.88017	Horizon	Medicare Blue		20025.98				10287.83	32754.02	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient				21997.31148	Horizon	Medicare Blue		19128.1				9433.86	27899.41	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient				36147.64426	Horizon	Medicare Blue		31432.73				21136.72	59964.6	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient				25754.93024	Horizon	Medicare Blue		22395.51				12541.47	35928.47	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient				21773.0884	Horizon	Medicare Blue		18933.12				9248.42	27042.93	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient				32198.7474	Horizon	Medicare Blue		27998.91				17870.83	51428.95	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient				25246.40384	Horizon	Medicare Blue		21953.39				12120.98	35494.76	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient				37922.86264	Horizon	Medicare Blue		32976.4				22604.89	53998.39	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient				23765.38899	Horizon	Medicare Blue		20665.56				10896.13	30060.66	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient				32168.75578	Horizon	Medicare Blue		27972.83				17846.03	56564.19	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient				25113.5838	Horizon	Medicare Blue		21837.9				12011.13	35356.26	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient				21170.35962	Horizon	Medicare Blue		18409.04				8749.97	27206.94	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient				42134.54324	Horizon	Medicare Blue		36638.73				26088.1	69474.74	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient				23579.72657	Horizon	Medicare Blue		20504.11				10742.58	31146.75	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient				43128.55127	Horizon	Medicare Blue		37503.09				26910.19	78672.34	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient				29962.22932	Horizon	Medicare Blue		26054.11				16021.15	47197.57	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient				23725.46016	Horizon	Medicare Blue		20630.78				10863.05	33650.59	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient				43050.00179	Horizon	Medicare Blue		37434.78				26845.22	79452.28	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient				29400.95754	Horizon	Medicare Blue		25566.05				15556.95	45306.02	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient				23246.96239	Horizon	Medicare Blue		20214.75				10467.37	30807.8	case rate	
CONCUSSION W MCC	088	MS-DRG	inpatient				32495.89727	Horizon	Medicare Blue		28257.22				18116.51	53925.5	case rate	
CONCUSSION W CC	089	MS-DRG	inpatient				27013.05318	Horizon	Medicare Blue		23489.61				13582.07	38906.11	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient				23941.05421	Horizon	Medicare Blue		20818.31				11041.41	28916.26	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient				36143.35975	Horizon	Medicare Blue		31429.01				21133.17	58750.95	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient				25244.97567	Horizon	Medicare Blue		21952.15				12119.8	34379.51	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient				21650.26557	Horizon	Medicare Blue		18826.32				9146.84	26889.86	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient				62328.90189	Horizon	Medicare Blue		54199.05				42789.59	134044.74	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient				44640.98591	Horizon	Medicare Blue		38818.25				28161.03	86774.28	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient				41720.37322	Horizon	Medicare Blue		36278.59				25745.57	76937.51	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient				62531.70238	Horizon	Medicare Blue		54375.39				42957.32	128978.75	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient				41360.47376	Horizon	Medicare Blue		35965.63				25447.92	67443.32	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient				29445.23089	Horizon	Medicare Blue		25604.55				15593.57	46392.11	case rate	
SEIZURES W MCC	100	MS-DRG	inpatient				38904.01712	Horizon	Medicare Blue		33829.58				23416.34	69054.73	case rate	
SEIZURES W/O MCC	101	MS-DRG	inpatient				23581.15474	Horizon	Medicare Blue		20505.35				10743.76	31682.51	case rate	
HEADACHES W MCC	102	MS-DRG	inpatient				27822.82696	Horizon	Medicare Blue		24193.76				14251.78	39234.12	case rate	
HEADACHES W/O MCC	103	MS-DRG	inpatient				22621.42285	Horizon	Medicare Blue		19670.8				9950.02	28478.9	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient				46399.68322	Horizon	Medicare Blue		40347.01				29615.02	83924.2	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient				28182.72643	Horizon	Medicare Blue		24506.72				14549.43	45743.37	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient				32932.82805	Horizon	Medicare Blue		28637.24				18477.94	49643.1	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient				36737.47949	Horizon	Medicare Blue		31945.63				21624.53	62249.77	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient				27705.71682	Horizon	Medicare Blue		24091.93				14154.93	36537.12	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient				28888.24362	Horizon	Medicare Blue		25120.21				15132.92	38607.25	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient				21223.24201	Horizon	Medicare Blue		18454.99				8793.68	25723.59	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient				22073.00462	Horizon	Medicare Blue		19193.92				9496.46	27440.19	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient				29469.50982	Horizon	Medicare Blue		25625.66				15613.65	48520.56	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient				21980.17341	Horizon	Medicare Blue		19113.19				9419.69	29528.55	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient				48467.05995	Horizon	Medicare Blue		42145.27				31325.33	83760.2	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient				24002.46562	Horizon	Medicare Blue		20871.71				11092.2	44190.78	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient				32080.20968	Horizon	Medicare Blue		27895.83				17772.79	50189.79	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient				22954.18703	Horizon	Medicare Blue		19960.16				10225.23	30804.16	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient				27552.90237	Horizon	Medicare Blue		23959.05				14028.54	42291.94	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG	inpatient				6454.8219	Horizon	Medicare Blue		56128.94				44625.1	65754.05	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG	inpatient				40177.94686	Horizon	Medicare Blue		34937.35				24469.93	36055.87	case rate	
Major Head and Neck Procedures without Complications	142	MS-DRG	inpatient				32655.76569	Horizon	Medicare Blue		28396.32				18248.8	28396.32	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG	inpatient				58085.8015	Horizon	Medicare Blue		50509.39				39280.39	57878.74	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG	inpatient				35305.02251	Horizon	Medicare Blue		30700.02				20439.84	30700.02	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG	inpatient				28029.91197	Horizon	Medicare Blue		24373.84				14423.05	24373.84	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient				40739.21674	Horizon	Medicare Blue		35425.41				24934.12	70089.3	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient				28239.85333	Horizon	Medicare Blue		24556.39				14596.68	45575.72	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient				23296.94843	Horizon	Medicare Blue		20258.22				10508.71	26379.61	case rate	
DYSEQUILIBRIUM	149	MS-DRG	inpatient				21226.09835	Horizon	Medicare Blue		18457.48				8796.04	25916.75	case rate	
EPISTAXIS W MCC	150	MS-DRG	inpatient				29363.82565	Horizon	Medicare Blue		25533.76				15526.24	48382.07	case rate	
EPISTAXIS W/O MCC	151	MS-DRG	inpatient				21597.42319	Horizon	Medicare Blue		18780.37				9103.14	25650.69	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient				27560.04323	Horizon	Medicare Blue		23965.25				14034.45	37980.38	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient				21084.70928	Horizon	Medicare Blue		18334.53				8679.1	25942.26	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient				32558.64686	Horizon	Medicare Blue		28311.87				18168.48	52719.14	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient				24109.57856	Horizon	Medicare Blue		20964.85				11180.78	32192.75	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient				19952.16851	Horizon	Medicare Blue		17349.71				7742.45	24050.72	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient				34969.40198	Horizon	Medicare Blue		30408.18				20162.26	60974.16	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient				23993.89569	Horizon	Medicare Blue		20864.26				11085.11	32447.87	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient				20233.51849	Horizon	Medicare Blue		17594.36				7975.14	24724.97	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient				77908.83531	Horizon	Medicare Blue		67746.81				55674.78	179288.81	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient				47014.80855	Horizon	Medicare Blue		40882.27				30124.1	93626.13	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient				37388.72614	Horizon	Medicare Blue		32511.94				22163.14	67512.57	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient				68542.88029	Horizon	Medicare Blue		59602.5				47928.79	127488.11	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient				36580.38052	Horizon	Medicare Blue		31809.03				21494.6	69159.93	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient				29952.23211	Horizon	Medicare Blue		26045.42				16012.88	48895.95	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG	inpatient				54506.8013	Horizon	Medicare Blue		47397.22				36320.42	53517.3	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient				30627.75769	Horizon	Medicare Blue		26632.83				16571.56	53389.75	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient				22238.67263	Horizon	Medicare Blue		19337.98				9633.48	32764.95	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient				34818.0157	Horizon	Medicare Blue		30276.54				20037.06	67089.8	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient				24682.25727	Horizon	Medicare Blue		21462.85				11654.43	46446.78	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient				21491.73843	Horizon	Medicare Blue		18688.47				9015.73	33584.99	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient				35414.99179	Horizon	Medicare Blue		30795.65				20530.78	61812.42	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient				26316.10502	Horizon	Medicare Blue		22883.57				13005.66	41581.24	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient				21430.32091	Horizon	Medicare Blue		18635.07				8964.94	28978.21	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient				33077.07346	Horizon	Medicare Blue		28762.67				18597.24	54337.34	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient				25613.44416	Horizon	Medicare Blue		22272.56				12424.54	36606.36	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient				21383.19732	Horizon	Medicare Blue		18594.08				8925.97	29689.41	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient				32757.56263	Horizon	Medicare Blue		28484.49				18332.66	56937.54	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient				24819.38027	Horizon	Medicare Blue		21582.07				11767.82	38414.08	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient				21251.80545	Horizon	Medicare Blue		18479.83				8817.3	27961.37	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient				28165.58277	Horizon	Medicare Blue		24509.2				14551.79	45021.74	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient				26328.35857	Horizon	Medicare Blue		22894.75				13016.3	43396.25	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient				22715.68223	Horizon	Medicare Blue		19752.77				10027.98	33308	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient				19756.50888	Horizon	Medicare Blue		17179.57				7580.63	26390.55	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient				29536.63392	Horizon	Medicare Blue		25684.03				15669.16	47988.45	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient				22332.92001	Horizon	Medicare Blue		19419.94				9711.43	32808.69	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient				19525.14494	Horizon	Medicare Blue		16978.39				7389.29	25031.11	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient				37660.07891	Horizon	Medicare Blue		32747.89				22387.56	59702.19	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient				24836.51834	Horizon	Medicare Blue		21596.97				11781.99	36507.96	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient				21704.58053	Horizon	Medicare Blue		18873.51				9191.72	27644.29	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient				35927.7057	Horizon	Medicare Blue		31241.48				20954.82	64975.53	case rate	
PNEUMOTHORAX W CC	200	MS-DRG	inpatient				25971.91545	Horizon	Medicare Blue		22584.27				12721.01	39172.16	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient				20674.82378	Horizon	Medicare Blue		17978.11				8340.11	27891.99	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient				24065.24935	Horizon	Medicare Blue		21100.22				11309.53	38695.65	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient				20514.86846	Horizon	Medicare Blue		17839.02				8207.83	50775.53	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient				22342.92922	Horizon	Medicare Blue		19428.63				9719.7	96731.64	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient				36444.70414	Horizon	Medicare Blue		31691.05				21382.39	55321.38	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient				23636.85347	Horizon	Medicare Blue		20553.79				10789.82	31471.12	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient				109248.6519	Horizon	Medicare Blue		94998.83				49635	203970.04	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient				49205.42511	Horizon	Medicare Blue		42787.33				31935.99	88833.48	case rate	
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG	inpatient				164414.6697	Horizon	Medicare Blue		142969.28				37458	187453.26	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient				156475.459	Horizon	Medicare Blue		136065.62				120652.31	469646.8	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient				149198.7663	Horizon	Medicare Blue		129738.19				78485	357932.52	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient				101497.9599	Horizon	Medicare Blue		88259.1				75183.87	231898.61	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient				91949.19882	Horizon	Medicare Blue		79955.83				67286.69	215224.56	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient				120719.7331	Horizon	Medicare Blue		104973.68				57338	280328.05	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient				85492.4311	Horizon	Medicare Blue		74341.24				57338	189712.36	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient				76980.52321	Horizon	Medicare Blue		66939.59				17199	167921.3	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient				82551.824	Horizon	Medicare Blue		71784.19				59514.71	239676.19	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient				56000.6697	Horizon	Medicare Blue		48696.23				37555.91	169415.59	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient				126489.5469	Horizon	Medicare Blue		109990.91				19424	306106.31	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient				95546.76526	Horizon	Medicare Blue		83084.14				27830	224521.94	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient				121982.2376	Horizon	Medicare Blue		106071.51				53769	278363.61	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient				84825.47456	Horizon	Medicare Blue		73761.28				61395.1	187594.85	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient				94575.60798	Horizon	Medicare Blue		82239.66				47567	211747.62	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient				68305.80366	Horizon	Medicare Blue		59396.35				33990	143097.93	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient				79239.85205	Horizon	Medicare Blue		68904.25				56775.61	171635.15	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient				50710.71889	Horizon	Medicare Blue		44096.28				33180.92	100040.63	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient				30439.23982	Horizon	Medicare Blue		26468.9				15559	58167.82	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient				59935.28484	Horizon	Medicare Blue		52117.64				20528	136195.06	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient				43118.55407	Horizon	Medicare Blue		37494.39				19748	93094.02	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient				36718.91325	Horizon	Medicare Blue		31929.49				19748	91806.34	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient				75306.70598	Horizon	Medicare Blue		65484.09				53522.72	182671	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient				44163.97631	Horizon	Medicare Blue		38403.46				27766.52	94278.51	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient				33254.16685	Horizon	Medicare Blue		28916.67				18743.7	61149.1	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient				58488.54614	Horizon	Medicare Blue		50859.51				39613.48	118806.67	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient				47024.60576	Horizon	Medicare Blue		40890.96				30132.37	94551.86	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient				35370.71844	Horizon	Medicare Blue		30757.15				20494.17	65967.26	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient				49828.10831	Horizon	Medicare Blue		43328.79				32450.97	92583.77	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient				34008.24191	Horizon	Medicare Blue		29572.38				19367.35	63733.12	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient				24743.68713	Horizon	Medicare Blue		21516.25				11705.22	41041.84	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient				49273.97739	Horizon	Medicare Blue		42846.94				15797	108929.8	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient				37248.76523	Horizon	Medicare Blue		32390.23				15797	76427.26	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient				57937.27156	Horizon	Medicare Blue		50380.24				12982	131916.3	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient				37465.84743	Horizon	Medicare Blue		32579				12982	72593.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient				34088.21957	Horizon	Medicare Blue		29641.93				12982	59439.78	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient				50939.22648	Horizon	Medicare Blue		44294.98				33369.91	87186.12	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient				57234.61071	Horizon	Medicare Blue		49769.23				38576.42	115118.34	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AICD LEAD PROCEDURES	265	MS-DRG	inpatient				61063.54109	Horizon	Medicare Blue		53098.73				41743.09	113591.25	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient				99795.57834	Horizon	Medicare Blue		86778.76				73775.94	262101.41	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient				80288.17064	Horizon	Medicare Blue		69815.8				57642.58	213139.85	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient				108487.436	Horizon	Medicare Blue		94336.9				80964.43	244323.05	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient				69982.47813	Horizon	Medicare Blue		60854.33				49119.39	151263.7	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient				82811.75139	Horizon	Medicare Blue		72010.22				59729.68	184478.72	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient				59950.99474	Horizon	Medicare Blue		52131.3				40822.98	127335.03	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient				45430.76529	Horizon	Medicare Blue		39505.01				28814.2	95419.27	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient				65246.37896	Horizon	Medicare Blue		57605.55				46029.49	133119.02	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient				56874.71725	Horizon	Medicare Blue		49456.27				38278.77	108547.12	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG	inpatient				111073.8563	Horizon	Medicare Blue		96585.96				83103.49	122451.06	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG	inpatient				99282.86443	Horizon	Medicare Blue		86332.93				73351.9	108082.32	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG	inpatient				78891.41797	Horizon	Medicare Blue		68601.23				56487.41	83232.89	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG	inpatient				74292.70063	Horizon	Medicare Blue		64602.35				52684.1	77628.8	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG	inpatient				56300.58592	Horizon	Medicare Blue		48957.03				37803.95	55703.24	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient				33248.45416	Horizon	Medicare Blue		28911.7				18738.98	60394.67	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient				23629.71261	Horizon	Medicare Blue		20547.58				10783.92	35702.5	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient				20946.20447	Horizon	Medicare Blue		18127.13				8481.85	27298.05	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient				38745.48998	Horizon	Medicare Blue		33691.73				23285.23	65774.1	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient				21154.68972	Horizon	Medicare Blue		18395.38				8736.98	27939.5	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient				17569.97684	Horizon	Medicare Blue		15278.24				5772.29	21736.39	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient				41376.18366	Horizon	Medicare Blue		35979.29				13521	79481.44	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient				26037.61139	Horizon	Medicare Blue		22641.4				9969	41508.35	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient				47623.01002	Horizon	Medicare Blue		41411.31				30627.27	98189.17	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient				31694.60252	Horizon	Medicare Blue		27560.52				17453.88	62319.02	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient				25232.10271	Horizon	Medicare Blue		21940.98				12109.17	36861.48	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient				28926.80428	Horizon	Medicare Blue		25153.74				15164.81	49034.45	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient				22822.79516	Horizon	Medicare Blue		19845.91				10116.57	33523.03	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient				18609.68639	Horizon	Medicare Blue		16182.34				6632.17	24258.46	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient				26210.62025	Horizon	Medicare Blue		22791.67				12918.26	42306.52	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient				19609.40712	Horizon	Medicare Blue		17051.66				7458.97	20092.68	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient				33486.95896	Horizon	Medicare Blue		29119.09				18936.23	55962.83	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient				20996.16258	Horizon	Medicare Blue		18257.53				8605.87	23777.37	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient				16858.74695	Horizon	Medicare Blue		14659.78				5184.08	17585.2	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient				33101.3524	Horizon	Medicare Blue		28783.78				18617.32	52861.28	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient				25829.09821	Horizon	Medicare Blue		22460.09				12602.89	37309.77	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient				20727.66616	Horizon	Medicare Blue		18024.06				8383.82	26467.09	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient				26601.73951	Horizon	Medicare Blue		23131.95				13241.9	38979	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient				19989.30099	Horizon	Medicare Blue		17382				7773.16	24254.81	case rate	
HYPERTENSION W MCC	304	MS-DRG	inpatient				27000.19963	Horizon	Medicare Blue		23478.43				13571.44	39401.77	case rate	
HYPERTENSION W/O MCC	305	MS-DRG	inpatient				21351.77753	Horizon	Medicare Blue		18566.76				8899.98	26237.48	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient				32538.85045	Horizon	Medicare Blue		28294.48				18151.94	51345.12	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient				24052.45166	Horizon	Medicare Blue		20915.18				11133.54	31197.78	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient				27759.98738	Horizon	Medicare Blue		24139.12				14199.81	43866.41	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient				21226.09835	Horizon	Medicare Blue		18457.48				8796.04	27826.52	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient				16488.29173	Horizon	Medicare Blue		14076.78				6531.77	20493.59	case rate	
ANGINA PECTORIS	311	MS-DRG	inpatient				20560.95998	Horizon	Medicare Blue		17878.76				8245.62	25045.69	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient				22922.76724	Horizon	Medicare Blue		19932.84				10199.25	29211.47	case rate	
CHEST PAIN	313	MS-DRG	inpatient				20924.75396	Horizon	Medicare Blue		18195.44				8546.82	25778.26	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient				40489.28856	Horizon	Medicare Blue		35208.08				24727.42	73733.9	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient				24405.21026	Horizon	Medicare Blue		21221.92				11425.28	34838.73	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient				20483.44867	Horizon	Medicare Blue		17811.69				8181.84	27381.88	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG	inpatient				72885.95276	Horizon	Medicare Blue		63379.09				51520.67	75914.51	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG	inpatient				42381.61707	Horizon	Medicare Blue		36853.58				26292.44	3674113	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG	inpatient				51646.17185	Horizon	Medicare Blue		44909.71				30954.58	50031.28	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG	inpatient				36631.79473	Horizon	Medicare Blue		31853.73				21537.13	31853.73	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG	inpatient				69716.83805	Horizon	Medicare Blue		60623.34				48899.69	72052.56	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG	inpatient				52987.2258	Horizon	Medicare Blue		46075.85				35063.68	51665.51	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG	inpatient				48355.6625	Horizon	Medicare Blue		42048.4				31233.2	46021.4	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient				83127.3775	Horizon	Medicare Blue		72284.68				59990.71	191556.53	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient				46257.67714	Horizon	Medicare Blue		40224.07				29458.09	90542.8	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient				33402.89679	Horizon	Medicare Blue		29045.82				18866.54	56203.38	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient				75098.1919	Horizon	Medicare Blue		65302.78				53350.27	181963.94	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient				44468.17704	Horizon	Medicare Blue		38667.98				28018.11	91964.19	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient				34469.54162	Horizon	Medicare Blue		29973.51				19748.86	61765.04	case rate	
RECTAL RESECTION W MCC	332	MS-DRG	inpatient				62398.88234	Horizon	Medicare Blue		54259.9				42847.47	123850.8	case rate	
RECTAL RESECTION W CC	333	MS-DRG	inpatient				40289.34441	Horizon	Medicare Blue		35034.21				24562.06	70260.6	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient				33514.09424	Horizon	Medicare Blue		29142.69				18958.67	47605.77	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient				61647.66363	Horizon	Medicare Blue		53606.66				42226.18	148043.65	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient				40657.81291	Horizon	Medicare Blue		35354.62				24866.79	83760.2	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient				31961.67077	Horizon	Medicare Blue		27792.76				17674.76	58433.87	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient				49728.13623	Horizon	Medicare Blue		43241.86				32368.29	108871.49	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient				32592.923	Horizon	Medicare Blue		28341.67				18196.83	59683.97	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient				28982.50301	Horizon	Medicare Blue		25202.18				15210.88	45069.12	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient				46996.94231	Horizon	Medicare Blue		40866.12				30108.75	87874.95	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient				29176.73446	Horizon	Medicare Blue		25371.07				15371.51	51024.4	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient				24526.60492	Horizon	Medicare Blue		21327.48				11525.68	34612.77	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient				44866.63716	Horizon	Medicare Blue		39014.47				28347.65	89165.14	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient				31378.0564	Horizon	Medicare Blue		27286.07				17192.85	54672.64	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient				26428.93064	Horizon	Medicare Blue		22981.68				13098.98	38395.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient				52354.5454	Horizon	Medicare Blue		45525.69				34540.43	108095.19	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient				35123.64461	Horizon	Medicare Blue		30542.3				20289.83	63088.03	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient				30050.71901	Horizon	Medicare Blue		26131.11				16094.38	49377.04	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient				71697.71326	Horizon	Medicare Blue		62345.84				50537.95	144898.36	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient				41964.59071	Horizon	Medicare Blue		36490.95				25947.55	77874.17	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient				28886.81545	Horizon	Medicare Blue		25118.97				15131.74	49140.14	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient				34183.90713	Horizon	Medicare Blue		29725.14				19512.63	70851.02	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient				24705.12647	Horizon	Medicare Blue		21482.72				11673.33	40411.32	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient				21211.81663	Horizon	Medicare Blue		18445.06				8784.23	27090.31	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient				35550.66817	Horizon	Medicare Blue		30913.62				20642.99	63372.3	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient				25476.30861	Horizon	Medicare Blue		22153.34				12311.15	37845.53	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient				20823.35371	Horizon	Medicare Blue		18107.26				8462.95	27611.49	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient				40567.83804	Horizon	Medicare Blue		35276.38				24792.38	75260.99	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient				27704.28865	Horizon	Medicare Blue		24090.69				14153.74	43979.39	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient				23321.22736	Horizon	Medicare Blue		20279.33				10528.79	33373.6	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient				36159.06964	Horizon	Medicare Blue		31442.67				21146.16	65194.6	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient				24640.85871	Horizon	Medicare Blue		21426.83				11620.17	36092.47	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient				19633.68605	Horizon	Medicare Blue		17072.77				7479.05	23806.53	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient				39418.43848	Horizon	Medicare Blue		33407.34				23014.75	70923.92	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient				25914.78855	Horizon	Medicare Blue		22534.6				12673.76	39908.37	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient				21403.19174	Horizon	Medicare Blue		18611.47				8942.5	27983.24	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient				30559.20541	Horizon	Medicare Blue		26573.22				16514.87	49238.55	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient				23097.00428	Horizon	Medicare Blue		20084.35				10343.35	31172.26	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient				32968.83296	Horizon	Medicare Blue		28668.29				18507.47	61881.66	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient				24466.62167	Horizon	Medicare Blue		21275.32				11476.07	35720.72	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient				20360.62584	Horizon	Medicare Blue		17704.89				8080.26	25391.93	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient				31348.98478	Horizon	Medicare Blue		27259.99				17168.04	55787.89	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient				21964.46351	Horizon	Medicare Blue		19099.53				9406.69	30731.27	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient				18573.98208	Horizon	Medicare Blue		16151.29				6602.64	21539.59	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient				28809.69414	Horizon	Medicare Blue		25051.91				15067.96	44518.79	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient				21810.22089	Horizon	Medicare Blue		18965.41				9279.13	27531.31	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient				33721.17925	Horizon	Medicare Blue		29322.76				19129.94	59501.74	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient				23971.04583	Horizon	Medicare Blue		20844.39				11066.21	34299.33	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient				19837.91471	Horizon	Medicare Blue		17250.36				7647.96	24655.72	case rate	
APPENDIX PROCEDURES WITH MCC	397	MS-DRG	inpatient				42675.8206	Horizon	Medicare Blue		37109.41				26535.76	39099.83	case rate	
APPENDIX PROCEDURES WITH CC	398	MS-DRG	inpatient				32203.03192	Horizon	Medicare Blue		28002.64				17874.37	28002.64	case rate	
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG	inpatient				26487.48571	Horizon	Medicare Blue		23032.6				13147.4	23032.6	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient				89214.24855	Horizon	Medicare Blue		77577.61				65024.78	196046.68	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient				51827.54976	Horizon	Medicare Blue		45067.43				34104.58	103236.94	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient				41310.48773	Horizon	Medicare Blue		35922.16				25406.58	73139.83	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient				63749.9335	Horizon	Medicare Blue		55434.72				43964.84	147478.74	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient				38544.11766	Horizon	Medicare Blue		33516.62				23118.69	84653.12	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient				32944.25342	Horizon	Medicare Blue		28647.18				18487.39	60230.66	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient				51729.00586	Horizon	Medicare Blue		44981.74				10482	145714.75	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient				39803.76577	Horizon	Medicare Blue		34611.97				11647	86810.73	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient				32150.18953	Horizon	Medicare Blue		27956.69				15908	61455.25	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient				60936.43374	Horizon	Medicare Blue		52988.2				26270	130374.63	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient				38808.32957	Horizon	Medicare Blue		33746.37				23337.2	73577.18	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient				29716.58365	Horizon	Medicare Blue		25840.51				15817.99	50772.92	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient				43692.6794	Horizon	Medicare Blue		37993.63				27376.74	88323.24	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient				33936.83329	Horizon	Medicare Blue		29510.29				19308.29	60653.43	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient				29345.25881	Horizon	Medicare Blue		25517.62				15510.89	47532.87	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient				56303.44226	Horizon	Medicare Blue		48959.52				37806.31	128202.45	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient				35006.53446	Horizon	Medicare Blue		30440.46				8253	64841.08	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient				30742.01149	Horizon	Medicare Blue		26732.18				10272	54945.99	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient				66444.89494	Horizon	Medicare Blue		57778.17				16017	143815.92	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient				40400.74186	Horizon	Medicare Blue		35131.08				24654.19	79856.83	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient				33468.39272	Horizon	Medicare Blue		29102.95				18920.87	54410.23	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient				37954.28243	Horizon	Medicare Blue		33003.72				13893	66550.4	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient				25314.39772	Horizon	Medicare Blue		22013.01				12177.68	37462.84	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient				20152.11266	Horizon	Medicare Blue		17523.58				7907.81	53360.86	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient				35724.90521	Horizon	Medicare Blue		31065.13				20787.09	61874.37	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient				26310.39233	Horizon	Medicare Blue		22878.6				13000.94	41399.01	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient				22460.03936	Horizon	Medicare Blue		19530.47				9816.55	31554.95	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient				34423.8401	Horizon	Medicare Blue		29933.77				19711.06	59705.84	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient				22804.22892	Horizon	Medicare Blue		19829.76				10101.21	31427.39	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient				19382.3277	Horizon	Medicare Blue		16854.2				7271.17	22643.9	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient				36700.34701	Horizon	Medicare Blue		31913.35				11778	67687.51	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient				24179.55901	Horizon	Medicare Blue		21025.7				11238.66	34219.15	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient				20797.64661	Horizon	Medicare Blue		18084.91				8441.69	25359.13	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient				33915.4107	Horizon	Medicare Blue		29491.66				19290.57	58710.86	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient				26111.87635	Horizon	Medicare Blue		22705.98				12836.76	38909.75	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient				22037.30601	Horizon	Medicare Blue		19162.87				9466.93	28974.57	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient				137146.5728	Horizon	Medicare Blue		119257.89				17717	346124.02	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient				97941.81048	Horizon	Medicare Blue		85166.79				36879	230951.01	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient				76366.40905	Horizon	Medicare Blue		66405.57				54399.14	182230	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient				130976.8678	Horizon	Medicare Blue		113892.93				99564.03	332577.04	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient				97356.25977	Horizon	Medicare Blue		84657.62				71758.53	238524.49	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient				75300.99239	Horizon	Medicare Blue		65479.12				53518	186647.26	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient				105311.1804	Horizon	Medicare Blue		91574.94				78337.54	232700.42	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient				62831.8186	Horizon	Medicare Blue		54636.19				43205.36	147150.73	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient				107970.4375	Horizon	Medicare Blue		93887.34				9917	163369.2	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient				51240.57087	Horizon	Medicare Blue		44557.02				11315	116412.17	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient				91477.9019	Horizon	Medicare Blue		79546				15756	187037.23	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient				53455.66637	Horizon	Medicare Blue		46483.19				35451.1	107297.02	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient				37308.74848	Horizon	Medicare Blue		32442.39				22096.99	66965.88	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient				84664.09107	Horizon	Medicare Blue		73620.95				61261.63	186355.69	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient				60380.87465	Horizon	Medicare Blue		52505.11				41178.5	126482.2	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient				48716.99013	Horizon	Medicare Blue		42362.6				31532.03	101735.36	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient				58145.78474	Horizon	Medicare Blue		50561.55				39330	115686.89	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient				37464.41928	Horizon	Medicare Blue		32577.76				22225.74	72520.25	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient				80842.30156	Horizon	Medicare Blue		70297.65				8282	182619.97	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient				52798.7093	Horizon	Medicare Blue		45911.92				8991	107399.07	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient				45732.10968	Horizon	Medicare Blue		39767.05				11229	86482.71	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient				72041.90283	Horizon	Medicare Blue		62645.13				22321	138316.21	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient				41220.51286	Horizon	Medicare Blue		35843.92				25332.17	78315.16	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient				27398.85974	Horizon	Medicare Blue		23824.92				13900.98	41938.41	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient				58705.62835	Horizon	Medicare Blue		51048.37				39793.01	114382.13	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient				44633.84505	Horizon	Medicare Blue		38812.04				28155.12	83067.72	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient				37211.63275	Horizon	Medicare Blue		32357.94				22016.67	65529.91	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient				52705.87582	Horizon	Medicare Blue		45831.2				34830.99	110445.96	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient				40223.64848	Horizon	Medicare Blue		34977.09				8360	75162.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient				33275.58944	Horizon	Medicare Blue		28935.3				9385	60664.37	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient				46069.15838	Horizon	Medicare Blue		40060.14				13093	86869.04	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient				57634.499	Horizon	Medicare Blue		50116.96				38907.15	120421.23	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient				39272.48562	Horizon	Medicare Blue		34149.99				23721.08	80851.81	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient				32654.33441	Horizon	Medicare Blue		28395.07				18247.62	60143.19	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient				40676.37915	Horizon	Medicare Blue		35370.76				24882.15	76992.18	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient				28266.9886	Horizon	Medicare Blue		24579.99				14619.12	47285.04	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient				60035.25691	Horizon	Medicare Blue		52204.57				27633	123570.16	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient				44890.91609	Horizon	Medicare Blue		39035.58				28367.73	81861.36	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient				37285.89772	Horizon	Medicare Blue		32422.52				22078.09	67890.08	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient				61736.21032	Horizon	Medicare Blue		53683.66				42299.42	126186.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient				38975.62574	Horizon	Medicare Blue		33891.67				23475.4	71466.96	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient				30976.23177	Horizon	Medicare Blue		26935.85				16859.76	52300.01	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient				47880.08106	Horizon	Medicare Blue		41634.85				30839.88	83023.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient				29011.06646	Horizon	Medicare Blue		25227.01				15234.5	40790.36	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient				56903.2747	Horizon	Medicare Blue		49481.11				38302.4	111816.33	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient				35379.28748	Horizon	Medicare Blue		30764.6				8902	61498.98	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient				30337.83868	Horizon	Medicare Blue		26380.73				16331.79	47055.43	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient				48892.65534	Horizon	Medicare Blue		42515.35				27418	93381.94	case rate	
FOOT PROCEDURES W CC	504	MS-DRG	inpatient				35256.46465	Horizon	Medicare Blue		30657.8				20399.68	63033.36	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient				34950.83574	Horizon	Medicare Blue		30392.03				20146.91	57577.39	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient				31478.94848	Horizon	Medicare Blue		27373				17275.53	51399.79	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient				41034.85044	Horizon	Medicare Blue		35682.48				25178.62	70796.36	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient				31070.49115	Horizon	Medicare Blue		27017.82				16937.72	52751.94	case rate	
ARTHROSCOPY	509	MS-DRG	inpatient				29530.92123	Horizon	Medicare Blue		25679.06				15664.44	60875.75	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient				49445.35808	Horizon	Medicare Blue		42995.96				32134.42	99585.05	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient				39065.40061	Horizon	Medicare Blue		33969.91				7655	67326.7	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient				33638.34524	Horizon	Medicare Blue		29259.73				10564	55474.46	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient				33741.17366	Horizon	Medicare Blue		29340.15				18516	59756.86	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient				25464.91423	Horizon	Medicare Blue		22143.4				12301.7	40660.37	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient				55742.17048	Horizon	Medicare Blue		48471.45				37342.12	112326.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient				39736.64167	Horizon	Medicare Blue		34553.6				24104.95	68715.29	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient				31933.10732	Horizon	Medicare Blue		27767.92				17651.14	50328.28	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient				62744.50008	Horizon	Medicare Blue		54560.43				43133.31	112989.89	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient				38705.50115	Horizon	Medicare Blue		33656.96				23252.16	67862.45	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient				31034.76984	Horizon	Medicare Blue		26986.77				16908.19	47893.69	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	521	MS-DRG	inpatient				53352.83795	Horizon	Medicare Blue		46393.77				7692	52111.06	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	522	MS-DRG	inpatient				40756.35681	Horizon	Medicare Blue		35440.31				9003	36760.73	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient				33889.7036	Horizon	Medicare Blue		29469.31				12781	55780.6	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient				22158.69497	Horizon	Medicare Blue		19268.43				9567.33	34640.29	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient				29109.61036	Horizon	Medicare Blue		25312.7				15316	45732.44	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient				21831.64348	Horizon	Medicare Blue		18984.04				9296.85	27589.62	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient				24400.92574	Horizon	Medicare Blue		21218.2				11421.74	33184.08	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient				20717.86955	Horizon	Medicare Blue		18015.36				8375.55	26496.24	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient				38931.1524	Horizon	Medicare Blue		33853.18				23438.78	73591.76	case rate	
OSTEOMYELITIS W CC	540	MS-DRG	inpatient				29131.03294	Horizon	Medicare Blue		25331.33				15333.72	47266.82	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient				22842.78968	Horizon	Medicare Blue		19863.3				7723	32170.88	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient				36636.07905	Horizon	Medicare Blue		31857.46				8903	66524.88	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient				26167.57508	Horizon	Medicare Blue		22754.41				10889	39088.34	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient				21551.72167	Horizon	Medicare Blue		18740.63				9065.34	29098.49	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient				46197.6939	Horizon	Medicare Blue		40171.91				29448.48	90353.28	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient				27718.55708	Horizon	Medicare Blue		24103.1				14165.56	44260.02	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient				22207.25283	Horizon	Medicare Blue		19310.65				9607.49	31256.09	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient				38437.00473	Horizon	Medicare Blue		33423.48				23030.1	75341.17	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient				27817.11428	Horizon	Medicare Blue		24188.8				14247.06	45346.11	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient				23741.11066	Horizon	Medicare Blue		20644.44				10876.05	33668.81	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient				34896.56518	Horizon	Medicare Blue		30344.84				9165	58007.45	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient				24390.92853	Horizon	Medicare Blue		21209.5				11413.47	32837.85	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient				29892.24887	Horizon	Medicare Blue		25993.26				15963.27	45105.57	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient				22327.21592	Horizon	Medicare Blue		19414.97				9706.71	47388.4	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient				30570.63079	Horizon	Medicare Blue		26583.16				16524.32	46621.72	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient				22364.3518	Horizon	Medicare Blue		19447.26				9737.42	27979.59	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient				32824.28694	Horizon	Medicare Blue		28542.86				18388.17	52205.25	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient				23135.56494	Horizon	Medicare Blue		20117.88				10375.24	31471.12	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient				37018.82647	Horizon	Medicare Blue		32190.29				21857.22	65555.42	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient				26758.83848	Horizon	Medicare Blue		23268.56				13371.82	37236.88	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient				21733.09568	Horizon	Medicare Blue		18898.35				9211	27556.82	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient				32308.71668	Horizon	Medicare Blue		28094.54				12507	51319.61	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient				23381.2106	Horizon	Medicare Blue		20331.49				10578.4	30545.39	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient				32897.12373	Horizon	Medicare Blue		28606.19				18448.41	57300.4	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient				24863.65362	Horizon	Medicare Blue		21620.57				11804.43	35564.01	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient				21308.93235	Horizon	Medicare Blue		18529.51				8864.55	27782.79	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient				52324.55378	Horizon	Medicare Blue		45499.61				34515.62	110502.68	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient				34753.74794	Horizon	Medicare Blue		30220.65				9078	62063.89	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient				26865.95141	Horizon	Medicare Blue		23361.7				11401	42955.26	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient				99395.69005	Horizon	Medicare Blue		86431.03				16091	191396.17	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient				59231.19582	Horizon	Medicare Blue		51505.39				36864	111010.87	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient				39810.90664	Horizon	Medicare Blue		34618.18				24166.37	64093.94	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient				91754.96736	Horizon	Medicare Blue		79786.93				67126.05	177881.99	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient				48424.21478	Horizon	Medicare Blue		42108.01				31289.9	91450.3	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient				33591.21555	Horizon	Medicare Blue		29209.75				19022.45	55751.45	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient				58322.87813	Horizon	Medicare Blue		50715.55				39476.46	101968.62	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient				35534.95828	Horizon	Medicare Blue		30899.96				20630	57941.85	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient				29823.69669	Horizon	Medicare Blue		25933.65				8609	45061.83	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient				34399.95117	Horizon	Medicare Blue		29912.66				10681	57202	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient				32325.85475	Horizon	Medicare Blue		28109.44				14701	50226.23	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient				38562.6839	Horizon	Medicare Blue		33532.77				23134.04	68205.04	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient				34640.92231	Horizon	Medicare Blue		30122.54				19890.6	57063.5	case rate	
SKIN ULCERS W MCC	592	MS-DRG	inpatient				40440.73069	Horizon	Medicare Blue		35165.85				24687.26	62257.06	case rate	
SKIN ULCERS W CC	593	MS-DRG	inpatient				27869.95666	Horizon	Medicare Blue		24234.74				14290.76	41162.11	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient				21835.92799	Horizon	Medicare Blue		18987.76				9300.39	29528.55	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient				41653.24912	Horizon	Medicare Blue		36220.22				25690.06	72414.56	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient				25000.75818	Horizon	Medicare Blue		21739.79				11917.82	36865.13	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient				33448.39831	Horizon	Medicare Blue		29085.56				18904.34	62687.12	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient				27711.42951	Horizon	Medicare Blue		24096.9				14159.65	42361.19	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient				19465.1617	Horizon	Medicare Blue		16926.23				7339.68	26109.91	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient				25236.40663	Horizon	Medicare Blue		21944.7				12112.71	34842.38	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient				19482.29977	Horizon	Medicare Blue		16941.13				7353.85	22567.36	case rate	
CELLULITIS W MCC	602	MS-DRG	inpatient				31834.56342	Horizon	Medicare Blue		27682.23				17569.64	52628.02	case rate	
CELLULITIS W/O MCC	603	MS-DRG	inpatient				23225.5398	Horizon	Medicare Blue		20196.12				10449.65	30895.27	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient				32101.63167	Horizon	Medicare Blue		27914.46				17790.51	51636.69	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient				23669.72936	Horizon	Medicare Blue		20495.42				10734.31	31361.78	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient				33238.45695	Horizon	Medicare Blue		28903.01				18730.71	50324.64	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient				23351.21898	Horizon	Medicare Blue		20305.41				10553.59	29193.25	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient				42758.65461	Horizon	Medicare Blue		37181.44				26604.27	86143.77	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient				31600.34314	Horizon	Medicare Blue		27478.56				17375.93	53983.82	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient				67113.27965	Horizon	Medicare Blue		58359.37				46746.45	150711.5	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient				38932.58057	Horizon	Medicare Blue		33854.42				23439.96	75574.43	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient				27178.72118	Horizon	Medicare Blue		23633.67				13719.08	42251.85	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient				47558.74226	Horizon	Medicare Blue		41355.43				30574.12	109447.83	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient				33758.31173	Horizon	Medicare Blue		29355.05				19160.65	65952.68	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient				32260.15881	Horizon	Medicare Blue		28052.31				17921.62	57522.72	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient				65226.66382	Horizon	Medicare Blue		56718.84				45186.15	138421.91	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient				37174.59027	Horizon	Medicare Blue		32325.65				21985.96	70092.95	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient				26507.48012	Horizon	Medicare Blue		23049.98				13163.94	47234.02	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient				52310.27205	Horizon	Medicare Blue		45487.19				34503.81	101440.15	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient				31897.40301	Horizon	Medicare Blue		27736.87				17621.61	58699.93	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient				28242.70967	Horizon	Medicare Blue		24558.88				14599.04	39543.91	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient				67924.48161	Horizon	Medicare Blue		59064.77				47417.35	133939.05	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient				42907.18454	Horizon	Medicare Blue		37310.6				26727.11	85236.26	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient				30532.07013	Horizon	Medicare Blue		26549.63				16492.43	55926.39	case rate	
DIABETES W MCC	637	MS-DRG	inpatient				31289.20184	Horizon	Medicare Blue		27207.83				17118.44	50342.86	case rate	
DIABETES W CC	638	MS-DRG	inpatient				23435.48115	Horizon	Medicare Blue		20378.68				10623.28	31788.2	case rate	
DIABETES W/O CC/MCC	639	MS-DRG	inpatient				19480.8716	Horizon	Medicare Blue		16939.89				7352.67	23030.23	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG	inpatient				29373.82226	Horizon	Medicare Blue		25542.45				15534.51	43378.03	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG	inpatient				21750.23764	Horizon	Medicare Blue		18913.25				9229.52	27403.75	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient				29203.86974	Horizon	Medicare Blue		25394.67				15393.95	46049.52	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient				34085.35322	Horizon	Medicare Blue		29639.45				19431.13	59556.41	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient				25753.40506	Horizon	Medicare Blue		22394.27				12540.29	36901.58	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient				21457.46229	Horizon	Medicare Blue		18658.66				8987.39	27075.73	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG	inpatient				74822.55462	Horizon	Medicare Blue		65063.09				53122.31	78274.49	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG	inpatient				59982.41453	Horizon	Medicare Blue		52158.62				40848.96	60189.99	case rate	
KIDNEY TRANSPLANT	652	MS-DRG	inpatient				53498.51154	Horizon	Medicare Blue		46520.44				35486.53	120803.91	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient				87906.04257	Horizon	Medicare Blue		76440.04				63942.84	200252.09	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient				49686.71923	Horizon	Medicare Blue		43205.84				32334.04	104720.29	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient				40693.51722	Horizon	Medicare Blue		35385.67				24896.32	75705.63	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient				55400.83727	Horizon	Medicare Blue		48174.64				37059.83	121277.71	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient				36928.8546	Horizon	Medicare Blue		32112.05				21782.81	70974.94	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient				31733.16318	Horizon	Medicare Blue		27594.05				17485.77	57089.01	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient				47564.45495	Horizon	Medicare Blue		41360.4				30578.84	99391.89	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient				29812.27121	Horizon	Medicare Blue		25923.71				15897.12	52759.23	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient				25563.45813	Horizon	Medicare Blue		22229.09				12383.2	39099.27	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient				53388.54226	Horizon	Medicare Blue		46424.82				35395.58	115850.9	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient				31427.53427	Horizon	Medicare Blue		27328.29				17233.01	59782.37	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient				25751.97689	Horizon	Medicare Blue		22393.02				12539.11	43214.02	case rate	
PROSTATECTOMY W MCC	665	MS-DRG	inpatient				54708.17362	Horizon	Medicare Blue		47572.32				36486.97	115854.54	case rate	
PROSTATECTOMY W CC	666	MS-DRG	inpatient				35117.93192	Horizon	Medicare Blue		30537.33				20285.1	64841.08	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient				25580.59619	Horizon	Medicare Blue		22244				12397.37	39376.26	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient				50836.39807	Horizon	Medicare Blue		44205.56				33284.86	102580.91	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient				32507.23265	Horizon	Medicare Blue		28267.16				18125.96	57675.8	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient				24538.08615	Horizon	Medicare Blue		21163.55				11369.77	35115.72	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient				35039.38243	Horizon	Medicare Blue		30469.03				20220.14	61356.84	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient				23768.24534	Horizon	Medicare Blue		20668.04				10898.49	38519.78	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient				63404.31576	Horizon	Medicare Blue		55134.19				43679	130378.28	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient				44612.42046	Horizon	Medicare Blue		38783.41				28137.4	84266.8	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient				33248.45416	Horizon	Medicare Blue		28911.7				18738.98	59235.68	case rate	
RENAL FAILURE W MCC	682	MS-DRG	inpatient				32024.51036	Horizon	Medicare Blue		27847.4				17726.73	55835.27	case rate	
RENAL FAILURE W CC	683	MS-DRG	inpatient				23455.47557	Horizon	Medicare Blue		20396.07				10639.82	33493.87	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient				19280.82745	Horizon	Medicare Blue		16766.02				7187.31	22589.23	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient				36860.30232	Horizon	Medicare Blue		32052.44				21726.11	62599.65	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient				25519.18478	Horizon	Medicare Blue		22190.6				12346.58	38403.15	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient				21743.09678	Horizon	Medicare Blue		18907.04				9223.62	28825.14	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient				27362.92643	Horizon	Medicare Blue		23793.87				13871.45	40513.37	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient				22114.42162	Horizon	Medicare Blue		19229.93				9530.72	28941.77	case rate	
URINARY STONES W MCC	693	MS-DRG	inpatient				30817.70463	Horizon	Medicare Blue		26798				16728.66	48239.93	case rate	
URINARY STONES W/O MCC	694	MS-DRG	inpatient				21768.80389	Horizon	Medicare Blue		18929.39				9244.88	25588.74	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient				27671.44069	Horizon	Medicare Blue		24062.12				14126.58	41865.52	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient				20474.87963	Horizon	Medicare Blue		17804.24				8174.75	25096.72	case rate	
URETHRAL STRICTURE	697	MS-DRG	inpatient				26487.48571	Horizon	Medicare Blue		23032.6				13147.4	34988.16	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient				34218.18327	Horizon	Medicare Blue		29754.94				19540.98	58863.93	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient				25169.28253	Horizon	Medicare Blue		21886.33				12057.2	37462.84	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient				20706.24357	Horizon	Medicare Blue		18005.43				8366.1	27688.03	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient				38609.8136	Horizon	Medicare Blue		33573.75				23173.02	65289.36	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient				31420.39341	Horizon	Medicare Blue		27322.08				17227.1	51261.3	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient				40867.74526	Horizon	Medicare Blue		35537.18				25040.42	74050.98	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient				28218.43074	Horizon	Medicare Blue		24537.77				14578.96	60846.6	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient				40909.17126	Horizon	Medicare Blue		35573.19				25074.68	75935.24	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient				27562.89958	Horizon	Medicare Blue		23967.74				14036.81	39245.05	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient				31308.90595	Horizon	Medicare Blue		27225.21				17134.97	53335.08	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient				24279.53108	Horizon	Medicare Blue		21112.64				11321.34	33184.08	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient				42117.40517	Horizon	Medicare Blue		36623.83				26073.93	80542.02	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient				30901.9668	Horizon	Medicare Blue		26871.28				16798.34	53320.5	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient				36493.2362	Horizon	Medicare Blue		31733.27				21422.55	71226.42	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient				27382.94985	Horizon	Medicare Blue		23811.26				13887.99	44923.34	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient				37365.87538	Horizon	Medicare Blue		32492.07				22144.24	60489.43	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient				26504.62378	Horizon	Medicare Blue		23047.5				13161.58	40145.27	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient				22151.55411	Horizon	Medicare Blue		19262.22				9561.43	25118.58	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient				28312.69012	Horizon	Medicare Blue		24619.73				14656.92	44256.38	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient				21029.01055	Horizon	Medicare Blue		18286.1				8633.04	27862.97	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient				33741.17366	Horizon	Medicare Blue		29340.15				19146.47	52409.35	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient				22017.35659	Horizon	Medicare Blue		19145.48				9450.4	28843.36	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient				24927.92138	Horizon	Medicare Blue		21676.45				11857.58	39434.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient				19468.01805	Horizon	Medicare Blue		16928.71				7342.04	20715.91	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient				41633.2547	Horizon	Medicare Blue		36202.83				25673.52	84040.83	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient				28688.32741	Horizon	Medicare Blue		24859.42				14884.88	49748.79	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient				66106.41806	Horizon	Medicare Blue		57483.84				45913.74	146899.25	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient				38779.76612	Horizon	Medicare Blue		33721.54				23313.58	74036.4	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient				30079.33946	Horizon	Medicare Blue		26155.95				16118	50743.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG	inpatient				62237.69886	Horizon	Medicare Blue		54119.56				42714	131121.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient				36111.93995	Horizon	Medicare Blue		31401.69				21107.19	63521.73	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient				29146.74284	Horizon	Medicare Blue		25344.99				15346.71	48393	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient				36039.10316	Horizon	Medicare Blue		31338.35				21046.95	62468.44	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient				27185.80305	Horizon	Medicare Blue		23639.88				13724.99	40659.16	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient				37474.41648	Horizon	Medicare Blue		32586.45				22234.01	61604.67	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient				25384.93657	Horizon	Medicare Blue		22073.86				12235.55	38975.35	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient				34528.09669	Horizon	Medicare Blue		30024.43				19797.29	61145.45	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient				23261.24411	Horizon	Medicare Blue		20227.17				10479.18	34922.56	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient				30654.85096	Horizon	Medicare Blue		26656.43				16594	47161.12	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient				46540.45529	Horizon	Medicare Blue		40469.96				29731.96	94832.49	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient				30013.64353	Horizon	Medicare Blue		26098.82				16063.67	44606.26	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient				37047.39292	Horizon	Medicare Blue		32215.12				21880.84	67111.66	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient				26081.88473	Horizon	Medicare Blue		22679.9				12811.96	38993.58	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient				24725.12089	Horizon	Medicare Blue		21500.11				11689.86	28431.52	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient				31893.11849	Horizon	Medicare Blue		27733.15				17618.06	52515.04	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient				24766.53789	Horizon	Medicare Blue		21536.12				11724.11	37189.5	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient				19819.34847	Horizon	Medicare Blue		17234.22				7632.6	25902.17	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient				24806.52672	Horizon	Medicare Blue		21570.89				11757.19	31769.98	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient				19239.51045	Horizon	Medicare Blue		16730.01				7153.06	20023.43	case rate	
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG	inpatient				27987.0668	Horizon	Medicare Blue		24336.58				18199.7	41235	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient				32640.82589	Horizon	Medicare Blue		28382.65				18235.81	53134.62	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient				21997.31148	Horizon	Medicare Blue		19128.1				9433.86	38920.68	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient				20826.21006	Horizon	Medicare Blue		18109.75				8465.32	24017.91	case rate	
ABORTION W/O D&C	779	MS-DRG	inpatient				24717.98003	Horizon	Medicare Blue		21493.9				11683.96	27491.22	case rate	
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG	inpatient				35894.85774	Horizon	Medicare Blue		31212.92				28078.11	63616.49	case rate	
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG	inpatient				25216.41222	Horizon	Medicare Blue		21927.31				17582.77	40167.14	case rate	
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG	inpatient				22962.75607	Horizon	Medicare Blue		19967.61				13600.71	30815.09	case rate	
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG	inpatient				35576.37528	Horizon	Medicare Blue		30935.98				25010.51	56666.24	case rate	
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG	inpatient				25602.01878	Horizon	Medicare Blue		22262.63				17390.57	39401.77	case rate	
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG	inpatient				22801.37258	Horizon	Medicare Blue		19827.28				14488.66	32826.91	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient				36574.66783	Horizon	Medicare Blue		31804.06				2972	60635.21	case rate	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient				96282.27408	Horizon	Medicare Blue		83723.72				4276	199953.69	case rate	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient				69112.7211	Horizon	Medicare Blue		60098.02				4276	136563.16	case rate	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient				45902.0622	Horizon	Medicare Blue		39914.84				2972	82397.12	case rate	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient				70706.56157	Horizon	Medicare Blue		61483.97				4276	140277.01	case rate	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient				31868.83956	Horizon	Medicare Blue		27712.03				2972	49650.39	case rate	
NORMAL NEWBORN	795	MS-DRG	inpatient				13471.12186	Horizon	Medicare Blue		11714.02				1269	11714.02	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG	inpatient				30847.69625	Horizon	Medicare Blue		26824.08				23617.47	53510.02	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG	inpatient				24813.66758	Horizon	Medicare Blue		21577.1				13623.23	30866.12	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG	inpatient				22175.83304	Horizon	Medicare Blue		19283.33				13623.23	30866.12	case rate	
SPLENECTOMY W MCC	799	MS-DRG	inpatient				81350.73096	Horizon	Medicare Blue		70739.77				58521.36	171354.51	case rate	
SPLENECTOMY W CC	800	MS-DRG	inpatient				50832.11355	Horizon	Medicare Blue		44201.84				33281.32	95736.35	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient				36150.50061	Horizon	Medicare Blue		31435.22				5977	56720.91	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient				59009.82908	Horizon	Medicare Blue		51312.89				8199	121992.05	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient				37128.79875	Horizon	Medicare Blue		32286.91				13379	62763.66	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient				27877.09752	Horizon	Medicare Blue		24240.95				14296.66	44846.8	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG	inpatient				24989.3328	Horizon	Medicare Blue		21729.85				16459.2	37291.55	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG	inpatient				21254.6618	Horizon	Medicare Blue		18482.31				11379.24	25781.9	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG	inpatient				19935.03044	Horizon	Medicare Blue		17334.81				9876.8	22377.84	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient				41868.90314	Horizon	Medicare Blue		36407.74				25868.41	78329.74	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient				27791.40717	Horizon	Medicare Blue		24166.44				14225.79	43899.21	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient				24936.49041	Horizon	Medicare Blue		21683.9				11864.67	33603.21	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient				30636.32672	Horizon	Medicare Blue		26640.28				16578.65	49420.78	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient				23454.04714	Horizon	Medicare Blue		20394.82				10638.64	32189.11	case rate	
COAGULATION DISORDERS	813	MS-DRG	inpatient				32869.98846	Horizon	Medicare Blue		28582.6				18425.97	58732.73	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient				40983.43623	Horizon	Medicare Blue		35637.77				25136.1	60609.7	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient				24789.38865	Horizon	Medicare Blue		21555.99				11743.01	35633.25	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient				20733.37885	Horizon	Medicare Blue		18029.03				8388.54	26299.43	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient				42795.78709	Horizon	Medicare Blue		37213.73				26634.98	92270.34	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient				27344.38919	Horizon	Medicare Blue		23777.73				13856.09	49511.89	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient				23546.87861	Horizon	Medicare Blue		20475.55				10715.41	30578.19	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient				96947.80045	Horizon	Medicare Blue		84302.44				71420.72	199401.09	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient				42468.7356	Horizon	Medicare Blue		36929.34				6969	87262.66	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient				28282.6985	Horizon	Medicare Blue		24593.65				8721	44092.37	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient				74885.3942	Horizon	Medicare Blue		65117.73				12547	164903.57	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient				42480.16097	Horizon	Medicare Blue		36939.27				22652	79977.1	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient				29033.91722	Horizon	Medicare Blue		25246.88				15253.4	49530.11	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient				73270.13115	Horizon	Medicare Blue		63713.16				51838.4	180331.16	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient				43684.11036	Horizon	Medicare Blue		37986.18				27369.65	82065.46	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient				34018.23912	Horizon	Medicare Blue		29581.08				19375.62	59603.79	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient				55632.20121	Horizon	Medicare Blue		48375.83				37251.17	113336.13	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient				33172.76102	Horizon	Medicare Blue		28845.88				18676.38	51709.58	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient				25012.18356	Horizon	Medicare Blue		21749.72				11927.27	37470.13	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient				21126.12628	Horizon	Medicare Blue		18370.54				8713.36	26197.38	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient				17899.88468	Horizon	Medicare Blue		15565.12				6045.14	17505.01	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient				90553.87432	Horizon	Medicare Blue		78742.5				66132.7	200737.28	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient				42517.29346	Horizon	Medicare Blue		36971.56				26404.65	77848.66	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient				27690.09893	Horizon	Medicare Blue		24078.27				14141.93	44194.42	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient				78522.94947	Horizon	Medicare Blue		68280.83				56182.68	195864.45	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient				38474.13721	Horizon	Medicare Blue		33455.77				23060.81	85742.86	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient				29201.01339	Horizon	Medicare Blue		25392.19				15391.59	45772.53	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient				55223.74398	Horizon	Medicare Blue		48020.65				36913.36	120013.03	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient				33062.79174	Horizon	Medicare Blue		28750.25				18585.43	59581.92	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient				25820.52917	Horizon	Medicare Blue		22452.63				12595.8	40859.61	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient				37163.07489	Horizon	Medicare Blue		32315.72				21976.51	67279.32	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient				27117.30917	Horizon	Medicare Blue		23580.27				13668.29	42962.54	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient				22942.76165	Horizon	Medicare Blue		19950.23				10215.78	31569.53	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient				45495.03305	Horizon	Medicare Blue		39560.9				28867.35	102701.18	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient				27908.51731	Horizon	Medicare Blue		24268.28				14322.65	48345.62	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient				21437.46787	Horizon	Medicare Blue		18641.28				8970.85	33689.54	case rate	
RADIOTHERAPY	849	MS-DRG	inpatient				48028.33173	Horizon	Medicare Blue		42633.33				31692.64	71805.91	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient				81989.12405	Horizon	Medicare Blue		71294.89				59049.33	184311.07	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient				39699.50918	Horizon	Medicare Blue		34521.31				24074.24	80283.25	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient				34895.13701	Horizon	Medicare Blue		30343.6				20100.84	56855.76	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient				73835.68744	Horizon	Medicare Blue		64204.95				52306.14	163580.58	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient				41091.97734	Horizon	Medicare Blue		35732.15				25225.86	74958.49	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient				28919.66342	Horizon	Medicare Blue		25147.53				15158.9	50299.12	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient				36897.43481	Horizon	Medicare Blue		32084.73				21756.82	66612.35	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient				24950.77214	Horizon	Medicare Blue		21696.32				11876.48	35892.02	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient				23198.40453	Horizon	Medicare Blue		20172.53				10427.21	31500.28	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient				34011.09826	Horizon	Medicare Blue		29574.87				19369.71	50375.66	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient				23696.83671	Horizon	Medicare Blue		20605.94				10839.43	29900.3	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient				40472.15049	Horizon	Medicare Blue		35193.17				24713.24	77735.67	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient				26093.31011	Horizon	Medicare Blue		22689.83				12821.4	39248.7	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient				20454.88522	Horizon	Medicare Blue		17786.86				8158.22	27986.88	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient				110061.282	Horizon	Medicare Blue		95705.46				82266.06	229438.5	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient				38905.44429	Horizon	Medicare Blue		33830.82				23417.52	67658.35	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient				25299.24622	Horizon	Medicare Blue		21999.34				12164.68	38373.99	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient				63882.75354	Horizon	Medicare Blue		55550.22				44074.69	120322.82	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient				24223.83235	Horizon	Medicare Blue		21064.2				1933	21064.2	case rate	
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient				23536.8814	Horizon	Medicare Blue		20466.85				1933	20466.85	case rate	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient				24005.32197	Horizon	Medicare Blue		20874.19				1933	20874.19	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient				37374.44441	Horizon	Medicare Blue		32499.52				1933	32639.46	case rate	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient				35682.06004	Horizon	Medicare Blue		31027.88				1933	31027.88	case rate	
PSYCHOSES	885	MS-DRG	inpatient				30105.04667	Horizon	Medicare Blue		26178.3				1933	26178.3	case rate	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient				34608.07435	Horizon	Medicare Blue		30093.98				1933	30093.98	case rate	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient				29093.90046	Horizon	Medicare Blue		25299.04				1933	25299.04	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient				18795.34881	Horizon	Medicare Blue		16343.78				1933	19620.59	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient				33566.93982	Horizon	Medicare Blue		29188.64				1933	29188.64	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient				35984.8326	Horizon	Medicare Blue		31291.16				1933	31291.16	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient				22809.94161	Horizon	Medicare Blue		19834.73				1933	19834.73	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient				72398.94594	Horizon	Medicare Blue		62955.61				13124	162727.75	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient				37507.36445	Horizon	Medicare Blue		32615.01				22261.17	69960.9	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient				28321.25916	Horizon	Medicare Blue		24627.18				14664	56429.51	case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient				57094.64981	Horizon	Medicare Blue		49647.52				38460.67	117574.8	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient				33208.46533	Horizon	Medicare Blue		28876.93				18705.9	64480.26	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient				37462.82911	Horizon	Medicare Blue		32576.51				22224.56	67177.27	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient				63711.37284	Horizon	Medicare Blue		55401.19				43932.95	153659.98	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient				39212.50237	Horizon	Medicare Blue		34097.83				23671.47	72629.59	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient				29960.80115	Horizon	Medicare Blue		26052.87				16019.96	48305.53	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient				31934.53549	Horizon	Medicare Blue		27769.16				17652.32	53694.99	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient				23554.01947	Horizon	Medicare Blue		20481.76				10721.32	34762.6	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient				35926.27753	Horizon	Medicare Blue		31240.24				20953.64	61116.3	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient				19999.2982	Horizon	Medicare Blue		17390.69				7781.43	23154.14	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient				33382.72087	Horizon	Medicare Blue		29028.44				18850	53710.47	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient				22885.63476	Horizon	Medicare Blue		19900.55				10168.54	28380.5	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient				36650.36097	Horizon	Medicare Blue		31869.88				21552.48	66488.44	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient				25354.94495	Horizon	Medicare Blue		22047.78				12210.75	36558.98	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient				20556.36946	Horizon	Medicare Blue		17875.03				8242.08	25752.74	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient				35510.67934	Horizon	Medicare Blue		30878.85				20609.92	56797.45	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient				25035.03431	Horizon	Medicare Blue		21769.6				11946.17	37582.48	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient				387038.1935	Horizon	Medicare Blue		336554.95				295733.07	670041.49	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient				109415.7481	Horizon	Medicare Blue		95144.13				81732.17	214142.12	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient				56513.38362	Horizon	Medicare Blue		49142.07				37979.94	108324.8	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient				53892.68714	Horizon	Medicare Blue		46863.21				33318	104246.49	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient				40475.00683	Horizon	Medicare Blue		35195.66				24715.61	66823.74	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient				39740.30619	Horizon	Medicare Blue		34557.33				24108.49	66393.68	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient				56510.52727	Horizon	Medicare Blue		49139.59				37977.58	119495.5	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient				41533.28263	Horizon	Medicare Blue		36115.9				25590.84	79251.83	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient				37097.37895	Horizon	Medicare Blue		32258.59				21922.18	67476.12	case rate	
REHABILITATION W CC/MCC	945	MS-DRG	inpatient				32148.76136	Horizon	Medicare Blue		27955.44				17529.49	49745.15	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient				25063.68586	Horizon	Medicare Blue		21785.74				11961.53	39002.24	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient				28465.50458	Horizon	Medicare Blue		24752.61				14783.3	43939.3	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient				22030.15945	Horizon	Medicare Blue		19156.66				9461.03	28435.17	case rate	
AFTERCARE W CC/MCC	949	MS-DRG	inpatient				25387.75091	Horizon	Medicare Blue		22076.34				12237.92	41774.41	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient				19562.27743	Horizon	Medicare Blue		17010.68				7420	27148.63	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient				19016.71555	Horizon	Medicare Blue		16536.27				6968.8	29098.49	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient				97569.05747	Horizon	Medicare Blue		84842.66				71934.52	222207.62	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient				65977.88254	Horizon	Medicare Blue		57372.07				45807.44	137904.37	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient				113883.0715	Horizon	Medicare Blue		99028.76				85426.82	278934.93	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient				68357.21787	Horizon	Medicare Blue		59441.06				47775.24	152336.99	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient				46757.53751	Horizon	Medicare Blue		40658.73				29911.49	89318.21	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient				49641.01771	Horizon	Medicare Blue		43166.1				32296.24	101866.57	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient				32027.3667	Horizon	Medicare Blue		27849.88				17729.09	53754.21	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient				24242.3986	Horizon	Medicare Blue		21080.35				11290.63	35509.34	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient				108743.0788	Horizon	Medicare Blue		94559.2				81175.85	204050.22	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient				44929.47675	Horizon	Medicare Blue		39069.11				28399.62	101600.51	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient				52243.14795	Horizon	Medicare Blue		45428.82				34448.3	99242.46	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient				30060.77322	Horizon	Medicare Blue		26139.8				16102.65	47011.7	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient				22662.83985	Horizon	Medicare Blue		19706.82				9984.28	34208.22	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient				30814.84828	Horizon	Medicare Blue		26795.52				16726.29	42638.18	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient				78291.58553	Horizon	Medicare Blue		68079.64				11302	159287.24	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient				46094.86548	Horizon	Medicare Blue		40082.49				14901	89398.39	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient				33943.97415	Horizon	Medicare Blue		29516.5				19314.2	57187.42	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient				58815.59763	Horizon	Medicare Blue		51144				39883.96	121459.94	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient				34826.58473	Horizon	Medicare Blue		30283.99				20044.15	61706.72	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient				26019.04514	Horizon	Medicare Blue		22625.26				12759.99	37929.35	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient				397605.2416	Horizon	MGD		424840.91				320075.66	962560.73	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient				185457.3628	Horizon	MGD		215917.55				144621.43	489203.72	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient				315081.1521	Horizon	MGD		294331.98				251825.15	666867.04	case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient				220531.8504	Horizon	MGD		183689.25				173629.34	416184.16	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient				158406.3481	Horizon	MGD		164953.89				122249.23	373735.51	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient				79669.77196	Horizon	MGD		78266.43				57131.14	234947	case rate	
LUNG TRANSPLANT	007	MS-DRG	inpatient				185775.8463	Horizon	MGD		171331.99				144884.83	388186.35	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient				85736.6486	Horizon	MGD		84435.41				62148.67	191305.05	case rate	
PANCREAS TRANSPLANT	010	MS-DRG	inpatient				79337.00778	Horizon	MGD		72610.6				56855.93	164513.6	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient				84231.35482	Horizon	MGD		79020.87				60903.74	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	012	MS-DRG	inpatient				67787.37705	Horizon	MGD		61347.18				47303.96	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient				48946.9259	Horizon	MGD		37424.08				31722.2	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient				174271.916	Horizon	MGD		192232.53				135370.65	435540.63	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient				98808.71117	Horizon	MGD		105192.79				72959.76	238334.97	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient				98808.71117	Horizon	MGD		70474.37				70474.37	159673.57	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient				131305.3474	Horizon	MGD		167701.38				99835.69	379960.48	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient				98300.28177	Horizon	MGD		127169.48				72539.27	288127.5	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient				60243.77009	Horizon	MGD		82963.55				41065.11	187970.25	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient				91550.7387	Horizon	MGD		87831.17				66957.14	198998.8	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient				64701.09636	Horizon	MGD		63047.47				44751.49	313612.23	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient				73658.59406	Horizon	MGD		68807.87				52159.67	155897.77	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient				52765.85907	Horizon	MGD		48510.55				34580.6	109910.2	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient				45336.5059	Horizon	MGD		38698.09				28736.25	87678.14	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient				99653.59892	Horizon	MGD		86459.03				71177.4	195889.96	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient				59551.10645	Horizon	MGD		50762.59				40492.25	115012.64	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient				43709.81747	Horizon	MGD		34998.31				27390.91	79295.56	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient				69382.6457	Horizon	MGD		67286.13				48623.3	152449.97	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient				41350.47666	Horizon	MGD		37031.58				25439.65	103005.11	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient				33768.30894	Horizon	MGD		27148.34				19168.92	169398.47	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient				66309.21855	Horizon	MGD		57906.38				46081.46	279134.99	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient				43431.32384	Horizon	MGD		35715.75				27160.59	80921.05	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient				36414.71252	Horizon	MGD		27764.44				21357.59	62905.8	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient				58799.88773	Horizon	MGD		51632.84				39870.97	116984.37	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient				33439.82927	Horizon	MGD		26890.97				18897.25	60926.78	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient				26885.94583	Horizon	MGD		18215.79				13476.94	41271.45	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient				65582.27877	Horizon	MGD		63189.03				45480.26	143167.18	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient				42448.74118	Horizon	MGD		37937.22				26347.96	85954.25	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient				35437.84255	Horizon	MGD		30104.95				20549.68	102408.62	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient				38361.31159	Horizon	MGD		27352.63				22967.5	80333.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient				24640.85071	Horizon	MGD		14704.21				11620.17	98314.19	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient				31634.61928	Horizon	MGD		21178.83				17404.27	143596.19	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient				25917.6449	Horizon	MGD		16845.26				12676.12	38166.25	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient				44780.94682	Horizon	MGD		34174.71				28276.78	77429.53	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient				30059.34595	Horizon	MGD		19446.37				16101.46	44059.57	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient				35267.89003	Horizon	MGD		28304.93				20409.13	64130.38	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient				27545.76151	Horizon	MGD		17683.34				14022.64	40065.09	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient				23406.9177	Horizon	MGD		13394.81				10599.66	30348.58	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient				506.19.31585	Horizon	MGD		45808.1				33105.33	103787.27	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient				37321.60203	Horizon	MGD		31266.36				22107.62	121708.96	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient				31824.56621	Horizon	MGD		26188.01				17561.37	136083.64	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient				39196.79248	Horizon	MGD		30067.95				23658.47	215326.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient				29106.84294	Horizon	MGD		16592.71				12005.23	37594.05	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient				20409.1837	Horizon	MGD		11691.3				8120.42	26488.95	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient				30826.27366	Horizon	MGD		24151.52				16735.74	54720.02	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient				23029.88017	Horizon	MGD		14456.49				10287.83	32754.02	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient				21997.31148	Horizon	MGD		12313.83				9433.86	27899.41	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient				36147.64426	Horizon	MGD		26466.3				21136.72	59964.6	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient				25754.83324	Horizon	MGD		15857.58				12541.47	35928.47	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient				21773.0884	Horizon	MGD		11935.81				9248.42	27042.93	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient				32198.7474	Horizon	MGD		22698.95				17870.83	51428.95	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient				25246.40384	Horizon	MGD		15666.16				12120.98	35494.76	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient				37922.86264	Horizon	MGD		23833.02				22604.89	53998.39	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient				23765.38899	Horizon	MGD		13267.73				10896.13	30060.66	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient				32168.75578	Horizon	MGD		24965.47				17846.03	56564.19	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient				25113.5838	Horizon	MGD		15605.03				12011.13	35356.26	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient				21170.39962	Horizon	MGD		12008.2				8749.97	27206.94	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient				42134.54324	Horizon	MGD		30222.38				26088.1	68474.74	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient				23579.72657	Horizon	MGD		13747.1				10742.58	31146.75	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient				43128.85127	Horizon	MGD		34723.24				26910.19	78672.34	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient				29962.22932	Horizon	MGD		20831.37				16021.15	47197.57	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient				23725.40016	Horizon	MGD		14852.2				10863.05	33650.59	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient				43050.00179	Horizon	MGD		35067.48				26845.22	79452.28	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient				29400.95754	Horizon	MGD		19996.51				15556.95	45306.02	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient				23246.96239	Horizon	MGD		13597.5				10467.37	30807.8	case rate	
CONCUSSION W MCC	088	MS-DRG	inpatient				32495.80727	Horizon	MGD		23800.85				18116.51	53925.5	case rate	
CONCUSSION W CC	089	MS-DRG	inpatient				27013.05318	Horizon	MGD		17171.81				13582.07	38906.11	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient				23941.05421	Horizon	MGD		12762.63				11041.41	28916.26	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient				36143.35975	Horizon	MGD		25930.63				21133.17	58750.95	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient				25244.97567	Horizon	MGD		15173.92				12119.8	34379.51	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient				21650.26557	Horizon	MGD		11868.25				9146.84	26889.86	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient				62328.80189	Horizon	MGD		59162.7				42789.59	134044.74	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient				44640.98591	Horizon	MGD		38299.16				28161.03	86774.28	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient				41720.37322	Horizon	MGD		33957.55				25745.57	76937.51	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient				62531.70238	Horizon	MGD		56926.75				42957.32	128978.75	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient				41360.47375	Horizon	MGD		29767.14				25447.92	67443.32	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient				29445.23089	Horizon	MGD		20475.87				15593.57	46392.11	case rate	
SEIZURES W MCC	100	MS-DRG	inpatient				38904.01712	Horizon	MGD		29154.27				23416.34	66054.73	case rate	
SEIZURES W/O MCC	101	MS-DRG	inpatient				23581.15474	Horizon	MGD		13983.56				10743.76	31682.51	case rate	
HEADACHES W MCC	102	MS-DRG	inpatient				27822.82696	Horizon	MGD		17316.58				14251.78	39234.12	case rate	
HEADACHES W/O MCC	103	MS-DRG	inpatient				22621.42285	Horizon	MGD		12569.6				9950.02	28478.9	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient				46399.06622	Horizon	MGD		37041.23				29615.02	83924.2	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient				28182.72643	Horizon	MGD		20189.54				14549.43	45743.37	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient				32932.82905	Horizon	MGD		21910.74				18477.94	49643.1	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient				36737.47949	Horizon	MGD		27474.89				21624.53	62249.77	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient				27705.71682	Horizon	MGD		16126.22				14154.93	36537.12	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient				28888.24362	Horizon	MGD		17039.9				15132.92	38607.25	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient				21223.24301	Horizon	MGD		11353.5				8793.68	25723.59	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient				22073.00462	Horizon	MGD		12111.15				9496.46	27440.19	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient				29469.50982	Horizon	MGD		21415.29				15613.65	48520.56	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient				21980.17341	Horizon	MGD		13032.88				9419.69	29628.55	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient				48467.05993	Horizon	MGD		36988.85				31325.33	83760.2	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient				24002.46562	Horizon	MGD		19504.28				11092.2	44190.78	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient				32080.20908	Horizon	MGD		22152.03				17772.79	50189.79	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient				22954.18703	Horizon	MGD		13595.89				10225.23	30804.16	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient				27552.90237	Horizon	MGD		18666.19				14028.54	42291.94	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient				40739.21874	Horizon	MGD		30934.99				24934.12	70089.3	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient				28239.85333	Horizon	MGD		20115.54				14596.68	45575.72	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient				23296.94843	Horizon	MGD		11643.05				10508.71	26379.61	case rate	
DYSEQUILIBRIUM	149	MS-DRG	inpatient				21226.04838	Horizon	MGD		11438.75				8796.04	29916.75	case rate	
EPISTAXIS W MCC	150	MS-DRG	inpatient				29363.82505	Horizon	MGD		21354.17				15526.24	48382.07	case rate	
EPISTAXIS W/O MCC	151	MS-DRG	inpatient				21597.42319	Horizon	MGD		11321.33				9103.14	25650.69	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient				27560.04323	Horizon	MGD		16763.22				14034.45	37980.38	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient				21084.76908	Horizon	MGD		11450.01				8679.1	25942.26	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient				32558.64686	Horizon	MGD		23268.4				18168.48	52719.14	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient				24109.57856	Horizon	MGD		14208.76				11180.78	32192.75	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient				19952.16851	Horizon	MGD		10615.15				7742.45	24050.72	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient				34969.40198	Horizon	MGD		26911.88				20162.26	60974.16	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient				23993.89569	Horizon	MGD		14321.37				11085.11	32447.87	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient				20233.51849	Horizon	MGD		10912.74				7975.14	24724.97	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient				77908.83531	Horizon	MGD		79131.86				55674.78	179288.81	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient				47014.60855	Horizon	MGD		41323.33				30124.1	93626.13	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient				37388.72614	Horizon	MGD		29797.71				22163.14	67512.57	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient				68542.88029	Horizon	MGD		56268.83				47928.79	127488.11	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient				36580.38052	Horizon	MGD		30524.79				21494.6	69159.93	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient				29952.23211	Horizon	MGD		21580.98				16012.88	48895.95	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient				30627.75769	Horizon	MGD		23564.38				16571.56	53389.75	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient				22238.67263	Horizon	MGD		14461.31				9633.48	32764.95	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient				34818.0157	Horizon	MGD		29611.11				20037.06	67089.8	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient				24682.27572	Horizon	MGD		20500				11654.43	46446.78	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient				21491.73843	Horizon	MGD		14823.25				9015.73	33584.99	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient				35414.99179	Horizon	MGD		27281.86				20530.78	61812.42	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient				26316.10502	Horizon	MGD		18352.52				13005.66	41581.24	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient				21430.32701	Horizon	MGD		12789.98				8964.94	28978.21	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient				33077.07346	Horizon	MGD		23982.62				18597.24	54337.34	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient				25613.44416	Horizon	MGD		16155.78				12424.54	36606.36	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient				21383.19732	Horizon	MGD		11779.78				8925.97	26689.41	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient				32757.16283	Horizon	MGD		25086.12				18332.66	56837.54	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient				24819.38027	Horizon	MGD		16954.64				11767.82	38414.08	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient				21251.80545	Horizon	MGD		12341.18				8817.3	27961.37	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient				28185.58277	Horizon	MGD		19871.04				14551.79	45021.74	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient				26328.95857	Horizon	MGD		19153.6				13016.3	43396.25	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient				22715.88223	Horizon	MGD		14701				10027.98	33308	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient				19756.50888	Horizon	MGD		11647.87				7580.63	26390.55	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient				29536.63392	Horizon	MGD		21180.44				15669.16	47988.45	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient				22332.93201	Horizon	MGD		14480.62				9711.43	32808.69	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient				19525.14494	Horizon	MGD		11047.86				7389.29	25031.11	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient				37660.07891	Horizon	MGD		26350.48				22387.56	59702.19	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient				24836.51834	Horizon	MGD		16113.35				11781.99	36507.96	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient				21704.53612	Horizon	MGD		12201.23				9191.72	27644.29	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient				35927.7057	Horizon	MGD		28678.12				20954.82	64975.93	case rate	
PNEUMOTHORAX W CC	200	MS-DRG	inpatient				25971.91545	Horizon	MGD		17289.23				12721.01	39172.16	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient				20674.82378	Horizon	MGD		11242.51				8340.11	27891.99	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient				24265.24935	Horizon	MGD		15122.45				11309.53	38695.65	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient				20514.86848	Horizon	MGD		11211.94				8207.83	30775.53	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient				22342.92922	Horizon	MGD		12347.61				9719.7	96731.64	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient				36444.70414	Horizon	MGD		24416.94				21382.39	55321.38	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient				23636.85347	Horizon	MGD		13890.26				10789.82	31471.12	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient				109248.6519	Horizon	MGD		90025.3				49635	203970.04	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient				49205.42611	Horizon	MGD		39208.02				31835.99	88833.48	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient				156475.459	Horizon	MGD		207285.8				120652.31	469646.8	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient				149198.9203	Horizon	MGD		157979				78485	357932.52	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient				101497.9589	Horizon	MGD		102352				75183.87	231898.61	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient				91949.19882	Horizon	MGD		94992.66				67286.69	215224.56	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient				120719.7331	Horizon	MGD		123727.08				57338	280328.05	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient				85492.4311	Horizon	MGD		83732.46				57338	189712.36	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient				76980.52321	Horizon	MGD		74114.64				17199	167921.3	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient				82551.824	Horizon	MGD		105764.75				59514.71	239676.19	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient				56000.6697	Horizon	MGD		74774.16				37555.91	169415.59	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient				126489.5499	Horizon	MGD		135104.71				19424	306106.31	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient				95546.76526	Horizon	MGD		99096.19				27830	224521.94	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient				121982.2376	Horizon	MGD		122860.04				53769	278363.61	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient				84825.47456	Horizon	MGD		82797.86				61395.1	187594.85	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient				94575.60798	Horizon	MGD		93458.05				47567	211747.62	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient				68305.80366	Horizon	MGD		63158.46				33990	143097.93	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient				79239.89205	Horizon	MGD		75753.8				56775.61	171635.15	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient				50710.71889	Horizon	MGD		44154.46				33180.92	100040.63	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient				30439.23892	Horizon	MGD		25673.26				15559	58167.82	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient				59935.28484	Horizon	MGD		60111.77				20528	136195.06	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient				43118.55407	Horizon	MGD		41088.47				19748	93094.02	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient				36718.91325	Horizon	MGD		33954.33				19748	91806.34	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient				75306.70508	Horizon	MGD		80624.64				53522.72	182671	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient				44163.97631	Horizon	MGD		41611.26				27766.52	94278.51	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient				33254.16985	Horizon	MGD		26989.09				18743.7	61149.1	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient				58488.54614	Horizon	MGD		52437.14				39613.48	118806.67	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient				47024.60576	Horizon	MGD		41731.91				30132.37	94551.86	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient				35370.71844	Horizon	MGD		29115.66				20494.17	65967.26	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient				49828.10631	Horizon	MGD		40863.27				32450.97	92583.77	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient				34008.24191	Horizon	MGD		28129.59				19367.35	63733.12	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient				24743.68713	Horizon	MGD		18114.44				11705.22	41041.84	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient				49273.97739	Horizon	MGD		48077.84				15797	108929.8	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient				37248.76523	Horizon	MGD		33732.34				15797	76427.26	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient				57937.27156	Horizon	MGD		58223.28				12982	131916.3	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient				37465.84745	Horizon	MGD		32040.09				12982	72593.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient				34088.21957	Horizon	MGD		26234.66				12982	59439.78	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient				50939.22648	Horizon	MGD		39480.93				33369.91	87186.12	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient				57234.61071	Horizon	MGD		50809.24				38576.42	115118.34	case rate	
AICD LEAD PROCEDURES	265	MS-DRG	inpatient				61063.54109	Horizon	MGD		50135.24				41743.09	113591.25	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient				99795.57834	Horizon	MGD		115682.47				73775.94	262101.41	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient				80288.17064	Horizon	MGD		94072.54				57642.58	213139.85	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient				108487.436	Horizon	MGD		107835.72				80964.43	244323.05	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient				69982.47813	Horizon	MGD		66771.38				49119.39	151283.7	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient				82811.75139	Horizon	MGD		81422.51				59729.68	184478.72	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient				59950.99474	Horizon	MGD		56201.27				40622.98	127335.03	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient				45430.76529	Horizon	MGD		42114.76				28814.2	95419.27	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient				66246.37896	Horizon	MGD		58754.12				46029.49	133119.02	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient				56874.71125	Horizon	MGD		47908.93				38278.77	108547.12	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient				33248.45416	Horizon	MGD		26656.11				18738.98	60394.67	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient				23629.71261	Horizon	MGD		15757.85				10783.92	35702.5	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient				20846.20447	Horizon	MGD		12048.41				8481.85	27298.05	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient				38745.48998	Horizon	MGD		29030.4				23285.23	65774.1	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient				21154.68972	Horizon	MGD		12331.53				8736.98	27939.5	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient				17569.97684	Horizon	MGD		9593.69				5772.29	21736.39	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient				41376.18366	Horizon	MGD		35080.35				13521	79481.44	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient				26037.61139	Horizon	MGD		18320.35				9969	41508.35	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient				47623.01002	Horizon	MGD		43337.29				30627.27	98189.17	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient				31694.82652	Horizon	MGD		27505.45				17453.88	62319.02	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient				25232.12211	Horizon	MGD		16269.38				12109.17	36861.48	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient				28926.80428	Horizon	MGD		21642.1				15164.81	49034.45	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient				22822.75516	Horizon	MGD		14795.9				10116.57	33523.03	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient				18609.68639	Horizon	MGD		10706.84				6632.17	24258.46	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient				26210.42025	Horizon	MGD		18672.63				12918.26	42306.52	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient				19609.40712	Horizon	MGD		8868.21				7458.97	20092.68	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient				33486.95896	Horizon	MGD		24700.05				18936.23	55962.83	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient				20996.16268	Horizon	MGD		10494.51				8605.87	23777.37	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient				16858.74695	Horizon	MGD		7761.5				5184.08	17585.2	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient				33101.3524	Horizon	MGD		23331.13				18617.32	52861.28	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient				25829.09821	Horizon	MGD		16467.24				12602.89	37309.77	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient				20727.66616	Horizon	MGD		11681.65				8383.82	26467.09	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient				26601.73951	Horizon	MGD		17203.98				13241.9	38979	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient				19989.30099	Horizon	MGD		10705.23				7773.16	24254.81	case rate	
HYPERTENSION W MCC	304	MS-DRG	inpatient				27000.19963	Horizon	MGD		17390.57				13571.44	39401.77	case rate	
HYPERTENSION W/O MCC	305	MS-DRG	inpatient				21351.77353	Horizon	MGD		11580.31				8899.98	26237.48	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient				32538.65245	Horizon	MGD		22661.96				18151.94	51345.12	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient				24052.45166	Horizon	MGD		13769.62				11133.54	31197.78	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient				27759.98738	Horizon	MGD		19361.11				14199.81	43866.41	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient				21226.09833	Horizon	MGD		12281.66				8796.04	27826.52	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient				18488.29173	Horizon	MGD		9045.16				6531.77	20493.59	case rate	
ANGINA PECTORIS	311	MS-DRG	inpatient				20560.56998	Horizon	MGD		11054.3				8245.62	25045.69	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient				22922.76724	Horizon	MGD		12892.93				10199.25	29211.47	case rate	
CHEST PAIN	313	MS-DRG	inpatient				20924.75366	Horizon	MGD		11377.63				8546.82	25778.26	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient				40489.28856	Horizon	MGD		32543.59				24727.42	73733.9	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient				24405.21026	Horizon	MGD		15376.61				11425.28	34838.73	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient				20483.44867	Horizon	MGD		12085.41				8181.84	27381.88	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient				83127.13775	Horizon	MGD		84546.41				59990.71	191556.53	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient				46257.67714	Horizon	MGD		39962.45				29498.09	90542.8	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient				33402.69679	Horizon	MGD		24806.22				18866.54	56203.38	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient				75098.1919	Horizon	MGD		80312.57				53350.27	181963.94	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient				44468.17704	Horizon	MGD		40899.8				28018.11	91964.19	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient				34469.54162	Horizon	MGD		27260.94				19748.86	61765.04	case rate	
RECTAL RESECTION W MCC	332	MS-DRG	inpatient				62398.88234	Horizon	MGD		54663.45				42847.47	123850.8	case rate	
RECTAL RESECTION W CC	333	MS-DRG	inpatient				40289.34441	Horizon	MGD		31010.59				24562.06	70260.6	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient				33514.09424	Horizon	MGD		21011.53				18958.67	47605.77	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient				61647.66363	Horizon	MGD		65341.33				42226.18	148043.65	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient				40657.81291	Horizon	MGD		36968.85				24866.79	83760.2	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient				31961.67077	Horizon	MGD		25790.68				17674.76	58433.87	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient				49728.13923	Horizon	MGD		48052.1				32368.29	109871.49	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient				32592.923	Horizon	MGD		26342.43				18196.83	59683.97	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient				28982.50301	Horizon	MGD		19891.95				15210.88	45069.12	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient				46996.04231	Horizon	MGD		38784.95				30108.75	87874.95	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient				29176.73446	Horizon	MGD		22520.4				15371.51	51024.4	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient				24526.62902	Horizon	MGD		15276.87				11525.68	34612.77	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient				44866.63716	Horizon	MGD		39354.4				28347.65	89165.14	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient				31378.9764	Horizon	MGD		24130.61				17192.85	54672.64	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient				26428.59064	Horizon	MGD		16946.6				13098.98	38395.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient				52364.5464	Horizon	MGD		47709.47				36540.43	108095.1	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient				35123.64461	Horizon	MGD		27844.87				20289.83	63088.03	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient				30050.77601	Horizon	MGD		21793.31				16094.38	49377.04	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient				71697.71326	Horizon	MGD		63953.11				50537.95	144898.36	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient				41964.92671	Horizon	MGD		34370.96				25947.55	77874.17	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient				28886.81545	Horizon	MGD		21688.75				15131.74	49140.14	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient				34183.90713	Horizon	MGD		31271.18				19512.63	70851.02	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient				24705.12647	Horizon	MGD		17836.16				11673.33	40411.32	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient				21211.81663	Horizon	MGD		11956.72				8784.23	27090.31	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient				35550.66817	Horizon	MGD		27970.34				20642.99	63372.3	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient				25476.33961	Horizon	MGD		16703.7				12311.15	37845.53	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient				20823.35371	Horizon	MGD		12186.75				8462.95	27611.49	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient				40567.83804	Horizon	MGD		33217.59				24792.38	75260.99	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient				27704.28865	Horizon	MGD		19410.98				14153.74	43979.39	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient				23321.22736	Horizon	MGD		14729.95				10528.79	33373.6	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient				36159.06964	Horizon	MGD		28774.64				21146.16	65194.6	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient				24640.85871	Horizon	MGD		15929.97				11620.17	39092.47	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient				19633.68605	Horizon	MGD		10507.38				7479.05	23806.53	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient				38418.43848	Horizon	MGD		31303.36				23014.75	70923.92	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient				25914.78855	Horizon	MGD		17614.17				12673.76	39908.37	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient				21403.19174	Horizon	MGD		12350.83				8942.5	27983.24	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient				30559.20541	Horizon	MGD		21732.19				16514.87	49238.55	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient				23097.00428	Horizon	MGD		13758.36				10343.35	31172.26	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient				32968.53236	Horizon	MGD		27312.42				18507.47	61881.66	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient				24466.62167	Horizon	MGD		15765.89				11476.07	35720.72	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient				20360.62584	Horizon	MGD		11207.12				8080.26	25391.93	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient				31348.98478	Horizon	MGD		24622.84				17168.04	55787.89	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient				21964.46351	Horizon	MGD		13563.72				9406.69	30731.27	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient				18573.98208	Horizon	MGD		9506.83				6602.64	21539.59	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient				28809.69414	Horizon	MGD		19649.05				15067.96	44518.79	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient				21810.22089	Horizon	MGD		12151.36				9279.13	27531.31	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient				33721.17925	Horizon	MGD		26262				19129.94	59501.74	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient				23971.04583	Horizon	MGD		15138.53				11066.21	34099.33	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient				19837.91471	Horizon	MGD		10882.18				7647.96	24655.72	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient				89214.24855	Horizon	MGD		86528.2				65024.78	196046.68	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient				51827.54976	Horizon	MGD		45565.2				34104.58	103236.94	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient				41310.48773	Horizon	MGD		32281.38				25406.58	73139.83	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient				63749.93353	Horizon	MGD		65092				43864.84	147478.74	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient				38544.11766	Horizon	MGD		37362.95				23118.69	84653.12	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient				32944.25342	Horizon	MGD		26583.72				18487.39	60230.66	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient				51729.00586	Horizon	MGD		64313.44				10482	145714.75	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient				39803.76577	Horizon	MGD		38315.24				11647	89810.73	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient				32150.18953	Horizon	MGD		27124.21				15908	61455.25	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient				60936.43374	Horizon	MGD		57542.84				28270	130374.63	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient				38808.32957	Horizon	MGD		32474.42				23337.2	73577.18	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient				29716.58365	Horizon	MGD		22409.41				15817.99	50772.92	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient				43692.6794	Horizon	MGD		38982.81				27376.74	88323.24	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient				33936.83329	Horizon	MGD		26770.32				19308.29	60653.43	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient				29345.25881	Horizon	MGD		20979.36				15510.89	47532.87	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient				56303.44226	Horizon	MGD		56584.11				37806.31	128202.45	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient				35006.53446	Horizon	MGD		28618.6				8253	64841.08	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient				30742.01149	Horizon	MGD		24251.25				10272	54945.99	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient				66444.89494	Horizon	MGD		63475.36				16017	143815.92	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient				40400.74186	Horizon	MGD		35246.03				24654.19	79856.83	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient				33468.39272	Horizon	MGD		24014.79				18920.87	54410.23	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient				37954.28243	Horizon	MGD		29373.04				13893	66550.4	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient				25314.95612	Horizon	MGD		16534.8				12177.68	37462.84	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient				20152.11266	Horizon	MGD		10473.59				7907.81	53360.86	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient				35724.90521	Horizon	MGD		27309.2				20787.09	61874.37	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient				26310.39233	Horizon	MGD		18272.09				13000.94	41399.01	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient				22460.03936	Horizon	MGD		13927.26				9816.55	31554.95	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient				34423.8401	Horizon	MGD		26352.09				19711.06	59705.84	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient				22804.22892	Horizon	MGD		13870.96				10101.21	31427.39	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient				19382.3277	Horizon	MGD		9994.23				7271.17	22643.9	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient				36700.34701	Horizon	MGD		29874.92				11778	67687.51	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient				24179.55901	Horizon	MGD		15103.15				11238.66	34219.15	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient				20797.64661	Horizon	MGD		11192.64				8441.69	25359.13	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient				33915.4107	Horizon	MGD		25912.94				19290.57	58710.86	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient				26111.87635	Horizon	MGD		17173.41				12836.76	38909.75	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient				22037.30031	Horizon	MGD		12788.37				9466.93	28974.57	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient				137146.5728	Horizon	MGD		152767.13				17717	346124.02	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient				97941.81048	Horizon	MGD		101933.76				36879	230951.01	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient				76366.40905	Horizon	MGD		80430				54399.14	182230	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient				130976.8678	Horizon	MGD		146787.97				99564.03	332577.04	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient				97356.25977	Horizon	MGD		105276.44				71758.53	238524.49	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient				75300.99239	Horizon	MGD		82379.62				53518	186647.26	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient				105311.1804	Horizon	MGD		102705.89				78337.54	232700.42	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient				62831.61886	Horizon	MGD		64947.23				43205.36	147150.73	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient				107970.4375	Horizon	MGD		72105.5				9917	163369.2	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient				51240.57087	Horizon	MGD		51380.29				11315	116412.17	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient				91477.9019	Horizon	MGD		82551.74				15756	187037.23	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient				53455.66637	Horizon	MGD		47357.18				35451.1	107297.02	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient				37308.74848	Horizon	MGD		29556.42				22096.99	68965.88	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient				84664.09107	Horizon	MGD		82250.94				61261.63	186355.69	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient				60380.87465	Horizon	MGD		55824.85				41178.5	126482.2	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient				46716.99013	Horizon	MGD		44902.46				31532.03	101735.36	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient				58145.78474	Horizon	MGD		51060.18				39330	115686.89	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient				37464.41928	Horizon	MGD		32007.92				22225.74	72520.25	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient				80842.30156	Horizon	MGD		80602.12				8282	182619.97	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient				52798.70703	Horizon	MGD		47402.22				8991	107399.07	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient				45732.10968	Horizon	MGD		38170.47				11229	86482.71	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient				72041.90283	Horizon	MGD		61047.98				22321	138316.21	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient				41220.51286	Horizon	MGD		34565.6				25332.17	78315.16	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient				27398.65974	Horizon	MGD		18510.16				13900.98	41938.41	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient				58705.82835	Horizon	MGD		50484.3				39793.01	114382.13	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient				44633.84505	Horizon	MGD		36663.21				28155.12	83067.72	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient				37211.63275	Horizon	MGD		28922.63				22016.67	65529.91	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient				52705.87582	Horizon	MGD		48747.01				34830.99	110445.96	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient				40223.61848	Horizon	MGD		33174.16				8360	75162.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient				33275.58944	Horizon	MGD		26775.15				9385	60664.37	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient				46069.15838	Horizon	MGD		38340.98				13093	86869.04	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient				57634.499	Horizon	MGD		53149.75				38907.15	120421.23	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient				39272.85862	Horizon	MGD		35685.18				23721.08	80851.81	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient				32654.33441	Horizon	MGD		26545.12				18247.62	60143.19	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient				40676.37915	Horizon	MGD		33981.68				24882.15	76992.18	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient				28266.9886	Horizon	MGD		20869.98				14619.12	47285.04	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient				60035.25991	Horizon	MGD		54539.58				27633	123570.16	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient				44890.91609	Horizon	MGD		36130.76				28367.73	81861.36	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient				37285.89772	Horizon	MGD		28213.24				22078.09	67890.08	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient				61736.21032	Horizon	MGD		55694.56				42299.42	126186.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient				38975.82574	Horizon	MGD		31543.04				23475.4	71466.96	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient				30976.23177	Horizon	MGD		23083.41				16859.76	52300.01	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient				47880.08106	Horizon	MGD		36643.91				30839.88	83023.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient				29011.06646	Horizon	MGD		18003.45				15234.5	40790.36	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient				56903.2747	Horizon	MGD		49351.85				38302.4	111816.33	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient				35379.28748	Horizon	MGD		27143.52				8902	61498.98	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient				30337.83868	Horizon	MGD		20768.63				16331.79	47055.43	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient				48892.65534	Horizon	MGD		41215.55				27418	93381.94	case rate	
FOOT PROCEDURES W CC	504	MS-DRG	inpatient				35256.46465	Horizon	MGD		27820.74				20369.68	63033.36	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient				34950.83574	Horizon	MGD		25412.66				20146.91	57577.39	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient				31478.94848	Horizon	MGD		22686.09				17275.53	51399.79	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient				41034.85044	Horizon	MGD		31247.06				25178.62	70796.36	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient				31070.46915	Horizon	MGD		23282.88				16937.72	52751.94	case rate	
ARTHROSCOPY	509	MS-DRG	inpatient				29530.92123	Horizon	MGD		28868.45				15664.44	60875.75	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient				49445.35808	Horizon	MGD		43953.39				32134.42	99585.05	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient				39065.40061	Horizon	MGD		29715.67				7655	67326.7	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient				33638.30424	Horizon	MGD		24884.5				10564	55474.46	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient				33741.17366	Horizon	MGD		26374.61				18516	59756.86	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient				25464.91423	Horizon	MGD		16082.78				12301.7	40660.37	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient				55742.17048	Horizon	MGD		45577.05				37342.12	112326.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient				39736.64167	Horizon	MGD		30328.54				24104.95	68715.29	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient				31933.10732	Horizon	MGD		22213.16				17651.14	50328.28	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient				62744.50008	Horizon	MGD		49869.82				43133.31	112989.89	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient				38705.50115	Horizon	MGD		29952.13				23252.16	67862.45	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient				31034.78884	Horizon	MGD		21138.61				16908.19	47893.69	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient				33889.7036	Horizon	MGD		24619.62				12781	55780.6	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient				22158.69497	Horizon	MGD		12474.69				9567.33	34640.29	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient				29109.61036	Horizon	MGD		20184.71				15316	45732.44	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient				21831.64348	Horizon	MGD		12177.1				9296.85	27589.62	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient				24400.82474	Horizon	MGD		14646.3				11421.74	33184.08	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient				20717.66895	Horizon	MGD		11694.52				8375.55	26496.24	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient				38931.1524	Horizon	MGD		32480.85				23438.78	73591.76	case rate	
OSTEOMYELITIS W CC	540	MS-DRG	inpatient				29131.03294	Horizon	MGD		20861.93				15333.72	47266.82	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient				22842.78958	Horizon	MGD		14199.11				7723	32170.88	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient				36636.07925	Horizon	MGD		29361.78				8903	66524.88	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient				26167.57508	Horizon	MGD		17252.24				10889	39088.34	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient				21551.72167	Horizon	MGD		12843.06				9065.34	29098.49	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient				46197.6939	Horizon	MGD		39878.8				29448.48	90353.28	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient				27718.57038	Horizon	MGD		19534.84				14165.56	44260.02	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient				22207.25283	Horizon	MGD		13795.35				9607.49	31256.09	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient				38437.00473	Horizon	MGD		33252.98				23030.1	75341.17	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient				27817.11428	Horizon	MGD		20014.2				14247.06	45346.11	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient				23741.11006	Horizon	MGD		14860.25				10876.05	33668.81	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient				34896.56518	Horizon	MGD		25602.48				9165	58007.45	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient				24390.92653	Horizon	MGD		14493.49				11413.47	32837.85	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient				29892.25887	Horizon	MGD		19908.03				15963.27	45105.57	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient				22327.21932	Horizon	MGD		12175.49				9706.71	47368.4	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient				30570.63079	Horizon	MGD		20577.21				16524.32	46621.72	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient				22364.3518	Horizon	MGD		12349.22				9737.42	27979.59	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient				32824.28694	Horizon	MGD		23041.59				18388.17	52205.25	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient				23135.56494	Horizon	MGD		13890.26				10375.24	31471.12	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient				37018.82947	Horizon	MGD		28933.89				21857.22	65555.42	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient				26758.83848	Horizon	MGD		16435.07				13371.82	37236.88	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient				21733.09968	Horizon	MGD		12162.62				9211	27556.82	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient				32308.71668	Horizon	MGD		22650.7				12507	51319.61	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient				23381.2106	Horizon	MGD		13481.68				10578.4	30545.39	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient				32897.12373	Horizon	MGD		25290.41				18448.41	57300.4	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient				24863.85362	Horizon	MGD		15696.72				11804.43	35564.01	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient				21308.93235	Horizon	MGD		12262.36				8864.55	27782.79	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient				52324.55378	Horizon	MGD		48816.18				34515.62	110602.68	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient				34753.74794	Horizon	MGD		27392.85				9078	62063.89	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient				26865.95141	Horizon	MGD		18958.96				11401	42955.26	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient				99395.69005	Horizon	MGD		84475.63				16091	191396.17	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient				59231.19582	Horizon	MGD		48996.35				36864	111010.87	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient				39810.90664	Horizon	MGD		28288.84				24166.37	64093.94	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient				91754.90726	Horizon	MGD		78510.94				67126.05	177881.99	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient				48424.21478	Horizon	MGD		40362.99				31289.9	91450.3	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient				33591.21555	Horizon	MGD		24606.75				19022.45	55751.45	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient				58322.87813	Horizon	MGD		45005.41				39476.46	101968.62	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient				35534.95828	Horizon	MGD		25573.52				20630	57941.85	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient				29823.69869	Horizon	MGD		19888.73				8609	45061.83	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient				34399.56117	Horizon	MGD		25246.98				10681	57202	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient				32325.85475	Horizon	MGD		22168.12				14701	50226.23	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient				38562.6839	Horizon	MGD		30103.34				23134.04	68205.04	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient				34640.92231	Horizon	MGD		25185.85				19890.6	57063.5	case rate	
SKIN ULCERS W MCC	592	MS-DRG	inpatient				40440.73069	Horizon	MGD		27478.11				24687.26	62257.06	case rate	
SKIN ULCERS W CC	593	MS-DRG	inpatient				27869.95666	Horizon	MGD		18167.53				14290.76	41162.11	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient				21835.92799	Horizon	MGD		13032.88				9300.39	29528.55	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient				41653.34912	Horizon	MGD		31861.27				25690.06	72414.56	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient				25000.75818	Horizon	MGD		16270.99				11917.82	36865.13	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient				33448.39831	Horizon	MGD		27667.92				18904.34	62687.12	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient				27711.42951	Horizon	MGD		18696.76				14159.65	42361.19	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient				19465.1617	Horizon	MGD		11524.01				7339.68	26109.91	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient				25236.40663	Horizon	MGD		15378.22				12112.71	34842.38	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient				19482.29977	Horizon	MGD		9960.45				7353.85	22567.36	case rate	
CELLULITIS W MCC	602	MS-DRG	inpatient				31834.56342	Horizon	MGD		23228.18				17569.64	52628.02	case rate	
CELLULITIS W/O MCC	603	MS-DRG	inpatient				23225.5398	Horizon	MGD		13636.1				10449.65	30895.27	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient				32101.63167	Horizon	MGD		22790.64				17790.51	51636.69	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient				23569.72936	Horizon	MGD		13842				10734.31	31361.78	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient				33238.45695	Horizon	MGD		22211.55				18730.71	50324.64	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient				23351.21898	Horizon	MGD		12884.89				10553.59	29193.25	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient				42758.65461	Horizon	MGD		38020.87				26604.27	86143.77	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient				31600.34314	Horizon	MGD		23826.58				17375.93	53983.82	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient				67113.27965	Horizon	MGD		66518.83				46746.45	150711.5	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient				38932.58057	Horizon	MGD		33355.93				23439.96	75574.43	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient				27178.72118	Horizon	MGD		18648.5				13719.08	42251.85	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient				47558.74226	Horizon	MGD		46982.38				30574.12	106447.83	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient				33758.31173	Horizon	MGD		29109.23				19160.65	65952.68	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient				32260.15881	Horizon	MGD		25388.53				17921.62	57522.72	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient				65226.66382	Horizon	MGD		61094.63				45186.15	138421.91	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient				37174.50027	Horizon	MGD		30936.6				21985.96	70092.95	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient				26507.48012	Horizon	MGD		20847.46				13163.94	47234.02	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient				52310.27205	Horizon	MGD		44772.16				34503.81	101440.15	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient				31897.40301	Horizon	MGD		25908.11				17621.61	58699.93	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient				28242.70967	Horizon	MGD		17453.31				14599.04	39543.91	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient				67924.48161	Horizon	MGD		59116.05				47417.35	133939.05	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient				42907.18464	Horizon	MGD		37620.33				26727.11	85238.26	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient				30532.07013	Horizon	MGD		24683.97				16492.43	55926.39	case rate	
DIABETES W MCC	637	MS-DRG	inpatient				31289.00154	Horizon	MGD		22219.59				17118.44	50342.86	case rate	
DIABETES W CC	638	MS-DRG	inpatient				23435.48115	Horizon	MGD		14030.21				10623.28	31788.2	case rate	
DIABETES W/O CC/MCC	639	MS-DRG	inpatient				19480.87416	Horizon	MGD		10164.74				7352.67	23030.23	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG	inpatient				29373.82226	Horizon	MGD		19145.56				15534.51	43378.03	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG	inpatient				21750.23764	Horizon	MGD		12095.06				9229.52	27403.75	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient				29203.86974	Horizon	MGD		20324.66				15393.95	46049.52	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient				34085.36322	Horizon	MGD		26286.13				19431.13	59556.41	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient				25753.40506	Horizon	MGD		16287.08				12540.29	36901.58	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient				21457.46229	Horizon	MGD		11950.29				8987.39	27075.73	case rate	
KIDNEY TRANSPLANT	652	MS-DRG	inpatient				53498.51154	Horizon	MGD		53318.66				35486.53	120803.91	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient				87906.04257	Horizon	MGD		88296.05				63942.84	200052.09	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient				49686.71923	Horizon	MGD		46219.9				32334.04	104720.29	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient				40693.51722	Horizon	MGD		33413.84				24896.32	75705.63	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient				55400.83727	Horizon	MGD		53527.77				37059.83	121277.71	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient				36928.8546	Horizon	MGD		31325.88				21762.81	70974.94	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient				31733.16318	Horizon	MGD		25197.11				17485.77	57089.01	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient				47564.45495	Horizon	MGD		43868.13				30578.84	99391.89	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient				29812.27121	Horizon	MGD		23286.09				19897.12	52759.23	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient				25563.45813	Horizon	MGD		17257.06				12383.2	39099.27	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient				53388.54226	Horizon	MGD		51132.57				35395.58	115850.9	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient				31427.53427	Horizon	MGD		26385.87				17233.01	59782.37	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient				25751.97689	Horizon	MGD		19073.17				12539.11	43214.02	case rate	
PROSTATECTOMY W MCC	665	MS-DRG	inpatient				54708.17362	Horizon	MGD		51134.18				36486.97	115854.54	case rate	
PROSTATECTOMY W CC	666	MS-DRG	inpatient				35117.83192	Horizon	MGD		28618.6				20285.1	64841.08	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient				25580.59619	Horizon	MGD		17379.31				12397.37	39376.26	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient				50836.39807	Horizon	MGD		45275.66				33284.86	102580.91	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient				32507.23265	Horizon	MGD		25456.1				18125.96	57675.8	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient				24338.08615	Horizon	MGD		15498.86				11369.77	35115.72	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient				35039.38243	Horizon	MGD		27080.78				20220.14	61356.84	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient				23768.24534	Horizon	MGD		17001.29				10898.49	38519.78	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient				63404.31576	Horizon	MGD		57544.45				43679	130378.28	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient				44612.42246	Horizon	MGD		37192.44				28137.4	94266.8	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient				33248.45416	Horizon	MGD		26144.58				18738.98	59235.68	case rate	
RENAL FAILURE W MCC	682	MS-DRG	inpatient				32024.51036	Horizon	MGD		24643.75				17726.73	55835.27	case rate	
RENAL FAILURE W CC	683	MS-DRG	inpatient				23455.47557	Horizon	MGD		14783.03				10639.82	33493.87	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient				19280.92745	Horizon	MGD		9970.1				7187.31	22589.23	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient				36860.30232	Horizon	MGD		27629.31				21726.11	62599.65	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient				25519.18478	Horizon	MGD		16949.82				12346.58	38403.15	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient				21743.09678	Horizon	MGD		12722.42				9223.62	28825.14	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient				27362.95543	Horizon	MGD		17881.2				13871.45	40513.37	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient				22114.42162	Horizon	MGD		12773.89				9530.72	28941.77	case rate	
URINARY STONES W MCC	693	MS-DRG	inpatient				30817.70463	Horizon	MGD		21291.43				16728.66	48239.93	case rate	
URINARY STONES W/O MCC	694	MS-DRG	inpatient				21768.80389	Horizon	MGD		11293.98				9244.88	25588.74	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient				27671.44969	Horizon	MGD		18477.99				14126.58	41955.52	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient				20474.87963	Horizon	MGD		11076.82				8174.75	25096.72	case rate	
URETHRAL STRICTURE	697	MS-DRG	inpatient				26487.48571	Horizon	MGD		15442.56				13147.4	34988.16	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient				34218.18327	Horizon	MGD		25980.5				19540.98	58863.93	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient				29169.28253	Horizon	MGD		16534.8				12057.2	37462.84	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient				20706.24357	Horizon	MGD		12220.53				8366.1	27688.03	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient				38609.8136	Horizon	MGD		28816.46				23173.02	65289.36	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient				31420.39341	Horizon	MGD		22624.96				17227.1	51261.3	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient				40867.75426	Horizon	MGD		32683.53				25040.42	74050.98	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient				28218.43074	Horizon	MGD		26855.58				14578.96	60846.6	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient				40909.17126	Horizon	MGD		33515.18				25074.68	75935.24	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient				27562.89958	Horizon	MGD		17321.4				14036.81	39245.05	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient				31308.99593	Horizon	MGD		23540.25				17134.97	53335.08	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient				24279.53108	Horizon	MGD		14646.3				11321.34	33184.08	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient				42117.40517	Horizon	MGD		35548.45				26073.93	80542.02	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient				30901.9668	Horizon	MGD		23533.82				16798.34	53320.5	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient				36493.3362	Horizon	MGD		31436.87				21422.55	71226.42	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient				27382.94985	Horizon	MGD		19827.6				13887.99	44923.34	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient				37365.87538	Horizon	MGD		26697.93				22144.24	60489.43	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient				26504.62378	Horizon	MGD		17718.73				13161.58	40145.27	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient				22151.55411	Horizon	MGD		11086.47				9561.43	25118.58	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient				28312.60612	Horizon	MGD		19533.23				14656.92	44256.38	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient				21029.01055	Horizon	MGD		12297.75				8633.04	27862.97	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient				33741.17366	Horizon	MGD		23131.67				19146.47	52409.35	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient				22017.30589	Horizon	MGD		12730.46				9450.4	28843.06	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient				24927.92138	Horizon	MGD		17405.05				11857.58	39434.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient				19468.01805	Horizon	MGD		9143.28				7342.04	20715.91	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient				41633.2547	Horizon	MGD		37092.71				25673.52	84040.83	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient				28588.32741	Horizon	MGD		21957.39				14884.88	49748.79	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient				66106.41806	Horizon	MGD		64836.23				45913.74	146899.25	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient				38779.76612	Horizon	MGD		32677.1				23313.58	74036.4	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient				30079.33946	Horizon	MGD		22396.54				16118	50743.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG	inpatient				62237.49886	Horizon	MGD		57872.6				42714	131121.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient				36111.93995	Horizon	MGD		28036.29				21107.19	63521.73	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient				29146.74284	Horizon	MGD		21358.99				15346.71	48393	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient				36039.10316	Horizon	MGD		27571.4				21046.95	62468.44	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient				27185.86205	Horizon	MGD		17945.54				13724.99	40659.16	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient				37474.41648	Horizon	MGD		27190.17				22334.01	61604.67	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient				25384.93657	Horizon	MGD		17202.37				12235.55	38975.35	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient				34528.09669	Horizon	MGD		26987.48				19797.29	61145.45	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient				23261.24411	Horizon	MGD		15413.61				10479.18	34922.56	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient				30654.89299	Horizon	MGD		29815.28				16594	47161.12	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient				46540.45529	Horizon	MGD		41855.77				29731.96	94832.49	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient				30013.64353	Horizon	MGD		19687.66				16063.67	44606.26	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient				37047.39292	Horizon	MGD		29620.76				21880.84	67111.66	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient				26081.88473	Horizon	MGD		17210.41				12811.96	38993.58	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient				24725.12089	Horizon	MGD		12548.69				11689.86	28431.52	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient				31893.11849	Horizon	MGD		23178.32				17618.06	52515.04	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient				24766.53789	Horizon	MGD		16414.15				11724.11	37189.5	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient				19819.34847	Horizon	MGD		11432.32				7632.6	25902.17	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient				24806.52672	Horizon	MGD		14022.17				11757.19	31769.98	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient				19239.51045	Horizon	MGD		8837.65				7153.06	20023.43	case rate	
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG	inpatient				27987.0668	Horizon	MGD		18199.7				18199.7	41235	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient				32640.05269	Horizon	MGD		23451.78				18235.81	53134.62	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient				21997.31148	Horizon	MGD		17178.24				9433.86	38920.68	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient				20826.21006	Horizon	MGD		10600.67				8465.32	24017.91	case rate	
ABORTION W/O D&C	779	MS-DRG	inpatient				24717.98003	Horizon	MGD		12133.67				11683.96	27491.22	case rate	
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG	inpatient				35894.85774	Horizon	MGD		28078.11				26825.1	63616.49	case rate	
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG	inpatient				25216.41222	Horizon	MGD		17728.38				17582.77	40167.14	case rate	
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG	inpatient				22962.75607	Horizon	MGD		13600.71				13600.71	30815.09	case rate	
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG	inpatient				35576.37528	Horizon	MGD		25010.51				25010.51	56666.24	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG	inpatient				25602.01878	Horizon	MGD		17390.57				17390.57	39401.77	case rate	
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG	inpatient				22801.37258	Horizon	MGD		14488.66				14488.66	32826.91	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient				36574.66783	Horizon	MGD		26762.28				2972	60635.21	case rate	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient				96282.27408	Horizon	MGD		88252.62				4276	199953.69	case rate	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient				69112.7211	Horizon	MGD		60274.24				4276	136563.16	case rate	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient				45802.0622	Horizon	MGD		36367.23				2972	82397.12	case rate	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient				70706.56157	Horizon	MGD		61913.41				4276	140277.01	case rate	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient				31868.83956	Horizon	MGD		21913.96				2972	49650.39	case rate	
NORMAL NEWBORN	795	MS-DRG	inpatient				13471.12186	Horizon	MGD		2966.26				1269	11714.02	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG	inpatient				30647.89625	Horizon	MGD		23617.47				13623.23	53510.02	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG	inpatient				24813.66758	Horizon	MGD		13623.23				13623.23	30866.12	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG	inpatient				22175.83304	Horizon	MGD		13623.23				13623.23	30866.12	case rate	
SPLENECTOMY W MCC	799	MS-DRG	inpatient				81350.73096	Horizon	MGD		75629.94				58521.36	171354.51	case rate	
SPLENECTOMY W CC	800	MS-DRG	inpatient				50832.11355	Horizon	MGD		42254.7				33281.32	95736.35	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient				36150.50061	Horizon	MGD		25034.64				5977	56720.91	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient				59009.82908	Horizon	MGD		53843.06				8199	121992.05	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient				37128.79875	Horizon	MGD		27701.7				13379	62763.66	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient				27877.89752	Horizon	MGD		19793.82				14296.66	44846.8	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG	inpatient				24989.3328	Horizon	MGD		16459.2				16459.2	37291.55	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG	inpatient				21254.6618	Horizon	MGD		11379.24				11379.24	25781.9	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG	inpatient				19935.03044	Horizon	MGD		9876.8				9876.8	22377.84	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient				41868.90316	Horizon	MGD		34572.03				25868.41	78329.74	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient				27791.40717	Horizon	MGD		19375.59				14225.79	43899.21	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient				24936.49041	Horizon	MGD		14831.29				11864.67	33603.21	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient				30636.32672	Horizon	MGD		21812.62				16578.65	49420.78	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient				23454.62474	Horizon	MGD		14207.16				10638.64	32189.11	case rate	
COAGULATION DISORDERS	813	MS-DRG	inpatient				32869.98846	Horizon	MGD		25922.59				18425.97	58732.73	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient				40983.43623	Horizon	MGD		26751.02				25136.1	60609.7	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient				24789.38865	Horizon	MGD		15727.28				11743.01	35633.25	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient				20733.37885	Horizon	MGD		11607.66				8388.54	26299.43	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient				42795.78709	Horizon	MGD		40724.93				26634.98	92270.34	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient				27344.38919	Horizon	MGD		21852.83				13856.09	49511.89	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient				23546.87861	Horizon	MGD		13496.15				10715.41	30578.19	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient				99947.80045	Horizon	MGD		87567.36				71420.72	198401.09	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient				42468.7356	Horizon	MGD		38514.71				6969	87262.66	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient				28282.6985	Horizon	MGD		19460.84				8721	44092.37	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient				74885.3942	Horizon	MGD		72782.72				12547	164903.57	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient				42480.16097	Horizon	MGD		35299.12				22652	79977.1	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient				29033.91722	Horizon	MGD		21860.87				15253.4	49530.11	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient				73270.13115	Horizon	MGD		79591.92				51838.4	180331.16	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient				43684.11036	Horizon	MGD		36220.85				27369.65	82065.46	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient				34018.23912	Horizon	MGD		26307.04				19375.62	59603.79	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient				55632.20121	Horizon	MGD		50022.63				37251.17	113336.13	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient				33172.76102	Horizon	MGD		22822.82				18676.38	51709.58	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient				25012.18356	Horizon	MGD		16538.02				11927.27	37470.13	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient				21126.12628	Horizon	MGD		11562.62				8713.36	26197.38	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient				17899.89468	Horizon	MGD		7726.11				6045.14	17505.01	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient				90553.87432	Horizon	MGD		88598.47				66132.7	200737.28	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient				42517.29346	Horizon	MGD		34359.7				26404.65	77848.66	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient				27690.00693	Horizon	MGD		19505.88				14141.93	44194.42	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient				78522.94947	Horizon	MGD		86447.77				56182.68	195864.45	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient				38474.13721	Horizon	MGD		37843.92				23060.81	85742.86	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient				29201.01339	Horizon	MGD		20202.41				15391.59	45772.53	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient				55223.74388	Horizon	MGD		52969.59				36913.36	120013.03	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient				33062.79174	Horizon	MGD		26297.39				18585.43	59581.92	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient				25820.52917	Horizon	MGD		18034.01				12595.8	40859.61	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient				37163.07489	Horizon	MGD		29694.76				21976.51	67279.32	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient				27117.35977	Horizon	MGD		18962.18				13668.29	42962.54	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient				22942.76165	Horizon	MGD		13933.69				10215.78	31569.53	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient				45495.03305	Horizon	MGD		45328.74				28867.35	102701.18	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient				27908.51731	Horizon	MGD		21338.08				14322.65	48345.62	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient				21437.46787	Horizon	MGD		15001.8				8970.85	33989.54	case rate	
RADIOTHERAPY	849	MS-DRG	inpatient				49028.33173	Horizon	MGD		31692.64				31692.64	71805.91	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient				81989.12405	Horizon	MGD		81348.51				59049.33	184311.07	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient				39699.50918	Horizon	MGD		35434.24				24074.24	80283.25	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient				34895.13701	Horizon	MGD		25094.16				20100.84	56855.76	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient				73835.68744	Horizon	MGD		72198.79				52306.14	163580.58	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient				41091.97734	Horizon	MGD		33084.08				25225.86	74958.49	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient				28919.66342	Horizon	MGD		22200.29				15158.9	50299.12	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient				36897.43481	Horizon	MGD		29400.38				21756.82	66612.35	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient				24950.77214	Horizon	MGD		19841.49				11876.48	35892.02	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient				23198.40453	Horizon	MGD		13903.13				10427.21	31500.28	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient				34011.09826	Horizon	MGD		22234.07				19369.71	50375.66	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient				23696.83671	Horizon	MGD		13196.95				10839.43	29900.3	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient				40472.15049	Horizon	MGD		34309.83				24713.24	77735.67	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient				26093.31011	Horizon	MGD		17323.01				12821.4	39248.7	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient				20454.88522	Horizon	MGD		12352.44				8158.22	27986.88	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient				110061.282	Horizon	MGD		101266.2				82266.06	229438.5	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient				38950.44529	Horizon	MGD		29862.05				23417.52	67658.35	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient				25299.24622	Horizon	MGD		16936.95				12164.68	38373.99	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient				63882.75354	Horizon	MGD		53106.32				44074.69	120322.82	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient				24223.83235	Horizon	MGD		1933				1933	21064.2	per diem	
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient				23536.8814	Horizon	MGD		1933				1933	20466.85	per diem	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient				24005.32197	Horizon	MGD		1933				1933	20874.19	per diem	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient				37374.44441	Horizon	MGD		1933				1933	32639.46	per diem	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient				35682.06004	Horizon	MGD		1933				1933	31027.88	per diem	
PSYCHOSES	885	MS-DRG	inpatient				30105.04651	Horizon	MGD		1933				1933	26178.3	per diem	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient				34608.07435	Horizon	MGD		1933				1933	30093.98	per diem	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient				29093.90046	Horizon	MGD		1933				1933	25299.04	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient				18795.34881	Horizon	MGD		1933				1933	94620.59	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient				33566.59062	Horizon	MGD		1933				1933	29188.64	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient				35984.8326	Horizon	MGD		1933				1933	31291.16	per diem	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient				22809.94161	Horizon	MGD		1933				1933	19834.73	per diem	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient				72398.94594	Horizon	MGD		71822.38				13124	162727.75	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient				37507.26443	Horizon	MGD		30891.55				22261.17	69960.9	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient				28321.25916	Horizon	MGD		18722.5				14664	56429.51	case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient				57094.64981	Horizon	MGD		51893.44				38460.67	117574.8	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient				33208.46533	Horizon	MGD		28459.35				18705.9	64480.26	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient				37462.99111	Horizon	MGD		29649.72				22224.56	67177.27	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient				63711.37284	Horizon	MGD		67820.18				43932.95	153659.98	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient				39212.50237	Horizon	MGD		32056.18				23671.47	72629.59	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient				29960.80115	Horizon	MGD		21320.38				16019.96	48305.53	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient				31934.53549	Horizon	MGD		23676.98				17652.32	53694.99	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient				23954.01947	Horizon	MGD		13476.85				10721.32	34762.6	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient				35926.27753	Horizon	MGD		26974.61				20953.64	61116.3	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient				19999.2982	Horizon	MGD		10219.44				7781.43	23154.14	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient				33382.70237	Horizon	MGD		23705.94				18850	53710.47	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient				22885.83476	Horizon	MGD		12526.17				10168.54	28380.5	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient				36650.36097	Horizon	MGD		29345.69				21552.48	66488.44	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient				25354.94495	Horizon	MGD		16135.87				12210.75	36658.98	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient				20556.28546	Horizon	MGD		11366.37				8242.06	25752.74	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient				35510.67934	Horizon	MGD		25068.42				20609.92	59797.45	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient				25035.03431	Horizon	MGD		13991.6				11946.17	37582.48	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient				387038.1935	Horizon	MGD		295733.07				295733.07	670041.49	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient				109415.7481	Horizon	MGD		94514.9				81732.17	214142.12	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient				56513.38382	Horizon	MGD		47810.81				37979.94	108324.8	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient				53892.68714	Horizon	MGD		46010.79				33318	104246.49	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient				40475.00683	Horizon	MGD		29493.68				24715.61	66823.74	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient				39740.92619	Horizon	MGD		29303.87				24108.49	66393.68	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient				565.10.52727	Horizon	MGD		52741.17				37977.58	119495.5	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient				41533.28263	Horizon	MGD		34979.01				25590.84	79251.83	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient				37097.37895	Horizon	MGD		29781.62				21922.18	67476.12	case rate	
REHABILITATION W CC/MCC	945	MS-DRG	inpatient				32148.76136	Horizon	MGD		21955.78				17929.49	49745.15	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient				25053.60056	Horizon	MGD		16772.87				11961.53	38002.24	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient				28465.50458	Horizon	MGD		19393.28				14783.3	43939.3	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient				22030.15945	Horizon	MGD		12550.3				9461.03	28435.17	case rate	
AFTERCARE W CC/MCC	949	MS-DRG	inpatient				25387.79291	Horizon	MGD		18437.77				12237.92	41774.41	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient				19662.27743	Horizon	MGD		11982.46				7420	27148.63	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient				19016.71555	Horizon	MGD		12843.06				6968.8	29098.49	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient				97569.05747	Horizon	MGD		98074.73				71934.52	222207.62	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient				65977.88254	Horizon	MGD		60866.21				45807.44	137904.37	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient				113883.0715	Horizon	MGD		122229.47				85426.82	276934.93	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient				68357.21787	Horizon	MGD		67236.26				47775.24	152336.99	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient				46757.53751	Horizon	MGD		39421.96				29911.49	89318.21	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient				49641.01771	Horizon	MGD		44960.37				32296.24	101866.57	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient				32027.3667	Horizon	MGD		23725.24				17729.09	53754.21	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient				24242.3986	Horizon	MGD		15672.59				11290.63	35509.34	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient				108743.0788	Horizon	MGD		90060.69				81175.85	204050.22	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient				44929.47675	Horizon	MGD		44842.94				28399.62	101600.51	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient				52043.14795	Horizon	MGD		43802.18				34448.3	99242.46	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient				30060.77322	Horizon	MGD		20749.33				16102.65	47011.7	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient				22662.83985	Horizon	MGD		15098.32				9984.28	34208.22	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient				30814.84828	Horizon	MGD		18819.01				16726.29	42638.18	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient				78291.58553	Horizon	MCD		70303.86				11302	159287.24	case rate		
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient				46094.86548	Horizon	MCD		39457.35				14901	89398.39	case rate		
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient				33943.97415	Horizon	MCD		25240.54				19314.2	57187.42	case rate		
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient				58815.59763	Horizon	MCD		53608.2				39883.96	121459.94	case rate		
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient				34826.58473	Horizon	MCD		27235.21				20044.15	61706.72	case rate		
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient				29019.04514	Horizon	MCD		16740.7				12759.99	37929.35	case rate		
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient				397605.2416	Horizon	PPO		449904.57				320075.66	962560.73	case rate		
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient				185457.3628	Horizon	PPO		228655.69				144621.43	489203.72	case rate		
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient				315081.1521	Horizon	PPO		311696.21				251825.15	666867.04	case rate		
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient				225531.8504	Horizon	PPO		194526.07				173629.34	416184.16	case rate		
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient				158406.3481	Horizon	PPO		174685.41				122249.23	373735.51	case rate		
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient				79699.77196	Horizon	PPO		82883.79				57131.14	234847	case rate		
LUNG TRANSPLANT	007	MS-DRG	inpatient				185775.8453	Horizon	PPO		181439.79				144884.83	388186.35	case rate		
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient				85736.54686	Horizon	PPO		89416.72				62148.67	191305.05	case rate		
PANCREAS TRANSPLANT	010	MS-DRG	inpatient				79337.00778	Horizon	PPO		76894.29				56855.93	164513.6	case rate		
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient				84231.35482	Horizon	PPO		83682.73				60903.74	260411	case rate		
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG	inpatient				67787.37705	Horizon	PPO		64966.38				47303.96	260411	case rate		
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient				48946.9259	Horizon	PPO		39631.93				31722.2	260411	case rate		
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient				174271.916	Horizon	PPO		203573.36				135370.65	435540.63	case rate		
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient				98808.71117	Horizon	PPO		111398.68				72959.76	238334.97	case rate		
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient				98808.71117	Horizon	PPO		74632.04				70474.37	159673.57	case rate		
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient				131305.3474	Horizon	PPO		177594.99				99835.69	379960.48	case rate		
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient				98300.28177	Horizon	PPO		134671.9				72539.27	288127.5	case rate		
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient				60243.77009	Horizon	PPO		87658.01				41065.11	187970.25	case rate		
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient				91550.7387	Horizon	PPO		93012.8				66957.14	198998.8	case rate		
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient				64701.05636	Horizon	PPO		66766.98				44751.49	313612.23	case rate		
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient				73658.59406	Horizon	PPO		72867.21				52159.67	155897.77	case rate		
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient				52765.85907	Horizon	PPO		51372.45				34880.6	109910.2	case rate		
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient				45336.5059	Horizon	PPO		40981.1				28736.25	87678.14	case rate		
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient				96653.39662	Horizon	PPO		91559.72				71177.4	195889.96	case rate		
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient				59551.10645	Horizon	PPO		53757.35				40492.25	115012.64	case rate		
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient				43709.81747	Horizon	PPO		37063.05				27390.91	79295.56	case rate		
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient				69382.6457	Horizon	PPO		71255.7				48623.3	152449.97	case rate		
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient				41350.47656	Horizon	PPO		39216.27				25439.65	103005.11	case rate		
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient				33768.30894	Horizon	PPO		28749.97				19168.92	169398.47	case rate		
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient				66309.21855	Horizon	PPO		61322.59				46081.46	279134.99	case rate		
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient				43431.32384	Horizon	PPO		37822.81				27160.59	80921.05	case rate		
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient				36414.71252	Horizon	PPO		29402.41				21357.59	62605.8	case rate		
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient				58799.88773	Horizon	PPO		54678.94				39870.97	116984.37	case rate		
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient				33439.82927	Horizon	PPO		28477.41				18897.25	60926.78	case rate		
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient				26885.94583	Horizon	PPO		19290.43				13476.94	41271.45	case rate		
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient				65682.27677	Horizon	PPO		66916.89				45480.26	143167.18	case rate		
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient				42448.74118	Horizon	PPO		40175.34				26347.96	85954.25	case rate		
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient				35437.84255	Horizon	PPO		31881				20549.68	102408.62	case rate		
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient				38361.31159	Horizon	PPO		28966.31				22967.5	80333.48	case rate		
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient				24640.85871	Horizon	PPO		15571.69				11620.17	98314.19	case rate		
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient				31634.61928	Horizon	PPO		27404.27				17404.27	143596.19	case rate		
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient				25917.6449	Horizon	PPO		17839.05				12676.12	38166.25	case rate		
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient				44780.94682	Horizon	PPO		36190.86				28276.78	77429.53	case rate		
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient				30059.34505	Horizon	PPO		20593.61				16101.46	44059.57	case rate		
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient				35267.89003	Horizon	PPO		29974.79				20409.13	64130.38	case rate		
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient				27545.76151	Horizon	PPO		18726.58				14022.64	40065.09	case rate		
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient				23406.9177	Horizon	PPO		14185.04				10599.66	30348.58	case rate		
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient				50619.31585	Horizon	PPO		48510.57				33105.33	103787.27	case rate		
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient				37321.60203	Horizon	PPO		33110.93				22107.62	121708.96	case rate		
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient				31824.56621	Horizon	PPO		27732.98				17561.37	136083.64	case rate		
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient				39196.79248	Horizon	PPO		31841.82				23658.47	215326.95	case rate		
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient				25106.44294	Horizon	PPO		17571.6				12005.23	37594.05	case rate		
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient				20409.1837	Horizon	PPO		12381.04				8120.42	29488.95	case rate		
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient				30826.27366	Horizon	PPO		25576.35				16735.74	54720.02	case rate		
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient				23029.88017	Horizon	PPO		15309.35				10287.83	32754.02	case rate		
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient				21997.31148	Horizon	PPO		13040.29				9433.86	27899.41	case rate		
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient				36147.64426	Horizon	PPO		28027.69				21136.72	99964.6	case rate		
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient				25754.83324	Horizon	PPO		16793.1				12541.47	35928.47	case rate		
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient				21773.0884	Horizon	PPO		12639.97				9248.42	27042.93	case rate		
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient				32198.7474	Horizon	PPO		24038.09				17870.83	51428.95	case rate		
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient				25246.80384	Horizon	PPO		16590.39				12120.98	35494.76	case rate		
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient				37922.86264	Horizon	PPO		25239.06				22604.89	53998.39	case rate		
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient				23765.38899	Horizon	PPO		14050.47				10896.13	30060.66	case rate		
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient				32168.75578	Horizon	PPO		26438.32				17846.03	56564.19	case rate		
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient				25113.5838	Horizon	PPO		16525.65				12011.13	35356.26	case rate		
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient				21170.39962	Horizon	PPO		12716.63				8749.97	27206.94	case rate		
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient				42134.54324	Horizon	PPO		32005.36				26088.1	68474.74	case rate		
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient				23579.72657	Horizon	PPO		14558.11				10742.58	31146.75	case rate		
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient				43128.55127	Horizon	PPO		36771.75				26910.19	78672.34	case rate		
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient				29962.22932	Horizon	PPO		22060.33				16021.15	47197.57	case rate		
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient				23725.40016	Horizon	PPO		15728.42				10863.05	33650.59	case rate		
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient				43050.00179	Horizon	PPO		37136.3				26845.22	79452.28	case rate		
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient				29400.95754	Horizon	PPO		21176.21				15556.95	45306.02	case rate		
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient				23246.96239	Horizon	PPO		14399.69				10467.37	30807.8	case rate		
CONCUSSION W MCC	088	MS-DRG	inpatient				32495.80727	Horizon	PPO		25204.99				18116.51	53925.5	case rate		
CONCUSSION W CC	089	MS-DRG	inpatient				27013.05318	Horizon	PPO		18184.86				13582.07	38906.11	case rate		
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient				23941.85421	Horizon	PPO		13515.57				11041.41	28916.26	case rate		
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient				36143.35975	Horizon	PPO		27460.42				21133.17	58750.95	case rate		
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient				25244.97567	Horizon	PPO		16069.12				12119.8	34379.51	case rate		
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient				21650.26557	Horizon	PPO		12568.42				9146.84	26889.86	case rate		
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient				62328.90189	Horizon	PPO		62653.03				42789.59	134044.74	case rate		
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient				44640.98591	Horizon	PPO		40558.63				28161.03	86774.28	case rate		
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient				41720.37322	Horizon	PPO		35960.89				25745.57	76937.51	case rate		
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient				62531.70238	Horizon	PPO		60285.16				42957.32	128978.75	case rate		
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient				41360.47076	Horizon	PPO		31523.27				25447.92	67443.32	case rate		
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient				29445.23089	Horizon	PPO		21683.85				15593.57	46392.11	case rate		
SEIZURES W MCC	100	MS-DRG	inpatient				38904.01712	Horizon	PPO		30874.23				23416.34	66054.73	case rate		
SEIZURES W/O MCC	101	MS-DRG	inpatient				23581.15474	Horizon	PPO		14808.53				10743.76	31682.51	case rate		
HEADACHES W MCC	102	MS-DRG	inpatient				27822.82694	Horizon	PPO		18338.18				14251.78	39234.12	case rate		
HEADACHES W/O MCC	103	MS-DRG	inpatient				22621.42285	Horizon	PPO		13311.15				9950.02	28478.9	case rate		
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient				46399.06622	Horizon	PPO		39226.49				29615.02	83924.2	case rate		
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient				28182.72643	Horizon	PPO		21380.63				14549.43	45743.37	case rate		
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient				32932.82805	Horizon	PPO		23203.37				18477.94	49643.1	case rate		
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient				36737.47949	Horizon	PPO		29095.78				21624.53	62249.77	case rate		
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient				27705.71682	Horizon	PPO		17077.59				14154.93	36537.12	case rate		
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient				28888.24362	Horizon	PPO		18045.18				15132.92	38607.25	case rate		
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient				21223.24201	Horizon	PPO		12023.3				8793.68	25723.59	case rate		
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient				22073.35462	Horizon	PPO		12825.65				9496.46	27440.19	case rate		
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient				29469.50982	Horizon	PPO		22678.7				15613.65	48520.56	case rate		
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient				21980.17341	Horizon	PPO		13801.76				9419.69	29528.55	case rate		
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient				46467.05995	Horizon	PPO		39149.84				31325.33	83760.2	case rate		
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient				24002.46582	Horizon	PPO		20654.94				11092.2	44190.78	case rate		
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient				32080.20908	Horizon	PPO		23458.9				17772.79	50189.79	case rate		
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient				22954.18703	Horizon	PPO		14397.98				10225.23	30804.16	case rate		
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient				27552.90237	Horizon	PPO		19767.41				14028.54	42291.94	case rate		
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient				40739.21874	Horizon	PPO		32760.01				24934.12	70089.3	case rate		
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient				28239.85333	Horizon	PPO		21302.27				14596.68	45575.72	case rate		
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient				23296.94843	Horizon	PPO		12329.93				10508.71	26379.61	case rate		
DYSEQUILIBRIUM	149	MS-DRG	inpatient				21226.09835	Horizon	PPO		12113.59				8796.04	25916.75	case rate		
EPISTAXIS W MCC	150	MS-DRG	inpatient				29363.82505	Horizon	PPO		22613.96				15526.24	48382.07	case rate		
EPISTAXIS W/O MCC	151	MS-DRG	inpatient				21597.42319	Horizon	PPO		11989.23				9103.14	25650.69	case rate		
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient				27560.04323	Horizon	PPO		17752.17				14034.45	37980.38	case rate		
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient				21084.70928	Horizon	PPO		12125.51				8679.1	25942.26	case rate		
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient				32558.84686	Horizon	PPO		24641.13				18168.48	52719.14	case rate		
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient				24109.57856	Horizon	PPO		15047.02				11180.78	32192.75	case rate		
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient				19952.16851	Horizon	PPO		11241.4				7742.45	24050.72	case rate		
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient				34969.40198	Horizon	PPO		28499.56				20162.26	60974.16	case rate		
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient				23993.89669	Horizon	PPO		15166.26				11085.11	32447.87	case rate		
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient				20233.51849	Horizon	PPO		11556.54				7975.14	24724.97	case rate		
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient				77908.83531	Horizon	PPO		83800.28				55674.78	179288.81	case rate		
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient				47014.60855	Horizon	PPO		43761.21				30124.1	93626.13	case rate		
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient				37388.72614	Horizon	PPO		31555.63				22163.14	67512.57	case rate		
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient				68542.88029	Horizon	PPO		59588.43				47928.79	127488.11	case rate		
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient				36580.38052	Horizon	PPO		32325.62				21494.6	69159.93	case rate		
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient				29952.23211	Horizon	PPO		22854.16				16012.88	48895.95	case rate		
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient				30627.75769	Horizon	PPO		24954.57				16571.56	53389.75	case rate		
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient				22238.67263	Horizon	PPO		15314.47				9633.48	32764.95	case rate		
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient				34818.0157	Horizon	PPO		31358.03				20037.06	67089.8	case rate		
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient				24682.27572	Horizon	PPO		21709.4				11654.43	46446.78	case rate		
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient				21491.73843	Horizon	PPO		15697.75				9015.73	33584.99	case rate		
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient				35414.99179	Horizon	PPO		28891.36				20530.78	61812.42	case rate		
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient				26316.10502	Horizon	PPO		19435.23				13005.66	41581.24	case rate		
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient				21430.32701	Horizon	PPO		13544.53				8964.94	28978.21	case rate		
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient				33077.07346	Horizon	PPO		25397.48				18597.24	54337.34	case rate		
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient				25613.44416	Horizon	PPO		17109.95				12424.54	36606.36	case rate		
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient				21383.19732	Horizon	PPO		12474.73				8925.97	29689.41	case rate		
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient				32757.16283	Horizon	PPO		26566.08				18332.66	56837.54	case rate		

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient				24819.38027	Horizon	PPO		17954.89				11767.82	38414.08	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient				21251.80545	Horizon	PPO		13069.25				8817.3	27961.37	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient				28185.58277	Horizon	PPO		21043.34				14551.79	45021.74	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient				26328.95857	Horizon	PPO		20283.57				13016.3	43396.25	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient				22715.66223	Horizon	PPO		15668.29				10027.98	33308	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient				19756.32888	Horizon	PPO		12335.04				7580.63	26390.55	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient				29536.63392	Horizon	PPO		22429.98				15669.16	47988.45	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient				22332.93201	Horizon	PPO		15334.91				9711.43	32808.69	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient				19525.14494	Horizon	PPO		11699.64				7389.29	25031.11	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient				37660.07891	Horizon	PPO		27905.03				22387.56	59702.19	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient				24836.51834	Horizon	PPO		17063.96				11781.99	36507.96	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient				21704.53612	Horizon	PPO		12921.05				9191.72	27644.29	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient				35927.7057	Horizon	PPO		30370				20954.82	64975.93	case rate	
PNEUMOTHORAX W CC	200	MS-DRG	inpatient				25971.91545	Horizon	PPO		18309.22				12721.01	39172.16	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient				20674.82378	Horizon	PPO		11905.76				8340.11	27891.99	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient				24265.24935	Horizon	PPO		16014.6				11309.53	38695.65	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient				20514.86846	Horizon	PPO		11873.4				8207.83	50775.53	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient				22342.92922	Horizon	PPO		13076.07				9719.7	96731.64	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient				36444.70414	Horizon	PPO		25857.43				21382.39	55321.38	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient				23636.85347	Horizon	PPO		14709.72				10789.82	31471.12	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient				109248.6519	Horizon	PPO		95336.38				49635	203970.04	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient				49205.42611	Horizon	PPO		41521.11				31935.99	88833.48	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient				156475.459	Horizon	PPO		219514.71				120652.31	469646.8	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient				149198.9203	Horizon	PPO		167299.03				78485	357932.52	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient				101497.9599	Horizon	PPO		108390.3				75183.87	231898.61	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient				91949.19862	Horizon	PPO		100596.79				67286.69	215224.56	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient				120719.7331	Horizon	PPO		131026.41				57338	280328.05	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient				85492.4311	Horizon	PPO		88672.29				57338	189712.36	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient				76680.52321	Horizon	PPO		78487.06				17199	167921.3	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient				82551.8204	Horizon	PPO		112025.57				59514.71	239676.19	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient				56000.6697	Horizon	PPO		79185.49				37555.91	169415.59	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient				126489.5499	Horizon	PPO		143075.26				19424	306106.31	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient				95546.76526	Horizon	PPO		104942.41				27830	224521.94	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient				121982.2376	Horizon	PPO		130108.22				53769	278363.61	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient				84825.47456	Horizon	PPO		87682.55				61395.1	187594.85	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient				94575.60798	Horizon	PPO		98971.65				47567	211747.62	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient				68305.80366	Horizon	PPO		66884.52				33990	143097.93	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient				79239.89205	Horizon	PPO		80222.93				56775.61	171635.15	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient				50710.71889	Horizon	PPO		46759.37				33180.92	100040.63	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient				30439.23892	Horizon	PPO		27187.86				15559	58167.82	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient				59935.28484	Horizon	PPO		63658.09				20528	136195.06	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient				43118.55407	Horizon	PPO		43512.5				19748	93094.02	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient				36718.91325	Horizon	PPO		35957.48				19748	91806.34	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient				75306.70508	Horizon	PPO		85381.12				53522.72	182671	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient				44163.97631	Horizon	PPO		44066.14				27766.52	94278.51	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient				33254.16685	Horizon	PPO		28581.32				18743.7	61149.1	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient				58468.54614	Horizon	PPO		55530.69				39613.48	118806.67	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient				47024.60576	Horizon	PPO		44193.9				30132.37	94551.86	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient				35370.71844	Horizon	PPO		30833.35				20494.17	65967.26	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient				49828.10831	Horizon	PPO		43274.01				32450.97	92583.77	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient				34008.24191	Horizon	PPO		29789.1				19367.35	63733.12	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient				24743.68713	Horizon	PPO		19183.11				11705.22	41041.84	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient				49273.97739	Horizon	PPO		50914.21				15797	108929.8	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient				37248.76523	Horizon	PPO		35722.4				15797	76427.26	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient				57937.27156	Horizon	PPO		61658.18				12982	131916.3	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient				37465.84745	Horizon	PPO		33930.31				12982	72593.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient				34088.21957	Horizon	PPO		27782.38				12982	59439.78	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient				50939.22648	Horizon	PPO		40751.13				33369.91	87186.12	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient				57234.61071	Horizon	PPO		53806.75				38576.42	115118.34	case rate	
AICD LEAD PROCEDURES	265	MS-DRG	inpatient				61063.54109	Horizon	PPO		53092.98				41743.09	113591.25	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient				99795.57834	Horizon	PPO		122507.2				73775.94	262101.41	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient				80288.17064	Horizon	PPO		99622.38				57642.58	213139.85	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient				184687.436	Horizon	PPO		114197.53				80964.43	244323.05	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient				69982.47813	Horizon	PPO		70710.58				49119.39	151283.7	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient				82811.75139	Horizon	PPO		86226.06				59729.68	184478.72	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient				59950.99474	Horizon	PPO		59516.88				40822.98	127335.03	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient				45430.76529	Horizon	PPO		44599.33				28814.2	95419.27	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient				66246.37896	Horizon	PPO		62220.34				46029.49	133119.02	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient				56874.71125	Horizon	PPO		50735.34				38278.77	108547.12	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient				33248.45416	Horizon	PPO		28228.7				18738.98	60394.67	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient				23629.71261	Horizon	PPO		16687.49				10783.92	35702.5	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient				20846.20447	Horizon	PPO		12759.22				8481.85	27298.05	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient				38745.48998	Horizon	PPO		30743.06				23285.23	65774.1	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient				21154.68972	Horizon	PPO		13059.03				8736.98	27939.5	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient				17569.97684	Horizon	PPO		10159.67				5772.29	21736.39	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient				41376.18366	Horizon	PPO		37149.93				13521	79481.44	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient				26037.61139	Horizon	PPO		19401.16				9969	41508.35	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient				47623.01002	Horizon	PPO		45893.99				30627.27	98189.17	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient				31694.60252	Horizon	PPO		29128.15				17453.88	62319.02	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient				25232.12211	Horizon	PPO		17229.2				12109.17	36861.48	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient				28926.80428	Horizon	PPO		22918.89				15164.81	49034.45	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient				22822.79516	Horizon	PPO		15668.79				10116.57	33523.03	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient				19609.06569	Horizon	PPO		11338.5				6632.17	24258.46	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient				26210.42025	Horizon	PPO		19774.23				12918.26	42306.52	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient				19609.40712	Horizon	PPO		9391.4				7458.97	20092.68	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient				33486.65896	Horizon	PPO		26157.24				18936.23	55962.83	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient				20996.16258	Horizon	PPO		11113.63				8605.87	23777.37	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient				16858.74695	Horizon	PPO		8219.39				5184.08	17585.2	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient				33101.3524	Horizon	PPO		24707.56				18617.32	52861.28	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient				25829.09821	Horizon	PPO		17438.73				12602.89	37309.77	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient				20727.68616	Horizon	PPO		12370.82				8383.82	26467.09	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient				26601.73951	Horizon	PPO		18218.93				13241.9	38979	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient				19989.30099	Horizon	PPO		11336.79				7773.16	24254.81	case rate	
HYPERTENSION W MCC	304	MS-DRG	inpatient				27000.19963	Horizon	PPO		18416.54				13571.44	39401.77	case rate	
HYPERTENSION W/O MCC	305	MS-DRG	inpatient				21351.77753	Horizon	PPO		12263.5				8899.98	26237.48	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient				32538.65245	Horizon	PPO		23998.91				18151.94	51345.12	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient				24052.45166	Horizon	PPO		14581.96				11133.54	31197.78	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient				27759.98738	Horizon	PPO		20503.33				14199.81	43866.41	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient				21226.89835	Horizon	PPO		13008.22				8796.04	27826.52	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient				18488.29173	Horizon	PPO		9578.78				6531.77	20493.59	case rate	
ANGINA PECTORIS	311	MS-DRG	inpatient				20560.56998	Horizon	PPO		11706.45				8245.62	25045.69	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient				22922.76724	Horizon	PPO		13653.55				10199.25	29211.47	case rate	
CHEST PAIN	313	MS-DRG	inpatient				20924.75396	Horizon	PPO		12048.86				8546.82	25778.26	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient				40489.28566	Horizon	PPO		34463.51				24727.42	73733.9	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient				24405.21026	Horizon	PPO		16283.76				11425.28	34838.73	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient				20483.44867	Horizon	PPO		12798.4				8181.84	27381.88	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient				83127.3775	Horizon	PPO		89534.26				59990.71	191556.53	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient				46257.87714	Horizon	PPO		42320.05				29498.09	90542.8	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient				33402.69679	Horizon	PPO		26269.67				18866.54	56203.38	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient				75098.1919	Horizon	PPO		85050.64				53350.27	181963.94	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient				44468.17704	Horizon	PPO		42984.42				28018.11	91964.19	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient				34469.84162	Horizon	PPO		28869.21				19748.86	61765.04	case rate	
RECTAL RESECTION W MCC	332	MS-DRG	inpatient				62398.88234	Horizon	PPO		57888.34				42847.47	123850.8	case rate	
RECTAL RESECTION W CC	333	MS-DRG	inpatient				40289.34441	Horizon	PPO		32840.07				24562.06	70260.6	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient				33514.09424	Horizon	PPO		22251.12				18958.67	47605.77	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient				61647.86363	Horizon	PPO		69196.17				42226.18	148043.65	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient				40657.81291	Horizon	PPO		39149.84				24866.79	83760.2	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient				31961.67077	Horizon	PPO		27312.22				17674.76	58433.87	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient				49728.13623	Horizon	PPO		50886.95				32368.29	108571.49	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient				32592.923	Horizon	PPO		27896.52				18196.83	59683.97	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient				28982.50301	Horizon	PPO		21065.48				15210.88	45069.12	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient				46996.04231	Horizon	PPO		41073.09				30108.75	87874.95	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient				29176.73446	Horizon	PPO		23849				15371.51	51024.4	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient				24526.60482	Horizon	PPO		16178.14				11525.68	34612.77	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient				44866.63716	Horizon	PPO		41676.13				28347.65	89165.14	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient				31378.9764	Horizon	PPO		25554.2				17192.85	54672.64	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient				26428.93064	Horizon	PPO		17946.37				13098.98	38395.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient				52354.5454	Horizon	PPO		54540.43				34540.43	108095.19	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient				35123.64461	Horizon	PPO		29487.59				20289.83	63088.03	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient				30050.77601	Horizon	PPO		23079.02				16094.38	49377.04	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient				71697.71326	Horizon	PPO		67726.05				50537.95	144898.36	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient				41964.59071	Horizon	PPO		36398.68				25947.55	77874.17	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient				28886.81545	Horizon	PPO		22968.29				15131.74	49140.14	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient				34183.90713	Horizon	PPO		33116.04				19512.63	70851.02	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient				24705.12647	Horizon	PPO		18888.41				11673.33	40411.32	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient				21211.81663	Horizon	PPO		12662.12				8784.23	27090.31	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient				35550.66817	Horizon	PPO		29620.46				20642.99	63372.3	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient				25476.33961	Horizon	PPO		17689.14				12311.15	37845.53	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient				20823.35371	Horizon	PPO		12905.72				8462.95	27611.49	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient				40567.83804	Horizon	PPO		35177.28				24792.38	75260.99	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient				27704.28865	Horizon	PPO		20556.13				14153.74	43979.39	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient				23321.22736	Horizon	PPO		15598.95				10528.79	33373.6	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient				36159.06964	Horizon	PPO		30472.21				21146.16	65194.6	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient				24640.85871	Horizon	PPO		16869.76				11620.17	36092.47	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient				19633.68603	Horizon	PPO		11127.26				7479.05	23806.53	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient				38418.43848	Horizon	PPO		33150.11				23014.75	70923.92	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient				25914.78855	Horizon	PPO		18653.33				12673.76	39908.37	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient				21403.19174	Horizon	PPO		13079.47				8942.5	27983.24	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient				30559.20541	Horizon	PPO		23014.29				16514.87	49238.55	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient				23097.00428	Horizon	PPO		14570.04				10343.35	31172.26	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient				32968.53236	Horizon	PPO		28923.73				18507.47	61881.66	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient				24466.62167	Horizon	PPO		16886				11476.07	35720.72	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient				20360.62584	Horizon	PPO		11868.28				8080.26	25391.93	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient				31348.98478	Horizon	PPO		26075.47				17168.04	55787.89	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient				21964.46351	Horizon	PPO		14363.91				9406.69	30731.27	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient				18573.98208	Horizon	PPO		10067.69				6602.64	21539.59	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient				28809.69414	Horizon	PPO		22808.25				15067.96	44518.79	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient				21810.22089	Horizon	PPO		12868.24				9279.13	27531.31	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient				33721.17925	Horizon	PPO		27811.34				19129.94	59501.74	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient				23971.04583	Horizon	PPO		16031.54				11066.21	34299.33	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient				19837.91471	Horizon	PPO		11524.18				7947.96	24655.72	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient				89214.24855	Horizon	PPO		91632.97				65024.78	196046.68	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient				51827.54976	Horizon	PPO		48253.34				34104.58	103236.94	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient				41310.48773	Horizon	PPO		34185.84				25406.58	73139.83	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient				63749.9335	Horizon	PPO		68932.13				43964.84	147478.74	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient				38544.11766	Horizon	PPO		39567.19				23118.69	84653.12	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient				32944.25342	Horizon	PPO		28152.04				18487.39	60230.66	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient				51729.00586	Horizon	PPO		68107.63				10482	145714.75	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient				39803.76577	Horizon	PPO		40575.67				11647	86810.73	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient				32150.18953	Horizon	PPO		28724.42				15908	61455.25	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient				60936.43374	Horizon	PPO		60937.6				28270	130374.63	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient				38808.32957	Horizon	PPO		34390.26				23337.2	73577.18	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient				29716.58365	Horizon	PPO		23731.46				15817.99	50772.92	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient				43692.6794	Horizon	PPO		41282.62				27376.74	88323.24	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient				33936.83329	Horizon	PPO		28349.65				19308.29	60653.43	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient				29345.25881	Horizon	PPO		22217.05				15510.89	47532.87	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient				56303.44226	Horizon	PPO		59922.32				37806.31	126202.45	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient				35006.53446	Horizon	PPO		30306.97				8253	64841.08	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient				30742.01149	Horizon	PPO		25681.97				10272	54945.99	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient				66444.89494	Horizon	PPO		67220.11				16017	143815.92	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient				40400.74186	Horizon	PPO		37325.39				24654.19	79856.83	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient				33468.39272	Horizon	PPO		25431.55				18920.87	5440.23	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient				37954.28243	Horizon	PPO		31105.91				13893	66550.4	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient				25314.95612	Horizon	PPO		17510.28				12177.68	37462.84	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient				20152.11266	Horizon	PPO		11091.49				7907.81	53360.86	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient				35724.90521	Horizon	PPO		28920.32				20787.09	61874.37	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient				26310.39233	Horizon	PPO		19350.06				13000.94	41399.01	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient				22460.03936	Horizon	PPO		14748.9				9816.55	31554.95	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient				34423.8401	Horizon	PPO		27906.74				19711.06	59705.84	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient				22804.22892	Horizon	PPO		14689.28				10101.21	31427.39	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient				19382.3277	Horizon	PPO		10583.85				7271.17	22643.9	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient				36700.34701	Horizon	PPO		31637.4				11778	67687.51	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient				24179.55901	Horizon	PPO		15994.16				11238.66	34219.15	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient				20797.84661	Horizon	PPO		11852.95				8441.69	25359.13	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient				33915.4107	Horizon	PPO		27441.68				19290.57	58710.86	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient				26111.87635	Horizon	PPO		18186.57				12836.76	38909.75	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient				22037.30031	Horizon	PPO		13542.83				9466.93	28974.57	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient				137146.5728	Horizon	PPO		161779.69				17717	346124.02	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient				97941.81048	Horizon	PPO		107947.39				36879	230951.01	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient				76366.40905	Horizon	PPO		85175				54399.14	182230	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient				130976.8678	Horizon	PPO		155447.78				99564.03	332577.04	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient				97356.25977	Horizon	PPO		111487.26				71758.53	238524.49	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient				75300.99239	Horizon	PPO		87239.64				53518	186647.26	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient				105311.1804	Horizon	PPO		108765.07				78337.54	232700.42	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient				62831.5186	Horizon	PPO		68778.81				43205.36	147150.73	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient				107970.4375	Horizon	PPO		76359.39				9917	163369.2	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient				51240.57087	Horizon	PPO		54411.49				11315	116412.17	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient				91477.9019	Horizon	PPO		87421.92				15756	187037.23	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient				53455.86637	Horizon	PPO		50151.04				35451.1	107297.02	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient				37308.74948	Horizon	PPO		31300.11				22066.99	68965.88	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient				84664.09107	Horizon	PPO		87103.36				61261.63	186355.69	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient				60380.87465	Horizon	PPO		59118.26				41178.5	126482.2	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient				48716.99013	Horizon	PPO		47551.5				31532.03	101735.36	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient				58145.76474	Horizon	PPO		54072.5				39330	115686.89	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient				37464.41928	Horizon	PPO		33896.24				22225.74	72520.25	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient				80842.30156	Horizon	PPO		85357.27				8282	182619.97	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient				52796.70703	Horizon	PPO		50198.74				8991	107399.07	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient				45732.10968	Horizon	PPO		40422.35				11229	86482.71	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient				72041.90283	Horizon	PPO		64649.53				22321	138316.21	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient				41220.51286	Horizon	PPO		36604.81				25332.17	78315.16	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient				27398.65974	Horizon	PPO		19602.17				13900.98	41938.41	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient				58705.62635	Horizon	PPO		53462.64				36793.01	114382.13	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient				44633.84505	Horizon	PPO		38826.17				28155.12	83067.72	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient				37211.63275	Horizon	PPO		30628.93				22016.67	65529.91	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient				52705.87582	Horizon	PPO		51622.86				34830.99	110445.96	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient				40223.84048	Horizon	PPO		35131.28				8360	75162.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient				33275.58944	Horizon	PPO		28354.76				9385	60664.37	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient				46069.15838	Horizon	PPO		40602.92				13093	86869.04	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient				57634.499	Horizon	PPO		56285.34				38907.15	120421.23	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient				39272.48562	Horizon	PPO		37790.44				23721.08	80851.81	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient				32654.33441	Horizon	PPO		28111.16				18247.62	60143.19	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient				40676.37915	Horizon	PPO		35986.44				24882.15	76992.18	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient				28266.9886	Horizon	PPO		22101.21				14619.12	47285.04	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient				60935.29961	Horizon	PPO		57757.17				27633	123570.16	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient				44890.91609	Horizon	PPO		38262.31				28367.73	81861.36	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient				37285.89772	Horizon	PPO		29877.69				22078.09	67890.08	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient				61736.21032	Horizon	PPO		58980.28				42299.42	126186.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient				38975.42574	Horizon	PPO		33403.93				23475.4	71466.96	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient				30976.23177	Horizon	PPO		24445.23				16859.76	52300.01	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient				47880.08106	Horizon	PPO		38805.73				30839.88	83023.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient				29011.06646	Horizon	PPO		19065.57				15234.5	40790.36	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient				56903.2747	Horizon	PPO		52263.38				38302.4	111816.33	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient				35379.28748	Horizon	PPO		28744.86				8902	61498.98	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient				30337.83868	Horizon	PPO		21993.89				16331.79	47055.43	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient				48892.65534	Horizon	PPO		43647.08				27418	93381.94	case rate	
FOOT PROCEDURES W CC	504	MS-DRG	inpatient				35256.46465	Horizon	PPO		29462.03				20399.68	63033.36	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient				34950.82474	Horizon	PPO		26911.89				20146.91	57577.39	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient				31478.94848	Horizon	PPO		24024.46				17275.53	51399.79	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient				41034.85044	Horizon	PPO		33090.49				25178.62	70796.36	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient				31070.49115	Horizon	PPO		24656.46				16937.72	52751.94	case rate	
ARTHROSCOPY	509	MS-DRG	inpatient				29530.92123	Horizon	PPO		29643.56				19564.44	60875.75	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient				49445.35808	Horizon	PPO		46546.43				32134.42	99585.05	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient				39065.40061	Horizon	PPO		31468.76				7655	67326.7	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient				33638.34524	Horizon	PPO		25928.97				10564	55474.46	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient				33741.17366	Horizon	PPO		27930.59				18516	59756.86	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient				25464.91423	Horizon	PPO		17031.59				12301.7	40660.37	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient				55742.17048	Horizon	PPO		52501.87				37342.12	112326.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient				39736.64167	Horizon	PPO		32117.79				24104.95	68715.29	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient				31933.10732	Horizon	PPO		23523.63				17651.14	50328.28	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient				62744.50008	Horizon	PPO		52811.91				43133.31	112989.89	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient				38705.50115	Horizon	PPO		31719.17				23252.16	67862.45	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient				31034.78684	Horizon	PPO		22385.69				16908.19	47893.69	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient				33889.7036	Horizon	PPO		29072.07				12781	55780.6	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient				22158.69497	Horizon	PPO		13210.64				9567.33	34640.29	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient				29109.61036	Horizon	PPO		21375.52				15316	45732.44	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient				21831.64348	Horizon	PPO		12895.5				9256.85	27589.62	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient				24400.92574	Horizon	PPO		15510.37				11421.74	33184.08	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient				20717.66895	Horizon	PPO		12384.45				8375.55	26496.24	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient				38931.1524	Horizon	PPO		34397.07				23438.78	73591.76	case rate	
OSTEOMYELITIS W CC	540	MS-DRG	inpatient				29131.03294	Horizon	PPO		22092.69				15333.72	47266.82	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient				22842.76958	Horizon	PPO		15036.79				7723	32170.88	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient				36636.07925	Horizon	PPO		31093.99				8903	66524.88	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient				26167.57508	Horizon	PPO		18270.04				10889	39088.34	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient				21551.72167	Horizon	PPO		13600.74				9065.34	29098.49	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient				46197.6939	Horizon	PPO		42231.47				29448.48	90353.28	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient				27718.57038	Horizon	PPO		20687.3				14165.56	44260.02	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient				22207.25283	Horizon	PPO		14609.22				9607.49	31256.09	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient				38437.00473	Horizon	PPO		35214.75				23030.1	75341.17	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient				27817.11428	Horizon	PPO		21194.95				14247.06	45346.11	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient				23741.11006	Horizon	PPO		15736.93				10876.05	33668.81	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient				34896.56518	Horizon	PPO		27112.91				9165	58007.45	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient				24390.92853	Horizon	PPO		15348.54				11413.47	32837.85	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient				29892.34887	Horizon	PPO		21082.52				15963.27	45105.57	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient				22327.21932	Horizon	PPO		12893.79				9706.71	47368.4	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient				30570.63079	Horizon	PPO		21791.17				16524.32	46621.72	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient				22364.3518	Horizon	PPO		13077.77				9737.42	27979.59	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient				32824.28694	Horizon	PPO		24400.93				18388.17	52205.25	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient				23135.56494	Horizon	PPO		14709.72				10375.24	31471.12	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient				37018.82947	Horizon	PPO		30640.85				21857.22	65555.42	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient				26758.83848	Horizon	PPO		17404.66				13371.82	37236.88	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient				21733.09958	Horizon	PPO		12880.16				9211	27556.82	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient				32308.71668	Horizon	PPO		23986.98				12507	51319.61	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient				23381.2106	Horizon	PPO		14277.03				10578.4	30545.39	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient				32897.12373	Horizon	PPO		26782.43				18448.41	57300.4	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient				24863.65362	Horizon	PPO		16622.75				11804.43	35564.01	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient				21308.93235	Horizon	PPO		12985.78				8864.55	27782.79	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient				52324.55378	Horizon	PPO		51696.11				34515.62	110602.68	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient				34753.74794	Horizon	PPO		29008.9				9078	62063.89	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient				26865.95141	Horizon	PPO		20077.45				11401	42955.26	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient				99395.69005	Horizon	PPO		89459.3				16091	191396.17	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient				59231.19582	Horizon	PPO		51886.91				36864	111010.87	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient				39810.90664	Horizon	PPO		29957.75				24166.37	64093.94	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient				91754.96736	Horizon	PPO		83142.72				67126.05	177881.99	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient				48424.21478	Horizon	PPO		42744.22				31289.9	91450.3	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient				33591.21555	Horizon	PPO		26058.44				19022.45	55751.45	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient				58322.87813	Horizon	PPO		47660.52				39476.46	101968.62	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient				35534.95828	Horizon	PPO		27082.24				20630	57941.85	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient				29823.69659	Horizon	PPO		21092.07				8609	45061.83	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient				34399.56117	Horizon	PPO		26736.43				10681	57202	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient				32325.85475	Horizon	PPO		23475.93				14701	50226.23	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient				38562.6839	Horizon	PPO		31879.3				23134.04	68205.04	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient				34640.92231	Horizon	PPO		26571.7				19898.6	57063.5	case rate	
SKIN ULCERS W MCC	592	MS-DRG	inpatient				40440.73069	Horizon	PPO		29099.19				24687.26	62257.06	case rate	
SKIN ULCERS W CC	593	MS-DRG	inpatient				27869.95666	Horizon	PPO		19239.33				14290.76	41162.11	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient				21835.92799	Horizon	PPO		13801.76				9300.39	29528.55	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient				41653.24912	Horizon	PPO		33846.84				25690.06	72414.56	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient				25000.75818	Horizon	PPO		17230.9				11917.82	36865.13	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient				33448.39831	Horizon	PPO		29300.2				18904.34	62687.12	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient				27711.42951	Horizon	PPO		19799.78				14159.65	42361.19	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient				19465.1617	Horizon	PPO		12203.87				7339.68	26109.91	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient				25236.40663	Horizon	PPO		16285.46				12112.71	34842.38	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient				19482.29977	Horizon	PPO		10548.07				7353.85	22567.36	case rate	
CELLULITIS W MCC	602	MS-DRG	inpatient				31834.56342	Horizon	PPO		24598.54				17569.64	52628.02	case rate	
CELLULITIS W/O MCC	603	MS-DRG	inpatient				23225.5398	Horizon	PPO		14440.57				10449.65	30895.27	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient				32101.63167	Horizon	PPO		24135.19				17790.51	51636.69	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient				23569.72936	Horizon	PPO		14658.62				10734.31	31361.78	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient				33238.45695	Horizon	PPO		23521.93				18730.71	50324.64	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient				23351.21898	Horizon	PPO		13645.04				10553.59	29193.25	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient				42758.65461	Horizon	PPO		40263.93				26604.27	86143.77	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient				31600.34314	Horizon	PPO		25232.24				17375.93	53983.82	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient				67113.27965	Horizon	PPO		70443.13				46746.45	150711.5	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient				38932.58057	Horizon	PPO		35323.78				23439.96	75574.43	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient				27178.72118	Horizon	PPO		19748.68				13719.08	42251.85	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient				47558.74226	Horizon	PPO		49754.12				30574.12	106447.83	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient				33758.31173	Horizon	PPO		30826.54				19160.65	65952.68	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient				32260.15881	Horizon	PPO		26886.34				17921.62	57522.72	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient				65226.89382	Horizon	PPO		64698.93				45186.15	138421.91	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient				37174.50027	Horizon	PPO		32761.71				21985.96	70092.95	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient				26507.48012	Horizon	PPO		22077.36				13163.94	47234.02	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient				52310.27205	Horizon	PPO		47413.52				34503.81	101440.15	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient				31897.40301	Horizon	PPO		27436.57				17621.61	58699.93	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient				28242.70967	Horizon	PPO		18482.98				14599.04	39543.91	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient				67924.48161	Horizon	PPO		62603.63				47417.35	133939.05	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient				42907.18454	Horizon	PPO		39839.75				26727.11	85236.26	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient				30532.07013	Horizon	PPO		26140.21				16492.43	59926.39	case rate	
DIABETES W MCC	637	MS-DRG	inpatient				31289.00154	Horizon	PPO		23530.45				17118.44	50342.86	case rate	
DIABETES W CC	638	MS-DRG	inpatient				23435.48115	Horizon	PPO		14857.93				10623.28	31788.2	case rate	
DIABETES W/O CC/MCC	639	MS-DRG	inpatient				19480.8716	Horizon	PPO		10764.42				7352.67	23030.23	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG	inpatient				29373.82226	Horizon	PPO		20275.06				15534.51	43378.03	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG	inpatient				21750.23764	Horizon	PPO		12808.62				9229.52	27403.75	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient				29203.86974	Horizon	PPO		21523.72				15393.95	46049.52	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient				34085.36322	Horizon	PPO		27836.89				19431.13	59556.41	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient				25753.40926	Horizon	PPO		17247.94				12540.29	38901.58	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient				21457.46229	Horizon	PPO		12655.3				8987.39	27075.73	case rate	
KIDNEY TRANSPLANT	652	MS-DRG	inpatient				53498.51154	Horizon	PPO		56464.21				35486.53	120803.91	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient				87906.04257	Horizon	PPO		93505.12				63942.84	200052.09	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient				49686.71923	Horizon	PPO		48946.67				32334.04	104720.29	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient				40693.51722	Horizon	PPO		35385.1				24896.32	75705.63	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient				55400.83727	Horizon	PPO		56685.67				37059.83	121277.71	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient				36928.8546	Horizon	PPO		33173.96				21782.81	70974.94	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient				31733.16318	Horizon	PPO		26683.62				17485.77	57089.01	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient				47564.45495	Horizon	PPO		46456.15				30578.84	99391.89	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient				29812.27121	Horizon	PPO		24659.87				15897.12	52759.23	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient				25563.45813	Horizon	PPO		18275.15				12383.2	39099.27	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient				53388.64226	Horizon	PPO		54149.15				35395.58	115850.9	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient				31427.53427	Horizon	PPO		27942.51				17233.01	59782.37	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient				25751.97689	Horizon	PPO		20198.4				12539.11	43214.02	case rate	
PROSTATECTOMY W MCC	665	MS-DRG	inpatient				54708.17362	Horizon	PPO		54150.86				36486.97	115854.54	case rate	
PROSTATECTOMY W CC	666	MS-DRG	inpatient				35117.57092	Horizon	PPO		30306.97				20285.1	64841.08	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient				25580.59619	Horizon	PPO		18404.61				12397.37	39376.26	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient				50836.39807	Horizon	PPO		47946.71				33284.86	102580.91	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient				32507.23265	Horizon	PPO		26957.89				18125.96	57675.8	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient				24338.08615	Horizon	PPO		16413.22				11369.77	35115.72	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient				35039.38243	Horizon	PPO		28678.42				20220.14	61356.84	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient				23768.24534	Horizon	PPO		18004.29				10898.49	38519.78	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient				63404.31576	Horizon	PPO		60939.31				43679	130378.28	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient				44612.62046	Horizon	PPO		39386.62				28137.4	84266.8	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient				33248.45416	Horizon	PPO		27686.99				18738.98	59235.68	case rate	
RENAL FAILURE W MCC	682	MS-DRG	inpatient				32024.51036	Horizon	PPO		26097.62				17726.73	55835.27	case rate	
RENAL FAILURE W CC	683	MS-DRG	inpatient				23455.47557	Horizon	PPO		15655.17				10639.82	33493.87	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient				19280.92745	Horizon	PPO		10558.29				7187.31	22589.23	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient				36860.30232	Horizon	PPO		29259.32				21726.11	62599.65	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient				25519.18478	Horizon	PPO		17949.78				12346.58	38403.15	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient				21743.09678	Horizon	PPO		13472.98				9223.62	28825.14	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient				27362.85543	Horizon	PPO		18936.11				13871.45	40513.37	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient				22114.42162	Horizon	PPO		13527.49				9530.72	28941.77	case rate	
URINARY STONES W MCC	693	MS-DRG	inpatient				30817.70463	Horizon	PPO		22547.53				16728.66	48239.93	case rate	
URINARY STONES W/O MCC	694	MS-DRG	inpatient				21768.80389	Horizon	PPO		11960.27				9244.88	25588.74	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient				27671.44069	Horizon	PPO		19568.1				14126.58	41865.52	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient				20474.87863	Horizon	PPO		11730.3				8174.75	25096.72	case rate	
URETHRAL STRICTURE	697	MS-DRG	inpatient				26487.48571	Horizon	PPO		16353.6				13147.4	34988.16	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient				34218.18327	Horizon	PPO		27513.23				19540.98	58863.93	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient				25169.28253	Horizon	PPO		17510.28				12057.2	37462.84	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient				20706.24357	Horizon	PPO		12941.49				8395.1	27688.03	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient				38609.8136	Horizon	PPO		30516.5				23173.02	65289.36	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient				31420.39341	Horizon	PPO		23959.73				17227.1	51261.3	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient				40867.75426	Horizon	PPO		34611.71				25040.42	74050.98	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient				28218.43074	Horizon	PPO		28439.93				14578.96	60846.6	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient				40909.17126	Horizon	PPO		35492.42				25074.68	75935.24	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient				27562.89958	Horizon	PPO		18343.29				14036.81	39245.05	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient				31308.99595	Horizon	PPO		24929.02				17134.97	53335.08	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient				24279.53108	Horizon	PPO		15510.37				11321.34	33184.08	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient				42117.40517	Horizon	PPO		37645.65				26073.93	80542.02	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient				30901.9668	Horizon	PPO		24922.21				16798.34	53320.5	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient				36493.262	Horizon	PPO		33291.5				21422.55	71226.42	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient				27382.94585	Horizon	PPO		20997.34				13887.99	44923.34	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient				37365.87538	Horizon	PPO		28272.99				22144.24	60489.43	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient				26504.62378	Horizon	PPO		18764.05				13161.58	40145.27	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient				22151.55411	Horizon	PPO		11740.52				9561.43	25118.58	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient				28312.69012	Horizon	PPO		20885.6				14656.92	44256.38	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient				21029.01055	Horizon	PPO		13023.26				8633.04	27862.97	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient				33741.17366	Horizon	PPO		24496.33				19146.47	52409.35	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient				22017.30589	Horizon	PPO		13481.5				9450.4	28843.36	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient				24927.92138	Horizon	PPO		18431.87				11857.58	39434.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient				19468.01805	Horizon	PPO		9682.69				7342.04	20715.91	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient				41633.2547	Horizon	PPO		39281.01				25673.52	84040.83	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient				28588.32741	Horizon	PPO		23252.78				14884.88	49748.79	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient				66106.41806	Horizon	PPO		68661.27				45913.74	148899.25	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient				38779.76612	Horizon	PPO		34604.9				23313.58	74036.4	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient				30079.33946	Horizon	PPO		23717.83				16118	50743.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG	inpatient				62237.49886	Horizon	PPO		61286.82				42714	131121.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient				36111.93995	Horizon	PPO		29890.3				21107.19	63521.73	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient				29146.74284	Horizon	PPO		22619.07				15346.71	48393	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient				36039.10316	Horizon	PPO		29197.99				21046.95	62468.44	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient				27185.86205	Horizon	PPO		19004.25				13724.99	40659.16	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient				37474.61648	Horizon	PPO		29794.26				22234.01	61604.67	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient				25384.93657	Horizon	PPO		18217.23				12235.55	38975.35	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient				34528.09669	Horizon	PPO		28579.62				19797.29	61145.45	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient				23261.24411	Horizon	PPO		16322.94				10479.18	34922.56	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true															
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient				30654.89296	Horizon	PPO		22043.29				16594	47161.12	case rate		
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient				46540.45029	Horizon	PPO		44325.07				29731.96	94832.49	case rate		
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient				30013.64353	Horizon	PPO		20849.14				16063.67	44606.26	case rate		
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient				37047.39292	Horizon	PPO		31368.25				21880.84	67111.66	case rate		
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient				26081.88473	Horizon	PPO		18225.75				12811.96	38993.58	case rate		
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient				24725.12089	Horizon	PPO		13289				11689.86	29431.52	case rate		
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient				31893.11849	Horizon	PPO		24545.73				17618.06	52515.04	case rate		
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient				24766.53789	Horizon	PPO		17382.51				11724.11	37189.5	case rate		
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient				19819.34847	Horizon	PPO		12106.77				7632.6	25902.17	case rate		
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient				24806.52672	Horizon	PPO		14849.41				11757.19	31769.98	case rate		
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient				19239.51045	Horizon	PPO		9359.03				7153.06	20023.43	case rate		
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG	inpatient				27987.0668	Horizon	PPO		19273.4				18199.7	41235	case rate		
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient				32640.05269	Horizon	PPO		24835.33				18235.81	53134.62	case rate		
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient				21997.31148	Horizon	PPO		18191.68				9433.86	38920.68	case rate		
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient				20826.21006	Horizon	PPO		11226.07				8465.32	24017.91	case rate		
ABORTION W/O D&C	779	MS-DRG	inpatient				24717.98003	Horizon	PPO		12849.5				11683.96	27491.22	case rate		
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG	inpatient				35894.85774	Horizon	PPO		29734.59				28078.11	63616.49	case rate		
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG	inpatient				25216.41222	Horizon	PPO		18774.27				17582.77	40167.14	case rate		
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG	inpatient				22962.75607	Horizon	PPO		14403.09				13600.71	30815.09	case rate		
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG	inpatient				35576.37528	Horizon	PPO		26486.02				25010.51	56666.24	case rate		
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG	inpatient				25602.01878	Horizon	PPO		18416.54				17390.57	39401.77	case rate		
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG	inpatient				22801.37258	Horizon	PPO		15343.42				14488.66	32826.91	case rate		
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient				36574.66783	Horizon	PPO		28341.13				2972	60635.21	case rate		
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient				96282.27408	Horizon	PPO		93459.12				4276	199953.69	case rate		
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient				69112.7211	Horizon	PPO		63830.15				4276	136563.16	case rate		
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient				45902.0522	Horizon	PPO		38512.73				2972	82397.12	case rate		
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient				70706.56157	Horizon	PPO		65566.01				4276	140277.01	case rate		
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient				31868.83956	Horizon	PPO		23206.78				2972	49650.39	case rate		
NORMAL NEWBORN	795	MS-DRG	inpatient				13471.12186	Horizon	PPO		3141.25				1269	11714.02	case rate		
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG	inpatient				30847.69825	Horizon	PPO		25010.79				23617.47	53510.02	case rate		
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG	inpatient				24813.66758	Horizon	PPO		14426.94				13623.23	30866.12	case rate		
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG	inpatient				22175.83304	Horizon	PPO		14426.94				13623.23	30866.12	case rate		
SPLENECTOMY W MCC	799	MS-DRG	inpatient				81350.73096	Horizon	PPO		80091.76				58521.36	171354.51	case rate		
SPLENECTOMY W CC	800	MS-DRG	inpatient				50832.11355	Horizon	PPO		44747.54				33281.32	95736.35	case rate		
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient				36150.50061	Horizon	PPO		26511.57				5977	56720.91	case rate		
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient				59009.82908	Horizon	PPO		57019.55				8199	121992.05	case rate		
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient				37128.75875	Horizon	PPO		29335.97				13379	62763.66	case rate		
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient				27877.09752	Horizon	PPO		20961.57				14296.66	44846.8	case rate		
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG	inpatient				24989.3328	Horizon	PPO		17430.21				16459.2	37291.55	case rate		
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG	inpatient				21254.6618	Horizon	PPO		12050.56				11379.24	25781.9	case rate		
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG	inpatient				19935.03044	Horizon	PPO		10459.49				9876.8	22377.84	case rate		
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient				41868.90316	Horizon	PPO		39611.62				25868.41	78329.74	case rate		
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient				27791.40717	Horizon	PPO		20518.66				14225.79	43899.21	case rate		
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient				24936.49041	Horizon	PPO		15706.27				11864.67	33603.21	case rate		
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient				30636.32672	Horizon	PPO		23099.46				16578.65	49420.78	case rate		
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient				23454.0474	Horizon	PPO		15045.31				10638.64	32188.11	case rate		
COAGULATION DISORDERS	813	MS-DRG	inpatient				32969.98846	Horizon	PPO		27451.9				18425.97	58732.73	case rate		
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient				40983.43623	Horizon	PPO		28329.21				25136.1	60609.7	case rate		
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient				24789.38865	Horizon	PPO		16655.12				11743.01	35633.25	case rate		
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient				20733.37885	Horizon	PPO		12292.46				8388.54	26299.43	case rate		
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient				42795.78709	Horizon	PPO		43127.51				26634.98	92270.34	case rate		
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient				27344.38919	Horizon	PPO		23142.05				13856.09	49511.89	case rate		
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient				23546.87861	Horizon	PPO		14292.37				10715.41	30578.19	case rate		
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient				96947.80245	Horizon	PPO		92733.43				71420.72	198401.09	case rate		
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient				42468.7356	Horizon	PPO		40786.9				6969	87262.66	case rate		
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient				28282.6985	Horizon	PPO		20608.94				8721	44092.37	case rate		
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient				74885.3942	Horizon	PPO		77076.56				12547	164903.57	case rate		
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient				42480.16097	Horizon	PPO		37381.6				22652	79977.1	case rate		
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient				29033.91722	Horizon	PPO		23150.57				15253.4	49530.11	case rate		
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient				73270.13115	Horizon	PPO		84287.48				51838.4	180331.16	case rate		
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient				43684.11036	Horizon	PPO		38357.71				27369.65	82065.46	case rate		
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient				34018.23912	Horizon	PPO		27859.04				19375.62	59603.79	case rate		
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient				55632.20121	Horizon	PPO		52973.74				37251.17	113336.13	case rate		
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient				33172.76102	Horizon	PPO		24169.26				18676.38	51709.58	case rate		
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient				25012.18356	Horizon	PPO		17513.68				11927.27	37470.13	case rate		
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient				21126.12628	Horizon	PPO		12244.76				8713.36	26197.38	case rate		
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient				17899.88468	Horizon	PPO		8181.91				6046.14	17505.01	case rate		
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient				90553.87432	Horizon	PPO		93825.37				66132.7	200737.28	case rate		
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient				42517.29346	Horizon	PPO		36386.76				26404.65	77848.66	case rate		
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient				27690.00693	Horizon	PPO		20656.64				14141.93	44194.42	case rate		
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient				78522.94947	Horizon	PPO		91547.79				56182.68	195864.45	case rate		
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient				38474.13721	Horizon	PPO		40076.54				23060.81	85742.86	case rate		
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient				29201.01339	Horizon	PPO		21394.26				15391.59	45772.53	case rate		
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient				55223.74388	Horizon	PPO		56094.55				36913.36	120013.03	case rate		
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient				33062.79174	Horizon	PPO		27848.82				18565.43	59581.92	case rate		
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient				25820.52917	Horizon	PPO		19097.94				12595.8	40859.61	case rate		
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient				37163.07489	Horizon	PPO		31446.61				21976.51	67279.32	case rate		
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient				27117.30977	Horizon	PPO		20080.86				13668.29	42962.54	case rate		
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient				22942.76165	Horizon	PPO		14755.72				10215.78	31569.53	case rate		
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient				45495.03305	Horizon	PPO		48002.93				28867.35	102701.18	case rate		
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient				27908.51731	Horizon	PPO		22596.93				14322.65	48345.62	case rate		
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient				21437.46787	Horizon	PPO		15886.84				8970.85	33989.54	case rate		
RADIOTHERAPY	849	MS-DRG	inpatient				49028.33173	Horizon	PPO		33562.36				31692.64	71805.91	case rate		
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient				81989.12405	Horizon	PPO		86147.7				59049.33	184311.07	case rate		
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient				39699.50918	Horizon	PPO		37524.7				24074.24	80283.25	case rate		
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient				34895.13701	Horizon	PPO		26574.6				20100.84	56855.76	case rate		
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient				73835.68744	Horizon	PPO		76458.19				52306.14	163580.58	case rate		
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient				41091.97734	Horizon	PPO		35035.88				25225.86	74958.49	case rate		
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient				28919.65342	Horizon	PPO		23510				15158.9	50299.12	case rate		
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient				36897.43481	Horizon	PPO		31134.87				21756.82	66612.35	case rate		
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient				24950.73714	Horizon	PPO		16776.07				11876.48	35892.02	case rate		
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient				23198.40453	Horizon	PPO		14723.35				10427.21	31500.28	case rate		
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient				34011.09826	Horizon	PPO		23545.78				19369.71	50375.66	case rate		
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient				23696.83671	Horizon	PPO		13975.51				10839.43	29900.3	case rate		
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient				40472.15049	Horizon	PPO		36333.95				24713.24	77735.67	case rate		
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient				26093.31011	Horizon	PPO		18344.99				12821.4	39248.7	case rate		
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient				20454.88522	Horizon	PPO		13081.18				8158.22	27986.88	case rate		
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient				110061.282	Horizon	PPO		107240.44				82266.06	229438.5	case rate		
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient				38905.40429	Horizon	PPO		31623.77				23417.52	67658.35	case rate		
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient				25299.24622	Horizon	PPO		17936.15				12164.68	38373.99	case rate		
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient				63882.75354	Horizon	PPO		56239.35				44074.69	120322.82	case rate		
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient				24223.83235	Horizon	PPO		2183				1933	21064.2	per diem		
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient				23536.8814	Horizon	PPO		2183				1933	20466.85	per diem		
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient				24005.31797	Horizon	PPO		2183				1933	20874.19	per diem		
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient				37374.44441	Horizon	PPO		2183				1933	32639.46	per diem		
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient				35682.06004	Horizon	PPO		2183				1933	31027.88	per diem		
PSYCHOSES	885	MS-DRG	inpatient				30105.04657	Horizon	PPO		2183				1933	26178.3	per diem		
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient				34608.07435	Horizon	PPO		2183				1933	30093.98	per diem		
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient				29093.90046	Horizon	PPO		2183				1933	25299.04	per diem		
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient				18795.34881	Horizon	PPO		2183				1933	94620.59	per diem		
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient				33566.83662	Horizon	PPO		2183				1933	29188.64	per diem		
ALCOHOL/DRUG ABUSE OR DEPENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient				35984.8326	Horizon	PPO		2183				1933	31291.16	per diem		
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient				22809.94161	Horizon	PPO		2183				1933	19834.73	per diem		
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient				72398.94594	Horizon	PPO		76059.57				13124	162727.75	case rate		
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient				37507.26445	Horizon	PPO		32714.01				22261.17	69990.9	case rate		
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient				28321.25916	Horizon	PPO		19827.04				14664	59429.51	case rate		
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient				57094.64981	Horizon	PPO		54954.91				38460.67	117574.8	case rate		
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient				33208.46533	Horizon	PPO		30138.32				18705.9	64480.26	case rate		
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient				37462.99111	Horizon	PPO		31398.91				22224.56	67177.27	case rate		
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient				63711.37284	Horizon	PPO		71821.26				43932.95	153659.98	case rate		
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient				39212.50237	Horizon	PPO		33947.35				23671.47	72629.59	case rate		
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient				29960.80115	Horizon	PPO		22578.19				16019.96	48305.53	case rate		
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient				31934.53549	Horizon	PPO		25073.82				17652.32	53694.99	case rate		
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient				23954.01947	Horizon	PPO		14271.92				10721.32	84762.6	case rate		
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient				35926.27753	Horizon	PPO		28565.99				20953.64	61116.3	case rate		
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient				19999.2982	Horizon	PPO		10822.34				7781.43	23154.14	case rate		
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient				33382.70237	Horizon	PPO		25104.48				18850	53710.47	case rate		
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient				22885.63476	Horizon	PPO		13265.15				10168.54	28380.5	case rate		
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient				36650.36097	Horizon	PPO		31076.95				21552.48	66488.44	case rate		
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient				25354.94495	Horizon	PPO		17087.81				12210.75	36558.98	case rate		
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient				20556.26546	Horizon	PPO		12036.93				8242.08	25752.74	case rate		
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient				35510.67934	Horizon	PPO		26547.34				20609.92	56797.45	case rate		
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient				25035.03431	Horizon	PPO		14817.04				11946.17	37582.48	case rate		
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient				387038.1935	Horizon	PPO		313179.96				295733.07	670041.49	case rate		
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient				109415.7481	Horizon	PPO		100090.85				81732.17	214142.12	case rate		
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient				56513.38362	Horizon	PPO		50631.43				37979.94	108324.8	case rate		
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient				53892.68714	Horizon	PPO		48725.21				33318	104246.49	case rate		
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient				40475.00683	Horizon	PPO		31233.67				24715.61	66823.74	case rate		
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient				39740.92619	Horizon	PPO		31032.66				24108.49	66393.68	case rate		
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient				56510.52727	Horizon	PPO		55852.65				37977.58	119495.5	case rate		
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient				41533.28263	Horizon	PPO		37042.61				25590.84	79251.83	case rate		
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient				37097.37895	Horizon	PPO		31538.6				21922.18	67476.12	case rate		
REHABILITATION W CC/MCC	945	MS-DRG	inpatient				32148.76136	Horizon	PPO		23251.07				17829.49	49745.15	case rate		

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient				25053.60056	Horizon	PPO		17762.39				11961.53	38002.24	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient				28465.80468	Horizon	PPO		20537.4				14783.3	43939.3	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient				22030.15945	Horizon	PPO		13290.71				9461.03	28435.17	case rate	
AFTERCARE W CC/MCC	949	MS-DRG	inpatient				25387.79291	Horizon	PPO		19525.52				12237.92	41774.41	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient				19562.27743	Horizon	PPO		12689.37				7420	27148.63	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient				19016.71555	Horizon	PPO		13600.74				6968.8	29096.49	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient				97569.05747	Horizon	PPO		103860.69				71934.52	222207.62	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient				65977.88254	Horizon	PPO		64457.03				45807.44	137904.37	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient				113883.0715	Horizon	PPO		129440.45				85426.82	276934.93	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient				68357.21787	Horizon	PPO		71202.89				47775.24	152336.99	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient				46757.53751	Horizon	PPO		41747.67				29911.49	89318.21	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient				49641.01771	Horizon	PPO		47612.83				32296.24	101866.57	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient				32027.3667	Horizon	PPO		25124.92				17729.09	53754.21	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient				24242.3986	Horizon	PPO		16597.2				11290.63	35509.34	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient				108743.0788	Horizon	PPO		95373.85				81175.85	204050.22	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient				44929.47675	Horizon	PPO		47488.47				28399.62	101600.51	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient				52243.14795	Horizon	PPO		46386.31				34448.3	99242.46	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient				30060.77322	Horizon	PPO		21973.45				16102.65	47011.7	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient				22662.83985	Horizon	PPO		15989.05				9984.28	34208.22	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient				30814.84828	Horizon	PPO		19929.25				16726.29	42638.18	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient				78291.58553	Horizon	PPO		74451.47				11302	159287.24	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient				46094.86548	Horizon	PPO		41785.15				14901	89398.39	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient				33943.97415	Horizon	PPO		26729.62				19314.2	57187.42	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient				58815.59763	Horizon	PPO		56770.84				39883.96	121459.94	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient				34826.58473	Horizon	PPO		28841.96				20044.15	61706.72	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient				26019.04514	Horizon	PPO		17728.32				12759.99	37929.35	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient				158406.3481	Qualcare	Qualcare		234847				122249.23	373735.51	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient				79669.77196	Qualcare	Qualcare		234847				57131.14	234847	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient				109248.6519	Qualcare	Qualcare		49635				49635	203970.04	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient				149198.5093	Qualcare	Qualcare		78485				78485	357932.52	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient				101497.9599	Qualcare	Qualcare		78485				75183.87	231898.61	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient				91949.19882	Qualcare	Qualcare		78485				67286.69	215224.56	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient				120719.7331	Qualcare	Qualcare		57338				57338	280328.05	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient				85492.4311	Qualcare	Qualcare		57338				57338	189712.36	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient				76980.52321	Qualcare	Qualcare		57338				17199	167921.3	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient				126489.5499	Qualcare	Qualcare		63792				19424	306106.31	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient				95546.76526	Qualcare	Qualcare		63792				27830	224521.94	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient				121982.2376	Qualcare	Qualcare		58118				53769	278363.61	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient				84825.47456	Qualcare	Qualcare		71166				61395.1	187594.85	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient				94575.60798	Qualcare	Qualcare		47567				47567	211747.62	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient				68305.80366	Qualcare	Qualcare		33990				33990	143097.93	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient				59935.28484	Qualcare	Qualcare		28745				20528	136195.06	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient				43118.55407	Qualcare	Qualcare		19748				19748	93094.02	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient				36718.91325	Qualcare	Qualcare		19748				19748	91806.34	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient				49273.97739	Qualcare	Qualcare		15797				15797	108929.8	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient				37248.76523	Qualcare	Qualcare		15797				15797	76427.26	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient				57937.27156	Qualcare	Qualcare		12982				12982	131916.3	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient				37465.84745	Qualcare	Qualcare		12982				12982	72593.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient				34088.21957	Qualcare	Qualcare		12982				12982	59439.78	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient				41376.18366	Qualcare	Qualcare		13521				13521	79481.44	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient				29037.81139	Qualcare	Qualcare		9969				9969	41508.35	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient				397605.2416	UHC	Medicare		345743.69				320075.66	962560.73	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient				185457.3628	UHC	Medicare		161267.27				144621.43	489203.72	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient				315081.1521	UHC	Medicare		273983.61				251825.15	666867.04	case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient				220531.8504	UHC	Medicare		191766.83				173629.34	416184.16	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient				158406.3481	UHC	Medicare		137744.65				122249.23	373735.51	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient				79669.77196	UHC	Medicare		69278.06				57131.14	234847	case rate	
LUNG TRANSPLANT	007	MS-DRG	inpatient				185775.8453	UHC	Medicare		161544.21				144884.83	388186.35	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient				85736.6486	UHC	Medicare		74553.61				62148.67	191305.05	case rate	
PANCREAS TRANSPLANT	010	MS-DRG	inpatient				79337.00778	UHC	Medicare		68988.7				56855.93	164513.6	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient				84231.35482	UHC	Medicare		73244.66				60903.74	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG	inpatient				67787.37705	UHC	Medicare		58945.55				47303.96	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient				48946.9259	UHC	Medicare		42582.54				31722.2	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient				174271.916	UHC	Medicare		151540.8				135370.65	435540.63	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient				98808.71117	UHC	Medicare		85920.62				72959.76	238334.97	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient				98808.71117	UHC	Medicare		85920.62				70474.37	159673.57	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG	inpatient				536767.7948	UHC	Medicare		466754.6				436168.29	641210.35	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG	inpatient				124751.464	UHC	Medicare		108479.53				94415.39	139118.87	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient				131305.3474	UHC	Medicare		114178.56				99835.69	379960.48	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient				98300.28177	UHC	Medicare		85478.51				72539.27	288127.5	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient				60243.77093	UHC	Medicare		52385.89				41065.11	187970.25	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient				91550.7387	UHC	Medicare		79609.34				66957.14	198998.8	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient				64701.09636	UHC	Medicare		56261.82				44751.49	313612.23	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient				73658.59406	UHC	Medicare		64050.95				52159.67	155897.77	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient				52765.85907	UHC	Medicare		45883.36				34880.6	109910.2	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient				45336.5059	UHC	Medicare		39423.05				28736.25	87678.14	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient				96653.59892	UHC	Medicare		84046.61				71177.4	195889.96	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient				59551.10645	UHC	Medicare		51783.57				40492.25	115012.64	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient				43708.87467	UHC	Medicare		38008.54				27390.91	79295.56	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient				69382.6457	UHC	Medicare		60332.74				48623.3	152449.97	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient				41350.47656	UHC	Medicare		35956.94				25439.65	103005.11	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient				33768.30894	UHC	Medicare		29363.75				19168.92	169398.47	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient				66309.21855	UHC	Medicare		57660.19				46081.46	279134.99	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient				43431.32384	UHC	Medicare		37766.37				27160.59	80921.05	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient				36414.71252	UHC	Medicare		31664.97				21357.59	62905.8	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient				58799.88773	UHC	Medicare		51130.34				39870.97	116984.37	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient				33439.82907	UHC	Medicare		29078.11				19897.25	60926.78	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient				26885.94583	UHC	Medicare		23379.08				13476.94	41271.45	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient				65582.27877	UHC	Medicare		57028.07				45480.26	143167.18	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient				42448.74118	UHC	Medicare		36911.95				26347.96	85954.25	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient				35437.86785	UHC	Medicare		30815.52				20549.68	102408.62	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient				38361.31159	UHC	Medicare		33357.66				22967.5	80333.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient				24640.85871	UHC	Medicare		21426.83				11620.17	98314.19	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient				31634.61928	UHC	Medicare		27508.36				17404.27	143596.19	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient				25917.6449	UHC	Medicare		22537.08				12676.12	38166.25	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient				44780.94682	UHC	Medicare		38939.95				28276.78	77429.53	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient				30059.34505	UHC	Medicare		26138.56				16101.46	44059.57	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient				35267.89003	UHC	Medicare		30667.73				20409.13	64130.38	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient				27545.76151	UHC	Medicare		23952.84				14022.64	40065.09	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient				23406.9177	UHC	Medicare		20353.84				10599.66	30348.58	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient				50619.31585	UHC	Medicare		44016.8				33105.33	103787.27	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient				37321.60203	UHC	Medicare		32453.57				22107.62	121708.96	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient				31824.56621	UHC	Medicare		27673.54				17561.37	136083.64	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient				39196.79248	UHC	Medicare		34084.17				23658.47	215326.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient				25106.44294	UHC	Medicare		21831.69				12005.23	37594.05	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient				20409.1837	UHC	Medicare		17747.12				8120.42	26488.95	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient				30826.27366	UHC	Medicare		26805.46				16735.74	54720.02	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient				23029.89817	UHC	Medicare		20025.98				10287.83	32754.02	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient				21997.31148	UHC	Medicare		19128.1				9433.86	27899.41	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient				36147.64426	UHC	Medicare		31432.73				21136.72	59964.6	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient				25754.83324	UHC	Medicare		22395.51				12541.47	35928.47	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient				21773.0884	UHC	Medicare		18933.12				9248.42	27042.93	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient				32198.7474	UHC	Medicare		27998.91				17870.83	51428.95	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient				25246.40384	UHC	Medicare		21953.39				12120.98	35494.76	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient				37922.86264	UHC	Medicare		32976.4				22604.89	53998.39	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient				23765.38899	UHC	Medicare		20666.56				10896.13	30060.66	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient				32168.75578	UHC	Medicare		27972.83				17846.03	56564.19	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient				25113.5838	UHC	Medicare		21837.9				12011.13	35356.26	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient				21170.35962	UHC	Medicare		18409.04				8749.97	27206.94	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient				42134.37322	UHC	Medicare		36638.73				25688.1	68474.74	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient				23579.72657	UHC	Medicare		20504.11				10742.58	31146.75	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient				43128.55127	UHC	Medicare		37503.09				26910.19	78672.34	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient				29962.22932	UHC	Medicare		26054.11				16021.15	47197.57	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient				23725.40016	UHC	Medicare		20630.78				10863.05	33650.59	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient				43050.00179	UHC	Medicare		37434.78				26845.22	79452.28	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient				29400.95754	UHC	Medicare		25566.05				15556.95	45306.02	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient				23246.96239	UHC	Medicare		20214.75				10467.37	30807.8	case rate	
CONCUSSION W MCC	088	MS-DRG	inpatient				32495.80727	UHC	Medicare		28257.22				18116.51	53925.5	case rate	
CONCUSSION W CC	089	MS-DRG	inpatient				27013.05318	UHC	Medicare		23489.61				13582.07	38906.11	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient				23941.05421	UHC	Medicare		20818.31				11041.41	28916.26	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient				36143.35975	UHC	Medicare		31429.01				21133.17	58750.95	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient				25244.97567	UHC	Medicare		21952.15				12119.8	34379.51	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient				21650.26557	UHC	Medicare		18826.32				9146.84	26889.86	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient				62328.90189	UHC	Medicare		54199.05				42789.59	134044.74	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient				44640.98591	UHC	Medicare		38818.25				28161.03	86774.28	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient				41720.37322	UHC	Medicare		36278.59				25745.57	76937.51	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient				62531.70238	UHC	Medicare		54375.39				42957.32	128978.75	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient				41360.47376	UHC	Medicare		35965.63				25447.92	67443.32	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient				29445.23089	UHC	Medicare		25604.55				15593.57	46392.11	case rate	
SEIZURES W MCC	100	MS-DRG	inpatient				38904.07712	UHC	Medicare		33829.58				23416.34	69054.73	case rate	
SEIZURES W/O MCC	101	MS-DRG	inpatient				23581.15474	UHC	Medicare		20505.35				10743.76	31682.51	case rate	
HEADACHES W MCC	102	MS-DRG	inpatient				27822.82696	UHC	Medicare		24193.76				14251.78	39234.12	case rate	
HEADACHES W/O MCC	103	MS-DRG	inpatient				22621.42285	UHC	Medicare		19670.8				9950.02	28478.9	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient				46399.06622	UHC	Medicare		40347.01				29515.02	83924.2	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient				28182.7643	UHC	Medicare		24506.72				14549.43	45743.37	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient				32932.82805	UHC	Medicare		28637.24				18477.94	49643.1	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient				36737.47949	UHC	Medicare		31945.63				21624.53	62249.77	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient				27705.71682	UHC	Medicare		24091.93				14154.93	36537.12	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient				28888.24362	UHC	Medicare		25120.21				15132.92	39607.25	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient				21223.24201	UHC	Medicare		18454.99				8793.68	25723.59	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient				22073.00462	UHC	Medicare		19193.92				9496.46	27440.19	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient				29469.50982	UHC	Medicare		25625.66				15613.65	48520.56	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient				21980.17241	UHC	Medicare		19113.19				9419.69	29528.55	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient				48467.05995	UHC	Medicare		42145.27				31325.33	83760.2	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient				24002.46562	UHC	Medicare		20871.71				11092.2	44190.78	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient				32080.20908	UHC	Medicare		27895.83				17772.79	50189.79	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient				22954.18703	UHC	Medicare		19960.16				10225.23	30804.16	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient				27552.90237	UHC	Medicare		23959.05				14028.54	42291.94	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG	inpatient				64548.2819	UHC	Medicare		56128.94				44625.1	65754.05	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG	inpatient				40177.94696	UHC	Medicare		34937.35				24469.93	36055.87	case rate	
Major Head and Neck Procedures without Complications	142	MS-DRG	inpatient				32655.76569	UHC	Medicare		28396.32				18248.8	28396.32	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG	inpatient				58085.8015	UHC	Medicare		50509.39				39280.39	57878.74	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG	inpatient				35305.02251	UHC	Medicare		30700.02				20439.84	30700.02	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG	inpatient				28029.91197	UHC	Medicare		24373.84				14423.05	24373.84	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient				40739.21674	UHC	Medicare		35425.41				24934.12	70089.3	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient				28239.85333	UHC	Medicare		24556.39				14596.68	45575.72	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient				23296.94843	UHC	Medicare		20258.22				10508.71	26379.61	case rate	
DYSEQUILIBRIUM	149	MS-DRG	inpatient				21226.09835	UHC	Medicare		18457.48				8796.04	25916.75	case rate	
EPISTAXIS W MCC	150	MS-DRG	inpatient				29363.82565	UHC	Medicare		25533.76				15526.24	48382.07	case rate	
EPISTAXIS W/O MCC	151	MS-DRG	inpatient				21597.42319	UHC	Medicare		18780.37				9103.14	25650.69	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient				27560.04323	UHC	Medicare		23965.25				14034.45	37980.38	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient				21084.70928	UHC	Medicare		18334.53				8679.1	25942.26	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient				32558.84886	UHC	Medicare		28311.87				18168.48	52719.14	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient				24109.57856	UHC	Medicare		20964.85				11180.78	32192.75	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient				19952.16851	UHC	Medicare		17349.71				7742.45	24050.72	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient				34969.40198	UHC	Medicare		30408.18				20162.26	60974.16	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient				23993.89669	UHC	Medicare		20864.26				11085.11	32447.87	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient				20233.51849	UHC	Medicare		17594.36				7975.14	24724.97	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient				77908.83531	UHC	Medicare		67746.81				55674.78	179288.81	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient				47014.60855	UHC	Medicare		40882.27				30124.1	93626.13	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient				37388.73914	UHC	Medicare		32511.94				22163.14	67512.57	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient				68542.88029	UHC	Medicare		59602.5				47928.79	127488.11	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient				36580.38052	UHC	Medicare		31809.03				21494.6	69159.93	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient				29952.23211	UHC	Medicare		26045.42				16012.88	48895.95	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG	inpatient				54508.8013	UHC	Medicare		47397.22				36320.42	53517.3	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient				30627.75769	UHC	Medicare		26632.83				16571.56	53389.75	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient				22238.67263	UHC	Medicare		19337.98				9633.48	32764.95	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient				34818.0157	UHC	Medicare		30276.54				20037.06	67089.8	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient				24682.27572	UHC	Medicare		21462.85				11654.43	46446.78	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient				21491.25843	UHC	Medicare		18688.47				9015.73	33584.99	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient				35414.99179	UHC	Medicare		30795.65				20530.78	61812.42	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient				26316.10502	UHC	Medicare		22883.57				13005.66	41581.24	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient				21430.32701	UHC	Medicare		18635.07				8964.94	28978.21	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient				33077.07346	UHC	Medicare		28762.67				18597.24	54337.34	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient				25613.44416	UHC	Medicare		22272.56				12424.54	36606.36	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient				21383.19732	UHC	Medicare		18594.08				8925.97	26689.41	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient				32757.16283	UHC	Medicare		28484.49				18332.66	56837.54	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient				24819.35827	UHC	Medicare		21582.07				11767.82	38414.08	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient				21251.80545	UHC	Medicare		18479.83				8817.3	27961.37	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient				28185.58277	UHC	Medicare		24509.2				14551.79	45021.74	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient				26328.95857	UHC	Medicare		22894.75				13016.3	43396.25	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient				22715.68223	UHC	Medicare		19752.77				10027.98	33308	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient				19756.50888	UHC	Medicare		17179.57				7580.63	26390.55	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient				29536.63392	UHC	Medicare		25684.03				15669.16	47988.45	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient				22332.93201	UHC	Medicare		19419.94				9711.43	32808.69	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient				19525.74894	UHC	Medicare		16978.39				7389.29	25031.11	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient				37660.07891	UHC	Medicare		32747.89				22387.56	59702.19	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient				24836.51834	UHC	Medicare		21596.97				11781.99	36507.96	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient				21704.53612	UHC	Medicare		18873.51				9191.72	27644.29	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient				35927.7057	UHC	Medicare		31241.48				20954.82	64975.93	case rate	
PNEUMOTHORAX W CC	200	MS-DRG	inpatient				25971.91545	UHC	Medicare		22584.27				12721.01	39172.16	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient				20674.82378	UHC	Medicare		17978.11				8340.11	27891.99	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient				24265.24935	UHC	Medicare		21100.22				11309.53	38695.65	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient				20514.86845	UHC	Medicare		17839.02				8207.83	50775.53	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient				22342.92922	UHC	Medicare		19428.63				9719.7	96731.64	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient				36444.70414	UHC	Medicare		31691.05				21382.39	55321.38	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient				23636.85347	UHC	Medicare		20553.79				10789.82	31471.12	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient				109248.6519	UHC	Medicare		94998.83				49635	203970.04	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient				49205.42511	UHC	Medicare		42787.33				31935.99	88833.48	case rate	
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG	inpatient				164414.6697	UHC	Medicare		142969.28				37458	187453.26	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient				156475.459	UHC	Medicare		136065.62				120652.31	469646.8	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient				149198.5263	UHC	Medicare		129738.19				78485	357932.52	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient				101497.9599	UHC	Medicare		88259.1				75183.87	231898.61	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient				91949.19882	UHC	Medicare		79955.83				67286.69	215224.56	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient				120719.7331	UHC	Medicare		104973.68				57338	280328.05	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient				85492.4211	UHC	Medicare		74341.24				57338	189712.36	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient				76980.52321	UHC	Medicare		66939.59				17199	167921.3	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient				82551.824	UHC	Medicare		71784.19				59514.71	239676.19	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient				56000.5697	UHC	Medicare		48696.23				37555.91	169415.59	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient				126489.5868	UHC	Medicare		109990.91				19424	306106.31	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient				95546.76526	UHC	Medicare		83084.14				27830	224521.94	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient				121982.2376	UHC	Medicare		106071.51				53769	278363.61	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient				84825.47456	UHC	Medicare		73761.28				61395.1	187594.85	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient				94575.80798	UHC	Medicare		82239.66				47567	211747.62	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient				68305.80366	UHC	Medicare		59396.35				33990	143097.93	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient				79239.89205	UHC	Medicare		68904.25				56775.61	171635.15	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient				50710.71889	UHC	Medicare		44096.28				33180.92	100040.63	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient				30439.23662	UHC	Medicare		26468.9				15559	58167.82	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient				59935.28484	UHC	Medicare		52117.64				20528	136195.06	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient				43118.55407	UHC	Medicare		37494.39				19748	93094.02	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient				36718.91325	UHC	Medicare		31929.49				19748	91806.34	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient				75306.70908	UHC	Medicare		65484.09				53522.72	182671	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient				44163.97631	UHC	Medicare		38403.46				27766.52	94278.51	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient				33254.16685	UHC	Medicare		28916.67				18743.7	61149.1	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient				58488.54614	UHC	Medicare		50859.61				39613.48	118806.67	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient				47024.60575	UHC	Medicare		40890.96				30132.37	94551.86	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient				35370.71843	UHC	Medicare		30757.15				20494.17	69967.26	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient				49828.10831	UHC	Medicare		43328.79				32450.97	92583.77	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient				34008.24191	UHC	Medicare		29572.38				19367.35	63733.12	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient				24743.68713	UHC	Medicare		21516.25				11705.22	41041.84	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient				49273.97739	UHC	Medicare		42846.94				15797	108929.8	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient				37248.76523	UHC	Medicare		32390.23				15797	76427.26	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient				57937.27156	UHC	Medicare		50380.24				12982	131916.3	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient				37465.84745	UHC	Medicare		32579				12982	72593.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient				34088.21957	UHC	Medicare		29641.93				12982	59439.78	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient				50939.22648	UHC	Medicare		44294.98				33369.91	87186.12	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient				57234.61071	UHC	Medicare		49769.23				38576.42	115118.34	case rate	
AICD LEAD PROCEDURES	265	MS-DRG	inpatient				61063.54109	UHC	Medicare		53098.73				41743.09	113591.25	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient				99795.59784	UHC	Medicare		86778.76				73775.94	262101.41	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient				80288.17064	UHC	Medicare		69815.8				57642.58	213139.85	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient				108487.436	UHC	Medicare		94336.9				80964.43	244323.05	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient				69982.47813	UHC	Medicare		60854.33				49119.39	151263.7	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient				82811.75139	UHC	Medicare		72010.22				59729.68	184478.72	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient				59950.99474	UHC	Medicare		52131.3				40822.98	127335.03	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient				45430.76529	UHC	Medicare		39505.01				28814.2	95419.27	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient				66246.37896	UHC	Medicare		57605.55				46029.49	133119.02	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient				56874.71125	UHC	Medicare		49456.27				38278.77	108547.12	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG	inpatient				111073.8563	UHC	Medicare		96585.96				83103.49	122451.06	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG	inpatient				99282.86443	UHC	Medicare		86332.93				73351.9	108082.32	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG	inpatient				78891.41797	UHC	Medicare		68601.23				56487.41	83232.89	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG	inpatient				74292.70263	UHC	Medicare		64602.35				52684.1	77628.8	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG	inpatient				56300.58592	UHC	Medicare		48957.03				37803.95	55703.24	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient				33248.45416	UHC	Medicare		28911.7				18738.98	60394.67	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient				23629.71261	UHC	Medicare		20547.58				10783.92	35702.5	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient				20846.20447	UHC	Medicare		18127.13				8481.85	27298.05	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient				38745.48998	UHC	Medicare		33691.73				23285.23	65774.1	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient				21154.68972	UHC	Medicare		18395.38				8736.98	27939.5	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient				17569.97684	UHC	Medicare		15278.24				5772.29	21736.39	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient				41376.18368	UHC	Medicare		35979.29				13521	79481.44	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient				26037.61139	UHC	Medicare		22641.4				9969	41508.35	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient				47623.01002	UHC	Medicare		41411.31				30627.27	98189.17	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient				31694.60252	UHC	Medicare		27560.52				17453.88	62319.02	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient				25232.12211	UHC	Medicare		21940.98				12109.17	36861.48	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient				28926.80428	UHC	Medicare		25153.74				15164.81	49034.45	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient				22822.79516	UHC	Medicare		19845.91				10116.57	33523.03	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient				18609.68639	UHC	Medicare		16182.34				6632.17	24258.46	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient				26210.42025	UHC	Medicare		22791.67				12918.26	42306.52	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient				19609.40712	UHC	Medicare		17051.66				7458.97	20092.68	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient				33486.95896	UHC	Medicare		29119.09				18936.23	55962.83	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient				20996.16258	UHC	Medicare		18257.53				8605.87	23777.37	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient				16858.74695	UHC	Medicare		14659.78				5184.06	17585.2	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient				33101.3524	UHC	Medicare		28783.78				18617.32	52861.28	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient				25829.09821	UHC	Medicare		22460.09				12602.89	37309.77	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient				20727.66616	UHC	Medicare		18024.06				8383.82	26467.09	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient				26601.73951	UHC	Medicare		23131.95				13241.9	38979	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient				19989.20769	UHC	Medicare		17382				7773.16	24254.81	case rate	
HYPERTENSION W MCC	304	MS-DRG	inpatient				27000.19963	UHC	Medicare		23478.43				13571.44	39401.77	case rate	
HYPERTENSION W/O MCC	305	MS-DRG	inpatient				21351.77753	UHC	Medicare		18566.76				8899.98	26237.48	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient				32538.65245	UHC	Medicare		28294.48				18151.94	51345.12	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient				24052.61566	UHC	Medicare		20915.18				11133.54	31197.78	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient				27759.98738	UHC	Medicare		24139.12				14199.81	43866.41	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient				21226.09835	UHC	Medicare		18457.48				8796.04	27826.52	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient				18488.29173	UHC	Medicare		16076.78				6531.77	20493.59	case rate	
ANGINA PECTORIS	311	MS-DRG	inpatient				20560.56998	UHC	Medicare		17878.76				8245.62	25045.69	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient				22922.76724	UHC	Medicare		19932.84				10199.25	29211.47	case rate	
CHEST PAIN	313	MS-DRG	inpatient				20924.75396	UHC	Medicare		18195.44				8546.82	25778.26	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient				40489.28856	UHC	Medicare		35208.08				24727.42	73733.9	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient				24405.21026	UHC	Medicare		21221.92				11425.28	34838.73	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient				20483.44867	UHC	Medicare		17811.69				8181.84	27381.88	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG	inpatient				72885.95276	UHC	Medicare		63379.09				51520.67	75914.51	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG	inpatient				42381.61707	UHC	Medicare		36853.58				26292.44	38741.3	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG	inpatient				51646.19785	UHC	Medicare		44909.71				33954.58	50031.28	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG	inpatient				36631.79473	UHC	Medicare		31853.73				21537.13	31853.73	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG	inpatient				69716.83805	UHC	Medicare		60623.34				48899.69	72052.56	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG	inpatient				52967.2258	UHC	Medicare		46075.85				35063.68	51665.51	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG	inpatient				48355.6625	UHC	Medicare		42048.4				31233.2	46021.4	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient				83127.3775	UHC	Medicare		72284.68				59990.71	191556.53	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient				46257.67714	UHC	Medicare		40224.07				29498.09	90542.8	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient				33402.69679	UHC	Medicare		29045.82				18866.54	56203.38	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient				75098.1919	UHC	Medicare		65302.78				53350.27	181963.94	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient				44468.17704	UHC	Medicare		38667.98				28018.11	91964.19	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient				34469.54162	UHC	Medicare		29973.51				19748.86	61765.04	case rate	
RECTAL RESECTION W MCC	332	MS-DRG	inpatient				62398.88234	UHC	Medicare		54259.9				42847.47	123850.8	case rate	
RECTAL RESECTION W CC	333	MS-DRG	inpatient				40289.34441	UHC	Medicare		35034.21				24562.06	70260.6	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient				33514.09424	UHC	Medicare		29142.69				18958.67	47605.77	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient				61647.66363	UHC	Medicare		53606.66				42226.18	148043.65	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient				40657.81291	UHC	Medicare		35354.62				24866.79	83760.2	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient				31961.57077	UHC	Medicare		27792.76				17674.76	58433.87	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient				49728.13623	UHC	Medicare		43241.86				32368.29	108871.49	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient				32592.923	UHC	Medicare		28341.67				18196.83	59683.97	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient				28982.50301	UHC	Medicare		25202.18				15210.88	45069.12	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient				46996.04231	UHC	Medicare		40866.12				30108.75	87874.95	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient				29176.73446	UHC	Medicare		25371.07				15371.51	51024.4	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient				24526.60492	UHC	Medicare		21327.48				11525.68	34612.77	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient				44866.63716	UHC	Medicare		39014.47				28347.65	89165.14	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient				31378.9764	UHC	Medicare		27286.07				17192.85	54672.64	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient				26428.83064	UHC	Medicare		22981.68				13098.98	38395.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient				52354.5454	UHC	Medicare		45525.69				34540.43	108095.19	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient				35123.64461	UHC	Medicare		30542.3				20289.83	63088.03	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient				30050.77601	UHC	Medicare		26131.11				16094.38	49377.04	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient				71697.71326	UHC	Medicare		62345.84				50537.95	144898.36	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient				41964.59071	UHC	Medicare		36490.95				25947.55	77874.17	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient				28886.81545	UHC	Medicare		25118.97				15131.74	49140.14	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient				34183.90713	UHC	Medicare		29725.14				19512.63	70851.02	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient				24705.12647	UHC	Medicare		21482.72				11673.33	40411.32	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient				21211.81663	UHC	Medicare		18445.06				8784.23	27090.31	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient				35550.66817	UHC	Medicare		30913.62				20642.99	63372.3	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient				25476.33961	UHC	Medicare		22153.34				12311.15	37845.53	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient				20823.35371	UHC	Medicare		18107.26				8462.95	27611.49	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient				40567.83804	UHC	Medicare		35276.38				24792.38	75260.99	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient				27704.28865	UHC	Medicare		24090.69				14153.74	43979.39	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient				23321.22736	UHC	Medicare		20279.33				10528.79	33373.6	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient				36159.95964	UHC	Medicare		31442.67				21146.16	65194.6	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient				24640.85871	UHC	Medicare		21426.83				11620.17	36092.47	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient				19633.68605	UHC	Medicare		17072.77				7479.05	23806.53	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient				38418.43848	UHC	Medicare		33407.34				23014.75	70923.92	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient				25914.78855	UHC	Medicare		22534.6				12673.76	39908.37	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient				21403.19174	UHC	Medicare		18611.47				8942.5	27983.24	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient				30559.20541	UHC	Medicare		26573.22				16514.87	49238.55	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient				23097.00428	UHC	Medicare		20084.35				10343.35	31172.26	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient				32668.53036	UHC	Medicare		28668.29				18507.47	61881.66	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient				24466.62167	UHC	Medicare		21275.32				11476.07	35720.72	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient				20360.62584	UHC	Medicare		17704.89				8080.26	25391.93	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient				31348.98478	UHC	Medicare		27259.99				17168.04	55787.89	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient				21964.46061	UHC	Medicare		19099.53				9406.69	30731.27	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient				18573.98208	UHC	Medicare		16151.29				6602.64	21539.59	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient				28809.69414	UHC	Medicare		25051.91				15067.96	44518.79	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient				21810.22089	UHC	Medicare		18965.41				9279.13	27531.31	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient				33721.57685	UHC	Medicare		29322.76				19129.94	59501.74	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient				23971.04583	UHC	Medicare		20844.39				11066.21	34299.33	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient				19837.91471	UHC	Medicare		17250.36				7647.96	24655.72	case rate	
APPENDIX PROCEDURES WITH MCC	397	MS-DRG	inpatient				42675.8206	UHC	Medicare		37109.41				26535.76	39099.83	case rate	
APPENDIX PROCEDURES WITH CC	398	MS-DRG	inpatient				32203.03892	UHC	Medicare		28002.64				17874.37	28002.64	case rate	
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG	inpatient				26487.48571	UHC	Medicare		23032.6				13147.4	23032.6	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient				89214.24855	UHC	Medicare		77577.61				65024.78	196046.68	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient				51827.54976	UHC	Medicare		45067.43				34104.58	103236.94	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient				41310.46273	UHC	Medicare		35922.16				25406.58	73139.83	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient				63749.9335	UHC	Medicare		55434.72				43964.84	147478.74	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient				38544.11766	UHC	Medicare		33516.62				23118.69	84653.12	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient				32944.25342	UHC	Medicare		28647.18				18487.39	60230.66	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient				51729.58698	UHC	Medicare		44981.74				10482	145714.75	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient				39803.76577	UHC	Medicare		34611.97				11647	86810.73	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient				32150.18953	UHC	Medicare		27956.69				15908	61455.25	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient				60936.43374	UHC	Medicare		52988.2				26270	130374.63	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient				38808.32957	UHC	Medicare		33746.37				23337.2	73577.18	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient				29716.58365	UHC	Medicare		25840.51				15817.99	50772.92	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient				43692.6794	UHC	Medicare		37993.63				27376.74	88323.24	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient				33936.83329	UHC	Medicare		29510.29				19308.29	60653.43	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient				29345.25881	UHC	Medicare		25517.62				15510.89	47532.87	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient				56303.84428	UHC	Medicare		48959.52				37806.31	128202.45	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient				35006.53446	UHC	Medicare		30440.46				8253	64841.08	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient				30742.01149	UHC	Medicare		26732.18				10272	54945.99	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient				66444.89494	UHC	Medicare		57778.17				16017	143815.92	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient				40400.74186	UHC	Medicare		35131.08				24654.19	79856.83	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient				33468.39272	UHC	Medicare		29102.95				18920.87	54410.23	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient				37954.28243	UHC	Medicare		33003.72				13893	66550.4	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient				25314.95612	UHC	Medicare		22013.01				12177.68	37462.84	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient				20152.11268	UHC	Medicare		17523.58				7907.81	53360.86	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient				35724.90521	UHC	Medicare		31065.13				20787.09	61874.37	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient				26310.39233	UHC	Medicare		22878.6				13000.94	41399.01	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient				22460.03936	UHC	Medicare		19530.47				9816.55	31554.95	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient				34423.8401	UHC	Medicare		29933.77				19711.06	59705.84	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient				22804.22892	UHC	Medicare		19829.76				10101.21	31427.39	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient				19382.3277	UHC	Medicare		16854.2				7271.17	22643.9	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient				36700.34701	UHC	Medicare		31913.35				11778	67687.51	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient				24179.59501	UHC	Medicare		21025.7				11238.66	34219.15	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient				20797.64661	UHC	Medicare		18084.91				8441.69	25359.13	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient				33915.4107	UHC	Medicare		29491.66				19290.57	58710.86	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient				26111.87635	UHC	Medicare		22705.98				12836.76	38909.75	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient				22037.30031	UHC	Medicare		19162.87				9466.93	28974.57	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient				137146.5728	UHC	Medicare		119257.89				17717	346124.02	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient				97941.81048	UHC	Medicare		85166.79				36879	230951.01	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient				76366.40905	UHC	Medicare		66405.57				54399.14	182230	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient				130976.8678	UHC	Medicare		113892.93				99564.03	332577.04	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient				97356.25977	UHC	Medicare		84657.62				71758.53	238524.49	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient				75300.99239	UHC	Medicare		65479.12				53518	186647.26	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient				105311.1804	UHC	Medicare		91574.94				78337.54	232700.42	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient				62831.61886	UHC	Medicare		54636.19				43205.36	147150.73	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient				107970.4375	UHC	Medicare		93887.34				9917	163369.2	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient				51240.57087	UHC	Medicare		44557.02				11315	116412.17	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient				91477.9019	UHC	Medicare		79546				15756	187037.23	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient				53455.66637	UHC	Medicare		46483.19				35451.1	107297.02	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient				37308.74848	UHC	Medicare		32442.39				22096.99	66965.88	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient				84664.09107	UHC	Medicare		73620.95				61261.63	186355.69	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient				60380.87465	UHC	Medicare		52505.11				41178.5	126482.2	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient				48716.99013	UHC	Medicare		42362.6				31532.03	101735.36	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient				58145.78474	UHC	Medicare		50561.55				39330	115686.89	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient				37464.41928	UHC	Medicare		32577.76				22225.74	72520.25	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient				80842.30156	UHC	Medicare		70297.65				8282	182619.97	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient				52798.70703	UHC	Medicare		45911.92				8991	107399.07	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient				45732.10968	UHC	Medicare		39767.05				11229	86482.71	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient				72041.90283	UHC	Medicare		62645.13				22321	138316.21	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient				41220.51286	UHC	Medicare		35843.92				25332.17	78315.16	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient				27398.65974	UHC	Medicare		23824.92				13900.98	41938.41	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient				58705.62835	UHC	Medicare		51048.37				39793.01	114382.13	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient				44633.84505	UHC	Medicare		38812.04				28155.12	83067.72	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient				37211.63275	UHC	Medicare		32357.94				22016.67	65529.91	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient				52705.87582	UHC	Medicare		45831.2				34830.99	110445.96	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient				40223.68548	UHC	Medicare		34977.09				8360	75162.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient				33275.58944	UHC	Medicare		28935.3				9385	60664.37	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient				46069.15838	UHC	Medicare		40060.14				13093	86869.04	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient				57634.499	UHC	Medicare		50116.96				38907.15	120421.23	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient				39272.45862	UHC	Medicare		34149.99				23721.08	80851.81	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient				32654.33441	UHC	Medicare		28395.07				18247.62	60143.19	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient				40676.37915	UHC	Medicare		35370.76				24882.15	76992.18	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient				28266.9886	UHC	Medicare		24579.99				14619.12	47285.04	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient				60035.22691	UHC	Medicare		52204.57				27533	123570.16	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient				44890.91609	UHC	Medicare		39035.58				28367.73	81861.36	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient				37285.89772	UHC	Medicare		32422.52				22078.09	67890.08	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient				61736.21032	UHC	Medicare		53683.66				42299.42	126186.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient				38975.62574	UHC	Medicare		33891.67				23475.4	71466.96	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient				30976.23177	UHC	Medicare		26935.85				16859.76	52300.01	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient				47880.08106	UHC	Medicare		41634.85				30839.88	83023.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient				29011.06646	UHC	Medicare		25227.01				15234.5	40790.36	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient				56903.2747	UHC	Medicare		49481.11				38302.4	111816.33	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient				35379.28748	UHC	Medicare		30764.6				8902	61498.98	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient				30337.83868	UHC	Medicare		26380.73				16331.79	47055.43	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient				48892.65534	UHC	Medicare		42515.35				27418	93381.94	case rate	
FOOT PROCEDURES W CC	504	MS-DRG	inpatient				35256.46465	UHC	Medicare		30657.8				20399.68	63033.36	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient				34950.83574	UHC	Medicare		30392.03				20146.91	57577.39	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient				31478.94848	UHC	Medicare		27373				17275.53	51399.79	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient				41034.85044	UHC	Medicare		35682.48				25178.62	70796.36	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient				31070.49115	UHC	Medicare		27017.82				16937.72	52751.94	case rate	
ARTHROSCOPY	509	MS-DRG	inpatient				29530.92123	UHC	Medicare		25679.06				15664.44	60875.75	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient				49445.35808	UHC	Medicare		42995.96				32134.42	99585.05	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient				39065.40061	UHC	Medicare		33969.91				7655	67326.7	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient				33638.34524	UHC	Medicare		29250.73				10564	55474.46	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient				33741.17366	UHC	Medicare		29340.15				18516	59756.86	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient				25464.91423	UHC	Medicare		22143.4				12301.7	40660.37	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient				55742.17048	UHC	Medicare		48471.45				37342.12	112326.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient				39736.84167	UHC	Medicare		34553.6				24104.95	68715.29	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient				31933.10732	UHC	Medicare		27767.92				17651.14	50328.28	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient				62744.50008	UHC	Medicare		54560.43				43133.31	112989.89	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient				38705.50115	UHC	Medicare		33656.96				23252.16	67862.45	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient				31034.76684	UHC	Medicare		26986.77				16908.19	47893.69	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	521	MS-DRG	inpatient				53352.83795	UHC	Medicare		46393.77				7692	52111.06	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	522	MS-DRG	inpatient				40756.35681	UHC	Medicare		35440.31				9003	36760.73	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient				33889.7036	UHC	Medicare		29469.31				12781	55780.6	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient				22158.69497	UHC	Medicare		19268.43				9567.33	34640.29	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient				29109.61036	UHC	Medicare		25312.7				15316	45732.44	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient				21831.64348	UHC	Medicare		18984.04				9296.85	27589.62	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient				24400.92574	UHC	Medicare		21218.2				11421.74	33184.08	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient				20717.66895	UHC	Medicare		18015.36				8375.55	26496.24	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient				38931.1524	UHC	Medicare		33853.18				23438.78	73591.76	case rate	
OSTEOMYELITIS W CC	540	MS-DRG	inpatient				29131.03294	UHC	Medicare		25331.33				15333.72	47266.82	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient				22842.78968	UHC	Medicare		19863.3				7723	32170.88	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient				36636.07925	UHC	Medicare		31857.46				8903	66524.88	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient				26167.57508	UHC	Medicare		22754.41				10889	39088.34	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient				21551.72167	UHC	Medicare		18740.63				9065.34	29098.49	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient				46197.6939	UHC	Medicare		40171.91				29448.48	90353.28	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient				27718.57038	UHC	Medicare		24103.1				14165.56	44260.02	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient				22207.82863	UHC	Medicare		19310.65				9607.49	31256.09	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient				38437.00473	UHC	Medicare		33423.48				23030.1	75341.17	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient				27817.11428	UHC	Medicare		24188.8				14247.06	45346.11	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient				23741.11006	UHC	Medicare		20644.44				10876.05	33668.81	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient				34896.86518	UHC	Medicare		30344.84				9165	58007.45	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient				24390.92853	UHC	Medicare		21209.5				11413.47	32837.85	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient				29892.24887	UHC	Medicare		25993.26				15963.27	45105.57	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient				22327.21932	UHC	Medicare		19414.97				9706.71	47368.4	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient				30570.62079	UHC	Medicare		26583.16				16524.32	46621.72	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient				22364.3518	UHC	Medicare		19447.26				9737.42	27979.59	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient				32824.28694	UHC	Medicare		28542.86				18388.17	52205.25	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient				23135.56494	UHC	Medicare		20117.88				10375.24	31471.12	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient				37018.82847	UHC	Medicare		32190.29				21857.22	65555.42	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient				26758.83848	UHC	Medicare		23268.56				13371.82	37236.88	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient				21733.09958	UHC	Medicare		18898.35				9211	27556.82	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient				32308.71668	UHC	Medicare		28094.54				12507	51319.61	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient				23381.12706	UHC	Medicare		20331.49				10578.4	30545.39	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient				32897.12373	UHC	Medicare		28606.19				18448.41	57300.4	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient				24863.65362	UHC	Medicare		21620.57				11804.43	35564.01	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient				21308.93235	UHC	Medicare		18529.51				8864.55	27782.79	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient				52324.55778	UHC	Medicare		45499.61				34515.62	110602.68	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient				34753.74794	UHC	Medicare		30220.65				9078	62063.89	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient				26865.95141	UHC	Medicare		23361.7				11401	42955.26	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient				99395.69005	UHC	Medicare		86431.03				16091	191396.17	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient				59231.19982	UHC	Medicare		51505.39				36864	111010.87	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient				39810.90664	UHC	Medicare		34618.18				24166.37	64093.94	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient				91754.96736	UHC	Medicare		79786.93				67126.05	177881.99	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient				48424.21478	UHC	Medicare		42108.01				31289.9	91450.3	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient				33591.21555	UHC	Medicare		29209.75				19022.45	55751.45	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient				58322.87813	UHC	Medicare		50715.55				39476.46	101968.62	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient				35534.95828	UHC	Medicare		30899.96				20630	57941.85	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient				29823.69659	UHC	Medicare		25933.65				8609	45061.83	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient				34399.59117	UHC	Medicare		29912.66				10681	57202	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient				32325.85475	UHC	Medicare		28109.44				14701	50226.23	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient				38562.6839	UHC	Medicare		33532.77				23134.04	68205.04	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient				34640.92231	UHC	Medicare		30122.54				19890.6	57063.5	case rate	
SKIN ULCERS W MCC	592	MS-DRG	inpatient				40440.73669	UHC	Medicare		35165.85				24687.26	62257.06	case rate	
SKIN ULCERS W CC	593	MS-DRG	inpatient				27869.95666	UHC	Medicare		24234.74				14290.76	41162.11	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient				21835.92799	UHC	Medicare		18987.76				9300.39	29528.55	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient				41653.24912	UHC	Medicare		36220.22				25690.06	72414.56	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient				25000.75818	UHC	Medicare		21739.79				11917.82	36865.13	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient				33448.39831	UHC	Medicare		29085.56				18904.34	62687.12	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient				27711.42951	UHC	Medicare		24096.9				14159.65	42361.19	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient				19465.1617	UHC	Medicare		16926.23				7339.68	26109.91	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient				25236.40663	UHC	Medicare		21944.7				12112.71	34842.38	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient				19482.29971	UHC	Medicare		16941.13				7353.85	22567.36	case rate	
CELLULITIS W MCC	602	MS-DRG	inpatient				31834.56342	UHC	Medicare		27682.23				17569.64	52628.02	case rate	
CELLULITIS W/O MCC	603	MS-DRG	inpatient				23225.5398	UHC	Medicare		20196.12				10449.65	30895.27	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient				32101.63167	UHC	Medicare		27914.46				17790.51	51636.69	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient				23569.22696	UHC	Medicare		20495.42				10734.31	31361.78	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient				33238.45695	UHC	Medicare		28903.01				18730.71	50324.64	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient				23351.21898	UHC	Medicare		20305.41				10553.59	29193.25	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient				42758.65461	UHC	Medicare		37181.44				26604.27	86143.77	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient				31600.34814	UHC	Medicare		27478.56				17375.93	53983.82	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient				67113.27965	UHC	Medicare		58359.37				46746.45	150711.5	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient				38932.58057	UHC	Medicare		33854.42				23439.96	75574.43	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient				27178.72118	UHC	Medicare		23633.57				13719.08	42251.85	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient				47558.74226	UHC	Medicare		41355.43				30574.12	109447.83	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient				33758.31173	UHC	Medicare		29355.05				19160.65	65952.68	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient				32260.15881	UHC	Medicare		28052.31				17921.62	57522.72	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient				65226.66382	UHC	Medicare		56718.84				45186.15	138421.91	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient				37174.50027	UHC	Medicare		32325.65				21985.96	70092.95	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient				26507.48012	UHC	Medicare		23049.98				13163.94	47234.02	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient				52310.27205	UHC	Medicare		45487.19				34503.81	101440.15	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient				31897.40301	UHC	Medicare		27736.87				17621.61	58699.93	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient				28242.70967	UHC	Medicare		24558.88				14599.04	39543.91	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient				67924.48161	UHC	Medicare		59064.77				47417.35	133939.05	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient				42907.18454	UHC	Medicare		37310.6				26727.11	85236.26	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient				30532.07013	UHC	Medicare		26549.63				16492.43	55926.39	case rate	
DIABETES W MCC	637	MS-DRG	inpatient				31289.03014	UHC	Medicare		27207.83				17118.44	50342.86	case rate	
DIABETES W CC	638	MS-DRG	inpatient				23435.48115	UHC	Medicare		20378.68				10623.28	31788.2	case rate	
DIABETES W/O CC/MCC	639	MS-DRG	inpatient				19480.8716	UHC	Medicare		16939.89				7352.67	23030.23	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG	inpatient				29373.82226	UHC	Medicare		25542.45				15534.51	43378.03	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG	inpatient				21750.23764	UHC	Medicare		18913.25				9229.52	27403.75	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient				29203.86974	UHC	Medicare		25394.67				15393.95	46049.52	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient				34085.36322	UHC	Medicare		29639.45				19431.13	59556.41	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient				25753.40506	UHC	Medicare		22394.27				12540.29	36901.58	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient				21457.46229	UHC	Medicare		18658.66				8987.39	27075.73	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG	inpatient				74822.55462	UHC	Medicare		65063.09				53122.31	78274.49	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG	inpatient				59982.41453	UHC	Medicare		52158.62				40848.96	60189.99	case rate	
KIDNEY TRANSPLANT	652	MS-DRG	inpatient				53498.51154	UHC	Medicare		46520.44				35486.53	120803.91	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient				87906.04257	UHC	Medicare		76440.04				63942.84	200052.09	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient				49686.71923	UHC	Medicare		43205.84				32334.04	104720.29	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient				40693.51722	UHC	Medicare		35385.67				24896.32	75705.63	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient				55400.83727	UHC	Medicare		48174.64				37059.83	121277.71	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient				36928.8546	UHC	Medicare		32112.05				21782.81	70974.94	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient				31733.16318	UHC	Medicare		27594.05				17485.77	57089.01	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient				47564.45495	UHC	Medicare		41360.4				30578.84	99391.89	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient				29812.27121	UHC	Medicare		25923.71				15897.12	52759.23	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient				25563.45813	UHC	Medicare		22229.09				12383.2	39099.27	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient				53388.54228	UHC	Medicare		46424.82				35395.58	115850.9	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient				31427.53427	UHC	Medicare		27328.29				17233.01	59782.37	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient				25751.97689	UHC	Medicare		22393.02				12539.11	43214.02	case rate	
PROSTATECTOMY W MCC	665	MS-DRG	inpatient				54708.17362	UHC	Medicare		47572.32				36486.97	115854.54	case rate	
PROSTATECTOMY W CC	666	MS-DRG	inpatient				35117.57392	UHC	Medicare		30537.33				20285.1	64841.08	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient				25580.59619	UHC	Medicare		22244				12397.37	39376.26	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient				50836.39807	UHC	Medicare		44205.56				33284.86	102580.91	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient				32507.23265	UHC	Medicare		28267.16				18125.96	57675.8	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient				24338.28615	UHC	Medicare		21163.55				11369.77	35115.72	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient				35039.38243	UHC	Medicare		30469.03				20220.14	61356.84	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient				23768.24534	UHC	Medicare		20668.04				10898.49	38519.78	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient				63404.31576	UHC	Medicare		55134.19				43679	130378.28	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient				44612.40246	UHC	Medicare		38793.41				28137.4	84266.8	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient				33248.45416	UHC	Medicare		28911.7				18738.98	59235.68	case rate	
RENAL FAILURE W MCC	682	MS-DRG	inpatient				32024.51036	UHC	Medicare		27847.4				17726.73	55835.27	case rate	
RENAL FAILURE W CC	683	MS-DRG	inpatient				23455.47557	UHC	Medicare		20396.07				10639.82	33493.87	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient				19280.92765	UHC	Medicare		16766.02				7187.31	22589.23	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient				36860.30232	UHC	Medicare		32052.44				21726.11	62599.65	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient				25519.18478	UHC	Medicare		22190.6				12346.58	38403.15	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient				21743.09678	UHC	Medicare		18907.04				9223.62	28825.14	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient				27362.85633	UHC	Medicare		23793.87				13871.45	40513.37	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient				22114.42162	UHC	Medicare		19229.93				9530.72	28941.77	case rate	
URINARY STONES W MCC	693	MS-DRG	inpatient				30817.70463	UHC	Medicare		26798				16728.66	48239.93	case rate	
URINARY STONES W/O MCC	694	MS-DRG	inpatient				21768.80389	UHC	Medicare		18929.39				9244.88	25588.74	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient				27671.44069	UHC	Medicare		24062.12				14126.58	41865.52	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient				20474.87963	UHC	Medicare		17804.24				8174.75	25096.72	case rate	
URETHRAL STRICTURE	697	MS-DRG	inpatient				26487.48571	UHC	Medicare		23032.6				13147.4	34988.16	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient				34218.18327	UHC	Medicare		29754.94				19540.98	58863.93	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient				25169.28253	UHC	Medicare		21886.33				12057.2	37462.84	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient				20706.24357	UHC	Medicare		18005.43				8366.1	27688.03	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient				38609.8136	UHC	Medicare		33573.75				23173.02	65289.36	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient				31420.39341	UHC	Medicare		27322.08				17227.1	51261.3	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient				40867.75426	UHC	Medicare		35537.18				25040.42	74050.98	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient				28218.43074	UHC	Medicare		24537.77				14578.96	60846.6	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient				40909.17126	UHC	Medicare		35573.19				25074.68	75935.24	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient				27562.89968	UHC	Medicare		23967.74				14036.81	39245.05	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient				31308.99595	UHC	Medicare		27225.21				17134.97	53335.08	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient				24279.53108	UHC	Medicare		21112.64				11321.34	33184.08	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient				42117.40517	UHC	Medicare		36623.83				26073.93	80542.02	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient				30901.9668	UHC	Medicare		26871.28				16798.34	53320.5	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient				36493.262	UHC	Medicare		31733.27				21422.55	71226.42	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient				27382.94985	UHC	Medicare		23811.26				13887.99	44923.34	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient				37365.87538	UHC	Medicare		32492.07				22144.24	60489.43	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient				26504.62378	UHC	Medicare		23047.5				13161.58	40145.27	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient				22151.55411	UHC	Medicare		19262.22				9561.43	25118.58	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient				28312.66612	UHC	Medicare		24619.73				14656.92	44256.38	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient				21029.01055	UHC	Medicare		18286.1				8633.04	27862.97	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient				33741.17366	UHC	Medicare		29340.15				19146.47	52409.35	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient				22017.30589	UHC	Medicare		19145.48				9450.4	28843.36	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient				24927.82138	UHC	Medicare		21676.45				11857.58	33434.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient				19468.01805	UHC	Medicare		16928.71				7342.04	20715.91	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient				41633.2547	UHC	Medicare		36202.83				25673.52	84040.83	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient				28588.32741	UHC	Medicare		24859.42				14884.88	49748.79	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient				66105.41806	UHC	Medicare		57483.84				45913.74	146899.25	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient				38779.76612	UHC	Medicare		33721.54				23313.58	74036.4	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient				30079.33946	UHC	Medicare		26155.95				16118	50743.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG	inpatient				62237.49886	UHC	Medicare		54119.56				42714	131121.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient				36111.83995	UHC	Medicare		31401.69				21107.19	63521.73	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient				29146.74284	UHC	Medicare		25344.99				15346.71	48393	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient				36039.10316	UHC	Medicare		31338.35				21046.95	62468.44	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient				27185.86205	UHC	Medicare		23639.88				13724.99	40659.16	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient				37474.41648	UHC	Medicare		32586.45				22234.01	61604.67	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient				25384.93657	UHC	Medicare		22073.86				12235.55	38975.35	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient				34528.09669	UHC	Medicare		30024.43				19797.29	61145.45	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient				23251.24411	UHC	Medicare		20227.17				10479.18	34922.56	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient				30654.86096	UHC	Medicare		26656.43				16594	47161.12	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient				46540.45529	UHC	Medicare		40469.96				29731.96	94832.49	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient				30013.64353	UHC	Medicare		26098.82				16063.67	44606.26	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient				37047.39292	UHC	Medicare		32215.12				21880.84	67111.66	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient				26081.89473	UHC	Medicare		22679.9				12811.96	38993.58	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient				24725.12089	UHC	Medicare		21500.11				11689.86	28431.52	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient				31893.11849	UHC	Medicare		27733.15				17618.06	52515.04	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient				24766.53789	UHC	Medicare		21536.12				11724.11	37189.5	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient				19819.34847	UHC	Medicare		17234.22				7632.6	25902.17	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient				24806.52672	UHC	Medicare		21570.89				11757.19	31769.98	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient				19239.51045	UHC	Medicare		16730.01				7153.06	20023.43	case rate	
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG	inpatient				27987.0668	UHC	Medicare		24336.58				18199.7	41235	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient				32640.03869	UHC	Medicare		28382.65				18235.81	53134.62	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient				21997.31148	UHC	Medicare		19128.1				9433.86	38920.68	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient				20826.21006	UHC	Medicare		18109.75				8465.32	24017.91	case rate	
ABORTION W/O D&C	779	MS-DRG	inpatient				24717.98003	UHC	Medicare		21493.9				11683.96	27491.22	case rate	
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG	inpatient				35894.82774	UHC	Medicare		31212.92				28078.11	63616.49	case rate	
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG	inpatient				25216.41222	UHC	Medicare		21927.31				17582.77	40167.14	case rate	
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG	inpatient				22962.75607	UHC	Medicare		19967.61				13600.71	30815.09	case rate	
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG	inpatient				35576.37528	UHC	Medicare		30935.98				25010.51	56666.24	case rate	
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG	inpatient				25602.01878	UHC	Medicare		22262.63				17390.57	39401.77	case rate	
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG	inpatient				22801.37258	UHC	Medicare		19827.28				14488.66	32826.91	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient				36574.66783	UHC	Medicare		31804.06				2972	60635.21	case rate	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient				96282.27408	UHC	Medicare		83723.72				4276	199953.69	case rate	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient				69112.7211	UHC	Medicare		60098.02				4276	136563.16	case rate	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient				45902.0622	UHC	Medicare		39914.84				2972	82397.12	case rate	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient				70706.56157	UHC	Medicare		61483.97				4276	140277.01	case rate	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient				31868.83956	UHC	Medicare		27712.03				2972	49650.39	case rate	
NORMAL NEWBORN	795	MS-DRG	inpatient				13471.12186	UHC	Medicare		11714.02				1269	11714.02	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG	inpatient				30847.89525	UHC	Medicare		26824.08				23617.47	53510.02	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG	inpatient				24813.66758	UHC	Medicare		21577.1				13623.23	30866.12	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG	inpatient				22175.83304	UHC	Medicare		19283.33				13623.23	30866.12	case rate	
SPLENECTOMY W MCC	799	MS-DRG	inpatient				81350.73096	UHC	Medicare		70739.77				58521.36	171354.51	case rate	
SPLENECTOMY W CC	800	MS-DRG	inpatient				50832.11355	UHC	Medicare		44201.84				33281.32	95736.35	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient				36150.50061	UHC	Medicare		31435.22				5977	56720.91	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient				59009.82908	UHC	Medicare		51312.89				8199	121992.05	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient				37128.79875	UHC	Medicare		32285.91				13379	62763.66	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient				27877.29752	UHC	Medicare		24240.95				14296.66	44846.8	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG	inpatient				24989.3328	UHC	Medicare		21729.85				16459.2	37291.55	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG	inpatient				21254.6618	UHC	Medicare		18482.31				11379.24	25781.9	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG	inpatient				19935.03044	UHC	Medicare		17334.81				9876.8	22377.84	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient				41868.33216	UHC	Medicare		36407.74				25868.41	78329.74	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient				27791.40717	UHC	Medicare		24166.44				14225.79	43899.21	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient				24936.49041	UHC	Medicare		21683.9				11864.67	33603.21	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient				30636.32672	UHC	Medicare		26640.28				16578.65	49420.78	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient				23454.0474	UHC	Medicare		20394.82				10638.64	32189.11	case rate	
COAGULATION DISORDERS	813	MS-DRG	inpatient				32869.98846	UHC	Medicare		28582.6				18425.97	58732.73	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient				40983.43623	UHC	Medicare		35637.77				25136.1	80609.7	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient				24789.38865	UHC	Medicare		21555.99				11743.01	35633.25	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient				20733.37885	UHC	Medicare		18029.03				8388.54	26299.43	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient				42795.78709	UHC	Medicare		37213.73				26634.98	92270.34	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient				27344.38919	UHC	Medicare		23777.73				13856.09	49511.89	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient				23546.87861	UHC	Medicare		20475.55				10715.41	30578.19	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient				96947.80245	UHC	Medicare		84302.44				71420.72	198401.09	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient				42468.7356	UHC	Medicare		36929.34				6969	87262.66	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient				28282.6985	UHC	Medicare		24593.65				8721	44092.37	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient				74885.3942	UHC	Medicare		65117.73				12547	164903.57	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient				42480.16097	UHC	Medicare		36939.27				22652	79977.1	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient				29033.91722	UHC	Medicare		25246.88				15253.4	49530.11	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient				73270.13115	UHC	Medicare		63713.16				51838.4	180331.16	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient				43684.11036	UHC	Medicare		37986.18				27369.65	82065.46	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient				34018.23912	UHC	Medicare		29581.08				19375.62	59603.79	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient				55632.20121	UHC	Medicare		48375.83				37251.17	113336.13	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient				33172.76102	UHC	Medicare		28845.88				18676.38	51709.58	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient				25012.18356	UHC	Medicare		21749.72				11927.27	37470.13	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient				21126.12628	UHC	Medicare		18370.54				8713.36	26197.38	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient				17899.88468	UHC	Medicare		15565.12				6045.14	17505.01	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient				90553.87432	UHC	Medicare		78742.5				66132.7	200737.28	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient				42517.29346	UHC	Medicare		36971.56				26404.65	77848.66	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient				27690.00693	UHC	Medicare		24078.27				14141.93	44194.42	case rate		
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient				78522.94947	UHC	Medicare		68280.83				56182.68	195864.45	case rate		
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient				38474.13721	UHC	Medicare		33455.77				23060.81	85742.86	case rate		
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient				29201.01339	UHC	Medicare		25392.19				15391.59	45772.53	case rate		
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient				55223.74388	UHC	Medicare		48020.65				36913.36	120013.03	case rate		
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient				33062.79174	UHC	Medicare		28750.25				18585.43	59581.92	case rate		
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient				25820.52917	UHC	Medicare		22452.63				12595.8	40859.61	case rate		
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient				37163.07489	UHC	Medicare		32315.72				21976.51	67279.32	case rate		
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient				27117.30977	UHC	Medicare		23580.27				13668.29	42982.54	case rate		
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient				22942.76165	UHC	Medicare		19950.23				10215.78	31569.53	case rate		
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient				45495.03305	UHC	Medicare		39560.9				28867.35	102701.18	case rate		
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient				27908.51731	UHC	Medicare		24268.28				14322.65	48345.62	case rate		
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient				21437.46787	UHC	Medicare		18641.28				8970.85	33989.54	case rate		
RADIOTHERAPY	849	MS-DRG	inpatient				49028.33173	UHC	Medicare		42633.33				31692.64	71805.91	case rate		
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient				81989.12405	UHC	Medicare		71294.89				59049.33	184311.07	case rate		
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient				39699.50918	UHC	Medicare		34521.31				24074.24	80283.25	case rate		
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient				34895.13701	UHC	Medicare		30343.6				20100.84	56855.76	case rate		
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient				73635.68764	UHC	Medicare		64204.95				52306.14	163580.58	case rate		
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient				41091.97734	UHC	Medicare		35732.15				25225.86	74958.49	case rate		
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient				28919.65342	UHC	Medicare		25147.53				15158.9	50299.12	case rate		
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient				36897.43481	UHC	Medicare		32084.73				21756.82	66612.35	case rate		
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient				24950.73714	UHC	Medicare		21696.32				11876.48	35892.02	case rate		
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient				23198.40453	UHC	Medicare		20172.53				10427.21	31500.28	case rate		
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient				34011.09826	UHC	Medicare		29574.87				19369.71	50375.66	case rate		
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient				23696.83671	UHC	Medicare		20605.94				10839.43	29900.3	case rate		
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient				40472.19569	UHC	Medicare		35193.17				24713.24	77735.67	case rate		
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient				26093.31011	UHC	Medicare		22689.83				12821.4	39248.7	case rate		
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient				20454.88522	UHC	Medicare		17786.86				8158.22	27986.88	case rate		
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient				110061.282	UHC	Medicare		95705.46				82266.06	229438.5	case rate		
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient				38905.44529	UHC	Medicare		33830.82				23417.52	67658.35	case rate		
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient				25299.24622	UHC	Medicare		21999.34				12164.68	38373.99	case rate		
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient				63882.75354	UHC	Medicare		55550.22				44074.69	120322.82	case rate		
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient				24223.83235	UHC	Medicare		21064.2				1933	21064.2	case rate		
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient				23536.8814	UHC	Medicare		20466.85				1933	20466.85	case rate		
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient				24005.32197	UHC	Medicare		20874.19				1933	20874.19	case rate		
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient				37374.44441	UHC	Medicare		32499.52				1933	32639.46	case rate		
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient				35682.06004	UHC	Medicare		31027.88				1933	31027.88	case rate		
PSYCHOSES	885	MS-DRG	inpatient				30105.04657	UHC	Medicare		26178.3				1933	26178.3	case rate		
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient				34608.07435	UHC	Medicare		30093.98				1933	30093.98	case rate		
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient				29093.90046	UHC	Medicare		25299.04				1933	25299.04	case rate		
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient				18795.34881	UHC	Medicare		16343.78				1933	94620.59	case rate		
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient				33666.30982	UHC	Medicare		29188.64				1933	29188.64	case rate		
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient				35984.8326	UHC	Medicare		31291.16				1933	31291.16	case rate		
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient				22809.94161	UHC	Medicare		19834.73				1933	19834.73	case rate		
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient				72398.94594	UHC	Medicare		62955.61				13124	162727.75	case rate		
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient				37507.26445	UHC	Medicare		32615.01				22261.17	69990.9	case rate		
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient				28321.25916	UHC	Medicare		24627.18				14664	56429.51	case rate		
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient				57094.64981	UHC	Medicare		49647.52				38460.67	117574.8	case rate		
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient				33208.46533	UHC	Medicare		28876.93				18705.9	64480.26	case rate		
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient				37462.99111	UHC	Medicare		32576.51				22224.56	67177.27	case rate		
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient				63711.37284	UHC	Medicare		55401.19				43932.95	153659.98	case rate		
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient				39212.50237	UHC	Medicare		34097.83				23671.47	72629.59	case rate		
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient				29960.80115	UHC	Medicare		26052.87				18019.96	48305.53	case rate		
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient				31934.53549	UHC	Medicare		27769.16				17652.32	53694.99	case rate		
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient				23554.01947	UHC	Medicare		20481.76				10721.32	34762.6	case rate		
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient				35926.27753	UHC	Medicare		31240.24				20953.64	61116.3	case rate		
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient				19999.2982	UHC	Medicare		17390.69				7781.43	23154.14	case rate		
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient				33382.70237	UHC	Medicare		29028.44				18850	53710.47	case rate		
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient				22885.63476	UHC	Medicare		19900.55				10168.54	28380.5	case rate		
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient				36650.36097	UHC	Medicare		31869.88				21552.48	66488.44	case rate		
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient				25354.94495	UHC	Medicare		22047.78				12210.75	36558.98	case rate		
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient				20556.28546	UHC	Medicare		17875.03				8242.08	25752.74	case rate		
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient				35510.67934	UHC	Medicare		30878.85				20609.92	59797.45	case rate		
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient				25035.03431	UHC	Medicare		21769.6				11946.17	37582.48	case rate		
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient				387038.1935	UHC	Medicare		336554.95				295733.07	670041.49	case rate		
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient				109415.7481	UHC	Medicare		95144.13				81732.17	214142.12	case rate		
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient				56513.33582	UHC	Medicare		49142.07				37979.94	108324.8	case rate		
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient				53892.68714	UHC	Medicare		46863.21				33318	104246.49	case rate		
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient				40475.00683	UHC	Medicare		35195.66				24715.61	66823.74	case rate		
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient				39740.92619	UHC	Medicare		34557.33				24108.49	66393.68	case rate		
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient				56510.52727	UHC	Medicare		49139.59				37977.58	119495.5	case rate		
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient				41533.28263	UHC	Medicare		36115.9				25590.84	79251.83	case rate		
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient				37097.37895	UHC	Medicare		32258.59				21922.18	67476.12	case rate		
REHABILITATION W CC/MCC	945	MS-DRG	inpatient				32148.76136	UHC	Medicare		27955.44				17929.49	49745.15	case rate		
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient				25053.60056	UHC	Medicare		21785.74				11961.53	38002.24	case rate		
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient				28465.50458	UHC	Medicare		24752.61				14783.3	43939.3	case rate		
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient				22030.15945	UHC	Medicare		19156.66				9461.03	28435.17	case rate		
AFTERCARE W CC/MCC	949	MS-DRG	inpatient				25387.79291	UHC	Medicare		22076.34				12237.92	41774.41	case rate		
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient				19662.27743	UHC	Medicare		17010.68				7420	27148.63	case rate		
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient				19016.71555	UHC	Medicare		16536.27				6968.8	29098.49	case rate		
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient				97569.05747	UHC	Medicare		84842.66				71934.52	222207.62	case rate		
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient				65977.88254	UHC	Medicare		57372.07				45807.44	137904.37	case rate		
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient				113883.0715	UHC	Medicare		99028.76				85426.82	276934.93	case rate		
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient				68357.21787	UHC	Medicare		59441.06				47775.24	152336.99	case rate		
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient				46757.53751	UHC	Medicare		40658.73				29911.49	89318.21	case rate		
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient				49641.01771	UHC	Medicare		43166.1				32296.24	101866.57	case rate		
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient				32027.3667	UHC	Medicare		27849.88				17729.09	53754.21	case rate		
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient				24242.3986	UHC	Medicare		21080.35				11290.63	35509.34	case rate		
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient				108743.0788	UHC	Medicare		94559.2				81175.85	204050.22	case rate		
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient				44929.47675	UHC	Medicare		39069.11				28399.62	101600.51	case rate		
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient				52043.14795	UHC	Medicare		45428.82				34448.3	99242.46	case rate		
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient				30060.77322	UHC	Medicare		26139.8				16102.65	47011.7	case rate		
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient				22662.83985	UHC	Medicare		19706.82				9984.28	34208.22	case rate		
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient				30814.84828	UHC	Medicare		26795.52				16726.29	42638.18	case rate		
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient				78291.58353	UHC	Medicare		68079.64				11302	159287.24	case rate		
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient				46094.86548	UHC	Medicare		40082.49				14901	89398.39	case rate		
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient				33943.97415	UHC	Medicare		29516.5				19314.2	57187.42	case rate		
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient				58815.59763	UHC	Medicare		51144				39883.96	121459.94	case rate		
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient				34826.58473	UHC	Medicare		30283.99				20044.15	61706.72	case rate		
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient				26019.04514	UHC	Medicare		22625.26				12759.99	37929.35	case rate		
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient				397605.2416	United	Commercial		456096.54				320075.66	962560.73	case rate		
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient				185457.3628	United	Commercial		206080.45				144621.43	489203.72	case rate		
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient				315081.1521	United	Commercial		358841.97				251825.15	666867.04	case rate		
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient				220531.8304	United	Commercial		247415.7				173629.34	416184.16	case rate		
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient				158406.3481	United	Commercial		174200.85				122249.23	373735.51	case rate		
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient				79669.77196	United	Commercial		81409.86				57131.14	234847	case rate		
LUNG TRANSPLANT	007	MS-DRG	inpatient				185775.8463	United	Commercial		206455.78				144884.83	388186.35	case rate		
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient				85736.54846	United	Commercial		88559.67				62148.67	191305.05	case rate		
PANCREAS TRANSPLANT	010	MS-DRG	inpatient				79337.00778	United	Commercial		81017.7				56855.93	164513.6	case rate		
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient				84231.35482	United	Commercial		86785.69				60903.74	260411	case rate		
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG	inpatient				67787.37705	United	Commercial		67406.47				47303.96	260411	case rate		
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient				48946.9259	United	Commercial		45203.02				31722.2	260411	case rate		
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient				174271.916	United	Commercial		192898.41				135370.65	435540.63	case rate		
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient				98808.71117	United	Commercial		103965.09				72959.76	238334.97	case rate		
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient				98808.71117	United	Commercial		103965.09				70474.37	159673.57	case rate		
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG	inpatient				536767.7948	United	Commercial		620099.48				436168.29	641210.35	case rate		
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG	inpatient				124751.464	United	Commercial		134538.6				94415.39	139118.87	case rate		
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient				131305.3474	United	Commercial		142262.34				99835.69	379960.48	case rate		
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient				98300.28177	United	Commercial		103365.9				72539.27	288127.5	case rate		
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient				60243.77089	United	Commercial		58516.34				41065.11	187970.25	case rate		
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient				91550.7387	United	Commercial		95411.57				66957.14	198998.8	case rate		
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient				64701.09636	United	Commercial		63769.29				44751.49	313612.23	case rate		
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient				73658.59406	United	Commercial		74325.7				52159.67	155897.77	case rate		
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient				52765.85907	United	Commercial		49703.63				34880.6	109910.2	case rate		
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient				45336.5059	United	Commercial		40948.14				28736.25	87678.14	case rate		
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient				96653.59892	United	Commercial		101425.29				71177.4	195889.96	case rate		
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient				59551.10645	United	Commercial		57700.03				40492.25	115012.64	case rate		
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient				43709.81747	United	Commercial		39031.09				27360.91	79205.56	case rate		
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient				69382.6457	United	Commercial		69286.49				48623.3	152449.97	case rate		
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient				41350.47656	United	Commercial		36250.61				25439.65	103005.11	case rate		
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient				33768.30894	United	Commercial		27315.03				19168.92	169398.47	case rate		
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient				66309.21855	United	Commercial		69664.46				46081.46	279134.99	case rate		
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient				43431.32384	United	Commercial		38702.88				27160.59	80921.05	case rate		
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient				36414.71252	United	Commercial		30433.81				21357.59	62905.8	case rate		
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient				58799.88773	United	Commercial		56814.72				39870.97	116984.37	case rate		
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient				33439.82927	United	Commercial		29227.92				19897.25	60926.78	case rate		
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient				26885.94583	United	Commercial		19204.17				13476.94	41271.45	case rate		
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient				65582.27877	United	Commercial		64807.77				45480.26	143167.18	case rate		
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient				42448.74118	United	Commercial		37544.91				26347.96	85954.25	case rate		
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient				35437.84253	United	Commercial		29282.57				20549.68	102408.62	case rate		
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient				38361.31159	United	Commercial		32727.88				22967.5	80333.48	case rate		
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient				24640.85871	United	Commercial		16558.34				11620.17	98314.19	case rate		
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient				31634.61928	United	Commercial		24800.48				17404.27	143596.19	case rate		

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient				25917.6449	United	Commercial		18063.03				12676.12	38166.25	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient				44780.9468	United	Commercial		40293.41				26276.78	77429.53	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient				30059.34505	United	Commercial		22944.02				16101.46	44059.57	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient				35267.89003	United	Commercial		29082.28				20409.13	64130.38	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient				27545.76151	United	Commercial		19981.76				14022.64	40065.09	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient				23406.91717	United	Commercial		15104.14				10599.66	30348.58	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient				50619.31585	United	Commercial		47173.93				33105.33	103787.27	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient				37321.60203	United	Commercial		31502.58				22107.62	121708.96	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient				31824.56621	United	Commercial		25024.33				17561.37	136083.64	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient				39196.72648	United	Commercial		33712.49				23658.47	215326.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient				25106.44294	United	Commercial		17107.03				12005.23	37594.05	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient				20409.1837	United	Commercial		11571.31				8120.42	26488.95	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient				30826.27366	United	Commercial		23847.84				16735.74	54720.02	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient				23029.88017	United	Commercial		14659.8				10287.83	32754.02	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient				21997.31148	United	Commercial		13442.92				9433.86	27899.41	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient				36147.64426	United	Commercial		30119.07				21136.72	59964.6	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient				25754.83324	United	Commercial		17871.16				12541.47	35928.47	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient				21773.0884	United	Commercial		13178.67				9248.42	27042.93	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient				32198.7474	United	Commercial		25465.3				17870.83	51428.95	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient				25246.40384	United	Commercial		17271.97				12120.98	35494.76	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient				37922.86264	United	Commercial		32211.17				22604.89	53998.39	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient				23765.38899	United	Commercial		15526.6				10896.13	30060.66	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient				32168.75578	United	Commercial		25429.96				17846.03	56564.19	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient				25113.5838	United	Commercial		17115.44				12011.13	35356.26	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient				21170.39962	United	Commercial		12468.4				8749.97	27206.94	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient				42134.54324	United	Commercial		37174.63				26098.1	68474.74	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient				23579.72657	United	Commercial		15307.79				10742.58	31146.75	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient				43128.55127	United	Commercial		38346.07				26910.19	78672.34	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient				29662.22932	United	Commercial		22829.57				16021.15	47197.57	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient				23725.40016	United	Commercial		15479.47				10863.05	33650.59	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient				43050.00179	United	Commercial		38253.5				26845.22	79452.28	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient				29400.95754	United	Commercial		22168.11				15556.95	45306.02	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient				23246.96239	United	Commercial		14915.63				10467.37	30807.8	case rate	
CONCUSSION W MCC	088	MS-DRG	inpatient				32495.80727	United	Commercial		25815.39				18116.51	53025.5	case rate	
CONCUSSION W CC	089	MS-DRG	inpatient				27013.05318	United	Commercial		19353.97				13582.07	38906.11	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient				23941.05421	United	Commercial		15733.62				11041.41	28916.26	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient				36143.35975	United	Commercial		30114.03				21133.17	58750.95	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient				25244.97567	United	Commercial		17270.29				12119.8	34379.51	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient				21650.26557	United	Commercial		13033.93				9146.84	26889.86	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient				62328.90189	United	Commercial		60973.66				42789.59	134044.74	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient				44640.98591	United	Commercial		40128.47				28161.03	86774.28	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient				41720.37322	United	Commercial		36686.53				25745.57	79937.51	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient				62531.70238	United	Commercial		61212.66				42957.32	128978.75	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient				41360.47376	United	Commercial		36262.39				25447.92	67443.32	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient				29445.23089	United	Commercial		22220.29				15593.57	46392.11	case rate	
SEIZURES W MCC	100	MS-DRG	inpatient				38904.01712	United	Commercial		33367.46				23416.34	66054.73	case rate	
SEIZURES W/O MCC	101	MS-DRG	inpatient				23581.15474	United	Commercial		15309.48				10743.76	31682.51	case rate	
HEADACHES W MCC	102	MS-DRG	inpatient				27822.82696	United	Commercial		20308.28				14251.78	39234.12	case rate	
HEADACHES W/O MCC	103	MS-DRG	inpatient				22621.42285	United	Commercial		14178.43				9950.02	28478.9	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient				46399.86622	United	Commercial		42200.37				29615.02	83924.2	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient				28182.72643	United	Commercial		20732.43				14549.43	45743.37	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient				32932.82805	United	Commercial		26330.42				18477.94	49643.1	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient				36737.47949	United	Commercial		30814.19				21624.53	62249.77	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient				27705.71682	United	Commercial		20170.27				14154.93	36537.12	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient				28888.24582	United	Commercial		21563.88				15132.92	38607.25	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient				21223.24201	United	Commercial		12530.68				8793.68	25723.59	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient				22073.00462	United	Commercial		13532.12				9496.46	27440.19	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient				29469.50882	United	Commercial		22248.9				15613.65	48520.56	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient				21980.17341	United	Commercial		13422.72				9419.69	29528.55	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient				48467.05995	United	Commercial		44637.5				31325.33	83760.2	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient				24002.46562	United	Commercial		15805.99				11092.2	44190.78	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient				32080.20908	United	Commercial		25325.61				17772.79	50189.79	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient				22954.18703	United	Commercial		14570.6				10225.23	33804.16	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient				27552.90237	United	Commercial		19990.18				14028.54	42291.94	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG	inpatient				64548.2819	United	Commercial		63589.2				44625.1	65754.05	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG	inpatient				40177.94696	United	Commercial		34868.78				24469.93	36055.87	case rate	
Major Head and Neck Procedures without Complications	142	MS-DRG	inpatient				32655.76569	United	Commercial		26003.9				18248.8	28396.32	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG	inpatient				58085.8015	United	Commercial		55973.17				39280.39	57878.74	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG	inpatient				35305.02251	United	Commercial		29126.05				20439.84	30700.02	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG	inpatient				28029.91197	United	Commercial		20552.33				14423.05	24373.84	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient				40739.25674	United	Commercial		35530.24				24934.12	70089.3	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient				28239.85333	United	Commercial		20799.75				14596.68	45575.72	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient				23296.94843	United	Commercial		14974.54				10508.71	26379.61	case rate	
DYSEQUILIBRIUM	149	MS-DRG	inpatient				21226.09835	United	Commercial		12534.05				8796.04	25916.75	case rate	
EPISTAXIS W MCC	150	MS-DRG	inpatient				29363.82595	United	Commercial		22124.35				15526.24	48382.07	case rate	
EPISTAXIS W/O MCC	151	MS-DRG	inpatient				21597.42319	United	Commercial		12971.65				9103.14	25650.69	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient				27560.04323	United	Commercial		19998.59				14034.45	37980.38	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient				21084.70928	United	Commercial		12367.42				8679.1	25942.26	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient				32558.64686	United	Commercial		25889.44				18168.48	52719.14	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient				24109.57856	United	Commercial		15932.22				11180.78	32192.75	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient				19952.16851	United	Commercial		11032.72				7742.45	24050.72	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient				34969.40198	United	Commercial		28730.52				20162.26	60974.16	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient				23993.89569	United	Commercial		15795.89				11085.11	32447.87	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient				20233.51849	United	Commercial		11364.29				7975.14	24724.97	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient				77908.83531	United	Commercial		79334.6				55674.78	179288.81	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient				47014.60855	United	Commercial		42925.78				30124.1	93626.13	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient				37388.37014	United	Commercial		31581.69				22163.14	67512.57	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient				68542.88029	United	Commercial		68296.83				47928.79	127488.11	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient				36580.38052	United	Commercial		30629.05				21494.6	69159.93	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient				29952.23211	United	Commercial		22817.79				16012.88	48895.95	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG	inpatient				54506.8013	United	Commercial		51755.33				36320.42	53517.3	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient				30627.75769	United	Commercial		23613.89				16571.56	53389.75	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient				22238.67263	United	Commercial		13727.36				9633.48	32764.95	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient				34818.0157	United	Commercial		28552.11				20037.06	67089.8	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient				24682.22972	United	Commercial		16607.15				11654.43	46446.78	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient				21491.73843	United	Commercial		12847.1				9015.73	33584.99	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient				35414.99179	United	Commercial		29255.64				20530.78	61812.42	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient				26316.10502	United	Commercial		18532.61				13005.66	41581.24	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient				21430.32701	United	Commercial		12774.73				8964.94	28978.21	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient				33077.07346	United	Commercial		29500.41				18597.24	54337.34	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient				25613.44416	United	Commercial		17704.53				12424.54	36606.36	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient				21383.19732	United	Commercial		12719.19				8925.97	26689.41	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient				32757.16283	United	Commercial		26123.4				18332.66	56837.54	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient				24819.38207	United	Commercial		16768.73				11767.82	39414.08	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient				21251.80545	United	Commercial		12564.34				8817.3	27961.37	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient				28185.58277	United	Commercial		20735.79				14551.79	45021.74	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient				26328.95857	United	Commercial		18547.76				13016.3	43396.25	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient				22715.68223	United	Commercial		14289.52				10027.98	33308	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient				19756.50888	United	Commercial		10802.14				7580.63	26390.55	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient				29536.63392	United	Commercial		22328				15669.16	47988.45	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient				22332.93201	United	Commercial		13638.45				9711.43	32808.69	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient				19525.14494	United	Commercial		10529.47				7389.29	25031.11	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient				37660.07891	United	Commercial		31901.48				22387.56	59702.19	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient				24836.51834	United	Commercial		16788.92				11781.99	36507.96	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient				21704.53612	United	Commercial		13097.88				9191.72	27644.29	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient				35927.7057	United	Commercial		29859.88				20954.82	64975.93	case rate	
PNEUMOTHORAX W CC	200	MS-DRG	inpatient				25971.91545	United	Commercial		18126.99				12721.01	39172.16	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient				20674.82378	United	Commercial		11884.37				8340.11	27891.99	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient				24265.24935	United	Commercial		16115.68				11309.53	38695.65	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient				20514.84966	United	Commercial		11695.86				8207.83	50775.53	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient				22342.92922	United	Commercial		13850.23				9719.7	96731.64	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient				36444.70414	United	Commercial		30469.16				21382.39	55321.38	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient				23636.85347	United	Commercial		15375.12				10789.82	31471.12	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient				109248.6519	United	Commercial		116268.55				49635	203970.04	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient				49205.42511	United	Commercial		45507.66				31935.99	88833.48	case rate	
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG	inpatient				164414.6697	United	Commercial		181281.65				37458	187453.26	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient				156475.459	United	Commercial		171925.3				120652.31	469646.8	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient				149198.9203	United	Commercial		163349.9				78485	357932.52	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient				101497.9599	United	Commercial		107134.36				75183.87	231898.61	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient				91949.19882	United	Commercial		95881.16				67286.69	215224.56	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient				120719.7331	United	Commercial		129787.21				57338	280328.05	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient				85492.4311	United	Commercial		88271.86				57338	189712.36	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient				76980.52321	United	Commercial		78240.59				17199	167921.3	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient				82551.824	United	Commercial		84806.36				59514.71	239676.19	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient				56000.6697	United	Commercial		53515.85				37565.91	169415.59	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient				126489.5489	United	Commercial		136586.93				19424	306106.31	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient				95546.76526	United	Commercial		100120.89				27830	224521.94	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient				121982.2376	United	Commercial		131275.07				53769	278363.61	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient				84825.47456	United	Commercial		87485.85				61395.1	187594.85	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient				94575.60798	United	Commercial		98976.38				47567	211747.62	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient				68305.80366	United	Commercial		68017.44				33990	143097.93	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient				79239.89205	United	Commercial		80903.25				56775.61	171635.15	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient				50710.71889	United	Commercial		47281.65				33180.92	100040.63	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient				30439.23892	United	Commercial		23391.72				15569	58167.82	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient				59935.28484	United	Commercial		58152.79				20528	136195.06	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient				43118.55407	United	Commercial		38334.29				19748	93094.02	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient				36718.91325	United	Commercial		30792.31				19748	91806.34	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient				75306.70508	United	Commercial		76267.99				53522.72	182671	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient				44163.97631	United	Commercial		39566.31				27766.52	94278.51	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient				33254.16685	United	Commercial		26709.11				18743.7	61149.1	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient				58488.54614	United	Commercial		56447.81				39613.48	118806.67	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient				47024.60575	United	Commercial		42937.56				30132.37	94551.86	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient				35370.71844	United	Commercial		29203.47				20494.17	65967.26	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient				49828.10831	United	Commercial		46241.49				32450.97	92583.77	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient				34008.24191	United	Commercial		27597.79				19367.35	63733.12	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient				24743.68713	United	Commercial		16679.52				11705.22	41041.84	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient				49273.97739	United	Commercial		45588.45				15797	108929.8	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient				37248.76523	United	Commercial		31416.74				15797	76427.26	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient				57937.27156	United	Commercial		55798.13				12982	131916.3	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient				37465.84745	United	Commercial		31672.58				12982	72593.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient				34088.21957	United	Commercial		27692.04				12982	59439.78	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient				50939.22648	United	Commercial		47550.94				33369.91	87186.12	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient				57234.61071	United	Commercial		54970.05				38576.42	115118.34	case rate	
AICD LEAD PROCEDURES	265	MS-DRG	inpatient				61063.54109	United	Commercial		59482.44				41743.09	113591.25	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient				99795.57834	United	Commercial		105128.11				73775.94	262101.41	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient				80288.17064	United	Commercial		82138.65				57642.58	213139.85	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient				108487.436	United	Commercial		115371.46				80964.43	244323.05	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient				69982.47813	United	Commercial		69993.4				49119.39	151283.7	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient				82811.75139	United	Commercial		85112.68				59729.68	184478.72	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient				59950.99474	United	Commercial		58171.3				40822.98	127335.03	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient				45430.76529	United	Commercial		41059.22				28814.2	95419.27	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient				66246.37896	United	Commercial		65590.41				46029.49	133119.02	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient				56874.71125	United	Commercial		54545.9				38278.77	108547.12	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG	inpatient				111073.8563	United	Commercial		118419.55				83103.49	122451.06	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG	inpatient				99282.86443	United	Commercial		104523.88				73351.9	108082.32	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG	inpatient				78891.41797	United	Commercial		80492.57				56487.41	83232.89	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG	inpatient				74292.70263	United	Commercial		75072.99				52684.1	77628.8	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG	inpatient				56300.58592	United	Commercial		53869.3				37803.95	55703.24	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient				33248.45416	United	Commercial		26702.38				18738.98	60394.67	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient				23629.71261	United	Commercial		15366.7				10783.92	35702.5	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient				20846.20447	United	Commercial		12086.34				8481.85	27298.05	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient				38745.48998	United	Commercial		33180.63				23285.23	65774.1	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient				21154.68972	United	Commercial		12449.89				8736.98	27939.5	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient				17569.97684	United	Commercial		8225.31				5772.29	21736.39	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient				41376.18368	United	Commercial		36280.9				13521	79481.44	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient				26037.61139	United	Commercial		18204.41				9969	41508.35	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient				47623.01002	United	Commercial		43642.78				30627.27	98189.17	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient				31694.60252	United	Commercial		24871.17				17453.88	62319.02	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient				25232.12211	United	Commercial		17255.14				12109.17	36861.48	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient				28926.89428	United	Commercial		21609.32				15164.81	49034.45	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient				22822.79516	United	Commercial		14415.75				10116.57	33523.03	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient				18609.68639	United	Commercial		9450.61				6632.17	24258.46	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient				26210.42025	United	Commercial		18408.06				12918.26	42306.52	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient				19609.40712	United	Commercial		10628.78				7458.97	20092.68	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient				33486.95896	United	Commercial		26983.46				18936.23	55962.83	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient				20996.16258	United	Commercial		12263.07				8605.87	23777.37	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient				16858.74695	United	Commercial		7387.13				5184.08	17585.2	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient				33101.3524	United	Commercial		26529.02				18617.32	52861.28	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient				25829.09821	United	Commercial		17958.68				12602.89	37309.77	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient				20727.66616	United	Commercial		11946.64				8383.82	26467.09	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient				26601.73951	United	Commercial		18869.23				13241.9	38979	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient				19989.30089	United	Commercial		11076.48				7773.16	24254.81	case rate	
HYPERTENSION W MCC	304	MS-DRG	inpatient				27000.19963	United	Commercial		19338.82				13571.44	39401.77	case rate	
HYPERTENSION W/O MCC	305	MS-DRG	inpatient				21351.77753	United	Commercial		12682.16				8899.98	26237.48	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient				32538.65245	United	Commercial		25865.88				18151.94	51345.12	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient				24052.45166	United	Commercial		15864.9				11133.54	31197.78	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient				27759.98738	United	Commercial		20234.23				14199.81	43866.41	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient				21226.09835	United	Commercial		12534.05				8796.04	27826.52	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient				18488.29173	United	Commercial		9307.54				6531.77	20493.59	case rate	
ANGINA PECTORIS	311	MS-DRG	inpatient				20560.56998	United	Commercial		11749.72				8245.62	25045.69	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient				22922.76724	United	Commercial		14533.57				10199.25	29211.47	case rate	
CHEST PAIN	313	MS-DRG	inpatient				20924.75396	United	Commercial		12178.91				8546.82	25778.26	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient				40489.28856	United	Commercial		35235.7				24727.42	73733.9	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient				24405.21026	United	Commercial		16280.63				11425.28	34838.73	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient				20483.44867	United	Commercial		11658.83				8181.84	27381.88	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG	inpatient				72885.95276	United	Commercial		73415.14				51520.67	75914.51	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG	inpatient				42381.61707	United	Commercial		37465.81				26292.44	38741.3	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG	inpatient				51646.17185	United	Commercial		48384.08				33954.58	50031.28	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG	inpatient				36631.79473	United	Commercial		30689.65				21537.13	31853.73	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG	inpatient				69716.83805	United	Commercial		69680.34				48899.69	72052.56	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG	inpatient				52987.2258	United	Commercial		49964.51				35063.68	51665.51	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG	inpatient				48355.62625	United	Commercial		44506.21				31233.2	49201.4	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient				83127.3775	United	Commercial		85484.65				59990.71	191556.53	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient				46257.67714	United	Commercial		42033.74				29498.09	90542.8	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient				33402.69679	United	Commercial		26884.16				18866.54	56203.38	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient				75095.1919	United	Commercial		76022.26				53350.27	181963.94	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient				44468.17704	United	Commercial		39924.82				28018.11	91964.19	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient				34469.54162	United	Commercial		28141.43				19748.86	61765.04	case rate	
RECTAL RESECTION W MCC	332	MS-DRG	inpatient				62398.88234	United	Commercial		61056.14				42847.47	123850.8	case rate	
RECTAL RESECTION W CC	333	MS-DRG	inpatient				40289.34461	United	Commercial		35000.06				24562.06	70260.6	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient				33514.09424	United	Commercial		27015.44				18958.67	47605.77	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient				61647.66363	United	Commercial		60170.83				42226.18	148043.65	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient				40657.81291	United	Commercial		35434.3				24866.79	83760.2	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient				31961.87077	United	Commercial		25185.91				17674.76	58433.87	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient				49728.13623	United	Commercial		46123.67				32368.29	108871.49	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient				32592.923	United	Commercial		25929.84				18196.83	59683.97	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient				28982.50301	United	Commercial		21674.96				15210.88	45069.12	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient				46996.04321	United	Commercial		42903.9				30108.75	87874.95	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient				29176.73446	United	Commercial		21903.86				15371.51	51024.4	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient				24526.60492	United	Commercial		16423.69				11525.68	34612.77	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient				44866.63716	United	Commercial		40394.4				28347.65	89165.14	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient				31378.9764	United	Commercial		24499.2				17192.85	54672.64	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient				26428.93064	United	Commercial		18665.58				13098.98	38395.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient				52354.5454	United	Commercial		49218.89				34540.43	108095.19	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient				35123.64461	United	Commercial		28912.29				20289.83	63088.03	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient				30050.77601	United	Commercial		22933.92				16094.38	49377.04	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient				71697.71326	United	Commercial		72014.8				50537.95	144898.36	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient				41964.59071	United	Commercial		36974.34				25947.55	77874.17	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient				28886.81545	United	Commercial		21562.19				15131.74	49140.14	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient				34183.90713	United	Commercial		27804.81				19512.63	70851.02	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient				24705.12647	United	Commercial		19634.08				11673.33	40411.32	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient				21211.81663	United	Commercial		12517.21				8784.23	27090.31	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient				35550.66817	United	Commercial		29415.54				20642.99	63372.3	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient				25476.33961	United	Commercial		17542.95				12311.15	37845.53	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient				20823.35371	United	Commercial		12059.41				8462.95	27611.49	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient				40567.83804	United	Commercial		35328.27				24792.38	75260.99	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient				27704.28865	United	Commercial		20168.59				14153.74	43979.39	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient				23321.22736	United	Commercial		15003.15				10528.79	33373.6	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient				36159.80664	United	Commercial		30132.54				21146.16	65194.6	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient				24640.85871	United	Commercial		16558.34				11620.17	36092.47	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient				19633.68605	United	Commercial		10657.39				7479.05	23806.53	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient				38418.43848	United	Commercial		32795.2				23014.75	70923.92	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient				29914.76585	United	Commercial		18059.66				12673.76	39908.37	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient				21403.19174	United	Commercial		12742.75				8942.5	27983.24	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient				30559.20541	United	Commercial		23533.1				16514.87	49238.55	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient				23097.00428	United	Commercial		14738.91				10343.35	31172.26	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient				32968.53298	United	Commercial		26372.49				18507.47	61881.66	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient				24466.62167	United	Commercial		16353				11476.07	35720.72	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient				20360.62584	United	Commercial		11514.09				8080.26	25391.93	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient				31348.98478	United	Commercial		24463.86				17168.04	55787.89	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient				21964.46351	United	Commercial		13404.21				9406.69	30731.27	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient				18573.98208	United	Commercial		9408.53				6602.64	21539.59	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient				28809.69414	United	Commercial		21471.31				15067.96	44518.79	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient				21810.22089	United	Commercial		13222.43				9279.13	27531.31	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient				33721.17925	United	Commercial		27259.49				19129.94	59501.74	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient				23971.04583	United	Commercial		15768.96				11066.21	34299.33	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient				19837.91471	United	Commercial		10898.07				7647.96	24655.72	case rate	
APPENDIX PROCEDURES WITH MCC	397	MS-DRG	inpatient				42675.8206	United	Commercial		37812.52				26535.76	39099.83	case rate	
APPENDIX PROCEDURES WITH CC	398	MS-DRG	inpatient				32203.03192	United	Commercial		25470.35				17874.37	28002.64	case rate	
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG	inpatient				26487.48571	United	Commercial		18734.59				13147.4	23032.6	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient				89214.24855	United	Commercial		92658.02				65024.78	196046.68	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient				51827.54976	United	Commercial		48597.83				34104.58	103236.94	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient				41310.48773	United	Commercial		36203.48				25406.58	73139.83	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient				63749.9335	United	Commercial		62648.35				43964.84	147478.74	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient				38544.11766	United	Commercial		32943.32				23118.69	84653.12	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient				32944.25342	United	Commercial		26343.88				18487.39	60230.66	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient				51729.00586	United	Commercial		48481.7				10482	145714.75	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient				39803.76577	United	Commercial		34427.81				11647	86810.73	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient				32150.18953	United	Commercial		25408.08				15908	61455.25	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient				60936.43374	United	Commercial		59332.64				28270	130374.63	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient				38808.32957	United	Commercial		33254.69				23337.2	73577.18	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient				29716.58365	United	Commercial		22540.08				15817.99	50772.92	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient				43692.6794	United	Commercial		39010.89				27376.74	88323.24	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient				33936.83329	United	Commercial		27513.64				19308.29	60653.43	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient				29345.25881	United	Commercial		22102.47				15510.89	47532.87	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient				56303.44226	United	Commercial		53872.66				37806.31	128202.45	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient				35006.53446	United	Commercial		28774.28				8253	64841.08	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient				30742.01149	United	Commercial		23748.54				10272	54945.99	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient				66444.89494	United	Commercial		65824.36				16017	143815.92	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient				40400.74186	United	Commercial		35131.35				24654.19	79856.83	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient				33468.39272	United	Commercial		26961.58				18920.87	54410.23	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient				37954.28243	United	Commercial		32248.2				13893	66550.4	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient				25314.95612	United	Commercial		17352.76				12177.68	37462.84	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient				20152.11268	United	Commercial		11268.35				7907.81	53360.86	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient				35724.90521	United	Commercial		29620.88				20787.09	61874.37	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient				26310.39233	United	Commercial		18525.88				13000.94	41399.01	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient				22460.03936	United	Commercial		13988.24				9816.55	31554.95	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient				34423.8401	United	Commercial		28087.57				19711.06	59705.84	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient				22804.22892	United	Commercial		14393.87				10101.21	31427.39	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient				19382.3277	United	Commercial		10361.16				7271.17	22643.9	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient				36700.34701	United	Commercial		30770.43				11778	67687.51	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient				24179.85901	United	Commercial		16014.7				11238.66	34219.15	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient				20797.64661	United	Commercial		12029.12				8441.69	25359.13	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient				33915.4107	United	Commercial		27488.39				19290.57	58710.86	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient				26111.87635	United	Commercial		18291.93				12836.76	38909.75	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient				22037.30031	United	Commercial		13490.05				9466.93	28974.57	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient				137146.5728	United	Commercial		149146.22				17717	346124.02	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient				97941.81048	United	Commercial		102943.45				36879	230951.01	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient				76366.40905	United	Commercial		77516.85				54399.14	182230	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient				130976.8678	United	Commercial		141875.23				99564.03	332577.04	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient				97356.25977	United	Commercial		102253.37				71758.53	238524.49	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient				75300.99239	United	Commercial		76261.26				53518	186647.26	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient				105311.1804	United	Commercial		111628.24				78337.54	232700.42	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient				62831.6186	United	Commercial		61586.11				43205.36	147150.73	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient				107970.4375	United	Commercial		114762.17				9917	163369.2	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient				51240.57087	United	Commercial		47906.08				11315	116412.17	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient				91477.9019	United	Commercial		95325.73				15756	187037.23	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient				53455.86637	United	Commercial		50516.56				35451.1	107297.02	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient				37308.74848	United	Commercial		31487.43				22096.99	68965.88	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient				84664.09107	United	Commercial		87295.66				61261.63	186355.69	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient				60380.87465	United	Commercial		58677.92				41178.5	126482.2	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient				45716.99013	United	Commercial		44932.04				31532.03	101735.36	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient				58145.78474	United	Commercial		58043.86				39330	115686.89	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient				37464.41928	United	Commercial		31670.89				22225.74	72520.25	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient				80842.30156	United	Commercial		82791.69				8282	182619.97	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient				52798.70703	United	Commercial		49742.34				8991	107399.07	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient				45732.10968	United	Commercial		41414.36				11229	86482.71	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient				72041.90283	United	Commercial		72420.43				22321	138316.21	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient				41220.51286	United	Commercial		36097.45				25332.17	78315.16	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient				27398.65974	United	Commercial		19808.4				13900.98	41938.41	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient				58705.82835	United	Commercial		56703.64				39793.01	114382.13	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient				44633.84505	United	Commercial		40120.05				28155.12	83067.72	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient				37211.63275	United	Commercial		31372.98				22016.67	65529.91	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient				52705.87582	United	Commercial		49632.94				34830.99	110445.96	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient				40223.84848	United	Commercial		34922.64				8360	75162.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient				33275.58944	United	Commercial		26734.36				9385	60664.37	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient				46069.15838	United	Commercial		41811.57				13093	86869.04	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient				57634.499	United	Commercial		55441.31				38907.15	120421.23	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient				39272.49682	United	Commercial		33801.7				23721.08	80851.81	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient				32654.33441	United	Commercial		26002.21				18247.62	60143.19	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient				40676.37915	United	Commercial		35456.18				24882.15	76992.18	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient				28266.9886	United	Commercial		20831.73				14619.12	47285.04	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient				60035.25991	United	Commercial		58270.61				27633	123570.16	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient				44890.91609	United	Commercial		40423.01				28367.73	81861.36	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient				37285.89772	United	Commercial		31460.51				22078.09	67890.08	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient				61736.21032	United	Commercial		60275.18				42299.42	126186.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient				38975.23474	United	Commercial		33451.61				23475.4	71466.96	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient				30976.23177	United	Commercial		24024.57				16859.76	52300.01	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient				47880.08106	United	Commercial		43945.74				30839.88	83023.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient				29011.06646	United	Commercial		21708.62				15234.5	40790.36	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient				56903.2747	United	Commercial		54579.57				38302.4	111816.33	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient				35379.28748	United	Commercial		29213.57				8902	61498.98	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient				30337.83868	United	Commercial		23272.22				16331.79	47055.43	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient				48892.65534	United	Commercial		45139.06				27418	93381.94	case rate	
FOOT PROCEDURES W CC	504	MS-DRG	inpatient				35256.49685	United	Commercial		29068.82				20369.68	63033.36	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient				34950.83574	United	Commercial		28708.64				20146.91	57577.39	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient				31478.94848	United	Commercial		24617.02				17275.53	51399.79	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient				41034.85044	United	Commercial		35878.54				25178.62	70796.36	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient				31070.46115	United	Commercial		24135.65				16937.72	52751.94	case rate	
ARTHROSCOPY	509	MS-DRG	inpatient				29530.92123	United	Commercial		22321.27				15664.44	60875.75	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient				49445.35808	United	Commercial		45790.42				32134.42	99585.05	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient				39065.40061	United	Commercial		33557.65				7655	67326.7	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient				33638.34264	United	Commercial		27161.87				10564	55474.46	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient				33741.17366	United	Commercial		27283.05				18516	59756.86	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient				25464.91423	United	Commercial		17529.49				12301.7	40660.37	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient				55742.17048	United	Commercial		53211.21				37342.12	112326.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient				39736.84167	United	Commercial		34348.7				24104.95	68715.29	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient				31933.10732	United	Commercial		25152.25				17651.14	50328.28	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient				62744.50008	United	Commercial		61463.45				43133.31	112989.89	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient				38705.50115	United	Commercial		33133.51				23252.16	67862.45	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient				31034.78884	United	Commercial		24093.58				16908.19	47893.69	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	521	MS-DRG	inpatient				53352.83795	United	Commercial		50395.38				7692	52111.06	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	522	MS-DRG	inpatient				40756.35681	United	Commercial		35550.44				9003	36760.73	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient				33889.7036	United	Commercial		27458.09				12781	55780.6	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient				22158.89607	United	Commercial		13633.11				9567.33	34640.29	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient				29109.61036	United	Commercial		21824.76				15316	45732.44	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient				21831.64348	United	Commercial		13247.68				9296.85	27589.62	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient				24400.92574	United	Commercial		16275.58				11421.74	33184.08	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient				20717.66895	United	Commercial		11934.86				8375.55	26496.24	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient				38931.1524	United	Commercial		33399.44				23438.78	73591.76	case rate	
OSTEOMYELITIS W CC	540	MS-DRG	inpatient				29131.03294	United	Commercial		21850				15333.72	47266.82	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient				22842.78958	United	Commercial		14439.31				7723	32170.88	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient				36636.07925	United	Commercial		30694.69				8903	66524.88	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient				29167.57508	United	Commercial		18357.57				10889	39088.34	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient				21551.72167	United	Commercial		12917.79				9065.34	29098.49	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient				46197.6939	United	Commercial		41963.05				29448.48	90353.28	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient				27718.57038	United	Commercial		20185.42				14165.56	44260.02	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient				22207.25283	United	Commercial		13690.34				9607.49	31256.09	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient				38437.00473	United	Commercial		32817.08				23030.1	75341.17	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient				27817.11428	United	Commercial		20301.55				14247.06	45346.11	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient				23741.11006	United	Commercial		15497.98				10876.05	33668.81	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient				34896.96518	United	Commercial		28644.68				9165	59007.45	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient				24390.92853	United	Commercial		16263.8				11413.47	32837.85	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient				29892.24887	United	Commercial		22747.1				15963.27	45105.57	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient				22327.21932	United	Commercial		13831.72				9706.71	47368.4	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient				30570.63079	United	Commercial		23546.57				16524.32	46821.72	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient				22364.3518	United	Commercial		13875.48				9737.42	27979.59	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient				32824.28694	United	Commercial		26202.5				18388.17	52205.25	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient				23135.56494	United	Commercial		14784.35				10375.24	31471.12	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient				37018.82947	United	Commercial		31146.77				21857.22	65555.42	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient				26758.83848	United	Commercial		19054.38				13371.82	37236.88	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient				21733.09958	United	Commercial		13131.55				9211	27556.82	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient				32308.71668	United	Commercial		25594.9				12507	51319.61	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient				23381.2106	United	Commercial		15073.84				10578.4	30545.39	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient				32897.12373	United	Commercial		26288.34				18448.41	57300.4	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient				24863.65362	United	Commercial		16820.9				11804.43	35564.01	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient				21308.93235	United	Commercial		12631.67				8864.55	27782.79	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient				52224.55778	United	Commercial		49183.55				34515.62	110602.68	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient				34753.74794	United	Commercial		28476.37				9078	62063.89	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient				26865.95141	United	Commercial		19180.61				11401	42955.26	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient				99395.69005	United	Commercial		104656.84				16091	191396.17	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient				59231.19582	United	Commercial		57323.02				36964	111010.87	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient				39810.90664	United	Commercial		34436.23				24166.37	64093.94	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient				91754.96736	United	Commercial		95652.26				67126.05	177881.99	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient				48424.21478	United	Commercial		44587				31289.9	91450.3	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient				33591.21555	United	Commercial		27106.33				19022.45	55751.45	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient				58322.87813	United	Commercial		56252.57				39476.46	101968.62	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient				35534.95828	United	Commercial		29397.02				20630	57941.85	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient				29823.69659	United	Commercial		22666.31				8609	45061.83	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient				34399.56117	United	Commercial		28058.96				10681	57202	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient				32325.85401	United	Commercial		25615.1				14701	50226.23	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient				38562.6839	United	Commercial		32965.2				23134.04	68205.04	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient				34640.92231	United	Commercial		28343.4				19890.6	57063.5	case rate	
SKIN ULCERS W MCC	592	MS-DRG	inpatient				40440.73069	United	Commercial		35178.47				24687.26	62257.06	case rate	
SKIN ULCERS W CC	593	MS-DRG	inpatient				27869.95668	United	Commercial		20363.83				14290.76	41162.11	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient				21835.92799	United	Commercial		13252.73				9300.39	29528.55	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient				41653.24912	United	Commercial		36607.43				25690.06	72414.56	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient				25000.75818	United	Commercial		16982.48				11917.82	36865.13	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient				33448.28891	United	Commercial		29338.02				18904.34	62687.12	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient				27711.42951	United	Commercial		20177				14159.65	42361.19	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient				19465.1617	United	Commercial		10458.78				7339.68	26109.91	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient				25236.40663	United	Commercial		17260.19				12112.71	34842.38	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient				19482.25977	United	Commercial		10478.98				7353.85	22567.36	case rate	
CELLULITIS W MCC	602	MS-DRG	inpatient				31834.56342	United	Commercial		25036.11				17569.64	52628.02	case rate	
CELLULITIS W/O MCC	603	MS-DRG	inpatient				23225.5398	United	Commercial		14890.39				10449.65	30895.27	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient				32101.63167	United	Commercial		25350.85				17790.51	51636.69	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient				23569.72998	United	Commercial		15296.01				10734.31	31361.78	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient				33238.45695	United	Commercial		26690.6				18730.71	50324.64	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient				23351.21898	United	Commercial		15038.5				10553.59	29193.25	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient				42758.65461	United	Commercial		37910.14				26604.27	86143.77	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient				31600.34314	United	Commercial		24760.08				17375.93	53983.82	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient				67113.27965	United	Commercial		66612.05				46746.45	150711.5	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient				38932.58057	United	Commercial		33401.12				23439.96	75574.43	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient				27178.72118	United	Commercial		19549.21				13719.08	42251.85	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient				47558.74226	United	Commercial		43567.04				30574.12	106447.83	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient				33758.31173	United	Commercial		27303.25				19160.65	65952.68	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient				32260.15881	United	Commercial		25537.68				17921.62	57522.72	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient				65226.66382	United	Commercial		64388.67				45186.15	138421.91	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient				37174.56027	United	Commercial		31329.22				21985.96	70092.95	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient				26507.48012	United	Commercial		18758.15				13163.94	47234.02	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient				52310.27205	United	Commercial		49166.72				34503.81	101440.15	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient				31897.40301	United	Commercial		25110.17				17621.61	58699.93	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient				28242.70967	United	Commercial		20803.12				14599.04	39543.91	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient				67924.48161	United	Commercial		67568.05				47417.35	133939.05	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient				42907.18454	United	Commercial		38085.19				26727.11	85236.26	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient				30532.07013	United	Commercial		23501.13				16492.43	55926.39	case rate	
DIABETES W MCC	637	MS-DRG	inpatient				31289.80154	United	Commercial		24393.17				17118.44	50342.86	case rate	
DIABETES W CC	638	MS-DRG	inpatient				23435.48115	United	Commercial		15137.8				10623.28	31788.2	case rate	
DIABETES W/O CC/MCC	639	MS-DRG	inpatient				19480.8716	United	Commercial		10477.3				7352.67	23030.23	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG	inpatient				29373.82226	United	Commercial		22136.13				15534.51	43378.03	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG	inpatient				21750.22784	United	Commercial		13151.74				9229.52	27403.75	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient				29203.86974	United	Commercial		21935.84				15393.95	46049.52	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient				34085.36322	United	Commercial		27688.68				19431.13	59556.41	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient				25753.40506	United	Commercial		17869.47				12540.29	36901.58	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient				21457.46229	United	Commercial		12806.71				8987.39	27075.73	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG	inpatient				74822.85462	United	Commercial		75697.42				53122.31	78274.49	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG	inpatient				59982.41453	United	Commercial		58208.33				40848.96	60189.99	case rate	
KIDNEY TRANSPLANT	652	MS-DRG	inpatient				53498.51154	United	Commercial		50567.06				35486.53	120803.91	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient				87906.04257	United	Commercial		91116.3				63942.84	200052.09	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient				49686.71923	United	Commercial		46074.86				32334.04	104720.29	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient				40693.51722	United	Commercial		35476.38				24896.32	75705.63	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient				55400.83727	United	Commercial		52808.95				37059.83	121277.71	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient				36928.8546	United	Commercial		31039.73				21782.81	70974.94	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient				31733.16318	United	Commercial		24916.61				17485.77	57089.01	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient				47564.45495	United	Commercial		43573.78				30578.84	99391.89	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient				29812.27121	United	Commercial		22652.84				15897.12	52759.23	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient				25563.45813	United	Commercial		17645.62				12383.2	39099.27	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient				53388.24626	United	Commercial		50437.46				35395.58	115850.9	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient				31427.53427	United	Commercial		24556.43				17233.01	59782.37	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient				25751.97689	United	Commercial		17867.79				12539.11	43214.02	case rate	
PROSTATECTOMY W MCC	665	MS-DRG	inpatient				54708.17362	United	Commercial		51992.54				36486.97	115854.54	case rate	
PROSTATECTOMY W CC	666	MS-DRG	inpatient				35117.55192	United	Commercial		28905.56				20285.1	64841.08	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient				25580.59619	United	Commercial		17665.82				12397.37	39376.26	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient				50836.39807	United	Commercial		47429.76				33284.86	102580.91	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient				32507.23265	United	Commercial		25828.85				18125.96	57675.8	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient				24338.08615	United	Commercial		16201.52				11369.77	35115.72	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient				35039.38243	United	Commercial		28812.99				20220.14	61356.84	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient				23768.24534	United	Commercial		15529.96				10898.49	38519.78	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient				63404.31576	United	Commercial		62241.04				43679	130378.28	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient				44612.42246	United	Commercial		40094.81				28137.4	84266.8	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient				33248.45416	United	Commercial		26702.38				18738.98	59235.68	case rate	
RENAL FAILURE W MCC	682	MS-DRG	inpatient				32024.51036	United	Commercial		25259.96				17726.73	55835.27	case rate	
RENAL FAILURE W CC	683	MS-DRG	inpatient				23455.47557	United	Commercial		15161.36				10639.82	33493.87	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient				19280.92745	United	Commercial		10241.66				7187.31	22589.23	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient				36860.30232	United	Commercial		30958.94				21726.11	62599.65	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient				25519.18478	United	Commercial		17593.44				12346.58	38403.15	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient				21743.09678	United	Commercial		13143.33				9223.62	28825.14	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient				27362.85543	United	Commercial		19766.33				13871.45	40513.37	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient				22114.42162	United	Commercial		13580.93				9530.72	28941.77	case rate	
URINARY STONES W MCC	693	MS-DRG	inpatient				30817.70463	United	Commercial		23837.75				16728.66	48239.93	case rate	
URINARY STONES W/O MCC	694	MS-DRG	inpatient				21768.80389	United	Commercial		13173.62				9244.88	25588.74	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient				27671.40469	United	Commercial		20129.88				14126.58	41665.52	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient				20474.87963	United	Commercial		11648.74				8174.75	25096.72	case rate	
URETHRAL STRICTURE	697	MS-DRG	inpatient				26487.48571	United	Commercial		18734.59				13147.4	34988.16	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient				34218.18327	United	Commercial		27845.21				19540.98	58863.93	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient				29169.28253	United	Commercial		17181.08				12057.2	37462.84	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient				20706.24357	United	Commercial		11921.4				8366.1	27688.03	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient				38609.8136	United	Commercial		33020.74				23173.02	65289.36	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient				31420.39341	United	Commercial		24548.01				17227.1	51261.3	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient				40867.75268	United	Commercial		35681.72				25040.42	74050.98	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient				28218.43074	United	Commercial		20774.5				14578.96	60846.6	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient				40909.17126	United	Commercial		35730.53				25074.68	75935.24	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient				27562.89958	United	Commercial		20001.96				14036.81	39245.05	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient				31308.99595	United	Commercial		24416.73				17134.97	53335.08	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient				24279.53108	United	Commercial		16132.51				11321.34	33184.08	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient				42117.40517	United	Commercial		37154.43				26073.93	80542.02	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient				30901.9668	United	Commercial		23937.05				16798.34	53320.5	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient				36493.3362	United	Commercial		30526.38				21422.55	71226.42	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient				27382.94985	United	Commercial		19789.89				13887.99	44923.34	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient				37365.87538	United	Commercial		31554.76				22144.24	60489.43	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient				26504.62378	United	Commercial		18754.78				13161.58	40145.27	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient				22151.55411	United	Commercial		13624.69				9561.43	25118.58	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient				28312.85412	United	Commercial		20885.59				14656.92	44256.38	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient				21029.01055	United	Commercial		12301.78				8633.04	27862.97	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient				33741.17366	United	Commercial		27283.05				19146.47	52409.35	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient				22017.30589	United	Commercial		13466.48				9450.4	28843.36	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient				24927.82138	United	Commercial		16896.64				11857.58	39434.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient				19468.01805	United	Commercial		10462.15				7342.04	20715.91	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient				41633.2547	United	Commercial		36583.86				25673.52	84040.83	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient				28588.32741	United	Commercial		21210.43				14884.88	49748.79	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient				66106.41806	United	Commercial		65425.46				45913.74	146899.25	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient				38779.76612	United	Commercial		33221.03				23313.58	74036.4	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient				30079.33946	United	Commercial		22967.58				16118	50743.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG	inpatient				62237.49886	United	Commercial		60865.95				42714	131121.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient				36111.53995	United	Commercial		30077				21017.19	63521.73	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient				29146.74284	United	Commercial		21868.52				15346.71	48393	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient				36039.10316	United	Commercial		29991.16				21046.95	62468.44	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient				27185.86205	United	Commercial		19557.62				13724.99	40659.16	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient				37474.41648	United	Commercial		31682.67				22234.01	61604.67	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient				25384.93657	United	Commercial		17435.23				12235.55	38975.35	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient				34528.09669	United	Commercial		28210.44				19797.29	61145.45	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient				23261.24411	United	Commercial		14932.46				10479.18	34922.56	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient				30654.86096	United	Commercial		23645.87				16594	47161.12	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient				46540.45529	United	Commercial		42366.99				29731.96	94832.49	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient				30013.64353	United	Commercial		22890.16				16063.67	44606.26	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient				37047.39292	United	Commercial		31179.43				21880.84	67111.66	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient				26081.88473	United	Commercial		18256.59				12811.96	38993.58	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient				24725.12089	United	Commercial		16657.64				11689.86	28431.52	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient				31893.11849	United	Commercial		25105.12				17618.06	52515.04	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient				24766.53789	United	Commercial		16706.45				11724.11	37189.5	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient				19819.34847	United	Commercial		10876.19				7632.6	25902.17	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient				24806.52672	United	Commercial		16753.58				11757.19	31769.98	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient				19239.51045	United	Commercial		10192.85				7153.06	20023.43	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient				32640.05269	United	Commercial		25985.38				18235.81	53134.62	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient				21997.31148	United	Commercial		13442.92				9433.86	38920.68	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient				20826.21006	United	Commercial		12062.78				8465.32	24017.91	case rate	
ABORTION W/O D&C	779	MS-DRG	inpatient				24717.98003	United	Commercial		16649.23				11683.96	27491.22	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient				36574.66783	United	Commercial		4806				2972	60635.21	per diem	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient				96282.27468	United	Commercial		4806				4276	199953.69	per diem	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient				69112.7211	United	Commercial		4806				4276	136563.16	per diem	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient				45902.0622	United	Commercial		4806				2972	82397.12	per diem	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient				70706.56157	United	Commercial		4806				4276	140277.01	per diem	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient				31868.83956	United	Commercial		4806				2972	49650.39	per diem	
NORMAL NEWBORN	795	MS-DRG	inpatient				13471.12186	United	Commercial		1402				1269	11714.02	per diem	
SPLENECTOMY W MCC	799	MS-DRG	inpatient				81350.73096	United	Commercial		83390.87				58521.36	171354.51	case rate	
SPLENECTOMY W CC	800	MS-DRG	inpatient				50832.11355	United	Commercial		47424.71				33281.32	95736.35	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient				36150.50061	United	Commercial		30122.44				5977	56720.91	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient				59009.82908	United	Commercial		57062.14				8199	121992.05	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient				37128.79875	United	Commercial		31275.36				13379	62763.66	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient				27877.09752	United	Commercial		20372.24				14296.66	44846.8	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient				41868.90316	United	Commercial		36861.57				25868.41	78329.74	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient				27791.40717	United	Commercial		20271.26				14225.79	43899.21	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient				24936.49041	United	Commercial		16906.74				11864.67	33603.21	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient				30636.32672	United	Commercial		23623.99				16578.65	49420.78	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient				23454.0474	United	Commercial		15159.68				10638.64	32189.11	case rate	
COAGULATION DISORDERS	813	MS-DRG	inpatient				32869.58965	United	Commercial		26256.36				18425.97	58732.73	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient				40983.43623	United	Commercial		35818.05				25136.1	60609.7	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient				24789.38865	United	Commercial		16733.38				11743.01	35633.25	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient				20733.37885	United	Commercial		11953.38				8388.54	26299.43	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient				42795.78709	United	Commercial		37953.91				26634.98	92270.34	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient				27344.38919	United	Commercial		19744.45				13856.09	49511.89	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient				23546.87861	United	Commercial		15269.08				10715.41	30578.19	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient				96947.80245	United	Commercial		101772.01				71420.72	198401.09	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient				42468.7356	United	Commercial		37568.48				6969	87262.66	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient				28282.6985	United	Commercial		20850.24				8721	44092.37	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient				74885.3942	United	Commercial		75771.48				12547	164903.57	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient				42480.16097	United	Commercial		37581.94				22652	79977.1	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient				29033.91722	United	Commercial		21735.55				15253.4	49530.11	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient				73270.13115	United	Commercial		73867.89				51838.4	180331.16	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient				43684.11036	United	Commercial		39000.79				27369.65	82065.46	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient				34018.23912	United	Commercial		27609.57				19375.62	59603.79	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient				59532.20121	United	Commercial		53081.61				37251.17	113336.13	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient				33172.76102	United	Commercial		26613.18				18676.38	51709.58	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient				25012.18356	United	Commercial		16995.94				11927.27	37470.13	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient				21126.12628	United	Commercial		12416.23				8713.36	26197.38	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient				17899.88468	United	Commercial		8614.11				6045.14	17505.01	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient				90553.87432	United	Commercial		94236.77				66132.7	200737.28	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient				42517.29346	United	Commercial		37625.7				26404.65	77848.66	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient				27690.00693	United	Commercial		20151.76				14141.93	44194.42	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient				78522.94947	United	Commercial		80058.33				56182.68	195864.45	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient				38474.13721	United	Commercial		32860.84				23060.81	85742.86	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient				29201.01339	United	Commercial		21932.48				15391.59	45772.53	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient				55223.74388	United	Commercial		52600.24				36913.36	120013.03	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient				33062.79714	United	Commercial		26483.58				18585.43	59581.92	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient				25820.52917	United	Commercial		17948.58				12595.8	40859.61	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient				37163.07489	United	Commercial		31315.76				21976.51	67279.32	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient				27117.30977	United	Commercial		19476.83				13668.29	42962.54	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient				22942.76165	United	Commercial		14557.13				10215.78	31569.53	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient				45495.81335	United	Commercial		41134.96				28867.35	102701.18	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient				27908.51731	United	Commercial		20409.27				14322.65	48345.62	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient				21437.46787	United	Commercial		12783.14				8970.85	33989.54	case rate	
RADIOTHERAPY	849	MS-DRG	inpatient				49028.33173	United	Commercial		45298.95				31692.64	71805.91	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient				81989.12405	United	Commercial		84143.22				59049.33	184311.07	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient				39699.50918	United	Commercial		34304.94				24074.24	80283.25	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient				34895.13701	United	Commercial		28643				20100.84	56855.76	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient				73635.68744	United	Commercial		74534.4				52306.14	163580.58	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient				41091.92734	United	Commercial		35945.97				25225.86	74958.49	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient				28919.66342	United	Commercial		21600.91				15158.9	50299.12	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient				36897.43481	United	Commercial		31002.7				21756.82	66612.35	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient				24950.77214	United	Commercial		16923.57				11876.48	35892.02	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient				23198.40453	United	Commercial		14858.41				10427.21	31500.28	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient				34011.09826	United	Commercial		27601.16				19369.71	50375.66	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient				23696.83671	United	Commercial		15445.81				10839.43	29900.3	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient				40472.15049	United	Commercial		35215.5				24713.24	77735.67	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient				29093.31011	United	Commercial		18270.05				12821.4	39248.7	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient				20454.88522	United	Commercial		11625.17				8158.22	27986.88	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient				110061.282	United	Commercial		117226.23				82266.06	229438.5	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient				38805.44529	United	Commercial		33369.14				23417.52	67658.35	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient				25299.24922	United	Commercial		17334.25				12164.68	38373.99	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient				63882.75354	United	Commercial		62804.88				44074.69	120322.82	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient				24223.83235	United	Commercial		16066.87				1933	21064.2	case rate	
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient				23536.8814	United	Commercial		15257.3				1933	20466.85	case rate	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient				24005.32197	United	Commercial		15809.36				1933	20874.19	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient				37374.44441	United	Commercial		31564.86				1933	32639.46	case rate	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient				35682.06004	United	Commercial		29570.38				1933	31027.88	case rate	
PSYCHOSES	885	MS-DRG	inpatient				30105.04657	United	Commercial		22997.88				1933	26178.3	case rate	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient				34608.07435	United	Commercial		28304.69				1933	30093.98	case rate	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient				29093.90046	United	Commercial		21806.24				1933	25299.04	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient				18795.34881	United	Commercial		9669.41				1933	94620.59	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient				33566.83662	United	Commercial		27077.71				1933	29188.64	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient				35984.83528	United	Commercial		29927.2				1933	31291.16	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient				22809.94161	United	Commercial		14400.6				1933	19834.73	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient				72398.94594	United	Commercial		72841.2				13124	162727.75	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient				37507.26445	United	Commercial		31721.39				22261.17	69990.9	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient				28321.25916	United	Commercial		20895.69				14664	59429.51	case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient				57094.64981	United	Commercial		54805.1				38460.67	117574.8	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient				33208.46533	United	Commercial		26655.25				18705.9	64480.26	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient				37462.69111	United	Commercial		31669.21				22224.56	67177.27	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient				63711.37984	United	Commercial		62602.9				43932.95	153659.98	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient				39212.50237	United	Commercial		33731.01				23671.47	72629.59	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient				29960.80115	United	Commercial		22827.89				16019.96	48305.53	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient				31934.53549	United	Commercial		25153.93				17652.32	53694.99	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient				23554.01947	United	Commercial		15277.5				10721.32	84762.6	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient				35926.27753	United	Commercial		29858.19				20953.64	61116.3	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient				19999.2982	United	Commercial		11088.26				7781.43	23154.14	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient				33382.70237	United	Commercial		26860.59				18850	53710.47	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient				22885.60306	United	Commercial		14489.81				10168.54	28380.5	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient				36650.36097	United	Commercial		30711.53				21552.48	66488.44	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient				25354.94495	United	Commercial		17399.89				12210.75	36558.98	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient				20556.28546	United	Commercial		11744.67				8242.08	25752.74	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient				355.10.67934	United	Commercial		29388.41				20629.92	56797.45	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient				25035.03431	United	Commercial		17022.87				11946.17	37582.48	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient				387038.1935	United	Commercial		443643.28				295733.07	670041.49	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient				109415.7481	United	Commercial		116465.47				81732.17	214142.12	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient				56613.38362	United	Commercial		54120.08				37979.94	108324.8	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient				53892.89714	United	Commercial		51031.59				33318	104246.49	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient				40475.00683	United	Commercial		35218.87				24715.61	66823.74	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient				39740.92619	United	Commercial		34353.75				24108.49	66393.68	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient				56510.52727	United	Commercial		54116.71				37977.58	119495.5	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient				41533.28263	United	Commercial		36466.04				25590.84	79251.83	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient				37097.37895	United	Commercial		31238.34				21922.18	67476.12	case rate	
REHABILITATION W CC/MCC	945	MS-DRG	inpatient				32148.76136	United	Commercial		25406.39				17829.49	49745.15	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient				25053.60056	United	Commercial		17044.75				11961.53	38002.24	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient				28465.80458	United	Commercial		21065.68				14783.3	43939.3	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient				22030.15945	United	Commercial		13481.63				9461.03	28435.17	case rate	
AFTERCARE W CC/MCC	949	MS-DRG	inpatient				25387.79291	United	Commercial		17438.6				12237.92	41774.41	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient				19562.27743	United	Commercial		10573.23				7420	27148.63	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient				19016.71555	United	Commercial		9930.29				6968.8	29096.49	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient				97569.05747	United	Commercial		102504.16				71934.52	222207.62	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient				65977.88254	United	Commercial		65273.98				45807.44	137904.37	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient				113883.0715	United	Commercial		121730.21				85426.82	276934.93	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient				68357.21787	United	Commercial		68078.03				47775.24	152336.99	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient				46757.53751	United	Commercial		42622.82				29911.49	89318.21	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient				49641.01771	United	Commercial		46021				32296.24	101866.57	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient				32027.3667	United	Commercial		25263.33				17729.09	53754.21	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient				24242.3986	United	Commercial		16088.75				11290.63	35509.34	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient				108743.0788	United	Commercial		115672.73				81175.85	204050.22	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient				44929.47675	United	Commercial		40468.46				28399.62	101600.51	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient				52243.14795	United	Commercial		49087.61				34448.3	99242.46	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient				30060.77322	United	Commercial		22945.7				16102.65	47011.7	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient				22662.83985	United	Commercial		14227.24				9984.28	34208.22	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient				30814.84828	United	Commercial		23834.38				16726.29	42638.18	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient				78291.58553	United	Commercial		79785.67				11302	159287.24	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient				46094.86548	United	Commercial		41841.87				14901	89398.39	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient				33943.97415	United	Commercial		27522.05				19314.2	57187.42	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient				58815.59763	United	Commercial		56833.24				39883.96	121459.94	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient				34826.58473	United	Commercial		28562.21				20044.15	61706.72	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient				26019.04514	United	Commercial		18182.53				12759.99	37929.35	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient				397605.2416	United	Oxford		443576.98				320075.66	962560.73	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient				185457.3628	United	Oxford		200423.67				144621.43	489203.72	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient				315081.1521	United	Oxford		348991.99				251825.15	666867.04	case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient				220531.8504	United	Oxford		240624.3				173629.34	416184.16	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient				158406.3481	United	Oxford		169419.15				122249.23	373735.51	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient				79669.77196	United	Oxford		79175.22				57131.14	234847	case rate	
LUNG TRANSPLANT	007	MS-DRG	inpatient				185775.8453	United	Oxford		200788.7				144884.83	388186.35	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.													
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true												
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient				85736.6486	United	Oxford		86128.77				62148.67	191305.05	case rate	
PANCREAS TRANSPLANT	010	MS-DRG	inpatient				79337.00778	United	Oxford		78783.82				56855.93	164513.6	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient				84231.35482	United	Oxford		84403.47				60903.74	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG	inpatient				67787.37705	United	Oxford		65556.21				47303.96	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient				48946.9259	United	Oxford		43962.22				31722.2	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient				174271.916	United	Oxford		187603.47				135370.65	435540.63	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient				98808.71117	United	Oxford		101111.31				72959.76	238334.97	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient				98808.71117	United	Oxford		101111.31				70474.37	159673.57	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG	inpatient				536767.7948	United	Oxford		603078.16				435168.29	641210.35	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG	inpatient				124751.464	United	Oxford		130845.6				94415.39	139118.87	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient				131305.3474	United	Oxford		138357.34				99835.69	379960.48	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient				98300.28177	United	Oxford		100528.58				72539.27	288127.5	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient				60243.77009	United	Oxford		56910.1				41065.11	187970.25	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient				91550.7387	United	Oxford		92792.59				66957.14	198998.8	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient				64701.09636	United	Oxford		62018.87				44751.49	313612.23	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient				73658.59406	United	Oxford		72285.5				52159.67	155897.77	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient				52765.85907	United	Oxford		48339.29				34880.6	109910.2	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient				45336.5059	United	Oxford		39824.14				28736.25	87678.14	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient				96653.59892	United	Oxford		98641.23				71177.4	195889.96	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient				59551.10645	United	Oxford		56116.21				40492.25	115012.64	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient				43709.81747	United	Oxford		37959.71				27390.91	79295.56	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient				69382.6457	United	Oxford		67384.63				48623.3	152449.97	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient				41350.47656	United	Oxford		35255.55				25439.65	103005.11	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient				33768.30894	United	Oxford		26565.25				19168.92	169398.47	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient				66309.21855	United	Oxford		63862.02				46081.46	279134.99	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient				43431.32084	United	Oxford		37640.52				27160.59	80921.05	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient				36414.71252	United	Oxford		29598.43				21357.59	62905.8	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient				58799.88773	United	Oxford		55255.2				39870.97	116984.37	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient				33439.82927	United	Oxford		26188.76				18897.25	60926.78	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient				26885.94583	United	Oxford		19677.03				13476.94	41271.45	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient				65582.27877	United	Oxford		63028.83				45480.26	143167.18	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient				42448.74118	United	Oxford		36514.33				26347.96	85954.25	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient				35437.84255	United	Oxford		28478.79				20549.68	102408.62	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient				38361.31159	United	Oxford		31829.52				22967.5	80333.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient				24640.85871	United	Oxford		16103.82				11620.17	98314.19	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient				31634.61928	United	Oxford		24119.72				17404.27	143596.19	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient				25917.6449	United	Oxford		17567.21				12676.12	38166.25	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient				44780.94682	United	Oxford		39187.39				28276.78	77429.53	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient				30059.34505	United	Oxford		22314.22				16101.46	44059.57	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient				35267.89003	United	Oxford		28284				20409.13	64130.38	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient				27545.76151	United	Oxford		19433.28				14022.64	40065.09	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient				23406.91717	United	Oxford		14689.54				10599.66	30348.58	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient				50619.31585	United	Oxford		45879.03				33105.33	103787.27	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient				37321.60203	United	Oxford		30637.86				22107.62	121708.96	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient				31824.56621	United	Oxford		24337.43				17561.37	136083.64	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient				39196.79248	United	Oxford		32787.11				23658.47	215326.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient				25106.44294	United	Oxford		19637.45				14205.23	37594.05	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient				20409.1837	United	Oxford		11253.69				8120.42	26488.95	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient				30826.27366	United	Oxford		23193.24				16735.74	54720.02	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient				23029.88017	United	Oxford		14257.4				10287.83	32754.02	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient				21997.31148	United	Oxford		13073.92				9433.86	27899.41	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient				36147.64426	United	Oxford		29292.33				21136.72	59964.6	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient				25754.83324	United	Oxford		17380.6				12541.47	35928.47	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient				21773.0884	United	Oxford		12816.93				9248.42	27042.93	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient				32198.7474	United	Oxford		24766.3				17870.83	51428.95	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient				25246.40384	United	Oxford		16797.87				12120.98	35494.76	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient				37922.86264	United	Oxford		31326.99				22604.89	53998.39	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient				23765.39899	United	Oxford		15100.4				10896.13	30060.66	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient				32168.75578	United	Oxford		24731.92				17846.03	56564.19	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient				25113.5838	United	Oxford		16645.64				12011.13	35356.26	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient				21170.39962	United	Oxford		12126.16				8749.97	27206.94	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient				42134.54324	United	Oxford		36154.21				26088.1	68474.74	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient				23579.72657	United	Oxford		14887.61				10742.58	31146.75	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient				43128.55127	United	Oxford		37293.49				26910.19	78672.34	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient				29962.22932	United	Oxford		22202.91				16021.15	47197.57	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient				23725.40016	United	Oxford		15054.57				10863.05	33650.59	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient				43050.00179	United	Oxford		37203.46				26845.22	79452.28	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient				29400.95754	United	Oxford		21559.61				15556.95	45306.02	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient				23246.96239	United	Oxford		14506.21				10467.37	30807.8	case rate	
CONCUSSION W MCC	088	MS-DRG	inpatient				32495.80727	United	Oxford		25106.77				18116.51	53925.5	case rate	
CONCUSSION W CC	089	MS-DRG	inpatient				27013.05318	United	Oxford		18822.71				13582.07	38906.11	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient				23941.05421	United	Oxford		15301.74				11041.41	28916.26	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient				36143.35975	United	Oxford		29287.41				21133.17	58750.95	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient				25244.97567	United	Oxford		16796.23				12119.8	34379.51	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient				21650.29567	United	Oxford		12676.15				9146.84	29889.86	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient				62328.90189	United	Oxford		59299.98				42789.59	134044.74	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient				44640.98591	United	Oxford		39026.97				28161.03	86774.28	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient				41720.37322	United	Oxford		35679.51				25745.57	76937.51	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient				62531.39708	United	Oxford		59532.42				42957.32	128978.75	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient				41360.47376	United	Oxford		35267.01				25447.92	67443.32	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient				29445.23089	United	Oxford		21610.35				15593.57	46392.11	case rate	
SEIZURES W MCC	100	MS-DRG	inpatient				38904.01712	United	Oxford		32451.54				23416.34	69054.73	case rate	
SEIZURES W/O MCC	101	MS-DRG	inpatient				23581.15474	United	Oxford		14889.24				10743.76	31682.51	case rate	
HEADACHES W MCC	102	MS-DRG	inpatient				27822.82696	United	Oxford		19750.84				14251.78	39234.12	case rate	
HEADACHES W/O MCC	103	MS-DRG	inpatient				22621.42285	United	Oxford		13789.25				9950.02	28478.9	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient				46399.66622	United	Oxford		41041.99				29615.02	83924.2	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient				28182.25963	United	Oxford		20163.33				14549.43	45743.37	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient				32932.82805	United	Oxford		25607.66				18477.94	49643.1	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient				36737.47949	United	Oxford		29968.37				21624.53	62249.77	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient				27705.71682	United	Oxford		19616.51				14154.93	36537.12	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient				28888.32462	United	Oxford		20971.96				15132.92	38607.25	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient				21223.24201	United	Oxford		12186.72				8793.68	25723.59	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient				22073.00462	United	Oxford		13160.68				9496.46	27440.19	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient				29469.50982	United	Oxford		21638.18				15613.65	48520.56	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient				21980.1741	United	Oxford		13054.28				9419.69	29528.55	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient				48467.05995	United	Oxford		43412.22				31325.33	83760.2	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient				24002.46562	United	Oxford		15372.13				11092.2	44190.78	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient				32080.20908	United	Oxford		24630.43				17772.79	50189.79	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient				22954.18703	United	Oxford		14170.64				10225.23	30804.16	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient				27552.90237	United	Oxford		19441.46				14028.54	42291.94	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG	inpatient				64548.2819	United	Oxford		61843.72				44625.1	65754.05	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG	inpatient				40177.94696	United	Oxford		33911.66				24469.93	39055.87	case rate	
Major Head and Neck Procedures without Complications	142	MS-DRG	inpatient				32655.76259	United	Oxford		25290.11				18248.8	28396.32	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG	inpatient				58085.8215	United	Oxford		54436.75				39280.39	57878.74	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG	inpatient				35305.02251	United	Oxford		28326.55				20439.84	30700.02	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG	inpatient				28029.91197	United	Oxford		19988.19				14423.05	24373.84	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient				40739.21874	United	Oxford		34554.96				24934.12	70089.3	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient				26239.85333	United	Oxford		20228.81				14596.68	45575.72	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient				23296.94843	United	Oxford		14563.5				10508.71	26379.61	case rate	
DYSEQUILIBRIUM	149	MS-DRG	inpatient				21226.09835	United	Oxford		12189.99				8796.04	25916.75	case rate	
EPISTAXIS W MCC	150	MS-DRG	inpatient				29363.82505	United	Oxford		21577.05				15526.24	46382.07	case rate	
EPISTAXIS W/O MCC	151	MS-DRG	inpatient				21597.42319	United	Oxford		12615.59				9103.14	25650.69	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient				27560.04323	United	Oxford		19449.65				14034.45	37980.38	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient				21084.70928	United	Oxford		12027.94				8679.1	25942.26	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient				32558.64686	United	Oxford		25178.8				18168.48	52719.14	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient				24109.57866	United	Oxford		15494.9				11180.78	32192.75	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient				19952.16851	United	Oxford		10729.88				7742.45	24050.72	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient				34969.40198	United	Oxford		27941.88				20162.26	60974.16	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient				23893.89659	United	Oxford		15362.31				11085.11	32447.87	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient				20233.57649	United	Oxford		11052.35				7975.14	24724.97	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient				77908.83531	United	Oxford		77156.92				55674.78	179288.81	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient				47014.60855	United	Oxford		41747.5				30124.1	93626.13	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient				37388.72614	United	Oxford		30714.79				22163.14	67512.57	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient				68442.88029	United	Oxford		66422.13				47928.79	127488.11	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient				36580.38052	United	Oxford		29788.31				21494.6	69159.93	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient				29952.23211	United	Oxford		22191.45				16012.88	48895.95	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG	inpatient				54506.8013	United	Oxford		50334.68				36320.42	53517.3	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient				30627.75789	United	Oxford		22965.71				16571.56	53389.75	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient				22238.67263	United	Oxford		13350.56				9633.48	32764.95	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient				34818.0157	United	Oxford		27768.37				20037.06	67089.8	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient				24682.27572	United	Oxford		16151.29				11654.43	46446.78	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient				21491.73843	United	Oxford		12494.46				9015.73	33584.99	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient				35414.99179	United	Oxford		28452.6				20530.78	61812.42	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient				26316.10502	United	Oxford		18023.91				13005.66	41581.24	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient				21430.32701	United	Oxford		12424.07				8964.94	28978.21	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient				33077.07346	United	Oxford		25772.99				18597.24	54337.34	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient				25613.44416	United	Oxford		17218.55				12424.54	36606.36	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient				21383.19732	United	Oxford		12370.05				8925.97	26689.41	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient				32757.16283	United	Oxford		25406.32				18332.66	56837.54	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient				24819.39027	United	Oxford		16308.43				11767.82	38414.08	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient				21251.80545	United	Oxford		12219.46				8817.3	27961.37	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient				28185.58277	United	Oxford		20166.61				14551.79	45021.74	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient				26328.95857	United	Oxford		18038.64				13016.3	43396.25	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient				22715.68223	United	Oxford		13897.28				10027.98	33308	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient				19756.30888	United	Oxford		10505.62				7580.63	26390.55	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient				29536.63392	United	Oxford		21715.12				15669.16	47988.45	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient				22332.93201	United	Oxford		13458.59				9711.43	32808.69	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient				19525.14494	United	Oxford		10240.45				7389.29	25031.11	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient				37660.07891	United	Oxford		31025.8				22387.56	59702.19	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient				24836.51834	United	Oxford		16328.08				11781.99	36507.96	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient				21704.53612	United	Oxford		12738.36				9191.72	27644.29	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient				35927.7057	United	Oxford		29040.24				20954.82	64975.93	case rate	
PNEUMOTHORAX W CC	200	MS-DRG	inpatient				25971.91545	United	Oxford		17629.41				12721.01	39172.16	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient				20674.82378	United	Oxford		11558.15				8340.11	27891.99	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient				24265.24935	United	Oxford		15673.32				11309.53	38695.65	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient				20514.86846	United	Oxford		11374.82				8207.83	50775.53	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient				22342.92922	United	Oxford		13470.05				9719.7	96731.64	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient				36444.70414	United	Oxford		29632.8				21382.39	55321.38	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient				23636.85347	United	Oxford		14953.08				10789.82	31471.12	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient				109248.6519	United	Oxford		113077.05				49635	203970.04	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient				49205.62511	United	Oxford		44258.5				31935.99	88833.48	case rate	
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG	inpatient				164414.6697	United	Oxford		176305.59				37458	187453.26	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient				156475.459	United	Oxford		167206.06				120652.31	469646.8	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient				149198.9203	United	Oxford		158866.06				78485	357932.52	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient				101407.5699	United	Oxford		104193.6				75183.87	231898.61	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient				91949.19882	United	Oxford		93249.28				67286.69	215224.56	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient				120719.7331	United	Oxford		126224.63				57338	280328.05	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient				85492.4311	United	Oxford		85848.86				57338	189712.36	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient				76980.52321	United	Oxford		76092.93				17199	167921.3	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient				82551.824	United	Oxford		82478.48				59514.71	239676.19	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient				56000.6697	United	Oxford		52046.87				37555.91	169415.59	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient				126489.5499	United	Oxford		132837.71				19424	306106.31	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient				95546.76598	United	Oxford		97372.63				27830	224521.94	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient				121982.2376	United	Oxford		127671.65				53769	278363.61	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient				84825.47456	United	Oxford		85084.43				61395.1	187594.85	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient				94575.60798	United	Oxford		96259.54				47567	211747.62	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient				68305.80366	United	Oxford		66150.4				33990	143097.93	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient				79239.89205	United	Oxford		78682.51				56775.61	171635.15	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient				50710.71889	United	Oxford		45983.79				33180.92	100040.63	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient				30439.23892	United	Oxford		22749.64				15559	58167.82	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient				59935.29484	United	Oxford		58556.53				20528	136195.06	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient				43118.55407	United	Oxford		37282.03				19748	93094.02	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient				36718.91325	United	Oxford		29947.09				19748	91806.34	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient				75306.70508	United	Oxford		74174.49				53522.72	182671	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient				44163.97631	United	Oxford		38486.25				27766.52	94278.51	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient				33254.16685	United	Oxford		25975.97				18743.7	61149.1	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient				58488.54614	United	Oxford		54898.35				39613.48	118806.67	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient				47024.60576	United	Oxford		41758.96				30132.37	94551.86	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient				35370.71844	United	Oxford		28401.85				20494.17	65967.26	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient				49828.10831	United	Oxford		44972.19				32450.97	92583.77	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient				34008.24191	United	Oxford		26840.25				19367.35	63733.12	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient				24743.68713	United	Oxford		16221.68				11705.22	41041.84	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient				49273.97739	United	Oxford		44337.07				15797	108929.8	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient				37248.75523	United	Oxford		30554.38				15797	76427.26	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient				57937.27156	United	Oxford		54266.51				12982	131916.3	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient				37465.84745	United	Oxford		30803.18				12982	72593.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient				34088.21957	United	Oxford		26931.92				12982	59439.78	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient				50939.22648	United	Oxford		46245.7				33369.91	87186.12	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient				57234.61071	United	Oxford		53461.15				38576.42	115118.34	case rate	
AICD LEAD PROCEDURES	265	MS-DRG	inpatient				61063.54109	United	Oxford		57849.68				41743.09	113591.25	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient				99755.57834	United	Oxford		102242.41				73775.94	262101.41	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient				80288.17064	United	Oxford		79883.99				57642.58	213139.85	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient				108487.436	United	Oxford		112204.58				80964.43	244323.05	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient				69982.47813	United	Oxford		68072.12				49119.39	151283.7	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient				82811.75139	United	Oxford		82776.4				59729.68	184478.72	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient				59950.59674	United	Oxford		56574.54				40822.98	127335.03	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient				45430.76529	United	Oxford		39932.18				28814.2	95419.27	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient				66246.37896	United	Oxford		63789.99				46029.49	133119.02	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient				56874.71125	United	Oxford		53048.66				38278.77	108547.12	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG	inpatient				111073.8563	United	Oxford		115169.01				83103.49	122451.06	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG	inpatient				99282.86443	United	Oxford		101654.76				73351.9	108082.32	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG	inpatient				78891.41797	United	Oxford		78283.11				56487.41	83232.89	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG	inpatient				74292.70263	United	Oxford		73012.29				52684.1	77628.8	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG	inpatient				56300.58592	United	Oxford		52390.62				37803.95	55703.24	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient				33248.45416	United	Oxford		25969.42				18738.98	60394.67	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient				23629.71261	United	Oxford		14944.9				10783.92	35702.5	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient				20846.20447	United	Oxford		11754.58				8481.85	27298.05	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient				38745.48998	United	Oxford		32269.85				23285.23	65774.1	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient				21154.68972	United	Oxford		12108.15				8736.98	27939.5	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient				17569.97684	United	Oxford		7999.53				5772.29	21736.39	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient				41376.18366	United	Oxford		35285.02				13521	79481.44	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient				26037.61139	United	Oxford		17704.71				9969	41508.35	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient				47623.01002	United	Oxford		42444.82				30627.27	98189.17	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient				31694.60252	United	Oxford		24188.47				17453.88	62319.02	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient				25232.12211	United	Oxford		16781.5				12109.17	36861.48	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient				28926.80428	United	Oxford		21016.16				15164.81	49034.45	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient				22822.79516	United	Oxford		14020.05				10116.57	33523.03	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient				18609.68639	United	Oxford		9191.19				6632.17	24258.46	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient				26210.42025	United	Oxford		17902.78				12918.26	42306.52	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient				19609.47212	United	Oxford		10337.02				7458.97	20092.68	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient				33486.95896	United	Oxford		26242.78				18936.23	55962.83	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient				20996.16258	United	Oxford		11926.45				8605.87	23777.37	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient				16858.74695	United	Oxford		7184.35				5184.08	17585.2	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient				33101.3524	United	Oxford		25800.82				18617.32	52861.28	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient				25829.09821	United	Oxford		17465.72				12602.89	37309.77	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient				20727.66616	United	Oxford		11618.72				8383.82	26467.09	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient				26601.73951	United	Oxford		18351.29				13241.9	38979	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient				19989.30709	United	Oxford		10772.44				7773.16	24254.81	case rate	
HYPERTENSION W MCC	304	MS-DRG	inpatient				27000.19963	United	Oxford		18807.98				13571.44	39401.77	case rate	
HYPERTENSION W/O MCC	305	MS-DRG	inpatient				21351.77753	United	Oxford		12334.04				8899.98	26237.48	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient				32538.65245	United	Oxford		25155.88				18151.94	51345.12	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient				24052.45166	United	Oxford		15429.42				11133.54	31197.78	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient				27759.98738	United	Oxford		19678.81				14199.81	43866.41	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient				21226.09835	United	Oxford		12189.99				8796.04	27826.52	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient				18488.29173	United	Oxford		9052.06				6531.77	20493.59	case rate	
ANGINA PECTORIS	311	MS-DRG	inpatient				20560.56998	United	Oxford		11427.2				8245.62	25045.69	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient				22922.75763	United	Oxford		14134.63				10199.25	29211.47	case rate	
CHEST PAIN	313	MS-DRG	inpatient				20924.75396	United	Oxford		11844.61				8546.82	25778.26	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient				40489.28856	United	Oxford		34268.5				24727.42	73733.9	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient				24405.21026	United	Oxford		15833.73				11425.28	34838.73	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient				20483.44867	United	Oxford		11338.81				8181.84	27381.88	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG	inpatient				72885.95276	United	Oxford		71399.94				51520.67	75914.51	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG	inpatient				42381.61707	United	Oxford		36437.39				26292.44	38741.3	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG	inpatient				51646.17185	United	Oxford		47055.96				33954.58	50031.28	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG	inpatient				36831.79473	United	Oxford		29847.23				21537.13	31853.73	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG	inpatient				69716.83805	United	Oxford		67767.66				48899.69	72052.56	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG	inpatient				52987.2258	United	Oxford		48593.01				35063.68	51665.51	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG	inpatient				48355.6625	United	Oxford		43284.55				31233.2	46021.4	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient				83127.3775	United	Oxford		83138.15				59990.71	191556.53	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient				46257.67714	United	Oxford		40879.94				29498.09	90542.8	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient				33402.69679	United	Oxford		26146.2				18866.54	56203.38	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient				75098.1919	United	Oxford		73935.5				53350.27	181963.94	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient				44468.17704	United	Oxford		38828.9				28018.11	91964.19	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient				34469.54162	United	Oxford		27368.97				19748.86	61765.04	case rate	
RECTAL RESECTION W MCC	332	MS-DRG	inpatient				62398.88234	United	Oxford		59380.18				42847.47	123850.8	case rate	
RECTAL RESECTION W CC	333	MS-DRG	inpatient				40289.34441	United	Oxford		34039.34				24562.06	70260.6	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient				33514.09424	United	Oxford		26273.88				18958.67	47655.77	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient				61647.86363	United	Oxford		58519.18				42226.18	148043.65	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient				40657.81291	United	Oxford		34461.66				24866.79	83760.2	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient				31961.67077	United	Oxford		24494.57				17674.76	58433.87	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient				49728.13623	United	Oxford		44857.61				32368.29	108871.49	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient				32592.923	United	Oxford		25218.08				18196.83	59683.97	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient				28982.50301	United	Oxford		21080				15210.88	45069.12	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient				46996.04231	United	Oxford		41726.22				30108.75	87874.95	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient				29176.73446	United	Oxford		21302.62				15371.51	51024.4	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient				24526.60492	United	Oxford		15972.87				11525.68	34612.77	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient				44866.63716	United	Oxford		39285.6				28347.65	89165.14	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient				31378.9764	United	Oxford		23826.72				17192.85	54672.64	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient				26428.93064	United	Oxford		18153.22				13098.98	38395.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient				52354.5454	United	Oxford		47867.87				34540.43	108095.19	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient				35123.64461	United	Oxford		28118.67				20289.83	63088.03	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient				30050.77601	United	Oxford		22304.4				16094.38	49377.04	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient				71697.71328	United	Oxford		70038.04				50537.95	144898.36	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient				41964.59071	United	Oxford		35959.42				25947.55	77874.17	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient				28886.81545	United	Oxford		20970.33				15131.74	49140.14	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient				34183.90713	United	Oxford		27041.59				19512.63	70851.02	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient				24705.12647	United	Oxford		16177.48				11673.33	40411.32	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient				21211.81663	United	Oxford		12173.63				8784.23	27090.31	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient				35550.66817	United	Oxford		28608.1				20642.99	63372.3	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient				25476.33961	United	Oxford		17061.41				12311.15	37845.53	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient				20823.35371	United	Oxford		11728.39				8462.95	27611.49	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient				40567.83804	United	Oxford		34358.53				24792.38	75260.99	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient				27704.28865	United	Oxford		19614.97				14153.74	43979.39	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient				23321.22736	United	Oxford		14591.33				10528.79	33373.6	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient				36159.06964	United	Oxford		29305.42				21146.16	65194.6	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient				24640.86871	United	Oxford		16103.82				11620.17	36092.47	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient				19633.68605	United	Oxford		10364.85				7479.05	23806.53	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient				38418.43848	United	Oxford		31895				23014.75	70923.92	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient				25914.78855	United	Oxford		17563.94				12673.76	39908.37	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient				21403.19174	United	Oxford		12392.97				8942.5	27983.24	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient				30559.20541	United	Oxford		22887.14				16514.87	49238.55	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient				23097.00428	United	Oxford		14334.33				10343.35	31172.26	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient				32668.53236	United	Oxford		25648.59				18507.47	61881.66	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient				24466.82167	United	Oxford		15904.12				11476.07	35720.72	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient				20360.62584	United	Oxford		11198.03				8080.26	25391.93	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient				31348.98478	United	Oxford		23792.34				17168.04	55787.89	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient				21964.46351	United	Oxford		13036.27				9406.69	30731.27	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient				18573.98208	United	Oxford		9150.27				6602.64	21539.59	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient				28809.69414	United	Oxford		20881.93				15067.96	44518.79	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient				21810.22089	United	Oxford		12859.49				9279.13	27531.31	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient				33721.17925	United	Oxford		26511.23				19129.94	59501.74	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient				23971.04583	United	Oxford		15336.12				11066.21	34299.33	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient				19837.91471	United	Oxford		10598.93				7647.96	24655.72	case rate	
APPENDIX PROCEDURES WITH MCC	397	MS-DRG	inpatient				42575.8206	United	Oxford		36774.6				26535.76	39099.83	case rate	
APPENDIX PROCEDURES WITH CC	398	MS-DRG	inpatient				32203.03192	United	Oxford		24771.21				17874.37	28002.64	case rate	
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG	inpatient				26487.48571	United	Oxford		18220.33				13147.4	23032.6	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient				89214.24855	United	Oxford		90114.62				65024.78	196046.68	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient				51827.54976	United	Oxford		47263.85				34104.58	103236.94	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient				41310.48773	United	Oxford		35209.72				25406.58	73139.83	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient				63749.9335	United	Oxford		60928.69				43964.84	147478.74	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient				38544.11766	United	Oxford		32039.04				23118.69	84653.12	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient				32944.25342	United	Oxford		25620.76				18487.39	60230.66	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient				51729.00586	United	Oxford		47150.9				10482	145714.75	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient				39803.76577	United	Oxford		33482.79				11647	86810.73	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient				32150.18953	United	Oxford		24710.64				15908	61455.25	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient				60936.43374	United	Oxford		57704				28270	130374.63	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient				38808.32957	United	Oxford		32341.87				23337.2	73577.18	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient				29716.58265	United	Oxford		21921.36				15817.99	50772.92	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient				43692.6794	United	Oxford		37940.07				27376.74	88323.24	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient				33936.83329	United	Oxford		26758.4				19308.29	60653.43	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient				29345.25881	United	Oxford		21495.77				15510.89	47532.87	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient				56303.44226	United	Oxford		52393.9				37806.31	126202.45	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient				35006.53446	United	Oxford		27884.44				8253	64841.08	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient				30742.01149	United	Oxford		23096.66				10272	54945.99	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient				66444.89494	United	Oxford		64017.52				16017	143815.92	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient				40400.74186	United	Oxford		34167.01				24654.19	79856.83	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient				33468.39272	United	Oxford		26221.5				18920.87	54410.23	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient				37954.28243	United	Oxford		31363				13893	66550.4	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient				25314.95612	United	Oxford		16876.44				12177.68	37462.84	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient				20152.11266	United	Oxford		10959.05				7907.81	53360.86	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient				35724.90521	United	Oxford		28807.8				20787.09	61874.37	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient				26310.39233	United	Oxford		18017.36				13000.94	41399.01	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient				22460.03936	United	Oxford		13604.28				9816.55	31554.95	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient				34423.8401	United	Oxford		27316.59				19711.06	59705.84	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient				22804.22882	United	Oxford		13998.77				10101.21	31427.39	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient				19382.3277	United	Oxford		10076.76				7271.17	22643.9	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient				36700.34701	United	Oxford		29925.81				11778	67687.51	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient				24179.55901	United	Oxford		15575.1				11238.66	34219.15	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient				20797.64661	United	Oxford		11698.92				8441.69	25359.13	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient				33915.4107	United	Oxford		26733.85				19290.57	58710.86	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient				26111.87635	United	Oxford		17789.83				12836.76	38909.75	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient				22037.30031	United	Oxford		13119.75				9466.93	28974.57	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient				137146.5728	United	Oxford		146502.26				17717	346124.02	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient				97941.81048	United	Oxford		100117.71				36879	230951.01	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient				76366.40905	United	Oxford		75389.07				54399.14	182230	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient				130976.8678	United	Oxford		137980.85				99564.03	332577.04	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient				97356.25977	United	Oxford		99446.59				71758.53	238524.49	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient				75300.99239	United	Oxford		74167.94				53518	186647.26	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient				105311.1804	United	Oxford		108564.12				78337.54	232700.42	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient				62831.5186	United	Oxford		59876.17				43205.36	147150.73	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient				107970.4373	United	Oxford		111612.03				9917	163369.2	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient				51240.57087	United	Oxford		46591.08				11315	116412.17	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient				91477.9019	United	Oxford		92709.11				15756	187037.23	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient				53455.66637	United	Oxford		49129.92				35451.1	107297.02	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient				37308.18648	United	Oxford		30623.13				22096.99	66965.88	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient				84664.09107	United	Oxford		84899.46				61261.63	186355.69	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient				60380.87465	United	Oxford		57067.24				41178.5	126482.2	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient				48716.99013	United	Oxford		43698.68				31532.03	101735.36	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient				58145.76474	United	Oxford		54505.5				39330	115686.89	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient				37464.41928	United	Oxford		30801.55				22225.74	72520.25	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient				80842.30156	United	Oxford		80519.11				8282	182619.97	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient				52798.70703	United	Oxford		48376.94				8991	107399.07	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient				45732.10968	United	Oxford		40277.56				11229	86482.71	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient				72041.90283	United	Oxford		70432.53				22321	138316.21	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient				41220.51286	United	Oxford		35106.59				25332.17	78315.16	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient				27398.65974	United	Oxford		19264.68				13900.98	41938.41	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient				58705.82835	United	Oxford		55147.16				39763.01	114382.13	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient				44633.84505	United	Oxford		39018.79				28155.12	83067.72	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient				37211.63275	United	Oxford		30511.82				22016.67	65529.91	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient				52705.87582	United	Oxford		48270.54				34830.99	110445.96	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient				40223.84648	United	Oxford		33964.04				8360	75162.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient				33275.58944	United	Oxford		26000.52				9385	60664.37	case rate	
MAJOR JOINT/LIMB REATTACHMNT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient				46069.15838	United	Oxford		40663.87				13093	86869.04	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient				57634.499	United	Oxford		53919.49				38907.15	120421.23	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient				39272.48562	United	Oxford		32873.86				23721.08	80851.81	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient				32654.33441	United	Oxford		25288.47				18247.62	60143.19	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient				40676.37915	United	Oxford		34482.94				24882.15	76992.18	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient				28266.9886	United	Oxford		20259.91				14619.12	47285.04	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient				60035.25691	United	Oxford		56671.11				27633	123570.16	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient				44890.91609	United	Oxford		39313.43				28367.73	81861.36	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient				37285.89772	United	Oxford		30596.93				22078.09	67890.08	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient				61736.21032	United	Oxford		58620.66				42299.42	126186.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient				38975.42574	United	Oxford		32533.39				23475.4	71466.96	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient				30976.23177	United	Oxford		23365.11				16859.76	52300.01	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient				47880.08106	United	Oxford		42739.46				30839.88	83023.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient				29011.06646	United	Oxford		21112.74				15234.5	40790.36	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient				56903.2747	United	Oxford		53081.39				38302.4	111816.33	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient				35379.28748	United	Oxford		28411.67				8902	61498.98	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient				30337.83868	United	Oxford		22633.42				16331.79	47055.43	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient				48892.65534	United	Oxford		43900.02				27418	93381.94	case rate	
FOOT PROCEDURES W CC	504	MS-DRG	inpatient				35256.46465	United	Oxford		28270.9				20399.68	63033.36	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient				34950.83574	United	Oxford		27920.6				20146.91	57577.39	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient				31478.94848	United	Oxford		23941.3				17275.53	51399.79	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient				41034.85044	United	Oxford		34893.8				25178.62	70796.36	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient				31070.49115	United	Oxford		23473.15				16937.72	52751.94	case rate	
ARTHROSCOPY	509	MS-DRG	inpatient				29530.92123	United	Oxford		21708.57				15664.44	60875.75	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient				49445.35808	United	Oxford		44533.5				32134.42	99585.05	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient				39065.40061	United	Oxford		32536.51				7655	67326.7	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient				33638.34524	United	Oxford		26416.29				10564	55474.46	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient				33741.17366	United	Oxford		26534.15				18516	59756.86	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient				25464.91423	United	Oxford		17048.31				12301.7	40660.37	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient				55742.17048	United	Oxford		51750.59				37342.12	112326.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient				39736.64167	United	Oxford		33405.86				24104.95	68715.29	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient				31933.10732	United	Oxford		24461.83				17651.14	50328.28	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient				62744.50008	United	Oxford		59776.31				43133.31	112989.89	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient				38705.50115	United	Oxford		32224.01				23252.16	67862.45	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient				31034.76684	United	Oxford		23432.22				16908.19	47893.69	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	521	MS-DRG	inpatient				53352.83795	United	Oxford		49012.06				7692	52111.06	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	522	MS-DRG	inpatient				40756.35681	United	Oxford		34574.6				9003	36760.73	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient				33889.7036	United	Oxford		26704.39				12781	55780.6	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient				22158.69497	United	Oxford		13258.89				9567.33	34640.29	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient				29109.61036	United	Oxford		21225.68				15316	45732.44	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient				21831.64348	United	Oxford		12884.04				9296.85	27589.62	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient				24400.92574	United	Oxford		18828.82				11421.74	33184.08	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient				20717.66895	United	Oxford		11607.26				8375.55	26496.24	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient				38551.1524	United	Oxford		32482.64				23438.78	73591.76	case rate	
OSTEOMYELITIS W CC	540	MS-DRG	inpatient				29131.03294	United	Oxford		21250.24				15333.72	47266.82	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient				22842.78958	United	Oxford		14042.97				7723	32170.88	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient				36636.07925	United	Oxford		29852.15				8903	66524.88	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient				26167.57508	United	Oxford		17853.67				10889	39088.34	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient				21551.72167	United	Oxford		12563.21				9065.34	29098.49	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient				46197.6939	United	Oxford		40811.19				29448.48	90353.28	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient				27718.57038	United	Oxford		19631.34				14165.56	44260.02	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient				22207.25283	United	Oxford		13314.54				9607.49	31256.09	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient				38437.00473	United	Oxford		31916.28				23030.1	75341.17	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient				27817.11428	United	Oxford		19744.29				14247.06	45346.11	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient				23741.11006	United	Oxford		15072.58				10876.05	33668.81	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient				34896.56518	United	Oxford		27858.4				9165	58007.45	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient				24390.59863	United	Oxford		15817.36				11413.47	32837.85	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient				29892.24887	United	Oxford		22122.7				15963.27	45105.57	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient				22327.21932	United	Oxford		13452.04				9706.71	47368.4	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient				30570.63079	United	Oxford		22900.23				16524.32	46621.72	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient				22364.3518	United	Oxford		13494.6				9737.42	27979.59	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient				32824.28694	United	Oxford		25483.26				18388.17	52205.25	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient				23135.56494	United	Oxford		14378.53				10375.24	31471.12	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient				37018.82947	United	Oxford		30290.83				21857.22	65555.42	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient				26758.83848	United	Oxford		18531.34				13371.82	37236.88	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient				21733.09958	United	Oxford		12771.09				9211	27556.82	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient				32308.71668	United	Oxford		24892.34				12507	51319.61	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient				23381.2106	United	Oxford		14660.08				10578.4	30545.39	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient				32897.12373	United	Oxford		25566.74				18448.41	57300.4	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient				24863.65362	United	Oxford		16359.18				11804.43	35564.01	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient				21308.93235	United	Oxford		12284.93				8864.55	27782.79	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient				52324.55378	United	Oxford		47833.49				34515.62	110602.68	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient				34763.74794	United	Oxford		27694.71				9078	62063.89	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient				26865.95141	United	Oxford		18654.11				11401	42955.26	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient				99395.69005	United	Oxford		101784.08				16091	191396.17	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient				59231.19582	United	Oxford		55749.54				36864	111010.87	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient				39810.98264	United	Oxford		33490.97				24166.37	64093.94	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient				91754.96736	United	Oxford		93026.66				67126.05	177881.99	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient				48424.21478	United	Oxford		43363.12				31289.9	91450.3	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient				33591.21555	United	Oxford		26362.27				19022.45	55751.45	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient				58322.87813	United	Oxford		54708.47				39476.46	101968.82	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient				35534.95828	United	Oxford		28590.1				20630	57941.85	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient				29823.69659	United	Oxford		22044.13				8609	45061.83	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient				34399.56117	United	Oxford		27288.76				10681	57202	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient				32325.85475	United	Oxford		24911.98				14701	50226.23	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient				38562.6839	United	Oxford		32060.32				23134.04	68205.04	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient				34640.92231	United	Oxford		27565.4				19890.6	57063.5	case rate	
SKIN ULCERS W MCC	592	MS-DRG	inpatient				40440.73069	United	Oxford		34212.85				24687.26	62257.06	case rate	
SKIN ULCERS W CC	593	MS-DRG	inpatient				27869.95668	United	Oxford		19804.85				14290.76	41162.11	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient				21835.92799	United	Oxford		12888.95				9300.39	29528.55	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient				41653.24912	United	Oxford		35602.58				25690.06	72414.56	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient				25000.75818	United	Oxford		16516.32				11917.82	36865.13	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient				33448.39831	United	Oxford		26198.58				18904.34	62587.12	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient				27711.42951	United	Oxford		19623.16				14159.65	42361.19	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient				19465.1617	United	Oxford		10171.7				7339.68	26109.91	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient				25236.40663	United	Oxford		16786.41				12112.71	34842.38	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient				19482.29977	United	Oxford		10191.34				7353.85	22567.36	case rate	
CELLULITIS W MCC	602	MS-DRG	inpatient				31834.56342	United	Oxford		24348.89				17569.64	53628.02	case rate	
CELLULITIS W/O MCC	603	MS-DRG	inpatient				23225.5398	United	Oxford		14481.65				10449.65	30895.27	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient				32101.63167	United	Oxford		24654.99				17790.51	51636.69	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient				23569.72936	United	Oxford		14876.15				10734.31	31361.78	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient				33238.45695	United	Oxford		25957.96				18730.71	53324.64	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient				23351.21898	United	Oxford		14625.7				10553.59	29193.25	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient				42758.65461	United	Oxford		36869.54				26604.27	86143.77	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient				31600.34314	United	Oxford		24080.44				17375.93	53983.82	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient				67113.27985	United	Oxford		64783.59				46746.45	150711.5	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient				38932.58057	United	Oxford		32484.28				23439.96	75574.43	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient				27178.72118	United	Oxford		19012.59				13719.08	42251.85	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient				47558.74226	United	Oxford		42371.16				30574.12	106447.83	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient				33758.31173	United	Oxford		26553.79				19160.65	65952.68	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient				32260.15881	United	Oxford		24836.68				17921.62	57522.72	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient				65226.66382	United	Oxford		62621.25				45186.15	138421.91	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient				37174.50027	United	Oxford		30469.26				21985.96	70092.95	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient				26507.68012	United	Oxford		18243.25				13163.94	47234.02	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient				52310.27205	United	Oxford		47817.12				34503.81	101440.15	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient				31897.40301	United	Oxford		24420.91				17621.61	58699.93	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient				28242.70967	United	Oxford		20232.08				14599.04	39543.91	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient				67924.48161	United	Oxford		65713.35				47417.35	133939.05	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient				42907.18454	United	Oxford		37039.77				26727.11	85236.26	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient				30532.07013	United	Oxford		22856.03				16492.43	55926.39	case rate	
DIABETES W MCC	637	MS-DRG	inpatient				31289.00154	United	Oxford		23723.59				17118.44	50342.86	case rate	
DIABETES W CC	638	MS-DRG	inpatient				23435.48115	United	Oxford		14722.28				10623.28	31788.2	case rate	
DIABETES W/O CC/MCC	639	MS-DRG	inpatient				19480.8716	United	Oxford		10189.7				7352.67	23030.23	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG	inpatient				29373.82226	United	Oxford		21528.51				15534.51	43378.03	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG	inpatient				21750.23764	United	Oxford		12790.74				9229.52	27403.75	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient				29203.86974	United	Oxford		21333.72				15393.95	46049.52	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient				34085.36322	United	Oxford		26928.64				19431.13	59556.41	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient				25753.40506	United	Oxford		17378.97				12540.29	36901.58	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient				21457.46229	United	Oxford		12455.17				8987.39	27075.73	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG	inpatient				74622.52462	United	Oxford		73619.58				53122.31	78274.49	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG	inpatient				59982.41453	United	Oxford		56610.55				40848.96	60189.99	case rate	
KIDNEY TRANSPLANT	652	MS-DRG	inpatient				53498.51154	United	Oxford		49179.02				35486.53	120803.91	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient				87906.04257	United	Oxford		88615.22				63942.84	200052.09	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient				49686.71923	United	Oxford		44810.14				32334.04	104720.29	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient				40693.51722	United	Oxford		34502.58				24896.32	75705.63	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient				55400.83727	United	Oxford		51359.37				37059.83	121277.71	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient				36928.8546	United	Oxford		30187.71				21782.81	70974.94	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient				31733.15718	United	Oxford		24232.67				17485.77	57089.01	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient				47564.45495	United	Oxford		42377.7				30578.84	99391.89	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient				29812.27121	United	Oxford		22031.04				15897.12	52759.23	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient				25563.45813	United	Oxford		17161.26				12383.2	39099.27	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient				53388.54076	United	Oxford		49052.98				35395.58	115850.9	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient				31427.53427	United	Oxford		23882.37				17233.01	59782.37	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient				25751.97689	United	Oxford		17377.33				12539.11	43214.02	case rate	
PROSTATECTOMY W MCC	665	MS-DRG	inpatient				54708.17362	United	Oxford		50565.48				36486.97	115854.54	case rate	
PROSTATECTOMY W CC	666	MS-DRG	inpatient				35117.59192	United	Oxford		28112.12				20285.1	64841.08	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient				25580.59619	United	Oxford		17180.9				12397.37	39376.26	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient				50836.39807	United	Oxford		46127.84				33284.86	102580.91	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient				32507.23265	United	Oxford		25119.87				18125.96	57675.8	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient				24338.08615	United	Oxford		15756.8				11369.77	35115.72	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient				39039.28243	United	Oxford		28022.09				20229.14	61366.84	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient				23768.24534	United	Oxford		15103.68				10898.49	38519.78	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient				63404.31576	United	Oxford		60532.56				43679	130378.28	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient				44612.42246	United	Oxford		38994.23				28137.4	84266.8	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient				33248.45416	United	Oxford		25969.42				18738.98	59235.68	case rate	
RENAL FAILURE W MCC	682	MS-DRG	inpatient				32024.51036	United	Oxford		24566.6				17726.73	55835.27	case rate	
RENAL FAILURE W CC	683	MS-DRG	inpatient				23455.47557	United	Oxford		14745.2				10639.82	33493.87	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient				19280.92745	United	Oxford		9960.54				7187.31	22589.23	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient				36860.30232	United	Oxford		30109.14				21726.11	62599.65	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient				25519.18478	United	Oxford		17110.52				12346.58	38403.15	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient				21743.09678	United	Oxford		12782.55				9223.62	28825.14	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient				27362.95543	United	Oxford		19223.75				13871.45	40513.37	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient				22114.42162	United	Oxford		13208.15				9530.72	28941.77	case rate	
URINARY STONES W MCC	693	MS-DRG	inpatient				30817.70463	United	Oxford		23183.41				16728.66	48239.93	case rate	
URINARY STONES W/O MCC	694	MS-DRG	inpatient				21768.80389	United	Oxford		12812.02				9244.88	25688.74	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient				27671.44069	United	Oxford		19577.32				14126.58	41865.52	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient				20474.82763	United	Oxford		11328.98				8174.75	25096.72	case rate	
URETHRAL STRICTURE	697	MS-DRG	inpatient				26487.48571	United	Oxford		18220.33				13147.4	34988.16	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient				34218.18327	United	Oxford		27080.87				19540.98	58863.93	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient				25169.28253	United	Oxford		16709.48				12057.2	37462.84	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient				20706.24587	United	Oxford		11594.16				8366.1	27688.03	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient				38609.8136	United	Oxford		32114.34				23173.02	65289.36	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient				31420.39341	United	Oxford		23874.19				17227.1	51261.3	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient				40867.75426	United	Oxford		34702.28				25040.42	74050.98	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient				28218.43074	United	Oxford		20204.26				14578.96	60846.6	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient				40909.17126	United	Oxford		34749.75				25074.68	75935.24	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient				27562.89958	United	Oxford		19452.92				14036.81	39245.05	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient				31308.99595	United	Oxford		23746.51				17134.97	53335.08	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient				24275.53108	United	Oxford		15699.69				11321.34	33184.08	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient				42117.40517	United	Oxford		36134.57				26073.93	80542.02	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient				30901.9668	United	Oxford		23279.99				16798.34	53320.5	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient				36493.262	United	Oxford		29688.46				21422.55	71226.42	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient				27382.94985	United	Oxford		19246.67				13887.99	44923.34	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient				37365.87538	United	Oxford		30688.6				22144.24	60489.43	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient				26504.62378	United	Oxford		18239.98				13161.58	40145.27	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient				22151.55411	United	Oxford		13250.71				9561.43	25118.58	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient				28312.89012	United	Oxford		20312.29				14656.92	44256.38	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient				21029.01055	United	Oxford		11964.1				8633.04	27862.97	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient				33741.17366	United	Oxford		26534.15				19146.47	52409.35	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient				22017.30589	United	Oxford		13096.84				9450.4	28843.36	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient				24927.92138	United	Oxford		16432.84				11857.58	39434.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient				19468.01805	United	Oxford		10174.97				7342.04	20715.91	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient				41633.2547	United	Oxford		35579.66				25673.52	84040.83	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient				28588.32741	United	Oxford		20628.21				14884.88	49748.79	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient				66106.41806	United	Oxford		63629.58				45913.74	146899.25	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient				38779.76612	United	Oxford		32309.13				23313.58	74036.4	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient				30079.33946	United	Oxford		22337.14				16118	50743.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG	inpatient				62237.49886	United	Oxford		59195.21				42714	131121.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient				36111.93995	United	Oxford		29251.4				21107.19	63521.73	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient				29146.74584	United	Oxford		21268.24				15346.71	48393	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient				36039.10316	United	Oxford		29167.92				21046.95	62468.44	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient				27185.86205	United	Oxford		19020.78				13724.99	40659.16	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient				37474.41648	United	Oxford		30813.01				22234.01	61604.67	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient				25384.93667	United	Oxford		16956.65				12235.55	38975.35	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient				34528.09669	United	Oxford		27436.08				19797.29	61145.45	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient				23261.24411	United	Oxford		14522.58				10479.18	34922.56	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient				30654.89296	United	Oxford		22996.81				16594	47161.12	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient				46540.45529	United	Oxford		41204.05				29731.96	94832.49	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient				30013.64353	United	Oxford		22261.84				16063.67	44606.26	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient				37047.39292	United	Oxford		30323.57				21880.84	67111.66	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient				26081.88473	United	Oxford		17755.45				12811.96	38993.58	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient				24725.12089	United	Oxford		16200.4				11689.86	29431.52	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient				31893.11849	United	Oxford		24416				17618.06	52515.04	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient				24766.53789	United	Oxford		16247.87				11724.11	37189.5	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient				19819.34847	United	Oxford		10577.65				7632.6	25902.17	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient				24806.52672	United	Oxford		16293.7				11757.19	31769.98	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient				19239.51045	United	Oxford		9913.07				7153.06	20023.43	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient				32640.05269	United	Oxford		25272.1				18235.81	53134.62	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient				21997.31148	United	Oxford		13073.92				9433.86	38920.68	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient				20826.21096	United	Oxford		11731.66				8465.32	24017.91	case rate	
ABORTION W/O D&C	779	MS-DRG	inpatient				24717.98003	United	Oxford		16192.21				11683.96	27491.22	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient				36574.66783	United	Oxford		4276				2972	60635.21	per diem	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient				96282.27408	United	Oxford		4276				4276	199953.69	per diem	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient				69112.7211	United	Oxford		4276				4276	136563.16	per diem	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient				45902.0622	United	Oxford		4276				2972	82397.12	per diem	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient				70706.56157	United	Oxford		4276				4276	140277.01	per diem	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient				31868.83956	United	Oxford		4276				2972	49650.39	per diem	
NORMAL NEWBORN	795	MS-DRG	inpatient				13471.12186	United	Oxford		1269				1269	11714.02	per diem	
SPLENECTOMY W MCC	799	MS-DRG	inpatient				81350.73096	United	Oxford		81101.85				58521.36	171354.51	case rate	
SPLENECTOMY W CC	800	MS-DRG	inpatient				50832.11355	United	Oxford		46122.93				33281.32	95736.35	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient				36150.50061	United	Oxford		29295.6				5977	56720.91	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient				59009.84668	United	Oxford		55495.82				8199	121992.05	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient				37128.79875	United	Oxford		30416.88				13379	62763.66	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient				27877.09752	United	Oxford		19813.04				14296.66	44846.8	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient				41868.90316	United	Oxford		35849.75				25868.41	78329.74	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient				27791.40717	United	Oxford		19714.82				14225.79	43899.21	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient				24936.69041	United	Oxford		16442.66				11864.67	33603.21	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient				30636.32672	United	Oxford		22975.53				16578.65	49420.78	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient				23454.0474	United	Oxford		14743.56				10638.64	32189.11	case rate	
COAGULATION DISORDERS	813	MS-DRG	inpatient				32869.98846	United	Oxford		25535.64				18425.97	58732.73	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient				40983.43623	United	Oxford		34834.87				25136.1	69609.7	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient				24789.38865	United	Oxford		16274.06				11743.01	35633.25	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient				20733.37885	United	Oxford		11625.26				8388.54	26299.43	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient				42795.78709	United	Oxford		36912.1				26634.98	92270.34	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient				27344.38919	United	Oxford		19202.47				13856.09	49511.89	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient				23546.87861	United	Oxford		14849.96				10715.41	30578.19	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient				96947.80245	United	Oxford		98978.43				71420.72	198401.09	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient				42468.7356	United	Oxford		36537.24				6969	87262.66	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient				28282.61685	United	Oxford		20277.92				8721	44092.37	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient				74885.3942	United	Oxford		73691.6				12547	164903.57	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient				42480.16097	United	Oxford		36550.34				22652	79977.1	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient				29033.91722	United	Oxford		21138.93				15253.4	49530.11	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient				73270.13115	United	Oxford		71840.27				51838.4	180331.16	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient				43684.11036	United	Oxford		37930.25				27369.65	82065.46	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient				34018.23912	United	Oxford		26851.71				19375.62	59603.79	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient				55632.20121	United	Oxford		51624.55				37251.17	113336.13	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient				33172.76192	United	Oxford		25882.66				18676.38	51709.58	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient				25012.18356	United	Oxford		16529.42				11927.27	37470.13	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient				21126.12628	United	Oxford		12075.41				8713.36	26197.38	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient				17899.88468	United	Oxford		8377.65				6045.14	17505.01	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient				90553.87432	United	Oxford		91650.03				66132.7	200737.28	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient				42517.29346	United	Oxford		36592.9				26404.65	77848.66	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient				27690.00693	United	Oxford		19598.6				14141.93	44194.42	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient				78522.94947	United	Oxford		77860.79				56182.68	195864.45	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient				38474.13721	United	Oxford		31958.84				23060.81	85742.86	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient				29201.01339	United	Oxford		21330.44				15391.59	45772.53	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient				55223.74388	United	Oxford		51156.4				36913.36	120013.03	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient				33062.79174	United	Oxford		25756.62				18585.43	59581.92	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient				25820.52617	United	Oxford		17455.9				12595.8	40859.61	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient				37163.07489	United	Oxford		30456.16				21976.51	67279.32	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient				27117.30977	United	Oxford		18942.21				13668.29	42962.54	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient				22942.76165	United	Oxford		14157.55				10215.78	31569.53	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient				45495.05385	United	Oxford		40005.84				28987.35	102701.18	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient				27908.51731	United	Oxford		19849.05				14322.65	48345.62	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient				21437.46787	United	Oxford		12432.26				8970.85	33989.54	case rate	
RADIOTHERAPY	849	MS-DRG	inpatient				49028.33173	United	Oxford		44055.53				31692.64	71805.91	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient				81989.12465	United	Oxford		81833.54				59049.33	184311.07	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient				39699.50918	United	Oxford		33363.3				24074.24	80283.25	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient				34895.13701	United	Oxford		27856.76				20100.84	56855.76	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient				73635.68744	United	Oxford		72488.48				52306.14	163580.58	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient				41091.97734	United	Oxford		34699.27				25225.86	74958.49	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient				28919.66342	United	Oxford		21007.97				15158.9	50299.12	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient				36897.43481	United	Oxford		30151.7				21756.82	66612.35	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient				24950.77214	United	Oxford		16459.03				11876.48	35892.02	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient				23198.40663	United	Oxford		14450.55				10427.21	31500.28	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient				34011.09826	United	Oxford		26843.52				19369.71	50375.66	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient				23696.83671	United	Oxford		15021.83				10839.43	29900.3	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient				40472.15049	United	Oxford		34248.86				24713.24	77735.67	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient				26093.51711	United	Oxford		17768.55				12821.4	36248.7	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient				20454.88522	United	Oxford		11306.07				8158.22	27986.88	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient				110061.282	United	Oxford		114008.45				82266.06	229438.5	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient				38905.44529	United	Oxford		32453.18				23417.52	67658.35	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient				25299.24622	United	Oxford		16858.43				12164.68	38373.99	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient				63882.76394	United	Oxford		61080.92				44074.69	120322.82	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient				24223.83235	United	Oxford		15625.85				1933	21064.2	case rate	
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient				23536.8814	United	Oxford		14838.5				1933	20466.85	case rate	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient				24005.32197	United	Oxford		15375.4				1933	20874.19	case rate	
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient				37374.44441	United	Oxford		30698.42				1933	32639.46	case rate	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient				35682.06004	United	Oxford		28758.7				1933	31027.88	case rate	
PSYCHOSES	885	MS-DRG	inpatient				30105.04657	United	Oxford		22366.6				1933	26178.3	case rate	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient				34608.07435	United	Oxford		27527.75				1933	30093.98	case rate	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient				29093.90046	United	Oxford		21207.68				1933	25299.04	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient				18795.34881	United	Oxford		9403.99				1933	94620.59	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient				33566.93662	United	Oxford		26334.45				1933	29188.64	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient				35984.8326	United	Oxford		29105.72				1933	31291.16	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient				22809.94161	United	Oxford		14005.32				1933	19834.73	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient				72398.94594	United	Oxford		70841.76				13124	162727.75	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient				37507.26445	United	Oxford		30850.65				22261.17	69990.9	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient				28321.25916	United	Oxford		20322.11				14664	56429.51	case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient				57094.64981	United	Oxford		53300.74				38460.67	117574.8	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient				33208.46533	United	Oxford		25923.59				18705.9	64480.26	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient				37462.99111	United	Oxford		30799.91				22224.56	67177.27	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient				63711.37284	United	Oxford		60884.5				43932.95	153659.98	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient				39212.92037	United	Oxford		32865.11				23671.47	72629.59	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient				29960.80115	United	Oxford		22201.27				16019.96	48305.53	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient				31934.53549	United	Oxford		24463.47				17652.32	53694.99	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient				23554.01947	United	Oxford		14658.14				10721.32	84762.6	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient				35926.27753	United	Oxford		29038.61				20953.64	61116.3	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient				19999.2982	United	Oxford		10783.9				7781.43	23154.14	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient				33382.70237	United	Oxford		26123.29				18850	53710.47	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient				22885.63476	United	Oxford		14092.07				10168.54	28380.5	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient				36650.36097	United	Oxford		29868.51				21552.48	66488.44	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient				25354.94495	United	Oxford		16922.27				12210.75	36558.98	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient				20556.28546	United	Oxford		11422.29				8242.08	25752.74	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient				35510.67934	United	Oxford		28562.27				20609.92	56797.45	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient				25035.03431	United	Oxford		16555.61				11946.17	37582.48	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient				387038.1935	United	Oxford		431465.56				295733.07	670041.49	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient				109415.7481	United	Oxford		113268.57				81732.17	214142.12	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient				56513.38362	United	Oxford		52634.52				37979.94	108324.8	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient				53892.69714	United	Oxford		49630.81				33318	104246.49	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient				40475.00683	United	Oxford		34252.13				24715.61	66823.74	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient				39740.92619	United	Oxford		33410.77				24108.49	66393.68	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient				56510.52727	United	Oxford		52631.25				37977.58	119495.5	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient				41533.28263	United	Oxford		35465.08				25590.84	79251.83	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient				37097.37893	United	Oxford		30380.86				21922.18	67476.12	case rate	
REHABILITATION W CC/MCC	945	MS-DRG	inpatient				32148.76136	United	Oxford		24709.01				17829.49	49745.15	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient				25053.60056	United	Oxford		16576.89				11961.53	38002.24	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient				28465.50458	United	Oxford		20487.44				14783.3	43939.3	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient				22030.15945	United	Oxford		13111.57				9461.03	28435.17	case rate	
AFTERCARE W CC/MCC	949	MS-DRG	inpatient				25387.79291	United	Oxford		16959.92				12237.92	41774.41	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient				19562.27743	United	Oxford		10283.01				7420	27148.63	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient				19016.71555	United	Oxford		9657.71				6968.8	29098.49	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient				97569.07647	United	Oxford		99690.48				71934.52	222207.62	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient				65977.88254	United	Oxford		63482.26				45807.44	137904.37	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient				113883.0715	United	Oxford		118388.79				85426.82	276934.93	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient				68357.21787	United	Oxford		66209.33				47775.24	152336.99	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient				46757.53751	United	Oxford		41452.86				29911.49	89318.21	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient				49641.01771	United	Oxford		44757.76				32296.24	101866.57	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient				32027.3667	United	Oxford		24569.87				17729.09	53754.21	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient				24242.3986	United	Oxford		15647.13				11290.63	35509.34	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient				108743.0788	United	Oxford		112497.59				81175.85	204050.22	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient				44929.47675	United	Oxford		39357.62				28399.62	101600.51	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient				52243.14795	United	Oxford		47740.19				34448.3	99242.46	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient				30060.77322	United	Oxford		22315.86				16102.65	47011.7	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient				22662.83985	United	Oxford		13836.72				9984.28	34208.22	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient				30814.84828	United	Oxford		23180.14				16726.29	42638.18	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient				78291.58553	United	Oxford		77595.61				11302	159287.24	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient				46094.86548	United	Oxford		40693.33				14901	89398.39	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient				33943.97415	United	Oxford		26766.59				19314.2	57187.42	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient				58815.59763	United	Oxford		55273.2				39883.96	121459.94	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient				34826.58473	United	Oxford		27778.19				20044.15	61706.72	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient				26019.04514	United	Oxford		17683.43				12759.99	37929.35	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient				397605.2416	United	PPO		471624.03				320075.66	962560.73	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient				185457.3628	United	PPO		213096.32				144621.43	489203.72	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient				315081.1521	United	PPO		371058.5				251825.15	666867.04	case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient				220531.8504	United	PPO		255838.8				173629.34	416184.16	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient				158406.3481	United	PPO		180131.4				122249.23	373735.51	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient				79669.77196	United	PPO		84181.41				57131.14	234847	case rate	
LUNG TRANSPLANT	007	MS-DRG	inpatient				185775.8453	United	PPO		213484.43				144884.83	388186.35	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient				85736.6486	United	PPO		91574.63				62148.67	191305.05	case rate	
PANCREAS TRANSPLANT	010	MS-DRG	inpatient				79337.20778	United	PPO		83775.89				56855.93	164513.6	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient				84231.35482	United	PPO		89740.25				60903.74	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG	inpatient				67787.37705	United	PPO		69701.28				47303.96	260411	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient				48946.9259	United	PPO		46741.92				31722.2	260411	case rate	
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient				174271.9768	United	PPO		198465.5				135370.65	435540.63	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient				98808.71117	United	PPO		107504.51				72959.76	238334.97	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient				98808.71117	United	PPO		107504.51				70474.37	159673.57	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG	inpatient				536767.7948	United	PPO		641210.35				435168.29	641210.35	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG	inpatient				124751.464	United	PPO		139118.87				94415.39	139118.87	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient				131305.3474	United	PPO		147105.57				99835.69	379960.48	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient				98300.28177	United	PPO		106884.93				72539.27	288127.5	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient				60243.77009	United	PPO		60508.49				41065.11	187970.25	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient				91592.7387	United	PPO		98659.8				66957.14	198598.8	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient				64701.89636	United	PPO		69940.28				44751.49	313612.23	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient				73658.59406	United	PPO		76856.06				52159.67	155897.77	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient				52765.85907	United	PPO		51395.75				34880.6	109910.2	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient				45336.5059	United	PPO		42342.19				28736.25	87678.14	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient				96653.89892	United	PPO		104878.24				71177.4	195889.96	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient				59551.10645	United	PPO		59664.39				40492.25	115012.64	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient				43709.81747	United	PPO		40359.88				27390.91	79295.56	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient				69382.6457	United	PPO		71645.31				48623.3	152449.97	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient				41350.43696	United	PPO		37484.74				25439.65	103005.11	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient				33768.30894	United	PPO		28244.95				19168.92	169398.47	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient				66309.21855	United	PPO		67899.97				46081.46	279134.99	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient				43431.32384	United	PPO		40020.5				27160.59	80921.05	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient				36414.71252	United	PPO		31469.91				21357.59	62905.8	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient				58799.88773	United	PPO		58748.94				39870.97	116984.37	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient				33439.82927	United	PPO		27844.66				18897.25	60926.78	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient				26885.94583	United	PPO		19857.96				13476.94	41271.45	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient				65582.27677	United	PPO		67014.1				45480.26	143167.18	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient				42448.74118	United	PPO		38823.1				26347.96	85954.25	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient				35437.84255	United	PPO		30279.48				20549.68	102408.62	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient				38361.31159	United	PPO		33842.08				22967.5	80333.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient				24640.85271	United	PPO		17122.06				11620.17	98314.19	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient				31634.61928	United	PPO		25644.79				17404.27	143596.19	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient				25917.6449	United	PPO		18677.97				12676.12	38166.25	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient				44780.94682	United	PPO		41665.18				28276.78	77429.53	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient				30059.34505	United	PPO		23725.13				16101.46	44059.57	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient				35267.89003	United	PPO		30072.37				20409.13	64130.38	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient				27545.76151	United	PPO		20662.03				14022.64	40065.09	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient				23406.9177	United	PPO		15618.35				10599.66	30348.58	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient				50619.31585	United	PPO		48779.93				33105.33	103787.27	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient				37321.60203	United	PPO		32575.07				22107.62	121708.96	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient				31824.56621	United	PPO		25876.27				17561.37	136083.64	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient				39196.79248	United	PPO		34860.21				23658.47	215326.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient				25106.44394	United	PPO		17689.43				12005.23	37594.05	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient				20409.1837	United	PPO		11965.25				8120.42	26488.95	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient				30826.27366	United	PPO		24659.73				16735.74	54720.02	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient				23029.88017	United	PPO		15158.88				10287.83	32754.02	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient				21997.31148	United	PPO		13900.57				9433.86	27899.41	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient				36147.64426	United	PPO		31144.46				21136.72	59964.6	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient				25754.83324	United	PPO		18479.57				12541.47	35928.47	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient				21773.0884	United	PPO		13527.33				9248.42	27042.93	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient				32198.7474	United	PPO		26332.25				17870.83	51428.95	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient				25246.40384	United	PPO		17859.98				12120.98	35494.76	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient				37922.86264	United	PPO		33307.78				22604.89	53998.39	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient				23765.38899	United	PPO		16055.19				10896.13	30060.66	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient				32168.75578	United	PPO		26295.7				17846.03	56564.19	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient				25113.5838	United	PPO		17698.13				12011.13	35356.26	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient				21170.39962	United	PPO		12892.88				8749.97	27206.94	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient				42134.54324	United	PPO		38440.21				26088.1	68474.74	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient				23579.72657	United	PPO		15828.94				10742.58	31146.75	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient				43128.55127	United	PPO		39651.53				26910.19	78672.34	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient				29962.22932	United	PPO		23606.79				16021.15	47197.57	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient				23725.40016	United	PPO		16006.46				10863.05	33650.59	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient				43050.00179	United	PPO		39555.81				26845.22	79452.28	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient				29400.85794	United	PPO		22922.81				15556.95	45306.02	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient				23246.95239	United	PPO		15423.42				10467.37	30807.8	case rate	
CONCUSSION W MCC	088	MS-DRG	inpatient				32495.80727	United	PPO		26694.26				18116.51	53925.5	case rate	
CONCUSSION W CC	089	MS-DRG	inpatient				27013.05318	United	PPO		20012.86				13582.07	38906.11	case rate	
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient				23941.05421	United	PPO		16269.26				11041.41	28916.26	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient				36143.35975	United	PPO		31139.24				21133.17	58750.95	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient				25244.97567	United	PPO		17858.24				12119.8	34379.51	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient				21650.26557	United	PPO		13477.66				9146.84	26889.86	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient				62328.80189	United	PPO		63049.47				42789.59	134044.74	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient				44640.98591	United	PPO		41494.62				28161.03	86774.28	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient				41720.37322	United	PPO		37935.5				25745.57	76937.51	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient				62531.70238	United	PPO		62296.61				42957.32	128978.75	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient				41360.47376	United	PPO		37496.92				25447.92	67443.32	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient				29445.23089	United	PPO		22976.76				15593.57	46392.11	case rate	
SEIZURES W MCC	100	MS-DRG	inpatient				38904.01712	United	PPO		34503.43				23416.34	66054.73	case rate	
SEIZURES W/O MCC	101	MS-DRG	inpatient				23581.15474	United	PPO		15830.68				10743.76	31682.51	case rate	
HEADACHES W MCC	102	MS-DRG	inpatient				27822.82596	United	PPO		20999.67				14251.78	39234.12	case rate	
HEADACHES W/O MCC	103	MS-DRG	inpatient				22621.42285	United	PPO		14661.13				9950.02	28478.9	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient				46399.06622	United	PPO		43637.05				29615.02	83924.2	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient				28182.72643	United	PPO		21438.25				14549.43	45743.37	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient				32932.82805	United	PPO		27226.82				18477.94	49643.1	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient				36737.47949	United	PPO		31863.24				21624.53	62249.77	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient				27705.71682	United	PPO		20856.95				14154.93	36537.12	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient				28888.24362	United	PPO		22298				15132.92	38607.25	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient				21223.24201	United	PPO		12957.28				8793.68	25723.59	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient				22073.00462	United	PPO		13992.82				9496.46	27440.19	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient				29469.50982	United	PPO		23006.35				15613.65	48520.56	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient				21980.17341	United	PPO		13679.69				9419.69	29628.55	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient				48467.05993	United	PPO		46157.15				31325.33	83760.2	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient				24002.46562	United	PPO		16344.1				11092.2	44190.78	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient				32080.20908	United	PPO		26187.8				17772.79	50189.79	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient				22954.18703	United	PPO		15066.64				10225.23	30804.16	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient				27552.90237	United	PPO		20670.73				14028.54	42291.94	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG	inpatient				64548.2819	United	PPO		65754.05				44625.1	65754.05	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG	inpatient				40177.94696	United	PPO		36055.87				24469.93	36055.87	case rate	
Major Head and Neck Procedures without Complications	142	MS-DRG	inpatient				32655.76259	United	PPO		28889.18				18248.8	28396.32	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG	inpatient				58085.80615	United	PPO		57878.74				39260.39	57878.74	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG	inpatient				35305.02251	United	PPO		30117.62				20439.84	30700.02	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG	inpatient				28029.91197	United	PPO		21252.02				14423.05	24373.84	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient				40739.21874	United	PPO		36739.84				24934.12	70089.3	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient				28239.85333	United	PPO		21507.86				14596.68	45575.72	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient				23256.94843	United	PPO		15484.34				10508.71	26379.61	case rate	
DYSEQUILIBRIUM	149	MS-DRG	inpatient				21226.09835	United	PPO		12960.76				8796.04	25916.75	case rate	
EPISTAXIS W MCC	150	MS-DRG	inpatient				29363.82505	United	PPO		22877.56				15526.24	48382.07	case rate	
EPISTAXIS W/O MCC	151	MS-DRG	inpatient				21597.42319	United	PPO		13413.26				9103.14	25650.69	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient				27560.04323	United	PPO		20679.43				14034.45	37980.38	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient				21084.70928	United	PPO		12788.46				8679.1	25942.26	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient				32558.64686	United	PPO		26770.83				18168.48	52719.14	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient				24109.57856	United	PPO		16474.63				11180.78	32192.75	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient				19952.16851	United	PPO		11408.32				7742.45	24050.72	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient				34969.40198	United	PPO		29708.63				20162.26	60974.16	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient				23993.89669	United	PPO		16333.65				11085.11	32447.87	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient				20233.51849	United	PPO		11751.18				7975.14	24724.97	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient				77908.83531	United	PPO		82035.49				55674.78	179288.81	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient				47014.60855	United	PPO		44387.16				30124.1	93626.13	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient				37388.72614	United	PPO		32656.87				22163.14	67512.57	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient				68542.88029	United	PPO		70621.95				47928.79	127488.11	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient				36580.39052	United	PPO		31671.8				21494.6	69159.93	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient				29952.23211	United	PPO		23594.6				16012.88	48895.95	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG	inpatient				54506.8013	United	PPO		53517.3				36320.42	53517.3	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient				30627.75769	United	PPO		24417.81				16571.56	53389.75	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient				22238.67263	United	PPO		14194.7				9633.48	32764.95	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient				34818.0157	United	PPO		29524.15				20037.06	67089.8	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient				24682.27572	United	PPO		17172.53				11654.43	46446.78	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient				21491.73843	United	PPO		13284.47				9015.73	33584.99	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient				35414.99179	United	PPO		30251.63				20530.78	61812.42	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient				26316.10502	United	PPO		19163.54				13005.66	41581.24	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient				21430.32701	United	PPO		13209.64				8964.94	28978.21	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient				33077.07346	United	PPO		27402.6				18597.24	54337.34	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient				25613.45416	United	PPO		18307.27				12424.54	39606.36	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient				21383.19732	United	PPO		13152.2				8925.97	26689.41	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient				32757.16283	United	PPO		27012.75				18332.66	56837.54	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient				24819.38027	United	PPO		17339.51				11767.82	38414.08	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient				21251.80545	United	PPO		12992.09				8817.3	27961.37	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient				28185.58277	United	PPO		21441.73				14551.79	45021.74	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient				26328.95857	United	PPO		19179.21				13016.3	43396.25	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient				22715.68223	United	PPO		14776				10027.98	33308	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient				19756.50888	United	PPO		11169.89				7580.63	26390.55	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient				29536.63392	United	PPO		23088.15				15669.16	47988.45	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient				22332.93201	United	PPO		14309.57				9711.43	32808.69	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient				19525.14494	United	PPO		10887.94				7389.29	25031.11	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient				37660.07891	United	PPO		32887.54				22387.56	59702.19	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient				24836.51834	United	PPO		17360.49				11781.99	36507.96	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient				21704.53612	United	PPO		13543.79				9191.72	27644.29	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient				35927.7057	United	PPO		30876.44				20954.82	64975.93	case rate	
PNEUMOTHORAX W CC	200	MS-DRG	inpatient				25971.91545	United	PPO		18744.11				12721.01	39172.16	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient				20674.82378	United	PPO		12288.96				8340.11	27891.99	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient				24265.24935	United	PPO		16664.33				11309.53	38695.65	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient				20514.86846	United	PPO		12094.04				8207.83	50775.53	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient				22342.92922	United	PPO		14321.75				9719.7	96731.64	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient				36444.70414	United	PPO		31506.46				21382.39	55321.38	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient				23636.85347	United	PPO		15898.55				10789.82	31471.12	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient				109248.6519	United	PPO		120226.83				49635	203970.04	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient				49205.42511	United	PPO		47056.94				31935.99	88833.48	case rate	
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG	inpatient				164414.6697	United	PPO		187453.26				37458	187453.26	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient				156475.459	United	PPO		177778.38				120652.31	469646.8	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient				149198.9203	United	PPO		168911.04				78485	357932.52	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient				101497.9589	United	PPO		110781.68				75183.87	231898.61	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient				91949.19882	United	PPO		99145.37				67286.69	215224.56	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient				120719.7331	United	PPO		134205.72				57338	280328.05	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient				85492.4311	United	PPO		91277.02				57338	189712.36	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient				76980.52321	United	PPO		80904.23				17199	167921.3	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient				82551.824	United	PPO		87693.53				59514.71	239676.19	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient				56000.6697	United	PPO		55337.76				37555.91	169415.59	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient				126489.5499	United	PPO		141236.94				19424	306106.31	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient				95546.76526	United	PPO		103529.43				27830	224521.94	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient				121982.2376	United	PPO		135744.24				53769	278363.61	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient				84825.47456	United	PPO		90464.25				61395.1	187594.85	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient				94575.60798	United	PPO		102345.96				47567	211747.62	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient				68305.80366	United	PPO		70333.04				33990	143097.93	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient				79239.89205	United	PPO		83657.55				56775.61	171635.15	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient				50710.71889	United	PPO		48891.32				33180.92	100040.63	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient				30439.23892	United	PPO		24188.08				15559	58167.82	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient				59935.28484	United	PPO		60132.56				20528	136195.06	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient				43118.55407	United	PPO		39639.35				19748	93094.02	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient				36718.91325	United	PPO		31840.62				19748	91806.34	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient				75306.70508	United	PPO		78864.49				53522.72	182671	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient				44163.97631	United	PPO		40913.32				27766.52	94278.51	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient				33254.16985	United	PPO		27618.41				16783.7	61149.1	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient				58488.54614	United	PPO		58369.54				39613.48	118806.67	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient				47024.60576	United	PPO		44399.34				30132.37	94551.86	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient				35370.71844	United	PPO		30197.68				20494.17	65967.26	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient				49828.10631	United	PPO		47815.75				32450.97	92583.77	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient				34008.24191	United	PPO		28537.34				19367.35	63733.12	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient				24743.68713	United	PPO		17247.36				11705.22	41041.84	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient				49273.97739	United	PPO		47140.47				15797	108929.8	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient				37248.76923	United	PPO		32486.31				15797	78427.26	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient				57937.27156	United	PPO		57697.74				12982	131916.3	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient				37465.84745	United	PPO		32750.85				12982	72593.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient				34088.21957	United	PPO		28634.8				12982	59439.78	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient				50939.22648	United	PPO		49169.78				33369.91	87186.12	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient				57234.61071	United	PPO		56841.46				38576.42	115118.34	case rate	
AICD LEAD PROCEDURES	265	MS-DRG	inpatient				61063.54109	United	PPO		61507.48				41743.09	113591.25	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient				99795.57834	United	PPO		108707.12				73775.94	262101.41	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient				80288.17064	United	PPO		84935				57642.58	213139.85	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient				108487.436	United	PPO		119299.2				80964.43	244323.05	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient				69982.47813	United	PPO		72376.27				49119.39	151283.7	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient				82811.75139	United	PPO		88010.29				59729.68	184478.72	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient				59950.90474	United	PPO		60151.7				40822.98	127335.03	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient				45430.76529	United	PPO		42457.06				28814.2	95419.27	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient				66246.37896	United	PPO		67823.39				46029.49	133119.02	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient				56874.71125	United	PPO		56402.88				38278.77	108547.12	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG	inpatient				111073.8563	United	PPO		122451.06				83103.49	122451.06	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG	inpatient				99282.80843	United	PPO		108082.32				73351.9	108082.32	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG	inpatient				78891.41797	United	PPO		83232.89				56487.41	83232.89	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG	inpatient				74292.70263	United	PPO		77628.8				52684.1	77628.8	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG	inpatient				56300.58592	United	PPO		55703.24				37803.95	55703.24	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient				33248.45416	United	PPO		27611.45				18738.98	60394.67	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient				23629.71261	United	PPO		15889.85				10783.92	35702.5	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient				20846.20447	United	PPO		12497.81				8481.85	27296.05	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient				38745.46998	United	PPO		34310.25				23285.23	65774.1	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient				21154.88972	United	PPO		12873.74				8736.98	27939.5	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient				17569.97684	United	PPO		8505.33				5772.29	21736.39	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient				41376.18366	United	PPO		37516.06				13521	79481.44	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient				26037.61139	United	PPO		18624.17				9969	41508.35	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient				47623.01002	United	PPO		45128.57				30627.27	98189.17	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient				31694.60252	United	PPO		25717.89				17453.88	62319.02	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient				25232.12211	United	PPO		17842.58				12109.17	36861.48	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient				28826.80428	United	PPO		22345				15164.81	49034.45	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient				22822.79516	United	PPO		14908.53				10116.57	33523.03	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient				18609.68639	United	PPO		9772.35				6632.17	24258.46	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient				26210.42025	United	PPO		19034.75				12918.26	42306.52	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient				19609.40712	United	PPO		10990.63				7458.97	20092.68	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient				33486.95898	United	PPO		27902.09				18936.23	55962.83	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient				20996.16258	United	PPO		12680.55				8605.87	23777.37	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient				16858.74695	United	PPO		7538.62				5184.08	17585.2	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient				33101.3524	United	PPO		27432.18				18617.32	52861.28	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient				25829.09821	United	PPO		18570.07				12602.89	37309.77	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient				20727.66616	United	PPO		12353.36				8383.82	26467.09	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient				26601.73951	United	PPO		19511.62				13241.9	38979	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient				19989.30099	United	PPO		11453.57				7773.16	24254.81	case rate	
HYPERTENSION W MCC	304	MS-DRG	inpatient				27000.19963	United	PPO		19997.2				13571.44	39401.77	case rate	
HYPERTENSION W/O MCC	305	MS-DRG	inpatient				21351.77753	United	PPO		13113.91				8899.98	26237.48	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient				32538.65245	United	PPO		26746.47				18151.94	51345.12	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient				24052.45166	United	PPO		16405.01				11133.54	31197.78	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient				27759.98738	United	PPO		20923.09				14199.81	43866.41	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient				21226.09835	United	PPO		12960.76				8796.04	27826.52	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient				18488.29173	United	PPO		9624.41				6531.77	20493.59	case rate	
ANGINA PECTORIS	311	MS-DRG	inpatient				20560.56998	United	PPO		12149.73				8245.62	25045.69	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient				22922.76784	United	PPO		15028.35				10199.25	29211.47	case rate	
CHEST PAIN	313	MS-DRG	inpatient				20924.75396	United	PPO		12593.53				8546.82	25778.26	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient				40489.28856	United	PPO		36435.27				24727.42	73733.9	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient				24405.21026	United	PPO		16834.89				11425.28	34638.73	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true

description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient				20483.44867	United	PPO		12055.75				8181.84	27381.88	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG	inpatient				72885.85276	United	PPO		75914.51				51520.67	75914.51	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG	inpatient				42381.61707	United	PPO		38741.3				26292.44	38741.3	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG	inpatient				51646.17185	United	PPO		50031.28				33954.58	50031.28	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG	inpatient				36631.79473	United	PPO		31734.45				21537.13	31853.73	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG	inpatient				69716.83805	United	PPO		72052.56				48899.69	72052.56	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG	inpatient				52987.2258	United	PPO		51665.51				35063.68	51665.51	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG	inpatient				48355.6625	United	PPO		46021.4				31233.2	46021.4	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient				83127.3775	United	PPO		88394.92				59990.71	191556.53	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient				46257.67714	United	PPO		43464.75				29498.09	90542.8	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient				33402.69679	United	PPO		27799.41				18866.54	56203.38	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient				75098.1919	United	PPO		78610.39				53350.27	181963.94	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient				44468.17704	United	PPO		41284.03				28018.11	91964.19	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient				34469.54162	United	PPO		29099.49				19748.86	61765.04	case rate	
RECTAL RESECTION W MCC	332	MS-DRG	inpatient				62398.88234	United	PPO		63134.75				42847.47	123850.8	case rate	
RECTAL RESECTION W CC	333	MS-DRG	inpatient				40289.34441	United	PPO		36191.62				24562.06	70260.6	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient				33514.09424	United	PPO		27935.16				18958.67	47605.77	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient				61647.85263	United	PPO		62219.3				42226.18	148043.65	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient				40657.81291	United	PPO		36640.64				24866.79	83760.2	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient				31961.67077	United	PPO		26043.35				17674.76	58433.87	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient				49728.13623	United	PPO		47693.92				32368.29	108871.49	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient				32592.923	United	PPO		26812.6				18196.83	59683.97	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient				28982.50301	United	PPO		22412.87				15210.88	45069.12	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient				46996.04231	United	PPO		44364.54				30108.75	87874.95	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient				29176.73446	United	PPO		22649.57				15371.51	51024.4	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient				24526.60482	United	PPO		16982.82				11525.68	34612.77	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient				44866.63716	United	PPO		41769.6				28347.65	89165.14	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient				31378.9764	United	PPO		25333.26				17192.85	54672.64	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient				26428.69064	United	PPO		19301.04				13098.98	38395.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient				52354.5664	United	PPO		50894.52				34540.43	108095.19	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient				35123.64461	United	PPO		29896.59				20289.83	63088.03	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient				30050.77601	United	PPO		23714.69				16094.38	49377.04	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient				71697.71326	United	PPO		74466.49				50537.95	144898.36	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient				41964.59071	United	PPO		38233.11				25947.55	77874.17	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient				28886.81545	United	PPO		22296.26				15131.74	49140.14	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient				34183.90713	United	PPO		28751.41				19512.63	70851.02	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient				24705.12647	United	PPO		17200.37				11673.33	40411.32	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient				21211.81663	United	PPO		12943.35				8784.23	27090.31	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient				35550.66817	United	PPO		30416.97				20642.99	63372.3	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient				25476.33961	United	PPO		18140.19				12311.15	37845.53	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient				20823.35371	United	PPO		12469.97				8462.95	27611.49	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient				40567.83804	United	PPO		36531				24792.38	75260.99	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient				27704.28865	United	PPO		20855.21				14153.74	43979.39	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient				23321.22736	United	PPO		15513.93				10528.79	33373.6	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient				36159.06964	United	PPO		31158.38				21146.16	65194.6	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient				24640.85871	United	PPO		17122.06				11620.17	36092.47	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient				19633.88605	United	PPO		11020.21				7479.05	23806.53	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient				38418.43848	United	PPO		33911.69				23014.75	70923.92	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient				25914.78865	United	PPO		18674.49				12673.76	39908.37	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient				21403.19174	United	PPO		13176.57				8942.5	27983.24	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient				30569.20541	United	PPO		24334.27				16514.87	49238.55	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient				23097.00428	United	PPO		15240.68				10343.35	31172.26	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient				32968.53236	United	PPO		27270.33				18507.47	61881.66	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient				24466.62167	United	PPO		16909.73				11476.07	35720.72	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient				20360.82584	United	PPO		11906.08				8080.26	25391.93	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient				31348.98478	United	PPO		25296.71				17168.04	55787.89	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient				21964.46351	United	PPO		13860.55				9406.69	30731.27	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient				18573.98208	United	PPO		9728.84				6602.64	21539.59	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient				28809.69414	United	PPO		22202.28				15067.96	44518.79	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient				21810.22089	United	PPO		13672.58				9279.13	27531.31	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient				33721.17925	United	PPO		28187.52				19129.94	59501.74	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient				23971.04583	United	PPO		16305.81				11066.21	34299.33	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient				19837.91471	United	PPO		11269.09				7647.96	24655.72	case rate	
APPENDIX PROCEDURES WITH MCC	397	MS-DRG	inpatient				42675.8206	United	PPO		39099.83				26535.76	39099.83	case rate	
APPENDIX PROCEDURES WITH CC	398	MS-DRG	inpatient				32203.03192	United	PPO		26337.47				17874.37	28002.64	case rate	
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG	inpatient				26487.48571	United	PPO		19372.39				13147.4	23032.6	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient				89214.24855	United	PPO		95812.5				65024.78	199046.68	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient				51827.54976	United	PPO		50252.31				34104.58	103236.94	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient				41310.48773	United	PPO		37436				25406.58	73139.83	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient				63749.9335	United	PPO		64781.17				43964.84	147478.74	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient				38544.11766	United	PPO		34064.85				23118.69	84653.12	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient				32944.25342	United	PPO		27240.74				18487.39	60230.66	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient				51729.00586	United	PPO		50132.22				10482	145714.75	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient				39803.76577	United	PPO		35599.88				11647	86810.73	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient				32150.18953	United	PPO		29273.08				15908	61455.25	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient				60936.43374	United	PPO		61352.58				28270	130374.63	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient				38808.32957	United	PPO		34386.82				23337.2	73577.18	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient				29716.58365	United	PPO		23307.44				15817.99	50772.92	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient				42692.67994	United	PPO		40338.99				27376.74	88323.24	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient				33936.83329	United	PPO		28450.32				19308.29	60653.43	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient				29345.25881	United	PPO		22854.93				15510.89	47532.87	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient				56303.44226	United	PPO		55706.72				37806.31	128202.45	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient				35006.53446	United	PPO		29753.88				8253	64841.08	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient				30742.01149	United	PPO		24557.04				10272	54945.99	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient				66444.89494	United	PPO		68065.3				16017	143815.92	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient				40400.74186	United	PPO		36327.37				24654.19	79856.83	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient				33468.39072	United	PPO		27879.47				18920.87	54410.23	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient				37954.28243	United	PPO		33346.06				13893	66550.4	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient				25314.95612	United	PPO		17943.52				12177.68	37462.84	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient				20152.11266	United	PPO		11651.98				7907.81	53360.86	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient				35724.80521	United	PPO		30929.3				20787.09	61874.37	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient				26310.39233	United	PPO		19156.58				13000.94	41399.01	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient				22460.03936	United	PPO		14664.46				9816.55	31554.95	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient				34423.8401	United	PPO		29043.8				19711.06	59705.84	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient				22804.22892	United	PPO		14883.9				10101.21	31427.39	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient				19382.3277	United	PPO		10713.9				7271.17	22643.9	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient				36700.34701	United	PPO		31817.99				11778	67687.51	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient				24179.55901	United	PPO		16559.91				11238.66	34219.15	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient				20797.94661	United	PPO		12438.64				8441.69	25359.13	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient				33915.4107	United	PPO		28424.21				19290.57	58710.86	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient				26111.87635	United	PPO		18914.67				12836.76	38909.75	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient				22037.30031	United	PPO		13949.31				9466.93	28974.57	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient				137146.5728	United	PPO		154223.81				17717	346124.02	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient				97941.87448	United	PPO		106448.09				13879	230951.01	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient				76366.40905	United	PPO		80155.86				54399.14	182230	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient				130976.8678	United	PPO		146705.28				99564.03	332577.04	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient				97356.25977	United	PPO		71758.53				48734.52	238524.49	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient				75300.99239	United	PPO		78507.52				53518	189647.26	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient				105311.1804	United	PPO		115428.55				78337.54	232700.42	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient				62831.6186	United	PPO		63662.09				43205.36	147150.73	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient				107970.4375	United	PPO		118669.17				9917	163369.2	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient				51240.37087	United	PPO		49537.01				11315	116412.17	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient				91477.9019	United	PPO		98571.03				15756	187037.23	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient				53455.66637	United	PPO		52236.37				35451.1	107297.02	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient				37308.74848	United	PPO		32559.4				22096.99	66965.88	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient				84664.09107	United	PPO		90267.59				61261.63	186355.69	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient				60380.87465	United	PPO		60675.57				41178.5	126482.2	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient				48716.99013	United	PPO		46461.72				31532.03	101735.36	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient				58145.78474	United	PPO		57951.84				39330	115686.89	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient				37464.41928	United	PPO		32748.11				22225.74	72520.25	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient				80842.30156	United	PPO		85610.28				8282	182619.97	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient				52798.70703	United	PPO		51435.78				8991	107399.07	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient				45732.10968	United	PPO		42624.28				11229	86482.71	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient				72041.80283	United	PPO		74886.93				22321	138316.21	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient				41220.51286	United	PPO		37326.36				25332.17	78315.16	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient				27398.65974	United	PPO		20482.77				13900.98	41938.41	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient				58705.62835	United	PPO		58634.08				39793.01	114382.13	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient				44533.84505	United	PPO		41485.91				28155.12	83067.72	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient				37211.63275	United	PPO		32441.06				22016.67	65529.91	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient				52705.87582	United	PPO		51322.66				34830.99	110445.96	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient				40223.64848	United	PPO		36111.56				8360	75162.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient				33275.58944	United	PPO		27644.51				9365	60664.37	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient				46069.15838	United	PPO		43235.02				13093	86869.04	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient				57634.499	United	PPO		57328.78				38907.15	120421.23	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient				39272.48562	United	PPO		34952.45				23721.08	80851.81	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient				32654.33441	United	PPO		26887.44				18247.62	60143.19	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient				40676.37915	United	PPO		36663.27				24882.15	76992.18	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient				28266.9886	United	PPO		21540.93				14619.12	47285.04	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient				60035.25691	United	PPO		60254.39				27633	123570.16	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient				44890.91609	United	PPO		41799.19				28367.73	81961.36	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient				37285.89772	United	PPO		32531.56				22078.09	67890.08	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient				61736.21032	United	PPO		62327.2				42299.42	126186.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient				38975.42574	United	PPO		34590.45				23475.4	71466.96	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.															
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient				30976.23177	United	PPO		24842.47				16859.76	52300.01	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient				47880.08106	United	PPO		45441.84				30839.88	83023.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient				29011.06646	United	PPO		22447.68				15234.5	40790.36	case rate	
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient				56903.2747	United	PPO		56437.69				38302.4	111816.33	case rate	
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient				35379.28748	United	PPO		30208.12				8902	61498.98	case rate	
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient				30337.83868	United	PPO		24064.51				16331.79	47055.43	case rate	
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient				48892.65534	United	PPO		46675.79				27418	93381.94	case rate	
FOOT PROCEDURES W CC	504	MS-DRG	inpatient				35256.46465	United	PPO		30058.45				20399.68	63033.36	case rate	
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient				34950.83574	United	PPO		29686				20146.91	57577.39	case rate	
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient				31478.94848	United	PPO		25455.09				17275.53	51399.79	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient				41034.85044	United	PPO		37100.11				25178.62	70796.36	case rate	
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient				31070.49115	United	PPO		24957.34				16937.72	52751.94	case rate	
ARTHROSCOPY	509	MS-DRG	inpatient				29530.92123	United	PPO		23081.18				15664.44	60875.75	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient				49445.35808	United	PPO		47349.32				32134.42	99585.05	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient				39065.40061	United	PPO		34700.1				7655	67326.7	case rate	
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient				33638.34524	United	PPO		28086.58				10564	55474.46	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient				33741.17366	United	PPO		28211.88				18516	59756.86	case rate	
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient				25464.91423	United	PPO		18126.27				12301.7	40660.37	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient				55742.17048	United	PPO		55022.75				37342.12	112326.57	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient				39736.64167	United	PPO		35518.08				24104.95	68715.29	case rate	
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient				31933.10732	United	PPO		26008.54				17651.14	50328.28	case rate	
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient				62744.50008	United	PPO		63555.93				43133.31	112989.89	case rate	
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient				38705.50115	United	PPO		34261.51				23252.16	67862.45	case rate	
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient				31034.78684	United	PPO		24913.83				16908.19	47893.69	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	521	MS-DRG	inpatient				53352.83795	United	PPO		52111.06				7692	52111.06	case rate	
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	522	MS-DRG	inpatient				40756.35681	United	PPO		36760.73				9003	36760.73	case rate	
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient				33889.7036	United	PPO		28392.89				12781	55780.6	case rate	
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient				22158.69497	United	PPO		14097.24				9567.33	34640.29	case rate	
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient				29109.61036	United	PPO		22567.77				15316	45732.44	case rate	
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient				21831.64348	United	PPO		13698.69				9296.85	27589.62	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient				24400.92574	United	PPO		16829.67				11421.74	33184.08	case rate	
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient				20717.66895	United	PPO		12341.18				8375.55	26496.24	case rate	
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient				38931.1524	United	PPO		34536.5				23438.78	73591.76	case rate	
OSTEOMYELITIS W CC	540	MS-DRG	inpatient				29131.03294	United	PPO		22593.87				15333.72	47266.82	case rate	
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient				22842.78958	United	PPO		14930.89				7723	32170.88	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient				36636.07925	United	PPO		31739.67				8903	66524.88	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient				26167.57508	United	PPO		18982.54				10889	39088.34	case rate	
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient				21551.72167	United	PPO		13357.57				9065.34	29098.49	case rate	
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient				46197.6939	United	PPO		43391.65				29448.48	90353.28	case rate	
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient				27718.57038	United	PPO		20872.62				14165.56	44260.02	case rate	
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient				22207.25283	United	PPO		14156.41				9607.49	31256.09	case rate	
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient				38437.20473	United	PPO		33934.32				23030.1	75341.17	case rate	
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient				27817.11428	United	PPO		20992.7				14247.06	45346.11	case rate	
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient				23741.11006	United	PPO		16025.6				10876.05	33668.81	case rate	
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient				34896.56518	United	PPO		29619.87				9165	58007.45	case rate	
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient				24390.92653	United	PPO		16817.49				11413.47	32837.85	case rate	
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient				29892.24887	United	PPO		23521.51				15963.27	45105.57	case rate	
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient				22327.21932	United	PPO		14302.61				9706.71	47368.4	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient				30570.63079	United	PPO		24348.2				16524.32	46621.72	case rate	
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient				22364.3518	United	PPO		14347.86				9737.42	27979.59	case rate	
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient				32824.29694	United	PPO		27094.55				18388.17	52205.25	case rate	
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient				23135.56494	United	PPO		15287.67				10375.24	31471.12	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient				37018.82947	United	PPO		32206.1				21857.22	65555.42	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient				26758.83848	United	PPO		19703.07				13371.62	37236.88	case rate	
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient				21733.09958	United	PPO		13578.6				9211	27556.82	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient				32308.71668	United	PPO		26466.26				12507	51319.61	case rate	
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient				23381.2106	United	PPO		15587.02				10578.4	30545.39	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient				32897.12373	United	PPO		27183.31				18448.41	57300.4	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient				24863.85382	United	PPO		17393.56				11804.43	35564.01	case rate	
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient				21308.93235	United	PPO		13061.7				8864.55	27782.79	case rate	
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient				52324.55378	United	PPO		50857.97				34515.62	110602.68	case rate	
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient				34753.74794	United	PPO		29445.83				9078	62063.89	case rate	
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient				26865.95141	United	PPO		19833.6				11401	42955.26	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient				99395.69005	United	PPO		108219.81				16091	191396.17	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient				59231.19582	United	PPO		59274.54				36864	111010.87	case rate	
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient				39810.90664	United	PPO		35608.58				24166.37	64093.94	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient				91754.99736	United	PPO		98908.67				67126.05	177881.99	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient				48424.21478	United	PPO		46104.94				31289.9	91450.3	case rate	
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient				33591.21555	United	PPO		28029.14				19022.45	55751.45	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient				58322.87813	United	PPO		58167.65				39476.46	101968.62	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient				35534.95828	United	PPO		30397.83				20630	57941.85	case rate	
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient				29823.69659	United	PPO		23437.97				8609	45061.83	case rate	
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient				34399.56117	United	PPO		29014.21				10681	57202	case rate	
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient				32325.85475	United	PPO		26487.15				14701	50226.23	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient				38562.6839	United	PPO		34087.47				23134.04	68205.04	case rate	
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient				34640.92231	United	PPO		29308.34				19890.6	57063.5	case rate	
SKIN ULCERS W MCC	592	MS-DRG	inpatient				40440.73069	United	PPO		35376.1				24687.26	62257.06	case rate	
SKIN ULCERS W CC	593	MS-DRG	inpatient				27869.95666	United	PPO		21057.1				14290.76	41162.11	case rate	
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient				21635.92789	United	PPO		13703.91				9300.39	29528.55	case rate	
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient				41653.24912	United	PPO		37853.7				25690.06	72414.56	case rate	
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient				25000.75818	United	PPO		17560.64				11917.82	36865.13	case rate	
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient				33448.39831	United	PPO		27855.1				18904.34	62687.12	case rate	
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient				27711.42561	United	PPO		20863.92				14159.65	42361.19	case rate	
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient				19465.1617	United	PPO		10814.85				7339.68	26109.91	case rate	
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient				25236.40663	United	PPO		17847.8				12112.71	34842.38	case rate	
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient				19482.29977	United	PPO		10835.73				7353.85	22567.36	case rate	
CELLULITIS W MCC	602	MS-DRG	inpatient				31834.56342	United	PPO		25888.45				17569.64	53628.02	case rate	
CELLULITIS W/O MCC	603	MS-DRG	inpatient				23225.5398	United	PPO		15397.32				10449.65	30895.27	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient				32101.63167	United	PPO		26213.9				17790.51	51636.69	case rate	
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient				23569.72936	United	PPO		15816.76				10734.31	31361.78	case rate	
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient				33238.45695	United	PPO		27599.26				18730.71	53324.64	case rate	
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient				23351.21898	United	PPO		15550.47				10553.59	29193.25	case rate	
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient				42758.65461	United	PPO		39200.77				26604.27	86143.77	case rate	
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient				31600.34314	United	PPO		25603.02				17375.93	53983.82	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient				67113.27985	United	PPO		68879.81				46746.45	150711.5	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient				38932.58057	United	PPO		34538.24				23439.96	75574.43	case rate	
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient				27178.72118	United	PPO		20214.75				13719.08	42251.85	case rate	
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient				47558.74226	United	PPO		45050.25				30574.12	106447.83	case rate	
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient				33758.31173	United	PPO		28232.77				19160.65	65952.68	case rate	
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient				32260.15881	United	PPO		26407.09				17921.62	57522.72	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient				65226.66382	United	PPO		66580.74				45186.15	138421.91	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient				37174.50027	United	PPO		32395.81				21985.96	70092.95	case rate	
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient				26507.48012	United	PPO		19396.76				13163.94	47234.02	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient				52310.27205	United	PPO		50840.56				34503.81	101440.15	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient				31897.40301	United	PPO		25965.03				17621.61	58699.93	case rate	
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient				28242.70967	United	PPO		21511.34				14599.04	39543.91	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient				67924.48161	United	PPO		69868.36				47417.35	133939.05	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient				42907.19454	United	PPO		39381.77				26727.11	85236.26	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient				30532.07013	United	PPO		24301.21				16492.43	55926.39	case rate	
DIABETES W MCC	637	MS-DRG	inpatient				31289.00154	United	PPO		25223.62				17118.44	50342.86	case rate	
DIABETES W CC	638	MS-DRG	inpatient				23435.48115	United	PPO		15653.16				10623.28	31788.2	case rate	
DIABETES W/O CC/MCC	639	MS-DRG	inpatient				19480.8716	United	PPO		10833.99				7352.67	23030.23	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG	inpatient				29373.82226	United	PPO		22889.74				15534.51	43378.03	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG	inpatient				21750.23764	United	PPO		13599.49				9229.52	27403.75	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient				29203.86974	United	PPO		22682.63				15393.95	46049.52	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient				34086.36322	United	PPO		28631.32				19431.13	59556.41	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient				25753.40506	United	PPO		18477.83				12540.29	36901.58	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient				21457.46229	United	PPO		13242.7				8987.39	27075.73	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG	inpatient				74822.55462	United	PPO		78274.49				53122.31	78274.49	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG	inpatient				59982.41453	United	PPO		60189.99				40848.96	60189.99	case rate	
KIDNEY TRANSPLANT	652	MS-DRG	inpatient				53498.51154	United	PPO		52288.58				35486.53	120803.91	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient				87906.04257	United	PPO		94218.29				63942.84	200052.09	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient				49686.71923	United	PPO		47643.45				32334.04	104720.29	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient				40693.51722	United	PPO		36684.15				24896.32	75705.63	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient				55400.83727	United	PPO		54606.79				37059.83	121277.71	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient				36928.8546	United	PPO		32096.46				21782.81	70974.94	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient				31733.16318	United	PPO		25764.88				17485.77	57089.01	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient				47564.45485	United	PPO		45057.22				30578.84	99391.89	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient				29812.27121	United	PPO		23424.04				15897.12	52759.23	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient				25663.45813	United	PPO		18246.35				12383.2	39099.27	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient				53388.54226	United	PPO		52154.57				35395.58	115850.9	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient				31427.53427	United	PPO		25392.44				17233.01	59782.37	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient				25751.97689	United	PPO		18476.09				12539.11	43214.02	case rate	
PROSTATECTOMY W MCC	665	MS-DRG	inpatient				54708.17362	United	PPO		53762.7				36486.97	115854.54	case rate	
PROSTATECTOMY W CC	666	MS-DRG	inpatient				35117.93192	United	PPO		29889.63				20285.1	64841.08	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient				25580.59619	United	PPO		18267.24				12397.37	39376.26	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient				50836.39807	United	PPO		49044.47				33284.86	102580.91	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient				32507.23265	United	PPO		26708.18				18125.96	57675.8	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient				24338.08615	United	PPO		16753.09				11369.77	35115.72	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient				39039.38043	United	PPO		29793.91				20220.14	61356.84	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient				23768.24534	United	PPO		16058.67				10898.49	38519.78	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient				63404.31576	United	PPO		64359.99				43679	130378.28	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient				44612.42246	United	PPO		41459.81				28137.4	84266.8	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient				33248.45416	United	PPO		27611.45				18738.98	59235.68	case rate	
RENAL FAILURE W MCC	682	MS-DRG	inpatient				32024.51034	United	PPO		26119.92				17726.73	55835.27	case rate	
RENAL FAILURE W CC	683	MS-DRG	inpatient				23455.47557	United	PPO		15677.52				10639.82	33493.87	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient				19280.92745	United	PPO		10590.33				7187.31	22589.23	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient				36860.30232	United	PPO		32012.92				21726.11	62599.65	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient				25519.18478	United	PPO		18192.4				12346.58	38403.15	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient				21743.09678	United	PPO		13590.78				9223.62	28825.14	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient				27362.95543	United	PPO		20439.26				13871.45	40513.37	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient				22114.42162	United	PPO		14043.29				9530.72	28941.77	case rate	
URINARY STONES W MCC	693	MS-DRG	inpatient				30817.70463	United	PPO		24649.29				16728.66	48239.93	case rate	
URINARY STONES W/O MCC	694	MS-DRG	inpatient				21768.80389	United	PPO		13622.11				9244.88	25588.74	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient				27671.44069	United	PPO		20815.18				14126.58	41865.52	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient				20474.87963	United	PPO		12045.31				8174.75	25096.72	case rate	
URETHRAL STRICTURE	697	MS-DRG	inpatient				26487.48571	United	PPO		19372.39				13147.4	34988.16	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient				34218.18327	United	PPO		28793.18				19540.98	58863.93	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient				25169.28253	United	PPO		17766				12057.2	37462.84	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient				20706.24367	United	PPO		12327.25				8366.1	27688.03	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient				38609.8136	United	PPO		34144.91				23173.02	65289.36	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient				31420.35941	United	PPO		25383.73				17227.1	51261.3	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient				40867.75426	United	PPO		36896.48				25040.42	74050.98	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient				28218.43074	United	PPO		21481.76				14578.96	60846.6	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient				40909.17126	United	PPO		36946.95				25074.68	75935.24	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient				27562.89958	United	PPO		20682.91				14036.81	39245.05	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient				31308.99595	United	PPO		25247.98				17134.97	53335.08	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient				24279.53108	United	PPO		16681.73				11321.34	33184.08	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient				42117.40517	United	PPO		38419.33				26073.93	80542.02	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient				30901.9668	United	PPO		24751.97				16798.34	53320.5	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient				36493.262	United	PPO		31565.63				21422.55	71226.42	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient				27382.94985	United	PPO		20463.62				13887.99	44923.34	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient				37365.87538	United	PPO		32629.02				22144.24	69489.43	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient				26504.62378	United	PPO		19393.28				13161.58	40145.27	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient				22151.55411	United	PPO		14088.54				9561.43	25118.58	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient				28312.69012	United	PPO		21596.52				14656.92	44256.38	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient				21029.01055	United	PPO		12720.58				8633.04	27862.97	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient				33741.17366	United	PPO		28211.88				19146.47	52409.35	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient				22017.30589	United	PPO		13924.94				9450.4	28843.36	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient				24927.92138	United	PPO		17471.88				11857.58	39434.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient				19468.01805	United	PPO		10818.33				7342.04	20715.91	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient				41633.2547	United	PPO		37829.33				25673.52	84040.83	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient				28588.32741	United	PPO		21932.52				14884.88	49748.79	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient				66106.41806	United	PPO		67652.83				45913.74	146899.25	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient				38779.76512	United	PPO		34352.02				23313.58	74036.4	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient				30079.33946	United	PPO		23749.5				16118	50743.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG	inpatient				62237.49886	United	PPO		62938.09				42714	131121.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient				36111.93995	United	PPO		31100.95				21107.19	63521.73	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient				29146.74284	United	PPO		22613.02				15346.71	48393	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient				36039.10316	United	PPO		31012.19				21046.95	62468.44	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient				27185.86205	United	PPO		20223.45				13724.99	40659.16	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient				37474.41648	United	PPO		32761.29				22234.01	61604.67	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient				25384.93657	United	PPO		18028.8				12235.55	38975.35	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient				34528.09689	United	PPO		29170.84				19797.29	61145.45	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient				23261.24411	United	PPO		15440.83				10479.18	34922.56	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient				30654.89296	United	PPO		24450.88				16594	47161.12	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient				46540.45529	United	PPO		43609.35				29731.96	94832.49	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient				30013.84353	United	PPO		23669.44				16063.67	44606.26	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient				37047.39292	United	PPO		32240.91				21880.84	67111.66	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient				26081.88473	United	PPO		18878.12				12811.96	38993.58	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient				24725.12089	United	PPO		17224.74				11689.86	28431.52	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient				31893.11849	United	PPO		25959.81				17618.06	52515.04	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient				24766.53789	United	PPO		17275.21				11724.11	37189.5	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient				19819.34847	United	PPO		11246.46				7632.6	25902.17	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient				24806.52672	United	PPO		17323.94				11757.19	31769.98	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient				19239.51045	United	PPO		10539.86				7153.06	29023.43	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient				32640.05269	United	PPO		26870.04				18235.81	53134.62	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient				21997.31148	United	PPO		13900.57				9433.86	38920.68	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient				20826.21006	United	PPO		12473.45				8465.32	24017.91	case rate	
ABORTION W/O D&C	779	MS-DRG	inpatient				24717.88023	United	PPO		17216.04				11683.96	27491.22	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient				36574.66783	United	PPO		2972				2972	60635.21	per diem	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient				96282.27408	United	PPO		5903				4276	199953.69	per diem	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient				69112.7211	United	PPO		5903				4276	136563.16	per diem	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient				45902.0222	United	PPO		2972				2972	82397.12	per diem	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient				70706.56157	United	PPO		5903				4276	140277.01	per diem	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient				31868.83956	United	PPO		2972				2972	49650.39	per diem	
NORMAL NEWBORN	795	MS-DRG	inpatient				13471.12186	United	PPO		1744				1269	11714.02	per diem	
SPLENECTOMY W MCC	799	MS-DRG	inpatient				81350.73096	United	PPO		86229.86				58521.36	171354.51	case rate	
SPLENECTOMY W CC	800	MS-DRG	inpatient				50832.11355	United	PPO		49039.25				33281.32	95736.35	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient				36150.50061	United	PPO		31147.94				5977	56720.91	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient				59009.82908	United	PPO		59004.78				8199	121992.05	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient				37128.76875	United	PPO		32340.11				13379	62763.66	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient				27877.09752	United	PPO		21065.8				14296.66	44846.8	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient				41868.90316	United	PPO		38116.5				25868.41	78329.74	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient				27791.40717	United	PPO		20961.38				14225.79	43899.21	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient				24936.46841	United	PPO		17482.32				11864.67	33603.21	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient				30636.32672	United	PPO		24428.25				16578.65	49420.78	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient				23454.0474	United	PPO		15675.78				10638.64	32189.11	case rate	
COAGULATION DISORDERS	813	MS-DRG	inpatient				32869.98846	United	PPO		27150.24				18425.97	58732.73	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient				40983.43623	United	PPO		37037.45				25136.1	80609.7	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient				24789.38865	United	PPO		17303.06				11743.01	35633.25	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient				20733.37885	United	PPO		12360.32				8388.54	26299.43	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient				42795.78709	United	PPO		39246.02				26634.98	92270.34	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient				27344.38919	United	PPO		20416.63				13856.09	49511.89	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient				23546.87861	United	PPO		15788.91				10715.41	30578.19	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient				96947.80245	United	PPO		105236.77				71420.72	198401.09	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient				42468.7356	United	PPO		38847.47				6969	87262.66	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient				28282.6985	United	PPO		21560.08				8721	44092.37	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient				74885.3942	United	PPO		78351.07				12547	164903.57	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient				42480.16097	United	PPO		38861.39				22652	79977.1	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient				29033.91722	United	PPO		22475.53				15253.4	49530.11	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient				73270.73115	United	PPO		76382.68				51838.4	180331.16	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient				43684.11036	United	PPO		40328.55				27369.65	82065.46	case rate	
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient				34018.23912	United	PPO		28549.52				19375.62	59603.79	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient				55632.20121	United	PPO		54888.74				37251.17	113336.13	case rate	
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient				33172.76102	United	PPO		27519.2				18676.38	51709.58	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient				29012.15598	United	PPO		17574.56				11927.27	37470.13	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient				21126.12628	United	PPO		12838.93				8713.36	26197.38	case rate	
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient				17899.88468	United	PPO		8907.37				6045.14	17505.01	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient				90553.87432	United	PPO		97445				66132.7	200737.28	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient				42517.29346	United	PPO		38906.64				26404.65	77848.66	case rate	
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient				27690.00693	United	PPO		20837.81				14141.93	44194.42	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient				78522.94947	United	PPO		82783.87				56182.68	195864.45	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient				38474.13721	United	PPO		33979.57				23060.81	85742.86	case rate	
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient				29201.01339	United	PPO		22679.15				15391.59	45772.53	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient				55223.74388	United	PPO		54390.98				36913.36	120013.03	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient				33062.79174	United	PPO		27385.19				18585.43	59581.92	case rate	
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient				29820.52917	United	PPO		18559.63				12595.8	40859.61	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient				37163.07489	United	PPO		32381.88				21976.51	67279.32	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient				27117.30977	United	PPO		20139.91				13668.29	42962.54	case rate	
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient				22942.76165	United	PPO		15052.72				10215.78	31569.53	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient				45495.03305	United	PPO		42535.38				28867.35	102701.18	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient				27908.51731	United	PPO		21104.09				14322.65	48345.82	case rate	
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient				21437.46787	United	PPO		13218.34				8970.85	33989.54	case rate	
RADIOTHERAPY	849	MS-DRG	inpatient				49028.33173	United	PPO		46841.13				31692.64	71805.91	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient				81989.12405	United	PPO		87007.82				59049.33	184311.07	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient				39699.50918	United	PPO		35472.83				24074.24	80283.25	case rate	
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient				34895.13701	United	PPO		29618.13				20100.84	56855.76	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient				73635.68744	United	PPO		77071.87				52306.14	163580.58	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient				41091.97734	United	PPO		37169.72				25225.86	74958.49	case rate	
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient				28919.86342	United	PPO		22336.29				15158.9	50299.12	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient				36897.43481	United	PPO		32058.17				21756.82	66612.35	case rate	
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient				24950.77214	United	PPO		17499.72				11876.48	35892.02	case rate	
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient				23198.40453	United	PPO		15364.25				10427.21	31500.28	case rate	
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient				34011.09826	United	PPO		28540.82				19369.71	50375.66	case rate	
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient				23696.83671	United	PPO		15971.65				10839.43	29900.3	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient				40472.15049	United	PPO		36414.39				24713.24	77735.67	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient				26093.31011	United	PPO		18892.04				12821.4	39248.7	case rate	
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient				20454.88522	United	PPO		12020.94				8158.22	27986.88	case rate	
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient				110061.282	United	PPO		121217.12				82266.06	229438.5	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient				38905.44529	United	PPO		34505.17				23417.52	67658.35	case rate	
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient				25299.24622	United	PPO		17924.38				12164.68	38373.99	case rate	
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient				63882.75354	United	PPO		64943.03				44074.69	120322.82	case rate	
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient				24223.83235	United	PPO		16613.86				1933	21064.2	case rate	
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient				23536.8814	United	PPO		15776.73				1933	20466.85	case rate	
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient				24005.32197	United	PPO		16347.58				1933	20874.19	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.																
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true																
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient				37374.44441	United	PPO		32639.46				1933	32639.46	case rate	
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient				35682.06004	United	PPO		30577.09				1933	31027.88	case rate	
PSYCHOSES	885	MS-DRG	inpatient				30105.04657	United	PPO		23780.83				1933	26178.3	case rate	
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient				34608.07435	United	PPO		29268.31				1933	30093.98	case rate	
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient				29093.90046	United	PPO		22548.62				1933	25299.04	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient				18795.34881	United	PPO		9998.6				1933	9462059	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient				33566.93662	United	PPO		27999.56				1933	29188.64	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient				35984.8326	United	PPO		30946.05				1933	31291.16	case rate	
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient				22809.94161	United	PPO		14890.86				1933	19834.73	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient				72398.94594	United	PPO		75321.03				13124	162727.75	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient				37507.26445	United	PPO		32801.32				22261.17	69990.9	case rate	
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient				28321.25916	United	PPO		21607.07				14864	56429.51	case rate	
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient				57094.64981	United	PPO		56670.9				38460.67	117574.8	case rate	
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient				33208.46533	United	PPO		27562.71				18705.9	64480.26	case rate	
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient				37462.99111	United	PPO		32747.37				22224.56	67177.27	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient				63711.37284	United	PPO		64734.18				43932.95	153659.98	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient				39212.50237	United	PPO		34879.36				23671.47	72629.59	case rate	
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient				29960.80115	United	PPO		23605.05				16019.96	48305.53	case rate	
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient				31934.53549	United	PPO		26010.28				17652.32	53694.99	case rate	
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient				23554.01947	United	PPO		15797.61				10721.32	84762.6	case rate	
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient				35926.27753	United	PPO		30874.7				20953.64	61116.3	case rate	
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient				19899.2982	United	PPO		11465.76				7781.43	23154.14	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient				33382.70237	United	PPO		27775.04				18850	53710.47	case rate	
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient				22885.63476	United	PPO		14983.1				10168.54	28380.5	case rate	
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient				36650.36097	United	PPO		31757.08				21562.48	66488.44	case rate	
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient				25354.94485	United	PPO		19992.26				12210.75	36598.98	case rate	
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient				20556.28546	United	PPO		12144.51				8242.08	25752.74	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient				35510.67934	United	PPO		30368.24				20609.92	56797.45	case rate	
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient				25035.03431	United	PPO		17602.41				11946.17	37582.48	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient				387038.1555	United	PPO		458746.81				256733.07	670041.49	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient				109415.7481	United	PPO		120430.46				81732.17	214142.12	case rate	
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient				56513.38362	United	PPO		55962.56				37979.94	108324.8	case rate	
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient				53892.68714	United	PPO		52768.93				33318	104246.49	case rate	
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient				40475.00683	United	PPO		36417.87				24715.61	66823.74	case rate	
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient				39740.92619	United	PPO		35523.3				24108.49	66393.68	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient				56510.52727	United	PPO		59959.08				37977.58	119495.5	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient				41533.28263	United	PPO		37707.51				26590.84	79251.83	case rate	
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient				37097.37895	United	PPO		32301.82				21922.18	67476.12	case rate	
REHABILITATION W CC/MCC	945	MS-DRG	inpatient				32148.76136	United	PPO		26271.34				17829.49	49745.15	case rate	
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient				25053.60056	United	PPO		17625.03				11961.53	38002.24	case rate	
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient				28455.50458	United	PPO		21782.85				14783.3	43939.3	case rate	
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient				22030.15945	United	PPO		13940.6				9461.03	29435.17	case rate	
AFTERCARE W CC/MCC	949	MS-DRG	inpatient				25387.79291	United	PPO		18032.28				12237.92	41774.41	case rate	
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient				19562.27743	United	PPO		10933.19				7420	27148.63	case rate	
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient				19016.71555	United	PPO		10268.36				6968.8	29098.49	case rate	
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient				97569.05747	United	PPO		105993.84				71934.52	222207.62	case rate	
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient				65977.88254	United	PPO		67406.19				45807.44	137904.37	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient				113883.0715	United	PPO		125874.43				85426.82	276934.93	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient				68357.21787	United	PPO		70395.7				47775.24	152336.99	case rate	
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient				46757.53751	United	PPO		44073.89				29911.49	89318.21	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient				49641.01771	United	PPO		47587.76				32296.24	101866.57	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient				32027.3667	United	PPO		26123.4				17729.09	53754.21	case rate	
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient				24242.3986	United	PPO		16636.48				11290.63	35509.34	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient				108743.0788	United	PPO		119610.73				81175.85	204050.22	case rate	
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient				44929.47675	United	PPO		41846.18				28399.62	101600.51	case rate	
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient				52243.14795	United	PPO		50758.77				34448.3	99242.46	case rate	
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient				30060.77322	United	PPO		23726.87				16102.65	47011.7	case rate	
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient				22662.83985	United	PPO		14711.6				9984.26	34208.22	case rate	
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient				33814.84828	United	PPO		24645.8				16726.29	42638.18	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient				78291.58553	United	PPO		82501.92				11302	159287.24	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient				46094.86548	United	PPO		43266.34				14901	89398.39	case rate	
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient				33943.97415	United	PPO		28459.02				19314.2	57187.42	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient				58815.59763	United	PPO		58768.09				39883.96	121459.94	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient				34826.58473	United	PPO		29534.59				20044.15	61706.72	case rate	
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient				26019.04514	United	PPO		18801.54				12759.99	37929.35	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	001	MS-DRG	inpatient				397605.2416	Wellcare	Medicare		345743.69				320075.66	962560.73	case rate	
HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	002	MS-DRG	inpatient				185457.3628	Wellcare	Medicare		161297.27				144621.43	485203.72	case rate	
ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	003	MS-DRG	inpatient				315081.1521	Wellcare	Medicare		273983.61				251825.15	666867.04	case rate	
TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	004	MS-DRG	inpatient				220531.8504	Wellcare	Medicare		191766.83				173629.34	416184.16	case rate	
LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	005	MS-DRG	inpatient				158406.3481	Wellcare	Medicare		137744.65				122249.23	373735.51	case rate	
LIVER TRANSPLANT W/O MCC	006	MS-DRG	inpatient				79669.71196	Wellcare	Medicare		69278.06				57131.14	234947	case rate	
LUNG TRANSPLANT	007	MS-DRG	inpatient				185775.8453	Wellcare	Medicare		161544.21				144884.83	388186.35	case rate	
SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	008	MS-DRG	inpatient				85736.6486	Wellcare	Medicare		74553.61				62148.67	191305.05	case rate	
PANCREAS TRANSPLANT	010	MS-DRG	inpatient				79337.00778	Wellcare	Medicare		68988.7				56855.93	164513.6	case rate	
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	011	MS-DRG	inpatient				84231.35482	Wellcare	Medicare		73244.66				60903.74	260411 case rate		
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	012	MS-DRG	inpatient				67787.37705	Wellcare	Medicare		58945.55				47303.96	260411 case rate		
TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	013	MS-DRG	inpatient				48946.9259	Wellcare	Medicare		42562.54				31722.2	260411 case rate		
ALLOGENEIC BONE MARROW TRANSPLANT	014	MS-DRG	inpatient				174271.916	Wellcare	Medicare		151540.8				135370.65	435540.63	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	016	MS-DRG	inpatient				98808.71117	Wellcare	Medicare		85920.62				72959.76	238334.97	case rate	
AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	017	MS-DRG	inpatient				98808.71117	Wellcare	Medicare		85920.62				70474.37	159673.57	case rate	
CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELL IMMUNOTHERAPY	018	MS-DRG	inpatient				536767.7948	Wellcare	Medicare		466754.6				435168.29	641210.35	case rate	
SIMULTANEOUS PANCREAS AND KIDNEY TRANSPLANT WITH HEMODIALYSIS	019	MS-DRG	inpatient				124751.464	Wellcare	Medicare		108479.53				94415.39	139118.87	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	020	MS-DRG	inpatient				131305.3474	Wellcare	Medicare		114178.56				99835.69	379960.48	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	021	MS-DRG	inpatient				98300.28177	Wellcare	Medicare		85478.51				72539.27	288127.5	case rate	
INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	022	MS-DRG	inpatient				60243.77009	Wellcare	Medicare		52385.89				41065.11	187970.25	case rate	
CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPIL	023	MS-DRG	inpatient				91550.7387	Wellcare	Medicare		79609.34				66957.14	198998.8	case rate	
CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	024	MS-DRG	inpatient				64701.03686	Wellcare	Medicare		56261.82				44751.49	313612.23	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	025	MS-DRG	inpatient				73658.59406	Wellcare	Medicare		64050.95				52159.67	155897.77	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	026	MS-DRG	inpatient				52765.85907	Wellcare	Medicare		45883.36				34880.6	109910.2	case rate	
CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	027	MS-DRG	inpatient				45336.5059	Wellcare	Medicare		39423.05				28736.25	87678.14	case rate	
SPINAL PROCEDURES W MCC	028	MS-DRG	inpatient				96653.39992	Wellcare	Medicare		84046.61				71177.4	195889.96	case rate	
SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	029	MS-DRG	inpatient				59551.10645	Wellcare	Medicare		51783.57				40492.25	115012.64	case rate	
SPINAL PROCEDURES W/O CC/MCC	030	MS-DRG	inpatient				43709.81747	Wellcare	Medicare		38008.54				27390.91	79295.56	case rate	
VENTRICULAR SHUNT PROCEDURES W MCC	031	MS-DRG	inpatient				69382.6457	Wellcare	Medicare		60332.74				48623.3	152449.97	case rate	
VENTRICULAR SHUNT PROCEDURES W CC	032	MS-DRG	inpatient				41350.47666	Wellcare	Medicare		35956.94				25439.65	103005.11	case rate	
VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	033	MS-DRG	inpatient				33768.30894	Wellcare	Medicare		29363.75				19168.92	169398.47	case rate	
CAROTID ARTERY STENT PROCEDURE W MCC	034	MS-DRG	inpatient				66309.21855	Wellcare	Medicare		57660.19				46081.46	279134.99	case rate	
CAROTID ARTERY STENT PROCEDURE W CC	035	MS-DRG	inpatient				43431.32384	Wellcare	Medicare		37766.37				27160.59	80921.05	case rate	
CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	036	MS-DRG	inpatient				36414.71252	Wellcare	Medicare		31664.97				21357.59	62605.8	case rate	
EXTRACRANIAL PROCEDURES W MCC	037	MS-DRG	inpatient				58799.88773	Wellcare	Medicare		51130.34				39870.97	116984.37	case rate	
EXTRACRANIAL PROCEDURES W CC	038	MS-DRG	inpatient				33439.82927	Wellcare	Medicare		29078.11				18897.25	60926.78	case rate	
EXTRACRANIAL PROCEDURES W/O CC/MCC	039	MS-DRG	inpatient				26885.94583	Wellcare	Medicare		23379.08				13476.94	41271.45	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	040	MS-DRG	inpatient				65582.27877	Wellcare	Medicare		57028.07				45480.26	143167.18	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	041	MS-DRG	inpatient				42448.57118	Wellcare	Medicare		36911.95				26347.96	89954.25	case rate	
PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	042	MS-DRG	inpatient				35437.84255	Wellcare	Medicare		30815.52				20549.68	102408.62	case rate	
SPINAL DISORDERS & INJURIES W CC/MCC	052	MS-DRG	inpatient				38361.31159	Wellcare	Medicare		33357.66				22967.5	80333.48	case rate	
SPINAL DISORDERS & INJURIES W/O CC/MCC	053	MS-DRG	inpatient				24640.85871	Wellcare	Medicare		21426.83				11620.17	98314.19	case rate	
NERVOUS SYSTEM NEOPLASMS W MCC	054	MS-DRG	inpatient				31634.61928	Wellcare	Medicare		27508.36				17404.27	143596.19	case rate	
NERVOUS SYSTEM NEOPLASMS W/O MCC	055	MS-DRG	inpatient				25917.6449	Wellcare	Medicare		22537.08				12676.12	38166.25	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	056	MS-DRG	inpatient				44780.94682	Wellcare	Medicare		38939.95				28276.78	77429.53	case rate	
DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	057	MS-DRG	inpatient				30059.34505	Wellcare	Medicare		26138.56				16101.46	44059.57	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	058	MS-DRG	inpatient				35267.89003	Wellcare	Medicare		30667.73				20409.13	64130.38	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	059	MS-DRG	inpatient				27545.76151	Wellcare	Medicare		23952.84				14022.64	40065.09	case rate	
MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	060	MS-DRG	inpatient				23406.9177	Wellcare	Medicare		20353.84				10599.66	30348.58	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	061	MS-DRG	inpatient				50619.31585	Wellcare	Medicare		44016.8				33105.33	103787.27	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	062	MS-DRG	inpatient				37321.62003	Wellcare	Medicare		32453.57				22107.62	121708.96	case rate	
ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	063	MS-DRG	inpatient				31824.56621	Wellcare	Medicare		27673.54				17561.37	136083.64	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	064	MS-DRG	inpatient				39196.79248	Wellcare	Medicare		34084.17				23658.47	215326.95	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	065	MS-DRG	inpatient				25106.44294	Wellcare	Medicare		21831.69				12005.23	37594.05	case rate	
INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	066	MS-DRG	inpatient				20409.1837	Wellcare	Medicare		17747.12				8120.42	28488.95	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	067	MS-DRG	inpatient				30826.27366	Wellcare	Medicare		26805.46				16735.74	54720.02	case rate	
NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	068	MS-DRG	inpatient				23029.88017	Wellcare	Medicare		20025.98				10287.83	32754.02	case rate	
TRANSIENT ISCHEMIA W/O THROMBOLYTIC	069	MS-DRG	inpatient				21997.31148	Wellcare	Medicare		19128.1				9433.86	27899.41	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	070	MS-DRG	inpatient				36147.64426	Wellcare	Medicare		31432.73				21136.72	59964.6	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	071	MS-DRG	inpatient				25754.83324	Wellcare	Medicare		22395.51				12541.47	35928.47	case rate	
NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	072	MS-DRG	inpatient				21773.0884	Wellcare	Medicare		18933.12				9248.42	27042.93	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	073	MS-DRG	inpatient				32198.7474	Wellcare	Medicare		27998.91				17870.83	51428.95	case rate	
CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	074	MS-DRG	inpatient				25246.40384	Wellcare	Medicare		21953.39				12120.98	35494.76	case rate	
VIRAL MENINGITIS W CC/MCC	075	MS-DRG	inpatient				37922.86264	Wellcare	Medicare		32976.4				22604.89	53998.39	case rate	
VIRAL MENINGITIS W/O CC/MCC	076	MS-DRG	inpatient				23765.38899	Wellcare	Medicare		20665.56				10896.13	30060.66	case rate	
HYPERTENSIVE ENCEPHALOPATHY W MCC	077	MS-DRG	inpatient				32168.75578	Wellcare	Medicare		27972.83				17846.03	56564.19	case rate	
HYPERTENSIVE ENCEPHALOPATHY W CC	078	MS-DRG	inpatient				25113.5838	Wellcare	Medicare		21837.9				12011.13	35356.26	case rate	
HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	079	MS-DRG	inpatient				21170.39962	Wellcare	Medicare		18409.04				8749.97	27206.94	case rate	
NONTRAUMATIC STUPOR & COMA W MCC	080	MS-DRG	inpatient				42134.54324	Wellcare	Medicare		36638.73				26088.1	68474.74	case rate	
NONTRAUMATIC STUPOR & COMA W/O MCC	081	MS-DRG	inpatient				23579.72657	Wellcare	Medicare		20504.11				10742.58	31146.75	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	082	MS-DRG	inpatient				43128.55127	Wellcare	Medicare		37503.09				26910.19	78672.34	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	083	MS-DRG	inpatient				29962.22932	Wellcare	Medicare		26054.11				16021.15	47197.57	case rate	
TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	084	MS-DRG	inpatient				23725.40016	Wellcare	Medicare		20630.78				10863.05	33650.59	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	085	MS-DRG	inpatient				43050.00179	Wellcare	Medicare		37434.78				26845.22	79452.28	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	086	MS-DRG	inpatient				29400.80764	Wellcare	Medicare		25566.05				15556.95	45306.02	case rate	
TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	087	MS-DRG	inpatient				23246.96239	Wellcare	Medicare		20214.75				10467.37	30807.8	case rate	
CONCUSSION W MCC	088	MS-DRG	inpatient				32495.80727	Wellcare	Medicare		28257.22				18116.51	53925.5	case rate	
CONCUSSION W CC	089	MS-DRG	inpatient				27013.05318	Wellcare	Medicare		23489.61				13582.07	38906.11	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
CONCUSSION W/O CC/MCC	090	MS-DRG	inpatient				23941.05421	Wellcare	Medicare		20818.31				11041.41	28916.26	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W MCC	091	MS-DRG	inpatient				36143.35975	Wellcare	Medicare		31429.01				21133.17	58750.95	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W CC	092	MS-DRG	inpatient				25244.97567	Wellcare	Medicare		21952.15				12119.8	34379.51	case rate	
OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	093	MS-DRG	inpatient				21650.26557	Wellcare	Medicare		18826.32				9146.84	26889.86	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	094	MS-DRG	inpatient				62328.90189	Wellcare	Medicare		54199.05				42789.59	134044.74	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	095	MS-DRG	inpatient				44640.98591	Wellcare	Medicare		38818.25				28161.03	86774.28	case rate	
BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	096	MS-DRG	inpatient				41720.37322	Wellcare	Medicare		36278.59				25745.57	76937.51	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	097	MS-DRG	inpatient				62531.70238	Wellcare	Medicare		54375.39				42957.32	128978.75	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	098	MS-DRG	inpatient				41360.47376	Wellcare	Medicare		35965.63				25447.92	67443.32	case rate	
NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	099	MS-DRG	inpatient				29445.226989	Wellcare	Medicare		25604.55				15593.57	46392.11	case rate	
SEIZURES W MCC	100	MS-DRG	inpatient				38904.01712	Wellcare	Medicare		33829.58				23416.34	66054.73	case rate	
SEIZURES W/O MCC	101	MS-DRG	inpatient				23581.15474	Wellcare	Medicare		20505.35				10743.76	31682.51	case rate	
HEADACHES W MCC	102	MS-DRG	inpatient				27822.82696	Wellcare	Medicare		24193.76				14251.78	39234.12	case rate	
HEADACHES W/O MCC	103	MS-DRG	inpatient				22621.42285	Wellcare	Medicare		19670.8				9950.02	28478.9	case rate	
ORBITAL PROCEDURES W CC/MCC	113	MS-DRG	inpatient				46399.06622	Wellcare	Medicare		40347.01				29615.02	83924.2	case rate	
ORBITAL PROCEDURES W/O CC/MCC	114	MS-DRG	inpatient				28182.72643	Wellcare	Medicare		24506.72				14549.43	45743.37	case rate	
EXTRAOCULAR PROCEDURES EXCEPT ORBIT	115	MS-DRG	inpatient				32932.82805	Wellcare	Medicare		28637.24				18477.94	49643.1	case rate	
INTRAOCULAR PROCEDURES W CC/MCC	116	MS-DRG	inpatient				36737.47949	Wellcare	Medicare		31945.63				21624.53	62249.77	case rate	
INTRAOCULAR PROCEDURES W/O CC/MCC	117	MS-DRG	inpatient				27705.71682	Wellcare	Medicare		24091.93				14154.93	36537.12	case rate	
ACUTE MAJOR EYE INFECTIONS W CC/MCC	121	MS-DRG	inpatient				28888.24362	Wellcare	Medicare		25120.21				15132.92	38607.25	case rate	
ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	122	MS-DRG	inpatient				21223.24201	Wellcare	Medicare		18454.99				8793.68	25723.59	case rate	
NEUROLOGICAL EYE DISORDERS	123	MS-DRG	inpatient				22073.00462	Wellcare	Medicare		19193.92				9496.46	27440.19	case rate	
OTHER DISORDERS OF THE EYE W MCC	124	MS-DRG	inpatient				29469.50982	Wellcare	Medicare		25625.66				15613.65	48520.56	case rate	
OTHER DISORDERS OF THE EYE W/O MCC	125	MS-DRG	inpatient				21980.17341	Wellcare	Medicare		19113.19				9419.69	29528.55	case rate	
SINUS & MASTOID PROCEDURES W CC/MCC	135	MS-DRG	inpatient				48467.05995	Wellcare	Medicare		42145.27				31325.33	83760.2	case rate	
SINUS & MASTOID PROCEDURES W/O CC/MCC	136	MS-DRG	inpatient				24002.46562	Wellcare	Medicare		20871.71				11092.2	44190.78	case rate	
MOUTH PROCEDURES W CC/MCC	137	MS-DRG	inpatient				32080.20908	Wellcare	Medicare		27895.83				17772.79	50189.79	case rate	
MOUTH PROCEDURES W/O CC/MCC	138	MS-DRG	inpatient				22954.18703	Wellcare	Medicare		19960.16				10225.23	30804.16	case rate	
SALIVARY GLAND PROCEDURES	139	MS-DRG	inpatient				27552.90237	Wellcare	Medicare		23959.05				14028.54	42291.94	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH MCC	140	MS-DRG	inpatient				64548.12419	Wellcare	Medicare		56128.94				44625.1	65754.05	case rate	
MAJOR HEAD AND NECK PROCEDURES WITH CC	141	MS-DRG	inpatient				40177.94696	Wellcare	Medicare		34937.35				24469.93	36055.87	case rate	
Major Head and Neck Procedures without Complications	142	MS-DRG	inpatient				32655.76259	Wellcare	Medicare		28396.32				18248.8	28396.32	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH MCC	143	MS-DRG	inpatient				58085.8015	Wellcare	Medicare		50509.39				39260.39	57878.74	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC	144	MS-DRG	inpatient				35305.02251	Wellcare	Medicare		30700.02				20439.84	30700.02	case rate	
OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	145	MS-DRG	inpatient				28029.91197	Wellcare	Medicare		24373.84				14423.05	24373.84	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	146	MS-DRG	inpatient				40739.21874	Wellcare	Medicare		35425.41				24934.12	70089.3	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	147	MS-DRG	inpatient				28239.85333	Wellcare	Medicare		24556.39				14596.68	45575.72	case rate	
EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	148	MS-DRG	inpatient				23295.94843	Wellcare	Medicare		20258.22				10508.71	26379.61	case rate	
DYSEQUILIBRIUM	149	MS-DRG	inpatient				21226.09835	Wellcare	Medicare		18457.48				8796.04	25916.75	case rate	
EPISTAXIS W MCC	150	MS-DRG	inpatient				29363.82505	Wellcare	Medicare		25533.76				15526.24	48382.07	case rate	
EPISTAXIS W/O MCC	151	MS-DRG	inpatient				21597.42319	Wellcare	Medicare		18780.37				9103.14	25650.69	case rate	
OTITIS MEDIA & URI W MCC	152	MS-DRG	inpatient				27560.04323	Wellcare	Medicare		23965.25				14034.45	37980.38	case rate	
OTITIS MEDIA & URI W/O MCC	153	MS-DRG	inpatient				21084.70928	Wellcare	Medicare		18334.53				8679.1	25942.26	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	154	MS-DRG	inpatient				32558.64686	Wellcare	Medicare		28311.87				18168.48	52719.14	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	155	MS-DRG	inpatient				24109.57856	Wellcare	Medicare		20964.85				11180.78	32192.75	case rate	
OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	156	MS-DRG	inpatient				19952.16851	Wellcare	Medicare		17349.71				7742.45	24050.72	case rate	
DENTAL & ORAL DISEASES W MCC	157	MS-DRG	inpatient				34969.40198	Wellcare	Medicare		30408.18				20162.26	60974.16	case rate	
DENTAL & ORAL DISEASES W CC	158	MS-DRG	inpatient				23993.89659	Wellcare	Medicare		20864.26				11085.11	32447.87	case rate	
DENTAL & ORAL DISEASES W/O CC/MCC	159	MS-DRG	inpatient				20233.51849	Wellcare	Medicare		17594.36				7975.14	24724.97	case rate	
MAJOR CHEST PROCEDURES W MCC	163	MS-DRG	inpatient				77908.83531	Wellcare	Medicare		67746.81				55674.78	179268.81	case rate	
MAJOR CHEST PROCEDURES W CC	164	MS-DRG	inpatient				47014.89855	Wellcare	Medicare		40892.27				30124.1	93626.13	case rate	
MAJOR CHEST PROCEDURES W/O CC/MCC	165	MS-DRG	inpatient				37388.72614	Wellcare	Medicare		32511.94				22163.14	67512.57	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W MCC	166	MS-DRG	inpatient				68542.88029	Wellcare	Medicare		59602.5				47928.79	127488.11	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W CC	167	MS-DRG	inpatient				36580.38052	Wellcare	Medicare		31809.03				21494.6	69159.93	case rate	
OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	168	MS-DRG	inpatient				29952.223211	Wellcare	Medicare		26045.42				16012.88	48895.95	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS WITH PRINCIPAL DIAGNOSIS PULMONARY EMBOLISM	173	MS-DRG	inpatient				54506.8013	Wellcare	Medicare		47397.22				36320.42	53517.3	case rate	
PULMONARY EMBOLISM W MCC OR ACUTE COR PULMONALE	175	MS-DRG	inpatient				30627.75769	Wellcare	Medicare		26632.83				16571.56	53389.75	case rate	
PULMONARY EMBOLISM W/O MCC	176	MS-DRG	inpatient				22238.67263	Wellcare	Medicare		19337.98				9633.48	32764.95	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	177	MS-DRG	inpatient				34818.0157	Wellcare	Medicare		30276.54				20037.06	67089.8	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	178	MS-DRG	inpatient				24682.27572	Wellcare	Medicare		21462.85				11654.43	46446.78	case rate	
RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	179	MS-DRG	inpatient				21491.73843	Wellcare	Medicare		18688.47				9015.73	33584.99	case rate	
RESPIRATORY NEOPLASMS W MCC	180	MS-DRG	inpatient				35414.99179	Wellcare	Medicare		30795.65				20530.78	61812.42	case rate	
RESPIRATORY NEOPLASMS W CC	181	MS-DRG	inpatient				26316.16502	Wellcare	Medicare		22883.57				13005.66	41581.24	case rate	
RESPIRATORY NEOPLASMS W/O CC/MCC	182	MS-DRG	inpatient				21430.32701	Wellcare	Medicare		18635.07				8964.94	28978.21	case rate	
MAJOR CHEST TRAUMA W MCC	183	MS-DRG	inpatient				33077.07346	Wellcare	Medicare		28762.67				18597.24	54337.34	case rate	
MAJOR CHEST TRAUMA W CC	184	MS-DRG	inpatient				25613.44416	Wellcare	Medicare		22272.56				12424.54	36606.36	case rate	
MAJOR CHEST TRAUMA W/O CC/MCC	185	MS-DRG	inpatient				21383.70732	Wellcare	Medicare		18594.08				8925.97	29689.41	case rate	
PLEURAL EFFUSION W MCC	186	MS-DRG	inpatient				32757.16283	Wellcare	Medicare		28484.49				18332.66	56837.54	case rate	
PLEURAL EFFUSION W CC	187	MS-DRG	inpatient				24819.38027	Wellcare	Medicare		21582.07				11767.82	38414.08	case rate	
PLEURAL EFFUSION W/O CC/MCC	188	MS-DRG	inpatient				21251.80545	Wellcare	Medicare		18479.83				8817.3	27961.37	case rate	
PULMONARY EDEMA & RESPIRATORY FAILURE	189	MS-DRG	inpatient				28185.58277	Wellcare	Medicare		24509.2				14551.79	45021.74	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	190	MS-DRG	inpatient				26328.95857	Wellcare	Medicare		22894.75				13016.3	43396.25	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	191	MS-DRG	inpatient				22715.68223	Wellcare	Medicare		19752.77				10027.98	33308	case rate	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	192	MS-DRG	inpatient				19756.50888	Wellcare	Medicare		17179.57				7580.63	26390.55	case rate	
SIMPLE PNEUMONIA & PLEURISY W MCC	193	MS-DRG	inpatient				29536.63392	Wellcare	Medicare		25684.03				15869.16	47986.45	case rate	
SIMPLE PNEUMONIA & PLEURISY W CC	194	MS-DRG	inpatient				22332.93201	Wellcare	Medicare		19419.94				9711.43	32808.69	case rate	
SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	195	MS-DRG	inpatient				19525.14494	Wellcare	Medicare		16978.39				7389.29	25031.11	case rate	
INTERSTITIAL LUNG DISEASE W MCC	196	MS-DRG	inpatient				37660.07891	Wellcare	Medicare		32747.89				22387.56	59702.19	case rate	
INTERSTITIAL LUNG DISEASE W CC	197	MS-DRG	inpatient				24836.51014	Wellcare	Medicare		21596.97				11781.99	36507.96	case rate	
INTERSTITIAL LUNG DISEASE W/O CC/MCC	198	MS-DRG	inpatient				21704.53612	Wellcare	Medicare		18873.51				9191.72	27644.29	case rate	
PNEUMOTHORAX W MCC	199	MS-DRG	inpatient				35927.7057	Wellcare	Medicare		31241.48				20954.82	64975.93	case rate	
PNEUMOTHORAX W CC	200	MS-DRG	inpatient				25971.91545	Wellcare	Medicare		22584.27				12721.01	39172.16	case rate	
PNEUMOTHORAX W/O CC/MCC	201	MS-DRG	inpatient				20674.82078	Wellcare	Medicare		17978.11				8340.11	27891.99	case rate	
BRONCHITIS & ASTHMA W CC/MCC	202	MS-DRG	inpatient				24265.24935	Wellcare	Medicare		21100.22				11309.53	38695.65	case rate	
BRONCHITIS & ASTHMA W/O CC/MCC	203	MS-DRG	inpatient				20514.86846	Wellcare	Medicare		17839.02				8207.83	50775.53	case rate	
RESPIRATORY SIGNS & SYMPTOMS	204	MS-DRG	inpatient				22342.92922	Wellcare	Medicare		19428.63				9719.7	96731.64	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	205	MS-DRG	inpatient				36444.76214	Wellcare	Medicare		31691.05				21382.39	55321.38	case rate	
OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	206	MS-DRG	inpatient				23636.85347	Wellcare	Medicare		20553.79				10789.82	31471.12	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	207	MS-DRG	inpatient				109248.6519	Wellcare	Medicare		94998.83				49635	203970.04	case rate	
RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	208	MS-DRG	inpatient				49205.42511	Wellcare	Medicare		42787.33				31935.99	88833.48	case rate	
CONCOMITANT AORTIC AND MITRAL VALVE PROCEDURES	212	MS-DRG	inpatient				164414.8607	Wellcare	Medicare		142969.28				37458	187453.26	case rate	
OTHER HEART ASSIST SYSTEM IMPLANT	215	MS-DRG	inpatient				156475.459	Wellcare	Medicare		136065.62				120652.31	469646.8	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	216	MS-DRG	inpatient				149198.9203	Wellcare	Medicare		129738.19				78485	357932.52	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	217	MS-DRG	inpatient				101497.9599	Wellcare	Medicare		88259.1				75183.87	231898.61	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	218	MS-DRG	inpatient				91949.19862	Wellcare	Medicare		79955.83				67286.69	215224.56	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	219	MS-DRG	inpatient				120719.7331	Wellcare	Medicare		104973.68				57338	280328.05	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	220	MS-DRG	inpatient				85492.4311	Wellcare	Medicare		74341.24				57338	189712.36	case rate	
CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	221	MS-DRG	inpatient				76980.52321	Wellcare	Medicare		66939.59				17199	167921.3	case rate	
OTHER CARDIOTHORACIC PROCEDURES W MCC	228	MS-DRG	inpatient				82551.8244	Wellcare	Medicare		71784.19				59514.71	239676.19	case rate	
OTHER CARDIOTHORACIC PROCEDURES W/O MCC	229	MS-DRG	inpatient				56000.6697	Wellcare	Medicare		48696.23				37555.91	169415.59	case rate	
CORONARY BYPASS W PTCA W MCC	231	MS-DRG	inpatient				126489.5499	Wellcare	Medicare		109990.91				19424	306106.31	case rate	
CORONARY BYPASS W PTCA W/O MCC	232	MS-DRG	inpatient				95546.76526	Wellcare	Medicare		83084.14				27830	224521.94	case rate	
CORONARY BYPASS W CARDIAC CATH W MCC	233	MS-DRG	inpatient				121982.2376	Wellcare	Medicare		106071.51				53769	278363.61	case rate	
CORONARY BYPASS W CARDIAC CATH W/O MCC	234	MS-DRG	inpatient				84825.47466	Wellcare	Medicare		73761.28				61395.1	187594.85	case rate	
CORONARY BYPASS W/O CARDIAC CATH W MCC	235	MS-DRG	inpatient				94575.60798	Wellcare	Medicare		82239.66				47567	211747.62	case rate	
CORONARY BYPASS W/O CARDIAC CATH W/O MCC	236	MS-DRG	inpatient				68305.80366	Wellcare	Medicare		59396.35				33990	143097.93	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	239	MS-DRG	inpatient				79239.85205	Wellcare	Medicare		68904.25				56775.61	171635.15	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	240	MS-DRG	inpatient				50710.71889	Wellcare	Medicare		44096.28				33180.92	100040.63	case rate	
AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	241	MS-DRG	inpatient				30439.23892	Wellcare	Medicare		26468.9				15559	58167.82	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	242	MS-DRG	inpatient				59935.28484	Wellcare	Medicare		52117.64				20528	136195.06	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W CC	243	MS-DRG	inpatient				43118.55407	Wellcare	Medicare		37494.39				19748	93094.02	case rate	
PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	244	MS-DRG	inpatient				36718.91325	Wellcare	Medicare		31929.49				19748	91806.34	case rate	
AICD GENERATOR PROCEDURES	245	MS-DRG	inpatient				75306.70508	Wellcare	Medicare		65484.09				53522.72	182671	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	250	MS-DRG	inpatient				44163.97631	Wellcare	Medicare		38403.46				27766.52	94278.51	case rate	
PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	251	MS-DRG	inpatient				33254.16685	Wellcare	Medicare		28916.67				18743.7	61149.1	case rate	
OTHER VASCULAR PROCEDURES W MCC	252	MS-DRG	inpatient				58488.94614	Wellcare	Medicare		50859.61				38613.48	118806.67	case rate	
OTHER VASCULAR PROCEDURES W CC	253	MS-DRG	inpatient				47024.60576	Wellcare	Medicare		40890.96				30132.37	94551.86	case rate	
OTHER VASCULAR PROCEDURES W/O CC/MCC	254	MS-DRG	inpatient				35370.71844	Wellcare	Medicare		30757.15				20494.17	65967.26	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	255	MS-DRG	inpatient				49826.10831	Wellcare	Medicare		43328.79				32450.97	92583.77	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	256	MS-DRG	inpatient				34008.24191	Wellcare	Medicare		29572.38				19367.35	63733.12	case rate	
UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	257	MS-DRG	inpatient				24743.68713	Wellcare	Medicare		21516.25				11705.22	41041.84	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	258	MS-DRG	inpatient				49273.97739	Wellcare	Medicare		42846.94				15797	108929.8	case rate	
CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	259	MS-DRG	inpatient				37248.76523	Wellcare	Medicare		32390.23				15797	76427.26	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	260	MS-DRG	inpatient				57937.27156	Wellcare	Medicare		50380.24				12982	131916.3	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	261	MS-DRG	inpatient				37465.84745	Wellcare	Medicare		32579				12982	72593.14	case rate	
CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	262	MS-DRG	inpatient				34088.21957	Wellcare	Medicare		29641.93				12982	59439.78	case rate	
VEIN LIGATION & STRIPPING	263	MS-DRG	inpatient				50939.22648	Wellcare	Medicare		44294.98				33369.91	87186.12	case rate	
OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	264	MS-DRG	inpatient				57234.61071	Wellcare	Medicare		49769.23				38576.42	115118.34	case rate	
AICD LEAD PROCEDURES	265	MS-DRG	inpatient				61063.54109	Wellcare	Medicare		53098.73				41743.09	113591.25	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W MCC	266	MS-DRG	inpatient				99795.57834	Wellcare	Medicare		86778.76				73775.94	262101.41	case rate	
ENDOVASCULAR CARDIAC VALVE REPLACEMENT & SUPPLEMENT PROCEDURES W/O MCC	267	MS-DRG	inpatient				80288.17064	Wellcare	Medicare		69815.8				57642.58	213139.85	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	268	MS-DRG	inpatient				108487.436	Wellcare	Medicare		94336.9				80964.43	244323.05	case rate	
AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	269	MS-DRG	inpatient				69982.47813	Wellcare	Medicare		60854.33				49119.39	151283.7	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	270	MS-DRG	inpatient				82811.75139	Wellcare	Medicare		72010.22				59729.68	184478.72	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	271	MS-DRG	inpatient				59950.99474	Wellcare	Medicare		52131.3				40822.98	127335.03	case rate	
OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	272	MS-DRG	inpatient				45430.76529	Wellcare	Medicare		39505.01				28814.2	95419.27	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	273	MS-DRG	inpatient				66246.37896	Wellcare	Medicare		57605.55				46029.49	133119.02	case rate	
PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	274	MS-DRG	inpatient				56874.71125	Wellcare	Medicare		49456.27				38278.77	108547.12	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION AND MCC	275	MS-DRG	inpatient				111073.8563	Wellcare	Medicare		96585.96				83103.49	122451.06	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITH MCC	276	MS-DRG	inpatient				99282.86443	Wellcare	Medicare		86332.93				73391.9	108082.32	case rate	
CARDIAC DEFIBRILLATOR IMPLANT WITHOUT MCC	277	MS-DRG	inpatient				78891.41797	Wellcare	Medicare		68601.23				56487.41	83232.89	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITH MCC	278	MS-DRG	inpatient				74292.70263	Wellcare	Medicare		64602.35				52684.1	77628.8	case rate	
ULTRASOUND ACCELERATED AND OTHER THROMBOLYSIS OF PERIPHERAL VASCULAR STRUCTURES WITHOUT MCC	279	MS-DRG	inpatient				56300.58592	Wellcare	Medicare		48957.03				37803.95	55703.24	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	280	MS-DRG	inpatient				33248.45416	Wellcare	Medicare		28911.7				18738.98	60394.67	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	281	MS-DRG	inpatient				23629.71261	Wellcare	Medicare		20547.58				10783.92	35702.5	case rate	
ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	282	MS-DRG	inpatient				20846.20447	Wellcare	Medicare		18127.13				8481.85	27298.05	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	283	MS-DRG	inpatient				38745.48998	Wellcare	Medicare		33691.73				23285.23	65774.1	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	284	MS-DRG	inpatient				21154.68972	Wellcare	Medicare		18395.38				8736.96	27939.5	case rate	
ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	285	MS-DRG	inpatient				17569.97684	Wellcare	Medicare		15278.24				5772.29	21736.39	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	286	MS-DRG	inpatient				41376.18366	Wellcare	Medicare		35979.29				13521	79481.44	case rate	
CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	287	MS-DRG	inpatient				26037.61139	Wellcare	Medicare		22641.4				9969	41508.35	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W MCC	288	MS-DRG	inpatient				47623.01002	Wellcare	Medicare		41411.31				30627.27	98189.17	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W CC	289	MS-DRG	inpatient				31694.60552	Wellcare	Medicare		27560.52				17453.88	62319.02	case rate	
ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	290	MS-DRG	inpatient				25232.12211	Wellcare	Medicare		21940.98				12109.17	36861.48	case rate	
HEART FAILURE & SHOCK W MCC	291	MS-DRG	inpatient				28926.80428	Wellcare	Medicare		25153.74				15164.81	49034.45	case rate	
HEART FAILURE & SHOCK W CC	292	MS-DRG	inpatient				22822.79516	Wellcare	Medicare		19845.91				10116.57	33523.03	case rate	
HEART FAILURE & SHOCK W/O CC/MCC	293	MS-DRG	inpatient				18609.68639	Wellcare	Medicare		16182.34				6632.17	24258.46	case rate	
DEEP VEIN THROMBOPHLEBITIS W CC/MCC	294	MS-DRG	inpatient				26210.42025	Wellcare	Medicare		22791.67				12918.26	42306.52	case rate	
DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	295	MS-DRG	inpatient				19609.40712	Wellcare	Medicare		17051.66				7458.97	20092.68	case rate	
CARDIAC ARREST, UNEXPLAINED W MCC	296	MS-DRG	inpatient				33486.95896	Wellcare	Medicare		29119.09				18936.23	55962.83	case rate	
CARDIAC ARREST, UNEXPLAINED W CC	297	MS-DRG	inpatient				20996.16268	Wellcare	Medicare		18257.53				8605.87	23777.37	case rate	
CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	298	MS-DRG	inpatient				16858.74695	Wellcare	Medicare		14659.78				5184.08	17585.2	case rate	
PERIPHERAL VASCULAR DISORDERS W MCC	299	MS-DRG	inpatient				33101.3524	Wellcare	Medicare		28783.78				18617.32	52861.28	case rate	
PERIPHERAL VASCULAR DISORDERS W CC	300	MS-DRG	inpatient				25829.09821	Wellcare	Medicare		22460.09				12602.89	37309.77	case rate	
PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	301	MS-DRG	inpatient				20727.66616	Wellcare	Medicare		18024.06				8383.82	26467.09	case rate	
ATHEROSCLEROSIS W MCC	302	MS-DRG	inpatient				26601.73951	Wellcare	Medicare		23131.95				13241.9	38979	case rate	
ATHEROSCLEROSIS W/O MCC	303	MS-DRG	inpatient				19989.30099	Wellcare	Medicare		17382				7773.16	24254.81	case rate	
HYPERTENSION W MCC	304	MS-DRG	inpatient				27000.19963	Wellcare	Medicare		23478.43				13571.44	39401.77	case rate	
HYPERTENSION W/O MCC	305	MS-DRG	inpatient				21351.77993	Wellcare	Medicare		18566.76				8899.98	26237.48	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	306	MS-DRG	inpatient				32538.65245	Wellcare	Medicare		28294.48				18151.94	51345.12	case rate	
CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	307	MS-DRG	inpatient				24052.45166	Wellcare	Medicare		20915.18				11133.54	31197.78	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	308	MS-DRG	inpatient				27759.98738	Wellcare	Medicare		24139.12				14199.81	43866.41	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	309	MS-DRG	inpatient				21226.82605	Wellcare	Medicare		18457.48				8796.04	27826.52	case rate	
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	310	MS-DRG	inpatient				18488.29173	Wellcare	Medicare		16076.78				6531.77	20493.59	case rate	
ANGINA PECTORIS	311	MS-DRG	inpatient				20560.56998	Wellcare	Medicare		17878.76				8245.62	25045.69	case rate	
SYNCOPE & COLLAPSE	312	MS-DRG	inpatient				22922.76724	Wellcare	Medicare		19932.84				10199.25	29211.47	case rate	
CHEST PAIN	313	MS-DRG	inpatient				20924.75396	Wellcare	Medicare		18195.44				8546.82	25778.26	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	314	MS-DRG	inpatient				40489.28856	Wellcare	Medicare		35208.08				24727.42	73733.9	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	315	MS-DRG	inpatient				24405.21026	Wellcare	Medicare		21221.92				11425.28	34838.73	case rate	
OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	316	MS-DRG	inpatient				20483.44867	Wellcare	Medicare		17811.69				8181.84	27381.88	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W MCC	319	MS-DRG	inpatient				72885.95276	Wellcare	Medicare		63379.09				51520.67	75914.51	case rate	
OTHER ENDOVASCULAR CARDIAC VALVE PROCEDURES W/O MCC	320	MS-DRG	inpatient				42381.61707	Wellcare	Medicare		36853.58				26292.44	38741.3	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITH MCC OR 4+ ARTERIES/INTRALUM	321	MS-DRG	inpatient				51646.17185	Wellcare	Medicare		44909.71				33954.58	50031.28	case rate	
PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH INTRALUMINAL DEVICE WITHOUT MCC	322	MS-DRG	inpatient				36631.79473	Wellcare	Medicare		31853.73				21537.13	31853.73	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITH MCC	323	MS-DRG	inpatient				69716.83655	Wellcare	Medicare		60623.34				46899.69	72052.56	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITH INTRALUMINAL DEVICE WITHOUT MCC	324	MS-DRG	inpatient				52987.2258	Wellcare	Medicare		46075.85				35063.68	51665.51	case rate	
CORONARY INTRAVASCULAR LITHOTRIPSY WITHOUT INTRALUMINAL DEVICE	325	MS-DRG	inpatient				48355.6625	Wellcare	Medicare		42048.4				31233.2	46021.4	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	326	MS-DRG	inpatient				83127.3775	Wellcare	Medicare		72284.68				59990.71	191556.53	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	327	MS-DRG	inpatient				46257.67714	Wellcare	Medicare		40224.07				29498.09	90542.8	case rate	
STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	328	MS-DRG	inpatient				33402.89679	Wellcare	Medicare		29045.82				18866.54	56203.38	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	329	MS-DRG	inpatient				75098.1919	Wellcare	Medicare		65302.78				53350.27	181963.94	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	330	MS-DRG	inpatient				44468.17704	Wellcare	Medicare		38667.98				28018.11	91964.19	case rate	
MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	331	MS-DRG	inpatient				34469.54162	Wellcare	Medicare		29973.51				19748.86	61765.04	case rate	
RECTAL RESECTION W MCC	332	MS-DRG	inpatient				62398.88234	Wellcare	Medicare		54259.9				42847.47	123850.8	case rate	
RECTAL RESECTION W CC	333	MS-DRG	inpatient				40289.34441	Wellcare	Medicare		35034.21				24562.06	70260.6	case rate	
RECTAL RESECTION W/O CC/MCC	334	MS-DRG	inpatient				33514.09424	Wellcare	Medicare		29142.69				18958.67	47605.77	case rate	
PERITONEAL ADHESIOLYSIS W MCC	335	MS-DRG	inpatient				61647.66363	Wellcare	Medicare		53606.66				42226.18	148043.65	case rate	
PERITONEAL ADHESIOLYSIS W CC	336	MS-DRG	inpatient				40657.81291	Wellcare	Medicare		35354.62				24866.79	83760.2	case rate	
PERITONEAL ADHESIOLYSIS W/O CC/MCC	337	MS-DRG	inpatient				31961.67077	Wellcare	Medicare		27792.76				17674.76	58433.87	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	344	MS-DRG	inpatient				49728.13623	Wellcare	Medicare		43241.86				32368.29	108871.49	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W CC	345	MS-DRG	inpatient				32592.923	Wellcare	Medicare		28341.67				18196.83	59683.97	case rate	
MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	346	MS-DRG	inpatient				28982.93301	Wellcare	Medicare		25202.18				15210.88	45069.12	case rate	
ANAL & STOMAL PROCEDURES W MCC	347	MS-DRG	inpatient				46996.04231	Wellcare	Medicare		40866.12				30108.75	87874.95	case rate	
ANAL & STOMAL PROCEDURES W CC	348	MS-DRG	inpatient				29176.73446	Wellcare	Medicare		25371.07				15371.51	51024.4	case rate	
ANAL & STOMAL PROCEDURES W/O CC/MCC	349	MS-DRG	inpatient				24526.60492	Wellcare	Medicare		21327.48				11525.68	34612.77	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	350	MS-DRG	inpatient				44866.83716	Wellcare	Medicare		39014.47				28347.65	89165.14	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W CC	351	MS-DRG	inpatient				31378.9764	Wellcare	Medicare		27286.07				17192.85	54672.64	case rate	
INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	352	MS-DRG	inpatient				26428.93064	Wellcare	Medicare		22981.68				13098.98	38395.86	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	353	MS-DRG	inpatient				52354.5454	Wellcare	Medicare		45525.69				34540.43	108095.19	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	354	MS-DRG	inpatient				35123.64861	Wellcare	Medicare		30542.3				20289.83	63088.03	case rate	
HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	355	MS-DRG	inpatient				30050.77601	Wellcare	Medicare		26131.11				16094.38	49377.04	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	356	MS-DRG	inpatient				71697.71326	Wellcare	Medicare		62345.84				50537.95	144898.36	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	357	MS-DRG	inpatient				41964.59071	Wellcare	Medicare		36490.95				25947.55	77874.17	case rate	
OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	358	MS-DRG	inpatient				28866.81545	Wellcare	Medicare		25118.97				15131.74	49140.14	case rate	
MAJOR ESOPHAGEAL DISORDERS W MCC	368	MS-DRG	inpatient				34183.90713	Wellcare	Medicare		29725.14				19512.63	70851.02	case rate	
MAJOR ESOPHAGEAL DISORDERS W CC	369	MS-DRG	inpatient				24705.12647	Wellcare	Medicare		21482.72				11673.33	40411.32	case rate	
MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	370	MS-DRG	inpatient				21211.81663	Wellcare	Medicare		18445.06				8784.23	27090.31	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	371	MS-DRG	inpatient				35550.85617	Wellcare	Medicare		30913.62				20642.99	63372.3	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	372	MS-DRG	inpatient				25476.33961	Wellcare	Medicare		22153.34				12311.15	37845.53	case rate	
MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	373	MS-DRG	inpatient				20823.35371	Wellcare	Medicare		18107.26				8462.95	27611.49	case rate	
DIGESTIVE MALIGNANCY W MCC	374	MS-DRG	inpatient				40567.83804	Wellcare	Medicare		35276.38				24792.38	75260.99	case rate	
DIGESTIVE MALIGNANCY W CC	375	MS-DRG	inpatient				27704.28865	Wellcare	Medicare		24090.69				14153.74	43979.39	case rate	
DIGESTIVE MALIGNANCY W/O CC/MCC	376	MS-DRG	inpatient				23321.22736	Wellcare	Medicare		20279.33				10528.79	3337.6	case rate	
G.I. HEMORRHAGE W MCC	377	MS-DRG	inpatient				36159.06964	Wellcare	Medicare		31442.67				21146.16	65194.6	case rate	
G.I. HEMORRHAGE W CC	378	MS-DRG	inpatient				24640.85871	Wellcare	Medicare		21426.83				11620.17	36092.47	case rate	
G.I. HEMORRHAGE W/O CC/MCC	379	MS-DRG	inpatient				19633.88605	Wellcare	Medicare		17072.77				7479.05	23806.53	case rate	
COMPLICATED PEPTIC ULCER W MCC	380	MS-DRG	inpatient				38418.43848	Wellcare	Medicare		33407.34				23014.75	70923.92	case rate	
COMPLICATED PEPTIC ULCER W CC	381	MS-DRG	inpatient				25914.78855	Wellcare	Medicare		22534.6				12673.76	39908.37	case rate	
COMPLICATED PEPTIC ULCER W/O CC/MCC	382	MS-DRG	inpatient				21403.19174	Wellcare	Medicare		18611.47				8942.5	27983.24	case rate	
UNCOMPLICATED PEPTIC ULCER W MCC	383	MS-DRG	inpatient				30559.20541	Wellcare	Medicare		26573.22				16514.87	49238.55	case rate	
UNCOMPLICATED PEPTIC ULCER W/O MCC	384	MS-DRG	inpatient				23097.00428	Wellcare	Medicare		20084.35				10343.35	31172.26	case rate	
INFLAMMATORY BOWEL DISEASE W MCC	385	MS-DRG	inpatient				32968.53236	Wellcare	Medicare		28668.29				18507.47	61881.66	case rate	
INFLAMMATORY BOWEL DISEASE W CC	386	MS-DRG	inpatient				24466.62167	Wellcare	Medicare		21275.32				11476.07	35720.72	case rate	
INFLAMMATORY BOWEL DISEASE W/O CC/MCC	387	MS-DRG	inpatient				20360.62984	Wellcare	Medicare		17704.89				8080.26	25391.93	case rate	
G.I. OBSTRUCTION W MCC	388	MS-DRG	inpatient				31348.98478	Wellcare	Medicare		27259.99				17168.04	55787.89	case rate	
G.I. OBSTRUCTION W CC	389	MS-DRG	inpatient				21964.46351	Wellcare	Medicare		19099.53				9406.69	30731.27	case rate	
G.I. OBSTRUCTION W/O CC/MCC	390	MS-DRG	inpatient				18573.98208	Wellcare	Medicare		16151.29				6602.64	21539.59	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	391	MS-DRG	inpatient				28809.69614	Wellcare	Medicare		25051.91				15067.96	44518.79	case rate	
ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	392	MS-DRG	inpatient				21810.22089	Wellcare	Medicare		18965.41				9279.13	27531.31	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	393	MS-DRG	inpatient				33721.17925	Wellcare	Medicare		29322.76				19129.94	59501.74	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	394	MS-DRG	inpatient				23971.04583	Wellcare	Medicare		20844.39				11066.21	34299.33	case rate	
OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	395	MS-DRG	inpatient				19837.87471	Wellcare	Medicare		17250.36				7647.96	24655.72	case rate	
APPENDIX PROCEDURES WITH MCC	397	MS-DRG	inpatient				42675.8206	Wellcare	Medicare		37109.41				26535.76	39099.83	case rate	
APPENDIX PROCEDURES WITH CC	398	MS-DRG	inpatient				32203.03192	Wellcare	Medicare		28002.64				17874.37	28002.64	case rate	
APPENDIX PROCEDURES WITHOUT CC/MCC	399	MS-DRG	inpatient				26487.48571	Wellcare	Medicare		23032.6				13147.4	23032.6	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W MCC	405	MS-DRG	inpatient				89214.24855	Wellcare	Medicare		77577.61				65024.78	196046.68	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W CC	406	MS-DRG	inpatient				51827.94976	Wellcare	Medicare		45067.43				34104.58	103236.94	case rate	
PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	407	MS-DRG	inpatient				41310.48773	Wellcare	Medicare		35922.16				25406.58	73139.83	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	408	MS-DRG	inpatient				63749.9335	Wellcare	Medicare		55434.72				43964.84	147478.74	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	409	MS-DRG	inpatient				38544.11766	Wellcare	Medicare		33516.62				23118.69	84653.12	case rate	
BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	410	MS-DRG	inpatient				32944.25342	Wellcare	Medicare		28647.18				18487.39	60230.66	case rate	
CHOLECYSTECTOMY W C.D.E. W MCC	411	MS-DRG	inpatient				51729.00586	Wellcare	Medicare		44981.74				10482	145714.75	case rate	
CHOLECYSTECTOMY W C.D.E. W CC	412	MS-DRG	inpatient				39803.76577	Wellcare	Medicare		34611.97				11647	86810.73	case rate	
CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	413	MS-DRG	inpatient				32150.18953	Wellcare	Medicare		27956.69				15908	61455.25	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	414	MS-DRG	inpatient				60936.43374	Wellcare	Medicare		52988.2				28270	130374.63	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	415	MS-DRG	inpatient				38808.32957	Wellcare	Medicare		33746.37				23337.2	73577.18	case rate	
CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	416	MS-DRG	inpatient				29716.58365	Wellcare	Medicare		25840.51				15817.99	50772.92	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	417	MS-DRG	inpatient				43692.6794	Wellcare	Medicare		37993.63				27376.74	88323.24	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	418	MS-DRG	inpatient				33936.833209	Wellcare	Medicare		29510.29				19308.29	60653.43	case rate	
LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	419	MS-DRG	inpatient				29345.25881	Wellcare	Medicare		25517.62				15510.89	47532.87	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	420	MS-DRG	inpatient				56303.44226	Wellcare	Medicare		48959.52				37806.31	128202.45	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	421	MS-DRG	inpatient				35006.53446	Wellcare	Medicare		30440.46				8253	64841.08	case rate	
HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	422	MS-DRG	inpatient				30742.01149	Wellcare	Medicare		26732.18				10272	54945.99	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	423	MS-DRG	inpatient				66444.89494	Wellcare	Medicare		57778.17				16017	143815.92	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	424	MS-DRG	inpatient				40400.74186	Wellcare	Medicare		35131.08				24654.19	79856.83	case rate	
OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	425	MS-DRG	inpatient				33468.39272	Wellcare	Medicare		29102.95				18920.87	54410.23	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	432	MS-DRG	inpatient				37954.26343	Wellcare	Medicare		33003.72				13893	66550.4	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	433	MS-DRG	inpatient				25314.95612	Wellcare	Medicare		22013.01				12177.68	37462.84	case rate	
CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	434	MS-DRG	inpatient				20152.11266	Wellcare	Medicare		17523.58				7907.81	53360.86	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	435	MS-DRG	inpatient				35724.90521	Wellcare	Medicare		31065.13				20787.09	61874.37	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	436	MS-DRG	inpatient				26310.39233	Wellcare	Medicare		22878.6				13000.94	41399.01	case rate	
MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	437	MS-DRG	inpatient				22460.03936	Wellcare	Medicare		19530.47				9816.55	31554.95	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	438	MS-DRG	inpatient				34423.8401	Wellcare	Medicare		29933.77				19711.06	59705.84	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	439	MS-DRG	inpatient				22804.22892	Wellcare	Medicare		19829.76				10101.21	31427.39	case rate	
DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	440	MS-DRG	inpatient				19382.3277	Wellcare	Medicare		16864.2				7271.17	22643.9	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W MCC	441	MS-DRG	inpatient				36700.34701	Wellcare	Medicare		31913.35				11778	67687.51	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC	442	MS-DRG	inpatient				24179.55901	Wellcare	Medicare		21025.7				11238.66	34219.15	case rate	
DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC/MCC	443	MS-DRG	inpatient				20797.64661	Wellcare	Medicare		18084.91				8441.69	25359.13	case rate	
DISORDERS OF THE BILIARY TRACT W MCC	444	MS-DRG	inpatient				33915.4107	Wellcare	Medicare		29491.66				19290.57	58710.86	case rate	
DISORDERS OF THE BILIARY TRACT W CC	445	MS-DRG	inpatient				26111.87635	Wellcare	Medicare		22705.98				12836.76	38909.75	case rate	
DISORDERS OF THE BILIARY TRACT W/O CC/MCC	446	MS-DRG	inpatient				22037.30031	Wellcare	Medicare		19162.87				9466.93	28974.57	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	453	MS-DRG	inpatient				137146.5728	Wellcare	Medicare		119257.89				17717	346124.02	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	454	MS-DRG	inpatient				97941.81048	Wellcare	Medicare		85166.79				39879	230951.01	case rate	
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	455	MS-DRG	inpatient				76366.40905	Wellcare	Medicare		66405.57				54399.14	182230	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	456	MS-DRG	inpatient				130976.8678	Wellcare	Medicare		113892.93				99564.03	332577.04	case rate	
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	457	MS-DRG	inpatient				97356.25977	Wellcare	Medicare		84657.62				71758.53	238524.49	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	458	MS-DRG	inpatient				75300.99239	Wellcare	Medicare						53518	186647.26	case rate	
SPINAL FUSION EXCEPT CERVICAL W MCC	459	MS-DRG	inpatient				105311.1804	Wellcare	Medicare						91574.94	232700.42	case rate	
SPINAL FUSION EXCEPT CERVICAL W/O MCC	460	MS-DRG	inpatient				62831.6186	Wellcare	Medicare						54636.19	147150.73	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	461	MS-DRG	inpatient				107970.4375	Wellcare	Medicare						93887.34	163369.2	case rate	
BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	462	MS-DRG	inpatient				51240.57087	Wellcare	Medicare						44557.02	116412.17	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	463	MS-DRG	inpatient				91477.9019	Wellcare	Medicare						79546	187037.23	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	464	MS-DRG	inpatient				53455.66637	Wellcare	Medicare						46483.19	107297.02	case rate	
WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	465	MS-DRG	inpatient				37308.74848	Wellcare	Medicare						32442.39	66965.88	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W MCC	466	MS-DRG	inpatient				84664.09107	Wellcare	Medicare						73620.95	186355.69	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W CC	467	MS-DRG	inpatient				60380.67405	Wellcare	Medicare						52505.11	126482.2	case rate	
REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	468	MS-DRG	inpatient				48716.99013	Wellcare	Medicare						42362.6	101735.36	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REP	469	MS-DRG	inpatient				58145.78474	Wellcare	Medicare						50561.55	115686.89	case rate	
MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	470	MS-DRG	inpatient				37464.41928	Wellcare	Medicare						32577.76	72520.25	case rate	
CERVICAL SPINAL FUSION W MCC	471	MS-DRG	inpatient				80842.30166	Wellcare	Medicare						70297.65	182619.97	case rate	
CERVICAL SPINAL FUSION W CC	472	MS-DRG	inpatient				52798.70703	Wellcare	Medicare						45911.92	107399.07	case rate	
CERVICAL SPINAL FUSION W/O CC/MCC	473	MS-DRG	inpatient				45732.10968	Wellcare	Medicare						39767.05	86482.71	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	474	MS-DRG	inpatient				72041.90283	Wellcare	Medicare						62645.13	138316.21	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	475	MS-DRG	inpatient				41220.61286	Wellcare	Medicare						35843.92	78315.16	case rate	
AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	476	MS-DRG	inpatient				27398.65974	Wellcare	Medicare						23824.92	41938.41	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	477	MS-DRG	inpatient				58705.62835	Wellcare	Medicare						51048.37	114382.13	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	478	MS-DRG	inpatient				44633.84505	Wellcare	Medicare						38812.04	86067.72	case rate	
BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	479	MS-DRG	inpatient				37211.63275	Wellcare	Medicare						32357.94	65529.91	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	480	MS-DRG	inpatient				52705.87582	Wellcare	Medicare						45831.2	114045.96	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	481	MS-DRG	inpatient				40223.64848	Wellcare	Medicare						34977.09	75162.59	case rate	
HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	482	MS-DRG	inpatient				33275.58944	Wellcare	Medicare						28935.3	60664.37	case rate	
MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	483	MS-DRG	inpatient				46069.15838	Wellcare	Medicare						40060.14	86869.04	case rate	
KNEE PROCEDURES W PDX OF INFECTION W MCC	485	MS-DRG	inpatient				57634.499	Wellcare	Medicare						50116.96	120421.23	case rate	
KNEE PROCEDURES W PDX OF INFECTION W CC	486	MS-DRG	inpatient				39272.48562	Wellcare	Medicare						34149.99	80851.81	case rate	
KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	487	MS-DRG	inpatient				32654.33441	Wellcare	Medicare						28395.07	60143.19	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	488	MS-DRG	inpatient				40676.37915	Wellcare	Medicare						35370.76	76992.18	case rate	
KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	489	MS-DRG	inpatient				28266.9886	Wellcare	Medicare						24579.99	47285.04	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W MCC	492	MS-DRG	inpatient				60035.25691	Wellcare	Medicare						52204.57	123570.16	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	493	MS-DRG	inpatient				44890.91609	Wellcare	Medicare						39035.58	81861.36	case rate	
LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR W/O CC/MCC	494	MS-DRG	inpatient				37285.89772	Wellcare	Medicare						32422.52	67890.08	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	495	MS-DRG	inpatient				61736.21032	Wellcare	Medicare						53683.66	126186.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	496	MS-DRG	inpatient				38975.42574	Wellcare	Medicare						33891.67	71466.96	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	497	MS-DRG	inpatient				30976.23177	Wellcare	Medicare						26935.85	52300.01	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	498	MS-DRG	inpatient				47880.08106	Wellcare	Medicare						41634.85	83023.99	case rate	
LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	499	MS-DRG	inpatient				29011.06646	Wellcare	Medicare						25227.01	15234.5	40790.36	case rate
SOFT TISSUE PROCEDURES W MCC	500	MS-DRG	inpatient				56903.2747	Wellcare	Medicare						49481.11	38302.4	111816.33	case rate
SOFT TISSUE PROCEDURES W CC	501	MS-DRG	inpatient				35379.28748	Wellcare	Medicare						30764.6	8902	61498.98	case rate
SOFT TISSUE PROCEDURES W/O CC/MCC	502	MS-DRG	inpatient				30337.83868	Wellcare	Medicare						26380.73	16331.79	47055.43	case rate
FOOT PROCEDURES W MCC	503	MS-DRG	inpatient				48892.65534	Wellcare	Medicare						42515.35	27418	93381.94	case rate
FOOT PROCEDURES W CC	504	MS-DRG	inpatient				35256.46465	Wellcare	Medicare						30657.8	20399.68	63033.36	case rate
FOOT PROCEDURES W/O CC/MCC	505	MS-DRG	inpatient				34950.83574	Wellcare	Medicare						30392.03	20146.91	57577.39	case rate
MAJOR THUMB OR JOINT PROCEDURES	506	MS-DRG	inpatient				31478.94848	Wellcare	Medicare						27373	17275.53	51399.79	case rate
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	507	MS-DRG	inpatient				41034.89744	Wellcare	Medicare						35682.48	25178.62	70796.36	case rate
MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	508	MS-DRG	inpatient				31070.49115	Wellcare	Medicare						27017.82	16937.72	52751.94	case rate
ARTHROSCOPY	509	MS-DRG	inpatient				29530.92123	Wellcare	Medicare						25679.06	15664.44	60875.75	case rate
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W MCC	510	MS-DRG	inpatient				49445.35808	Wellcare	Medicare						42995.96	32134.42	99585.05	case rate
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W CC	511	MS-DRG	inpatient				39065.40061	Wellcare	Medicare						33969.91	7655	67326.7	case rate
SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC W/O CC/MCC	512	MS-DRG	inpatient				33638.34524	Wellcare	Medicare						29250.73	10564	55474.46	case rate
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	513	MS-DRG	inpatient				33741.17366	Wellcare	Medicare						29340.15	18516	59756.86	case rate
HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	514	MS-DRG	inpatient				25464.91423	Wellcare	Medicare						22143.4	12301.7	40660.37	case rate
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	515	MS-DRG	inpatient				55742.17048	Wellcare	Medicare						48471.45	37342.12	112326.57	case rate
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	516	MS-DRG	inpatient				39736.64167	Wellcare	Medicare						34553.6	24104.95	68715.29	case rate
OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	517	MS-DRG	inpatient				31933.10732	Wellcare	Medicare						27767.92	17651.14	50328.28	case rate
BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	518	MS-DRG	inpatient				62744.50008	Wellcare	Medicare						54560.43	43133.31	112989.89	case rate
BACK & NECK PROC EXC SPINAL FUSION W CC	519	MS-DRG	inpatient				38705.25115	Wellcare	Medicare						33656.96	23252.16	67862.45	case rate
BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	520	MS-DRG	inpatient				31034.78684	Wellcare	Medicare						26986.77	16908.19	47893.69	case rate
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITH MCC	521	MS-DRG	inpatient				53352.83795	Wellcare	Medicare						46393.77	7692	52111.06	case rate
HIP REPLACEMENT WITH PRINCIPAL DIAGNOSIS OF HIP FRACTURE WITHOUT MCC	522	MS-DRG	inpatient				40756.35681	Wellcare	Medicare						35440.31	9003	36760.73	case rate
FRACTURES OF FEMUR W MCC	533	MS-DRG	inpatient				33889.7036	Wellcare	Medicare						29469.31	12781	55780.6	case rate
FRACTURES OF FEMUR W/O MCC	534	MS-DRG	inpatient				22158.69497	Wellcare	Medicare						19268.43	9567.33	34640.29	case rate
FRACTURES OF HIP & PELVIS W MCC	535	MS-DRG	inpatient				29109.61036	Wellcare	Medicare						25312.7	15316	45732.44	case rate
FRACTURES OF HIP & PELVIS W/O MCC	536	MS-DRG	inpatient				21831.64348	Wellcare	Medicare						18984.04	9256.85	27589.62	case rate
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	537	MS-DRG	inpatient				24400.52574	Wellcare	Medicare						21218.2	11421.74	33184.08	case rate
SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	538	MS-DRG	inpatient				20717.66895	Wellcare	Medicare						18015.36	8375.55	26496.24	case rate
OSTEOMYELITIS W MCC	539	MS-DRG	inpatient				38931.1524	Wellcare	Medicare						33853.18	23438.78	73591.76	case rate
OSTEOMYELITIS W CC	540	MS-DRG	inpatient				29131.03294	Wellcare	Medicare						25331.33	15333.72	47266.82	case rate
OSTEOMYELITIS W/O CC/MCC	541	MS-DRG	inpatient				22942.76958	Wellcare	Medicare						19863.3	7723	32170.88	case rate
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	542	MS-DRG	inpatient				36636.07925	Wellcare	Medicare						31857.46	8903	66524.88	case rate
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	543	MS-DRG	inpatient				26167.57508	Wellcare	Medicare						22754.41	10889	39088.34	case rate
PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	544	MS-DRG	inpatient				21551.72167	Wellcare	Medicare						18740.63	9065.34	29098.49	case rate
CONNECTIVE TISSUE DISORDERS W MCC	545	MS-DRG	inpatient				46197.6939	Wellcare	Medicare						40171.91	29448.48	90353.28	case rate
CONNECTIVE TISSUE DISORDERS W CC	546	MS-DRG	inpatient				27718.57038	Wellcare	Medicare						24103.1	14165.56	44260.02	case rate
CONNECTIVE TISSUE DISORDERS W/O CC/MCC	547	MS-DRG	inpatient				22207.25283	Wellcare	Medicare						19310.65	9607.49	31256.09	case rate
SEPTIC ARTHRITIS W MCC	548	MS-DRG	inpatient				38437.00473	Wellcare	Medicare						33423.48	23030.1	75341.17	case rate
SEPTIC ARTHRITIS W CC	549	MS-DRG	inpatient				27817.10488	Wellcare	Medicare						24188.8	14247.06	45346.11	case rate
SEPTIC ARTHRITIS W/O CC/MCC	550	MS-DRG	inpatient				23741.11006	Wellcare	Medicare						20644.44	10876.05	33668.81	case rate
MEDICAL BACK PROBLEMS W MCC	551	MS-DRG	inpatient				34896.56518	Wellcare	Medicare						30344.84	9165	58007.45	case rate
MEDICAL BACK PROBLEMS W/O MCC	552	MS-DRG	inpatient				24390.92853	Wellcare	Medicare						21209.5	11413.47	32837.85	case rate
BONE DISEASES & ARTHROPATHIES W MCC	553	MS-DRG	inpatient				29892.24887	Wellcare	Medicare						25993.26	15963.27	45105.57	case rate
BONE DISEASES & ARTHROPATHIES W/O MCC	554	MS-DRG	inpatient				22327.21932	Wellcare	Medicare						19414.97	9706.71	47368.4	case rate
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	555	MS-DRG	inpatient				30570.63079	Wellcare	Medicare						26583.16	16524.32	46621.72	case rate
SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	556	MS-DRG	inpatient				22364.3518	Wellcare	Medicare						19447.26	9737.42	27979.59	case rate
TENDONITIS, MYOSITIS & BURSITIS W MCC	557	MS-DRG	inpatient				32824.78944	Wellcare	Medicare						28542.86	18388.17	52205.25	case rate
TENDONITIS, MYOSITIS & BURSITIS W/O MCC	558	MS-DRG	inpatient				23135.56494	Wellcare	Medicare						20117.88	10375.24	31471.12	case rate
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	559	MS-DRG	inpatient				37018.82947	Wellcare	Medicare						32190.29	21857.22	65555.42	case rate
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	560	MS-DRG	inpatient				26758.83848	Wellcare	Medicare						23268.56	13371.82	37236.88	case rate
AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	561	MS-DRG	inpatient				21733.09868	Wellcare	Medicare						18898.35	9211	27556.82	case rate
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	562	MS-DRG	inpatient				32308.71668	Wellcare	Medicare						28094.54	12507	51319.61	case rate
FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	563	MS-DRG	inpatient				23381.2106	Wellcare	Medicare						20331.49	10578.4	30545.39	case rate
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	564	MS-DRG	inpatient				32897.12373	Wellcare	Medicare						28606.19	18448.41	57300.4	case rate
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	565	MS-DRG	inpatient				24863.68362	Wellcare	Medicare						21620.57	11804.43	35564.01	case rate
OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	566	MS-DRG	inpatient				21308.93235	Wellcare	Medicare						18529.51	8864.55	27782.79	case rate
SKIN DEBRIDEMENT W MCC	570	MS-DRG	inpatient				52324.55378	Wellcare	Medicare						45499.61	34515.62	110602.68	case rate
SKIN DEBRIDEMENT W CC	571	MS-DRG	inpatient				34753.74794	Wellcare	Medicare						30220.65	9078	62063.89	case rate
SKIN DEBRIDEMENT W/O CC/MCC	572	MS-DRG	inpatient				26865.95141	Wellcare	Medicare						23361.7	11401	42955.26	case rate
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	573	MS-DRG	inpatient				99395.69005	Wellcare	Medicare						86431.03	16091	191396.17	case rate
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	574	MS-DRG	inpatient				59231.19582	Wellcare	Medicare						51505.39	36864	111010.87	case rate
SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	575	MS-DRG	inpatient				39810.90664	Wellcare	Medicare						34618.18	24166.37	64093.94	case rate
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	576	MS-DRG	inpatient				91754.96736	Wellcare	Medicare						79786.93	67126.05	177881.99	case rate
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	577	MS-DRG	inpatient				48424.21478	Wellcare	Medicare						42108.01	31289.9	91450.3	case rate
SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	578	MS-DRG	inpatient				33591.21555	Wellcare	Medicare						29209.75	19022.45	55751.45	case rate
OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	579	MS-DRG	inpatient				58322.87813	Wellcare	Medicare						50715.55	39476.46	101968.62	case rate
OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	580	MS-DRG	inpatient				35534.95828	Wellcare	Medicare						30899.96	20630	57941.85	case rate
OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	581	MS-DRG	inpatient				29823.69669	Wellcare	Medicare						25933.65	8609	45061.83	case rate
MASTECTOMY FOR MALIGNANCY W CC/MCC	582	MS-DRG	inpatient				34399.56117	Wellcare	Medicare						29912.66	10681	57202	case rate
MASTECTOMY FOR MALIGNANCY W/O CC/MCC	583	MS-DRG	inpatient				32325.85475	Wellcare	Medicare						28109.44	14701	50226.23	case rate
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	584	MS-DRG	inpatient				38562.6839	Wellcare	Medicare						33532.77	23134.04	68205.04	case rate
BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	585	MS-DRG	inpatient				34640.92231	Wellcare	Medicare						30122.54	19890.6	57063.5	case rate
SKIN ULCERS W MCC	592	MS-DRG	inpatient				40440.73069	Wellcare	Medicare						35165.85	24687.26	62257.06	case rate
SKIN ULCERS W CC	593	MS-DRG	inpatient				27869.95666	Wellcare	Medicare						24234.74	14290.76	41162.11	case rate
SKIN ULCERS W/O CC/MCC	594	MS-DRG	inpatient				21835.92799	Wellcare	Medicare						18987.76	9300.39	29528.55	case rate
MAJOR SKIN DISORDERS W MCC	595	MS-DRG	inpatient				41653.24912	Wellcare	Medicare						36220.22	26690.06	72414.56	case rate
MAJOR SKIN DISORDERS W/O MCC	596	MS-DRG	inpatient				25000.75818	Wellcare	Medicare						21739.79	11917.82	36865.13	case rate
MALIGNANT BREAST DISORDERS W MCC	597	MS-DRG	inpatient				33448.39831	Wellcare	Medicare						29085.56	18904.34	62687.12	case rate
MALIGNANT BREAST DISORDERS W CC	598	MS-DRG	inpatient				27711.42951	Wellcare	Medicare						24096.9	14159.65	42361.19	case rate
MALIGNANT BREAST DISORDERS W/O CC/MCC	599	MS-DRG	inpatient				19465.1617	Wellcare	Medicare						16926.23	7339.68	26109.91	case rate
NON-MALIGNANT BREAST DISORDERS W CC/MCC	600	MS-DRG	inpatient				25236.40663	Wellcare	Medicare						21944.7	12112.71	34842.38	case rate
NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	601	MS-DRG	inpatient				19482.29977	Wellcare	Medicare						16941.13	7353.85	22567.36	case rate
CELLULITIS W MCC	602	MS-DRG	inpatient				31834.56342	Wellcare	Medicare						27682.23	17569.64	52628.02	case rate
CELLULITIS W/O MCC	603	MS-DRG	inpatient				23225.5398	Wellcare	Medicare						20196.12	10449.65	30895.27	case rate
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	604	MS-DRG	inpatient				32101.63167	Wellcare	Medicare						27914.46	17790.51	51636.69	case rate
TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	605	MS-DRG	inpatient				23569.72936	Wellcare	Medicare						20495.42	10734.31	31361.78	case rate
MINOR SKIN DISORDERS W MCC	606	MS-DRG	inpatient				33238.45695	Wellcare	Medicare						28903.01	18730.71	50324.64	case rate
MINOR SKIN DISORDERS W/O MCC	607	MS-DRG	inpatient				23351.21898	Wellcare	Medicare						20305.41	10553.59	29193.25	case rate
ADRENAL & PITUITARY PROCEDURES W CC/MCC	614	MS-DRG	inpatient				42758.65461	Wellcare	Medicare						37181.44	26604.27	86143.77	case rate
ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	615	MS-DRG	inpatient				31600.34314	Wellcare	Medicare						27478.56	17375.93	53983.82	case rate
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W MCC	616	MS-DRG	inpatient				67113.27965	Wellcare	Medicare						58359.37	46746.45	150711.5	case rate
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W CC	617	MS-DRG	inpatient				38932.80057	Wellcare	Medicare						33854.42	23439.96	75574.43	case rate
AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DIS W/O CC/MCC	618	MS-DRG	inpatient				27178.72118	Wellcare	Medicare						23633.67	13719.08	42251.85	case rate
O.R. PROCEDURES FOR OBESITY W MCC	619	MS-DRG	inpatient				47558.74226	Wellcare	Medicare						41355.43	30574.12	106447.83	case rate
O.R. PROCEDURES FOR OBESITY W CC	620	MS-DRG	inpatient				33758.31173	Wellcare	Medicare						29355.05	19160.65	65952.68	case rate
O.R. PROCEDURES FOR OBESITY W/O CC/MCC	621	MS-DRG	inpatient				32260.15881	Wellcare	Medicare						28052.31	17921.62	57522.72	case rate
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	622	MS-DRG	inpatient				65226.66382	Wellcare	Medicare						56718.84	45186.15	138421.91	case rate
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	623	MS-DRG	inpatient				37174.50027	Wellcare	Medicare						32325.65	21985.96	70092.95	case rate
SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	624	MS-DRG	inpatient				26507.48012	Wellcare	Medicare						23049.98	13163.94	47234.02	case rate
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	625	MS-DRG	inpatient				52310.22705	Wellcare	Medicare						45487.19	34503.81	101440.16	case rate
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	626	MS-DRG	inpatient				31897.40301	Wellcare	Medicare						27736.87	17621.61	58699.93	case rate
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	627	MS-DRG	inpatient				28242.70967	Wellcare	Medicare						24558.88	14599.04	39543.91	case rate
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	628	MS-DRG	inpatient				67924.48161	Wellcare	Medicare						59064.77	47417.35	133939.05	case rate

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119 true														
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	629	MS-DRG	inpatient				42907.18454	Wellcare	Medicare		37310.6				26727.11	85236.26	case rate	
OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	630	MS-DRG	inpatient				30532.07013	Wellcare	Medicare		26549.63				16462.43	55926.39	case rate	
DIABETES W MCC	637	MS-DRG	inpatient				31289.00154	Wellcare	Medicare		27207.83				17118.44	50342.86	case rate	
DIABETES W CC	638	MS-DRG	inpatient				23435.48115	Wellcare	Medicare		20378.68				10623.28	31788.2	case rate	
DIABETES W/O CC/MCC	639	MS-DRG	inpatient				19480.8716	Wellcare	Medicare		16939.89				7352.67	23030.23	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	640	MS-DRG	inpatient				29373.82226	Wellcare	Medicare		25542.45				15534.51	43378.03	case rate	
MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	641	MS-DRG	inpatient				21750.23764	Wellcare	Medicare		18913.25				9229.52	27403.75	case rate	
INBORN AND OTHER DISORDERS OF METABOLISM	642	MS-DRG	inpatient				29203.86974	Wellcare	Medicare		25394.67				15393.95	46049.52	case rate	
ENDOCRINE DISORDERS W MCC	643	MS-DRG	inpatient				34085.36322	Wellcare	Medicare		29639.45				19431.13	59556.41	case rate	
ENDOCRINE DISORDERS W CC	644	MS-DRG	inpatient				25753.49246	Wellcare	Medicare		22394.27				12540.29	38901.58	case rate	
ENDOCRINE DISORDERS W/O CC/MCC	645	MS-DRG	inpatient				21457.46229	Wellcare	Medicare		18658.66				8987.39	27075.73	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITH MCC	650	MS-DRG	inpatient				74822.55462	Wellcare	Medicare		65063.09				53122.31	78274.49	case rate	
KIDNEY TRANSPLANT WITH HEMODIALYSIS WITHOUT MCC	651	MS-DRG	inpatient				59982.41453	Wellcare	Medicare		52158.62				40848.96	60189.99	case rate	
KIDNEY TRANSPLANT	652	MS-DRG	inpatient				53498.51164	Wellcare	Medicare		46520.44				35486.53	129803.91	case rate	
MAJOR BLADDER PROCEDURES W MCC	653	MS-DRG	inpatient				87906.04257	Wellcare	Medicare		76440.04				63942.84	200052.09	case rate	
MAJOR BLADDER PROCEDURES W CC	654	MS-DRG	inpatient				49686.71923	Wellcare	Medicare		43205.84				32334.04	104720.29	case rate	
MAJOR BLADDER PROCEDURES W/O CC/MCC	655	MS-DRG	inpatient				40693.51722	Wellcare	Medicare		35385.57				24896.32	75705.63	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	656	MS-DRG	inpatient				55400.83727	Wellcare	Medicare		48174.64				37059.83	121277.71	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	657	MS-DRG	inpatient				36928.8546	Wellcare	Medicare		32112.05				21782.81	70974.94	case rate	
KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	658	MS-DRG	inpatient				31733.16318	Wellcare	Medicare		27594.05				17485.77	57089.01	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	659	MS-DRG	inpatient				47564.45495	Wellcare	Medicare		41360.4				30578.84	99391.89	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	660	MS-DRG	inpatient				29812.27121	Wellcare	Medicare		25923.71				15897.12	52759.23	case rate	
KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	661	MS-DRG	inpatient				25563.45813	Wellcare	Medicare		22229.09				12383.2	39099.27	case rate	
MINOR BLADDER PROCEDURES W MCC	662	MS-DRG	inpatient				53388.54226	Wellcare	Medicare		46424.82				35395.58	115850.9	case rate	
MINOR BLADDER PROCEDURES W CC	663	MS-DRG	inpatient				31427.53427	Wellcare	Medicare		27328.29				17233.01	59782.37	case rate	
MINOR BLADDER PROCEDURES W/O CC/MCC	664	MS-DRG	inpatient				25751.97689	Wellcare	Medicare		22393.02				12539.11	43214.02	case rate	
PROSTATECTOMY W MCC	665	MS-DRG	inpatient				54708.17362	Wellcare	Medicare		47572.32				36486.97	115854.54	case rate	
PROSTATECTOMY W CC	666	MS-DRG	inpatient				35117.93192	Wellcare	Medicare		30537.33				20285.1	64841.08	case rate	
PROSTATECTOMY W/O CC/MCC	667	MS-DRG	inpatient				25580.59619	Wellcare	Medicare		22244				12397.37	39376.26	case rate	
TRANSURETHRAL PROCEDURES W MCC	668	MS-DRG	inpatient				50836.39807	Wellcare	Medicare		44205.56				33284.86	102580.91	case rate	
TRANSURETHRAL PROCEDURES W CC	669	MS-DRG	inpatient				32507.23265	Wellcare	Medicare		28267.16				18125.96	57675.8	case rate	
TRANSURETHRAL PROCEDURES W/O CC/MCC	670	MS-DRG	inpatient				24338.08615	Wellcare	Medicare		21163.55				11369.77	35115.72	case rate	
URETHRAL PROCEDURES W CC/MCC	671	MS-DRG	inpatient				35039.38243	Wellcare	Medicare		30469.03				20220.14	61356.84	case rate	
URETHRAL PROCEDURES W/O CC/MCC	672	MS-DRG	inpatient				23768.24534	Wellcare	Medicare		20668.04				10868.49	38519.78	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	673	MS-DRG	inpatient				63404.31576	Wellcare	Medicare		55134.19				43679	130378.28	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	674	MS-DRG	inpatient				44612.42246	Wellcare	Medicare		38793.41				28137.4	84266.8	case rate	
OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	675	MS-DRG	inpatient				33248.45416	Wellcare	Medicare		28911.7				18738.98	59235.68	case rate	
RENAL FAILURE W MCC	682	MS-DRG	inpatient				32024.51036	Wellcare	Medicare		27847.4				17726.73	55835.27	case rate	
RENAL FAILURE W CC	683	MS-DRG	inpatient				23455.47557	Wellcare	Medicare		20396.07				10639.82	33493.87	case rate	
RENAL FAILURE W/O CC/MCC	684	MS-DRG	inpatient				19280.92745	Wellcare	Medicare		16766.02				7187.31	22589.23	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W MCC	686	MS-DRG	inpatient				36860.30232	Wellcare	Medicare		32052.44				21726.11	62599.65	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W CC	687	MS-DRG	inpatient				25519.18478	Wellcare	Medicare		22190.6				12346.58	38403.15	case rate	
KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	688	MS-DRG	inpatient				21743.09678	Wellcare	Medicare		18907.04				9223.62	28825.14	case rate	
KIDNEY & URINARY TRACT INFECTIONS W MCC	689	MS-DRG	inpatient				27362.95543	Wellcare	Medicare		23793.87				13871.45	40513.37	case rate	
KIDNEY & URINARY TRACT INFECTIONS W/O MCC	690	MS-DRG	inpatient				22114.42162	Wellcare	Medicare		19229.93				9530.72	28941.77	case rate	
URINARY STONES W MCC	693	MS-DRG	inpatient				30817.70463	Wellcare	Medicare		26798				16728.66	48239.93	case rate	
URINARY STONES W/O MCC	694	MS-DRG	inpatient				21768.80389	Wellcare	Medicare		18929.39				9244.88	25988.74	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	695	MS-DRG	inpatient				27671.44069	Wellcare	Medicare		24062.12				14126.58	41865.52	case rate	
KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	696	MS-DRG	inpatient				20474.87963	Wellcare	Medicare		17804.24				8174.75	25096.72	case rate	
URETHRAL STRICTURE	697	MS-DRG	inpatient				26487.48571	Wellcare	Medicare		23032.6				13147.4	34988.16	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	698	MS-DRG	inpatient				34218.18327	Wellcare	Medicare		29754.94				19540.98	58863.93	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	699	MS-DRG	inpatient				25169.28253	Wellcare	Medicare		21886.33				12057.2	37462.84	case rate	
OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	700	MS-DRG	inpatient				20706.24357	Wellcare	Medicare		18005.43				8366.1	27688.03	case rate	
MAJOR MALE PELVIC PROCEDURES W CC/MCC	707	MS-DRG	inpatient				38609.8136	Wellcare	Medicare		33573.75				23173.02	65289.36	case rate	
MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	708	MS-DRG	inpatient				31420.393441	Wellcare	Medicare		27322.08				17227.1	51261.3	case rate	
PENIS PROCEDURES W CC/MCC	709	MS-DRG	inpatient				40867.75426	Wellcare	Medicare		35537.18				25040.42	74050.98	case rate	
PENIS PROCEDURES W/O CC/MCC	710	MS-DRG	inpatient				28218.43074	Wellcare	Medicare		24537.77				14578.96	60846.6	case rate	
TESTES PROCEDURES W CC/MCC	711	MS-DRG	inpatient				40909.17126	Wellcare	Medicare		35573.19				25074.68	75935.24	case rate	
TESTES PROCEDURES W/O CC/MCC	712	MS-DRG	inpatient				27562.89668	Wellcare	Medicare		23967.74				14036.81	39245.05	case rate	
TRANSURETHRAL PROSTATECTOMY W CC/MCC	713	MS-DRG	inpatient				31308.99595	Wellcare	Medicare		27225.21				17134.97	53335.08	case rate	
TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	714	MS-DRG	inpatient				24279.53108	Wellcare	Medicare		21112.64				11321.34	33184.08	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	715	MS-DRG	inpatient				42117.40517	Wellcare	Medicare		36623.83				26073.93	80542.02	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	716	MS-DRG	inpatient				30901.6668	Wellcare	Medicare		26871.28				16798.34	53320.5	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	717	MS-DRG	inpatient				36493.262	Wellcare	Medicare		31733.27				21422.55	71226.42	case rate	
OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	718	MS-DRG	inpatient				27382.94985	Wellcare	Medicare		23811.26				13887.99	44923.34	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	722	MS-DRG	inpatient				37365.87538	Wellcare	Medicare		32492.07				22144.24	60489.43	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	723	MS-DRG	inpatient				26504.62378	Wellcare	Medicare		23047.5				13161.58	40145.27	case rate	
MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	724	MS-DRG	inpatient				22151.55411	Wellcare	Medicare		19262.22				9561.43	25118.58	case rate	
BENIGN PROSTATIC HYPERTROPHY W MCC	725	MS-DRG	inpatient				28312.69012	Wellcare	Medicare		24619.73				14656.92	44256.38	case rate	
BENIGN PROSTATIC HYPERTROPHY W/O MCC	726	MS-DRG	inpatient				21029.01055	Wellcare	Medicare		18286.1				8633.04	27862.97	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	727	MS-DRG	inpatient				33741.17366	Wellcare	Medicare		29340.15				19146.47	52409.35	case rate	
INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	728	MS-DRG	inpatient				22017.30589	Wellcare	Medicare		19145.48				9450.4	28843.36	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	729	MS-DRG	inpatient				24927.92138	Wellcare	Medicare		21676.45				11857.58	39434.57	case rate	
OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	730	MS-DRG	inpatient				19468.01805	Wellcare	Medicare		16928.71				7342.04	20715.91	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	734	MS-DRG	inpatient				41633.22547	Wellcare	Medicare		36202.83				25673.52	84040.83	case rate	
PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	735	MS-DRG	inpatient				28588.32741	Wellcare	Medicare		24859.42				14884.88	49748.79	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	736	MS-DRG	inpatient				66106.41806	Wellcare	Medicare		57483.84				45913.74	146899.25	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	737	MS-DRG	inpatient				38779.76612	Wellcare	Medicare		33721.54				23313.58	74036.4	case rate	
UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	738	MS-DRG	inpatient				30079.33646	Wellcare	Medicare		26155.95				16118	50743.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	739	MS-DRG	inpatient				62237.49886	Wellcare	Medicare		54119.56				42714	131121.77	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	740	MS-DRG	inpatient				36111.93995	Wellcare	Medicare		31401.69				21107.19	63521.73	case rate	
UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	741	MS-DRG	inpatient				29146.74284	Wellcare	Medicare		25344.99				15346.71	48393	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	742	MS-DRG	inpatient				36039.10316	Wellcare	Medicare		31338.35				21046.95	62468.44	case rate	
UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	743	MS-DRG	inpatient				27185.86205	Wellcare	Medicare		23639.88				13724.99	40659.16	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	744	MS-DRG	inpatient				37474.41648	Wellcare	Medicare		32586.45				22234.01	61604.67	case rate	
D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	745	MS-DRG	inpatient				25384.93667	Wellcare	Medicare		22073.86				12235.55	38975.35	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	746	MS-DRG	inpatient				34528.09969	Wellcare	Medicare		30024.43				19797.29	61145.45	case rate	
VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	747	MS-DRG	inpatient				23261.24411	Wellcare	Medicare		20227.17				10479.18	34922.56	case rate	
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	748	MS-DRG	inpatient				30654.89296	Wellcare	Medicare		26656.43				16594	47161.12	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	749	MS-DRG	inpatient				46540.45529	Wellcare	Medicare		40469.96				29731.96	94832.49	case rate	
OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	750	MS-DRG	inpatient				30013.63353	Wellcare	Medicare		26098.82				16063.67	44606.26	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	754	MS-DRG	inpatient				37047.39292	Wellcare	Medicare		32215.12				21880.84	67111.66	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	755	MS-DRG	inpatient				26081.88473	Wellcare	Medicare		22679.9				12811.96	38993.58	case rate	
MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	756	MS-DRG	inpatient				24725.12089	Wellcare	Medicare		21500.11				11689.86	28431.52	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	757	MS-DRG	inpatient				31893.11849	Wellcare	Medicare		27733.15				17618.06	52515.04	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	758	MS-DRG	inpatient				24766.53789	Wellcare	Medicare		21536.12				11724.11	37189.5	case rate	
INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	759	MS-DRG	inpatient				19819.34847	Wellcare	Medicare		17234.22				7632.6	25902.17	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	760	MS-DRG	inpatient				24806.52672	Wellcare	Medicare		21570.89				11757.19	31769.98	case rate	
MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	761	MS-DRG	inpatient				19239.51045	Wellcare	Medicare		16730.01				7153.06	20023.43	case rate	
VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	768	MS-DRG	inpatient				27987.0668	Wellcare	Medicare		24336.58				18199.7	41235	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	769	MS-DRG	inpatient				32640.05269	Wellcare	Medicare		28382.65				18235.81	53134.62	case rate	
ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	770	MS-DRG	inpatient				21997.31148	Wellcare	Medicare		19128.1				9433.86	38920.68	case rate	
POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	776	MS-DRG	inpatient				20826.21006	Wellcare	Medicare		18109.75				8465.32	24017.91	case rate	
ABORTION W/O D&C	779	MS-DRG	inpatient				24717.88003	Wellcare	Medicare		21493.9				11683.96	27491.22	case rate	
CESAREAN SECTION W STERILIZATION W MCC	783	MS-DRG	inpatient				35894.85774	Wellcare	Medicare		31212.92				28078.11	63616.49	case rate	
CESAREAN SECTION W STERILIZATION W CC	784	MS-DRG	inpatient				25216.41222	Wellcare	Medicare		21927.31				17582.77	40167.14	case rate	
CESAREAN SECTION W STERILIZATION W/O CC/MCC	785	MS-DRG	inpatient				22962.75607	Wellcare	Medicare		19967.61				13600.71	30815.09	case rate	
CESAREAN SECTION W/O STERILIZATION W MCC	786	MS-DRG	inpatient				35576.37528	Wellcare	Medicare		30935.98				25010.51	59666.24	case rate	
CESAREAN SECTION W/O STERILIZATION W CC	787	MS-DRG	inpatient				25602.01878	Wellcare	Medicare		22262.63				17390.57	39401.77	case rate	
CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	788	MS-DRG	inpatient				22801.37258	Wellcare	Medicare		19827.28				14488.66	32826.91	case rate	
NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	789	MS-DRG	inpatient				36574.66783	Wellcare	Medicare		31804.06				2972	60635.21	case rate	
EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	790	MS-DRG	inpatient				96282.27408	Wellcare	Medicare		83723.72				4276	159953.69	case rate	
PREMATURITY W MAJOR PROBLEMS	791	MS-DRG	inpatient				69112.7211	Wellcare	Medicare		60098.02				4276	136563.16	case rate	
PREMATURITY W/O MAJOR PROBLEMS	792	MS-DRG	inpatient				45902.0622	Wellcare	Medicare		39914.84				2972	82397.12	case rate	
FULL TERM NEONATE W MAJOR PROBLEMS	793	MS-DRG	inpatient				70706.56157	Wellcare	Medicare		61483.97				4276	140277.01	case rate	
NEONATE W OTHER SIGNIFICANT PROBLEMS	794	MS-DRG	inpatient				31868.83966	Wellcare	Medicare		27712.03				2972	49650.39	case rate	
NORMAL NEWBORN	795	MS-DRG	inpatient				13471.12186	Wellcare	Medicare		11714.02				1269	11714.02	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W MCC	796	MS-DRG	inpatient				30847.69625	Wellcare	Medicare		26824.08				23617.47	53510.02	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W CC	797	MS-DRG	inpatient				24813.66758	Wellcare	Medicare		21577.1				13623.23	30866.12	case rate	
VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	798	MS-DRG	inpatient				22175.83004	Wellcare	Medicare		19283.33				13623.23	30866.12	case rate	
SPLENECTOMY W MCC	799	MS-DRG	inpatient				81350.73096	Wellcare	Medicare		70739.77				58521.36	171354.51	case rate	
SPLENECTOMY W CC	800	MS-DRG	inpatient				50832.11355	Wellcare	Medicare		44201.84				33281.32	95736.35	case rate	
SPLENECTOMY W/O CC/MCC	801	MS-DRG	inpatient				36150.50061	Wellcare	Medicare		31435.22				5977	56720.91	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	802	MS-DRG	inpatient				59009.82908	Wellcare	Medicare		51312.89				8199	121992.05	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	803	MS-DRG	inpatient				37128.79875	Wellcare	Medicare		32285.91				13379	62763.66	case rate	
OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	804	MS-DRG	inpatient				27877.09752	Wellcare	Medicare		24240.95				14296.66	44846.8	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	805	MS-DRG	inpatient				24969.3328	Wellcare	Medicare		21729.85				16459.2	37291.55	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	806	MS-DRG	inpatient				21254.6618	Wellcare	Medicare		18482.31				11379.24	25781.9	case rate	
VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	807	MS-DRG	inpatient				19935.03044	Wellcare	Medicare		17334.81				9876.8	22377.84	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	808	MS-DRG	inpatient				41868.90316	Wellcare	Medicare		36407.74				25868.41	78329.74	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	809	MS-DRG	inpatient				27791.40717	Wellcare	Medicare		24166.44				14225.79	43899.21	case rate	
MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	810	MS-DRG	inpatient				24936.40641	Wellcare	Medicare		21683.9				11864.67	33603.21	case rate	
RED BLOOD CELL DISORDERS W MCC	811	MS-DRG	inpatient				30636.32672	Wellcare	Medicare		26640.28				16578.65	49420.78	case rate	
RED BLOOD CELL DISORDERS W/O MCC	812	MS-DRG	inpatient				23454.0474	Wellcare	Medicare		20394.82				10638.64	32189.11	case rate	
COAGULATION DISORDERS	813	MS-DRG	inpatient				32869.98846	Wellcare	Medicare		28582.6				18425.97	58732.73	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	814	MS-DRG	inpatient				40983.43623	Wellcare	Medicare		35637.77				25136.1	69609.7	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	815	MS-DRG	inpatient				24789.38865	Wellcare	Medicare		21555.99				11743.01	35633.25	case rate	
RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	816	MS-DRG	inpatient				20733.37885	Wellcare	Medicare		18029.03				8388.54	26299.43	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	817	MS-DRG	inpatient				42795.78709	Wellcare	Medicare		37213.73				26634.98	92270.34	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	818	MS-DRG	inpatient				27344.38919	Wellcare	Medicare		23777.73				13856.09	49511.89	case rate	
OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	819	MS-DRG	inpatient				23546.87861	Wellcare	Medicare		20475.55				10715.41	30578.19	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	820	MS-DRG	inpatient				96947.80245	Wellcare	Medicare		84302.44				71420.72	198401.09	case rate	
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	821	MS-DRG	inpatient				42468.7356	Wellcare	Medicare		36929.34				6969	87262.66	case rate	

hospital_name	last_updated_on	version	hospital_location	hospital_address	license_number|NJ	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded is true, accurate, and complete as of the date indicated.														
University Hospital	2024-06-27	2.0.0	University Hospital	150 Bergen St, Newark, NJ 07103	310119	true													
description	code|1	code|1|type	setting	drug_unit_of_measurement	drug_type_of_measurement	standard_charge|gross	standard_charge|discounted_cash	payer_name	plan_name	modifiers	standard_charge|negotiated_dollar	standard_charge|negotiated_percentage	standard_charge|negotiated_algorithm	estimated_amount	standard_charge|min	standard_charge|max	standard_charge|methodology	additional_generic_notes
LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	822	MS-DRG	inpatient				28282.6985	Wellcare	Medicare		24593.65				8721	44092.37	case rate		
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	823	MS-DRG	inpatient				74885.3942	Wellcare	Medicare		65117.73				12547	164903.57	case rate		
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	824	MS-DRG	inpatient				42480.16097	Wellcare	Medicare		36939.27				22652	79977.1	case rate		
LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	825	MS-DRG	inpatient				29033.91722	Wellcare	Medicare		25246.88				15253.4	49530.11	case rate		
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	826	MS-DRG	inpatient				73270.13115	Wellcare	Medicare		63713.16				51838.4	180331.16	case rate		
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	827	MS-DRG	inpatient				43684.11036	Wellcare	Medicare		37986.18				27369.65	82065.46	case rate		
MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	828	MS-DRG	inpatient				34018.23912	Wellcare	Medicare		29581.08				19375.62	59603.79	case rate		
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	829	MS-DRG	inpatient				55632.20121	Wellcare	Medicare		48375.83				37251.17	113336.13	case rate		
MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	830	MS-DRG	inpatient				33172.76102	Wellcare	Medicare		28845.88				18676.38	51709.58	case rate		
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	831	MS-DRG	inpatient				29012.18356	Wellcare	Medicare		21749.72				11927.27	37470.13	case rate		
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	832	MS-DRG	inpatient				21126.12628	Wellcare	Medicare		18370.54				8713.36	26197.38	case rate		
OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	833	MS-DRG	inpatient				17899.88468	Wellcare	Medicare		15565.12				6045.14	17505.01	case rate		
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	834	MS-DRG	inpatient				90553.87432	Wellcare	Medicare		78742.5				66132.7	200737.28	case rate		
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	835	MS-DRG	inpatient				42517.29346	Wellcare	Medicare		36971.56				26404.65	77848.66	case rate		
ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	836	MS-DRG	inpatient				27690.00693	Wellcare	Medicare		24078.27				14141.93	44194.42	case rate		
CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	837	MS-DRG	inpatient				78522.94947	Wellcare	Medicare		68280.83				56182.68	195864.45	case rate		
CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	838	MS-DRG	inpatient				38474.13721	Wellcare	Medicare		33455.77				23060.81	85742.86	case rate		
CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	839	MS-DRG	inpatient				29201.01339	Wellcare	Medicare		25392.19				15391.59	45772.53	case rate		
LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	840	MS-DRG	inpatient				55223.74388	Wellcare	Medicare		48020.65				36913.36	120013.03	case rate		
LYMPHOMA & NON-ACUTE LEUKEMIA W CC	841	MS-DRG	inpatient				33062.79174	Wellcare	Medicare		28750.25				18585.43	59581.92	case rate		
LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	842	MS-DRG	inpatient				25820.52917	Wellcare	Medicare		22452.63				12596.8	40859.61	case rate		
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	843	MS-DRG	inpatient				37163.07489	Wellcare	Medicare		32315.72				21976.51	67279.32	case rate		
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	844	MS-DRG	inpatient				27117.30977	Wellcare	Medicare		23580.27				13668.29	42962.54	case rate		
OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	845	MS-DRG	inpatient				22942.76165	Wellcare	Medicare		19950.23				10215.78	31569.53	case rate		
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	846	MS-DRG	inpatient				45495.03305	Wellcare	Medicare		39560.9				28867.35	102701.18	case rate		
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	847	MS-DRG	inpatient				27908.51731	Wellcare	Medicare		24268.28				14322.65	48345.62	case rate		
CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	848	MS-DRG	inpatient				21437.46787	Wellcare	Medicare		18641.28				8970.85	33989.54	case rate		
RADIOTHERAPY	849	MS-DRG	inpatient				49028.33173	Wellcare	Medicare		42633.33				31692.64	71805.91	case rate		
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	853	MS-DRG	inpatient				81989.12405	Wellcare	Medicare		71294.89				59049.33	184311.07	case rate		
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	854	MS-DRG	inpatient				39699.50918	Wellcare	Medicare		34521.31				24074.24	80283.25	case rate		
INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	855	MS-DRG	inpatient				34895.13701	Wellcare	Medicare		30343.6				20100.84	56855.76	case rate		
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	856	MS-DRG	inpatient				73835.68744	Wellcare	Medicare		64204.95				52306.14	163580.58	case rate		
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	857	MS-DRG	inpatient				41091.97734	Wellcare	Medicare		35732.15				25225.86	74958.49	case rate		
POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	858	MS-DRG	inpatient				28919.86342	Wellcare	Medicare		25147.53				15158.9	50299.12	case rate		
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	862	MS-DRG	inpatient				36897.43481	Wellcare	Medicare		32084.73				21756.82	66612.35	case rate		
POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	863	MS-DRG	inpatient				24950.77214	Wellcare	Medicare		21696.32				11876.48	35892.02	case rate		
FEVER AND INFLAMMATORY CONDITIONS	864	MS-DRG	inpatient				23198.40453	Wellcare	Medicare		20172.53				10427.21	31500.28	case rate		
VIRAL ILLNESS W MCC	865	MS-DRG	inpatient				34011.09826	Wellcare	Medicare		29574.87				19369.71	50375.66	case rate		
VIRAL ILLNESS W/O MCC	866	MS-DRG	inpatient				23696.83671	Wellcare	Medicare		20605.94				10839.43	29900.3	case rate		
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	867	MS-DRG	inpatient				40472.15049	Wellcare	Medicare		35193.17				24713.24	77735.67	case rate		
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	868	MS-DRG	inpatient				26093.31011	Wellcare	Medicare		22689.83				12821.4	39248.7	case rate		
OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	869	MS-DRG	inpatient				20454.88522	Wellcare	Medicare		17786.86				8158.22	27986.88	case rate		
SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	870	MS-DRG	inpatient				110061.282	Wellcare	Medicare		95705.46				82266.06	229438.5	case rate		
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	871	MS-DRG	inpatient				38905.44529	Wellcare	Medicare		33830.82				23417.52	67658.35	case rate		
SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	872	MS-DRG	inpatient				25299.24622	Wellcare	Medicare		21999.34				12164.68	38373.99	case rate		
O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	876	MS-DRG	inpatient				63882.75354	Wellcare	Medicare		55550.22				44074.69	120322.82	case rate		
ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	880	MS-DRG	inpatient				24223.83235	Wellcare	Medicare		21064.2				1933	21064.2	case rate		
DEPRESSIVE NEUROSES	881	MS-DRG	inpatient				23536.8814	Wellcare	Medicare		20466.85				1933	20466.85	case rate		
NEUROSES EXCEPT DEPRESSIVE	882	MS-DRG	inpatient				24005.32197	Wellcare	Medicare		20874.19				1933	20874.19	case rate		
DISORDERS OF PERSONALITY & IMPULSE CONTROL	883	MS-DRG	inpatient				37374.44441	Wellcare	Medicare		32499.52				1933	32639.46	case rate		
ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	884	MS-DRG	inpatient				35682.80604	Wellcare	Medicare		31027.88				1933	31027.88	case rate		
PSYCHOSES	885	MS-DRG	inpatient				30105.04657	Wellcare	Medicare		26178.3				1933	26178.3	case rate		
BEHAVIORAL & DEVELOPMENTAL DISORDERS	886	MS-DRG	inpatient				34608.07435	Wellcare	Medicare		30093.98				1933	30093.98	case rate		
OTHER MENTAL DISORDER DIAGNOSES	887	MS-DRG	inpatient				29093.90046	Wellcare	Medicare		25299.04				1933	25299.04	case rate		
ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	894	MS-DRG	inpatient				18795.34881	Wellcare	Medicare		16343.78				1933	9462.59	case rate		
ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	895	MS-DRG	inpatient				33566.93662	Wellcare	Medicare		29188.64				1933	29188.64	case rate		
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	896	MS-DRG	inpatient				35984.8326	Wellcare	Medicare		31291.16				1933	31291.16	case rate		
ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	897	MS-DRG	inpatient				22809.94161	Wellcare	Medicare		19834.73				1933	19834.73	case rate		
WOUND DEBRIDEMENTS FOR INJURIES W MCC	901	MS-DRG	inpatient				72398.84594	Wellcare	Medicare		62955.61				13124	162727.75	case rate		
WOUND DEBRIDEMENTS FOR INJURIES W CC	902	MS-DRG	inpatient				37507.26445	Wellcare	Medicare		32615.01				22261.17	69990.9	case rate		
WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	903	MS-DRG	inpatient				28321.25916	Wellcare	Medicare		24627.18				14664	56429.51	case rate		
SKIN GRAFTS FOR INJURIES W CC/MCC	904	MS-DRG	inpatient				57094.64981	Wellcare	Medicare		49647.52				38460.67	117574.8	case rate		
SKIN GRAFTS FOR INJURIES W/O CC/MCC	905	MS-DRG	inpatient				33208.46283	Wellcare	Medicare		28876.93				18705.9	64480.26	case rate		
HAND PROCEDURES FOR INJURIES	906	MS-DRG	inpatient				37462.99111	Wellcare	Medicare		32576.51				22224.56	67177.27	case rate		
OTHER O.R. PROCEDURES FOR INJURIES W MCC	907	MS-DRG	inpatient				63711.37284	Wellcare	Medicare		55401.19				43932.95	153659.98	case rate		
OTHER O.R. PROCEDURES FOR INJURIES W CC	908	MS-DRG	inpatient				39212.50237	Wellcare	Medicare		34097.83				23671.47	72629.59	case rate		
OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	909	MS-DRG	inpatient				29960.801115	Wellcare	Medicare		26052.87				16019.96	48355.53	case rate		
TRAUMATIC INJURY W MCC	913	MS-DRG	inpatient				31934.53549	Wellcare	Medicare		27769.16				17652.32	53694.99	case rate		
TRAUMATIC INJURY W/O MCC	914	MS-DRG	inpatient				23554.01947	Wellcare	Medicare		20481.76				10721.32	84762.6	case rate		
ALLERGIC REACTIONS W MCC	915	MS-DRG	inpatient				35926.27753	Wellcare	Medicare		31240.24				20953.64	61116.3	case rate		
ALLERGIC REACTIONS W/O MCC	916	MS-DRG	inpatient				19999.25962	Wellcare	Medicare		17390.69				7781.43	23154.14	case rate		
POISONING & TOXIC EFFECTS OF DRUGS W MCC	917	MS-DRG	inpatient				33382.70237	Wellcare	Medicare		29028.44				18850	53710.47	case rate		
POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	918	MS-DRG	inpatient				22885.63476	Wellcare	Medicare		19900.55				10168.54	28380.5	case rate		
COMPLICATIONS OF TREATMENT W MCC	919	MS-DRG	inpatient				36650.36097	Wellcare	Medicare		31869.88				21552.48	66488.44	case rate		
COMPLICATIONS OF TREATMENT W CC	920	MS-DRG	inpatient				25354.94485	Wellcare	Medicare		22047.78				12210.75	36558.98	case rate		
COMPLICATIONS OF TREATMENT W/O CC/MCC	921	MS-DRG	inpatient				20556.28546	Wellcare	Medicare		17875.03				8242.08	25752.74	case rate		
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	922	MS-DRG	inpatient				35510.67934	Wellcare	Medicare		30878.85				20609.92	56797.45	case rate		
OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	923	MS-DRG	inpatient				25035.03431	Wellcare	Medicare		21769.6				11946.17	37582.48	case rate		
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	927	MS-DRG	inpatient				387038.1935	Wellcare	Medicare		336554.95				286733.07	670041.49	case rate		
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	928	MS-DRG	inpatient				109415.7481	Wellcare	Medicare		95144.13				81732.17	214142.12	case rate		
FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	929	MS-DRG	inpatient				56513.38362	Wellcare	Medicare		49142.07				37979.94	108324.8	case rate		
EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	933	MS-DRG	inpatient				53892.68714	Wellcare	Medicare		46863.21				33318	104246.49	case rate		
FULL THICKNESS BURN W/O SKIN GRAFT OR INHAL INJ	934	MS-DRG	inpatient				40475.00683	Wellcare	Medicare		35195.66				24715.61	69823.74	case rate		
NON-EXTENSIVE BURNS	935	MS-DRG	inpatient				39740.92619	Wellcare	Medicare		34557.33				24108.49	66393.68	case rate		
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	939	MS-DRG	inpatient				56510.52727	Wellcare	Medicare		49139.59				37977.58	119495.5	case rate		
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	940	MS-DRG	inpatient				41533.28263	Wellcare	Medicare		36115.9				26590.84	79251.83	case rate		
O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	941	MS-DRG	inpatient				37097.37895	Wellcare	Medicare		32258.59				21922.18	67476.12	case rate		
REHABILITATION W CC/MCC	945	MS-DRG	inpatient				32148.76136	Wellcare	Medicare		27955.44				17829.49	49745.15	case rate		
REHABILITATION W/O CC/MCC	946	MS-DRG	inpatient				25053.60056	Wellcare	Medicare		21785.74				11961.53	38002.24	case rate		
SIGNS & SYMPTOMS W MCC	947	MS-DRG	inpatient				28455.50458	Wellcare	Medicare		24752.61				14783.3	43939.3	case rate		
SIGNS & SYMPTOMS W/O MCC	948	MS-DRG	inpatient				22030.70945	Wellcare	Medicare		19156.66				9461.03	29435.17	case rate		
AFTERCARE W CC/MCC	949	MS-DRG	inpatient				25387.79291	Wellcare	Medicare		22076.34				12237.92	41774.41	case rate		
AFTERCARE W/O CC/MCC	950	MS-DRG	inpatient				19562.27743	Wellcare	Medicare		17010.68				7420	27148.63	case rate		
OTHER FACTORS INFLUENCING HEALTH STATUS	951	MS-DRG	inpatient				19016.71555	Wellcare	Medicare		16535.27				6968.8	29098.49	case rate		
CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	955	MS-DRG	inpatient				97569.05747	Wellcare	Medicare		84842.66				71934.52	222207.62	case rate		
LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	956	MS-DRG	inpatient				65977.88254	Wellcare	Medicare		57372.07				45807.44	137904.37	case rate		
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	957	MS-DRG	inpatient				113883.0715	Wellcare	Medicare		99028.76				85426.82	276934.93	case rate		
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	958	MS-DRG	inpatient				68357.21787	Wellcare	Medicare		59441.06				47775.24	152336.99	case rate		
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	959	MS-DRG	inpatient				46757.53751	Wellcare	Medicare		40658.73				29911.49	89318.21	case rate		
OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	963	MS-DRG	inpatient				49641.01771	Wellcare	Medicare		43166.1				32296.24	101866.57	case rate		
OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	964	MS-DRG	inpatient				32027.3667	Wellcare	Medicare		27849.88				17729.09	53754.21	case rate		
OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	965	MS-DRG	inpatient				24242.3986	Wellcare	Medicare		21080.35				11290.63	35509.34	case rate		
HIV W EXTENSIVE O.R. PROCEDURE W MCC	969	MS-DRG	inpatient				108743.0788	Wellcare	Medicare		94559.2				81175.85	204050.22	case rate		
HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	970	MS-DRG	inpatient				44929.47675	Wellcare	Medicare		39069.11				28399.62	101600.51	case rate		
HIV W MAJOR RELATED CONDITION W MCC	974	MS-DRG	inpatient				52243.14795	Wellcare	Medicare		45428.82				34448.3	99242.46	case rate		
HIV W MAJOR RELATED CONDITION W CC	975	MS-DRG	inpatient				30060.77322	Wellcare	Medicare		26139.8				16102.65	47011.7	case rate		
HIV W MAJOR RELATED CONDITION W/O CC/MCC	976	MS-DRG	inpatient				22662.83985	Wellcare	Medicare		19706.82				9984.28	34208.22	case rate		
HIV W OR W/O OTHER RELATED CONDITION	977	MS-DRG	inpatient				30814.84828	Wellcare	Medicare		26795.52				16726.29	42638.18	case rate		
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	981	MS-DRG	inpatient				78291.58553	Wellcare	Medicare		68079.64				11302	159287.24	case rate		
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	982	MS-DRG	inpatient				46094.86548	Wellcare	Medicare		40082.49				14901	89398.39	case rate		
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	983	MS-DRG	inpatient				33943.97415	Wellcare	Medicare		29516.5				19314.2	57187.42	case rate		
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	987	MS-DRG	inpatient				58815.59763	Wellcare	Medicare		51144				39883.96	121459.94	case rate		
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	988	MS-DRG	inpatient				34826.58473	Wellcare	Medicare		30283.99				20044.15	61706.72	case rate		
NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	989	MS-DRG	inpatient				26019.04514	Wellcare	Medicare		22625.26				12759.99	37929.35	case rate		